Quality & Performance Report

Author: John Adler   Sponsor: Chief Executive   Date: PPPC + QOC 25th January 2018

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, PPPC and QOC. This complements the Exception Reports which are triggered automatically when identified thresholds are met.

Questions

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

Conclusion

Good News: **Mortality** – the latest published SHMI (period July 2016 to June 2017) has reduced to 100 and is within the expected range. **MRSA** – 0 avoidable cases reported this month. **C DIFF –** December was within threshold, however year to date position remains higher than the threshold. **Moderate harms and above** – within threshold in November (reported 1 month in arrears). **Diagnostic 6 week wait –** compliant for the 14th consecutive month. **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 December. **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 December. **Inpatient and Day Case Patient Satisfaction (FFT)** achieved the Quality Commitment of 97%. **Single Sex Accommodation Breaches** – 0 breaches reported in December.

Bad News: **UHL ED 4 hour performance** – was 71.5%, system performance (including LLR UCCs) was 79.5%. Further detail is in the COO's report. **Ambulance Handover 60+ minutes (CAD+)** – performance at 7% a significant increase from November but compares well to the 17% in December 2016. **Referral to Treatment –** was 90.2% against a target of 92%, reflecting the pro-active cancellation of non-urgent elective work in accordance with national policy. **Trolley waits** – 3 x 12 hour breaches reported in December. Further detail is in the COO's report. **Never events** – 1 reported in December. No harm was caused to the patient. **52+ weeks wait –** 1 patient (last December the number was 32). **Fractured NOF –** not achieved at 67.9%, lack of theatre capacity was the dominant factor. **Cancelled operations** and **patients rebooked within 28 days** – continued to be non-compliant. **Cancer 31 day and 62 day treatment** were not achieved in November – delayed referrals from network hospitals continue to be a significant factor. **Statutory and Mandatory Training** reported from HELM is at 84%. **Sickness absence** – 5.2% reported in

November (reported 1 month in arrears). This appears to reflect the significant seasonal increase in illness in the general population.

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: 22nd February 2018

Quality and Performance Report

December 2017

Caring at its best

University Hospitals of Leicester NHS Trust

One team shared values

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UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

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

DATE: 25TH JANUARY 2018

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

SUBJECT: DECEMBER 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	17	28	2
Caring	18	11	0
Well Led	19	23	5
Effective	20	8	2
Responsive	21	16	10
Responsive Cancer	22	9	5
Research – UHL	23	6	0
Total		101	24

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

Board Director amended from Tim Lynch to Eileen Doyle for all Responsive Indicators.
Quarter 1 to 3 figures reported for the End of Life Care Quality Commitment metric within the Caring Domain dashboard.

Summary Scorecard – YTD

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

SAFE	CARING	WELL LED	EFFECTIVE	RESPONSIVE
Moderate Harm	FFT Inp/DC	Turnover Rate	Mortality (SHMI)	ED 4hr Wait UHL
Never Events	FFT A&E	Sickness Absence	Crude Mortality	ED 4hr Wait UHL+LLR UCC
C. Diff	FFT Outpatients	Annual Appraisal	#NoF's <36 hrs	12 hr Trolley Waits
MRSA Avoidable	FFT Maternity	Statutory Training	Stroke – 90% Stay	RTT Incompletes
Serious Incidents	Single Sex Breaches		TIA	Diagnostic Waits
Pressure Ulcers G4			Readmissions <30 days	DTOC
Pressure Ulcers G3				Handover >60
Pressure Ulcers G2				Cancelled Ops
Falls				Cancer 62 Day

SUCCESSES:

- FFT Inpatient/DC **97%**
- Crude Mortality **1.9%**
- DTOC **2.2%**

ISSUES:

- **1** Avoidable Pressure Ulcers - Grade 4
- **6** Never Events
- **3** 12 hour Trolley Waits
- **11** Single Sex Accommodation Breaches
- RTT Incomplete **90.2%**
- Statutory & Mandatory training **84%**
- Sickness Absence **5.2%**
- Stroke TIA **57.3%**
- ED 4hr Wait UHL **79.5%**
- ED 4hr Wait UHL+LLR UCC **81.1%**
- Cancer 62 Day **79.0%**

Summary Scorecard – December 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.

SAFE	CARING	WELL LED	EFFECTIVE	RESPONSIVE
Moderate Harm	FFT Inp/DC	Turnover Rate	Mortality (SHMI)	ED 4hr Wait UHL
Never Events	FFT A&E	Sickness Absence	Crude Mortality	ED 4hr Wait UHL+LLR UCC
C. Diff	FFT Outpatients	Annual Appraisal	#NoF's <36 hrs	12 hr Trolley Waits
MRSA Avoidable	FFT Maternity	Statutory Training	Stroke – 90% Stay	RTT Incompletes
Serious Incidents	Single Sex Breaches		TIA	Diagnostic Waits
Pressure Ulcers G4			Readmissions <30 days	DTOC
Pressure Ulcers G3				Handover >60
Pressure Ulcers G2				Cancelled Ops
Falls				Cancer 62 Day

Key changes in indicators in the period:

SUCCESSES: (Red to Green)
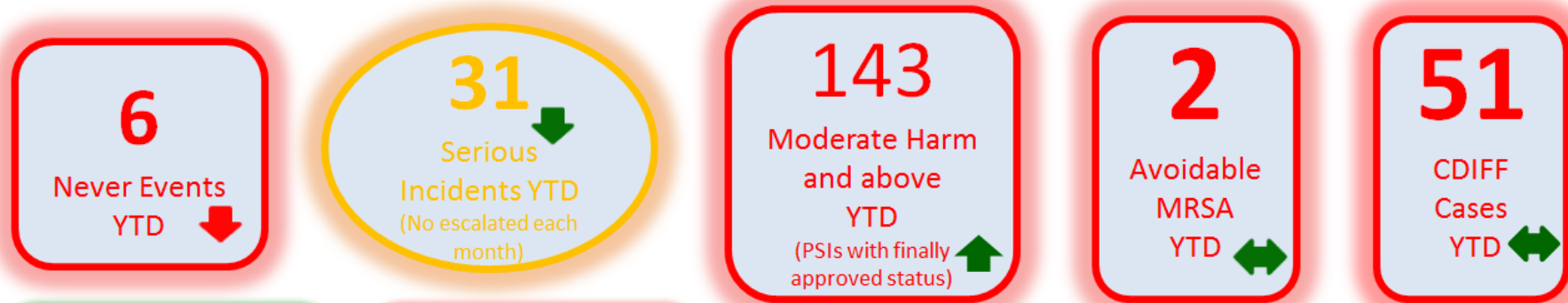- Single Sex Breaches
- Moderate Harm

ISSUES: (Green to Red)
- 12 Hour Trolley Waits
- Never Events
- #NoF's <36 hrs
- RTT Incomplete
- Emergency Crude Mortality

Domain - Safe

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

6
Never Events YTD ⬇

31 ⬇
Serious Incidents YTD
(No escalated each month)

143
Moderate Harm and above YTD
(PSIs with finally approved status) ⬆

2
Avoidable MRSA YTD ↔

51
CDIFF Cases YTD ↔

SUCCESSES

- The first seven 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
- 0 case of avoidable MRSA's reported in December.

ISSUES

- 1 Never events reported in December.
- 4 RIDDOR reported in December.

ACTIONS

- Safety Notice circulated to relevant medical and non-medical staff reinforcing Management of Surgical Swabs, Instruments and Needles.
- Accountable Items Policy (B35/2007 V4) and gynaecology literature review carried out to see if the use of a surgical glove is accepted surgical practice.
- Continue to monitor and report

SEPSIS

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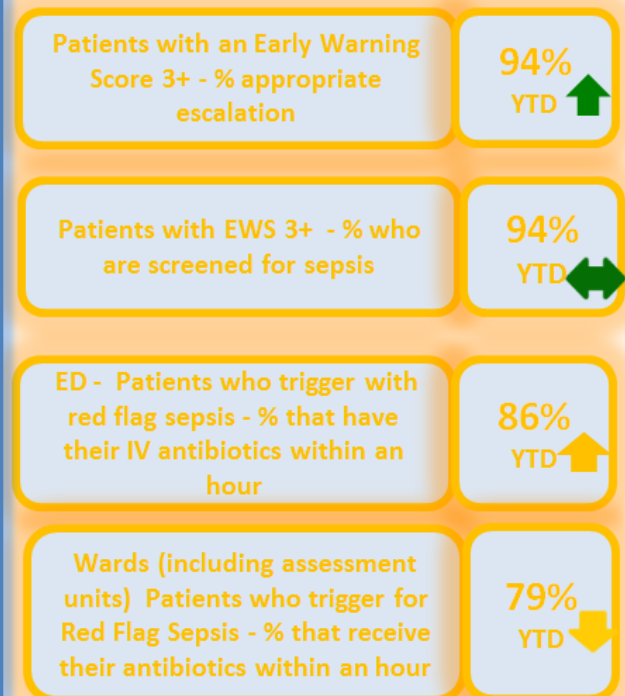
Domain - Caring

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

Friends and Family Test YTD % Positive

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

Staff FFT Quarter 2 2017/18 (Pulse Check)

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

SUCCESSES

- Friends and family test (FFT) for Inpatient and Daycase care combined are at 97% for December.
- Single Sex Accommodation Breaches – 0 reported in December.

ISSUES

- Patient Satisfaction (FFT) for ED remained at 95% for December, YTD is 95%.

ACTIONS

- Continuously exploring alternatives to prevent same sex breach occurring.

Single sex accommodation breaches

11
YTD ⬆

Domain – Well Led

Arrows represent current month performance against previous month, upward arrow represents improvement, downward arrow represents deterioration.
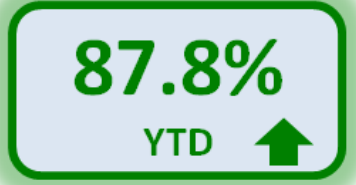
Friends and Family FFT YTD % Coverage

Inpatients FFT 33.4% ⬇
Day Case FFT 24.5% ⬇
A&E FFT 10.5% ⬇
Maternity FFT 41.7% ⬇
Outpatients FFT 6.0% ⬆

Staff FFT Quarter 2 2017/18 (Pulse Check)

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

SUCCESSES

- Inpatients and Daycase coverage remains above Trust target
- Corporate Induction attendance for December is 96%.

ISSUES

- Appraisals are 4.6% off target (this excludes facilities staff that were transferred over from Interserve).
- Statutory & Mandatory is 11% off the 95% target.
- A&E coverage for December was 8.1% against a target of 10%.
- Inpatients coverage for December was 25.4%, a reduction of 6.2% from November.

ACTIONS

- Please see the HR update for more information.
- Whilst our scores remain high, we continue to try and increase our coverage.

% Staff with Annual Appraisals

90.4% YTD ⬆

Statutory & Mandatory Training

84% YTD ⬆

BME % - Leadership

27% Qtr3
8A including medical consultants

13% Qtr3
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

100
Jul16-Jun17 ⬆

Stroke TIA clinic within 24hrs

57.3%
YTD ⬆

80% of patients spending 90% stay on stoke unit

87.8%
YTD ⬆

Emergency Crude Mortality Rate

2.7%
YTD ⬆

30 Days Emergency Readmissions

9.0%
YTD ⬇

NoFs operated on 0-35hrs

70.2%
YTD ⬇
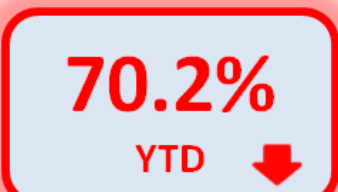
SUCCESSES

- Latest UHL's SHMI is 100. 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.
- Stroke TIA Clinic within 24 Hours for December is 65.3%.

ISSUES

- 30 Days Emergency Readmissions for November is 0.2% below threshold but one of our best performance YTD.
- Fractured NoF for December is 67.9%, a reduction of 7.5% from November.
- Emergency Crude Mortality Rate for December is 2.7%, an increase of 0.6% from previous month.

ACTIONS

- Pilot in CDU of Integrated Clinical Response Team following up all discharged patients by telephone.
- Integrated Discharge Team to build into their Standard Operating Procedures how to deal with patients at high risk of readmission using the PARR30 score.

Domain – Responsive

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

RTT - Incomplete 92% in 18 Weeks

90.2%
As at Dec ⬇

6 week Diagnostic Wait times

0.9% (Apr-17), 0.8% (May-17), 0.7% (Jun-17), 0.8% (Jul-17), 0.6% (Aug-17), 0.4% (Sep-17), 0.4% (Oct-17), 0.8% (Nov-17), 0.9% (Dec-17)

Cancelled Operations UHL

1.0% (Apr-17), 1.1% (May-17), 1.0% (Jun-17), 1.0% (Jul-17), 1.1% (Aug-17), 1.3% (Sep-17), 1.3% (Oct-17), 1.4% (Nov-17), 1.3% (Dec-17)

RTT 52 week wait incompletes

1
As at Nov ⬇

ED 4Hr Waits UHL

A&E **79.5%** YTD ⬇

ED 4Hr Waits UHL+LLR UCC

81.1% YTD ⬇

Ambulance Handovers

3% > 60mins ⬇
8% 30-60mins ⬇
YTD

SUCCESSES

- Diagnostic 6 week wait – we have now achieved 15th consecutive months below the 1% national target.

ISSUES

- ED 4hr wait and on the day cancelled operations.
- Cancelled operations continue to grow in response to operational pressure on the 4 hour wait.
- Ambulance handover 60+ minutes – December performance at 7%.
- RTT was 1.8% below threshold.
- 1 patient waiting over 52+ weeks (last December the number was 32).

ACTIONS

- For ED 4hour wait and Ambulance Handovers please refer to Chief Operating Officers report.
- Please see detail on improved flow that will support cancelled ops improvement.
- Daily look back at the previous days cancellation are in place to ensure correct escalation of all cancellations and to view if any lessons can be learned to avoid cancellations in future.

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% Nov ⬆

31 day wait

95.1% YTD

94.4% Nov ⬆

62 day wait

79.0% YTD

75.7% Nov ⬇

31 day backlog

10 Dec ⬆

SUCCESSES

Cancer performance is reported 1 month in arrears.

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

ISSUES

- 31 day wait was 1.6% off target for November.
- Cancer 62 day treatment – was 9.3% off target for November.

ACTIONS

- Move to 7 day first appointment will further improve CMG position.
- Weekly engagement to foster joint ownership of the performance challenge
- Discussion with W&C CMG about dropping in additional management resource from Cancer center to work with the team to change pathways.
- Oncology is escalated weekly. We are in the process of appointing 3 locums.
- Implementation of the new rules for cancer patients.
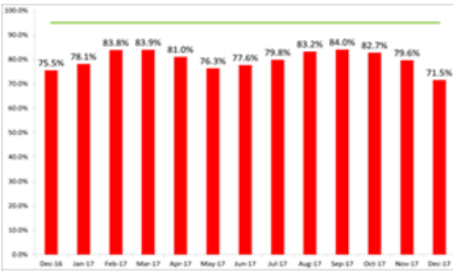
62 day backlog

62 Dec ⬇

62 day adjusted backlog

54 Dec ⬇

11
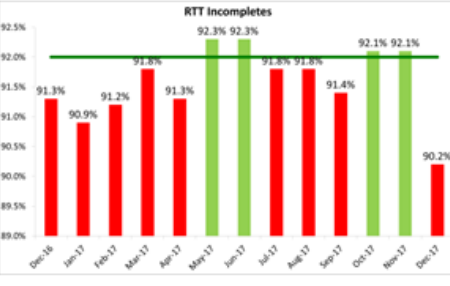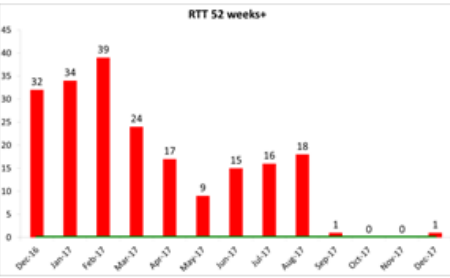
Description	Target/Current Performance	Trend	Key Messages	Key Actions
RIDDOR – Number of Serious Staff Injuries	**17/18 Target – <=40** 4 reported in December, bringing our YTD total to 47. For the same period last year we had 24. Total reported for 2016/17 was 35. This period we have reported 17 RIDDOR incidents for this quarter. This represents a nine month total that is now 23 beyond target. To put this figure into perspective, it means that we have reported almost double the amount of incidents compared to the entire period in 16/17 with 3 months of the year left.	**Trend** 	As we have reported previously there doesn't seem to be a theme in terms of incident type or location. Whereas the numbers are boosted by the inclusion of Estates and Facilities there is still an underlying large increase. The amount of over 7 day incidents in notable in these figures and it is therefore difficult to pinpoint any other cause than this being a reflection of the tremendous work pressures that staff are facing throughout the UHL.	Continue to monitor and report. Explore whether there is a correlation between self-reported stress levels and RIDDOR reported incidents by location.
Never Events – is a measure of the number of UHL never events at month end.	**17/18 Target – 0** 1 never events reported in December and 6 reported year to date.	**Trend** 	**Retained foreign object post procedure - Retained saline filled surgical glove.** A patient had a total laparoscopic hysterectomy carried out and during the procedure a surgical glove is filled with saline and placed in the lower part of the vagina. This is to maintain the pneumoperitoneum and enables the vaginal vault to be sutured laparoscopically. Post the procedure the glove is removed and should be included in the surgical swab and instrument	**Immediate Actions -** Safety Notice circulated to relevant medical and non-medical staff reinforcing Management of Surgical Swabs, Instruments and Needles. Accountable Items Policy (B35/2007 V4) and gynaecology literature review carried out to see if the use of a surgical glove is accepted surgical practice.

