

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	30/06/20	Discussion and Assurance
Trust Board Committee	25/06/20	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 February 2019 to January 2020) is 95, and remains within the expected range.
- **CAS alerts** - compliant.

- **C DIFF** – 4 cases reported this month.
- **MRSA** – 0 cases reported.
- **Statutory and Mandatory Training** compliance remains at 96%
- **90% of Stay on a Stroke Unit** – threshold achieved with 91.5% reported in May.
- **Ambulance Handover 60+ minutes (CAD)** – performance at 0.4%.
- **12 hour trolley wait** - 0 breaches reported.
- **Cancelled operations OTD** – 0.5% reported in June.
- **Cancer Two Week Wait (Symptomatic Breast)** was 95.5% in May against a target of 93%.

Bad News:

- **UHL ED 4 hour performance** – 78.2% for June, system performance (including LLR UCCs) for June is 84.5%.
- **Cancer Two Week Wait** was 86.9% in May against a target of 93%.
- **Cancer 31 day treatment** was 89.3% in May against a target of 96%.
- **Cancer 62 day treatment** was 56.1% in May 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 24.4% against a target of 1%.
- **Patients not rebooked within 28 days following late cancellation of surgery** –7.
- **TIA (high risk patients)** – 45.5% reported in June.
- **Annual Appraisal** is at 74.1%.

Input Sought

I recommend that the Committee:

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

For Reference:

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

1. Quality priorities

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

2. Supporting priorities:

People strategy implementation	[Yes /No /Not applicable]
Estate investment and reconfiguration	[Yes /No /Not applicable]
e-Hospital	[Yes /No /Not applicable]

More embedded research [Yes/No/Not applicable]
 Better corporate services [Yes/No/Not applicable]
 Quality strategy development [Yes/No/Not applicable]

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

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

4. Risk and Assurance

Risk Reference:

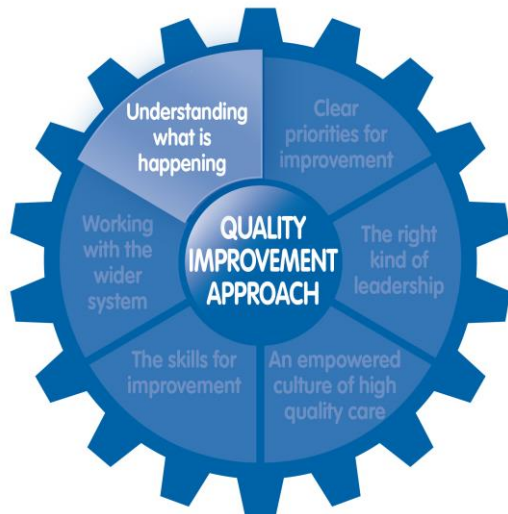
Does this paper reference a risk event?	Select (X)	Risk Description:
Strategic: Does this link to a <i>Principal Risk</i> on the BAF?	X	Failure to deliver key performance standards for emergency, planned and cancer care.
Organisational: Does this link to an <i>Operational/Corporate Risk</i> on Datix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

5. Scheduled date for the **next paper** on this topic: 27th August 2020
6. Executive Summaries should not exceed **5 sides** My paper does comply



Quality and Performance Report

June 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: 23rd JULY 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: JUNE 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.

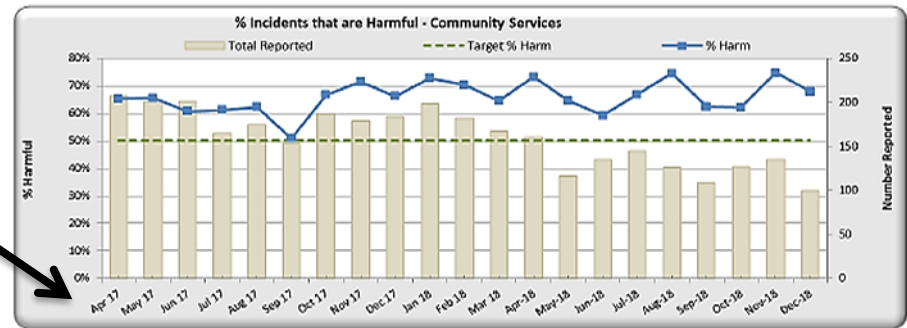
Within an SPC chart there are three different patterns to identify:

- 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

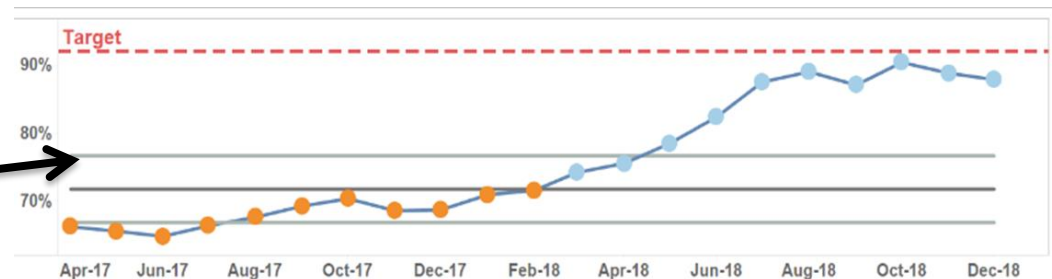


Key elements of a SPC dashboard

Appreciation of variance over time



Highlighting special cause and its nature



One team shared values



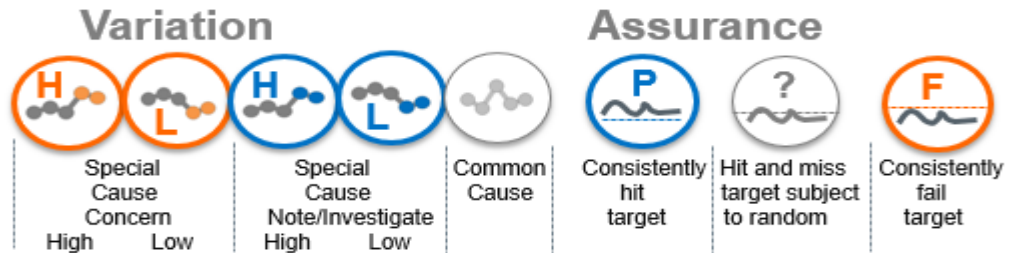
Key elements of a SPC dashboard

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	Apr-20	May-20	Jun-20	YTD	Assurance	Variation	Trend	Data Quality Assessment	
Safe	Never events	0	1	0	0	1				Jan-20	
	Overdue CAS alerts	0	0	0	0	0				Nov-19	
	% of all adults VTE Risk Assessment on Admission	95%	Data collection paused as part of COVID-19 reducing the burden								Dec-19
	Emergency C-section rate	No Target	17.2%	21.2%	20.6%	19.7%				Feb-20	
	Clostridium Difficile	108	10	4	4	18				Nov-17	
	MRSA Total	0	0	0	0	0				Nov-17	
	E. Coli Bacteraemias Acute	No Target	1	6	13	20				Jun-18	
	MSSA Acute	No Target	1	1	1	3				Nov-17	

One team shared values



Performance Overview

Domain	KPI	Target	Apr-20	May-20	Jun-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Safe	COVID-19 Community Acquired <= 2 days after admission	No Target	82.4%	62.4%	77.8%	77.9%				TBC
	COVID-19 Hospital-onset, indeterminate, 3-7 days after admission	No Target	8.0%	11.6%	10.2%	8.7%				TBC
	COVID-19 Hospital-onset, probable, 8-14 days after admission	No Target	4.5%	16.9%	7.4%	7.8%				TBC
	COVID-19 Hospital-onset, healthcare-acquired, 15 or more days after admission	No Target	5.1%	9.0%	4.6%	5.6%				TBC
	All falls reported per 1000 bed stays	5.5	4.8	5.5		5.2				Jun-18
	Rate of Moderate harm and above Falls PSIs with finally approved status per 1,000 bed days	No Target	0.10	0.02		0.06				TBC

One team shared values



Performance Overview

Domain	KPI	Target	Apr-20	May-20	Jun-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		0					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

One team shared values



Performance Overview

Domain	KPI	Target	Apr-20	May-20	Jun-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%	7.7%	7.8%	7.6%	7.6%				Nov-19	
	Sickness Absence	3%	11.1%	8.8%		9.9%				Oct-16	
	% of Staff with Annual Appraisal	95%	84.9%	83.4%	74.1%	74.1%				Dec-16	
	Statutory and Mandatory Training	95%	96%	96%	96%	96%				Feb-20	
	Nursing Vacancies	No Target	10.0%	10.0%	10.1%	10.1%				Dec-19	

One team shared values



Performance Overview

Domain	KPI	Target	Apr-20	May-20	Jun-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Effective	Mortality Published SHMI	99	95	95	95	95 (Feb 19 to Jan 20)				Sep-16
	Mortality 12 months HSMR	99	95	93	93	93 (Mar 19 to Feb 20)				Sep-16
	Crude Mortality Rate	No Target	3.7%	2.3%	1.6%	2.5%				Sep-16
	Emergency Readmissions within 30 Days	8.5%	10.1%	10.2%		10.2%				Jun-17
	Emergency Readmissions within 48 hours	No Target	1.3%	1.2%		1.2%				Jun-17
	No of #neck of femurs operated on 0-35hrs	72%	28.3%	32.1%	86.1%	49.0%				Jul-17
	Stroke - 90% Stay on a Stroke Unit	80%	80.4%	91.5%		87.1%				Apr-18
	Stroke TIA Clinic Within 24hrs	60%	86.0%	63.8%	45.5%	60.9%				Apr-18

One team shared values



Performance Overview

Domain	KPI	Target	Apr-20	May-20	Jun-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Responsive	ED 4 hour waits UHL	95%	86.7%	82.7%	78.2%	82.0%				Sep-18
	ED 4 hour waits Acute Footprint	95%	90.5%	87.5%	84.5%	87.1%				Aug-17
	12 hour trolley waits in A&E	0	0	0	0	0				Mar-19
	Ambulance handover >60mins	0.0%	1.0%	0.5%	0.4%	0.6%				TBC
	RTT Incompletes	92%	69.4%	60.8%	51.5%	51.5%				Nov-19
	RTT Waiting 52+ Weeks	0	281	778	1495	1495				Nov-19
	Total Number of Incompletes <small>(by year end)</small>	66,397	65,404	64,959	66,082	66,082				Nov-19

One team shared values



Performance Overview

Domain	KPI	Target	Apr-20	May-20	Jun-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Responsive	6 Week Diagnostic Test Waiting Times	1.0%	36.5%	20.7%	24.4%	24.4%				Nov-19
	Cancelled Patients not offered <28 Days	0	85	7	7	99				Nov-19
	% Operations Cancelled OTD	1.0%	1.0%	0.7%	0.5%	0.7%				Jul-18
	Delayed Transfers of Care	3.5%	Data collection paused as part of COVID-19 reducing the burden							Oct-17
	Long Stay Patients (21+ days)	70	76	103	123	123				TBC
	Inpatient Average LOS	No Target	4.7	3.4	3.8	3.9				TBC
	Emergency Average LOS	No Target	5.0	4.5	4.8	4.8				TBC

One team shared values










Performance Overview

Domain	KPI	Target	Mar-20	Apr-20	May-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Responsive - Cancer	2WW	93%	95.4%	86.4%	86.9%	86.7%				Dec-19
	2WW Breast	93%	97.3%	90.0%	95.5%	95.2%				Dec-19
	31 Day	96%	93.0%	94.7%	89.3%	92.1%				Dec-19
	31 Day Drugs	98%	100%	100%	100%	100%				Dec-19
	31 Day Sub Surgery	94%	78.1%	71.9%	83.2%	78.9%				Dec-19
	31 Day Radiotherapy	94%	77.1%	57.7%	90.4%	74.9%				Dec-19
	Cancer 62 Day	85%	71.1%	64.1%	56.1%	61.3%				Dec-19
	Cancer 62 Day Consultant Screening	90%	85.7%	95.7%	25.0%	61.5%				Dec-19

One team shared values



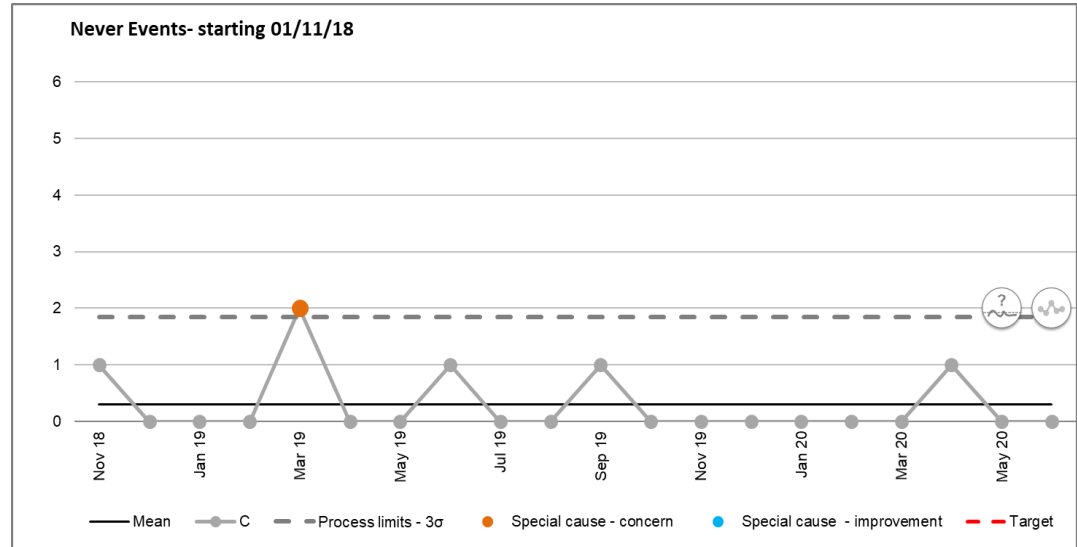
Performance Overview

Domain	KPI	Target	Apr-20	May-20	Jun-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Outpatient Transformation	% DNA rate	No Target	7.1%	5.8%	5.9%	6.2%				Feb-20
	% Virtual clinic appointments	No Target	9.6%	9.2%	7.4%	8.9%				Feb-20
	% 7 day turnaround of OP clinic letters	90%	89.9%	92.5%	94.3%	92.5%				Feb-20

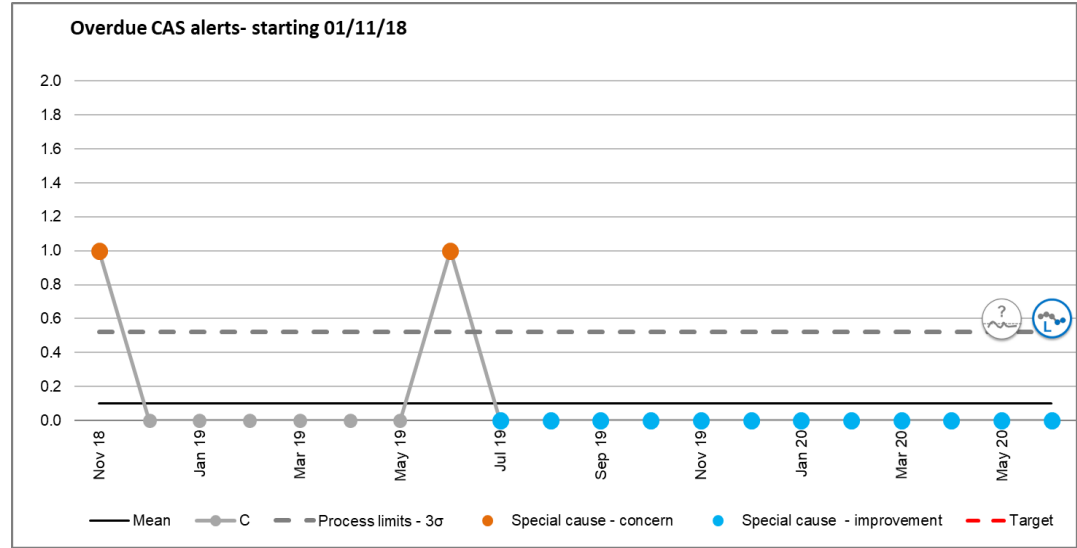
One team shared values



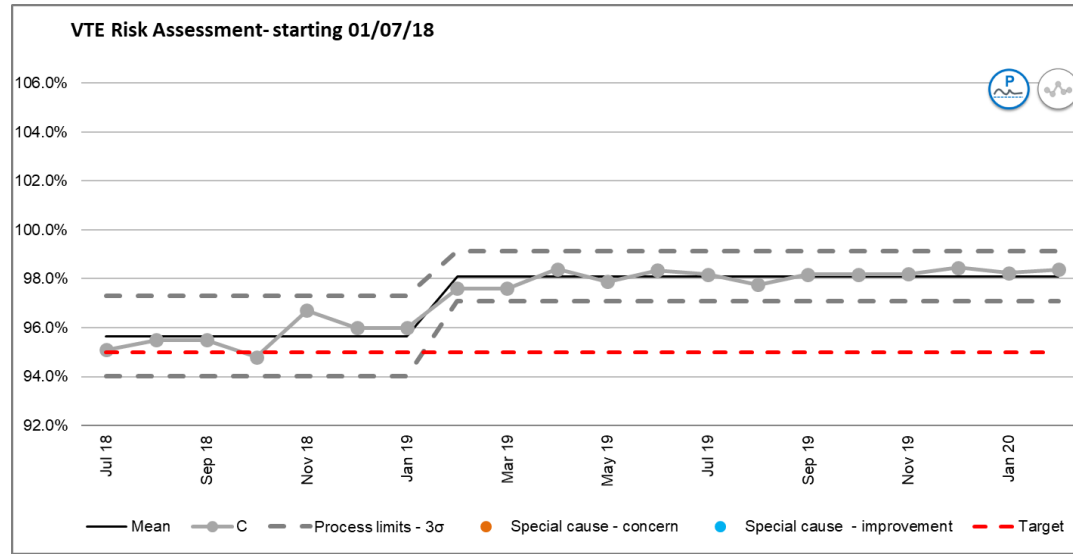
Metric	Jun 20	YTD	Target
Never Events	0	1	0
2 never events in the last 12 months.			



