

Quality & Performance Report

Author: John Adler Sponsor: Chief Executive Date: PPC + QOC 30th November 2017

Executive Summary from CEO Joint Paper 1

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, PPC 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: **MRSA** – 0 avoidable cases reported this month. **Mortality** – the latest published SHMI (period April 2016 to March 2017) has remained at 101 and is within the expected range. **Diagnostic 6 week wait** – complaint for the 13th consecutive month. **Referral to Treatment** – was 92.1% against a target of 92%, a significant improvement from the previous 3 month's performance. **52+ weeks wait** – 0 patients (last October the number was 38). **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. **Pressure Ulcers - 0 Grade 4** reported during October. **Grade 3 and Grade 2** are well within the trajectory for the month and year to date. **CAS alerts** – we remain compliant. **TIA (high risk patients)** target was achieved in October following 2 months of non-compliance. **Inpatient and Day Case Patient Satisfaction (FFT)** achieved the Quality Commitment of 97%. **Ambulance Handover 60+ minutes (CAD+)** – performance at 0.6% a slight increase from September, however one of our best months since the introduction of CAD+ reporting in June 2015.

Bad News: **ED 4 hour performance** – performance was 82.7%, a reduction of 1.3% from September. Further detail is in the Chief Operating Officer's report. **Never events** – 1 reported this month. **Moderate harms and above** – 25 cases reported during September (reported 1 month in arrears). A detailed report will be presented to the November QOC. **Single Sex Accommodation Breaches** – 1 breach reported in October. **C DIFF** – October and year to date are above threshold. **Cancelled operations and patients rebooked within 28 days** – continued to be non-compliant. **Cancer 31 day and 62 day treatment** were not achieved in September – delayed referrals from network hospitals continue to be a significant factor. **Fractured NOF** – not achieved at 61.1%, lack of theatre capacity was the dominant factor.

Input Sought

I recommend that the Committee:

- Commends the positive achievements noted under Good News
- Notes the areas of Bad News and considers 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: 21st December 2017

Caring at its best

University Hospitals of Leicester



NHS Trust

Quality and Performance Report

October 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: 30th NOVEMBER 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: OCTOBER 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.

The NHS Single Oversight Framework sets out NHS Improvement's approach to overseeing and supporting NHS trusts and NHS foundation trusts under the Single Oversight Framework (SOF). It explains what the SOF is, how it is applied and how it relates to NHS Improvement's duties and strategic priorities.

The document helps providers to understand how NHS Improvement is monitoring their performance; how NHSI identify any support providers need to improve standards and outcomes; and how NHSI co-ordinate agreed support packages where relevant. It summarises the data and metrics regularly collected and reviewed for all providers, and the specific factors that will trigger more detailed investigation into a trust's performance and support needs.

NHSI have also made a small number of changes to the information and metrics used to assess providers' performance under each theme, and the indicators that trigger consideration of a potential support need. These updates reflect changes in national policy and standards, other regulatory frameworks and the quality of performance data, to ensure that the oversight activities are consistent and aligned.

The Quality and Performance report has been updated to report the new indicators. For further information see section 4 Changes to Indicators/Thresholds.

2.0 Performance Summary

Domain	Page Number	Number of Indicators	Number of Red Indicators this month
Safe	23	28	4
Caring	24	11	1
Well Led	25	23	3
Effective	26	8	2
Responsive	27	15	6
Responsive Cancer	28	9	6
Research – UHL	29	6	0
Total		100	22

3.0 Data Quality Forum (DQF) Assessment Outcome/Date

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

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

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

4.0 Changes to Indicators/Thresholds

Added - E Coli and MSSA – UHL and Community numbers

Removed - No. of # Neck of femurs operated on 0-35 hrs - Based on Admissions (excluding medically unfit patients)

Change to threshold - SHMI/HSMR red if not within national expected range

Summary Scorecard – YTD

The following table shows the Trust's current performance against the headline indicators within the Trust Summary Scorecard.



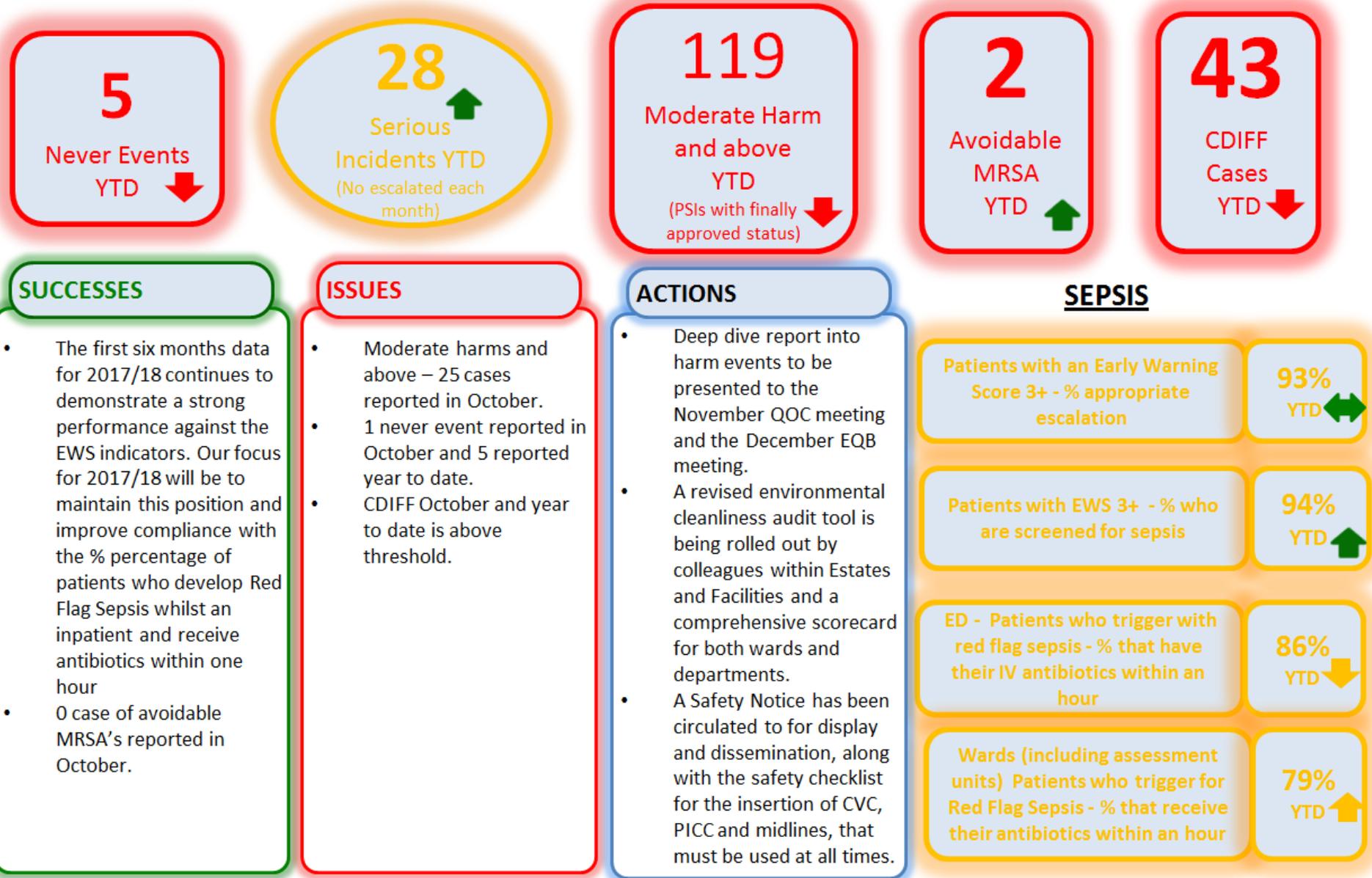
Summary Scorecard – October 2017

The following table shows the Trust's current performance against the headline indicators within the Trust Summary Scorecard. The number of indicators changing RAG (RED, AMBER, GREEN) ratings from the previously reported period is also shown in the box to the right.



Domain - Safe

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



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

SUCCESSSES

- Friends and family test (FFT) for Inpatient and Daycase care combined are at 97% for October.

ISSUES

- Single Sex Accommodation Breaches – 10 YTD (1 in October).
- Patient Satisfaction (FFT) for ED decreased to 95% for October, YTD is 95%.

ACTIONS

Single sex accommodation breaches

10

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 34.8% ↓
 Day Case FFT 24.9% ↓
 A&E FFT 11.2% ↓
 Maternity FFT 42.4% ↑
 Outpatients FFT 6.0% ↓

Staff FFT Quarter 2 2017/18 (Pulse Check)



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

SUCSESSES

- Inpatients and Daycase coverage remains above Trust target
- A&E coverage for October was 9.7% against a target of 10%.

ISSUES

- Appraisals are 4.1% off target (this excludes facilities staff that were transferred over from Interserve).
- Statutory & Mandatory is 10% off the 95% target.

ACTIONS

- Please see the HR update for more information.

% Staff with Annual Appraisals

90.9% 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

Apr16-Mar17 ↔

Stroke TIA clinic within 24hrs

56.6%

YTD



80% of patients spending 90% stay on stoke unit

87.7%

YTD



Emergency Crude Mortality Rate

2.0%

YTD



30 Days Emergency Readmissions

9.0%

YTD



NoFs operated on 0-35hrs

69.7%

YTD



SUCCESSES

- 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.

ISSUES

- Fractured NoF – 61.1% of patients were operated on within 0-35hours in October.

ACTIONS

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

Domain – Responsive

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

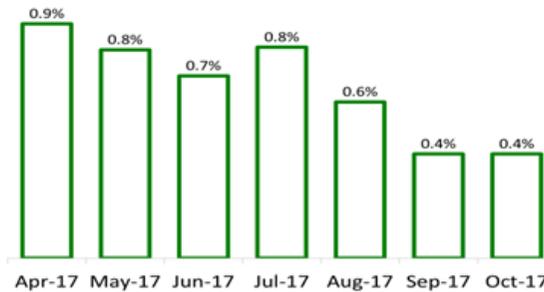
RTT - Incomplete 92% in 18 Weeks

92.1%
As at Oct 

RTT 52 week wait incompletes

0
As at Oct 

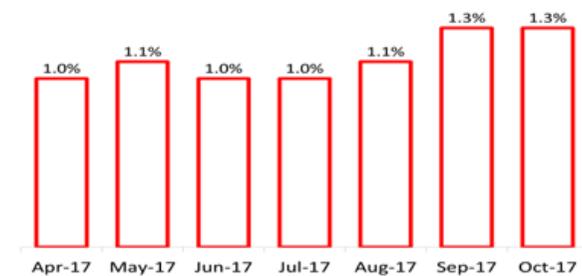
6 week Diagnostic Wait times



ED 4Hr Wait

A&E **80.7%**
YTD 

Cancelled Operations UHL



Ambulance Handovers



3% > 60mins 
7% 30-60mins 
YTD

SUCCESSSES

- 52+ weeks - current number this month is 0 patients (last October the number was 38).
- Diagnostic 6 week wait – we have now achieved thirteen consecutive months below the 1% national target.
- Ambulance handover 60+ minutes - October performance at 0.6% a slight increase from September, however one of our best months since the introduction of CAD+ reporting in June 2015.

ISSUES

- ED 4hr wait and on the day cancelled operations.

ACTIONS

- 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



SUCSESSES

Cancer performance is reported 1 month in arrears.

- Cancer Two Week Wait was achieved in September and has remained compliant since July 16.

ISSUES

- 31 day wait was 1.9% off target for September.
- Cancer 62 day treatment – was 5.9% off target for September.
- Advert for oncology posts is now closed. 3 applicants applied for 5 advertised posts.

ACTIONS

- Move to 7 day first appointment will further improve CMG position.
- Weekly engagement to foster joint ownership of the performance challenge
- Discussion with CMG about dropping in additional management resource from Cancer center to work with the team to change pathways.
- Oncology is escalated weekly. We have approached NUH and NGH for temporary support.
- Corporate review of CWT rules for cancer trials and LTFUs.

62 day backlog



62 day adjusted backlog



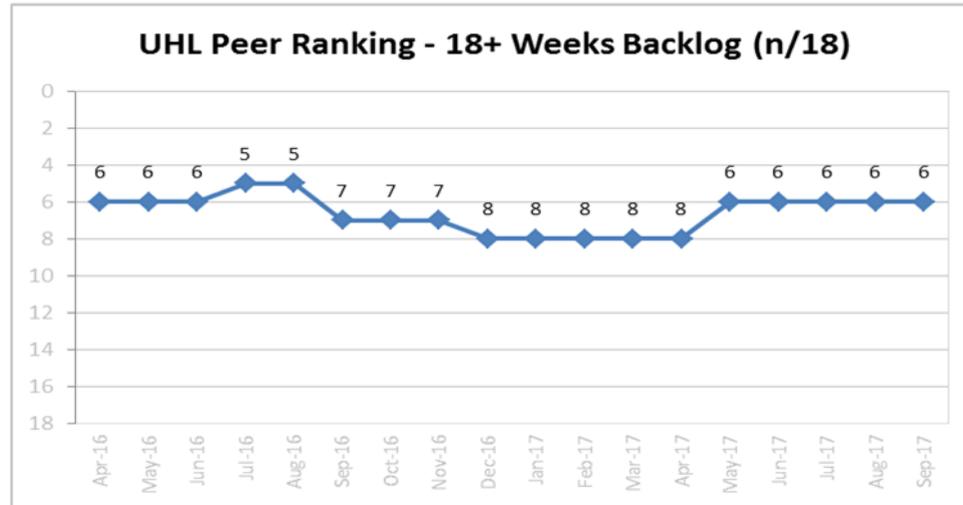
Peer Group Analysis (September 2017)

RTT 18+ Weeks Backlog - September 2017

All Acute Trusts Performance - 88.6%
62 of the 148 Acute Trusts* achieved 92% or more

UHL ranks 72 out of the 148 Acute Trusts*

Peer Rank	Provider Name	RTT Incomplete Performance - Target 92%
1	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	95.7%
2	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	94.8%
3	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	94.3%
4	CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	92.0%
5	HEART OF ENGLAND NHS FOUNDATION TRUST	92.0%
6	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	91.4%
7	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	90.8%
8	PENNINE ACUTE HOSPITALS NHS TRUST	90.4%
9	LEEDS TEACHING HOSPITALS NHS TRUST	88.3%
10	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	88.1%
11	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	86.8%
12	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	83.8%
13	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	83.6%
14	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	81.8%
15	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	81.6%
16	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	79.1%
17	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	77.6%
-	BARTS HEALTH NHS TRUST - not reported	-

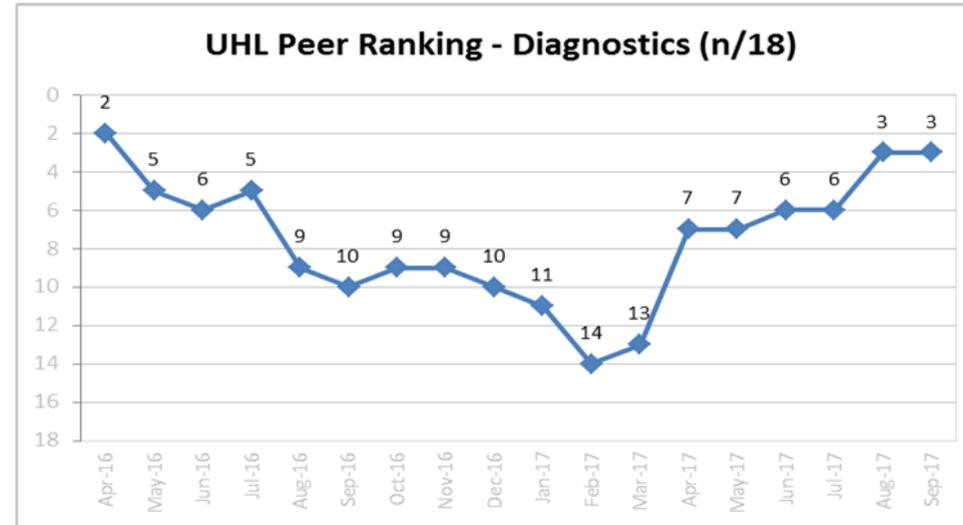


Diagnostics - September 2017

All Acute Trusts Performance - 2.0%
87 of the 148 Acute Trusts* achieved <1% or less

