

Executive Summary from CEO

Paper D1

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	25/02/20	Discussion and Assurance
Trust Board Committee	27/02/20	Discussion and Assurance
Trust Board		

Executive Summary

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.

Question

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

Conclusion

Good News:

- **Mortality** – the latest published SHMI (period November 2018 to October 2019) is 96, and remains within the expected range.
- **52+ weeks wait** – has been compliant for 20 consecutive months

- **Delayed transfers of care** - remain within the tolerance.
- **CAS alerts** - compliant.
- **MRSA** – 0 cases reported.
- **C DIFF** – 6 cases reported this month.
- **Pressure Ulcers** - 0 **Category 4**, 2 **Category 3** reported during February
- **Inpatient and Day Case Patient Satisfaction (FFT)** achieved 97% which is above the national average.
- **Single Sex Accommodation Breaches** – 0 reported in February.
- **90% of Stay on a Stroke Unit** – threshold achieved with 82.1% reported in January.
- **TIA (high risk patients)** – threshold achieved with 71.1% reported in February.
- **Diagnostic 6 week wait** – standard achieved in February.
- **Cancelled operations OTD** – 0.9% reported in February.
- **Cancer Two Week Wait** was 94.7% in January against a target of 93%.
- **2 Week Wait Cancer Symptomatic Breast** was 93.9% in January.
- **Annual Appraisal** is at 92.6%.

Bad News:

- **UHL ED 4 hour performance** – 66.8% for February, system performance (including LLR UCCs) for February is 78.6%.
- **12 hour trolley wait** - 9 breaches reported.
- **Ambulance Handover 60+ minutes (CAD)** – performance at 14.5%.
- **Cancer 31 day treatment** was 89.8% in January against a target of 96%.
- **Cancer 62 day treatment** was 70.2% in January against a target of 85%.
- **Referral to treatment** – the number on the waiting list (now the primary performance measure) was above the NHSE/I trajectory and 18 week performance was below the NHS Constitution standard at 79.3% at the end of February.
- **Patients not rebooked within 28 days following late cancellation of surgery** - 36.
- **Statutory and Mandatory Training** compliance has increased to 93%
- **Pressure Ulcers** - 9 **Category 2** reported during February.

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 <i>Principal Risk</i> on the BAF?	X	Failure to deliver key performance standards for emergency, planned and cancer care.
Organisational: Does this link to an <i>Operational/Corporate Risk</i> on Datix Register		
New Risk identified in paper: What <i>type</i> and <i>description</i> ?		
None		

5. Scheduled date for the **next paper** on this topic: 30th April 2020
6. Executive Summaries should not exceed **5 sides** My paper does comply

Quality and Performance Report Board Summary February 2020

This dashboard uses icons to indicate if a process is showing special cause or common cause variation. It also indicates whether the process is able to meet any stated target. Here is a key to the icons

Icon	Description
	Special cause variation - cause for concern (indicator where high is a concern)
	Special cause variation - cause for concern (indicator where low is a concern)
	Common cause variation
	Special cause variation - improvement (indicator where high is good)
	Special cause variation - improvement (indicator where low is good)

Icon	Description
	The system is expected to consistently fail the target
	The system is expected to consistently pass the target
	The system may achieve or fail the target subject to random variation

These icons are used to indicate statistical variation. We have identified special cause variation based on three rules which are shown below. If none of the rules are present then the metric is showing common cause variation.

- An upwards or downwards trend in performance for seven or more consecutive months.
- Seven or more months above or below the average.
- One month or more outside the control limits .

Green indicates that the metric has passed the monthly or YTD target while **Red** indicates a failure to do so.

The trend shows performance for the most recent 13 months.

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.

These icons are used to indicate if a target is likely to be achieved next month, has the potential to be achieved or is expected to fail.

Quality and Performance Report Board Summary February 2020

Domain	KPI	Target	Dec-19	Jan-20	Feb-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Safe	Never events	0	0	0	0	2				Jan-20
	Overdue CAS alerts	0	0	0	0	1				Nov-19
	% of all adults VTE Risk Assessment on Admission	95%	98.5%	98.2%	98.4%	98.1%				Dec-19
	Emergency C-section rate	No Target	19.7%	19.1%	19.8%	19.6%				Feb-20
	Clostridium Difficile	108	11	11	6	94				Nov-17
	MRSA Total	0	1	0	0	3				Nov-17
	E. Coli Bacteraemias Acute	No Target	2	12	7	88				Jun-18
	MSSA Acute	No Target	1	5	4	35				Nov-17
	All falls reported per 1000 bed stays	6.02	2.5	2.9		2.7				Jun-18
	Rate of Moderate harm and above Falls PSIs with finally approved status per 1,000 bed days	No Target	0.04	0.15		0.07				TBC
	Pressure ulcers category 4	0	0	0	0	0				Aug-17
	Pressure ulcers category 3	3	1	0	2	2				Aug-17
	Pressure ulcers category 2	7	4	6	9	56				Aug-17

Domain	KPI	Target	Dec-19	Jan-20	Feb-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Caring	Staff Survey Recommend for treatment	No Target	67%	0%		73%				Aug-17
	Single Sex Breaches	0	0	3	0	13				Dec-16
	Inpatient and Daycase F&F Test % Positive	96%	97%	97%	97%	97%				Jun-17
	A&E F&F Test % Positive	94%	92%	97%	95%	94%				Jun-17
	Maternity F&F Test % Positive	96%	96%	95%	94%	94%				Jun-17
	Outpatient F&F Test % Positive	94%	96%	95%	96%	95%				Jun-17
	Complaints per 1,000 staff (WTE)	No Target	Q3 Available March			49.7				

Domain	KPI	Target	Dec-19	Jan-20	Feb-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Well Led	Staff Survey % Recommend as Place to Work	No Target	62%	0%		61.0%				Sep-17
	Turnover Rate	10%	8.7%	8.7%	8.7%	8.7%				Nov-19
	Sickness Absence	3%	4.7%	4.7%		4.1%				Oct-16
	% of Staff with Annual Appraisal	95%	92.3%	91.8%	92.6%	92.6%				Dec-16
	Statutory and Mandatory Training	95%	93%	92%	93%	93%				Feb-20
	Nursing Vacancies	No Target	10.0%	9.7%		9.7%				Dec-19

Quality and Performance Report Board Summary February 2020

Domain	KPI	Target	Dec-19	Jan-20	Feb-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Effective	Mortality Published SHMI	99	97	96	96	96 (Nov 18 to Oct 19)				Sep-16
	Mortality 12 months HSMR	99	95	95	94	94 (Dec 18 to Nov 19)				Sep-16
	Crude Mortality Rate	No Target	1.2%	1.3%	1.1%	1.1%				Sep-16
	Emergency Readmissions within 30 Days	8.5%	9.3%	9.2%		9.1%	F			Jun-17
	Emergency Readmissions within 48 hours	No Target	1.0%	1.1%		1.1%				Jun-17
	No of #neck of femurs operated on 0-35hrs	72%	72.4%	54.4%	76.2%	70.3%	?			Jul-17
	Stroke - 90% Stay on a Stroke Unit	80%	85.5%	82.1%		87.0%	?			Apr-18
	Stroke TIA Clinic Within 24hrs	60%	64.0%	76.8%	71.1%	69.8%	?			Apr-18

Domain	KPI	Target	Dec-19	Jan-20	Feb-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Responsive	ED 4 hour waits UHL	95%	61.1%	64.0%	66.8%	69.0%	F			Sep-18
	ED 4 hour waits Acute Footprint	95%	73.0%	76.5%	78.6%	78.6%	F			Aug-17
	12 hour trolley waits in A&E	0	24	18	9	54	?	H		Mar-19
	Ambulance handover >60mins	0.0%	21.0%	24.3%	14.5%	13.0%	F			TBC
	RTT Incompletes	92%	81.0%	80.1%	79.3%	79.3%	F			Nov-19
	RTT Waiting 52+ Weeks	0	0	0	0	0	P			Nov-19
	Total Number of Incompletes	64404 (by year end)	66,925	66,397	66,147	66,147	?			Nov-19
	6 Week Diagnostic Test Waiting Times	1.0%	1.0%	1.7%	0.8%	0.8%	?			Nov-19
	Cancelled Patients not offered <28 Days	0	46	64	36	333	F			Nov-19
	% Operations Cancelled OTD	1.0%	1.4%	1.3%	0.9%	1.3%	?			Jul-18
	Delayed Transfers of Care	3.5%	2.1%	1.9%	1.9%	1.8%	P			Oct-17
	Long Stay Patients (21+ days)	135	173	179	185	185	F			TBC
	Inpatient Average LOS	No Target	3.8	3.2	3.3	3.4				TBC
	Emergency Average LOS	No Target	4.8	5.0	5.1	4.6		H		TBC

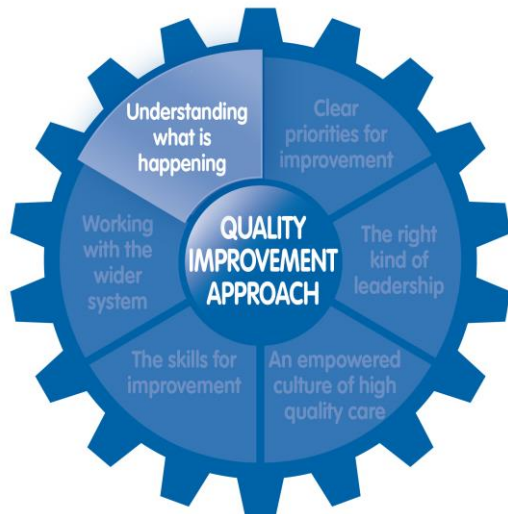
Domain	KPI	Target	Nov-19	Dec-19	Jan-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Responsive - Cancer	2WW	93%	90.0%	96.8%	94.7%	92.5%	?			Dec-19
	2WW Breast	93%	97.7%	97.8%	93.9%	95.7%	?			Dec-19
	31 Day	96%	93.3%	93.1%	89.8%	92.6%	?	L		Dec-19
	31 Day Drugs	98%	100%	100%	100%	99.6%	?			Dec-19
	31 Day Sub Surgery	94%	78.9%	79.2%	70.6%	81.1%	?	L		Dec-19
	31 Day Radiotherapy	94%	79.4%	80.7%	65.9%	89.0%	?	L		Dec-19
	Cancer 62 Day	85%	72.2%	70.5%	70.2%	74.0%	F			Dec-19
	Cancer 62 Day Consultant Screening	90%	90.9%	88.3%	72.8%	83.9%	?			Dec-19

Domain	KPI	Target	Dec-19	Jan-20	Feb-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Outpatient Transformation	% DNA rate	No Target	7.2%	6.8%	6.9%	6.9%				Feb-20
	% Virtual clinic appointments	No Target	6.6%	7.0%	6.8%	5.9%		H		Feb-20
	% 7 day turnaround of OP clinic letters	90%	76.3%	82.5%	85.2%	78.3%	?			Feb-20



Quality and Performance Report

February 2020



One team shared values

Operational Delivery Unit



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UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

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

DATE: 26th March 2020

REPORT BY: ANDREW FURLONG, MEDICAL DIRECTOR

REBECCA BROWN, CHIEF OPERATING OFFICER

CAROLYN FOX, CHIEF NURSE

HAZEL WYTON, DIRECTOR OF PEOPLE AND ORGANISATIONAL DEVELOPMENT

SUBJECT: FEBRUARY 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.

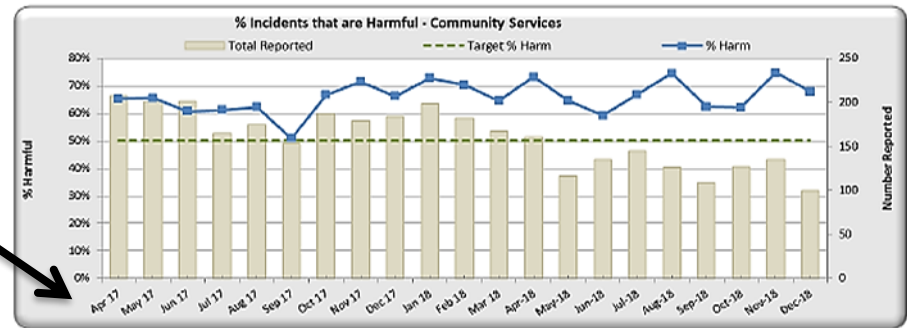
Within an SPC chart there are three different patterns to identify:

- 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

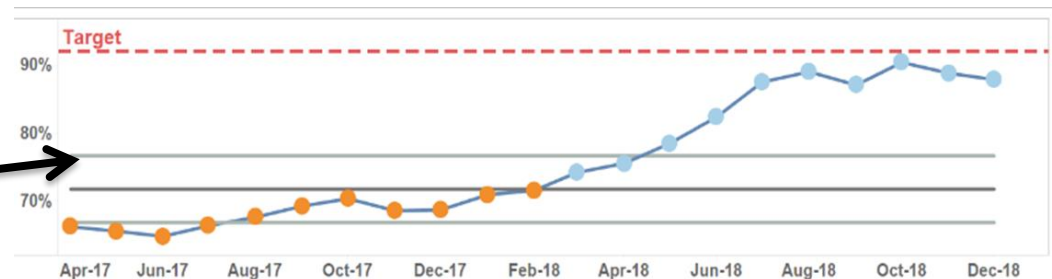


Key elements of a SPC dashboard

Appreciation of variance over time



Highlighting special cause and its nature



One team shared values



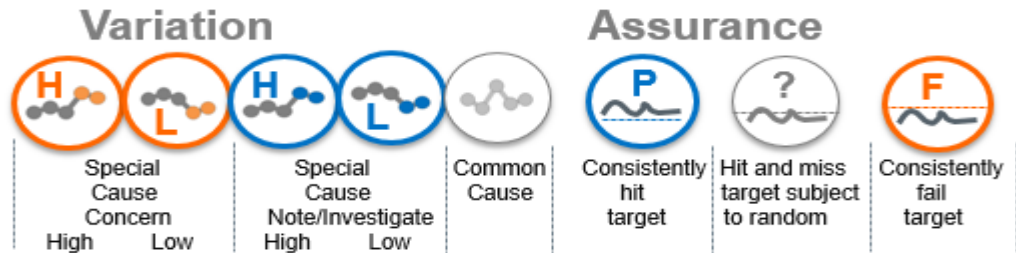
Key elements of a SPC dashboard

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.....

One team shared values










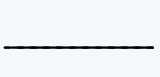





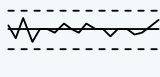
Performance Overview

Domain	KPI	Target	Dec-19	Jan-20	Feb-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Safe	Never events	0	0	0	0	2				Jan-20
	Overdue CAS alerts	0	0	0	0	1				Nov-19
	% of all adults VTE Risk Assessment on Admission	95%	98.5%	98.2%	98.4%	98.1%				Dec-19
	Emergency C-section rate	No Target	19.7%	19.1%	19.8%	19.6%				Feb-20
	Clostridium Difficile	108	11	11	6	94				Nov-17
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	MSSA Acute	No Target	1	5	4	35				Nov-17

One team shared values



Performance Overview

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Safe	All falls reported per 1000 bed stays	6.02	2.5	2.9		2.7				Jun-18
	Rate of Moderate harm and above Falls PSIs with finally approved status per 1,000 bed days	No Target	0.04	0.15		0.07				TBC
	Pressure ulcers category 4	0	0	0	0	0				Aug-17
	Pressure ulcers category 3	3	1	0	2	2				Aug-17
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One team shared values



Performance Overview

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Caring	Staff Survey Recommend for treatment	No Target	67%	0%		73%				Aug-17
	Single Sex Breaches	0	0	3	0	13				Dec-16
	Inpatient and Daycase F&F Test % Positive	96%	97%	97%	97%	97%				Jun-17
	A&E F&F Test % Positive	94%	92%	97%	95%	94%				Jun-17
	Maternity F&F Test % Positive	96%	96%	95%	94%	94%				Jun-17
	Outpatient F&F Test % Positive	94%	96%	95%	96%	95%				Jun-17
	Complaints per 1,000 staff (WTE)	No Target	Q3 Available March			49.7				

One team shared values



Performance Overview

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	Sickness Absence	3%	4.7%	4.7%		4.1%				Oct-16
	% of Staff with Annual Appraisal	95%	92.3%	91.8%	92.6%	92.6%				Dec-16
	Statutory and Mandatory Training	95%	93%	92%	93%	93%				Feb-20
	Nursing Vacancies	No Target	10.0%	9.7%		9.7%				Dec-19

One team shared values



Performance Overview

Domain	KPI	Target	Dec-19	Jan-20	Feb-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Effective	Mortality Published SHMI	99	97	96	96	96 (Nov 18 to Oct 19)				Sep-16
	Mortality 12 months HSMR	99	95	95	94	94 (Dec 18 to Nov 19)				Sep-16
	Crude Mortality Rate	No Target	1.2%	1.3%	1.1%	1.1%				Sep-16
	Emergency Readmissions within 30 Days	8.5%	9.3%	9.2%		9.1%				Jun-17
	Emergency Readmissions within 48 hours	No Target	1.0%	1.1%		1.1%				Jun-17
	No of #neck of femurs operated on 0-35hrs	72%	72.4%	54.4%	76.2%	70.3%				Jul-17
	Stroke - 90% Stay on a Stroke Unit	80%	85.5%	82.1%		87.0%				Apr-18
	Stroke TIA Clinic Within 24hrs	60%	64.0%	76.8%	71.1%	69.8%				Apr-18

One team shared values



Performance Overview

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Responsive	ED 4 hour waits UHL	95%	61.1%	64.0%	66.8%	69.0%				Sep-18
	ED 4 hour waits Acute Footprint	95%	73.0%	76.5%	78.6%	78.6%				Aug-17
	12 hour trolley waits in A&E	0	24	18	9	54				Mar-19
	Ambulance handover >60mins	0.0%	21.0%	24.3%	14.5%	13.0%				TBC
	RTT Incompletes	92%	81.0%	80.1%	79.3%	79.3%				Nov-19
	RTT Waiting 52+ Weeks	0	0	0	0	0				Nov-19
	Total Number of Incompletes	64404 (by year end)	66,925	66,397	66,147	66,147				Nov-19

One team shared values





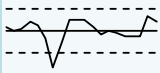


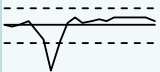


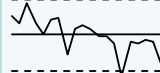








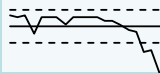






Performance Overview

Domain	KPI	Target	Dec-19	Jan-20	Feb-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Responsive	6 Week Diagnostic Test Waiting Times	1.0%	1.0%	1.7%	0.8%	0.8%				Nov-19
	Cancelled Patients not offered <28 Days	0	46	64	36	333				Nov-19
	% Operations Cancelled OTD	1.0%	1.4%	1.3%	0.9%	1.3%				Jul-18
	Delayed Transfers of Care	3.5%	2.1%	1.9%	1.9%	1.8%				Oct-17
	Long Stay Patients (21+ days)	135	173	179	185	185				TBC
	Inpatient Average LOS	No Target	3.8	3.2	3.3	3.4				TBC
	Emergency Average LOS	No Target	4.8	5.0	5.1	4.6				TBC

One team shared values




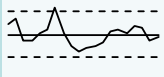





Performance Overview

Domain	KPI	Target	Nov-19	Dec-19	Jan-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Responsive - Cancer	2WW	93%	90.0%	96.8%	94.7%	92.5%				Dec-19
	2WW Breast	93%	97.7%	97.8%	93.9%	95.7%				Dec-19
	31 Day	96%	93.3%	93.1%	89.8%	92.6%				Dec-19
	31 Day Drugs	98%	100%	100%	100%	99.6%				Dec-19
	31 Day Sub Surgery	94%	78.9%	79.2%	70.6%	81.1%				Dec-19
	31 Day Radiotherapy	94%	79.4%	80.7%	65.9%	89.0%				Dec-19
	Cancer 62 Day	85%	72.2%	70.5%	70.2%	74.0%				Dec-19
	Cancer 62 Day Consultant Screening	90%	90.9%	88.3%	72.8%	83.9%				Dec-19

