

# Quality & Performance Report

Author: John Adler Sponsor: Chief Executive Date: IFPIC + QAC 30<sup>th</sup> June 2016

## Executive Summary from CEO

### Context

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

### Questions

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

### Conclusion

**Good News:** **Mortality** – the latest published SHMI (covering the period January 2015 to December 2015) is **98** – below our Quality Commitment of **99**. **RTT** – the RTT incomplete target remains compliant although there is a risk that performance will dip below 92% in June. **Diagnostics** performance has remained compliant during May. **Delayed transfers of care** remain well within the tolerance reflecting the continuation of the good work that takes place across the system in this area. **Referral to Treatment 52+ week waits** has reduced by 35 in the last month. An organised process of transferring patients to other providers is now in progress and we should see substantial reductions in these waits in the coming months. **Ambulance Handover 60+ minutes** – 6% for April and May - this is also examined in detail in the COO's report. **MRSA** – 0 avoidable cases reported for 15 months and 0 unavoidable cases were reported this year. **C DIFF** – a good start to the year with only 9 cases reported to date. **Pressure Ulcers** – 0 **Grade 4** pressure ulcers and both **Grade 3 and Grade 2** monthly targets have been achieved in May. **Fractured NOF** – target delivered for the 2<sup>nd</sup> consecutive month. **Patient Satisfaction (FFT)** target of 97% maintained for Inpatients and Day Cases.

### Bad News:

**ED 4 hour performance** – May performance was 79.9 % with year to date performance at 80.5%. Contributing factors are set out in the Chief Operating Officer's report. **Cancelled operations and patients rebooked within 28 days** – continued to be non-compliant, due to sustained emergency pressures. **Cancer Standards 62 day treatment** current cancer performance is an area of significant concern across UHL and focus on recovery is of the highest priority within the organisation. The **Cancer Two Week Wait** the target was missed attributed to capacity problems in Head & Neck, Lower GI and Dermatology. **Patient**

**Satisfaction (FFT)** the target of 97% has not been achieved for the last 3 months and **ED FTT coverage** and ED coverage remains below the threshold of 20%. **ESM nursing vacancies** continue to increase.

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

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

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

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: 30 June 2016

*Caring at its best*

University Hospitals of Leicester   
NHS Trust

# Quality and Performance Report

May 2016



One team shared values



## **CONTENTS**

Page 2	Introduction and Performance Summary
Page 3	New Indicators
Page 3	Indicators Removed
Page 3	Indicators where thresholds have been changed
Page 3	Indicators where methodology has changed

## **Dashboards**

Page 4	Safe Domain Dashboard
Page 5	Caring Domain Dashboard
Page 6	Well Led Domain Dashboard
Page 7	Effective Domain Dashboard
Page 8	Responsive Domain Dashboard
Page 9	Responsive Domain Cancer Dashboard
Page 10	Compliance Forecast for Key Responsive Indicators
Page 11	Research & Innovation - UHL

## **Exception Reports**

Page 12	52 Week Breaches – Incompletes
Page 13	Cancelled patients not offered a date with 28 days of the cancellation
Page 14	Ambulance Handovers
Page 15	Cancer Waiting Times Performance
Page 16	Cancer Patients Breaching 104 Days

## UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

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

**DATE:** 30<sup>th</sup> JUNE 2016

**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:** MAY 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 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	16	0
Caring	5	11	0
Well Led	6	20	2
Effective	7	11	2
Responsive	8	15	7
Responsive Cancer	9	9	5
Research – UHL	11	6	0
Total		88	16

### **3.0 New Indicators**

Caring

Inpatients only Friends and Family Test - % positive

Well Led

Inpatients only Friends and Family Test - Coverage (Adults and Children)

### **4.0 Indicators removed**

None.

### **5.0 Indicators where reporting thresholds have changed**

Well Led

Published Inpatients and Daycase Friends and Family Test - Coverage (Adults and Children). The target has been removed as there are different individual targets for inpatient and day case coverage.