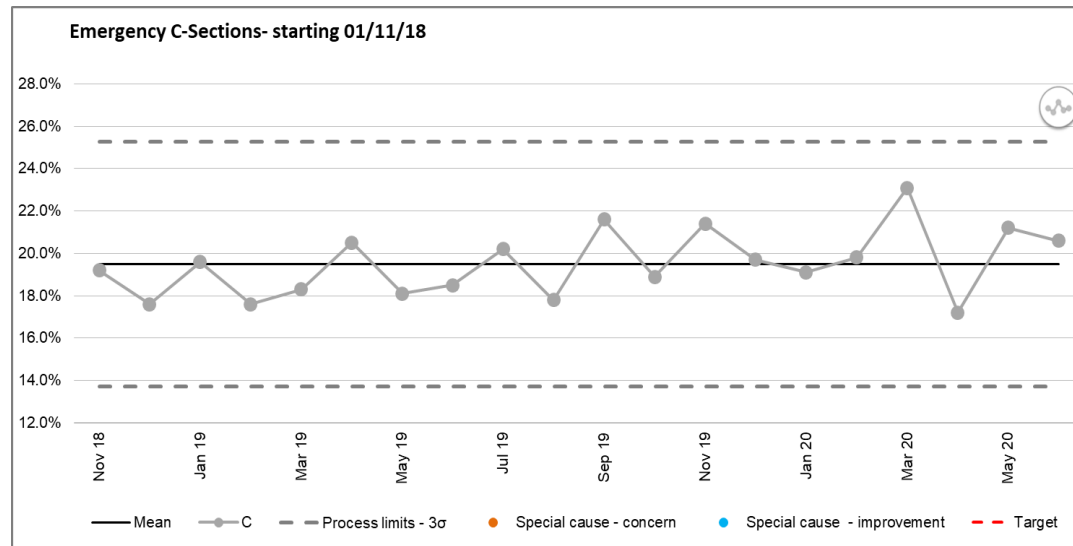
Metric	Jun 20	YTD	Target
Overdue CAS alerts	0	0	0
No overdue CAS alerts since June 2019.			



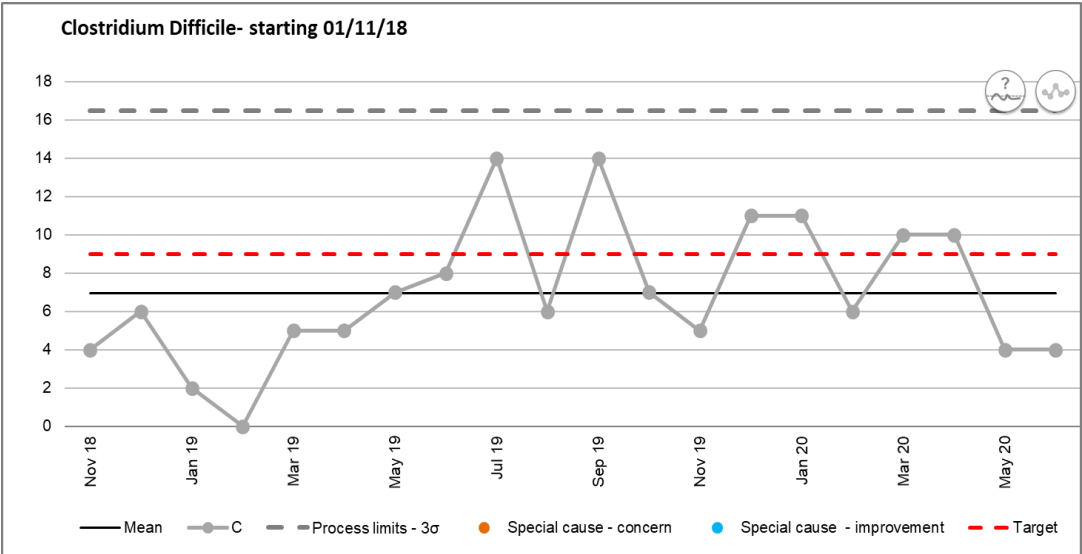
Metric	Feb 20	YTD	Target
VTE Risk Assessment	98.4%	98.1%	95%
This metric has been paused until further notice.			



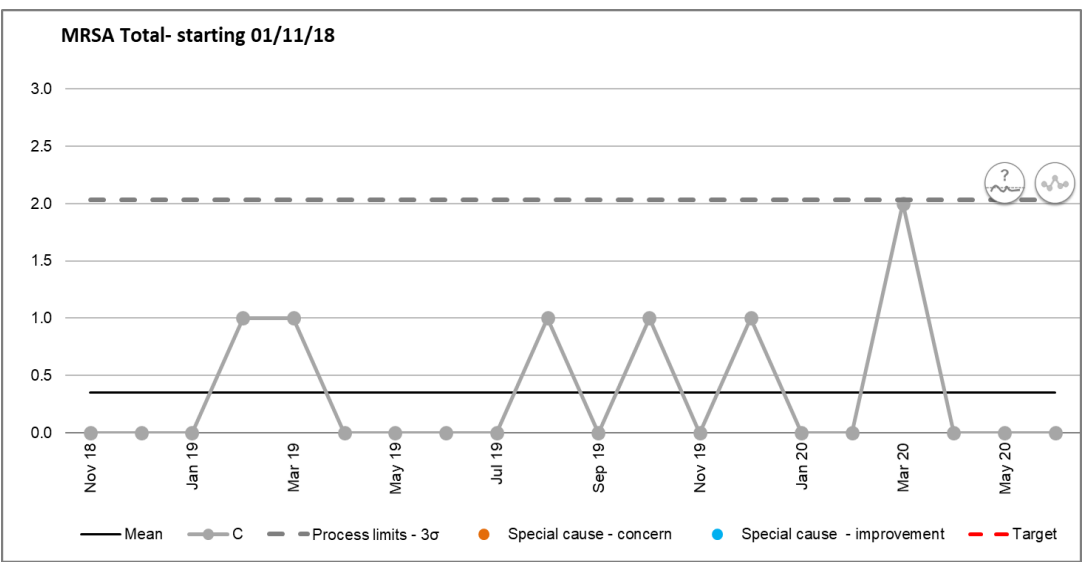
Metric	Jun 20	YTD	Target
% Emergency C-Sections	20.6%	19.7%	No National Target
Common cause variation.			



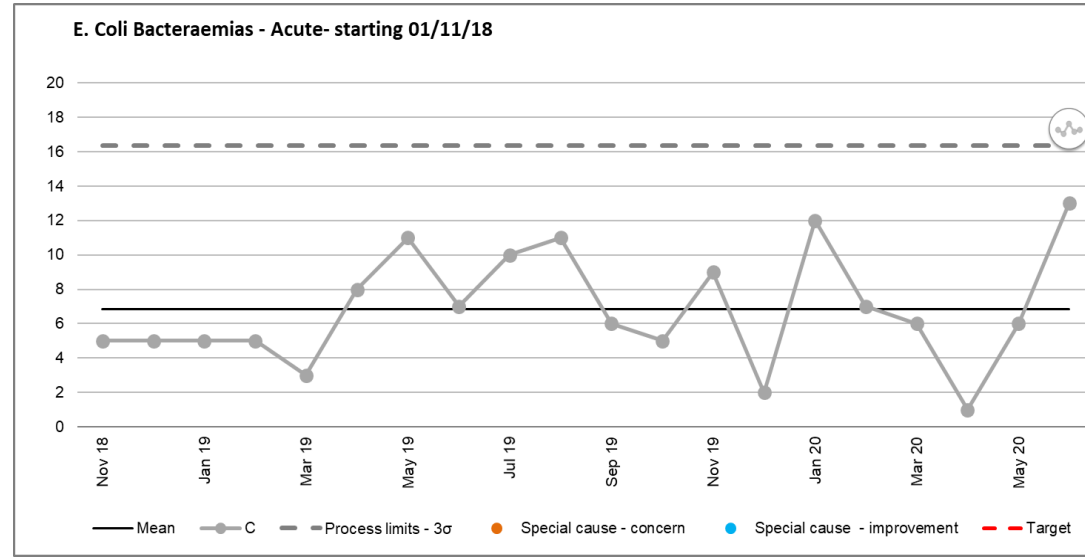
Metric	Jun 20	YTD	Target
Clostridium Difficile	4	18	108
This metric is relatively stable. May achieve target next month.			



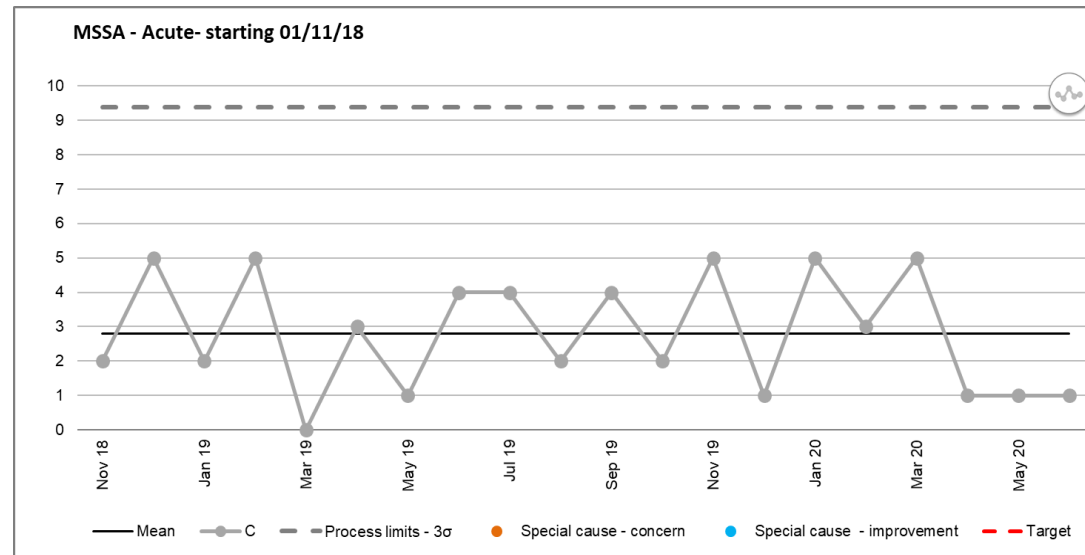
Metric	Jun 20	YTD	Target
MRSA Total	0	0	0
No assurance if target will be achieved next month.			



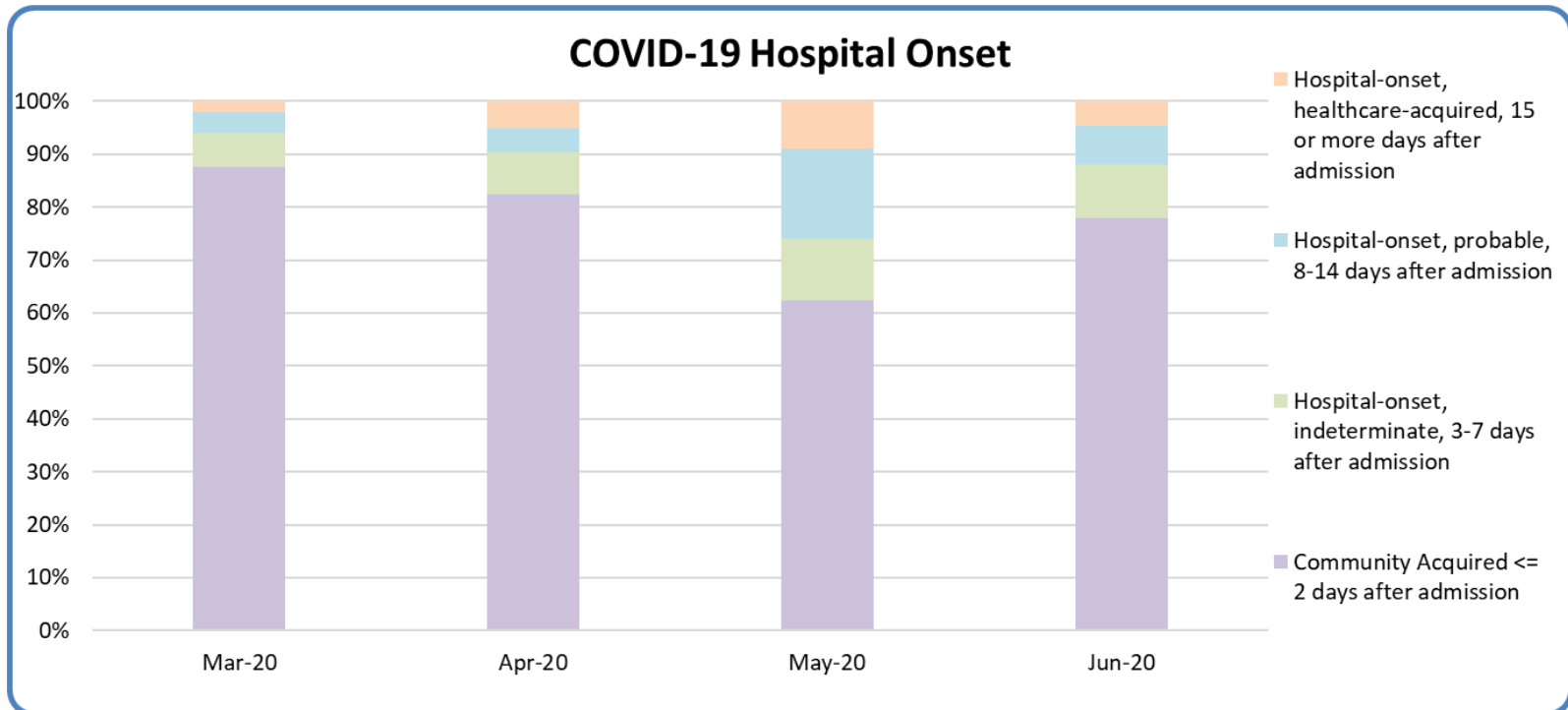
Metric	Jun 20	YTD	Target
E. Coli Bacteraemias - Acute	13	20	No National Target
No significant variation.			



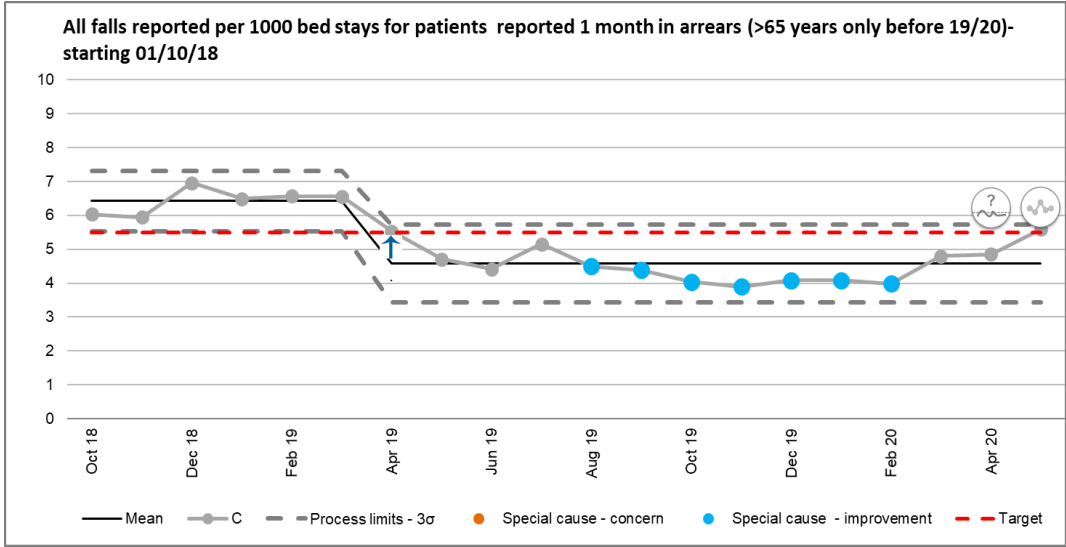
Metric	Jun 20	YTD	Target
MSSA - Acute	1	3	No National Target
Normal variation.			



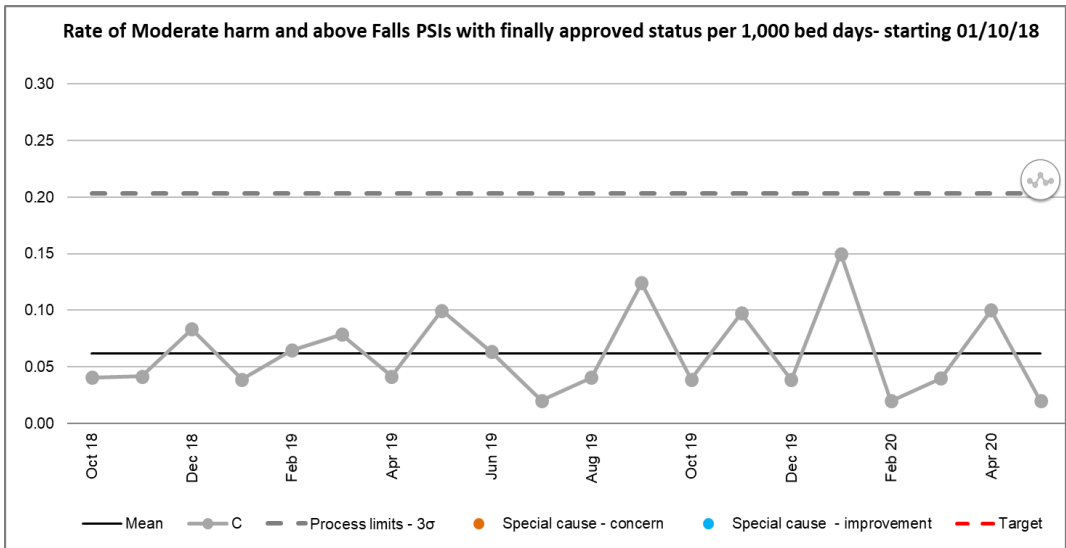
NHSI COVID-19 Onset Category	Mar-20		Apr-20		May-20		Jun-20	
	Patients	%	Patients	%	Patients	%	Patients	%
Community Acquired <= 2 days after admission	218	87.6%	619	82.4%	236	62.4%	168	77.8%
Hospital-onset, indeterminate, 3-7 days after admission	16	6.4%	60	8.0%	44	11.6%	22	10.2%
Hospital-onset, probable,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



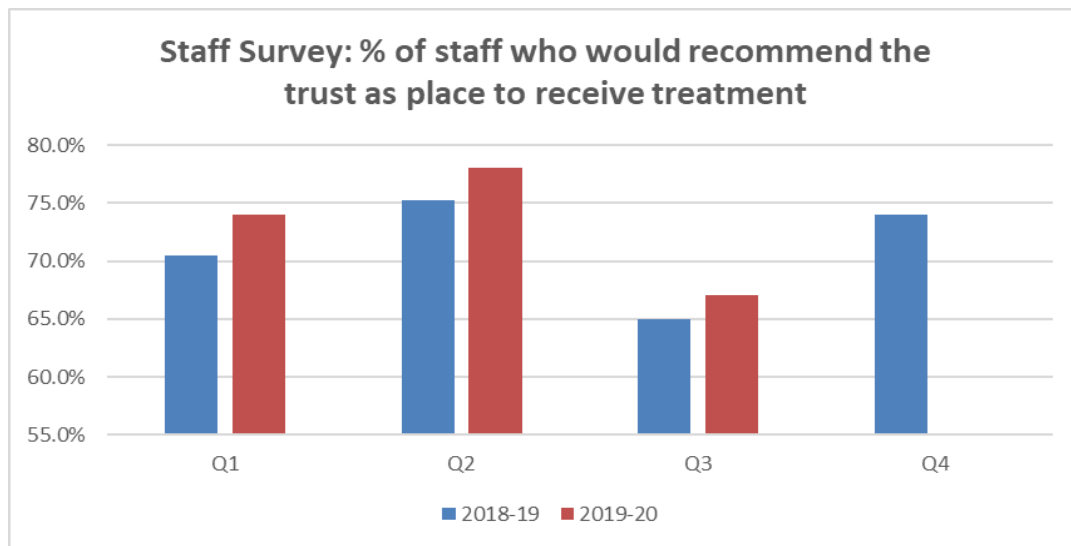
Metric	May 20	YTD	Target
All falls reported per 1000 bed stays for patients	5.53	5.2	5.5
Common cause variation, no assurance that the target will be delivered next month.			



