

Quality & Performance Report

Author: John Adler Sponsor: Chief Executive Date: PPC + QOC 21ST December 2017

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 April 2016 to March 2017) has remained at 101 and is within the expected range. **Never events** – 0 reported this month. **MRSA** – 0 avoidable cases reported this month. **C DIFF** – November was within threshold, however year to date position remains higher than the threshold. **Diagnostic 6 week wait** – compliant for the 14th consecutive month. **Referral to Treatment** – was 92.1% against a target of 92% for the second consecutive month. **52+ weeks wait** – 0 patients (last November the number was 34). **Cancer Two Week Wait** – have achieved the 93% threshold for over a year. **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 November. **Grade 3 and Grade 2** are well within the trajectory for the month and year to date. **CAS alerts** – we remain compliant. **TIA (high risk patients)** target was achieved in November. **Inpatient and Day Case Patient Satisfaction (FFT)** achieved the Quality Commitment of 97%. **Fractured NOF** –achieved at 75.4% after 2 months of non-compliance. **Ambulance Handover 60+ minutes (CAD+)** – performance at 0.8% a slight increase from October, however this remains one of our best months since the introduction of CAD+ reporting in June 2015.

Bad News: **UHL ED 4 hour performance** –was 79.6%, system performance (including LLR UCCs) was 84.6%. Further detail is in the COO's report. **Moderate harms and above** – 15 cases reported during October (reported 1 month in arrears). A detailed report will be presented to the December QOC. **Single Sex Accommodation Breaches** – 1 breach reported in November. **Maternal Deaths** – 1 reported in November. **Cancelled operations and patients rebooked within 28 days** – continued to be non-compliant. **Cancer 31 day and 62 day treatment** were not achieved in October – delayed referrals from network hospitals continue to be a significant factor. **Statutory and Mandatory Training** reported from HELM is at 81%. **Annual Appraisal** – has dropped below 90% in November.

Input Sought

I recommend that the Committee:

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

For Reference

Edit as appropriate:

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

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

2. This matter relates to the following **governance** initiatives:

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

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

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

5. Scheduled date for the **next paper** on this topic: 25th January 2018

Caring at its best

University Hospitals of Leicester



NHS Trust

Quality and Performance Report

November 2017



One team shared values



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UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

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

DATE: 21ST DECEMBER 2017

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

SUBJECT: NOVEMBER 2017 QUALITY & PERFORMANCE SUMMARY REPORT

1.0 Introduction

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

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	16	28	3
Caring	17	11	1
Well Led	18	23	4
Effective	19	8	0
Responsive	20	16	7
Responsive Cancer	21	9	6
Research – UHL	22	6	0
Total		101	21

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

Added - ED 4 Hour Waits UHL + LLR UCC (Type 3)

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 Inp/DC	Turnover Rate	Mortality (SHMI)	ED 4hr Wait UHL
Never Events	FFT A&E	Sickness Absence	Crude Mortality	ED 4hr Wait UHL+LLR UCC
C. Diff	FFT Outpatients	Annual Appraisal	#NoF's <36 hrs	12 hr Trolley Waits
MRSA Avoidable	FFT Maternity	Statutory Training	Stroke – 90% Stay	RTT Incompletes
Serious Incidents	Single Sex Breaches		TIA	Diagnostic Waits
Pressure Ulcers G4			Readmissions <30 days	DTOC
Pressure Ulcers G3				Handover >60
Pressure Ulcers G2				Cancelled Ops
Falls				Cancer 62 Day

SUCCESSSES:

- FFT Inpatient/DC **97%**
- Crude Mortality **2.0%**
- **0** 12 hour trolley waits
- RTT Incomplete **92.1%**
- DTOC **1.8%**

ISSUES:

- **1** Grade 4 avoidable pressure ulcers
- **11** breaches of single sex accommodation
- **1** Maternal Deaths
- Statutory & Mandatory training **81%**
- Appraisal Rate **89.9%**
- Stroke TIA **56.4%**
- ED 4hr wait UHL **80.5%**
- ED 4hr wait UHL+LLR UCC **81.3%**
- Cancer 62 Day **79.5%**

Summary Scorecard – November 2017

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.



Domain - Safe

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

5

Never Events
YTD ↑

29

Serious
Incidents YTD
(No escalated each
month) ↑

127

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

2

Avoidable
MRSA
YTD ↑

47

CDIFF
Cases
YTD ↑

SUCCESSSES

- The first seven months data for 2017/18 continues to demonstrate a strong performance against the EWS indicators. Our focus for 2017/18 will be to maintain this position and improve compliance with the % percentage of patients who develop Red Flag Sepsis whilst an inpatient and receive antibiotics within one hour
- 0 case of avoidable MRSA's reported in November.
- 0 never event reported in November

ISSUES

- Moderate harms and above – 15 cases reported in October.
- 9 RIDDOR reported in November.
- 1 Maternal death reported in November.

ACTIONS

- Continue to monitor and report
- Explore whether there is a correlation between self-reported stress levels and RIDDOR reported incidents by location.
- UHL now has the Medical Examiner and sepsis harm review processes that have both identified reportable harm incidents that previously would have gone undetected.

SEPSIS

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

93%
YTD ↔

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

94%
YTD ↑

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

86%
YTD ↑

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

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 94% ↑
Outpatients FFT 94% ↑

Staff FFT Quarter 2 2017/18(Pulse Check)



70.7% of staff would recommend UHL as a place to receive treatment

SUCCESSSES

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

ISSUES

- Single Sex Accommodation Breaches – 11 YTD (1 in November).
- Patient Satisfaction (FFT) for ED remained at 95% for November, YTD is 95%.

ACTIONS

- All patients future requirements are planned ensuring discharges from ICU are anticipated with a minimum of 24 hours' notice – this is communicated at the Operational Command Meetings.
- All alternatives are explored to prevent a same-sex breach occurring.

Single sex accommodation breaches

11
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 34.4% ↓
 Day Case FFT 24.7% ↑
 A&E FFT 10.8% ↓
 Maternity FFT 42.7% ↑
 Outpatients FFT 6.0% ↓

Staff FFT Quarter 2 2017/18 (Pulse Check)



57.3% of staff would recommend UHL as a place to work

SUCCESSSES

- Inpatients and Daycase coverage remains above Trust target
- Corporate Induction attendance for November is 97%.

ISSUES

- Appraisals are 5.1% off target (this excludes facilities staff that were transferred over from Interserve).
- Statutory & Mandatory is 14% off the 95% target.
- A&E coverage for November was 8.8% against a target of 10%

ACTIONS

- Please see the HR update for more information.

% Staff with Annual Appraisals

89.9% YTD ↓

Statutory & Mandatory Training

81% YTD ↓

BME % - Leadership

27% Qtr2
 8A including medical consultants

13% Qtr2
 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



101

Apr16-Mar17



Stroke TIA clinic within 24hrs

56.4%

YTD



80% of patients spending 90% stay on stroke unit

87.7%

YTD



Emergency Crude Mortality Rate

2.0%

YTD



30 Days Emergency Readmissions

9.1%

YTD



NoFs operated on 0-35hrs

70.5%

YTD



SUCCESSES

- Latest UHL's SHMI is 101. A recent in depth HED review of UHL mortality did not identify any additional areas of mortality by condition which needed action that we did not already have reviews or action plans in place for.
- Stroke TIA Clinic within 24 Hours for November is 60.8%.
- Fractured NoF for November is 75.4%.

ISSUES

- 30 Days Emergency Readmissions for October is 0.1% below threshold but our best performance YTD.

ACTIONS

- Pilot in CDU of Integrated Clinical Response Team following up all discharged patients by telephone.
- Integrated Discharge Team to build into their Standard Operating Procedures how to deal with patients at high risk of readmission using the PARR30 score.
- The approach to reduction in the readmission rate will be refreshed under new leadership.

Domain – Responsive

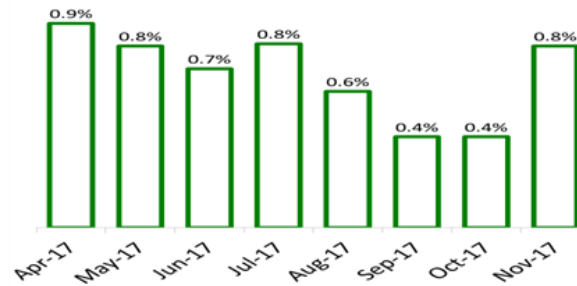
Arrows represent current month performance against previous month, upward arrow represents improvement, downward arrow represents deterioration.

RTT - Incomplete 92% in 18 Weeks

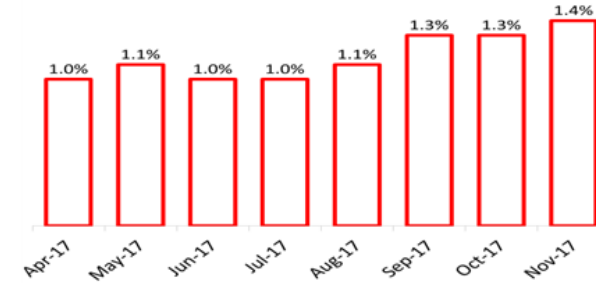
92.1%

As at Nov ↔

6 week Diagnostic Wait times



Cancelled Operations UHL



RTT 52 week wait incompletes

0

As at Nov ↔

ED 4Hr Waits UHL

A&E

80.5%
YTD ↓

ED 4Hr Waits UHL+LLR UCC

81.3%
YTD

Ambulance Handovers



2% > 60mins
7% 30-60mins
YTD



SUCCESSES

- 52+ weeks - current number this month is 0 patients (last November the number was 34).
- Diagnostic 6 week wait – we have now achieved 14th consecutive months below the 1% national target.
- Ambulance handover 60+ minutes – November performance at 0.8% a slight increase from October, however one of our best months since the introduction of CAD+ reporting in June 2015.

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.

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



31 day wait



62 day wait



31 day backlog



SUCCESSSES

- Cancer performance is reported 1 month in arrears.
- Cancer Two Week Wait was achieved in October and has remained compliant since July 16.

ISSUES

- 31 day wait was 3% off target for October.
- Cancer 62 day treatment – was 6.2% off target for October.
- Advert for oncology posts is now closed. 3 applicants applied for 5 advertised posts.

ACTIONS

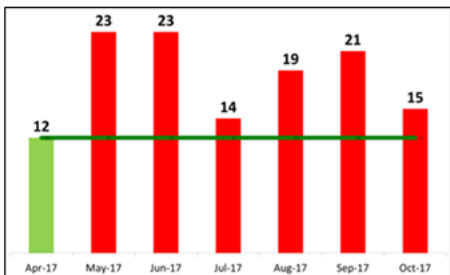
- Move to 7 day first appointment will further improve CMG position.
- Weekly engagement to foster joint ownership of the performance challenge
- Discussion with CMG about dropping in additional management resource from Cancer center to work with the team to change pathways.
- Oncology is escalated weekly. We have approached NUH and NGH for temporary support.
- Corporate review of CWT rules for cancer trials and LTFUs.

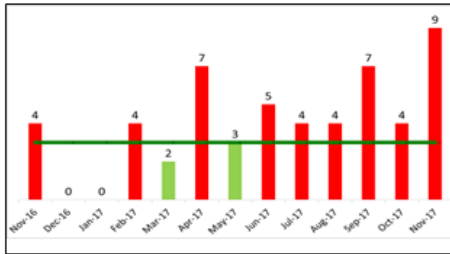

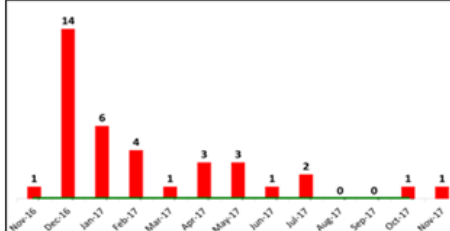
62 day backlog



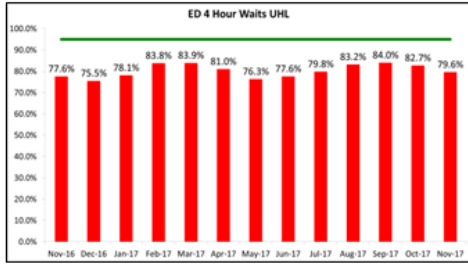

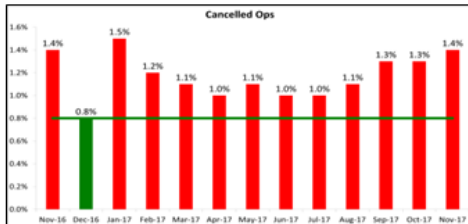
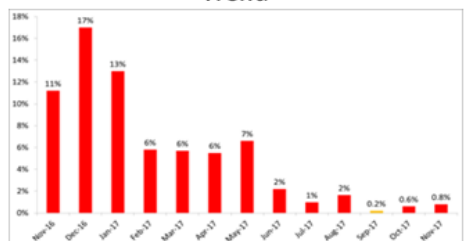
62 day adjusted backlog


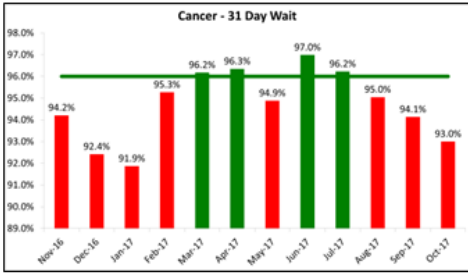



Description	Target/Current Performance	Trend	Key Messages	Key Actions																
Moderate Harm – Reduction for moderate harm and above PSIs with finally approved status - reported 1 month in arrears.	17/18 Target – 9% reduction from FY 16/17 (<12 per month) 15 moderate harm incidents reported in October. To end of October 2017 we have seen 127 reported incidents that have been graded moderate harm or above. For the same period last year we had 97. The cumulative total of moderate and above harm for 2016/17 was 156.	<p>Trend</p>  <table><caption>Trend Data</caption><thead><tr><th>Month</th><th>Incidents</th></tr></thead><tbody><tr><td>Apr-17</td><td>12</td></tr><tr><td>May-17</td><td>23</td></tr><tr><td>Jun-17</td><td>23</td></tr><tr><td>Jul-17</td><td>14</td></tr><tr><td>Aug-17</td><td>19</td></tr><tr><td>Sep-17</td><td>21</td></tr><tr><td>Oct-17</td><td>15</td></tr></tbody></table>	Month	Incidents	Apr-17	12	May-17	23	Jun-17	23	Jul-17	14	Aug-17	19	Sep-17	21	Oct-17	15	<p>On initial review it would suggest an increase in harm incidents (moderate and above) this year 17/18.</p> <p>In -depth review of harm incidents undertaken that showed; The data shows that the proportion of harms by grading against total for this year is comparable to 2016/17. To date Q1&2 2017/18 we have seen a 50% increase in moderate harm, a 25% increase in major harm and pleasingly no increase in death harm. The main increase in the moderate harms is related to the maternity PPH grading change.</p> <p>This review confirms that the reported increase was correct and the category in which the increase had occurred was related to postpartum haemorrhage in maternity. This was as a direct result of the feedback from the CQC following their visit and assessment of the Trust in 2016. In addition to this according to Maternity dashboard UHL has seen more PPHs since May 2017.</p>	<p>UHL now has the Medical Examiner and sepsis harm review processes that have both identified reportable harm incidents that previously would have gone undetected. The largest increase in number of harm incidents are W&C, RRCV and ESM. Within W&C maternity is the hotspot for reasons already explored. RRCV has seen incidents this year in specialities having none previously although respiratory medicine remains a hotspot for them. The hotspots in ESM appear to be the AMUs and Older Persons service. This review concludes that UHL is not seeing a significant increase in harm as the data initially suggested as the main reason for the increase in harm is due to way in which specific incidents have been graded this year in comparison to last year. We will continue to monitor the harm rate and numbers each month and report our validated figures with themes quarterly in the Patient Safety report to EQB.</p>
Month	Incidents																			
Apr-17	12																			
May-17	23																			
Jun-17	23																			
Jul-17	14																			
Aug-17	19																			
Sep-17	21																			
Oct-17	15																			

Description	Target/Current Performance	Trend	Key Messages	Key Actions
RIDDOR – Number of Serious Staff Injuries	17/18 Target – <=40 9 reported in November, bringing our YTD total to 43. For the same period last year we had 22. Total reported for 2016/17 was 35.	Trend 	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.	<ul style="list-style-type: none"> Continue to monitor and report Explore whether there is a correlation between self-reported stress levels and RIDDOR reported incidents by location.
Maternal Deaths (Direct within 42 days) - death of a woman in or within 42 days of pregnancy due to a pregnancy-related cause.	17/18 Target – 0 1 maternal death reported in November.	The last incident of maternal death reported was in October 2016.	None relevant until formal investigation is carried out and completed. An initial assessment of the circumstances indicates that this was an unavoidable sudden death that may or may have not been related to pregnancy.	There is no immediate concern regarding care deficiencies, as agreed locally we will be carrying out a formal investigation to assess the care provided and identify any lessons that may be of value.
Single Sex Accommodation Breaches (patients affected) – The number of occurrences of unjustified mixing in relation to sleeping accommodation.	17/18 Target – 0 1 breach reported in November and 11 reported year to date.	Benchmark  Trend 	<p>Breach occurred in the Intensive Care Units (ICU) as a result of limited availability of beds on the base wards when patient requires step down from level 2 care.</p> <p>All patients who are identified as no longer requiring level two care should be moved to single sex accommodation.</p>	<p>All patients future requirements are planned ensuring discharges from ICU are anticipated with a minimum of 24 hours' notice – this is communicated at the Operational Command Meetings.</p> <p>All alternatives are explored to prevent a same-sex breach occurring.</p>

