

Quality & Performance Report

Author: John Adler Sponsor: Chief Executive Date: IFPIC + QAC 25th May 2017

Executive Summary from CEO Joint Report 1 (revised)

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: **Moderate harms and above** – over 40% reduction compared to 15/16 baseline. **Diagnostic 6 week wait** – remains complaint for 7 consecutive months. **Cancer Two Week Wait** – have continued to achieve the 93% threshold for 9 consecutive months. **Cancer Standards 62 day treatment** – achieved for the first time since July 2014. **31 day treatment** – achieved for the first time since August 2015. Reported **delayed transfers of care** remain within the tolerance. However there are a range of other delays that do not appear in the count. **Never events** – 0 reported this month. **MRSA** – 0 cases reported in April. **C DIFF** – within trajectory for April. **Pressure Ulcers** – 0 **Grade 4 and Grade 3** pressure ulcers reported this month and **Grade 2** are within the trajectory for month. **CAS alerts** – we remain compliant. **Inpatient and Day Case Patient Satisfaction (FFT)** achieved the Quality Commitment of 97%. **Ambulance Handover 60+ minutes (CAD+)** – performance at 6% for 3 consecutive months.

Bad News: **Mortality** – the latest published SHMI (period October 2015 to September 2016) is 102 (still within the expected range). **ED 4 hour performance** – April performance was 81.0 %. Further detail is in the Chief Operating Officer's report. **Referral to Treatment** – was not achieved mainly due to continuing emergency pressures and the capacity switch. **52+ week waits** – current number has reduced to 17. **Cancelled operations** and **patients rebooked within 28 days** – continued to be non-compliant, due emergency pressures. **Single Sex Accommodation Breaches** – 3 breaches during April. **Fractured NOF** – very poor performance during April. **Statutory & Mandatory Training** – 86% against a target of 95%. Work is ongoing to improve compliance in Estates and Facilities.

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

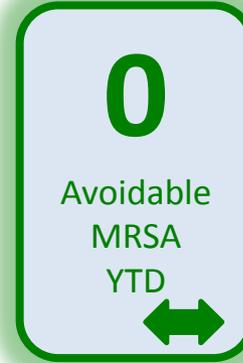
5. Scheduled date for the [next paper](#) on this topic: 29th June 2017

Quality and Performance Executive Summary

April 2017

Domain - Safe

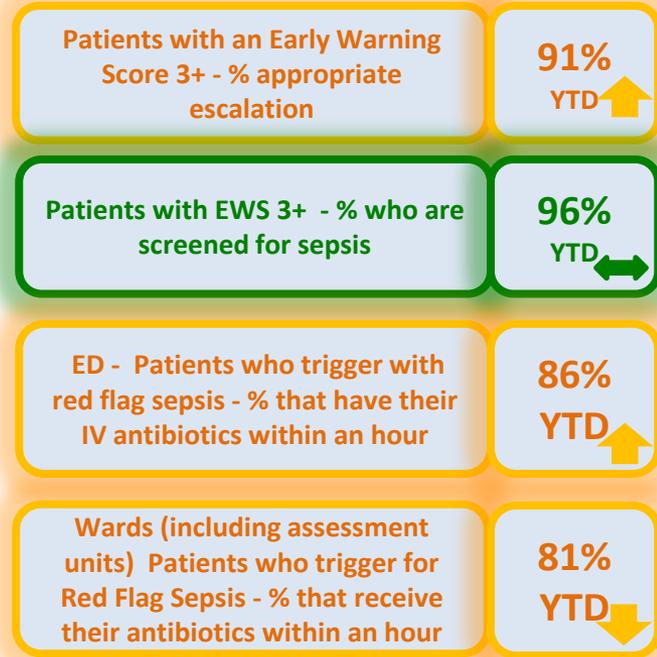
Arrows represent current month performance against previous month, upward arrow represents improvement, downward arrow represents deterioration.



Headlines

- Quality commitment of 10% reduction to moderate harm and above exceeded during FY 2016/17.
- There have been zero cases of MRSA's reported in April 2017. During the last financial year there was a total of 3 cases all were either unavoidable or assigned to third party.
- 5 C Diff cases reported in April.
- The first month's data for 2017/18 reflects strong performance against all EWS & sepsis indicators. Our focus for 2017/18 will be to maintain this position.

SEPSIS



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 99% ↑
A&E FFT 94% ↓
Maternity FFT 94% ↓
Outpatients FFT 92% ↔

Staff FFT Quarter 4 2016/17 (Pulse Check)



72.7% of staff would recommend UHL as a place to receive treatment

Headlines

- Friends and family test (FFT) for Inpatient and Daycase care combined are at 97% for April.
- Patient Satisfaction (FFT) for ED decreased to 94% for April.
- Single Sex Accommodation Breaches – 3 during April.

Single sex accommodation breaches

3
YTD ↓

Domain – Well Led

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

Friends and Family FFT YTD % Coverage



Inpatients FFT 37.1% ↑
Day Case FFT 27.1% ↑
A&E FFT 13.8% ↑
Maternity FFT 46.8% ↑
Outpatients FFT 5.4% ↓

Staff FFT Quarter 4 2016/17 (Pulse Check)



61.4% of staff would recommend UHL as a place to work

Headlines

- Inpatients and Daycase coverage remains above Trust target
- A&E coverage for April was 13.8% against a new Trust target of 10%.
- Appraisals are 2.9% off target for April (this excludes facilities staff that were transferred over from Interserve).
- Statutory & Mandatory is 9% off the 95% target, predominately due to the transfer of the facilities staff.
- Please see the HR update for more information.

% Staff with Annual Appraisals

92.1% YTD ↑

Statutory & Mandatory Training

86% YTD ↓

BME % - Leadership

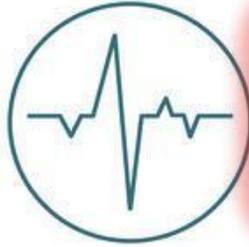
26% Qtr4
8A including
medical
consultants

12% Qtr4
8A excluding
medical
consultants

Domain – Effective

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

Mortality – Published SHMI



102
Oct15-Sep16 ↓

Stroke TIA clinic within 24hrs

57.8%
YTD ↓

80% of patients spending 90% stay on stroke unit

85.0%
(Apr15 -Mar 16) ↓

Emergency Crude Mortality Rate

2.1%
YTD ↑

30 Days Emergency Readmissions

8.5%
FY 2016/17 ↓

NoFs operated on 0-35hrs

47.1%
YTD ↓

Headlines

- UHL's SHMI has moved two points above the England average to 102. A recent in depth HED review of UHL mortality did not identify any additional areas of mortality by condition which needed action that we did not already have reviews or action plans in place for.
- Fractured NoF – 47.1% of patients were operated on within 0-35hours in April, 24.9% below the 72% target. More details available in the exception report.

Domain – Responsive

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

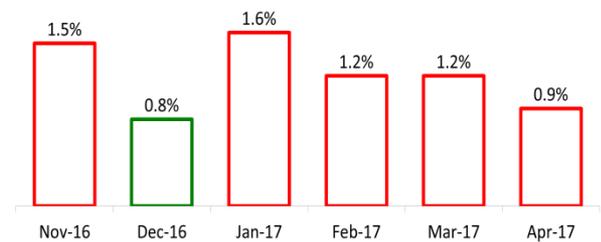
RTT - Incomplete 92% in 18 Weeks



6 week Diagnostic Wait times



Cancelled Operations UHL



RTT 52 week wait incompletes



ED 4Hr Wait



Ambulance Handovers



Headlines

- 7 less 52+ week waiters in April compared to March – 13 ENT, 3 Paediatric ENT and 1 Orthodontics.
- Diagnostic 6 week wait – we have now achieved seven consecutive months below the 1% national target.
- 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



31 day wait



62 day wait



31 day backlog



62 day backlog



62 day adjusted backlog

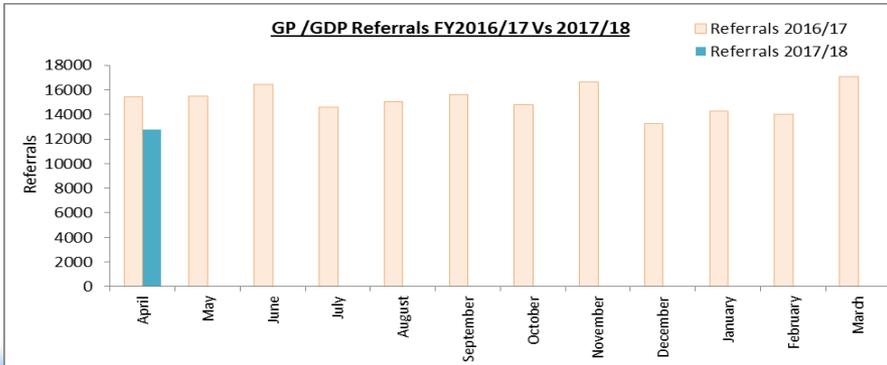


Headlines

- Cancer Two Week Wait was achieved in March and is compliant during April.
- 31 day wait was also achieved in March, the first time since August 2015.
- Cancer Standards 62 day treatment was achieved in March, the first time since July 2014.

UHL Activity Trends

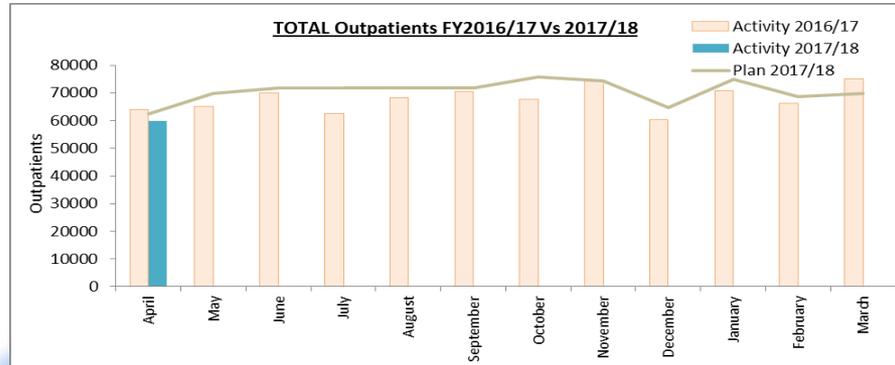
Referrals (GP)



April 17/18 Vs 16/17 -2,708 -18%

Referrals decrease due to Easter falling in April this year. April 2016 had 21 working days compared to 18 in April 17 .

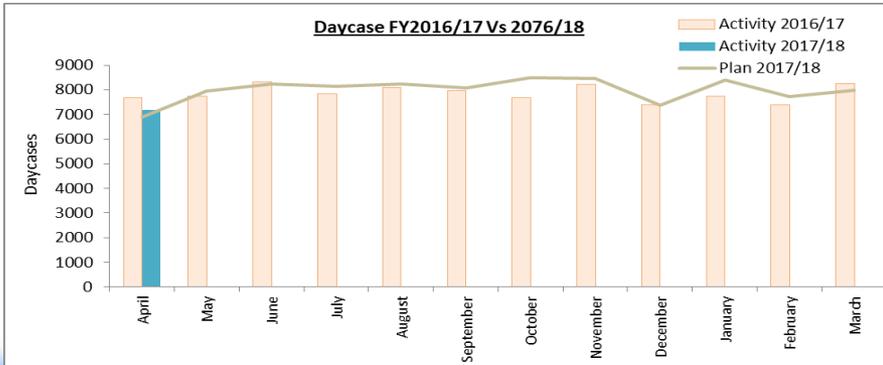
TOTAL Outpatient Appointments



April 17/18 Vs 16/17 -4,158 -6%
17/18 Vs Plan -2,493 -4%

Outpatients also effected by Easter Working days effect but activity decrease was offset by additional work in some specialties.

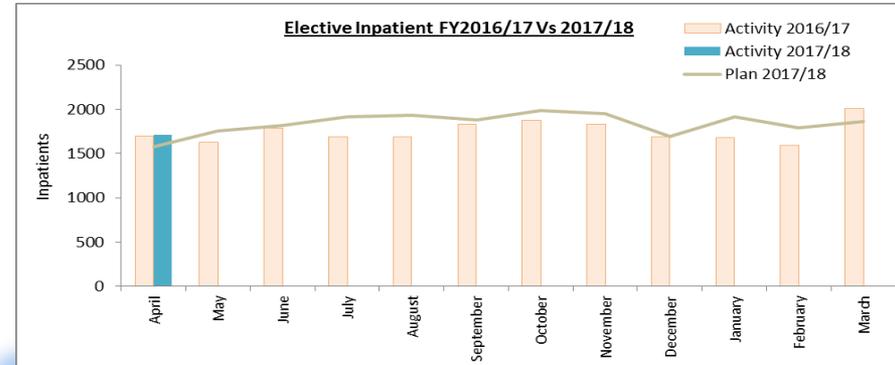
Daycases



April 17/18 Vs 16/17 -506 -7%
17/18 Vs Plan +283 +4%

Growth in Gastro and Haematology against plan.

Elective Inpatient Admissions

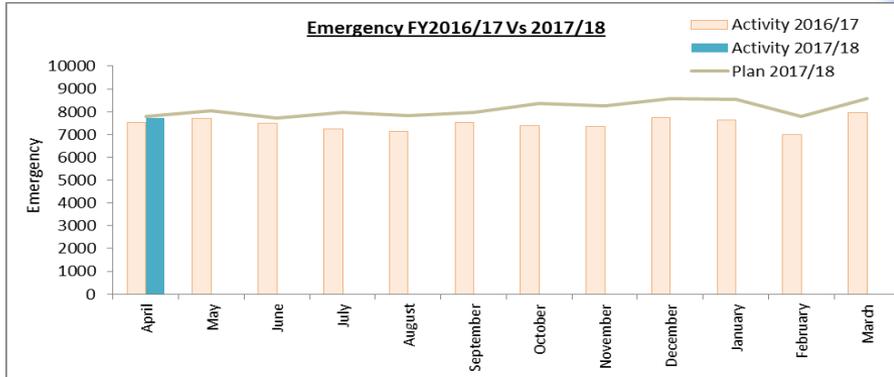


April 17/18 Vs 16/17 +14 +1%
17/18 Vs Plan +130 +8%

Additional work to improve RTT performance in Gen surgery, ENT and Maxfax and overall less cancellations than same period last year.

