

Quality and Performance report

Purpose of report:

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

Previous consideration:

Meeting	Date	Please clarify the purpose of the paper to that meeting using the categories above
CMG Board (specify which CMG)		
Executive Board	19/12/19	Discussion and Assurance
Trust Board Committee		Discussion and Assurance
Trust Board		

Executive Summary from CEO

Context

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

Question

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

Conclusion

Good News:

- **Mortality** – the latest published SHMI (period August 2018 to July 2019) is 97, and remains within the expected range.

- **Diagnostic 6 week wait** – standard achieved for 16 consecutive months.
- **52+ weeks wait** – has been compliant for 18 consecutive months (pending a gastroenterology audit)
- **Delayed transfers of care** - remain within the tolerance.
- **CAS alerts** - compliant.
- **Pressure Ulcers** - 0 **Grade 4**, 1 **Grade 3** and 4 **Grade 2** reported during December.
- **Inpatient and Day Case Patient Satisfaction (FFT)** achieved 97% which is above the national average.
- **Single Sex Accommodation Breaches** – 0 reported in December.
- **90% of Stay on a Stroke Unit** – threshold achieved with 88.9% reported in November.
- **TIA (high risk patients)** – threshold achieved with 64.0% reported in December.
- **Fractured NOF** was 72.4% in December; YTD is below target which is 72%.
- **2 Week Wait Cancer Symptomatic Breast** was 97.7% in November.
- **Annual Appraisal** is at 92.3%.

Bad News:

- **UHL ED 4 hour performance** – 61.1% for December, provisional system performance (including LLR UCCs) for December is 73.0%.
- **12 hour trolley wait** - 24 breaches reported.
- **Ambulance Handover 60+ minutes (CAD)** – performance at 21.0%.
- **C DIFF** – 11 cases reported this month.
- **MRSA** – 1 case reported.
- **Cancer Two Week Wait** was 90.0% in November against a target of 93%.
- **Cancer 31 day treatment** was 93.3% in November against a target of 96%.
- **Cancer 62 day treatment** was 72.4% in November against a target of 85%.
- **Referral to treatment** – the number on the waiting list (now the primary performance measure) was above the NHSE/I trajectory and 18 week performance was below the NHS Constitution standard at 81.0% at the end of December.
- **Cancelled operations OTD** - 1.4% reported in December.
- **Patients not rebooked within 28 days following late cancellation of surgery** - 46.
- **Statutory and Mandatory Training** compliance has decreased to 93%

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:

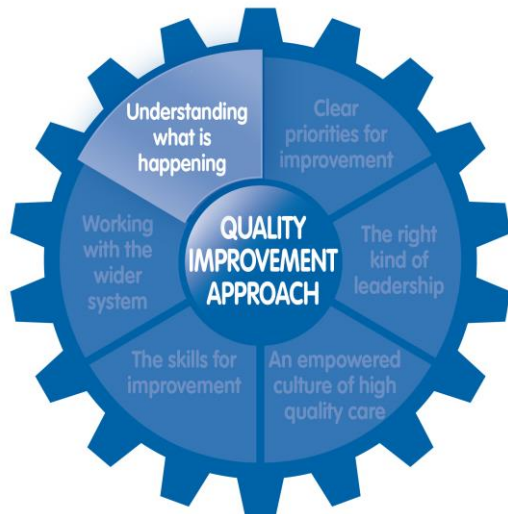
Does this paper reference a risk event?	Select (X)	Risk Description:
Strategic: Does this link to a <i>Principal Risk</i> on the BAF?	X	Failure to deliver key performance standards for emergency, planned and cancer care.
Organisational: Does this link to an <i>Operational/Corporate Risk</i> on Datix 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: 25 February 2020
 6. Executive Summaries should not exceed **5 sides** My paper does comply



Quality and Performance Report

December 2019



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: 30th January 2020

REPORT BY: ANDREW FURLONG, MEDICAL DIRECTOR

REBECCA BROWN, CHIEF OPERATING OFFICER

CAROLYN FOX, CHIEF NURSE

HAZEL WYTON, DIRECTOR OF PEOPLE AND ORGANISATIONAL DEVELOPMENT

SUBJECT: DECEMBER 2019 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 against the dimensions of accuracy, validity, reliability, timeliness, relevance and completeness.

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.

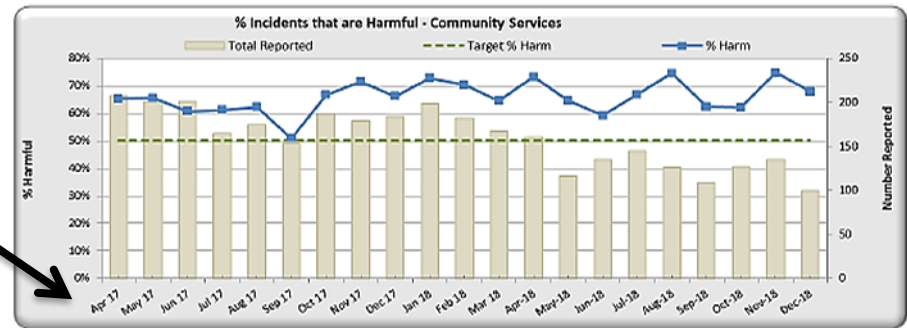
Within an SPC chart there are three different patterns to identify:

- 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

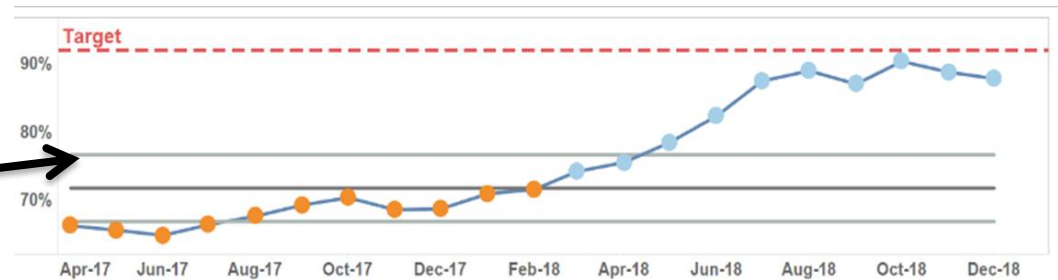


Key elements of a SPC dashboard

Appreciation of variance over time



Highlighting special cause and its nature



One team shared values



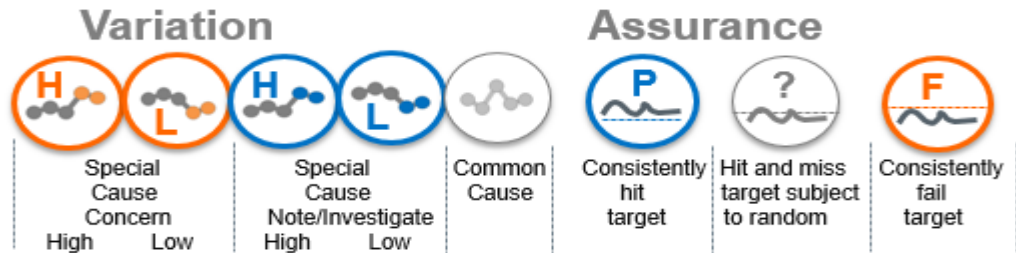
Key elements of a SPC dashboard

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.....

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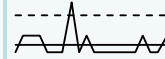


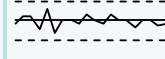
Performance Overview

Domain	KPI	Target	Oct-19	Nov-19	Dec-19	YTD	Assurance	Variation	Trend	Data Quality Assessment
Safe	Never events	0	0	0	0	2				Jan-20
	Overdue CAS alerts	0	0	0	0	1				Nov-19
	% of all adults VTE Risk Assessment on Admission	95%	98.2%	98.2%	98.5%	98.1%				Dec-19
	Emergency C-section rate	No Target	18.9%	21.4%	19.7%	19.6%				Jan-17
	Clostridium Difficile	108	7	5	11	77				Nov-17
	MRSA Total	0	1	0	1	3				Nov-17
	E. Coli Bacteraemias Acute	No Target	5	9	2	69				Jun-18
	MSSA Acute	No Target	2	5	1	26				Nov-17

One team shared values



Performance Overview

Domain	KPI	Target	Oct-19	Nov-19	Dec-19	YTD	Assurance	Variation	Trend	Data Quality Assessment
Safe	All falls reported per 1000 bed stays	6.02	4.0	3.9		4.5				Jun-18
	Rate of Moderate harm and above Falls PSIs with finally approved status per 1,000 bed days	No Target	0.0	0.1		0.1				TBC
	Avoidable pressure ulcers G4	0	0	0	0	0				Aug-17
	Avoidable pressure ulcers G3	3	0	0	1	2				Aug-17
	Avoidable pressure ulcers G2	7	5	3	4	41				Aug-17

One team shared values



Performance Overview

Domain	KPI	Target	Oct-19	Nov-19	Dec-19	YTD	Assurance	Variation	Trend	Data Quality Assessment
Caring	Staff Survey Recommend for treatment	No Target	Available February			76%				Aug-17
	Single Sex Breaches	0	3	0	0	10				Dec-16
	Inpatient and Daycase F&F Test % Positive	96%	97%	97%	97%	97%				Jun-17
	A&E F&F Test % Positive	94%	92%	91%	92%	94%				Jun-17
	Maternity F&F Test % Positive	96%	96%	94%	96%	94%				Jun-17
	Outpatient F&F Test % Positive	94%	95%	95%	96%	95%				Jun-17
	Complaints per 1,000 staff (WTE)	No Target	Available February			49.5				Jan-20

One team shared values



Performance Overview

Domain	KPI	Target	Oct-19	Nov-19	Dec-19	YTD	Assurance	Variation	Trend	Data Quality Assessment
Well Led	Staff Survey % Recommend as Place to Work	No Target	Available February			60.0%				Sep-17
	Turnover Rate	10%	8.9%	8.9%	8.7%	8.7%				Nov-19
	Sickness Absence	3%	4.2%	4.4%		3.9%				Oct-16
	% of Staff with Annual Appraisal	95%	92.4%	91.8%	92.3%	92.3%				Dec-16
	Statutory and Mandatory Training	95%	95.0%	94.0%	93.0%	93.0%				Dec-16
	Nursing Vacancies	No Target	12.5%	11.2%		11.2%				Dec-19

One team shared values



Performance Overview

Domain	KPI	Target	Oct-19	Nov-19	Dec-19	YTD	Assurance	Variation	Trend	Data Quality Assessment
Effective	Mortality Published SHMI	99	99	98	97	97 (Aug 18 Jul 19)				Sep-16
	Mortality 12 months HSMR	99	95	94	95	95 (Aug 18 to Jul 19)				Sep-16
	Crude Mortality Rate	No Target	1.0%	1.2%	1.2%	1.0%				Sep-16
	Emergency Readmissions within 30 Days	8.5%	8.8%	8.9%		9.0%				Jun-17
	Emergency Readmissions within 48 hours	No Target	1.1%	1.1%		1.1%				Jun-17
	No of #neck of femurs operated on 0-35hrs	72%	78.3%	70.4%	72.4%	71.7%				Jul-17
	Stroke - 90% Stay on a Stroke Unit	80%	87.5%	89.9%		88.3%				Apr-18
	Stroke TIA Clinic Within 24hrs	60%	67.5%	78.4%	64.0%	68.7%				Apr-18

One team shared values



Performance Overview

Domain	KPI	Target	Oct-19	Nov-19	Dec-19	YTD	Assurance	Variation	Trend	Data Quality Assessment
Responsive	ED 4 hour waits UHL	95%	67.0%	63.5%	61.1%	69.8%				Sep-18
	ED 4 hour waits Acute Footprint	95%	76.8%	74.6%	73.0%	78.8%				Aug-17
	12 hour trolley waits in A&E	0	1	2	24	27				Mar-19
	Ambulance handover >60mins	0.0%	19.6%	19.9%	21.0%	11.6%				TBC
	RTT Incompletes	92%	81.8%	80.7%	81.0%	81.0%				Nov-19
	RTT Wating 52+ Weeks	0	0	0	0	0				Nov-19
	Total Number of Incompletes	64404 (by year end)	66,474	65,163	66,925	66,925				Nov-19

One team shared values



Performance Overview

Domain	KPI	Target	Oct-19	Nov-19	Dec-19	YTD	Assurance	Variation	Trend	Data Quality Assessment
Responsive	6 Week Diagnostic Test Waiting Times	1.0%	0.8%	0.8%	1.0%	1.0%				Nov-19
	Cancelled Patients not offered <28 Days	0	25	40	46	438				Nov-19
	% Operations Cancelled OTD	1.0%	1.8%	1.4%	1.4%	1.3%				Jul-18
	Delayed Transfers of Care	3.5%	2.2%	1.9%	2.1%	1.8%				Oct-17
	Long Stay Patients (21+ days)	135	193	173	179	179				TBC
	Inpatient Average LOS	No Target	3.2	3.6	3.8	3.4				TBC
	Emergency Average LOS	No Target	4.7	4.7	4.7	4.6				TBC

One team shared values



Performance Overview

Domain	KPI	Target	Sep-19	Oct-19	Nov-19	YTD	Assurance	Variation	Trend	Data Quality Assessment
Responsive - Cancer	2WW	93%	90.3%	90.5%	90.0%	91.8%				Dec-19
	2WW Breast	93%	97.4%	97.9%	97.7%	95.6%				Dec-19
	31 Day	96%	93.0%	92.9%	93.3%	92.9%				Dec-19
	31 Day Drugs	98%	98%	99.4%	100%	99.5%				Dec-19
	31 Day Sub Surgery	94%	75.2%	77.2%	76.8%	82.0%				Dec-19
	31 Day Radiotherapy	94%	91.7%	90.3%	79.4%	93.5%				Dec-19
	Cancer 62 Day	85%	74.6%	76.8%	72.4%	74.7%				Dec-19
	Cancer 62 Day Consultant Screening	90%	91.4%	80.0%	90.9%	84.6%				Dec-19

One team shared values



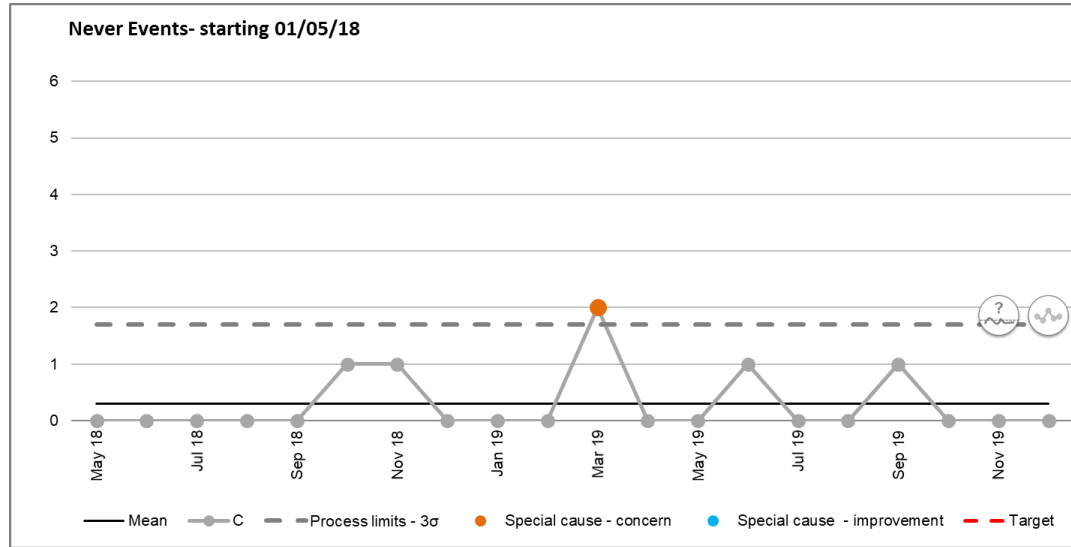
Performance Overview

Domain	KPI	Target	Oct-19	Nov-19	Dec-19	YTD	Assurance	Variation	Trend	Data Quality Assessment
Outpatient Transformation	% DNA rate	No Target	7.1%	7.3%	7.3%	6.9%				Nov-17
	% Virtual clinic appointments	No Target	5.8%	6.1%	6.0%	5.6%				Oct-16
	% 7 day turnaround of OP clinic letters	90%	83.9%	84.7%	76.3%	77.0%				Dec-16

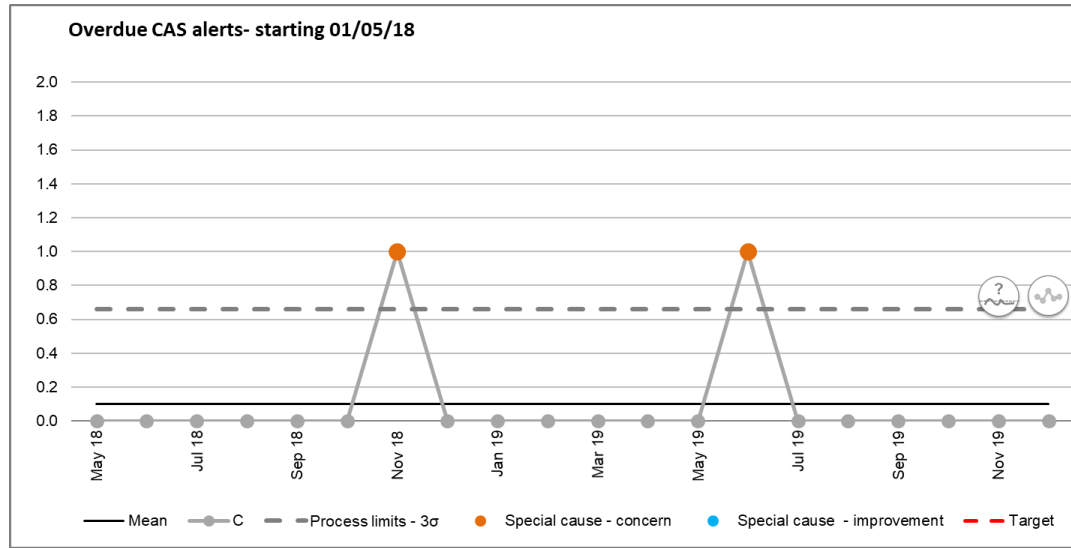
One team shared values



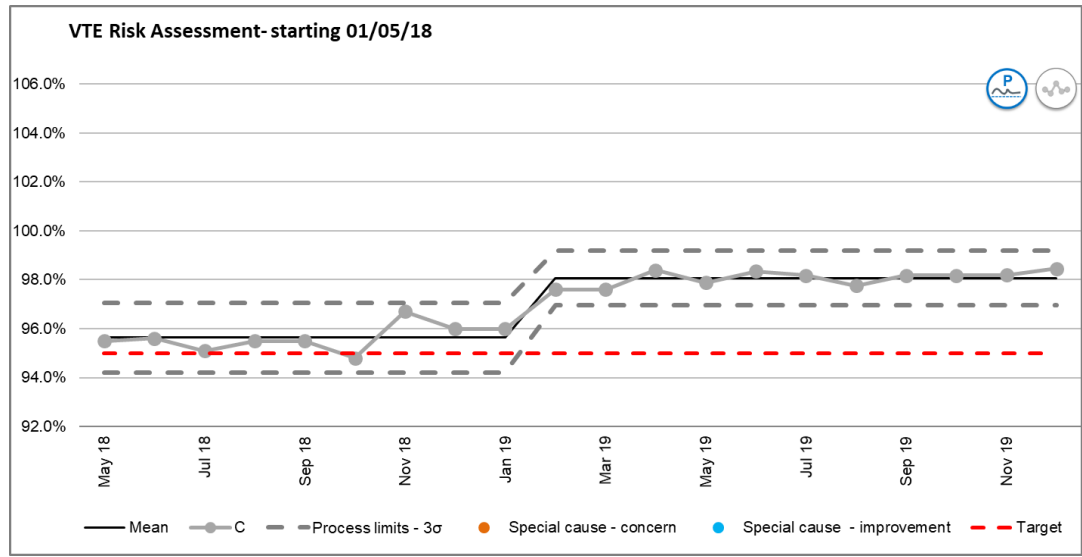
Metric	Dec 19	YTD	Target
Never Events	0	2	0
4 never events in the last 12 months.			



