

Quality and Performance report Month 12

Paper C

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	24/03/20	Discussion and Assurance
Trust Board Committee	26/03/20	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 December 2018 to November 2019) is 96, and remains within the expected range.
- **CAS alerts** - compliant.

- **C DIFF** – 10 cases reported this month, full year target achieved.
- **Pressure Ulcers** - 0 **Category 4**, 0 **Category 3**, 5 **Category 2** reported during March
- **90% of Stay on a Stroke Unit** – threshold achieved with 87.5% reported in February.
- **TIA (high risk patients)** – threshold achieved with 77.3% reported in March.
- **Cancer Two Week Wait** was 96.7% in February against a target of 93%.
- **2 Week Wait Cancer Symptomatic Breast** was 96.1% in February.

Bad News:

- **UHL ED 4 hour performance** – 72.1% for March, system performance (including LLR UCCs) for March is 81.4%.
- **12 hour trolley wait** - 5 breaches reported.
- **Ambulance Handover 60+ minutes (CAD)** – performance at 9.0%.
- **Cancer 31 day treatment** was 94.9% in February against a target of 96%.
- **Cancer 62 day treatment** was 72.5% in February 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 76.5% at the end of March.
- **52+ weeks wait** – 35 breaches reported
- **Diagnostic 6 week wait** was 4.6% against a target of 1%
- **Cancelled operations OTD** – 1.8% reported in March.
- **Patients not rebooked within 28 days following late cancellation of surgery** – 20.
- **Statutory and Mandatory Training** compliance has decreased to 92%
- **Annual Appraisal** is at 89.6%.
- **MRSA** – 2 cases reported.
- **Single Sex Accommodation Breaches** – 1 reported in March.

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]
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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:

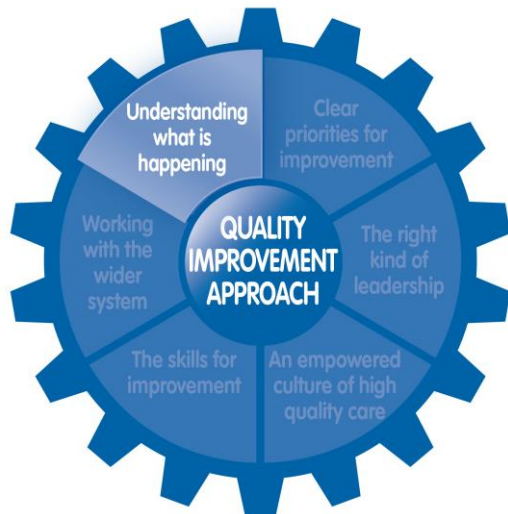
Does this paper reference a risk event?	Select (X)	Risk Description:
Strategic: Does this link to a <i>Principal Risk</i> on the BAF?	X	Failure to deliver key performance standards for emergency, planned and cancer care.
Organisational: Does this link to an <i>Operational/Corporate Risk</i> on Datix 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: 28th May 2020
- 6. Executive Summaries should not exceed **5 sides** My paper does comply



Quality and Performance Report

March 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: 30th April 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: MARCH 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.

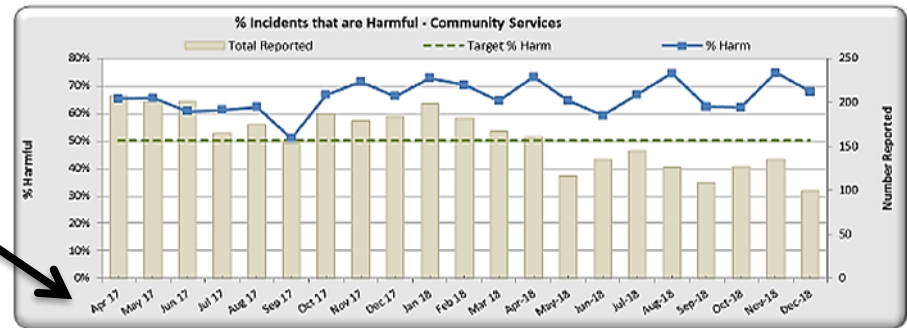
Within an SPC chart there are three different patterns to identify:

- 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

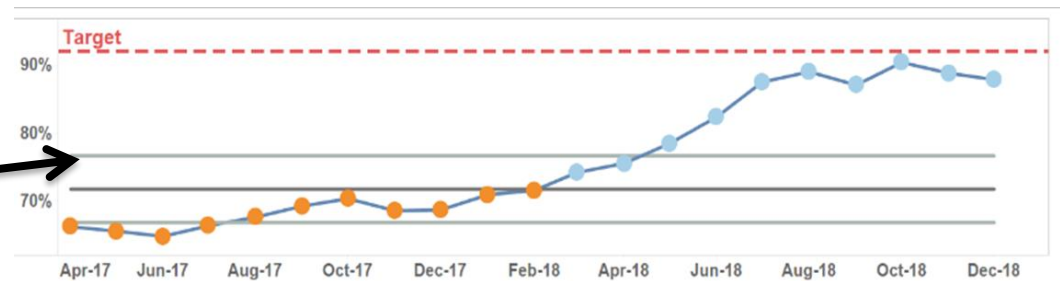


Key elements of a SPC dashboard

Appreciation of variance over time



Highlighting special cause and its nature



One team shared values



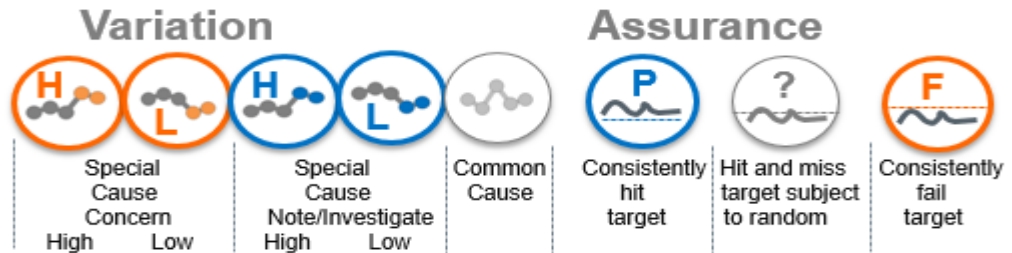
Key elements of a SPC dashboard

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









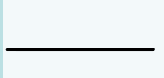





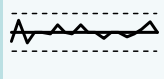
Performance Overview

Domain	KPI	Target	Jan-20	Feb-20	Mar-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Safe	Never events	0	0	0	0	2				Jan-20
	Overdue CAS alerts	0	0	0	0	1				Nov-19
	% of all adults VTE Risk Assessment on Admission	95%	98.2%	98.4%		98.1%				Dec-19
	Emergency C-section rate	No Target	19.1%	19.8%	23.1%	19.9%				Feb-20
	Clostridium Difficile	108	11	6	10	104				Nov-17
	MRSA Total	0	0	0	2	5				Nov-17
	E. Coli Bacteraemias Acute	No Target	12	7	6	94				Jun-18
	MSSA Acute	No Target	5	3	5	39				Nov-17

One team shared values











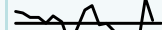






Performance Overview

Domain	KPI	Target	Jan-20	Feb-20	Mar-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Safe	All falls reported per 1000 bed stays	6.02	2.9	2.6		2.7				Jun-18
	Rate of Moderate harm and above Falls PSIs with finally approved status per 1,000 bed days	No Target	0.15	0.02		0.07				TBC
	Pressure ulcers category 4	0	0	0	0	0				Aug-17
	Pressure ulcers category 3	3	0	2	0	2				Aug-17
	Pressure ulcers category 2	7	6	9	5	61				Aug-17

One team shared values



Performance Overview

Domain	KPI	Target	Jan-20	Feb-20	Mar-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Caring	Staff Survey Recommend for treatment	No Target				73%				Aug-17
	Single Sex Breaches	0	3	0	1	14				Dec-16
	Inpatient and Daycase F&F Test % Positive	96%	97%	97%		97%				Jun-17
	A&E F&F Test % Positive	94%	97%	95%		94%				Jun-17
	Maternity F&F Test % Positive	96%	95%	94%		94%				Jun-17
	Outpatient F&F Test % Positive	94%	95%	96%		95%				Jun-17
	Complaints per 1,000 staff (WTE)	No Target				49.7				Jan-20

One team shared values



Performance Overview

Domain	KPI	Target	Jan-20	Feb-20	Mar-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Well Led	Staff Survey % Recommend as Place to Work	No Target				61.0%				Sep-17
	Turnover Rate	10%	8.7%	8.7%	7.8%	7.8%				Nov-19
	Sickness Absence	3%	4.7%	4.4%		4.1%				Oct-16
	% of Staff with Annual Appraisal	95%	91.9%	92.6%	89.6%	89.6%				Dec-16
	Statutory and Mandatory Training	95%	92%	93%	92%	92%				Feb-20
	Nursing Vacancies	No Target	9.7%	9.8%		9.8%				Dec-19

One team shared values



Performance Overview

Domain	KPI	Target	Jan-20	Feb-20	Mar-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Effective	Mortality Published SHMI	99	96	96	96	96 (Dec 18 to Nov 19)				Sep-16
	Mortality 12 months HSMR	99	95	94	93	93 (Jan 19 to Dec 19)				Sep-16
	Crude Mortality Rate	No Target	1.3%	1.1%	1.7%	1.1%				Sep-16
	Emergency Readmissions within 30 Days	8.5%	9.2%	9.0%		9.0%				Jun-17
	Emergency Readmissions within 48 hours	No Target	1.1%	1.2%		1.1%				Jun-17
	No of #neck of femurs operated on 0-35hrs	72%	54.4%	76.2%	53.6%	69.8%				Jul-17
	Stroke - 90% Stay on a Stroke Unit	80%	83.5%	85.7%		87.5%				Apr-18
	Stroke TIA Clinic Within 24hrs	60%	76.8%	71.1%	77.3%	70.2%				Apr-18

One team shared values



Performance Overview

Domain	KPI	Target	Jan-20	Feb-20	Mar-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Responsive	ED 4 hour waits UHL	95%	64.0%	66.8%	72.1%	69.2%				Sep-18
	ED 4 hour waits Acute Footprint	95%	76.5%	78.6%	81.4%	78.8%				Aug-17
	12 hour trolley waits in A&E	0	18	9	5	59				Mar-19
	Ambulance handover >60mins	0.0%	24.3%	14.2%	9.0%	12.7%				TBC
	RTT Incompletes	92%	80.1%	79.3%	76.5%	76.5%				Nov-19
	RTT Waiting 52+ Weeks	0	0	0	35	35				Nov-19
	Total Number of Incompletes	64404 <small>(by year end)</small>	66,397	66,147	64,559	64,559				Nov-19

One team shared values



Performance Overview

Domain	KPI	Target	Jan-20	Feb-20	Mar-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Responsive	6 Week Diagnostic Test Waiting Times	1.0%	1.7%	0.8%	4.6%	4.6%				Nov-19
	Cancelled Patients not offered <28 Days	0	64	36	20	353				Nov-19
	% Operations Cancelled OTD	1.0%	1.3%	0.9%	1.8%	1.3%				Jul-18
	Delayed Transfers of Care	3.5%	1.9%	1.9%		1.8%				Oct-17
	Long Stay Patients (21+ days)	135	178	186	131	131				TBC
	Inpatient Average LOS	No Target	3.1	3.3	3.6	3.4				TBC
	Emergency Average LOS	No Target	5.0	5.1	5.4	4.7				TBC

One team shared values



Performance Overview

Domain	KPI	Target	Dec-19	Jan-20	Feb-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Responsive - Cancer	2WW	93%	96.8%	94.7%	96.7%	92.9%				Dec-19
	2WW Breast	93%	97.8%	93.9%	96.1%	95.7%				Dec-19
	31 Day	96%	93.1%	89.8%	94.9%	92.8%				Dec-19
	31 Day Drugs	98%	100%	100%	99%	99.5%				Dec-19
	31 Day Sub Surgery	94%	79.2%	70.6%	84.3%	81.4%				Dec-19
	31 Day Radiotherapy	94%	80.7%	65.9%	76.0%	88.0%				Dec-19
	Cancer 62 Day	85%	70.5%	70.2%	72.5%	73.8%				Dec-19
	Cancer 62 Day Consultant Screening	90%	88.3%	72.8%	85.3%	84.0%				Dec-19

One team shared values



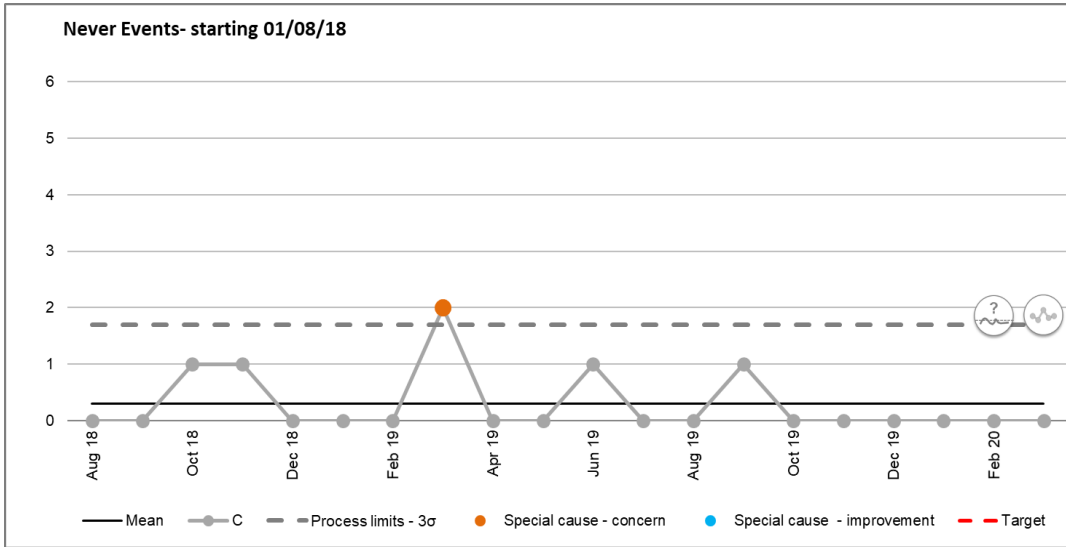
Performance Overview

Domain	KPI	Target	Jan-20	Feb-20	Mar-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Outpatient Transformation	% DNA rate	No Target	6.8%	6.8%	8.1%	7.0%				Feb-20
	% Virtual clinic appointments	No Target	7.0%	7.2%	6.7%	6.0%				Feb-20
	% 7 day turnaround of OP clinic letters	90%	82.5%	85.2%		78.3%				Feb-20

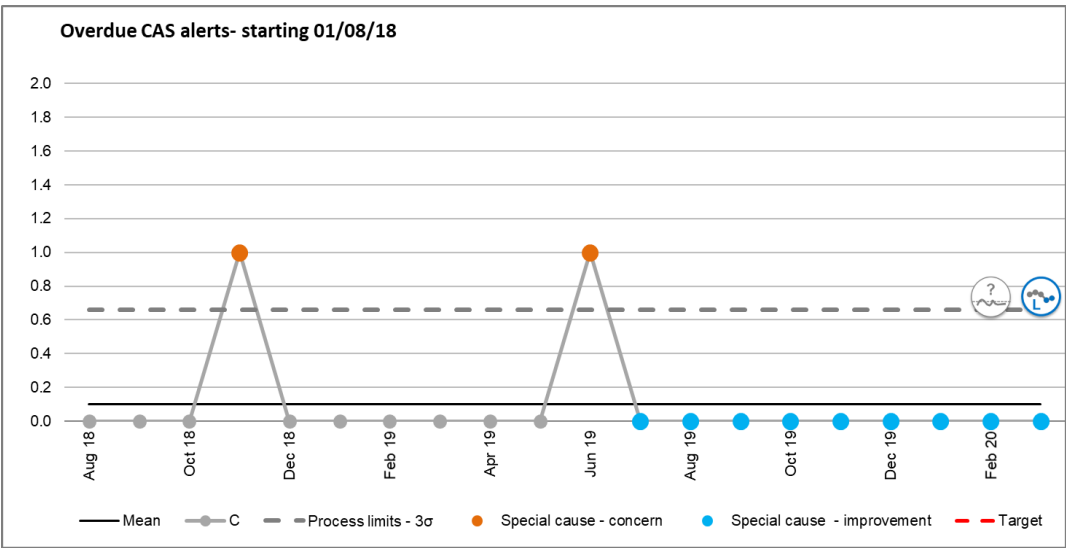
One team shared values



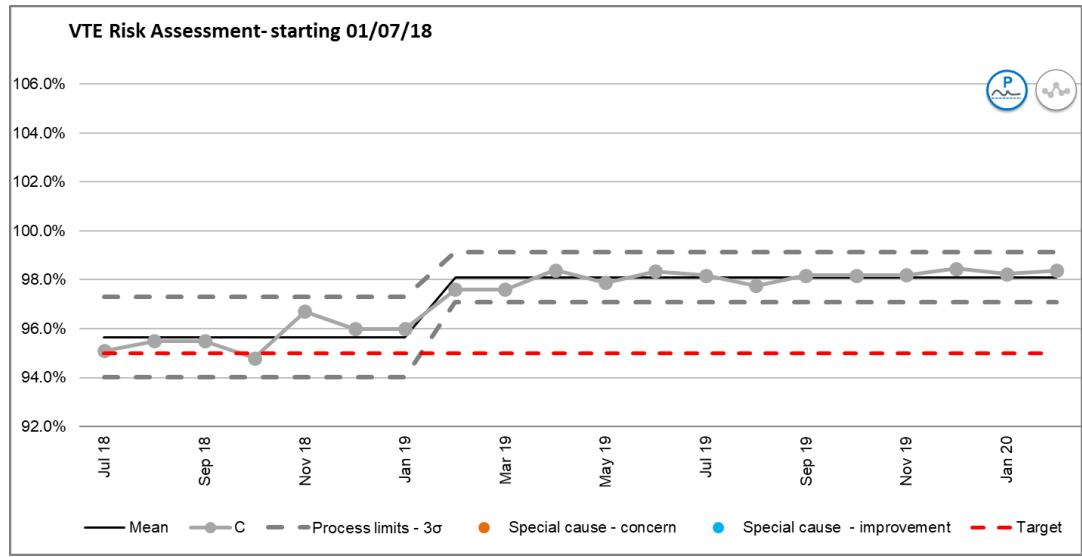
Metric	Mar 20	YTD	Target
Never Events	0	2	0
2 never events in the last 12 months.			



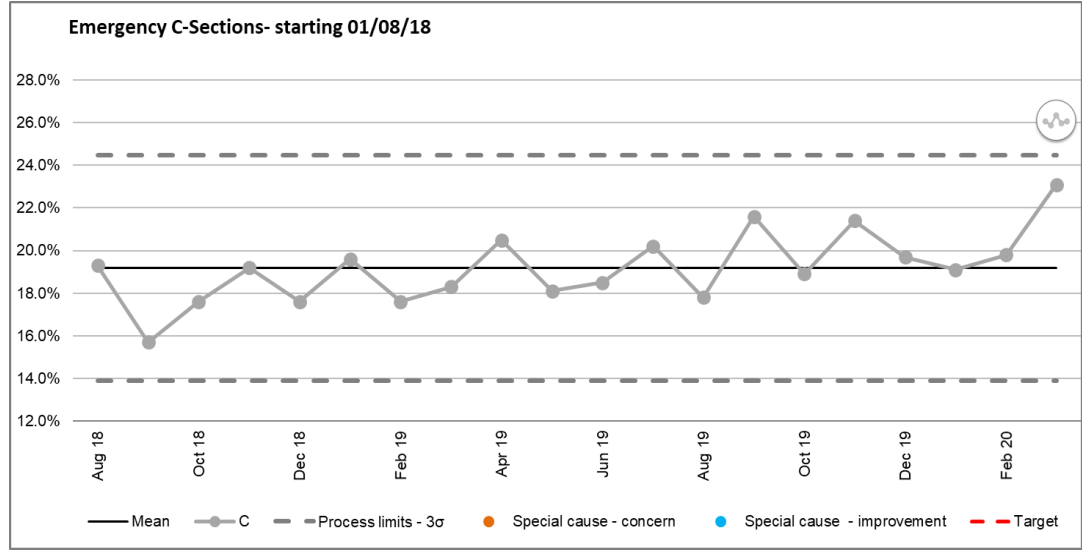
Metric	Mar 20	YTD	Target
Overdue CAS alerts	0	1	0
Full year target not achieved due to 1 breach in June 19.			



