

Quality and Performance Report

Executive Summary from Acting CEO

Purpose of report:

This paper is for:	Description	Select (X)
Decision	To formally receive a report and approve its recommendations OR a particular course of action	
Discussion	To discuss, in depth, a report noting its implications without formally approving a recommendation or action	X
Assurance	To assure the Board that systems and processes are in place, or to advise a gap along with treatment plan	X
Noting	For noting without the need for discussion	

Previous consideration:

Meeting	Date	Please clarify the purpose of the paper to that meeting using the categories above
CMG Board (specify which CMG)		
Executive Board	25/08/20	Discussion and Assurance
Trust Board Committee	27/08/20	Discussion and Assurance
Trust Board		

Context

This report provides a high level summary of the Trust's performance against the key quality and performance metrics, together with a brief commentary where appropriate. This complements the full Quality and Performance Report and the exception reports within that which are triggered automatically when identified thresholds are met. The exception reports contain the full detail of recovery actions and trajectories where applicable. Note that the definition of "Good" and "Bad" news is for headline reporting purposes only and the full Q&P report should be consulted when determining any action required in response. The full Q&P report should also be consulted to monitor the initial impact of COVID-19 and the national restrictions on activity and social distancing.

Question

1. What is the Trust performance against the key quality and performance metrics.

Conclusion

Good News:

- **Mortality** – the latest published SHMI (period May 2019 to April 2020) is 97, and remains within the expected range.

- **CAS alerts** - compliant.
- **C DIFF** – 3 cases reported this month.
- **MRSA** – 0 cases reported.
- **Statutory and Mandatory Training** compliance remains at 96%
- **90% of Stay on a Stroke Unit** – threshold achieved with 87.9% reported in July.
- **VTE** – compliant at 98.7% in August.
- **TIA (high risk patients)** – 79.9% reported in August.
- **Ambulance Handover 60+ minutes (CAD)** – performance at 1.8%.
- **12 hour trolley wait** - 0 breaches reported.
- **Cancelled operations OTD** – 0.8% reported in August.
- **Cancer Two Week Wait (Symptomatic Breast)** was 97.7% in July against a target of 93%.

Bad News:

- **UHL ED 4 hour performance** – 76.9% for August, system performance (including LLR UCCs) for August is 84.2%.
- **Cancer Two Week Wait** was 90.0% in July against a target of 93%.
- **Cancer 31 day treatment** was 91.2% in July against a target of 96%.
- **Cancer 62 day treatment** was 71.2% in July against a target of 85%.
- **Referral to treatment** – the number on the waiting list (now the primary performance measure) was above the target and 18 week performance was below the NHS Constitution standard at 48.7% at the end of August.
- **52+ weeks wait** – 3,137 breaches reported in August.
- **Diagnostic 6 week wait** was 32.1% against a target of 1%.
- **Patients not rebooked within 28 days following late cancellation of surgery** – 2.
- **Annual Appraisal** is at 74.7%.

Input Sought

I recommend that the Committee:

- Commends the positive achievements noted under Good News
- Note the areas of Bad News and consider by reference to the Q&P and topic-specific reports if the actions being taken are sufficient.

For Reference:

This report relates to the following UHL quality and supporting priorities:

1. Quality priorities

Safe, surgery and procedures	[Yes / No / Not applicable]
Safely and timely discharge	[Yes / No / Not applicable]
Improved Cancer pathways	[Yes / No / Not applicable]
Streamlined emergency care	[Yes / No / Not applicable]
Better care pathways	[Yes / No / Not applicable]
Ward accreditation	[Yes / No / Not applicable]

2. Supporting priorities:

People strategy implementation	[Yes / No / Not applicable]
Estate investment and reconfiguration	[Yes / No / Not applicable]
e-Hospital	[Yes / No / Not applicable]
More embedded research	[Yes / No / Not applicable]
Better corporate services	[Yes / No / Not applicable]
Quality strategy development	[Yes / No / Not applicable]

3. Equality Impact Assessment and Patient and Public Involvement considerations:

- What was the outcome of your Equality Impact Assessment (EIA)?
Not applicable as purely data reporting.
- Briefly describe the Patient and Public Involvement (PPI) activities undertaken in relation to this report, or confirm that none were required
Not applicable as purely data reporting. What to measure is determined nationally or through priorities.
- How did the outcome of the EIA influence your Patient and Public Involvement ?
N/A
- If an EIA was not carried out, what was the rationale for this decision?
As above.

4. Risk and Assurance

Risk Reference:

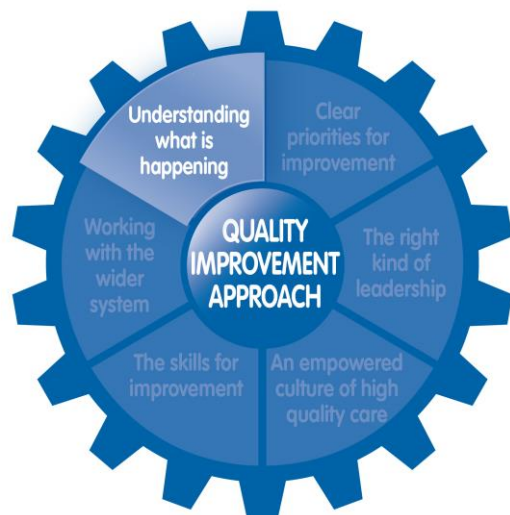
Does this paper reference a risk event?	Select (X)	Risk Description:
Strategic: Does this link to a Principal Risk on the BAF?	X	Failure to deliver key performance standards for emergency, planned and cancer care.
Organisational: Does this link to an Operational/Corporate Risk on Datix Register		
New Risk identified in paper: What type and description ?		
None		

- Scheduled date for the **next paper** on this topic: 29th October 2020
- Executive Summaries should not exceed **5 sides** My paper does comply



Quality and Performance Report

August 2020



One team shared values

Operational Delivery Unit



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REPORT TO: PEOPLE, PROCESS AND PERFORMANCE COMMITTEE/QUALITY AND OUTCOMES COMMITTEE

DATE: 24th SEPTEMBER 2020

REPORT BY: ANDREW FURLONG, MEDICAL DIRECTOR

DEBRA MITCHELL, ACTING CHIEF OPERATING OFFICER

CAROLYN FOX, CHIEF NURSE

HAZEL WYTON, DIRECTOR OF PEOPLE AND ORGANISATIONAL DEVELOPMENT

SUBJECT: AUGUST 2020 QUALITY & PERFORMANCE SUMMARY REPORT

Introduction

The Quality and Performance (Q&P) report provides an overview of Key Performance Indicators (KPI's) mapped to the Becoming the Best priorities.

The KPI's include:-

- those monitored by NHSI/E via the NHS Single Oversight Framework, which sets out the approach to overseeing and supporting NHS trusts and NHS foundation trusts under the Single Oversight Framework
- UHL clinical/quality priorities
- KPI's monitored in the contract with Leicester, Leicestershire and Rutland commissioners.

As part of the refresh of the report all KPI's are presented in Statistical Process Control (SPC) charts instead of graphs or RAG rated dashboards, as recommended by the CQC. Presented in this format will allow the Board to ask the right questions and is a more effective approach to assurance.

Data Quality Assessment – The Data Quality Forum panel is presented with an overview of data collection and processing for each performance indicator in order to gain assurance by best endeavours that it is of suitably high quality. The forum provides scrutiny and challenge on the quality of data presented, via the attributes of (i) Sign off and Validation (ii) Timeliness and Completeness (iii) Audit and Accuracy and (iv) Systems and Data Capture to calculate an assurance rating.

Statistical Process Control (SPC) charts

SPC charts look like a traditional run chart but consist of:

- A line graph showing the data across a time series. The data can be in months, weeks, or days- but it is always best to ensure there are at least 15 data points in order to ensure the accurate identification of patterns, trends, anomalies and random variations.
- A horizontal line showing the Mean. This is used in determining if there is a statistically significant trend or pattern.
- Two horizontal lines either side of the Mean- called the upper and lower control limits. Any data points on the line graph outside these limits, are 'extreme values' and is not within the expected 'normal variation'.
- A horizontal line showing the Target. In order for this target to be achievable, it should sit within the control limits. Any target set that is not within the control limits will not be reached without dramatic changes to the process involved in reaching the outcomes.

Normal variations in performance across time can occur randomly- without a direct cause, and should not be treated as a concern, or a sign of improvement, and is unlikely to require investigation unless one of the patterns defined below applies.

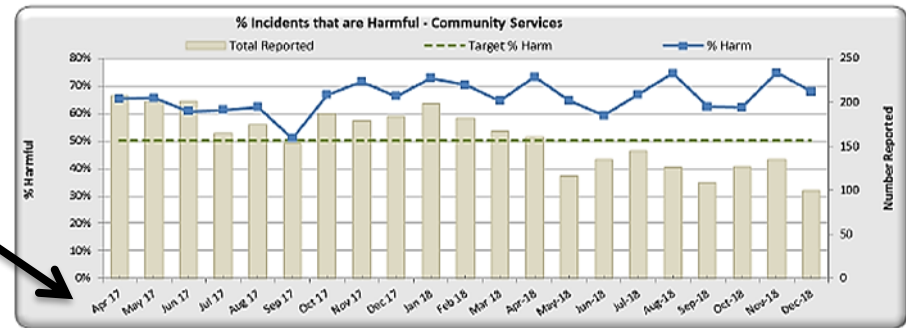
Within an SPC chart there are three different patterns to identify:

- Normal variation – (common cause) fluctuations in data points that sit between the upper and lower control limits
- Extreme values – (special cause) any value on the line graph that falls outside of the control limits. These are very unlikely to occur and where they do, it is likely a reason or handful of reasons outside the control of the process behind the extreme value
- A trend – may be identified where there are 7 consecutive points in either a pattern that could be; a downward trend, an upward trend, or a string of data points that are all above, or all below the mean. A trend would indicate that there has been a change in process resulting in a change in outcome

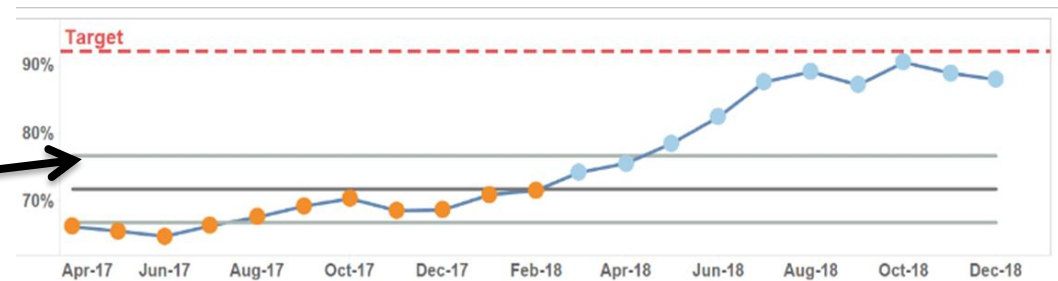


Key elements of a SPC dashboard

Appreciation of
variance over time



Highlighting special
cause and its nature



One team shared values



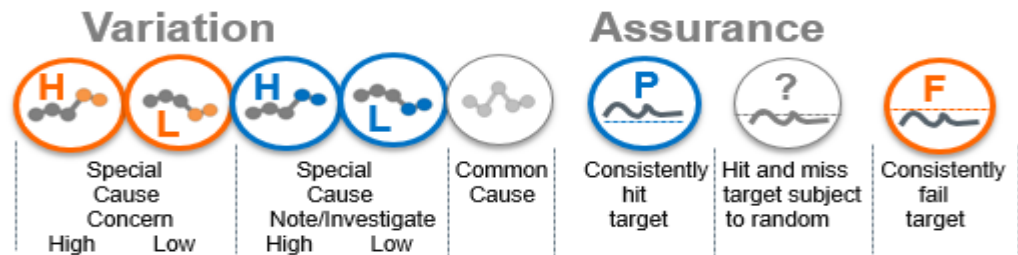
Key elements of a SPC dashboard

Narrative support that supports SPC theory

Summary icons and a top level summary view

Comment

This indicator records 85% in May 2018 and is demonstrating common cause variation.



	Jun-18	Target	Variation	Target Capability	Comment
Staff Sickness absence	4.4%	3.5%			Shift change in August 2017 showing increase in sickness - staff survey review indicated.....

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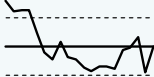


Performance Overview

Domain	KPI	Target	Jun-20	Jul-20	Aug-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Safe	Never events	0	1	0	1	3				Jan-20
	Overdue CAS alerts	0	0	0	0	0				Nov-19
	% of all adults VTE Risk Assessment on Admission	95%	99.0%	98.6%	98.7%	98.9%				Dec-19
	Emergency C-section rate	No Target	20.5%	20.2%	22.4%	20.3%				Feb-20
	Clostridium Difficile	108	4	7	3	28				Nov-17
	MRSA Total	0	0	0	0	0				Nov-17
	E. Coli Bacteraemias Acute	No Target	13	12	4	36				Jun-18
	MSSA Acute	No Target	1	5	4	12				Nov-17

One team shared values

















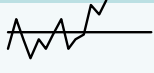
Performance Overview

Domain	KPI	Target	Jun-20	Jul-20	Aug-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Safe	COVID-19 Community Acquired <= 2 days after admission	No Target	77.8%	93.5%	94.4%	79.0%				TBC
	COVID-19 Hospital-onset, indeterminate, 3-7 days after admission	No Target	10.2%	3.2%	2.8%	8.5%				TBC
	COVID-19 Hospital-onset, probable, 8-14 days after admission	No Target	7.4%	2.2%	0.0%	7.3%				TBC
	COVID-19 Hospital-onset, healthcare-acquired, 15 or more days after admission	No Target	4.6%	1.1%	2.8%	5.2%				TBC
	All falls reported per 1000 bed days	5.5	3.8	5.0		4.5				Jun-18
	Rate of Moderate harm and above Falls PSIs with finally approved status per 1,000 bed days	No Target	0.08	0.09		0.09				TBC

One team shared values





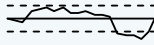








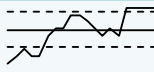


Performance Overview

Domain	KPI	Target	Jun-20	Jul-20	Aug-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Caring	Staff Survey Recommend for treatment	No Target	Reporting will commence once national reporting resumes							Aug-17
	Single Sex Breaches	0	National reporting commences in October							Mar-20
	Inpatient and Daycase F&F Test % Positive	96%	National reporting is expected from December onwards. CMG's have restarted FFT and will commence reporting next month							Mar-20
	A&E F&F Test % Positive	94%	National reporting is expected from December onwards. CMG's have restarted FFT and will commence reporting next month							Mar-20
	Maternity F&F Test % Positive	96%	National reporting is expected from December onwards. CMG's have restarted FFT and will commence reporting next month							Mar-20
	Outpatient F&F Test % Positive	94%	National reporting is expected from December onwards. CMG's have restarted FFT and will commence reporting next month							Mar-20
	Complaints per 1,000 staff (WTE)	No Target	National reporting expected to resume from November onwards							Jan-20

One team shared values



Performance Overview

Domain	KPI	Target	Jun-20	Jul-20	Aug-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Well Led	Staff Survey % Recommend as Place to Work	No Target	Reporting will commence once national reporting resumes							Sep-17
	Turnover Rate	10%	7.6%	7.9%	8.9%	8.9%				Nov-19
	Sickness Absence	3%	6.7%	5.7%		7.6%				Oct-16
	% of Staff with Annual Appraisal	95%	74.1%	74.4%	74.7%	74.7%				Dec-16
	Statutory and Mandatory Training	95%	96%	96%	96%	96%				Feb-20
	Nursing Vacancies	No Target	10.1%			10.1%				Dec-19

One team shared values





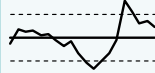


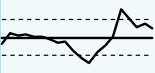















Performance Overview

Domain	KPI	Target	Jun-20	Jul-20	Aug-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Effective	Mortality Published SHMI	99	95	96	97	97 (May 19 to Apr 20)				Sep-16
	Mortality 12 months HSMR	99	93	95	102	102 (Jun 19 to May 20)				Sep-16
	Crude Mortality Rate	No Target	1.6%	1.3%	1.1%	1.9%				Sep-16
	Emergency Readmissions within 30 Days	8.5%	9.9%	9.7%		10.0%				Sep-20
	Emergency Readmissions within 48 hours	No Target	1.1%	1.3%		1.2%				Sep-20
	No of #neck of femurs operated on 0-35hrs	72%	86.1%	81.9%	82.5%	60.3%				Sep-20
	Stroke - 90% Stay on a Stroke Unit	80%	90.2%	89.3%		88.2%				Mar-20
	Stroke TIA Clinic Within 24hrs	60%	45.5%	92.1%	79.9%	71.4%				Mar-20

One team shared values




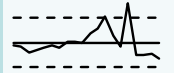


Performance Overview

Domain	KPI	Target	Jun-20	Jul-20	Aug-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Responsive	ED 4 hour waits UHL	95%	78.2%	79.0%	76.9%	80.1%				Mar-20
	ED 4 hour waits Acute Footprint	95%	84.5%	85.6%	84.2%	86.0%				Aug-17
	12 hour trolley waits in A&E	0	0	0	0	0				Mar-20
	Ambulance handover >60mins	0.0%	0.4%	0.7%	1.8%	0.9%				TBC
	RTT Incompletes	92%	51.5%	44.4%	48.7%	48.7%				Nov-19
	RTT Waiting 52+ Weeks	0	1495	2359	3137	3137				Nov-19
	Total Number of Incompletes <small>(by year end)</small>	66,397	66,082	67,854	69,696	69,696				Nov-19

One team shared values



Performance Overview

Domain	KPI	Target	Jun-20	Jul-20	Aug-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Responsive	6 Week Diagnostic Test Waiting Times	1.0%	24.4%	32.5%	32.1%	32.1%				Nov-19
	Cancelled Patients not offered <28 Days	0	7	8	2	109				Nov-19
	% Operations Cancelled OTD	1.0%	0.5%	0.5%	0.8%	0.7%				Jul-18
	Delayed Transfers of Care	3.5%	This KPI is no longer reported							Oct-17
	Long Stay Patients (21+ days)	70	122	117	141	141				Sep-20
	Inpatient Average LOS	No Target	3.8	3.6	3.5	3.5				Sep-20
	Emergency Average LOS	No Target	4.8	4.7	4.7	4.6				Sep-20

One team shared values



Performance Overview

Domain	KPI	Target	May-20	Jun-20	Jul-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Responsive - Cancer	2WW	93%	86.9%	92.1%	90.0%	89.2%				Dec-19
	2WW Breast	93%	95.5%	96.3%	97.7%	96.4%				Dec-19
	31 Day	96%	89.3%	89.7%	91.2%	91.1%				Dec-19
	31 Day Drugs	98%	100%	99%	100%	100%				Dec-19
	31 Day Sub Surgery	94%	83.2%	70.5%	68.9%	73.8%				Dec-19
	31 Day Radiotherapy	94%	90.4%	94.4%	100%	86.4%				Dec-19
	Cancer 62 Day	85%	56.1%	70.6%	71.2%	66.4%				Dec-19
	Cancer 62 Day Consultant Screening	90%	25.0%	0.0%	0.0%	33.3%				Dec-19

