

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	22/09/20	Discussion and Assurance
Trust Board Committee	24/09/20	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 June 2019 to May 2020) is 97, and remains within the expected range.
- **CAS alerts** - compliant.

- **Never Events** – 0 cases reported.
- **MRSA** – 0 cases reported.
- **90% of Stay on a Stroke Unit** – threshold achieved with 89.6% reported in August.
- **VTE** – compliant at 98.7% in September.
- **Fractured neck of femurs operated 0-35hrs** – compliant at 74.2%.
- **12 hour trolley wait** - 0 breaches reported.
- **Cancelled operations OTD** – 0.8% reported in September.
- **Cancer Two Week Wait (Symptomatic Breast)** was 95.5% in August against a target of 93%.

Bad News:

- **C DIFF** – 10 cases reported this month.
- **UHL ED 4 hour performance** – 70.2% for September, system performance (including LLR UCCs) for September is 80.1%.
- **Ambulance Handover 60+ minutes (CAD)** – performance at 6.5%.
- **Cancer Two Week Wait** was 89.4% in August against a target of 93%.
- **Cancer 31 day treatment** was 91.9% in August against a target of 96%.
- **Cancer 62 day treatment** was 76.4% in August 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 54.3% at the end of September.
- **52+ weeks wait** – 3,886 breaches reported in September.
- **Diagnostic 6 week wait** was 30.2% against a target of 1%.
- **Patients not rebooked within 28 days following late cancellation of surgery** – 10.
- **TIA (high risk patients)** – 51.3% reported in September
- **Statutory and Mandatory Training** decreased to 84%
- **Annual Appraisal** is at 82.7%.

Input Sought

I recommend that the Committee:

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

For Reference:

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

1. Quality priorities

Safe, surgery and procedures	[Yes /No /Not applicable]
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]
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Investment in sustainable Estate and reconfiguration	[Yes/ No /Not applicable]
e-Hospital	[Yes/ No /Not applicable]
Embedded research, training and education	[Yes/ No /Not applicable]
Embed innovation in recovery and renewal	[Yes/ No /Not applicable]
Sustainable finances	[Yes/No/Not applicable]

2. 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.

3. Risk and Assurance

Risk Reference:

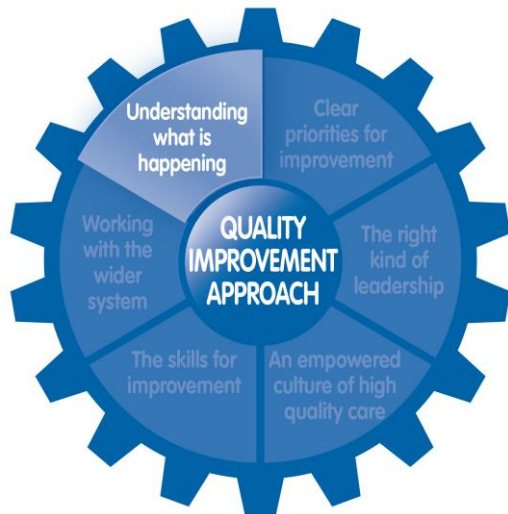
Does this paper reference a risk event?	Select (X)	Risk Description:
Strategic: Does this link to a <i>Principal Risk</i> on the BAF?	X	Failure to deliver key performance standards for emergency, planned and cancer care.
Organisational: Does this link to an <i>Operational/Corporate Risk</i> on Datix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

- 4. Scheduled date for the **next paper** on this topic: 26th November 2020
- 5. Executive Summaries should not exceed **5 sides** My paper does comply



Quality and Performance Report

September 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: 29th OCTOBER 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: SEPTEMBER 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.

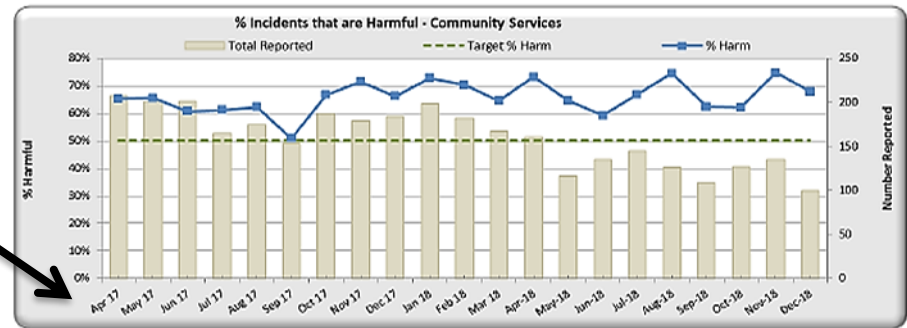
Within an SPC chart there are three different patterns to identify:

- 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

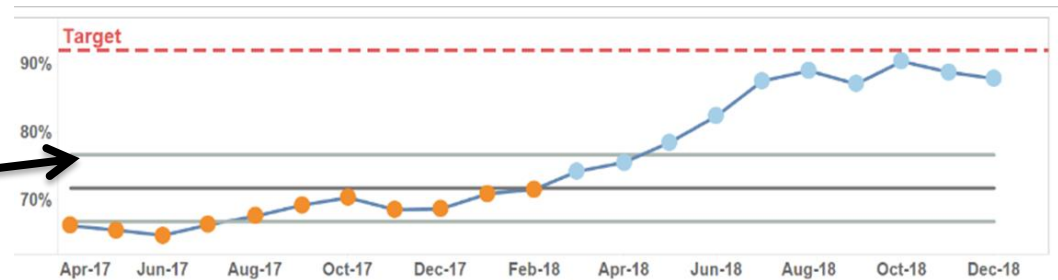


Key elements of a SPC dashboard

Appreciation of variance over time



Highlighting special cause and its nature



One team shared values



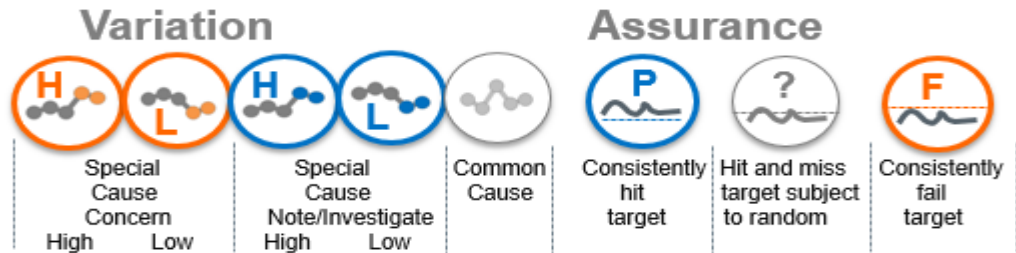
Key elements of a SPC dashboard

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	Jul-20	Aug-20	Sep-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Safe	Never events	0	0	1	0	3				Jan-20
	Overdue CAS alerts	0	0	0	0	0				Nov-19
	% of all adults VTE Risk Assessment on Admission	95%	98.6%	98.3%	98.7%	98.8%				Dec-19
	Emergency C-section rate	No Target	20.2%	22.4%	18.5%	20.0%				Feb-20
	Clostridium Difficile	108	8	3	10	39				Nov-17
	MRSA Total	0	0	0	0	0				Nov-17
	E. Coli Bacteraemias Acute	No Target	12	4	6	42				Jun-18
	MSSA Acute	No Target	5	4	3	15				Nov-17

One team shared values



Performance Overview

Domain	KPI	Target	Jul-20	Aug-20	Sep-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Safe	COVID-19 Community Acquired <= 2 days after admission	No Target	93.5%	94.4%	79.7%	79.1%				Oct-20
	COVID-19 Hospital-onset, indeterminate, 3-7 days after admission	No Target	3.2%	2.8%	6.8%	8.4%				Oct-20
	COVID-19 Hospital-onset, probable, 8-14 days after admission	No Target	2.2%	0.0%	5.9%	7.2%				Oct-20
	COVID-19 Hospital-onset, healthcare-acquired, 15 or more days after admission	No Target	1.1%	2.8%	7.6%	5.3%				Oct-20
	All falls reported per 1000 bed days	5.5	5.0	3.7		4.6				Oct-20
	Rate of Moderate harm and above Falls PSIs with finally approved status per 1,000 bed days	No Target	0.08	0.07		0.07				Oct-20

One team shared values



Performance Overview

Domain	KPI	Target	Jul-20	Aug-20	Sep-20	YTD	Assurance	Variation	Trend	Data Quality Assessment	
Caring	Staff Survey Recommend for treatment	No Target	Reporting will commence once national reporting resumes								Aug-17
	Single Sex Breaches	0	National reporting commences in April 2021								Mar-20
	Inpatient and Daycase F&F Test % Positive	TBC	98%	98%	98%	98%					Mar-20
	A&E F&F Test % Positive	TBC	99%	96%	93%	96%					Mar-20
	Maternity F&F Test % Positive	TBC	94%	96%	97%	96%					Mar-20
	Outpatient F&F Test % Positive	TBC	94%	94%	93%	94%					Mar-20
	Complaints per 1,000 staff (WTE)	No Target	National reporting expected to resume from November onwards								Jan-20

One team shared values



Performance Overview

Domain	KPI	Target	Jul-20	Aug-20	Sep-20	YTD	Assurance	Variation	Trend	Data Quality Assessment	
Well Led	Staff Survey % Recommend as Place to Work	No Target	Reporting will commence once national reporting resumes								Sep-17
	Turnover Rate	10%	7.9%	8.9%	9.2%	9.2%				Nov-19	
	Sickness Absence	3%	5.7%	5.4%		7.1%				Oct-16	
	% of Staff with Annual Appraisal	95%	74.4%	74.7%	82.7%	82.7%				Dec-16	
	Statutory and Mandatory Training	95%	96%	96%	84%	84%				Feb-20	
	Nursing Vacancies	No Target	11.6%	11.2%		11.2%				Dec-19	

One team shared values



Performance Overview

Domain	KPI	Target	Jul-20	Aug-20	Sep-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Effective	Mortality Published SHMI	99	96	97	97	97 (Jun 19 to May 20)				Sep-16
	Mortality 12 months HSMR	99	95	102	103	103 (Jul 19 to Jun 20)				Sep-16
	Crude Mortality Rate	No Target	1.3%	1.1%	1.2%	1.7%				Sep-16
	Emergency Readmissions within 30 Days	8.5%	9.7%	9.6%		9.9%				Sep-20
	Emergency Readmissions within 48 hours	No Target	1.3%	1.4%		1.2%				Sep-20
	No of #neck of femurs operated on 0-35hrs	72%	81.9%	82.5%	74.2%	62.3%				Sep-20
	Stroke - 90% Stay on a Stroke Unit	80%	89.3%	89.6%		87.3%				Mar-20
	Stroke TIA Clinic Within 24hrs	60%	92.1%	79.9%	51.3%	67.3%				Mar-20

One team shared values



Performance Overview

Domain	KPI	Target	Jul-20	Aug-20	Sep-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Responsive	ED 4 hour waits UHL	95%	79.0%	76.9%	70.2%	78.1%				Mar-20
	ED 4 hour waits Acute Footprint	95%	85.6%	84.2%	80.1%	84.8%				Aug-17
	12 hour trolley waits in A&E	0	0	0	0	0				Mar-20
	Ambulance handover >60mins	0.0%	0.7%	1.8%	6.5%	1.9%				TBC
	RTT Incompletes	92%	44.4%	48.7%	54.3%	54.3%				Nov-19
	RTT Waiting 52+ Weeks	0	2359	3137	3886	3886				Nov-19
	Total Number of Incompletes <small>(by year end)</small>	66,397	67,854	69,696	72,292	72,292				Nov-19

One team shared values



Performance Overview

Domain	KPI	Target	Jul-20	Aug-20	Sep-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Responsive	6 Week Diagnostic Test Waiting Times	1.0%	32.5%	32.1%	30.2%	30.2%				Nov-19
	Cancelled Patients not offered <28 Days	0	8	2	10	119				Nov-19
	% Operations Cancelled OTD	1.0%	0.5%	0.8%	0.8%	0.7%				Jul-18
	Long Stay Patients (21+ days)	70	117	141	140	140				Sep-20
	Inpatient Average LOS	No Target	3.6	3.5	3.3	3.6				Sep-20
	Emergency Average LOS	No Target	4.7	4.7	4.9	4.8				Sep-20

One team shared values










Performance Overview

Domain	KPI	Target	Jun-20	Jul-20	Aug-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Responsive - Cancer	2WW	93%	92.1%	90.0%	89.4%	89.2%				Dec-19
	2WW Breast	93%	96.3%	97.7%	95.5%	96.2%				Dec-19
	31 Day	96%	89.7%	91.2%	91.9%	91.3%				Dec-19
	31 Day Drugs	98%	98.9%	100%	100%	99.8%				Dec-19
	31 Day Sub Surgery	94%	70.5%	68.9%	73.0%	73.7%				Dec-19
	31 Day Radiotherapy	94%	94.4%	100%	99.0%	88.8%				Dec-19
	Cancer 62 Day	85%	70.6%	71.8%	76.4%	68.5%				Dec-19
	Cancer 62 Day Consultant Screening	90%	0.0%	0.0%	25.0%	32.7%				Dec-19

One team shared values



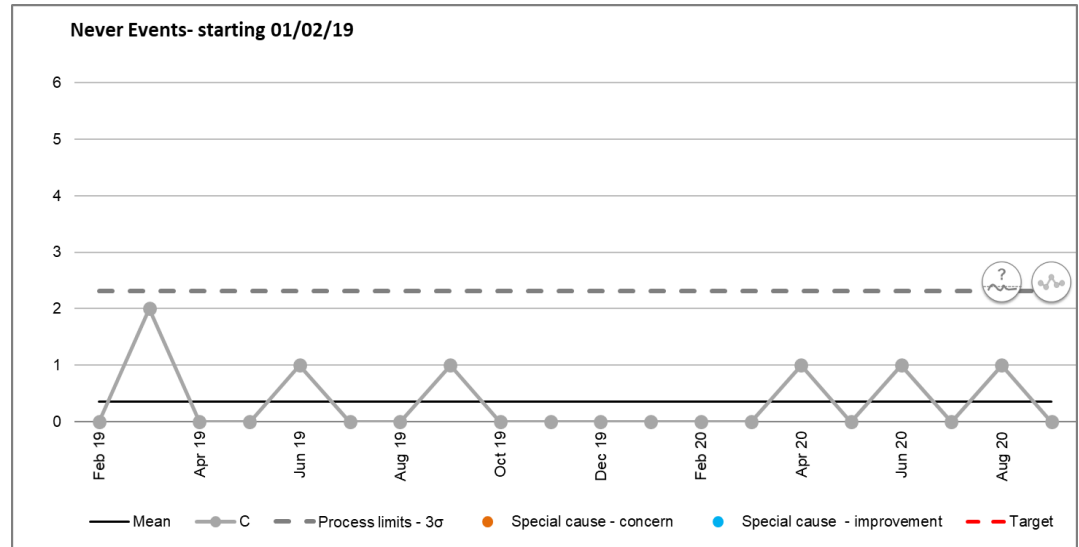
Performance Overview

Domain	KPI	Target	Jul-20	Aug-20	Sep-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Outpatient Transformation	% DNA rate	No Target	6.2%	6.3%	6.6%	6.3%				Feb-20
	% Non Face to Face Appointments	No Target	57.5%	51.3%	47.4%	59.6%				Feb-20
	% 7 day turnaround of OP clinic letters	90%	89.7%	85.1%	83.0%	89.1%				Feb-20

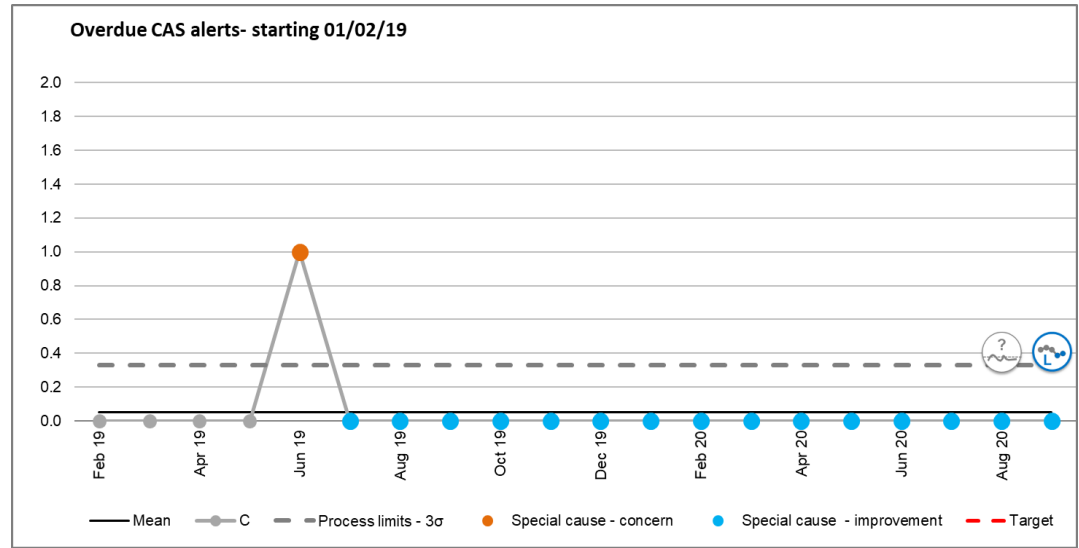
One team shared values



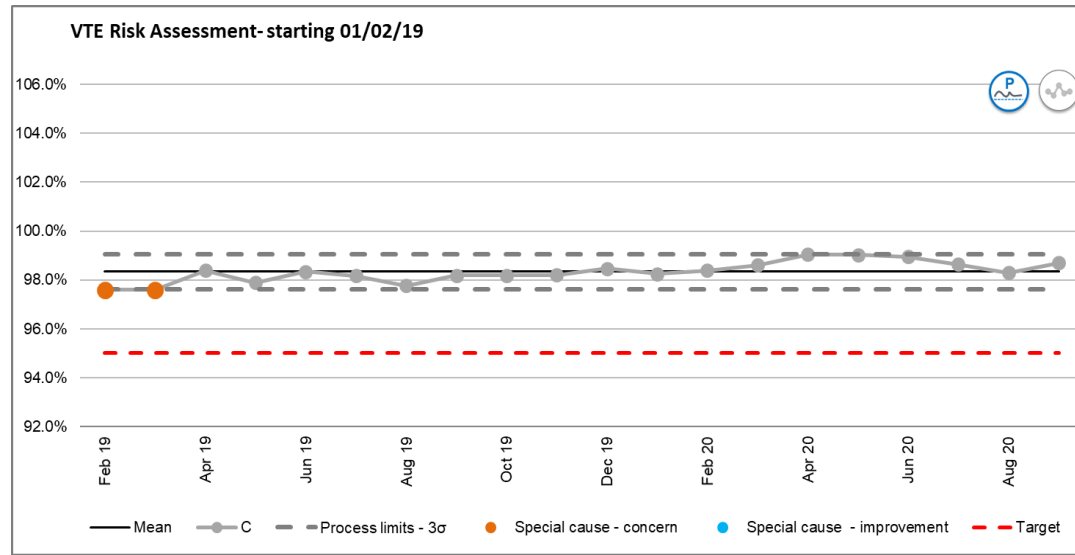
Metric	Sep 20	YTD	Target
Never Events	0	3	0
3 never events in the last 12 months.			



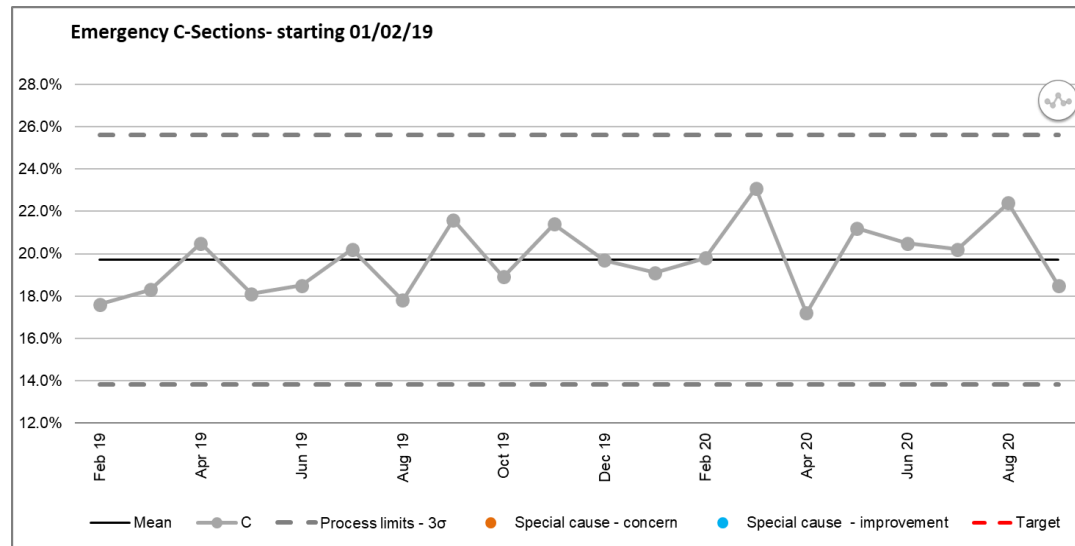
Metric	Sep 20	YTD	Target
Overdue CAS alerts	0	0	0
No overdue CAS alerts since June 2019.			



