

Quality & Performance Report

Author: John Adler Sponsor: Chief Executive Date: PPC + QOC 22nd February 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, PPC and QOC. This complements the Exception Reports which are triggered automatically when identified thresholds are met.

Questions

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

Conclusion

Good News: **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** – January was within threshold, however year to date position remains higher than the threshold. **Diagnostic 6 week wait** – compliant for the 16th consecutive month. **Cancer Two Week Wait** – have achieved the 93% threshold for over a year. **Cancer 31 day** was achieved in December. **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 January. **Grade 3 and Grade 2** are well within the trajectory for the month and year to date. **CAS alerts** – we remain compliant. **Inpatient and Day Case Patient Satisfaction (FFT)** achieved the Quality Commitment of 97%. **Never events** – 0 reported in January. **Single Sex Accommodation Breaches** – 0 breaches reported in January. **Fractured NOF** – achieved at 72.6%, YTD remains below threshold by 0.6%.

Bad News: **UHL ED 4 hour performance** – was 75%, system performance (including LLR UCCs) was 81.8%. Further detail is in the COO's report. **Ambulance Handover 60+ minutes (CAD+)** – performance is 5% however compares well to the 13% in January 2016. **Referral to Treatment** – was 88.8% against a target of 92%, reflecting the pro-active cancellation of non-urgent elective work in accordance with national policy. **52+ weeks wait** – 1 patient (last January the number was 34). **Cancelled operations and patients rebooked within 28 days** – continued to be non-compliant. **Cancer 62 day treatment** was not achieved in December – delayed referrals from network hospitals continue to be a significant factor. **TIA (high risk patients)** – 36% reported in January, our second lowest performance YTD. **Moderate harms and above** – above threshold in December (reported 1 month in arrears). **Statutory and Mandatory Training** reported from HELM is at 85%. **Sickness absence** – 5.3% reported in December (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 March 2018

Caring at its best

University Hospitals of Leicester **NHS**
NHS Trust

Quality and Performance Report

January 2018



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: 22nd FEBRUARY 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: JANUARY 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	15	28	2
Caring	16	11	0
Well Led	17	23	5
Effective	18	8	3
Responsive	19	16	10
Responsive Cancer	20	9	5
Research – UHL	21	6	0
Total		101	25

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

None.

Summary Scorecard – YTD

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



SUCCESSSES:

- FFT Inpatient/DC 97%
- Crude Mortality 2.1%
- DTOC 1.9%
- Diagnostic Wait 0.9%

ISSUES:

- Annual Appraisal 89.8%
- 6 Never Events
- 3 12 hour Trolley Waits
- 11 Single Sex Accommodation Breaches
- RTT Incomplete 88.8%
- Statutory & Mandatory training 85%
- Sickness Absence 3.9%
- Stroke TIA 55.1%
- ED 4hr Wait UHL 79.0%
- ED 4hr Wait UHL+LLR UCC 81.2%
- Cancer 62 Day 79.3%

Summary Scorecard – January 2018

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:

SUCCESSSES: (Red to Green)

- 12 Hour Trolley Waits
- Never Events
- #NoF's <36 hrs

ISSUES: (Green to Red)

- Stroke TIA

Domain - Safe

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

6

Never Events
YTD ↑

35↓

Serious Incidents
YTD
(No escalated each month)

165

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

2

Avoidable
MRSA
YTD ↔

55

CDIFF
Cases
YTD ↔

SUCCESSSES

- 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 January.
- 0 Never events reported in January.

ISSUES

- Moderate harm above threshold. Number reported to date exceeds the cumulative total of 156 for 2016/17.

ACTIONS

- We continue to monitor the harm rate and numbers each month and report our validated figures with themes.
- Another in-depth review of harms up to end of Q3 will be presented to EQB and QOC in March 2018.

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 **96%** ↑

Maternity FFT **94%** ↑

Outpatients FFT **94%** ↑

Staff FFT Quarter 2 2017/18 (Pulse Check)



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

SUCCESSSES

- Friends and family test (FFT) for Inpatient and Daycase care combined remains at 97% for January.
- Patient Satisfaction (FFT) for ED is 97% for January. One of our best performance YTD.
- Single Sex Accommodation Breaches – 0 reported in January.

ISSUES

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 **32.9%** ↑
 Day Case FFT **24.2%** ↓
 A&E FFT **10.5%** ↑
 Maternity FFT **41.2%** ↑
 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

- Corporate Induction attendance for January is 96%.
- A&E coverage for January was 10%.

ISSUES

- Appraisals are 5.2% off target (this excludes facilities staff that were transferred over from Interserve).
- Statutory & Mandatory is 10% off the 95% target.
- Inpatients coverage for January was 28.3%, 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

89.8% YTD ↓

Statutory & Mandatory Training

85% 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

55.1%

YTD ↓

80% of patients spending 90% stay on stroke unit

87.7%

YTD ↓

Emergency Crude Mortality Rate

2.1%

YTD ↑

30 Days Emergency Readmissions

9.0%

YTD ↓

NoFs operated on 0-35hrs

71.4%

YTD ↑

SUCCESSSES

- 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.
- Fractured NoF for January is 72.6%, an improvement of 4.7% from November

ISSUES

- 30 Days Emergency Readmissions for December is 9.4%.
- Emergency Crude Mortality Rate for January is 2.5%.
- Stroke TIA Clinic within 24 Hours for January is 36%. Our second lowest performance YTD.

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

88.8%

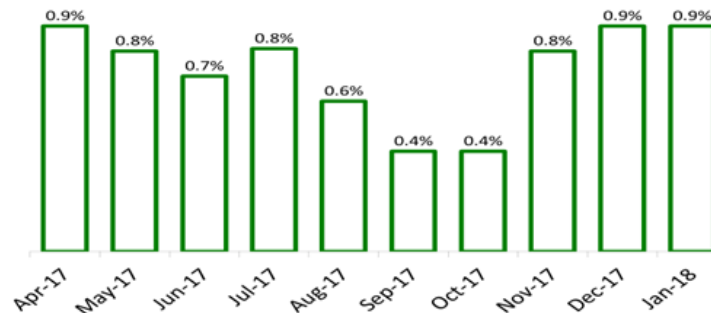
As at Jan ↓

RTT 52 week wait incompletes

1

As at Jan ↓

6 week Diagnostic Wait times



ED 4Hr Waits UHL

A&E

79.0%

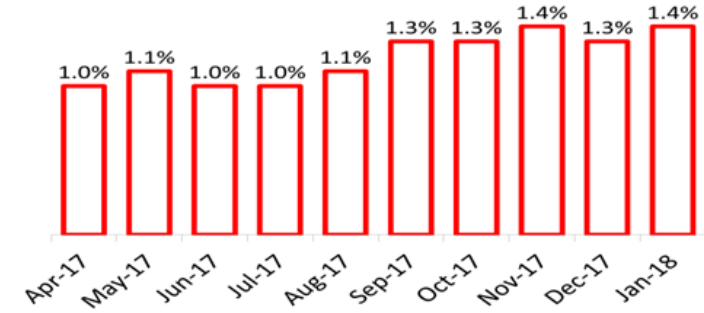
YTD ↑

ED 4Hr Waits UHL+LLR UCC

81.2%

YTD ↑

Cancelled Operations UHL



Ambulance Handovers



3% > 60mins ↑

8% 30-60mins ↑

YTD

SUCCESSES

- Diagnostic 6 week wait – we have now achieved 16th 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 – January performance at 5%.
- RTT was 3.2% below threshold.
- 1 patient waiting over 52+ weeks (last January the number was 34).

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

94.5%

YTD

94.1%
Dec ↓

31 day wait

95.3%

YTD

97.3%
Dec ↑

62 day wait

79.3%

YTD

81.3%
Dec ↑

31 day backlog

20

Jan ↓

SUCCESSSES

Cancer performance is reported 1 month in arrears.

- Cancer Two Week Wait was achieved in December and has remained compliant since July 16.
- 31 day wait was 1.3% above target for December.

ISSUES

- Cancer 62 day treatment – was 3.7% off target for December.

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

85

Jan ↓

62 day adjusted backlog

77

Jan ↓

Out Patient Transformation Programme

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

Reductions in number of FU attendances



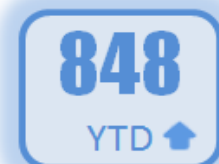
Reduction in hospital cancellations (ENT)



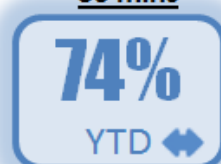
GP Referrals via ERS



Reduction of long term FU



Patients seen within 30 mins



% appointment letters printed via outsourced provider



24%

ASI Rate
YTD ↔

% Hardware replacement achieved against priority list



SUCCESSSES

- Q3 CQUIN achieved for ERS and PSO
- Audit of IT hardware replacement requirements 100% complete
- Outpatients FFT is 95.6%. Our best performance YTD.
- Priorities agreed for delivery in Q4
- Working with DMU on improving the environment
- Live customer care training session trialled and positively evaluated

ISSUES

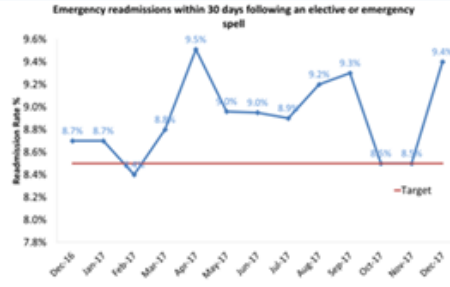
- OP Clinic Room utilisation (CSI managed services) remains variable. No system for monitoring and managing utilisation of circa 250 other clinic rooms.
- Some areas not achieving standard for out patient appointment letters to be sent via out sourced provider
- Waiting times ion OP clinics not routinely captured
- Some metrics will not start reporting until April 2018.

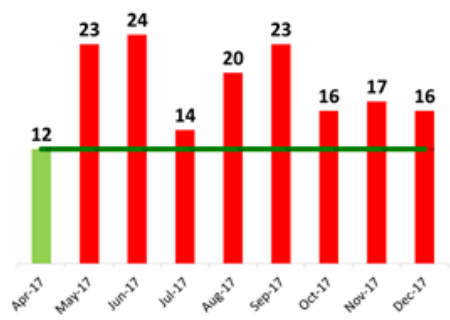
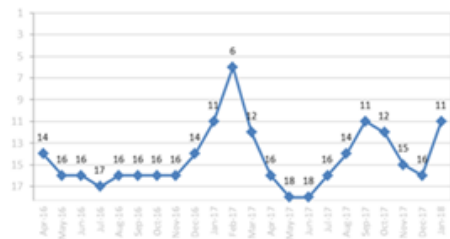
ACTIONS

- Agree baseline and trajectories for metrics to be reported from April 2018
- Present Bookwise business case to CMIC to enable utilisation to be monitored in all areas
- All areas falling below 80% standard for OP correspondence to present assurance plan to OP Programme Board 09.03.18
- Audit waiting times in ENT OP clinic and develop new process for capturing information

Room Utilisation



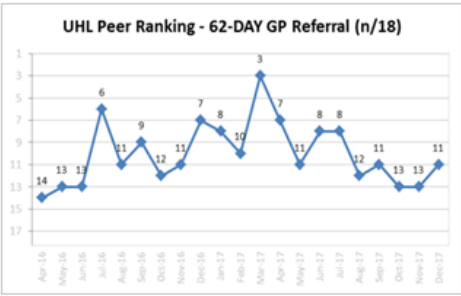
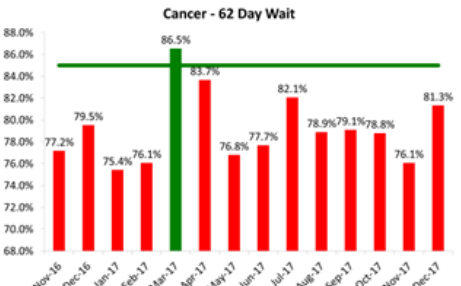
Description	Target/Current Performance	Trend	Key Messages	Key Actions																												
Emergency Readmissions – emergency readmissions within 30 days following an elective or emergency spell	17/18 Target – <8.5% December 9.4%, YTD 9.0%	Trend  <table><caption>Emergency Readmission Rates (Monthly)</caption><thead><tr><th>Month</th><th>Readmission Rate %</th></tr></thead><tbody><tr><td>Dec-16</td><td>8.7%</td></tr><tr><td>Jan-17</td><td>8.7%</td></tr><tr><td>Feb-17</td><td>8.4%</td></tr><tr><td>Mar-17</td><td>8.8%</td></tr><tr><td>Apr-17</td><td>9.5%</td></tr><tr><td>May-17</td><td>9.0%</td></tr><tr><td>Jun-17</td><td>9.0%</td></tr><tr><td>Jul-17</td><td>8.9%</td></tr><tr><td>Aug-17</td><td>9.2%</td></tr><tr><td>Sep-17</td><td>9.3%</td></tr><tr><td>Oct-17</td><td>8.5%</td></tr><tr><td>Nov-17</td><td>8.5%</td></tr><tr><td>Dec-17</td><td>9.4%</td></tr></tbody></table>	Month	Readmission Rate %	Dec-16	8.7%	Jan-17	8.7%	Feb-17	8.4%	Mar-17	8.8%	Apr-17	9.5%	May-17	9.0%	Jun-17	9.0%	Jul-17	8.9%	Aug-17	9.2%	Sep-17	9.3%	Oct-17	8.5%	Nov-17	8.5%	Dec-17	9.4%	There has been a rise in the readmission rate since November 2017.	<p>Pilot in CDU of Integrated Clinical Response Team following up all discharged patients by telephone.</p> <p>Integrated Discharge Team (IDT-commencing July 2017) to build into their Standard Operating Procedures how to deal with patients at high risk of readmission using the PARR30 score. Members of this team attend all board rounds so have a unique opportunity to interact with clinical teams to remind them of the actions that need to be undertaken according to the UHL guideline.</p> <p>Publicity for raising awareness of the readmission guideline went out in the Chief Executive’s briefing; and written material was provided to all junior doctors at last induction.</p> <p>The approach to reduction in the readmission rate will be refreshed under new leadership with a change of Deputy Medical Director’s portfolios.</p>
Month	Readmission Rate %																															
Dec-16	8.7%																															
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Description	Target/Current Performance	Trend	Key Messages	Key Actions																																														
Moderate Harm – Reduction for moderate harm and above PSIs with finally approved status - reported 1 month in arrears.	17/18 Target – 9% reduction from FY16/17 (<12 per month) 16 moderate harm incidents reported in December. To end of December 2017 we have seen 165 reported incidents that have been graded moderate harm or above. For the same period last year we had 111. The cumulative total of moderate and above harm for 2016/17 was 156.	Trend  <table><caption>Moderate Harm Incidents (FY17/18)</caption><thead><tr><th>Month</th><th>Incidents</th></tr></thead><tbody><tr><td>Apr-17</td><td>12</td></tr><tr><td>May-17</td><td>23</td></tr><tr><td>Jun-17</td><td>24</td></tr><tr><td>Jul-17</td><td>14</td></tr><tr><td>Aug-17</td><td>20</td></tr><tr><td>Sep-17</td><td>23</td></tr><tr><td>Oct-17</td><td>16</td></tr><tr><td>Nov-17</td><td>17</td></tr><tr><td>Dec-17</td><td>16</td></tr></tbody></table>	Month	Incidents	Apr-17	12	May-17	23	Jun-17	24	Jul-17	14	Aug-17	20	Sep-17	23	Oct-17	16	Nov-17	17	Dec-17	16	<p>An in-depth review of harm incidents was undertaken in November for Q1&2 17/18 data which showed.</p> <p>The data shows that the proportion of harms by grading against total for this year is comparable to 2016/17.</p> <p>The main increase in the moderate harms is specifically related to the maternity PPH grading change. This review confirms that the reported increase was correct and the category in which the increase had occurred was related to PPH in maternity.</p>	<p>We continue to monitor the harm rate and numbers each month and report our validated figures with themes.</p> <p>Another in-depth review of harms up to end of Q3 will be presented to EQB and QOC in March 2018.</p>																										
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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 75% of patients were treated within 4 hour compared to 78.1% last January.	Benchmark UHL Peer Ranking - ED (n/18)  <table><caption>UHL Peer Ranking - ED (n/18)</caption><thead><tr><th>Month</th><th>Ranking</th></tr></thead><tbody><tr><td>Apr-16</td><td>14</td></tr><tr><td>May-16</td><td>16</td></tr><tr><td>Jun-16</td><td>16</td></tr><tr><td>Jul-16</td><td>17</td></tr><tr><td>Aug-16</td><td>16</td></tr><tr><td>Sep-16</td><td>16</td></tr><tr><td>Oct-16</td><td>16</td></tr><tr><td>Nov-16</td><td>16</td></tr><tr><td>Dec-16</td><td>14</td></tr><tr><td>Jan-17</td><td>11</td></tr><tr><td>Feb-17</td><td>6</td></tr><tr><td>Mar-17</td><td>12</td></tr><tr><td>Apr-17</td><td>16</td></tr><tr><td>May-17</td><td>18</td></tr><tr><td>Jun-17</td><td>18</td></tr><tr><td>Jul-17</td><td>16</td></tr><tr><td>Aug-17</td><td>14</td></tr><tr><td>Sep-17</td><td>11</td></tr><tr><td>Oct-17</td><td>12</td></tr><tr><td>Nov-17</td><td>15</td></tr><tr><td>Dec-17</td><td>16</td></tr><tr><td>Jan-18</td><td>11</td></tr></tbody></table>	Month	Ranking	Apr-16	14	May-16	16	Jun-16	16	Jul-16	17	Aug-16	16	Sep-16	16	Oct-16	16	Nov-16	16	Dec-16	14	Jan-17	11	Feb-17	6	Mar-17	12	Apr-17	16	May-17	18	Jun-17	18	Jul-17	16	Aug-17	14	Sep-17	11	Oct-17	12	Nov-17	15	Dec-17	16	Jan-18	11	<p>The performance against the 4-hour emergency care target remains lower than trajectory.</p> <p>Flow into beds continues to be the main issue with regard to performance. This varies across the hospitals but is having most impact within medicine with reductions in the percentage of patients having beds allocated within 60 minutes of a decision to admit</p>	<p>Tracking all Speciality medicine patients and next steps with dedicated Managerial and Matron Support to ward areas.</p> <p>Patient next step reviews commenced in CHUGGs and MSSK.</p> <p>Weekly Stranded patient reviews commenced with the CMGs. Continued focus on decreasing medical outliers. Continued focus on ED process</p>
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Description	Target/Current Performance	Trend	Key Messages	Key Actions
		<p>Trend</p>		<p>and command and control. Ensuring the phased starting of elective activity progresses as planned.</p> <p>Medicine Clinical Director and HON completed a clinical challenge review on a number of wards and undertook a review of the most stranded patients in the CMG.</p>
<p>% Operations cancelled for non-clinical reasons on or after the day of admission UHL + ALLIANCE</p>	<p>17/18 Target – 0.8% or below</p> <p>January 1.4%, YTD 1.2%</p>	<p>Trend</p> <p>Cancelled Ops</p>	<p>For January there were 151 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 (140 UHL 1.4% and 11 Alliance 1.2%).</p>	<p>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.</p> <p>During January hospital cancellations before the day rose from an average of 2.0% to 9.0%.</p>

