Month 2 Quality and Performance Report

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	26/05/20	Discussion and Assurance
Trust Board Committee	28/05/20	Discussion and Assurance
Trust Board		

<u>Executive Summary</u>

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

<u>Good News</u>:
- **Mortality** – the latest published SHMI (period February 2019 to January 2020) is 95, and remains within the expected range.

- **CAS alerts** - compliant.
- **C DIFF** – 4 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 80.4% reported in April.
- **TIA (high risk patients) –** threshold achieved with 63.8% reported in May.
- **12 hour trolley wait -** 0 breaches reported.
- **Referral to treatment** – the number on the waiting list (now the primary performance measure) was below the target but 18 week performance was below the NHS Constitution standard at 60.8% at the end of April.
- **Cancelled operations OTD** – 0.7% reported in May.

Bad News:
- **UHL ED 4 hour performance** – 82.7% for May, system performance (including LLR UCCs) for May is 87.5%.
- **Ambulance Handover 60+ minutes (CAD)** – performance at 0.5%.
- **Cancer Two Week Wait** was 86.4% in April against a target of 93%.
- **Cancer 31 day treatment** was 94.7% in April against a target of 96%.
- **Cancer 62 day treatment** was 64.1% in April against a target of 85%.
- **52+ weeks wait –** 778 breaches reported
- **Diagnostic 6 week wait** was 20.7% against a target of 1%
- **Patients not rebooked within 28 days following late cancellation of surgery –**7.
- **Annual Appraisal** is at 83.4%.

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		

5.   Scheduled date for the **next paper** on this topic: 30th July 2020

6.   Executive Summaries should not exceed **5 sides**   My paper does comply

Quality and Performance Report

May 2020
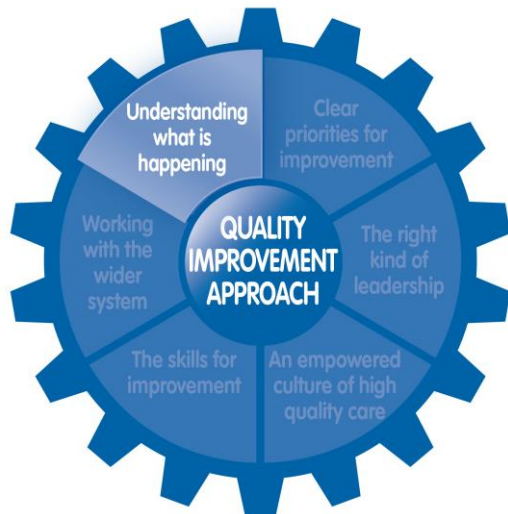
Operational Delivery Unit

One team shared values

CONTENTS

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: PEOPLE, PROCESS AND PERFORMANCE COMMITTEE/QUALITY AND OUTCOMES COMMITTEE
DATE: 25th JUNE 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: MAY 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
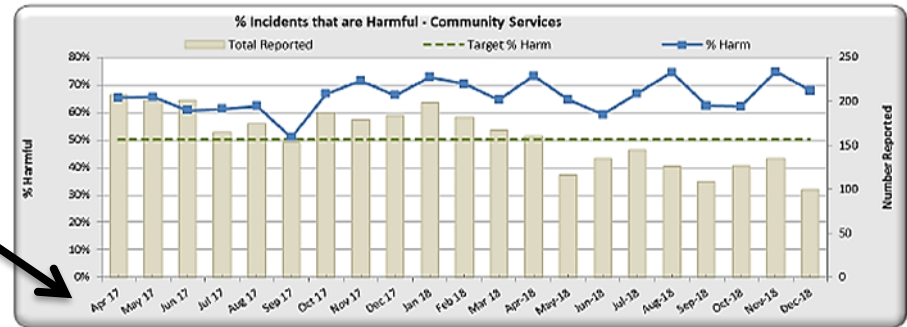
Highlighting special cause and its nature
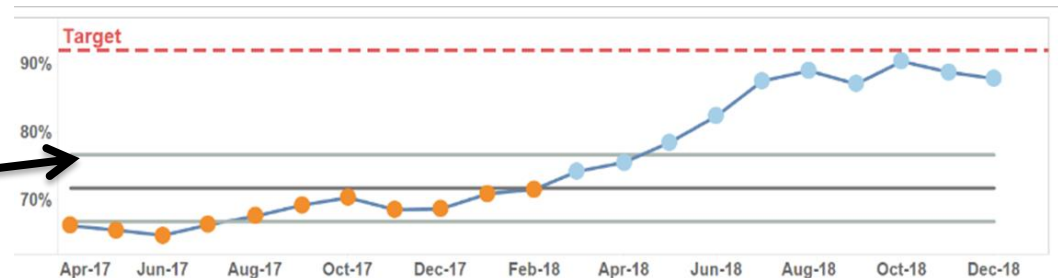
Key elements of a SPC dashboard

Narrative support that supports SPC theory

Comment

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

Summary icons and a top level summary view

Variation

H	L	H	L		(Common Cause)
Special Cause Concern High	Low	Special Cause Note/Investigate High	Low	Common Cause	

Assurance

P	?	F
Consistently hit target	Hit and miss target subject to random	Consistently fail target
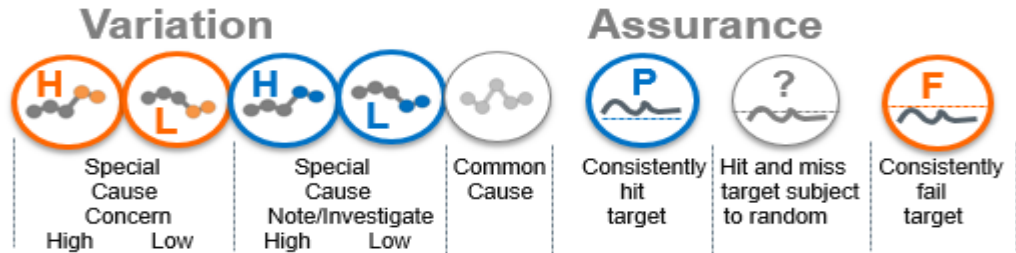
	Jun-18	Target	Variation	Target Capability	Comment
Staff Sickness absence	4.4%	3.5%		F	Shift change in August 2017 showing increase in sickness - staff survey review indicated.....

Domain	KPI	Target	Mar-20	Apr-20	May-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Safe	**Never events**	**0**	**0**	**1**	**0**	**1**				**Jan-20**
	Overdue CAS alerts	**0**	**0**	**0**	**0**	**0**				**Nov-19**
	% of all adults VTE Risk Assessment on Admission	**95%**	Data collection paused as part of COVID-19 reducing the burden							**Dec-19**
	Emergency C-section rate	**No Target**	23.1%	17.2%	21.2%	19.3%				**Feb-20**
	Clostridium Difficile	**108**	**10**	**10**	**4**	**14**				**Nov-17**
	MRSA Total	**0**	**2**	**0**	**0**	**0**				**Nov-17**
	E. Coli Bacteraemias Acute	**No Target**	6	1	6	7				**Jun-18**
	MSSA Acute	**No Target**	5	1	1	2				**Nov-17**

Domain	KPI	Target	Mar-20	Apr-20	May-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Safe	COVID-19 Community Acquired <= 2 days after admission	No Target	87.6%	82.4%	62.4%	75.7%				TBC
	COVID-19 Hospital-onset, indeterminate, 3-7 days after admission	No Target	6.4%	8.0%	11.6%	9.2%				TBC
	COVID-19 Hospital-onset, probable, 8-14 days after admission	No Target	4.0%	4.5%	16.9%	8.7%				TBC
	COVID-19 Hospital-onset, healthcare-acquired, 15 or more days after admission	No Target	2.0%	5.1%	9.0%	6.4%				TBC
	All falls reported per 1000 bed stays	5.5	4.8	4.8		4.8	P			Jun-18
	Rate of Moderate harm and above Falls PSIs with finally approved status per 1,000 bed days	No Target	0.04	0.03		0.03				TBC

Performance Overview

Caring at its best

Domain	KPI	Target	Mar-20	Apr-20	May-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Caring	**Staff Survey Recommend for treatment**	**No Target**	Data collection paused as part of COVID-19 reducing the burden							**Aug-17**
	Single Sex Breaches	**0**	**1**	Data collection paused as part of COVID-19 reducing the burden			?	◦◦◦		**Dec-16**
	Inpatient and Daycase F&F Test % Positive	**96%**	Data collection paused as part of COVID-19 reducing the burden				P	◦◦◦		**Jun-17**
	A&E F&F Test % Positive	**94%**	Data collection paused as part of COVID-19 reducing the burden				?	◦◦◦		**Jun-17**
	Maternity F&F Test % Positive	**96%**	Data collection paused as part of COVID-19 reducing the burden				?	◦◦◦		**Jun-17**
	Outpatient F&F Test % Positive	**94%**	Data collection paused as part of COVID-19 reducing the burden				?	◦◦◦		**Jun-17**
	Complaints per 1,000 staff (WTE)	**No Target**	Data collection paused as part of COVID-19 reducing the burden							**Jan-20**

Performance Overview

Domain	KPI	Target	Mar-20	Apr-20	May-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Well Led	Staff Survey % Recommend as Place to Work	No Target	Data collection paused as part of COVID-19 reducing the burden							Sep-17
	Turnover Rate	10%	7.8%	7.7%	7.8%	7.8%	P	L		Nov-19
	Sickness Absense	3%	8.0%	11.0%		11.0%	F	H		Oct-16
	% of Staff with Annual Appraisal	95%	89.6%	84.9%	83.4%	83.4%	F	L		Dec-16
	Statutory and Mandatory Training	95%	92%	96%	96%	96%	?			Feb-20
	Nursing Vacancies	No Target	9.3%	10.0%		10.0%		L		Dec-19

Domain	KPI	Target	Mar-20	Apr-20	May-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Effective	**Mortality Published SHMI**	**99**	**96**	**95**	**95**	**95 (Feb 19 to Jan 20)**				**Sep-16**
	Mortality 12 months HSMR	**99**	**93**	**95**	**93**	**93 (Mar 19 to Feb 20**				**Sep-16**
	Crude Mortality Rate	**No Target**	**1.7%**	**3.7%**	**2.3%**	**3.0%**		H		**Sep-16**
	Emergency Readmissions within 30 Days	**8.5%**	**7.6%**	**10.1%**		**10.1%**	?	H		**Jun-17**
	Emergency Readmissions within 48 hours	**No Target**	**0.9%**	**1.3%**		**1.3%**				**Jun-17**
	No of #neck of femurs operated on 0-35hrs	**72%**	**53.6%**	**28.3%**	**32.1%**	**30.2%**	?	L		**Jul-17**
	Stroke - 90% Stay on a Stroke Unit	**80%**	**86.2%**	**80.4%**		**80.4%**	?			**Apr-18**
	Stroke TIA Clinic Within 24hrs	**60%**	**77.3%**	**86.0%**	**63.8%**	**73.0%**	?			**Apr-18**

University Hospitals of Leicester **NHS**

NHS Trust

Caring at its best

Domain	KPI	Target	Mar-20	Apr-20	May-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Responsive	ED 4 hour waits UHL	95%	72.1%	86.7%	82.7%	84.4%	F	H		Sep-18
	ED 4 hour waits Acute Footprint	95%	81.4%	90.5%	87.5%	88.8%	F	H		Aug-17
	12 hour trolley waits in A&E	0	5	0	0	0	?			Mar-19
	Ambulance handover >60mins	0.0%	9.0%	1.0%	0.5%	0.7%	?			TBC
	RTT Incompletes	92%	76.5%	69.4%	60.8%	60.8%	F	L		Nov-19
	RTT Waiting 52+ Weeks	0	35	281	778	778	?	H		Nov-19
	Total Number of Incompletes	65,401 (by year end)	64,559	65,404	64,959	64,959	?			Nov-19

One team shared values

Performance Overview

Caring at its best

Domain	KPI	Target	Mar-20	Apr-20	May-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Responsive	6 Week Diagnostic Test Waiting Times	1.0%	4.6%	36.5%	20.7%	20.7%	?	H		Nov-19
	Cancelled Patients not offered <28 Days	0	20	85	7	92	?			Nov-19
	% Operations Cancelled OTD	1.0%	1.8%	1.0%	0.7%	0.8%	?			Jul-18
	Delayed Transfers of Care	3.5%	Data collection paused as part of COVID-19 reducing the burden				P			Oct-17
	Long Stay Patients (21+ days)	135	131	76	103	103	?	L		TBC
	Inpatient Average LOS	No Target	3.6	4.7	3.4	4.0				TBC
	Emergency Average LOS	No Target	5.4	5.0	4.5	4.8				TBC

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NHS Trust

Caring at its best

Domain	KPI	Target	Feb-20	Mar-20	Apr-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Responsive - Cancer	2WW	93%	96.7%	95.4%	86.4%	86.4%	?			Dec-19
	2WW Breast	93%	96.1%	97.3%		95.9%	?			Dec-19
	31 Day	96%	94.9%	93.0%	94.7%	94.7%	?			Dec-19
	31 Day Drugs	98%	99%	100%	100%	100%	P			Dec-19
	31 Day Sub Surgery	94%	84.3%	78.1%	71.9%	71.9%	?			Dec-19
	31 Day Radiotherapy	94%	76.0%	77.1%	57.7%	57.7%	?	L		Dec-19
	Cancer 62 Day	85%	72.5%	71.1%	64.1%	64.1%	F	L		Dec-19
	Cancer 62 Day Consultant Screening	90%	85.3%	85.7%	95.7%	95.7%	?			Dec-19

University Hospitals of Leicester **NHS**

NHS Trust

Caring at its best

Domain	KPI	Target	Mar-20	Apr-20	May-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Outpatient Transformation	% DNA rate	No Target	8.1%	7.1%	5.8%	6.4%		(L)		Feb-20
	% Virtual clinic appointments	No Target	6.7%	9.6%	9.2%	9.5%		(H)		Feb-20
	% 7 day turnaround of OP clinic letters	90%	80.7%	89.9%	92.5%	91.2%	(?)			Feb-20

Safe

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

Never Events- starting 01/10/18

Mean — C — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target
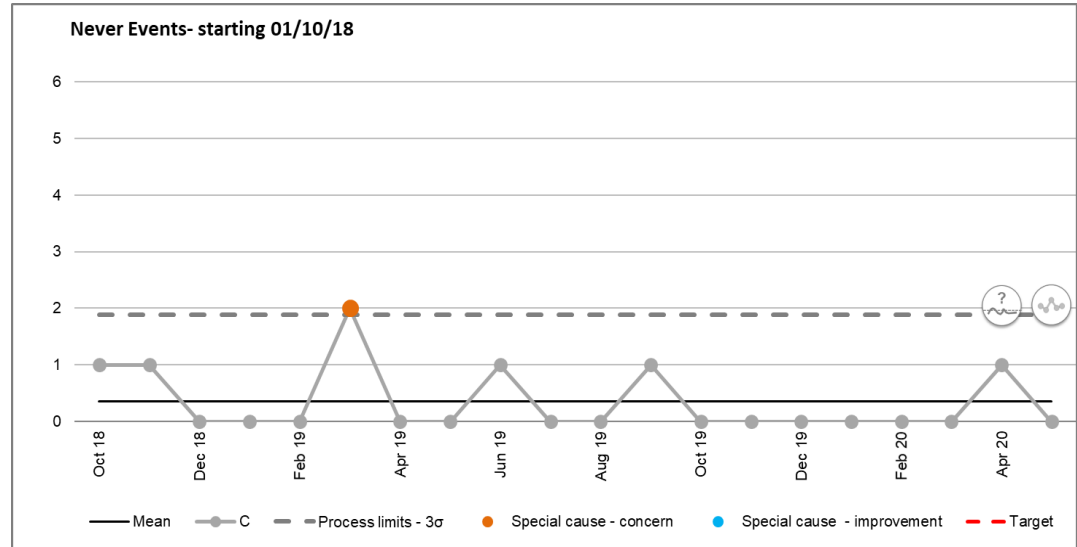
Metric	May 20	YTD	Target
Overdue CAS alerts	0	0	0
No overdue CAS alerts since June 2019.			

Overdue CAS alerts- starting 01/10/18

Mean — C — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target

Safe

University Hospitals of Leicester **NHS**
NHS Trust
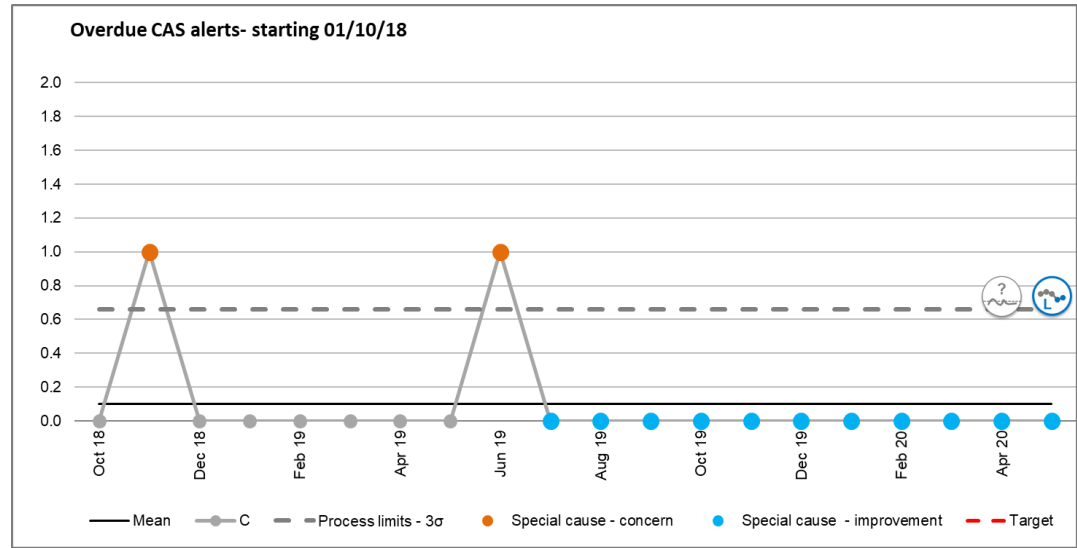
Metric	Feb 20	YTD	Target
VTE Risk Assessment	**98.4%**	**98.1%**	**95%**

This metric has been paused until further notice.