### **6.0 Indicators where methodology has changed**

None



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	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	YTD
S1	Reduction for moderate harm and above PSIs with finally approved status - One month lag in data for this indicator to ensure incidents finally approved	AF	MD	10% REDUCTION FROM FY 15/16 (<20 per month)	QC	Red / ER if >30 in mth or >20 for 3 consecutive mths	TBC	262	18	19	17	18	18	16	18	17	18	18	16	17	3		3
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	2	9	1	5	4	6	3	3	3	4	6	4	5	5	10
S3	Proportion of reported safety incidents per 1000 attendances (IP, OP and ED)	AF	MD	> FY 15/16	UHL	TBC		17.5	18.0	19.2	17.1	18.2	18.4	15.5	18.3	16.6	17.7	18.8	16.2	17.2	16.8	16.9	16.9
S4	Overdue CAS alerts	AF	MD	0	NHSI	Red if >0 in mth ER = in mth >0	10	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
S5	RIDDOR - Serious Staff Injuries	AF	MD	FYE <=40	UHL	Red / ER if non compliance with cumulative target	24	32	0	6	0	0	2	3	7	2	5	3	2	2	5	3	8
S6	Never Events	AF	MD	0	NHSI	Red if >0 in mth ER = in mth >0	3	2	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0
S7	Clostridium Difficile	JS	DJ	61	NHSI	Red if >mthly threshold / ER if Red or Non compliance with cumulative target	73	60	3	1	4	4	6	6	6	4	6	7	7	6	4	5	9
S8	MRSA Bacteraemias (All)	JS	DJ	0	NHSI	Red if >0 ER if >0	6	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
S9	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	0
S10	% of UHL Patients with No Newly Acquired Harms	JS	RB	Within expected (revised)	UHL	Red if <95% ER if in mth <95%		97.7%	97.9%	97.4%	98.1%	98.1%	97.0%	97.7%	97.4%	97.4%	98.2%	97.7%	97.9%	98.0%	96.9%	97.2%	97.1%
S11	% 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%	96.0%	96.0%	96.5%	96.2%	96.5%	96.1%	95.7%	96.0%	96.1%	95.5%	95.4%	95.1%	95.9%	96.1%	96.0%
S12	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	5.9	6.1	5.1	5.8	5.9	5.0	5.2	4.8	5.7	5.4	4.9	5.2	6.1	5.5	5.8
S13	Avoidable Pressure Ulcers - Grade 4	JS	MC	0	QS	Red / ER if Non compliance with monthly target	2	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
S14	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	3	0	4	1	4	1	1	1	5	6	2	5	5	3	8
S15	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	10	8	8	8	10	11	5	4	5	5	8	7	9	6	15
S16	Maternal Deaths	AF	IS	0	UHL	Red or ER if >0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	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	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	YTD		
									NEW INDICATOR														1.0	1.1	1.0
C1	Improvements in Patient Involvement Scores (Reported quarterly from Qtr2)	JS	HL	6% increase from Qtr 1 baseline (new)	QC	Red/ER if below Quarterly Threshold			NEW INDICATOR																
C2	Formal complaints rate per 1000 IP,OP and ED attendances	AF	MD	No Target	UHL	Monthly reporting	NEW INDICATOR		1.4	1.4	1.4	1.4	1.5	1.3	1.3	1.2	0.9	1.0	1.4	1.2	1.0	1.1	1.0		
C3	Percentage of upheld PHSO cases	AF	MD	No Target	UHL	Quarterly reporting			NEW INDICATOR														0%	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%	96%	96%	97%	96%	97%	97%	97%	96%	97%	97%	96%	97%	97%	97%	97%	97%	
C5	Inpatients only Friends and Family Test - % positive	JS	HL	97%	UHL	Red if <95% ER if 2 mths Red	96%	97%	96%	96%	97%	96%	97%	97%	97%	96%	97%	97%	96%	97%	97%	96%	97%	97%	
C6	Daycase only Friends and Family Test - % positive	JS	HL	97%	UHL	Red if <95% ER if 2 mths Red		98%	96%	97%	97%	98%	98%	97%	98%	98%	98%	98%	98%	98%	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%	96%	96%	96%	96%	97%	95%	95%	97%	95%	97%	97%	95%	96%	95%	96%	96%	
C8	Outpatients Friends and Family Test - % positive	JS	HL	97%	UHL	Red if <90% ER if 2 mths Red		94%	94%	94%	93%	91%	93%	93%	93%	92%	94%	95%	95%	93%	95%	95%	95%	95%	
C9	Maternity Friends and Family Test - % positive	JS	HL	97%	UHL	Red if <94% ER if 2 mths Red	96%	95%	95%	96%	95%	95%	96%	95%	95%	95%	94%	95%	95%	95%	95%	94%	94%	94%	
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%	68.7%			71.9%			Q3 staff FFT not completed as National Survey carried out				69.4%						
C11	Single Sex Accommodation Breaches (patients affected)	JS	HL	0	NHSI	Red / ER if >0	13	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	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	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-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														
W2	Published Inpatients and Daycase Friends and Family Test - Coverage (Adults and Children)	JS	HL	Not Applicable		Not Applicable		27.4%	22.0%	23.0%	22.5%	23.7%	25.9%	26.5%	30.9%	32.4%	23.5%	31.9%	32.8%	32.9%	31.7%	32.0%	31.9%
W3	Inpatients only Friends and Family Test - Coverage (Adults and Children)	JS	HL	30%	QS	Red if <26% ER if 2mths Red		31.0%	29.2%	30.5%	29.0%	27.7%	28.9%	28.9%	37.4%	38.2%	23.2%	29.3%	37.2%	36.1%	35.6%	36.7%	36.4%
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%	12.5%	12.1%	15.5%	20.5%	23.8%	24.1%	27.2%	27.7%	18.7%	30.1%	26.2%	29.2%	27.3%	26.5%	26.9%
W5	A&E Friends and Family Test - Coverage	JS	HL	20%	NHSI	Red if <10% ER if 2 mths Red		10.5%	14.7%	14.9%	13.3%	14.1%	13.3%	13.1%	16.1%	12.4%	5.4%	7.3%	5.1%	7.0%	13.0%	10.2%	11.6%
W6	Outpatients Friends and Family Test - Coverage	JS	HL	>=5%	UHL	Red/ER if <1.4%		1.4%	1.3%	1.6%	1.2%	1.2%	1.4%	1.4%	1.5%	1.5%	1.4%	1.5%	1.6%	1.6%	1.5%	1.7%	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%	32.3%	35.8%	32.6%	25.6%	30.5%	27.9%	27.2%	38.8%	30.0%	33.3%	34.3%	31.7%	27.9%	38.3%	33.3%
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%	52.5%			55.7%			Q3 staff FFT not completed as National Survey carried out				57.9%				
W9	Nursing Vacancies	JS	MM	TBC	UHL	Separate report submitted to QAC		8.4%	8.5%	8.0%	7.3%	8.7%	8.9%	8.5%	7.1%	7.6%	7.6%	7.7%	6.8%	8.4%	8.2%	8.5%	8.5%
W10	Nursing Vacancies in ESM CMG	JS	MM	TBC	UHL	Separate report submitted to QAC		17.2%	19.3%	13.0%	14.4%	13.3%	13.5%	13.5%	12.9%	14.6%	14.9%	16.4%	17.2%	18.5%	18.1%	18.9%	18.9%
W11	Turnover Rate	LT	LG	TBC	NHSI	Red = 11% or above ER = Red for 3 Consecutive Mths	11.5%	9.9%	10.4%	10.5%	10.5%	10.6%	10.4%	10.4%	10.2%	9.9%	10.0%	10.1%	10.0%	9.9%	9.7%	9.6%	9.6%
W12	Sickness absence	LT	KK	3%	UHL	Red if >4% ER if 3 consecutive mths >4.0%	3.8%	3.6%	3.6%	3.4%	3.5%	3.3%	3.2%	3.3%	3.5%	3.7%	3.9%	4.0%	4.3%	4.2%	4.1%		4.1%
W13	Temporary costs and overtime as a % of total paybill	LT	LG	TBC	NHSI	TBC	9.4%	10.7%	10.7%	10.2%	11.0%	10.8%	11.1%	9.9%	10.5%	10.5%	10.1%	11.0%	9.7%	13.9%	10.5%	9.5%	10.2%
W14	% of Staff with Annual Appraisal	LT	BK	95%	UHL	Red if <90% ER if 3 consecutive mths <90%	91.4%	90.7%	90.1%	88.7%	89.0%	89.1%	88.8%	90.0%	90.4%	91.1%	92.7%	91.5%	91.6%	90.7%	91.5%	92.2%	92.2%
W15	Statutory and Mandatory Training	LT	BK	95%	UHL	TBC	95%	93%	93%	92%	92%	91%	91%	91%	92%	92%	93%	93%	92%	93%	92%	93%	93%
W16	% Corporate Induction attendance	LT	BK	95%	UHL	Red if <90% ER if 3 consecutive mths <90%	100%	97%	97%	97%	98%	100%	97%	98%	98%	97%	92%	96%	98%	98%	94%	96%	96%
W17	DAY Safety staffing fill rate - Average fill rate - registered nurses/midwives (%)	JS	MM	TBC	NHSI	TBC	91.2%	90.5%	93.6%	90.3%	91.2%	90.3%	90.2%	90.5%	91.4%	87.2%	91.0%	90.5%	89.5%	90.2%	91.6%	91.3%	91.4%
W18	DAY Safety staffing fill rate - Average fill rate - care staff (%)	JS	MM	TBC	NHSI	TBC	94.0%	92.0%	94.2%	91.2%	93.5%	91.3%	92.4%	93.1%	94.2%	93.2%	93.9%	92.1%	86.0%	88.7%	92.5%	93.7%	93.1%
W19	NIGHT Safety staffing fill rate - Average fill rate - registered nurses/midwives (%)	JS	MM	TBC	NHSI	TBC	94.9%	95.4%	98.9%	96.0%	96.2%	94.3%	94.3%	94.9%	96.1%	91.4%	94.8%	96.6%	95.0%	96.3%	97.6%	97.2%	97.4%
W20	NIGHT Safety staffing fill rate - Average fill rate - care staff (%)	JS	MM	TBC	NHSI	TBC	99.8%	98.9%	106.3%	98.7%	99.4%	101.2%	98.0%	100.0%	99.9%	98.4%	98.0%	100.2%	91.6%	94.7%	98.3%	99.1%	98.7%



