Quality & Performance Report

Author: John Adler Sponsor: Chief Executive Date: IFPIC + QAC 27th October 2016

Executive Summary from CEO

Paper I

Context

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

Questions

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

Conclusion

Good News: **Mortality** – although the latest published SHMI (covering the period April 2015 to March 2016) has increased to **99**, it is still within Quality Commitment goal of **99**. Further detailed analysis is under way to understand what is causing SHMI to increase. **Moderate harms and above** –there have been some increases to previous month's figures following review and CMG sign off. However, we remain well within the agreed Quality Commitment monthly thresholds. **Readmission rates** – at 8.4% we have achieved delivery against the 8.5% target for the second consecutive month running. **Referral to Treatment 52+ week waits –** current number is 53 and we remain on target to be at zero by the end of January. The **Cancer Two Week Wait** was achieved in August and is expected to remain compliant. **Delayed transfers of care** remain within the tolerance with an improved position noted this month. **MRSA** – 0 cases reported this month. **C DIFF** – 8 unrelated cases reported in September, with year to date 1 above trajectory. **Pressure Ulcers** – 0 **Grade 4** pressure ulcers reported this year and **Grade 3 and Grade 2** added together are within the year to date trajectory. **Patient Satisfaction (FFT)** is back up to 97% for Inpatients and Day Cases following a dip in August. **ED FTT coverage** remains below the threshold of 20% but improved to 12% during September.

Bad News: **ED 4 hour performance** – September performance was 79.8% with year to date performance at 79.7%. Contributing factors are set out in the Chief Operating Officer's report. **Ambulance Handover 60+ minutes** – performance deteriorated in September to 9%; this is also examined in detail in the COO's report. **RTT** – the RTT incomplete target was non-compliant at 91.7% for the first time since the December 2013. This was due to an increase in referrals, cancelled operations and Alliance discovering 100+ patients with missing pathways. **Diagnostics** target was missed partly due to the installation of EMRAD. **Cancelled operations** and **patients rebooked within 28 days** – continue to be non-compliant, due to ITU/HDU and

emergency pressures. **Cancer Standards 62 day treatment** - remains non-compliant although on a positive note there have been continued improvements in backlog numbers. In discussion with NHSI and NHSE the Trust has stated that it cannot confirm recovery of the key cancer standards until there has been a sustained period of ring fenced capacity of elective beds, i.e. >2 months. **Fractured NOF** – target missed for the third time this year. The Medical Director Team is leading a piece of work to improve this. **Patient Satisfaction (FFT)** for ED hit another all-time low of 84% during September – ED minors and UCC come out with very poor scores which needs investigating further. **Statutory & Mandatory Training** – performance has dropped to 88% against a target of 95%, as 1,500 InterServe staff have been transferred over to UHL's Estates and Facilities. **Single Sex Accommodation Breaches** – numbers increased in September following decision to move patients in night wear to discharge lounge during a 'critical incident'.

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: 24th November 2016.

Quality and Performance Executive Summary

September 2016

Operational Delivery Unit

Domain - Safe

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

ONE
Never Event YTD

19 ↑
Serious Incidents YTD

54
Moderate Harm and above YTD ↑

0
Avoidable MRSA YTD ↔

31
CDIFF Cases YTD ↓

Headlines

- Serious incidents are well within the year to date trajectory and remain on a downward trend. This is supported by a reduction in Moderate Harm and above compared to the same period last year.
- C Diff 8 unrelated cases reported in September, with year to date 1 above trajectory.
- There were no Grade 4 Pressure ulcers and combined we are within trajectory for Grade 2 and 3 within trajectory.
- Sepsis performance included in Quality and Performance report from this month.

SEPSIS

Patients with an Early Warning Score 3+ - % appropriate escalation	89% ↓
Patients with EWS 3+ - % who are screened for sepsis	81% ↑
ED - Patients who trigger with red flag sepsis - % that have their IV antibiotics within an hour	70% ↑
Wards (including assessment units) Patients who trigger for Red Flag Sepsis - % that receive their antibiotics within an hour	42% ↑

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 91% ⬇

Maternity FFT 95% ⬆

Outpatients FFT 95% ⬌

Staff FFT Quarter 2 2016

⬆76.0% of staff would recommend UHL as a place to receive treatment

Single sex accommodation breaches

27 YTD ⬇

Headlines

- Friends and family test (FFT) for Inpatient and Daycase care combined are at 97% for September.
- A&E FFT for hit another all-time low of 84% during September – ED minors and UCC come out with very poor scores which needs investigating further.
- There has been an encouraging 3.7% increase of staff who would recommend UHL as a place to receive treatment.
- Single sex accommodation breaches have increased due to reporting of patients on ITU and Discharge lounge.

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 36.3% ↓

Day Case FFT 24.2% ↑

A&E FFT 10.9% ↑

Maternity FFT 36.7% ↓

Outpatients FFT 1.6% ↓

Staff FFT Quarter 2 2016

↑ 62.8% of staff would recommend UHL as a place to work

Headlines

- Inpatients and Daycase coverage remains above Trust target
- A&E coverage improved but remains a challenge to get to Trust target of 20%.
- There has been an encouraging 2.5% increase on staff who would recommend UHL as a place to work.
- There was a reduction of 0.9% in people appraised in September.
- Statutory & Mandatory training is 13% off target due to the transfer of 1,500 Interserve staff to UHL
- Please see the HR update for more information.

% Staff with Annual Appraisals

91.5% YTD ↓

Statutory & Mandatory Training

82% YTD ↓

BME % - Leadership

25% Qtr2
8A including medical consultants

12% Qtr2
8A excluding medical consultants

Domain – Effective

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

SHMI Apr15-Mar16

99
Apr15-Mar16 ↓

Stroke TIA clinic within 24hrs

60.5%
YTD ↓

80% of patients spending 90% stay on stoke unit

83.8%
YTD ↑

Emergency Crude Mortality Rate

2.2%
YTD ↑

30 Days Emergency Readmissions

8.5%
YTD 2016 ↓

NoFs operated on 0-35hrs

72.7%
YTD ↑

Headlines

- UHL's SHMI remains lower than the England average at 99.
- The 30 day readmissions continued to remain below the 8.5% target for the latest two months.
- The requirement to operate on 72% of fractured neck of femurs in 0-35 hours target was missed for the third time this year. The Medical Director Team is leading a piece of work to improve this.

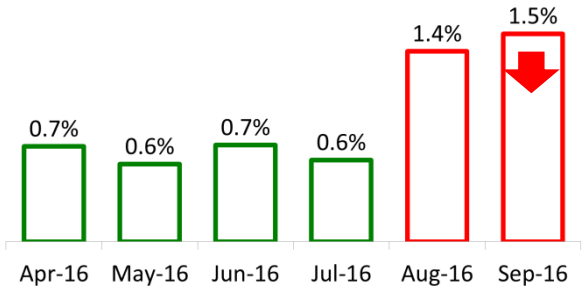
Domain – Responsive

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

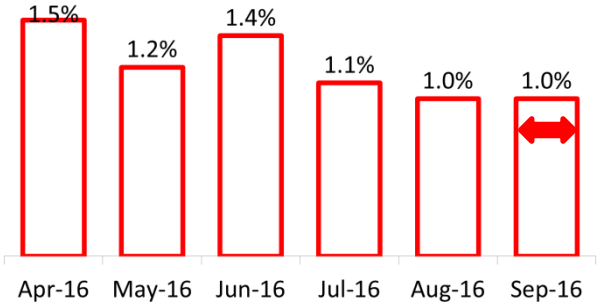
RTT - Incomplete 92% in 18 Weeks

91.7%

6 week Diagnostic Wait times



Cancelled Operations



RTT 52 week wait incompletes

53 ↑

ED 4Hr Wait

A&E **79.7%** YTD ↓

Ambulance Handovers

7% > 60mins
13% 30-60mins
YTD ↓

Headlines

- 52+ week waiters have reduced to 53 and we remain on target to be at zero by the end of January.
- The diagnostic standard was not compliant during September partly due to the installation of EMRAD.
- RTT the RTT incomplete target was non-compliant at 91.7% for the first time since the December 2013. This was due to an increase in referrals, cancelled operations and Alliance discovering 100+ patients with missing pathways.
- For ED 4hour wait and Ambulance Handovers please refer to Chief Operating Officers report.

Domain – Responsive Cancer

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

Cancer 2 week wait

92.0% YTD ↔ | 94.3% Aug

31 day wait

93.7% YTD ↑ | 91.5% Aug

62 day wait

77.9% YTD ↓ | 78.4% Aug

31 day backlog

11 Sep ↔

62 day backlog

57 Sep ↑

62 day adjusted backlog

53 Sep ↑

Headlines

- Cancer 2 week wait was compliant in both July and August. Compliance is expected to continue.
- 31 day wait non compliant due to emergency pressures and HDU capacity, monthly compliance expected from November 2016.
- Cancer Standards 62 day treatment remains non-compliant although on a positive note there have been continued improvements in backlog numbers. In discussion with NHSI and NHSE the Trust has stated that it cannot confirm recovery of the key cancer standards until there has been a sustained period of ring fenced capacity of elective beds, i.e. >2 months.

Sustainability and Transformation Fund – Trajectories and Performance

Cancer 62 Day

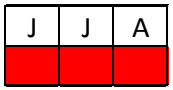
5% of STF allocation

Standard: 85% of patients are treated within 62 days from urgent referrals

Timing: Best endeavours to deliver 85% from June 2016.

August Performance (one month in arrears)
78.4% against a trajectory of 85.1%

Quarter 2 STF non compliant



Septembers Performance: Expected to be non-compliant.

Diagnostics

0% of STF allocation

Standard: At the end of the month less than 1% of all patients to be waiting more than 6 weeks for diagnostics across 15 key tests

Timing: Required to deliver throughout the year.

