Quality & Performance Report

Author: John Adler   Sponsor: Chief Executive   Date: PPPC + QOC 22nd March 2018

Executive Summary from CEO

Context

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

Questions

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

Conclusion

Good News: **Mortality** – the latest published SHMI (period October 2016 to September 2017) has reduced to 98 and is within the threshold. **C DIFF –** February 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. **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 February.

Bad News: **UHL ED 4 hour performance** – was 71.5%, system performance (including LLR UCCs) was 78.7%. Further detail is in the COO's report. **Ambulance Handover 60+ minutes (CAD+)** – performance was 10%, our worst performance since January 2017. **MRSA** – 2 avoidable cases reported this month. **Referral to Treatment –** was 87.5% against a target of 92%, reflecting the pro-active cancellation of non-urgent elective work in accordance with national policy. **52+ weeks wait –** 2 patients (last February the number was 39). **Cancelled operations** and **patients rebooked within 28 days** – continued to be non-compliant. **Cancer 62 day treatment** was not achieved in January – delayed referrals from network hospitals continue to be a significant factor. **Cancer 31 day** was not achieved in January. **TIA (high risk patients)** – 28.8% reported in February, our second lowest performance YTD. **Moderate harms and above** – above threshold in January (reported 1 month in arrears). **Fractured NOF** – was 66.1%, YTD also remains below threshold. **Statutory and Mandatory Training** reported from HELM is at 86%. **Sickness absence** – 5.8% reported in January (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: 26th April 2018

Caring at its best

University Hospitals of Leicester NHS
NHS Trust

Quality and Performance Report

February 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 MARCH 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: **FEBRUARY 2018 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	5
Caring	16	11	0
Well Led	17	23	5
Effective	18	8	4
Responsive	19	16	10
Responsive Cancer	20	9	6
Research – UHL	21	6	0
Total		101	30

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

Inclusion of cumulative Ambulance Handover performance.

Summary Scorecard – YTD

University Hospitals of Leicester NHS Trust

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

SAFE	CARING	WELL LED	EFFECTIVE	RESPONSIVE
Moderate Harm	FFT Inpatients & Daycase	Turnover Rate	Mortality (SHMI)	ED 4hr Wait UHL
Never Event	FFT A&E	Sickness Absence	Crude Mortality	ED 4hr Wait UHL+LLR UCC
Clostridium Difficile	FFT Outpatients	Annual Appraisal	#NOF's <36hrs	12hr Trolley Waits
MRSA Avoidable	FTT Maternity	Statutory & Mandatory Training	Stroke – 90% Stay	RTT Incompletes
Serious Incidents	Single Sex Breaches		TIA	Diagnostic Waits
Pressure Ulcers Grade 4			Readmissions <30 days	DTOC
Pressure Ulcers Grade 3				Handover >60
Pressure Ulcers Grade 2				Cancelled Ops
Falls				Cancer 62 Day

SUCCESSES:

- FFT Inpatient/DC **97%**
- Crude Mortality **2.1%**
- DTOC **1.9%**
- Diagnostic Wait **1%**
- Mortality (SHMI) **98**

ISSUES:

- Annual Appraisal **88.8%**
- Never Events **6**
- MRSA Avoidable **4**
- RTT Incomplete **88.8%**
- Statutory & Mandatory training **86%**
- Sickness Absence **4%**
- Stroke TIA **52.7%**
- ED 4hr Wait UHL **78.4%**
- ED 4hr Wait UHL+LLR UCC **80.9%**
- Cancer 62 Day **79.0%**

One team shared values

Summary Scorecard – February 2018

University Hospitals of Leicester NHS — NHS Trust

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 Inpatients & Daycase	Turnover Rate	Mortality (SHMI)	ED 4hr Wait UHL
Never Event	FFT A&E	Sickness Absence	Crude Mortality	ED 4hr Wait UHL+LLR UCC
Clostridium Difficile	FFT Outpatients	Annual Appraisal	#NOF's <36hrs	12hr Trolley Waits
MRSA Avoidable	FTT Maternity	Statutory & Mandatory Training	Stroke – 90% Stay	RTT Incompletes
Serious Incidents	Single Sex Breaches		TIA	Diagnostic Waits
Pressure Ulcers Grade 4			Readmissions <30 days	DTOC
Pressure Ulcers Grade 3				Handover >60
Pressure Ulcers Grade 2				Cancelled Ops
Falls				Cancer 62 Day

Key changes in indicators in the period:

SUCCESSES: (Red to Green)

ISSUES: (Green to Red)
- MRSA
- #NoF's <36hrs
- 12hr Trolley Waits
- Cancer 31 Day

One team shared values

Domain - Safe

University Hospitals of Leicester **NHS**
NHS Trust

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)

181
Moderate Harm
and above
YTD ⬆
(PSIs with finally
approved status)

4
Avoidable
MRSA
YTD ⬇

60
CDIFF
Cases
YTD ⬇

SUCCESSES

- 2017/18 data 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 Never events reported in February.

ISSUES

- Moderate harm above threshold. Number reported to date exceeds the cumulative total of 156 for 2016/17.
- 2 cases of avoidable MRSA reported in February.

ACTIONS

- Escalation through CMG infection prevention meeting.
- Targeted education and training.
- Urgent reviews of risk register entry for the ITU environment at LRI.

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
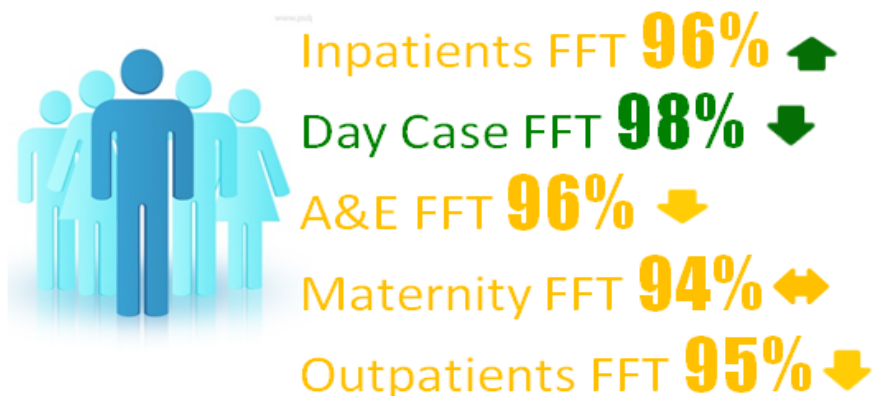**86%** YTD ⬇

Wards (including assessment units) Patients who trigger for Red Flag Sepsis - % that receive their antibiotics within an hour
79% YTD ⬆

6

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 **95%** ⬇

Staff FFT Quarter 3 2017/18 (Pulse Check)

65% of staff would recommend UHL as a place to receive treatment

SUCCESSES

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

ISSUES

ACTIONS

- Continuously exploring alternatives to prevent same sex breach occurring.

Single sex accommodation breaches

11

YTD ↔

Domain – Well Led

University Hospitals of Leicester **NHS**
NHS Trust

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

Friends and Family FFT YTD % Coverage

Inpatients FFT **32.5%** ⬆

Day Case FFT **23.9%** ⬇

A&E FFT **10.2%** ⬇

Maternity FFT **40.3%** ⬇

Outpatients FFT **5.7%** ⬆

Staff FFT Quarter 3 2017/18 (Pulse Check)

57% of staff would recommend UHL as a place to work

% Staff with Annual Appraisals

88.8% YTD ⬇

Statutory & Mandatory Training

86% YTD ⬆

BME % - Leadership

27% Qtr3 8A including medical consultants

13% Qtr3 8A excluding medical consultants

SUCCESSES

- Corporate Induction attendance for February is 98%.

ISSUES

- Appraisals are 6.2% off target (this excludes facilities staff that were transferred over from Interserve).
- Statutory & Mandatory is 9% off the 95% target.
- Inpatients coverage for February was 28.4%.

ACTIONS

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

Domain – Effective

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

Mortality – Published SHMI

98 ↑
Oct16-Sep17

Stroke TIA clinic within 24hrs

52.7% YTD ↓

80% of patients spending 90% stay on stoke unit

87.1% YTD ↓

Emergency Crude Mortality Rate

2.1% YTD ↓

30 Days Emergency Readmissions

9.0% YTD ↑

NoFs operated on 0-35hrs

70.8% YTD ↓

SUCCESSES

- Latest UHL's SHMI is 98. A recent in depth HED review of UHL mortality did not identify any additional areas of mortality by condition which needed action that we did not already have reviews or action plans in place for.

ISSUES

- 30 Days Emergency Readmissions for January is 9.1%.
- Emergency Crude Mortality Rate for February was 2.6%.
- Stroke TIA Clinic within 24 Hours for February was 28.8%. Our second lowest performance YTD.
- Fractured NoF for February was 66.1%, a reduction of 6.6% from January. Performance was 67.6% same period last year.

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

87.5%
As at Feb ↓

6 week Diagnostic Wait times

0.9% | 0.8% | 0.7% | 0.8% | 0.6% | 0.4% | 0.4% | 0.8% | 0.9% | 0.9% | 1.0%
Apr-17 | May-17 | Jun-17 | Jul-17 | Aug-17 | Sep-17 | Oct-17 | Nov-17 | Dec-17 | Jan-18 | Feb-18

Cancelled Operations UHL

0.9% | 1.1% | 1.0% | 1.1% | 1.2% | 1.4% | 1.4% | 1.5% | 1.4% | 1.4% | 1.4%
Apr-17 | May-17 | Jun-17 | Jul-17 | Aug-17 | Sep-17 | Oct-17 | Nov-17 | Dec-17 | Jan-18 | Feb-18

RTT 52 week wait incompletes

2
As at Feb ↓

ED 4Hr Waits UHL

A&E **78.4%** YTD ↓

ED 4Hr Waits UHL+LLR UCC

80.9% YTD ↓

Ambulance Handovers

4% > 60mins ↓
9% 30-60mins ↓
YTD

SUCCESSES

- Diagnostic 6 week wait – we have now achieved 17th 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 – February performance at 10%. Our worst performance since January 2017.
- RTT was 4.5% below threshold.
- 2 patient waiting over 52+ weeks (last February the number was 39).

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

University Hospitals of Leicester **NHS**
NHS Trust

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

Cancer 2 week wait

94.4%
YTD

93.9%
Jan ⬇

31 day wait

95.2%
YTD

93.6%
Jan ⬇

62 day wait

79.0%
YTD

76.5%
Jan ⬇

31 day backlog

16
Feb ⬆

SUCCESSES

Cancer performance is reported 1 month in arrears.

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

ISSUES

- Cancer 62 day treatment – was 8.5% off target for January.
- 31 day wait was 2.4% off target for January.

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.
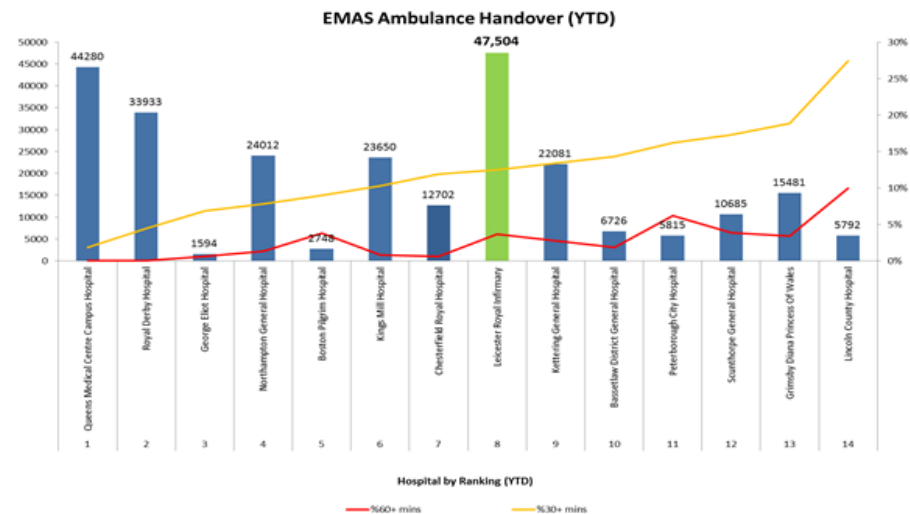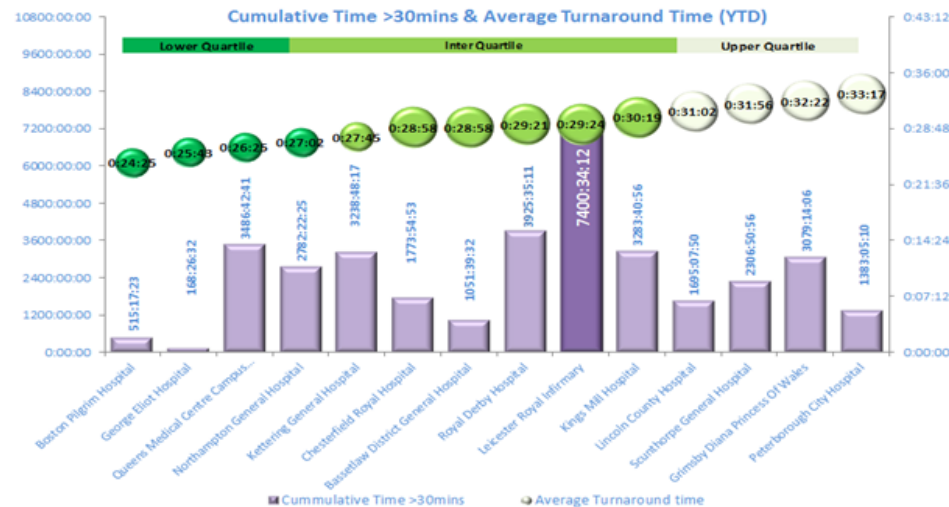
62 day backlog

75
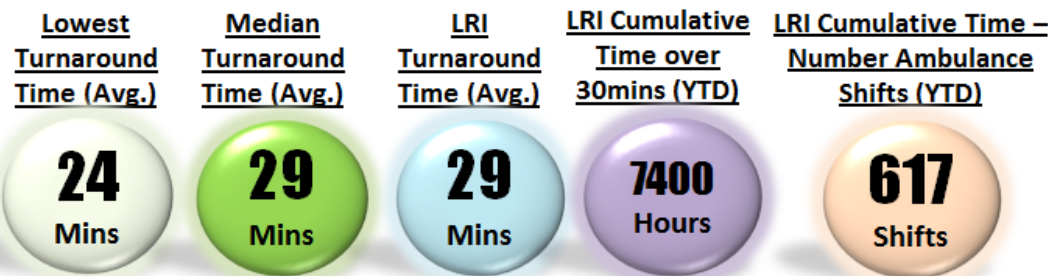Feb ⬆

62 day adjusted backlog

66
Feb ⬆

University Hospitals of Leicester **NHS**
NHS Trust

Cumulative Time >30mins & Average Turnaround Time (YTD)

Lower Quartile | Inter Quartile | Upper Quartile

Cummulative Time >30mins | Average Turnaround time

EMAS Ambulance Handover (YTD)

47,504

44280

33933

24012 23650

12702

22081

6726 5815 10685 15481 5792

1594 2748

Hospital by Ranking (YTD)

%60+ mins | %30+ mins

EMAS Ambulance Handover - LRI vs other hospitals (YTD)

Rank	Hospital	Total	30 - 59 Minutes	1 - 2 Hours	2 Hours Plus	% 30-59 mins	%60+ mins	%30+ mins	Average Turnaround time	Cumulative time 30+ mins
1	Queens Medical Centre Campus Hospital	44280	793	18	0	2%	0%	2%	0:26:25	3486:42:41
2	Royal Derby Hospital	33933	1495	23	0	4%	0%	4%	0:29:21	3925:35:11
3	George Eliot Hospital	1594	99	9	1	6%	1%	7%	0:25:43	168:26:32
4	Northampton General Hospital	24012	1554	295	24	6%	1%	8%	0:27:02	2782:22:25
5	Boston Pilgrim Hospital	2748	142	70	35	5%	4%	9%	0:24:25	515:17:23
6	Kings Mill Hospital	23650	2242	187	2	9%	1%	10%	0:30:19	3283:40:56
7	Chesterfield Royal Hospital	12702	1437	75	0	11%	1%	12%	0:28:58	1773:54:53
8	Leicester Royal Infirmary	47,504	4,188	1,457	295	9%	4%	13%	0:29:24	7400:34:12
9	Kettering General Hospital	22081	2349	507	109	11%	3%	13%	0:27:45	3238:48:17
10	Bassetlaw District General Hospital	6726	835	122	4	12%	2%	14%	0:28:58	1051:39:32
11	Peterborough City Hospital	5815	583	296	63	10%	6%	16%	0:33:17	1383:05:10
12	Scunthorpe General Hospital	10685	1435	379	36	13%	4%	17%	0:31:56	2306:50:56
13	Grimsby Diana Princess Of Wales	15481	2392	506	18	15%	3%	19%	0:32:22	3079:14:06
14	Lincoln County Hospital	5792	1013	460	116	17%	10%	27%	0:31:02	1695:07:50
	EMAS	257,101	20,590	4,416	708	8%	2%	10%	0:29:06	36144:35:14