UHL Activity Trends

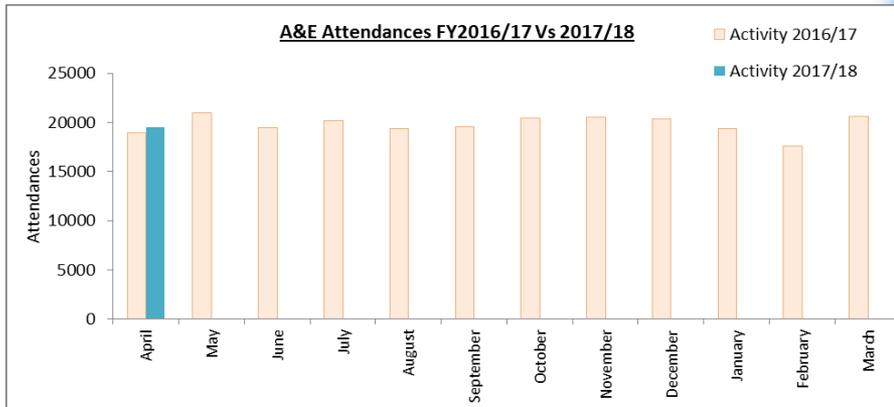
Emergency Admissions



April
 17/18 Vs 16/17 +212 +3%
 17/18 Vs Plan -54 -1%

Emergencies as per plan. Plan currently not adjusted for QIPP.

A & E Attendances

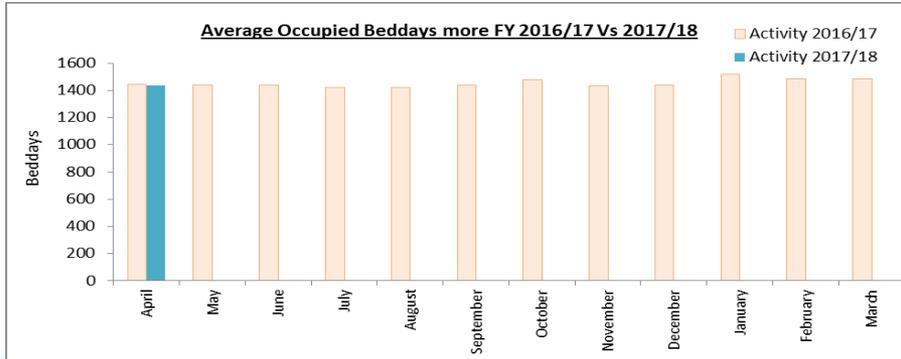


April
 17/18 Vs 16/17 +615 +3.2%

A&E attendances includes all ED, Eye casualty and urgent care activity. Plan not included as A&E has been based on different pathways for CAU and Ophthalmology

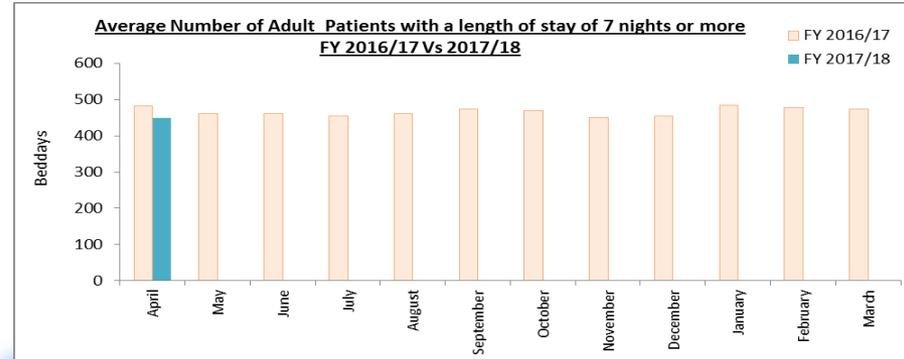
UHL Bed Occupancy

Occupied Beddays



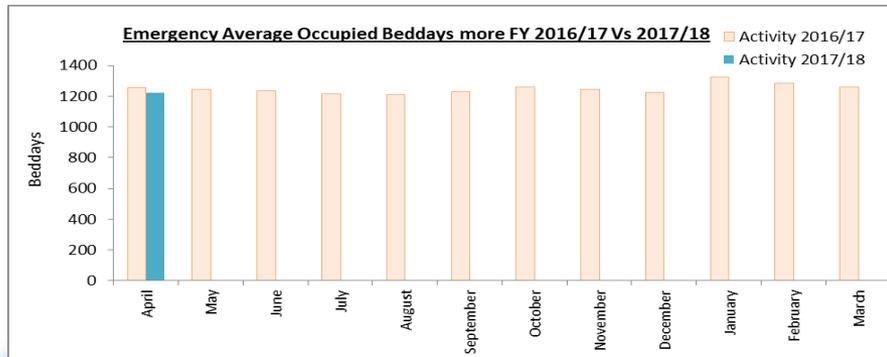
Midnight G&A bed occupancy continues to run similar to the same period last year.

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



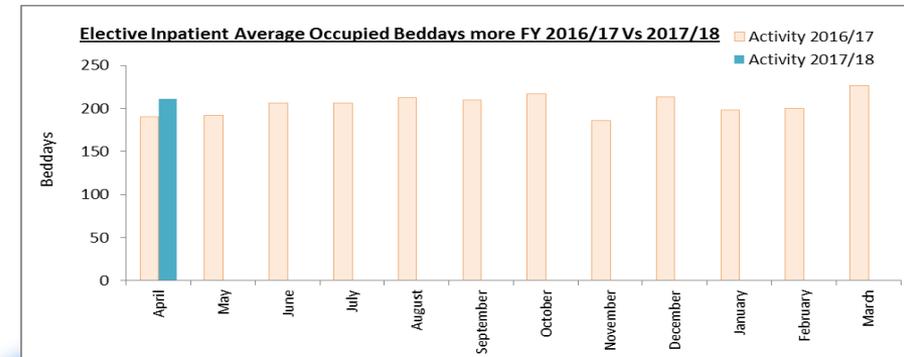
The number of patients staying in beds 7 nights or more has reduced this April compared to April 2016.

Emergency Occupied beddays



A slight reduction in Emergency occupied beddays, on average 32 patients less per night.

Elective Inpatient Occupied beddays



Bed occupancy was higher this April compared to April 2016 reflective of the higher level of elective activity carried out.

Caring at its best

University Hospitals of Leicester



NHS Trust

Quality and Performance Report

April 2017



One team shared values



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UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

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

DATE: 25th MAY 2017

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
DARRYN KERR, DIRECTOR OF ESTATES AND FACILITIES

SUBJECT: APRIL 2017 QUALITY & PERFORMANCE SUMMARY REPORT

1.0 Introduction

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

NHSI uses the 39 indicators listed in the 'Single Oversight Framework - Appendix 2 Quality of care (safe, effective, caring and responsive)' to identify where providers may need support under the theme of quality. All the metrics in Appendix 2 of the Oversight Framework have been reported in the Quality and Performance report with the exception of:- Aggressive cost reduction plans, C Diff – infection rate – C Diff numbers vs plans included and Potential under-reporting of patient safety incidents.

2.0 Performance Summary

| Domain | Page Number | Number of Indicators | Number of Red Indicators this month |
|-------------------|-------------|----------------------|-------------------------------------|
| Safe | 4 | 22 | 1 |
| Caring | 5 | 11 | 2 |
| Well Led | 6 | 23 | 2 |
| Effective | 7 | 9 | 7 |
| Responsive | 8 | 15 | 9 |
| Responsive Cancer | 9 | 9 | 2 |
| Research – UHL | 14 | 6 | 0 |
| Total | | 95 | 22 |

3.0 Data Quality Forum (DQF) Assessment Outcome/Date

The Trust Data Quality Forum Assessment combines the Trust's old data quality forum process and the Oxford University Hospital model. The responsibility for data quality against datasets and standards under consideration are the 'data owners' rather than the forum members, with the executive lead for the data carrying the ultimate responsibility. *In this manner, the Data Quality Forum operates as an assurance function rather than holding accountability for data quality.* The process focuses on peer challenge with monthly meetings assessing where possible 4 indicators / standards at each meeting. The outputs are an agreed assessment of the data quality of the indicator under consideration with recommendations as required, a follow up date for review is also agreed. The assessment outcomes are detailed in the table below:

| Rating | Data Quality |
|--------|---|
| Green | Satisfactory |
| Amber | Data can be relied upon, but minor areas for improvement identified |
| Red | Unsatisfactory/ significant areas for improvement identified |

If the indicator is not RAG rated, the date of when the indicator is due to be quality assured is included.

4.0 Changes to Indicators/Thresholds

SAFE

- S2 - Serious Incidents - 17/18 Target changed
- S19 – Grade 3 Pressure ulcers - 17/18 Target changed
- S20 – Grade 2 Pressure ulcers - 17/18 Target changed

CARING

- C1 – New Quality Commitment Indicator – updates expected next month
- C4-C9 – FFT % positive indicators – Exception reporting thresholds update
- C11 – SSA - Exception reporting thresholds updated

WELL LED

- Removed indicator for outpatient letters
- W3 – Daycase FFT coverage - Exception reporting thresholds updated
- W4 – A&E FFT coverage – Target changed and new exception reporting threshold
- W5 – OP FFT coverage - Target changed and new exception reporting threshold

EFFECTIVE

- E3-E4 – Rolling SHMI and Rolling HSMR indicators – Exception reporting thresholds updated
- E5 – Crude mortality rate emergency spells – Target now given and will be RAG rated from 17/18



| KPI Ref | Indicators | Board Director | Lead Officer | 17/18 Target | Target Set by | Red RAG/ Exception Report Threshold (ER) | DQF Assessment outcome/Date | 14/15 | 15/16 | 16/17 | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Apr-17 | 17/18 YTD |
|---------|--|----------------|--------------|---|---------------|--|-----------------------------|---------------|---------|---------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-----------|
| | | | | | | | | Outturn | Outturn | Outturn | | | | | | | | | | | | | | |
| S1 | Reduction for moderate harm and above PSIs with finally approved status - reported 1 month in arrears | AF | MD | FY 16/17 QC 10% REDUCTION FROM FY 15/16 | QC | Red if >20 in mth, ER if >20 for 2 consecutive mths | May-17 | New Indicator | 262 | 150 | 9 | 9 | 8 | 13 | 10 | 14 | 17 | 14 | 15 | 10 | 16 | 15 | | |
| S2 | Serious Incidents - actual number escalated each month | AF | MD | <=37 by end of FY 17/18 | UHL | Red / ER if >8 in mth or >5 for 3 consecutive mths | May-17 | 41 | 50 | 37 | 5 | 5 | 1 | 3 | 4 | 2 | 4 | 4 | 2 | 3 | 1 | 3 | 4 | 4 |
| S3 | Proportion of reported safety incidents per 1000 attendances (IP, OP and ED) | AF | MD | > FY 16/17 | UHL | TBC | May-17 | New Indicator | 17.5 | 16.5 | 17.1 | 16.8 | 16.4 | 19.3 | 18.3 | 16.5 | 16.2 | 15.3 | 17.1 | 15.8 | 15.8 | 14.2 | 15.9 | 15.9 |
| S4 | SEPSIS - Patients with an Early Warning Score 3+ - % appropriate escalation | AF | SH | 95% | UHL | TBC | Jun-17 | New Indicator | 88% | New Indicator | | | | 86% | 91% | 86% | 89% | 88% | 89% | 89% | 90% | 91% | 91% | 91% |
| S5 | SEPSIS - Patients with EWS 3+ - % who are screened for sepsis | AF | SH | 95% | UHL | TBC | Jun-17 | New Indicator | 93% | New Indicator | | | | 65% | 91% | 95% | 99% | 99% | 99% | 99% | 97% | 96% | 96% | 96% |
| S6 | SEPSIS - ED - Patients who trigger with red flag sepsis - % that have their IV antibiotics within an hour | AF | SH | 90% | UHL | TBC | Jun-17 | New Indicator | 76% | 63% | 71% | 71% | 66% | 69% | 75% | 79% | 82% | 76% | 83% | 88% | 85% | 86% | 86% | 86% |
| 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 | Jun-17 | New Indicator | 55% | 33% | 50% | 21% | 42% | 23% | 45% | 61% | 67% | 76% | 78% | 77% | 85% | 81% | 81% | 81% |
| S8 | Overdue CAS alerts | AF | MD | 0 | NHSI | Red if >0 in mth ER = in mth >0 | Nov-16 | 10 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| S9 | RIDDOR - Serious Staff Injuries | AF | MD | FYE <=40 | UHL | Red / ER if non compliance with cumulative target | Nov-17 | 24 | 32 | 28 | 5 | 3 | 3 | 1 | 0 | 2 | 4 | 4 | 2 | 5 | 4 | 2 | 7 | 7 |
| S10 | Never Events | AF | MD | 0 | NHSI | Red if >0 in mth ER = in mth >0 | May-17 | 3 | 2 | 4 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 1 | 0 | 0 |
| S11 | Clostridium Difficile | JS | DJ | 61 | NHSI | Red if >monthly threshold / ER if Red or Non compliance with cumulative target | Aug-17 | 73 | 60 | 60 | 4 | 5 | 6 | 1 | 7 | 8 | 5 | 7 | 0 | 5 | 7 | 5 | 5 | 5 |
| S12 | MRSA Bacteraemias - Unavoidable or Assigned to third Party | JS | DJ | 0 | NHSI | Red if >0 ER Not Required | Aug-17 | 6 | 1 | 3 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 |
| S13 | MRSA Bacteraemias (Avoidable) | JS | DJ | 0 | UHL | Red if >0 ER if >0 | Aug-17 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| S14 | MRSA Total | JS | DJ | 0 | UHL | Red if >0 ER if >0 | Aug-17 | 1 | 0 | 3 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 |
| S15 | % of UHL Patients with No Newly Acquired Harms | JS | RB | >=95% | UHL | Red if <95% ER if in mth <95% | Sept-16 | New Indicator | 97.7% | 97.7% | 96.9% | 97.2% | 98.4% | 97.9% | 98.6% | 97.9% | 98.0% | 97.3% | 98.0% | 98.0% | 97.7% | 96.7% | 97.2% | 97.2% |
| S16 | % of all adults who have had VTE risk assessment on adm to hosp | AF | SR | >=95% | NHSI | Red if <95% ER if in mth <95% | Nov-16 | 95.8% | 95.9% | 95.8% | 95.9% | 96.1% | 96.5% | 96.1% | 96.0% | 95.7% | 96.3% | 96.3% | 95.1% | 95.0% | 95.1% | 95.1% | 95.4% | 95.4% |
| S17 | All falls reported per 1000 bed stays for patients >65years- reported 1 month in arrears | JS | HL | <=5.5 | UHL | Red if >6.6 ER if 2 consecutive reds | Nov-17 | 6.9 | 5.4 | 5.9 | 6.6 | 5.9 | 6.1 | 5.7 | 6.4 | 6.1 | 5.4 | 5.7 | 5.7 | 5.4 | 5.7 | 5.7 | | |
| S18 | Avoidable Pressure Ulcers - Grade 4 | JS | MC | 0 | QS | Red / ER if Non compliance with monthly target | May-17 | 2 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| S19 | Avoidable Pressure Ulcers - Grade 3 | JS | MC | <=3 a month (revised) with FY End <27 | QS | Red / ER if Non compliance with monthly target | May-17 | 69 | 33 | 28 | 5 | 3 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 1 | 0 | 0 |
| S20 | Avoidable Pressure Ulcers - Grade 2 | JS | MC | <=7 a month (revised) with FY End <84 | QS | Red / ER if Non compliance with monthly target | May-17 | 91 | 89 | 89 | 9 | 6 | 8 | 3 | 13 | 6 | 9 | 10 | 5 | 8 | 7 | 5 | 6 | 6 |
| S21 | Maternal Deaths (Direct within 42 days) | AF | IS | 0 | UHL | Red or ER if >0 | Jan-17 | 1 | 0 | 2 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| S22 | Emergency C Sections (Coded as R18) | IS | EB | Not within Highest Decile | NHSI | Red / ER if Non compliance with monthly target | Jan-17 | 16.5% | 17.5% | 16.8% | 17.8% | 16.8% | 17.2% | 17.0% | 15.0% | 18.1% | 16.9% | 15.3% | 16.3% | 17.9% | 17.0% | 16.7% | 18.4% | 18.4% |