VTE Risk Assessment- starting 01/07/18

Mean — C — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target
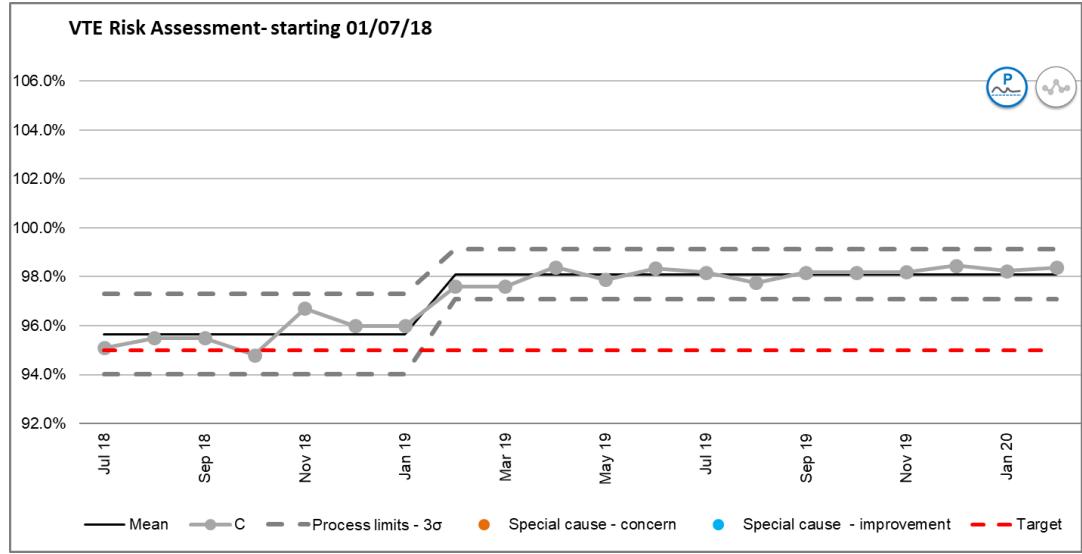
Metric	May 20	YTD	Target
% Emergency C-Sections	**21.2%**	**19.3%**	**No National Target**

Common cause variation.

Emergency C-Sections- starting 01/10/18

Mean — C — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target

University Hospitals of Leicester NHS
NHS Trust
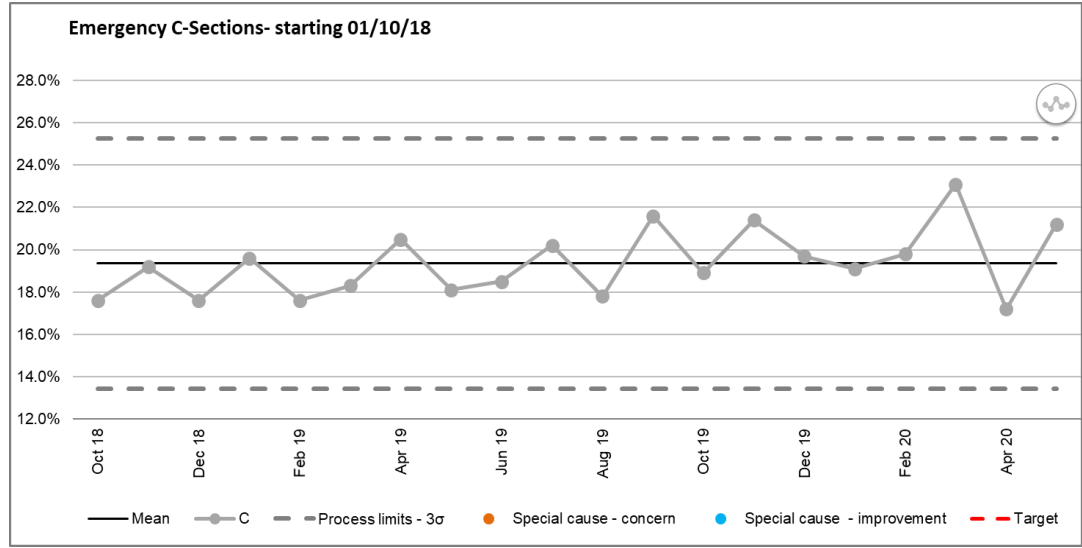
Metric	May 20	YTD	Target
Clostridium Difficile	4	14	108

This metric is relatively stable. May achieve target next month.

Clostridium Difficile- starting 01/10/18
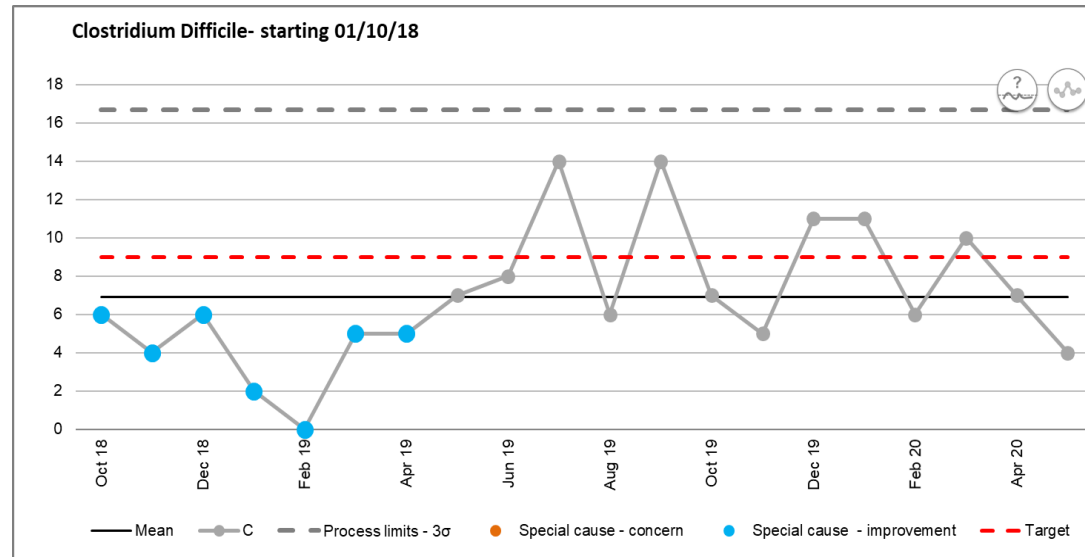
Metric	May 20	YTD	Target
MRSA Total	0	0	0

No assurance if target will be achieved next month.

MRSA Total- starting 01/10/18

Safe
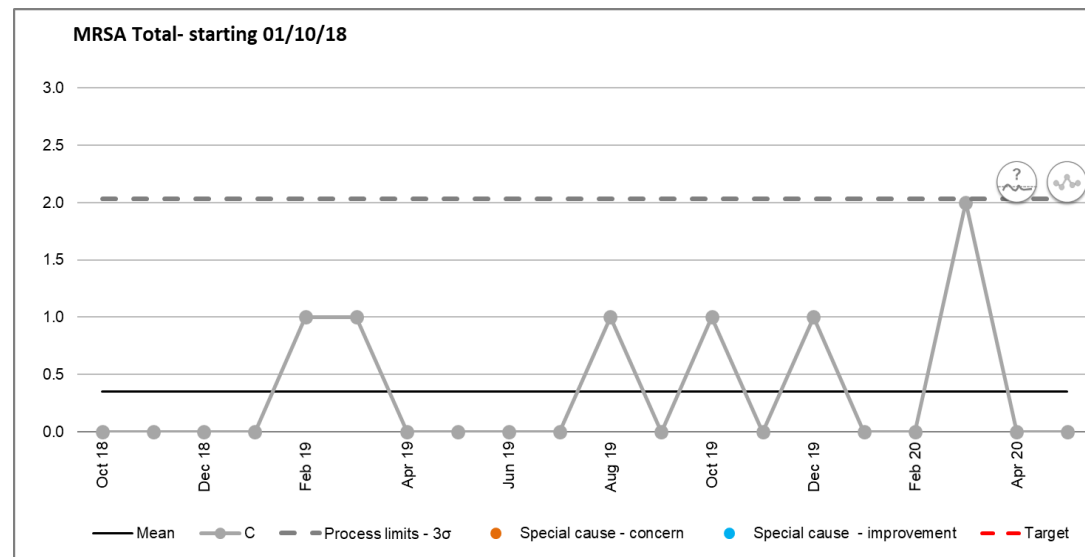
Metric	May 20	YTD	Target
E. Coli Bacteraemias - Acute	**6**	**7**	**No National Target**

No significant variation.

E. Coli Bacteraemias - Acute- starting 01/10/18
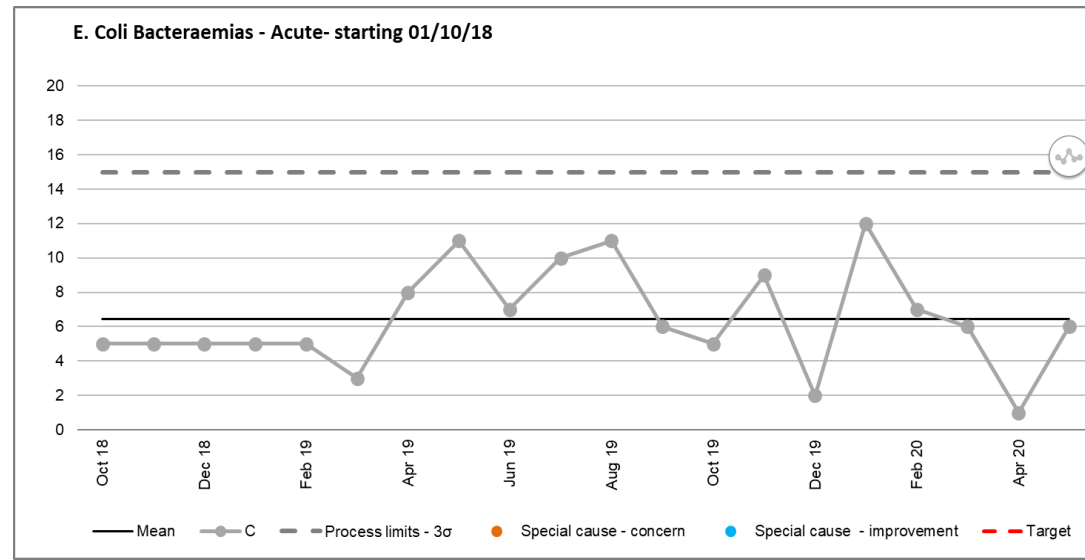
Metric	May 20	YTD	Target
MSSA - Acute	**1**	**2**	**No National Target**

Normal variation.

MSSA - Acute- starting 01/10/18

Safe
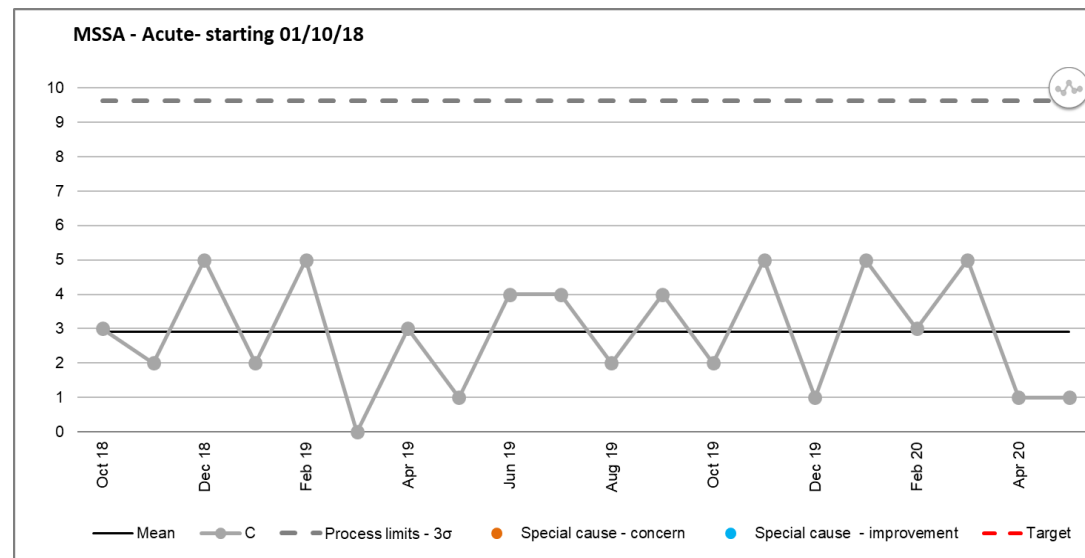
NHSI COVID-19 Onset Category	Mar-20		Apr-20		May-20	
	Patients	%	Patients	%	Patients	%
Community Acquired <= 2 days after admission	218	87.6%	619	82.4%	236	62.4%
Hospital-onset, indeterminate, 3-7 days after admission	16	6.4%	60	8.0%	44	11.6%
Hospital-onset, probable, 8-14 days after admission	10	4.0%	34	4.5%	64	16.9%
Hospital-onset, healthcare-acquired, 15 or more days after admission	5	2.0%	38	5.1%	34	9.0%
Total	249	100%	751	100%	378	100%

COVID-19 Hospital Onset

Legend:
- Hospital-onset, healthcare-acquired, 15 or more days after admission
- Hospital-onset, probable, 8-14 days after admission
- Hospital-onset, indeterminate, 3-7 days after admission
- Community Acquired <= 2 days after admission

Safe
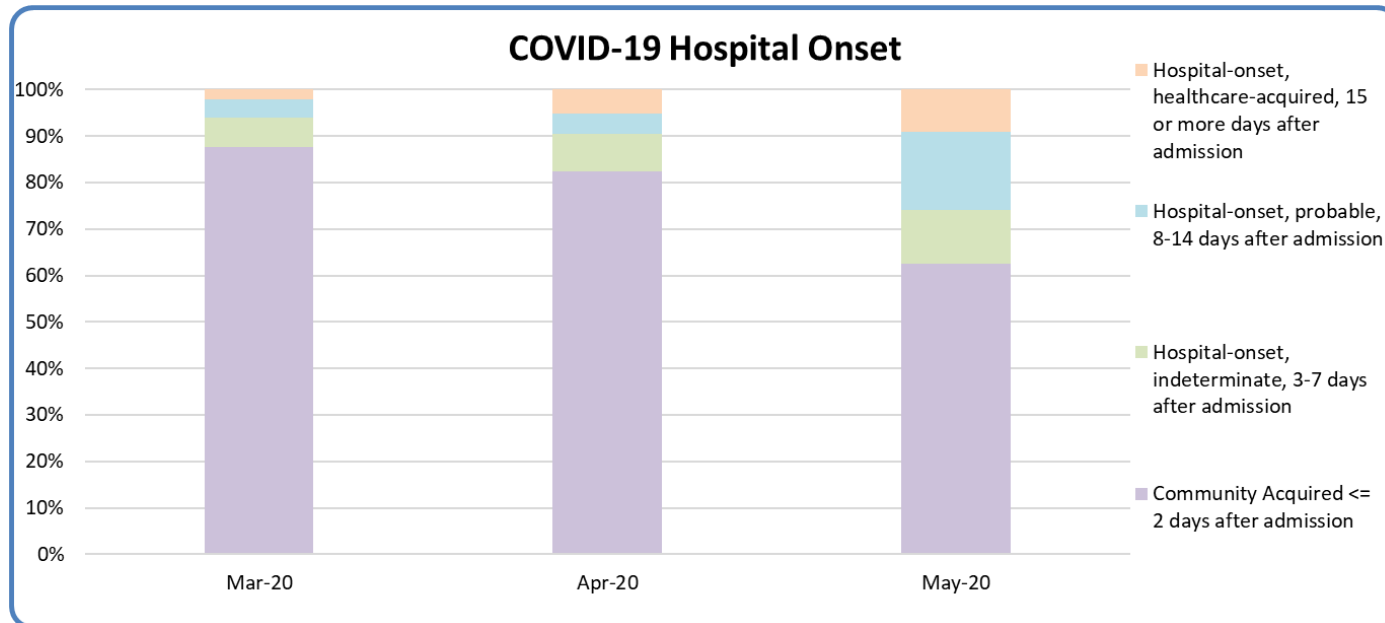
Metric	Apr 20	YTD	Target
All falls reported per 1000 bed stays for patients	**4.8**	**4.8**	**5.5**

Common cause variation, expected to deliver target next month.

**All falls reported per 1000 bed stays for patients reported 1 month in arrears (>65 years only before 19/20)- starting 01/09/18**

Legend: Mean — C — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target
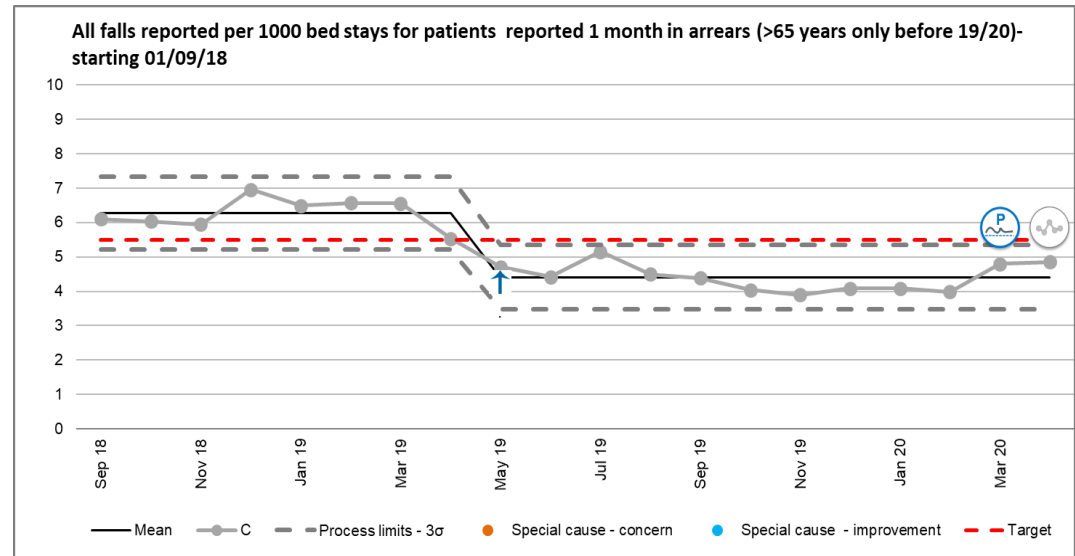
Metric	Apr 20	YTD	Target
Rate of Moderate harm and above Falls PSIs with finally approved status per 1,000 bed days	**0.03**	**0.03**	**No National Target**

No significant variation.