Highlights

- CAD+ data used in performance analysis (80.2% coverage of all arrivals at LRI).
- LRI has the highest number of arrivals YTD followed by QMC with **7%** less arrivals YTD.
- LRI average handover time is within the **Inter Quartile** range whilst QMC is within the lower quartile.
- **7400** hours lost YTD due to handover delays longer than 30 mins. The equivalent of **617** ambulance shifts (12 hours) lost YTD.
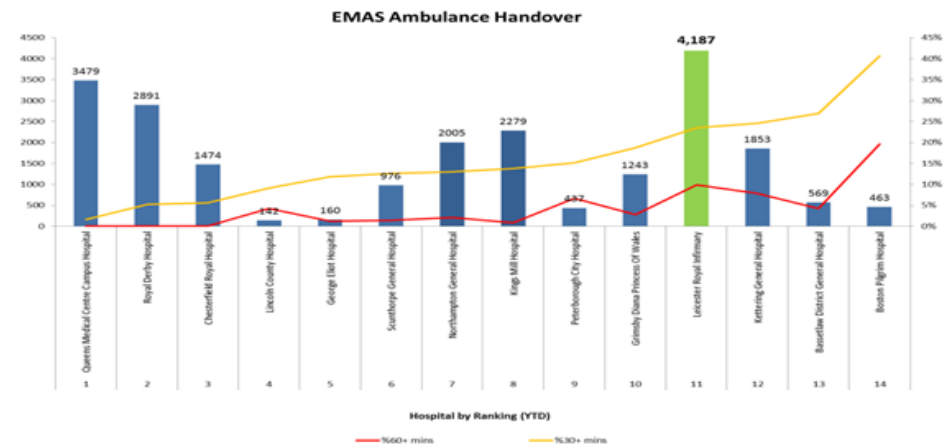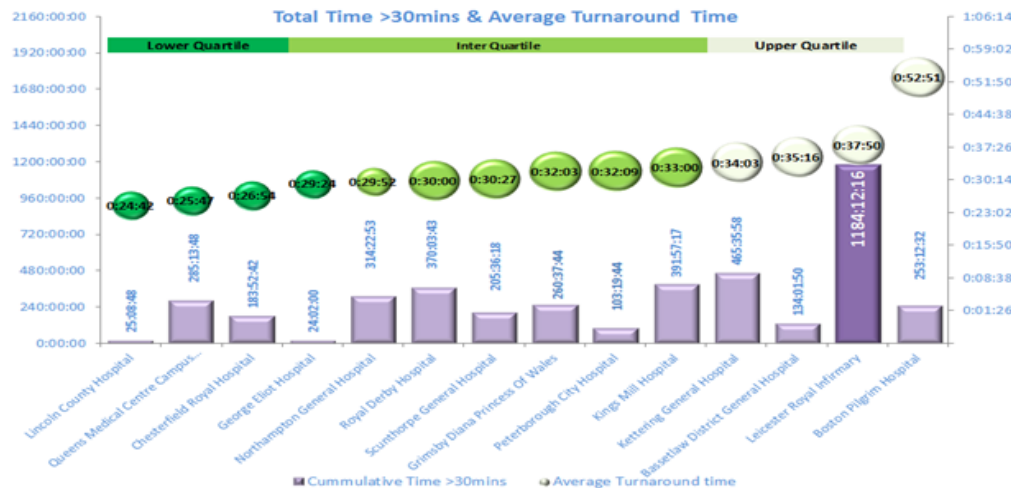
Lowest Turnaround Time (Avg.)	Median Turnaround Time (Avg.)	LRI Turnaround Time (Avg.)	LRI Cumulative Time over 30mins (YTD)	LRI Cumulative Time – Number Ambulance Shifts (YTD)
24 Mins	**29** Mins	**29** Mins	**7400** Hours	**617** Shifts

Ambulance Handover >30Mins and <60mins (YTD)
9% YTD⬆

Ambulance Handover >60Mins
4% YTD⬆

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Ambulance Handover – February 2018

University Hospitals of Leicester NHS — NHS Trust

Total Time >30mins & Average Turnaround Time

EMAS Ambulance Handover

EMAS Ambulance Handover - LRI vs other hospitals (February 2018)

Rank	Hospital	Total	30 - 59 Minutes	1 - 2 Hours	2 Hours Plus	% 30-59 mins	%60+ mins	%30+ mins	Average Turnaround time	Total time 30+ mins Handover
1	Queens Medical Centre Campus Hospital	3479	53	2	0	2%	0%	2%	0:25:47	285:13:48
2	Royal Derby Hospital	2891	150	1	0	5%	0%	5%	0:30:00	370:03:43
3	Chesterfield Royal Hospital	1474	82	1	0	6%	0%	6%	0:26:54	183:52:42
4	Lincoln County Hospital	142	7	5	1	5%	4%	9%	0:24:42	25:08:48
5	George Eliot Hospital	160	17	2	0	11%	1%	12%	0:29:24	24:02:00
6	Scunthorpe General Hospital	976	109	13	1	11%	1%	13%	0:30:27	205:36:18
7	Northampton General Hospital	2005	219	37	5	11%	2%	13%	0:29:52	314:22:53
8	Kings Mill Hospital	2279	295	20	0	13%	1%	14%	0:33:00	391:57:17
9	Peterborough City Hospital	437	37	25	4	8%	7%	15%	0:32:09	103:19:44
10	Grimsby Diana Princess Of Wales	1243	199	34	0	16%	3%	19%	0:32:03	260:37:44
11	Leicester Royal Infirmary	4,187	571	313	101	14%	10%	24%	0:37:50	1184:12:16
12	Kettering General Hospital	1853	310	118	28	17%	8%	25%	0:34:03	465:35:58
13	Bassetlaw District General Hospital	569	129	24	0	23%	4%	27%	0:35:16	134:01:50
14	Boston Pilgrim Hospital	463	97	59	32	21%	20%	41%	0:52:51	253:12:32
	EMAS	22,229	2,300	661	175	10%	4%	14%	0:32:03	4232:47:21

Highlights

- CAD+ data used in performance analysis (80.6% coverage of all arrivals at LRI).
- LRI has the highest number of in February followed by QMC with **17%** less arrivals.
- LRI average handover time was within the **Upper Quartile** and the second highest in the group.
- QMC was within the lower quartile and the second lowest in the group.
- **1184** hours lost in February due to handover delays longer than 30 mins. The equivalent of **99** ambulance shifts (12 hours) lost and **16%** of the total hours lost YTD.

Lowest Turnaround Time (Avg.) — 24 Mins

Median Turnaround Time (Avg.) — 31 Mins

LRI Turnaround Time (Avg.) — 38 Mins

LRI Total Time over 30mins — 1184 Hours

LRI Total Time – Number Ambulance Shifts — 99 Shifts

Ambulance Handover >30Mins and <60mins — 14% YTD

Ambulance Handover >60Mins — 10% YTD

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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

2%
YTD ⬆

Reduction in hospital cancellations (ENT)

23%
YTD ⬆

GP Referrals via ERS

68.4%
YTD ⬆

88.8%
Advice & Guidance
YTD ⬆

% Hardware replacement achieved against priority list

Reduction of long term FU

939
YTD ⬇

Patients seen within 30 mins

74%
YTD ⬌

% appointment letters printed via outsourced provider

84%
YTD ⬌

14.5%
ASI Rate
YTD ⬆

67%
(82 of 122 Replaced)
YTD

SUCCESSES

- Q3 CQUIN achieved for ERS and PSO
- Audit of IT hardware replacement requirements 100% complete
- 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 in OP clinics not routinely captured
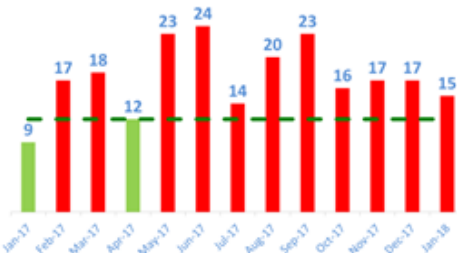- Some metrics will not start reporting until April 2018.

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
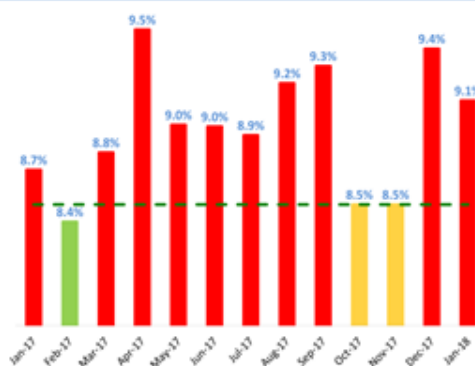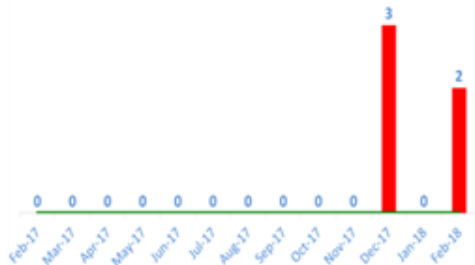- Audit waiting times in ENT OP clinic and develop new process for capturing information
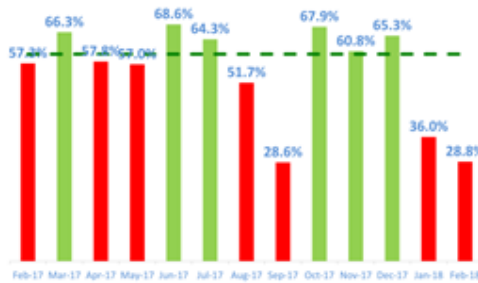
Room Utilisation

69%
YTD ⬆

Description	Current Performance	Trend/Benchmark	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** 15 moderate harm incidents reported in February 2018. 181 reported incidents that have been graded moderate harm or above year to date. For the same period last year we had 114. The cumulative total of moderate and above harm for 2016/17 was 156.	**Trend** 	An in -depth review of harm incidents was undertaken in November for Q1&2 17/18 data which showed. The data shows that the proportion of harms by grading against total for this year is comparable to 2016/17. 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.	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.
MRSA Bacteraemias – The number of MRSA (Methicillin Resistant Staphylococcus aureus) bacteraemias.	**17/18 Target – 0** There were 2 cases of MRSA bacteraemia in February for ITAPS and CHUGGS CMG. A total of 4 cases (unavoidable + avoidable) have been reported YTD compared to a total of 2 cases by the same period last year.	**Trend** 	Potential cross infection from an unknown source.	Escalation through CMG infection prevention meeting. Targeted education and training. Urgent reviews of risk register entry for the ITU environment at LRI.

Description	Current Performance	Trend/Benchmark	Key Messages	Key Actions
Emergency Readmissions – emergency readmissions within 30 days following an elective or emergency spell	**17/18 Target – <8.5%** Performance in January was 9.1% compared to 8.7% same period last year. YTD performance is 9.0%	**Trend** 	There has been a rise in the readmission rate since November 2017.	Pilot in CDU of Integrated Clinical Response Team following up all discharged patients by telephone. 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.
12 hour trolley waits in A&E – Number of patients waiting on **trolleys** in **A&E** for more than 12 hours	**17/18 Target – 0** 2 patients waited on trolleys over 12 hours to be admitted this month compared to 0 same period last year. A total of 5 patients have waited on trolleys for over 12 hours this year.	**Trend** 	The occurance of two 12 hour trolley waits demonstrates the extreme capacity pressures along the emergency care pathway	Daily Red 2 Green and escalation of delayed patients to community partners taking place across all CMGs Weekly Stranded patient reviews commenced with the CMGs. Continued focus on decreasing medical outliers. Increase medical inreach to ED where possible to ensure patients are only admitted where clinically necessary. Daily 8am meeting between ED and Medicine Senior Managers to identify plans for long waits ED Flow Manager in Department to ensure patients move rapidly following allocation of beds.

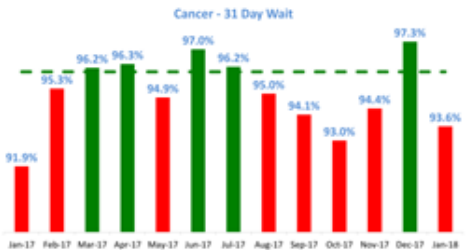| Description	Current Performance	Trend/Benchmark	Key Messages	Key Actions
Stroke – TIA Clinic within 24 Hours (Suspected High Risk TIA)	**17/18 Target – 60%** Performance in February was 28.8%. There were 196 patients seen of which 111 were suspected TIA who are at high risk of stroke. 32 of these patients were assessed within 24 hours. The year to date performance for this measure is 53.3% compared with 66.9% by the same period last year.	**Trend** 66.3% 68.6% 64.3% 67.9% 65.3% 57.2% 57.8% 57.0% 60.8% 51.7% 28.6% 36.0% 28.8% Feb-17 Mar-17 Apr-17 May-17 Jun-17 Jul-17 Aug-17 Sep-17 Oct-17 Nov-17 Dec-17 Jan-18 Feb-18	Clinic is oversubscribed (figures to follow) and capacity has fallen due to an absent consultant	A need to take better control of referrals coming in. New triage sheet to reject referrals where details indicate obviously something else. Multi-stakeholder meeting to discuss way forward to be organised. Need full capacity operations – clinic can't perform where days have to be cancelled or reduced.
No. of # Neck of femurs operated on 0-35hrs - Based on Admissions	**17/18 Target – 72% or above** Performance in February was 66.1%. The year to date performance for this measure is 70.8% compared with 71.2% by the same period last year.	**Trend** 76.5% 76.8% 76.1% 80.6% 67.6% 71.2% 69.6% 75.4% 67.9% 72.6% 66.1% 47.1% 61.1% Feb-17 Mar-17 Apr-17 May-17 Jun-17 Jul-17 Aug-17 Sep-17 Oct-17 Nov-17 Dec-17 Jan-18 Feb-18	There were 64 NOF admissions in February 2018, 21 patients breached the 36hr target to theatre as detailed below:- Within the service control = 11 patients. Lack of theatre capacity to cope with the high volume of spinal work and other emergency trauma were the dominant factors. A factor which influenced the performance this month were a the amount of 'surges 'of NOF admissions • 9th = 6 patients • 11th = 5 patients • 21st = 5 patients • 26th = 5 patients 9th February saw the increase in	Theatres have had lack of team leader support so linking closely with the matron until team leader is post to coordinate and manage changing priorities. Additional sessions sourced when able. The consistent application of the DOAC reversal protocol being taken forward. This remains an issue. Plus anaesthetic thresholds of acceptability regarding anticoagulation. ITAPS and Haematology working on this. 4 transfers where made to LGH to help free capacity. These were pre-operative cases. But due to bed capacity only day case surgery

Description	Current Performance	Trend/Benchmark	Key Messages	Key Actions
			spinal and trauma activity at the weekend resulting in lack of theatre capacity. 21st February 'surge' saw it escalate during the week to high NOF admissions and continue into the weekend, an extra theatre list was supported weekend of the 25th/26th to help with the pressures. Outside service control = 8 patients. These were unfit and required stabilisation pre operatively plus 2 patients awaiting hip consultant before surgery could proceed.	patients could be transferred. Weekly monitoring of theatre utilisation of all Trauma theatres continues. Reallocation of Consultants to cover hip sessions in progress Hip surgeon availability is an issue when on-call surgeon is not of that sub speciality expertise this delayed 2 patients. Operational meetings continue.
% Operations cancelled - for non-clinical reasons on or after the day of admission UHL + ALLIANCE	**17/18 Target – 0.8% or below** In February the Trust cancelled 1.3% of operations for non-clinical reasons. The year to date performance for this measure is 1.2% compared with 1.2% same period last year.	**Trend** 	For February there were 134 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 (132 UHL 1.4% and 2 Alliance 0.2%).	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.
RTT Incomplete 92% in 18 Weeks UHL+ALLIANCE – is a measure of patients	**17/18 Target – 92%** The 92% national standard was not achieved at the end of February,	**Benchmark**	The combined performance for UHL and the Alliance for RTT in January was 88.8%. The Trust did not achieve National Standard.	Right sizing bed capacity to increase the number of admitted patients able to received treatment.

Description	Current Performance	Trend/Benchmark	Key Messages	Key Actions
treated within 18 weeks of referral.	with the combined (UHL and the Alliance) performance of 87.5% reported at month end.	**UHL Peer Ranking - 18+ Weeks Backlog (n/18)** **Trend** **RTT Incompletes** 92.3% 92.3% 91.8% 91.8% 92.1% 92.1% 91.2% 91.3% 91.4% 90.2% 88.8% 87.5%	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.	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.
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 February there were 2 patients with an incomplete pathway at more than 52 weeks. 39 patients were waiting over 52+ weeks last February.	**Trend** **RTT 52 weeks+** 39 24 17 9 15 16 18 1 0 0 1 1 2	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 received treatment.
31-Day (Diagnosis To Treatment) Wait For First Treatment: All	**17/18 Target – 96% or above** January saw a drop in performance for 31 day first treatments	**Benchmark**	The 31 day backlog increased significantly throughout January to a peak of 35, at the time of	Each tumour site continues to be challenged to ensure the RAP evidences operational control and

Description	Current Performance	Trend/Benchmark	Key Messages	Key Actions
Cancers	compared to December by 3.7%, achieving 93.6% against the 96% standard. However, this performance was improved against the forecasted position of 91.7% based on the bed pressures and increasing backlog numbers.	**UHL Peer Ranking - 31-DAY FIRST TREAT (n/18)** **Trend** Cancer - 31 Day Wait	reporting this is now reduced to 16 but with significant backlog in Urology notable.	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.
62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers	**17/18 Target – 85% or above** 62 day performance failed at 76.5% in January, with no adjustment for tertiary activity applicable.	**Benchmark** **UHL Peer Ranking - 62-DAY GP Referral (n/18)**	Although overall activity was significantly higher than the previous month, the impact of the continuing winter bed pressures resulting in cancellations saw a high volume of breaches in the month at 53.5 patient breaches.	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.