| KPI Ref | Indicators | Board Director | Lead Officer | 17/18 Target | Target Set by | Red RAG/ Exception Report Threshold (ER) | DQF Assessment outcome/Date | 14/15 Outturn | 15/16 Outturn | 16/17 Outturn | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Apr-17 | 17/18 YTD | | | |
|---------|--|----------------|--------------|---------------------------------------|---------------|---|-----------------------------|---------------|---------------|-------------------------|---------------|--------|------------------------------|--------|--------|-----------------------|--------|--------|----------------------|--------|--------|--------|--------|-----------|--|--|--|
| | | | | | | | | | | | NEW INDICATOR | | | | | | | | | | | | | | | | |
| C1 | >75% of [patients in the last days of life have individualised End of Life Care plans | TBC | TBC | TBC | QC | TBC | | NEW INDICATOR | | | | | | | | | | | | | | | | | | | |
| C2 | Keeping Inpatients Informed (Reported quarterly from Qtr3) | JS | HL | 6% increase from Qtr 1 baseline (new) | QC | Red/ER if below Quarterly Threshold | TBC | NEW INDICATOR | 69% | 64% | | | Next survey to be done in Q3 | | | 69% | | | Results due May 2017 | | | | | | | | |
| C3 | Formal complaints rate per 1000 IP,OP and ED attendances | AF | MD | No Target | UHL | Monthly reporting | Aug-17 | NEW INDICATOR | 1.1 | 1.0 | 1.0 | 0.9 | 0.8 | 1.2 | 1.4 | 1.1 | 1.2 | 1.2 | 1.2 | 0.9 | 1.2 | 1.2 | 1.2 | | | | |
| C4 | Percentage of upheld PHSO cases | AF | MD | No Target | UHL | Quarterly reporting | TBC | NEW INDICATOR | 5% | 10% (1 out of 10 cases) | | | 0% (0 out of 7 cases) | | | 0% (0 out of 3 cases) | | | 0% (Zero cases) | | | | | | | | |
| C5 | Published Inpatients and Daycase Friends and Family Test - % positive | JS | HL | 97% | UHL | Red if <95% ER if red for 3 consecutive months | Jun-17 | New Indicator | 97% | 97% | 97% | 97% | 97% | 96% | 97% | 96% | 97% | 97% | 96% | 96% | 97% | 97% | 97% | 97% | | | |
| C6 | Inpatients only Friends and Family Test - % positive | JS | HL | 97% | UHL | Red if <95% ER if red for 3 consecutive months | Jun-17 | 96% | 97% | 96% | 97% | 96% | 97% | 96% | 95% | 96% | 96% | 96% | 96% | 95% | 95% | 95% | 96% | 96% | | | |
| C7 | Daycase only Friends and Family Test - % positive | JS | HL | 97% | UHL | Red if <95% ER if red for 3 consecutive months | Jun-17 | New Indicator | 98% | 98% | 98% | 98% | 98% | 98% | 98% | 98% | 98% | 98% | 98% | 98% | 99% | 98% | 99% | 99% | | | |
| C8 | A&E Friends and Family Test - % positive | JS | HL | 97% | UHL | Red if <93% ER if red for 3 consecutive months | Jun-17 | 96% | 96% | 91% | 96% | 95% | 95% | 87% | 87% | 84% | 87% | 84% | 91% | 93% | 94% | 95% | 94% | 94% | | | |
| C9 | Outpatients Friends and Family Test - % positive | JS | HL | 97% | UHL | Red if <93% ER if red for 3 consecutive months | Jun-17 | New Indicator | 94% | 93% | 95% | 95% | 95% | 94% | 94% | 95% | 95% | 95% | 92% | 92% | 92% | 92% | 92% | 92% | | | |
| C10 | Maternity Friends and Family Test - % positive | JS | HL | 97% | UHL | Red if <93% ER if red for 3 consecutive months | Jun-17 | 96% | 95% | 95% | 95% | 94% | 94% | 95% | 95% | 95% | 95% | 94% | 93% | 96% | 94% | 95% | 94% | 94% | | | |
| C11 | Friends & Family staff survey: % of staff who would recommend the trust as place to receive treatment (from Pulse Check) | LT | LT | TBC | NHSI | TBC | Aug-17 | 69.2% | 70.0% | 73.6% | 72.3% | | | 76.0% | | | 73.3% | | | 72.7% | | | | | | | |
| C12 | Single Sex Accommodation Breaches (patients affected) | JS | HL | 0 | NHSI | Red if >0 ER if 2 consecutive months >5 | Dec-16 | 13 | 1 | 60 | 0 | 0 | 4 | 1 | 2 | 20 | 7 | 1 | 14 | 6 | 4 | 1 | 3 | 3 | | | |



| KPI Ref | Indicators | Board Director | Lead Officer | 17/18 Target | Target Set by | Red RAG/ Exception Report Threshold (ER) | DOF Assessment outcome/Date | 14/15 Outturn | 15/16 Outturn | 16/17 Outturn | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Apr-17 | 17/18 YTD | |
|---------|---|----------------|--------------|--------------------------|---------------|--|-----------------------------|---------------|---------------|---------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-----------|-------|
| W1 | Published Inpatients and Daycase Friends and Family Test - Coverage (Adults and Children) | JS | HL | Not Applicable | N/A | Not Applicable | Jul-17 | New Indicator | 27.4% | 30.2% | 31.7% | 32.0% | 31.6% | 31.9% | 28.5% | 27.8% | 31.6% | 31.6% | 27.5% | 27.2% | 30.7% | 30.4% | 32.4% | 32.4% | |
| W2 | Inpatients only Friends and Family Test - Coverage (Adults and Children) | JS | HL | 30% | QS | Red if <26% ER if 2mths Red | Jul-17 | New Indicator | 31.0% | 35.3% | 35.6% | 36.7% | 38.1% | 36.9% | 36.5% | 33.1% | 36.6% | 37.0% | 31.9% | 31.3% | 35.4% | 33.8% | 37.1% | 37.1% | |
| W3 | Daycase only Friends and Family Test - Coverage (Adults and Children) | JS | HL | 20% | QS | Red if <10% ER if 2 mths Red | Jul-17 | New Indicator | 22.5% | 24.4% | 27.3% | 26.5% | 24.5% | 26.2% | 19.8% | 21.6% | 25.9% | 25.7% | 22.3% | 22.5% | 25.5% | 26.4% | 27.1% | 27.1% | |
| W4 | A&E Friends and Family Test - Coverage | JS | HL | 10% | QS | Red if <7.1% ER if 2 mths Red | Jul-17 | New Indicator | 10.5% | 10.8% | 13.0% | 10.2% | 12.0% | 8.7% | 9.9% | 11.7% | 9.8% | 11.4% | 7.1% | 10.4% | 13.8% | 12.1% | 13.8% | 13.8% | |
| W5 | Outpatients Friends and Family Test - Coverage | JS | HL | 5% | QS | Red if <1.5% ER if 2 mths Red | Jul-17 | New Indicator | 1.4% | 3.0% | 1.5% | 1.7% | 1.8% | 1.7% | 1.6% | 1.5% | 1.5% | 1.8% | 5.7% | 5.9% | 5.9% | 6.5% | 5.4% | 5.4% | |
| W6 | Maternity Friends and Family Test - Coverage | JS | HL | 30% | UHL | Red if <26% ER if 2 mths Red | Jul-17 | New Indicator | 28.0% | 31.6% | 38.0% | 27.9% | 38.3% | 39.3% | 38.2% | 38.7% | 37.8% | 38.3% | 41.1% | 37.1% | 40.9% | 38.0% | 41.1% | 46.8% | 46.8% |
| W7 | Friends & Family staff survey: % of staff who would recommend the trust as place to work (from Pulse Check) | LT | BK | Not within Lowest Decile | NHSI | TBC | Sep-17 | 54.2% | 55.4% | 61.9% | 60.3% | | | 62.9% | | | 62.9% | | | 61.4% | | | | | |
| W8 | Nursing Vacancies | JS | MM | TBC | UHL | Separate report submitted to QAC | Sep-17 | New Indicator | 8.4% | 9.2% | 8.2% | 8.5% | 8.9% | 9.2% | 8.2% | 8.7% | 10.3% | 9.7% | 7.1% | 7.6% | 7.4% | 9.2% | | | |
| W9 | Nursing Vacancies in ESM CMG | JS | MM | TBC | UHL | Separate report submitted to QAC | Sep-17 | New Indicator | 17.2% | 15.4% | 18.1% | 18.9% | 19.8% | 20.1% | 20.3% | 21.4% | 20.0% | 20.2% | 14.5% | 11.9% | 13.7% | 15.4% | | | |
| W10 | Turnover Rate | LT | LG | TBC | NHSI | Red = 11% or above ER = Red for 3 Consecutive Mths | Sep-17 | 11.5% | 9.9% | 9.3% | 9.7% | 9.6% | 9.4% | 9.4% | 9.3% | 9.2% | 9.1% | 9.2% | 9.3% | 9.3% | 9.3% | 9.3% | 8.7% | 8.7% | |
| W11 | Sickness absence | LT | BK | 3% | UHL | Red if >4% ER if 3 consecutive mths >4.0% | Oct-16 | 3.8% | 3.6% | 3.3% | 3.9% | 3.4% | 3.4% | 3.3% | 3.1% | 3.4% | 3.5% | 3.6% | 3.6% | 3.7% | 3.5% | 3.3% | | | |
| W12 | Temporary costs and overtime as a % of total payroll | LT | LG | TBC | NHSI | TBC | Oct-17 | 9.4% | 10.7% | 10.6% | 10.5% | 9.5% | 10.9% | 10.2% | 10.5% | 10.7% | 10.9% | 10.9% | 10.1% | 10.8% | 10.5% | 11.4% | 11.6% | 11.6% | |
| W13 | % of Staff with Annual Appraisal (excluding facilities Services) | LT | BK | 95% | UHL | Red if <90% ER if 3 consecutive mths <90% | Dec-16 | 91.4% | 90.7% | 91.7% | 91.5% | 92.2% | 92.4% | 92.9% | 92.4% | 91.5% | 91.4% | 91.9% | 91.7% | 91.6% | 92.4% | 91.7% | 92.1% | 92.1% | |
| W14 | Statutory and Mandatory Training | LT | BK | 95% | UHL | TBC | Dec-16 | 95% | 93% | 87% | 92% | 93% | 94% | 93% | 91% | 82% | 82% | 82% | 83% | 81% | 82% | 87% | 86% | 86% | |
| W15 | % Corporate Induction attendance | LT | BK | 95% | UHL | Red if <90% ER if 3 consecutive mths <90% | Dec-16 | 100% | 97% | 96% | 94% | 96% | 97% | 100% | 97% | 92% | 96% | 95% | 99% | 98% | 97% | 96% | 100% | 100% | |
| W16 | BME % - Leadership (8A – Including Medical Consultants) | LT | DB | 28% | UHL | 4% improvement on Qtr 1 baseline | TBC | New Indicator | 26% | 24% | | | 25% | | | 26% | | | 26% | | | | | | |
| W17 | BME % - Leadership (8A – Excluding Medical Consultants) | LT | DB | 28% | UHL | 4% improvement on Qtr 1 baseline | TBC | | 12% | 12% | | | 12% | | | 12% | | | | | | | | | |
| W18 | Executive Team Turnover Rate - Executive Directors (rolling 12 months) | LT | DB | TBC | UHL | TBC | TBC | New Indicator | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | |
| W19 | Executive Team Turnover Rate - Non Executive Directors (rolling 12 months) | LT | DB | TBC | UHL | TBC | TBC | | 25% | 14% | 14% | 29% | 43% | 43% | 43% | 43% | 43% | 43% | 25% | 25% | 25% | 25% | 25% | 25% | |
| W20 | DAY Safety staffing fill rate - Average fill rate - registered nurses/midwives (%) | JS | MM | TBC | NHSI | TBC | Apr-17 | 91.2% | 90.5% | 90.5% | 91.6% | 91.3% | 91.4% | 89.7% | 89.4% | 89.9% | 90.0% | 89.3% | 90.4% | 91.6% | 91.6% | 89.8% | 90.3% | 90.3% | |
| W21 | DAY Safety staffing fill rate - Average fill rate - care staff (%) | JS | MM | TBC | NHSI | TBC | Apr-17 | 94.0% | 92.0% | 92.3% | 92.5% | 93.7% | 93.8% | 92.0% | 94.7% | 91.0% | 91.9% | 93.2% | 91.9% | 89.7% | 91.1% | 87.4% | 96.7% | 96.7% | |
| W22 | NIGHT Safety staffing fill rate - Average fill rate - registered nurses/midwives (%) | JS | MM | TBC | NHSI | TBC | Apr-17 | 94.9% | 95.4% | 96.4% | 97.6% | 97.2% | 96.6% | 94.5% | 95.0% | 95.1% | 96.7% | 95.9% | 96.9% | 97.6% | 97.2% | 96.2% | 97.0% | 97.0% | |
| W23 | NIGHT Safety staffing fill rate - Average fill rate - care staff (%) | JS | MM | TBC | NHSI | TBC | Apr-17 | 99.8% | 98.9% | 97.1% | 98.3% | 99.1% | 96.7% | 97.1% | 98.2% | 96.8% | 94.2% | 95.6% | 98.5% | 95.8% | 97.8% | 94.7% | 100.2% | 100.2% | |