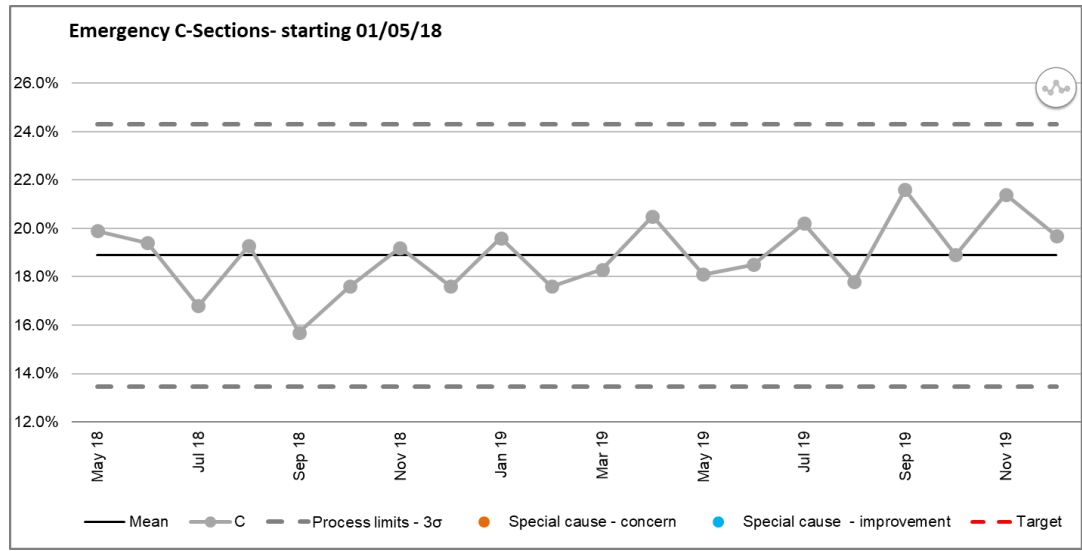
Metric	Dec 19	YTD	Target
Overdue CAS alerts	0	1	0
Full year target can no longer be achieved due to 1 breach in June 19.			



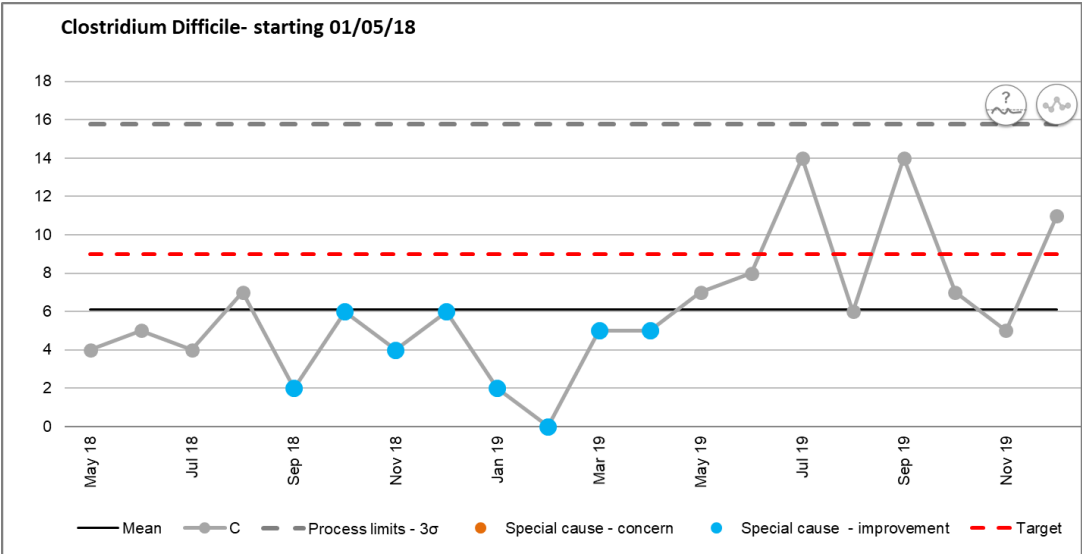
Metric	Dec 19	YTD	Target
VTE Risk Assessment	98.5%	98.1%	95%
<p>This metric has improved significantly in the last 11 months. Likely to achieve target again next month.</p>			



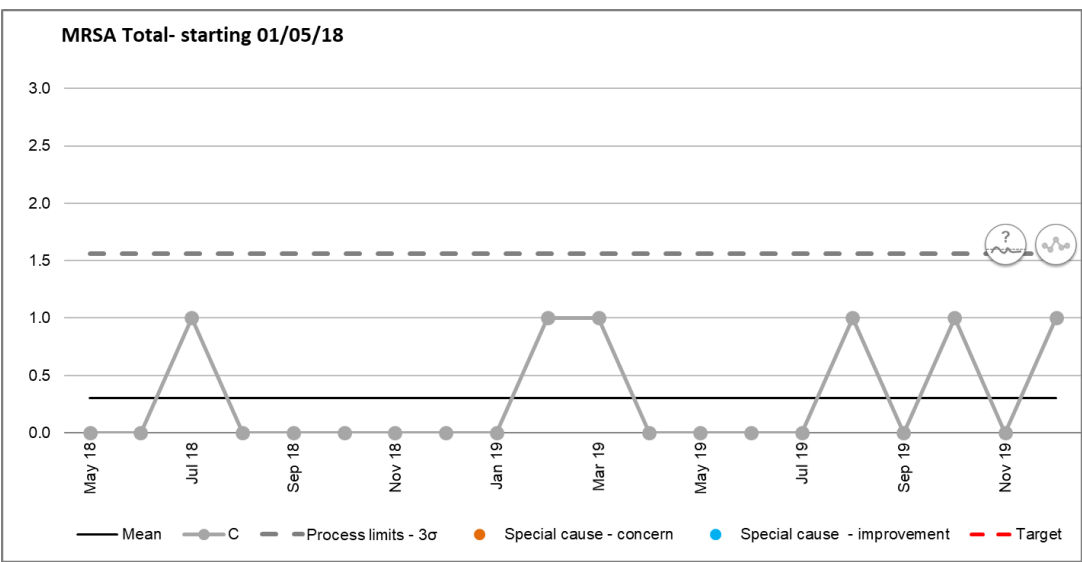
Metric	Nov 19	YTD	Target
% Emergency C-Sections	19.7%	19.6%	No National Target
<p>This metric is not varying significantly from the mean.</p>			



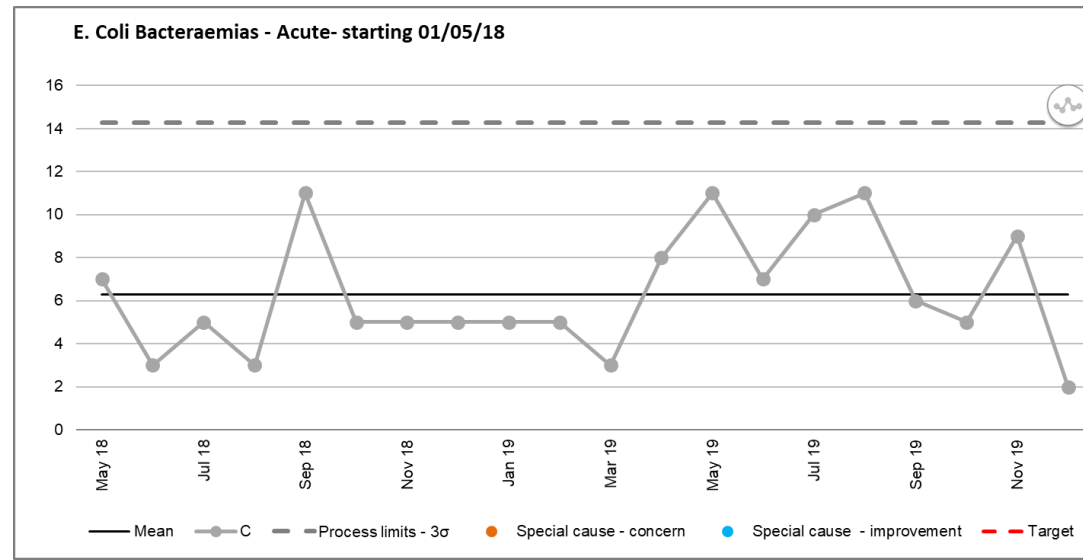
Metric	Dec 19	YTD	Target
Clostridium Difficile	11	77	108
<p>This metric is relatively stable. May achieve target next month.</p>			



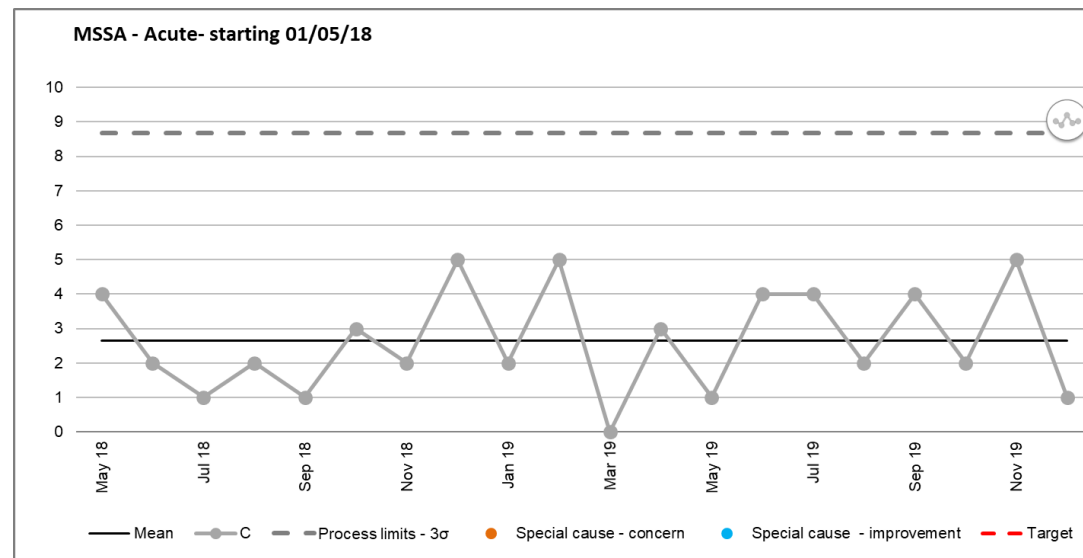
Metric	Dec 19	YTD	Target
MRSA Total	1	3	0
<p>Target is zero and there has already been 3 YTD it is now impossible to achieve the full year target.</p>			



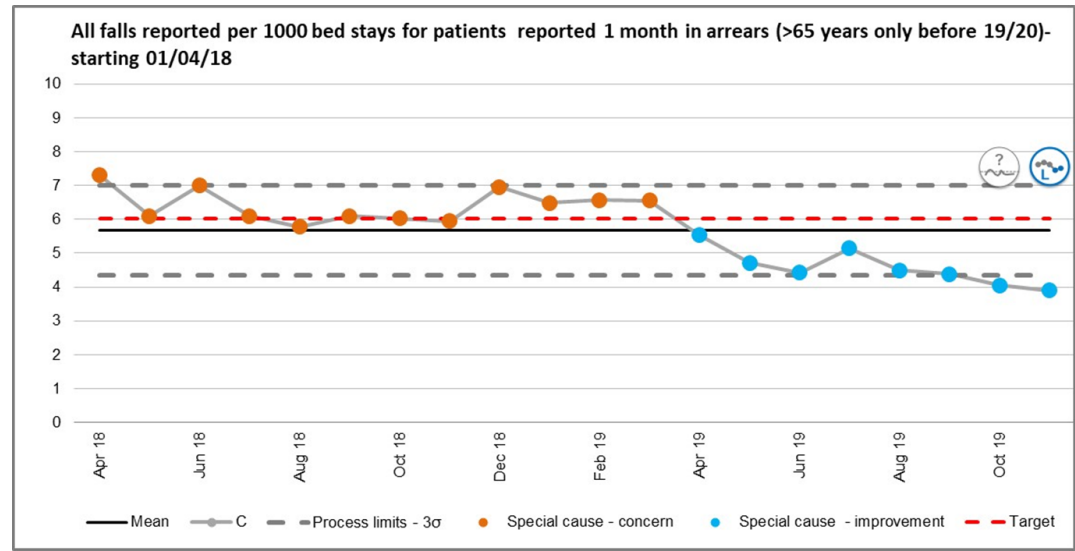
Metric	Dec 19	YTD	Target
E. Coli Bacteraemias - Acute	2	69	No National Target
<p>This metric is relatively stable. Little cause for concern. Target yet to be confirmed.</p>			



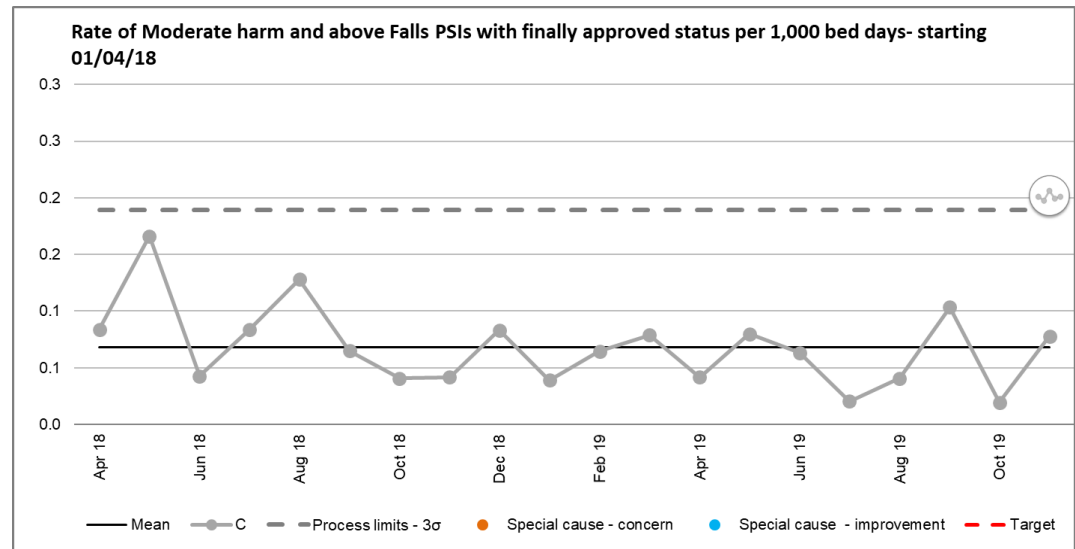
Metric	Dec 19	YTD	Target
MSSA - Acute	1	26	No National Target
<p>This metric is relatively stable with little variation over the past 12 months. Target yet to be confirmed.</p>			



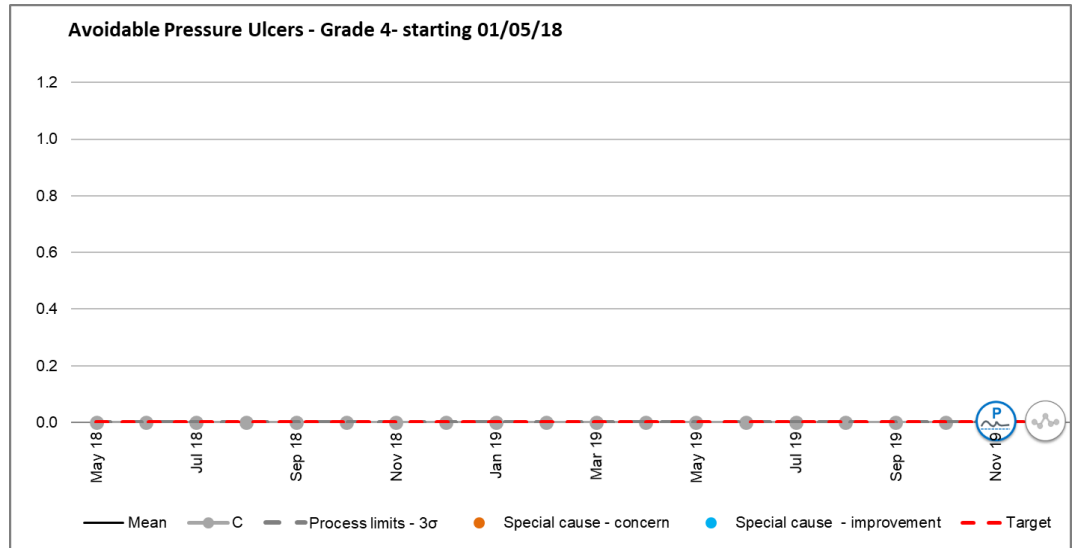
Metric	Nov 19	YTD	Target
All falls reported per 1000 bed stays for patients	3.9	4.5	6.02
This metric is achieving target and has improved in recent months.			