Rate of Moderate harm and above Falls PSIs with finally approved status per 1,000 bed days- starting 01/09/18

Legend: Mean — C — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target

Caring
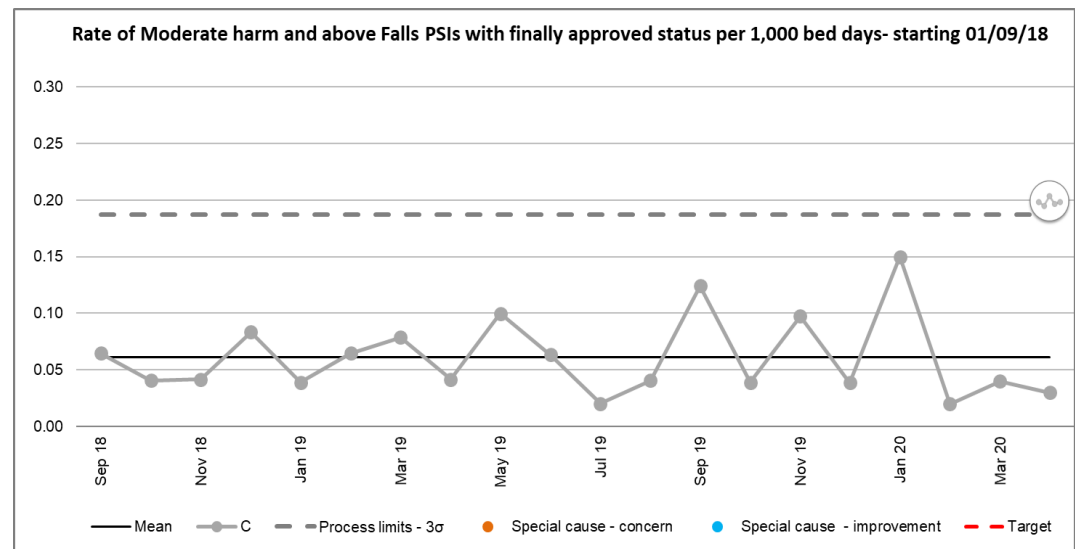
| Metric	Q3 19/20	YTD	Target
% of staff who would recommend the trust as place to receive treatment	**67%**	**73%**	**No National Target**
This metric has been paused until further notice.			

Staff Survey: % of staff who would recommend the trust as place to receive treatment
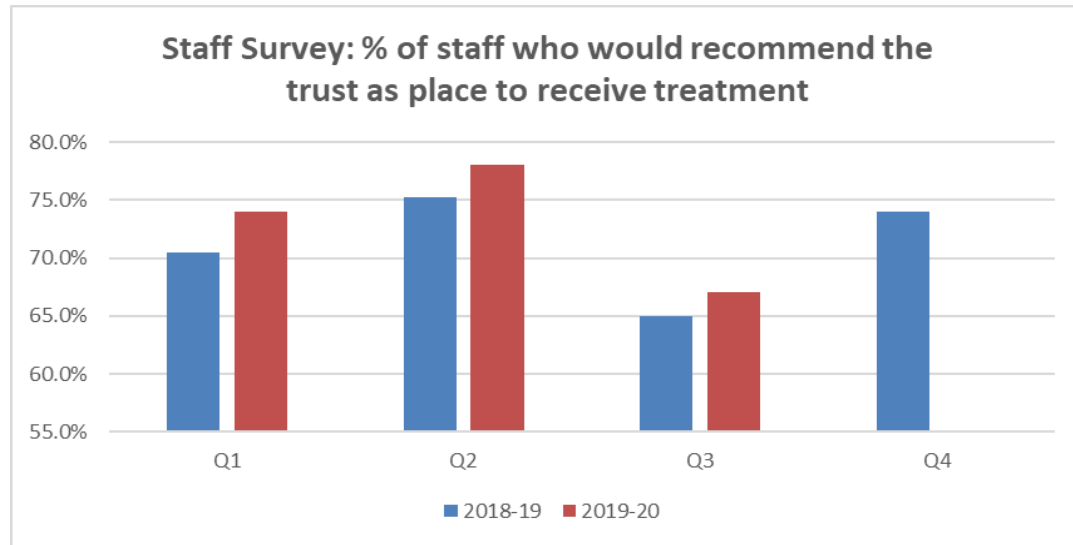
Metric	Mar 20	YTD	Target
Single Sex Breaches	**1**	**14**	**0**
This metric has been paused until further notice.			

Single Sex Breaches- starting 01/08/18

Caring
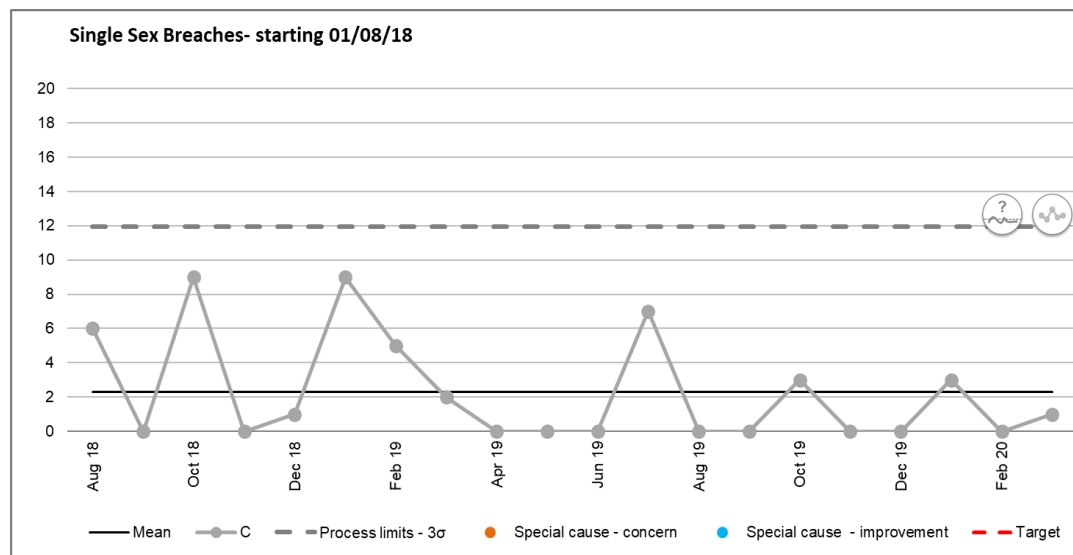
Metric	Feb 20	YTD	Target
Inpatient and Day case F&F Test % Positive	**97%**	**97%**	**96%**

Headline performance rounded up as per NHSI/E reporting. This metric has been paused until further notice.

Inpatients and Daycase Friends and Family Test - % positive- starting 01/07/18
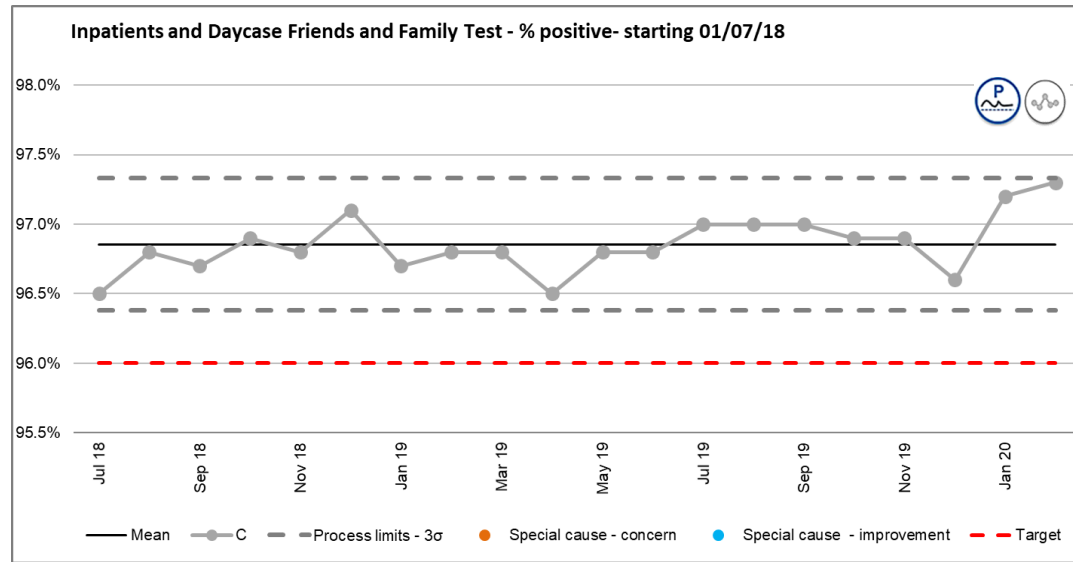
Metric	Feb 20	YTD	Target
A&E F&F Test % Positive	**95%**	**94%**	**94%**

This metric has been paused until further notice.

A&E Friends and Family Test - % positive- starting 01/07/18

Caring
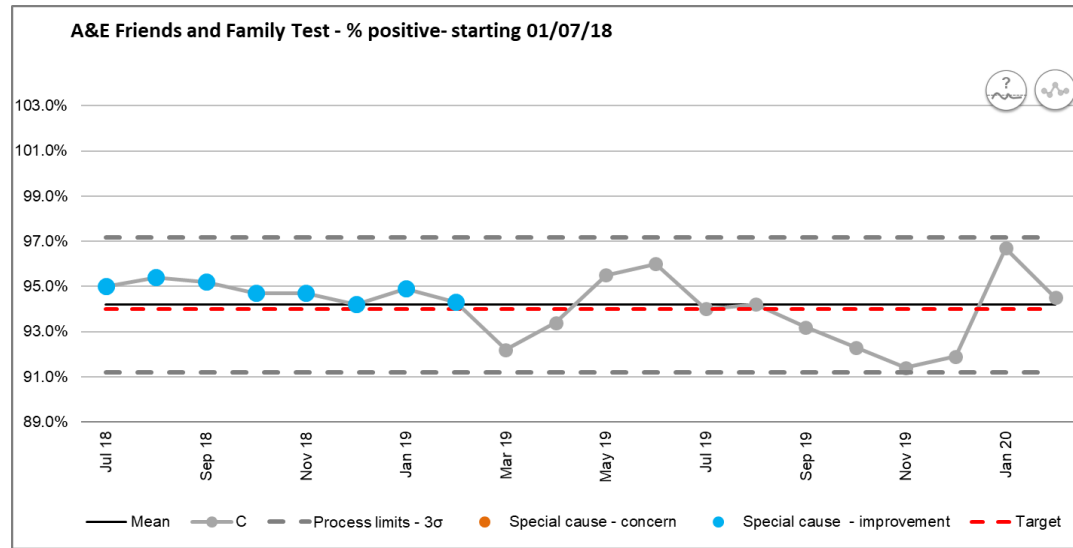
Metric	Feb 20	YTD	Target
Maternity F&F Test % Positive	**94%**	**94%**	**96%**
This metric has been paused until further notice.			

Maternity Friends and Family Test - % positive- starting 01/07/18
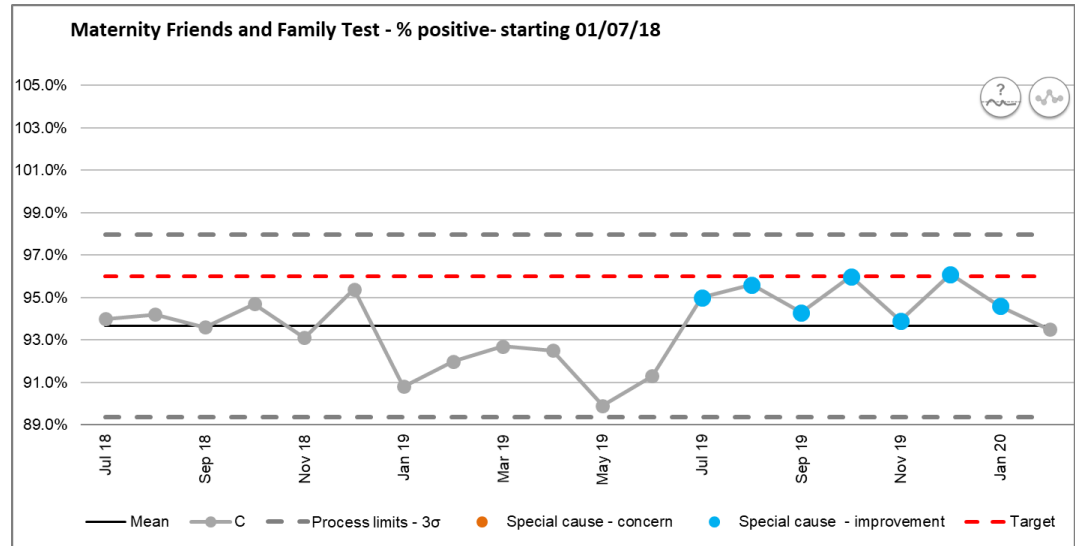
Metric	Feb 20	YTD	Target
Outpatients Friends and Family Test - % positive	**96%**	**95%**	**94%**
This metric has been paused until further notice.			

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

Caring
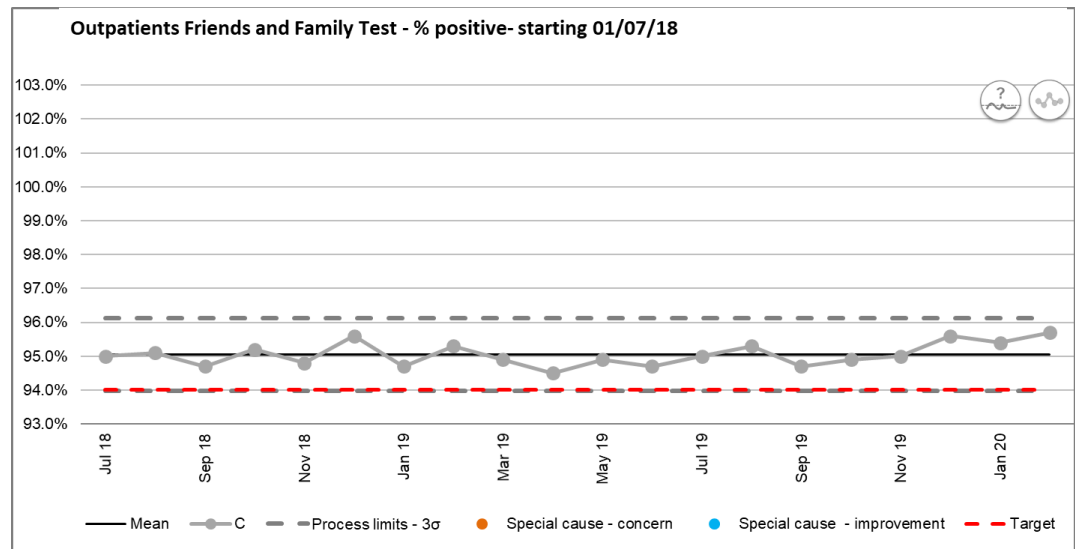
Metric	Q3 19/20	YTD	Target
Complaints per 1,000 staff (WTE)	**50.1**	**49.7**	No National Target
This data collection has been suspended until at least Q2 2021/22.			

Complaints per 1,000 staff (WTE)

Legend: ■ 2018-19 ■ 2019-20

Well Led

University Hospitals of Leicester **NHS**
NHS Trust
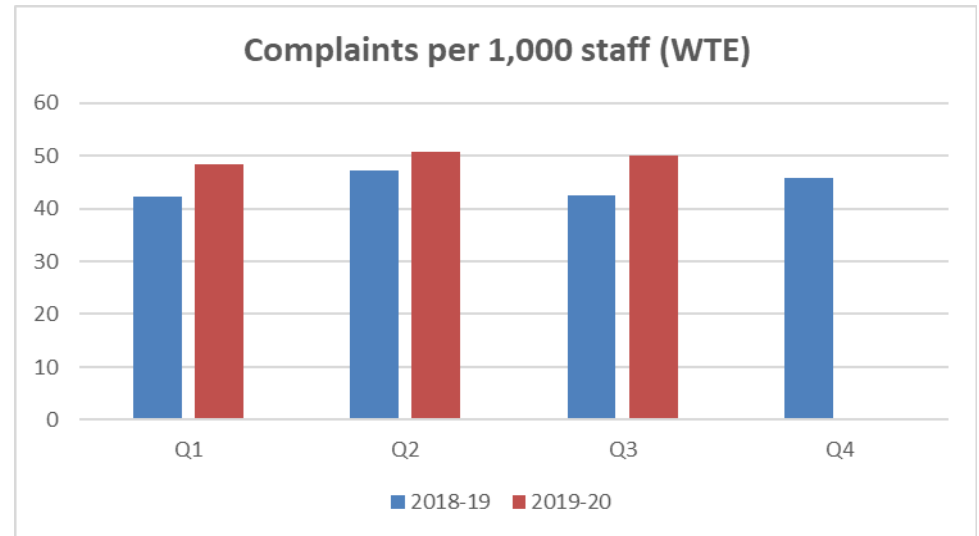
Metric	Q3 19/20	YTD	Target
Staff Survey % Recommend as Place to Work	**62%**	**61%**	**Not within Lowest Decile**
This metric has been paused until further notice.			