One team shared values



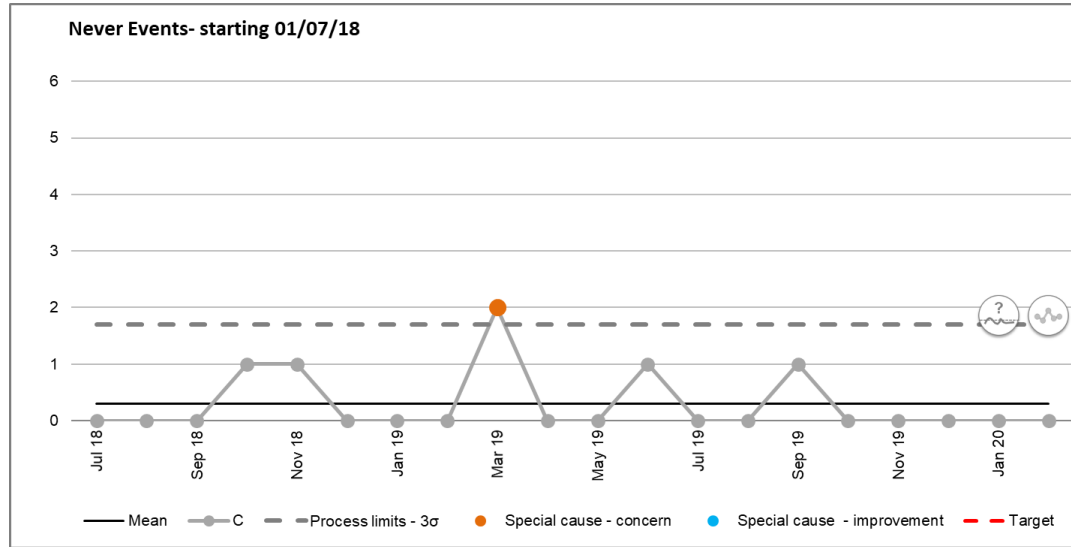
Performance Overview

Domain	KPI	Target	Dec-19	Jan-20	Feb-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Outpatient Transformation	% DNA rate	No Target	7.2%	6.8%	6.9%	6.9%				Feb-20
	% Virtual clinic appointments	No Target	6.6%	7.0%	6.8%	5.9%				Feb-20
	% 7 day turnaround of OP clinic letters	90%	76.3%	82.5%	85.2%	78.3%				Feb-20

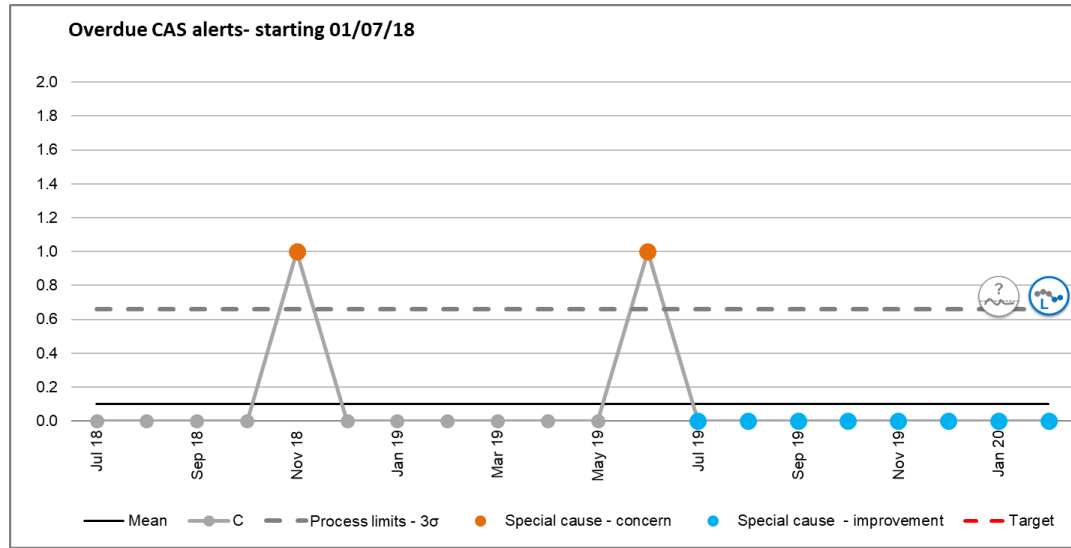
One team shared values



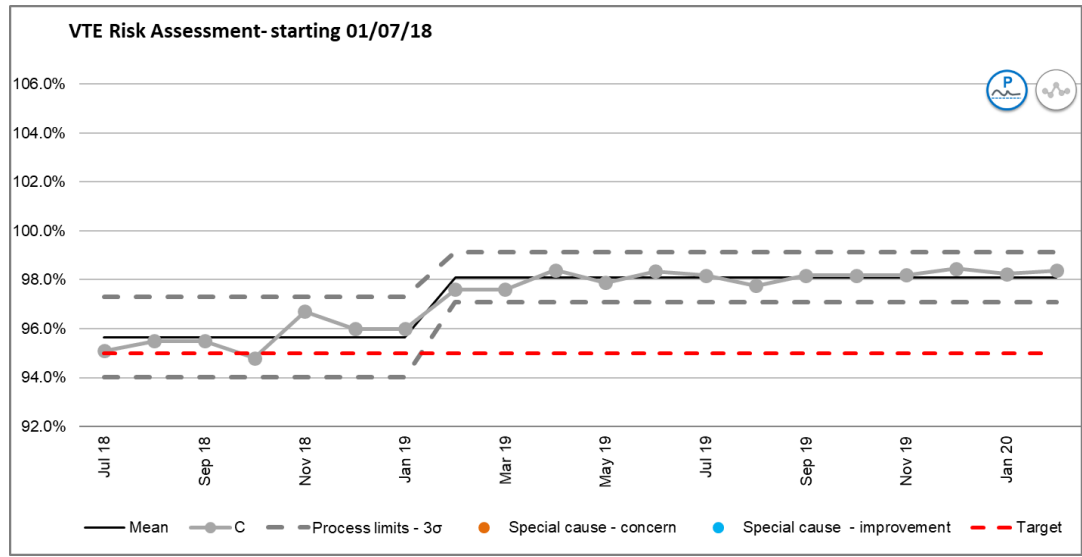
Metric	Feb 20	YTD	Target
Never Events	0	2	0
4 never events in the last 12 months.			



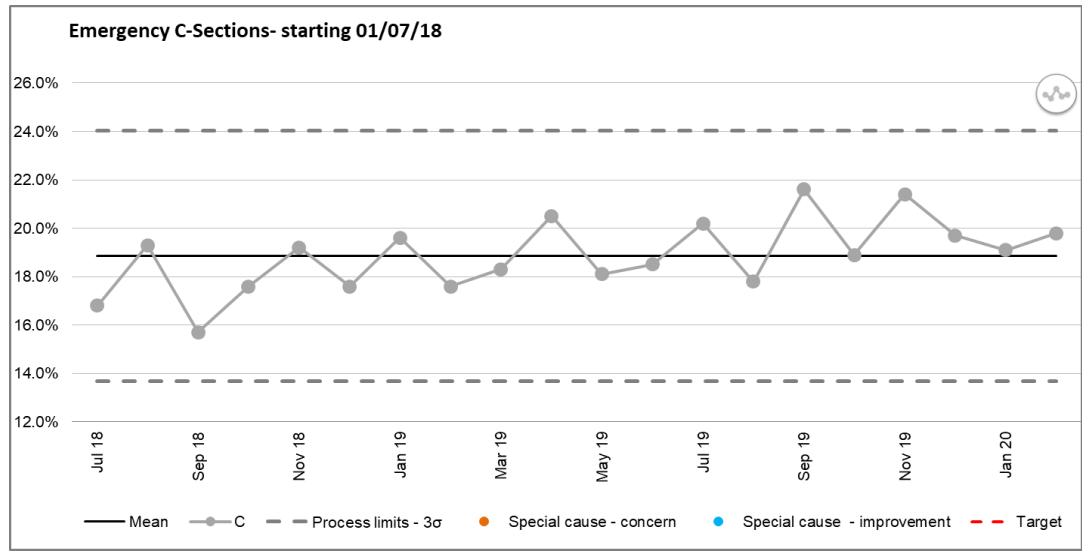
Metric	Feb 20	YTD	Target
Overdue CAS alerts	0	1	0
Full year target can no longer be achieved due to 1 breach in June 19.			



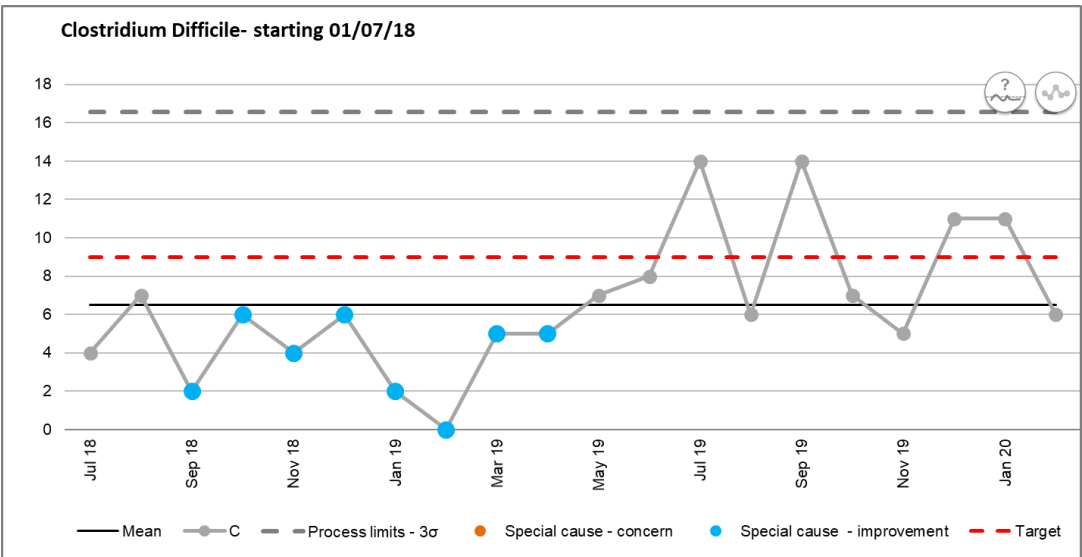
Metric	Feb 20	YTD	Target
VTE Risk Assessment	98.4%	98.1%	95%
<p>This metric has improved significantly in the last 12 months. Likely to achieve target again next month.</p>			



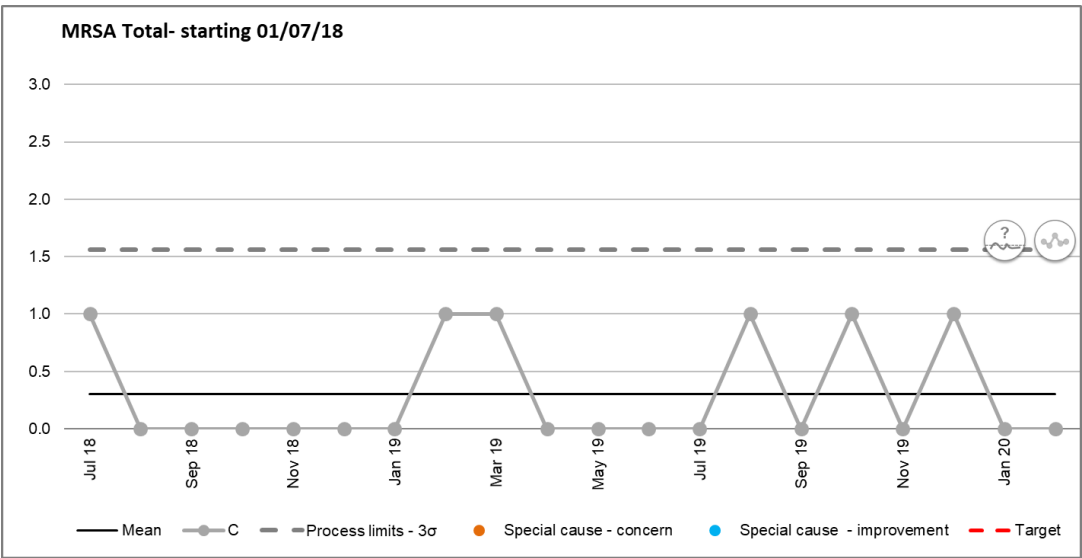
Metric	Feb 20	YTD	Target
% Emergency C-Sections	19.8%	19.6%	No National Target
<p>This metric is not varying significantly from the mean.</p>			



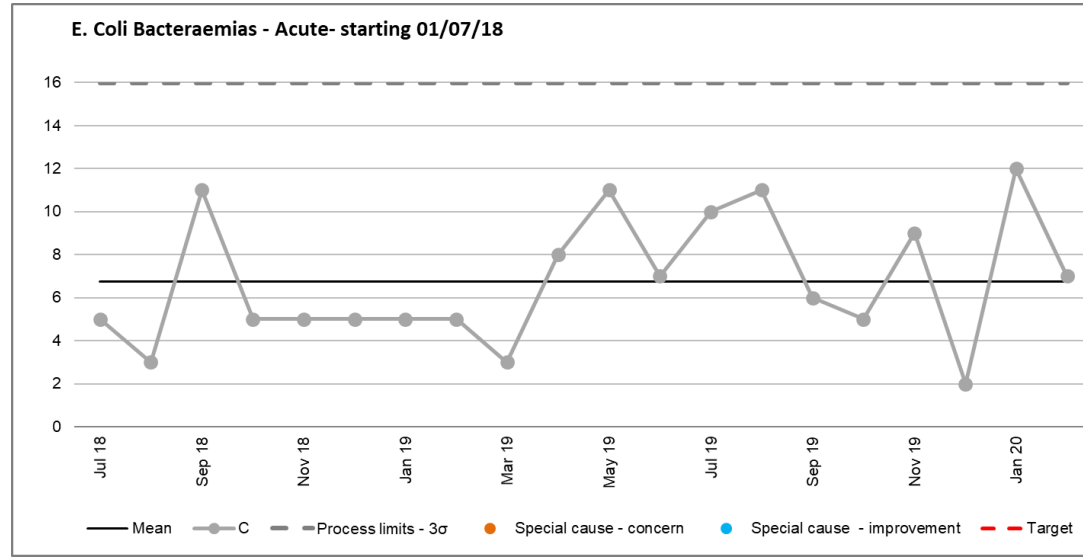
Metric	Feb 20	YTD	Target
Clostridium Difficile	6	94	108
<p>This metric is relatively stable. May achieve target next month.</p>			



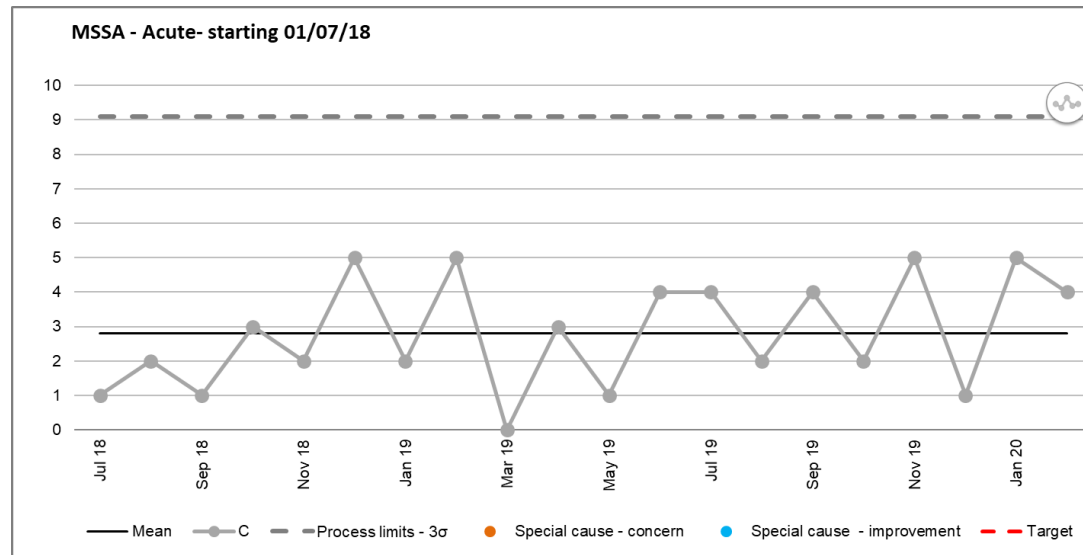
Metric	Feb 20	YTD	Target
MRSA Total	0	3	0
<p>Target is zero and there has already been 3 YTD it is now impossible to achieve the full year target.</p>			



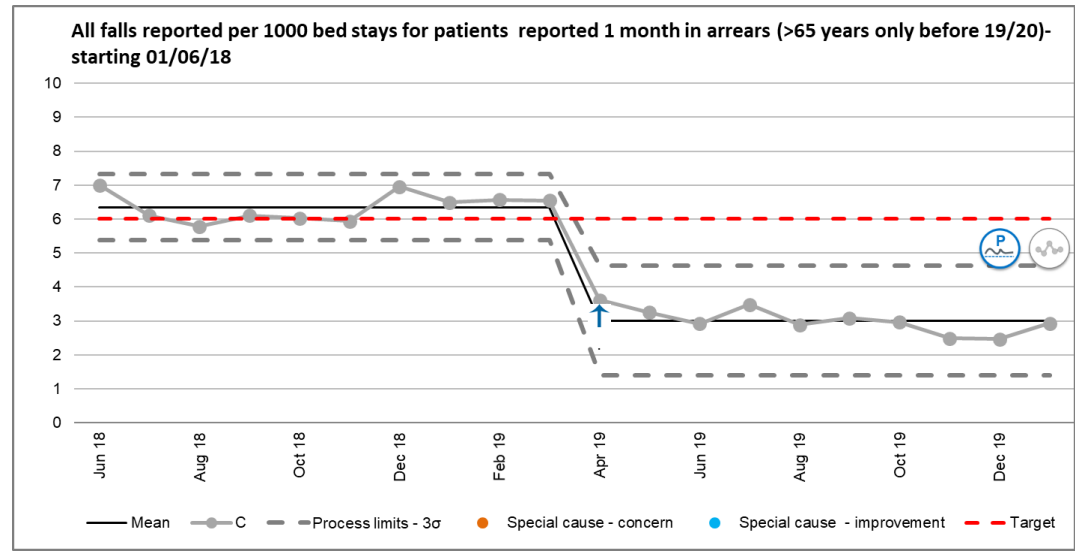
Metric	Feb 20	YTD	Target
E. Coli Bacteraemias - Acute	7	88	No National Target
No significant variation.			



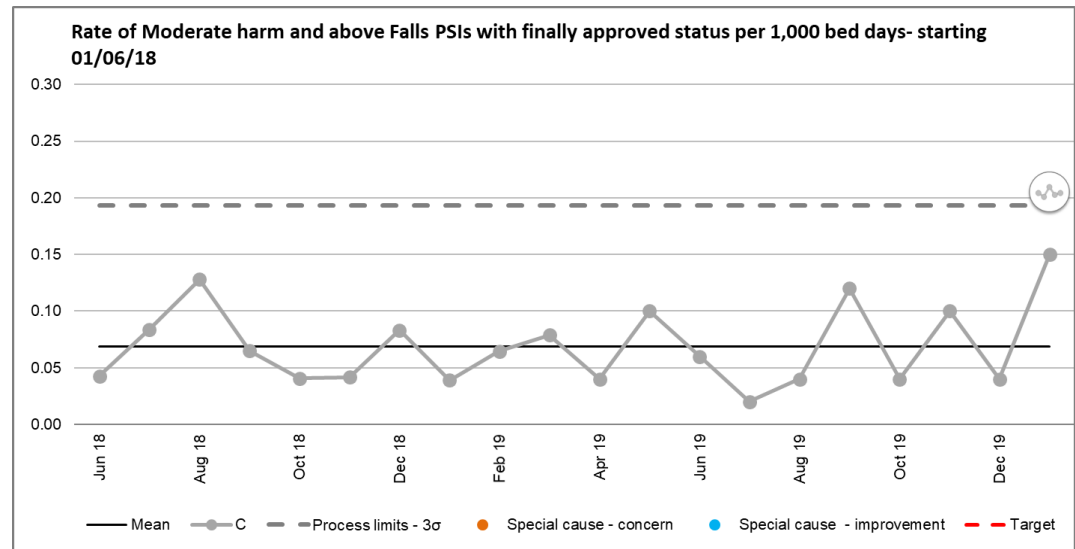
Metric	Feb 20	YTD	Target
MSSA - Acute	4	35	No National Target
Normal variation.			



