

Integrated Quality and Performance Report

Trust Board paper F

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	25/05/21	Discussion and Assurance
Trust Board Committee	27/05/21	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 News" and "Performance Challenges" 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 January 2020 to December 2020) is 103 but remains within the expected range.

- **CAS alerts** - compliant.
- **MRSA** – 0 cases reported.
- **C DIFF** – 5 cases reported this month.
- **90% of Stay on a Stroke Unit** – threshold of 80% achieved with 86.3% reported in April.
- **12 hour trolley wait** - 0 breaches reported.
- **VTE** – compliant at 98.5% in May.
- **Cancelled operations OTD** – 0.7% reported in May.

Performance Challenges:

- **Fractured neck of femurs operated 0-35hrs** – performance is below target of 72% at 50.6%.
- **UHL ED 4 hour performance** – 67.5% for May, system performance (including LLR UCCs) for May is 76.2%.
- **Ambulance Handover 60+ minutes (CAD)** – performance at 4.0%.
- **Cancer Two Week Wait** was 89.0% in April against a target of 93%.
- **Cancer Two Week Wait (Symptomatic Breast)** was 76.7% in April against a target of 93%.
- **Cancer 31 day treatment** was 82.6% in April against a target of 96%.
- **Cancer 62 day treatment** was 71.1% in April against a target of 85%.
- **Referral to treatment** – the number on the waiting list (now the primary performance measure) was above the target and 18 week performance was below the NHS Constitution standard at 52.2% at the end of May.
- **52+ weeks wait** – 12,027 breaches reported in May.
- **Diagnostic 6 week wait** was 37.9% against a target of 1% in May.
- **Patients not rebooked within 28 days following late cancellation of surgery** – 11.
- **Statutory and Mandatory Training** is at 90%.
- **Annual Appraisal** is at 79.4%.
- **TIA (high risk patients)** – 45.3% reported in May

Input Sought

I recommend that the Trust Board:

- Commends the positive achievements noted under Good News
- Notes the areas of Performance Challenges 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:**

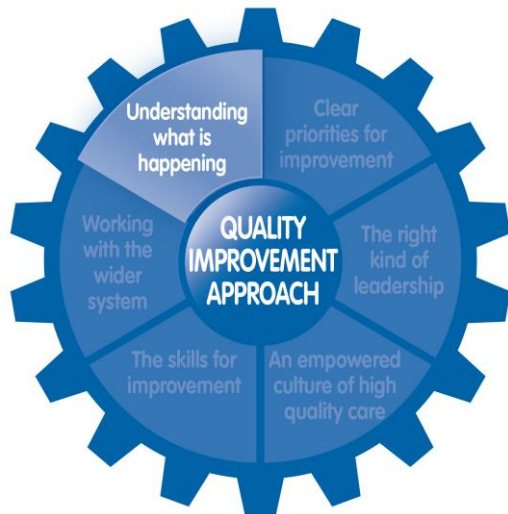
Does this paper reference a risk event?	Select (X)	Risk Description:
Strategic: Does this link to a <i>Principal Risk</i> on the BAF?	X	Failure to deliver key performance standards for emergency, planned and cancer care.
Organisational: Does this link to an <i>Operational/Corporate Risk</i> on Datix 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: 2 September 2021
6. Executive Summaries should not exceed **5 sides** My paper does comply



Quality and Performance Report

May 2021



One team shared values

Operational Delivery Unit



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REPORT TO: THE TRUST BOARD

DATE: 1 JULY 2021

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: MAY 2021 QUALITY & PERFORMANCE SUMMARY REPORT

Introduction

The Quality and Performance (Q&P) report provides an overview of Key Performance Indicators (KPIs) mapped to the Becoming the Best priorities.

The KPIs 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 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. Assurance rates key Green = Reasonable/Substantial Assurance, Amber = Limited Assurance and Red = No Assurance.

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.

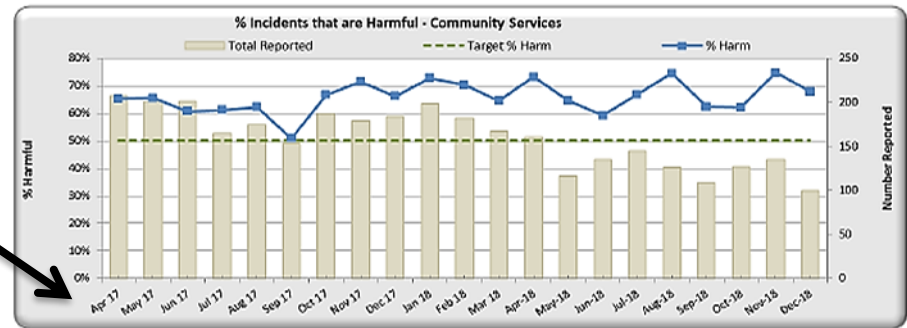
Within an SPC chart there are three different patterns to identify:

- 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

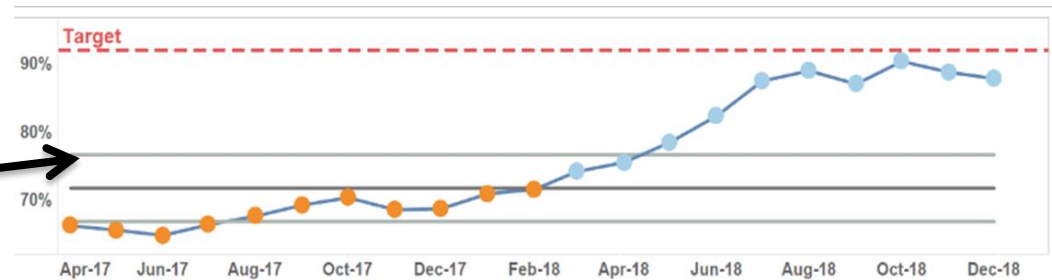


Key elements of a SPC dashboard

Appreciation of variance over time



Highlighting special cause and its nature



One team shared values



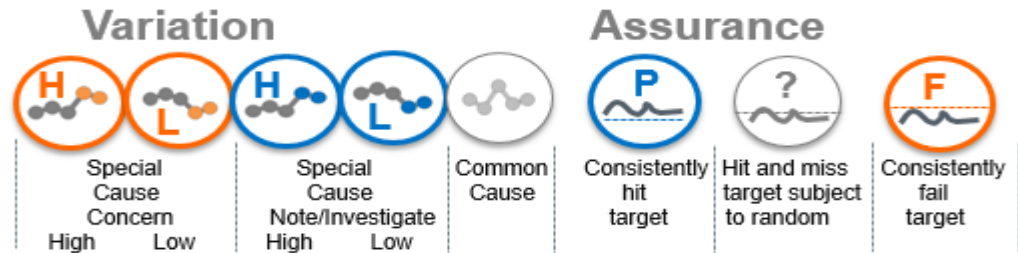
Key elements of a SPC dashboard

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	Mar-21	Apr-21	May-21	YTD	Assurance	Variation	Trend	Data Quality Assessment
Safe	Never events	0	1	1	0	1				Jan-20
	Overdue CAS alerts	0	0	0	0	0				Nov-19
	% of all adults VTE Risk Assessment on Admission	95%	98.6%	98.8%	98.5%	98.6%				Dec-19
	Emergency C-section rate	No Target	21.7%	22.4%	24.1%	23.2%				Feb-20
	Clostridium Difficile	108	7	7	5	12				Jun-21
	MRSA Total	0	0	0	0	0				Jun-21
	E. Coli Bacteraemias Acute	No Target	7	9	20	29				Jun-21
	MSSA Acute	No Target	4	6	6	12				Jun-21

One team shared values



Performance Overview

Domain	KPI	Target	Mar-21	Apr-21	May-21	YTD	Assurance	Variation	Trend	Data Quality Assessment
Safe	COVID-19 Community Acquired <= 2 days after admission	No Target	78.2%	81.4%	84.1%	82.6%				Oct-20
	COVID-19 Hospital-onset, indeterminate, 3-7 days after admission	No Target	8.3%	17.1%	13.6%	15.7%				Oct-20
	COVID-19 Hospital-onset, probable, 8-14 days after admission	No Target	6.8%	0.0%	2.3%	0.9%				Oct-20
	COVID-19 Hospital-onset, healthcare-acquired, 15 or more days after admission	No Target	6.8%	1.4%	0.0%	0.9%				Oct-20
	All falls reported per 1000 bed days	5.5	3.7	4.3		4.3				Oct-20
	Rate of Moderate harm and above Falls PSIs with finally approved status per 1,000 bed days	No Target	0.07	0.02		0.02				Oct-20
	HAPU - All categories	No Target	60	66		66				Jun-21

One team shared values



Performance Overview

Domain	KPI	Target	Mar-21	Apr-21	May-21	YTD	Assurance	Variation	Trend	Data Quality Assessment	
Caring	Staff Survey Recommend for treatment	No Target	Reporting will commence once national reporting resumes								Data sourced externally
	Single Sex Breaches	0	Reporting will commence once national reporting resumes							Mar-20	
	Inpatient and Day Case F&F Test % Positive	TBC	98%	98%	98%	98%				Mar-20	
	A&E F&F Test % Positive	TBC	90%	89%	89%	89%				Mar-20	
	Maternity F&F Test % Positive	TBC	97%	97%	96%	97%				Mar-20	
	Outpatient F&F Test % Positive	TBC	94%	95%	95%	95%				Mar-20	
	Complaints per 1,000 staff (WTE)	No Target									Jan-20

One team shared values



Performance Overview

Domain	KPI	Target	Mar-21	Apr-21	May-21	YTD	Assurance	Variation	Trend	Data Quality Assessment	
Well Led	Staff Survey % Recommend as Place to Work	No Target	Reporting will commence once national reporting resumes								Data sourced externally
	Turnover Rate	10%	9.3%	9.1%	9.1%	9.1%				Nov-19	
	Sickness Absence (Excludes E&F staff)	3%	6.3%	4.6%		4.6%				Mar-21	
	% of Staff with Annual Appraisal (Excludes E&F staff)	95%	80.2%	80.0%	79.4%	79.4%				Mar-21	
	Statutory and Mandatory Training	95%	88%	88%	90%	90%				Feb-20	
	Nursing Vacancies	No Target	11.9%	11.4%	10.0%	10.0%				Dec-19	

One team shared values



Performance Overview

Domain	KPI	Target	Mar-21	Apr-21	May-21	YTD	Assurance	Variation	Trend	Data Quality Assessment
Effective	Mortality Published SHMI	100	101	103	103	103 (Jan 19 to Dec 20)				May-21
	Mortality 12 months HSMR	100	112	115	114	114 Mar 20 to Feb 21				May-21
	Crude Mortality Rate	No Target	1.5%	1.4%	1.2%	1.3%				May-21
	Emergency Readmissions within 30 Days	8.5%	9.2%	9.1%		9.1%				Sep-20
	Emergency Readmissions within 48 hours	No Target	1.1%	1.2%		1.2%				Sep-20
	No of #neck of femurs operated on 0-35hrs	72%	68.0%	51.9%	50.6%	51.2%				Sep-20
	Stroke - 90% Stay on a Stroke Unit	80%	90.6%	86.3%		86.3%				Mar-20
	Stroke TIA Clinic Within 24hrs	60%	60.8%	52.8%	45.3%	48.9%				Mar-20

One team shared values



Performance Overview

Domain	KPI	Target	Mar-21	Apr-21	May-21	YTD	Assurance	Variation	Trend	Data Quality Assessment
Responsive	ED 4 hour waits UHL	95%	71.8%	68.7%	67.5%	68.1%				Mar-20
	ED 4 hour waits Acute Footprint	95%	79.8%	77.1%	76.2%	76.6%				Data sourced externally
	12 hour trolley waits in A&E	0	0	0	0	0				Mar-20
	Ambulance handover >60mins	0.0%	3.5%	7.5%	4.0%	5.8%				Data sourced externally
	RTT Incompletes	92%	51.1%	50.2%	52.2%	52.2%				Nov-19
	RTT Waiting 52+ Weeks	0	12,625	12,370	12,027	12,027				Apr-21
	Total Number of Incompletes	TBC	87,968	91,700	94,605	94,605				Nov-19

One team shared values



Performance Overview

Domain	KPI	Target	Mar-21	Apr-21	May-21	YTD	Assurance	Variation	Trend	Data Quality Assessment
Responsive	6 Week Diagnostic Test Waiting Times	1.0%	35.9%	38.2%	37.9%	37.9%				Nov-19
	Cancelled Patients not offered <28 Days	0	7	6	11	17				Nov-19
	% Operations Cancelled OTD	1.0%	0.5%	0.7%	0.7%	0.7%				Apr-21
	Long Stay Patients (21+ days)	135	162	140	152	152				Sep-20
	Inpatient Average LOS	No Target	4.1	3.3	3.8	3.6				Sep-20
	Emergency Average LOS	No Target	5.1	5.1	4.9	5.0				Sep-20

One team shared values



Performance Overview

Domain	KPI	Target	Feb-21	Mar-21	Apr-21	YTD	Assurance	Variation	Trend	Data Quality Assessment
Responsive - Cancer	2WW	93%	95.9%	96.0%	89.0%	89.0%				Dec-19
	2WW Breast	93%	96.0%	94.9%	76.7%	76.7%				Dec-19
	31 Day	96%	93.5%	85.2%	82.6%	82.6%				Dec-19
	31 Day Drugs	98%	98.6%	100%	100%	100%				Dec-19
	31 Day Sub Surgery	94%	78.7%	56.9%	53.7%	53.7%				Dec-19
	31 Day Radiotherapy	94%	98%	96.8%	95.5%	95.5%				Dec-19
	Cancer 62 Day	85%	62.4%	58.6%	71.1%	71.1%				Dec-19
	Cancer 62 Day Consultant Screening	90%	45.0%	51.7%	46.7%	46.7%				Dec-19

One team shared values



Performance Overview

Domain	KPI	Target	Mar-21	Apr-21	May-21	YTD	Assurance	Variation	Trend	Data Quality Assessment
Outpatient Transformation	% DNA rate	No Target	6.5%	6.4%	6.6%	6.5%				Feb-20
	% Non Face to Face Appointments	No Target	45.8%	42.3%	40.9%	42.5%				Feb-20
	% 7 day turnaround of OP clinic letters	90%	83.1%	87.4%	86.6%	87.0%				Feb-20

One team shared values



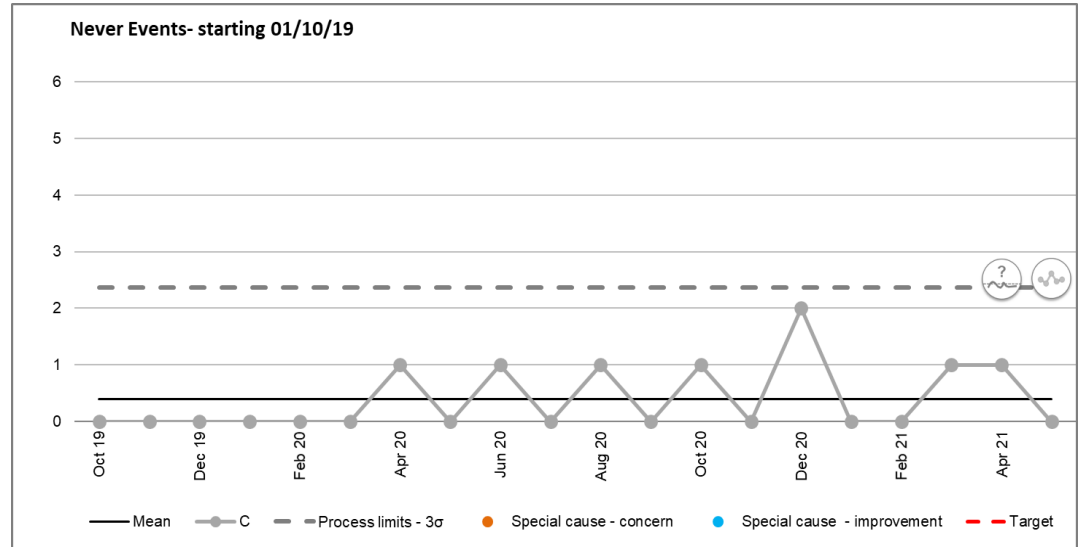
Performance Overview

Domain	KPI	Target	Mar-21	Apr-21	May-21	YTD	Assurance	Variation	Trend	Data Quality Assessment
Draft Urgent Care Standards	Mean Time to Initial Assessment	No Target	7.8	9.0	7.0	8.0				TBC
	Mean Time in ED	No Target	213	226	227	227				TBC
	Number of 12 hour waits in the Emergency Department	No Target	285	392	434	826				TBC

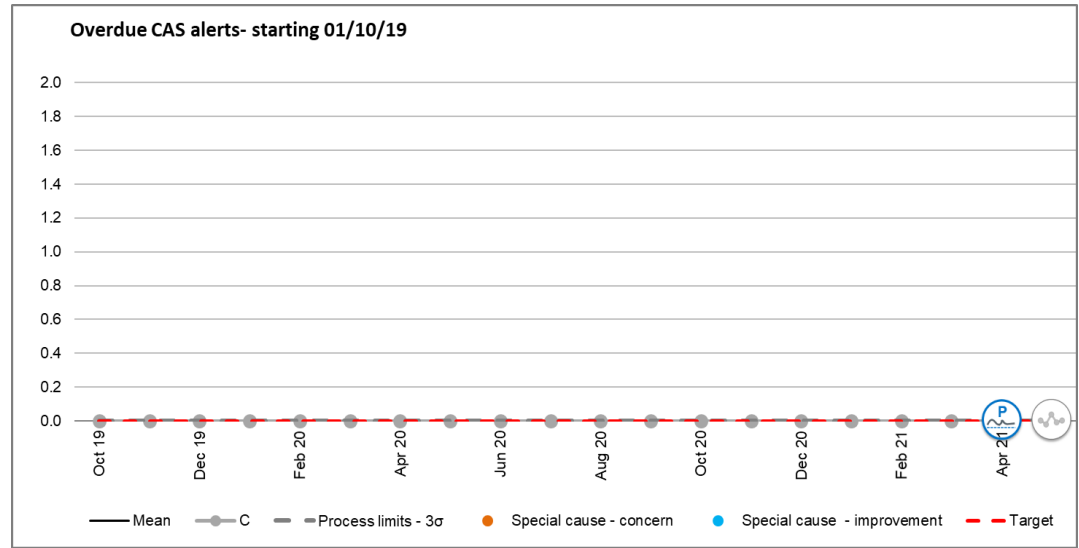
One team shared values



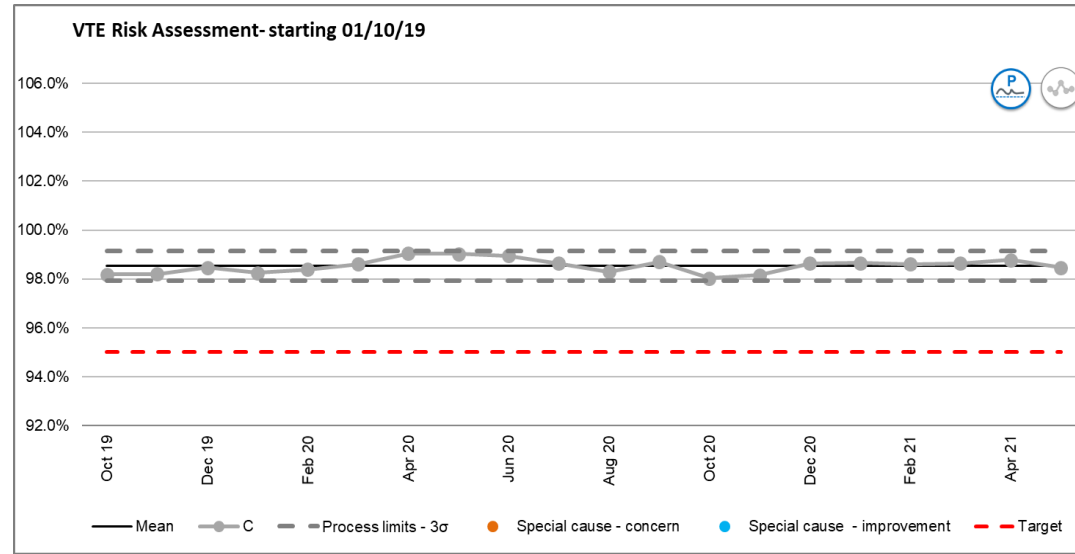
Metric	May 21	YTD	Target
Never Events	0	1	0
7 never events in the last 12 months.			