Description	Target/Current Performance	Trend	Key Messages	Key Actions
Ambulance Handover >60 Mins (CAD+ from June 15) – is a measure of the percentage of handover delays over 60 minutes	17/18 Target – 0% January's performance was 5%.	Trend 	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 January was 88.8%. The Trust did not achieve National Standard.	Benchmark Trend 	The combined performance for UHL and the Alliance for RTT in January was 88.8%. The Trust did not achieve National Standard. Overall combined performance saw 6,911 patients in the backlog, an increase of 778 since the last reporting period (UHL increase of 802 Alliance reduction of 24). The number of patients waiting over 18 weeks for treatment was 2,145 greater than the amount required to achieve the National Standard. RTT performance reduced by 1.4% between December 2017 and January 2018. This greatly exceeds 0.4% change seen during same period in 2016/17 financial year. The high level of patients cancelled on the day, before the day and not booked during the elective pause was a principle factor.	Right sizing bed capacity to increase the number of admitted patients able to receive treatment. Improving ACPL through reduction in cancellations 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. Utilising available external capacity in the Independent Sector

Description	Target/Current Performance	Trend	Key Messages	Key Actions
RTT 52 Weeks+ Wait (Incompletes) UHL+ALLIANCE – number of patients waiting over 52 weeks from referral date.	17/18 Target – 0 At the end of January there was 1 patient with an incomplete pathway at more than 52 weeks. 34 patients were waiting over 52+ weeks last January.	Trend 	The patient had 3 scheduled TCI dates during January that were cancelled due to capacity pressures and the patient was not suitable to be treated in the independent sector.	Right sizing bed capacity to increase the number of admitted patients able to receive treatment.
31-Day (Diagnosis To Treatment) Wait For First Treatment: All Cancers	17/18 Target – 96% or above A positive month for 31 day performance with a 97.3% result, a 2.9% improvement on the previous month and the first month to achieve since July 2017.	Benchmark Trend 	Due to a combination of cancelled procedures as a result of the bed pressures in January and patient choice delays declining treatment over Christmas/New Year resulting in breaches where no adjustments can be applied as outpatient procedures, it is not expected to deliver in January with a forecasted position of 91.7% at the time of reporting. The 31 day backlog increased significantly in early January to a peak of 35, at the time of reporting now reduced to 25 but with significant backlog in Urology notable.	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.

Description	Target/Current Performance	Trend	Key Messages	Key Actions
62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers	17/18 Target – 85% or above 62 day performance although failed at 81.3% in December, was a 5.2% improvement on the previous month and the most improved performance since July 2017, with no adjustment for tertiary activity applicable.	<div> Benchmark  </div> <div> Trend  </div>	<p>Across all tumour sites, – these are patients undergoing multiple tests, MDTs, complex pathology reporting and diagnostics.</p> <p>This includes patients referred between multiple tumour sites with unknown primaries, patients with complex pathology to inform diagnosis requiring additional testing and where treatment plans have changed either due to the patient or clinical decision making based on additional diagnostic tests.</p>	<p>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.</p>



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	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	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	9	17	18	12	23	24	14	20	23	16	17	16		165
S2	Serious Incidents - actual number escalated each month	AF	MD	<=37 by end of FY 17/18	UHL	Red / ER if >8 in mth or >5 for 3 consecutive mths	May-17	41	50	37	3	1	3	4	5	3	5	3	5	3	0	2	5	35
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	15.8	15.8	14.2	16.3	15.8	15.1	15.5	14.0	14.5	14.7	15.0	18.8	17.2	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%	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%	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%	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%	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	5	4	2	7	3	5	4	4	7	4	9	4	3	50
S10	Never Events	AF	MD	0	NHSI	Red if >0 in mth ER = in mth >0	May-17	3	2	4	1	0	1	0	3	0	0	1	0	1	0	1	0	6
S11	Clostridium Difficile	JS	DJ	61	NHSI	Red if >monthly threshold / ER if Red or Non compliance with cumulative target	Nov-17	73	60	60	5	7	5	5	0	10	5	7	9	7	4	4	4	55
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	1	1	0	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	1	1	0	0	0	0	2
S14	MRSA Total	JS	DJ	0	UHL	Red if >0 ER if >0	Nov-17	1	0	3	0	1	1	0	0	0	0	1	1	0	0	0	0	2
S15	E. Coli Bacteraemias - Community	JS	DJ	TBC	NHSI	TBC	TBC	New Indicator		476	16	11	13	40	40	51	47	40	38	42	38	35	43	414
S16	E. Coli Bacteraemias - Acute	JS	DJ	TBC	NHSI	TBC	TBC	New Indicator		121	33	42	40	8	5	3	5	2	10	3	10	9	7	62
S17	E. Coli Bacteraemias - Total	JS	DJ	TBC	NHSI	TBC	TBC	New Indicator		597	49	53	53	48	45	54	52	42	48	45	48	44	50	476
S18	MSSA - Community	JS	DJ	TBC	NHSI	TBC	TBC	New Indicator		134	10	16	13	7	11	10	15	13	12	12	3	17	19	119
S19	MSSA - Acute	JS	DJ	TBC	NHSI	TBC	TBC	New Indicator		30	53	57	59	2	9	3	6	2	1	1	3	4	4	35
S20	MSSA - Total	JS	DJ	TBC	NHSI	TBC	TBC	New Indicator		164	63	73	72	9	20	13	21	15	13	13	6	21	23	154
S21	% of UHL Patients with No Newly Acquired Harms	JS	NB	>=95%	UHL	Red if <95% ER if in mth <95%	Sept-16	New Indicator	97.7%	97.7%	98.0%	97.7%	96.7%	97.2%	97.8%	97.4%	97.4%	98.0%	98.0%	98.1%	97.8%	98.1%	97.1%	97.7%
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%	95.0%	95.1%	95.1%	95.4%	95.8%	96.2%	95.9%	96.1%	95.7%	95.8%	96.1%	95.2%	94.9%	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	TBC	6.9	5.4	5.9	5.4	5.7	5.7	6.0	5.5	5.8	4.9	6.0	5.8	5.6	5.4	6.2		6.1
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	1	0	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	3	1	0	0	4	0	0	0	0	0	1	1	6
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	8	7	5	6	5	2	4	1	8	3	1	7	5	42
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	1	0	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%	17.9%	17.0%	16.7%	18.4%	19.3%	18.0%	16.6%	18.3%	17.7%	19.3%	16.1%	18.0%	19.1%	18.1%



Caring	KPI Ref	Indicators	Board Director	Lead Officer	17/18 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	DOF Assessment outcome/Date	14/15 Outturn	15/16 Outturn	16/17 Outturn	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	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%	TBC	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	0.9	1.2	1.1	1.1	1.1	1.0	1.6	1.5	1.8	1.2	1.2	1.8	1.2	
	C3	Percentage of upheld PHSO cases	AF	MD	No Target	UHL	Quarterly reporting	TBC	NEW INDICATOR		5%	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%	96%	96%	96%	97%	97%	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%	95%	95%	95%	96%	96%	96%	96%	96%	97%	95%	96%	96%	96%	96%	96%
	C6	Daycase only Friends and Family Test - % positive	JS	HL	97%	UHL	Red if <95% ER if red for 3 consecutive months Revise threshold 17/18	Jun-17	New Indicator	98%	98%	98%	99%	98%	99%	98%	99%	98%	98%	98%	99%	98%	99%	99%	99%	98%
	C7	A&E Friends and Family Test - % positive	JS	HL	97%	UHL	Red if <93% ER if red for 3 consecutive months Revised threshold 17/18	Jun-17	96%	96%	91%	93%	94%	95%	94%	93%	96%	95%	98%	96%	95%	95%	95%	97%	96%	
	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%	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%	96%	94%	95%	94%	95%	96%	94%	93%	93%	93%	95%	94%	95%	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%	72.7%			74.3%			70.7%		AWAITING NATIONAL SURVEY RESULTS				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	6	4	1	3	3	1	2	0	0	1	1	0	0	11	



Well Led	KPI Ref	Indicators	Board Director	Lead Officer	17/18 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	DOF Assessment outcome/Date	14/15 Outturn	15/16 Outturn	16/17 Outturn	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	17/18 YTD
	W1	Published Inpatients and Daycase Friends and Family Test - Coverage (Adults and Children)	JS	HL	Not Applicable	N/A	Not Applicable	Jun-17	New Indicator	27.4%	30.2%	27.2%	30.7%	30.4%	32.4%	31.9%	27.7%	31.0%	29.3%	29.4%	28.2%	27.7%	24.2%	25.0%	28.7%
	W2	Inpatients only Friends and Family Test - Coverage (Adults and Children)	JS	HL	30%	QS	Red if <26% ER if 2mths Red	Jun-17	New Indicator	31.0%	35.3%	31.3%	35.4%	33.8%	37.1%	37.2%	30.6%	37.7%	35.6%	33.2%	32.4%	31.6%	25.4%	28.3%	32.9%
	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%	22.5%	25.5%	26.4%	27.1%	26.4%	24.7%	23.9%	22.7%	25.3%	23.8%	23.9%	22.8%	21.5%	24.2%
	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%	10.4%	13.8%	12.1%	13.8%	8.3%	9.4%	11.1%	13.5%	12.4%	9.7%	8.8%	8.1%	10.0%	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%	5.9%	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%	40.9%	38.0%	41.1%	46.8%	44.1%	42.2%	43.3%	40.9%	38.8%	40.3%	46.0%	33.8%	36.7%	41.2%
	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%	61.4%			62.5%			57.3%			AWAITING NATIONAL SURVEY RESULTS				59.9%
	W8	Nursing Vacancies	JS	MM	TBC	UHL	Separate report submitted to QAC	Dec-17	New Indicator	8.4%	9.2%	7.6%	7.4%	9.2%	10.9%	9.9%	11.1%	10.8%	10.3%	9.7%	9.4%	11.1%	11.4%	14.4%	14.4%
	W9	Nursing Vacancies in ESM CMG	JS	MM	TBC	UHL	Separate report submitted to QAC	Dec-17	New Indicator	17.2%	15.4%	11.9%	13.7%	15.4%	19.7%	16.9%	21.3%	23.3%	22.5%	22.4%	22.1%	23.8%	22.7%	29.0%	29.0%
	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%	8.7%	8.8%	8.8%	8.8%	8.7%	8.5%	8.6%	8.5%	8.5%	8.4%	8.4%
	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%	3.7%	3.5%	3.3%	3.3%	3.5%	3.6%	3.8%	3.8%	3.9%	4.1%	4.5%	5.3%		3.9%
	W12	Temporary costs and overtime as a % of total payroll	LT	LG	TBC	NHSI	TBC	Nov-17	9.4%	10.7%	10.6%	10.8%	10.5%	11.4%	11.1%	11.0%	11.1%	11.2%	11.6%	11.0%	10.7%	11.5%	9.9%	12.2%	11.2%
	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%	91.6%	92.4%	91.7%	92.1%	92.5%	92.1%	91.7%	91.2%	91.0%	90.9%	89.9%	90.4%	89.8%	89.8%
	W14	Statutory and Mandatory Training	LT	BK	95%	UHL	TBC	Dec-16	95%	93%	87%	81%	82%	87%	86%	85%	85%	85%				81%	84%	85%	85%
	W15	% Corporate Induction attendance	LT	BK	95%	UHL	Red if <90% ER if 3 consecutive mths <90%	Dec-16	100%	97%	96%	98%	97%	96%	100%	98%	96%	98%	97%	94%	95%	97%	96%	96%	96%
	W16	BME % - Leadership (8A – Including Medical Consultants)	LT	AH	28%	UHL	4% improvement on Qtr 1 baseline	Oct-17	New Indicator		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%			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%	20%	20%	20%	20%	20%	20%	20%	40%	40%
	W19	Executive Team Turnover Rate - Non Executive Directors (rolling 12 months)	LT	AH	TBC	UHL	TBC	Nov-17			25%	25%	25%	25%	25%	25%	29%	14%	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%	91.6%	91.6%	89.8%	90.3%	90.3%	89.9%	89.4%	87.8%	93.3%	92.3%	93.3%	91.6%	93.1%	90.9%
	W21	DAY Safety staffing fill rate - Average fill rate - care staff (%)	JS	MM	TBC	NHSI	TBC	Apr-17	94.0%	92.0%	92.3%	89.7%	91.1%	87.4%	96.7%	91.6%	87.9%	93.0%	94.9%	106.1%	109.6%	113.0%	110.4%	109.8%	100.4%
	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%	97.6%	97.2%	96.2%	96.6%	96.5%	95.9%	95.4%	95.2%	93.2%	90.3%	91.1%	91.5%	92.4%	93.8%
	W23	NIGHT Safety staffing fill rate - Average fill rate - care staff (%)	JS	MM	TBC	NHSI	TBC	Apr-17	99.8%	98.9%	97.1%	95.8%	97.8%	94.7%	100.2%	99.1%	93.1%	100.2%	107.7%	114.3%	119.9%	122.5%	117.7%	119.4%	109.3%



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	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	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%	8.4%	8.8%	9.5%	9.0%	9.0%	8.9%	9.2%	9.3%	8.5%	8.5%	9.4%		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)	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	100	100	100	98	97	94	96	Awaiting HED Update			96	
	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	102	103	102	101	100	98	97	97	96	95	Awaiting HED Update			95
	E5	Crude Mortality Rate Emergency Spells	AF	RB	<=2.4%	UHL	Monthly Reporting	Apr-17	2.4%	2.3%	2.4%	2.9%	2.6%	2.4%	2.1%	1.9%	2.0%	2.2%	1.8%	1.8%	1.9%	2.0%	2.7%	2.5%	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%	70.9%	67.6%	71.2%	47.1%	76.5%	76.8%	76.1%	80.6%	69.6%	61.1%	75.4%	67.9%	72.6%	71.4%
	E7	Stroke - 90% of Stay on a Stroke Unit	ED	IL	80% or above	QS	Red if <80% ER if 2 consecutive mths <80%	TBC	81.3%	85.6%	85.0%	87.4%	86.6%	85.1%	87.3%	85.7%	85.7%	93.6%	89.0%	85.4%	87.4%	88.4%	87.3%		87.7%
	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%	TBC	71.2%	75.6%	66.9%	87.7%	57.3%	66.3%	57.8%	57.0%	68.6%	64.3%	51.7%	28.6%	67.9%	60.8%	65.3%	36.0%	55.1%



