Quality & Performance Report

Author: John Adler   Sponsor: Chief Executive   **Joint paper 1**

Executive Summary from CEO

Context

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

Questions

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

Conclusion

Good News: **Mortality** – the latest published SHMI (period January 2016 to December 2016) has reduced to 101 and remains within the expected range. **Diagnostic 6 week wait –** remains complaint for the 12th consecutive month. **52+ weeks wait –** current number this month is 1 patient (last September the number was 53). This is expected to be 0 at the end of October. **Cancer Two Week Wait** – have achieved the 93% threshold for over a year. **Delayed transfers of care** - remain within the tolerance. However, there are a range of other delays that do not appear in the count. **Never events** – 0 reported this month. **Pressure Ulcers** -1 **Grade 4** reported this financial year, nil reported during September. **Grade 3 and Grade 2** are well within the trajectory year to date, although the number of **Grade 2** reported in September was 1 above trajectory. **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 0.2% a significant improvement and our best performance since the introduction of CAD+ reporting in June 2015. **Single Sex Accommodation Breaches** – 0 breaches in September.

Bad News: **Moderate harms and above** – 23 cases reported during August (reported 1 month in arrears). **MRSA** – one avoidable case reported this month. **C DIFF –** September and year to date are above threshold. **Cancer 31 day** was not achieved in August. **ED 4 hour performance** – September's performance was 84%, an improvement on April to August. Further detail is in the Chief Operating Officer's report. **Referral to Treatment –** was 91.5% against a target of 92%, partly due to cancelled operations and loss of theatre capacity. **Cancelled operations** and **patients rebooked within 28 days** – continued to be non-compliant. **Cancer 31 day and 62 day treatment** was not achieved in August – delayed referrals from network

Board Intelligence Hub template

hospitals continue to be a significant factor. **Fractured NOF** – target was narrowly missed for the first time for 4 months. **Statutory & Mandatory Training** – unable to report from new system for the last 2 months. **TIA (high risk patients)** was non-compliant in September due to high number of referrals received in August.

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: 30th November 2017

Quality and Performance Executive Summary

September 2017

Domain - Safe

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

4
Never Events
YTD ↑

25 ↓
Serious
Incidents YTD
(No escalated each
month)

93
Moderate Harm
and above
YTD
(PSIs with finally
approved status) ↓

2
Avoidable
MRSA
YTD ↓

35
CDIFF
Cases
YTD ↓

Headlines

- Moderate harms and above – 23 cases reported in August.
- One case of avoidable MRSA's reported in September.
- *The first six months data for 2017/18 continues to demonstrate a strong performance against the EWS indicators. Our focus for 2017/18 will be to maintain this position and improve compliance with the % percentage of patients who develop Red Flag Sepsis whilst an inpatient and receive antibiotics within one hour*

SEPSIS

Patients with an Early Warning Score 3+ - % appropriate escalation	**93%** YTD ↑
Patients with EWS 3+ - % who are screened for sepsis	**94%** YTD ↓
ED - Patients who trigger with red flag sepsis - % that have their IV antibiotics within an hour	**86%** YTD ↓
Wards (including assessment units) Patients who trigger for Red Flag Sepsis - % that receive their antibiotics within an hour	**79%** YTD ↑

Domain - Caring

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

Friends and Family Test YTD % Positive

Inpatients FFT 96% ⬆
Day Case FFT 98% ↔
A&E FFT 95% ⬇
Maternity FFT 94% ↔
Outpatients FFT 94% ↔

Staff FFT Quarter 2 2017/18(Pulse Check)

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

Single sex accommodation breaches

9
YTD ↔

Headlines

- Friends and family test (FFT) for Inpatient and Daycase care combined are at 97% for September.
- Patient Satisfaction (FFT) for ED decreased to 96% for September, YTD is 95%.
- Single Sex Accommodation Breaches – 9 YTD (0 in September).

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 35.2% ⬇

Day Case FFT 25.0% ⬆

A&E FFT 11.4% ⬇

Maternity FFT 42.7% ⬇

Outpatients FFT 6.0% ⬆

Staff FFT Quarter 2 2017/18 (Pulse Check)

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

Headlines

- Inpatients and Daycase coverage remains above Trust target
- A&E coverage for September was 12.4% against a target of 10%.
- Appraisals are 4% off target (this excludes facilities staff that were transferred over from Interserve).
- Statutory & Mandatory is 10% off the 95% target.
- Please see the HR update for more information.

% Staff with Annual Appraisals

91.0% YTD ⬇

Statutory & Mandatory Training

85% July ↔

BME % - Leadership

27% Qtr2
8A including medical consultants

13% Qtr2
8A excluding medical consultants

Domain – Effective

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

Mortality – Published SHMI

101
Jan16-Dec16 ⬆

Stroke TIA clinic within 24hrs

54.7%
YTD ⬇

80% of patients spending 90% stay on stoke unit

87.7%
YTD ⬇

Emergency Crude Mortality Rate

2.0%
YTD ⬆

30 Days Emergency Readmissions

9.1%
YTD ⬇

NoFs operated on 0-35hrs

71.7%
YTD ⬇

Headlines

- Latest UHL's SHMI is 101. A recent in depth HED review of UHL mortality did not identify any additional areas of mortality by condition which needed action that we did not already have reviews or action plans in place for.
- Fractured NoF – 69.6% of patients were operated on within 0-35hours in September.
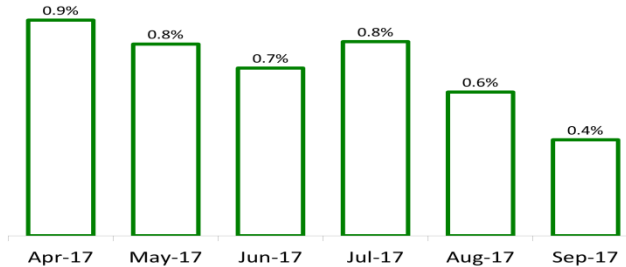
Domain – Responsive

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

RTT - Incomplete 92% in 18 Weeks

91.5%
As at Sept ⬇

6 week Diagnostic Wait times

Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
0.9%	0.8%	0.7%	0.8%	0.6%	0.4%

Cancelled Operations UHL

Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
1.0%	1.1%	1.0%	1.0%	1.1%	1.3%

RTT 52 week wait incompletes

1
As at Sept ⬆

ED 4Hr Wait

A&E **80.2%** YTD ⬆

Ambulance Handovers

3% > 60mins ⬆
8% 30-60mins
YTD ⬆

Headlines

- 52+ weeks - current number this month is 1 patients (last September the number was 53).
- Diagnostic 6 week wait – we have now achieved twelve consecutive months below the 1% national target.
- Ambulance handover 60+ minutes for September was 0.2%. A significant improvement and our best performance since the introduction of CAD+ reporting in June 2015.
- 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.
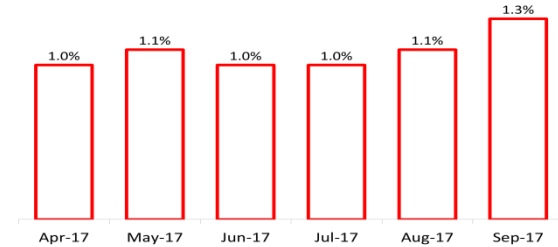
Cancer 2 week wait

94.4%
YTD

94.3%
Aug ⬆

31 day wait

95.9%
YTD

95.1%
Aug ⬇

62 day wait

79.7%
YTD

78.7%
Aug ⬇

31 day backlog

14
Sep ⬆

62 day backlog

65
Sep ⬇

62 day adjusted backlog

60
Sep ⬇

Headlines

Cancer performance is reported 1 month in arrears.

- Cancer Two Week Wait was achieved in August and has remained compliant since July 16.
- 31 day wait was 0.9% off target for August.
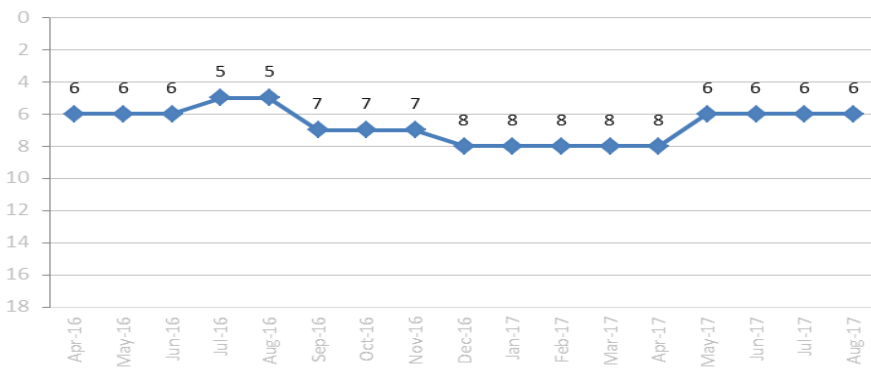- Cancer 62 day treatment – was 6.3% off target for August.

7

Peer Group Analysis (August 2017)

RTT 18+ Weeks Backlog - August 2017

All Acute Trusts Performance - 89.0%   *UHL ranks 74 out of the 148 Acute Trusts**

71 of the 148 Acute Trusts* achieved 92% or more

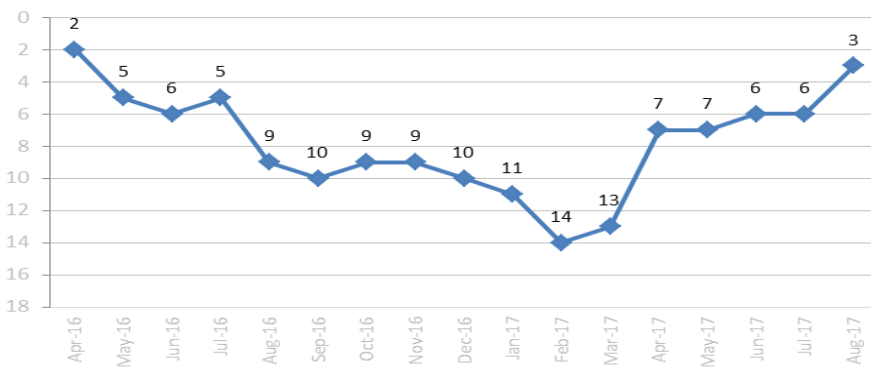| Peer Rank	Provider Name	RTT Incompletes Performance - Target 92%
1	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	95.7%
2	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	94.7%
3	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	94.5%
4	HEART OF ENGLAND NHS FOUNDATION TRUST	92.1%
5	CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	92.1%
6	**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**	**91.8%**
7	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	90.5%
8	PENNINE ACUTE HOSPITALS NHS TRUST	89.9%
9	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	88.7%
10	LEEDS TEACHING HOSPITALS NHS TRUST	88.5%
11	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	87.8%
12	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	85.9%
13	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	84.3%
14	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	83.2%
15	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	82.7%
16	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	79.1%
17	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	77.5%
-	BARTS HEALTH NHS TRUST - not reported	-

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

Diagnostics - August 2017

All Acute Trusts Performance - 2.2%   *UHL ranks 52 out of the 148 Acute Trusts**

79 of the 148 Acute Trusts* achieved <1% or less   *(Ranked Ascending)*

Peer Rank	Provider Name	Diagnostics Peformance %Waiting 6 Wks+ - Target <=1%
1	LEEDS TEACHING HOSPITALS NHS TRUST	0.2%
2	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	0.5%
3	**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**	**0.6%**
4	HEART OF ENGLAND NHS FOUNDATION TRUST	0.6%
5	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	0.7%
6	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	0.8%
7	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	0.9%
8	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	0.9%
9	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	1.0%
10	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	1.4%
11	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	1.7%
12	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	2.1%
13	PENNINE ACUTE HOSPITALS NHS TRUST	2.5%
14	CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	3.2%
15	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	3.5%
16	BARTS HEALTH NHS TRUST	3.7%
17	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	7.3%
18	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	8.2%

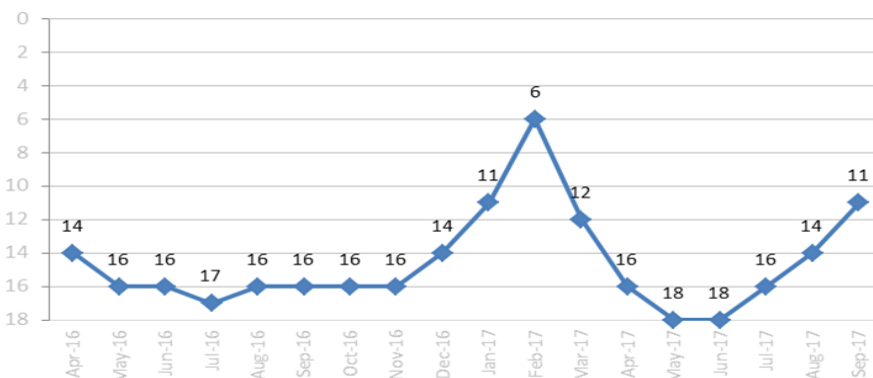UHL Peer Ranking - Diagnostics (n/18)

Peer Group Analysis (August 2017)

ED Attendances within 4 hours - September 2017

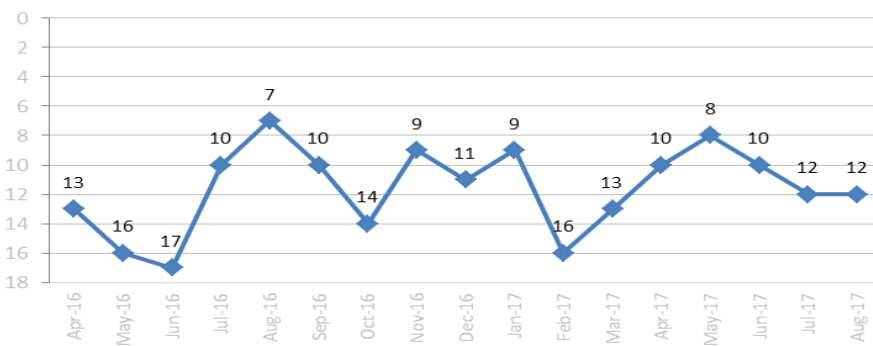| Peer Rank	Provider Name	Performance within 4 Hours - Target 95% - Amber 92% - <95%
1	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	94.4%
2	CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	92.3%
3	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	89.8%
4	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	87.9%
5	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	86.9%
6	LEEDS TEACHING HOSPITALS NHS TRUST	86.7%
7	BARTS HEALTH NHS TRUST	86.6%
8	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	86.5%
9	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	85.1%
10	PENNINE ACUTE HOSPITALS NHS TRUST	85.0%
11	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	84.0%
12	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	82.8%
13	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	82.7%
14	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	82.7%
15	HEART OF ENGLAND NHS FOUNDATION TRUST	80.0%
16	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	76.7%
17	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	76.5%
18	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	70.5%

UHL Peer Ranking - ED (n/18)

TWO WEEK WAIT-ALL CANCER - August 2017

Peer Rank	Provider	Performance within 14 Days - Target 93%
1	BARTS HEALTH NHS TRUST	98.0%
2	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	97.5%
3	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	97.0%
4	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	96.6%
5	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	96.4%
6	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	96.3%
7	HEART OF ENGLAND NHS FOUNDATION TRUST	96.0%
8	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	95.7%
9	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	95.0%
10	LEEDS TEACHING HOSPITALS NHS TRUST	94.6%
11	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	94.3%
12	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	94.3%
13	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	93.8%
14	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	93.5%
15	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	91.1%
16	CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	89.1%
17	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	85.3%
18	PENNINE ACUTE HOSPITALS NHS TRUST	82.6%

UHL Peer Ranking - TWO WEEK WAIT-ALL CANCER (n/18)
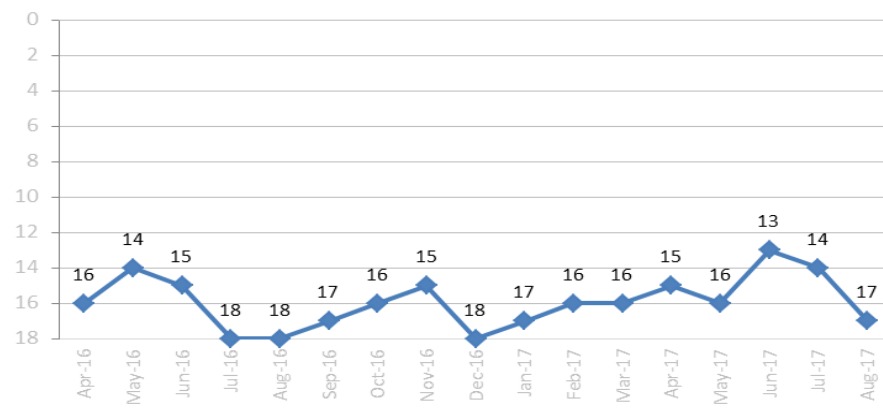
Peer Group Analysis (August 2017)

31-DAY FIRST TREAT - August 2017

All Acute Trusts Performance - 97.7%   *UHL ranks 146 out of the 148 Acute Trusts**
143 of the 148 Acute Trusts* achieved 96% or more

Peer Rank	Provider	Performance within 31 Days - Target 96%
1	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	99.5%
2	BARTS HEALTH NHS TRUST	99.3%
3	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	98.4%
4	HEART OF ENGLAND NHS FOUNDATION TRUST	98.1%
5	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	98.1%
6	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	97.9%
7	LEEDS TEACHING HOSPITALS NHS TRUST	97.8%
8	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	97.6%
9	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	97.1%
10	PENNINE ACUTE HOSPITALS NHS TRUST	97.1%
11	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	97.0%
12	CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	96.8%
16	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	96.5%
14	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	96.4%
15	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	96.2%
16	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	96.2%
17	**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**	**95.1%**
18	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	93.8%

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

62-DAY GP Referral - August 2017

All Acute Trusts Performance - 82.6%   *UHL ranks 112 out of the 148 Acute Trusts**
77 of the 148 Acute Trusts* achieved 85% or more

Peer Rank	Provider	Performance within 62 Days - Target 85%
1	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	89.3%
2	HEART OF ENGLAND NHS FOUNDATION TRUST	87.9%
3	BARTS HEALTH NHS TRUST	87.5%
4	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	86.9%
5	CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	86.4%
6	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	85.2%
7	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	85.1%
8	PENNINE ACUTE HOSPITALS NHS TRUST	83.8%
9	LEEDS TEACHING HOSPITALS NHS TRUST	83.4%
10	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	82.8%
11	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	80.4%
12	**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**	**79.1%**
13	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	76.6%
14	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	75.6%
15	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	75.1%
16	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	74.4%
17	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	71.3%
18	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	67.3%