One team shared values



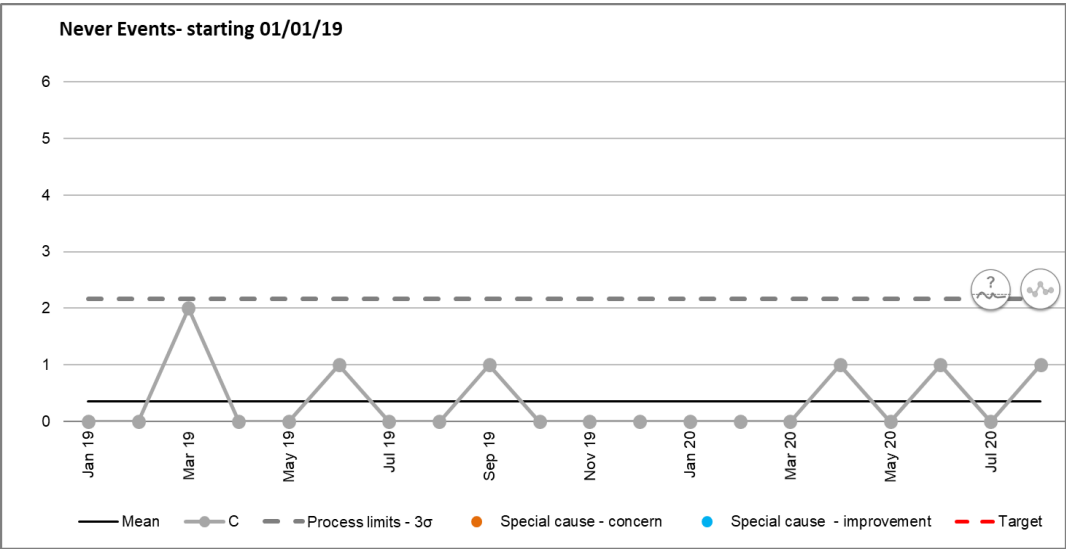
Performance Overview

Domain	KPI	Target	Jun-20	Jul-20	Aug-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Outpatient Transformation	% DNA rate	No Target	5.9%	6.2%	6.3%	6.2%				Feb-20
	% Non Face to Face Appointments	No Target	63.5%	57.5%	51.3%	62.5%				Feb-20
	% 7 day turnaround of OP clinic letters	90%	94.3%	89.7%	85.1%	90.5%				Feb-20

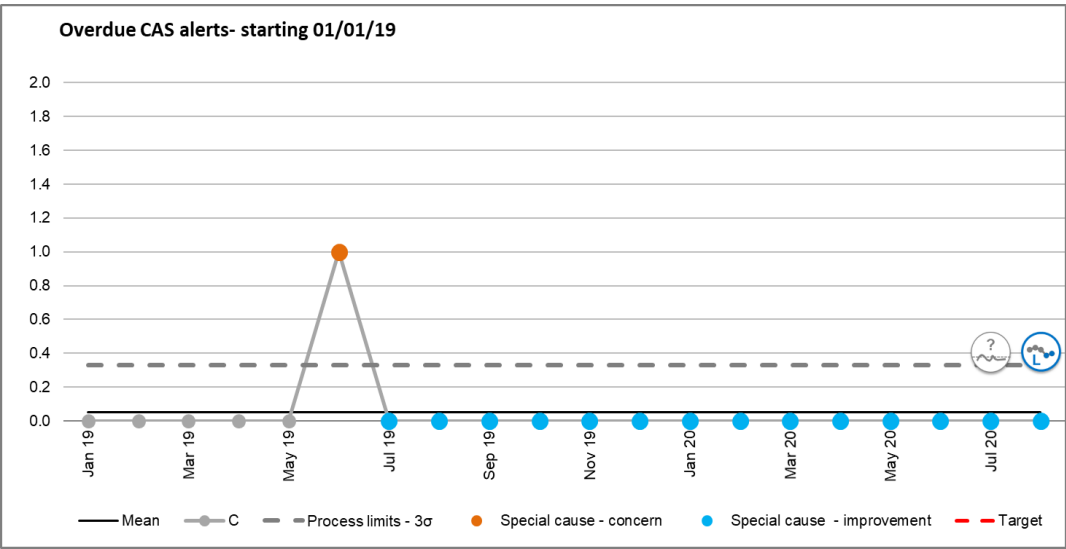
One team shared values



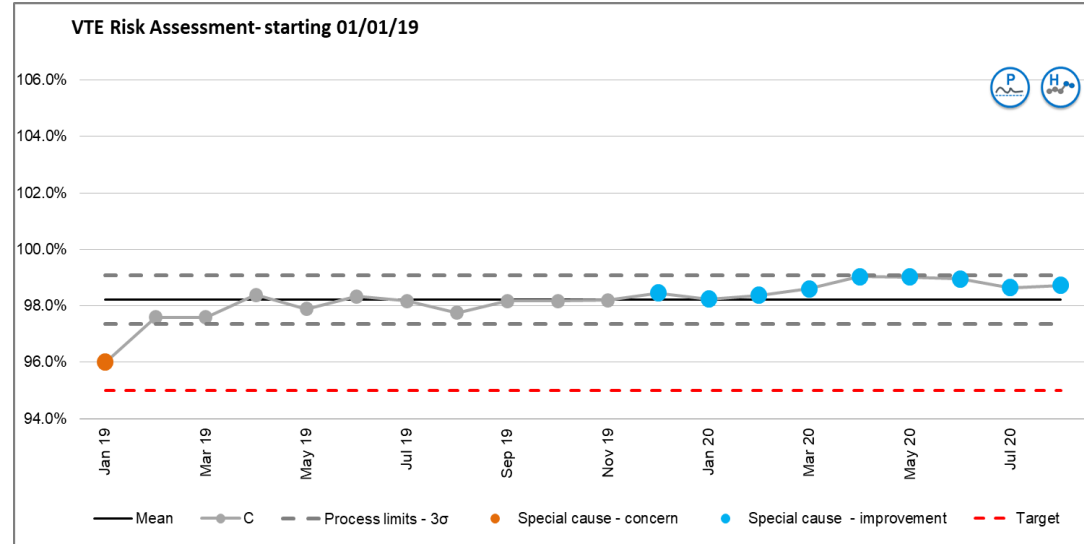
Metric	Aug 20	YTD	Target
Never Events	1	3	0
4 never events in the last 12 months.			



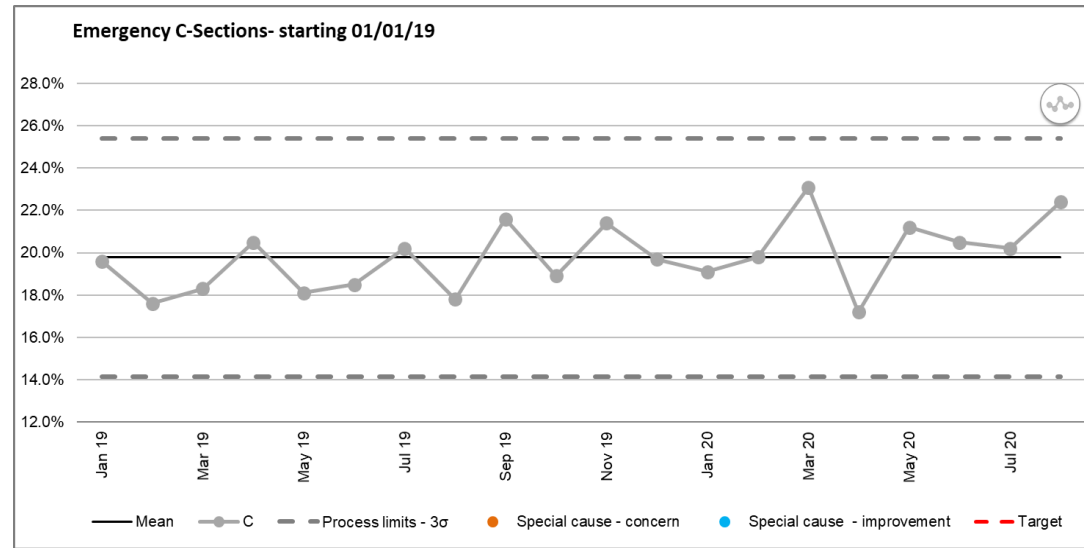
Metric	Aug 20	YTD	Target
Overdue CAS alerts	0	0	0
No overdue CAS alerts since June 2019.			



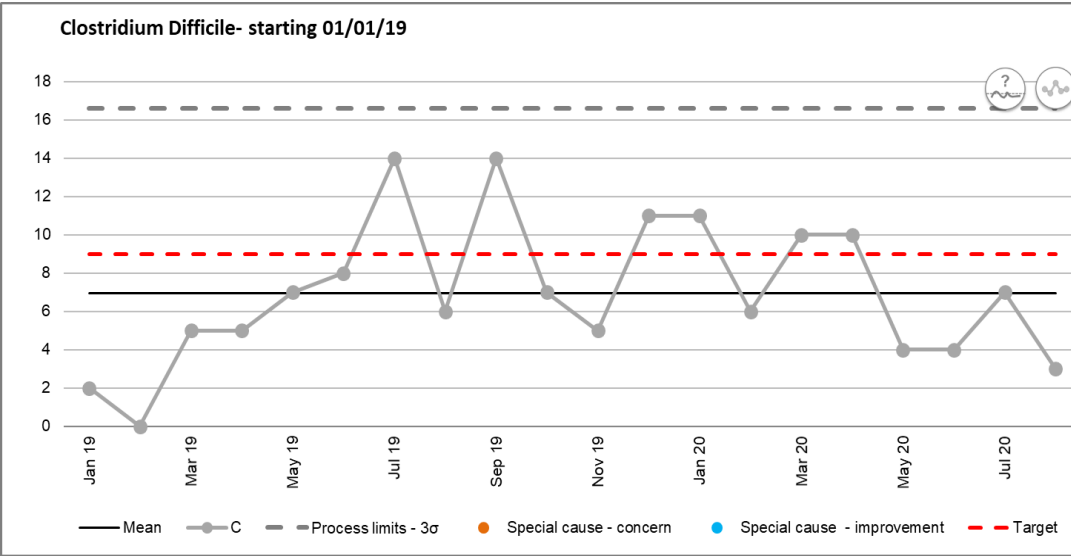
Metric	Aug 20	YTD	Target
VTE Risk Assessment	98.7%	98.9%	95%
Special cause improvement, likely to deliver target next month.			



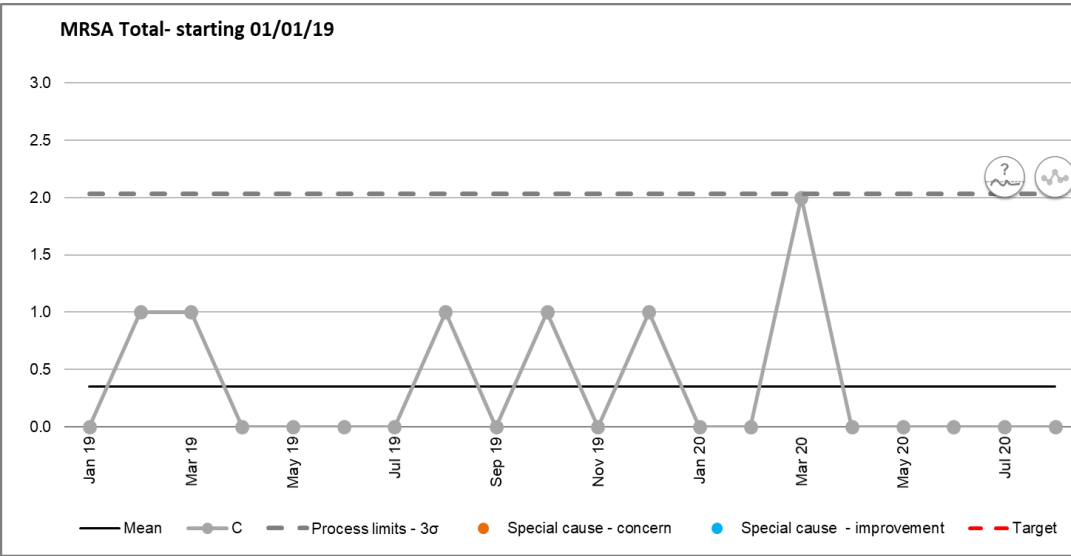
Metric	Aug 20	YTD	Target
% Emergency C-Sections	22.4%	20.3%	No National Target
Common cause variation.			



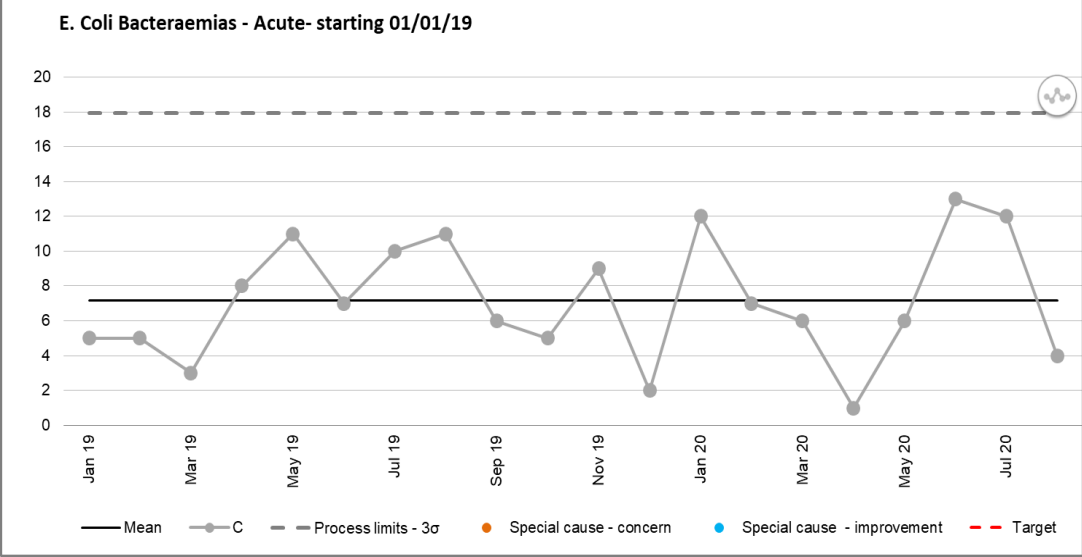
Metric	Aug 20	YTD	Target
Clostridium Difficile	3	28	108
This metric is relatively stable. May achieve target next month.			



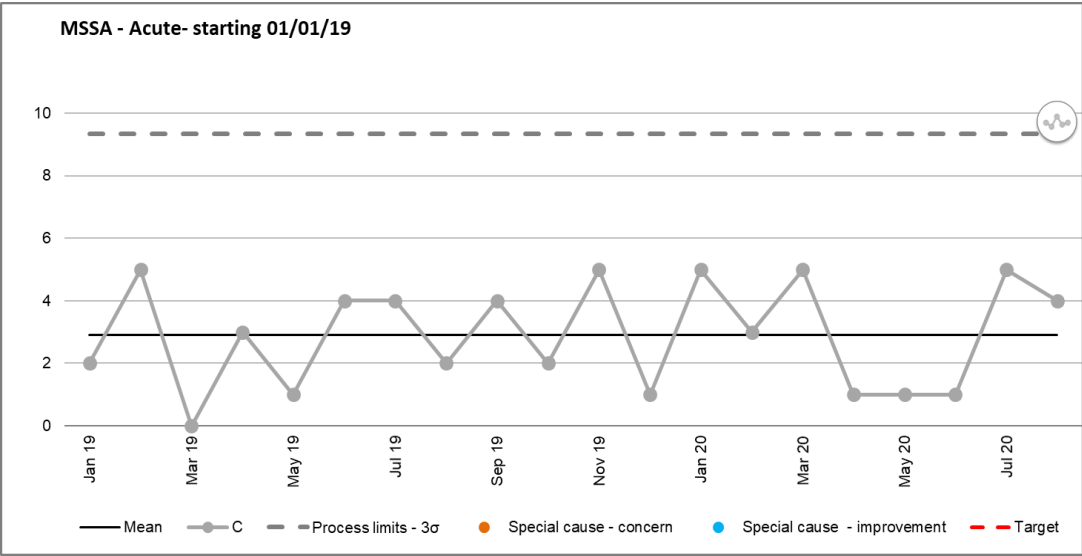
Metric	Aug 20	YTD	Target
MRSA Total	0	0	0
No assurance if target will be achieved next month.			



Metric	Aug 20	YTD	Target
E. Coli Bacteraemias - Acute	4	36	No National Target
No significant variation.			

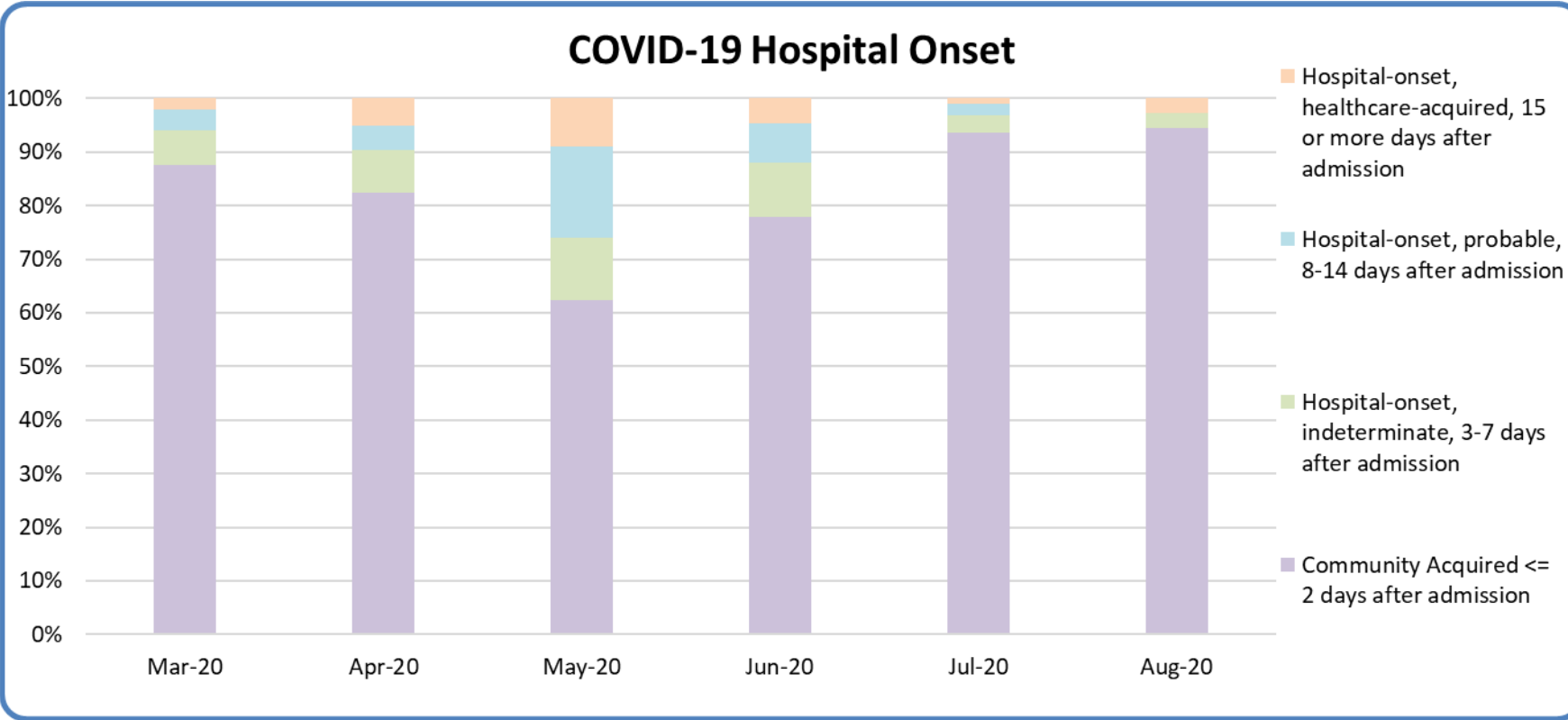


Metric	Aug 20	YTD	Target
MSSA - Acute	4	12	No National Target
Normal variation.			