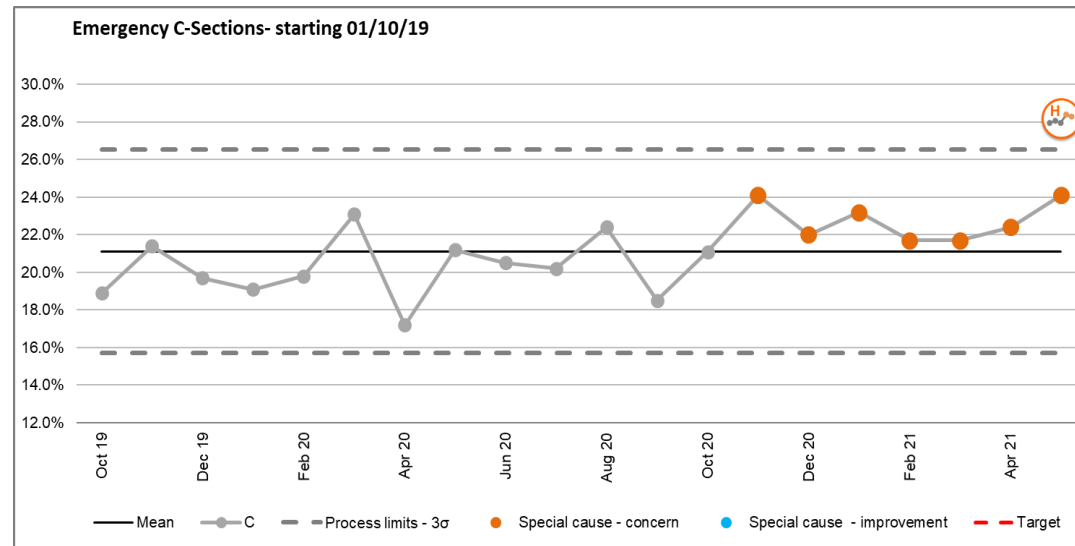
Metric	May 21	YTD	Target
Overdue CAS alerts	0	0	0
No overdue CAS alerts since June 2019.			



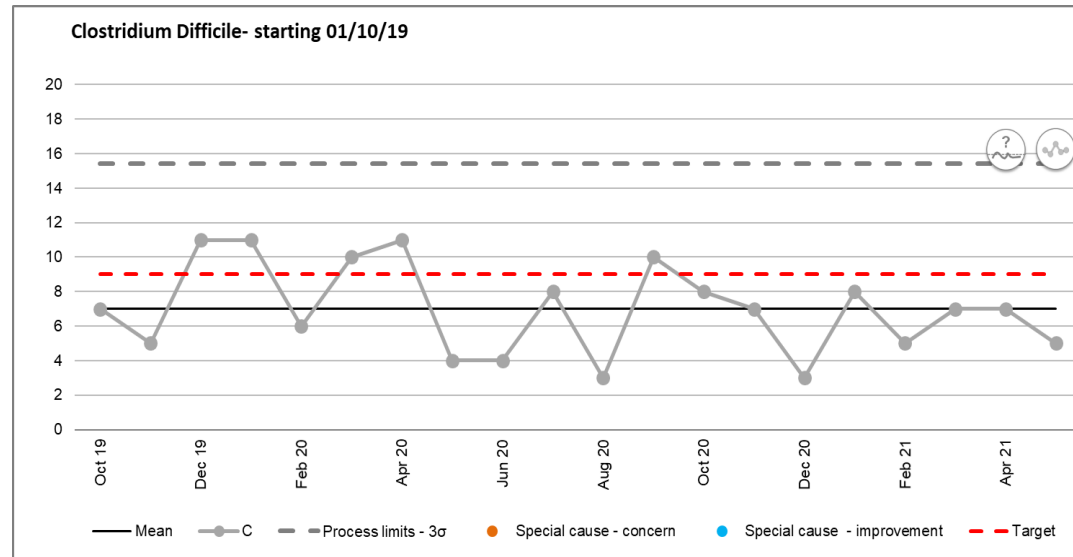
Metric	May 21	YTD	Target
VTE Risk Assessment	98.5%	98.6%	95%
Common cause variation, likely to deliver target next month.			



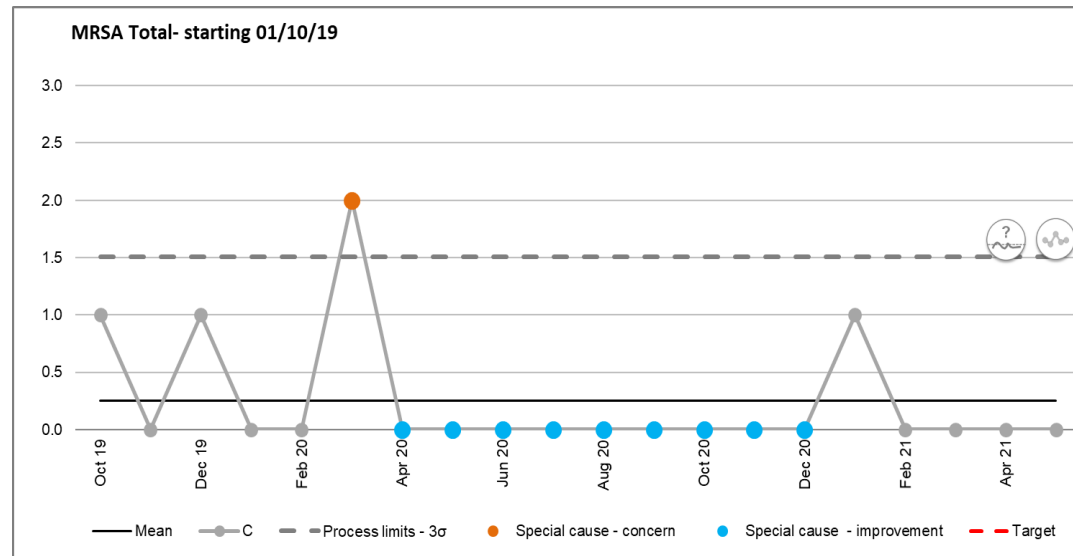
Metric	May 21	YTD	Target
% Emergency C-Sections	24.1%	23.2%	No National Target
Special cause concern, the last 7 months have been above the mean.			



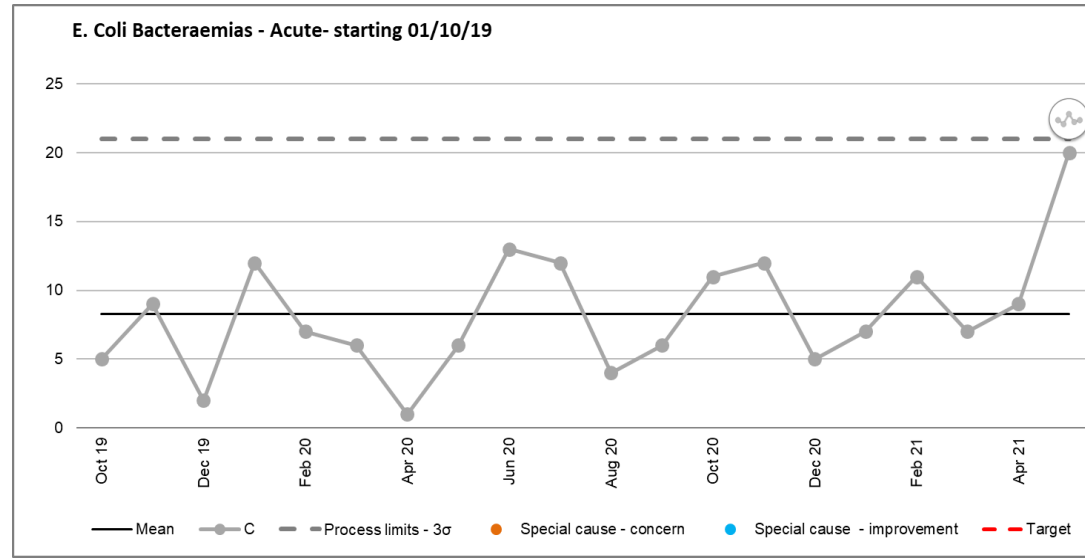
Metric	May 21	YTD	Target
Clostridium Difficile	5	12	108
No significant variation. May achieve target next month.			



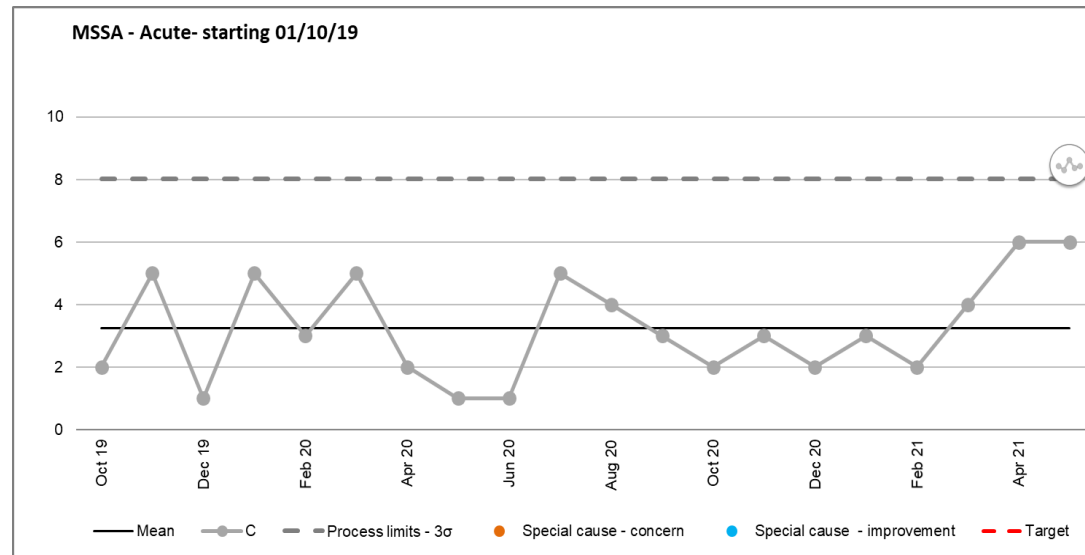
Metric	May 21	YTD	Target
MRSA Total	0	0	0
No assurance if target will be achieved next month.			



Metric	May 21	YTD	Target
E. Coli Bacteraemias - Acute	20	29	No National Target
No significant variation.			

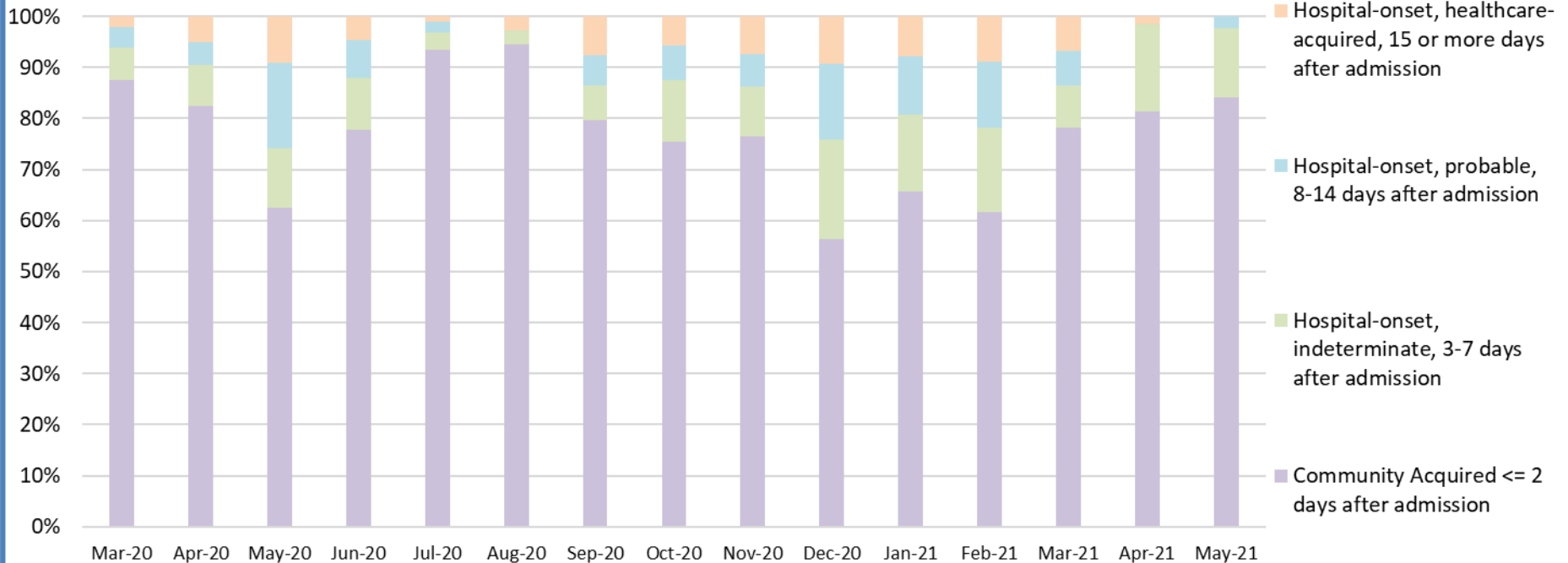


Metric	May 21	YTD	Target
MSSA - Acute	6	12	No National Target
Normal variation.			

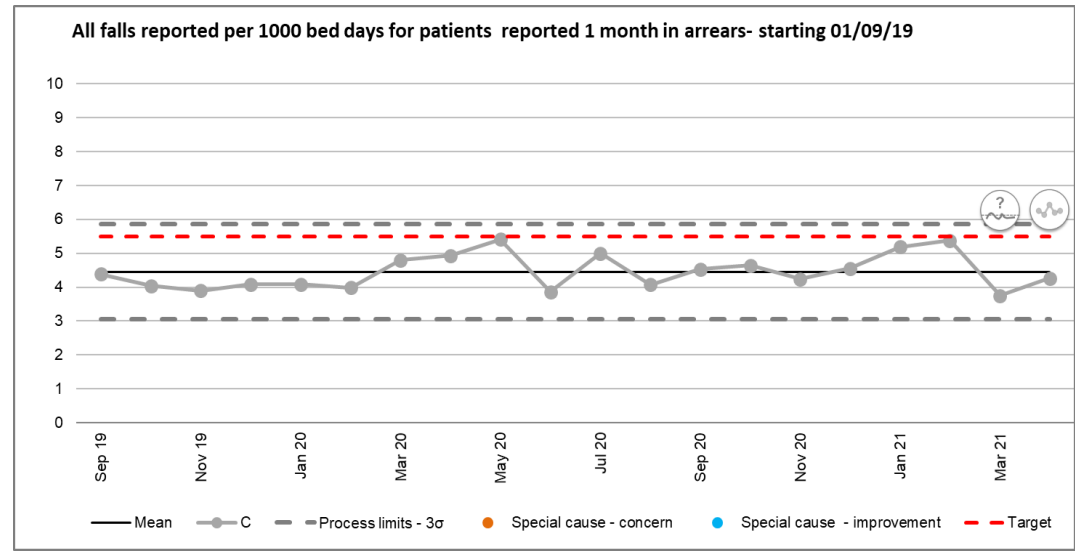


NHSI COVID-19 Onset Category	Mar-20		Apr-20		May-20		Jun-20		Jul-20		Aug-20		Sep-20		Oct-20		Nov-20		Dec-20		Jan-21		Feb-21		Mar-21		Apr-21		May-21	
	Patients	%	Patients	%	Patients	%	Patients	%	Patients	%	Patients	%	Patients	%	Patients	%	Patients	%	Patients	%	Patients	%	Patients	%	Patients	%	Patients	%	Patients	%
Community Acquired <= 2 days after admission	218	87.6%	619	82.4%	236	62.4%	168	77.8%	87	93.5%	34	94.4%	94	79.7%	237	75.5%	566	76.6%	481	56.4%	784	65.7%	370	61.7%	161	78.2%	58	81.4%	37	84.1%
Hospital-onset, indeterminate, 3-7 days after admission	16	6.4%	60	8.0%	44	11.6%	22	10.2%	3	3.2%	1	2.8%	8	6.8%	38	12.1%	71	9.6%	166	19.5%	180	15.1%	99	16.5%	17	8.3%	12	17.1%	6	13.6%
Hospital-onset, probable, 8-14 days after admission	10	4.0%	34	4.5%	64	16.9%	16	7.4%	2	2.2%	0	0.0%	7	5.9%	21	6.7%	47	6.4%	126	14.8%	135	11.3%	78	13.0%	14	6.8%	0	0.0%	1	2.3%
Hospital-onset, healthcare-acquired, 15 or more days after admission	5	2.0%	38	5.1%	34	9.0%	10	4.6%	1	1.1%	1	2.8%	9	7.6%	18	5.7%	55	7.4%	80	9.4%	94	7.9%	53	8.8%	14	6.8%	1	1.4%	0	0.0%
Total	249	100%	751	100%	378	100%	216	100%	93	100%	36	100%	118	100%	314	100%	739	100%	853	100%	1193	100%	600	100%	206	100%	71	100%	44	100%

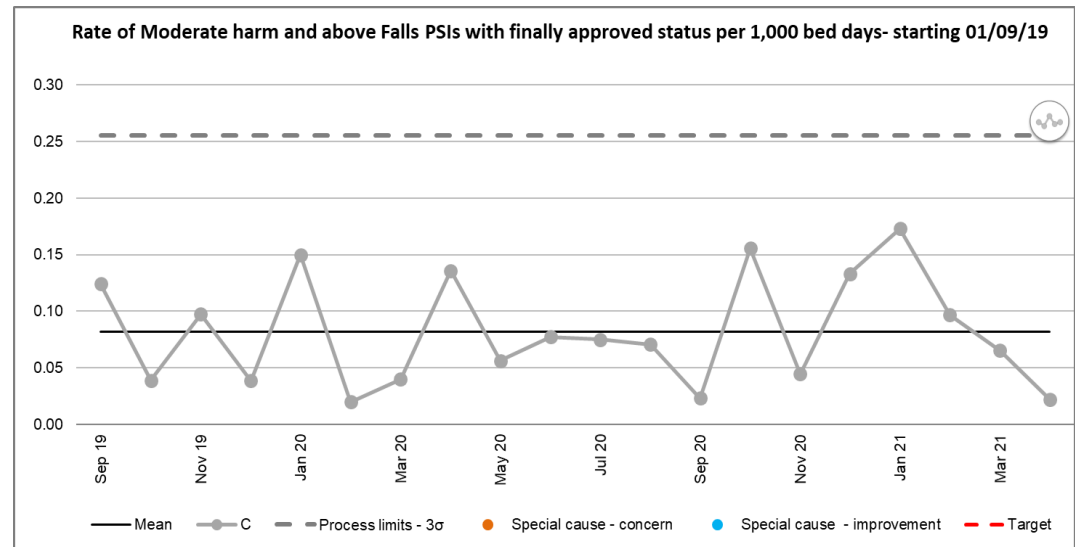
COVID-19 Hospital Onset



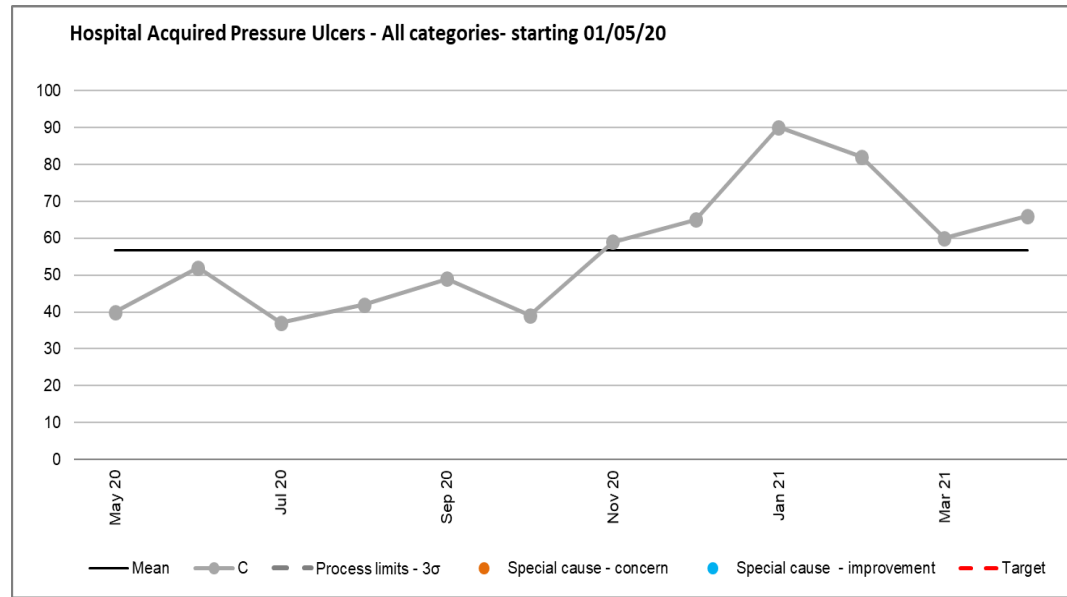
Metric	Apr 21	YTD	Target
All falls reported per 1000 bed days for patients	4.3	4.3	5.5
Common cause variation, no assurance that the target will be delivered next month.			