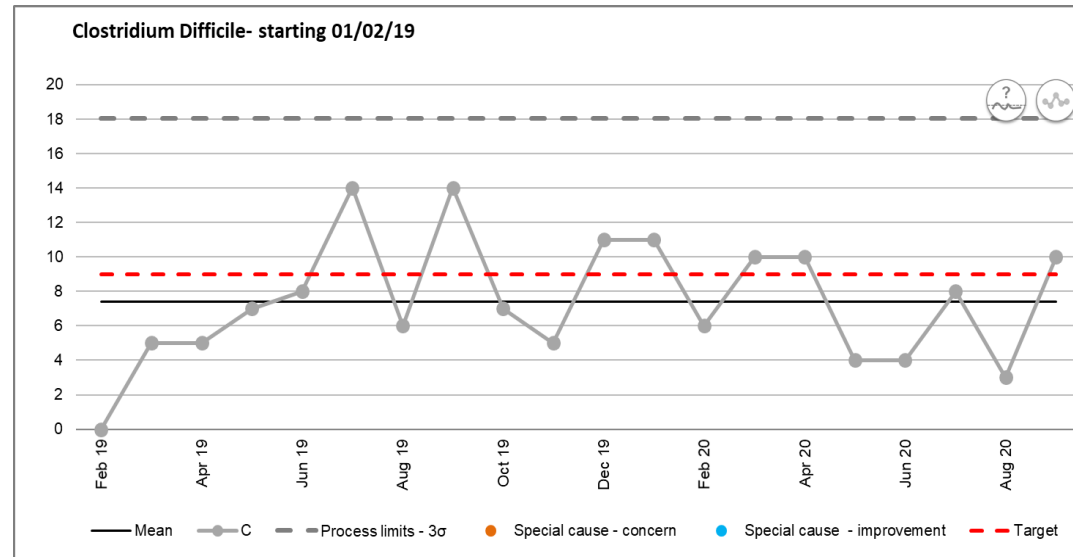
Metric	Sep 20	YTD	Target
VTE Risk Assessment	98.7%	98.8%	95%
Common cause variation, likely to deliver target next month.			



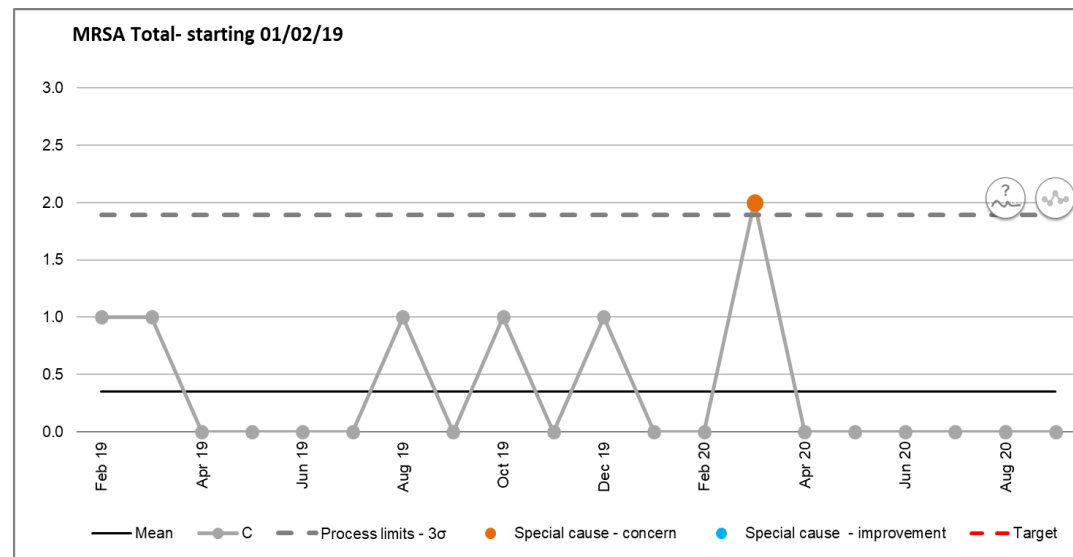
Metric	Sep 20	YTD	Target
% Emergency C-Sections	18.5%	20.0%	No National Target
Common cause variation.			



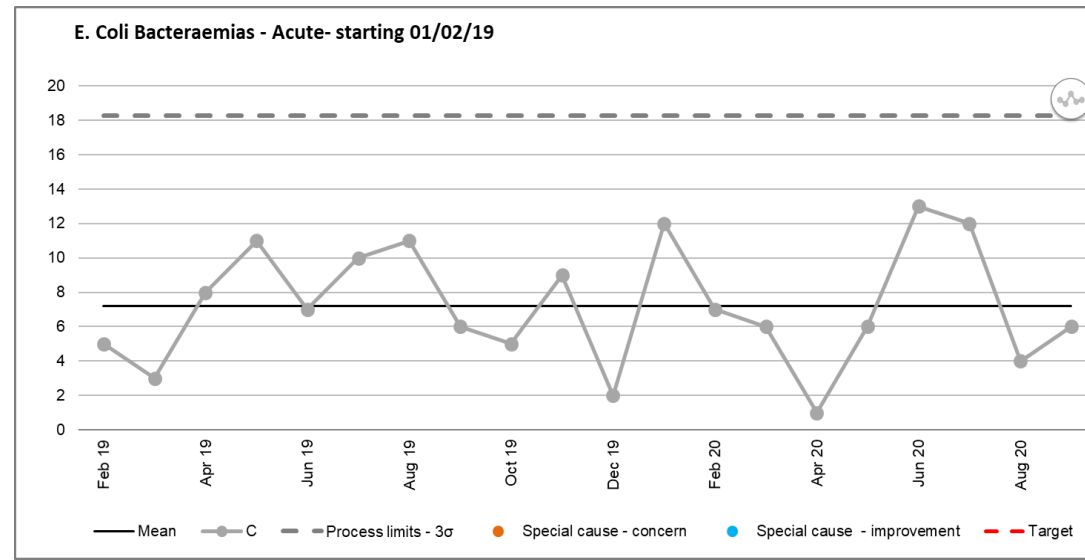
Metric	Sep 20	YTD	Target
Clostridium Difficile	10	39	108
No significant variation. May achieve target next month.			



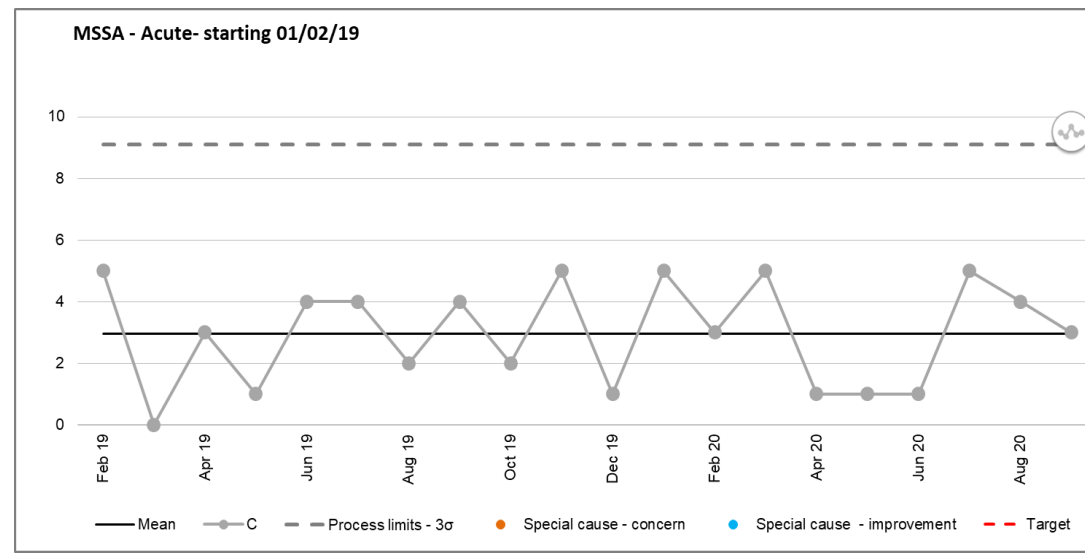
Metric	Sep 20	YTD	Target
MRSA Total	0	0	0
No assurance if target will be achieved next month.			



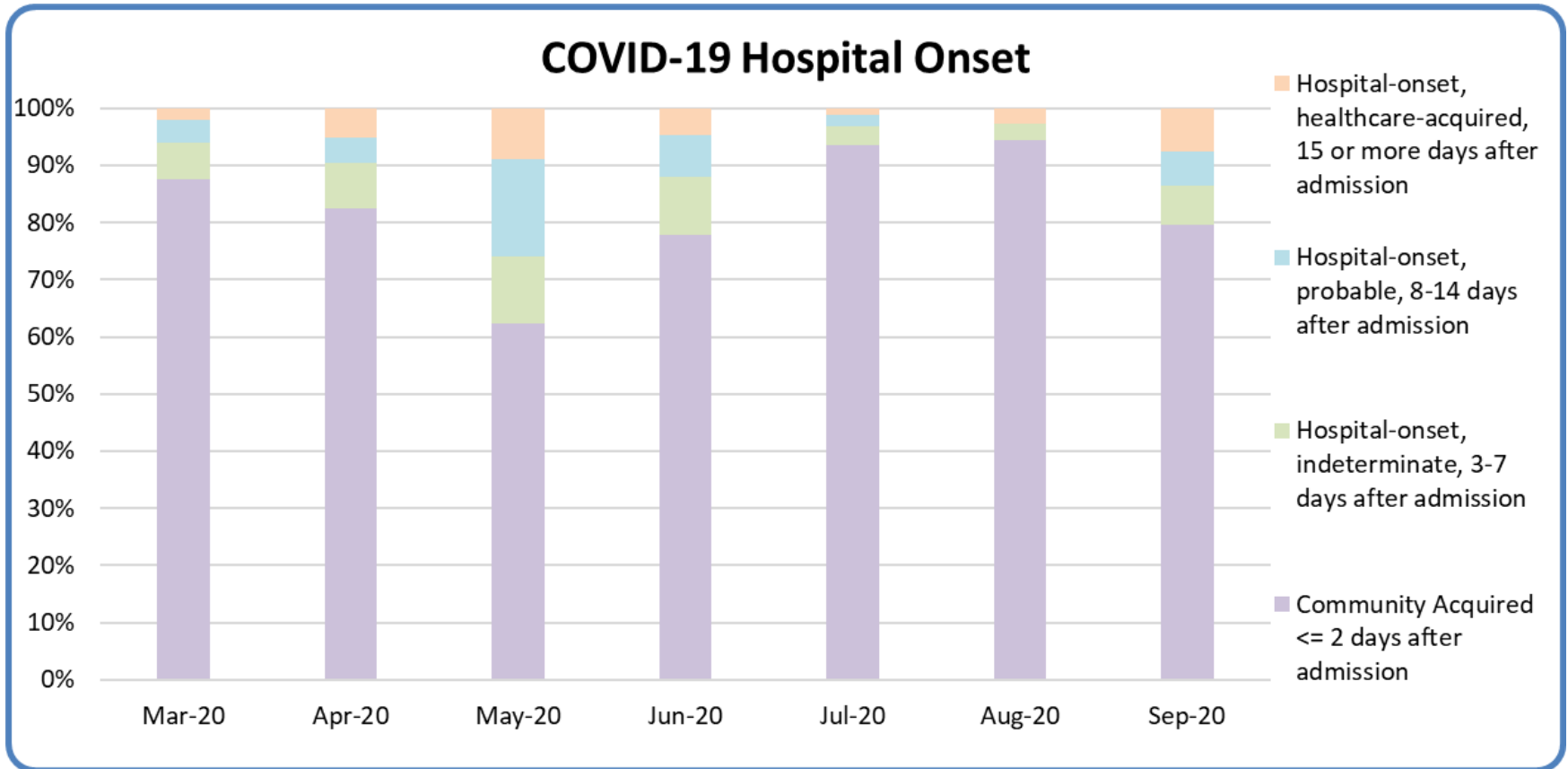
Metric	Sep 20	YTD	Target
E. Coli Bacteraemias - Acute	6	42	No National Target
No significant variation.			



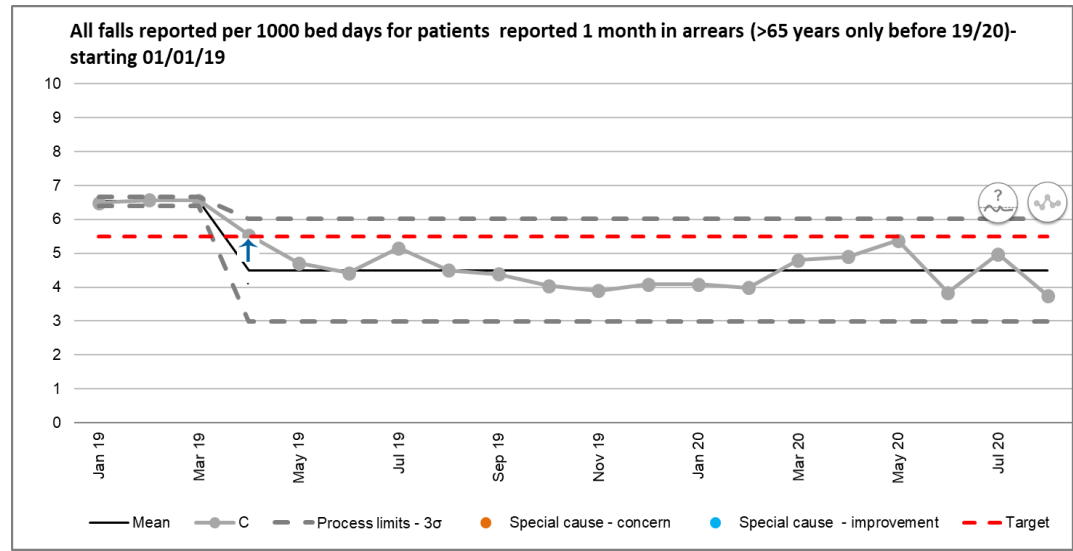
Metric	Sep 20	YTD	Target
MSSA - Acute	3	15	No National Target
Normal variation.			



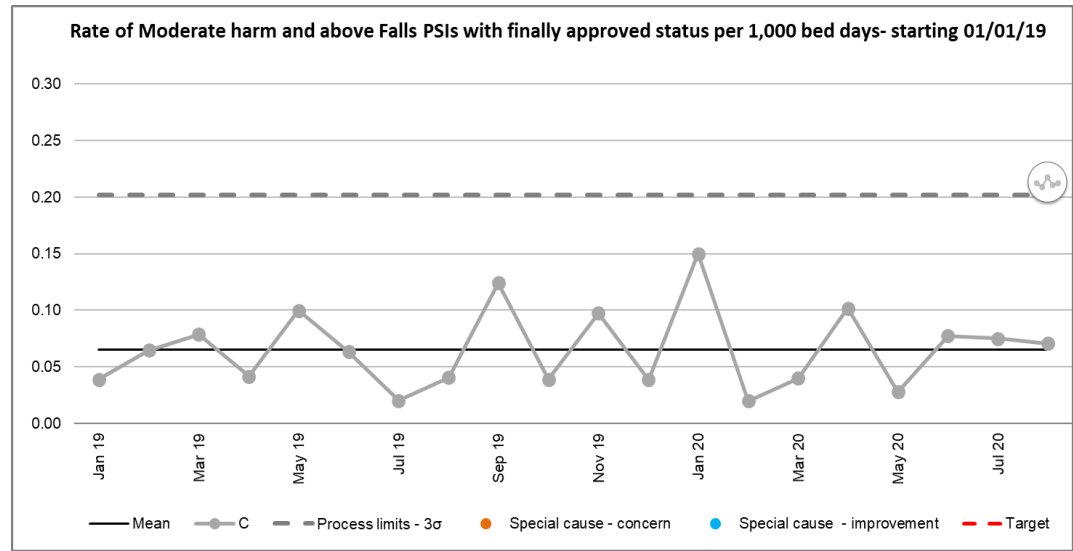
NHSI COVID-19 Onset Category	Mar-20		Apr-20		May-20		Jun-20		Jul-20		Aug-20		Sep-20	
	Patients	%	Patients	%	Patients	%	Patients	%	Patients	%	Patients	%	Patient Count	%
Community Acquired <= 2 days after admission	218	87.6%	619	82.4%	236	62.4%	168	77.8%	87	93.5%	34	94.4%	94	79.7%
Hospital-onset, indeterminate, 3-7 days after admission	16	6.4%	60	8.0%	44	11.6%	22	10.2%	3	3.2%	1	2.8%	8	6.8%
Hospital-onset, probable, 8-14 days after admission	10	4.0%	34	4.5%	64	16.9%	16	7.4%	2	2.2%	0	0.0%	7	5.9%
Hospital-onset, healthcare-acquired, 15 or more days after admission	5	2.0%	38	5.1%	34	9.0%	10	4.6%	1	1.1%	1	2.8%	9	7.6%
Total	249	100%	751	100%	378	100%	216	100%	93	100%	36	100%	118	100%



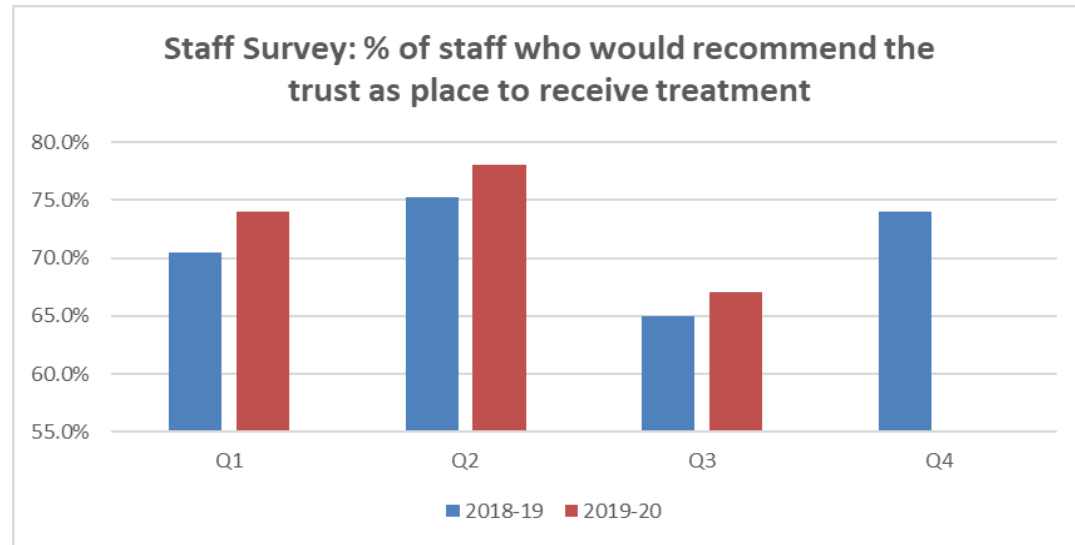
Metric	Aug 20	YTD	Target
All falls reported per 1000 bed days for patients	3.7	4.6	5.5
Common cause variation, no assurance that the target will be delivered next month.			