Description	Target/Current Performance	Trend	Key Messages	Key Actions
			counts. The patient went to see her GP five weeks after discharge from UHL as she was experiencing vaginal discharge, it was noted that a surgical glove was in situ.	
ED 4 Hour Waits - is a measure of the percentage of patients that are discharged, admitted or transferred within four hours of arrival at the Emergency Department (ED).	**17/18 Target - 95% or above** 71.5% of patients were treated within 4 hours, a reduction of 8.1% from November.	**Benchmark** **Trend** 	The performance against the 4-hour emergency care target remains lower than trajectory. December's performance was our lowest performance for any month since records began in 2010.	There is a robust action plan, monitored weekly, to work towards the target.
% Operations cancelled for non-clinical reasons on or after the day of admission UHL + ALLIANCE	**17/18 Target – 0.8% or below** December 1.3%, YTD 1.2%	**Benchmark** 	For December there were 129 non clinical hospital cancellations for UHL and Alliance combined. This resulted in a failure of the 0.8% standard as 1.4% of elective FCE's were cancelled on the day for non-clinical reasons (127 UHL 1.4.% and	An elective pause to support with Emergency demands within UHL commenced during December running to the end of January 2018. This has limited cancellations on the day with the decision to cancel earlier

Description	Target/Current Performance	Trend	Key Messages	Key Actions
			2 Alliance 0.2%).	before the day, giving patients as much notice as possible. Overall there were 46 more cancellations compared to December 2016.
Ambulance Handover >60 Mins (CAD+ from June 15) – is a measure of the percentage of handover delays over 60 minutes	**17/18 Target – 0%** December's performance was 7% a significant increase of 6.2% from November.		There has been significant improvement in ambulance handovers since moving into the new department, with increased assessment and majors capacity.	This continues to be a key focus every day and is reviewed at each Operational Command Meeting.
RTT Incomplete 92% in 18 Weeks UHL+ALLIANCE – is a measure of patients treated within 18 weeks of referral.	**17/18 Target – 92%** The combined performance for UHL and the Alliance for RTT in December was 90.2%. The Trust did not achieve National Standard.		Overall combined performance saw 6,133 patients in the backlog, an increase of 1,178 since the last reporting period (UHL increase of 1,062 Alliance reduction of 116). The number of patients waiting over 18 weeks for treatment was 1,241 greater than the required amount. The RTT performance reduced by 1.9% between November and	Discussions with LLR Commissioners are occurring to agree a system wide response. Due to limited capacity both physical and clinical, the main action to improve performance remains using external capacity via the independent sector. Right sizing bed capacity to increase the number of admitted patients able to received treatment.

Description	Target/Current Performance	Trend	Key Messages	Key Actions
		Trend RTT Incompletes 	December. greatly exceeds the change seen in previous years with RTT performance reducing by 0.9% in 2016 and 1.0 in both 2015 and 2014. The increase in cancellations on and before the day due to the start of an elective pause was a principle factor.	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.
RTT 52 Weeks+ Wait (Incompletes) UHL+ALLIANCE – number of patients waiting over 52 weeks from referral date.	**17/18 Target – 0** At the end December there was 1 patient with an incomplete pathway at more than 52 weeks. 32 patients were waiting over 52+ weeks last December.	**Trend** RTT 52 weeks+ 	This was an ENT pathway error that was rectified in the last week of December giving insufficient time to bring the patient in for their treatment. Due to current capacity constraints the patient's 2 TCIs in January have both been cancelled.	The specialty is exploring other options including the Independent Sector for the patient to receive treatment.
31-Day (Diagnosis To Treatment) Wait For First Treatment: All Cancers	**17/18 Target – 96% or above** 31 day 1st treatment performance was below the national target at 94.4% for November which was a 1.4% improvement on the previous month.	**Benchmark** UHL Peer Ranking - 31-DAY FIRST TREAT (n/18) 	Failure to achieve target was as a result of non compliance in Gynae, Skin, Upper GI and Urology primarily. At the time of reporting, the backlog has increased to 30 for 31 day first treatments, over 50% of which is with Gynae and Urology. Patient choice delays particularly in Gynae and Skin where adjustments are not applicable for outpatient	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

Description	Target/Current Performance	Trend	Key Messages	Key Actions
		Trend Cancer - 31 Day Wait	procedures and surgical cancellations across a number of services having a significant impact.	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.
62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers	**17/18 Target – 85% or above** 62 day performance failed at 75.7% in November with no adjustment for tertiary activity applicable. This was following local adjustments agreed and communicated for the last period. At the time of reporting, the local adjustments will no longer apply following review by NHSI.	**Benchmark** UHL Peer Ranking - 62-DAY GP Referral (n/18) **Trend** Cancer - 62 Day Wait	Across 8 tumour sites, – these are patients undergoing multiple and repeat diagnostic tests, MDTs, complex pathology reporting and diagnostics. This includes patients referred between multiple tumour sites with unknown primaries, patients with complex pathology requiring additional testing outside UHL , where treatment plans have changed either due to the patient or clinical decision making based on additional diagnostic tests and complex joint surgical procedures.	New local rules agreed by CCB in November 2017 is expected to result in a positive impact on 62 day performance as adjustments are applied, early forecasting for November suggests an improved position but we still expected to fail the standard.

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	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-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	15	9	17	18	12	23	24	14	19	23	16	12		143
S2	Serious Incidents - actual number escalated each month	AF	MD	<=37 by end of FY 17/18	UHL	Red / ER if >8 in mth or >5 for 3 consecutive mths	May-17	41	50	37	2	3	1	3	4	5	3	5	3	5	3	1	2	31
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	17.1	15.8	15.8	14.2	16.3	15.8	15.1	15.5	14.0	14.5	14.7	15.0	19.0	14.0
S4	SEPSIS - Patients with an Early Warning Score 3+ - % appropriate escalation - reported 1 month in arrears	AF	SH	95%	UHL	TBC	Dec-17	New Indicator		88%	88%	89%	89%	90%	91%	91%	92%	94%	94%	95%	95%	95%	96%	94%
S5	SEPSIS - Patients with EWS 3+ - % who are screened for sepsis - reported 1 month in arrears	AF	SH	95%	UHL	TBC	Dec-17	New Indicator		93%	99%	99%	97%	96%	96%	95%	94%	92%	94%	93%	95%	96%	96%	94%
S6	SEPSIS - ED - Patients who trigger with red flag sepsis - % that have their IV antibiotics within an hour - reported 1 month in arrears	AF	SH	90%	UHL	TBC	Dec-17	New Indicator		76%	76%	83%	88%	85%	86%	86%	87%	86%	86%	85%	86%	87%		86%
S7	SEPSIS - Wards (including assessment units) Patients who trigger for Red Flag Sepsis - % that receive their antibiotics within an hour - reported 1 month in arrears	AF	SH	90%	UHL	TBC	Dec-17	New Indicator		55%	76%	78%	77%	85%	81%	75%	82%	80%	75%	80%	84%	79%		79%
S8	Overdue CAS alerts	AF	MD	0	NHSI	Red if >0 in mth ER = in mth >0	Nov-16	10	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
S9	RIDDOR - Serious Staff Injuries	AF	MD	FYE <=40	UHL	Red / ER if non compliance with cumulative target	Oct-17	24	32	28	2	5	4	2	7	3	5	4	4	7	4	9	4	47
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	3	0	0	1	0	1	0	1	6
S11	Clostridium Difficile	JS	DJ	61	NHSI	Red if >mthly threshold / ER if Red or Non compliance with cumulative target	Nov-17	73	60	60	0	5	7	5	5	0	10	5	7	9	7	4	4	51
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	1	1	0	0	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	1	1	0	0	0	2
S14	MRSA Total	JS	DJ	0	UHL	Red if >0 ER if >0	Nov-17	1	0	3	0	0	1	1	0	0	0	0	1	1	0	0	0	2
S15	E. Coli Bacteraemias - Community	JS	DJ	TBC	NHSI	TBC	TBC	New Indicator		476	9	16	11	13	40	40	51	47	40	38	42	38	35	371
S16	E. Coli Bacteraemias - Acute	JS	DJ	TBC	NHSI	TBC	TBC	New Indicator		121	39	33	42	40	8	5	3	5	2	10	3	10	9	55
S17	E. Coli Bacteraemias - Total	JS	DJ	TBC	NHSI	TBC	TBC	New Indicator		597	48	49	53	53	48	45	54	52	42	48	45	48	44	426
S18	MSSA - Community	JS	DJ	TBC	NHSI	TBC	TBC	New Indicator		134	8	10	16	13	7	11	10	15	13	12	12	3	17	100
S19	MSSA - Acute	JS	DJ	TBC	NHSI	TBC	TBC	New Indicator		30	51	53	57	59	2	9	3	6	2	1	1	3	4	31
S20	MSSA - Total	JS	DJ	TBC	NHSI	TBC	TBC	New Indicator		164	59	63	73	72	9	20	13	21	15	13	13	6	21	131
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%	98.0%	97.7%	96.7%	97.2%	97.8%	97.4%	97.4%	98.0%	98.0%	98.1%	97.8%	98.1%	97.8%
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%	95.1%	95.0%	95.1%	95.1%	95.4%	95.8%	96.2%	95.9%	96.1%	95.7%	95.8%	96.1%	95.2%	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	5.7	5.4	5.7	5.7	6.0	5.5	5.8	4.9	6.0	5.8	5.6	5.4		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	0	0	0	0	0	1	0	0	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	3	1	0	0	4	0	0	0	0	0	1	5
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	5	8	7	5	6	5	2	4	1	8	3	1	7	37
S27	Maternal Deaths (Direct within 42 days)	AF	IS	0	UHL	Red or ER if >0	Jan-17	1	0	2	0	0	0	0	0	0	0	0	0	0	0	1	0	1
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%	16.3%	17.9%	17.0%	16.7%	18.4%	19.3%	18.0%	16.6%	18.3%	17.7%	19.3%	16.1%	18.0%	18.0%

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	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	17/18 YTD
C1	>75% of patients in the last days of life have individualised End of Life Care plans	JS	CR	75%	QC	Red if <70% ER if in Qtr <70%		NEW INDICATOR							100%	100%	100%	100%	100%	100%	88%	88%	88%	96%
C2	Formal complaints rate per 1000 IP,OP and ED attendances	AF	MD	No Target	UHL	Monthly reporting	Aug-17	NEW INDICATOR		1.1	1.2	1.2	0.9	1.2	1.1	1.1	1.1	1.0	1.6	1.5	1.8	1.2	1.3	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 2 cases)			0% (0 out of 3 cases)			0.0
C4	Published Inpatients and Daycase Friends and Family Test - % positive	JS	HL	97%	UHL	Red if <95% ER if red for 3 consecutive months Revise threshold 17/18	Jun-17	New Indicator	97%	97%	97%	96%	96%	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%	95%	95%	95%	96%	96%	96%	96%	96%	97%	95%	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%	99%	98%	99%	98%	99%	98%	98%	98%	99%	98%	99%	98%
C7	A&E Friends and Family Test - % positive	JS	HL	97%	UHL	Red if <95% ER if red for 3 consecutive months Revised threshold 17/18	Jun-17	96%	96%	91%	91%	93%	94%	95%	94%	93%	96%	95%	98%	96%	95%	95%	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%	92%	92%	92%	92%	92%	93%	95%	94%	95%	95%	94%	95%	96%	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%	93%	96%	94%	95%	94%	95%	96%	94%	93%	93%	93%	95%	94%	94%
C10	Friends & Family staff survey: % of staff who would recommend the trust as place to receive treatment (from Pulse Check)	LT	LT	TBC	NHSI	TBC	Aug-17	69.2%	70.0%	73.6%	73.3%	72.7%			74.3%			70.7%						72.5%
C11	Single Sex Accommodation Breaches (patients affected)	JS	HL	0	NHSI	Red if >0 ER if 2 consecutive months >5	Dec-16	13	1	60	14	6	4	1	3	3	1	2	0	0	1	1	0	11

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	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	17/18 YTD
W1	Published Inpatients and Daycase Friends and Family Test - Coverage (Adults and Children)	JS	HL	Not Applicable	N/A	Not Appicable	Jun-17	New Indicator	27.4%	30.2%	27.5%	27.2%	30.7%	30.4%	32.4%	31.9%	27.7%	31.0%	29.3%	29.4%	28.2%	27.7%	24.2%	29.1%
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%	31.9%	31.3%	35.4%	33.8%	37.1%	37.2%	30.6%	37.7%	35.6%	33.2%	32.4%	31.6%	25.4%	33.4%
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%	22.3%	22.5%	25.5%	26.4%	27.1%	26.4%	24.7%	23.9%	22.7%	25.3%	23.8%	23.9%	22.8%	24.5%
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%	7.1%	10.4%	13.8%	12.1%	13.8%	8.3%	9.4%	11.1%	13.5%	12.4%	9.7%	8.8%	8.1%	10.5%
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%	5.7%	5.9%	5.9%	6.5%	5.4%	5.6%	6.0%	5.7%	6.4%	6.6%	6.1%	6.0%	6.3%	6.0%
W6	Maternity Friends and Family Test - Coverage	JS	HL	30%	UHL	Red if <26% ER if 2 mths Red	Jun-17	28.0%	31.6%	38.0%	37.1%	40.9%	38.0%	41.1%	46.8%	44.1%	42.2%	43.3%	40.9%	38.8%	40.3%	46.0%	33.8%	41.7%
W7	Friends & Family staff survey: % of staff who would recommend the trust as place to work (from Pulse Check)	LT	BK	Not within Lowest Decile	NHSI	TBC	Sep-17	54.2%	55.4%	61.9%	62.9%	61.4%			62.5%			57.3%						59.9%
W8	Nursing Vacancies	JS	MM	TBC	UHL	Separate report submitted to QAC	Dec-17	New Indicator	8.4%	9.2%	7.1%	7.6%	7.4%	9.2%	10.9%	9.9%	11.1%	10.8%	10.3%	9.7%	9.4%	11.1%	11.4%	11.4%
W9	Nursing Vacancies in ESM CMG	JS	MM	TBC	UHL	Separate report submitted to QAC	Dec-17	New Indicator	17.2%	15.4%	14.5%	11.9%	13.7%	15.4%	19.7%	16.9%	21.3%	23.3%	22.5%	22.4%	22.1%	23.8%	22.7%	22.7%
W10	Turnover Rate	LT	LG	TBC	NHSI	Red = 11% or above ER = Red for 3 Consecutive Mths	Nov-17	11.5%	9.9%	9.3%	9.3%	9.3%	9.3%	9.3%	8.7%	8.8%	8.8%	8.8%	8.7%	8.5%	8.6%	8.5%	8.5%	8.5%
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%	3.6%	3.7%	3.5%	3.3%	3.3%	3.5%	3.6%	3.7%	3.8%	4.0%	4.4%	5.2%		3.9%
W12	Temporary costs and overtime as a % of total paybill	LT	LG	TBC	NHSI	TBC	Nov-17	9.4%	10.7%	10.6%	10.1%	10.8%	10.5%	11.4%	11.1%	11.0%	11.1%	11.2%	11.6%	11.0%	10.7%	11.5%	9.9%	11.1%
W13	% of Staff with Annual Appraisal (excluding facilities Services)	LT	BK	95%	UHL	Red if <90% ER if 3 consecutive mths <90%	Dec-16	91.4%	90.7%	91.7%	91.7%	91.6%	92.4%	91.7%	92.1%	92.5%	92.1%	91.7%	91.2%	91.0%	90.9%	89.9%	90.4%	90.4%
W14	Statutory and Mandatory Training	LT	BK	95%	UHL	TBC	Dec-16	95%	93%	87%	83%	81%	82%	87%	86%	85%	85%	85%				81%	84%	84%
W15	% Corporate Induction attendance	LT	BK	95%	UHL	Red if <90% ER if 3 consecutive mths <90%	Dec-16	100%	97%	96%	99%	98%	97%	96%	100%	98%	96%	98%	97%	94%	95%	97%	96%	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%		27%
W17	BME % - Leadership (8A – Excluding Medical Consultants)	LT	AH	28%	UHL	4% improvement on Qtr 1 baseline	Oct-17			12%	12%		12%			12%			13%			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%	20%	20%	20%	20%	20%	20%	20%	20%
W19	Executive Team Turnover Rate - Non Executive Directors (rolling 12 months)	LT	AH	TBC	UHL	TBC	Nov-17			25%	25%	25%	25%	25%	25%	25%	29%	14%	14%	14%	14%	14%	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%	90.4%	91.6%	91.6%	89.8%	90.3%	90.3%	89.9%	89.4%	87.8%	93.3%	92.3%	93.3%	91.6%	90.7%
W21	DAY Safety staffing fill rate - Average fill rate - care staff (%)	JS	MM	TBC	NHSI	TBC	Apr-17	94.0%	92.0%	92.3%	91.9%	89.7%	91.1%	87.4%	96.7%	91.6%	87.9%	93.0%	94.9%	106.1%	109.6%	113.0%	110.4%	99.5%
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%	96.9%	97.6%	97.2%	96.2%	96.6%	96.5%	95.9%	95.4%	95.2%	93.2%	90.3%	91.1%	91.5%	94.0%
W23	NIGHT Safety staffing fill rate - Average fill rate - care staff (%)	JS	MM	TBC	NHSI	TBC	Apr-17	99.8%	98.9%	97.1%	98.5%	95.8%	97.8%	94.7%	100.2%	99.1%	93.1%	100.2%	107.7%	114.3%	119.9%	122.5%	117.7%	108.2%