Staff Survey: % of staff who would recommend the trust as place to work

Legend: ■ 2018-19　■ 2019-20
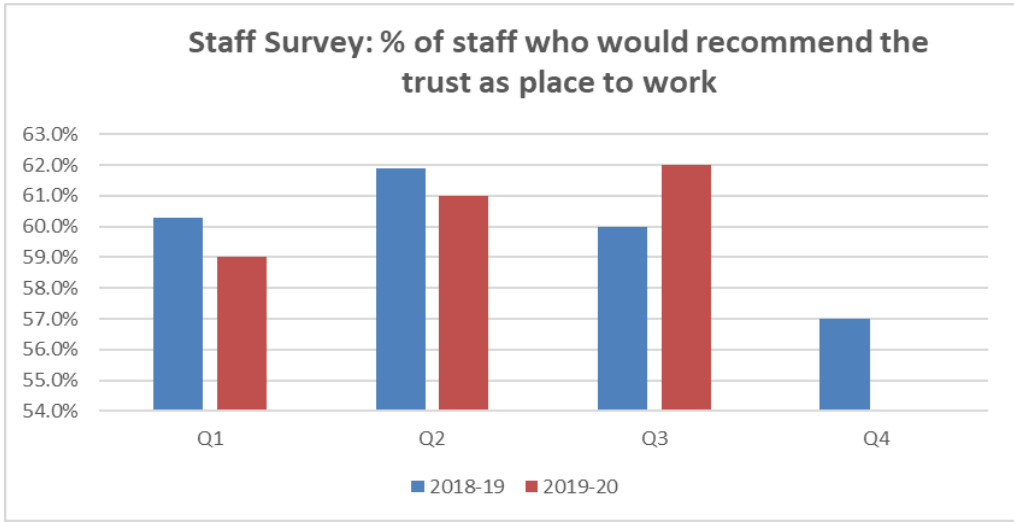
Metric	May 20	YTD	Target
Turnover Rate	**7.8%**	**7.8%**	**10%**
Turnover rate has decreased significantly due to COVID-19, very likely to achieve target.			

Turnover Rate- starting 01/10/18

Legend: —Mean —●—C – – Process limits - 3σ ● Special cause - concern ● Special cause - improvement – – Target

Well Led

University Hospitals of Leicester
NHS Trust
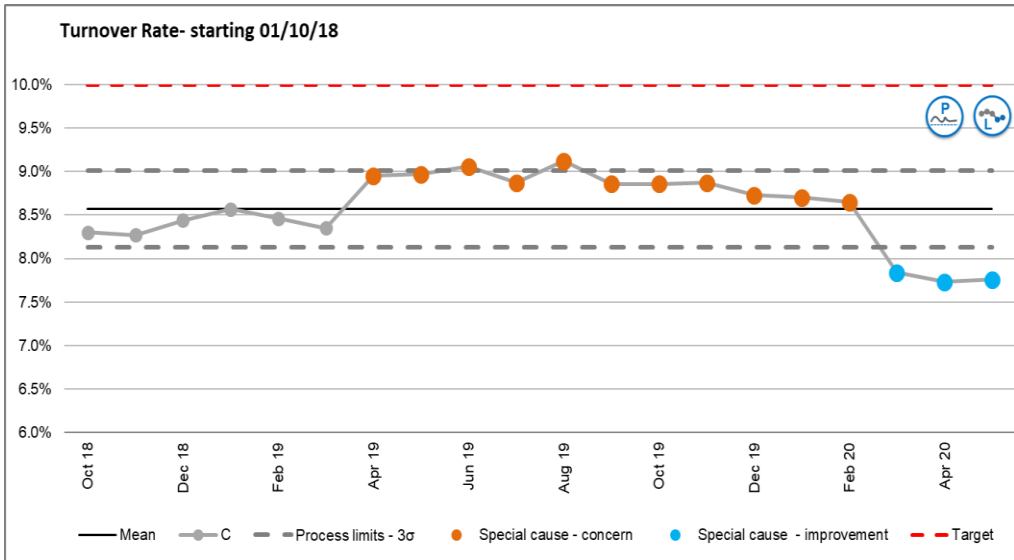
Metric	Apr 20	YTD	Target
Sickness absence	**11.0%**	**11.0%**	**3%**

Significant variation, March and April performance was above the upper control limit due to COVID-19. The target will most likely not be achieved next month.

Sickness Rate- starting 01/09/18
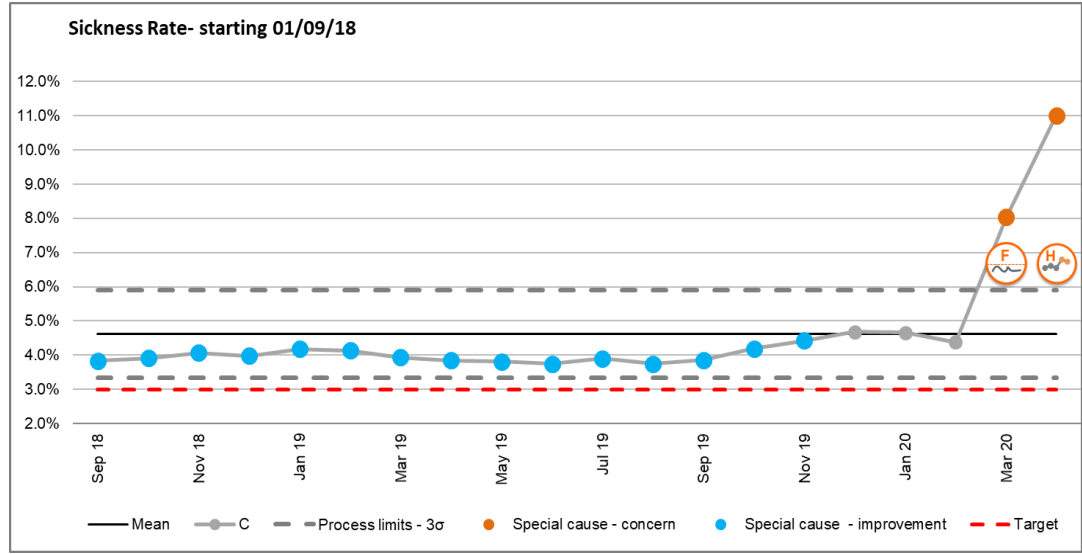
Metric	May 20	YTD	Target
% of Staff with Annual Appraisal	**83.4%**	**83.4%**	**95%**

This metric has deteriorated significantly in the past 3 months due to COVID-19. Very unlikely to achieve target.

Annual Appraisal- starting 01/10/18

Well Led

University Hospitals of Leicester
NHS Trust
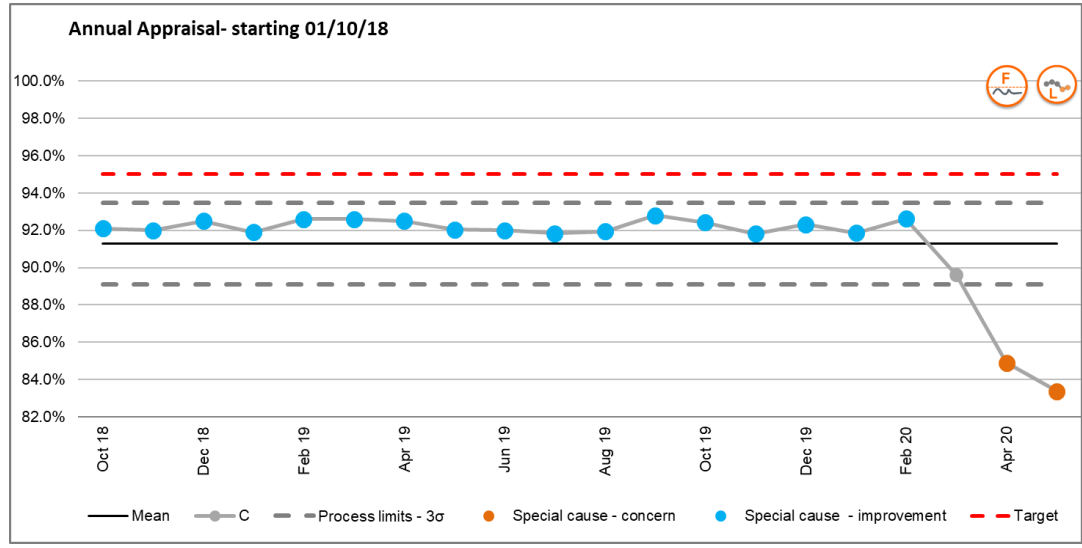
Metric	May 20	YTD	Target
Statutory and Mandatory Training	**96%**	**96%**	**95%**

A step change in improvement occurred in June 19, no assurance that target will be achieved again next month.

Statutory and Mandatory Training- starting 01/10/18

Legend: Mean — C — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target
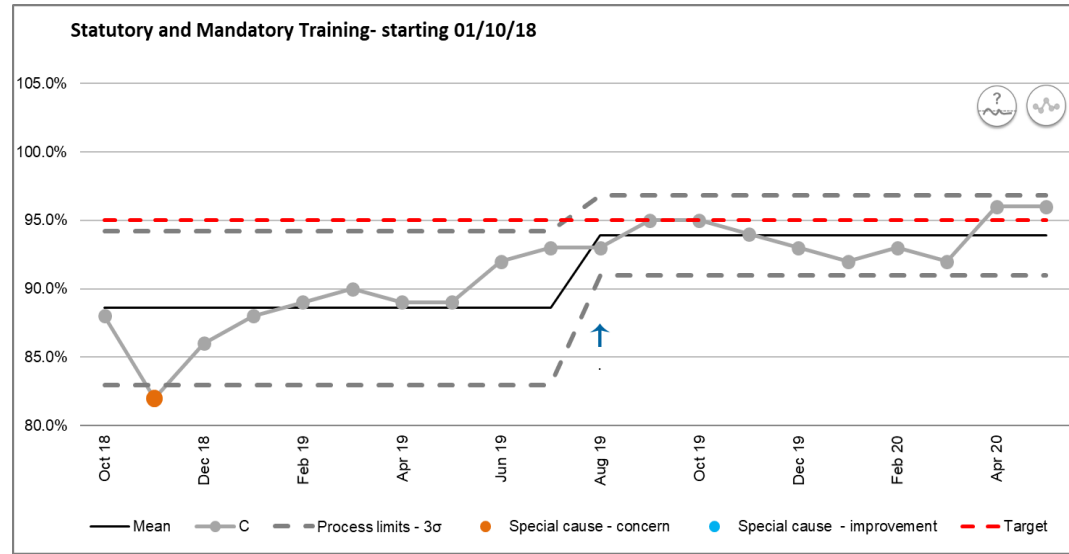
Metric	Apr 20	YTD	Target
Nursing Vacancies	**10.0%**	**10.0%**	**No National Target**

Performance has improved in recent months.

Nursing Vacancies- starting 01/09/18

Legend: Mean — C — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target

Effective
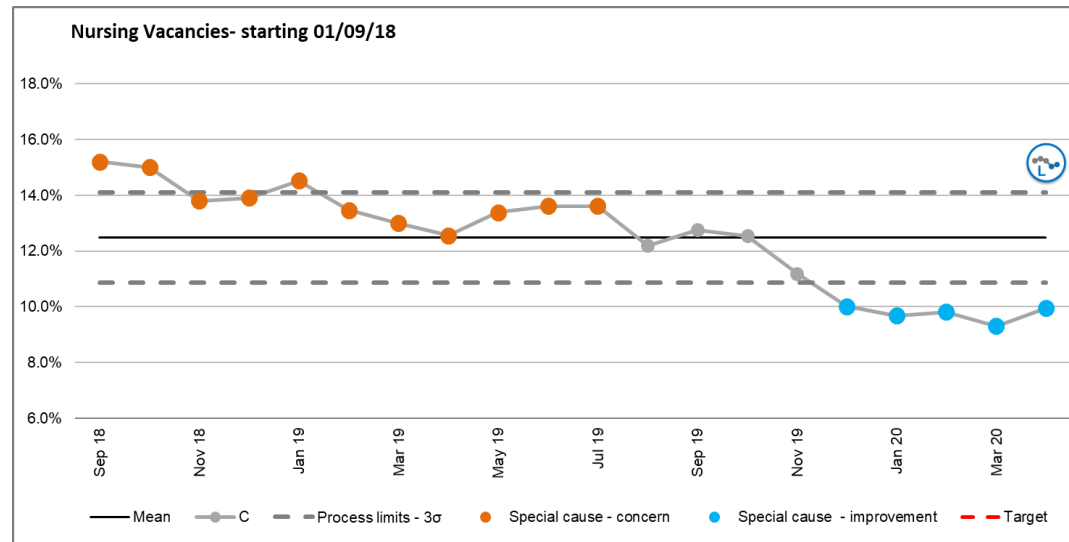
Metric	Feb 19 – Jan 20	Target
Mortality – Published Monthly SHMI	**95**	**100**

UHL's SHMI has been 100 or below for the past two years with some natural variation. Although UHL's crude mortality has come down, the number of expected deaths in the SHMI methodology has also come down because there has been fewer 'expected deaths' nationally.

Mortality – Published Monthly SHMI
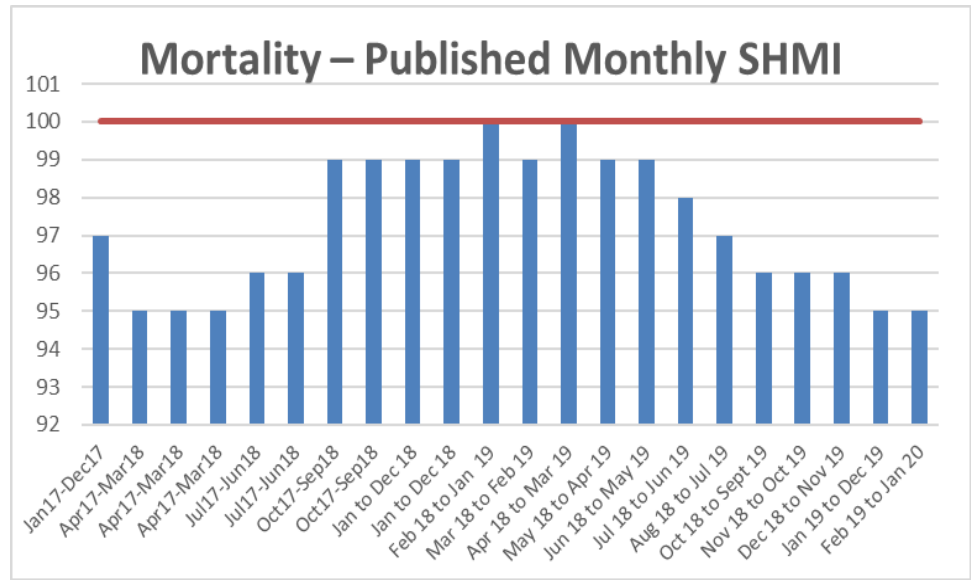
| Metric	Mar 19 – Feb 20	Target
Mortality - Rolling 12 mths HSMR as reported in Dr. Foster)	**93**	**100**

Over the past 4 years our HSMR has remained at either below or within the expected range. The most recent data shows a sustained period below the expected rate.


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

Effective
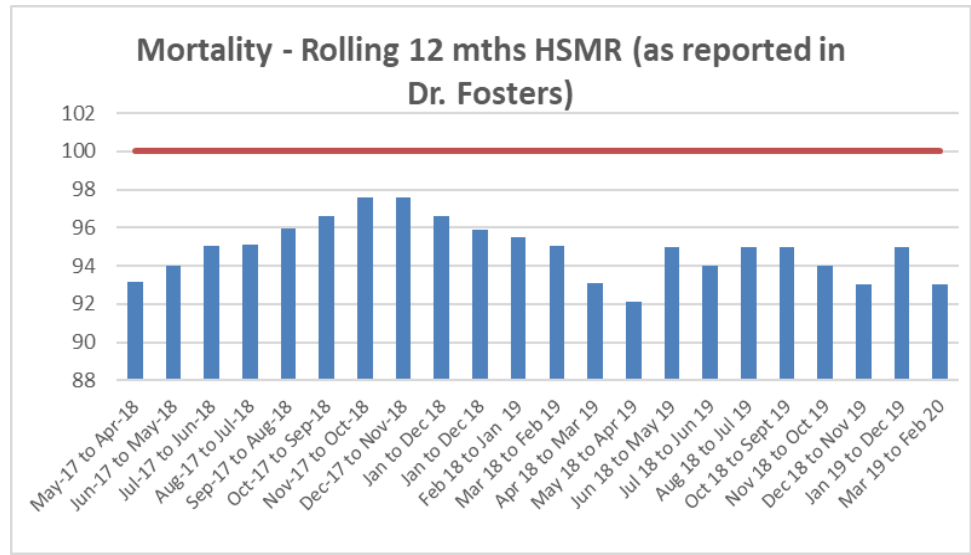
Metric	May 20	YTD	Target
Crude Mortality	**2.3%**	**3.0%**	**No National Target**

Statistically significant increase in April and May due to COVID-19.

Mortality Rate- starting 01/10/18

Legend: Mean — C — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target
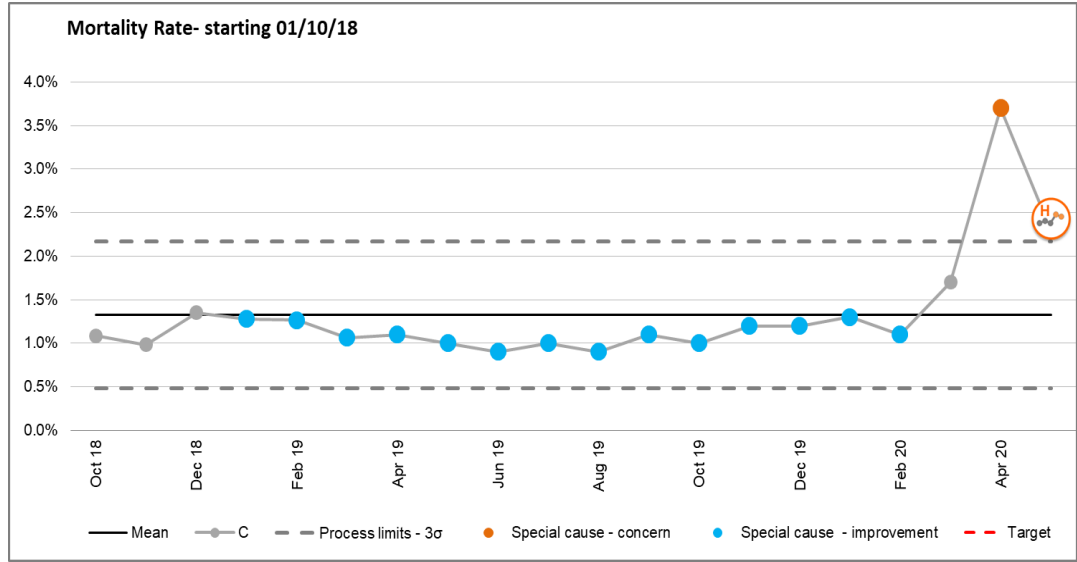
Metric	Apr 20	YTD	Target
Emergency readmissions within 30 days	**10.1%**	**10.1%**	**8.5%**

Special cause concern due to COVID-19.