UHL ranks 45 out of the 148 Acute Trusts* (Ranked Ascending)

Peer Rank	Provider Name	Diagnostics Performance %Waiting 6 Wks+ - Target <=1%
1	LEEDS TEACHING HOSPITALS NHS TRUST	0.2%
2	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	0.3%
3	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	0.4%
4	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	0.4%
5	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	0.5%
6	HEART OF ENGLAND NHS FOUNDATION TRUST	0.8%
7	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	0.9%
8	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	0.9%
9	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	1.0%
10	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	1.1%
11	PENNINE ACUTE HOSPITALS NHS TRUST	1.7%
12	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	1.9%
13	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	2.0%
14	BARTS HEALTH NHS TRUST	2.3%
15	CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	3.3%
16	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	4.9%
17	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	8.8%
18	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	9.3%



*Acute NHS hospitals – there are 148 according to NHS choices but not all Trusts submit information routinely and some Trusts do not provide the service

Peer Group Analysis (September 2017) – ED October

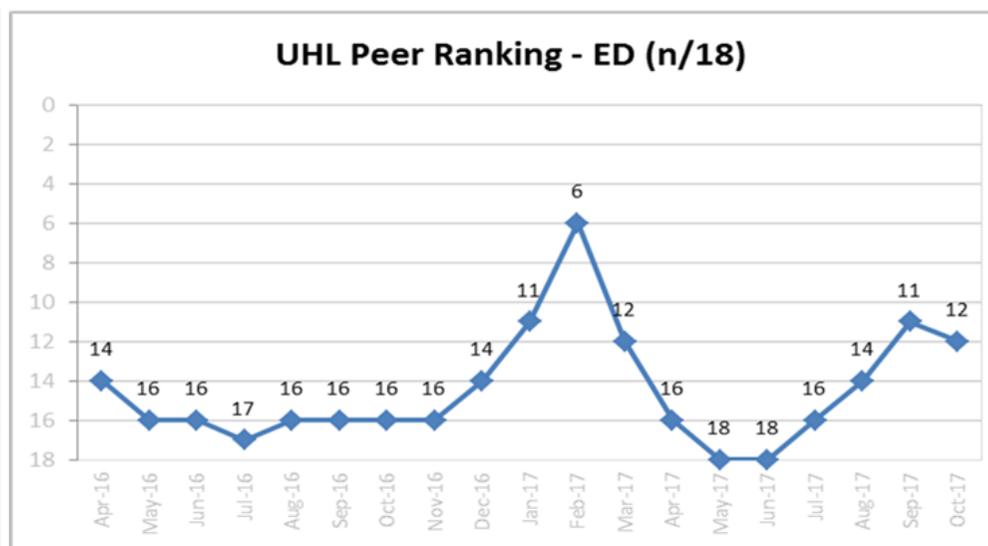
ED Attendances within 4 hours - October 2017

All Acute Trusts - 88.7%

19 of the 148 Acute Trusts* achieved 95% or more

UHL ranks 123 out of the 148 Trusts*

Peer Rank	Provider Name	Performance within 4 Hours - Target 95% - Amber 92% - <95%
1	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	95.4%
2	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	92.3%
3	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	90.5%
4	LEEDS TEACHING HOSPITALS NHS TRUST	90.4%
5	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	90.0%
6	PENNINE ACUTE HOSPITALS NHS TRUST	88.5%
7	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	88.2%
8	BARTS HEALTH NHS TRUST	87.0%
9	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	86.6%
10	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	85.3%
11	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	82.8%
12	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	82.7%
13	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	82.1%
14	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	78.4%
15	HEART OF ENGLAND NHS FOUNDATION TRUST	78.3%
16	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	77.6%
17	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	75.4%
-	CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	-



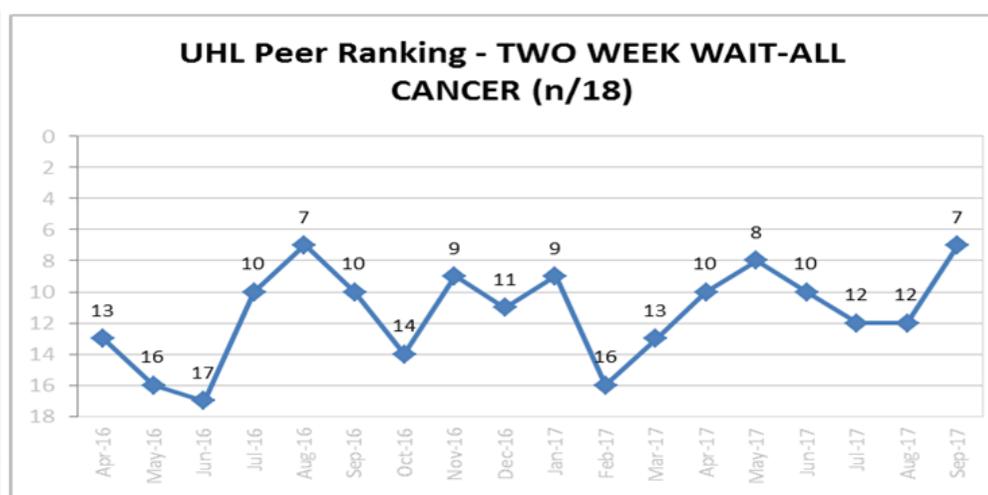
TWO WEEK WAIT-ALL CANCER - September 2017

All Acute Trusts Performance - 93.9%

126 of the 148 Acute Trusts* achieved 93% or more

UHL ranks 68 out of the 148 Acute Trusts*

Peer Rank	Provider	Performance within 14 Days - Target 93%
1	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	100.0%
2	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	98.2%
3	BARTS HEALTH NHS TRUST	98.0%
4	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	97.7%
5	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	97.1%
6	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	96.3%
7	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	95.6%
8	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	95.6%
9	LEEDS TEACHING HOSPITALS NHS TRUST	95.6%
10	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	94.5%
11	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	94.3%
12	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	94.1%
13	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	93.9%
14	HEART OF ENGLAND NHS FOUNDATION TRUST	93.9%
15	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	93.1%
16	CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	92.3%
17	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	90.1%
18	PENNINE ACUTE HOSPITALS NHS TRUST	86.8%



*Acute NHS hospitals – there are 148 according to NHS choices but not all Trusts submit information routinely and some Trusts do not provide the service

Peer Group Analysis (September 2017)

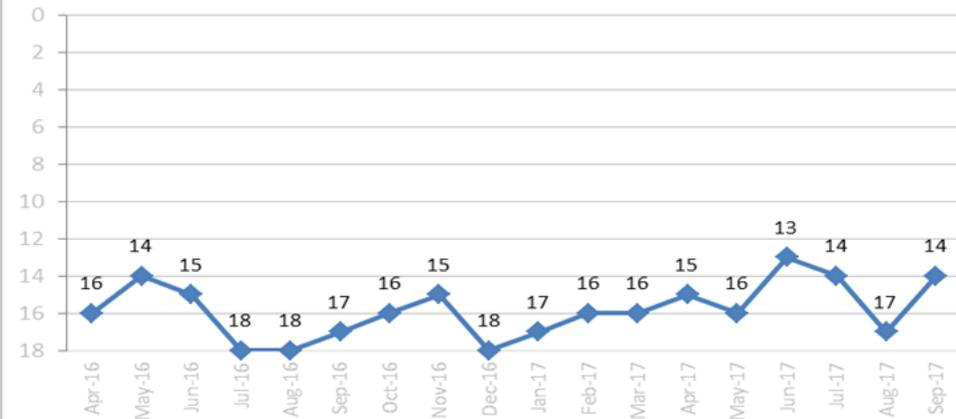
31-DAY FIRST TREAT - September 2017

All Acute Trusts Performance - 97.4%
131 of the 148 Acute Trusts* achieved 96% or more

UHL ranks 139 out of the 148 Acute Trusts*

Peer Rank	Provider	Performance within 31 Days - Target 96%
1	BARTS HEALTH NHS TRUST	99.6%
2	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	99.5%
3	HEART OF ENGLAND NHS FOUNDATION TRUST	98.9%
4	PENNINE ACUTE HOSPITALS NHS TRUST	98.7%
5	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	98.1%
6	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	98.1%
7	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	98.0%
8	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	97.5%
9	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	97.4%
10	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	96.8%
11	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	96.8%
12	LEEDS TEACHING HOSPITALS NHS TRUST	96.2%
16	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	95.7%
14	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	94.1%
15	CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	93.4%
16	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	93.0%
17	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	92.3%
-	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	-

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



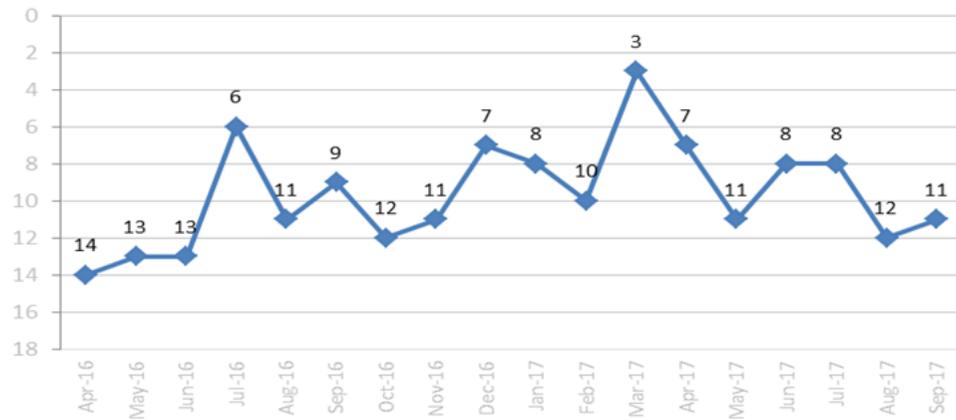
62-DAY GP Referral - September 2017

All Acute Trusts Performance - 81.9%
70 of the 148 Acute Trusts* achieved 85% or more

UHL ranks 103 out of the 148 Acute Trusts*

Peer Rank	Provider	Performance within 62 Days - Target 85%
1	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	90.3%
2	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	89.8%
3	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	87.9%
4	HEART OF ENGLAND NHS FOUNDATION TRUST	87.3%
5	BARTS HEALTH NHS TRUST	85.9%
6	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	85.9%
7	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	85.5%
8	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	82.0%
9	PENNINE ACUTE HOSPITALS NHS TRUST	81.7%
10	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	79.9%
11	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	79.1%
12	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	79.1%
13	CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	78.0%
14	LEEDS TEACHING HOSPITALS NHS TRUST	75.0%
15	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	73.7%
16	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	69.4%
17	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	66.3%
18	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	61.5%

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



*Acute NHS hospitals – there are 148 according to NHS choices but not all Trusts submit information routinely and some Trusts do not provide the service

Peer Group Analysis (September 2017)

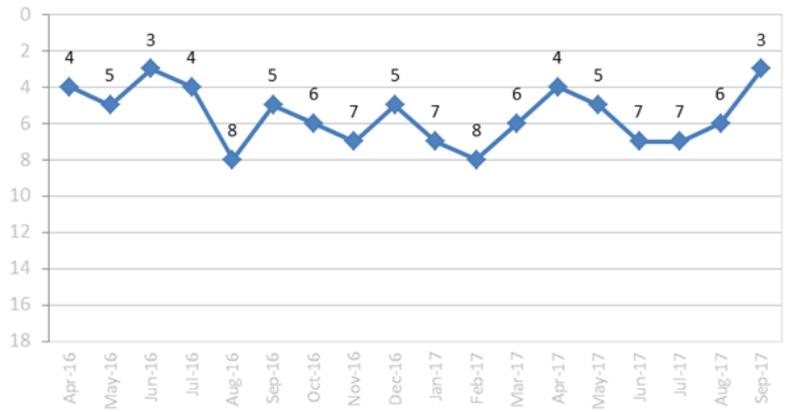
Inpatient FFT - September 2017

All Acute Trusts - Response Rate 25% - Recommended 96% - Not Recommended 2%

Peer Rank (Recommended)	Provider Name	Response Rate	Percentage Recommended	Percentage Not Recommended
1	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	19%	99%	0%
2	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	16%	98%	1%
3	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	29%	97%	1%
4	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	12%	97%	1%
5	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	36%	97%	0%
6	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	33%	97%	1%
7	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	25%	97%	1%
8	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	22%	96%	2%
9	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	32%	95%	2%
10	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	29%	95%	2%
11	CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	32%	95%	2%
12	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	20%	95%	1%
13	LEEDS TEACHING HOSPITALS NHS TRUST	41%	95%	3%
14	BARTS HEALTH NHS TRUST	15%	94%	2%
15	HEART OF ENGLAND NHS FOUNDATION TRUST	23%	94%	2%
16	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	20%	92%	4%
17	PENNINE ACUTE HOSPITALS NHS TRUST	28%	92%	3%
18	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	21%	92%	4%

UHL ranks 40 (for Recommended) and 37* (for Not Recommended) out of the 148

UHL Peer Ranking - Inpatient FFT (n/18)



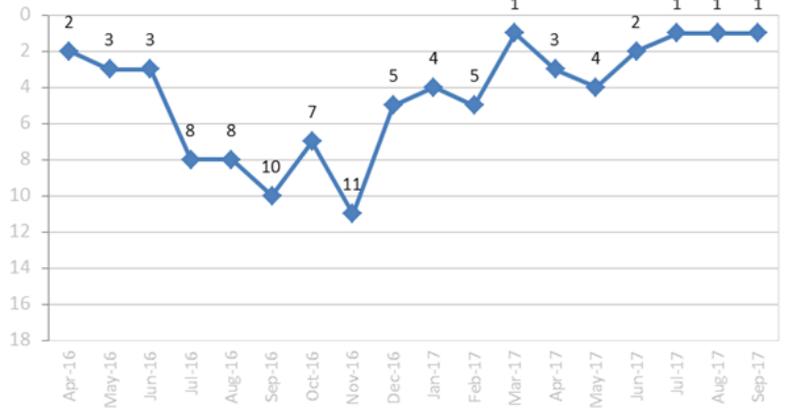
A&E FFT - September 2017

All Acute Trusts - Response Rate 25% - Recommended 96% - Not Recommended 2%

Peer Rank (Recommended)	Provider Name	Response Rate	Percentage Recommended	Percentage Not Recommended
1	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	12%	96%	1%
2	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	2%	96%	2%
3	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	24%	95%	2%
4	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	15%	94%	4%
5	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	3%	92%	5%
6	CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	17%	92%	5%
7	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	22%	88%	8%
8	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	23%	87%	7%
9	LEEDS TEACHING HOSPITALS NHS TRUST	17%	87%	8%
10	BARTS HEALTH NHS TRUST	4%	86%	5%
11	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	11%	85%	9%
12	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	5%	84%	10%
13	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	18%	82%	10%
14	PENNINE ACUTE HOSPITALS NHS TRUST	16%	82%	10%
15	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	11%	80%	13%
16	HEART OF ENGLAND NHS FOUNDATION TRUST	12%	79%	12%
17	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	16%	72%	19%
18	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	28%	68%	18%

UHL ranks 11 (for Recommended) and 15* (for Not Recommended) out of the 148 Trusts**

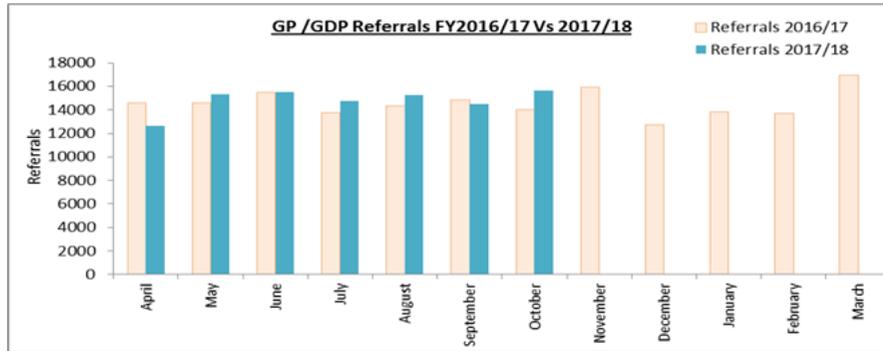
UHL Peer Ranking - A&E FFT (n/18)



*Acute NHS hospitals – there are 148 according to NHS choices but not all Trusts submit information routinely and some Trusts do not provide the service

UHL Activity Trends

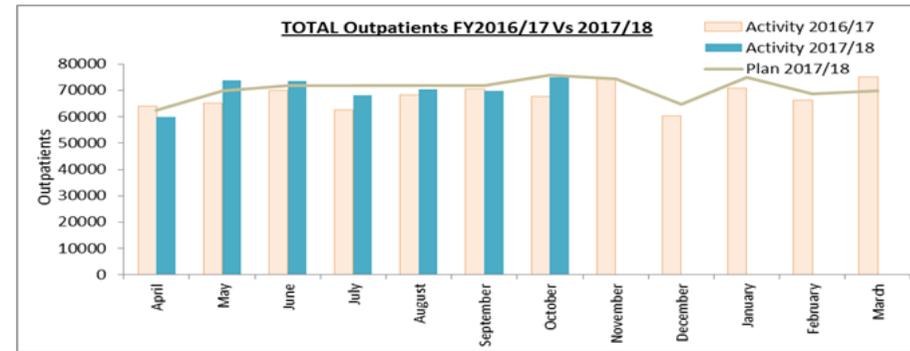
Referrals (GP)



April - October
17/18 Vs 16/17 +1998 +2%

Increase in GP referrals in comparison to the same period last year.