Effective

KPI Ref	Indicators	Board Director	Lead Officer	17/18 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	DQF Assessment outcome/Date	14/15 Outturn	15/16 Outturn	16/17 Outturn	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	17/18 YTD
E1	Emergency readmissions within 30 days following an elective or emergency spell	AF	CM	Monthly <8.5%	QC	Red if >8.6% ER if >8.6%	Jun-17	8.51% Target 7%	8.9%	8.5%	8.7%	8.7%	8.4%	8.8%	9.5%	9.0%	9.0%	8.9%	9.2%	9.3%	8.5%	8.6%		9.0%
E2	Mortality - Published SHMI	AF	RB	<=99	QC	Red/ER if not within national expected range	Sep-16	103	96	102 (Oct15-Sep16)	101 (Jul15-Jun16)				102 (Oct15-Sep16)		101 (Jan16-Dec16)			101 (Apr16-Mar17)			100 (Jul16-Jun17)	100 (Jul16-Jun17)
E3	Mortality - Rolling 12 mths SHMI (as reported in HED) Rebased	AF	RB	<=99	QC	Red/ER if not within national expected range	Sep-16	98	97	101	101	101	101	100	100	100	98	97	94	Awaiting HED Update				94
E4	Mortality - Rolling 12 mths HSMR (Rebased Monthly as reported in HED)	AF	RB	<=99	UHL	Red/ER if not within national expected range	Sep-16	94	96	102	103	102	103	102	101	100	98	97	97	96	Awaiting HED Update			96
E5	Crude Mortality Rate Emergency Spells	AF	RB	<=2.4%	UHL	Monthly Reporting	Apr-17	2.4%	2.3%	2.4%	2.7%	2.9%	2.6%	2.4%	2.1%	1.9%	2.0%	2.2%	1.8%	1.8%	1.9%	2.1%	2.7%	2.1%
E6	No. of # Neck of femurs operated on 0-35 hrs - Based on Admissions	AF	AC	72% or above	QS	Red if <72% ER if 2 consecutive mths <72%	Jun-17	61.4%	63.8%	71.2%	60.3%	70.9%	67.6%	71.2%	47.1%	76.5%	76.8%	76.1%	80.6%	69.6%	61.1%	75.4%	67.9%	70.2%
E7	Stroke - 90% of Stay on a Stroke Unit	ED	IL	80% or above	QS	Red if <80% ER if 2 consecutive mths <80%	Dec-17	81.3%	85.6%	85.0%	83.8%	87.4%	86.6%	85.1%	87.3%	85.7%	85.7%	93.6%	89.0%	85.4%	87.4%	88.4%		87.8%
E8	Stroke - TIA Clinic within 24 Hours (Suspected High Risk TIA)	ED	IL	60% or above	QS	Red if <60% ER if 2 consecutive mths <60%	Dec-17	71.2%	75.6%	66.9%	69.2%	87.7%	57.3%	66.3%	57.8%	57.0%	68.6%	64.3%	51.7%	28.6%	67.9%	60.8%	65.3%	57.3%

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	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	17/18 YTD
R1	ED 4 Hour Waits UHL	ED	IL	95% or above	NHSI	Red if <92% ER via ED TB report	Aug-17	89.1%	86.9%	79.6%	75.5%	78.1%	83.8%	83.9%	81.0%	76.3%	77.6%	79.8%	83.2%	84.0%	82.7%	79.6%	71.5%	79.5%
R2	ED 4 Hour Waits UHL + LLR UCC (Type 3)	ED	IL	95% or above	NHSI	Red if <92% ER via ED TB report	TBC			NEW INDICATOR												85.1%	79.5%	81.1%
R3	12 hour trolley waits in A&E	ED	IL	0	NHSI	Red if >0 ER via ED TB report	Aug-17	4	2	11	1	10	0	0	0	0	0	0	0	0	0	0	3	3
R4	RTT - Incomplete 92% in 18 Weeks UHL+ALLIANCE	ED	WM	92% or above	NHSI	Red /ER if <92%	Nov-16	96.7%	92.6%	91.8%	91.3%	90.9%	91.2%	91.8%	91.3%	92.3%	92.3%	91.8%	91.8%	91.4%	92.1%	92.1%	90.2%	90.2%
R5	RTT 52 Weeks+ Wait (Incompletes) UHL+ALLIANCE	ED	WM	0	NHSI	Red /ER if >0	Nov-16	0	232	24	32	34	39	24	17	9	15	16	18	1	0	0	1	1
R6	6 Week - Diagnostic Test Waiting Times (UHL+ALLIANCE)	ED	WM	1% or below	NHSI	Red /ER if >1%	Dec-16	0.9%	1.1%	0.9%	0.9%	0.9%	0.9%	0.9%	0.9%	0.8%	0.7%	0.8%	0.6%	0.4%	0.4%	0.8%	0.9%	0.9%
R7	Urgent Operations Cancelled Twice (UHL+ALLIANCE)	ED	WM	0	NHSI	Red if >0 ER if >0	Jan-17	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0
R8	Cancelled patients not offered a date within 28 days of the cancellations UHL	ED	WM	0	NHSI	Red if >2 ER if >0	Jan-17	33	48	212	18	22	26	17	13	14	10	18	14	27	28	15	54	193
R9	Cancelled patients not offered a date within 28 days of the cancellations ALLIANCE	ED	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	9	0	0
R10	% Operations cancelled for non-clinical reasons on or after the day of admission UHL	ED	WM	0.8% or below	Contract	Red if >0.8% ER if >0.8%	Jan-17	0.9%	1.0%	1.2%	0.8%	1.6%	1.2%	1.2%	0.9%	1.1%	1.0%	1.1%	1.2%	1.4%	1.4%	1.5%	1.4%	1.2%
R11	% Operations cancelled for non-clinical reasons on or after the day of admission ALLIANCE	ED	WM	0.8% or below	Contract	Red if >0.8% ER if >0.8%	Jan-17	0.9%	0.9%	0.9%	0.1%	0.4%	1.3%	0.5%	2.5%	0.1%	0.4%	0.0%	0.1%	0.1%	0.9%	0.8%	0.3%	0.6%
R12	% Operations cancelled for non-clinical reasons on or after the day of admission UHL + ALLIANCE	ED	WM	0.8% or below	Contract	Red if >0.8% ER if >0.8%	Jan-17	0.9%	1.0%	1.2%	0.8%	1.5%	1.2%	1.1%	1.0%	1.1%	1.0%	1.0%	1.1%	1.3%	1.3%	1.4%	1.3%	1.2%
R13	No of Operations cancelled for non-clinical reasons on or after the day of admission UHL + ALLIANCE	ED	WM	Not Applicable	UHL	Not Applicable	Jan-17	1071	1299	1566	82	167	122	131	99	123	114	115	127	149	156	174	129	1186
R14	Delayed transfers of care	ED	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%	2.8%	2.7%	2.3%	2.5%	2.1%	2.0%	1.4%	1.6%	1.7%	1.9%	1.7%	1.9%	2.2%	1.8%
R15	Ambulance Handover >60 Mins (CAD+ from June 15)	ED	LG	0	Contract	Red if >0 ER if Red for 3 consecutive mths	TBC	5%	5%	9%	17%	13%	6%	6%	6%	7%	2%	1%	2%	0.2%	0.6%	0.8%	7%	3%
R16	Ambulance Handover >30 Mins and <60 mins (CAD+ from June 15)	ED	LG	0	Contract	Red if >0 ER if Red for 3 consecutive mths	TBC	19%	19%	14%	18%	15%	12%	13%	13%	13%	8%	5%	4%	3%	6%	8%	13%	8%

Responsive Cancer

KPI Ref	Indicators	Board Director	Lead Officer	17/18 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	DQF Assessment outcome/Date	14/15 Outturn	15/16 Outturn	16/17 Outturn	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-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%	95.2%	93.8%	93.2%	94.3%	94.0%	93.3%	95.4%	95.1%	93.7%	94.3%	95.6%	93.9%	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%	96.0%	91.1%	93.4%	97.0%	90.8%	89.6%	94.2%	89.6%	93.0%	92.3%	95.4%	94.3%	90.3%	**	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%	94.2%	92.4%	91.9%	95.3%	96.2%	96.3%	94.9%	97.0%	96.2%	95.0%	94.1%	93.0%	94.4%	**	95.1%
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%	100.0%	100.0%	98.9%	100.0%	100.0%	98.7%	97.7%	100.0%	97.9%	99.1%	99.1%	100.0%	100.0%	**	99.2%
RC5	31-Day Wait For Second Or Subsequent Treatment: Surgery	TL	DB	94% or above	NHSI	Red if <94% ER if Red for 2 consecutive mths	Jul-16	89.0%	85.3%	86.4%	83.3%	87.2%	90.9%	88.5%	95.4%	85.5%	85.7%	88.9%	90.5%	81.5%	82.1%	80.2%	94.3%	**	86.1%
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%	94.8%	98.1%	95.3%	99.1%	96.7%	95.0%	93.0%	96.2%	95.6%	94.5%	92.1%	90.7%	96.5%	**	94.2%
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%	77.2%	79.5%	75.4%	76.1%	86.5%	83.7%	76.8%	77.7%	82.1%	78.9%	79.1%	78.8%	75.7%	**	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%	88.0%	90.9%	93.1%	78.1%	95.1%	95.0%	92.3%	93.3%	85.3%	90.5%	80.0%	89.3%	76.3%	**	88.2%
RC9	Cancer waiting 104 days	TL	DB	0	NHSI	TBC	Jul-16	New Indicator		10	9	10	8	3	10	6	6	12	12	6	8	16	13	14	14

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	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-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%	**	100.0%
RC11	Breast	TL	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	92.6%	95.6%	96.3%	95.8%	94.6%	96.6%	92.6%	93.48%	97.4%	97.4%	93.3%	96.3%	91.7%	93.1%	97.0%	92.6%	**	94.9%
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%	66.7%	44.4%	71.4%	81.8%	78.6%	64.3%	89.5%	92.3%	75.0%	43.6%	46.7%	82.4%	69.0%	**	69.9%
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%	77.8%	66.7%	87.5%	81.8%	88.9%	100%	64.3%	92.9%	100.0%	81.8%	70.0%	100.0%	85.7%	**	85.5%
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%	66.7%	33.3%	41.7%	33.3%	66.7%	85.7%	48.3%	61.9%	64.7%	47.8%	61.9%	57.7%	40.9%	**	55.4%
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%	61.5%	75.0%	48.3%	54.5%	75.0%	40.0%	63.8%	50.0%	60.5%	78.9%	78.3%	38.7%	62.5%	**	59.0%
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%	67.5%	79.5%	74.0%	33.3%	67.5%	78.4%	64.8%	61.1%	74.4%	68.8%	61.4%	64.1%	62.2%	**	66.5%
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%	50.0%	100.0%	100.0%	0.0%	100.0%	40.0%	66.7%	0.0%	**	57.1%
RC18	Sarcoma	TL	DB	85% or above	NHSI	Red if <90% ER if Red for 2 consecutive mths	Jul-16	46.2%	81.3%	45.2%	100.0%	66.7%	40.0%	0%	100.0%	--	40.0%	100.0%	50.0%	100.0%	50.0%	100.0%	100.0%	**	72.2%
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%	92.3%	97.0%	96.9%	96.6%	96.2%	96.8%	95.5%	93.8%	97.5%	100.0%	96.1%	97.3%	97.4%	**	96.9%
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%	100.0%	72.0%	61.4%	63.6%	85.7%	92.3%	66.7%	59.4%	58.6%	75.7%	63.2%	81.1%	78.8%	**	71.9%
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%	75.0%	79.3%	71.4%	76.2%	89.9%	82.1%	79.4%	72.3%	84.7%	77.4%	83.5%	66.7%	69.2%	**	77.6%
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%	50.0%	100.0%	100.0%	100.0%	**	91.7%
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%	77.2%	79.5%	75.4%	76.1%	86.5%	83.7%	76.8%	77.7%	82.1%	78.9%	79.1%	78.8%	75.7%	**	79.0%

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	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	Nov-17	Dec-17
RU1	Median Days from submission to Trust approval (Portfolio)	AF	NB	TBC	TBC	TBC	2.8	1.0		48			45			19.5			12.0			14.0		
RU2	Median Days from submission to Trust approval (Non Portfolio)	AF	NB	TBC	TBC	TBC	2.1	1.0	Q2-Q4 158	90			27			14.5			25.0			21.0		
RU3	Recruitment to Portfolio Studies	AF	NB	Aspirational target=10920/year (910/month)	TBC	TBC	12564	13479	8603	487	699	325	636	531	1135	869	749	820	743	765	628	964	986	268
RU4	% Adjusted Trials Meeting 70 day Benchmark (data sunbmitted for the previous 12 month period)	AF	NB	TBC	TBC	TBC				(Jan16 - Dec16) 100%			(Apr16 - Mar17) 50% (metric change due to HRA process change)			(July 16 - June 17) 81%			(Oct 16 - Sep 17) 77%					
RU5	Rank No. Trials Submitted for 70 day Benchmark (data submitted for the previous 12 month period)	AF	NB	TBC	TBC	TBC				(Jan16 - Dec16) 31/186			(Apr16 - Mar17) 14/187			(July 16 - June 17) 12/196			(Oct 16 - Sep 17) 14/203					
RU6	%Closed Commercial Trials Meeting Recruitment Target (data submitted for the previous 12 month period)	AF	NB	TBC	TBC	TBC				(Jan16 - Dec16) 49.2%			(Apr16 - Mar17) 44.9%			(July 16 - June 17) 43.5%			(Oct 16 - Sep 17) 29.0%					

Research UHL

Compliance Forecast for Key Responsive Indicators

University Hospitals of Leicester

Compliance Forecast for Key Responsive Indicators

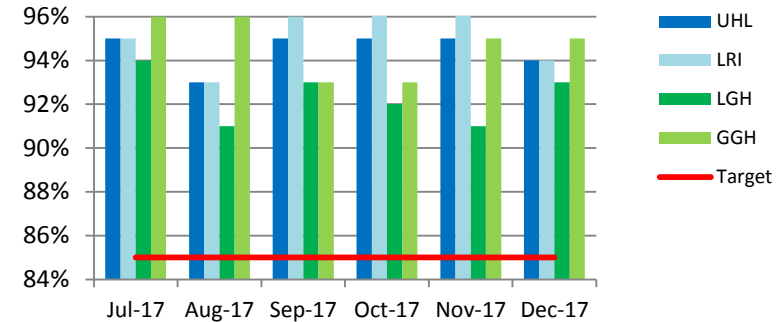| Standard	Dec	Jan	Commentary
Emergency Care			
4+ hr Wait (95%)	71.5%		Validated position.
4+ hr Wait UHL + LLR UCC (95%)	79.5%		
Ambulance Handover (CAD+)			
% Ambulance Handover >60 Mins (CAD+)	7%		EMAS monthly report
% Ambulance Handover >30 Mins and <60 mins (CAD+)	13%		
RTT (inc Alliance)			
Incomplete (92%)	90.2%	88.2%	
Diagnostic (inc Alliance)			
DM01 - diagnostics 6+ week waits (<1%)	0.9%	0.9%	
# Neck of femurs			
% operated on within 36hrs - all admissions (72%)	67.9%	72%	
Cancelled Ops (inc Alliance)			
Cancelled Ops (0.8%)	1.3%	1.5%	
Not Rebooked within 28 days (0 patients)	55	50	
Cancer			
Two Week Wait (93%)	93%	82%	
31 Day First Treatment (96%)	93%	92%	
31 Day Subsequent Surgery Treatment (94%)	92%	92%	
62 Days (85%)	84%	77%	
Cancer waiting 104 days (0 patients)	14	13	

Cleanliness Audit Scores by Risk Category - Very High
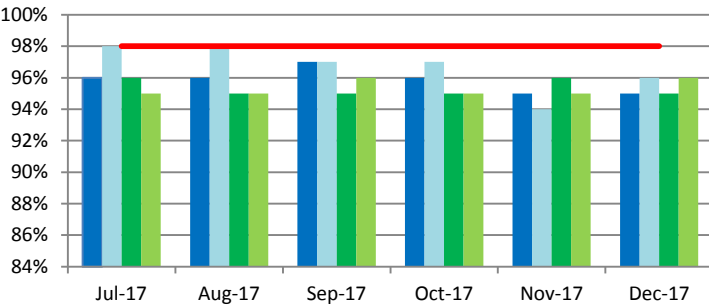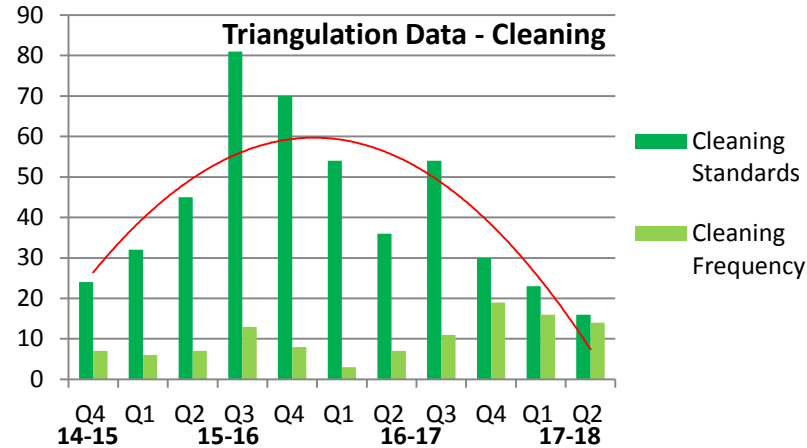

Cleanliness Audit Scores by Risk Category - High
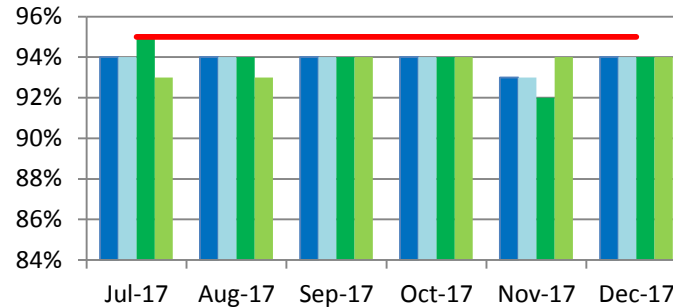
Cleanliness Audit Scores by Risk Category - Significant

Legend:
- UHL
- LRI
- LGH
- GGH
- Target

Triangulation Data - Cleaning

- Cleaning Standards
- Cleaning Frequency

Number of Datix Incidents Logged - Cleaning

Cleanliness Report

The above charts show average audit scores for the whole Trust and by hospital site since July 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 scores have risen slightly since November at the LRI and GGH, however this has not been sufficient to improve the overall score of the 3 sites combined which still remains below the required standard.

High-risk audit scores have improved at the LRI and the LGH and this has lifted the overall score to 94% although again this continues to fall short of target. This score was achieved even with the challenges experienced by the LRI, where they had several wards with confirmed cases of Norovirus on site.

Significant risk areas all exceed the 85% target, However, recent months have revealed an increase in the variability of scores which is highly likely to start to show through as visible deterioration.

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' . The next refresh of this data to include Q3 is anticipated to be available for the March 2018 report.

The number of datix incidents logged for December has dropped and none of the datix reported relate to very high risk areas.

Performance scores overall continue to 'hover' just below target levels with month on month small variations.