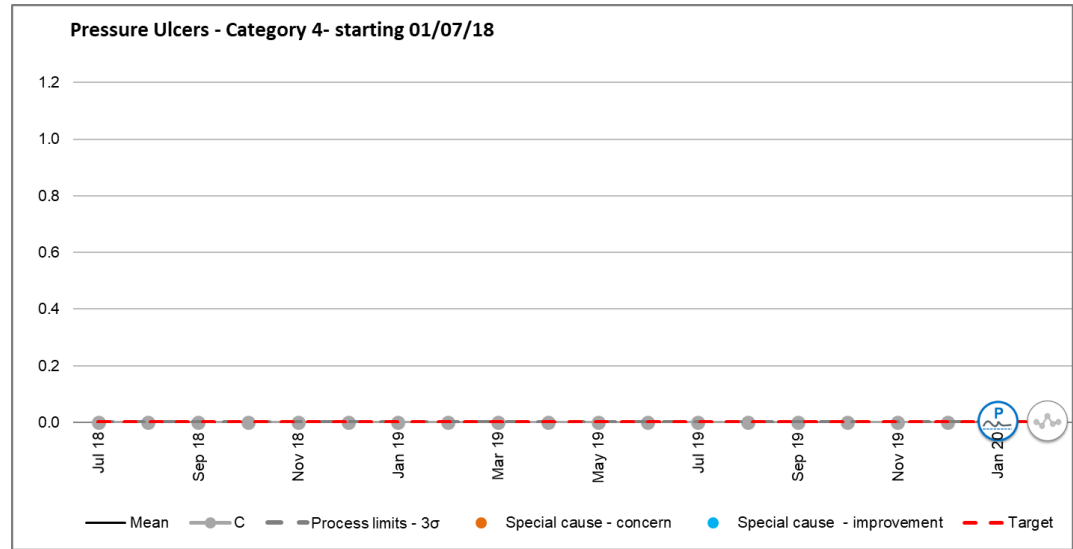
Metric	Jan 20	YTD	Target
All falls reported per 1000 bed stays for patients	2.9	2.7	6.02
This metric has improved after a step change in April 19.			



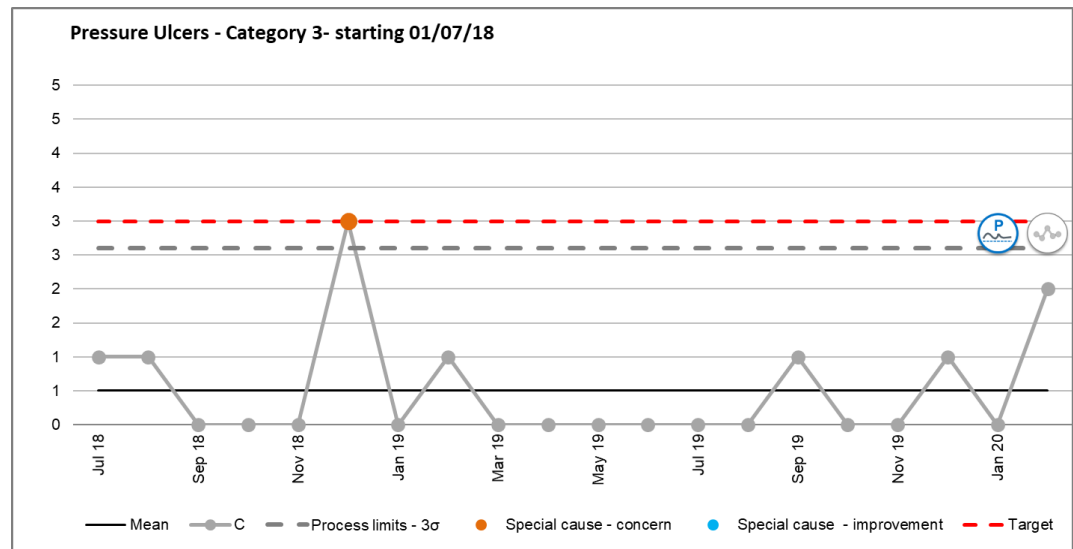
Metric	Jan 20	YTD	Target
Rate of Moderate harm and above Falls PSIs with finally approved status per 1,000 bed days	0.15	0.07	No National Target
No significant variation.			



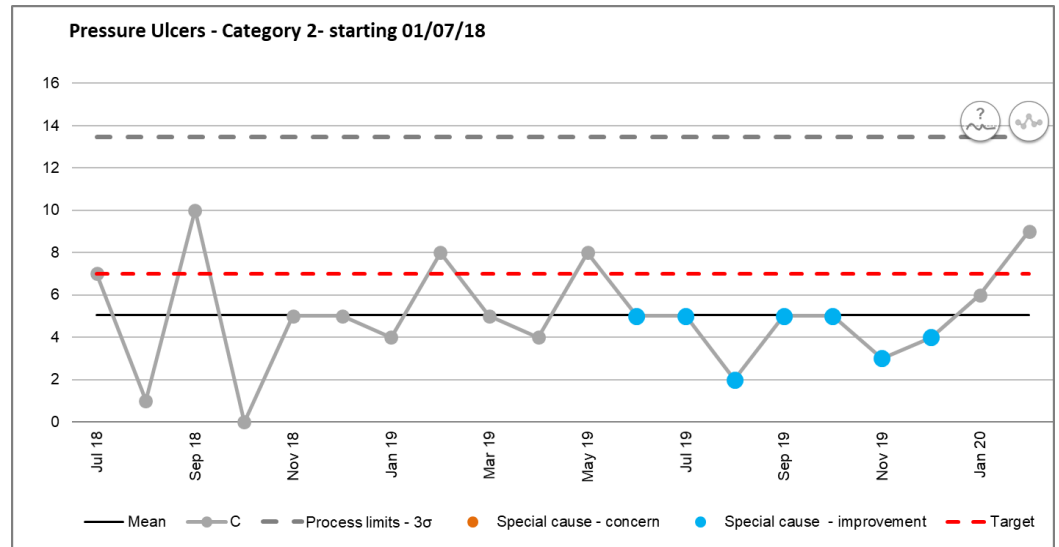
Metric	Feb 20	YTD	Target
Pressure Ulcers - Category 4	0	0	0
<p>Very likely achieve target again next month as there have been no grade 4 pressure ulcers reported since June 17.</p>			



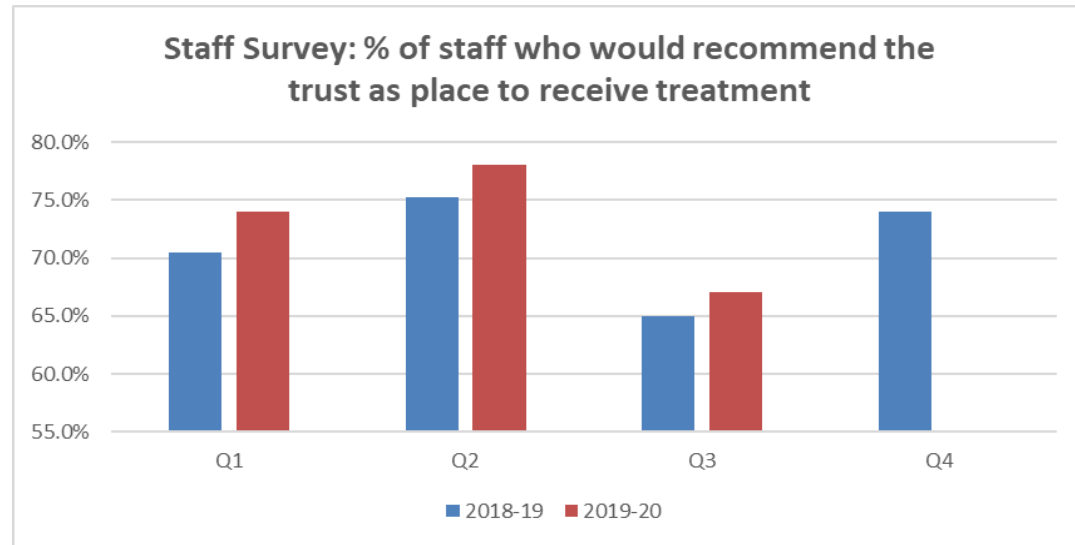
Metric	Feb 20	YTD	Target
Pressure Ulcers - category 3	2	4	<= 3 a Mth
<p>Barring the spike in December 18 this metric has remained reasonably stable, likely to continue to achieve target next month.</p>			



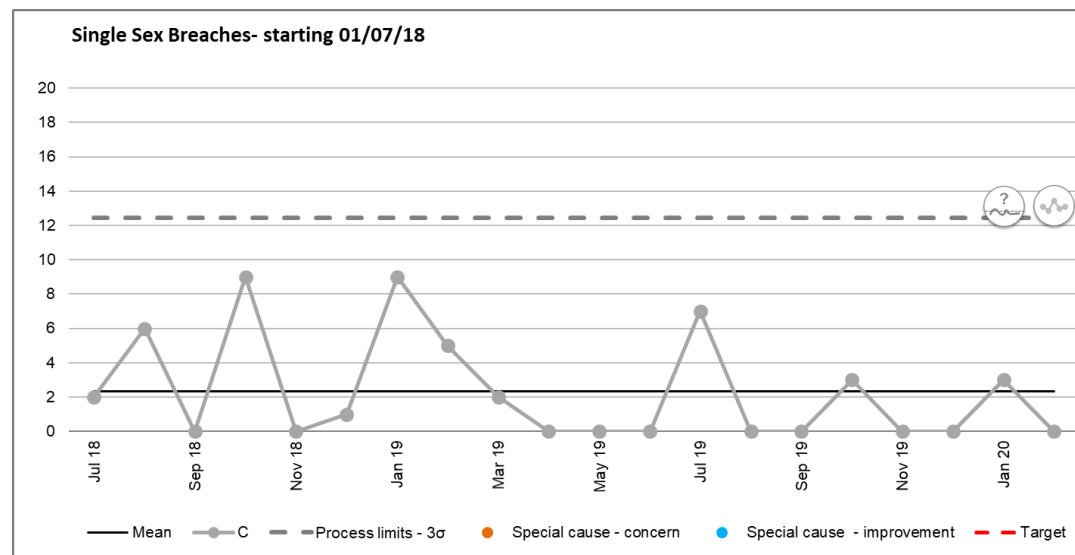
Metric	Feb 20	YTD	Target
Pressure Ulcers - Category 2	9	56	≤ 7 a Mth
<p>Normal variation observed. Potential to achieve target next month but not a certainty. Likely to achieve year end target.</p>			



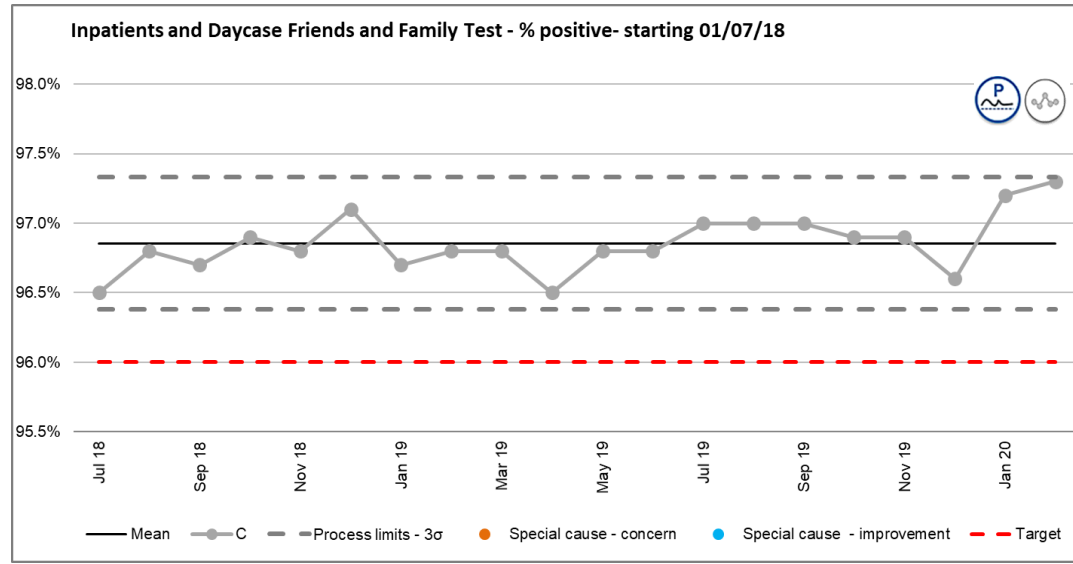
Metric	Q3 19/20	YTD	Target
% of staff who would recommend the trust as place to receive treatment	67%	73%	No National Target
Performance this year so far is higher than last year.			



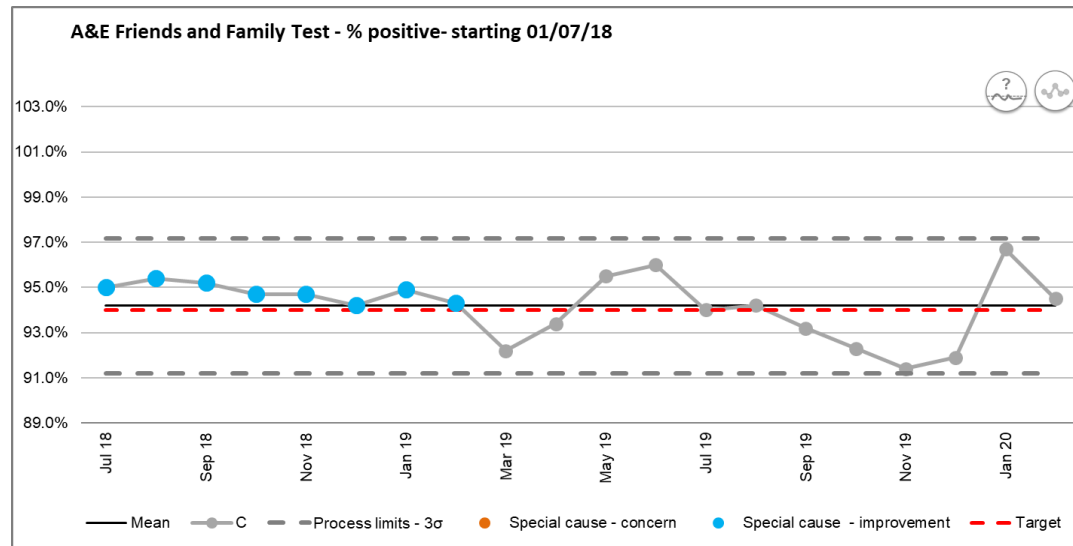
Metric	Feb 20	YTD	Target
Single Sex Breaches	0	13	0
No assurance target will be delivered next month. Full year target has already breached.			



Metric	Feb 20	YTD	Target
Inpatient and Day case F&F Test % Positive	97%	97%	96%
<p>Headline performance rounded up as per NHSI/E reporting. This metric is stable and is very likely to achieve target next month.</p>			



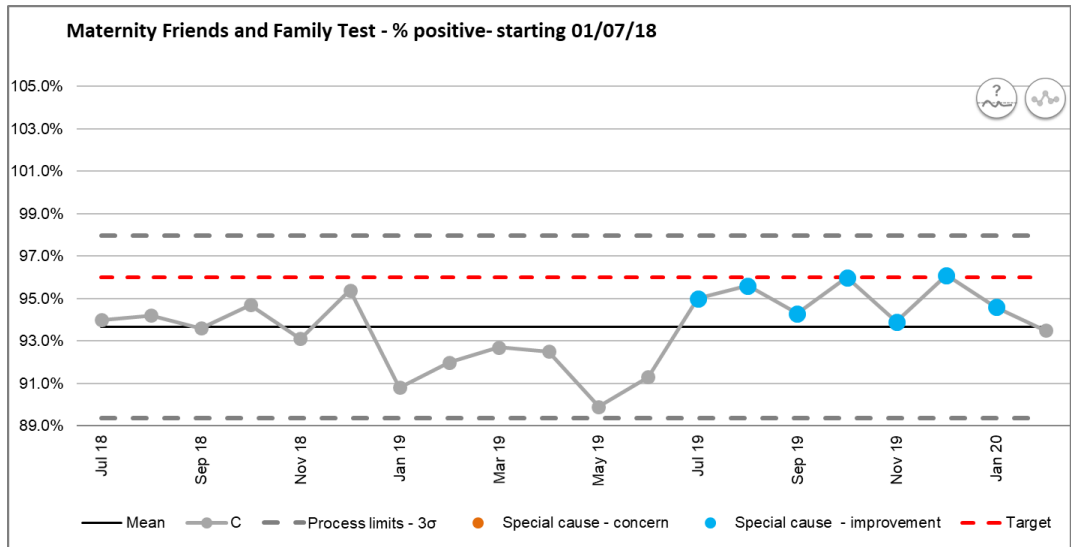
Metric	Feb 20	YTD	Target
A&E F&F Test % Positive	95%	94%	94%
<p>Common cause variation, the target may be achieved next month.</p>			



Metric	Feb 20	YTD	Target
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Maternity F&F Test % Positive	94%	94%	96%
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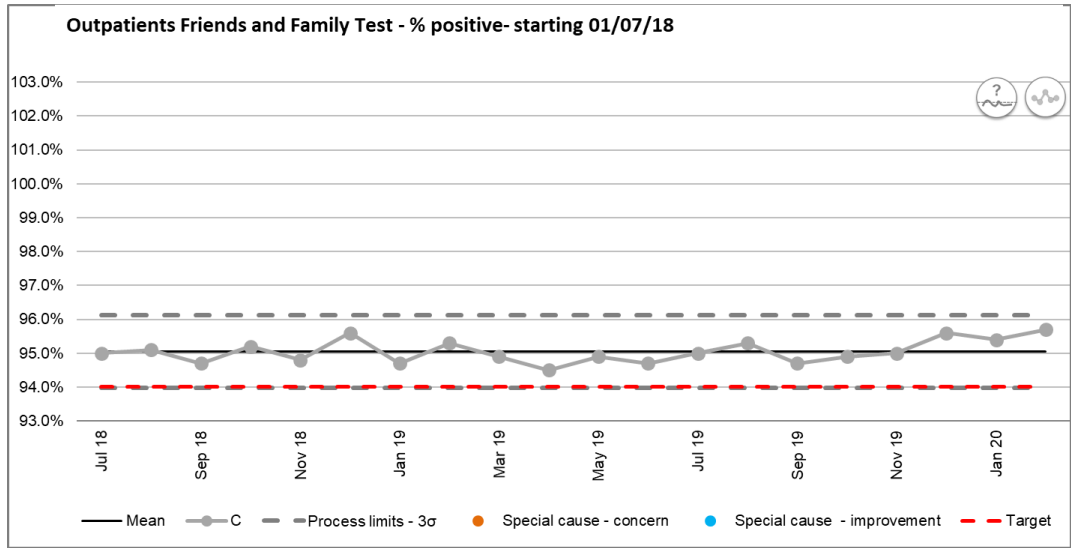
This metric has shown significant improvement in recent months. Unlikely to achieve target next month.