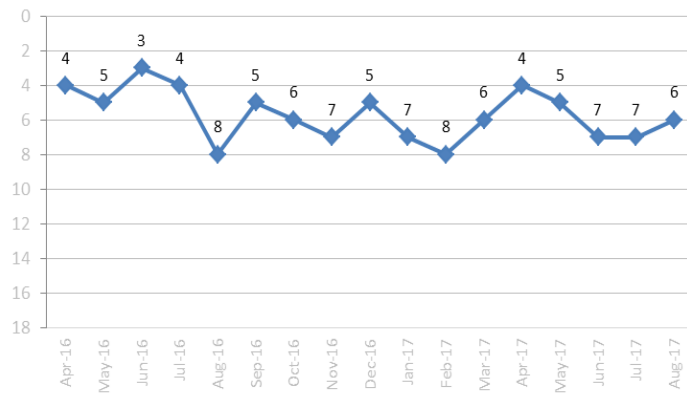UHL Peer Ranking - 62-DAY GP Referral (n/18)

Peer Group Analysis (August 2017)

Inpatient FFT - August 2017

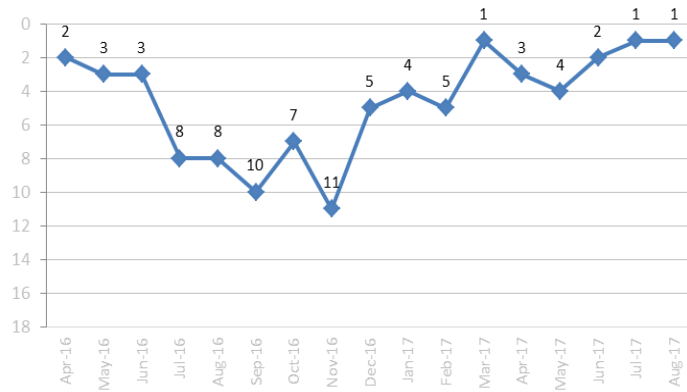|	All Acute Trusts - Response Rate 26% - Recommended 96% - Not Recommended 2%			UHL ranks 52 (for Recommended) and 55* (for Not Recommended) out of the 148 Trusts**	
Peer Rank (Recommended)	**Provider Name**	**Response Rate**	**Percentage Recommended**	**Percentage Not Recommended**	
1	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	24%	99%	1%	
2	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	20%	98%	1%	
3	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	25%	97%	0%	
4	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	14%	97%	1%	
5	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	36%	97%	1%	
6	**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**	**29%**	**97%**	**1%**	
7	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	33%	97%	1%	
8	CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	37%	96%	2%	
9	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	21%	96%	2%	
10	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	30%	95%	1%	
11	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	28%	95%	2%	
12	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	18%	95%	2%	
13	LEEDS TEACHING HOSPITALS NHS TRUST	38%	95%	2%	
14	BARTS HEALTH NHS TRUST	21%	93%	2%	
15	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	20%	93%	3%	
16	HEART OF ENGLAND NHS FOUNDATION TRUST	26%	93%	3%	
17	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	21%	93%	4%	
18	PENNINE ACUTE HOSPITALS NHS TRUST	36%	90%	4%	

UHL Peer Ranking - Inpatient FFT (n/18)

A&E FFT - August 2017

	All Acute Trusts - Response Rate 26% - Recommended 96% - Not Recommended 2%			UHL ranks 4 (for Recommended) and 4* (for Not Recommended) out of the 148 Trusts**	
Peer Rank (Recommended)	**Provider Name**	**Response Rate**	**Percentage Recommended**	**Percentage Not Recommended**	
1	**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**	**14%**	**98%**	**1%**	
2	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	26%	96%	2%	
3	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	13%	95%	3%	
4	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	4%	93%	4%	
5	CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	17%	91%	4%	
6	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	2%	91%	6%	
7	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	22%	89%	6%	
8	BARTS HEALTH NHS TRUST	5%	89%	3%	
9	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	20%	87%	8%	
10	LEEDS TEACHING HOSPITALS NHS TRUST	21%	87%	8%	
11	PENNINE ACUTE HOSPITALS NHS TRUST	17%	85%	9%	
12	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	13%	85%	10%	
13	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	5%	84%	9%	
14	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	13%	82%	11%	
15	HEART OF ENGLAND NHS FOUNDATION TRUST	15%	82%	10%	
16	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	18%	81%	11%	
17	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	17%	75%	17%	
18	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	35%	67%	19%	

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

UHL Activity Trends

Referrals (GP)

GP /GDP Referrals FY2016/17 Vs 2017/18

Legend: Referrals 2016/17, Referrals 2017/18
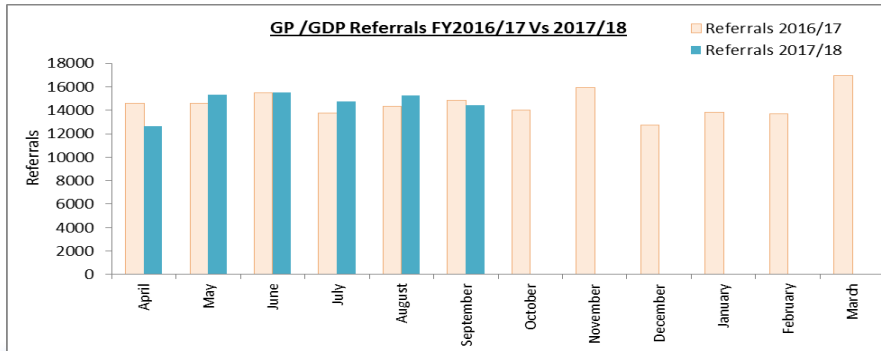
April - September
17/18 Vs 16/17 +354 +0.4%

Overall referrals are similar to last year.

TOTAL Outpatient Appointments

TOTAL Outpatients FY2016/17 Vs 2017/18

Legend: Activity 2016/17, Activity 2017/18, Plan 2017/18
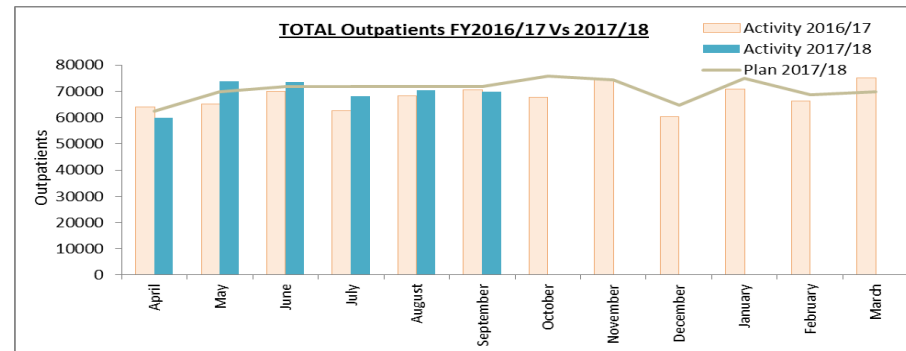
April - September
17/18 Vs 16/17 +14,915 +4%
17/18 Vs Plan -3971 -0.9%

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

Daycases

Daycase FY2016/17 Vs 2076/18

Legend: Activity 2016/17, Activity 2017/18, Plan 2017/18
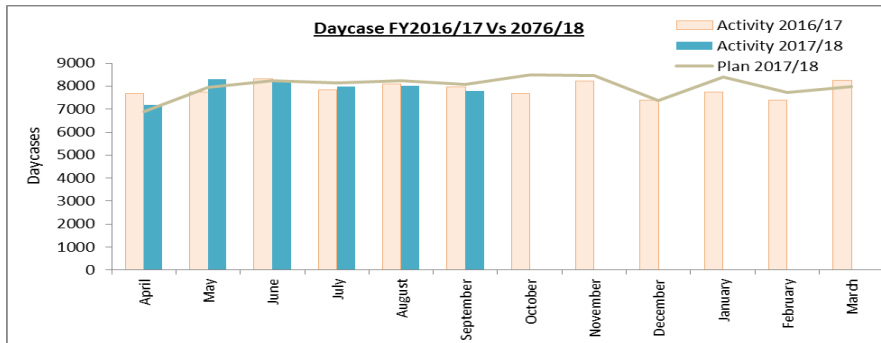
April - September
17/18 Vs 16/17 -166 0%
17/18 Vs Plan -102 0%

Growth in Medical Oncology and Rheumatology. Gastroenterology down against plan.

Elective Inpatient Admissions

Elective Inpatient FY2016/17 Vs 2017/18

Legend: Activity 2016/17, Activity 2017/18, Plan 2017/18
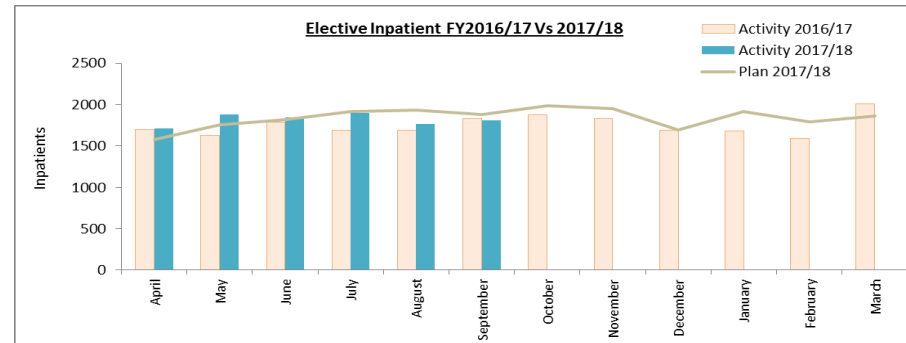
April - September
17/18 Vs 16/17 +565 +6%
17/18 Vs Plan +13 0%

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

UHL Activity Trends

Emergency Admissions
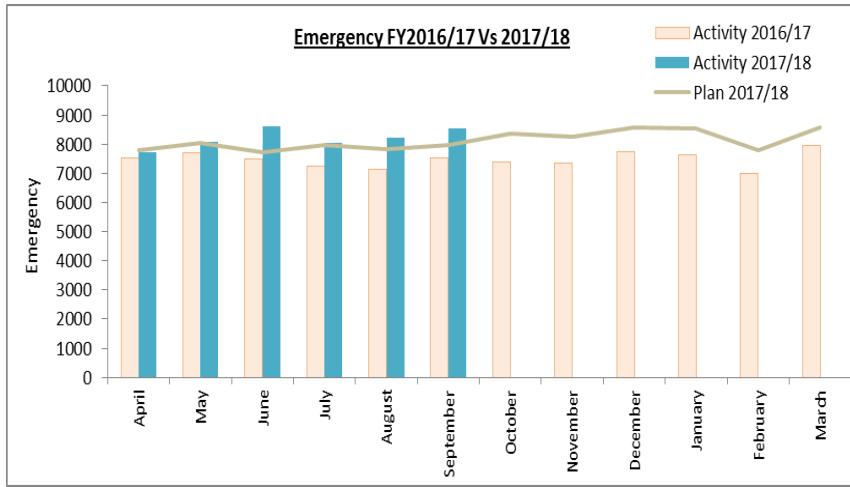
April – September
17/18 Vs 16/17 +4,654 +10%
17/18 Vs Plan   +1,953   +4%

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

A & E Attendances
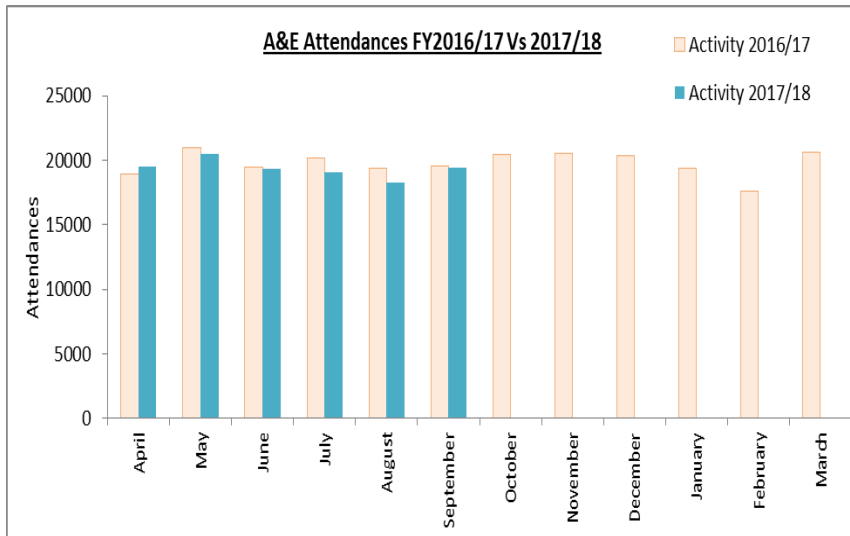
April - September
17/18 Vs 16/17 -2,376 -2%

A&E attendances include ED and Eye casualty attendances.

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

UHL Bed Occupancy

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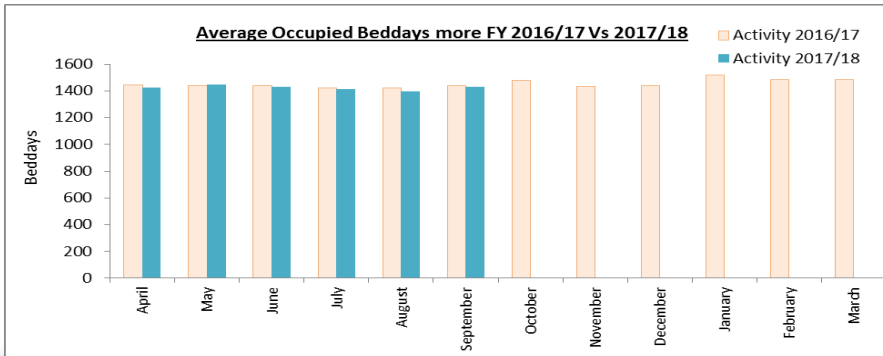
Midnight G&A bed occupancy continues to run similar to the same period last year.

Number of Adult Emergency Patients with a stay of 7 nights or more
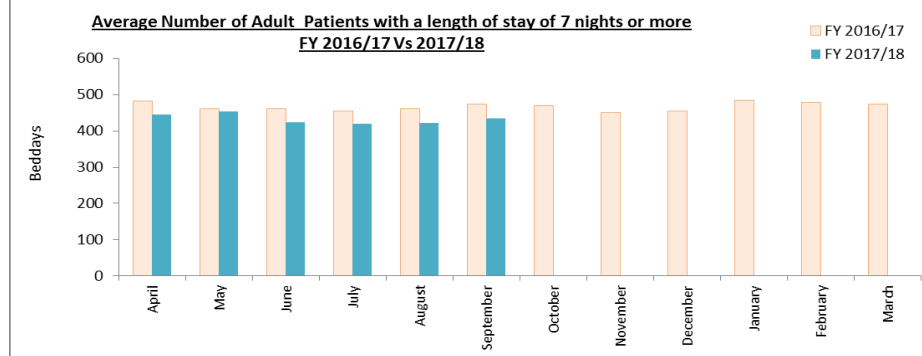
The number of patients staying in beds 7 nights or more has reduced compared to the same periods last year.

Emergency Occupied beddays
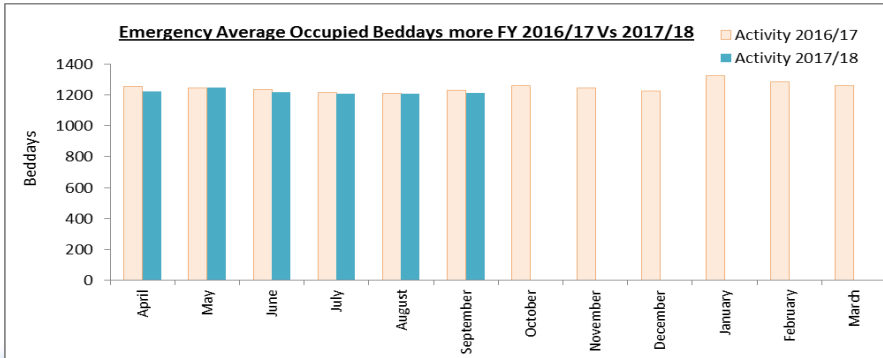
A slight reduction in Emergency occupied bed days.

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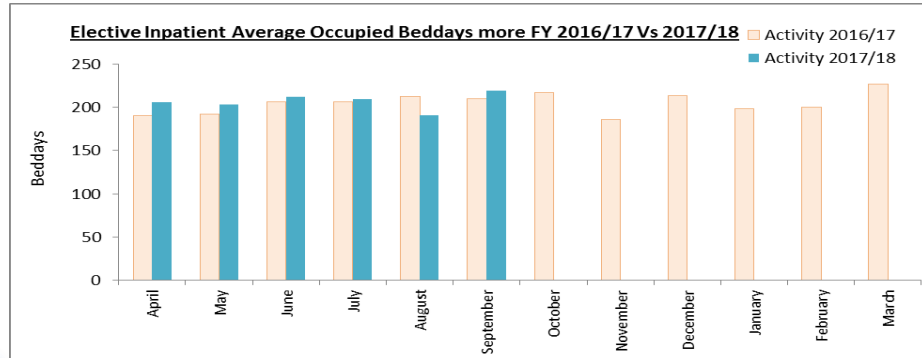
YTD Bed occupancy is higher compared to the same period last year, which is reflective of the higher level of elective activity carried out.

Quality and Performance Report

September 2017

Caring at its best

University Hospitals of Leicester NHS
NHS Trust

One team shared values

CONTENTS

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

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

DATE: 26th OCTOBER 2017

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

SUBJECT: SEPTEMBER 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 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	5
Caring	5	11	0
Well Led	6	23	3
Effective	7	9	4
Responsive	8	15	6
Responsive Cancer	9	9	5
Research – UHL	18	6	0
Total		95	23

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

4.0   Changes to Indicators/Thresholds

The Ambulance Handover targets of 0 remains the same for 30-59mins and 60+mins, however the RAG rating has been amended to include Amber – 30-59mins <4% and for 60+mins < 0.5%.