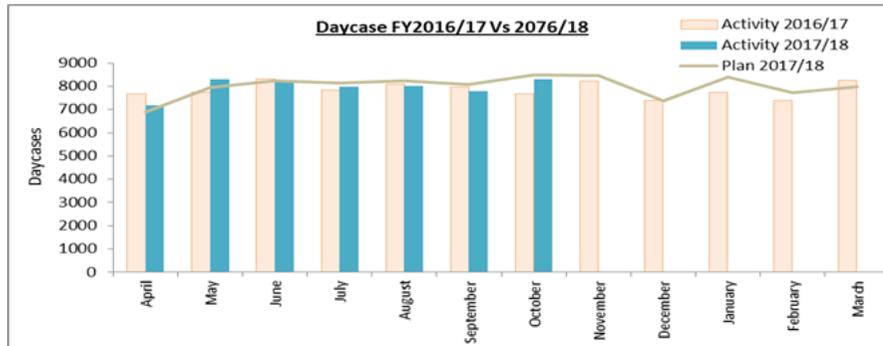
TOTAL Outpatient Appointments



April - October
17/18 Vs 16/17 +22,335 +5%
17/18 Vs Plan -4738 -1%

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

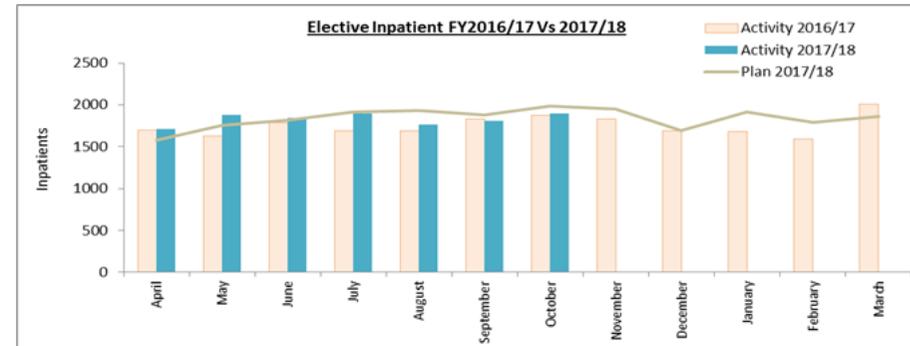
Daycases



April - October
17/18 Vs 16/17 +448 +0.8%
17/18 Vs Plan -297 -0.5%

Growth in Medical Oncology and Rheumatology. Gastroenterology and Ophthalmology lower than plan.

Elective Inpatient Admissions

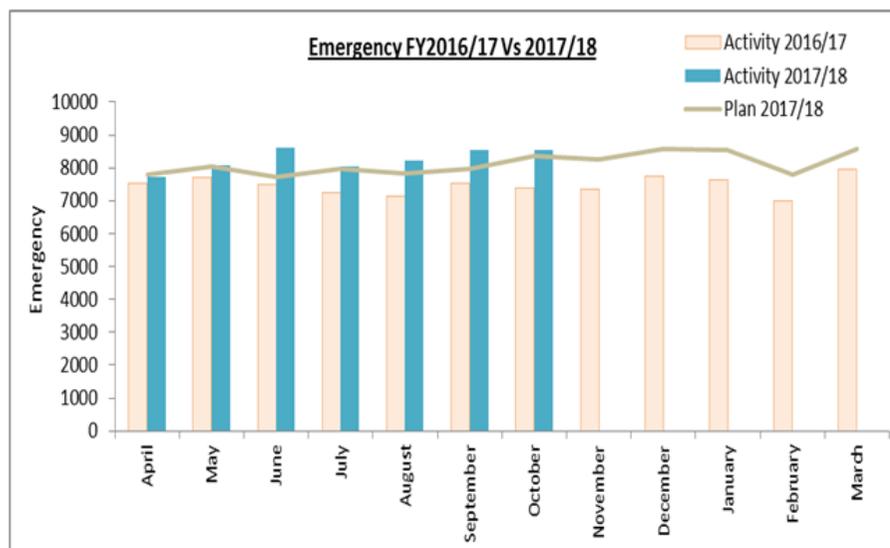


April - October
17/18 Vs 16/17 +589 +5%
17/18 Vs Plan -75 -0.6%

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

UHL Activity Trends

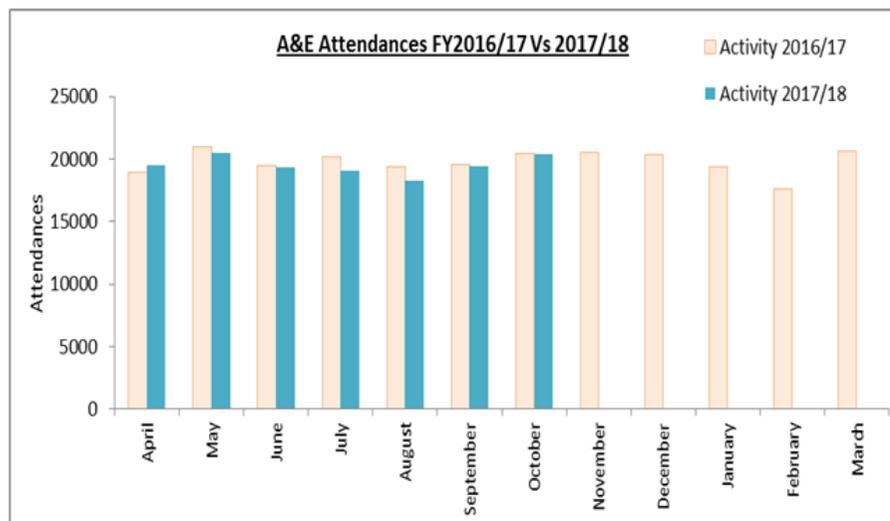
Emergency Admissions



April – October
 17/18 Vs 16/17 +5,808 +11%
 17/18 Vs Plan +2,112 +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



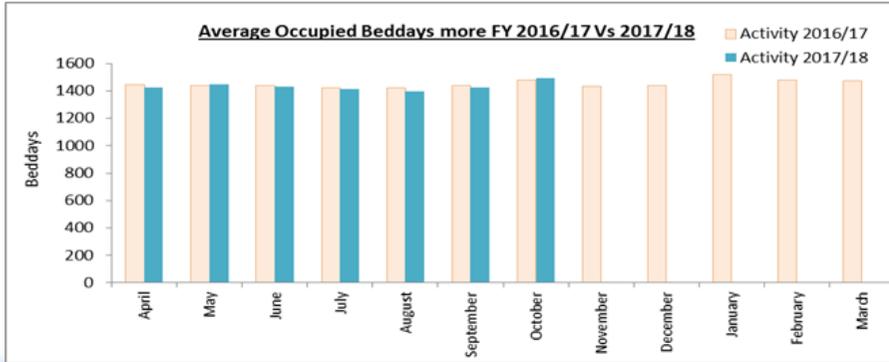
April - October
 17/18 Vs 16/17 -2,435 -2%

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.

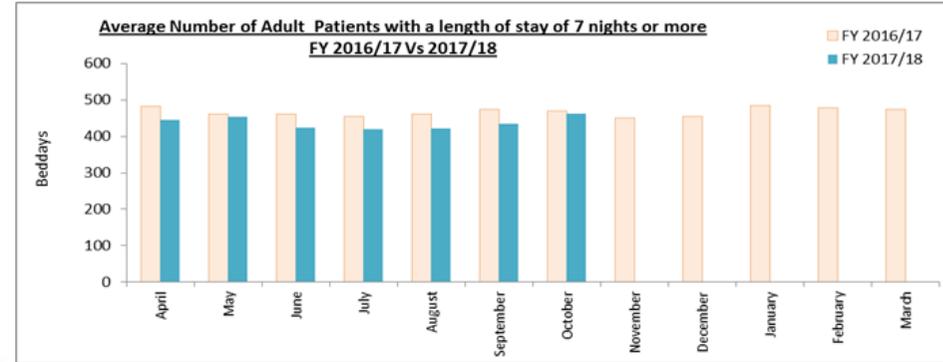
UHL Bed Occupancy

Occupied Beddays



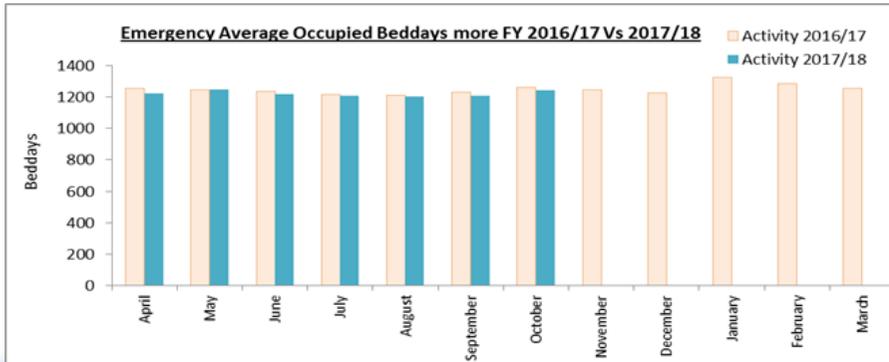
Midnight G&A bed occupancy continues to run similar to the same period last year.

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



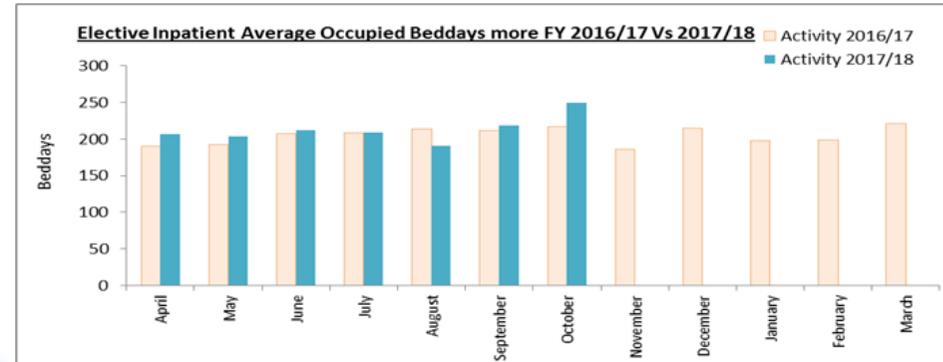
The number of patients staying in beds 7 nights or more has reduced compared to the same periods last year.

Emergency Occupied beddays

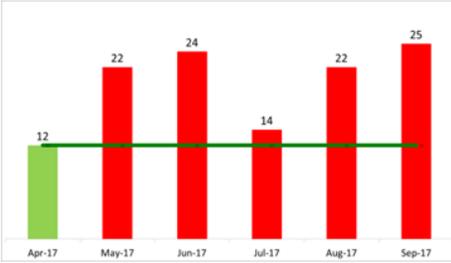
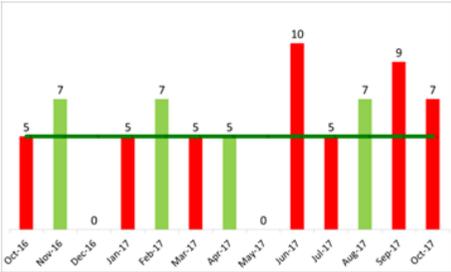


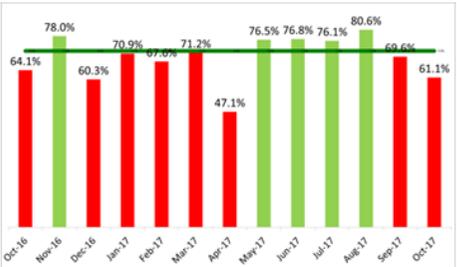
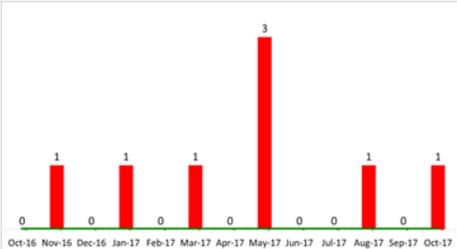
A slight reduction in Emergency occupied bed days.

Elective Inpatient Occupied beddays

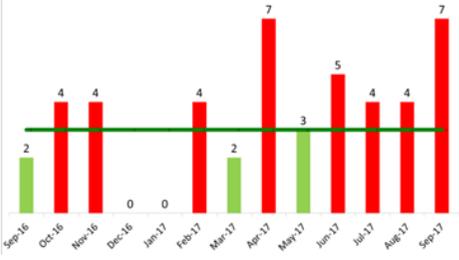


YTD Bed occupancy is higher compared to the same period last year, which is reflective of the higher level of elective activity carried out.