Description	Target/Current Performance	Trend	Key Messages	Key Actions																												
Emergency Readmissions – emergency readmissions within 30 days following an elective emergency spell	17/18 Target – <8.5% October 8.6%, YTD 9.1%	<p style="text-align: center;">Trend</p> <table><caption>Emergency readmissions within 30 days following an elective or emergency spell</caption><tr><th>Month</th><th>Readmission Rate %</th></tr><tr><td>Oct-16</td><td>8.5%</td></tr><tr><td>Nov-16</td><td>8.1%</td></tr><tr><td>Dec-16</td><td>8.7%</td></tr><tr><td>Jan-17</td><td>8.7%</td></tr><tr><td>Feb-17</td><td>8.4%</td></tr><tr><td>Mar-17</td><td>8.5%</td></tr><tr><td>Apr-17</td><td>9.5%</td></tr><tr><td>May-17</td><td>9.0%</td></tr><tr><td>Jun-17</td><td>9.0%</td></tr><tr><td>Jul-17</td><td>8.9%</td></tr><tr><td>Aug-17</td><td>9.2%</td></tr><tr><td>Sep-17</td><td>9.3%</td></tr><tr><td>Oct-17</td><td>8.6%</td></tr></table>	Month	Readmission Rate %	Oct-16	8.5%	Nov-16	8.1%	Dec-16	8.7%	Jan-17	8.7%	Feb-17	8.4%	Mar-17	8.5%	Apr-17	9.5%	May-17	9.0%	Jun-17	9.0%	Jul-17	8.9%	Aug-17	9.2%	Sep-17	9.3%	Oct-17	8.6%	There has been a rise in the readmission rate since November 2016.	<ol style="list-style-type: none">1. Pilot in CDU of Integrated Clinical Response Team following up all discharged patients by telephone.2. 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 to be undertaken according to the UHL guideline.3. Publicity for raising awareness of the readmission guideline went out in the Chief Executive’s briefing; and written material was provided to all junior doctors at last induction.4. The approach to reduction in the readmission rate will be refreshed under new leadership with a change of Deputy Medical Director’s portfolios.
Month	Readmission Rate %																															
Oct-16	8.5%																															
Nov-16	8.1%																															
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Sep-17	9.3%																															
Oct-17	8.6%																															

Description	Target/Current Performance	Trend	Key Messages	Key Actions
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).	17/18 Target - 95% or above November's performance was 79.6%, a reduction of 3.1% from October.	Trend 	The performance against the 4-hour emergency care target remains lower than trajectory, although has improved by 2% from November 2016.	There is a robust action plan, monitored weekly, to work towards the target.
% Operations cancelled for non-clinical reasons on or after the day of admission UHL + ALLIANCE	17/18 Target – 0.8% or below November 1.4%, YTD 1.2%	Benchmark  Trend 	For November there were 174 non clinical hospital cancellations for UHL and Alliance combined. This resulted in a failure of the 0.8% standard as 1.4% of elective FCE's were cancelled on the day for non-clinical reasons (166 UHL 1.5% and 8 Alliance 0.8%).	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.
Ambulance Handover >60 Mins (CAD+ from June 15) – is a measure of the percentage of handover delays over 60 minutes	17/18 Target – 0% November's performance was 0.8% a slight increase of 0.2% from October nevertheless one of our best performance since the introduction of CAD+ reporting in June 2015.	Trend 	There has been significant improvement in ambulance handovers since moving into the new department, with increased assessment and <u>major</u> s capacity.	This continues to be a key focus every day and is reviewed at each Operational Command Meeting.

Description	Target/Current Performance	Trend	Key Messages	Key Actions
31-Day (Diagnosis To Treatment) Wait For First Treatment: All Cancers	17/18 Target – 96% or above 31 day 1st treatment performance was below the national target at 93% for October	Benchmark  Trend 	Failure to achieve target was as a result of non-compliance in Lower GI, Skin and Urology primarily however, a significant drop in performance from Skin by 7.2% compared to September having a direct impact on the bottom line result with the theme being around patient choice delays to TCI dates.	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. A new action for each tumour site (excluding Breast, MaxFax and Skin) to move to 7 day first appointment based on feedback from other successful Trusts.
62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers	17/18 Target – 85% or above 62 day performance failed at 78.8% in October with no adjustment for tertiary activity applicable.	Benchmark 	Across 7 tumour sites there are patients undergoing multiple tests, MDTs, complex pathology reporting and diagnostics. This includes patients referred between multiple tumour sites with unknown primaries, patients with complex pathology to inform diagnosis requiring additional testing and where treatment plans	New local rules agreed by CCB in November 2017 is expected to result in a positive impact on 62 day performance as adjustments are applied, early forecasting for November suggests an improved position but we still expected to fail the standard.

Description	Target/Current Performance	Trend	Key Messages	Key Actions																										
		<div><p>Trend</p><p>Cancer - 62 Day Wait</p><table><thead><tr><th>Month</th><th>Performance (%)</th></tr></thead><tbody><tr><td>Nov-16</td><td>77.2%</td></tr><tr><td>Dec-16</td><td>79.5%</td></tr><tr><td>Jan-17</td><td>75.4%</td></tr><tr><td>Feb-17</td><td>76.1%</td></tr><tr><td>Mar-17</td><td>86.5%</td></tr><tr><td>Apr-17</td><td>83.7%</td></tr><tr><td>May-17</td><td>76.8%</td></tr><tr><td>Jun-17</td><td>77.7%</td></tr><tr><td>Jul-17</td><td>82.1%</td></tr><tr><td>Aug-17</td><td>78.9%</td></tr><tr><td>Sep-17</td><td>79.1%</td></tr><tr><td>Oct-17</td><td>78.8%</td></tr></tbody></table></div>	Month	Performance (%)	Nov-16	77.2%	Dec-16	79.5%	Jan-17	75.4%	Feb-17	76.1%	Mar-17	86.5%	Apr-17	83.7%	May-17	76.8%	Jun-17	77.7%	Jul-17	82.1%	Aug-17	78.9%	Sep-17	79.1%	Oct-17	78.8%	have changed either due to the patient or clinical decision making based on additional diagnostic tests.	
Month	Performance (%)																													
Nov-16	77.2%																													
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Jun-17	77.7%																													
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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	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	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	16	15	9	17	18	12	23	23	14	19	21	15		127
S2	Serious Incidents - actual number escalated each month	AF	MD	<=37 by end of FY 17/18	UHL	Red / ER if >8 in mth or >5 for 3 consecutive mths	May-17	41	50	37	4	2	3	1	3	4	5	3	5	3	5	3	1	29
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	15.3	17.1	15.8	15.8	14.2	16.3	15.8	15.1	15.5	13.8	14.4	14.6	15.0	14.0
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%	89%	88%	89%	89%	90%	91%	91%	92%	94%	94%	95%	95%		93%
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%	99%	99%	99%	97%	96%	96%	95%	94%	92%	94%	93%	95%		94%
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%	82%	76%	83%	88%	85%	86%	86%	87%	86%	86%	85%	86%		86%
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%	67%	76%	78%	77%	85%	81%	75%	82%	80%	75%	80%	84%		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	4	2	5	4	2	7	3	5	4	4	7	4	9	43
S10	Never Events	AF	MD	0	NHSI	Red if >0 in mth ER = in mth >0	May-17	3	2	4	1	0	1	0	1	0	3	0	0	1	0	1	0	5
S11	Clostridium Difficile	JS	DJ	61	NHSI	Red if >monthly threshold / ER if Red or Non compliance with cumulative target	Nov-17	73	60	60	7	0	5	7	5	5	0	10	5	7	9	7	4	47
S12	MRSA Bacteraemias - Unavoidable or Assigned to third Party	JS	DJ	0	NHSI	Red if >0 ER Not Required	Nov-17	6	1	3	0	0	0	1	1	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	0	0	0	0	0	1	1	0	0	2
S14	MRSA Total	JS	DJ	0	UHL	Red if >0 ER if >0	Nov-17	1	0	3	0	0	0	1	1	0	0	0	0	1	1	0	0	2
S15	E. Coli Bacteraemias - Community	JS	DJ	TBC	NHSI	TBC	TBC	New Indicator		476	8	9	16	11	13	40	40	51	47	40	38	42	38	336
S16	E. Coli Bacteraemias - Acute	JS	DJ	TBC	NHSI	TBC	TBC	New Indicator		121	36	39	33	42	40	8	5	3	5	2	10	3	10	46
S17	E. Coli Bacteraemias - Total	JS	DJ	TBC	NHSI	TBC	TBC	New Indicator		597	44	48	49	53	53	48	45	54	52	42	48	45	48	382
S18	MSSA - Community	JS	DJ	TBC	NHSI	TBC	TBC	New Indicator		134	9	8	10	16	13	7	11	10	15	13	12	12	3	83
S19	MSSA - Acute	JS	DJ	TBC	NHSI	TBC	TBC	New Indicator		30	49	51	53	57	59	2	9	3	6	2	1	1	3	27
S20	MSSA - Total	JS	DJ	TBC	NHSI	TBC	TBC	New Indicator		164	58	59	63	73	72	9	20	13	21	15	13	13	6	110
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%	97.3%	98.0%	98.0%	97.7%	96.7%	97.2%	97.8%	97.4%	97.4%	98.0%	98.0%	97.6%	97.8%	97.6%
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%	96.3%	95.1%	95.0%	95.1%	95.1%	95.4%	95.8%	96.2%	95.9%	96.1%	95.7%	95.8%	96.1%	95.8%
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	Jan-18	6.9	5.4	5.9	5.7	5.7	5.4	5.7	5.7	6.0	5.5	5.8	4.9	6.0	5.8	5.6		5.6
S24	Avoidable Pressure Ulcers - Grade 4	JS	MC	0	QS	Red / ER if Non compliance with monthly target	Aug-17	2	1	1	1	0	0	0	0	0	0	1	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	2	2	2	3	1	0	0	4	0	0	0	0	0	4
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	10	5	8	7	5	6	5	2	4	1	8	3	1	30
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	0	0	0	0	0	1	1
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%	15.3%	16.3%	17.9%	17.0%	16.7%	18.4%	19.3%	18.0%	16.6%	18.3%	17.7%	19.3%	16.1%	18.0%



Caring	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	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	17/18 YTD	
	C1	>75% of patients in the last days of life have individualised End of Life Care plans	TBC	TBC	TBC	QC	TBC	NEW INDICATOR																		
	C2	Formal complaints rate per 1000 IP,OP and ED attendances	AF	MD	No Target	UHL	Monthly reporting	Aug-17	NEW INDICATOR		1.1	1.2	1.2	1.2	0.9	1.2	1.1	1.1	1.1	1.0	1.6	1.5	1.8	1.3	1.4	
	C3	Percentage of upheld PHSO cases	AF	MD	No Target	UHL	Quarterly reporting	TBC	NEW INDICATOR		5%	0% (0 out of 3 cases)		0% (Zero cases)		0% (0 out of 3 cases)			0% (0 out of 2 cases)				0.0			
	C4	Published Inpatients and Daycase Friends and Family Test - % positive	JS	HL	97%	UHL	Red if <95% ER if red for 3 consecutive months Revise threshold 17/18	Jun-17	New Indicator	97%	97%	97%	97%	97%	96%	96%	96%	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%	96%	96%	96%	95%	95%	95%	96%	96%	96%	96%	96%	97%	95%	96%	96%
	C6	Daycase only Friends and Family Test - % positive	JS	HL	97%	UHL	Red if <95% ER if red for 3 consecutive months Revise threshold 17/18	Jun-17	New Indicator	98%	98%	98%	98%	98%	99%	98%	98%	99%	98%	99%	98%	98%	98%	99%	98%	98%
	C7	A&E Friends and Family Test - % positive	JS	HL	97%	UHL	Red if <93% ER if red for 3 consecutive months Revised threshold 17/18	Jun-17	96%	96%	91%	84%	91%	93%	94%	95%	94%	93%	96%	95%	98%	96%	95%	95%	95%	
	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%	95%	92%	92%	92%	92%	92%	92%	93%	95%	94%	95%	95%	94%	95%	94%
	C9	Maternity Friends and Family Test - % positive	JS	HL	97%	UHL	Red if <93% ER if red for 3 consecutive months Revised threshold 17/18	Jun-17	96%	95%	95%	94%	93%	96%	94%	95%	94%	95%	96%	94%	93%	93%	93%	95%	94%	
	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%	73.3%		72.7%		74.3%			70.7%				72.5%			
	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	14	6	4	1	3	3	1	2	0	0	1	1	11	



Well Led	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	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	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%	31.6%	27.5%	27.2%	30.7%	30.4%	32.4%	31.9%	27.7%	31.0%	29.3%	29.4%	28.2%	27.7%	29.7%	
	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%	37.0%	31.9%	31.3%	35.4%	33.8%	37.1%	37.2%	30.6%	37.7%	35.6%	33.2%	32.4%	31.6%	34.4%	
	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%	25.7%	22.3%	22.5%	25.5%	26.4%	27.1%	26.4%	24.7%	23.9%	22.7%	25.3%	23.8%	23.9%	24.7%	
	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%	11.4%	7.1%	10.4%	13.8%	12.1%	13.8%	8.3%	9.4%	11.1%	13.5%	12.4%	9.7%	8.8%	10.8%	
	W5	Outpatients Friends and Family Test - Coverage	JS	HL	5%	QS	Red if <1.5% ER if 2 mths Red	Jun-17	New Indicator	1.4%	3.0%	1.8%	5.7%	5.9%	5.9%	6.5%	5.4%	5.6%	6.0%	5.7%	6.4%	6.6%	6.1%	6.0%	6.0%	
	W6	Maternity Friends and Family Test - Coverage	JS	HL	30%	UHL	Red if <26% ER if 2 mths Red	Jun-17	28.0%	31.6%	38.0%	41.1%	37.1%	40.9%	38.0%	41.1%	46.8%	44.1%	42.2%	43.3%	40.9%	38.8%	40.3%	46.0%	42.7%	
	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	54.2%	55.4%	61.9%	62.9%		61.4%		62.5%		57.3%								59.9%
	W8	Nursing Vacancies	JS	MM	TBC	UHL	Separate report submitted to QAC	Dec-17	New Indicator	8.4%	9.2%	9.7%	7.1%	7.6%	7.4%	9.2%	10.9%	9.9%	11.1%	10.8%	10.3%	9.7%	9.4%		9.4%	
	W9	Nursing Vacancies in ESM CMG	JS	MM	TBC	UHL	Separate report submitted to QAC	Dec-17	New Indicator	17.2%	15.4%	20.2%	14.5%	11.9%	13.7%	15.4%	19.7%	16.9%	21.3%	23.3%	22.5%	22.4%	22.1%		22.1%	
	W10	Turnover Rate	LT	LG	TBC	NHSI	Red = 11% or above ER = Red for 3 Consecutive Mths	Nov-17	11.5%	9.9%	9.3%	9.2%	9.3%	9.3%	9.3%	9.3%	8.7%	8.8%	8.8%	8.8%	8.7%	8.5%	8.6%	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	3.8%	3.6%	3.3%	3.6%	3.6%	3.7%	3.5%	3.3%	3.3%	3.5%	3.6%	3.8%	3.8%	4.1%	4.7%		3.8%	
	W12	Temporary costs and overtime as a % of total payroll	LT	LG	TBC	NHSI	TBC	Nov-17	9.4%	10.7%	10.6%	10.9%	10.1%	10.8%	10.5%	11.4%	11.1%	11.0%	11.1%	11.2%	11.6%	11.0%	10.7%	11.5%	11.3%	
	W13	% of Staff with Annual Appraisal (excluding facilities Services)	LT	BK	95%	UHL	Red if <90% ER if 3 consecutive mths <90%	Dec-16	91.4%	90.7%	91.7%	91.9%	91.7%	91.6%	92.4%	91.7%	92.1%	92.5%	92.1%	91.7%	91.2%	91.0%	90.9%	89.9%	89.9%	
	W14	Statutory and Mandatory Training	LT	BK	95%	UHL	TBC	Dec-16	95%	93%	87%	82%	83%	81%	82%	87%	86%	85%	85%	85%			81%	81%		
	W15	% Corporate Induction attendance	LT	BK	95%	UHL	Red if <90% ER if 3 consecutive mths <90%	Dec-16	100%	97%	96%	95%	99%	98%	97%	96%	100%	98%	96%	98%	97%	94%	95%	97%	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%		26%		27%								27%
	W17	BME % - Leadership (8A – Excluding Medical Consultants)	LT	AH	28%	UHL	4% improvement on Qtr 1 baseline	Oct-17			12%	12%		12%		12%		13%								13%
	W18	Executive Team Turnover Rate - Executive Directors (rolling 12 months)	LT	AH	TBC	UHL	TBC	Nov-17	New Indicator		0%	0%	0%	0%	0%	0%	0%	0%	0%	20%	20%	20%	20%	20%	20%	
	W19	Executive Team Turnover Rate - Non Executive Directors (rolling 12 months)	LT	AH	TBC	UHL	TBC	Nov-17			25%	43%	25%	25%	25%	25%	25%	25%	29%	14%	14%	14%	14%	14%	14%	
	W20	DAY Safety staffing fill rate - Average fill rate - registered nurses/midwives (%)	JS	MM	TBC	NHSI	TBC	Apr-17	91.2%	90.5%	90.5%	89.3%	90.4%	91.6%	91.6%	89.8%	90.3%	90.3%	89.9%	89.4%	87.8%	93.3%	92.3%	93.3%	90.6%	
	W21	DAY Safety staffing fill rate - Average fill rate - care staff (%)	JS	MM	TBC	NHSI	TBC	Apr-17	94.0%	92.0%	92.3%	93.2%	91.9%	89.7%	91.1%	87.4%	96.7%	91.6%	87.9%	93.0%	94.9%	106.1%	109.6%	113.0%	98.3%	
	W22	NIGHT Safety staffing fill rate - Average fill rate - registered nurses/midwives (%)	JS	MM	TBC	NHSI	TBC	Apr-17	94.9%	95.4%	96.4%	95.9%	96.9%	97.6%	97.2%	96.2%	96.6%	96.5%	95.9%	95.4%	95.2%	93.2%	90.3%	91.1%	94.3%	
	W23	NIGHT Safety staffing fill rate - Average fill rate - care staff (%)	JS	MM	TBC	NHSI	TBC	Apr-17	99.8%	98.9%	97.1%	95.6%	98.5%	95.8%	97.8%	94.7%	100.2%	99.1%	93.1%	100.2%	107.7%	114.3%	119.9%	122.5%	107.0%	

