Quality & Performance Report

Author: John Adler Sponsor: Chief Executive Date: IFPIC + QAC 31st August 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, IFPIC and QAC. This complements the Exception Reports which are triggered automatically when identified thresholds are met.

Questions

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

Conclusion

Good News: **Mortality** – the latest published SHMI (period January 2016 to December 2016) has reduced to 101 and remains within the expected range. **Diagnostic 6 week wait –** remains complaint for the 10th consecutive month. **52+ week waits –** current number this month is 16 patients (last July the number was 77). **Cancer Two Week Wait** – have achieved the 93% threshold for 12 months running. **Cancer 31 day** was achieved in June and cumulatively for Quarter 1. **Delayed transfers of care** - remain within the tolerance. However, there are a range of other delays that do not appear in the count. **Never events** – 0 reported this month. **MRSA** – zero cases reported for first 4 months. **C DIFF** July and year to date remain within threshold. **Pressure Ulcers** – Zero **Grade 4** pressure ulcers reported this financial year, **Grade 3 and Grade 2** are well within the trajectory year to date. **CAS alerts** – we remain compliant. **Inpatient and Day Case Patient Satisfaction (FFT)** achieved the Quality Commitment of 97%. **Fractured NOF** – was achieved for the last 3 months. **Ambulance Handover 60+ minutes (CAD+)** – performance at 1% is a significant improvement – this is by far the best performance since the introduction of CAD+ reporting in June 2015. **TIA (high risk patients)** remains compliant following a couple of months of non-compliance.

Bad News: **Moderate harms and above** – 18 cases reported during June (reported 1 month in arrears) and above threshold for year to date. This requires further investigation. **ED 4 hour performance** – July's performance was 79.8%, a small improvement on May and June. August performance to 24/8 is 85.2%. Further detail is in the Chief Operating Officer's report. **Referral to Treatment –** was 91.8% against a target of 92% due to high level of referrals in March 17 and cancelled operations. **Cancelled operations** and **patients rebooked within 28 days** – continued to be non-compliant. **Cancer 62 day treatment** was not achieved in June – delayed referrals from network hospitals are now a significant factor. **Single Sex Accommodation Breaches** – 2 breaches during July. **Statutory & Mandatory Training** – 85% against a target of 95%.

Input Sought

I recommend that the Committee:

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

For Reference

Edit as appropriate:

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

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

2. This matter relates to the following governance initiatives:

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

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

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

5. Scheduled date for the next paper on this topic: 28th September 2017

Quality and Performance Executive Summary

July 2017

Operational Delivery Unit

Domain - Safe

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

3
Never Events YTD ⟷

17↓
Serious Incidents YTD
(No escalated each month)

52↑
Moderate Harm and above YTD
(PSIs with finally approved status)

0
Avoidable MRSA YTD ⟷

20
CDIFF Cases YTD ↑

Headlines

- Moderate harms and above – 18 cases reported in June.
- There have been zero cases of MRSA's reported in 17/18.
- CDIFF - July and year to date remain within threshold. *The first four months data for 2017/18 continues to demonstrate a strong performance against the EWS indicators. Our focus for 2017/18 will be to maintain this position and improve compliance with the % percentage of patients who develop Red Flag Sepsis whilst an inpatient and receive antibiotics within one hour*

SEPSIS

Patients with an Early Warning Score 3+ - % appropriate escalation	92% YTD ↑
Patients with EWS 3+ - % who are screened for sepsis	94% YTD ↓
ED - Patients who trigger with red flag sepsis - % that have their IV antibiotics within an hour	86% YTD ↓
Wards (including assessment units) Patients who trigger for Red Flag Sepsis - % that receive their antibiotics within an hour	79% YTD ↓

Domain - Caring

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

Friends and Family Test YTD % Positive

Inpatients FFT 96% ⇔

Day Case FFT 98% ↓

A&E FFT 95% ↓

Maternity FFT 95% ↓

Outpatients FFT 94% ↓

Staff FFT Quarter 1 2017/18(Pulse Check)

74.3% of staff would recommend UHL as a place to receive treatment

Single sex accommodation breaches

9

YTD ↓

Headlines

- Friends and family test (FFT) for Inpatient and Daycase care combined are at 97% for July.
- Patient Satisfaction (FFT) for ED increased to 95% for July, YTD is 95%.
- Single Sex Accommodation Breaches – 9 YTD (2 during July).

Domain – Well Led

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

Friends and Family FFT YTD % Coverage

Inpatients FFT 35.6% ↑
Day Case FFT 25.5% ↓
A&E FFT 10.6% ↑
Maternity FFT 44.0% ↑
Outpatients FFT 5.7% ↓

Staff FFT Quarter 1 2017/18 (Pulse Check)

62.5% of staff would recommend UHL as a place to work

Headlines

- Inpatients and Daycase coverage remains above Trust target
- A&E coverage for July was 11.1% against a target of 10%.
- Appraisals are 3.3% off target for July (this excludes facilities staff that were transferred over from Interserve).
- Statutory & Mandatory is 10% off the 95% target.
- Please see the HR update for more information.

% Staff with Annual Appraisals

91.7% YTD ↓

Statutory & Mandatory Training

85% YTD ↔

BME % - Leadership

26% Qtr1
8A including medical consultants

12% Qtr2
8A excluding medical consultants

Domain – Effective

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

Mortality – Published SHMI

101
Jan16-Dec16 ↑

Stroke TIA clinic within 24hrs

62.0%
YTD ↓

80% of patients spending 90% stay on stoke unit

86.2%
YTD ↔

Emergency Crude Mortality Rate

2.2%
YTD ↓

30 Days Emergency Readmissions

9.1%
YTD ↔

NoFs operated on 0-35hrs

69.1%
YTD ↓

Headlines

- Latest UHL's SHMI is 101. A recent in depth HED review of UHL mortality did not identify any additional areas of mortality by condition which needed action that we did not already have reviews or action plans in place for.
- Fractured NoF – 76.1% of patients were operated on within 0-35hours in July. However the year to date figure is 2.9% below the 72% target because of April's performance being 47.1%.

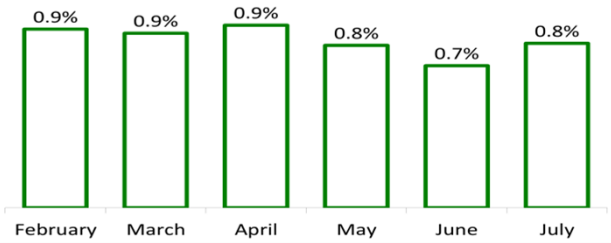
Domain – Responsive

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

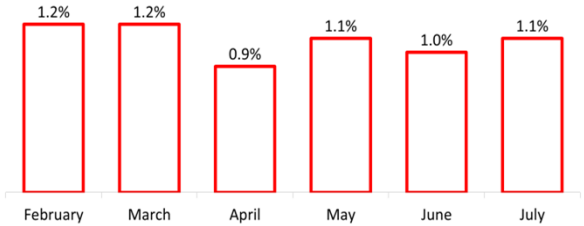
RTT - Incomplete 92% in 18 Weeks

91.8%
YTD ↓

6 week Diagnostic Wait times



Cancelled Operations UHL



RTT 52 week wait incompletes

16
YTD ↓

ED 4Hr Wait

A&E **78.6%**
YTD ↑

Ambulance Handovers

4% > 60mins ↑
10% 30-60mins ↑
YTD

Headlines

- 52+ weeks - current number this month is 16 patients (last July the number was 77).
- Diagnostic 6 week wait – we have now achieved ten consecutive months below the 1% national target.
- For ED 4hour wait and Ambulance Handovers please refer to Chief Operating Officers report.

Domain – Responsive Cancer

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

Cancer 2 week wait

94.6% YTD

95.1% June ↓

31 day wait

96.1% YTD

97.0% June ↑

62 day wait

79.0% YTD

77.4% June ↑

31 day backlog

5 July ↑

62 day backlog

65 July ↓

62 day adjusted backlog

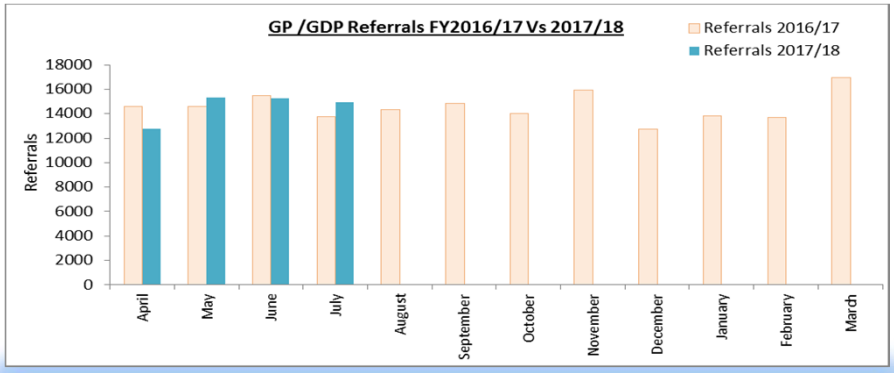
55 July ↓

Headlines

- Cancer Two Week Wait was achieved in June and has remained compliant since July 16.
- 31 day wait was also achieved in June .
- Cancer 62 day treatment – was 7.6% off target for June.

UHL Activity Trends

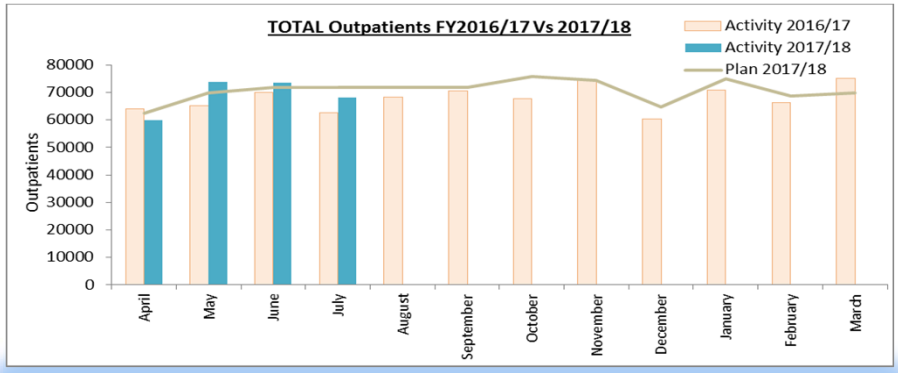
Referrals (GP)



April - July
17/18 Vs 16/17 -179 0%

Referrals decreased in April due to Easter. Overall referrals are similar to last year.

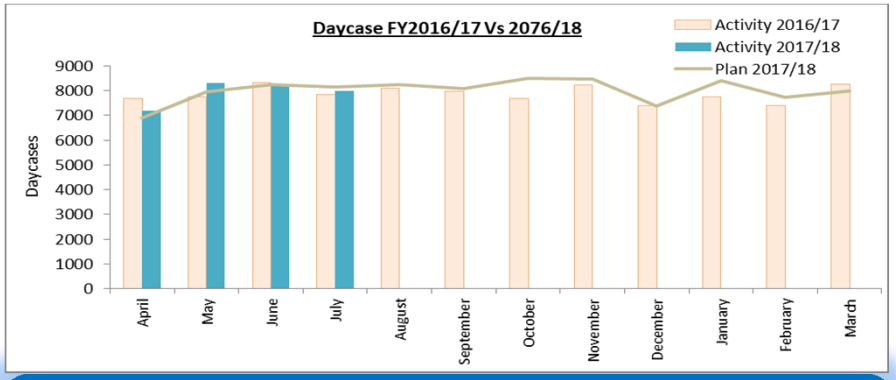
TOTAL Outpatient Appointments



April - July
17/18 Vs 16/17 +13,440 +5%
17/18 Vs Plan -487 0%

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

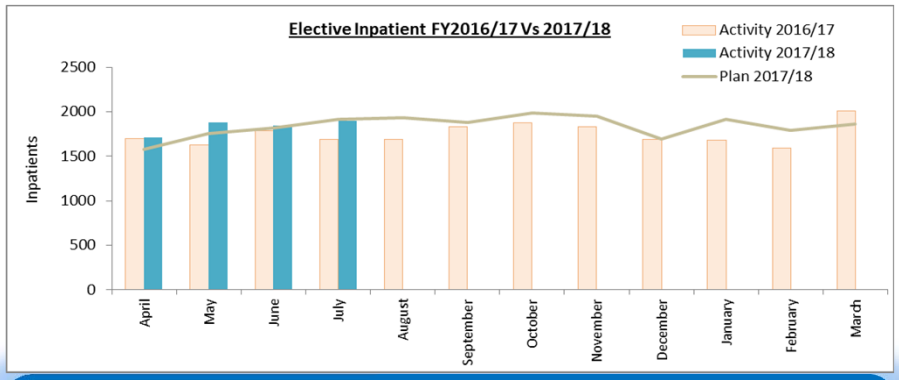
Daycases



April - July
17/18 Vs 16/17 +74 0%
17/18 Vs Plan +405 +1%

Growth in Haematology, Medical Oncology, General Surgery and Urology against plan.

Elective Inpatient Admissions

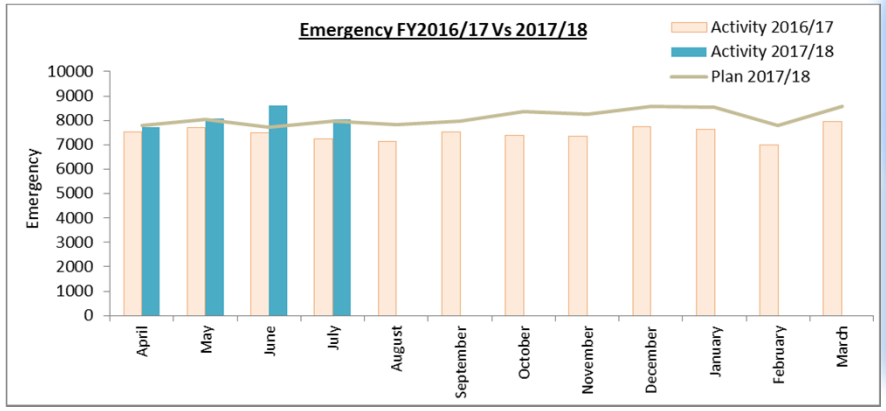


April - July
17/18 Vs 16/17 +516 +7%
17/18 Vs Plan +251 +4%

Growth in Gen surgery, ENT and Max Fax and overall less cancellations than same period last year.