Description	Target/Current Performance	Trend	Comments
<p>Moderate Harm – Reduction for moderate harm and above PSIs with finally approved status - reported 1 month in arrears.</p>	<p>17/18 Target – 9% reduction from FY 16/17 (<12 per month)</p> <p>25 moderate harm incidents reported in September. To end of September 2017 we have seen 119 reported incidents that have been graded moderate harm or above. For the same period last year we had 83. For the whole of 2016/17 we saw 161 moderate and above harm incidents.</p>	 <p>Q1 this year saw 59 incidents and Q2 saw 55 closed with 14 still under review (that may or may not be downgraded).</p>	<p>This increase in harm events was discussed at the October Quality Outcomes Committee (QOC) and a deep dive report was requested. This will be presented to the November QOC meeting and the December EQB meeting.</p>
<p>Clostridium Difficile – Number of patients infected by the C. diff bacterium at month end.</p>	<p>17/18 Target – 61</p> <p>October and year to date above threshold.</p> <p>Of the 7 cases reviewed by the CDI Multi-Disciplinary Team, no links have been identified between these patients. Individual cases continue to be seen and monitored by the CDI Liaison Nurse.</p>		<p>To ensure that there is a focus of continuing action to reduce, wherever possible, the transmission and development of this organism the Antimicrobial Pharmacists, Infection Prevention Lead Dr, Infection Prevention Lead Nurse and CMG representatives will be reviewing the UHL Antimicrobial audits currently undertaken. The response from CMG colleagues to the results and what this data is telling us will be examined and proposals as to how appropriate Antimicrobial stewardship can be strengthened will be developed.</p> <p>This review will be completed by the end of Q3. Antimicrobial Stewardship and prescribing is one of the key elements of any CDI reduction strategy along with environmental cleanliness and hand hygiene undertaken by both staff and patients.</p> <p>Revised hand hygiene campaign and staff education continues.</p> <p>A revised environmental cleanliness audit tool is being rolled out by colleagues within Estates and Facilities and a comprehensive scorecard for both wards and departments.</p>

Description	Target/Current Performance	Trend	Comments																												
<p>No. of # Neck of femurs operated on 0-35 hrs - Based on Admissions) –</p>	<p>17/18 Target – 72%</p> <p>There were 72 NOF admissions in October 2017, 28 patients breached the 36 hrs target to theatre.</p>	 <table border="1"> <caption>Percentage of patients operated on within 0-35 hours</caption> <thead> <tr> <th>Month</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>Oct-16</td><td>64.1%</td></tr> <tr><td>Nov-16</td><td>78.0%</td></tr> <tr><td>Dec-16</td><td>60.3%</td></tr> <tr><td>Jan-17</td><td>70.9%</td></tr> <tr><td>Feb-17</td><td>67.0%</td></tr> <tr><td>Mar-17</td><td>71.2%</td></tr> <tr><td>Apr-17</td><td>47.1%</td></tr> <tr><td>May-17</td><td>76.5%</td></tr> <tr><td>Jun-17</td><td>76.8%</td></tr> <tr><td>Jul-17</td><td>76.1%</td></tr> <tr><td>Aug-17</td><td>80.6%</td></tr> <tr><td>Sep-17</td><td>69.6%</td></tr> <tr><td>Oct-17</td><td>61.1%</td></tr> </tbody> </table>	Month	Percentage	Oct-16	64.1%	Nov-16	78.0%	Dec-16	60.3%	Jan-17	70.9%	Feb-17	67.0%	Mar-17	71.2%	Apr-17	47.1%	May-17	76.5%	Jun-17	76.8%	Jul-17	76.1%	Aug-17	80.6%	Sep-17	69.6%	Oct-17	61.1%	<p>Theatre team leader continues to work closely with trauma team to coordinate and manage changing priorities. Additional sessions sourced when able. 7 transfers are made to LGH to help free capacity. These were pre-operative cases.</p> <p>The consistent application of the DOAC reversal protocol being taken forward. This remains an issue. Plus anaesthetic thresholds of acceptability regarding anticoagulation. ITAPS and Haematology working on this.</p> <p>Weekly monitoring of theatre utilisation of all Trauma theatres continues. Reallocation of Consultants to cover hip sessions in progress.</p> <p>Hip surgeon availability is an issue when on-call surgeon is not of that sub speciality expertise this delayed 3 patients. Operational meetings continue.</p>
Month	Percentage																														
Oct-16	64.1%																														
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Aug-17	80.6%																														
Sep-17	69.6%																														
Oct-17	61.1%																														
<p>Never Events – is a measure of the number of UHL never events at month end.</p>	<p>17/18 Target – 0</p> <p>1 never event reported in October and 5 reported year to date.</p>	 <table border="1"> <caption>Number of never events reported</caption> <thead> <tr> <th>Month</th> <th>Number of Events</th> </tr> </thead> <tbody> <tr><td>Oct-16</td><td>1</td></tr> <tr><td>Nov-16</td><td>0</td></tr> <tr><td>Dec-16</td><td>1</td></tr> <tr><td>Jan-17</td><td>0</td></tr> <tr><td>Feb-17</td><td>1</td></tr> <tr><td>Mar-17</td><td>0</td></tr> <tr><td>Apr-17</td><td>0</td></tr> <tr><td>May-17</td><td>3</td></tr> <tr><td>Jun-17</td><td>0</td></tr> <tr><td>Jul-17</td><td>0</td></tr> <tr><td>Aug-17</td><td>1</td></tr> <tr><td>Sep-17</td><td>0</td></tr> <tr><td>Oct-17</td><td>1</td></tr> </tbody> </table>	Month	Number of Events	Oct-16	1	Nov-16	0	Dec-16	1	Jan-17	0	Feb-17	1	Mar-17	0	Apr-17	0	May-17	3	Jun-17	0	Jul-17	0	Aug-17	1	Sep-17	0	Oct-17	1	<p>Retained guide wire post midline insertion</p> <p>Medical Director and Chief Nurse have met with CMG senior team to review the action plan from the last retained guide wire report and to seek assurance that robust governance processes are in place to monitor that the recommendations are being followed.</p> <p>Immediate actions include:</p> <ul style="list-style-type: none"> • Staff involved are supported and will have a period of observation of practice to observe competency • Confirmation that the LOCSIPPS (Safety checklist) for CVC/PICC lines is deployed throughout Theatres and ITU. • Program of spot audits of checklist compliance being developed. • Instruction email from Clinical Director detailing that in all instances the checklist must be completed by the operator
Month	Number of Events																														
Oct-16	1																														
Nov-16	0																														
Dec-16	1																														
Jan-17	0																														
Feb-17	1																														
Mar-17	0																														
Apr-17	0																														
May-17	3																														
Jun-17	0																														
Jul-17	0																														
Aug-17	1																														
Sep-17	0																														
Oct-17	1																														

Description	Target/Current Performance	Trend	Comments																												
			<p>and an assistant</p> <ul style="list-style-type: none"> Trust wise Safety Alert to be disseminated All trainees on the ITU are to have a Midline/PICC DOPS (direct observation of procedural skills) sign off even if they have one previously. Vascular access group instructed to reassess any new equipment that will potentially prevent the occurrence of this event. <p>A Safety Notice has been circulated to Consultant Anaesthetists and Intensive Care nursing leads for display and dissemination, along with the safety checklist for the insertion of CVC, PICC and midlines, that must be used at all times.</p>																												
<p>Emergency Readmissions – emergency readmissions within 30 days following an elective emergency spell</p>	<p>17/18 Target – <8.5% September 9.3%, YTD 9.0%</p>	<table border="1"> <caption>Emergency readmissions within 30 days following an elective or emergency spell</caption> <thead> <tr> <th>Month</th> <th>Readmission Rate %</th> </tr> </thead> <tbody> <tr><td>Sep-16</td><td>8.5%</td></tr> <tr><td>Oct-16</td><td>8.5%</td></tr> <tr><td>Nov-16</td><td>8.1%</td></tr> <tr><td>Dec-16</td><td>8.7%</td></tr> <tr><td>Jan-17</td><td>8.7%</td></tr> <tr><td>Feb-17</td><td>8.4%</td></tr> <tr><td>Mar-17</td><td>8.8%</td></tr> <tr><td>Apr-17</td><td>9.5%</td></tr> <tr><td>May-17</td><td>9.0%</td></tr> <tr><td>Jun-17</td><td>9.0%</td></tr> <tr><td>Jul-17</td><td>8.9%</td></tr> <tr><td>Aug-17</td><td>9.2%</td></tr> <tr><td>Sep-17</td><td>9.3%</td></tr> </tbody> </table>	Month	Readmission Rate %	Sep-16	8.5%	Oct-16	8.5%	Nov-16	8.1%	Dec-16	8.7%	Jan-17	8.7%	Feb-17	8.4%	Mar-17	8.8%	Apr-17	9.5%	May-17	9.0%	Jun-17	9.0%	Jul-17	8.9%	Aug-17	9.2%	Sep-17	9.3%	<p>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.</p> <p>Actions undertaken since then to address readmissions using current resources however these actions have not reduced readmissions to the rate seen last year when the dedicated team was in place.</p> <p>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.</p>
Month	Readmission Rate %																														
Sep-16	8.5%																														
Oct-16	8.5%																														
Nov-16	8.1%																														
Dec-16	8.7%																														
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Mar-17	8.8%																														
Apr-17	9.5%																														
May-17	9.0%																														
Jun-17	9.0%																														
Jul-17	8.9%																														
Aug-17	9.2%																														
Sep-17	9.3%																														
<p>RIDDOR – serious staff injuries</p>	<p>17/18 Target – FYE <=40 4 Injuries reported at the end of October which takes UHL beyond the yearend target of 31 by 3</p>		<p>At month 7 this is disappointing as well as surprising as this is completely against the trend we have seen over the past 4 years. Even factoring the added 1400 staff from Estates and Facilities, it is well beyond what we would expect.</p>																												

Description	Target/Current Performance	Trend	Comments
	incidents.	 <p data-bbox="808 432 1267 528">As previously reported the incidents themselves are not following any particular theme or trend or location.</p>	<p data-bbox="1290 132 1368 156">Action</p> <ol data-bbox="1290 164 2098 260" style="list-style-type: none"> 1) To raise at UHL Health and Safety Committee 2) To benchmark our performance across similar sized Acute NHS Trusts.

□



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	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-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	18	16	15	9	17	18	12	22	24	14	22	25		119	
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	4	4	2	3	1	3	4	5	3	5	3	5	3	28
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	16.2	15.3	17.1	15.8	15.8	14.2	16.0	15.3	14.7	14.9	13.0	12.5	10.6	13.9	
S4	SEPSIS - Patients with an Early Warning Score 3+ - % appropriate escalation	AF	SH	95%	UHL	TBC	Dec-17	New Indicator		88%	86%	89%	88%	89%	89%	90%	91%	91%	92%	94%	94%	95%	95%	93%	
S5	SEPSIS - Patients with EWS 3+ - % who are screened for sepsis	AF	SH	95%	UHL	TBC	Dec-17	New Indicator		93%	95%	99%	99%	99%	97%	96%	96%	95%	94%	92%	94%	93%	95%	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%	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%	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	
S9	RIDDOR - Serious Staff Injuries	AF	MD	FYE <=40	UHL	Red / ER if non compliance with cumulative target	Oct-17		24	32	28	4	4	2	5	4	2	7	3	5	4	4	7	4	34
S10	Never Events	AF	MD	0	NHSI	Red if >0 in mth ER = in mth >0	May-17		3	2	4	0	1	0	1	0	1	0	3	0	0	1	0	1	5
S11	Clostridium Difficile	JS	DJ	61	NHSI	Red if >monthly threshold / ER if Red or Non compliance with cumulative target	Nov-17		73	60	60	5	7	0	5	7	5	5	0	10	5	7	9	7	43
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	1	1	0	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	1	1	0	2
S14	MRSA Total	JS	DJ	0	UHL	Red if >0 ER if >0	Nov-17		1	0	3	0	0	0	0	1	1	0	0	0	0	1	1	0	2
S15	E. Coli Bacteraemias - Community	JS	DJ	TBC	NHSI	TBC	TBC	New Indicator		476	14	8	9	16	11	13	40	40	51	47	40	38	42	298	
S16	E. Coli Bacteraemias - Acute	JS	DJ	TBC	NHSI	TBC	TBC	New Indicator		121	42	36	39	33	42	40	8	5	3	5	2	10	3	36	
S17	E. Coli Bacteraemias - Total	JS	DJ	TBC	NHSI	TBC	TBC	New Indicator		597	56	44	48	49	53	53	48	45	54	52	42	48	45	334	
S18	MSSA - Community	JS	DJ	TBC	NHSI	TBC	TBC	New Indicator		134	6	9	8	10	16	13	7	11	10	15	13	12	12	80	
S19	MSSA - Acute	JS	DJ	TBC	NHSI	TBC	TBC	New Indicator		30	61	49	51	53	57	59	2	9	3	6	2	1	1	24	
S20	MSSA - Total	JS	DJ	TBC	NHSI	TBC	TBC	New Indicator		164	67	58	59	63	73	72	9	20	13	21	15	13	13	104	
S21	% 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%	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%	97.6%	
S22	% 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%	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%	95.8%
S23	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	Jan-18		6.9	5.4	5.9	5.4	5.7	5.7	5.4	5.7	5.7	5.9	5.5	5.8	4.8	6.0	5.8	5.6	
S24	Avoidable Pressure Ulcers - Grade 4	JS	MC	0	QS	Red / ER if Non compliance with monthly target	Aug-17		2	1	1	0	1	0	0	0	0	0	0	1	0	0	0	0	1
S25	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	3	1	0	0	4	0	0	0	0	4
S26	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	9	10	5	8	7	5	6	5	2	4	1	8	3	29
S27	Maternal Deaths (Direct within 42 days)	AF	IS	0	UHL	Red or ER if >0	Jan-17		1	0	2	1	0	0	0	0	0	0	0	0	0	0	0	0	0
S28	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%	16.9%	15.3%	16.3%	17.9%	17.0%	16.7%	18.4%	19.3%	18.0%	16.6%	18.3%	17.7%	19.3%	18.2%



KPI Ref	Indicators	Board Director	Lead Officer	17/18 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	DOF Assessment outcome/Date	14/15 Outturn	15/16 Outturn	16/17 Outturn	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	17/18 YTD				
											NEW INDICATOR																	
C1	>75% of patients in the last days of life have individualised End of Life Care plans	TBC	TBC	TBC	QC	TBC																						
C2	Formal complaints rate per 1000 IP,OP and ED attendances	AF	MD	No Target	UHL	Monthly reporting	Aug-17	NEW INDICATOR	1.1	1.1	1.2	1.2	1.2	0.9	1.2	1.1	1.1	1.1	1.0	1.6	1.5	0.6	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%	96%	97%	97%	96%	97%	97%	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%	95%	95%	95%	96%	96%	96%	96%	96%	97%	95%	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%	99%	98%	99%	99%	98%	99%	98%	98%	98%	99%	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%	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%	92%	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%	94%	93%	96%	94%	95%	94%	95%	96%	94%	93%	93%	93%				
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%			70.7%				
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	7	1	14	6	4	1	3	3	1	2	0	0	1	10			

