Quality and Performance Report

Executive Summary from Acting CEO

Purpose of report:

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

Previous consideration:

Meeting	Date	Please clarify the purpose of the paper to that meeting using the categories above
CMG Board (specify which CMG)		
Executive Board	21/07/20	Discussion and Assurance
Trust Board Committee	30/07/20	Discussion and Assurance
Trust Board		

Context

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

Question

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

Conclusion

Good News:
- **Mortality** – the latest published SHMI (period April 2019 to March 2020) is 96, and remains within the expected range.

- **CAS alerts** - compliant.
- **C DIFF** – 7 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 89.3% reported in June.
- **TIA (high risk patients)** – 92.1% reported in July.
- **Ambulance Handover 60+ minutes (CAD)** – performance at 0.7%.
- **12 hour trolley wait -** 0 breaches reported.
- **Cancelled operations OTD** – 0.5% reported in July.
- **Cancer Two Week Wait (Symptomatic Breast)** was 96.3% in June against a target of 93%.

<u>Bad News</u>:
- **UHL ED 4 hour performance** – 79.0% for July, system performance (including LLR UCCs) for July is 85.6%.
- **Cancer Two Week Wait** was 92.1% in June against a target of 93%.
- **Cancer 31 day treatment** was 89.7% in June against a target of 96%.
- **Cancer 62 day treatment** was 70.6% in June against a target of 85%.
- **Referral to treatment** – the number on the waiting list (now the primary performance measure) was above the target and 18 week performance was below the NHS Constitution standard at 51.5% at the end of June.
- **52+ weeks wait –** 1,495 breaches reported in June.
- **Diagnostic 6 week wait** was 32.5% against a target of 1%.
- **Patients not rebooked within 28 days following late cancellation of surgery –**8.
- **Annual Appraisal** is at 74.4%.

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: 24th September 2020

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

Quality and Performance Report

July 2020
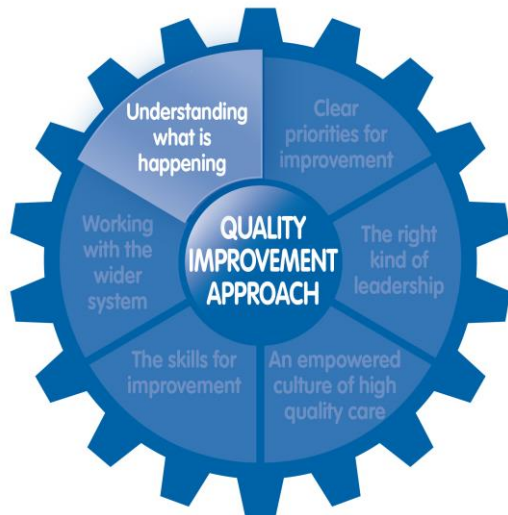
Operational Delivery Unit

One team shared values

CONTENTS

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: PEOPLE, PROCESS AND PERFORMANCE COMMITTEE/QUALITY AND OUTCOMES COMMITTEE
DATE: 27th AUGUST 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: JULY 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
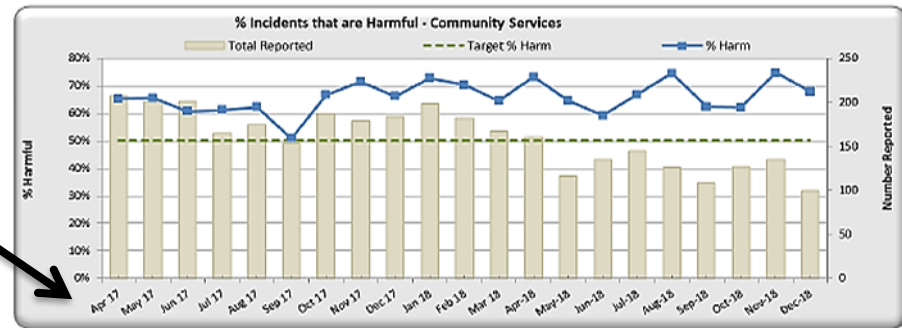
Highlighting special cause and its nature

Caring at its best
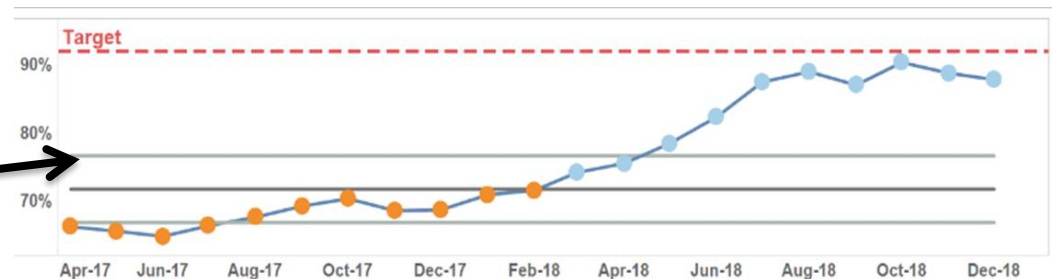
Key elements of a SPC dashboard

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

Special Cause Concern High Low	Special Cause Note/Investigate High Low	Common Cause

Assurance

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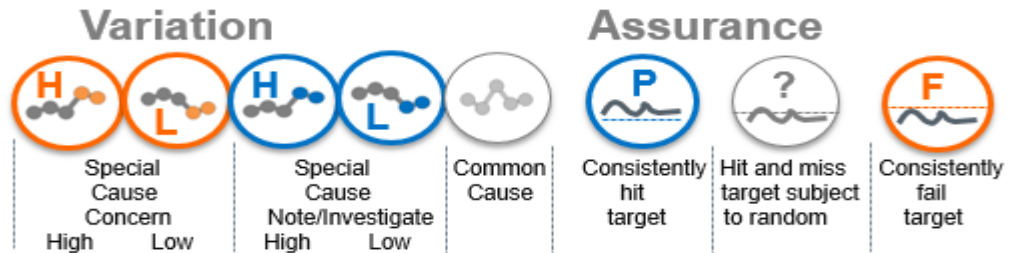
	Jun-18	Target	Variation	Target Capability	Comment
Staff Sickness absence	4.4%	3.5%		F	Shift change in August 2017 showing increase in sickness - staff survey review indicated.....

One team shared values

Performance Overview

University Hospitals of Leicester NHS

NHS Trust

Caring at its best

Domain	KPI	Target	May-20	Jun-20	Jul-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Safe	Never events	0	0	1	0	2				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	21.2%	20.5%	20.2%	19.8%				Feb-20
	Clostridium Difficile	108	4	4	7	25				Nov-17
	MRSA Total	0	0	0	0	0				Nov-17
	E. Coli Bacteraemias Acute	No Target	6	13	12	32				Jun-18
	MSSA Acute	No Target	1	1	5	8				Nov-17

One team shared values

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University Hospitals of Leicester **NHS**

NHS Trust

Caring at its best

Domain	KPI	Target	May-20	Jun-20	Jul-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Safe	COVID-19 Community Acquired <= 2 days after admission	No Target	62.4%	77.8%	93.5%	78.7%				TBC
	COVID-19 Hospital-onset, indeterminate, 3-7 days after admission	No Target	11.6%	10.2%	3.2%	8.6%				TBC
	COVID-19 Hospital-onset, probable, 8-14 days after admission	No Target	16.9%	7.4%	2.2%	7.5%				TBC
	COVID-19 Hospital-onset, healthcare-acquired, 15 or more days after admission	No Target	9.0%	4.6%	1.1%	5.2%				TBC
	All falls reported per 1000 bed stays	5.5	5.5	3.8		4.9				Jun-18
	Rate of Moderate harm and above Falls PSIs with finally approved status per 1,000 bed days	No Target	0.08	0.08		0.09				TBC

Domain	KPI	Target	May-20	Jun-20	Jul-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	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							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	May-20	Jun-20	Jul-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%	7.6%	7.9%	7.9%	P	L		Nov-19
	Sickness Absense	3%	8.8%	6.9%		8.9%	F	H		Oct-16
	% of Staff with Annual Appraisal	95%	83.4%	74.1%	74.4%	74.4%	F	L		Dec-16
	Statutory and Mandatory Training	95%	96%	96%	96%	96%	?			Feb-20
	Nursing Vacancies	No Target	10.0%	10.1%		10.1%		L		Dec-19

Domain	KPI	Target	May-20	Jun-20	Jul-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Effective	**Mortality Published SHMI**	99	95	95	96	96 (Apr 19 to Mar 20)				Sep-16
	Mortality 12 months HSMR	99	93	93	95	95 (Apr 19 to Mar 20				Sep-16
	Crude Mortality Rate	No Target	2.3%	1.6%	1.3%	2.1%		⦿	~	Sep-16
	Emergency Readmissions within 30 Days	8.5%	10.2%	9.8%		10.1%	?	⦿	~	Jun-17
	Emergency Readmissions within 48 hours	No Target	1.2%	1.1%		1.2%		⦿	~	Jun-17
	No of #neck of femurs operated on 0-35hrs	72%	32.1%	86.1%	81.9%	70.3%	?	⦿	~	Jul-17
	Stroke - 90% Stay on a Stroke Unit	80%	91.5%	89.3%		87.1%	?	⦿	~	Apr-18
	Stroke TIA Clinic Within 24hrs	60%	63.8%	45.5%	92.1%	69.0%	?	⦿	~	Apr-18

Domain	KPI	Target	May-20	Jun-20	Jul-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Responsive	ED 4 hour waits UHL	95%	82.7%	78.2%	79.0%	81.1%				Sep-18
	ED 4 hour waits Acute Footprint	95%	87.5%	84.5%	85.6%	86.6%				Aug-17
	12 hour trolley waits in A&E	0	0	0	0	0				Mar-19
	Ambulance handover >60mins	0.0%	0.5%	0.4%	0.7%	0.6%				TBC
	RTT Incompletes	92%	60.8%	51.5%	44.4%	44.4%				Nov-19
	RTT Waiting 52+ Weeks	0	778	1495	2359	2359				Nov-19
	Total Number of Incompletes	66,397 (by year end)	64,959	66,082	67,854	67,854				Nov-19

Performance Overview

Caring at its best

Domain	KPI	Target	May-20	Jun-20	Jul-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Responsive	6 Week Diagnostic Test Waiting Times	1.0%	20.7%	24.4%	32.5%	32.5%	?	H		Nov-19
	Cancelled Patients not offered <28 Days	0	7	7	8	107	?			Nov-19
	% Operations Cancelled OTD	1.0%	0.7%	0.5%	0.5%	0.7%	?			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)	70	103	122	117	117	F			TBC
	Inpatient Average LOS	No Target	3.3	3.8	3.6	3.8				TBC
	Emergency Average LOS	No Target	4.5	4.8	4.7	4.8				TBC
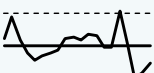
Domain	KPI	Target	Apr-20	May-20	Jun-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Responsive - Cancer	2WW	93%	86.4%	86.9%	92.1%	88.8%	?			Dec-19
	2WW Breast	93%	90.0%	95.5%	96.3%	95.7%	?			Dec-19
	31 Day	96%	94.7%	89.3%	89.7%	91.1%	?			Dec-19
	31 Day Drugs	98%	100%	100%	98.9%	100%	P			Dec-19
	31 Day Sub Surgery	94%	71.9%	83.2%	70.5%	75.9%	?			Dec-19
	31 Day Radiotherapy	94%	57.7%	90.4%	94.4%	81.4%	?			Dec-19
	Cancer 62 Day	85%	64.1%	56.1%	70.6%	64.6%	F			Dec-19
	Cancer 62 Day Consultant Screening	90%	95.7%	25.0%	0.0%	39.0%	?	L		Dec-19

Domain	KPI	Target	May-20	Jun-20	Jul-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Outpatient Transformation	% DNA rate	No Target	5.7%	5.9%	6.2%	6.2%				Feb-20
	% Virtual clinic appointments	No Target	9.5%	7.6%	7.8%	8.7%				Feb-20
	% 7 day turnaround of OP clinic letters	90%	92.5%	94.3%	89.7%	91.7%				Feb-20

Safe

Metric	Jul 20	YTD	Target
Never Events	0	2	0

3 never events in the last 12 months.

Never Events- starting 01/12/18

Metric	Jul 20	YTD	Target
Overdue CAS alerts	0	0	0

No overdue CAS alerts since June 2019.

Overdue CAS alerts- starting 01/12/18

University Hospitals of Leicester **NHS**

NHS Trust
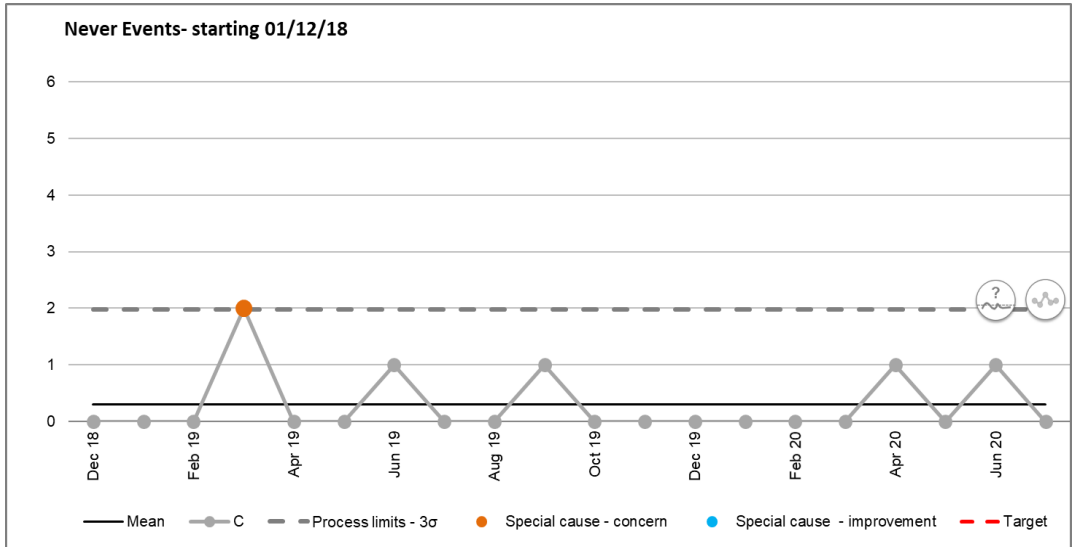
Metric	Feb 20	YTD	Target
VTE Risk Assessment	**98.4%**	**98.1%**	**95%**

This metric has been paused until further notice.

VTE Risk Assessment- starting 01/07/18
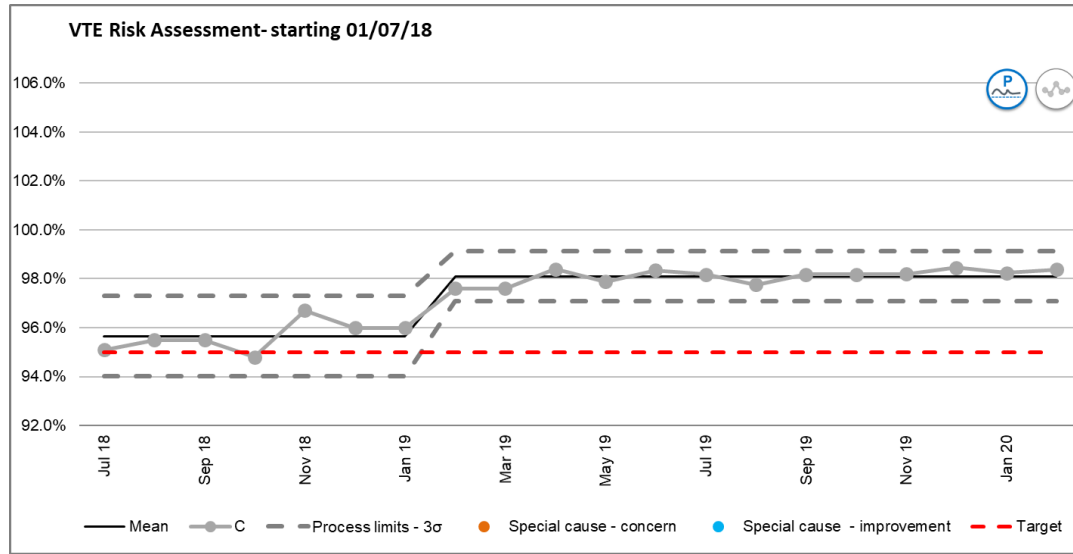
Metric	Jul 20	YTD	Target
% Emergency C-Sections	**20.2%**	**19.8%**	**No National Target**

Common cause variation.