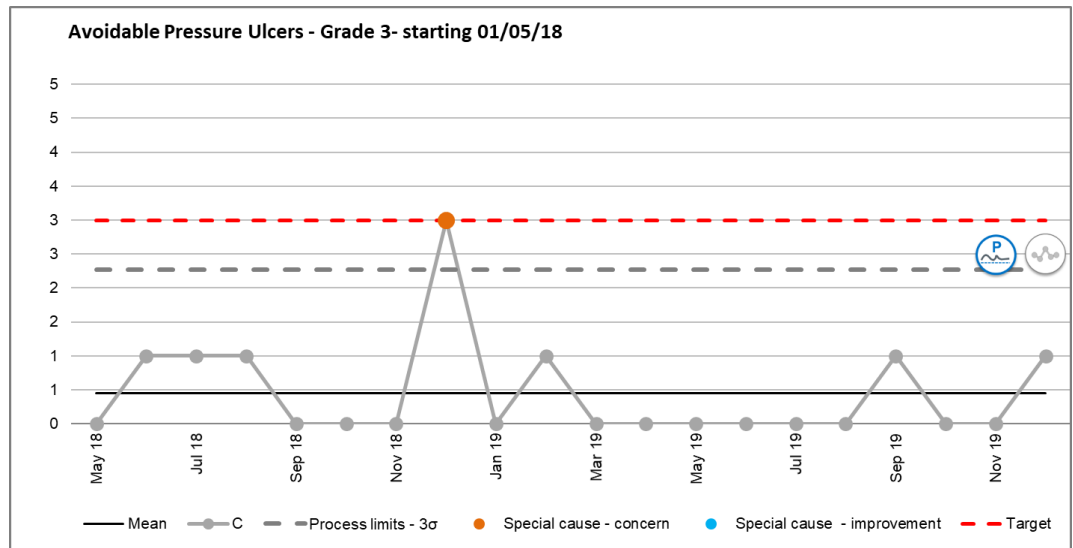
Metric	Nov 19	YTD	Target
Rate of Moderate harm and above Falls PSIs with finally approved status per 1,000 bed days	0.08	0.06	No National Target
No significant variation. Target to be confirmed.			



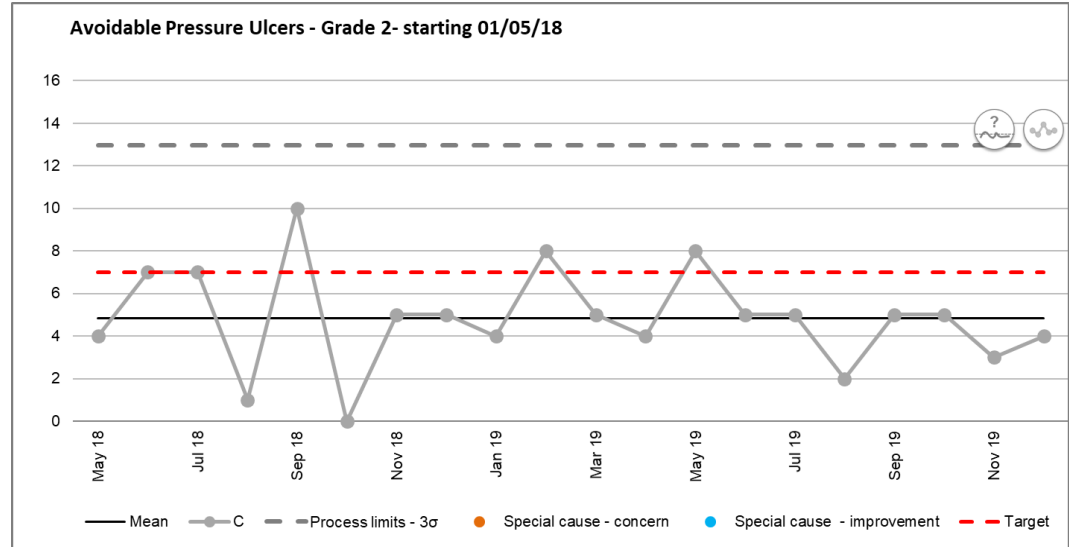
Metric	Dec 19	YTD	Target
Avoidable Pressure Ulcers - Grade 4	0	0	0
<p>Very likely achieve target again next month as there have been no grade 4 pressure ulcers reported since June 17.</p>			



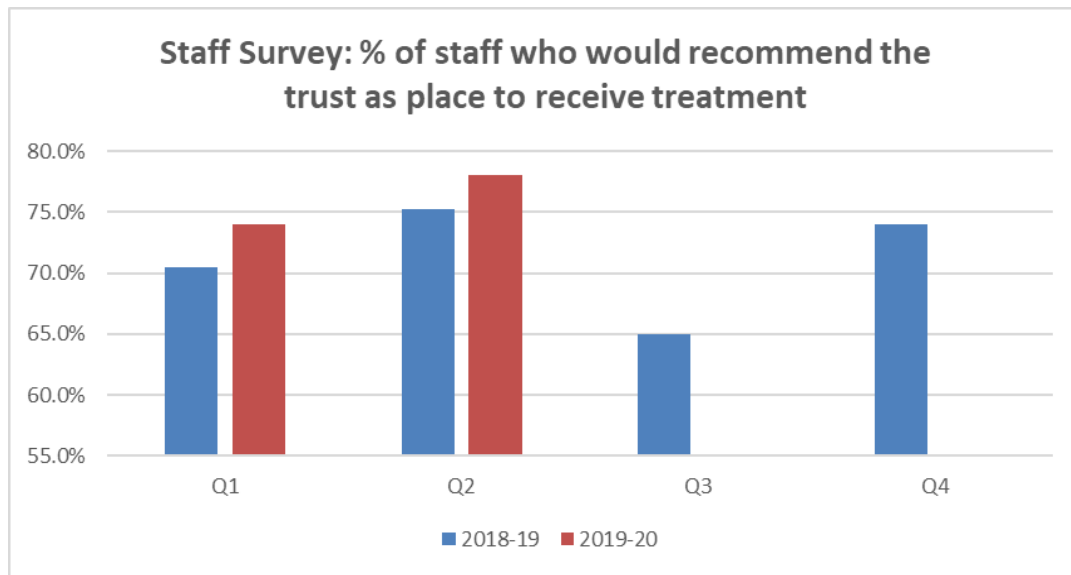
Metric	Dec 19	YTD	Target
Avoidable Pressure Ulcers - Grade 3	1	2	≤ 3 a Mth
<p>Barring the spike in December 18 this metric has remained reasonably stable, likely to continue to achieve target next month.</p>			



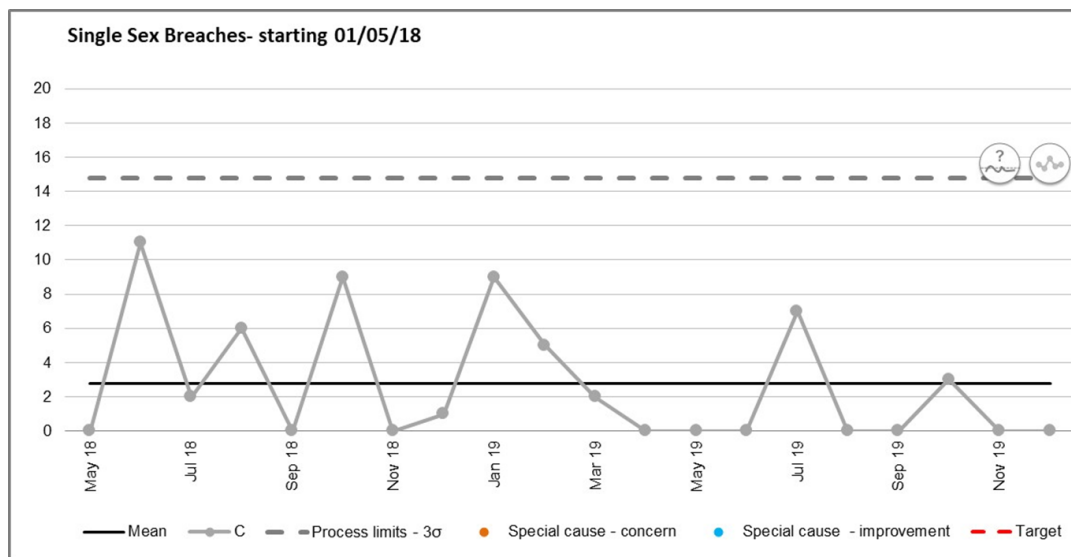
Metric	Dec 19	YTD	Target
Avoidable Pressure Ulcers - Grade 2	4	41	<= 7 a Mth
Normal variation observed. Potential to achieve target next month but not a certainty.			



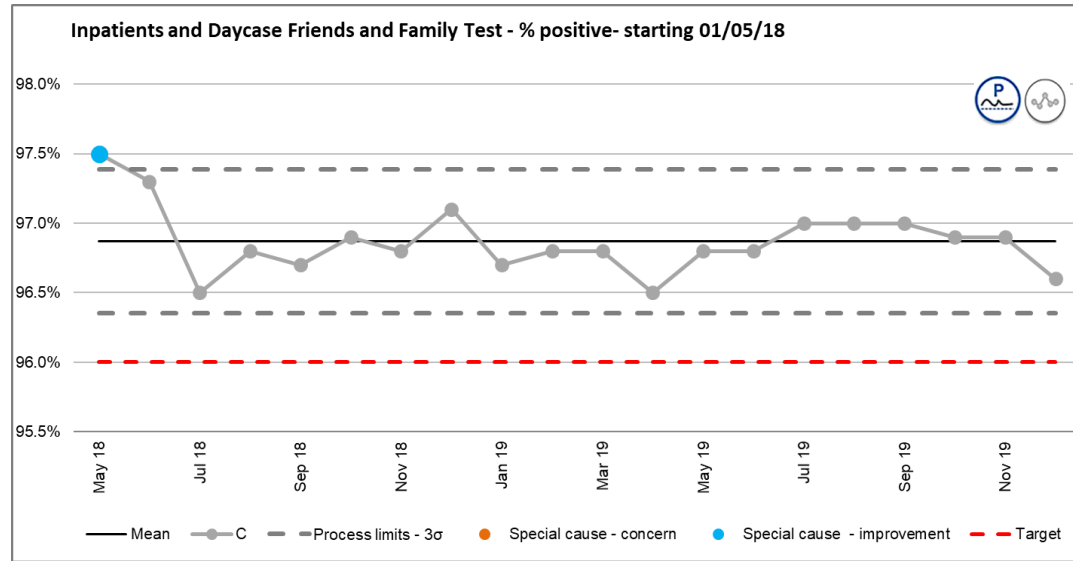
Metric	Q2 19/20	YTD	Target
% of staff who would recommend the trust as place to receive treatment	78%	76%	No National Target
Performance this year so far is higher than last year. Quarter 3 information available next month.			



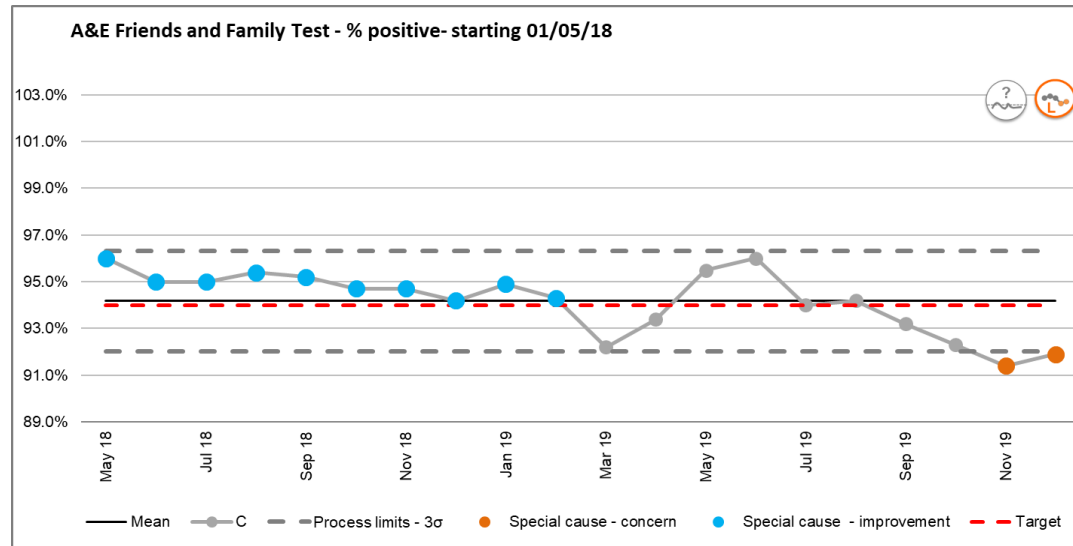
Metric	Dec 19	YTD	Target
Single Sex Breaches	0	10	0
No assurance target will be delivered next month. Full year target has already breached.			



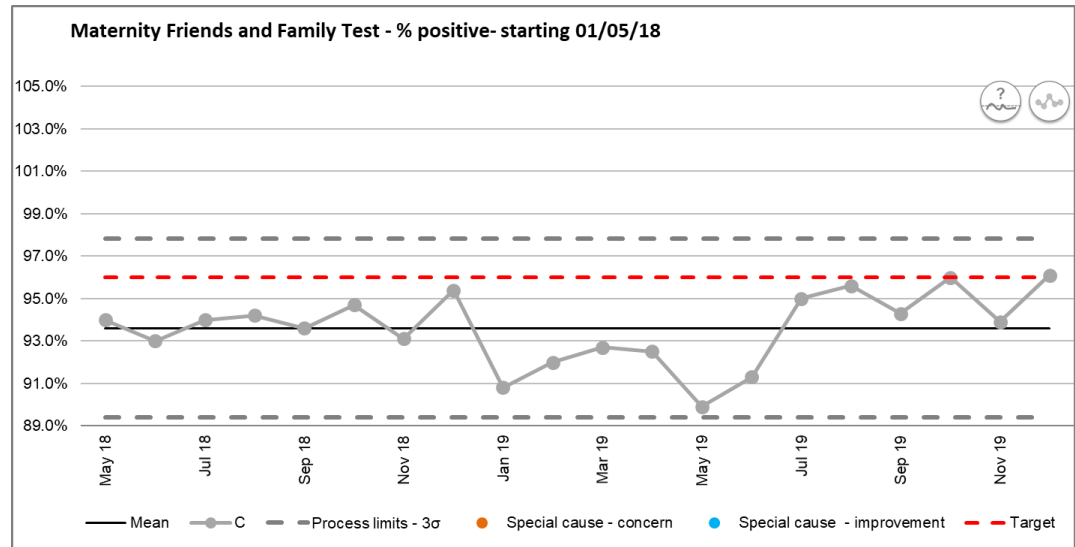
Metric	Dec 19	YTD	Target
Inpatient and Day case F&F Test % Positive	97%	97%	96%
<p>Headline performance rounded up as per NHSI/E reporting. This metric is stable and is very likely to achieve target next month.</p>			



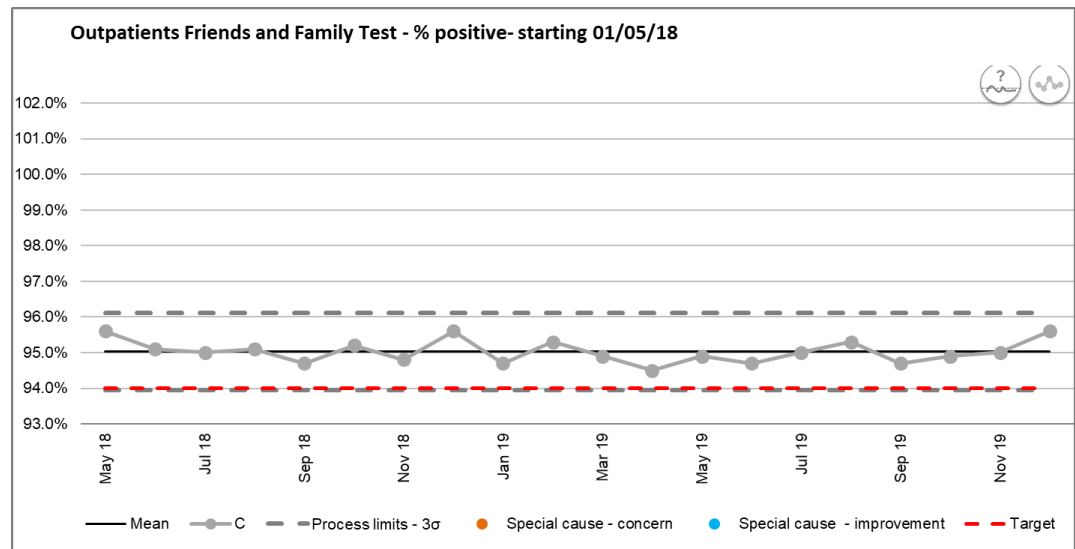
Metric	Dec 19	YTD	Target
A&E F&F Test % Positive	91%	93.7%	94%
<p>This metric has deteriorated significantly in the past 2 months, the target may be achieved next month.</p>			



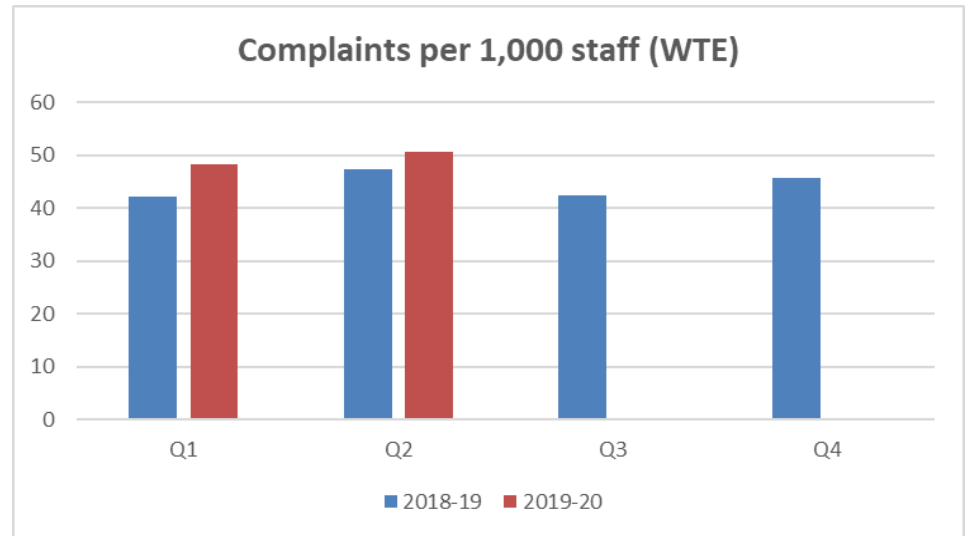
Metric	Dec 19	YTD	Target
Maternity F&F Test % Positive	96%	94%	96%
<p>This metric is relatively stable after a dip in performance in May. Unlikely to achieve target next month.</p>			