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	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-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%	9.1%	9.1%	9.0%	8.8%	8.9%	8.7%	9.0%	8.3%	9.2%	8.8%	8.7%	8.8%	8.6%			8.6%	
	E2	Mortality - Published SHMI	AF	RB	<=99 (revised)	QC	Red if >100 ER if >100	103	96	103 (Oct13-Sep14)			99 (Jan14-Dec 14)			98 (Apr14-Mar15)			95 (Jul14-Jun15)			96 (Oct14-Sep15)		98 (Jan15-Dec15)	98 (Jan15-Dec15)	
	E3	Mortality - Rolling 12 mths SHMI (as reported in HED) Rebased	AF	RB	<=99 (revised)	QC	Red if >100 ER if >100	98	97	98	96	96	95	96	95	97	97	97	96	95	Awaiting HED Update				95	
	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	94	94	93	93	93	93	94	95	95	95	95	95	97	Awaiting HED Update			97
	E5	Crude Mortality Rate Emergency Spells	AF	RB	No Threshold	UHL	Monthly Reporting	2.4%	2.3%	2.1%	2.0%	2.3%	1.8%	2.0%	2.2%	2.4%	2.1%	2.5%	2.4%	2.4%	2.4%	2.7%	2.4%	2.2%	2.3%	
	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%	55.7%	42.6%	70.1%	60.3%	78.1%	72.0%	60.0%	70.9%	59.7%	66.7%	65.2%	65.1%	78.0%	78.1%	78.0%		
	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%	87.3%	
	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%	83.7%	84.5%	84.5%	85.7%	90.9%	86.9%	81.1%	84.4%	87.0%	90.6%	87.0%	86.5%	72.1%		72.1%		
	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%	86.3%	79.6%	72.0%	78.9%	80.2%	88.1%	73.3%	67.1%	68.4%	71.3%	80.0%	67.3%	53.5%	68.2%	61.2%		
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																			



KPI Ref	Indicators	Board Director	Lead Officer	16/17 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	14/15	15/16	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	YTD
							Outturn	Outturn															
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%	92.0%	92.2%	92.6%	92.2%	90.6%	90.3%	88.9%	81.7%	85.1%	81.2%	80.2%	77.5%	81.2%	79.9%	80.5%
R2	12 hour trolley waits in A&E	RM	IL	0	NHSI	Red if >0 ER via ED TB report	4	2	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0
R3	RTT - Incomplete 92% in 18 Weeks	RM	WM	92% or above	NHSI	Red /ER if <92%	96.7%	92.6%	96.6%	96.5%	96.2%	95.2%	94.3%	94.8%	93.6%	93.8%	93.0%	92.9%	93.2%	92.6%	92.7%	92.7%	92.7%
R4	RTT 52 Weeks+ Wait (Incompletes)	RM	WM	0	NHSI	Red /ER if >0	0	232	0	66	242	256	258	260	265	263	267	269	261	232	169	134	134
R5	6 Week - Diagnostic Test Waiting Times	RM	SK	1% or below	NHSI	Red/ER if >1%	0.9%	1.1%	0.8%	0.6%	6.1%	10.9%	13.4%	9.6%	7.7%	6.5%	7.0%	4.1%	1.8%	1.1%	0.7%	0.6%	0.6%
R6	Urgent Operations Cancelled Twice	RM	PW	0	NHSI	Red if >0 ER if >0	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	PW	0	NHSI	Red if >2 ER if >0	33	48	2	0	1	1	5	1	0	3	6	6	9	14	24	16	40
R8	Cancelled patients not offered a date within 28 days of the cancellations ALLIANCE	RM	PW	0	NHSI	Red if >2 ER if >0	11	1	0	0	1	0	0	0	0	0	0	0	0	0	5	0	5
R9	% Operations cancelled for non-clinical reasons on or after the day of admission UHL	RM	PW	0.8% or below	Contract	Red if >0.9% ER if >0.8%	0.9%	1.0%	0.7%	0.5%	0.9%	1.3%	0.7%	0.9%	0.8%	1.3%	1.1%	1.3%	1.2%	1.5%	1.5%	1.2%	1.4%
R10	% Operations cancelled for non-clinical reasons on or after the day of admission ALLIANCE	RM	PW	0.8% or below	Contract	Red if >0.9% ER if >0.8%	0.9%	0.9%	1.2%	1.2%	1.0%	0.8%	0.0%	1.0%	1.1%	0.0%	1.1%	2.2%	0.2%	1.0%	0.8%	0.3%	0.5%
R11	% Operations cancelled for non-clinical reasons on or after the day of admission UHL + ALLIANCE	RM	PW	0.8% or below	Contract	Red if >0.9% ER if >0.8%	0.9%	1.0%	0.8%	0.6%	0.9%	1.3%	0.7%	0.9%	0.8%	1.2%	1.1%	1.4%	1.1%	1.4%	1.5%	1.2%	1.3%
R12	No of Operations cancelled for non-clinical reasons on or after the day of admission UHL + ALLIANCE	RM	PW	Not Applicable		Not Applicable	1071	1299	79	56	97	138	67	104	91	131	115	146	119	156	151	121	272
R13	Delayed transfers of care	RM	PW	3.5% or below	NHSI	Red if >3.5% ER if Red for 3 consecutive mths	3.9%	1.4%	1.9%	1.0%	1.0%	0.9%	1.2%	1.3%	1.1%	1.5%	1.6%	1.8%	1.8%	2.0%	1.9%	2.1%	2.0%
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%	6%	7%	7%	8%	9%	18%	22%	27%	16%	12%	10%	11%	6%	6%	6%
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%	22%	21%	17%	17%	17%	25%	26%	26%	23%	13%	13%	13%	11%	12%	12%

