

Quality & Performance Report

Author: John Adler Sponsor: Chief Executive Date: IFPIC + QAC 27th April 2017

Executive Summary from CEO Paper O

Context

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

Questions

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

Conclusion

Good News: Moderate harms and above – we remain well within the agreed Quality Commitment monthly thresholds. **Diagnostic 6 week wait** – remains complaint for 6 consecutive months. **Cancer Two Week Wait** – despite an 8% increase in referrals, we have continued to achieve for 8 consecutive months. Reported **delayed transfers of care** remain within the tolerance. However there are a range of delays that do not appear in the count. **MRSA** – although there are 3 cases of MRSA reported for the year these were unavoidable or attributed to a third party. **C DIFF** – month and full year to date position within trajectory. **Pressure Ulcers** – 0 **Grade 4** pressure ulcers reported this month and **Grade 3** are within the trajectory for month and year. **CAS alerts** – there have been no overdue CAS alerts throughout this financial year. Both **Stroke** indicators remain complaint for the month and the year to date. **Ambulance Handover 60+ minutes (CAD+)** – performance at 6% was the same as February - the last time performance was at this level was in June 16.

Bad News: Mortality – the latest published SHMI (period October 2015 to September 2016) is 102 (still within the expected range). **ED 4 hour performance** – March performance was 83.9 % with year to date performance at 79.6%. The continued in-month improvement was due to switching medical and surgical beds. Further detail is in the Chief Operating Officer's report. **Referral to Treatment** – was not achieved mainly due to continuing emergency pressures and the capacity switch. **52+ week waits** – current number has reduced to 24. **Cancelled operations** and **patients rebooked within 28 days** – continued to be non-compliant, due emergency pressures. **Never events** – 1 reported this month. **Single Sex Accommodation Breaches** – 1 breach during March. **Fractured NOF** – target not achieved during March. **Cancer Standards 62 day treatment** – although non-compliant an improved backlog number is noted. **Inpatient and Day Case Patient Satisfaction (FFT)** remains at 96% against a Quality Commitment of 97%. **Statutory & Mandatory**

Training – increased by 5% to 87% against a target of 95%. Work is ongoing to improve compliance in Estates and Facilities.

Input Sought

I recommend that the Committee:

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

For Reference

Edit as appropriate:

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

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

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

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

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

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

5. Scheduled date for the **next paper** on this topic: 25th May 2017

Quality and Performance Executive Summary

March 2017

Domain - Safe

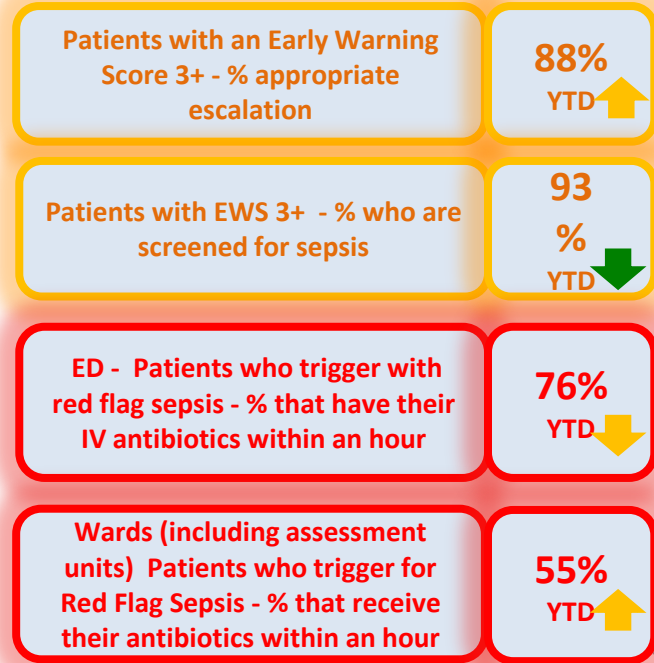
Arrows represent current month performance against previous month, upward arrow represents improvement, downward arrow represents deterioration.



Headlines

- There have been 3 cases of MRSA's reported two of which were assigned to third party and 1 unavoidable.
- 5 C Diff cases reported in March, with year to date within trajectory.
- Over the last six months we have consistently achieved our target of 95% of patients with an EWS of 3+ being screened for sepsis. Our focus continues to be ensuring an improvement in the percentage of patients that receive their antibiotics within one hour, across all areas of the Trust.

SEPSIS



Domain - Caring

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

Friends and Family Test YTD % Positive



Inpatients FFT 96% ↔
Day Case FFT 98% ↓
A&E FFT 91% ↑
Maternity FFT 95% ↑
Outpatients FFT 93% ↔

Staff FFT Quarter 4 2016/17 (Pulse Check)



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

Headlines

- Friends and family test (FFT) for Inpatient and Daycase care combined are at 96% for the financial year. The main reasons are around waiting times, poor communication and inadequate information.
- Patient Satisfaction (FFT) for ED increased to 95% for March, the highest it has been for eight months.
- Single Sex Accommodation Breaches – only 1 breach during March.

Single sex accommodation breaches

60
YTD ↑

Domain – Well Led

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

Friends and Family FFT YTD % Coverage



Inpatients FFT 35.3% ↓
Day Case FFT 24.4% ↑
A&E FFT 10.8% ↓
Maternity FFT 38.0% ↑
Outpatients FFT 3.0% ↑

Staff FFT Quarter 4 2016/17 (Pulse Check)



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

Headlines

- Inpatients and Daycase coverage remains above Trust target
- A&E coverage remains a challenge to get to Trust target of 20%.
- Appraisals are 3.3% off target for March (this excludes facilities staff that were transferred over from Interserve).
- Statutory & Mandatory is 8% off the 95% target, predominately due to the transfer of the facilities staff.
- Please see the HR update for more information.

% Staff with Annual Appraisals

91.7% YTD ↓

Statutory & Mandatory Training

87% YTD ↑

BME % - Leadership

26% Qtr4
8A including
medical
consultants

12% Qtr4
8A excluding
medical
consultants

Domain – Effective

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

Mortality – Published SHMI



102
Oct15-Sep16 ↓

Stroke TIA clinic within 24hrs

66.9%
YTD ↑

80% of patients spending 90% stay on stroke unit

84.7%
YTD ↓

Emergency Crude Mortality Rate

2.4%
YTD ↑

30 Days Emergency Readmissions

8.5%
YTD ↑

NoFs operated on 0-35hrs

71.2%
YTD ↑

Headlines

- UHL's SHMI has moved two points above the England average to 102. A recent in depth HED review of UHL mortality did not identify any additional areas of mortality by condition which needed action that we did not already have reviews or action plans in place for.
- Fractured NoF – 71.2% of patients were operated on within 0-35hours in March, 0.8% below the 72% target. Weekly Operational meetings with the Clinical Director chairing continue.

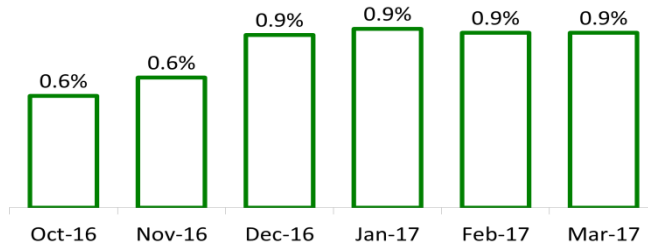
Domain – Responsive

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

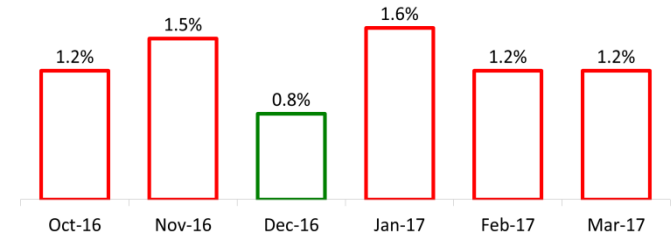
RTT - Incomplete 92% in 18 Weeks



6 week Diagnostic Wait times



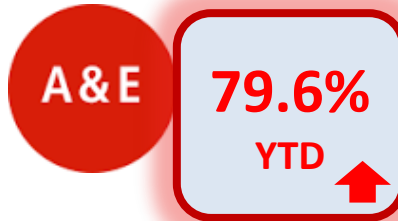
Cancelled Operations



RTT 52 week wait incompletes



ED 4Hr Wait



Ambulance Handovers



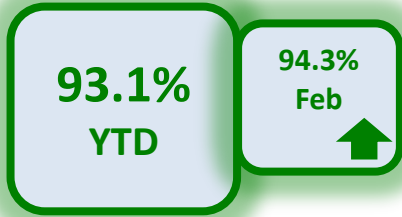
Headlines

- 15 less 52+ week waiters in March compared to February - 13 ENT and 8 Paediatric ENT, 2 Orthodontics and 1 Paediatric.
- Diagnostic 6 week wait – we have now achieved six consecutive months below the 1% national target.
- For ED 4hour wait and Ambulance Handovers please refer to Chief Operating Officers report.

Domain – Responsive Cancer

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

Cancer 2 week wait



31 day wait



62 day wait



31 day backlog



62 day backlog



62 day adjusted backlog

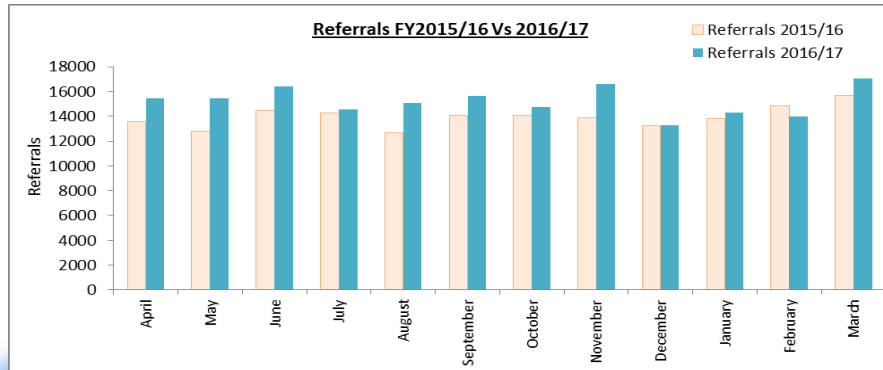


Headlines

- Cancer Two Week Wait was achieved in February and is expected to remain compliant during March.
- 31 day wait non compliant due to emergency pressures and HDU capacity.
- Cancer Standards 62 day treatment - remains non-compliant although an improved backlog number is noted.

UHL Activity Trends

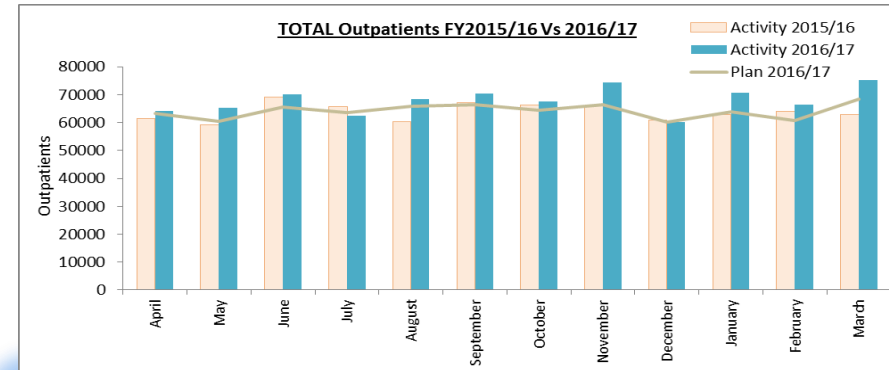
Referrals (GP)



April – March
16/17 Vs 15/16 +15,082 +9%

Planned care workstream
underway to reduce referrals.

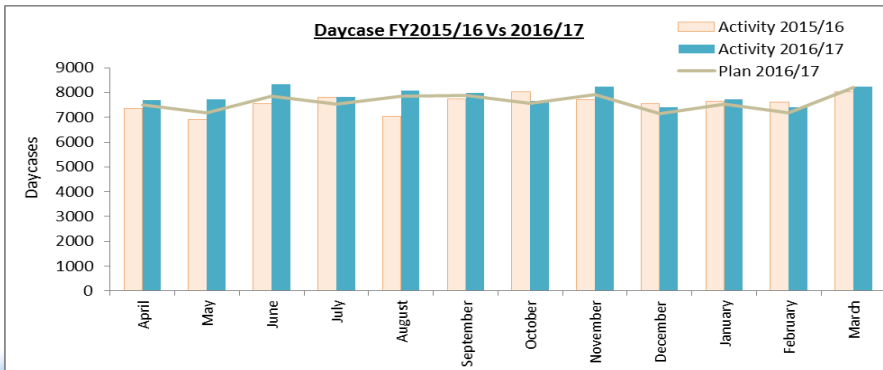
TOTAL Outpatient Appointments



April – March
16/17 Vs 15/16 +49,004 +6%
16/17 Vs Plan +45,558 +6%

Outpatients increase at a slightly
lower rate than the level of GP
referrals. Increase in referrals
putting pressure on waiting times.

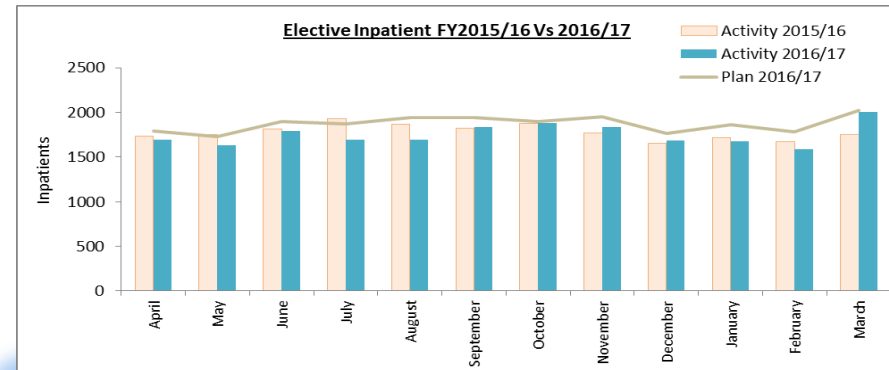
Daycases



April – March
16/17 Vs 15/16 +3,246 +4%
16/17 Vs Plan +2,912 +3%

Growth observed in Gastro,
Haematology and Clinical
Oncology.