September Performance
1.5% of our patients waiting more than 6 *weeks*

Quarter 2 STF compliant as a result of 1% tolerance

October Performance: Expected to be complaint

RTT 18 Week

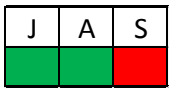
12.5% of STF allocation

Standard: 92% of patients on an incomplete RTT pathway should be waiting less than 18 weeks

Timing: Required to deliver throughout the year

September Performance
Not Achieved the RTT standard with 91.7% of our patients waiting less than 18 weeks

Quarter 2 STF compliant as a result of 1% tolerance



October Performance: Expected to be complaint

ED 4 hour

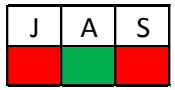
12.5% of STF allocation

Standard: 95% of patients attending the emergency departments must be seen, treated, admitted or discharged in under 4 hours

Timing: Required to achieve 91.2% during March 2017

September Performance
79.8 % against a target of 85.0%

YTD STF compliant as a result of 1% tolerance



October Performance: Expected to be non complaint

Caring at its best

University Hospitals of Leicester NHS
NHS Trust

Quality and Performance Report

September 2016

One team shared values

CONTENTS

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

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

DATE: **27th OCTOBER**

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

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

1.0 Introduction

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

NHSI will use the 39 indicators listed in the 'Single Oversight Framework - Appendix 2 Quality of care (safe, effective, caring and responsive)' of monitoring metrics to supplement CQC information to identify where providers may need support under the theme of quality. All the metrics in Appendix 2 have been reported in the Quality and Performance report with the exception of:-

- Executive Team Turnover – to be included from October 2016
- Aggressive cost reduction plans – NHSI to provide further detail
- Emergency c-section rate – included in September 2016 report
- C Diff – infection rate – CD Diff numbers vs plans included
- Potential under-reporting of patient safety incidents – NHSI to provide further detail

The 4 metrics included in the Single Oversight Framework - Appendix 3 Operational performance metrics – ED 4hr wait, RTT incompletes, 6 week diagnostic and 62 day cancer metrics are all reported in the Quality and Performance report.

From this month 4 new Sepsis metrics are reported within the Safe Domain dashboard. These are:-

1. SEPSIS - Patients with an Early Warning Score 3+ - % appropriate escalation
2. SEPSIS - Patients with EWS 3+ - % who are screened for sepsis
3. SEPSIS - ED - Patients who trigger with red flag sepsis - % that have their IV antibiotics within an hour
4. SEPSIS - Wards (including assessment units) Patients who trigger for Red Flag Sepsis - % that receive their antibiotics within an hour

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

2.0 Performance Summary

Domain	Page Number	Number of Indicators	Number of Red Indicators this month
Safe	4	21	3
Caring	5	11	2
Well Led	6	22	3
Effective	7	11	2
Responsive	8	15	10
Responsive Cancer	9	9	6
Research – UHL	12	6	0
Total		95	26

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

	KPI Ref	Indicators	Board Director	Lead Officer	16/17 Target	Target Set by	16/17 Red RAG/ Exception Report Threshold (ER)	14/15 Outturn	15/16 Outturn	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	YTD
Safe	S1	Reduction for moderate harm and above PSIs with finally approved status - reported 1 month in arrears	AF	MD	10% REDUCTION FROM FY 15/16 (<20 per month)	QC	Red if >20 in mth, ER if >20 for 2 consecutive mths		262	16	18	17	18	18	16	17	9	12	7	15	11		54
	S2	Serious Incidents - actual number escalated each month	AF	MD	<=49 by end of FY 16/17 (revised)	UHL	Red / ER if >8 in mth or >5 for 3 consecutive mths	41	50	6	3	3	3	4	6	4	5	5	1	3	3	2	19
	S3	Proportion of reported safety incidents per 1000 attendances (IP, OP and ED)	AF	MD	> FY 15/16	UHL	TBC		17.5	15.5	18.3	16.6	17.7	18.8	16.2	17.2	17.1	16.8	16.3	19.3	18.1	16.2	16.9
	S4	SEPSIS - Patients with an Early Warning Score 3+ - % appropriate escalation	AF	SH	95%	UHL	TBC	New Indicator													86%	91%	89%
	S5	SEPSIS - Patients with EWS 3+ - % who are screened for sepsis	AF	SH	95%	UHL	TBC	New Indicator													65%	91%	81%
	S6	SEPSIS - - ED - Patients who trigger with red flag sepsis - % that have their IV antibiotics within an hour	AF	SH	90%	UHL	TBC	New Indicator									63%	71%	71%	66%	69%	75%	70%
	S7	SEPSIS - - Wards (including assessment units) Patients who trigger for Red Flag Sepsis - % that receive their antibiotics within an hour	AF	SH	90%	UHL	TBC	New Indicator									33%	50%	21%	42%	23%	45%	42%
	S8	Overdue CAS alerts	AF	MD	0	NHSI	Red if >0 in mth ER = in mth >0	10	1	0	0	0	0	0	0	1	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	24	32	3	7	2	5	3	2	2	5	3	3	1	1	1	14
	S10	Never Events	AF	MD	0	NHSI	Red if >0 in mth ER = in mth >0	3	2	1	0	0	0	0	0	1	0	0	0	1	0	0	1
	S11	Clostridium Difficile	JS	DJ	61	NHSI	Red if >mthly threshold / ER if Red or Non compliance with cumulative target	73	60	6	6	4	6	7	7	6	4	5	6	1	7	8	31
	S12	MRSA Bacteraemias (All)	JS	DJ	0	NHSI	Red if >0 ER if >0	6	1	0	0	0	0	0	0	1	0	0	0	1	0	0	1
	S13	MRSA Bacteraemias (Avoidable)	JS	DJ	0	UHL	Red if >0 ER if >0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	S14	% of UHL Patients with No Newly Acquired Harms	JS	RB	Within expected (revised)	UHL	Red if <95% ER if in mth <95%		97.7%	97.7%	97.4%	97.4%	98.2%	97.7%	97.9%	98.0%	96.9%	97.2%	98.4%	97.9%	98.6%	97.9%	97.8%
	S15	% of all adults who have had VTE risk assessment on adm to hosp	AF	SH	>=95%	NHSI	Red if <95% ER if in mth <95%	95.8%	95.9%	96.1%	95.7%	96.0%	96.1%	95.5%	95.4%	95.1%	95.9%	96.1%	96.5%	96.1%	96.0%	95.7%	96.1%
	S16	All falls reported per 1000 bed stays for patients >65years	JS	HL	<=5.5 (revised)	UHL	Red if >=6.6 ER if 2 consecutive reds	6.9	5.4	5.0	5.2	4.8	5.7	5.4	4.9	5.2	6.3	5.7	5.6	5.5	6.1	5.8	5.8
	S17	Avoidable Pressure Ulcers - Grade 4	JS	MC	0	QS	Red / ER if Non compliance with monthly target	2	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0
	S18	Avoidable Pressure Ulcers - Grade 3	JS	MC	<=4 a month (revised) with FY End <33	QS	Red / ER if Non compliance with monthly target	69	33	1	1	1	5	6	2	5	5	3	2	2	2	2	16
	S19	Avoidable Pressure Ulcers - Grade 2	JS	MC	<=7 a month (revised) with FY End <89	QS	Red / ER if Non compliance with monthly target	91	89	11	5	4	5	5	8	7	9	6	8	3	13	6	45
	S20	Maternal Deaths	AF	IS	0	UHL	Red or ER if >0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
	S21	Emergency C Sections (Coded as R18)	IS	EB	Not within Highest Decile	NHSI	Red / ER if Non compliance with monthly target	16.5%	17.5%	16.5%	20.9%	19.7%	20.9%	17.0%	16.6%	17.3%	17.8%	16.8%	17.2%	17.0%	15.0%	18.1%	17.0%

	KPI Ref	Indicators	Board Director	Lead Officer	16/17 Target	Target Set by	16/17 Red RAG/ Exception Report Threshold (ER)	14/15 Outturn	15/16 Outturn	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	YTD
Caring	C1	Keeping Inpatients Informed (Reported quarterly from Qtr3)	JS	HL	6% increase from Qtr 1 baseline (new)	QC	Red/ER if below Quarterly Threshold	NEW INDICATOR									64%						64%
	C2	Formal complaints rate per 1000 IP,OP and ED attendances	AF	MD	No Target	UHL	Monthly reporting	NEW INDICATOR		1.3	1.3	1.2	0.9	1.0	1.4	1.2	1.0	1.0	0.9	0.8	1.3	1.4	1.1
	C3	Percentage of upheld PHSO cases	AF	MD	No Target	UHL	Quarterly reporting	NEW INDICATOR									0%			0%			0%
	C4	Published Inpatients and Daycase Friends and Family Test - % positive	JS	HL	97%	UHL	Red if <95% ER if 2 mths Red		97%	97%	97%	96%	97%	97%	96%	97%	97%	97%	97%	97%	96%	97%	97%
	C5	Inpatients only Friends and Family Test - % positive	JS	HL	97%	UHL	Red if <95% ER if 2 mths Red	96%	97%	97%	97%	96%	97%	97%	96%	97%	97%	96%	97%	96%	95%	96%	96%
	C6	Daycase only Friends and Family Test - % positive	JS	HL	97%	UHL	Red if <95% ER if 2 mths Red		98%	97%	98%	98%	98%	98%	98%	98%	98%	98%	99%	98%	98%	98%	98%
	C7	A&E Friends and Family Test - % positive	JS	HL	97%	UHL	Red if <94% ER if 2 mths Red	96%	96%	95%	95%	97%	95%	97%	97%	95%	96%	95%	95%	87%	87%	84%	91%
	C8	Outpatients Friends and Family Test - % positive	JS	HL	97%	UHL	Red if <90% ER if 2 mths Red		94%	93%	93%	92%	94%	95%	95%	93%	95%	95%	95%	94%	94%	95%	95%
	C9	Maternity Friends and Family Test - % positive	JS	HL	97%	UHL	Red if <94% ER if 2 mths Red	96%	95%	95%	95%	95%	94%	95%	95%	95%	95%	94%	94%	95%	95%	95%	95%
	C10	Friends & Family staff survey: % of staff who would recommend the trust as place to receive treatment	LT	LT	TBC	NHSI	TBC	69.2%	70.0%		Q3 staff FFT not completed as National Survey carried out			70.7%			72.3%			76.0%			74.2%
	C11	Single Sex Accommodation Breaches (patients affected)	JS	HL	0	NHSI	Red / ER if >0	13	1	0	0	0	0	0	1	0	0	0	4	1	2	20	27