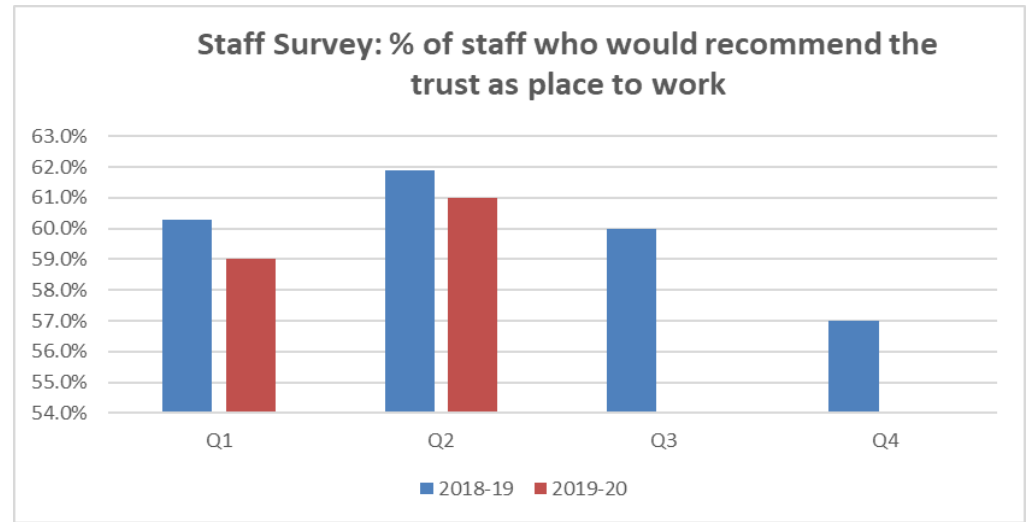
Metric	Dec 19	YTD	Target
Outpatients Friends and Family Test - % positive	96%	95%	94%
<p>This metric is not changing significantly and is likely to achieve target next month.</p>			



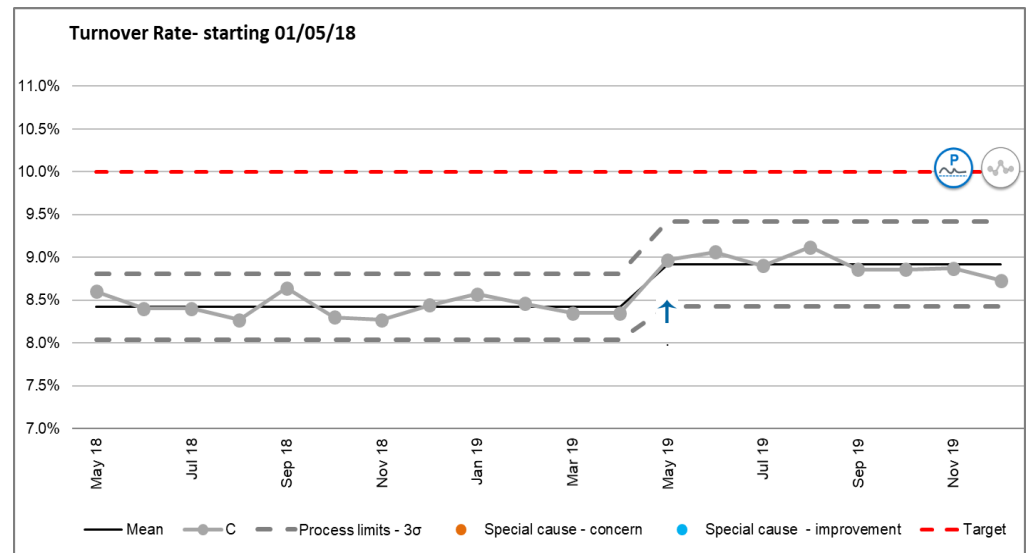
Metric	Q2	YTD	Target
Complaints per 1,000 staff (WTE)	50.8	49.5	No National Target
Complaints per 1000 staff have increased this year compared to the previous year.			



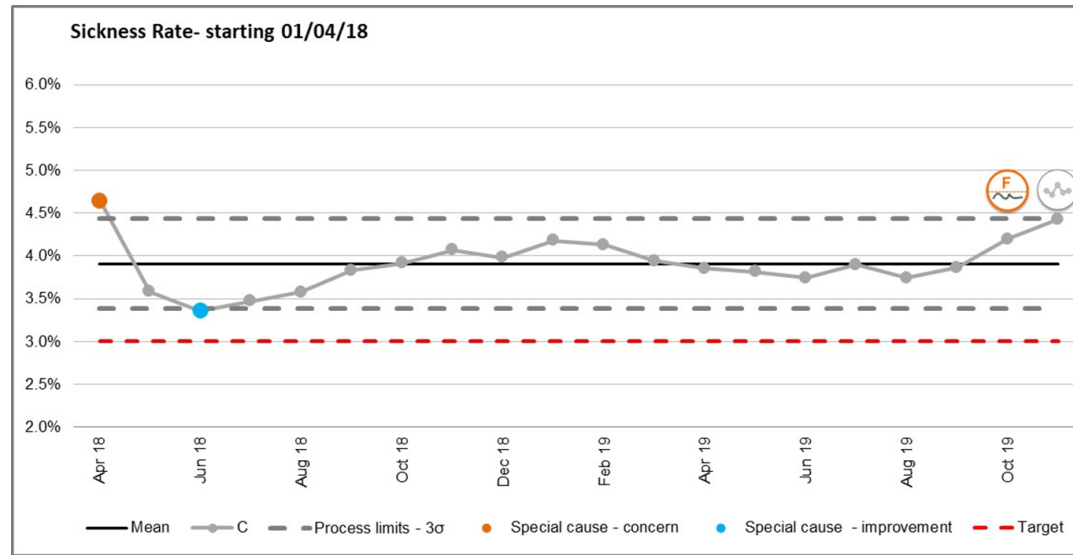
Metric	Q2 19/20	YTD	Target
Staff Survey % Recommend as Place to Work	61%	60%	Not within Lowest Decile
Performance this year so far is lower than last year. Quarter 3 information available next month.			



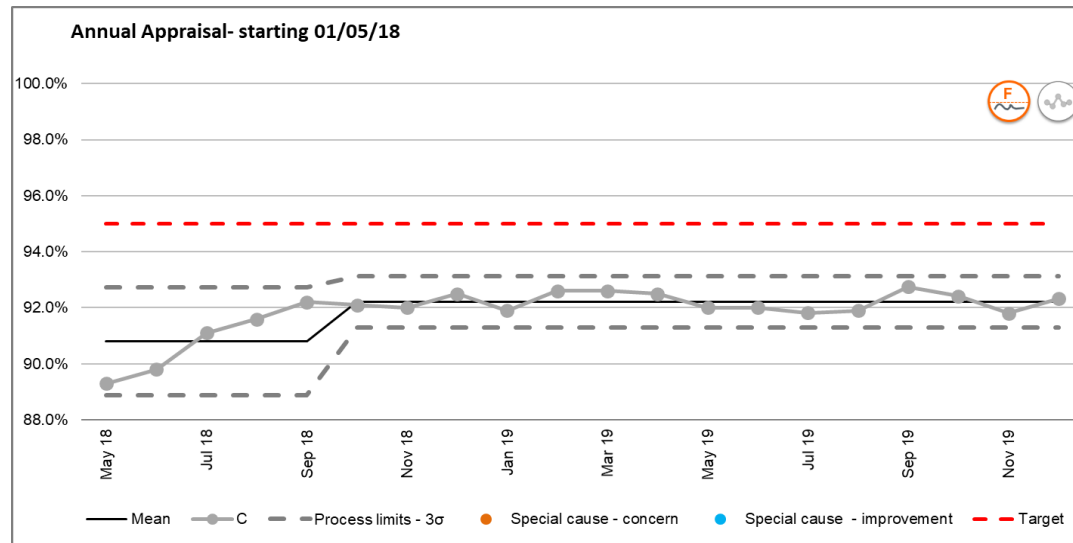
Metric	Dec 19	YTD	Target
Turnover Rate	8.7%	8.7%	10%
Turnover rate has increased. However still achieving the target.			



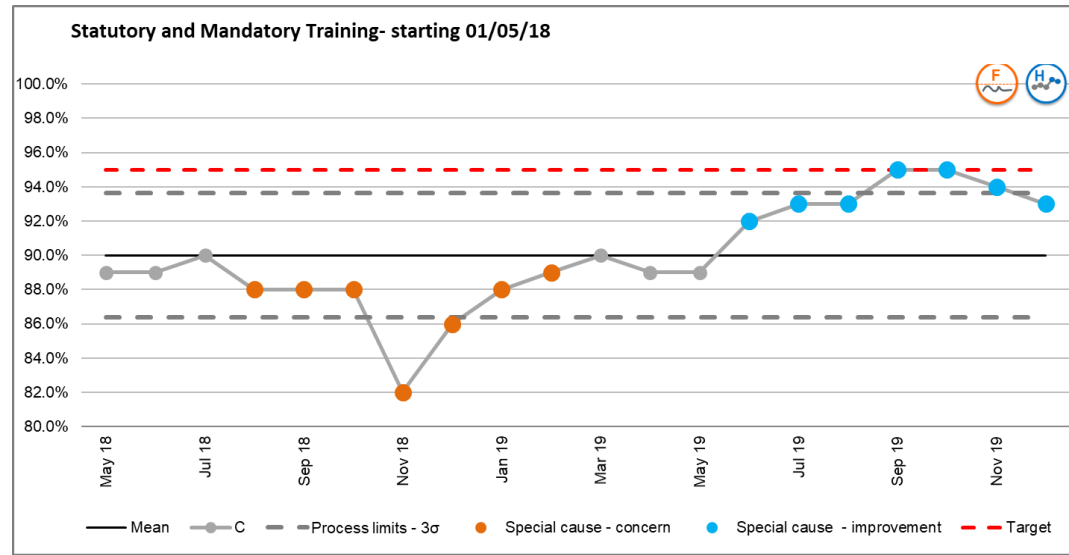
Metric	Nov 19	YTD	Target
Sickness absence	4.4%	3.9%	3%
<p>Stable, very little variation. The target will most likely not be achieved next month.</p>			



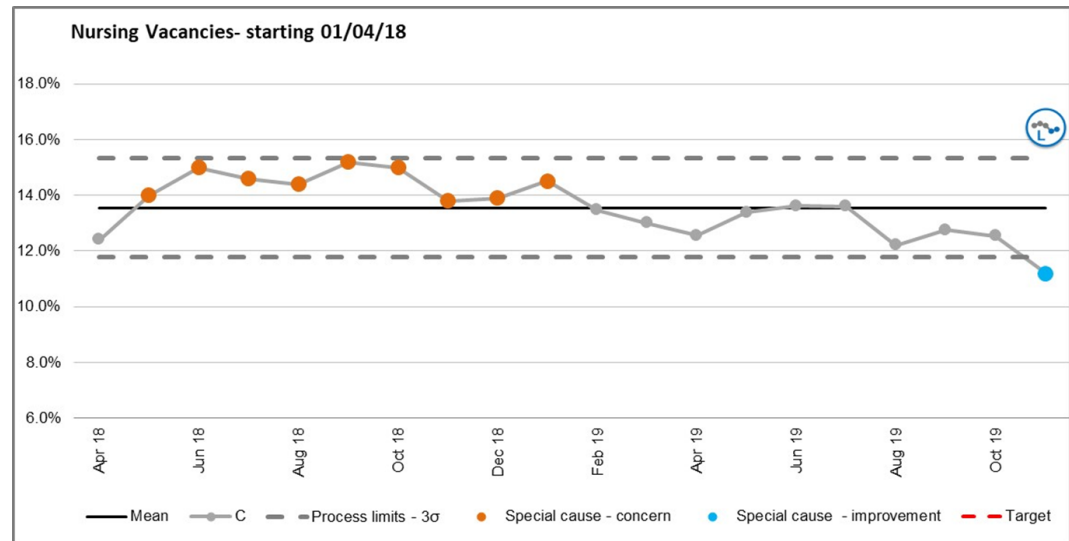
Metric	Dec 19	YTD	Target
% of Staff with Annual Appraisal	92.3%	92.3%	95%
<p>Performance in the past 12 months is a consistent improvement compared to the 12 months prior. Very unlikely to achieve target.</p>			



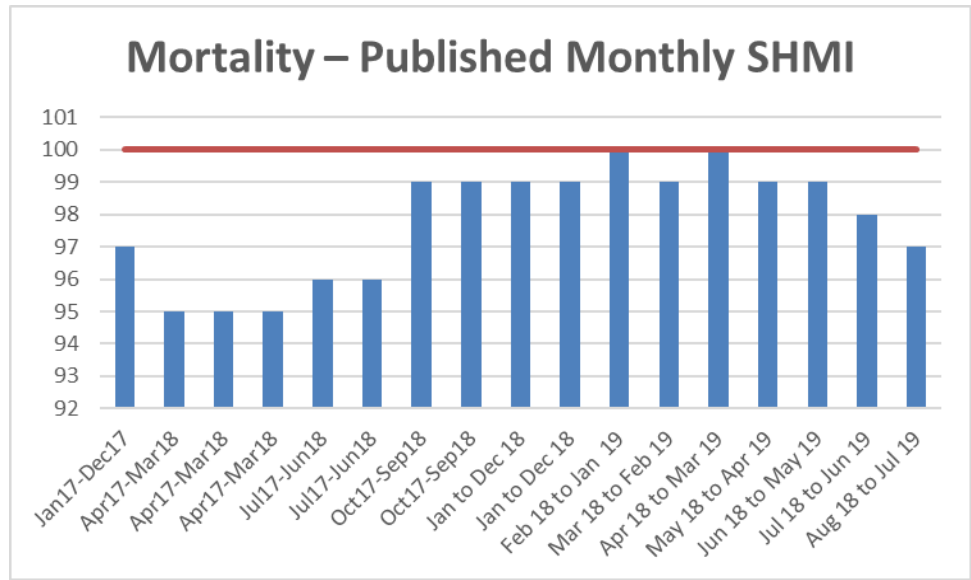
Metric	Dec 19	YTD	Target
Statutory and Mandatory Training	93%	93%	95%
An improvement in recent months, unlikely to achieve target next month.			



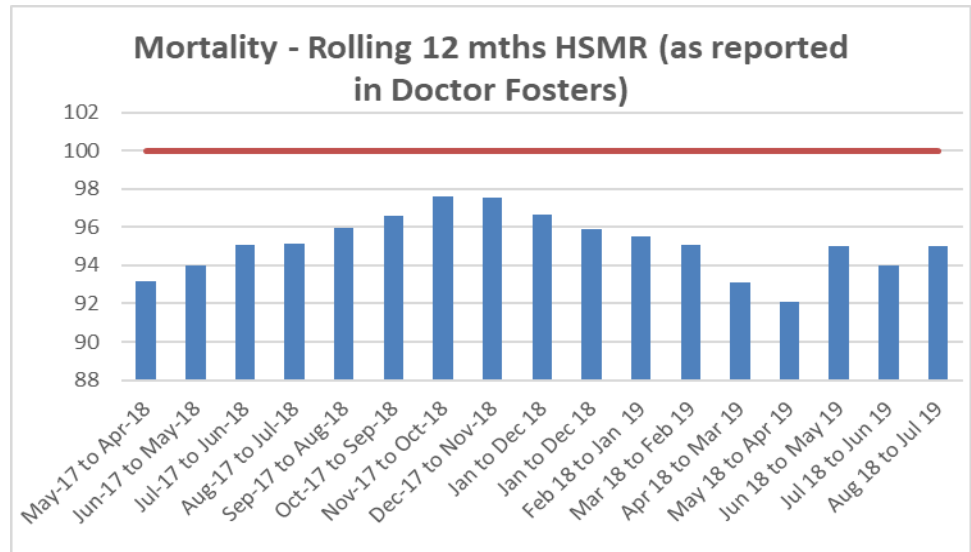
Metric	Nov 19	YTD	Target
Nursing Vacancies	11.2%	11.2%	No National Target
Performance has been stable in recent months. Target to be confirmed.			



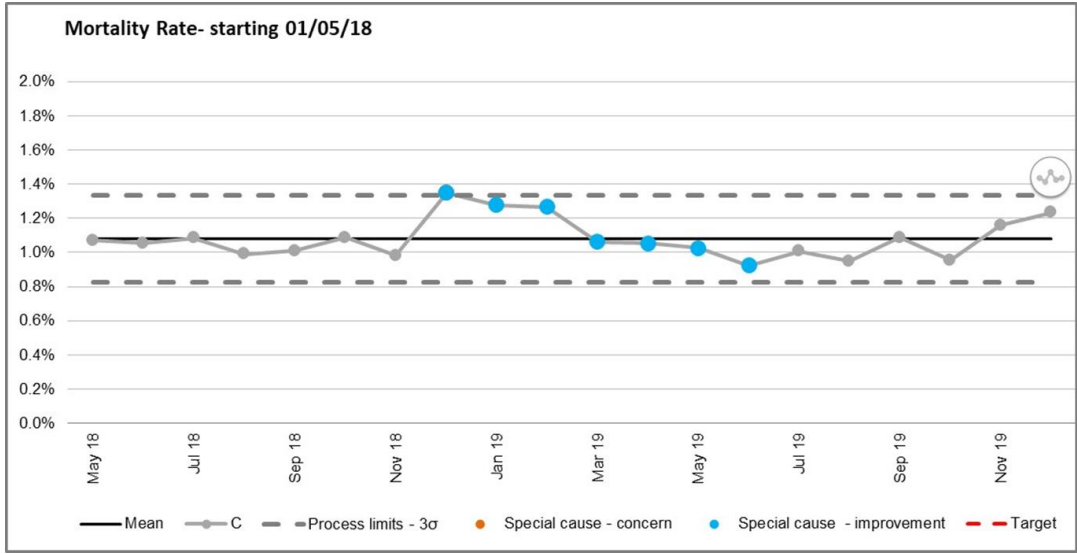
Metric	Aug 18 – Jul 19	Target
Mortality – Published Monthly SHMI	97	100
<p>UHL’s SHMI has been 100 or below for the past two years with some natural variation. Although UHL’s crude mortality has come down, the number of expected deaths in the SHMI methodology has also come down because there has been fewer ‘expected deaths’ nationally.</p>		



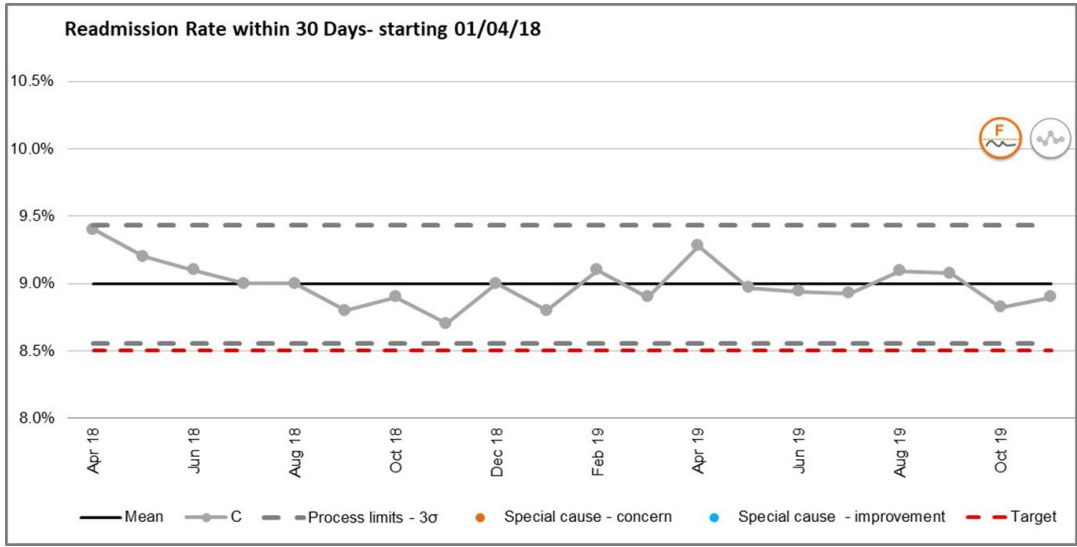
Metric	Aug 18 – Jul 19	Target
Mortality - Rolling 12 mths HSMR as reported in Dr. Foster)	95	100
<p>Over the past 4 years our HSMR has remained at either below or within the expected range. The most recent data shows a sustained period below the expected rate.</p>		



Metric	Dec 19	YTD	Target
Crude Mortality	1.2%	1.0%	No National Target
No significant variation. Target to be confirmed.			