Readmission Rate within 30 Days- starting 01/09/18

Legend: Mean — C — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target

Effective

University Hospitals of Leicester
NHS Trust
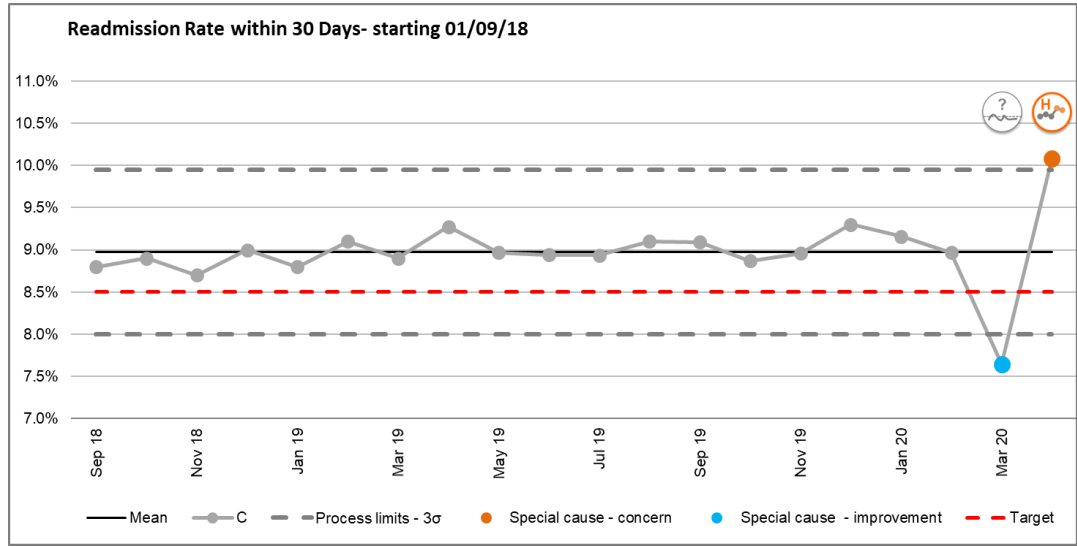
Metric	Apr 20	YTD	Target
Emergency readmissions within 48 hrs	**1.3%**	**1.3%**	**No National Target**
No significant variation.			

Readmission Rate within 48 Hours- starting 01/09/18
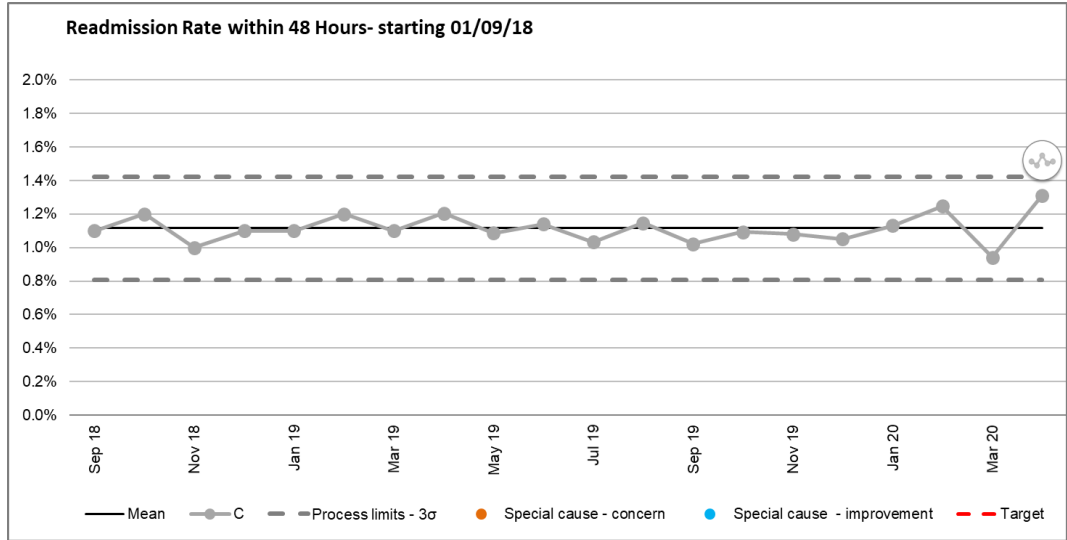
| Metric	May 20	YTD	Target
% Neck of femurs operated on under 36 hrs Based on Admissions	**32.1%**	**30.2%**	**72%**
Performance has deteriorated significantly in April and May due to COVID-19. No assurance that target will be delivered next month.			

No. of # Neck of femurs operated on 0-35 hrs- starting 01/10/18

Effective
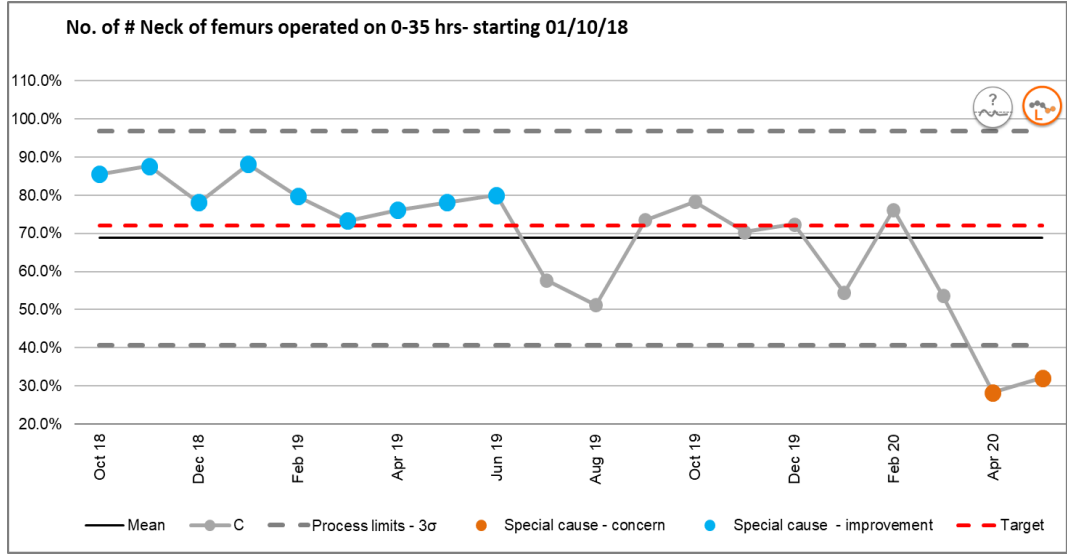
Metric	Apr 20	YTD	Target
Stroke - 90% of Stay on a Stroke Unit	**80.4%**	**80.4%**	**80%**

Common cause variation, consistently achieving target.

Stroke - 90% of Stay on a Stroke Unit- starting 01/09/18
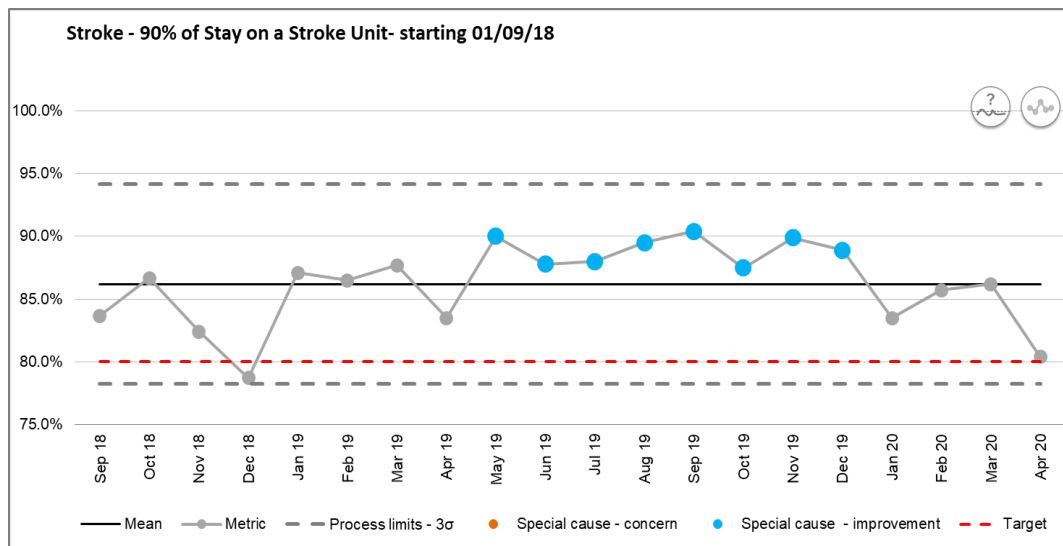
Metric	May 20	YTD	Target
TIA Clinic within 24 Hours (Suspected High Risk TIA)	**63.8%**	**73.0%**	**60%**

This metric is stable, target achieved for the past 8 months.
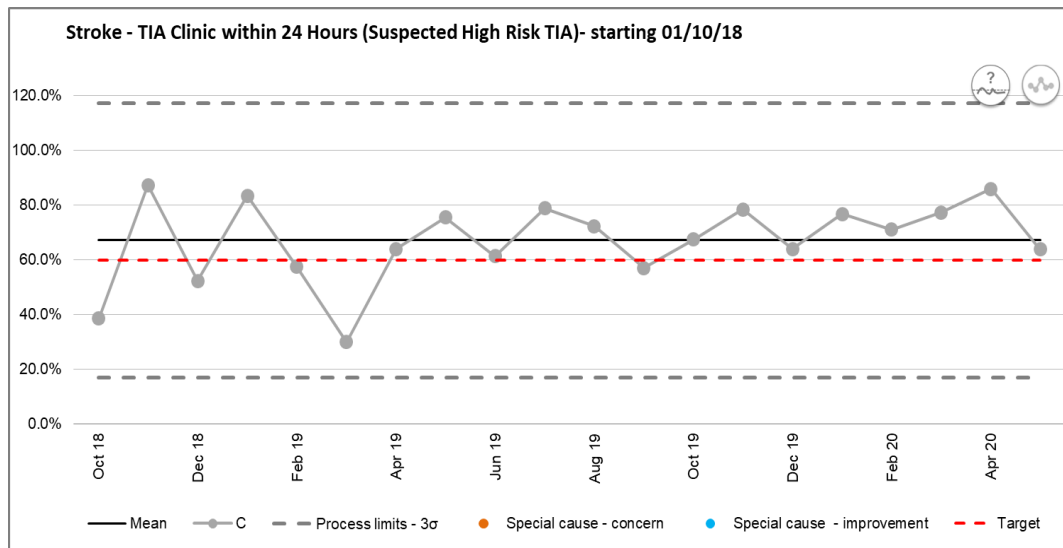
Stroke - TIA Clinic within 24 Hours (Suspected High Risk TIA)- starting 01/10/18

Responsive

Metric	May 20	YTD	Target
ED 4 Hour Waits UHL	**82.7%**	**84.4%**	**95%**
Special cause improvement due to COVID-19. Continually failing target and will most likely fail to achieve target next month.			

ED 4 Hour Wait Performance %- starting 01/10/18

—— Mean —●— C ━ ━ Process limits - 3σ ● Special cause - concern ● Special cause - improvement ━ ━ Target
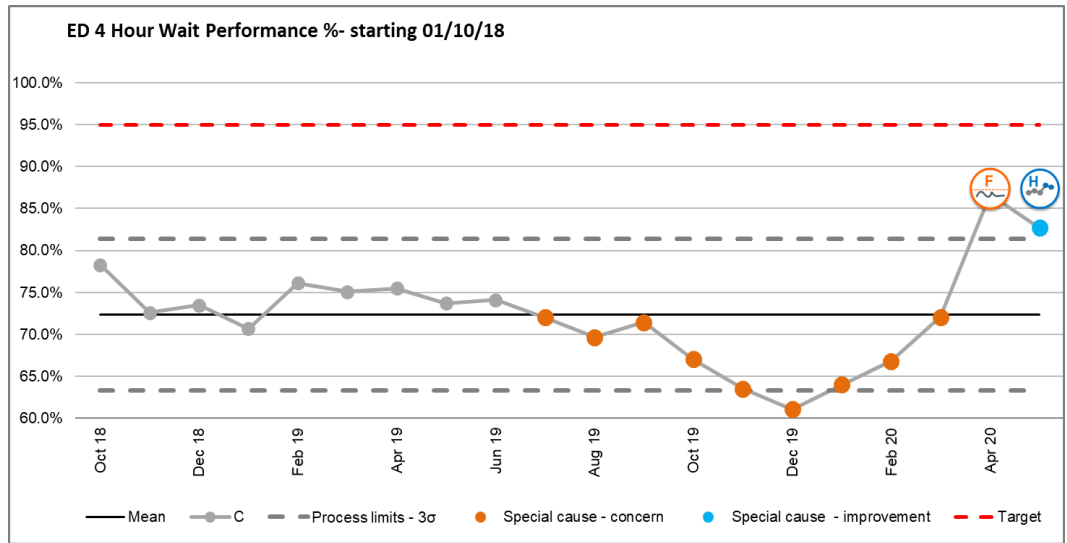
| Metric	May 20	YTD	Target
ED 4 Hour Waits Acute Footprint	**87.5%**	**88.8%**	**95%**
Special cause improvement due to COVID-19. Continually failing target and will most likely fail to achieve target next month.			

ED 4 Hour Waits Acute Footprint- starting 01/10/18

—— Mean —●— C ━ ━ Process limits - 3σ ● Special cause - concern ● Special cause - improvement ━ ━ Target
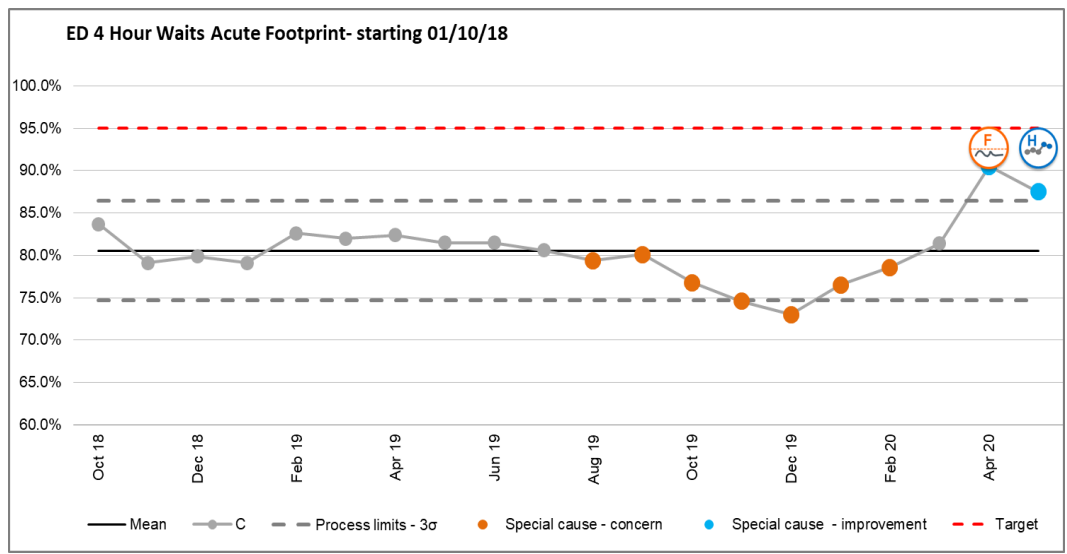
Responsive

Metric	May 20	YTD	Target
Ambulance Handover >60 Mins	**0.5%**	**0.7%**	**0%**

Common cause variation, performance has improved in the last four months.

Ambulance Handover >60mins- starting 01/10/18

Legend: Mean — C — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target

Responsive
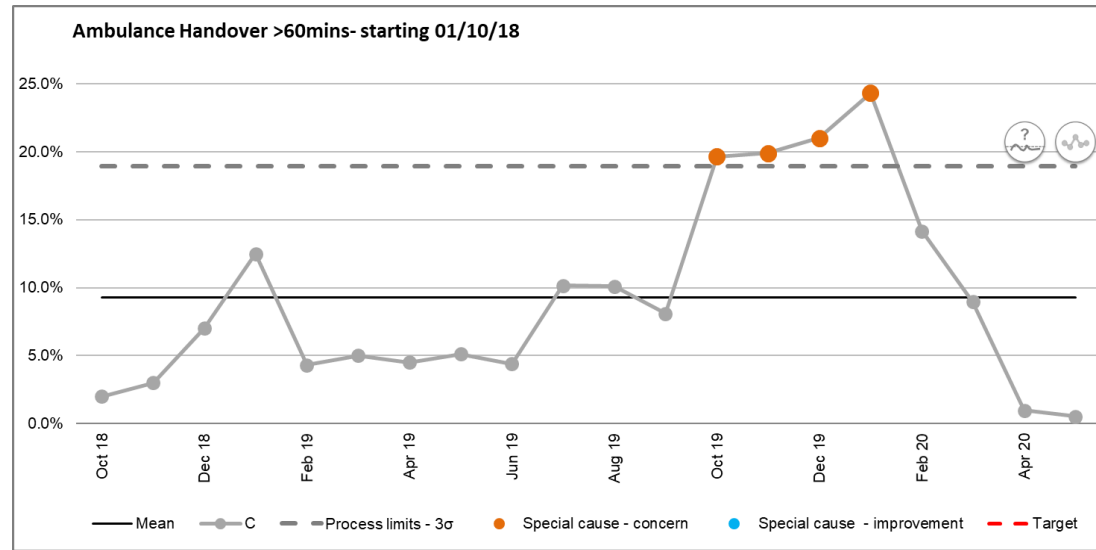
Metric	May 20	YTD	Target
RTT Incompletes	**60.8%**	**60.8%**	**92%**

Performance has been deteriorating due to focus on waiting list target and more recently COVID-19.