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	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	17/18 YTD	
W1	Published Inpatients and Daycase Friends and Family Test - Coverage (Adults and Children)	JS	HL	Not Applicable	N/A	Not Applicable	Jun-17	New Indicator	27.4%	30.2%	31.6%	31.6%	27.5%	27.2%	30.7%	30.4%	32.4%	31.9%	27.7%	31.0%	29.3%	29.4%	28.2%	30.0%	
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%	36.6%	37.0%	31.9%	31.3%	35.4%	33.8%	37.1%	37.2%	30.6%	37.7%	35.6%	33.2%	32.4%	34.8%	
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%	25.9%	25.7%	22.3%	22.5%	25.5%	26.4%	27.1%	26.4%	24.7%	23.9%	22.7%	25.3%	23.8%	24.9%	
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%	9.8%	11.4%	7.1%	10.4%	13.8%	12.1%	13.8%	8.3%	9.4%	11.1%	13.5%	12.4%	9.7%	11.2%	
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%	1.8%	5.7%	5.9%	5.9%	6.5%	5.4%	5.6%	6.0%	5.7%	6.4%	6.6%	6.1%	6.0%	
W6	Maternity Friends and Family Test - Coverage	JS	HL	30%	UHL	Red if <26% ER if 2 mths Red	Jun-17	New Indicator	28.0%	31.6%	38.3%	41.1%	37.1%	40.9%	38.0%	41.1%	46.8%	44.1%	42.2%	43.3%	40.9%	38.8%	40.3%	42.4%	
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	New Indicator	54.2%	55.4%	61.9%	62.9%			61.4%			62.5%			57.3%			57.3%	
W8	Nursing Vacancies	JS	MM	TBC	UHL	Separate report submitted to QAC	Sep-17	New Indicator	8.4%	9.2%	10.3%	9.7%	7.1%	7.6%	7.4%	9.2%	10.9%	9.9%	11.1%	10.8%	10.3%	9.7%	9.4%	10.3%	
W9	Nursing Vacancies in ESM CMG	JS	MM	TBC	UHL	Separate report submitted to QAC	Sep-17	New Indicator	17.2%	15.4%	20.0%	20.2%	14.5%	11.9%	13.7%	15.4%	19.7%	16.9%	21.3%	23.3%	22.5%	22.4%	22.1%	21.2%	
W10	Turnover Rate	LT	LG	TBC	NHSI	Red = 11% or above ER = Red for 3 Consecutive Mths	Nov-17	New Indicator	11.5%	9.9%	9.1%	9.2%	9.3%	9.3%	9.3%	9.3%	8.7%	8.8%	8.8%	8.8%	8.7%	8.5%	8.6%	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	New Indicator	3.8%	3.6%	3.5%	3.6%	3.6%	3.7%	3.5%	3.3%	3.3%	3.5%	3.6%	3.8%	3.8%	4.3%		3.7%	
W12	Temporary costs and overtime as a % of total payroll	LT	LG	TBC	NHSI	TBC	Nov-17	New Indicator	9.4%	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%	10.7%	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	New Indicator	91.4%	90.7%	91.4%	91.9%	91.7%	91.6%	92.4%	91.7%	92.1%	92.5%	92.1%	91.7%	91.2%	91.0%	90.9%	90.9%	
W14	Statutory and Mandatory Training	LT	BK	95%	UHL	TBC	Dec-16	New Indicator	95%	93%	87%	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	New Indicator	100%	97%	96%	96%	95%	99%	98%	97%	96%	100%	98%	96%	98%	97%	94%	95%	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	Nov-17	New Indicator		0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	20%	20%	20%	20%	20%	14%
W19	Executive Team Turnover Rate - Non Executive Directors (rolling 12 months)	LT	AH	TBC	UHL	TBC	Nov-17	New Indicator		25%	43%	43%	25%	25%	25%	25%	25%	25%	25%	29%	14%	14%	14%	14%	19%
W20	DAY Safety staffing fill rate - Average fill rate - registered nurses/midwives (%)	JS	MM	TBC	NHSI	TBC	Apr-17	New Indicator	91.2%	90.5%	90.0%	89.3%	90.4%	91.6%	91.6%	89.8%	90.3%	90.3%	89.9%	89.4%	87.8%	93.3%	92.3%	90.5%	
W21	DAY Safety staffing fill rate - Average fill rate - care staff (%)	JS	MM	TBC	NHSI	TBC	Apr-17	New Indicator	94.0%	92.0%	91.9%	93.2%	91.9%	89.7%	91.1%	87.4%	96.7%	91.6%	87.9%	93.0%	94.9%	106.1%	109.6%	97.1%	
W22	NIGHT Safety staffing fill rate - Average fill rate - registered nurses/midwives (%)	JS	MM	TBC	NHSI	TBC	Apr-17	New Indicator	94.9%	95.4%	96.7%	95.9%	96.9%	97.6%	97.2%	96.2%	96.6%	96.5%	95.9%	95.4%	95.2%	93.2%	90.3%	94.7%	
W23	NIGHT Safety staffing fill rate - Average fill rate - care staff (%)	JS	MM	TBC	NHSI	TBC	Apr-17	New Indicator	99.8%	98.9%	94.2%	95.6%	98.5%	95.8%	97.8%	94.7%	100.2%	99.1%	93.1%	100.2%	107.7%	114.3%	119.9%	104.9%	



KPI Ref	Indicators	Board Director	Lead Officer	17/18 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	DOF Assessment outcome/Date	14/15 Outturn	15/16 Outturn	16/17 Outturn	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-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%	8.9%	8.5%	8.5%	8.1%	8.7%	8.7%	8.4%	8.8%	9.5%	9.0%	9.0%	8.9%	9.2%	9.3%		9.0%	
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-Dec16)			101 (Apr16-Mar17)		101 (Apr16-Mar17)		
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	100	100	100	98	Awaiting HED Update				98	
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	103	102	103	102	101	100	98	97	Awaiting HED Update				97
E5	Crude Mortality Rate Emergency Spells	AF	RB	<=2.4%	UHL	Monthly Reporting	Apr-17	2.4%	2.3%	2.4%	2.2%	2.4%	2.7%	2.9%	2.6%	2.4%	2.1%	1.9%	2.0%	2.2%	1.8%	1.7%	1.0%	1.8%	
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%	64.1%	78.0%	60.3%	70.9%	67.6%	71.2%	47.1%	76.5%	76.8%	76.1%	80.6%	69.6%	61.1%	69.7%	
E7	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%	86.5%	88.0%	83.8%	87.4%	86.6%	85.1%	87.3%	85.7%	85.7%	93.6%	89.0%	85.4%		87.7%	
E8	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%	83.8%	75.9%	69.2%	87.7%	57.3%	66.3%	57.8%	57.0%	68.6%	64.3%	51.7%	28.6%	67.9%	56.6%	



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	15/16	16/17	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	17/18 YTD
								Outturn	Outturn	Outturn														
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%	78.3%	77.6%	75.5%	78.1%	83.8%	83.9%	81.0%	76.3%	77.6%	79.8%	83.2%	84.0%	82.7%	80.7%
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	1	10	0	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%	91.5%	92.2%	91.3%	90.9%	91.2%	91.8%	91.3%	92.3%	92.3%	91.8%	91.8%	91.4%	92.1%	92.1%
R4	RTT 52 Weeks+ Wait (Incompletes) UHL+ALLIANCE	TL	WM	0	NHSI	Red /ER if >0	Nov-16	0	232	24	38	34	32	34	39	24	17	9	15	16	18	1	0	0
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%	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%	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	3	0	0	0	0	0	0	0	0	0	0	0	0
R7	Cancelled patients not offered a date within 28 days of the cancellations UHL	TL	WM	0	NHSI	Red if >2 ER if >0	Jan-17	33	48	212	9	13	18	22	26	17	13	14	10	18	14	27	28	124
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%	1.2%	1.5%	0.8%	1.6%	1.2%	1.2%	0.9%	1.1%	1.0%	1.1%	1.2%	1.4%	1.4%	1.2%
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%	2.0%	0.5%	0.1%	0.4%	1.3%	0.5%	2.5%	0.1%	0.4%	0.0%	0.1%	0.1%	0.9%	0.6%
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%	1.2%	1.4%	0.8%	1.5%	1.2%	1.1%	1.0%	1.1%	1.0%	1.0%	1.1%	1.3%	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	134	164	82	167	122	131	99	123	114	115	127	149	156	883
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%	2.0%	2.7%	2.8%	2.7%	2.3%	2.5%	2.1%	2.0%	1.4%	1.6%	1.7%	1.9%	1.7%	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%	11%	17%	13%	6%	6%	6%	7%	2%	1%	2%	0.2%	0.6%	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%	18%	18%	18%	15%	12%	13%	13%	13%	8%	5%	4%	3%	6%	7%

Responsive

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	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-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%	93.3%	95.2%	93.8%	93.2%	94.3%	94.0%	93.3%	95.4%	95.1%	93.7%	94.3%	95.6%	**	94.6%
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%	90.7%	96.0%	91.1%	93.4%	97.0%	90.8%	89.6%	94.2%	89.6%	93.0%	92.3%	95.4%	**	92.5%
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%	94.8%	94.2%	92.4%	91.9%	95.3%	96.2%	96.3%	94.9%	97.0%	96.2%	95.0%	94.1%	**	95.6%
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%	98.9%	100.0%	100.0%	98.7%	97.7%	100.0%	97.9%	99.1%	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%	90.4%	83.3%	87.2%	90.9%	88.5%	95.4%	85.5%	85.7%	88.9%	90.5%	81.5%	82.1%	**	85.6%
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%	97.8%	94.8%	98.1%	95.3%	99.1%	96.7%	95.0%	93.0%	96.2%	95.6%	94.5%	92.1%	**	94.4%
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%	74.5%	77.2%	79.5%	75.4%	76.1%	86.5%	83.7%	76.8%	77.7%	82.1%	78.9%	79.1%	**	79.6%
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%	84.2%	88.0%	90.9%	93.1%	78.1%	95.1%	95.0%	92.3%	93.3%	85.3%	90.5%	80.0%	**	90.2%
RC9	Cancer waiting 104 days	TL	DB	0	NHSI	TBC	Jul-16	New Indicator		10	7	9	10	8	3	10	6	6	12	12	6	8	16	16

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	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-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%	--	--	--	--	--	--	--	--	**	--
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%	100.0%	95.8%	94.6%	96.6%	92.6%	93.48%	97.4%	97.4%	93.3%	96.3%	91.7%	93.1%	**	94.8%
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%	80.0%	66.7%	44.4%	71.4%	81.8%	78.6%	64.3%	89.5%	92.3%	75.0%	43.6%	46.7%	**	67.9%
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%	58.3%	77.8%	66.7%	87.5%	81.8%	88.9%	100%	64.3%	92.9%	100.0%	81.8%	70.0%	**	82.8%
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%	38.5%	66.7%	33.3%	41.7%	33.3%	66.7%	85.7%	48.3%	61.9%	64.7%	47.8%	61.9%	**	57.6%
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%	38.1%	61.5%	75.0%	48.3%	54.5%	75.0%	40.0%	63.8%	50.0%	60.5%	78.9%	78.3%	**	61.3%
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%	79.4%	67.5%	79.5%	74.0%	33.3%	67.5%	78.4%	64.8%	61.1%	74.4%	68.8%	61.4%	**	67.4%
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%	66.7%	--	100.0%	--	--	100.0%	50.0%	100.0%	100.0%	0.0%	100.0%	40.0%	**	66.7%
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%	50.0%	100.0%	66.7%	40.0%	0%	100.0%	--	40.0%	100.0%	50.0%	100.0%	50.0%	**	61.5%
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%	100.0%	92.3%	97.0%	96.9%	96.6%	96.2%	96.8%	95.5%	93.8%	97.5%	100.0%	96.1%	**	96.7%
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%	43.8%	100.0%	72.0%	61.4%	63.6%	85.7%	92.3%	66.7%	59.4%	58.6%	75.7%	63.2%	**	69.0%
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%	88.2%	75.0%	79.3%	71.4%	76.2%	89.9%	82.1%	79.4%	72.3%	84.7%	77.4%	83.5%	**	80.1%
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%	50.0%	100.0%	**	90.0%
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%	74.5%	77.2%	79.5%	75.4%	76.1%	86.5%	83.7%	76.8%	77.7%	82.1%	78.9%	79.1%	**	79.6%



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	Jul-16	Aug-16	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
										4.5			48			45			19.5			12.0		
RU1	Median Days from submission to Trust approval (Portfolio)	AF	NB	TBC	TBC	TBC	2.8	1.0		4.5			48			45			19.5			12.0		
RU2	Median Days from submission to Trust approval (Non Portfolio)	AF	NB	TBC	TBC	TBC	2.1	1.0	Q2-Q4 158	41			90			27			14.5			25.0		
RU3	Recruitment to Portfolio Studies	AF	NB	Aspirational target=10920/year (910/month)	TBC	TBC	12564	13479	8603	758	657	592	487	699	325	636	531	1135	869	749	820	743	765	628
RU4	% Adjusted Trials Meeting 70 day Benchmark (data submitted for the previous 12 month period)	AF	NB	TBC	TBC	TBC				(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				(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				(Oct15 - Sep16) 52.0%			(Jan16 - Dec16) 49.2%			(Apr16 - Mar17) 44.9%			(July 16 - July 17) 43.5%					

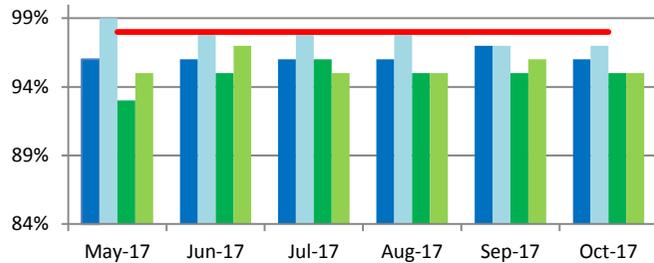
Compliance Forecast for Key Responsive Indicators

Standard	Oct	Nov	Commentary
Emergency Care			
4+ hr Wait (95%) - Calendar month	82.7%		Validated position.
Ambulance Handover (CAD+)			
% Ambulance Handover >60 Mins (CAD+)	0.6%		EMAS monthly report
% Ambulance Handover >30 Mins and <60 mins (CAD+)	6%		
RTT (inc Alliance)			
Incomplete (92%)	92.1%	92.1%	
Diagnostic (inc Alliance)			
DM01 - diagnostics 6+ week waits (<1%)	0.4%	0.9%	
# Neck of femurs			
% operated on within 36hrs - all admissions (72%)	61.1%	72%	
Cancelled Ops (inc Alliance)			
Cancelled Ops (0.8%)	1.3%	1.1%	
Not Rebooked within 28 days (0 patients)	28	24	
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%)	81%	80%	
Cancer waiting 104 days (0 patients)	16	10	

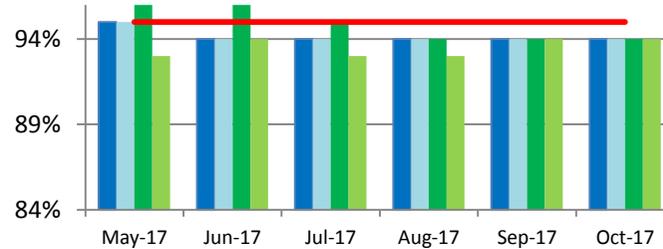
APPENDIX A

Estates and Facilities - Cleanliness

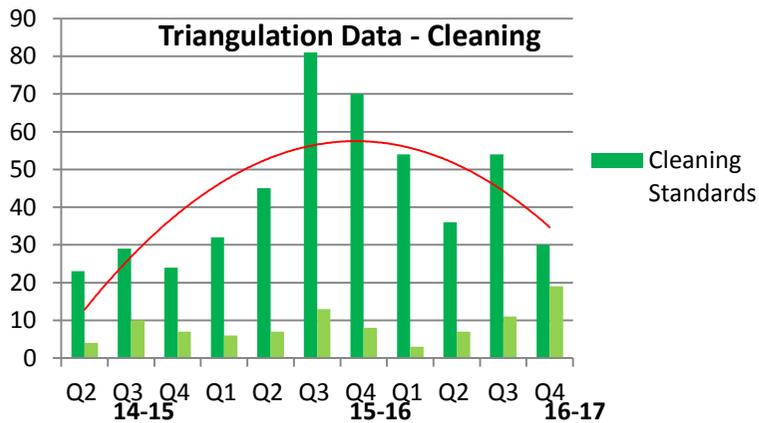
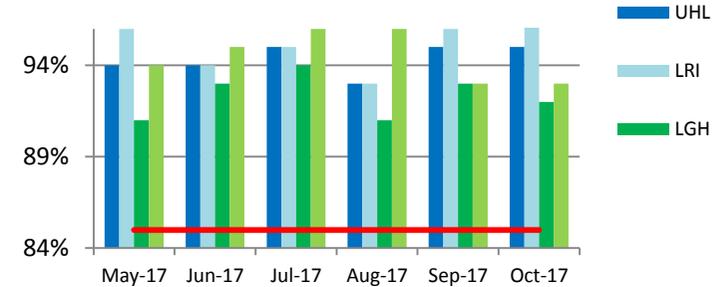
Cleanliness Audit Scores by Risk Category - Very High



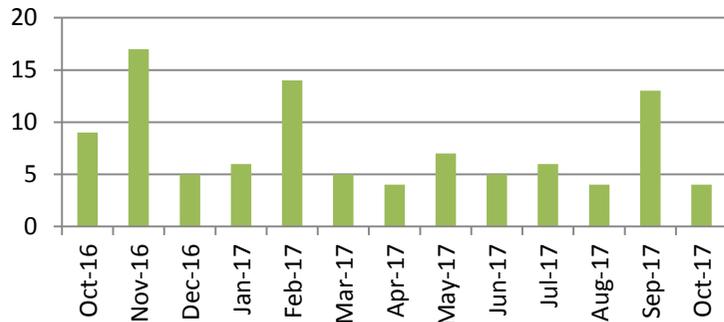
Cleanliness Audit Scores by Risk Category - High



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 May 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.