Elective Inpatient Admissions

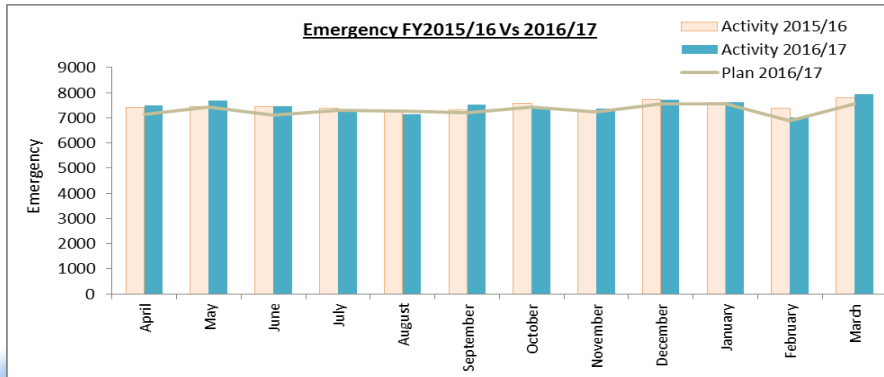


April – March
16/17 Vs 15/16 -310 -1%
16/17 Vs Plan -1,412 -6%

Pressure impacted on surgical
specialties due to emergency
flow. Restricted elective activity
to improve flow.

UHL Activity Trends

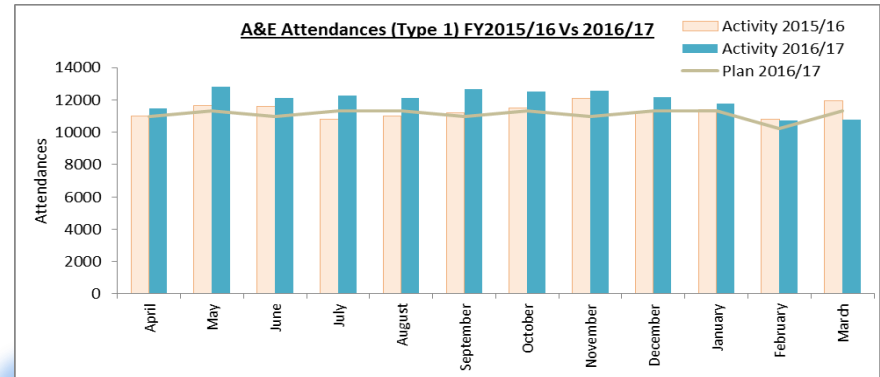
Emergency Admissions



April – March
 16/17 Vs 15/16 -60 +0%
 16/17 Vs Plan +1,873 +2%

Emergency admissions at GGH higher than last year offset by reduction at the LRI (Due to increase usage of GPAU)

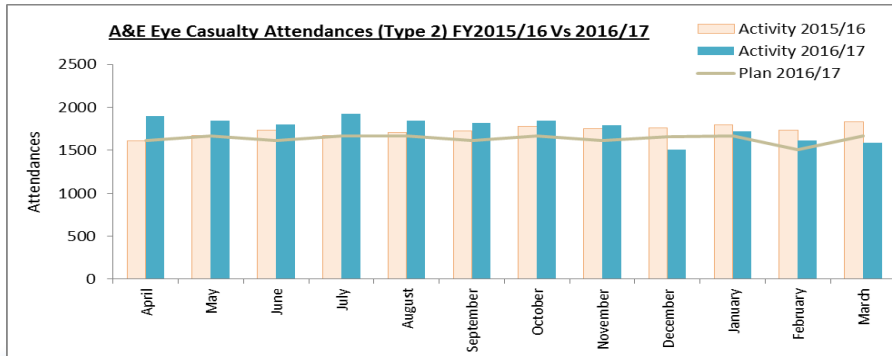
A & E Attendances (ED Type 1 only)



April – March
 16/17 Vs 15/16 +10,267 +8%
 16/17 Vs Plan +12,242 +9%

A&E attendances have been above plan and last year's outturn all year. RAP action for commissioners to get back to plan.

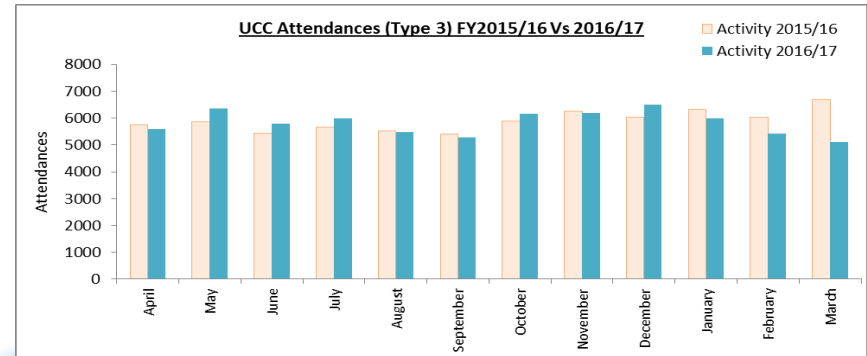
Eye Casualty Attendances (ED Type 2 only)



April – March
 16/17 Vs 15/16 +679 +3%
 16/17 Vs Plan +1,826 +9%

The service have confirmed that activity levels around December was lower than expected.

UCC Attendances (Type 3, excludes referred to ED)

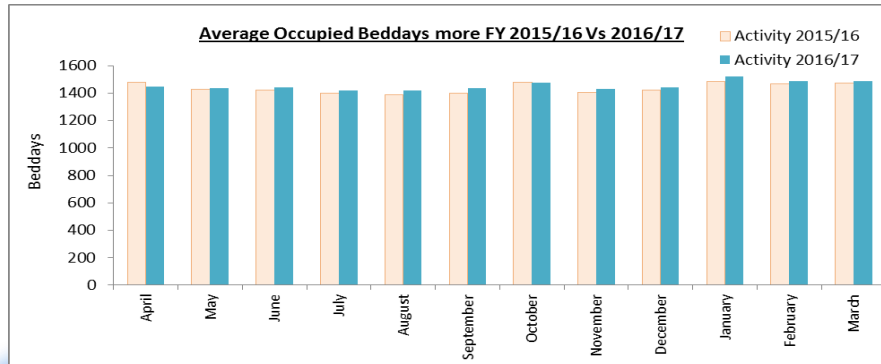


April – March
 16/17 Vs 15/16 +60 0%

The UCC attendance exclude patients that are referred on to ED.

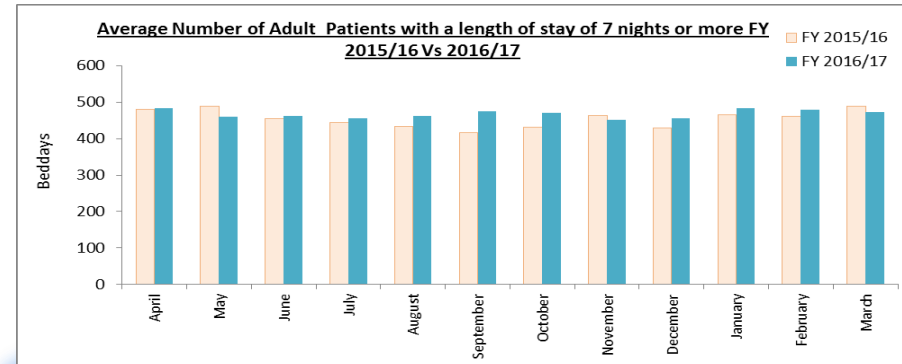
UHL Bed Occupancy

Occupied Beddays



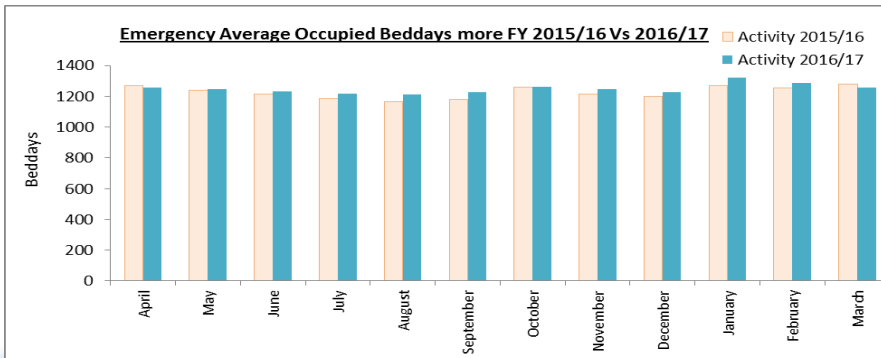
Midnight G&A bed occupancy continues to run higher this year compared to last year.

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



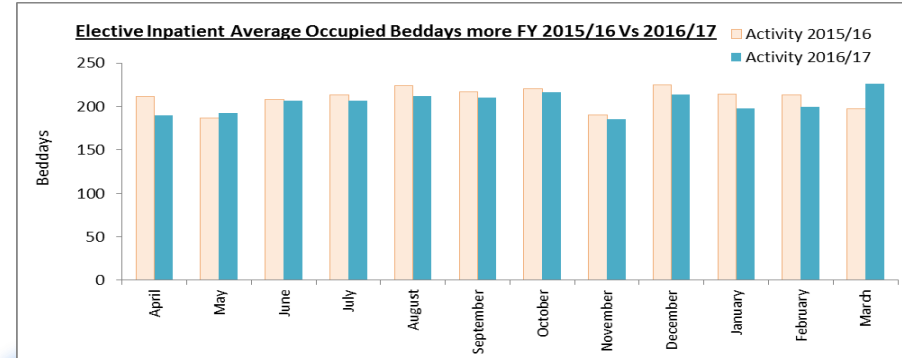
The number of patients staying in beds 7 nights or more is higher this year.

Emergency Occupied beddays



For eight of the months during this year occupancy was higher than the same period last year.

Elective Inpatient Occupied beddays



Bed occupancy is lower for 2016/17 compared to 2015/16, most likely reflective of the emergency pressures and cancelled operations.

Sustainability and Transformation Fund – Trajectories and Performance

Cancer 62 Day

5% of STF allocation

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

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

February Performance (one month in arrears)

76.5% against a trajectory of 85.1%

March Performance: Expected to be non-compliant.

D	J	F

Diagnostics

0% of STF allocation

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

Timing: Required to deliver throughout the year.

March Performance

0.9% of our patients waiting more than 6 weeks

April Performance: Expected to be compliant

J	F	M

RTT 18 Week

12.5% of STF allocation

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

Timing: Required to deliver throughout the year

March Performance

91.8% of our patients waiting less than 18 weeks

April Performance: Expected to be non-compliant

J	F	M

ED 4 hour

12.5% of STF allocation

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

Timing: Required to achieve 91.2% during March 2017

March Performance

83.9% against a target of 91.2%

April Performance: Expected to be non-compliant

J	F	M

Caring at its best

University Hospitals of Leicester



NHS Trust

Quality and Performance Report

March 2017



One team shared values



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UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

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

DATE: 27th APRIL 2017

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

SUBJECT: March 2017 QUALITY & PERFORMANCE SUMMARY REPORT

1.0 Introduction

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

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

- Aggressive cost reduction plans
- C Diff – infection rate – C Diff numbers vs plans included
- Potential under-reporting of patient safety incidents

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

2.0 Performance Summary

Domain	Page Number	Number of Indicators	Number of Red Indicators this month
Safe	4	22	5
Caring	5	11	2
Well Led	6	24	2
Effective	7	9	4
Responsive	8	15	8
Responsive Cancer	9	9	5
Research – UHL	15	6	0
Total		96	26

3.0 Data Quality Forum (DQF) Assessment Outcome/Date

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

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

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



KPI Ref	Indicators	Board Director	Lead Officer	16/17 Target	Target Set by	16/17 Red RAG/ Exception Report Threshold (ER)	DOF Assessment outcome/Date	14/15	15/16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	YTD	
								Outturn	Outturn																
S1	Reduction for moderate harm and above PSIs with finally approved status - reported 1 month in arrears	AF	MD	10% REDUCTION FROM FY 15/16 (<20 per month)	QC	Red if >20 in mth, ER if >20 for 2 consecutive mths	Apr-17		262	16	17	9	11	8	12	11	15	17	14	14	8	13		132	
S2	Serious Incidents - actual number escalated each month	AF	MD	<=49 by end of FY 16/17 (revised)	UHL	Red / ER if >8 in mth or >5 for 3 consecutive mths	Apr-17	41	50	6	4	5	5	1	3	4	2	4	4	2	3	1	3	37	
S3	Proportion of reported safety incidents per 1000 attendances (IP, OP and ED)	AF	MD	> FY 15/16	UHL	TBC	Apr-17		17.5	16.2	17.2	17.1	16.8	16.4	19.3	18.3	16.5	16.2	15.3	17.1	15.8	15.7	14.1	16.6	
S4	SEPSIS - Patients with an Early Warning Score 3+ - % appropriate escalation	AF	SH	95%	UHL	TBC	Jun-17	New Indicator								86%	91%	86%	89%	88%	89%	89%	90%	88%	
S5	SEPSIS - Patients with EWS 3+ - % who are screened for sepsis	AF	SH	95%	UHL	TBC	Jun-17	New Indicator								65%	91%	95%	99%	99%	99%	99%	97%	96%	93%
S6	SEPSIS - ED - Patients who trigger with red flag sepsis - % that have their IV antibiotics within an hour	AF	SH	90%	UHL	TBC	Jun-17	New Indicator				63%	71%	71%	66%	69%	75%	79%	82%	76%	83%	88%	85%	76%	
S7	SEPSIS - Wards (including assessment units) Patients who trigger for Red Flag Sepsis - % that receive their antibiotics within an hour	AF	SH	90%	UHL	TBC	Jun-17	New Indicator				33%	50%	21%	42%	23%	45%	61%	67%	76%	78%	77%	85%	55%	
S8	Overdue CAS alerts	AF	MD	0	NHSI	Red if >0 in mth ER = in mth >0	Nov-16	10	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	
S9	RIDDOR - Serious Staff Injuries	AF	MD	FYE <=40	UHL	Red / ER if non compliance with cumulative target	Nov-17	24	32	2	2	5	3	3	1	0	2	4	4	2	5	4	2	35	
S10	Never Events	AF	MD	0	NHSI	Red if >0 in mth ER = in mth >0	Apr-17	3	2	0	1	0	0	0	1	0	0	0	1	0	1	0	1	4	
S11	Clostridium Difficile	JS	DJ	61	NHSI	Red if >monthly threshold / ER if Red or Non compliance with cumulative target	Aug-17	73	60	7	6	4	5	6	1	7	8	5	7	0	5	7	5	60	
S12	MRSA Bacteraemias - Unavoidable or Assigned to third Party	JS	DJ	0	NHSI	Red if >0 ER Not Required	Aug-17	6	1	0	1	0	0	0	1	0	0	0	0	0	0	1	1	3	
S13	MRSA Bacteraemias (Avoidable)	JS	DJ	0	UHL	Red if >0 ER if >0	Aug-17	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
S14	MRSA Total	JS	DJ	0	UHL	Red if >0 ER if >0	Aug-17	1	0	0	1	0	0	0	1	0	0	0	0	0	0	1	1	3	
S15	% of UHL Patients with No Newly Acquired Harms	JS	RB	Within expected (revised)	UHL	Red if <95% ER if in mth <95%	Sept-16		97.7%	97.9%	98.0%	96.9%	97.2%	98.4%	97.9%	98.6%	97.9%	98.0%	97.3%	98.0%	98.0%	97.7%	96.7%	97.7%	
S16	% of all adults who have had VTE risk assessment on adm to hosp	AF	SH	>=95%	NHSI	Red if <95% ER if in mth <95%	Nov-16	95.8%	95.9%	95.4%	95.1%	95.9%	96.1%	96.5%	96.1%	96.0%	95.7%	96.3%	96.3%	95.1%	95.0%	95.1%	95.1%	95.8%	
S17	All falls reported per 1000 bed stays for patients >65years- reported 1 month in arrears	JS	HL	<=5.5 (revised)	UHL	Red if >=6.6 ER if 2 consecutive reds	Nov-17	6.9	5.4	4.9	5.2	6.6	5.9	6.1	5.7	6.4	6.1	5.4	5.7	5.7	5.4	5.7		5.9	
S18	Avoidable Pressure Ulcers - Grade 4	JS	MC	0	QS	Red / ER if Non compliance with monthly target	Apr-17	2	1	1	0	0	0	0	0	0	0	0	1	0	0	0	0	1	
S19	Avoidable Pressure Ulcers - Grade 3	JS	MC	<=4 a month (revised) with FY End <33	QS	Red / ER if Non compliance with monthly target	Apr-17	69	33	2	5	5	3	2	2	2	2	2	2	2	2	3	1	28	
S20	Avoidable Pressure Ulcers - Grade 2	JS	MC	<=7 a month (revised) with FY End <89	QS	Red / ER if Non compliance with monthly target	Apr-17	91	89	8	7	9	6	8	3	13	6	9	10	5	8	7	5	89	
S21	Maternal Deaths (Direct within 42 days)	AF	IS	0	UHL	Red or ER if >0	Jan-17	1	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	2	
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%	16.6%	17.3%	17.8%	16.8%	17.2%	17.0%	15.0%	18.1%	16.9%	15.3%	16.3%	17.9%	17.0%	16.7%	16.8%	