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	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	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%	78.1%	83.8%	83.9%	81.0%	76.3%	77.6%	79.8%	83.2%	84.0%	82.7%	79.6%	71.5%	75.0%	79.0%
	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%	81.8%	81.2%
	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	10	0	0	0	0	0	0	0	0	0	0	3	0	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%	90.9%	91.2%	91.8%	91.3%	92.3%	92.3%	91.8%	91.8%	91.4%	92.1%	92.1%	90.2%	88.8%	88.8%
	R5	RTT 52 Weeks+ Wait (Incompletes) UHL+ALLIANCE	ED	WM	0	NHSI	Red /ER if >0	Nov-16	0	232	24	34	39	24	17	9	15	16	18	1	0	0	1	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%	0.8%	0.7%	0.8%	0.6%	0.4%	0.4%	0.8%	0.9%	0.9%	0.9%
	R7	Urgent Operations Cancelled Twice (UHL+ALLIANCE)	ED	WM	0	NHSI	Red 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	22	26	17	13	14	10	18	14	27	28	15	55	74	268
	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	0	1	1
	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%	1.6%	1.2%	1.2%	0.9%	1.1%	1.0%	1.1%	1.2%	1.4%	1.4%	1.5%	1.4%	1.4%	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%	0.4%	1.3%	0.5%	2.5%	0.1%	0.4%	0.0%	0.1%	0.1%	0.9%	0.8%	0.3%	1.2%	0.7%
	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%	1.5%	1.2%	1.1%	1.0%	1.1%	1.0%	1.0%	1.1%	1.3%	1.3%	1.4%	1.3%	1.4%	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	167	122	131	99	123	114	115	127	149	156	174	129	151	1337
	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%	2.7%	2.3%	2.5%	2.1%	2.0%	1.4%	1.6%	1.7%	1.9%	1.7%	1.9%	2.2%	2.2%	1.9%
	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%	13%	6%	6%	6%	7%	2%	1%	2%	0.2%	0.6%	0.8%	7%	5%	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%	15%	12%	13%	13%	13%	8%	5%	4%	3%	6%	8%	13%	11%	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	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	Jan-18	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	ED	DB	93% or above	NHSI	Red If <93% ER If Red for 2 consecutive mths	Jul-16	92.2%	90.5%	93.2%	93.8%	93.2%	94.3%	94.0%	93.3%	95.4%	95.1%	93.7%	94.3%	95.6%	93.9%	95.1%	94.1%	**	94.5%	
	RC2	Two Week Wait for Symptomatic Breast Patients (Cancer Not Initially Suspected)	ED	DB	93% or above	NHSI	Red If <93% ER If Red for 2 consecutive mths	Jul-16	94.1%	95.1%	93.9%	91.1%	93.4%	97.0%	90.8%	89.6%	94.2%	89.6%	93.0%	92.3%	95.4%	94.3%	90.3%	88.1%	**	92.2%	
	RC3	31-Day (Diagnosis To Treatment) Wait For First Treatment: All Cancers	ED	DB	96% or above	NHSI	Red If <96% ER If Red for 2 consecutive mths	Jul-16	94.6%	94.8%	93.9%	92.4%	91.9%	95.3%	96.2%	96.3%	94.9%	97.0%	96.2%	95.0%	94.1%	93.0%	94.4%	97.3%	**	95.3%	
	RC4	31-Day Wait For Second Or Subsequent Treatment: Anti Cancer Drug Treatments	ED	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%	98.9%	100.0%	100.0%	98.7%	97.7%	100.0%	97.9%	99.1%	99.1%	100.0%	100.0%	98.1%	**	99.1%	
	RC5	31-Day Wait For Second Or Subsequent Treatment: Surgery	ED	DB	94% or above	NHSI	Red If <94% ER If Red for 2 consecutive mths	Jul-16	89.0%	85.3%	86.4%	87.2%	90.9%	88.5%	95.4%	85.5%	85.7%	88.9%	90.5%	81.5%	82.1%	80.2%	94.3%	88.2%	**	86.3%	
	RC6	31-Day Wait For Second Or Subsequent Treatment: Radiotherapy Treatments	ED	DB	94% or above	NHSI	Red If <94% ER If Red for 2 consecutive mths	Jul-16	96.1%	94.9%	93.5%	98.1%	95.3%	99.1%	96.7%	95.0%	93.0%	96.2%	95.6%	94.5%	92.1%	94.9%	97.2%	97.6%	**	95.1%	
	RC7	62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers	ED	DB	85% or above	NHSI	Red If <85% ER If Red in mth or YTD	Jul-16	81.4%	77.5%	78.1%	79.5%	75.4%	76.1%	86.5%	83.7%	76.8%	77.7%	82.1%	78.9%	79.1%	78.8%	76.1%	81.3%	**	79.3%	
	RC8	62-Day Wait For First Treatment From Consultant Screening Service Referral: All Cancers	ED	DB	90% or above	NHSI	Red If <90% ER If Red for 2 consecutive mths	Jul-16	84.5%	89.1%	88.6%	90.9%	93.1%	78.1%	95.1%	95.0%	92.3%	93.3%	85.3%	90.5%	80.0%	89.3%	76.3%	74.1%	**	86.9%	
RC9	Cancer waiting 104 days	ED	DB	0	NHSI	TBC	Jul-16	New Indicator		10	10	8	3	10	6	6	12	12	6	8	16	13	14	20	20		
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	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	Jan-18	17/18 YTD		
RC10	Brain/Central Nervous System	ED	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	ED	DB	85% or above	NHSI	Red If <90% ER If Red for 2 consecutive mths	Jul-16	92.6%	95.6%	96.3%	94.6%	96.6%	92.6%	93.48%	97.4%	97.4%	93.3%	96.3%	91.7%	93.1%	97.0%	92.6%	94.5%	**	94.8%		
RC12	Gynaecological	ED	DB	85% or above	NHSI	Red If <90% ER If Red for 2 consecutive mths	Jul-16	77.5%	73.4%	69.5%	44.4%	71.4%	81.8%	78.6%	64.3%	89.5%	92.3%	75.0%	43.6%	46.7%	82.4%	69.0%	82.9%	**	71.5%		
RC13	Haematological	ED	DB	85% or above	NHSI	Red If <90% ER If Red for 2 consecutive mths	Jul-16	66.5%	63.0%	70.6%	66.7%	87.5%	81.8%	88.9%	100%	64.3%	92.9%	100.0%	81.8%	70.0%	100.0%	85.7%	85.7%	**	85.6%		
RC14	Head and Neck	ED	DB	85% or above	NHSI	Red If <90% ER If Red for 2 consecutive mths	Jul-16	69.9%	50.7%	44.5%	33.3%	41.7%	33.3%	66.7%	85.7%	48.3%	61.9%	64.7%	47.8%	61.9%	57.7%	40.9%	46.2%	**	54.7%		
RC15	Lower Gastrointestinal Cancer	ED	DB	85% or above	NHSI	Red If <90% ER If Red for 2 consecutive mths	Jul-16	63.7%	59.8%	56.8%	75.0%	48.3%	54.5%	75.0%	40.0%	63.8%	50.0%	60.5%	78.9%	78.3%	38.7%	62.5%	50.0%	**	57.8%		
RC16	Lung	ED	DB	85% or above	NHSI	Red If <90% ER If Red for 2 consecutive mths	Jul-16	69.9%	71.0%	65.1%	79.5%	74.0%	33.3%	67.5%	78.4%	64.8%	61.1%	74.4%	68.8%	61.4%	64.1%	62.2%	89.7%	**	68.3%		
RC17	Other	ED	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%	100.0%	**	61.9%		
RC18	Sarcoma	ED	DB	85% or above	NHSI	Red If <90% ER If Red for 2 consecutive mths	Jul-16	46.2%	81.3%	45.2%	66.7%	40.0%	0%	100.0%	--	40.0%	100.0%	50.0%	100.0%	50.0%	100.0%	100.0%	20.0%	**	60.9%		
RC19	Skin	ED	DB	85% or above	NHSI	Red If <90% ER If Red for 2 consecutive mths	Jul-16	96.7%	94.1%	96.9%	97.0%	96.9%	96.6%	96.2%	96.8%	95.5%	93.8%	97.5%	100.0%	96.1%	97.3%	97.4%	100.0%	**	97.2%		
RC20	Upper Gastrointestinal Cancer	ED	DB	85% or above	NHSI	Red If <90% ER If Red for 2 consecutive mths	Jul-16	73.9%	63.9%	68.0%	72.0%	61.4%	63.6%	85.7%	92.3%	66.7%	59.4%	58.6%	75.7%	63.2%	81.1%	78.8%	80.0%	**	72.5%		
RC21	Urological (excluding testicular)	ED	DB	85% or above	NHSI	Red If <90% ER If Red for 2 consecutive mths	Jul-16	82.6%	74.4%	80.8%	79.3%	71.4%	76.2%	89.9%	82.1%	79.4%	72.3%	84.7%	77.4%	83.5%	66.7%	69.2%	77.9%	**	77.6%		
RC22	Rare Cancers	ED	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%	50.0%	100.0%	100.0%	100.0%	--	**	91.7%		
RC23	Grand Total	ED	DB	85% or above	NHSI	Red If <90% ER If Red for 2 consecutive mths	Jul-16	81.4%	77.5%	78.1%	79.5%	75.4%	76.1%	86.5%	83.7%	76.8%	77.7%	82.1%	78.9%	79.1%	78.8%	75.7%	81.3%	**	79.3%		



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

Research UHL	KPI Ref	Indicators	Board Director	Lead Officer	17/18 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	14/15 Outturn	15/16 Outturn	16/17 Outturn	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 submitted 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%					



Out Patient Transformation Programme	Indicators	Board Director	Lead Officer	17/18 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	DQF Assessment outcome/Date	Baseline	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	17/18 YTD
	Friends and Family test score (Coverage)	JS	HL	5%	QS	Red if <4.5% Amber if <5% Green if >=5% ER if 3 mths Red	Jun-17	3.0%	5.4%	5.6%	6.0%	5.7%	6.4%	6.6%	6.1%	6.0%	6.3%		6.0%
	% Positive F&F Test scores	JS	HL	97%	UHL	Red if <93% ER if red for 3 consecutive months Revised threshold 17/18	Jun-17	93%	92.4%	93.3%	94.7%	94.0%	94.7%	94.7%	93.9%	95.3%	95.6%		94.3%
	Paper Switch Off (PSO) - % GP referrals received via ERS	MW	HC	100%	UHL	Project commenced August 2017. NHSE Target 100% by October 2018.	New Indicator	64%					64%	66%	65%	67%	67%		66%
	Advice and Guidance Provision (% Services within specialty)	MW	HC	35%	CQUIN	Green if >35% by Q4 17/18 Green if >75% by Q4 18/19	New Indicator	TBC				84.3% 24 specialties 102 services			88.8% 26 specialties 107 services				88.8%
	Electronic Referrals - Appointment Slot Issue (ASI) Rate	MW	HC	4%	UHL	Red if below CQUIN trajectory for 17/18. End of Q2 = 28%, Q3 = 20%, Q4 = 4%	New Indicator	TBC	31%	27%	26%	28%	27%	27%	22%	16%	16%		24%
	% Patients seen within 15mins of their appointment time	MW	ZS/ST	TBC	UHL	TBC	New Indicator	56% 19% (Cov)	57% 18% (Cov)	57% 19% (Cov)	57% 17% (Cov)	58% 17% (Cov)	57% 17% (Cov)	55% 16% (Cov)	57% 16% (Cov)	56% 17% (Cov)	58% 16% (Cov)	55% 17% (Cov)	57% 17% (Cov)
	% Patients seen within 30 mins of their appointment time	MW	ZS/ST	TBC	UHL	TBC	New Indicator	73% 19% (Cov)	73% 18% (Cov)	74% 19% (Cov)	75% 17% (Cov)	74% 17% (Cov)	74% 17% (Cov)	73% 16% (Cov)	74% 16% (Cov)	73% 17% (Cov)	74% 17% (Cov)	74% 17% (Cov)	74% 17% (Cov)
	Reduction in number of long term follow up >12 months	MW	WM	0	UHL	TBC	New Indicator	2851			715	890	868	997	947	1010	923	848	848
	Reductions in number of FU attendances	MW	MP/DT	6.0%	UHL	Quarterly Reporting Red if variance higher than 6%	New Indicator	6.0%	3.1%			2.3%			0.6%				2.0%
	% Reduction in hospital cancellations (ENT)	MW	ZS/ST	TBC	UHL	TBC	New Indicator	21%	20%	19%	19%	21%	28%	25%	27%	20%	27%	26%	23%
	% Room Utilisation (CSI areas)	MW	MA	90%	UHL	RAG Rating to March 2018 - Red<70%, Amber < 80%, Green >=80%	New Indicator	TBC	71%	73%	66%	64%	67%	66%	69%	69%	65%	70%	68%
	% appointment letters printed via outsourced provider	MW	SP	85%	UHL	Red<50%, Amber < 85%	New Indicator	82%	82%	83%	83%	84%	84%	84%	85%	86%	85%		84%
	% Clinic summary letters sent within 14 days	MW	WM	TBC	UHL	TBC	New Indicator	82%	79%	90%	92%	INDICATOR REPORTING TO COMMENCE FROM APRIL 2018							87%
	Outpatient clinic noting through Nervecentre (endocrinology)	JC	AC	TBC	UHL	TBC	New Indicator		INDICATOR REPORTING TO COMMENCE FROM APRIL 2018										
	Computerised services in outpatient clinics	JC	AC	TBC	UHL	TBC	New Indicator		INDICATOR REPORTING TO COMMENCE FROM APRIL 2018										
	% Hardware replacement	JC	AC	17%	UHL	17% by March 2018	New Indicator		107 TO BE REPLACED BY MARCH 2018										
	% Compliance with PLACE standards	DK	RK	80%	UHL	Quarterly Reporting 3% increase every quarter	New Indicator	80%	INDICATOR REPORTING TO COMMENCE FROM APRIL 2018										
	% customer care training for staff in forward facing positions	MW	DW	100%	UHL	TBC	New Indicator		INDICATOR REPORTING TO COMMENCE FROM APRIL 2018										

Compliance Forecast for Key Responsive Indicators

University Hospitals of Leicester

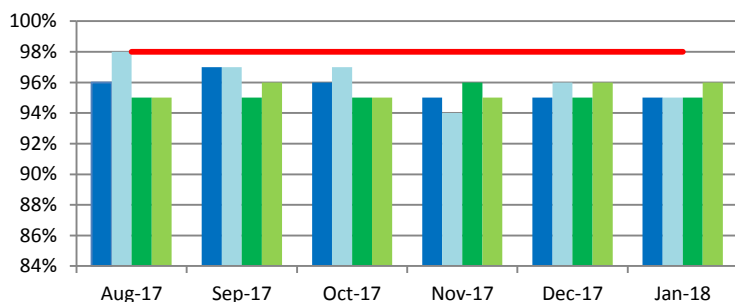
Compliance Forecast for Key Responsive Indicators

Standard	Jan	Feb
Emergency Care		
4+ hr Wait (95%)	75.0%	
4+ hr Wait UHL + LLR UCC (95%)	81.8%	
Ambulance Handover (CAD+)		
% Ambulance Handover >60 Mins (CAD+)	5%	
% Ambulance Handover >30 Mins and <60 mins (CAD+)	11%	
RTT (inc Alliance)		
Incomplete (92%)	88.8%	88.0%
Diagnostic (inc Alliance)		
DM01 - diagnostics 6+ week waits (<1%)	0.9%	0.9%
# Neck of femurs		
% operated on within 36hrs - all admissions (72%)	72.6%	72%
Cancelled Ops (inc Alliance)		
Cancelled Ops (0.8%)	1.4%	1.3%
Not Rebooked within 28 days (0 patients)	74	50
Cancer		
Two Week Wait (93%)	93%	93%
31 Day First Treatment (96%)	92%	92%
31 Day Subsequent Surgery Treatment (94%)	81%	91%
62 Days (85%)	77%	79%
Cancer waiting 104 days (0 patients)	20	15

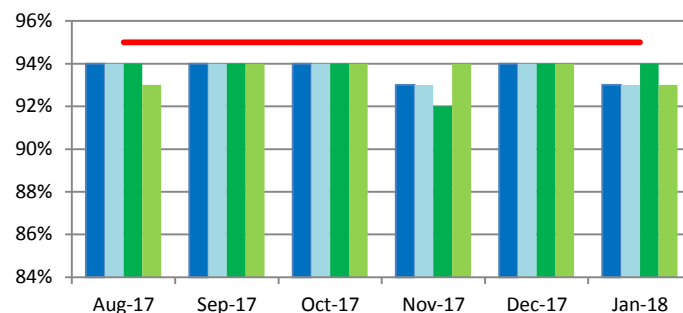
APPENDIX A

Estates and Facilities - Cleanliness

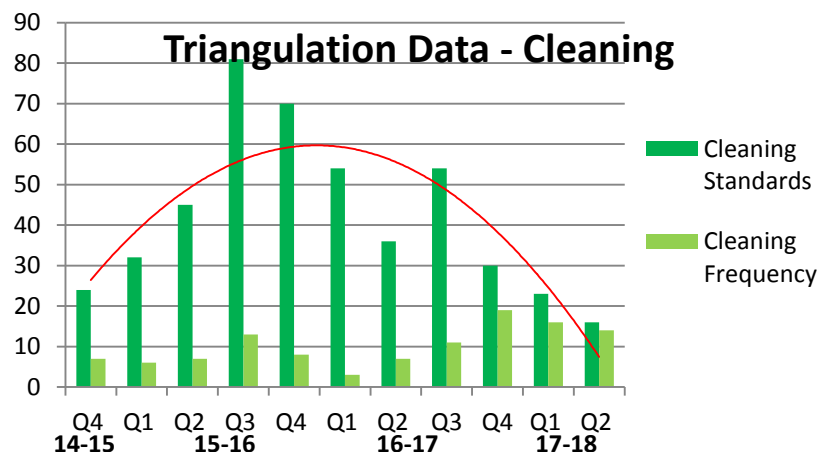
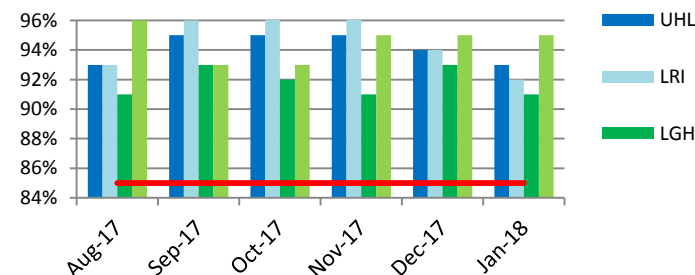
Cleanliness Audit Scores by Risk Category - Very High



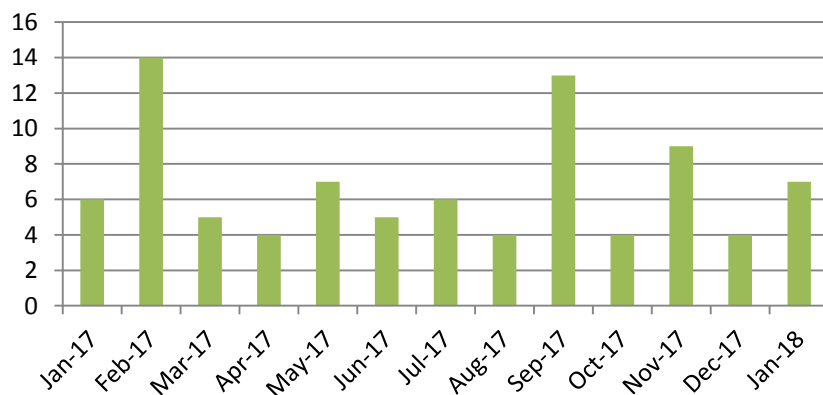
Cleanliness Audit Scores by Risk Category - High



Cleanliness Audit Scores by Risk Category - Significant



Number of Datix Incidents Logged - Cleaning



Cleanliness Report

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

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

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

The overall very high-risk area score remains steady since November despite a 1% reduction in the LRI performance. Trust wide we remain 2-3% behind target.

High-risk audit scores have dropped by 1% this month at the LRI and the GGH and whilst the LGH remains at 94%; all sites continue to fall short of target. Significant risk areas all continue to exceed the 85% target but are still showing a high level of variability.

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'. It is anticipated that the refresh of this data to include Q3 will now be available for the April report.