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Well Led

KPI Ref	Indicators	Board Director	Lead Officer	16/17 Target	Target Set by	16/17 Red RAG/ Exception Report Threshold (ER)	14/15 Outturn	15/16 Outturn	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	YTD
W1	Outpatient Letters sent within 14 days of attendance (Reported Quarterly)	RM	WM	11% Improvement (new)	QC	Red/ER = Below 9% Improvement in Q4		40.0%	New Indicator reported quarterly							Achieved			Achieved			Achieved
W2	Published Inpatients and Daycase Friends and Family Test - Coverage (Adults and Children)	JS	HL	Not Appicable		Not Appicable		27.4%	26.5%	30.9%	32.4%	23.5%	31.9%	32.8%	32.9%	31.7%	32.0%	31.6%	31.9%	28.5%	27.8%	30.6%
W3	Inpatients only Friends and Family Test - Coverage (Adults and Children)	JS	HL	30%	QS	Red if <26% ER if 2mths Red		31.0%	28.9%	37.4%	38.2%	23.2%	29.3%	37.2%	36.1%	35.6%	36.7%	38.1%	36.9%	36.5%	33.1%	36.3%
W4	Daycase only Friends and Family Test - Coverage (Adults and Children)	JS	HL	20%	QS	Red if <8% ER if 2 mths Red		22.5%	24.1%	27.2%	27.7%	18.7%	30.1%	26.2%	29.2%	27.3%	26.5%	24.5%	26.2%	19.8%	21.6%	24.2%
W5	A&E Friends and Family Test - Coverage	JS	HL	20%	NHSI	Red if <10% ER if 2 mths Red		10.5%	13.1%	16.1%	12.4%	5.4%	7.3%	5.1%	7.0%	13.0%	10.2%	12.0%	8.7%	9.9%	11.7%	10.9%
W6	Outpatients Friends and Family Test - Coverage	JS	HL	>=5%	UHL	Red/ER if <1.4%		1.4%	1.4%	1.5%	1.5%	1.4%	1.5%	1.6%	1.6%	1.5%	1.7%	1.8%	1.7%	1.6%	1.5%	1.6%
W7	Maternity Friends and Family Test - Coverage	JS	HL	30%	UHL	Red if <26% ER if 2 mths Red	28.0%	31.6%	27.9%	27.2%	38.8%	30.0%	33.3%	34.3%	31.7%	27.9%	38.3%	39.3%	38.2%	38.7%	37.8%	36.7%
W8	Friends & Family staff survey: % of staff who would recommend the trust as place to work	LT	BK	Not within Lowest Decile	NHSI	TBC	54.2%	55.4%		Q3 staff FFT not completed as National Survey carried out			58.9%			60.3%			62.8%			61.5%
W9	Nursing Vacancies	JS	MM	TBC	UHL	Separate report submitted to QAC		8.4%	8.5%	7.1%	7.6%	7.6%	7.7%	6.8%	8.4%	8.2%	8.5%	8.9%	9.2%	8.2%	8.7%	8.7%
W10	Nursing Vacancies in ESM CMG	JS	MM	TBC	UHL	Separate report submitted to QAC		17.2%	13.5%	12.9%	14.6%	14.9%	16.4%	17.2%	18.5%	18.1%	18.9%	19.8%	20.1%	20.3%	21.4%	21.4%
W11	Turnover Rate	LT	LG	TBC	NHSI	Red = 11% or above ER = Red for 3 Consecutive Mths	11.5%	9.9%	10.4%	10.2%	9.9%	10.0%	10.1%	10.0%	9.9%	9.7%	9.6%	9.4%	9.4%	9.3%	9.2%	9.3%
W12	Sickness absence	LT	BK	3%	UHL	Red if >4% ER if 3 consecutive mths >4.0%	3.8%	3.6%	3.3%	3.5%	3.7%	3.9%	4.0%	4.3%	4.2%	3.9%	3.4%	3.4%	3.4%	3.3%		3.5%
W13	Temporary costs and overtime as a % of total paybill	LT	LG	TBC	NHSI	TBC	9.4%	10.7%	9.9%	10.5%	10.5%	10.1%	11.0%	9.7%	13.9%	10.5%	9.5%	10.9%	10.2%	10.5%	10.7%	10.5%
W14	% of Staff with Annual Appraisal	LT	BK	95%	UHL	Red if <90% ER if 3 consecutive mths <90%	91.4%	90.7%	90.0%	90.4%	91.1%	92.7%	91.5%	91.6%	90.7%	91.5%	92.2%	92.4%	92.9%	92.4%	91.5%	91.5%
W15	Statutory and Mandatory Training	LT	BK	95%	UHL	TBC	95%	93%	91%	92%	92%	93%	93%	92%	93%	92%	93%	94%	93%	91%	82%	91%
W16	% Corporate Induction attendance	LT	BK	95%	UHL	Red if <90% ER if 3 consecutive mths <90%	100%	97%	98%	98%	97%	92%	96%	98%	98%	94%	96%	97%	100%	97%	92%	92%
W17	BME % - Leadership (8A – Including Medical Consultants)	LT	DB	28%	UHL	4% improvement on Qtr 1 baseline										24%			25%			25%
W18	BME % - Leadership (8A – Excluding Medical Consultants)	LT	DB	28%	UHL	4% improvement on Qtr 1 baseline										12%			12%			12%
W19	DAY Safety staffing fill rate - Average fill rate - registered nurses/midwives (%)	JS	MM	TBC	NHSI	TBC	91.2%	90.5%	90.5%	91.4%	87.2%	91.0%	90.5%	89.5%	90.2%	91.6%	91.3%	91.4%	89.7%	89.4%	89.9%	90.5%
W20	DAY Safety staffing fill rate - Average fill rate - care staff (%)	JS	MM	TBC	NHSI	TBC	94.0%	92.0%	93.1%	94.2%	93.2%	93.9%	92.1%	86.0%	88.7%	92.5%	93.7%	93.8%	92.0%	94.7%	91.0%	92.9%
W21	NIGHT Safety staffing fill rate - Average fill rate - registered nurses/midwives (%)	JS	MM	TBC	NHSI	TBC	94.9%	95.4%	94.9%	96.1%	91.4%	94.8%	96.6%	95.0%	96.3%	97.6%	97.2%	96.6%	94.5%	95.0%	95.1%	96.0%
W22	NIGHT Safety staffing fill rate - Average fill rate - care staff (%)	JS	MM	TBC	NHSI	TBC	99.8%	98.9%	100.0%	99.9%	98.4%	98.0%	100.2%	91.6%	94.7%	98.3%	99.1%	96.7%	97.1%	98.2%	96.8%	97.7%

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

Effective

KPI Ref	Indicators	Board Director	Lead Officer	16/17 Target	Target Set by	16/17 Red RAG/ Exception Report Threshold (ER)	14/15 Outturn	15/16 Outturn	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	YTD
E1	Emergency readmissions within 30 days following an elective or emergency spell	AF	MM	Monthly <8.5% (revised)	QC	Red if >8.6% ER if >8.6%	8.5%	8.9%	8.7%	9.0%	8.3%	9.2%	8.8%	8.7%	8.8%	8.6%	8.6%	8.5%	8.3%	8.4%		8.5%
E2	Mortality - Published SHMI	AF	RB	<=99 (revised)	QC	Red if >100 ER if >100	103	96		98 (Apr14-Mar15)			95 (Jul14-Jun15)		96 (Oct14-Sep15)		98 (Jan15-Dec15)		99 (Apr15-Mar16)			99
E3	Mortality - Rolling 12 mths SHMI (as reported in HED) Rebased	AF	RB	<=99 (revised)	QC	Red if >100 ER if >100	98	97	95	97	98	99	98	97	98	100	100	100	Awaiting HED Update			100
E4	Mortality - Rolling 12 mths HSMR (Rebased Monthly as reported in HED)	AF	RB	<=99 (revised)	UHL	Red if >100 ER if >100	94	96	93	94	95	95	95	95	97	100	99	100	102	Awaiting HED Update		102
E5	Crude Mortality Rate Emergency Spells	AF	RB	No Threshold	UHL	Monthly Reporting	2.4%	2.3%	2.2%	2.4%	2.1%	2.5%	2.4%	2.4%	2.7%	2.4%	2.2%	2.2%	2.2%	2.2%	2.0%	2.2%
E6	No. of # Neck of femurs operated on 0-35 hrs - Based on Admissions	AF	AC	72% or above	QS	Red if <72% ER if 2 consecutive mths <72%	61.4%	63.8%	72.0%	60.0%	70.9%	59.7%	66.7%	65.2%	65.1%	78.0%	78.1%	64.6%	86.0%	65.8%	69.4%	72.7%
E7	No. of # Neck of femurs operated on 0-35 hrs - Based on Admissions (excluding medically unfit patients)	AF	AC	72% or above	UHL	Red if <72% ER if 2 consecutive mths <72%	NEW INDICATOR								73.2%	86.8%	87.7%	73.2%	90.0%	82.0%	87.2%	84.5%
E8	Stroke - 90% of Stay on a Stroke Unit	RM	IL	80% or above	QS	Red if <80% ER if 2 consecutive mths <80%	81.3%	85.6%	86.9%	81.1%	84.4%	87.0%	90.6%	87.0%	86.5%	72.7%	93.5%	83.8%	80.7%	88.0%		83.8%
E9	Stroke - TIA Clinic within 24 Hours (Suspected High Risk TIA)	RM	IL	60% or above	QS	Red if <60% ER if 2 consecutive mths <60%	71.2%	75.6%	88.1%	73.3%	67.1%	68.4%	71.3%	80.0%	67.3%	53.5%	68.2%	50.4%	54.8%	71.7%	65.3%	60.5%
E10	Published Clinical Outcomes - data submission and outcome results	AF	RB	0 delayed /outside expected (revised)	UHL	ER if Red Quarterly ER if >0	Revised Indicator															
E11	Compliance with NICE Guidance (15/16 and 16/17)	AF	RB	0 Non compliance and no actions or actions delayed (revised)	UHL	Red if in mth >0 ER if Red	Revised Indicator															