Emergency C-Sections- starting 01/12/18

Safe
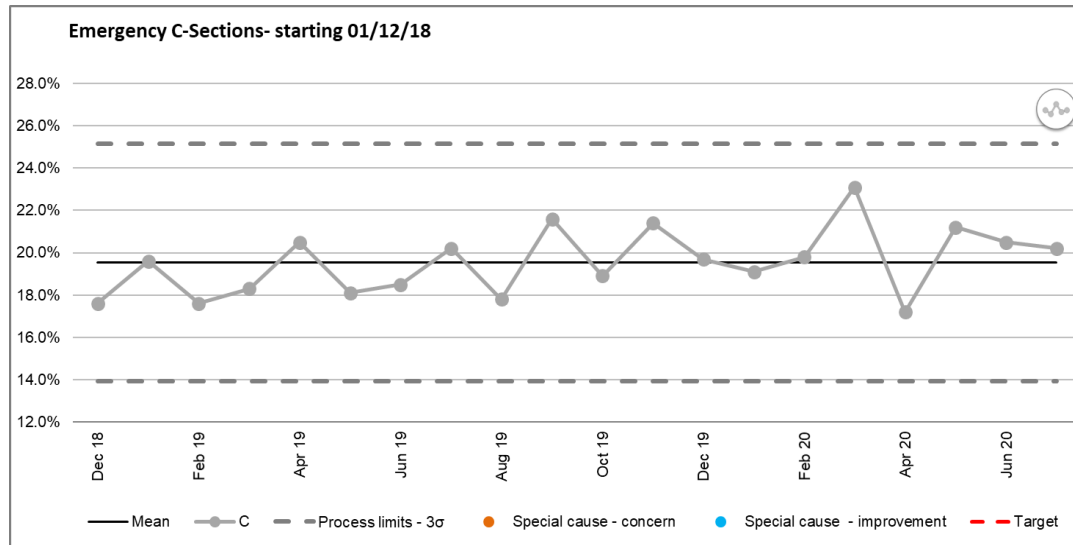
Metric	Jul 20	YTD	Target
Clostridium Difficile	**7**	**25**	**108**

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

Clostridium Difficile- starting 01/12/18
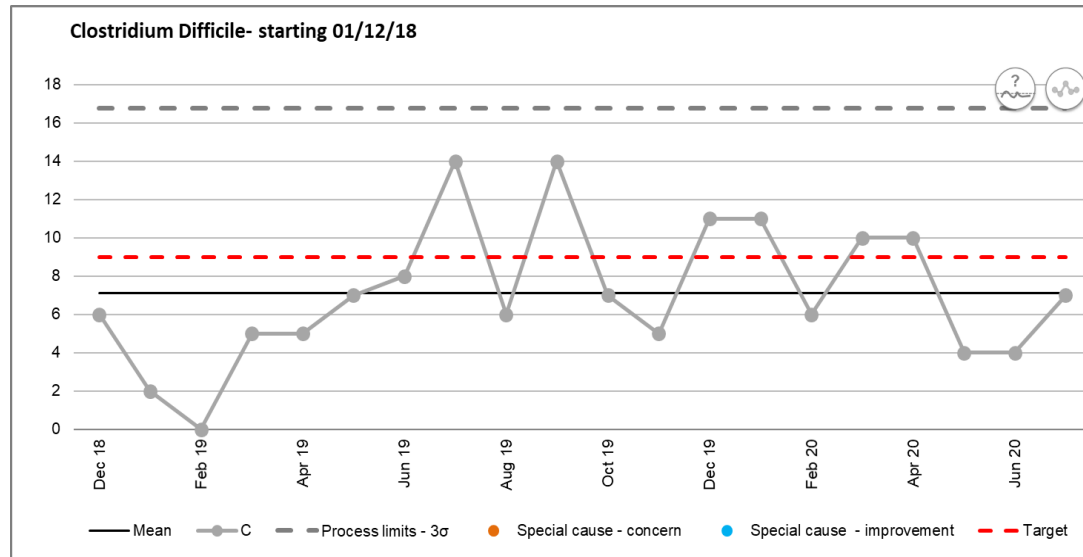
Metric	Jul 20	YTD	Target
MRSA Total	**0**	**0**	**0**

No assurance if target will be achieved next month.

MRSA Total- starting 01/12/18

Safe
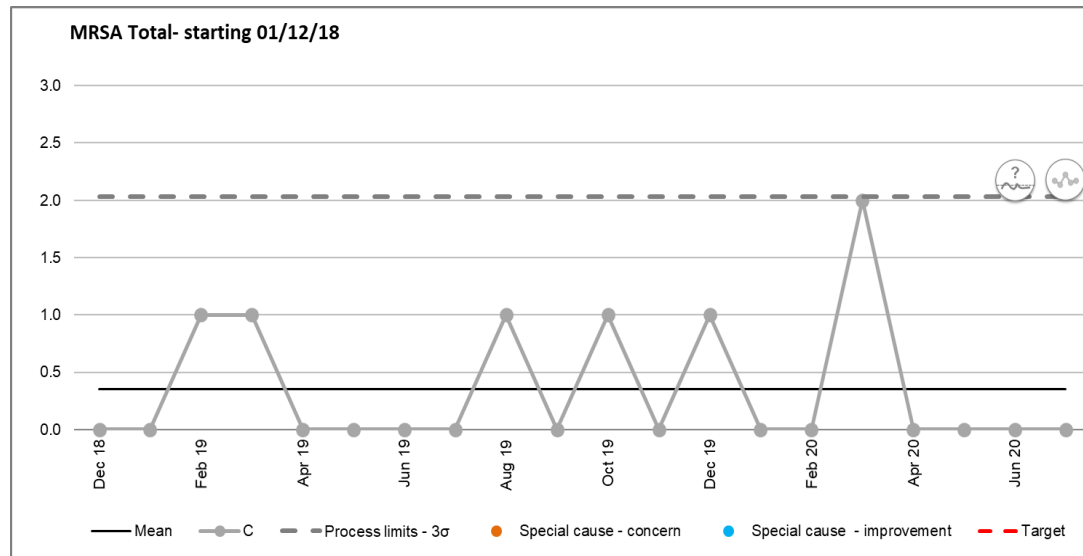
Metric	Jul 20	YTD	Target
E. Coli Bacteraemias - Acute	12	32	No National Target
No significant variation.			

E. Coli Bacteraemias - Acute- starting 01/12/18
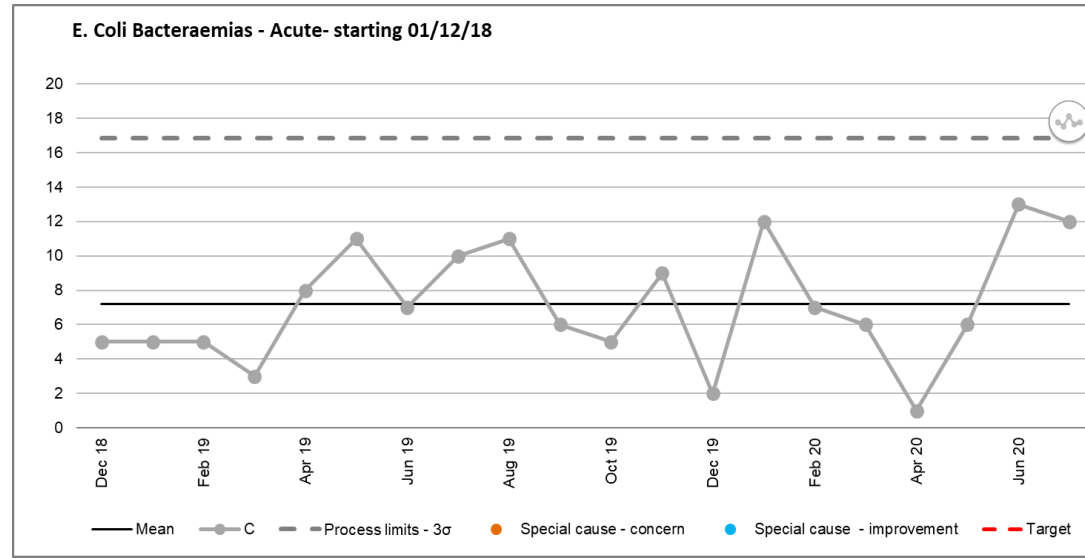
Metric	Jul 20	YTD	Target
MSSA - Acute	5	8	No National Target
Normal variation.			

MSSA - Acute- starting 01/12/18

Safe

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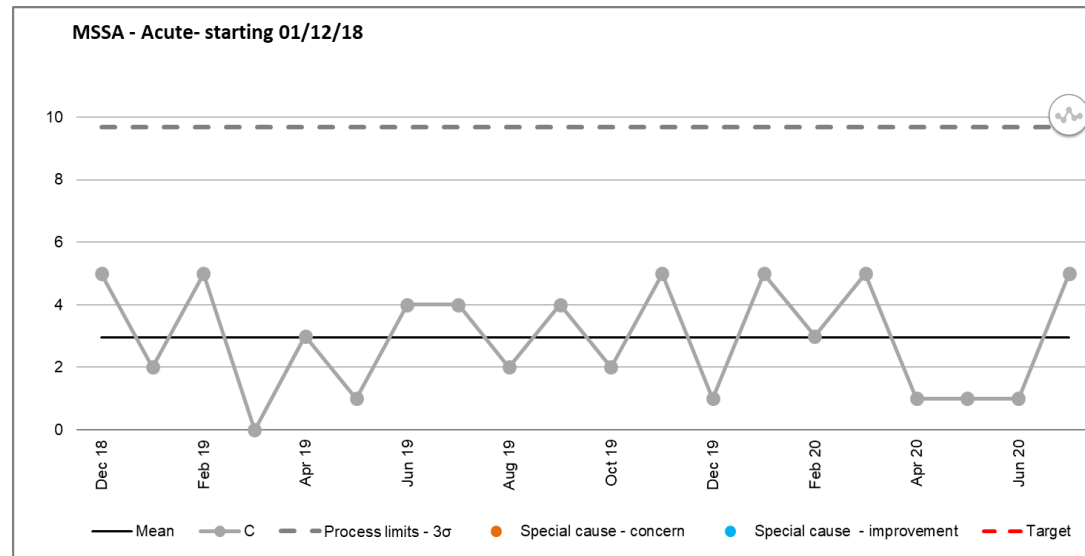
NHSI COVID-19 Onset Category	Mar-20		Apr-20		May-20		Jun-20		Jul-20	
	Patients	%	Patients	%	Patients	%	Patients	%	Patients	%
Community Acquired <= 2 days after admission	218	87.6%	619	82.4%	236	62.4%	168	77.8%	87	93.5%
Hospital-onset, indeterminate, 3-7 days after admission	16	6.4%	60	8.0%	44	11.6%	22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

COVID-19 Hospital Onset

Safe

University Hospitals of Leicester
NHS Trust
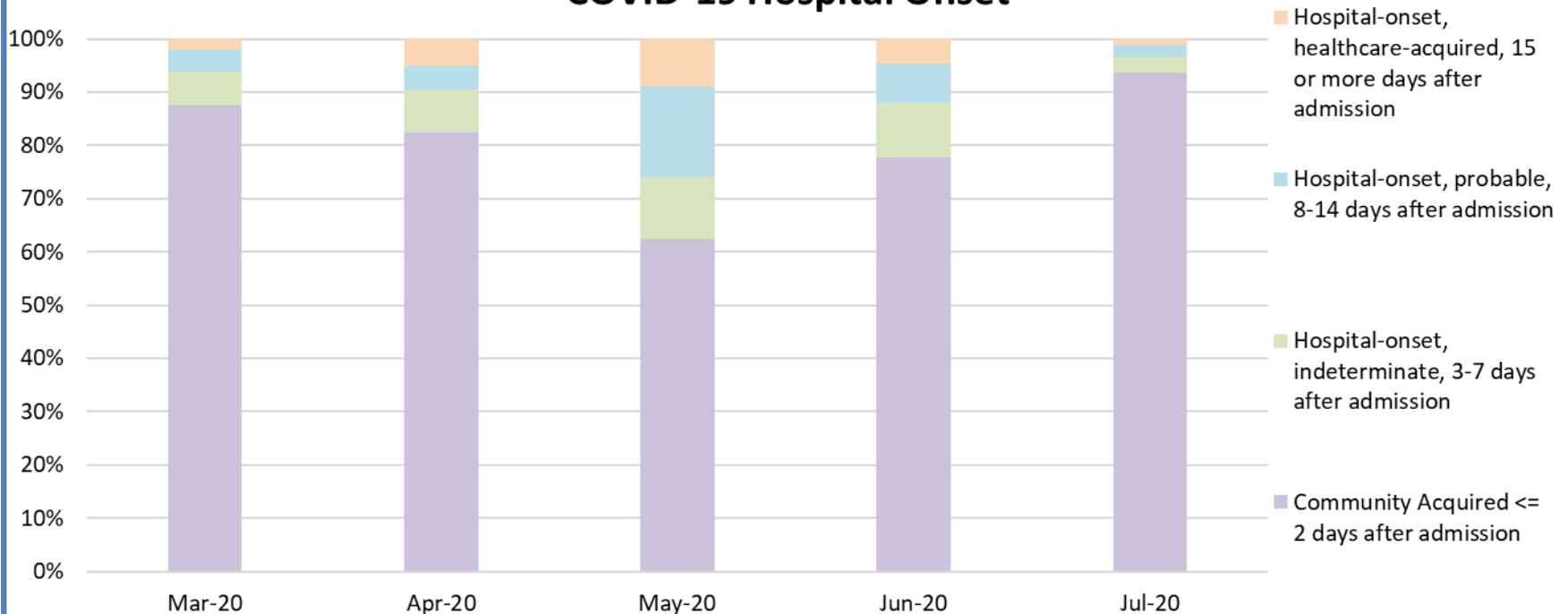
| Metric	Jun 20	YTD	Target
All falls reported per 1000 bed stays for patients	**3.8**	**4.9**	**5.5**

Common cause variation, no assurance that the target will be delivered next month.

All falls reported per 1000 bed stays for patients reported 1 month in arrears (>65 years only before 19/20)- starting 01/11/18

Legend: Mean — C — Process limits - 3σ — Special cause - concern ● Special cause - improvement ● Target ---
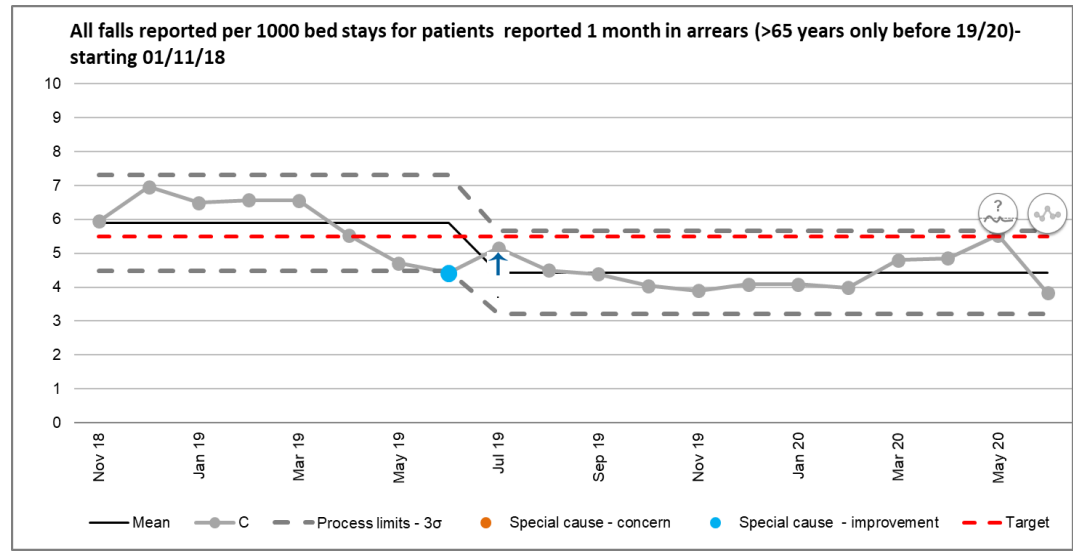
Metric	Jun 20	YTD	Target
Rate of Moderate harm and above Falls PSIs with finally approved status per 1,000 bed days	**0.08**	**0.09**	**No National Target**

No significant variation.

Rate of Moderate harm and above Falls PSIs with finally approved status per 1,000 bed days- starting 01/11/18

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

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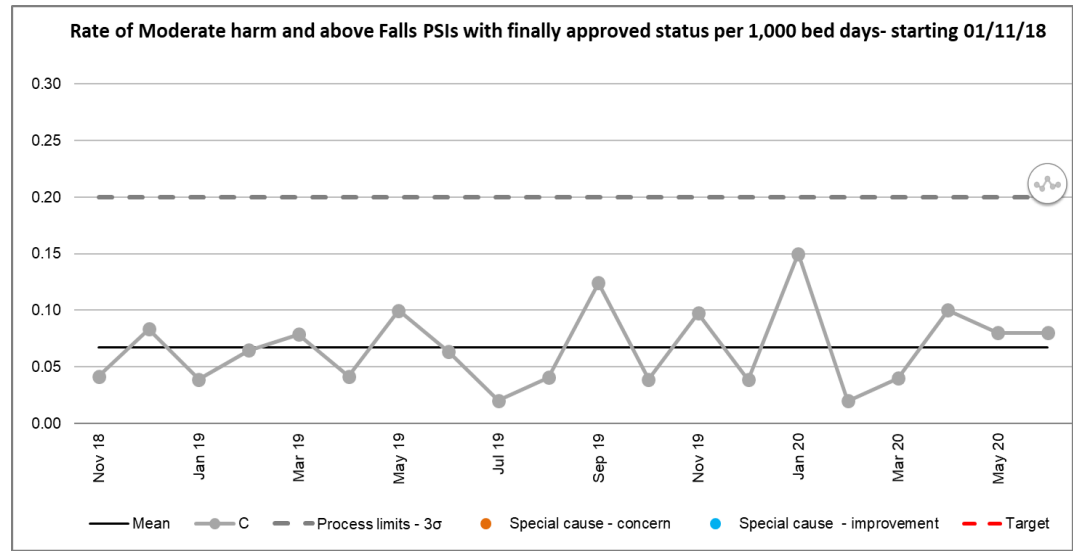
Metric	Q3 19/20	YTD	Target
% of staff who would recommend the trust as place to receive treatment	**67%**	**73%**	**No National Target**
This metric has been paused until further notice.			