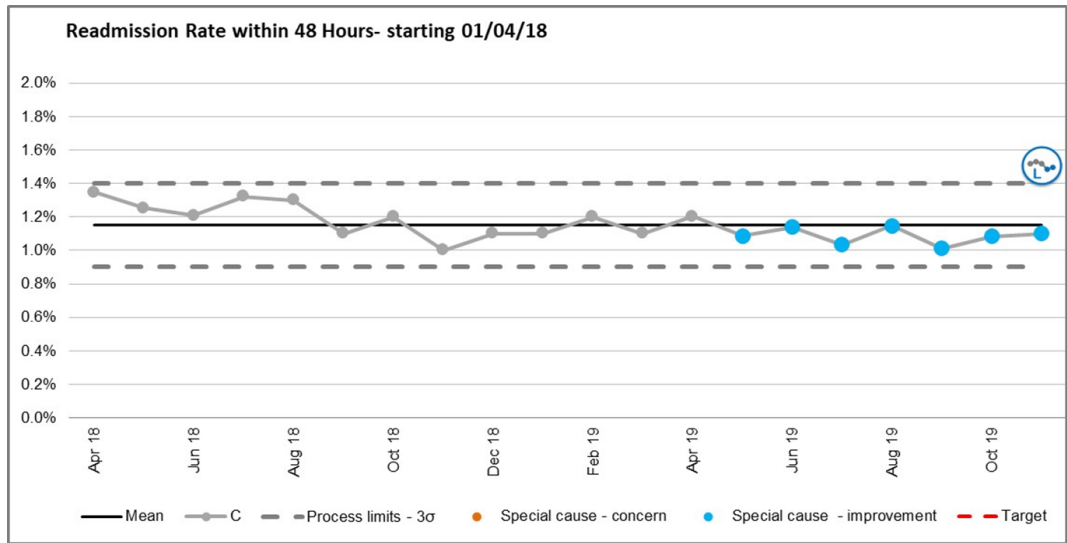
Metric	Nov 19	YTD	Target
Emergency readmissions within 30 days	8.9%	9.0%	8.5%
This metric is very stable but unlikely to achieve target next month.			



Metric	Nov 19	YTD	Target
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Emergency readmissions within 48 hrs	1.1%	1.1%	No National Target
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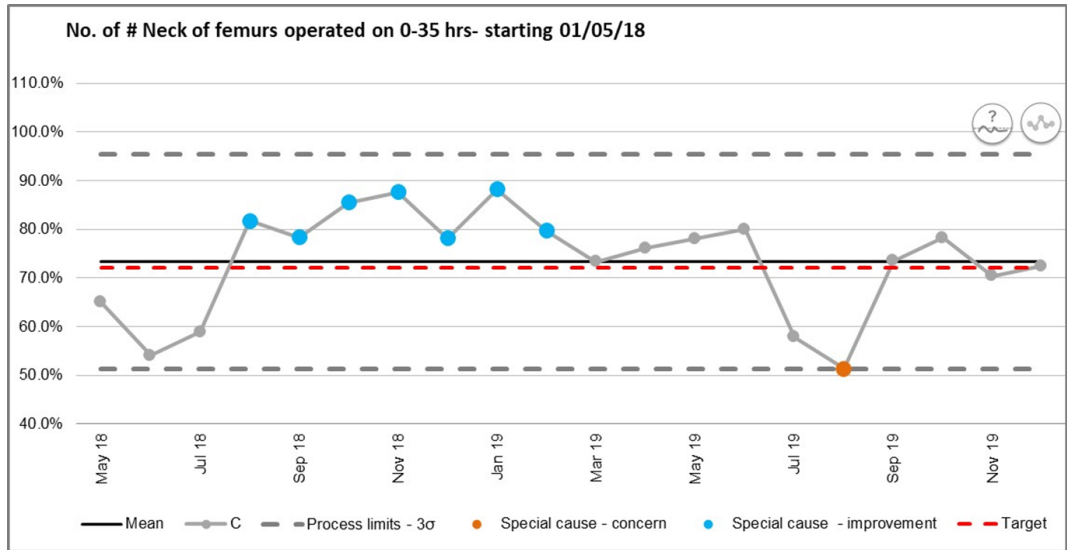
This metric has improved recently and has been below the mean for the past 7 months.



Metric	Dec 19	YTD	Target
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No. of # Neck of femurs operated on 0-35 hrs - Based on Admissions	72.4%	71.7%	72%
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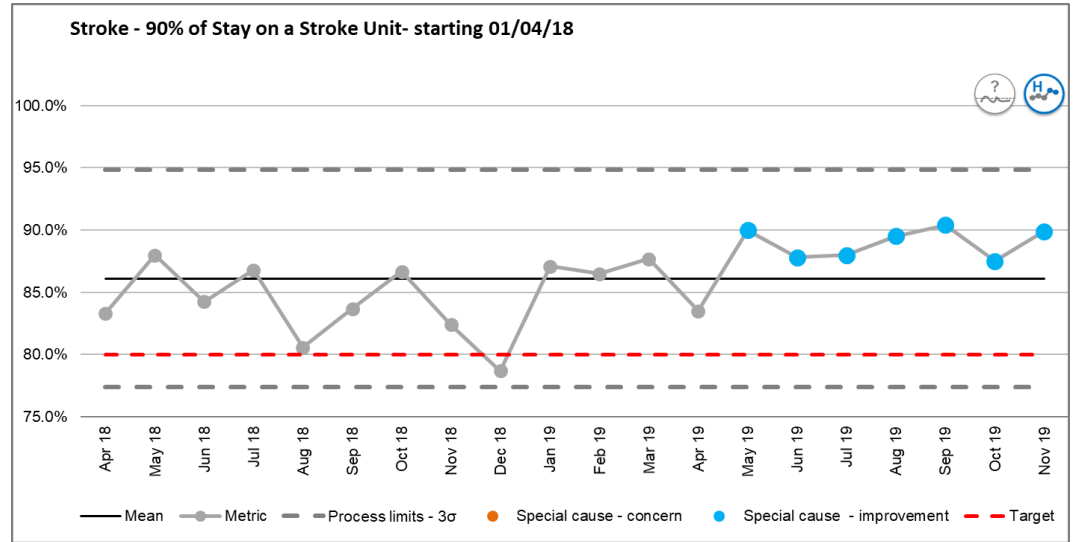
This metric has improved following a significant deterioration in August. The target may be delivered next month.



Metric	Nov 19	YTD	Target
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Stroke - 90% of Stay on a Stroke Unit	89.9%	88.3%	80%
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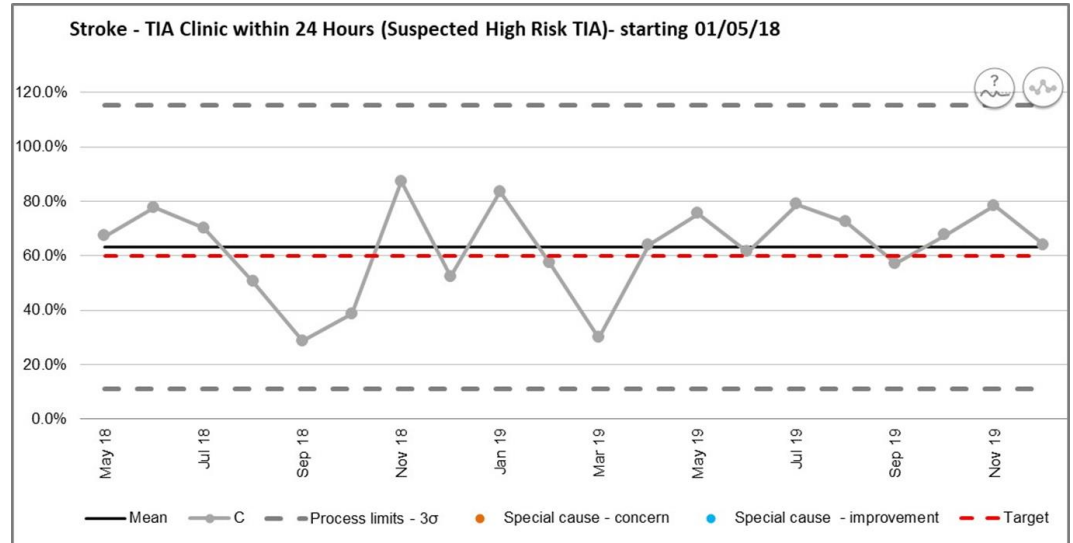
This metric has shown some improvement in recent months, 7 months in a row above the mean.



Metric	Dec 19	YTD	Target
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TIA Clinic within 24 Hours (Suspected High Risk TIA)	64.0%	68.7%	60%
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This metric is stable, however there is significant variation between monthly values.



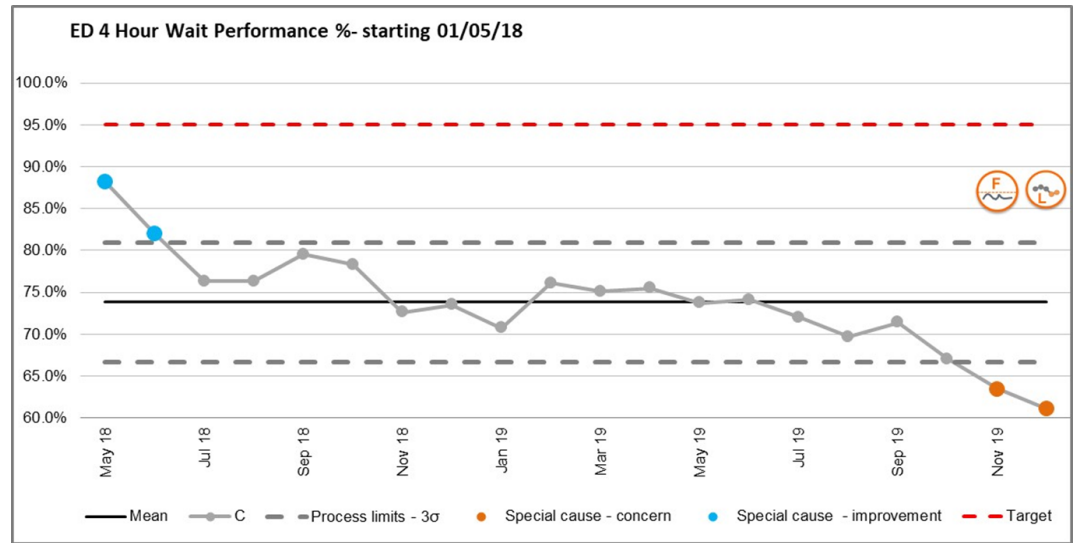
Responsive

For more information please see the Urgent Care Report - PPPC

Metric	Dec 19	YTD	Target
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ED 4 Hour Waits UHL	61.1%	69.8%	95%
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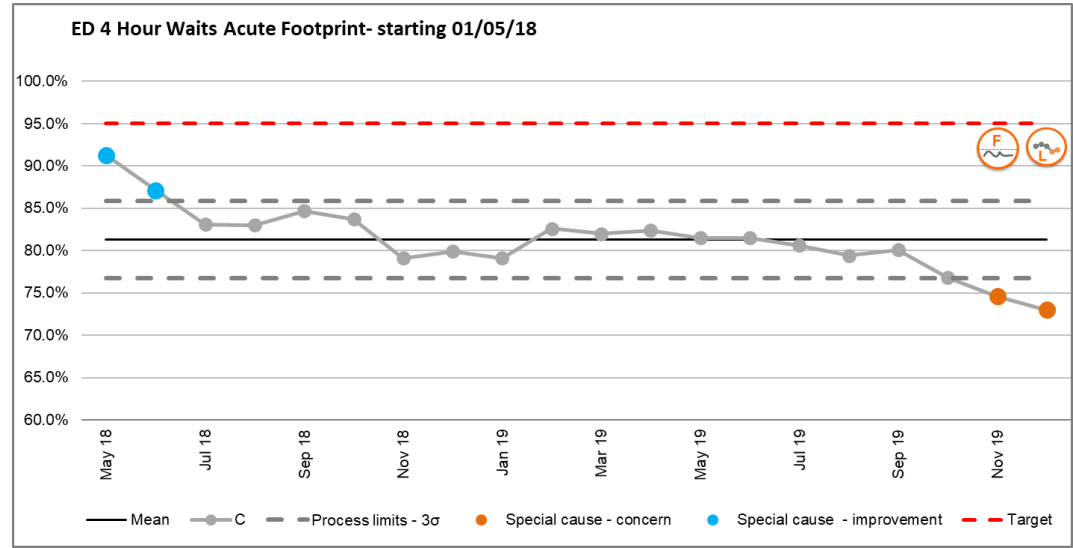
Performance continues to deteriorate. Continually failing target and will fail to achieve target next month.



Metric	Dec 19	YTD	Target
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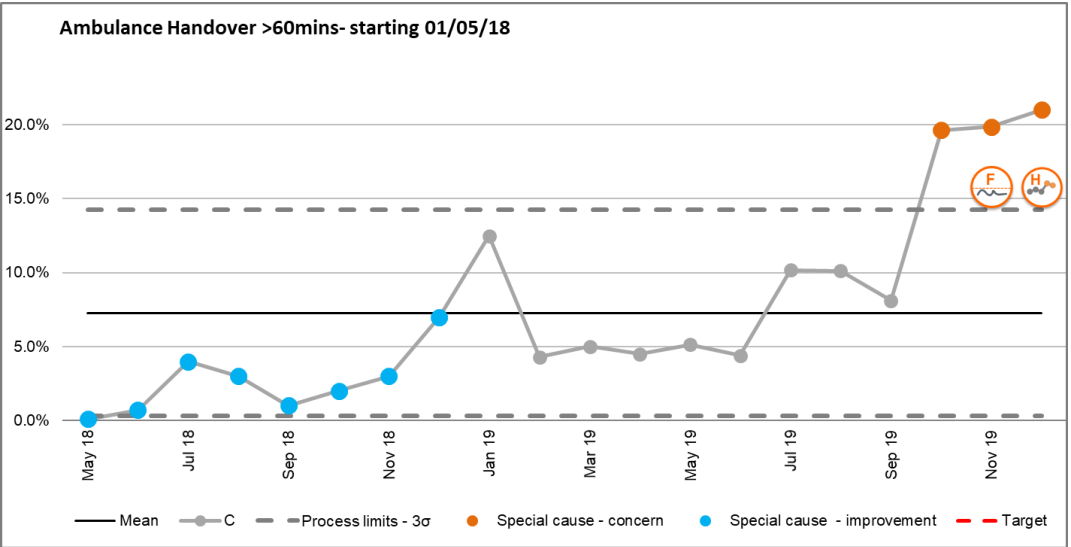
ED 4 Hour Waits Acute Footprint	73.0%	78.8%	95%
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Continually failing target and will fail to achieve target next month.

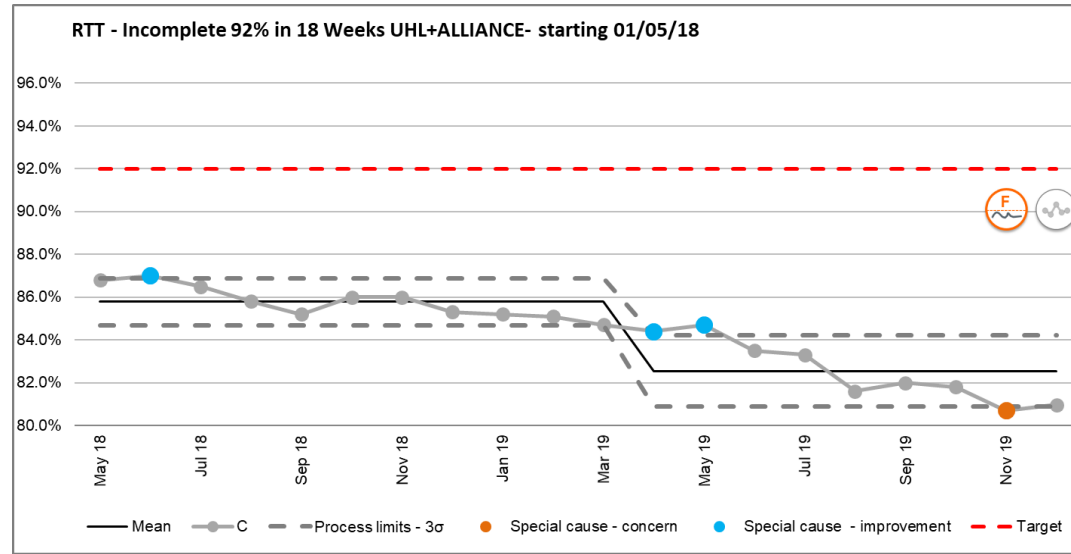


Responsive

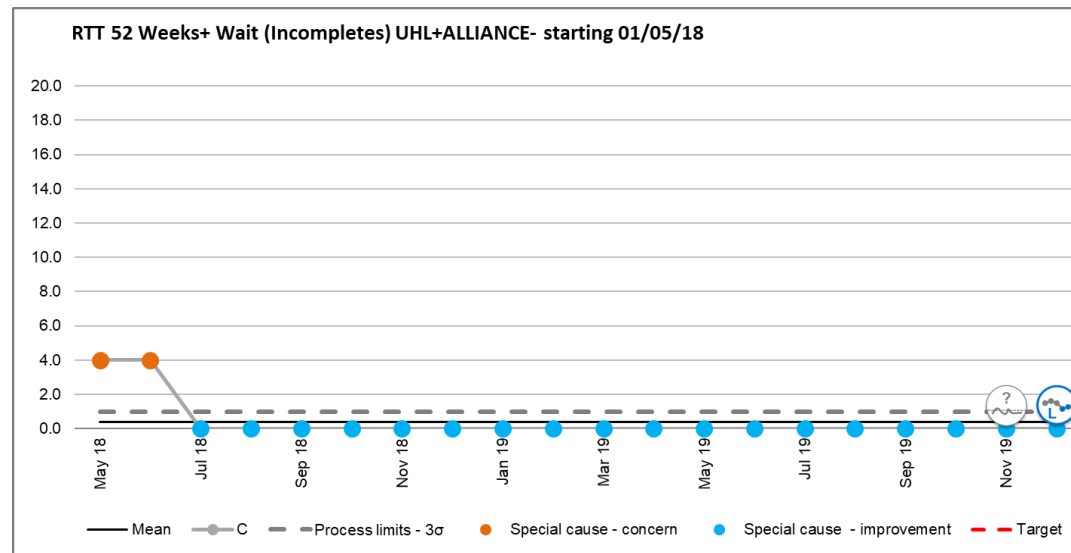
Metric	Dec 19	YTD	Target
Ambulance Handover >60 Mins	21.0%	11.6%	0%
<p>Performance has deteriorated significantly in the last 3 months. Target will not be achieved next month.</p>			