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Responsive

KPI Ref	Indicators	Board Director	Lead Officer	16/17 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	14/15 Outturn	15/16 Outturn	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	YTD
R1	ED 4 Hour Waits UHL + UCC (Calendar Month)	RM	IL	95% or above	NHSI	Red if <92% ER via ED TB report	89.1%	86.9%	90.3%	88.9%	81.7%	85.1%	81.2%	80.2%	77.5%	81.2%	79.9%	80.6%	76.9%	80.1%	79.8%	79.7%
R2	12 hour trolley waits in A&E	RM	IL	0	NHSI	Red if >0 ER via ED TB report	4	2	0	0	1	1	0	0	0	0	0	0	0	0	0	0
R3	RTT - Incomplete 92% in 18 Weeks UHL+ALLIANCE	RM	WM	92% or above	NHSI	Red /ER if <92%	96.7%	92.6%	94.8%	93.6%	93.8%	93.0%	92.9%	93.2%	92.6%	92.7%	92.7%	92.4%	92.4%	92.1%	91.7%	91.7%
R4	RTT 52 Weeks+ Wait (Incompletes) UHL+ALLIANCE	RM	WM	0	NHSI	Red /ER if >0	0	232	260	265	263	267	269	261	232	169	134	130	77	57	53	53
R5	6 Week - Diagnostic Test Waiting Times (UHL+ALLIANCE)	RM	WM	1% or below	NHSI	Red /ER if >1%	0.9%	1.1%	9.6%	7.7%	6.5%	7.0%	4.1%	1.8%	1.1%	0.7%	0.6%	0.7%	0.6%	1.4%	1.4%	1.4%
R6	Urgent Operations Cancelled Twice (UHL+ALLIANCE)	RM	GH	0	NHSI	Red if >0 ER if >0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
R7	Cancelled patients not offered a date within 28 days of the cancellations UHL	RM	GH	0	NHSI	Red if >2 ER if >0	33	48	1	0	3	6	6	9	14	24	16	18	20	19	10	107
R8	Cancelled patients not offered a date within 28 days of the cancellations ALLIANCE	RM	GH	0	NHSI	Red if >2 ER if >0	11	1	0	0	0	0	0	0	0	5	0	0	0	6	0	11
R9	% Operations cancelled for non-clinical reasons on or after the day of admission UHL	RM	GH	0.8% or below	Contract	Red if >0.9% ER if >0.8%	0.9%	1.0%	0.9%	0.8%	1.3%	1.1%	1.3%	1.2%	1.5%	1.5%	1.2%	1.4%	1.1%	0.9%	1.0%	1.2%
R10	% Operations cancelled for non-clinical reasons on or after the day of admission ALLIANCE	RM	GH	0.8% or below	Contract	Red if >0.9% ER if >0.8%	0.9%	0.9%	1.0%	1.1%	0.0%	1.1%	2.2%	0.2%	1.0%	0.8%	0.3%	0.8%	1.4%	3.2%	0.9%	1.1%
R11	% Operations cancelled for non-clinical reasons on or after the day of admission UHL + ALLIANCE	RM	GH	0.8% or below	Contract	Red if >0.9% ER if >0.8%	0.9%	1.0%	0.9%	0.8%	1.2%	1.1%	1.4%	1.1%	1.4%	1.5%	1.2%	1.4%	1.1%	1.0%	1.0%	1.2%
R12	No of Operations cancelled for non-clinical reasons on or after the day of admission UHL + ALLIANCE	RM	GH	Not Applicable		Not Applicable	1071	1299	104	91	131	115	146	119	156	156	123	154	114	110	109	766
R13	Delayed transfers of care	RM	SL	3.5% or below	NHSI	Red if >3.5% ER if Red for 3 consecutive mths	3.9%	1.4%	1.3%	1.1%	1.5%	1.6%	1.8%	1.8%	2.0%	1.9%	1.8%	2.2%	2.9%	2.5%	2.1%	2.2%
R14	Ambulance Handover >60 Mins (CAD+ from June 15)	RM	SL	0	Contract	Red if >0 ER if Red for 3 consecutive mths	5%	5%	18%	22%	27%	16%	12%	10%	11%	6%	6%	6%	9%	7%	9%	7%
R15	Ambulance Handover >30 Mins and <60 mins (CAD+ from June 15)	RM	SL	0	Contract	Red if >0 ER if Red for 3 consecutive mths	19%	19%	25%	26%	26%	23%	13%	13%	13%	11%	12%	10%	15%	14%	15%	13%

Responsive Cancer

KPI Ref	Indicators	Board Director	Lead Officer	15/16 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	14/15 Outturn	15/16 Outturn	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	YTD	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	YTD
** Cancer statistics are reported a month in arrears.																							
RC1	Two week wait for an urgent GP referral for suspected cancer to date first seen for all suspected cancers	RM	DB	93% or above	NHSI	Red if <93% ER if Red for 2 consecutive mths	92.2%	90.5%	87.7%	89.9%	92.4%	93.0%	91.4%	93.9%	93.0%	90.5%	91.1%	89.5%	90.5%	94.3%	94.3%	**	92.0%
RC2	Two Week Wait for Symptomatic Breast Patients (Cancer Not initially Suspected)	RM	DB	93% or above	NHSI	Red if <93% ER if Red for 2 consecutive mths	94.1%	95.1%	94.5%	94.6%	89.4%	93.5%	96.2%	99.3%	95.7%	95.1%	96.1%	88.7%	94.9%	98.7%	98.7%	**	94.7%
RC3	31-Day (Diagnosis To Treatment) Wait For First Treatment: All Cancers	RM	DB	96% or above	NHSI	Red if <96% ER if Red for 2 consecutive mths	94.6%	94.8%	94.7%	95.2%	95.6%	94.3%	91.5%	92.6%	94.1%	94.8%	95.4%	95.5%	95.6%	90.4%	91.5%	**	93.7%
RC4	31-Day Wait For Second Or Subsequent Treatment: Anti Cancer Drug Treatments	RM	DB	98% or above	NHSI	Red if <98% ER if Red for 2 consecutive mths	99.4%	99.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.7%	100.0%	100.0%	97.9%	100.0%	100.0%	**	99.5%
RC5	31-Day Wait For Second Or Subsequent Treatment: Surgery	RM	DB	94% or above	NHSI	Red if <94% ER if Red for 2 consecutive mths	89.0%	85.3%	89.7%	90.7%	76.8%	91.4%	77.5%	77.9%	80.3%	85.3%	90.3%	91.6%	84.7%	74.4%	71.8%	**	82.4%
RC6	31-Day Wait For Second Or Subsequent Treatment: Radiotherapy Treatments	RM	DB	94% or above	NHSI	Red if <94% ER if Red for 2 consecutive mths	96.1%	94.9%	92.2%	94.1%	95.1%	94.3%	96.4%	92.9%	96.4%	94.9%	98.8%	93.6%	87.3%	92.5%	81.4%	**	89.9%
RC7	62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers	RM	DB	85% or above	NHSI	Red if <85% ER if Red in mth or YTD	81.4%	77.5%	77.2%	77.0%	82.5%	80.9%	75.1%	73.4%	77.6%	77.5%	75.8%	74.5%	77.3%	83.7%	78.4%	**	77.9%
RC8	62-Day Wait For First Treatment From Consultant Screening Service Referral: All Cancers	RM	DB	90% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	84.5%	89.1%	81.4%	96.0%	96.2%	95.3%	77.3%	72.5%	81.3%	89.1%	94.6%	96.0%	85.0%	92.3%	78.9%	**	89.7%
RC9	Cancer waiting 104 days	RM	DB	0	NHSI	TBC			12	17	13	23	23	17	21	21	12	7	15	12	9	7	7

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

KPI Ref	Indicators	Board Director	Lead Officer	15/16 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	14/15 Outturn	15/16 Outturn	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	YTD	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	YTD
RC10	Brain/Central Nervous System	RM	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	--	100.0%	--	--	--	--	--	100.0%	--	100.0%	--	--	--	--	--	**	--
RC11	Breast	RM	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	92.6%	95.6%	97.5%	92.0%	100.0%	93.1%	94.6%	100.0%	94.1%	95.6%	93.3%	95.3%	97.1%	100.0%	100.0%	**	97.4%
RC12	Gynaecological	RM	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	77.5%	73.4%	80.0%	84.6%	80.0%	85.7%	50.0%	70.0%	78.6%	73.4%	72.7%	78.6%	75.0%	62.5%	66.7%	**	70.4%
RC13	Haematological	RM	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	66.5%	63.0%	66.7%	70.0%	50.0%	58.3%	100.0%	60.0%	60.0%	63.0%	14.3%	61.5%	72.7%	100.0%	85.7%	**	67.3%
RC14	Head and Neck	RM	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	69.9%	50.7%	50.0%	75.0%	42.9%	37.5%	62.5%	37.5%	35.7%	50.7%	35.7%	45.5%	100.0%	42.9%	44.4%	**	44.2%
RC15	Lower Gastrointestinal Cancer	RM	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	63.7%	59.8%	38.9%	70.6%	68.2%	77.8%	52.4%	31.3%	57.1%	59.8%	62.5%	45.0%	64.5%	58.8%	64.4%	**	58.8%
RC16	Lung	RM	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	69.9%	71.0%	73.5%	65.2%	88.6%	81.6%	73.7%	53.8%	71.1%	71.0%	66.7%	46.7%	64.2%	61.7%	63.2%	**	61.7%
RC17	Other	RM	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	95.0%	71.4%	50.0%	60.0%	80.0%	--	66.7%	--	--	71.4%	0.0%	50.0%	100.0%	100.0%	33.3%	**	50.0%
RC18	Sarcoma	RM	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	46.2%	81.3%	80.0%	50.0%	--	--	--	100.0%	100.0%	81.3%	0.0%	50.0%	16.7%	--	--	**	27.3%
RC19	Skin	RM	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	96.7%	94.1%	96.7%	91.1%	95.6%	94.9%	100.0%	92.5%	94.6%	94.1%	95.2%	100.0%	96.8%	97.4%	95.9%	**	97.0%
RC20	Upper Gastrointestinal Cancer	RM	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	73.9%	63.9%	45.7%	48.6%	84.6%	90.0%	42.9%	57.1%	76.5%	63.9%	74.3%	70.0%	46.9%	66.7%	81.6%	**	69.4%
RC21	Urological (excluding testicular)	RM	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	82.6%	74.4%	80.4%	80.0%	76.7%	75.0%	67.4%	78.7%	83.6%	74.4%	83.7%	73.1%	77.8%	96.3%	75.3%	**	81.8%
RC22	Rare Cancers	RM	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	84.6%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	**	100.0%
RC23	Grand Total	RM	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	81.4%	77.5%	77.2%	77.0%	82.5%	80.9%	75.1%	73.4%	77.6%	77.5%	75.8%	74.5%	77.3%	83.7%	78.4%	**	77.9%

The Sustainability and Transformation Fund Trajectories and Performance

ED trajectory

	Submitted on a "best endeavours" basis											
	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
Performance	78%	78%	79%	79%	80%	85%	85%	85%	85%	89%	89%	91.2%
Actual	**81%**	**80%**	**81%**	**77%**	**80%**	**80%**						

Cancer

			Submitted on a "best endeavours" basis									
	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
Performance	70.2%	74.0%	85.1%	85.1%	85.1%	85.1%	85.1%	85.1%	85.1%	85.1%	85.1%	85.1%
Actual	**75.9%**	**74.9%**	**77.3%**	**83.7%**	**78.4%**							

Diagnostics

	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
Performance	0.98%	0.98%	0.98%	0.98%	0.98%	0.98%	0.98%	0.98%	0.98%	0.98%	0.98%	0.98%
Actual	**0.7%**	**0.6%**	**0.7%**	**0.6%**	**1.4%**	**1.5%**						

RTT

	Submitted on a "best endeavours" basis April - June											
	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
Performance	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%
Actual	**92.7%**	**92.7%**	**92.4%**	**92.4%**	**92.1%**	**91.7%**						