Effective	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	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	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%	8.1%	8.7%	8.7%	8.4%	8.8%	9.5%	9.0%	9.0%	8.9%	9.2%	9.3%	8.6%		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)	99 (Apr15-Mar16)	101 (Jul15-Jun16)			102 (Oct15-Sep16)			101 (Jan16-Dec16)			101 (Apr16-Mar17)			101 (Apr16-Mar17)	
	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	101	101	101	100	100	100	98	Awaiting HED Update					98		
	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	103	102	103	102	101	100	98	97	Awaiting HED Update					97
	E5	Crude Mortality Rate Emergency Spells	AF	RB	<=2.4%	UHL	Monthly Reporting	Apr-17	2.4%	2.3%	2.4%	2.4%	2.7%	2.9%	2.6%	2.4%	2.1%	1.9%	2.0%	2.2%	1.8%	1.8%	1.9%	2.1%	2.0%	
	E6	No. of # Neck of femurs operated on 0-35 hrs - Based on Admissions	AF	AC	72% or above	QS	Red if <72% ER if 2 consecutive mths <72%	Jun-17	61.4%	63.8%	71.2%	78.0%	60.3%	70.9%	67.6%	71.2%	47.1%	76.5%	76.8%	76.1%	80.6%	69.6%	61.1%	75.4%	70.5%	
	E7	Stroke - 90% of Stay on a Stroke Unit	TL	IL	80% or above	QS	Red if <80% ER if 2 consecutive mths <80%	Dec-17	81.3%	85.6%	85.0%	88.0%	83.8%	87.4%	86.6%	85.1%	87.3%	85.7%	85.7%	93.6%	89.0%	85.4%	87.4%		87.7%	
	E8	Stroke - TIA Clinic within 24 Hours (Suspected High Risk TIA)	TL	IL	60% or above	QS	Red if <60% ER if 2 consecutive mths <60%	Dec-17	71.2%	75.6%	66.9%	75.9%	69.2%	87.7%	57.3%	66.3%	57.8%	57.0%	68.6%	64.3%	51.7%	28.6%	67.9%	60.8%	56.4%	



Responsive	KPI Ref	Indicators	Board Director	Lead Officer	17/18 Target	Target Set by	17/18 Red RAG/ Exception Report Threshold (ER)	DQF Assessment outcome/Date	14/15 Outturn	15/16 Outturn	16/17 Outturn	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	17/18 YTD
	R1	ED 4 Hour Waits UHL	TL	IL	95% or above	NHSI	Red if <92% ER via ED TB report	Aug-17	89.1%	86.9%	79.6%	77.6%	75.5%	78.1%	83.8%	83.9%	81.0%	76.3%	77.6%	79.8%	83.2%	84.0%	82.7%	79.6%	80.5%
	R2	ED 4 Hour Waits UHL + LLR UCC (Type 3)	TL	IL	95% or above	NHSI	Red if <92% ER via ED TB report	TBC									NEW INDICATOR						84.6%	81.3%	
	R3	12 hour trolley waits in A&E	TL	IL	0	NHSI	Red if >0 ER via ED TB report	Aug-17	4	2	11	0	1	10	0	0	0	0	0	0	0	0	0	0	0
	R4	RTT - Incomplete 92% in 18 Weeks UHL+ALLIANCE	TL	WM	92% or above	NHSI	Red /ER if <92%	Nov-16	96.7%	92.6%	91.8%	92.2%	91.3%	90.9%	91.2%	91.8%	91.3%	92.3%	92.3%	91.8%	91.8%	91.4%	92.1%	92.1%	92.1%
	R5	RTT 52 Weeks+ Wait (Incompletes) UHL+ALLIANCE	TL	WM	0	NHSI	Red /ER if >0	Nov-16	0	232	24	34	32	34	39	24	17	9	15	16	18	1	0	0	0
	R6	6 Week - Diagnostic Test Waiting Times (UHL+ALLIANCE)	TL	WM	1% or below	NHSI	Red /ER if >1%	Dec-16	0.9%	1.1%	0.9%	0.6%	0.9%	0.9%	0.9%	0.9%	0.9%	0.8%	0.7%	0.8%	0.6%	0.4%	0.4%	0.8%	0.8%
	R7	Urgent Operations Cancelled Twice (UHL+ALLIANCE)	TL	WM	0	NHSI	Red if >0 ER if >0	Jan-17	0	0	3	3	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	TL	WM	0	NHSI	Red if >2 ER if >0	Jan-17	33	48	212	13	18	22	26	17	13	14	10	18	14	27	28	15	139
	R9	Cancelled patients not offered a date within 28 days of the cancellations ALLIANCE	TL	WM	0	NHSI	Red if >2 ER if >0	Jan-17	11	1	11	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	R10	% Operations cancelled for non-clinical reasons on or after the day of admission UHL	TL	WM	0.8% or below	Contract	Red if >0.8% ER if >0.8%	Jan-17	0.9%	1.0%	1.2%	1.5%	0.8%	1.6%	1.2%	1.2%	0.9%	1.1%	1.0%	1.1%	1.2%	1.4%	1.4%	1.5%	1.2%
	R11	% Operations cancelled for non-clinical reasons on or after the day of admission ALLIANCE	TL	WM	0.8% or below	Contract	Red if >0.8% ER if >0.8%	Jan-17	0.9%	0.9%	0.9%	0.5%	0.1%	0.4%	1.3%	0.5%	2.5%	0.1%	0.4%	0.0%	0.1%	0.1%	0.9%	0.8%	0.6%
	R12	% Operations cancelled for non-clinical reasons on or after the day of admission UHL + ALLIANCE	TL	WM	0.8% or below	Contract	Red if >0.8% ER if >0.8%	Jan-17	0.9%	1.0%	1.2%	1.4%	0.8%	1.5%	1.2%	1.1%	1.0%	1.1%	1.0%	1.0%	1.1%	1.3%	1.3%	1.4%	1.2%
	R13	No of Operations cancelled for non-clinical reasons on or after the day of admission UHL + ALLIANCE	TL	WM	Not Applicable	UHL	Not Applicable	Jan-17	1071	1299	1566	164	82	167	122	131	99	123	114	115	127	149	156	174	1057
	R14	Delayed transfers of care	TL	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%	2.7%	2.8%	2.7%	2.3%	2.5%	2.1%	2.0%	1.4%	1.6%	1.7%	1.9%	1.7%	1.9%	1.8%
	R15	Ambulance Handover >60 Mins (CAD+ from June 15)	TL	LG	0	Contract	Red if >0 ER if Red for 3 consecutive mths	TBC	5%	5%	9%	11%	17%	13%	6%	6%	6%	7%	2%	1%	2%	0.2%	0.6%	0.8%	2%
	R16	Ambulance Handover >30 Mins and <60 mins (CAD+ from June 15)	TL	LG	0	Contract	Red if >0 ER if Red for 3 consecutive mths	TBC	19%	19%	14%	18%	18%	15%	12%	13%	13%	13%	8%	5%	4%	3%	6%	8%	7%



Responsive Cancer	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	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	17/18 YTD
	** Cancer statistics are reported a month in arrears.																								
	RC1	Two week wait for an urgent GP referral for suspected cancer to date first seen for all suspected cancers	TL	DB	93% or above	NHSI	Red if <93% ER if Red for 2 consecutive mths	Jul-16	92.2%	90.5%	93.2%	95.2%	93.8%	93.2%	94.3%	94.0%	93.3%	95.4%	95.1%	93.7%	94.3%	95.6%	93.9%	**	94.5%
	RC2	Two Week Wait for Symptomatic Breast Patients (Cancer Not initially Suspected)	TL	DB	93% or above	NHSI	Red if <93% ER if Red for 2 consecutive mths	Jul-16	94.1%	95.1%	93.9%	96.0%	91.1%	93.4%	97.0%	90.8%	89.6%	94.2%	89.6%	93.0%	92.3%	95.4%	94.3%	**	92.8%
	RC3	31-Day (Diagnosis To Treatment) Wait For First Treatment: All Cancers	TL	DB	96% or above	NHSI	Red if <96% ER if Red for 2 consecutive mths	Jul-16	94.6%	94.8%	93.9%	94.2%	92.4%	91.9%	95.3%	96.2%	96.3%	94.9%	97.0%	96.2%	95.0%	94.1%	93.0%	**	95.2%
	RC4	31-Day Wait For Second Or Subsequent Treatment: Anti Cancer Drug Treatments	TL	DB	98% or above	NHSI	Red if <98% ER if Red for 2 consecutive mths	Jul-16	99.4%	99.7%	99.7%	100.0%	100.0%	98.9%	100.0%	100.0%	98.7%	97.7%	100.0%	97.9%	99.1%	99.1%	100.0%	**	99.0%
	RC5	31-Day Wait For Second Or Subsequent Treatment: Surgery	TL	DB	94% or above	NHSI	Red if <94% ER if Red for 2 consecutive mths	Jul-16	89.0%	85.3%	86.4%	83.3%	87.2%	90.9%	88.5%	95.4%	85.5%	85.7%	88.9%	90.5%	81.5%	82.1%	80.2%	**	84.8%
	RC6	31-Day Wait For Second Or Subsequent Treatment: Radiotherapy Treatments	TL	DB	94% or above	NHSI	Red if <94% ER if Red for 2 consecutive mths	Jul-16	96.1%	94.9%	93.5%	94.8%	98.1%	95.3%	99.1%	96.7%	95.0%	93.0%	96.2%	95.6%	94.5%	92.1%	90.7%	**	93.8%
	RC7	62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers	TL	DB	85% or above	NHSI	Red if <85% ER if Red in mth or YTD	Jul-16	81.4%	77.5%	78.1%	77.2%	79.5%	75.4%	76.1%	86.5%	83.7%	76.8%	77.7%	82.1%	78.9%	79.1%	78.8%	**	79.5%
	RC8	62-Day Wait For First Treatment From Consultant Screening Service Referral: All Cancers	TL	DB	90% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	84.5%	89.1%	88.6%	88.0%	90.9%	93.1%	78.1%	95.1%	95.0%	92.3%	93.3%	85.3%	90.5%	80.0%	89.3%	**	90.1%
RC9	Cancer waiting 104 days	TL	DB	0	NHSI	TBC	Jul-16	New Indicator		10	9	10	8	3	10	6	6	12	12	6	8	16	13	13	
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	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	17/18 YTD	
RC10	Brain/Central Nervous System	TL	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	--	100.0%	100.0%	--	--	100.0%	--	--	--	--	--	--	--	--	--	**	--	
RC11	Breast	TL	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	92.6%	95.6%	96.3%	95.8%	94.6%	96.6%	92.6%	93.48%	97.4%	97.4%	93.3%	96.3%	91.7%	93.1%	97.0%	**	95.1%	
RC12	Gynaecological	TL	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	77.5%	73.4%	69.5%	66.7%	44.4%	71.4%	81.8%	78.6%	64.3%	89.5%	92.3%	75.0%	43.6%	46.7%	82.4%	**	70.0%	
RC13	Haematological	TL	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	66.5%	63.0%	70.6%	77.8%	66.7%	87.5%	81.8%	88.9%	100%	64.3%	92.9%	100.0%	81.8%	70.0%	100.0%	**	85.5%	
RC14	Head and Neck	TL	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	69.9%	50.7%	44.5%	66.7%	33.3%	41.7%	33.3%	66.7%	85.7%	48.3%	61.9%	64.7%	47.8%	61.9%	57.7%	**	57.6%	
RC15	Lower Gastrointestinal Cancer	TL	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	63.7%	59.8%	56.8%	61.5%	75.0%	48.3%	54.5%	75.0%	40.0%	63.8%	50.0%	60.5%	78.9%	78.3%	38.7%	**	58.6%	
RC16	Lung	TL	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	69.9%	71.0%	65.1%	67.5%	79.5%	74.0%	33.3%	67.5%	78.4%	64.8%	61.1%	74.4%	68.8%	61.4%	64.1%	**	67.0%	
RC17	Other	TL	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	95.0%	71.4%	60.0%	--	100.0%	--	--	100.0%	50.0%	100.0%	100.0%	0.0%	100.0%	40.0%	66.7%	**	66.7%	
RC18	Sarcoma	TL	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	46.2%	81.3%	45.2%	100.0%	66.7%	40.0%	0%	100.0%	--	40.0%	100.0%	50.0%	100.0%	50.0%	100.0%	**	68.8%	
RC19	Skin	TL	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	96.7%	94.1%	96.9%	92.3%	97.0%	96.9%	96.6%	96.2%	96.8%	95.5%	93.8%	97.5%	100.0%	96.1%	97.3%	**	96.8%	
RC20	Upper Gastrointestinal Cancer	TL	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	73.9%	63.9%	68.0%	100.0%	72.0%	61.4%	63.6%	85.7%	92.3%	66.7%	59.4%	58.6%	75.7%	63.2%	81.1%	**	70.9%	
RC21	Urological (excluding testicular)	TL	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	82.6%	74.4%	80.8%	75.0%	79.3%	71.4%	76.2%	89.9%	82.1%	79.4%	72.3%	84.7%	77.4%	83.5%	66.7%	**	78.6%	
RC22	Rare Cancers	TL	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	84.6%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	--	100.0%	100.0%	50.0%	100.0%	100.0%	**	90.9%	
RC23	Grand Total	TL	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	81.4%	77.5%	78.1%	77.2%	79.5%	75.4%	76.1%	86.5%	83.7%	76.8%	77.7%	82.1%	78.9%	79.1%	78.8%	**	79.5%	



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

Research UHL	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	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
	RU1	Median Days from submission to Trust approval (Portfolio)	AF	NB	TBC	TBC	TBC	2.8	1.0		4.5			48			45			19.5			12.0		
	RU2	Median Days from submission to Trust approval (Non Portfolio)	AF	NB	TBC	TBC	TBC	2.1	1.0	Q2-Q4 158	41			90			27			14.5			25.0		
	RU3	Recruitment to Portfolio Studies	AF	NB	Aspirational target=10920/year (910/month)	TBC	TBC	12564	13479	8603	758	657	592	487	699	325	636	531	1135	869	749	820	743	765	628
	RU4	% Adjusted Trials Meeting 70 day Benchmark (data sunbmitted for the previous 12 month period)	AF	NB	TBC	TBC	TBC				(Oct15 - Sep16) 90.3%			(Jan16 - Dec16) 100%			(Apr16 - Mar17) 50% (metric change due to HRA process change)			(July 16 - July 17) 81%					
	RU5	Rank No. Trials Submitted for 70 day Benchmark (data submitted for the previous 12 month period)	AF	NB	TBC	TBC	TBC				(Oct15 - Sep16) 10/205			(Jan16 - Dec16) 31/186			(Apr16 - Mar17) 14/187			(July 16 - July 17) 12/196					
	RU6	%Closed Commercial Trials Meeting Recruitment Target (data submitted for the previous 12 month period)	AF	NB	TBC	TBC	TBC				(Oct15 - Sep16) 52.0%			(Jan16 - Dec16) 49.2%			(Apr16 - Mar17) 44.9%			(July 16 - July 17) 43.5%					

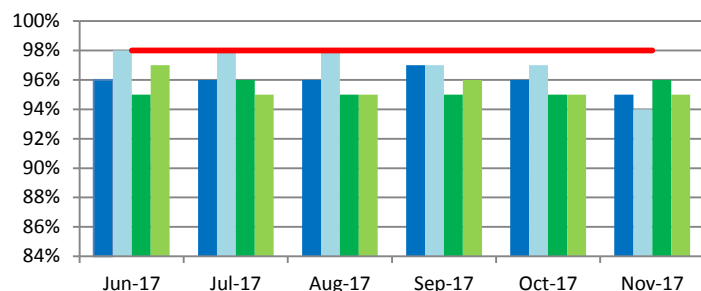
Compliance Forecast for Key Responsive Indicators

Standard	Nov	Dec	Commentary
Emergency Care			
4+ hr Wait (95%)	79.6%		Validated position.
4+ hr Wait UHL + LLR UCC (95%)	84.6%		
Ambulance Handover (CAD+)			
% Ambulance Handover >60 Mins (CAD+)	0.8%		EMAS monthly report
% Ambulance Handover >30 Mins and <60 mins (CAD+)	8%		
RTT (inc Alliance)			
Incomplete (92%)	92.1%	90.7%	
Diagnostic (inc Alliance)			
DM01 - diagnostics 6+ week waits (<1%)	0.8%	0.9%	
# Neck of femurs			
% operated on within 36hrs - all admissions (72%)	75.0%	72%	
Cancelled Ops (inc Alliance)			
Cancelled Ops (0.8%)	1.4%	1.4%	
Not Rebooked within 28 days (0 patients)	15	28	
Cancer			
Two Week Wait (93%)	94%	94%	
31 Day First Treatment (96%)	93%	92%	
31 Day Subsequent Surgery Treatment (94%)	92%	92%	
62 Days (85%)	76%	80%	
Cancer waiting 104 days (0 patients)	13	13	