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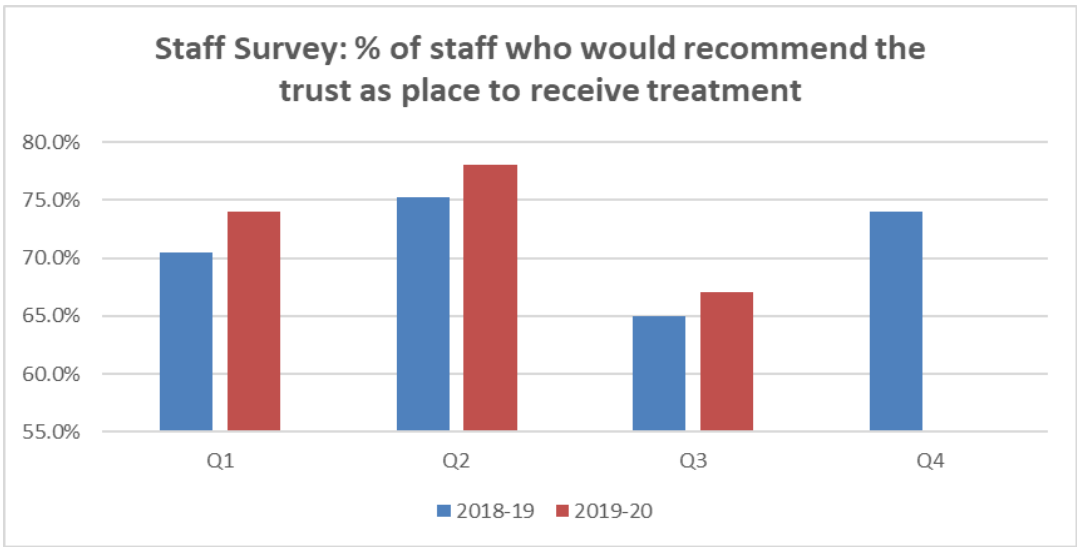
Metric	Mar 20	YTD	Target
Single Sex Breaches	**1**	**14**	**0**
This metric has been paused until further notice.			

Single Sex Breaches- starting 01/08/18

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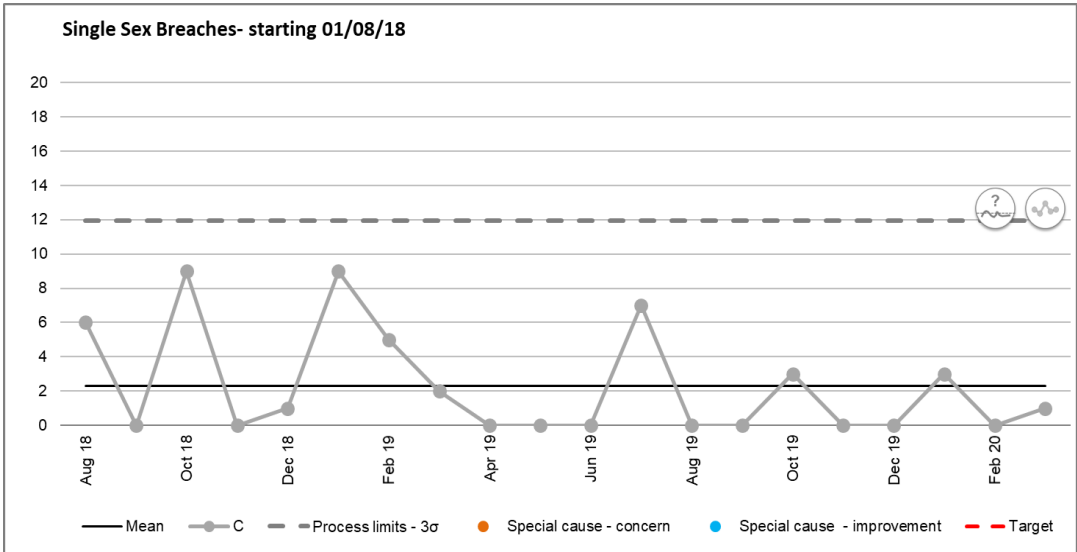
Metric	Feb 20	YTD	Target
Inpatient and Day case F&F Test % Positive	**97%**	**97%**	**96%**

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
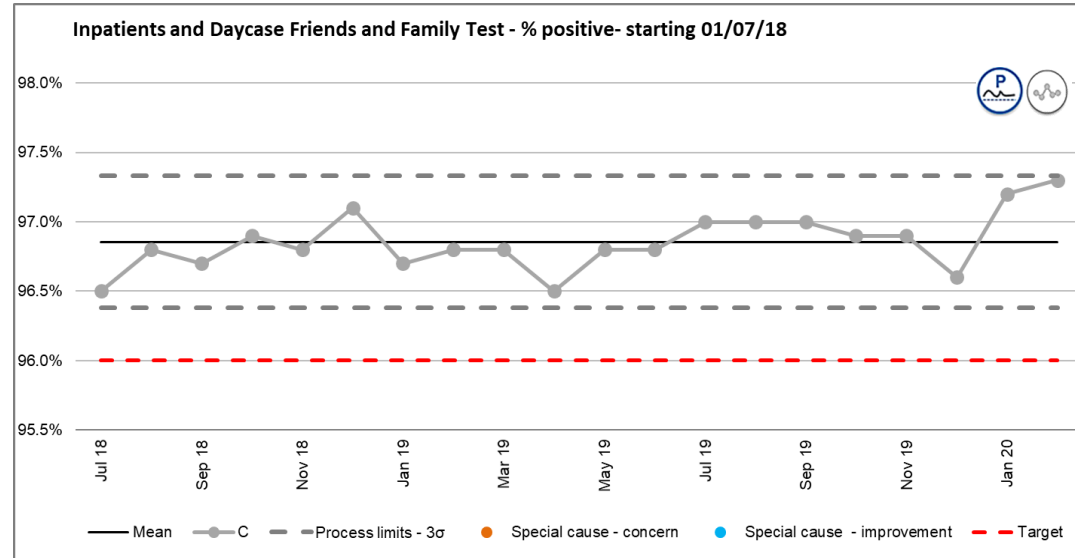
Metric	Feb 20	YTD	Target
A&E F&F Test % Positive	**95%**	**94%**	**94%**

This metric has been paused until further notice.

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

Caring
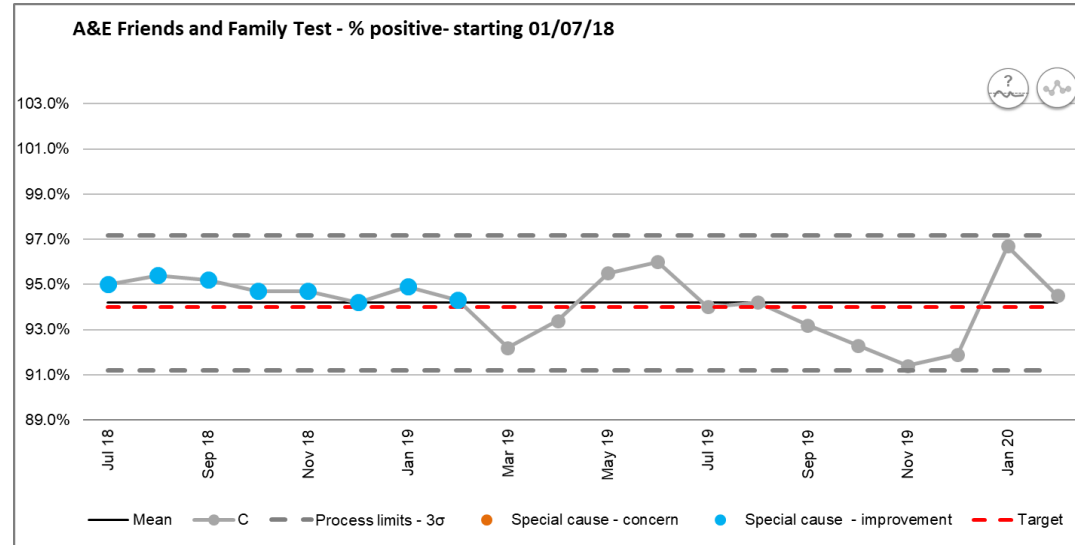
Metric	Feb 20	YTD	Target
Maternity F&F Test % Positive	**94%**	**94%**	**96%**

This metric has been paused until further notice.

Maternity Friends and Family Test - % positive- starting 01/07/18
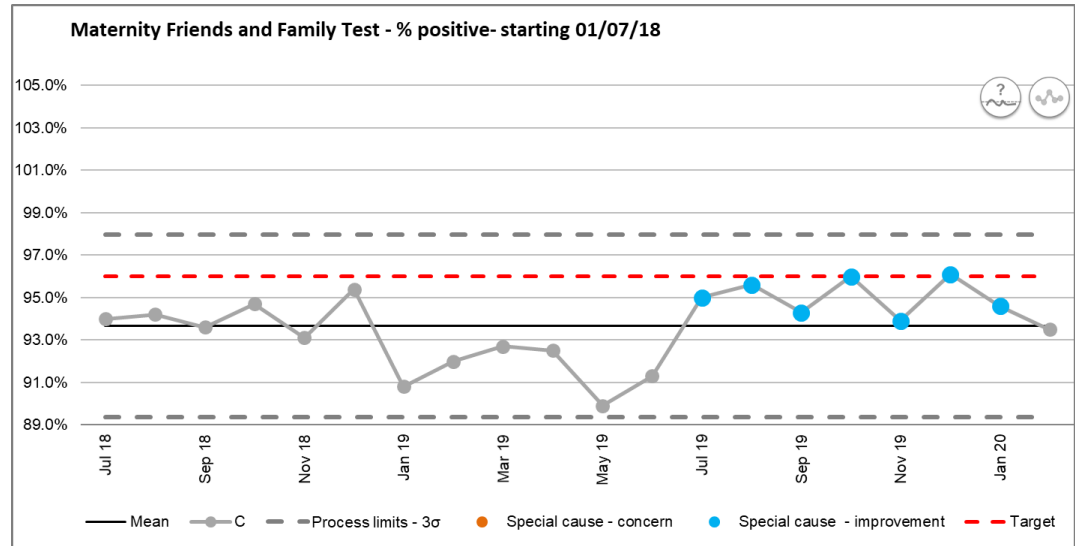
Metric	Feb 20	YTD	Target
Outpatients Friends and Family Test - % positive	**96%**	**95%**	**94%**

This metric has been paused until further notice.

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

Caring
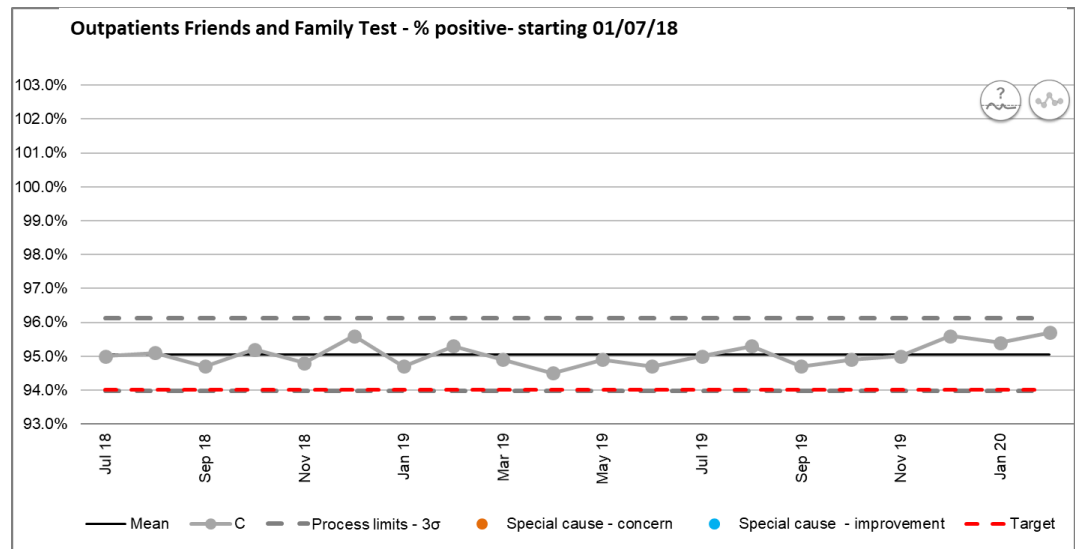
Metric	Q3 19/20	YTD	Target
Complaints per 1,000 staff (WTE)	**50.1**	**49.7**	**No National Target**

This metric has been paused until further notice.

Complaints per 1,000 staff (WTE)

Legend: 2018-19, 2019-20

Well Led
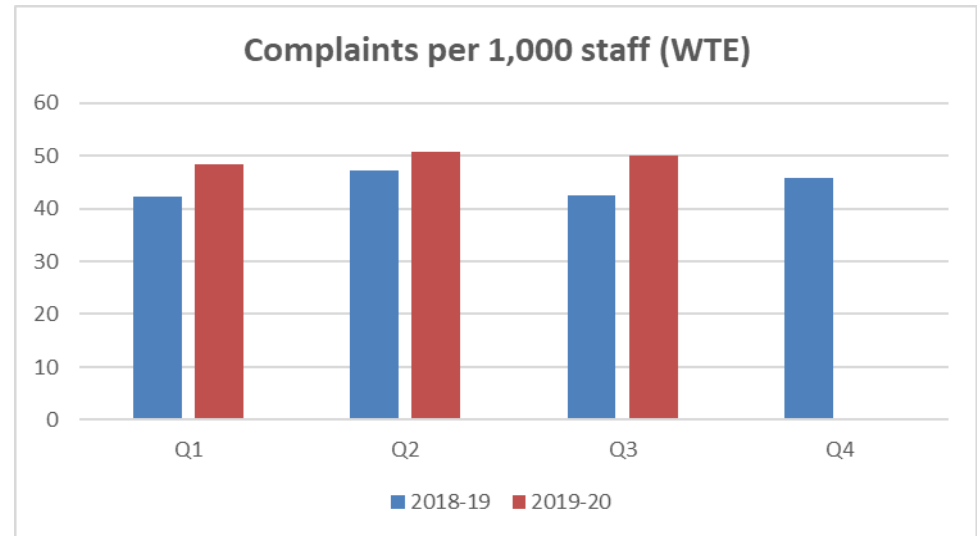
| Metric	Q3 19/20	YTD	Target
Staff Survey % Recommend as Place to Work	62%	61%	Not within Lowest Decile

This metric has been paused until further notice.

Staff Survey: % of staff who would recommend the trust as place to work
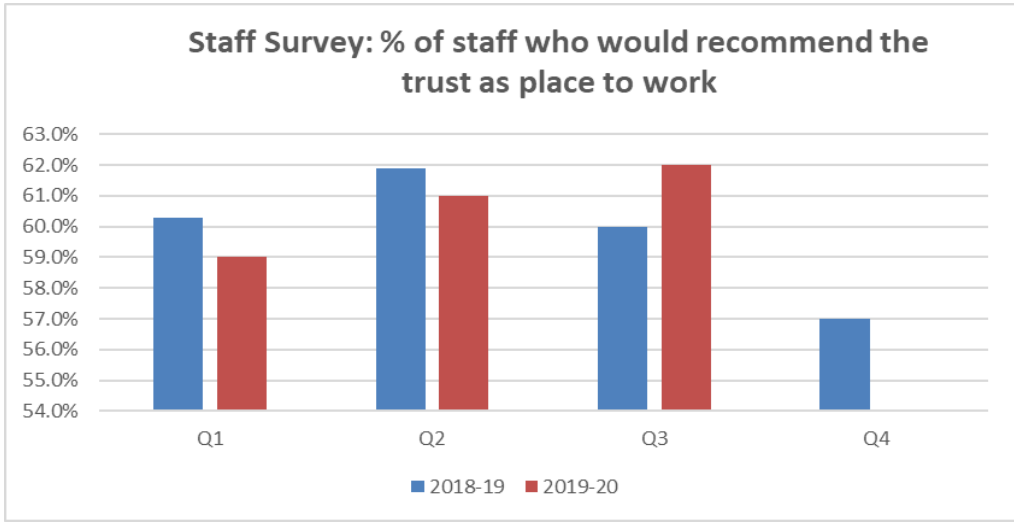
Metric	Jul 20	YTD	Target
Turnover Rate	7.9%	7.9%	10%

Turnover rate has decreased significantly due to COVID-19, very likely to achieve target.