Compliance Forecast for Key Responsive Indicators

Standard	September Actual/Predicted	October predicted	Month by which to be compliant	RAG rating of required month delivery	Commentary
Emergency Care					
4+ hr Wait (95%) - Calendar month	79.8%		Not Confirmed		Final validated performance
Ambulance Handover (CAD+)					
% Ambulance Handover >60 Mins (CAD+)	9%		Not Confirmed		EMAS monthly report
% Ambulance Handover >30 Mins and <60 mins (CAD+)	15%		Not Confirmed		
RTT (inc Alliance)					
Incomplete (92%)	91.7%	91.7%			
Diagnostic (inc Alliance)					
DM01 - diagnostics 6+ week waits (<1%)	1.5%	0.9%			
# Neck of femurs					
% operated on within 36hrs - all admissions (72%)	69%	72%			
% operated on within 36hrs - pts fit for surgery (72%)	87%	80%			
Cancelled Ops (inc Alliance)					
Cancelled Ops (0.8%)	1.0%	1.0%	Nov-16		
Not Rebooked within 28 days (0 patients)	10	8	Nov-16		
Cancer (predicted)					
Two Week Wait (93%)	94%	93%			
31 Day First Treatment (96%)	93%	93%	Nov-16		
31 Day Subsequent Surgery Treatment (94%)	82%	78%	Dec-16		Revised compliance date.
62 Days (85%)	80%	83%			Current unadjusted backlog 58 and adjusted backlog 52.
Cancer waiting 104 days (0 patients)	11	11			

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

	KPI Ref	Indicators	Board Director	Lead Officer	14/15 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	14/15 Outturn	15/16 Outturn	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16
Research UHL	RU1	Median Days from submission to Trust approval (Portfolio)	AF	NB	TBC	TBC	TBC	2.8	1.0	1.0			2.0			1.0			1.0			
	RU2	Median Days from submission to Trust approval (Non Portfolio)	AF	NB	TBC	TBC	TBC	2.1	1.0	1.0			1.0			1.0			1.0			
	RU3	Recruitment to Portfolio Studies	AF	NB	Aspirational target=10920/year (910/month)	TBC	TBC	12564	13479	1019	858	1019	1516	1875	815	926	983	947	788	797	803	607
	RU4	% Adjusted Trials Meeting 70 day Benchmark (data sunbmitted for the previous 12 month period)	AF	NB	TBC	TBC	TBC			(Oct14-Sep15) 92%			(Jan15 - Dec15) 94%			(Apr15 - Mar16) 94%						
	RU5	Rank No. Trials Submitted for 70 day Benchmark (data submitted for the previous 12 month period)	AF	NB	TBC	TBC	TBC			(Oct14-Sep15) Rank 13/215			(Jan15 - Dec15) Rank 61/213			(Apr15 - Mar16) Rank 16/222						
	RU6	%Closed Commercial Trials Meeting Recruitment Target (data submitted for the previous 12 month period)	AF	NB	TBC	TBC	TBC			(Oct14-Sep15) 46.8%			(Jan15 - Dec 15) 43.4%			(Apr15 - Mar16) 65.8%						

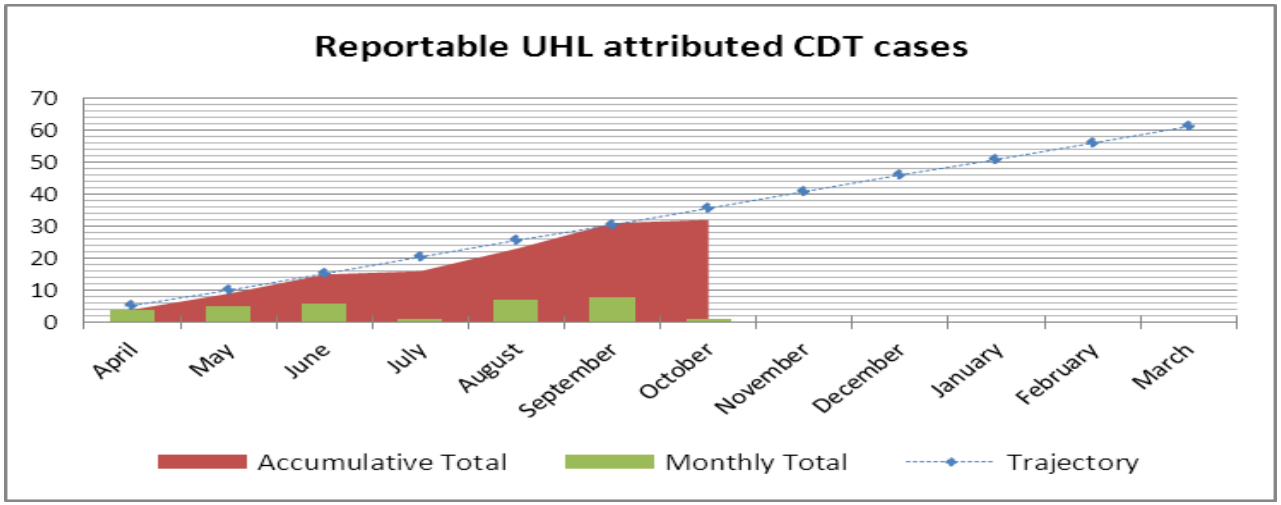
CDiff Performance

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	YTD
Clostridium Difficile	4	5	6	1	7	8	31

There is no perceived underperformance in relation to these figures. As shown in the graph below the CDT figures have risen steadily in line with the trajectory but there are no 'stand out' months which are cause for concern. The cases in September are unrelated in 8 different areas across all 3 UHL sites. By comparison there were 20 reported community acquired cases (compared to 10 for the same reporting period in 2015) so there was higher than expected reporting across the whole health economy. This may be due to increased awareness and screening, but as the cases are not linked by people, place or time they must be 'presumed coincidental'.

Actions taken to improve performance

Continue to monitor cases. All patients with CDI nursed in UHL are reviewed weekly by the specialist multi-disciplinary team to ensure appropriate management and treatment. The CDT specialist nurse reviews individual patients' at least twice weekly sometimes daily dependent upon condition and circumstances. The IP nurses also review patients and isolation precautions and treatment during ward reviews. The IP and MD teams have not identified any care failures which can be directly linked to these cases.



A&E Friends and Family Test - % Positive Performance

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	YTD
A&E Friends and Family Test - % positive	96%	95%	95%	87%	87%	84%	91%

The FFT for ED has 6 areas that are included in the overall submission: Majors, Minors, Childrens ED, EDU, Eye Casualty and Urgent Care Centre (UCC)

For the last 4 months there has been a slow decline in the overall FFT score for the Emergency Department.

This is attributable to a reduction in satisfaction levels for patients attending the Urgent Care Centre. Main reason stated in the free text comments is waiting times, staff attitude and conditions in the waiting area particularly seating availability.

Actions taken to improve performance

The Senior Management Team is aware of the reduced FFT score. There are structures in place to increase the overall submission levels and in turn get a better view of patient opinion.

Until this service has access to the new ED build there are immediate actions being taken:

- When ED becomes busy the footprint of the department is now used differently to reduce overcrowding.
- All free text comments are reviewed in real time and action taken to improve the experience for patients.
- The Team are looking at the waiting area and exploring possible short term solutions before the move to the new build to improve this environment.

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
ED - Majors	91%	93%	91%	91%	91%	89%
ED - Minors	97%	94%	96%	81%	78%	82%
Childrens ED	97%	97%	97%	98%	97%	96%
EDU	96%	96%	95%	94%	94%	97%
UCC	95%	90%	89%	71%	65%	66%
Main ED	**96%**	**95%**	**94%**	**85%**	**84%**	**82%**
Eye Casualty	98%	97%	99%	99%	99%	96%
ED total	**96%**	**95%**	**95%**	**87%**	**87%**	**84%**

Single Sex Accommodation Breaches (patients affected)

Indicators	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16		YTD
Single Sex Accommodation Breaches (patients affected)	0	0	4	1	2	20		27

Discharge Lounge

15 patients were admitted to the Discharge Lounge during September, in their night wear. 9 patients were admitted to the Lounge during a 'critical incident'. The On call director took the decision to mitigate unacceptable levels of risk in ED by mixing in the Lounge. Following this incident there was confusion amongst the Lounge staff and a further 6 patients were admitted in their nightwear.

Intensive Care Unit

All patients who step down from level 3/2 care must be in a single sex facility. The breaches were due to lack of available bed capacity or lack of 1 to 1 nursing on the receiving ward.

Actions taken to improve performance

Same-Sex Accommodation Matrix reiterated to staff in the Discharge Lounge.

Senior Staff in ESM CMG are supporting the Lounge staff to adhere to the Same Sex Matrix.

All patients who are identified for discharge from ICU are discussed at Gold Command. Anticipated delays are escalated at every Gold Command meeting.

Identification of a bed is made a priority by the Duty Managers Team when a patient is identified for discharge from the ICU.

Mortality - Rolling 12 mths HSMR (Rebased Monthly as reported in HED) - Performance

Indicators	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	YTD
Mortality - Rolling 12 mths HSMR (Rebased Monthly as reported in HED)	100	99	100	102	Awaiting HED Update		102

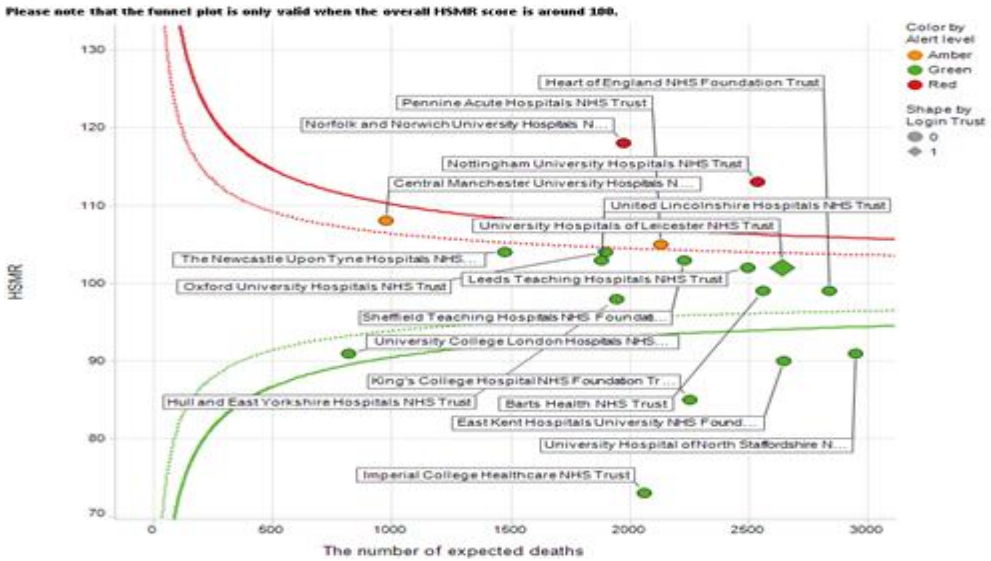
HSMR has been taken from the HED clinical benchmarking tool which rebases monthly. Final published HSMR may vary slightly following resubmission of all Trusts' data.