Gaps in rotas continue to present challenges. Maintaining financial control has led to the implementation of a freeze on overtime except for business critical reasons and limited scope in the use of bank staff and additional hours. We continue to only cover half of the absence in rotas that currently exists. Whilst this is risk prioritised, it inevitably means that some areas will be below standard; however there was a significant drop in Datix incidents reported.
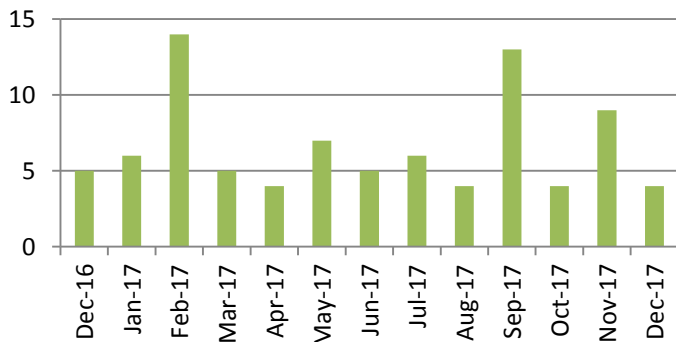
Estates and Facilities – __Patient Catering__

| Patient Catering Survey – September 2017	Percentage 'OK or Good'	
	Nov-17	Dec-17
Did you enjoy your food?	100%	87%
Did you feel the menu has a good choice of food?	100%	91%
Did you get the meal that you ordered?	97%	91%
Were you given enough to eat?	100%	88%

90 – 100%	80 – 90%	<80%

Number of Patient Meals Served				
Month	LRI	LGH	GGH	UHL
October	69,459	21,841	29,860	121,170
November	67,209	22,533	30,135	119,877
December	68,757	23,054	28,027	119,838

Patient Meals Served On Time (%)				
Month	LRI	LGH	GGH	UHL
October	100%	100%	100%	100%
November	100%	100%	100%	100%
December	100%	100%	100%	100%

Number of Datix Incidents Logged -Patient Catering

Triangulation Data - Catering
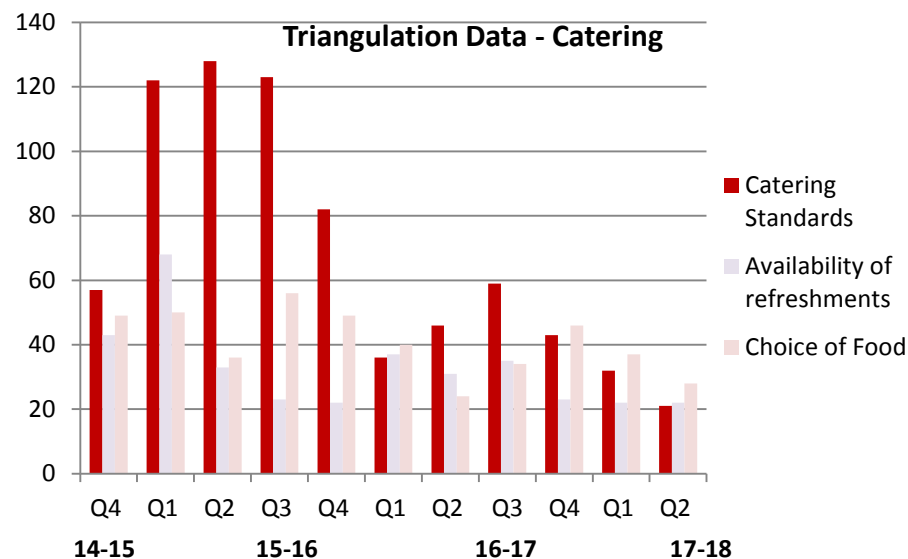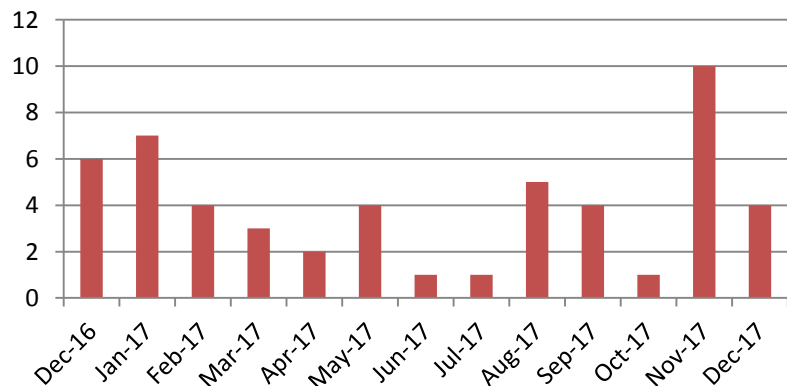
Patient Catering Report

This month we received a return of 68 surveys.

Survey scores this month show a marked drop in patient satisfaction; At this stage there are no apparent trends discernible from the comments provided, however further work will be carried out to identify any potential underlying cause.

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

The triangulation data remains as per last month's report with figures up to Q2. The update to Q3 is anticipated in the March report.

Despite the drop off in satisfaction the number of Datix incidents logged for December do not reflect this situation.

Estates and Facilities – Portering

Reactive Portering Tasks in Target

Site	Task (Urgent 15min, Routine 30min)	Month		
		October	November	December
GH	Overall	94%	94%	92%
	Routine	93%	94%	91%
	Urgent	100%	98%	98%
LGH	Overall	94%	94%	94%
	Routine	93%	93%	93%
	Urgent	98%	99%	98%
LRI	Overall	90%	91%	92%
	Routine	89%	89%	90%
	Urgent	98%	97%	98%

95 – 100%	90 – 94%	<90%

Average Portering Task Response Times

Category	Time	No of tasks
Urgent	14:25	2,400
Routine	23:09	9,427
	Total	11,827

Number of Datix Incidents Logged - Portering
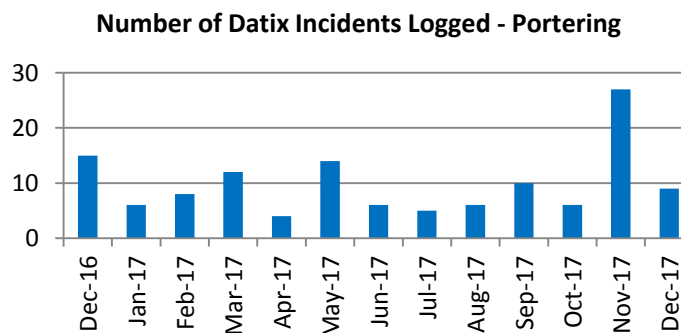
Portering Report

December performance timings maintain the consistent picture seen across recent months. Urgent task continue to be delivered and actually exceed target, however routine jobs remain below the required standard

Datix incidents have dropped significantly in December, returning to the level seen throughout the majority of 2017.

The iPorter portal continues to operate in respect of inpatient radiology requests and although some spikes in demand have resulted in delays, this is not attributable to any issues with the technical system.

It is planned to reintroduce iPorter to ED in early February with an intensive package of support to facilitate its successful roll out. Use of this system will enable an evidenced based approach to the identification and management of capacity and demand issues and enable solutions to be implemented to the benefit of all clinical services.

Estates and Facilities – Planned Maintenance

Statutory Maintenance Tasks Against Schedule

	Month	Fail	Pass	Total	%
UHL Trust Wide	October	5	181	186	97%
	November	27	164	191	86%
	December	49	208	257	81%

99 – 100%	97 – 99%	<97%

Non Statutory Maintenance Tasks Against Schedule

	Month	Fail	Pass	Total	%
UHL Trust Wide	October	428	2001	2429	82%
	November	415	1585	2040	78%
	December	471	1665	2136	78%

95 – 100%	80 – 95%	<80%

Estates Planned Maintenance Report

For December we achieved 81% in the delivery of Statutory Maintenance tasks in the month. A number of problems are being experience where contractors are not providing information in a timely fashion to confirm that maintenance tasks have been completed.

These impacts on the performance score where confirmed completed jobs only are reported.

As a result we are reviewing the mechanisms for feedback by contractors and what leverage we can exert to improve this

For the Non-Statutory tasks, completion of the monthly schedule continues to compete for resources with the volume of reactive calls particularly relating to drainage issues.

November scores have been revised in the light of updated information since last month's report.

APPENDIX B

RTT Performance

Combined UHL and Alliance RTT Performance

	<18 w	>18 w	Total Incompletes	%
Alliance	7843	590	8,433	93.0%
UHL	48418	5543	53,961	89.7%
Total	56,261	6,133	62,394	90.2%

Backlog Reduction required to meet 92%	1,241

The combined performance for UHL and the Alliance for RTT in December was 90.2%. The Trust did not achieve National Standard.

Overall combined performance saw 6,133 patients in the backlog, an increase of 1,178 since the last reporting period (UHL increase of 1,062 and Alliance reduction of 116). The number of patients waiting over 18 weeks for treatment was 1,241 greater than the required amount.

The RTT performance reduced by 1.9% between November and December. Greatly exceeds the change seen in previous years with RTT performance reducing by 0.9% in 2016 and 1.0 in both 2015 and 2014. The increase in cancellations on and before the day due to the start of an elective pause was a principle factor.

Forecast performance for next reporting period: It is forecasted that we will not meet the standard in January with performance likely below 89% due to risks outlined:

- Reduced activity due to elective pause
- Reduction in discretionary effort during New Year holiday period
- Reduction in available capacity due to bank holidays
- Competing demands with emergency and cancer performance

The combined UHL and Alliance RTT position has been forecasted starting with into account the elective pause and its impact up to September 2018.

The table and graph below details a downside, upside and a seasonal forecast scenario from previous financial years.

Without significant intervention the impact has been projected a peak upside performance of 90.5% with performance likely peaking around 89.5%.

Discussions with LLR Commissioners are occurring to agree a system wide response. Due to limited capacity both physical and clinical, the main action to improve performance remains using external capacity via the independent sector.

Forcasted RTT performance

|	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18
Downside Forecast	92.1%	89.9%	88.1%	88.2%	88.3%	88.4%	88.8%	88.9%	88.9%	88.7%	88.6%
Seasonal Model Forecast	92.1%	90.0%	88.4%	88.6%	88.9%	88.9%	89.3%	89.4%	89.6%	89.4%	89.3%
Upside Forecast	92.1%	90.2%	89.0%	89.3%	89.5%	89.6%	90.1%	90.3%	90.5%	90.4%	90.4%
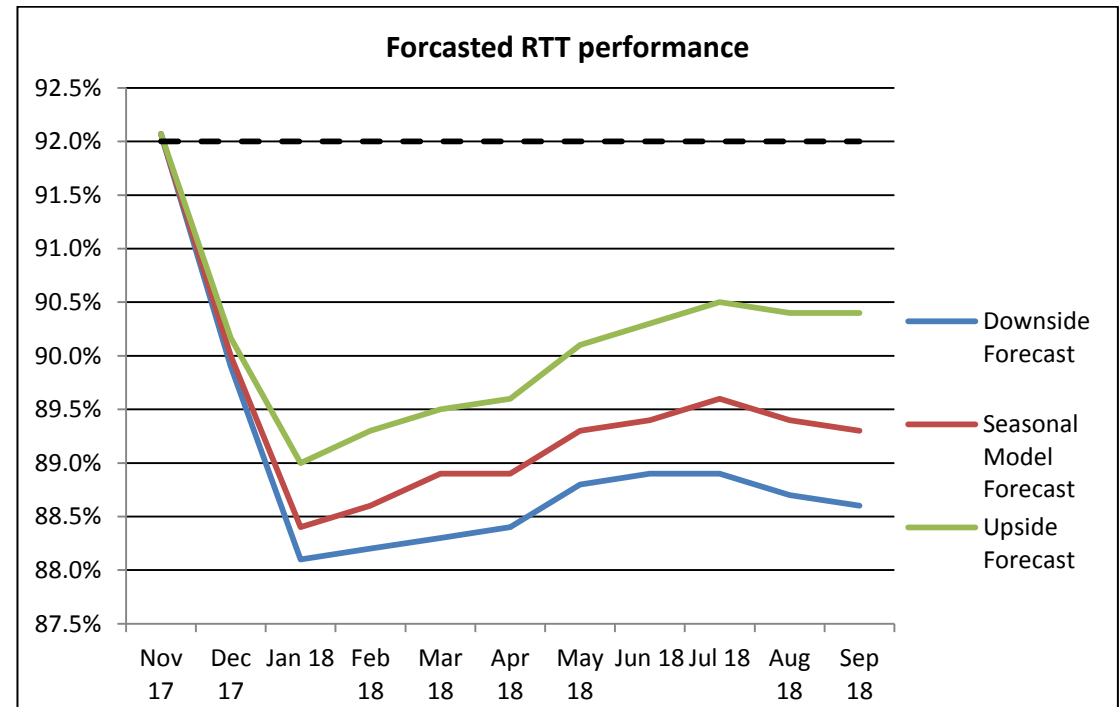
There are currently 5 specialties that, due to size of number of patients in their backlog and relative size, have individual action plans. They are Paediatric ENT, ENT, General Surgery, Urology and Orthopaedics. They are monitored monthly. Current plans and performance are highlighted later in the report.

At the end December there was 1 patient with an incomplete pathway at more than 52 weeks. This was an ENT pathway error that was rectified in the last week of December giving insufficient time to bring the patient in for their treatment. Due to current capacity constraints the patients 2 TCIs in January have both been cancelled. The specialty is exploring other options including the Independent Sector for the patient to receive treatment.

The elective pause has had a significant impact on the number of long waiters with the number of patients waiting over 40 weeks increasing by 107 in the past 6 weeks.

Current Patients >=40 Weeks

Patients over 40 weeks by wait group
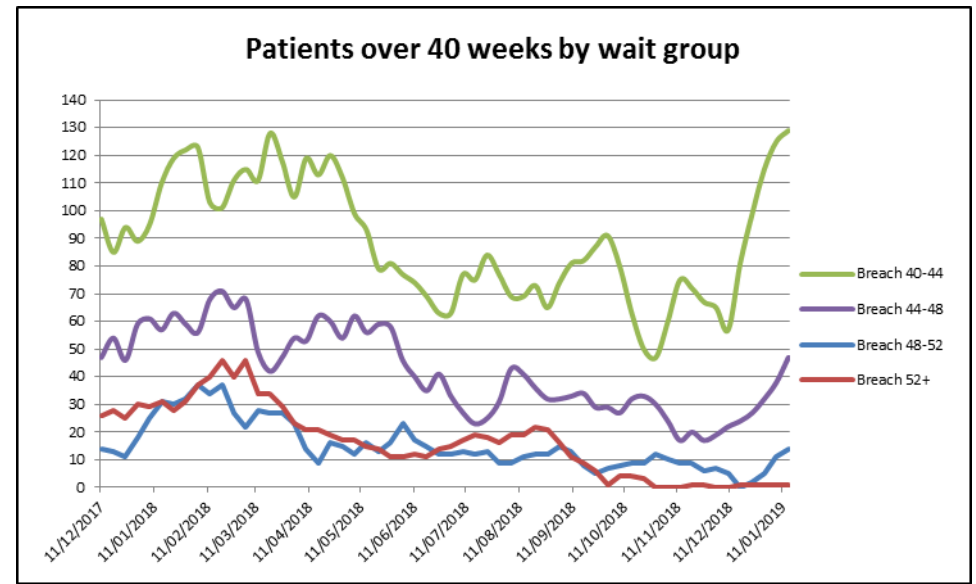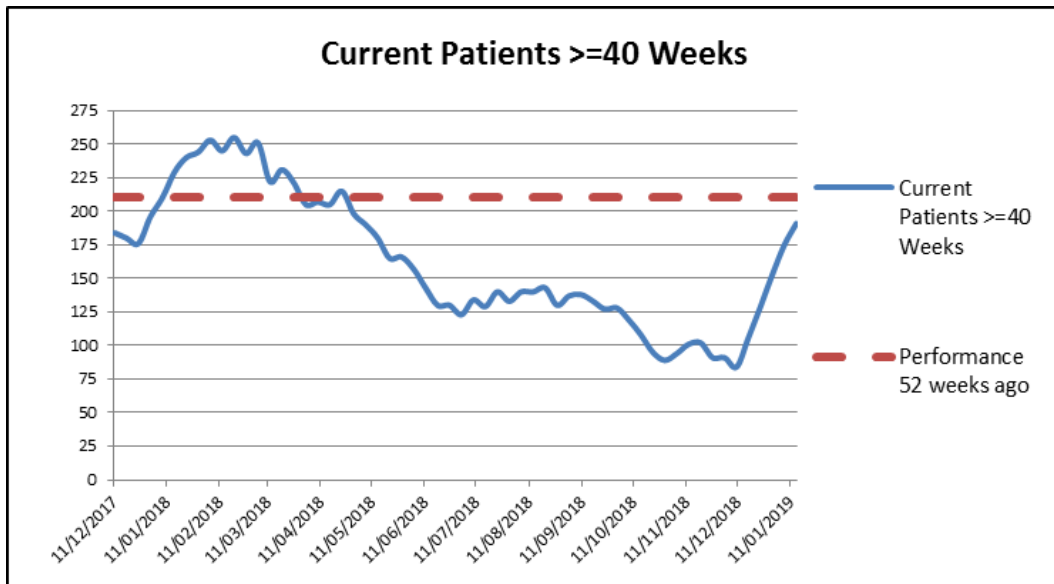
The tables opposite outline the overall 10 largest backlog increases, 10 largest backlog reductions and 10 overall largest backlogs by specialty from last month.

Significant reductions in Neurology.

The largest overall backlog increases were within General Surgery, Orthopaedic Surgery and ENT.

Of the specialties with a backlog, 44 saw their backlog increase, 4 specialties backlog stayed the same and 10 specialties reduced their backlog size.

Overall, the UHL admitted and non-admitted backlogs have increased from November by 19.0% and 30.2% respectively. The non-admitted backlog may be over inflated as pathways temporarily revert to a non-admitted status before cancelled on the day patients are re-added to the waiting list.