Turnover Rate- starting 01/12/18

Well Led

University Hospitals of Leicester
NHS Trust
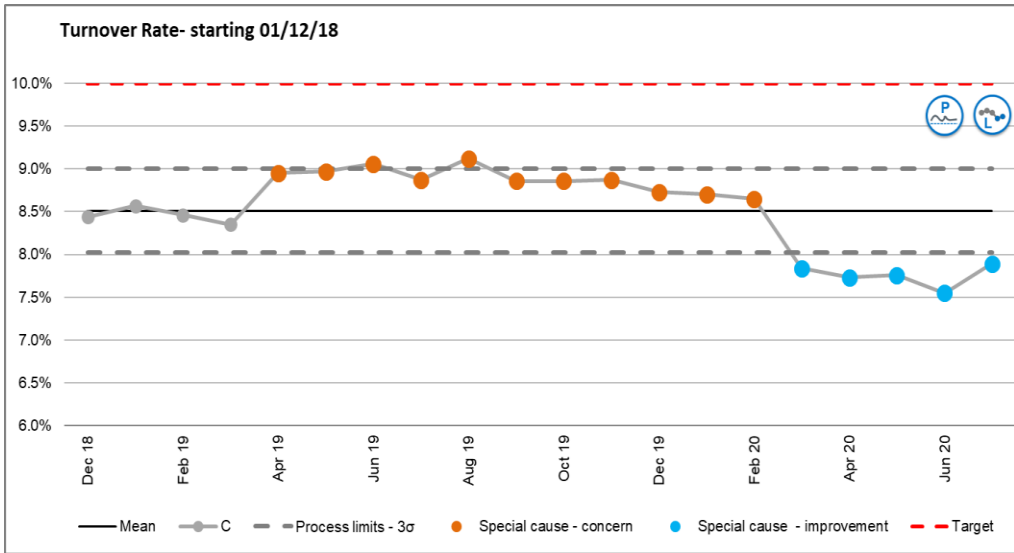
| Metric	Jun 20	YTD	Target
Sickness absence	**6.9%**	**8.9%**	**3%**
Significant variation, the last 4 months are above the upper control limit due to COVID-19. The target will most likely not be achieved next month.			

Sickness Rate- starting 01/11/18

Legend: Mean — C — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target
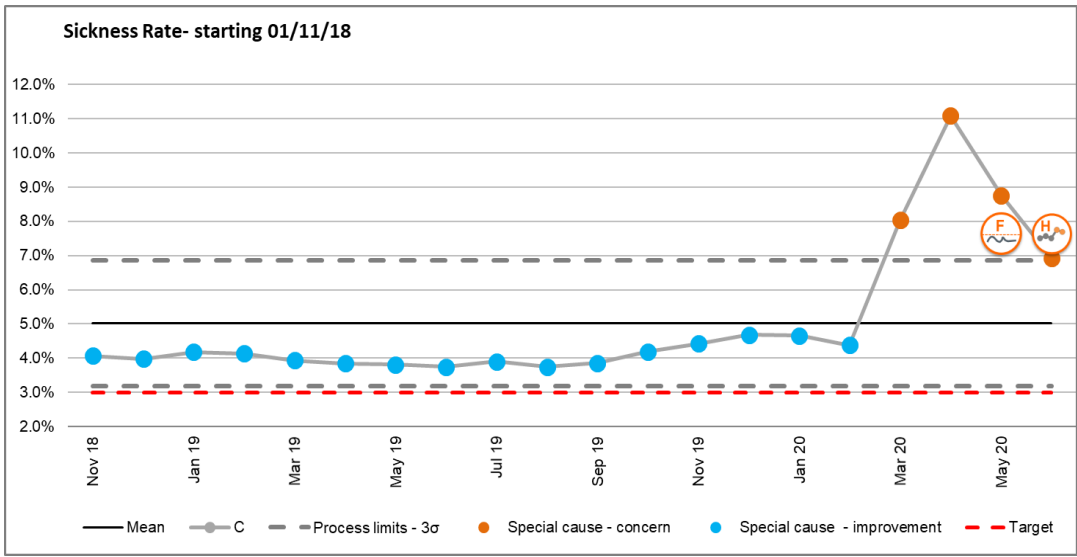
| Metric	Jul 20	YTD	Target
% of Staff with Annual Appraisal	**74.4%**	**74.4%**	**95%**
This metric has deteriorated significantly in the past 4 months due to COVID-19. Very unlikely to achieve target.			

Annual Appraisal- starting 01/12/18

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

Well Led

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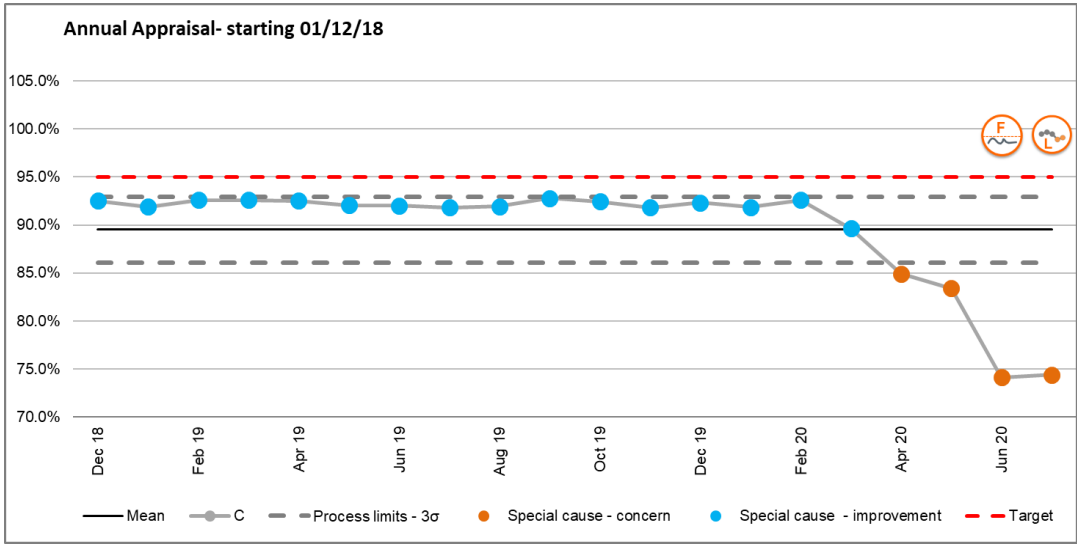
Metric	Jul 20	YTD	Target
Statutory and Mandatory Training	**96%**	**96%**	**95%**

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

Statutory and Mandatory Training- starting 01/12/18

Mean — C — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target
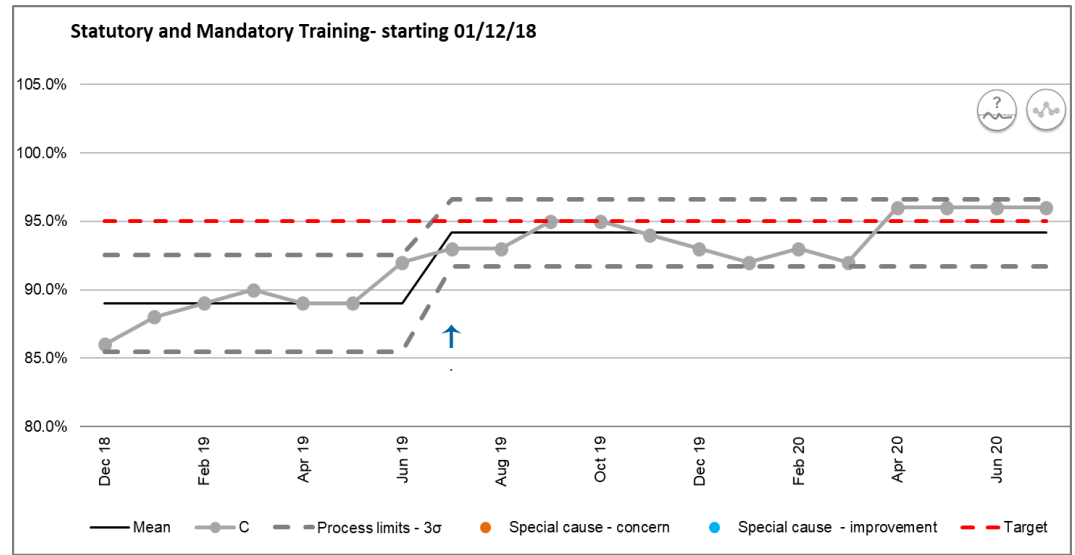
Metric	Jun 20	YTD	Target
Nursing Vacancies	**10.1%**	**10.1%**	**No National Target**

Performance has improved in recent months.

Nursing Vacancies- starting 01/11/18

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

Effective
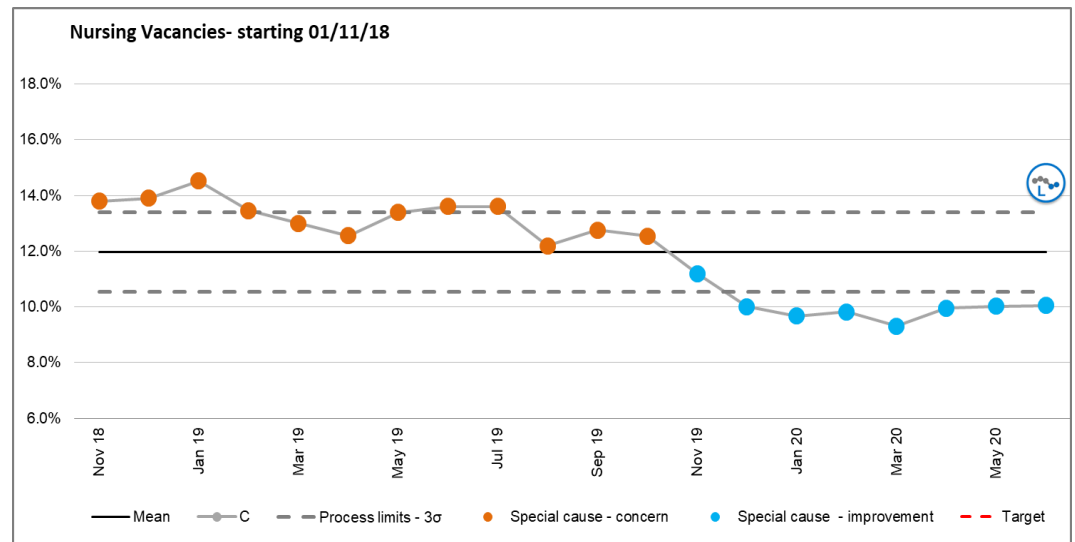
| Metric	Apr 19 – Mar 20	Target
Mortality – Published Monthly SHMI	**96**	**100**

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
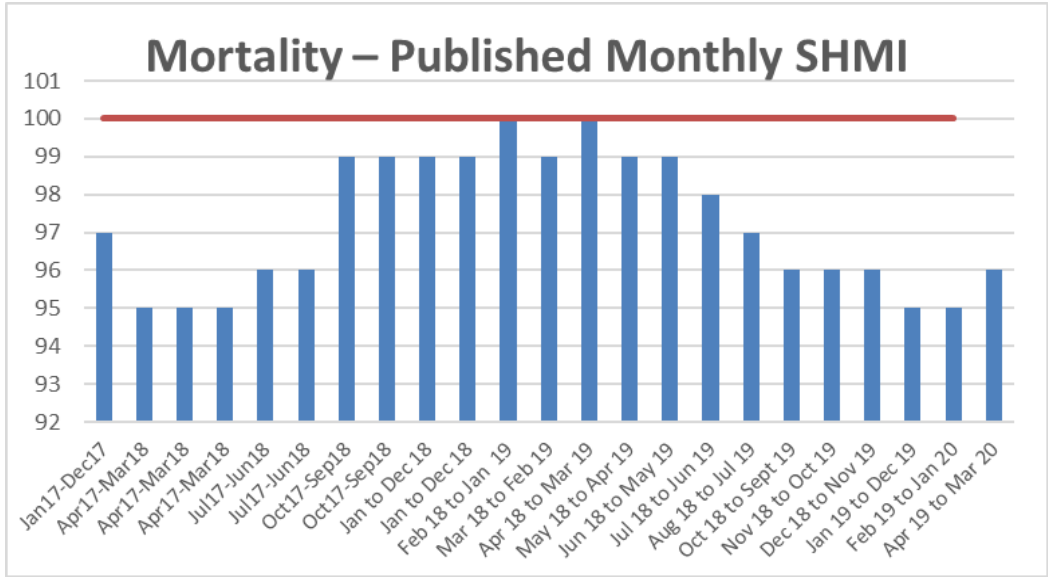
Metric	Apr 19 – Mar 20	Target
Mortality - Rolling 12 mths HSMR as reported in Dr. Foster)	**95**	**100**

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
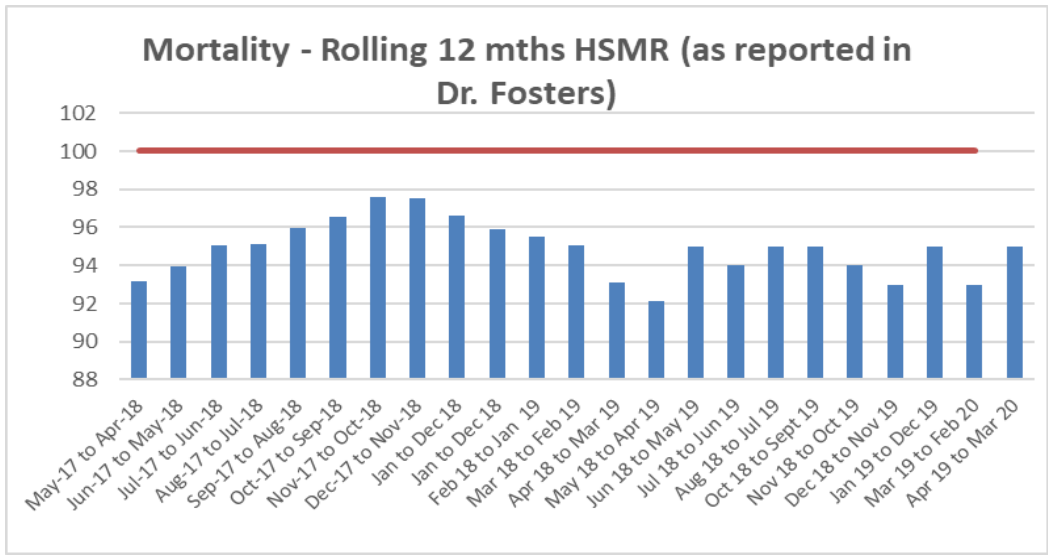
Metric	Jul 20	YTD	Target
Crude Mortality	**1.3%**	**2.1%**	**No National Target**

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

Mortality Rate- starting 01/12/18
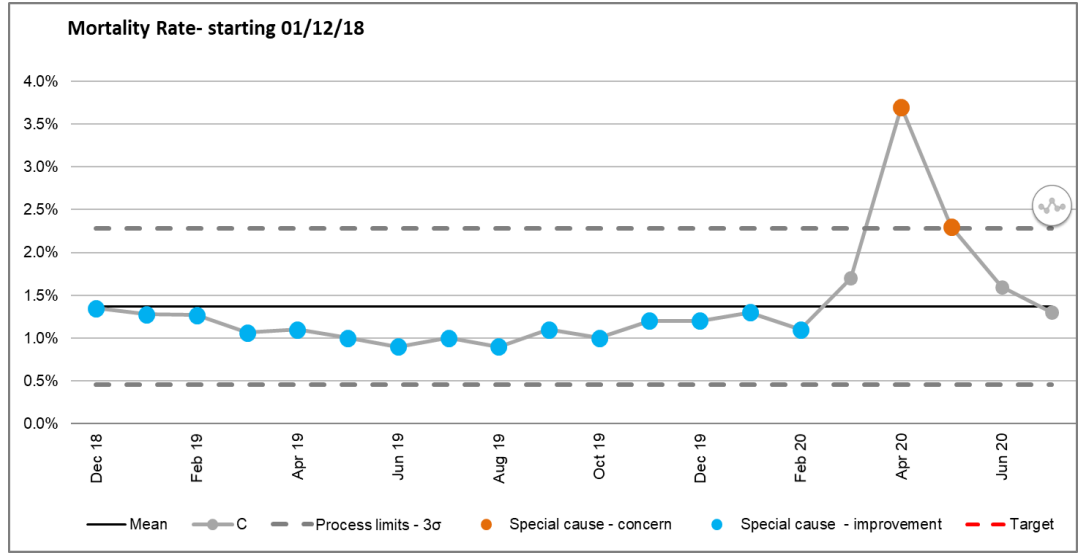
Metric	Jun 20	YTD	Target
Emergency readmissions within 30 days	**9.8%**	**10.1%**	**8.5%**

Special cause concern in April and May due to COVID-19.