Despite a small increase in the number of datix incidents logged, January figures remain in line with previous month's reports. Two incidents relate to very high risk areas for PICU at the LRI and GGH and these are currently subject to investigation.

Performance scores overall continue to fluctuate just below target levels.

With 94 domestic vacancies across the estate continuing to present challenges, the added complications of Norovirus and Winter Flu demanding extra resource and the financial constraints on covering gaps in rotas, it is expected that while cleaning duties are risk prioritised, it inevitably means that some areas will be below standard.

Estates and Facilities – Patient Catering

Patient Catering Survey – September 2017	Percentage 'OK or Good'	
	Dec-17	Jan-18
Did you enjoy your food?	87%	88%
Did you feel the menu has a good choice of food?	91%	94%
Did you get the meal that you ordered?	91%	96%
Were you given enough to eat?	88%	96%

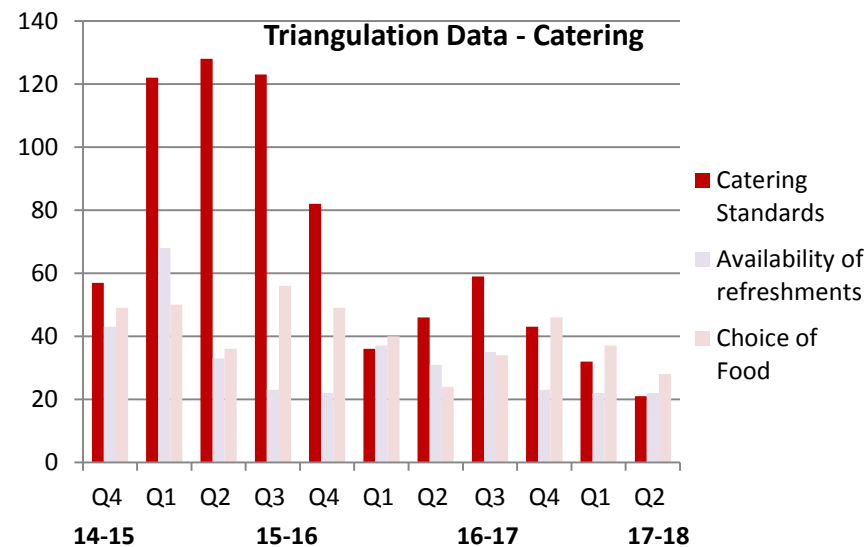
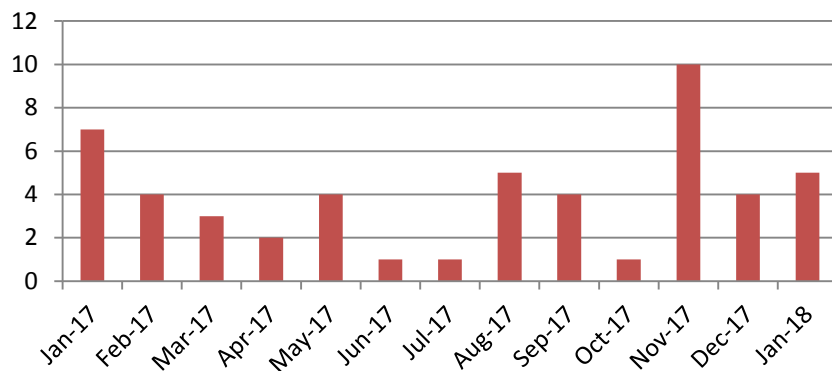
90 – 100%	80 – 90%	<80%
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Number of Patient Meals Served				
Month	LRI	LGH	GGH	UHL
November	67,209	22,533	30,135	119,877
December	68,757	23,054	28,027	119,838
January	72,258	23,631	31,206	127,088

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

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



Patient Catering Report

This month we survey numbers were down with the scores being based on 47 returns.

Survey scores this month have largely improved and continue to reflect satisfactory performance. Comment data collected continues to show no discernible trends.

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

The triangulation data has been updated to include Q2 data and this back up the overall levels of satisfaction considering the number of meals served.

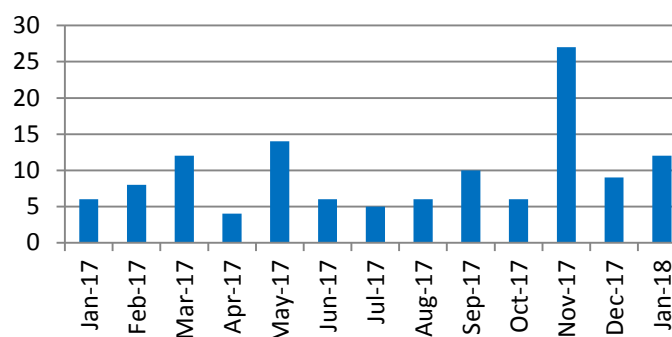
Datix incidents reported have risen slightly compared to December. However, these still remain at a low level proportionally.

Estates and Facilities - Portering

Reactive Portering Tasks in Target				
Site	Task (Urgent 15min, Routine 30min)	Month		
		November	December	January
GH	Overall	94%	92%	93%
	Routine	94%	91%	92%
	Urgent	98%	98%	99%
LGH	Overall	94%	94%	94%
	Routine	93%	93%	93%
	Urgent	99%	98%	98%
LRI	Overall	91%	92%	92%
	Routine	89%	90%	90%
	Urgent	97%	98%	98%
95 – 100%		90 – 94%	<90%	

Average Portering Task Response Times		
Category	Time	No of tasks
Urgent	15:11	2,606
Routine	16:51	10,661
Total		13,267

Number of Datix Incidents Logged - Portering



Portering Report

January's performance timings maintain the consistent picture seen across recent months. Datix incidents have risen slightly and just under half relate to Imaging in ED. January saw portering staff being utilised to cover other areas within LRI which limits flexibility especially at time of high demand. At the LGH and GGH the volume of patients has increased, putting extra strain on the portering service. Preparations including further training and communication are under way to support the re-introduction of iPorter to ED later this month.

Statutory Maintenance Tasks Against Schedule					
UHL Trust Wide	Month	Fail	Pass	Total	%
	November	27	164	191	86%
	December	49	208	257	81%
	January	146	168	314	54%
99 – 100%		97 – 99%	<97%		

Non-Statutory Maintenance Tasks Against Schedule					
UHL Trust Wide	Month	Fail	Pass	Total	%
	November	415	1585	2040	86%
	December	471	1665	2136	80%
	January	533	1614	2147	75%
95 – 100%		80 – 95%	<80%		

Estates Planned Maintenance Report

For January we achieved 54% in the delivery of Statutory Maintenance tasks in the month. This is due to 22 Fire Damper Maintenance tasks at GGH that could not be completed due to scheduling after changing contractors, having experienced service difficulties with the previous sub-contractors. This is due to be remedied next month.

For the Non-Statutory tasks, completion of the monthly schedule is subject to the volume of reactive calls and the shortage of engineers to carry out tasks and administration personnel to close them down on the system.

Handheld devices that will allow the team to access the live planet system and close down all jobs in real time have now been programmed to work within the UHL network and are in the process of being rolled out. The devices need to be assigned and trialled with an expectation of Phase 1, the testing of 25 devices to be up and running by the start of April 2018.

APPENDIX B

RTT Performance

Combined UHL and Alliance RTT Performance

	<18 w	>18 w	Total Incompletes	%
Alliance	7469	566	8,035	93.0%
UHL	47336	6345	53,681	88.2%
Total	54805	6911	61,716	88.8%

Backlog Reduction required to meet 92%	2,145
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The combined performance for UHL and the Alliance for RTT in January was 88.8%. The Trust did not achieve National Standard. Overall combined performance saw 6,911 patients in the backlog, an increase of 778 since the last reporting period (UHL increase of 802 Alliance reductions of 24). The number of patients waiting over 18 weeks for treatment was 2,145 greater than the amount required to achieve the National Standard.

RTT performance reduced by 1.4% between December 2017 and January 2018. This greatly exceeds 0.4% change seen during same period in 2016/17 financial year. The high level of patients cancelled on the day, before the day and not booked during the elective pause was a principle factor.

Forecast performance for next reporting period: It is forecasted that we will not meet the standard in February with performance likely to be between 87.5% - 88.5% due to:

- Reduced scheduled activity due to continuing bed pressures
- Reduced additional activity due to capacity pressures
- Competing demands with emergency and cancer performance

The combined UHL and Alliance RTT position has been forecasted until the end of March 2019 taking into account the elective pause and current pressures for patients on an elective pathway.

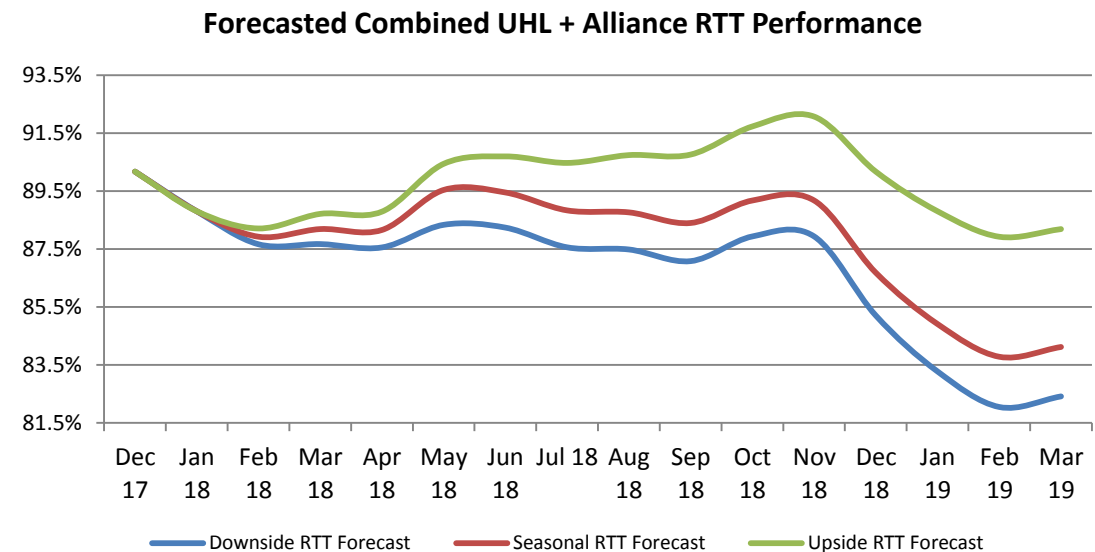
The table and graph below details a downside, a seasonal forecast scenario from previous financial years and an upside taking into account transfer of patients to the independent sector.

There has been a significant downward shift in forecasted performance from the previous months report. This is due to the continuing reduction elective activity.

Without significant intervention, the impact has been projected stay below 90%.

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.

	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19
Downside RTT Forecast	90.2%	88.8%	87.9%	87.6%	86.9%	87.9%	87.8%	87.1%	87.0%	86.6%	87.5%	87.5%	84.7%	82.7%	81.8%	83.0%
Seasonal RTT Forecast	90.2%	88.8%	88.2%	89.0%	88.4%	89.7%	89.6%	89.0%	89.0%	88.6%	89.4%	89.4%	86.9%	85.2%	84.4%	85.4%
Upside RTT Forecast	90.2%	88.8%	88.4%	89.2%	88.9%	90.5%	90.8%	90.5%	90.8%	90.8%	91.8%	92.1%	90.3%	88.9%	88.3%	89.1%



The table opposite details the average case per list against speciality targets. Performance has been impacted due to elective patients being cancelled / not booked due to emergency pressures.

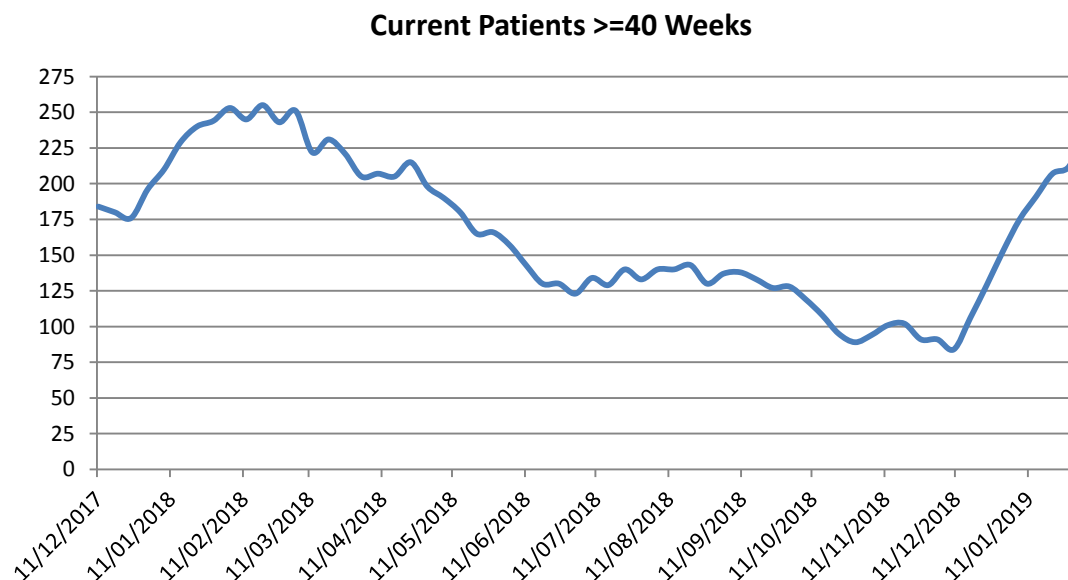
When a decision to cancel patients prospectively is made, non-cancer and non-clinically urgent patients are identified by the consultant surgeons for cancellation. Patients are updated with as much notice as possible by phone and an alternative TCI date given where available.

At the daily Operational Command Meeting, risks to elective patients are identified with appropriate plans discussed and enacted to avoid cancellations where possible. If a cancellation is unfortunately required this is a clinically made decision that will take into account previous cancellations, patients wait for treatment. Cancellations for cancer patients can only be authorised by the Chief Executive.

At the end January there was 1 patient with an incomplete pathway at more than 52 weeks. The patient had 3 scheduled TCI dates during January that were cancelled due to capacity pressures and the patient was not suitable to be treated in the independent sector.

The elective pause has had a significant impact on the number of long waiters with the number of patients waiting over 40 weeks has increased by 153 between 84 on 10th December 2018 to 237 on 4th February.

Speciality	ACPL Target	M10 ACPL Actual	ACPL Variance	YTD ACPL
Breast Care	1.9	1.4	-0.55	1.6
ENT	2.6	1.7	-0.88	2.4
General Surgery	1.9	1.2	-0.65	2
Gynaecology	2.9	2.1	-0.79	2.4
Maxillofacial Surgery	2.2	1.3	-0.91	2.1
Ophthalmology	3.6	3.9	0.26	3.6
Orthopaedics	1.9	1.3	-0.62	1.9
Paediatric Surgery	2.4	2.3	-0.1	2.6
Pain Management	5.2	5	-0.24	5.3
Plastic Surgery	2.9	2.5	-0.42	2.6
Renal Surgery	1.6	1.5	-0.15	1.6
Urology	2.7	2.3	-0.36	2.7
Vascular Surgery	1.3	1.2	-0.09	1.2
Total	2.4	2	-0.37	2.3



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 Orthopaedic Surgery, General Surgery and Maxillofacial Surgery.

Of the specialties with a backlog, 39 saw their backlog increase, 5 specialties backlog stayed the same and 19 specialties reduced their backlog size.

Overall, the UHL admitted and non-admitted backlogs have increased from December by 24.5% and 1.7% respectively.

10 largest backlog reductions	Admitted Backlog			Non Admitted Backlog			Total Backlog			
	Dec 17	Jan 18	Change	Dec 17	Jan 18	Change	Dec 17	Jan 18	Change	RTT %
Ophthalmology	207	170	-37	52	46	-6	259	216	-43	96.1%
Dermatology	0	0	0	95	60	-35	95	60	-35	97.2%
Gastroenterology	22	12	-10	112	93	-19	134	105	-29	96.5%
Paediatric ENT	434	429	-5	44	34	-10	478	463	-15	61.5%
Thoracic Medicine	0	0	0	177	163	-14	177	163	-14	85.6%
Pain Management	20	11	-9	7	9	2	27	20	-7	97.0%
IR	19	16	-3	8	4	-4	27	20	-7	89.7%
Colorectal Surgery	0	0	0	8	3	-5	8	3	-5	96.0%
Rheumatology	1	1	0	11	8	-3	12	9	-3	98.9%
Paediatric Medicine	0	0	0	12	10	-2	12	10	-2	97.9%

10 largest backlog increases	Admitted Backlog			Non Admitted Backlog			Total Backlog			
	Dec 17	Jan 18	Change	Dec 17	Jan 18	Change	Dec 17	Jan 18	Change	RTT %
Orthopaedic Surgery	471	677	206	265	241	-24	736	918	182	80.9%
General Surgery	376	470	94	288	333	45	664	803	139	79.0%
Maxillofacial Surgery	151	228	77	74	92	18	225	320	95	85.0%
Gynaecology	222	291	69	90	113	23	312	404	92	88.5%
Neurology	1	6	5	56	112	56	57	118	61	91.1%
ENT	268	357	89	373	350	-23	641	707	66	80.2%
Cardiology	76	147	71	97	81	-16	173	228	55	91.4%
Plastic Surgery	30	66	36	18	20	2	48	86	38	89.7%
Spinal Surgery	113	151	38	299	284	-15	412	435	23	78.7%
GS (Renal Dir)	17	37	20	6	4	-2	23	41	18	76.2%

10 largest overall backlogs	Admitted Backlog			Non Admitted Backlog			Total Backlog			
	Dec 17	Jan 18	Change	Dec 17	Jan 18	Change	Dec 17	Jan 18	Change	RTT %
Orthopaedic Surgery	471	677	206	265	241	-24	736	918	182	80.9%
General Surgery	376	470	94	288	333	45	664	803	139	79.0%
ENT	268	357	89	373	350	-23	641	707	66	80.2%
Urology	454	448	-6	116	128	12	570	576	6	81.0%
Paediatric ENT	434	429	-5	44	34	-10	478	463	-15	61.5%
Spinal Surgery	113	151	38	299	284	-15	412	435	23	78.7%
Gynaecology	222	291	69	90	113	23	312	404	92	88.5%
Maxillofacial Surgery	151	228	77	74	92	18	225	320	95	85.0%
Cardiology	76	147	71	97	81	-16	173	228	55	91.4%
Ophthalmology	207	170	-37	52	46	-6	259	216	-43	96.1%

The table opposite illustrates that the largest pressure to achieve 18 week RTT performance is for patients waiting for elective surgery, with admitted performance now below 70%. All CMG's and the Alliance are achieving the 92% standard for non-admitted patients and over 94% overall. Only ITAPS are achieving the standard for admitted patients but neither CMG hold any surgical specialties.