KPI Ref	Indicators	Board Director	Lead Officer	16/17 Target	Target Set by	16/17 Red RAG/ Exception Report Threshold (ER)	DOF Assessment outcome/Date	14/15 Outturn	15/16 Outturn	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	YTD
C1	Keeping Inpatients Informed (Reported quarterly from Qtr3)	JS	HL	6% increase from Qtr 1 baseline (new)	QC	Red/ER if below Quarterly Threshold	TBC	NEW INDICATOR		64%			Next survey to be done in Q3			69%			Results due May 2017			69%		
C2	Formal complaints rate per 1000 IP,OP and ED attendances	AF	MD	No Target	UHL	Monthly reporting	Aug-17	NEW INDICATOR	1.4	1.2	1.0	1.0	0.9	0.8	1.2	1.4	1.1	1.2	1.2	1.2	0.9	1.2	1.1	
C3	Percentage of upheld PHSO cases	AF	MD	No Target	UHL	Quarterly reporting	TBC	NEW INDICATOR		10% (1 out of 10 cases)			0% (0 out of 7 cases)			0% (0 out of 3 cases)			0% (Zero cases)			5%		
C4	Published Inpatients and Daycase Friends and Family Test - % positive	JS	HL	97%	UHL	ER if 2 mths Red	Jun-17	97%	96%	97%	97%	97%	97%	97%	96%	97%	96%	97%	97%	96%	96%	96%	97%	
C5	Inpatients only Friends and Family Test - % positive	JS	HL	97%	UHL	ER if 2 mths Red	Jun-17	96%	97%	96%	97%	97%	96%	97%	96%	96%	96%	96%	96%	96%	95%	95%	95%	96%
C6	Daycase only Friends and Family Test - % positive	JS	HL	97%	UHL	ER if 2 mths Red	Jun-17	98%	98%	98%	98%	98%	99%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
C7	A&E Friends and Family Test - % positive	JS	HL	97%	UHL	ER if 2 mths Red	Jun-17	96%	96%	97%	95%	96%	95%	95%	87%	87%	84%	87%	84%	91%	93%	94%	95%	91%
C8	Outpatients Friends and Family Test - % positive	JS	HL	97%	UHL	ER if 2 mths Red	Jun-17	94%	95%	93%	95%	95%	95%	94%	94%	95%	95%	95%	95%	92%	92%	92%	92%	93%
C9	Maternity Friends and Family Test - % positive	JS	HL	97%	UHL	ER if 2 mths Red	Jun-17	96%	95%	95%	95%	95%	94%	94%	95%	95%	95%	95%	94%	93%	96%	94%	95%	95%
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%	72.3%		76.0%			73.3%			72.7%			73.6%			
C11	Single Sex Accommodation Breaches (patients affected)	JS	HL	0	NHSI	Red / ER if >0	Dec-16	13	1	1	0	0	0	4	1	2	20	7	1	14	6	4	1	60



KPI Ref	Indicators	Board Director	Lead Officer	16/17 Target	Target Set by	16/17 Red RAG/ Exception Report Threshold (ER)	DOF Assessment outcome/Date	14/15 Outturn	15/16 Outturn	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	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%	8.7%	8.8%	8.7%	8.7%	8.6%	8.3%	8.4%	8.5%	8.5%	8.1%	8.7%	8.7%	8.4%		8.5%
E2	Mortality - Published SHMI	AF	RB	<=99 (revised)	QC	Red if >100 ER if >100	Sept-16	103	96	95 (Jul14-Jun15)	96 (Oct14-Sep15)		98 (Jan15-Dec15)			99 (Apr15-Mar16)			101 (Jul15-Jun16)		102 (Oct15-Sep16)	102 (Oct15-Sep16)		
E3	Mortality - Rolling 12 mths SHMI (as reported in HED) Rebased	AF	RB	<=99 (revised)	QC	Red if >100 ER if >100	Sept-16	98	97	98	99	100	100	101	102	101	101	101	100	101	Awaiting HED Update		101	
E4	Mortality - Rolling 12 mths HSMR (Rebased Monthly as reported in HED)	AF	RB	<=99 (revised)	UHL	Red if >100 ER if >100	Sept-16	94	96	95	97	99	99	100	102	103	102	102	102	102	102	Awaiting HED Update		102
E5	Crude Mortality Rate Emergency Spells	AF	RB	No Threshold	UHL	Monthly Reporting	Oct-17	2.4%	2.3%	2.4%	2.7%	2.4%	2.2%	2.2%	2.2%	2.2%	2.0%	2.2%	2.4%	2.7%	2.9%	2.6%	2.4%	2.4%
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%	65.2%	65.1%	78.0%	78.1%	64.6%	86.0%	65.8%	69.4%	64.1%	78.0%	60.3%	70.9%	67.6%	71.2%	71.2%
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			73.2%	86.8%	87.7%	73.2%	90.0%	82.0%	87.2%	78.2%	89.0%	79.5%	89.5%	80.0%	80.0%	83.6%
E8	Stroke - 90% of Stay on a Stroke Unit	RM	IL	80% or above	QS	Red if <80% ER if 2 consecutive mths <80%	Dec-17	81.3%	85.6%	87.0%	86.5%	72.7%	93.5%	83.8%	80.7%	88.0%	84.5%	86.5%	88.0%	83.8%	87.4%	86.6%		84.7%
E9	Stroke - TIA Clinic within 24 Hours (Suspected High Risk TIA)	RM	IL	60% or above	QS	Red if <60% ER if 2 consecutive mths <60%	Dec-17	71.2%	75.6%	80.0%	67.3%	53.5%	68.2%	50.4%	54.8%	71.7%	65.3%	83.8%	75.9%	69.2%	87.7%	57.3%	66.3%	66.9%

Effective



KPI Ref	Indicators	Board Director	Lead Officer	16/17 Target	Target Set by	16/17 Red RAG/ Exception Report Threshold (ER)	DOF Assessment outcome/Date	14/15 Outturn	15/16 Outturn	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	YTD	
W1	Outpatient Letters sent within 14 days of attendance (Reported Quarterly)	RM	WM	11% Improvement (new)	QC	Red/ER = Below 9% Improvement in Q4	TBC		40.0%			Achieved			Achieved			Achieved			Achieved			Achieved	
W2	Published Inpatients and Daycase Friends and Family Test - Coverage (Adults and Children)	JS	HL	Not Applicable		Not Applicable	Jul-17		27.4%	32.8%	32.9%	31.7%	32.0%	31.6%	31.9%	28.5%	27.8%	31.6%	31.6%	27.5%	27.2%	30.7%	30.4%		30.2%
W3	Inpatients only Friends and Family Test - Coverage (Adults and Children)	JS	HL	30%	QS	Red if <26% ER if 2mths Red	Jul-17		31.0%	37.2%	36.1%	35.6%	36.7%	38.1%	36.9%	36.5%	33.1%	36.6%	37.0%	31.9%	31.3%	35.4%	33.8%		35.3%
W4	Daycase only Friends and Family Test - Coverage (Adults and Children)	JS	HL	20%	QS	Red if <8% ER if 2 mths Red	Jul-17		22.5%	26.2%	29.2%	27.3%	26.5%	24.5%	26.2%	19.8%	21.6%	25.9%	25.7%	22.3%	22.5%	25.5%	26.4%		24.4%
W5	A&E Friends and Family Test - Coverage	JS	HL	20%	NHSI	Red if <10% ER if 2 mths Red	Jul-17		10.5%	5.1%	7.0%	13.0%	10.2%	12.0%	8.7%	9.9%	11.7%	9.8%	11.4%	7.1%	10.4%	13.8%	12.1%		10.8%
W6	Outpatients Friends and Family Test - Coverage	JS	HL	>=5%	UHL	Red/ER if <1.4%	Jul-17		1.4%	1.6%	1.6%	1.5%	1.7%	1.8%	1.7%	1.6%	1.5%	1.5%	1.8%	5.7%	5.9%	5.9%	6.5%		3.0%
W7	Maternity Friends and Family Test - Coverage	JS	HL	30%	UHL	Red if <26% ER if 2 mths Red	Jul-17	28.0%	31.6%	34.3%	31.7%	27.9%	38.3%	39.3%	38.2%	38.7%	37.8%	38.3%	41.1%	37.1%	40.9%	38.0%	41.1%		38.0%
W8	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%	58.9%		60.3%			62.9%			62.9%			61.4%			61.9%	
W9	Nursing Vacancies	JS	MM	TBC	UHL	Separate report submitted to QAC	Sep-17		8.4%	6.8%	8.4%	8.2%	8.5%	8.9%	9.2%	8.2%	8.7%	10.3%	9.7%	7.1%	7.6%	7.4%	9.2%		9.2%
W10	Nursing Vacancies in ESM CMG	JS	MM	TBC	UHL	Separate report submitted to QAC	Sep-17		17.2%	17.2%	18.5%	18.1%	18.9%	19.8%	20.1%	20.3%	21.4%	20.0%	20.2%	14.5%	11.9%	13.7%	15.4%		15.4%
W11	Turnover Rate	LT	LG	TBC	NHSI	Red = 11% or above ER = Red for 3 Consecutive Mths	Sep-17	11.5%	9.9%	10.0%	9.9%	9.7%	9.6%	9.4%	9.4%	9.3%	9.2%	9.1%	9.2%	9.3%	9.3%	9.3%	9.3%		9.3%
W12	Sickness absence	LT	BK	3%	UHL	Red if >4% ER if 3 consecutive mths >4.0%	Oct-16	3.8%	3.6%	4.3%	4.2%	3.9%	3.4%	3.4%	3.3%	3.1%	3.4%	3.5%	3.6%	3.6%	3.7%	3.5%			3.5%
W13	Temporary costs and overtime as a % of total payroll	LT	LG	TBC	NHSI	TBC	Oct-17	9.4%	10.7%	9.7%	13.9%	10.5%	9.5%	10.9%	10.2%	10.5%	10.7%	10.9%	10.9%	10.1%	10.8%	10.5%	11.4%		10.6%
W14	% 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%	91.6%	90.7%	91.5%	92.2%	92.4%	92.9%	92.4%	91.5%	91.4%	91.9%	91.7%	91.6%	92.4%	91.7%		91.7%
W15	Statutory and Mandatory Training	LT	BK	95%	UHL	TBC	Dec-16	95%	93%	92%	93%	92%	93%	94%	93%	91%	82%	82%	82%	83%	81%	82%	87%		87%
W16	% Corporate Induction attendance	LT	BK	95%	UHL	Red if <90% ER if 3 consecutive mths <90%	Dec-16	100%	97%	98%	98%	94%	96%	97%	100%	97%	92%	96%	95%	99%	98%	97%	96%		96%
W17	BME % - Leadership (8A – Including Medical Consultants)	LT	DB	28%	UHL	4% improvement on Qtr 1 baseline	TBC	New Indicator		New Indicator		24%			25%			26%			26%			26%	
W18	BME % - Leadership (8A – Excluding Medical Consultants)	LT	DB	28%	UHL	4% improvement on Qtr 1 baseline	TBC	New Indicator		New Indicator		12%			12%			12%			12%			12%	
W19	Executive Team Turnover Rate - Executive Directors (rolling 12 months)	LT	DB	TBC	UHL	TBC	TBC	New Indicator		New Indicator		0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%		0%
W20	Executive Team Turnover Rate - Non Executive Directors (rolling 12 months)	LT	DB	TBC	UHL	TBC	TBC	New Indicator		New Indicator		14%	14%	29%	43%	43%	43%	43%	43%	25%	25%	25%	25%		25%
W21	DAY Safety staffing fill rate - Average fill rate - registered nurses/midwives (%)	JS	MM	TBC	NHSI	TBC	Apr-17	91.2%	90.5%	89.5%	90.2%	91.6%	91.3%	91.4%	89.7%	89.4%	89.9%	90.0%	89.3%	90.4%	91.6%	91.6%	89.8%		90.5%
W22	DAY Safety staffing fill rate - Average fill rate - care staff (%)	JS	MM	TBC	NHSI	TBC	Apr-17	94.0%	92.0%	86.0%	88.7%	92.5%	93.7%	93.8%	92.0%	94.7%	91.0%	91.9%	93.2%	91.9%	89.7%	91.1%	87.4%		92.3%
W23	NIGHT Safety staffing fill rate - Average fill rate - registered nurses/midwives (%)	JS	MM	TBC	NHSI	TBC	Apr-17	94.9%	95.4%	95.0%	96.3%	97.6%	97.2%	96.6%	94.5%	95.0%	95.1%	96.7%	95.9%	96.9%	97.6%	97.2%	96.2%		96.4%
W24	NIGHT Safety staffing fill rate - Average fill rate - care staff (%)	JS	MM	TBC	NHSI	TBC	Apr-17	99.8%	98.9%	91.6%	94.7%	98.3%	99.1%	96.7%	97.1%	98.2%	96.8%	94.2%	95.6%	98.5%	95.8%	97.8%	94.7%		97.1%