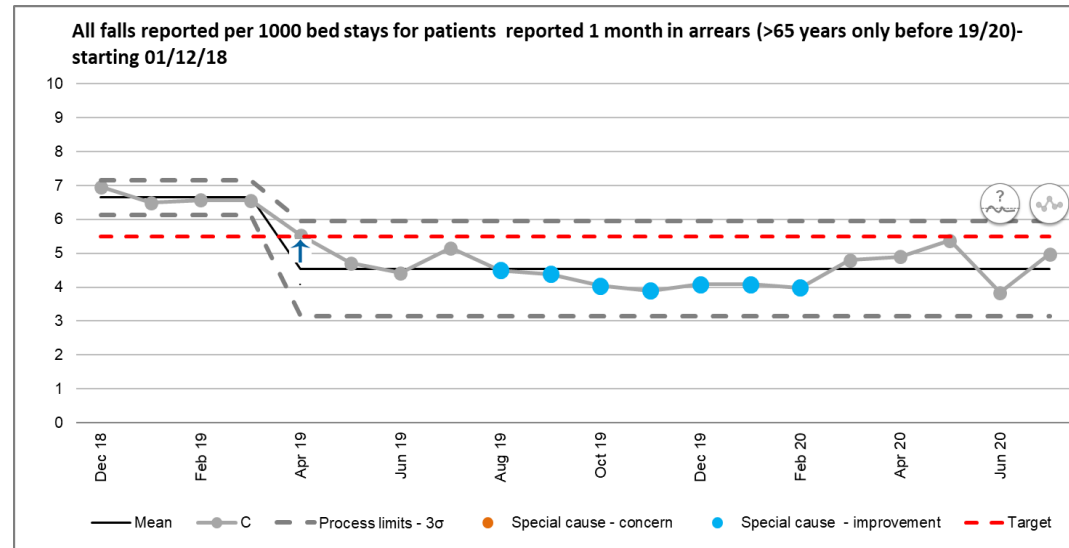


NHSI COVID-19 Onset Category

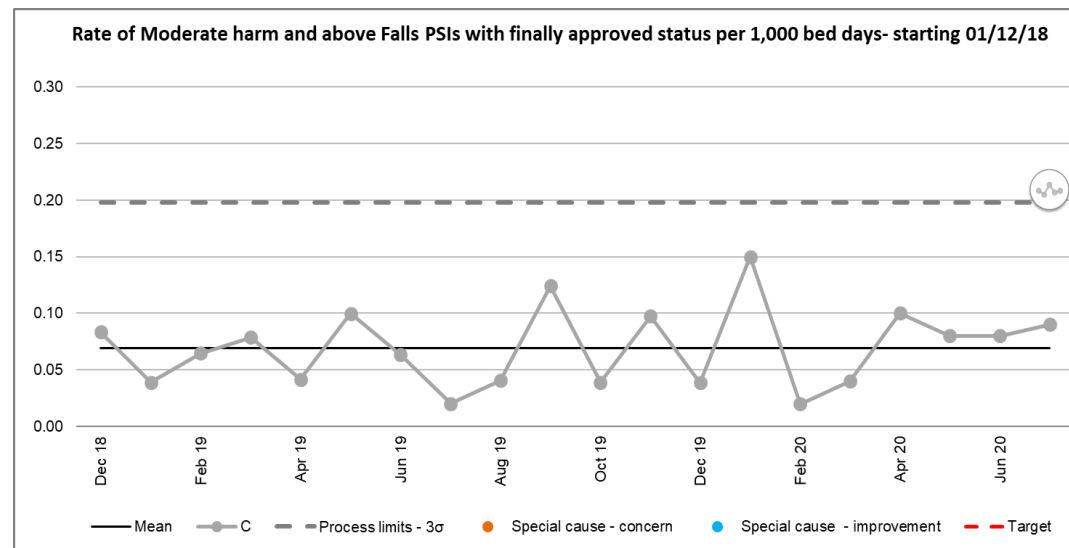
NHSI COVID-19 Onset Category	Mar-20		Apr-20		May-20		Jun-20		Jul-20		Aug-20	
	Patients	%	Patients	%	Patients	%	Patients	%	Patients	%	Patients	%
Community Acquired <= 2 days after admission	218	87.6%	619	82.4%	236	62.4%	168	77.8%	87	93.5%	34	94.4%
Hospital-onset, indeterminate, 3-7 days after admission	16	6.4%	60	8.0%	44	11.6%	22	10.2%	3	3.2%	1	2.8%
Hospital-onset, probable, 8-14 days after admission	10	4.0%	34	4.5%	64	16.9%	16	7.4%	2	2.2%	0	0.0%
Hospital-onset, healthcare-acquired, 15 or more days after admission	5	2.0%	38	5.1%	34	9.0%	10	4.6%	1	1.1%	1	2.8%
Total	249	100%	751	100%	378	100%	216	100%	93	100%	36	100%



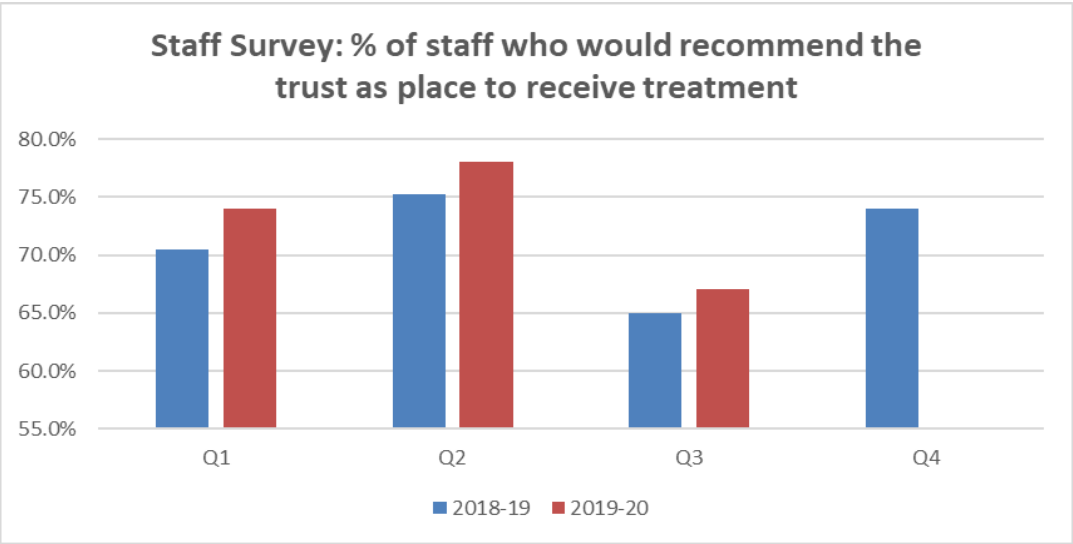
Metric	Jul 20	YTD	Target
All falls reported per 1000 bed stays for patients	5.0	4.5	5.5
Common cause variation, no assurance that the target will be delivered next month.			



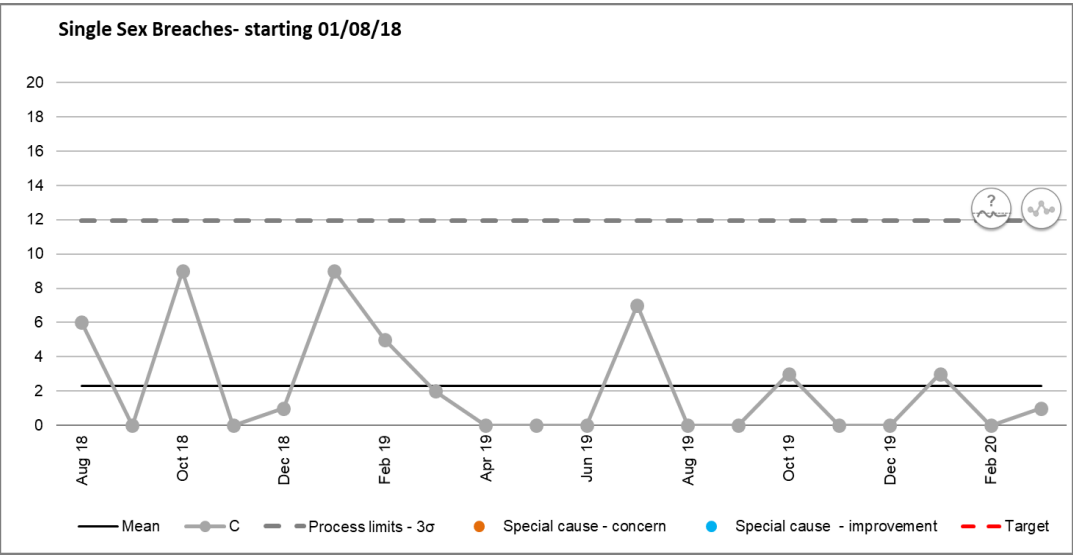
Metric	Jul 20	YTD	Target
Rate of Moderate harm and above Falls PSIs with finally approved status per 1,000 bed days	0.09	0.09	No National Target
No significant variation.			



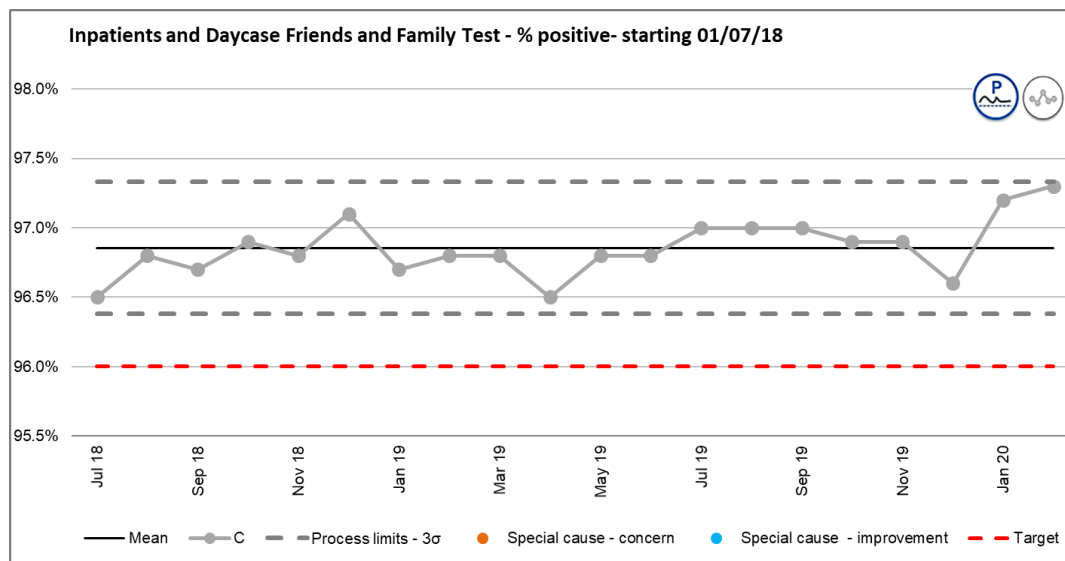
Metric	Q3 19/20	YTD	Target
% of staff who would recommend the trust as place to receive treatment	67%	73%	No National Target
Reporting will commence once national reporting resumes.			



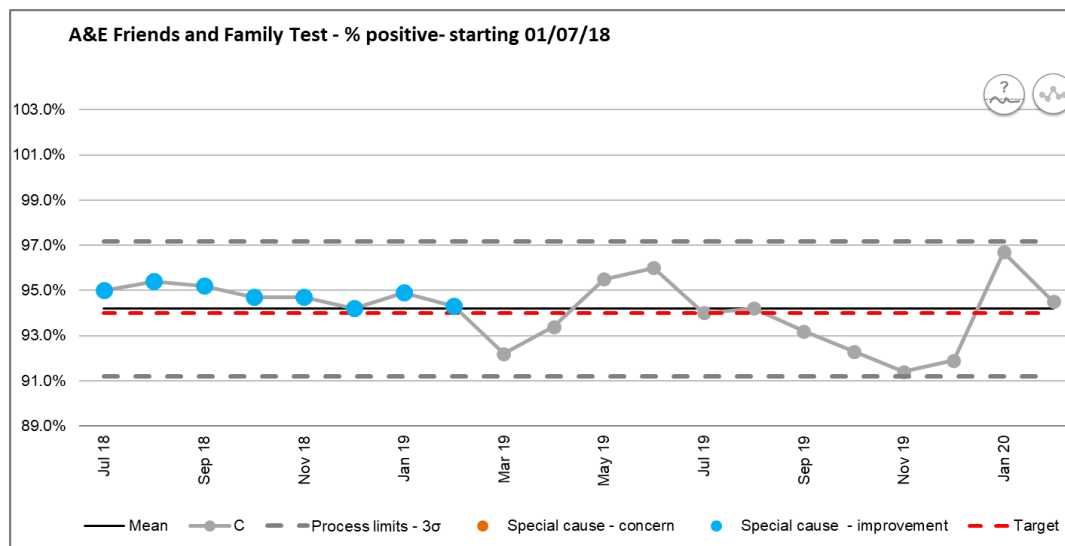
Metric	Mar 20	YTD	Target
Single Sex Breaches	1	14	0
National reporting commences in October.			



Metric	Feb 20	YTD	Target
Inpatient and Day case F&F Test % Positive	97%	97%	96%
National reporting is expected from December onwards. CMG's have restarted FFT and will commence reporting next month.			



Metric	Feb 20	YTD	Target
A&E F&F Test % Positive	95%	94%	94%
National reporting is expected from December onwards. CMG's have restarted FFT and will commence reporting next month.			

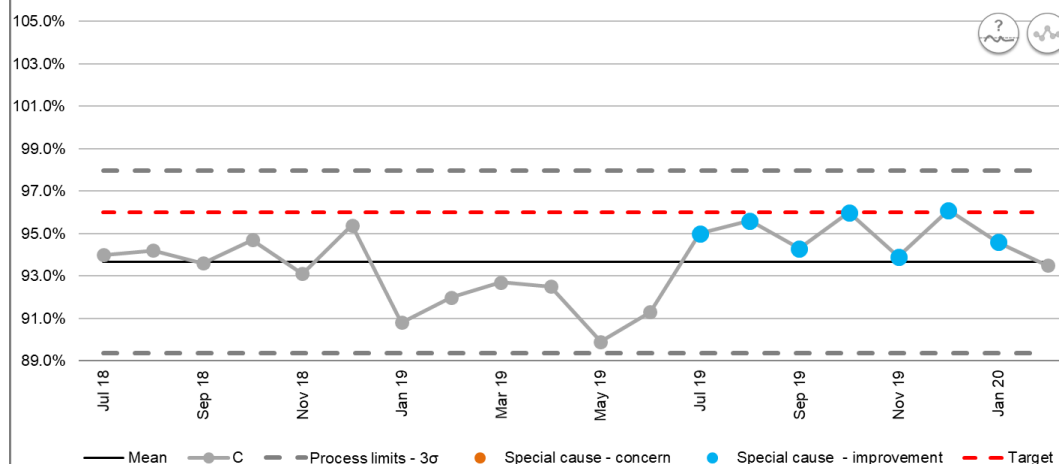


Metric	Feb 20	YTD	Target
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Maternity F&F Test % Positive	94%	94%	96%
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National reporting is expected from December onwards. CMG's have restarted FFT and will commence reporting next month.

Maternity Friends and Family Test - % positive- starting 01/07/18

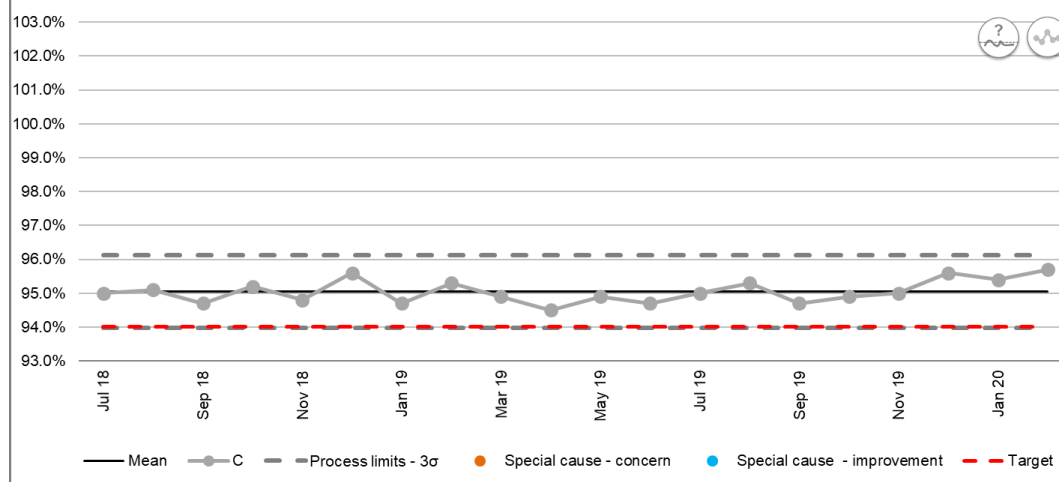


Metric	Feb 20	YTD	Target
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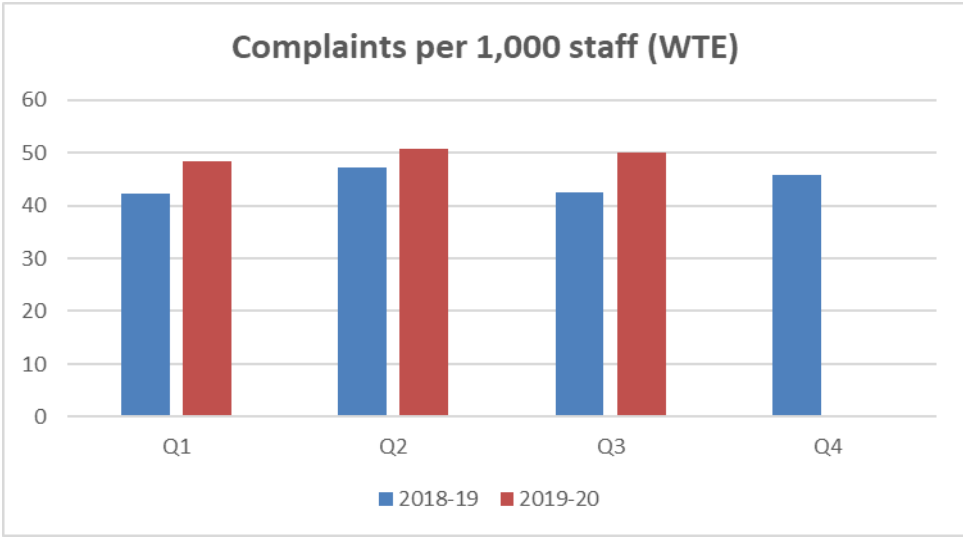
Outpatients Friends and Family Test - % positive	96%	95%	94%
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National reporting is expected from December onwards. CMG's have restarted FFT and will commence reporting next month.