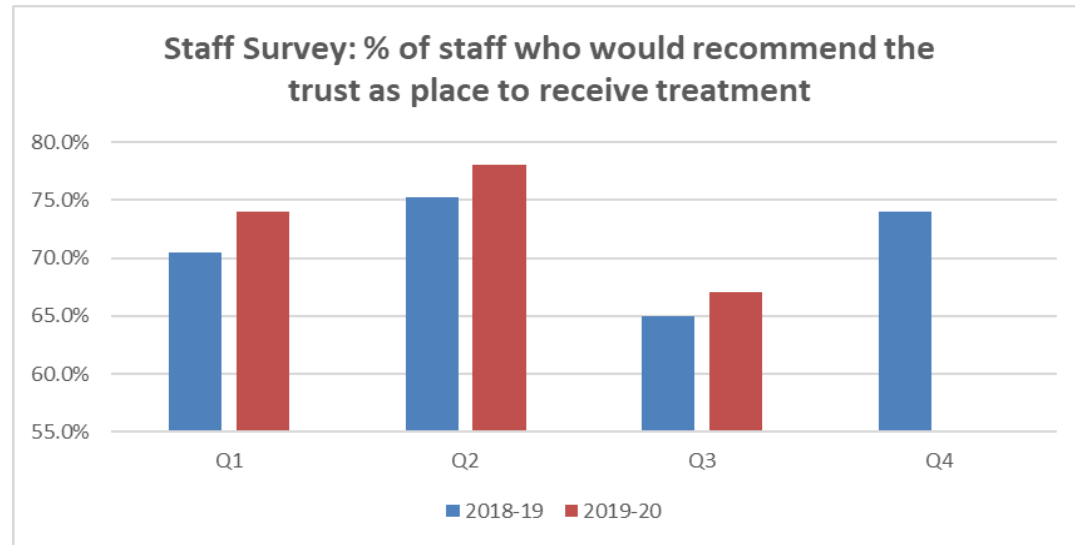
Metric	Apr 21	YTD	Target
Rate of Moderate harm and above Falls PSIs with finally approved status per 1,000 bed days	0.02	0.02	No National Target
No significant variation.			



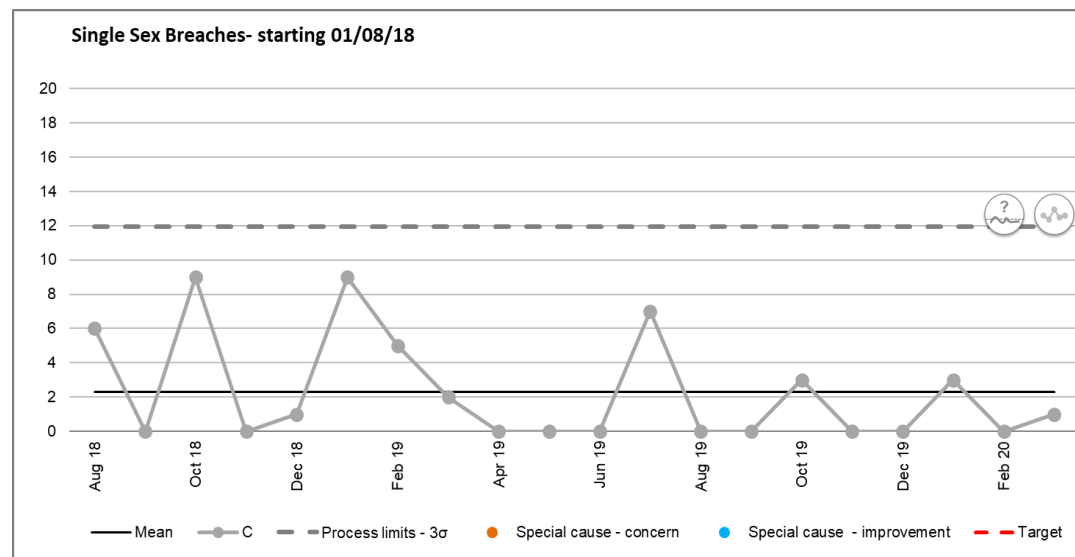
Metric	Apr 21	YTD	Target
Hospital Acquired Pressure Ulcers - All categories	66	66	No National Target
<p>The number of pressure ulcers have increased over winter this year, which runs parallel to higher acuity and the second pandemic wave.</p>			



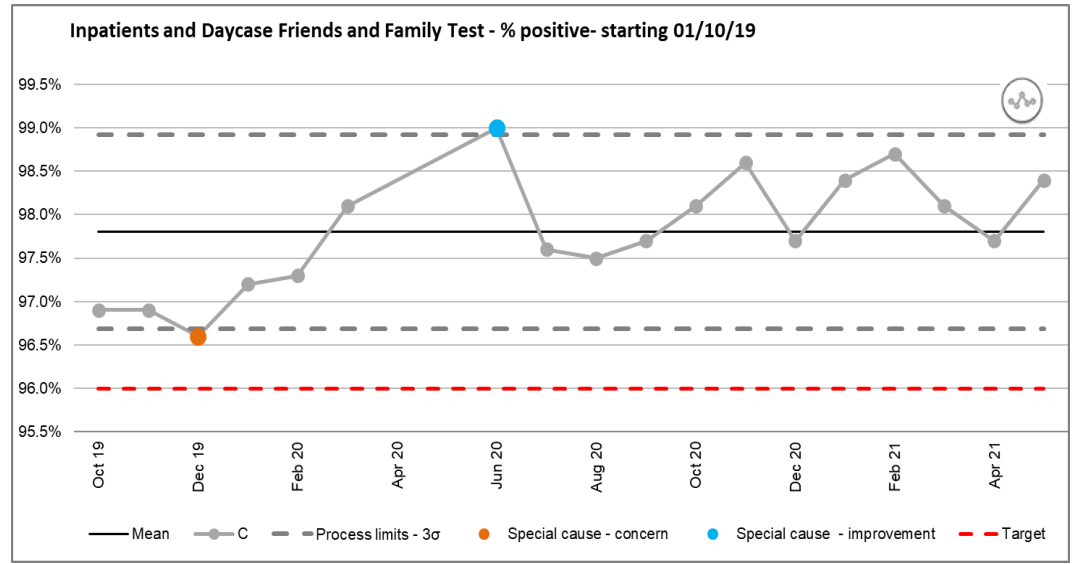
Metric	Q3 19/20	YTD	Target
% of staff who would recommend the trust as place to receive treatment	67%	73%	No National Target
Reporting will commence once national reporting resumes.			



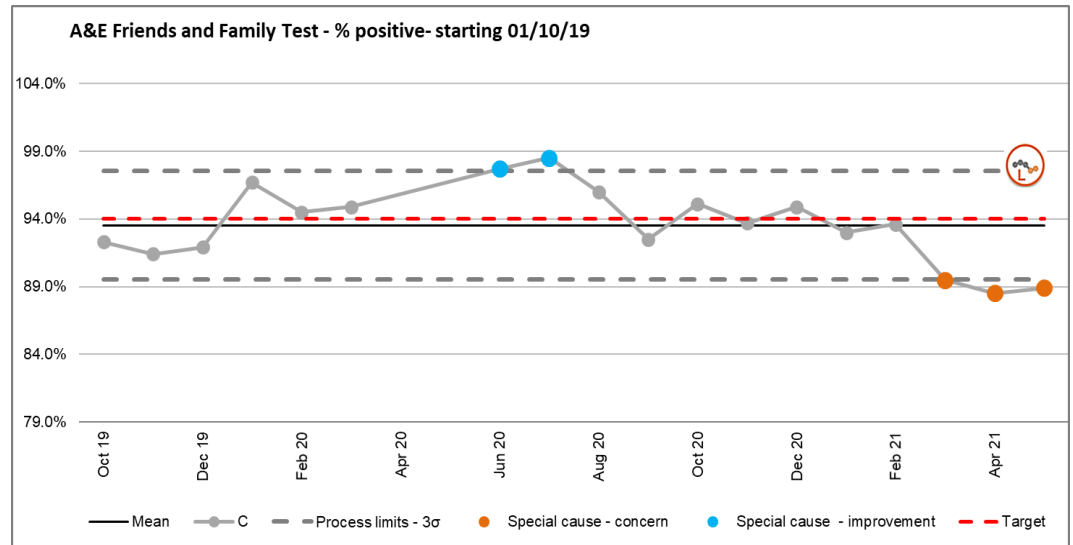
Metric	Mar 20	YTD	Target
Single Sex Breaches	1	14	0
Reporting will commence once national reporting resumes.			



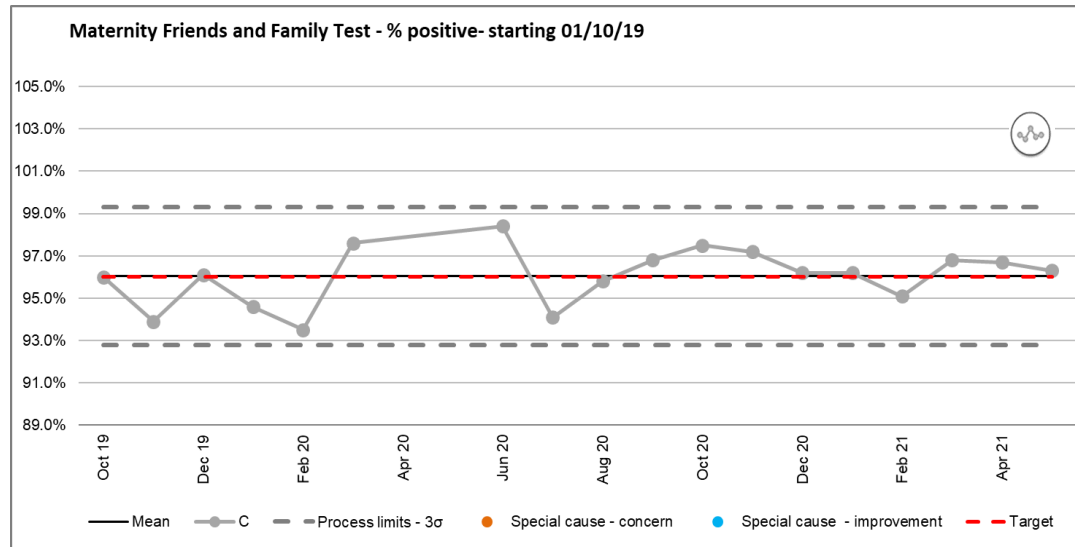
Metric	May 21	YTD	Target
Inpatient and Day case F&F Test % Positive	98%	98%	TBC
CMG reporting has resumed.			



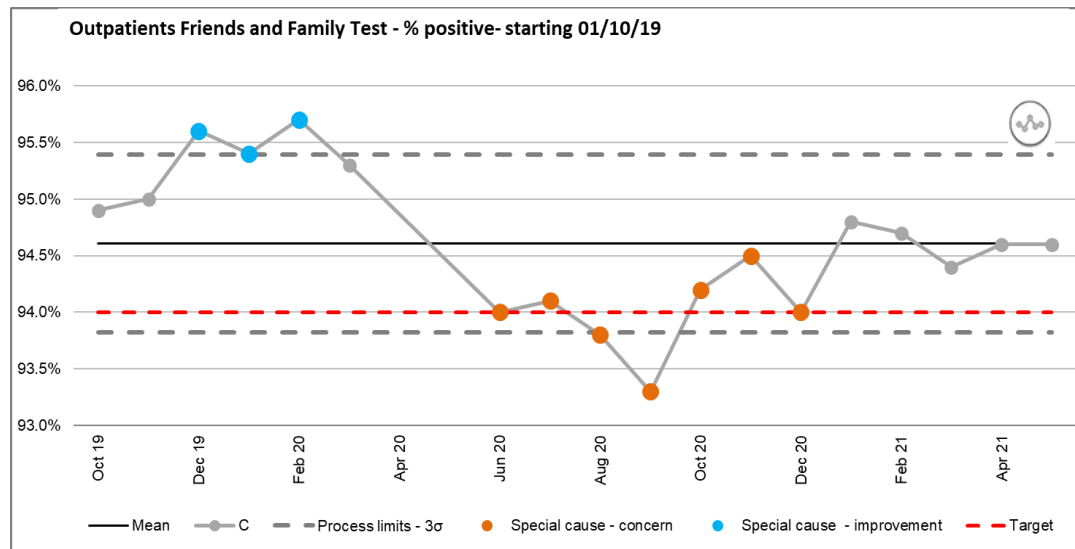
Metric	May 21	YTD	Target
A&E F&F Test % Positive	89%	89%	TBC
CMG reporting has resumed.			



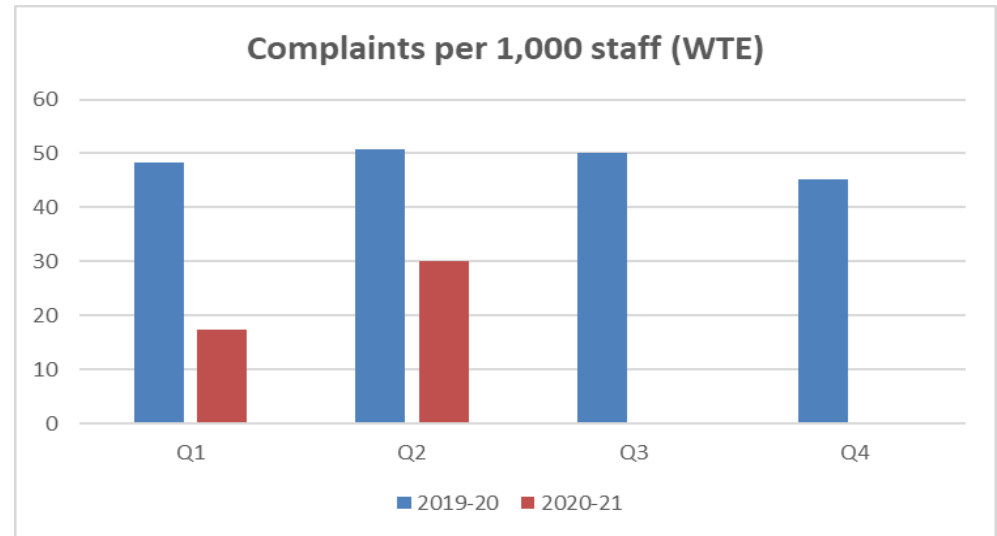
Metric	May 21	YTD	Target
Maternity F&F Test % Positive	96%	97%	TBC
CMG reporting has resumed.			



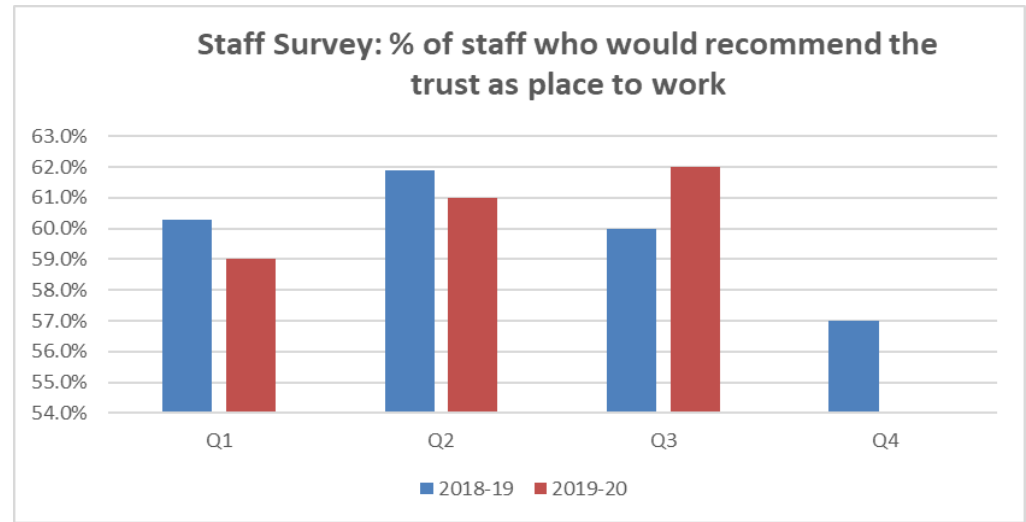
Metric	May 21	YTD	Target
Outpatients Friends and Family Test - % positive	95%	95%	TBC
CMG reporting has resumed.			



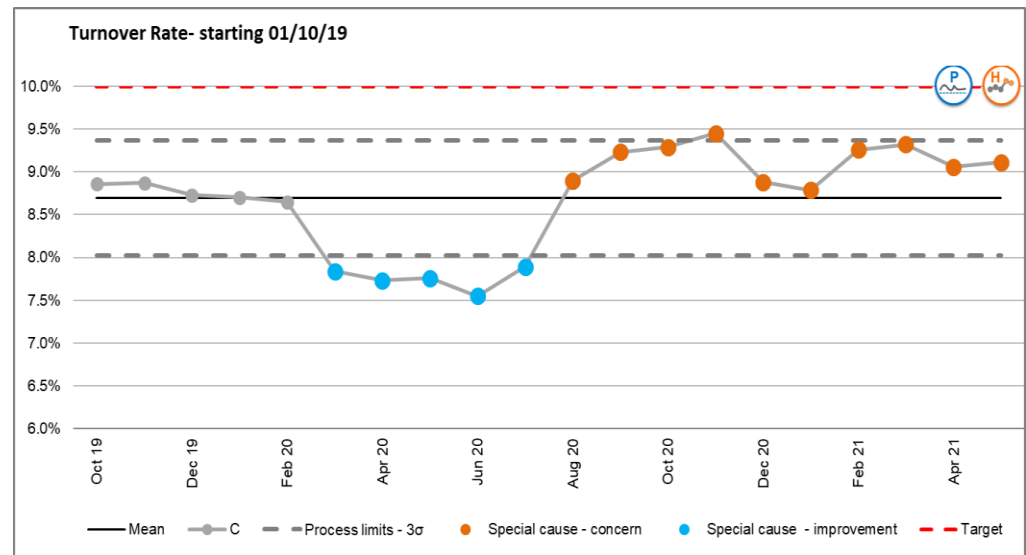
Metric	Q2 20/21	YTD	Target
Complaints per 1,000 staff (WTE)	30.1	23.8	No National Target
Reporting will commence once national reporting resumes. Data not available via NHS Digital.			