| KPI Ref | Indicators | Board Director | Lead Officer | 17/18 Target | Target Set by | Red RAG/ Exception Report Threshold (ER) | DQF Assessment outcome/Date | 14/15 Outturn | 15/16 Outturn | 16/17 Outturn | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Apr-17 | 17/18 YTD | |
|---------|---|----------------|--------------|-------------------------|---------------|---|-----------------------------|--------------------|---------------|-------------------|------------------|--------|--------|------------------|--------|--------|------------------|--------|--------|-------------------|---------------------|--------|---------------------|-----------|-------------------|
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| E1 | Emergency readmissions within 30 days following an elective or emergency spell | AF | CM | Monthly <8.5% (revised) | QC | Red if >8.6% ER if >8.6% | Jun-17 | 8.51% Target 7% | 8.9% | 8.5% | 8.7% | 8.7% | 8.6% | 8.3% | 8.4% | 8.5% | 8.5% | 8.1% | 8.7% | 8.7% | 8.4% | 8.8% | | | |
| E2 | Mortality - Published SHMI | AF | RB | <=99 (revised) | QC | Red if >100 ER if >100 | Sept-16 | 103 | 96 | 102 (Oct15-Sep16) | 96 (Oct14-Sep15) | | | 98 (Jan15-Dec15) | | | 99 (Apr15-Mar16) | | | 101 (Jul15-Jun16) | | | 102 (Oct15-Sep16) | | 102 (Oct15-Sep16) |
| E3 | Mortality - Rolling 12 mths SHMI (as reported in HED) Rebased | AF | RB | <=99 (revised) | QC | Red if >100 ER if not within national expected range | Sept-16 | 98 | 97 | 101 | 100 | 100 | 101 | 102 | 101 | 101 | 101 | 100 | 101 | 101 | Awaiting HED Update | | | 101 | |
| E4 | Mortality - Rolling 12 mths HSMR (Rebased Monthly as reported in HED) | AF | RB | <=99 (revised) | UHL | Red if >100 ER if not within national expected range | Sept-16 | 94 | 96 | 102 | 99 | 99 | 100 | 102 | 103 | 102 | 102 | 102 | 102 | 102 | 102 | 102 | Awaiting HED Update | | 102 |
| E5 | Crude Mortality Rate Emergency Spells | AF | RB | <=2.4% | UHL | Monthly Reporting | Apr-17 | 2.4% | 2.3% | 2.4% | 2.4% | 2.2% | 2.2% | 2.2% | 2.2% | 2.0% | 2.2% | 2.4% | 2.7% | 2.9% | 2.6% | 2.4% | 2.1% | 2.1% | |
| E6 | No. of # Neck of femurs operated on 0-35 hrs - Based on Admissions | AF | AC | 72% or above | QS | Red if <72% ER if 2 consecutive mths <72% | Jun-17 | 61.4% | 63.8% | 71.2% | 78.0% | 78.1% | 64.6% | 86.0% | 65.8% | 69.4% | 64.1% | 78.0% | 60.3% | 70.9% | 67.6% | 71.2% | 47.1% | 47.1% | |
| 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% | Jun-17 | New Indicator | | 83.6% | 86.8% | 87.7% | 73.2% | 90.0% | 82.0% | 87.2% | 78.2% | 89.0% | 79.5% | 89.5% | 80.0% | 80.0% | 64.0% | 64.0% | |
| E8 | Stroke - 90% of Stay on a Stroke Unit | RM | IL | 80% or above | QS | Red if <80% ER if 2 consecutive mths <80% | Dec-17 | 81.3% | 85.6% | 85.0% | 72.7% | 93.5% | 83.8% | 80.7% | 88.0% | 84.5% | 86.5% | 88.0% | 83.8% | 87.4% | 86.6% | 85.1% | | | |
| 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% | Dec-17 | 71.2% | 75.6% | 66.9% | 53.5% | 68.2% | 50.4% | 54.8% | 71.7% | 65.3% | 83.8% | 75.9% | 69.2% | 87.7% | 57.3% | 66.3% | 57.8% | 57.8% | |

Effective



| KPI Ref | Indicators | Board Director | Lead Officer | 17/18 Target | Target Set by | 17/18 Red RAG/ Exception Report Threshold (ER) | DQF Assessment outcome/Date | 14/15 Outturn | 15/16 Outturn | 16/17 Outturn | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Apr-17 | 17/18 YTD |
|---------|---|----------------|--------------|----------------|---------------|--|-----------------------------|---------------|---------------|---------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-----------|
| | | | | | | | | | | | | | | | | | | | | | | | | |
| R1 | ED 4 Hour Waits UHL + UCC (Calendar Month) | RM | IL | 95% or above | NHSI | Red if <92% ER via ED TB report | Jun-17 | 89.1% | 86.9% | 79.6% | 81.2% | 79.9% | 80.6% | 76.9% | 80.1% | 79.9% | 78.3% | 77.6% | 75.5% | 78.1% | 83.8% | 83.9% | 81.0% | 81.0% |
| R2 | 12 hour trolley waits in A&E | RM | IL | 0 | NHSI | Red if >0 ER via ED TB report | Jun-17 | 4 | 2 | 11 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 10 | 0 | 0 | 0 | 0 |
| R3 | RTT - Incomplete 92% in 18 Weeks UHL+ALLIANCE | RM | WM | 92% or above | NHSI | Red/ER if <92% | Nov-16 | 96.7% | 92.6% | 91.8% | 92.7% | 92.7% | 92.4% | 92.4% | 92.1% | 91.7% | 91.5% | 92.2% | 91.3% | 90.9% | 91.2% | 91.8% | 91.3% | 91.3% |
| R4 | RTT 52 Weeks+ Wait (Incompletes) UHL+ALLIANCE | RM | WM | 0 | NHSI | Red/ER if >0 | Nov-16 | 0 | 232 | 24 | 169 | 134 | 130 | 77 | 57 | 53 | 38 | 34 | 32 | 34 | 39 | 24 | 17 | 17 |
| R5 | 6 Week - Diagnostic Test Waiting Times (UHL+ALLIANCE) | RM | WM | 1% or below | NHSI | Red/ER if >1% | Dec-16 | 0.9% | 1.1% | 0.9% | 0.7% | 0.6% | 0.7% | 0.6% | 1.4% | 1.5% | 0.6% | 0.6% | 0.9% | 0.9% | 0.9% | 0.9% | 0.9% | 0.9% |
| R6 | Urgent Operations Cancelled Twice (UHL+ALLIANCE) | RM | GH | 0 | NHSI | Red if >0 ER if >0 | Jan-17 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 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 | Jan-17 | 33 | 48 | 212 | 24 | 16 | 18 | 20 | 19 | 10 | 9 | 13 | 18 | 22 | 26 | 17 | 13 | 13 |
| R8 | Cancelled patients not offered a date within 28 days of the cancellations ALLIANCE | RM | GH | 0 | NHSI | Red if >2 ER if >0 | Jan-17 | 11 | 1 | 11 | 5 | 0 | 0 | 0 | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| R9 | % Operations cancelled for non-clinical reasons on or after the day of admission UHL | RM | GH | 0.8% or below | Contract | Red if >0.8% ER if >0.8% | Jan-17 | 0.9% | 1.0% | 1.2% | 1.5% | 1.2% | 1.4% | 1.1% | 0.9% | 1.0% | 1.2% | 1.5% | 0.8% | 1.6% | 1.2% | 1.2% | 0.9% | 0.9% |
| R10 | % Operations cancelled for non-clinical reasons on or after the day of admission ALLIANCE | RM | GH | 0.8% or below | Contract | Red if >0.8% ER if >0.8% | Jan-17 | 0.9% | 0.9% | 0.9% | 0.8% | 0.3% | 0.8% | 1.4% | 3.2% | 0.9% | 2.0% | 0.5% | 0.1% | 0.4% | 1.3% | 0.5% | 2.5% | 2.5% |
| 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 >0.8% ER if >0.8% | Jan-17 | 0.9% | 1.0% | 1.2% | 1.5% | 1.2% | 1.4% | 1.1% | 1.0% | 1.0% | 1.2% | 1.4% | 0.8% | 1.5% | 1.2% | 1.1% | 1.0% | 1.0% |
| R12 | No of Operations cancelled for non-clinical reasons on or after the day of admission UHL + ALLIANCE | RM | GH | Not Applicable | UHL | Not Applicable | Jan-17 | 1071 | 1299 | 1566 | 156 | 123 | 154 | 114 | 110 | 109 | 134 | 164 | 82 | 167 | 122 | 131 | 99 | 99 |
| R13 | Delayed transfers of care | RM | SL | 3.5% or below | NHSI | Red if >3.5% ER if Red for 3 consecutive mths | Jan-18 | 3.9% | 1.4% | 2.4% | 1.9% | 1.8% | 2.2% | 2.9% | 2.5% | 2.1% | 2.0% | 2.7% | 2.8% | 2.7% | 2.3% | 2.5% | 2.1% | 2.1% |
| R14 | Ambulance Handover >60 Mins (CAD+ from June 15) | RM | SL | 0 | Contract | Red if >0 ER if Red for 3 consecutive mths | TBC | 5% | 5% | 9% | 6% | 6% | 6% | 9% | 7% | 9% | 9% | 11% | 17% | 13% | 6% | 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 | TBC | 19% | 19% | 14% | 11% | 12% | 10% | 15% | 14% | 15% | 18% | 18% | 18% | 15% | 12% | 13% | 13% | 13% |

Responsive



| KPI Ref | Indicators | Board Director | Lead Officer | 17/18 Target | Target Set by | Red RAG/ Exception Report Threshold (ER) | DOF Assessment outcome/Date | 14/15 Outturn | 15/16 Outturn | 16/17 Outturn | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Apr-17 | 16/17 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 | Jul-16 | 92.2% | 90.5% | 93.2% | 91.1% | 89.5% | 90.5% | 94.3% | 94.9% | 94.5% | 93.3% | 95.2% | 93.8% | 93.2% | 94.3% | 94.0% | ** | 93.2% |
| 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 | Jul-16 | 94.1% | 95.1% | 93.9% | 96.1% | 88.7% | 94.9% | 98.7% | 95.9% | 95.0% | 90.7% | 96.0% | 91.1% | 93.4% | 97.0% | 90.8% | ** | 93.9% |
| 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 | Jul-16 | 94.6% | 94.8% | 93.9% | 95.4% | 95.5% | 95.6% | 90.4% | 91.3% | 93.8% | 94.8% | 94.2% | 92.4% | 91.9% | 95.3% | 96.2% | ** | 93.9% |
| 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 | Jul-16 | 99.4% | 99.7% | 99.7% | 100.0% | 100.0% | 97.9% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 98.9% | 100.0% | 100.0% | ** | 99.7% |
| 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 | Jul-16 | 89.0% | 85.3% | 86.4% | 90.3% | 91.6% | 84.7% | 74.4% | 72.7% | 83.5% | 90.4% | 83.3% | 87.2% | 90.9% | 88.5% | 95.4% | ** | 86.4% |
| 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 | Jul-16 | 96.1% | 94.9% | 93.5% | 98.8% | 93.6% | 87.3% | 92.5% | 81.4% | 90.9% | 97.8% | 94.8% | 98.1% | 95.3% | 99.1% | 96.7% | ** | 93.5% |
| 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 | Jul-16 | 81.4% | 77.5% | 78.1% | 75.8% | 74.5% | 77.3% | 83.6% | 78.4% | 77.9% | 74.5% | 77.2% | 79.5% | 75.4% | 76.1% | 86.5% | ** | 78.1% |
| 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 | Jul-16 | 84.5% | 89.1% | 88.6% | 94.6% | 96.0% | 85.0% | 92.3% | 78.9% | 81.5% | 84.2% | 88.0% | 90.9% | 93.1% | 78.1% | 95.1% | ** | 88.6% |
| RC9 | Cancer waiting 104 days | RM | DB | 0 | NHSI | TBC | Jul-16 | New Indicator | | 10 | 12 | 7 | 15 | 12 | 9 | 7 | 7 | 9 | 10 | 8 | 3 | 10 | 6 | 6 |