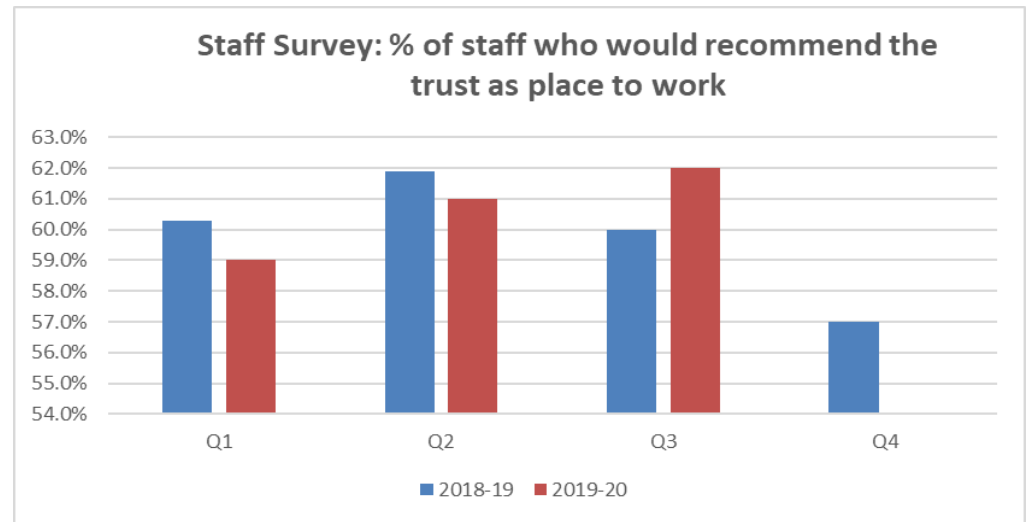
Outpatients Friends and Family Test - % positive- starting 01/07/18



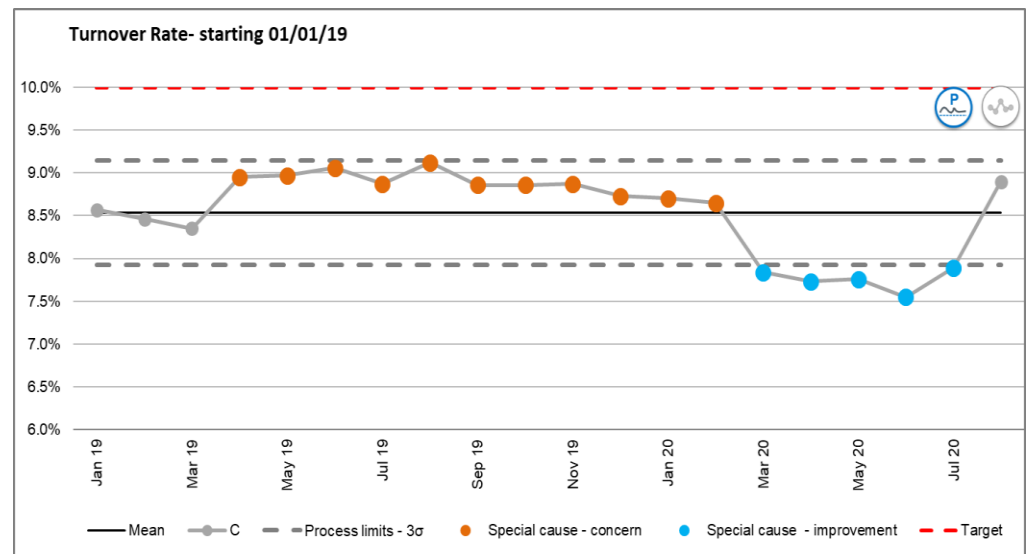
Metric	Q3 19/20	YTD	Target
Complaints per 1,000 staff (WTE)	50.1	49.7	No National Target
National reporting expected to resume from November onwards.			



Metric	Q3 19/20	YTD	Target
Staff Survey % Recommend as Place to Work	62%	61%	Not within Lowest Decile
Reporting will commence once national reporting resumes.			



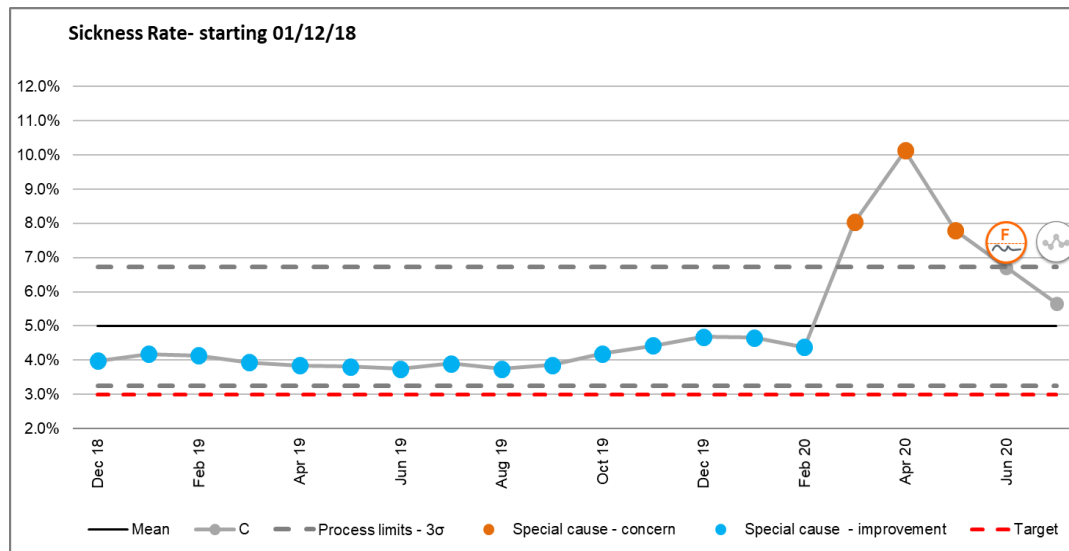
Metric	Aug 20	YTD	Target
Turnover Rate	8.9%	8.9%	10%
Turnover rate decreased significantly between March and July due to COVID-19, very likely to achieve target.			



Metric	Jul 20	YTD	Target
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Sickness absence	5.7%	7.6%	3%
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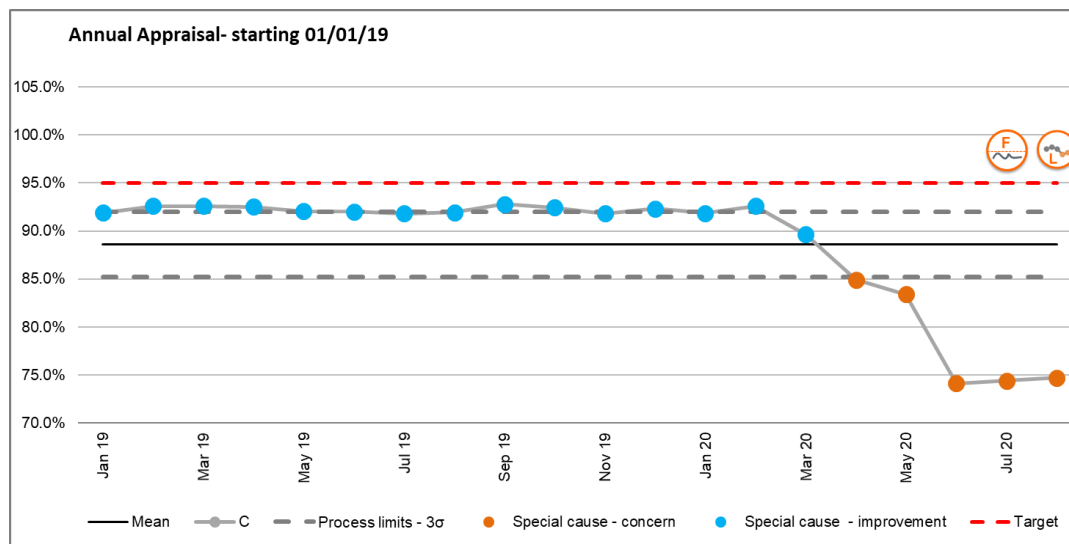
Common cause variation following a period of statistical concern due to COVID-19. The target will most likely not be achieved next month.



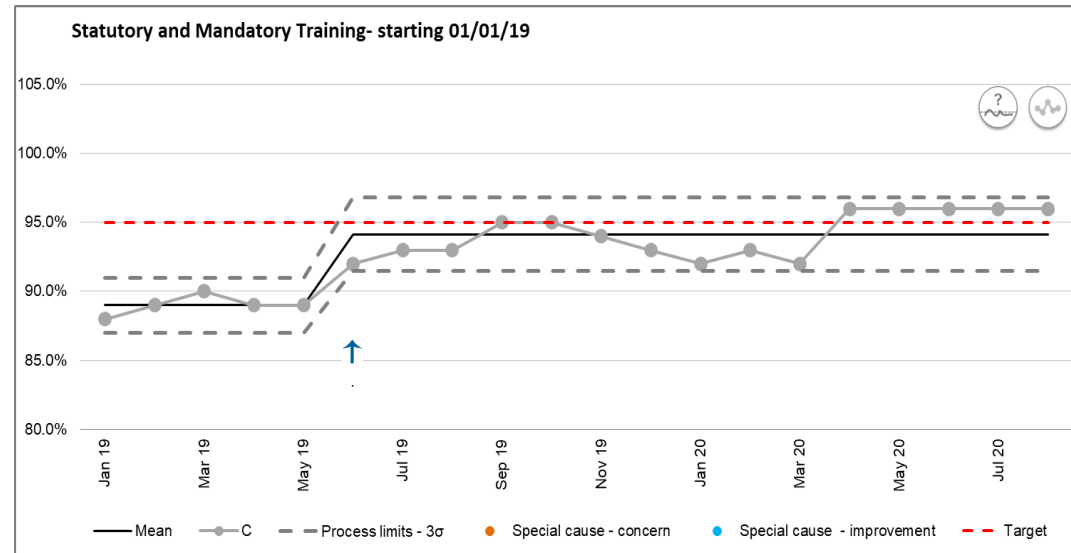
Metric	Aug 20	YTD	Target
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% of Staff with Annual Appraisal	74.7%	74.7%	95%
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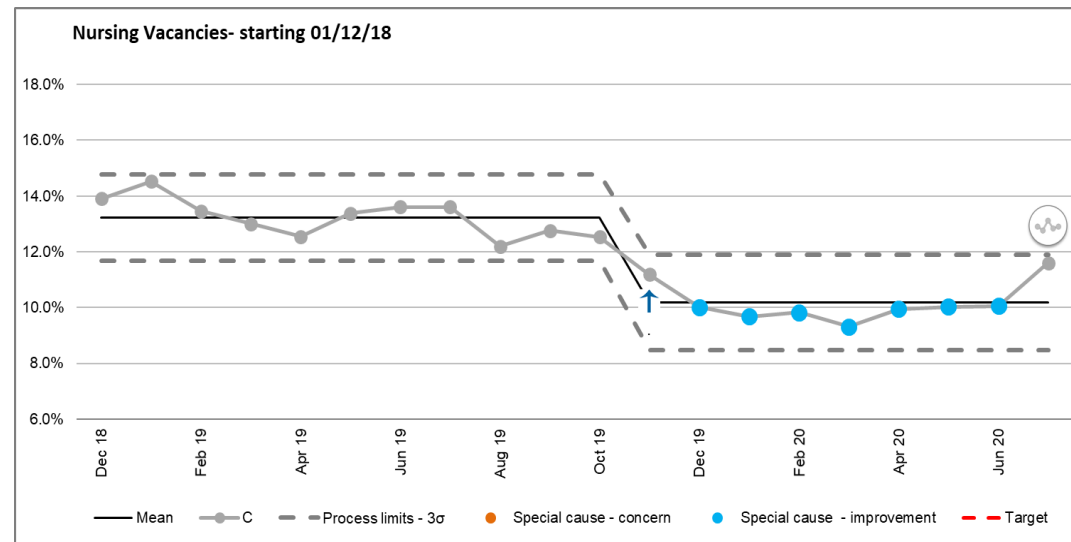
This metric has deteriorated significantly in the past 5 months due to COVID-19. Very unlikely to achieve target.



Metric	Aug 20	YTD	Target
Statutory and Mandatory Training	96%	96%	95%
A step change in improvement occurred in June 19, no assurance that target will be achieved again next month.			



Metric	Jul 20	YTD	Target
Nursing Vacancies	11.6%	11.6%	No National Target
Performance has improved since November last year.			



Metric May 19 – Apr 20 Target

Mortality –
Published
Monthly SHMI **97** **100**

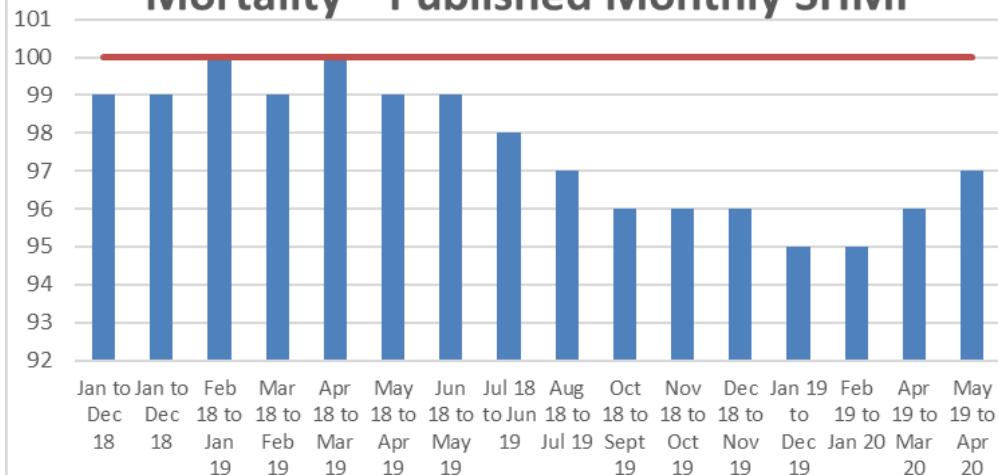
UHL's SHMI has been 100 or below for the past two years with some natural variation. It is anticipated that the SMHI will increase in the coming months similarly to the HSMR.

Metric Jun 19 – May 20 Target

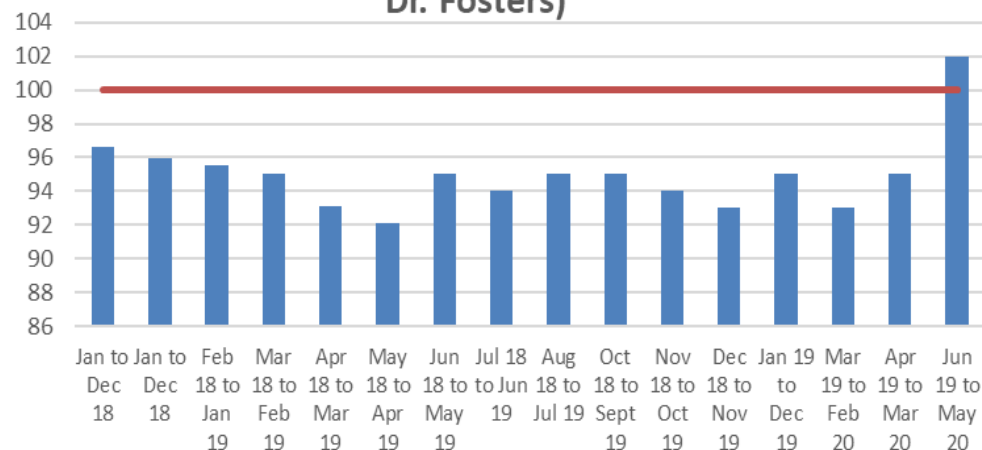
Mortality -
Rolling 12 mths
HSMR as
reported in Dr.
Foster) **102** **100**

Over the past 4 years our HSMR has remained at either below or within the expected range. The recent increase in the HSMR was discussed at the Trust Mortality Review Committee and is thought to be due to the nationally agreed changes made; namely to exclude COVID activity and deaths. The trust is working with our Dr Foster Consultant to better understand the increase.

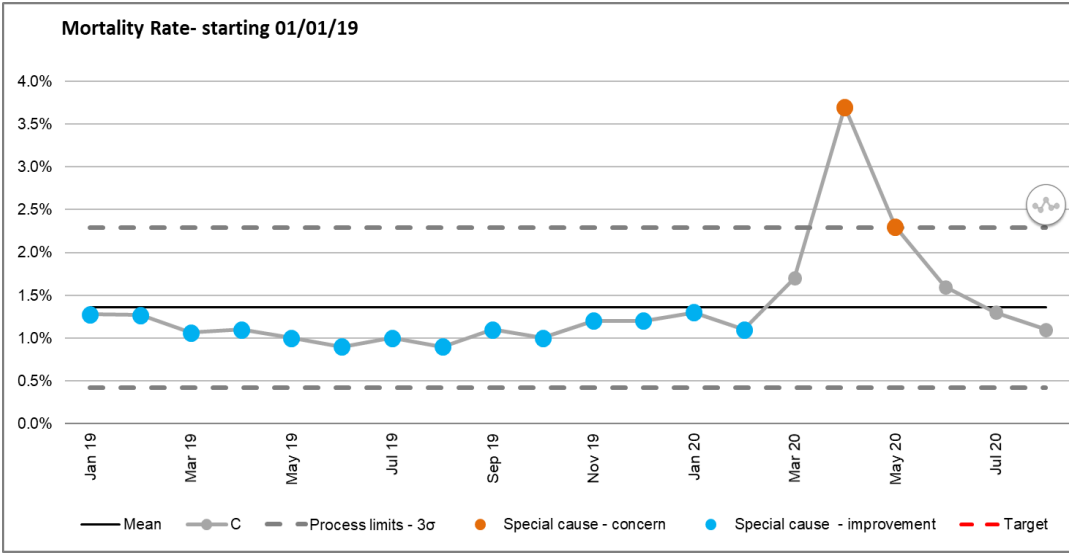
Mortality – Published Monthly SHMI



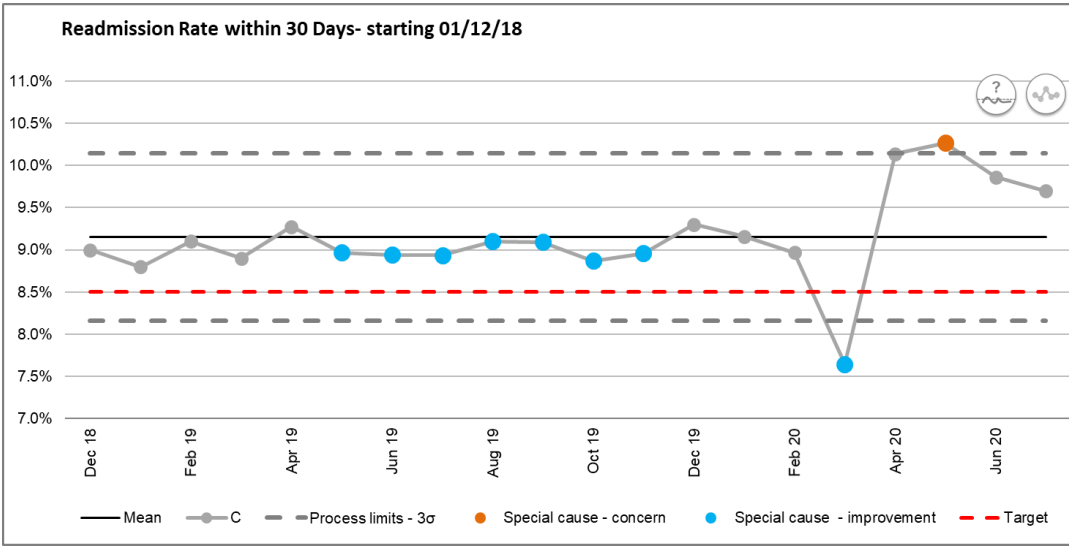
Mortality - Rolling 12 mths HSMR (as reported in Dr. Fosters)



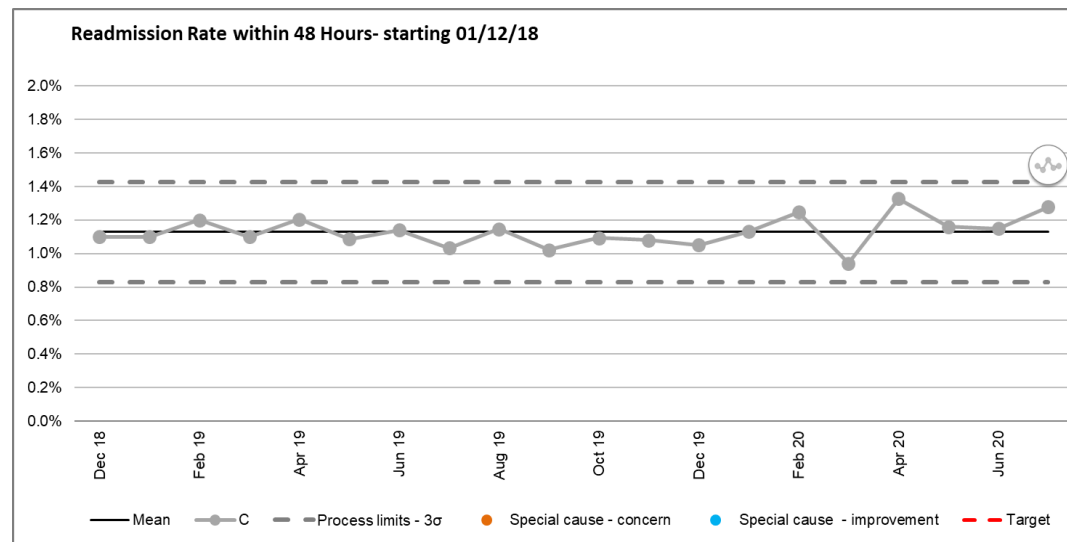
Metric	Aug 20	YTD	Target
Crude Mortality	1.1%	1.9%	No National Target
Statistically significant increase in April and May due to COVID-19.			