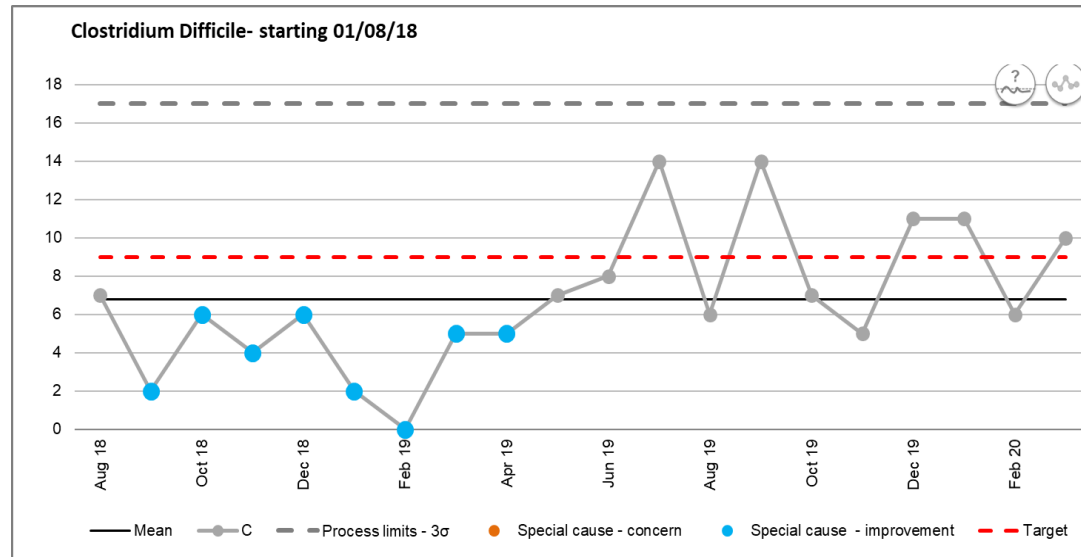
Metric	Feb 20	YTD	Target
VTE Risk Assessment	98.4%	98.1%	95%
This metric has been paused until further notice.			



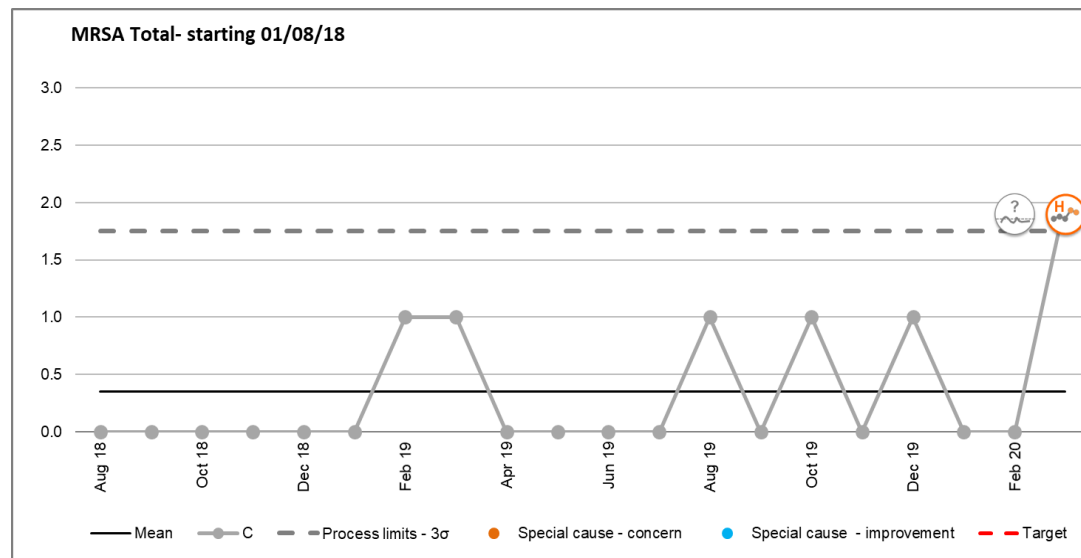
Metric	Mar 20	YTD	Target
% Emergency C-Sections	23.1%	19.9%	No National Target
Common cause variation, although last month was the highest percentage seen in the observed period.			



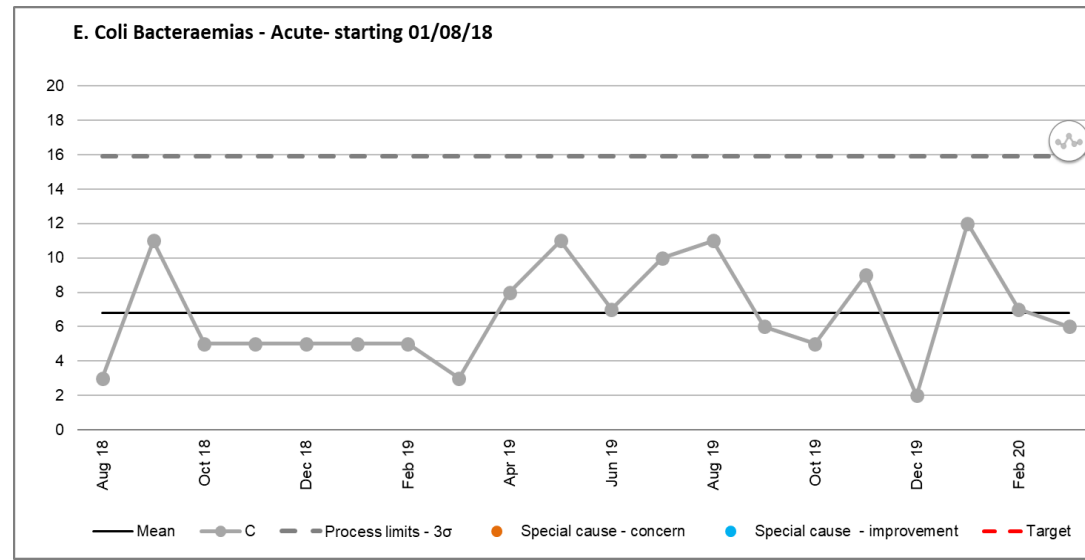
Metric	Mar 20	YTD	Target
Clostridium Difficile	10	104	108
<p>This metric is relatively stable. May achieve target next month. Full year target achieved.</p>			



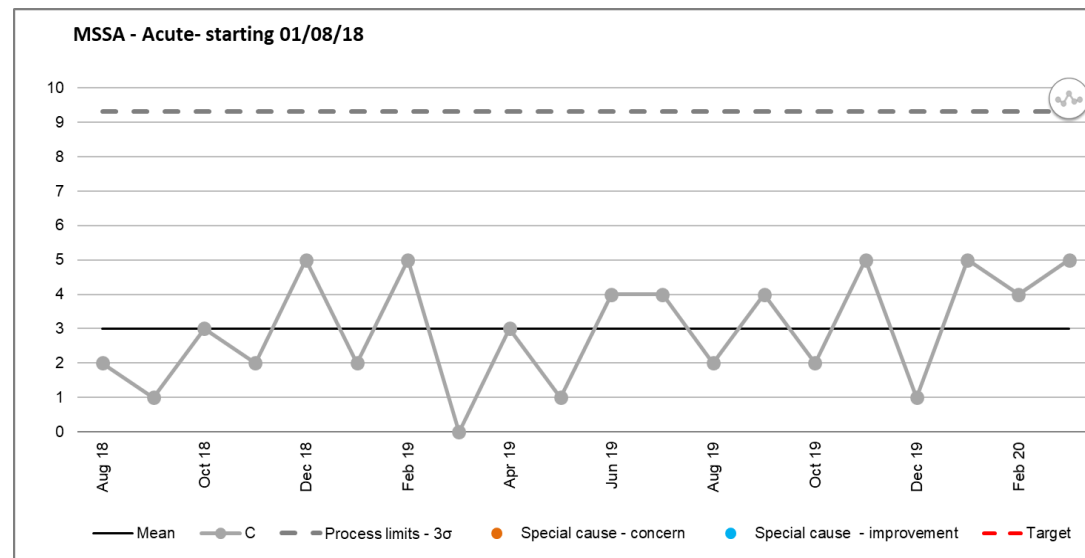
Metric	Mar 20	YTD	Target
MRSA Total	2	5	0
<p>Full year target not achieved, 2 breaches last month. No assurance if target will be achieved next month.</p>			



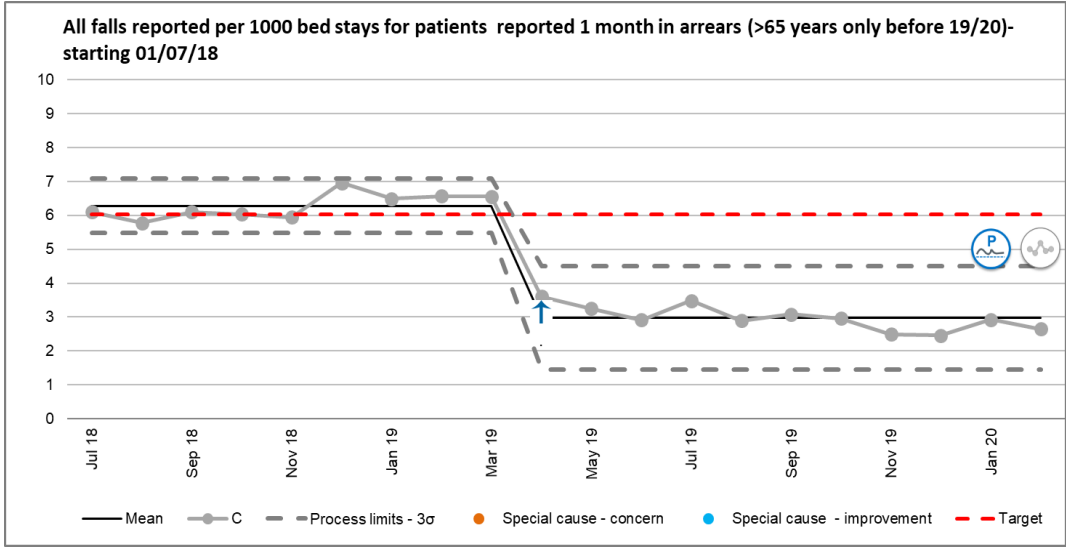
Metric	Mar 20	YTD	Target
E. Coli Bacteraemias - Acute	6	94	No National Target
No significant variation.			



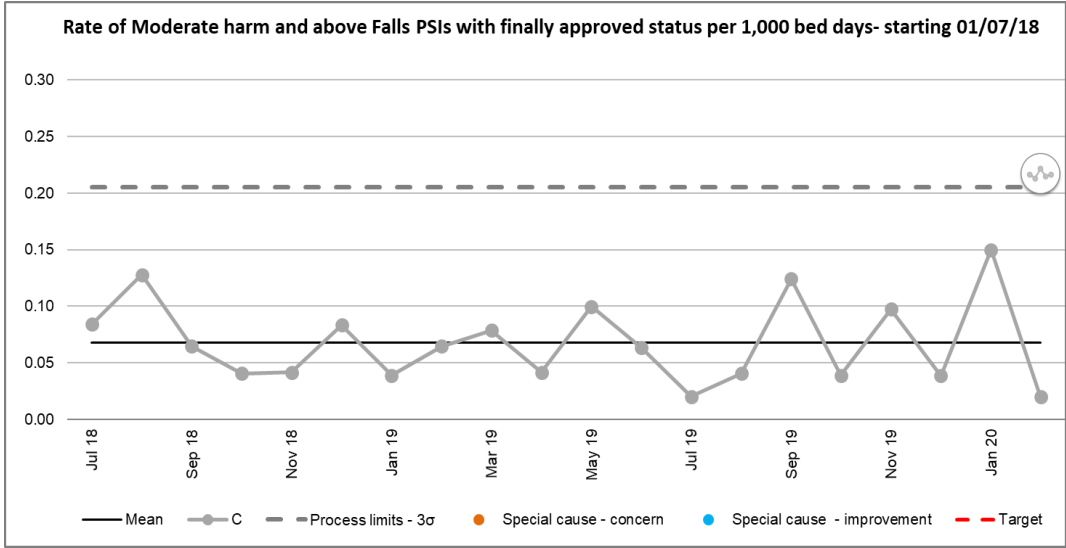
Metric	Mar 20	YTD	Target
MSSA - Acute	5	39	No National Target
Normal variation.			



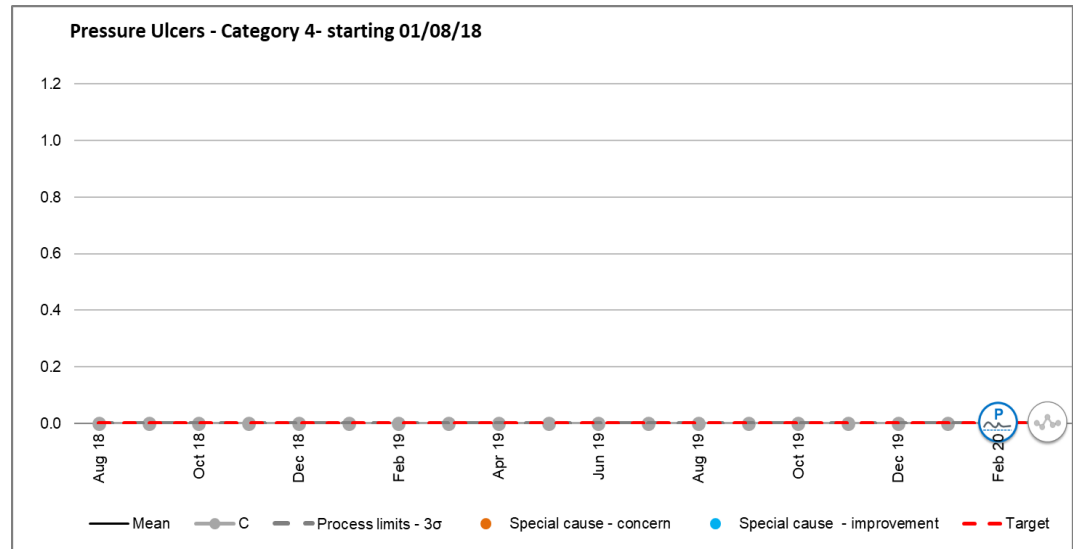
Metric	Feb 20	YTD	Target
All falls reported per 1000 bed stays for patients	2.6	2.7	6.02
This metric has improved after a step change in April 19.			



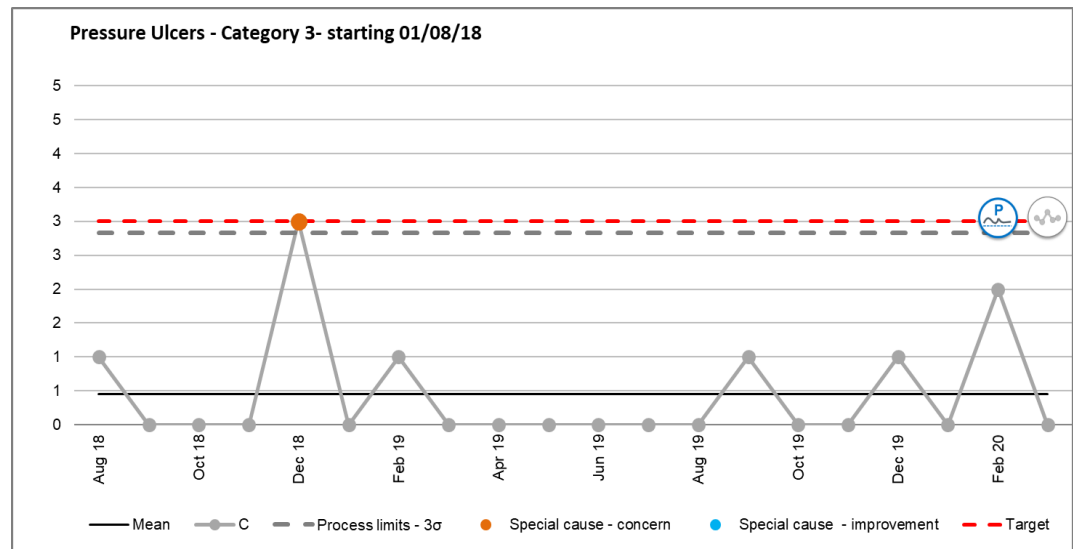
Metric	Feb 20	YTD	Target
Rate of Moderate harm and above Falls PSIs with finally approved status per 1,000 bed days	0.02	0.07	No National Target
No significant variation.			



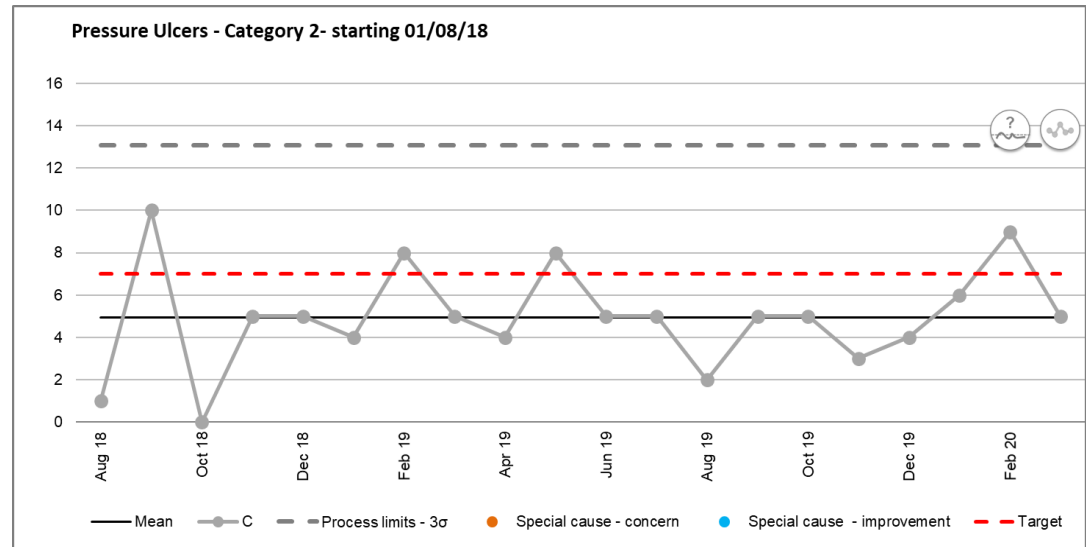
Metric	Mar 20	YTD	Target
Pressure Ulcers - Category 4	0	0	0
<p>Very likely achieve target again next month as there have been no grade 4 pressure ulcers reported since June 17.</p>			



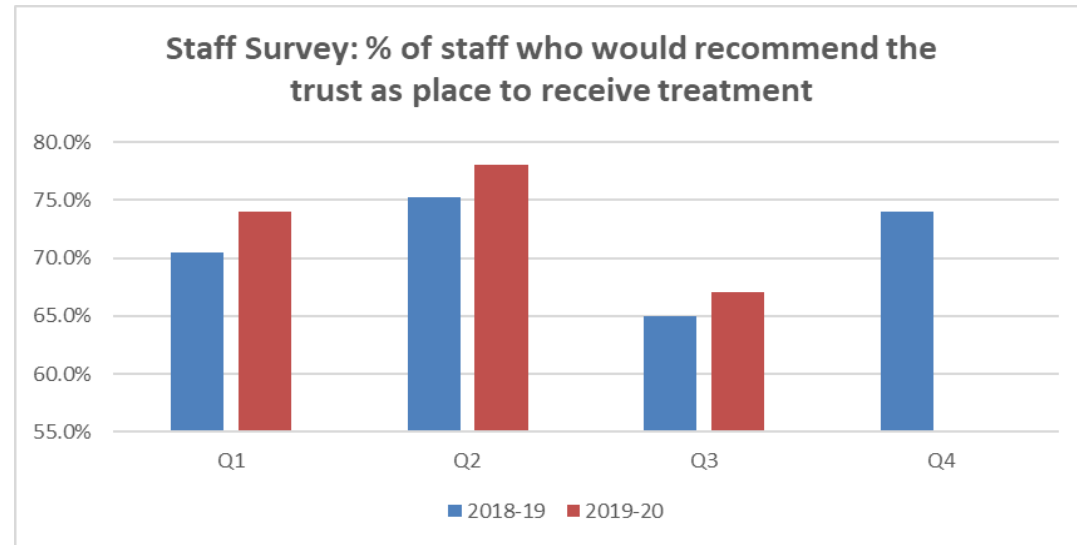
Metric	Mar 20	YTD	Target
Pressure Ulcers - category 3	0	4	<= 3 a Mth
<p>Barring the spike in December 18 this metric has remained reasonably stable, likely to continue to achieve target next month.</p>			



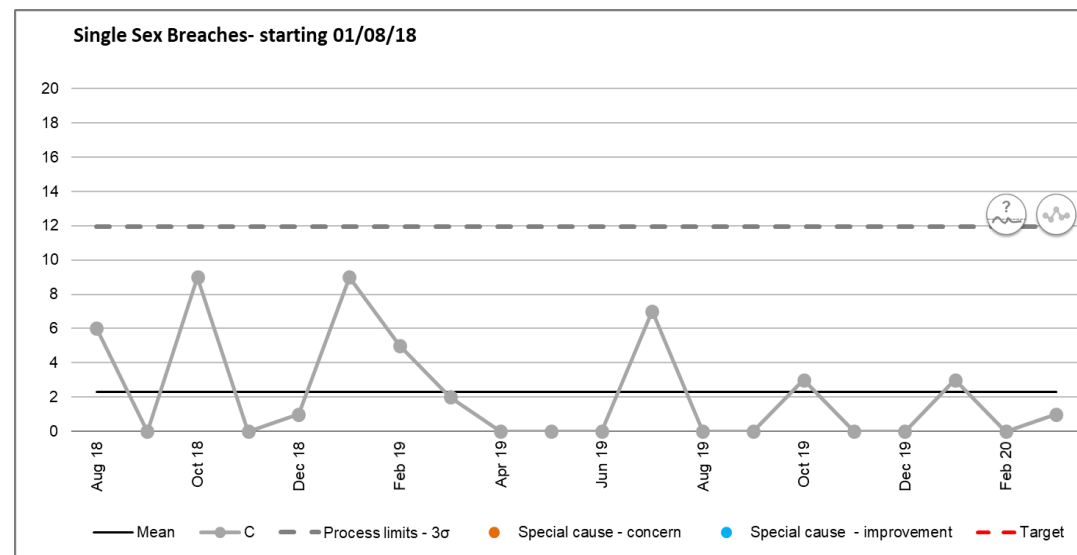
Metric	Mar 20	YTD	Target
Pressure Ulcers - Category 2	5	61	≤ 7 a Mth
Normal variation observed. Year end target achieved.			