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

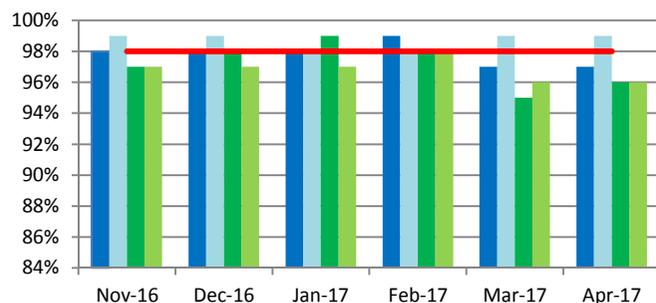
| KPI Ref | Indicators | Board Director | Lead Officer | 17/18 Target | Target Set by | Red RAG/ Exception Report Threshold (ER) | DOF Assessment outcome | 14/15 Outturn | 15/16 Outturn | 16/17 Outturn | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Apr-17 | 16/17 YTD |
|---------|-----------------------------------|----------------|--------------|--------------|---------------|---|------------------------|---------------|---------------|---------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-----------|
| RC10 | Brain/Central Nervous System | RM | DB | 85% or above | NHSI | Red if <90% ER if Red for 2 consecutive mths | Jul-16 | -- | 100.0% | 100.0% | -- | -- | -- | -- | -- | 100.0% | -- | -- | -- | 100.0% | -- | -- | ** | 100.0% |
| RC11 | Breast | RM | DB | 85% or above | NHSI | Red if <90% ER if Red for 2 consecutive mths | Jul-16 | 92.6% | 95.6% | 96.3% | 93.3% | 95.3% | 97.1% | 100.0% | 100.0% | 95.8% | 100.0% | 95.8% | 94.6% | 96.6% | 92.6% | 93.48% | ** | 96.3% |
| RC12 | Gynaecological | RM | DB | 85% or above | NHSI | Red if <90% ER if Red for 2 consecutive mths | Jul-16 | 77.5% | 73.4% | 69.5% | 72.7% | 78.6% | 75.0% | 62.5% | 66.7% | 66.7% | 80.0% | 66.7% | 44.4% | 71.4% | 81.8% | 78.6% | ** | 69.5% |
| RC13 | Haematological | RM | DB | 85% or above | NHSI | Red if <90% ER if Red for 2 consecutive mths | Jul-16 | 66.5% | 63.0% | 70.6% | 14.3% | 61.5% | 72.7% | 100.0% | 85.7% | 28.6% | 58.3% | 77.8% | 66.7% | 87.5% | 81.8% | 88.9% | ** | 70.6% |
| RC14 | Head and Neck | RM | DB | 85% or above | NHSI | Red if <90% ER if Red for 2 consecutive mths | Jul-16 | 69.9% | 50.7% | 44.5% | 35.7% | 45.5% | 100.0% | 42.9% | 44.4% | 0.0% | 38.5% | 66.7% | 33.3% | 41.7% | 33.3% | 66.7% | ** | 44.5% |
| RC15 | Lower Gastrointestinal Cancer | RM | DB | 85% or above | NHSI | Red if <90% ER if Red for 2 consecutive mths | Jul-16 | 63.7% | 59.8% | 56.8% | 62.5% | 45.0% | 64.5% | 58.8% | 64.4% | 47.1% | 38.1% | 61.5% | 75.0% | 48.3% | 54.5% | 75.0% | ** | 56.8% |
| RC16 | Lung | RM | DB | 85% or above | NHSI | Red if <90% ER if Red for 2 consecutive mths | Jul-16 | 69.9% | 71.0% | 65.1% | 66.7% | 46.7% | 64.2% | 60.9% | 64.2% | 68.0% | 79.4% | 67.5% | 79.5% | 74.0% | 33.3% | 67.5% | ** | 65.1% |
| RC17 | Other | RM | DB | 85% or above | NHSI | Red if <90% ER if Red for 2 consecutive mths | Jul-16 | 95.0% | 71.4% | 60.0% | 0.0% | 50.0% | 100.0% | 100.0% | 33.3% | 0.0% | 66.7% | -- | 100.0% | -- | -- | 100.0% | ** | 60.0% |
| RC18 | Sarcoma | RM | DB | 85% or above | NHSI | Red if <90% ER if Red for 2 consecutive mths | Jul-16 | 46.2% | 81.3% | 45.2% | 0.0% | 50.0% | 16.7% | -- | -- | 100.0% | 50.0% | 100.0% | 66.7% | 40.0% | 0% | 100.0% | ** | 45.2% |
| RC19 | Skin | RM | DB | 85% or above | NHSI | Red if <90% ER if Red for 2 consecutive mths | Jul-16 | 96.7% | 94.1% | 96.9% | 95.2% | 100.0% | 96.8% | 97.4% | 95.9% | 97.7% | 100.0% | 92.3% | 97.0% | 96.9% | 96.6% | 96.2% | ** | 96.9% |
| RC20 | Upper Gastrointestinal Cancer | RM | DB | 85% or above | NHSI | Red if <90% ER if Red for 2 consecutive mths | Jul-16 | 73.9% | 63.9% | 68.0% | 74.3% | 70.0% | 46.9% | 66.7% | 82.0% | 70.3% | 43.8% | 100.0% | 72.0% | 61.4% | 63.6% | 85.7% | ** | 68.0% |
| RC21 | Urological (excluding testicular) | RM | DB | 85% or above | NHSI | Red if <90% ER if Red for 2 consecutive mths | Jul-16 | 82.6% | 74.4% | 80.8% | 83.7% | 73.1% | 77.8% | 96.3% | 74.5% | 83.5% | 88.2% | 75.0% | 79.3% | 71.4% | 76.2% | 89.9% | ** | 80.8% |
| RC22 | Rare Cancers | RM | DB | 85% or above | NHSI | Red if <90% ER if Red for 2 consecutive mths | Jul-16 | 84.6% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 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 | Jul-16 | 81.4% | 77.5% | 78.1% | 75.8% | 74.5% | 77.3% | 83.6% | 78.4% | 77.9% | 74.5% | 77.2% | 79.5% | 75.4% | 76.1% | 86.5% | ** | 78.1% |

Compliance Forecast for Key Responsive Indicators

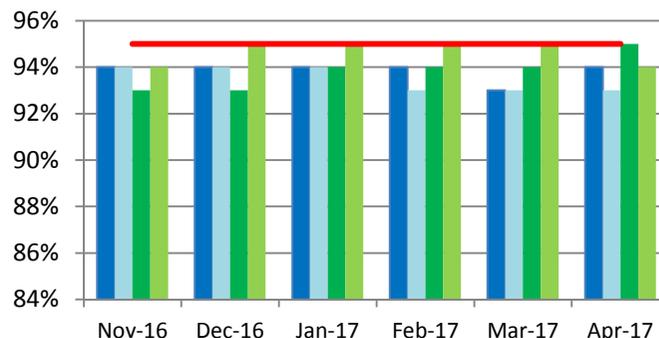
| Standard | April | May | Commentary |
|--|-------|-------|---|
| Emergency Care | | | |
| 4+ hr Wait (95%) - Calendar month | 80.1% | | Validated position. |
| Ambulance Handover (CAD+) | | | |
| % Ambulance Handover >60 Mins (CAD+) | 6% | | EMAS monthly report |
| % Ambulance Handover >30 Mins and <60 mins (CAD+) | 13% | | |
| RTT (inc Alliance) | | | |
| Incomplete (92%) | 91.3% | 91.8% | Delivery is partially dependant on access to beds. |
| Diagnostic (inc Alliance) | | | |
| DM01 - diagnostics 6+ week waits (<1%) | 0.9% | 0.9% | |
| # Neck of femurs | | | |
| % operated on within 36hrs - all admissions (72%) | 47% | 72% | |
| % operated on within 36hrs - pts fit for surgery (72%) | 64% | 85% | |
| Cancelled Ops (inc Alliance) | | | |
| Cancelled Ops (0.8%) | 1.0% | 1.2% | Delivery is dependant on access to beds. |
| Not Rebooked within 28 days (0 patients) | 13 | 10 | Delivery is dependant on access to beds. |
| Cancer | | | |
| Two Week Wait (93%) | 93% | 93% | |
| 31 Day First Treatment (96%) | 95% | 94% | In discussion with NHSI compliance will be following 2 months of consistent bed access. |
| 31 Day Subsequent Surgery Treatment (94%) | 83% | 85% | |
| 62 Days (85%) | 85% | 84% | In discussion with NHSI compliance will be following 2 months of consistent bed access. |
| Cancer waiting 104 days (0 patients) | 6 | 6 | |

Estates and Facilities – Cleanliness

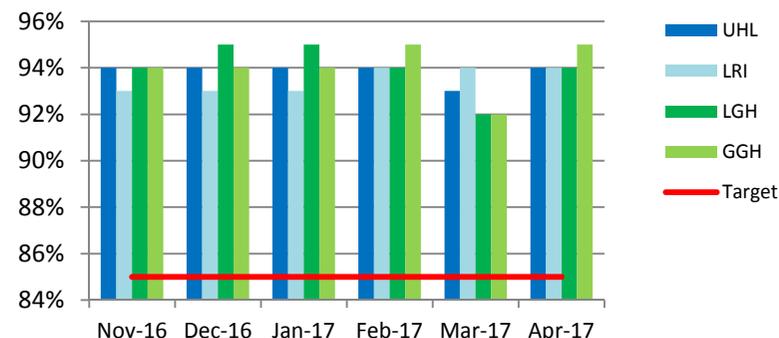
Cleanliness Audit Scores by Risk Category - Very High



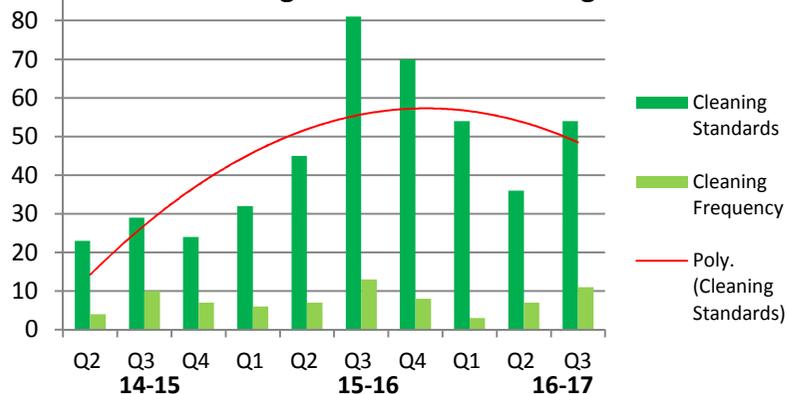
Cleanliness Audit Scores by Risk Category - High



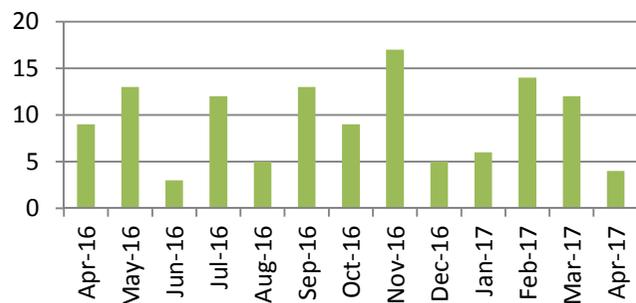
Cleanliness Audit Scores by Risk Category - Significant



Triangulation Data - Cleaning



Number of Datix Incidents Logged - Cleaning



Cleanliness Report

The above charts show average audit scores for the whole Trust and by hospital site since November 2016. Each chart covers specific risk categories:-

- Very High – e.g. Operating Theatres, ITUs, A&E - Target Score 98%
- High – Wards e.g. Sterile supplies, Public Toilets – Target Score 95%
- Significant – e.g. Outpatient Departments, Pathology labs

Cleanliness audits are undertaken jointly involving both ward staff as well as members of the Facilities Team.

For very high-risk areas the data shows that the target of 98% was not achieved at GGH and LGH, both achieved a score of 96%, as opposed to the LRI achieving of 99%. The overall UHL score of 97% is just below target level. High-risk areas require improvement across both the LRI, scoring 93%, for the second month running and GGH achieving 94%. Whereas, LGH has achieved the required 95%, up from the 94% score achieved in March. The UHL has an overall score of 94% which is 1% higher than the March score. Significant risk areas all exceed the 85% target.

In terms of the overall trend scores appear to have now plateaued over the last three months.

The triangulation data is collected by the Trust from numerous patient sources including Message to Matron, Friends and Family Test, Complaints, Online sources and Message to Volunteer or Carer collated collectively as 'Suggestions for Improvement'. This data is only collated on a quarterly basis and the chart shown here is inclusive of Q1 to Q3. It is anticipated that this will be updated for the next report with Q4 data.

As a further test of service standards and issues, the number of datix incidents logged for April has dropped significantly since last month.

Whilst slowly continuing to reduce, the number of vacancies continues to be the main barrier to achieving optimum performance. Following the agreement of budgets for 2017/18 implementation of new structures can now commence with recruitment into new supervisory positions which will provide an essential boost to overall service delivery. The impact of the change to the main entrances with the opening of the new ED is closely being monitored. Weather conditions are likely to play an important role in the on-going appearance and maintenance of these areas.

Estates and Facilities – Patient Catering

| Patient Catering Survey – March 2017 | Percentage 'OK or Good' | |
|--|-------------------------|--------|
| | Mar-17 | Apr-17 |
| Did you enjoy your food? | 92% | 100% |
| Did you feel the menu has a good choice of food? | 96% | 97% |
| Did you get the meal that you ordered? | 98% | 100% |
| Were you given enough to eat? | 98% | 97% |

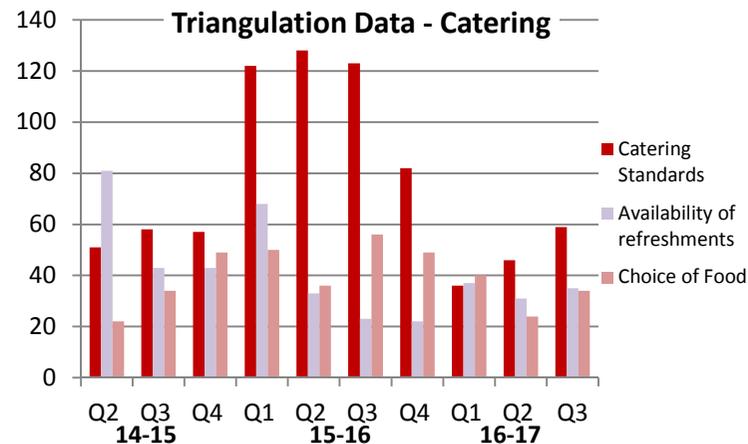
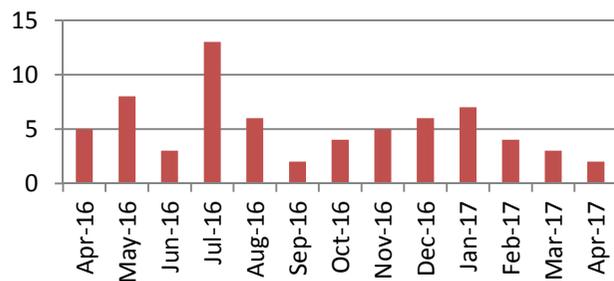
| | | |
|-----------|----------|------|
| 90 – 100% | 80 – 90% | <80% |
|-----------|----------|------|

| Number of Patient Meals Served | | | | |
|--------------------------------|--------|--------|--------|---------|
| Month | LRI | LGH | GGH | UHL |
| February | 66,197 | 21,509 | 26,853 | 114,559 |
| March | 72,003 | 24,062 | 28,578 | 124,643 |
| April | 69,270 | 22,262 | 25,362 | 116,894 |

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

| | | |
|-----------|----------|------|
| 97 – 100% | 95 – 97% | <95% |
|-----------|----------|------|

Number of Datix Incidents Logged - Patient Catering



Patient Catering Report

This month we received a return of 49 surveys in moving to the target of 100 per month. The improvement in the number of patients reporting that they enjoyed their meals has been maintained for April. This is supported by the continued reduction in Datix incidents reported, which have dropped since January.

We continue to appraise the comment data collected alongside survey scores this month showing no discernible trend with comments tending to reflecting individual tastes rather than genuine quality issues.

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

The triangulation data is a repeat of that reported last month as this is refreshed on a quarterly basis.