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



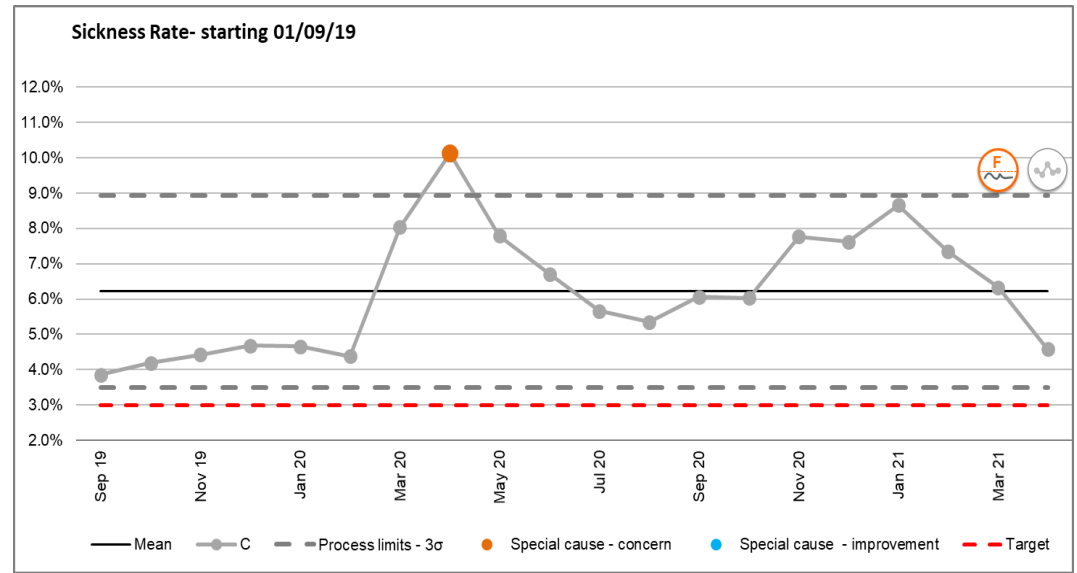
Metric	May 21	YTD	Target
Turnover Rate	9.1%	9.1%	10%
Special cause concern due to COVID-19, very likely to achieve target next month.			



Metric	Apr 21	YTD	Target
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Sickness absence (excludes Estates and Facilities)	4.6%	4.6%	3%
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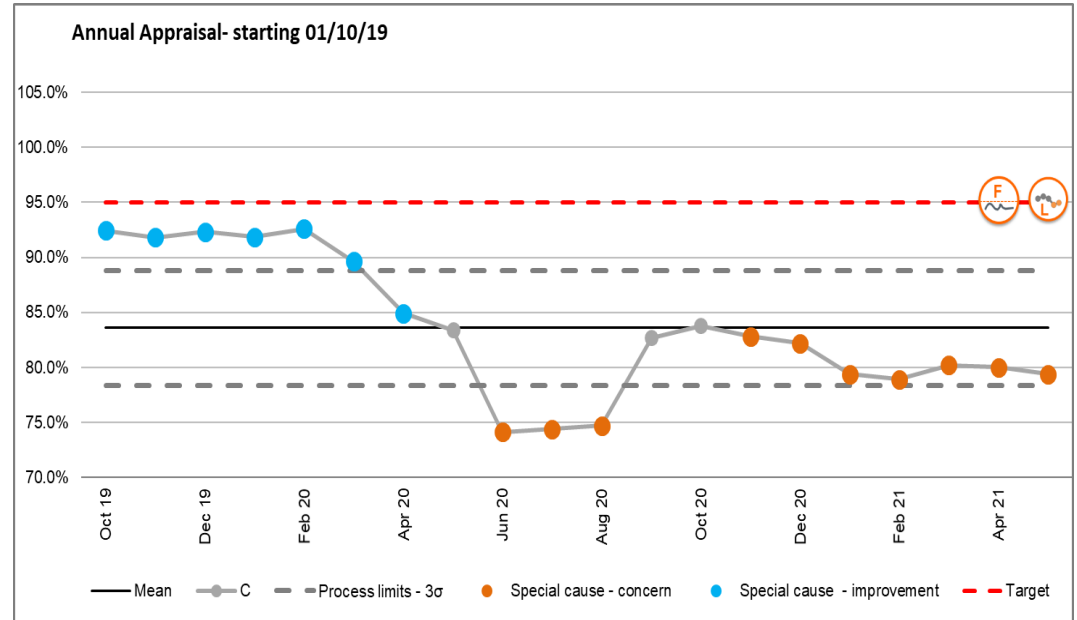
The sickness rate reported in April is similar to before the COVID-19 pandemic. The target will most likely not be achieved next month.



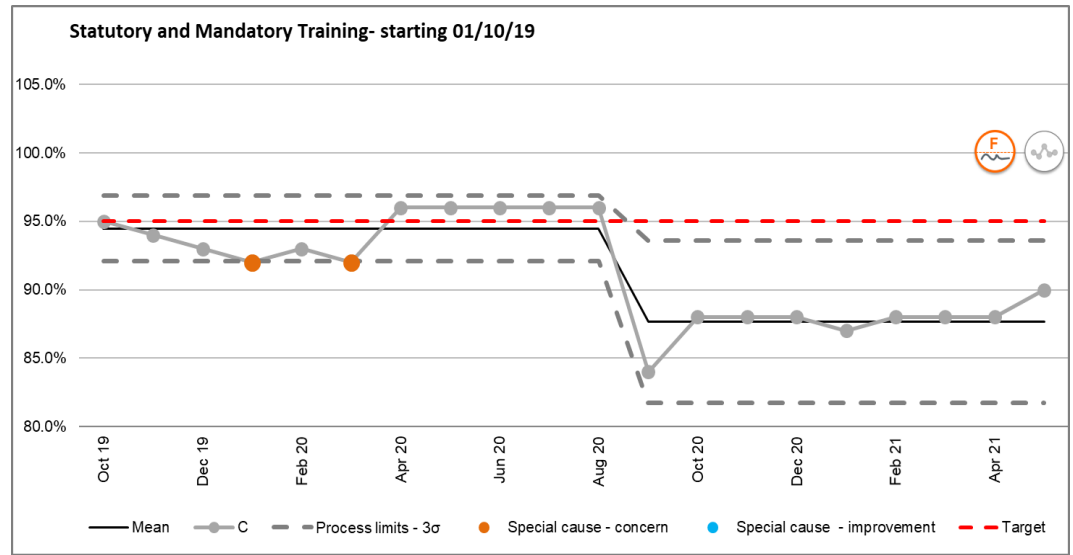
Metric	May 21	YTD	Target
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% of Staff with Annual Appraisal (excludes Estates and Facilities)	79.4%	79.4%	95%
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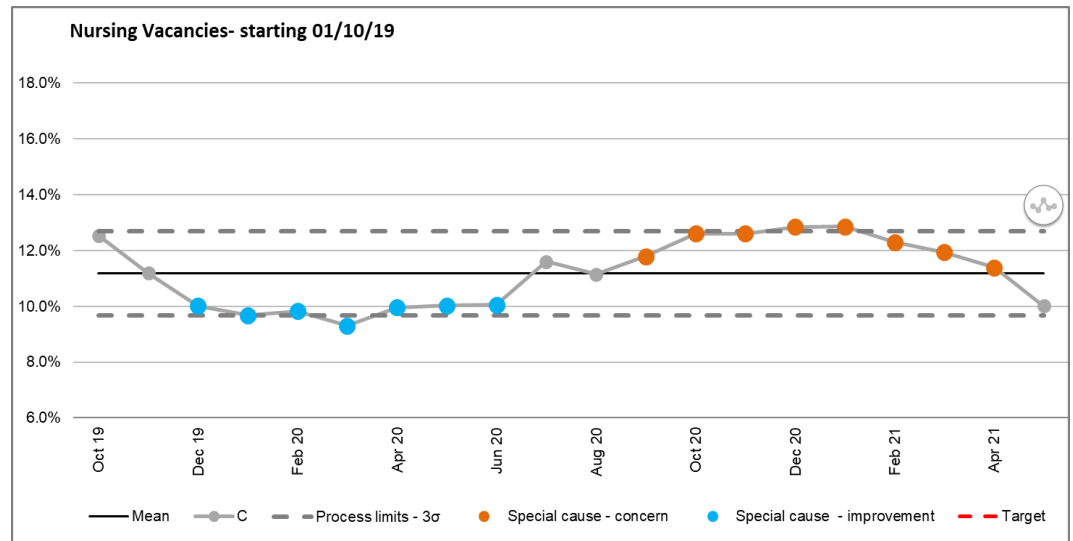
Special cause concern following a deterioration in performance last year due to COVID-19. Very unlikely to achieve target.



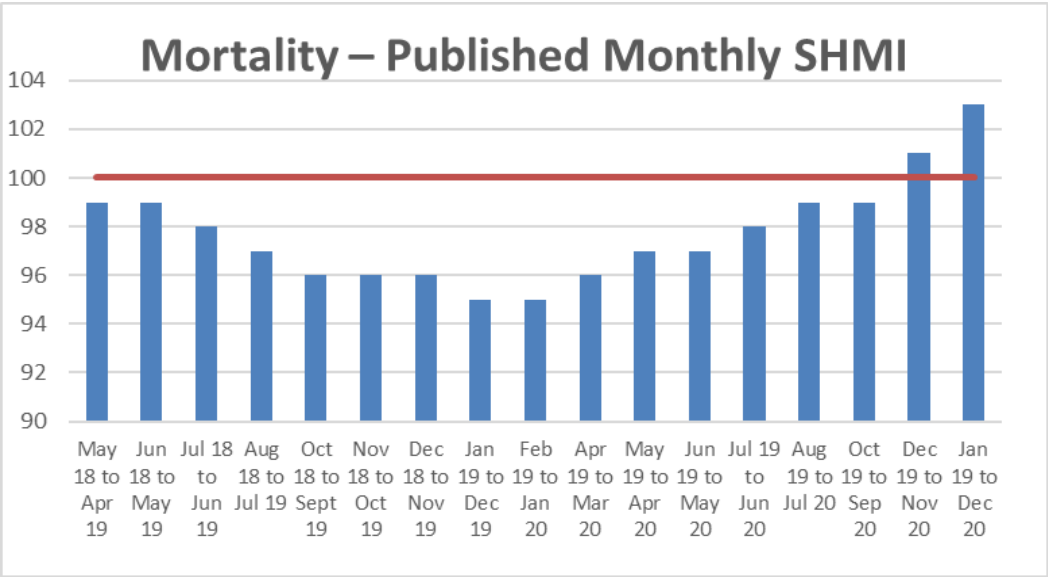
Metric	May 21	YTD	Target
Statutory and Mandatory Training	90%	90%	95%
Performance decreased in September due to the removal of the extension to the training refresher periods introduced in March due to COVID-19.			



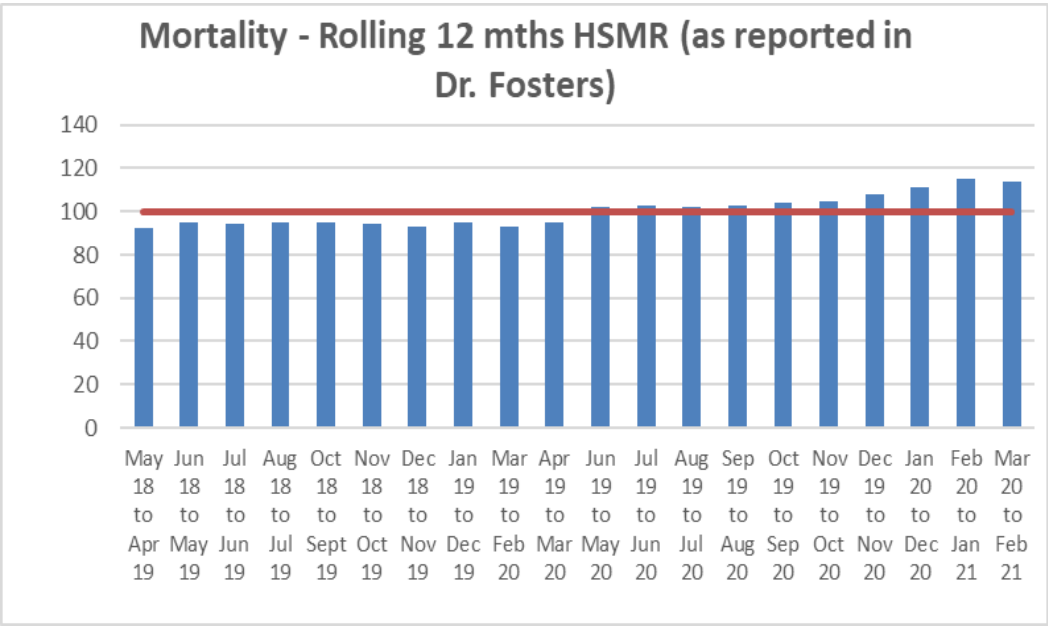
Metric	May 21	YTD	Target
Nursing Vacancies	10.0%	10.0%	No National Target
Common cause variation.			



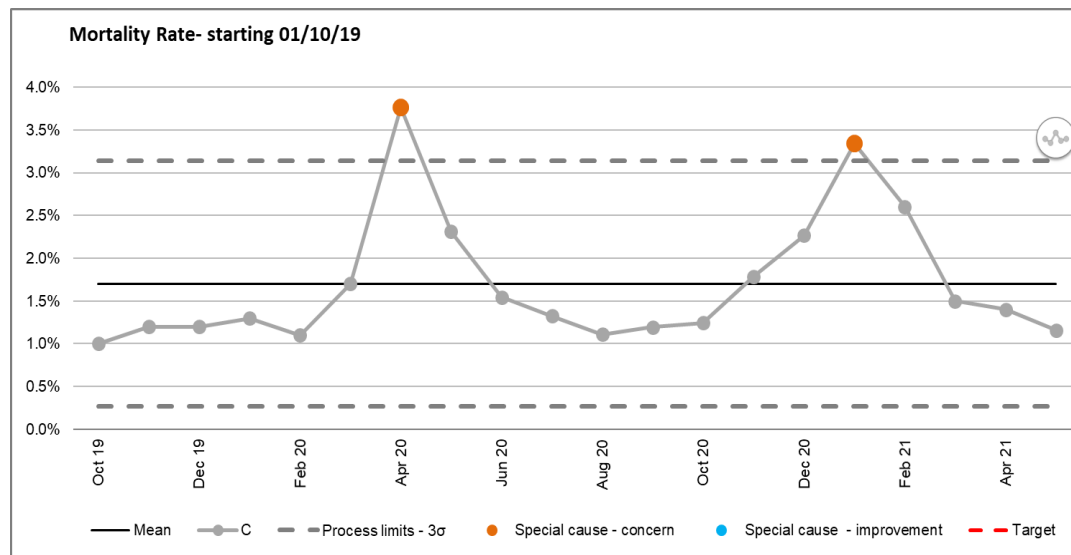
Metric	Jan 20 – Dec 20	Target
Mortality – Published Monthly SHMI	103 (within expected range)	100
<p>UHL’s SHMI has increased above 100 but remains within the expected range.</p>		



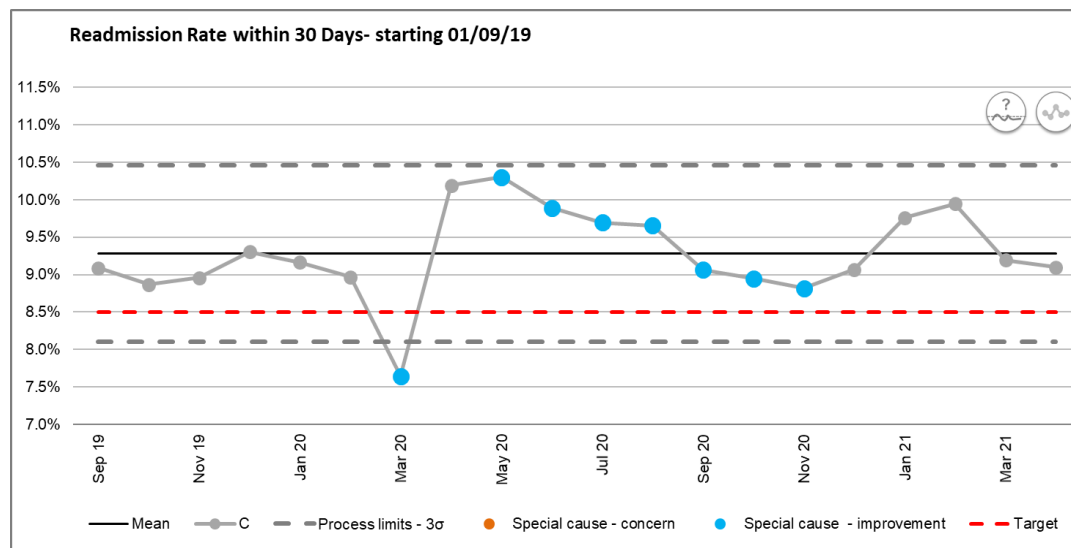
Metric	Mar 20 – Feb 21	Target
Mortality - Rolling 12 mths HSMR as reported in Dr. Foster)	114	100
<p>The increase in UHL’s HSMR appears to be due to a significant fall in activity & change in case-mix from March 20.</p> <p>The trust’s HSMR has begun to decrease for each reporting period following rebasing nationally and the refreshing of UHL’s data.</p>		



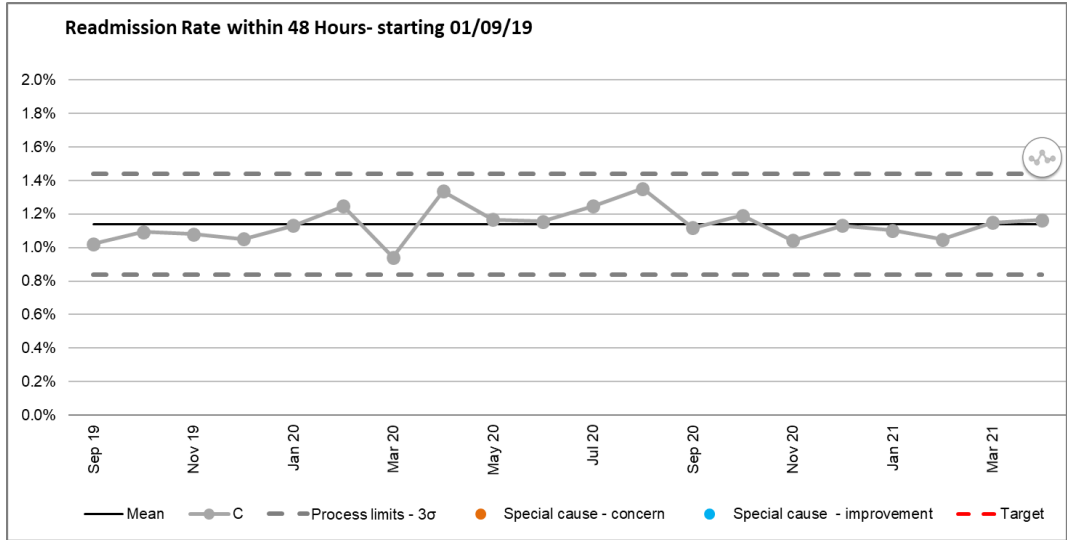
Metric	May 21	YTD	Target
Crude Mortality	1.2%	1.3%	No National Target
Statistically significant increase in January due to COVID-19.			



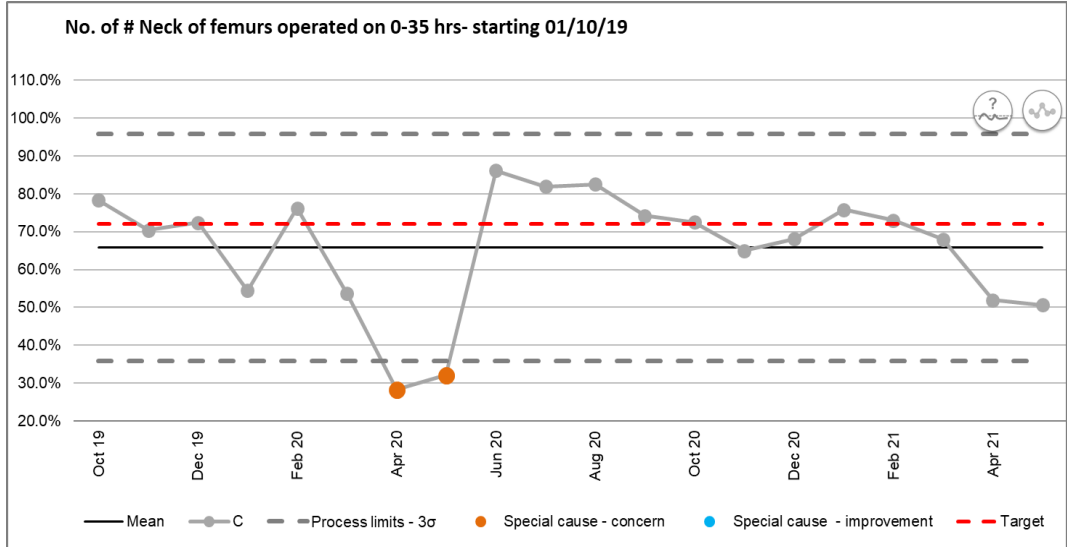
Metric	Apr 21	YTD	Target
Emergency readmissions within 30 days	9.1%	9.1%	8.5%
Normal variation, unlikely to achieve target next month.			