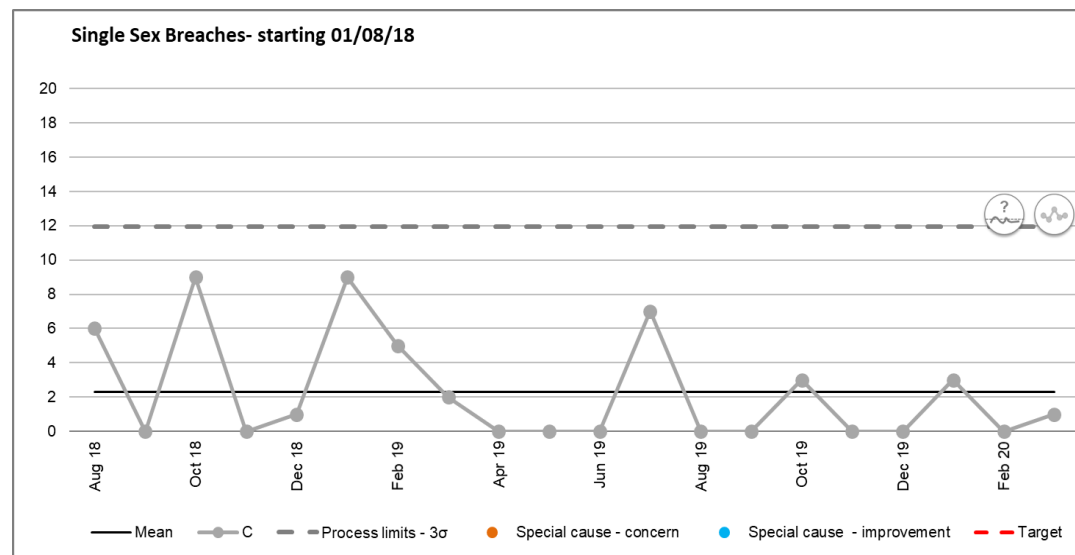
Metric	Aug 20	YTD	Target
Rate of Moderate harm and above Falls PSIs with finally approved status per 1,000 bed days	0.07	0.07	No National Target
No significant variation.			



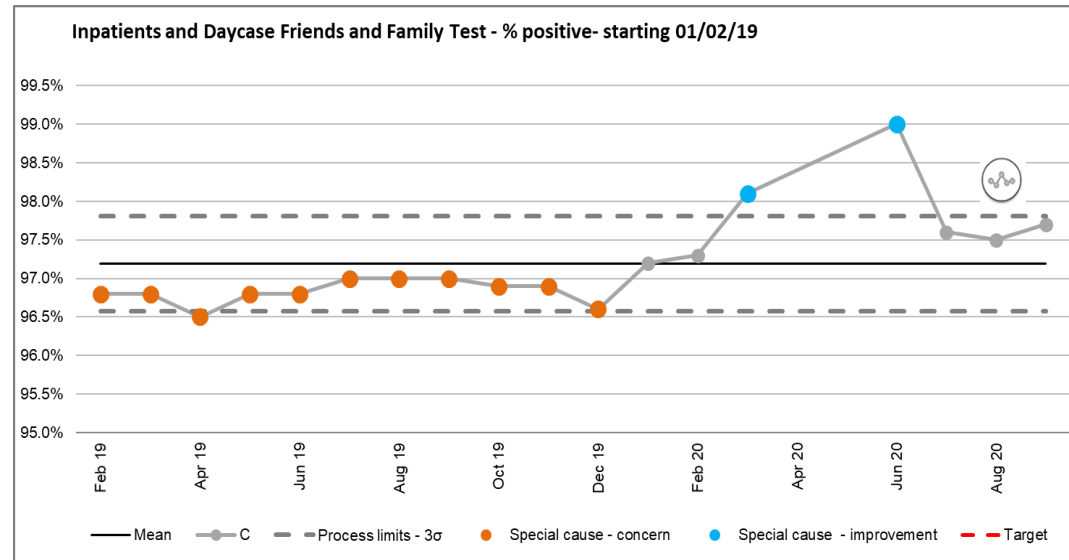
Metric	Q3 19/20	YTD	Target
% of staff who would recommend the trust as place to receive treatment	67%	73%	No National Target
Reporting will commence once national reporting resumes.			



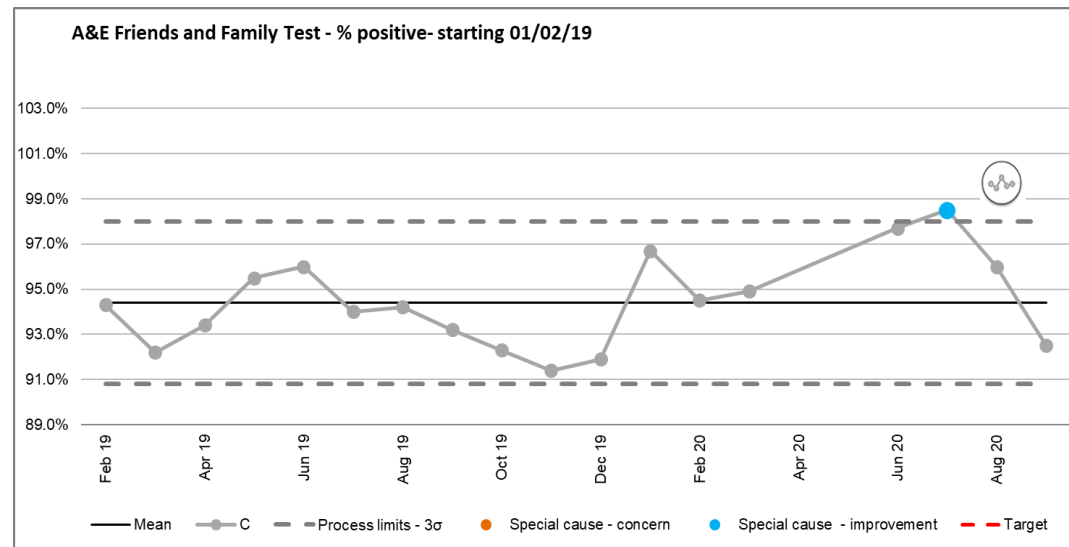
Metric	Mar 20	YTD	Target
Single Sex Breaches	1	14	0
National reporting commences in April 2021.			



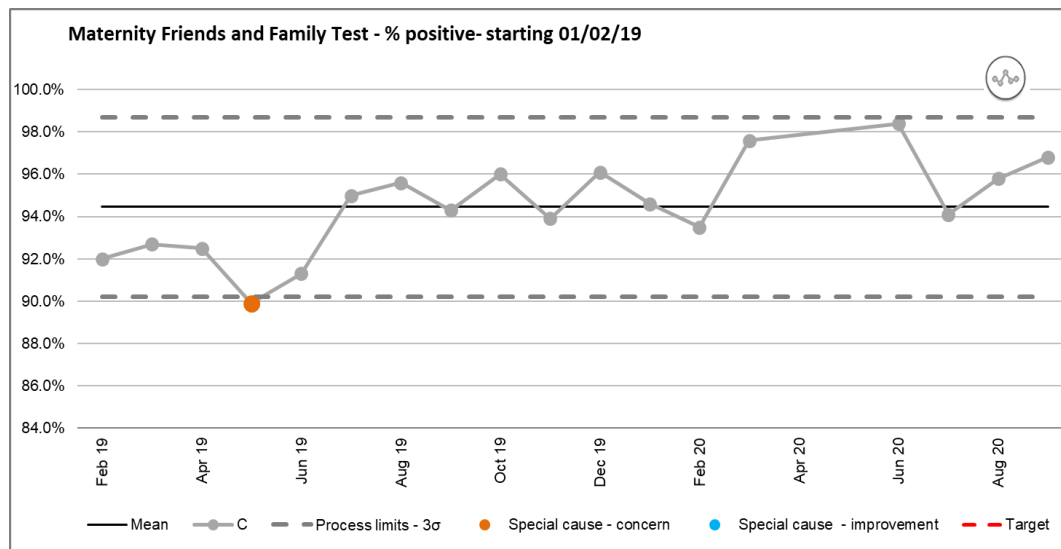
Metric	Sep 20	YTD	Target
Inpatient and Day case F&F Test % Positive	98%	98%	TBC
National reporting is expected from December onwards. CMG reporting has resumed.			



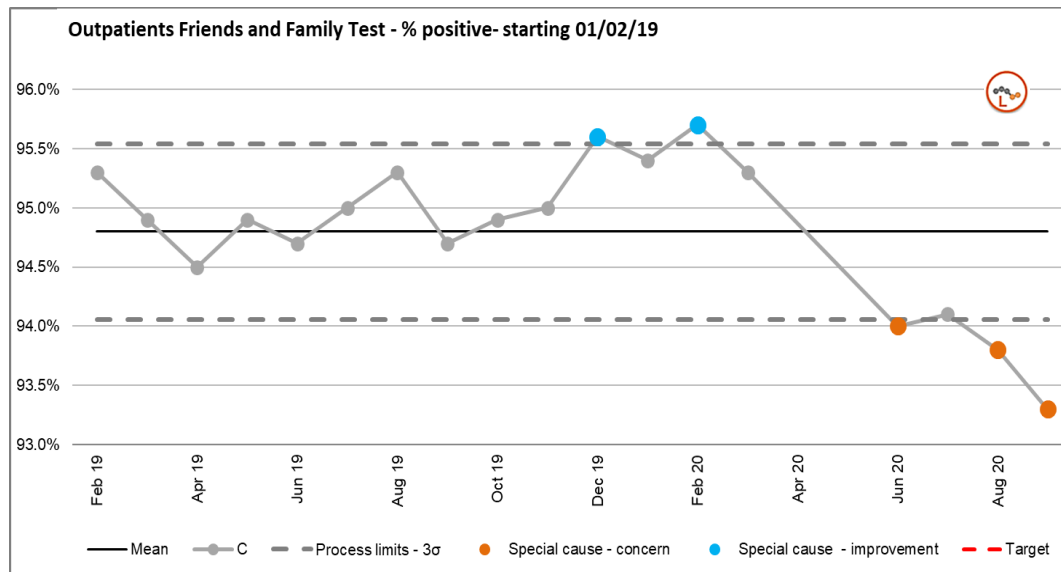
Metric	Sep 20	YTD	Target
A&E F&F Test % Positive	93%	96%	TBC
National reporting is expected from December onwards. CMG reporting has resumed.			



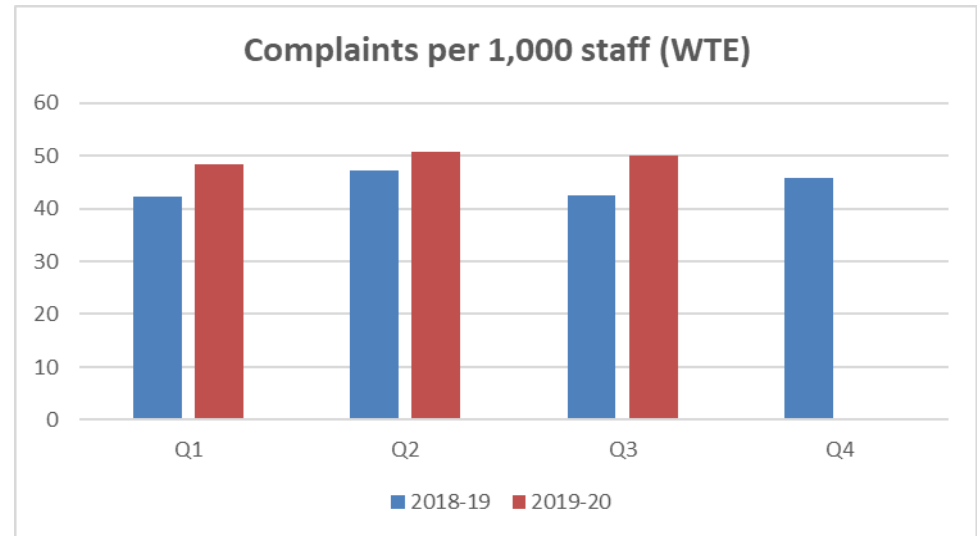
Metric	Sep 20	YTD	Target
Maternity F&F Test % Positive	97%	96%	TBC
National reporting is expected from December onwards. CMG reporting has resumed.			



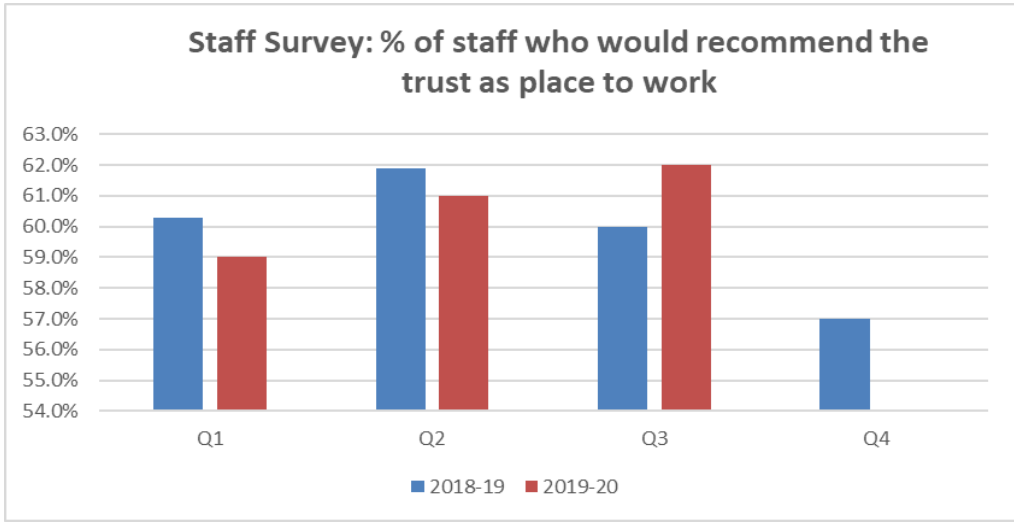
Metric	Sep 20	YTD	Target
Outpatients Friends and Family Test - % positive	93%	94%	TBC
National reporting is expected from December onwards. CMG reporting has resumed.			



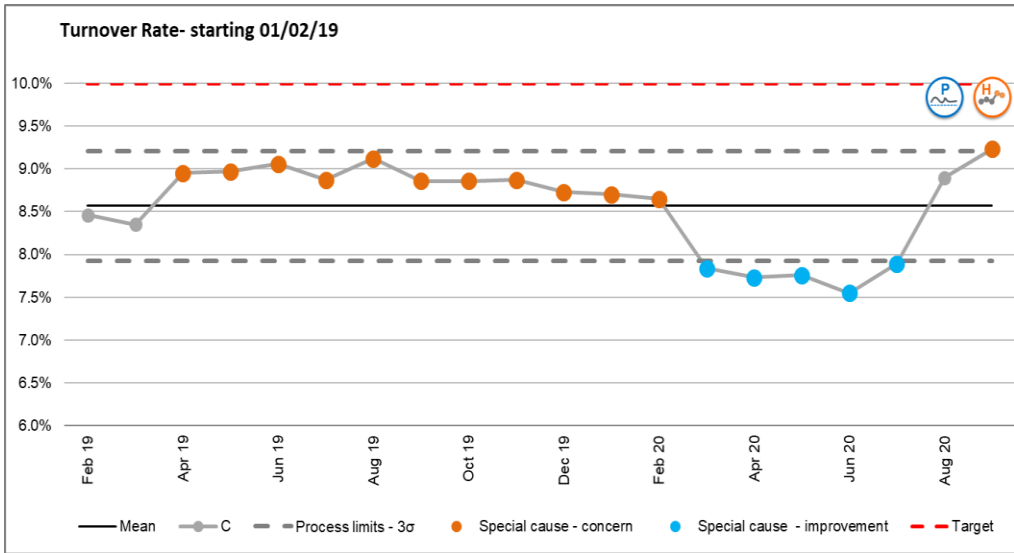
Metric	Q3 19/20	YTD	Target
Complaints per 1,000 staff (WTE)	50.1	49.7	No National Target
National reporting expected to resume from November onwards.			



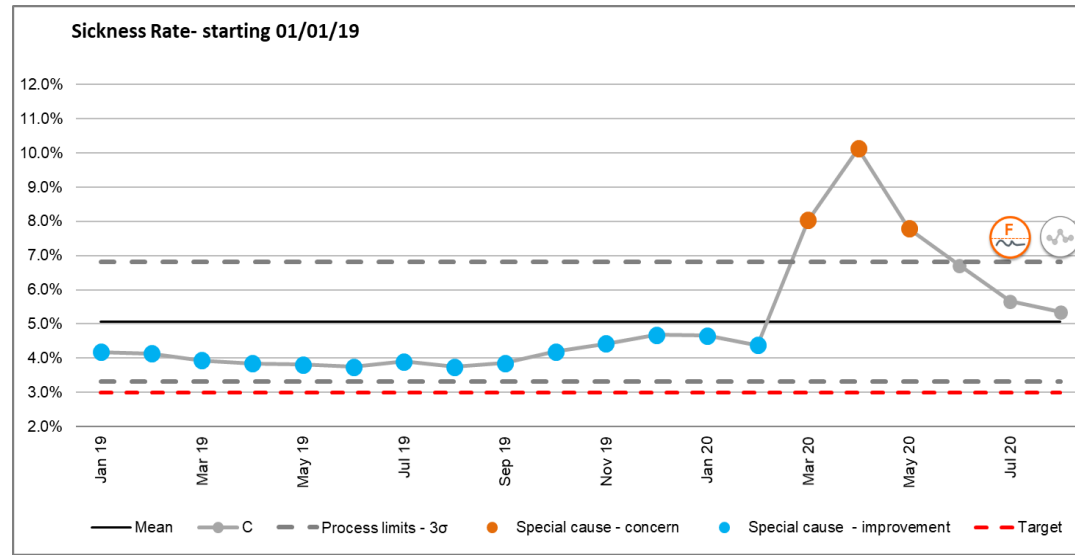
Metric	Q3 19/20	YTD	Target
Staff Survey % Recommend as Place to Work	62%	61%	Not within Lowest Decile
Reporting will commence once national reporting resumes.			



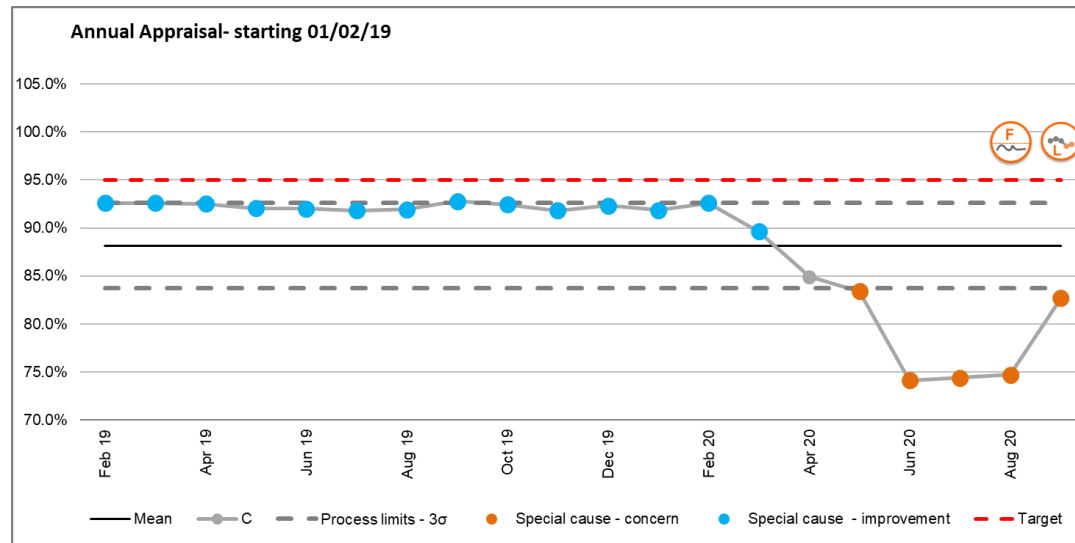
Metric	Sep 20	YTD	Target
Turnover Rate	9.2%	9.2%	10%
Special cause concern - Turnover Rate increased in September, very likely to achieve target next month.			