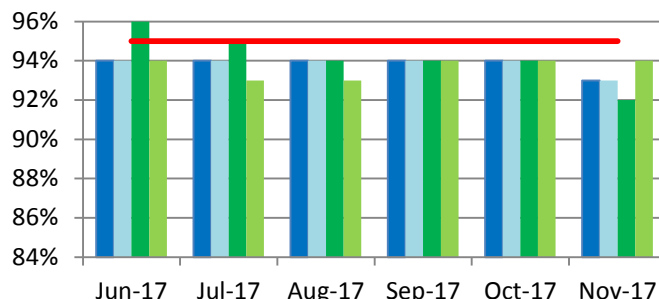
APPENDIX A

Estates and Facilities - Cleanliness

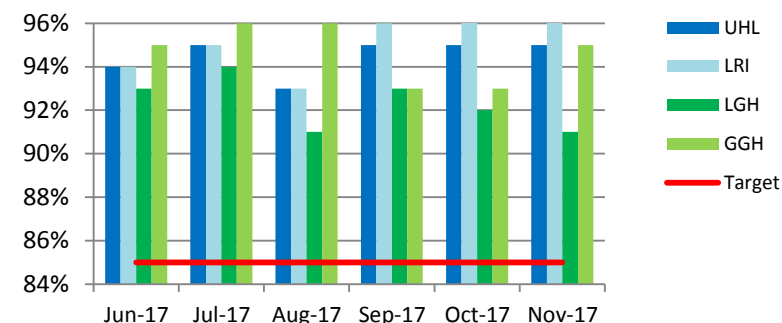
Cleanliness Audit Scores by Risk Category - Very High



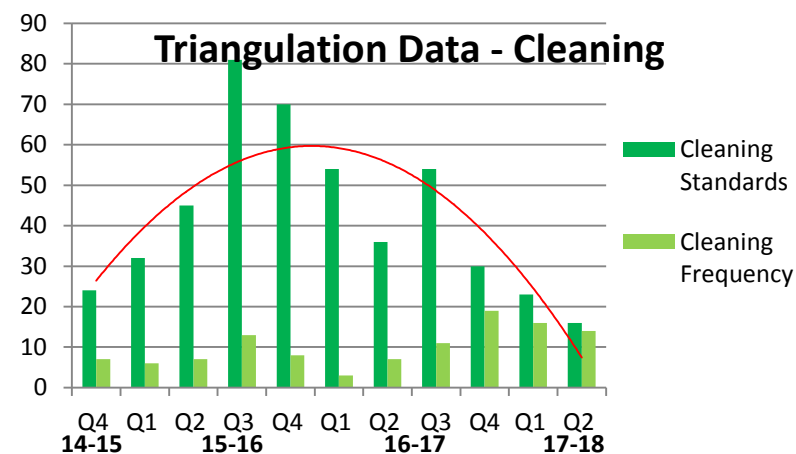
Cleanliness Audit Scores by Risk Category - High



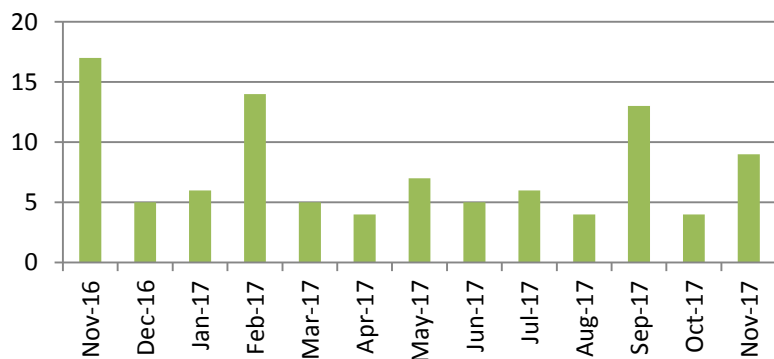
Cleanliness Audit Scores by Risk Category - Significant



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 April 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.

This month we have reviewed the risk categories and have raised these in certain areas. This has had a small impact on the overall scores.

Very high-risk areas have dropped slightly since October, remaining behind target at all of the 3 sites. We are currently reviewing the audits to identify specific cleaning elements that are failing. Two of the Datix incidents recorded in November applied to the very high risk areas. These issues have been addressed by the Service Manager.

More detailed reporting including analysis of clinical equipment cleanliness as well as general environmental cleanliness will feature in the more detailed quarterly report.

High-risk audit scores have fallen back slightly this month at the LRI and the LGH and whilst the GGH remains at 94%; all sites continue to fall short of target. Significant risk areas all exceed the 85% target.

The triangulation data is collected by the Trust from numerous patient sources including Message to Matron, Friends and Family Test, Complaints, online sources and Message to Volunteer or Carer collated collectively as 'Suggestions for Improvement'. Figures for Q2 are the latest update and continue to demonstrate a reduction in the number of issues identified.

The number of datix incidents logged for November has seen an increase compared to last month but remains within the range of recent normally observed variability.

Performance scores overall continue to fluctuate just below target levels with month on month small variations. Gaps in rotas continue to present challenges. With a freeze on overtime except for business critical reasons only filling about half of the gap is possible. Whilst this is risk prioritised, it inevitably means that some areas will be below standard. Current levels of winter related outbreaks on a number of wards are also presenting challenges in terms of the spread of resources.

Estates and Facilities – Patient Catering

Patient Catering Survey – September 2017	Percentage 'OK or Good'	
	Oct-17	Nov-17
Did you enjoy your food?	93%	100%
Did you feel the menu has a good choice of food?	96%	100%
Did you get the meal that you ordered?	100%	97%
Were you given enough to eat?	99%	100%

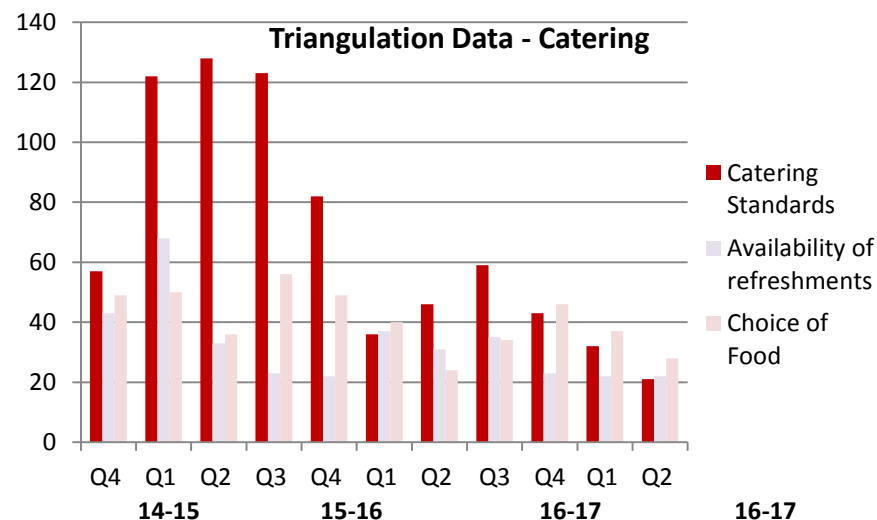
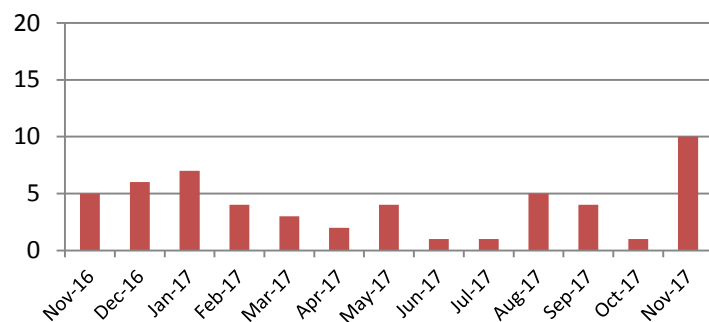
90 – 100%	80 – 90%	<80%
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Number of Patient Meals Served				
Month	LRI	LGH	GGH	UHL
September	67,351	22,722	28,585	118,658
October	69,459	21,841	29,860	121,170
October	67,209	22,533	30,135	119,877

Patient Meals Served On Time (%)				
Month	LRI	LGH	GGH	UHL
September	100%	100%	100%	100%
October	100%	100%	100%	100%
November	100%	100%	100%	100%

97 – 100%	95 – 97%	<95%
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Number of Datix Incidents Logged -Patient Catering



Patient Catering Report

This month we survey numbers were down with the scores being based on 39 returns.

Survey scores this month have largely improved 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.

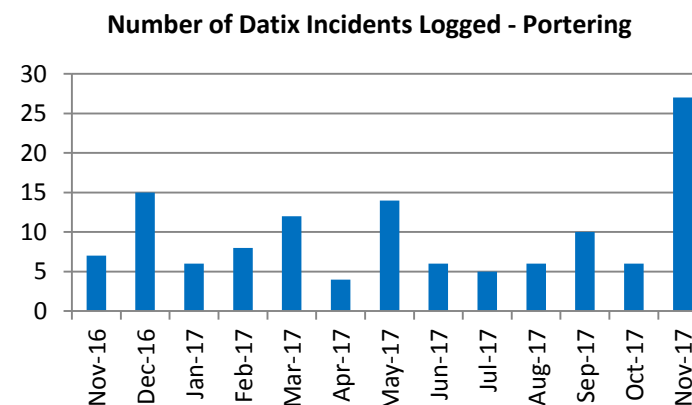
The triangulation data has been updated to include Q2 data and this back up the overall levels of satisfaction considering the number of meals served.

Datix incidents reported have seen a spike compared to the normal level of variation seen. However, these still remain at a low level proportionally. The number reported in this chart has been moderated to reflect the fact that there were a number of duplicate items referring to one issue.

Estates and Facilities - Portering

Reactive Portering Tasks in Target				
Site	Task (Urgent 15min, Routine 30min)	Month		
		September	October	November
GH	Overall	94%	94%	94%
	Routine	91%	93%	94%
	Urgent	98%	100%	98%
LGH	Overall	94%	94%	94%
	Routine	93%	93%	93%
	Urgent	98%	98%	99%
LRI	Overall	92%	90%	91%
	Routine	91%	89%	89%
	Urgent	98%	98%	97%
95 – 100%		90 – 94%	<90%	

Average Portering Task Response Times		
Category	Time	No of tasks
Urgent	16:07	2,474
Routine	22:34	9,847
Total		12,321



Portering Report

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

Datix incidents have risen sharply and particularly relate to Imaging in ED. Discussions are on-going to resolve operational issues with the Department.

The introduction of iPorter within ED is now planned to take place in the middle of January 2018. This will assist in providing clear data on which appropriate action can be taken.

Estates and Facilities – Planned Maintenance

Statutory Maintenance Tasks Against Schedule					
UHL Trust Wide	Month	Fail	Pass	Total	%
	September	0	185	185	100%
	October	5	181	186	97%
	November	24	169	193	88%
99 – 100%		97 – 99%	<97%		

Non-Statutory Maintenance Tasks Against Schedule					
UHL Trust Wide	Month	Fail	Pass	Total	%
	September	279	1784	2063	86%
	October	428	2001	2429	82%
	November	479	1563	2042	77%
95 – 100%		80 – 95%	<80%		

Estates Planned Maintenance Report

For November we achieved 88% in the delivery of Statutory Maintenance tasks in the month. This is due to a number of Fire Damper Maintenance tasks that could not be completed due to remedial works impinging on the programme. This will be resolved in the next month.

For the Non-Statutory tasks, completion of the monthly schedule is subject to the volume of reactive calls. Drainage issues continue to compete for resources within the Estates front line team. The performance reported this month is affected by the timing of the report. Figures reported are a worst case scenario and actual work completed is likely to be higher. Next month's report will reflect a corrected actual figure for November

APPENDIX B

RTT Performance

Combined UHL and Alliance RTT Performance

	<18 w	>18 w	Total Incompletes	%
Alliance	8,271	474	8,745	94.7%
UHL	49,265	4,481	53,763	91.7%
Total	57,536	4,955	62,508	92.1%

Backlog Reduction required to meet 92%	-49
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The combined performance for UHL and the Alliance for RTT in November was 92.1% achieving the National Standard. Overall combined performance saw 4,967 patients in the backlog, a reduction of 12 since the last reporting period (UHL increase of 27, Alliance reduction of 39).

The number of patients waiting over 18 weeks for treatment was 49 less than the required amount.

Forecast performance for next reporting period: It is forecasted that we will not meet the standard in December due to risks outlined below:

- Reduction in discretionary effort during Christmas and New Year holiday period
- Reduction in available capacity due to bank holidays
- Competing demands with emergency and cancer performance
- Increase in cancellations due to bed capacity
- Reduction in capacity due to theatre staffing
- Reduced in capacity due to loss of theatres at Glenfield

The combined UHL and Alliance RTT position has been forecasted starting with October 2017's actual performance through to May 2018.

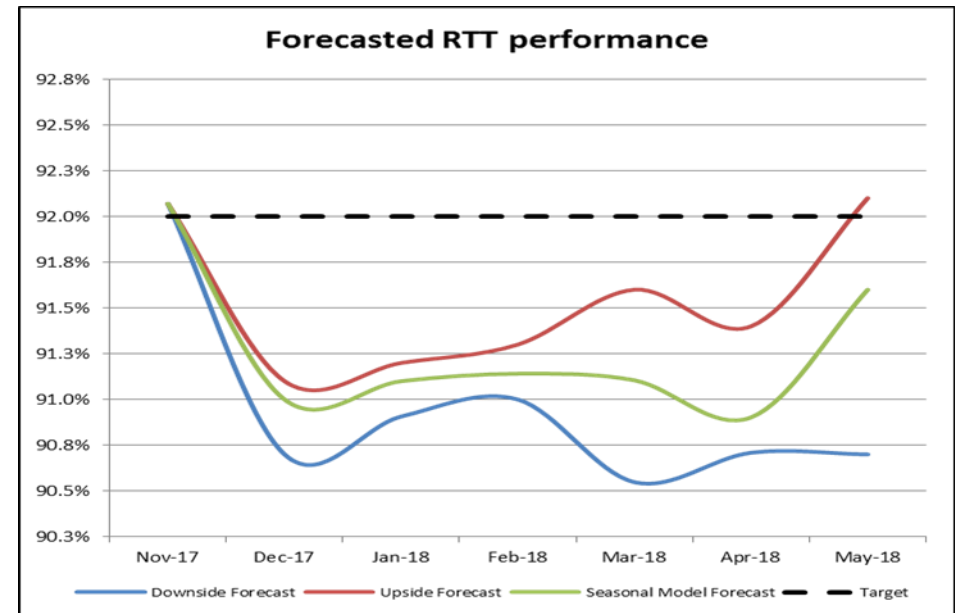
The table and graph below details a downside, upside and a seasonal forecast scenario from previous financial years.

RTT will likely see a significant drop in performance from December due to winter bed pressures, increased bank holidays and increased annual leave uptake and reduction in discretionary effort during this period.

Increased cancellations due to lack of beds has already occurred at the end of November and start of December.

In order to continue to deliver the 92% standard for the remainder of the financial year, performance would need to be at 93.0% going into December to cope with the reduced capacity. This would require November predicted end of month backlog to be reduced by an additional circa 650 patients.

RTT Performance	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18
Downside Forecast	92.1%	90.7%	90.9%	91.0%	90.5%	90.7%	90.7%
Upside Forecast	92.1%	91.1%	91.2%	91.3%	91.6%	91.4%	92.1%
Seasonal Model Forecast	92.1%	91.0%	91.1%	91.1%	91.1%	90.9%	91.6%



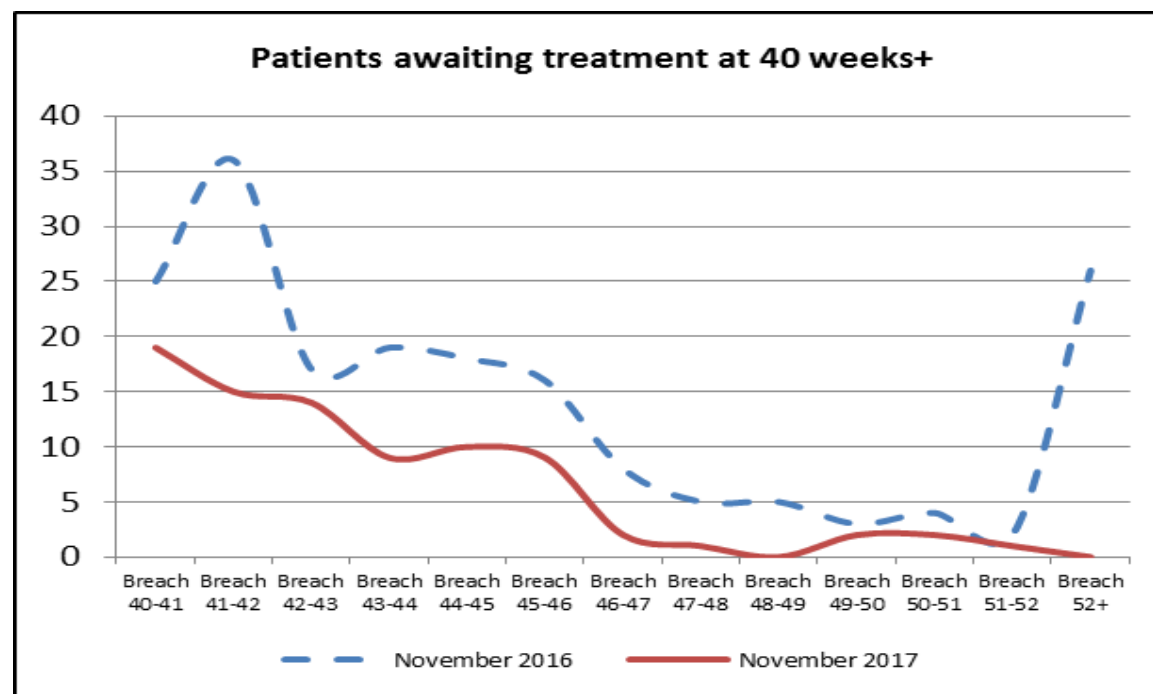
There are currently 5 specialties that, due to size of number of patients in their backlog and relative size, have individual action plans. They are Paediatric ENT, ENT, General Surgery, Urology and Orthopaedics. They are monitored monthly. Current plans and performance are highlighted later in the report.

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

At the end November there was zero patients with an incomplete pathway at more than 52 weeks. This is the second consecutive month of UHL having no patients waiting over 52 weeks for treatment. Patients TCI's at 48 weeks and over are escalated operationally to reduce the risk of cancellation as the surgery typically routine and non-urgent in nature and will be cancelled ahead of cancer and urgent patients. Forecasted breaches for the end of December remain zero. Cancellations due to capacity pressures remain a risk to achieving the forecast.