Since the last reporting period the non-admitted backlog has increased by 41 (1.7%) and the admitted backlog by 761 (24.5%) and over the last 12 months the backlog sizes have increased 2% and 168% respectively. The continuing challenge for UHL will be actions that support in reducing the admitted backlog.

Achieving 92% will only be possible by improving the admitted performance, with a step change in capacity required.

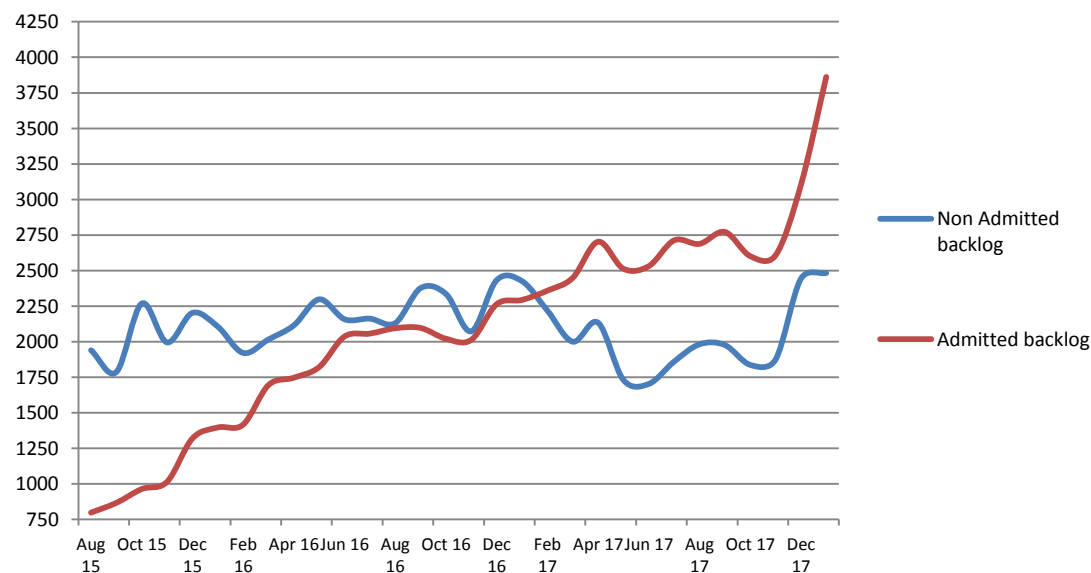
Key Actions Required:

- Right sizing bed capacity to increase the number of admitted patients able to received treatment.
- Improving ACPL through reduction in cancellations 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.
- Utilising available external capacity in the Independent Sector

CMG	Admitted Backlog (18+ Weeks)	Admitted RTT %	Non Admitted Backlog (18+ Weeks)	Non Admitted RTT %	Total Backlog (18+ Weeks)	Overall RTT %
CHUGGS	960	60.1%	569	93.6%	1,529	86.4%
CSI	16	84.5%	4	95.6%	20	89.7%
ESM	7	88.9%	196	96.3%	203	96.2%
ITAPS	38	92.5%	35	96.2%	73	94.9%
MSS	2,154	67.1%	1,101	93.1%	3,255	85.5%
RRCV	279	78.1%	333	92.4%	612	89.2%
W&C	408	72.4%	245	95.9%	653	91.2%
Alliance	105	82.8%	461	93.8%	566	93.0%

UHL	3,862	68.8%	2,483	94.0%	6,345	88.2%
UHL+Alliance Combined	3,967	69.4%	2,944	94.0%	6,911	88.8%

Admitted and Non-Admitted Backlog



APPENDIX C

Diagnostic Performance

January diagnostic performance for UHL and the Alliance combined is 0.89% achieving the standard by performing below the 1% threshold. Performance was within 16 breaches of the threshold. UHL alone achieved 0.93% for the month of January with 127 patients out of 13720 not receiving their diagnostic within 6 weeks. Performance remains on trajectory.

Continued strong performances were seen from Non-Obstetric Ultrasound 0.03% with 1 breach from 3,869 patients and Audiology 0.0% with 0 breaches out of 663.

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

Modality	Waiting list	Breaches	Performance
Magnetic Resonance Imaging	3,269	39	1.2%
Gastroscopy	510	20	3.9%
Computed Tomography	2,497	17	0.7%
Respiratory physiology - sleep studies	66	15	22.7%
Cardiology - echocardiography	742	11	1.5%

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

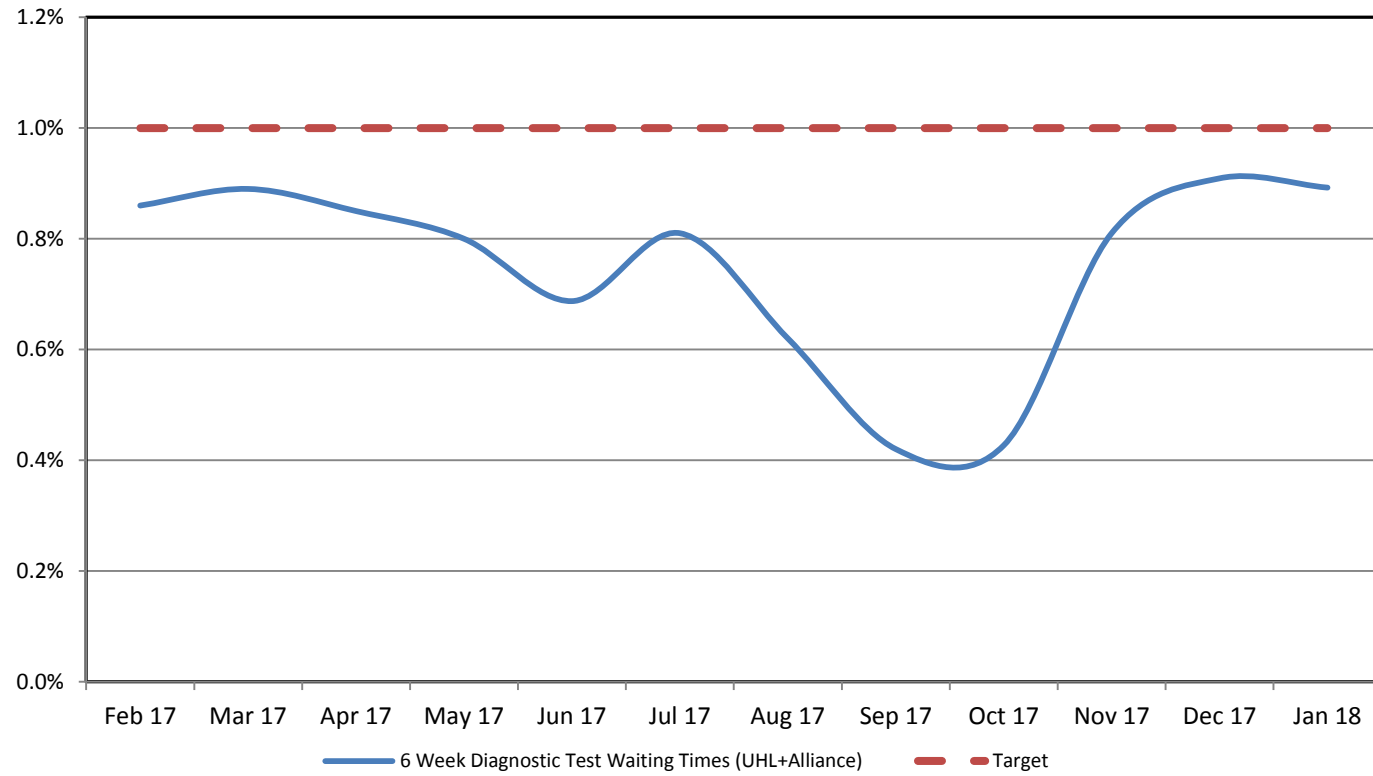
January was the 16th consecutive month of achieving the Diagnostic DM01 standard.

Future Months Performance

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

- Radiology competing demands with emergency IP diagnostic requirements
- Competing cancer demand for endoscopy capacity

UHL and Alliance Diagnostic Performance Last 12 Months



APPENDIX D

Cancelled Ops: Executive Performance Board

INDICATORS: The cancelled operations target comprises of two components;

1. The % of cancelled operations for non-clinical reasons On The Day (OTD) of admission.
2. The number of patients cancelled who are not offered another date within 28 days of the cancellation

Indicator	Target (monthly)	Latest month	YTD performance (inc Alliance)	Forecast performance for next reporting period
1	0.8%	1.4%	1.2%	1.2%
2	0	74	268	30

Cancelled Operation Performance – Indicator 1

For January there were 151 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 (140 UHL 1.4% and 11 Alliance 1.2%).

UHL alone saw 140 patients cancelled on the day for an individual performance of 1.4%. 99 patients (71%) were cancelled due to capacity related issues of which 9 were Paediatrics. 41 patients were cancelled for other reasons. The 5 most common reasons for cancellation are listed below.

Type	Reason	Dec 2017
Capacity Pressures	Ward Bed Unavailable	51
Capacity Pressures	HDU Bed Unavailable	21
Other	Lack Theatre Time / List Overrun	22
Capacity Pressures	ITU Bed Unavailable	13
Capacity Pressures	Pt Delayed To Adm High Priority Patient	13
Total		127

An elective pause to support with Emergency demands within UHL commenced during December running to the end of January 2018. This limited cancellations on the day with the decision to cancel earlier before the day, giving patients as much notice as possible. During January hospital cancellations before the day rose from an average of 2.0% to 9.0%.

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.

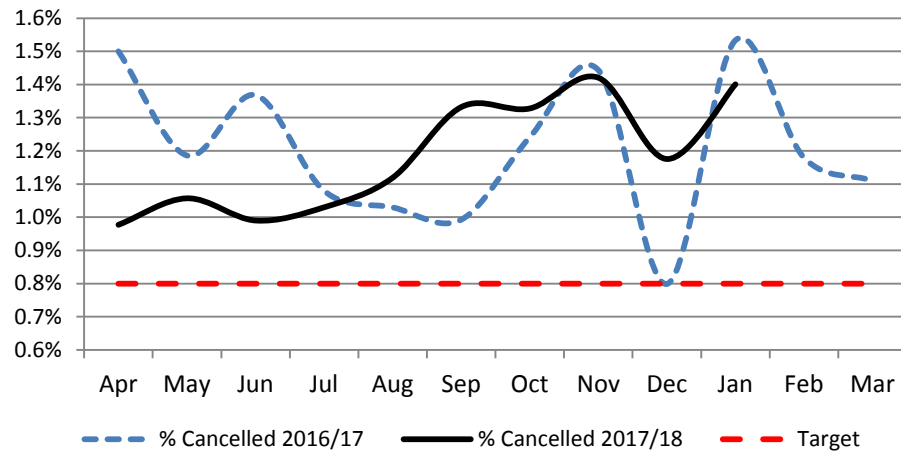
Increased cancellations due to beds this December has resulted in higher than typical 28 day breaches due to reduced capacity for patients to be booked into.

Risk for next reporting period

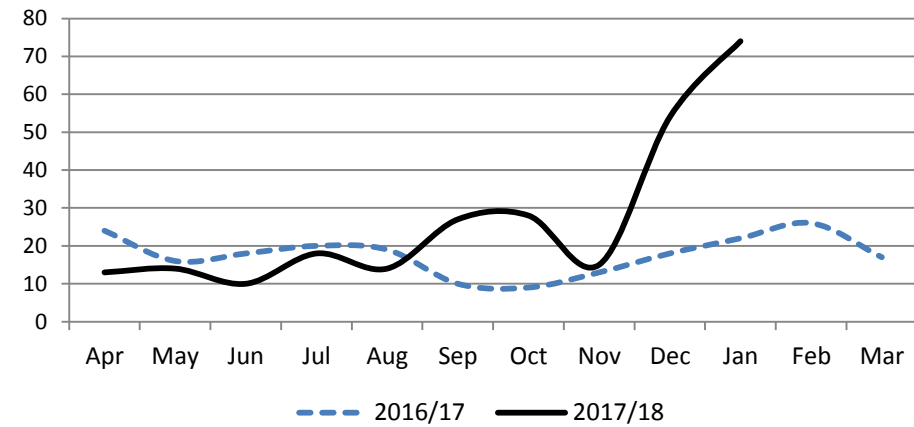
Achieving the 0.8% standard in February remains a risk due to:

- 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

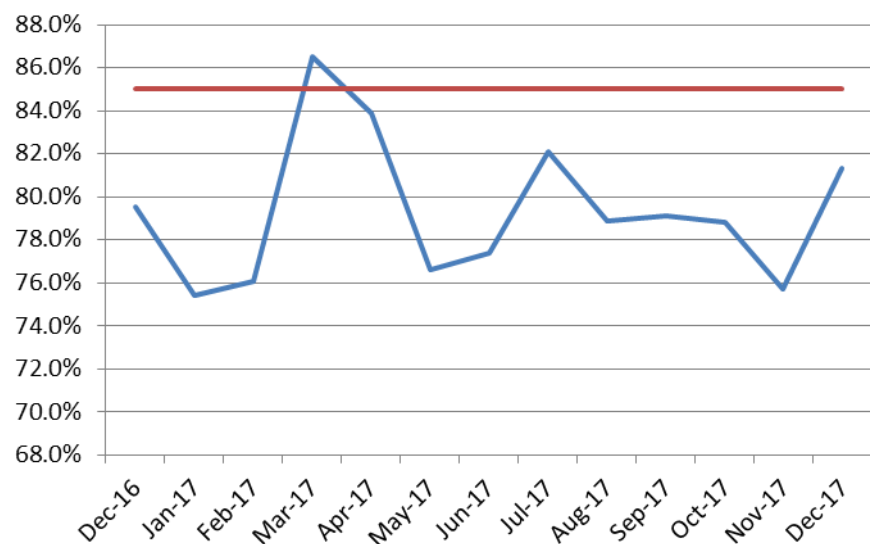


APPENDIX E

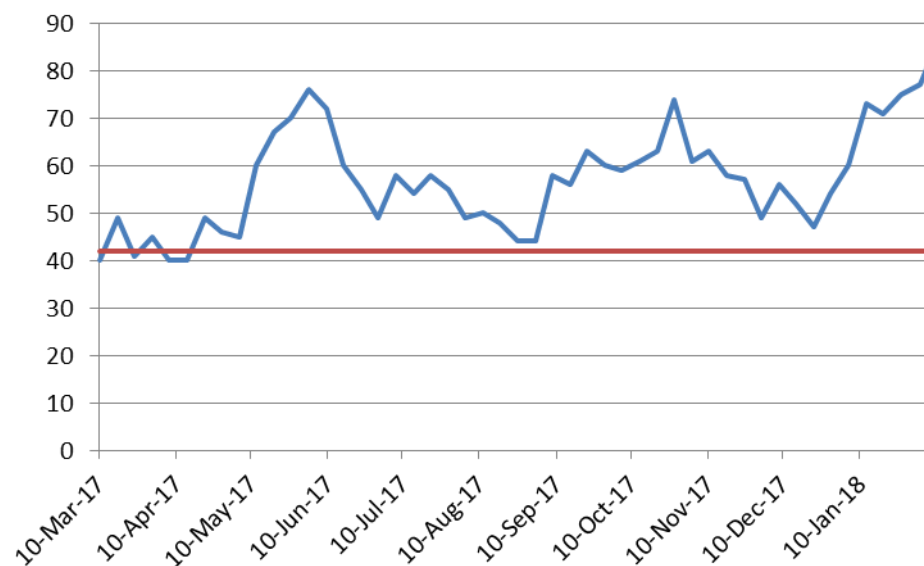
Cancer Waiting Time Performance

- Out of the 9 standards, UHL achieved 4 in December – 2WW, 31 Day First Treatments and 31 day Subsequent for Radiotherapy and Drugs.
- 2WW performance continued to deliver in November achieving 94.1%. January is also expected to deliver the standard. 2WW Breast failed at 88.1%, a combination of capacity and patient choice the root cause. Performance for January remains a concern for both Breast reporting standards for 2WW.
- 62 day performance although failed at 81.3% in December, was a 5.2% improvement on the previous month and the most improved performance since July 2017, with no adjustment for tertiary activity applicable.
- At the time of reporting, following a high rate of cancellations, the adjusted backlog is at its highest with 3 services remaining on daily escalations – Gynae, Lung and Urology.
- 7 day performance for 2WW in January shows 52% of patients are receiving their first seen appointment within 7 days.

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 9th February 2018.

The Trend reflects performance against target on the previous week.