Safe

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	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	17/18 YTD
S1	Reduction for moderate harm and above PSIs with finally approved status - reported 1 month in arrears	AF	MD	9% REDUCTION FROM FY 16/17 (<12 per month)	QC	Red if >12 in mth, ER if >12 for 2 consecutive mths	May-17	New Indicator	262	156	14	18	16	15	9	17	18	11	23	23	13	23		93
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	2	4	4	2	3	1	3	4	5	3	5	3	5	25
S3	Proportion of reported safety incidents per 1000 attendances (IP, OP and ED)	AF	MD	> FY 16/17	UHL	Not required	May-17	New Indicator	17.5	16.5	16.5	16.2	15.3	17.1	15.8	15.8	14.2	16.3	15.7	15.1	15.4	13.9	14.5	15.2
S4	SEPSIS - Patients with an Early Warning Score 3+ - % appropriate escalation	AF	SH	95%	UHL	TBC	Dec-17	New Indicator	88%	91%	86%	89%	88%	89%	89%	90%	91%	91%	92%	94%	94%	95%	93%
S5	SEPSIS - Patients with EWS 3+ - % who are screened for sepsis	AF	SH	95%	UHL	TBC	Dec-17	New Indicator	93%	91%	95%	99%	99%	99%	97%	96%	96%	95%	94%	92%	94%	93%	94%
S6	SEPSIS - ED - Patients who trigger with red flag sepsis - % that have their IV antibiotics within an hour	AF	SH	90%	UHL	TBC	Dec-17	New Indicator	76%	75%	79%	82%	76%	83%	88%	85%	86%	86%	87%	86%	86%	85%	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	Dec-17	New Indicator	55%	45%	61%	67%	76%	78%	77%	85%	81%	75%	82%	80%	75%	80%	79%
S8	Overdue CAS alerts	AF	MD	0	NHSI	Red if >0 in mth ER = in mth >0	Nov-16	10	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
S9	RIDDOR - Serious Staff Injuries	AF	MD	FYE <=40	UHL	Red / ER if non compliance with cumulative target	Oct-17	24	32	28	2	4	4	2	5	4	2	7	3	5	4	4	7	30
S10	Never Events	AF	MD	0	NHSI	Red if >0 in mth ER = in mth >0	May-17	3	2	4	0	0	1	0	1	0	1	0	3	0	0	1	0	4
S11	Clostridium Difficile	JS	DJ	61	NHSI	Red if >mthly threshold / ER if Red or Non compliance with cumulative target	Nov-17	73	60	60	8	5	7	0	5	7	5	5	0	10	5	7	8	35
S12	MRSA Bacteraemias - Unavoidable or Assigned to third Party	JS	DJ	0	NHSI	Red if >0 ER Not Required	Nov-17	6	1	3	0	0	0	0	0	1	1	0	0	0	0	0	0	0
S13	MRSA Bacteraemias (Avoidable)	JS	DJ	0	UHL	Red if >0 ER if >0	Nov-17	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	2
S14	MRSA Total	JS	DJ	0	UHL	Red if >0 ER if >0	Nov-17	1	0	3	0	0	0	0	0	1	1	0	0	0	0	1	1	2
S15	% of UHL Patients with No Newly Acquired Harms	JS	NB	>=95%	UHL	Red if <95% ER if in mth <95%	Sept-16	New Indicator	97.7%	97.7%	97.9%	98.0%	97.3%	98.0%	98.0%	97.7%	96.7%	97.2%	97.8%	97.4%	97.4%	98.0%	98.0%	97.6%
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%	95.7%	96.3%	96.3%	95.1%	95.0%	95.1%	95.1%	95.4%	95.8%	96.2%	95.9%	96.1%	95.7%	95.8%
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	6.1	5.4	5.7	5.7	5.4	5.7	5.7	5.9	5.5	5.8	4.8	6.0		5.6
S18	Avoidable Pressure Ulcers - Grade 4	JS	MC	0	QS	Red / ER if Non compliance with monthly target	Aug-17	2	1	1	0	0	1	0	0	0	0	0	0	1	0	0	0	1
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	Aug-17	69	33	28	2	2	2	2	2	3	1	0	0	4	0	0	0	4
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	Aug-17	91	89	89	6	9	10	5	8	7	5	6	5	2	4	1	8	26
S21	Maternal Deaths (Direct within 42 days)	AF	IS	0	UHL	Red or ER if >0	Jan-17	1	0	2	0	1	0	0	0	0	0	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%	18.1%	16.9%	15.3%	16.3%	17.9%	17.0%	16.7%	18.4%	19.3%	18.0%	16.6%	18.3%	17.7%	18.1%

Caring

KPI Ref	Indicators	Board Director	Lead Officer	17/18 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	DQF Assessment outcome/Date	14/15 Outturn	15/16 Outturn	16/17 Outturn	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	17/18 YTD
C1	>75% of patients in the last days of life have individualised End of Life Care plans	TBC	TBC	TBC	QC	TBC	NEW INDICATOR																	
C2	Formal complaints rate per 1000 IP,OP and ED attendances	AF	MD	No Target	UHL	Monthly reporting	Aug-17	NEW INDICATOR		1.1	1.4	1.1	1.2	1.2	1.2	0.9	1.2	1.1	1.1	1.1	1.0	1.6	1.5	1.2
C3	Percentage of upheld PHSO cases	AF	MD	No Target	UHL	Quarterly reporting	TBC	NEW INDICATOR		5%	0% (0 out of 3 cases)			0% (Zero cases)			0% (0 out of 3 cases)			0% (0 out of 1 case)			0.0
C4	Published Inpatients and Daycase Friends and Family Test - % positive	JS	HL	97%	UHL	Red if <95% ER if red for 3 consecutive months Revise threshold 17/18	Jun-17	New Indicator	97%	97%	97%	96%	97%	97%	96%	96%	97%	97%	97%	97%	97%	97%	97%	97%
C5	Inpatients only Friends and Family Test - % positive	JS	HL	97%	UHL	Red if <95% ER if red for 3 consecutive months Revise threshold 17/18	Jun-17	96%	97%	96%	96%	96%	96%	96%	95%	95%	95%	96%	96%	96%	96%	96%	97%	96%
C6	Daycase only Friends and Family Test - % positive	JS	HL	97%	UHL	Red if <95% ER if red for 3 consecutive months Revise threshold 17/18	Jun-17	New Indicator	98%	98%	98%	98%	98%	98%	98%	99%	98%	99%	98%	99%	98%	98%	98%	98%
C7	A&E Friends and Family Test - % positive	JS	HL	97%	UHL	Red if <93% ER if red for 3 consecutive months Revised threshold 17/18	Jun-17	96%	96%	91%	84%	87%	84%	91%	93%	94%	95%	94%	93%	96%	95%	98%	96%	95%
C8	Outpatients Friends and Family Test - % positive	JS	HL	97%	UHL	Red if <93% ER if red for 3 consecutive months Revised threshold 17/18	Jun-17	New Indicator	94%	93%	95%	95%	95%	92%	92%	92%	92%	92%	93%	95%	94%	95%	95%	94%
C9	Maternity Friends and Family Test - % positive	JS	HL	97%	UHL	Red if <93% ER if red for 3 consecutive months Revised threshold 17/18	Jun-17	96%	95%	95%	95%	95%	94%	93%	96%	94%	95%	94%	95%	96%	94%	93%	93%	94%
C10	Friends & Family staff survey: % of staff who would recommend the trust as place to receive treatment (from Pulse Check)	LT	LT	TBC	NHSI	TBC	Aug-17	69.2%	70.0%	73.6%	73.3%			72.7%			74.3%			70.7%			72.5%
C11	Single Sex Accommodation Breaches (patients affected)	JS	HL	0	NHSI	Red if >0 ER if 2 consecutive months >5	Dec-16	13	1	60	20	7	1	14	6	4	1	3	3	1	2	0	0	9

Well Led

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	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	17/18 YTD
W1	Published Inpatients and Daycase Friends and Family Test - Coverage (Adults and Children)	JS	HL	Not Appicable	N/A	Not Appicable	Jun-17	New Indicator	27.4%	30.2%	27.8%	31.6%	31.6%	27.5%	27.2%	30.7%	30.4%	32.4%	31.9%	27.7%	31.0%	29.3%	29.4%	30.3%
W2	Inpatients only Friends and Family Test - Coverage (Adults and Children)	JS	HL	30%	QS	Red if <26% ER if 2mths Red	Jun-17	New Indicator	31.0%	35.3%	33.1%	36.6%	37.0%	31.9%	31.3%	35.4%	33.8%	37.1%	37.2%	30.6%	37.7%	35.6%	33.2%	35.2%
W3	Daycase only Friends and Family Test - Coverage (Adults and Children)	JS	HL	20%	QS	Red if <10% ER if 2 mths Red	Jun-17	New Indicator	22.5%	24.4%	21.6%	25.9%	25.7%	22.3%	22.5%	25.5%	26.4%	27.1%	26.4%	24.7%	23.9%	22.7%	25.3%	25.0%
W4	A&E Friends and Family Test - Coverage	JS	HL	10%	QS	Red if <7.1% ER if 2 mths Red	Jun-17	New Indicator	10.5%	10.8%	11.7%	9.8%	11.4%	7.1%	10.4%	13.8%	12.1%	13.8%	8.3%	9.4%	11.1%	13.5%	12.4%	11.4%
W5	Outpatients Friends and Family Test - Coverage	JS	HL	5%	QS	Red if <1.5% ER if 2 mths Red	Jun-17	New Indicator	1.4%	3.0%	1.5%	1.5%	1.8%	5.7%	5.9%	5.9%	6.5%	5.4%	5.6%	6.0%	5.7%	6.4%	6.6%	6.0%
W6	Maternity Friends and Family Test - Coverage	JS	HL	30%	UHL	Red if <26% ER if 2 mths Red	Jun-17	28.0%	31.6%	38.0%	37.8%	38.3%	41.1%	37.1%	40.9%	38.0%	41.1%	46.8%	44.1%	42.2%	43.3%	40.9%	38.8%	42.7%
W7	Friends & Family staff survey: % of staff who would recommend the trust as place to work (from Pulse Check)	LT	BK	Not within Lowest Decile	NHSI	TBC	Sep-17	54.2%	55.4%	61.9%			62.9%			61.4%			62.5%			57.3%		59.9%
W8	Nursing Vacancies	JS	MM	TBC	UHL	Separate report submitted to QAC	Sep-17	New Indicator	8.4%	9.2%	8.7%	10.3%	9.7%	7.1%	7.6%	7.4%	9.2%	10.9%	9.9%	11.1%	10.8%	10.3%	9.7%	10.5%
W9	Nursing Vacancies in ESM CMG	JS	MM	TBC	UHL	Separate report submitted to QAC	Sep-17	New Indicator	17.2%	15.4%	21.4%	20.0%	20.2%	14.5%	11.9%	13.7%	15.4%	19.7%	16.9%	21.3%	23.3%	22.5%	22.4%	21.0%
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%	9.2%	9.1%	9.2%	9.3%	9.3%	9.3%	9.3%	8.7%	8.8%	8.8%	8.8%	8.7%	8.5%	8.7%
W11	Sickness absence (reported 1 month in arrears)	LT	BK	3%	UHL	Red if >4% ER if 3 consecutive mths >4.0%	Oct-16	3.8%	3.6%	3.3%	3.4%	3.5%	3.6%	3.6%	3.7%	3.5%	3.3%	3.3%	3.5%	3.6%	3.8%	3.9%		3.6%
W12	Temporary costs and overtime as a % of total paybill	LT	LG	TBC	NHSI	TBC	Oct-17	9.4%	10.7%	10.6%	10.7%	10.9%	10.9%	10.1%	10.8%	10.5%	11.4%	11.1%	11.0%	11.1%	11.2%	11.6%	11.0%	11.1%
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%	91.4%	91.9%	91.7%	91.6%	92.4%	91.7%	92.1%	92.5%	92.1%	91.7%	91.2%	91.0%	91.0%
W14	Statutory and Mandatory Training	LT	BK	95%	UHL	TBC	Dec-16	95%	93%	87%	82%	82%	82%	83%	81%	82%	87%	86%	85%	85%	85%			85%
W15	% Corporate Induction attendance	LT	BK	95%	UHL	Red if <90% ER if 3 consecutive mths <90%	Dec-16	100%	97%	96%	92%	96%	95%	99%	98%	97%	96%	100%	98%	96%	98%	97%	94%	97%
W16	BME % - Leadership (8A – Including Medical Consultants)	LT	AH	28%	UHL	4% improvement on Qtr 1 baseline	Oct-17	New Indicator		26%			26%			26%			26%			27%		27%
W17	BME % - Leadership (8A – Excluding Medical Consultants)	LT	AH	28%	UHL	4% improvement on Qtr 1 baseline	Oct-17	New Indicator		12%			12%			12%			12%			13%		13%
W18	Executive Team Turnover Rate - Executive Directors (rolling 12 months)	LT	AH	TBC	UHL	TBC	TBC	New Indicator		0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	20%	20%	20%	20%	13%
W19	Executive Team Turnover Rate - Non Executive Directors (rolling 12 months)	LT	AH	TBC	UHL	TBC	TBC	New Indicator		25%	43%	43%	43%	25%	25%	25%	25%	25%	25%	29%	14%	14%	14%	20%
W20	DAY Safety staffing fill rate - Average fill rate - registered nurses/midwives (%)	JS	MM	TBC	NHSI	TBC	Apr-17	91.2%	90.5%	90.5%	89.9%	90.0%	89.3%	90.4%	91.6%	91.6%	89.8%	90.3%	90.3%	89.9%	89.4%	87.8%	93.3%	90.2%
W21	DAY Safety staffing fill rate - Average fill rate - care staff (%)	JS	MM	TBC	NHSI	TBC	Apr-17	94.0%	92.0%	92.3%	91.0%	91.9%	93.2%	91.9%	89.7%	91.1%	87.4%	96.7%	91.6%	87.9%	93.0%	94.9%	106.1%	95.0%
W22	NIGHT Safety staffing fill rate - Average fill rate - registered nurses/midwives (%)	JS	MM	TBC	NHSI	TBC	Apr-17	94.9%	95.4%	96.4%	95.1%	96.7%	95.9%	96.9%	97.6%	97.2%	96.2%	96.6%	96.5%	95.9%	95.4%	95.2%	93.2%	95.5%
W23	NIGHT Safety staffing fill rate - Average fill rate - care staff (%)	JS	MM	TBC	NHSI	TBC	Apr-17	99.8%	98.9%	97.1%	96.8%	94.2%	95.6%	98.5%	95.8%	97.8%	94.7%	100.2%	99.1%	93.1%	100.2%	107.7%	114.3%	102.4%

Effective

KPI Ref	Indicators	Board Director	Lead Officer	17/18 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	DQF Assessment outcome/Date	14/15 Outturn	15/16 Outturn	16/17 Outturn	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	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%	8.5%	8.5%	8.1%	8.7%	8.7%	8.4%	8.8%	9.5%	9.0%	9.0%	8.9%	9.2%		9.1%
E2	Mortality - Published SHMI	AF	RB	<=99 (revised)	QC	Red if >100 ER if >100	Sep-16	103	96	102 (Oct15-Sep16)	99 (Apr15-Mar16)			101 (Jul15-Jun16)			102 (Oct15-Sep16)			101 Jan16-Dec 16				101 Jan16-Dec 16
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	Sep-16	98	97	101	101	101	101	101	101	101	100	100	Awaiting HED Update				100
E4	Mortality - Rolling 12 mths HSMR (Rebased Monthly as reported in HED)	AF	RB	<=99 (revised)	UHL	Red if >100 ER if not within national expected range	Sep-16	94	96	102	102	102	102	103	102	103	102	101	99	Awaiting HED Update			99
E5	Crude Mortality Rate Emergency Spells	AF	RB	<=2.4%	UHL	Monthly Reporting	Apr-17	2.4%	2.3%	2.4%	2.0%	2.2%	2.4%	2.7%	2.9%	2.6%	2.4%	2.1%	1.9%	2.0%	2.2%	1.8%	1.7%	2.0%
E6	No. of # Neck of femurs operated on 0-35 hrs - Based on Admissions	AF	AC	72% or above	QS	Red if <72% ER if 2 consecutive mths <72%	Jun-17	61.4%	63.8%	71.2%	69.4%	64.1%	78.0%	60.3%	70.9%	67.6%	71.2%	47.1%	76.5%	76.8%	76.1%	80.6%	69.6%	71.7%
E7	No. of # Neck of femurs operated on 0-35 hrs - Based on Admissions (excluding medically unfit patients)	AF	AC	72% or above	UHL	Red if <72% ER if 2 consecutive mths <72%	Jun-17	New Indicator		83.6%	87.2%	78.2%	89.0%	79.5%	89.5%	80.0%	80.0%	64.0%	89.0%	89.3%	86.0%	96.0%	78.3%	83.8%
E8	Stroke - 90% of Stay on a Stroke Unit	TL	IL	80% or above	QS	Red if <80% ER if 2 consecutive mths <80%	Dec-17	81.3%	85.6%	85.0%	84.5%	86.5%	88.0%	83.8%	87.4%	86.6%	85.1%	87.3%	85.7%	85.7%	92.6%	87.1%		87.7%
E9	Stroke - TIA Clinic within 24 Hours (Suspected High Risk TIA)	TL	IL	60% or above	QS	Red if <60% ER if 2 consecutive mths <60%	Dec-17	71.2%	75.6%	66.9%	65.3%	83.8%	75.9%	69.2%	87.7%	57.3%	66.3%	57.8%	57.0%	68.6%	64.3%	51.7%	28.6%	54.7%

Responsive

KPI Ref	Indicators	Board Director	Lead Officer	17/18 Target	Target Set by	17/18 Red RAG/ Exception Report Threshold (ER)	DQF Assessment outcome/Date	14/15 Outturn	15/16 Outturn	16/17 Outturn	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	17/18 YTD
R1	ED 4 Hour Waits UHL + UCC (Calendar Month)	TL	IL	95% or above	NHSI	Red if <92% ER via ED TB report	Aug-17	89.1%	86.9%	79.6%	79.9%	78.3%	77.6%	75.5%	78.1%	83.8%	83.9%	81.0%	76.3%	77.6%	79.8%	83.2%	84.0%	80.2%
R2	12 hour trolley waits in A&E	TL	IL	0	NHSI	Red if >0 ER via ED TB report	Aug-17	4	2	11	0	0	0	1	10	0	0	0	0	0	0	0	0	0
R3	RTT - Incomplete 92% in 18 Weeks UHL+ALLIANCE	TL	WM	92% or above	NHSI	Red /ER if <92%	Nov-16	96.7%	92.6%	91.8%	91.7%	91.5%	92.2%	91.3%	90.9%	91.2%	91.8%	91.3%	92.3%	92.3%	91.8%	91.8%	91.5%	91.5%
R4	RTT 52 Weeks+ Wait (Incompletes) UHL+ALLIANCE	TL	WM	0	NHSI	Red /ER if >0	Nov-16	0	232	24	53	38	34	32	34	39	24	17	9	15	16	18	1	1
R5	6 Week - Diagnostic Test Waiting Times (UHL+ALLIANCE)	TL	WM	1% or below	NHSI	Red /ER if >1%	Dec-16	0.9%	1.1%	0.9%	1.5%	0.6%	0.6%	0.9%	0.9%	0.9%	0.9%	0.9%	0.8%	0.7%	0.8%	0.6%	0.4%	0.4%
R6	Urgent Operations Cancelled Twice (UHL+ALLIANCE)	TL	WM	0	NHSI	Red if >0 ER if >0	Jan-17	0	0	3	0	0	3	0	0	0	0	0	0	0	0	0	0	0
R7	Cancelled patients not offered a date within 28 days of the cancellations UHL	TL	WM	0	NHSI	Red if >2 ER if >0	Jan-17	33	48	212	10	9	13	18	22	26	17	13	14	10	18	14	27	96
R8	Cancelled patients not offered a date within 28 days of the cancellations ALLIANCE	TL	WM	0	NHSI	Red if >2 ER if >0	Jan-17	11	1	11	0	0	0	0	0	0	0	0	0	0	0	0	0	0
R9	% Operations cancelled for non-clinical reasons on or after the day of admission UHL	TL	WM	0.8% or below	Contract	Red if >0.8% ER if >0.8%	Jan-17	0.9%	1.0%	1.2%	1.0%	1.2%	1.5%	0.8%	1.6%	1.2%	1.2%	0.9%	1.1%	1.0%	1.1%	1.2%	1.4%	1.1%
R10	% Operations cancelled for non-clinical reasons on or after the day of admission ALLIANCE	TL	WM	0.8% or below	Contract	Red if >0.8% ER if >0.8%	Jan-17	0.9%	0.9%	0.9%	0.9%	2.0%	0.5%	0.1%	0.4%	1.3%	0.5%	2.5%	0.1%	0.4%	0.0%	0.1%	0.1%	0.5%
R11	% Operations cancelled for non-clinical reasons on or after the day of admission UHL + ALLIANCE	TL	WM	0.8% or below	Contract	Red if >0.8% ER if >0.8%	Jan-17	0.9%	1.0%	1.2%	1.0%	1.2%	1.4%	0.8%	1.5%	1.2%	1.1%	1.0%	1.1%	1.0%	1.0%	1.1%	1.3%	1.1%
R12	No of Operations cancelled for non-clinical reasons on or after the day of admission UHL + ALLIANCE	TL	WM	Not Applicable	UHL	Not Applicable	Jan-17	1071	1299	1566	109	134	164	82	167	122	131	99	123	114	115	127	149	727
R13	Delayed transfers of care	TL	JD	3.5% or below	NHSI	Red if >3.5% ER if Red for 3 consecutive mths	Oct-17	3.9%	1.4%	2.4%	2.1%	2.0%	2.7%	2.8%	2.7%	2.3%	2.5%	2.1%	2.0%	1.4%	1.6%	1.7%	1.9%	1.8%
R14	Ambulance Handover >60 Mins (CAD+ from June 15)	TL	LG	0	Contract	Red if >0 ER if Red for 3 consecutive mths	TBC	5%	5%	9%	9%	9%	11%	17%	13%	6%	6%	6%	7%	2%	1%	2%	0.2%	3%
R15	Ambulance Handover >30 Mins and <60 mins (CAD+ from June 15)	TL	LG	0	Contract	Red if >0 ER if Red for 3 consecutive mths	TBC	19%	19%	14%	15%	18%	18%	18%	15%	12%	13%	13%	13%	8%	5%	4%	3%	8%