Responsive



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	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	YTD	Apr-16	May-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	MM	93% or above	NHSI	Red if <93% ER if Red for 2 consecutive mths	92.2%	90.5%	91.2%	87.9%	91.1%	87.4%	86.8%	87.7%	89.9%	92.4%	93.0%	91.4%	93.9%	93.0%	90.5%	91.1%	**	91.1%
RC2	Two Week Wait for Symptomatic Breast Patients (Cancer Not initially Suspected)	RM	MM	93% or above	NHSI	Red if <93% ER if Red for 2 consecutive mths	94.1%	95.1%	99.0%	98.8%	87.2%	93.3%	98.7%	94.5%	94.6%	89.4%	93.5%	96.2%	99.3%	95.7%	95.1%	96.1%	**	96.1%
RC3	31-Day (Diagnosis To Treatment) Wait For First Treatment: All Cancers	RM	MM	96% or above	NHSI	Red if <96% ER if Red for 2 consecutive mths	94.6%	94.8%	93.9%	97.9%	93.7%	97.2%	96.5%	94.7%	95.2%	95.6%	94.3%	91.5%	92.6%	94.1%	94.8%	95.1%	**	95.1%
RC4	31-Day Wait For Second Or Subsequent Treatment: Anti Cancer Drug Treatments	RM	MM	98% or above	NHSI	Red if <98% ER if Red for 2 consecutive mths	99.4%	99.7%	100.0%	100.0%	97.7%	100.0%	98.3%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.7%	100.0%	**	100.0%
RC5	31-Day Wait For Second Or Subsequent Treatment: Surgery	RM	MM	94% or above	NHSI	Red if <94% ER if Red for 2 consecutive mths	89.0%	85.3%	86.3%	92.2%	89.6%	92.2%	81.1%	89.7%	90.7%	76.8%	91.4%	77.5%	77.9%	80.3%	85.3%	90.4%	**	90.4%
RC6	31-Day Wait For Second Or Subsequent Treatment: Radiotherapy Treatments	RM	MM	94% or above	NHSI	Red if <94% ER if Red for 2 consecutive mths	96.1%	94.9%	86.3%	98.1%	96.5%	95.9%	99.0%	92.2%	94.1%	95.1%	94.3%	96.4%	92.9%	96.4%	94.9%	98.8%	**	98.8%
RC7	62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers	RM	MM	85% or above	NHSI	Red if <85% ER if Red in mth or YTD	81.4%	77.5%	75.7%	70.1%	84.2%	73.7%	81.7%	77.2%	77.0%	82.5%	80.9%	75.1%	73.4%	77.6%	77.5%	75.9%	**	75.9%
RC8	62-Day Wait For First Treatment From Consultant Screening Service Referral: All Cancers	RM	MM	90% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	84.5%	89.1%	91.7%	82.4%	93.3%	95.2%	97.1%	81.4%	96.0%	96.2%	95.3%	77.3%	72.5%	81.3%	89.1%	92.6%	**	92.6%
RC9	Cancer waiting 104 days	RM	MM	0	NHSI	TBC			12	10	12	20	12	12	17	13	23	23	17	21	21	12	7	7
<b>62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers Inc Rare Cancers</b>																								
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	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	YTD	Apr-16	May-16	YTD
RC10	Brain/Central Nervous System	RM	MM	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	--	100.0%	--	100.0%	--	--	--	--	--	--	--	--	100.0%	--	100.0%	--	**	--
RC11	Breast	RM	MM	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	92.6%	95.6%	92.3%	96.8%	97.8%	91.4%	96.3%	97.5%	92.0%	100.0%	93.1%	94.6%	100.0%	94.1%	95.6%	93.3%	**	93.3%
RC12	Gynaecological	RM	MM	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	77.5%	73.4%	64.3%	55.6%	66.7%	100.0%	72.2%	80.0%	84.6%	80.0%	85.7%	50.0%	70.0%	78.6%	73.4%	72.7%	**	72.7%
RC13	Haematological	RM	MM	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	66.5%	63.0%	50.0%	55.0%	83.3%	37.5%	82.6%	66.7%	70.0%	50.0%	58.3%	100.0%	60.0%	60.0%	63.0%	14.3%	**	14.3%
RC14	Head and Neck	RM	MM	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	69.9%	50.7%	75.0%	54.5%	66.7%	36.4%	60.9%	50.0%	75.0%	42.9%	37.5%	62.5%	37.5%	35.7%	50.7%	35.7%	**	35.7%
RC15	Lower Gastrointestinal Cancer	RM	MM	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	63.7%	59.8%	63.6%	55.6%	93.3%	63.6%	60.0%	38.9%	70.6%	68.2%	77.8%	52.4%	31.3%	57.1%	59.8%	62.5%	**	62.5%
RC16	Lung	RM	MM	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	69.9%	71.0%	84.6%	50.9%	74.6%	81.8%	70.4%	73.5%	65.2%	88.6%	81.6%	73.7%	53.8%	71.1%	71.0%	67.6%	**	67.6%
RC17	Other	RM	MM	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	95.0%	71.4%	50.0%	100%	100%	100%	100%	50.0%	60.0%	80.0%	--	66.7%	--	--	71.4%	0.0%	**	0.0%
RC18	Sarcoma	RM	MM	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	46.2%	81.3%	66.7%	--	100%	--	--	80.0%	50.0%	--	--	--	100.0%	100.0%	81.3%	0.0%	**	0.0%
RC19	Skin	RM	MM	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	96.7%	94.1%	91.7%	94.0%	91.3%	93.8%	94.1%	96.7%	91.1%	95.6%	94.9%	100.0%	92.5%	94.6%	94.1%	95.2%	**	95.2%
RC20	Upper Gastrointestinal Cancer	RM	MM	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	73.9%	63.9%	66.7%	55.0%	84.6%	51.4%	81.8%	45.7%	48.6%	84.6%	90.0%	42.9%	57.1%	76.5%	63.9%	74.3%	**	74.3%
RC21	Urological (excluding testicular)	RM	MM	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	82.6%	74.4%	62.1%	62.1%	74.7%	61.5%	86.1%	80.4%	80.0%	76.7%	75.0%	67.4%	78.7%	83.6%	74.4%	83.7%	**	83.7%
RC22	Rare Cancers	RM	MM	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	84.6%	100.0%	--	100%	100%	100%	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	MM	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	81.4%	77.5%	75.7%	70.1%	84.2%	73.7%	81.7%	77.2%	77.0%	82.5%	80.9%	75.1%	73.4%	77.6%	77.5%	75.9%	**	75.9%