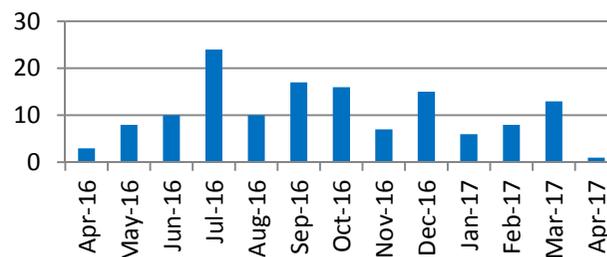
Estates and Facilities - Portering

| Reactive Portering Tasks in Target | | | | |
|------------------------------------|--|----------|-------|-------|
| Site | Task (Urgent 15min, Routine 30min) | Month | | |
| | | February | March | April |
| GH | Overall | 96% | 95% | 96% |
| | Routine | 95% | 95% | 95% |
| | Urgent | 98% | 100% | 98% |
| LGH | Overall | 93% | 94% | 93% |
| | Routine | 93% | 93% | 92% |
| | Urgent | 98% | 99% | 96% |
| LRI | Overall | 91% | 92% | 94% |
| | Routine | 90% | 91% | 94% |
| | Urgent | 96% | 99% | 98% |

| | | |
|-----------|----------|------|
| 95 – 100% | 90 – 94% | <90% |
|-----------|----------|------|

| Average Portering Task Response Times | | |
|---------------------------------------|-------|-------------|
| Category | Time | No of tasks |
| Urgent | 12:22 | 1,343 |
| Routine | 23:18 | 12,793 |
| Total | | 14,136 |

Number of Datix Incidents Logged - Portering



Portering Report

The Reactive Task performance for Portering is based on a sample of the overall number of tasks carried out in the month as current systems do not capture the full range of duties. April's performance saw an improvement of 10 minutes to attend urgent jobs and around 2 minutes to attend Routine jobs despite an increase of 8% for portering calls logged across the UHL.

Datix incidents have fallen dramatically with only 1 datix for portering being logged in April.

With the opening of the new ED a new electronic system has been introduced to log portering calls. This has been an essential measure that will allow the coordination and management of the portering workforce given the size and layout of the new environment. However, use of the system has been temporarily suspended in recognition of the level of other change that ED staff are having to cope with currently.

Changes have also been implemented during May to repatriate a number of Porters previously assigned and dedicated to Radiology areas back to the main portering pool. This has been supported by the introduction of the electronic 'log a porter' system. Initial observations have been encouraging and we are continuing to work with Radiology colleagues to iron out teething problems.

Estates and Facilities – Planned Maintenance

| Statutory Maintenance Tasks Against Schedule | | | | | |
|--|----------|------|------|-------|------|
| UHL Trust Wide | Month | Fail | Pass | Total | % |
| | February | 19 | 139 | 158 | 88% |
| | March | 3 | 146 | 149 | 98% |
| | April | 0 | 168 | 168 | 100% |

| | | |
|-----------|----------|------|
| 99 – 100% | 97 – 99% | <97% |
|-----------|----------|------|

Estates Planned Maintenance Report

We incurred no failures in the delivery of Statutory Maintenance tasks in the month of April.

| Non-Statutory Maintenance Tasks Against Schedule | | | | | |
|--|----------|------|------|-------|-----|
| UHL Trust Wide | Month | Fail | Pass | Total | % |
| | February | 260 | 1856 | 2126 | 86% |
| | March | 369 | 2324 | 2693 | 86% |
| | April | 350 | 2157 | 2514 | 86% |

| | | |
|-----------|----------|------|
| 95 – 100% | 80 – 95% | <80% |
|-----------|----------|------|

For the Non-Statutory tasks, completion of the monthly schedule is subject to the volume of reactive calls. Drainage issues continue to put the maintenance service under pressure. During April, up to a third of reactive calls for the LRI (where the issue is most marked) relate to drainage. This is a significant drop since March and February but is still at a high level

At this stage, the Planet system has been upgraded and the devices for the engineers have been partly delivered to allow the second stage of commencement of a switch over from a paper based system to an electronic system to take place.



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

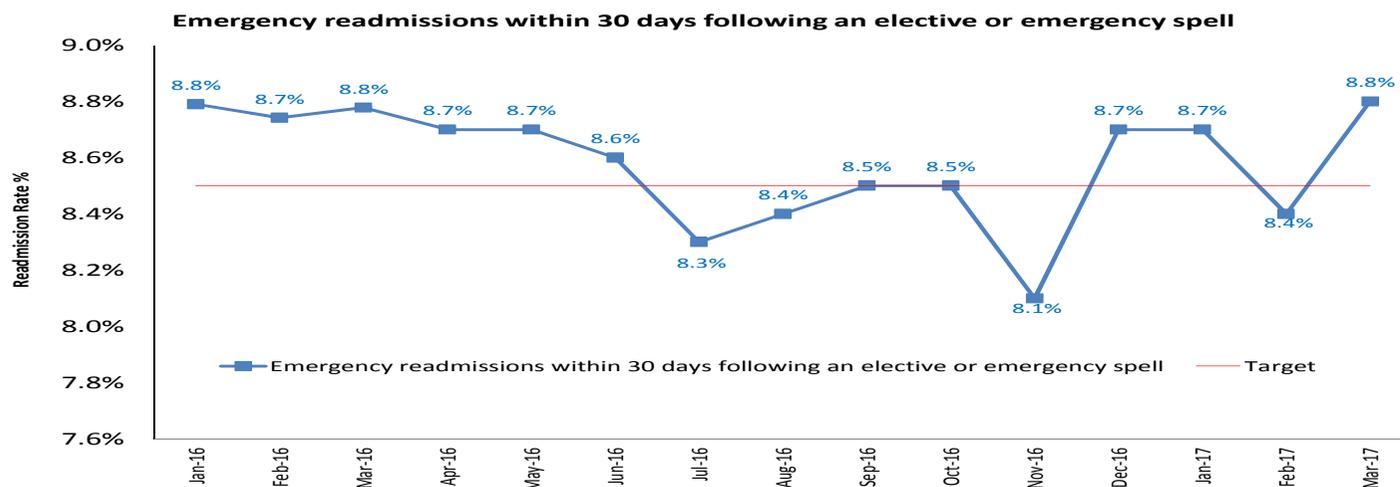
| KPI Ref | Indicators | Board Director | Lead Officer | 17/18 Target | Target Set by | Red RAG/ Exception Report Threshold (ER) | 14/15 | 15/16 | 16/17 | Jul-15 | Aug-15 | Sep-15 | Oct-15 | Nov-15 | Dec-15 | Jan-16 | Feb-16 | Mar-16 | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | |
|--------------|------------|---|--------------|--------------|--|--|---------|---------|---------|--------|---------------------------|--------|--------|-----------------------------|--------|--------|-----------------------------|--------|--------|------------------------|--------|--------|------------------------|--------|--------|------------------------|--------|--------|--------|--------|--|
| | | | | | | | Outturn | Outturn | Outturn | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | 4.5 | | | 48 | | | | | |
| | 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 | | | 41.0 | | | 90 | | | | | |
| | 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 | 979 | 917 | 887 | 758 | 657 | 592 | 487 | 699 | 325 | 636 | 531 | |
| | RU4 | % Adjusted Trials Meeting 70 day Benchmark (data submitted for the previous 12 month period) | AF | NB | TBC | TBC | TBC | | | | (Oct14-Sep15) 92% | | | (Jan15 - Dec15) 94% | | | (Apr15 - Mar16) 94% | | | (Jul15 - Jun16) 94% | | | (Oct15 - Sep16) 90.3% | | | (Jan16 - Dec16) 100% | | | | | |
| | 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 | | | (Jul15 - Jun16) 12/220 | | | (Oct15 - Sep16) 10/205 | | | (Jan16 - Dec16) 31/186 | | | | | |
| | 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% | | | (Jul15 - Jun16) 40.8% | | | (Oct15 - Sep16) 52.0% | | | (Jan16 - Dec16) 49.2% | | | | | |

Emergency Readmissions within 30 days

| | Dec-15 | Jan-16 | Feb-16 | Mar-16 | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Emergency readmissions within 30 days following an elective or emergency spell | 9.2% | 8.8% | 8.7% | 8.8% | 8.7% | 8.7% | 8.6% | 8.3% | 8.4% | 8.5% | 8.5% | 8.1% | 8.7% | 8.7% | 8.4% | 8.8% |

What actions have been taken to improve performance?

- Continuing red to green processes on medical wards at LRI.
- Roll-out of red to green at LGH. Planned roll-out to Glenfield in June 2017.
- Incorporation of discussion of patients at high risk of re-admission (PARR score >45%) into “Dragons’ Den” confirm and challenge meetings with wards
- PARR score now incorporated into Nervecentre handover module for high risk patients
- Readmissions policy now signed off and available on Policy and Guideline Library.
- Evaluation of nursing case manager pilot being finalised. Scoping how to commission a similar service going forwards. Currently no funding for continuation of service.
- Meeting to discuss educational and training requirements to roll-out “motivational interviewing” techniques to clinicians involved in discharge processes.



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

| | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Apr-17 | 17/18 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% | 64.1% | 78.0% | 60.3% | 70.9% | 67.6% | 71.2% | 47.1% | 47.1% |
| No. of # Neck of femurs operated on 0-35 hrs - Based on Admissions (excluding medically unfit patients) | 86.8% | 87.7% | 73.2% | 90.0% | 82.0% | 87.2% | 78.2% | 89.0% | 79.5% | 89.5% | 80.0% | 80.0% | 64.0% | 64.0% |

There were 70 NOF admissions in April 2017, 33 patients breached the 36 hr target to theatre as detailed below:-

Within the service control = 20 patients. Lack of theatre capacity to cope with the high volume of spinal work and other emergency trauma were the dominant factors. 52hrs of spinal operating within this month.

Outside service control = 13 patients. These were unfit and required stabilisation pre operatively.

There was 4 days when NOF admissions >5. These were on the 10th /11th/24th /29th of the month.

Degree of complex urgent Trauma which took clinical priority was also high this month.

5 patients did not have surgery.

Actions taken to improve performance

Theatre team leader continues to work closely with trauma team to coordinate and manage changing priorities. Additional sessions sourced when able.

The consistent application of the DOAC reversal protocol being taken forward. This remains an issue.

4 transfers are made to LGH to help free capacity. These were pre-operative cases.

Weekly monitoring of theatre utilisation of all Trauma theatres continues. Reallocation of Consultants to cover hip sessions in progress

Hip surgeon availability is an issue when on-call surgeon is not of that sub speciality expertise this delayed 2 patients.

Activity analysis undertaken of all admissions in April, by date and reported to Clinical Director and HOS.

Operational meetings with the Clinical Director chairing continue.

RTT Performance

Combined UHL and Alliance RTT Performance for April

| | <18 w | >18 w | Total Incompletes | % |
|----------|--------|-------|-------------------|-------|
| Alliance | 8,058 | 547 | 8,605 | 93.6% |
| UHL | 47,189 | 4,759 | 51,948 | 90.8% |
| Total | 55,687 | 5,308 | 60,995 | 91.3% |

| | |
|--|-----|
| Backlog Reduction required to meet 92% | 466 |
|--|-----|

UHL and Alliance combined performance for RTT in April was 91.3%. The Trust did not achieve the standard. Overall combined performance saw 5,308 patients in the backlog, an increase of 376 since the last reporting period (UHL increase of 346, Alliance increase of 28). There were 466 too many patients waiting over 18 weeks in order to achieve the standard.

The overall RTT performance has reduced by 0.5% from the previous month; this was forecasted in March's EPB report. Performance in April was driven by a decrease capacity due to Easter bank holidays, increased annual leave take up and reduced discretionary effort in WLI uptake. The total waiting list size has continued to increase by over 800 patients. This also poses a risk to future performance with the activity added in 2016/17 and not part of demand and capacity forecasting for 2017/18.

Forecast performance for next reporting period: Achieving 92% for May remains a risk with a forecasted position of 91.8%. This is ahead of the submitted trajectory of 91.2%.

Risks to performance include:

- Suspension of WLI's that are not positive margin making to support the Trusts financial position.
- Reduced capacity in working days due to 2 bank holidays.

There are currently 6 specialties that, due to size of number of patients in their backlog and relative size, have individual action plans. They are Paediatric ENT, ENT, General Surgery, Urology, Allergy and Orthopaedics. They are monitored monthly. Current plans and performance are highlighted later in the report.

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

| Speciality | Target | M1 ACPL |
|--|------------|------------|
| General Surgery | 1.9 | 2.8 |
| Vascular Surgery | 1.3 | 1.8 |
| Paediatric Surgery (inc Paeds Urology) | 2.7 | 3.4 |
| Maxillofacial Surgery | 2.1 | 2.6 |
| Renal Surgery | 1.9 | 2.3 |
| Urology | 2.6 | 2.9 |
| Orthopaedics | 1.9 | 2.1 |
| ENT | 2.6 | 2.6 |
| Pain Management | 5.2 | 5.2 |
| Plastic Surgery | 3 | 3 |
| Gynaecology | 2.9 | 2.8 |
| Breast Care | 1.9 | 1.7 |
| Ophthalmology | 3.9 | 3.3 |
| Month Total | 2.4 | 2.7 |

The tables below outline the overall 10 largest backlog increases, 10 largest backlog reductions and 10 overall largest backlogs by specialty from last month. The largest overall backlog increases were within Urology and Spinal Surgery. Reductions in capacity for Easter period had a significant impact on performance.

The overall largest reduction in backlog size was achieved in Allergy their overall backlog by 25.

Although there are 2 bank holidays in May, this month will benefit from being 18 weeks since Christmas and reduced number of roll-ons.