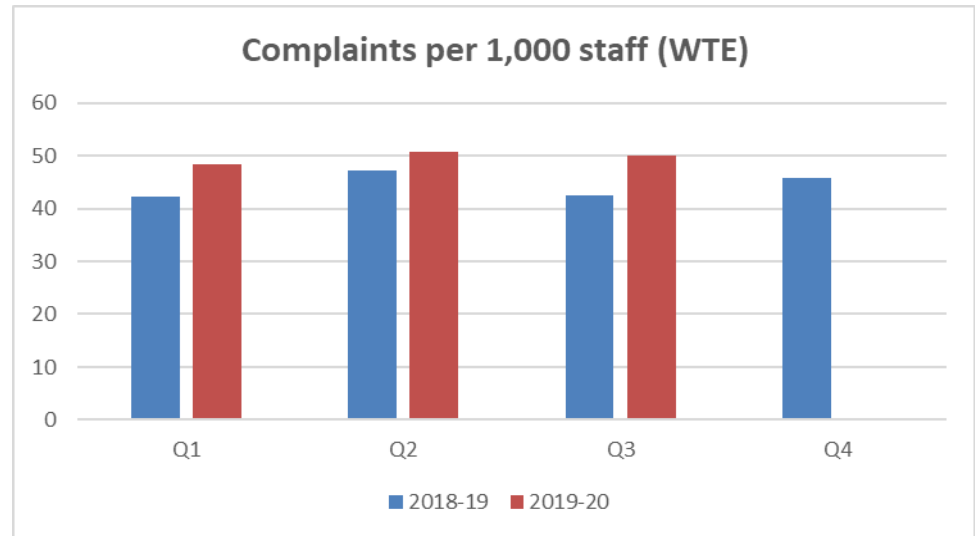
Metric	Feb 20	YTD	Target
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Outpatients Friends and Family Test - % positive	96%	95%	94%
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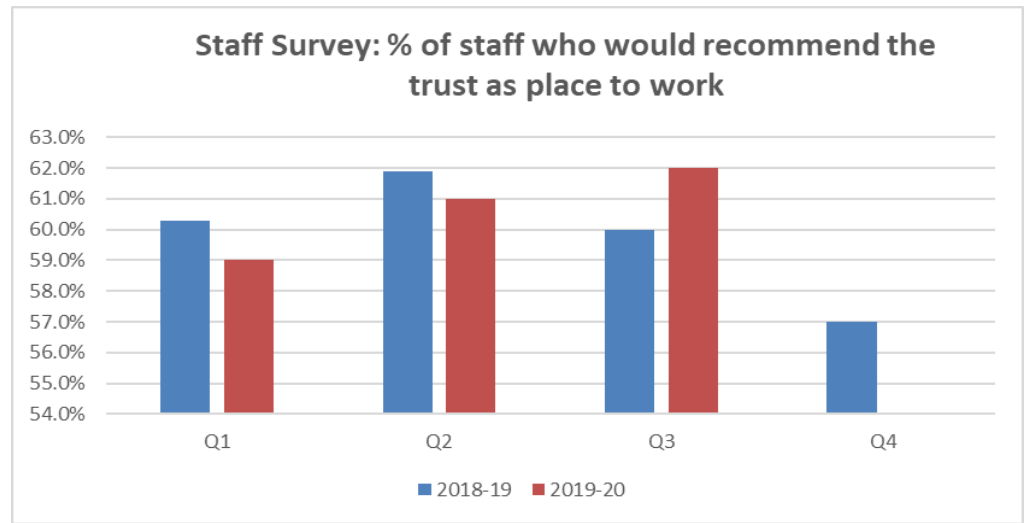
This metric is not changing significantly and is likely to achieve target next month.



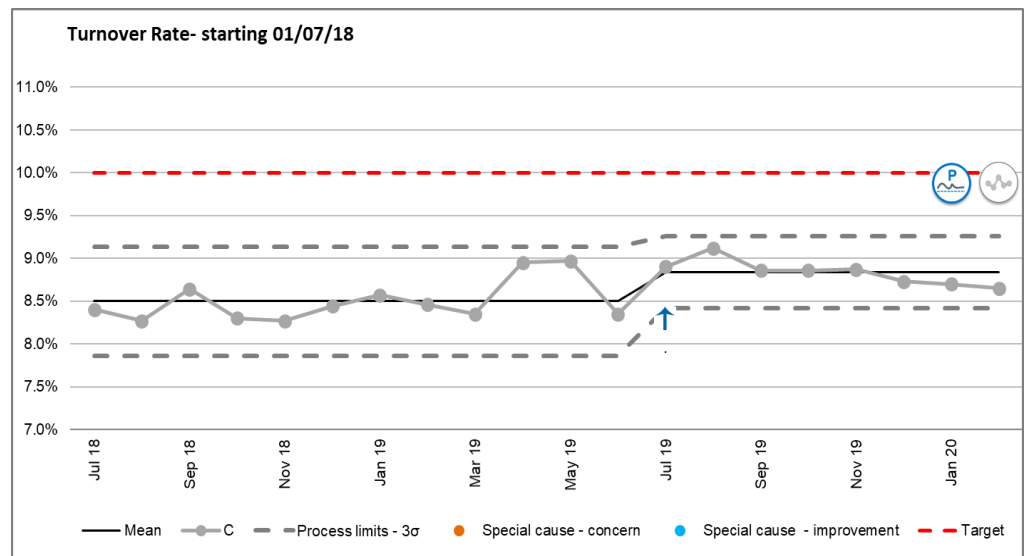
Metric	Q3	YTD	Target
Complaints per 1,000 staff (WTE)	50.1	49.7	No National Target
Complaints per 1,000 staff have increased this year compared to the previous year.			



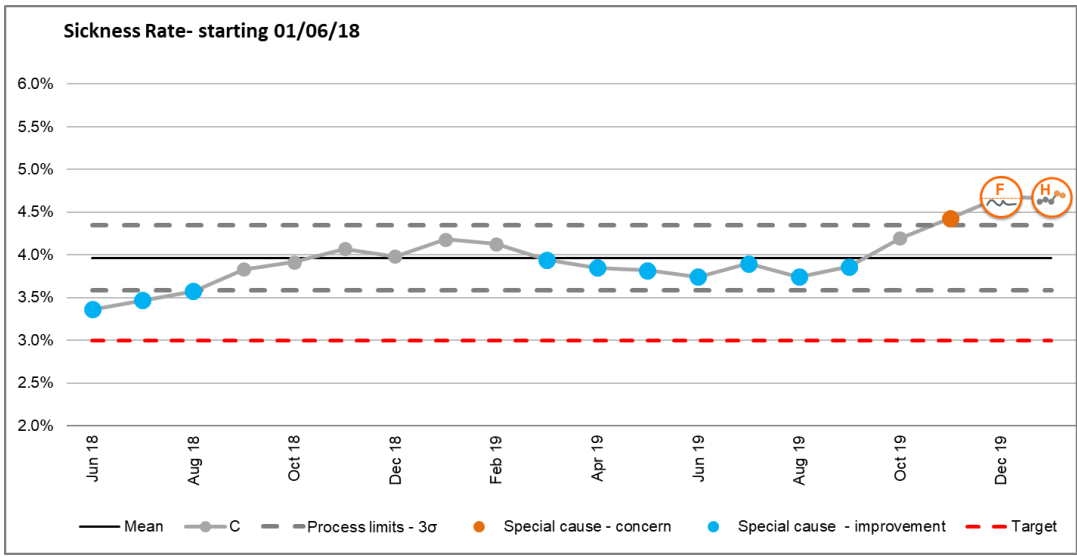
Metric	Q3 19/20	YTD	Target
Staff Survey % Recommend as Place to Work	62%	61%	Not within Lowest Decile
Performance this year so far is lower than last year.			



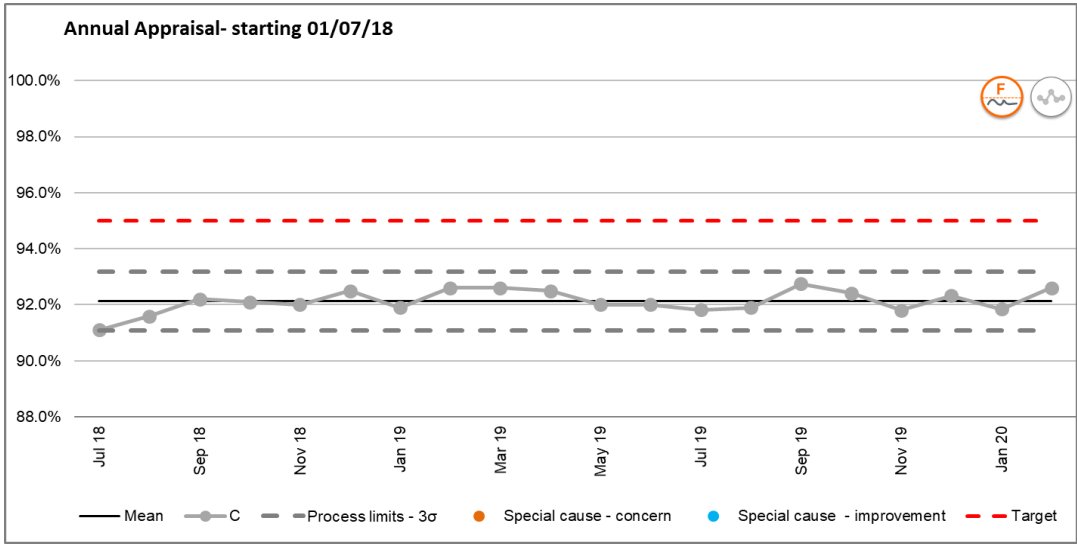
Metric	Feb 19	YTD	Target
Turnover Rate	8.7%	8.7%	10%
Turnover rate has increased since July 2019. However still achieving the target.			



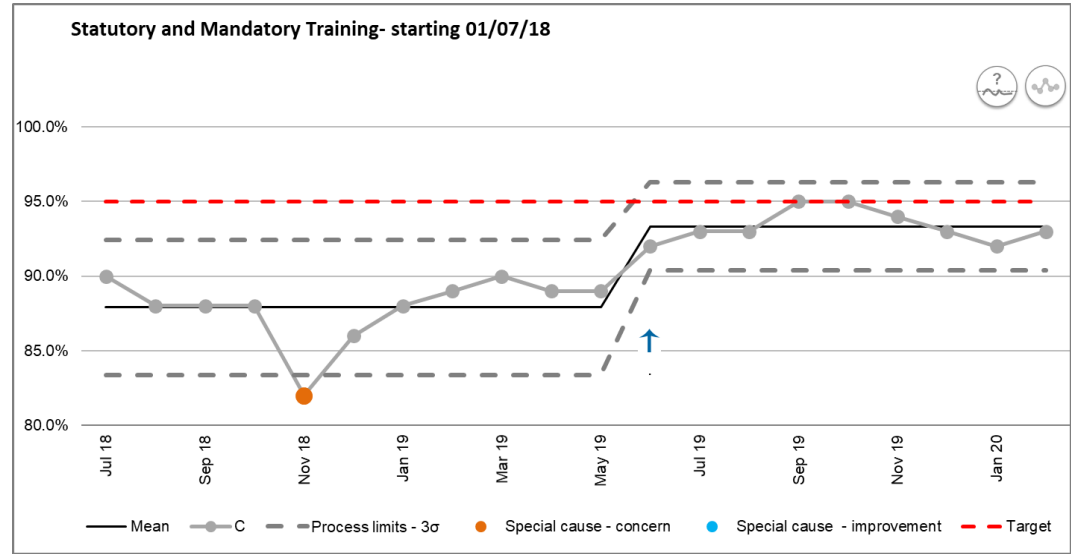
Metric	Jan 20	YTD	Target
Sickness absence	4.7%	4.1%	3%
<p>Special cause concern and a deteriorating upwards trend is emerging. The target will most likely not be achieved next month.</p>			



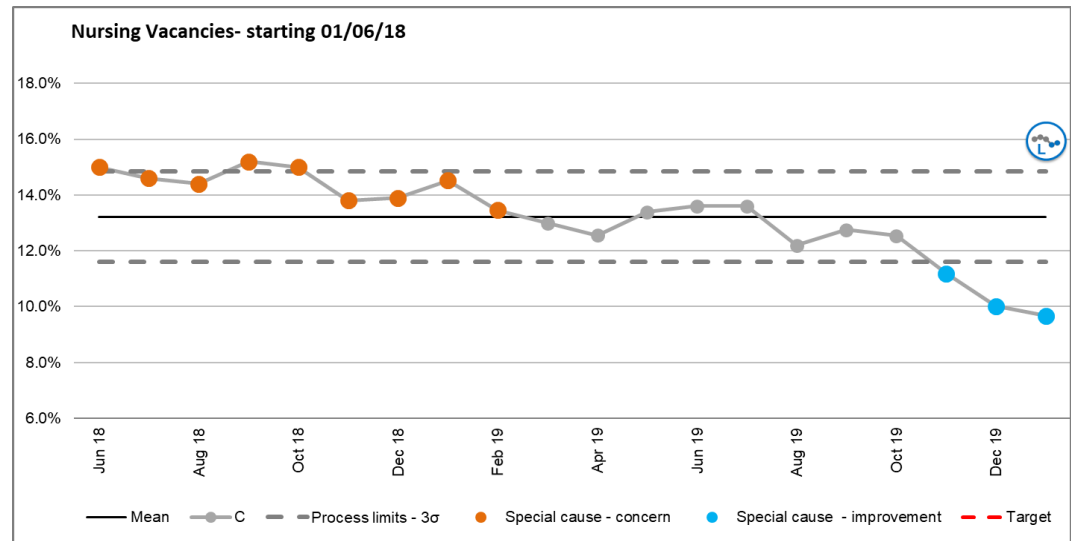
Metric	Feb 20	YTD	Target
% of Staff with Annual Appraisal	92.6%	92.6%	95%
<p>Common cause variation. Very unlikely to achieve target.</p>			



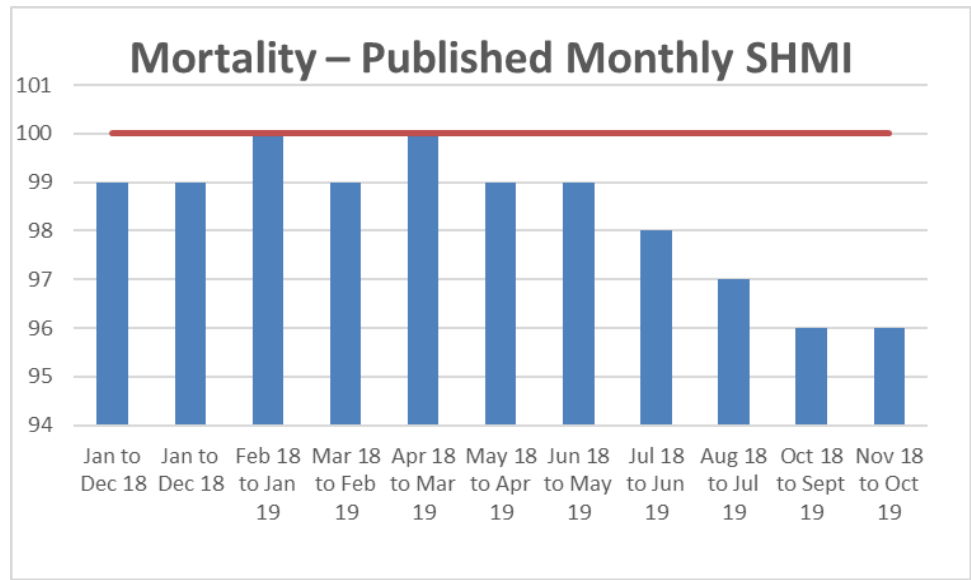
Metric	Feb 20	YTD	Target
Statutory and Mandatory Training	93%	93%	95%
A step change in improvement occurred in June 19, potential to achieve target next month.			



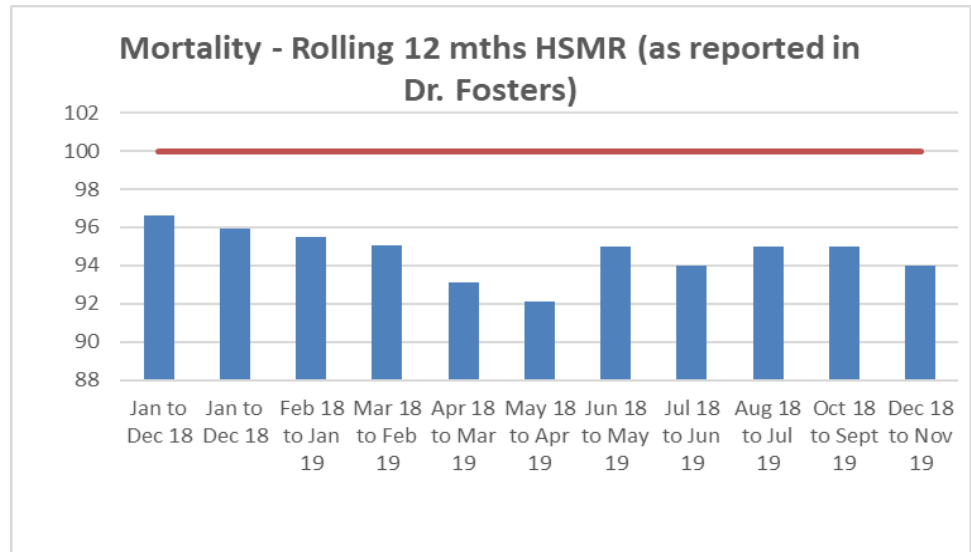
Metric	Jan 20	YTD	Target
Nursing Vacancies	9.7%	9.7%	No National Target
Performance has improved in recent months.			