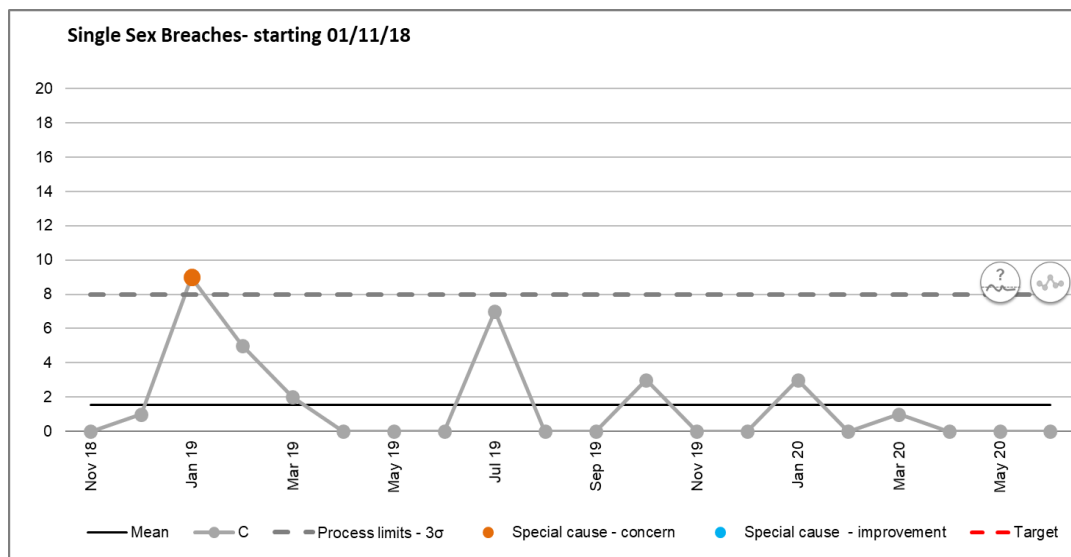
Metric	May 20	YTD	Target
Rate of Moderate harm and above Falls PSIs with finally approved status per 1,000 bed days	0.02	0.06	No National Target
No significant variation.			



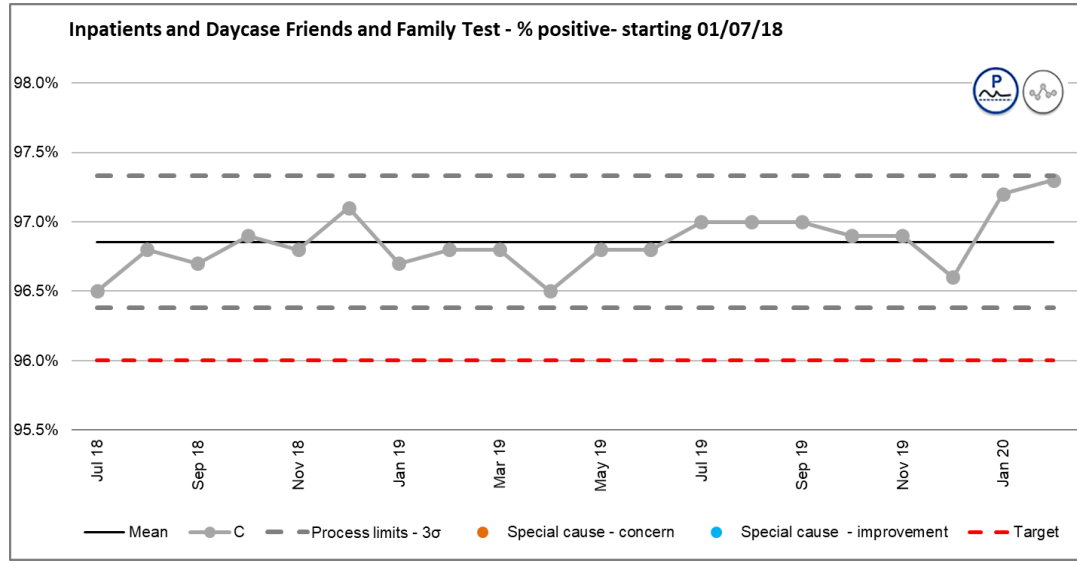
Metric	Q3 19/20	YTD	Target
% of staff who would recommend the trust as place to receive treatment	67%	73%	No National Target
This metric has been paused until further notice.			



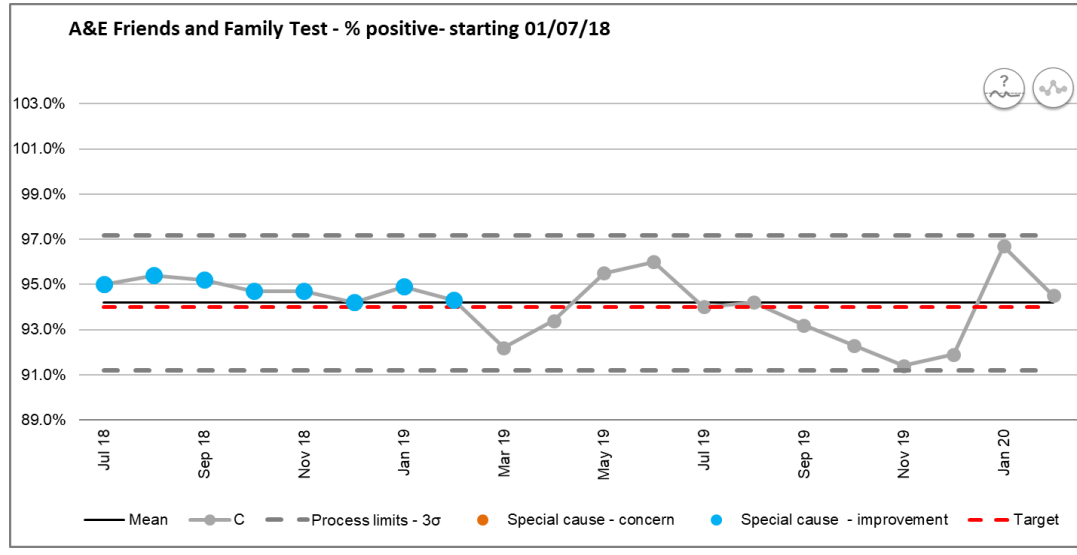
Metric	Jun 20	YTD	Target
Single Sex Breaches	0	0	0
No assurance target will be delivered next month. This metric was paused in April and May.			



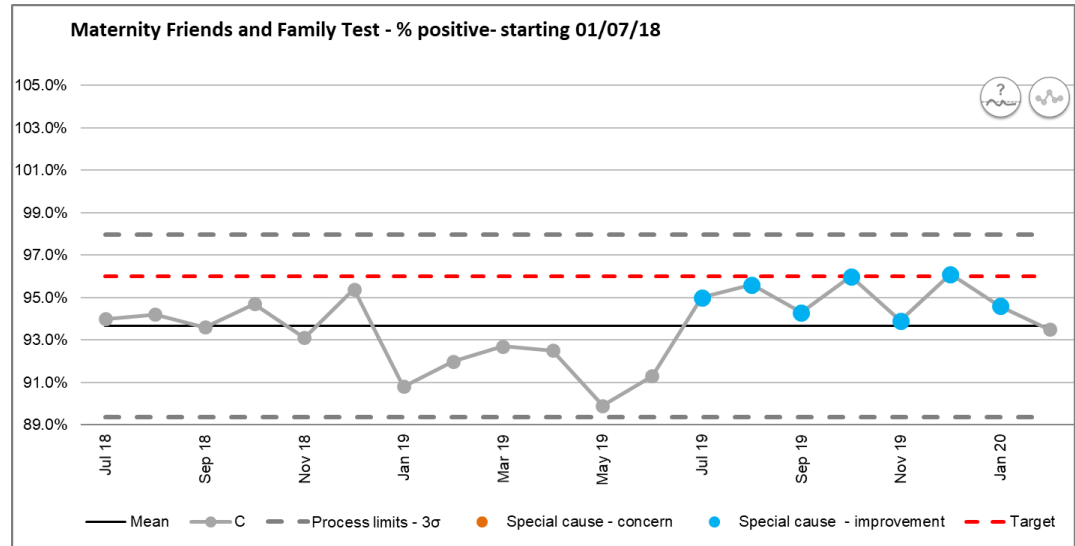
Metric	Feb 20	YTD	Target
Inpatient and Day case F&F Test % Positive	97%	97%	96%
Headline performance rounded up as per NHSI/E reporting. This metric has been paused until further notice.			



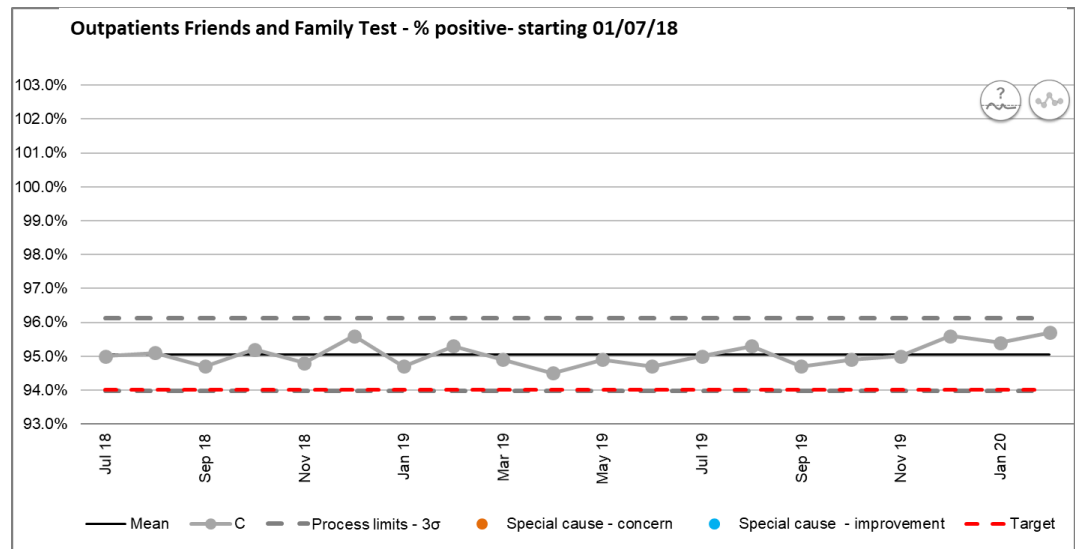
Metric	Feb 20	YTD	Target
A&E F&F Test % Positive	95%	94%	94%
This metric has been paused until further notice.			



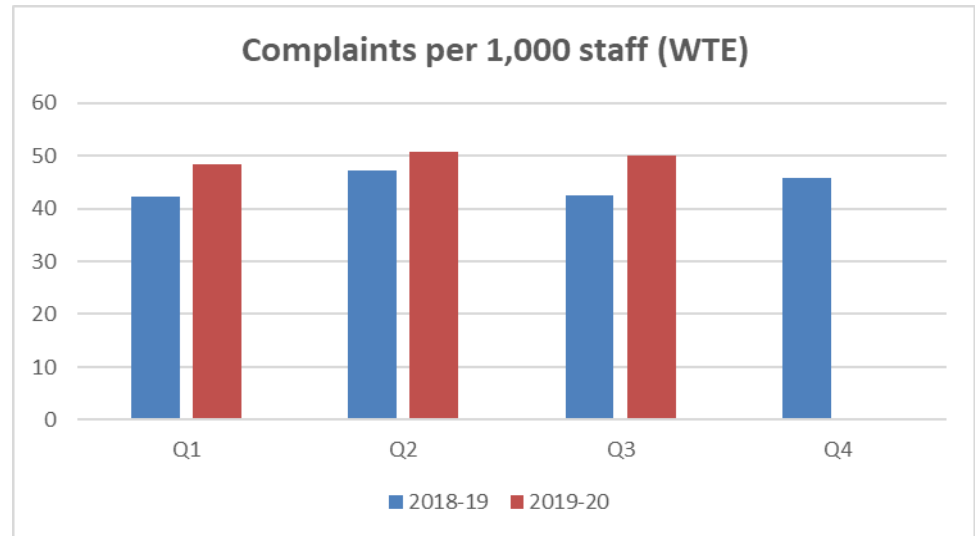
Metric	Feb 20	YTD	Target
Maternity F&F Test % Positive	94%	94%	96%
This metric has been paused until further notice.			



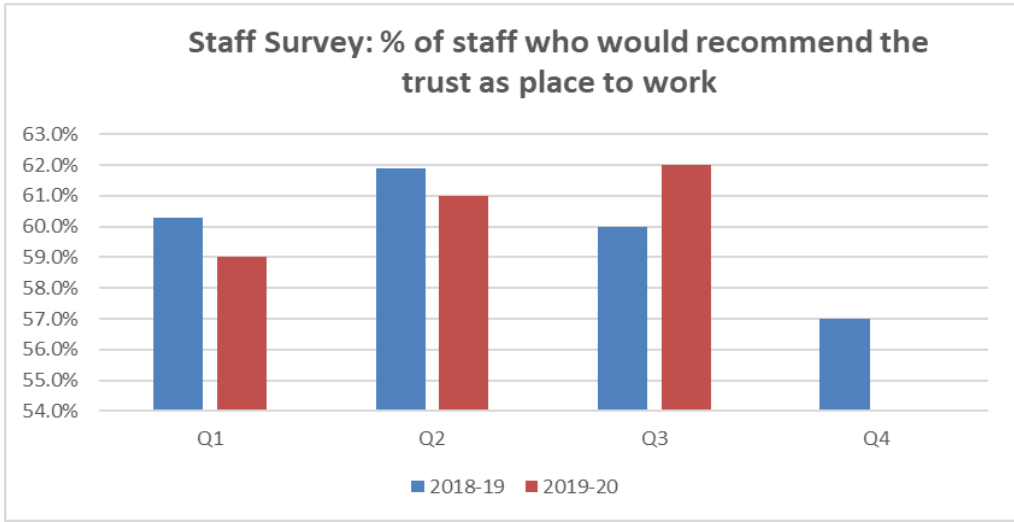
Metric	Feb 20	YTD	Target
Outpatients Friends and Family Test - % positive	96%	95%	94%
This metric has been paused until further notice.			



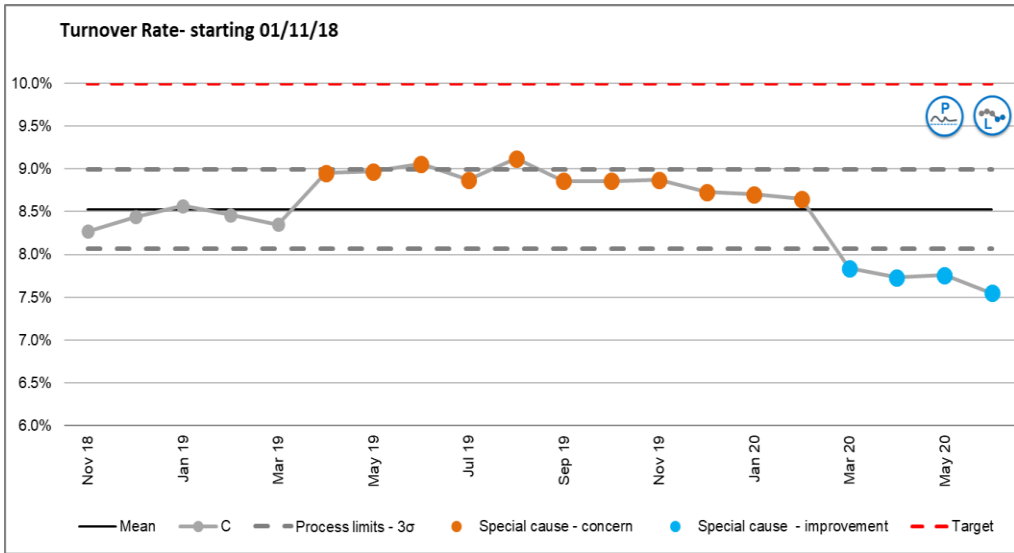
Metric	Q3 19/20	YTD	Target
Complaints per 1,000 staff (WTE)	50.1	49.7	No National Target
This metric has been paused until further notice.			



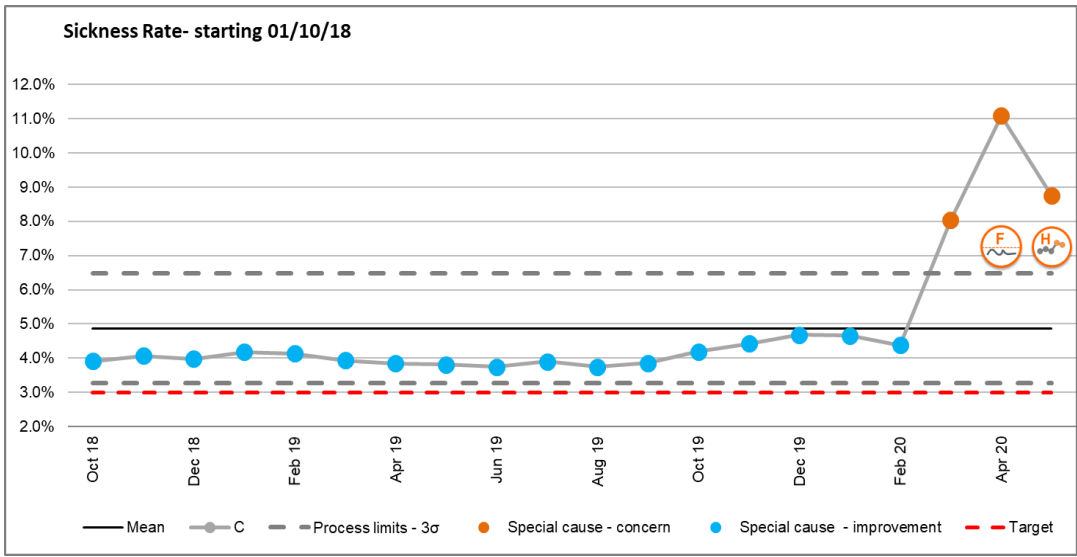
Metric	Q3 19/20	YTD	Target
Staff Survey % Recommend as Place to Work	62%	61%	Not within Lowest Decile
This metric has been paused until further notice.			