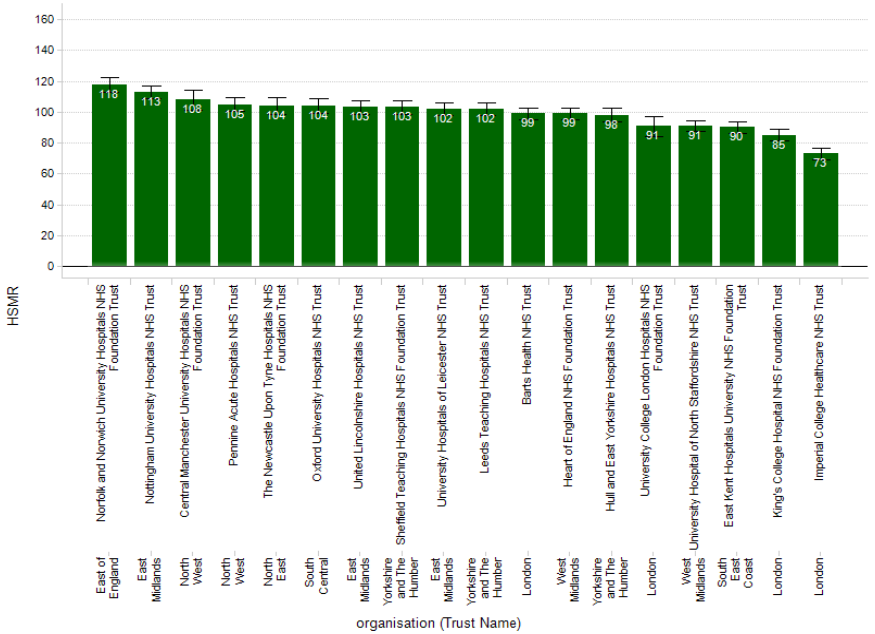
Whilst UHL's HSMR for the 12 months August 15 to July 16 is above 100, it remains within the funnel and is comparable to similar sized Peer Trusts.

Actions taken to improve performance

Key Actions:-

- Review of mortality data to confirm if specific diagnostic groups contributing to increase and benchmarking with other Trusts.
- Embed Medical Examiner process at the LRI site and look to roll out to LGH and Glenfield in order to ensure all deaths screened to identify potential avoidable deaths
- Work with Clinical Benchmarking System provider (HED) to do further analysis in order to understand why UHL's HSMR has increased from previous reduction
- Review of case notes of deceased patients within diagnostic groups GI haemorrhage and Acute Myocardial Infarction
- Improve diagnosis and management of AMI at the LRI, with support from Cardiology





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

Indicators	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	YTD
No. of # Neck of femurs operated on 0-35 hrs - Based on Admissions	78.0%	78.1%	64.6%	86.0%	65.8%	69.4%	72.7%

There were 49 NOF admissions in September 2016, 14 patients breached the 36 hr target to theatre as detailed below:-

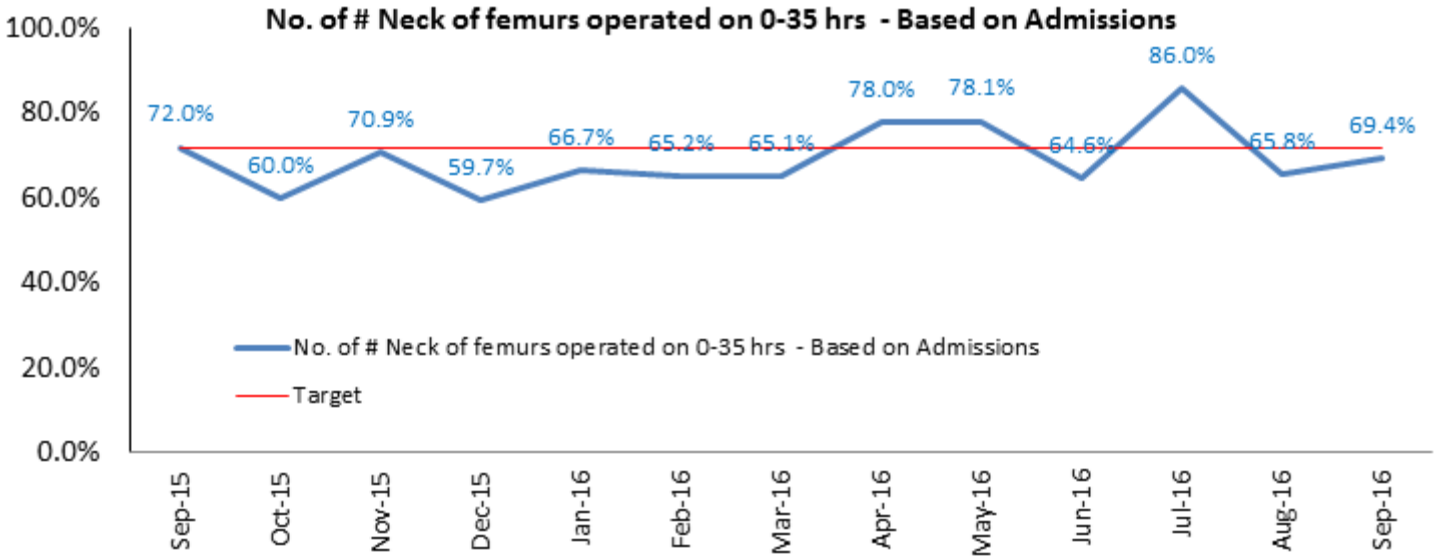
Medically Unfit – 6pts , Pt had MI – 1pt, Needed THR surgeon– 3pts, Required blood from Sheffield – 1pt, No full femur xray -1pt, Lack of THR kit -1pt,Declined op – 1 pt

Actions taken to improve performance

Theatre schedulers working more closely with theatre team to inform of changing priorities and predict when 'pinch' points occur and theatre utilisation is being tracked monthly to optimise usage and reduce downtime between cases. Agreed at Antonymous Board 4 hips per all day session is achievable.

THR's have started to be undertaken at LRI. Hip surgeon availability has this month been an issue when on-call surgeon is not of that sub speciality expertise. Investigations how spinal activity can be accommodated minimising impact on other Trauma. Head of Service leading this.

The Medical Director has set up a steering group to look at how we can sustain NOF performance given that the service now has carried out many of the internal service 'quick' wins.



RTT – Incomplete within 18 weeks and 52+ week waits

Combined UHL and Alliance RTT Performance for September

September	<18 w	>18 w	Total Incompletes	%
Alliance	8,212	345	8,557	96.0%
UHL	44,513	4,457	48,970	90.9%
Total	52,725	4,802	57,527	91.7%

Backlog Reduction required to meet 92%	218

UHL and Alliance combined did not achieve the 92% standard for Referral to Treatment for September. Overall combined performance saw 4,584 patients in the backlog, 218 more than the required amount. In September all specialties agreed to a backlog reduction target. Of the 95 specialties reported on the daily backlog tracker 43 achieved their target with a further 35 having a variance of 10 or less. The combined variance for the 5 specialties which were furthest away from their target was 522, which pushed the combined performance below the required standard for RTT.

There are 3 factors which have contributed to the failure of this standard: Increase in GP/GDP referral rates 9.9% for UHL as a whole against 15/16 YTD. Although there is an overall increase in activity versus plan Trust wide, 12.1% overall (5.9% admitted and 14.8% non admitted) within these key specialities there is underperformance against plan. At trust level the average there an average of 127 cancellation on the day, 766 YTD. These form a large portion of the backlog taking us under the 92% standard.

Our ability to meet 92% was further compounded within the Alliance discovering over 100 patients on an admitted pathway not added to the waiting list. This added over 100 patients to our position deteriorating our position.

Forecast performance for next reporting period: Meeting the 92% is at risk due increasing bed pressures due to winter pressures.

Specialties with the 5 largest variance against Septembers backlog target	September Target - 18+ weeks			Backlog Size September			Variance to agreed position
Specialty	Admitted	Non-admitted	Total	Admitted	Non-admitted	Total	
Ophthalmology	117	184	301	142	325	467	166
General Surgery	291	74	331	342	105	447	116
Urology	179	87	266	265	111	376	110
Orthopaedic Surgery	195	170	365	196	274	470	105
ENT	347	417	764	352	437	789	25
Total	1,129	932	2,027	1,297	1,252	2,549	522

In order to achieve the 92% RTT standard performance against plan is monitored at the Weekly Access Meeting. Specialties not achieving target are escalated at the Weekly Head of Operations Meetings.

Ophthalmology although overall achieving the 92% standard has seen a sharp backlog rise from 58 in June to 325 in September. From October daily calls have been initiated with the General Manager for Ophthalmology, Deputy Head of Performance and Director of Performance and Information in order to ensure service delivery. This has seen a positive impact with their non admitted backlog reducing by 107 since the end of September.

The same 5 specialties with the largest backlog variance to the backlog target also make up the 5 specialties with the highest overall backlog. Of these 4 of the specialties (ENT, Ophthalmology, General Surgery and Urology) already have action plans in place to achieve performance. Orthopaedic has a bespoke RTT meeting every 2 weeks in order to support with the recovery of their position.

Specialties with the 5 largest overall backlogs	Total Backlog	Variance to agreed position	%
ENT	789	25	77.3%
Orthopaedic Surgery	470	105	88.6%
Ophthalmology	467	166	92.4%
General Surgery	447	116	87.1%
Urology	376	110	85.0%
Total	2,549	522	

Specialties with the 5 worst RTT %	Total Backlog	Variance to agreed position	%
Paediatric ENT	365	13	57.5%
Allergy	167	-4	61.3%
ENT	789	25	77.3%
Urology	376	110	85.0%
Interventional Radiology	50	17	85.1%
Total	1,747	161	

Had the 5 specialties with the worst variance to backlog plan achieved their target along with the Alliance achieving their previous months backlog target UHL combined would have 92.4% 404 patients below the required backlog point, this is detailed in the table below. The context for the performance for the 6 specialties with action plans including Allergy are included shown below.

General Surgery: Admitted	Jun	Jul	Aug	Sep	11th Oct	Trajectory →
	224	**263**	**278**	**289**	**273**	

Background: Current performance driven by lack of capacity to meet SLA demands. Circa 3 sessions per week. In addition short notice cancellations of theatre sessions by the service: 4.4 sessions per week financial year to date. Business case currently being written with aim to address this. Winter bed pressures on inpatient and critical care beds resulting in patient cancelations 9.9% Sep15 - Aug16 data. Further risk going into winter months of increased cancellations due to further bed pressure demands.
Actions: Insource capacity – Medinet. Start October into November. Business case for consultant workforce. Reduce first appointment wait time to reduce pathway lengths.