Readmission Rate within 30 Days- starting 01/11/18

Effective
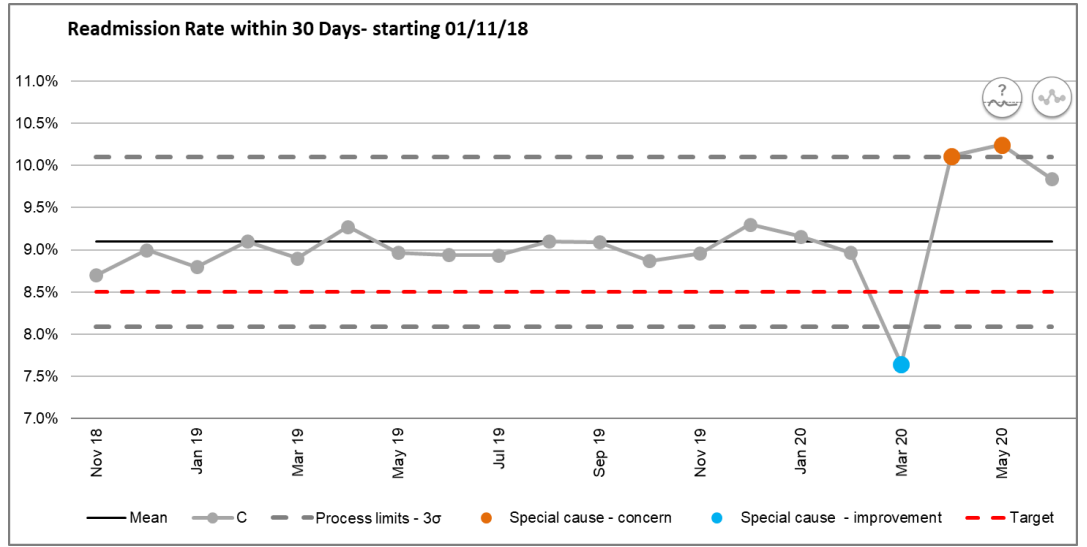
Metric	Jun 20	YTD	Target
Emergency readmissions within 48 hrs	**1.1%**	**1.2%**	**No National Target**
No significant variation.			

Readmission Rate within 48 Hours- starting 01/11/18
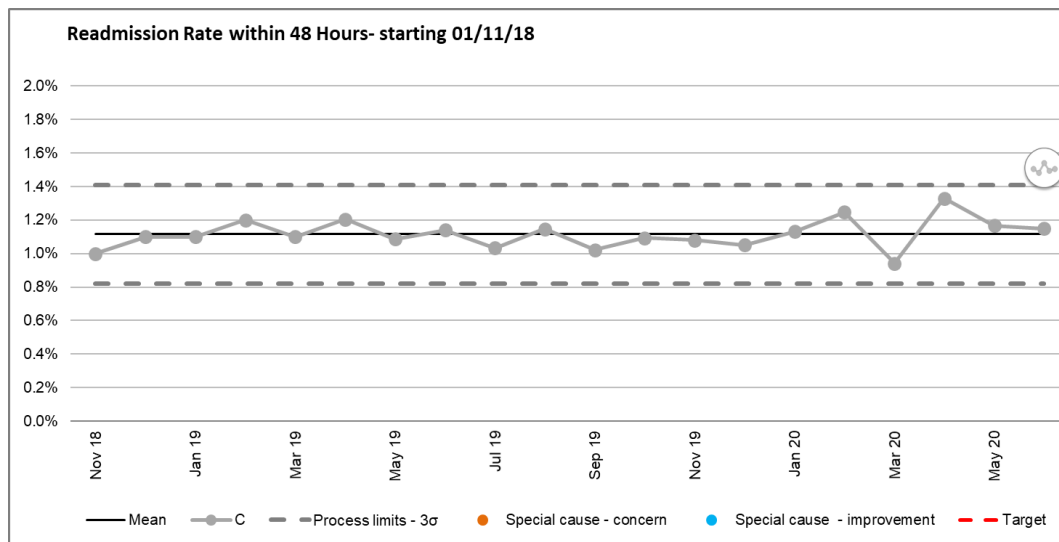
Metric	Jul 20	YTD	Target
% Neck of femurs operated on under 36 hrs Based on Admissions	**81.9%**	**70.3%**	**72%**
Performance deteriorated significantly in April and May due to COVID-19. No assurance that target will be delivered next month.			

**No. of # Neck of femurs operated on 0-35 hrs- starting 01/12/18**

Effective
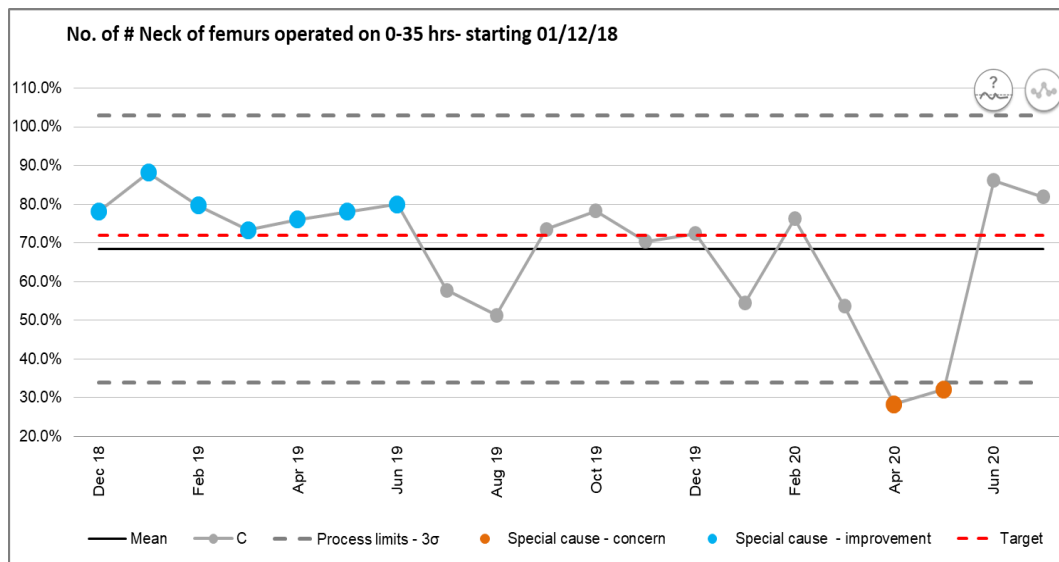
Metric	Jun 20	YTD	Target
Stroke - 90% of Stay on a Stroke Unit	**89.3%**	**87.1%**	**80%**
Common cause variation, consistently achieving target.			

Stroke - 90% of Stay on a Stroke Unit- starting 01/11/18

Legend: — Mean — Metric - - Process limits - 3σ ● Special cause - concern ● Special cause - improvement - - Target
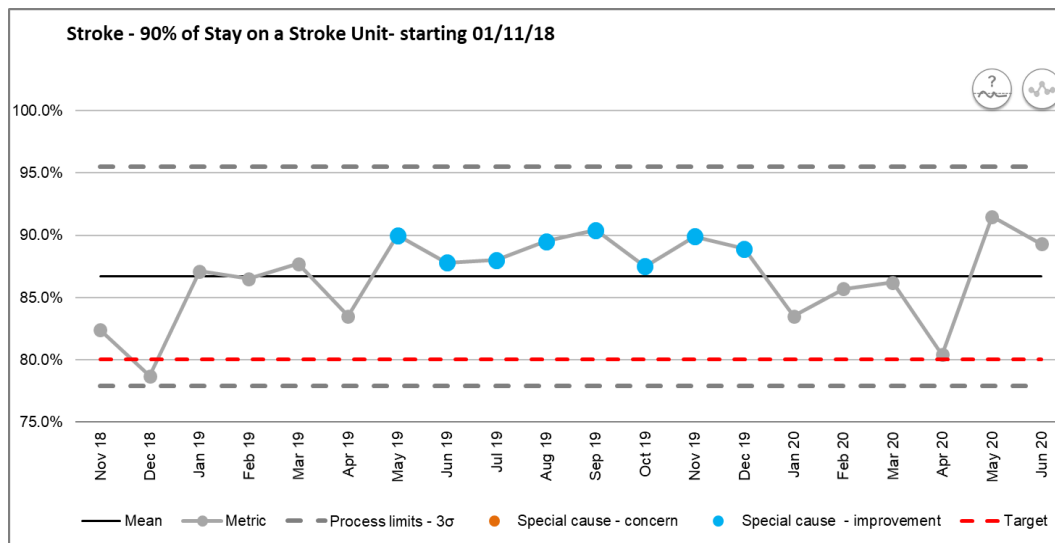
Metric	Jul 20	YTD	Target
TIA Clinic within 24 Hours (Suspected High Risk TIA)	**92.1%**	**69.0%**	**60%**
Common cause variation, target achieved in July.			

Stroke - TIA Clinic within 24 Hours (Suspected High Risk TIA)- starting 01/12/18

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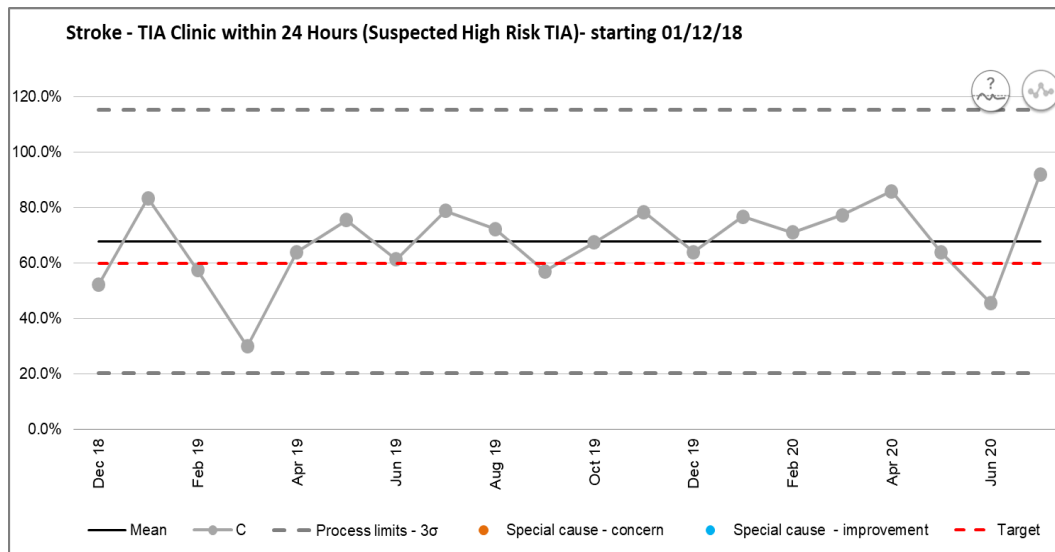
Responsive

For more information please see the Urgent Care Report - PPPC

Metric	Jul 20	YTD	Target
ED 4 Hour Waits UHL	79.0%	81.1%	95%

Continually failing target and will most likely fail to achieve target next month.

ED 4 Hour Wait Performance %- starting 01/12/18
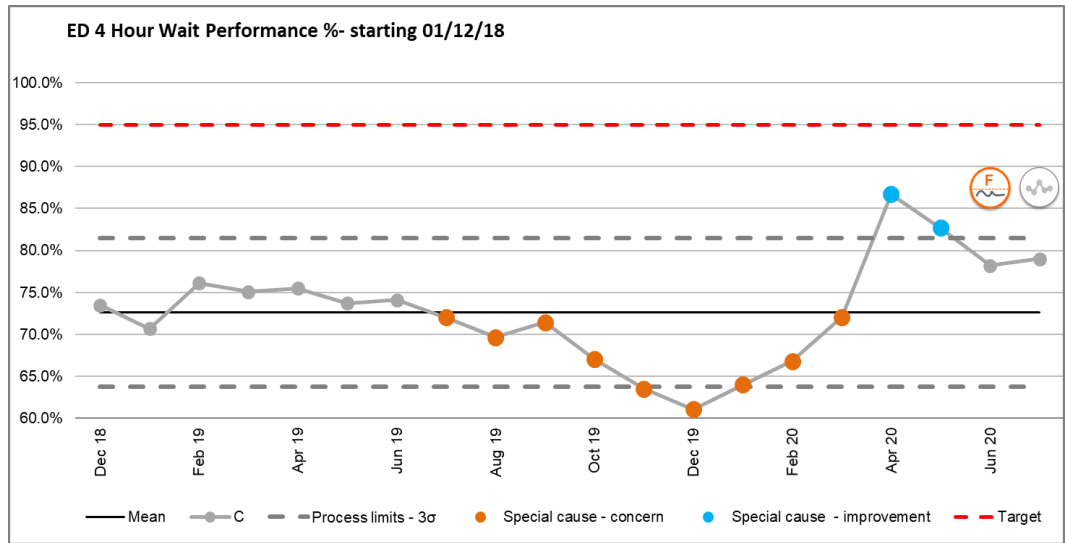
Metric	Jul 20	YTD	Target
ED 4 Hour Waits Acute Footprint	85.6%	86.6%	95%

Special cause improvement in April and May due to COVID-19. Continually failing target and will most likely fail to achieve target next month.

ED 4 Hour Waits Acute Footprint- starting 01/12/18
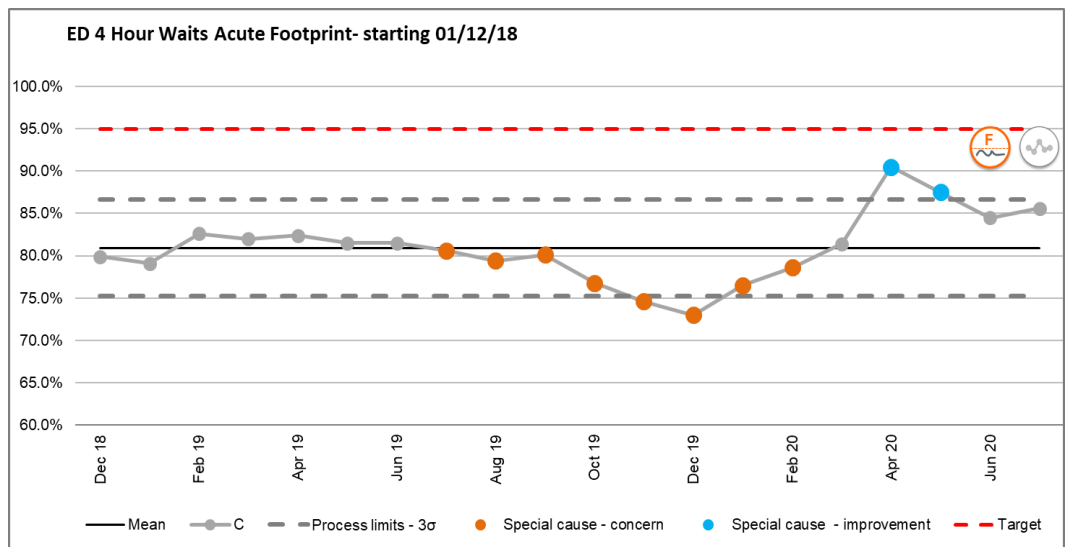
Responsive

Metric	Jul 20	YTD	Target
Ambulance Handover >60 Mins	**0.7%**	**0.6%**	**0%**

Common cause variation, the last 4 months have been below the mean.