Responsive Cancer

KPI Ref	Indicators	Board Director	Lead Officer	17/18 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	DQF Assessment outcome/Date	14/15 Outturn	15/16 Outturn	16/17 Outturn	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	17/18 YTD
	** Cancer statistics are reported a month in arrears.																							
RC1	Two week wait for an urgent GP referral for suspected cancer to date first seen for all suspected cancers	TL	DB	93% or above	NHSI	Red if <93% ER if Red for 2 consecutive mths	Jul-16	92.2%	90.5%	93.2%	94.5%	93.3%	95.2%	93.8%	93.2%	94.3%	94.0%	93.3%	95.4%	95.1%	93.7%	94.3%	**	94.4%
RC2	Two Week Wait for Symptomatic Breast Patients (Cancer Not initially Suspected)	TL	DB	93% or above	NHSI	Red if <93% ER if Red for 2 consecutive mths	Jul-16	94.1%	95.1%	93.9%	95.0%	90.7%	96.0%	91.1%	93.4%	97.0%	90.8%	89.6%	94.2%	89.6%	93.0%	92.3%	**	91.8%
RC3	31-Day (Diagnosis To Treatment) Wait For First Treatment: All Cancers	TL	DB	96% or above	NHSI	Red if <96% ER if Red for 2 consecutive mths	Jul-16	94.6%	94.8%	93.9%	93.8%	94.8%	94.2%	92.4%	91.9%	95.3%	96.2%	96.3%	94.9%	97.0%	96.2%	95.1%	**	95.9%
RC4	31-Day Wait For Second Or Subsequent Treatment: Anti Cancer Drug Treatments	TL	DB	98% or above	NHSI	Red if <98% ER if Red for 2 consecutive mths	Jul-16	99.4%	99.7%	99.7%	100.0%	100.0%	100.0%	100.0%	98.9%	100.0%	100.0%	98.7%	97.7%	100.0%	97.9%	99.1%	**	98.8%
RC5	31-Day Wait For Second Or Subsequent Treatment: Surgery	TL	DB	94% or above	NHSI	Red if <94% ER if Red for 2 consecutive mths	Jul-16	89.0%	85.3%	86.4%	83.5%	90.4%	83.3%	87.2%	90.9%	88.5%	95.4%	85.5%	85.7%	88.9%	90.5%	81.3%	**	86.3%
RC6	31-Day Wait For Second Or Subsequent Treatment: Radiotherapy Treatments	TL	DB	94% or above	NHSI	Red if <94% ER if Red for 2 consecutive mths	Jul-16	96.1%	94.9%	93.5%	90.9%	97.8%	94.8%	98.1%	95.3%	99.1%	96.7%	95.0%	93.0%	96.2%	95.6%	94.5%	**	94.9%
RC7	62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers	TL	DB	85% or above	NHSI	Red if <85% ER if Red in mth or YTD	Jul-16	81.4%	77.5%	78.1%	77.9%	74.5%	77.2%	79.5%	75.4%	76.1%	86.5%	83.7%	76.8%	77.7%	82.3%	78.7%	**	79.7%
RC8	62-Day Wait For First Treatment From Consultant Screening Service Referral: All Cancers	TL	DB	90% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	84.5%	89.1%	88.6%	81.5%	84.2%	88.0%	90.9%	93.1%	78.1%	95.1%	95.0%	92.3%	93.3%	85.3%	90.5%	**	91.4%
RC9	Cancer waiting 104 days	TL	DB	0	NHSI	TBC	Jul-16	New Indicator		10	7	7	9	10	8	3	10	6	6	12	12	6	8	8

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

KPI Ref	Indicators	Board Director	Lead Officer	17/18 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	DQF Assessment outcome	14/15 Outturn	15/16 Outturn	16/17 Outturn	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	17/18 YTD
RC10	Brain/Central Nervous System	TL	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	--	100.0%	100.0%	100.0%	--	--	--	100.0%	--	--	--	--	--	--	--	**	--
RC11	Breast	TL	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	92.6%	95.6%	96.3%	95.8%	100.0%	95.8%	94.6%	96.6%	92.6%	93.48%	97.4%	97.4%	93.3%	96.3%	91.7%	**	95.1%
RC12	Gynaecological	TL	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	77.5%	73.4%	69.5%	66.7%	80.0%	66.7%	44.4%	71.4%	81.8%	78.6%	64.3%	89.5%	92.3%	75.0%	43.6%	**	71.8%
RC13	Haematological	TL	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	66.5%	63.0%	70.6%	28.6%	58.3%	77.8%	66.7%	87.5%	81.8%	88.9%	100%	64.3%	92.9%	100.0%	81.8%	**	85.2%
RC14	Head and Neck	TL	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	69.9%	50.7%	44.5%	0.0%	38.5%	66.7%	33.3%	41.7%	33.3%	66.7%	85.7%	48.3%	61.9%	64.7%	47.8%	**	56.7%
RC15	Lower Gastrointestinal Cancer	TL	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	63.7%	59.8%	56.8%	47.1%	38.1%	61.5%	75.0%	48.3%	54.5%	75.0%	40.0%	63.8%	50.0%	60.5%	78.9%	**	59.4%
RC16	Lung	TL	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	69.9%	71.0%	65.1%	68.0%	79.4%	67.5%	79.5%	74.0%	33.3%	67.5%	78.4%	64.8%	61.1%	74.4%	66.7%	**	68.3%
RC17	Other	TL	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	95.0%	71.4%	60.0%	0.0%	66.7%	--	100.0%	--	--	100.0%	50.0%	100.0%	100.0%	0.0%	100.0%	**	80.0%
RC18	Sarcoma	TL	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	46.2%	81.3%	45.2%	100.0%	50.0%	100.0%	66.7%	40.0%	0%	100.0%	--	40.0%	100.0%	100.0%	100.0%	**	70.0%
RC19	Skin	TL	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	96.7%	94.1%	96.9%	97.7%	100.0%	92.3%	97.0%	96.9%	96.6%	96.2%	96.8%	95.5%	93.8%	97.5%	100.0%	**	97.0%
RC20	Upper Gastrointestinal Cancer	TL	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	73.9%	63.9%	68.0%	70.3%	43.8%	100.0%	72.0%	61.4%	63.6%	85.7%	92.3%	66.7%	59.4%	58.6%	75.7%	**	69.7%
RC21	Urological (excluding testicular)	TL	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	82.6%	74.4%	80.8%	83.5%	88.2%	75.0%	79.3%	71.4%	76.2%	89.9%	82.1%	79.4%	72.3%	84.7%	77.4%	**	79.4%
RC22	Rare Cancers	TL	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	84.6%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	--	100.0%	100.0%	50.0%	**	88.9%
RC23	Grand Total	TL	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	81.4%	77.5%	78.1%	77.9%	74.5%	77.2%	79.5%	75.4%	76.1%	86.5%	83.7%	76.8%	77.4%	82.3%	78.7%	**	79.7%

Peer Group Analysis (August 2017)

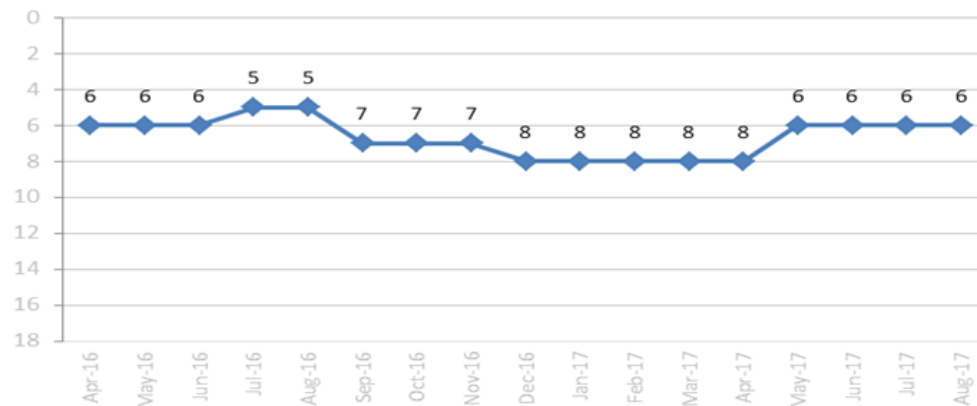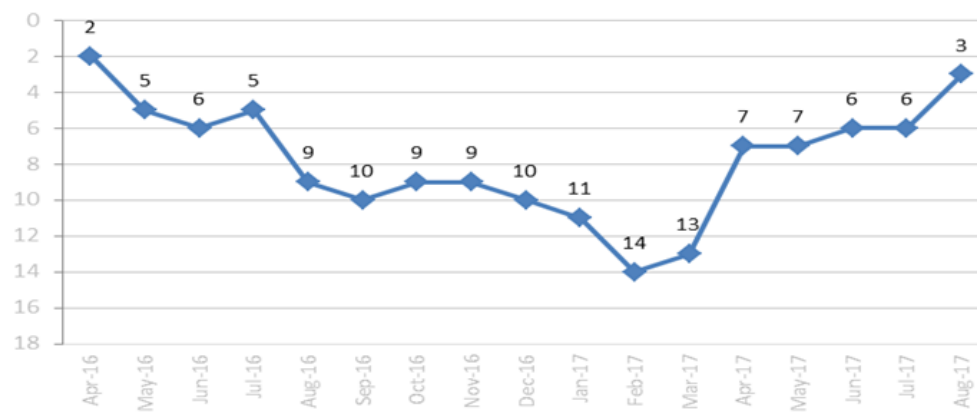## RTT 18+ Weeks Backlog - August 2017

All Acute Trusts Performance - 89.0%   UHL ranks 74 out of the 148 Acute Trusts*
71 of the 148 Acute Trusts* achieved 92% or more

Peer Rank	Provider Name	RTT Incompletes Performance - Target 92%
1	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	95.7%
2	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	94.7%
3	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	94.5%
4	HEART OF ENGLAND NHS FOUNDATION TRUST	92.1%
5	CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	92.1%
6	**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**	91.8%
7	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	90.5%
8	PENNINE ACUTE HOSPITALS NHS TRUST	89.9%
9	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	88.7%
10	LEEDS TEACHING HOSPITALS NHS TRUST	88.5%
11	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	87.8%
12	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	85.9%
13	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	84.3%
14	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	83.2%
15	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	82.7%
16	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	79.1%
17	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	77.5%
-	BARTS HEALTH NHS TRUST - not reported	-

Diagnostics - August 2017

All Acute Trusts Performance - 2.2%   UHL ranks 52 out of the 148 Acute Trusts*
79 of the 148 Acute Trusts* achieved <1% or less   (Ranked Ascending)

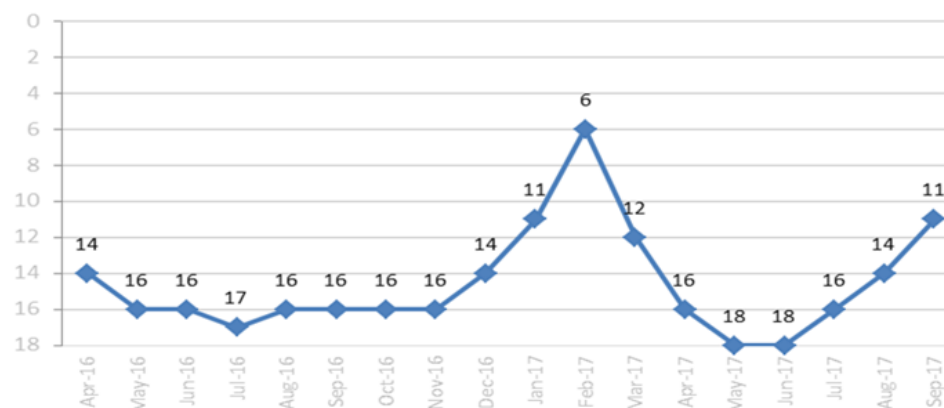| Peer Rank	Provider Name	Diagnostics Peformance %Waiting 6 Wks+ - Target <=1%
1	LEEDS TEACHING HOSPITALS NHS TRUST	0.2%
2	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	0.5%
3	**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**	0.6%
4	HEART OF ENGLAND NHS FOUNDATION TRUST	0.6%
5	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	0.7%
6	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	0.8%
7	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	0.9%
8	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	0.9%
9	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	1.0%
10	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	1.4%
11	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	1.7%
12	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	2.1%
13	PENNINE ACUTE HOSPITALS NHS TRUST	2.5%
14	CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	3.2%
15	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	3.5%
16	BARTS HEALTH NHS TRUST	3.7%
17	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	7.3%
18	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	8.2%

Peer Group Analysis (August 2017) – ED September

ED Attendances within 4 hours - September 2017

All Acute Trusts - 88.1%   UHL ranks 115 out of the 148 Trusts*
19 of the 148 Acute Trusts* achieved 95% or more

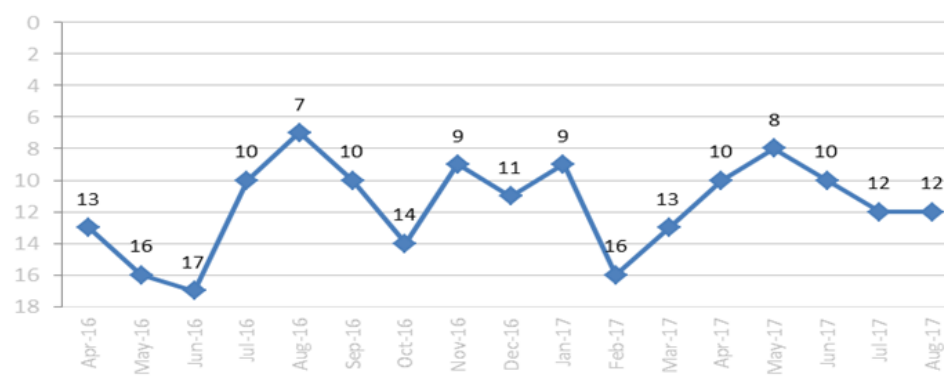| Peer Rank	Provider Name	Performance within 4 Hours - Target 95% - Amber 92% - <95%
1	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	94.4%
2	CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	92.3%
3	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	89.8%
4	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	87.9%
5	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	86.9%
6	LEEDS TEACHING HOSPITALS NHS TRUST	86.7%
7	BARTS HEALTH NHS TRUST	86.6%
8	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	86.5%
9	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	85.1%
10	PENNINE ACUTE HOSPITALS NHS TRUST	85.0%
11	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	84.0%
12	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	82.8%
13	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	82.7%
14	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	82.7%
15	HEART OF ENGLAND NHS FOUNDATION TRUST	80.0%
16	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	76.7%
17	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	76.5%
18	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	70.5%

TWO WEEK WAIT-ALL CANCER - August 2017

All Acute Trusts Performance - 93.5%   UHL ranks 96 out of the 148 Acute Trusts*
114 of the 148 Acute Trusts* achieved 93% or more

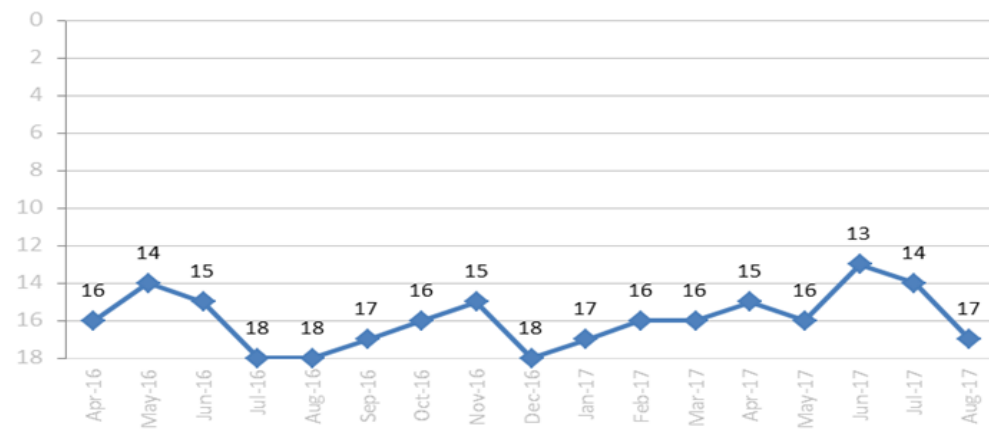| Peer Rank	Provider	Performance within 14 Days - Target 93%
1	BARTS HEALTH NHS TRUST	98.0%
2	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	97.5%
3	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	97.0%
4	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	96.6%
5	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	96.4%
6	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	96.3%
7	HEART OF ENGLAND NHS FOUNDATION TRUST	96.0%
8	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	95.7%
9	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	95.0%
10	LEEDS TEACHING HOSPITALS NHS TRUST	94.6%
11	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	94.3%
12	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	94.3%
13	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	93.8%
14	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	93.5%
15	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	91.1%
16	CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	89.1%
17	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	85.3%
18	PENNINE ACUTE HOSPITALS NHS TRUST	82.6%