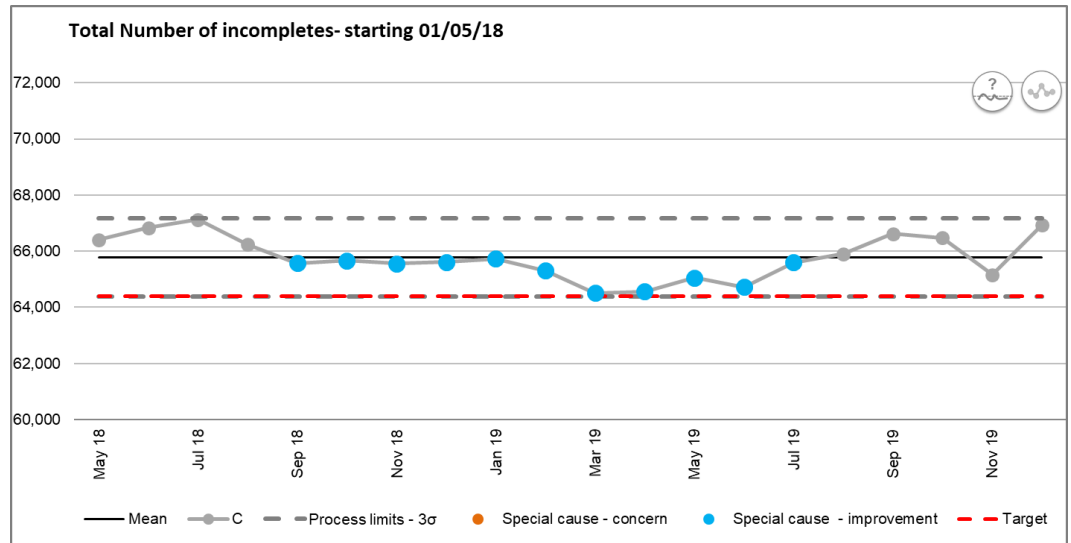
Metric	Dec 19	YTD	Target
RTT Incompletes	81.0%	81.0%	92%
Performance has been deteriorating due to focus on waiting list target.			



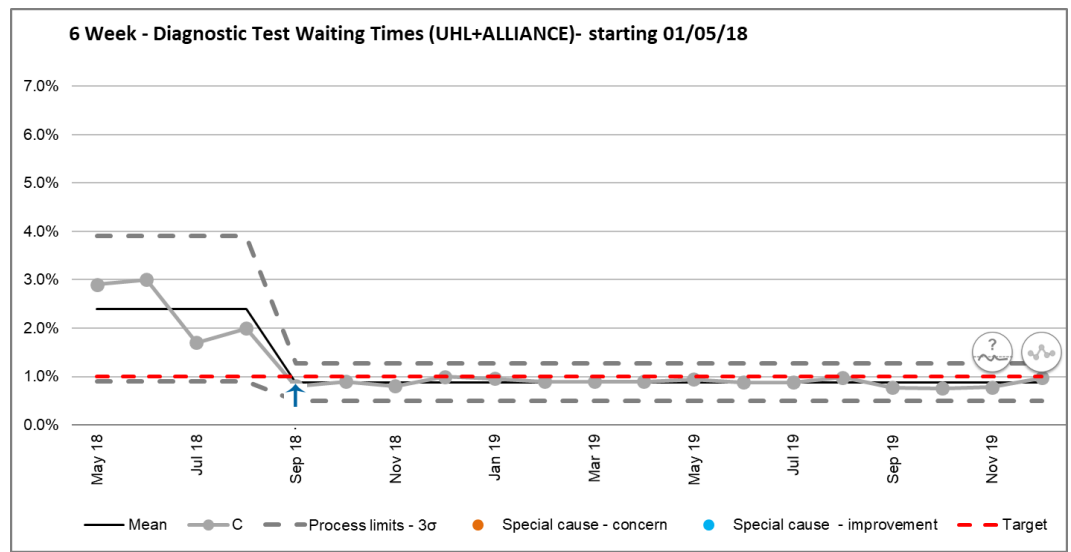
Metric	Dec 19	YTD	Target
RTT 52+ Weeks Wait	0*	0*	0
No 52+ week waits reported for 18 consecutive months.			



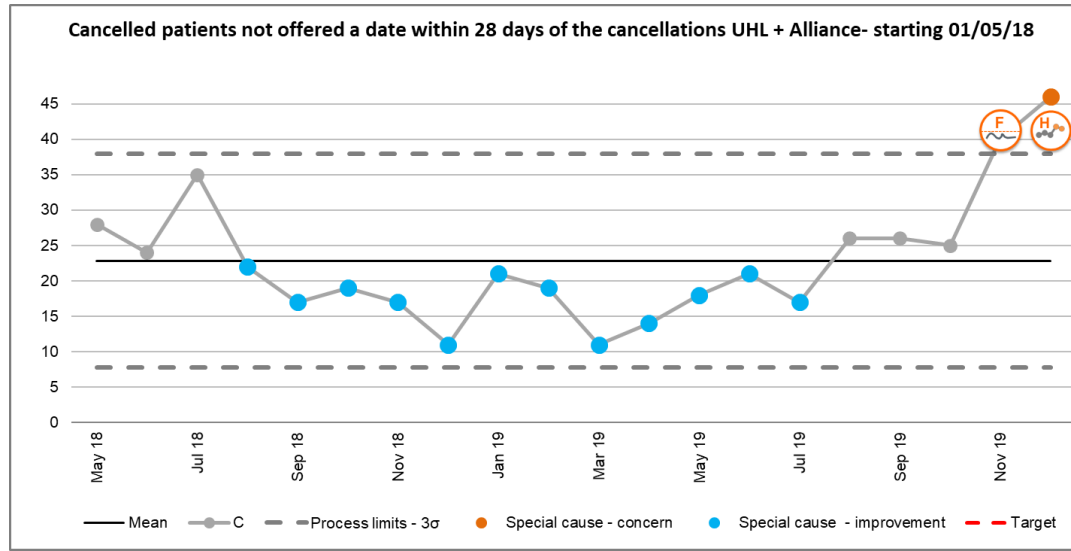
Metric	Dec 19	YTD	Target
Total Number of incompletes	66,925	65,925	64,404 (Year End)
This metric has not changed significantly. Unlikely to achieve the target next month.			



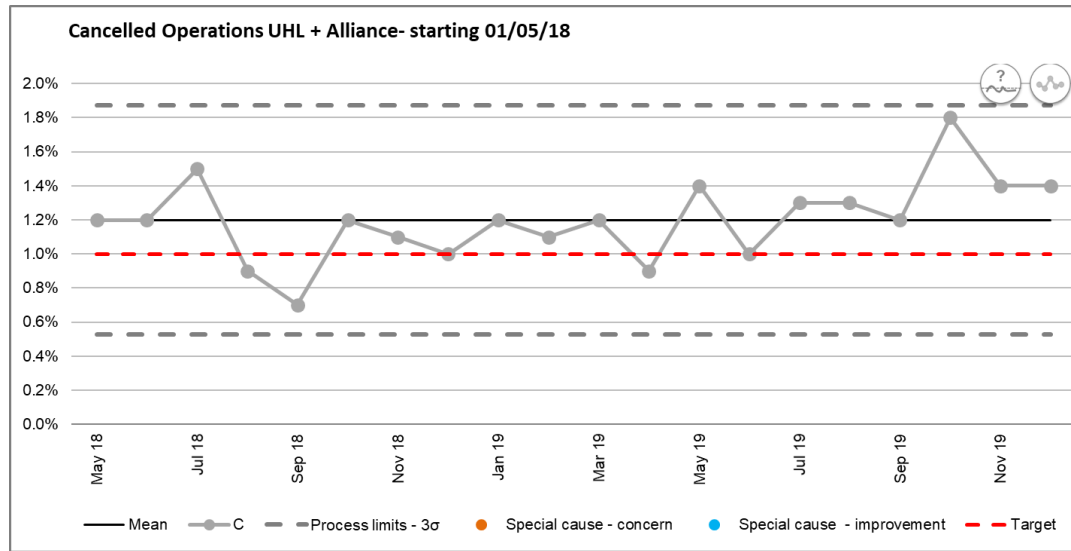
Metric	Dec 19	YTD	Target
6 Week Diagnostic Waits	0.97%	0.97%	1%
This metric has achieved target for 16 months and may achieve target again next month.			



Metric	Dec 19	YTD	Target
Cancelled patients not offered a date within 28 days of the cancellations	46	438	0
This metric hadeteriorated significantly in . Unlikely to delivery monthly target.			



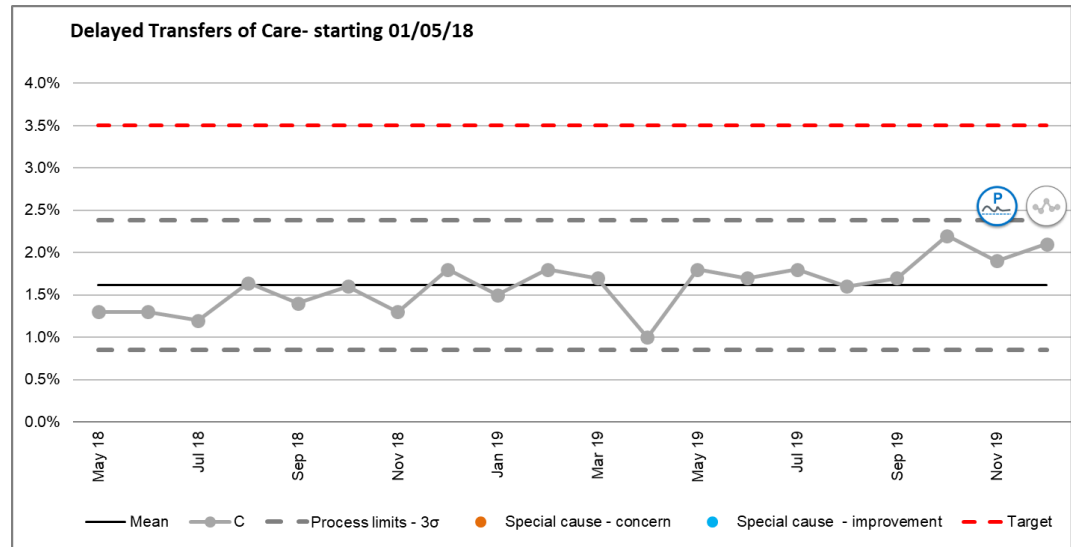
Metric	Dec 19	YTD	Target
% Operations cancelled on the day	1.4%	1.3%	1%
No significant variation observed. Unlikely to achieve the target next month.			



Metric	Dec 19	YTD	Target
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Delayed transfers of care	2.1%	1.8%	3.5%
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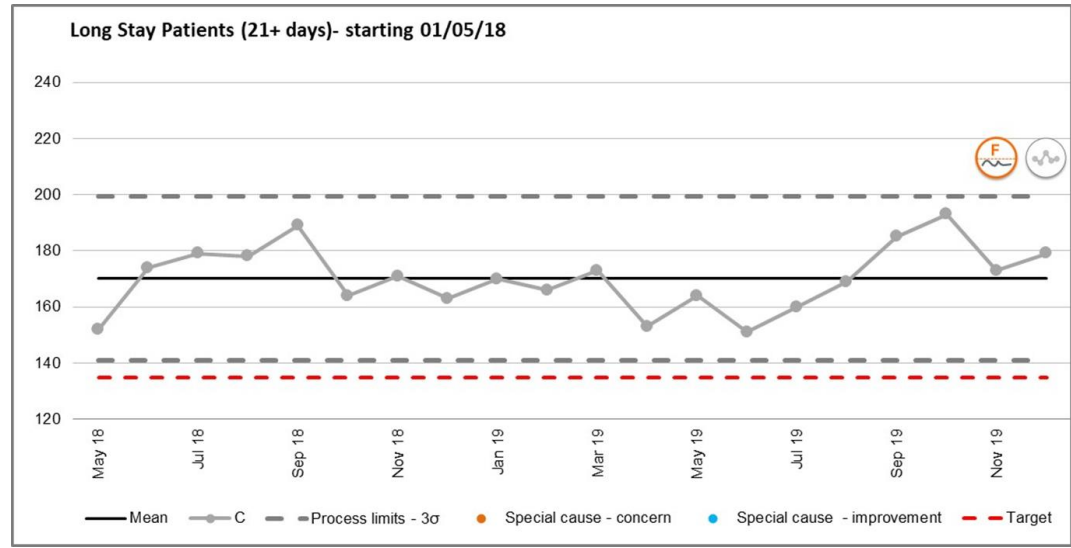
This metric has not changed significantly and is predicted to achieve target again next month.



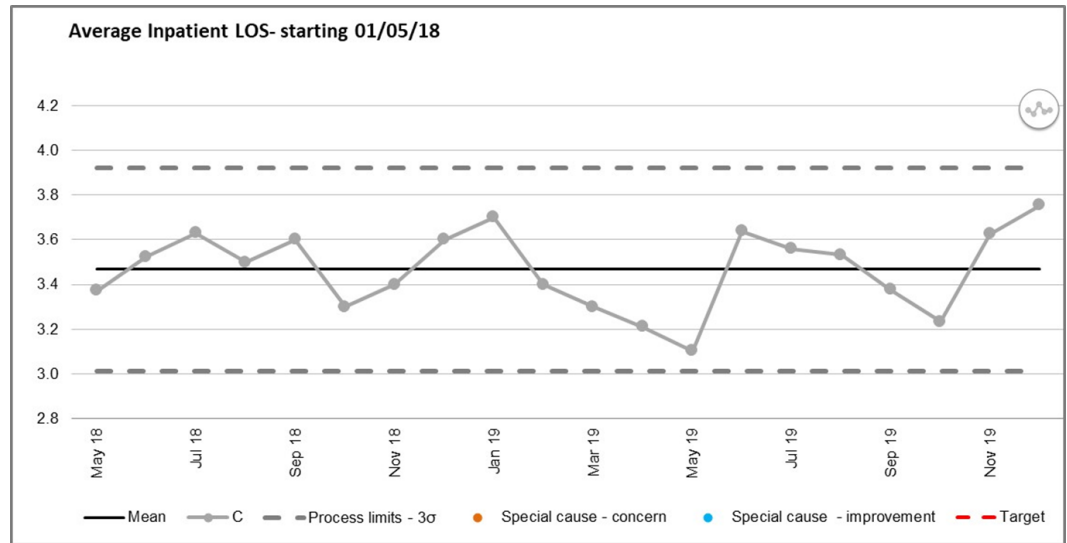
Metric	Dec 19	YTD	Target
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Long Stay Patients (21+ days)	179	179	135
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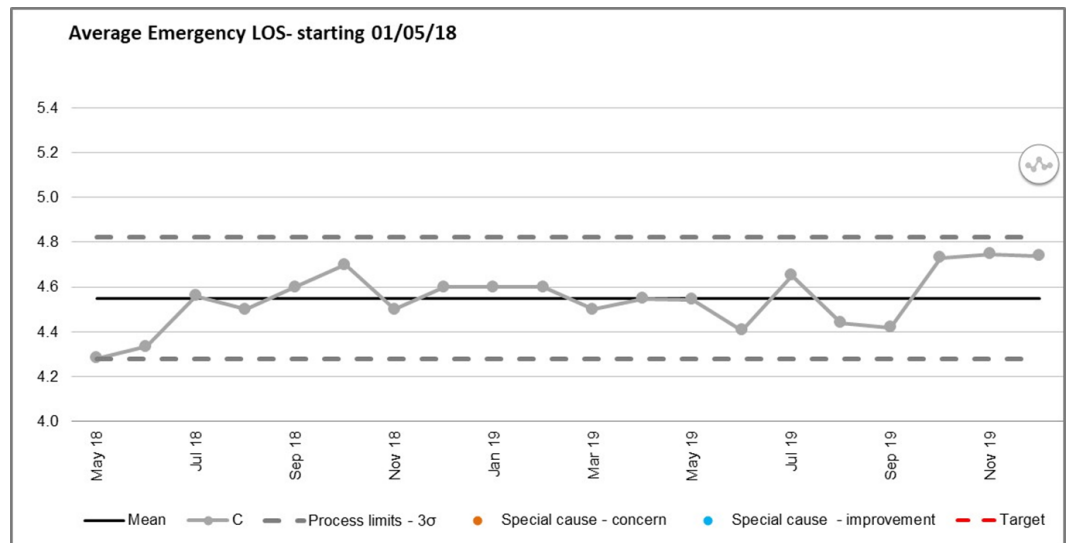
Common cause variation. Unlikely to achieve target next month.



Metric	Dec 19	YTD	Target
Average Inpatient LOS	3.8	3.4	No National Target
This metric is showing no significant variation. Target yet to be confirmed.			

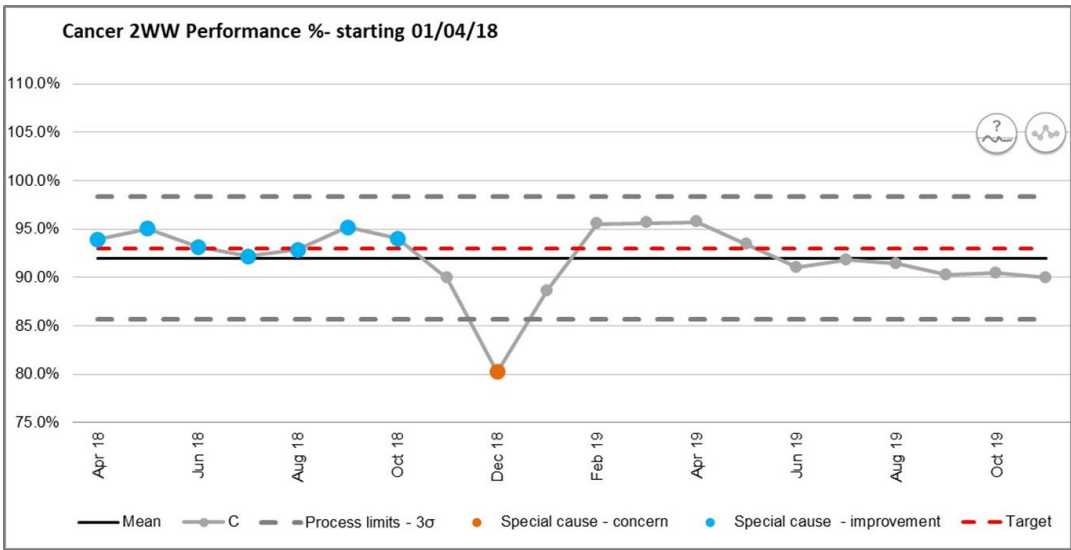


Metric	Dec 19	YTD	Target
Average Emergency LOS	4.7	4.6	No National Target
This metric has been very stable since the cancellation of elective activity in Q4 17/18.			