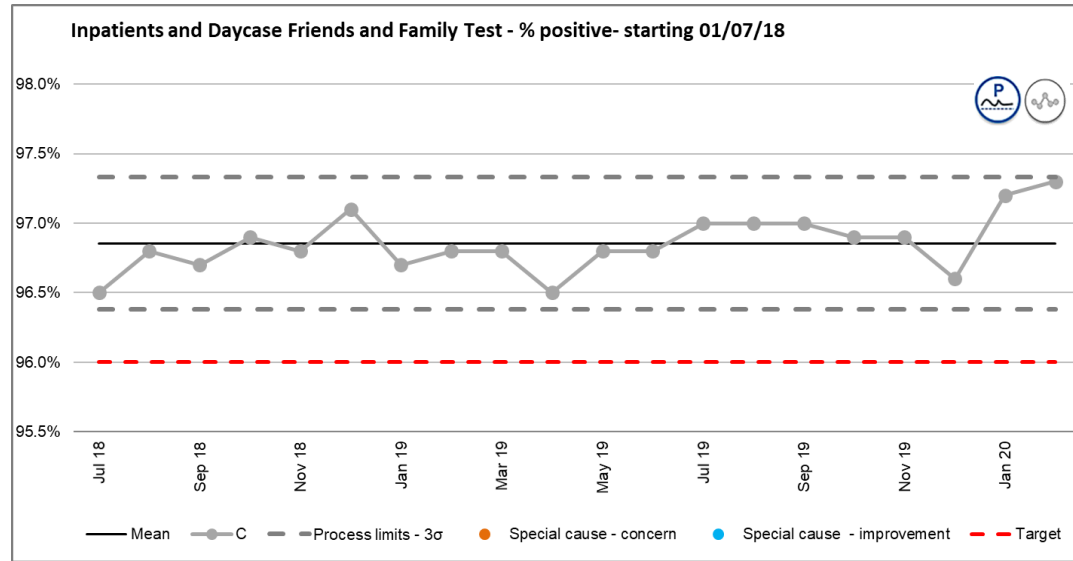
Metric	Q3 19/20	YTD	Target
% of staff who would recommend the trust as place to receive treatment	67%	73%	No National Target
This metric has been paused until further notice.			



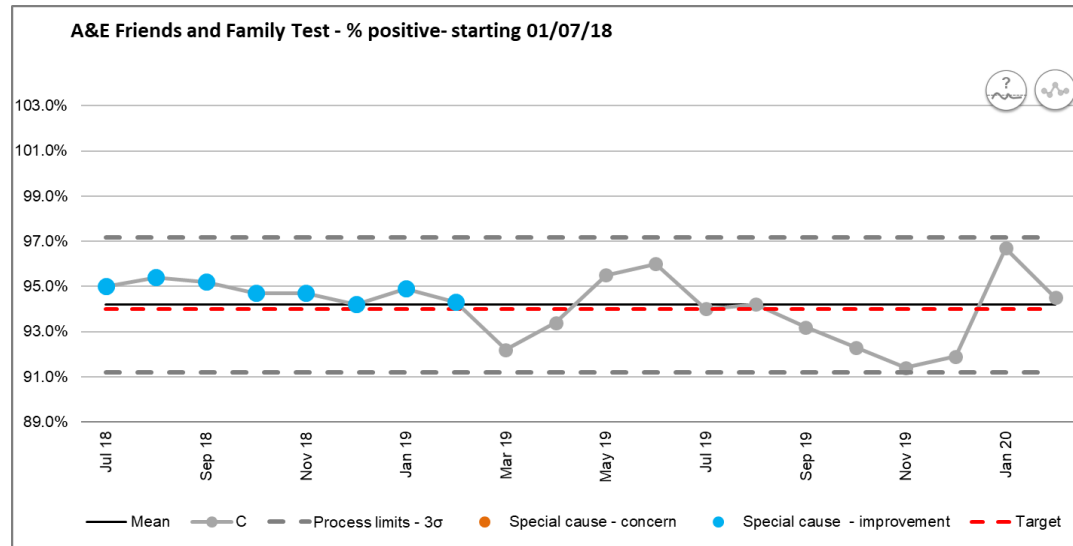
Metric	Mar 20	YTD	Target
Single Sex Breaches	1	14	0
No assurance target will be delivered next month. Full year target has breached.			



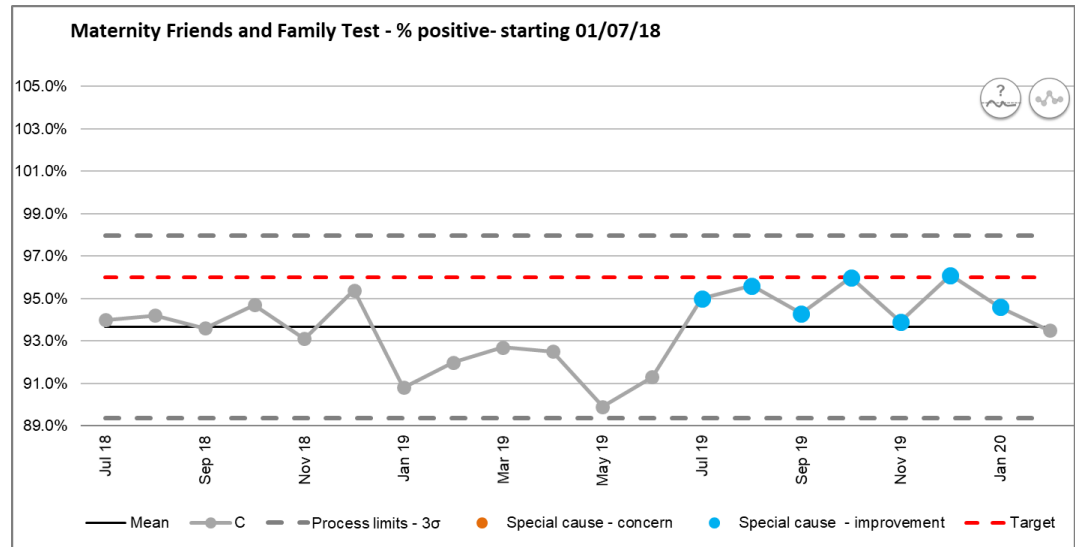
Metric	Feb 20	YTD	Target
Inpatient and Day case F&F Test % Positive	97%	97%	96%
Headline performance rounded up as per NHSI/E reporting. This metric has been paused until further notice.			



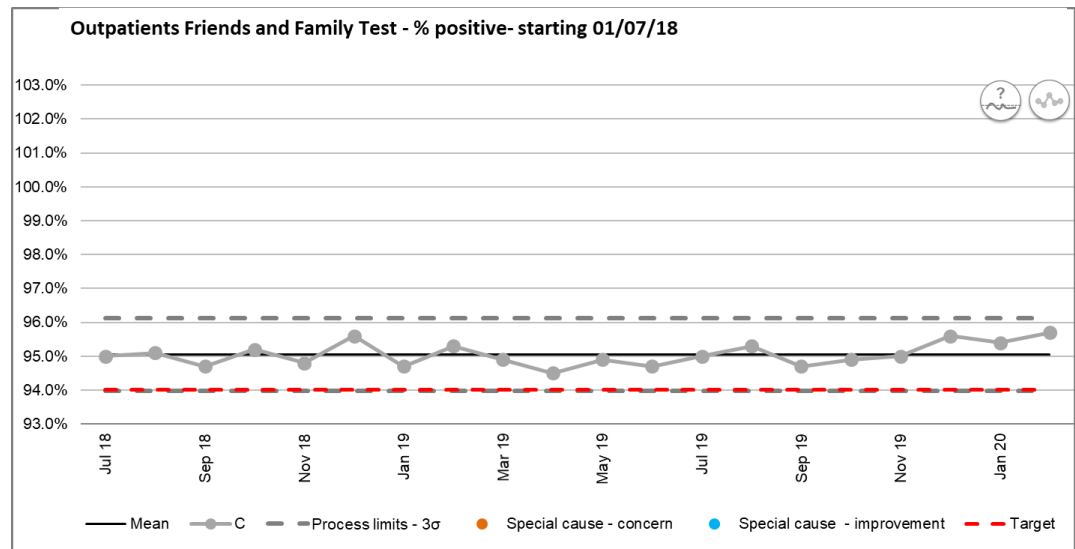
Metric	Feb 20	YTD	Target
A&E F&F Test % Positive	95%	94%	94%
This metric has been paused until further notice.			



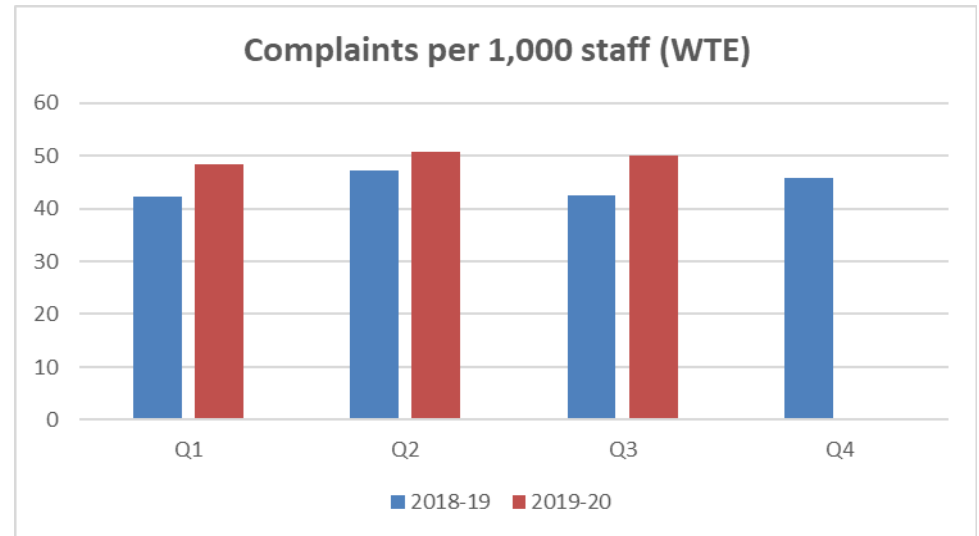
Metric	Feb 20	YTD	Target
Maternity F&F Test % Positive	94%	94%	96%
This metric has been paused until further notice.			



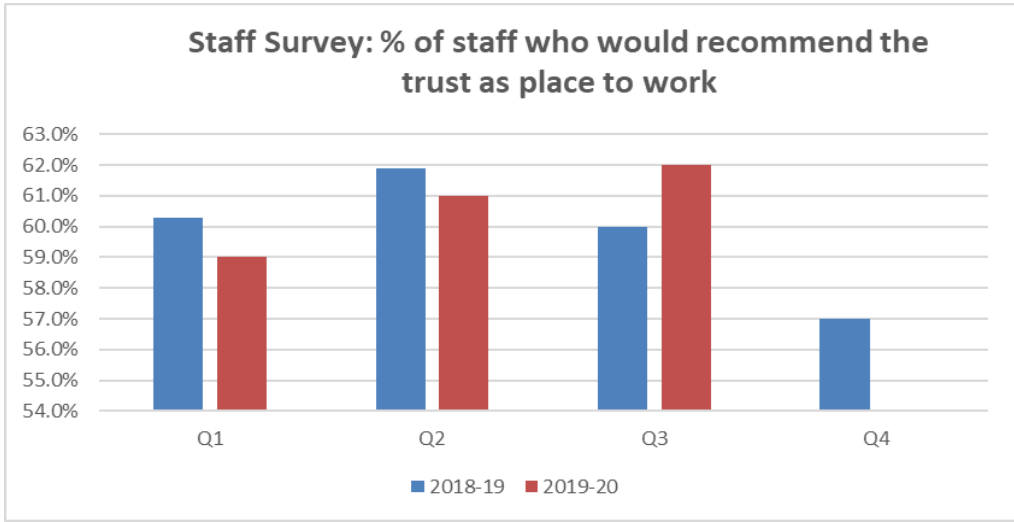
Metric	Feb 20	YTD	Target
Outpatients Friends and Family Test - % positive	96%	95%	94%
This metric has been paused until further notice.			



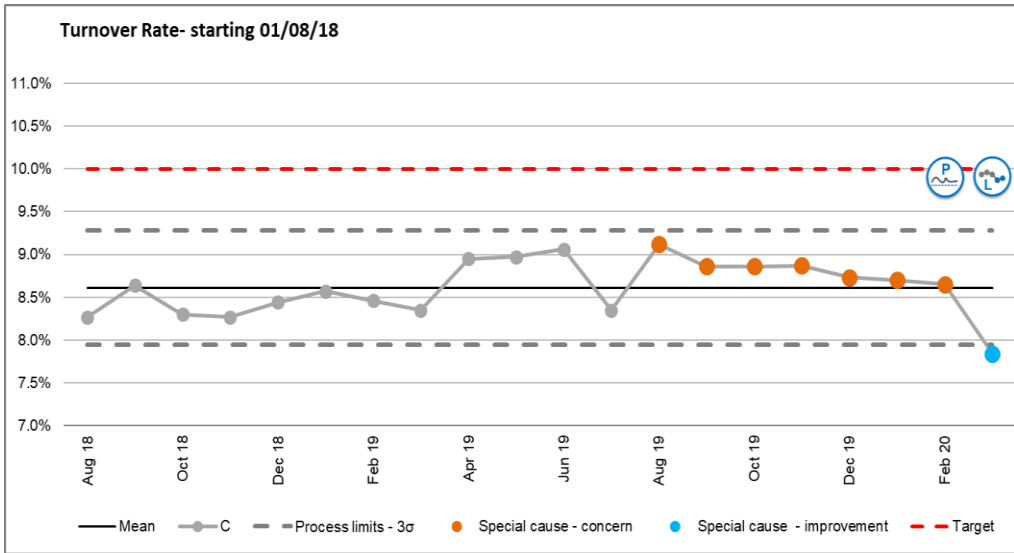
Metric	Q3 19/20	YTD	Target
Complaints per 1,000 staff (WTE)	50.1	49.7	No National Target
Complaints per 1,000 staff have increased this year compared to the previous year.			



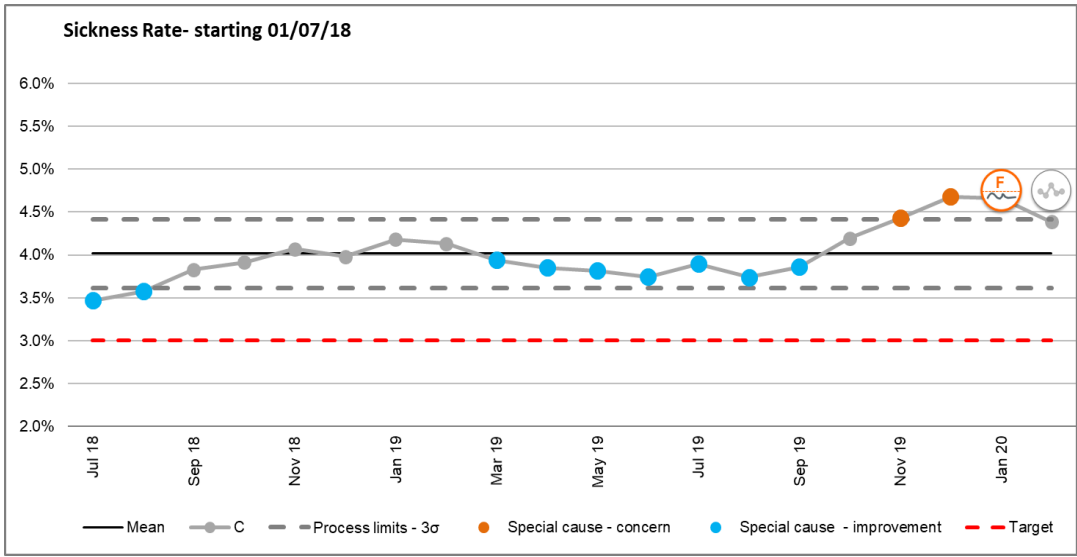
Metric	Q3 19/20	YTD	Target
Staff Survey % Recommend as Place to Work	62%	61%	Not within Lowest Decile
This metric has been paused until further notice.			