Description	Current Performance	Trend/Benchmark	Key Messages	Key Actions
		Trend		
		Cancer - 62 Day Wait Jan-17 75.4%, Feb-17 76.1%, Mar-17 86.5%, Apr-17 83.7%, May-17 76.8%, Jun-17 77.7%, Jul-17 82.1%, Aug-17 78.9%, Sep-17 79.1%, Oct-17 78.8%, Nov-17 76.1%, Dec-17 81.3%, Jan-18 76.5%		
Ambulance Handover >60 Mins (CAD+ from June 15) – is a measure of the percentage of handover delays over 60 minutes	**17/18 Target – 0%** February's performance was 10%. Our worst performance since January 2017.	**Trend** Jan-17 13%, Feb-17 6%, Mar-17 6%, Apr-17 6%, May-17 7%, Jun-17 2%, Jul-17 1%, Aug-17 2%, Sep-17 0.2%, Oct-17 0.6%, Nov-17 0.8%, Dec-17 7.0%, Jan-18 5.0%, Feb-18 10%	The increase in ambulance handover delays is reflective of the increased and sustained pressures across the emergency care pathway. These increased delays are replicated across the region.	Escalation protocol agreed with EMAS to utilise the corridor space to cohort patients when necessary Additional clinical staff in ambulance assessment to take handover to release EMAS crews more rapidly Utilising 'fit to sit' to ensure ambulatory patients are moved to ambulatory settings upon arrival where clinically appropriate.
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** The 95% national standard was not achieved in February. 71.5% of patients were treated within 4 hour compared to 83.8% in the same period last year. Our lowest performance for any	**Benchmark**	The performance against the 4-hour emergency care target remains lower than trajectory. 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	There is a robust action plan, monitored weekly, to work towards the target. In particular, the team have devised a non-admitted breach action plan which specifically focuses on patients in 'Blue Zone'.

Description	Current Performance	Trend/Benchmark	Key Messages	Key Actions
	month (except December 2017 were we also achieved 71.5%) since records began in 2010. YTD performance for the Trust as a whole reported at 78.4%.	**UHL Peer Ranking - ED (n/18)** **Trend** **Total A&E Attendances & 4 Hour Performance – 2017/18** *(Inclusion of LLR UCC from 12/11/2017)* 	reductions in the percentage of patients having beds allocated within 60 minutes of a decision to admit.	A review of the medical workforce, in particular in the evening period has been undertaken, with a series of trials taking place during March and April looking at the impact of increasing different grades of doctor. The ED Flow Manager trial has been extended to the end of April, a role which provides support to clinical staff from 8.30am – 3am, with a view to minimising avoidable breaches. Increased the number of GPs overnight to 3 where possible to provide resilience in the Primary Care Stream. Reviewing the model of care for GPAU to look at increasing the numbers of ambulatory patients seen in this setting.

Safe

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	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-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	17	18	12	23	24	14	20	23	16	17	17	15		181
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	1	3	4	5	3	5	3	5	3	0	2	5	0	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	14.2	16.3	15.8	15.1	15.5	14.0	14.5	14.7	15.0	18.9	15.7	16.8	15.6
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%	90%	91%	91%	92%	94%	94%	95%	95%	95%	96%	98%	97%	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%	97%	96%	96%	95%	94%	92%	94%	93%	95%	96%	96%	95%	94%	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%	88%	85%	86%	86%	87%	86%	86%	85%	86%	87%	84%	83%		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%	77%	85%	81%	75%	82%	80%	75%	80%	84%	79%	76%	82%		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	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	0	1	0	3	0	0	1	0	1	0	1	0	0	6
S11	Clostridium Difficile	JS	DJ	61	NHSI	Red if >mthly threshold / ER if Red or Non compliance with cumulative target	Nov-17	73	60	60	7	5	5	0	10	5	7	9	7	4	4	4	5	60
S12	MRSA Bacteraemias - Unavoidable or Assigned to third Party	JS	DJ	0	NHSI	Red if >0 / ER Not Required	Nov-17	6	1	3	1	1	0	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	1	1	0	0	0	0	2	4
S14	MRSA Total	JS	DJ	0	UHL	Red if >0 / ER if >0	Nov-17	1	0	3	1	1	0	0	0	0	1	1	0	0	0	0	2	4
S15	E. Coli Bacteraemias - Community	JS	DJ	TBC	NHSI	TBC	TBC	New Indicator	476	11	13	40	40	51	47	40	38	42	38	35	43	29	443
S16	E. Coli Bacteraemias - Acute	JS	DJ	TBC	NHSI	TBC	TBC	New Indicator	121	42	40	8	5	3	5	2	10	3	10	9	7	5	67
S17	E. Coli Bacteraemias - Total	JS	DJ	TBC	NHSI	TBC	TBC	New Indicator	597	53	53	48	45	54	52	42	48	45	48	44	50	34	510
S18	MSSA - Community	JS	DJ	TBC	NHSI	TBC	TBC	New Indicator	134	16	13	7	11	10	15	13	12	12	3	17	19	10	129
S19	MSSA - Acute	JS	DJ	TBC	NHSI	TBC	TBC	New Indicator	30	57	59	2	9	3	6	2	1	1	3	4	4	4	39
S20	MSSA - Total	JS	DJ	TBC	NHSI	TBC	TBC	New Indicator	164	73	72	9	20	13	21	15	13	13	6	21	23	14	168
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%	97.7%	96.7%	97.2%	97.8%	97.4%	97.4%	98.0%	98.0%	98.1%	97.8%	98.1%	97.8%	97.9%	97.8%
S22	% of all adults who have had VTE risk assessment on adm to hosp	AF	SR	>=95%	NHSI	Red if <95% / ER if in mth <95%	Nov-16	95.8%	95.9%	95.8%	95.1%	95.1%	95.4%	95.8%	96.2%	95.9%	96.1%	95.7%	95.8%	96.1%	95.2%	94.9%	93.6%	95.5%
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	5.7	5.7	6.0	5.5	5.8	4.9	6.0	5.8	5.6	5.4	6.2	7.7		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	1	0	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	3	1	0	0	4	0	0	0	0	1	1	2		8
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	7	5	6	5	2	4	1	8	3	1	7	5	7	49
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	1	0	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%	17.0%	16.7%	18.4%	19.3%	18.0%	16.6%	18.3%	17.7%	19.3%	16.1%	18.0%	19.1%	19.8%	18.2%

Caring

KPI Ref	Indicators	Board Director	Lead Officer	17/18 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	DQF Assessment outcome/Date	14/15 Outturn	15/16 Outturn	16/17 Outturn	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-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	0.9	1.2	1.1	1.1	1.1	1.0	1.6	1.5	1.8	1.2	1.2	1.5	1.5	1.3
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%
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%	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%	96%	96%	96%	96%	96%	97%	95%	96%	96%	96%	97%	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%	99%	98%	99%	98%	99%	98%	98%	98%	99%	98%	99%	99%	98%	98%
C7	A&E Friends and Family Test - % positive	JS	HL	97%	UHL	Red if <95% ER if red for 3 consecutive months Revised threshold 17/18	Jun-17	96%	96%	91%	94%	95%	94%	93%	96%	95%	98%	96%	95%	95%	95%	97%	94%	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%	93%	95%	94%	95%	95%	94%	95%	96%	96%	95%	95%
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%	94%	95%	94%	95%	96%	94%	93%	93%	93%	95%	94%	95%	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%			65.0%					70.0%
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	4	1	3	3	1	2	0	0	1	1	0	0	0	11

Well Led

KPI Ref	Indicators	Board Director	Lead Officer	17/18 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	DQF Assessment outcome/Date	14/15 Outturn	15/16 Outturn	16/17 Outturn	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	17/18 YTD
W1	Published Inpatients and Daycase Friends and Family Test - Coverage (Adults and Children)	JS	HL	Not Applicable	N/A	Not Appicable	Jun-17	New Indicator	27.4%	30.2%	30.7%	30.4%	32.4%	31.9%	27.7%	31.0%	29.3%	29.4%	28.2%	27.7%	24.2%	25.0%	24.4%	28.3%
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%	35.4%	33.8%	37.1%	37.2%	30.6%	37.7%	35.6%	33.2%	32.4%	31.6%	25.4%	28.3%	28.4%	32.5%
W3	Daycase only Friends and Family Test - Coverage (Adults and Children)	JS	HL	20%	QS	Red if <10% ER if 2 mths Red	Jun-17	New Indicator	22.5%	24.4%	25.5%	26.4%	27.1%	26.4%	24.7%	23.9%	22.7%	25.3%	23.8%	23.9%	22.8%	21.5%	19.9%	23.9%
W4	A&E Friends and Family Test - Coverage	JS	HL	10%	QS	Red if <7.1% ER if 2 mths Red	Jun-17	New Indicator	10.5%	10.8%	13.8%	12.1%	13.8%	8.3%	9.4%	11.1%	13.5%	12.4%	9.7%	8.8%	8.1%	10.0%	7.5%	10.2%
W5	Outpatients Friends and Family Test - Coverage	JS	HL	5%	QS	Red if <1.5% ER if 2 mths Red	Jun-17	New Indicator	1.4%	3.0%	5.9%	6.5%	5.4%	5.6%	6.0%	5.7%	6.4%	6.6%	6.1%	6.0%	6.3%	3.9%	4.7%	5.7%
W6	Maternity Friends and Family Test - Coverage	JS	HL	30%	UHL	Red if <26% ER if 2 mths Red	Jun-17	28.0%	31.6%	38.0%	38.0%	41.1%	46.8%	44.1%	42.2%	43.3%	40.9%	38.8%	40.3%	46.0%	33.8%	36.7%	30.1%	40.3%
W7	Friends & Family staff survey: % of staff who would recommend the trust as place to work (from Pulse Check)	LT	BK	Not within Lowest Decile	NHSI	TBC	Sep-17	54.2%	55.4%	61.9%				62.5%			57.3%			57.0%				58.9%
W8	Nursing Vacancies	JS	MM	TBC	UHL	Separate report submitted to QAC	Dec-17	New Indicator	8.4%	9.2%	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%	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%	8.7%	8.8%	8.8%	8.8%	8.7%	8.5%	8.6%	8.5%	8.5%	8.4%	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%	3.5%	3.3%	3.3%	3.5%	3.6%	3.8%	3.8%	3.9%	4.1%	4.4%	4.9%	5.8%		4.0%
W12	Temporary costs and overtime as a % of total paybill	LT	LG	TBC	NHSI	TBC	Nov-17	9.4%	10.7%	10.6%	10.5%	11.4%	11.1%	11.0%	11.1%	11.2%	11.6%	11.0%	10.7%	11.5%	9.9%	12.2%	10.9%	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%	92.4%	91.7%	92.1%	92.5%	92.1%	91.7%	91.2%	91.0%	90.9%	89.9%	90.4%	89.8%	88.8%	88.8%
W14	Statutory and Mandatory Training	LT	BK	95%	UHL	TBC	Dec-16	95%	93%	87%	82%	87%	86%	85%	85%	85%				81%	84%	85%	86%	86%
W15	% Corporate Induction attendance	LT	BK	95%	UHL	Red if <90% ER if 3 consecutive mths <90%	Dec-16	100%	97%	96%	97%	96%	100%	98%	96%	98%	97%	94%	95%	97%	96%	96%	98%	97%
W16	BME % - Leadership (8A – Including Medical Consultants)	LT	AH	28%	UHL	4% improvement on Qtr 1 baseline	Oct-17	New Indicator		26%				26%			27%			27%				27%
W17	BME % - Leadership (8A – Excluding Medical Consultants)	LT	AH	28%	UHL	4% improvement on Qtr 1 baseline	Oct-17	New Indicator		12%				12%			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%	20%	20%	20%	20%	20%	20%	20%	40%	40%	40%
W19	Executive Team Turnover Rate - Non Executive Directors (rolling 12 months)	LT	AH	TBC	UHL	TBC	Nov-17	New Indicator		25%	25%	25%	25%	25%	29%	14%	14%	14%	14%	14%	14%	14%	40%	40%
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%	89.8%	90.3%	90.3%	89.9%	89.4%	87.8%	93.3%	92.3%	93.3%	91.6%	93.1%	92.8%	91.1%
W21	DAY Safety staffing fill rate - Average fill rate - care staff (%)	JS	MM	TBC	NHSI	TBC	Apr-17	94.0%	92.0%	92.3%	91.1%	87.4%	96.7%	91.6%	87.9%	93.0%	94.9%	106.1%	109.6%	113.0%	110.4%	109.8%	104.5%	100.8%
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%	97.2%	96.2%	96.6%	96.5%	95.9%	95.4%	95.2%	93.2%	90.3%	91.1%	91.5%	92.4%	92.5%	93.7%
W23	NIGHT Safety staffing fill rate - Average fill rate - care staff (%)	JS	MM	TBC	NHSI	TBC	Apr-17	99.8%	98.9%	97.1%	97.8%	94.7%	100.2%	99.1%	93.1%	100.2%	107.7%	114.3%	119.9%	122.5%	117.7%	119.4%	119.4%	110.1%

	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	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	17/18 YTD
Effective	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%	8.4%	8.8%	9.5%	9.0%	9.0%	8.9%	9.2%	9.3%	8.5%	8.5%	9.4%	9.1%		9.0%
	E2	Mortality - Published SHMI	AF	RB	<=99	QC	Red/ER if not within national expected range	Sep-16	103	96	102 (Oct15-Sep16)	101 (Jul15-Jun16)	102 (Oct15-Sep16)			101 (Jan16-Dec16)			101 (Apr16-Mar17)			100 (Jul16-Jun17)		98 (Oct16-Sep17)	98
	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	100	100	100	98	97	94	96	94	Awaiting HED Update			94
	E4	Mortality - Rolling 12 mths HSMR (Rebased Monthly as reported in HED)	AF	RB	<=99	UHL	Red/ER if not within national expected range	Sep-16	94	96	102	103	102	101	100	98	97	97	96	95	94	Awaiting HED Update		94
	E5	Crude Mortality Rate Emergency Spells	AF	RB	<=2.4%	UHL	Monthly Reporting	Apr-17	2.4%	2.3%	2.4%	2.6%	2.4%	2.1%	1.9%	2.0%	2.2%	1.8%	1.8%	1.9%	2.0%	2.7%	2.5%	2.6%	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%	67.6%	71.2%	47.1%	76.5%	76.8%	76.1%	80.6%	69.6%	61.1%	75.4%	67.9%	72.6%	66.1%	70.8%
	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%	86.6%	85.1%	87.3%	85.7%	85.7%	93.6%	89.0%	85.4%	87.4%	88.4%	87.3%	80.6%		87.1%
	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%	57.3%	66.3%	57.8%	57.0%	68.6%	64.3%	51.7%	28.6%	67.9%	60.8%	65.3%	36.0%	28.8%	52.7%

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	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-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%	83.8%	83.9%	81.0%	76.3%	77.6%	79.8%	83.2%	84.0%	82.7%	79.6%	71.5%	75.0%	71.5%	78.4%
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%	78.7%	80.9%
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	0	0	0	0	0	0	0	0	0	0	3	0	2	5
R4	RTT - Incomplete 92% in 18 Weeks UHL+ALLIANCE	ED	WM	92% or above	NHSI	Red /ER if <92%	Nov-16	96.7%	92.6%	91.8%	91.2%	91.8%	91.3%	92.3%	92.3%	91.8%	91.8%	91.4%	92.1%	92.1%	90.2%	88.8%	87.5%	87.5%
R5	RTT 52 Weeks+ Wait (Incompletes) UHL+ALLIANCE	ED	WM	0	NHSI	Red /ER if >0	Nov-16	0	232	24	39	24	17	9	15	16	18	1	0	0	1	1	2	2
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%	0.8%	0.7%	0.8%	0.6%	0.4%	0.4%	0.8%	0.9%	0.9%	1.0%	1.0%
R7	Urgent Operations Cancelled Twice (UHL+ALLIANCE)	ED	WM	0	NHSI	Red if >0 ER if >0	Jan-17	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0
R8	Cancelled patients not offered a date within 28 days of the cancellations UHL	ED	WM	0	NHSI	Red if >2 ER if >0	Jan-17	33	48	212	26	17	13	14	10	18	14	27	28	15	55	74	31	299
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	1	1	2
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%	1.2%	1.2%	0.9%	1.1%	1.0%	1.1%	1.2%	1.4%	1.4%	1.5%	1.4%	1.4%	1.4%	1.3%
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%	1.3%	0.5%	2.5%	0.1%	0.4%	0.0%	0.1%	0.1%	0.9%	0.8%	0.3%	1.2%	0.2%	0.6%
R12	% Operations cancelled for non-clinical reasons on or after the day of admission UHL + ALLIANCE	ED	WM	0.8% or below	Contract	Red if >0.8% ER if >0.8%	Jan-17	0.9%	1.0%	1.2%	1.2%	1.1%	1.0%	1.1%	1.0%	1.0%	1.1%	1.3%	1.3%	1.4%	1.3%	1.4%	1.3%	1.2%
R13	No of Operations cancelled for non-clinical reasons on or after the day of admission UHL + ALLIANCE	ED	WM	Not Applicable	UHL	Not Applicable	Jan-17	1071	1299	1566	122	131	99	123	114	115	127	149	156	174	129	151	134	1471
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%	2.3%	2.5%	2.1%	2.0%	1.4%	1.6%	1.7%	1.9%	1.7%	1.9%	2.2%	2.2%	2.3%	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%	6%	6%	6%	7%	2%	1%	2%	0.2%	0.6%	0.8%	7%	5%	10%	4%
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%	12%	13%	13%	13%	8%	5%	4%	3%	6%	8%	13%	11%	14%	9%