RTT - Incomplete 92% in 18 Weeks UHL+ALLIANCE- starting 01/10/18
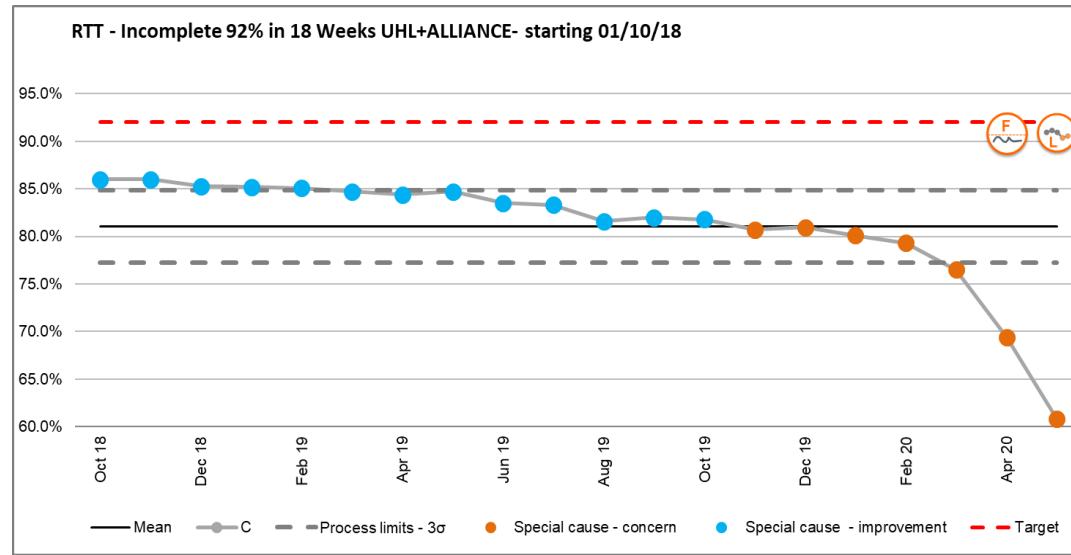
Metric	May 20	YTD	Target
RTT 52+ Weeks Wait	**778**	**778**	**0**

Special cause concern, the number of breaches is expected to increase due to COVID-19.

RTT 52 Weeks+ Wait (Incompletes) UHL+ALLIANCE- starting 01/10/18

Responsive
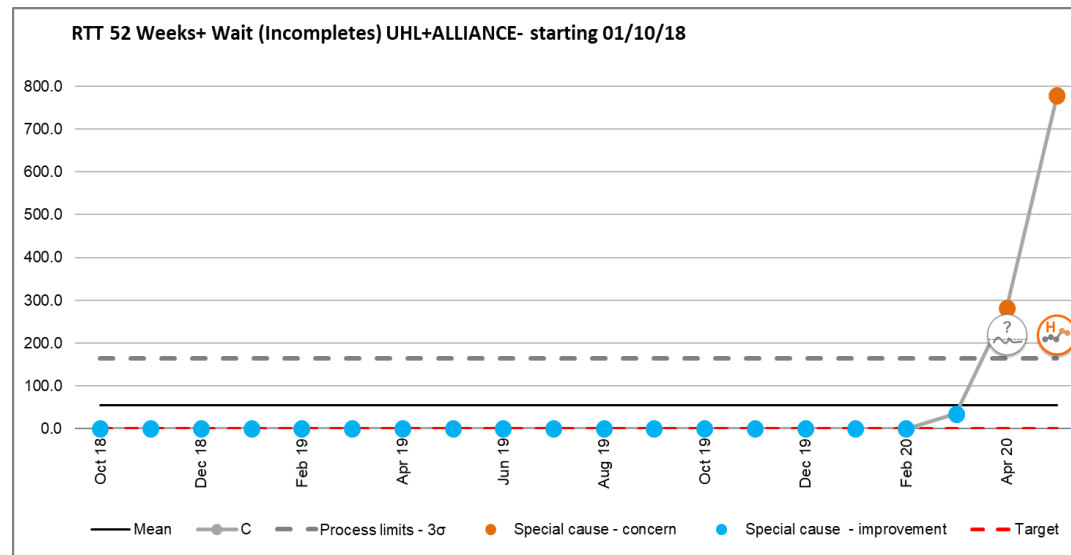
Metric	May 20	YTD	Target
Total Number of incompletes	**64,959**	**64,959**	**66,397 (Year End)**
Common cause variation.			

Total Number of incompletes- starting 01/10/18
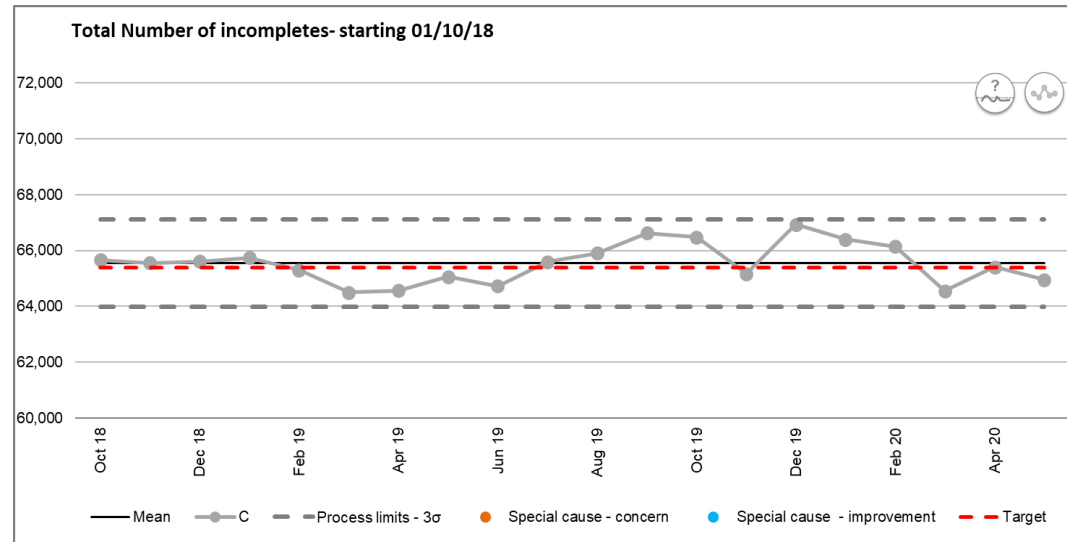
Metric	Apr 20	YTD	Target
6 Week Diagnostic Waits	**20.7%**	**20.7%**	**1%**
Special cause variation, target not achieved in May due to COVID-19.			

6 Week - Diagnostic Test Waiting Times (UHL+ALLIANCE)- starting 01/10/18

Responsive
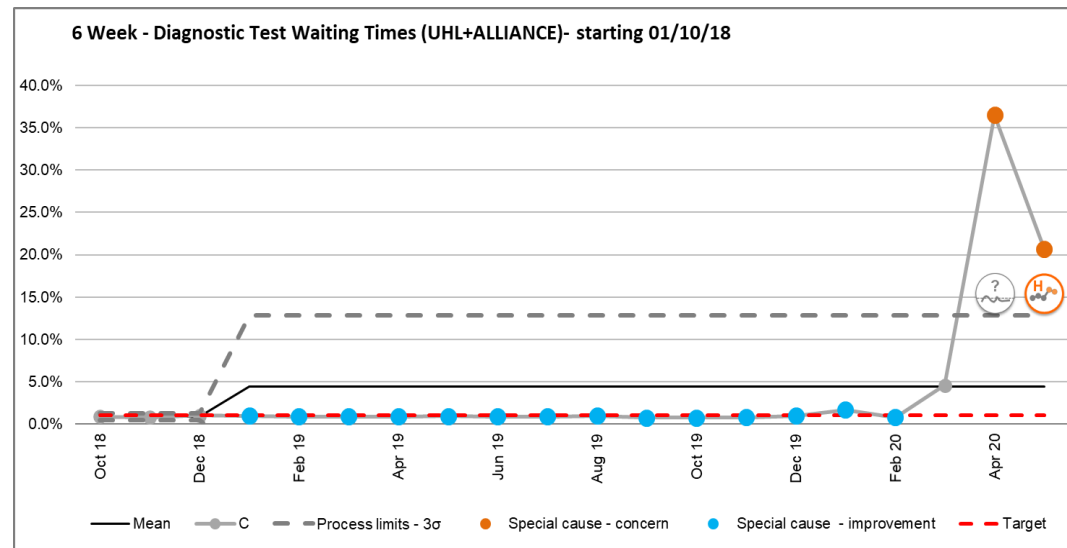
Metric	May 20	YTD	Target
Cancelled patients not offered a date within 28 days of the cancellations	**7**	**92**	**0**

Normal variation – last month was above the upper control limit due to COVID-19. Full Year target already breached.

Cancelled patients not offered a date within 28 days of the cancellations UHL + Alliance- starting 01/10/18

Legend: —— Mean ●—C — Process limits - 3σ ● Special cause - concern ● Special cause - improvement - - - Target
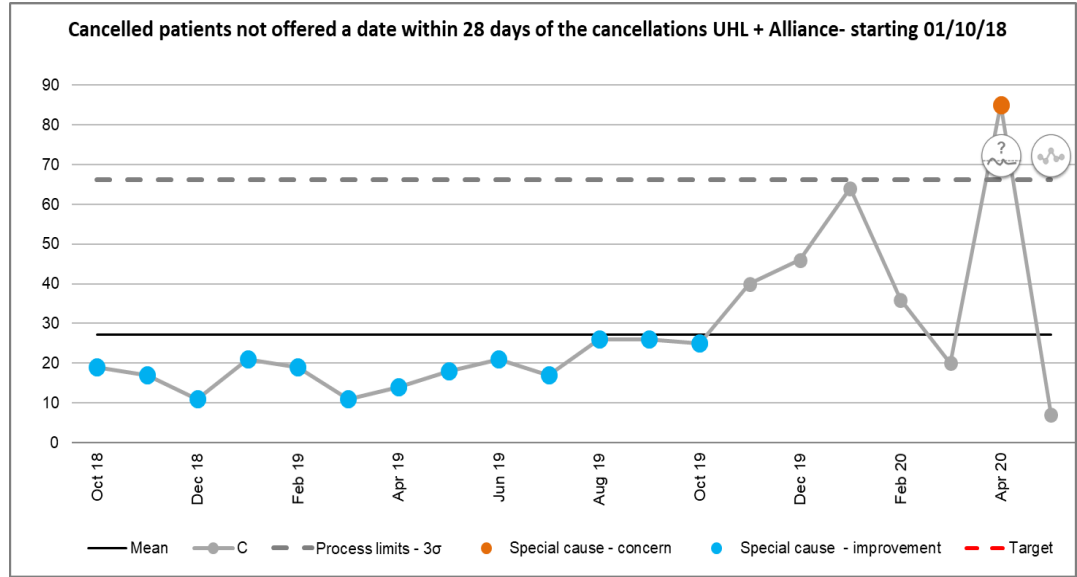
Metric	May 20	YTD	Target
% Operations cancelled on the day	**0.7%**	**0.7%**	**1%**

No significant variation observed. No assurance that the target will be delivered next month.

Cancelled Operations UHL + Alliance- starting 01/10/18

Legend: —— Mean ●—C — Process limits - 3σ ● Special cause - concern ● Special cause - improvement - - - Target

Responsive

University Hospitals of Leicester
NHS Trust
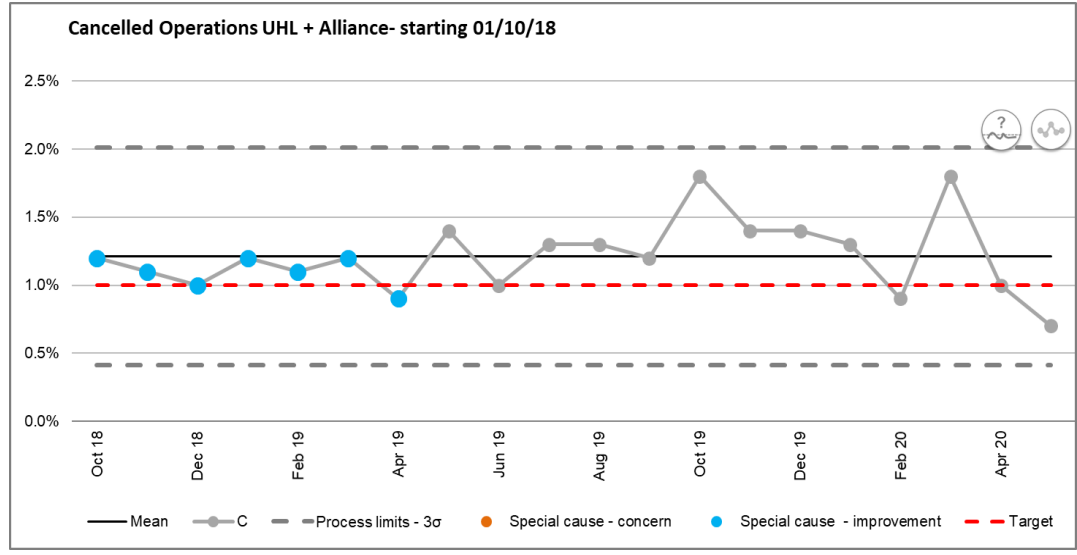
Metric	Feb 20	YTD	Target
Delayed transfers of care	**1.9 %**	**1.8%**	**3.5%**

This metric has been paused until further notice.

Delayed Transfers of Care- starting 01/07/18

Legend: Mean — C — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target
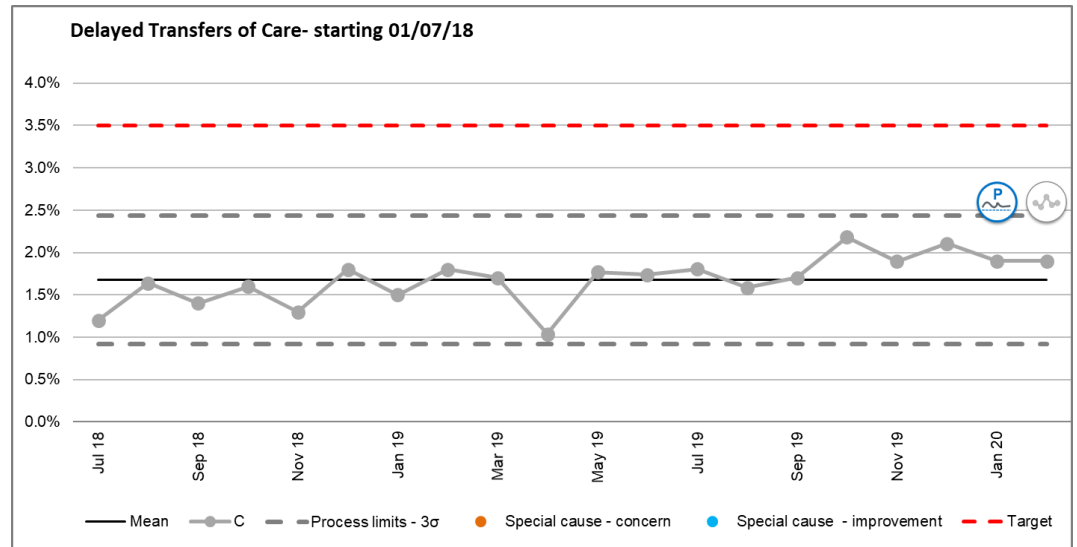
Metric	May 20	YTD	Target
Long Stay Patients (21+ days)	**103**	**103**	**135**

Special cause improvement, target achieved due to COVID-19.

Long Stay Patients (21+ days)- starting 01/10/18

Legend: Mean — C — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target

Responsive
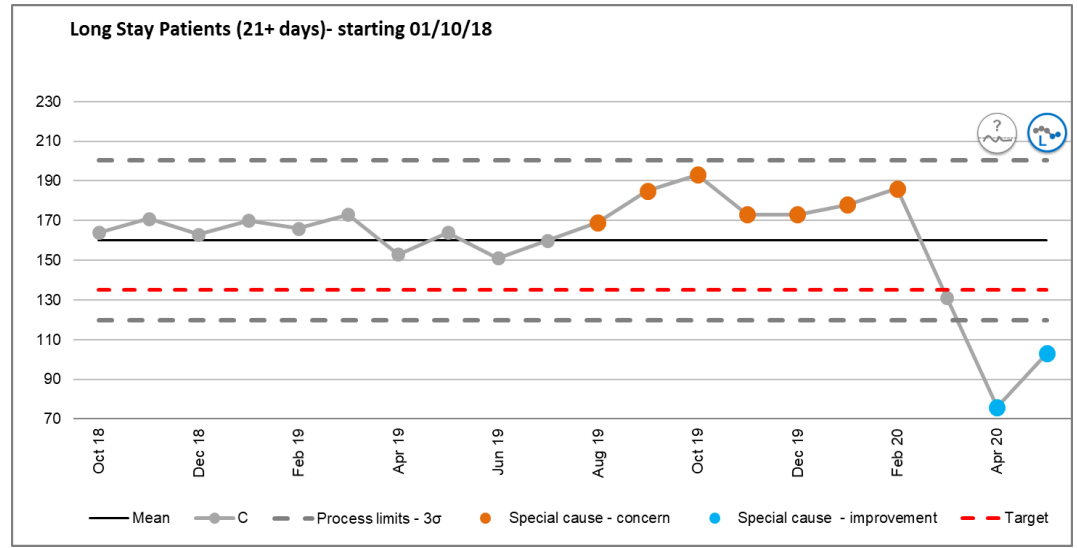
Metric	May 20	YTD	Target
Average Inpatient LOS	**3.4**	**4.0**	**No National Target**

Normal variation – last month was above the upper control limit.