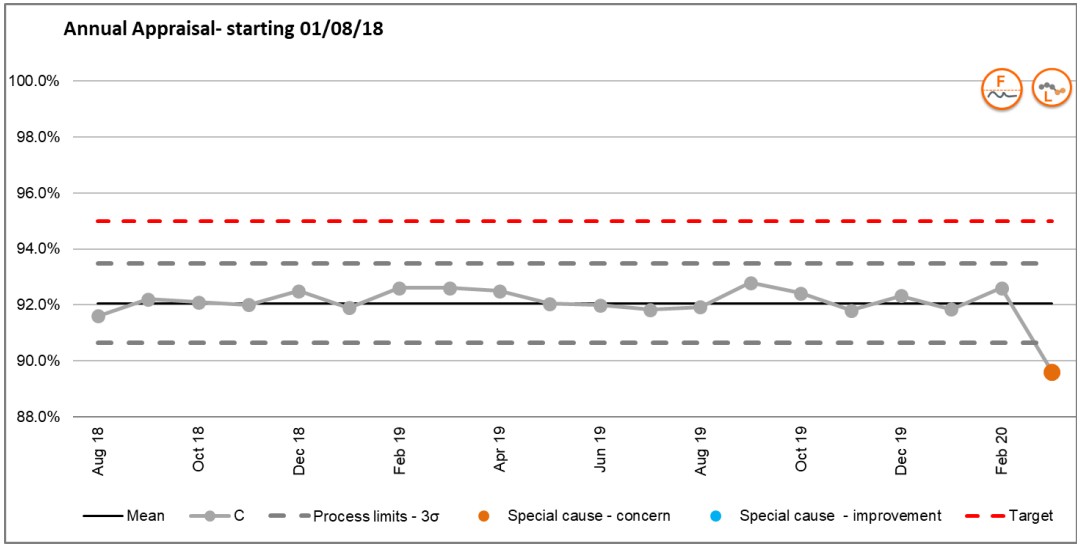
Metric	Mar 20	YTD	Target
Turnover Rate	7.8%	7.8%	10%
Turnover rate has decreased significantly in March, very likely to achieve target.			



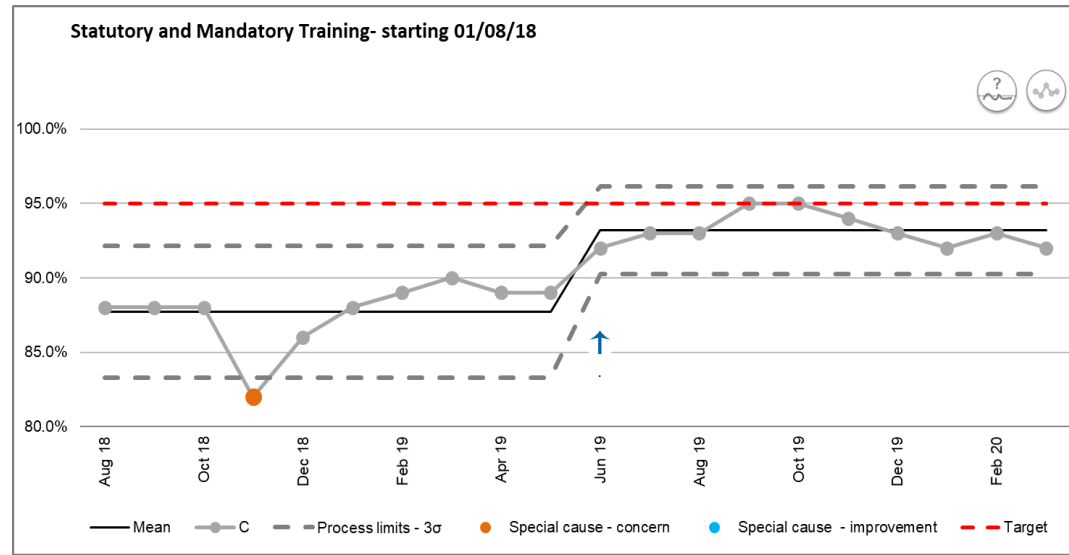
Metric	Feb 20	YTD	Target
Sickness absence	4.4%	4.1%	3%
<p>Normal variation, February performance was almost above the upper control limit again. The target will most likely not be achieved next month.</p>			



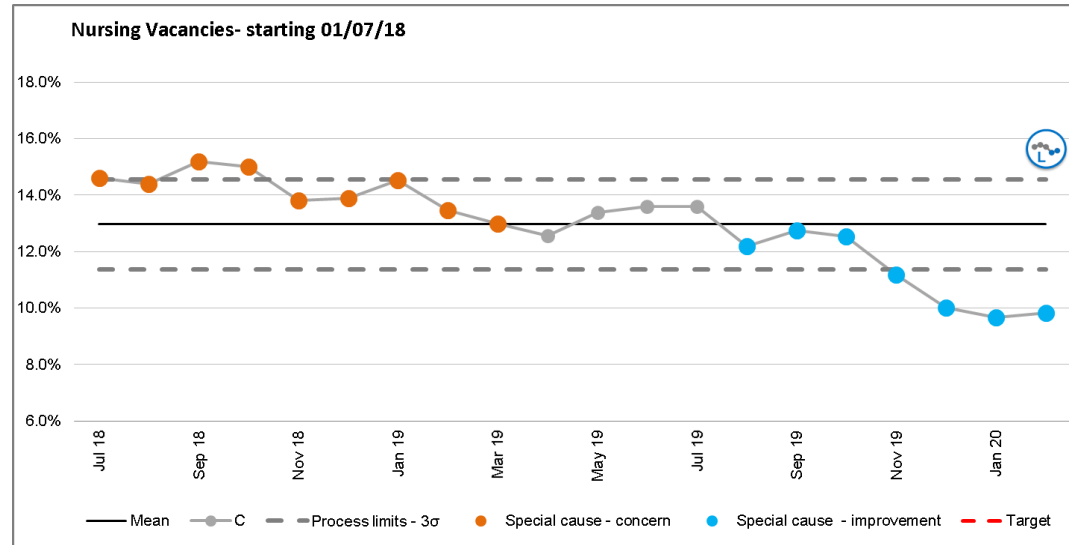
Metric	Mar 20	YTD	Target
% of Staff with Annual Appraisal	89.6%	89.6%	95%
<p>Significant variation. Very unlikely to achieve target.</p>			



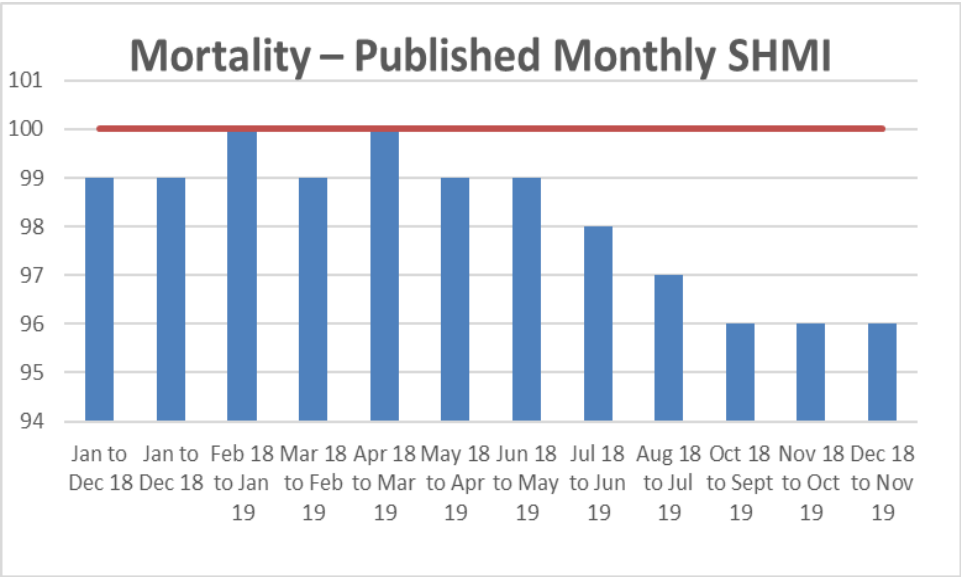
Metric	Mar 20	YTD	Target
Statutory and Mandatory Training	92%	92%	95%
<p>A step change in improvement occurred in June 19, unlikely to achieve target next month.</p>			



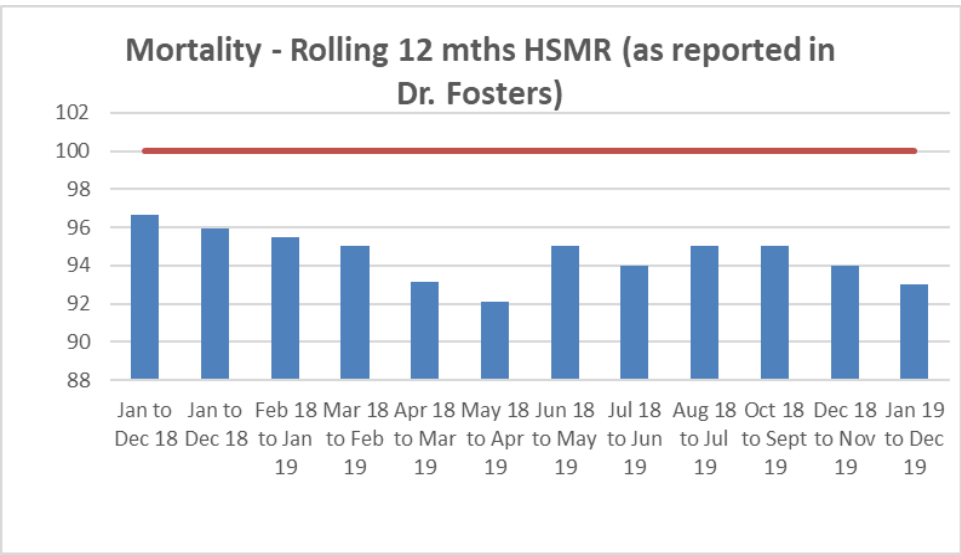
Metric	Feb 20	YTD	Target
Nursing Vacancies	9.8%	9.8%	No National Target
<p>Performance has improved in recent months.</p>			



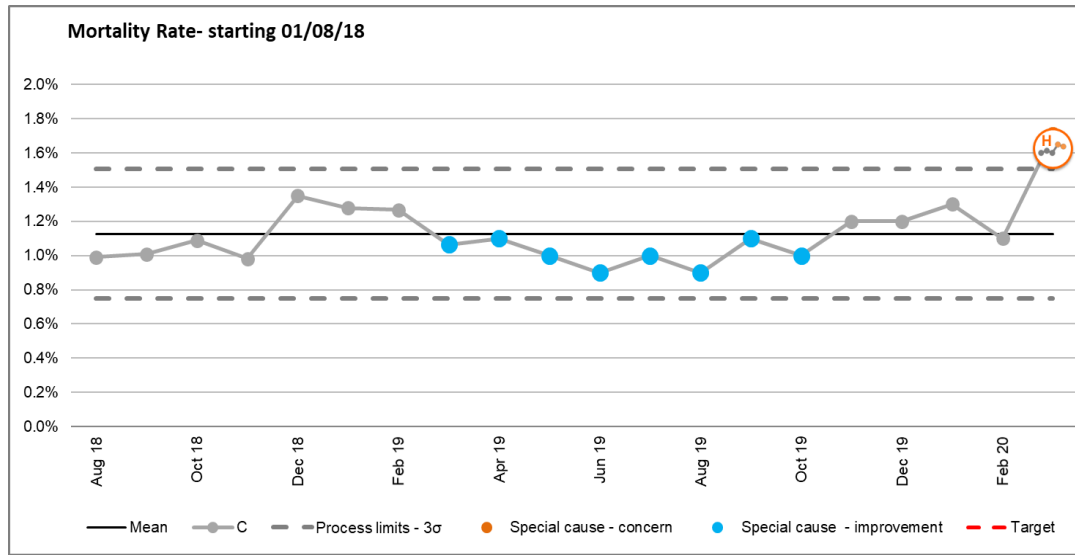
Metric	Dec 18 – Nov 19	Target
Mortality – Published Monthly SHMI	96	100
<p>UHL’s SHMI has been 100 or below for the past two years with some natural variation. Although UHL’s crude mortality has come down, the number of expected deaths in the SHMI methodology has also come down because there has been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



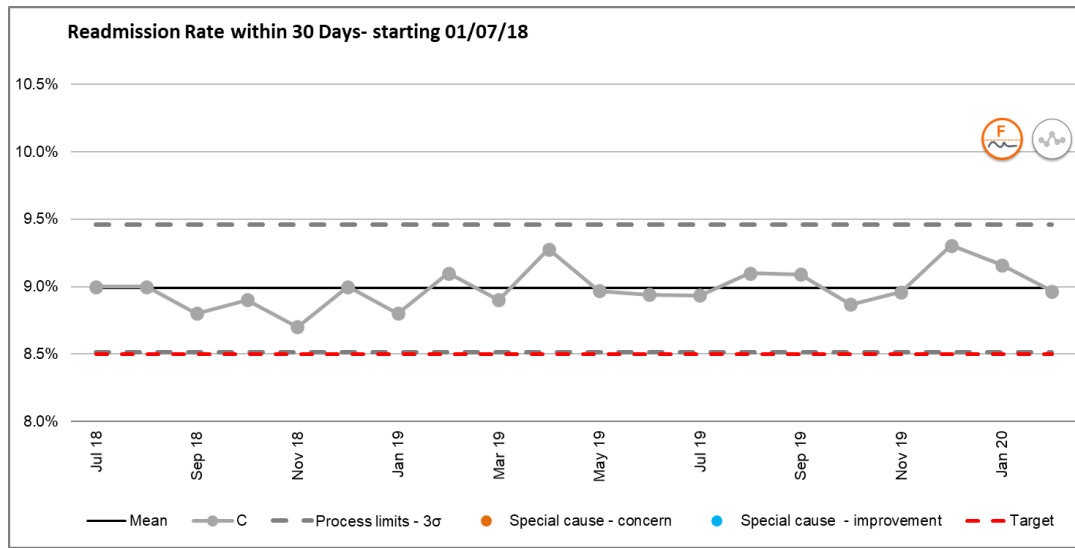
Metric	Jan 19 - Dec 19	Target
Mortality - Rolling 12 mths HSMR as reported in Dr. Foster)	93	100
<p>Over the past 4 years our HSMR has remained at either below or within the expected range. The most recent data shows a sustained period below the expected rate.</p>		



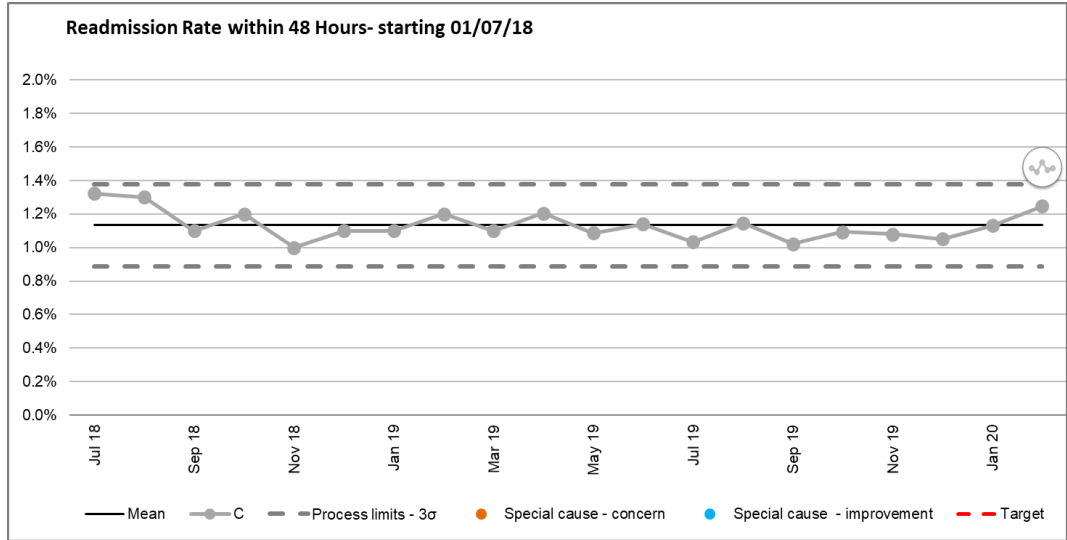
Metric	Mar 20	YTD	Target
Crude Mortality	1.7%	1.1%	No National Target
Special cause concern – last month was above the upper control limit.			



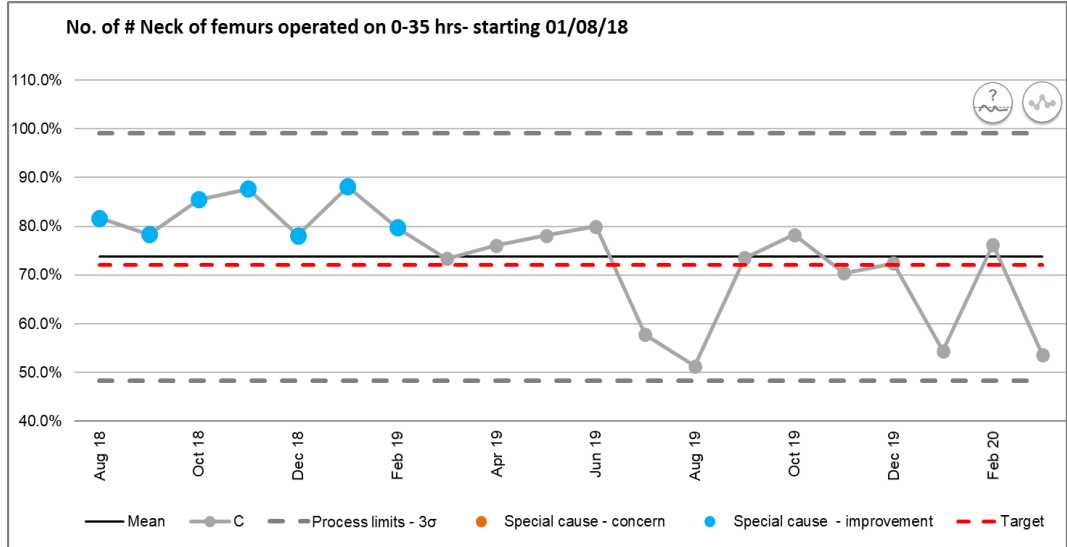
Metric	Feb 20	YTD	Target
Emergency readmissions within 30 days	9.0%	9.0%	8.5%
This metric is very stable but unlikely to achieve target next month.			



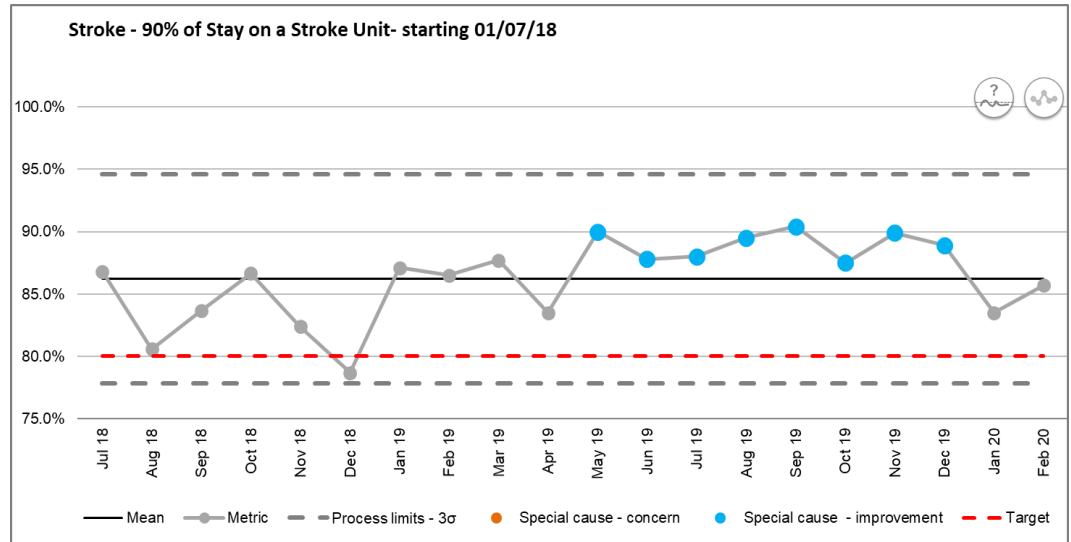
Metric	Feb 20	YTD	Target
Emergency readmissions within 48 hrs	1.2%	1.1%	No National Target
No significant variation.			