Responsive Cancer

** Cancer statistics are reported a month in arrears.

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	Feb-18	17/18 YTD
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%	93.2%	94.3%	94.0%	93.3%	95.4%	95.1%	93.7%	94.3%	95.6%	93.9%	95.1%	94.1%	93.9%	**	94.4%
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%	93.4%	97.0%	90.8%	89.6%	94.2%	89.6%	93.0%	92.3%	95.4%	94.3%	90.3%	88.1%	89.0%	**	91.8%
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%	91.9%	95.3%	96.2%	96.3%	94.9%	97.0%	96.2%	95.0%	94.1%	93.0%	94.4%	97.3%	93.6%	**	95.2%
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%	98.9%	100.0%	100.0%	98.7%	97.7%	100.0%	97.9%	99.1%	99.1%	100.0%	100.0%	98.1%	99.0%	**	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%	90.9%	88.5%	95.4%	85.5%	85.7%	88.9%	90.5%	81.5%	82.1%	80.2%	94.3%	88.2%	84.4%	**	86.1%
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%	95.3%	99.1%	96.7%	95.0%	93.0%	96.2%	95.6%	94.5%	92.1%	94.9%	97.2%	97.6%	95.8%	**	95.2%
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%	75.4%	76.1%	86.5%	83.7%	76.8%	77.7%	82.1%	78.9%	79.1%	78.8%	76.1%	81.3%	76.5%	**	79.0%
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%	93.1%	78.1%	95.1%	95.0%	92.3%	93.3%	85.3%	90.5%	80.0%	89.3%	76.3%	74.1%	78.7%	**	86.1%
RC9	Cancer waiting 104 days	ED	DB	0	NHSI	TBC	Jul-16	New Indicator		10	8	3	10	6	6	12	12	6	8	16	13	14	20	14	14

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

KPI Ref	Indicators	Board Director	Lead Officer	17/18 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	DQF Assessment outcome	14/15 Outturn	15/16 Outturn	16/17 Outturn	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	Feb-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%	96.6%	92.6%	93.48%	97.4%	97.4%	93.3%	96.3%	91.7%	93.1%	97.0%	92.6%	94.5%	94.1%	**	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%	71.4%	81.8%	78.6%	64.3%	89.5%	92.3%	75.0%	43.6%	46.7%	82.4%	69.0%	82.9%	52.6%	**	69.3%
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%	87.5%	81.8%	88.9%	100%	64.3%	92.9%	100.0%	81.8%	70.0%	100.0%	85.7%	85.7%	66.7%	**	82.4%
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%	41.7%	33.3%	66.7%	85.7%	48.3%	61.9%	64.7%	47.8%	61.9%	57.7%	40.9%	46.2%	50.0%	**	54.3%
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%	48.3%	54.5%	75.0%	40.0%	63.8%	50.0%	60.5%	78.9%	78.3%	38.7%	62.5%	50.0%	72.7%	**	59.6%
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%	74.0%	33.3%	67.5%	78.4%	64.8%	61.1%	74.4%	68.8%	61.4%	64.1%	62.2%	89.7%	59.6%	**	67.3%
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%	50.0%	100.0%	100.0%	0.0%	100.0%	40.0%	66.7%	0.0%	100.0%	100.0%	**	65.2%
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%	40.0%	0%	100.0%	--	40.0%	100.0%	50.0%	100.0%	50.0%	100.0%	100.0%	20.0%	100.0%	**	64.0%
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%	96.9%	96.6%	96.2%	96.8%	95.5%	93.8%	97.5%	100.0%	96.1%	97.3%	97.4%	100.0%	90.0%	**	96.4%
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%	61.4%	63.6%	85.7%	92.3%	66.7%	59.4%	58.6%	75.7%	63.2%	81.1%	78.8%	80.0%	92.3%	**	74.1%
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%	71.4%	76.2%	89.9%	82.1%	79.4%	72.3%	84.7%	77.4%	83.5%	66.7%	69.2%	77.9%	75.6%	**	77.4%
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%	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%	75.4%	76.1%	86.5%	83.7%	76.8%	77.7%	82.1%	78.9%	79.1%	78.8%	75.7%	81.3%	76.5%	**	79.0%

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	Feb-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%	3.9%	4.7%	5.7%
% 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%	96.2%	95.4%	94.5%
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%				64.4%	65.8%	65.4%	66.9%	67.2%	68.4%			68.4%
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	30.5%	26.7%	26.4%	27.5%	26.5%	26.5%	22.1%	16.1%	15.5%	14.5%		14.5%
% 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)	56% 16% (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% 16% (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	939	939
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%	22%	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%	74%	69%
% appointment letters printed via outsourced provider	MW	SP	85%	UHL	Red<50%, Amber < 80%	New Indicator	82%	82%	83%	83%	84%	84%	84%	85%	86%	85%	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									67% 82 of 122		67% 82 of 122
% Compliance with PLACE standards (ENT & Cardiology)	DK	RK	80%	UHL	Quarterly Reporting 3% increase every quarter	New Indicator	80%										73.1%		73.1%
% customer care training for staff in forward facing positions	MW	DW	100%	UHL	TBC	New Indicator		INDICATOR REPORTING TO COMMENCE FROM APRIL 2018											

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

	KPI Ref	Indicators	Board Director	Lead Officer	17/18 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	14/15 Outturn	15/16 Outturn	16/17 Outturn	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
Research UHL	RU1	Median Days from submission to Trust approval (Portfolio)	AF	NB	TBC	TBC	TBC	2.8	1.0		48			45			19.5			12.0			14.0		
	RU2	Median Days from submission to Trust approval (Non Portfolio)	AF	NB	TBC	TBC	TBC	2.1	1.0	Q2-Q4 158	90			27			14.5			25.0			21.0		
	RU3	Recruitment to Portfolio Studies	AF	NB	Aspirational target=10920/year (910/month)	TBC	TBC	12564	13479	8603	487	699	325	636	531	1135	869	749	820	743	765	628	964	986	268
	RU4	% Adjusted Trials Meeting 70 day Benchmark (data sunbmitted for the previous 12 month period)	AF	NB	TBC	TBC	TBC				(Jan16 - Dec16) 100%			(Apr16 - Mar17) 50% (metric change due to HRA process change)			(July 16 - June 17) 81%			(Oct 16 - Sep 17) 77%					
	RU5	Rank No. Trials Submitted for 70 day Benchmark (data submitted for the previous 12 month period)	AF	NB	TBC	TBC	TBC				(Jan16 - Dec16) 31/186			(Apr16 - Mar17) 14/187			(July 16 - June 17) 12/196			(Oct 16 - Sep 17) 14/203					
	RU6	%Closed Commercial Trials Meeting Recruitment Target (data submitted for the previous 12 month period)	AF	NB	TBC	TBC	TBC				(Jan16 - Dec16) 49.2%			(Apr16 - Mar17) 44.9%			(July 16 - June 17) 43.5%			(Oct 16 - Sep 17) 29.0%					

University Hospitals of Leicester

Compliance Forecast for Key Responsive Indicators

Standard	February	March
Emergency Care		
4+ hr Wait (95%)	71.5%	
4+ hr Wait UHL + LLR UCC (95%)	78.7%	
Ambulance Handover (CAD+)		
% Ambulance Handover >60 Mins (CAD+)	10%	
% Ambulance Handover >30 Mins and <60 mins (CAD+)	14%	
RTT (inc Alliance)		
Incomplete (92%)	87.5%	86.0%
Diagnostic (inc Alliance)		
DM01 - diagnostics 6+ week waits (<1%)	0.98%	0.9%
# Neck of femurs		
% operated on within 36hrs - all admissions (72%)	66.1%	72%
Cancelled Ops (inc Alliance)		
Cancelled Ops (0.8%)	1.3%	1.2%
Not Rebooked within 28 days (0 patients)	32	35
Cancer		
Two Week Wait (93%)	93%	93%
31 Day First Treatment (96%)	92%	93%
31 Day Subsequent Surgery Treatment (94%)	82%	86%
62 Days (85%)	76%	76%
Cancer waiting 104 days (0 patients)	14	15

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Estates and Facilities - <u>Cleanliness</u>

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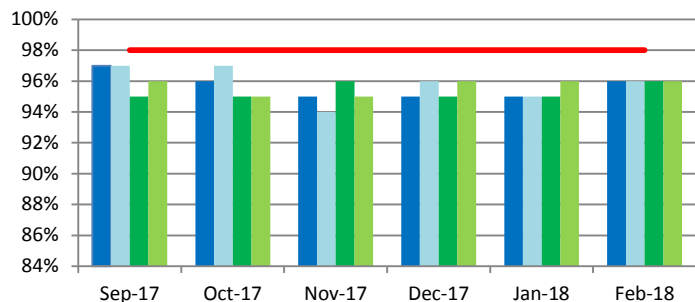
Cleanliness Audit Scores by Risk Category - High

Cleanliness Audit Scores by Risk Category - Significant

Legend: UHL, LRI, LGH, GGH, Target

Triangulation Data - Cleaning

Legend: Cleaning Standards, Cleaning Frequency

Number of Datix Incidents Logged - Cleaning

Cleanliness Report

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

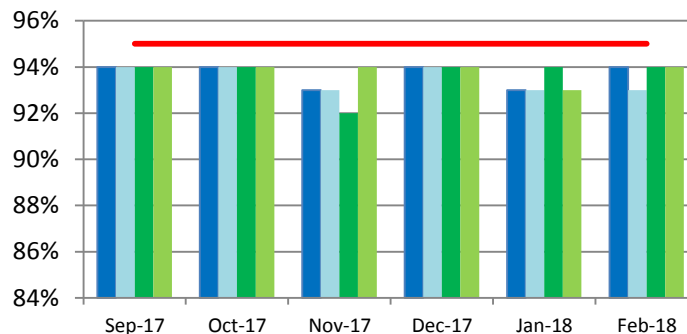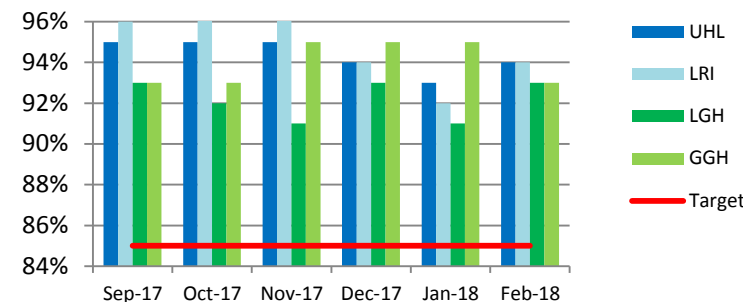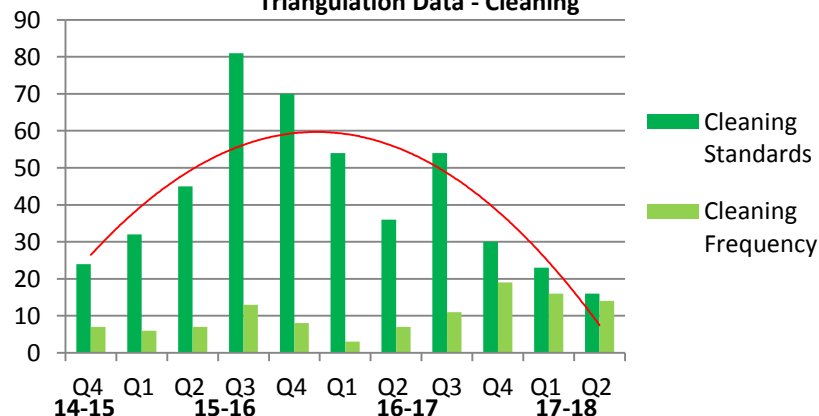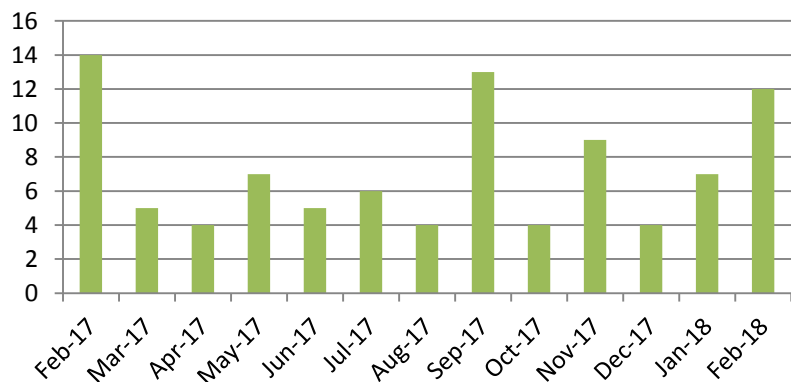- Very High – e.g. Operating Theatres, ITUs, A&E - Target Score 98% High – Wards e.g. Sterile supplies, Public Toilets – Target Score 95%
- Significant – e.g. Outpatient Departments, Pathology labs

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

Very high-risk areas have remained steady since January, remaining behind target at all of the 3 sites. We continue to review the audits to identify specific cleaning elements that are failing.   More detailed reporting including analysis of clinical equipment cleanliness as well as general environmental cleanliness will feature in the more detailed quarterly report.

High-risk audit scores have increased by 1% this month at the GGH, to 94%. The LRI remains at 93%, whilst the LGH remains at 94%; all sites continue to fall short of target. Significant risk areas all continue to exceed the 85% target.

The triangulation data is collected by the Trust from numerous patient sources including Message to Matron, Friends and Family Test, Complaints, online sources and Message to Volunteer or Carer collated collectively as 'Suggestions for Improvement'.

The number of datix incidents logged for February has seen an increase compared to last month but remains within the range of recent normally observed variability. For the second month running we have received Datix for Very high risk areas for PICU at the LRI and GGH that we are currently investigating.

Performance scores overall continue to fluctuate just below NSC target levels with month on month small variations. It should be noted that whilst the target scores have been increased to reflect the National Specification for Cleanliness (NSC) standards (rather than the Interserve target of 90%), the budget for E & F has not been uplifted to reflect the higher standard . Domestic services have experienced exceptionally high vacancies, principally at the LRI, along with high number of infected ward areas requiring double resources on a daily basis, has had had a significant impact on the department. The team have, however, continued to ensure clinical areas are prioritised and have at all times complied with IP requests for all infected areas.

Estates and Facilities – Patient Catering

Patient Catering Survey – September 2017	Percentage 'OK or Good'	
	Jan-18	Feb-18
Did you enjoy your food?	88%	97%
Did you feel the menu has a good choice of food?	94%	100%
Did you get the meal that you ordered?	96%	97%
Were you given enough to eat?	96%	100%

90 – 100%	80 – 90%	<80%

Number of Patient Meals Served				
Month	LRI	LGH	GGH	UHL
December	68,757	23,054	28,027	119,838
January	72,258	23,631	31,206	127,088
February	64,469	21,584	29,921	115,974

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

97 – 100%	95 – 97%	<95%

Number of Datix Incidents Logged -Patient Catering
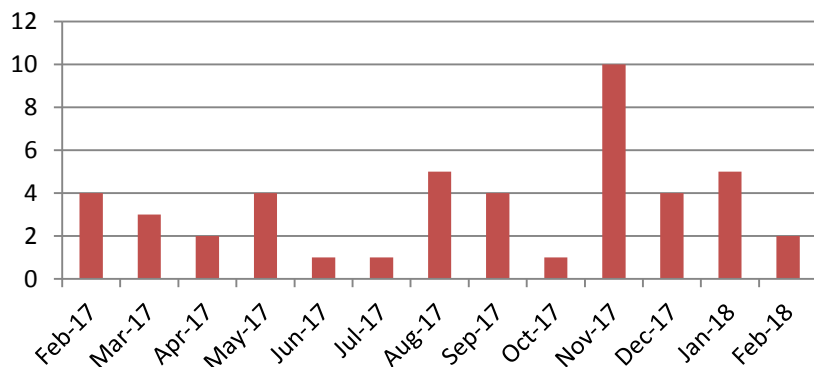
Triangulation Data - Catering
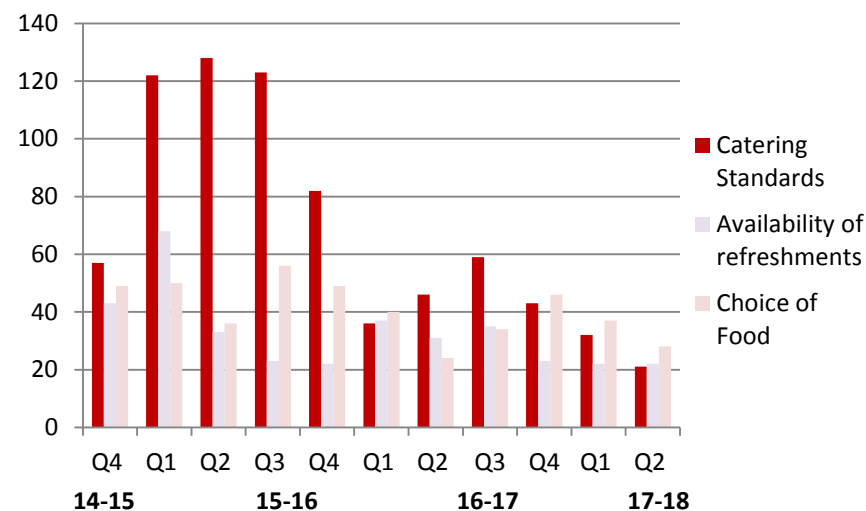
Patient Catering Report

This month we survey numbers were down with the scores being based on 34 returns. A push will be occurring in March to get surveys up to the expected levels.

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 backs up the overall levels of satisfaction considering the number of meals served.

Datix incidents reported have dropped since January and continue to remain at a low level proportionally.

Estates and Facilities - <u>Portering</u>

Reactive Portering Tasks in Target				
Site	**Task (Urgent 15min, Routine 30min)**	**Month**		
		December	**January**	**February**
GH	Overall	92%	93%	92%
	Routine	91%	92%	91%
	Urgent	98%	99%	98%
LGH	Overall	94%	94%	93%
	Routine	93%	93%	92%
	Urgent	98%	98%	98%
LRI	Overall	92%	92%	92%
	Routine	90%	90%	91%
	Urgent	98%	98%	97%

95 – 100%	90 – 94%	<90%

Average Portering Task Response Times		
Category	**Time**	**No of tasks**
Urgent	16:48	**2,712**
Routine	23:12	**9,534**
	Total	**12,246**

Number of Datix Incidents Logged - Portering

Portering Report

February's performance timings maintain the consistent picture seen across recent months.