For very high-risk areas the Glenfield dropped slightly and this brought down the overall UHL score to 96%.

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 audits, remains at 94% for the second month running, across all three sites; falling just short of target. 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 remains unchanged since Q4 last year as it is on hold due to competing pressures.

The next report is expected to be produced for the end of November 2017.

The number of datix incidents logged for October returns to ‘normal’ levels following the spike seen last month’s 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; under the current financial situation it is possible that discernible reductions in standards will be apparent in future reports.

Estates and Facilities – Patient Catering

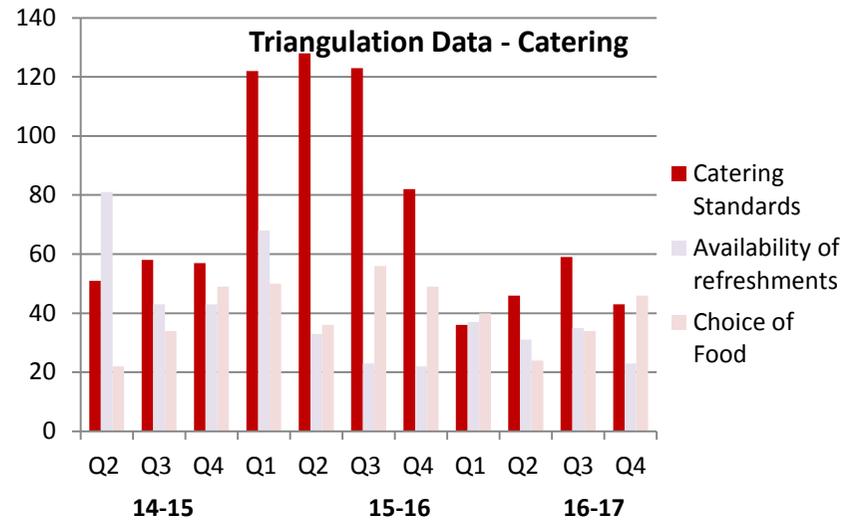
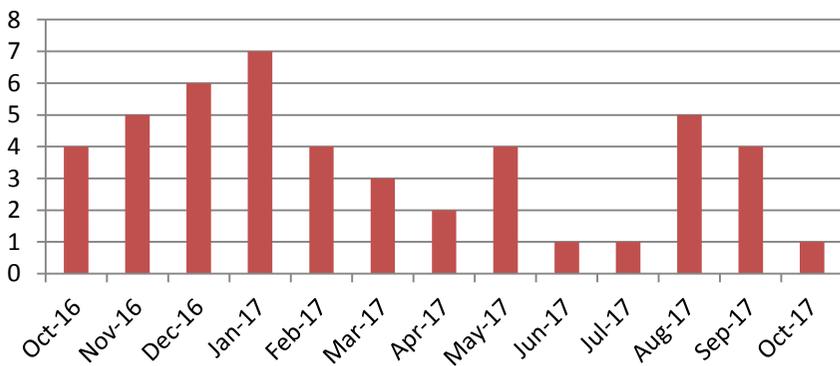
Patient Catering Survey – September 2017	Percentage 'OK or Good'	
	Sept-17	Oct-17
Did you enjoy your food?	98%	93%
Did you feel the menu has a good choice of food?	98%	96%
Did you get the meal that you ordered?	100%	100%
Were you given enough to eat?	100%	99%

90 – 100%	80 – 90%	<80%
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Number of Patient Meals Served				
Month	LRI	LGH	GGH	UHL
August	69,600	22,647	29,607	121,854
September	67,351	22,722	28,585	118,658
October	69,459	21,841	29,860	121,170

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

Number of Datix Incidents Logged - Patient Catering



Patient Catering Report

This month we received a return of 70 surveys.

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

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

The triangulation data report is on hold until November.

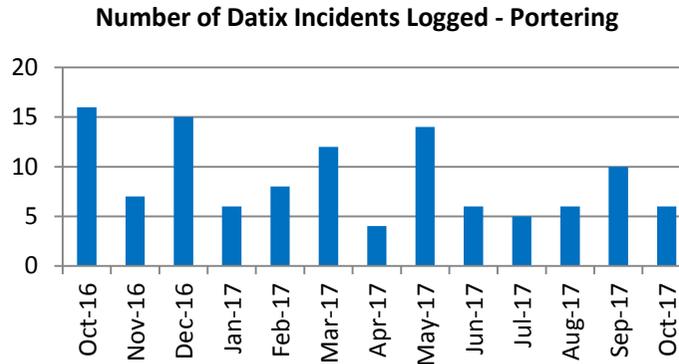
Datix's have dropped for the second month running and remain in line with current patterns being a very small proportion in relation to the number of meals served. Individual underlying issues have been responded to and rectified and the team continues to monitor issues arising from all Datix's received.

Estates and Facilities - Portering

Reactive Portering Tasks in Target				
Site	Task (Urgent 15min, Routine 30min)	Month		
		August	September	October
GH	Overall	94%	94%	94%
	Routine	94%	91%	93%
	Urgent	97%	98%	100%
LGH	Overall	94%	94%	94%
	Routine	93%	93%	93%
	Urgent	98%	98%	98%
LRI	Overall	91%	92%	90%
	Routine	90%	91%	89%
	Urgent	98%	98%	98%

95 – 100%	90 – 94%	<90%
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Average Portering Task Response Times		
Category	Time	No of tasks
Urgent	15:38	2,530
Routine	23:35	12,613
Total		15,143



Portering Report

October performance overall maintains the consistent picture seen across recent months. Datix incidents have dropped slightly in relation to the reactive service bringing it back in line with the established level. The number of portering tasks reported in the figures opposite continues to show an increase as more are 'logged in the system'. The iPorter interface has now gone live within ED and has been operating for just over a week. There have been issues with staff familiarity with the system requiring extra training has, however there remains a determination from all parties to see the implementation through.

Estates and Facilities – Planned Maintenance

Statutory Maintenance Tasks Against Schedule					
UHL Trust Wide	Month	Fail	Pass	Total	%
	August	0	128	128	100%
	September	0	185	185	100%
	October	5	181	186	97%

99 – 100%	97 – 99%	<97%
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Non-Statutory Maintenance Tasks Against Schedule					
UHL Trust Wide	Month	Fail	Pass	Total	%
	August	477	1541	2018	76%
	September	279	1784	2063	86%
	October	428	2001	2429	82%

95 – 100%	80 – 95%	<80%
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Estates Planned Maintenance Report

For October we achieved 97% in the delivery of Statutory Maintenance tasks in the month. This is due to 5 failed emergency lighting jobs at the LRI, all of which were sitting with subcontractors, where the contractors schedule is out of line with the Planet schedule and their own portal. This is being addressed with the company concerned.

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.

The project to introduce hand held devices is on-going but has hit some delays.

APPENDIX B

RTT Performance

Combined UHL and Alliance RTT Performance

	<18 w	>18 w	Total Incompletes	%
Alliance	8421	513	8934	94.3%
UHL	49241	4454	53695	91.7%
Total	57662	4967	62629	92.1%

Backlog Reduction required to meet 92%	-47
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The combined performance for UHL and the Alliance for RTT in October was 92.1% achieving the National Standard. Overall combined performance saw 4,967 patients in the backlog, a reduction of 422 since the last reporting period (UHL reduction of 286, Alliance reduction of 136). The number of patients waiting over 18 weeks for treatment was 47 less than the required amount.

Forecast performance for next reporting period: It is forecasted that we will continue to meet the standard in November though there is a risk to achieving 92%.

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 opposite details the average case per list against speciality targets.

At the end October there were zero patients with an incomplete pathway at more than 52 weeks. This is the first time UHL has reported no end of month 52 week breaches since April 2015. It is forecasted there will continue to have no 52 week breaches at the end of November.

Overall the number of long waiting patients at 40 weeks and over has reduced from 252 as of 03/03/2017 to 89 as of 29/10/2017.

Speciality	ACPL Target	M7 ACPL Actual	ACPL Variance	YTD ACPL
Breast Care	1.9	1.6	-0.3	1.7
ENT	2.6	2.1	-0.45	2.5
General Surgery	1.9	1.9	0.01	2.2
Gynaecology	2.9	2.2	-0.66	2.5
Max Fax	2.2	2	-0.17	2.2
Ophthalmology	3.6	3.8	0.2	3.5
Orthopaedics	1.9	1.8	-0.07	1.9
Paediatric Surgery	2.4	2.3	-0.15	2.6
Pain Management	5.2	5.5	0.34	5.4
Plastic Surgery	2.9	2.8	-0.11	2.6
Urology	2.6	2.6	-0.07	2.7
Total	2.4	2.3	-0.12	2.4

	Admitted Backlog			Non Admitted Backlog			Total Backlog			
	Sep 17	Oct 17	Change	Sep 17	Oct 17	Change	Sep 17	Oct 17	Change	RTT%
10 highest backlog decreases										
Ophthalmology	281	212	-69	49	15	-34	330	227	-103	96.3%
Gynaecology	202	190	-12	65	27	-38	267	217	-50	93.8%
Spinal Surgery	110	103	-7	294	263	-31	404	366	-38	80.9%
Cardiology	106	73	-33	59	56	-3	165	129	-36	94.6%
Paediatric Urology	49	31	-18	7	0	-7	56	31	-25	89.0%
Urology	458	445	-13	116	108	-8	574	553	-21	80.5%
Paed Resp Med	0	0	0	33	12	-21	33	12	-21	93.6%
IR	21	18	-3	20	5	-15	41	23	-18	93.6%
General Surgery	294	276	-18	190	191	1	484	467	-17	85.8%

	Admitted Backlog			Non Admitted Backlog			Total Backlog			
	Sep 17	Oct 17	Change	Sep 17	Oct 17	Change	Sep 17	Oct 17	Change	RTT%
10 highest backlog increases										
ENT	277	251	-26	249	291	42	526	542	16	83.3%
Vascular Surgery	32	28	-4	12	31	19	44	59	15	91.0%
Maxillofacial Surgery	71	81	10	59	64	5	130	145	15	92.7%
Paediatric ENT	386	382	-4	24	39	15	410	421	11	58.4%
Cardiac Surgery	15	15	0	15	22	7	30	37	7	83.7%
Plastic Surgery	15	25	10	12	9	-3	27	34	7	94.8%
Orthopaedic Surgery	323	344	21	239	223	-16	562	567	5	87.6%
Pain Management	9	16	7	4	1	-3	13	17	4	97.2%
Sleep	0	0	0	12	16	4	12	16	4	96.2%
Paediatric Medicine	0	0	0	3	6	3	3	6	3	98.9%

	Admitted Backlog			Non Admitted Backlog			Total Backlog			
	Sep 17	Oct 17	Change	Sep 17	Oct 17	Change	Sep 17	Oct 17	Change	RTT%
10 highest overall backlogs										
Orthopaedic Surgery	323	344	21	239	223	-16	562	567	5	87.6%
Urology	458	445	-13	116	108	-8	574	553	-21	80.5%
ENT	277	251	-26	249	291	42	526	542	16	83.3%
General Surgery	294	276	-18	190	191	1	484	467	-17	85.8%
Paediatric ENT	386	382	-4	24	39	15	410	421	11	58.4%
Spinal Surgery	110	103	-7	294	263	-31	404	366	-38	80.9%
Ophthalmology	281	212	-69	49	15	-34	330	227	-103	96.3%
Gynaecology	202	190	-12	65	27	-38	267	217	-50	93.8%
Max Fax Surgery	71	81	10	59	64	5	130	145	15	92.7%
Thoracic Medicine	0	0	0	134	133	-1	134	133	-1	88.4%

The tables opposite outlines the overall 10 largest backlog increases, 10 largest backlog reductions and 10 overall largest backlogs by specialty from last month. Significant reductions in Ophthalmology, Gynaecology and Spinal Surgery support the overall position.

The largest overall backlog increases were within ENT, Vascular and Max Fax.

Of the 59 specialties with a backlog, 20 saw their backlog increase, 4 specialties backlog stayed the same and 35 specialties reduced their backlog size.

Overall, the admitted and non-admitted backlogs reduced by 6.1% and 7.1% respectively.

The table opposite illustrates that the largest pressure to achieve 18 week RTT performance is for patients waiting for elective surgery. All CMG's and the Alliance are achieving the 92% standard for non-admitted patients and over 95% overall. Only ESM and ITAPS are achieving the standard for admitted patients but 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%.

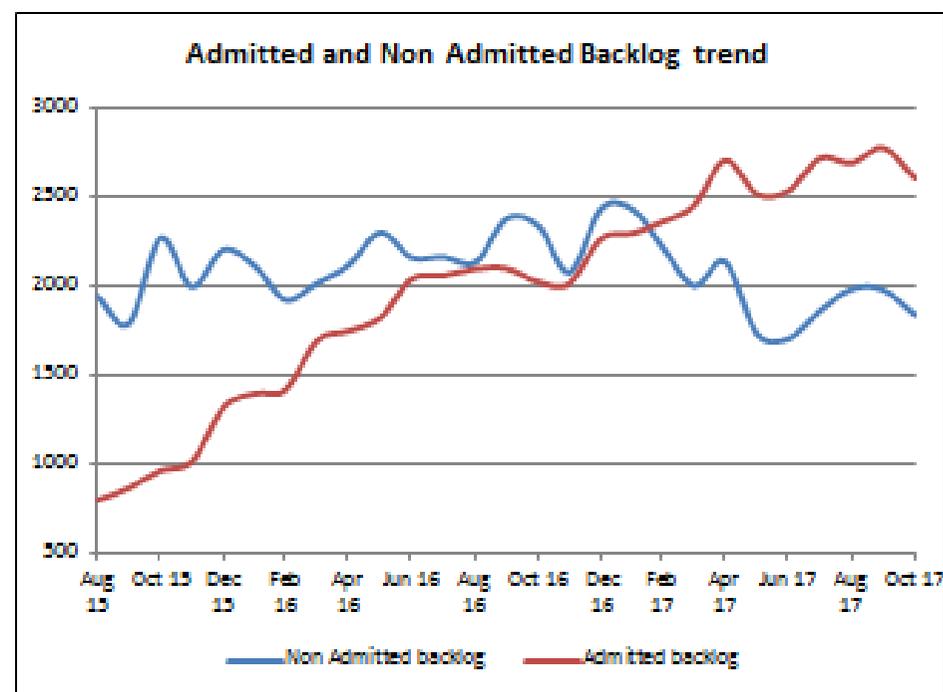
Patients on an admitted incomplete pathway make up only 20% of the UHL incomplete waiting list whilst making up 60% of the backlog.

Sustaining an overall 92% will only be achievable by improving the admitted performance, with a step change in capacity required through:

- 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 RTT %	Non Admitted Backlog	Non Admitted RTT %	Total Backlog	Overall RTT %
MSS	1420	75.1%	928	94.3%	2348	89.4%
W&C	267	78.5%	126	97.9%	393	94.6%
CHUGGS	749	61.7%	389	96.4%	1138	89.5%
RRCV	135	88.0%	260	94.0%	395	92.7%
EMS	0	100.0%	114	98.0%	114	98.0%
CSI	15	87.8%	5	96.4%	20	92.0%
ITAPS	16	95.6%	30	95.9%	46	95.6%
Alliance	141	79.8%	372	95.4%	513	94.3%

UHL	2602	75.4%	1852	95.6%	4454	95.6%
UHL+Alliance Combined	2743	75.7%	2224	95.7%	4967	92.1%



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 November 2017. YourDay to be used for Paediatric ENT going forward with additional sessions within Adult ENT being completed by UHL surgical team. Change to balance pathway including new DOS and PRISM forms to direct patients at point of referral to most appropriate clinic. Circa 42 patients. Agreement of Nuffield tariff for adult and paediatric patients circa 50 patients. Additional bi-weekly ENT session agreed.</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. Impacted by cancelled theatre sessions due to lack of theatre staffing.</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. Focused work on non admitted pathway bringing down waits for first appointments and waits in diagnostic reporting.</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. Impacted by cancelled theatre sessions due to lack of theatre staffing.</p> <p>Actions: Additional clinics to reduce outpatient backlog. ESP utilised across Orthopaedics and spines, double running of clinical fellows to increase clinical capacity.</p>
Urology	<p>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.</p> <p>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.</p>

APPENDIX C

Diagnostic Performance

October diagnostic performance for UHL and the Alliance combined is 0.43% achieving the standard by performing below the 1% threshold. UHL alone achieved 0.49% for the month of October with 74 patients out of 15,078 not receiving their diagnostic within 6 weeks. Performance remains ahead of trajectory.