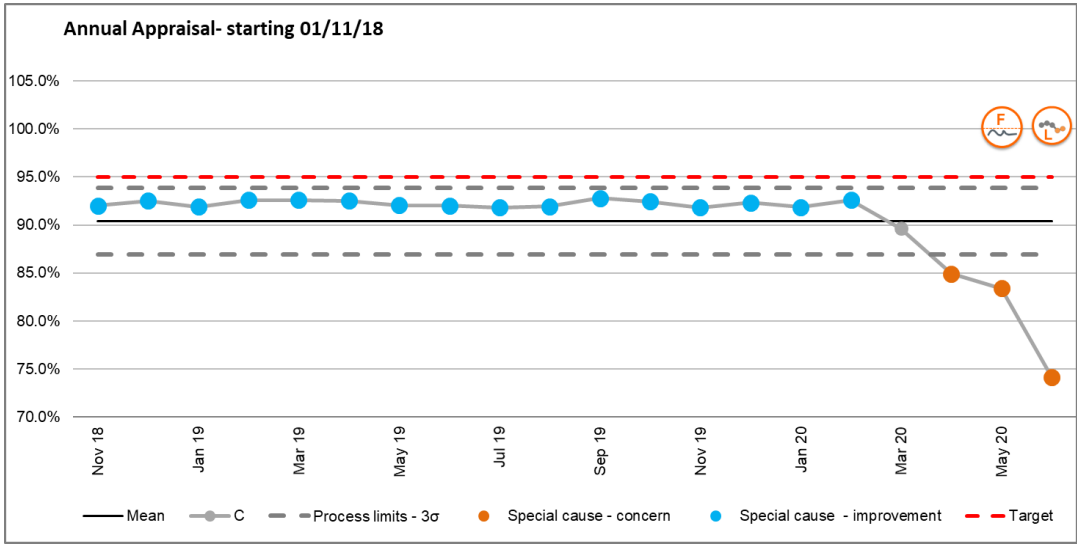
Metric	Jun 20	YTD	Target
Turnover Rate	7.6%	7.6%	10%
Turnover rate has decreased significantly due to COVID-19, very likely to achieve target.			



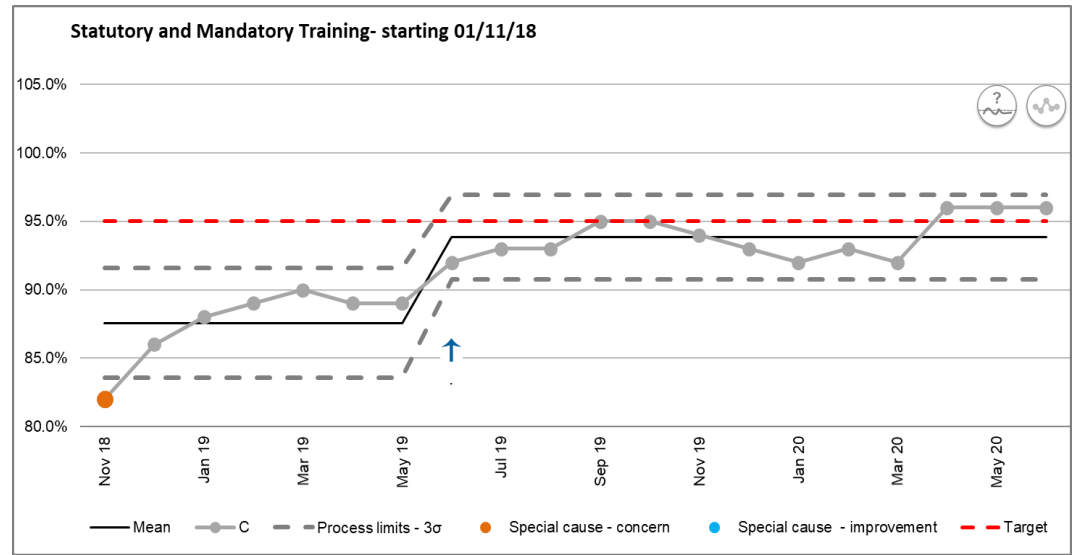
Metric	May 20	YTD	Target
Sickness absence	8.8%	9.9%	3%
<p>Significant variation, the last 3 months are above the upper control limit due to COVID-19. The target will most likely not be achieved next month.</p>			



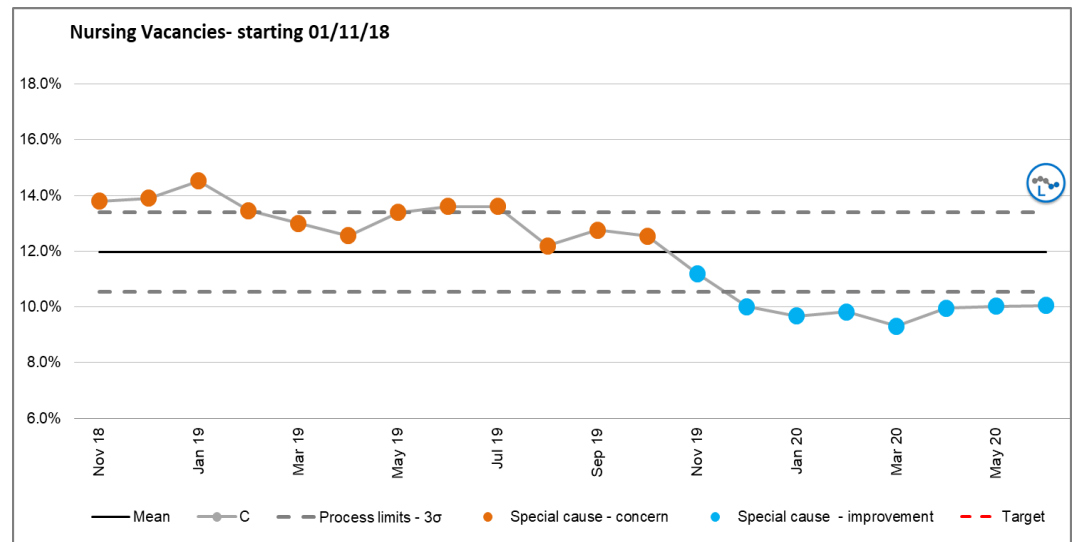
Metric	Jun 20	YTD	Target
% of Staff with Annual Appraisal	74.1%	74.1%	95%
<p>This metric has deteriorated significantly in the past 3 months due to COVID-19. Very unlikely to achieve target.</p>			



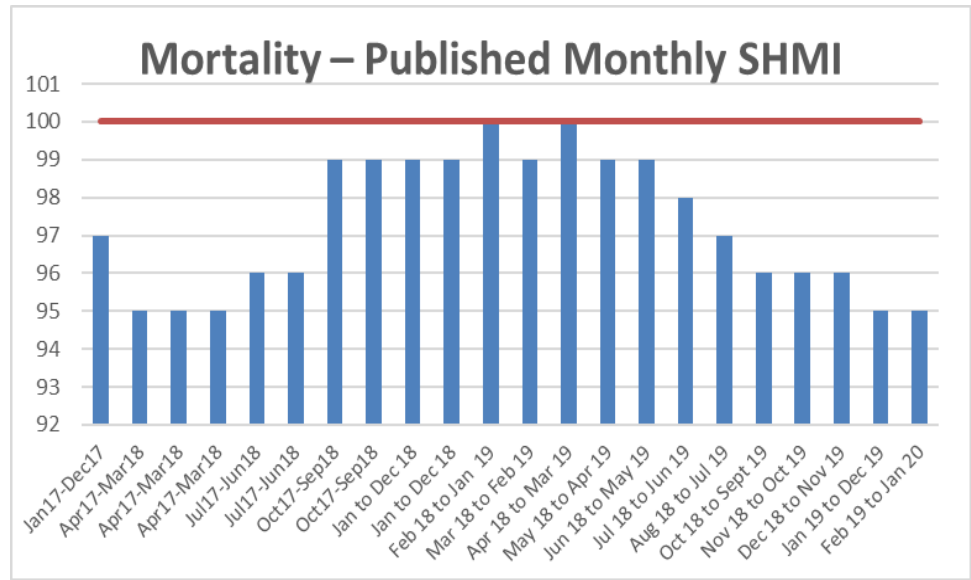
Metric	Jun 20	YTD	Target
Statutory and Mandatory Training	96%	96%	95%
<p>A step change in improvement occurred in June 19, no assurance that target will be achieved again next month.</p>			



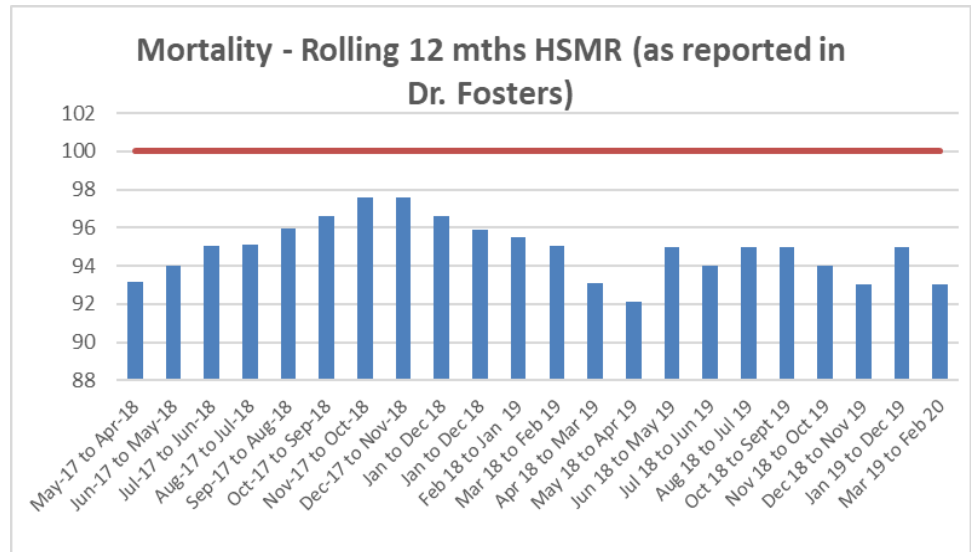
Metric	Jun 20	YTD	Target
Nursing Vacancies	10.1%	10.1%	No National Target
<p>Performance has improved in recent months.</p>			



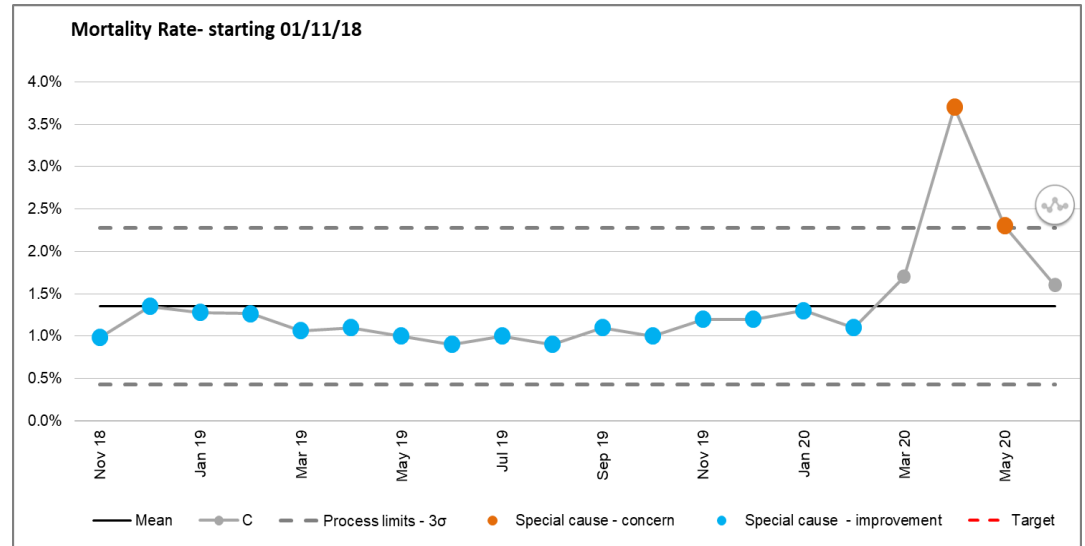
Metric	Feb 19 – Jan 20	Target
Mortality – Published Monthly SHMI	95	100
<p>UHL’s SHMI has been 100 or below for the past two years with some natural variation. Although UHL’s crude mortality has come down, the number of expected deaths in the SHMI methodology has also come down because there has been fewer ‘expected deaths’ nationally.</p>		



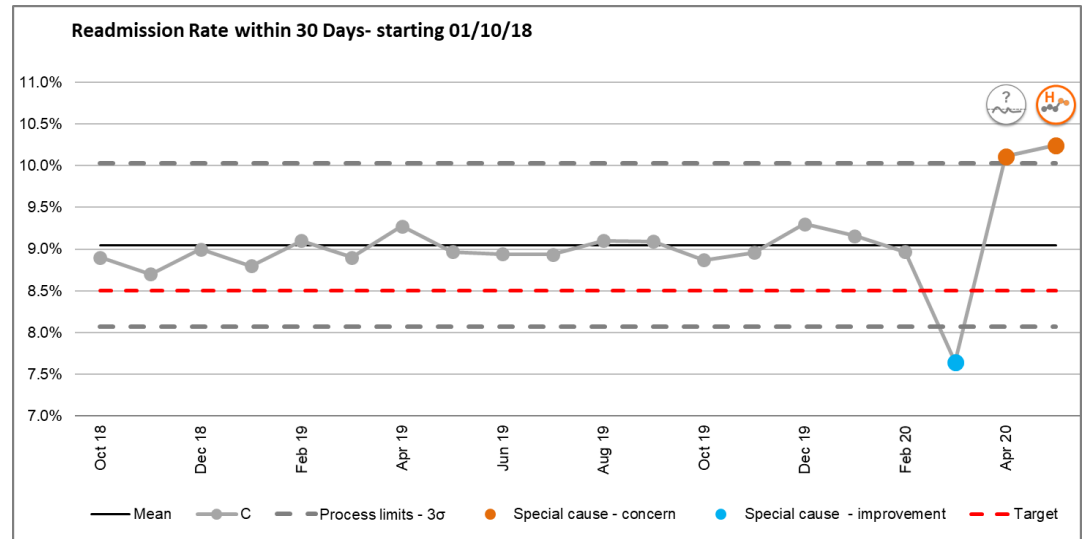
Metric	Mar 19 – Feb 20	Target
Mortality - Rolling 12 mths HSMR as reported in Dr. Foster)	93	100
<p>Over the past 4 years our HSMR has remained at either below or within the expected range. The most recent data shows a sustained period below the expected rate.</p>		



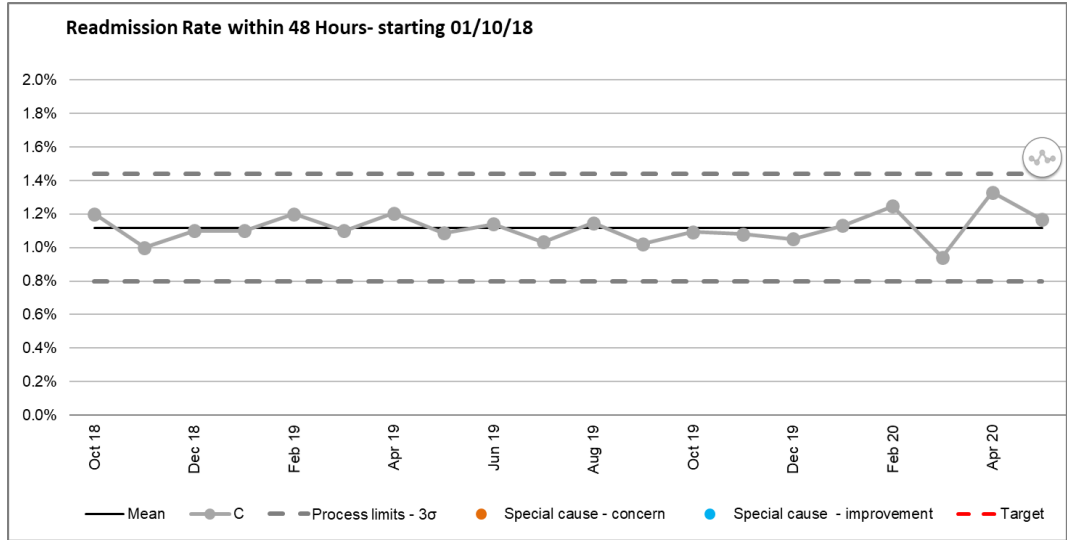
Metric	Jun 20	YTD	Target
Crude Mortality	1.6%	2.5%	No National Target
Statistically significant increase in April and May due to COVID-19.			



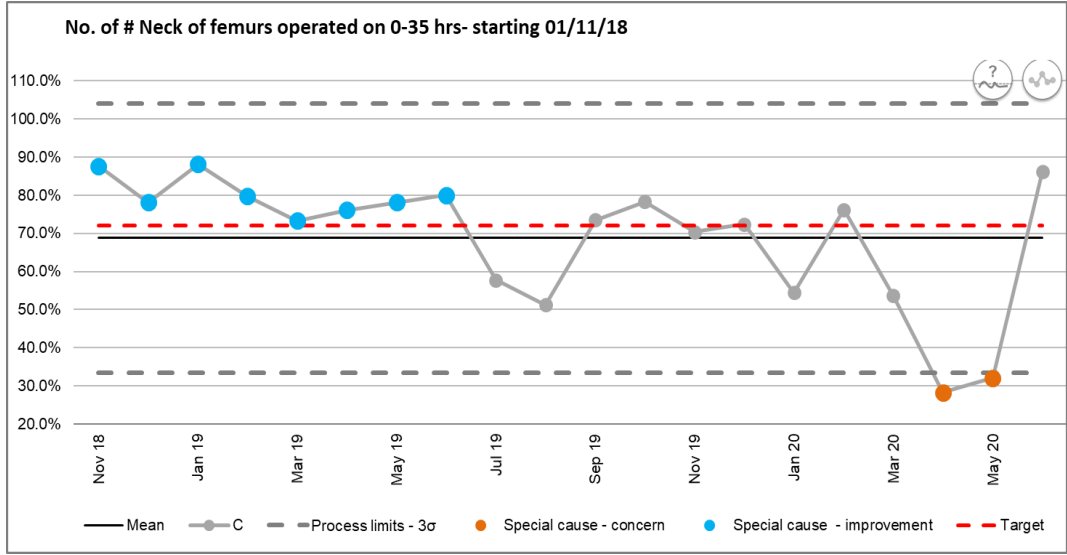
Metric	May 20	YTD	Target
Emergency readmissions within 30 days	10.2%	10.2%	8.5%
Special cause concern due to COVID-19.			