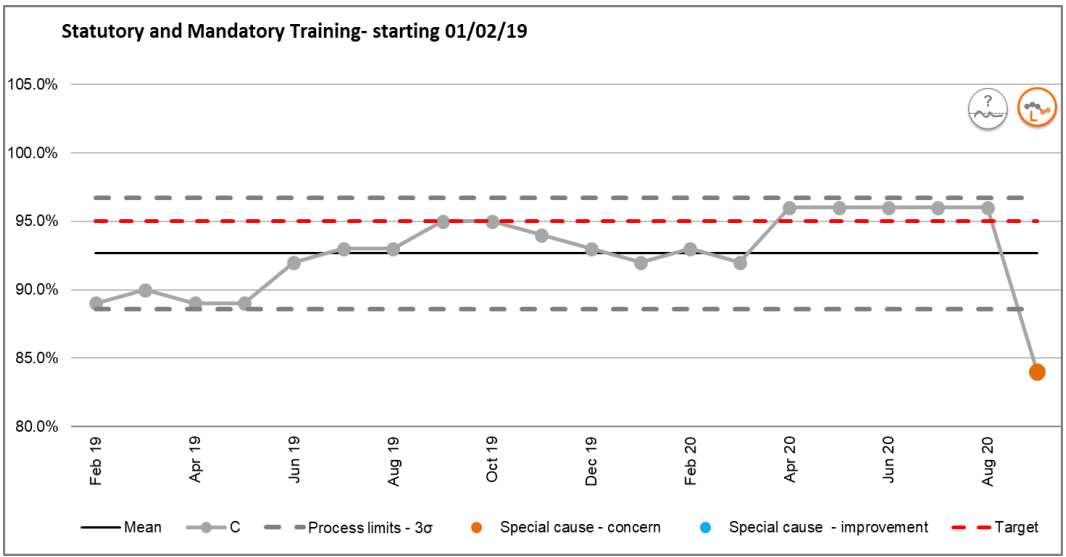
Metric	Aug 20	YTD	Target
Sickness absence	5.4%	7.1%	3%
Common cause variation following a period of statistical concern due to COVID-19. The target will most likely not be achieved next month.			



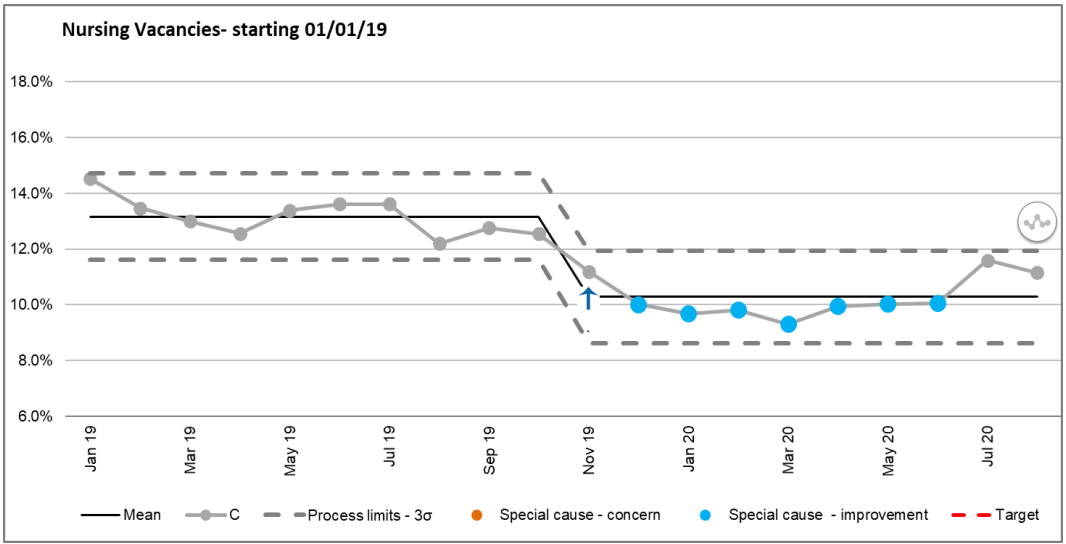
Metric	Sep 20	YTD	Target
% of Staff with Annual Appraisal	82.7%	82.7%	95%
Special cause concern due to COVID-19. Very unlikely to achieve target.			



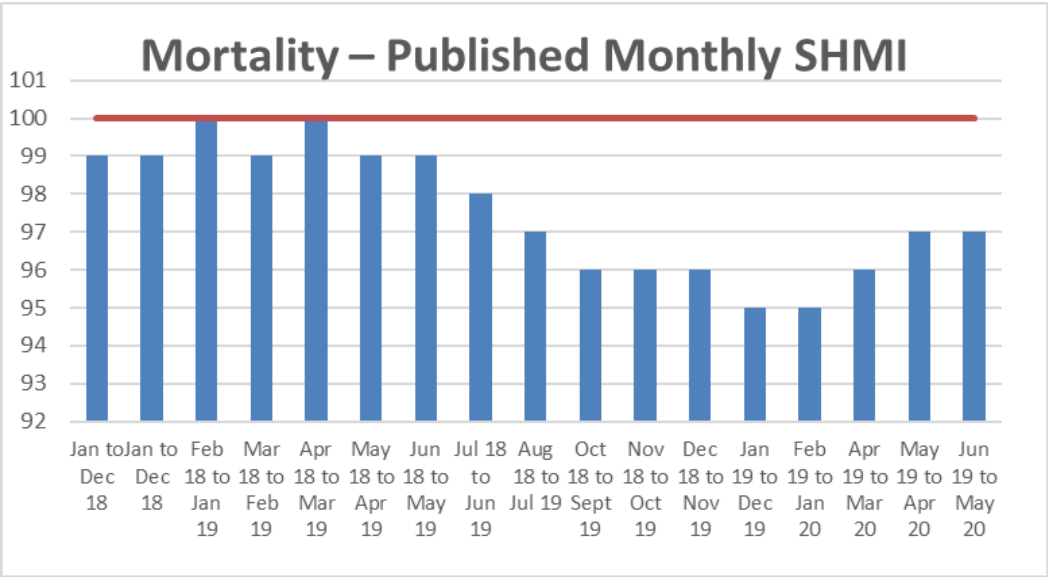
Metric	Sep 20	YTD	Target
Statutory and Mandatory Training	84%	84%	95%
<p>Special Cause concern. Performance decreased in September due to the removal of the extension to the training refresher periods introduced in March due to COVID-19.</p>			



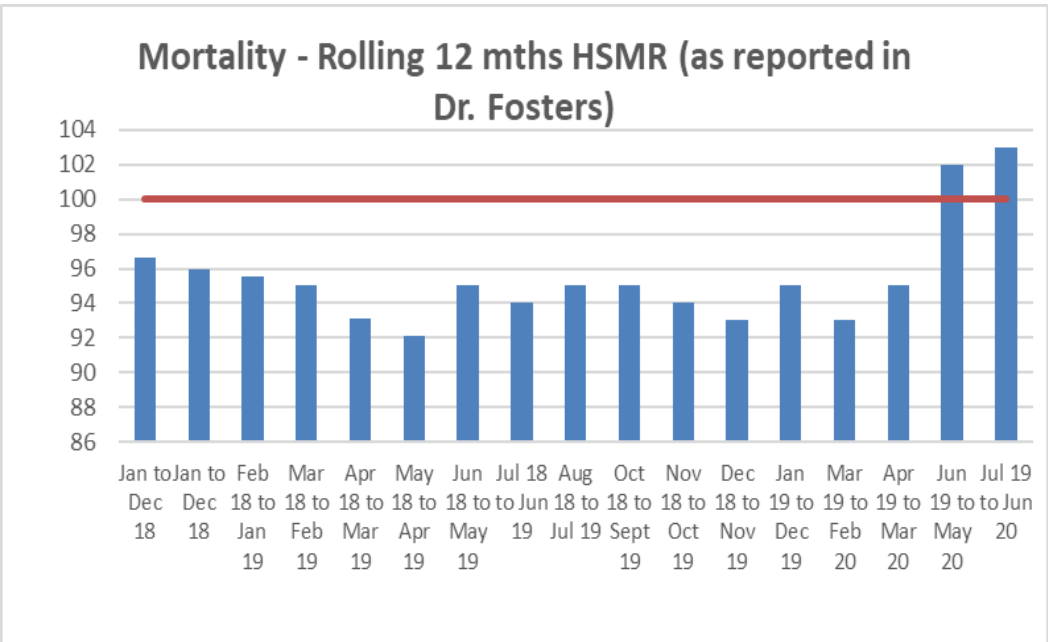
Metric	Aug 20	YTD	Target
Nursing Vacancies	11.2%	11.2%	No National Target
<p>Performance has improved since November last year.</p>			



Metric	Jun 19 – May 20	Target
Mortality – Published Monthly SHMI	97	100
<p>UHL’s SHMI has been 100 or below for the past two years with some natural variation.</p>		



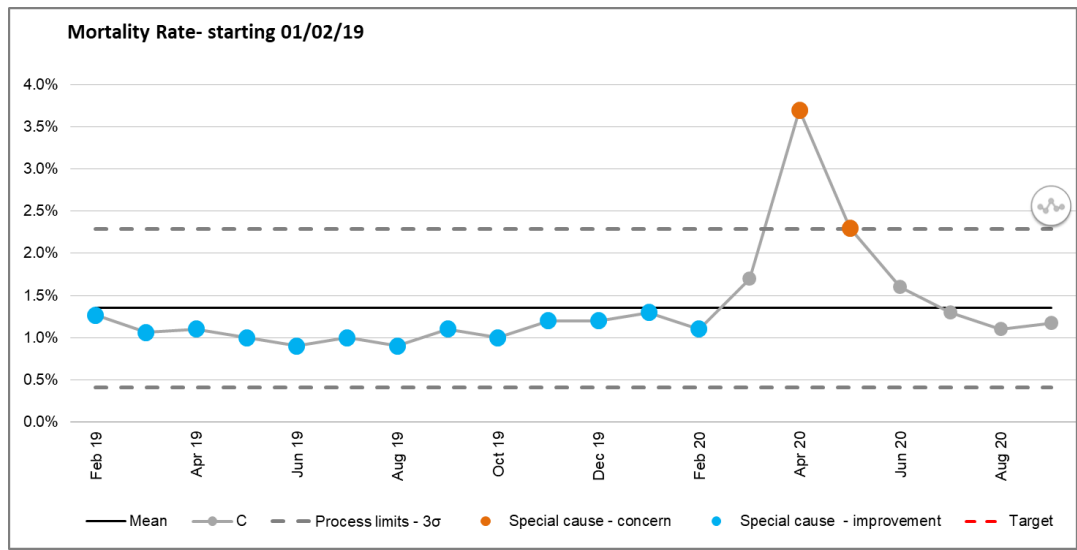
Metric	Jul 19 – Jun 20	Target
Mortality - Rolling 12 mths HSMR as reported in Dr. Foster)	103	100
<p>Over the past 4 years our HSMR has remained at either below or within the expected range. The recent increase in the HSMR was discussed at the Trust Mortality Review Committee and is thought to be due the increased deaths and reduced activity related to the Coronavirus and the associated risk adjustment methodology changes. The trust is working with our Dr Foster Consultant to better understand the increase.</p>		



Metric	Sep 20	YTD	Target
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Crude Mortality	1.2%	1.7%	No National Target
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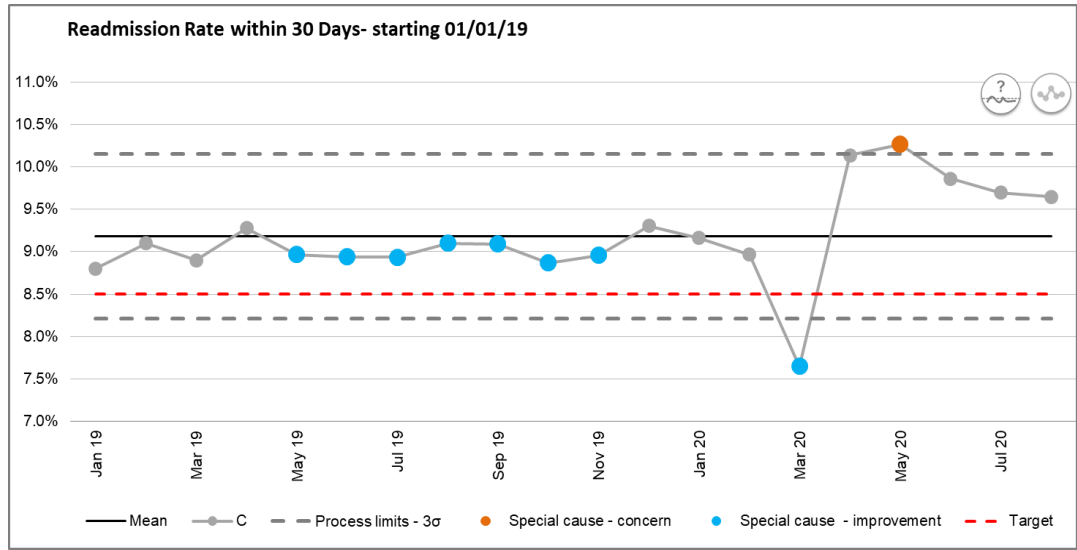
Statistically significant increase in April and May due to COVID-19.



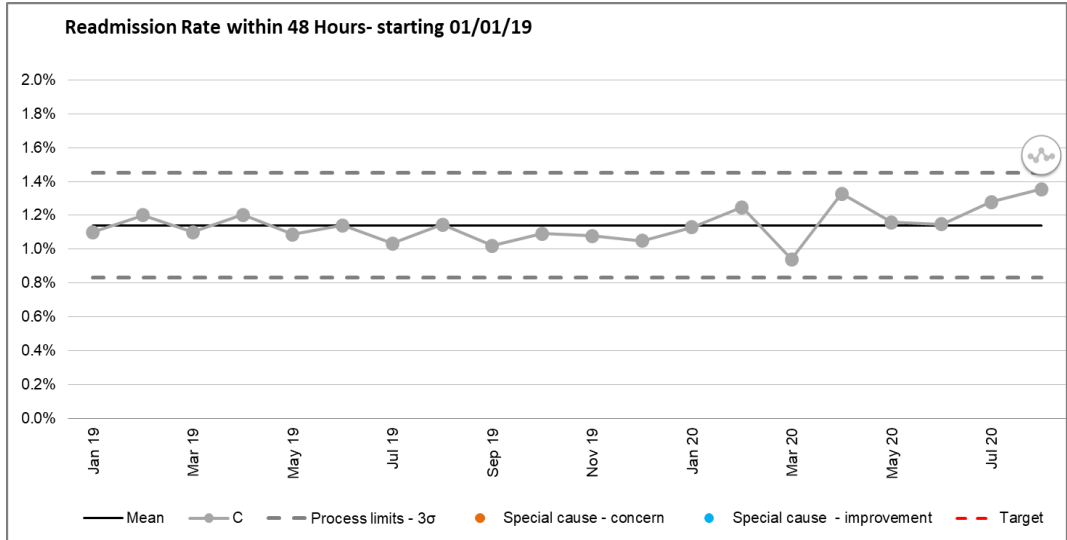
Metric	Aug 20	YTD	Target
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Emergency readmissions within 30 days	9.6%	9.9%	8.5%
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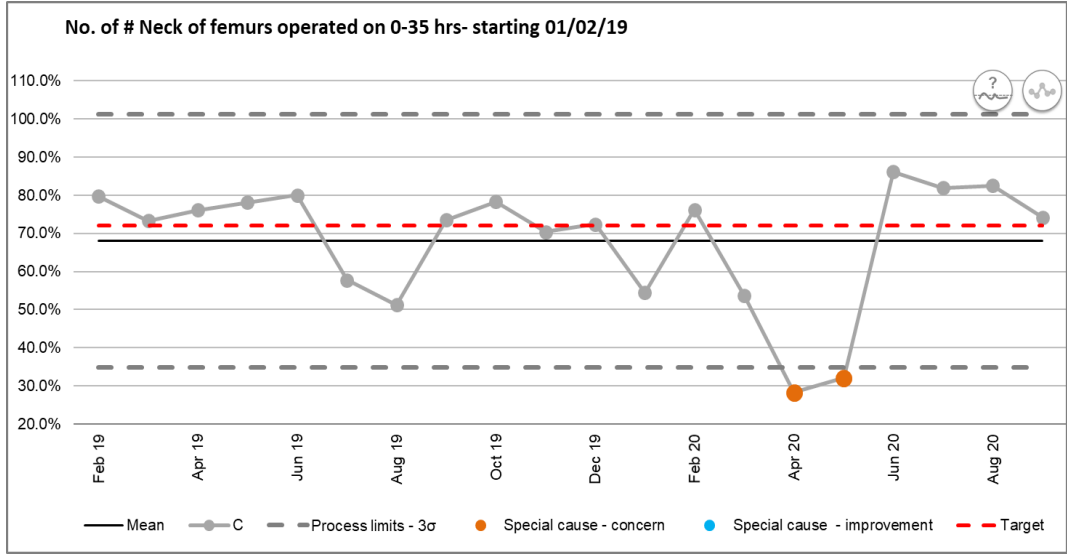
Special cause concern in May due to COVID-19.



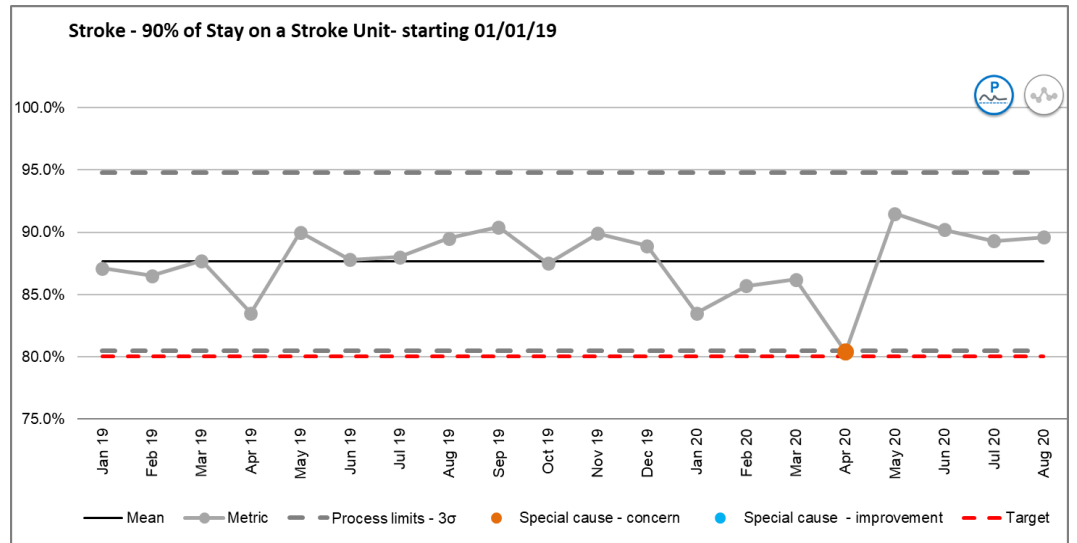
Metric	Aug 20	YTD	Target
Emergency readmissions within 48 hrs	1.4%	1.2%	No National Target
No significant variation.			



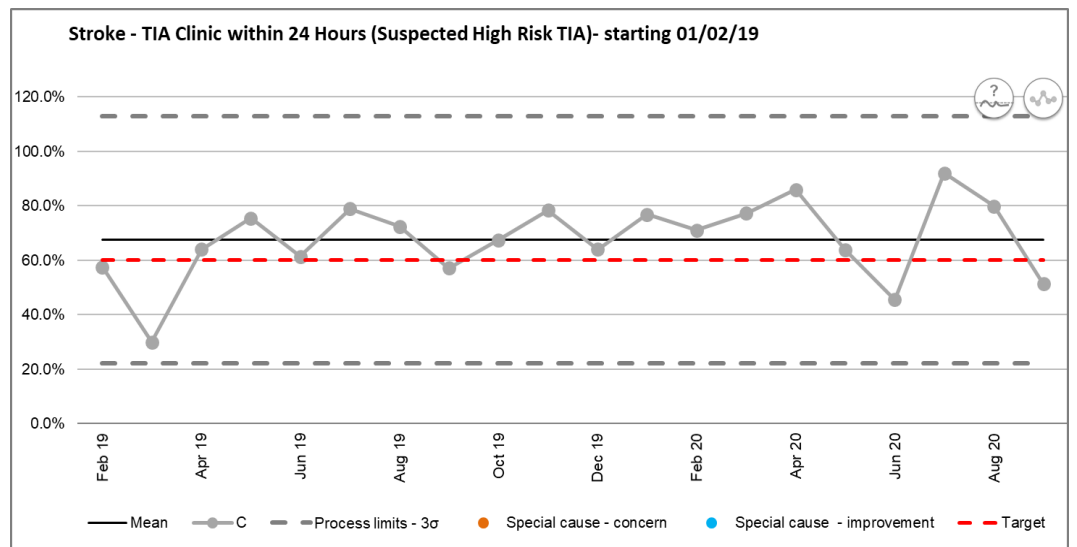
Metric	Sep 20	YTD	Target
% Neck of femurs operated on under 36 hrs Based on Admissions	74.2%	62.3%	72%
Performance deteriorated significantly in April and May due to COVID-19. No assurance that target will be delivered next month.			