10 largest backlog reductions	Admitted Backlog			Non Admitted Backlog			Total Backlog			RTT %
	Nov 17	Jan 18	Change	Nov 17	Jan 18	Change	Nov 17	Jan 18	Change	
Neurology	-	1	0	79	56	-23	79	57	-22	95.8%
Gastroenterology	21	22	1	118	108	-10	139	130	-9	95.4%
Paediatric Ophthalmology	2	1	-1	8	1	-7	10	2	-8	99.7%
Paediatric Surgery	30	27	-3	-	-	0	30	27	-3	92.8%
Paed Immunology & Allergy	-	-	0	6	3	-3	6	3	-3	98.6%
Paediatric Medicine	-	-	0	14	12	-2	14	12	-2	97.5%
Medical Oncology	-	-	0	2	-	0	2	0	-2	100.0%
Geriatric Medicine	-	-	0	3	1	-2	3	1	-2	99.5%
Breast Care	1	1	0	1	-	0	2	1	-1	99.8%
Thoracic Surgery	-	-	0	1	-	0	1	0	-1	100.0%

10 largest backlog increases	Admitted Backlog			Non Admitted Backlog			Total Backlog			RTT %
	Nov 17	Jan 18	Change	Nov 17	Jan 18	Change	Nov 17	Jan 18	Change	
General Surgery	295	375	80	216	284	68	511	659	148	81.1%
Orthopaedic Surgery	369	470	101	232	246	14	601	716	115	84.0%
ENT	254	268	14	278	367	89	532	635	103	81.9%
Gynaecology	192	222	30	25	86	61	217	308	91	91.1%
Spinal Surgery	88	112	24	233	296	63	321	408	87	79.7%
Ophthalmology	139	199	60	33	48	15	172	247	75	95.5%
Urology	420	449	29	85	112	27	505	561	56	80.3%
Maxillofacial Surgery	102	151	49	65	70	5	167	221	54	89.2%
Cardiology	70	76	6	50	91	41	120	167	47	93.2%
Dermatology	-	-	0	57	91	34	57	91	34	95.7%

10 largest overall backlogs	Admitted Backlog			Non Admitted Backlog			Total Backlog			RTT %
	Nov 17	Jan 18	Change	Nov 17	Jan 18	Change	Nov 17	Jan 18	Change	
Orthopaedic Surgery	369	470	101	232	246	14	601	716	115	84.0%
General Surgery	295	375	80	216	284	68	511	659	148	81.1%
ENT	254	268	14	278	367	89	532	635	103	81.9%
Urology	420	449	29	85	112	27	505	561	56	80.3%
Paediatric ENT	410	430	20	32	44	12	442	474	32	57.1%
Spinal Surgery	88	112	24	233	296	63	321	408	87	79.7%
Gynaecology	192	222	30	25	86	61	217	308	91	91.1%
Ophthalmology	139	199	60	33	48	15	172	247	75	95.5%
Maxillofacial Surgery	102	151	49	65	70	5	167	221	54	89.2%
Thoracic Medicine	-	-	0	147	177	30	147	177	30	85.6%

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 94% overall. Only ESM and ITAPS are achieving the standard for admitted patients but neither CMG hold any surgical specialties.
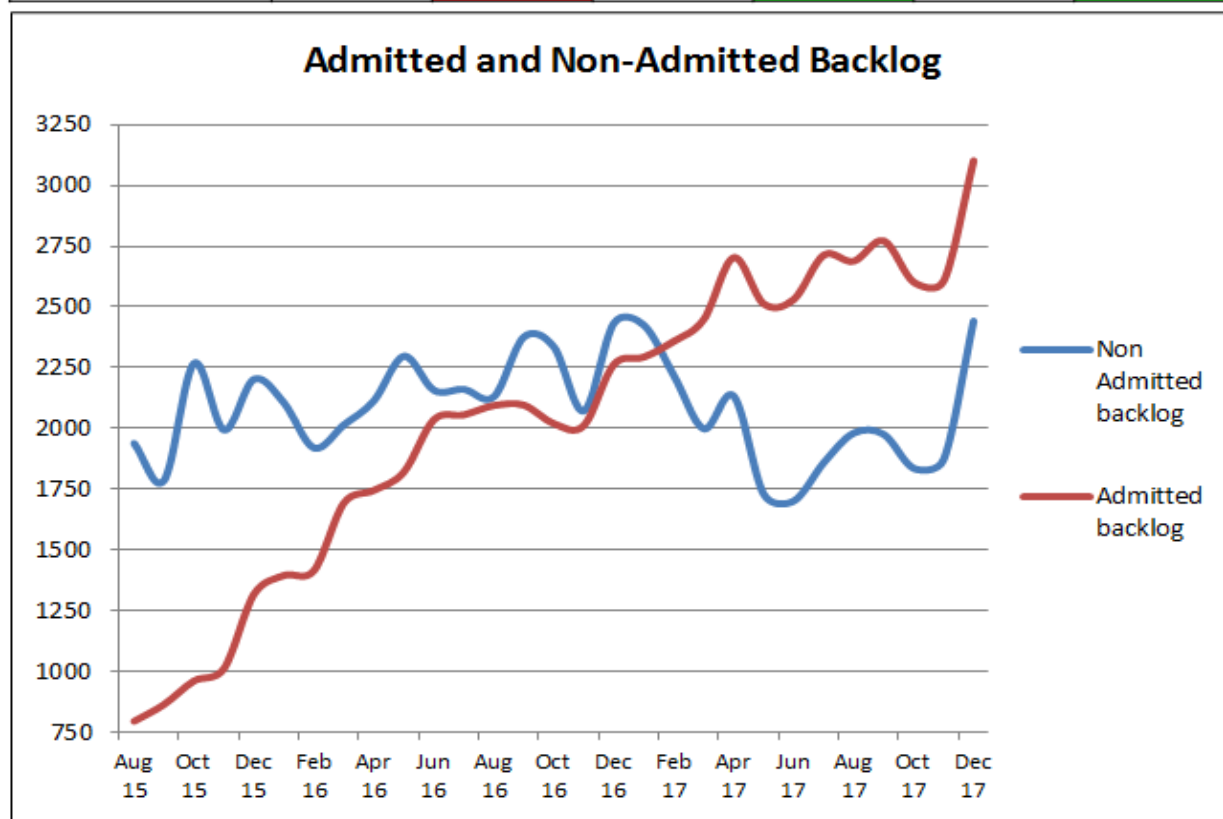
Compared to December 2016 the Non-Admitted backlog has increased by 9 (0.4%) whereas the admitted backlog has increased by 837 (37%). The continuing challenge for UHL will be actions that support in reducing the admitted backlog.

Achieving 92% will only be achievable by improving the admitted performance, with a step change in capacity required through. Key Actions Required:

- 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 %
CHUGGS	874	60.8%	530	93.8%	1404	86.9%
CSI	15	88.7%	8	94.1%	23	91.4%
ESM	2	96.4%	166	97.0%	168	97.0%
ITAPS	21	94.4%	60	94.6%	81	94.5%
MSS	1,712	71.2%	1,124	93.2%	2,836	87.4%
RRCV	175	85.1%	334	92.8%	509	91.2%
W&C	319	75.9%	203	96.7%	522	93.1%
Alliance	107	82.5%	483	93.8%	590	93.0%

	Admitted Backlog	Admitted RTT %	Non Admitted Backlog	Non Admitted RTT %	Total Backlog	Overall RTT %
UHL	3118	72.2%	2425	94.3%	5543	89.7%
UHL+Alliance Combined	3225	72.8%	2908	94.2%	6133	90.2%

Admitted and Non-Admitted Backlog

APPENDIX C

Diagnostic Performance

December diagnostic performance for UHL and the Alliance combined is 0.91% achieving the standard by performing below the 1% threshold. UHL alone achieved 0.97% for the month of December with 152 patients out of 16719 not receiving their diagnostic within 6 weeks. Performance remains ahead of trajectory.

Continued strong performances were seen from Non-Obstetric Ultrasound 0.1% with 1 breaches from 4,474 patients and Audiology 0.0% with 0 breaches out of 491.

The 5 modalities with the highest number of breaches are listed below:

Modality	Waiting list	Breaches	Performance
Magnetic Resonance Imaging	3405	51	1.5%
Computed Tomography	2726	24	0.9%
Gastroscopy	441	24	5.4%
Respiratory physiology - sleep studies	211	13	6.2%
Cardiology - echocardiography	814	12	1.5%

Of the 15 modalities measured against, 9 achieved the performance standard with 6 areas having waits of 6 weeks or more greater than 1%. December was the 15th consecutive month of achieving the Diagnostic DM01 standard.

Future Months Performance

There is a risk to the Trust achieving the diagnostic standard in January:

- Reduction in available capacity due to bank holidays

- Reduction in discretionary effort during the New Year holiday period

- Radiology competing demands with emergency IP diagnostic requirements

- Reduced capacity available for Dexa Scan patients.

UHL and Alliance Diagnostic Performance Last 12 Months

Legend: 6 Week Diagnostic Test Waiting Times (UHL+Alliance) — Target
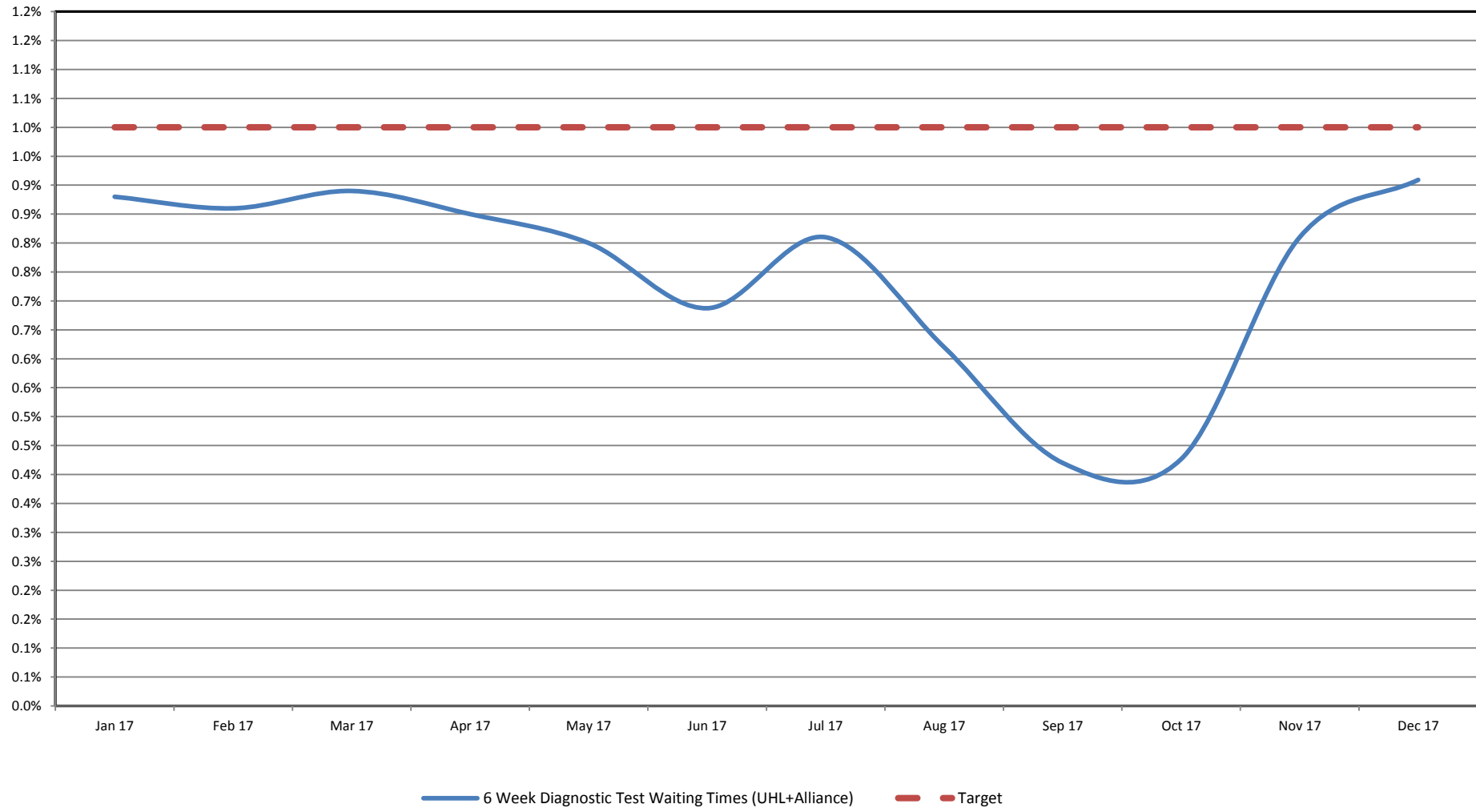
APPENDIX D

November 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%	1.4%	1.2%	1.2%
2. The number of patients cancelled who are not offered another date within 28 days of the cancellation	2	0	55	194	65

Cancelled Operation Performance – Indicator 1

For December there were 129 non-clinical hospital cancellations for UHL and Alliance combined. This resulted in a failure of the 0.8% standard as 1.4% of elective FCE's were cancelled on the day for non-clinical reasons (127 UHL 1.4% and 2 Alliance 0.2%).

UHL alone saw 127 patients cancelled on the day for an individual performance of 1.4%. 83 patients (65%) were cancelled due to capacity related issues of which 10 were Paediatrics. 44 patients were cancelled for other reasons.

The 5 most common reasons for cancellation are listed below.

Type	Reason	Dec 2017	Dec 2016	Change
Capacity Pressures	HDU Bed Unavailable	15	6	9
Capacity Pressures	Ward Bed Unavailable	43	10	33
Other	Lack Theatre Time / List Overrun	18	25	-7
Capacity Pressures	Pt Delayed To Adm High Priority Patient	15	13	2
Other	Lack Surgeon	10	2	8
Total		**127**	**81**	**46**

An elective pause to support with Emergency demands within UHL commenced during December running to the end of January 2018.

This has limited cancellations on the day with the decision to cancel earlier before the day, giving patients as much notice as possible.

Overall there were 46 more cancellations compared to December 2016.

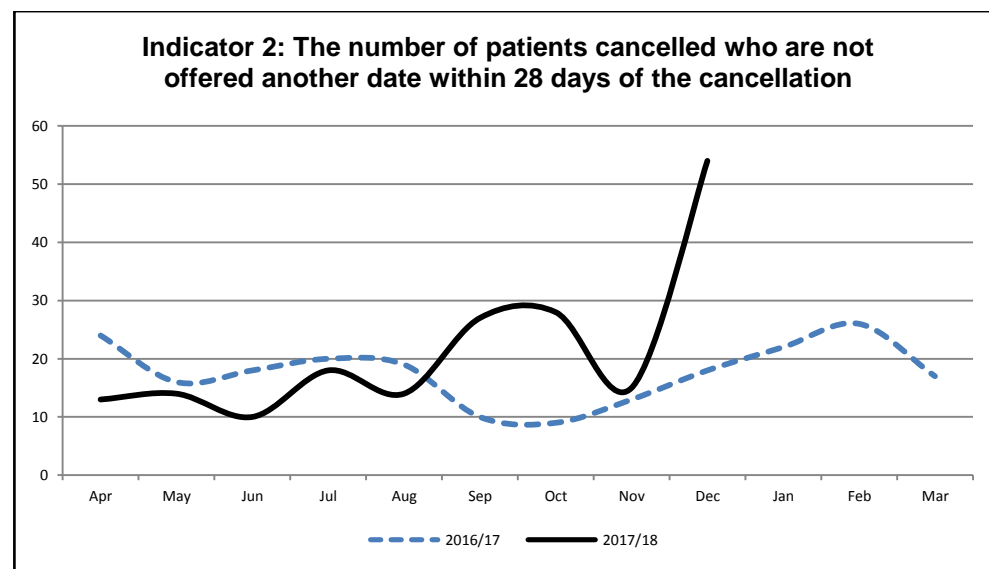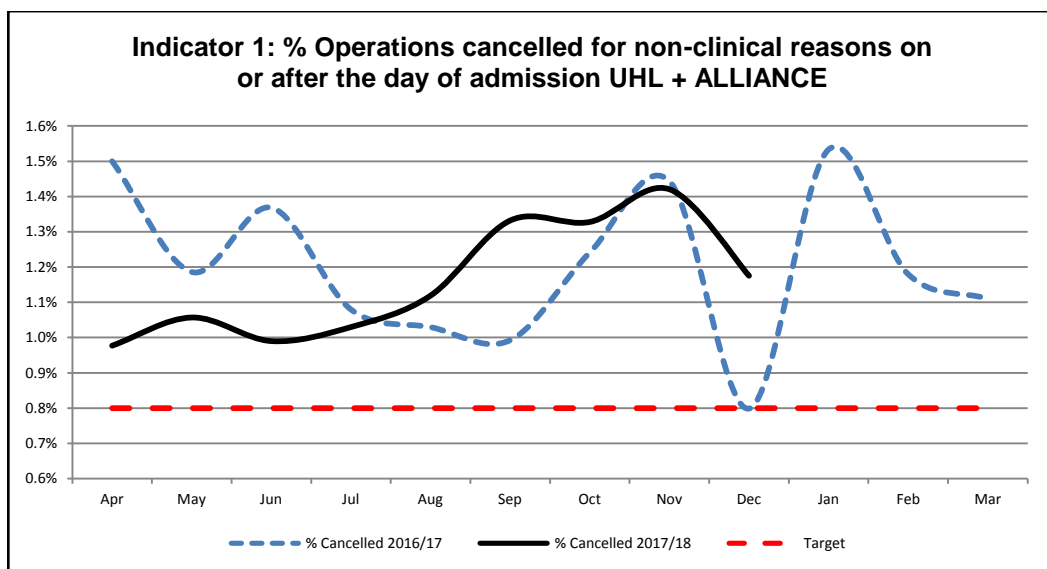**28 Day Performance – Indicator 2**

There were 55 patients who did not receive their operation within 28 days of a non-clinical cancellation. These comprised of CHUGGS 21, MSS 23, RRCV 8 and W&C 3.

Increased cancellations due to beds this December has resulted in higher than typical 28 day breaches due to reduced capacity for patients to be booked into.