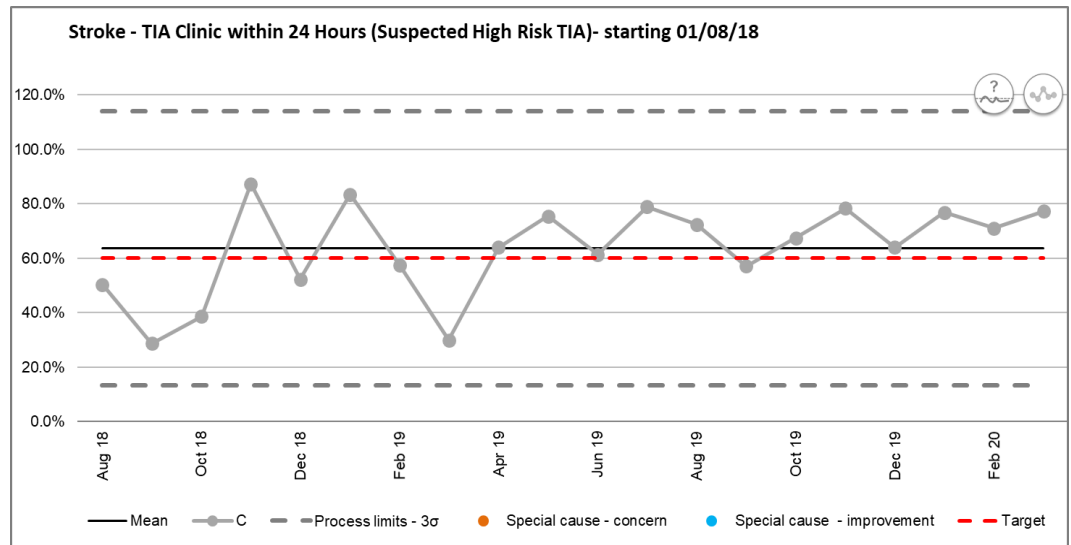
Metric	Mar 20	YTD	Target
% Neck of femurs operated on under 36 hrs Based on Admissions	53.6%	69.8%	72%
Performance has not been stable since June last year. No assurance that target will be delivered next month.			



Metric	Feb 20	YTD	Target
Stroke - 90% of Stay on a Stroke Unit	85.7%	87.5%	80%
Common cause variation, consistently achieving target.			



Metric	Mar 20	YTD	Target
TIA Clinic within 24 Hours (Suspected High Risk TIA)	77.3%	70.2%	60%
This metric is stable, however there is significant variation between monthly values.			



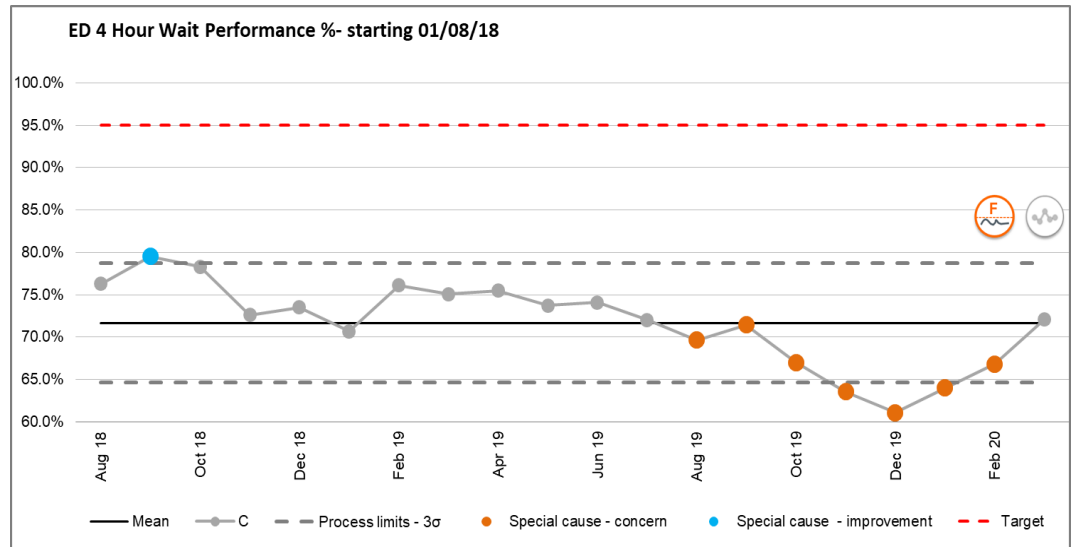
Responsive

For more information please see the Urgent Care Report - PPPC

Metric	Mar 20	YTD	Target
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ED 4 Hour Waits UHL	72.1%	69.2%	95%
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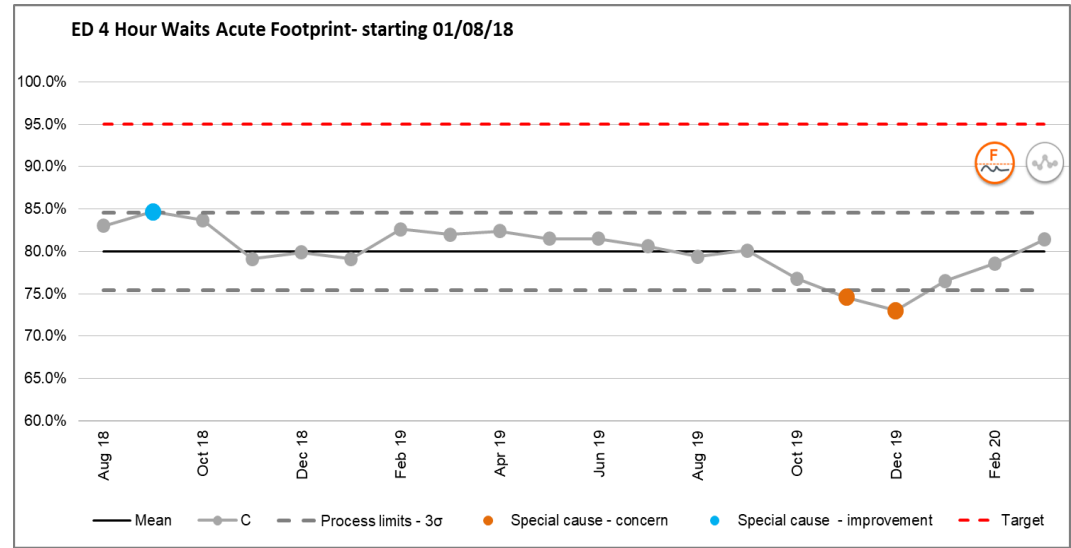
Continually failing target and will fail to achieve target next month. An upwards trend is emerging.



Metric	Mar 20	YTD	Target
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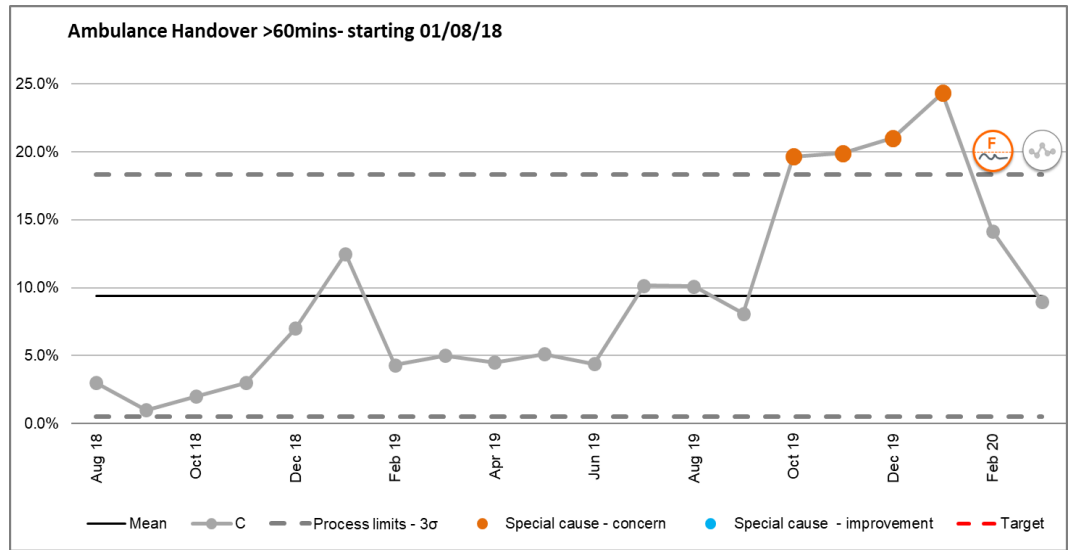
ED 4 Hour Waits Acute Footprint	81.4%	78.8%	95%
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Continually failing target and will fail to achieve target next month. An upwards trend is emerging.

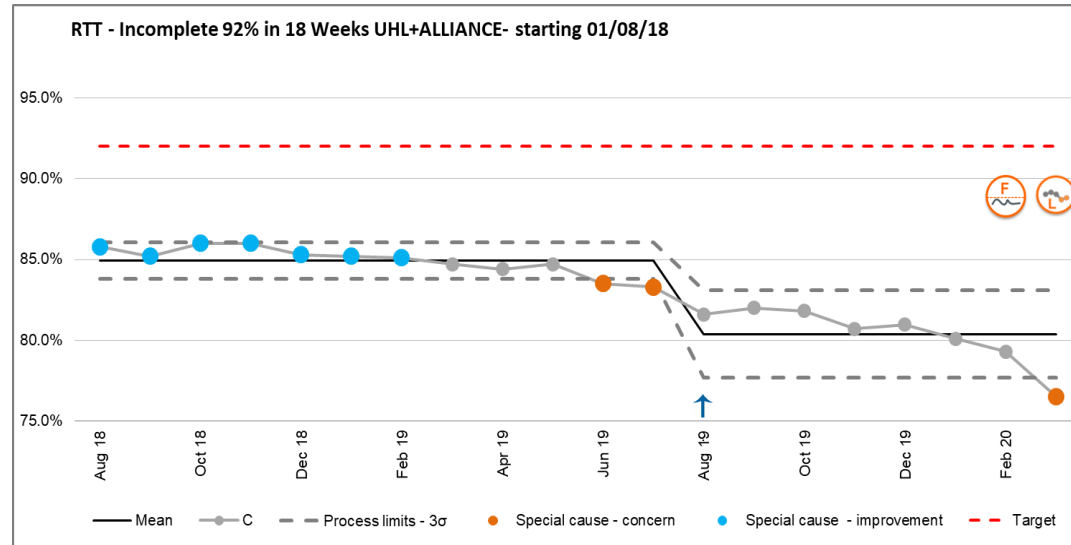


Responsive

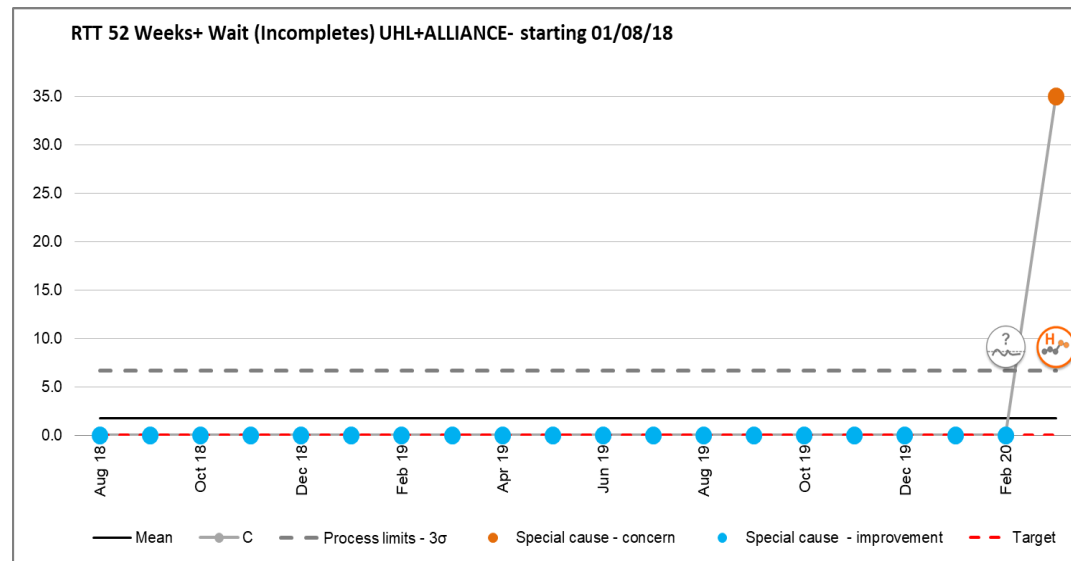
Metric	Mar 20	YTD	Target
Ambulance Handover >60 Mins	9.0%	12.7%	0%
Common cause variation, performance has improved in the last two months.			



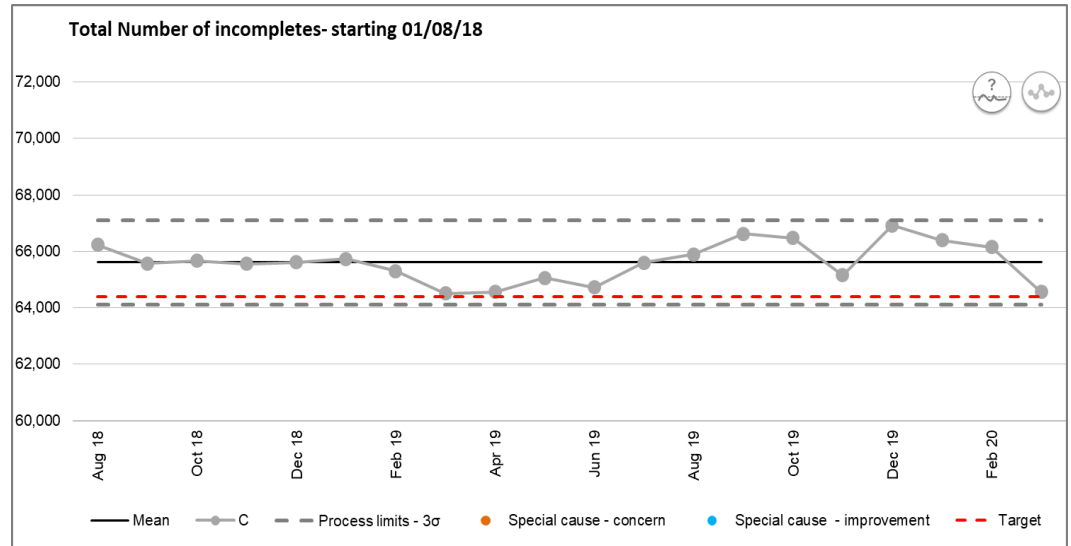
Metric	Mar 20	YTD	Target
RTT Incompletes	76.5%	76.5%	92%
Performance has been deteriorating due to focus on waiting list target and more recently COVID-19.			



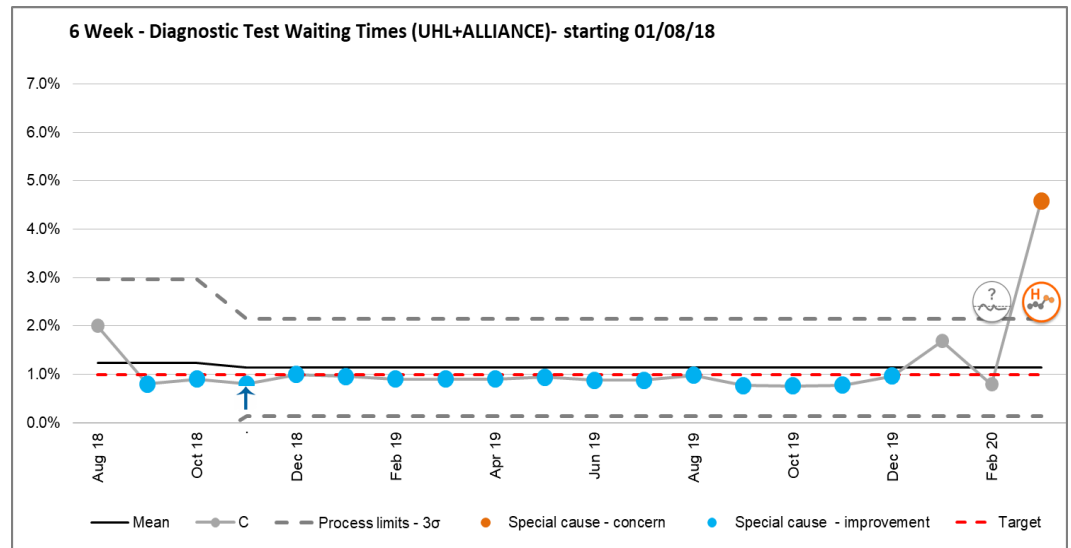
Metric	Mar 20	YTD	Target
RTT 52+ Weeks Wait	35	35	0
Special cause concern, target failed for the first time in 20 months. The number of breaches is expected to increase due to COVID-19.			



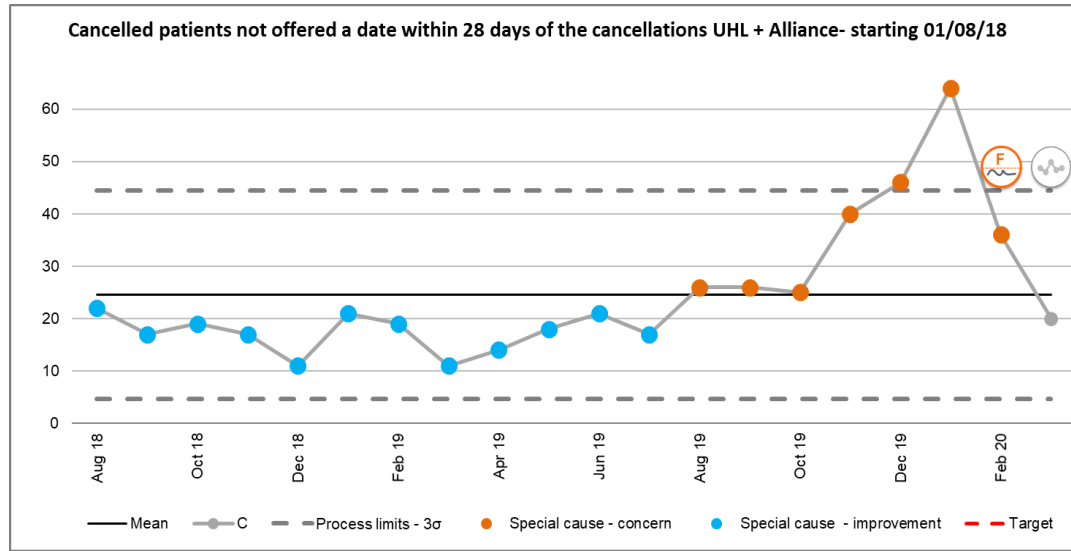
Metric	Mar 20	YTD	Target
Total Number of incompletes	64,559	64,559	64,404 (Year End)
Common cause variation.			



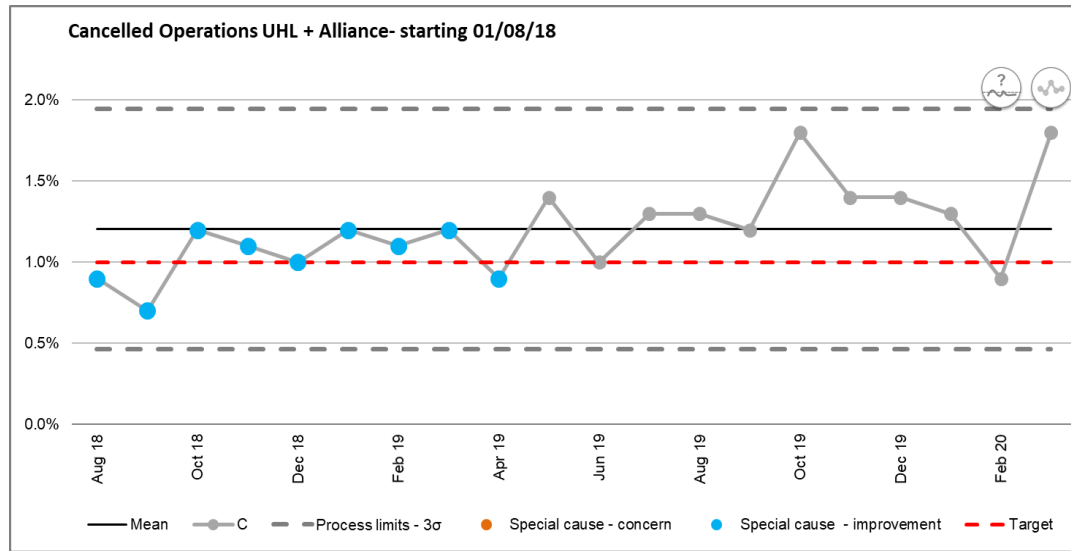
Metric	Mar 20	YTD	Target
6 Week Diagnostic Waits	4.6%	4.6%	1%
Special cause variation, target not achieved in March.			