Ambulance Handover >60mins- starting 01/12/18

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

Responsive
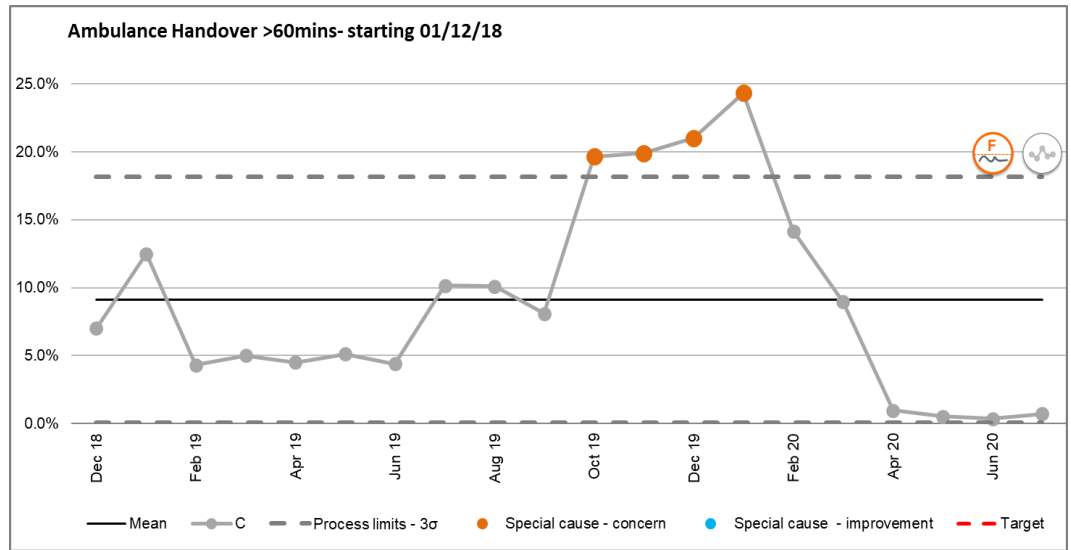
| Metric	Jul 20	YTD	Target
RTT Incompletes	**44.4%**	**44.4%**	**92%**

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 01/12/18
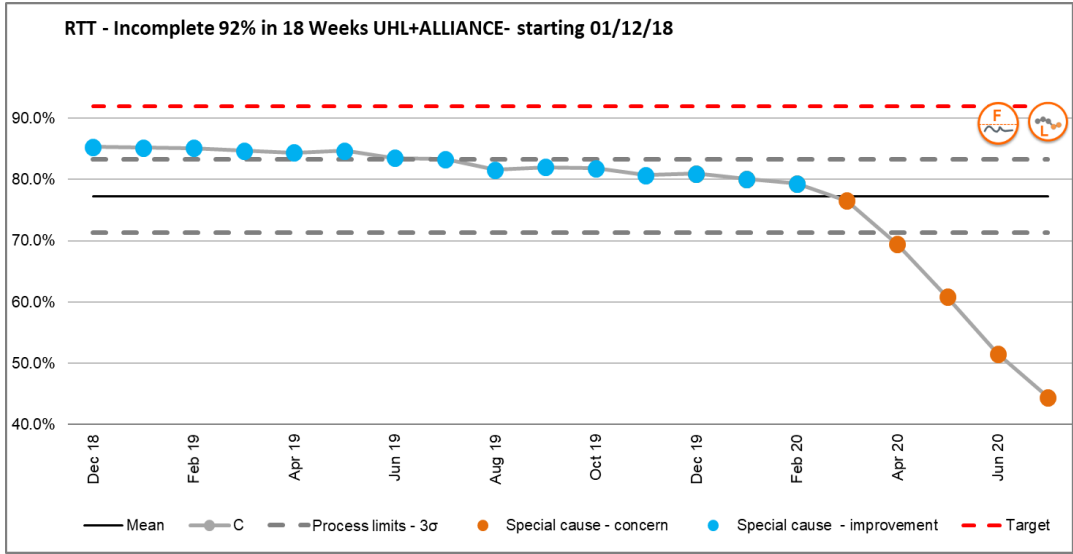
Metric	Jul 20	YTD	Target
RTT 52+ Weeks Wait	**2,359**	**2,349**	**0**

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

RTT 52 Weeks+ Wait (Incompletes) UHL+ALLIANCE- starting 01/12/18

Responsive

University Hospitals of Leicester NHS Trust
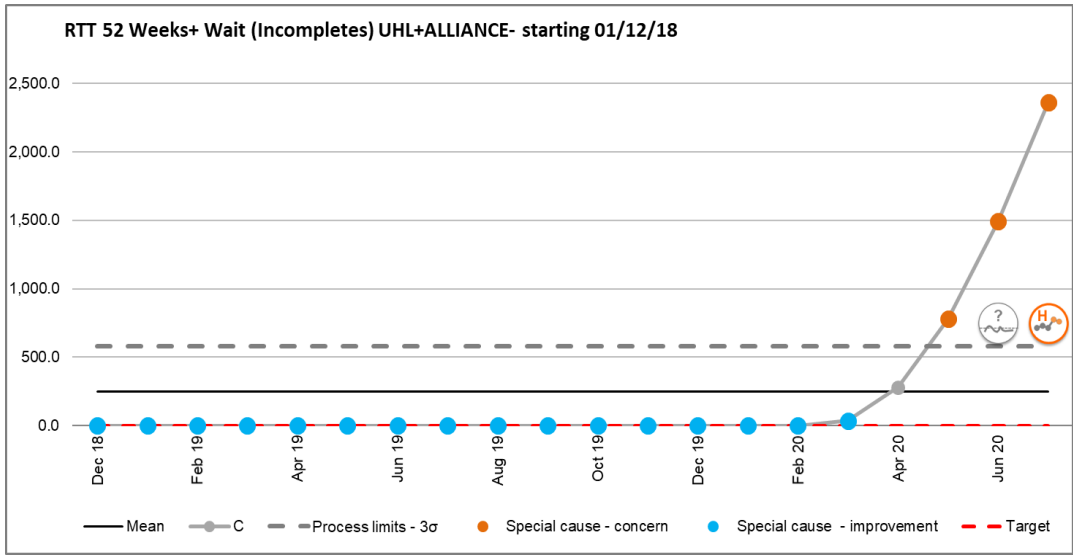
Metric	Jul 20	YTD	Target
Total Number of incompletes	67,854	67,854	66,397 (Year End)

Special cause concern due to COVID-19.

Total Number of incompletes- starting 01/12/18

(Legend: Mean, C, Process limits - 3σ, Special cause - concern, Special cause - improvement, Target)
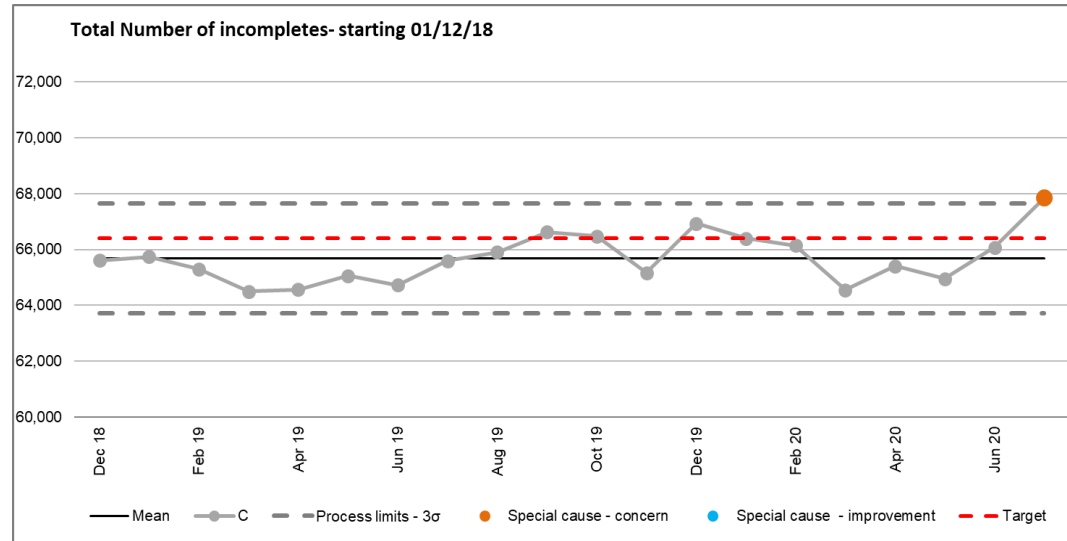
Metric	Jul 20	YTD	Target
6 Week Diagnostic Waits	32.5%	32.5%	1%

Special cause variation, target not achieved since March due to COVID-19.

6 Week - Diagnostic Test Waiting Times (UHL+ALLIANCE)- starting 01/12/18

(Legend: Mean, C, Process limits - 3σ, Special cause - concern, Special cause - improvement, Target)

Responsive

University Hospitals of Leicester **NHS**
NHS Trust
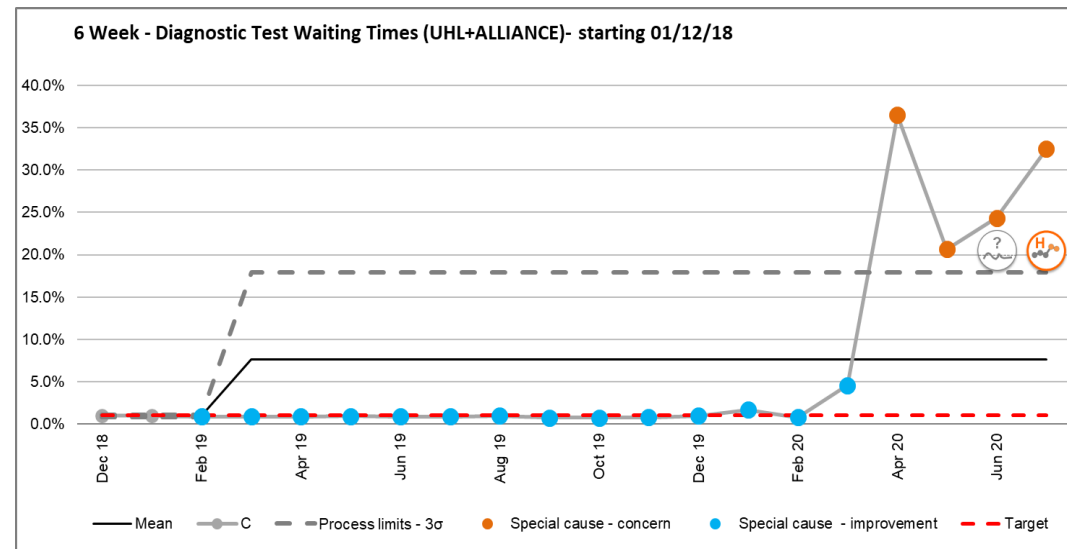
| Metric	Jul 20	YTD	Target
Cancelled patients not offered a date within 28 days of the cancellations	**8**	**107**	**0**

Normal variation – April 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 01/12/18

—— Mean —●— C – – Process limits - 3σ ● Special cause - concern ● Special cause - improvement – – Target
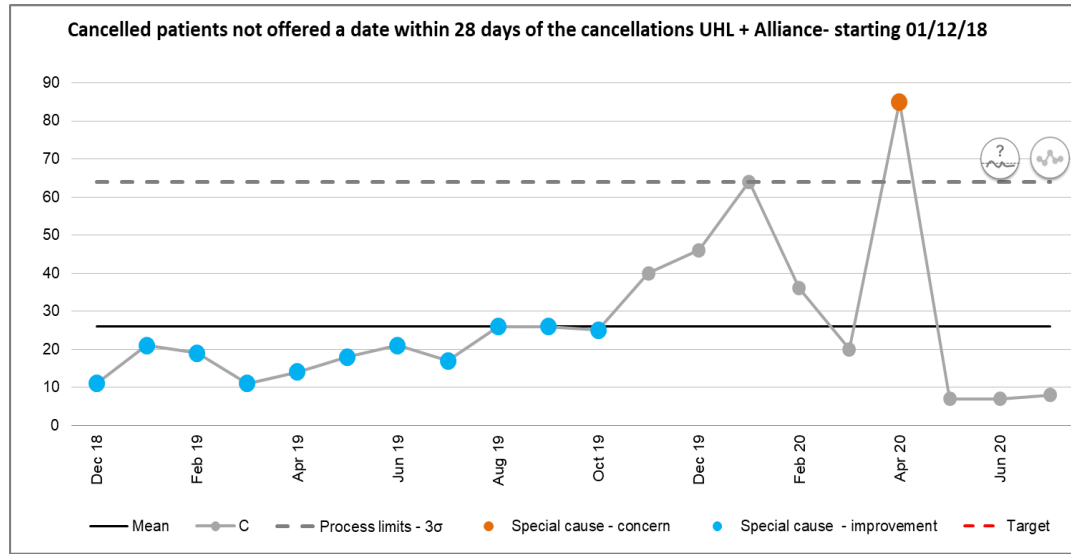
Metric	Jul 20	YTD	Target
% Operations cancelled on the day	**0.5%**	**0.7%**	**1%**

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

Cancelled Operations UHL + Alliance- starting 01/12/18

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

Responsive
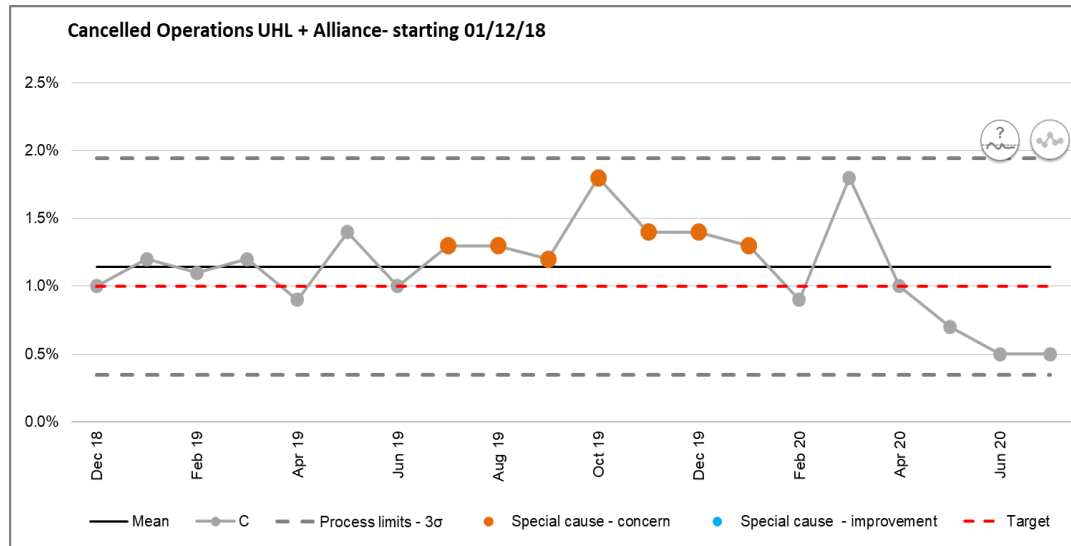
Metric	Feb 20	YTD	Target
Delayed transfers of care	**1.9 %**	**1.8%**	**3.5%**

This metric has been paused until further notice.

Delayed Transfers of Care- starting 01/07/18
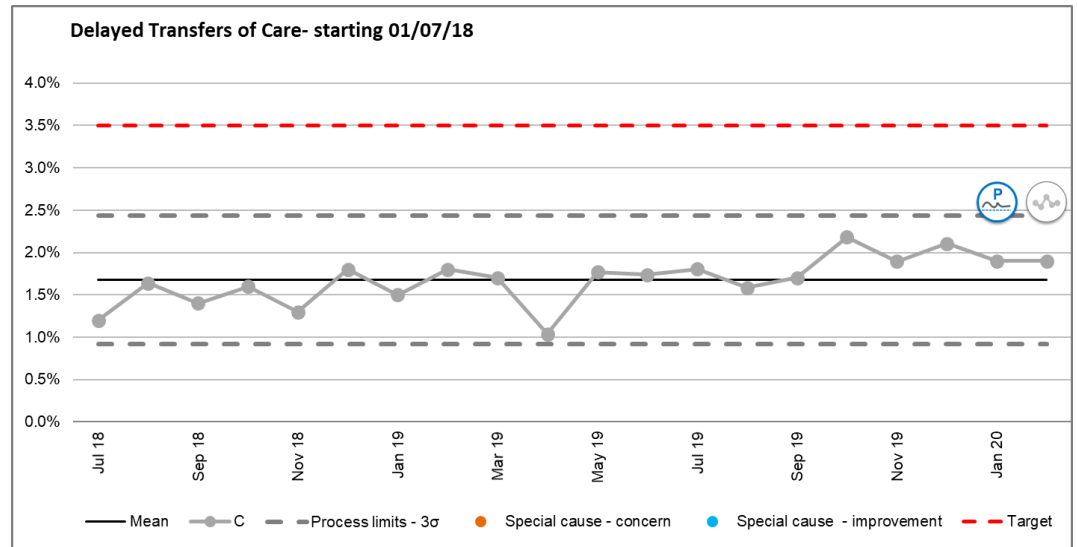
Metric	Jul 20	YTD	Target
Long Stay Patients (21+ days)	**117**	**117**	**70**

Normal variation, unlikely to achieve target next month.

Long Stay Patients (21+ days)- starting 01/12/18

Responsive
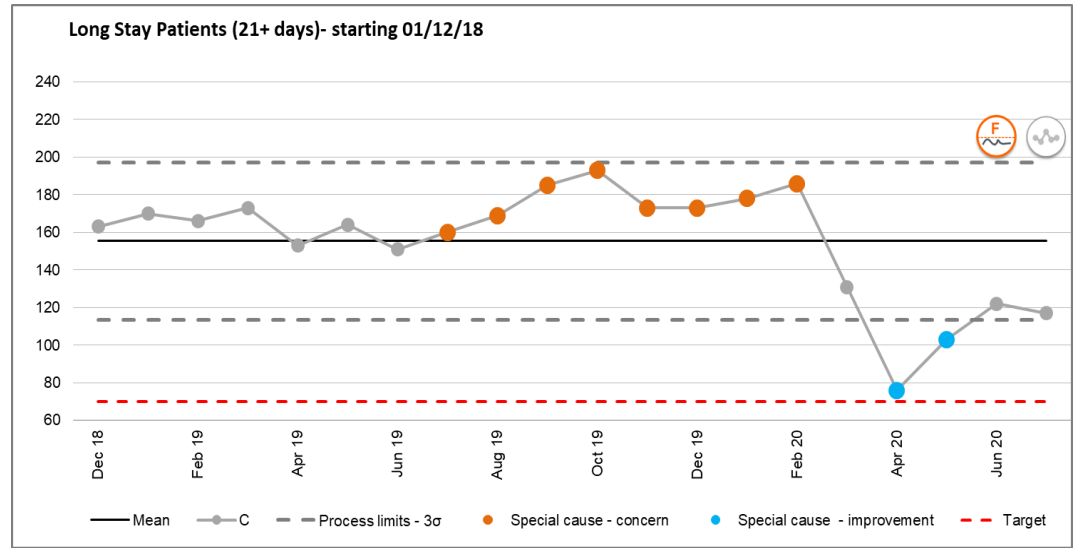
Metric	Jul 20	YTD	Target
Average Inpatient LOS	3.6	3.8	No National Target
Normal variation.			