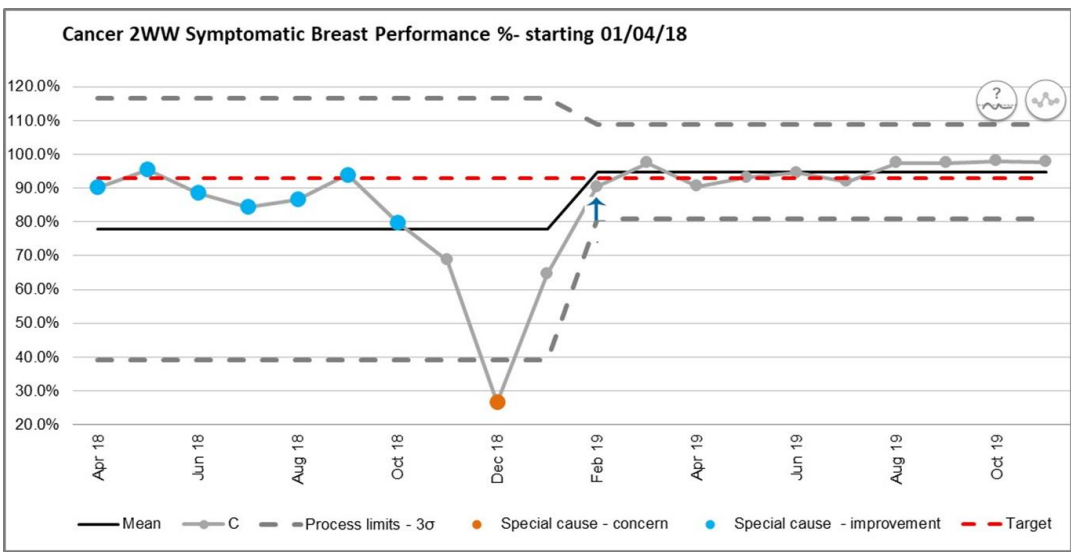


Responsive – Cancer

Metric	Nov 19	YTD	Target
Cancer 2WW	90.0%	91.8%	93%
Based on YTD and historic trend may achieve target. October performance influenced by head and Neck underperformance due to vacancies – Service has gone out to advert as previous post holder not starting			



Metric	Nov 19	YTD	Target
Cancer 2WW Breast	97.7%	95.6%	93%
Performance has returned to a more stable level. Based on YTD and historic trend may achieve YTD target.			

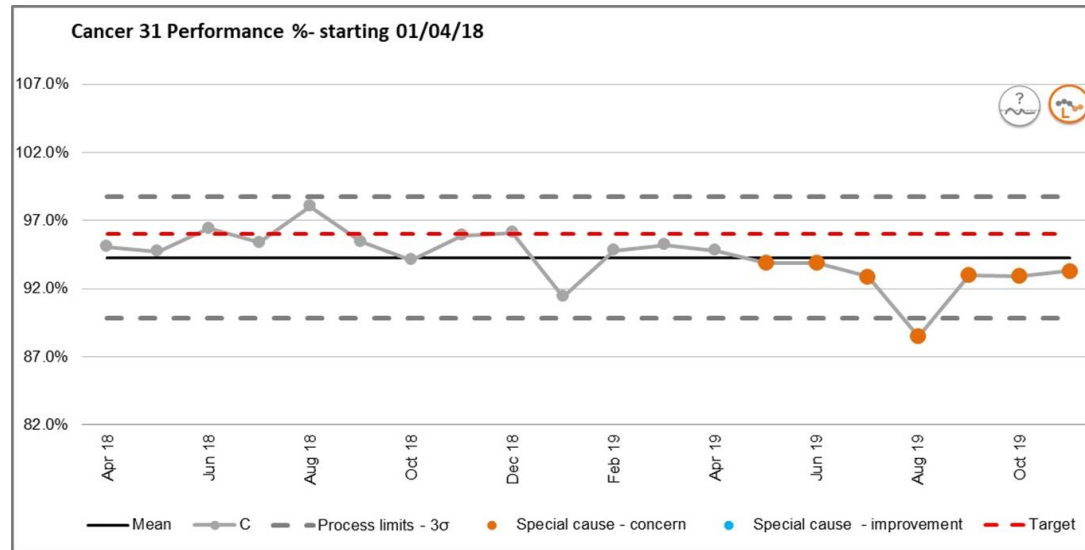


Responsive – Cancer

Metric	Nov 19	YTD	Target
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Cancer 31 Day **93.3%** **92.9%** **96%**

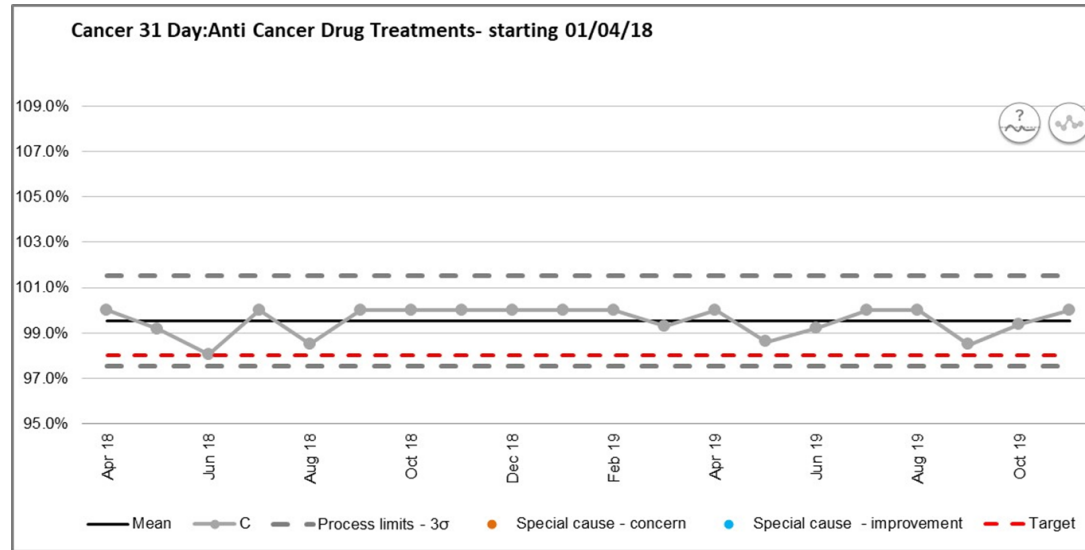
Unlikely to achieve target next month, performance has deteriorated in recent months. There are a number of actions on the RAP for lung and Urology to support improvement.



Metric	Nov 19	YTD	Target
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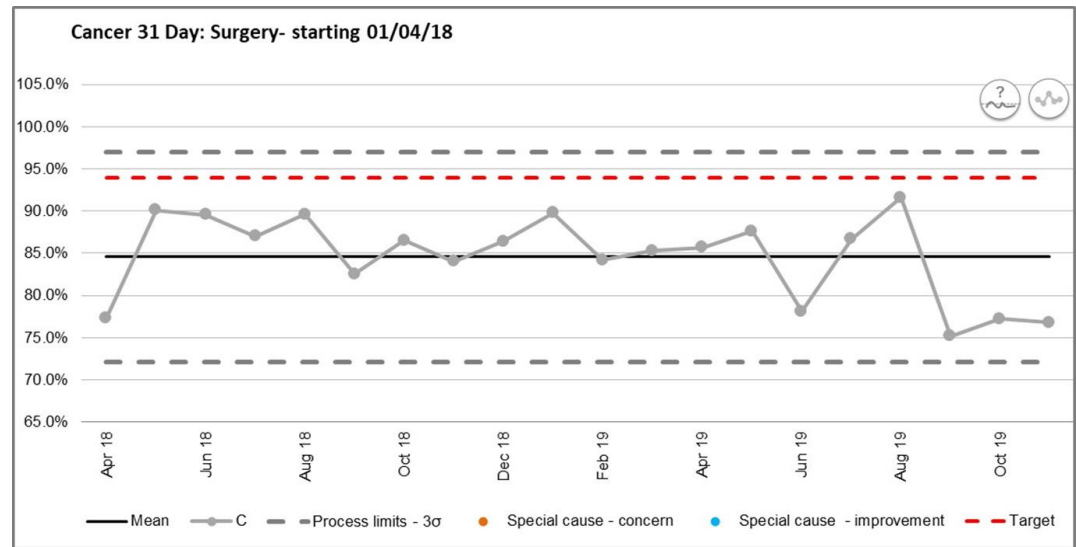
Cancer 31 Day Drugs **100%** **99.5%** **98%**

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

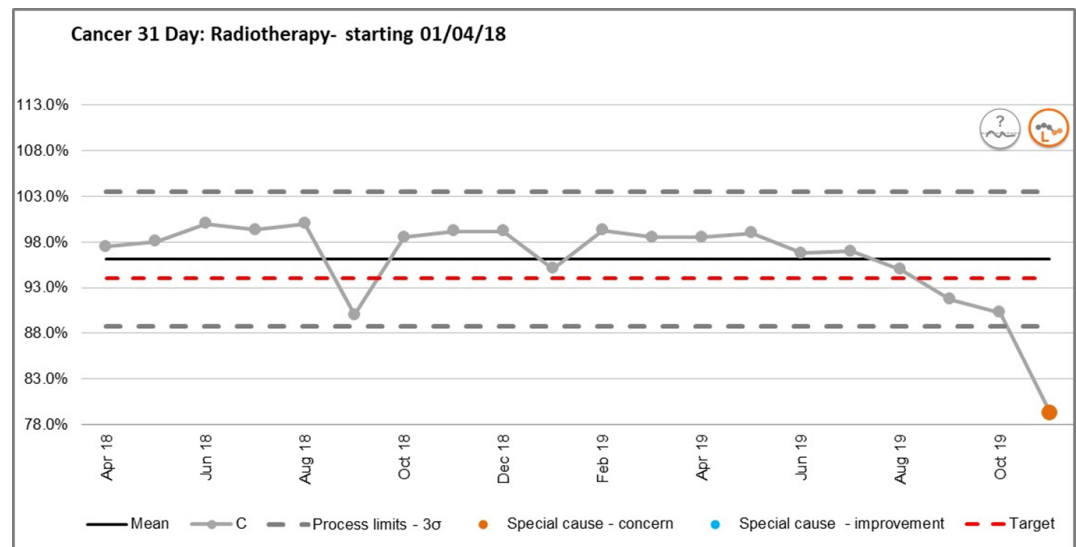


Responsive – Cancer

Metric	Nov 19	YTD	Target
Cancer 31 Surgery	76.8%	82.0%	94%
<p>Some variation but not significant, unlikely to deliver target. Driven predominately by Urology prostate; actions in RAP for recovery / maintenance</p> <p>Support from EMCA and NHSE to review Regional position and possibility of support.</p>			



Metric	Nov 19	YTD	Target
Cancer 31 Day Radiotherapy	79.4%	93.5%	94%
<p>Performance has deteriorated below lower control limit due to breast radiotherapy vacancies and sickness. 1 member of team due back in NY, mitigations in place to try and avoid further deterioration</p>			

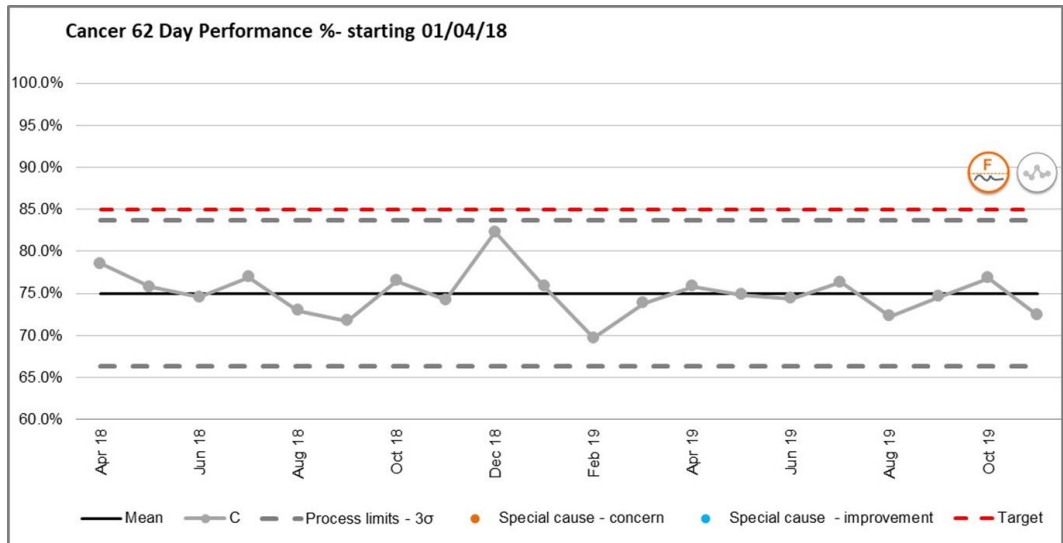


Responsive – Cancer

Metric	Nov 19	YTD	Target
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Cancer 62 Day	72.4%	74.7%	85%
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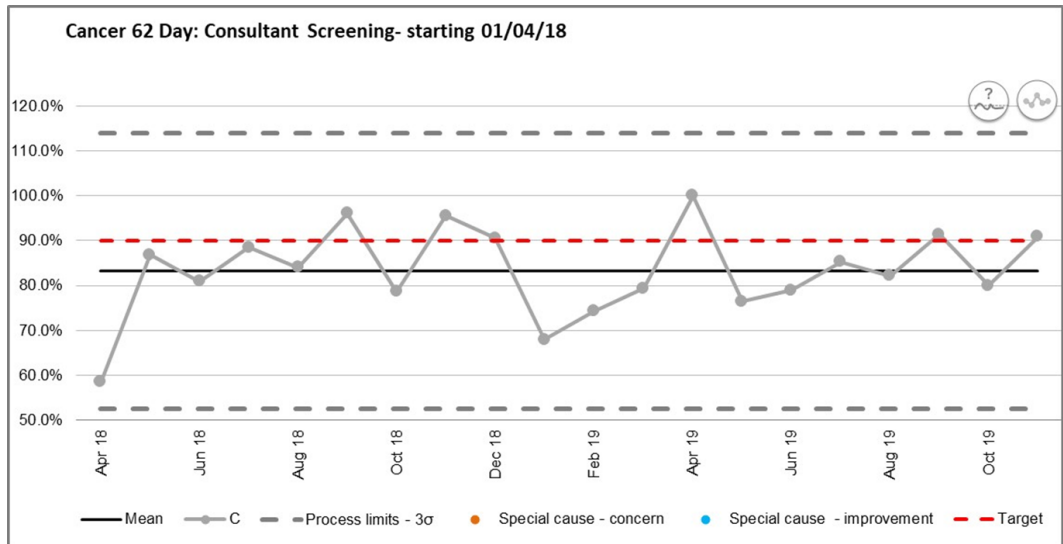
This metric is relatively stable. The position has been maintained against a significant increase in referrals. Target won't be delivered next month.



Metric	Nov 19	YTD	Target
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Cancer 62 Day Consultant Screening	90.9%	84.6%	90%
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This metric is not changing significantly and may deliver the target next month.

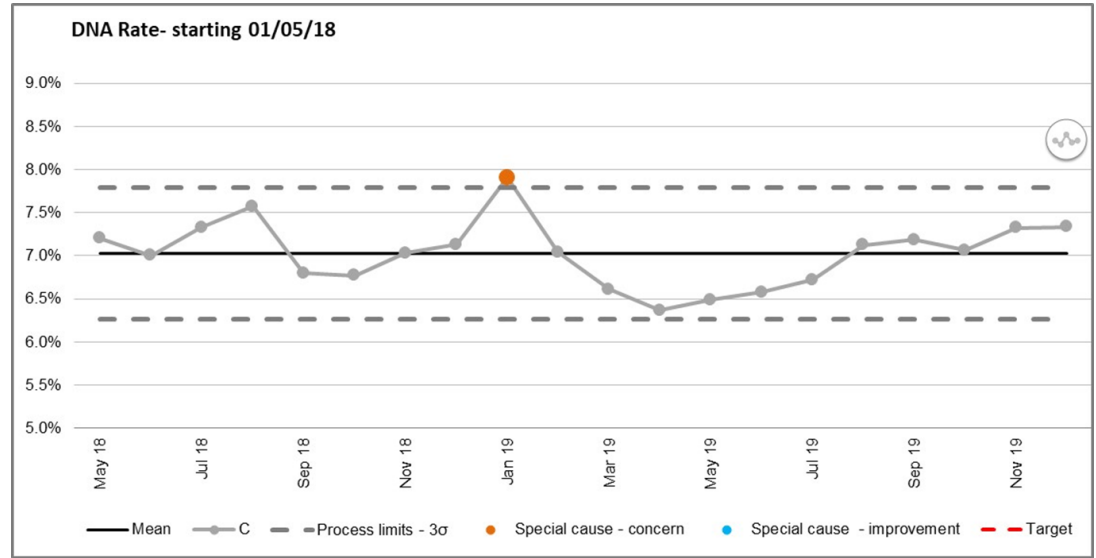


Outpatient Transformation

Metric	Dec 19	YTD	Target
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% DNA Rate	7.3%	6.9%	No National Target
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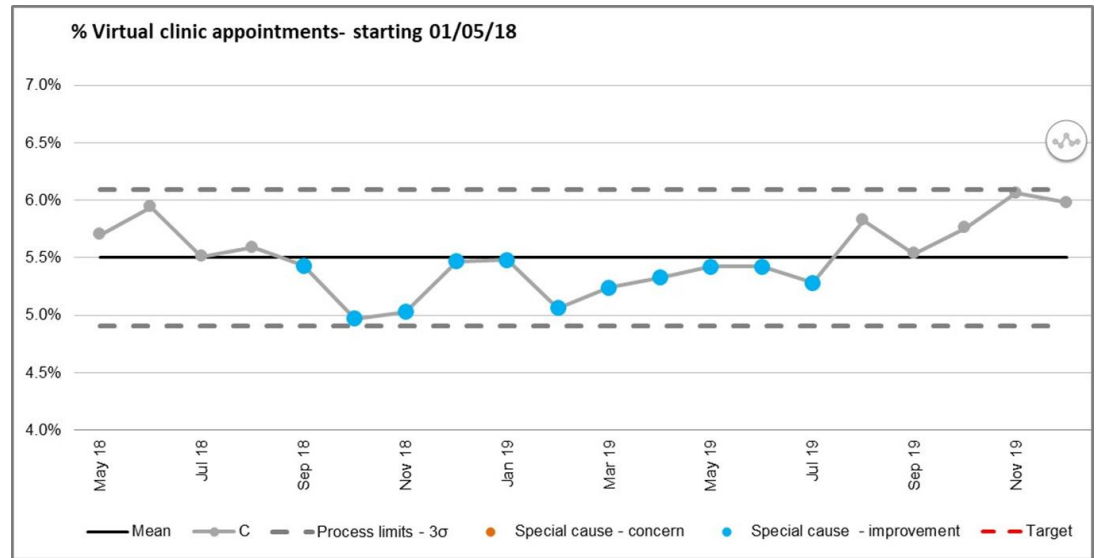
An upwards trend may be emerging as 7 of the last 8 months have seen an increase in DNAs compared to the previous month. Target to be confirmed.