UHL Activity Trends

Emergency Admissions

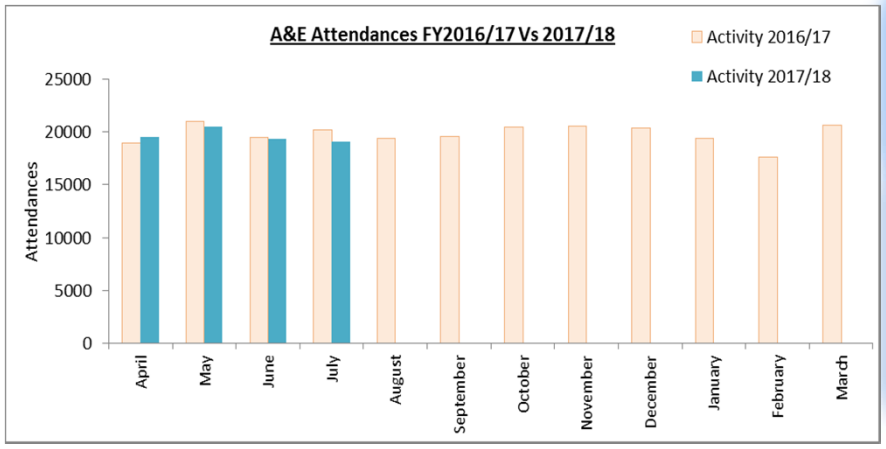


April - July
17/18 Vs 16/17 +2,565 +8%
17/18 Vs Plan +973 +3%

Plan currently not fully adjusted for QIPP.

Paediatric CAU patients are reported as admissions in the 17/18 figures, last year they were reported as ward attenders.

A & E Attendances



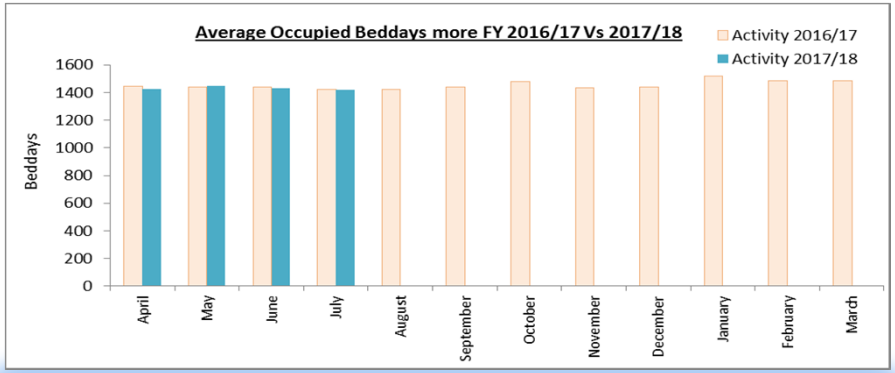
April - July
17/18 Vs 16/17 -1,140 -1%

A&E attendances include all ED and Eye casualty attendances.

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

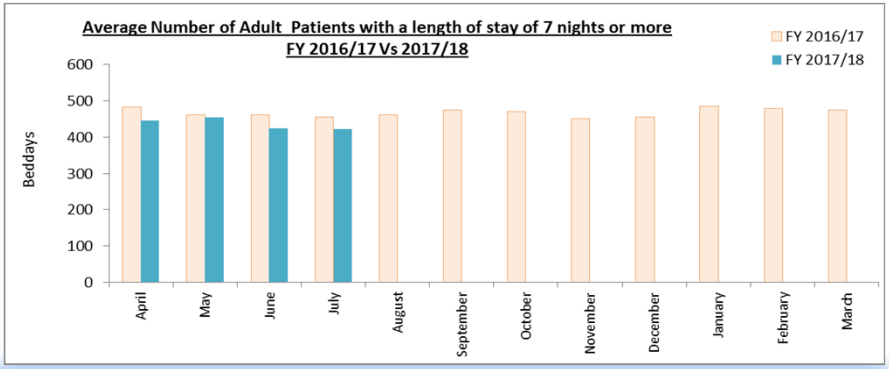
UHL Bed Occupancy

Occupied Beddays



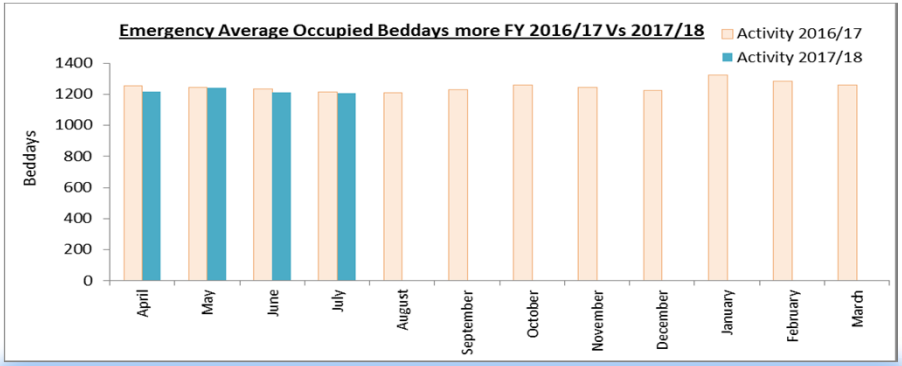
Midnight G&A bed occupancy continues to run similar to the same period last year.

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



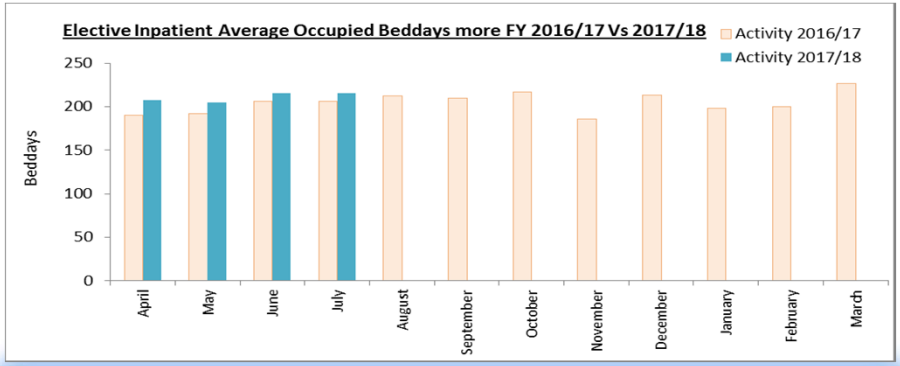
The number of patients staying in beds 7 nights or more has reduced compared to the same periods last year.

Emergency Occupied beddays



A slight reduction in Emergency occupied bed days.

Elective Inpatient Occupied beddays



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

Caring at its best

University Hospitals of Leicester NHS
NHS Trust

Quality and Performance Report

July 2017

One team shared values

CONTENTS

Page 2 Introduction
Page 3 Performance Summary and Data Quality Forum (DQF) Assessment Outcome

Dashboards

Page 4 Safe Domain Dashboard
Page 5 Caring Domain Dashboard
Page 6 Well Led Domain Dashboard
Page 7 Effective Domain Dashboard
Page 8 Responsive Domain Dashboard
Page 9 Responsive Domain Cancer Dashboard
Page 10 Compliance Forecast for Key Responsive Indicators
Page 11 Estates and Facilities
Page 14 Research & Innovation - UHL

Exception Reports

Page 15 Reduction for moderate harm and above PSIs with finally approved status - reported 1 month in arrears
Page 16 RIDDOR - Serious Staff Injuries
Page 17 Readmissions
Page 18 RTT Performance
Page 23 Diagnostic Performance
Page 24 % Cancelled on the day operations and patients not offered a date within 28 days
Page 25 Ambulance Handovers
Page 26 Cancer Waiting Time Performance

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

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

DATE: **31st AUGUST 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: **JULY 2017 QUALITY & PERFORMANCE SUMMARY REPORT**

1.0 Introduction

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

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

2.0 Performance Summary

Domain	Page Number	Number of Indicators	Number of Red Indicators this month
Safe	4	22	2
Caring	5	11	1
Well Led	6	23	3
Effective	7	9	3
Responsive	8	15	8
Responsive Cancer	9	9	4
Research – UHL	14	6	0
Total		95	21

3.0 Data Quality Forum (DQF) Assessment Outcome/Date

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

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

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

4.0 Changes to Indicators/Thresholds

None.

Safe | Caring | Well Led | Effective | Responsive | Research

	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	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	17/18 YTD
Safe	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	13	10	14	18	16	15	9	17	18	11	23	18		52
	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	3	4	2	4	4	2	3	1	3	4	5	3	5	17
	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	19.3	18.3	16.5	16.2	15.3	17.1	15.8	15.8	14.2	16.3	15.7	15.0	15.7	15.7
	S4	SEPSIS - Patients with an Early Warning Score 3+ - % appropriate escalation	AF	SH	95%	UHL	TBC	Jul-17	New Indicator		88%		86%	91%	86%	89%	88%	89%	89%	90%	91%	91%	92%	94%	92%
	S5	SEPSIS - Patients with EWS 3+ - % who are screened for sepsis	AF	SH	95%	UHL	TBC	Jul-17	New Indicator		93%		65%	91%	95%	99%	99%	99%	97%	96%	96%	95%	94%	92%	94%
	S6	SEPSIS - ED - Patients who trigger with red flag sepsis - % that have their IV antibiotics within an hour	AF	SH	90%	UHL	TBC	Jul-17	New Indicator		76%	66%	69%	75%	79%	82%	76%	83%	88%	85%	86%	86%	87%	86%	86%
	S7	SEPSIS - Wards (including assessment units) Patients who trigger for Red Flag Sepsis - % that receive their antibiotics within an hour	AF	SH	90%	UHL	TBC	Jul-17	New Indicator		55%	42%	23%	45%	61%	67%	76%	78%	77%	85%	81%	75%	82%	80%	79%
	S8	Overdue CAS alerts	AF	MD	0	NHSI	Red if >0 in mth ER = in mth >0	Nov-16	10	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	S9	RIDDOR - Serious Staff Injuries	AF	MD	FYE <=40	UHL	Red / ER if non compliance with cumulative target	Nov-17	24	32	28	1	0	2	4	4	2	5	4	2	7	3	5	4	19
	S10	Never Events	AF	MD	0	NHSI	Red if >0 in mth ER = in mth >0	May-17	3	2	4	1	0	0	0	1	0	1	0	1	0	3	0	0	3
	S11	Clostridium Difficile	JS	DJ	61	NHSI	Red if >mthly threshold / ER if Red or Non compliance with cumulative target	Aug-17	73	60	60	1	7	8	5	7	0	5	7	5	5	0	10	5	20
	S12	MRSA Bacteraemias - Unavoidable or Assigned to third Party	JS	DJ	0	NHSI	Red if >0 ER Not Required	Aug-17	6	1	3	1	0	0	0	0	0	0	1	1	0	0	0	0	0
	S13	MRSA Bacteraemias (Avoidable)	JS	DJ	0	UHL	Red if >0 ER if >0	Aug-17	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	S14	MRSA Total	JS	DJ	0	UHL	Red if >0 ER if >0	Aug-17	1	0	3	1	0	0	0	0	0	0	1	1	0	0	0	0	0
	S15	% of UHL Patients with No Newly Acquired Harms	JS	NB	>=95%	UHL	Red if <95% ER if in mth <95%	Sept-16	New Indicator	97.7%	97.7%	97.9%	98.6%	97.9%	98.0%	97.3%	98.0%	98.0%	97.7%	96.7%	97.2%	97.8%	97.4%	97.4%	97.4%
	S16	% of all adults who have had VTE risk assessment on adm to hosp	AF	SR	>=95%	NHSI	Red if <95% ER if in mth <95%	Nov-16	95.8%	95.9%	95.8%	96.1%	96.0%	95.7%	96.3%	96.3%	95.1%	95.0%	95.1%	95.1%	95.4%	95.8%	96.2%	95.9%	95.8%
	S17	All falls reported per 1000 bed stays for patients >65years- reported 1 month in arrears	JS	HL	<=5.5	UHL	Red if >6.6 ER if 2 consecutive reds	Nov-17	6.9	5.4	5.9	5.7	6.4	6.1	5.4	5.7	5.7	5.4	5.7	5.7	6.0	5.4	5.8		5.8
	S18	Avoidable Pressure Ulcers - Grade 4	JS	MC	0	QS	Red / ER if Non compliance with monthly target	Jul-17	2	1	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0
	S19	Avoidable Pressure Ulcers - Grade 3	JS	MC	<=3 a month (revised) with FY End <27	QS	Red / ER if Non compliance with monthly target	Jul-17	69	33	28	2	2	2	2	2	2	2	3	1	0	0	5	0	5
	S20	Avoidable Pressure Ulcers - Grade 2	JS	MC	<=7 a month (revised) with FY End <84	QS	Red / ER if Non compliance with monthly target	Jul-17	91	89	89	3	13	6	9	10	5	8	7	5	6	5	2	4	17
	S21	Maternal Deaths (Direct within 42 days)	AF	IS	0	UHL	Red or ER if >0	Jan-17	1	0	2	0	1	0	1	0	0	0	0	0	0	0	0	0	0
	S22	Emergency C Sections (Coded as R18)	IS	EB	Not within Highest Decile	NHSI	Red / ER if Non compliance with monthly target	Jan-17	16.5%	17.5%	16.8%	17.0%	15.0%	18.1%	16.9%	15.3%	16.3%	17.9%	17.0%	16.7%	18.4%	19.3%	18.0%	16.6%	18.1%