Overall capacity remains a constraint. Long term actions include:

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

| 10 largest backlog increases | Admitted | | | Non Admitted | | | Total | | |
|------------------------------|----------|-------|--------|--------------|-------|--------|-------|-------|--------|
| | March | April | Change | March | April | Change | March | April | Change |
| Urology | 336 | 401 | 65 | 92 | 123 | 31 | 428 | 524 | 96 |
| Spinal Surgery | 51 | 76 | 25 | 260 | 311 | 51 | 311 | 387 | 76 |
| Ophthalmology | 141 | 170 | 29 | 46 | 59 | 13 | 188 | 229 | 41 |
| Cardiology | 50 | 74 | 24 | 32 | 48 | 16 | 82 | 122 | 40 |
| Paediatric ENT | 380 | 405 | 25 | 8 | 12 | 4 | 390 | 419 | 29 |
| General Surgery | 233 | 250 | 17 | 93 | 105 | 12 | 326 | 355 | 29 |
| Gynaecology | 157 | 163 | 6 | 99 | 119 | 20 | 256 | 282 | 26 |
| Paediatric Urology | 66 | 65 | -1 | 19 | 34 | 15 | 85 | 99 | 14 |
| Restorative Dentistry | 0 | 0 | 0 | 13 | 24 | 11 | 13 | 24 | 11 |
| Neurology | 0 | 0 | 0 | 25 | 34 | 9 | 25 | 34 | 9 |

| 10 largest backlog Reductions | Admitted | | | Non Admitted | | | Total | | |
|-------------------------------|----------|-------|--------|--------------|-------|--------|-------|-------|--------|
| | March | April | Change | March | April | Change | March | April | Change |
| Allergy | 4 | 1 | -3 | 176 | 154 | -22 | 180 | 155 | -25 |
| Maxillofacial Surgery | 153 | 122 | -31 | 21 | 35 | 14 | 174 | 157 | -17 |
| Gastroenterology | 4 | 2 | -2 | 78 | 64 | -14 | 82 | 66 | -16 |
| Paediatric Medicine | 1 | 1 | 0 | 21 | 7 | -14 | 22 | 8 | -14 |
| Paed Immun and Allergy | 0 | 0 | 0 | 15 | 1 | -14 | 15 | 2 | -13 |
| Thoracic Medicine | 0 | 0 | 0 | 45 | 33 | -12 | 45 | 33 | -12 |
| Integrated Medicine | 0 | 0 | 0 | 11 | | -11 | 11 | | -11 |
| Paediatric Neurology | 0 | 0 | 0 | 15 | 8 | -7 | 15 | 8 | -7 |
| ENT | 450 | 443 | -7 | 272 | 274 | 2 | 722 | 717 | -5 |
| Anaesthetics | 0 | 0 | 0 | 10 | 7 | -3 | 10 | 7 | -3 |

| 10 largest backlog overall backlogs | Admitted | | | Non Admitted | | | Total | | |
|-------------------------------------|----------|-------|--------|--------------|-------|--------|-------|-------|--------|
| | March | April | Change | March | April | Change | March | April | Change |
| ENT | 450 | 443 | -7 | 272 | 274 | 2 | 722 | 717 | -5 |
| Urology | 336 | 401 | 65 | 92 | 123 | 31 | 428 | 524 | 96 |
| Orthopaedic Surgery | 235 | 240 | 5 | 257 | 251 | -6 | 492 | 491 | -1 |
| Paediatric ENT | 380 | 405 | 25 | 8 | 12 | 4 | 390 | 419 | 29 |
| Spinal Surgery | 51 | 76 | 25 | 260 | 311 | 51 | 311 | 387 | 76 |
| General Surgery | 233 | 250 | 17 | 93 | 105 | 12 | 326 | 355 | 29 |
| Gynaecology | 157 | 163 | 6 | 99 | 119 | 20 | 256 | 282 | 26 |
| Ophthalmology | 141 | 170 | 29 | 46 | 59 | 13 | 188 | 229 | 41 |
| Maxillofacial Surgery | 153 | 122 | -31 | 21 | 35 | 14 | 174 | 157 | -17 |
| Allergy | 4 | 1 | -3 | 176 | 154 | -22 | 180 | 155 | -25 |

| | |
|----------------------|---|
| Allergy | <p>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 continues to reduce.</p> <p>Actions: Trust grade has been appointed with a start date in June. Anticipate from June significant backlog reductions. SLA with Nottingham consultant for weekend WLI's continues. Reminder calls to reduce DNA's in place. Project to start advice and guidance initiated. Use of agency to support in increased capacity.</p> |
| ENT / Paediatric ENT | <p>Background: Current backlog driven by a high level of cancellations from 2015/16 winter bed pressures that have carried over into 2016/17. Cancellations for both adult and Paediatric ENT have remained high over the winter period into 2017 due to limited bed capacity. This has also resulted in prior to the day cancellations or reduced booking of lists. The combined adult and Paediatric ENT service has seen a referral increase of over 12% year to date to the previous financial year.</p> <p>Actions: Continued use of Medinet and wait list initiatives for admitted and non-admitted patients continue to end of April 2017. On-going use after this point is pending further discussion. Assess ability to increase WLI for Balance patients, linked to consultant discretionary effort dates agreed on going. Bed capacity modeling for Paediatric day case beds aims to improve throughput.</p> |
| General Surgery | <p>Background: Current performance driven by lack of capacity to meet SLA demands. Circa 3 sessions per week. Service highly affected by winter bed pressures on inpatient and critical care beds resulting in patient cancellations. Further risk going into winter months of increased cancellations due to further bed pressure demands. The service has seen a 16% increase in referrals year on year.</p> <p>Actions: Continued WLI's for admitted and non-admitted pathways. Left shift minor work to the Alliance, business case for 2 additional consultants</p> |
| Orthopaedic Surgery | <p>Background: Delays within with urgent diagnostic reporting adding to the outpatient pathway. Capacity gap between clinicians for sub specialties. Including Hand and Foot and Ankle patients. Impacted on elective cancellations to support emergency care.</p> <p>Actions: Additional clinics to reduce outpatient backlog. Clinical engagement for patients on foot and ankle pathway for waiting list management. Increased clinical capacity from February 2017</p> |
| Urology | <p>Background: Lack of in week outpatient and theatre capacity. Increased cancellations, increased activity over and above SLA predicted 297 admitted patient's full year and 10 increase in referrals from the previous year. Increase in patients cancelled before the day due to bed capacity. Alliance capacity decrease from Coventry and Warwick clinicians, impacts on ability to left shift activity.</p> <p>Actions: Wait list initiatives. Increase in uptake of UHL staffed lists allowing for more patients from the backlog to be treated. Medinet used to fill gap in sessions, currently in January 7 all day UHL staffed lists and 5 Medinet lists (24 sessions). Continuing WLI and process change in outpatients to reduce non admitted backlog. Left shifting of low complex patients to the Alliance started on 25th January.</p> |

Diagnostic Performance

April diagnostic performance for UHL and the Alliance combined is 0.85% achieving the standard performing below the 1% threshold. UHL alone achieved 0.78% for the month of March with 123 patients out of 15,824 not receiving their diagnostic within 6 weeks.

Of the 15 modalities measured against, 8 achieved the performance standard with 7 areas having waits of 6 weeks or more greater than 1%. Strong performance in non-obstetric ultrasound with no breaches from 6,799 patients and CT, 2 breaches (0.1%) from 2,551 supported the overall Trust performance. The 5 modalities with the highest number of breaches are listed below:

| Modality | Waiting list | Breaches | Performance |
|-------------------------------|--------------|----------|-------------|
| Magnetic Resonance Imaging | 2599 | 40 | 1.5% |
| Gastroscopy | 431 | 22 | 5.1% |
| Flexi sigmoidoscopy | 623 | 18 | 2.9% |
| Cardiology - echocardiography | 934 | 15 | 1.6% |
| Colonoscopy | 284 | 12 | 4.2% |

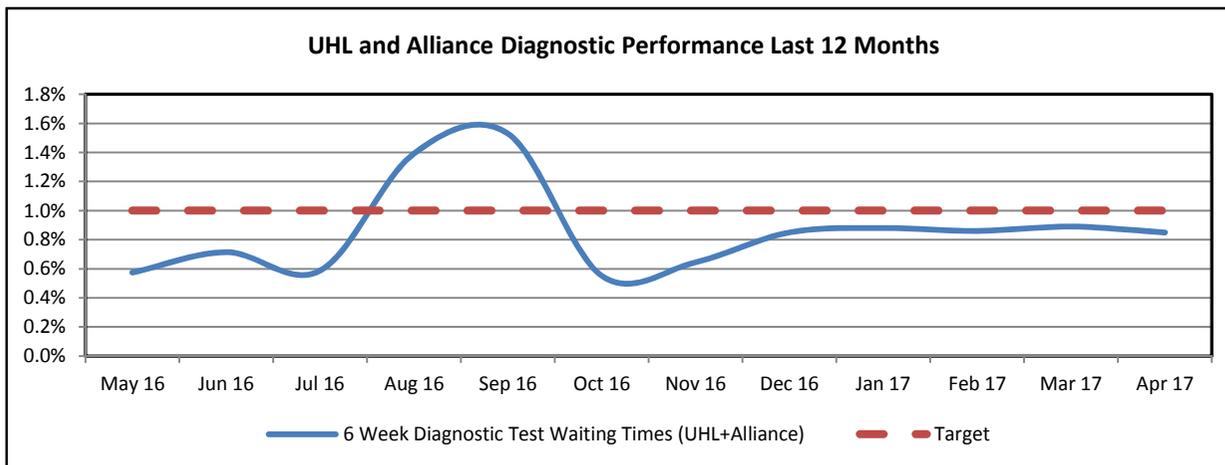
Risks to future months performance

Cardiac MRI remains a specific risk for May. This is due to increased demand and reduced capacity caused by annual leave and reduced discretionary effort from additional weekend sessions.

Patients requiring sedation under Propofol remain a risk with capacity available through ad hoc theatre sessions.

Clinical capacity within the Alliance has reduced for flexible cystoscopies.

It is anticipated the overall diagnostic performance for May will remain less than 1%.



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

| INDICATORS: The cancelled operations target comprises of two components 1.The % of cancelled operations for non-clinical reasons On The Day (OTD) of admission 2.The number of patients cancelled who are not offered another date within 28 days of the cancellation | Indicator | Target (monthly) | Latest month | YTD performance (inc Alliance) | Forecast performance for next reporting period |
|---|-----------|------------------|--------------|--------------------------------|--|
| | 1 | 0.8% | 1.0% | 1.0% | 1.2% |
| | 2 | 0 | 13 | 13 | 10 |

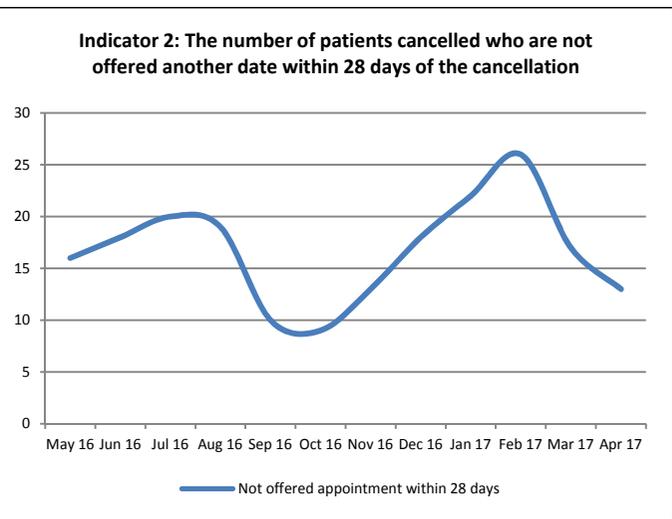
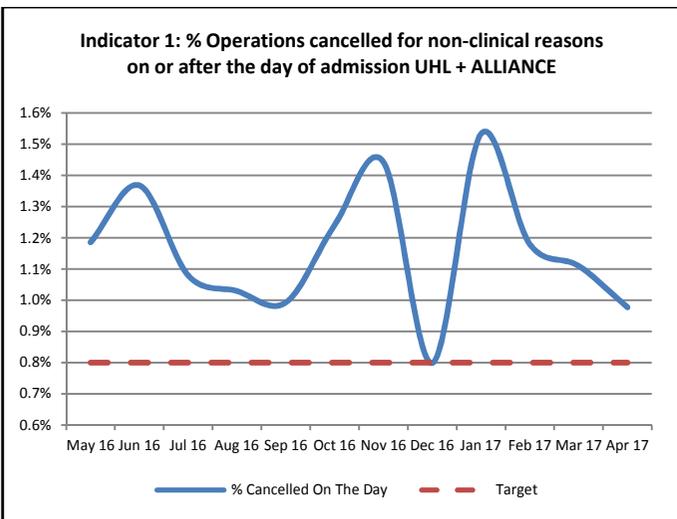
What is causing underperformance?

For April there were 99 non clinical hospital cancellations for UHL and Alliance combined. This resulted in a failure of the 0.8% standard as 1.0% of elective FCE's were cancelled on the day for non-clinical reasons (81 UHL 0.86% and 18 Alliance 2.5%).

UHL alone saw 81 patients cancelled on the day for a performance of 0.86%. Of the 81 cancellations, 26 patients were due to capacity related issues and 55 for other reasons. The 5 most common reasons for cancellation are:- Lack of theatre time/ List overrun accounted for 40% of all hospital non-clinical cancelled operations. ACPL for April was the highest since data has been recorded which may be a contributory factor. The Theatre Transformation Team and ITAPS along with relevant specialties and wards are working on a specific action plan to reduce late starts / turnaround times. This includes HCA for LGA reception to support patient transfers, no changes to first patient listed other than for clinical reasons and ward observations to support start times. The impact will be monitored via the Theatre Program Board.

Risk for next reporting period

Achieving the 0.8% standard in May remains a risk as Emergency pressures remain high. As of the 7th May there were 20 cancellations due to bed pressures. A new cancellation policy is in the process of being shadow monitored. Adherence to the escalation the policy is monitored in WAM and HoOPS.

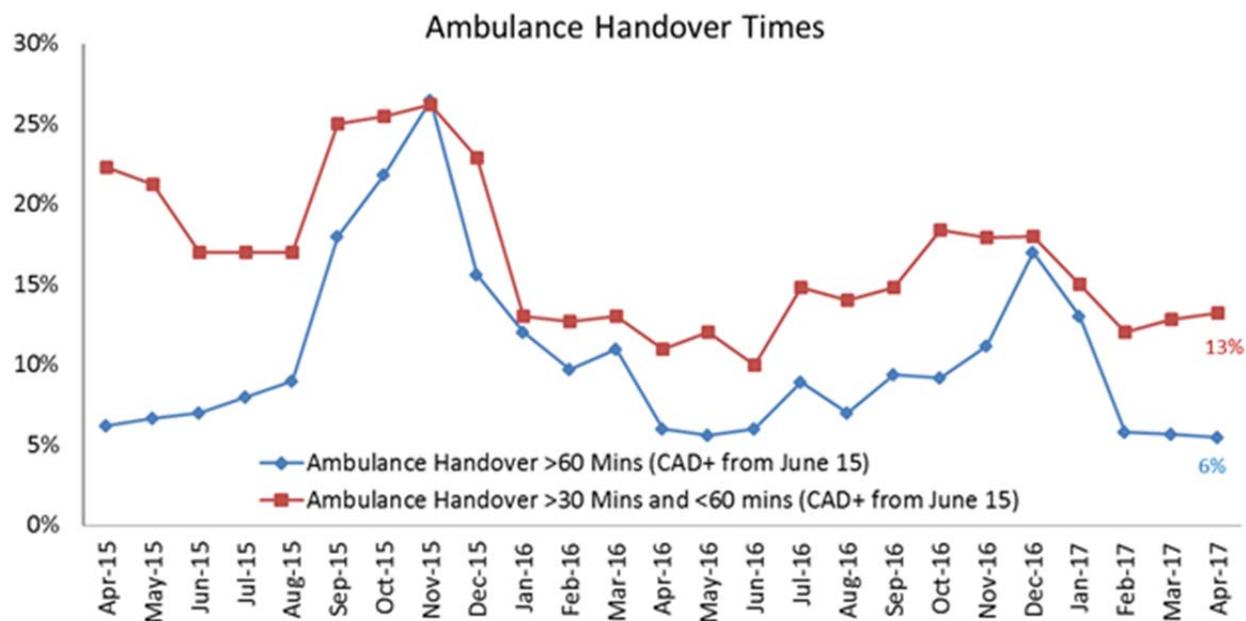


Ambulance handover > 30 minutes and >60 minutes - Performance

| | Jan-16 | Feb-16 | Mar-16 | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Apr-17 |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Ambulance Handover >60 Mins (CAD+ from June 15) | 12% | 10% | 11% | 6% | 6% | 6% | 9% | 7% | 9% | 9% | 11% | 17% | 13% | 6% | 6% | 6% |
| Ambulance Handover >30 Mins and <60 mins (CAD+ from June 15) | 13% | 13% | 13% | 11% | 12% | 10% | 15% | 14% | 15% | 18% | 18% | 18% | 15% | 12% | 13% | 13% |

What actions have been taken to improve performance?