KPI Ref	Indicators	Board Director	Lead Officer	16/17 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	DQF Assessment outcome/Date	14/15	15/16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	YTD
								Outturn	Outturn															
R1	ED 4 Hour Waits UHL + UCC (Calendar Month)	RM	IL	95% or above	NHSI	Red if <92% ER via ED TB report	Jun-17	89.1%	86.9%	80.2%	77.5%	81.2%	79.9%	80.6%	76.9%	80.1%	79.9%	78.3%	77.6%	75.5%	78.1%	83.8%	83.9%	79.6%
R2	12 hour trolley waits in A&E	RM	IL	0	NHSI	Red if >0 ER via ED TB report	Jun-17	4	2	0	0	0	0	0	0	0	0	0	0	1	10	0	0	11
R3	RTT - Incomplete 92% in 18 Weeks UHL+ALLIANCE	RM	WM	92% or above	NHSI	Red/ER if <92%	Nov-16	96.7%	92.6%	93.2%	92.6%	92.7%	92.7%	92.4%	92.4%	92.1%	91.7%	91.5%	92.2%	91.3%	90.9%	91.2%	91.8%	91.8%
R4	RTT 52 Weeks+ Wait (Incompletes) UHL+ALLIANCE	RM	WM	0	NHSI	Red/ER if >0	Nov-16	0	232	261	232	169	134	130	77	57	53	38	34	32	34	39	24	24
R5	6 Week - Diagnostic Test Waiting Times (UHL+ALLIANCE)	RM	WM	1% or below	NHSI	Red/ER if >1%	Dec-16	0.9%	1.1%	1.8%	1.1%	0.7%	0.6%	0.7%	0.6%	1.4%	1.5%	0.6%	0.6%	0.9%	0.9%	0.9%	0.9%	0.9%
R6	Urgent Operations Cancelled Twice (UHL+ALLIANCE)	RM	GH	0	NHSI	Red if >0 ER if >0	Jan-17	0	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0	3
R7	Cancelled patients not offered a date within 28 days of the cancellations UHL	RM	GH	0	NHSI	Red if >2 ER if >0	Jan-17	33	48	9	14	24	16	18	20	19	10	9	13	18	22	26	17	212
R8	Cancelled patients not offered a date within 28 days of the cancellations ALLIANCE	RM	GH	0	NHSI	Red if >2 ER if >0	Jan-17	11	1	0	0	5	0	0	0	6	0	0	0	0	0	0	0	11
R9	% Operations cancelled for non-clinical reasons on or after the day of admission UHL	RM	GH	0.8% or below	Contract	Red if >0.9% ER if >0.8%	Jan-17	0.9%	1.0%	1.2%	1.5%	1.5%	1.2%	1.4%	1.1%	0.9%	1.0%	1.2%	1.5%	0.8%	1.6%	1.2%	1.2%	1.2%
R10	% Operations cancelled for non-clinical reasons on or after the day of admission ALLIANCE	RM	GH	0.8% or below	Contract	Red if >0.9% ER if >0.8%	Jan-17	0.9%	0.9%	0.2%	1.0%	0.8%	0.3%	0.8%	1.4%	3.2%	0.9%	2.0%	0.5%	0.1%	0.4%	1.3%	0.5%	0.9%
R11	% Operations cancelled for non-clinical reasons on or after the day of admission UHL + ALLIANCE	RM	GH	0.8% or below	Contract	Red if >0.9% ER if >0.8%	Jan-17	0.9%	1.0%	1.1%	1.4%	1.5%	1.2%	1.4%	1.1%	1.0%	1.0%	1.2%	1.4%	0.8%	1.5%	1.2%	1.1%	1.2%
R12	No of Operations cancelled for non-clinical reasons on or after the day of admission UHL + ALLIANCE	RM	GH	Not Applicable		Not Applicable	Jan-17	1071	1299	119	156	156	123	154	114	110	109	134	164	82	167	122	131	1566
R13	Delayed transfers of care	RM	SL	3.5% or below	NHSI	Red if >3.5% ER if Red for 3 consecutive mths	Jan-18	3.9%	1.4%	1.8%	2.0%	1.9%	1.8%	2.2%	2.9%	2.5%	2.1%	2.0%	2.7%	2.8%	2.7%	2.3%	2.5%	2.4%
R14	Ambulance Handover >60 Mins (CAD+ from June 15)	RM	SL	0	Contract	Red if >0 ER if Red for 3 consecutive mths	TBC	5%	5%	10%	11%	6%	6%	6%	9%	7%	9%	9%	11%	17%	13%	6%	6%	9%
R15	Ambulance Handover >30 Mins and <60 mins (CAD+ from June 15)	RM	SL	0	Contract	Red if >0 ER if Red for 3 consecutive mths	TBC	19%	19%	13%	13%	11%	12%	10%	15%	14%	15%	18%	18%	18%	15%	12%	13%	14%

Responsive



KPI Ref	Indicators	Board Director	Lead Officer	15/16 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	DOF Assessment outcome/Date	14/15 Outturn	15/16 Outturn	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	YTD
** Cancer statistics are reported a month in arrears.																								
RC1	Two week wait for an urgent GP referral for suspected cancer to date first seen for all suspected cancers	RM	DB	93% or above	NHSI	Red if <93% ER if Red for 2 consecutive mths	Jul-16	92.2%	90.5%	93.9%	93.0%	91.1%	89.5%	90.5%	94.3%	94.9%	94.5%	93.3%	95.2%	93.8%	93.2%	94.3%	**	93.1%
RC2	Two Week Wait for Symptomatic Breast Patients (Cancer Not Initially Suspected)	RM	DB	93% or above	NHSI	Red if <93% ER if Red for 2 consecutive mths	Jul-16	94.1%	95.1%	99.3%	95.7%	96.1%	88.7%	94.9%	98.7%	95.9%	95.0%	90.7%	96.0%	91.1%	93.4%	97.0%	**	94.3%
RC3	31-Day (Diagnosis To Treatment) Wait For First Treatment: All Cancers	RM	DB	96% or above	NHSI	Red if <96% ER if Red for 2 consecutive mths	Jul-16	94.6%	94.8%	92.6%	94.1%	95.4%	95.5%	95.6%	90.4%	91.3%	93.8%	94.8%	94.2%	92.4%	91.9%	95.3%	**	93.6%
RC4	31-Day Wait For Second Or Subsequent Treatment: Anti Cancer Drug Treatments	RM	DB	98% or above	NHSI	Red if <98% ER if Red for 2 consecutive mths	Jul-16	99.4%	99.7%	100.0%	100.0%	100.0%	100.0%	97.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.9%	100.0%	**	99.7%
RC5	31-Day Wait For Second Or Subsequent Treatment: Surgery	RM	DB	94% or above	NHSI	Red if <94% ER if Red for 2 consecutive mths	Jul-16	89.0%	85.3%	77.9%	80.3%	90.3%	91.6%	84.7%	74.4%	72.7%	83.5%	90.4%	83.3%	87.2%	90.9%	88.5%	**	85.3%
RC6	31-Day Wait For Second Or Subsequent Treatment: Radiotherapy Treatments	RM	DB	94% or above	NHSI	Red if <94% ER if Red for 2 consecutive mths	Jul-16	96.1%	94.9%	92.9%	96.4%	98.8%	93.6%	87.3%	92.5%	81.4%	90.9%	97.8%	94.8%	98.1%	94.4%	99.1%	**	93.1%
RC7	62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers	RM	DB	85% or above	NHSI	Red if <85% ER if Red in mth or YTD	Jul-16	81.4%	77.5%	73.4%	77.6%	75.8%	74.5%	77.3%	83.6%	78.4%	77.9%	74.5%	77.2%	79.5%	75.5%	76.5%	**	77.4%
RC8	62-Day Wait For First Treatment From Consultant Screening Service Referral: All Cancers	RM	DB	90% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	84.5%	89.1%	72.5%	81.3%	94.6%	96.0%	85.0%	92.3%	78.9%	81.5%	84.2%	88.0%	90.9%	93.1%	78.1%	**	87.7%
RC9	Cancer waiting 104 days	RM	DB	0	NHSI	TBC	Jul-16			17	21	12	7	15	12	9	7	7	9	10	8	3	10	10

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

KPI Ref	Indicators	Board Director	Lead Officer	15/16 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	DOF Assessment outcome	14/15 Outturn	15/16 Outturn	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	YTD
RC10	Brain/Central Nervous System	RM	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	--	100.0%	100.0%	--	--	--	--	--	100.0%	--	--	--	100.0%	--	**	100.0%	
RC11	Breast	RM	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	92.6%	95.6%	100.0%	94.1%	93.3%	95.3%	97.1%	100.0%	100.0%	95.8%	100.0%	95.8%	94.6%	96.6%	92.6%	**	96.6%
RC12	Gynaecological	RM	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	77.5%	73.4%	70.0%	78.6%	72.7%	78.6%	75.0%	62.5%	66.7%	66.7%	80.0%	66.7%	44.4%	71.4%	81.8%	**	68.7%
RC13	Haematological	RM	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	66.5%	63.0%	60.0%	60.0%	14.3%	61.5%	72.7%	100.0%	85.7%	28.6%	58.3%	77.8%	66.7%	87.5%	81.8%	**	69.0%
RC14	Head and Neck	RM	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	69.9%	50.7%	37.5%	35.7%	35.7%	45.5%	100.0%	42.9%	44.4%	0.0%	38.5%	66.7%	33.3%	41.7%	33.3%	**	42.7%
RC15	Lower Gastrointestinal Cancer	RM	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	63.7%	59.8%	31.3%	57.1%	62.5%	45.0%	64.5%	58.8%	64.4%	47.1%	38.1%	61.5%	75.0%	48.3%	60.0%	**	55.7%
RC16	Lung	RM	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	69.9%	71.0%	53.8%	71.1%	66.7%	46.7%	64.2%	60.9%	64.2%	68.0%	79.4%	67.5%	79.5%	74.0%	33.3%	**	64.9%
RC17	Other	RM	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	95.0%	71.4%	--	--	0.0%	50.0%	100.0%	100.0%	33.3%	0.0%	66.7%	--	100.0%	--	**	53.8%	
RC18	Sarcoma	RM	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	46.2%	81.3%	100.0%	100.0%	0.0%	50.0%	16.7%	--	--	100.0%	50.0%	100.0%	66.7%	40.0%	0%	**	44.8%
RC19	Skin	RM	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	96.7%	94.1%	92.5%	94.6%	95.2%	100.0%	96.8%	97.4%	95.9%	97.7%	100.0%	92.3%	97.0%	96.9%	96.6%	**	97.0%
RC20	Upper Gastrointestinal Cancer	RM	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	73.9%	63.9%	57.1%	76.5%	74.3%	70.0%	46.9%	66.7%	82.0%	70.3%	43.8%	100.0%	72.0%	61.9%	61.8%	**	66.9%
RC21	Urological (excluding testicular)	RM	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	82.6%	74.4%	78.7%	83.6%	83.7%	73.1%	77.8%	96.3%	74.5%	83.5%	88.2%	75.0%	79.3%	71.4%	76.2%	**	80.0%
RC22	Rare Cancers	RM	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	84.6%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	**	100.0%
RC23	Grand Total	RM	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	81.4%	77.5%	73.4%	77.6%	75.8%	74.5%	77.3%	83.6%	78.4%	77.9%	74.5%	77.2%	79.5%	75.5%	76.5%	**	77.4%

The Sustainability and Transformation Fund Trajectories and Performance

ED

	Submitted on a "best endeavours" basis											
	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
Trajectory	78%	78%	79%	79%	80%	85%	85%	85%	85%	89%	89%	91.2%
Actual	81%	80%	81%	77%	80%	80%	78%	78%	76%	78%	84%	84%

Cancer

	Submitted on a "best endeavours" basis											
	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
Trajectory	70.2%	74.0%	85.1%	85.1%	85.1%	85.1%	85.1%	85.1%	85.1%	85.1%	85.1%	85.1%
Actual	75.8%	74.5%	77.3%	83.6%	78.4%	77.9%	73.9%	77.2%	79.5%	75.5%	76.5%	

Diagnostics

	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
Trajectory	0.98%	0.98%	0.98%	0.98%	0.98%	0.98%	0.98%	0.98%	0.98%	0.98%	0.98%	0.98%
Actual	0.7%	0.6%	0.7%	0.6%	1.4%	1.5%	0.6%	0.6%	0.9%	0.9%	0.9%	0.9%

RTT

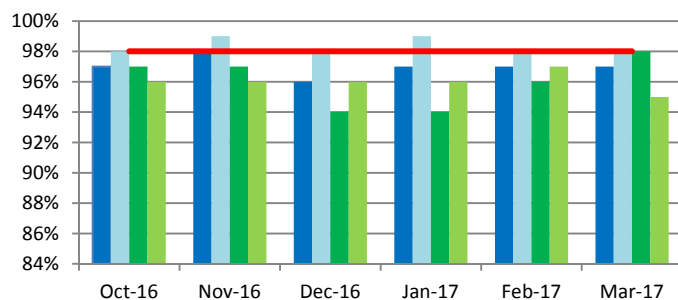
	Submitted on a "best endeavours" basis April - June			July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
Trajectory	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%
Actual	92.7%	92.7%	92.4%	92.4%	92.1%	91.7%	91.5%	92.2%	91.3%	90.9%	91.2%	91.8%