Urology: Admitted	Jun	Jul	Aug	Sep	11th Oct	Trajectory ↑
	204	**236**	**241**	**265**	**263**	
Background: Lack of in week outpatient and theatre capacity. Processes within outpatients increasing pathway length, such as a lack of pre-operative assessment slots. Unable to bring patients on short notice fill cancelled gaps. Increased activity over and above SLA predicted 297 admitted patient's full year. **Actions:** To insource capacity - Medinet 8 sessions per weekend. Additional POA slots. Look to Alliance for additional outpatient capacity. Left shift low acuity day case work to the community.						
Allergy: Non Admitted	Jun	Jul	Aug	Sep	11th Oct	Trajectory →
	179	**209**	**197**	**166**	**165**	
Background: Underperformance on admitted RTT is related to Consultant vacancies since June 2015 (2 clinics per week) with additional vacancy since May 2016 (3 clinics per week). Service has now appointed to 1 consultant post. RTT remains in steady state with use of wait list initiatives. **Actions:** Recruit to vacant consultant post. September interview not successful, appointed trainee to start in January. SLA with Nottingham consultant for weekend WLI's with the aim to continue to January.						
	Jun	Jul	Aug	Sep	11th Oct	Trajectory ↓
ENT: Admitted	**483**	**395**	**373**	**352**	**352**	
ENT: Non Admitted	**718**	**609**	**469**	**437**	**431**	
Background: Current backlog driven by a high level of cancellations from 2015/16 winter bed pressures carried over to 2015/16. Internal service pressures due to clinician Long Term Sickness, average 3.5 sessions per week (91 YTD) cancelled due to no surgeon. Lack of pre-operative assessment slots has inhibited the services ability to utilise all sessions/slots that have become available. **Actions:** Insource outpatient and inpatient capacity (Medinet). Use of Alliance for low risk patients. Appointment of additional consultants to reduce cancelled sessions.						
Ophthalmology: Non Admitted	Jun	Jul	Aug	Sep	11th Oct	Trajectory ↓
	58	**143**	**222**	**325**	**240**	
Background: There has been a significant reduction in outpatient capacity due to reduced staffing of middle grade doctors and lack of replacements. Reduced capacity in outpatient clinic slots increasing wait for first appointment. Reduced take up of wait list initiatives both for both outpatient and theatre sessions. Lack of follow up capacity resulted in patients not being listed for surgery as unable to have a clinically required follow up within 4 weeks of surgery. **Actions:** Assess all patients in backlog. Move general ophthalmology to clinical fellow lists. Additional Capacity at London Road Clinic. Insource outpatient capacity – Newmedica. Outpatient Wait list initiatives.						
Ophthalmology: Non Admitted	Jun	Jul	Aug	Sep	11th Oct	Trajectory ↓
	58	**143**	**222**	**325**	**240**	
Background: There has been a significant reduction in outpatient capacity due to reduced staffing of middle grade doctors and lack of replacements. Reduced capacity in outpatient clinic slots increasing wait for first appointment. Reduced take up of wait list initiatives both for both outpatient and theatre sessions. Lack of follow up capacity resulted in patients not being listed for surgery as unable to have a clinically required follow up within 4 weeks of surgery. **Actions:** Assess all patients in backlog. Move general ophthalmology to clinical fellow lists. Additional Capacity at London Road Clinic. Insource outpatient capacity – Newmedica. Outpatient Wait list initiatives.						

52 week breaches for Orthodontics are currently 48 and remain on target to be zero by the end of January.

Diagnostic Performance

September diagnostic performance for UHL and the Alliance is 1.5%. This is above the 1% threshold. It was anticipated that UHL would deliver after non delivery in August. The biggest contributory factor was within imaging who declared a final position of 207 breaches. This is over 100 more then the service advised throughout the month of September. Had they achieved there stated position the trust would have performed at 0.91% and achieved the diagnostic standard. The installation of EMRAD resulted in a system failure within the Imaging Service due to the high level of management time required and a lack of reporting for the first several weeks post go live. Due to this the service were not sighted to issues in patients breaching over the standard 100 per month.

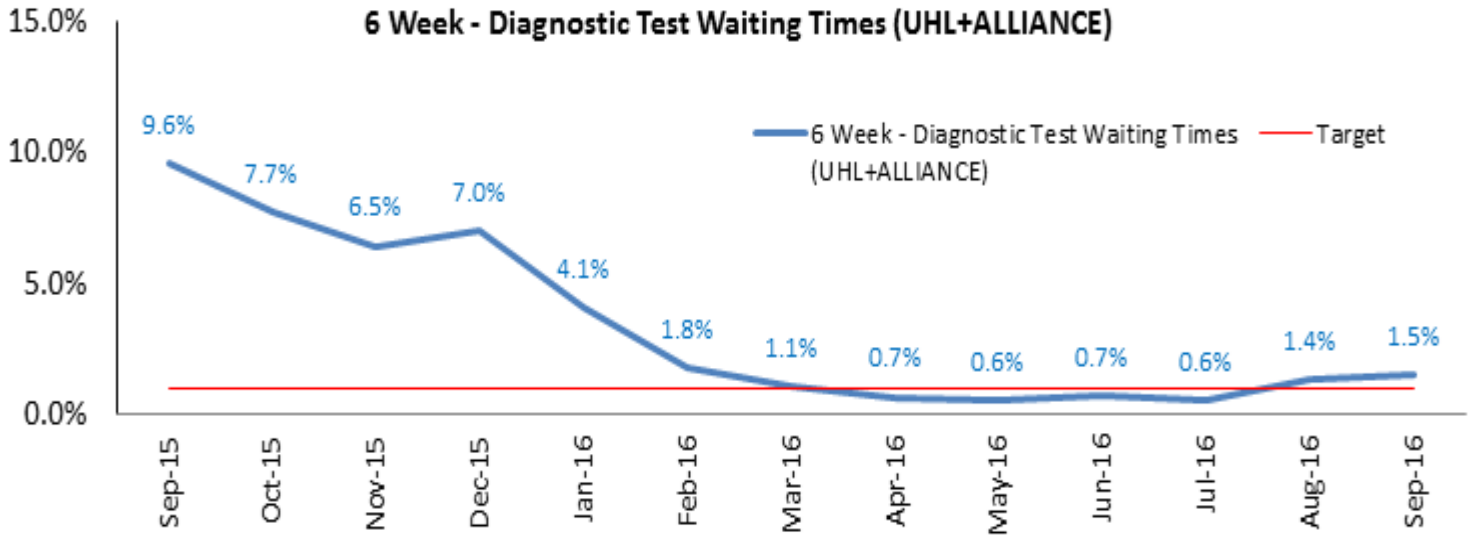
Other factors include endoscopy patients requiring sedation under propofol. This service included 19 breaches. The largest factor for these breaches occurred due to being an expanding service with insufficient regular capacity.

Actions taken to improve performance

An escalation meeting between with CSI and Operations now occurs twice weekly to give assurance on the end of month position and to be sighted early when there are any significant capacity gaps that can be supported with extra capacity to hit the 1% standard.

- This includes a bespoke Imaging Diagnostic scorecard to ensure greater visibility of waits
- Clinicians timely vetting / protocoling of referrals earlier to increase the pool of patients available to book at any one time
- Imaging booking 4-6 weeks ahead to give greater accuracy to capacity gaps

CHUGGS and ITAPS have worked collaboratively to source regular capacity at LRI for patients requiring sedation under propofol. This has started Mid October and should see the backlog reduce to less then 10 for October and no backlog at the end of November for this patient cohort.
Achieving Diagnostic performance in October is at risk due to Cardiac CT imaging capacity.



% Cancelled on the day operations and patients not offered a date within 28 days - Performance

Across UHL in September 105 patients were cancelled on the day, This equates to1% of all elective FCEs against a target of . Although slightly higher than August, this month continues the down trend of cancellation operations on the day since April for non-clinical reasons. Of the 105 cancellations 49 were due to capacity pressures and 56 other hospital related causes. Of the 51 patients cancelled for capacity pressures, 38 of the cancellations related to availability of beds (either HDU, ITU or ward).

The five key reasons for cancellations were:

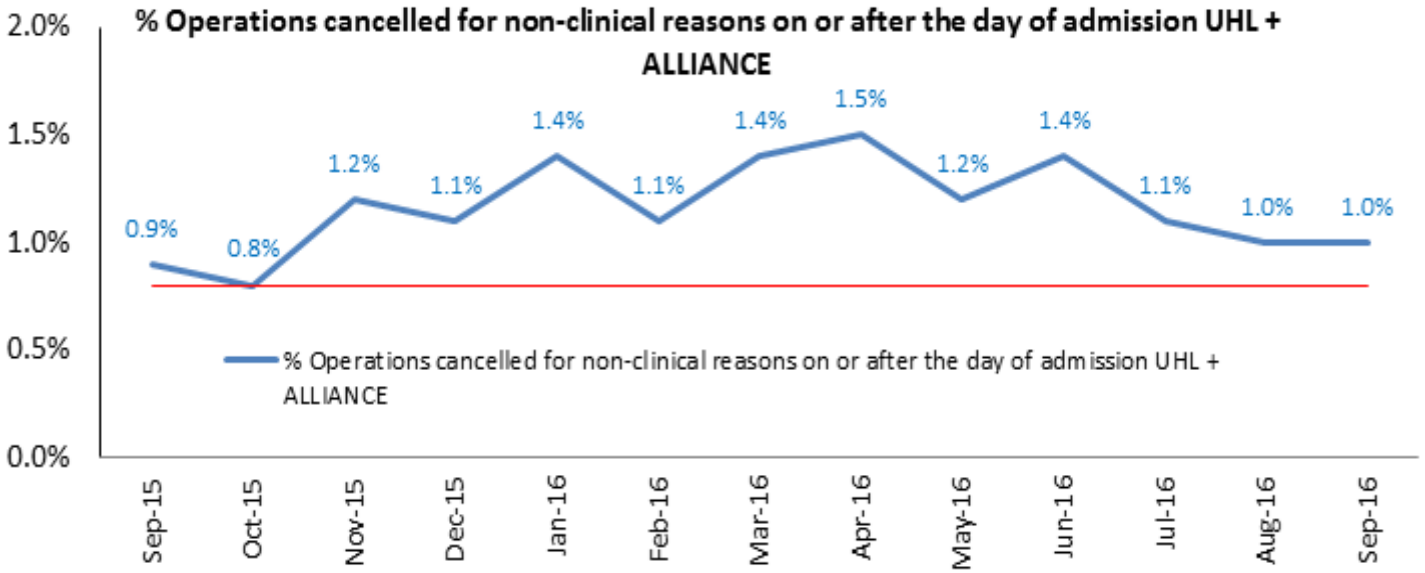
1. Hospital cancel - lack theatre time / list overrun (31)
2. Hospital cancel - ward bed unavailable (29)
3. Hospital cancel - lack surgeon (12)
4. Hospital cancel - pt delayed to adm high priority patient (11)
5. Hospital cancel - hdu bed unavailable (5)

10 patients breached 28 days. These comprised: 8 CHUGGS, 1 MSS, 1 RRCV.