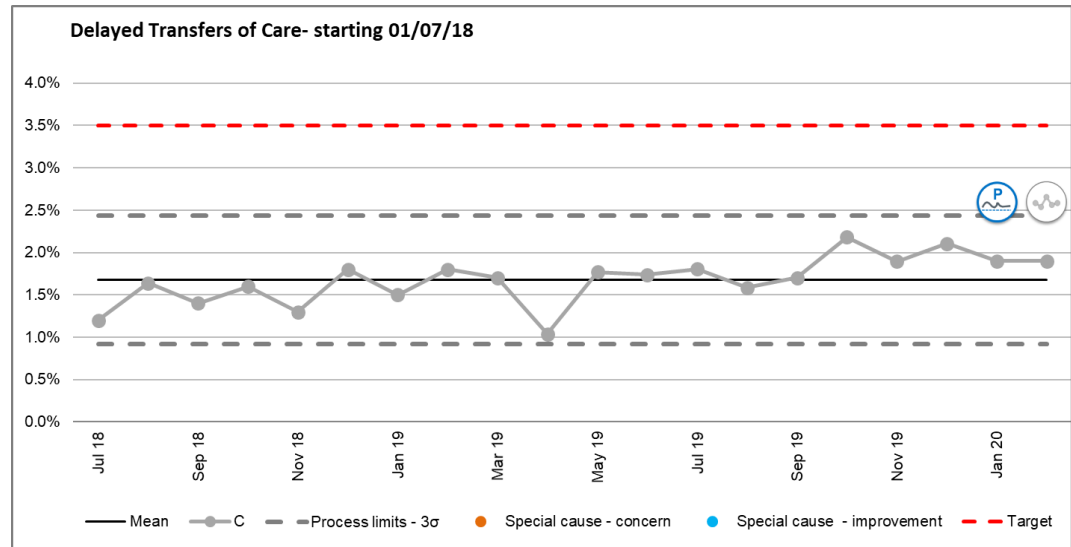
Metric	Mar 20	YTD	Target
Cancelled patients not offered a date within 28 days of the cancellations	20	353	0
This metric has improved in the past two following a significant deterioration.			



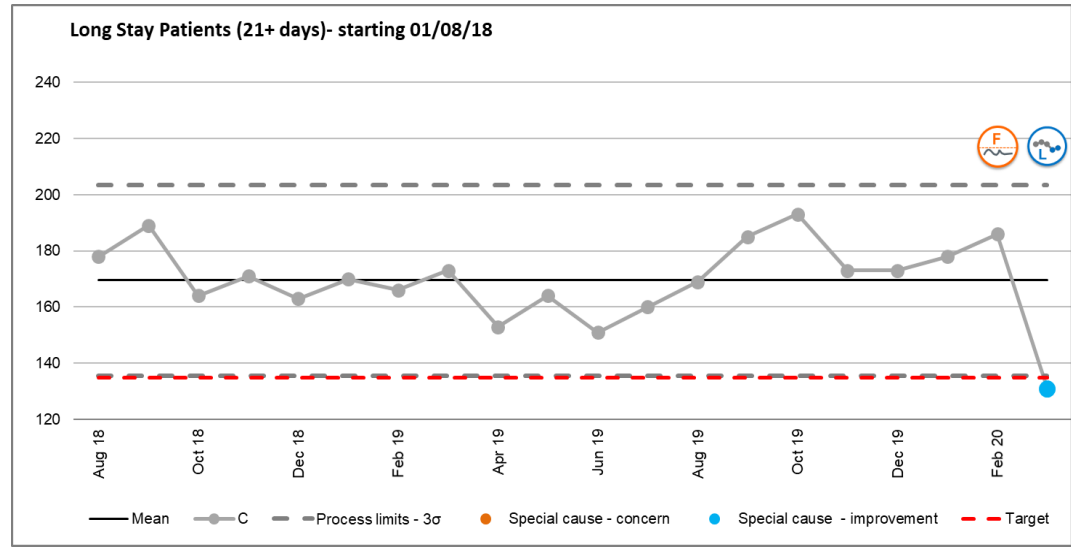
Metric	Mar 20	YTD	Target
% Operations cancelled on the day	1.8%	1.3%	1%
No significant variation observed. Unlikely to achieve the target next month.			



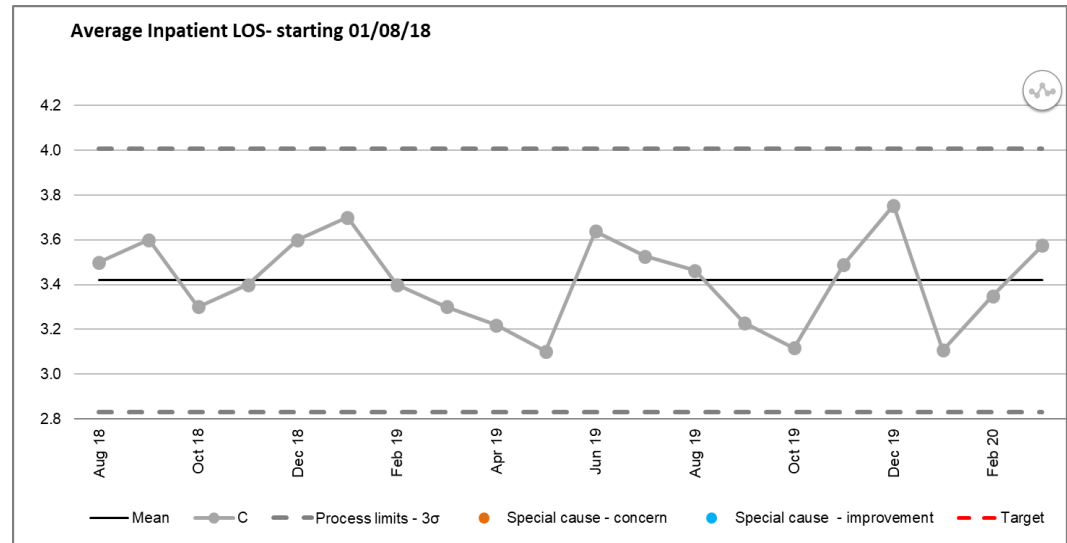
Metric	Feb 20	YTD	Target
Delayed transfers of care	1.9 %	1.8%	3.5%
This metric has been paused until further notice.			



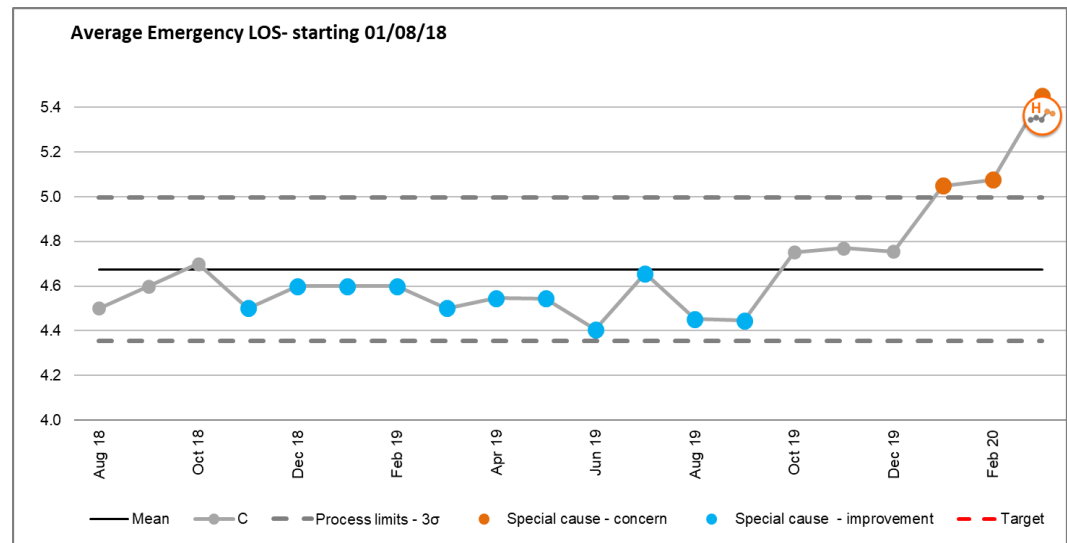
Metric	Mar 20	YTD	Target
Long Stay Patients (21+ days)	131	131	135
Special cause improvement, target of 135 achieved for the first time.			



Metric	Mar 20	YTD	Target
Average Inpatient LOS	3.6	3.4	No National Target
This metric is showing no significant variation.			



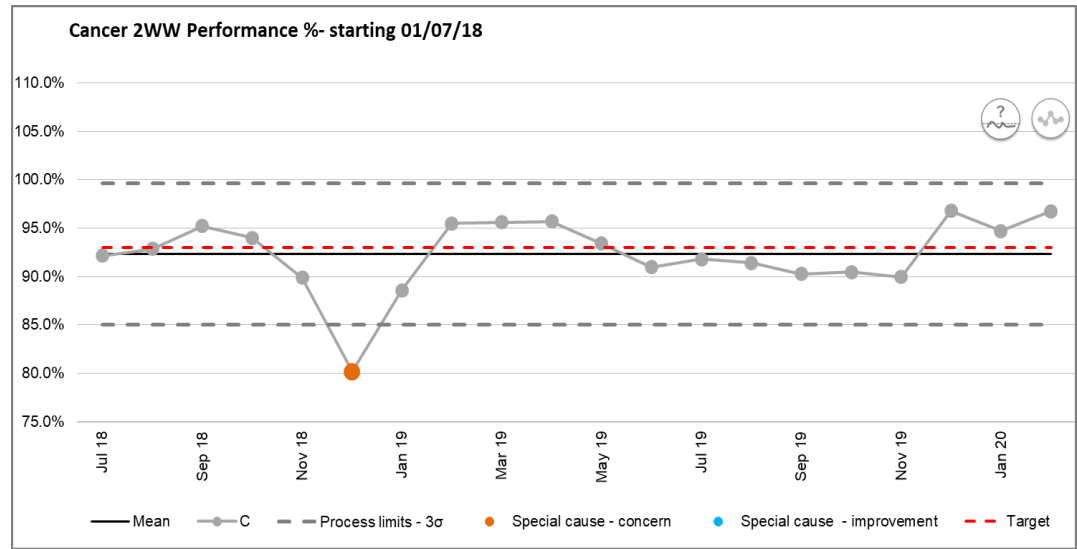
Metric	Mar 20	YTD	Target
Average Emergency LOS	5.4	4.7	No National Target
This metric has deteriorated significantly in recent months, above the upper control limit - cause for concern.			



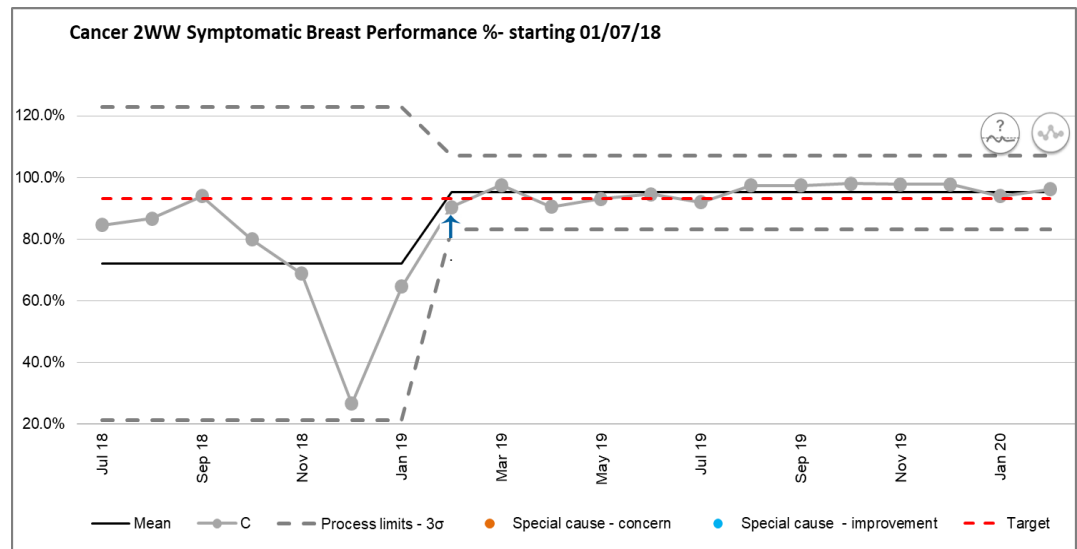
Responsive – Cancer

For more information please see the Cancer Recovery Paper - PPPC

Metric	Feb 20	YTD	Target
Cancer 2WW	96.7%	92.9%	93%
Target achieved in February			

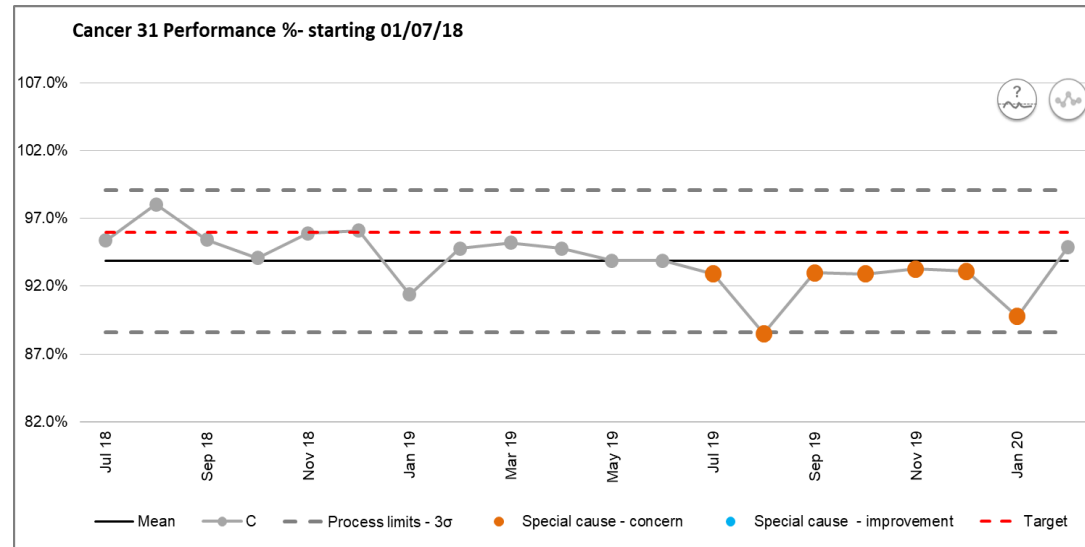


Metric	Feb 20	YTD	Target
Cancer 2WW Breast	96.1%	95.7%	93%
Performance has returned to a more stable level. Based on YTD and historic trend may achieve YTD target.			

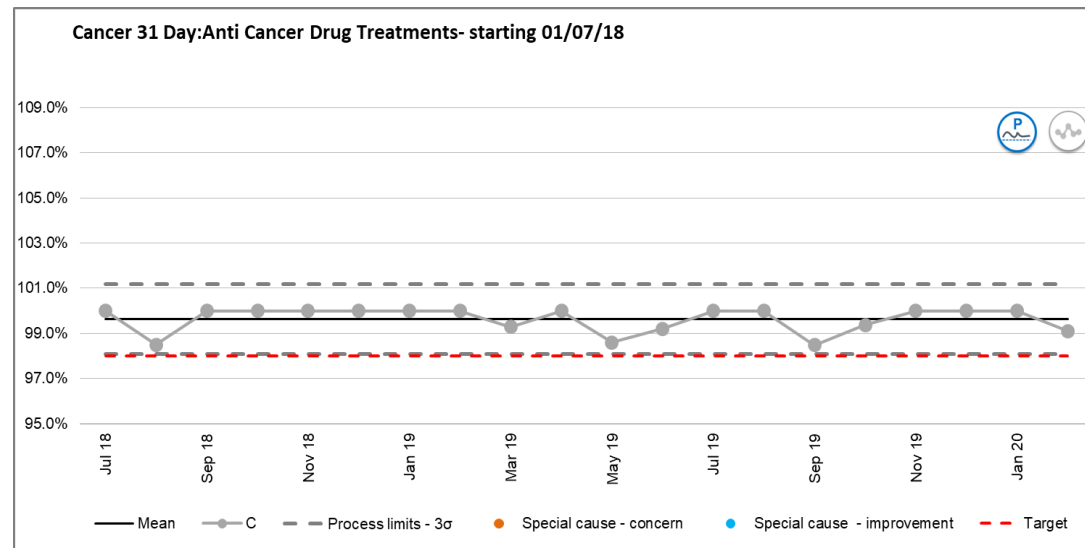


Responsive – Cancer

Metric	Feb 20	YTD	Target
Cancer 31 Day	94.9%	92.8%	96%
<p>Unlikely to achieve target next month, performance is stable and underperforming. There are a number of actions on the RAP to avoid further deterioration and support improvement.</p>			

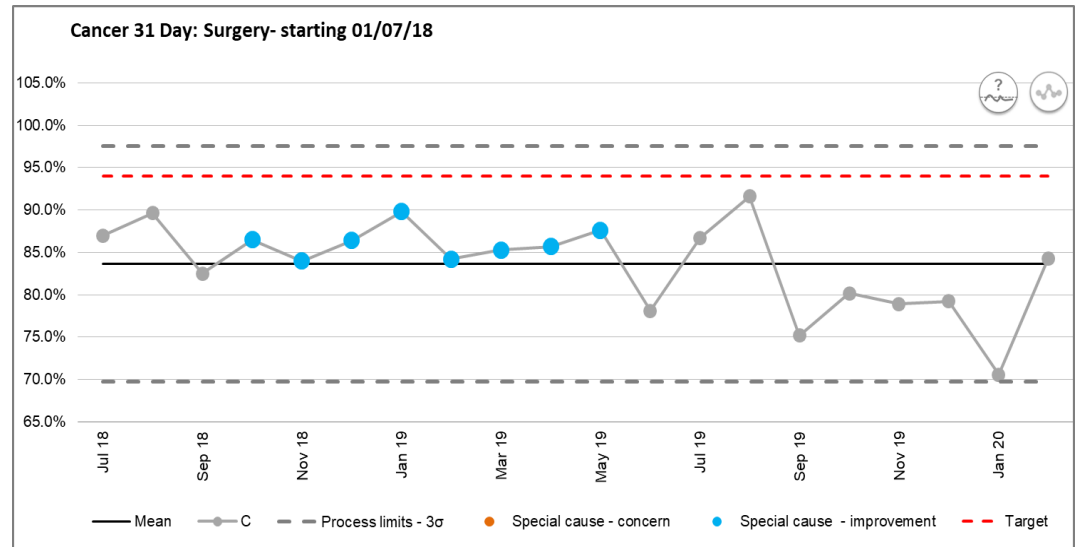


Metric	Feb 20	YTD	Target
Cancer 31 Day Drugs	99.1%	99.5%	98%
<p>Stable, very little variation. Likely to deliver target based on the last 12 months.</p>			