## Compliance Forecast for Key Responsive Indicators

Standard	May actual/ predicted	June predicted	Month by which to be compliant	RAG rating of required month delivery	Commentary
<b>Emergency Care</b>					
4+ hr Wait (95%) - Calendar month	79.9%				
<b>Ambulance Handover (CAD+)</b>					
% Ambulance Handover >60 Mins (CAD+)	6%		Not Confirmed		EMAS monthly report
% Ambulance Handover >30 Mins and <60 mins (CAD+)	12%		Not Confirmed		
<b>RTT (inc Alliance)</b>					
Incomplete (92%)	92.7%	91.5%	Jul-16		Includes Alliance
<b>Diagnostic (predicted)</b>					
DM01 - diagnostics 6+ week waits (<1%)	0.6%	<1%			Includes Alliance.
<b># Neck of femurs</b>					
% operated on within 36hrs - all admissions (72%)	78%	72%			
% operated on within 36hrs - pts fit for surgery (72%)	88%	81%			
<b>Cancelled Ops (inc Alliance)</b>					
Cancelled Ops (0.8%)	1.2%	1.0%	Jul-16		
Not Rebooked within 28 days (0 patients)	16	13	Jul-16		
<b>Cancer (predicted)</b>					
Two Week Wait (93%)	89%	92%	Jul-16		Ongoing challenges with ENT/ Head and Neck capacity
31 Day First Treatment (96%)	94%	94%	Jul-16		
31 Day Subsequent Surgery Treatment (94%)	90%	92%	Jul-16		
62 Days (85%)	75%	78%	Sep-16		Current unadjusted backlog 67.
Cancer waiting 104 days (0 patients)	7	11			



KPI Ref	Indicators	Board Director	Lead Officer	14/15 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	14/15	15/16	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	
							Outturn	Outturn															
Research UHL	RU1	Median Days from submission to Trust approval (Portfolio)	AF	NB	TBC	TBC	TBC	2.8	1.0	2.0			1.0			2.0			1.0				
	RU2	Median Days from submission to Trust approval (Non Portfolio)	AF	NB	TBC	TBC	TBC	2.1	1.0	4.0			1.0			1.0			1.0				
	RU3	Recruitment to Portfolio Studies	AF	NB	Aspirational target=10920/year (910/month)	TBC	TBC	12564	13479	1062	848	1163	1019	858	1019	1516	1875	815	926	983	947	926	983
	RU4	% Adjusted Trials Meeting 70 day Benchmark (data sunbmitted for the previous 12 month period)	AF	NB	TBC	TBC	TBC			(Jul14-Jun15) 76%			(Oct14-Sep15) 92%			(Jan15 - Dec15) 94%							
	RU5	Rank No. Trials Submitted for 70 day Benchmark (data submitted for the previous 12 month period)	AF	NB	TBC	TBC	TBC			(Jul14-Jun15) Rank 108/210			(Oct14-Sep15) Rank 13/215			(Jan15 - Dec15) Rank 61/213							
	RU6	%Closed Commercial Trials Meeting Recruitment Target (data submitted for the previous 12 month period)	AF	NB	TBC	TBC	TBC			(Jul14-Jun15) 15.3%			(Oct14-Sep15) 46.8%			(Jan15 - Dec 15) 43.4%							

## 52 week breaches (incompletes)

What is causing underperformance?	What actions have been taken to improve performance?	Target (mthly / end of year)	May performance	YTD performance	Forecast performance for next period
<p>UHL had 134 patients breaching 52 weeks at the end of May, consisting of 130 Orthodontics patients, 1 General Surgery patient, 1 Urology patient and 2 ENT patients (1 adult/ 1 paediatric).</p> <p><b>Orthodontics</b> – The Orthodontics patients have breached 52 weeks as a result of incorrect use and management of a planned waiting list, as well as inadequate capacity within the service.</p> <p><b>General Surgery</b> – The patient was a complex, one consultant only patient. She was cancelled twice on the day due to an ITU bed not being available. This patient has now been treated.</p> <p><b>ENT</b> – Both ENT patients breached as a result of administrative errors; their waiting time was calculated from the date they were added to the waiting list rather than when they were referred by their GP. This was exacerbated by the capacity pressures in the department. The paediatric patient was treated at 52 weeks 2 days; the adult patient is dated for 28<sup>th</sup> June.</p> <p><b>Urology</b> – The Urology patient was originally referred in on a 2ww pathway, but downgraded when cancer was ruled out. The pathway start was incorrectly changed at this point. The patient then waited 11 months from when they were added to the waiting list. The patient has now been treated.</p>	<p><b>Orthodontics</b> – The Orthodontics service is now closed to referrals with some clinical exceptions. With NHS Improvement and NHS England, UHL have identified treatment opportunities from across the regional health economy for the majority of the patients on the Orthodontics waiting list. The service team are in the process of transferring patients to these providers, explaining the drop in reported numbers from the end of April (160). The Trust is reporting weekly to NHS Improvement. Reported number of breaches at the end of June is expected to be c.118.</p> <p><b>General Surgery</b> – The opening date for the ITU annexe has been delayed due to staffing issues, but will increase the bed base by 6. Planning has begun to reduce cancellations over winter 16-17.</p> <p><b>ENT</b> – The RTT Team recently delivered a bespoke education and training course for the ENT administrative team and continues to provide support. This training is reiterated regularly to the waiting list team by the service management. Extra capacity has been identified for both outpatients and inpatients via Medinet weekend clinics and theatre lists. Three locums have been appointed and the service is chasing HR to obtain start dates.</p> <p><b>Urology</b> – Advice around downgrading 2ww pathways following cancer being ruled out has been circulated by the Head of Performance. This will be included in the next iteration of the Trust's Access Policy.</p>	0	134	134	c.120
<p>The problem which surfaced in Orthodontics prompted a deliberate, Trust-wide review of planned waiting lists at specialty level. Therefore the following actions have been taken Trust-wide:</p> <ul style="list-style-type: none"> <li>• Communication around planned waiting list management to all relevant staff;</li> <li>• System review of all waiting list codes;</li> <li>• All General Managers and Heads of Service have signed a letter confirming review and assurance of all waiting lists, to be returned to Chief Operating Officer;</li> <li>• Weekly review at Heads of Operations meeting for assurance.</li> </ul> <p><b>Looking forward</b> While UHL achieved the RTT (92%) standard in May 2016, the Trust is at significant risk of failing the target in June, with current performance circa 91%. This is the culmination of the significant impact of winter pressures on the admitted position as well as the deterioration of performance in ENT and other key specialties such as Allergy. RTT was failed nationally in April 2016 for the first time since 2012, reflecting the pressures felt across the acute sector. While this should not mean that more patients breach 52 weeks, ENT remains very high risk due to the high number of cancellations the service has experienced and the number of patients with long waits. On 19<sup>th</sup> June, there were a total of 36 patients across adult and paediatric ENT waiting over 47 weeks for treatment.</p>					
<b>Expected date to meet standard / target</b>			July for non-Orthodontics breaches		
<b>Lead Director / Lead Officer</b>			Richard Mitchell, Chief Operating Officer Will Monaghan, Director of Performance and Information		