The forecast position is the early prediction for week ending 18th February 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	7		8
Lower GI	6	11		16
Testicular	0	0		0
Upper GI	2	3		2
Urology	10	27		31
Skin	1	3		2
Breast	2	3		3
Head & Neck	5	6		4
Sarcoma	0	0		0
Lung	6	11		12
Gynaecology	7	10		8
Brain	0	0		0

Key themes identified in backlog @ 9th February

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

Summary of delays	Numbers of patients	Summary
Complex Patients/Complex Diagnostic Pathways	26	Across all tumour sites, – these are patients undergoing multiple tests, MDTs, complex pathology reporting and diagnostics. This includes patients referred between multiple tumour sites with unknown primaries, patients with complex pathology to inform diagnosis requiring additional testing and where treatment plans have changed either due to the patient or clinical decision making based on additional diagnostic tests.
Capacity Delays – OPD & Surgical	10	In 3 tumour sites, a combination of surgical treatment/diagnostic capacity and Oncology outpatient capacity affecting the patients pathway. 7 of these patients primary delay is due to Oncology outpatient waiting times.
Pathway Delays (Next Steps compliance)	14	Across 6 tumour sites – where more than 1 delay has occurred within the pathway and lack of compliance with Next Steps is evident. This also includes delays in the diagnostic phase in one tumour site prior to referral to another, x2 patients where a combination of hospital and patient related delays are the primary pathway delay.
Patient Delays (Choice, Engagement, Thinking Time)	13	Across 5 tumour sites, where patients have cancelled or DNA'd outpatients, diagnostics or treatment admission on more than one occasion. 9 patients are within Gynae and Urology. Where patients aren't decided on their treatment plan and require more thinking time, a patient where multiple second opinions have been sought including an overseas opinion, patients who want to explore homeopathic remedies first and patients going on holiday for more than 2 weeks within their pathway.

Summary of delays	Numbers of patients	Summary
Clinically Appropriate Pathway Delays	7	<p>In Urology (x5) – patients where the initial TRUS biopsy is reported as either benign/non-diagnostic but in correlation with clinical review, an MRI is required for further investigation a clinically appropriate 6 week delay is required between biopsy and MRI to allow for healing and to avoid a haematoma on MRI. This also includes patients who are All Options for review and decision with both Oncology and Urology.</p> <p>In Lung (x2) – where synchronous primaries are suggested and patients require further tests to aid decision making for appropriate primary treatment planning</p>
Late Tertiary Referrals	7	Across 4 tumour sites, where tertiaries are received after Day 38. From NGH, KGH and ULH. Referrals ranging from Day 43 to Day 160.
Patients Unfit	13	Across 8 tumour sites, patients who are unavailable for treatment due to other on-going health issues of a higher clinical priority. This includes patients whose initial diagnostic admission was cancelled as required a bridging plan which further delayed the new admission in the diagnostic phase of the pathway. Patients requiring cardiology intervention prior to assessing fitness for surgery and/or treatment planning. Patients whose non ca related illness has prevented their attendance for diagnostic tests, e.g. a patient with a broken hip delaying diagnostics for 3 months and patients whose inpatient admission mid pathway has delayed further progression of the primary pathway until discharge.
Trial/Renal Surveillance	2	<p>In Lung, early decision for referral to Oncology was made with the patient opting for thinking time and then opting for entering the POSEIDON trial which requires additional molecular testing and repeat staging scans.</p> <p>In Urology, a patient previously on Renal Surveillance who following repeat CT scan at 3 months was entered back onto active tracking and listed for surgery which was then cancelled due to lack of beds. This patient is suspected benign awaiting path.</p>

Backlog Review for patients waiting >104 days @ 09/02/2018

The following details all patients declared in the 104 Day Backlog for week ending 9/2/18. Last month's report showed 11 patients in the 104 Day backlog, 8 of which are now treated. This month's report details 26 patients in the backlog across 7 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
BREAST	2	103	121	Y	Y	Delay to patients first seen appointment by 89 Days due to multiple patient cancellations and inpatient episodes with Oncology - remained on the pathway due to CWT rules around cancellations = engagement and previous metastatic diagnosis. OPD 8.1.18 - core biopsy taken. MDT 15.1.18 - for surgery. TCI 25.1.18 - cancelled due to patient fitness. New TCI 13.2.18
		104	121	Y	Y	OPD 25.10.17 - ? Inflammatory change? Infection. OPD FU 7.11.17 - evidence of infection settled, palpable area for investigation - core biopsies for MDT discussion. MDT 13.11.17 - for MRI. MRI 11.12.17 (delayed due to patient holiday). Assessed by clinical team as benign and removed from tracking. Subsequent review 15.12.17 following MDT 14.12.17 - patient reinstated on pathway - for further sampling. OPD FU 4.1.18, USS Core Bx 15.1.18. MDT 25.1.18 - needs staging CT and further MDT discussion. CT 27.1.18. MDT 1.2.18 - to proceed with surgery. OPD 2.2.18 - patient to discuss reconstruction options at joint Plastics clinic 8.2.18. TCI 14.2.18
ENT	2	105	140	Y	N	Referred 22.9.17, patient fitness delayed biopsy to 6.11.17 - pathology benign but for MDT discussion. MDT 11.12.17 - for repeat biopsy 21.12.17 - cancelled, patient unfit. Patient admitted to CDU requiring cardiac intervention and high risk anaesthetic review. 9.1.18 - patient fit to proceed. TCI 11.1.18. MDT 22.1.18 - for MRI and CT for staging. CT 25.1.18, MRI 27.1.18 - shows disease progression. Referred to Oncology for palliative radiotherapy. Delay within the service in making the referral. Oncology capacity delay to OPD 27.2.18
		108	105	Y	Y	Consultant upgrade, non 2WW patient. Upgraded 27.10.17 following outpatient review. For urgent CT 31.10.17, recommends MRI and US FNA. USFNA 2.11.17, CT 8.11.17, MRI 8.11.17. MDT 13.11.17 - ? Metastatic disease. OPD 29.11.17 (delay due to capacity) - for PET and MDT. PET 13.12.17. MDT 18.12.17 - for open biopsy. OPD 20.12.17 - TCI 28.12.17. MDT 8.1.18 - for further US Scan and repeat CT. US Neck 10.1.18, TCI 18.1.18 - cancelled due to beds. Re-dating complex due to joint case with Vascular. TCI 22.2.18

Backlog Review for patients waiting >104 days @ 09/02/2018

Tumour Site	Total Number of patients	Pt No	Current Wait (Days)	Confirmed Cancer Y/N	Treatment Date Y/N	Summary Delay Reasons
HAEM	3	89	177	Y	Y	Referred to ENT 16/8/17 - multiple diagnostics included repeat core biopsies discusses 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. Start date deferred as patient required urgent bladder ca procedure, rescheduled for the 31.1.18 which the patient DNA'd. Re-booked for 7.2.18, consented to treatment start date 21.2.18 pending agreement with Urologists post bladder treatment.
		113	133	Y	Y	Originally referred via LOGI, subsequently transferred to Urology and following lymph node biopsy identified for Haem management. Await OPA
		114	108	Y	Y	Originally referred via ENT, transferred to Haem following multiple diagnostics and MDT discussions. Additional biopsies required to determine type of lymphoma for treatment planning. Transferred to Haem on Day 108. Await OPD 7.2.18
HPB	3	85	172	N	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 - for liver biopsy. Performed 2.2.18, awaiting path results and OPD outcome from 14.2.18

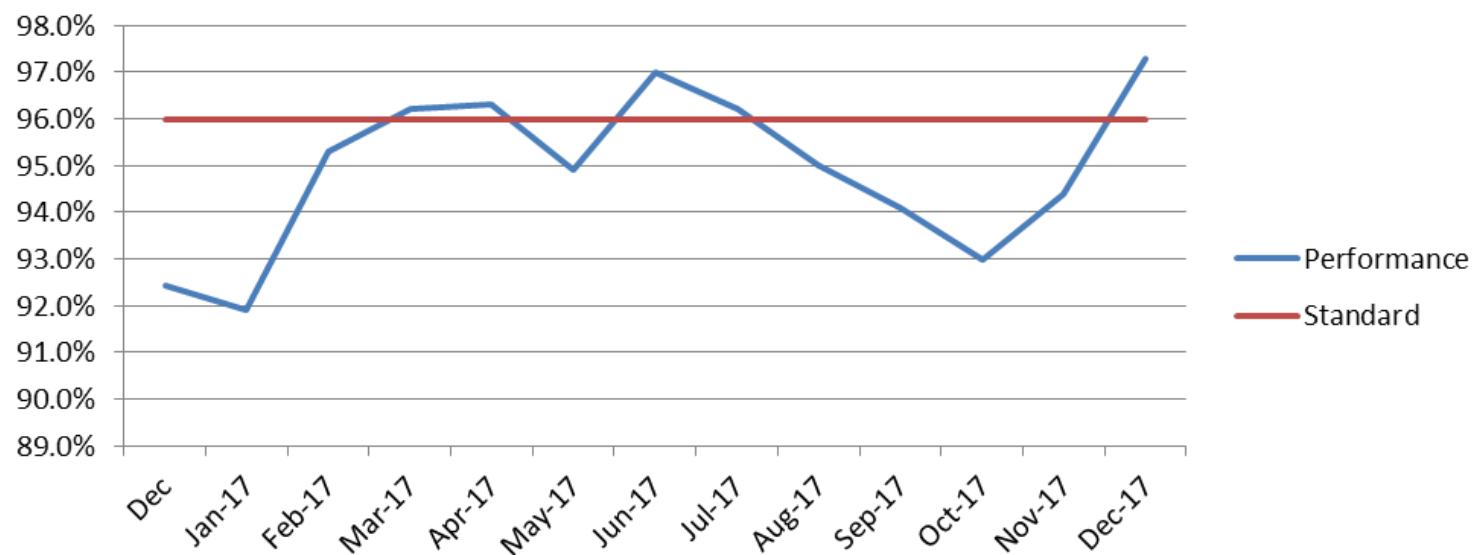
Tumour Site	Total Number of patients	Pt No	Current Wait (Days)	Confirmed Cancer Y/N	Treatment Date Y/N	Summary Delay Reasons
HPB (cont'd)		101	111	Y	Y	CT 21.10.17, MDT 30.10.17 - for OPA to assess fitness for possible resection. OPA 6.11.17 - added to waiting list for TCI. Provisional TCI 13.12.17 - due to capacity unable to bring forward. TCI 13.12.17 cancelled due to no HDU bed. TCI 3.1.18 - cancelled due to no HDU bed. Clinical decision for patient to have EUS. EUS 12.1.18. MDT 22.1.18 - delayed due to pending cytology from EUS. MDT 29.1.18 - for surgery. Patient unfit to proceed due to chest infection and antibiotics. TCI planned for 21.2.18
		102	106	Y	Y	Significant patient engagement issues throughout the pathway requesting multiple clinical opinions as non-symptomatic yet diagnosed early in the 62 day pathway following biopsies. Biopsies performed at Day 43 which were delayed due to the patient cancelling dates. Offered chemotherapy but declined requesting alternative treatment and second opinion. Further delayed until patient returned from a holiday in Thailand. Engagement issues with CNS and GP involvement. Patient due to commence treatment 7.2.18 but cancelled, rebooked for 14.2.18
LOGI	3	98	175	Y	N	Tertiary day 160 from Lincoln. Received 22.1.18. MDT 1.2.18 - for resection discussion, for EUS/cystoscopy 10.2.18. Await path
		99	131	N	N	OPD delayed to Day 26 due to patient cancellations - on holiday until 23.10.17. OPD 24.10.17 - for CT 6.11.17. Clinical review requests colonoscopy. Colon 17.11.17 - delay to pathology as specimen not marked 2WW. MDT 29.11.17 - for repeat flexi. Flexi 7.12.17 - inconclusive pathology. For MDT 20.12.17 - for clinic to discuss suitability for surgery. OPD 29.12.17 - requires anaesthetic assessment as high risk, ECHO and CPET - outcome, requires Level 3 bed for post op management. For patient consent and review in clinic 16.2.18
		100	111	Y	N	Straight to test at Day 19 due to incorrect pathway on referral, OGD 6.11.17, for CT Colon. CT 24.11.17 - patient choice delay due to holiday. MDT 13.12.17 - for clinic to assess fitness for surgery. OPD 18.12.17, TCI for 5.1.18 arranged and subsequently cancelled due to patient fitness concerns. Cardiology intervention requested, reviewed 10.1.18, for urgent coronary angio and TAVI. Patient unfit for GI treatment until cleared by cardiology. Await TCI for TAVI.

Tumour Site	Total Number of patients	Pt No	Current Wait (Days)	Confirmed Cancer Y/N	Treatment Date Y/N	Summary Delay Reasons
LUNG	4	109	148	Y	N	Patient declined initial CT scan as wanted to discuss with GP, declined 5.8.17 & 7.8.17. Agreed to outpatient initially 14.8.17 - for MDT 18.8.17 - for EBUS and PET Scan. PET 23.8.17 - cancelled due to equipment failure. PET 25.8.17, EBUS 29.8.18 (cancelled due to equipment failure). EBUS 4.9.17 - patient DNA'd. EBUS delay due to equipment to 19.9.17. MDT 22.9.17 - for surgical resection discussion. OPD 27.9.17 - for anaesthetic assessment 29.9.17 with TCI 2.10.17. Patient cancelled requesting 3 week delay due to personal issues. TCI 23.10.17 - cancelled by patient, rebooked for 6.11.17 - cancelled by patient. CNS discussion with patient - patient wants to delay treatment until after Xmas - agreed to OPD 21.11.17 - added to waiting list for TCI 28.11.17. Cancelled, patient unfit. TCI 11.12.17 - patient admitted but left the hospital refusing surgery. MDT 15.12.17 - for consideration of radiotherapy - referred to ONC to discuss SABR. ONC OPD 16.1.18 (capacity delay) - patient cancelled - states arranged against his will. Requested surgical OPD. OPD 23.1.18 - cancelled by patient as unwell. OPD 30.1.18 - for Oncology review and CT Guided Biopsy. Oncology 20.2.18 (capacity delay).
		110	115	Y	N	Originally referred via LOGI 17.10.17, following Flexi, CT and MDT discussion - transferred to Lung? Meso. USGBX 27.11.17 - MDT 6.11.17 delayed due to pathology not ready. MDT 13.12.17 - confirms early MESO diagnosis. For Onc review with repeat CT. ONC OPD 9.1.18 (capacity delay) - referred to Basingstoke for consideration of surgery. Awaiting Basingstoke MDT outcome 6.2.18
		111	109	N	N	OPD 6.11.17 - for PET. PET 15.11.17. For CT FU in 6 weeks following treatment for? Infection. CT 29.12.17, OPD 8.1.18 - referred for surgical discussion. OPD 23.1.18 - anaesthetic review required 2.2.18 (capacity delay). TCI 13.2.18
		112	107	N	N	Consultant upgrade, non 2WW originally identified in ENT following tonsillectomy pathology and Imaging identifying lung nodules. Lung MDT 24.11.17 - for CT and OPD. RAL 19.12.17 - awaiting blood tests to determine if CTGBx is required. CTGBx 2.1.18 - cancelled by patient, rebooked for 9.1.18 - procedure abandoned for MDT discussion. OPD 16.1.18 (delay to allow patient recovery from procedure) - for ECHO and PFTs, review in 2 weeks. MDT 19.1.18 - for surgical biopsy, patient declined CTGBx. Anaesthetic assessment 24.1.18, OPD 30.1.18 - for Biopsy 8.2.18

Tumour Site	Total Number of patients	Pt No	Current Wait (Days)	Confirmed Cancer Y/N	Treatment Date Y/N	Summary Delay Reasons
MaxFax	2	106	133	Y	Y	Originally referred 29/9/17 to Upper GI, following a delayed OGD due to patient cancellations, this patient was transferred to Head & Neck 13.11.17. MDT 20.11.17 - for radiological investigation and biopsy. OPD 20.11.17 - CT 23.11.17, US FNA 27.11.17. For biopsy - TCI 7.12.17. MDT 18.12.17 - for surgical discussion re diagnosis and Oncology review. OPD 22.12.17 surgery. ONC OPD 16.1.18 (capacity delay) - consented to radiotherapy - requires planning mask, CT, PEG and dental review prior to treatment. Dental review 18.1.18, dental extractions 25.1.18, PEG 5.2.18 with provisional start date for 12.2.18
		107	116	Y	Y	Consultant upgrade, non 2WW patient. Upgraded 16.10.17 post MDT. For CT/MRI 18.10.17 and biopsy 31.10.17. MDT 13.11.17 - to discuss treatment options in clinic. OPD 14.11.17 - for surgery. Anaesthetic assessment 5.12.17, for ECHO 18.12.17 - ? Patient not fit to proceed. Plan discussed with anaesthetists and surgeons with TCI for treatment agreed for 9.1.18. Cancelled, patient unfit - deemed no longer fit for surgery. For radiotherapy. OPD 18.1.18 to inform patient. Oncology OPD 30.1.18 (capacity delay). For palliative radiotherapy, requires PEG. PEG 13.2.18, TCI 22.2.18
UROLOGY	6	92	136	Y	Y	Tertiary referral Day 126 from ULH 26.1.18, pre-assessment 29.1.18 and added to waiting list for treatment 12.2.18
		93	125	Y	N	OPD 17.10.17 (Day 14), MRI 20.1.17, TRUS 26.10.17. OPA 14.11.17 with results. TRUS results benign, require clinical correlation - for template biopsy. Patient DNA'd pre-assessment 23.11.17 as on holiday, rearranged for return 30.11.17 with biopsy TCI 2.12.17. MDT 14.12.17 - patient requires bone scan for treatment planning. Bone Scan 29.12.17. OPD FU 5.1.18 - patient choice to explore surgical options - referred to surgeon. OPD complex clinic 27.1.18 (capacity delay). Patient to consider radiotherapy and therefore couldn't commence hormone treatment. Oncology OPD 27.2.18 (capacity delay).