Metric	Aug 20	YTD	Target
Stroke - 90% of Stay on a Stroke Unit	89.6%	87.3%	80%
Common cause variation, consistently achieving target.			



Metric	Sep 20	YTD	Target
TIA Clinic within 24 Hours (Suspected High Risk TIA)	51.3%	67.3%	60%
Common cause variation, target not achieved in September.			



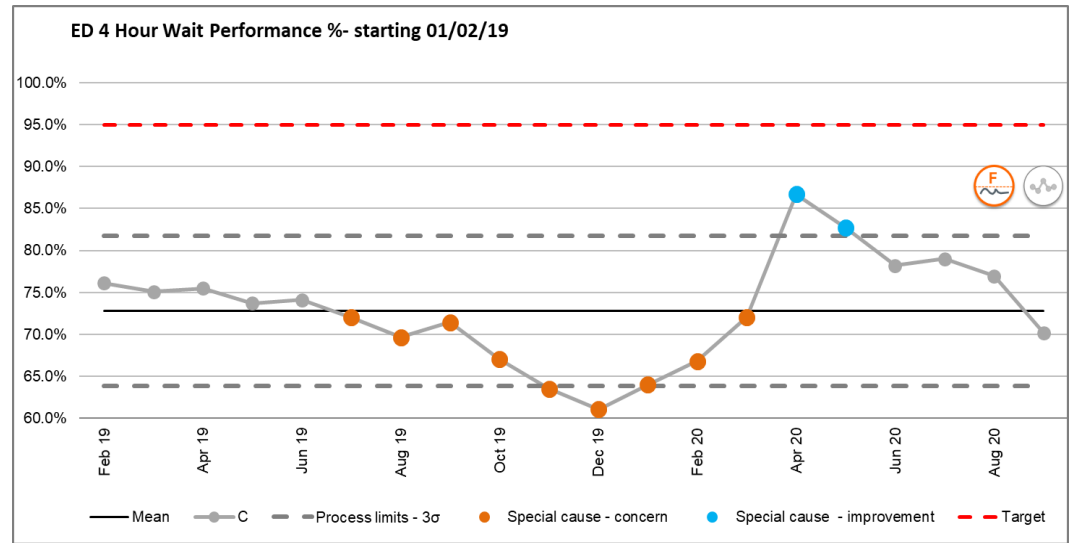
Responsive

For more information please see the Urgent Care Report - PPPC

Metric	Sep 20	YTD	Target
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ED 4 Hour Waits UHL	70.2%	78.1%	95%
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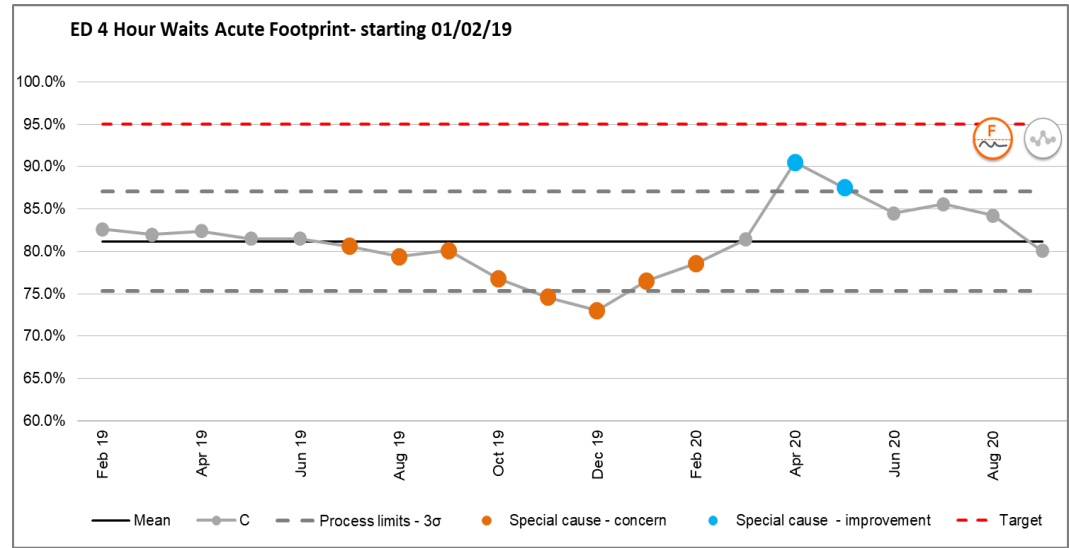
Special cause improvement in April and May due to COVID-19. Continually failing target and will most likely fail to achieve target next month.



Metric	Sep 20	YTD	Target
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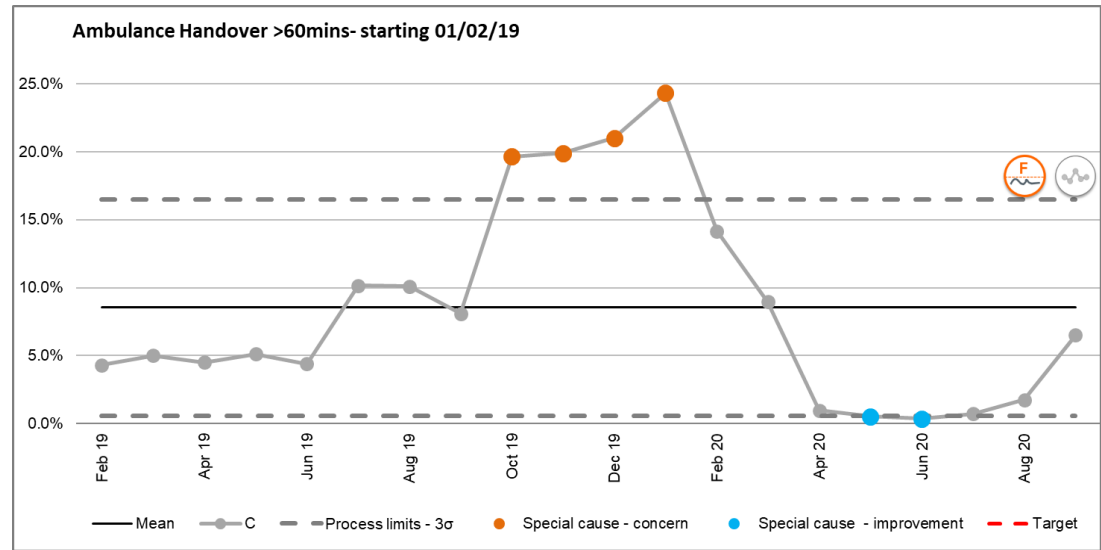
ED 4 Hour Waits Acute Footprint	80.1%	84.8%	95%
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Special cause improvement in April and May due to COVID-19. Continually failing target and will most likely fail to achieve target next month.

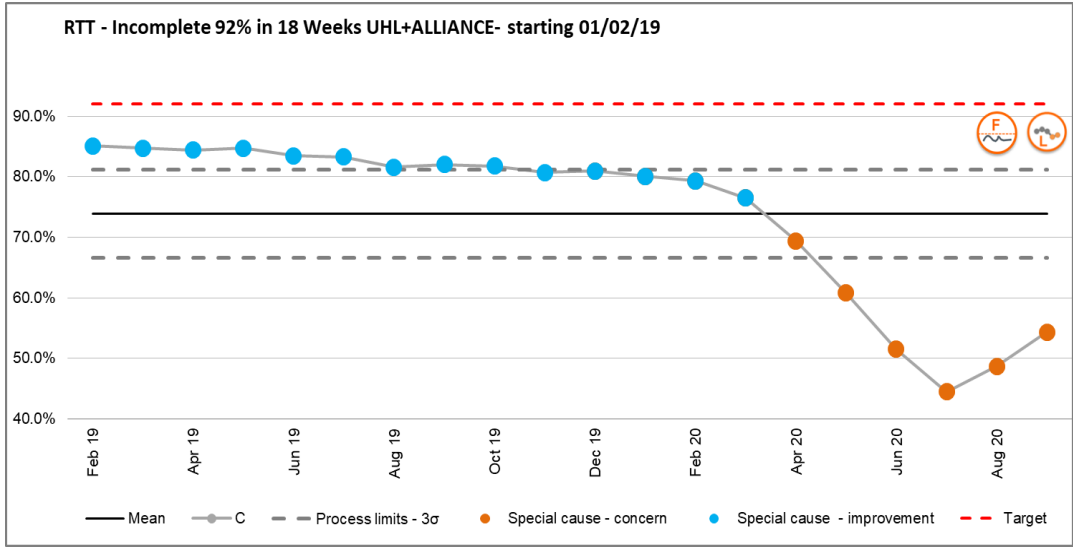


Responsive

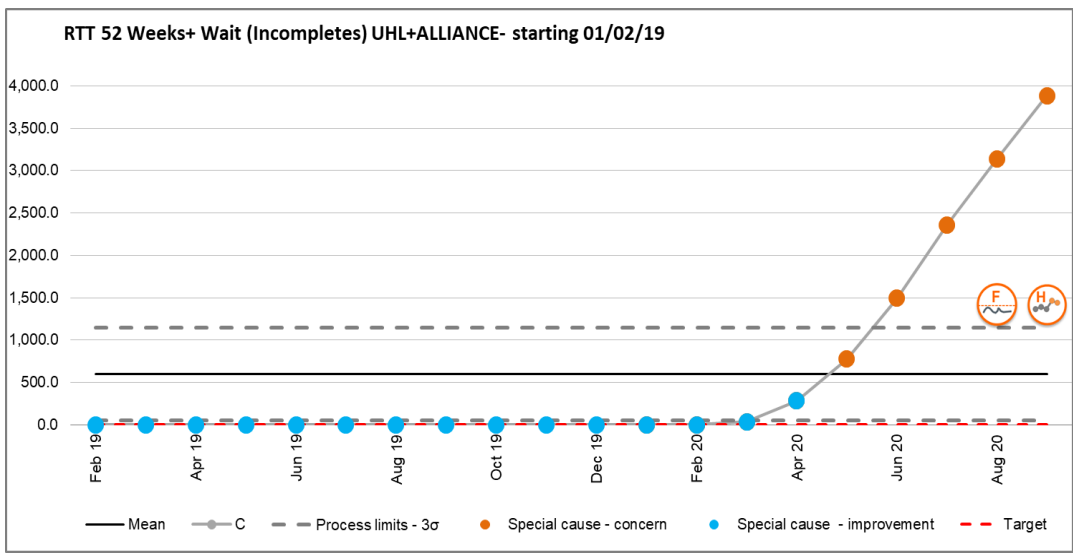
Metric	Sep 20	YTD	Target
Ambulance Handover >60 Mins	6.5%	1.9%	0%
Common cause variation, performance has deteriorated over the past 3 months.			



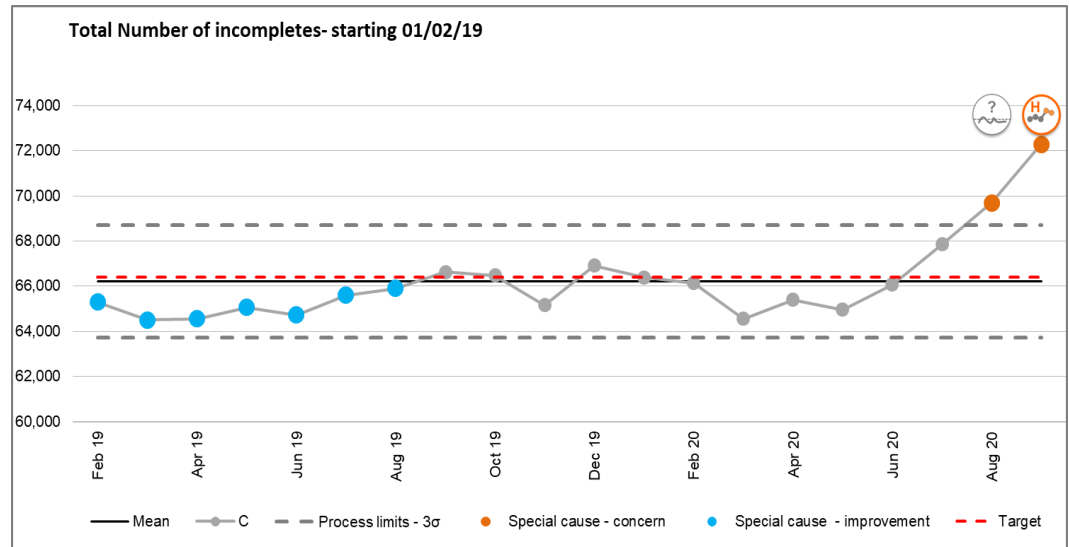
Metric	Sep 20	YTD	Target
RTT Incompletes	54.3%	54.3%	92%
Performance has been deteriorating due to focus on waiting list target and more recently COVID-19.			



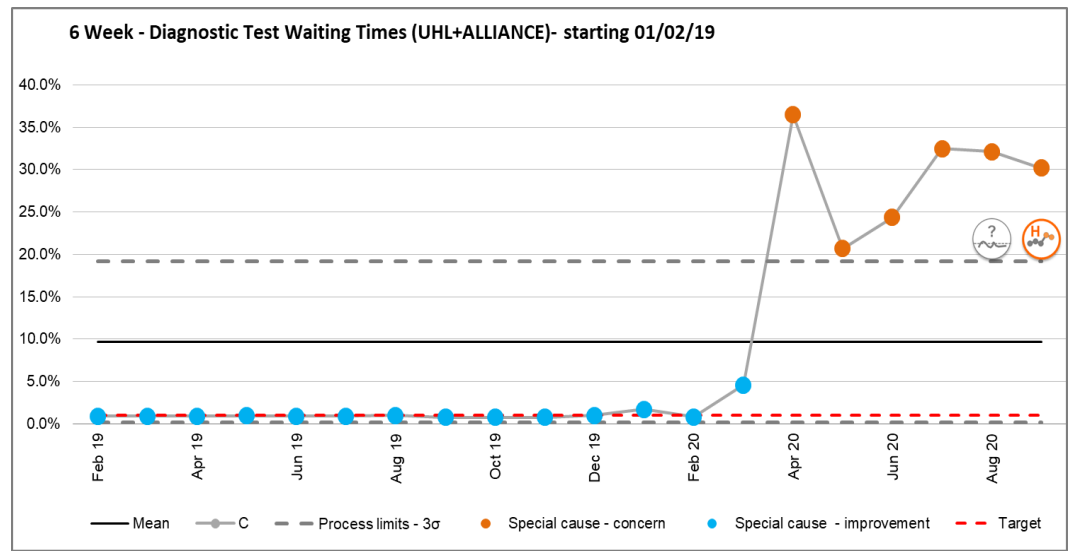
Metric	Sep 20	YTD	Target
RTT 52+ Weeks Wait	3,886	3,886	0
Special cause concern, the number of breaches is expected to increase due to COVID-19.			



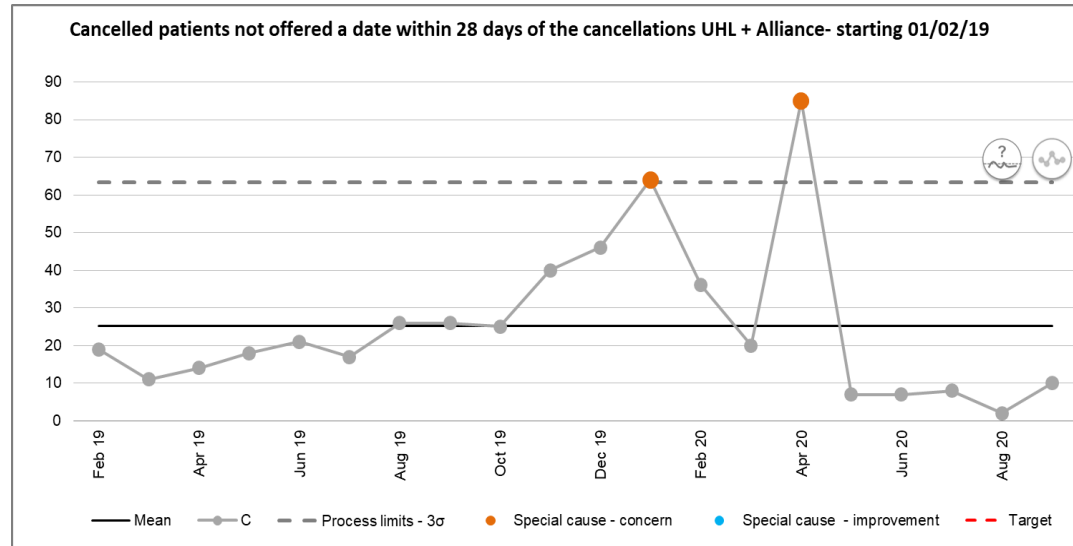
Metric	Sep 20	YTD	Target
Total Number of incompletes	72,292	72,292	66,397 (Year End)
Special cause concern due to COVID-19.			



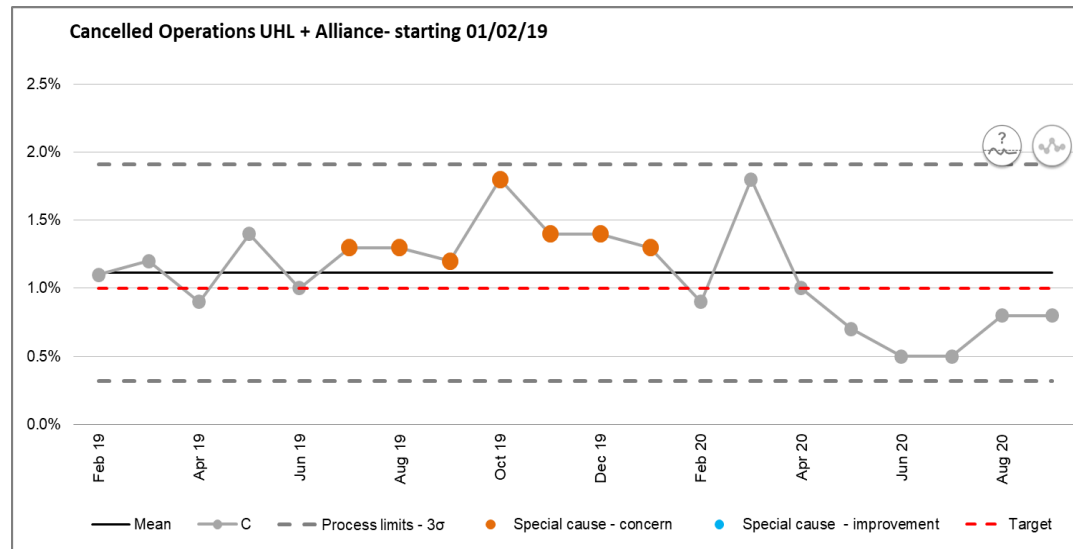
Metric	Sep 20	YTD	Target
6 Week Diagnostic Waits	30.2%	30.2%	1%
Special cause variation, target not achieved since March due to COVID-19.			