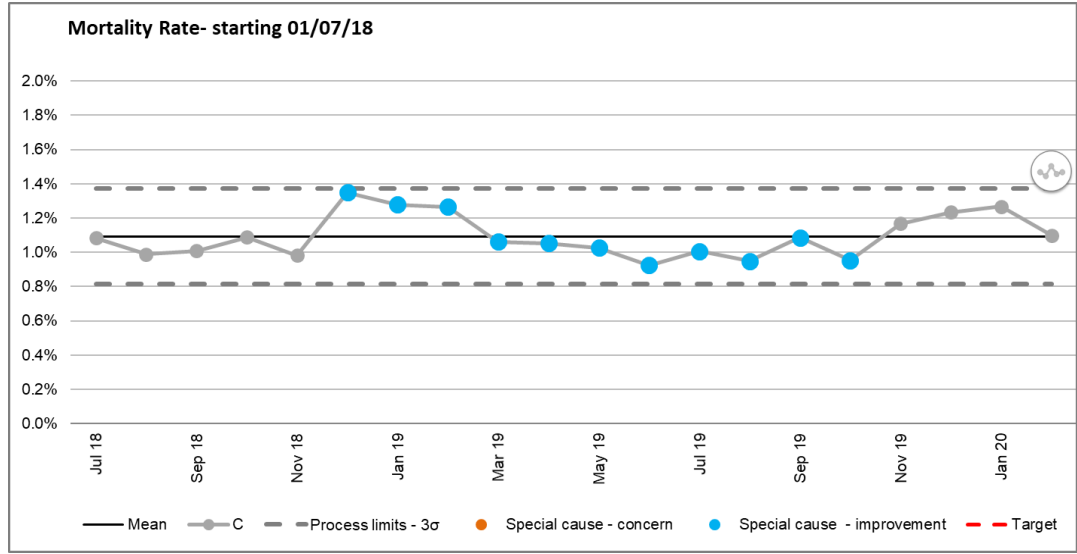
Metric	Nov 18 – Oct 19	Target
Mortality – Published Monthly SHMI	96	100
<p>UHL’s SHMI has been 100 or below for the past two years with some natural variation. Although UHL’s crude mortality has come down, the number of expected deaths in the SHMI methodology has also come down because there has been fewer ‘expected deaths’ nationally.</p>		



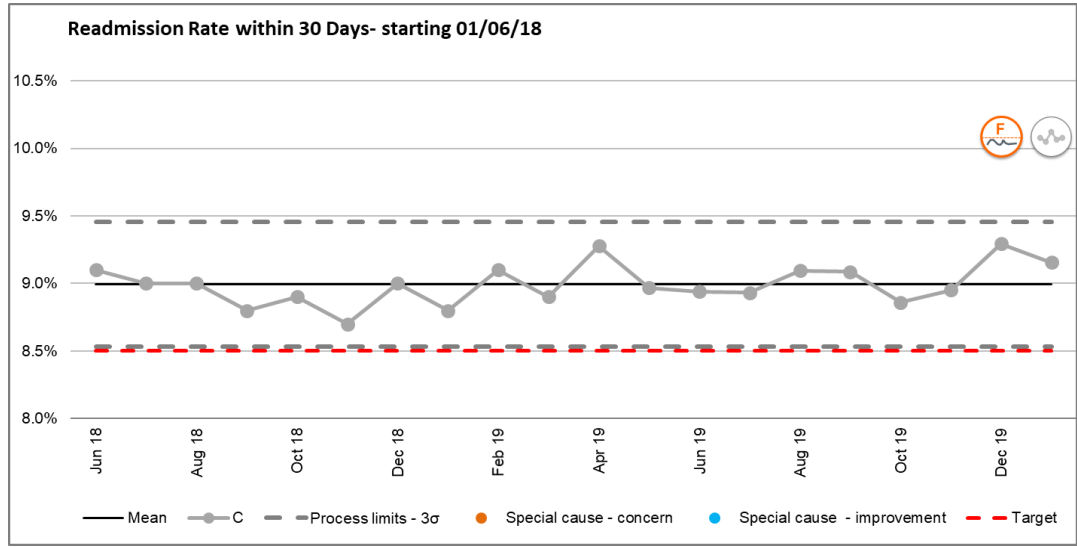
Metric	Dec 18 - Nov 19	Target
Mortality - Rolling 12 mths HSMR as reported in Dr. Foster)	94	100
<p>Over the past 4 years our HSMR has remained at either below or within the expected range. The most recent data shows a sustained period below the expected rate.</p>		



Metric	Feb 20	YTD	Target
Crude Mortality	1.1%	1.1%	No National Target
No significant variation.			



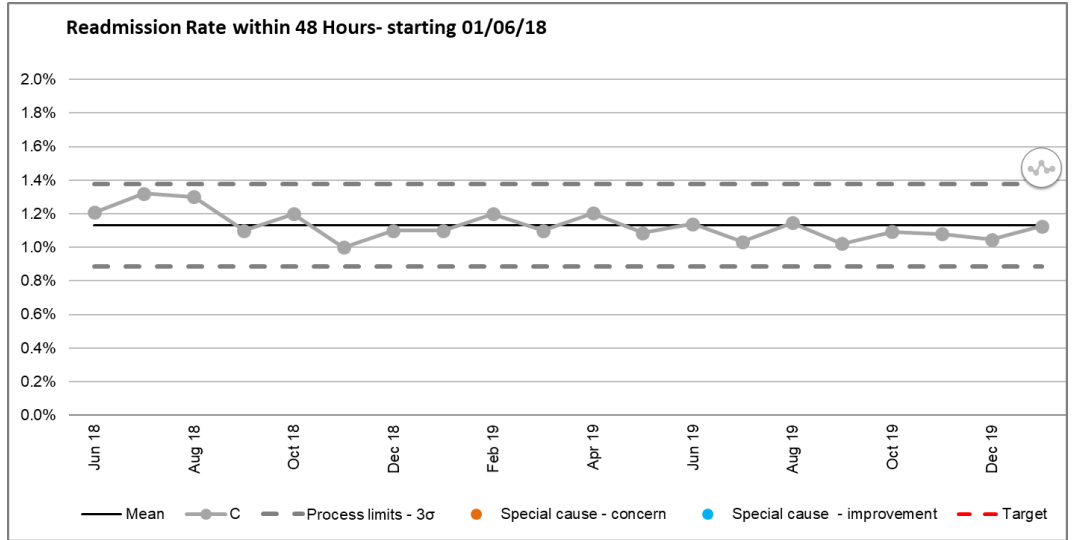
Metric	Jan 20	YTD	Target
Emergency readmissions within 30 days	9.2%	9.1%	8.5%
This metric is very stable but unlikely to achieve target next month.			



Metric	Jan 20	YTD	Target
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Emergency readmissions within 48 hrs	1.1%	1.1%	No National Target
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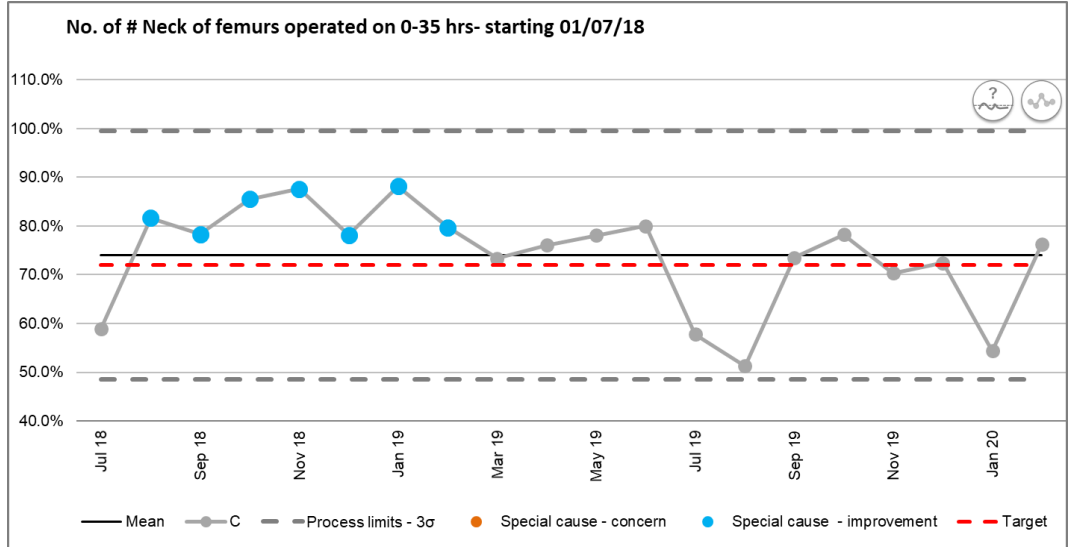
This metric is relatively stable, the last 5 months have been below the mean which may indicate an emerging trend.



Metric	Feb 20	YTD	Target
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% Neck of femurs operated on under 36 hrs Based on Admissions	76.2%	70.8%	72%
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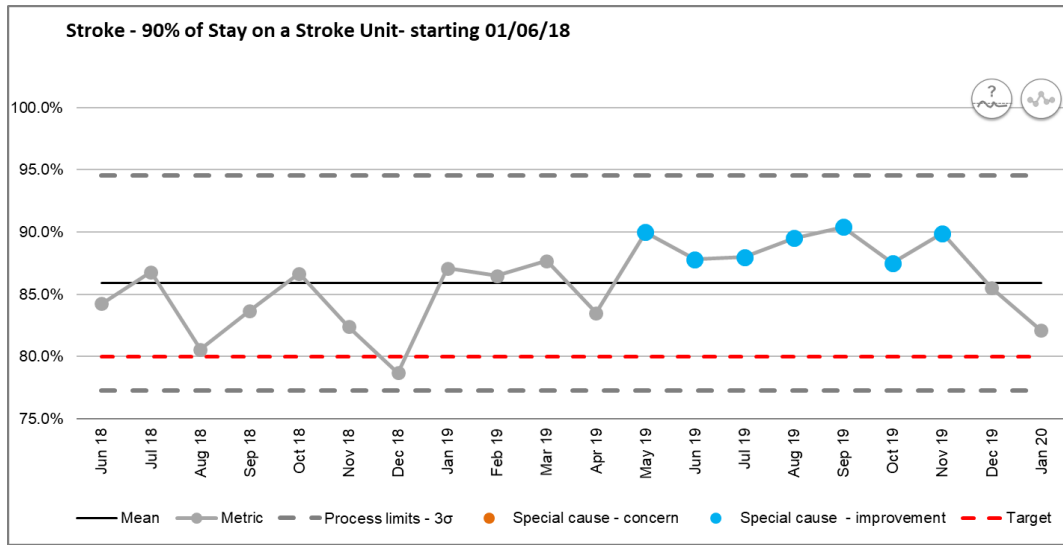
Performance has not been stable since June last year. No assurance that target will be delivered next month.



Metric	Jan 20	YTD	Target
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Stroke - 90% of Stay on a Stroke Unit	82.1%	87.0%	80%
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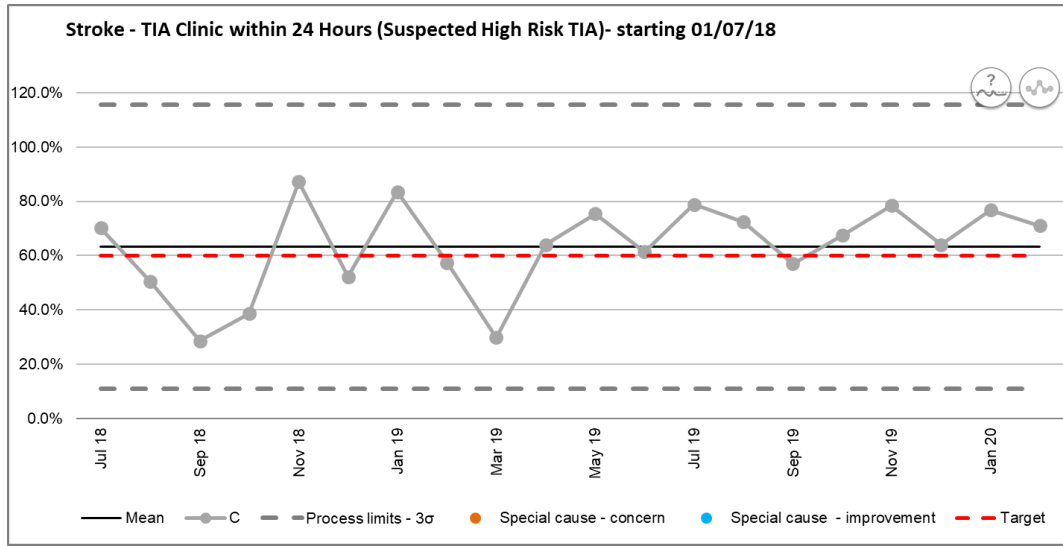
This metric has shown some improvement in recent months although a downwards trend may now be emerging.



Metric	Feb 20	YTD	Target
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TIA Clinic within 24 Hours (Suspected High Risk TIA)	71.1%	69.8%	60%
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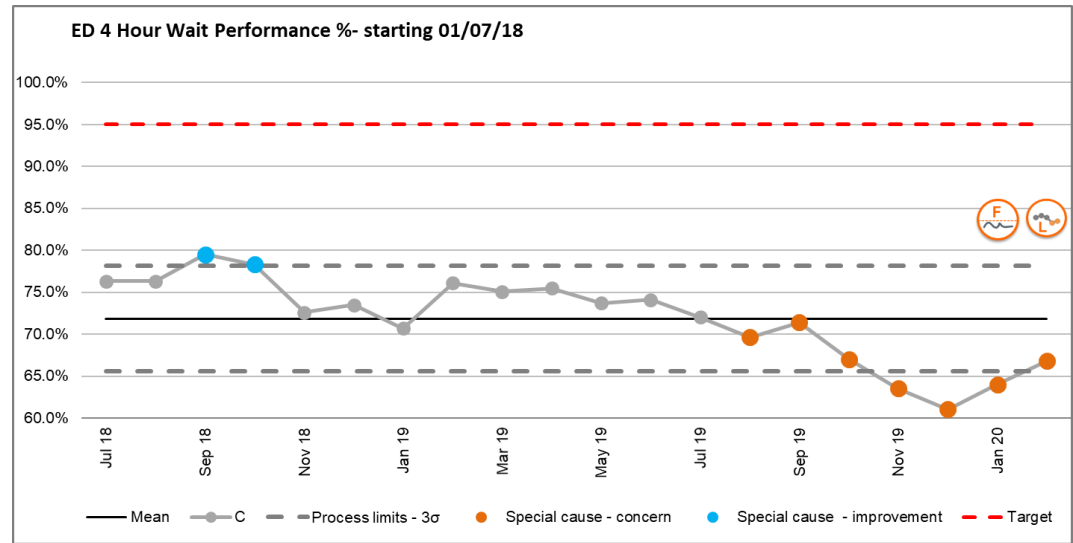
This metric is stable, however there is significant variation between monthly values.



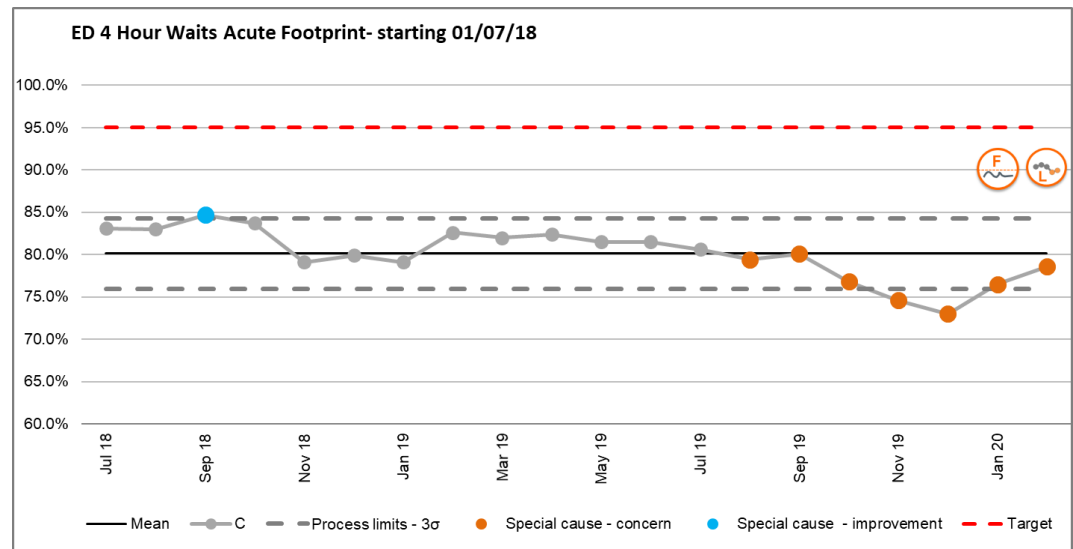
Responsive

For more information please see the Urgent Care Report - PPPC

Metric	Feb 20	YTD	Target
ED 4 Hour Waits UHL	66.8%	69.0%	95%
Continually failing target and will fail to achieve target next month.			

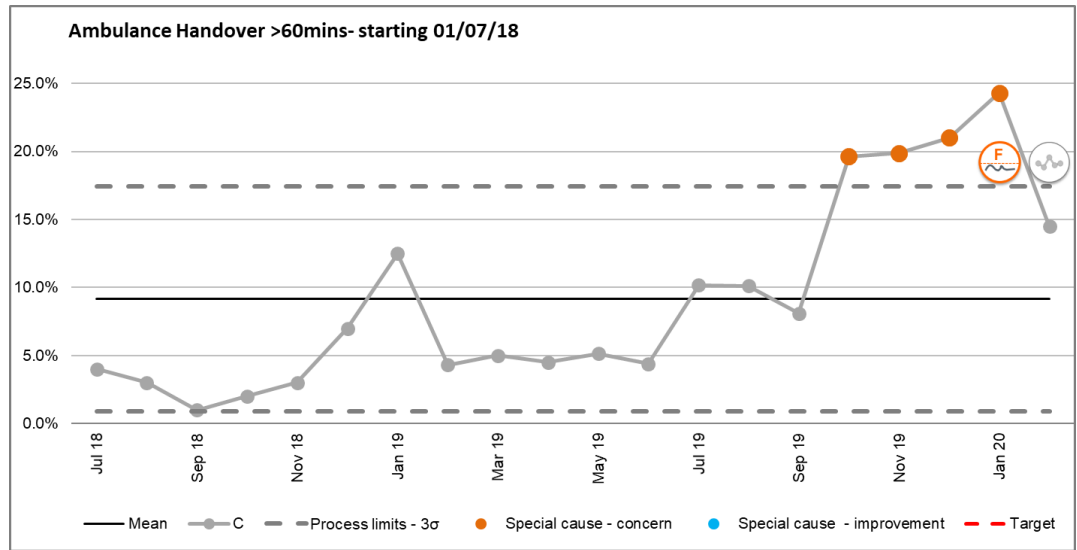


Metric	Jan 20	YTD	Target
ED 4 Hour Waits Acute Footprint	78.6%	78.6%	95%
Continually failing target and will fail to achieve target next month.			



Responsive

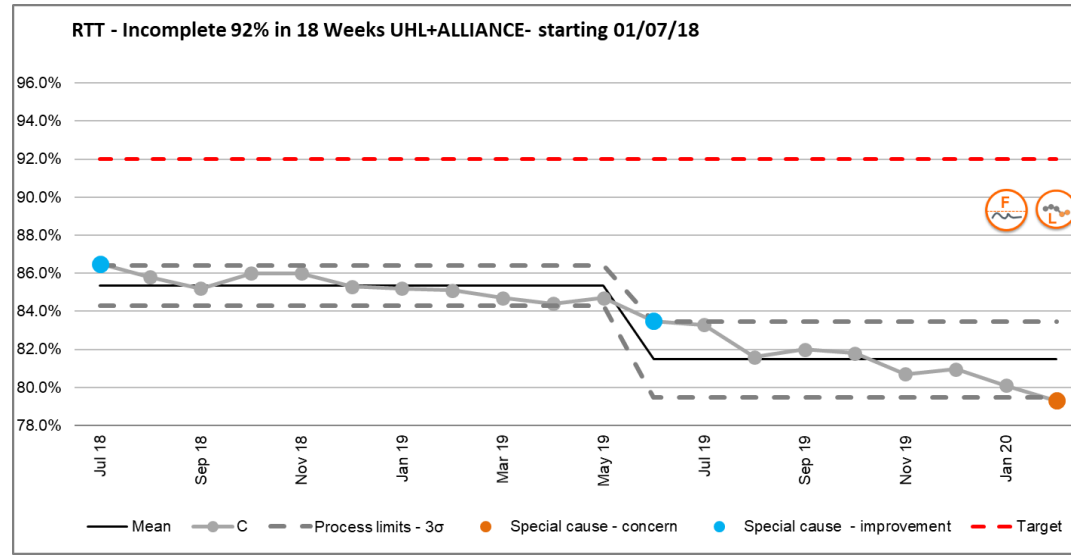
Metric	Feb 20	YTD	Target
Ambulance Handover >60 Mins	14.5%	13.0%	0%
<p>Performance improved in February after 4 consecutive months of deterioration. Target will not be achieved next month.</p>			



Metric	Feb 20	YTD	Target
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RTT Incompletes	79.3%	79.3%	92%
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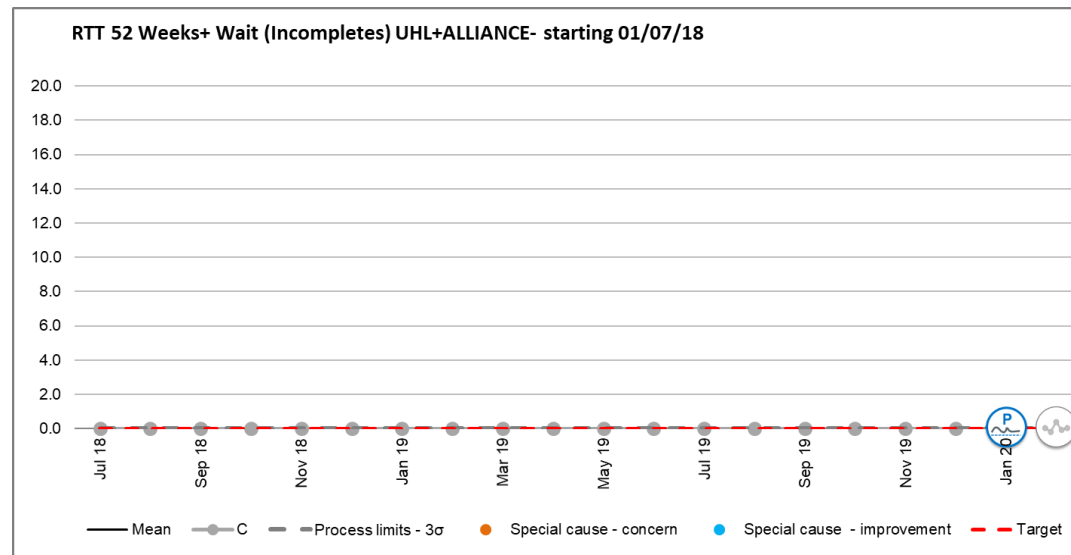
Performance has been deteriorating due to focus on waiting list target.