Safe | Caring | Well Led | Effective | Responsive | Research

	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	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	17/18 YTD
Caring	C1	>75% of patients in the last days of life have individualised End of Life Care plans	TBC	TBC	TBC	QC	TBC	NEW INDICATOR																	
	C2	Formal complaints rate per 1000 IP,OP and ED attendances	AF	MD	No Target	UHL	Monthly reporting	Aug-17	NEW INDICATOR		1.1	0.8	1.2	1.4	1.1	1.2	1.2	1.2	0.9	1.2	1.1	1.1	1.1	1.1	1.1
	C3	Percentage of upheld PHSO cases	AF	MD	No Target	UHL	Quarterly reporting	TBC	NEW INDICATOR		5%	0% (0 out of 7 cases)			0% (0 out of 3 cases)			0% (Zero cases)			0% (0 out of 2 cases)				0%
	C4	Published Inpatients and Daycase Friends and Family Test - % positive	JS	HL	97%	UHL	Red if <95% ER if red for 3 consecutive months Revise threshold 17/18	Jun-17	New Indicator	97%	97%	97%	96%	97%	96%	97%	97%	96%	96%	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%	95%	96%	96%	96%	96%	95%	95%	95%	96%	96%	96%	96%	96%
	C6	Daycase only Friends and Family Test - % positive	JS	HL	97%	UHL	Red if <95% ER if red for 3 consecutive months Revise threshold 17/18	Jun-17	New Indicator	98%	98%	98%	98%	98%	98%	98%	98%	99%	98%	99%	98%	99%	98%	98%
	C7	A&E Friends and Family Test - % positive	JS	HL	97%	UHL	Red if <93% ER if red for 3 consecutive months Revised threshold 17/18	Jun-17	96%	96%	91%	87%	87%	84%	87%	84%	91%	93%	94%	95%	94%	93%	96%	95%	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%	94%	94%	95%	95%	95%	92%	92%	92%	92%	92%	93%	95%	94%	94%
	C9	Maternity Friends and Family Test - % positive	JS	HL	97%	UHL	Red if <93% ER if red for 3 consecutive months Revised threshold 17/18	Jun-17	96%	95%	95%	95%	95%	95%	95%	94%	93%	96%	94%	95%	94%	95%	96%	94%	95%
	C10	Friends & Family staff survey: % of staff who would recommend the trust as place to receive treatment (from Pulse Check)	LT	LT	TBC	NHSI	TBC	Aug-17	69.2%	70.0%	73.6%	76.0%			73.3%			72.7%			74.3%				74.3%
	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	1	2	20	7	1	14	6	4	1	3	3	1	2	9

Well Led

KPI Ref	Indicators	Board Director	Lead Officer	17/18 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	DQF Assessment outcome/Date	14/15 Outturn	15/16 Outturn	16/17 Outturn	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	17/18 YTD
W1	Published Inpatients and Daycase Friends and Family Test - Coverage (Adults and Children)	JS	HL	Not Appicable	N/A	Not Appicable	Jun-17	New Indicator	27.4%	30.2%	31.9%	28.5%	27.8%	31.6%	31.6%	27.5%	27.2%	30.7%	30.4%	32.4%	31.9%	27.7%	31.0%	30.7%
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%	36.9%	36.5%	33.1%	36.6%	37.0%	31.9%	31.3%	35.4%	33.8%	37.1%	37.2%	30.6%	37.7%	35.6%
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%	26.2%	19.8%	21.6%	25.9%	25.7%	22.3%	22.5%	25.5%	26.4%	27.1%	26.4%	24.7%	23.9%	25.5%
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%	8.7%	9.9%	11.7%	9.8%	11.4%	7.1%	10.4%	13.8%	12.1%	13.8%	8.3%	9.4%	11.1%	10.6%
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%	1.7%	1.6%	1.5%	1.5%	1.8%	5.7%	5.9%	5.9%	6.5%	5.4%	5.6%	6.0%	5.7%	5.7%
W6	Maternity Friends and Family Test - Coverage	JS	HL	30%	UHL	Red if <26% ER if 2 mths Red	Jun-17	28.0%	31.6%	38.0%	38.2%	38.7%	37.8%	38.3%	41.1%	37.1%	40.9%	38.0%	41.1%	46.8%	44.1%	42.2%	43.3%	44.0%
W7	Friends & Family staff survey: % of staff who would recommend the trust as place to work (from Pulse Check)	LT	BK	Not within Lowest Decile	NHSI	TBC	Sep-17	54.2%	55.4%	61.9%	62.9%			62.9%			61.4%			62.5%				62.5%
W8	Nursing Vacancies	JS	MM	TBC	UHL	Separate report submitted to QAC	Sep-17	New Indicator	8.4%	9.2%	9.2%	8.2%	8.7%	10.3%	9.7%	7.1%	7.6%	7.4%	9.2%	10.9%	9.9%	11.1%	10.8%	10.8%
W9	Nursing Vacancies in ESM CMG	JS	MM	TBC	UHL	Separate report submitted to QAC	Sep-17	New Indicator	17.2%	15.4%	20.1%	20.3%	21.4%	20.0%	20.2%	14.5%	11.9%	13.7%	15.4%	19.7%	16.9%	21.3%	23.3%	23.3%
W10	Turnover Rate	LT	LG	TBC	NHSI	Red = 11% or above ER = Red for 3 Consecutive Mths	Sep-17	11.5%	9.9%	9.3%	9.4%	9.3%	9.2%	9.1%	9.2%	9.3%	9.3%	9.3%	9.3%	8.7%	8.8%	8.8%	8.8%	8.8%
W11	Sickness absence (reported 1 month in arrears)	LT	BK	3%	UHL	Red if >4% ER if 3 consecutive mths >4.0%	Oct-16	3.8%	3.6%	3.3%	3.3%	3.1%	3.4%	3.5%	3.6%	3.6%	3.7%	3.5%	3.3%	3.0%	3.1%	3.2%		3.2%
W12	Temporary costs and overtime as a % of total paybill	LT	LG	TBC	NHSI	TBC	Oct-17	9.4%	10.7%	10.6%	10.2%	10.5%	10.7%	10.9%	10.9%	10.1%	10.8%	10.5%	11.4%	11.1%	11.0%	11.1%	11.2%	11.0%
W13	% of Staff with Annual Appraisal (excluding facilities Services)	LT	BK	95%	UHL	Red if <90% ER if 3 consecutive mths <90%	Dec-16	91.4%	90.7%	91.7%	92.9%	92.4%	91.5%	91.4%	91.9%	91.7%	91.6%	92.4%	91.7%	92.1%	92.5%	92.1%	91.7%	91.7%
W14	Statutory and Mandatory Training	LT	BK	95%	UHL	TBC	Dec-16	95%	93%	87%	93%	91%	82%	82%	82%	83%	81%	82%	87%	86%	85%	85%	85%	85%
W15	% Corporate Induction attendance	LT	BK	95%	UHL	Red if <90% ER if 3 consecutive mths <90%	Dec-16	100%	97%	96%	100%	97%	92%	96%	95%	99%	98%	97%	96%	100%	98%	96%	98%	98%
W16	BME % - Leadership (8A – Including Medical Consultants)	LT	DB	28%	UHL	4% improvement on Qtr 1 baseline	TBC	New Indicator		26%	25%			26%			26%			26%				26%
W17	BME % - Leadership (8A – Excluding Medical Consultants)	LT	DB	28%	UHL	4% improvement on Qtr 1 baseline	TBC			12%	12%			12%			12%			12%				12%
W18	Executive Team Turnover Rate - Executive Directors (rolling 12 months)	LT	DB	TBC	UHL	TBC	TBC	New Indicator		0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	20%	20%	20%
W19	Executive Team Turnover Rate - Non Executive Directors (rolling 12 months)	LT	DB	TBC	UHL	TBC	TBC			25%	43%	43%	43%	43%	43%	25%	25%	25%	25%	25%	25%	29%	14%	14%
W20	DAY Safety staffing fill rate - Average fill rate - registered nurses/midwives (%)	JS	MM	TBC	NHSI	TBC	Apr-17	91.2%	90.5%	90.5%	89.7%	89.4%	89.9%	90.0%	89.3%	90.4%	91.6%	91.6%	89.8%	90.3%	90.3%	89.9%	89.4%	90.0%
W21	DAY Safety staffing fill rate - Average fill rate - care staff (%)	JS	MM	TBC	NHSI	TBC	Apr-17	94.0%	92.0%	92.3%	92.0%	94.7%	91.0%	91.9%	93.2%	91.9%	89.7%	91.1%	87.4%	96.7%	91.6%	87.9%	93.0%	92.3%
W22	NIGHT Safety staffing fill rate - Average fill rate - registered nurses/midwives (%)	JS	MM	TBC	NHSI	TBC	Apr-17	94.9%	95.4%	96.4%	94.5%	95.0%	95.1%	96.7%	95.9%	96.9%	97.6%	97.2%	96.2%	96.6%	96.5%	95.9%	95.4%	96.1%
W23	NIGHT Safety staffing fill rate - Average fill rate - care staff (%)	JS	MM	TBC	NHSI	TBC	Apr-17	99.8%	98.9%	97.1%	97.1%	98.2%	96.8%	94.2%	95.6%	98.5%	95.8%	97.8%	94.7%	100.2%	99.1%	93.1%	100.2%	98.2%

	KPI Ref	Indicators	Board Director	Lead Officer	17/18 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	DQF Assessment outcome/Date	14/15 Outturn	15/16 Outturn	16/17 Outturn	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	17/18 YTD
Effective	E1	Emergency readmissions within 30 days following an elective or emergency spell	AF	CM	Monthly <8.5% (revised)	QC	Red if >8.6% ER if >8.6%	Jun-17	8.51% Target 7%	8.9%	8.5%	8.3%	8.4%	8.5%	8.5%	8.1%	8.7%	8.7%	8.4%	8.8%	9.5%	9.0%	9.0%		9.1%
	E2	Mortality - Published SHMI	AF	RB	<=99 (revised)	QC	Red if >100 ER if >100	Sep-16	103	96	102 (Oct15-Sep16)	98 (Jan15-Dec15)		99 (Apr15-Mar16)			101 (Jul15-Jun16)			102 (Oct15-Sep16)		101 Jan16-Dec 16		101 Jan16-Dec 16
	E3	Mortality - Rolling 12 mths SHMI (as reported in HED) Rebased	AF	RB	<=99 (revised)	QC	Red if >100 ER if not within national expected range	Sep-16	98	97	101	101	101	101	101	101	101	101	101	100	100	Awaiting HED Update			100
	E4	Mortality - Rolling 12 mths HSMR (Rebased Monthly as reported in HED)	AF	RB	<=99 (revised)	UHL	Red if >100 ER if not within national expected range	Sep-16	94	96	102	102	103	102	102	102	103	102	103	102	101	99	Awaiting HED Update		99
	E5	Crude Mortality Rate Emergency Spells	AF	RB	<=2.4%	UHL	Monthly Reporting	Apr-17	2.4%	2.3%	2.4%	2.2%	2.2%	2.0%	2.2%	2.4%	2.7%	2.9%	2.6%	2.4%	2.1%	1.9%	2.0%	2.2%	2.1%
	E6	No. of # Neck of femurs operated on 0-35 hrs - Based on Admissions	AF	AC	72% or above	QS	Red if <72% ER if 2 consecutive mths <72%	Jul-17	61.4%	63.8%	71.2%	86.0%	65.8%	69.4%	64.1%	78.0%	60.3%	70.9%	67.6%	71.2%	47.1%	76.5%	76.8%	76.1%	69.1%
	E7	No. of # Neck of femurs operated on 0-35 hrs - Based on Admissions (excluding medically unfit patients)	AF	AC	72% or above	UHL	Red if <72% ER if 2 consecutive mths <72%	Jul-17	New Indicator		83.6%	90.0%	82.0%	87.2%	78.2%	89.0%	79.5%	89.5%	80.0%	80.0%	64.0%	89.0%	89.3%	86.0%	82.1%
	E8	Stroke - 90% of Stay on a Stroke Unit	TL	IL	80% or above	QS	Red if <80% ER if 2 consecutive mths <80%	Dec-17	81.3%	85.6%	85.0%	80.7%	88.0%	84.5%	86.5%	88.0%	83.8%	87.4%	86.6%	85.1%	87.3%	85.7%	85.7%		86.2%
	E9	Stroke - TIA Clinic within 24 Hours (Suspected High Risk TIA)	TL	IL	60% or above	QS	Red if <60% ER if 2 consecutive mths <60%	Dec-17	71.2%	75.6%	66.9%	54.8%	71.7%	65.3%	83.8%	75.9%	69.2%	87.7%	57.3%	66.3%	57.8%	57.0%	68.6%	64.3%	62.0%