Compliance Forecast for Key Responsive Indicators

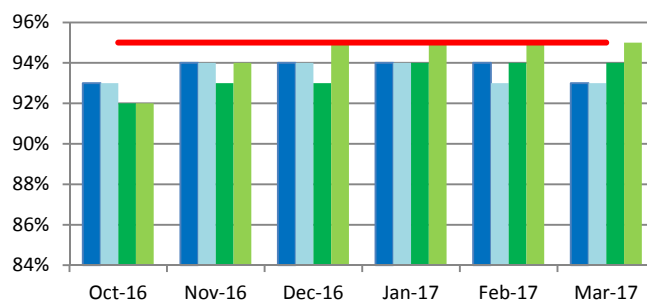
Standard	March	April	Commentary
Emergency Care			
4+ hr Wait (95%) - Calendar month	83.9%		Full year 79.6%
Ambulance Handover (CAD+)			
% Ambulance Handover >60 Mins (CAD+)	6%		EMAS monthly report
% Ambulance Handover >30 Mins and <60 mins (CAD+)	13%		
RTT (inc Alliance)			
Incomplete (92%)	91.8%	90.9%	Delivery is partially dependant on access to beds.
Diagnostic (inc Alliance)			
DM01 - diagnostics 6+ week waits (<1%)	0.9%	0.9%	
# Neck of femurs			
% operated on within 36hrs - all admissions (72%)	71%	72%	
% operated on within 36hrs - pts fit for surgery (72%)	80%	85%	
Cancelled Ops (inc Alliance)			
Cancelled Ops (0.8%)	1.1%	1.0%	Delivery is dependant on access to beds.
Not Rebooked within 28 days (0 patients)	17	15	Delivery is dependant on access to beds.
Cancer			
Two Week Wait (93%)	93%	90%	
31 Day First Treatment (96%)	95%	95%	In discussion with NHSI compliance will be following 2 months of consistent bed access.
31 Day Subsequent Surgery Treatment (94%)	93%	86%	
62 Days (85%)	83%	82%	In discussion with NHSI compliance will be following 2 months of consistent bed access.
Cancer waiting 104 days (0 patients)	10	10	

Estates and Facilities – Cleanliness

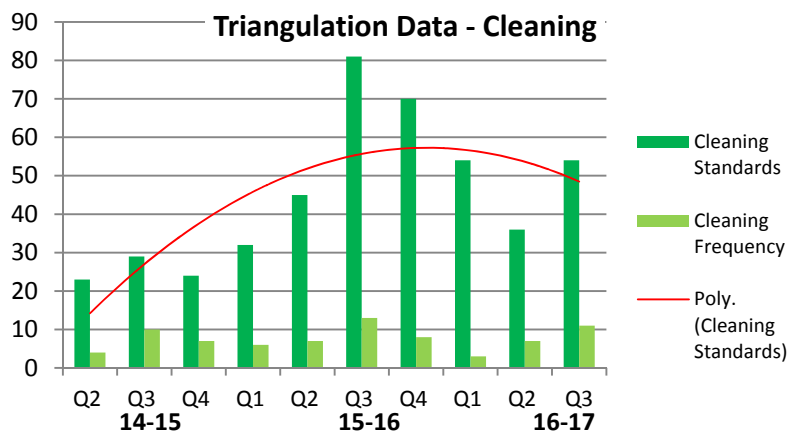
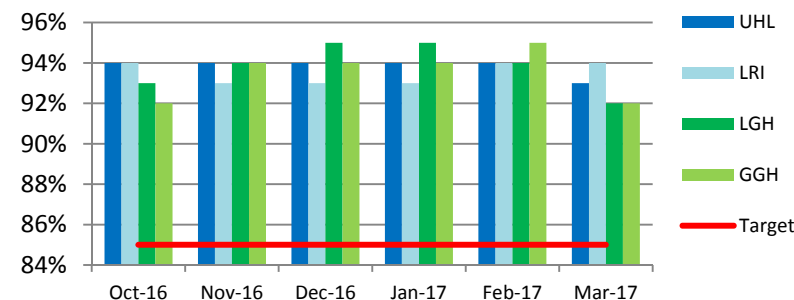
Cleanliness Audit Scores by Risk Category - Very High



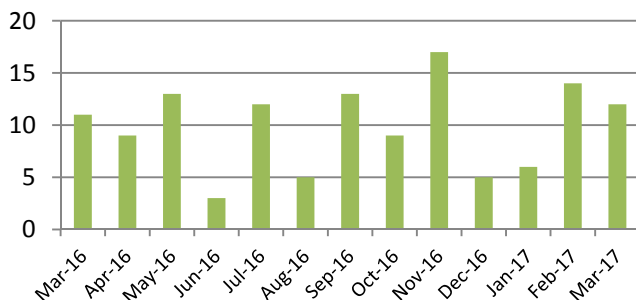
Cleanliness Audit Scores by Risk Category - High



Cleanliness Audit Scores by Risk Category - Significant



Number of Datix Incidents Logged - Cleaning



Cleanliness Report

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

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

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

For very high-risk areas the data shows that the target of 98% was achieved in March 2017 by LRI and LGH. GGH requires a slight improvement as it only managed to achieve 95%; however, GGH had both Noro-virus and Swine Flu on site, meaning that the domestic team were stretched to the limit; giving the UHL an overall score of 97%.

High-risk areas require improvement across both the LRI, scoring 93% and LGH achieving 94%. Whereas, for the fourth month running GGH has achieved the 95% required to achieve its target. The UHL has an overall score of 93% which is 1% lower than the February score.

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 data is only collated on a quarterly basis and the chart shown here is inclusive of Q1 to Q3.

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

The number of vacancies continues to be the most significant challenge to the provision of the cleaning service, however large scale recruitment is starting to reduce vacancy levels. Main entrances and corridors at the LRI remain a challenge with the amount of pedestrian traffic and the frequency of cleaning required to maintain appearance. Additional resources are deployed when available but this is difficult to sustain without risking the service to clinical areas.

Estates and Facilities – Patient Catering

Patient Catering Survey – March 2017	Percentage 'OK or Good'	
	Feb-17	Mar-17
Did you enjoy your food?	91%	92%
Did you feel the menu has a good choice of food?	100%	96%
Did you get the meal that you ordered?	91%	98%
Were you given enough to eat?	100%	98%

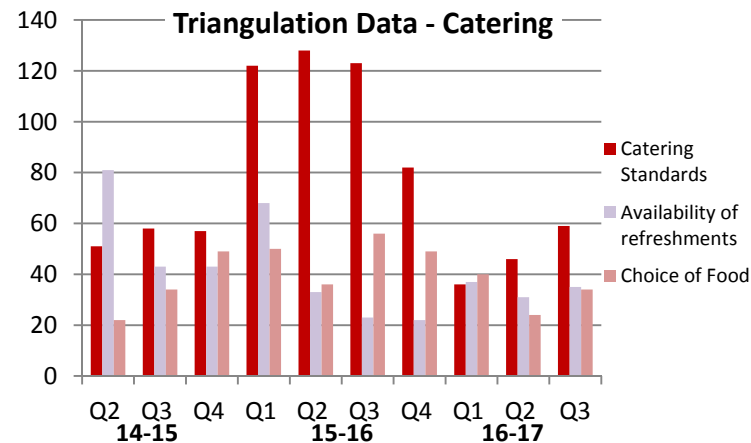
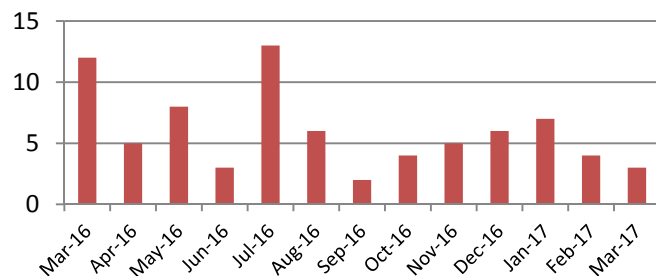
90 – 100%	80 – 90%	<80%
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Number of Patient Meals Served				
Month	LRI	LGH	GGH	UHL
January	64,921	24,276	28,546	117,743
February	66,197	21,509	26,853	114,559
March	72,003	24,062	28,578	124,643

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

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



Patient Catering Report

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

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

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

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

Estates and Facilities - Portering

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

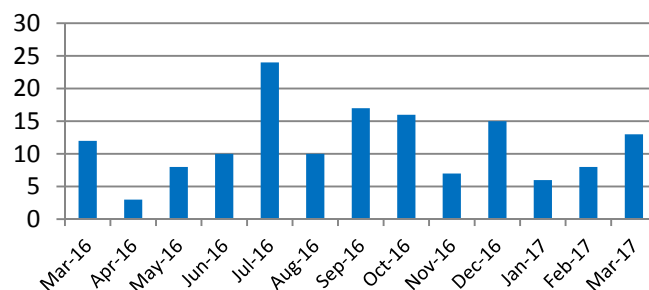
95 – 100%

90 – 94%

<90%

Average Portering Task Response Times		
Category	Time	No of tasks
Urgent	16:57	1,257
Routine	25:51	11,723
Total		12,980

Number of Datix Incidents Logged -
Portering



Portering Report

The Reactive Task performance for Portering is based on a sample of the overall number of tasks carried out in the month as current systems do not capture the full range of duties.

March's performance overall was similar to February except for a slight rise in tasks, but this can be attributed to the length of the month. Datix incidents have risen for the second month running; however, they have not risen to reflect the level of Datix incidents received in the month of December 2016. These will continue to be monitored.

The number of vacancies currently sits at 10 positions unfilled. Interviews are taking place this week. The use of agency staff is kept to an absolute minimum and has only recently been utilised to support ED/patient flow initiatives.

Progress is being made in the efforts to improve efficiency in the deployment of porters. New electronic systems are under development to improve both the requesting process and recording of performance for a wider range of activity.

Estates and Facilities – Planned Maintenance

Statutory Maintenance Tasks Against Schedule					
UHL Trust Wide	Month	Fail	Pass	Total	%
	January	3	148	151	100%
	February	19	139	158	88%
	March	3	146	149	98%

99 – 100%

97 – 99%

<97%

Non-Statutory Maintenance Tasks Against Schedule					
UHL Trust Wide	Month	Fail	Pass	Total	%
	January	277	2098	2375	88%
	February	260	1866	2126	88%
	March	369	2324	2693	86%

95 – 100%

80 – 95%

<80%

Estates Planned Maintenance Report

For March we incurred 3 failures in the delivery of Statutory Maintenance tasks in the month. This related to the servicing of lifts. Whilst the work has been completed, as it was 4 weeks later than the scheduled date this is counted as a 'fail' from the point of view of the measure.

For the Non-Statutory tasks, completion of the monthly schedule is subject to the volume of reactive calls. Drainage issues continue to put the maintenance service under pressure. As in February, up to two thirds of reactive calls for the LRI (where the issue is most marked) relate to drainage.

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



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

KPI Ref	Indicators	Board Director	Lead Officer	14/15 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	14/15 Outturn	15/16 Outturn	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
RU1	Median Days from submission to Trust approval (Portfolio)	AF	NB	TBC	TBC	TBC	2.8	1.0	1.0			2.0			1.0			1.0			4.5			48					
RU2	Median Days from submission to Trust approval (Non Portfolio)	AF	NB	TBC	TBC	TBC	2.1	1.0	1.0			1.0			1.0			1.0			41.0			90					
RU3	Recruitment to Portfolio Studies	AF	NB	Aspirational target=10920/year (910/month)	TBC	TBC	12564	13479	1019	858	1019	1516	1875	815	926	983	947	979	917	887	758	657	592	487	699	325	636	531	
RU4	% Adjusted Trials Meeting 70 day Benchmark (data submitted for the previous 12 month period)	AF	NB	TBC	TBC	TBC			(Oct14-Sep15) 92%			(Jan15 - Dec15) 94%			(Apr15 - Mar16) 94%			(Jul15 - Jun16) 94%			(Oct15 - Sep16) 90.3%			(Jan16 - Dec16) 100%					
RU5	Rank No. Trials Submitted for 70 day Benchmark (data submitted for the previous 12 month period)	AF	NB	TBC	TBC	TBC			(Oct14-Sep15) Rank 13/215			(Jan15 - Dec15) Rank 61/213			(Apr15 - Mar16) Rank 16/222			(Jul15 - Jun16) 12/220			(Oct15 - Sep16) 10/205			(Jan16 - Dec16) 31/186					
RU6	% Closed Commercial Trials Meeting Recruitment Target (data submitted for the previous 12 month period)	AF	NB	TBC	TBC	TBC			(Oct14-Sep15) 46.8%			(Jan15 - Dec 15) 43.4%			(Apr15 - Mar16) 65.8%			(Jul15 - Jun16) 40.8%			(Oct15 - Sep16) 52.0%			(Jan16 - Dec16) 49.2%					

Never Events

Indicators	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	YTD
Never Events	0	0	0	1	0	0	0	1	0	1	0	1	4

On 26 February 2017 the patient was admitted to the Day unit for a planned extraction of left upper wisdom tooth under a general anaesthetic. The patient was appropriately consented for this procedure. Following the procedure when the patient was in the recovery area, she self-identified that the right upper wisdom tooth had been extracted instead of the planned left upper wisdom tooth. The surgeon and the theatre team were informed and the surgeon apologised to the patient and her partner.

The patient was originally referred by her dentist for assessment of her upper wisdom teeth. When she was seen in clinic on 21 November 2016 it was decided that only the upper left wisdom tooth needs extracting at this time.

The patient informed the surgeon that she was not concerned that the wisdom tooth had been removed by mistake as she had previously been informed that her right upper wisdom tooth would need extracting at some point. She requested that the original plan be adhered to and the left upper wisdom tooth be extracted as was the original plan.

Following a team discussion and the opinion sought from the On-call anaesthetist it was agreed that the left upper wisdom tooth could be extracted. As this discussion took place one hour after the administration of the general anaesthetic and the patient demonstrated a mental test score of 10/10, it was felt appropriate that the patient could consent to further surgery.

The Head of Service for ITAPS and the On-call duty Manager were informed. The consent form was modified and the left upper wisdom tooth was uneventfully extracted. The left upper wisdom tooth was extracted under a local anaesthetic as it was decided that a general anaesthetic would not be appropriate, the patient was happy with this.

The patient was discharged home on the day of surgery as per the original plan, with a two week follow up appointment.

Actions taken to improve performance

- The team has been informed and reminded that all safety checks are to be undertaken.
- No abbreviations are to be used on consent forms or on the white boards in theatre
- During the operation the team need to pause (reflect) before an extraction takes place.
- Release of Safety notice in theatres on 01 March 2017

A full RCA investigation is in progress, which will include the development of any required actions to prevent recurrence.