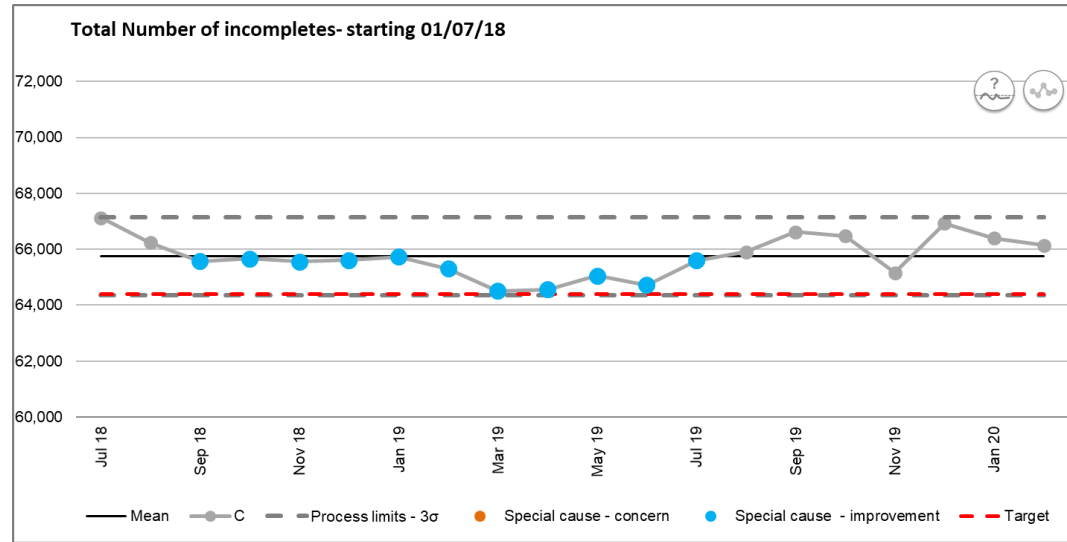
Metric	Feb 20	YTD	Target
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RTT 52+ Weeks Wait	0	0	0
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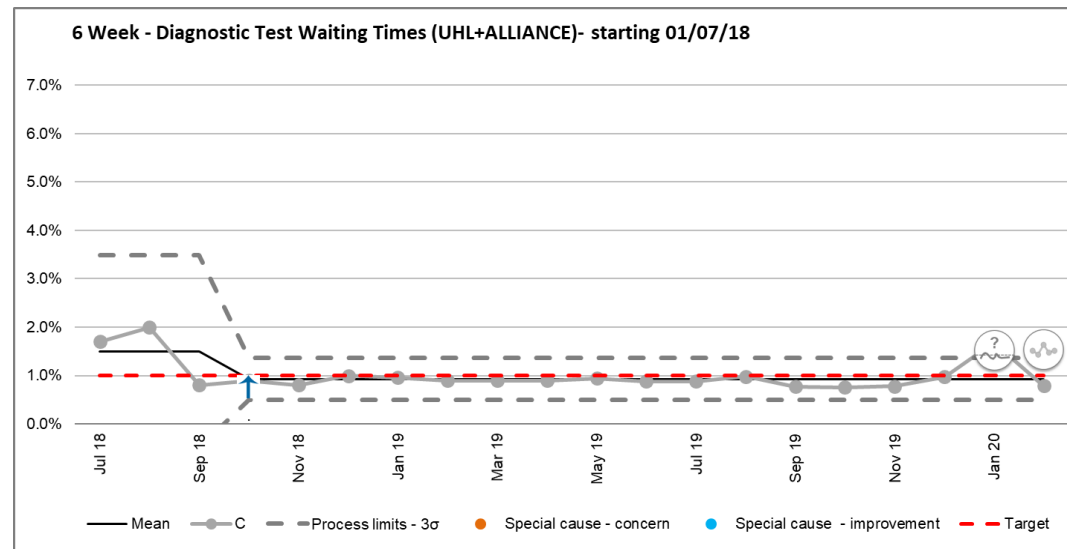
No 52+ week waits reported for 20 consecutive months.



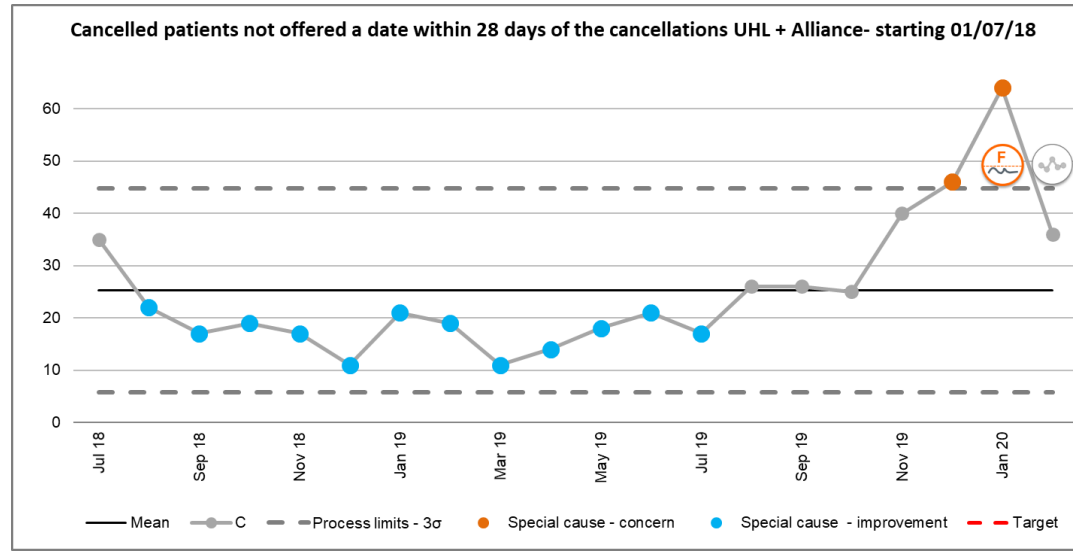
Metric	Feb 20	YTD	Target
Total Number of incompletes	66,147	66,147	64,404 (Year End)
Unlikely to achieve the target next month.			



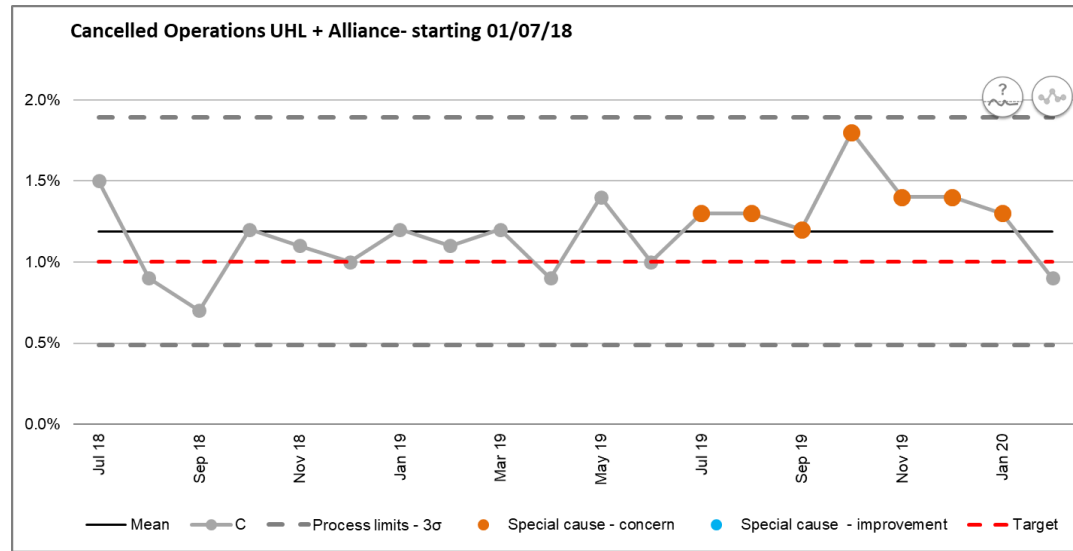
Metric	Feb 20	YTD	Target
6 Week Diagnostic Waits	0.8%	0.8%	1%
Target achieved in February 2020. Common cause variation, likely to achieve target next month based on historical data.			



Metric	Feb 20	YTD	Target
Cancelled patients not offered a date within 28 days of the cancellations	36	333	0
<p>This metric has improved in February following a significant deterioration. Very unlikely to deliver monthly target.</p>			



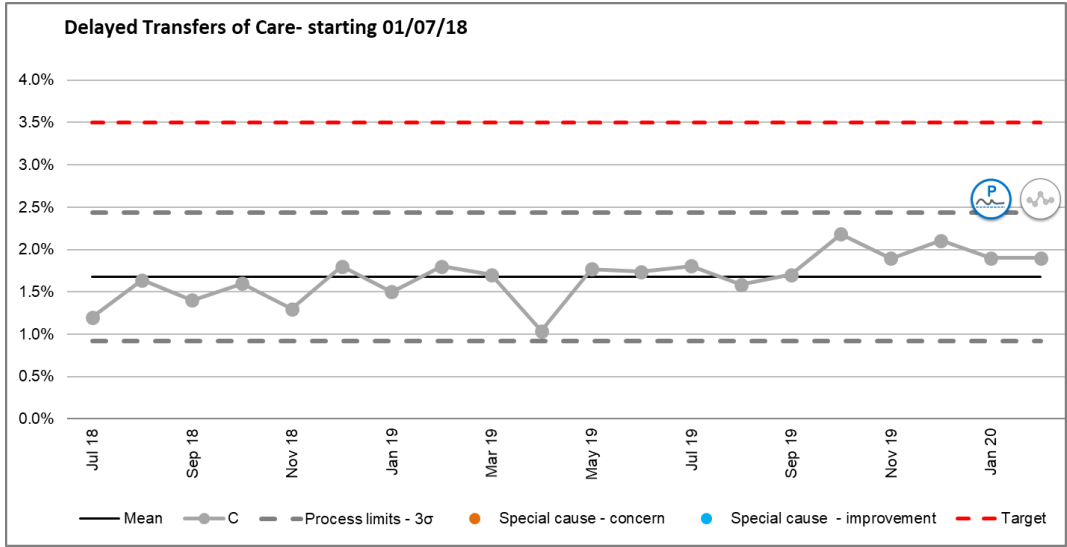
Metric	Feb 20	YTD	Target
% Operations cancelled on the day	0.9%	1.3%	1%
<p>No significant variation observed. Unlikely to achieve the target next month.</p>			



Metric	Feb 20	YTD	Target
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Delayed transfers of care	1.9 %	1.8%	3.5%
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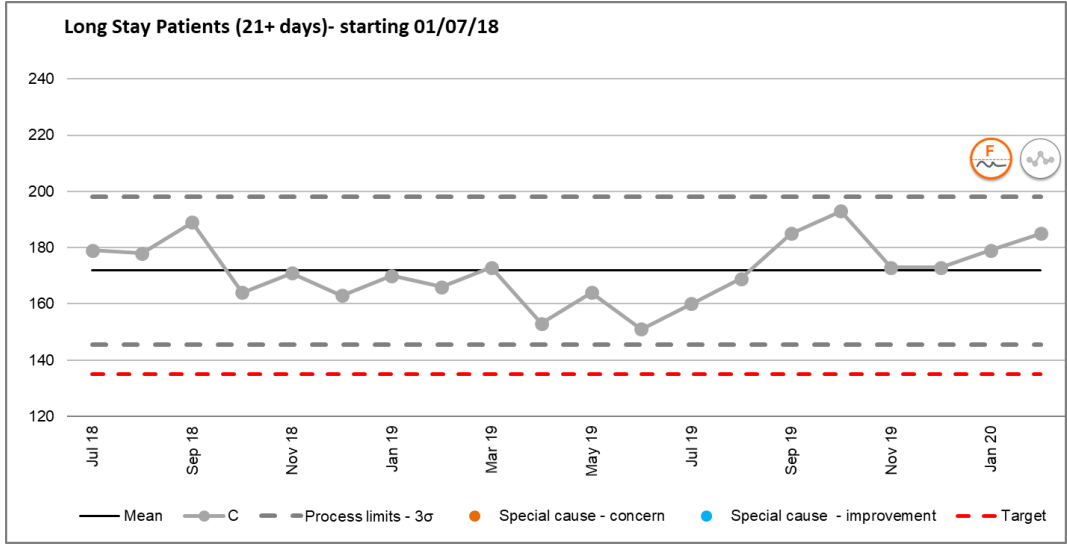
This metric has not changed significantly and is predicted to achieve target again next month.



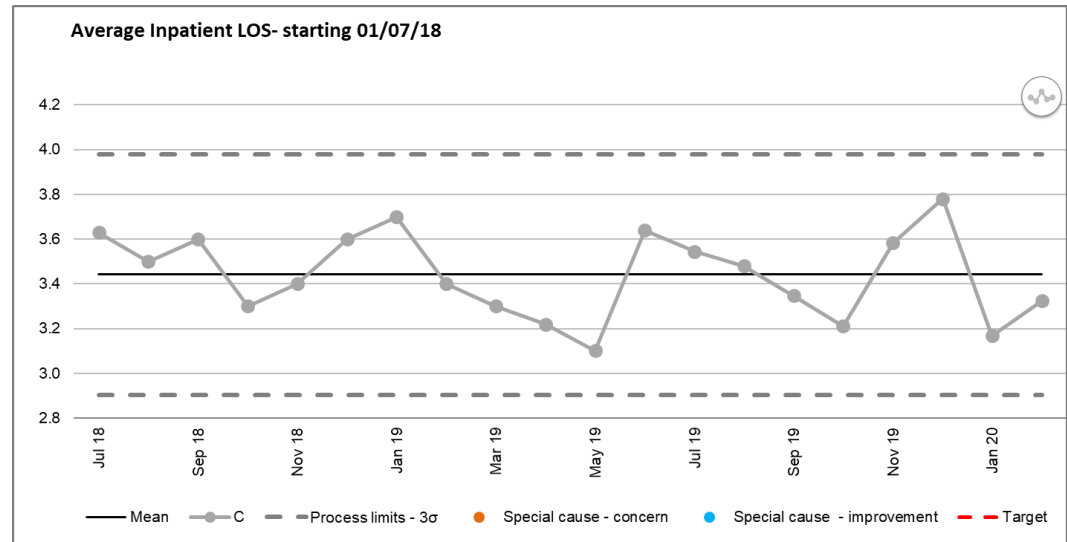
Metric	Feb 20	YTD	Target
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Long Stay Patients (21+ days)	185	185	135
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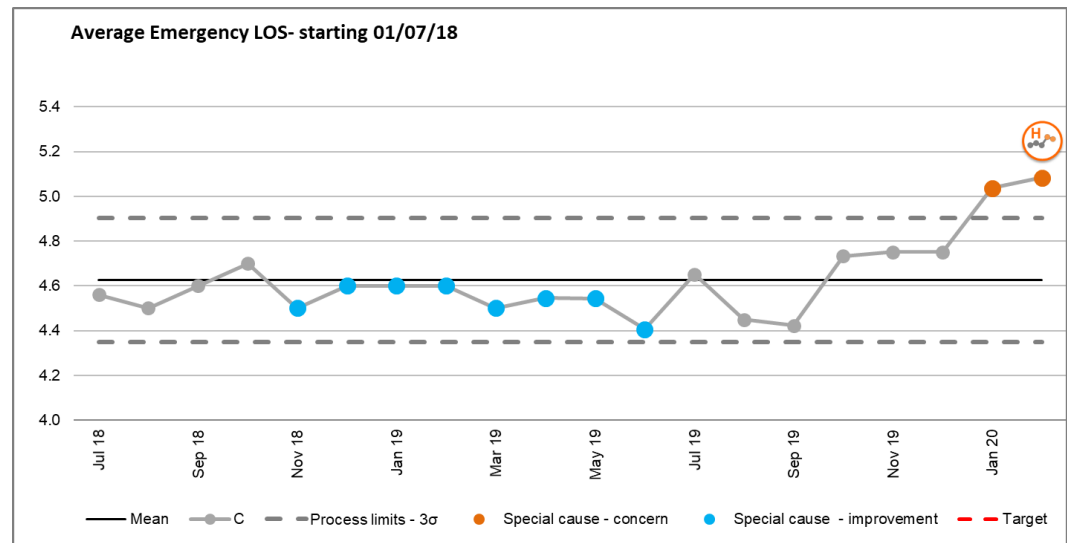
Common cause variation. Unlikely to achieve target next month.



Metric	Feb 20	YTD	Target
Average Inpatient LOS	3.3	3.4	No National Target
This metric is showing no significant variation.			



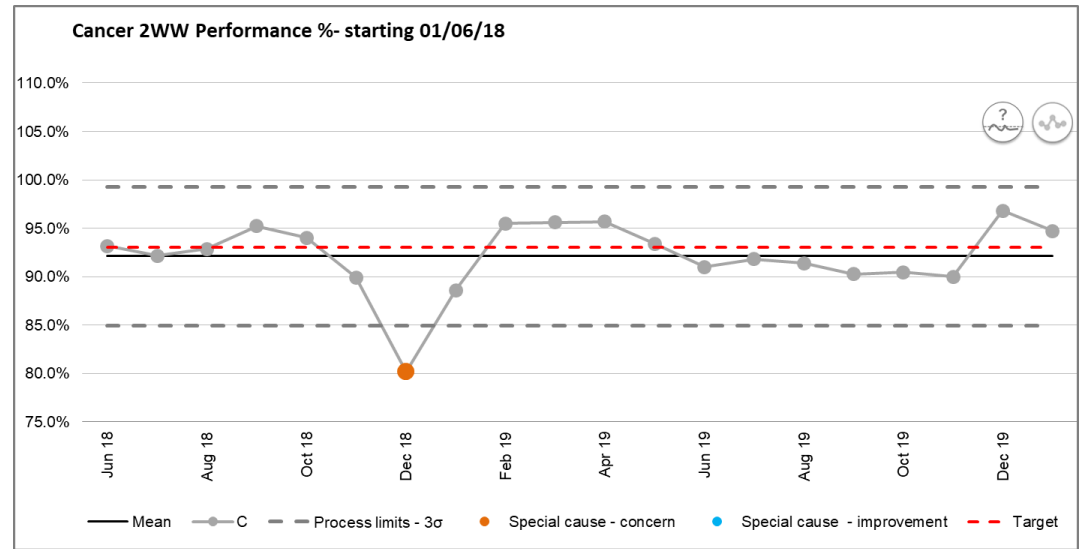
Metric	Feb 20	YTD	Target
Average Emergency LOS	5.1	4.6	No National Target
This metric deteriorated in January, above the upper control limit - cause for concern.			