Responsive

KPI Ref	Indicators	Board Director	Lead Officer	17/18 Target	Target Set by	17/18 Red RAG/ Exception Report Threshold (ER)	DQF Assessment outcome/Date	14/15 Outturn	15/16 Outturn	16/17 Outturn	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	17/18 YTD
R1	ED 4 Hour Waits UHL + UCC (Calendar Month)	TL	IL	95% or above	NHSI	Red if <92% ER via ED TB report	Aug-17	89.1%	86.9%	79.6%	76.9%	80.1%	79.9%	78.3%	77.6%	75.5%	78.1%	83.8%	83.9%	81.0%	76.3%	77.6%	79.8%	78.6%
R2	12 hour trolley waits in A&E	TL	IL	0	NHSI	Red if >0 ER via ED TB report	Aug-17	4	2	11	0	0	0	0	0	1	10	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%	92.4%	92.1%	91.7%	91.5%	92.2%	91.3%	90.9%	91.2%	91.8%	91.3%	92.3%	92.3%	91.8%	91.8%
R4	RTT 52 Weeks+ Wait (Incompletes) UHL+ALLIANCE	TL	WM	0	NHSI	Red /ER if >0	Nov-16	0	232	24	77	57	53	38	34	32	34	39	24	17	9	15	16	16
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%	1.4%	1.5%	0.6%	0.6%	0.9%	0.9%	0.9%	0.9%	0.9%	0.8%	0.7%	0.8%	0.8%
R6	Urgent Operations Cancelled Twice (UHL+ALLIANCE)	TL	WM	0	NHSI	Red if >0 ER if >0	Jan-17	0	0	3	0	0	0	0	3	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	20	19	10	9	13	18	22	26	17	13	14	10	18	55
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	6	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%	1.1%	0.9%	1.0%	1.2%	1.5%	0.8%	1.6%	1.2%	1.2%	0.9%	1.1%	1.0%	1.1%	1.0%
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%	1.4%	3.2%	0.9%	2.0%	0.5%	0.1%	0.4%	1.3%	0.5%	2.5%	0.1%	0.4%	0.0%	0.8%
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%	1.1%	1.0%	1.0%	1.2%	1.4%	0.8%	1.5%	1.2%	1.1%	1.0%	1.1%	1.0%	1.0%	1.0%
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	114	110	109	134	164	82	167	122	131	99	123	114	115	451
R13	Delayed transfers of care	TL	JD	3.5% or below	NHSI	Red if >3.5% ER if Red for 3 consecutive mths	Jan-18	3.9%	1.4%	2.4%	2.9%	2.5%	2.1%	2.0%	2.7%	2.8%	2.7%	2.3%	2.5%	2.1%	2.0%	1.4%	1.6%	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%	7%	9%	9%	11%	17%	13%	6%	6%	6%	7%	2%	1%	4%
R15	Ambulance Handover >30 Mins and <60 mins (CAD+ from June 15)	TL	LG	0	Contract	Red if >0 ER if Red for 3 consecutive mths	TBC	19%	19%	14%	15%	14%	15%	18%	18%	18%	15%	12%	13%	13%	13%	8%	5%	10%

Responsive Cancer

KPI Ref	Indicators	Board Director	Lead Officer	17/18 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	DQF Assessment outcome/Date	14/15 Outturn	15/16 Outturn	16/17 Outturn	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-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%	90.5%	94.3%	94.9%	94.5%	93.3%	95.2%	93.8%	93.2%	94.3%	94.0%	93.3%	95.4%	95.1%	**	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%	94.9%	98.7%	95.9%	95.0%	90.7%	96.0%	91.1%	93.4%	97.0%	90.8%	89.6%	94.2%	89.6%	**	91.2%
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%	95.6%	90.4%	91.3%	93.8%	94.8%	94.2%	92.4%	91.9%	95.3%	96.2%	96.3%	94.9%	97.0%	**	96.1%
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%	97.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.9%	100.0%	100.0%	98.7%	97.7%	100.0%	**	99.0%
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%	84.7%	74.4%	72.7%	83.5%	90.4%	83.3%	87.2%	90.9%	88.5%	95.4%	85.5%	85.7%	88.9%	**	86.7%
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%	87.3%	92.5%	81.4%	90.9%	97.8%	94.8%	98.1%	95.3%	99.1%	96.7%	95.0%	93.0%	96.2%	**	94.7%
RC7	62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers	TL	DB	85% or above	NHSI	Red if <85% ER if Red in mth or YTD	Jul-16	81.4%	77.5%	78.1%	77.3%	83.6%	78.4%	77.9%	74.5%	77.2%	79.5%	75.4%	76.1%	86.5%	83.7%	76.8%	77.4%	**	79.0%
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%	85.0%	92.3%	78.9%	81.5%	84.2%	88.0%	90.9%	93.1%	78.1%	95.1%	95.0%	92.3%	93.3%	**	93.6%
RC9	Cancer waiting 104 days	TL	DB	0	NHSI	TBC	Jul-16	New Indicator		10	15	12	9	7	7	9	10	8	3	10	6	6	12	12	12

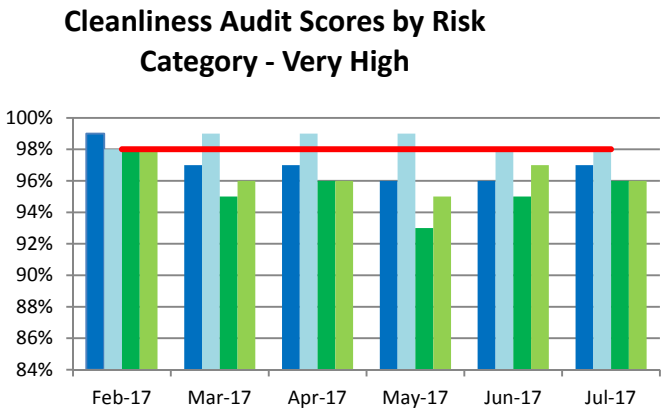
62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers Inc Rare Cancers

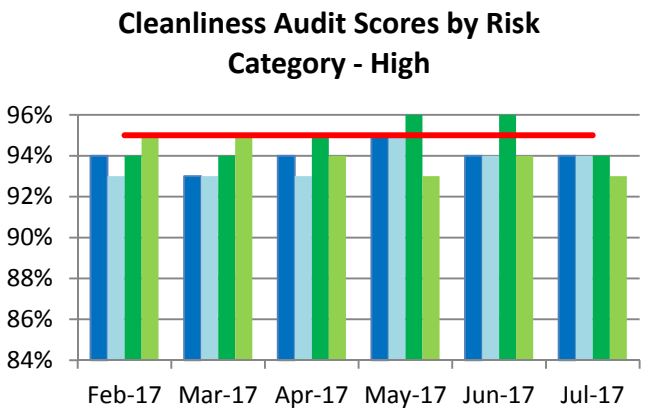
KPI Ref	Indicators	Board Director	Lead Officer	17/18 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	DQF Assessment outcome	14/15 Outturn	15/16 Outturn	16/17 Outturn	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	17/18 YTD
RC10	Brain/Central Nervous System	TL	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	--	100.0%	100.0%	--	--	--	100.0%	--	--	--	100.0%	--	--	--	--	0.0%	**	0.0%
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%	97.1%	100.0%	100.0%	95.8%	100.0%	95.8%	94.6%	96.6%	92.6%	93.48%	97.4%	97.4%	93.3%	**	95.9%
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%	75.0%	62.5%	66.7%	66.7%	80.0%	66.7%	44.4%	71.4%	81.8%	78.6%	64.3%	89.5%	92.3%	**	82.6%
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%	72.7%	100.0%	85.7%	28.6%	58.3%	77.8%	66.7%	87.5%	81.8%	88.9%	100%	64.3%	92.9%	**	82.9%
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%	100.0%	42.9%	44.4%	0.0%	38.5%	66.7%	33.3%	41.7%	33.3%	66.7%	85.7%	48.3%	61.9%	**	57.9%
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%	64.5%	58.8%	64.4%	47.1%	38.1%	61.5%	75.0%	48.3%	54.5%	75.0%	40.0%	63.8%	50.0%	**	52.9%
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%	64.2%	60.9%	64.2%	68.0%	79.4%	67.5%	79.5%	74.0%	33.3%	67.5%	78.4%	64.8%	61.1%	**	66.9%
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%	100.0%	100.0%	33.3%	0.0%	66.7%	--	100.0%	--	--	100.0%	50.0%	100.0%	100.0%	**	80.0%
RC18	Sarcoma	TL	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	46.2%	81.3%	45.2%	16.7%	--	--	100.0%	50.0%	100.0%	66.7%	40.0%	0%	100.0%	--	40.0%	100.0%	**	62.5%
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%	96.8%	97.4%	95.9%	97.7%	100.0%	92.3%	97.0%	96.9%	96.6%	96.2%	96.8%	95.5%	93.8%	**	95.3%
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%	46.9%	66.7%	82.0%	70.3%	43.8%	100.0%	72.0%	61.4%	63.6%	85.7%	92.3%	66.7%	59.4%	**	70.5%
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%	77.8%	96.3%	74.5%	83.5%	88.2%	75.0%	79.3%	71.4%	76.2%	89.9%	82.1%	79.4%	72.3%	**	78.2%
RC22	Rare Cancers	TL	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	84.6%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	--	100.0%	**	100.0%
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%	77.3%	83.6%	78.4%	77.9%	74.5%	77.2%	79.5%	75.4%	76.1%	86.5%	83.7%	76.8%	77.4%	**	79.0%

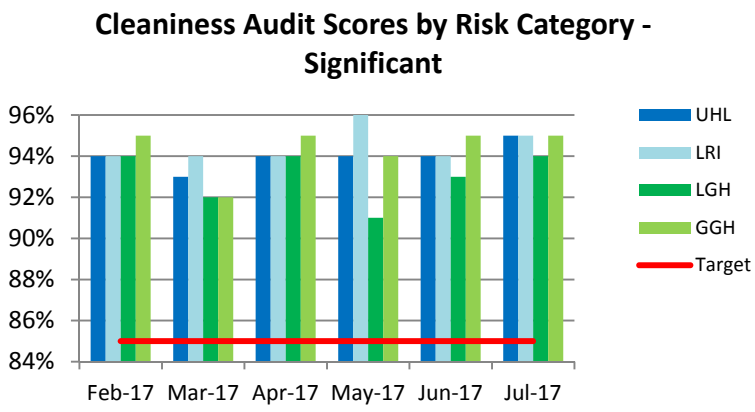
Compliance Forecast for Key Responsive Indicators

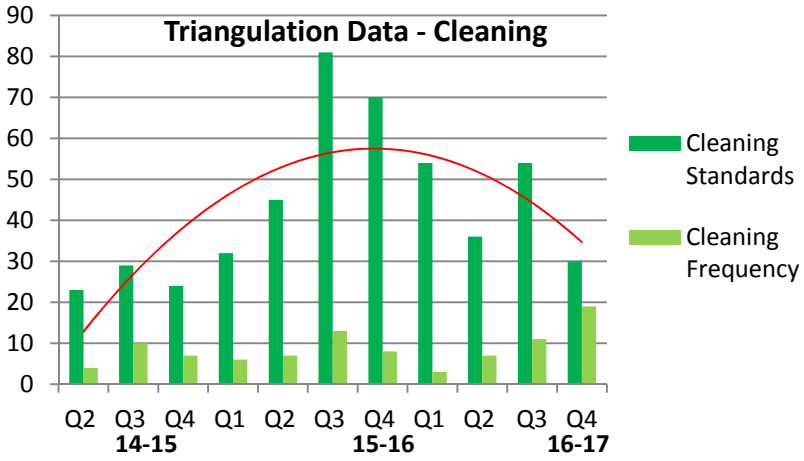
Standard	July	Aug	Commentary
Emergency Care			
4+ hr Wait (95%) - Calendar month	79.8%		Validated position.
Ambulance Handover (CAD+)			
% Ambulance Handover >60 Mins (CAD+)	1%		EMAS monthly report
% Ambulance Handover >30 Mins and <60 mins (CAD+)	5%		
RTT (inc Alliance)			
Incomplete (92%)	91.8%	92.0%	
Diagnostic (inc Alliance)			
DM01 - diagnostics 6+ week waits (<1%)	0.9%	1.3%	
# Neck of femurs			
% operated on within 36hrs - all admissions (72%)	76%	72%	
% operated on within 36hrs - pts fit for surgery (72%)	86%	85%	
Cancelled Ops (inc Alliance)			
Cancelled Ops (0.8%)	1.0%	1.0%	
Not Rebooked within 28 days (0 patients)	18	15	
Cancer			
Two Week Wait (93%)	94%	94%	
31 Day First Treatment (96%)	96%	92%	
31 Day Subsequent Surgery Treatment (94%)	89%	82%	
62 Days (85%)	83%	83%	
Cancer waiting 104 days (0 patients)	12	12	

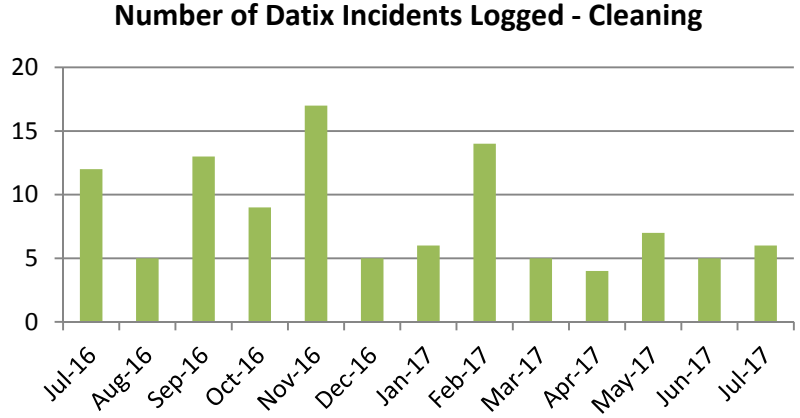
Estates and Facilities - Cleanliness











Cleanliness Report

The above charts show average audit scores for the whole Trust and by hospital site since February 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 data shows a slight improvement overall but still below the 98% target with GGH dropping back slightly to 96% and LGH improving for the second month running.
High-risk areas overall show no change in score at 94% but both the GHH and LGH have dropped in performance slightly since last month.
Significant risk areas all exceed the 85% target.

The triangulation data is collected by the Trust from numerous patient sources including Message to Matron, Friends and Family Test, Complaints, Online sources and Message to Volunteer or Carer collated collectively as 'Suggestions for Improvement'. This data is only collated on a quarterly basis and the chart shown here is inclusive of Q1 to Q4. In terms of standards there was a significant reduction in issues raised, however the number of cleaning frequency comments are showing an increasing trend. This will be monitored but is slightly anomalous where standards are showing and opposite trend.

The number of datix incidents logged for July has risen slightly since last month. None of the datix reports are related to any very high risk areas.