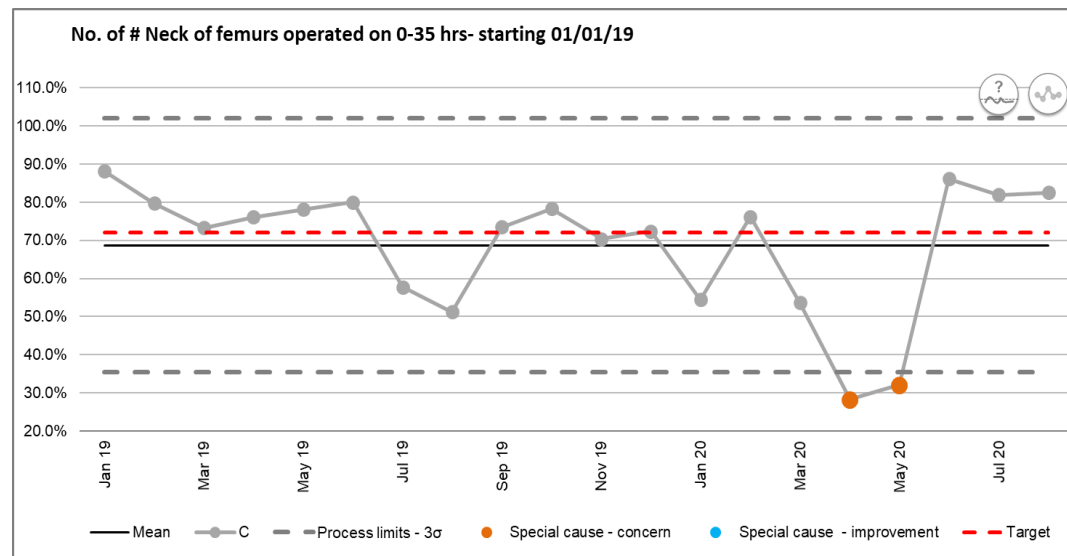
Metric	Jul 20	YTD	Target
Emergency readmissions within 30 days	9.7%	10.0%	8.5%
Special cause concern in May due to COVID-19.			



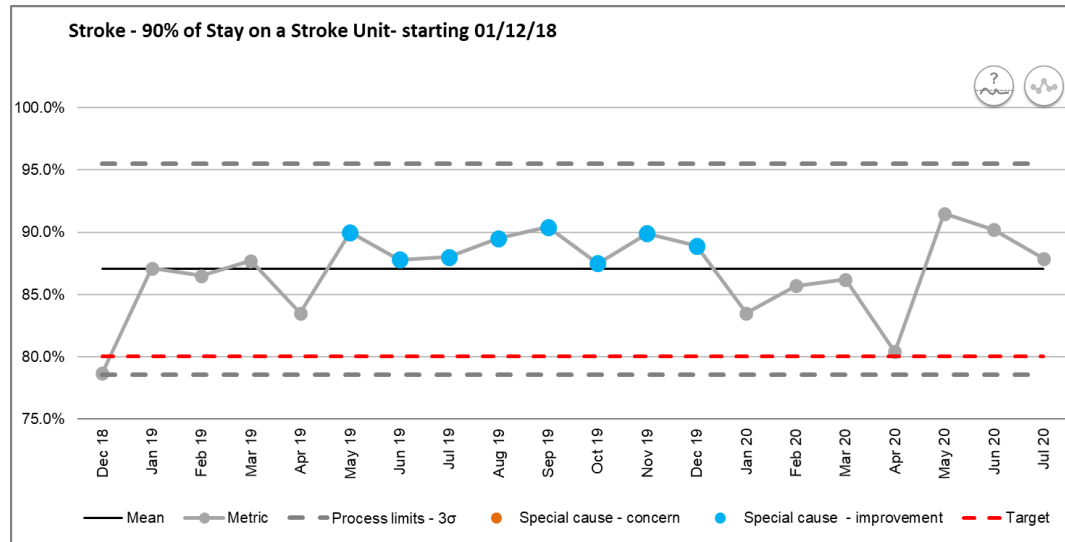
Metric	Jul 20	YTD	Target
Emergency readmissions within 48 hrs	1.3%	1.2%	No National Target
No significant variation.			



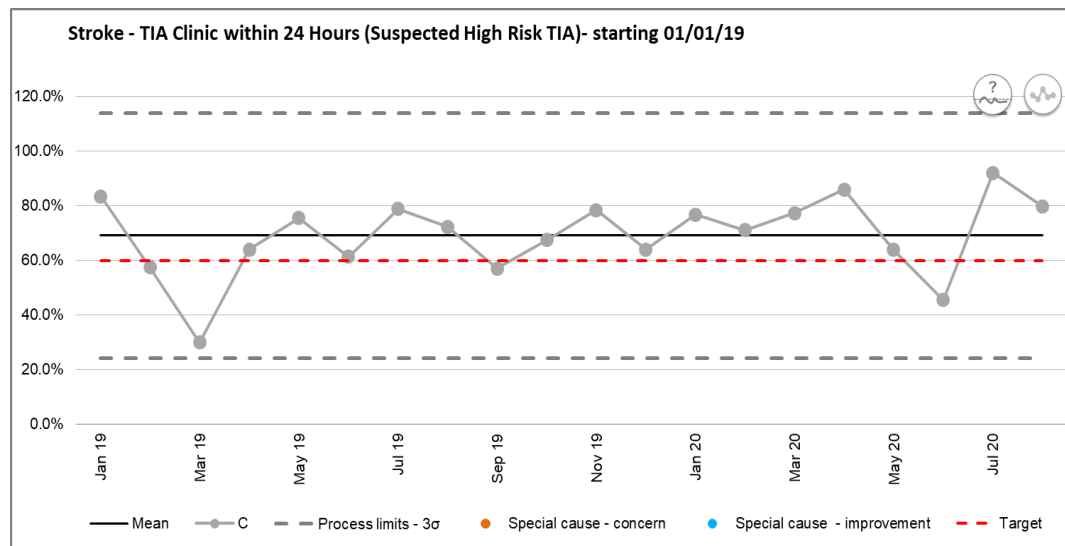
Metric	Aug 20	YTD	Target
% Neck of femurs operated on under 36 hrs Based on Admissions	82.5%	60.3%	72%
Performance deteriorated significantly in April and May due to COVID-19. No assurance that target will be delivered next month.			



Metric	Jul 20	YTD	Target
Stroke - 90% of Stay on a Stroke Unit	87.9%	87.9%	80%
Common cause variation, consistently achieving target.			



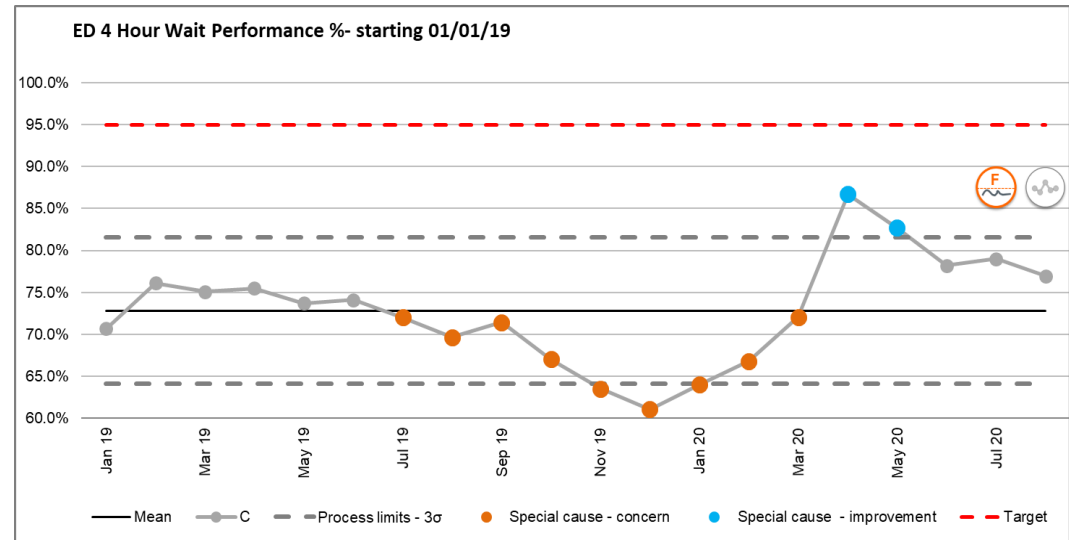
Metric	Aug 20	YTD	Target
TIA Clinic within 24 Hours (Suspected High Risk TIA)	79.9%	71.4%	60%
Common cause variation, target achieved in August.			



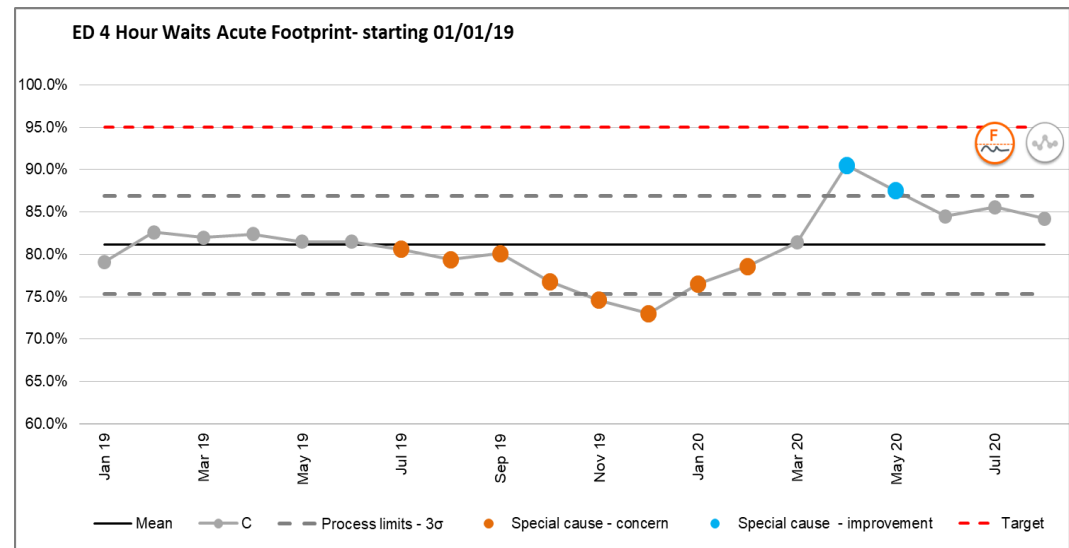
Responsive

For more information please see the Urgent Care Report - PPPC

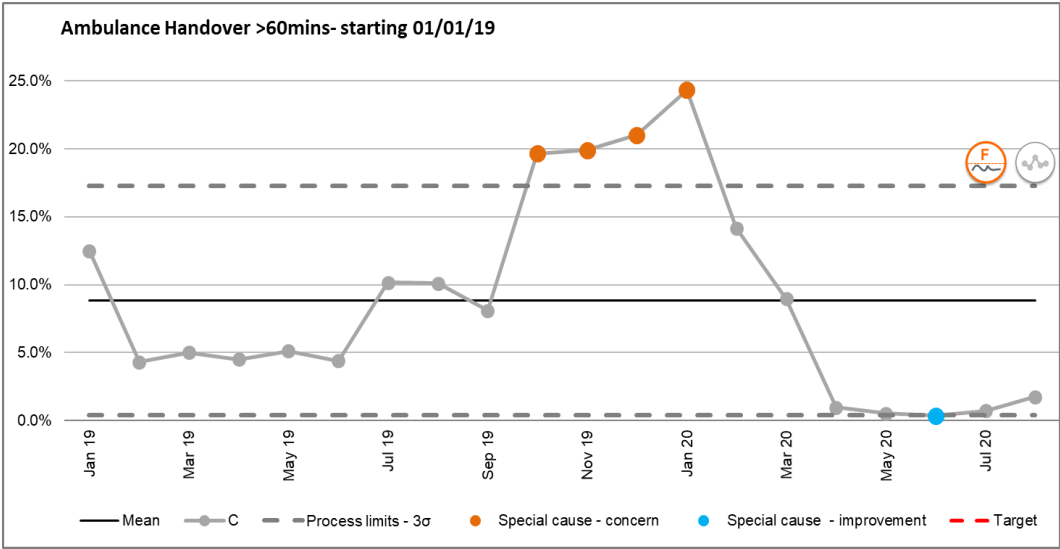
Metric	Aug 20	YTD	Target
ED 4 Hour Waits UHL	76.9%	80.1%	95%
Special cause improvement in April and May due to COVID-19. Continually failing target and will most likely fail to achieve target next month.			



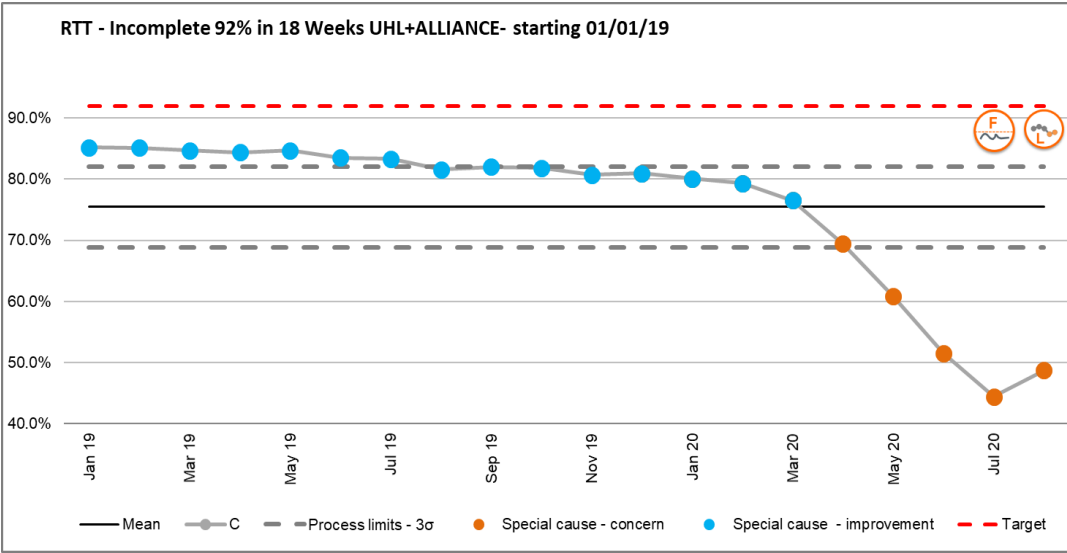
Metric	Aug 20	YTD	Target
ED 4 Hour Waits Acute Footprint	84.2%	86.0%	95%
Special cause improvement in April and May due to COVID-19. Continually failing target and will most likely fail to achieve target next month.			



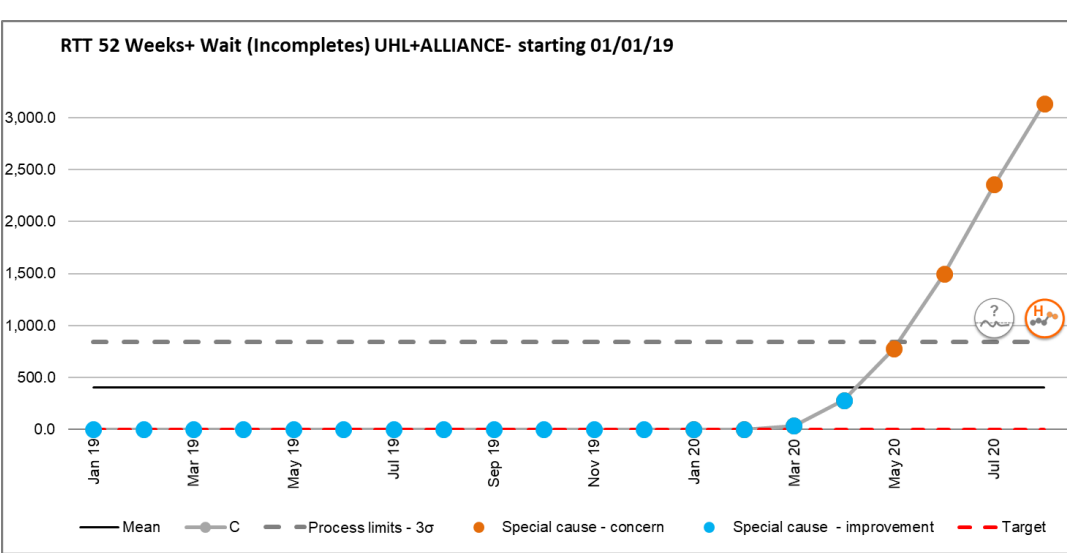
Metric	Aug 20	YTD	Target
Ambulance Handover >60 Mins	1.8%	0.9%	0%
Common cause variation, the last 5 months have been below the mean.			



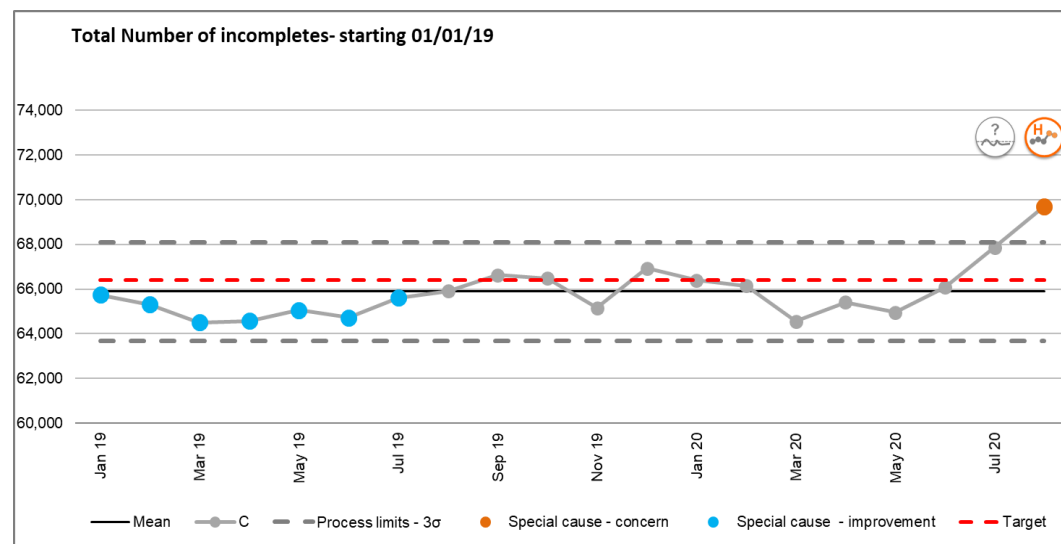
Metric	Aug 20	YTD	Target
RTT Incompletes	48.7%	48.7%	92%
Performance has been deteriorating due to focus on waiting list target and more recently COVID-19.			