This financial we have 100 fewer patients awaiting treatment at over 40weeks compared to November 2016 with 84 this year compared to 184 last year. Although there has been an increase in overall backlog size, there are far fewer patients waiting long waits reducing the overall risk of 52 week breaches coming out of winter.

Speciality	ACPL Target	M8 ACPL Actual	ACPL Variance	YTD ACPL
Breast Care	1.9	1.6	-0.26	1.7
ENT	2.6	1.9	-0.67	2.5
General Surgery	1.9	1.8	-0.08	2.1
Gynaecology	2.9	2.3	-0.57	2.4
Maxillofacial Surgery	2.2	1.8	-0.44	2.2
Ophthalmology	3.6	3.9	0.28	3.5
Orthopaedics	1.9	1.9	0.04	1.9
Paediatric Surgery	2.4	2.5	0.14	2.6
Pain Management	5.2	5.3	0.07	5.4
Plastic Surgery	2.9	2.6	-0.32	2.6
Renal Surgery	1.6	1.8	0.2	1.7
Urology	2.7	2.9	0.23	2.7
Vascular Surgery	1.3	1	-0.26	1.2
Total	2.4	2.3	-0.09	2.4



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

Significant reductions in Ophthalmology, Urology and Spinal Surgery support the overall position.

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

Of the 59 specialties with a backlog, 24 saw their backlog increase, 5 specialties backlog stayed the same and 25 specialties reduced their backlog size.

Overall, the UHL admitted and non-admitted backlogs have increased from October by 2.0% and 0.2% respectively.

10 highest backlog decreases	Admitted Backlog			Non Admitted Backlog			Total Backlog			
	Oct 17	Nov 17	Change	Oct 17	Nov 17	Change	Oct 17	Nov 17	Change	RTT %
Ophthalmology	212	134	-78	15	23	8	227	157	-70	97.0%
Urology	445	420	-25	108	82	-26	553	502	-51	81.8%
Spinal Surgery	103	88	-15	262	233	-29	365	321	-44	83.4%
Paed Gastro	1	1	0	40	23	-17	41	24	-17	89.4%
Cardiology	73	69	-4	56	44	-12	129	113	-16	95.4%
ENT	251	252	1	291	277	-14	542	529	-13	84.6%
IR	18	13	-5	5	-	0	23	13	-10	95.4%
Paed Resp Medicine	-	-	0	12	2	-10	12	2	-10	98.5%
Paediatric Cardiology	15	17	2	27	16	-11	42	33	-9	92.1%
Anaesthetics	-	-	0	11	5	-6	11	5	-6	94.8%

10 highest backlog increases	Admitted Backlog			Non Admitted Backlog			Total Backlog			
	Oct 17	Nov 17	Change	Oct 17	Nov 17	Change	Oct 17	Nov 17	Change	RTT %
General Surgery	276	291	15	191	212	21	467	503	36	85.7%
Gastroenterology	12	16	4	84	115	31	96	131	35	95.4%
Orthopaedic Surgery	344	369	25	223	231	8	567	600	33	86.9%
Neurology	-	-	0	58	79	21	58	79	21	94.2%
Maxillofacial Surgery	81	101	20	64	63	-1	145	164	19	91.6%
Paediatric ENT	382	410	28	39	26	-13	421	436	15	57.1%
Dermatology	-	-	0	43	57	14	43	57	14	97.5%
Thoracic Medicine	-	-	0	133	146	13	133	146	13	87.3%
Paediatric Surgery	18	30	12	-	-	0	18	30	12	92.3%
Vascular Surgery	28	46	18	31	23	-8	59	69	10	90.6%

10 highest overall backlogs	Admitted Backlog			Non Admitted Backlog			Total Backlog			
	Oct 17	Nov 17	Change	Oct 17	Nov 17	Change	Oct 17	Nov 17	Change	RTT %
Orthopaedic Surgery	344	369	25	223	231	8	567	600	33	86.9%
ENT	251	252	1	291	277	-14	542	529	-13	84.6%
General Surgery	276	291	15	191	212	21	467	503	36	85.7%
Urology	445	420	-25	108	82	-26	553	502	-51	81.8%
Paediatric ENT	382	410	28	39	26	-13	421	436	15	57.1%
Spinal Surgery	103	88	-15	262	233	-29	365	321	-44	83.4%
Gynaecology	190	190	0	27	24	-3	217	214	-3	93.9%
Maxillofacial Surgery	81	101	20	64	63	-1	145	164	19	91.6%
Ophthalmology	212	134	-78	15	23	8	227	157	-70	97.0%
Thoracic Medicine	-	-	0	133	146	13	133	146	13	87.3%

The table opposite illustrates that the largest pressure to achieve 18 week RTT performance is for patients waiting for elective surgery.

All CMG's and the Alliance are achieving the 92% standard for non-admitted patients and over 95% overall. Only ESM and ITAPS are achieving the standard for admitted patients but neither CMG hold any surgical specialties.

The continuing challenge for UHL will be actions that support in reducing the admitted backlog. The non-admitted backlog has remained relatively consistent over the past 18 months. During the same period the admitted backlog has increased by over 300%.

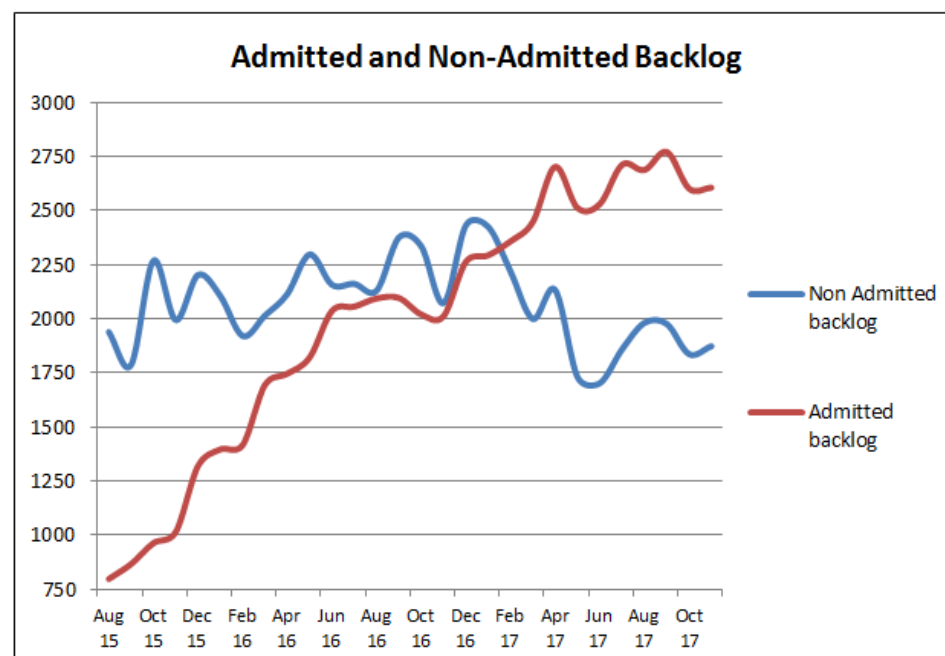
Patients on an admitted incomplete pathway make up only 20% of the UHL incomplete waiting list whilst making up 60% of the backlog.

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

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

CMG	Admitted Backlog	Admitted RTT %	Non Admitted Backlog	Non Admitted RTT %	Total Backlog	Overall RTT %
CHUGGS	746	64.7%	417	95.2%	1163	89.3%
CSI	13	92.0%	0	100.0%	13	95.7%
ESM	0	100.0%	148	97.3%	148	97.4%
ITAPS	13	96.8%	30	97.0%	43	97.0%
MSS	1407	76.1%	898	94.5%	2305	89.6%
RRCV	146	87.8%	253	94.4%	399	93.0%
W&C	284	77.8%	126	98.1%	410	94.7%
Alliance	84	64.7%	390	95.4%	474	94.6%

UHL	2609	76.0%	1874	95.6%	4481	91.7%
UHL+Alliance Combined	2691	76.6%	2264	95.7%	4955	92.1%



ENT / Paediatric ENT	<p>Background: Current backlog driven by a high level of cancellations from 2015/16 and 2016/17 winter bed pressures that has carried over. Cancellations for both adult and Paediatric ENT have remained high over the winter period into 2017 due to limited bed capacity. This has also resulted in prior to the day cancellations or reduced booking of lists. The combined adult and Paediatric ENT service has seen a referral increase of over 12% year to date to the previous financial year.</p> <p>Actions: Continued use of Medinet and wait list initiatives for admitted and non admitted patients continue to end of November 2017. YourDay to be used for Paediatric ENT going forward with additional sessions within Adult ENT being completed by UHL surgical team. Change to balance pathway including new DOS and PRISM forms to direct patients at point of referral to most appropriate clinic. Circa 42 patients. Agreement of Nuffield tariff for adult and paediatric patients circa 50 patients. Additional bi-weekly ENT session agreed. No patients now over 52 weeks.</p>
General Surgery	<p>Background: Current performance driven by lack of capacity to meet SLA demands. Circa 3 sessions per week. Service highly affected by winter bed pressures on inpatient and critical care beds resulting in patient cancellations. Further risk going into winter months of increased cancellations due to further bed pressure demands. Impacted by cancelled theatre sessions due to lack of theatre staffing. 1 substantive and 1 locum consultant down.</p> <p>Actions: Continued WLI's for admitted and non-admitted pathways. Left shift minor work to the Alliance, business case for 2 additional consultants. Focused work on non admitted pathway bringing down waits for first appointments and waits in diagnostic reporting. Interviews for substantive consultant in January 2018.</p>
Orthopaedic Surgery	<p>Background: Delays within with urgent diagnostic reporting adding to the outpatient pathway. Capacity gap between clinicians for sub specialties. Including Hand and Foot and Ankle patients. Impacted on elective cancellations to support emergency care. Impacted by cancelled theatre sessions due to lack of theatre staffing, currently circa 5 sessions per week.</p> <p>Actions: Additional clinics to reduce outpatient backlog. ESP utilised across Orthopaedics and spines, double running of clinical fellows to increase clinical capacity.</p>
Urology	<p>Background: Lack of in week outpatient and theatre capacity. Increase in patients cancelled before the day due to bed capacity. Alliance capacity decrease from Coventry and Warwick clinicians, impacts on ability to left shift activity. Registrar due to be off for 6 weeks in December to February for elective surgery.</p> <p>Actions: Wait list initiatives. Increase in uptake of UHL staffed lists allowing for more patients from the backlog to be treated. Continued use of weekend sessions including Medinet to utilise theatre space where insufficient theatre uptake. Left shifting of low complex patients to the Alliance agreed with circa 30-50 cystoscopies being transferred August onwards. Locum consultant in the Alliance confirmed as competent to treat circumcisions to support with urology backlog. Service exploring Locum to fill the registrar gap.</p>
Thoracic Medicine	<p>Background: Backlog increased from 36 in April 2017 to over 150 as of November 2017. Increase in patients waiting for treatments due pathway changes to mirror UHL access policy. Action plan from service in place to manage the resulting capacity gap.</p> <p>Locum / Agency consultant for Winter Ward to supply 3 outpatient clinics per week December – March.</p>

APPENDIX C

Diagnostic Performance

November diagnostic performance for UHL and the Alliance combined is 0.81% achieving the standard by performing below the 1% threshold.

UHL alone achieved 0.49% for the month of November with 126 patients out of 15,102 not receiving their diagnostic within 6 weeks. Performance remains ahead of trajectory.

Continued strong performances were seen from Computed Tomography 0.4% with 12 breaches from 2,766 patients, Non-Obstetric Ultrasound 0.1% with 7 breaches from 4,883 patients and Audiology 0.0% with 0 breaches out of 557.

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

Modality	Waiting list	Breaches	Performance
Magnetic Resonance Imaging	41	3520	1.2%
Gastroscopy	25	416	6.0%
Computed Tomography	12	2766	0.4%
Respiratory physiology - sleep studies	11	240	4.6%
Flexi sigmoidoscopy	9	547	1.6%

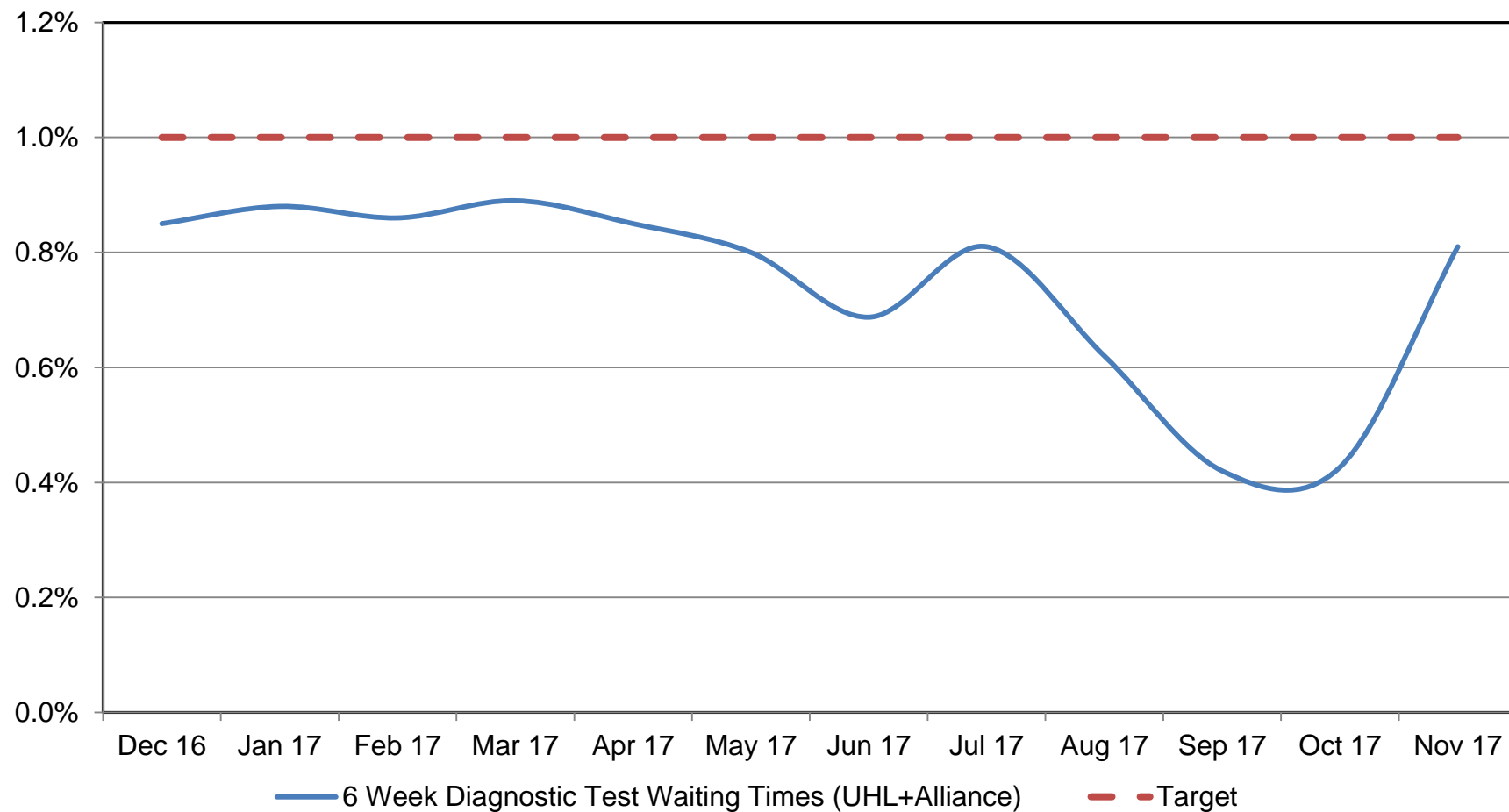
Of the 15 modalities measured against, 8 achieved the performance standard with 7 areas having waits of 6 weeks or more greater than 1%.

Future Months Performance

There is significant risk to the Trust achieving the diagnostic standard in December:

- Outpatient Cystoscopy (72) due to sickness in medical workforce
- Reduction in available capacity due to bank holidays
- Reduction in discretionary effort during Christmas and New Year holiday period
- Radiology competing demands with emergency IP diagnostic requirements
- Competing demands with cancer to reduce 2WW to 1WW

UHL and Alliance Diagnostic Performance Last 12 Months



APPENDIX D

November Cancelled Ops: Executive Performance Board

INDICATORS: The cancelled operations target comprises of two components;

1. The % of cancelled operations for non-clinical reasons On The Day (OTD) of admission.

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

Indicator	Target (monthly)	Latest month	YTD performance (inc Alliance)	Forecast performance for next reporting period
1	0.8%	1.5%	1.1%	1.2%
2	0	15	139	29

Cancelled Operation Performance – Indicator 1

For November there were 174 non clinical hospital cancellations for UHL and Alliance combined. This resulted in a failure of the 0.8% standard as 1.4% of elective FCE's were cancelled on the day for non-clinical reasons (166 UHL 1.5% and 8 Alliance 0.8%).

UHL alone saw 166 patients cancelled on the day for an individual performance of 1.5%. 112 patients (69%) were cancelled due to capacity related issues of which 17 were Paediatrics. 51 patients were cancelled for other reasons.

The 5 most common reasons for cancellation are listed below.

Type	Reason	Nov 2017	Nov 2016	Change
Capacity pressures	Ward bed unavailable	83	47	36
Other	Lack theatre time / list overrun	31	35	-4
Capacity pressures	Pt delayed to adm high priority patient	20	12	8
Other	Casenotes missing	6	3	3
Capacity pressures	HDU bed unavailable	5	28	-23
Total		145	125	20

There were 36 more cancellations due to lack of ward bed than in the same month last year.