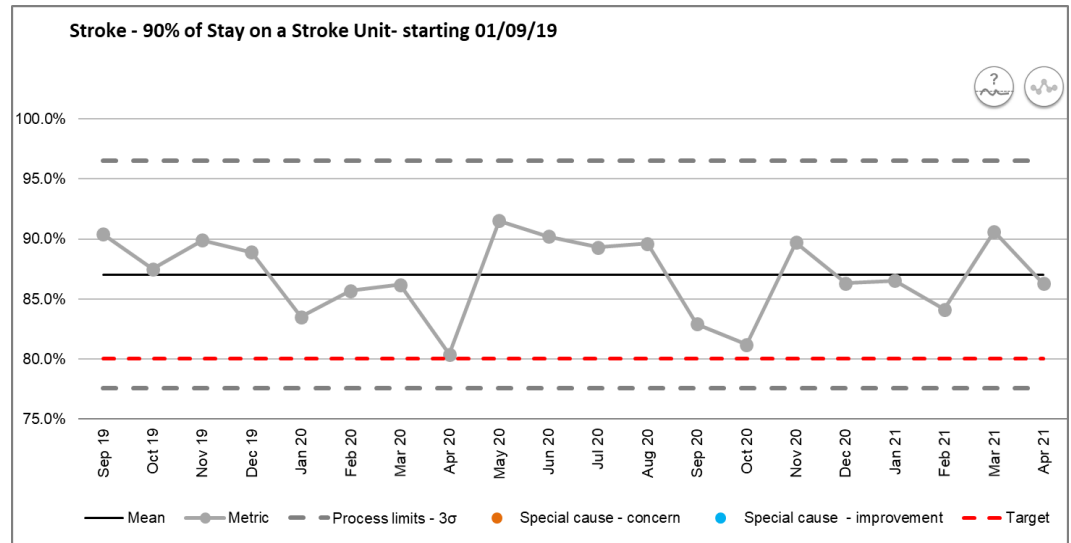
Metric	Apr 21	YTD	Target
Emergency readmissions within 48 hrs	1.2%	1.2%	No National Target
No significant variation.			



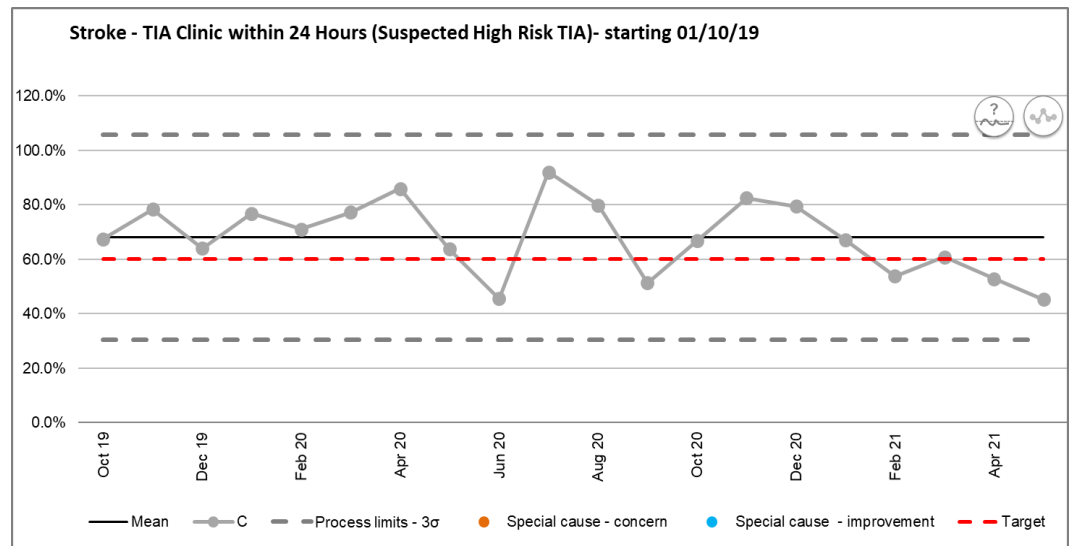
Metric	May 21	YTD	Target
% Neck of femurs operated on under 36 hrs Based on Admissions	50.6%	51.2%	72%
Common cause variation. No assurance that target will be delivered next month.			



Metric	Apr 21	YTD	Target
Stroke - 90% of Stay on a Stroke Unit	86.3%	86.3%	80%
Common cause variation, consistently achieving target.			



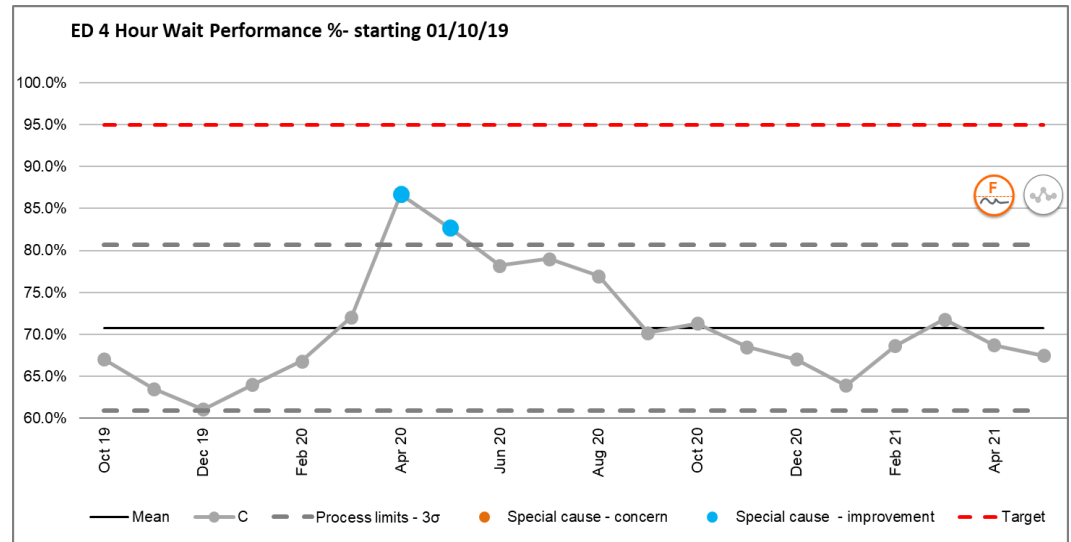
Metric	May 21	YTD	Target
TIA Clinic within 24 Hours (Suspected High Risk TIA)	45.3%	48.9%	60%
Common cause variation, no assurance target will be delivered next month.			



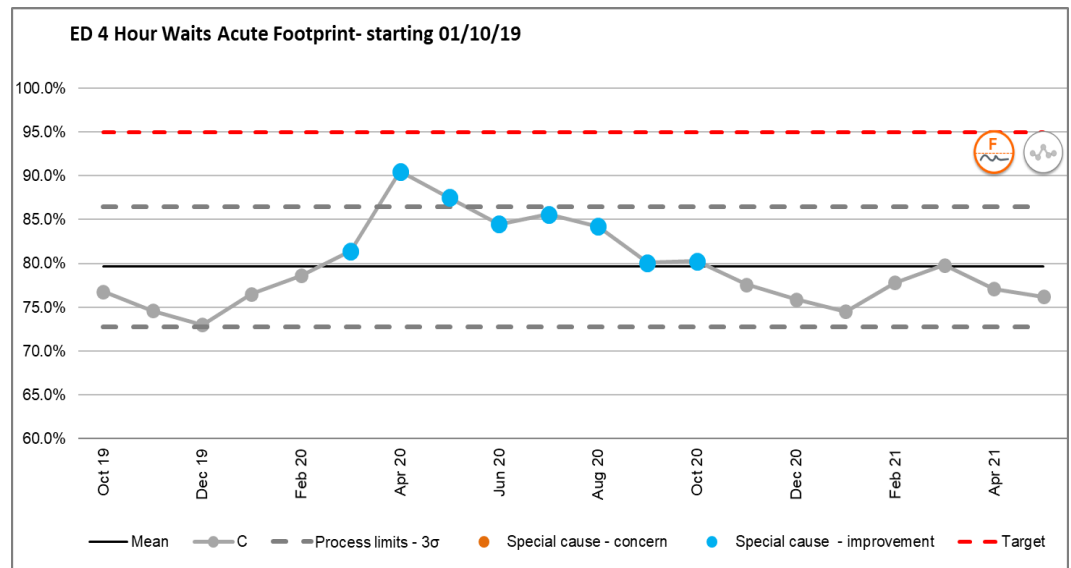
Responsive

For more information please see the Urgent Care Report - PPPC

Metric	May 21	YTD	Target
ED 4 Hour Waits UHL	67.5%	68.1%	95%
Continually failing target and will most likely fail to achieve target next month. Last month UHL performance ranked 113 out of 114 trusts nationally.			

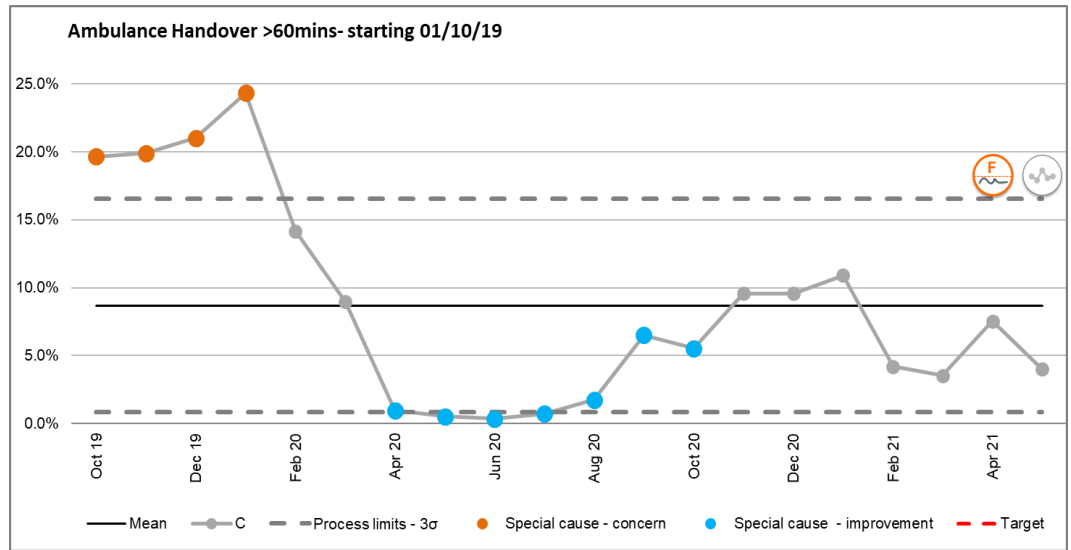


Metric	May 21	YTD	Target
ED 4 Hour Waits Acute Footprint	76.2%	76.6%	95%
Continually failing target and will most likely fail to achieve target next month. Last month UHL performance ranked 102 out of 114 trusts nationally after including additional mapped type 3 activity.			

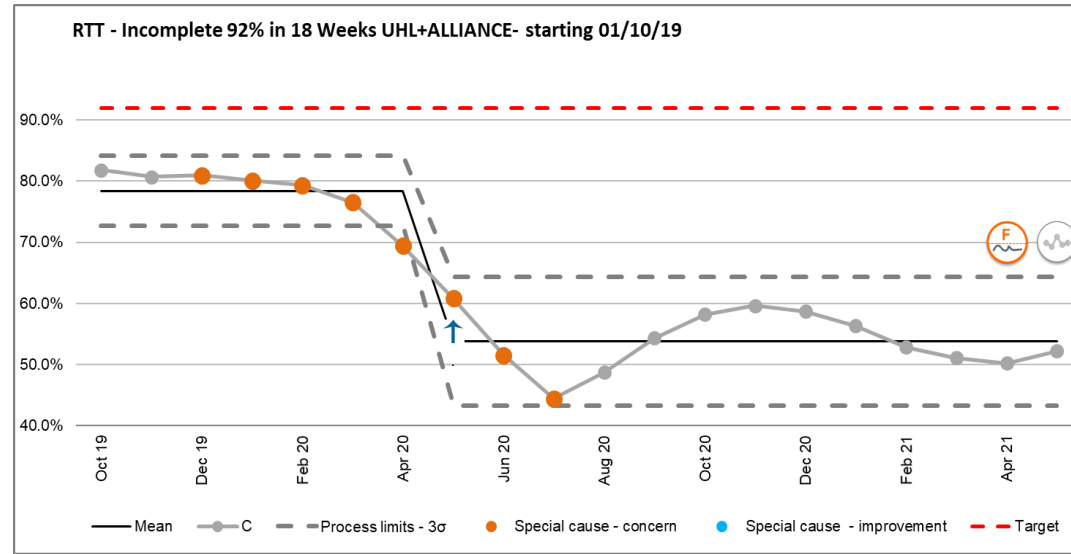


Responsive

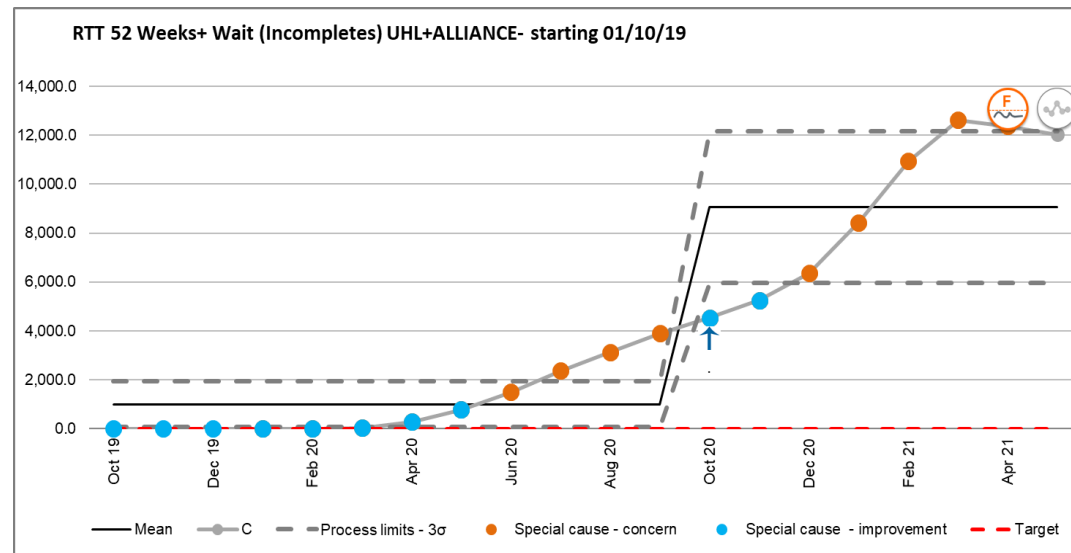
Metric	May 21	YTD	Target
Ambulance Handover >60 Mins	4.0%	5.8%	0%
Common cause variation, target will not be achieved this month.			



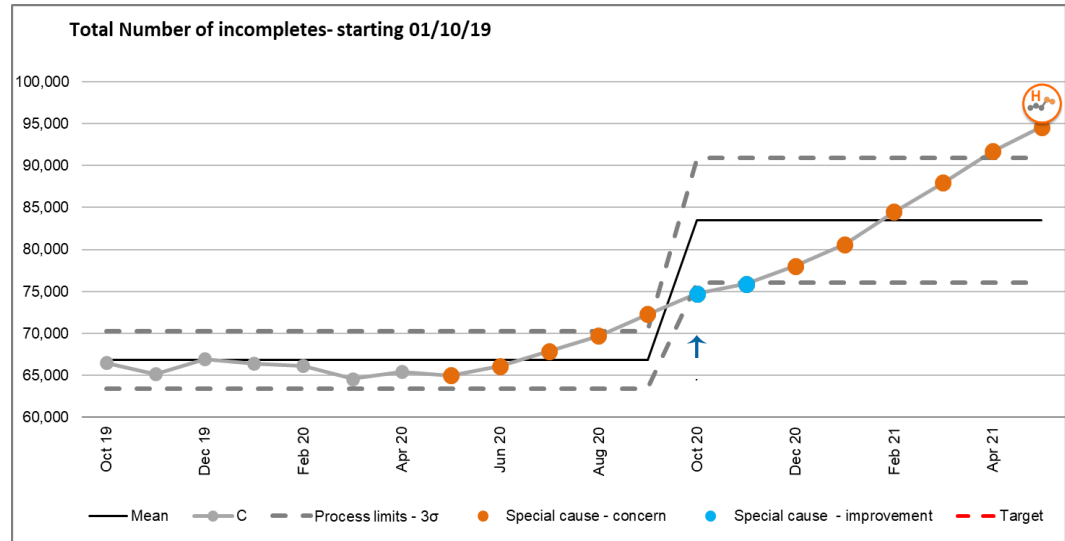
Metric	May 21	YTD	Target
RTT Incompletes	52.2%	52.2%	92%
Performance has deteriorated due to COVID-19.			



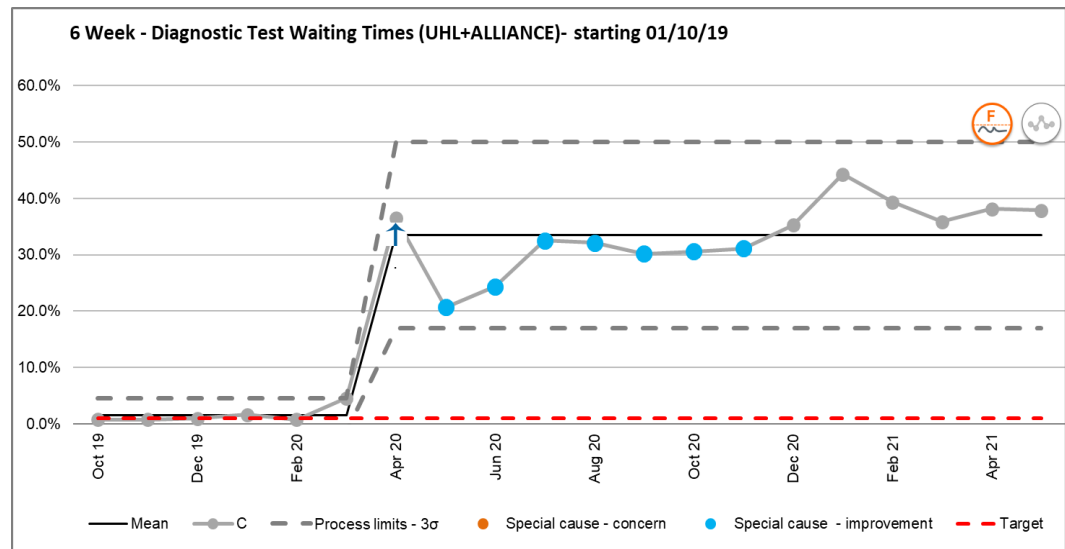
Metric	May 21	YTD	Target
RTT 52+ Weeks Wait	12,027	12,027	0
The number of 52+ breaches appears to be stabilising.			



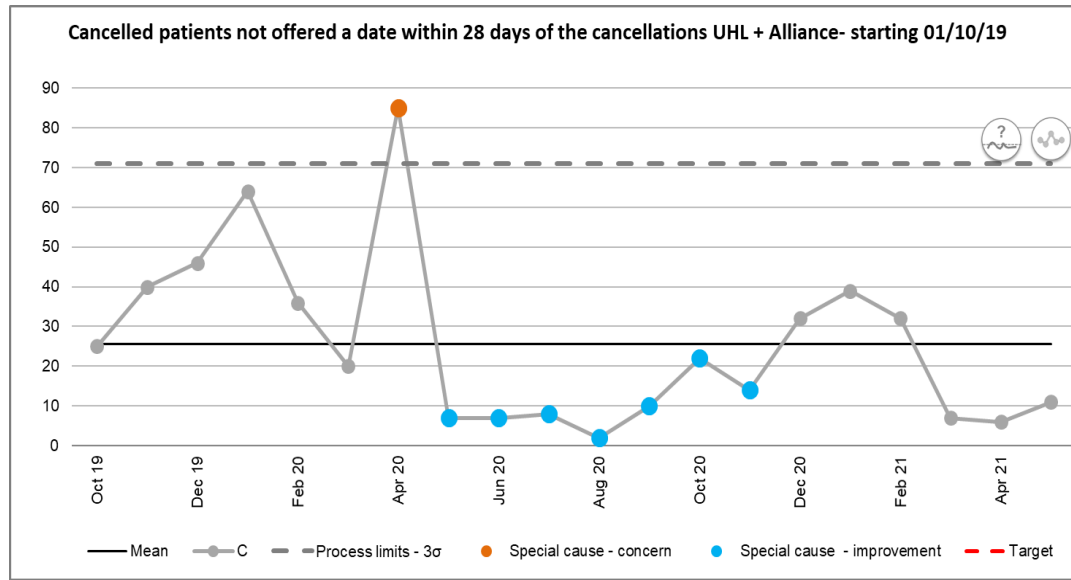
Metric	May 21	YTD	Target
Total Number of incompletes	94,605	94,605	TBC
Special cause concern due to COVID-19.			