Metric	Dec 19	YTD	Target
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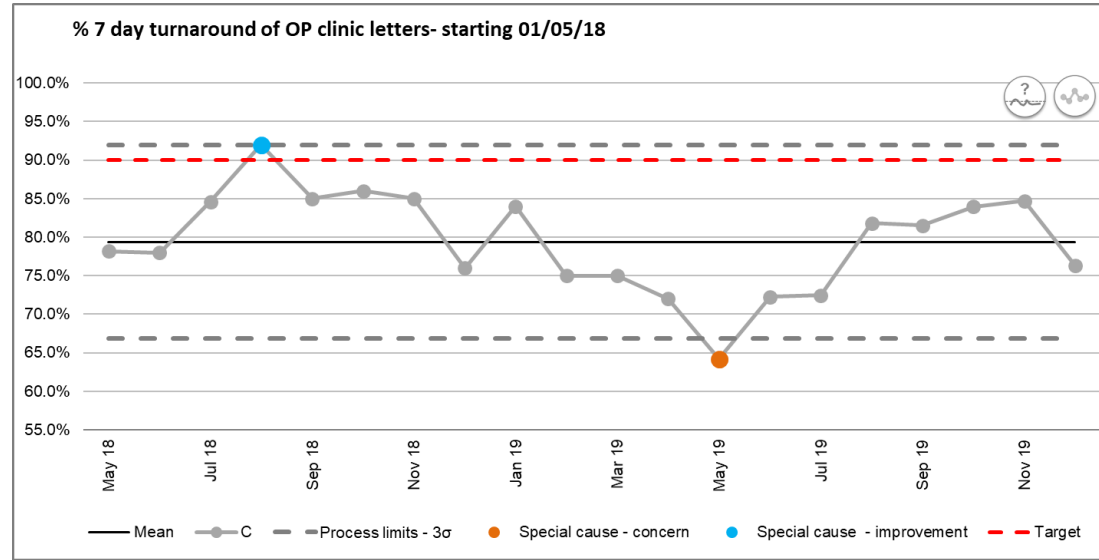
% Virtual clinic appointments	6.0%	5.6%	No National Target
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This metric is relatively stable. Target to be confirmed.



Outpatient Transformation

Metric	Dec 19	YTD	Target
% 7 day turnaround of OP clinic letters	76.3%	77.0%	90%
<p>This metric is now relatively stable following a dip in May. Unlikely to achieve target.</p>			

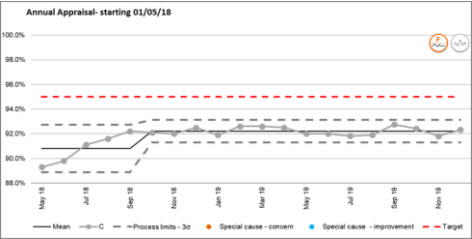


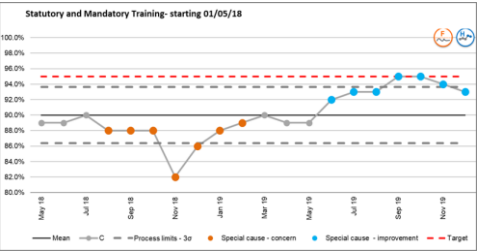
Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
MRSA Total	19/20 Target – 0		<ul style="list-style-type: none"> Preliminary review of numbers of newly identified MRSA carriers in LLR shows a slight increase in 2019. This includes all specimen types (screens taken for infection prevention as well as clinical specimens taken from patients with infection) and specimens from both primary as well as secondary care. This potentially heralds an increasing risk of MRSA bloodstream infections. 	<p>Review the epidemiology of MRSA across LLR, including patient demographics, clinical features and molecular typing, in order to understand how MRSA is being transmitted both within UHL and the LLR community . This will need a coordinated approach between UHL, the CCGs and PHE. A paper outlining the issues and setting out a proposed action plan along with required resources is to be presented to the Trust Infection Prevention Assurance Committee.</p>
<p>Is the number of MRSA cases that have been reported</p>	<p>In December there was one case of MRSA, there has been 3 cases during the year so far.</p>			

Exception Reports

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
<p>A&E Friends and Family Test - % positive</p>	<p>19/20 Target – 94%</p>		<ul style="list-style-type: none"> Dip due to emergency pressures and difficulties with patients accessing timely care in an overcrowded department. 	<ul style="list-style-type: none"> Further analysis ongoing to understand dip Looking at alternatives to collecting patient feedback across the department Progressing SMS FFT feedback over the coming months
<p>Is the % of Friends and Family tests in A&E that are positive.</p>	<p>In December performance for A&E FFT was 91%</p>			

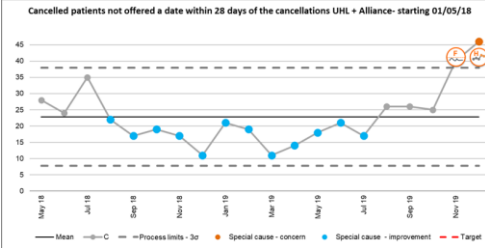
Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
<p>Sickness absence</p>	<p>19/20 Target – 3% or below</p>		<p>The target is aspirational, but has been achieved by some departments.</p> <p>E&F sickness absence is not reported through SMART or captured on ESR; hence the data variation.</p> <p>43,883 days have been lost due to Stress / Anxiety / Depression in a year (previously c39000). The pledges aligned to Time to Change are being implemented and priorities for 2020 have been agreed – MHFA, staff support for bereavements and traumatic situations, improved communication of Health and Wellbeing.</p> <p>HR are working closely with CMG’s to manage sickness absence through ‘Making it all Happen’ reviews, complex case reviews, targeted support for long term, high episodic absences, reasons for absence, line managers training and FAQ’s aligned to the policy review.</p> <p>At a Trust level the sickness absence data and reasons for absence are reviewed through the UHL Health and Wellbeing Steering Group.</p>	<p>It is proposed 3 or 6 monthly exception reports are provided moving forward.</p> <p>HR will continue to support CMG’s in the management of sickness absence</p>
<p>UHL has a locally agreed sickness absence target of 3%.</p>	<p>Performance in November was 4.4%</p>			

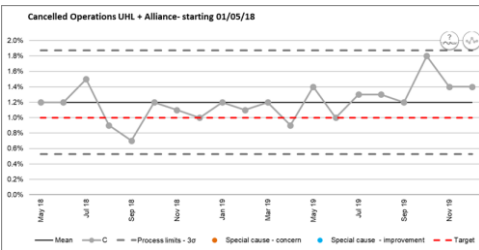
Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
<p>% of Staff with Annual Appraisal (excluding facilities Services)</p>	<p>19/20 Target – greater than 95%</p>		<p>Collective performance (organisational specific) highlighted during Monthly CEO briefings.</p>	<p>Appraisal performance is reviewed at CMG Monthly Performance Review Meetings attended by Executive and CMG Senior Leaders, with agreement on local actions and trajectories.</p>
<p>Is the percentage of staff who have had their Annual Appraisal(excluding facilities Services)</p>	<p>Performance for December was 92.3%.</p>		<p>This data is also captured within the Monthly Workforce Dataset Report presented to Trust Board Subcommittee (People Performance and Process Committee), Corporate and CMG Boards.</p>	<p>CMGs are held to account against agreed improvement trajectories.</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 01/05/18</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>May 18</td><td>88.0</td><td></td></tr> <tr><td>Jun 18</td><td>89.0</td><td></td></tr> <tr><td>Jul 18</td><td>87.0</td><td>Special cause - concern</td></tr> <tr><td>Aug 18</td><td>87.0</td><td>Special cause - concern</td></tr> <tr><td>Sep 18</td><td>87.0</td><td>Special cause - concern</td></tr> <tr><td>Oct 18</td><td>83.0</td><td>Special cause - concern</td></tr> <tr><td>Nov 18</td><td>86.0</td><td></td></tr> <tr><td>Dec 18</td><td>87.0</td><td></td></tr> <tr><td>Jan 19</td><td>88.0</td><td></td></tr> <tr><td>Feb 19</td><td>89.0</td><td></td></tr> <tr><td>Mar 19</td><td>89.0</td><td></td></tr> <tr><td>Apr 19</td><td>88.0</td><td></td></tr> <tr><td>May 19</td><td>88.0</td><td></td></tr> <tr><td>Jun 19</td><td>91.0</td><td>Special cause - improvement</td></tr> <tr><td>Jul 19</td><td>92.0</td><td>Special cause - improvement</td></tr> <tr><td>Aug 19</td><td>93.0</td><td>Special cause - improvement</td></tr> <tr><td>Sep 19</td><td>94.0</td><td>Special cause - improvement</td></tr> <tr><td>Oct 19</td><td>94.0</td><td>Special cause - improvement</td></tr> <tr><td>Nov 19</td><td>93.0</td><td>Special cause - improvement</td></tr> </tbody> </table>	Month	Mean (%)	Special Cause	May 18	88.0		Jun 18	89.0		Jul 18	87.0	Special cause - concern	Aug 18	87.0	Special cause - concern	Sep 18	87.0	Special cause - concern	Oct 18	83.0	Special cause - concern	Nov 18	86.0		Dec 18	87.0		Jan 19	88.0		Feb 19	89.0		Mar 19	89.0		Apr 19	88.0		May 19	88.0		Jun 19	91.0	Special cause - improvement	Jul 19	92.0	Special cause - improvement	Aug 19	93.0	Special cause - improvement	Sep 19	94.0	Special cause - improvement	Oct 19	94.0	Special cause - improvement	Nov 19	93.0	Special cause - improvement	<ul style="list-style-type: none"> Compliance with Cyber Security training and Annual Resuscitation training needs to improve significantly across the Trust to achieve the target of 95% Compliance with training amongst Medical Staff needs support and monitoring as they are the staff group with the lowest compliance levels in UHL Training compliance levels have been affected by seasonally related service pressures 	<ul style="list-style-type: none"> Continued reminders are sent to non-compliant staff More managers / senior staff (1,600+) have access to live training data for their areas through the Dashboard Focus on compliance amongst subjects with a 12 month refresher period until 31st March 2020 Increased monitoring and chasing of non-compliance at a local or service level required
Month	Mean (%)	Special Cause																																																														
May 18	88.0																																																															
Jun 18	89.0																																																															
Jul 18	87.0	Special cause - concern																																																														
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Sep 18	87.0	Special cause - concern																																																														
Oct 18	83.0	Special cause - concern																																																														
Nov 18	86.0																																																															
Dec 18	87.0																																																															
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Jun 19	91.0	Special cause - improvement																																																														
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Sep 19	94.0	Special cause - improvement																																																														
Oct 19	94.0	Special cause - improvement																																																														
Nov 19	93.0	Special cause - improvement																																																														
<p>Is the percentage of staff that are up to date on their Statutory and Mandatory Training.</p>	<p>Performance for December was 93%</p>																																																															

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
<p>RTT - Incomplete 92% in 18 Weeks UHL + Alliance</p>	<p>19/20 Target – 92%</p>	<p>RTT - Incomplete 92% in 18 Weeks UHL+ALLIANCE - starting 01/05/18</p>	<p>NHS Planning Guidance for 2019/20 focuses on waiting list reduction over compliance with the 18 week national standard.</p> <p>Reduced clinical capacity due pension change has impacted on UHL’s RTT% against trajectory and also the national standard.</p> <p>LLR financial position has limited UHL’s ability to utilise Independent Sector capacity to improve RTT.</p>	<ul style="list-style-type: none"> • RSS programs to have downstream impact due to impact of reduced demand. • Changing models of care to utilise capacity in most appropriate low cost section of the NHS.
<p>Is the percentage of patients currently on an RTT pathway waiting less than 18 weeks .</p>	<p>Performance for December was 81.0%.</p>			

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
<p>RTT Total Number of Incompletes</p>	<p>19/20 Target – 64,404 or below</p>		<p>The overall waiting list size increased in December after achieving the waiting list size trajectory in November. Factors for the increase in waiting list size include:</p> <ul style="list-style-type: none"> • Reduced clinical capacity above plan due to emergency pressure. • Reduced administrative capacity due to sickness to fully validate the waiting list. • Further reduction of Elective Orthopaedic capacity between January and March 2020 will further impact on the waiting list size. 	<ul style="list-style-type: none"> • Continued high checks on outpatient utilisation. • Total waiting list validation. • Bespoke targets for specialties with high waiting list size increases.
<p>Is the total number of patients currently on an RTT pathway.</p>	<p>At the end of December 66,925 patients were on an RTT pathway.</p>			

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions																																												
<p>Cancelled patients not offered a date within 28 days of the cancellations UHL + Alliance</p>	<p>19/20 Target – 0</p>	 <p>Cancelled patients not offered a date within 28 days of the cancellations UHL + Alliance- starting 01/05/18</p> <table border="1"> <caption>Chart Data (Approximate)</caption> <thead> <tr> <th>Month</th> <th>Mean</th> <th>Special cause - concern</th> <th>Special cause - improvement</th> </tr> </thead> <tbody> <tr><td>May 18</td><td>25</td><td></td><td></td></tr> <tr><td>Jul 18</td><td>35</td><td></td><td></td></tr> <tr><td>Sep 18</td><td>20</td><td></td><td></td></tr> <tr><td>Nov 18</td><td>15</td><td></td><td></td></tr> <tr><td>Jan 19</td><td>20</td><td></td><td></td></tr> <tr><td>Mar 19</td><td>10</td><td></td><td></td></tr> <tr><td>May 19</td><td>15</td><td></td><td></td></tr> <tr><td>Jul 19</td><td>20</td><td></td><td></td></tr> <tr><td>Sep 19</td><td>25</td><td></td><td></td></tr> <tr><td>Nov 19</td><td>46</td><td>49</td><td></td></tr> </tbody> </table>	Month	Mean	Special cause - concern	Special cause - improvement	May 18	25			Jul 18	35			Sep 18	20			Nov 18	15			Jan 19	20			Mar 19	10			May 19	15			Jul 19	20			Sep 19	25			Nov 19	46	49		<p>Services instructed to only book for elective surgery patients who are clinically urgent, on a cancer pathway or at risk of breaching 52 weeks. This has reduced capacity to re-book patients within 28 days when they have been cancelled.</p>	<ul style="list-style-type: none"> Available capacity remains limited to re-book. Main area is to focus on reducing initial cancellation numbers. 28 day breaches reviewed at patient level and confirm and challenge initiated for each patient to book within 28 days where possible.
Month	Mean	Special cause - concern	Special cause - improvement																																													
May 18	25																																															
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Nov 19	46	49																																														
<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>46 patients were not offered a new day within 28 days in December.</p>																																															

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
<p>% Operations cancelled for non-clinical reasons on or after the day of admission UHL + Alliance</p>	<p>19/20 Target – less than 1%</p>		<p>148 patients were cancelled in December, 146 at UHL and 2 at Alliance sites.</p> <p>Overall 100 patients (68.5% of cancellations) were capacity related. This is the largest proportion of capacity related cancellations during 2019/20.</p> <p>22 patients (15%) were cancelled due to lack of Theatre Time / List Overrunning. A large proportion of these were related to late theatre starts as a result of lack of beds.</p> <p>8 (5.5%) patients were cancelled due to short notice workforce sickness.</p>	<ul style="list-style-type: none"> Services instructed to only book for elective surgery patients who are clinically urgent, on a cancer pathway or at risk of breaching 52 weeks in order to reduce number of patients that would be cancelled due to lack of beds.
<p>Is the percentage of operations cancelled for non-clinical reasons on or after the day of admission by UHL and the Alliance.</p>	<p>Performance for December was 1.4%.</p>		<p>Actions taken in previous months has reduced the cancellation rate from 1.8% to 1.4%.</p>	<ul style="list-style-type: none"> Surgical Care Program to target pre-operative assessment pathways which will aim to reduce variance in unknown complexity level causing some cancellation overruns.

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions																																	
<p>Long Stay Patients (21+ days)</p>	<p>19/20 Target – 135</p>	<p>Long Stay Patients (21+ days)- starting 01/05/18</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>May 18</td><td>155</td><td>135</td></tr> <tr><td>Jul 18</td><td>175</td><td>135</td></tr> <tr><td>Sep 18</td><td>185</td><td>135</td></tr> <tr><td>Nov 18</td><td>165</td><td>135</td></tr> <tr><td>Jan 19</td><td>160</td><td>135</td></tr> <tr><td>Mar 19</td><td>170</td><td>135</td></tr> <tr><td>May 19</td><td>155</td><td>135</td></tr> <tr><td>Jul 19</td><td>165</td><td>135</td></tr> <tr><td>Sep 19</td><td>185</td><td>135</td></tr> <tr><td>Nov 19</td><td>179</td><td>135</td></tr> </tbody> </table>	Month	Mean	Target	May 18	155	135	Jul 18	175	135	Sep 18	185	135	Nov 18	165	135	Jan 19	160	135	Mar 19	170	135	May 19	155	135	Jul 19	165	135	Sep 19	185	135	Nov 19	179	135	<ul style="list-style-type: none"> UHL Long Stay Patients remain above target and above the mean. MSS clinical management group are below target and below mean with special cause improvement seen recently. 	<ul style="list-style-type: none"> Undertake further 'perfect days' to understand constraints within the CMG's Re-instate the red2green conference call in Speciality medicine w/c 13th January
Month	Mean	Target																																			
May 18	155	135																																			
Jul 18	175	135																																			
Sep 18	185	135																																			
Nov 18	165	135																																			
Jan 19	160	135																																			
Mar 19	170	135																																			
May 19	155	135																																			
Jul 19	165	135																																			
Sep 19	185	135																																			
Nov 19	179	135																																			
<p>Is the number of adult patients that have been in hospital for over 21 days.</p>	<p>At the end of December the number of long stay patients (21+ days) was 179.</p>																																				