28 Day Performance – Indicator 2

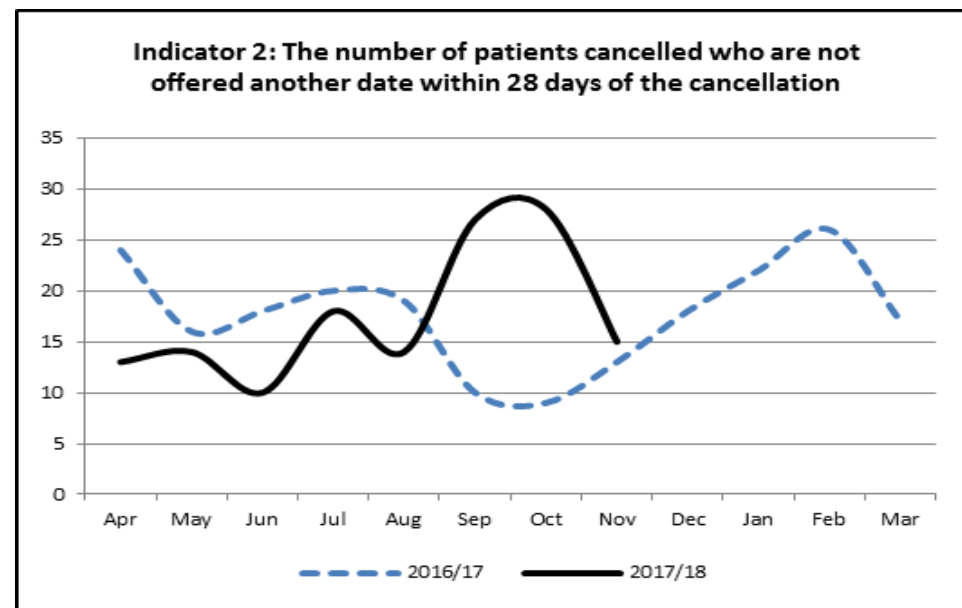
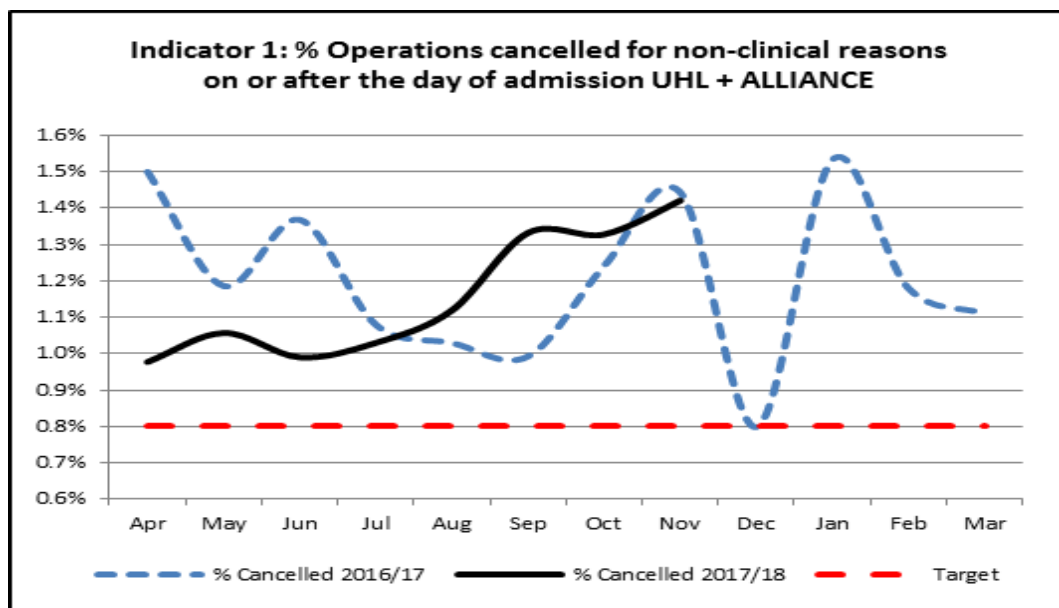
There were 15 patients who did not receive their operation within 28 days of a non-clinical cancellation. These comprised of CHUGGS 3, ESM 1, MSS 5, RRCV 4 and W&C 2.

The 2 theatres currently closed at Glenfield has resulted in increased 28 day breaches as there is no emergency theatre for Vascular patients resulting in elective capacity being prioritised for emergency patients.

Risk for next reporting period

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

- Continuing capacity pressures due to emergencies

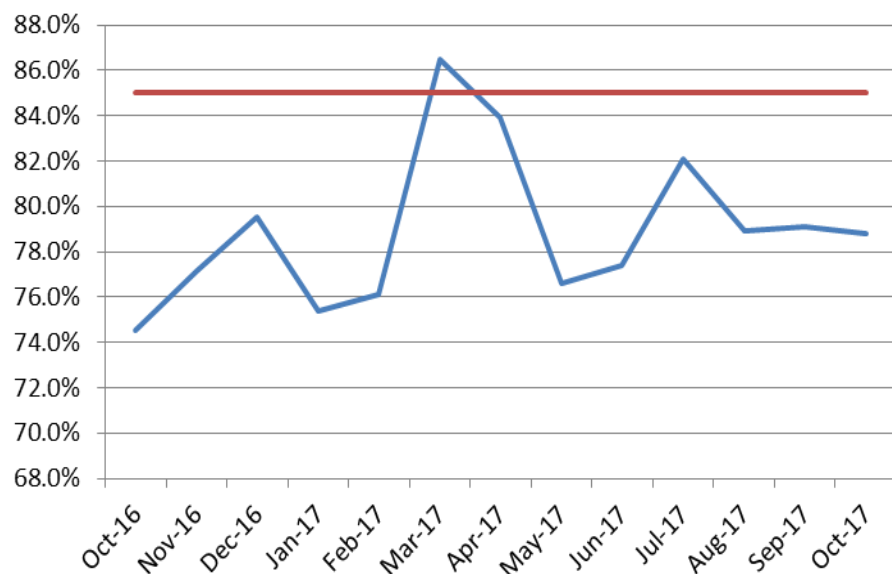


APPENDIX E

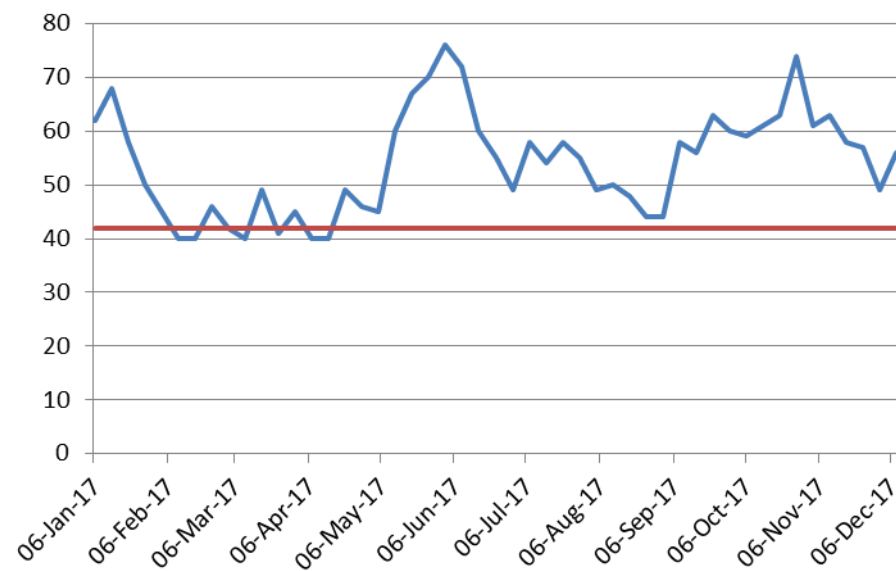
Cancer Waiting Time Performance

- Out of the 9 standards, UHL achieved 3 in October – 2WW, 2WW Breast and 31 Day Drugs
- 2WW performance continued to deliver in October achieving 93.9%. November is also expected to deliver the standard.
- 62 day performance failed at 78.8% in October with no adjustment for tertiary activity applicable. New local rules agreed by CCB in November 2017 is expected to result in a positive impact on 62 day performance as adjustments are applied, early forecasting for November suggests an improved position but we still expected to fail the standard.
- The adjusted backlog, although above trajectory is back in the 50s, the key areas being Urology, Lung and Gynae
- Systems development work in the Cancer information system (Infoflex) remains delayed due to technical issues.

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 8th December 2017.

The Trend reflects performance against target on the previous week.

The forecast position is the early prediction for week ending 15th December 2017

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

Tumour Site	Target	Backlog	Trend	Forecast
Haematology	3	0		3
HPB	0	2		3
Lower GI	6	8		8
Testicular	0	0		0
Upper GI	2	1		2
Urology	10	12		15
Skin	1	0		0
Breast	2	1		1
Head & Neck	5	4		5
Sarcoma	0	1		0
Lung	6	11		5
Gynaecology	7	13		9
Brain	0	0		0

Key themes identified in backlog @ 8th December

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

Summary of delays	Numbers of patients	Summary
Complex Patients/Complex Diagnostic Pathways	10	Across 7 tumour sites, – these are patients undergoing multiple tests, MDTs, complex pathology reporting and diagnostics. This includes patients referred between multiple tumour sites with unknown primaries, patients with complex pathology to inform diagnosis requiring additional testing and where treatment plans have changed either due to the patient or clinical decision making based on additional diagnostic tests.
Capacity Delays – OPD & Surgical	7	In 5 tumour sites, a combination of surgical treatment/diagnostic capacity, Endoscopy and Oncology outpatient capacity affecting the patients pathway
UHL Pathway Delays (Next Steps compliance)	6	Across 4 tumour sites – where more than 1 delay has occurred within the pathway and lack of compliance with Next Steps is evident. This includes delays in the diagnostic phase in one tumour site prior to referral to another.
Patient Delays (Choice, Engagement, Thinking Time)	17	Across all tumour sites, where patients have cancelled or DNA'd outpatients, diagnostics or treatment admission on more than one occasion. Where patients aren't decided on their treatment plan and require more thinking time, including 1 patient in HPB 3rd opinions from other Trusts and has now gone abroad for a further opinion.. Patients where they are choosing to delay treatment for a specific reason, e.g. family wedding, cruise holiday for the Winter. The new local rules agreed for management of patients on a 62 day pathway would impact on these patients once treated, i.e. their pathways would be adjusted following treatment which would result in their treatment being captured on a 31 day pathway and therefore would not impact on 62 day performance.

Summary of delays	Numbers of patients	Summary
Clinically Appropriate Pathway Delays	8	<p>In Urology (x6) – patients where the initial TRUS biopsy is reported as either benign/non-diagnostic but in correlation with clinical review, an MRI is required for further investigation a clinically appropriate 6 week delay is required between biopsy and MRI to allow for healing and to avoid a haematoma on MRI. This also includes x1 patient who is All Options for review and decision with both Oncology and Urology. A patient awaiting PACE trial consent, randomisation and thinking time is also included.</p> <p>In Lung (x3) – where patients require a delayed repeat CT scan post antibiotic treatment at 2 months that don't fall into the new LTFU policy so therefore remain on an active pathway until next reviewed – often benign and then discharged.</p>
Late Tertiary Referrals	7	Across 4 tumour sites, where tertiaries are received after Day 38. From NGH, KGH and ULH. This includes x1 patient from NGH that was referred over prior to completion of the correct pre-surgical tests which further delayed the pathway at UHL.
Patients Unfit	6	Across 3 tumour sites, patients who are unavailable for treatment due to other on-going health issues of a higher clinical priority, where high blood pressure and uncontrolled diabetes result in a delay to the patient be anaesthetically fit for treatment. This includes x3 patients whose initial diagnostic admission was cancelled as required a bridging plan which further delayed the new admission in the diagnostic phase of the pathway. This also includes x1 patient with dementia where consent has been difficult to confirm due to the patient being in a care home with limited family support.

Backlog Review for patients waiting >104 days @ 08/12/2017

The following details all patients declared in the 104 Day Backlog for week ending 8/12/17. Last month's report showed 16 patients in the 104 Day backlog, 14 of which are now treated. This month's report details 11 patients in the backlog across 6 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	73	117	Y	N	Patient referred 11.8.17, seen Day 13 and pipelle taken. Results reviewed 8.9.17 - patient TCI for Myosure cancelled as patient required ECHO and bridging plan following pre-assessment. Surgeon review, patient referred for cardiology review as per Anaesthetist. Capacity delay in Cardiology - OPD 28.11.17. Specific surgeon only to do case combined with complexity of patient delaying TCI date? 18.1.18 - awaiting update from service
HAEM	2	71	110	Y	Y	Patient referred to ENT and underwent USFNA by Day 8, results reviewed suggestive of lymphoma. MDT Lymphoma 12.9.17 - await patient informed at OPD 27.9.17 - delay to OPD due to patient holiday. Transferred to Haem Day 48 and underwent CT and PET. MDT review of results 9.10.17 recommended for surgical biopsy to determine diagnosis of lymphoma sub type. Delay to biopsy due to process issues within ENT and subsequent patient admission due to hip problems.
		72	104	Y	N	Patient referred to ENT and had US FNA 30.8.17, results suggested lymphoma, patient for core biopsy and CT. US Core Bx 13.9.17, CT 20.9.17 - suggested lymph node bx. Biopsy 22.9.17 - results reported 3.10.17. Pathology for further molecular testing at NUH - reported 13.10.17. OPD 24.10.17 - for neck lump biopsy to diagnosis. Results reviewed OPD 7.11.17 - patient referred to Haem - required PET for staging to confirm localised disease. For OPD Haem - delay to OPD to 6.12.17 - await outcome? Radiotherapy treatment.

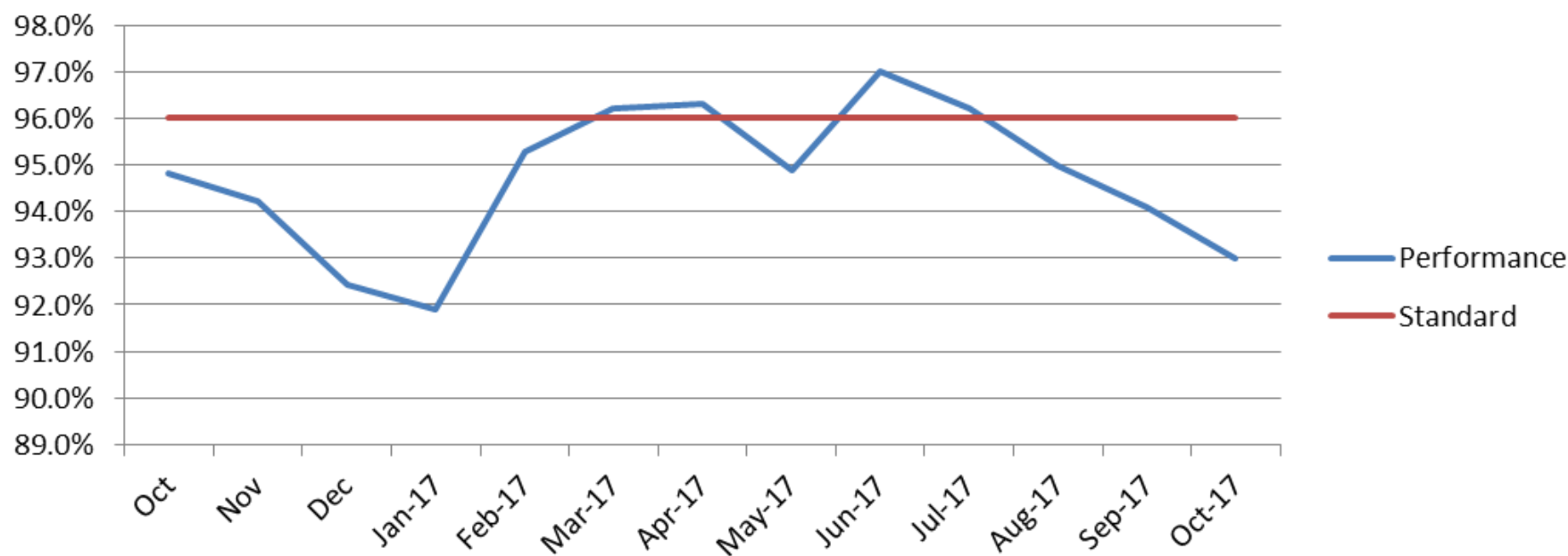
Tumour Site	Total Number of patients	Pt No	Current Wait (Days)	Confirmed Cancer Y/N	Treatment Date Y/N	Tumour Site
LOGI	2	69	117	Y	Y	Complex diagnostic pathway initially due to previous Breast and pancreatic cancer requiring multiple MDT discussions and diagnostic tests. Patient initially referred on HPB pathway, transferred to Lower GI following pathology from liver biopsy suggesting metastatic adenocarcinoma from colorectal origin. MDT 18.10.17 - for MRI, sigmoidoscopy and outpatient review. MDT and OPD review 14.11.17 - patient for chemotherapy. Oncology OPD 21.11.17 - patient delay to treatment start date due to holiday until 4.12.17
		70	117	Y	Y	Patient referred on a LOGI straight to test pathway, OGD and CT stated no colonic malignancy but? Carcinoid tumour. Patient sent for flexi 9.9.17 which was cancelled by the clinician as an inappropriate test, rebooked for a colonoscopy for the 22.9.17. Report stated NAD and this patient was removed from the pathway 2.10.17. Pathology from the polyp flagged for MDT 4.10.17 - recommended neuroendocrine review. Complex diagnosis, unknown primary and multiple MDTs resulting in a delayed pathway. Neuroendocrine primary diagnosed at MDT 22.11.17 and for resection. Decision to treat made 5.12.17 and patient listed for surgery.
HPB	2	65	141	Y	N	Patient referred from NGH on Day 58, MDT 16/10/17 for Liver biopsy. Plan for patient to have biopsy at NGH, delay to biopsy awaiting update from NGH that biopsy couldn't be performed at NGH, required at UHL. Biopsy 13/11/17 - no capacity to bring forward. Unable to perform biopsy on the day, reviewed by MDT 20.11.17 - requires CT Guided Biopsy. CTGBX 7.12.17 - specific USS machine required with specific radiologists in addition to a daycase bed resulting in delay to biopsy. Await MDT for review of results 11.12.17
		76	110	N	N	Referred from KGH at Day 33 for MDT discussion only 25.9.17. Taken off tracking post MDT as patient having MR in KGH. 20.11.17 KGH request for EUS and TURBT at UHL. TURBT 25.11.17, EUS 13.12.17 - patient requested delay to biopsy and further review until after Christmas. Awaiting update on new date.