Tumour Site	Total Number of patients	Pt No	Current Wait (Days)	Confirmed Cancer Y/N	Treatment Date Y/N	Summary Delay Reasons
UROLOGY (con'td)		94	119	Y	N	Delay to first seen appointment due to fire in outpatients at LGH, seen on Day 22 OPD 31.10.17. For PSA, MRI and USS. MRI 3.11.17, MDT 9.11.17 - for TRUS biopsy. OPD 14.11.17. TRUS 20.11.17. MDT 30.11.17 - patient undergoing rectal biopsies 7.12.17 - for bone scan post GI surgery. Bone scan 8.12.17 - no evidence of mets. MDT 14.12.17 - recommends further TRUS. TRUS 21.12.17 - delay to pathology due to specimen not being marked 2WW. MDT 11.1.18 - recommend PET scan as pathology not clinically correlating. Delay to PET due to issues with Alliance Medical, PET 22.1.18 - reported 2.2.18. MDT 8.2.18 - for prostate cancer patient to commence active surveillance - awaiting CNS discussion with patient.
		95	115	Y	Y	OPD 3.10.17, TRUS 9.10.17. FU with results 19.10.17 - for MRI - clinical delay of 6 weeks post biopsy for MRI. MRI 15.11.17, OPD 21.11.17 with results. For complex clinic discussion re surgery. OPD 21.12.17 (capacity delay) - patient unsure on treatment option - await CNS discussion. CNS 22.12.17 - agreed to surgery but patient away 10.1.18 - 9.2.18 - requested after holiday. Patient now dated for 14.2.18
		96	112	Y	N	OPD 27.10.17, MRI 30.10.17, FU 7.11.17 - for TRUS. Delay to TRUS due to patient requiring bridging plan. TRUS 30.11.17, FU 11.12.17 - clinical correlation required - needs bone scan. Delay to scan due to patient having prosthetic heart valve and warfarin therapy. Bone scan 18.12.17, FU 22.12.17 - for repeat biopsies with bridging plan. Delay to biopsy due to complex needs, TCI 23.1.18. MDT 1.2.18 - preferred treatment options is radical radiotherapy. OPD FU 13.2.18 - await outcome
		97	110	Y	N	OPD 31.1.17, MRI 3.11.17, TRUS 6.11.17. MRI delayed due to patient having bilateral hip prosthesis - requires complex scanner. MRI delayed for 6 weeks post TRUS as a result. MRI 12.12.17. OPD 15.12.17 - for bone scan. Bone scan 20.12.17. OPD 29.12.17 - referred for surgical and Oncological discussion for treatment planning. Oncology 30.1.18 - patient unsure on decision. Complex clinic 3.2.18 - added to waiting list although patient still unsure if to proceed.

31 Day First Treatment – Backlog & Performance



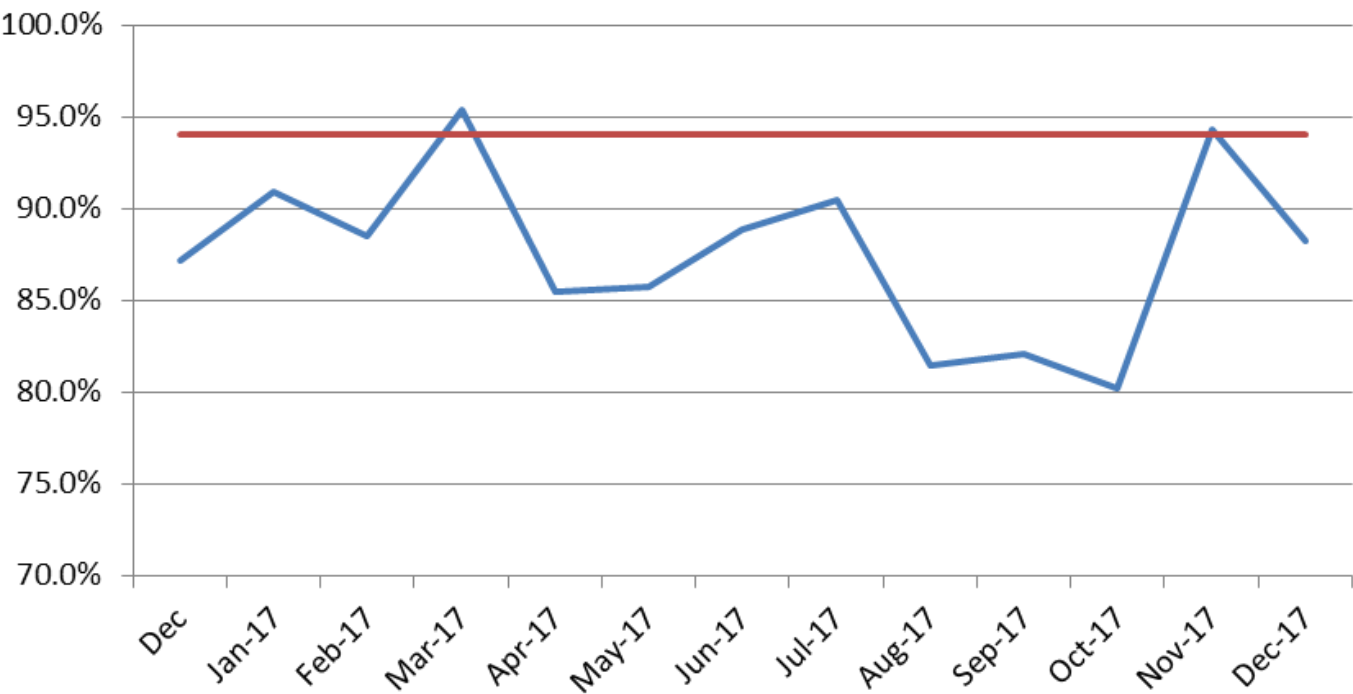
A positive month for 31 day performance with a 97.3% result, a 2.9% improvement on the previous month and the first month to achieve since July 2017.

Due to a combination of cancelled procedures as a result of the bed pressures in January and patient choice delays declining treatment over Christmas/New Year resulting in breaches where no adjustments can be applied as outpatient procedures, it is not expected to deliver in January with a forecasted position of 91.7% at the time of reporting. The 31 day backlog increased significantly in early January to a peak of 35, at the time of reporting now reduced to 25 but with significant backlog in Urology notable.

31 Day Subsequent Performance – Surgery

31 day Subsequent performance for Surgery in December under performed at 88.2%. A significant drop on the previous month of 6.1% as a result of lower activity than usual, despite a low number of breaches.

The backlog at the time of reporting sits at 7, having started to increase in early January as patient choice and cancellations impacted on the ability to treat patients within target. The current backlog is primarily with Urology.



Recovery Action Plan Update - 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.

Summary of high risks

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

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

APPENDIX F

Peer Group Analysis (December 2017)

RTT 18+ Weeks Backlog - December 2017

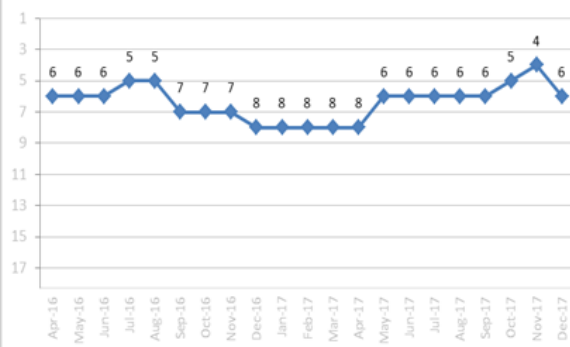
All Acute Trusts Performance - 87.6%

UHL ranks 67 out of the 145 Acute Trusts*

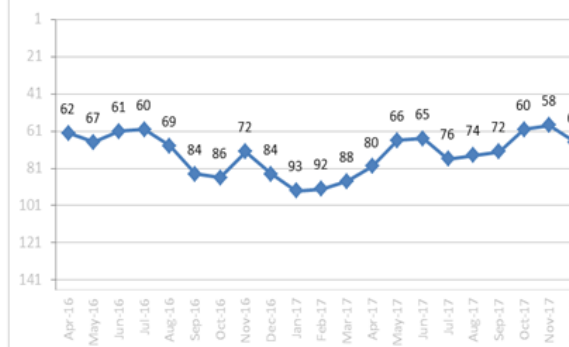
46 of the 145 Acute Trusts* achieved 92% or more

Peer Rank	Provider Name	RTT Incomplete Performance - Target 92%
1	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	95.8%
2	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	94.3%
3	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	94.1%
4	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	90.7%
5	HEART OF ENGLAND NHS FOUNDATION TRUST	90.6%
6	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	90.2%
7	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	90.0%
8	LEEDS TEACHING HOSPITALS NHS TRUST	88.7%
9	PENNINE ACUTE HOSPITALS NHS TRUST	88.0%
10	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	86.6%
11	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	86.1%
12	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	82.2%
13	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	81.8%
14	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	81.3%
15	KINGS COLLEGE HOSPITAL NHS FOUNDATION TRUST	79.0%
16	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	78.7%
17	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	74.2%
-	BARTS HEALTH NHS TRUST - not reported	-

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



UHL Acute Ranking - 18+ Weeks Backlog (n/145)



Diagnostics - December 2017

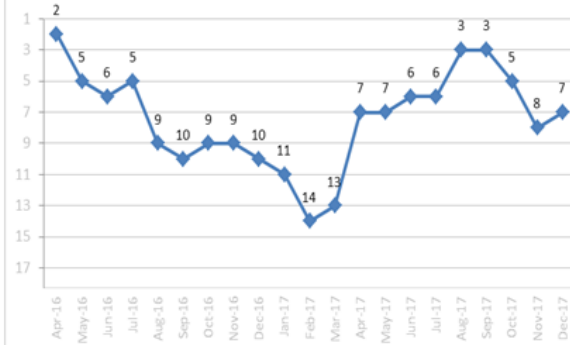
All Acute Trusts Performance - 2.3%

UHL ranks 70 out of the 145 Acute Trusts*

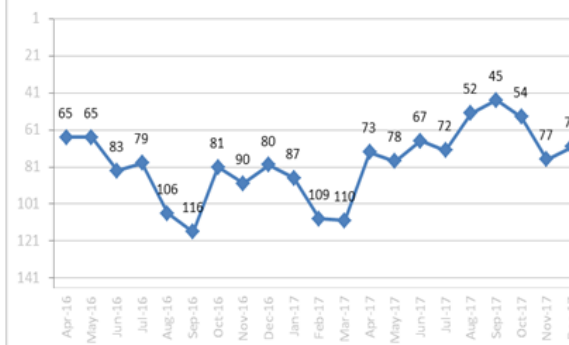
30 of the 145 Acute Trusts* achieved <1% or less

Peer Rank	Provider Name	Diagnostics Performance %/Waiting 6 Wks+ - Target <= 1%
1	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	0.4%
2	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	0.5%
3	LEEDS TEACHING HOSPITALS NHS TRUST	0.7%
4	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	0.7%
5	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	0.8%
6	BARTS HEALTH NHS TRUST	0.8%
7	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	0.9%
8	HEART OF ENGLAND NHS FOUNDATION TRUST	1.0%
9	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	1.0%
10	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	1.0%
11	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	1.5%
12	PENNINE ACUTE HOSPITALS NHS TRUST	1.5%
13	KINGS COLLEGE HOSPITAL NHS FOUNDATION TRUST	1.5%
14	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	2.4%
15	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	2.5%
16	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	3.0%
17	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	9.0%
18	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	10.1%

UHL Peer Ranking - Diagnostics (n/18)



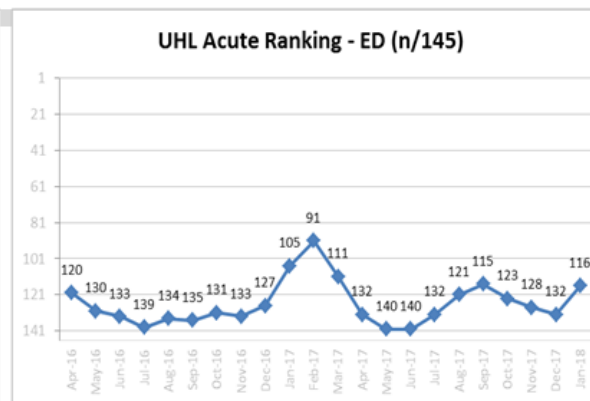
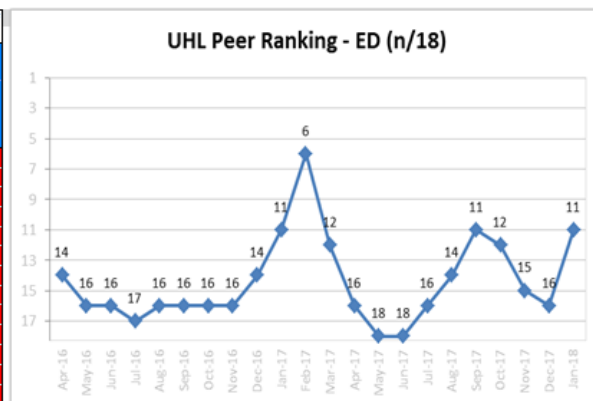
UHL Acute Ranking - Diagnostics (n/145)



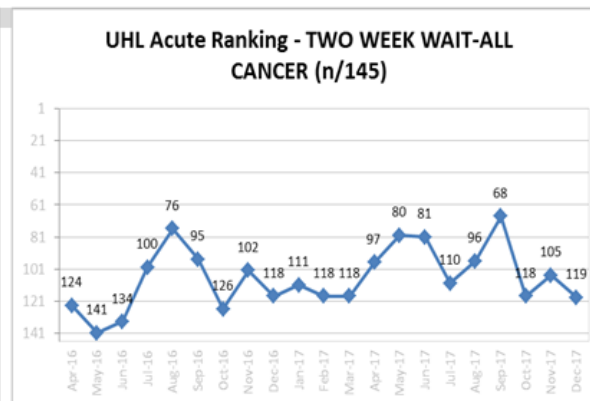
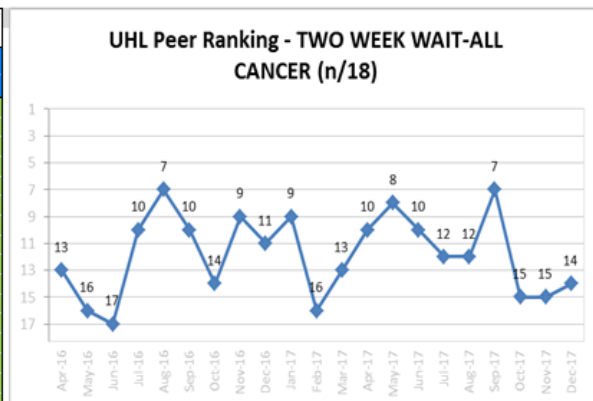
*Acute NHS hospitals – there are 145 according to NHS choices but not all Trusts submit information routinely and some Trusts do not provide the service

Peer Group Analysis (December 2017) – ED January

UHL ED Attendances within 4 hours - January 2018		
All Acute Trusts - 82.8% 5 of the 145 Acute Trusts* achieved 95% or more		
UHL ranks 116 out of the 145 Trusts*		
Peer Rank	Provider Name	Performance within 4 Hours - Target 95% - Amber 92% - <90%
1	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	91.8%
2	BARTS HEALTH NHS TRUST	86.6%
3	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	86.1%
4	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	85.6%
5	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	85.1%
6	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	84.3%
7	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	82.8%
8	PENNINE ACUTE HOSPITALS NHS TRUST	82.0%
9	KINGS COLLEGE HOSPITAL NHS FOUNDATION TRUST	77.7%
10	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	77.7%
11	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	75.0%
12	HEART OF ENGLAND NHS FOUNDATION TRUST	74.0%
13	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	73.9%
14	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	69.3%
15	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	69.1%
16	LEEDS TEACHING HOSPITALS NHS TRUST	68.9%
17	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	68.1%
18	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	67.0%



TWO WEEK WAIT-ALL CANCER - December 2017		
All Acute Trusts Performance - 95.1% 125 of the 145 Acute Trusts* achieved 93% or more		
UHL ranks 119 out of the 145 Acute Trusts*		
Peer Rank	Provider	Performance within 14 Days - Target 93%
1	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	98.6%
2	BARTS HEALTH NHS TRUST	98.6%
3	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	97.6%
4	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	97.0%
5	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	96.4%
6	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	96.3%
7	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	96.0%
8	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	95.3%
9	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	95.0%
10	LEEDS TEACHING HOSPITALS NHS TRUST	94.7%
11	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	94.7%
12	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	94.6%
13	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	94.2%
14	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	94.1%
15	PENNINE ACUTE HOSPITALS NHS TRUST	93.6%
16	KINGS COLLEGE HOSPITAL NHS FOUNDATION TRUST	93.6%
17	HEART OF ENGLAND NHS FOUNDATION TRUST	93.1%
18	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	88.7%



*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

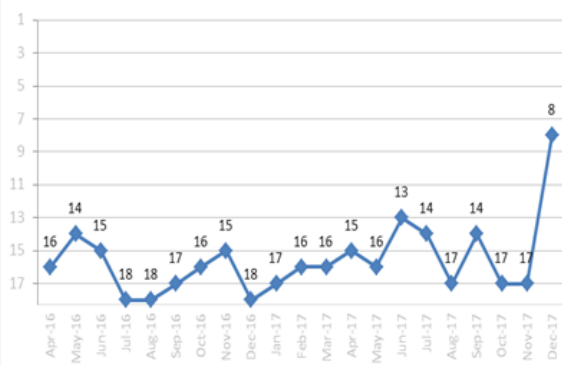
Peer Group Analysis (December 2017)

31-DAY FIRST TREAT - December 2017

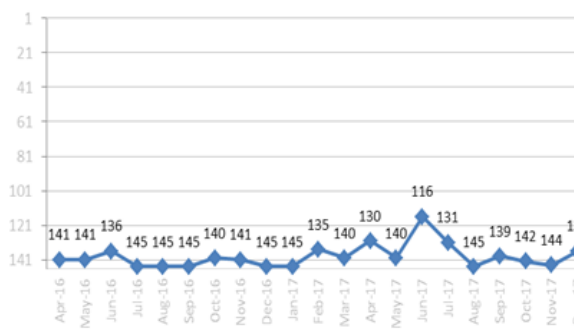
All Acute Trusts Performance - 97.9% UHL ranks 136 out of the 145 Acute Trusts*
133 of the 145 Acute Trusts* achieved 96% or more

Peer Rank	Provider	Performance within 31 Days - Target 96%
1	PENNINE ACUTE HOSPITALS NHS TRUST	100%
2	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	99.7%
3	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	99.7%
4	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	99.0%
5	BARTS HEALTH NHS TRUST	98.9%
6	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	98.8%
7	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	97.4%
8	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	97.3%
9	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	97.3%
10	HEART OF ENGLAND NHS FOUNDATION TRUST	97.2%
11	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	97.2%
12	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	97.0%
16	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	97.0%
14	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	96.7%
15	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	96.6%
16	LEEDS TEACHING HOSPITALS NHS TRUST	96.0%
17	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	95.7%
18	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	92.9%