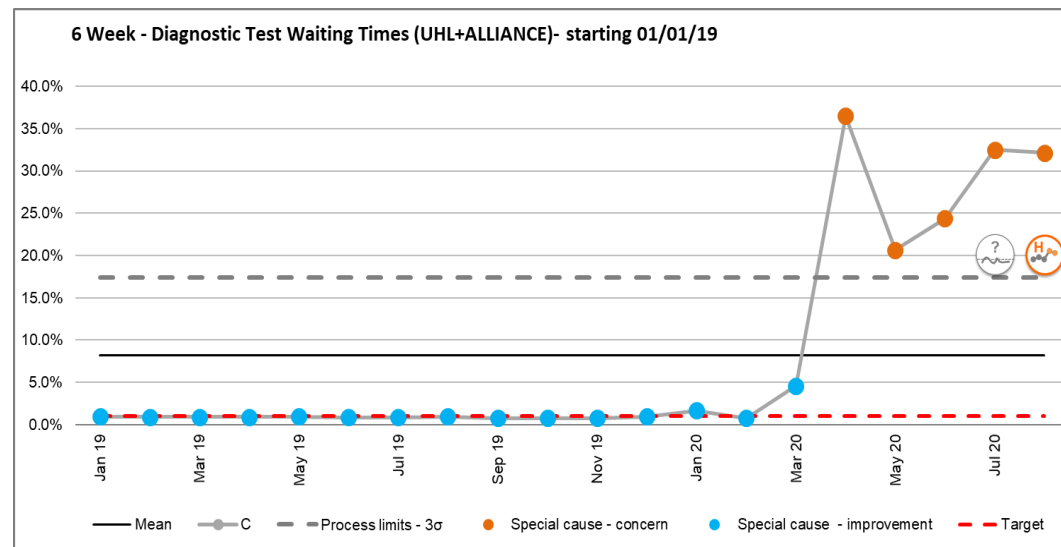
Metric	Aug 20	YTD	Target
RTT 52+ Weeks Wait	3,137	3,137	0
Special cause concern, the number of breaches is expected to increase due to COVID-19.			



Metric	Aug 20	YTD	Target
Total Number of incompletes	69,696	69,696	66,397 (Year End)
Special cause concern due to COVID-19.			



Metric	Aug 20	YTD	Target
6 Week Diagnostic Waits	32.1%	32.1%	1%
Special cause variation, target not achieved since March due to COVID-19.			

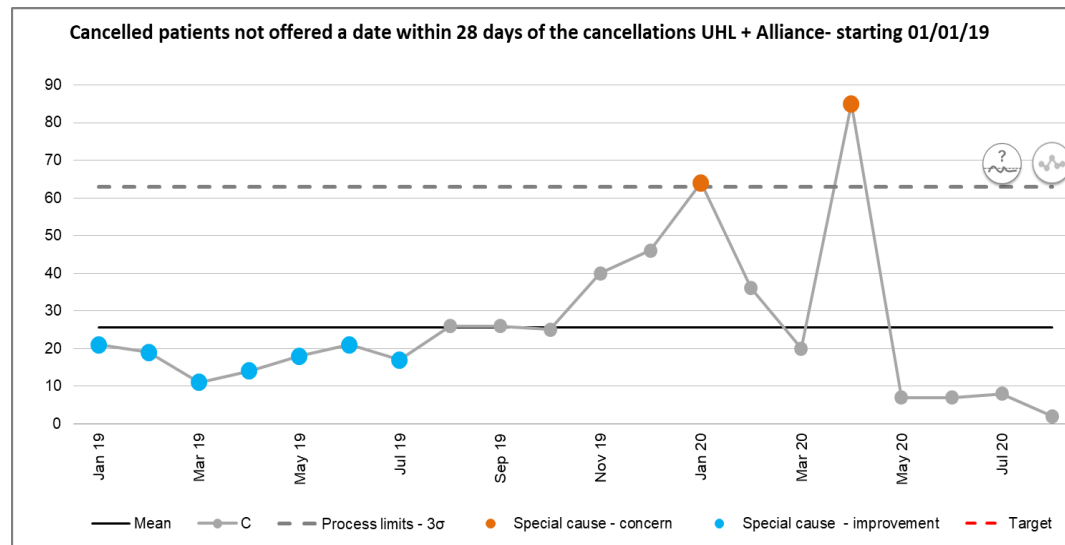


Metric	Aug 20	YTD	Target
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Cancelled patients not offered a date within 28 days of the cancellations

Cancelled patients not offered a date within 28 days of the cancellations	2	109	0
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Normal variation – April was above the upper control limit due to COVID-19. Full Year target already breached.

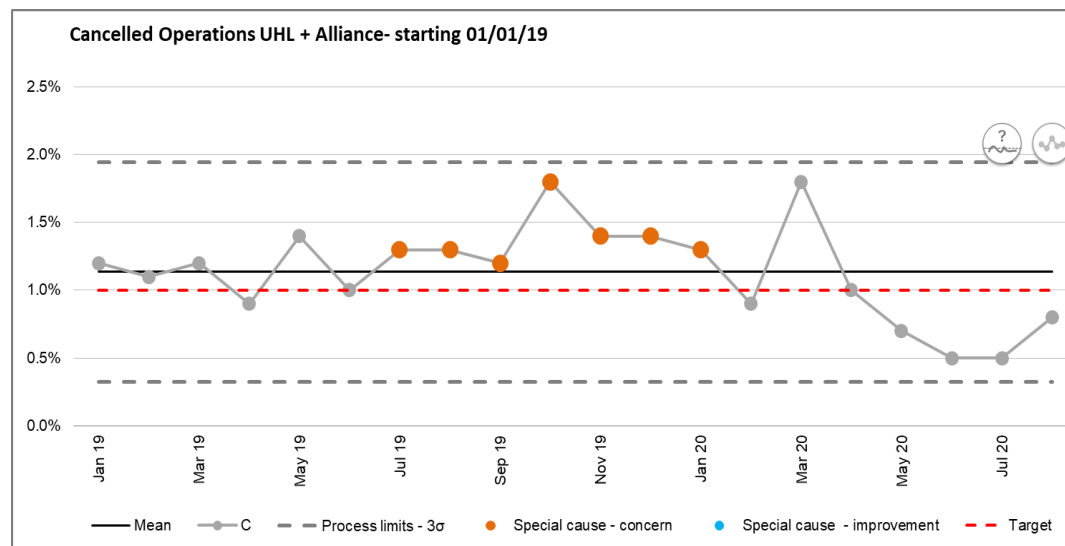


Metric	Aug 20	YTD	Target
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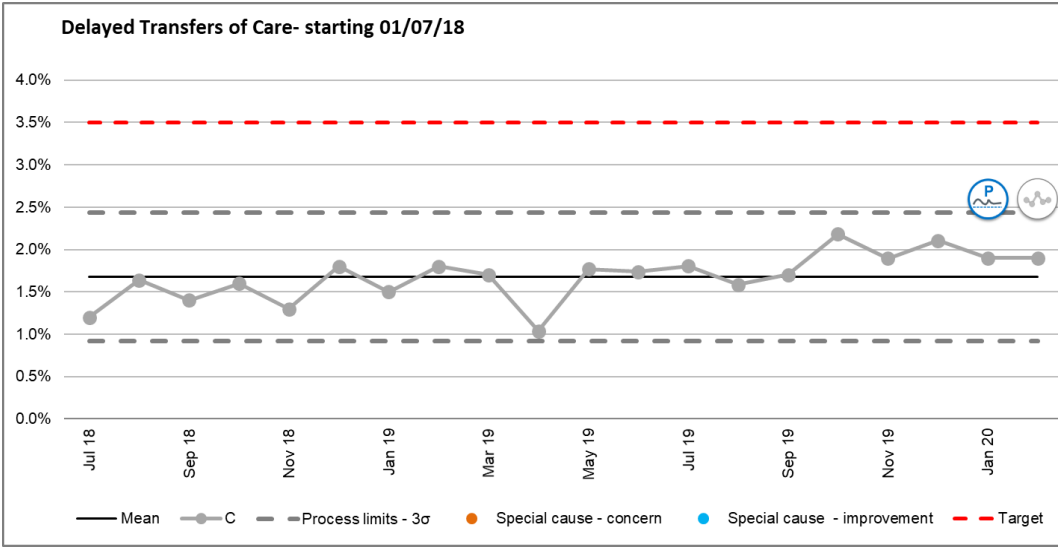
% Operations cancelled on the day

% Operations cancelled on the day	0.8%	0.7%	1%
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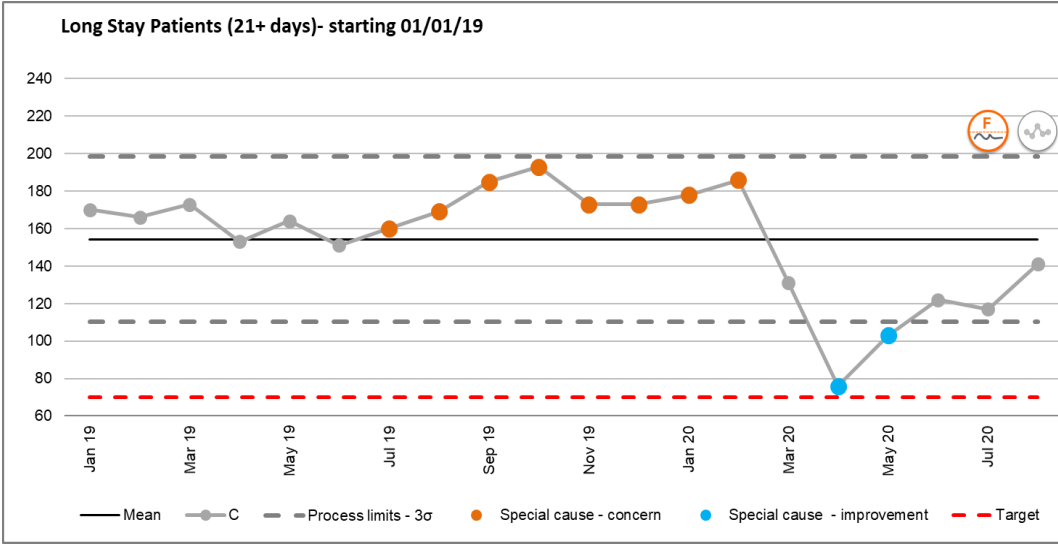
No significant variation observed. No assurance that the target will be delivered next month.



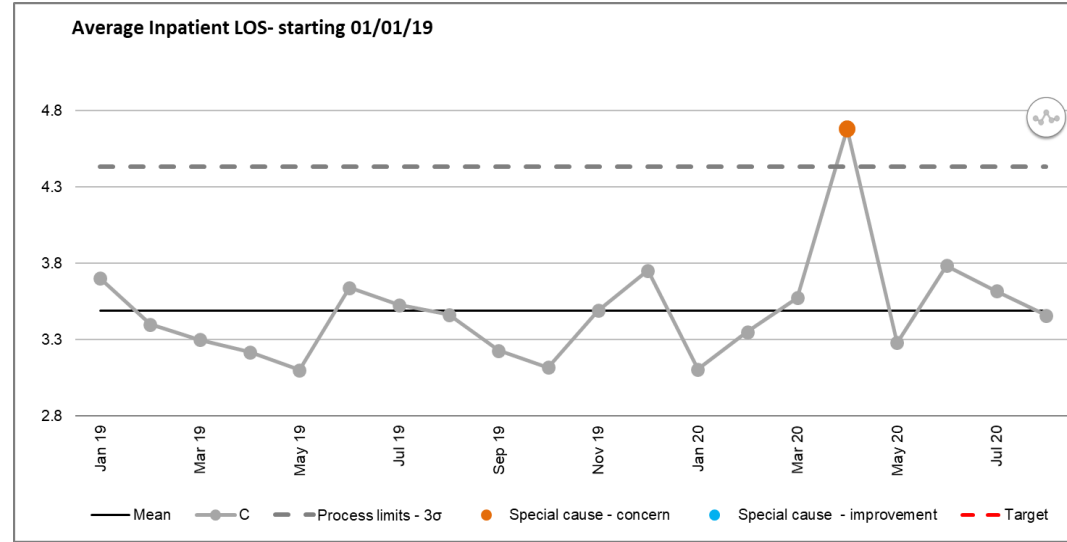
Metric	Feb 20	YTD	Target
Delayed transfers of care	1.9 %	1.8%	3.5%
This KPI is no longer reported.			



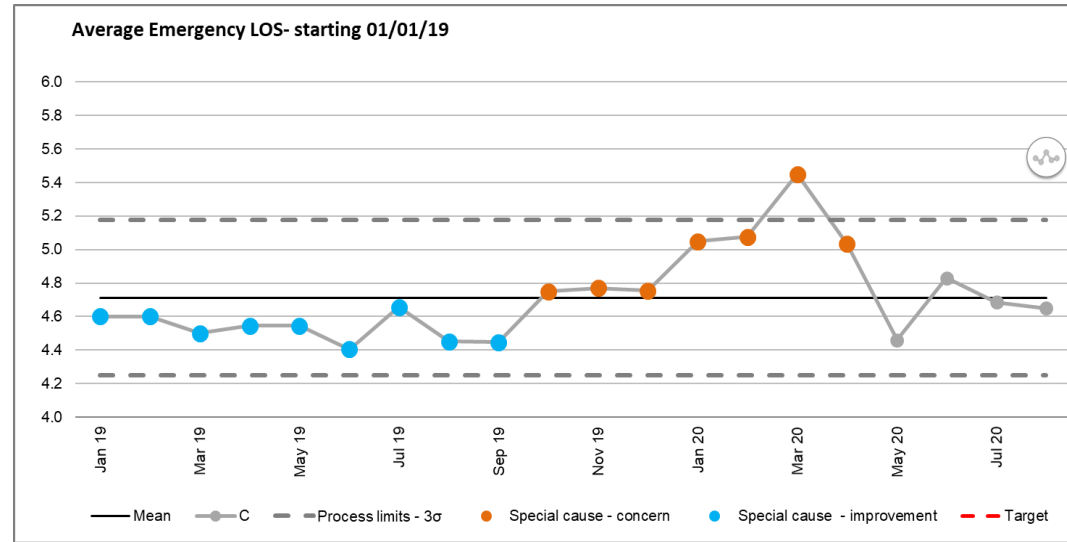
Metric	Aug 20	YTD	Target
Long Stay Patients (21+ days)	141	141	70
Normal variation, unlikely to achieve target next month.			



Metric	Aug 20	YTD	Target
Average Inpatient LOS	3.5	3.5	No National Target
Normal variation.			



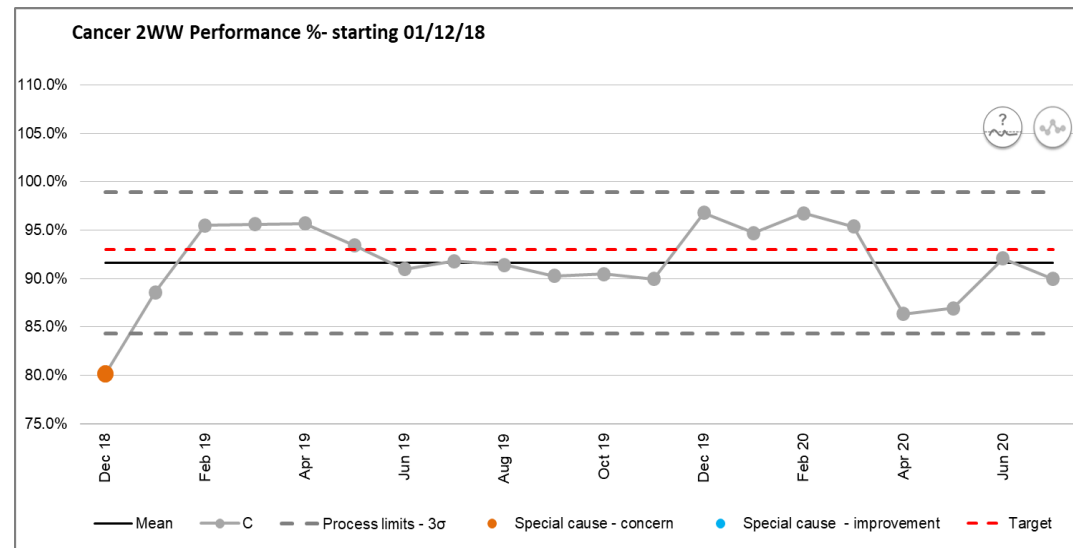
Metric	Aug 20	YTD	Target
Average Emergency LOS	4.7	4.6	No National Target
Normal variation.			



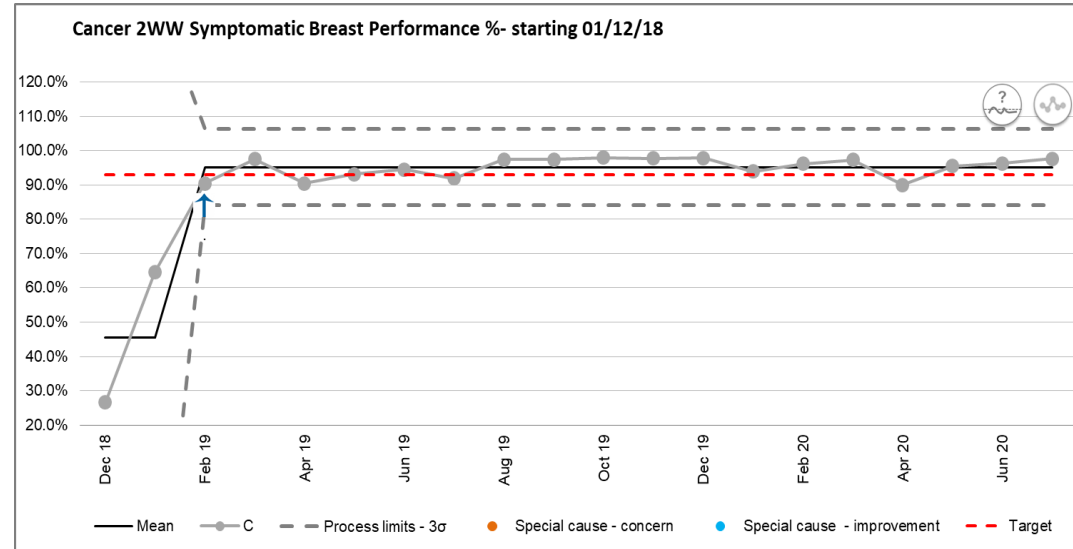
Responsive – Cancer

For more information please see the Cancer Recovery Paper - PPPC

Metric	Jul 20	YTD	Target
Cancer 2WW	90.0%	89.2%	93%
Position is due to upper GI performance and the use of the Alliance causing a delay due to triage for appropriateness for the Alliance, this is being investigated to see if it can be speeded up.			

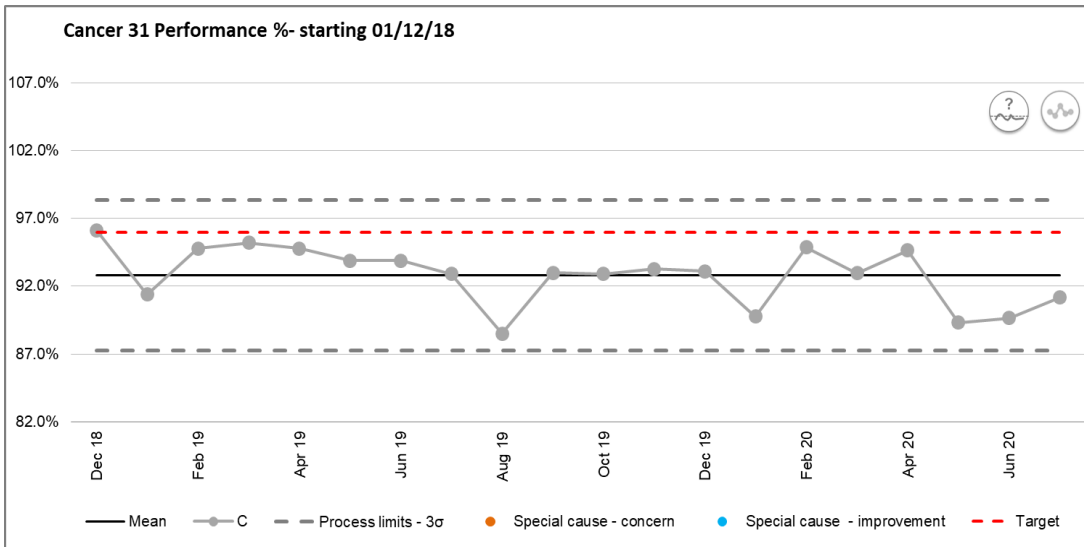


Metric	Jul 20	YTD	Target
Cancer 2WW Breast	97.7%	96.4%	93%
Performance has returned to a more stable level.			