## Cancelled patients not offered a date within 28 days of the cancellations

**INDICATORS:** The cancelled operations target comprises of three 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

What is causing underperformance?	What actions have been taken to improve performance?	Target (monthly)	Latest month	YTD performance (inc Alliance)	Forecast performance for next reporting period																																																																	
<p>In UHL 50.4% (62/121) of cancellations were cancelled due to capacity pressures. The five main reasons for cancellations in UHL were:</p> <ul style="list-style-type: none"> <li>• Ward bed unavailability (35)</li> <li>• Lack of theatre time due to list over runs (32)</li> <li>• Critical care bed unavailability (15)</li> <li>• Sickness of Surgeons and theatre staff (12)</li> <li>• Patient delayed due to admission of a higher priority patient(12)</li> </ul> <p>This month, increasing capacity pressures due to lack of ward beds and critical care beds in LRI have impacted on the number of cancellations. The capacity pressures were caused mainly by increases in emergency admissions.</p> <p>A high amount of medical outliers in the LRI on ward 7 led to cancellations. The high outlier numbers also led patient being cancelled the day before which led to a significant increase in 28 day breaches.</p> <p>Due to the adult ward bed and critical care pressures, it is likely that we will see around thirteen, 28 day breaches next month.</p>	<p>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.</p> <p>The high numbers of medical outliers created OTD cancellations and 28 day rebooking of patients. The availability of beds, particularly those in ITU is monitored daily and interventions will be made where necessary. The planned opening of an additional 6 ITU beds at the LRI will help this situation.</p> <p>Theatre Managers have increased theatre capacity for the cancer demand by making additional lists available. Theatre capacity planning for 2016/17 is well underway and incorporates the increased demand</p> <p>The day ward has now been allocated exclusively for surgical patients in order to try to increase the elective throughput.</p>	<p>1) 0.8%</p> <p>2) 0</p>	<p>1) 1.2% (UHL -1.2% &amp; Alliance 0.3%)</p> <p>2) 16 (ENT 5, General Surgery 3, Maxfax 3, Cardiology 1, Gastroenterology 1, Urology 1, Paediatric ENT 1)</p>	<p>1) 1.3%</p> <p>2) 45</p>	<p>1) 1.0 %</p> <p>2) 13</p>																																																																	
<p><b>OTD Cancellations Percentages due to Hospital Reasons from 2013/2014 to 2015/2016</b></p> <table border="1"> <caption>OTD Cancellations Percentages due to Hospital Reasons</caption> <thead> <tr> <th>Month</th> <th>2015/16 (%)</th> <th>2014/15 (%)</th> <th>2013/14 (%)</th> <th>National Target (%)</th> </tr> </thead> <tbody> <tr><td>April</td><td>1.5%</td><td>1.1%</td><td>1.5%</td><td>0.8%</td></tr> <tr><td>May</td><td>0.8%</td><td>0.8%</td><td>1.2%</td><td>0.8%</td></tr> <tr><td>June</td><td>1.0%</td><td>1.0%</td><td>1.0%</td><td>0.8%</td></tr> <tr><td>July</td><td>0.9%</td><td>0.9%</td><td>1.2%</td><td>0.8%</td></tr> <tr><td>August</td><td>0.6%</td><td>0.6%</td><td>1.4%</td><td>0.8%</td></tr> <tr><td>September</td><td>0.8%</td><td>0.8%</td><td>2.3%</td><td>0.8%</td></tr> <tr><td>October</td><td>0.8%</td><td>0.8%</td><td>1.8%</td><td>0.8%</td></tr> <tr><td>November</td><td>1.1%</td><td>1.1%</td><td>1.8%</td><td>0.8%</td></tr> <tr><td>December</td><td>1.1%</td><td>1.1%</td><td>1.7%</td><td>0.8%</td></tr> <tr><td>January</td><td>0.8%</td><td>0.8%</td><td>1.6%</td><td>0.8%</td></tr> <tr><td>February</td><td>0.7%</td><td>0.7%</td><td>2.1%</td><td>0.8%</td></tr> <tr><td>March</td><td>0.9%</td><td>0.9%</td><td>1.5%</td><td>0.8%</td></tr> </tbody> </table>						Month	2015/16 (%)	2014/15 (%)	2013/14 (%)	National Target (%)	April	1.5%	1.1%	1.5%	0.8%	May	0.8%	0.8%	1.2%	0.8%	June	1.0%	1.0%	1.0%	0.8%	July	0.9%	0.9%	1.2%	0.8%	August	0.6%	0.6%	1.4%	0.8%	September	0.8%	0.8%	2.3%	0.8%	October	0.8%	0.8%	1.8%	0.8%	November	1.1%	1.1%	1.8%	0.8%	December	1.1%	1.1%	1.7%	0.8%	January	0.8%	0.8%	1.6%	0.8%	February	0.7%	0.7%	2.1%	0.8%	March	0.9%	0.9%	1.5%	0.8%
Month	2015/16 (%)	2014/15 (%)	2013/14 (%)	National Target (%)																																																																		
April	1.5%	1.1%	1.5%	0.8%																																																																		
May	0.8%	0.8%	1.2%	0.8%																																																																		
June	1.0%	1.0%	1.0%	0.8%																																																																		
July	0.9%	0.9%	1.2%	0.8%																																																																		
August	0.6%	0.6%	1.4%	0.8%																																																																		
September	0.8%	0.8%	2.3%	0.8%																																																																		
October	0.8%	0.8%	1.8%	0.8%																																																																		
November	1.1%	1.1%	1.8%	0.8%																																																																		
December	1.1%	1.1%	1.7%	0.8%																																																																		
January	0.8%	0.8%	1.6%	0.8%																																																																		
February	0.7%	0.7%	2.1%	0.8%																																																																		
March	0.9%	0.9%	1.5%	0.8%																																																																		
<b>Expected date to meet standard / target</b>				On the day – July 2016 28 day – July 2016																																																																		
<b>Lead Director / Lead Officer</b>				Richard Mitchell, Chief Operating Officer Phil Walmsley. Head of Operations, ITAPS																																																																		



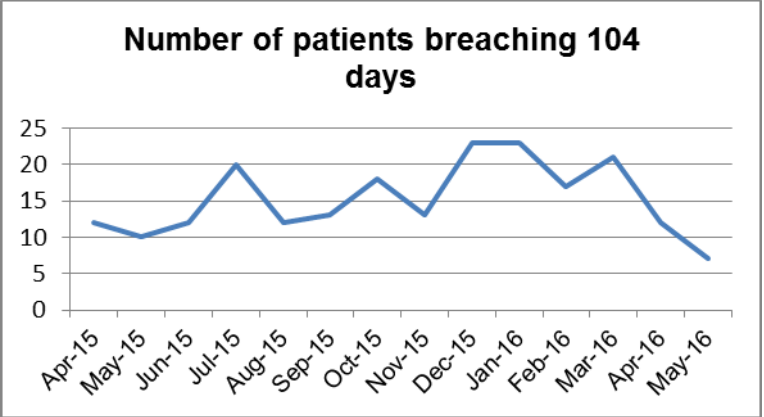
**Ambulance handover > 30 minutes and >60 minutes**