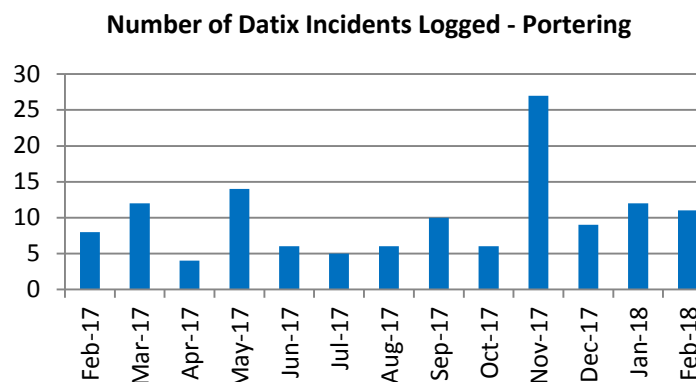Datix incidents have risen slightly and just under half relate to Imaging in ED. There was a system critical incident within the department that took up a lot of resources, leaving the portering service short in other areas for the second month running. This had a knock on effect to the entire service.

At the LGH and GGH the volume of patients remains at a high level, putting extra strain on the portering service

Estates & Facilities – Planned Maintenance

Statutory Maintenance Tasks Against Schedule					
	Month	**Fail**	**Pass**	**Total**	**%**
UHL Trust Wide	**December**	49	208	257	**81%**
	January	146	168	314	**54%**
	February	4	112	116	**97%**

99 – 100%	97 – 99%	<97%

Non-Statutory Maintenance Tasks Against Schedule					
	Month	**Fail**	**Pass**	**Total**	**%**
UHL Trust Wide	**December**	471	1665	2136	**80%**
	January	533	1614	2147	**75%**
	February	444	1426	1870	**76%**

95 – 100%	80 – 95%	<80%

Estates Planned Maintenance Report

For February we achieved 97% in the delivery of Statutory Maintenance tasks in the month. This is due to 2 emergency lighting jobs at the LRI and 2 emergency lighting jobs at Leicester Frith that have not yet had their paperwork returned to us. This will be resolved in the 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.

25 of the handheld devices that will allow the team to access the live planet system and close down all jobs in real time, have now been handed to some of the engineers at the LGH for phase 1 of the trial to begin .

Once the trial has been completed, and all bugs ironed out, the devices will be rolled out to the GGH, followed by the LRI.

APPENDIX B

RTT Performance

Combined UHL and Alliance RTT Performance

	<18 w	>18 w	Total Incompletes	%
Alliance	7550	504	8054	93.7%
UHL	47729	7421	55150	86.5%
Total	55279	7925	63204	87.5%

Backlog Reduction required to meet 92%	3118

The combined performance for UHL and the Alliance for RTT in February was 87.5%. The Trust did not achieve the National Standard. Overall combined performance saw 7,925 patients in the backlog, an increase of 1,014 since the last reporting period (UHL increase of 1,076 Alliance reductions of 62). The number of patients waiting over 18 weeks for treatment was 3118 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 March with performance likely to be between 85.8% - 86.5% 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 impact of the elective pause and continuing impact of emergency care pressures for patients on an elective pathway.

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

The table and graph below details our submitted trajectory which would achieve the 2018/19 planning guidance. The downside and upside trajectories are also illustrated.

Every specialty has been given a non-admitted backlog target. These are awaiting signoff from each CMG with performance to be monitored at WAM and escalated via HoOPS when off trajectory.

Admitted backlog targets will be introduced when normal activity levels resume.

Discussions with LLR Commissioners are occurring to agree a system wide response with agreement to use independent sector capacity from Q1. Due to limited capacity, both physical and clinical, the main action to improve performance remains using external capacity via the independent sector.

	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	87.5%	85.7%	86.6%	87.4%	87.3%	86.6%	86.5%	86.0%	87.0%	87.0%	84.0%	82.0%	80.7%	79.3%
Submitted Tracjecory	87.5%	86.0%	87.6%	88.3%	88.2%	87.6%	87.5%	88.6%	89.4%	90.3%	90.5%	89.1%	88.3%	88.2%
Upside RTT Forecast	87.5%	86.2%	87.9%	89.7%	90.0%	89.8%	90.1%	90.2%	91.2%	91.9%	90.9%	90.0%	90.3%	89.4%

Forecasted Combined UHL + Alliance RTT Performance
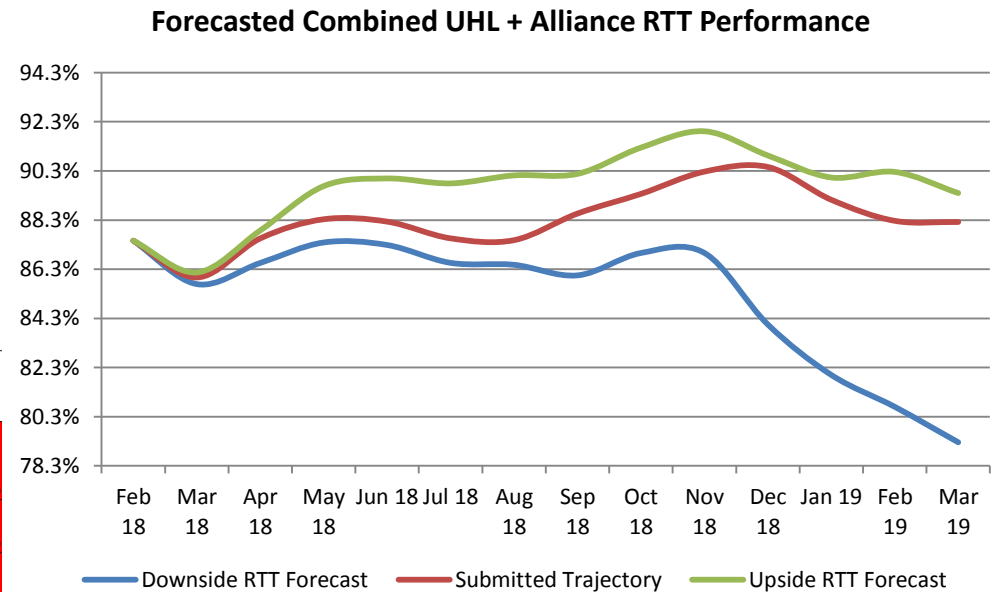
At the end February there were 2 patients with an incomplete pathway at more than 52 weeks, 1 Max Fax and 1 ENT patient. Both patients have had several TCI's cancelled due to capacity constraints that would have avoided breaching 52 weeks.

The on-going capacity pressures have resulted in future elective operations and a continuing rise in the number of patients waiting over 40 weeks. The graph below shows the rise in long waiting patients since the start of the elective pause with number continuing due to current pressures. The current number of 330 patients is an 87 rise over the same week in 2017.

Due to the risk of 52 week breaches daily checks by the performance team to track patients and support in booking are occurring.

Current Patients >=40 Weeks

Legend: Current Patients >=40 Weeks — Performance 52 weeks ago
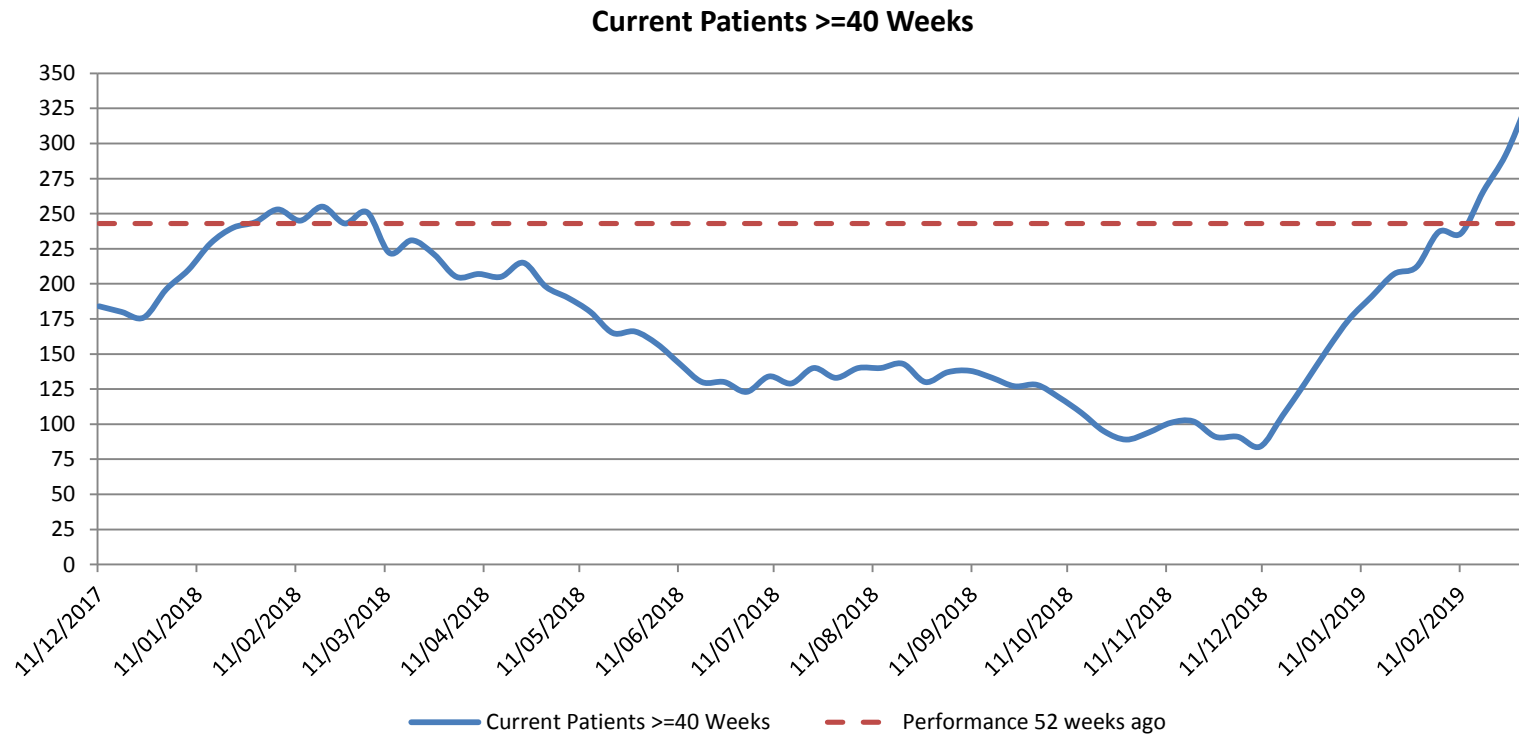
The tables opposite outline the overall 10 largest backlog increases, 10 largest backlog reductions and 10 overall largest backlogs by specialty from last month.

Reductions were seen in Thoracic Medicine, Sleep and Restorative Dentistry.

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

Of the specialties with a backlog, 41 saw their backlog increase, 6 specialties backlog stayed the same and 15 specialties reduced their backlog size.

Overall, the UHL admitted and non-admitted backlogs have increased from January by 19.0% and 13.8% respectively.

10 largest backlog reductions	Admitted Backlog			Non Admitted Backlog			Total Backlog			
	Jan 18	Feb 18	Change	Jan 18	Feb 18	Change	Jan 18	Feb 18	Change	RTT %
Thoracic Medicine	-	-	0	163	149	-14	163	149	-14	86.9%
Sleep	27	24	-3	22	12	-10	49	36	-13	95.2%
Restorative Dentistry	-	-	0	20	11	-9	20	11	-9	97.2%
Pain Management	11	9	-2	9	3	-6	20	12	-8	98.4%
Paediatric ENT	429	405	-24	34	51	17	463	456	-7	66.2%
Gastroenterology	12	17	5	93	84	-9	105	101	-4	96.7%
IR	16	13	-3	4	3	-1	20	16	-4	91.4%
Paed Resp Medicine	-	-	0	7	3	-4	7	3	-4	98.0%
Diabetology	-	-	0	5	2	-3	5	2	-3	97.8%
Paediatric Cardiology	20	23	3	27	21	-6	47	44	-3	90.1%

10 largest backlog increases	Admitted Backlog			Non Admitted Backlog			Total Backlog			
	Jan 18	Feb 18	Change	Jan 18	Feb 18	Change	Jan 18	Feb 18	Change	RTT %
Orthopaedic Surgery	677	886	209	241	245	4	918	1131	213	77.2%
ENT	357	419	62	350	435	85	707	854	147	77.1%
General Surgery	470	551	81	333	377	44	803	928	125	76.4%
Neurology	6	11	5	112	211	99	118	222	104	85.2%
Maxillofacial Surgery	228	300	72	92	104	12	320	404	84	81.4%
Plastic Surgery	66	134	68	20	29	9	86	163	77	80.1%
Gynaecology	291	343	52	113	128	15	404	471	67	86.9%
Ophthalmology	170	193	23	46	76	30	216	269	53	95.0%
Urology	448	487	39	128	141	13	576	628	52	80.0%
HpB Surgery	30	58	28	2	4	2	32	62	30	74.5%

10 largest overall backlogs	Admitted Backlog			Non Admitted Backlog			Total Backlog			
	Jan 18	Feb 18	Change	Jan 18	Feb 18	Change	Jan 18	Feb 18	Change	RTT %
Orthopaedic Surgery	677	886	209	241	245	4	918	1131	213	77.2%
General Surgery	470	551	81	333	377	44	803	928	125	76.4%
ENT	357	419	62	350	435	85	707	854	147	77.1%
Urology	448	487	39	128	141	13	576	628	52	80.0%
Gynaecology	291	343	52	113	128	15	404	471	67	86.9%
Spinal Surgery	151	161	10	284	296	12	435	457	22	77.8%
Paediatric ENT	429	405	-24	34	51	17	463	456	-7	66.2%
Maxillofacial Surgery	228	300	72	92	104	12	320	404	84	81.4%
Ophthalmology	170	193	23	46	76	30	216	269	53	95.0%
Cardiology	147	162	15	81	69	-12	228	231	3	91.6%

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 65.4%. All CMG's and the Alliance are achieving the 92% standard for non-admitted patients and over 93.5% overall. Only ITAPS are achieving the standard for admitted patients but not hold any surgical specialties.

Since the last reporting period the non-admitted backlog has increased by 342 (13.8%) and the admitted backlog by 734 (19.0%) and over the last 12 months the backlog sizes have increased 27.3% and 94% 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	1,113	56.70%	618	93.10%	1,731	84.90%
CSI	11	87.10%	2	97.90%	13	92.90%
ESM	11	83.60%	334	93.90%	345	93.80%
ITAPS	33	93.30%	19	98.20%	52	96.60%
MSS	2,621	62.00%	1,266	92.10%	3,887	83.00%
RRCV	326	75.80%	324	92.90%	650	89.00%
W&C	481	67.30%	262	95.70%	743	90.10%
Alliance	80	85.70%	424	94.30%	504	93.70%
UHL	4,596	64.50%	2,825	93.30%	7,421	86.50%
UHL+Alliance Combined	4,676	65.40%	3,249	93.50%	7,925	87.50%

Admitted and Non-Admitted Backlog

39
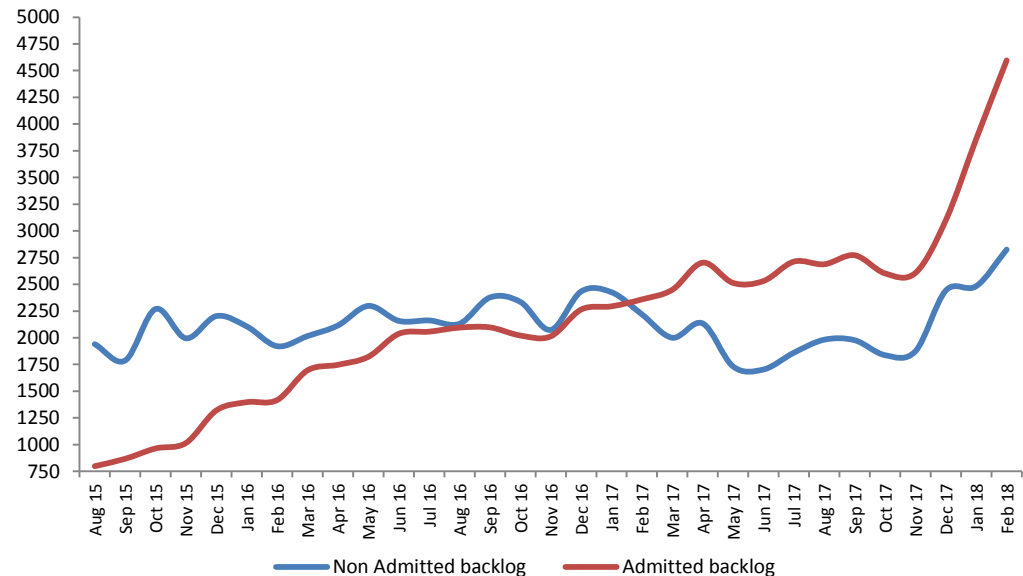
APPENDIX C

Diagnostic Performance

February diagnostic performance for UHL and the Alliance combined is 0.98% achieving the standard by performing below the 1% threshold. Performance was within 2 breaches of the threshold. UHL alone achieved 1.01% for the month and the Alliance 0.83%. At UHL, 150 patients out of 14924 did not receive their diagnostic within 6 weeks. Performance remains on trajectory.

The number of breaches in February were higher than typical. This was due to an IT integration issue between ICE and CRIS after a system change. This resulted in some radiology referrals not being visible, leading to additional unknown demand to the service. An RCA as part of a SI Review is being conducted.

Continued strong performances were seen from Non-Obstetric Ultrasound 0.19% with 9 breaches from 3,893 patients and Audiology 0.0% with 0 breaches out of 685.

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

Modality	Waiting list	Breaches	Performance
Computed Tomography	3081	58	1.9%
Gastroscopy	559	23	4.1%
Magnetic Resonance Imaging	3706	15	0.4%
Colonoscopy	410	11	2.7%
Flexi sigmoidoscopy	590	11	1.9%

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

February was the 17th consecutive month of achieving the Diagnostic DM01 standard.