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



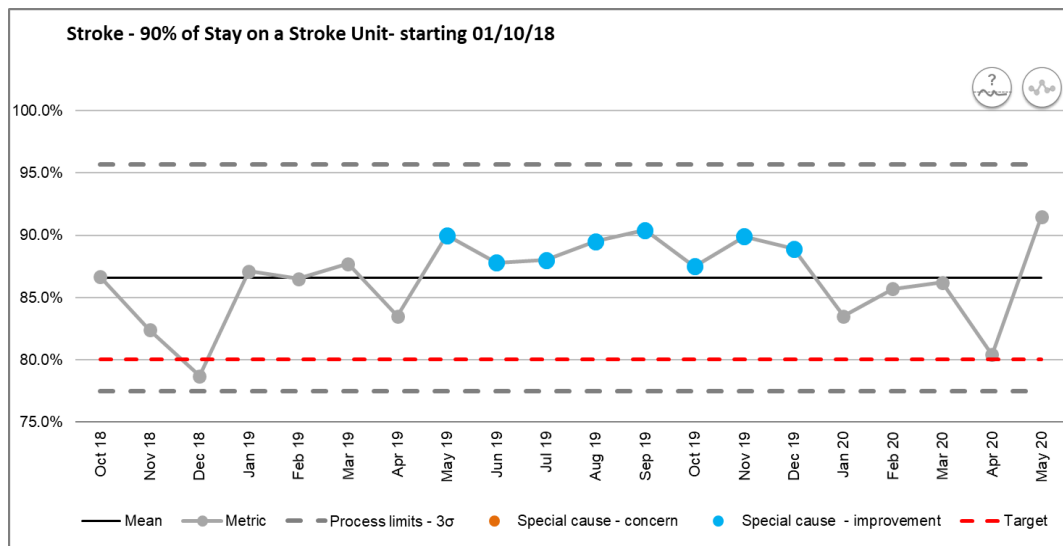
Metric	Jun 20	YTD	Target
% Neck of femurs operated on under 36 hrs Based on Admissions	86.1%	49.0%	72%
Performance has deteriorated significantly in April and May due to COVID-19. No assurance that target will be delivered next month.			



Metric	May 20	YTD	Target
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Stroke - 90% of Stay on a Stroke Unit	91.5%	87.1%	80%
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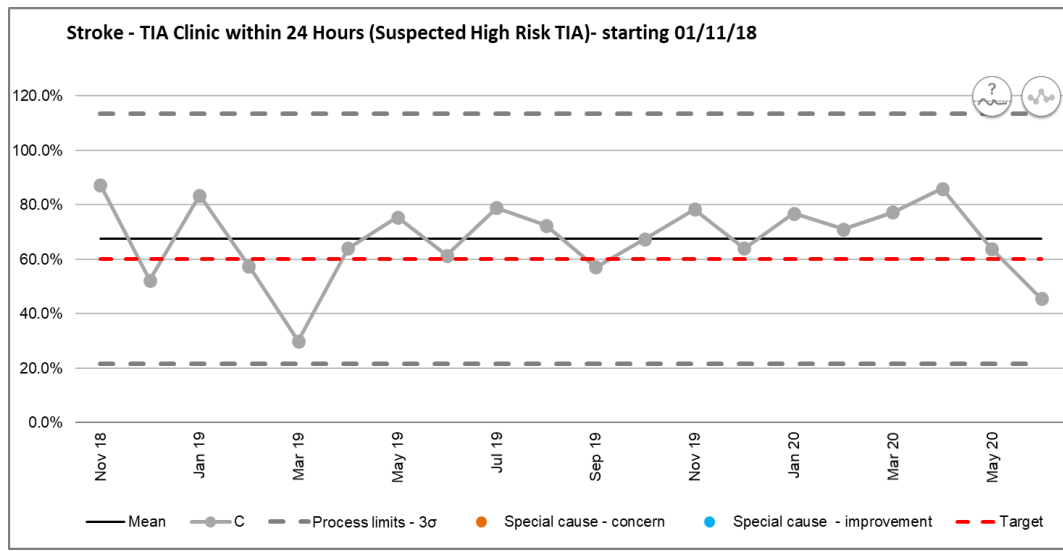
Common cause variation, consistently achieving target.



Metric	Jun 20	YTD	Target
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TIA Clinic within 24 Hours (Suspected High Risk TIA)	45.5%	60.9%	60%
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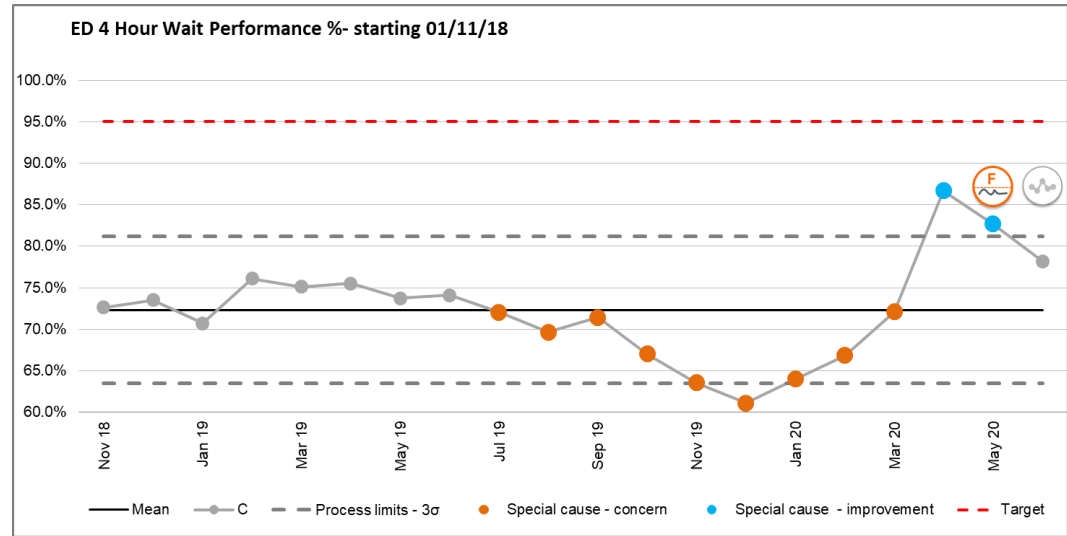
Common cause variation, target not achieved in June.



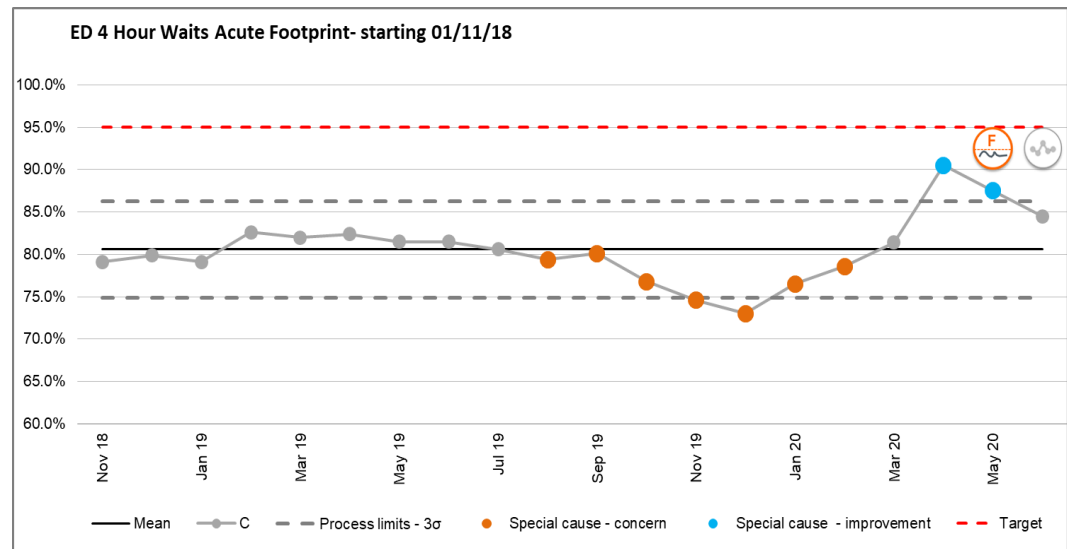
Responsive

For more information please see the Urgent Care Report - PPPC

Metric	Jun 20	YTD	Target
ED 4 Hour Waits UHL	78.2%	82.0%	95%
Continually failing target and will most likely fail to achieve target next month.			

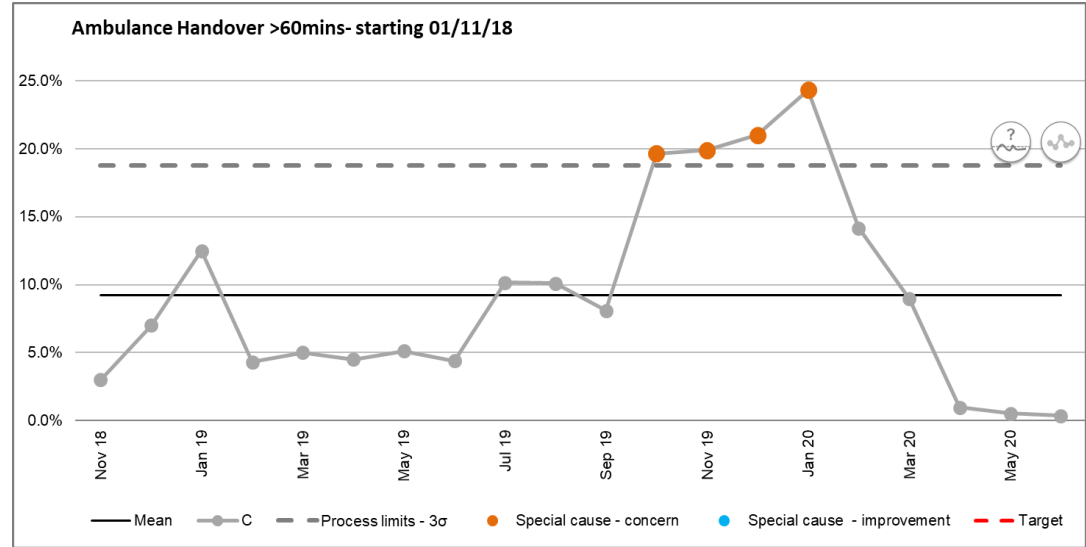


Metric	Jun 20	YTD	Target
ED 4 Hour Waits Acute Footprint	84.5%	87.1%	95%
Special cause improvement in April and May due to COVID-19. Continually failing target and will most likely fail to achieve target next month.			

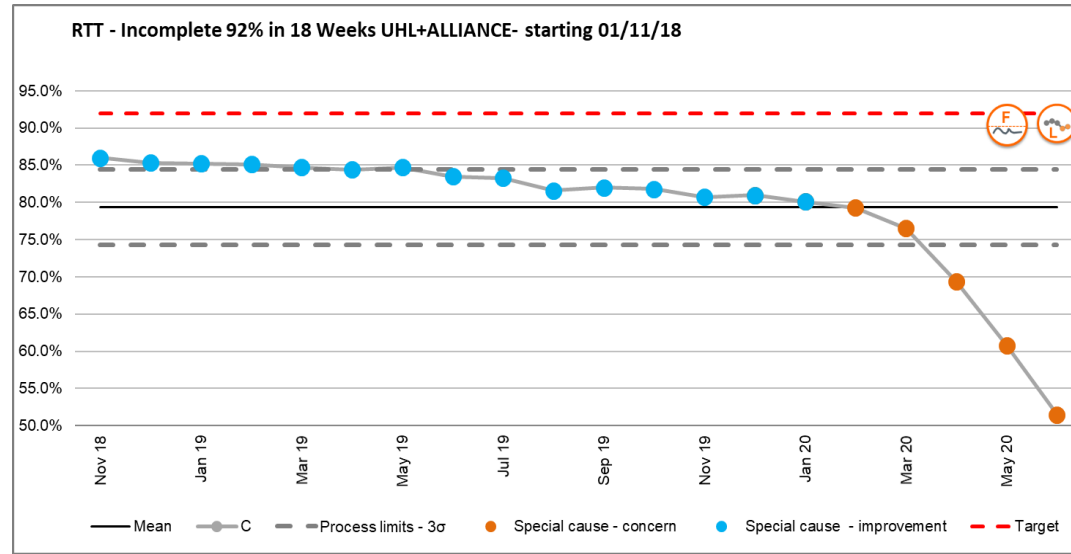


Responsive

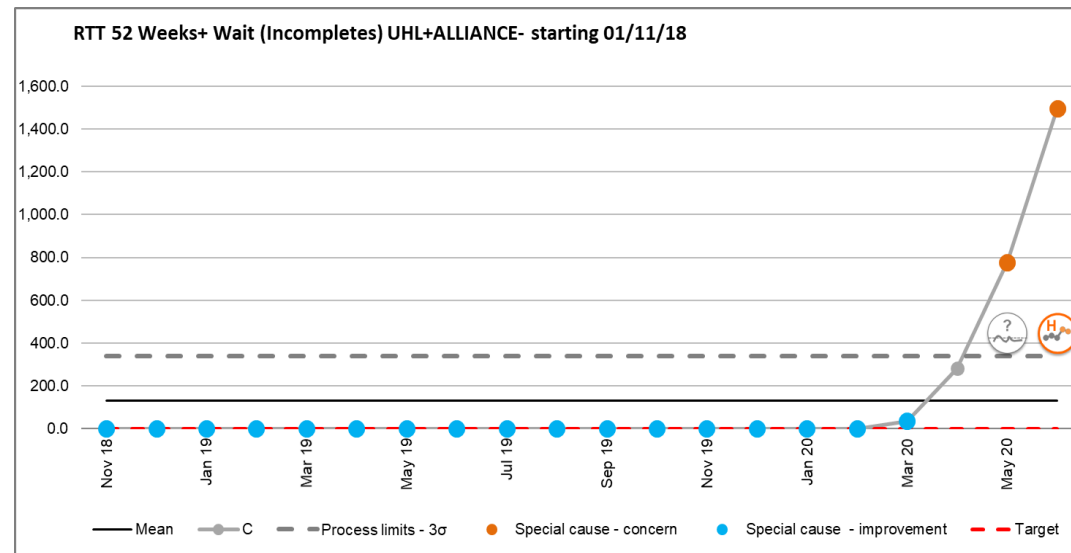
Metric	Jun 20	YTD	Target
Ambulance Handover >60 Mins	0.4%	0.6%	0%
Common cause variation, the last 4 months have been below the mean.			



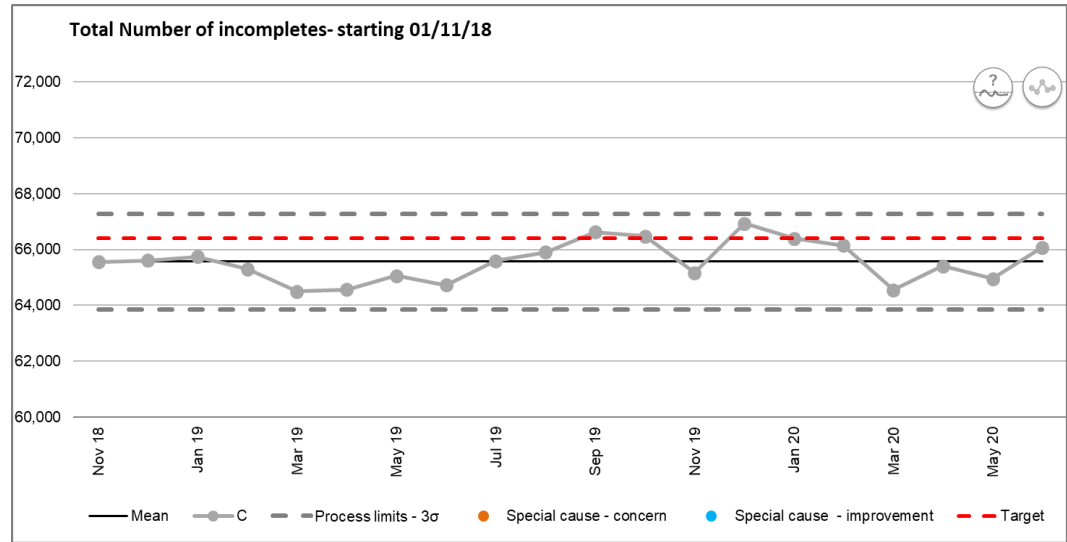
Metric	Jun 20	YTD	Target
RTT Incompletes	51.5%	51.5%	92%
<p>Performance has been deteriorating due to focus on waiting list target and more recently COVID-19.</p>			



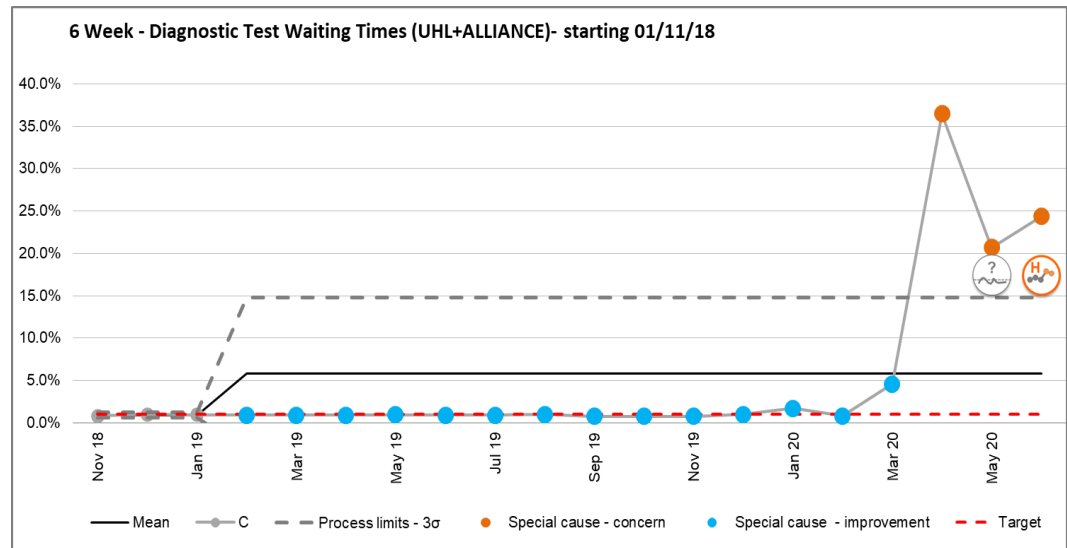
Metric	Jun 20	YTD	Target
RTT 52+ Weeks Wait	1,495	1,495	0
<p>Special cause concern, the number of breaches is expected to increase due to COVID-19.</p>			



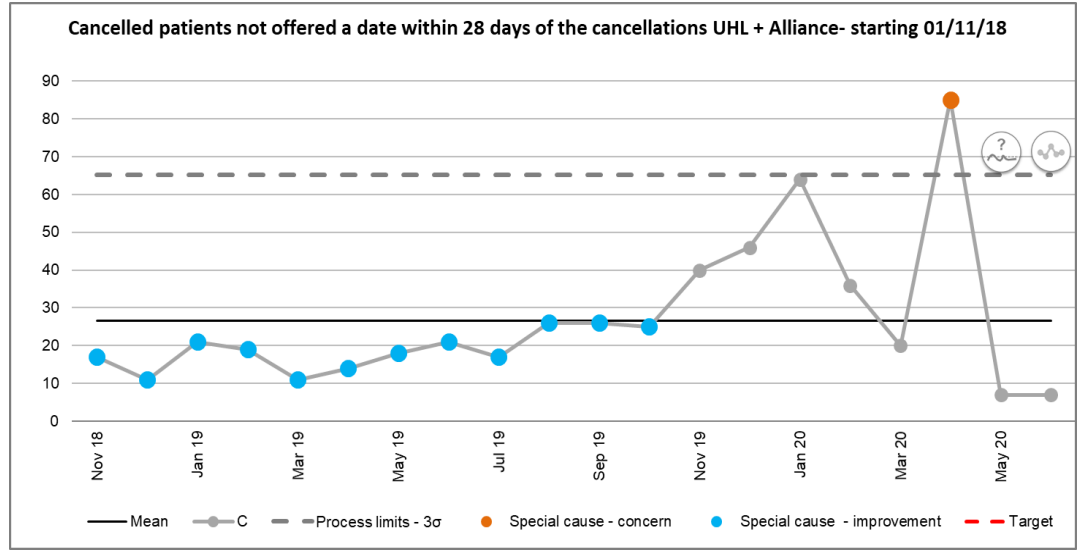
Metric	Jun 20	YTD	Target
Total Number of incompletes	66,082	66,082	66,397 (Year End)
Common cause variation.			