Tumour Site	Total Number of patients	Pt No	Current Wait (Days)	Confirmed Cancer Y/N	Treatment Date Y/N	Summary Delay Reasons
Lung	2	74	126	Y	N	Patient referred to ENT 2.8.17 - OPD and CT with follow up by Day 28 30.8.17. Flagged consolidation in lung requiring respiratory review and Vascular review due to AAA. Transferred to Lung 5.9.17. Delay between ENT and Lung clinicians re GP contact over antibiotics required. Patient in Lung OPD 19.9.17 - required CT and follow up at 6 weeks due to antibiotics. Clinical diagnosis of lung cancer made at MDT 17.11.17 - referred to oncology for consideration of SABR treatment. Oncology capacity delays review to 12.12.17 - CNS team in Lung already discussed SABR with patient to avoid delay. Await Oncology OPD outcome.
		75	119	Y	N	Patient referred to LOGI 9.8.17, following CT Colon flagged for Lung MDT. Lead clinician decision for OPD review Lung first with a CTT prior. CT 8.9.17, RAL 18.9.17. For PET 22.9.17 and CT Guided Bx 25.9.17 - unable to biopsy due to location being too close to the liver. PET scan doesn't show SUV uptake in lesion therefore for repeat CT at 2 months. CT 28.11.17, OPD 12.12.17 - capacity delay to outpatients in Lung.
Urology	2	57	134	Y	N	Patient referred from ULH on Day 53 15/9/17. Outpatients Urology 28/9/17 - referred for high risk anaesthetic assessment. Patient wants to wait for surgery until the New Year as going on a cruise 29/10/17 - 16/12/17. HRA 13/10/17 - pt requires ECHO and further anaesthetic review due to newly diagnosed AFR. For outpatient review 21/12/17 for decision on fitness for surgery and patient decision.
		68	126	Y	N	Clinical delay in diagnostic phase initially due to post TRUS biopsy the patient required an MRI. MRI 9.10.17 identified bone scan required. Patient declined bone scan until 26.10.17. OPD 3.11.17 - patient for all options - referred to Oncology for review. Oncology 10.11.17 - discussed PACE trial options - patient for thinking time to consider options of PACE vs standard radiotherapy with hormones. Await OPD 11.12.17 for patient decision and consent.

31 Day First Treatment – Backlog & Performance

31 day 1st treatment performance was below the national target at 93% for October. This was as a result of non-compliance in Lower GI, Skin and Urology primarily however, a significant drop in performance from Skin by 7.2% compared to September having a direct impact on the bottom line result with the theme being around patient choice delays to TCI dates.

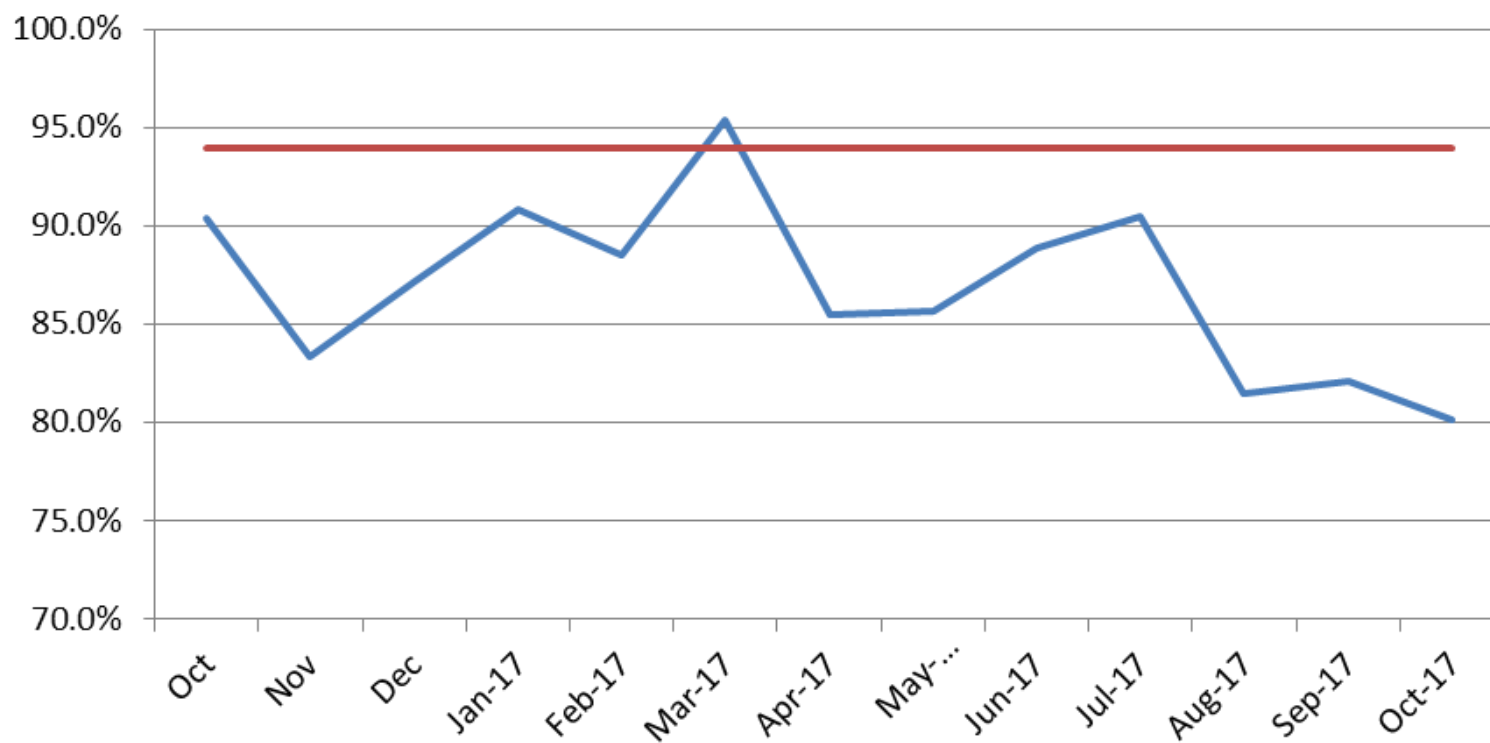
At the time of reporting, the backlog is lower than last month's report (previously 18) with 11 patients in the backlog (across 4 tumour sites): access to beds and theatre capacity particularly around joint surgical cases, patient engagement issues (Skin), robotic procedures (Urology) and unfit patients (Gynae) has seen an increase in the backlog this month.



31 Day Subsequent Performance – Surgery

31 day Subsequent performance for Surgery in October under performed at 80.2%. The last time this standard was achieved was in March 2017 (95.4%) with an average performance of 84.9% since.

The backlog at the time of reporting sits at 3, spread across 2 tumour sites. Pressure in Oncology and Radiotherapy delaying a Breast patient and Urology due to x1 Tertiary from Lincoln and the other due to ITU bed capacity issues.



Summary of the plan

The recovery action plan (RAP) is the central repository detailing measureable 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.

A new action for each tumour site (excluding Breast, MaxFax and Skin) to move to 7 day first appointment based on feedback from other successful Trusts.

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 staffs continue 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

Peer Group Analysis (October 2017)

RTT 18+ Weeks Backlog - October 2017

All Acute Trusts Performance - 88.8%

UHL ranks 60 out of the 145 Acute Trusts*

66 of the 145 Acute Trusts* achieved 92% or more

Peer Rank	Provider Name	RTT Incomplete Performance - Target 92%
1	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	96.2%
2	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	95.0%
3	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	94.7%
4	HEART OF ENGLAND NHS FOUNDATION TRUST	92.1%
5	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	92.1%
6	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	90.6%
7	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	90.6%
8	PENNINE ACUTE HOSPITALS NHS TRUST	90.4%
9	LEEDS TEACHING HOSPITALS NHS TRUST	88.6%
10	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	87.1%
11	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	84.1%
12	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	83.7%
13	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	83.3%
14	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	81.2%
15	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	79.2%
16	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	78.6%
-	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST - not reported	-
-	BARTS HEALTH NHS TRUST - not reported	-

Diagnostics - October 2017

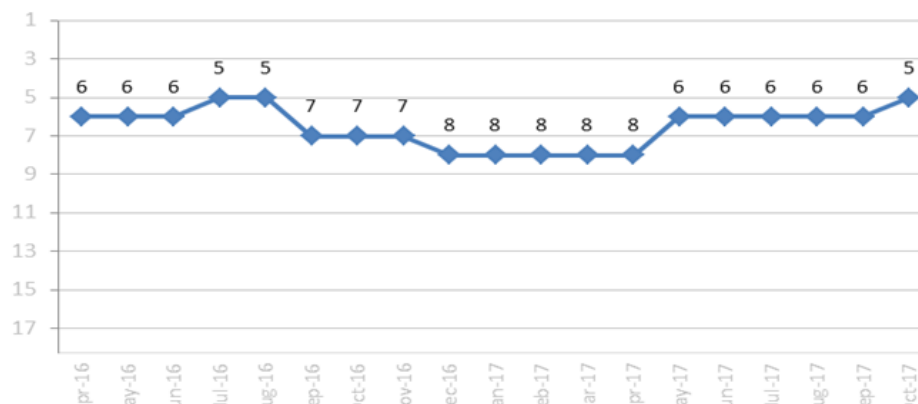
All Acute Trusts Performance - 1.8%

UHL ranks 54 out of the 145 Acute Trusts*

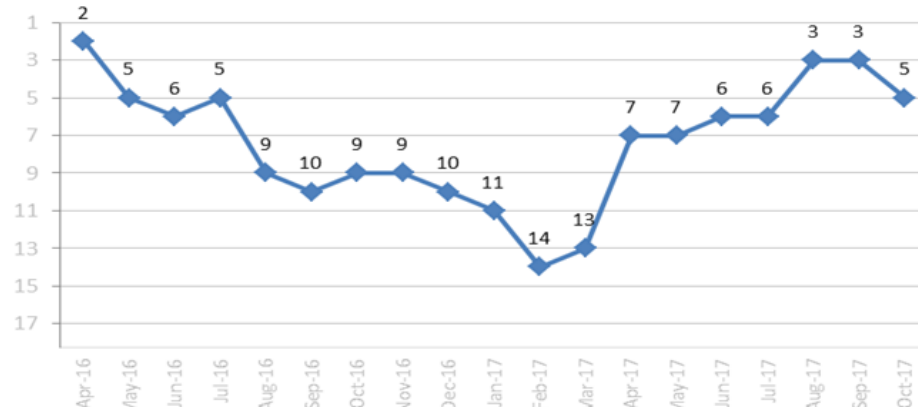
96 of the 145 Acute Trusts* achieved <1% or less

Peer Rank	Provider Name	Diagnostics Performance %Waiting 6 Wks+ - Target <=1%
1	LEEDS TEACHING HOSPITALS NHS TRUST	0.1%
2	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	0.2%
3	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	0.3%
4	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	0.4%
5	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	0.4%
6	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	0.5%
7	HEART OF ENGLAND NHS FOUNDATION TRUST	0.6%
8	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	0.7%
9	PENNINE ACUTE HOSPITALS NHS TRUST	0.8%
10	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	0.8%
11	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	1.0%
12	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	1.7%
13	BARTS HEALTH NHS TRUST	1.9%
14	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	2.2%
15	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	2.6%
16	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	4.3%
17	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	7.2%
18	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	8.1%

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



UHL Peer Ranking - Diagnostics (n/18)



*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

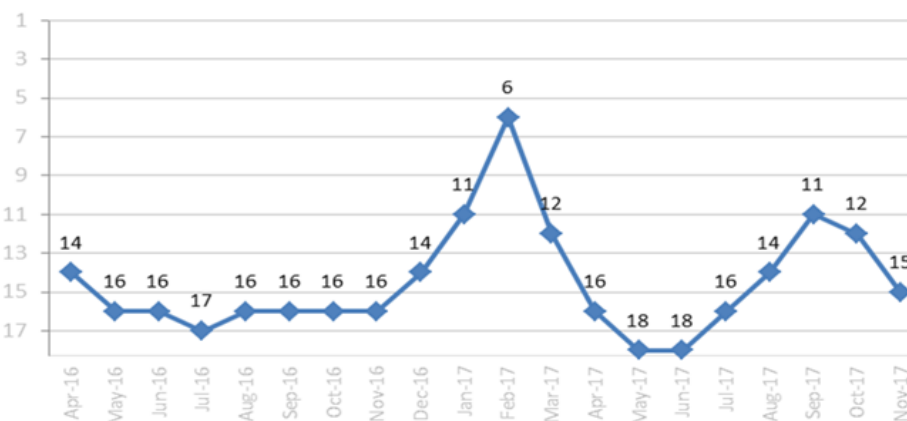
Peer Group Analysis (October 2017) – ED November

ED Attendances within 4 hours - November 2017

All Acute Trusts - 87.3% UHL ranks 128 out of the 145 Trusts*
20 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	95.4%
2	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	89.1%
3	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	88.4%
4	BARTS HEALTH NHS TRUST	88.2%
5	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	87.6%
6	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	87.5%
7	PENNINE ACUTE HOSPITALS NHS TRUST	85.8%
8	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	85.5%
9	LEEDS TEACHING HOSPITALS NHS TRUST	84.6%
10	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	82.4%
11	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	82.1%
12	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	80.8%
13	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	79.9%
14	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	79.8%
15	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	79.6%
16	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	79.4%
17	HEART OF ENGLAND NHS FOUNDATION TRUST	78.0%
18	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	77.8%

UHL Peer Ranking - ED (n/18)

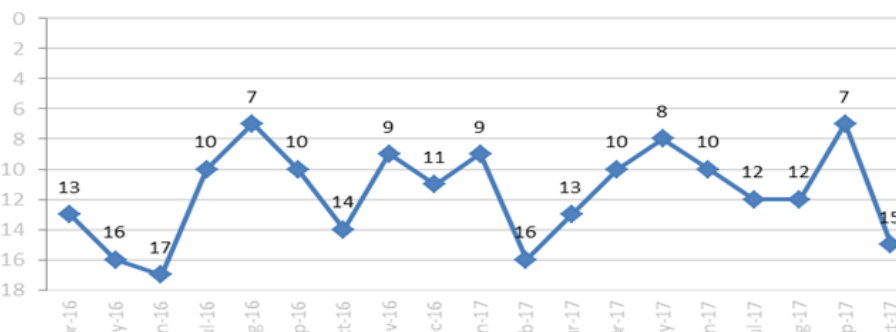


TWO WEEK WAIT-ALL CANCER - October 2017

All Acute Trusts Performance - 94.7% UHL ranks 118 out of the 145 Acute Trusts*
130 of the 145 Acute Trusts* achieved 93% or more

Peer Rank	Provider	Performance within 14 Days - Target 93%
1	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	98.2%
2	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	98.0%
3	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	97.6%
4	BARTS HEALTH NHS TRUST	97.5%
5	HEART OF ENGLAND NHS FOUNDATION TRUST	96.7%
6	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	96.3%
7	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	96.2%
8	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	95.4%
9	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	94.9%
10	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	94.7%
11	LEEDS TEACHING HOSPITALS NHS TRUST	94.7%
12	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	94.6%
13	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	93.9%
14	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	93.9%
15	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	93.9%
16	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	93.8%
17	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	92.7%
18	PENNINE ACUTE HOSPITALS NHS TRUST	84.1%

UHL Peer Ranking - TWO WEEK WAIT-ALL CANCER (n/18)



*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 (October 2017)

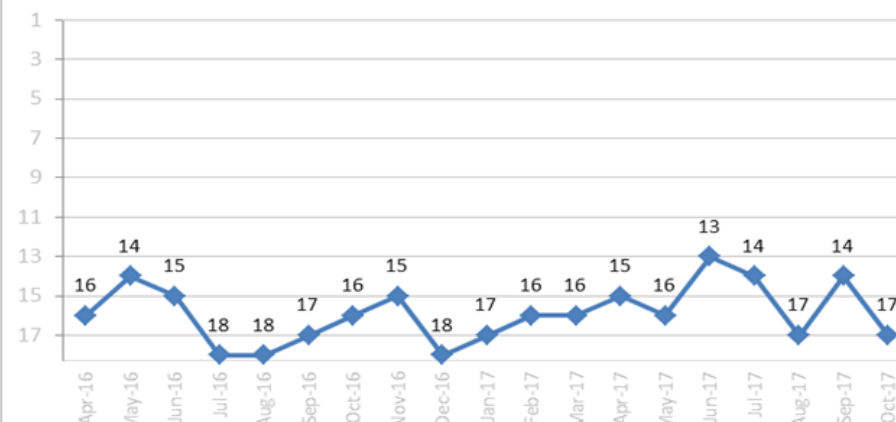
31-DAY FIRST TREAT - October 2017

All Acute Trusts Performance - 97.8%
138 of the 148 Acute Trusts* achieved 96% or more

UHL ranks 145 out of the 145 Acute Trusts*

Peer Rank	Provider	Performance within 31 Days - Target 96%
1	PENNINE ACUTE HOSPITALS NHS TRUST	99.4%
2	BARTS HEALTH NHS TRUST	99.1%
3	HEART OF ENGLAND NHS FOUNDATION TRUST	99.0%
4	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	98.9%
5	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	98.7%
6	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	98.2%
7	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	98.2%
8	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	97.2%
9	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	97.1%
10	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	97.0%
11	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	96.9%
12	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	96.6%
13	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	96.4%
14	LEEDS TEACHING HOSPITALS NHS TRUST	96.4%
15	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	96.3%
16	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	96.1%
17	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	93.0%
-	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	-