The overall picture continues to be one of plateaued performance with month on month small variations still remaining just behind target. In practice this means that there are a small number of areas that will be noticeably below standard. Progress against reducing the number of vacancies continues to be made but this is slow given the on-going levels of staff turnover. Whilst High and Very High risk areas will be protected with budgetary pressures prevailing some issues are anticipated to emerge in future reports.

Estates and Facilities – Patient Catering

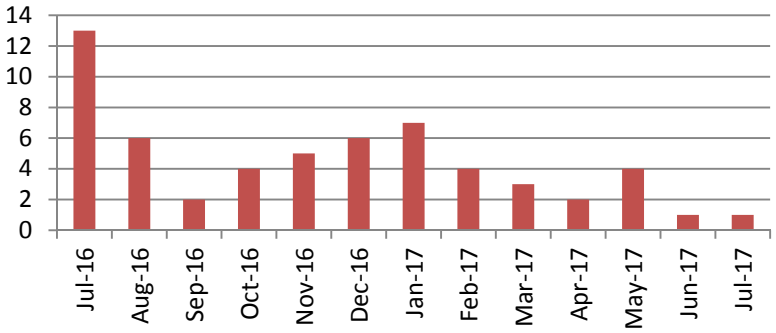
Patient Catering Survey – May 2017	Percentage 'OK or Good'	
	Jun-17	Jul-17
Did you enjoy your food?	93%	98%
Did you feel the menu has a good choice of food?	100%	100%
Did you get the meal that you ordered?	98%	96%
Were you given enough to eat?	98%	100%

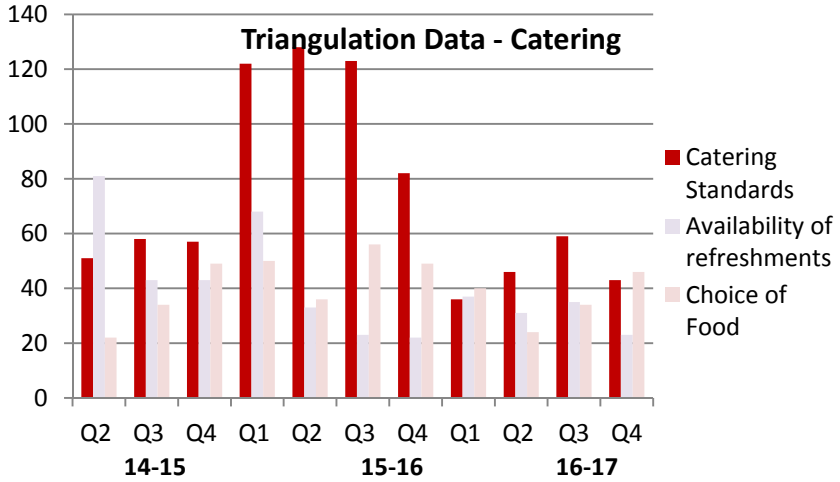
90 – 100%	80 – 90%	<80%

Number of Patient Meals Served				
Month	LRI	LGH	GGH	UHL
May	69,420	22,432	29,399	121,251
June	67,630	21,858	29,331	118,819
July	68,869	20,261	30,164	119,294

Patient Meals Served On Time (%)				
Month	LRI	LGH	GGH	UHL
May	100%	100%	100%	100%
June	100%	100%	100%	100%
July	100%	100%	100%	100%

Number of Datix Incidents Logged -Patient Catering





Patient Catering Report

This month we received a low return of 58 surveys.

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

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

The triangulation data in the Q4 refresh shows an improvement in issues raised on standards but slightly more for the choice of food. No menu changes took place during this period however.

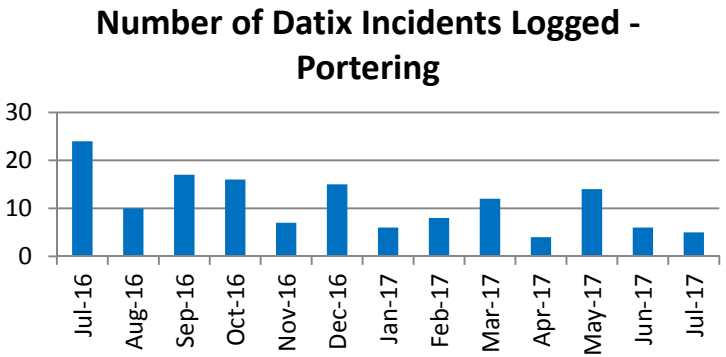
Datix's for the second month have remained at one, showing a sustained consistent delivery of the service.

Estates and Facilities – Portering

Reactive Portering Tasks in Target				
Site	Task (Urgent 15min, Routine 30min)	Month		
		May	June	July
GH	Overall	92%	93%	94%
	Routine	94%	93%	93%
	Urgent	100%	96%	97%
LGH	Overall	92%	94%	94%
	Routine	92%	93%	93%
	Urgent	95%	98%	98%
LRI	Overall	89%	93%	91%
	Routine	89%	92%	91%
	Urgent	92%	98%	97%

95 – 100%	90 – 94%	<90%

Average Portering Task Response Times		
Category	Time	No of tasks
Urgent	23:12	1,841
Routine	28:14	13,480
	Total	15,321



Portering Report

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

July's performance overall was similar to June.

Datix incidents have fallen for the second month running.

Progress is being made in the efforts to improve efficiency in the deployment of porters. Preparations are in progress to reintroduce the electronic service interface iPorter to the ED area. This will enable the service there to be managed much more efficiently and effectively. Subsequently following appropriate consultation other areas will see the introduction and benefits of this system.

Estates and Facilities – Planned Maintenance

Statutory Maintenance Tasks Against Schedule					
	Month	Fail	Pass	Total	%
UHL Trust Wide	May	1	112	113	99%
	June	0	130	130	100%
	July	75	73	148	49%

99 – 100%	97 – 99%	<97%

Non-Statutory Maintenance Tasks Against Schedule					
	Month	Fail	Pass	Total	%
UHL Trust Wide	May	356	1963	2319	86%
	June	449	1778	2227	80%
	July	368	1968	2336	81%

95 – 100%	80 – 95%	<80%

Estates Planned Maintenance Report

For July we have incurred 75 failures in the delivery of Statutory Maintenance tasks in the month. This is due to the emergency lighting annual tests at the LGH. Our monthly tests are carried out with our in house team and these are up to date and on programme. The annual tests are contracted out and we have been carrying out a VFM exercise to review if this is also best carried out in house. It has been determined that we will continue to outsource this annual check and we are receiving competitive prices at present and orders will be placed this month.

For the Non-Statutory tasks, completion of the monthly schedule is subject to the volume of reactive calls. Drainage issues have reduced to account for 16% of the overall reactive call outs logged on Planet.

At this stage, the Planet system has been upgraded and the devices for the engineers remain with IM&T awaiting the upgrade that will allow the testing on the live system to begin.

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

Research UHL

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-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
RU1	Median Days from submission to Trust approval (Portfolio)	AF	NB	TBC	TBC	TBC	2.8	1.0		1.0			2.0			1.0			1.0			4.5			48			45		
RU2	Median Days from submission to Trust approval (Non Portfolio)	AF	NB	TBC	TBC	TBC	2.1	1.0	Q2-Q4 158	1.0			1.0			1.0			1.0			41			90			27		
RU3	Recruitment to Portfolio Studies	AF	NB	Aspirational target=10920/year (910/month)	TBC	TBC	12564	13479	8603	1019	858	1019	1516	1875	815	926	983	947	979	917	887	758	657	592	487	699	325	636	531	1135
RU4	% Adjusted Trials Meeting 70 day Benchmark (data sunbmitted for the previous 12 month period)	AF	NB	TBC	TBC	TBC				(Oct14-Sep15) 92%			(Jan15 - Dec15) 94%			(Apr15 - Mar16) 94%			(Jul15 - Jun16) 94%			(Oct15 - Sep16) 90.3%			(Jan16 - Dec16) 100%			(Apr16 - Mar17) 50% (metric change due to HRA process change)		
RU5	Rank No. Trials Submitted for 70 day Benchmark (data submitted for the previous 12 month period)	AF	NB	TBC	TBC	TBC				(Oct14-Sep15) Rank 13/215			(Jan15 - Dec15) Rank 61/213			(Apr15 - Mar16) Rank 16/222			(Jul15 - Jun16) 12/220			(Oct15 - Sep16) 10/205			(Jan16 - Dec16) 31/186			(Apr16 - Mar17) 14/187		
RU6	%Closed Commercial Trials Meeting Recruitment Target (data submitted for the previous 12 month period)	AF	NB	TBC	TBC	TBC				(Oct14-Sep15) 46.8%			(Jan15 - Dec 15) 43.4%			(Apr15 - Mar16) 65.8%			(Jul15 - Jun16) 40.8%			(Oct15 - Sep16) 52.0%			(Jan16 - Dec16) 49.2%			(Apr16 - Mar17) 44.9%		

Reduction for moderate harm and above PSIs with finally approved status - reported 1 month in arrears

	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	17/18 YTD
Reduction for moderate harm and above PSIs with finally approved status - reported 1 month in arrears	13	10	14	18	16	15	9	17	18	11	23	18		52

What actions have been taken to improve performance?

- Safer surgery revised policy implementation
- Actions within the Never Event Contract Performance Notice Trust action plan
- Patient Safety work stream actions within the 2017/18 Quality Commitment

RIDDOR - Serious Staff Injuries

	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	17/18 YTD
RIDDOR - Serious Staff Injuries	1	0	2	4	4	2	5	4	2	7	3	5	4	15

What actions have been taken to improve performance?

A review of the 15 incidents in Qtr 1 has shown a wide disparity in cause location, site and affected staff. There are no particular themes observed.. We are also taking into account we are now reporting incidents for Estates and Facilities through our mechanisms that have not been reported previously under IFM. With the upsurge in total staffing this may have an effect on our original year end targets but this will be closely monitored by the Health and Safety Services team.

Emergency Readmissions within 30 days

	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	17/18 YTD
Emergency readmissions within 30 days following an elective or emergency spell	8.3%	8.4%	8.5%	8.5%	8.1%	8.7%	8.7%	8.4%	8.8%	9.5%	9.0%	9.0%		9.1%

What actions have been taken to improve performance?

The readmissions group has met to address the recent rise in readmissions. This is thought to be due to the dedicated resource that was targeted at patients at high risk of readmission no longer being available, combined with the demise of the daily conference call. The following actions have been agreed to address this:

1. Pilot in CDU of Integrated Clinical Response Team following up all discharged patients by telephone.
2. New Integrated Discharge Team (IDT- commencing July 2017) to build into their Standard Operating Procedures how to deal with patients at high risk of readmission using the PARR30 score. Members of this team will attend all board rounds so have a unique opportunity to interact with clinical teams to remind them of the actions that need to be undertaken according to the UHL guideline.

Publicity planned for raising awareness of the readmission guideline is that it will be included in a piece about the new IDT in the CEO's briefing; and written material will be provided to all new junior doctors starting in the trust in August at the trust-wide induction.

RTT Performance

Combined UHL and Alliance RTT Performance for June

	<18 w	>18 w	Total Incompletes	%
Alliance	8683	594	9277	93.60%
UHL	48547	4511	53058	91.50%
Total	57230	5105	62335	91.81%

Backlog Reduction required to meet 92%	**129**

UHL and Alliance combined performance for RTT in July was 91.81%. The Trust did not achieve the standard. Overall combined performance saw 5,105 patients in the backlog, an increase of 388 since the last reporting period (UHL increase of 325, Alliance increase of 63). There were 129 patients too many waiting over 18 weeks in order to achieve the standard.

Although the overall RTT performance has reduced by 0.47% from the previous month the position of 91.5% for UHL in August 2017 remains higher than achieved in 2016 where number of incomplete pathways less than 18 weeks was 91.3%. It was forecasted in Junes EPB report that achieving the standard in July was at risk. Factors which impacted included an increase of GP / GDP referrals in March by 13% (2,006 referrals more than the average for the whole of 2016/17). Increased cancellations on the day and before the day with cancellations due to theatre staffing accounting for circa 73 patients of lost activity.

Forecast performance for next reporting period: It is forecasted there is a risk to achieving the 92% standard in August.

Risks to performance include:

Significant backlog increase in the Alliance
Reduced clinical capacity due to increased annual leave take up
Competing demands with Emergency and Cancer performance

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

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

Specialty	ACPL Target	M4 ACPL Actual	ACPL Variance
General Surgery	1.9	2.3	0.37
Renal	1.6	1.8	0.22
Urology	2.6	2.9	0.30
Pain	5.2	5.3	0.05
Paediatrics	2.4	2.4	-0.04
ENT	2.6	2.5	-0.06
Breast	1.9	1.9	-0.05
Ortho	1.9	1.8	-0.06
Ophthalmology	3.6	3.4	-0.15
MaxFax	2.2	2.1	-0.11
Plastics	2.9	2.5	-0.43
Gynae	2.9	2.4	-0.46
Vascular	1.3	1.0	-0.35

Total	2.4	2.3	-0.10

The tables below outline the overall 10 largest backlog increases, 10 largest backlog reductions and 10 overall largest backlogs by specialty from last month. The largest overall backlog increases were within Orthopaedics, Ophthalmology and General Surgery. All 3 services were impacted by the higher referrals. Both General Surgery and Orthopaedics were impacted by theatre cancellations due to lack of theatre staff with 32 sessions cancelled in July.

The overall largest reductions in backlog size was achieved in Gastroenterology, paediatric ophthalmology and paediatric maxillofacial surgery.

Of the 60 specialties with a backlog, 38 saw their backlog increase, 3 specialties backlog stayed the same and 19 specialties reduced their backlog size.