11

Peer Group Analysis (August 2017)
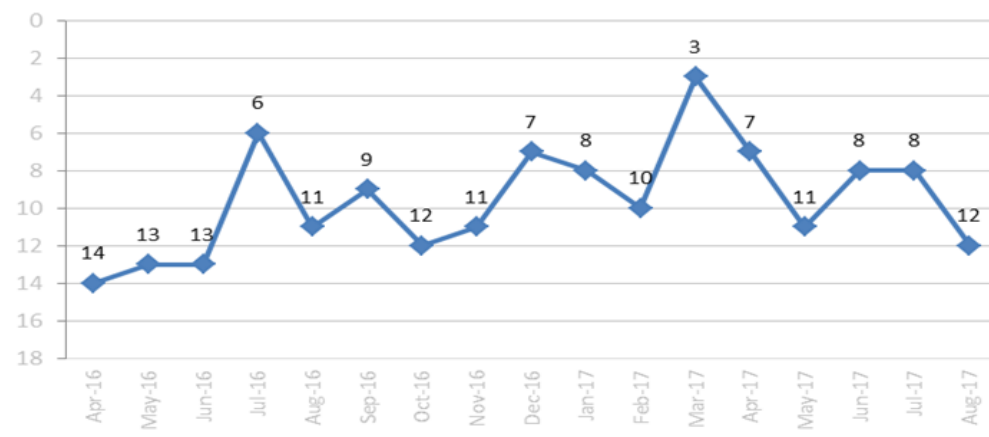
31-DAY FIRST TREAT - August 2017

All Acute Trusts Performance - 97.7%   UHL ranks 146 out of the 148 Acute Trusts*
143 of the 148 Acute Trusts* achieved 96% or more

Peer Rank	Provider	Performance within 31 Days - Target 96%
1	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	99.5%
2	BARTS HEALTH NHS TRUST	99.3%
3	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	98.4%
4	HEART OF ENGLAND NHS FOUNDATION TRUST	98.1%
5	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	98.1%
6	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	97.9%
7	LEEDS TEACHING HOSPITALS NHS TRUST	97.8%
8	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	97.6%
9	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	97.1%
10	PENNINE ACUTE HOSPITALS NHS TRUST	97.1%
11	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	97.0%
12	CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	96.8%
16	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	96.5%
14	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	96.4%
15	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	96.2%
16	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	96.2%
17	**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**	**95.1%**
18	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	93.8%

62-DAY GP Referral - August 2017

All Acute Trusts Performance - 82.6%   UHL ranks 112 out of the 148 Acute Trusts*
77 of the 148 Acute Trusts* achieved 85% or more

Peer Rank	Provider	Performance within 62 Days - Target 85%
1	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	89.3%
2	HEART OF ENGLAND NHS FOUNDATION TRUST	87.9%
3	BARTS HEALTH NHS TRUST	87.5%
4	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	86.9%
5	CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	86.4%
6	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	85.2%
7	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	85.1%
8	PENNINE ACUTE HOSPITALS NHS TRUST	83.8%
9	LEEDS TEACHING HOSPITALS NHS TRUST	83.4%
10	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	82.8%
11	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	80.4%
12	**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**	**79.1%**
13	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	76.6%
14	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	75.6%
15	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	75.1%
16	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	74.4%
17	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	71.3%
18	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	67.3%

12

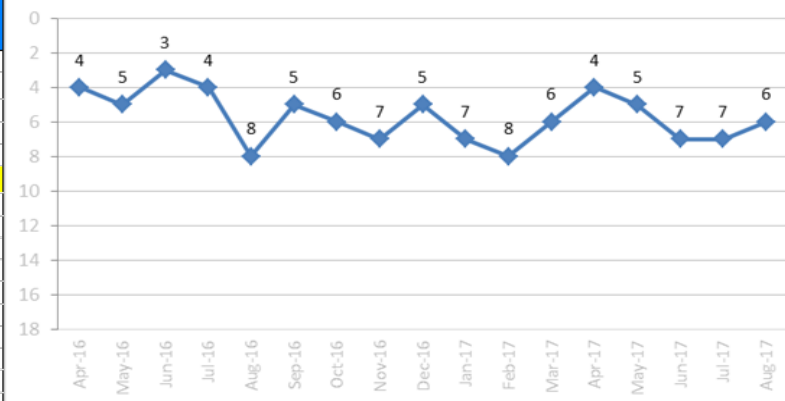# Peer Group Analysis (August 2017)

Inpatient FFT - August 2017

All Acute Trusts - Response Rate 26% - Recommended 96% - Not Recommended 2%

UHL ranks 52 (for Recommended) and 55* (for Not Recommended) out of the 148 Trusts**

Peer Rank (Recommended)	Provider Name	Response Rate	Percentage Recommended	Percentage Not Recommended
1	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	24%	99%	1%
2	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	20%	98%	1%
3	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	25%	97%	0%
4	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	14%	97%	1%
5	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	36%	97%	1%
6	**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**	**29%**	**97%**	**1%**
7	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	33%	97%	1%
8	CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	37%	96%	2%
9	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	21%	96%	2%
10	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	30%	95%	1%
11	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	28%	95%	2%
12	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	18%	95%	2%
13	LEEDS TEACHING HOSPITALS NHS TRUST	38%	95%	2%
14	BARTS HEALTH NHS TRUST	21%	93%	2%
15	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	20%	93%	3%
16	HEART OF ENGLAND NHS FOUNDATION TRUST	26%	93%	3%
17	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	21%	93%	4%
18	PENNINE ACUTE HOSPITALS NHS TRUST	36%	90%	4%

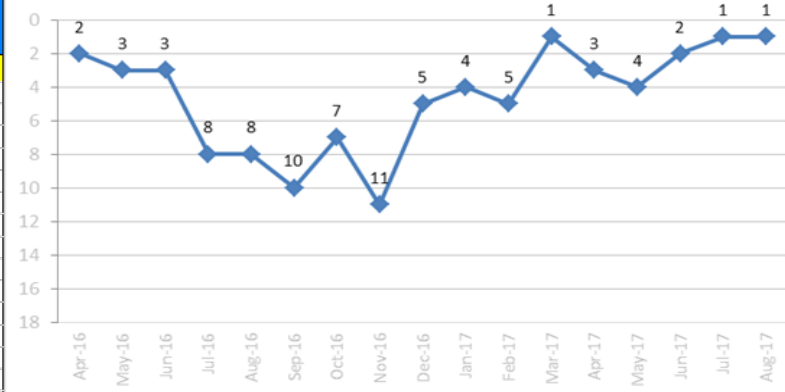

UHL Peer Ranking - Inpatient FFT (n/18)

A&E FFT - August 2017

All Acute Trusts - Response Rate 26% - Recommended 96% - Not Recommended 2%

UHL ranks 4 (for Recommended) and 4* (for Not Recommended) out of the 148 Trusts**

| Peer Rank (Recommended)	Provider Name	Response Rate	Percentage Recommended	Percentage Not Recommended
1	**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**	**14%**	**98%**	**1%**
2	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	26%	96%	2%
3	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	13%	95%	3%
4	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	4%	93%	4%
5	CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	17%	91%	4%
6	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	2%	91%	6%
7	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	22%	89%	6%
8	BARTS HEALTH NHS TRUST	5%	89%	3%
9	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	20%	87%	8%
10	LEEDS TEACHING HOSPITALS NHS TRUST	21%	87%	8%
11	PENNINE ACUTE HOSPITALS NHS TRUST	17%	85%	9%
12	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	13%	85%	10%
13	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	5%	84%	9%
14	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	13%	82%	11%
15	HEART OF ENGLAND NHS FOUNDATION TRUST	15%	82%	10%
16	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	18%	81%	11%
17	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	17%	75%	17%
18	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	35%	67%	19%

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

13
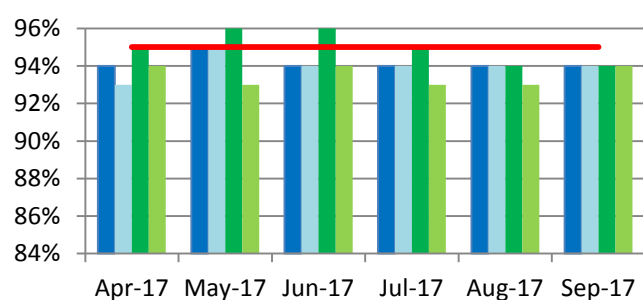
Compliance Forecast for Key Responsive Indicators

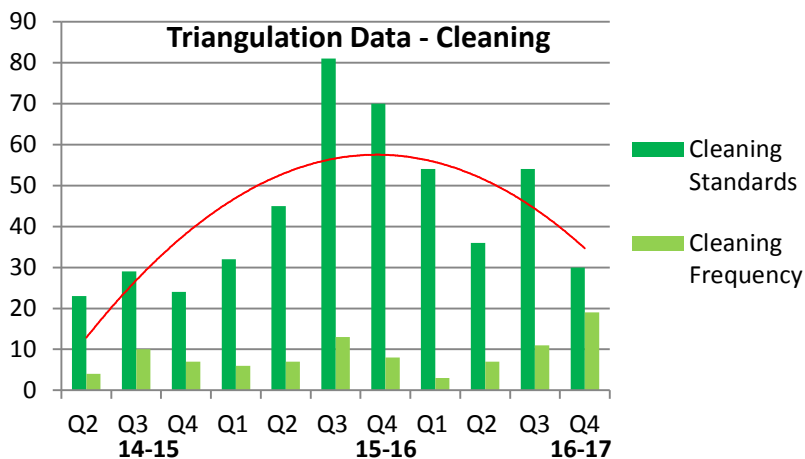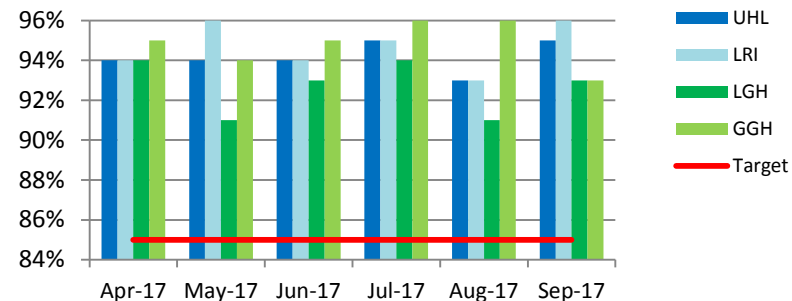| Standard	Sep	Oct	Commentary
Emergency Care			
4+ hr Wait (95%) - Calendar month	84.0%		Validated position.
Ambulance Handover (CAD+)			
% Ambulance Handover >60 Mins (CAD+)	0.2%		EMAS monthly report
% Ambulance Handover >30 Mins and <60 mins (CAD+)	3%		
RTT (inc Alliance)			
Incomplete (92%)	91.5%	91.8%	
Diagnostic (inc Alliance)			
DM01 - diagnostics 6+ week waits (<1%)	0.4%	0.9%	
# Neck of femurs			
% operated on within 36hrs - all admissions (72%)	69.6%	72%	
% operated on within 36hrs - pts fit for surgery (72%)	78%	82%	
Cancelled Ops (inc Alliance)			
Cancelled Ops (0.8%)	1.3%	1.0%	
Not Rebooked within 28 days (0 patients)	27	22	
Cancer			
Two Week Wait (93%)	94%	94%	
31 Day First Treatment (96%)	94%	96%	
31 Day Subsequent Surgery Treatment (94%)	91%	90%	
62 Days (85%)	80%	82%	
Cancer waiting 104 days (0 patients)	8	10	

Estates and Facilities - Cleanliness
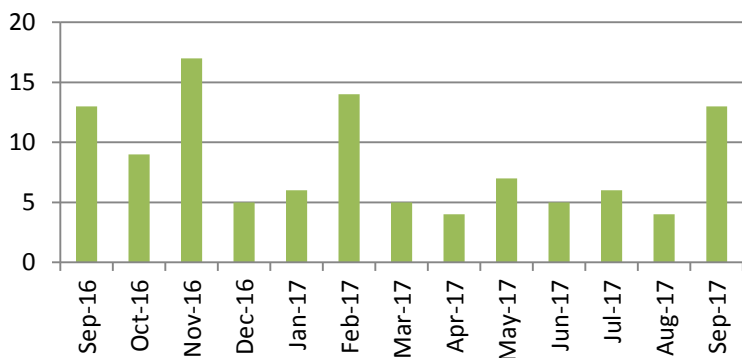
Cleanliness Audit Scores by Risk Category - Very High
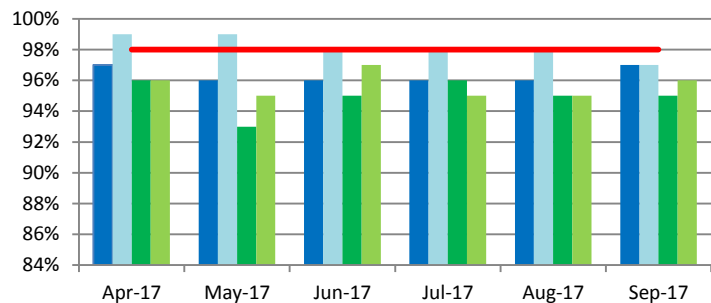
Cleanliness Audit Scores by Risk Category - High

Cleanliness Audit Scores by Risk Category - Significant

Legend: UHL, LRI, LGH, GGH, Target

Triangulation Data - Cleaning

Legend: Cleaning Standards, Cleaning Frequency

Number of Datix Incidents Logged - Cleaning

Cleanliness Report

The above charts show average audit scores for the whole Trust and by hospital site since April 2017. Each chart covers specific risk categories:-

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

Cleanliness audits are undertaken jointly involving both ward staff as well as members of the Facilities Team. This month we have reviewed the risk categories and have raised these in certain areas. This has had a small impact on the overall scores.

For very high-risk areas the despite a very slight improvement since last month scores still remain behind target at all of the 3 sites. The LRI score shows the impact due to ED now being re-categorised as Very High risk.

The Management team continue to review the failures to in more detail to identify where there are specific issues including analysis of clinical equipment cleanliness as well as general environmental cleanliness. This will be picked up in the more detailed quarterly report.

High-risk continue to fall just short of targets across all three sites despite a very slight improvement, with all 3 sites achieving 94%. Significant risk areas all exceed the 85% target.

The triangulation data is collected by the Trust from numerous patient sources including Message to Matron, Friends and Family Test, Complaints, online sources and Message to Volunteer or Carer collated collectively as 'Suggestions for Improvement'. This report is on hold at the moment in terms of its frequency of production. The next report is expected to be produced for the end of November.

The number of Datix incidents logged for September has seen a spike compared to recent months. Only one of the Datix reports relates to a very high risk area and the underlying issue has been addressed.

Performance scores overall continue to 'hover' just below target levels with month on month small variations. Gaps in rotas continue to present challenges. With a freeze on overtime except for business critical reasons only filling about half of the gap is possible. Whilst this is risk prioritised, it inevitably means that some areas will be below standard and give rise to a level of variability in Datix incidents logged.

Estates and Facilities – Patient Catering

| Patient Catering Survey – September 2017	Percentage 'OK or Good'	
	Aug-17	Sept-17
Did you enjoy your food?	89%	98%
Did you feel the menu has a good choice of food?	89%	98%
Did you get the meal that you ordered?	94%	100%
Were you given enough to eat?	100%	100%

90 – 100%	80 – 90%	<80%

Number of Patient Meals Served				
Month	LRI	LGH	GGH	UHL
July	68,869	20,261	30,164	119,294
August	69,600	22,647	29,607	121,854
September	67,351	22,722	28,585	118,658

Patient Meals Served On Time (%)				
Month	LRI	LGH	GGH	UHL
July	100%	100%	100%	100%
August	100%	100%	100%	100%
September	100%	100%	100%	100%

Number of Datix Incidents Logged -Patient Catering

Triangulation Data - Catering
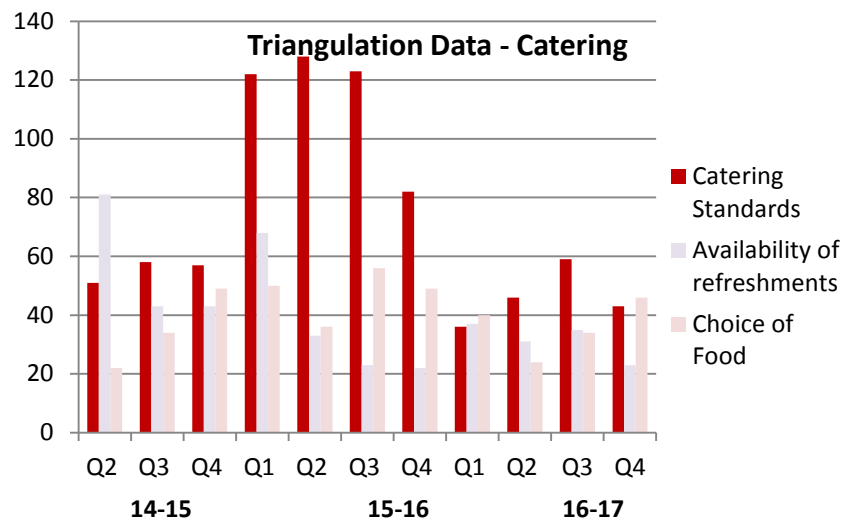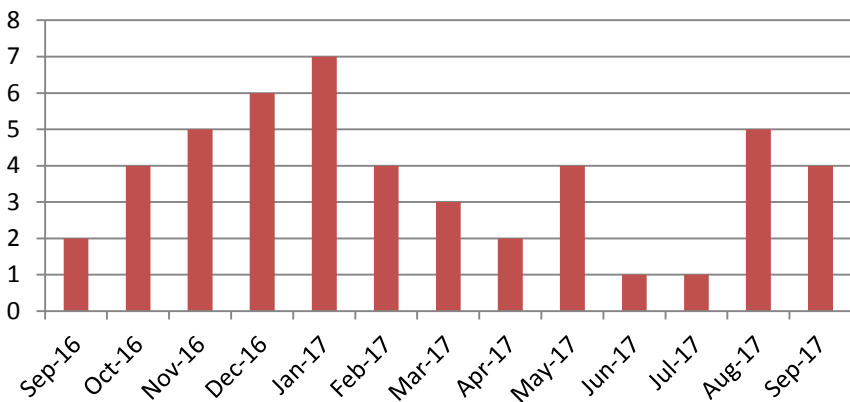
Patient Catering Report

This month we received a return of 72 surveys.

Survey scores this month have greatly improved and we continue to appraise the comment data collected. This information continues to show no discernible trends.