Single Sex Accommodation Breaches (patients affected)

Indicators	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	YTD
Single Sex Accommodation Breaches (patients affected)	0	0	4	1	2	20	7	1	14	6	4	1	60

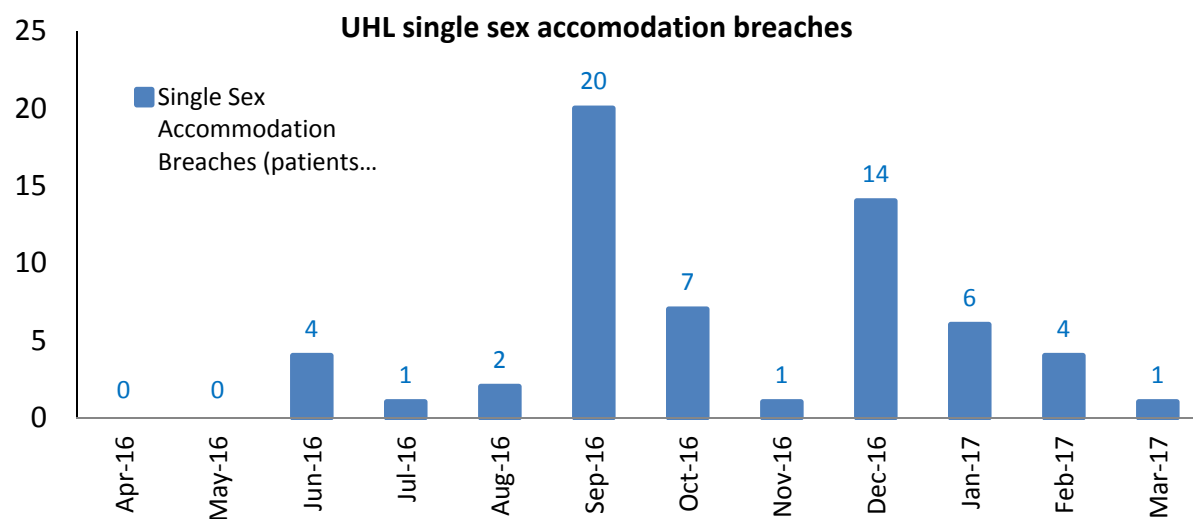
Intensive Care Unit, Leicester General Hospital

In March there was one same sex accommodation breach with one patient affected. The breach was due to lack of bed capacity in the Surgical speciality.

Actions taken to improve performance

Intensive Care Unit, Leicester General Hospital

All patients who are identified for potential discharge from the intensive care unit are monitored until a bed is made available. They are discussed at every gold command meeting until a bed is identified and the Duty Management Team is included in the discussions.



Inpatients only Friends and Family Test - % Positive Performance

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	YTD
Inpatients only Friends and Family Test - % positive	97%	96%	97%	96%	95%	96%	96%	96%	96%	95%	95%	95%	96%

There has been a reduction in the Friends and Family Test (FFT) recommend score within the inpatient wards in January, February and March 2017 due to a decline in the overall FFT recommend score in two of the Clinical Management Groups (CMG's). However a total of five CMGs did not achieve the Trust target of 97% and this is a recurrent trend.

For 'neither likely nor unlikely/don't know' responses the main negative themes for the free text comments were due to patients' perceived waiting too long, poor communication and inadequate information.

Actions taken to improve performance

- The senior management team are looking at ways to improve the FFT scores and respond to feedback in the inpatient areas.
- CMG's monitor free text comments particularly in the neither likely nor unlikely/don't know responses identifying themes and addressing them.

Mortality – Published SHMI

Mortality - Rolling 12 months ‘Unpublished SHMI’ (as reported in HED) Rebased

Mortality - Rolling 12 months HSMR (as reported in HED) Rebased

	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	YTD
Mortality - Published SHMI	95 (Jul14-Jun15)			96 (Oct14-Sep15)			98 (Jan15-Dec15)			99 (Apr15-Mar16)			101 (Jul15-Jun16)			102 (Oct15-Sep16)	102 (Oct15-Sep16)
	Jan15- Dec15	Feb15- Jan16	Mar15- Feb16	Apr15 - Mar16	May15 - Apr 16	Jun15 - May16	Jul15 - Jun16	Aug15 - Jul16	Sep15 - Aug16	Oct15 - Sep16	Nov15 - Oct16	Dec15 - Nov16	Jan16 - Dec 16	Feb16 - Jan 17	Mar 16 - Feb 17	YTD	
Mortality - Rolling 12 mths SHMI (as reported in HED)	99	98	98	99	100	100	101	102	101	101	101	100	101	Awaiting HED Update		101	
	Jan15- Dec15	Feb15- Jan16	Mar15- Feb16	Apr15 - Mar16	May15 - Apr 16	Jun15 - May16	Jul15 - Jun16	Aug15 - Jul16	Sep15 - Aug16	Oct15 - Sep16	Nov15 - Oct16	Dec15 - Nov16	Jan16 - Dec 16	Feb16 - Jan 17	Mar16 - Feb17	YTD	
Mortality - Rolling 12 mths HSMR (Rebased Monthly as reported in HED)	95	95	95	97	99	99	100	102	103	102	102	102	102	102	Awaiting HED Update	102	

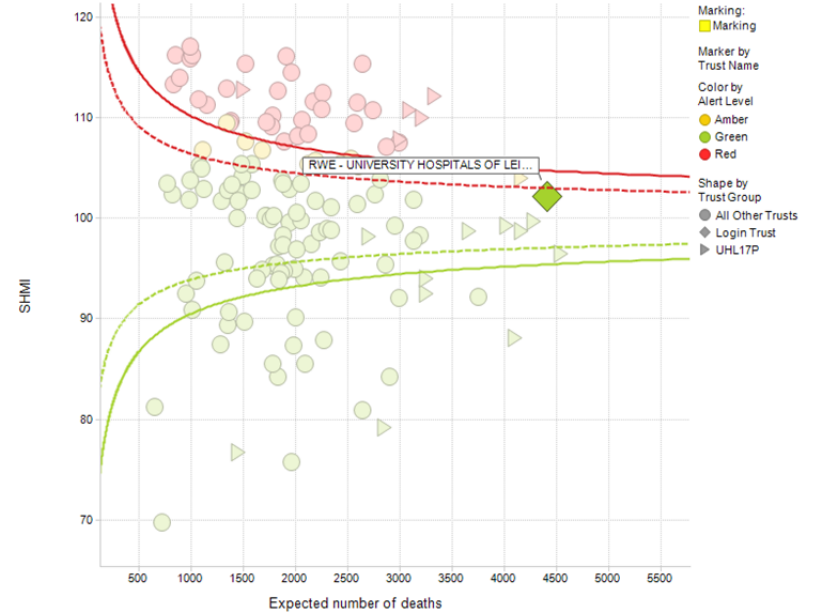
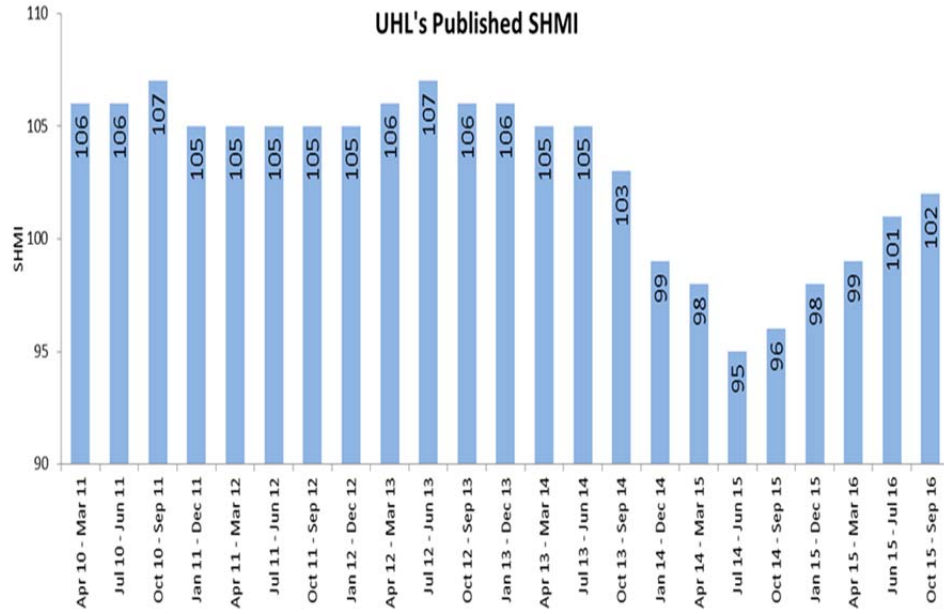
- The SHMI is the national measure for monitoring hospital mortality and includes both ‘in-hospital deaths’ and ‘deaths occurring within 30 days of discharge from hospital’. The SHMI covers a 12 month period and is published on a quarterly basis by NHS digital.
- The HSMR is a ratio of the observed number of in-hospital deaths at the end of a continuous inpatient spell to the expected number of in-hospital deaths (multiplied by 100) for 56 diagnosis groups in a specified patient group.
- UHL subscribes to both the HED mortality Benchmarking tool and is able to monitor the SHMI and HSMR. HED use the HSCIC methodology to replicate the SHMI
- Whilst the SHMI is 102 it is still ‘within expected’ compared nationally and to similar sized trusts it is above the National average of 100 and also our Quality Commitment threshold of 99.

Actions taken to improve performance

- There have been several actions undertaken to reduce mortality as part of our Quality Commitment over the past 3 years and implementation of the Pneumonia Care Bundle appears to have had a positive impact on our SHMI. Earlier recognition of both sepsis and acute kidney injury are also both key priorities for this year.
- Other areas of focus are to increase cardiology input at the LRI site and also improve the patient pathway for patients admitted with gastro-intestinal haemorrhage as both of these diagnosis groups appear to be adversely contributing to our SHMI.
- In addition to monitoring mortality rates and carrying out further analysis or investigation where applicable, we continue to embed the Medical Examiner process at the LRI, commenced in July. Over 800 cases have now been screened by the Medical Examiners (over 90% of all adult deaths at the LRI) with 20% being referred for full review by the Speciality M&M.
- Where the Medical Examiner or Specialty Screener considers there is a need for a full review, these will be referred to the M&M lead and the full review then presented and discussed at the Specialty M&M meeting and Death Classification agreed.
- Recent in depth HED review of UHL mortality did not identify any additional areas of mortality by condition that needed action that we did not already have reviews or action plans in place for but has highlighted that there appears to be a change in UHL risk profile suggesting that there have been changes in coding practice – a further review of coding practice will be undertaken.

SHMI comparison against other Trusts Oct15-Sept16

Please note that funnel plot is only valid when SHMI score is 100 for all the organisations (shown below) as a whole. It can be verified through highlighting all data items and checking grand total in Tab 3 breakdown table.



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

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	YTD
No. of # Neck of femurs operated on 0-35 hrs - Based on Admissions	78.0%	78.1%	64.6%	86.0%	65.8%	69.4%	64.1%	78.0%	60.3%	70.9%	67.6%	71.2%	71.2%

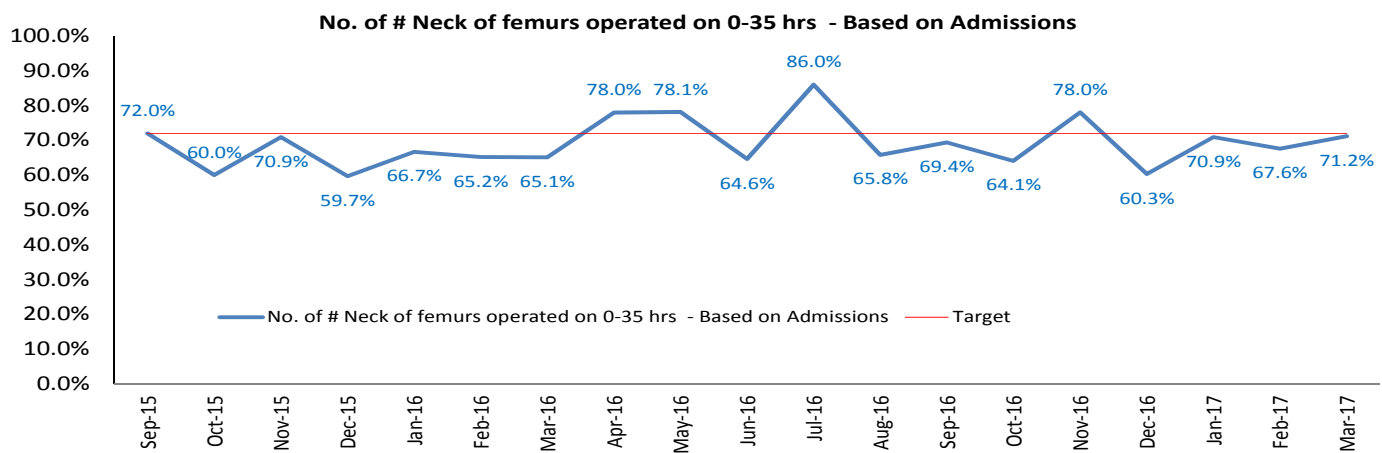
There were 73 NOF admissions in March 2017, 19 patients breached the 36 hr target to theatre as detailed below:-

Within the service control = 7 patients. Main theme this month was lack of theatre capacity over the weekend when a major spinal case required surgery (9hrs). Outside service control = 12 patients. These were unfit and required stabilisation pre operatively. There was 1 day when NOF admissions peaked at 9 in 24hrs. (Thursday).

There was once again this month a degree of complex urgent Trauma which took clinical priority over the weekend period.

Actions taken to improve performance

- Theatre team leader continues to work closely with trauma team to coordinate and manage changing priorities.
- The consistent application of the DOAC reversal protocol being taken forward. This remains an issue.
- 9 transfers are made to LGH to help free capacity. These were pre-operative cases.
- Weekly monitoring of theatre utilisation of all Trauma theatres continues.
- THR's have started to be undertaken at LRI. Hip surgeon availability is an issue when on-call surgeon is not of that sub speciality expertise.
- Operational meetings with the Clinical Director chairing continue.



RTT Performance

Combined UHL and Alliance RTT Performance for March

	<18 w	>18 w	Total Incompletes	%
Alliance	8058	519	8577	94.0%
UHL	47,201	4413	51614	91.5%
Total	55259	4932	60191	91.8%

Backlog Reduction required to meet 92%	127
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UHL and Alliance combined performance for RTT in March was 91.8%. The trust did not achieve the standard. Overall combined performance saw 4,932 patients in the backlog a reduction of 113 since the last reporting period (UHL reduction of 169, Alliance increase of 56). There were 127 too many patients waiting over 18 weeks in order to achieve the standard.

The starting position in March made it unlikely the standard would be achieved. This was forecasted in February’s EPB report. The overall RTT performance has improved by 0.7% in the past month. This has been driven by both a decrease in the overall number of patients waiting more than 18 weeks and also a large increase in the denominator of incompletes less than 18 weeks. Although March 2016 included Easter, March 2017 has received more than 1,500 referrals for UHL and waiting increase of over 500 in the Alliance. This also poses a risk to future performance with the activity added in 2016/17 and not part of demand and capacity forecasting for 2017/18.