		Target	Apr 16	YTD	Forecast																																																
What is causing underperformance?	What actions have been taken to improve performance?	0 delays over 15 minutes	>60 min – 10.6% 30-60 min – 12%	>60 min - 6% 30-60 min – 12%	> 60 min – 4% 30-60 min – 10%																																																
<p>Difficulties continue in accessing beds and high occupancy in ED leading to congestion in the assessment area and delays ambulance handover.</p> <p>CCG's, EMAS and UHL continue to work together to improve ambulance handover times. EMAS and UHL have regular conference calls to progress actions and identify further opportunities for improvement.</p> <p>EMAS have provided staffing to care for patients in the red zones in ED to enable crews to be released earlier to improve handover times. This is in conjunction with other recommendations from the Unipart report.</p> <p>UHL have implemented a Sop which ensures that patients attend the right location in ED or are redirected as required. Out of hours a management and escalation process with DOC and CEO is in place.</p> <p>Following RCT's of major's expansion we will be moving to this model of working in July 2016 until the move to the new department in March 2017. This will provide additional capacity of 7 cubicles for fast track query home patients. The additional capacity and decongestion in majors will have a positive impact on ambulance handover delays.</p>	<p>Performance:</p> <table border="1"> <caption>Ambulance Handover Times Data</caption> <thead> <tr> <th>Month</th> <th>&gt;60 Mins (CAD+ from June 15) - Red Line</th> <th>&gt;60 Mins (CAD+ from June 15) - Blue Line</th> </tr> </thead> <tbody> <tr><td>Apr-15</td><td>22%</td><td>6%</td></tr> <tr><td>May-15</td><td>21%</td><td>6.5%</td></tr> <tr><td>Jun-15</td><td>17%</td><td>7%</td></tr> <tr><td>Jul-15</td><td>17%</td><td>8%</td></tr> <tr><td>Aug-15</td><td>17%</td><td>9%</td></tr> <tr><td>Sep-15</td><td>25%</td><td>18%</td></tr> <tr><td>Oct-15</td><td>25.5%</td><td>22%</td></tr> <tr><td>Nov-15</td><td>26%</td><td>22%</td></tr> <tr><td>Dec-15</td><td>23%</td><td>15.5%</td></tr> <tr><td>Jan-16</td><td>13%</td><td>12%</td></tr> <tr><td>Feb-16</td><td>12.5%</td><td>9.5%</td></tr> <tr><td>Mar-16</td><td>13%</td><td>11%</td></tr> <tr><td>Apr-16</td><td>11%</td><td>6%</td></tr> <tr><td>May-16</td><td>12%</td><td>6%</td></tr> </tbody> </table>	Month	>60 Mins (CAD+ from June 15) - Red Line	>60 Mins (CAD+ from June 15) - Blue Line	Apr-15	22%	6%	May-15	21%	6.5%	Jun-15	17%	7%	Jul-15	17%	8%	Aug-15	17%	9%	Sep-15	25%	18%	Oct-15	25.5%	22%	Nov-15	26%	22%	Dec-15	23%	15.5%	Jan-16	13%	12%	Feb-16	12.5%	9.5%	Mar-16	13%	11%	Apr-16	11%	6%	May-16	12%	6%	<table border="1"> <tr> <td><b>Expected date to meet standard</b></td> <td>Internal standard 1 – 0 waits above 60 mins July 2016</td> </tr> <tr> <td><b>Revised date to meet standard</b></td> <td>TBC</td> </tr> <tr> <td><b>Lead Director</b></td> <td>Sam Leak, Director of Emergency Care and ESM CMG</td> </tr> </table>	<b>Expected date to meet standard</b>	Internal standard 1 – 0 waits above 60 mins July 2016	<b>Revised date to meet standard</b>	TBC	<b>Lead Director</b>	Sam Leak, Director of Emergency Care and ESM CMG
		Month	>60 Mins (CAD+ from June 15) - Red Line	>60 Mins (CAD+ from June 15) - Blue Line																																																	
		Apr-15	22%	6%																																																	
		May-15	21%	6.5%																																																	
Jun-15	17%	7%																																																			
Jul-15	17%	8%																																																			
Aug-15	17%	9%																																																			
Sep-15	25%	18%																																																			
Oct-15	25.5%	22%																																																			
Nov-15	26%	22%																																																			
Dec-15	23%	15.5%																																																			
Jan-16	13%	12%																																																			
Feb-16	12.5%	9.5%																																																			
Mar-16	13%	11%																																																			
Apr-16	11%	6%																																																			
May-16	12%	6%																																																			
<b>Expected date to meet standard</b>	Internal standard 1 – 0 waits above 60 mins July 2016																																																				
<b>Revised date to meet standard</b>	TBC																																																				
<b>Lead Director</b>	Sam Leak, Director of Emergency Care and ESM CMG																																																				