Risk for next reporting period

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

- Continuing capacity pressures due to emergencies

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

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

Cancer Waiting Time Performance

- Out of the 9 standards, UHL achieved 4 in November – 2WW, 31 Day Radiotherapy, 31 Day Surgery and 31 Day Drugs
- 2WW performance continued to deliver in November achieving 95.1%. December is also expected to deliver the standard. 2WW Breast failed at 90.3%, a combination of capacity and patient choice are the root cause. December Breast performance is a concern at the time of reporting.
- 62 day performance failed at 75.7% in November with no adjustment for tertiary activity applicable. This was following local adjustments agreed and communicated for the last period. At the time of reporting, the local adjustments will no longer apply following review by NHSI.
- At the time of reporting, following a high rate of cancellations, the adjusted backlog is at its highest since June 2017 with 3 services on daily escalations – Gynae, Lung and Urology.
- From January, the majority of services are delivering their 2WW appointments within 7 days with a view to this having a positive impact on the overall pathway. 7 Day reporting performance will be added to the report from next month.

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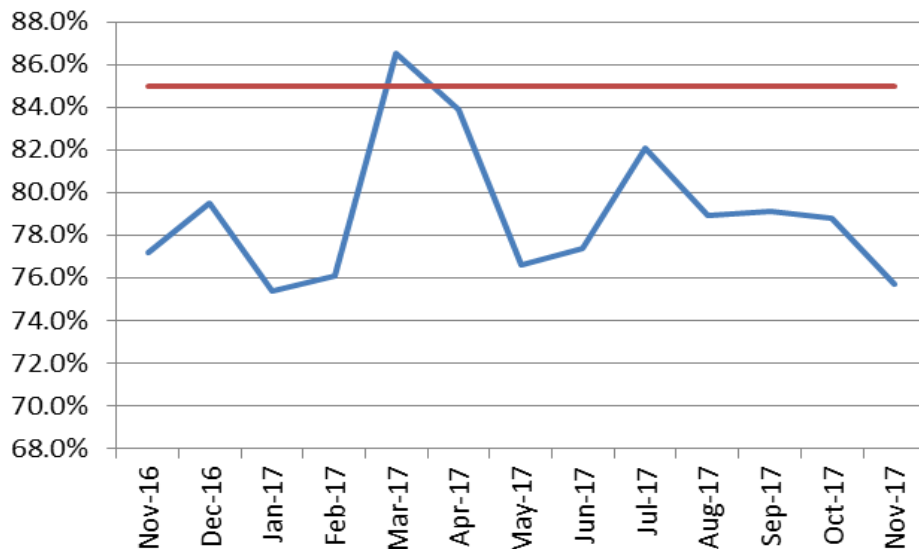
62 Day Adjusted Backlog
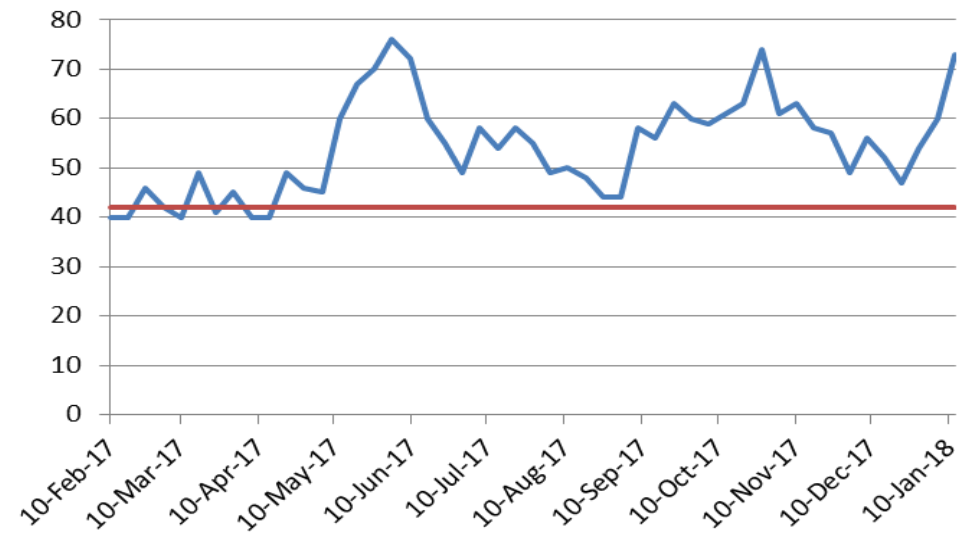
62 Day Adjusted Backlog by Tumour Site

The following details the backlog numbers by Tumour Site for week ending 12th January 2018.

The Trend reflects performance against target on the previous week and is reflective of the position in many tumour sites following cancelled procedures due to the lack of HDU/ITU beds

The forecast position is the early prediction for week ending 19th January 2018.

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	4	↑	3
HPB	0	4	↑	4
Lower GI	6	9	↑	12
Testicular	0	1	↑	1
Upper GI	2	0	↓	0
Urology	10	12	↔	22
Skin	1	6	↑	0
Breast	2	3	↑	3
Head & Neck	5	10	↑	10
Sarcoma	0	0	↓	0
Lung	6	10	↔	10
Gynaecology	7	12	↑	9
Brain	0	2	↑	0

Key themes identified in backlog @ 12th January
Note – This report includes all patients (including those waiting 104 days+)

Summary of delays	Numbers of patients	Summary
Complex Patients/Complex Diagnostic Pathways	12	Across 8 tumour sites, – these are patients undergoing multiple and repeat diagnostic tests, MDTs, complex pathology reporting and diagnostics. This includes patients referred between multiple tumour sites with unknown primaries, patients with complex pathology requiring additional testing outside UHL, where treatment plans have changed either due to the patient or clinical decision making based on additional diagnostic tests and complex joint surgical procedures.
Capacity Delays – OPD & Surgical	7	In 4 tumour sites, a combination of surgical treatment/diagnostic capacity, Endoscopy and Oncology outpatient capacity affecting the patients pathway.
UHL Pathway Delays (Next Steps compliance including late transfers from other tumour sites.	17	Across 6 tumour sites – where more than 1 delay has occurred within the pathway and lack of compliance with Next Steps is evident. This includes delays in the diagnostic phase in one tumour site prior to referral to another. 50% of these are from the Gynae tumour site where the Cancer Centre has provided additional resource to support identifying process improvements and implementing positive change to improve pathways.
Patient Delays (Choice, Engagement, Thinking Time)	17	Across 7 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. 6 of these are within Urology where patients have chosen to wait until after Christmas for any treatment planning/treatment start dates. The new local rules agreed for management of patients on a 62 day pathway agreed in November are no longer applicable but otherwise would have resulted in these patients being excluded from the backlog.

Summary of delays	Numbers of patients	Summary
Clinically Appropriate Pathway Delays	6	Across 4 tumour sites, patients where the delay to follow up, repeat diagnostic or treatment planning is clinically appropriate as determined by the owning consultant and where patients undergoing complex radiotherapy planning require appropriate work up time prior to treatment commencing.
Late Tertiary Referrals	4	In HPB & Urology, patients referred after Day 39 of their pathway ranging from Day 51 to 67.
Patients Unfit	9	Across 8 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.
Other (Trial Patients, Renal Surveillance & All Options)	3	Within Lung & Urology, patients where, due to their pathway would be unlikely for treatment prior to day 62 including x1 All Options patient requiring appropriate consultation with Oncology and Surgery in addition to thinking time and CNS support before making a decision, x1 Renal Surveillance patient who, due to CWT can't be taken off tracking and has had their pathway re-opened as a result of a follow-up where further investigations are now required and x1 patient entering into a trial who wanted a second opinion and thinking time in addition to complex molecular markers and testing.
Hospital Cancellations due to Bed Pressures	3	Within the reported backlog are 3 patients who were planned for treatment prior to breach date but were cancelled due to the bed pressures – all 3 patients are re-dated for treatment in January.

Backlog Review for patients waiting >104 days @ 12/01/2018

The following details all patients declared in the 104 Day Backlog for week ending 12/1/18. Last month's report showed 11 patients in the 104 Day backlog, 10 of which are now treated. This month's report details 15 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	1	91	120	N	N	Delay to first diagnostic due to patient holiday by 4 weeks, TCI 28/10/17 then cancelled - ran out of theatre time. New date 6/11/17. Follow up with pathology results 20/11/17 - for MRI. MRI 26/11/17. For laparoscopy biopsy and hysteroscopy. Patient not available until after 10/1/18 due to going away. TCI 12/1/18 - awaiting pathology.
HAEM	2	89	149	Y	Y	Referred to ENT 16/8/17 - multiple diagnostics included repeat core biopsies discussed at MDT 12/9/17 showed high grade lymphoma pending further immuno - previous ca in 2012. OPA 13/9/17 - patient cancelled as away. OPD 27/9/17 - patient informed of diagnosis and transferred to Haematology Day 48. OPD Lymphoma 29/9/17 - for PET 11/10/17 and follow up 27/10/17. Patient cancelled as going away. OPA 1/11/17 - for further biopsy to support treatment planning and definitive diagnosis. Biopsy delayed due to emergency admission (hip related). TCI 15/12/17 - cancelled as patient unfit. Patient requested date for end January as recovery from hip surgery. CNS involvement, patient agreed to biopsy 28/12/17. MDT 8/1/18 confirmed diagnosis. OPA 10/1/18 - for PET 17/1/18 and treatment to commence 24/1/18.
		90	143	Y	Y	Referred to ENT 22/8/17 - multiple enlarged lymph nodes suspicious for lymphoma. For FNA 30/8/17. Follow up 13/9/17 - fore core biopsy. Core 13/9/17 and CT 20/9/17. Results reviewed 3/10/17 - await PCR tests sent to Nottingham to determine next step. OPA 17/10/17 - pt added to waiting list for neck lump biopsy. Lymphoma MDT 14/11/17 - patient transferred to Haem day 76. OPA 6/12/17 - for PET. PET 22/12/17- patient choice delay. OPA 3/1/18 - patient unsure if to go ahead with chemo. For further review in clinic 10/1/18. Consented to treatment, to commence 17/1/18.

Tumour Site	Total Number of patients	Pt No	Current Wait (Days)	Confirmed Cancer Y/N	Treatment Date Y/N	Summary Delay Reasons
HPB	4	84	178	Y	N	Tertiary referral Day 58, HPB MDT 16/10/17 - for liver biopsy at NGH - patient returned to NGH. Update from NGH 6/11/17 - can't perform biopsy, requests UHL to perform. TCI 13/11/17 - procedure not performed, for CT Guided biopsy. CTGbx required specific machine with suitable radiologists - delay to booking to 7/12/17 - MDT decision - patient not suitable for biopsy. For EUS. EUS 15/12/17, MDT 22/12/17 - pathology not fully reported. MDT 29/12/17 - patient for repeat MRI. MRI 6/1/18 - MDT 12/1/18. For OPA and discussion on way forward. OPD 19/1/18
		85	147	Y	N	Tertiary referral Day 33. MDT 25/9/17 - for OPD and MRCP (at KGH). For initial discussion only at UHL - returned to UHL 20/11/17 for assessment of EUS in Leicester. For PET & MRI and EUS. Patient also under Urology team, delay to HPB diagnostics pending diagnostics in Urology 25/11/17. EUS 1/12/17 - cancelled as patient unfit. Re-dated for 13/12/17 - pt cancelled requesting date after Christmas. CNS spoke to patient and agreed to come in 15/12/17. MDT 22/12/17 - awaiting cytology. MDT 29/12/17 - for MRI 14/1/18 and MDT 22/1/18
		86	135	Y	N	Initial referral 26/7/17 - multiple diagnostics and patient cancellations plus x3 opinions in Oncology have delayed this patients pathway - all patient choice. Patient declined to consent to treatment within UHL, went to Thailand 3/12/17 for a further opinion. CNS made multiple attempts to contact the patient post Thailand, spoke to patient 22/12/17 who agreed to come back to UHL for chemo discussions. DTT made. Patient admitted as an emergency 24/12/17, discharged 29/12/17. Awaiting Oncology outpatients 24/1/18 for next step.
		87	130	Y	Y	Tertiary referral Day 51. MDT 4/12/17 - for PET and lap. Referral from KGH unclear if patient for just discussion at UHL or treatment. OPA 11/12/17 - for MDT 18/12/17. To offer resection. OPA 2/1/18 - added to waiting list. TCI 6/1/18 cancelled due to lack of HDU beds, TCI rebooked for 1/2/18

Tumour Site	Total Number of patients	Pt No	Current Wait (Days)	Confirmed Cancer Y/N	Treatment Date Y/N	Summary Delay Reasons
Lung	4	80	141	Y	N	Previous Long Term Follow Up patient, reviewed and reinstated on an active pathway from 23/10/17. Biopsy 31/10/17 - pathology delay due to additional levels of immuno reporting required. MDT 3/11/17 - referred for surgical opinion. Patient cancelled, declined surgery and requested Oncology consultation. Onc OPD delay due to capacity - OPD 28/11/17 - patient consented to SABR treatment. Commenced planning 4/12/17, due to patient fitness treatment has yet to commence.
		81	133	Y	Y	CT 7/9/17, OPD 12/9/17 - ? Infections for repeat CT in 8 weeks - clinically appropriate pathway. Follow up 7/11/17 - for CT Guided biopsy. CTGBx 16/11/17, MDT 24/11/17 - for PET and follow up. PET 6/12/17 confirmed staging diagnosis, for PDL-1 testing and oncology consultation. ONC capacity delay to outpatients review - ONC 3/1/18 - DTT made to commence treatment 18/1/18
		82	120	Y	N	Delay to initial CT patient related due to sickness (3 weeks). CT 14/8/17, OPD 14/8/17 - for radial EBUS and PET. PET 23/8/17 cancelled due to equipment failure - rebooked for 25/8/17. EBUS 29/8/17 - cancelled due to equipment failure - rebooked for 4/9/17 which the patient DNA'd. Took place 19/9/17. MDT 22/9/17 - for surgical opinion on resection. OPD 27/9/17 - anaesthetic assessment 29/9/17. TCI for 2/10/17 offered, patient cancelled and requested delay for 3 weeks. TCI 23/10/17 - patient cancelled due to family illness. CNS support - patient wants treatment but not till after Xmas but agreed to OPA. OPA 15/11/17 - added to waiting list for TCI 28/11/17 - pt cancelled as unfit. TCI 11/12/17 - admitted but patient refused treatment on the day and left the ward. MDT 15/12/17 - refer to Oncology for consideration of radiotherapy. ONC 9/1/18 - patient cancelled stating he now wants to see a surgeon and wont' attend Oncology. OPD surgical 23/1/18
		83	114	Y	N	CT 24/9/17, OPD 2/10/17 - admitted from clinic for pleural effusion. MDT 6/10/17 - ? Mesothelioma - for thoracoscopy. OPD 11/10/17 - for MDT Meso discussion following histological diagnosis reported. MDT 27/10/17 - for PET and OPD ONC. PET delay due to incorrect form used - PET 24/11/17 - patient DNA'd. Rearranged for 1/12/17 - PET not performed as sugars too high. PET 6/12/17. MDT 15/12/17 - for consideration of MARS2 trial - patient not keen on surgery. OPD ONC 16/1/18 (delay due to capacity).

Tumour Site	Total Number of patients	Pt No	Current Wait (Days)	Confirmed Cancer Y/N	Treatment Date Y/N	Summary Delay Reasons
Urology	4	77	577	N	Y	Patient renal surveillance and excluded from backlog until check CT 1/11/17 - showing enlarging renal mass requiring biopsy in addition to lung lesion requiring review. OPD 13/11/17 - for repeat CT in 3 months - possibly benign but declared in backlog in line with CWT. TCI for treatment 5/1/18 cancelled due to lack of HDU beds, TCI now 24/1/18.
		57	168	Y	Y	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. OPD 21/12/17 - for high risk anaesthetic review - patient unavailable due to holiday - returning 1/2/18 - patient advised to shorten holiday to enable treatment. TCI provisionally agreed for 26/1/18.
		78	115	Y	Y	Tertiary referral on Day 67 received 21/11/17. OPD UHL 9/12/17 - added to waiting list for robotic surgery. Surgical capacity delay - TCI planned for 19/1/18.
		79	111	Y	N	Patient unavailable for first appointment for 3 weeks post referral. OPD 10/10/17, TRUS biopsy 12/10/17. Path follow up 9/11/17 (delayed due to patient being away 19/10 - 8/11). Patient then cancelled follow up. OPD 14/11/17 - for MRI. MRI 17/11/17 and Bone Scan 16/11/17. OPD FU 23/11/17 - patient undecided on treatment options discussed, requested Oncological consultation. ONC OPD 12/12/17. Patient undecided. CNS and Service failed to contact patient, mobile number no longer valid and GP had no alternatives. At the time of reporting, patient has a provisional outpatient for 24/1/18 which has been sent in the post - no contact at present can be made with this patient.

31 Day First Treatment – Backlog & Performance

31 day 1st treatment performance was below the national target at 94.4% for November which was a 1.4% improvement on the previous month. This was as a result of non-compliance in Gynae, Skin, Upper GI and Urology primarily.