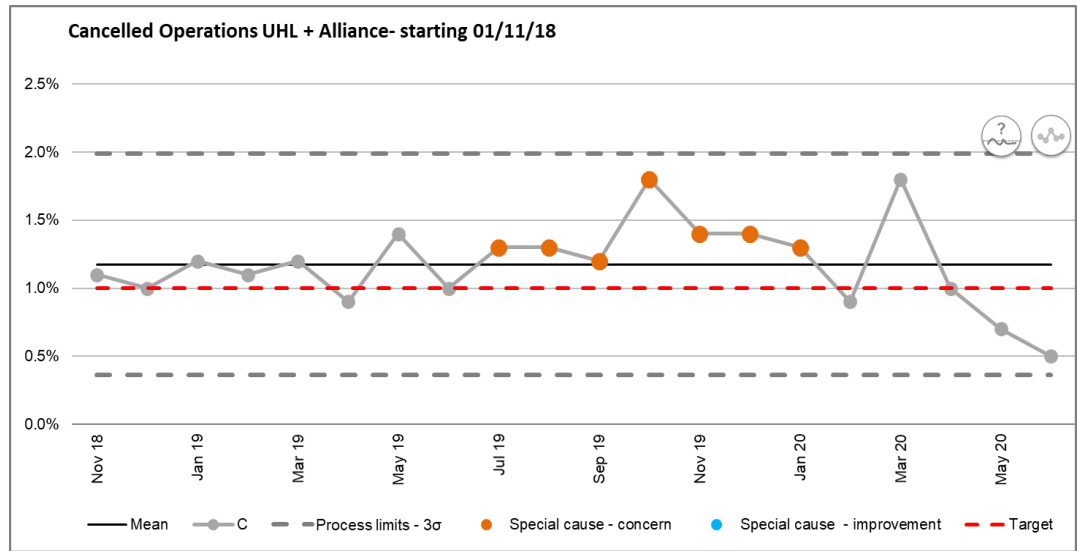
Metric	Jun 20	YTD	Target
6 Week Diagnostic Waits	24.4%	24.4%	1%
Special cause variation, target not achieved in June due to COVID-19.			



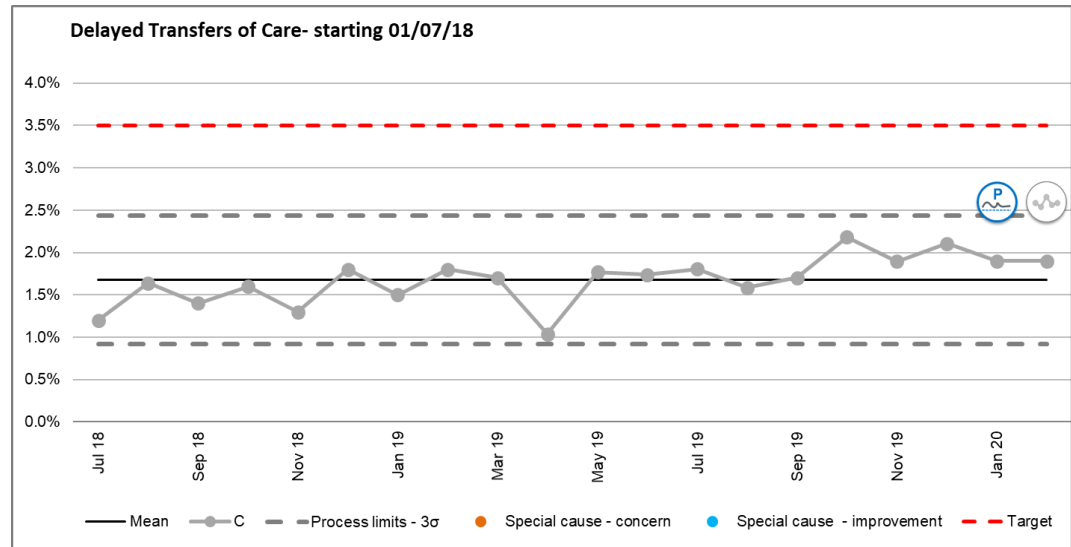
Metric	Jun 20	YTD	Target
Cancelled patients not offered a date within 28 days of the cancellations	7	99	0
Normal variation – April was above the upper control limit due to COVID-19. Full Year target already breached.			



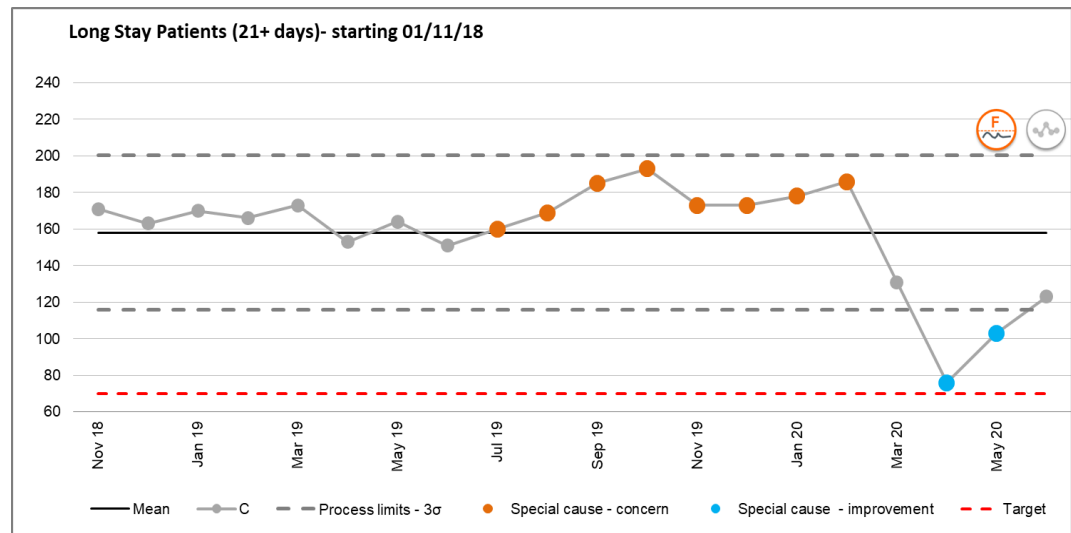
Metric	Jun 20	YTD	Target
% Operations cancelled on the day	0.5%	0.7%	1%
No significant variation observed. No assurance that the target will be delivered next month.			



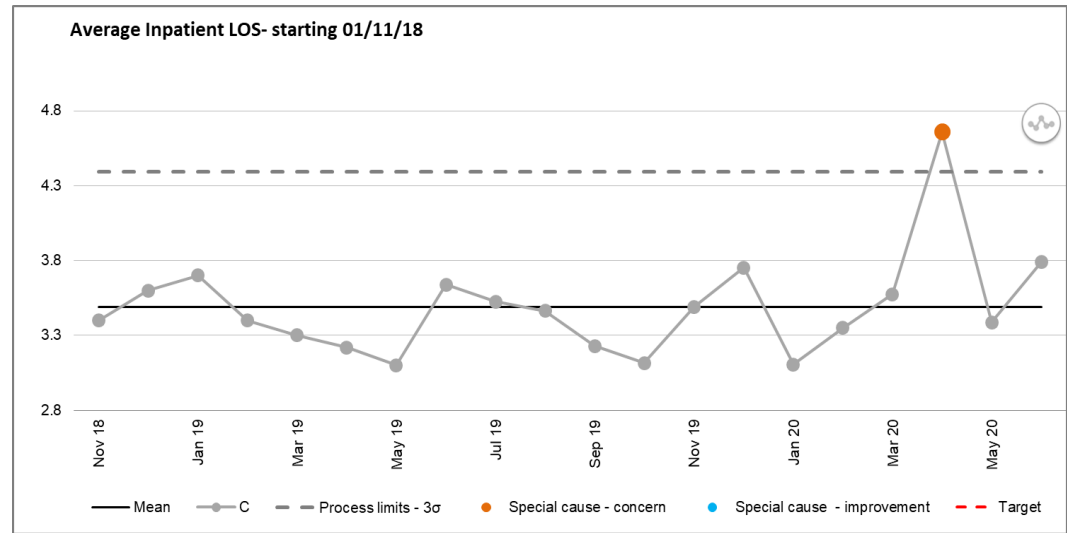
Metric	Feb 20	YTD	Target
Delayed transfers of care	1.9 %	1.8%	3.5%
This metric has been paused until further notice.			



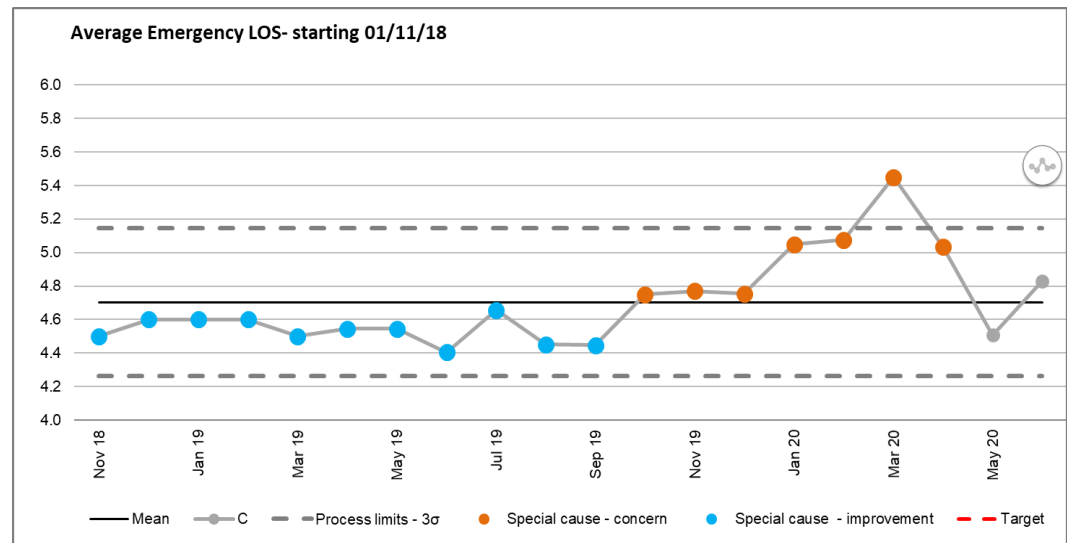
Metric	Jun 20	YTD	Target
Long Stay Patients (21+ days)	123	123	70
Normal variation, unlikely to achieve target next month.			



Metric	Jun 20	YTD	Target
Average Inpatient LOS	3.8	3.9	No National Target
Normal variation.			



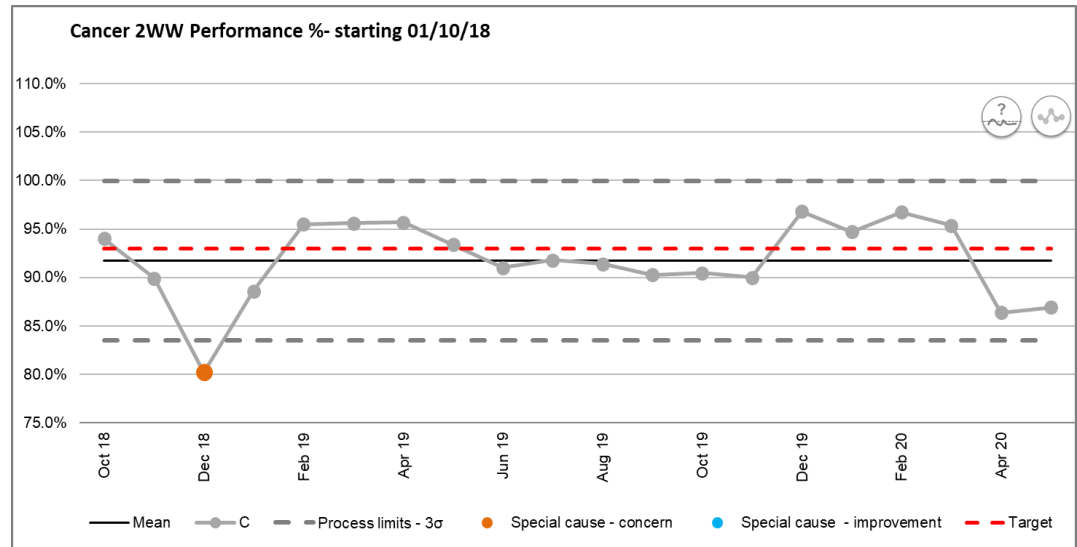
Metric	Jun 20	YTD	Target
Average Emergency LOS	4.8	4.8	No National Target
Normal variation following a significant deterioration in recent months.			



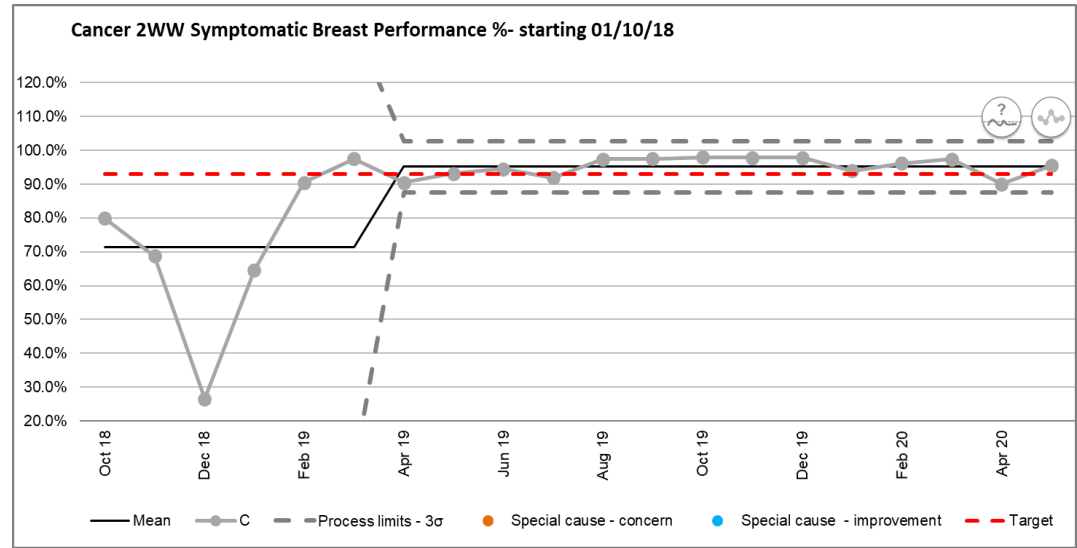
Responsive – Cancer

For more information please see the Cancer Recovery Paper - PPPC

Metric	May 20	YTD	Target
Cancer 2WW	86.9%	86.7%	93%
Normal variation. Performance starting to improve			

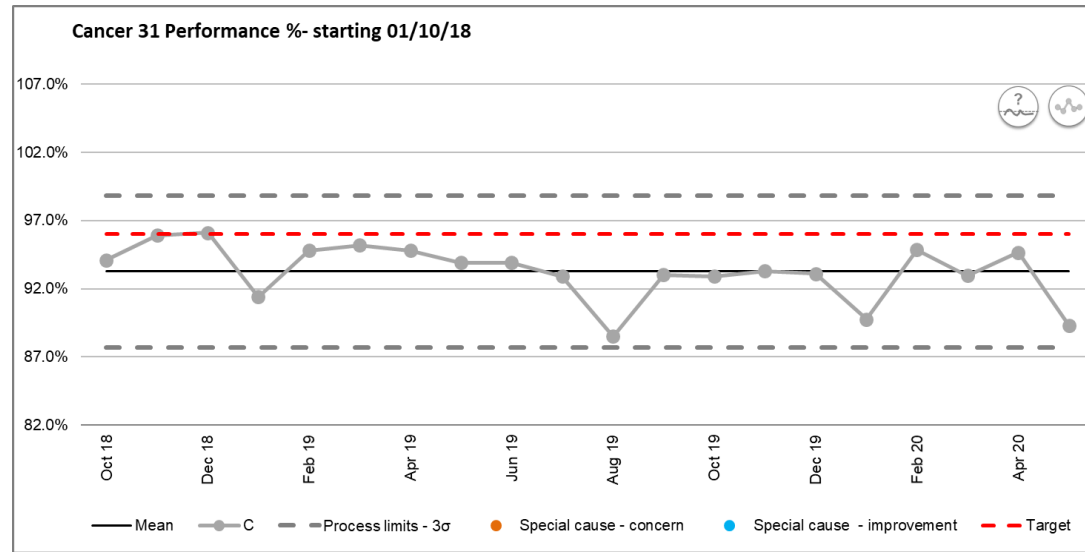


Metric	May 20	YTD	Target
Cancer 2WW Breast	95.5%	95.2%	93%
Performance has returned to a more stable level.			