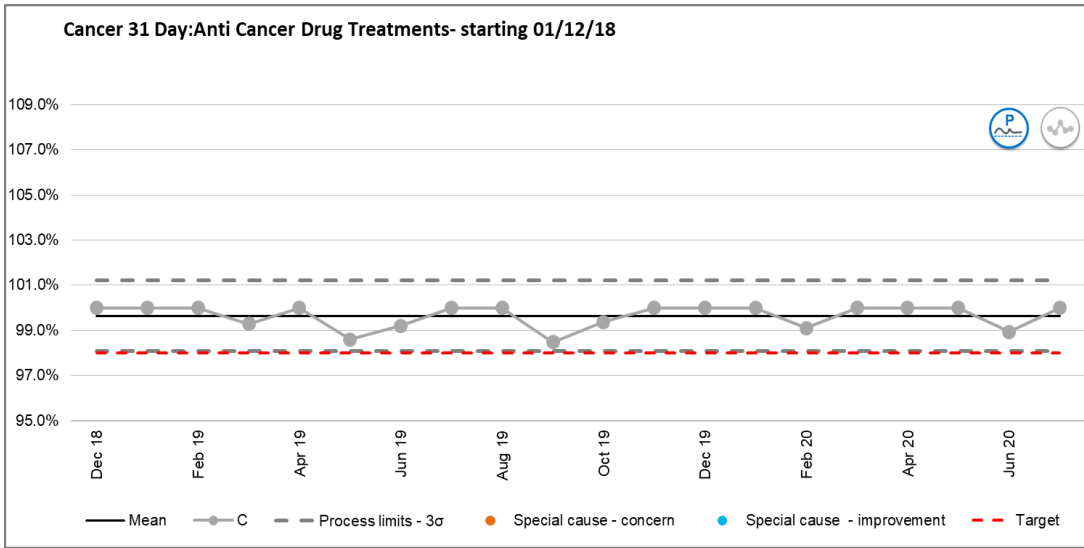


Responsive – Cancer

Metric	Jul 20	YTD	Target
Cancer 31 Day	91.2%	91.1%	96%
Unlikely to achieve target next month, performance is underperforming but has achieved over 90%			

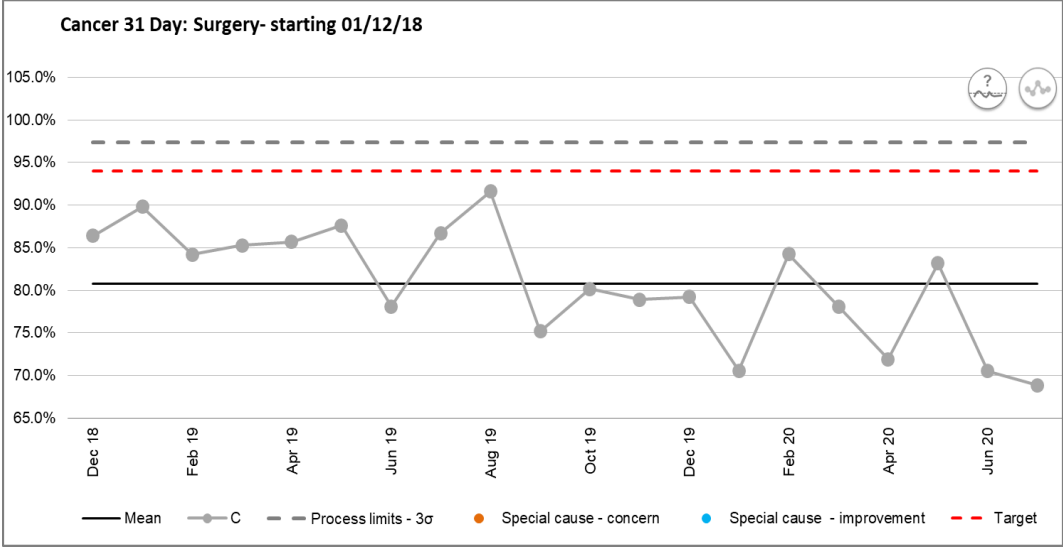


Metric	Jul 20	YTD	Target
Cancer 31 Day Drugs	100%	99.7%	98%
Stable, very little variation. Likely to deliver target based on the last 12 months.			

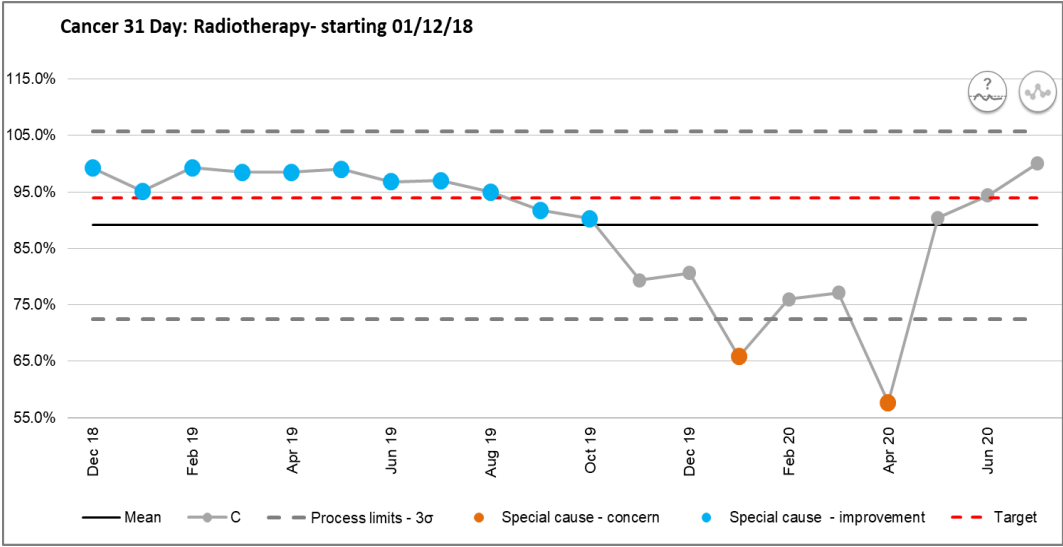


Responsive – Cancer

Metric	Jul 20	YTD	Target
Cancer 31 Surgery	68.9%	73.8%	94%
Unlikely to achieve target next month, performance is underperforming. We continue to prioritise Category 1 and 2 patients; additional capacity is required to deliver the improvement required to deliver the target			

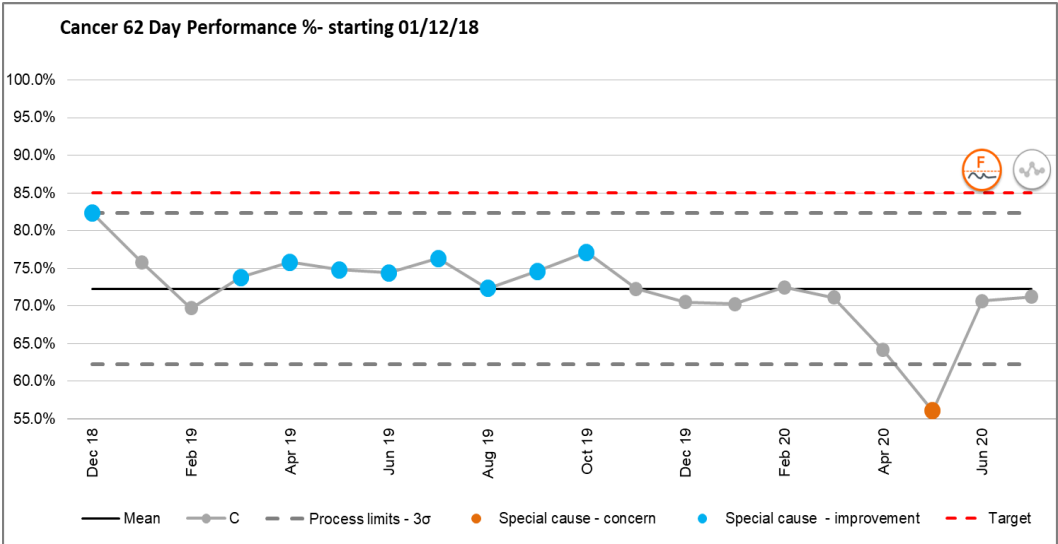


Metric	Jul 20	YTD	Target
Cancer 31 Day Radiotherapy	100%	86.4%	94%
Common cause variation, performance increased in July to its highest level since August 2018.			

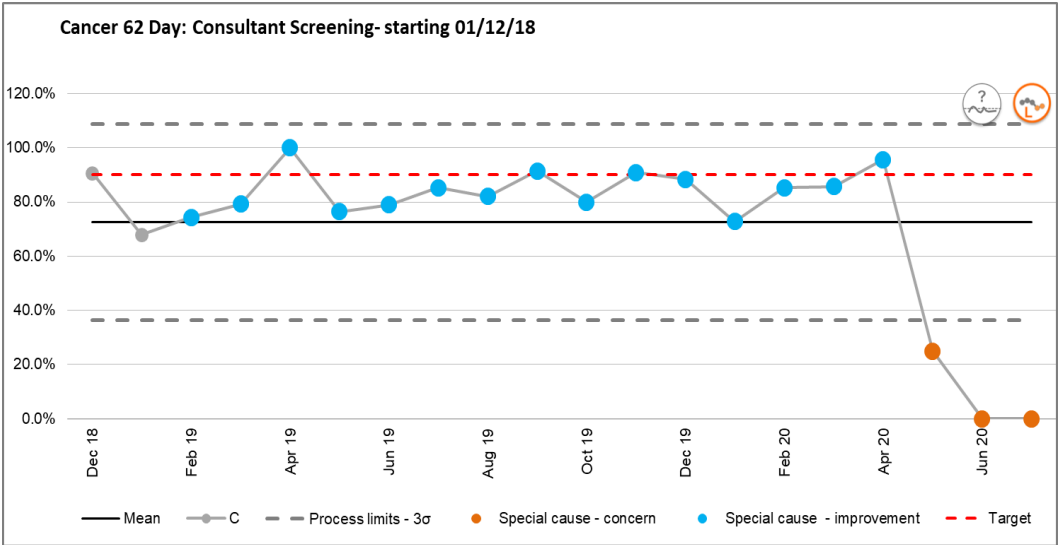


Responsive – Cancer

Metric	Jul 20	YTD	Target
Cancer 62 Day	71.2%	66.4%	85%
Improvement seen this month, target will not be delivered next month.			

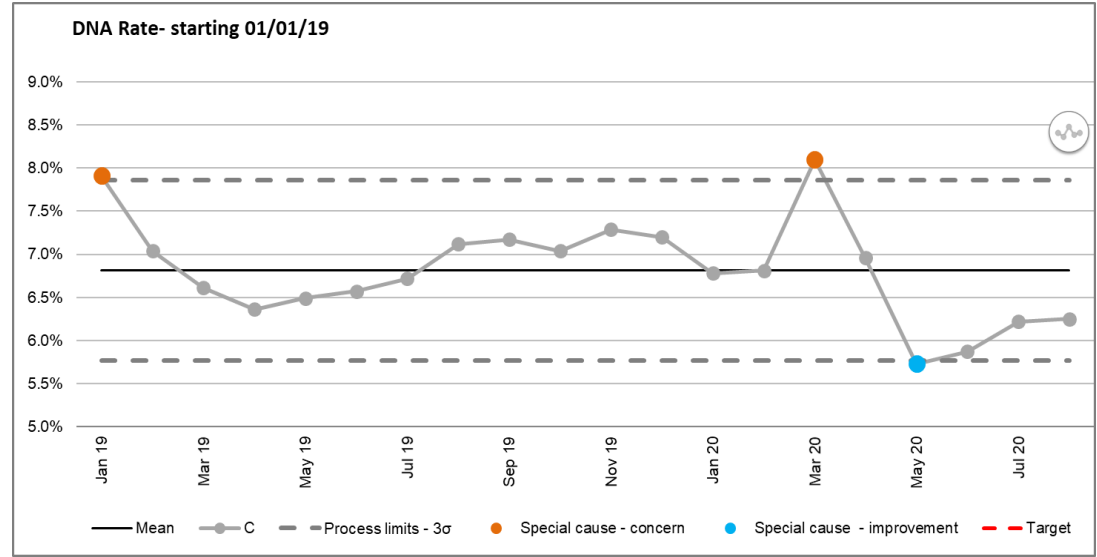


Metric	Jul 20	YTD	Target
Cancer 62 Day Consultant Screening	0.0%	33.3%	90%
Special cause concern. Due to cancer screening pathways having stopped			

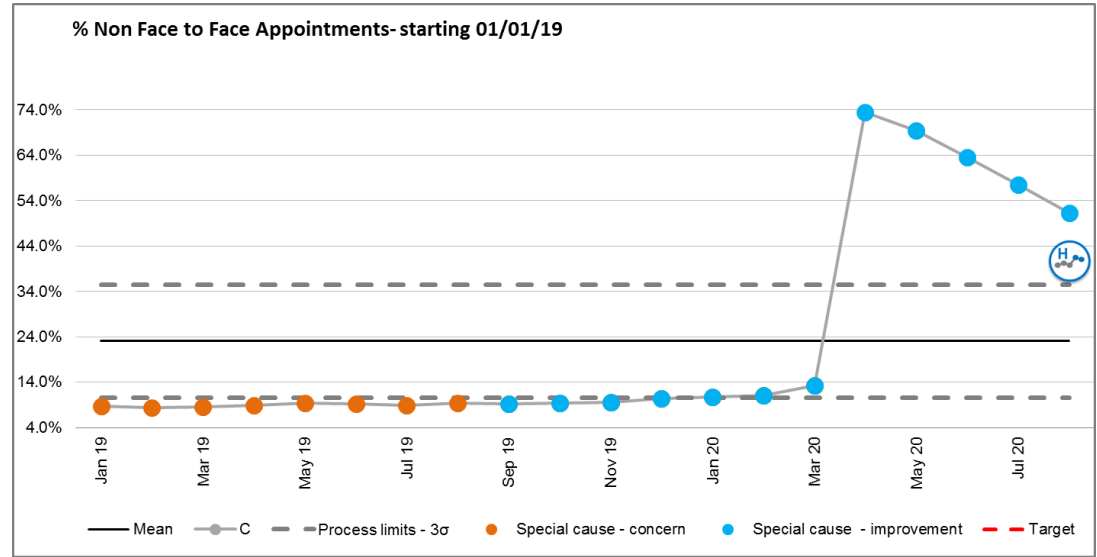


Outpatient Transformation

Metric	Aug 20	YTD	Target
% DNA Rate	6.3%	6.2%	No National Target
This metric has improved recently, May was below the lower control limit due to COVID-19.			

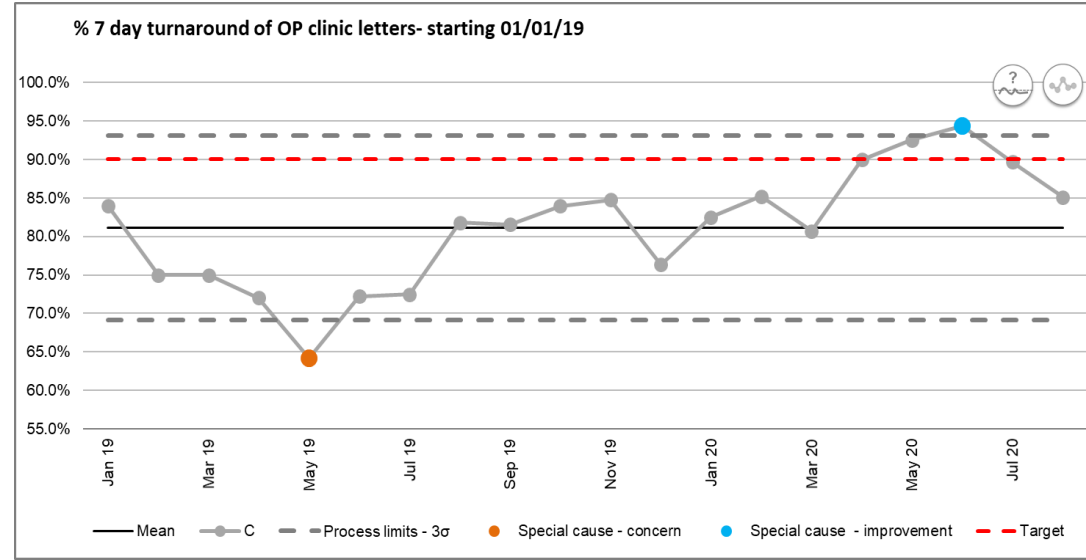


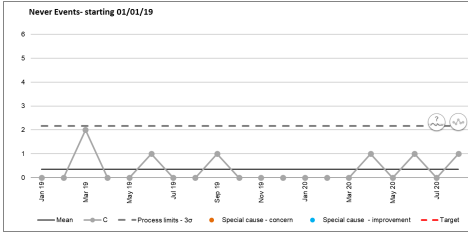
Metric	Aug 20	YTD	Target
% Non Face to Face Appointments	51.3%	62.5%	No National Target
Special cause improvement due to COVID-19.			



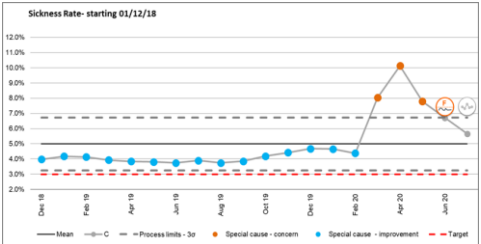
Outpatient Transformation

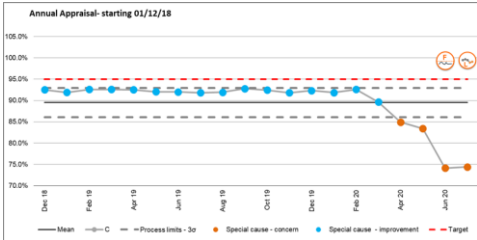
Metric	Aug 20	YTD	Target
% 7 day turnaround of OP clinic letters	85.1%	90.5%	90%
Common cause variation, no assurance that the target will be delivered next month.			

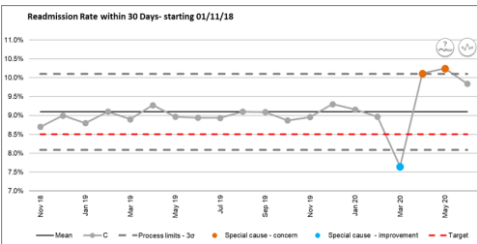


Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
Never Events This is a measure of the number of UHL never events during the month.	20/21 Target – 0 1 Never Event reported in August 2020.		<p>Never Event - Wrong route administration</p> <p>On 19 August 2020 at 14.00hrs in ED Mr X had been prescribed Oramorph (an oral analgesia) for his pain and Ondansetron (prescribed to be given intravenously) for his nausea. The nurse drew up both drugs. The nurse approached Mr X and carried out the 3 point identification checks of name, date of birth and hospital number. The nurse then picked up the syringe of Oramorph (intended for oral use) thought to be the Ondansetron and administered this intravenously. When the nurse realised the error, the clinical team were made aware. Mr X was also notified. He was monitored for over an hour for any possible effects of the incorrectly administered medication. There did not appear to be an impact on Mr X.</p>	<p>Nurse involved has been suspended from administering or checking medication until practice has been reassessed.</p> <p>Stock level checks of purple oral syringes and, also, syringe labels across the department by Matrons.</p> <p>All ED staff reminded of the importance of using syringe labels and purple syringes for oral liquid medication via safety huddles and handovers.</p>

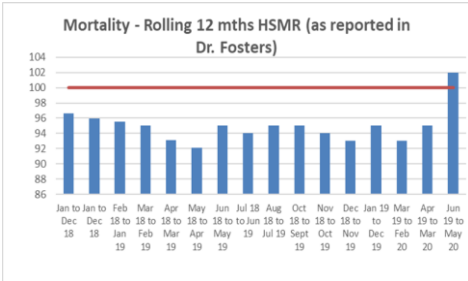
Exception Reports

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
Sickness absence	20/21 Target – 3% or below		<p>Figures include shielding and self-isolating, as well as Track and Trace absences and those choosing to take unpaid leave.</p> <p>There has been a decrease in absence since last month (6.9%), but likely to see an increase in the coming months with increased absences in September.</p>	<p>Absences to be managed through CMG teams, including Making it Happen meetings.</p> <p>Updated FAQs to continue to be sent to managers, cascaded via HRBPs.</p> <p>SMART reporting is under review to ensure accurate reporting of absences.</p> <p>Continue to complete risk assessments until 100% compliance for vulnerable groups.</p> <p>Support and regular contact with staff who are shielding and due to return on 23rd September.</p>
UHL has a locally agreed sickness absence target of 3%.	Performance in July was 5.7% (excluding Estates & Facilities).			