Future months performance

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

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

UHL and Alliance Diagnostic Performance Last 12 Months

Legend: 6 Week Diagnostic Test Waiting Times (UHL+Alliance) — Target
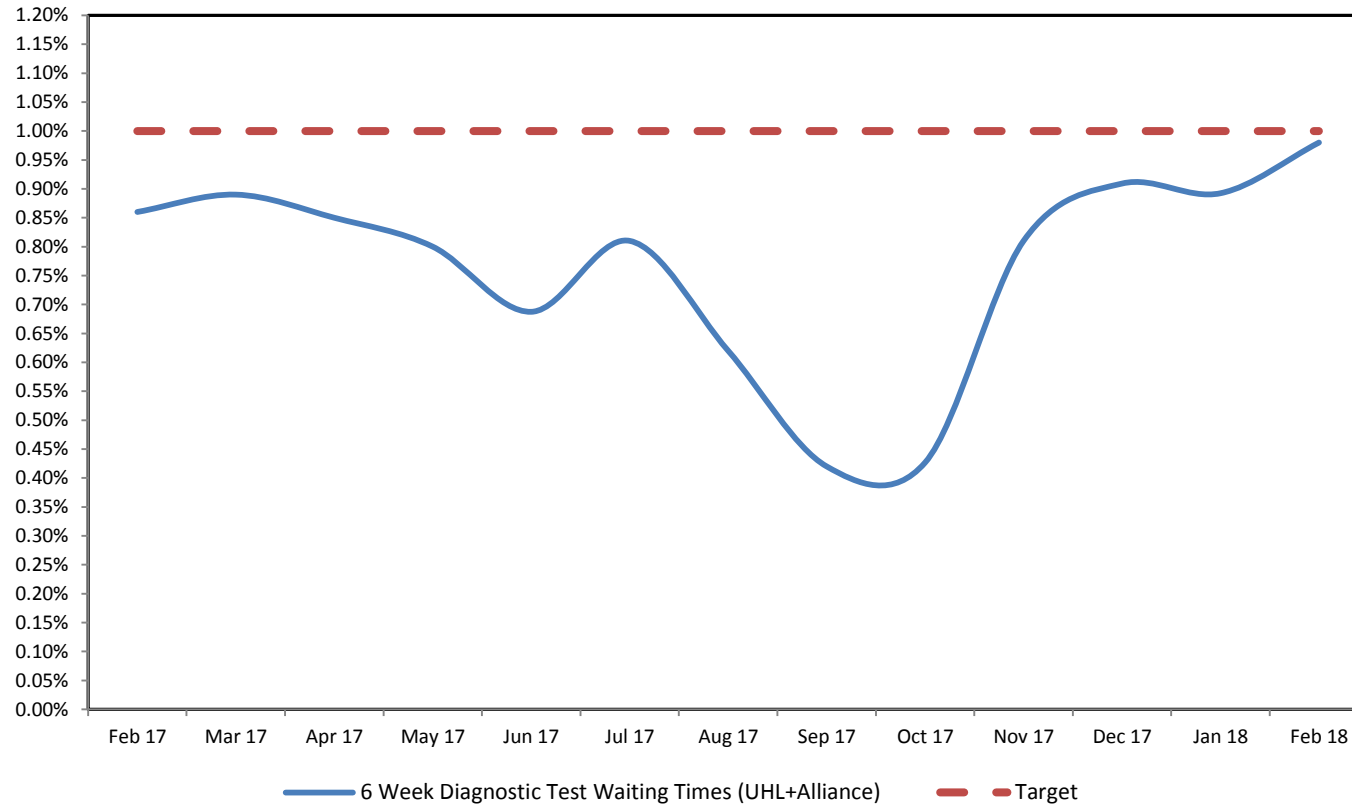
INDICATORS: The cancelled operations target comprises of two components; 1.The % of cancelled operations for non-clinical reasons On The Day (OTD) of admission 2.The number of patients cancelled who are not offered another date within 28 days of the cancellation	Indicator	Target (monthly)	Latest month (Inc. Alliance)	YTD performance (Inc. Alliance)	Forecast performance for next reporting period
	1	0.8%	1.3%	1.2%	1.2%
	2	0	32	300	35

Cancelled Operation Performance – Indicator 1

For February there were 134 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 (132 UHL 1.4.% and 2 Alliance 0.2%).

UHL alone saw 132 patients cancelled on the day for an individual performance of 1.4%. 95 patients (74.2%) were cancelled due to capacity related issues of which 5 were Paediatrics. 33 patients were cancelled for other reasons. The 5 most common reasons for cancellation are listed below.

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

Type	Reason	Feb 2018
Capacity Pressures	WARD BED UNAVAILABLE	49
Capacity Pressures	HDU BED UNAVAILABLE	23
Capacity Pressures	PT DELAYED TO ADM HIGH PRIORITY PATIENT	15
Other	LACK THEATRE TIME / LIST OVERRUN	14
Other	LACK SURGEON	13
Total		**132**

Continuing high emergency demand has resulted in increased pressure for beds. This has resulted in the continuing high levels of elective cancellations throughout February.

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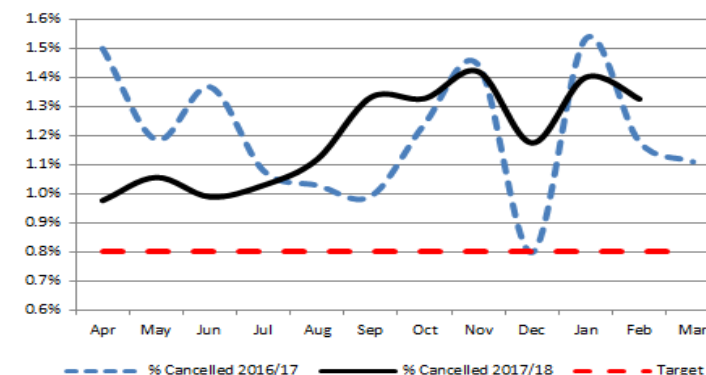

28 Day Performance – Indicator 2

There were 32 patients who did not receive their operation within 28 days of a non-clinical cancellation. These comprised of MSS 12, CHUGGS 4, RRCV 7, W&C 7, CSI 1 and Alliance 1. Increased cancellations due to beds over December and January has resulted in higher than typical 28 day breaches due to reduced capacity for patients to be booked into.
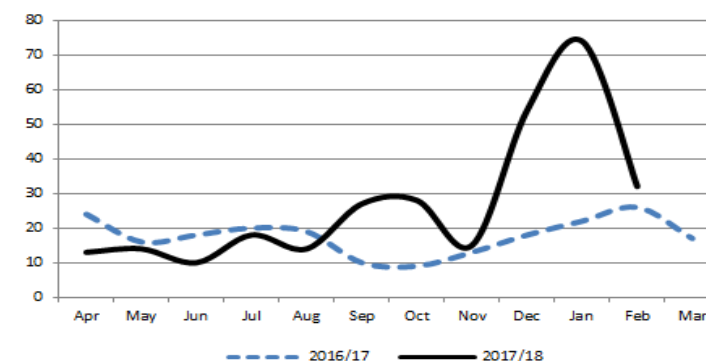
Risk for next reporting period

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

• Continuing capacity pressures due to emergencies

APPENDIX E

Cancer Waiting Time Performance

- Out of the 9 standards, UHL achieved 3 in January – 2WW, 31 Day Drugs and Radiotherapy
- 2WW performance continued to deliver in January achieving 93.9%. February is also expected to deliver the standard. 2WW Breast improved on the previous month but still failed at 89%, a combination of capacity and patient choice the root cause. This equated to 14 breaches in the month. Performance for February remains a concern for both Breast reporting standards for 2WW.
- 62 day performance failed at 76.5% in January, with no adjustment for tertiary activity applicable. Although overall activity was significantly higher than the previous month, the impact of the continuing winter bed pressures resulting in cancellations saw a high volume of breaches in the month at 53.5 patient breaches.
- At the time of reporting, despite the pressures the backlog has reduced significantly as is at 55 for the 62 day adjusted position with the main pressure point being Urology. Lung, Lower GI, Urology & Gynae remained on daily escalations throughout January.

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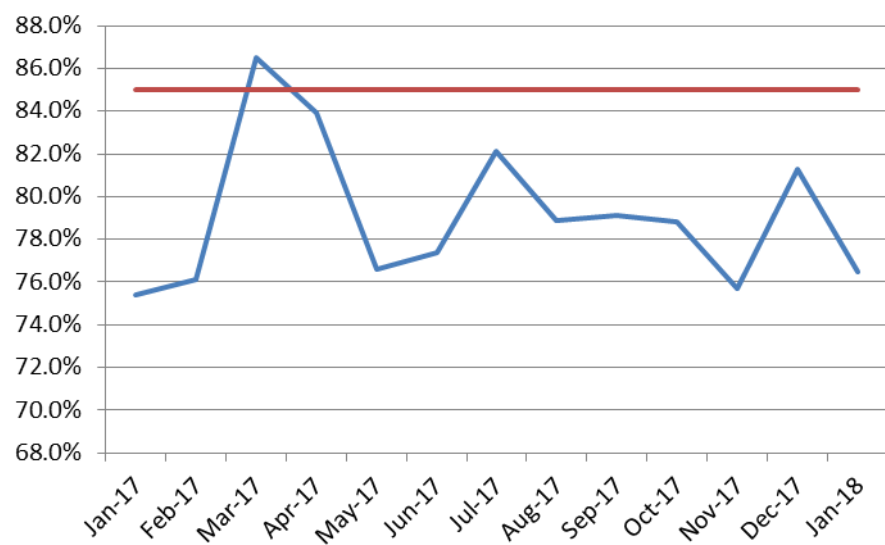
62 Day Adjusted Backlog
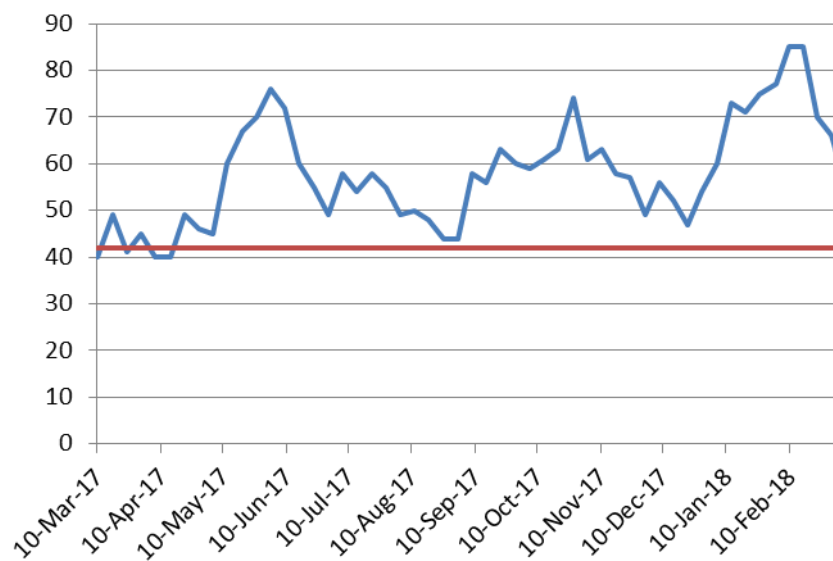
62 Day Adjusted Backlog by Tumour Site

The following details the backlog numbers by Tumour Site for week ending 9th March 2018.

The Trend reflects performance against target on the previous week.

The forecast position is the early prediction for week ending 16th March 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	0	⬇	2
HPB	0	5	⬇	6
Lower GI	6	6	⬇	8
Testicular	0	3	⬆	3
Upper GI	2	2	⬇	2
Urology	10	24	⬇	29
Skin	1	0`	⬇	0
Breast	2	1	⬇	1
Head & Neck	5	4	⬇	3
Sarcoma	0	0	↔	0
Lung	6	6	⬇	6
Gynaecology	7	4	⬇	3
Brain	0	0	↔	0

Key themes identified in backlog @ 9th March

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

Summary of delays	Numbers of patients	Summary
Complex Patients/Complex Diagnostic Pathways	14	Across 7 tumour sites, – these are patients undergoing multiple tests, MDTs, complex pathology reporting and diagnostics. This includes patients with complex pathology to inform diagnosis requiring additional testing, where treatment plans have changed either due to the patient or clinical decision making based on additional diagnostic tests and where multiple primaries are being investigated and/or another primary requires treating first.
Capacity Delays – OPD & Surgical	5	In 4 tumour sites, a combination of surgical and Oncology outpatient capacity affecting the patients pathway. 4 of these patients primary delay is due to Oncology outpatient waiting times, the 5th a combination of waiting on complex clinics in Urology and Oncology clinics for all options patients.
Pathway Delays (Next Steps compliance)	4	In 2 tumour sites – ENT & Urology. Primarily in Urology where capacity constraints are impacting on the ability to comply with next steps, particularly with repeat and/or multiple diagnostics required. In ENT, a delayed review in outpatients further delayed the referral to Oncology.
Patient Delays (Choice, Engagement, Thinking Time)	12	Across 3 tumour sites, where patients have cancelled or DNA'd outpatients, diagnostics or treatment admission on more than one occasion. 11 of these patients are in Urology and Testicular with 1 in Gynae.
Trial/Surveillance Patients	3	X2 patients in Urology who were previous PSA surveillance patients subsequently re-entering the 62 day pathway – the service is working on a policy to management these patients in line with the Long Term Follow Up policy applied in Lung to prevent re-opening the same 62 day pathway. X1 patient in Lung awaiting molecular markers and testing in the US to commence on a study/trial.

Summary of delays	Numbers of patients	Summary
Clinically Appropriate Pathway Delays	8	In Urology (x6) – 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. In Lung (x1) – where suspected infections are treated appropriately with a 2 month check follow up and chest xray which then presented as query adenocarcinoma. In Upper GI (x1) – where a patient has 2 primaries, 1 from an incidental finding requiring priority treatment.
Late Tertiary Referrals	13	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	8	Across 5 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 and/or treatment, e.g. a patient who suffered a stroke, admission with pneumonia , admission due to bowel obstruction and admission to another hospital and patients whose inpatient admission mid pathway has delayed further progression of the primary pathway until discharge.

Backlog Review for patients waiting >104 days @ 09/03/2018

The following details all patients declared in the 104 Day Backlog for week ending 9/3/18. Last month's report showed 26 patients in the 104 Day backlog, 18 of which are now treated. This month's report details 14 patients in the backlog across 6 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	1	103	149	N	Y	Referred 11/10/17. The patient cancelled x4 appointments and wasn't seen until the 8/1/18. Core biopsy taken - pending HER2. For USS Marker WLE and SLNB. TCI 25/1/18 - patient cancelled. New TCI 13/2/18 - patient cancelled. Patient admitted to Lincoln Hospital with bowel obstruction via A&E 3/2/18. Patient discharged 22/2/18. TCI 27/3/18
MAXFAX	1	106	161	Y	Y	Originally referred 2WW Upper GI pathway 29/9/17. OPD 23/10/17 (patient choice). For OGD 1/11/17 - cancelled on the day as patient hadn't stopped anticoagulation. OGD 10/11/17. Reviewed at Upper GI PTL meeting 13/11/17 - transferred to Head & Neck - lesion at base of tongue identified. No Upper GI cancer. MDT Head & Neck 20/11/17 - for OPA. OPA 20/11/17 - for CT. CT 21/11/17. FNA 27/11/17. OPA 28/11/17 - for biopsy. TCI 7/12/17 - MDT 18/12/17 (delay due to pending immuno on specimen). For OPD Surgery and Oncology. OPD 22/12/17 referred to Oncology for pre-surgery radiotherapy. OPD ONC 16/1/18 (capacity delay). Consented to radical radiotherapy. Requiring dental review, planning mask, CT and PEG. Dental extractions 25/1/18, PEG 5/2/18. Treatment delayed due to swelling from dental extractions. Provisional start date 12/2/18. CNS update 5/2/18 - patient admitted with a stroke to Coalville hospital. Coalville discharge 6/3/18. Radiotherapy planning scan 8/3/18, treatment start date 12/3/18

Backlog Review for patients waiting >104 days @ 09/03/2018

Tumour Site	Total Number of patients	Pt No	Current Wait (Days)	Confirmed Cancer Y/N	Treatment Date Y/N	Summary Delay Reasons
GYNAE	1	115	153	Y	N	A combination of patient fitness and subsequently the patient declining multiple outpatient appointments and diagnostic TCI dates resulted in the patient not having the first diagnostic TCI until the 9/12/17 and on the day the patient was cancelled due to being unfit on the day. This was re-dated for the 23/12/17 where an inpatient hysteroscopy was performed. The pathology was reviewed at MDT on the 4/1/18 with the agreed outcome for an outpatient review to assess fitness to proceed with surgery. OPD 8/1/18 - for MRI and CT prior to surgery for staging. MRI/CT 11/1/18. OPD review 22/1/18 - patient cancelled on the day. OPD 30/1/18 - patient for OGD and further MDT discussion. OGD 3/2/18, MDT 15/2/18 - flagged for Upper GI MDT discussion due to ? incidental findings. Patient for EUS with Upper GI prior to continuing with Gynae investigations. EUS TCI 28/2/18. Upper GI MDT 8/3/18 - pending cytology, but to proceed with Gynae treatment plan. For Gynae MDT 15/3/18 - await outcome.
Lower GI	2	98	206	Y	Y	Tertiary day 160 from Lincoln. Received 22.1.18. MDT 1.2.18 - for resection discussion, for EUS/cystoscopy 10.2.18. For PET, MRI & CT following discharge, patient not suitable for partial cystectomy. CT & MRI 20/2/18, PET 26/2/18. MDT 7/3/18 - proceed to surgery. TCI 17/3/18
		100	146	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. TAVI 4/3/18. Patient anaesthetic review 9/3/18, TCI 15/3/18 planned but subsequently cancelled following high risk anaesthetic review. For CPET 22/3/18 - await outcome for treatment planning.