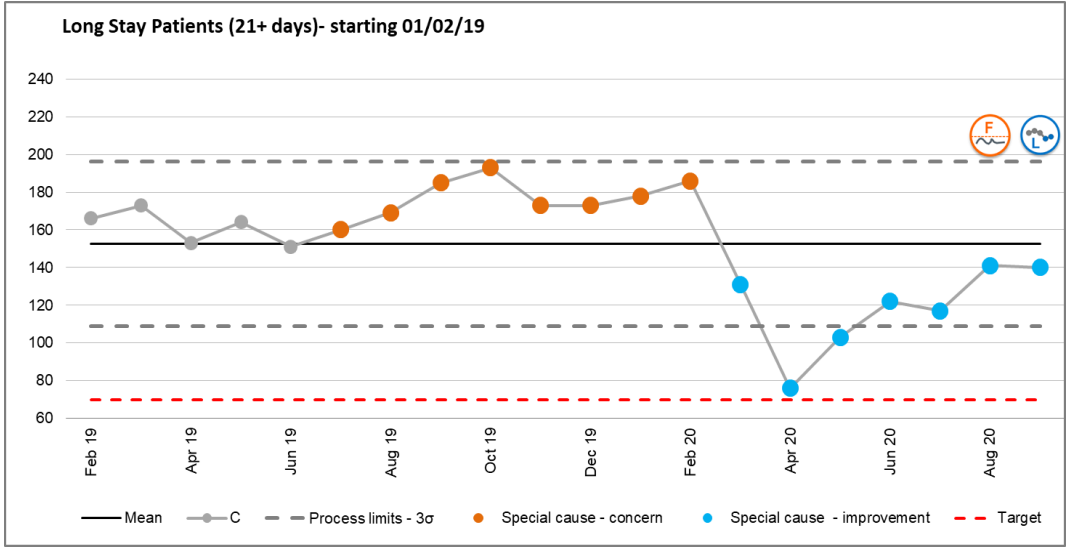
Metric	Sep 20	YTD	Target
Cancelled patients not offered a date within 28 days of the cancellations	10	119	0
Normal variation – April was above the upper control limit due to COVID-19. Full Year target already breached.			



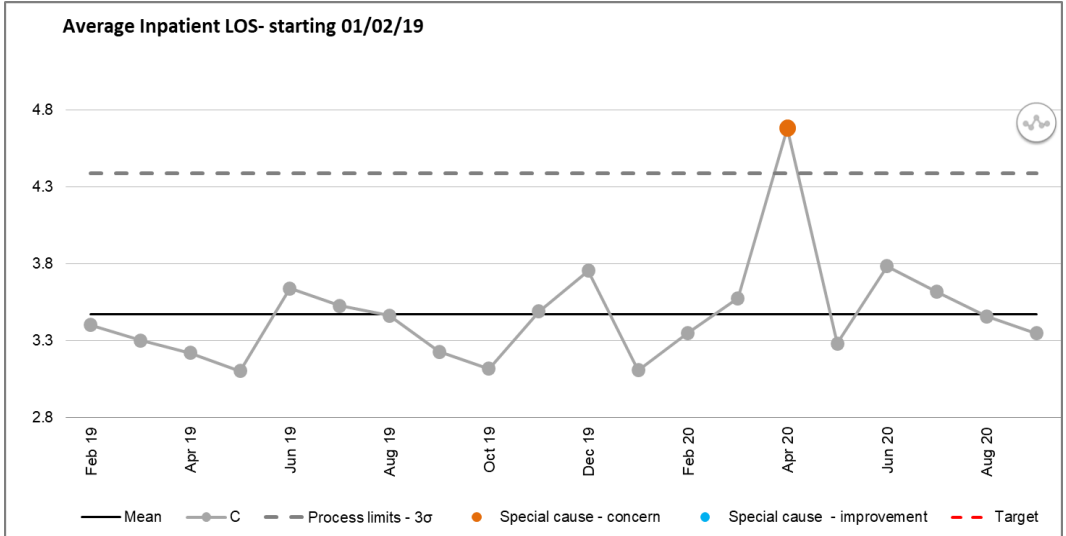
Metric	Sep 20	YTD	Target
% Operations cancelled on the day	0.8%	0.7%	1%
No significant variation observed. No assurance that the target will be delivered next month.			



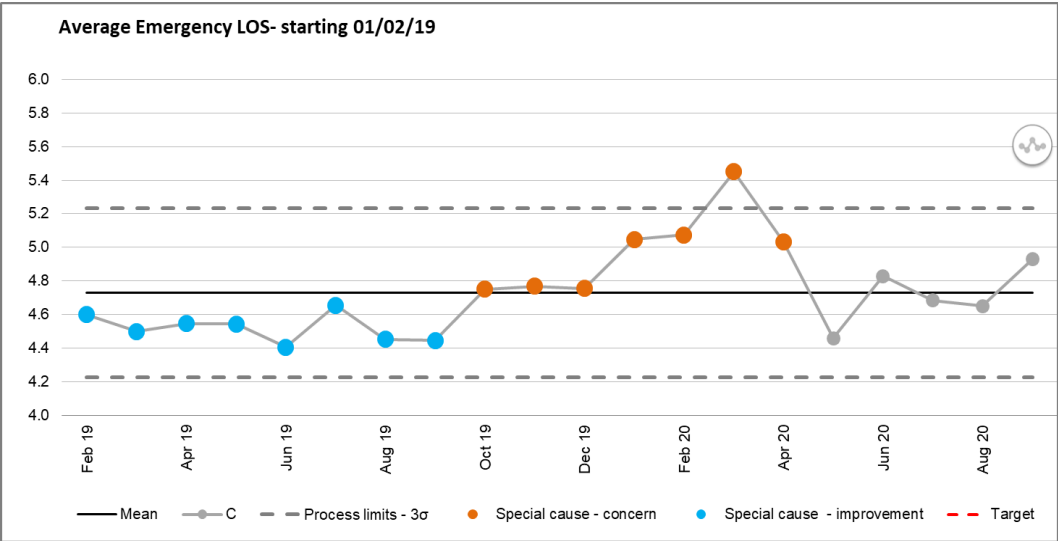
Metric	Sep 20	YTD	Target
Long Stay Patients (21+ days)	140	140	70
Special cause improvement due to Covid-19, unlikely to achieve target next month.			



Metric	Sep 20	YTD	Target
Average Inpatient LOS	3.3	3.6	No National Target
Normal variation.			



Metric	Sep 20	YTD	Target
Average Emergency LOS	4.9	4.8	No National Target
Normal variation.			

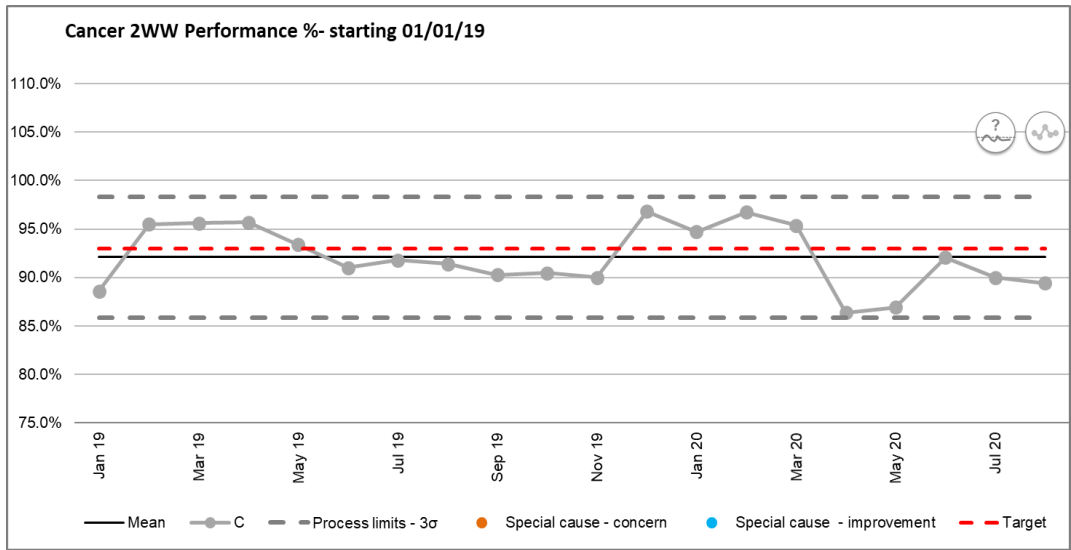


Responsive – Cancer

For more information please see the Cancer Recovery Paper - PPPC

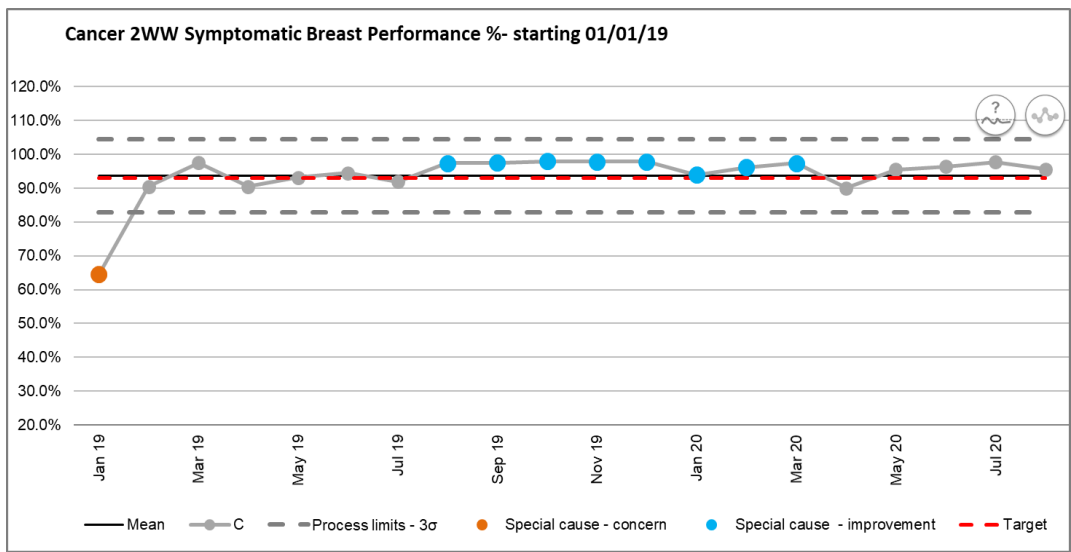
Metric	Aug 20	YTD	Target
Cancer 2WW	89.4%	89.2%	93%

Position is due to upper GI performance and the use of the Alliance causing a delay due to triage for appropriateness for the Alliance we are addressing this and expecting to see an improvement in September.



Metric	Aug 20	YTD	Target
Cancer 2WW Breast	95.5%	96.2%	93%

Achieving
Performance has returned to a more stable level.

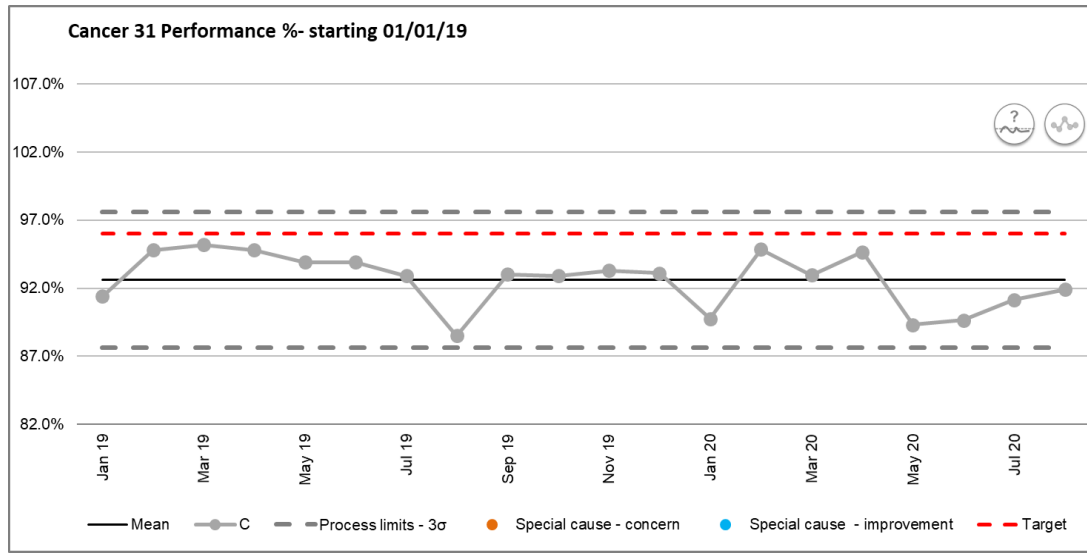


Responsive – Cancer

Metric	Aug 20	YTD	Target
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Cancer 31 Day **91.9%** **91.3%** **96%**

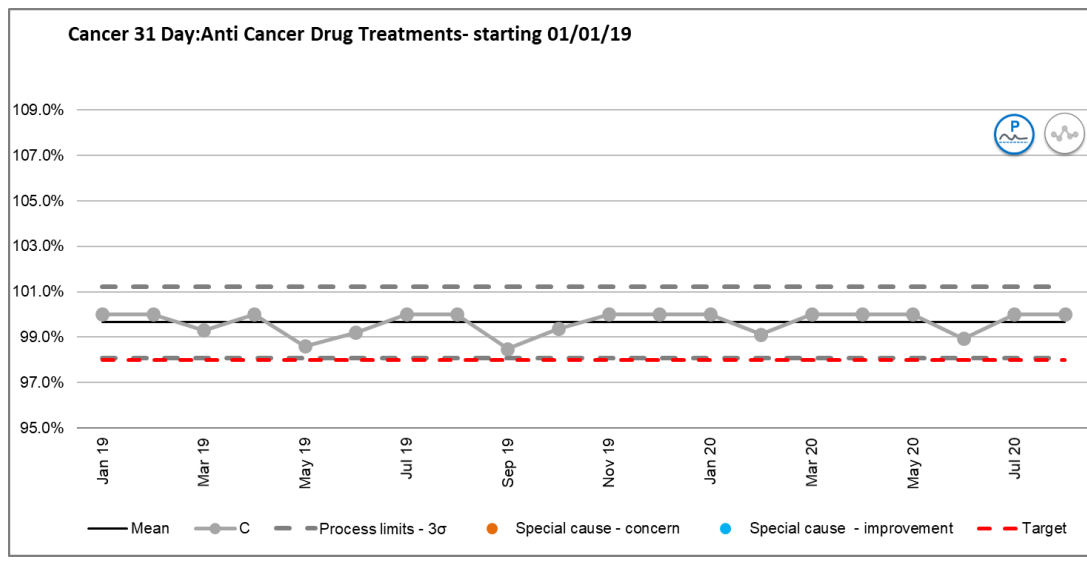
Unlikely to achieve target next month, performance is underperforming but has achieved over 90%. Daily escalation of patients who do not have a next step started in October and continued increase in theatre activity will support continued improvement.



Metric	Aug 20	YTD	Target
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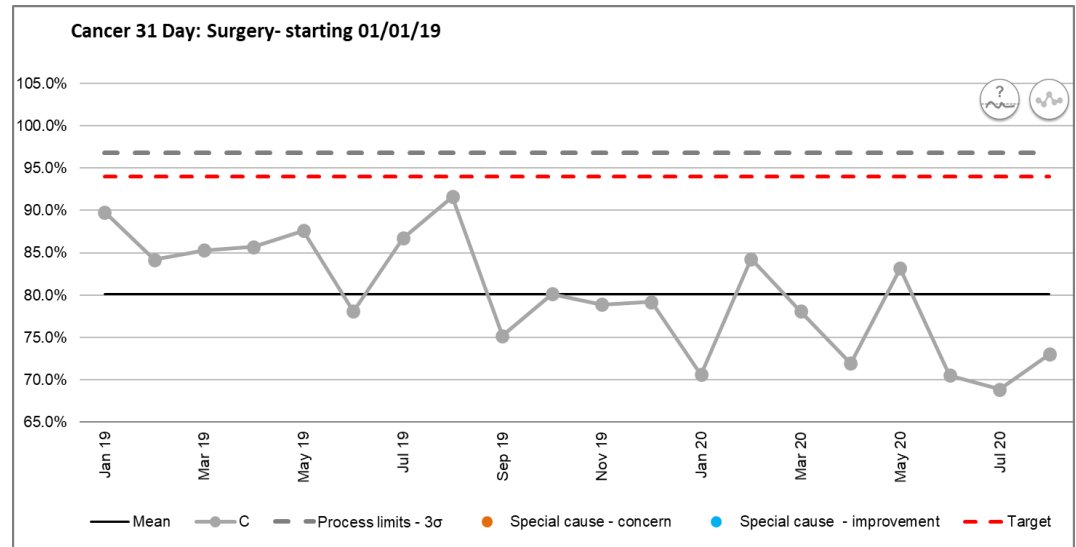
Cancer 31 Day Drugs **100%** **99.8%** **98%**

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

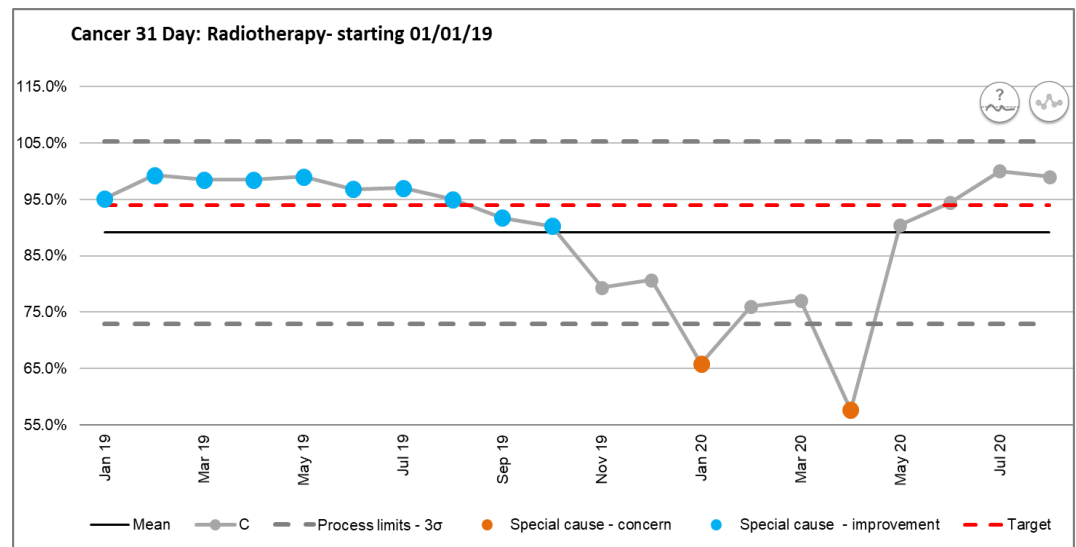


Responsive – Cancer

Metric	Aug 20	YTD	Target
Cancer 31 Surgery	73.0%	73.7%	94%
<p>Unlikely to achieve target next month, performance is underperforming. We continue to prioritise Category 1 and 2 patients; additional capacity is being provided which will support maintenance / improvement.</p>			



Metric	Aug 20	YTD	Target
Cancer 31 Day Radiotherapy	99.0%	88.8%	94%
<p>Achieving Common cause variation, performance increased in July to its highest level since August 2018.</p>			

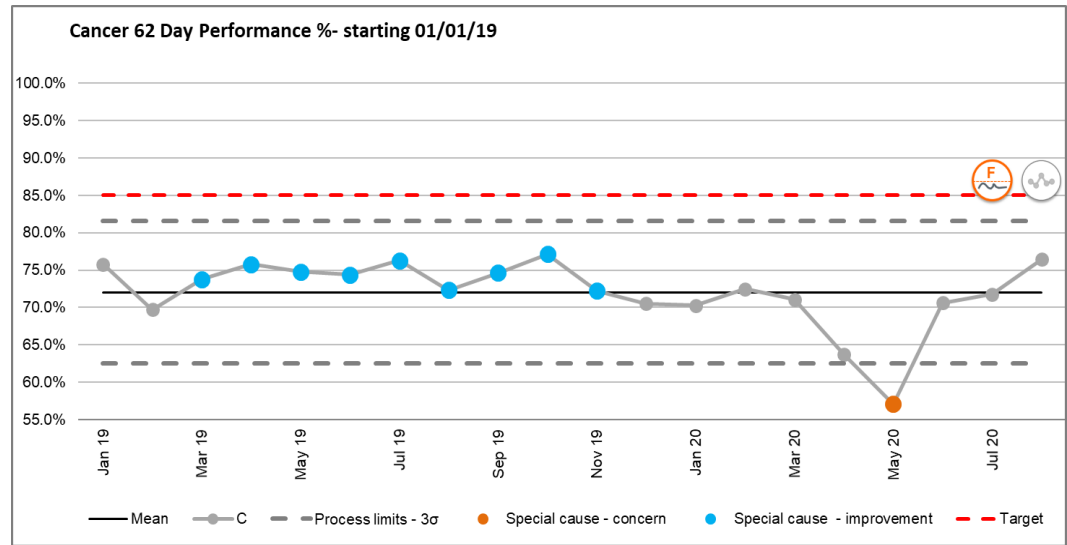


Responsive – Cancer

Metric	Aug 20	YTD	Target
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Cancer 62 Day	76.4%	68.5%	85%
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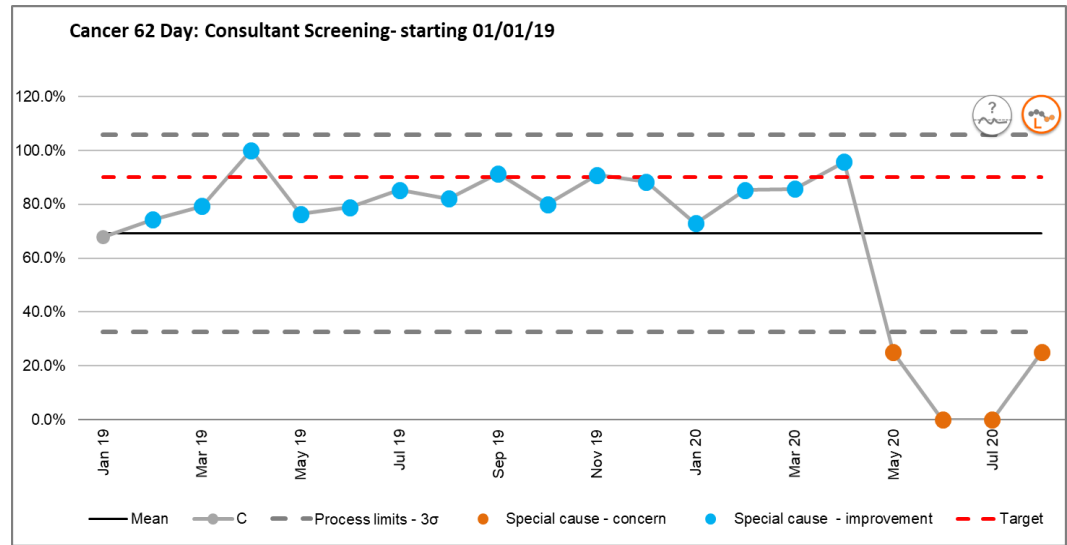
Improvement seen this month, target will not be delivered next month. We are achieving above pre CCOVID performance.