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



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

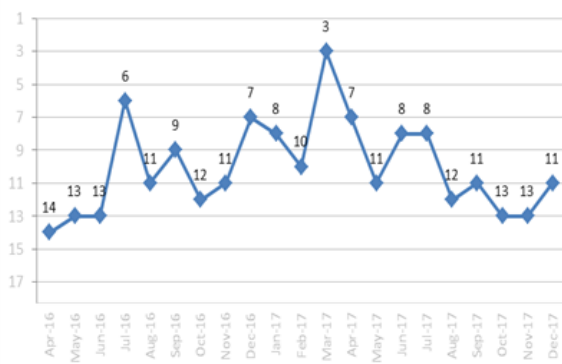


62-DAY GP Referral - December 2017

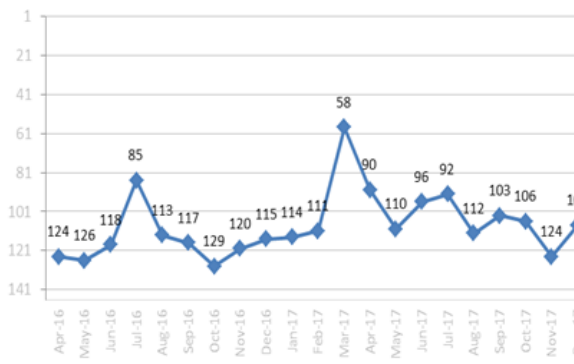
All Acute Trusts Performance - 84.1% UHL ranks 108 out of the 145 Acute Trusts*
86 of the 145 Acute Trusts* achieved 85% or more

Peer Rank	Provider	Performance within 62 Days - Target 85%
1	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	88.9%
2	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	88.7%
3	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	87.1%
4	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	86.7%
5	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	86.6%
6	BARTS HEALTH NHS TRUST	86.5%
7	HEART OF ENGLAND NHS FOUNDATION TRUST	86.4%
8	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	85.3%
9	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	82.5%
10	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	81.5%
11	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	81.3%
12	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	80.7%
13	PENNINE ACUTE HOSPITALS NHS TRUST	80.4%
14	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	79.9%
15	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	77.9%
16	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	77.2%
17	LEEDS TEACHING HOSPITALS NHS TRUST	77.0%
18	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	74.3%

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 (December 2017)

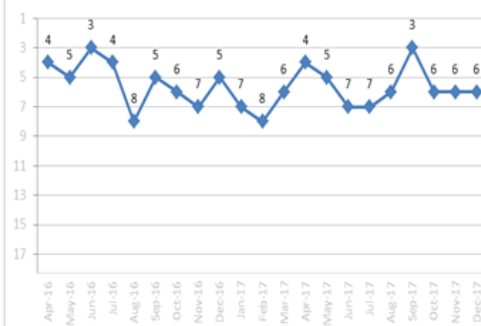
Inpatient FFT - December 2017

All Acute Trusts - Response Rate 22% - Recommended 95% - Not Recommended 2%

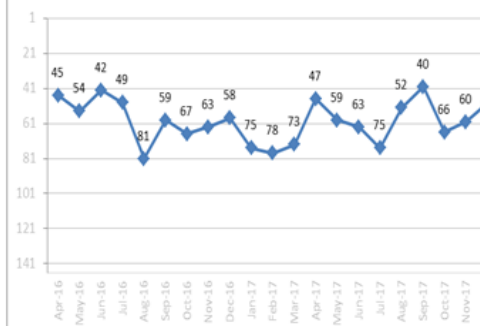
UHL rank s 49 (for Recommended) and 41* (for Not Recommended) out of the 145 Trusts**

Peer Rank (Recommended)	Provider Name	Response Rate	Percentage Recommended	Percentage Not Recommended
1	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	30%	98%	1%
2	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	24%	98%	1%
3	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	30%	98%	1%
4	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	13%	98%	1%
5	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	19%	97%	1%
6	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	24%	97%	1%
7	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	9%	97%	1%
8	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	20%	96%	2%
9	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	25%	96%	2%
10	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	27%	96%	2%
11	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	26%	95%	2%
12	LEEDS TEACHING HOSPITALS NHS TRUST	33%	95%	2%
13	HEART OF ENGLAND NHS FOUNDATION TRUST	19%	94%	3%
14	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	15%	94%	3%
15	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	22%	93%	3%
16	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	13%	91%	5%
17	PENNINE ACUTE HOSPITALS NHS TRUST	20%	90%	5%
18	BARTS HEALTH NHS TRUST	14%	89%	6%

UHL Peer Ranking - Inpatient FFT (n/18)



UHL Acute Ranking - Inpatient FFT (n/145)



A&E FFT - December 2017

All Acute Trusts - Response Rate 22% - Recommended 95% - Not Recommended 2%

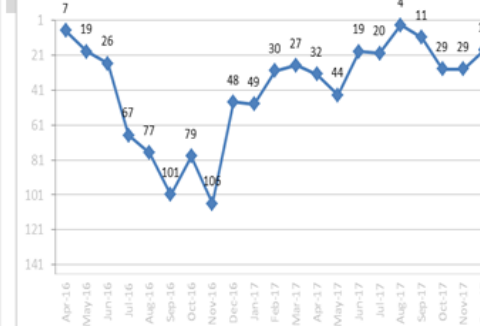
UHL rank s 18 (for Recommended) and 16* (for Not Recommended) out of the 145 Trusts**

Peer Rank (Recommended)	Provider Name	Response Rate	Percentage Recommended	Percentage Not Recommended
1	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	8%	95%	1%
2	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	3%	95%	3%
3	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	15%	94%	3%
4	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	1%	94%	4%
5	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	18%	94%	3%
6	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	17%	89%	6%
7	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	20%	87%	7%
8	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	17%	86%	7%
9	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	20%	85%	7%
10	LEEDS TEACHING HOSPITALS NHS TRUST	22%	83%	10%
11	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	13%	83%	9%
12	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	13%	83%	12%
13	PENNINE ACUTE HOSPITALS NHS TRUST	15%	82%	11%
14	HEART OF ENGLAND NHS FOUNDATION TRUST	14%	80%	12%
15	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	17%	80%	11%
16	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	16%	78%	14%
17	BARTS HEALTH NHS TRUST	10%	76%	16%
18	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	29%	68%	20%

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



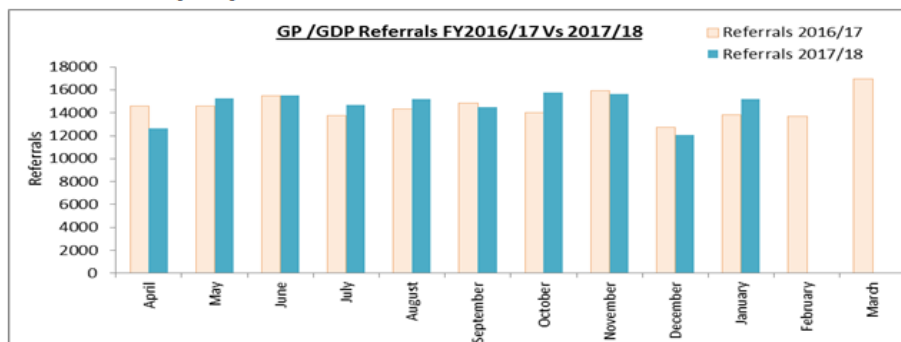
UHL Acute Ranking - A&E FFT (n/145)



*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

UHL Activity Trends

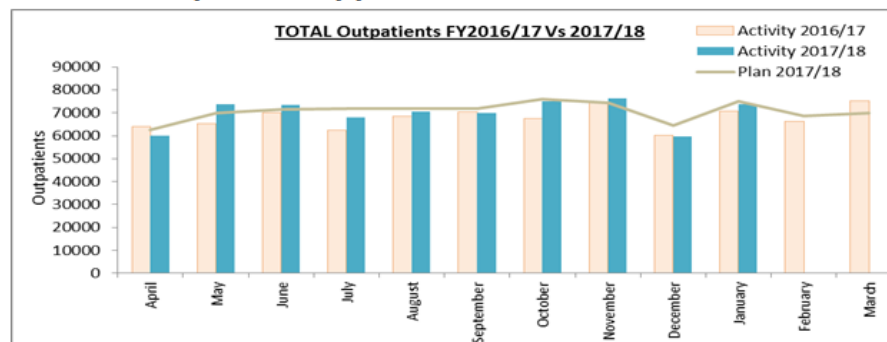
Referrals (GP)



April - January
17/18 Vs 16/17 +2372 +1.6%

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

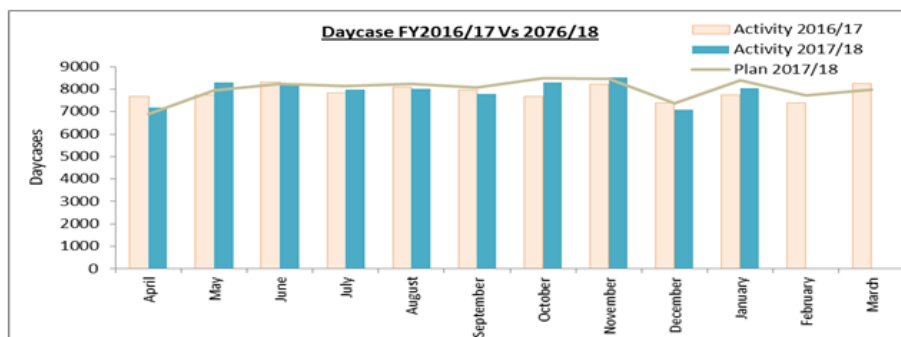
TOTAL Outpatient Appointments



April - January
17/18 Vs 16/17 +26,528 +3.9%
17/18 Vs Plan -8849 -1.2%

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

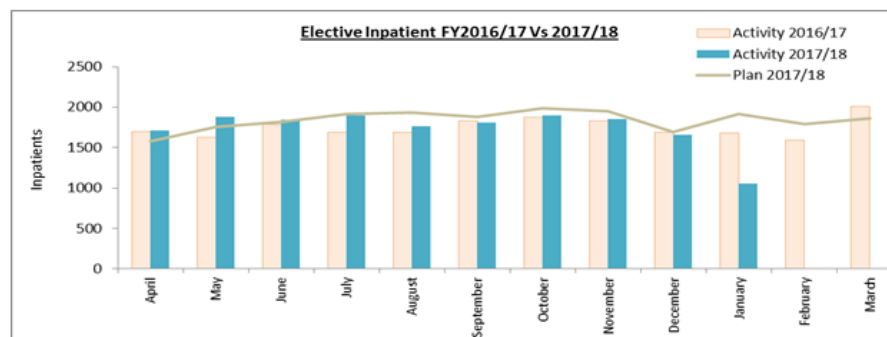
Daycases



April - January
17/18 Vs 16/17 +738 +0.9%
17/18 Vs Plan -884 -1.1%

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

Elective Inpatient Admissions

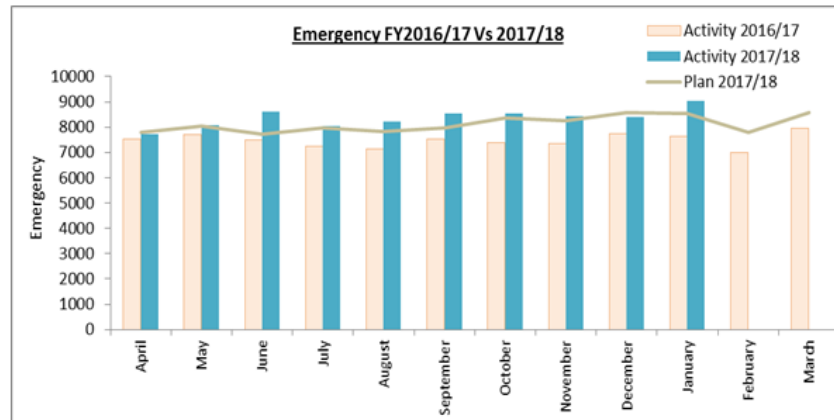


April - January
17/18 Vs 16/17 -49 -0.3%
17/18 Vs Plan -1073 -5.8%

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

UHL Activity Trends

Emergency Admissions



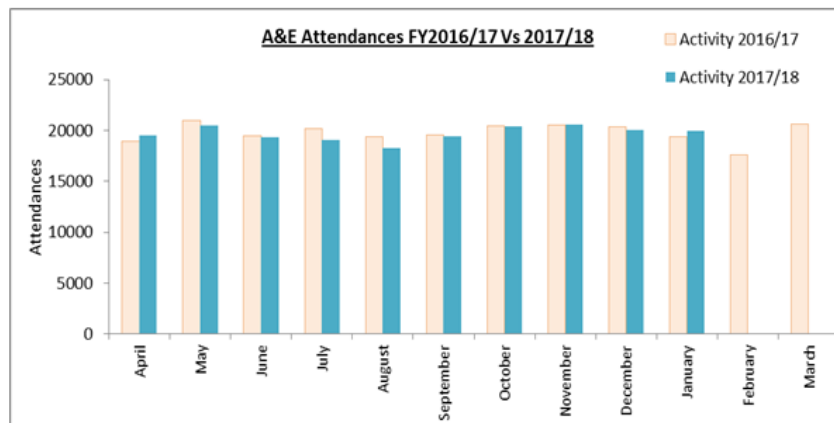
April – January

17/18 Vs 16/17 +9,007 +12%

17/18 Vs Plan +2,641 +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 - January

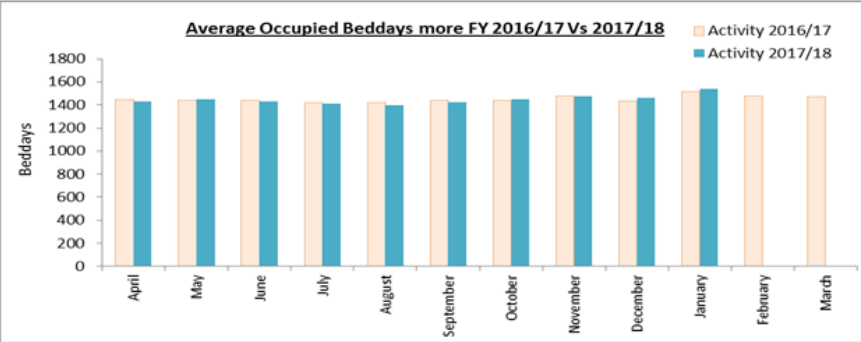
17/18 Vs 16/17 -2,062 -1.0%

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.

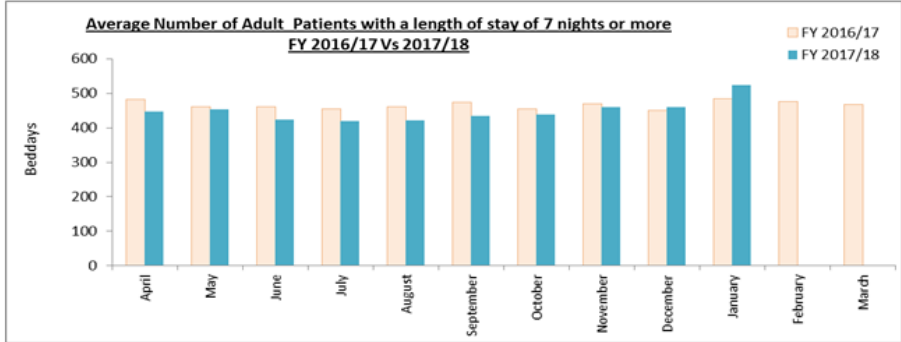
UHL Bed Occupancy

Occupied Beddays



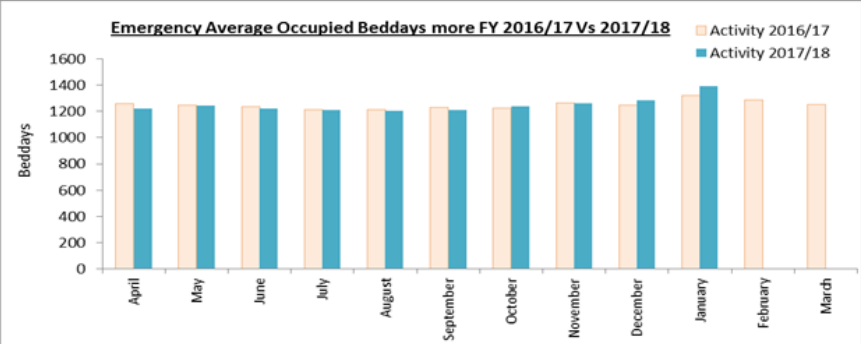
Midnight G&A bed occupancy continues to run similar to the same period last year.

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



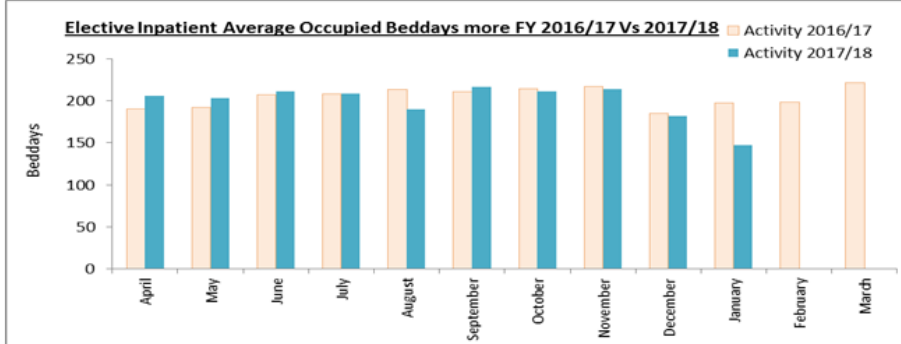
The number of patients staying in beds 7 nights for January is higher this year. However, YTD is lower compared to same period last year.

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 lower compared to the same period last year due to high level of cancellations in January.