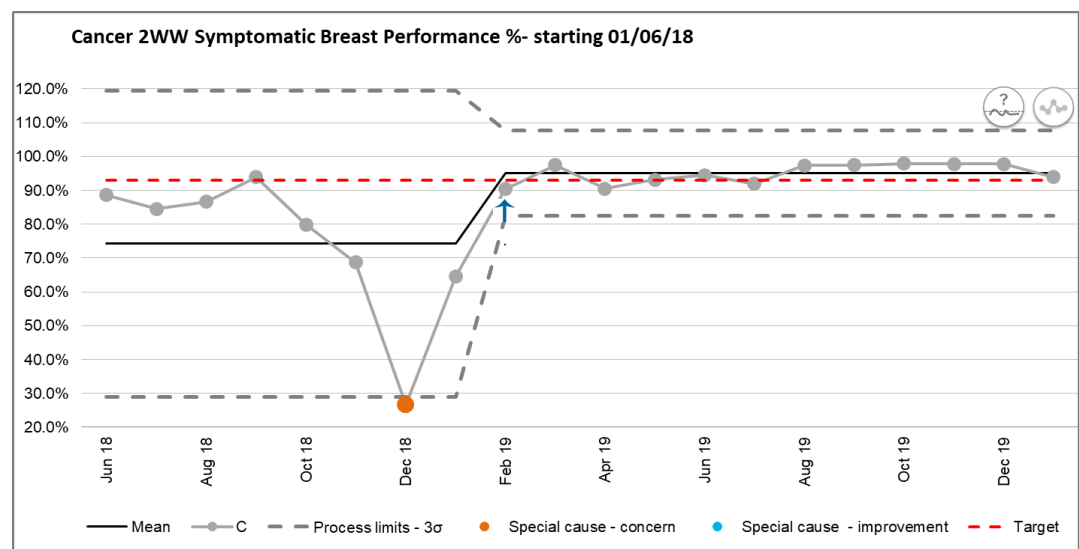
Responsive – Cancer

For more information please see the Cancer Recovery Paper - PPPC

Metric	Jan 20	YTD	Target
Cancer 2WW	94.7%	92.5%	93%
Target achieved in January			



Metric	Jan 20	YTD	Target
Cancer 2WW Breast	93.9%	95.7%	93%
Performance has returned to a more stable level. Based on YTD and historic trend may achieve YTD target.			

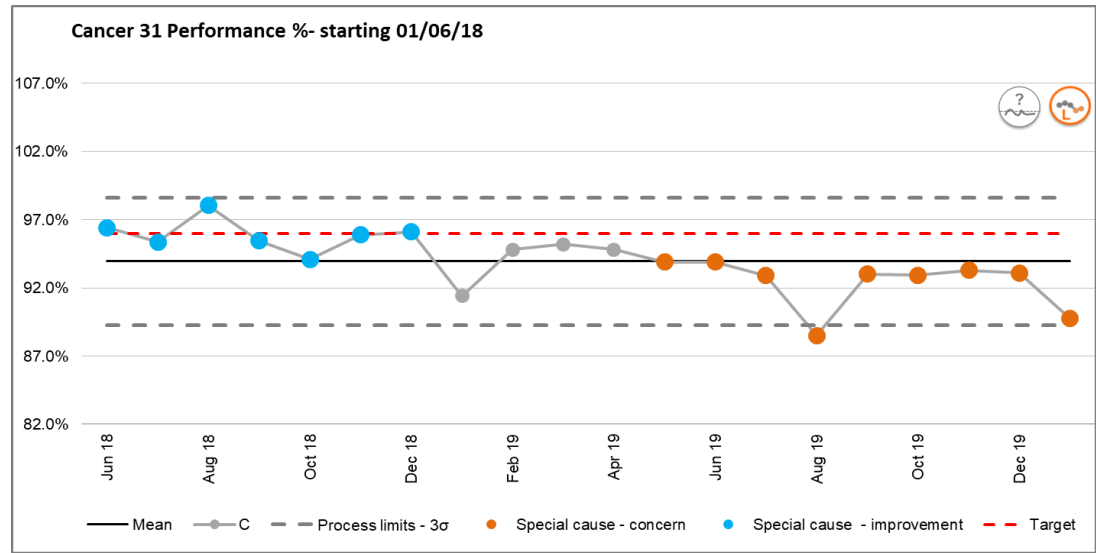


Responsive – Cancer

Metric	Jan 20	YTD	Target
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Cancer 31 Day **89.8%** **92.6%** **96%**

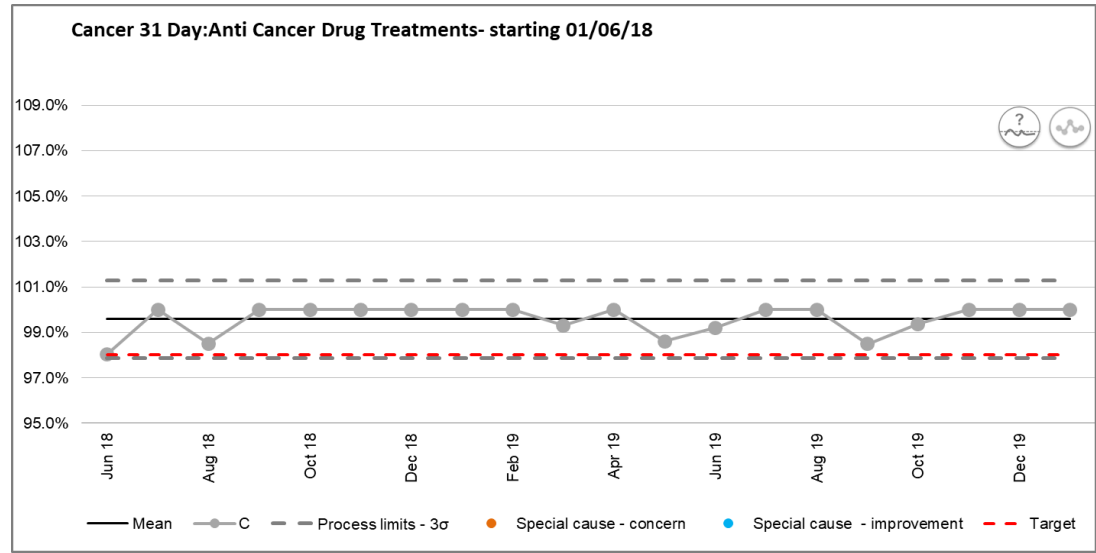
Unlikely to achieve target next month, performance is stable and underperforming. There are a number of actions on the RAP to avoid further deterioration and support improvement.



Metric	Jan 20	YTD	Target
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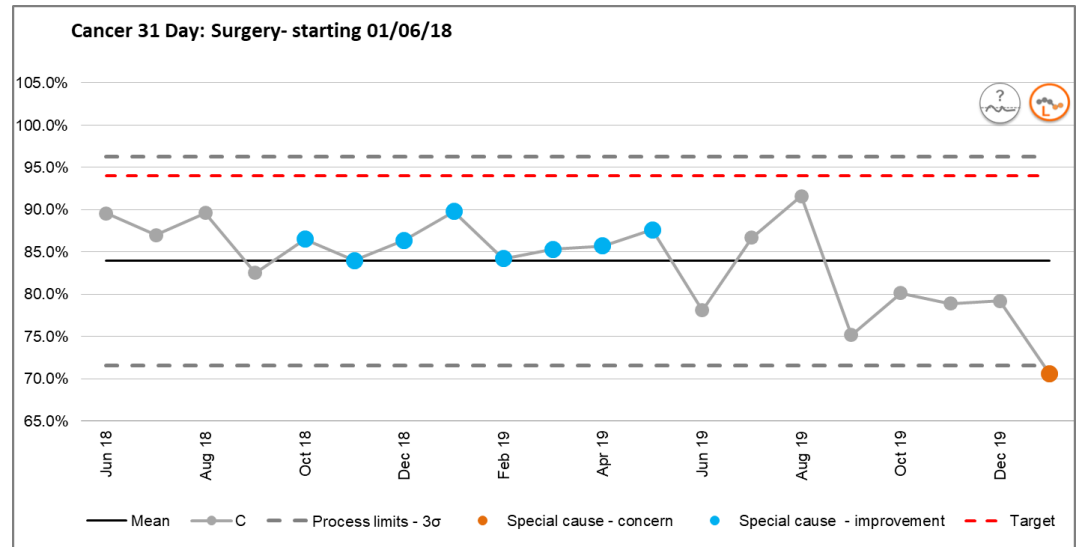
Cancer 31 Day Drugs **100%** **99.6%** **98%**

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

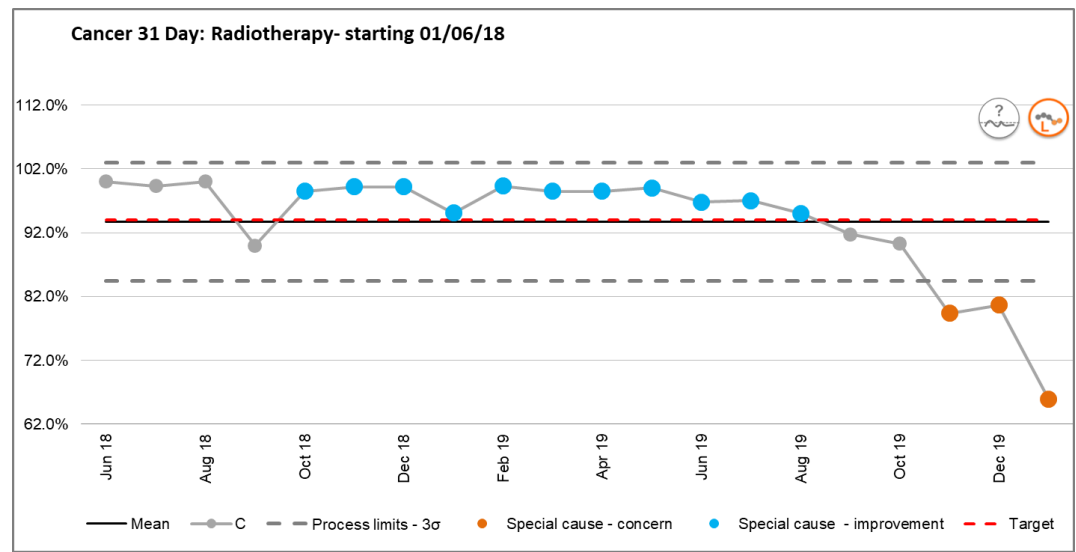


Responsive – Cancer

Metric	Jan 20	YTD	Target
Cancer 31 Surgery	70.6%	81.1%	94%
<p>Performance has deteriorated, unlikely to deliver target. Driven predominately by Urology prostate; actions in RAP for recovery / maintenance</p>			



Metric	Jan 20	YTD	Target
Cancer 31 Day Radiotherapy	65.9%	89.0%	94%
<p>Performance has deteriorated below lower control limit due to breast radiotherapy vacancies and sickness. NGH has agreed to take 3 patients a week to help recovery and the team are exploring using the private sector for capacity</p>			

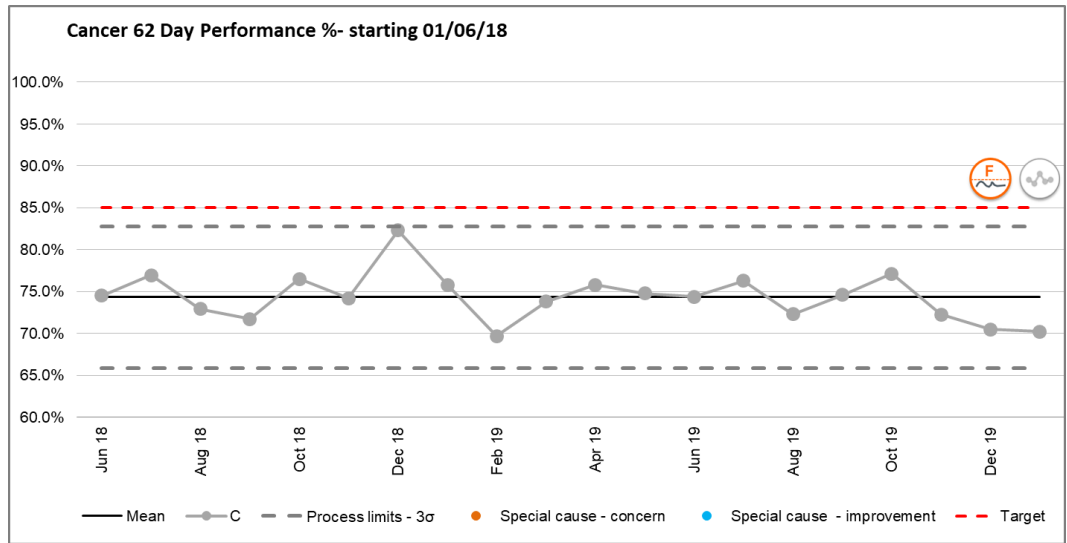


Responsive – Cancer

Metric	Jan 20	YTD	Target
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Cancer 62 Day	70.2%	74.0%	85%
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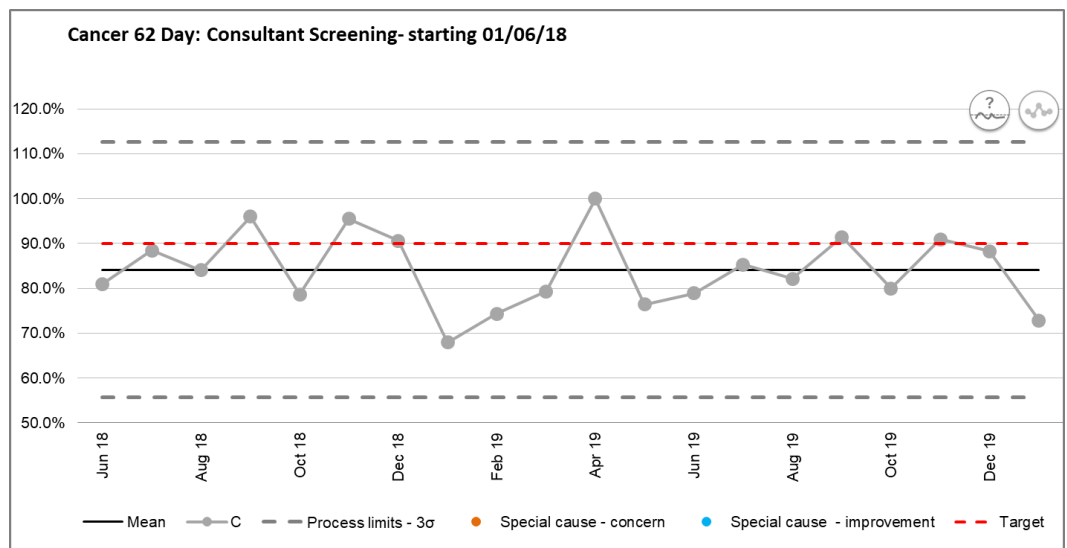
This metric is relatively stable. The position has been maintained against a significant increase in referrals. Target won't be delivered next month.



Metric	Jan 20	YTD	Target
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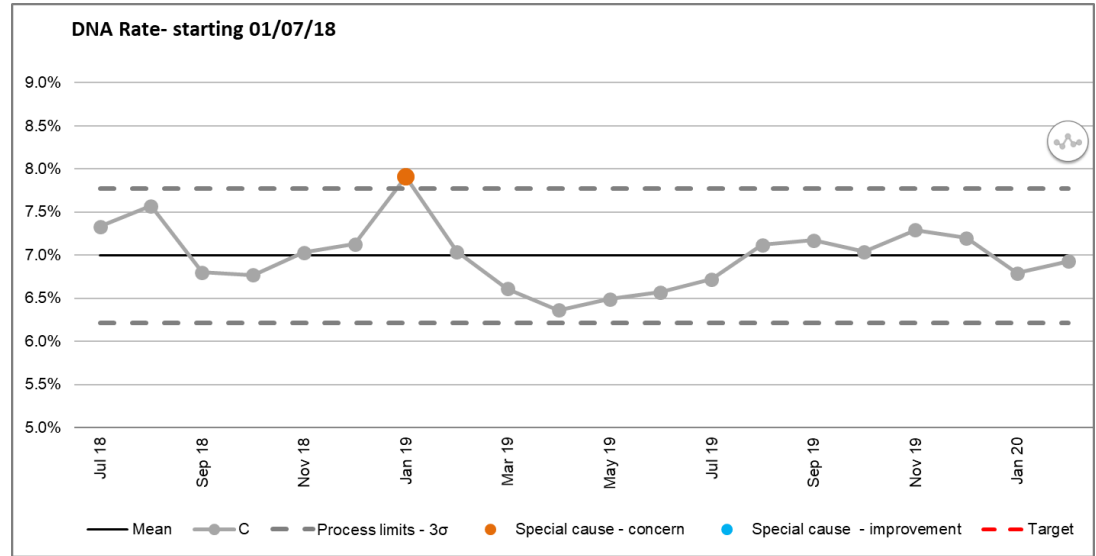
Cancer 62 Day Consultant Screening	72.8%	83.9%	90%
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Performance deteriorated in January, a focus on improvement in March and April is taking place

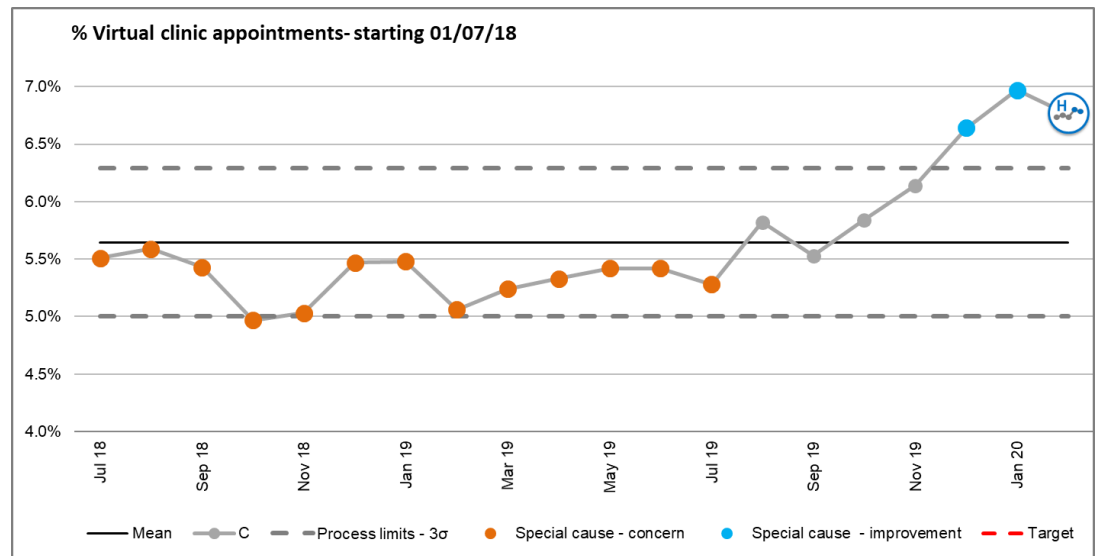


Outpatient Transformation

Metric	Feb 20	YTD	Target
% DNA Rate	6.9%	6.9%	No National Target
No significant variation.			