Metric	Aug 20	YTD	Target
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Cancer 62 Day Consultant Screening	25.0%	32.7%	90%
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Special cause concern. Due to cancer screening pathways having stopped. We are expecting to see a significant improvement in September.

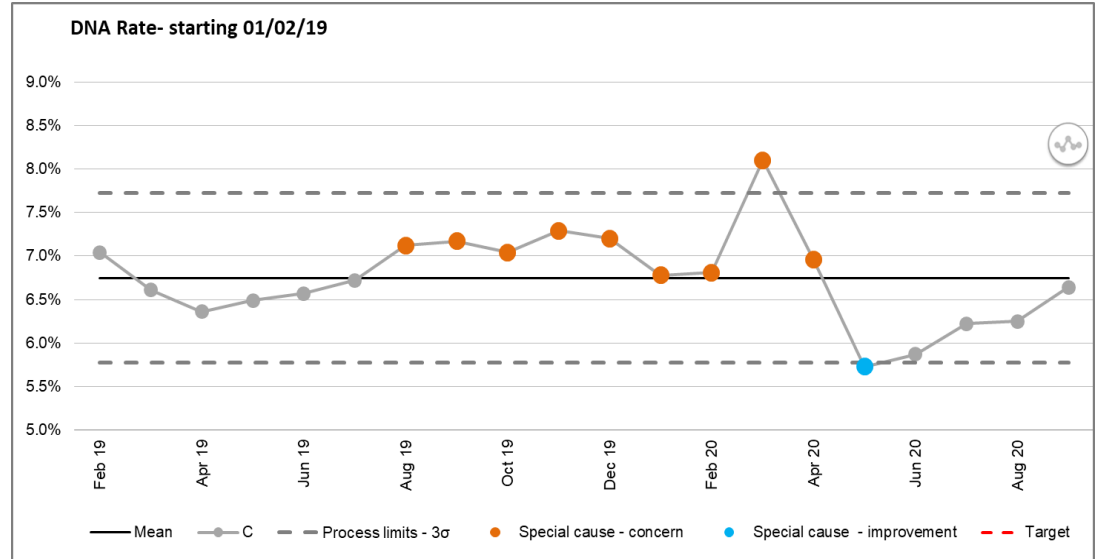


Outpatient Transformation

Metric	Sep 20	YTD	Target
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% DNA Rate	6.6%	6.3%	No National Target
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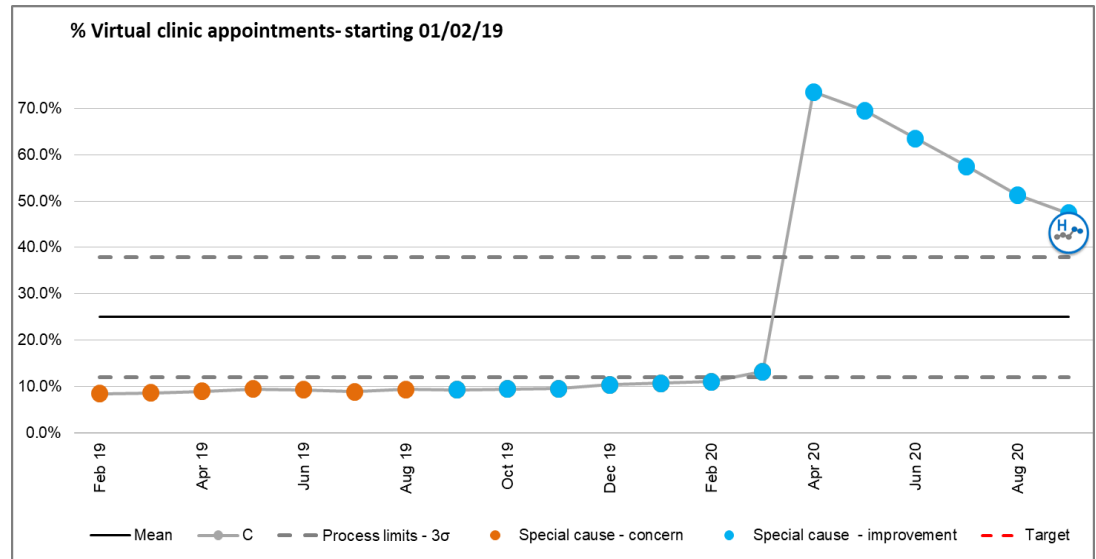
This metric has improved recently, May was below the lower control limit due to COVID-19.



Metric	Sep 20	YTD	Target
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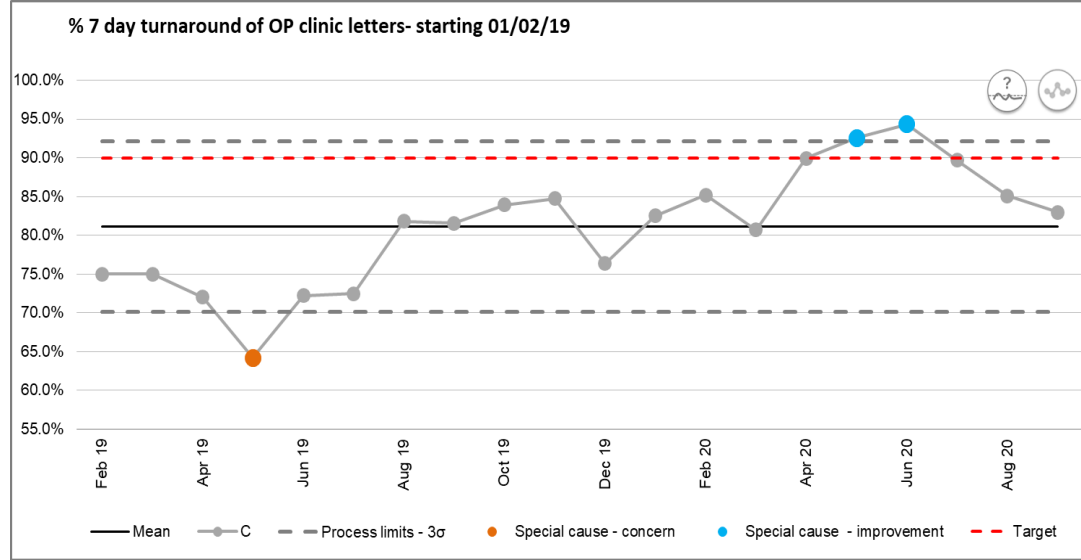
% Non Face to Face Appointments	47.4%	59.6%	No National Target
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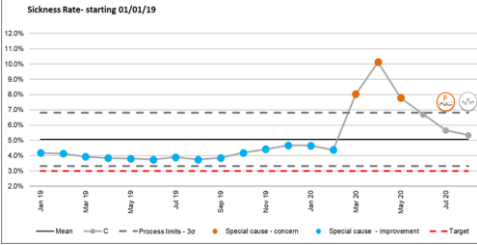
Special cause improvement due to COVID-19.



Outpatient Transformation

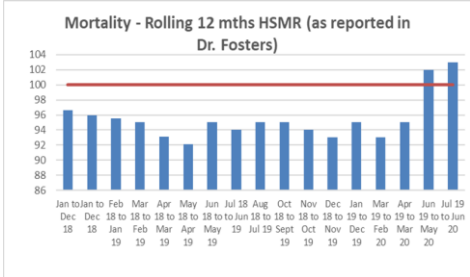
Metric	Sep 20	YTD	Target
% 7 day turnaround of OP clinic letters	83.0%	89.1%	90%
Common cause variation, no assurance that the target will be delivered next month.			



Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions																																																												
<p>Sickness absence</p>	<p>20/21 Target – 3% or below</p>	 <p>Sickness Rate- starting 02/01/19</p> <table border="1"> <caption>Approximate data from Sickness Rate chart</caption> <thead> <tr> <th>Month</th> <th>Sickness Rate (%)</th> <th>Special Cause</th> </tr> </thead> <tbody> <tr><td>Jan 19</td><td>4.2</td><td></td></tr> <tr><td>Feb 19</td><td>4.1</td><td></td></tr> <tr><td>Mar 19</td><td>4.0</td><td></td></tr> <tr><td>Apr 19</td><td>4.0</td><td></td></tr> <tr><td>May 19</td><td>4.1</td><td></td></tr> <tr><td>Jun 19</td><td>4.2</td><td></td></tr> <tr><td>Jul 19</td><td>4.3</td><td></td></tr> <tr><td>Aug 19</td><td>4.4</td><td></td></tr> <tr><td>Sep 19</td><td>4.5</td><td></td></tr> <tr><td>Oct 19</td><td>4.6</td><td></td></tr> <tr><td>Nov 19</td><td>4.7</td><td></td></tr> <tr><td>Dec 19</td><td>4.8</td><td></td></tr> <tr><td>Jan 20</td><td>4.9</td><td></td></tr> <tr><td>Feb 20</td><td>5.0</td><td></td></tr> <tr><td>Mar 20</td><td>5.1</td><td></td></tr> <tr><td>Apr 20</td><td>5.2</td><td></td></tr> <tr><td>May 20</td><td>5.7</td><td>Special cause - concern</td></tr> <tr><td>Jun 20</td><td>5.4</td><td>Special cause - improvement</td></tr> <tr><td>Jul 20</td><td>5.3</td><td></td></tr> </tbody> </table>	Month	Sickness Rate (%)	Special Cause	Jan 19	4.2		Feb 19	4.1		Mar 19	4.0		Apr 19	4.0		May 19	4.1		Jun 19	4.2		Jul 19	4.3		Aug 19	4.4		Sep 19	4.5		Oct 19	4.6		Nov 19	4.7		Dec 19	4.8		Jan 20	4.9		Feb 20	5.0		Mar 20	5.1		Apr 20	5.2		May 20	5.7	Special cause - concern	Jun 20	5.4	Special cause - improvement	Jul 20	5.3		<p>There has been a slight decrease in absence since last month (5.7%)</p>	<p>Support to be offered to staff returning from shielding following change in guidance on 5th October. Temporary redeployment list to be utilised as needed.</p> <p>Absences to be managed through CMG teams, including a focus on long-term absences and triggers.</p> <p>Continue to complete risk assessments until 100% compliance for vulnerable groups: deadline 20th October.</p>
Month	Sickness Rate (%)	Special Cause																																																														
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<p>UHL has a locally agreed sickness absence target of 3%.</p>	<p>Performance in August was 5.4% excluding E&F</p>																																																															

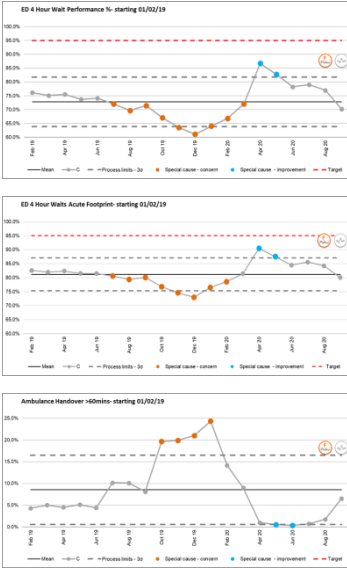
Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
<p>% of Staff with Annual Appraisal (excluding facilities Services)</p>	<p>20/21 Target – greater than 95%</p>		<p>This data is captured within the Monthly Workforce Dataset Report presented to Trust Board Subcommittee (People Performance and Process Committee), Corporate and CMG Boards.</p> <p>It is recognised that performance has been impacted on by COVID-19 and the need for prioritisation in response.</p>	<p>The Trust Tactical and Strategic Group have agreed on an alternative approach in response to COVID-19 for pressurized areas.</p> <p>HR Colleagues continue to communicate performance and support managers with implementing improvements.</p> <p>HR colleagues continue to send out details of outstanding appraisal to all areas for urgent line by line review/update.</p>
<p>Is the percentage of staff who have had their Annual Appraisal(excluding facilities Services)</p>	<p>Performance for September was 82.7%.</p>			

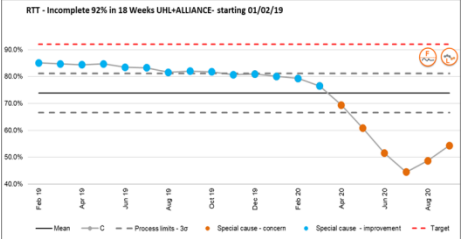
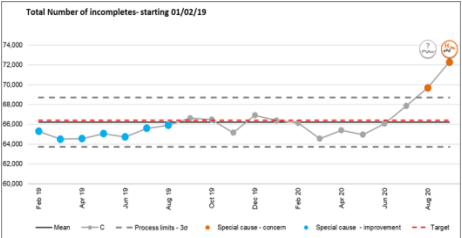
Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions																						
<p>Statutory and Mandatory Training</p>	<p>19/20 Target – 95%</p>	<p>Statutory and Mandatory Training- starting 01/02/19</p> <table border="1"> <caption>Statutory and Mandatory Training Performance Data</caption> <thead> <tr> <th>Month</th> <th>Performance (%)</th> </tr> </thead> <tbody> <tr><td>Feb 19</td><td>95.0</td></tr> <tr><td>Apr 19</td><td>95.0</td></tr> <tr><td>Jun 19</td><td>95.0</td></tr> <tr><td>Aug 19</td><td>95.0</td></tr> <tr><td>Oct 19</td><td>95.0</td></tr> <tr><td>Dec 19</td><td>95.0</td></tr> <tr><td>Feb 20</td><td>95.0</td></tr> <tr><td>Apr 20</td><td>95.0</td></tr> <tr><td>Jun 20</td><td>95.0</td></tr> <tr><td>Aug 20</td><td>84.0</td></tr> </tbody> </table>	Month	Performance (%)	Feb 19	95.0	Apr 19	95.0	Jun 19	95.0	Aug 19	95.0	Oct 19	95.0	Dec 19	95.0	Feb 20	95.0	Apr 20	95.0	Jun 20	95.0	Aug 20	84.0	<p>On 27th March, 2020 Statutory and Mandatory Training (SMT) (with the exception of Fire Safety) had refresher periods extended by 12 months for a period of 6 months. On 04/09/20 the SMT Performance was 95% On 06/10/20, after the refresher period extensions were removed the SMT Performance was 84%.</p>	<p>Please complete training as and when possible.</p> <p>When completing training initially please focus on those with an annual refresher period i.e . Infection Prevention and Cyber Security, as they are the ones most likely to have expired over the past 6 months.</p>
Month	Performance (%)																									
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Aug 20	84.0																									
<p>Is the percentage of staff that are up to date on their Statutory and Mandatory Training.</p>	<p>Performance for September was 84%</p>																									

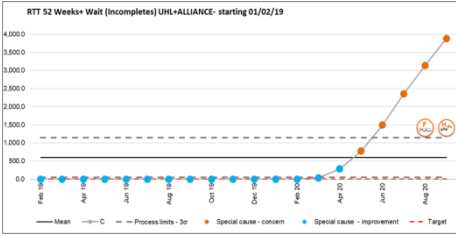
Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions																																								
<p>Mortality - Rolling 12 mths HSMR as reported in Dr. Foster)</p>	<p>Target – 100 or less</p>	 <p>Mortality - Rolling 12 mths HSMR (as reported in Dr. Fosters)</p> <table border="1"> <caption>Approximate data from the HSMR chart</caption> <thead> <tr> <th>Period</th> <th>HSMR Value</th> </tr> </thead> <tbody> <tr><td>Jan to Jan 18</td><td>96</td></tr> <tr><td>Dec 18 to Jan 19</td><td>95</td></tr> <tr><td>Jan 19 to Feb 19</td><td>95</td></tr> <tr><td>Feb 19 to Mar 19</td><td>94</td></tr> <tr><td>Mar 19 to Apr 19</td><td>93</td></tr> <tr><td>Apr 19 to May 19</td><td>92</td></tr> <tr><td>May 19 to Jun 19</td><td>95</td></tr> <tr><td>Jun 19 to Jul 19</td><td>94</td></tr> <tr><td>Jul 19 to Aug 19</td><td>95</td></tr> <tr><td>Aug 19 to Sep 19</td><td>94</td></tr> <tr><td>Sep 19 to Oct 19</td><td>95</td></tr> <tr><td>Oct 19 to Nov 19</td><td>93</td></tr> <tr><td>Nov 19 to Dec 19</td><td>94</td></tr> <tr><td>Dec 19 to Jan 20</td><td>93</td></tr> <tr><td>Jan 20 to Feb 20</td><td>95</td></tr> <tr><td>Feb 20 to Mar 20</td><td>94</td></tr> <tr><td>Mar 20 to Apr 20</td><td>95</td></tr> <tr><td>Apr 20 to May 20</td><td>101</td></tr> <tr><td>May 20 to Jun 20</td><td>103</td></tr> </tbody> </table>	Period	HSMR Value	Jan to Jan 18	96	Dec 18 to Jan 19	95	Jan 19 to Feb 19	95	Feb 19 to Mar 19	94	Mar 19 to Apr 19	93	Apr 19 to May 19	92	May 19 to Jun 19	95	Jun 19 to Jul 19	94	Jul 19 to Aug 19	95	Aug 19 to Sep 19	94	Sep 19 to Oct 19	95	Oct 19 to Nov 19	93	Nov 19 to Dec 19	94	Dec 19 to Jan 20	93	Jan 20 to Feb 20	95	Feb 20 to Mar 20	94	Mar 20 to Apr 20	95	Apr 20 to May 20	101	May 20 to Jun 20	103	<p>Our latest 12 rolling 12 month HSMR covers Jul 19 to Jun 20 and is 103 which is within the ‘expected range’.</p> <p>The further increase in the HSMR was discussed at the Trust Mortality Review Committee and it was noted that this appears to be related to the increased deaths and reduced activity related to the Coronavirus and the associated risk adjustment methodology changes.</p> <p>It was also noted that our HSMR is in line with peer trusts.</p>	<p>We continue to work with our Dr Foster Consultant and are looking at those diagnosis groups which have most impacted on our overall HSMR increase.</p>
Period	HSMR Value																																											
Jan to Jan 18	96																																											
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	<p>Performance for Jul 19 – Jun 20 was 103</p>																																											