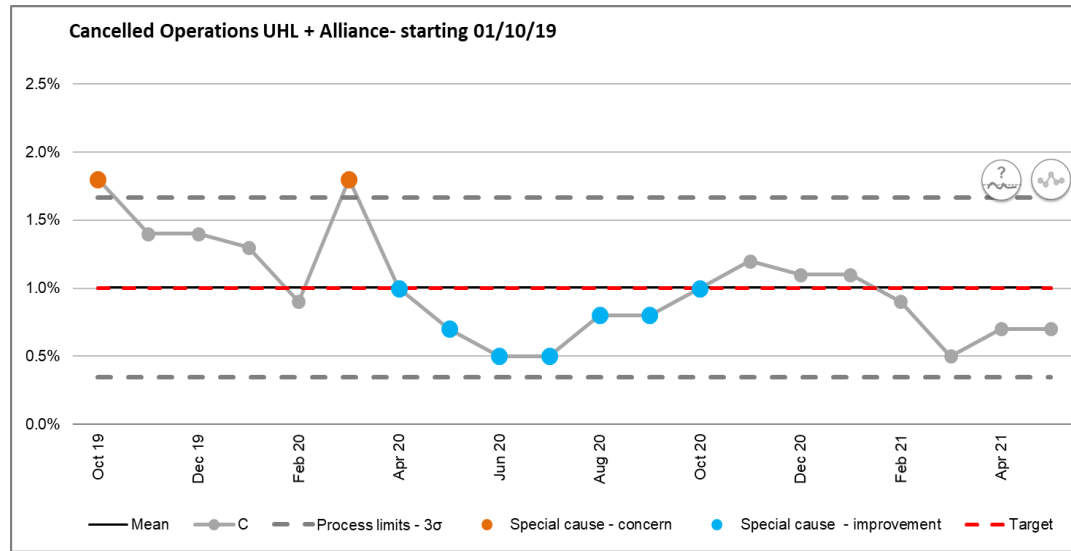
Metric	May 21	YTD	Target
6 Week Diagnostic Waits	37.9%	37.9%	1%
Common cause variation, target not achieved since March 2020 due to COVID-19.			



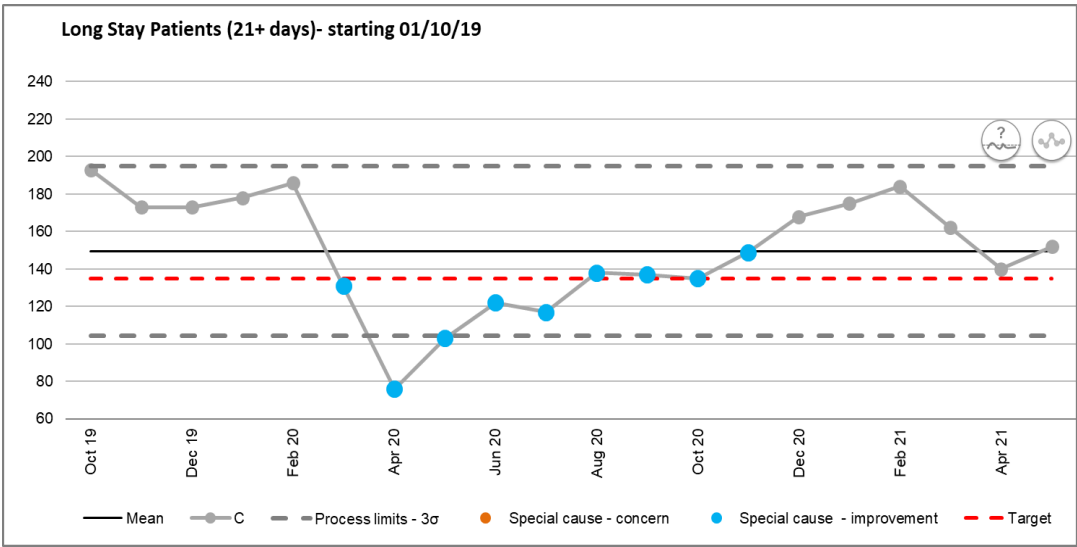
Metric	May 21	YTD	Target
Cancelled patients not offered a date within 28 days of the cancellations	11	17	0
Common cause variation – April 2020 was above the upper control limit due to COVID-19. Full Year target already breached.			



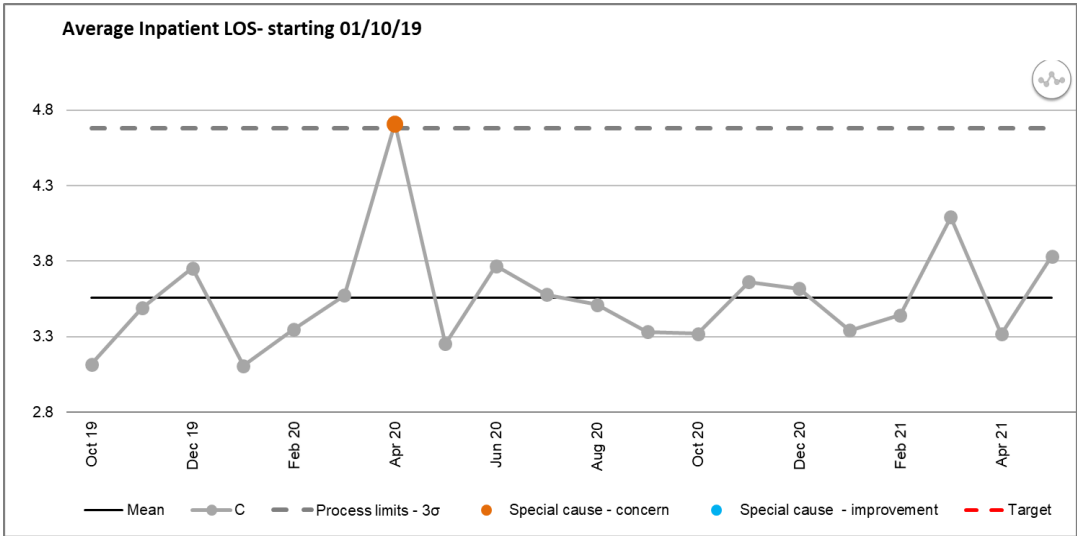
Metric	May 21	YTD	Target
% Operations cancelled on the day	0.7%	0.7%	1%
Common cause variation. No assurance that the target will be delivered next month.			



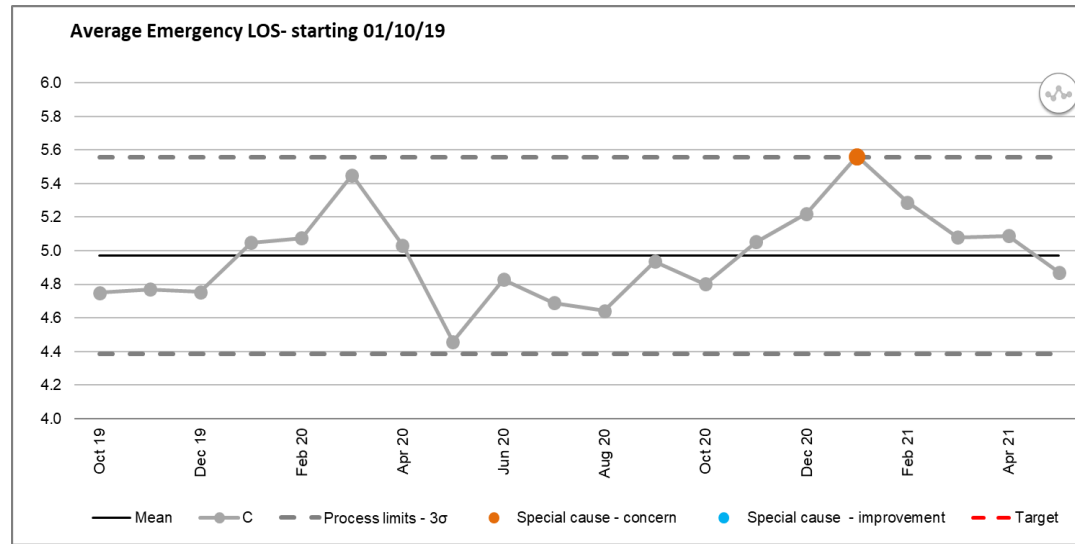
Metric	May 21	YTD	Target
Long Stay Patients (21+ days)	152	152	135
Common cause variation. No assurance that the target will be delivered next month.			



Metric	May 21	YTD	Target
Average Inpatient LOS	3.8	3.6	No National Target
Normal variation.			



Metric	May 21	YTD	Target
Average Emergency LOS	4.9	5.0	No National Target
Normal variation.			



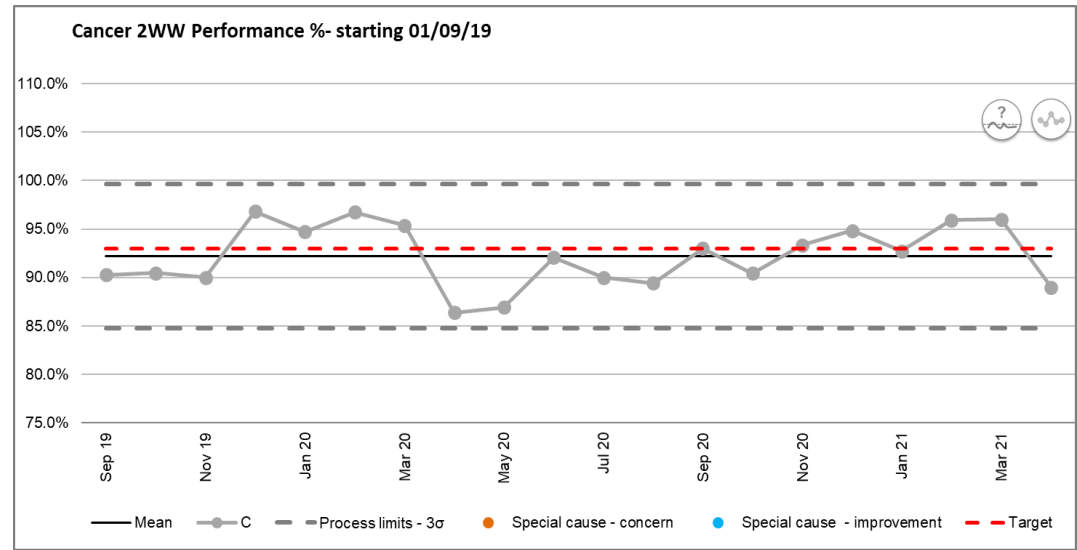
Responsive – Cancer

For more information please see the Cancer Recovery Paper - PPPC

Metric	Apr 21	YTD	Target
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Cancer 2WW	89.0%	89.0%	93%
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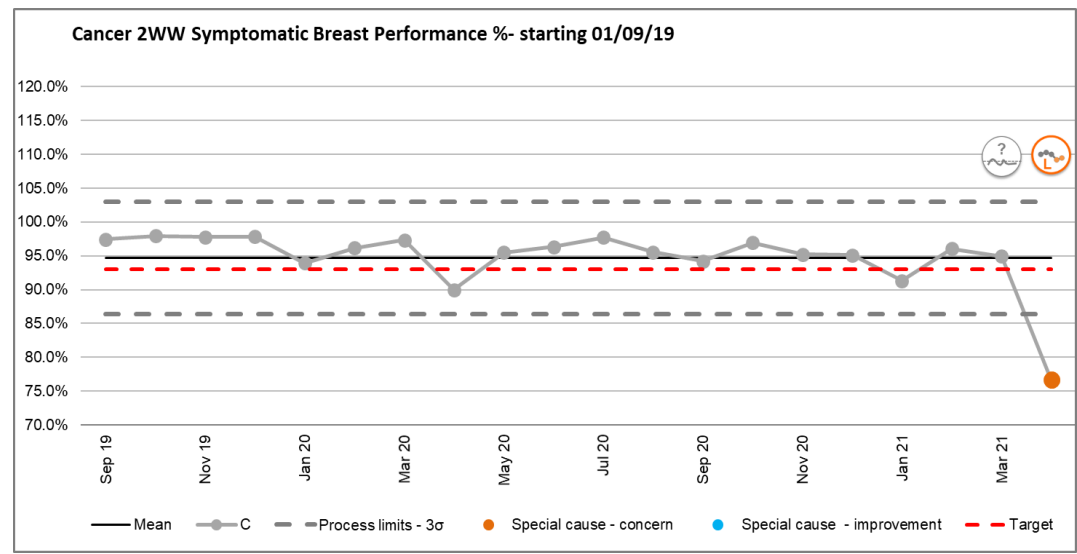
Common cause variation, no assurance that target will be achieved next month. Failed to deliver due to ENT and Dermatology – action plan in place to facilitate recovery. In April, UHL performance ranked 69 out of 127 Trusts nationally.



Metric	Apr 21	YTD	Target
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Cancer 2WW Breast	76.7%	76.7%	93%
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Performance declined in April 2021 – Failed due to increase in referrals and decreased WLI – action plan in place to facilitate recovery. In April, UHL performance ranked 52 out of 104 Trusts nationally.

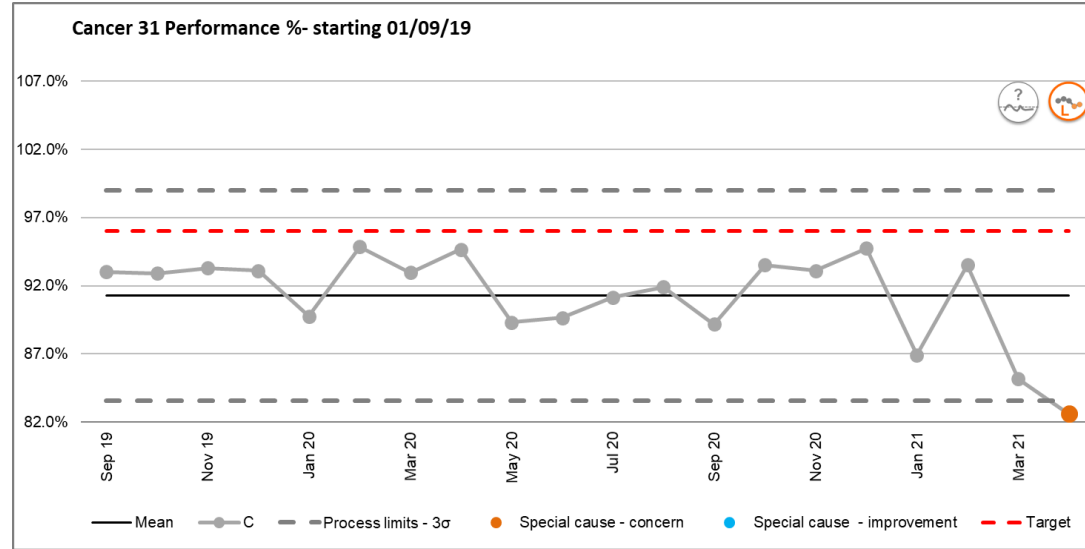


Responsive – Cancer

Metric	Apr 21	YTD	Target
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Cancer 31 Day **82.6%** **82.6%** **96%**

Unlikely to achieve target next month due to capacity but expect to see decrease in backlog with increased theatre capacity. In April, UHL performance ranked 139 out of 141 Trusts nationally.

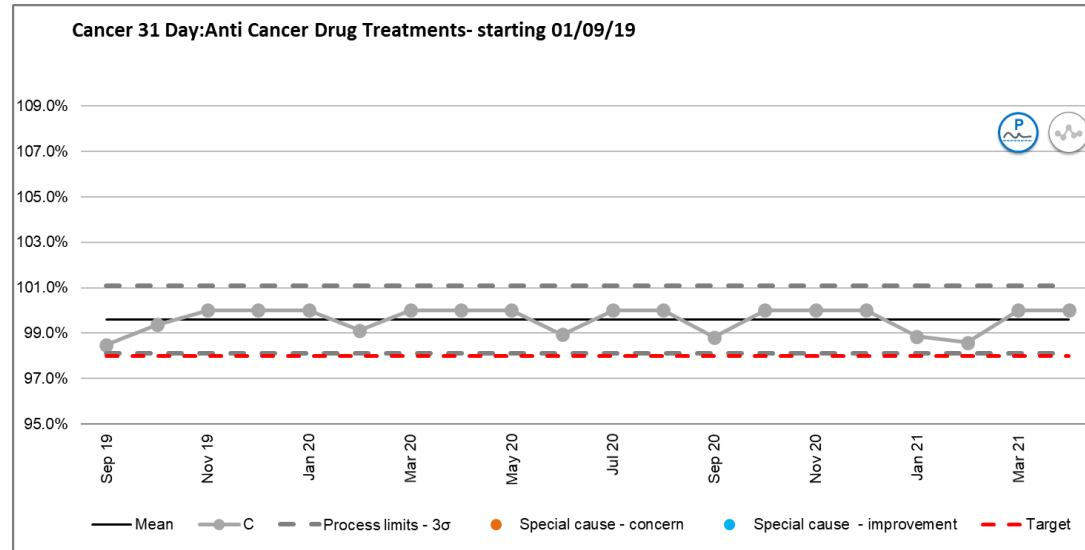


Metric	Apr 21	YTD	Target
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Cancer 31 Day Drugs **100%** **100%** **98%**

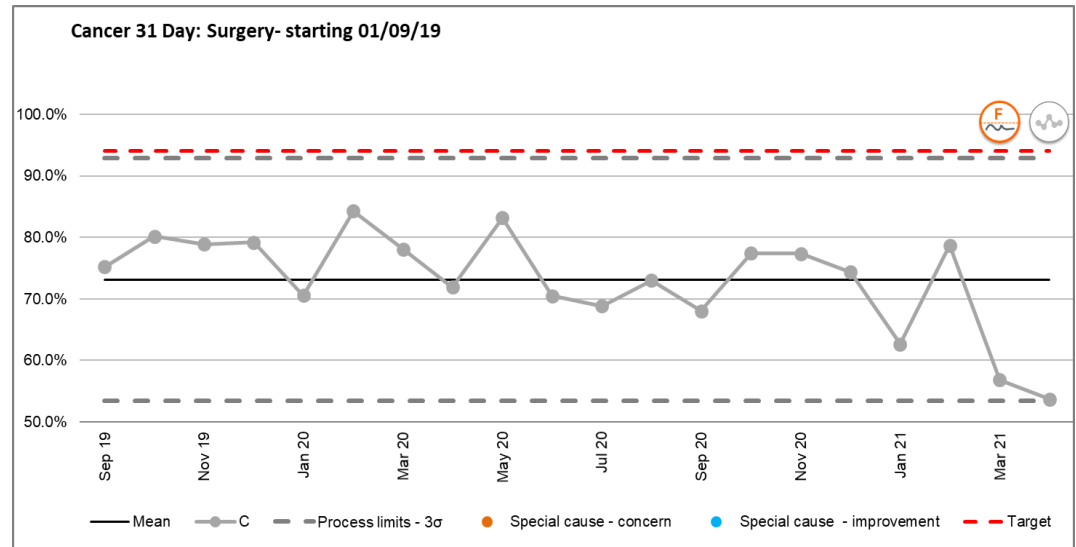
Achieving.

In April, UHL performance ranked 1 out of 126 Trusts nationally.