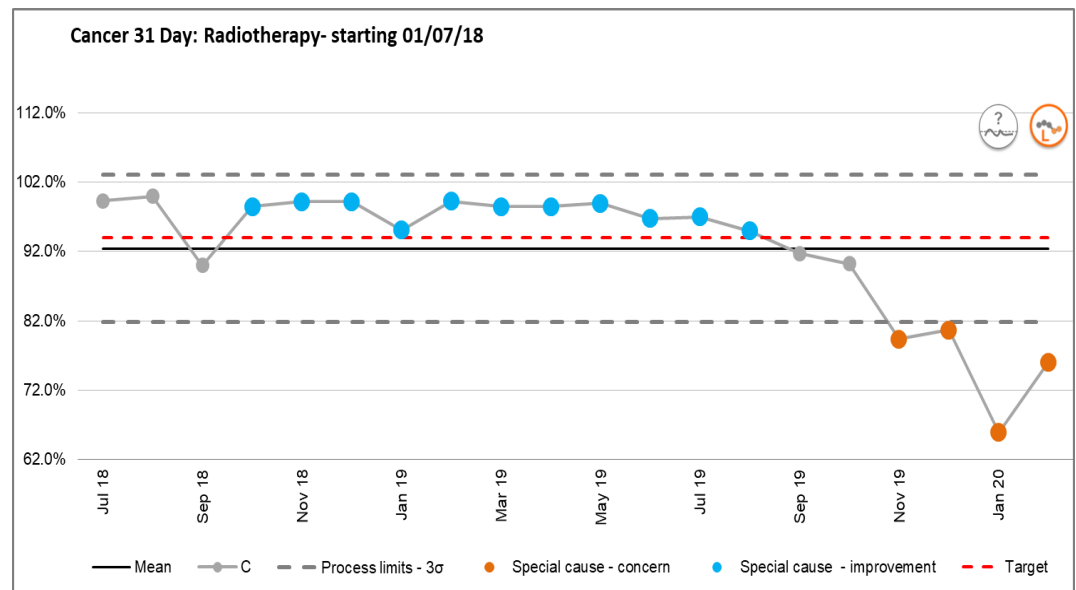


Responsive – Cancer

Metric	Feb 20	YTD	Target
Cancer 31 Surgery	84.3%	81.4%	94%
<p>Performance has deteriorated, unlikely to deliver target. Driven predominately by Urology prostate; actions in RAP for recovery / maintenance</p>			



Metric	Feb 20	YTD	Target
Cancer 31 Day Radiotherapy	76.0%	88.0%	94%
<p>Performance has deteriorated below lower control limit due to breast radiotherapy vacancies and sickness. NGH has agreed to take 3 patients a week to help recovery and the team are exploring using the private sector for capacity</p>			

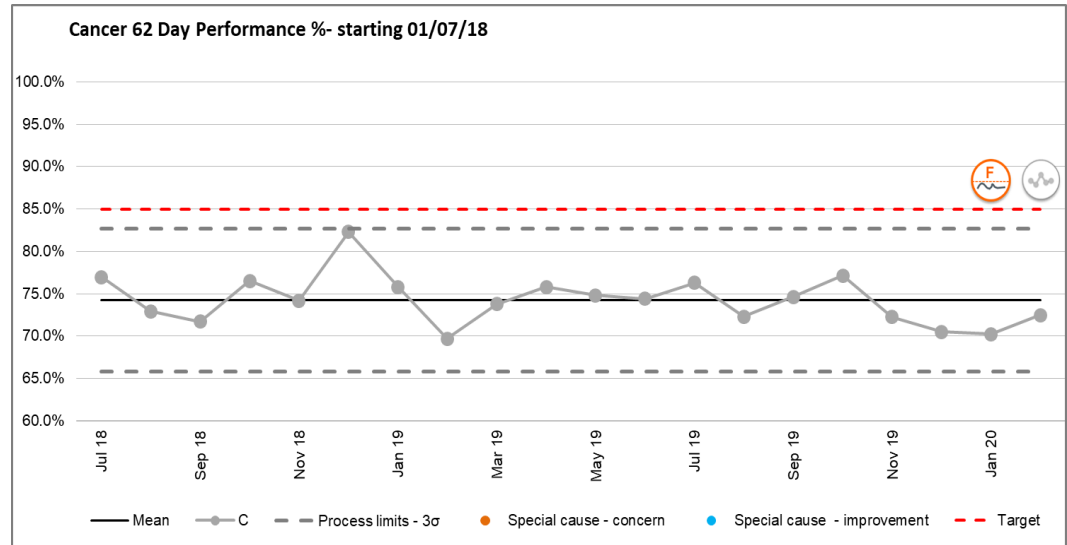


Responsive – Cancer

Metric	Feb 20	YTD	Target
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Cancer 62 Day	72.5%	73.8%	85%
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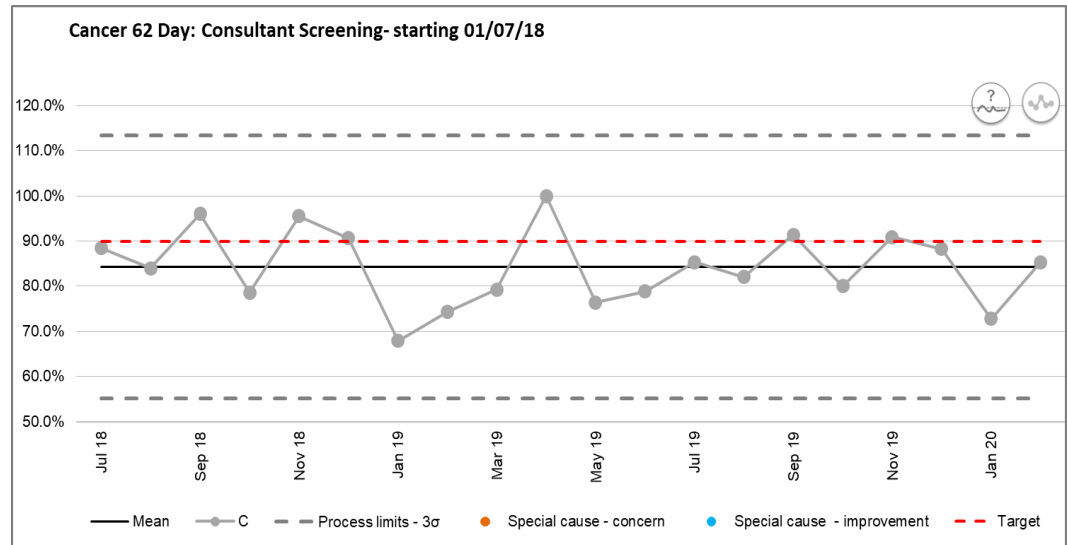
This metric is relatively stable. The position has been maintained against a significant increase in referrals. Target won't be delivered next month.



Metric	Feb 20	YTD	Target
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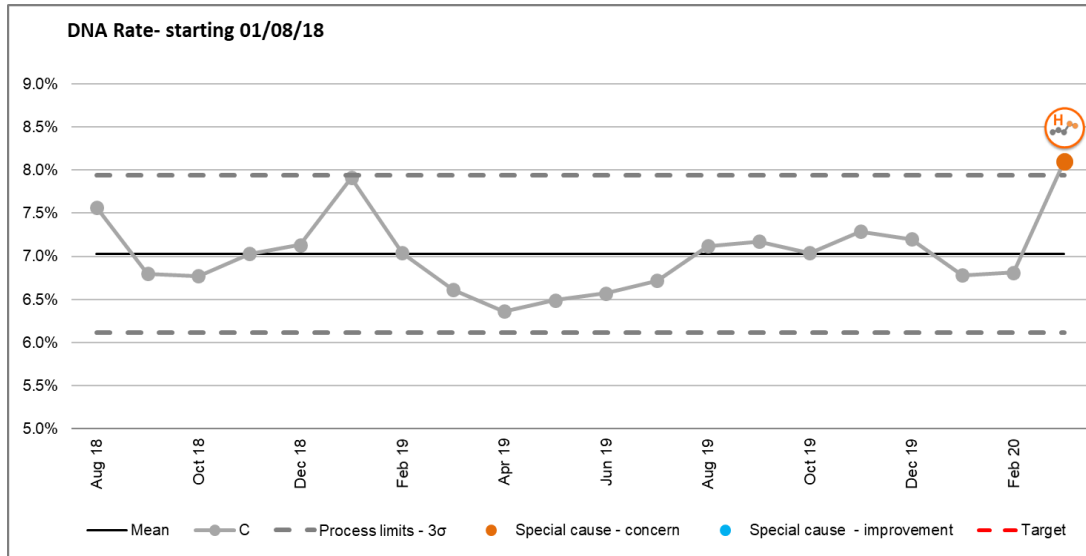
Cancer 62 Day Consultant Screening	85.3%	84.0%	90%
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Some variation but not significant, a focus on improvement in March and April is taking place

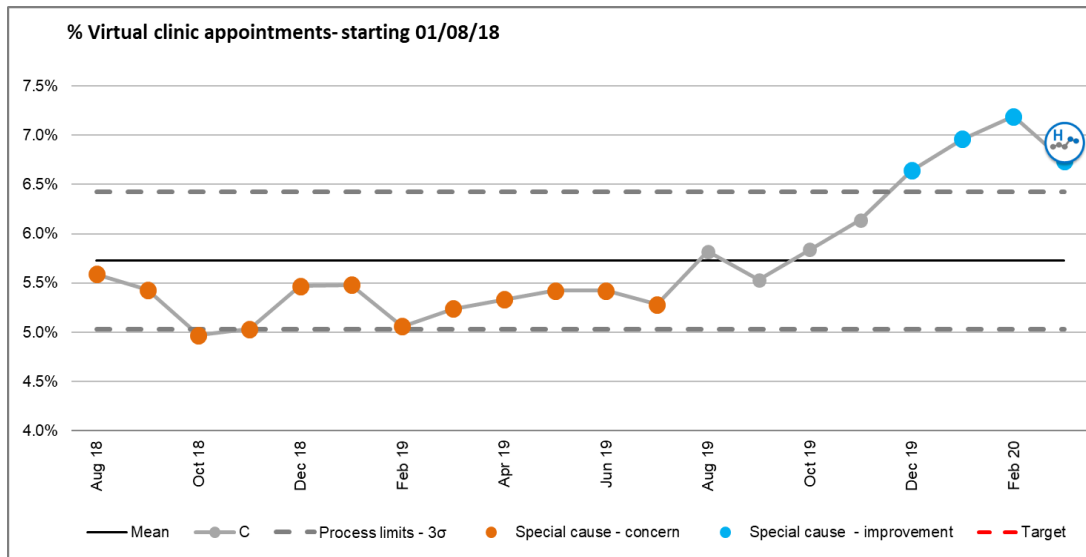


Outpatient Transformation

Metric	Mar 20	YTD	Target
% DNA Rate	8.1%	7.0%	No National Target
Special cause concern, last month was above the upper control limit.			

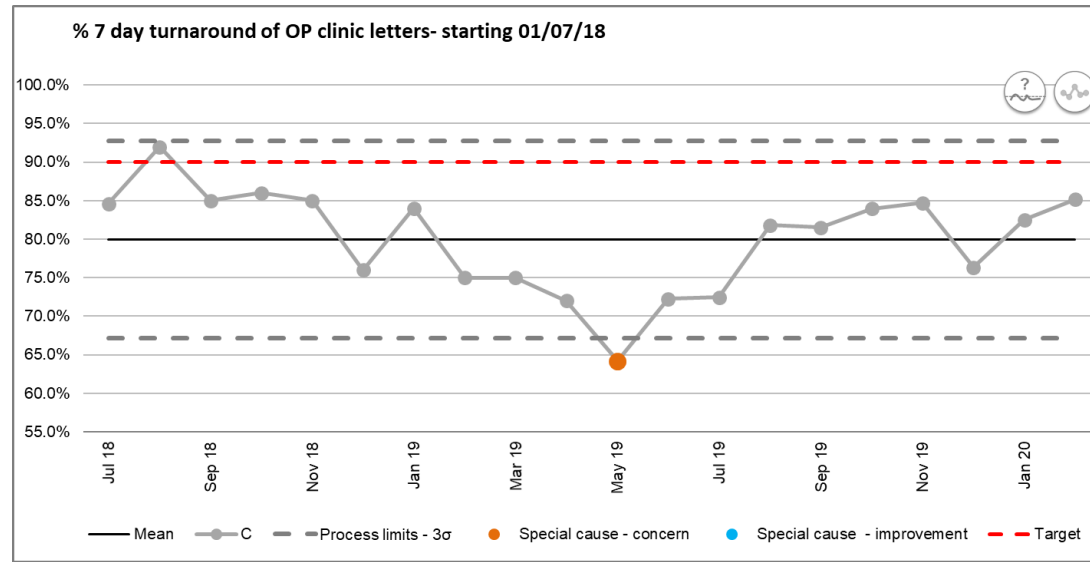


Metric	Mar 20	YTD	Target
% Virtual clinic appointments	6.7%	6.0%	No National Target
This metric is has improved recently, the last 4 month are above the upper control limit.			

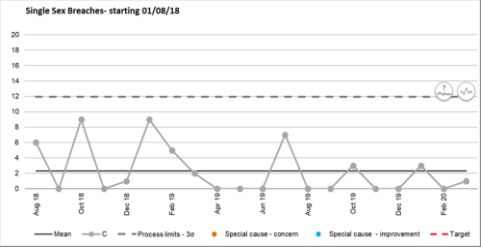


Outpatient Transformation

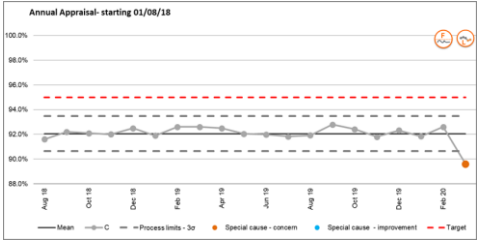
Metric	Feb 20	YTD	Target
% 7 day turnaround of OP clinic letters	85.2%	78.3%	90%
<p>This metric is now relatively stable following a dip in May 19. Unlikely to achieve target.</p>			

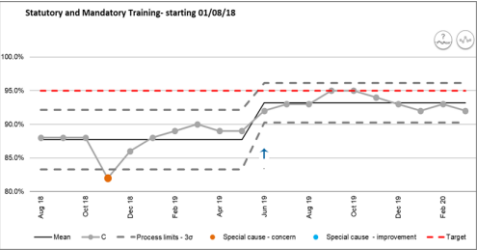


Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
MRSA Total	19/20 Target – 0	<p>MRSA Total- starting 01/08/18</p>	Of the 5 cases reported 3 were deemed unavoidable with 2 where it was not possible to exclude some lapses in care as potentially a contributory factor.	Action plans and subsequent staff training has and will be undertaken for the 2 cases that were deemed potentially avoidable
Is the number of MRSA cases that have been reported	In March there were two cases of MRSA, there has been 5 cases this financial year.			

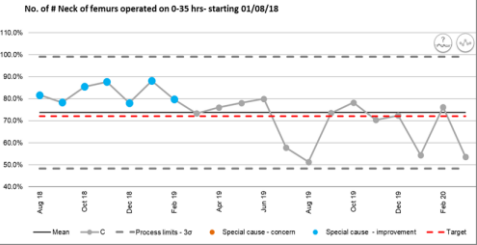
Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
<p>Single Sex Accommodation Breaches (patients affected)</p>	<p>19/20 Target – 0</p>		<ul style="list-style-type: none"> • Staff have a strong commitment to maintaining same sex accommodation • Three breaches occurred in Intensive Care Units due to availability of base ward beds due to emergency admissions 	<ul style="list-style-type: none"> • Continue to ensure clear communication at Tactical Command • Staff continue to be proactive and anticipate discharges out of Intensive Care Units across the Trust balancing planned and emergency activity
<p>Is the number of Single Sex Accommodation Breaches.</p>	<p>There was 1 same sex breaches in March increasing the YTD total to 14.</p>			

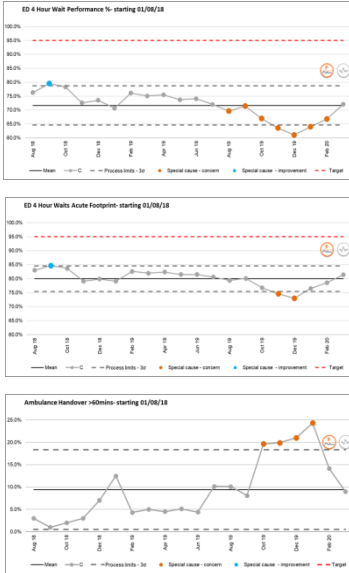
Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions																																																																		
<p>Sickness absence</p>	<p>19/20 Target – 3% or below</p>	<p>Sickness Rate- starting 01/07/18</p> <table border="1"> <caption>Approximate data from Sickness Rate chart</caption> <thead> <tr> <th>Month</th> <th>Mean Sickness Rate (%)</th> <th>Special Cause</th> </tr> </thead> <tbody> <tr><td>Jul 18</td><td>3.5</td><td></td></tr> <tr><td>Aug 18</td><td>3.5</td><td></td></tr> <tr><td>Sep 18</td><td>3.8</td><td></td></tr> <tr><td>Oct 18</td><td>3.8</td><td></td></tr> <tr><td>Nov 18</td><td>4.0</td><td></td></tr> <tr><td>Dec 18</td><td>4.0</td><td></td></tr> <tr><td>Jan 19</td><td>4.0</td><td></td></tr> <tr><td>Feb 19</td><td>3.8</td><td></td></tr> <tr><td>Mar 19</td><td>3.8</td><td></td></tr> <tr><td>Apr 19</td><td>3.8</td><td></td></tr> <tr><td>May 19</td><td>3.8</td><td></td></tr> <tr><td>Jun 19</td><td>3.8</td><td></td></tr> <tr><td>Jul 19</td><td>3.8</td><td></td></tr> <tr><td>Aug 19</td><td>3.8</td><td></td></tr> <tr><td>Sep 19</td><td>3.8</td><td></td></tr> <tr><td>Oct 19</td><td>4.0</td><td></td></tr> <tr><td>Nov 19</td><td>4.2</td><td></td></tr> <tr><td>Dec 19</td><td>4.4</td><td></td></tr> <tr><td>Jan 20</td><td>4.4</td><td></td></tr> <tr><td>Feb 20</td><td>4.4</td><td>Special cause - concern</td></tr> <tr><td>Mar 20</td><td>3.5</td><td>Special cause - improvement</td></tr> </tbody> </table>	Month	Mean Sickness Rate (%)	Special Cause	Jul 18	3.5		Aug 18	3.5		Sep 18	3.8		Oct 18	3.8		Nov 18	4.0		Dec 18	4.0		Jan 19	4.0		Feb 19	3.8		Mar 19	3.8		Apr 19	3.8		May 19	3.8		Jun 19	3.8		Jul 19	3.8		Aug 19	3.8		Sep 19	3.8		Oct 19	4.0		Nov 19	4.2		Dec 19	4.4		Jan 20	4.4		Feb 20	4.4	Special cause - concern	Mar 20	3.5	Special cause - improvement	<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>More recently in March 2020, there has been a significant increase in sickness absence related to COVID-19.</p> <p>The key actions taken in January / February are detailed, and more recently the management is considered on a case by case basis in accordance with management time and service priorities.</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>Wherever possible, government social distancing guidance is followed in relation to meetings.</p>
Month	Mean Sickness Rate (%)	Special Cause																																																																				
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Feb 20	4.4	Special cause - concern																																																																				
Mar 20	3.5	Special cause - improvement																																																																				
<p>UHL has a locally agreed sickness absence target of 3%.</p>	<p>Performance in February was 4.4% (4.6% excluding E&F)</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>This data is captured within the Monthly Workforce Dataset Report presented to Trust Board Subcommittee (People Performance and Process Committee), Corporate and CMG Boards.</p> <p>It is recognised that performance has been impacted on by Covid-19 and the need for prioritisation in response.</p>	<p>The Trust Tactical and Strategic Group have agreed on an alternative approach in response to Covid-19 requiring significantly less time</p>
<p>Is the percentage of staff who have had their Annual Appraisal(excluding facilities Services)</p>	<p>Performance for March was 89.6%.</p>			