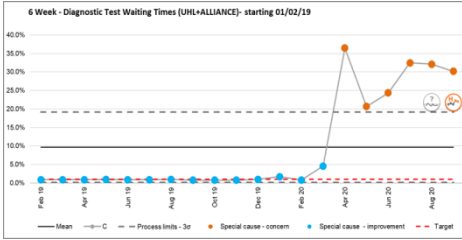
Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions																								
<p>Stroke - TIA Clinic within 24 Hours (Suspected High Risk TIA)</p>	<p>20/21 Target – 60% or above</p>	<p>Stroke - TIA Clinic within 24 Hours (Suspected High Risk TIA)- starting 01/02/19</p> <table border="1"> <caption>Approximate data from the chart</caption> <thead> <tr> <th>Month</th> <th>Mean (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>Feb 20</td><td>60</td><td>60</td></tr> <tr><td>Mar 20</td><td>30</td><td>60</td></tr> <tr><td>Apr 20</td><td>65</td><td>60</td></tr> <tr><td>May 20</td><td>60</td><td>60</td></tr> <tr><td>Jun 20</td><td>70</td><td>60</td></tr> <tr><td>Jul 20</td><td>65</td><td>60</td></tr> <tr><td>Aug 20</td><td>67.3</td><td>60</td></tr> </tbody> </table>	Month	Mean (%)	Target (%)	Feb 20	60	60	Mar 20	30	60	Apr 20	65	60	May 20	60	60	Jun 20	70	60	Jul 20	65	60	Aug 20	67.3	60	<p>We achieved 51% as in the first half of September TIA clinic reviewed only 45% of all high risk patients due to lack of referral from GP due COVID-19 as less number of patients were visiting GPs. But in the second half it became very busy as more referral received. 55% of patients were referred in the second half. Clinic was also reduced due to consultant sickness.</p>	<p>Adding extra slots on days when registrar is present in the clinic. Rejecting inappropriate referrals.</p>
Month	Mean (%)	Target (%)																										
Feb 20	60	60																										
Mar 20	30	60																										
Apr 20	65	60																										
May 20	60	60																										
Jun 20	70	60																										
Jul 20	65	60																										
Aug 20	67.3	60																										
<p>Is the percentage of Suspected High Risk TIA patients which are seen within 24 Hours at the TIA Clinic.</p>	<p>Performance in September 2020 was 51.3%. YTD performance is currently at 67.3%.</p>																											

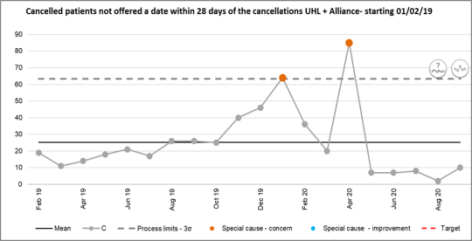
Exception Reports

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
<p>Urgent Care</p>				
	<p>ED 4 Hour waits UHL performance was 70.2% in September</p> <p>ED 4 Hour waits LLR performance was 80.1% in September</p> <p>Ambulance Handover >60 Mins performance was 6.5% in September</p>	 <p>The charts show performance trends from September 1st to 27th. The top chart, 'ED 4 Hour Wait Performance % starting 01/09/19', shows a mean performance of approximately 70% with a target of 80%. The middle chart, 'ED 4 Hour Waits Acute Footprint starting 01/09/19', shows a mean performance of approximately 80% with a target of 90%. The bottom chart, 'Ambulance Handover >60mins starting 01/09/19', shows a mean performance of approximately 6.5% with a target of 10%. All charts include process limits and special cause markers for concern and improvement.</p>	<ul style="list-style-type: none"> • Soft launch of 111 First national pilot - Following significant planning and work from across ED , LLR CCGs and IT, pilot started at LRI on 28 September at 10am (In the first week: 119 referrals sent to ED from 111; of this, 89 attended.) • National recognition for Covid-19 Infection Prevention processes and minimal cross-infection rates • Part of National Improvement Collaborative with EMAS and CCGs. • Super Bed Bureau Identified small working group to facilitate movement of bed bureau to ED undercroft; • UEC Capital Projects LRI and Glenfield plans being drawn up to provide additional cohorting and consultation space to support decanting from ED over winter and reducing overcrowding , and increase SDEC at Glenfield supporting reducing overcrowding. 	<ul style="list-style-type: none"> • 111 First – Rapid cycle tests of patient deflection process and calling 111 at ED front door; meetings scheduled with all CMGs to review opportunities for 111 direct referral into same day emergency care • Work with clinical teams to develop plans for escalation space for patients awaiting beds from ED. • Super Bed Bureau - review all current pathways and setting up meetings with CMG leads to discuss next steps ie, referral from 111. • Development of SDEC Pathways for Glenfield. • Finalise UEC Capital Plans .

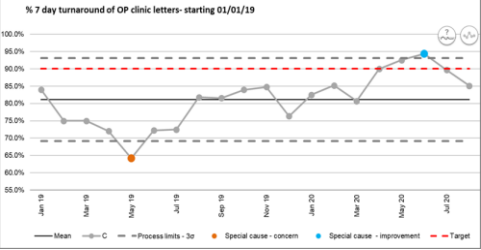
Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
<p>RTT Incompletes</p>	<p>Performance Target – 92%</p> <p>Waiting List Target - 66,397 (Year End)</p>		<p>NHS Planning Guidance for 2019/20 focuses on waiting list reduction over compliance with the 18 week national standard.</p>	<p>Where possible out patient clinics are being converted from face to face to virtual telephone clinics.</p>
	<p>RTT - Incomplete 92% in 18 Weeks UHL + Alliance Performance for September was 54.3%.</p> <p>Total Number of incompletes At the end of September 72,292 patients were waiting on an RTT pathway.</p>		<p>The impact of the COVID-19 pandemic has led the RTT positioning reducing over the upcoming months as non essential activity is cancelled to reduce footfall on the hospital site. This is likely to continue until elective work is resumed.</p> <p>Timetable for day case and Outpatients developed for IS. This is managed through weekly calls ensure all capacity is utilized</p>	<p>Waiting list is carried on being validated to align with national guidance and trust policy. Waiting list volume still near trajectory.</p> <p>Identify any more opportunities where PCL can be utilized to help treat long waiters.</p> <p>External Validation support agreed to start end of November.</p>

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions																																				
<p>RTT 52+ Weeks Wait</p>	<p>20/21 Target – 0</p>	 <p>RTT 52 Weeks+ Wait (Incompletes) UHL-ALLIANCE- starting 01/02/19</p> <table border="1"> <caption>Approximate data from the RTT 52+ Weeks+ Wait chart</caption> <thead> <tr> <th>Month</th> <th>Number of Waiters</th> </tr> </thead> <tbody> <tr><td>Feb 19</td><td>0</td></tr> <tr><td>Apr 19</td><td>0</td></tr> <tr><td>Jun 19</td><td>0</td></tr> <tr><td>Aug 19</td><td>0</td></tr> <tr><td>Oct 19</td><td>0</td></tr> <tr><td>Dec 19</td><td>0</td></tr> <tr><td>Feb 20</td><td>0</td></tr> <tr><td>Apr 20</td><td>0</td></tr> <tr><td>Jun 20</td><td>0</td></tr> <tr><td>Aug 20</td><td>0</td></tr> <tr><td>Oct 20</td><td>0</td></tr> <tr><td>Dec 20</td><td>0</td></tr> <tr><td>Feb 21</td><td>~100</td></tr> <tr><td>Apr 21</td><td>~500</td></tr> <tr><td>Jun 21</td><td>~1,500</td></tr> <tr><td>Aug 21</td><td>~3,000</td></tr> <tr><td>Oct 21</td><td>~3,886</td></tr> </tbody> </table>	Month	Number of Waiters	Feb 19	0	Apr 19	0	Jun 19	0	Aug 19	0	Oct 19	0	Dec 19	0	Feb 20	0	Apr 20	0	Jun 20	0	Aug 20	0	Oct 20	0	Dec 20	0	Feb 21	~100	Apr 21	~500	Jun 21	~1,500	Aug 21	~3,000	Oct 21	~3,886	<p>Elective surgery has been significantly impacted by COVID-19. Currently there are very limited number of theatre list running due to the requirement of additional ITU capacity.</p> <p>Long waiters are start to be done within the independent sector following the prioritization of cancer and urgent patients.</p> <p>Alliance weekly capacity call setup to ensure we are treating patient in the correct order against the system</p>	<p>Identify capacity requirements to be able to recover the position once elective work can start again.</p> <p>Theatres to try and achieve 100% of Elective theatre list are delivered compared to last October to ensure we are able to treat long waiters.</p> <p>Monitor utilization of IS sector and UHL using the new dashboard developed by ITAPS.</p> <p>Implementation of PTL review meetings with CMG for 52+ week patients.</p>
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<p>Is the total number of patients currently on an RTT pathway waiting 52+ weeks.</p>	<p>At the end of September, 3,886 patients were waiting over 52 weeks on an RTT pathway.</p>																																							

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions																																								
<p>6 Week Diagnostic Waits</p>	<p>20/21 Target – 1%</p>	 <p>6 Week - Diagnostic Test Waiting Times (UHL+ALLIANCE)- starting 01/02/19</p> <table border="1"> <caption>Approximate data from the chart</caption> <thead> <tr> <th>Month</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>Feb 19</td><td>0.0%</td></tr> <tr><td>Mar 19</td><td>0.0%</td></tr> <tr><td>Apr 19</td><td>0.0%</td></tr> <tr><td>May 19</td><td>0.0%</td></tr> <tr><td>Jun 19</td><td>0.0%</td></tr> <tr><td>Jul 19</td><td>0.0%</td></tr> <tr><td>Aug 19</td><td>0.0%</td></tr> <tr><td>Sep 19</td><td>0.0%</td></tr> <tr><td>Oct 19</td><td>0.0%</td></tr> <tr><td>Nov 19</td><td>0.0%</td></tr> <tr><td>Dec 19</td><td>0.0%</td></tr> <tr><td>Jan 20</td><td>0.0%</td></tr> <tr><td>Feb 20</td><td>2.0%</td></tr> <tr><td>Mar 20</td><td>35.0%</td></tr> <tr><td>Apr 20</td><td>38.0%</td></tr> <tr><td>May 20</td><td>25.0%</td></tr> <tr><td>Jun 20</td><td>28.0%</td></tr> <tr><td>Jul 20</td><td>32.0%</td></tr> <tr><td>Aug 20</td><td>30.0%</td></tr> </tbody> </table>	Month	Percentage	Feb 19	0.0%	Mar 19	0.0%	Apr 19	0.0%	May 19	0.0%	Jun 19	0.0%	Jul 19	0.0%	Aug 19	0.0%	Sep 19	0.0%	Oct 19	0.0%	Nov 19	0.0%	Dec 19	0.0%	Jan 20	0.0%	Feb 20	2.0%	Mar 20	35.0%	Apr 20	38.0%	May 20	25.0%	Jun 20	28.0%	Jul 20	32.0%	Aug 20	30.0%	<p>Activity has started to be increased following the stopping all none essential work.</p> <p>This has had a very big impact within June due to it been the first full month of COVID-19, this will carry on to be challenging over the next few months.</p> <p>Endoscopy paper developed to support additional capacity.</p> <p>Diagnostic board set up, starting on the 22/10 to help improve efficiency and performance.</p>	<ul style="list-style-type: none"> • Patient are been managed in-line with national guidance and trust policy • Independent sector is been used where possible to improve the diagnostic position • Vanguard for Endoscopy to come on site on the 7th December. • DEXA paper going to FRB for funding requirements to move.
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Aug 20	30.0%																																											
<p>Is the percentage of patients currently waiting 6 weeks or more for a diagnostic test.</p>	<p>Performance for September was 30.2%.</p>																																											

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions																																																															
<p>Cancelled patients not offered a date within 28 days of the cancellations UHL + Alliance</p>	<p>20/21 Target – 0</p>																																																																		
<p>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>10 patients were not offered a new day within 28 days in September.</p>	 <p>Cancelled patients not offered a date within 28 days of the cancellations UHL + Alliance- starting 01/02/19</p> <table border="1"> <caption>Approximate data from the line chart</caption> <thead> <tr> <th>Month</th> <th>Mean</th> <th>Special cause - concern</th> </tr> </thead> <tbody> <tr><td>Feb 19</td><td>15</td><td></td></tr> <tr><td>Mar 19</td><td>10</td><td></td></tr> <tr><td>Apr 19</td><td>15</td><td></td></tr> <tr><td>May 19</td><td>20</td><td></td></tr> <tr><td>Jun 19</td><td>15</td><td></td></tr> <tr><td>Jul 19</td><td>25</td><td></td></tr> <tr><td>Aug 19</td><td>25</td><td></td></tr> <tr><td>Sep 19</td><td>25</td><td></td></tr> <tr><td>Oct 19</td><td>25</td><td></td></tr> <tr><td>Nov 19</td><td>40</td><td></td></tr> <tr><td>Dec 19</td><td>65</td><td>65</td></tr> <tr><td>Jan 20</td><td>35</td><td></td></tr> <tr><td>Feb 20</td><td>20</td><td>85</td></tr> <tr><td>Mar 20</td><td>10</td><td></td></tr> <tr><td>Apr 20</td><td>10</td><td></td></tr> <tr><td>May 20</td><td>10</td><td></td></tr> <tr><td>Jun 20</td><td>10</td><td></td></tr> <tr><td>Jul 20</td><td>10</td><td></td></tr> <tr><td>Aug 20</td><td>10</td><td></td></tr> <tr><td>Sep 20</td><td>10</td><td></td></tr> </tbody> </table>	Month	Mean	Special cause - concern	Feb 19	15		Mar 19	10		Apr 19	15		May 19	20		Jun 19	15		Jul 19	25		Aug 19	25		Sep 19	25		Oct 19	25		Nov 19	40		Dec 19	65	65	Jan 20	35		Feb 20	20	85	Mar 20	10		Apr 20	10		May 20	10		Jun 20	10		Jul 20	10		Aug 20	10		Sep 20	10		<p>COVID- 19 has significantly impacted theatre capacity. Services instructed to only book for elective surgery patients who are clinically urgent or on a cancer pathway. This has reduced capacity to re-book patients within 28 days when they have been cancelled. These patient will carry on breaching as the services will not be able to get them listed.</p> <p>This has improved significantly through close management of theatre lists.</p>	<ul style="list-style-type: none"> • 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. • ITAPS to implement new theatre timetable which will replicate sessions delivered last October.
Month	Mean	Special cause - concern																																																																	
Feb 19	15																																																																		
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Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions																																	
<p>Long Stay Patients (21+ days)</p>	<p>20/21 Target – 70</p>	<p>Long Stay Patients (21+ days)- starting 01/02/19</p> <table border="1"> <caption>Approximate data from the chart</caption> <thead> <tr> <th>Date</th> <th>Mean</th> <th>Special Cause</th> </tr> </thead> <tbody> <tr><td>Feb 19</td><td>170</td><td></td></tr> <tr><td>Apr 19</td><td>160</td><td></td></tr> <tr><td>Jun 19</td><td>150</td><td></td></tr> <tr><td>Aug 19</td><td>160</td><td>Special cause - concern</td></tr> <tr><td>Oct 19</td><td>180</td><td>Special cause - concern</td></tr> <tr><td>Dec 19</td><td>170</td><td></td></tr> <tr><td>Feb 20</td><td>180</td><td></td></tr> <tr><td>Apr 20</td><td>70</td><td>Special cause - improvement</td></tr> <tr><td>Jun 20</td><td>120</td><td></td></tr> <tr><td>Aug 20</td><td>140</td><td></td></tr> </tbody> </table>	Date	Mean	Special Cause	Feb 19	170		Apr 19	160		Jun 19	150		Aug 19	160	Special cause - concern	Oct 19	180	Special cause - concern	Dec 19	170		Feb 20	180		Apr 20	70	Special cause - improvement	Jun 20	120		Aug 20	140		<ul style="list-style-type: none"> • Numbers of 21+ day patients remains above target but below the mean. • Weekly patient numbers decreased in early September with end point similar to August ; no further increase. • MSS above target and above mean. They have seen a week on week increase in < 21 days patients since beginning of September. • ESM/ RRCV / CHUGGs all above target but below mean. 	<ul style="list-style-type: none"> • New NHSE/I weekly recording of medically fit for discharge patients with length of stay < 14 days has commenced. • Safe and timely discharge work stream actions continue in discovery phase proposals agreed by ESM CMG board.
Date	Mean	Special Cause																																			
Feb 19	170																																				
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Aug 20	140																																				
<p>Is the number of adult patients that have been in hospital for over 21 days.</p>	<p>At the end of September, the number of long stay patients (21+ days) was 140.</p>																																				

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions																																																												
<p>% 7 day turnaround of OP clinic letters</p>	<p>20/21 Target – 90% or above</p>	 <p>% 7 day turnaround of OP clinic letters - starting 01/01/19</p> <table border="1"> <caption>Approximate data from the chart</caption> <thead> <tr> <th>Month</th> <th>Mean (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>Jan 19</td><td>85.0</td><td>90.0</td></tr> <tr><td>Feb 19</td><td>78.0</td><td>90.0</td></tr> <tr><td>Mar 19</td><td>75.0</td><td>90.0</td></tr> <tr><td>Apr 19</td><td>70.0</td><td>90.0</td></tr> <tr><td>May 19</td><td>65.0</td><td>90.0</td></tr> <tr><td>Jun 19</td><td>75.0</td><td>90.0</td></tr> <tr><td>Jul 19</td><td>80.0</td><td>90.0</td></tr> <tr><td>Aug 19</td><td>82.0</td><td>90.0</td></tr> <tr><td>Sep 19</td><td>85.0</td><td>90.0</td></tr> <tr><td>Oct 19</td><td>80.0</td><td>90.0</td></tr> <tr><td>Nov 19</td><td>82.0</td><td>90.0</td></tr> <tr><td>Dec 19</td><td>85.0</td><td>90.0</td></tr> <tr><td>Jan 20</td><td>80.0</td><td>90.0</td></tr> <tr><td>Feb 20</td><td>85.0</td><td>90.0</td></tr> <tr><td>Mar 20</td><td>80.0</td><td>90.0</td></tr> <tr><td>Apr 20</td><td>90.0</td><td>90.0</td></tr> <tr><td>May 20</td><td>95.0</td><td>90.0</td></tr> <tr><td>Jun 20</td><td>90.0</td><td>90.0</td></tr> <tr><td>Jul 20</td><td>85.0</td><td>90.0</td></tr> </tbody> </table>	Month	Mean (%)	Target (%)	Jan 19	85.0	90.0	Feb 19	78.0	90.0	Mar 19	75.0	90.0	Apr 19	70.0	90.0	May 19	65.0	90.0	Jun 19	75.0	90.0	Jul 19	80.0	90.0	Aug 19	82.0	90.0	Sep 19	85.0	90.0	Oct 19	80.0	90.0	Nov 19	82.0	90.0	Dec 19	85.0	90.0	Jan 20	80.0	90.0	Feb 20	85.0	90.0	Mar 20	80.0	90.0	Apr 20	90.0	90.0	May 20	95.0	90.0	Jun 20	90.0	90.0	Jul 20	85.0	90.0	<ul style="list-style-type: none"> • 20 specialities achieving 90% target • 24 specialities reduced or maintained 0 backlog from previous month • Large amount of specialities transferring to DIT3 between August and November – a temporary reduction in performance is expected due to users adjusting to the new system, overall performance should improve once fully implemented. 	<ul style="list-style-type: none"> • Continuation of DIT3 roll out
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<p>UHL has a nationally agreed target of 90%.</p>	<p>Performance for September was 83.0%</p>																																																															

Performance	Key Messages	Key Actions
<p>See additional slide</p>	<ul style="list-style-type: none"> • Referrals have returned to pre COVID levels • Performance is improving • 104 day Backlog has reduced • Capacity has not returned to normal and some services are reporting that pre COVID-19 activity levels are not possible • Urgent priority 1 and 2 patients are being seen 	<ul style="list-style-type: none"> • Use of the IS to optimise capacity – outpatients, urology, dermatology, breast, ambulatory orthopedics, vascular, renal access are now being seen in the IS • The backlog and 104+ day pts are reviewed patient by patient daily • 31 day backlog is reviewed and delays escalated and actioned daily • WLI will support increased activity

Cancer performance August 2020

Standard	Target	Position
2WW	93%	89.4%
2WW Breast	93%	95.5%
31 Day 1 st Treatments	96%	91.9%
31 Day SUB Surgery	94%	73.0%
31 Day DRUGS	98%	100%
31 Day Radiotherapy	94%	99.0%
62 Day	85%	76.4%
62 Day Screening	90%	25.0%
Consultant upgrade	85%	91.4%