What actions have been taken to improve performance?

List over runs: the process of exception reporting is now better able to identify any over booked operation lists by the theatre managers working with theatre staff. The number of cancellations due to ward bed availability has deteriorated during August, a reflection of emergency pressures across the Trust. The ring fencing of ASU/ Ward 7 for surgical patients continues.

HDU/ITU bed cancellation continues to reduce from 13 in August down to 9. Includes both adult and paediatric HDU/ITU beds



Ambulance handover > 30 minutes and >60 minutes - Performance

Indicators	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	YTD
Ambulance Handover >60 Mins (CAD+ from June 15)	6%	6%	6%	9%	7%	9%	7%
Ambulance Handover >30 Mins and <60 mins (CAD+ from June 15)	11%	12%	10%	15%	14%	15%	13%

Difficulties continue in accessing beds and high occupancy in ED leading to congestion in the assessment area and delays to ambulance handover.

What actions have been taken to improve performance?

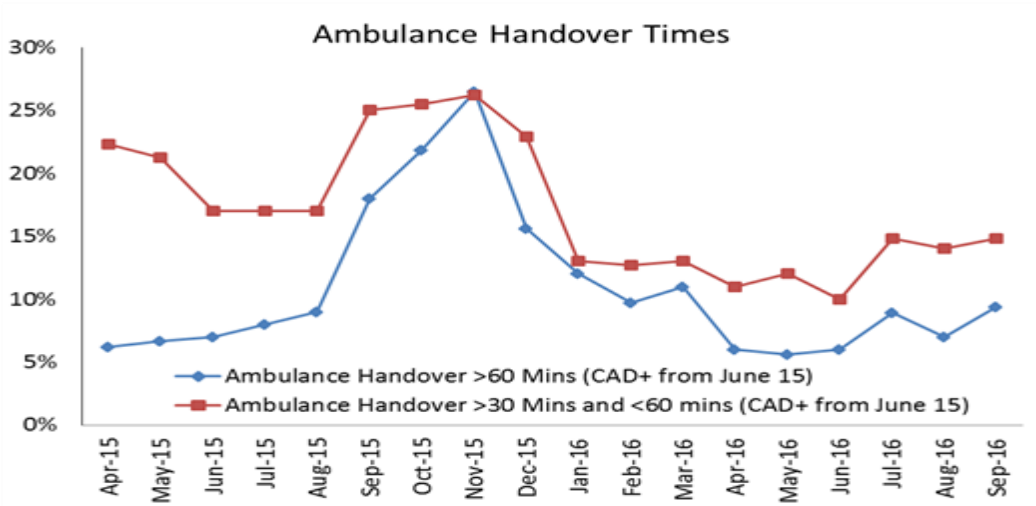
The AE Delivery Board chaired by UHL CEO started in September.

A new RAP has been agreed by LLR, NHSE and NHSI and has a focus on decreasing conveyance and increasing 'hear and treat' and 'see and treat' to divert patients away from the ED.

UHL key interventions being implemented to facilitate decreased handover times are:

1. Ward 7 to open for additional medial capacity in November
2. Additional cohorting space and staff at times of escalation
3. EMAS educator at the front door to assess if patients could be redirected

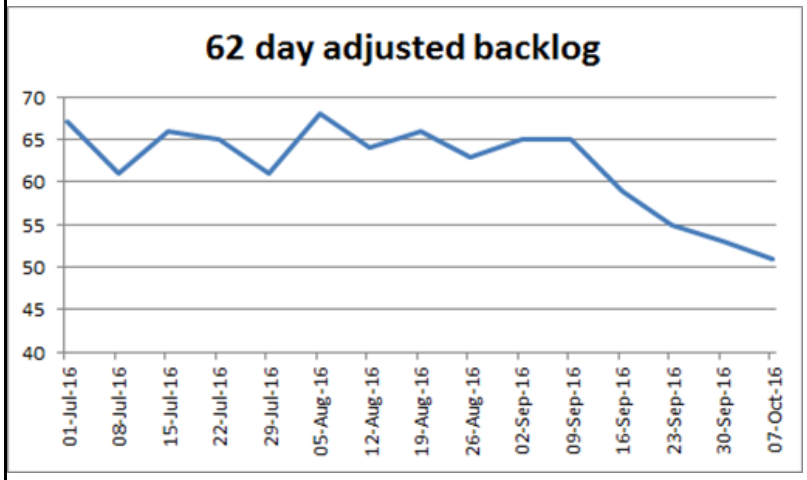
It is essential that the focus remains on decreasing EMAS attendance by increasing / improving the primary care offer which will be managed through the new RAP.



Cancer - Performance

2ww performance remains strong with August at 94.9% September and October performance will be above the standard of 93%.

62 day performance as anticipated remains below the required standard, August being at 78.4% and September and October expected at circa 80%. In discussion with NHSI and NHSE the Trust has stated that it cannot confirm recovery of the key cancer standards until there has been a sustained period of ring fenced capacity of elective beds, ie >2 months. But the Trust is clear that all efforts to deliver good patient care and improve cancer performance is priority. The positive news is that the adjusted backlog (excluding tertiary referrals received after day 39) has remained in the 50 's for 4 weeks. This sustained reduction is a lead indicator of future performance.

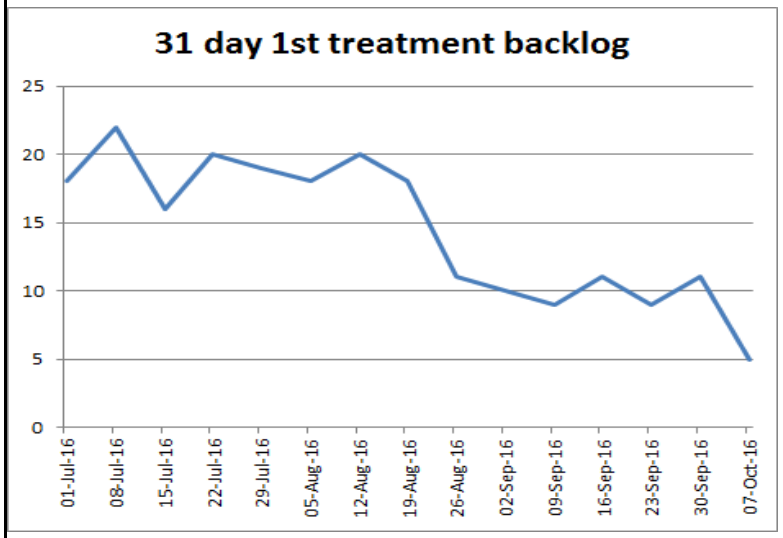


Key themes identified in backlog (30Th September):-

Summary of delays	Numbers of patients	Summary
Capacity – Surgical	5	Predominantly inpatient surgical capacity for Gynae
Complex Patients	6	A combination of patients requiring multiple diagnostics, cardiac investigations and complex histology requiring immune reporting.
Diagnostic Delays/Capacity	6	A combination of capacity and reporting issues including cancellations for diagnostics due to lack of theatre staff (Urology), delays to US Guided Biopsy (Urology) and cancellations due to surgical bed availability and PET delays for patient related reasons.
Late Referrals Other Tumour Sites	1	Patients going through multiple MDTs to determine primary, on this occasion for Lung where the patient also required multiple diagnostics
Long Term Follow Up	3	Patients on long term or PSA surveillance follow up subsequently flagged as ? CA

Patients/PSA Patients		
OPD Delays/Capacity including UHL Pathway Delays	12	Predominantly in services where Next Steps is yet to be implemented (Gynae, Head & Neck) and for Lower GI where Next Steps is experiencing some issues which are being worked through with the support of the Project Manager.
Patient Delays & Patients Unfit	14	A combination of patients unavailable due to holidays, prisoners, DNA's and being inpatients or requiring Cardiac intervention prior to treatment.
Trial Patients	1	Specific to Lung and the CheckMate trial
GP Related Pathway Delay	1	Specific to Haematology, GP delays in organising various tests.
Tertiary Referrals	7	Referrals from Notts, Burton and KGH ranging from receipt at Day 31 to Day 109 (Burton)

31 day 1st treatment performance is below the standard at 91.5% in August. Although backlogs have reduced, again access to beds and timely theatre capacity remains the key issue.



What actions have been taken to improve performance?

Summary of the plan

The recovery plan (RAP) consists of 51 actions following detailed work initially with the CMG's and also with the joint UHL and CCG working group. The issues detailed in the plan have been identified by a consistent review of tumour site breach maps (rolling 3 month themes) and the current (30th September) tumour site backlog reasons. The actions are targeted at tumour site specific issues taking into account 'linked' services that impact on delivery. Metrics have been devised for each action to ensure that they are measurable and that they are on track. Each action has been risk rated (high, medium or low).
RAP.

Summary of high risks

The following are considered to be high risk issues affecting the delivery of the cancer standards , they have been categorised as agreed by the joint working group:

	Issue	Action being taken	Category
1	Underlying theatre capacity shortfall for all electives , specifically affecting, Urology , Gynaecology , GI and ENT	Additional weekend work / use of external providers	Unavoidable factors impacting on delivery
2	Underlying HDU / ITU bed capacity	Daily bed / patient management.	Unavoidable factors impacting on delivery
3	Underlying access to ward beds associated with increased emergency admissions above plan	ASU (day case) at LRI remains ring fenced, ward 7 ring fenced against medical patients	External factors impacting on delivery
4	Workforce on Oncology	Business case to expand Consultant workforce	Internal factors impacting on delivery / Unavoidable factors impacting on delivery
5	Workforce in Head and Neck surgeon (national shortage)	Recruitment process underway	External factors impacting on delivery
6	Workforce Head and neck imaging (national shortage)	Recruitment process underway	External factors impacting on delivery
7	Late tertiary referrals	Meeting with tertiary providers. Support from NHSE	External factors impacting on delivery
8	Linac Replacement (radiotherapy, capital availability)	Business case	External factors impacting on delivery