Forecast performance for next reporting period: We are unlikely to meet the 92% performance standard in April with the position likely to deteriorate. Factors for this include:

- Suspension of WLI’s that are not positive margin making to support the Trusts financial position.
- Increased number of patients rolling onto the backlog from previous months cancellations.
- Reduced capacity from increased in annual leave during Easter period.
- Reduced capacity in working days due to bank holidays.

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

Specialty	Target	March 16/17	YTD
Breast	1.8	1.8	1.9
ENT	2.4	2	2.2
General Surgery	1.9	1.9	1.9
Gynae	3.2	3	2.8
MaxFax	2.2	2.6	2.2
Ophthalmology	3.8	3.9	3.7
Ortho	2.1	2.1	1.9
Paediatrics	2.6	2.4	2.4
Pain	5.7	6.3	5.3
Plastics	2.8	2.8	2.9
Renal	1.6	1.5	1.6
Urology	2.8	3	2.6
Vascular	1.2	1.4	1.3
Cardio	N/A	N/A	N/A
Total	2.8	2.5	2.4

A top down plan is being worked through to identify the improvements required within key specialties to achieve 92% performance. This is currently being worked through with the each specialty to assess the operational and financial viability. The model currently projects performance to be achieved by the end of June. Further cancellations will impact on ability to achieve this.

At the end March there were 24 patients with an incomplete pathway at more than 52 weeks. The 24 patients are broken down into 13 ENT, 8 Paediatric ENT, 2 Orthodontics and 1 Paediatrics. This has reduced from 39 at the end February. The forecasted number of 52 week breaches is 16 at the end of April and 0 at the end of June. This is dependent on no patients being cancelled.

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

10 largest backlog increases	Admitted			Non Admitted			Total		
	Local UHL Specialty*	Feb-17	Mar-17	Change	Feb-17	Mar-17	Change	Feb-17	Mar-17
Urology	291	336	45	98	92	-6	389	428	39
General Surgery	215	226	11	85	92	7	300	318	18
Allergy	3	4	1	159	176	17	162	180	18
Gynaecology	164	157	-7	75	99	24	239	256	17
Paediatric Urology	51	66	15	19	19	0	70	85	15
Neurology	0	0	0	14	25	11	14	25	11
Cardiology	40	50	10	32	32	0	72	82	10
Cardiac Surgery	18	15	-3	12	23	11	30	38	8
Restorative Dentistry	0	0	0	7	13	6	7	13	6
Spinal Surgery	38	52	14	268	260	-8	306	312	6

10 largest backlog reductions	Admitted			Non Admitted			Total		
	Local UHL Specialty*	Feb-17	Mar-17	Change	Feb-17	Mar-17	Change	Feb-17	Mar-17
Ophthalmology	137	141	4	128	47	-81	265	188	-77
Interventional Radiology	30	23	-7	80	40	-40	110	63	-47
ENT	417	450	33	345	275	-70	762	725	-37
Gastroenterology	4	4	0	100	78	-22	104	82	-22
Paediatric ENT	380	380	0	21	8	-13	401	388	-13
Paediatric Ophthalmology	3	0	-3	12	3	-9	15	3	-12
Thoracic Medicine	0	0	0	56	45	-11	56	45	-11
Paediatric Medicine	1	1	0	32	21	-11	33	22	-11
Paediatric Trauma & Orthopaedics	7	5	-2	16	8	-8	23	13	-10
Gynaecology Oncology	4	0	-4	6	3	-3	10	3	-7

10 largest backlog overall backlogs	Admitted			Non Admitted			Total		
	Local UHL Specialty*	Feb-17	Mar-17	Change	Feb-17	Mar-17	Change	Feb-17	Mar-17
ENT	417	450	33	345	275	-70	762	725	-37
Orthopaedic Surgery	238	235	-3	260	257	-3	498	492	-6
Urology	291	336	45	98	92	-6	389	428	39
Paediatric ENT	380	380	0	21	8	-13	401	388	-13
General Surgery	215	226	11	85	92	7	300	318	18
Spinal Surgery	38	52	14	268	260	-8	306	312	6
Gynaecology	164	157	-7	75	99	24	239	256	17
Ophthalmology	137	141	4	128	47	-81	265	188	-77
Allergy	3	4	1	159	176	17	162	180	18
Maxillofacial Surgery	144	153	9	29	22	-7	173	175	2

The largest overall backlog increases were within Urology and General Surgery. These services were significantly impacted by the elective cancellations to support ED. Actions plans to address these backlogs are in place. The overall largest reduction in backlog size was achieved in ophthalmology, reducing their overall backlog by 77. Overall capacity remains a constraint. Long term actions include:

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

Allergy	<p>Background: Underperformance on admitted RTT is related to Consultant vacancies since June 2015 (2 clinics per week) with additional vacancy since May 2016 (3 clinics per week). Service has now appointed to 1 consultant post. RTT remains continues to reduce.</p> <p>Actions: Trust grade has been appointed with a start date in June. Anticipate from June significant backlog reductions. SLA with Nottingham consultant for weekend WLI's continues. Reminder calls to reduce DNA's in place. Project to start advice and guidance initiated. Use of agency to support in increased capacity.</p>
ENT Paediatric ENT	<p>Background: Current backlog driven by a high level of cancellations from 2015/16 winter bed pressures that 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.</p> <p>Actions: Continued use of Medinet and wait list initiatives for admitted and non admitted patients continue to end of April 2017. On-going use after this point is pending further discussion. Assess ability to increase WLI for Balance patients, linked to consultant discretionary effort dates agreed on going. Bed capacity modeling for paediatric daycase beds aims to improve throughput.</p>
General Surgery	<p>Background: Current performance driven by lack of capacity to meet SLA demands. Circa 3 sessions per week. Service highly affected by winter bed pressures on inpatient and critical care beds resulting in patient cancellations. Further risk going into winter months of increased cancellations due to further bed pressure demands. The service has seen a 16% increase in referrals year on year.</p> <p>Actions: Continued WLI's for admitted and non-admitted pathways. Left shift minor work to the Alliance, business case for 2 additional consultants</p>
Ophthalmology	<p>Background: A demand and capacity analysis has identified a 51 WTE workforce gap across the whole service at all workforce levels in order to meet the demands. Consultants authorised to appoint outside of business case signoff at RIC.</p> <p>Actions: The service currently relies on discretionary effort for additional capacity, with weekly inpatient and outpatient sessions. Long term impact will be if approval of business case for expansion of service workforce. Other interim actions include the Single Point of Access. Insource outpatient capacity – YourWorldDoctors. Started 24th February. Significant non admitted backlog reduction to 99% performance.</p>
Orthopaedic Surgery	<p>Background: Delays within with urgent diagnostic reporting adding to the outpatient pathway. Capacity gap between clinicians for sub specialties. Including Hand and Foot and Ankle patients. Impacted on elective cancellations to support emergency care.</p> <p>Actions: Additional clinics to reduce outpatient backlog. Clinical engagement for patients on foot and ankle pathway for waiting list management. Increased clinical capacity from February 2017</p>
Urology	<p>Background: Lack of in-week outpatient and theatre capacity. Increased cancellations. Increased activity over and above SLA predicted 297 admitted patient's full year and 10 increase in referrals from the previous year. Increase in patients cancelled before the day due to bed capacity. Alliance capacity decrease from Coventry and Warwick clinicians, impacts on ability to left shift activity.</p> <p>Actions: Wait list initiatives. Increase in uptake of UHL staffed lists allowing for more patients from the backlog to be treated. Medinet used to fill gap in sessions, currently in January 7 all day UHL staffed lists and 5 Medinet lists (24 sessions). Continuing WLI and process change in outpatients to reduce non admitted backlog. Left shifting of low complex patients to the Alliance started on 25th January.</p>

Diagnostic Performance

March diagnostic performance for UHL and the Alliance combined is **0.86%** achieving the standard performing below the 1% threshold. UHL alone achieved 0.84% for the month of March with 123 patients out of 14,688 not receiving their diagnostic within 6 weeks.

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

Strong performance in Non-obstetric ultrasound with only 1 breach / 0.02% and CT 3 breaches / 0.2% supported the overall performance. The 5 lowest performing modalities are listed below

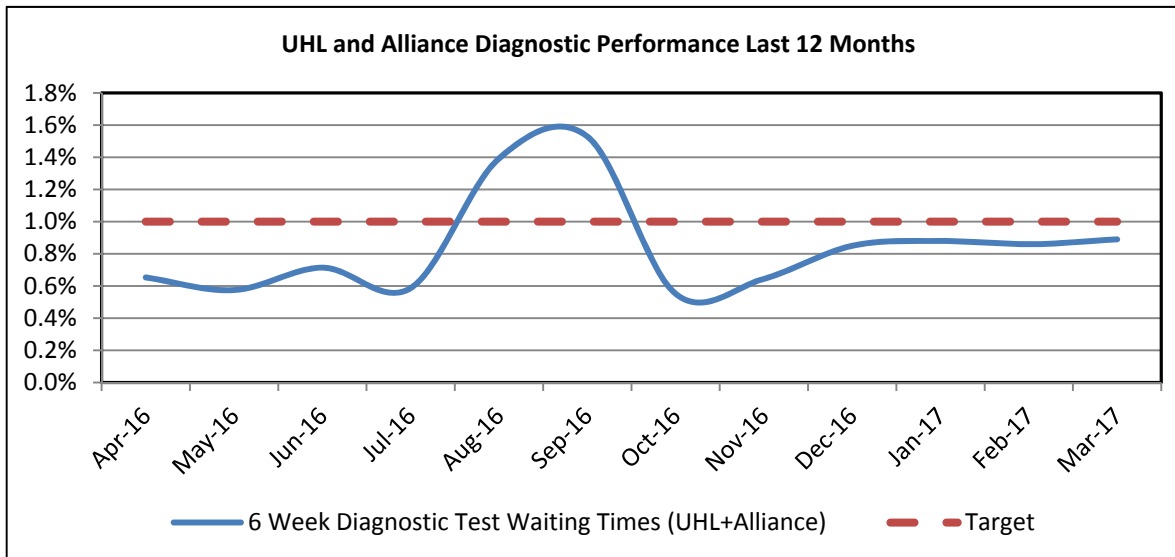
Risks to future months performance

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

Patients requiring sedation under propofol remains a risk with capacity available through ad hoc lists.

Clinical capacity within the Alliance has reduced for flexible cystoscopies.

It is anticipated the overall diagnostic performance for April will be less than 1%.



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

INDICATORS: The cancelled operations target comprises of two components	Indicator	Target (monthly)	Latest month	YTD performance (inc Alliance)	Forecast performance for next reporting period
1.The % of cancelled operations for non-clinical reasons On The Day (OTD) of admission	1	0.8%	1.1%	1.2%	1.0%
2.The number of patients cancelled who are not offered another date within 28 days of the cancellation	2	0	17	212	20

What is causing underperformance?

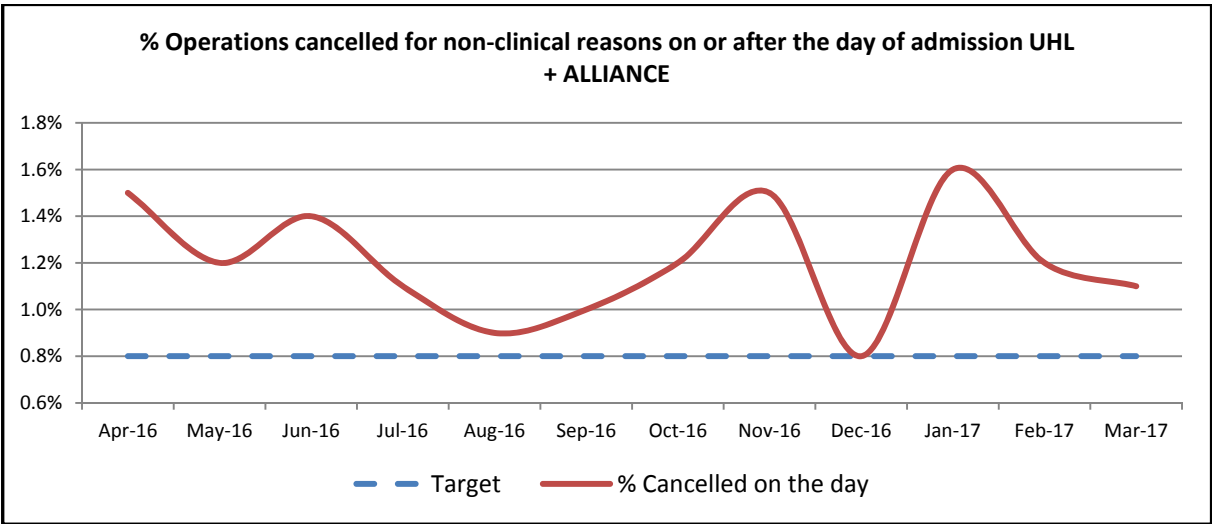
For March there were 131 non clinical hospital cancellations for UHL and Alliance combined. This resulted in a failure of the 0.8% standard as 1.2% of elective FCE's were cancelled on the day for non clinical reasons. UHL alone saw 127 patients cancelled on the day for a performance of 1.2%. Of the 127 cancellations, 59 patients were due to capacity related issues and 68 for other reasons. 41 cancellations were related to lack of beds either Ward beds or ITU/HDU.

The 5 largest cancellations on the day were for: Hospital cancel - lack theatre time / list overrun: 34, Hospital cancel - ward bed unavailable: 33, Hospital cancel -pt delayed to adm high priority patient: 18, Hospital cancel - lack surgeon: 11 and Hospital cancel - casenotes missing: 10

There were 17 patients who did not receive their operation within 28 days of a non clinical cancellation. These comprised of CHUGGS 8, ITAPS 1, Musculoskeletal and Specialist Surgery 4 and RRCV 4

Risk for next reporting period

Achieving the 0.8% standard in April remains a risk as Emergency pressures remain high. A new cancellation policy is in the process of being shadow monitored. Adherence to the escalation the policy is monitored in WAM.