Overall the non admitted backlog increased by 7.2%. The admitted backlog increased by 9.2%

	Admitted Backlog			Non Admitted Backlog			Total Backlog				
10 highest backlog increases	Jun 17	Jul 17	Change	Jun 17	Jul 17	Change	Jun 17	Jul 17	Change	% Change	RTT %
Orthopaedics	234	282	48	194	244	50	428	526	98	22.9%	87.9%
Ophthalmology	197	287	90	38	46	8	235	333	98	41.7%	94.7%
General Surgery	211	218	7	134	168	34	345	386	41	11.9%	88.2%
Paed Cardiology	8	14	6	49	74	25	57	88	31	54.4%	82.2%
Urology	385	428	43	130	117	-13	515	545	30	5.8%	82.4%
Paediatric ENT	407	432	25	24	25	1	431	457	26	6.0%	56.2%
Cardiology	88	92	4	59	81	22	147	173	26	17.7%	93.3%
Dermatology	-	-	0	32	47	15	32	47	15	46.9%	98.0%
Max Fax	102	105	3	35	46	11	137	151	14	10.2%	92.2%
Gynaecology	174	175	1	30	40	10	204	215	11	5.4%	93.7%

	Admitted Backlog			Non Admitted Backlog			Total Backlog				
10 highest backlog decreases	Jun 17	Jul 17	Change	Jun 17	Jul 17	Change	Jun 17	Jul 17	Change	% Change	RTT %
Gastroenterology	3	4	1	73	44	-29	76	48	-28	-36.8%	98.5%
Paed Ophthal	3	1	-2	9	-	0	12	1	-11	-91.7%	99.8%
Paed Max Fax	58	49	-9	4	4	0	62	53	-9	-14.5%	73.1%
Paediatric Urology	45	50	5	15	1	-14	60	51	-9	-15.0%	83.4%
Plastic Surgery	24	18	-6	10	9	-1	34	27	-7	-20.6%	96.0%
Allergy	-	1	0	47	41	-6	47	42	-5	-10.6%	86.5%
Colorectal Surgery	-	-	0	6	1	-5	6	1	-5	-83.3%	97.9%
Spinal Surgery	87	73	-14	249	259	10	336	332	-4	-1.2%	81.9%
Paed Neurology	-	-	0	6	2	-4	6	2	-4	-66.7%	98.2%
Anaesthetics	-	-	0	12	9	-3	12	9	-3	-25.0%	92.1%

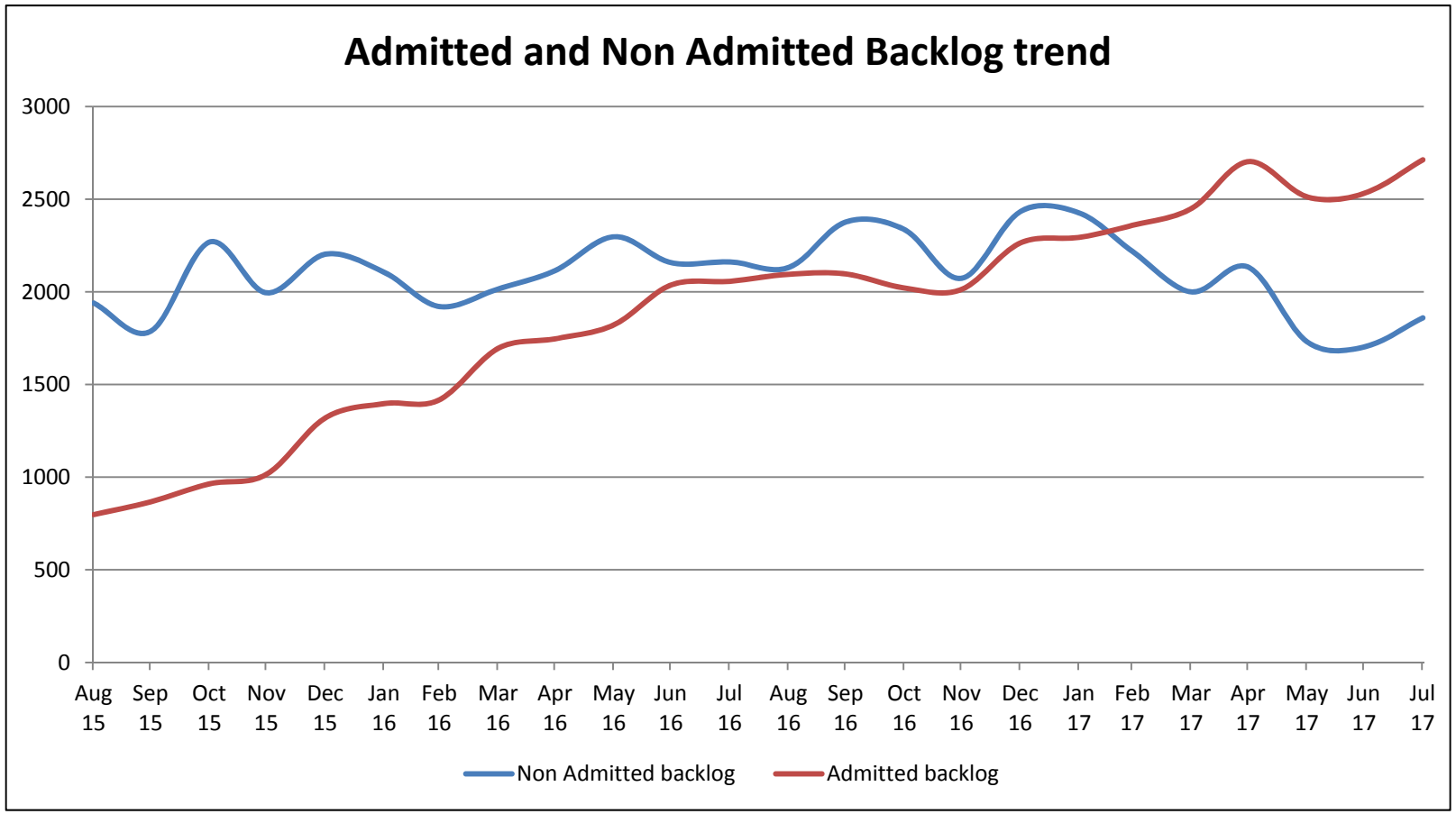
	Admitted Backlog			Non Admitted Backlog			Total Backlog				
10 highest overall backlogs	Jun 17	Jul 17	Change	Jun 17	Jul 17	Change	Jun 17	Jul 17	Change	% Change	RTT %
ENT	345	323	-22	212	237	25	557	560	3	0.5%	84.1%
Urology	385	428	43	130	117	-13	515	545	30	5.8%	82.4%
Orthopaedics	234	282	48	194	244	50	428	526	98	22.9%	87.9%
Paediatric ENT	407	432	25	24	25	1	431	457	26	6.0%	56.2%
General Surgery	211	218	7	134	168	34	345	386	41	11.9%	88.2%
Ophthalmology	197	287	90	38	46	8	235	333	98	41.7%	94.7%
Spinal Surgery	87	73	-14	249	259	10	336	332	-4	-1.2%	81.9%
Gynaecology	174	175	1	30	40	10	204	215	11	5.4%	93.7%
Cardiology	88	92	4	59	81	22	147	173	26	17.7%	93.3%
Max Fac	102	105	3	35	46	11	137	151	14	10.2%	92.2%

The table opposite illustrates changes in the non-admitted and admitted backlog size. The non-admitted backlog has remained relatively consistent over the past 18 months. At the end of July continues both the admitted and non admitted backlogs increased. UHLs current end of June non admitted RTT performance of 95.95% is the highest its been in 2 years since June 2015. During the same period the admitted backlog has increased by over 300%. RTT performance for Admitted is still below 74%

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.

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



ENT / Paediatric ENT	Background: Current backlog driven by a high level of cancellations from 2015/16 winter bed pressures that has carried over into 2016/17. Cancellations for both adult and Paediatric ENT have remained high over the winter period into 2017 due to limited bed capacity. This has also resulted in prior to the day cancellations or reduced booking of lists. The combined adult and paediatric ENT service has seen a referral increase of over 12% year to date to the previous financial year. Actions: Continued use of Medinet and wait list initiatives for admitted and non admitted patients continue to end of April 2017. On-going use after this point is pending further discussion. Change to balance pathway including new DOS and PRISM forms to direct patients at point of referral to most appropriate clinic. Additional 60 hours of theatre capacity for paediatric ENT agreed. Circa 42 patients. Agreement of Nuffield tariff for adult and paediatric patients circa 50 patients. Agreement with Paediatric Nursing to continue with circa 60 hours of week Paediatric ENT theatre sessions over August and September
General Surgery	Background: Current performance driven by lack of capacity to meet SLA demands. Circa 3 sessions per week. Service highly affected by winter bed pressures on inpatient and critical care beds resulting in patient cancelations. Further risk going into winter months of increased cancellations due to further bed pressure demands. The service has seen a 16% increase in referrals year on year. Actions: Continued WLI's for admitted and non-admitted pathways. Left shift minor work to the Alliance, business case for 2 additional consultants. Focused work on non admitted pathway bringing down waits for first appointments and waits in diagnostic reporting.
Orthopaedic Surgery	Background: Delays within with urgent diagnostic reporting adding to the outpatient pathway. Capacity gap between clinicians for sub specialties. Including Hand and Foot and Ankle patients. Impacted on elective cancellations to support emergency care. Impacted by cancelled theatre sessions due to lack of theatre staffing. Actions: Additional clinics to reduce outpatient backlog. ESP utilised across Orthopaedics and spines, double running of clinical fellows to increase clinical capacity.
Urology	Background: Lack of in week outpatient and theatre capacity. Increased cancellations Increased activity over and above SLA predicted 297 admitted patient’s full year and 10 increase in referrals from the previous year. Increase in patients cancelled before the day due to bed capacity. Alliance capacity decrease from Coventry and Warwick clinicians, impacts on ability to left shift activity. 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.

Diagnostic Performance

July diagnostic performance for UHL and the Alliance combined is 0.81% achieving the standard by performing below the 1% threshold. UHL alone achieved 0.87% for the month of July with 116 patients out of 13,356 not receiving their diagnostic within 6 weeks. Performance remains ahead of trajectory.

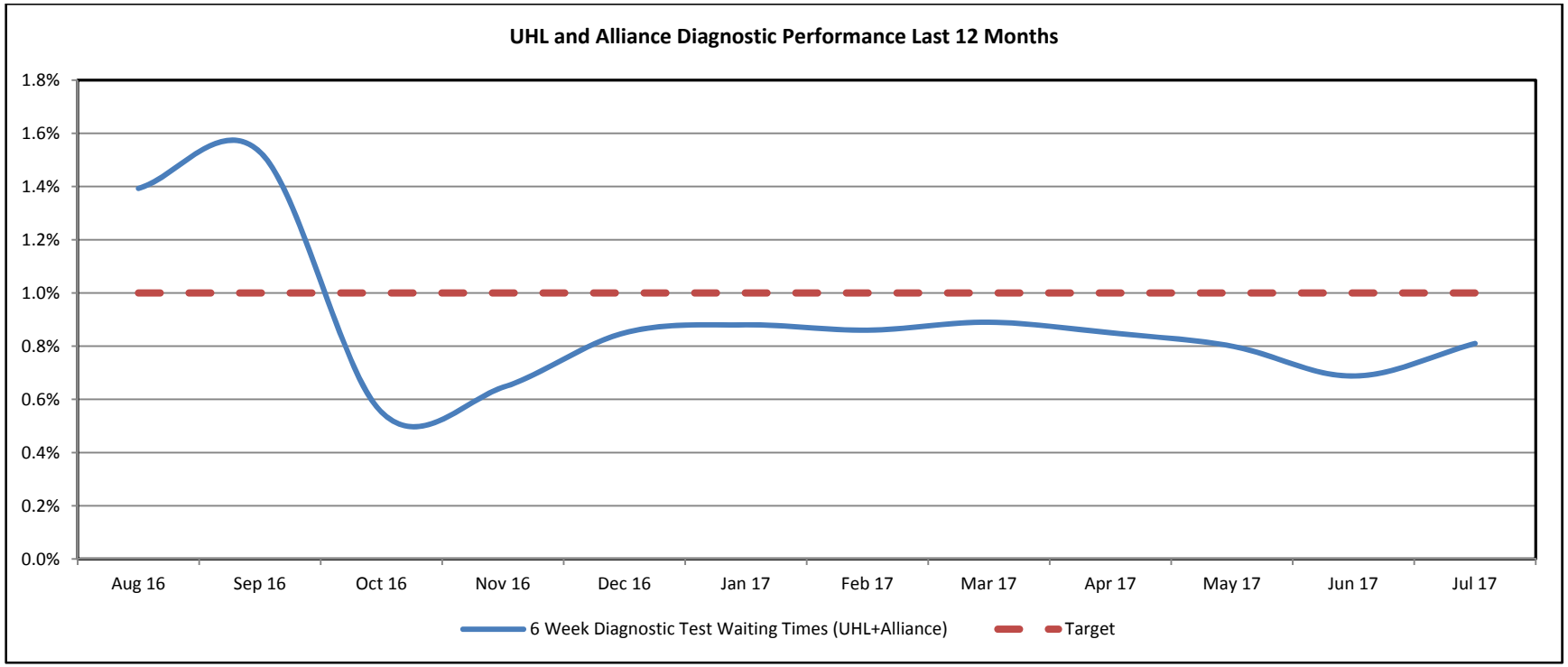
Of the 15 modalities measured against, 9 achieved the performance standard with 6 areas having waits of 6 weeks or more greater than 1%. Strong performance in non-obstetric ultrasound with 0 breaches from 5,907 patients (0%) audiology 0 breaches from 501 patients (0%) and Neurophysiology 0 breaches from 263 patients (0%) supported the overall Trust performance. The 5 modalities with the highest number of breaches are listed below:

Performance for cystoscopy remains an outlier after a rectified reporting issue for outpatient flexible cystoscopies occurred in May. The number of breaches for this modality has reduced from 41 in May to 28 in July with continued improved performance expected in August.