- Moved to new ED on the 26th April with increase in number of Major cubicles
- Focussed work with staff embedding the new Standard Operation Procedures
- Senior leadership on the shop floor both clinically and managerially to support ambulance offload
- Daily SITREP meetings with the senior leadership team to review previous day before identifying key actions to improve processes
- Frequent monitoring in Gold meetings to ensure traction
- Real time escalation by duty team to Director on call of all patients that have waited longer than 60 minutes on an ambulance.
- GPAU opened longer to improve flow and appropriate patients moved from assessment bay into GPAU scheme
- ECIP visit 15th May 17 and 18th May with associated recommendations to be in place by 24th May 17.

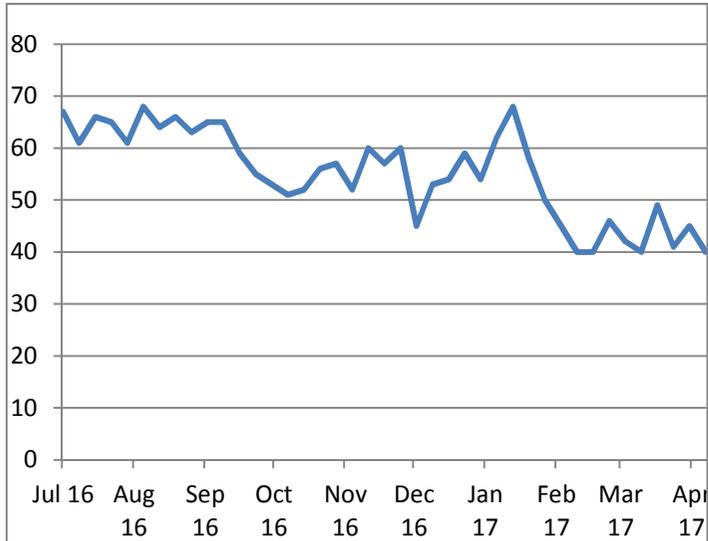


Cancer Waiting Time Performance

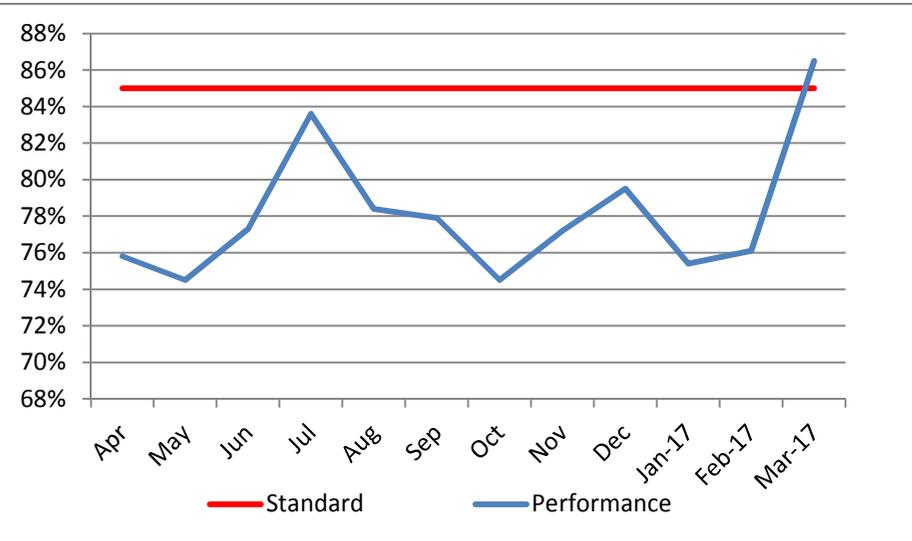
Current Performance:-

- Out of the 9 standards, UHL achieved 7 in March 17 which is a significant achievement.
- 2ww performance remained strong in March achieving 94% supporting an improved YTD position now at 93.21%. April is also expected to deliver the standard. March saw the highest number of 2WW referrals received, in 16/17 we saw an additional 9.9% on the previous year with particular increases in Skin, Lower GI, H&N, Gynae and Urology.
- 62 day performance achieved 86.5% in March being above national average (82.9%). This performance delivery hasn't been realised since April 2014 and is a direct result of a continued drive in reducing the backlog numbers. In 16/17 we treated an additional 85 patients, an increase of 5% with particular increases in Urology, Gynae & Lower GI. April performance is expected to also remain in the early 80's.
- The adjusted backlog (excluding tertiary referrals received after day 39) has remained in the 40's for the last 14 weeks and at the time of reporting currently sits at 45 – the key outliers are HPB, Urology & Skin.

62 Day Adjusted Backlog



62 Day Performance



Key themes identified in backlog

| Summary of delays | Numbers of patients | Summary |
|---|---------------------|--|
| Complex Patients/Complex Diagnostic Pathways | 8 | Across 5 tumour sites, – these are patients undergoing multiple tests, MDTs and diagnostics. This includes patients referred between multiple tumour sites with unknown primaries and patients with complex pathology to inform diagnosis. |
| Long Term F/U & Renal Surveillance | 3 | Specific to Lung and Urology, patients who have been under watchful wait by the clinical team who have subsequently returned to a 62 day pathway. This includes a Testicular patient with a planned follow up as per guidelines. |
| Capacity Delays – OPD & Surgical | 6 | Across 4 tumour site – HPB, Lung, Urology & Upper GI. For Urology, this refers to the patients awaiting robotic procedure which is a known capacity issue for the service – noted on the RAP point 3.1. Oncology outpatient waits in Lung and Upper GI having a noticeable impact as a primary delay reason – note RAP action 2.3 |
| UHL Pathway Delays (Next Steps compliance) | 9 | Across 4 tumour sites – Gynae, Urology, Lower GI and Maxfax, where more than 1 delay has occurred within the pathway and lack of compliance with Next Steps is evident. The delays range across Imaging, Cardiology and Pathology. This includes where diagnostic tests have been incorrectly requested as non 2WW and subsequently escalated. |
| Patient Delays | 11 | Across 4 tumour sites – a significant proportion of the backlog where patients have DNA'd on multiple occasions , required patient thinking time re decision making for treatment planning and general lack of engagement and patient holidays. |
| Patients Unfit | 9 | Across 5 tumour sites, patients who are unavailable for treatment due to other ongoing health issues of a higher clinical priority mainly affecting Skin and Gynae at the time of reporting. |

Backlog Review for patients waiting >104 days

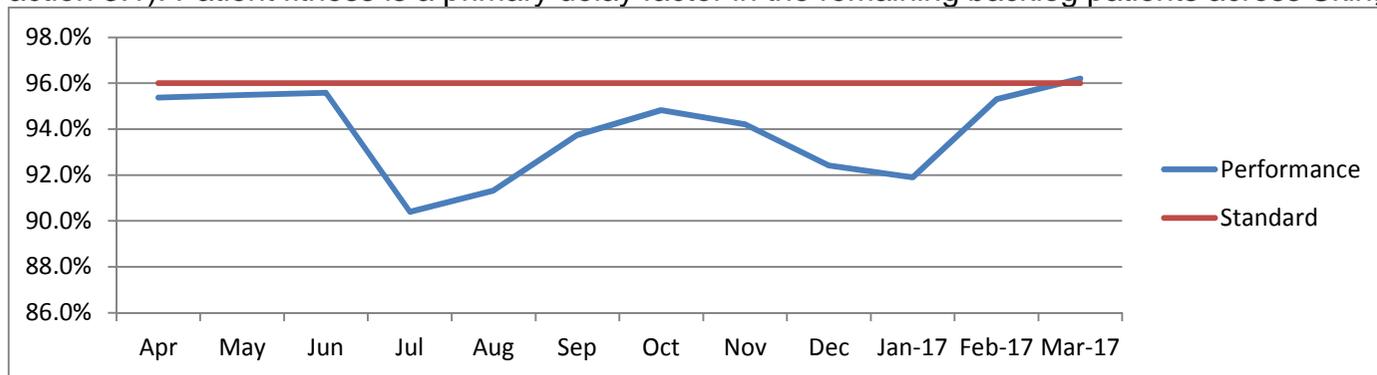
The following details all patients declared in the 104 Day Backlog for week ending 5/5/17. Note the patient reference number has been added to track patients each month as requested by the CCG. Last month's report showed 8 patients in the 104 Day backlog, 7 of those have now been treated. There are currently 5 patients in the backlog at the time of reporting.

NOTE: where patients who have a treatment date confirmed but with no diagnosis of Cancer confirmed, on review of histology, should that confirm a cancer diagnosis then this would class as treatment in those cases.

| Tumour Site | Total Number of patients | Current Wait (Days) | Confirmed Cancer Y/N | Treatment Date Y/N | Summary Delay Reasons |
|-------------|--------------------------|---------------------|----------------------|--------------------|---|
| SKIN | 2 | 137 | N | Y | Patient was admitted for Cardiac issues following DTT with Skin and treatment TCI was therefore cancelled. This patient has remained unfit and unavailable for treatment with Skin since the 16/1/17 and a patient choice delay will see this patient treated in June 2017. |
| | | 115 | Y | N | Patient is 97yrs old and has dementia, living in a care home. Arrangements for attendance for treatment have been difficult as a result with appointments cancelled and DNA'd. The treatment plan is for consideration of radiotherapy, their first consultation with Oncology is arranged for the 17.5.17. |
| UROLOGY | 2 | 119 | Y | N | Patient required repeat PSA x2 followed by multiple diagnostics including template biopsy and bone scans for diagnosis. Patient holiday delayed pathway by 20 days in February 2017. Patient was subsequently referred for consideration of radiotherapy vs surgery. First outpatient with Oncology is arranged for the 16.5.17 |
| | | 105 | Y | N | Pathway delays due to lack of contact from the patient to arrange biopsies, further diagnostics required following pathology including bone scan. Patient holiday during April delayed pathway for 10 days. Patient awaiting Oncology outpatient for consideration of radiotherapy vs radical prostatectomy. |
| LUNG | 1 | 143 | N | N | Long term follow up initially, planned review in March 2017 required further imaging – PET scan arranged. OPD follow up 11.4.17 – required further diagnostics, OGD and CTGBx. Delay to CTGBx 11 days, for review with results and next step in outpatients 16.5.17 |

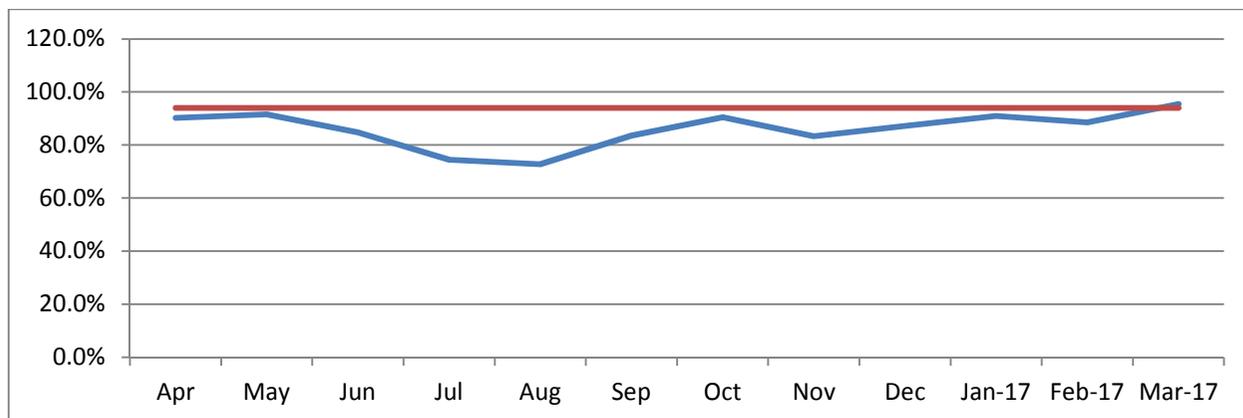
31 Day First Treatment – Performance

31 day 1st treatment performance was above the national target at 96.2% for March 2017. April is expected to remain in the early 90's at the time of reporting with an increasing backlog seen since the end of March. At the time of reporting, there are 12 patients in the backlog: access to beds and timely theatre capacity remains the key issue with particular issue for robotic capacity affecting the delivery of performance for Urology (See RAP action 3.1). Patient fitness is a primary delay factor in the remaining backlog patients across Skin, Gynae & Head & Neck



31 Day Subsequent Surgery Performance

31 day Subsequent performance for Surgery in March achieved the standard at 95.4%. The backlog at the time of reporting sits at 7, in 2 tumour sites – Urology (robotic surgical delays) and Lower GI (complex surgery).



Summary of the plan

The recovery action plan (RAP) is the central repository detailing measurable actions agreed between the Cancer Centre, Tumour Sites and CCGs aimed to address recovery in performance delivery and quality of patient care. Key milestones and delivery dates on the RAP are updated on a weekly basis in within UHL via the Cancer Action Board and Tumour site performance meetings, further reviewed monthly at the CA/RTT Working Group to provide appropriate assurances around improved sustainable delivery of the National Cancer Standards. 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).

Summary of high risks

The following remain the high risk issues affecting the delivery of the cancer standards and have been categorised as agreed by the joint working group.

| | Issue | Action being taken | Category |
|---|--|---|--|
| 1 | 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 | Delayed impact of Next Steps rollout resulting in delayed pathways | Full PTL review and micro management from the Cancer Centre and Tumour Sites and additional on the ground resources to support in clinic where appropriate. | Internal factors impacting on delivery |