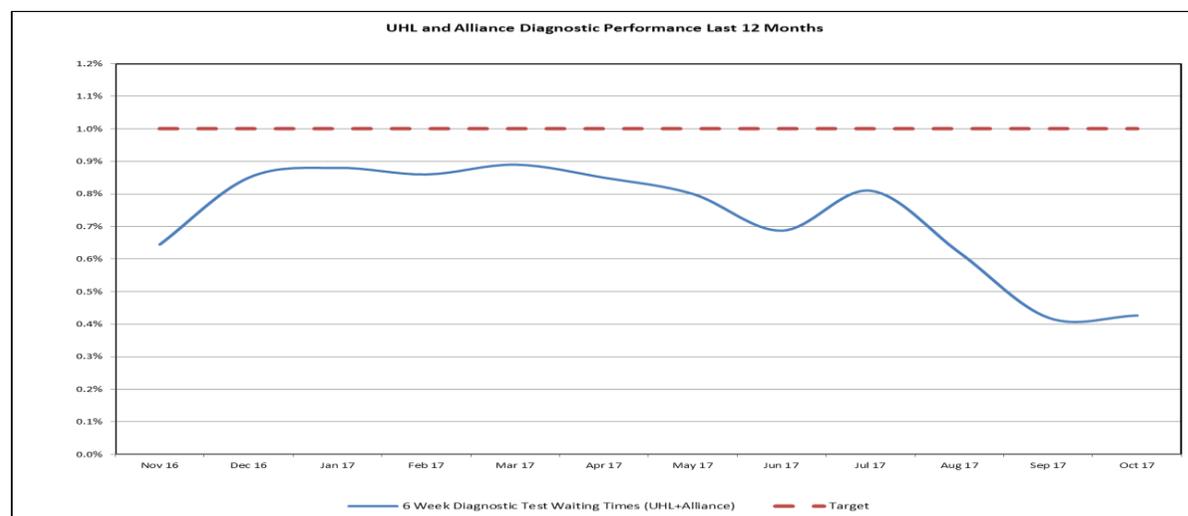
Continued strong performance from radiology, with all radiological modalities achieving the standard and supporting overall Trust performance (performance of 0.24% with 25 breaches out of 10,629 patients), Audiology 0.0% with 0 breaches out of 815 and Neurophysiology 0.0% with 0 breaches out of 177 patients.

Of the 15 modalities measured against, 12 achieved the performance standard with 3 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 November although there are specific risks which could impact on achieving:

- Potential high number of Dexascan breaches (22) due to GE IP failure
- Paediatric sleep studies (17) due to bed capacity
- Adult sleep studies (10) due to equipment failure



APPENDIX D

October Cancelled Ops: Executive Performance Board

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%	1.3%	1.1%	1.2%
2. The number of patients cancelled who are not offered another date within 28 days of the cancellation.	2	0	28	124	22

Cancelled Operation Performance – Indicator 1

For October there were 156 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 8 Alliance 0.9%).

UHL alone saw 148 patients cancelled on the day for an individual performance of 1.4%. 65 patients (44%) were cancelled due to capacity related issues of which 11 were Paediatrics. 83 patients were cancelled for other reasons.

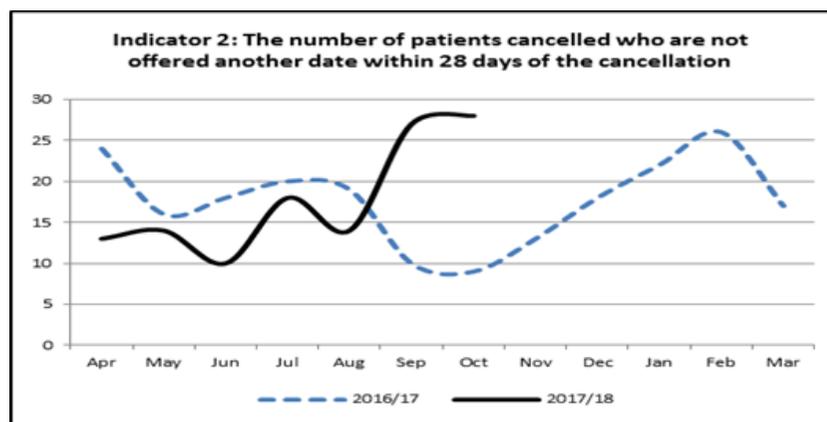
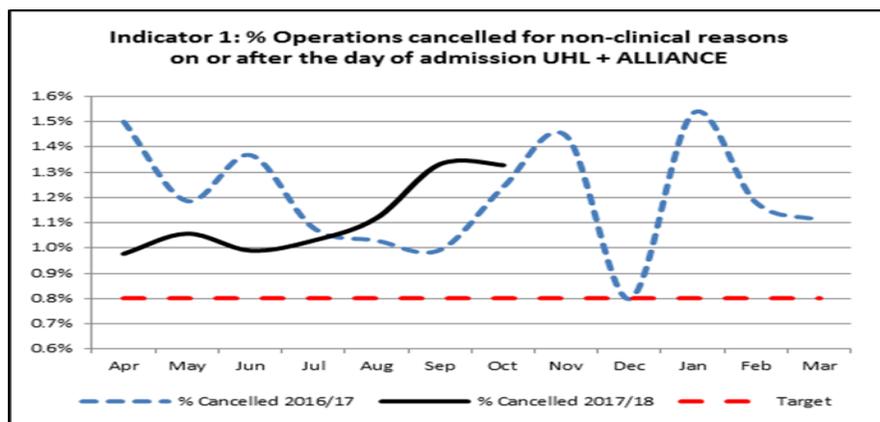
28 Day Performance – Indicator 2

There were 28 patients who did not receive their operation within 28 days of a non-clinical cancellation. These comprised of CHUGGS 10, ITAPS 1, MSS 2, RRCV 10 and W&C 5. The 2 theatres currently closed at Glenfield has resulted in increased 28 day breaches as there is no emergency theatre for Vascular patients resulting in elective capacity being prioritised for emergency patients.

Risk for next reporting period

Achieving the 0.8% standard in November remains a risk due to:

- Increased cancellations due to lack of theatre staff
- Continuing capacity pressures due to emergencies

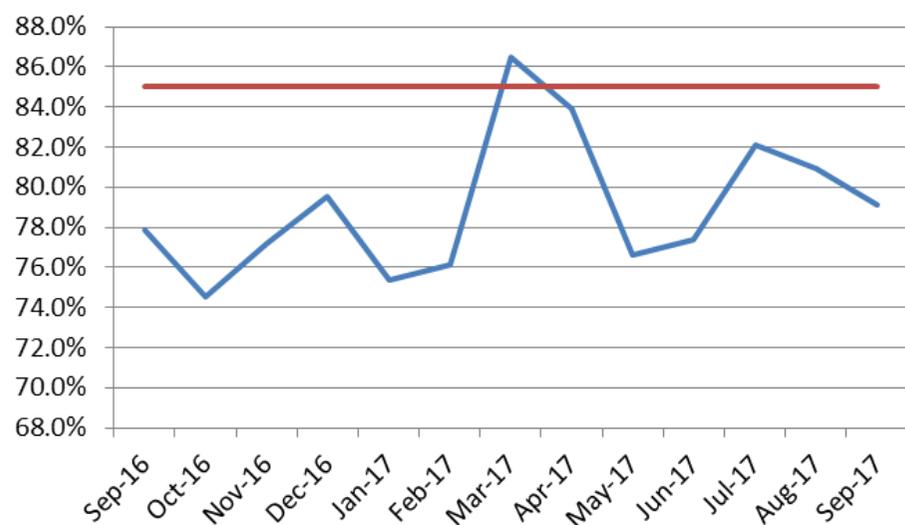


APPENDIX E

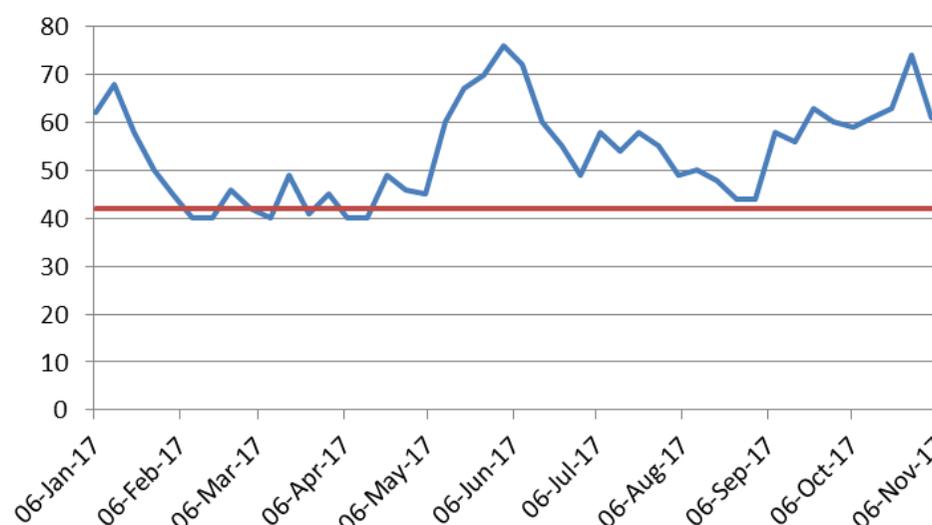
Cancer Waiting Time Performance

- Out of the 9 standards, UHL achieved 3 in September – 2WW, 2WW Breast and 31 Day Drugs
- 2WW performance continued to deliver in September achieving 95.6% against a national performance of 94%. October is also expected to deliver the standard.
- 62 day performance although failed at 79.1% in September has an adjusted position of 81.7%. September saw a low month for activity overall with the impact of bed availability on the GI tumour sites having a particular impact.
- The adjusted backlog continues to be above trajectory, the key areas being Urology, Head & Neck, Lung and Gynae. A change of policy regarding the management of Long Term Follow Up patients in Lung has resulted in an increased position at the time of last reporting.
- Systems development work in the Cancer information system (Infoflex) has been delayed slightly due to technical issues but is expected to go live in December which will provide clearer and more focussed points of escalation in patient's pathways to minimise pathway delays.
- A move towards 7 day 2WW to improve overall 62 day performance is in planning with Gynae the first service to go live w/c 13th November 2017

62 Day Performance



62 Day Adjusted Backlog



62 Day Adjusted Backlog by Tumour Site

The following details the backlog numbers by Tumour Site for week ending 3rd November 2017.

The Trend reflects performance against target on the previous week.

The forecast position is the early prediction for week ending 10th November 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	2	↑	1
HPB	0	3	↑	1
Lower GI	6	9	↓	7
Testicular	0	0	↔	0
Upper GI	2	1	↓	2
Urology	10	16	↓	15
Skin	1	3	↓	4
Breast	2	2	↔	2
Head & Neck	5	6	↑	8
Sarcoma	0	0	↔	0
Lung	6	6	↓	11
Gynaecology	7	13	↑	12
Brain	0	0	↔	0

Key themes identified in backlog @ 10th November

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

Summary of delays	Numbers of patients	Summary
Complex Patients/Complex Diagnostic Pathways	10	Across 4 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, patients with more than one primary where one takes a clinical priority for treatment and patients with complex pathology to inform diagnosis. This also includes patients previously on a long term follow up pathway in Lung (x4). A local policy has now changed in line with NUH, resulting in 4 patients now declared in the backlog which doesn't fit the criteria of the policy.
Capacity Delays – OPD & Surgical	6	In 4 tumour sites, a combination of surgical treatment/diagnostic capacity, high risk anaesthetic capacity, Endoscopy and Oncology outpatient capacity affecting the patient's pathway. This includes 1 patient in Gynae where additional activity to meet 2WW demand wasn't setup as a one-stop clinic resulting in delays to diagnostics otherwise avoided.
UHL Pathway Delays (Next Steps compliance)	6	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 x1 patient in Skin where excision was planned for treatment and only a biopsy took place with lengthy pathology turnarounds as standard without a flag from the clinician, x1 patient in Urology where the TCI date was cancelled due to lack of HDU beds which resulted in a delayed pathway as the patient required a new bridging plan and process delays x1 patient in Gynae resulting in a 14 day breach to treatment.
Patient Delays (Choice, Engagement, Thinking Time)	21	Across all tumour sites, where patients have cancelled or DNA'd outpatients, diagnostics or treatment admission on more than one occasion. Where patients aren't decided on their treatment plan and require more thinking time, including 2 patients in Head & Neck requesting 2 nd and 3 rd opinions from other Trusts. Patients where they are choosing to delay treatment for a specific reason, e.g. family wedding, cruise holiday for the Winter. Where patients have changed their decision around surgical treatment then opting for Oncology consultation after consent.

Summary of delays	Numbers of patients	Summary
Clinically Appropriate Pathway Delays	9	<p>In Urology (x2) – 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.</p> <p>In Gynae (x2) – where a failed hysteroscopy resulting in an airway injury during the procedure required recovery prior to a repeat attempt and a patient requiring BP medication 6 weeks prior to surgery following UHL review.</p> <p>In ENT (x2) – patients with 2 primaries requiring priority treatment in Lung prior to Head & Neck radiotherapy treatment. In Breast (x1) - patient who has had replacement hip surgery requiring a delay to clinical review and anaesthetic assessment before treatment was being planned.</p> <p>In Urology, patients under PSA surveillance now actively being investigated (x2)</p>
Late Tertiary Referrals	12	<p>Across 5 tumour sites, where tertiaries are received after Day 38. From NGH, KGH and ULH, ranging from Day 39 to 151.</p>
Patients Unfit	12	<p>Across 6 tumour sites, patients who are unavailable for treatment due to other on-going 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. This also includes x2 patients who were referred out to Derby for treatment and following admission found to be unfit for surgical treatment and subsequently referred back to UHL for chemoradiotherapy.</p>

Backlog Review for patients waiting >104 days @ 10/11/2017

The following details all patients declared in the 104 Day Backlog for week ending 10/11/17. Note the patient reference number has been added to track patients each month as requested by the CCG. Last month's report showed 12 patients in the 104 Day backlog, all of which are now treated. This month's report details 16 patients in the backlog across 5 specialties.