Future months performance

It is anticipated achieving diagnostic standard in August is a risk

- Clinical capacity constraints within Cardiology for patients requiring echocardiography have arisen as an issue for August. Additional capacity is being sourced within the service to limit the number of patients breaching. Circa 40 breaches are currently expected.
- Magnetic Resonance Imaging capacity remains a risk.



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

INDICATORS: The cancelled operations target comprises of two components	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%	1.0	1.01%	1.0%
2.The number of patients cancelled who are not offered another date within 28 days of the cancellation	2	0	18	55	12

Cancelled Operation Performance – Indicator 1

For July there were 115 non clinical hospital cancellations for UHL and Alliance combined. This resulted in a failure of the 0.8% standard as 1.0% of elective FCE's were cancelled on the day for non-clinical reasons (115 UHL 1.0% and 0 Alliance 0%).
UHL alone saw 115 patients cancelled on the day for a performance of 1.0%. 45 patients (40%) were cancelled due to capacity related issues of which 3 were Paediatrics. 70 patients were cancelled for other reasons. The 5 most common reasons for cancellation are listed below.
Cancellations related to list over runs are monitored via the Weekly Access Meeting and Theatre Program Board.

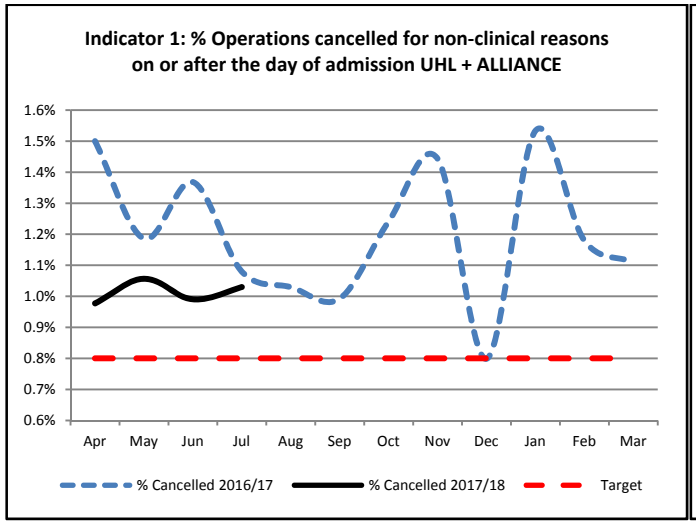
28 Day Performance – Indicator 2

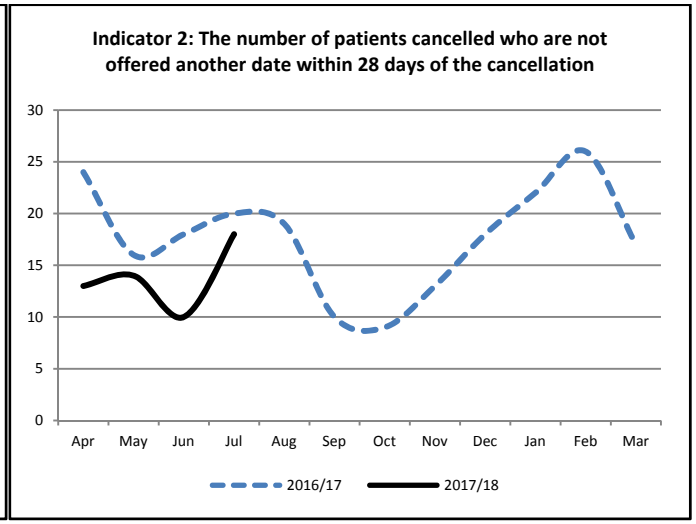
There were 18 patients who did not receive their operation within 28 days of a non-clinical cancellation. These comprised of CHUGGS 6, CSI 1, MSS 3 and RRCV 7, W&C 1.

Risk for next reporting period

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

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



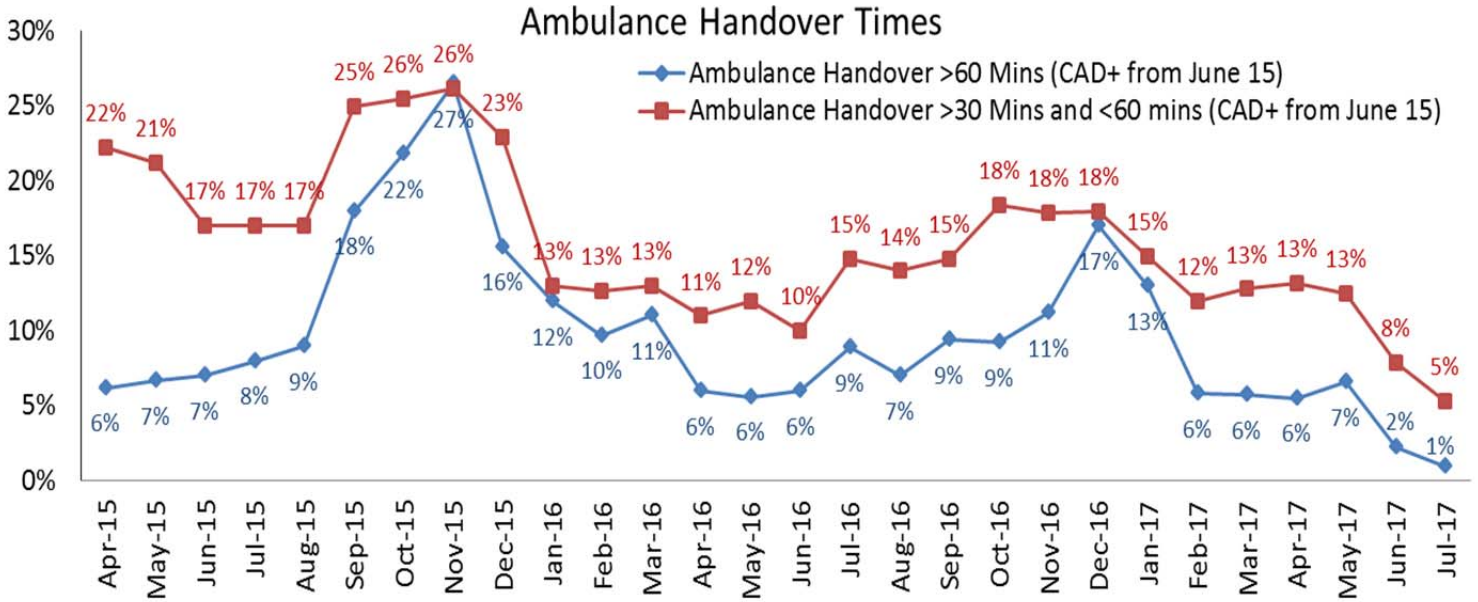


Ambulance handover > 30 minutes and >60 minutes - Performance

Indicators	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	17/18 YTD
Ambulance Handover >60 Mins (CAD+ from June 15)	9%	7%	9%	9%	11%	17%	13%	6%	6%	6%	7%	2%	1%	4%
Ambulance Handover >30 Mins and <60 mins (CAD+ from June 15)	15%	14%	15%	18%	18%	18%	15%	12%	13%	13%	13%	8%	5%	10%

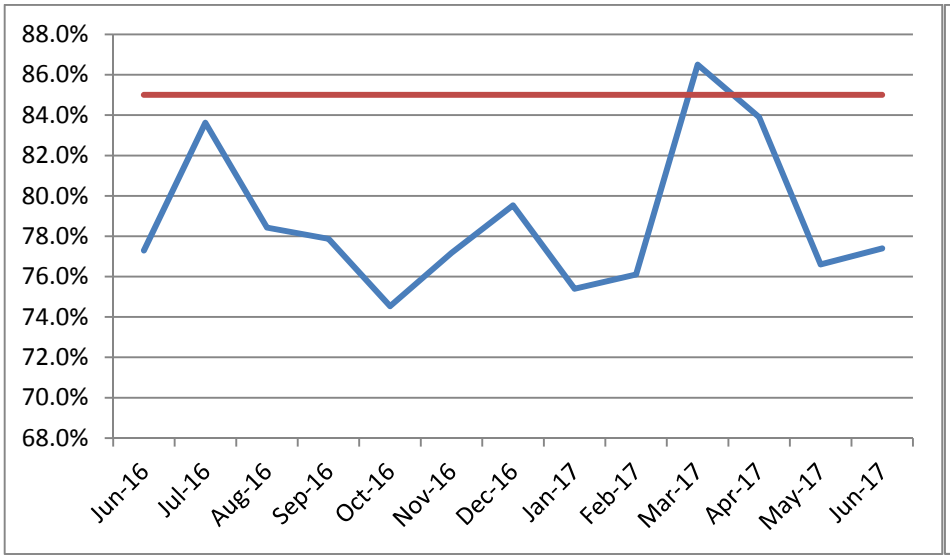
What actions have been taken to improve performance?

- Focussed work with staff embedding the new Standard Operation Procedures.
- Senior leadership on the shop floor both clinically and managerially to support ambulance offload.
- Daily SITREP meetings with the senior leadership team to review previous day before identifying key actions to improve processes.
- Frequent monitoring in Gold meetings to ensure traction.
- Real time escalation by duty team to Director on call of all patients that have waited longer than 60 minutes on an ambulance.
- GPAU opened longer to improve flow and appropriate patients moved from assessment bay into GPAU scheme.

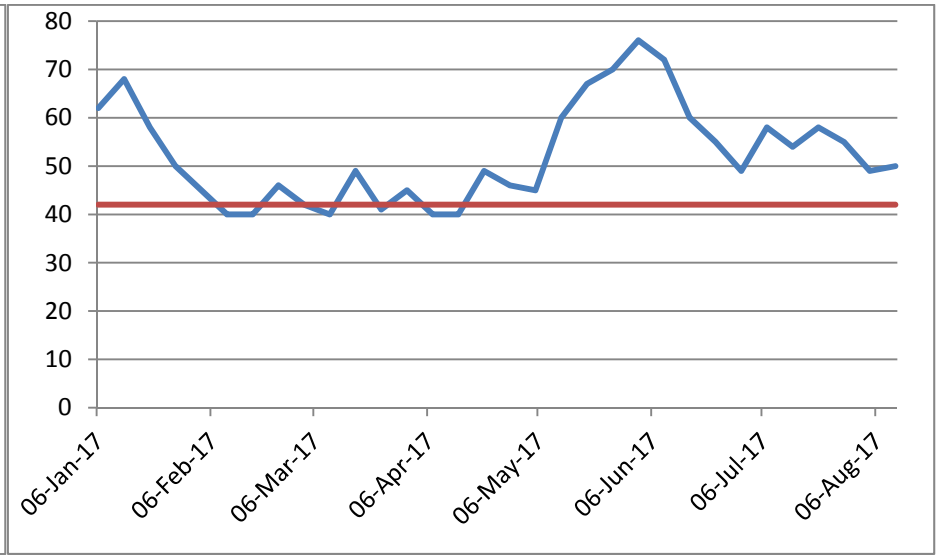


Cancer Waiting Time Performance
• Out of the 9 standards, UHL achieved 5 in June – 62 Day Screening, 31 Day First, 2WW, 31 Day Drug and 31 Day Radiotherapy. • 2WW performance remained strong in June achieving 95.1% against a national performance of 94.1%. July is also expected to deliver the standard. 2WW Breast failed to meet the standard, primarily as a result of patient choice. • 62 day performance failed at 77.4% in June, treating 181 of the 234 patients within breach. • The adjusted backlog continues to see a steady reduction as a result of ongoing focussed tumour site remedial action. At the time of reporting, the key tumour sites remain:- Gynae and Urology – representing 54% of the total backlog. • Review of the Cancer RAP has been completed with a confirm and challenge held on the 9th August 2017, the revised RAP will be shared with the CCG during August with further ratification expected.

62 Day Performance



62 Day Adjusted Backlog



62 Day Backlog by Tumour Site

The following details the backlog numbers by Tumour Site for week ending 11th August 2017.

The Trend reflects performance against target on the previous week.

The forecast position is the early prediction for week ending 18th August 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	1		2
HPB	0	3		3
Lower GI	6	5		10
Testicular	0	0		0
Upper GI	2	1		1
Urology	10	13		21
Skin	1	0		1
Breast	2	3		1
Head & Neck	5	5		5
Sarcoma	0	0		0
Lung	6	6		8
Gynaecology	7	14		13
Brain	0	0		0

Key themes identified in backlog (11th August)

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

Summary of delays	Numbers of patients	Summary
Complex Patients/Complex Diagnostic Pathways	7	Across 3 tumour sites, – these are patients undergoing multiple tests, MDTs, complex pathology reporting and diagnostics. This includes patients referred between multiple tumour sites with unknown primaries and patients with complex pathology to inform diagnosis. This also includes patients previously on a long term follow up pathway in Lung and PSA Surveillance patients in Urology. 2 patients required treatment to another primary tumour taking clinical priority delaying the pathway.
Capacity Delays – OPD & Surgical	4	In ENT and Lower GI, primarily where joint specialty surgical procedures are required with theatre capacity and availability of surgeons resulting in delayed TCI dates.
UHL Pathway Delays (Next Steps compliance)	11	Across 5 tumour sites – where more than 1 delay has occurred within the pathway and lack of compliance with Next Steps is evident. This includes where diagnostic tests have been incorrectly requested as non 2WW and subsequently escalated. This includes cancelled diagnostic procedures due to lack of beds (x3) where re-booking hasn't taken place within 7 days.
Patient Delays	15	Across 7 tumour sites – a significant proportion of the backlog where patients have DNA'd on multiple occasions , required patient thinking time re decision making for treatment planning , and general lack of engagement and patient holidays. This includes 5 patients where, having consented/agreed to surgery, they have changed their minds opting for chemo-radiotherapy.
Patients Unfit	9	Across 3 tumour sites, patients who are unavailable for treatment due to other ongoing health issues of a higher clinical priority mainly affecting Gynae, Lower GI and Urology at the time of reporting.
Late Tertiary Referrals	11	For HPB, Lower GI, Lung, Upper GI and Urology - patients referred at Day 39 and over from PBH (x1), ULH (x4), NGH (x4), KGH (1), Milton Keynes (x1). Day of referral ranges from Day 55 to Day 264

Backlog Review for patients waiting >104 days @ 11/8/17

The following details all patients declared in the 104 Day Backlog for week ending 11/8/17. Note the patient reference number has been added to track patients each month as requested by the CCG. Last month's report showed 13 patients in the 104 Day backlog, 9 of which have now been treated. There are currently 17 patients in the backlog at the time of reporting, 6 of which have treatment TCI dates agreed/planned.