Average Inpatient LOS- starting 01/10/18
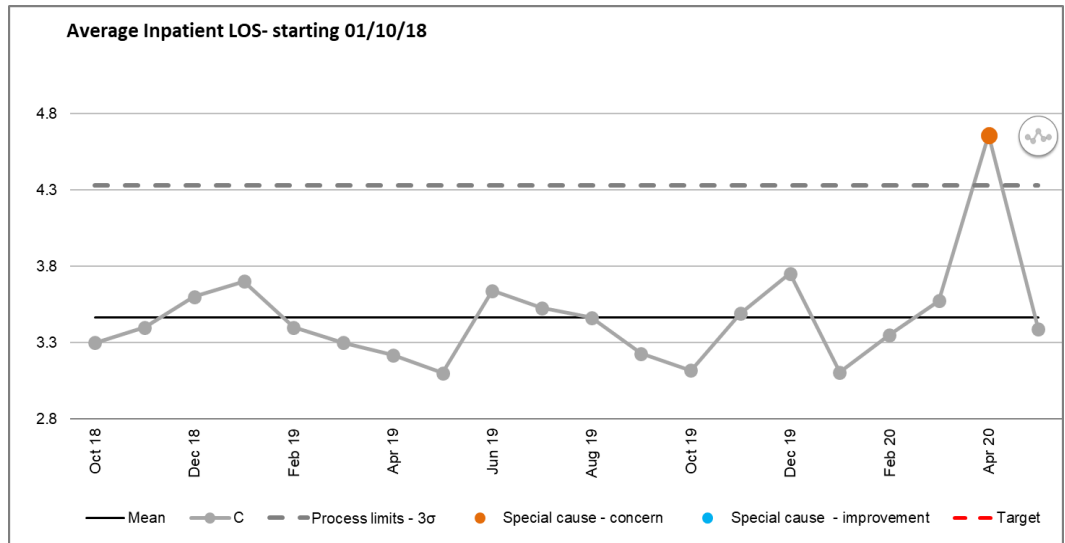
Metric	May 20	YTD	Target
Average Emergency LOS	**4.5**	**4.8**	**No National Target**

This metric has improved following a significant deterioration in recent months.

Average Emergency LOS- starting 01/10/18
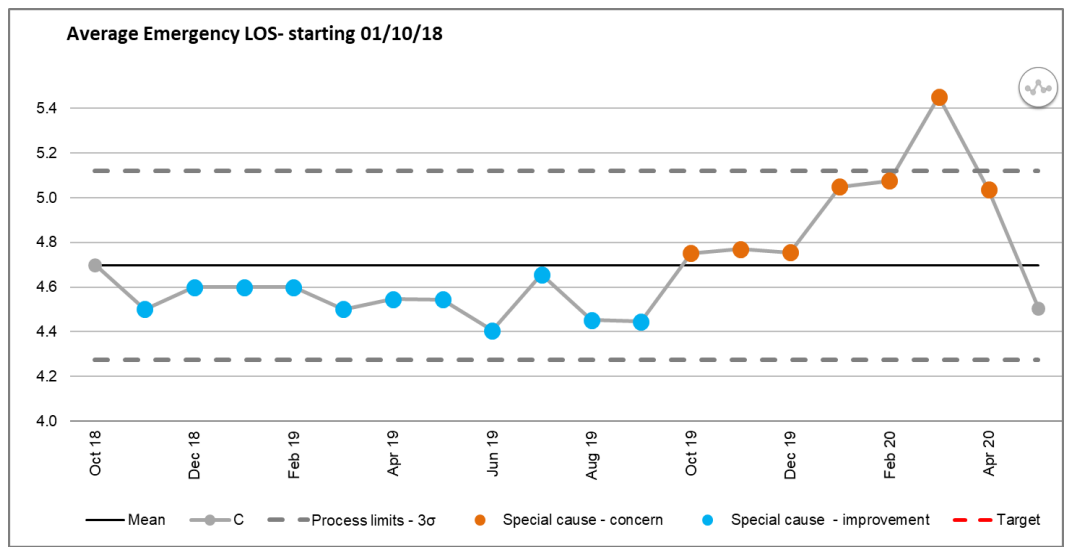
Responsive – Cancer

For more information please see the Cancer Recovery Paper - PPPC

University Hospitals of Leicester NHS — NHS Trust

Metric	Apr 20	YTD	Target
Cancer 2WW	86.4%	86.4%	93%

Normal variation. Performance has deteriorated as a result of patient choice not to attend on straight to test pathways.

Cancer 2WW Performance %- starting 01/09/18
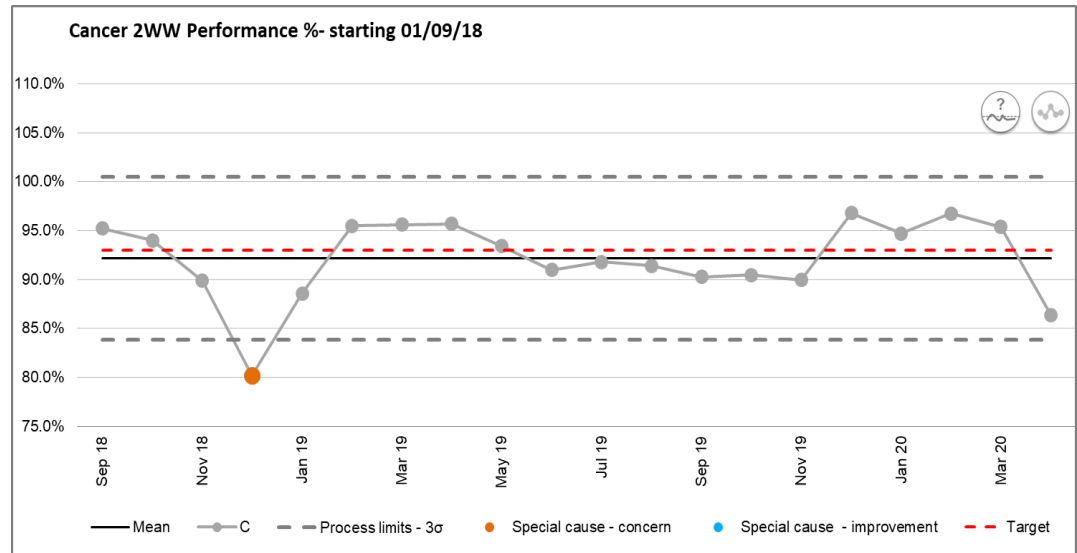
Metric	Mar 20	YTD	Target
Cancer 2WW Breast	97.3%	95.9%	93%

Performance has returned to a more stable level.

Cancer 2WW Symptomatic Breast Performance %- starting 01/08/18
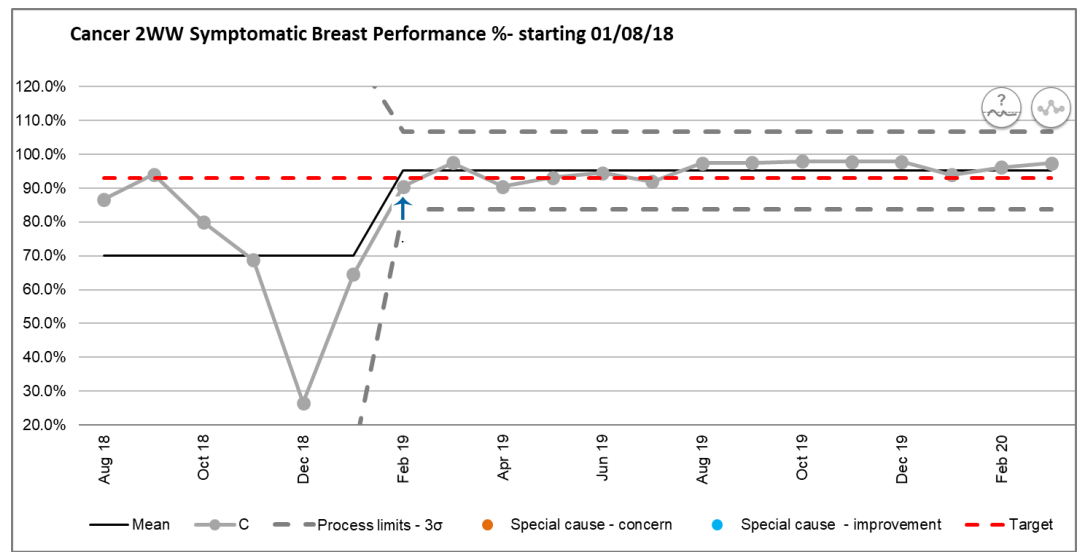
Responsive – Cancer

Metric	Apr 20	YTD	Target
Cancer 31 Day	**94.7%**	**94.7%**	**96%**

Unlikely to achieve target next month, performance is stable and underperforming.

Cancer 31 Performance %- starting 01/09/18
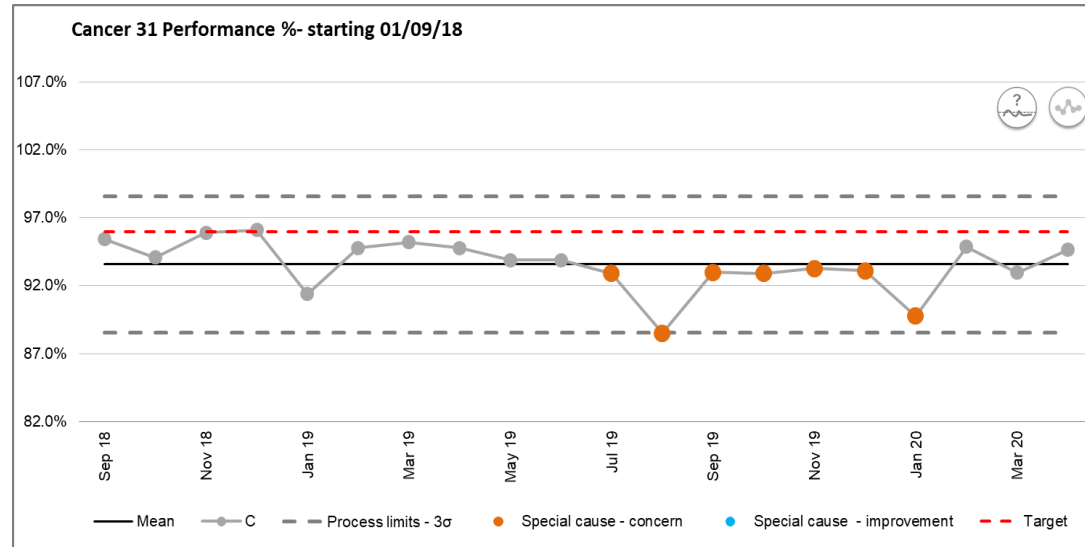
Metric	Apr 20	YTD	Target
Cancer 31 Day Drugs	**100%**	**100%**	**98%**

Stable, very little variation. Likely to deliver target based on the last 12 months.

Cancer 31 Day:Anti Cancer Drug Treatments- starting 01/09/18
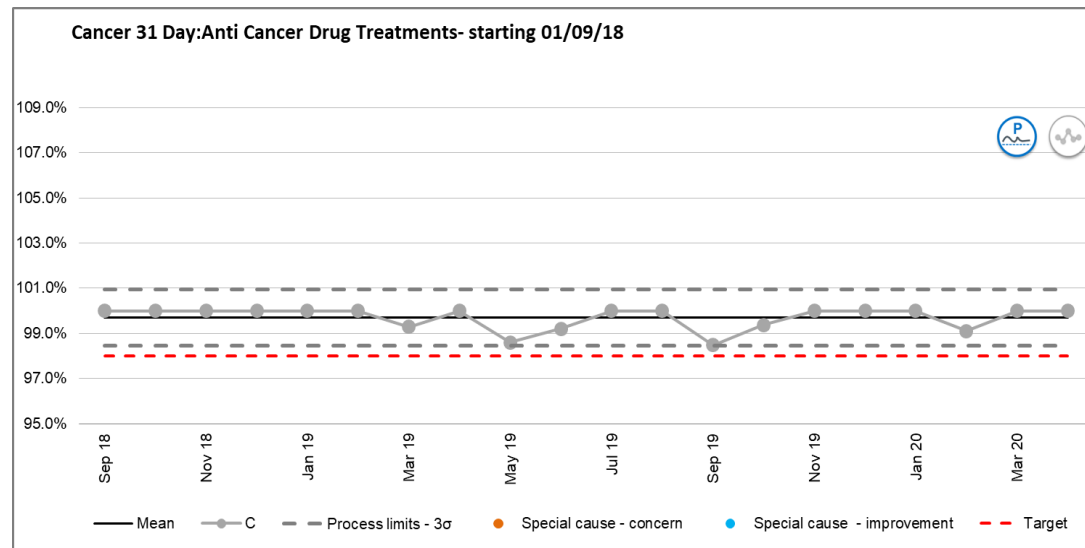
Responsive – Cancer

| Metric	Apr 20	YTD	Target
Cancer 31 Surgery	71.9%	71.9%	94%

Normal variation, unlikely to deliver target. Deterioration is due to a growing backlog and a reduction in the denominator as mainly long waiters are being treated

Cancer 31 Day: Surgery- starting 01/09/18
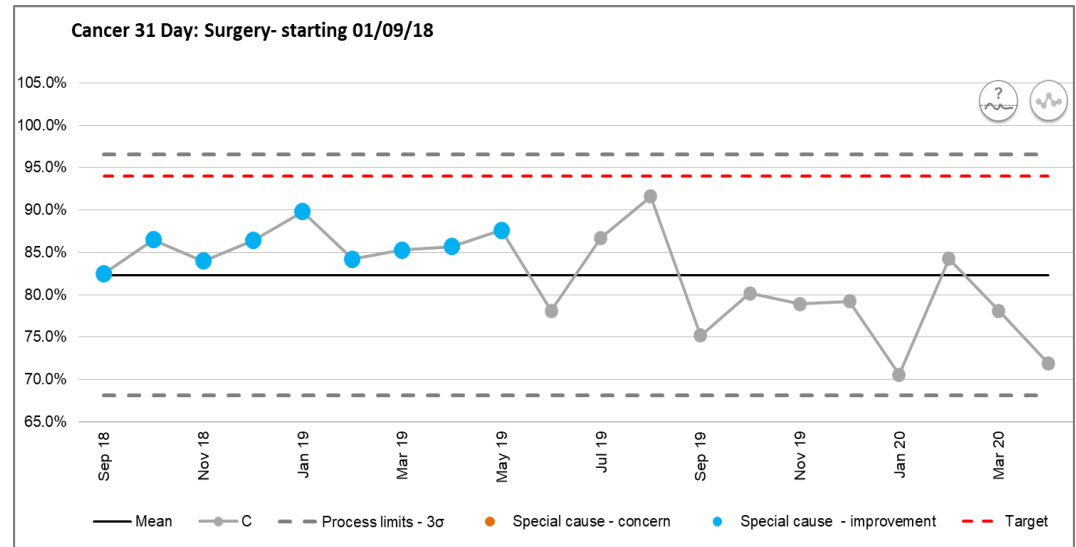
Metric	Apr 20	YTD	Target
Cancer 31 Day Radiotherapy	57.7%	57.7%	94%

Special cause concern. May performance is currently above 90% and there is potential to achieve the target.


Cancer 31 Day: Radiotherapy- starting 01/09/18

Responsive – Cancer

University Hospitals of Leicester NHS — NHS Trust
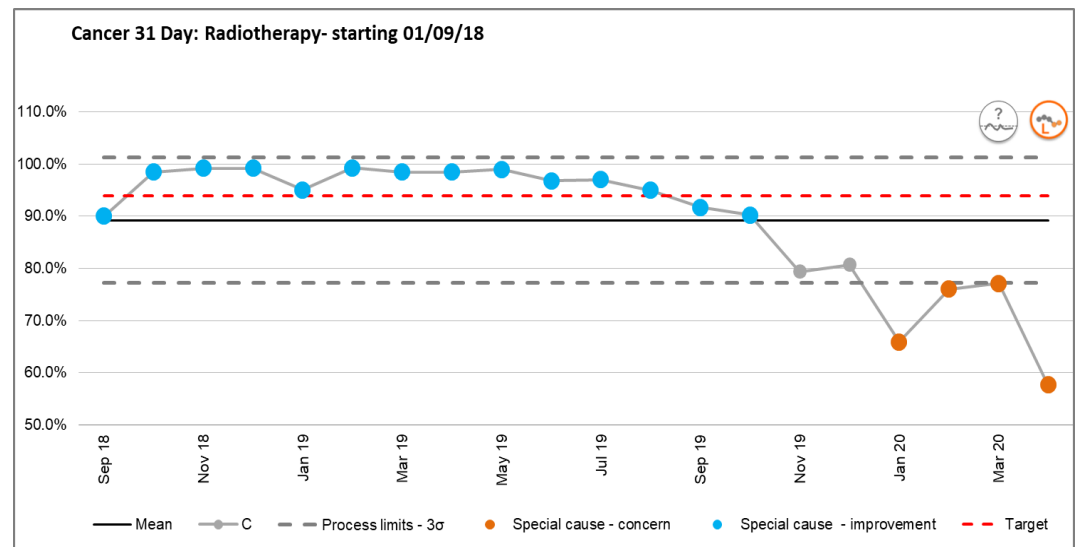
Metric	Apr 20	YTD	Target
Cancer 62 Day	**64.1%**	**64.1%**	**85%**

Special cause concern, target will not be delivered next month. Increased backlog and decreased denominator has resulted in a deterioration in the position.