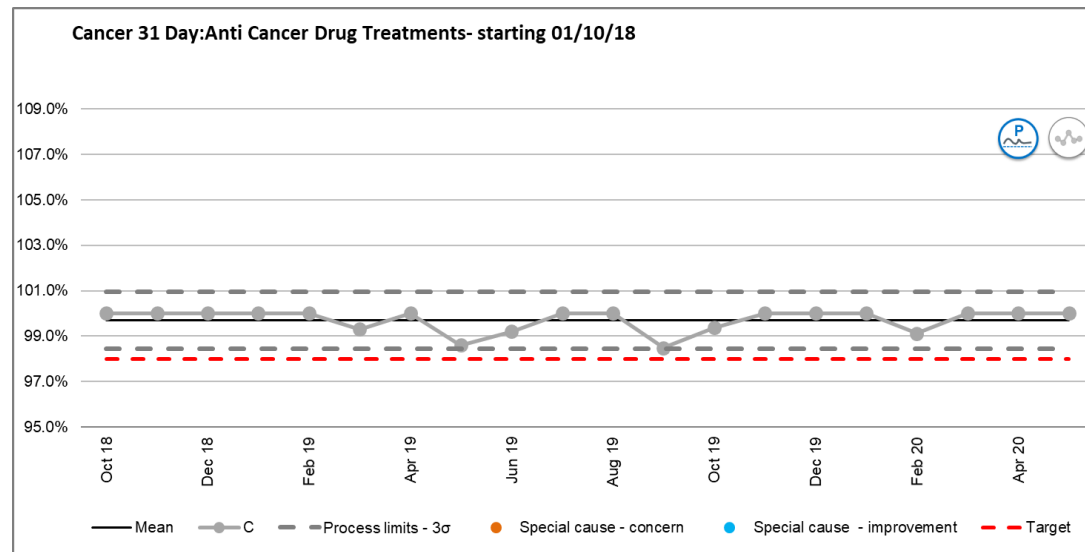


Responsive – Cancer

Metric	May 20	YTD	Target
Cancer 31 Day	89.3%	92.1%	96%
<p>Unlikely to achieve target next month, performance is underperforming.</p>			

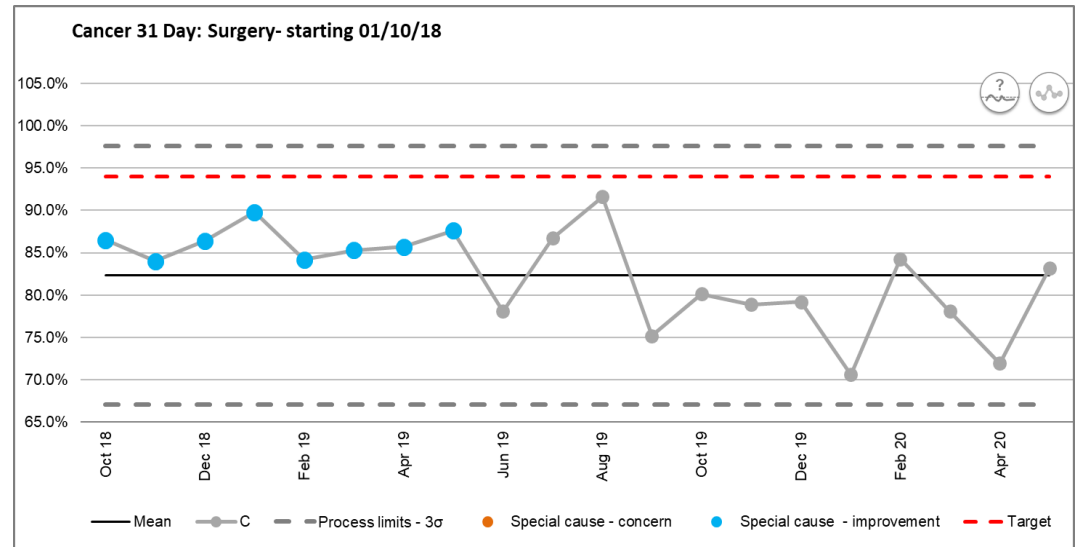


Metric	May 20	YTD	Target
Cancer 31 Day Drugs	100%	100%	98%
<p>Stable, very little variation. Likely to deliver target based on the last 12 months.</p>			

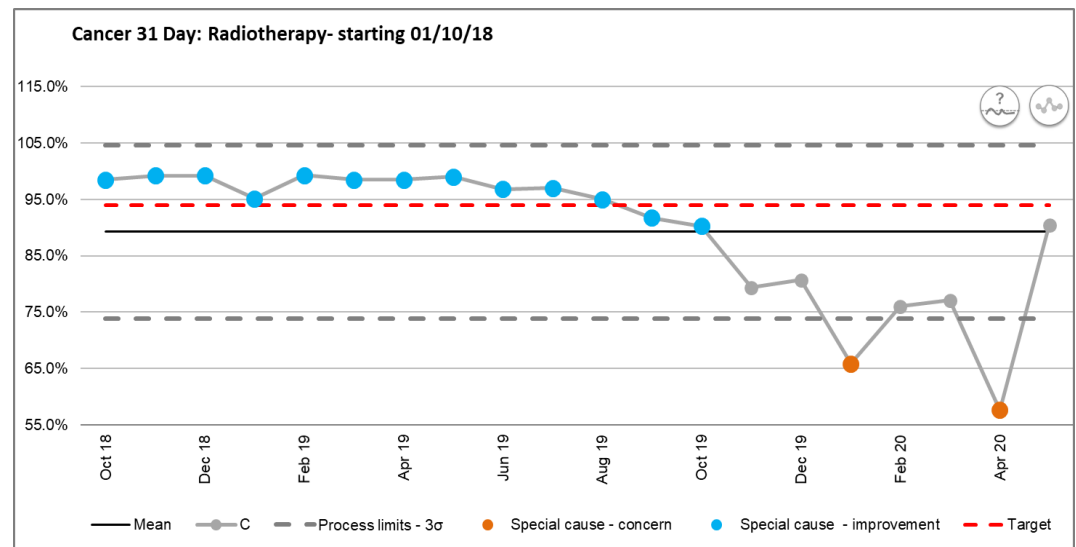


Responsive – Cancer

Metric	May 20	YTD	Target
Cancer 31 Surgery	83.2%	78.9%	94%
Normal variation, unlikely to deliver target next month			

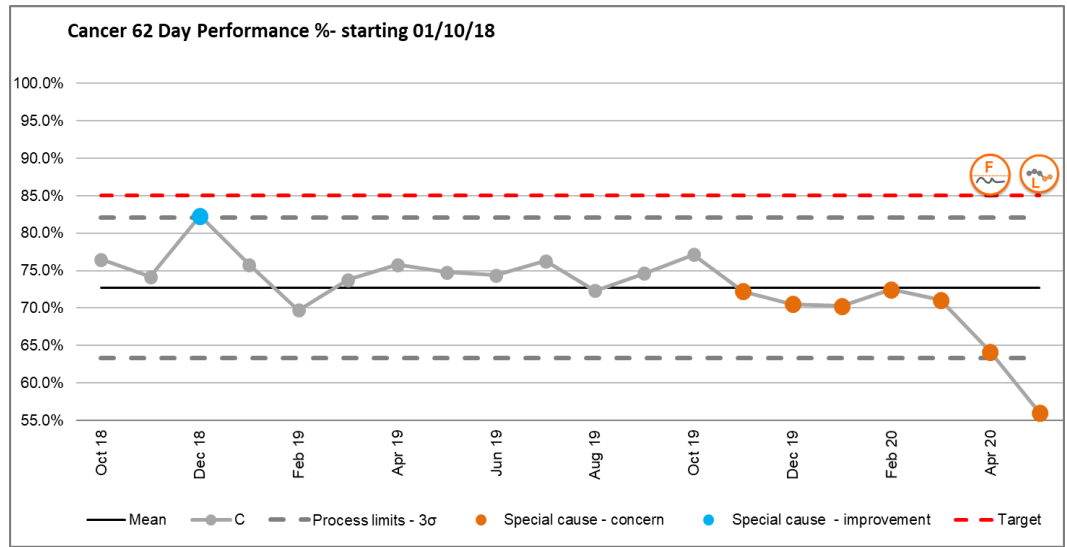


Metric	May 20	YTD	Target
Cancer 31 Day Radiotherapy	90.4%	74.9%	94%
Common cause variation, performance increased in May to its highest level since September last year.			

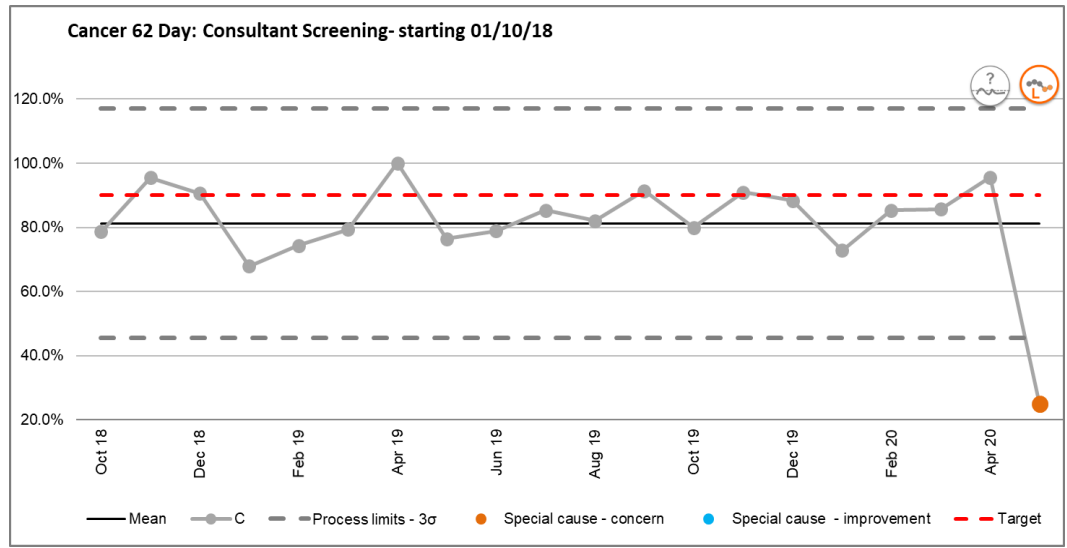


Responsive – Cancer

Metric	May 20	YTD	Target
Cancer 62 Day	56.1%	61.3%	85%
<p>Special cause concern, target will not be delivered next month. Increased backlog and decreased denominator has resulted in a deterioration in the position. This is being seen nationally</p>			

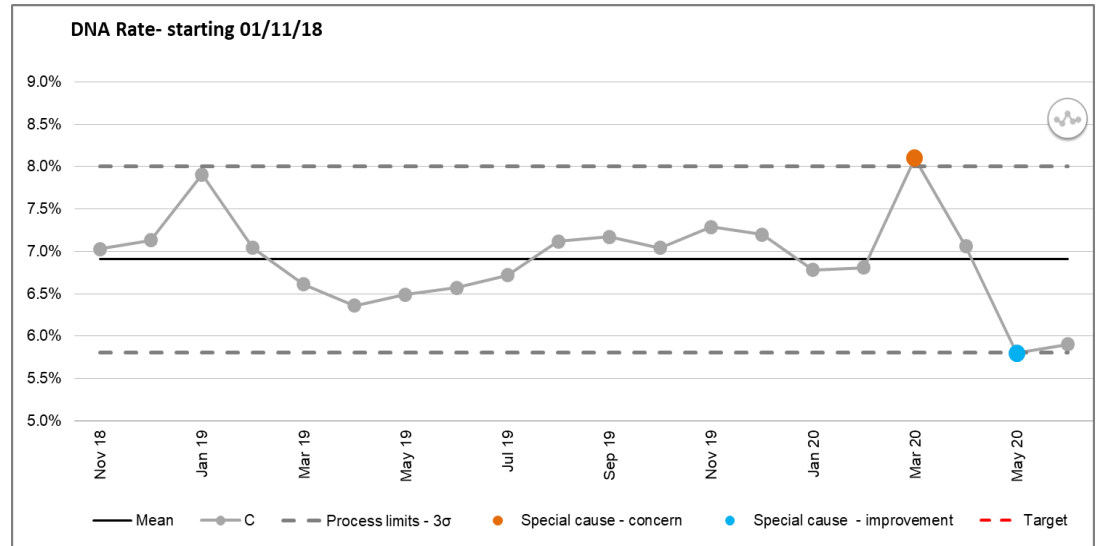


Metric	May 20	YTD	Target
Cancer 62 Day Consultant Screening	25.0%	61.5%	90%
<p>Special cause concern. Due to cancer screening pathways having stopped</p>			

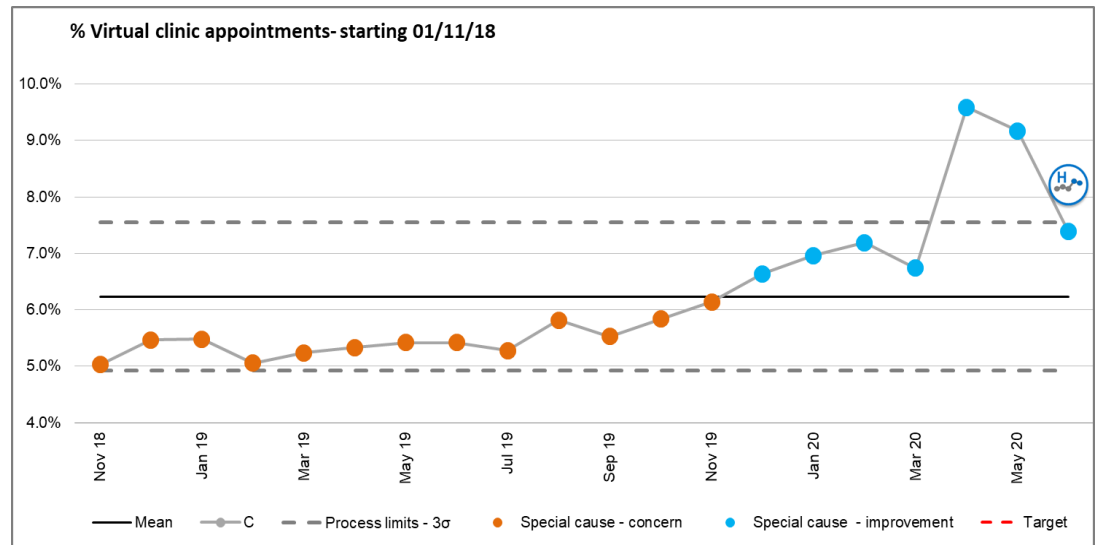


Outpatient Transformation

Metric	Jun 20	YTD	Target
% DNA Rate	5.9%	6.2%	No National Target
<p>This metric has improved recently, May was below the lower control limit due to COVID-19.</p>			

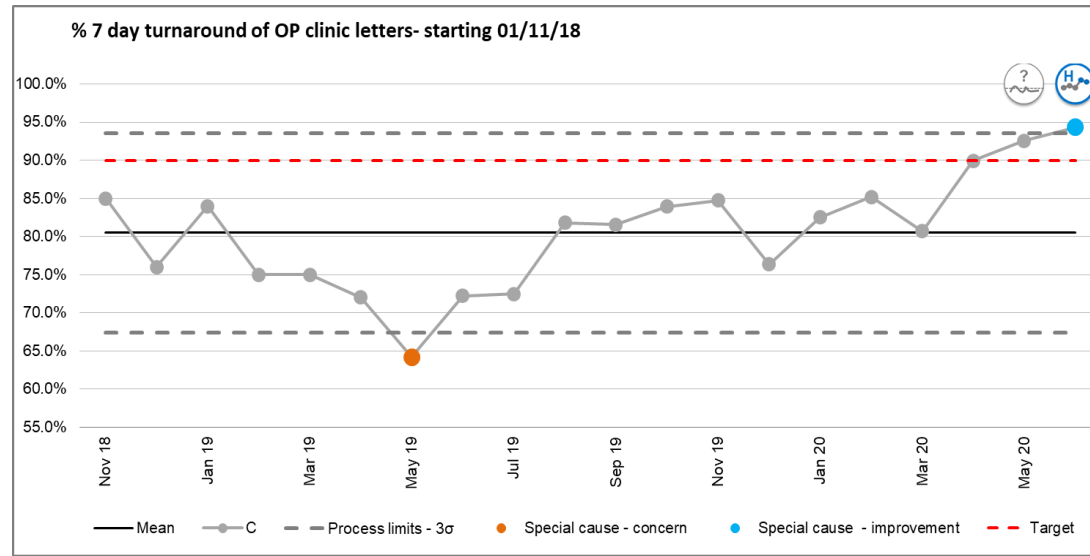


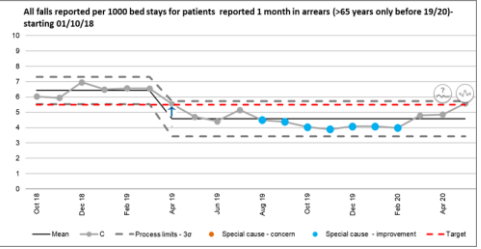
Metric	Jun 20	YTD	Target
% Virtual clinic appointments	7.4%	8.9%	No National Target
<p>Special cause improvement due to COVID-19.</p>			



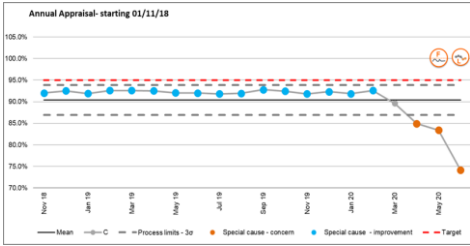
Outpatient Transformation

Metric	Jun 20	YTD	Target
% 7 day turnaround of OP clinic letters	94.3%	92.5%	90%
Special cause improvement, no assurance that the target will be delivered next month.			