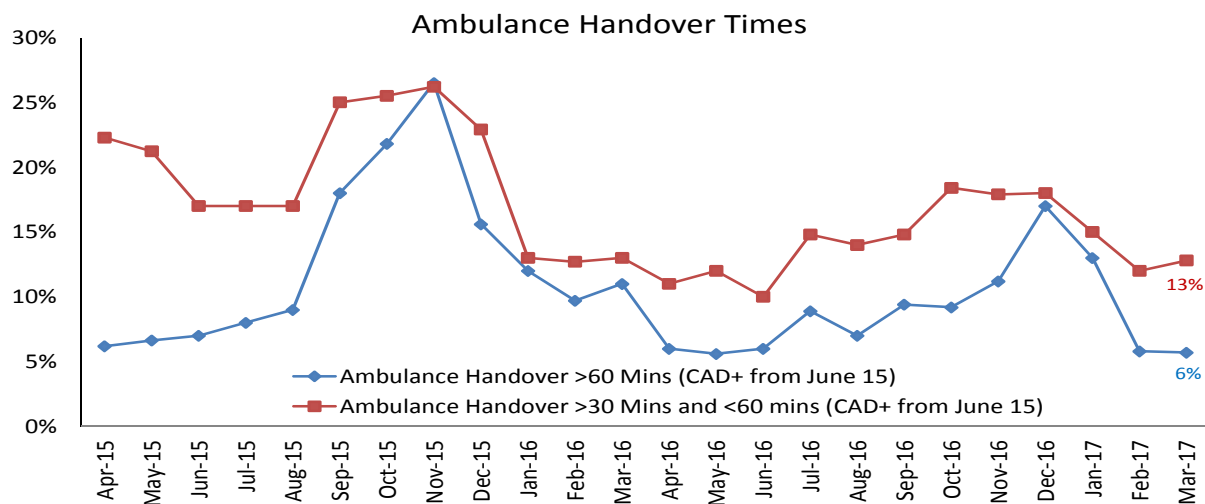
Ambulance handover > 30 minutes and >60 minutes - Performance

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

Although ambulance handover time improved during February and March, difficulties continue in accessing beds and high occupancy in ED leading to congestion in the assessment area and delays to ambulance handover.

What actions have been taken to improve performance?

- 11 cohort spaces used in hours, 17 spaces out of hours to increase flow out of assessment bay.
- Traction in Gold Meetings to ensure spaces are filled.
- Reduced non-urgent elective activity.
- Real time escalation by duty team to Director on call of all patients that have waited longer than 60 minutes on an ambulance.
- GPAU opened longer to improve flow and appropriate patients moved from assessment bay into GPAU scheme.
- Long waits are escalated to the Chief Executive.

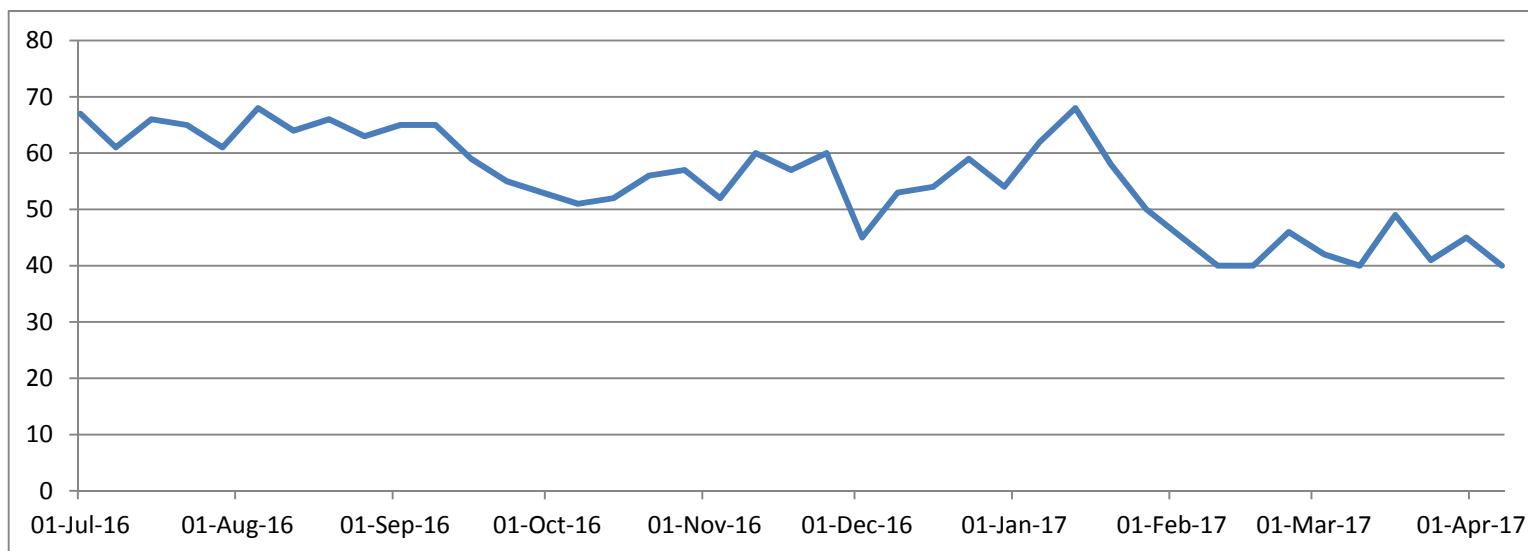


Cancer Waiting Time Performance

Current Performance:-

- 2ww performance remained strong in February achieving 94.3% supporting an improved YTD position now at 93.13%. March is also expected to deliver the standard.
- 62 day performance as anticipated remains below the required standard, February at 76.5% (1 1% improvement against January) against a national average of 79.5%. March (*pre-upload*) expected at circa 80%.
- The adjusted backlog (excluding tertiary referrals received after day 39) has remained in the 40's for the last 10 weeks and at the time of reporting currently sits at 40 – the key outliers are Gynae, HPB, Skin and Lung.

62 Day Adjusted Backlog



Key themes identified in backlog

Summary of delays	Numbers of patients	Summary
Complex Patients/Complex Diagnostic Pathways	12	Across 7 tumour sites, – these are patients undergoing multiple tests, MDTs and diagnostics. This includes patients referred between multiple tumour sites with unknown primaries and patients with complex pathology to inform diagnosis.
Long Term F/U & Renal Surveillance	2	Specific to Lung and Urology, patients who have been under watchful wait by the clinical team who have subsequently returned to a 62 day pathway.
Capacity Delays – OPD & Surgical	4	In Lower GI and Urology. For Urology, this refers to the patients awaiting robotic procedure which is a known capacity issue for the service – noted on the RAP point 3.1. In Lower GI, delayed pathway of 18 days for a patient awaiting anaesthetic review and a complex joint surgical case.
UHL Pathway Delays (Next Steps compliance)	3	Across 3 tumour sites – Gynae, Urology and ENT, where more than 1 delay has occurred within the pathway and lack of compliance with Next Steps is evident. The delays range across Imaging, Cardiology and Pathology. This includes outpatient delays and surgical delays due to capacity.
Patient Delays & Patients Unfit	21	Across 8 tumour sites – a significant proportion of the backlog where they are or have been unfit during their pathway – ranging from Cardiac issues requiring treatment prior to surgery, Patients unfit for pathway progression/treatment, multiple DNAs, patient thinking time re decision making for treatment planning and general lack of engagement and patient holidays.
Tertiary Referrals	4	In Urology (x3) and Lung (x1), late referrals from Cov & Warwick, KGH and NGH all received over Day 62.

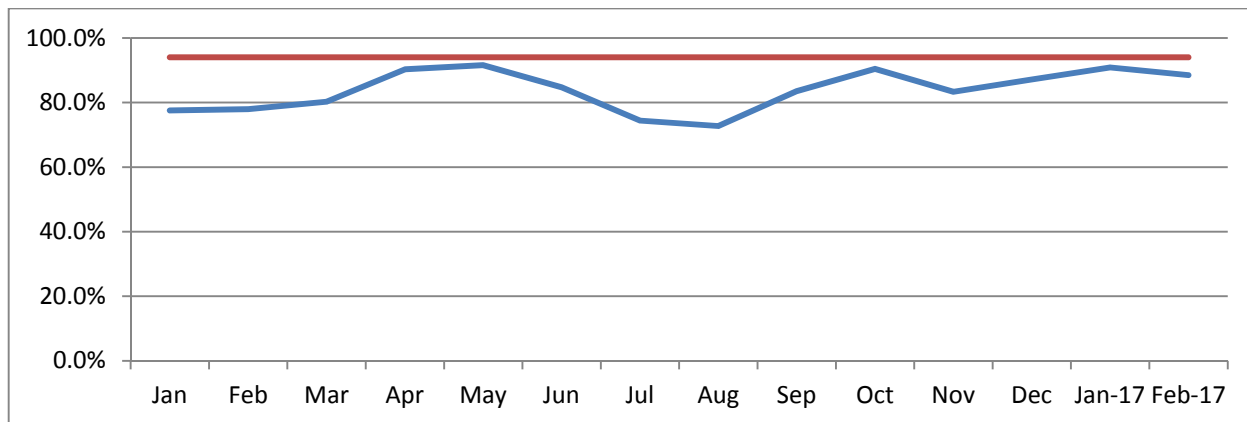
Backlog Review for patients waiting >104 days

The following details all patients declared in the 104 Day Backlog for week ending 7th April 17.

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

Tumour Site	Total Number of patients	Current Wait (Days)	Confirmed Cancer Y/N	Treatment Date Y/N	Summary Delay Reasons
BREAST	1	131	Y	Y	Patient underwent diagnostic tests within 20 days of referral, subsequent delays due to pneumonia and COPD. Once fit for treatment, patient was treated within 16 days. Off backlog at the time of reporting.
GYNAE	2	132	N	N	Patient admitted to Cardiology prior to first Outpatient appointment – delays due to patient fitness with a TCI cancelled due to ECHO results. Procedure was attempted on the 7/4/17 but cancelled on the day due to stenosis. Awaiting clinical review for next step.
		113	Y	Y	Patient required Lung diagnostics and MDT discussions with ? Metastatic gynae or lymphoma. Multiple diagnostics and subsequent referral for palliative chemo. TCI date 10.4.17
UROLOGY	2	190	Y	Y	Late tertiary referral at Day 102 from ULH, patient subsequently cancelled UHL OPD as they weren't aware of being referred over. Seen in UHL 3/3/17 and added to the waiting list – TCI 7/4/17 – patient treated at time of reporting.
		111	Y	Y	Patient delayed due to Cardiology assessments and confirmation patient is optimised for surgery. Patient treated 7/4/17.
LUNG	3	119	N	N	Long term follow-up initially, planned review in March 2017 required further imaging – PET scan arranged. Await OPD follow up for next step 11.4.17
		117	N	N	Patient holiday for 3 months delayed diagnostic phase of pathway, on return has now undergone multiple diagnostic s. Currently awaiting results and OPD 10.4.17 for next step
		109	Y	Y	Late referral from NGH at Day 98, patient dated for treatment with SABR 10.4.17. No delays in UHL pathway.

31 Day Subsequent Surgery Performance



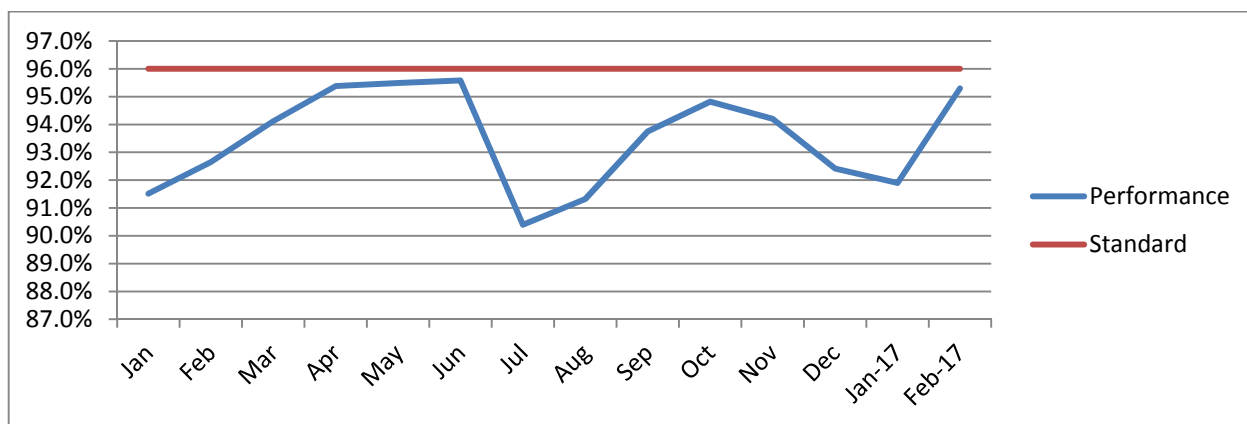
31 day subsequent surgery performance was below the standard at 88.5% in February showing a 2.4% deterioration on the previous month, with Lower GI, Upper GI and Urology being the main contributors

At the time of reporting, there are 5 patients in the backlog: access to beds and timely theatre capacity remains the key issue with particular issue for robotic capacity affecting the delivery of performance for Urology.

31 Day First Treatment – Performance

31 day 1st treatment performance in February under performed at 95.3%.

The backlog at the time of reporting sits at 12, across 4 tumour sites – Urology, Skin, Lung and Gynae.



Summary of the plan

The recovery action plan (RAP) is the central repository detailing measurable actions agreed between the Cancer Centre, Tumour Sites and CCGs aimed to address recovery in performance delivery and quality of patient care. Key milestones and delivery dates on the RAP are updated on a weekly basis in within UHL via the Cancer Action Board and Tumour site performance meetings, further reviewed monthly at the CA/RTT Working Group to provide appropriate assurances around improved sustainable delivery of the National Cancer Standards. Metrics have been devised for each action to ensure that they are measurable and that they are on track. Each action has been risk rated (high, medium or low)

Summary of high risks

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

	Issue	Action being taken	Category
1	Underlying theatre capacity shortfall for all electives , specifically affecting, Urology , Gynaecology , GI and ENT	Additional weekend work / use of external providers	Unavoidable factors impacting on delivery
2	Underlying HDU / ITU bed capacity	Daily bed / patient management.	Unavoidable factors impacting on delivery
3	Underlying access to ward beds associated with increased emergency admissions above plan.	ASU (day case) at LRI remains ring fenced, ward 7 ring fenced against medical patients	External factors impacting on delivery
4	Workforce on Oncology	Business case to expand Consultant workforce	Internal factors impacting on delivery / Unavoidable factors impacting on delivery
5	Workforce in Head and Neck surgeon (national shortage)	Recruitment process underway	External factors impacting on delivery
6	Workforce Head and neck imaging (national shortage)	Recruitment process underway	External factors impacting on delivery
7	Late tertiary referrals	Meeting with tertiary providers. Support from NHSE	External factors impacting on delivery
8	Delayed impact of Next Steps rollout resulting in delayed pathways	Full PTL review and micro management from the Cancer Centre and Tumour Sites and additional on the ground resources to support in clinic where appropriate.	Internal factors impacting on delivery