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

Tumour Site	Total Number of Pts	Pt No	Current Wait (Days)	Confirmed Cancer Y/N	Treatment Date Y/N	Summary Delay Reasons
Lower GI	2	28	140	Y	Y	Patient underwent 6 diagnostic tests (clinically appropriate) prior to recommendation from MDT for long course chemo radiotherapy pre-operatively. Due to co-morbidities, ECHO, CPEX, and Oncology assessment required due to previous radiotherapy for prostate cancer. Following Oncology review, pending completion of bracatherapy treatment at another Trust, the patient should commence treatment with UHL 16.8.17
		35	124	Y	N	Tertiary referral received Day 65 from NGH, received 19.4.17. For Flexi 26.4.17 - patient cancelled requesting following holiday, dated for 16.5.17. EUA 23.5.17, results reviewed 31.5.17 - for anal MDT discussion. MDT 14.6.17, for anal outpatient discussion re treatment plans. OPD 27.6.17 cancelled by patient - rearranged for 11.7.17 following holiday. Further EUA TCI date delay due to capacity, EUA 3.8.17. Pathology reviewed, patient for CT/MRI 9.8.17. For MDT review 16.8.17
Breast	1	34	109	N	N	Patient was offered multiple dates prior to breach but due to work commitments has delayed further discussion until August 2017
HPB	1	45	113	Y	N	Tertiary referral received Day 55 from PBH. OPD 3.7.17 - for Lap IOUS 18.7.17. For Oncology discussion at PBH - delay to PBH outpatient 2.8.17. OPD UHL 10.8.17 - added to waiting list for surgery - awaits TCI date.

Tumour Site	Total Number of Pts	Pt No	Current Wait (Days)	Confirmed Cancer Y/N	Treatment Date Y/N	Summary Delay Reasons
Urology	8	27	139	N	N	Delay to diagnostic cystoscopy due to patient relying on family members to attend hospital with him. High risk anaesthetic review outcome - patient not fit for surgery requiring cardiology input. Delay to review with Cardiology due to patient being admitted for a non related issue. On discharge, the patient felt too unwell to travel to the hospital for assessment awaiting stress ECHO and pacemaker fitting. Pacemaker to be fitted 18/7/17, Urology to assess patient fitness for surgery post recovery from pacemaker fitting.
		31	157	Y	Y	Patient had treatment date planned prior to 62 day breach date which was subsequently cancelled due to spinal appearances in diagnostic imaging. Surgery placed on hold until spinal team assessment. Patient required radiotherapy to spine prior to Urology surgical treatment plus recovery time. Provisional TCI arranged pending recovery from radiotherapy treatment.
		39	292	Y	N	Tertiary referral received Day 264 from NGH. Received 10.7.17, however no UHL review until patient was consulted by NGH Oncology Team. Patient opted for robotic surgery, added to waiting list 20.7.17 - awaiting TCI date from service.
		40	132	Y	N	Tertiary referral received Day 118 from Lincoln, received 24.7.17. SMDT 3.8.17 - to recommend partial nephrectomy, OPD 11.8.17 - added to waiting list - await TCI date
		41	123	Y	N	Complex diagnostic pathway, high risk prostate cancer with need to rule out bone metastases. Patient away delaying TRUS by 14 days. TRUS, MRI and Bone scan complete by Day 56. Patient away 7 days following bone scan. MDT discussion recommended SMDT discussion? lymphadenopathy. Recommended percutaneous biopsy of lesion identified on CT. Delay to biopsy - date agreed within 12 days which wasn't performed on the day as mass close to caecum. Choline PET scan recommended. PET 16.8.17. Outpatients 24.8.17
		42	118	Y	Y	Delay to TRUS due to patient away during May, patient choice to wait until after holiday. TRUS 1.6.17. OPD 13.6.17 with results - for MRI and bone scan. Bone scan 22.6.17 - due to recent TRUS, patient can't have biopsy for 6 weeks. MRI 7.7.17. OPD 12.7.17 - added to waiting list for robotic prostatectomy.

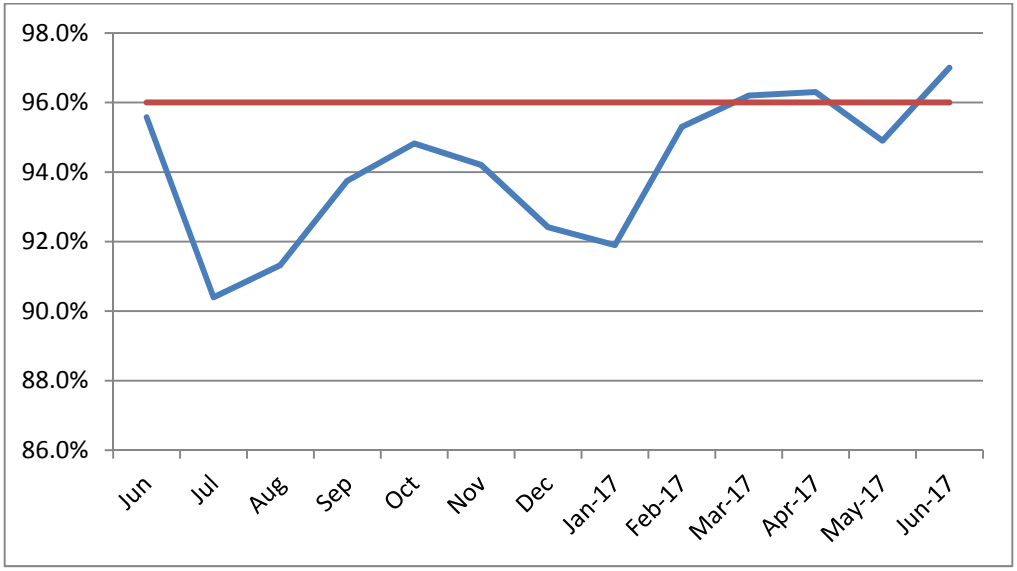
Tumour Site	Total Number of Pts	Pt No	Current Wait (Days)	Confirmed Cancer Y/N	Treatment Date Y/N	Summary Delay Reasons
Urology (cont'd)		43	105	Y	Y	All options patient following TRUS, transperineal biopsy and Flexi - intermediate risk prostate. Initially patient opted for surgery but declined initial date 24.7.17 as away. New date agreed.
		44	105	Y	Y	Patient unfit for TRUS due to ulcerative colitis pending completion of oral steroid therapy early July. TRUS 1.7.17 under GA. Results for SMDT discussion due to previous history of colon cancer - radical treatment recommended. Patient admitted for colitis delaying follow up - admitted 18.7.17, discharged 9.8.18. Commenced hormone therapy 10.8.17 as not fit for treatment.
Gynae	1	24	134	N	N	Patient couldn't tolerate outpatient hysteroscopy, required GA under named consultant. Delay to TCI date of 26 days. Following pre-assessment 22.5.17, the TCI date was cancelled as the patient was unfit with a water infection. CNS input supported patient engagement to attend, date agreed for 11.6.17 which was cancelled due to the patient unable to arrive due to ambulance transport in addition to sodium levels requiring further GP input prior to surgery. Discussions with the clinicians and GP recommended an MRI prior to re-dating, the patients carer declined dates offered as the patient was bed bound and required ambulance transport with a stretcher. Patient requested delay to further discussion until GP review 4/7/17. MRI arranged for 6/7/17 - cancelled by the patients carer as patient unwell. Service actively chasing GP for management of patients sodium levels. MRI rebooked for 12/7/17 - review report at clinical review 14/7/17 - patient still unfit - GP referred urgently for advice and guidance to Endocrinology. Update 17.7.17 - requires OPD with Gynae to discuss plan. OPD 28.7.17 - patient added to waiting list for diagnostic biopsy. TCI 9.8.17 - await pathology.
Head & Neck	1	46	127	Y	Y	TCI date agreed with patient prior to 62 day breach date, patient decided on attending clinic 2 days prior to TCI that he no longer wants surgery but wanted referring to Oncology. Oncology OPD offered 7 days later 21.6.17, patient declined as wants son present who lives in London. Arranged for 5.7.17 - patient cancelled - called to say they have changed their mind and now want surgery. OPD Surgery arranged 10.7.17, cancelled by patients daughter as they can't attend. Rearranged for 17.7.17. CNS actively engaging with patient to impress urgency of attending due to progression of tumour. OPD 17.7.17 - surgery no longer an option due to size of tumour breaking through skin, For consideration of radiotherapy. Oncology OPD 26.7.17, planning scan 3.8.17, start date 21.8.17

Tumour Site	Total Number of Pts	Pt No	Current Wait (Days)	Confirmed Cancer Y/N	Treatment Date Y/N	Summary Delay Reasons
Lung	3	36	161	N	Y	Tertiary referral received Day 155 from NGH, patient TCI 10.8.17 - await path for diagnosis. Treated if confirmed.
		37	156	N	N	At Day 27, patient was offered bronchoscopy but declined and opted for a course of antibiotics for 6 weeks. Repeat CT 19.6.17. OPD 31.7.17. For CT Guided Biopsy, patient delay due to clopidogrel - first date clinically appropriate 10.8.17 - patient declined. USGBX 14.8.17 - await outcome
		38	114	N	N	Patient previously on Long Term Follow Up protocol review, returned to active tracking 5.7.17 - Day 77 following check CT. For EBUS following Cardiology review. EBUS date offered 26.7.17, patient declined due to holiday - arranged for 4.8.17. MDT review 11.8.17

31 Day First Treatment – Performance

31 day 1st treatment performance was above the national target at 97% for June 2017. With a reduced backlog seen throughout June and July, July is not expected to deliver the standard at the time of reporting although validation continues.

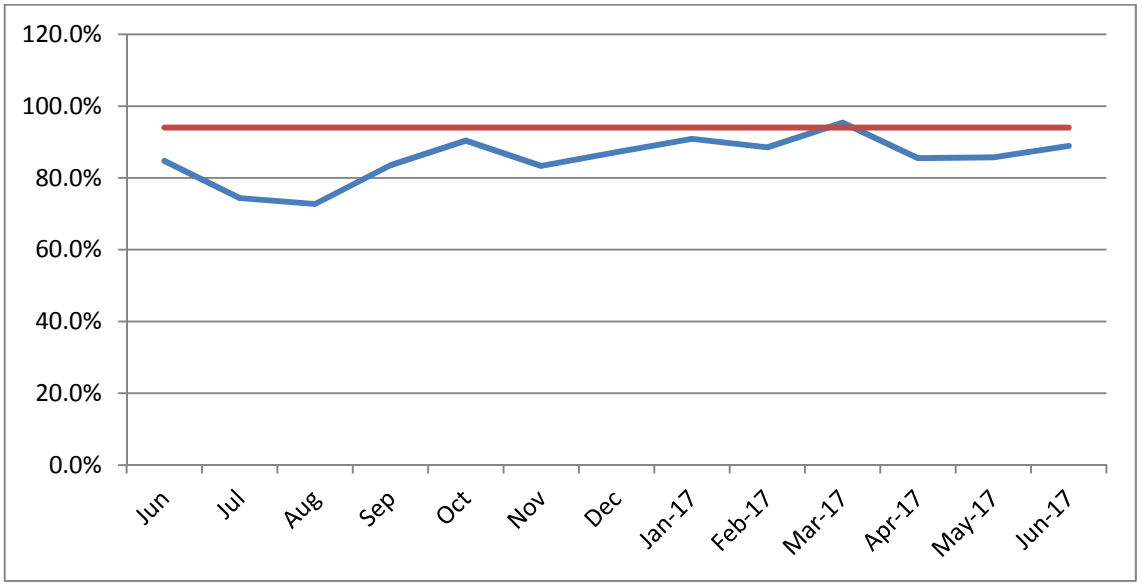
At the time of reporting, there are 11 patients in the backlog (across 7 tumour sites): access to beds and theatre capacity particularly around joint surgical cases, patient engagement issues, robotic procedures (Urology) and unfit patients has seen an increase in the backlog this month.



31 Day Subsequent Surgery Performance

31 day Subsequent performance for Surgery in July, although under performed at 88.9%, was a 3% improvement on the previous month with a reduced backlog throughout the month resulting.

The backlog at the time of reporting sits at 4, spread across 4 tumour sites. A combination of patient fitness, delays due to patient holidays and surgical capacity are reflected.



Summary of the plan

The recovery action plan (RAP) is the central repository detailing measureable actions agreed between the Cancer Centre, Tumour Sites and CCGs aimed to address recovery in performance delivery and quality of patient care.

It is recognised that a number of tumour sites have successfully achieved and closed down their actions over the past 12 months.

A full review of the RAP has taken place during July with a confirm and challenge held on the 9th August to triangulate the tumour site submissions for the RAP alongside the Next Steps audits, monthly thematic breach review findings and local operational knowledge to ensure the RAP accurately reflected the current issues having an impact on performance improvement against the 62 day standard.

This review has resulted in a number of revised and new actions being added which will go through further ratification at the Cancer/RTT CCG Board in August 2017.

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.	Internal factors impacting on delivery
5	Patients arriving after day 40 on complex pathways from other providers	Weekly feedback to tertiary providers. Specialty level feedback. NHS I co-ordinating ‘Manchester’ style agreement.	External factors impacting on delivery