At the time of reporting, the backlog has increased to 30 for 31 day first treatments, over 50% of which is with Gynae and Urology. Patient choice delays particularly in Gynae and Skin where adjustments are not applicable for outpatient procedures and surgical cancellations across a number of services having a significant impact.
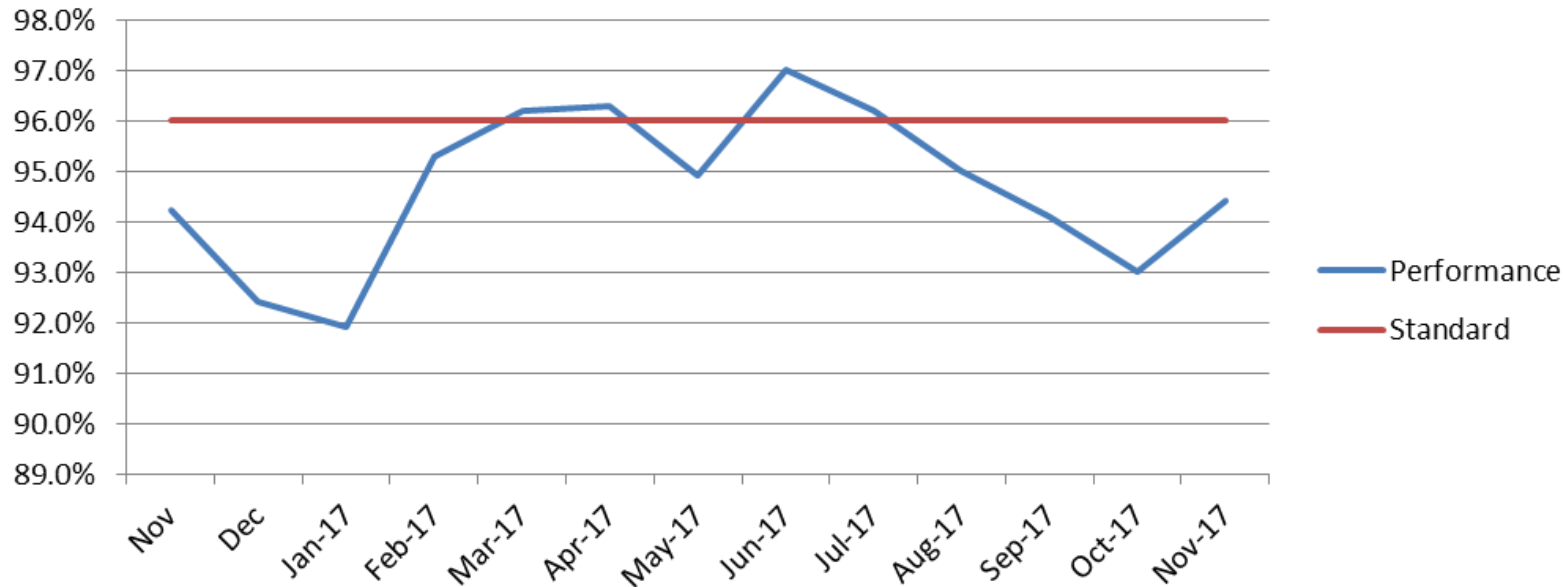
31 Day Subsequent Performance – Surgery

31 day Subsequent performance for Surgery in November achieved at 94.3%, a 1.4% improvement on the previous month.

The backlog has increased from 3 to 11 since the last reporting period, with more than 50% of the backlog sitting in Urology which has been significantly affected by the current bed pressures resulting in cancelled procedures.
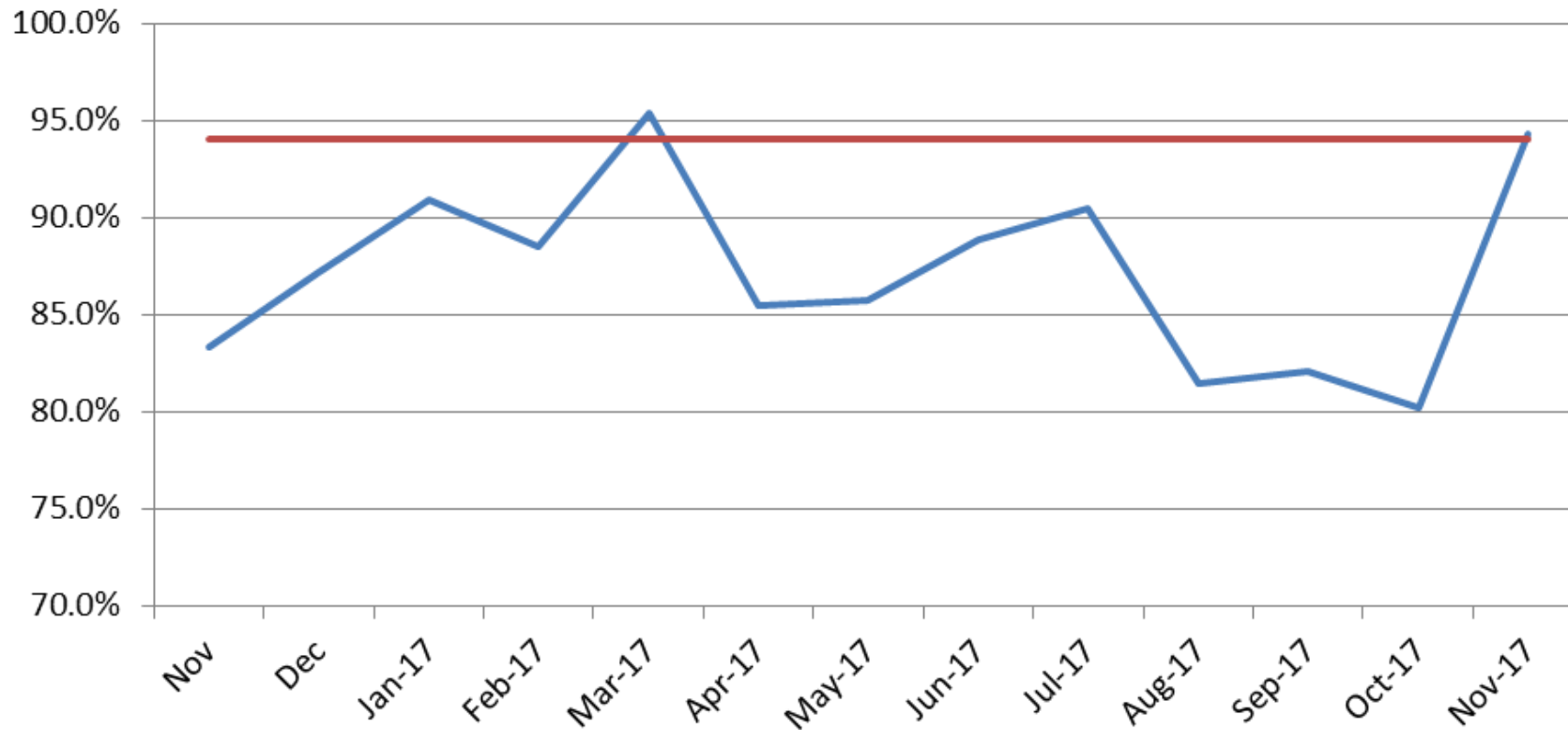
Summary of the plan

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.

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. Significant number of cancer patients cancelled impacting on backlog and volume of patients.	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

Peer Group Analysis (November 2017)

RTT 18+ Weeks Backlog - November 2017

All Acute Trusts Performance - 89.0%   UHL ranks 58 out of the 145 Acute Trusts*
62 of the 145 Acute Trusts* achieved 92% or more

Peer Rank	Provider Name	RTT Incompletes Performance - Target 92%
1	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	96.2%
2	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	95.1%
3	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	94.9%
4	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	92.1%
5	HEART OF ENGLAND NHS FOUNDATION TRUST	92.0%
6	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	91.1%
7	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	90.7%
8	PENNINE ACUTE HOSPITALS NHS TRUST	90.3%
9	LEEDS TEACHING HOSPITALS NHS TRUST	89.3%
10	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	87.4%
11	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	83.9%
12	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	83.4%
13	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	83.3%
14	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	80.9%
15	KINGS COLLEGE HOSPITAL NHS FOUNDATION TRUST	79.5%
16	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	77.7%
-	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST - not reported	-
-	BARTS HEALTH NHS TRUST - not reported	-
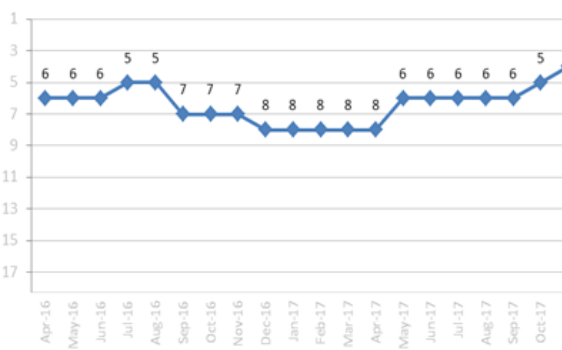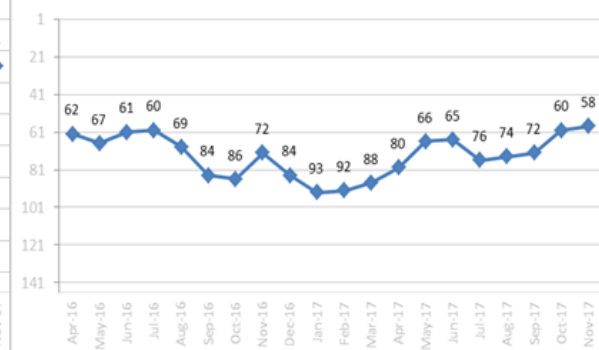
Diagnostics - November 2017

All Acute Trusts Performance - 1.8%   UHL ranks 77 out of the 145 Acute Trusts*
97 of the 145 Acute Trusts* achieved <1% or less   (Ranked Ascending)

Peer Rank	Provider Name	Diagnostics Performance %Waiting 6 Wks+ - Target <=1%
1	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	0.2%
2	LEEDS TEACHING HOSPITALS NHS TRUST	0.2%
3	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	0.4%
4	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	0.5%
5	HEART OF ENGLAND NHS FOUNDATION TRUST	0.5%
6	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	0.5%
7	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	0.8%
8	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	0.8%
9	KINGS COLLEGE HOSPITAL NHS FOUNDATION TRUST	0.9%
10	PENNINE ACUTE HOSPITALS NHS TRUST	1.0%
11	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	1.0%
12	BARTS HEALTH NHS TRUST	1.1%
13	THE NEWCASTLE UPON TYNE HOSPITALS NHS TRUST	1.7%
14	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	2.1%
15	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	2.2%
16	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	3.4%
17	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	7.3%
18	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	7.5%
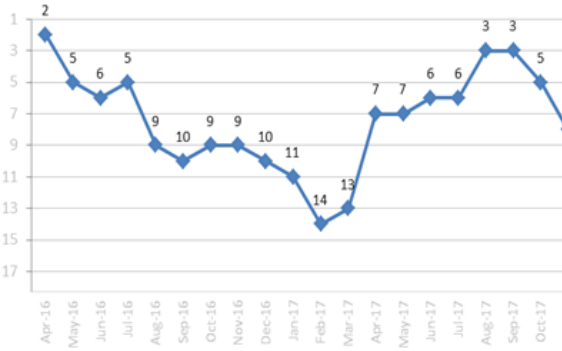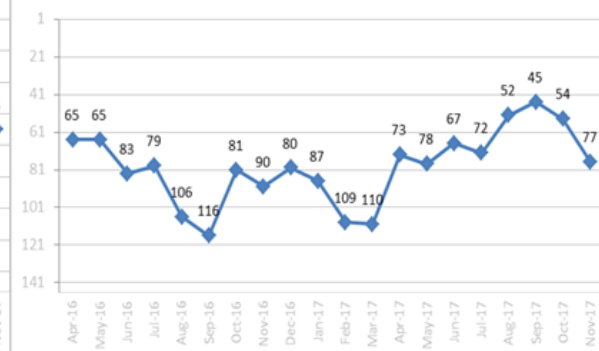
*Acute NHS hospitals – there are 145 according to NHS choices but not all Trusts submit information routinely and some Trusts do not provide the service

Peer Group Analysis (November 2017) – ED December
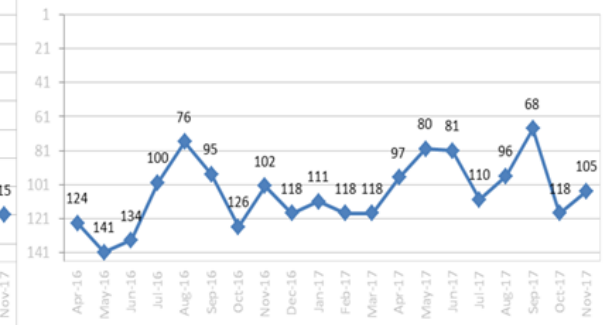

UHL ED Attendances within 4 hours - December 2017

All Acute Trusts - 83.1%		UHL ranks 132 out of the 145 Trusts*
7 of the 145 Acute Trusts* achieved 95% or more		

Peer Rank	Provider Name	Performance within 4 Hours - Target 95% - Amber 92% - <95%
1	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	92.9%
2	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	86.6%
3	BARTS HEALTH NHS TRUST	85.5%
4	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	85.5%
5	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	84.2%
6	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	84.1%
7	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	82.4%
8	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	80.7%
9	LEEDS TEACHING HOSPITALS NHS TRUST	79.0%
10	KINGS COLLEGE HOSPITAL NHS FOUNDATION TRUST	78.8%
11	PENNINE ACUTE HOSPITALS NHS TRUST	78.3%
12	HEART OF ENGLAND NHS FOUNDATION TRUST	76.3%
13	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	74.4%
14	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	73.6%
15	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	71.5%
16	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	71.5%
17	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	69.5%
18	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	69.0%
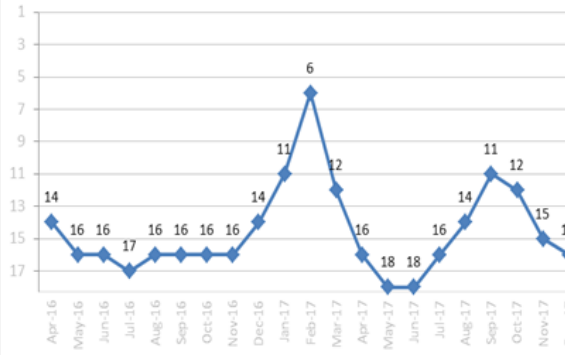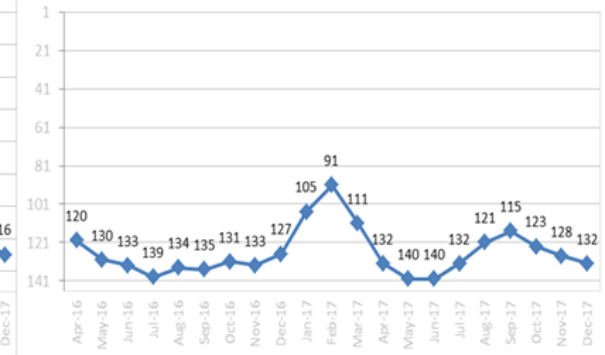
TWO WEEK WAIT -ALL CANCER - November 2017

All Acute Trusts Performance - 95.1%		UHL ranks 105 out of the 145 Acute Trusts*
135 of the 145 Acute Trusts* achieved 93% or more		

Peer Rank	Provider	Performance within 14 Days - Target 93%
1	BARTS HEALTH NHS TRUST	98.2%
2	PENNINE ACUTE HOSPITALS NHS TRUST	97.8%
3	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	97.7%
4	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	97.4%
5	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	96.9%
6	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	96.7%
7	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	96.4%
8	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	96.3%
9	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	96.2%
10	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	96.2%
11	LEEDS TEACHING HOSPITALS NHS TRUST	96.1%
12	HEART OF ENGLAND NHS FOUNDATION TRUST	95.6%
13	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	95.5%
14	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	95.4%
15	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	95.1%
16	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	94.9%
17	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	94.8%
18	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	92.5%

*Acute NHS hospitals – there are 145 according to NHS choices but not all Trusts submit information routinely and some Trusts do not provide the service
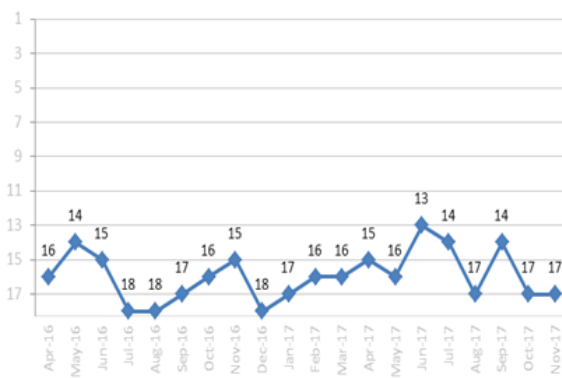
Peer Group Analysis (November 2017)
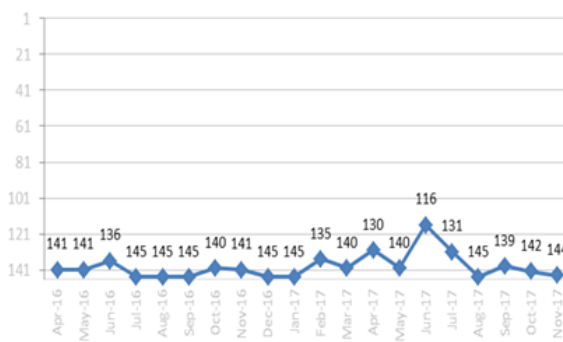
## 31-DAY FIRST TREAT - November 2017

All Acute Trusts Performance - 97.5% UHL ranks 144 out of the 145 Acute Trusts*
132 of the 145 Acute Trusts* achieved 96% or more

Peer Rank	Provider	Performance within 31 Days - Target 96%
1	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	99.2%
2	BARTS HEALTH NHS TRUST	99.1%
3	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	98.2%
4	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	97.9%
5	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	97.6%
6	LEEDS TEACHING HOSPITALS NHS TRUST	97.3%
7	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	97.0%
8	HEART OF ENGLAND NHS FOUNDATION TRUST	96.9%
9	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	96.7%
10	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	96.6%
11	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	96.3%
12	PENNINE ACUTE HOSPITALS NHS TRUST	96.3%
16	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	96.1%
14	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	96.1%
15	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	95.6%
16	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	95.0%
17	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	94.4%
18	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	94.4%

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

UHL Acute Ranking - 31-DAY FIRST TREAT (n/145)

62-DAY GP Referral - November 2017

All Acute Trusts Performance - 82.4% UHL ranks 124 out of the 145 Acute Trusts*
75 of the 145 Acute Trusts* achieved 85% or more

Peer Rank	Provider	Performance within 62 Days - Target 85%
1	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	87.2%
2	BARTS HEALTH NHS TRUST	86.3%
3	HEART OF ENGLAND NHS FOUNDATION TRUST	85.9%
4	PENNINE ACUTE HOSPITALS NHS TRUST	85.3%
5	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	84.4%
6	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	84.3%
7	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	83.7%
8	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	82.0%
9	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	81.6%
10	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	81.5%
11	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	80.7%
12	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	78.8%
13	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	76.1%
14	LEEDS TEACHING HOSPITALS NHS TRUST	75.1%
15	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	74.6%
16	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	73.7%
17	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	72.0%
18	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	65.4%