Cancer 62 Day Performance %- starting 01/09/18
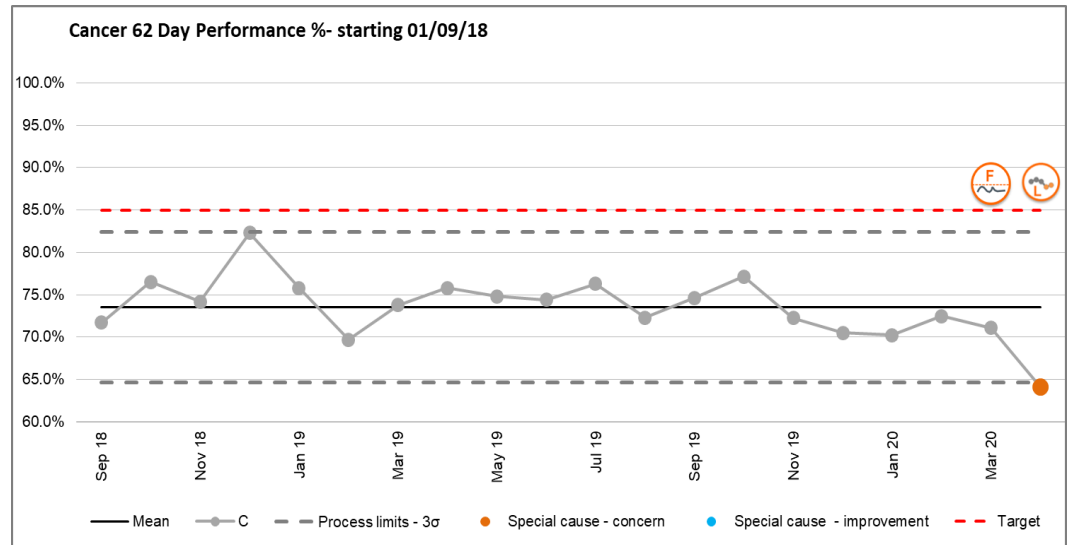
Metric	Apr 20	YTD	Target
Cancer 62 Day Consultant Screening	**95.7%**	**95.7%**	**90%**

Some variation but not significant.

Cancer 62 Day: Consultant Screening- starting 01/09/18

Outpatient Transformation

University Hospitals of Leicester
NHS Trust
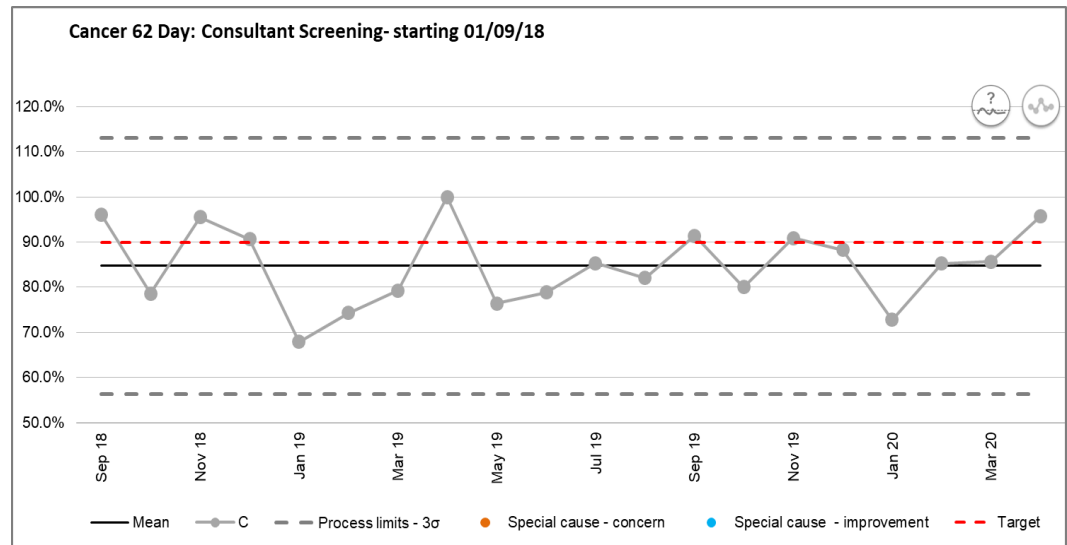
Metric	May 20	YTD	Target
% DNA Rate	**5.8%**	**6.4%**	**No National Target**

Special cause improvement, May was below the lower control limit due to COVID-19.

DNA Rate- starting 01/10/18

Legend: Mean — C — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target
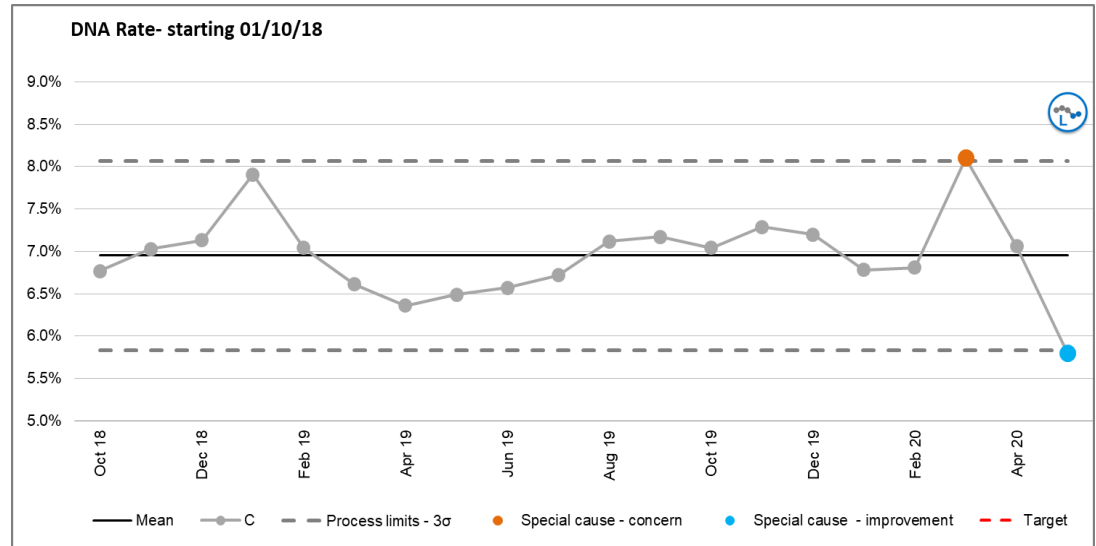
Metric	May 20	YTD	Target
% Virtual clinic appointments	**9.2%**	**9.5%**	**No National Target**

This metric has improved recently, last month was above the upper control limit due to COVID-19.

% Virtual clinic appointments- starting 01/10/18

Legend: Mean — C — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target

# Outpatient Transformation

University Hospitals of Leicester
NHS Trust
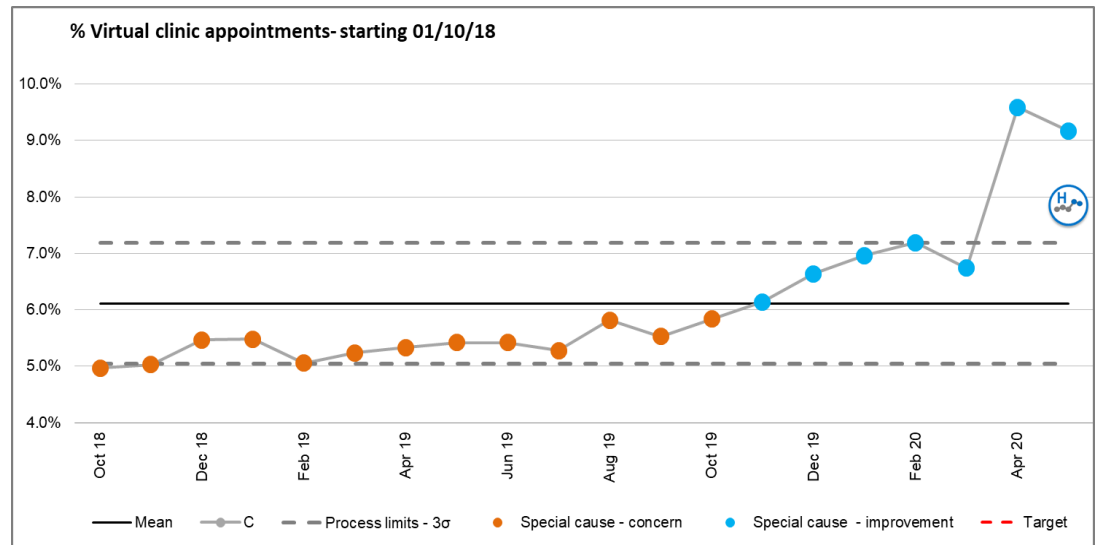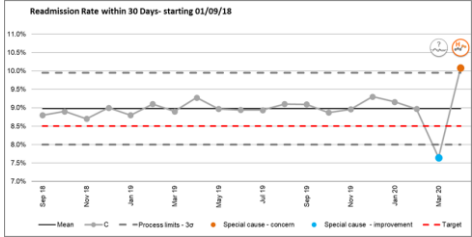
Metric	May 20	YTD	Target
% 7 day turnaround of OP clinic letters	**92.5%**	**91.2%**	**90%**
Normal variation, 8 of the last 9 months have been above the mean. Unlikely to achieve target.			

% 7 day turnaround of OP clinic letters- starting 01/10/18

Mean —— C —— Process limits - 3σ ● Special cause - concern ● Special cause - improvement — — Target

Exception Reports
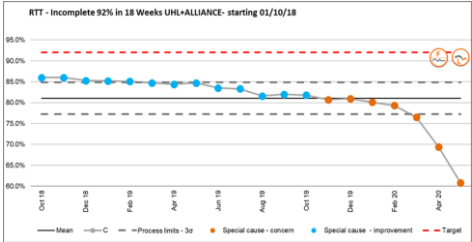
Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
Sickness absence	**20/21 Target – 3% or below**		COVID-19 absence is not included in these figures as this is recorded as paid special leave. Therefore we are seeing a genuine large increase in sickness absence.	Managers to offer support to their teams who may be feeling anxious about attending work (regular virtual team meetings/huddles, sharing COVID-19-related updates from Comms, Amica, OH)

Continue Making it Happens virtually

Work with Staff Side and union colleagues to progress sickness cases virtually where appropriate

Review shielding arrangements to ensure people at home have some work to do where possible, to keep them engaged and relieve some anxiety they may be experiencing. |
| UHL has a locally agreed sickness absence target of 3%. | Performance in April was 11.0% excluding E&F | | | |

Exception Reports

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
% of Staff with Annual Appraisal (excluding facilities Services)	**20/21 Target – greater than 95%**		This data is captured within the Monthly Workforce Dataset Report presented to Trust Board Subcommittee (People Performance and Process Committee), Corporate and CMG Boards. It is recognised that performance has been impacted on by COVID-19 and the need for prioritisation in response.	The Trust Tactical and Strategic Group have agreed on an alternative approach in response to COVID-19 requiring significantly less time. HR Colleagues continue to communicate performance and support managers with implementing improvements.
Is the percentage of staff who have had their Annual Appraisal(excluding facilities Services)	Performance for May was 83.4%.			

Exception Reports

University Hospitals of Leicester **NHS**
NHS Trust

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%**		Performance has deteriorated due to an increase in admissions and also because patients who are discharged seem to get well then have a relapse.

We are not sure if complex patients are returning, this group have been having a phone call 24-48 hours post discharge by clinical navigators. | A review of a patient list of readmissions to identify any key themes. |
| Is the percentage of emergency readmissions within 30 days following an elective or emergency spell | Performance for April was 10.1%. | | | |

Exception Reports

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
No. of # Neck of femurs operated on 0-35 hrs - Based on Admissions	**20/21 Target – 72%**		May continued to be very challenging month for the Trauma department due to the operational pressure of COVID-19. The trauma service continues to be operational at the LGH to help with the additional capacity during COVID-19. Reduced Bed base at the LGH has impacted on the time of transfer for NOF patients,

COVID-19 swabs not obtainable within 24 hours patients were waiting for results prior to surgery though this process has now changed. Unable to increase capacity within theatres due to staffing and theatre availability. Sustained inflow of NOF patients. | Process has now been completed for direct transfers to LGH from ED for NOF patients. A holding area for NOF patients has been created on trauma ward until beds become available cross site. This will be required to be embedded further.

Working with ITAPs to identify any additional capacity for NOF's currently running a NOF list at LGH, with the continued demands on the services it is challenging to increase theatre lists. Services are looking at ways of increasing productivity with the current capacity. |
| Is the percentage of Neck of femurs patients operated on within 0-35 hours of admission. | Performance for May was 32.10%. Financial Year Performance was %. | No. of # Neck of femurs operated on 0-35 hrs- starting 01/10/18 | | |

Exception Reports
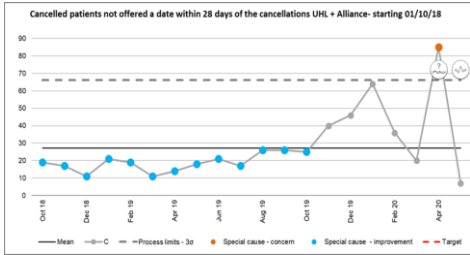
Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
Urgent Care			Performance against the 4hr standard decreased in May compared with April which still remains below the national target.

Ambulance Handover times continue to be a key priority, has shown reduction in handover times in May and into June. Our internal transformation plan sits alongside the LLR action plan to give a whole system approach to improving urgent and emergency care.

The demand in activity has started to rise again within ED and is now at around 60% of previous activity. Following national guidelines it is very challenging for the flow out of ED for the requirement of cohorting patients. | 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.

CMG working through plans to understand how care can be delivered in the future, there is a key focus on the space required to deliver urgent care. |
	ED 4 Hour waits UHL performance was 82.7% in May			
	ED 4 Hour waits LLR performance was 87.5% in May			
	Ambulance Handover >60 Mins performance was 0.5% in May			

Exception Reports

University Hospitals of Leicester **NHS**
NHS Trust

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
RTT - Incomplete 92% in 18 Weeks UHL + Alliance	**20/21 Target – 92%**		NHS Planning Guidance for 2019/20 focuses on waiting list reduction over compliance with the 18 week national standard.	As part of the Trusts response to COVID-19 all non essential elective procedures are to be cancelled in order to free emergency medical bed capacity.
Is the percentage of patients currently on an RTT pathway waiting less than 18 weeks .	Performance for May was 60.8%.		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. Since the beginning of March there has been a significant increase in the percentage of outpatient been treated through telephone consultations, this is now at 45% with a trust target of achieving 70%. Through UHL and the Alliance implementing a range of steps to the number of patients attending the Trust it has helped us to support the Social Distancing guidelines by reducing the amount of footfall at our sites. Draft timetable for inpatients and Outpatients developed for IS. Awaiting further confirmation to ensure all list are utilized.	Where possible out patient clinics are being converted from face to face to virtual telephone clinics. Waiting list is carried on been validated to align with national guidance and trust policy. Waiting list volume still near trajectory. Work with the alliance to develop new timetable for theatres and outpatients to reinstate activity.

Exception Reports

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
RTT 52+ Weeks Wait	**20/21 Target – 0**		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.	Identify capacity requirements to be able to recover the position once elective work can start again.
Is the total number of patients currently on an RTT pathway waiting 52+ weeks.	At the end of May, 778 patients were waiting over 52 weeks on an RTT pathway.		All non-urgent elective work has been cancelled which has led to a number of 52 week breaches. This is grow significantly over the next few months until the organization is able to commence doing elective work again. Between March and June we are expecting to have around 1200 52+ week breaches. This will have a significant impact on patient care for the foreseeable future and in turn on the University of Hospitals performance against national targets. Long waiters are start to be done within the independent sector following the prioritization of cancer and urgent patients.	Theatres to try and achieve 75% of theatre list reinstated to help ensure there is capacity to do urgent and cancer case's and start to do long waiters. Monitor utilization of IS sector and UHL using the new dashboard developed by ITAPS.

Exception Reports

University Hospitals of Leicester — NHS Trust

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
6 Week Diagnostic Waits	**20/21 Target – 1%**		Activity has started to be increased following the stopping all none essential work. We currently operate at 56% of pervious activity.	• Patient are been managed in-line with national guidance and trust policy
Is the percentage of patients currently waiting 6 weeks or more for a diagnostic test.	Performance for May was 20.7%.	6 Week - Diagnostic Test Waiting Times (UHL+ALLIANCE)- starting 01/10/18	This has had a very big impact within May due to it been the first full month of COVID-19, this will carry on to be challenging over the next few months. This position will carry on to grow as very limited amount of the diagnostics will be seen.	• Plans are been developed to understand requirements to be able to improve the position by specialty.
			Some service have been suspended such as Pain and Audiology. These patient will carry on to breach until the service resumes or they can be managed by the access policy	• Independent sector is been used where possible to improve the diagnostic position
			Position has improved but this is fundamentally down to the change in the denominator	• Next 6 months of modelling has started to under stand by service where we will have capacity gaps due to new IP guidelines.

Exception Reports

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
Cancelled patients not offered a date within 28 days of the cancellations UHL + Alliance	**20/21 Target – 0**	Cancelled patients not offered a date within 28 days of the cancellations UHL + Alliance- starting 01/10/18	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. This has improved through close management of theatre lists but theatre capacity is still mainly been used for urgent and cancer patients. Draft timetable has been developed for IP sector which will help to increase capacity.	• 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. • Ensure the list are fully utilized within the IS • Review the alliance to understand all capacity available and develop new timetable
Is the number of cancelled patients OTD not offered a new date within 28 days of the cancellation at UHL or the Alliance	7 patients were not offered a new day within 28 days in May.			

Exception Reports – Cancer

University Hospitals of Leicester **NHS**
NHS Trust

Performance	Key Messages	Key Actions
See additional slide	• Pathways have re started after a significant pause • An increased backlog and decreased activity has resulted in a deterioration in performance • 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 • Approximately 13% of patients are choosing not to proceed on their pathway due to COVID-19	• Use of the IS to optimise capacity – outpatients, urology, dermatology, breast, ambulatory orthopedics, vascular, renal access are now being seen in the IS • Options for extending the IS contract by the central team are underway. A review of its use is being discussed by UHL • The backlog and 104+ day pts are reviewed patient by patient weekly

Cancer performance April 2020

Standard	Target	Position
2WW	93%	86.4%
2WW Breast	93%	97.7% (March 20)
31 Day 1st Treatments	96%	94.7%
31 Day SUB Surgery	94%	71.9%
31 Day DRUGS	98%	100%
31 Day Radiotherapy	94%	57.7%
62 Day	85%	64.1%
62 Day Screening	90%	95.7%
Consultant upgrade	85%	78.8%