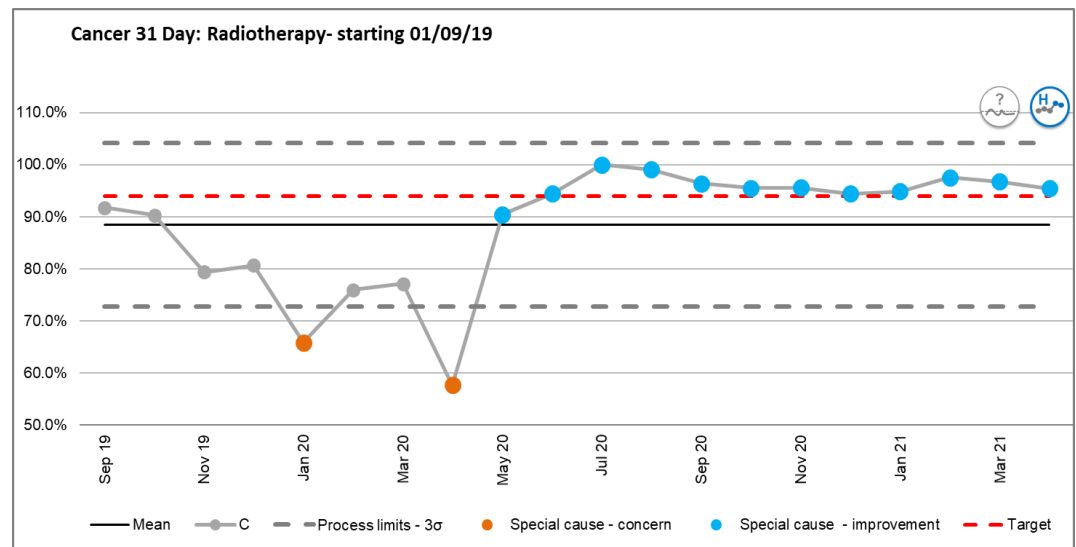


Responsive – Cancer

Metric	Apr 21	YTD	Target
Cancer 31 Surgery	53.7%	53.7%	94%
<p>Unlikely to achieve target next month, performance is underperforming but we expect to see a decrease in backlog with increased theatre capacity. In April, UHL performance ranked 133 out of 136 Trusts nationally.</p>			



Metric	Apr 21	YTD	Target
Cancer 31 Day Radiotherapy	95.5%	95.5%	94%
<p>Achieving. In April, UHL performance ranked 42 out of 54 Trusts nationally.</p>			

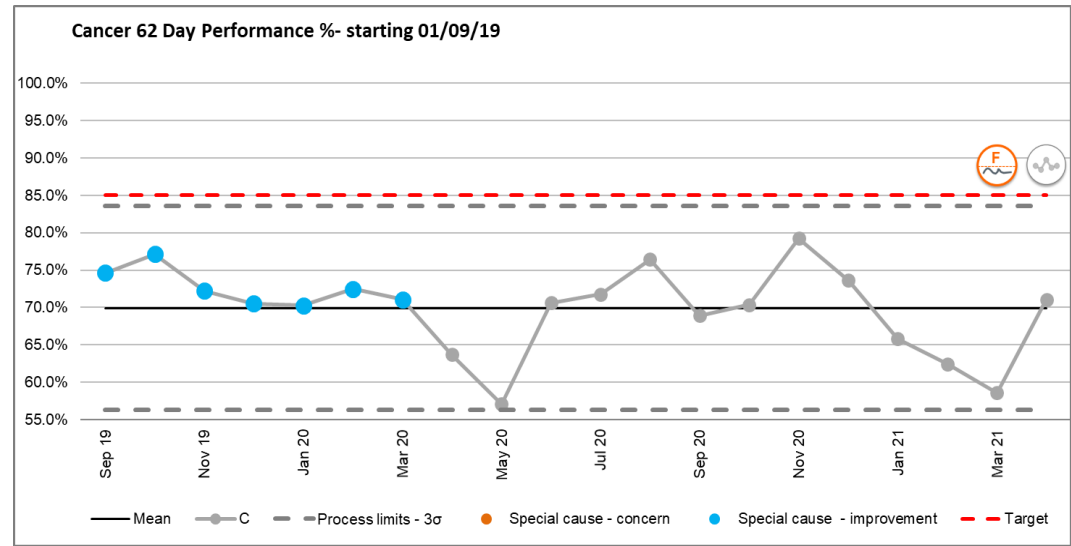


Responsive – Cancer

Metric	Apr 21	YTD	Target
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Cancer 62 Day	71.1%	71.1%	85%
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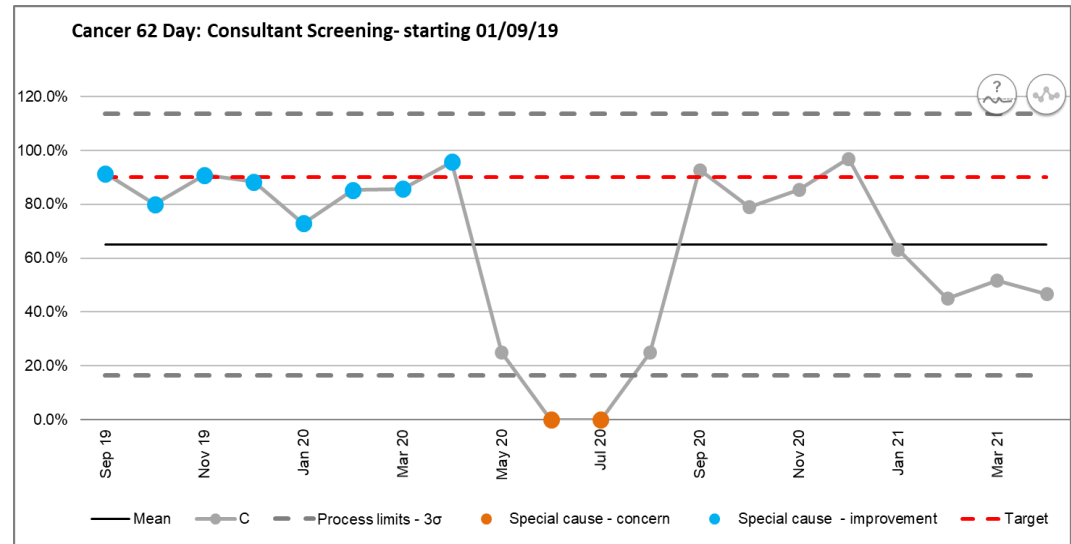
Unlikely to achieve target next month, performance is underperforming. In April, UHL performance ranked 95 out of 136 Trusts nationally.



Metric	Apr 21	YTD	Target
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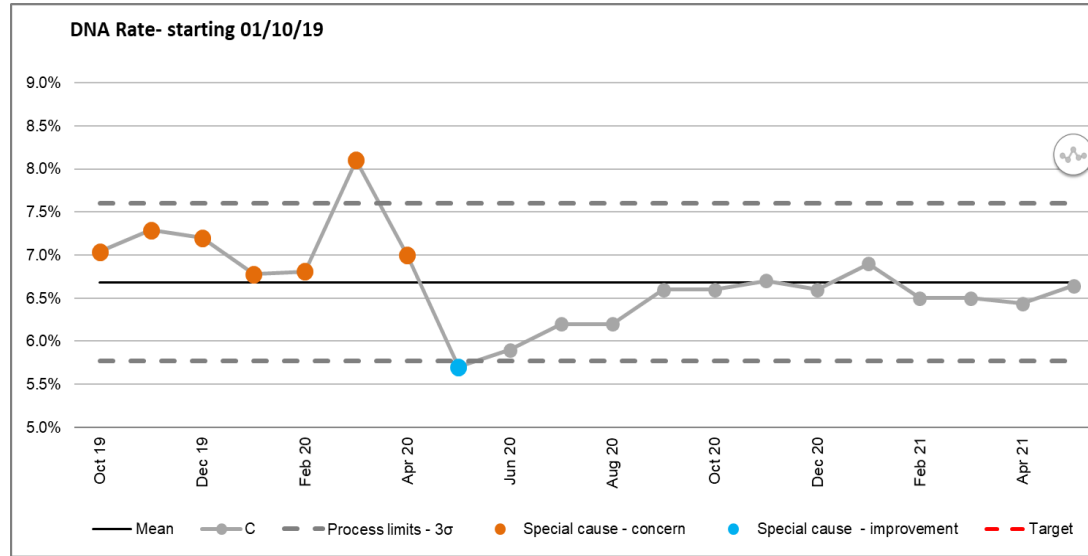
Cancer 62 Day Consultant Screening	46.7%	46.7%	90%
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Underperforming due to increased demand. In April, UHL performance ranked 107 out of 129 Trusts nationally.

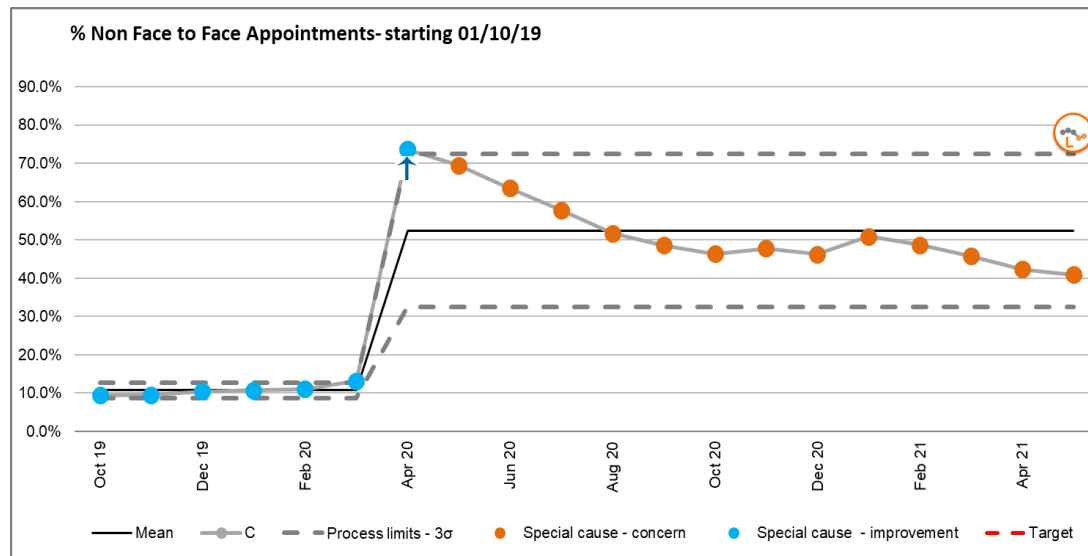


Outpatient Transformation

Metric	May 21	YTD	Target
% DNA Rate	6.6%	6.5%	No National Target
<p>Performance has returned to normal levels following a period of improvement which began during the COVID-19 first wave.</p>			

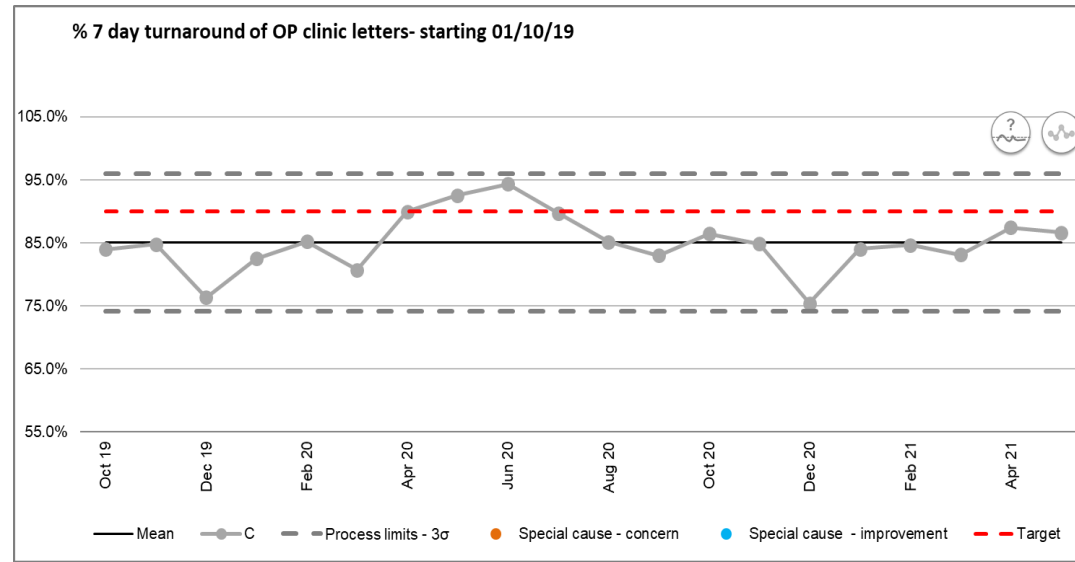


Metric	May 21	YTD	Target
% Non Face to Face Appointments	40.9%	42.5%	No National Target
<p>Special cause concern. There was a step change of improvement in April due to COVID-19.</p>			



Outpatient Transformation

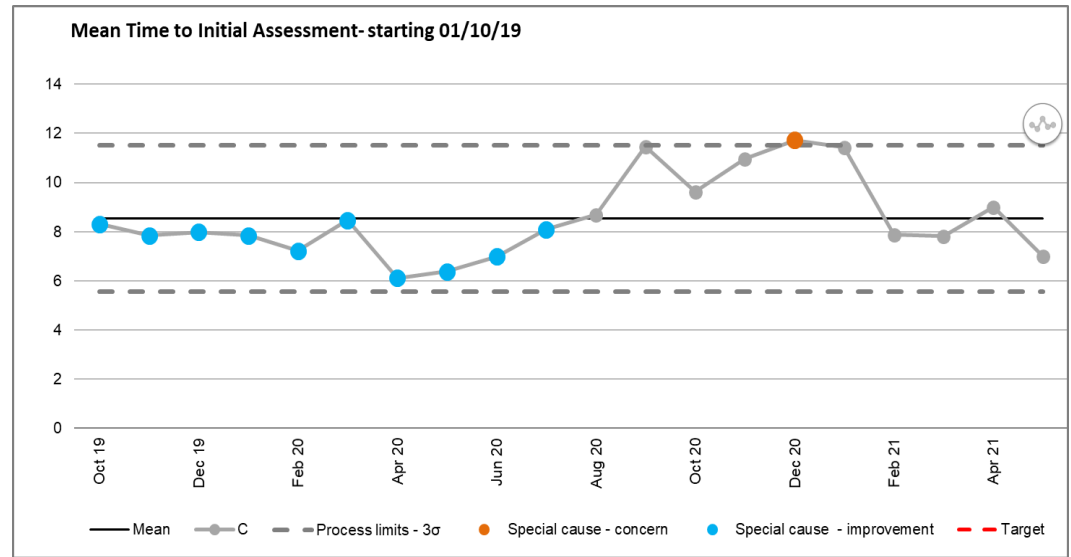
Metric	May 21	YTD	Target
% 7 day turnaround of OP clinic letters	86.6%	87.0%	90%
Common cause variation, no assurance that the target will be delivered next month.			



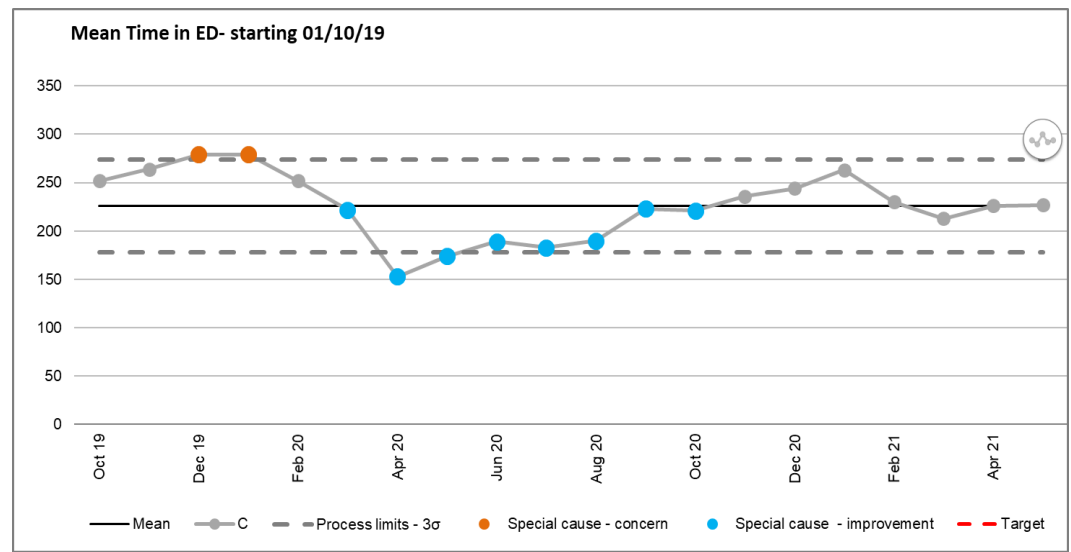
Draft Urgent Care Standards

KPI definitions still to be confirmed

Metric	May 21	YTD	Target
Mean Time to Initial Assessment (Minutes)	7.0	8.0	TBC
Common Cause Variation.			



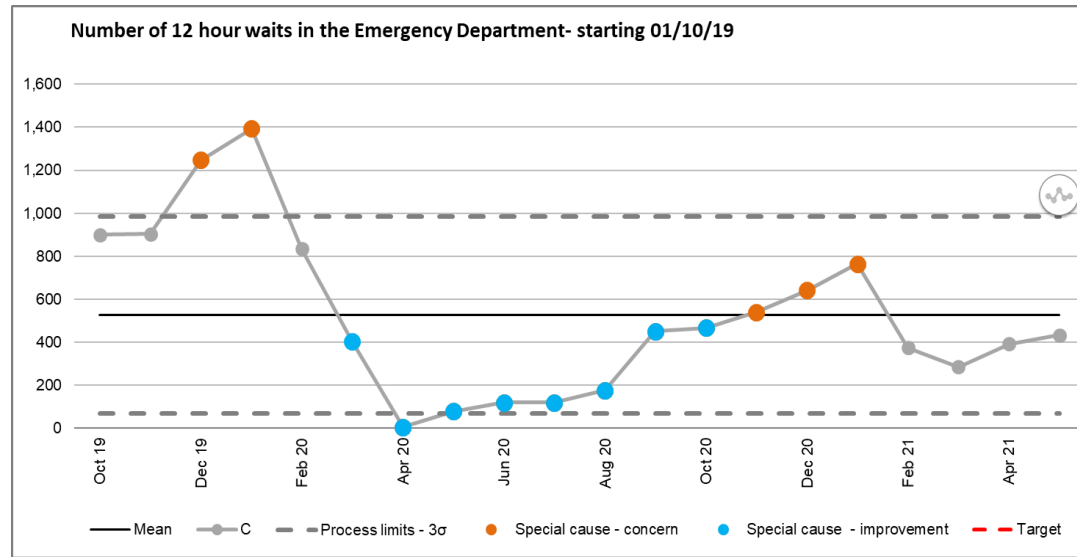
Metric	May 21	YTD	Target
Mean Time in ED (Minutes)	227	227	TBC
Common Cause Variation.			



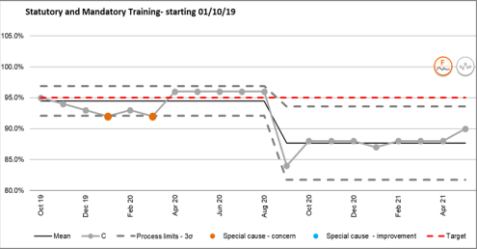
Draft Urgent Care Standards

KPI definitions still to be confirmed

Metric	May 21	YTD	Target
Number of 12 hour waits in the Emergency Department	434	826	TBC
Common Cause Variation.			