Work has been completed on the planned patient menu refresh and is due to be implemented in October.

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

The triangulation data report is on hold until November.

Datix's have dropped slightly since August and remain in line with current patterns being a very small proportion in relation to the number of meals served. Individual underlying issues have been responded to and rectified and the team continues to monitor issues arising from all Datix's received.

Estates and Facilities - Portering

Reactive Portering Tasks in Target				
Site	Task (Urgent 15min, Routine 30min)	Month		
		July	August	September
GH	Overall	94%	94%	94%
	Routine	93%	94%	91%
	Urgent	97%	97%	98%
LGH	Overall	94%	94%	94%
	Routine	93%	93%	93%
	Urgent	98%	98%	98%
LRI	Overall	91%	91%	92%
	Routine	91%	90%	91%
	Urgent	97%	98%	98%

95 – 100%	90 – 94%	<90%

Estates and Facilities – Planned Maintenance

Statutory Maintenance Tasks Against Schedule					
	Month	Fail	Pass	Total	%
UHL Trust Wide	July	75	73	148	49%
	August	0	128	128	100%
	September	0	185	185	100%

99 – 100%	97 – 99%	<97%

Non-Statutory Maintenance Tasks Against Schedule					
	Month	Fail	Pass	Total	%
UHL Trust Wide	July	107	665	772	86%
	August	477	1541	2018	76%
	September	279	1784	2063	86%

95 – 100%	80 – 95%	<80%

Average Portering Task Response Times		
Category	Time	No of tasks
Urgent	15:43	2,118
Routine	21:06	10,812
	Total	12,930

Number of Datix Incidents Logged - Portering
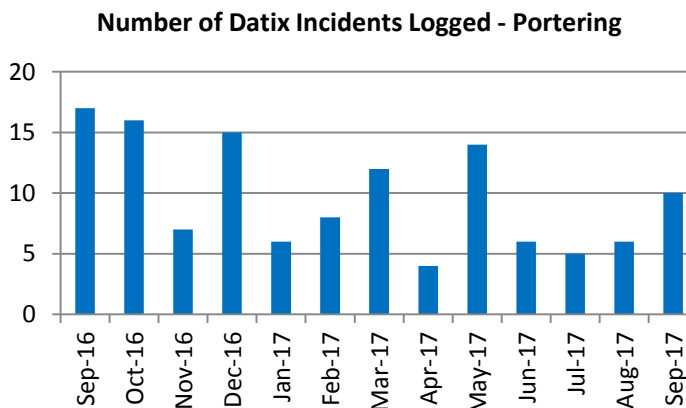
Portering Report

September performance overall maintains the consistent picture seen across recent months. Datix incidents have risen slightly in relation to the reactive service but this is not significantly out of line with the established level.

Changes have been made within the service to improve efficiency and aid patient flow.
All activity relating to Imaging patient moves is now operating through the main portering pool (via iPorter) with all previously dedicated staff now having been repatriated. This is expected to facilitate patient flow through an increase in the productivity of the portering team.

The introduction of iPorter within ED is in progress, however the timetable for training staff has had to be extended to allow for competing operational pressures to be accommodated. It is anticipated that the project will be implemented during November.

Estates Planned Maintenance Report

For September we achieved 100% in the delivery of Statutory Maintenance tasks in the month.

For the Non-Statutory tasks, completion of the monthly schedule is subject to the volume of reactive calls. Drainage issues continue to compete for resources within the Estates front line team.

Licenses have been applied for to enable the hand held devices to access the planet system in Real time.

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

KPI Ref	Indicators	Board Director	Lead Officer	17/18 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	14/15 Outturn	15/16 Outturn	16/17 Outturn	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	May-17	Jun-17
RU1	Median Days from submission to Trust approval (Portfolio)	AF	NB	TBC	TBC	TBC	2.8	1.0		1.0			4.5			48			45			19.5		
RU2	Median Days from submission to Trust approval (Non Portfolio)	AF	NB	TBC	TBC	TBC	2.1	1.0	Q2-Q4 158	1.0			41			90			27			14.5		
RU3	Recruitment to Portfolio Studies	AF	NB	Aspirational target=10920/year (910/month)	TBC	TBC	12564	13479	8603	979	917	887	758	657	592	487	699	325	636	531	1135	869	749	820
RU4	% Adjusted Trials Meeting 70 day Benchmark (data sunbmitted for the previous 12 month period)	AF	NB	TBC	TBC	TBC				(Jul15 - Jun16) 94%			(Oct15 - Sep16) 90.3%			(Jan16 - Dec16) 100%			(Apr16 - Mar17) 50% (metric change due to HRA process change)			(July 16 - July 17) 81%		
RU5	Rank No. Trials Submitted for 70 day Benchmark (data submitted for the previous 12 month period)	AF	NB	TBC	TBC	TBC				(Jul15 - Jun16) 12/220			(Oct15 - Sep16) 10/205			(Jan16 - Dec16) 31/186			(Apr16 - Mar17) 14/187			(July 16 - July 17) 12/196		
RU6	%Closed Commercial Trials Meeting Recruitment Target (data submitted for the previous 12 month period)	AF	NB	TBC	TBC	TBC				(Jul15 - Jun16) 40.8%			(Oct15 - Sep16) 52.0%			(Jan16 - Dec16) 49.2%			(Apr16 - Mar17) 44.9%			(July 16 - July 17) 43.5%		

Research UHL

RIDDOR - Serious Staff Injuries

Indicators	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17		Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17		17/18 YTD
RIDDOR - Serious Staff Injuries	2	4	4	2	5	4	2		7	3	5	4	4	7		30

What actions have been taken to improve performance?

It is disappointing to see that the theme of increased RIDDORs has continued for the 5th Month running. Additional advice/comment from Mike Blair, Head of QSHE Compliance was requested this month, as 5 of the 7 incidents involve incidents in Estates and Facilities. His view suggests that when looking at the data set surrounding these incidents there is nothing glaringly obvious other that the majority have been attributable to Slips, Trips and Falls. Changes in weather, numerous road and footpath surfaces to contend with and no control over footwear is always going to impact on these types of incidents. As for the other 2 incidents reported there is no obvious theme or process problem.

Clostridium Difficile

Indicators	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17		Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17		17/18 YTD
Clostridium Difficile	8	5	7	0	5	7	5		5	0	10	5	7	8		35

What actions have been taken to improve performance?

Of the 8 cases reviewed by the CDI Multi-Disciplinary Team, no links have been identified in 5 of these patients.

3 patients were identified from the same ward and a Period of Increased Incidence investigation will be undertaken.

The practise of ward staff has been reviewed by the CMG Specialist Infection Prevention Nurse and Ward Manager to ensure that any obvious lapses in care can be identified. The PII report will be presented to the CMG Quality and Safety Board and UHL Trust Infection Prevention Assurance Committee

MRSA Bacteraemia

Indicators	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	17/18 YTD
MRSA Bacteraemias - Unavoidable or Assigned to third Party	0	0	0	0	0	1	1	0	0	0	0	0	0	0
MRSA Bacteraemias (Avoidable)	0	0	0	0	0	0	0	0	0	0	0	1	1	2
MRSA Total	0	0	0	0	0	1	1	0	0	0	0	1	1	2

Actions taken to improve performance

Both MRSA cases were avoidable.

In order to comply with the formal DH investigation process Post Infection Review meetings have been held and the findings of these meetings will be presented to the Trust Infection Prevention Committee and the Clinical Management Group Quality and Safety Boards

Pressure Ulcers

Indicators	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	17/18 YTD
Avoidable Pressure Ulcers - Grade 4	0	0	1	0	0	0	0	0	0	1	0	0	0	1
Avoidable Pressure Ulcers - Grade 3	2	2	2	2	2	3	1	0	0	4	0	0	0	4
Avoidable Pressure Ulcers - Grade 2	6	9	10	5	8	7	5	6	5	2	4	1	8	26

What actions have been taken to improve performance?

Initial analysis of the number of avoidable grade 2 pressure ulcers has identified a theme of pressure damage caused by medical devices
At the time of validation awareness has been raised about the need to check under medical devices for signs of skin damage
Through the nursing executive Heads of Nursing will share these findings and remind staff to check under medical devices for skin damage

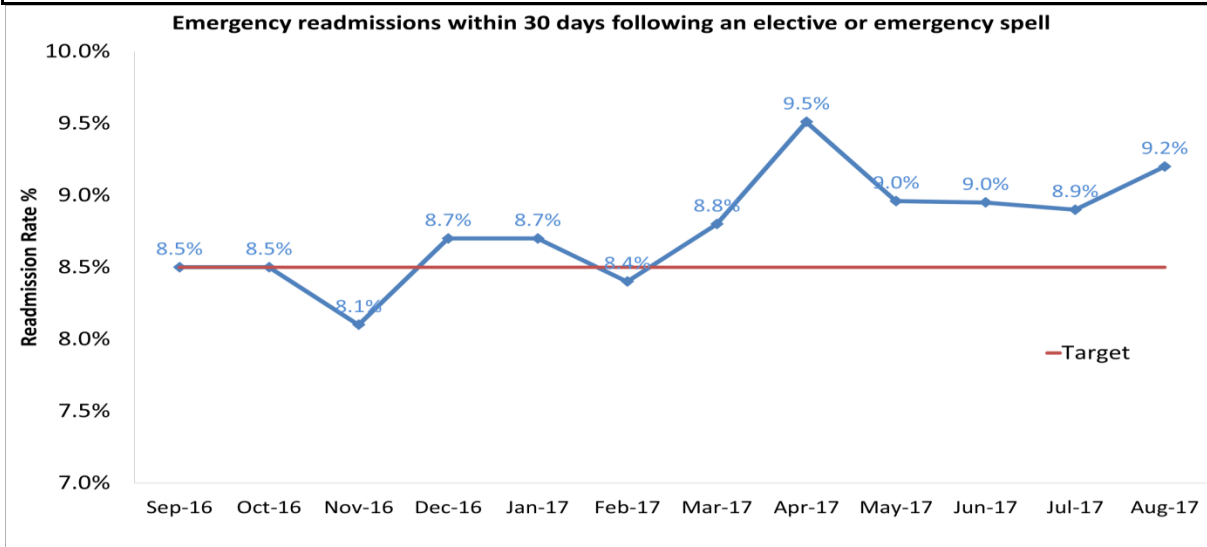## Emergency Readmissions within 30 days

Indicators	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	17/18 YTD
Emergency readmissions within 30 days following an elective or emergency spell	8.5%	8.5%	8.1%	8.7%	8.7%	8.4%	8.8%	9.5%	9.0%	9.0%	8.9%	9.2%		9.1%

.

What actions have been taken to improve performance?

The rate of readmissions has risen since the dedicated case management team that was being piloted was withdrawn due to further CCG funding being unavailable. Actions undertaken since then to address readmissions using current resources have been:

1. Pilot in CDU of Integrated Clinical Response Team following up all discharged patients by telephone.
2. New Integrated Discharge Team (IDT- commencing July 2017) to build into their Standard Operating Procedures how to deal with patients at high risk of readmission using the PARR30 score. Members of this team attend all board rounds so have a unique opportunity to interact with clinical teams to remind them of the actions that need to be undertaken according to the UHL guideline.
3. Publicity for raising awareness of the readmission guideline went out in the Chief Executives briefing; and written material was provided to all new junior doctors starting in the trust in August at the trust-wide induction.

These actions have not reduced readmissions to the rate seen last year when the dedicated team was in place. The readmissions group will have new leadership from November 2017 when the new Deputy Medical Director with a portfolio of urgent and emergency care starts at UHL. It is suggested that the readmissions work is reviewed to determine what further actions are required and can be implemented in order to improve the readmission rate.

Emergency readmissions within 30 days following an elective or emergency spell

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

Indicators	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	17/18 YTD
No. of # Neck of femurs operated on 0-35 hrs - Based on Admissions	69.4%	64.1%	78.0%	60.3%	70.9%	67.6%	71.2%	47.1%	76.5%	76.8%	76.1%	80.6%	69.6%	71.7%

Actions taken to improve performance

Those which were >36hrs were for the following reasons:-
- 4 patients – Cancelled due to clinical reasons (all concerning DOAC reversal)
- 14 patients – Cancelled due to lack of theatre time and listing issues
- 1 patient – Cancelled due to pending dialysis and required coag screen post-dialysis to allow following day operation
- 1 patient – Delayed listing due to query chest sepsis – ct chest/abdo/pelvis plus further investigation and work up

This means that of the 20 patients who exceeded the threshold, 14 were within our control and 6 were not.

This month there was essentially a surge of admissions starting on 14th when 4 NOF's came in followed by 4 on 15th, 5 on 16th, 3 on 17th, 4 on 18th, 5 on 19th, 3 on 20th, 3 on 21st, 4 on 26th and another 5 on 28th.   In the latter 2 weeks of the month the number of NOF admissions per day was undoubtedly a contributing factor to our ability to meet the target.   In addition, 2 trauma paediatric patients were prioritised by one consultant over 2/3 NOF's and 3 spine patients listed had to go ahead.   The situation was further exacerbated when on 17th, with 9 NOF's waiting; one senior consultant prioritised their elective list over the pending NOFs, resulting in an increased backlog which subsequently had a knock on effect to the daily lists thereafter. Only as a result of extending Theatre 3 on 19th to 10pm by Mr Kulkarni was the backlog reduced and by the end of that week just 1 NOF remained going into the weekend, which took place on the Saturday morning.

With DOAC reversal issues continuing to impact the 36hr breach threshold for 4 patients during September, we have been advised by Richard Gooding, Consultant Haematologist that a reversal drug is expected early next year for the anti-Xa drugs and it can also reverse LMWH and Fondparinux. Dr Patrick Mensah, Associate Specialist in Haematology, will be providing an update on the levels of DOACs that can be considered safe for a procedure pending further data from their local audit.

It is interesting to note if you review the 48 and 72hr time to theatre, of the 20 who breached 36hrs 10 of those went within 48hrs (3 at 36, 37 and 38hrs) and 5 went within 72hrs. The remaining 5 went at:-
- 80hrs – Not listed on day of presentation due to 5 NOFs pending. Subsequently cancelled by consultant due to 2 complex paediatric cases, 1 urgent spine and 8 NOFs pending
- 88hrs – Riveroxiban levels consistently too high on 14th, 15th and 16th September
- 101hrs – Clinical Reasons – query chest Sepsis
- 113hrs – Not listed on day of presentation due to 5 NOFs pending. Listed on 18th but cancelled due to Apixaban levels being too high. These remained high on 19th and 20th. Op took place on 21st
- 357hrs approx. – Clinical Reasons - patient not fit for theatre – emergency laparotomy followed by recovery in ITU.   Scheduled for theatre 4th October.

Stroke – TIA Clinic within 24 Hours (Suspected High Risk TIA)

Indicators	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	17/18 YTD
Stroke - TIA Clinic within 24 Hours (Suspected High Risk TIA)	65.3%	83.8%	75.9%	69.2%	87.7%	57.3%	66.3%	57.8%	57.0%	68.6%	64.3%	51.5%	29.0%	54.7%

Actions taken to improve performance

As predicted in the TIA clinic exception report for August, September's performance was going to be in the order of 20% for high risk patients seen. There had to be spill over from the high number of referrals received in August, and the referral numbers continued to be high in September.

The clinic is now focusing upon maintaining high risk performance at the expense of low risk. This includes opening a higher ratio of higher-risk to lower-risk slots, referring very low risk patients to the routine outpatient clinics and liaising with the neurologists to see if they can take some of the obvious non-TIA referrals (headache, seizures etc). In order to improve the quality of referrals a message is going out in the next GP communication newsletter.

Dr Kashif Musarrat has taken over from Dr Lisa Manning as clinical lead for the TIA clinic and will be leading a comprehensive review of the clinic.

Steps to be considered are:

1. Work with the PRISM referral mechanism to update the GP referral template, incorporating some reflection for clinicians on what is and what is not a TIA/minor stroke, ensuring where appropriate first dose Aspirin is given and the patient to confirm they will attend the first appointment offered (after all they are just about to have a life-changing stroke if they don't get assessed!).
2. Consider telephone triage of referrals during working hours, plus real time booking of referrals over the phone via clinic staff. If clinic have concerns about the referral the caller is to be put through to clinic consultant.
3. Consider working with CCGs to develop a 'one-strike and out' rule, ie, if DNA, then appt not to be rearranged and back to referrer/GP.
4. Reject AION referrals from ophthalmology. Referral data currently being analysed to show these patients can have secondary risk factors managed in primary care.
5. Increased referral diversion utilising other clinics: syncope, neurology hot clinics, migraine, epilepsy, headache.

RTT Performance

Combined UHL and Alliance RTT Performance

	<18 w	>18 w	Total Incompletes	%
Alliance	8831	649	9480	93.15%
UHL	49037	4740	53777	91.19%
Total	57868	5389	63257	91.48%

Backlog Reduction required to meet 92%	356

UHL and Alliance combined performance for RTT in September was 91.5%. The Trust did not achieve the standard. Overall combined performance saw 5,389 patients in the backlog, an increase of 191 since the last reporting period (UHL increase of 158, Alliance increase of 33). There were 356 patients too many waiting over 18 weeks in order to achieve the standard.

The overall RTT performance has reduced since the end of August. Factors which impacted include increased cancellations on the day and before the day, loss of elective theatre capacity due to theatre staffing, loss of physical capacity at Glenfield due to Theatres being out of action.

Forecast performance for next reporting period: It is forecasted performance will improve in October though there is a risk to achieving 92% standard.

Risks to performance include:

- Competing demands with Emergency and Cancer performance
- Increased in cancellations due to bed capacity and theatre staffing
- Reduced admitted capacity due to loss of theatres at Glenfield

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

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

Speciality	ACPL Target	M6 ACPL Actual	ACPL Variance	YTD ACPL
Breast Care	1.9	1.5	-0.36	1.7
ENT	2.6	2.4	-0.21	2.6
General Surgery	1.9	2	0.08	2.2
Gynaecology	2.9	2.3	-0.62	2.5
Maxillofacial Surgery	2.2	2.2	-0.02	2.3
Ophthalmology	3.6	3.5	-0.07	3.4
Orthopaedics	1.9	2	0.12	1.9
Paediatric Surgery	2.4	2.4	0.01	2.6
Pain Management	5.2	5.3	0.05	5.4
Plastic Surgery	2.9	2.6	-0.34	2.6
Renal Surgery	1.6	1.5	-0.08	1.8
Urology	2.7	2.7	-0.01	2.7
Vascular Surgery	1.3	1	-0.33	1.2
Total	2.4	2.3	-0.07	2.4

At the end September there was 1 patient with an incomplete pathway at more than 52 weeks. This patient was in General Surgery and had a planned TCI date to be seen within September but was cancelled due to lack of HDU capacity. The patient has been re-dated to be treated in October.

52 week breaches at the end of October are forecasted to be zero.

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 Gynaecology, Urology and Gastroenterology.

ENT, Paediatric Cardiology and Orthopaedic Surgery had the most improved backlogs.