Average Inpatient LOS- starting 01/12/18

Legend: —— Mean —●— C – – Process limits - 3σ ● Special cause - concern ● Special cause - improvement – – Target
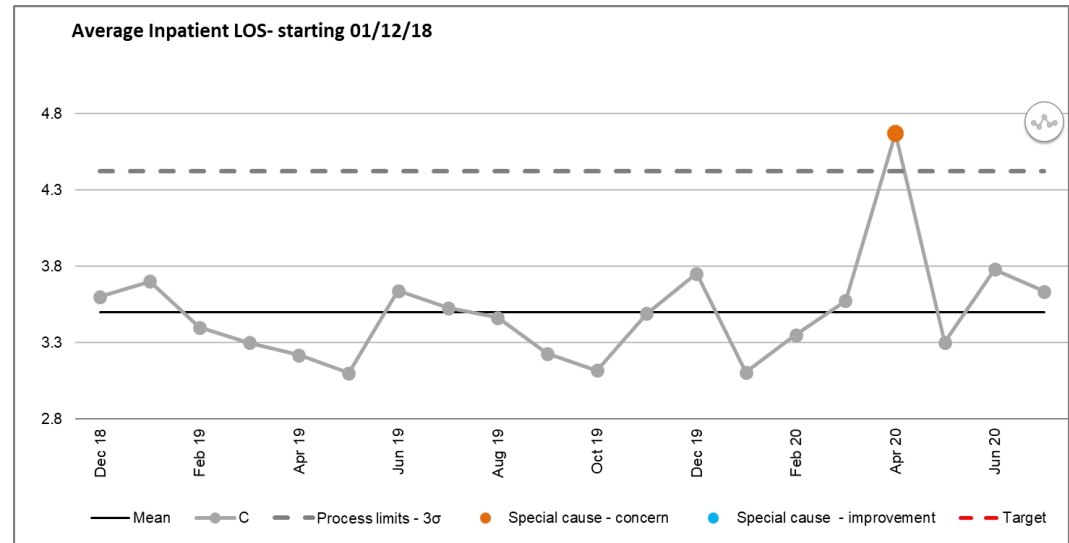
Metric	Jul 20	YTD	Target
Average Emergency LOS	4.7	4.8	No National Target
Normal variation following a period of significant deterioration.			

Average Emergency LOS- starting 01/12/18

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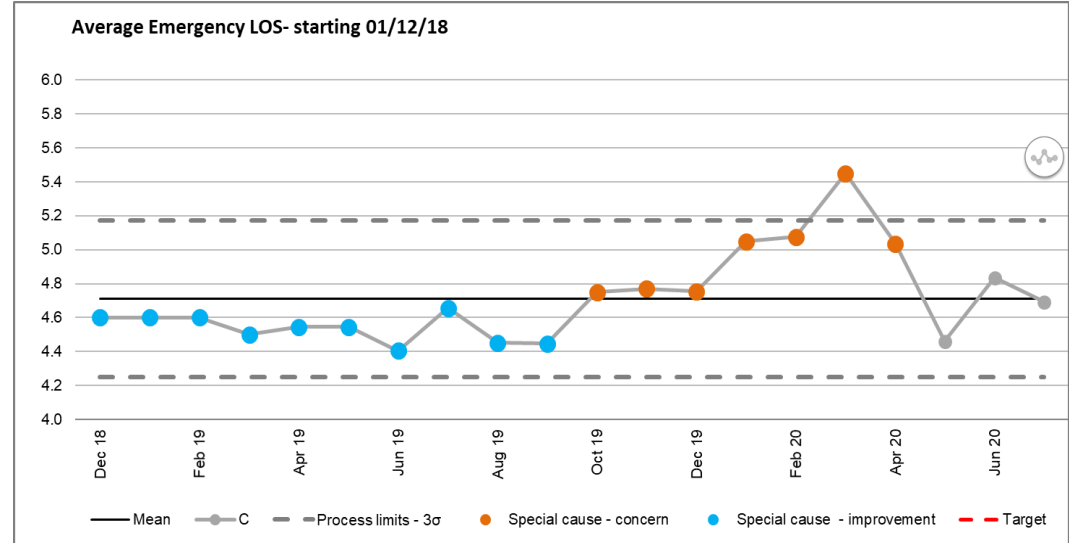
Responsive – Cancer

For more information please see the Cancer Recovery Paper - PPPC

Metric	Jun 20	YTD	Target
Cancer 2WW	**92.1%**	**88.8%**	**93%**

Normal variation. Performance starting to improve. Deterioration was as a result of one tumour site sending letters to patients indicating next step rather than a clinical call (which would stop the clock). This is being rectified and will positively impact in August

Cancer 2WW Performance %- starting 01/11/18
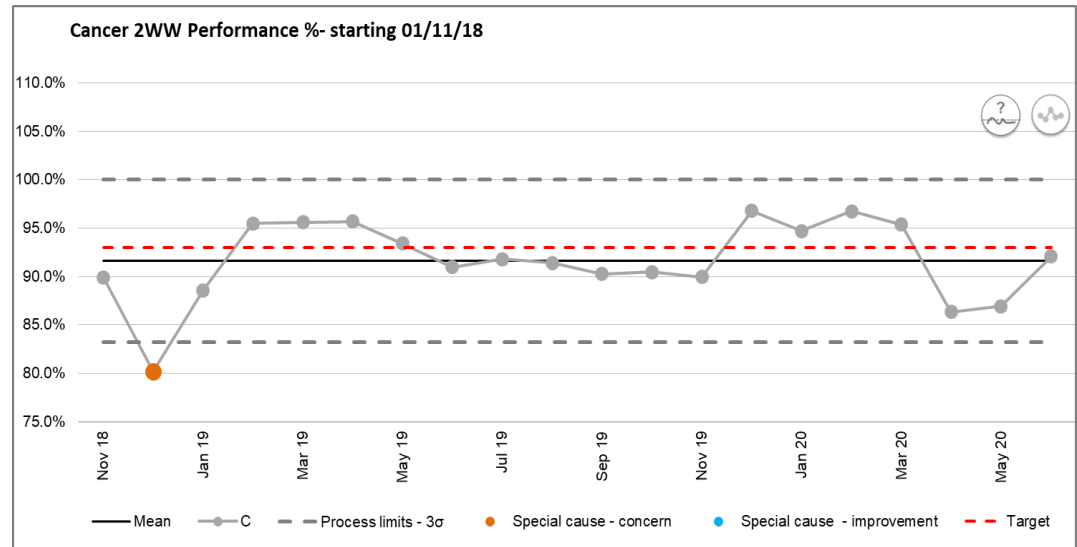
Metric	Jun 20	YTD	Target
Cancer 2WW Breast	**96.3%**	**95.7%**	**93%**

Performance has returned to a more stable level.

Cancer 2WW Symptomatic Breast Performance %- starting 01/11/18

Responsive – Cancer

Metric	Jun 20	YTD	Target
Cancer 31 Day	**89.7%**	**91.1%**	**96%**

Unlikely to achieve target next month, performance is underperforming. We continue to prioritise Category 1 and 2 patients; additional capacity is required to deliver the improvement required to deliver the target

Cancer 31 Performance %- starting 01/11/18
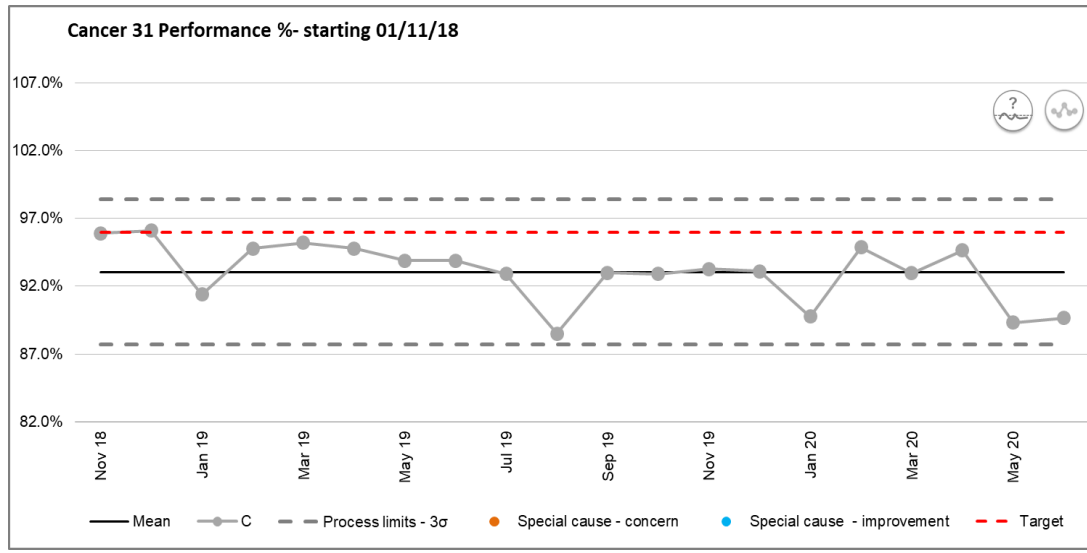
Metric	Jun 20	YTD	Target
Cancer 31 Day Drugs	**98.9%**	**99.6%**	**98%**

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

Cancer 31 Day:Anti Cancer Drug Treatments- starting 01/11/18
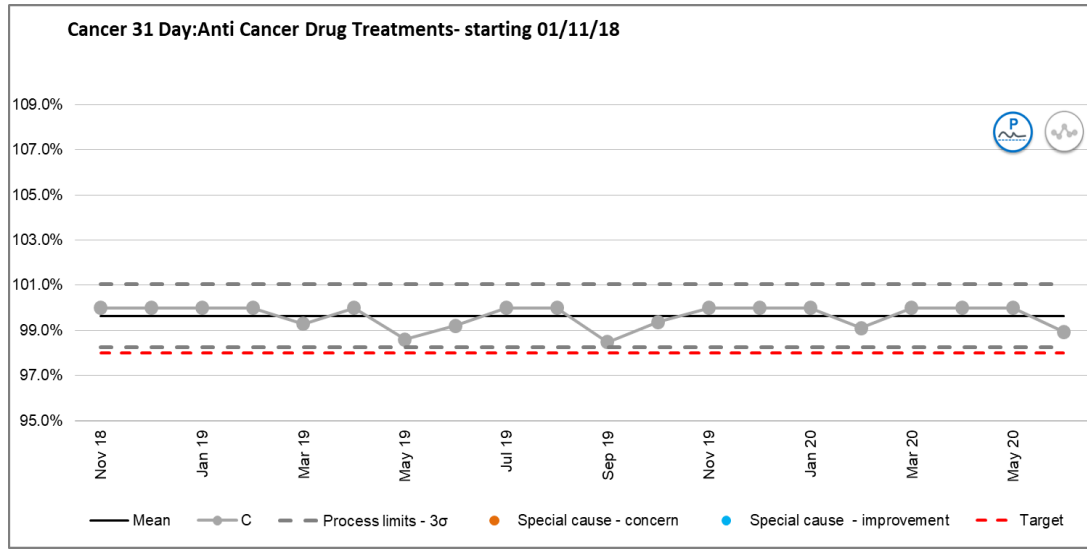
Responsive – Cancer

| Metric	Jun 20	YTD	Target
Cancer 31 Surgery	**70.5%**	**75.9%**	**94%**

Unlikely to achieve target next month, performance is underperforming. We continue to prioritise Category 1 and 2 patients; additional capacity is required to deliver the improvement required to deliver the target

Cancer 31 Day: Surgery- starting 01/11/18
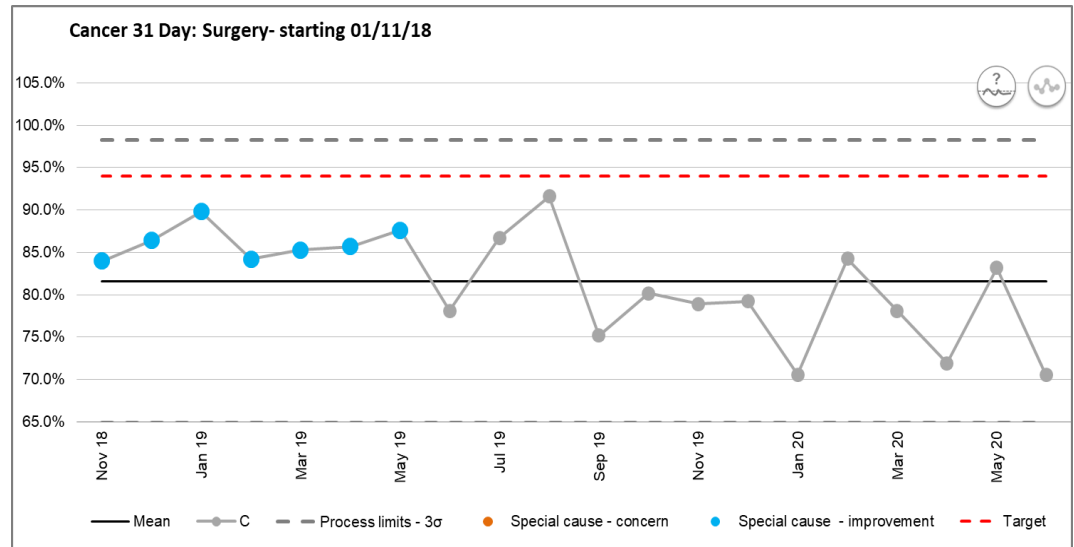
Metric	Jun 20	YTD	Target
Cancer 31 Day Radiotherapy	**94.4%**	**81.4%**	**94%**

Common cause variation, performance increased in June to its highest level since August last year.

Cancer 31 Day: Radiotherapy- starting 01/11/18
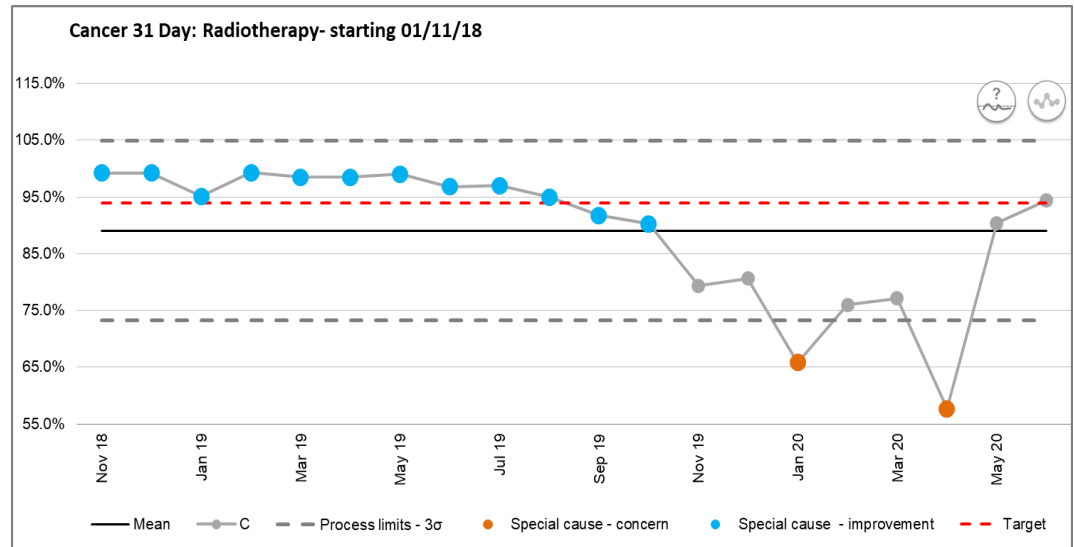
Responsive – Cancer

Metric	Jun 20	YTD	Target
Cancer 62 Day	**70.6%**	**64.6%**	**85%**

Improvement seen this month, target will not be delivered next month.