Backlog Review for patients waiting >104 days @ 09/03/2018

Tumour Site	Total Number of patients	Pt No	Current Wait (Days)	Confirmed Cancer Y/N	Treatment Date Y/N	Summary Delay Reasons
HPB	3	85	203	Y	Y	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. OPD cancelled as pathology not ready, for MDT 19/2/18 and OPD 23/2/18. For surgical resection, provisional TCI 29/3/18 - await confirmation
		121	128	N	N	Referred 1/11/17, MDT 6/11/17, OPD 7/11/17. For PET & CT Colon. Colon 12/11/17 - await pathology. PET 17/11/17. MDT 20/11/17 - for EBUS and re-discussion with results. EBUS 1/12/17, MDT 11/12/17 - for laparoscopy prior to liver resection and treatment for Hep C. OPD 4/1/18 - awaiting Lap IOUS 16/1/18. MDT 29/1/18 - for CT Chest/Abdo. Patient still has active hepatitis. For repeat CT liver to see if liver lesion is static. May need viral load clearing before surgery. CT 6/2/18. MDT 12/2/18 - for OPD. OPD 26/2/18 - for further PET. PET 1/3/18. MDT 12/3/18
		122	122	N	N	Tertiary referral received on Day 71 from Peterborough. MDT 22/1/18 - patient currently on holiday - needs to see consultant on return from liver for Laparoscopy. OPA 26/2/18 (patient away until 12/2/18) - no earlier capacity due to clinician leave. Laparoscopy 6/3/18. LAP cancelled due to beds, re-dated for 13/3/18. Await pathology and MDT discussion 19/3/18

# Backlog Review for patients waiting >104 days @ 09/03/2018

Tumour Site	Total Number of patients	Pt No	Current Wait (Days)	Confirmed Cancer Y/N	Treatment Date Y/N	Summary Delay Reasons
UROLOGY	6	93	153	Y	Y	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). OPA Cancelled, patient decision for surgery. TCI date 14/3/18
		116	138	N	Y	Patient commenced on 2 separate pathways 2WW in October 2017, one with Urology the other with ENT. The patient was listed for their first diagnostic TCI with Urology 17/11/17 but cancelled due to having ENT procedure - requested to delay till after ENT treatment. Due to fitness resulting in cancellations with ENT, the patient didn't commence radiotherapy treatment until the 8/1/18. A clinically appropriate recovery time resulted in an outpatient review in Urology for fitness to proceed on the 1/3/18 where the patient was added to the waiting list for an excision biopsy. TCI date 14/3/18
		117	111	Y	N	Patient commenced 2WW pathway 14/11/17 and was put on PSA surveillance until the 22/1/18 reading triggered the need for a TRUS biopsy due to raised PSA. The service struggled to make contact with the patient until the 29/1/18 at which point a TRUS biopsy date was agreed for the 27/2/18 - this delay was due to requiring a GA procedure and pre-requisite anaesthetic assessment. Outpatient follow up with results on the 8/3/18 and MDT discussion suggested MRI Prostate required. Due to patient holidays, this can't be arranged until the 23/3/18.

Patient commenced 2WW pathway 20/11/17, OPD 1/12/17, MRI and |

118	105	Y	Y	TRUS 4/12/17. MDT with results 14/12/17 - for bone scan to determine treatment plan. OPD 15/12/17, bone scan 22/12/17 - no bone mets identified. For OPD follow up 2/1/18 - for discussion re all options. Referred for complex clinic review and Oncology outpatients plus CT Chest. CT 4/1/18. Capacity constraints in both Urology for complex clinics and Oncology outpatients delayed the next step. OPD 8/2/018 - await patient decision re treatment options. CNS update 16/2/18 - patient choice for robotic prostatectomy. TCI 16/3/18 - delayed due to surgical capacity.
119	104	Y	Y	2WW pathway commenced 15/11/17, OPD 21/11/17, TRUS 23/11/17 and MDT 30/11/17. For FU 5/12/17 and MRI 6 weeks post TRUS biopsy as clinically appropriate delay. MRI 3/1/18, OPD 9/1/18 - requires bone scan to support treatment planning. Bone scan 12/1/18, follow up 25/1/18. Await patient decision re treatment options radiotherapy or surgery. CNS update 26/1/18 - patient opting for surgery but away until 25/2/08. TCI 9/3/18
120	104	Y	N	Tertiary referral received on Day 78 from Northampton. Received 7/2/18, MDT 8/2/18. OPD 15/2/18 - for USGBx 28/2/18. Delayed MDT review to 8/3/18 due to additional immuno work required on the specimen taken at biopsy. MDT 8/3/18 - for partial nephrectomy. DTT 9/3/18 at OPD - awaiting TCI date.

31 Day First Treatment – Backlog & Performance

January saw a drop in performance for 31 day first treatments compared to December by 3.7%, achieving 93.6% against the 96% standard. However, this performance was improved against the forecasted position of 91.7% based on the bed pressures and increasing backlog numbers.

The 31 day backlog increased significantly throughout January to a peak of 35, at the time of reporting this is now reduced to 16 but with significant backlog in Urology notable.

31 Day First Treatment Peformance
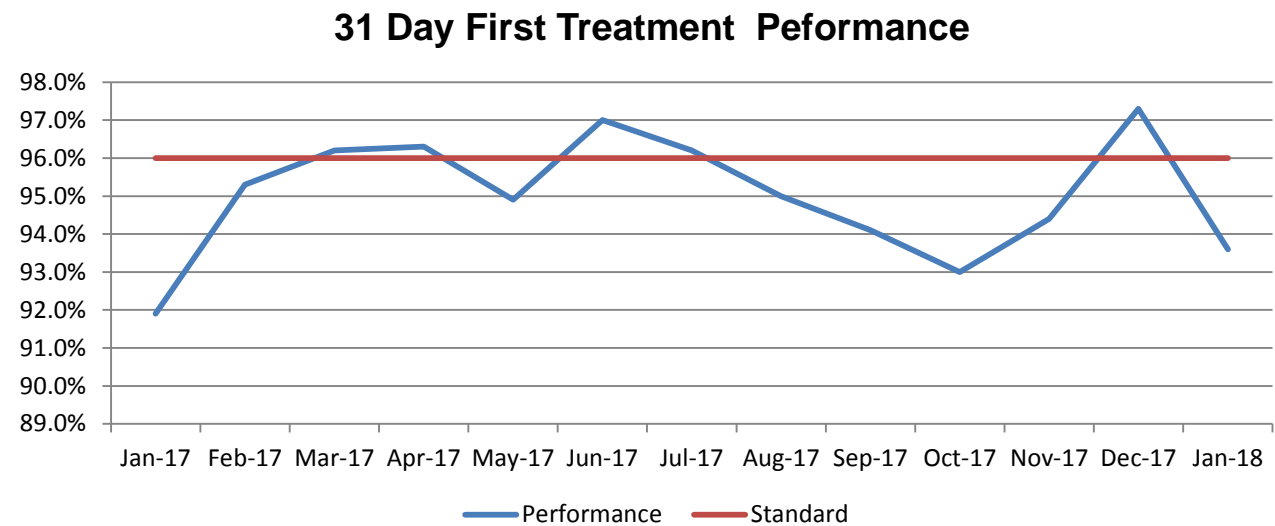
31 Day Subsequent Performance – Surgery

31 day Subsequent performance for Surgery in January under performed at 88.4%.

The backlog at the time of reporting sits at 14, 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.
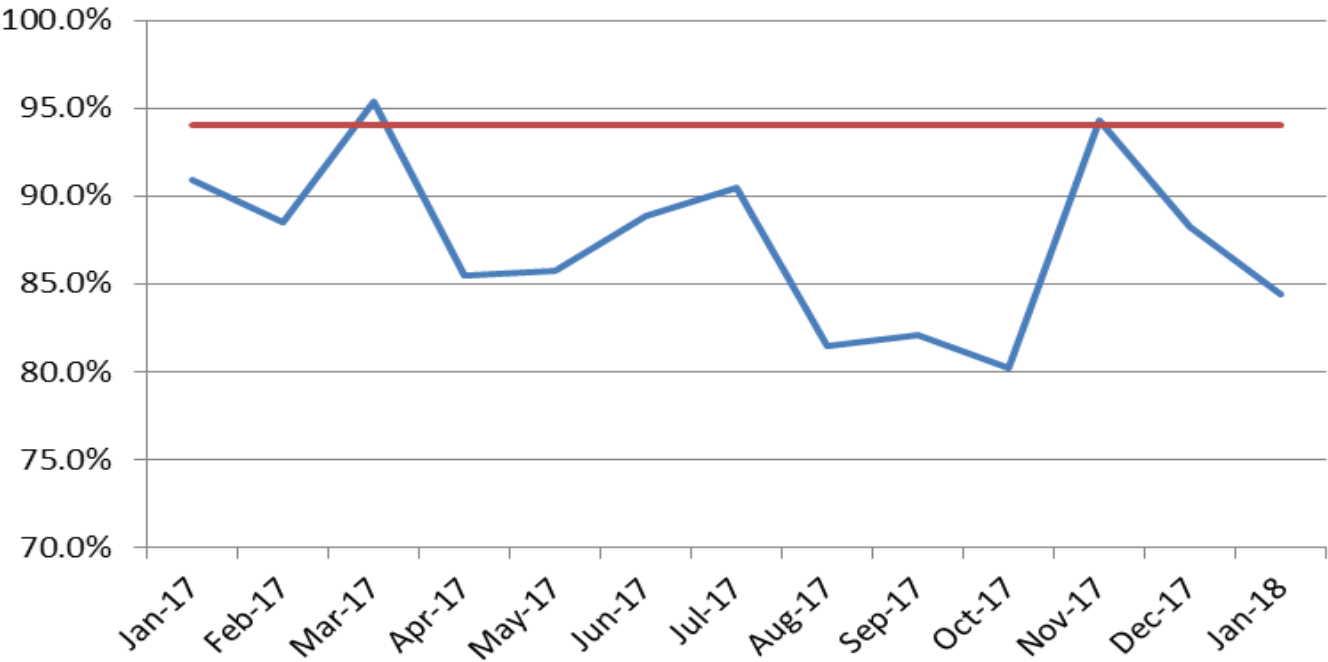
Recovery Action Plan Update - Summary of the plan

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

Peer Group Analysis (Jan 2018)

University Hospitals of Leicester NHS — NHS Trust

RTT 18+ Weeks Backlog – January 2018

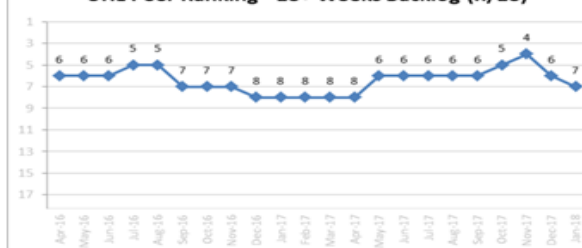RTT 18+ Weeks Backlog - January 2018

All Acute Trusts Performance - 87.6%   *UHL ranks 79 out of the 145 Acute Trusts**
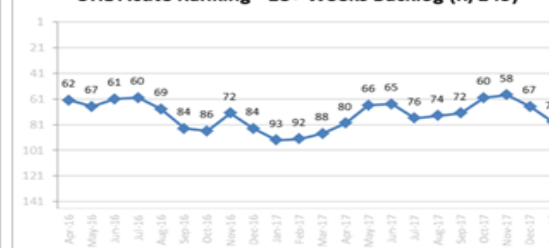*48 of the 145 Acute Trusts* achieved 92% or more*

Peer Rank	Provider Name	RTT Incompletes Performance - Target 92%
1	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	95.7%
2	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	94.4%
3	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	94.0%
4	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	91.0%
5	HEART OF ENGLAND NHS FOUNDATION TRUST	90.8%
6	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	90.0%
7	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	88.8%
8	LEEDS TEACHING HOSPITALS NHS TRUST	88.4%
9	PENNINE ACUTE HOSPITALS NHS TRUST	87.3%
10	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	86.7%
11	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	86.1%
12	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	82.9%
13	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	82.8%
14	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	80.7%
15	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	80.3%
16	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	77.6%
17	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	74.4%
-	BARTS HEALTH NHS TRUST - not reported	-

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

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

Diagnostics – January 2018

Diagnostics - January 2018

*All Acute Trusts Performance - 2.4%*   *UHL ranks 73 out of the 145 Acute Trusts**
81 of the 145 Acute Trusts* achieved <1% or less   *(Ranked Ascending)*

Peer Rank	Provider Name	Diagnostics Performance %Waiting 6 Wks+ - Target <=1%
1	BARTS HEALTH NHS TRUST	0.5%
2	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	0.5%
3	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	0.6%
4	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	0.9%
5	PENNINE ACUTE HOSPITALS NHS TRUST	0.9%
6	HEART OF ENGLAND NHS FOUNDATION TRUST	0.9%
7	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	0.9%
8	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	1.0%
9	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	1.1%
10	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	1.6%
11	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	1.8%
12	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	1.8%
13	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	1.9%
14	LEEDS TEACHING HOSPITALS NHS TRUST	2.1%
15	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	2.6%
16	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	3.3%
17	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	10.4%
18	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	12.8%

UHL Peer Ranking - Diagnostics (n/18)

UHL Acute Ranking - Diagnostics (n/145)
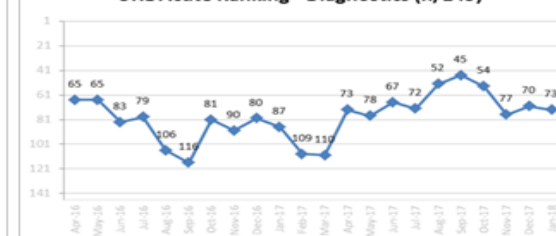
*Acute NHS hospitals – there are 145 according to NHS choices but not all Trusts submit information routinely and some Trusts do not provide the service

Peer Group Analysis (Jan 2018) – ED Feb 18

University Hospitals of Leicester NHS Trust

UHL ED Attendances within 4 hours – February 2018

### UHL ED Attendances within 4 hours - February 2018

All Acute Trusts - 82.5%
UHL ranks 126 out of the 145 Trusts*
5 of the 145 Acute Trusts* achieved 95% or more

Peer Rank	Provider Name	Performance within 4 Hours - Target 95% - Amber 92% - <95%
1	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	91.7%
2	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	86.5%
3	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	86.0%
4	BARTS HEALTH NHS TRUST	84.6%
5	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	82.3%
6	PENNINE ACUTE HOSPITALS NHS TRUST	81.7%
7	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	81.1%
8	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	78.8%
9	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	77.7%
10	HEART OF ENGLAND NHS FOUNDATION TRUST	75.0%
11	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	74.7%
12	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	73.8%
13	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	73.6%
14	LEEDS TEACHING HOSPITALS NHS TRUST	71.6%
15	**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**	**71.5%**
16	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	70.7%
17	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	69.3%
18	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	62.8%

UHL Peer Ranking - ED (n/18)
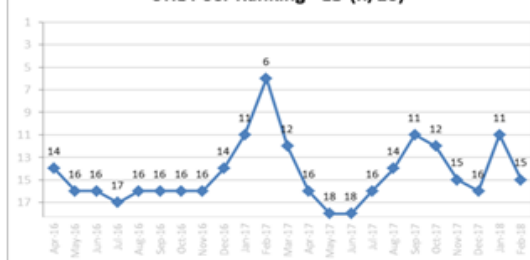
UHL Acute Ranking - ED (n/145)

TWO WEEK WAIT-ALL CANCER – January 2018
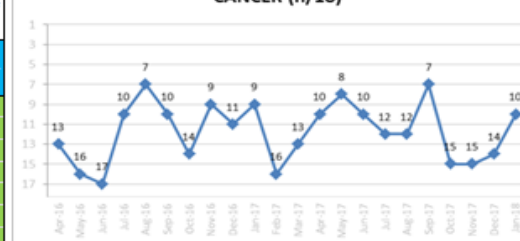
TWO WEEK WAIT-ALL CANCER - January 2018

All Acute Trusts Performance - 93.8%
UHL ranks 96 out of the 145 Acute Trusts*
110 of the 145 Acute Trusts* achieved 93% or more

Peer Rank	Provider	Performance within 14 Days - Target 93%
1	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	98.2%
2	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	96.9%
3	BARTS HEALTH NHS TRUST	96.8%
4	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	95.9%
5	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	95.8%
6	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	95.8%
7	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	95.7%
8	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	95.7%
9	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	94.7%
10	**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**	**93.9%**
11	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	93.4%
12	HEART OF ENGLAND NHS FOUNDATION TRUST	93.0%
13	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	93.0%
14	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	92.6%
15	LEEDS TEACHING HOSPITALS NHS TRUST	91.9%
16	PENNINE ACUTE HOSPITALS NHS TRUST	91.1%
17	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	90.0%
18	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	86.0%

UHL Peer Ranking - TWO WEEK WAIT-ALL CANCER (n/18)

UHL Acute Ranking - TWO WEEK WAIT-ALL CANCER (n/145)
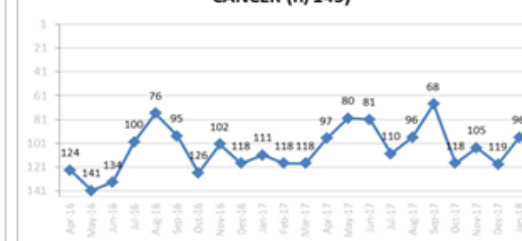
*Acute NHS hospitals – there are 145 according to NHS choices but not all Trusts submit information routinely and some Trusts do not provide the service

31-DAY FIRST TREAT – January 2018

31-DAY FIRST TREAT - January 2018

All Acute Trusts Performance - 96.5%   *UHL ranks 130 out of the 145 Acute Trusts**
103 of the 145 Acute Trusts* achieved 96% or more