Of the 56 specialties with a backlog, 27 saw their backlog increase, 6 specialties backlog stayed the same and 23 specialties reduced their backlog size.

Overall, the non admitted backlog reduced by 0.3% and the admitted backlog increased by 3.1%.

10 highest backlog decreases	Admitted Backlog			Non Admitted Backlog			Total Backlog			% Change	Perf %
	Aug 17	Sep 17	Change	Aug 17	Sep 17	Change	Aug 17	Sep 17	Change		
ENT	307	276	-31	252	245	-7	559	521	-38	-6.8%	84.9%
Paediatric Cardiology	12	15	3	69	34	-35	81	49	-32	-39.5%	89.0%
Orthopaedic Surgery	302	314	12	277	235	-42	579	549	-30	-5.2%	88.7%
Paediatric ENT	413	386	-27	20	24	4	433	410	-23	-5.3%	59.2%
IR	28	14	-14	20	19	-1	48	33	-15	-31.3%	88.9%
Paed Pain	-	-	0	16	2	-14	16	2	-14	-87.5%	95.5%
Paediatric Surgery	24	18	-6	10	3	-7	34	21	-13	-38.2%	94.4%
Paediatric Urology	63	49	-14	4	7	3	67	56	-11	-16.4%	85.0%
Chemical Pathology	-	-	0	13	3	-10	13	3	-10	-76.9%	98.9%
Spinal Surgery	84	110	26	316	282	-34	400	392	-8	-2.0%	80.9%

10 highest backlog increases	Admitted Backlog			Non Admitted Backlog			Total Backlog			% Change	Perf %
	Aug 17	Sep 17	Change	Aug 17	Sep 17	Change	Aug 17	Sep 17	Change		
Gynaecology	182	202	20	38	65	27	220	267	47	21.4%	93.5%
Urology	414	458	44	115	111	-4	529	569	40	7.6%	80.8%
Gastroenterology	10	14	4	62	94	32	72	108	36	50.0%	96.1%
General Surgery	264	294	30	183	186	3	447	480	33	7.4%	85.8%
Thoracic Medicine	-	-	0	102	134	32	102	134	32	31.4%	88.7%
Neurology	1	-	0	30	58	28	31	58	27	87.1%	94.4%
Cardiology	97	106	9	54	59	5	151	165	14	9.3%	94.4%
Sports Medicine	3	14	11	3	6	3	6	20	14	233.3%	95.3%
Dermatology	-	-	0	37	50	13	37	50	13	35.1%	98.1%
HpB	0	0	0	0	0	0	0	0	0	0.0%	#N/A

| 10 highest overall backlogs	Admitted Backlog			Non Admitted Backlog			Total Backlog			% Change	Perf %
	Aug 17	Sep 17	Change	Aug 17	Sep 17	Change	Aug 17	Sep 17	Change		
Urology	414	458	44	115	111	-4	529	569	40	7.6%	80.8%
Orthopaedic Surgery	302	314	12	277	235	-42	579	549	-30	-5.2%	88.7%
ENT	307	276	-31	252	245	-7	559	521	-38	-6.8%	84.9%
General Surgery	264	294	30	183	186	3	447	480	33	7.4%	85.8%
Paediatric ENT	413	386	-27	20	24	4	433	410	-23	-5.3%	59.2%
Spinal Surgery	84	110	26	316	282	-34	400	392	-8	-2.0%	80.9%
Ophthalmology	269	273	4	43	39	-4	312	312	0	0.0%	95.9%
Gynaecology	182	202	20	38	65	27	220	267	47	21.4%	93.5%
Cardiology	97	106	9	54	59	5	151	165	14	9.3%	94.4%
Thoracic Medicine	-	-	0	102	134	32	102	134	32	31.4%	88.7%

There has been a significant increase in the number of sessions cancelled before the day due to staffing compared to the previous 2 financial years. The rise is almost all as a result of cancellations due to a lack of theatre staff. 130 more sessions were cancelled from July to September compared to last year due to the theatre staffing. This equates to roughly 272 patients cancelled due to no theatre staff that in previous years had not been cancelled. As of 16th October there have been 29 sessions cancelled due to lack of theatre staff compared to zero in October 2016. This will continue to significantly impact on the admitted RTT performance and patients waits to receive treatment.

Whilst cancellations on the day due to lack of surgeon has reduced by 4 in Q2 compared to last year, there have been 38 more cancellations on the day due to lack of theatre staff. The specialties largely affected are Orthopaedics, General Surgery and Gynaecology, all have significant admitted backlogs.

Estate issues at Glenfield with 2 theatres currently out of action and LGH having multiple episode of cancellations due to laminar flow leakage have led to further capacity constraints. Equipment and estate cancellation have resulted in a further 41 cancellations more than in previous years.

	Sessions Cancelled Prior to the day			
Cancellation Reason	2015/16 Q2 Total	2016/17 Q2 Total	2017/18 Q2 Total	% Change
ANAESTHETIST UNAVAILABLE	16	9	4	-56%
SURGEON UNAVAILABLE	248	207	225	9%
THEATRE STAFF UNAVAILABLE	0	4	134	3250%
Grand Total	264	220	363	65%

	Patients cancelled (sessions x ACPL by specialty)			
Cancellation Reason	2015/16 Q2 Total	2016/17 Q2 Total	2017/18 Q2 Total	% Change
ANAESTHETIST UNAVAILABLE	8	4	0	-100%
SURGEON UNAVAILABLE	476	421	409	-3%
THEATRE STAFF UNAVAILABLE	0	4	276	6800%
Grand Total	484	429	685	60%

Capacity for patients cancelled by staffing reason

29
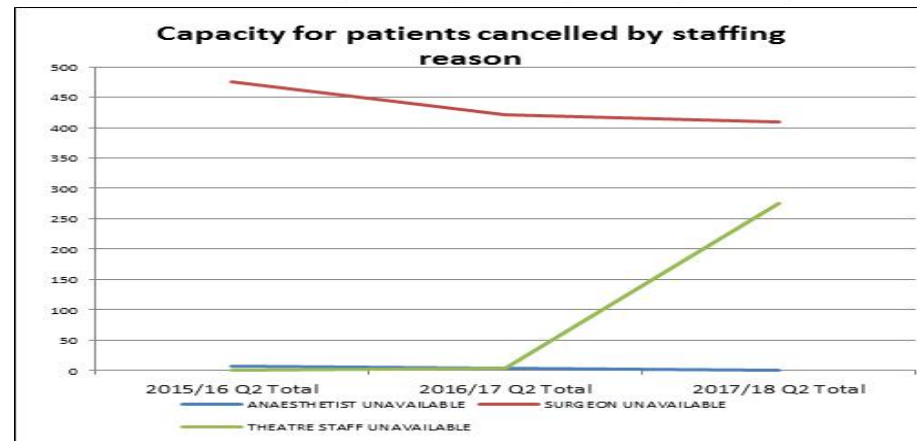
The table below illustrates the largest pressure to achieve 18 weeks RTT performance is for patients waiting for elective surgery. With the exception of CSI all CMG's are achieve the 92% standard for non-admitted patients and over 95% overall. Only ESM and ITAPs are achieving the standard for admitted patients, neither CMG hold any surgical specialties.
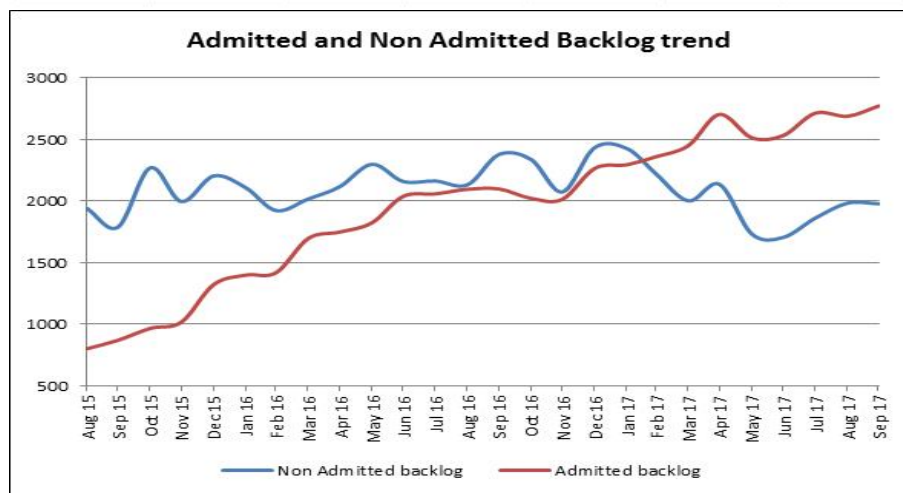
The continuing challenge for UHL will be actions that support in reducing the admitted backlog. The non-admitted backlog has remained relatively consistent over the past 18 months. During the same period the admitted backlog has increased by over 300%.

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

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

CMG	Admitted Backlog	Admitted Performance	Non Admitted Backlog	Non-Admitted Performance	Total Backlog	Current Performance
MSS	1433	74.8%	913	94.4%	2346	89.4%
CHUGGS	785	61.4%	417	95.2%	1202	88.9%
W&C	281	77.5%	160	97.3%	441	93.8%
RRCV	160	86.2%	231	94.8%	391	93.0%
ESM	-	100.0%	141	97.5%	141	97.5%
ITAPS	22	94.3%	35	96.8%	57	96.1%
CSI	14	90.5%	21	87.5%	35	88.9%
Alliance	149	77.9%	513	93.8%	662	92.6%
UHL	2695	74.8%	1918	95.5%	4613	91.3%
UHL+Alliance Combined	2844	75.0%	2431	95.2%	5275	91.5%

Admitted and Non Admitted Backlog trend

ENT/ Paediatric ENT	Background: Current backlog driven by a high level of cancellations from 2015/16 winter bed pressures that has 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. Actions: Continued use of Medinet and wait list initiatives for admitted and non admitted patients continue to end of November 2017. On-going use after this point is pending further discussion. Change to balance pathway including new DOS and PRISM forms to direct patients at point of referral to most appropriate clinic. Additional 60 hours of theatre capacity for paediatric ENT agreed. Circa 42 patients. Agreement of Nuffield tariff for adult and paediatric patients circa 50 patients.
General Surgery	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 cancelations. Further risk going into winter months of increased cancellations due to further bed pressure demands. Impacted by cancelled theatre sessions due to lack of theatre staffing. Actions: Continued WLI's for admitted and non-admitted pathways. Left shift minor work to the Alliance, business case for 2 additional consultants. Focused work on non admitted pathway bringing down waits for first appointments and waits in diagnostic reporting.
Orthopaedic Surgery	Background: Delays within with urgent diagnostic reporting adding to the outpatient pathway. Capacity gap between clinicians for sub specialties. Including Hand and Foot and Ankle patients. Impacted on elective cancellations to support emergency care. Impacted by cancelled theatre sessions due to lack of theatre staffing. Actions: Additional clinics to reduce outpatient backlog. ESP utilised across Orthopaedics and spines, double running of clinical fellows to increase clinical capacity.
Urology	Background: Lack of in week outpatient and theatre capacity. Increase in patients cancelled before the day due to bed capacity. Alliance capacity decrease from Coventry and Warwick clinicians, impacts on ability to left shift activity. Actions: Wait list initiatives. Increase in uptake of UHL staffed lists allowing for more patients from the backlog to be treated. Continued use of weekend sessions including Medinet to utilise theatre space where insufficient theatre uptake. Left shifting of low complex patients to the Alliance agreed with circa 30-50 cystoscopies being transferred August onwards. Locum consultant in the Alliance confirmed as competent to treat circumcisions to support with urology backlog.

Diagnostic Performance

September diagnostic performance for UHL and the Alliance combined is 0.42% achieving the standard by performing below the 1% threshold. UHL alone achieved 0.46% for the month of September with 68 patients out of 14,823 not receiving their diagnostic within 6 weeks. Performance remains ahead of trajectory. Overall there were 33 fewer breaches than the previous reporting period.

This is the 12th consecutive month the DM01 standard has been achieved.

Strong performance from radiology, with all radiological modalities achieving the standard and supporting overall Trust performance (performance of 0.29% with 31 breaches out of 10,520 patients).

Of the 15 modalities measured against, 11 achieved the performance standard with 4 areas having waits of 6 weeks or more greater than 1%.

Future months performance

It is anticipated the Trust should achieve the diagnostic standard in October although there are specific risks which could impact on achieving.

Medical workforce sickness has reduced available capacity for Neurophysiology. Service looking at additional clinics and moving of patients to limit impact.

UHL and Alliance Diagnostic Performance Last 12 Months
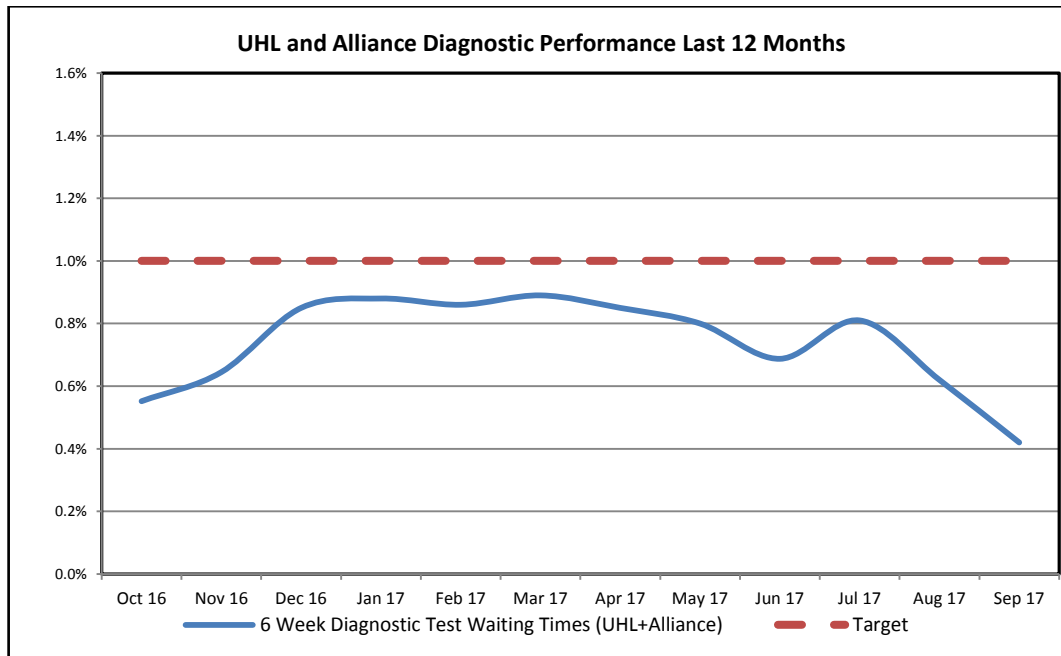
% Cancelled on the day operations and patients not offered a date within 28 days – Performance (inc Alliance)

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%	1.3%	1.1%	1.0%
	2	0	27	96	14

Cancelled Operation Performance – Indicator 1

For September there were 149 non clinical hospital cancellations for UHL and Alliance combined. This resulted in a failure of the 0.8% standard as 1.3% of elective FCE's were cancelled on the day for non-clinical reasons (148 UHL 1.4% and 1 Alliance 0.1%).
UHL alone saw 148 patients cancelled on the day for an individual performance of 1.4%. 60 patients (41%) were cancelled due to capacity related issues of which 12 were Paediatrics. 88 patients were cancelled for other reasons.

The top 5 reasons for cancellation accounted for 40 more cancellations compared to the same reasons in September 2016.
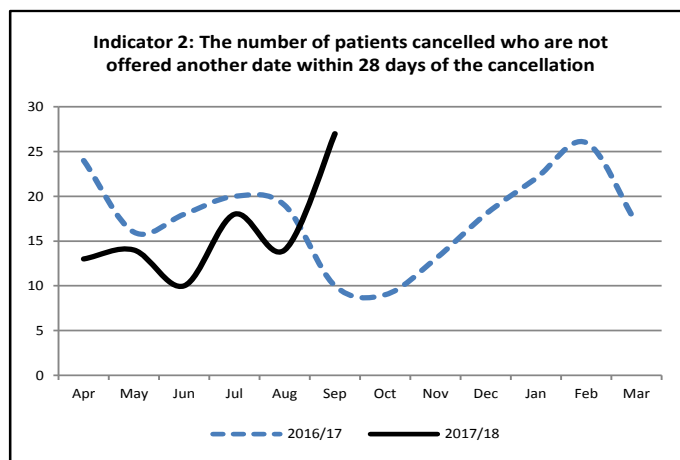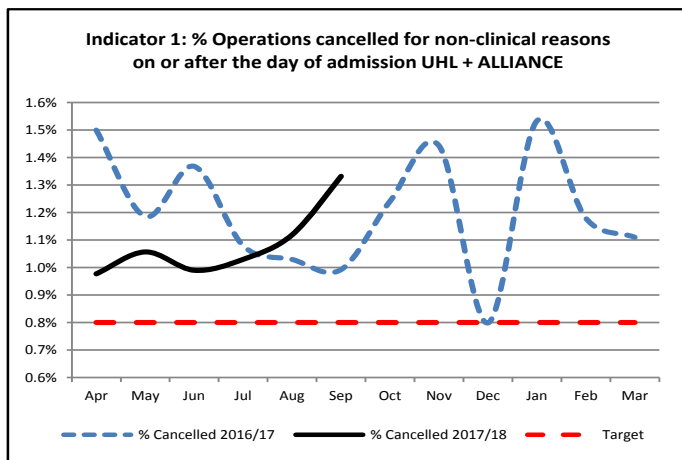
28 Day Performance – Indicator 2

There were 27 patients who did not receive their operation within 28 days of a non-clinical cancellation. These comprised of CHUGGS 5, CSI 1, ITAPS 1, MSS 8, RRCV 9 and W&C 3. The 2 theatres currently closed at Glenfield has resulted in increased 28 day breaches. No emergency theatre for Vascular patients has resulted in elective capacity being prioritised for emergency patients.

Risk for next reporting period

Achieving the 0.8% standard in October remains a risk due to:
- Increased cancellations due to lack of theatre staff
- Continuing capacity pressures due to emergencies

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

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

Cancer Waiting Time Performance

- Out of the 9 standards, UHL achieved 4 in August – 2WW, 31 Day Drugs, 31 Day Radiotherapy and 62 Day Screening.
- 2WW performance continued to deliver in August achieving 94.3%. September is also expected to deliver the standard. 2WW Breast failed the standard at 92.3%.
- 62 day performance although failed at 79% in August, with an adjusted position of 80.9%.
- The adjusted has seen a slight increase during September and early October. At the time of reporting, the key tumour sites remain:- Gynae. Lung and Urology – representing 67% of the total adjusted backlog. At the time of reporting, daily PTL review calls are in place for Urology.
- Working as part of the NHS Collaborative, we are working closely with other providers to agree a consistent approach to the application of Cancer Waiting Time rules which is expected to have a positive impact within UHL.
- Systems development work in the Cancer information system (Infoflex) is expected to go live in November which will provide clearer and more focussed points of escalation in patients pathways to minimise pathway delays.