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
GYNAE	3	62	128	Y	N	<p>Patient referred 5/7/17, following initial imaging diagnostics was listed for biopsy. Patient then cancelled their pre-assessment prior to admission, requesting further discussion with the clinician as unsure about proceeding with treatment. Following clinic review, patient wanted to delay until October where she remained undecided about surgery.</p>
		63	115	Y	N	<p>CNS and GP involvement with patient and a number of outpatient consultations, this patient remains undecided. Following further CNS discussions in October, the consultation has requested that the patient commence on hormone treatment as first treatment. Delay within the service in typing this letter has resulted in the patient entering the 104 day backlog. Patient will be removed from tracking when confirmation of progestogens is received as first treatment.</p>
		64	108	Y	Y	<p>Following diagnostics patient was listed for surgery on Day 63 for treatment - delay due to surgical capacity. On the day treatment was cancelled due to high BP readings. Patient remained under the care of the GP for BP management delaying the re-dating of the patient in addition to the patient herself being unsure whether to proceed with surgery. CNS and clinician discussion with patient took place throughout October. Patient update 2.11.17, patient wishes to put surgery on hold. Would like further review in January 2018. Awaiting GP and clinician conversation about the patient remaining on a 2WW pathway.</p> <p>Patient seen within 8 days for one stop hyst clinic had an anxiety episode</p>

						preferring to have procedure done under GA. TCI arranged 25 days later but abandoned on the day. Patient required 6 weeks for healing before re-dating and a course of antibiotics. Further consultation post 6 weeks patient consented to surgery but requested to wait until after a family wedding in November (83 day adjustment applied).
Head & Neck	2	66	133	Y	Y	Patient referred under 2WW Head & Neck initially, following MaxFax diagnostics required review by ENT and Lung? Over primary. Lung MDT 8/9/17 requested PET and CT Guided biopsy suspicion of Lung primary. PET 15/9/17, CT Biopsy 19/9/17. MDT 22/9/17 - patient has 2 primaries - decision for Lung primary to be treated before H&N primary. Lung primary treatment 24/10/17 radiotherapy. Pt. for recovery post treatment, PEG 6/11/17 with H&N radiotherapy planned for 13/11/17
		67	109	Y	N	
						Patient OPD 4/8/17, CT/MRI 9/8/17, Biopsy 15/8/17. Results reviewed 21/8/17 - patient needs assessing for fitness for surgery and to be referred to derby for treatment. Derby accepted patient 29/8/17, OPD Derby 1/9/17 - patient consented for surgery - TCI 8/9/17. TCI cancelled, due to non-compliance re medication and nutrition build up and a newly diagnosed strangulated hernia. Patient remained I/P in Derby assessing fitness for surgery. MDT Derby 6/10/17 - patient deemed unfit for surgery, referred back to UHL for consideration of radiotherapy and/or palliative care. Delay to referral back to UHL, for outpatients with MaxFax to discuss plans with patient 23/10/17 - cancelled by the patient. Re-booked for 30/10/17, referred to Oncology - OPD 7/11/17 - for palliative radiotherapy - awaiting start date.
HPB	1	65	115	Y	N	Patient referred from NGH on Day 58, MDT 16/10/17 for Liver biopsy. Plan for patient to have biopsy at NGH, delay to biopsy awaiting update from NGH that biopsy couldn't be performed at NGH, required at UHL. Biopsy 13/11/17 - no capacity to bring forward.

Tumour Site	Total Number of patients	Pt No	Current Wait (Days)	Confirmed Cancer Y/N	Treatment Date Y/N	Summary Delay Reasons
Lung	3	59	158	Y	Y	Patient referred from NGH on Day 151, received 3/11/17. TCI confirmed 13 days later.
		60	129	Y	Y	Patient originally referred under 2WW Urology - Haematuria, seen 7/7/17. CT 11/7/17 flagged patient for Lung MDT discussion 18/7/17. Delay to GP informing patient of referral to Lung of 6 days. Patient requested a delay to review post end August awaiting her son to attend with her from outside the UK. OPD 22/8/17 - for CT Guided Bx 30/8/17 and clinic review 5/9/17 following MDT 1/9/17.
		61	128	Y	N	MDT recommended PET scan and further follow-up. Delay to PET of 11 days. Following PET, required EBUS and discussion with histology. Patient not keen on further diagnostics - following CNS support, agreed to EBUS 2/10/17. Histology post immuno work reviewed at MDT 6/10/17 where the patient was referred to Oncology for radical radiotherapy. OPD Oncology 24/10/17 (no capacity for earlier date). Planning and start date confirmed. Patient originally referred under 2WW Abdo Mass, following CT 10/7/17 they were flagged to Lung for MDT discussion. Lung MDT 14/7/17 - confirmed diagnosis of Lung ca. In addition, patient remained under LOGI? Renal failure. From 21/7/17 - 8/9/17 - patient had 4 episodes of inpatient stay for non-Lung related illness. Service requested CT Guided biopsy while an inpatient, patient declined and subsequently on admission in August 2017, became too unwell for biopsy. Multiple outpatient appointments made for patient to be seen in Lung clinic cancelled by patient/daughter as didn't feel well. Lung and GP discussions following GP review 16/10/17 arranged for patient to be seen 23/10/17. Repeat CT 30/10/17, MDT discussion 3/11/17. Ongoing CNS support, patient still not fit to proceed with treatment/ongoing investigations, agreed to attend clinic for Lung review 4/12/17

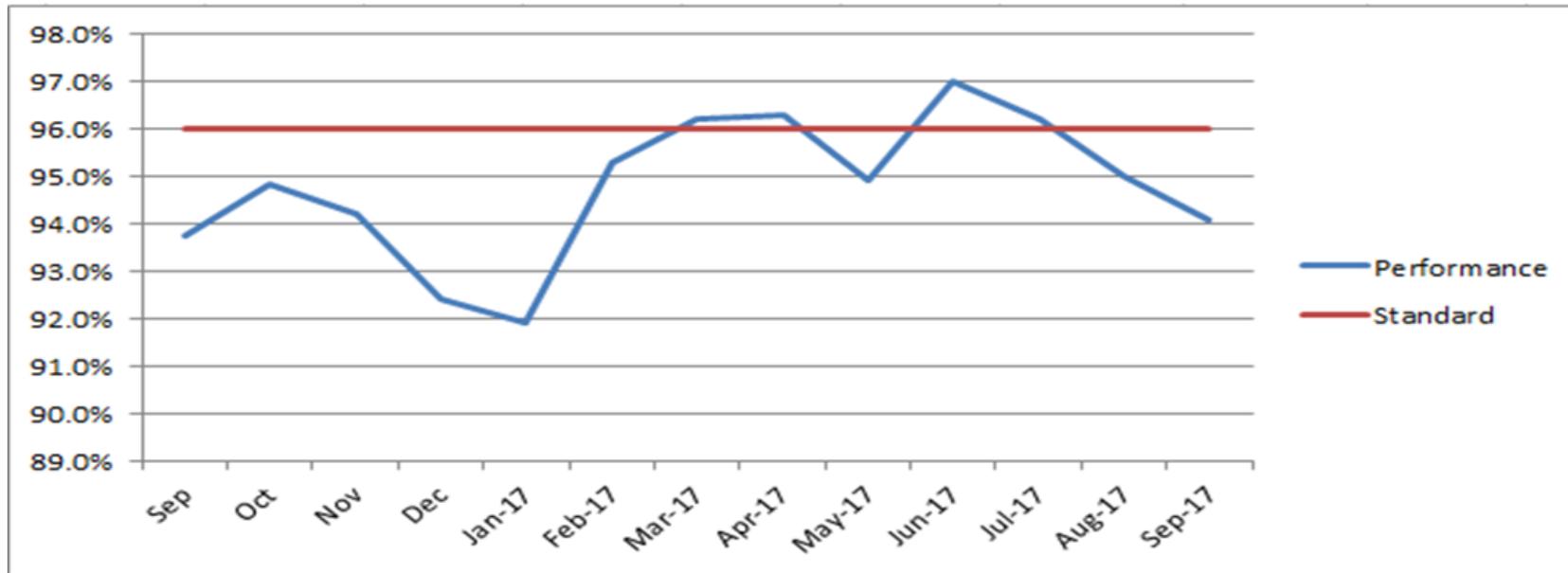
Tumour Site	Total Number of patients	Pt No	Current Wait (Days)	Confirmed Cancer Y/N	Treatment Date Y/N	Summary Delay Reasons	
Urology	7	52	156	Y	Y	Patient referred from KGH on Day 84, seen in Outpatients UHL 5/10/17 and added to waiting list for treatment. Patient requested November treatment date, no adjustment dates evidenced to be able to apply a pause to the pathway.	
		53	154	Y	N	Diagnostic pathway compliant with next steps initially, pathology and MDDT discussion requested MRI post TRUS delaying discussion for a further 6 weeks post biopsy healing period. Patient then undecided re surgery so referred to Oncology in the interim for discussion regarding PACE trial. SMDT required further MRI at another 6 week interval - intermediate risk prostate ca. Patient still undecided on treatment option. Delay to patient decision for consenting to PACE trial, DTT made 27/9/17 with a start date planned for 30/10/17. Treatment deferred as patient unfit and required re-scanning before treatment. Await clinical review 13/11/17.	
		54	130	Y	N	Delay to TRUS biopsy due to patient holiday - 2 weeks - pathology review resulted in request for template biopsy. Patient declined any further investigations until after a cycling race post 5/10/17. Pre-assessment arranged for 6/10/17 DNA'd deferring template biopsy date. TCI 14/10/17 - clinical review 26/10/17 at SMDT requested bone scan to determine whether patient requires radical treatment. Bone scan 9/11/17 - await outpatient review 16/11/17.	
		55	127	Y	Y	USS 19/7/17, TRUS 24/7/17. MDT 3/8/17 - needs MRI and Flexi. Flexi 5/8/17, MRI 17/8/17. SMDT 24/8/17 - recommended radical treatment? PACE trial. OPD Urology 5/9/17 - patient offered all options. Await Oncology OPD due to capacity. ONC OPD 10/10/17 - for radical radiotherapy - await patient decision. Consented 20/10/17 for PACE trial. Planning and trial protocol on-going - treatment to commence 15/11/17	
		56	123	Y	Y	USS 19/7/17, TRUS 24/7/17. MDT 3/8/17 - needs MRI and Flexi. Flexi 5/8/17, MRI 17/8/17. SMDT 24/8/17 - recommended radical treatment? PACE trial. OPD Urology 5/9/17 - patient offered all options. Await Oncology OPD due to capacity. ONC OPD 10/10/17 - for radical radiotherapy - await patient decision. Consented 20/10/17 for PACE trial. Planning and trial protocol on-going - treatment to commence 15/11/17	
							Patient referred from KGH on Day 95 13/10/17. Outpatient consultation 26/10/17 - patient added to waiting list for robotic procedure. TCI 24/11/17 - delay due to surgical capacity.

Tumour Site	Total Number of patients	Pt No	Current Wait (Days)	Confirmed Cancer Y/N	Treatment Date Y/N	Summary Delay Reasons
Urology		57	109	Y	N	Patient referred from ULH on Day 53 15/9/17. Outpatients Urology 28/9/17 - referred for high risk anaesthetic assessment. Patient wants to wait for surgery until the New Year as going on a cruise 29/10/17 - 16/12/17. HRA 13/10/17 - pt. requires ECHO and further anaesthetic review due to newly diagnosed AFR. For outpatient review 21/12/17 for decision on fitness for surgery and patient decision.
		58	105	Y	Y	Complex diagnostic requiring multiple biopsies for confirmation completed - MRI, TRUS, and Template Biopsy. MDT discussion 21/9/17 recommends bone scan to determine treatment plan. Bone Scan incorrectly requested as non 2WW delaying initially, Bone Scan 8 days later, OPD follow up 12/10/17 - patient added to waiting list for robotic procedure. TCI 22/11/17 - delay due to surgical capacity.

31 Day First Treatment – Backlog & Performance

31 day 1st treatment performance was below the national target at 94.1% for September 2017. This was as a result of non-compliance in Gynae, Head & Neck and Urology primarily however; a significant drop in performance from Skin by 4.1% compared to August will have had a direct impact on the bottom line result.

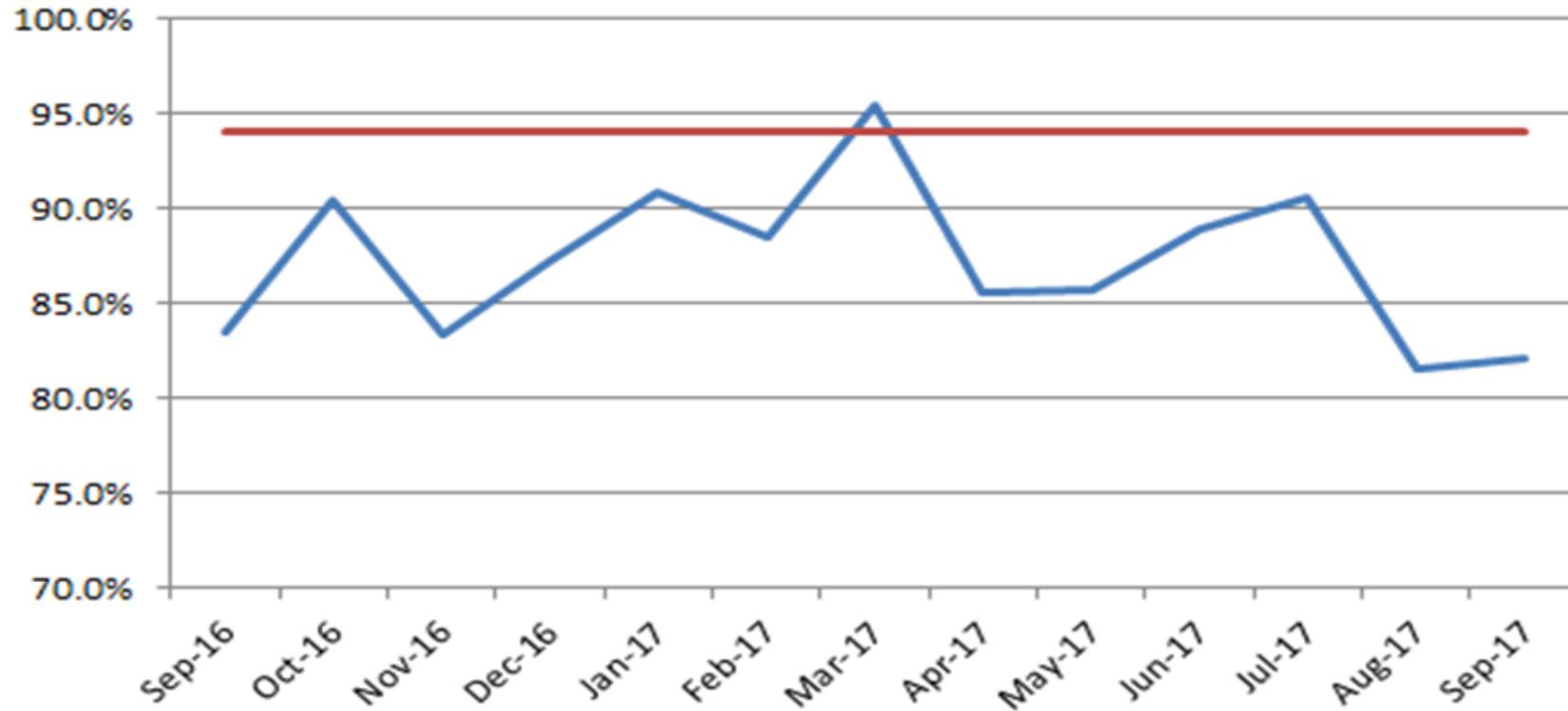
At the time of reporting, there are 18 patients in the backlog (across 4 tumour sites): access to beds and theatre capacity particularly around joint surgical cases, patient engagement issues (Skin), robotic procedures (Urology) and unfit patients (Gynae) has seen an increase in the backlog this month.



31 Day Subsequent Performance

31 day Subsequent performance for Surgery in September under performed at 82.1%.

The backlog at the time of reporting sits at 2, spread across 2 tumour sites. Patient choice and patient fitness being the reasons. The backlog is now at its lowest since June 2017, an improvement in performance is forecast for both October and November although still expected to be below the national target of 95%



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.

Following recent feedback from NHSI, the RAP is undergoing a further review to ensure it provides clarity on the key interventions to support an improvement in 62 day performance.

Each tumour site continues to be challenged to ensure the RAP evidences operational control and knowledge over the key issues within the services preventing achievement of the performance standard with new actions added throughout the month. Daily resource has been assigned to the management of the RAP for a 12 week initial period to support the drive towards performance improvement.

A new action for each tumour site (excluding breast, MaxFax and skin) to move to 7 day first appointment based on feedback from other successful Trusts.

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	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. Theatre staffs continue to be insufficient to meet the need.	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. New process to be introduced to include writing to the COO for each late tertiary.	External factors impacting on delivery