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



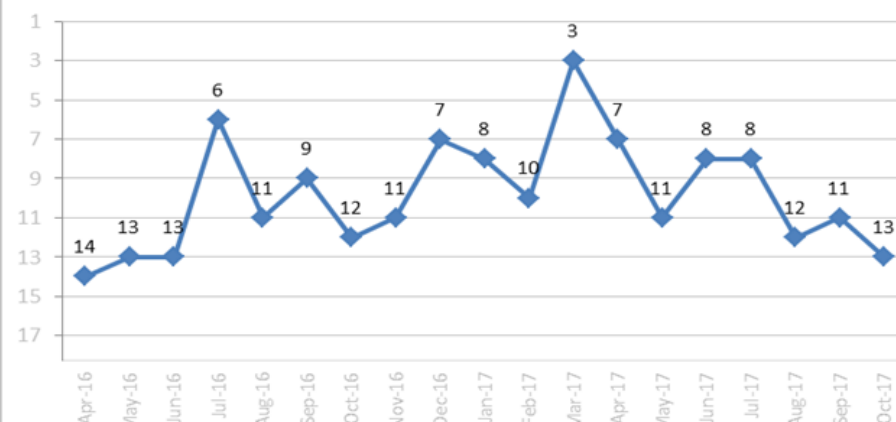
62-DAY GP Referral - October 2017

All Acute Trusts Performance - 82.3%
68 of the 145 Acute Trusts* achieved 85% or more

UHL ranks 106 out of the 145 Acute Trusts*

Peer Rank	Provider	Performance within 62 Days - Target 85%
1	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	87.7%
2	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	87.7%
3	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	87.4%
4	HEART OF ENGLAND NHS FOUNDATION TRUST	87.1%
5	BARTS HEALTH NHS TRUST	85.7%
6	PENNINE ACUTE HOSPITALS NHS TRUST	85.3%
7	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	84.4%
8	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	82.1%
9	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	81.6%
10	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	81.6%
11	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	80.4%
12	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	80.1%
13	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	78.8%
14	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	78.5%
15	LEEDS TEACHING HOSPITALS NHS TRUST	75.9%
16	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	71.4%
17	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	70.0%
18	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	35.0%

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



*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 (October 2017)

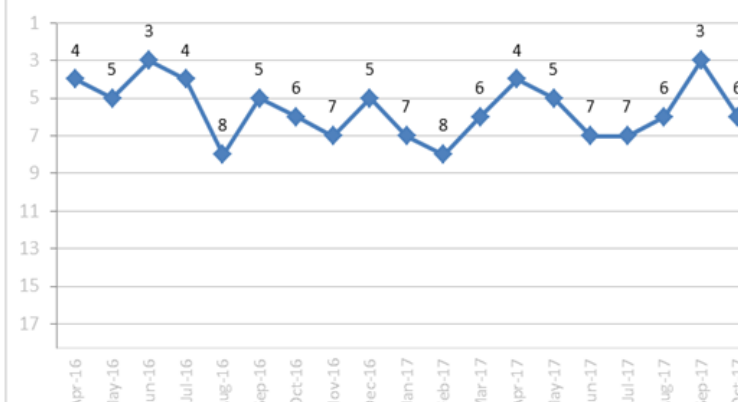
Inpatient FFT - October 2017

All Acute Trusts - Response Rate 25% - Recommended 96% - Not Recommended 2%

UHL ranks 66 (for Recommended) and 64* (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	18%	99%	1%
2	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	22%	98%	0%
3	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	17%	98%	1%
4	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	32%	97%	1%
5	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	36%	97%	1%
6	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	28%	97%	1%
7	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	33%	97%	1%
8	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	12%	96%	1%
9	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	22%	96%	2%
10	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	26%	96%	2%
11	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	19%	95%	2%
12	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	30%	95%	2%
13	LEEDS TEACHING HOSPITALS NHS TRUST	37%	95%	2%
14	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	19%	95%	2%
15	HEART OF ENGLAND NHS FOUNDATION TRUST	22%	94%	2%
16	BARTS HEALTH NHS TRUST	19%	93%	2%
17	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	20%	93%	3%
18	PENNINE ACUTE HOSPITALS NHS TRUST	31%	91%	4%

UHL Peer Ranking - Inpatient FFT (n/18)



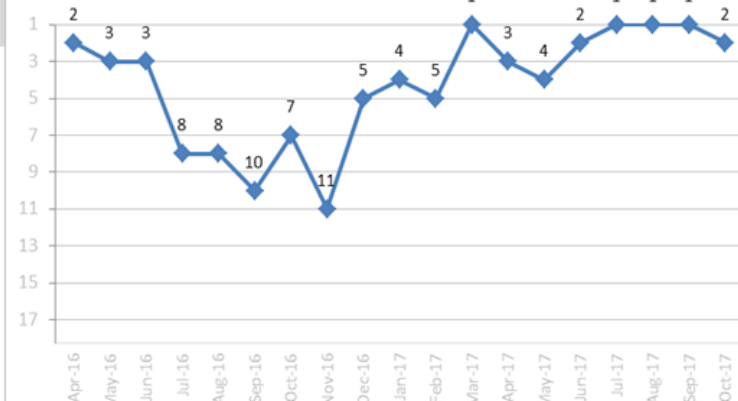
A&E FFT - October 2017

All Acute Trusts - Response Rate 25% - Recommended 96% - Not Recommended 2%

UHL ranks 29 (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	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	4%	95%	1%
2	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	10%	95%	1%
3	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	2%	94%	3%
4	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	21%	94%	3%
5	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	13%	93%	4%
6	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	20%	87%	7%
7	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	11%	86%	9%
8	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	18%	85%	6%
9	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	19%	85%	9%
10	PENNINE ACUTE HOSPITALS NHS TRUST	16%	85%	9%
11	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	14%	84%	12%
12	LEEDS TEACHING HOSPITALS NHS TRUST	16%	83%	11%
13	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	7%	81%	11%
14	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	17%	81%	11%
15	BARTS HEALTH NHS TRUST	17%	80%	13%
16	HEART OF ENGLAND NHS FOUNDATION TRUST	14%	80%	12%
17	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	16%	76%	15%
18	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	33%	66%	20%

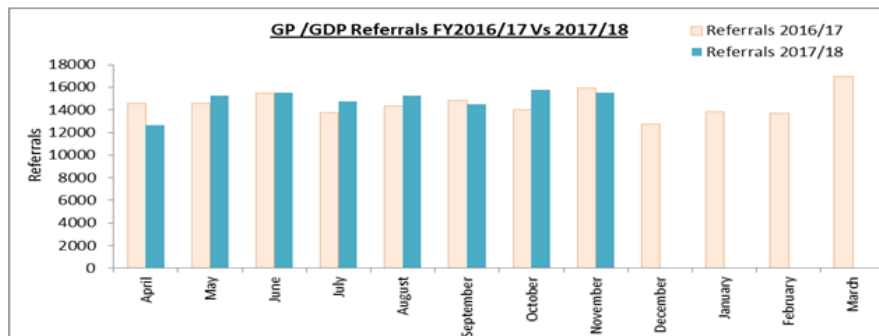
UHL Peer Ranking - A&E FFT (n/18)



*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

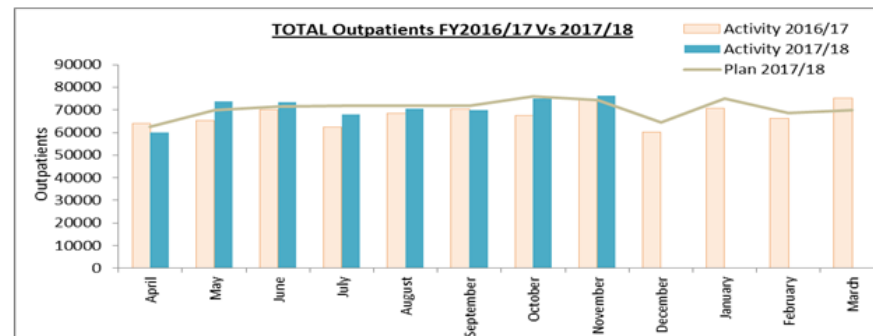
Referrals (GP)



April - November
17/18 Vs 16/17 +1632 +1.5%

Total GP/GDP referrals in November
17 are similar to last November.

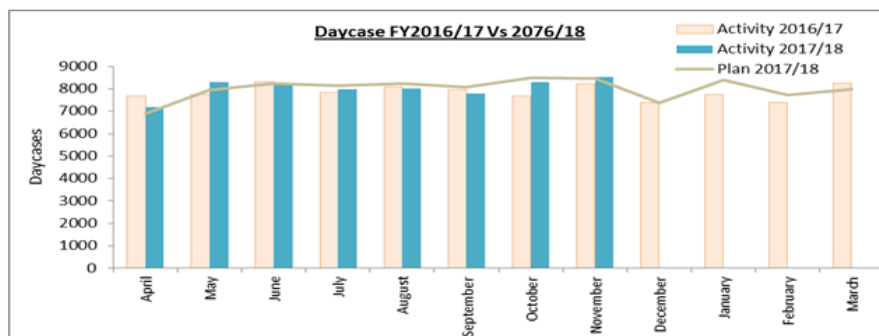
TOTAL Outpatient Appointments



April - November
17/18 Vs 16/17 +24,193 +4.5%
17/18 Vs Plan -2746 -0.5%

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

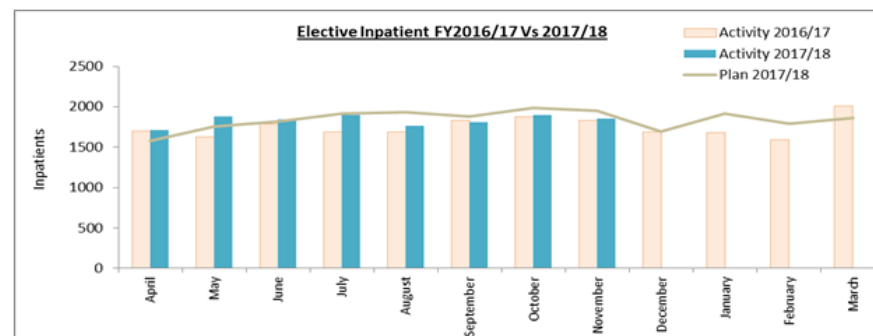
Daycases



April - November
17/18 Vs 16/17 +751 +1.2%
17/18 Vs Plan -240 -0.4%

Growth in Medical Oncology and
Rheumatology. Plastic Surgery and
Pain Management below plan.

Elective Inpatient Admissions

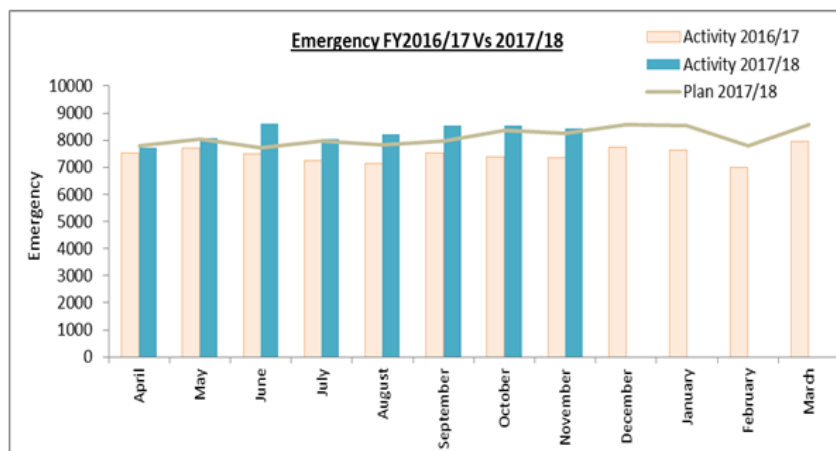


April - November
17/18 Vs 16/17 +608 +4%
17/18 Vs Plan -174 -1.2%

More activity in General Surgery, ENT
and Max Fax versus the plan.
Orthopaedics lower than plan.

UHL Activity Trends

Emergency Admissions



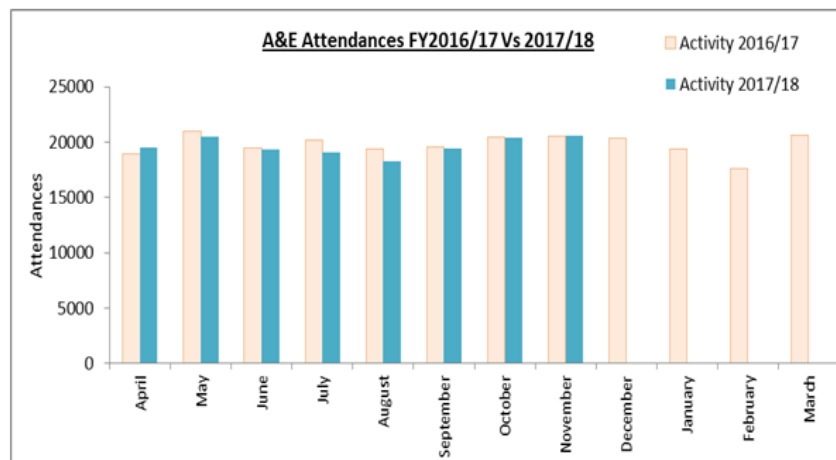
April – November

17/18 Vs 16/17 +6,882 +12%

17/18 Vs Plan +2,290 +4%

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 - November

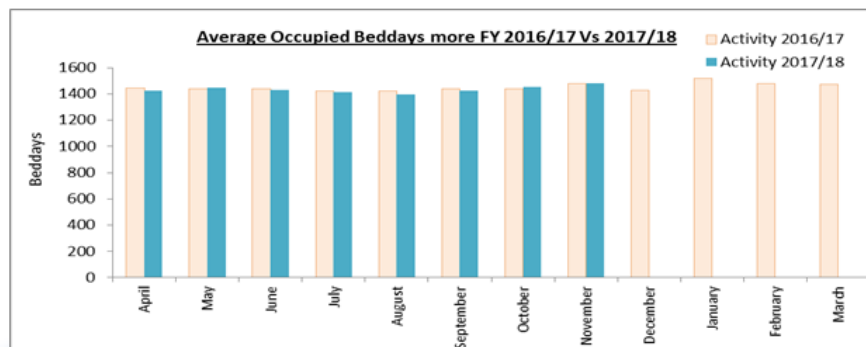
17/18 Vs 16/17 -2,376 -1.5%

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.

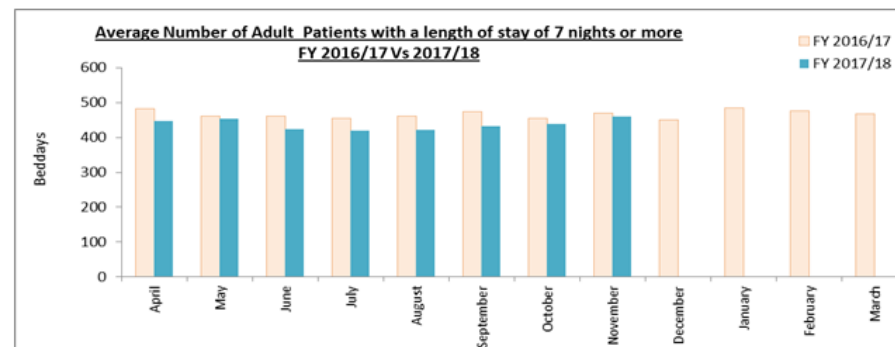
UHL Bed Occupancy

Occupied Beddays



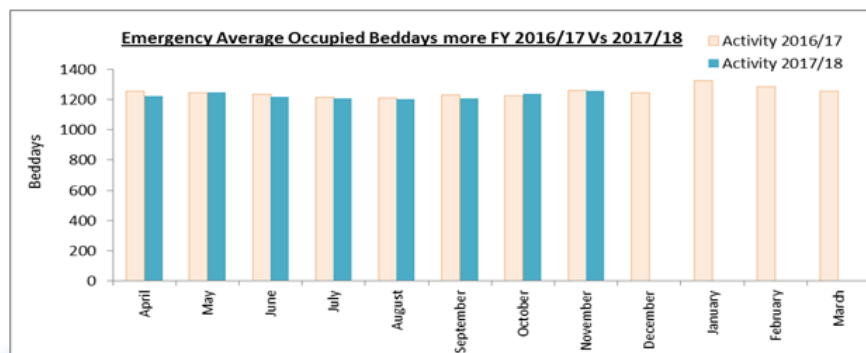
Midnight G&A bed occupancy continues to run similar to the same period last year.

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



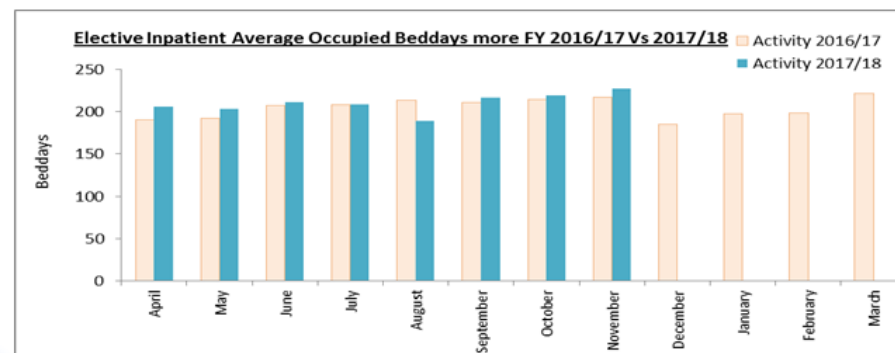
The number of patients staying in beds 7 nights is lower this year for most months. However, November is similar to last November.

Emergency Occupied beddays



Emergency patients occupying a bed is similar to the same period last year.

Elective Inpatient Occupied beddays



YTD Bed occupancy is higher compared to the same period last year, which is reflective of the higher level of elective activity carried out.