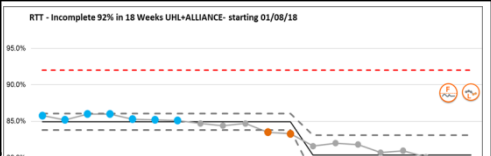
Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions																																	
<p>Statutory and Mandatory Training</p>	<p>19/20 Target – 95%</p>	 <p>Statutory and Mandatory Training- starting 01/08/18</p> <table border="1"> <caption>Statutory and Mandatory Training - Compliance Data</caption> <thead> <tr> <th>Month</th> <th>Mean (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>Aug 18</td><td>90.0</td><td>95.0</td></tr> <tr><td>Oct 18</td><td>88.0</td><td>95.0</td></tr> <tr><td>Dec 18</td><td>90.0</td><td>95.0</td></tr> <tr><td>Feb 19</td><td>91.0</td><td>95.0</td></tr> <tr><td>Apr 19</td><td>90.0</td><td>95.0</td></tr> <tr><td>Jun 19</td><td>93.0</td><td>95.0</td></tr> <tr><td>Aug 19</td><td>94.0</td><td>95.0</td></tr> <tr><td>Oct 19</td><td>94.0</td><td>95.0</td></tr> <tr><td>Dec 19</td><td>93.0</td><td>95.0</td></tr> <tr><td>Feb 20</td><td>93.0</td><td>95.0</td></tr> </tbody> </table>	Month	Mean (%)	Target (%)	Aug 18	90.0	95.0	Oct 18	88.0	95.0	Dec 18	90.0	95.0	Feb 19	91.0	95.0	Apr 19	90.0	95.0	Jun 19	93.0	95.0	Aug 19	94.0	95.0	Oct 19	94.0	95.0	Dec 19	93.0	95.0	Feb 20	93.0	95.0	<ul style="list-style-type: none"> Compliance with subjects with an annual refresher period (Fire Safety, BLS, Cyber Security & Infection Prevention) need to be the focus of support achieve the target of 95% The impact of the seasonally related service pressures can be seen in the drop in the compliance 	<ul style="list-style-type: none"> Due to COVID 19 and pressures upon the Privacy Team capacity, Cyber Security is being temporarily removed from the Dashboard and Required Training Page. Due to COVID 19 refresher periods have been extended for Statutory and Mandatory Training for 12 months. (Except for Fire safety) HELM Reporting training for relevant staff to be added as a course to HELM, and will be continued post COVID 19
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<p>Is the percentage of staff that are up to date on their Statutory and Mandatory Training.</p>	<p>Performance for March was 92%</p>																																				

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions																																																												
<p>Emergency readmissions within 30 days following an elective or emergency spell</p>	<p>19/20 Target – less than 8.5%</p>	<p>Readmission Rate within 30 Days- starting 01/07/18</p> <table border="1"> <caption>Approximate data from the chart</caption> <thead> <tr> <th>Month</th> <th>Mean Rate (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>Jul 18</td><td>9.0</td><td>8.5</td></tr> <tr><td>Aug 18</td><td>8.8</td><td>8.5</td></tr> <tr><td>Sep 18</td><td>8.9</td><td>8.5</td></tr> <tr><td>Oct 18</td><td>8.7</td><td>8.5</td></tr> <tr><td>Nov 18</td><td>8.9</td><td>8.5</td></tr> <tr><td>Dec 18</td><td>8.8</td><td>8.5</td></tr> <tr><td>Jan 19</td><td>9.0</td><td>8.5</td></tr> <tr><td>Feb 19</td><td>9.0</td><td>8.5</td></tr> <tr><td>Mar 19</td><td>9.2</td><td>8.5</td></tr> <tr><td>Apr 19</td><td>9.0</td><td>8.5</td></tr> <tr><td>May 19</td><td>9.0</td><td>8.5</td></tr> <tr><td>Jun 19</td><td>9.0</td><td>8.5</td></tr> <tr><td>Jul 19</td><td>9.0</td><td>8.5</td></tr> <tr><td>Aug 19</td><td>9.0</td><td>8.5</td></tr> <tr><td>Sep 19</td><td>9.0</td><td>8.5</td></tr> <tr><td>Oct 19</td><td>9.0</td><td>8.5</td></tr> <tr><td>Nov 19</td><td>9.2</td><td>8.5</td></tr> <tr><td>Dec 19</td><td>9.0</td><td>8.5</td></tr> <tr><td>Jan 20</td><td>9.0</td><td>8.5</td></tr> </tbody> </table>	Month	Mean Rate (%)	Target (%)	Jul 18	9.0	8.5	Aug 18	8.8	8.5	Sep 18	8.9	8.5	Oct 18	8.7	8.5	Nov 18	8.9	8.5	Dec 18	8.8	8.5	Jan 19	9.0	8.5	Feb 19	9.0	8.5	Mar 19	9.2	8.5	Apr 19	9.0	8.5	May 19	9.0	8.5	Jun 19	9.0	8.5	Jul 19	9.0	8.5	Aug 19	9.0	8.5	Sep 19	9.0	8.5	Oct 19	9.0	8.5	Nov 19	9.2	8.5	Dec 19	9.0	8.5	Jan 20	9.0	8.5	<ul style="list-style-type: none"> • Readmission specific projects / programmes of work have been stepped down due to the focus on Covid-19. • A number of projects that would have been expected to have a direct impact on the number of readmissions have had their deliverables changed. E.g. readmissions follow up call by care navigators, where previously they would be calling all patients with a high risk of readmission they are now calling all pathway zero patients. 	
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<p>Is the percentage of emergency readmissions within 30 days following an elective or emergency spell</p>	<p>Performance for February was 9.0%. YTD performance is currently at 9.0%</p>																																																															

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions																						
<p>No. of # Neck of femurs operated on 0-35 hrs - Based on Admissions</p>	<p>19/20 Target – 0</p>	 <p>No. of # Neck of femurs operated on 0-35 hrs - starting 01/08/18</p> <table border="1"> <caption>Approximate data from the chart</caption> <thead> <tr> <th>Month</th> <th>Mean (%)</th> </tr> </thead> <tbody> <tr><td>July 18</td><td>80.0</td></tr> <tr><td>Oct 18</td><td>85.0</td></tr> <tr><td>Dec 18</td><td>78.0</td></tr> <tr><td>Feb 19</td><td>82.0</td></tr> <tr><td>Apr 19</td><td>75.0</td></tr> <tr><td>Jun 19</td><td>78.0</td></tr> <tr><td>Aug 19</td><td>55.0</td></tr> <tr><td>Oct 19</td><td>75.0</td></tr> <tr><td>Dec 19</td><td>70.0</td></tr> <tr><td>Feb 20</td><td>95.0</td></tr> </tbody> </table>	Month	Mean (%)	July 18	80.0	Oct 18	85.0	Dec 18	78.0	Feb 19	82.0	Apr 19	75.0	Jun 19	78.0	Aug 19	55.0	Oct 19	75.0	Dec 19	70.0	Feb 20	95.0	<p>March was a very challenging month for the Trauma department due to the operational pressure of Covid-19. Throughout march the Trauma service has been required to move across to the LGH to help free up additional capacity at the LRI.</p> <p>There was also a reduction in the amount of theaters at the LRI due to the ITAPS team been required to be able to increase the amount of ITU capacity through additional training for their staff and the physical space.</p> <p>Still seeing same levels of NOF</p>	<p>Process has now been completed for direct transfers to LGH from ED for NOF patients. This will be required to be embedded further.</p> <p>Working with ITAPs to identify any additional capacity for NOF's currently running a NOF lit at LGH but this isn't been as effective due to all patient been having to recovered within the theatres settings. Service looking at pathway options to improve this as it is taking a significant amount of time from the theatre sessions.</p>
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<p>Is the percentage of Neck of femurs patients operated on within 0-35 hours of admission.</p>	<p>Performance for March was 53.6%. Financial Year Performance was 69.8%.</p>																									

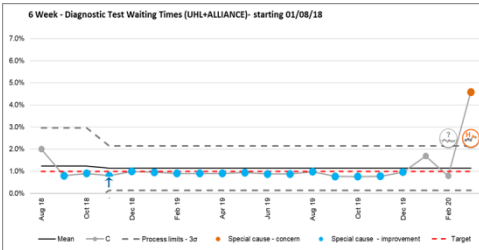
Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
<p>Urgent Care</p>				
	<p>ED 4 Hour waits UHL performance was 72.1% in March</p> <p>ED 4 Hour waits LLR performance was 81.4% in March</p> <p>Ambulance Handover >60 Mins performance was 9.0% in March</p>	 <p>The charts show performance trends from February 2019 to February 2020. The top chart, 'ED 4 Hour Wait Performance % starting 01/09/18', shows a target of 90% and a mean performance that fluctuates around 75% before a sharp decline in early 2020. The middle chart, 'ED 4 Hour Waits Acute Footprint starting 01/09/18', shows a target of 85% and a mean performance that stays relatively stable around 80% until early 2020. The bottom chart, 'Ambulance Handover >60mins starting 01/09/18', shows a target of 10% and a mean performance that stays below 10% until early 2020, where it spikes significantly.</p>	<p>Performance against the 4hr standard improved in March and has continued to the upturn into the first 2 weeks of March, though remains below the national target. Trusts National ranking against the 4 Hour ED target has shown month on month improvements.</p> <p>Ambulance Handover times continue to be a key priority, has shown reduction in handover times in March and into April although still below National Standards. Our internal transformation plan sits alongside the LLR action plan to give a whole system approach to improving urgent and emergency care.</p> <p>There has been a significant reduction in the daily demand due to the current climate of Covid-19.</p>	<p>The onset of COVID-19 pandemic has resulted a change of business continuity plans in order to ensure emergency bed capacity is available for the forecasted increase in cases over the next 3 months. UHL has taken down all non-urgent, routine elective surgery from 23/03/2020 to ensure bed capacity, including ICU capacity remains available.</p>

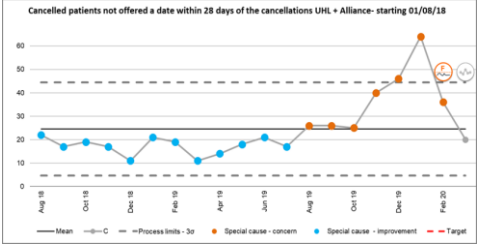
Exception Reports

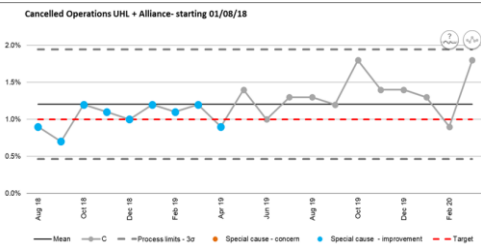
Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
<p>RTT - Incomplete 92% in 18 Weeks UHL + Alliance</p>	<p>19/20 Target – 92%</p>		<p>NHS Planning Guidance for 2019/20 focuses on waiting list reduction over compliance with the 18 week national standard.</p>	<p>As part of the Trusts response to COVID-19 all non essential elective procedures are to be cancelled in order to free emergency medical bed capacity.</p>
<p>Is the percentage of patients currently on an RTT pathway waiting less than 18 weeks .</p>	<p>Performance for March was 76.5%.</p>		<p>Reduced clinical capacity due pension change has impacted on UHL’s RTT% against trajectory and also the national standard.</p> <p>The impact of the COVID-19 pandemic has lead the RTT positioning reducing over the upcoming months as non essential activity is cancelled to reduce footfall on the hospital site. This is likely to continue until elective work is resumed.</p> <p>Across both UHL and the Alliance there has been a rapid change to utilise telephone appointments for patients who have been clinically assessed to not require to physically attend an outpatient appointment. Week commencing 23rd March saw a 1,438% increase in Telephone appointments compared to 2 weeks prior. At the start of March approximately 1% of outpatient activity occurred as telephone consultation. This has now increased to over 52% at the end of March.</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 been validated to align with national guidance and trust policy.</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>Total Number of Incompletes- starting 01/08/18</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>Aug 18</td><td>65,500</td><td>64,404</td></tr> <tr><td>Oct 18</td><td>65,000</td><td>64,404</td></tr> <tr><td>Dec 18</td><td>65,000</td><td>64,404</td></tr> <tr><td>Feb 19</td><td>65,000</td><td>64,404</td></tr> <tr><td>Apr 19</td><td>64,500</td><td>64,404</td></tr> <tr><td>Jun 19</td><td>64,500</td><td>64,404</td></tr> <tr><td>Aug 19</td><td>65,000</td><td>64,404</td></tr> <tr><td>Oct 19</td><td>65,000</td><td>64,404</td></tr> <tr><td>Dec 19</td><td>65,000</td><td>64,404</td></tr> <tr><td>Feb 20</td><td>64,559</td><td>64,404</td></tr> <tr><td>Mar 20</td><td>64,559</td><td>64,404</td></tr> </tbody> </table>	Month	Mean	Target	Aug 18	65,500	64,404	Oct 18	65,000	64,404	Dec 18	65,000	64,404	Feb 19	65,000	64,404	Apr 19	64,500	64,404	Jun 19	64,500	64,404	Aug 19	65,000	64,404	Oct 19	65,000	64,404	Dec 19	65,000	64,404	Feb 20	64,559	64,404	Mar 20	64,559	64,404	<p>The overall waiting list size Decreased in March by 1588 from the previous month. This includes 806 that has moved from pediatrics to the community.</p> <p>We were a 155 off the trajectory for March and 53 off the planning guidance of waiting lost reduction march to March .</p>	<p>As part of the Trusts response to COVID-19 all non essential elective procedures are to be cancelled in order to free emergency medical bed capacity.</p> <p>Where possible out patient clinics will continue being converted from face to face to virtual telephone clinics.</p>
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<p>Is the total number of patients currently on an RTT pathway.</p>	<p>At the end of March, 64,559 patients were on an RTT pathway.</p>																																							

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
<p>RTT 52+ Weeks Wait</p>	<p>19/20 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 July 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>Identify capacity requirements to be able to recover the position once elective work can start again.</p> <p>Contact all patients who have breached to understand if any of them no longer require the procedure. Once we are able to start operating again.</p>
<p>Is the total number of patients currently on an RTT pathway waiting 52+ weeks.</p>	<p>At the end of March, 35 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>19/20 Target – 1%</p> <p>Performance for March was 4.6%.</p>		<p>All non-essential activity has been cancelled to help comply with social distancing and reduce footfall within the hospitals.</p> <p>This will carry on to be challenging over the next few months but there has also been a reduction in the amount of referrals.</p> <p>Some service have been suspended such as Pain and Audiology. These patient will carry on to breach until the service resumes or they can be managed by the access policy</p>	<p>Patient are been managed in-line with national guidance and trust policy</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 01/08/18</p> <table border="1"> <caption>Chart Data (Approximate)</caption> <thead> <tr> <th>Month</th> <th>Mean</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Aug 18</td><td>20</td><td>0</td></tr> <tr><td>Oct 18</td><td>18</td><td>0</td></tr> <tr><td>Dec 18</td><td>15</td><td>0</td></tr> <tr><td>Feb 19</td><td>20</td><td>0</td></tr> <tr><td>Apr 19</td><td>15</td><td>0</td></tr> <tr><td>Jun 19</td><td>20</td><td>0</td></tr> <tr><td>Aug 19</td><td>25</td><td>0</td></tr> <tr><td>Oct 19</td><td>25</td><td>0</td></tr> <tr><td>Dec 19</td><td>60</td><td>0</td></tr> <tr><td>Feb 20</td><td>20</td><td>0</td></tr> </tbody> </table>	Month	Mean	Target	Aug 18	20	0	Oct 18	18	0	Dec 18	15	0	Feb 19	20	0	Apr 19	15	0	Jun 19	20	0	Aug 19	25	0	Oct 19	25	0	Dec 19	60	0	Feb 20	20	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> <p>This figure has reduced to previous months but this is mainly down to operating on a very limited amount of patients for them to be cancelled OTD.</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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Aug 18	20	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>20 patients were not offered a new day within 28 days in March.</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>Cancelled Operations UHL + Alliance - starting 01/08/18</p> <table border="1"> <caption>Approximate data from the line chart</caption> <thead> <tr> <th>Month</th> <th>Mean (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>Aug 18</td><td>0.8</td><td>1.0</td></tr> <tr><td>Sep 18</td><td>0.7</td><td>1.0</td></tr> <tr><td>Oct 18</td><td>1.2</td><td>1.0</td></tr> <tr><td>Nov 18</td><td>1.1</td><td>1.0</td></tr> <tr><td>Dec 18</td><td>1.0</td><td>1.0</td></tr> <tr><td>Jan 19</td><td>1.1</td><td>1.0</td></tr> <tr><td>Feb 19</td><td>1.1</td><td>1.0</td></tr> <tr><td>Mar 19</td><td>0.9</td><td>1.0</td></tr> <tr><td>Apr 19</td><td>1.4</td><td>1.0</td></tr> <tr><td>May 19</td><td>1.0</td><td>1.0</td></tr> <tr><td>Jun 19</td><td>1.3</td><td>1.0</td></tr> <tr><td>Jul 19</td><td>1.2</td><td>1.0</td></tr> <tr><td>Aug 19</td><td>1.8</td><td>1.0</td></tr> <tr><td>Sep 19</td><td>1.4</td><td>1.0</td></tr> <tr><td>Oct 19</td><td>1.3</td><td>1.0</td></tr> <tr><td>Nov 19</td><td>1.2</td><td>1.0</td></tr> <tr><td>Dec 19</td><td>0.9</td><td>1.0</td></tr> <tr><td>Jan 20</td><td>1.8</td><td>1.0</td></tr> </tbody> </table>	Month	Mean (%)	Target (%)	Aug 18	0.8	1.0	Sep 18	0.7	1.0	Oct 18	1.2	1.0	Nov 18	1.1	1.0	Dec 18	1.0	1.0	Jan 19	1.1	1.0	Feb 19	1.1	1.0	Mar 19	0.9	1.0	Apr 19	1.4	1.0	May 19	1.0	1.0	Jun 19	1.3	1.0	Jul 19	1.2	1.0	Aug 19	1.8	1.0	Sep 19	1.4	1.0	Oct 19	1.3	1.0	Nov 19	1.2	1.0	Dec 19	0.9	1.0	Jan 20	1.8	1.0	<p>156 patients were cancelled in March, 151 at UHL and 5 at Alliance sites.</p> <p>Overall 75 patients were listed as coronavirus related. 31 patients 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>Overall March was a very challenging month as it was when the impacts of COVID led to a lot of reconfiguration of services and in particular within theatres.</p>	<ul style="list-style-type: none"> Services instructed to only book for elective surgery patients who are clinically urgent or on a cancer pathway to reduce number of patients that would be cancelled due to lack of beds. To ensure the services work closely with the ITAPS team of a daily basis to understand the capacity available the day before. This is happening at a daily meeting to ensure the trust are prioritizing patients who are most urgent and the high risk cancer patients.
Month	Mean (%)	Target (%)																																																											
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<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 March was 1.8%.</p>																																																												

Performance	Key Messages	Key Actions
<p>See additional slide</p>	<p>In February UHL achieved 6 standards against the national targets</p> <p>We have seen a decrease in cancer referrals in February and into March as fewer patients are visiting their GP's and being referred. We have however seen an increase in some tumour sites eg ENT where GP's are not examining patients due to COVID-19 and referring more onto the pathway; many of these are being reported as not suitable for the pathway by the clinical team. This is being managed through increased communications to the GP's.</p> <p>Due to the current COVID -19 pandemic we have made some changes to pathways following the National and Society recommendations to ensure that our patients are safe and receive the time critical cancer treatments they require.</p> <p>Support provision via the CNS teams remains in place however; the Cancer Nurse Specialists are experiencing an increase in the number of complex and difficult conversations with patients and their families</p>	<ul style="list-style-type: none"> • New governance structure in place chaired by DCOO • All patients categorised against national priority levels to ensure that those that need treatment are a priority • Daily theatre scheduling / priority led by a Consultant to ensure the most urgent patients are prioritised • Where changes in treatments have been recommended these have been implemented eg cessation of robotic prostatectomies and patients being placed on hormone therapy • Discussions with the Spire in relation to provision of chemotherapy and immunotherapy • Discussion with the Alliance who are planning on setting up a hub to ensure that provision and timeliness of care is equitable across the region / nationally • The Alliance will also support the planning and provision for the recovery phase

Cancer performance February 2020

Standard	Target	Position
2WW	93%	96.7
2WW Breast	93%	96.1
31 Day 1 st Treatments	96%	94.9
31 Day SUB Surgery	94%	86.1
31 Day DRUGS	98%	99.1
31 Day Radiotherapy	94%	76
62 Day	85%	72.5
62 Day Screening	90%	85.3
28 Day FDS 2WW	75%	87.2
28 Day FDS Breast 2WW	75%	98.6
28 Day FDS Screening	75%	80