62 Day Performance
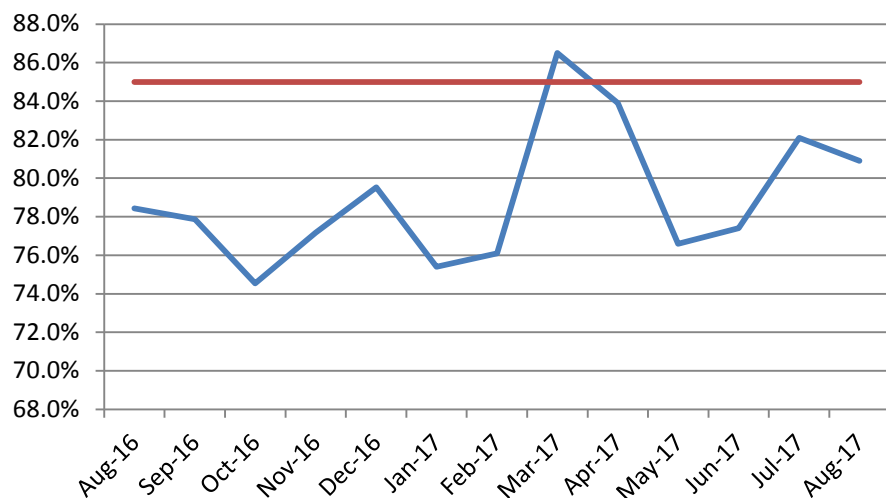
62 Day Adjusted Backlog
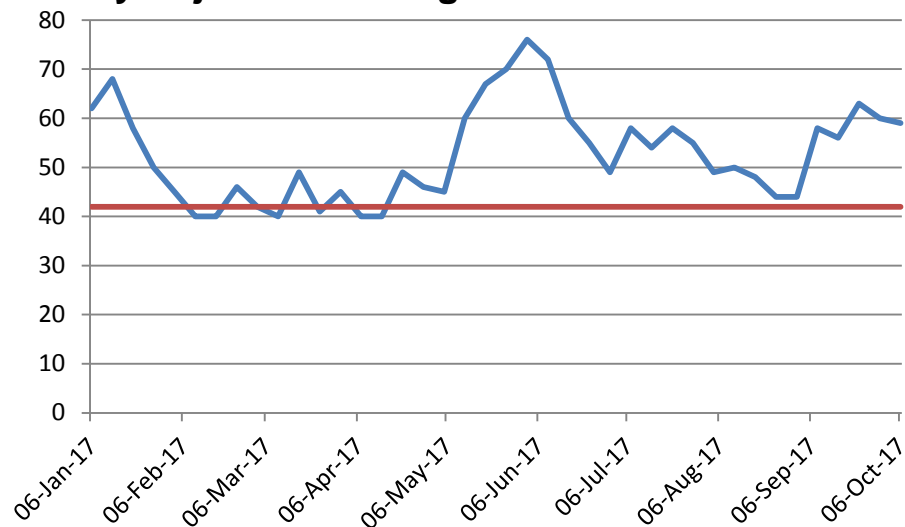
62 Day Backlog by Tumour Site

The following details the backlog numbers by Tumour Site for week ending 13th October 2017.The Trend reflects performance against target on the previous week.

The forecast position is the early prediction for week ending 20th October 2017. *Note:- these numbers are subject to validation and review throughout the week via the clinical PTL reviews and Cancer Action Board.*

Tumour Site	Target	Backlog	Trend	Forecast
Haematology	0	0	↓ (green down)	0
HPB	0	4	↑ (red up)	3
Lower GI	6	6	↔ (green)	7
Testicular	0	0	↔ (green)	0
Upper GI	2	1	↓ (green down)	2
Urology	10	24	↑ (red up)	24
Skin	1	3	↔ (red)	2
Breast	2	2	↑ (red up)	2
Head & Neck	5	4	↔ (green)	4
Sarcoma	0	0	↔ (green)	0
Lung	6	8	↓ (green down)	9
Gynaecology	7	9	↑ (red up)	8
Brain	0	0	↔ (green)	0

Key themes identified in backlog @ 13th October

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

Summary of delays	Numbers of patients	Summary
Complex Patients/Complex Diagnostic Pathways	11	Across 6 tumour sites, – these are patients undergoing multiple tests, MDTs, complex pathology reporting and diagnostics. This includes patients referred between multiple tumour sites with unknown primaries and patients with complex pathology to inform diagnosis. This also includes patients previously on a long term follow up pathway in Lung (x2).
Capacity Delays – OPD & Surgical	9	In 4 tumour sites, a combination of surgical treatment/diagnostic capacity, high risk anaesthetic capacity and Oncology outpatient capacity affecting the patients pathway. This also includes where (x2) patients were cancelled for more clinically urgent cancer patients delaying their TCI dates resulting in a breach.
UHL Pathway Delays (Next Steps compliance)	10	Across 3 tumour sites – where more than 1 delay has occurred within the pathway and lack of compliance with Next Steps is evident. This includes where diagnostic tests have been incorrectly requested as non 2WW and subsequently escalated, cancelled diagnostic procedures due to poor bowel prep where re-booking hasn't taken place within 7 days, delayed clinical decision making pending additional diagnostics and x1 case where missing notes delayed the diagnostic biopsy.
Patient Delays (Choice, Engagement, Thinking Time)	13	Across 5 tumour sites – a significant proportion of the backlog where patients have DNA'd on multiple occasions , required thinking time re decision making for treatment planning , and general lack of engagement , patient holidays, family events and religious festivals in addition to delays to diagnostics with patients only available for weekend Endoscopy lists at specific sites.
Patients Unfit	10	Across 6 tumour sites, patients who are unavailable for treatment due to other ongoing health issues of a higher clinical priority, where high blood pressure and uncontrolled diabetes result in a delay to the patient be anaesthetically fit for treatment
Late Tertiary Referrals	5	Across 5 tumour sites, where tertiaries are received after Day 38.
Clinically Appropriate Pathway Delays	8	In Urology (x7) – patients where the initial TRUS biopsy is reported as either benign/non-diagnostic but in correlation with clinical review, an MRI is required for further investigation a clinically appropriate 6 week delay is required between biopsy and MRI to allow for healing and to avoid a haematoma on MRI. In Gynae (x1) – where a failed hysteroscopy resulting in an airway injury during the procedure required recovery prior to a repeat attempt

Backlog Review for patients waiting >104 days @ 13[h] October

The following details all patients declared in the 104 Day Backlog for week ending 13/10/17. Note the patient reference number has been added to track patients each month as requested by the CCG. Last months report showed 7 patients in the 104 Day backlog, 5 of which have now been treated. There are currently 12 patients in the backlog at the time of reporting, 6 of which have treatment TCI dates agreed/planned.

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

| Tumour Site	Total Number of patients	Pt No	Current Wait (Days)	Confirmed Cancer Y/N	Treatment Date Y/N	Summary Delay Reasons
LOGI	2	52	120	Y	N	Patient undergone CT Colon, OGD, colonoscopy, CT Thorax, EMR and US Guided Liver Biopsy. Multiple MDT discussions required across LOGI, Lung and HPB for diagnosis and treatment plan. Fitness for surgery required assessment and consultation re chemotherapy options and if patient for chemo. Delays to diagnostics due to bridging plans and further re-staging. Oncology OPD 6.10.17 queries whether patient may be for observation only and no systemic treatment, patient thinking time given for review in 1 month time. Cancer Centre querying wait time, CNS engagement and plan from clinical team.
		53	110	Y	N	Originally referred on the UPGI pathway and went straight to test for OGD which was reported as NAD but for CT Colon due to weight loss and iron deficiency ? Patient referred on wrong pathway by GP. Delay to CT Colon due referral issues of 11 days - report flagged patient for colorectal MDT discussion. Patient transferred to LOGI on Day 31. MDT recommendation for MRI Liver, CPET and outpatient discussion. OPD outcome for colonoscopy and biopsies - TCI dates cancelled by hospital as patient unfit, ? the risk of surgery outweighs the benefits due to patient fitness. Referred to Oncology for discussion re palliative chemo. Capacity issues within Oncology delayed Onc OPD by 39 days. Brought forward to 13.10.17 - await outcome.
Urology	7	47	156	N	Y	Patient originally referred on a Gynae 2WW pathway 8/5/17, following investigation discharged from Gynae 2WW and followed up routinely. Subsequent USS identified ? Tumour in kidney, referred to Urology for MDT discussion. CT chest and CT Angiogram requested, patient now listed for surgery awaiting a TCI date. CT showed

Tumour Site	Total Number of patients	Pt No	Current Wait (Days)	Confirmed Cancer Y/N	Treatment Date Y/N	Summary Delay Reasons
						oblique lying horseshoe kidney with left moeity lying within the pelvis from which a 5.4cm mass arises - complex diagnosis. Required repeat CT angiogram of the abdomen and pelvis to allow renal arterial reconstructive images in preparation for open excision of the renal tumour. Added to waiting list 13.9.17 - complex joint surgical case, specific surgeon for mass and horseshoe kidney. TCI confirmed as 25/10/17
		48	150	Y	Y	Day 106 referral from Lincoln, received 23/8/17. Patient contacted for outpatient consultation in Leicester, advised on holiday during September - wished to be seen following return 21/9/17. Awaiting return from holiday for listing for surgery and agreeing a TCI date. Patient could have had surgery on 18/09/17 - pause applied. Pre-assessment 13/10/17. TCI confirmed as 16/10/17 - patient treated 16.10.17
		54	125	N	N	Diagnostic cystoscopy performed at Day 8, bone scan planned for Day 17 which was cancelled by the patient as unwell and not fit for bone scan until 13.7.17 (Day 37) and MRI 18.7.17. Follow up arranged for Day 43 which the patient cancelled, requesting a one month delay to think about things. CNS engagement evidences issues in gaining contact with the patient with no response. Patient brought to outpatients on the 12.8.17 (Day 67), for repeat CT ? for surveillance only.. CT reported and further follow up with patient recommends US Guided Biopsy. Delay to USGBx date due to complex protocolling, TCI 5.10.17. Currently awaiting pathology and follow up 17.10.17
		55	125	Y	N	KGH referral Day 84, seen in Urology Outpatients Day 90 and added to the waiting list for treatment. Service currently looking for additional theatre lists to provide a TCI in early November
		56	122	Y	Y	Referred 9.6.17, diagnosed 29.6.17 following TRUS biopsy. Outpatient follow up 7.7.17, patient not keen on surgery, would like to discuss radiation. For MRI and referred to discuss PACE trial. MRI 10.7.17, MDT discussion 20.7.17 - still awaiting Oncology OPD due to capacity. MDT outcome - for repeat MRI 6 weeks post TRUS. ONC OPD 4.8.17 and complex surgical clinic discussion 9.8.17. Patient undecided on treatment option, for further follow up in Oncology 4.9.17 - outcome patient still undecided - considering PACE trial CNS involvement and further ONC OPA 27.9.17 where patient consented to PACE trial. Treatment start date 30.10.17

| Tumour Site	Total Number of patients	Pt No	Current Wait (Days)	Confirmed Cancer Y/N	Treatment Date Y/N	Summary Delay Reasons
		57	110	Y	Y	Patient originally referred via Lung, transferred to Urology following diagnostics on Day 13. Urology OPD 13.7.17 (Day 23). CT for MDT discussion ? HPB synchronous renal surgery. Patient required high risk anaesthetic assessment prior to surgical TCI. HRA 26.7.17, patient not suitable for surgical treatment, referred to Oncology. Delay to Oncology outpatient due to capacity. OPD 24.8.17 - patient requires renal biopsy pending chemo treatment and repeat CT. CT 13.9.17 (pt declined 30.8.17 date), biopsy 18.9.17. Patient to commence treatment 11.10.17 - await confirmation
		58	105	N	N	Delayed diagnostics due to patient having urgent surgical TCI 31.8.17 requiring recovery from surgery before arranging a template biopsy. Template biopsy delayed by 6 weeks as a result. TCI 17.10.17, await pathology.
	3	59	571	N	N	Patient was on Long Term Follow up and excluded from the backlog until the 26.9.17 following repeat surveillance CT 10.9.17 which flagged for MDT discussion. Following MDT discussion, patient for CT Guided Biopsy which took place on the 10/10/17. Await pathology and follow up.
		60	116	N	Y	At first MDT discussion post CT, ?thymoma/lymphoma. Biopsy 1/8/17 pathology showed normal lymph node - decision for VATs biopsy. Admitted 21.8.17, MDT follow up with final histology recommended EBUS pending final pathology report. EBUS 19.9.17, review by ENT recommended by MDT - delayed review due to capacity. Seen in ENT 11.10.17, for anaesthetic assessment and joint surgical procedure with Lung/ENT. TCI 26.10.17
		61	109	Y	Y	Patient originally referred via ENT, transferred to Lung Day 30 following MDT discussion. Bronch 26.7.17, MDT 28.7.17 recommended PET scan to assess if disease localised to inform treatment planning. PET 4.8.17 and MDT review 11.8.17. For surgical consideration - surgical review 16.8.17. For VATs biopsy, TCI 23.8.17. Histology reviewed 1.9.17 at MDT, non diagnostic biopsy due to position of mass. For clinical oncology ? radiotherapy. ONC OPD 19.9.17. Radical radiotherapy planned, provisional start date 16.10.17

31 Day First Treatment – Performance

31 day 1st treatment performance was just below the national target at 95.1% for August 2017. The reduction in backlog during June/July had the predicted impact on performance with 22 patients treated beyond 31 days compared to 15 in July. At the time of reporting, there are 15 patients in the backlog (across 4 tumour sites): access to beds and theatre capacity particularly around joint surgical cases, patient engagement issues (Skin), robotic procedures (Urology) and unfit patients has seen an increase in the backlog this month.
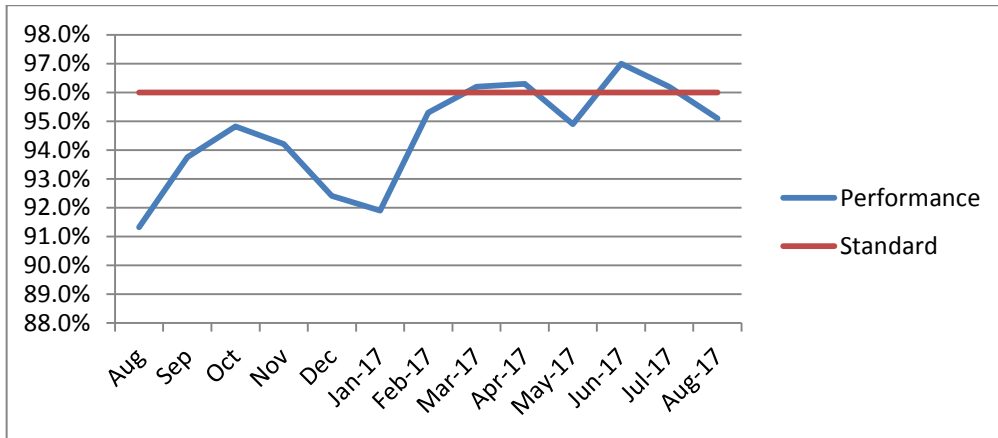
31 Day Subsequent Surgery Performance

31 day Subsequent performance for Surgery in August, under performed at 81.3%.The backlog at the time of reporting sits at 7, spread across 4 tumour sites. A combination of patient fitness, delays due to patient holidays and surgical capacity are reflected.
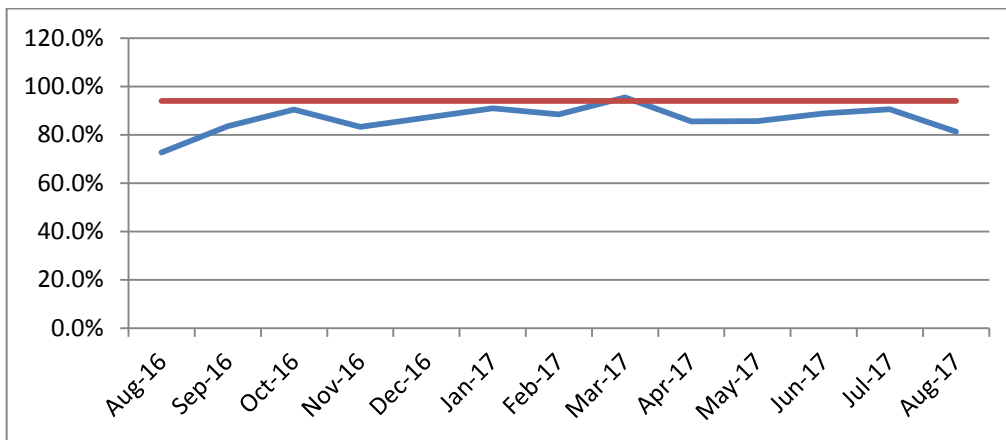
Summary of the plan

The recovery action plan (RAP) is the central repository detailing measureable actions agreed between the Cancer Centre, Tumour Sites and CCGs aimed to address recovery in performance delivery and quality of patient care. It is recognised that a number of tumour sites have successfully achieved and closed down their actions over the past 12 months.

A full review of the RAP was completed during July and August to triangulate the tumour site submissions for the RAP alongside the Next Steps audits, monthly thematic breach review findings and local operational knowledge to ensure the RAP accurately reflected the current issues having an impact on performance improvement against the 62 day standard. This review has resulted in a number of revised and new actions being added, the initial feedback from the CCG review is currently being worked through with the tumour site management teams.

Summary of high risks

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

	Issue	Action being taken	Category
1	Next steps not consistently implemented in all areas. Resulting in unnecessary delay for patients.	Next steps programme board established. Additional central funding for next steps programme secured. Recruitment for additional staff for next steps in progress.	Internal factors impacting on delivery
2	Continued increase in demand for screening and urgent cancer services. Additional 31 day and 62 day treatments compared to prior years.	Cancer 2020 group delivering alternative pathways (e.g. FIT testing). Annual planning cycle to review all elements of cancer pathway. Further central funding requested for increased BI support.	Internal and External factors impacting on delivery
3	Access to constrained resources within UHL	Resources continued to be prioritised for Cancer but this involves significant re-work to cancel routine patients. Capital for equipment is severely limited so is currently directed to safety concerns. Further central support has been requested. Staffing plans for theatres are requested on the RAP. Organisations of care programmes focused on Theatres and Beds. Plans and capital agreed for LRI and GH ITU expansion.	External factors impacting on delivery
4	Access to Oncology and Specialist workforce.	Oncology recruitment in line with business case. Oncology WLI being sought. H&N staff being identified prior to qualifying.	Internal factors impacting on delivery
7	Patients arriving after day 40 on complex pathways from other providers	Weekly feedback to tertiary providers. Specialty level feedback. NHS I co-ordinating 'Manchester' style agreement.	External factors impacting on delivery