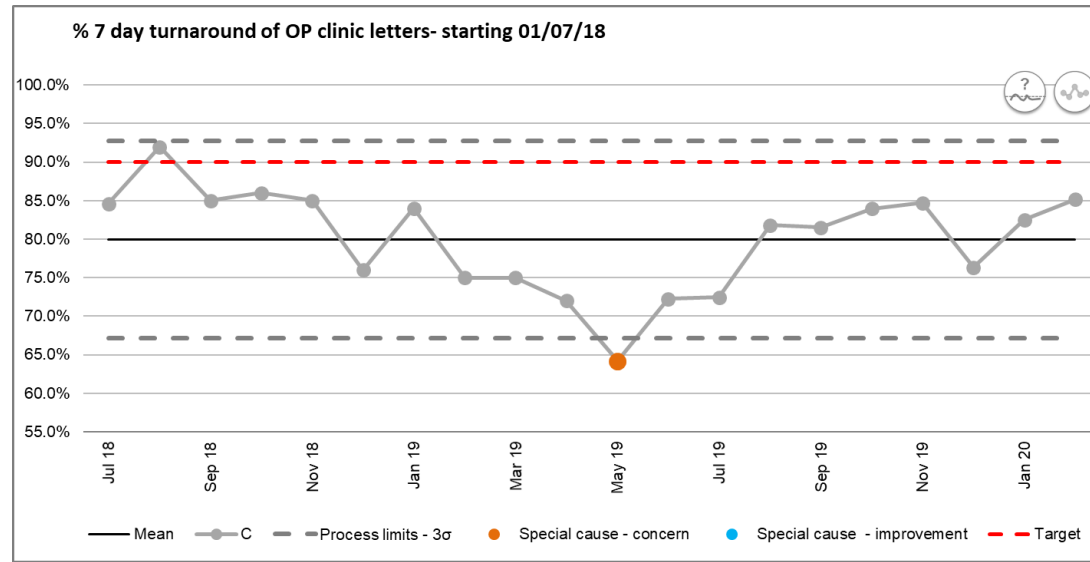


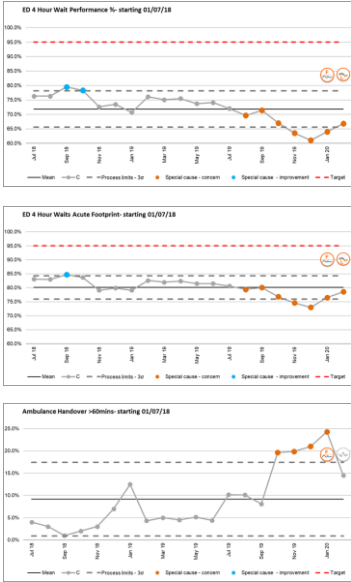
Metric	Feb 20	YTD	Target
% Virtual clinic appointments	6.8%	5.9%	No National Target
This metric is has improved over the past 6 months. The last three months have been above the upper control limits.			



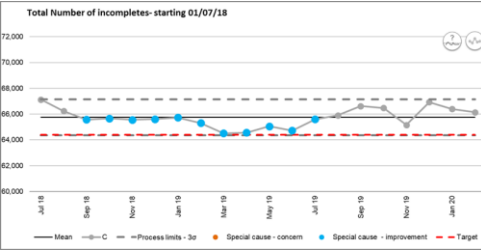
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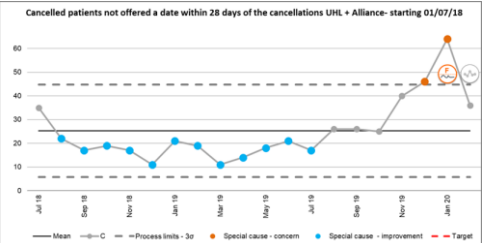
Metric	Feb 20	YTD	Target
% 7 day turnaround of OP clinic letters	85.2%	78.3%	90%
<p>This metric is now relatively stable following a dip in May 19. Unlikely to achieve target.</p>			



Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
Urgent Care				
	<p>ED 4 Hour waits UHL performance was 66.8% in February</p> <p>ED 4 Hour waits LLR performance was 78.6% in February</p> <p>Ambulance Handover >60 Mins performance was 14.5% in February</p>	 <p>The charts show performance trends from January 15 to February 15, 2020. The top chart, 'ED 4 Hour Wait Performance % - starting 01/07/18', shows a target at 80% and current performance at 66.8%. The middle chart, 'ED 4 Hour Waits Acute Footprint - starting 01/07/18', shows a target at 80% and current performance at 78.6%. The bottom chart, 'Ambulance Handover >60mins - starting 01/07/18', shows a target at 10% and current performance at 14.5%. All charts include a legend with categories: Mean, C, Process (3σ), Special cause - common, Special cause - improvement, and Target.</p>	<p>Performance against the 4hr standard improved in February and has continued to the upturn into the first 2 weeks of March, though remains below the national target. Trusts National ranking against the 4 Hour ED target has shown month on month improvements.</p> <p>Ambulance Handover times continue to be a key priority, has shown reduction in handover times in February and into March although still below National Standards. Our internal transformation plan sits alongside the LLR action plan to give a whole system approach to improving urgent and emergency care.</p> <p>There continues to be an imbalance between capacity and demand for Medicine within LRI which is being addressed through the Increasing Effective Medical Bed Action Plan.</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. UHL has taken down all non-urgent, routine elective surgery from 23/03/2020 to ensure bed capacity, including ICU capacity remains available.</p>

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions																																																																														
<p>RTT - Incomplete 92% in 18 Weeks UHL + Alliance</p>	<p>19/20 Target – 92%</p>	<p>RTT - Incomplete 92% in 18 Weeks UHL+ALLIANCE- starting 01/07/18</p> <table border="1"> <caption>Approximate data points from the RTT chart</caption> <thead> <tr> <th>Month</th> <th>Mean (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr> <td>Feb 18</td> <td>86.0</td> <td>92.0</td> </tr> <tr> <td>Mar 18</td> <td>85.5</td> <td>92.0</td> </tr> <tr> <td>Apr 18</td> <td>85.0</td> <td>92.0</td> </tr> <tr> <td>May 18</td> <td>84.5</td> <td>92.0</td> </tr> <tr> <td>Jun 18</td> <td>84.0</td> <td>92.0</td> </tr> <tr> <td>Jul 18</td> <td>83.5</td> <td>92.0</td> </tr> <tr> <td>Aug 18</td> <td>83.0</td> <td>92.0</td> </tr> <tr> <td>Sep 18</td> <td>82.5</td> <td>92.0</td> </tr> <tr> <td>Oct 18</td> <td>82.0</td> <td>92.0</td> </tr> <tr> <td>Nov 18</td> <td>81.5</td> <td>92.0</td> </tr> <tr> <td>Dec 18</td> <td>81.0</td> <td>92.0</td> </tr> <tr> <td>Jan 19</td> <td>80.5</td> <td>92.0</td> </tr> <tr> <td>Feb 19</td> <td>80.0</td> <td>92.0</td> </tr> <tr> <td>Mar 19</td> <td>79.5</td> <td>92.0</td> </tr> <tr> <td>Apr 19</td> <td>79.0</td> <td>92.0</td> </tr> <tr> <td>May 19</td> <td>78.5</td> <td>92.0</td> </tr> <tr> <td>Jun 19</td> <td>78.0</td> <td>92.0</td> </tr> <tr> <td>Jul 19</td> <td>77.5</td> <td>92.0</td> </tr> <tr> <td>Aug 19</td> <td>77.0</td> <td>92.0</td> </tr> <tr> <td>Sep 19</td> <td>76.5</td> <td>92.0</td> </tr> <tr> <td>Oct 19</td> <td>76.0</td> <td>92.0</td> </tr> <tr> <td>Nov 19</td> <td>75.5</td> <td>92.0</td> </tr> <tr> <td>Dec 19</td> <td>75.0</td> <td>92.0</td> </tr> <tr> <td>Jan 20</td> <td>74.5</td> <td>92.0</td> </tr> <tr> <td>Feb 20</td> <td>79.3</td> <td>92.0</td> </tr> </tbody> </table>	Month	Mean (%)	Target (%)	Feb 18	86.0	92.0	Mar 18	85.5	92.0	Apr 18	85.0	92.0	May 18	84.5	92.0	Jun 18	84.0	92.0	Jul 18	83.5	92.0	Aug 18	83.0	92.0	Sep 18	82.5	92.0	Oct 18	82.0	92.0	Nov 18	81.5	92.0	Dec 18	81.0	92.0	Jan 19	80.5	92.0	Feb 19	80.0	92.0	Mar 19	79.5	92.0	Apr 19	79.0	92.0	May 19	78.5	92.0	Jun 19	78.0	92.0	Jul 19	77.5	92.0	Aug 19	77.0	92.0	Sep 19	76.5	92.0	Oct 19	76.0	92.0	Nov 19	75.5	92.0	Dec 19	75.0	92.0	Jan 20	74.5	92.0	Feb 20	79.3	92.0	<p>NHS Planning Guidance for 2019/20 focuses on waiting list reduction over compliance with the 18 week national standard.</p> <p>Reduced clinical capacity due pension limits change has impacted on UHL’s RTT% against trajectory and also the national standard.</p> <p>The impact of the COVID-19 pandemic will likely lead the RTT positioning reducing over the upcoming months as non essential activity is cancelled.</p>	<p>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.</p> <p>Where possible out patient clinics are being converted from face to face to virtual telephone clinics.</p>
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<p>Is the percentage of patients currently on an RTT pathway waiting less than 18 weeks .</p>	<p>Performance for February was 79.3%.</p>																																																																																	

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
<p>RTT Total Number of Incompletes</p>	<p>19/20 Target – 64,404 or below</p>		<p>The overall waiting list size Decreased in February by 578 from the previous month. The waiting list size was 1,033 off trajectory due to the key issues below:</p> <ul style="list-style-type: none"> • Reduced surgical capacity from winter pressures • Reduced capacity from lower take up of WLI’s after pension change. <p>The impact of the COVID-19 pandemic means the overall waiting list size will likely increase, including 52 week breaches as all routine, non cancer, non clinically urgent procedures and outpatient activity will be cancelled.</p>	<p>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.</p> <p>Where possible out patient clinics are being converted from face to face to virtual telephone clinics.</p>
<p>Is the total number of patients currently on an RTT pathway.</p>	<p>At the end of February 66,147 patients were on an RTT pathway.</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>19/20 Target – 0</p>	 <p>Cancelled patients not offered a date within 28 days of the cancellations UHL + Alliance- starting 01/07/18</p>	<p>28 day breaches in February converged closer to the mean. Emergency pressures remain high with medical outliers in surgical beds limiting capacity to re-book cancelled patients within 28 days.</p>	<ul style="list-style-type: none"> All non essential elective procedures are to be cancelled to ensure capacity remains as part of the national response to COVID-19 pandemic.
<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>36 patients were not offered a new day within 28 days in February.</p>		<p>Available capacity has been prioritized for clinically urgent, cancer and 52 week breach patients.</p> <p>As of 18th March all routine elective surgery this is not urgent or cancer will be cancelled due to COVID-19 and ensuring maximum capacity is kept available.</p>	

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions																																																																																																																																							
<p>Long Stay Patients (21+ days)</p>	<p>19/20 Target – 135</p>	<p>Long Stay Patients (21+ days)- starting 01/07/18</p> <table border="1"> <caption>Approximate data from the chart</caption> <thead> <tr> <th>Month</th> <th>Mean</th> <th>Special Cause</th> </tr> </thead> <tbody> <tr><td>Jul 18</td><td>170</td><td>None</td></tr> <tr><td>Aug 18</td><td>170</td><td>None</td></tr> <tr><td>Sep 18</td><td>180</td><td>None</td></tr> <tr><td>Oct 18</td><td>170</td><td>None</td></tr> <tr><td>Nov 18</td><td>170</td><td>None</td></tr> <tr><td>Dec 18</td><td>170</td><td>None</td></tr> <tr><td>Jan 19</td><td>170</td><td>None</td></tr> <tr><td>Feb 19</td><td>170</td><td>None</td></tr> <tr><td>Mar 19</td><td>170</td><td>None</td></tr> <tr><td>Apr 19</td><td>150</td><td>None</td></tr> <tr><td>May 19</td><td>170</td><td>None</td></tr> <tr><td>Jun 19</td><td>150</td><td>None</td></tr> <tr><td>Jul 19</td><td>170</td><td>None</td></tr> <tr><td>Aug 19</td><td>170</td><td>None</td></tr> <tr><td>Sep 19</td><td>170</td><td>None</td></tr> <tr><td>Oct 19</td><td>190</td><td>Special cause - improvement</td></tr> <tr><td>Nov 19</td><td>170</td><td>None</td></tr> <tr><td>Dec 19</td><td>170</td><td>None</td></tr> <tr><td>Jan 20</td><td>170</td><td>None</td></tr> <tr><td>Feb 20</td><td>170</td><td>None</td></tr> <tr><td>Mar 20</td><td>170</td><td>None</td></tr> <tr><td>Apr 20</td><td>170</td><td>None</td></tr> <tr><td>May 20</td><td>170</td><td>None</td></tr> <tr><td>Jun 20</td><td>170</td><td>None</td></tr> <tr><td>Jul 20</td><td>170</td><td>None</td></tr> <tr><td>Aug 20</td><td>170</td><td>None</td></tr> <tr><td>Sep 20</td><td>170</td><td>None</td></tr> <tr><td>Oct 20</td><td>170</td><td>None</td></tr> <tr><td>Nov 20</td><td>170</td><td>None</td></tr> <tr><td>Dec 20</td><td>170</td><td>None</td></tr> <tr><td>Jan 21</td><td>170</td><td>None</td></tr> <tr><td>Feb 21</td><td>170</td><td>None</td></tr> <tr><td>Mar 21</td><td>170</td><td>None</td></tr> <tr><td>Apr 21</td><td>170</td><td>None</td></tr> <tr><td>May 21</td><td>170</td><td>None</td></tr> <tr><td>Jun 21</td><td>170</td><td>None</td></tr> <tr><td>Jul 21</td><td>170</td><td>None</td></tr> <tr><td>Aug 21</td><td>170</td><td>None</td></tr> <tr><td>Sep 21</td><td>170</td><td>None</td></tr> <tr><td>Oct 21</td><td>170</td><td>None</td></tr> <tr><td>Nov 21</td><td>170</td><td>None</td></tr> <tr><td>Dec 21</td><td>170</td><td>None</td></tr> <tr><td>Jan 22</td><td>170</td><td>None</td></tr> <tr><td>Feb 22</td><td>185</td><td>Special cause - concern</td></tr> </tbody> </table>	Month	Mean	Special Cause	Jul 18	170	None	Aug 18	170	None	Sep 18	180	None	Oct 18	170	None	Nov 18	170	None	Dec 18	170	None	Jan 19	170	None	Feb 19	170	None	Mar 19	170	None	Apr 19	150	None	May 19	170	None	Jun 19	150	None	Jul 19	170	None	Aug 19	170	None	Sep 19	170	None	Oct 19	190	Special cause - improvement	Nov 19	170	None	Dec 19	170	None	Jan 20	170	None	Feb 20	170	None	Mar 20	170	None	Apr 20	170	None	May 20	170	None	Jun 20	170	None	Jul 20	170	None	Aug 20	170	None	Sep 20	170	None	Oct 20	170	None	Nov 20	170	None	Dec 20	170	None	Jan 21	170	None	Feb 21	170	None	Mar 21	170	None	Apr 21	170	None	May 21	170	None	Jun 21	170	None	Jul 21	170	None	Aug 21	170	None	Sep 21	170	None	Oct 21	170	None	Nov 21	170	None	Dec 21	170	None	Jan 22	170	None	Feb 22	185	Special cause - concern	<ul style="list-style-type: none"> UHL Long Stay Patients remain above target and above the mean with special cause concern seen. CHUGGs are above target but below their mean RRCV, ESM and MSS are above target and above their mean. Special cause concern has been see in RRCV 	<ul style="list-style-type: none"> Undertake deep dive to understand increase in RRCV.
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<p>Is the number of adult patients that have been in hospital for over 21 days.</p>	<p>At the end of February the number of long stay patients (21+ days) was 185.</p>																																																																																																																																										

Performance	Key Messages	Key Actions
<p>See Slide 54.</p>	<p>Summary In January UHL achieved 5 standards against the national targets and 5 standards against UHL’s trajectory (or where the national target was achieved). The 62 day standard and radiotherapy are our biggest challenges currently.</p> <p>Radiotherapy deteriorated to 65.9% and ranked 15/15 of our peer group and 55/142 for all Trusts. The Radiotherapy deterioration was due to one vacancy and a sickness in the breast radiotherapy team which has resulted in a backlog requiring planning and mark up within Oncology plus a backlog for LINAC. The CCG and NHSE/I have been briefed and informed of our recovery actions.</p> <p>31 day 1st and 62 day deteriorated and is likely to deteriorate in Feb and March as we have decreased the backlog which has resulted in more patients being treated in the breach category . This does enable us to go into April in a better position</p> <p>COVID-19 is impacting as some lists are being taken down as a result of staff isolation. As many appointments as possible have been moved to virtual and cancer continues to be prioritised</p>	<p>Radiotherapy recovery actions:</p> <ul style="list-style-type: none"> • Consent activity taken back by Clinical Oncologists • Permanent CT staff trained to undertake breast mark-up activity • Meetings cancelled • Development work put on hold • Request for volunteers to work additional overtime hours to clear the backlog (Only 2 members of the planning team have volunteered therefore this service cannot be provided.) • NGH are taking 3 patients a week from 9.3.20 to help decrease the backlog. • A meeting has been scheduled with the spire (North Nottingham) to see if they can support • One agency member of staff is available and we are trying to secure a second to enable a late shift to be provided. <p>62 day and 31 day actions:</p> <ul style="list-style-type: none"> • Upper GI task and finish group to implement latest national guidance. This will increase straight to test and faster reporting from endoscopy • Urology task and finish group to address administrative issues and delays to booking started 20.2.20 as a weekly meeting to ensure focus is provided on improving internal process issues. • Additional weekend admin is being provided for booking • Additional tracking support will be provided Daily top 10 patients requiring next steps is circulated and responses are required without exception to ensure the next step is booked / brought forward

Cancer performance January 2020

Standard	Target	Position	Pts treated within target	Pt treated outside target
2WW	93%	94.7%	2497	139
2WW Breast	93%	93.9%	293	19
31 Day 1 st Treatments	96%	89.8%	412	47
31 Day SUB Surgery	94%	70.6%	84	35
31 Day DRUGS	98%	100%	136	0
31 Day Radiotherapy	94%	65.9%	110	57
62 Day	85%	70.2%	157	66.5
62 Day Screening	90%	72.8%	29.5	11
28 Day FDS 2WW	75%	83.9%	1946	373
28 Day FDS Breast 2WW	75%	97.4%	304	8
28 Day FDS Screening	75%	66.7%	132	66

January APRM Review Ratings

CMG	Quality & Safety	Operational Performance	Finance & CIP	Workforce
CHUGGS	RI ↓	RI ↔	RI ↔	RI ↔
CSI	G ↑	RI ↓	RI ↑	RI ↔
ESM*	G ↔	RI ↔	O ↔	RI ↓
ITAPS	O ↔	RI ↓	I ↔	G ↓
MSS	G ↔	RI ↑	RI ↔	G ↔
RRCV	G ↔	G ↔	G ↔	G ↓
W&C	G ↔	RI ↓	RI ↔	RI ↓

January information for ESM is not currently available, December RAG ratings are shown.

RAG	Assurance Rating	CMG Assurance to the Executive Team
O	OUTSTANDING	Sustained delivery of all KPI metrics. Robust control & proactive positive assurance processes in place.
G	GOOD	Evidence of sustained delivery of the majority of KPIs. Robust control & proactive positive assurance processes in place. Strong corrective actions in place to address areas of underperformance.
RI	REQUIRES IMPROVEMENT	Most KPIs delivered but delivery inconsistent/not sustained. Corrective actions in place to address areas of underperformance but too early to determine recovery.
I	INADEQUATE	Consistent under delivery. Weak corrective actions or assurance provided.

Trend	Trend Definition
↑	Improved from last review
↓	Deteriorated from last review
↔	Consistent/remains unchanged from last review

RAG ratings with asterisks * indicates improvement from previous month