## Cancer Waiting Times Performance

What is causing underperformance?	What actions have been taken to improve performance?	Target (mthly / end of year)	Latest month performance April	Performance 2015/16	Forecast performance for May
<p><b>2ww</b> – The Trust failed the 2ww standard by 1.9%. This can be attributed to the continuing problems with capacity in Head and Neck (ENT specifically). Lower GI and Skin (Dermatology).</p> <p><b>31 day first treatment</b> – UHL's performance against this standard was 95.1%, an improvement of 1% from March. 17 patients were treated after the 31 day target. This target was predominantly failed as a result of performance in Urology, Gastro and Head and Neck. Upper GI has also been significantly affected by cancellations due to unavailability of HDU/ITU beds.</p> <p><b>31 day subsequent (surgery)</b> – Performance against this standard in April was 90.4% - a 10% improvement from March, the issues remain with inadequate theatre capacity in key tumour sites (Urology, Gynae) and the impact of cancellations due to HDU/ITU bed availability (UGI, LOGI).</p> <p><b>62 day</b> – 62 day performance remains below target at 75.9% in April; however 48 patients from the backlog were treated. The main pressures remain robust patient pathways and supporting processes, inadequate theatre capacity and shortages in consultant staff. The only tumour sites to achieve the standard were Breast, Skin and HPB.</p>	<p><b>2ww</b> – ENT/ Head and Neck remains a significant organisational focus. As much capacity as possible is being identified to support cancer pathways, the service are actively exploring all options to secure short and medium term additional capacity. The Skin service is currently advertising a CESR fellow post and waiting list initiatives are being put on as required.</p> <p><b>31 day first treatment</b> – Reduced emergency pressures and recovery in Urology are key to the achievement of this standard. Urology has a known shortage of theatre capacity; additional long term capacity is in the process of being identified and current arrangements are being complemented by extra sessions/ weekend working. Additional HDU capacity expected to be available at the end of May has yet to be realised due to staffing issues.</p> <p><b>31 day subsequent (surgery)</b> – Across all tumour sites cancer patients are being prioritised over RTT patients, however cancellations due to emergency pressures are having an impact. The key issue in Urology is inadequate elective capacity; as mentioned above plans to increase their theatre capacity are ongoing. Gynae are holding a Models of Care Workshop in June 2016 to look at improved pathways.</p> <p><b>62 day RTT</b> – Lower GI, Head and Neck, Lung and Urology remain the most pressured tumour sites. Several services are advertising for additional consultant staff including Head and Neck and Skin; however successful recruitment cannot be guaranteed due to shortages of suitable candidates. Three band 7 service managers with responsibility for managing cancer pathways in our worst performing tumour sites are providing the key focus required. Although 62 day backlog reduction has steadily been taking place, there are increasing pressures in Urology. A Remedial Action Plan has been submitted to commissioners; this is updated weekly via the Trust's Cancer Action Board and monitored monthly via the joint Cancer and RTT Board. Daily phone calls are taking place with Urology, Lung and Head and Neck and the corporate performance team.</p>	<b>2WW (Target: 93%)</b>	<b>91.1%</b>	<b>90.5%</b>	<b>89%</b>
		<b>31 day 1<sup>st</sup> (Target: 96%)</b>	<b>95.1%</b>	<b>94.8%</b>	<b>94%</b>
		<b>31 day sub – Surgery (Target: 94%)</b>	<b>90.4%</b>	<b>85.3%</b>	<b>90%</b>
		<b>62 day RTT (Target: 85%)</b>	<b>75.9%</b>	<b>77.5%</b>	<b>74%</b>
		<b>62 day screening (Target: 90%)</b>	<b>92.6%</b>	<b>89.1%</b>	<b>92.6%</b>
		<p>Current cancer performance is an area of significant concern across UHL and focus on recovery is of the highest priority within the organisation. The weekly cancer action board chaired by the Director Of Performance and Information with mandatory attendance by all tumour site leads ensures that corrective actions are taken.</p> <p>The Trust has initiated a programme 'Next Steps' for cancer patients in 3 key tumour sites. The pilot started in the Prostate pathway in early April and has since rolled out to Lower GI and Lung. Further roll out to other tumour sites will happen in June.</p>			
		<b>Expected date to meet standard / target</b>	62 day pathway: September 2016 31 day sub – Surgery: July 2016		
		<b>Revised date to meet standard</b>	31 day 1 <sup>st</sup> treatment: July 2016		
		<b>Lead Director / Lead Officer</b>	Richard Mitchell, Chief Operating Officer Dan Barnes, Clinical Lead for Cancer		

## Cancer Patients Breaching 104 days

What is causing underperformance?	What actions have been taken to improve performance?	Month by month breakdown of patients breaching 104 days																		
<p>7 cancer patients on a 62 day pathway breached 104 days at the end of May across 4 tumour sites, all of which are confirmed cancer. Three patients had been waiting over 6 months from initial referral.</p> <table border="1" data-bbox="91 456 658 692"> <thead> <tr> <th>Tumour site</th> <th>Number of patients breaching 104 days</th> </tr> </thead> <tbody> <tr> <td>Lung</td> <td>1</td> </tr> <tr> <td>Lower GI</td> <td>3</td> </tr> <tr> <td>UGI</td> <td>1</td> </tr> <tr> <td>Urology</td> <td>2</td> </tr> </tbody> </table> <p>The following factors have significantly contributed to delays:</p> <table border="1" data-bbox="91 826 658 1023"> <thead> <tr> <th>Reason</th> <th>No. patients</th> </tr> </thead> <tbody> <tr> <td>Patient fitness</td> <td>3</td> </tr> <tr> <td>Patient initiated delays (compliance or choice)</td> <td>2</td> </tr> <tr> <td>Complexity</td> <td>2</td> </tr> </tbody> </table>	Tumour site	Number of patients breaching 104 days	Lung	1	Lower GI	3	UGI	1	Urology	2	Reason	No. patients	Patient fitness	3	Patient initiated delays (compliance or choice)	2	Complexity	2	<p>Current cancer performance is an area of significant concern across UHL and is given the highest priority by the executive and operational teams. The weekly cancer action board chaired by the Director Of Performance and Information with mandatory attendance by all tumour site leads ensures that corrective actions are taken.</p> <p>The number of patients breaching 104 days on a 62 day pathway reduced by 5 from the end of April. The split of the numbers demonstrates that the largest factor driving the long waits is patient fitness. Reviewing patient level detail highlights that 2 patients are undergoing treatment in Cardiac Surgery/ Cardiology before commencing cancer treatment.</p> <p>The impact of emergency pressures has reduced but is still a pressure, the proposed opening of 6 additional HDU beds at the LRI site is currently delayed due to staffing issues.</p>	<p>The graph below outlines the number of cancer patients breaching 104 days by month going back to April 2015:</p>  <p><b>NB: Not all patients have confirmed cancer. However all patients breaching 104 days undergo a formal 'harm review' process and these are reviewed by commissioners</b></p>
Tumour site	Number of patients breaching 104 days																			
Lung	1																			
Lower GI	3																			
UGI	1																			
Urology	2																			
Reason	No. patients																			
Patient fitness	3																			
Patient initiated delays (compliance or choice)	2																			
Complexity	2																			
		<table border="1"> <tr> <td data-bbox="1379 1150 1603 1283"><b>Expected date to meet standard / target</b></td> <td data-bbox="1603 1150 2184 1283">N/A</td> </tr> </table>	<b>Expected date to meet standard / target</b>	N/A																
<b>Expected date to meet standard / target</b>	N/A																			
		<table border="1"> <tr> <td data-bbox="1379 1283 1603 1385"><b>Revised date to meet standard</b></td> <td data-bbox="1603 1283 2184 1385">N/A</td> </tr> </table>	<b>Revised date to meet standard</b>	N/A																
<b>Revised date to meet standard</b>	N/A																			
		<table border="1"> <tr> <td data-bbox="1379 1385 1603 1449"><b>Lead Director / Lead Officer</b></td> <td data-bbox="1603 1385 2184 1449">Richard Mitchell, Chief Operating Officer Dan Barnes, Clinical Lead for Cancer</td> </tr> </table>	<b>Lead Director / Lead Officer</b>	Richard Mitchell, Chief Operating Officer Dan Barnes, Clinical Lead for Cancer																
<b>Lead Director / Lead Officer</b>	Richard Mitchell, Chief Operating Officer Dan Barnes, Clinical Lead for Cancer																			