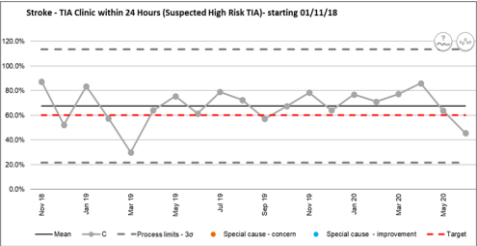


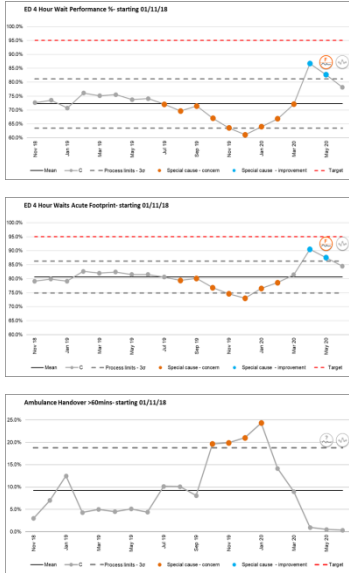
Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
<p>All falls reported per 1000 bed stays for patients</p>	<p>20/21 Target – 5.5</p>	 <p>All falls reported per 1000 bed stays for patients reported 1 month in arrears (>65 years only before 19/20) - starting 01/10/18</p>	<p>The number of falls remains below 200 , the reduction in bed days reflects the increased falls rate.</p> <p>Falls Validation for April to June was suspended due to COVID-19.</p> <p>Each month there are a number of datix incident reported as falls that upon further investigating during falls validation are de escalated as the patient did not fall. Without the scrutiny at CMG level determining these incidences, The raw data may not be a true reflection of the Falls rate in the Trust for May 2020.</p>	<p>Recommence the CMG falls Validation Process</p> <p>Continue to embed the new falls safety work that is ongoing in the Trust and will promote the correct coding of datix forms.</p> <p>Continue to monitor the falls rate through the Falls Management Steering group and develop new work to support Falls safety in line with themes and trends identified</p>
<p>Is a ratio of the number of falls per 1000 bed stays</p>	<p>5.53 reported in May 2020</p>			

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
<p>Sickness absence</p>	<p>20/21 Target – 3% or below</p>		<p>Figures include shielding and self-isolating, as well as Track and Trace absences and those choosing to take unpaid leave.</p>	<p>Find a way to extract sickness from special paid leave.</p> <p>As people return to work from shielding, ensure risk assessments are undertaken with anyone in a vulnerable group so appropriate work can be identified.</p> <p>Provide clarity to people who remain off work after 1st August – how will this leave be recorded?</p> <p>Continue to work with Staff Side and union colleagues to progress sickness cases virtually where appropriate.</p> <p>Launch of OD interventions to support staff including Team Time / Schwartz rounds.</p> <p>Actions previously highlighted continue – Making it All Happen meetings, virtual meetings, staff support through health and wellbeing, Amica and OH.</p>
<p>UHL has a locally agreed sickness absence target of 3%.</p>	<p>Performance in May was 8.8% excluding E&F</p>			

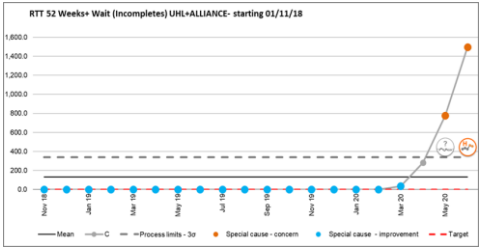
Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions																																	
<p>% of Staff with Annual Appraisal (excluding facilities Services)</p>	<p>20/21 Target – greater than 95%</p>	 <p>Annual Appraisal- starting 01/11/18</p> <table border="1"> <caption>Approximate data from the chart</caption> <thead> <tr> <th>Month</th> <th>Mean (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>Nov 18</td><td>92.0</td><td>95.0</td></tr> <tr><td>Jan 19</td><td>92.0</td><td>95.0</td></tr> <tr><td>Mar 19</td><td>92.0</td><td>95.0</td></tr> <tr><td>May 19</td><td>92.0</td><td>95.0</td></tr> <tr><td>Jul 19</td><td>92.0</td><td>95.0</td></tr> <tr><td>Sep 19</td><td>92.0</td><td>95.0</td></tr> <tr><td>Nov 19</td><td>92.0</td><td>95.0</td></tr> <tr><td>Jan 20</td><td>92.0</td><td>95.0</td></tr> <tr><td>Mar 20</td><td>85.0</td><td>95.0</td></tr> <tr><td>May 20</td><td>74.1</td><td>95.0</td></tr> </tbody> </table>	Month	Mean (%)	Target (%)	Nov 18	92.0	95.0	Jan 19	92.0	95.0	Mar 19	92.0	95.0	May 19	92.0	95.0	Jul 19	92.0	95.0	Sep 19	92.0	95.0	Nov 19	92.0	95.0	Jan 20	92.0	95.0	Mar 20	85.0	95.0	May 20	74.1	95.0	<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>The Trust Tactical and Strategic Group have agreed on an alternative approach in response to COVID-19 for pressurized areas.</p>
Month	Mean (%)	Target (%)																																			
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May 20	74.1	95.0																																			
<p>Is the percentage of staff who have had their Annual Appraisal(excluding facilities Services)</p>	<p>Performance for June was 74.1%.</p>		<p>It is recognised that performance has been impacted on by COVID-19 and the need for prioritisation in response.</p>	<p>HR Colleagues continue to communicate performance and support managers with implementing improvements.</p> <p>HR colleagues will be sending out details of outstanding appraisal to all areas (during the week commencing 20 July) for urgent line by line review/update.</p> <p>COVID-19 HR/OH Frequently Asked Questions have been updated to clarify appraisal expectations and the corresponding process.</p>																																	

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions																																								
<p>Emergency readmissions within 30 days following an elective or emergency spell</p>	<p>20/21 Target – less than 8.5%</p>	<p>Readmission Rate within 30 Days- starting 01/10/18</p> <table border="1"> <caption>Approximate data from the chart</caption> <thead> <tr> <th>Month</th> <th>Readmission Rate (%)</th> </tr> </thead> <tbody> <tr><td>Oct 18</td><td>8.5</td></tr> <tr><td>Nov 18</td><td>8.2</td></tr> <tr><td>Dec 18</td><td>8.5</td></tr> <tr><td>Jan 19</td><td>8.3</td></tr> <tr><td>Feb 19</td><td>8.5</td></tr> <tr><td>Mar 19</td><td>8.8</td></tr> <tr><td>Apr 19</td><td>8.5</td></tr> <tr><td>May 19</td><td>8.5</td></tr> <tr><td>Jun 19</td><td>8.5</td></tr> <tr><td>Jul 19</td><td>8.5</td></tr> <tr><td>Aug 19</td><td>8.5</td></tr> <tr><td>Sep 19</td><td>8.5</td></tr> <tr><td>Oct 19</td><td>8.5</td></tr> <tr><td>Nov 19</td><td>8.5</td></tr> <tr><td>Dec 19</td><td>8.5</td></tr> <tr><td>Jan 20</td><td>8.5</td></tr> <tr><td>Feb 20</td><td>8.5</td></tr> <tr><td>Mar 20</td><td>8.5</td></tr> <tr><td>Apr 20</td><td>10.2</td></tr> </tbody> </table>	Month	Readmission Rate (%)	Oct 18	8.5	Nov 18	8.2	Dec 18	8.5	Jan 19	8.3	Feb 19	8.5	Mar 19	8.8	Apr 19	8.5	May 19	8.5	Jun 19	8.5	Jul 19	8.5	Aug 19	8.5	Sep 19	8.5	Oct 19	8.5	Nov 19	8.5	Dec 19	8.5	Jan 20	8.5	Feb 20	8.5	Mar 20	8.5	Apr 20	10.2	<p>The impact of the relative change given the small numbers in some areas means we are looking at noncomparable data.</p> <p>Impact of realigning the community services and provision to the multi morbid post discharge is unknown.</p> <p>Impact on targeted work to discharge long length of stay patients unknown.</p> <p>Readmissions needs a targeted piece of work as we move into the recovery phase to fully understand the impact of previous decisions.</p>	<p>CSI Audit – Interventional Radiology x14 pts in May which resulted in an increase to 16.3% (CSI averages circa 5%)</p> <p>Patient note review to be undertaken to identify the potential root causes of the increase, with particular focus on long length of stay patients discharged as part of the COVID planning process.</p>
Month	Readmission Rate (%)																																											
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<p>Is the percentage of emergency readmissions within 30 days following an elective or emergency spell</p>	<p>Performance for May was 10.2%.</p>																																											

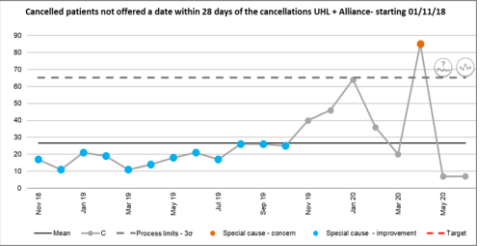
Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions																																	
<p>Stroke - TIA Clinic within 24 Hours (Suspected High Risk TIA)</p>	<p>20/21 Target – 60% or above</p>	 <p>Stroke - TIA Clinic within 24 Hours (Suspected High Risk TIA)- starting 01/11/18</p> <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>Nov 18</td><td>85</td><td>60</td></tr> <tr><td>Jan 19</td><td>75</td><td>60</td></tr> <tr><td>Mar 19</td><td>35</td><td>60</td></tr> <tr><td>May 19</td><td>75</td><td>60</td></tr> <tr><td>Jul 19</td><td>75</td><td>60</td></tr> <tr><td>Sep 19</td><td>65</td><td>60</td></tr> <tr><td>Nov 19</td><td>75</td><td>60</td></tr> <tr><td>Jan 20</td><td>75</td><td>60</td></tr> <tr><td>Mar 20</td><td>75</td><td>60</td></tr> <tr><td>May 20</td><td>60.9</td><td>60</td></tr> </tbody> </table>	Month	Mean (%)	Target (%)	Nov 18	85	60	Jan 19	75	60	Mar 19	35	60	May 19	75	60	Jul 19	75	60	Sep 19	65	60	Nov 19	75	60	Jan 20	75	60	Mar 20	75	60	May 20	60.9	60	<p>The performance was below the national target because the number of slots reduced to half the usual number due to COVID-19.</p>	<p>Clinic is now working at full capacity so the service is confident that we will achieve the targets from now on.</p>
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Nov 18	85	60																																			
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<p>Is the percentage of Suspected High Risk TIA patients which are seen within 24 Hours at the TIA Clinic.</p>	<p>Performance in June 2020 was 45.5%. YTD performance is currently at 60.9%.</p>																																				

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
<p>Urgent Care</p>				
	<p>ED 4 Hour waits UHL performance was 78.2% in June</p> <p>ED 4 Hour waits LLR performance was 84.5% in June</p> <p>Ambulance Handover >60 Mins performance was 0.4% in June</p>	 <p>The three charts show performance trends from January 2020 to November 2020. The top chart, 'ED 4 Hour Wait Performance % - starting 01/11/18', shows a target at 90% and a mean line fluctuating around 75-80%. The middle chart, 'ED 4 Hour Waits Acute Footprint - starting 01/11/18', shows a target at 85% and a mean line fluctuating around 75-85%. The bottom chart, 'Ambulance Handover >60mins starting 01/11/18', shows a target at 10% and a mean line that is mostly below 5% with a notable spike in July 2020.</p>	<p>Performance against the 4hr standard decreased in June compared with May which still remains below the national target.</p> <p>Ambulance Handover times continue to be a key priority, has shown reduction in handover. This is now in a positive position.</p> <p>The demand in activity has started to rise again within ED and is now at around 60% of previous activity. This has seen a slight decline again in the first couple weeks of July.</p> <p>Following national guidelines it is very challenging for the flow out of ED for the requirement of cohorting patients.</p> <p>Plans have been submitted for additional funding to help with current flow issues as part of a national return.</p>	<p>The onset of COVID-19 pandemic has resulted a change of business continuity plans in order to ensure emergency bed capacity is available for the forecasted increase in cases over the next 3 months.</p> <p>Actions plans where appropriate following news around external funding. Awaiting news from NHSE</p>

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>As part of the Trusts response to COVID-19 all non essential elective procedures are to be cancelled in order to free emergency medical bed capacity.</p>
	<p>RTT - Incomplete 92% in 18 Weeks UHL + Alliance Performance for June was 51.5%.</p> <p>Total Number of incompletes At the end of June 66,082 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>Since the beginning of March there has been a significant increase in the percentage of outpatient been treated through telephone consultations, this is now at 57% with a trust target of achieving 70%.</p> <p>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.</p> <p>Timetable for day case and Outpatients developed for IS. This is managed through weekly calls ensure all capacity is utilized</p> <p>Alliance weekly capacity call setup to ensure we are treating patient in the correct order against the system</p>	<p>Where possible out patient clinics are being converted from face to face to virtual telephone clinics.</p> <p>Waiting list is carried on being validated to align with national guidance and trust policy. Waiting list volume still near trajectory.</p> <p>WAM has started again with the services to help manage the position.</p> <p>Identify any more opportunities where PCL can be utilized to help treat long waiters</p>

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
<p>RTT 52+ Weeks Wait</p>	<p>20/21 Target – 0</p>		<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>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.</p> <p>Between March and June we are expecting to have around 1200 52+ week breaches. This will have a significant impact on patient care for the foreseeable future and in turn on the University of Hospitals performance against national targets.</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 75% of theatre list reinstated to help ensure there is capacity to do urgent and cancer case's and start to do long waiters.</p> <p>Monitor utilization of IS sector and UHL using the new dashboard developed by ITAPS.</p> <p>52+ week paper in development to outline long term requirements for recovery beyond restore</p> <p>WAM has started again with the services to help manage the position.</p> <p>Identify any more opportunities where PCL can be utilized to help treat long waiters</p>
<p>Is the total number of patients currently on an RTT pathway waiting 52+ weeks.</p>	<p>At the end of June, 1,495 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>Is the percentage of patients currently waiting 6 weeks or more for a diagnostic test.</p>	<p>20/21 Target – 1%</p> <p>Performance for June was 24.4%.</p>		<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>This position will carry on to grow as very limited amount of the diagnostics will be seen.</p> <p>Endoscopy paper developed to support additional capacity. As They are currently operating at 50%.</p> <p>Position has improved but this is fundamentally down to the change in the denominator</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 • Next 6 months of modelling has started to under stand by service where we will have capacity gaps due to new IP guidelines. • DEXA machine is currently not accessible due to change In ED location, options are being evaluated.

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions																																	
<p>Cancelled patients not offered a date within 28 days of the cancellations UHL + Alliance</p>	<p>20/21 Target – 0</p>	 <p>Cancelled patients not offered a date within 28 days of the cancellations UHL + Alliance- starting 01/11/18</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>Nov 18</td><td>15</td><td>0</td></tr> <tr><td>Jan 19</td><td>20</td><td>0</td></tr> <tr><td>Mar 19</td><td>15</td><td>0</td></tr> <tr><td>May 19</td><td>20</td><td>0</td></tr> <tr><td>Jul 19</td><td>25</td><td>0</td></tr> <tr><td>Sep 19</td><td>25</td><td>0</td></tr> <tr><td>Nov 19</td><td>40</td><td>0</td></tr> <tr><td>Jan 20</td><td>65</td><td>0</td></tr> <tr><td>Mar 20</td><td>85</td><td>0</td></tr> <tr><td>May 20</td><td>10</td><td>0</td></tr> </tbody> </table>	Month	Mean	Target	Nov 18	15	0	Jan 19	20	0	Mar 19	15	0	May 19	20	0	Jul 19	25	0	Sep 19	25	0	Nov 19	40	0	Jan 20	65	0	Mar 20	85	0	May 20	10	0	<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>	<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.
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Nov 18	15	0																																			
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<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>7 patients were not offered a new day within 28 days in June.</p>	<p>This has improved through close management of theatre lists but theatre capacity is still mainly been used for urgent and cancer patients. Elective theater capacity now back up to 51%.</p> <p>Timetable has been developed for IP sector which will help to increase capacity.</p>	<p>This has improved through close management of theatre lists but theatre capacity is still mainly been used for urgent and cancer patients. Elective theater capacity now back up to 51%.</p>	<ul style="list-style-type: none"> Ensure the list are fully utilized within the IS Engagement through weekly IS and alliance operational group by services. Understand future capacity plans, in particular theater availability 																																	

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 01/11/18</p> <table border="1"> <caption>Approximate data from the chart</caption> <thead> <tr> <th>Month</th> <th>Mean</th> <th>Special Cause</th> </tr> </thead> <tbody> <tr><td>Nov 18</td><td>180</td><td></td></tr> <tr><td>Jan 19</td><td>175</td><td></td></tr> <tr><td>Mar 19</td><td>170</td><td></td></tr> <tr><td>May 19</td><td>165</td><td></td></tr> <tr><td>Jul 19</td><td>160</td><td></td></tr> <tr><td>Sep 19</td><td>175</td><td>Special cause - concern</td></tr> <tr><td>Nov 19</td><td>180</td><td>Special cause - concern</td></tr> <tr><td>Jan 20</td><td>175</td><td></td></tr> <tr><td>Mar 20</td><td>170</td><td></td></tr> <tr><td>May 20</td><td>120</td><td>Special cause - improvement</td></tr> </tbody> </table>	Month	Mean	Special Cause	Nov 18	180		Jan 19	175		Mar 19	170		May 19	165		Jul 19	160		Sep 19	175	Special cause - concern	Nov 19	180	Special cause - concern	Jan 20	175		Mar 20	170		May 20	120	Special cause - improvement	<ul style="list-style-type: none"> • A new internal performance target agreed for 20/21 of no more than 70 patients. • CMG monitoring against new revised trajectories has commenced. • 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 . • MSS are below target 	<ul style="list-style-type: none"> • The ‘Specialist discharge sisters’ have been assigned CMGs to support with the ambition target. • DR Biju Simon has been identified as the medical lead as part of the safe and timely discharge work stream to focus on this work across medical wards. • Undertake a deep dive into ‘Reason to stay’ codes and long length of stay patients • Daily focus on long length of stay and medically fit for discharge.
Month	Mean	Special Cause																																			
Nov 18	180																																				
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<p>Is the number of adult patients that have been in hospital for over 21 days.</p>	<p>At the end of June the number of long stay patients (21+ days) was 123.</p>																																				

Performance	Key Messages	Key Actions
<p>See additional slide</p>	<ul style="list-style-type: none"> • Pathways have re started after a significant pause • An increased backlog and decreased activity has resulted in a deterioration in performance. Backlogs are now starting to decrease • 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 	<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 • Options for extending the IS contract by the central team are underway. A review of its use is being discussed by UHL • The backlog and 104+ day pts are reviewed patient by patient weekly • Daily calls with NHSE/I to ensure 104+ day backlog decreases • Regional support to share any spare capacity

Cancer performance May 2020

Standard	Target	Position
2WW	93%	86.9%
2WW Breast	93%	95.5%
31 Day 1 st Treatments	96%	89.3%
31 Day SUB Surgery	94%	83.2%
31 Day DRUGS	98%	100%
31 Day Radiotherapy	94%	90.4%
62 Day	85%	56.1%
62 Day Screening	90%	25.0%
Consultant upgrade	85%	81.6%