Peer Rank	Provider	Performance within 31 Days - Target 96%
1	BARTS HEALTH NHS TRUST	99.4%
2	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	99.0%
3	HEART OF ENGLAND NHS FOUNDATION TRUST	98.4%
4	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	98.1%
5	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	97.6%
6	PENNINE ACUTE HOSPITALS NHS TRUST	97.3%
7	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	97.3%
8	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	97.2%
9	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	97.0%
10	LEEDS TEACHING HOSPITALS NHS TRUST	96.3%
11	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	95.6%
12	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	94.7%
16	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	94.1%
14	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	94.0%
15	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	93.6%
16	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	93.6%
17	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	93.1%
18	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	90.4%

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

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

62-DAY GP Referral – January 2018

62-DAY GP Referral - January 2018

All Acute Trusts Performance - 81.1%   *UHL ranks 108 out of the 145 Acute Trusts**
66 of the 145 Acute Trusts* achieved 85% or more

Peer Rank	Provider	Performance within 62 Days - Target 85%
1	HEART OF ENGLAND NHS FOUNDATION TRUST	86.4%
2	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	85.8%
3	BARTS HEALTH NHS TRUST	85.5%
4	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	85.1%
5	LEEDS TEACHING HOSPITALS NHS TRUST	83.8%
6	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	82.0%
7	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	81.5%
8	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	81.0%
9	PENNINE ACUTE HOSPITALS NHS TRUST	80.6%
10	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	78.5%
11	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	78.4%
12	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	76.9%
13	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	76.6%
14	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	75.6%
15	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	75.2%
16	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	75.0%
17	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	72.8%
18	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	60.9%

UHL Peer Ranking - 62-DAY GP Referral (n/18)
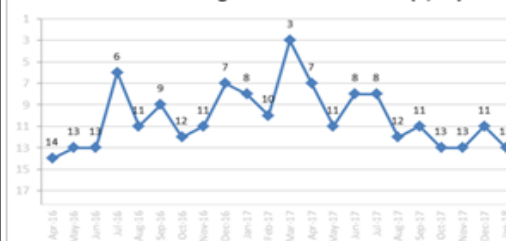
UHL Acute Ranking - 62-DAY GP Referral (n/145)

*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
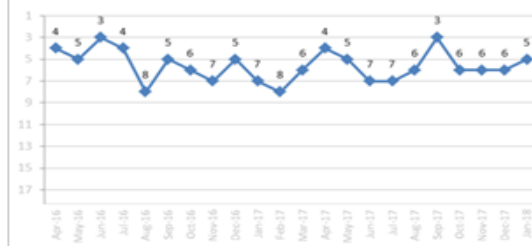
Inpatient FFT – January 2018

Inpatient FFT - January 2018

All Acute Trusts - Response Rate 23% - Recommended 96% - Not Recommended 2%
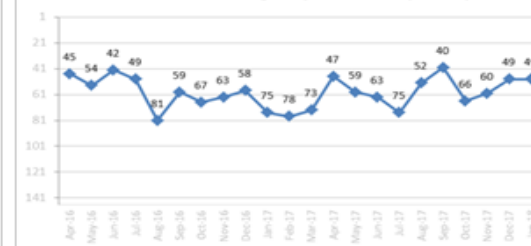
UHL ranks 49 (for Recommended) and 53* (for Not Recommended) out of the 145 Trusts**

Peer Rank (Recommended)	Provider Name	Response Rate	Percentage Recommended	Percentage Not Recommended
1	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	35%	98%	1%
2	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	21%	98%	1%
3	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	33%	97%	1%
4	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	12%	97%	2%
5	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	25%	97%	1%
6	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	20%	97%	1%
7	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	11%	97%	1%
8	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	24%	97%	1%
9	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	10%	97%	1%
10	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	19%	95%	2%
11	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	28%	95%	2%
12	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	20%	95%	2%
13	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	24%	95%	2%
14	LEEDS TEACHING HOSPITALS NHS TRUST	32%	93%	4%
15	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	17%	93%	3%
16	HEART OF ENGLAND NHS FOUNDATION TRUST	22%	93%	3%
17	PENNINE ACUTE HOSPITALS NHS TRUST	26%	91%	4%
18	BARTS HEALTH NHS TRUST	19%	91%	5%

UHL Peer Ranking - Inpatient FFT (n/18)

UHL Acute Ranking - Inpatient FFT (n/145)

A&E FFT – January 2018

A&E FFT - January 2018

All Acute Trusts - Response Rate 23% - Recommended 96% - Not Recommended 2%

UHL ranks 14 (for Recommended) and 6* (for Not Recommended) out of the 145 Trusts**

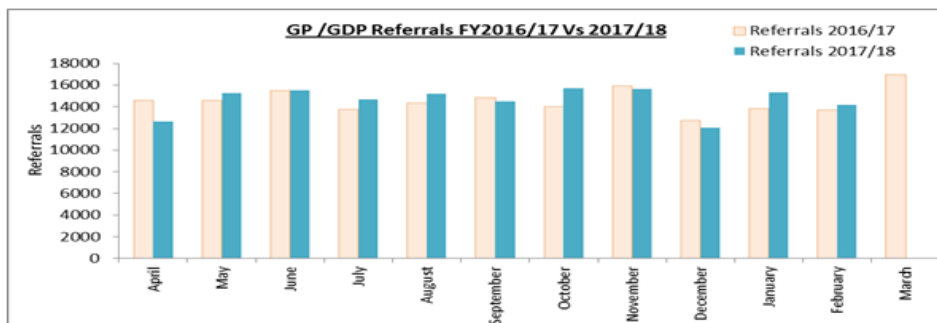| Peer Rank (Recommended)	Provider Name	Response Rate	Percentage Recommended	Percentage Not Recommended
1	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	2%	99%	1%
2	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	10%	97%	1%
3	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	20%	96%	2%
4	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	4%	94%	3%
5	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	16%	94%	3%
6	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	16%	90%	7%
7	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	21%	88%	7%
8	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	17%	86%	8%
9	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	12%	86%	8%
10	PENNINE ACUTE HOSPITALS NHS TRUST	16%	84%	10%
11	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	13%	82%	12%
12	LEEDS TEACHING HOSPITALS NHS TRUST	21%	82%	12%
13	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	14%	82%	10%
14	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	18%	81%	11%
15	BARTS HEALTH NHS TRUST	10%	81%	14%
16	HEART OF ENGLAND NHS FOUNDATION TRUST	15%	81%	12%
17	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	16%	80%	13%
18	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	49%	66%	19%

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

UHL Acute Ranking - A&E FFT (n/145)
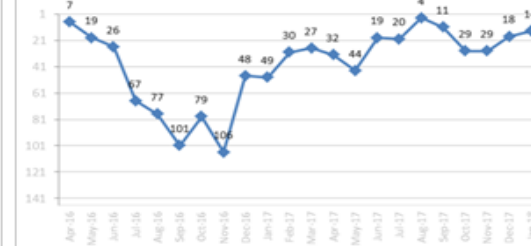
*Acute NHS hospitals – there are 145 according to NHS choices but not all Trusts submit information routinely and some Trusts do not provide the service
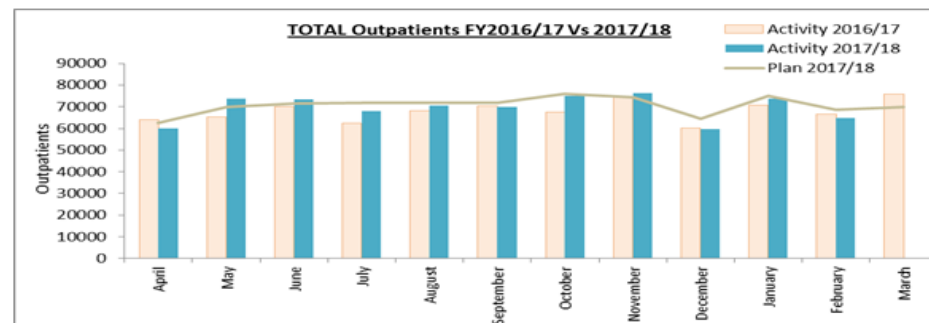
UHL Activity Trends

University Hospitals of Leicester **NHS**
NHS Trust

Referrals (GP)

GP /GDP Referrals FY2016/17 Vs 2017/18 — Referrals 2016/17, Referrals 2017/18

April - February	Increase in GP referrals in
17/18 Vs 16/17 +2933 +1.9%	comparison to the same period last year.

TOTAL Outpatient Appointments

TOTAL Outpatients FY2016/17 Vs 2017/18 — Activity 2016/17, Activity 2017/18, Plan 2017/18

April - February	Plan included shift of activity from
17/18 Vs 16/17 +24,928 +3.4%	Eye Casualty to Ophthalmology.
17/18 Vs Plan -12634 -1.6%	Cardiology and Rheumatology significantly higher than plan.

Daycases

Daycase FY2016/17 Vs 2076/18 — Activity 2016/17, Activity 2017/18, Plan 2017/18

April - February	Growth in Medical Oncology and
17/18 Vs 16/17 +641 +0.7%	Rheumatology. Gastroenterology,
17/18 Vs Plan -1303 -1.5%	BMT, Orthopaedic Surgery and Plastic Surgery below plan.

Elective Inpatient Admissions

Elective Inpatient FY2016/17 Vs 2017/18 — Activity 2016/17, Activity 2017/18, Plan 2017/18

April - February	More activity in General Surgery and
17/18 Vs 16/17 -385 -2%	Max Fax versus the plan.
17/18 Vs Plan -1605 -7.9%	Orthopaedics and Gynaecology lower than plan.

UHL Activity Trends

University Hospitals of Leicester **NHS**
NHS Trust
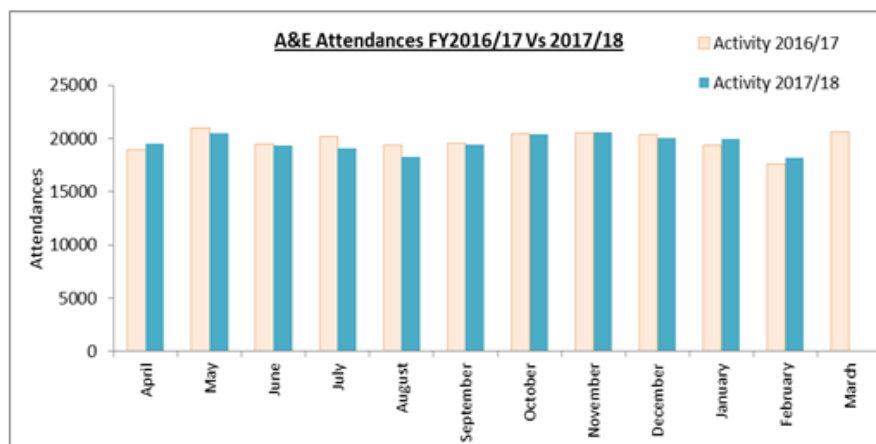
Emergency Admissions
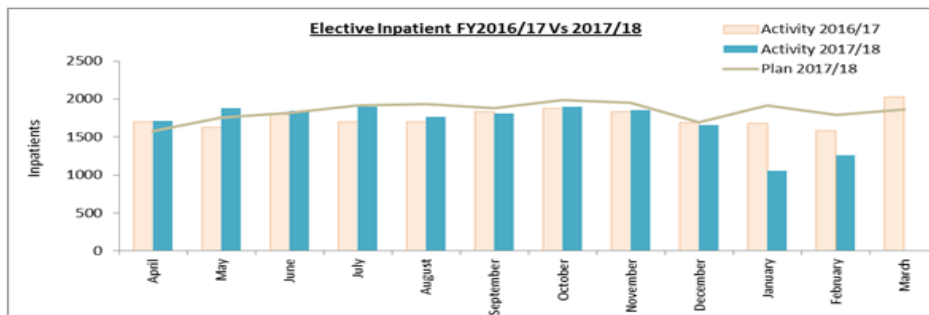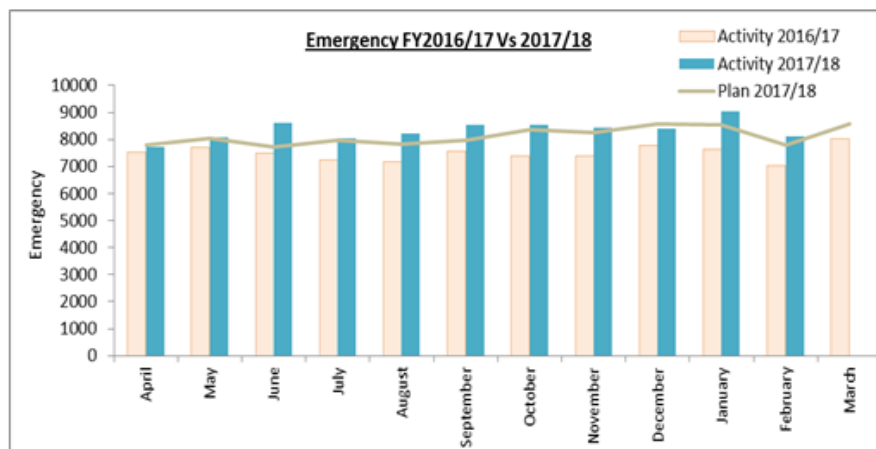
April – February
17/18 Vs 16/17 +9,868 +12%
17/18 Vs Plan   +2,949 +3%

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.
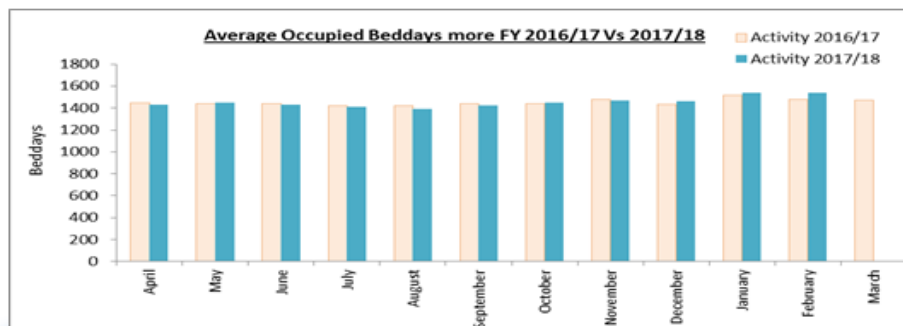
A & E Attendances

April - January
17/18 Vs 16/17 -1,470 -0.7%

A&E attendances include ED and Eye casualty attendances.

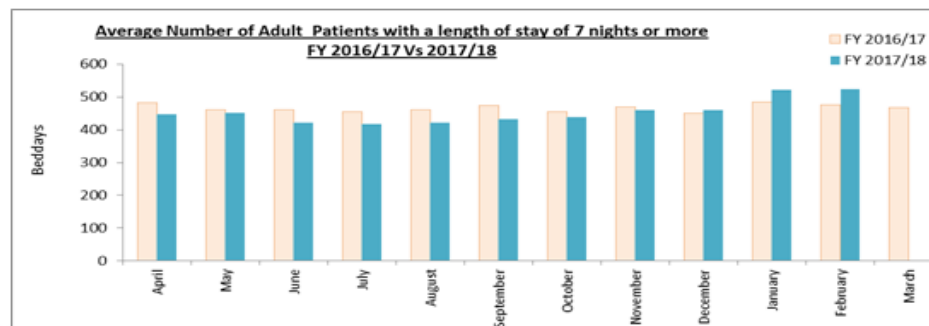**Plan not included as A&E has been based on different pathways for CAU and Ophthalmology.**

UHL Bed Occupancy

University Hospitals of Leicester NHS
NHS Trust
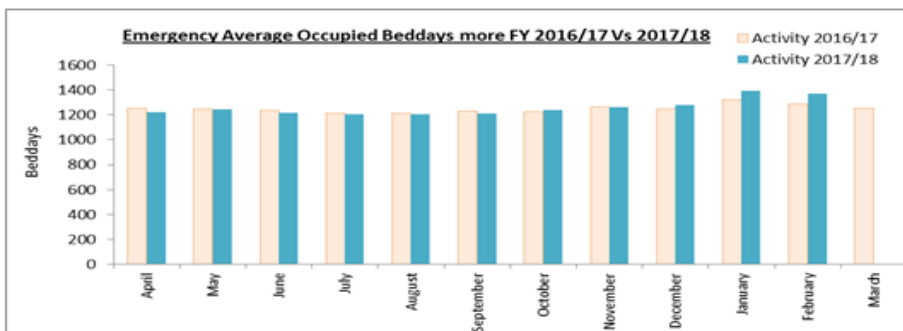
Occupied Beddays

Midnight G&A bed occupancy is higher for the fourth consecutive month when compared to the same periods last year.

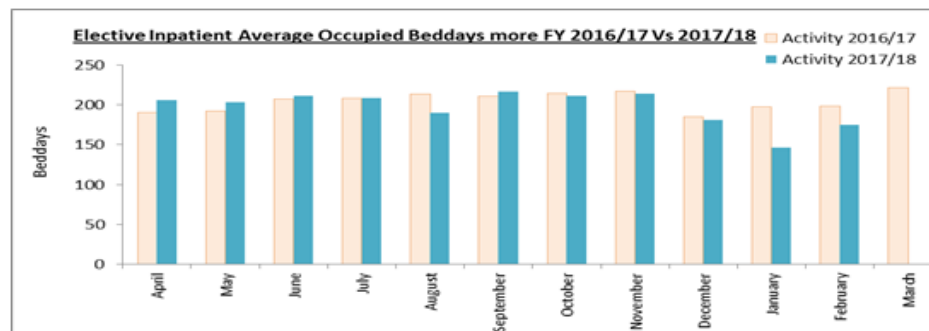### Number of Adult Emergency Patients with a stay of 7 nights or more

The number of patients staying in beds 7 nights for February 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 and February.