Cancer 62 Day Performance %- starting 01/11/18

Legend: Mean — C — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target
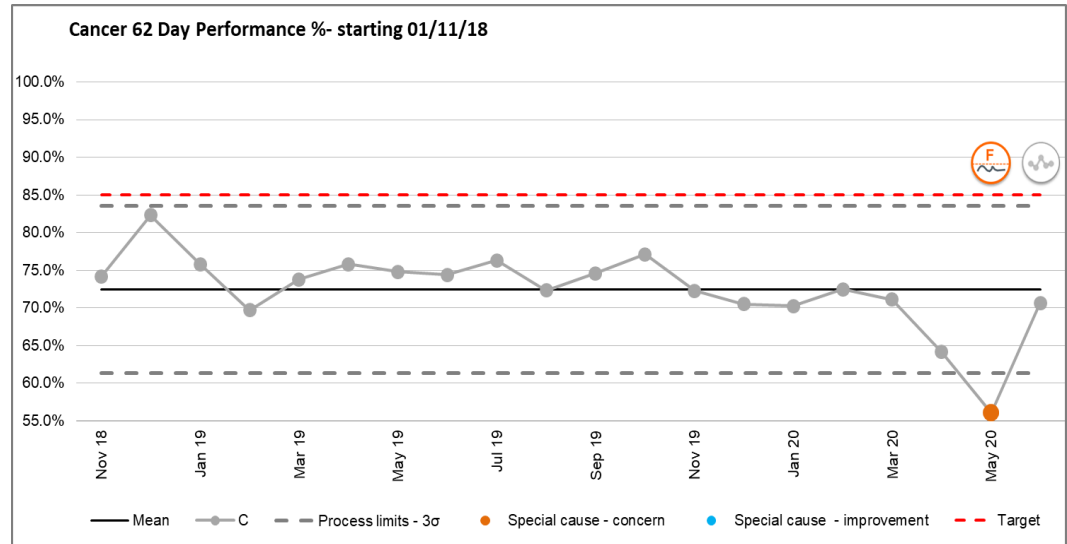
Metric	Jun 20	YTD	Target
Cancer 62 Day Consultant Screening	**0.0%**	**39.0%**	**90%**

Special cause concern. Due to cancer screening pathways having stopped

Cancer 62 Day: Consultant Screening- starting 01/11/18

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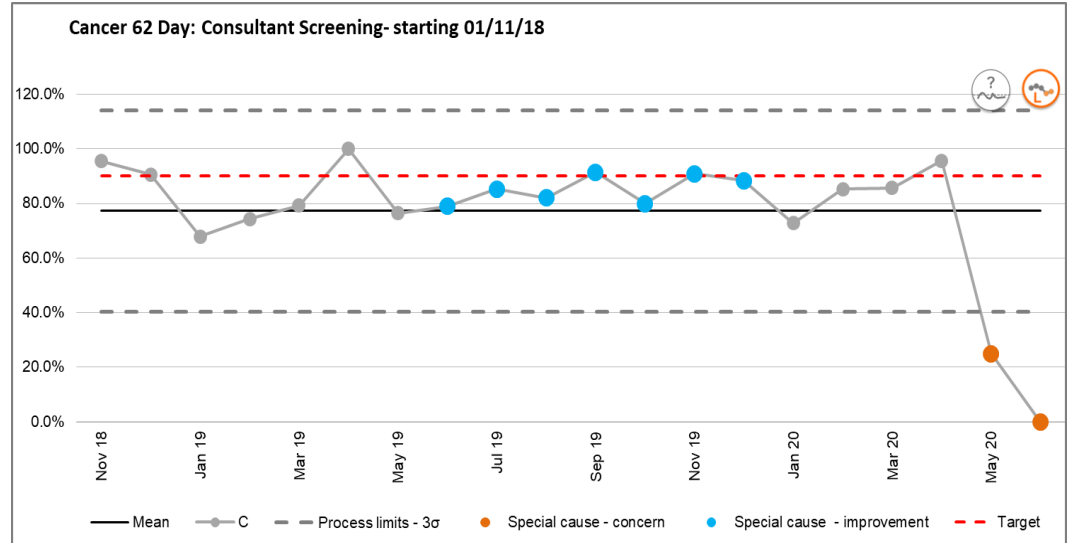
Outpatient Transformation

Metric	Jul 20	YTD	Target
% DNA Rate	**6.2%**	**6.2%**	**No National Target**

This metric has improved recently, May was below the lower control limit due to COVID-19.

DNA Rate- starting 01/12/18
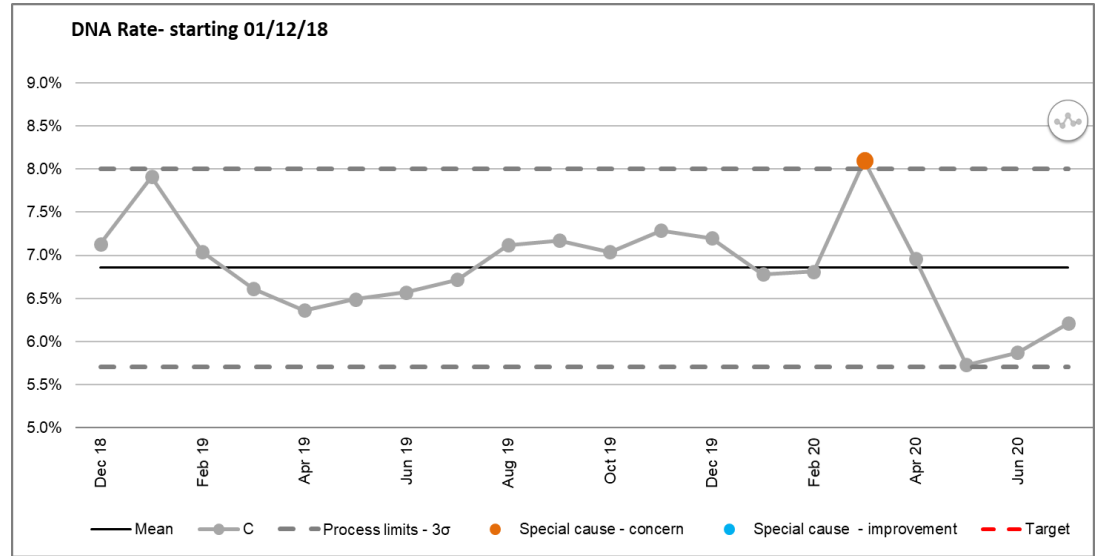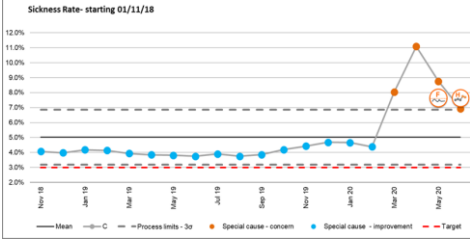
Metric	Jul 20	YTD	Target
% Virtual clinic appointments	**7.8%**	**8.7%**	**No National Target**

Special cause improvement due to COVID-19.

% Virtual clinic appointments- starting 01/12/18

Outpatient Transformation

University Hospitals of Leicester **NHS**
NHS Trust
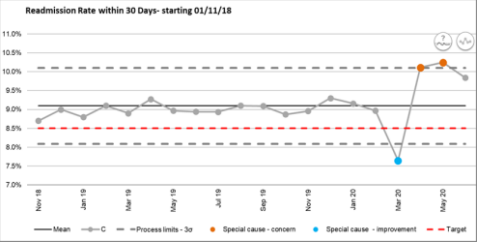
Metric	Jul 20	YTD	Target
% 7 day turnaround of OP clinic letters	**89.7%**	**91.7%**	**90%**

Common cause variation, no assurance that the target will be delivered next month.

% 7 day turnaround of OP clinic letters- starting 01/12/18

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

Exception Reports
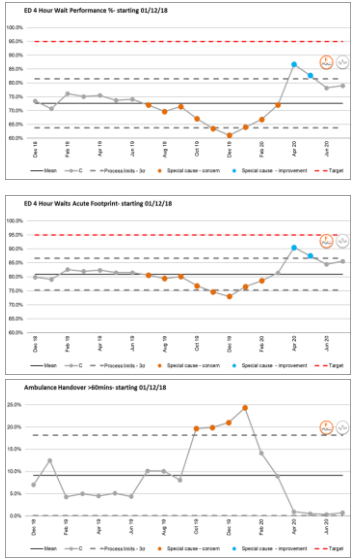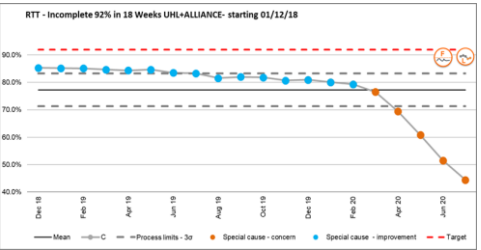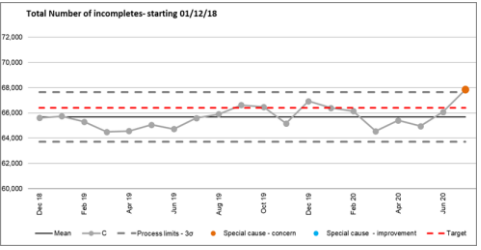
Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
Sickness absence	**20/21 Target – 3% or below**		Figures include shielding and self-isolating, as well as Track and Trace absences and those choosing to take unpaid leave. There has been a decrease in absence since last month (8.8%) Leicester City shielding is impacting on absence levels where staff are unable to work from home.	HR and managers to work together on specific areas which still report high sickness levels. Find a way to extract sickness from special paid leave. Continue to complete risk assessments until 100% compliance for vulnerable groups. Support to be offered to staff returning from shielding either now or as of 7th September – re-inductions with someone assigned to meet them on their first day back, supernumerary time where possible, information about changes to working practices. Explore homeworking or working at alternative sites for staff living outside Leicester City / shielding area.
UHL has a locally agreed sickness absence target of 3%.	Performance in June was 6.9% excluding E&F			

Exception Reports

University Hospitals of Leicester NHS Trust

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 for pressurized areas.
HR Colleagues continue to communicate performance and support managers with implementing improvements.
HR colleagues have sent out details of outstanding appraisal to all areas (during the week commencing 20 July) for urgent line by line review/update.
HR colleagues will continue to refresh this data to provide accurate information in order for managers to action outstanding appraisals.

Covid-19 HR/OH Frequently Asked Questions have been updated to clarify appraisal expectations and the corresponding process. |
| Is the percentage of staff who have had their Annual Appraisal(excluding facilities Services) | Performance for July was 74.4%. | Annual Appraisal- starting 01/12/18 | | |

Exception Reports
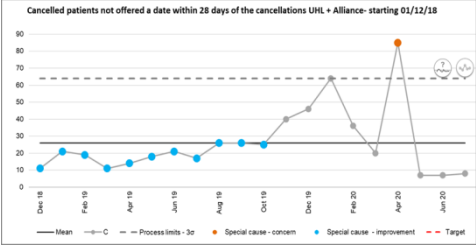
Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
Emergency readmissions within 30 days following an elective or emergency spell	**20/21 Target – less than 8.5%**	Readmission Rate within 30 Days- starting 01/11/18		• Discussion Paper presented to Demand and Capacity Group to explore new CMG specific targets. • SPC charts with proposed new readmission targets to form ongoing discussion. • W&C to have readmission figures split. • RRCV have requested specialty breakdown - meeting set up to discuss.
Is the percentage of emergency readmissions within 30 days following an elective or emergency spell	Performance for June was 9.8%.			

Exception Reports

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
Urgent Care			Performance against the 4hr standard increased in July compared with June and still remains below the national target.	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.
	ED 4 Hour waits UHL performance was 79.0% in July		Non-admitted performance remains circa 85%. Injuries achieving between 95% - 100% regularly.	£2million approved to improve patient flow and overcrowding, plans are been developed for this. Audit of patients arriving without being see by GP (on-going)
	ED 4 Hour waits LLR performance was 85.6% in July		Ambulance Handover times continue to be a key priority, has shown reduction in handover. This is now maintaining this positive position.	Review of assessment processes to ensure timely decisions in ED (complete) Implement virtual CSSU (complete) Work with specialties to pull patients to SDEC pathways – gastro and MSS initial pathways (on-going)
	Ambulance Handover >60 Mins performance was 0.7% in July		The demand in activity has started to rise again within ED and is now at around 67% of previous activity. Flow out of ED has improved with a reduction in Bed request to departure time.	Review and update of ED escalation plans (complete) Review of EM Covid pathways (ongoing) Time in motion study of ambulance handover times in real time (npt started Workstreams in place for following projects: - NHS 111 First - Development of Ambulatory Care Centre (national funding) - Emergency Transformation Programme (in line with Kingsgate work)

| Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
RTT Incompletes	**Performance Target – 92%** **Waiting List Target - 66,397 (Year End)**	RTT - Incomplete 92% in 18 Weeks UHL+ALLIANCE- starting 01/12/18 Total Number of incompletes- starting 01/12/18	NHS Planning Guidance for 2019/20 focuses on waiting list reduction over compliance with the 18 week national standard. 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. 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. Timetable for day case and Outpatients developed for IS. This is managed through weekly calls ensure all capacity is utilized Alliance weekly capacity call setup to ensure we are treating patient in the correct order against the system	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. Where possible out patient clinics are being converted from face to face to virtual telephone clinics. Waiting list is carried on being validated to align with national guidance and trust policy. Waiting list volume still near trajectory. WAM has started again with the services to help manage the position. Identify any more opportunities where PCL can be utilized to help treat long waiters
	RTT - Incomplete 92% in 18 Weeks UHL + Alliance Performance for July was 44.4%. **Total Number of incompletes** At the end of July 67,854 patients were waiting on an RTT pathway.			

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.	Consultant review of 52+ week patients
Is the total number of patients currently on an RTT pathway waiting 52+ weeks.	At the end of July, 2,359 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. 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. Alliance weekly capacity call setup to ensure we are treating patient in the correct order against the system	• Utilisation trajectories to be agreed with in individual specialty through the Surgical Program Board to be agreed by 28/08/2020 • Independent sector utilisation - Plan agreed upon till august, develop timetable for remainder of 2020 • Third Party activity shift. CCG has a direct contract with the Third Party (Provider Company Limited (PCL)) utilise to help with the long waiter backlog. Specialty review to take place • WLI's - The proposal is to pull this funding centrally so that this is linked to the approvals process i.e. money will be drawn down by CMG's based on what is approved.

RTT 52 Weeks+ Wait (Incompletes) UHL+ALLIANCE- starting 01/12/18

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
6 Week Diagnostic Waits Is the percentage of patients currently waiting 6 weeks or more for a diagnostic test.	**20/21 Target – 1%** Performance for July was 32.5%.	 6 Week - Diagnostic Test Waiting Times (UHL+ALLIANCE)- starting 01/12/18	Activity has started to be increased following the stopping all none essential work. This has had a very big impact within June due to it been the first full month of COVID-19, this will carry on to be challenging over the next few months. This position will carry on to grow as very limited amount of the diagnostics will be seen. Endoscopy paper developed to support additional capacity. Endoscopy are currently operating at 61%.	• Patient are been managed in-line with national guidance and trust policy • Independent sector is been used where possible to improve the diagnostic position • Awaiting funding decision for Endoscopy improvement plan. – Includes two modular units and improving internal airflow system. • DEXA will be moving across to the LGH in September

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 01/12/18	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. | • 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
• Engagement through weekly IS and alliance operational group by services.
• Ensuring we fully utilise theatre sessions through Surgical Programme team
• Increase in theatre capacity for August and September including WLI sessions to improve capacity |
| Is the number of cancelled patients OTD not offered a new date within 28 days of the cancellation at UHL or the Alliance | 8 patients were not offered a new day within 28 days in July. | | | |

Exception Reports

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
Long Stay Patients (21+ days)	**20/21 Target – 70**		• A new internal performance target agreed for 20/21 of no more than 70 patients has been set. • Despite Special Cause improvement seen across all CMGs since the beginning of COVID-19 patient numbers are starting to increase. • Currently ESM, RRCV and CHUGGS are all over target but below the mean. • MSS are below target and their mean.	• Dr Biju Simon has been identified as the medical lead as part of the safe and timely discharge work stream focusing on medical wards. Project plan in place looking at frailty score and reason to reside codes. • Case note reviews being undertaken for themes. • Daily focus on long length of stay and medically fit for discharge.
Is the number of adult patients that have been in hospital for over 21 days.	At the end of July the number of long stay patients (21+ days) was 117.			

Exception Reports – Cancer

University Hospitals of Leicester **NHS**
NHS Trust

Performance	Key Messages	Key Actions
See additional slide	- 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 12% 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 daily - WLI will support increased activity

Exception Reports – Cancer

University Hospitals of Leicester NHS
NHS Trust

Cancer performance June 2020

Standard	Target	Position
2WW	93%	92.1%
2WW Breast	93%	96.3%
31 Day 1st Treatments	96%	89.7%
31 Day SUB Surgery	94%	70.5%
31 Day DRUGS	98%	98.9%
31 Day Radiotherapy	94%	94.4%
62 Day	85%	70.6%
62 Day Screening	90%	0.0%
Consultant upgrade	85%	89.7%

Exception Reports

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
% 7 day turnaround of OP clinic letters	**20/21 Target – 90% or above**		Majority of backlog is due to letters awaiting approval from clinicians	Specialities should ensure clinicians are approving letters within the 7 day time frame
UHL has a locally agreed target of 90%.	Performance for July was 89.7%			