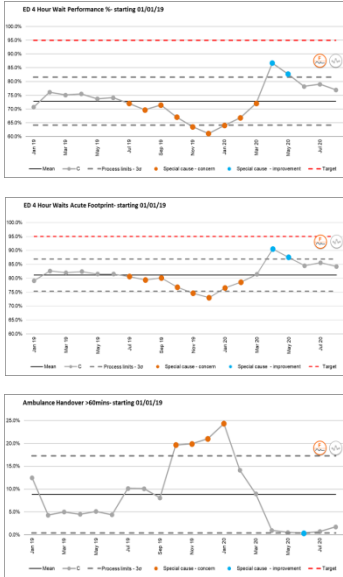
Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
% of Staff with Annual Appraisal (excluding facilities Services)	20/21 Target – greater than 95%		<p>This data is captured within the Monthly Workforce Dataset Report presented to Trust Board Subcommittee (People Performance and Process Committee), Corporate and CMG Boards.</p> <p>It is recognised that performance has been impacted on by Covid-19 and the need for prioritisation in response.</p>	<p>HR Colleagues continue to communicate performance and support managers with improving appraisal rates.</p> <p>HR colleagues have e-mailed out details of outstanding appraisal to all areas for urgent line by line review/update.</p> <p>HR colleagues will continue to refresh this data to provide accurate information in order for managers to action outstanding appraisals.</p> <p>Covid-19 HR/OH Frequently Asked Questions have been updated to clarify appraisal expectations and the corresponding process.</p>
Is the percentage of staff who have had their Annual Appraisal(excluding facilities Services)	Performance for July was 74.4%.			

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions																																												
Emergency readmissions within 30 days following an elective or emergency spell	20/21 Target – less than 8.5%	 <p>Readmission Rate within 30 Days- starting 01/11/18</p> <table><caption>Approximate data from SPC chart</caption><thead><tr><th>Month</th><th>Mean (%)</th><th>Target (%)</th><th>Special Cause</th></tr></thead><tbody><tr><td>Nov 18</td><td>8.8</td><td>8.5</td><td></td></tr><tr><td>Jan 19</td><td>8.9</td><td>8.5</td><td></td></tr><tr><td>Mar 19</td><td>9.0</td><td>8.5</td><td></td></tr><tr><td>May 19</td><td>8.9</td><td>8.5</td><td></td></tr><tr><td>Jul 19</td><td>9.0</td><td>8.5</td><td></td></tr><tr><td>Sep 19</td><td>8.9</td><td>8.5</td><td></td></tr><tr><td>Nov 19</td><td>9.0</td><td>8.5</td><td></td></tr><tr><td>Jan 20</td><td>8.9</td><td>8.5</td><td></td></tr><tr><td>Mar 20</td><td>7.8</td><td>8.5</td><td>Special cause - improvement</td></tr><tr><td>May 20</td><td>9.8</td><td>8.5</td><td>Special cause - concern</td></tr></tbody></table>	Month	Mean (%)	Target (%)	Special Cause	Nov 18	8.8	8.5		Jan 19	8.9	8.5		Mar 19	9.0	8.5		May 19	8.9	8.5		Jul 19	9.0	8.5		Sep 19	8.9	8.5		Nov 19	9.0	8.5		Jan 20	8.9	8.5		Mar 20	7.8	8.5	Special cause - improvement	May 20	9.8	8.5	Special cause - concern	Performance has deteriorated over the last 3 months.	Discussion Paper presented to Demand and Capacity Group to explore new CMG specific targets.
Month	Mean (%)	Target (%)	Special Cause																																													
Nov 18	8.8	8.5																																														
Jan 19	8.9	8.5																																														
Mar 19	9.0	8.5																																														
May 19	8.9	8.5																																														
Jul 19	9.0	8.5																																														
Sep 19	8.9	8.5																																														
Nov 19	9.0	8.5																																														
Jan 20	8.9	8.5																																														
Mar 20	7.8	8.5	Special cause - improvement																																													
May 20	9.8	8.5	Special cause - concern																																													
Is the percentage of emergency readmissions within 30 days following an elective or emergency spell	Performance for June was 9.8%.			SPC charts with proposed new readmission targets to form ongoing discussion.																																												

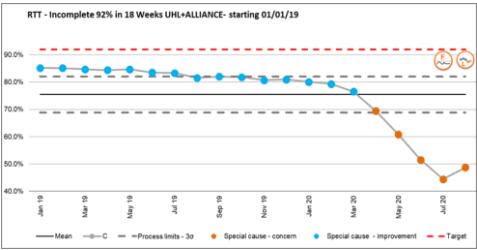
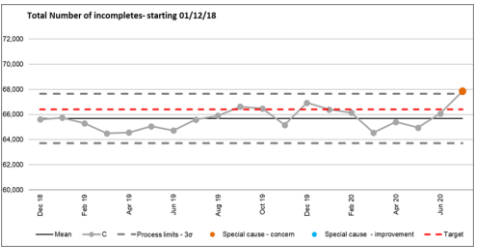
Exception Reports

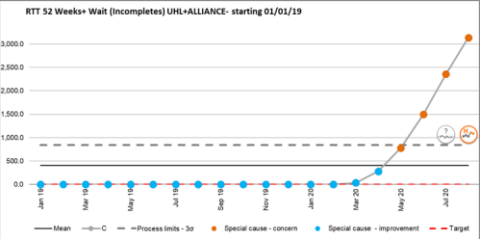
Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
Mortality - Rolling 12 mths HSMR as reported in Dr. Foster)	Target – 100 or less	 <p>Mortality - Rolling 12 mths HSMR (as reported in Dr. Foster's)</p>	<p>Our latest 12 rolling 12 month HSMR covers June 19 to May 20 and is now 102 but is still within expected.</p> <p>This increase in the HSMR was discussed at the Trust Mortality Review Committee and is thought to be due to the nationally agreed changes made; namely to exclude COVID activity and deaths.</p>	<p>Review of DFI HSMR data shows that 105 out of 145 Trusts saw an increase in their HSMR following removal of COVID activity/deaths from the dataset and all but 2 similar sized trusts (Liverpool & Nottingham) have seen their HSMR deteriorate.</p> <p>We are working with our Dr Foster Consultant to better understand the increase as we anticipate seeing a similar impact on our SHMI.</p>
	Performance for Jun 19 – May 20 was 102			

ACUTE TRUST WHERE NUMBER OF ADMISSIONS BETWEEN APRIL 2019 AND MARCH 2020 WAS 70,000 OR ABOVE	Apr 19 - Mar 20 HSMR Activity	Jun 19 - May 20 HSMR Activity	Diff between prev and latest activity	Apr 19 - Mar 20 HSMR Deaths	Jun 19 - May 20 HSMR Deaths	Diff between prev and latest deaths	Apr 19 - Mar 20 Crude Mortality Rate	Jun 19 - May 20 Crude Mortality Rate	Diff between prev and latest crude rate	Apr 19 - Mar 20 HSMR	Jun 19 - May 20 HSMR	Diff between prev and latest HSMR
BARTS HEALTH NHS TRUST	71169	65027	-6142	2278	2167	-111	3.2%	3.3%	0.1%	106.4	110.5	4.1
EAST SUFFOLK AND NORTH ESSEX NHS FOUNDATION TRUST	77806	71587	-6219	2450	2317	-133	3.1%	3.2%	0.1%	103.6	106.2	2.7
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	70032	63996	-6036	2002	1816	-186	2.9%	2.8%	0.0%	84.8	83.2	-1.6
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	85209	77943	-7266	2098	2015	-83	2.5%	2.6%	0.1%	91.6	92.6	0.9
NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	71624	66567	-5057	2007	1902	-105	2.8%	2.9%	0.1%	88.6	89.6	1.0
NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	90507	84953	-5554	2848	2710	-138	3.1%	3.2%	0.0%	111.4	111.5	0.0
SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	91451	84273	-7178	2147	2096	-51	2.3%	2.5%	0.1%	107.7	112.9	5.2
THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	72549	66769	-5780	1494	1410	-84	2.1%	2.1%	0.1%	106.6	107.9	1.3
UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	139559	126930	-12629	4115	3898	-217	2.9%	3.1%	0.1%	103.4	104.2	0.8
UNIVERSITY HOSPITALS OF DERBY AND BURTON NHS FOUNDATION TRUST	86984	79927	-7057	2803	2712	-91	3.2%	3.4%	0.2%	102.3	104.5	2.2
UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	96678	88881	-7797	2593	2555	-38	2.7%	2.9%	0.2%	96.3	102.5	6.3
UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	93590	86540	-7050	2638	2543	-95	2.8%	2.9%	0.1%	93.1	94.9	1.8

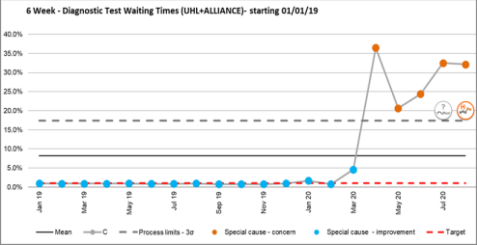
Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
Urgent Care				
	<p>ED 4 Hour waits UHL performance was 76.9% in August</p> <p>ED 4 Hour waits LLR performance was 84.2% in August</p> <p>Ambulance Handover >60 Mins performance was 1.8% in August</p>	 <p>The three charts show performance trends from July to August. The first chart, 'ED 4 Hour Waits Performance % - starting 01/07/19', shows a decline from ~75% to ~70% with a target line at 85%. The second chart, 'ED 4 Hour Waits Acute Footprint - starting 01/07/19', shows a decline from ~80% to ~75% with a target line at 85%. The third chart, 'Ambulance Handover >60mins - starting 01/07/19', shows a sharp increase from ~5% to ~20% with a target line at 10%.</p>	<p>Performance against the 4hr standard decreased in August compared with July which still remains below the national target.</p> <p>Ambulance Handover times continue to be a key priority, has shown reduction in handover. This is now in a positive position.</p> <p>The demand in activity has started to rise again within ED and is now at around 60% of previous activity. This has seen a slight decline again in the first couple weeks of July.</p> <p>Following national guidelines it is very challenging for the flow out of ED for the requirement of cohorting patients.</p> <p>Funding approver to improve winter Flow.</p>	<p>The onset of COVID-19 pandemic has resulted a change of business continuity plans in order to ensure emergency bed capacity is available for the forecasted increase in cases over the next 3 months.</p> <p>Actions plans where appropriate following communication around external funding.</p>

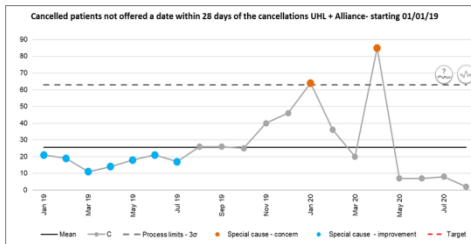
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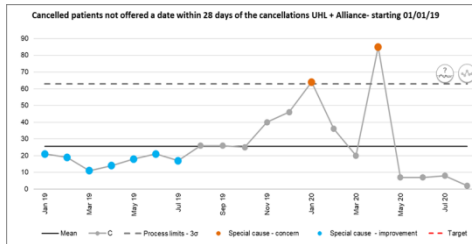
Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
RTT Incompletes	Performance Target – 92% Waiting List Target - 66,397 (Year End)		<p>NHS Planning Guidance for 2019/20 focuses on waiting list reduction over compliance with the 18 week national standard.</p>	<p>Where possible out patient clinics are being converted from face to face to virtual telephone clinics.</p>
	RTT - Incomplete 92% in 18 Weeks UHL + Alliance Performance for August was 48.7%. Total Number of incompletes At the end of August 69,696 patients were waiting on an RTT pathway.		<p>The impact of the COVID-19 pandemic has lead the RTT positioning reducing over the upcoming months as non essential activity is cancelled to reduce footfall on the hospital site. This is likely to continue until elective work is resumed.</p> <p>Timetable for day case and Outpatients developed for IS. This is managed through weekly calls ensure all capacity is utilized</p> <p>Alliance weekly capacity call setup to ensure we are treating patient in the correct order against the system.</p>	<p>Waiting list is carried on being validated to align with national guidance and trust policy. Waiting list volume still near trajectory.</p> <p>WAM has started again with the services to help manage the position.</p> <p>Identify any more opportunities where PCL can be utilized to help treat long waiters.</p> <p>Developed plans for phase 3 restoration and recovery.</p>

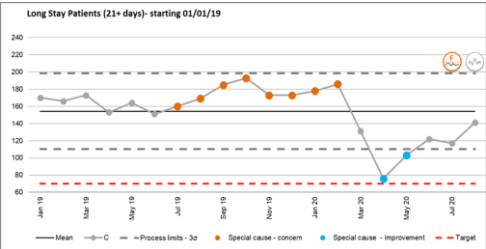
Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
RTT 52+ Weeks Wait Is the total number of patients currently on an RTT pathway waiting 52+ weeks.	20/21 Target – 0 At the end of August, 3,137 patients were waiting over 52 weeks on an RTT pathway.		<p>Elective surgery has been significantly impacted by COVID-19. Currently there are very limited number of theatre list running due to the requirement of additional ITU capacity.</p> <p>Long waiters are start to be treated within the independent sector following the prioritization of cancer and urgent patients.</p> <p>Alliance weekly capacity call setup to ensure we are treating patient in the correct order against the system</p> <p>Theatre plan to return to 110% of session delivered last October.</p>	<p>Identify capacity requirements to be able to recover the position once elective work can start again.</p> <p>Theatres to aim to achieve 75% of theatre list reinstated to help ensure there is capacity to treat urgent and cancer cases and start to treat long waiters.</p> <p>Monitor utilization of Independent Sector and UHL using the new dashboard developed for ITAPS.</p> <p>Identify further opportunities where PCL can be utilized to help treat long waiters.</p>

Exception Reports

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
6 Week Diagnostic Waits Is the percentage of patients currently waiting 6 weeks or more for a diagnostic test.	20/21 Target – 1% Performance for August was 32.1%.		<p>Activity has started to be increased following the stopping all none essential work.</p> <p>This has had a very big impact within June due to it been the first full month of COVID-19, this will carry on to be challenging over the next few months.</p> <p>Endoscopy paper developed to support additional capacity. As They are currently operating at 72%.</p>	<p>Patient are been managed in-line with national guidance and trust policy</p> <p>Independent sector is been used where possible to improve the diagnostic position</p> <p>Develop timetable for Endoscopy works, including Vanguard on site and ventilation works.</p> <p>DEXA will be moving across to the LGH in September</p>

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
<p>Cancelled patients not offered a date within 28 days of the cancellations UHL + Alliance</p>	<p>20/21 Target – 0</p>	 <p>Cancelled patients not offered a date within 28 days of the cancellations UHL + Alliance- starting 01/01/19</p>	<p>COVID- 19 has significantly impacted theatre capacity. Services instructed to only book for elective surgery patients who are clinically urgent or on a cancer pathway. This has reduced capacity to re-book patients within 28 days when they have been cancelled. These patient will carry on breaching as the services will not be able to get them listed.</p> <p>This has improved significantly through close management of theatre lists.</p> <p>Timetable has been developed for IP sector which will help to increase capacity.</p>	<p>Available capacity remains limited to re-book. These will need to be monitored and logged to ensure they are treated once we are able to increase elective capacity again.</p> <p>Ensure the list are fully utilized within the IS</p> <p>Engagement through weekly IS and alliance operational group by services.</p> <p>ITAPS to implement new theatre timetable which will replicate sessions delivered last October.</p>
<p>Is the number of cancelled patients OTD not offered a new date within 28 days of the cancellation at UHL or the Alliance</p>	<p>2 patients were not offered a new day within 28 days in August.</p>			



Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
Long Stay Patients (21+ days)	20/21 Target – 70		<ul style="list-style-type: none">Continued rise in numbers of 21+ day patients since June 20.MSS below target and below mean with special cause improvement seen recently.CHUGGS above target and meanESM/ RRCV above target but below mean	<ul style="list-style-type: none">Safe and timely discharge work stream actions continue in discovery phase: Case note reviews to identify themes, frailty scores and reason to reside codes.Focus on MFFD patients who have a longer length of stay with LLR partners.
Is the number of adult patients that have been in hospital for over 21 days.	At the end of August the number of long stay patients (21+ days) was 141.			

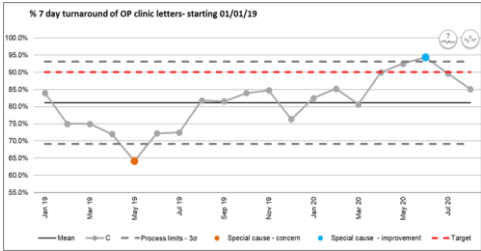
Exception Reports – Cancer

Performance	Key Messages	Key Actions
See additional slide	<ul style="list-style-type: none">• Referrals have returned to pre COVID levels• 104 day Backlog has reduced• Capacity has not returned to normal and some services are reporting that pre COVID-19 activity levels are not possible• Urgent priority 1 and 2 patients are being seen	<ul style="list-style-type: none">• Use of the IS to optimise capacity – outpatients, urology, dermatology, breast, ambulatory orthopedics, vascular, renal access are now being seen in the IS• The backlog and 104+ day pts are reviewed patient by patient daily• WLI will support increased activity

Cancer performance July 2020

Standard	Target	Position
2WW	93%	90.0%
2WW Breast	93%	97.7%
31 Day 1 st Treatments	96%	91.2%
31 Day SUB Surgery	94%	68.9%
31 Day DRUGS	98%	100%
31 Day Radiotherapy	94%	100%
62 Day	85%	71.2%
62 Day Screening	90%	0.0%
Consultant upgrade	85%	82.3%

Exception Reports

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
<p>% 7 day turnaround of OP clinic letters</p> <p>UHL has a locally agreed target of 90%.</p>	<p>20/21 Target – 90% or above</p> <p>Performance for August was 85.1%</p>	 <p>The chart shows the percentage of 7-day turnaround for OP clinic letters from January 2019 to July 2020. The y-axis ranges from 55.0% to 100.0% in 5% increments. The x-axis shows months from Jan 19 to Jul 20. A solid grey line represents the mean, which fluctuates between approximately 75% and 90%. A dashed grey line represents the process limit at 3σ. A red dashed line indicates the target at 90%. A blue dot in May 2020 marks a 'Special cause - improvement' as it reaches the target. An orange dot in May 2019 marks a 'Special cause - concern' as it drops significantly below the mean and process limits.</p>	<ul style="list-style-type: none"> 26 specialities achieving 90% target 31 specialities achieved backlog reductions from previous month Large amount of specialities transferring to DIT3 between August to October – a temporary reduction in performance is expected, however overall performance should improve once implemented. 	<p>Continuation of DIT3 roll out.</p>