UHL Peer Ranking - 62-DAY GP Referral (n/18)
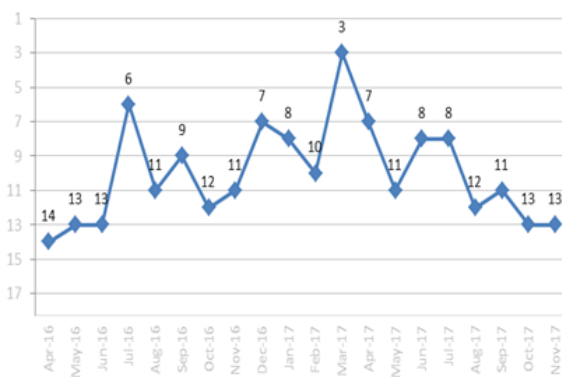
UHL Acute Ranking - 62-DAY GP Referral (n/145)
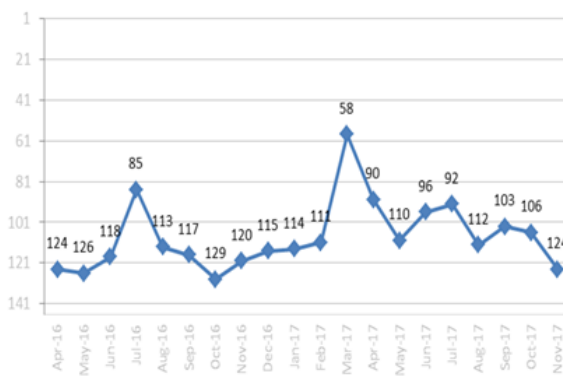
*Acute NHS hospitals – there are 145 according to NHS choices but not all Trusts submit information routinely and some Trusts do not provide the service
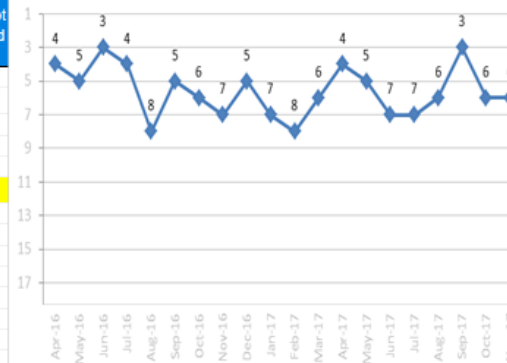
Peer Group Analysis (November 2017)

Inpatient FFT - November 2017

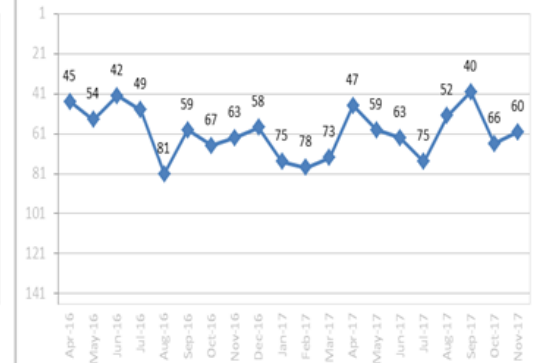| All Acute Trusts - Response Rate 25% - Recommended 96% - Not Recommended 2%				UHL ranks 60 (for Recommended) and 69* (for Not Recommended) out of the 145 Trusts**	
Peer Rank (Recommended)	Provider Name	Response Rate	Percentage Recommended	Percentage Not Recommended	
1	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	14%	99%	1%	
2	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	10%	98%	1%	
3	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	29%	98%	1%	
4	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	25%	97%	1%	
5	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	32%	97%	1%	
6	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	28%	97%	1%	
7	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	33%	97%	1%	
8	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	36%	96%	1%	
9	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	19%	96%	2%	
10	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	31%	96%	2%	
11	HEART OF ENGLAND NHS FOUNDATION TRUST	27%	95%	2%	
12	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	30%	95%	2%	
13	LEEDS TEACHING HOSPITALS NHS TRUST	36%	95%	2%	
14	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	20%	94%	2%	
15	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	17%	94%	3%	
16	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	11%	92%	4%	
17	PENNINE ACUTE HOSPITALS NHS TRUST	32%	90%	4%	
-	BARTS HEALTH NHS TRUST - not available	-	-	-	

A&E FFT - November 2017

| All Acute Trusts - Response Rate 25% - Recommended 96% - Not Recommended 2%				UHL ranks 29 (for Recommended) and 16* (for Not Recommended) out of the 145 Trusts**	
Peer Rank (Recommended)	Provider Name	Response Rate	Percentage Recommended	Percentage Not Recommended	
1	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	2%	95%	2%	
2	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	9%	95%	1%	
3	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	22%	95%	2%	
4	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	16%	94%	4%	
5	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	2%	93%	6%	
6	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	19%	91%	5%	
7	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	19%	87%	7%	
8	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	8%	86%	8%	
9	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	18%	85%	9%	
10	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	18%	85%	9%	
11	LEEDS TEACHING HOSPITALS NHS TRUST	22%	84%	10%	
12	PENNINE ACUTE HOSPITALS NHS TRUST	20%	84%	10%	
13	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	16%	83%	9%	
14	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	14%	82%	12%	
15	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	16%	81%	13%	
16	HEART OF ENGLAND NHS FOUNDATION TRUST	13%	79%	13%	
17	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	30%	68%	18%	
-	BARTS HEALTH NHS TRUST - not available	-	-	-	
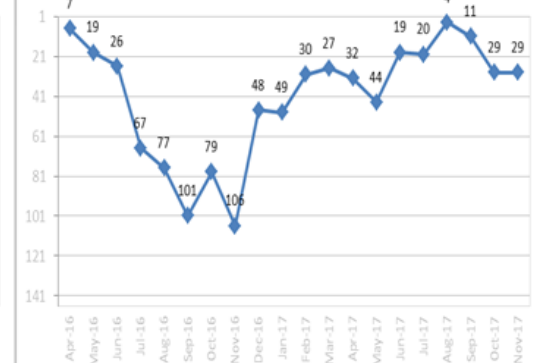
*Acute NHS hospitals – there are 145 according to NHS choices but not all Trusts submit information routinely and some Trusts do not provide the service
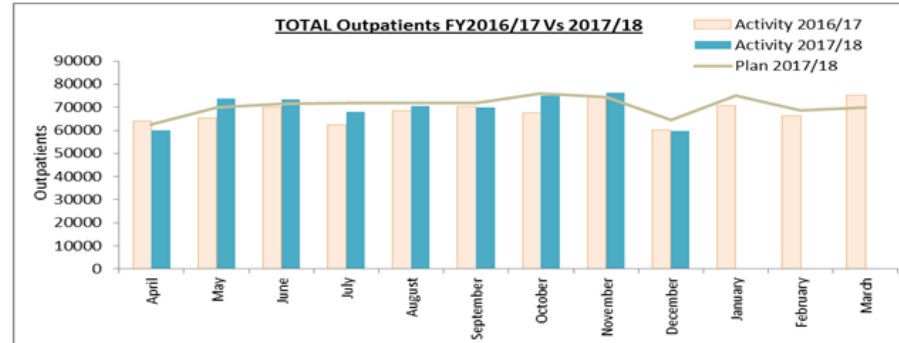
UHL Activity Trends

Referrals (GP)
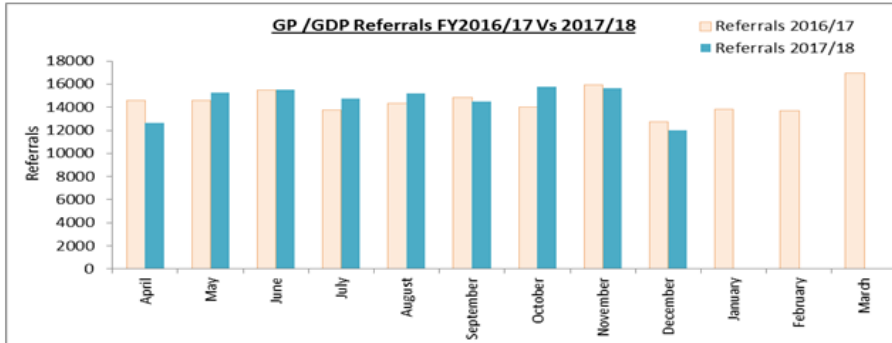
April - December
17/18 Vs 16/17 +934 +0.7%

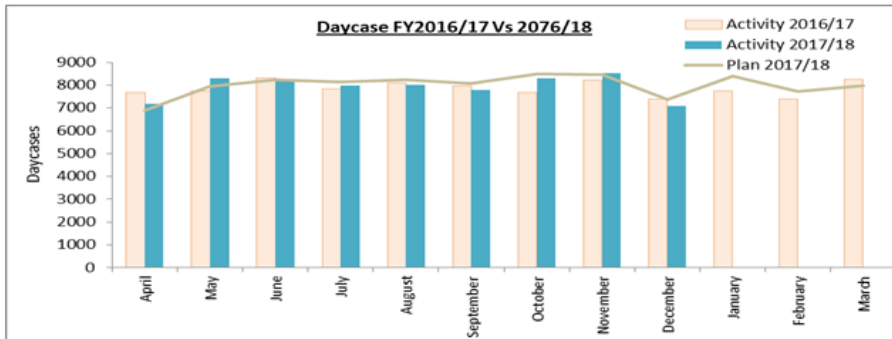Total GP/GDP referrals in December 17 are similar to last December.

TOTAL Outpatient Appointments

April - December
17/18 Vs 16/17 +23,661 +3.9%
17/18 Vs Plan -7596 -1.2%

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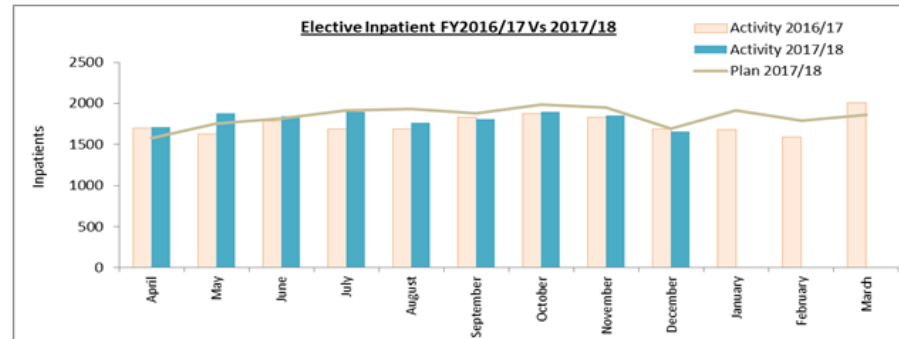
Daycases

April - December
17/18 Vs 16/17 +439 +0.6%
17/18 Vs Plan -534 -0.7%

Growth in Medical Oncology and Rheumatology. Gastroenterology, BMT, Orthopaedic Surgery and Plastic Surgery below plan.

Elective Inpatient Admissions

April - December
17/18 Vs 16/17 +580 +4%
17/18 Vs Plan -207 -1.3%

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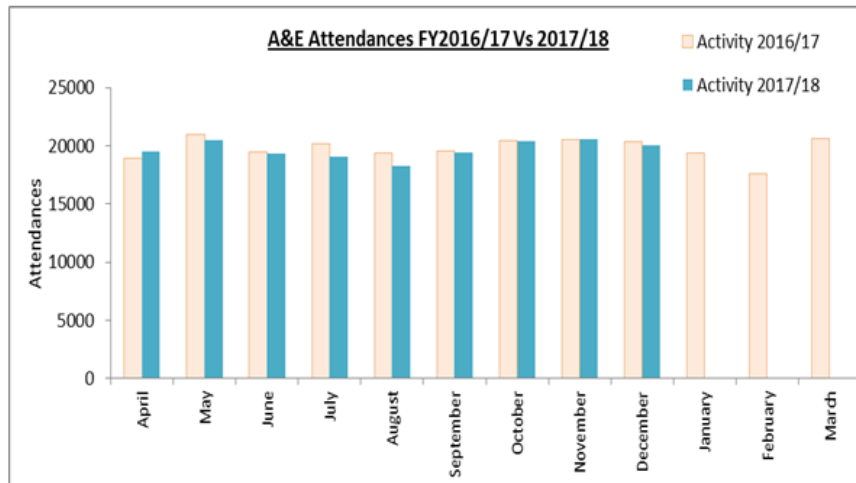
UHL Activity Trends

Emergency Admissions
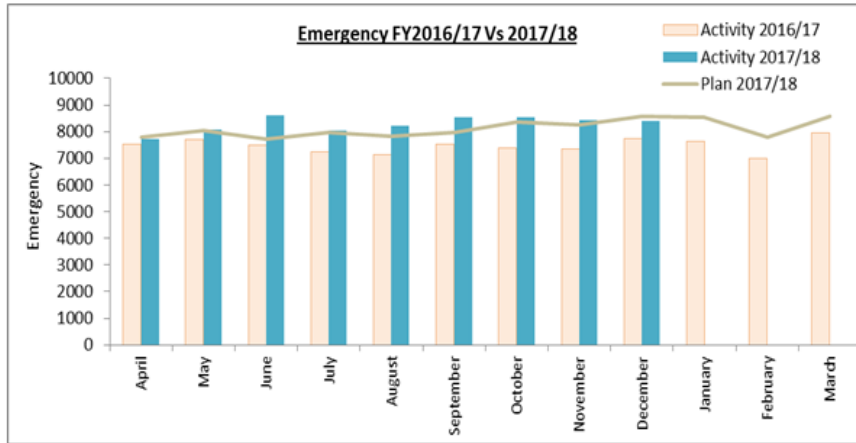
April – December
17/18 Vs 16/17 +7,570 +11%
17/18 Vs Plan   +2,129   +3%

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. Respiratory Medicine and Oncology lower than plan.
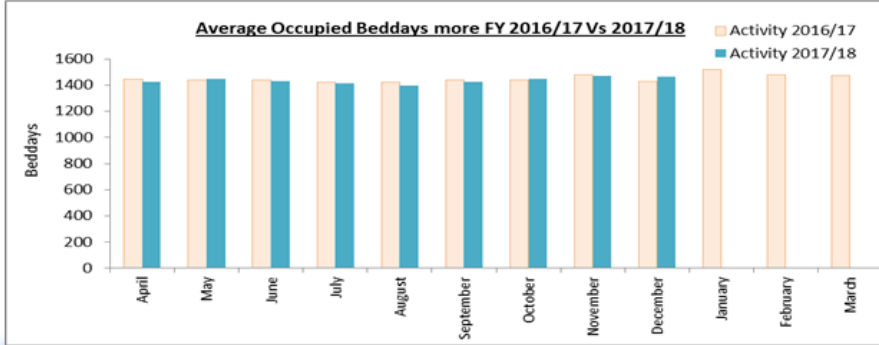
A & E Attendances

April - December
17/18 Vs 16/17 -2,640 -1.5%

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.
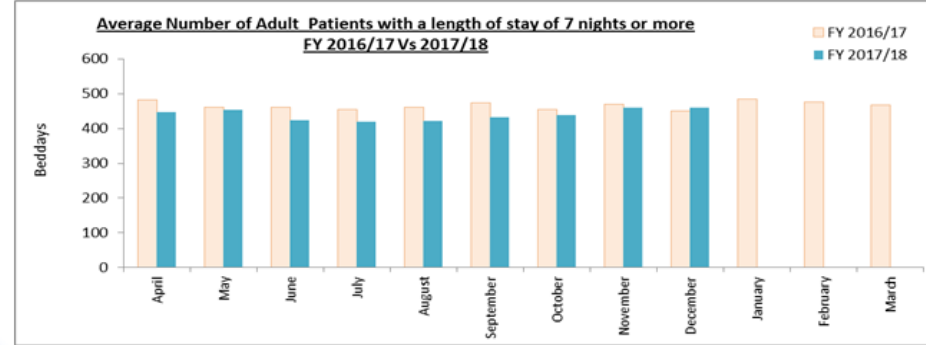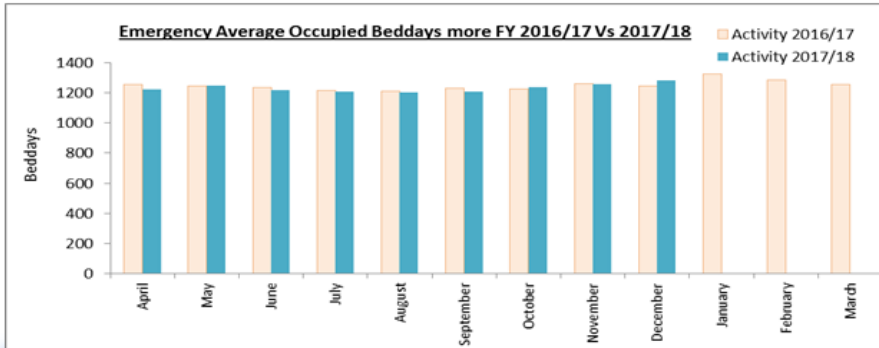
UHL Bed Occupancy

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
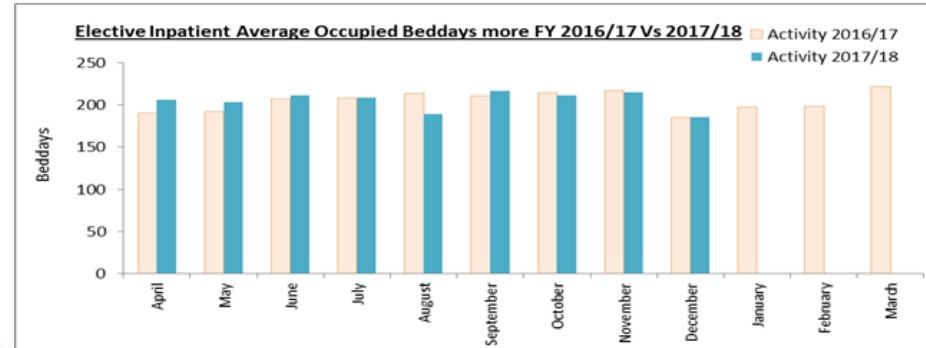

The number of patients staying in beds 7 nights is lower this year for most months. However, December is similar to last December.

Emergency Occupied beddays

Emergency patients occupying a bed is higher this year compared to the same period last year.

Elective Inpatient Occupied beddays

YTD Bed occupancy is similar to the same period last year.