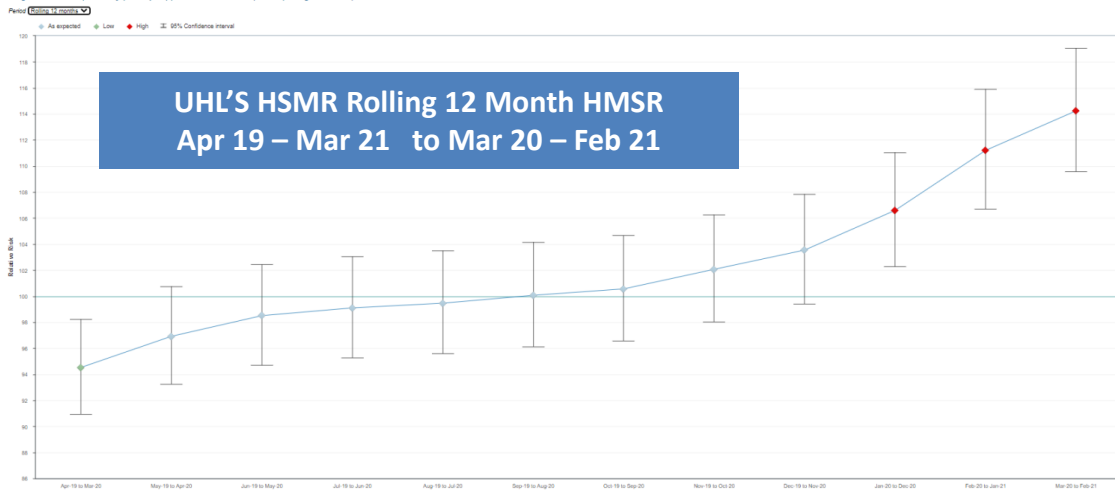
Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions																																								
<p>Sickness absence</p>	<p>20/21 Target – 3% or below</p>	<p>Sickness Rate- starting 01/09/19</p> <table border="1"> <caption>Approximate Sickness Rate Data</caption> <thead> <tr> <th>Month</th> <th>Sickness Rate (%)</th> </tr> </thead> <tbody> <tr><td>Sep 19</td><td>4.0</td></tr> <tr><td>Oct 19</td><td>4.2</td></tr> <tr><td>Nov 19</td><td>4.5</td></tr> <tr><td>Dec 19</td><td>4.5</td></tr> <tr><td>Jan 20</td><td>4.5</td></tr> <tr><td>Feb 20</td><td>4.5</td></tr> <tr><td>Mar 20</td><td>8.0</td></tr> <tr><td>Apr 20</td><td>10.0</td></tr> <tr><td>May 20</td><td>7.5</td></tr> <tr><td>Jun 20</td><td>6.5</td></tr> <tr><td>Jul 20</td><td>5.5</td></tr> <tr><td>Aug 20</td><td>5.5</td></tr> <tr><td>Sep 20</td><td>6.0</td></tr> <tr><td>Oct 20</td><td>6.0</td></tr> <tr><td>Nov 20</td><td>7.5</td></tr> <tr><td>Dec 20</td><td>8.5</td></tr> <tr><td>Jan 21</td><td>7.5</td></tr> <tr><td>Feb 21</td><td>6.5</td></tr> <tr><td>Mar 21</td><td>4.6</td></tr> </tbody> </table>	Month	Sickness Rate (%)	Sep 19	4.0	Oct 19	4.2	Nov 19	4.5	Dec 19	4.5	Jan 20	4.5	Feb 20	4.5	Mar 20	8.0	Apr 20	10.0	May 20	7.5	Jun 20	6.5	Jul 20	5.5	Aug 20	5.5	Sep 20	6.0	Oct 20	6.0	Nov 20	7.5	Dec 20	8.5	Jan 21	7.5	Feb 21	6.5	Mar 21	4.6	<p>Sickness absence has significantly reduced since March (7.3%).</p>	<p>Making it Happen meetings continue to progress every 3 months for the majority of CMGs.</p>
Month	Sickness Rate (%)																																											
Sep 19	4.0																																											
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Feb 21	6.5																																											
Mar 21	4.6																																											
<p>UHL has a locally agreed sickness absence target of 3%.</p>	<p>Performance in April was 4.6% excluding E&F</p>	<p>This is likely due to shielders returning to work, as well as increased levels of vaccination and the fact that managers have more time now to focus on sickness absence management and supporting staff back to work.</p>	<p>Sickness Training has restarted and is being delivered virtually.</p> <p>We are seeking regional and national guidance on the appropriate management and recording of Long Covid.</p>																																									

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions																																	
<p>Statutory and Mandatory Training</p> <p>Is the percentage of staff that are up to date on their Statutory and Mandatory Training.</p>	<p>21/22 Target – 95%</p> <p>Performance for May was 90%</p>	 <p>Statutory and Mandatory Training- starting 01/10/19</p> <table border="1"> <caption>Approximate data from the chart</caption> <thead> <tr> <th>Month</th> <th>Mean (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>Oct 19</td><td>95</td><td>95</td></tr> <tr><td>Dec 19</td><td>92</td><td>95</td></tr> <tr><td>Feb 20</td><td>92</td><td>95</td></tr> <tr><td>Apr 20</td><td>95</td><td>95</td></tr> <tr><td>Jun 20</td><td>95</td><td>95</td></tr> <tr><td>Aug 20</td><td>95</td><td>95</td></tr> <tr><td>Oct 20</td><td>85</td><td>95</td></tr> <tr><td>Dec 20</td><td>88</td><td>95</td></tr> <tr><td>Feb 21</td><td>88</td><td>95</td></tr> <tr><td>Apr 21</td><td>90</td><td>95</td></tr> </tbody> </table>	Month	Mean (%)	Target (%)	Oct 19	95	95	Dec 19	92	95	Feb 20	92	95	Apr 20	95	95	Jun 20	95	95	Aug 20	95	95	Oct 20	85	95	Dec 20	88	95	Feb 21	88	95	Apr 21	90	95	<p>The easing of seasonally related service pressures and pandemic related pressures can be seen in the increase in compliance. Despite the addition of Safeguarding Children level 2 during April / May the overall figure has increased to 90%.</p> <p>The rise in compliance despite pressures upon the Trust, gives us hope for achieving 95% before the end of the financial year.</p>	<p>Monthly compliance reports will continue to be sent out to 1950 managers and staff.</p> <p>The auto-generated emailing to staff whose training will expire will continue.</p> <p>Due to the easing of COVID-19 related service pressures, the manually generated emailing to staff whose training has expired has started again. This will focus on subjects with low compliance and annual refresher periods.</p>
Month	Mean (%)	Target (%)																																			
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Oct 20	85	95																																			
Dec 20	88	95																																			
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Q&P Exception Report

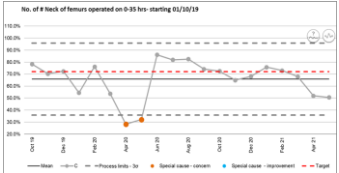
Description	Performance and Trend	Key Messages	Key Actions
<p>Mortality - Rolling 12 mths HSMR as reported in Dr. Foster Intelligence)</p>	<p>Target – 100 or less</p>	<ul style="list-style-type: none"> The rebasing of the full Dr Foster dataset (using November 20's data) has had a positive impact on all Trust's HSMRs 	<p>Detailed clinical review undertaken by relevant Specialties of 2 further diagnosis groups thought to be most contributing to our increased HSMR:</p> <ul style="list-style-type: none"> Urinary Tract Infection Fractured Neck of Femur
<p>HSMR is risk adjusted mortality where patients die in hospital (either in UHL or if transferred directly to another NHS hospital trust) over a 12 month period within 56 diagnostic groups* (which contribute to 80% of in-hospital deaths).</p>	<p>There has been a continued increase in our Rolling 12 Month HSMR since May 19-Apr 20 and our HSMR for Mar 20 to Feb 21 remains 'above expected' at 114.2. However, our HSMR has come down for each reporting period following rebasing nationally and the refreshing of UHL's data (post work undertaken to capture palliative care activity). The previous reported HSMR was 115 for the 12months Feb 20 to Jan 21, the HSMR for this time period is now 111</p>	<ul style="list-style-type: none"> UHL's review of Palliative Care Coding processes and resubmission of our data post retrospective coding has brought our HSMR down even further 	<p>No clinical or coding issues identified for the UTI group of patients. The increased HSMR appears to be related to a reduction in number of admissions during the COVID-19 pandemic.</p> <p>Most patients presented with a UTI but death was related to a more significant underlying condition.</p> <p>UHL's performance compared with the National Hip Fracture Database was presented to the Orthopaedic Consultant meeting and it was noted that the service is now in a much better position to optimise care once patients are on the ward but there is still work to be undertaken to ensure timely transfer from the Emergency Department or wards (if an inpatient fall)</p>

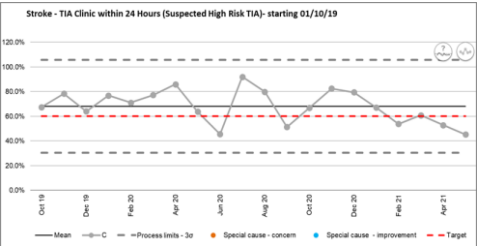
Diagnoses - HSMR | Mortality (in-hospital) | Mar 2020 - Feb 2021 | Trend (rolling 12 months)

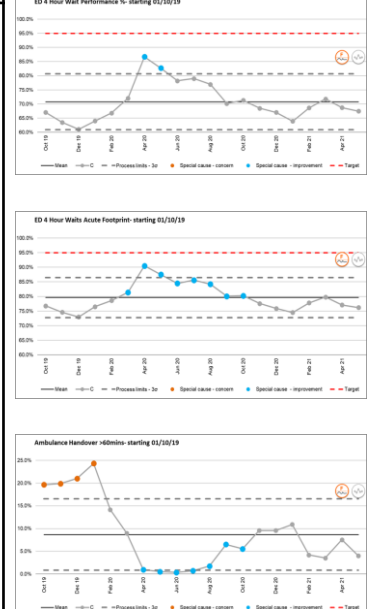


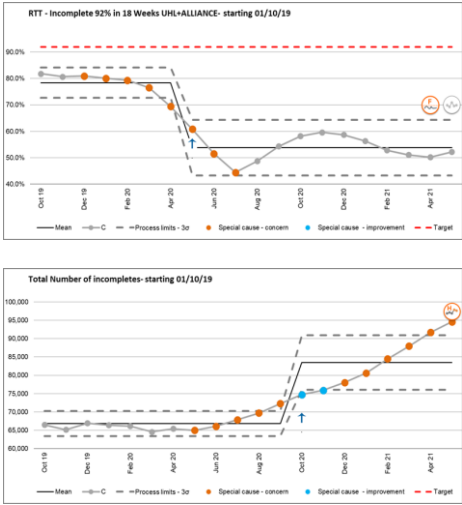
Actions Agreed at MRC

- Continue to review diagnosis groups with a higher than expected HSMR
- Arrange for clinical coding review where UTI did not appear to be primary diagnosis after clinical review of case notes
- Continue to embed UHL's Genitourinary Tract Infection Guideline which should improve both clinical management and documentation (hence improve coding)
- Review the UHL Fractured Neck of Femur Guidelines and consider how to best 'flag' patients with a #NOF in order to 'fast track' to an orthopaedic bed

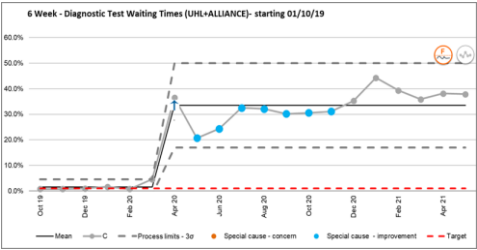
Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
<p>No. of # Neck of femurs operated on 0-35 hrs - Based on Admissions</p>	<p>21/22 Target – 72%</p>	 <p>No. of # Neck of femurs operated on 0-35 hrs- starting 01/10/20</p>	<p>87 NOF's of which 43 exceeded the 36hr time to theatre target. Overall performance against target 50.6%.</p> <p>Those which were >36hrs were for the following reasons:-</p> <p>9 patients - clinical reasons/unfit 24 patients- trauma priority patients/ lack of theatre capacity 2 patients- RIP 4 patients- Hip consultant availability 1 patient- lack of imaging provision 1 patient – anaesthetic team not available due to on call after 5pm</p> <p>ED wait times 0-4 hours = 2 patients 4-8 hours = 53 patients 8-12 hours = 19 patients Over 12 hours = 4 patient Ward referrals = 9 patients</p> <p>Factors which influenced the performance this month were:</p> <ul style="list-style-type: none"> • Lack of theatre capacity unable to flex up capacity in theatres when an inflow of NOF patients present. In month this was the main cause of failure to attain the target time. • Complex cases over running meaning case were cancelled due to lack of time. • Priority emergency cases requiring surgery which had to be absorbed into existing theatre capacity. •Lack of Weekend imaging provision. • Hip consultant availability • Changeability of on call commitments 	<p>Continue to liaise with the REDs team to ensure turnaround of theatre equipment in a timely manner. Additional sessions sourced when able. Continued changes in the theatre / ward capacity available for Trauma. The LGH was no longer able to support Trauma which resulted in a reduction of available beds and theatre capacity for ambulatory Trauma. The result being all Trauma activity came through the LRI sessions.</p> <p>Liaise with ITAPS to look at a plan for surge capacity during busy periods bank holidays and weekends</p> <p>Work with ED Team to look at waiting times for NOFs in ED and fast track of NOFs to wards</p> <p>Extension of the hip list at the weekends continues to help with the pressure of capacity and flow</p> <p>Theatre scheduling meetings weekly to work through the challenges for imaging support for NOFs and other specialities</p> <p>Operational meetings continue.</p>
<p>Is the percentage of Neck of femurs patients operated on within 0-35 hours of admission.</p>	<p>Performance in May 2021 was 50.6%.</p>			

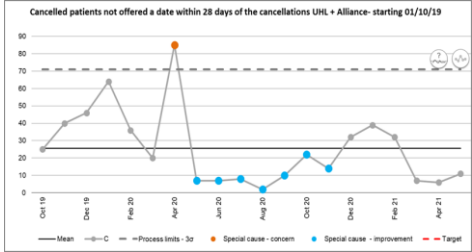
Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
<p>Stroke - TIA Clinic within 24 Hours (Suspected High Risk TIA)</p>	<p>21/22 Target – 60% or above</p>		<p>There were a number of factors in the last few months which affected TIA clinic performance. These included</p>	<p>We made the following changes</p>
<p>Is the percentage of Suspected High Risk TIA patients which are seen within 24 Hours at the TIA Clinic.</p>	<p>Performance in May 2021 was 45.3%.</p>		<p>1) Ever increasing number of referrals especially from GPs as they are still not doing face to face appointment and therefore having a low threshold to refer patients who clearly do not have a cerebrovascular diagnosis as safety-first approach</p> <p>2) Within the last few months due to COVID-19, there was reduction in the number of non-urgent clinics i.e. syncope/general medical clinics . This resulted in diversion of non COVID-19 patient to TIA clinic as it is the quickest way of getting seen by a consultant.</p> <p>3) Junior doctors referring without consultant oversight</p> <p>4) A significant number of patients were refusing their first appointment</p> <p>5) Bank holidays in May resulted in back log of patients.</p>	<p>1) Patient who refused first available appointment will be classed as low risk</p> <p>2) All patients should be discussed with the consultant/GP responsible for the care of the patient before referring them to the TIA clinic. A box is added on Plexias to tick this and to add the name of the consultant/GP.</p> <p>3) To remind the stroke consultant body to reject inappropriate referrals and try not to bring ward discharges to TIA clinic for follow up.</p> <p>Above plan was implemented in the second half of May. We will know by the end of June if it is working or not.</p>

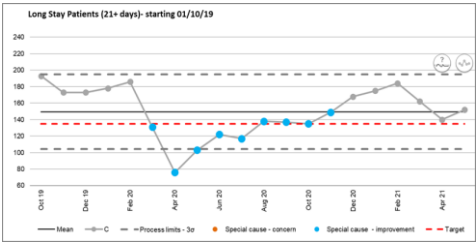
Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
<p>Urgent Care</p>				
	<p>ED 4 Hour waits UHL performance was 67.5% in May</p> <p>ED 4 Hour waits LLR provisional performance was 76.2% in May</p> <p>Ambulance Handover >60 Mins performance was 4.0% in May</p>	 <p>The three charts show performance trends from October 2019 to May 2021. The top chart, 'ED 4 Hour Wait Performance % - starting 01/10/19', shows a significant dip in April 2020 followed by a recovery to pre-COVID levels by May 2021. The middle chart, 'ED 4 Hour Waits Acute Footprint - starting 01/10/19', shows a similar pattern with a dip in April 2020 and recovery by May 2021. The bottom chart, 'Ambulance Handover >60mins - starting 01/10/19', shows a sharp increase in April 2020, which then drops to near zero and remains low through May 2021. All charts include a 'Special cause - improvement' marker for May 2021.</p>	<ul style="list-style-type: none"> Emergency Department attendances during May 21 are now back to the same levels as May 19 which is the first time the numbers are at a pre COVID-19 level. The UHL (Type 1 and 2) performance for May was at 67.5% and the provisional performance for UHL + LLR at 76.1%. Weekly national ranking ranged between 96 and 109. Even though there has been an increase in attendance the emergency admissions have remained static and are still lower than the same period in 2019, which has led to the conversion rate reducing 	<ul style="list-style-type: none"> Medicine CMG MDT workshop on refining discharge processes Focus on pre-noon & 5pm discharges with all CMGs LLR Discharge System Lead commences in post Pilot of a 'pre-discharge' screening tool on wards 31 and ward 30 at the LRI 'Discharge Support Assistant (DSA's) training has been planned

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
<p>RTT Incompletes</p>	<p>Performance Target – 92%</p> <p>Waiting List Target -TBC</p>			
	<p>RTT - Incomplete 92% in 18 Weeks UHL + Alliance Performance for May was 52.2%.</p> <p>Total Number of incompletes At the end of May 94,605 patients were waiting on an RTT pathway.</p>		<ul style="list-style-type: none"> • waiting list numbers have continued to grow within May to 94605. • We are now delivering 106% against the 21/22 activity plan and 92% against May 2019 Levels. • The early cut position shows an increase in elective activity against April's positions. This aligns with the third phase of the theatre recovery plan. As below the early cut shows that we are above plan by 6% for elective 	<ul style="list-style-type: none"> • Roll out of PIFU within Respiratory • Finalisation of Video Conferencing review within UHL • Roll out of additional Video Conferencing equipment • Reviewing potential opportunities using RPA (Robotic Process Automation)

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
<p>RTT 52+ Weeks Wait</p> <p>Is the total number of patients currently on an RTT pathway waiting 52+ weeks.</p>	<p>20/21 Target – 0</p> <p>At the end of May, 12,027 patients were waiting over 52 weeks on an RTT pathway.</p>		<ul style="list-style-type: none"> • There has been a significant increase within elective admission with the focus of the organisation on Treating P2's and Cancers. • We have seen a reduction of 634 52 + week breaches through utilising the independent sector and theatre utilisation • Overall our P2's and decreased by 428 (52 behind trajectory) since 31st March, clinical validation of urgent elective surgery continuous across the organisation • We are continuing to identify any Urgent Elective Surgery patients who can be treated in the independent sector 	<ul style="list-style-type: none"> • start utilising Ramsey Health group for orthopaedic patients • Development of 104+ trajectories • Start planning for H2 independent sector • Transfer of Orthopaedic patients to Ramsey Group (IS) • Maintain level of IPT patients to independent sector Providers

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>21/22 Target – 1%</p> <p>Performance for May was 37.9%.</p>		<p>The May 21 performance reported in the DM01 (measures the current waiting times of patients still waiting for 15 key diagnostic tests or procedures) is 37.9%. Which is a slight reduction compared to April</p> <p>ECHO capacity extent with the PCL for another 3 months and increased capacity to 200 per week</p>	<p>Additional CT van has been provided by NHSI/E with a June 2021 start date.</p> <p>Continue with actions plans by Modality, to increase capacity and throughput.</p> <p>National diagnostic validation work to begin. To prioritise urgency of patients waiting above the 6+ week target</p>

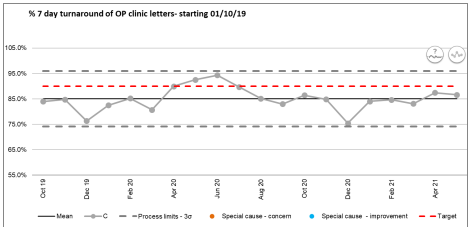
Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions																																																												
<p>Cancelled patients not offered a date within 28 days of the cancellations UHL + Alliance</p>	<p>21/22 Target – 0</p>	 <p>Cancelled patients not offered a date within 28 days of the cancellations UHL + Alliance- starting 01/10/19</p> <table border="1"> <caption>Approximate data from the line chart</caption> <thead> <tr> <th>Month</th> <th>Mean</th> <th>Special Cause</th> </tr> </thead> <tbody> <tr><td>Oct 19</td><td>25</td><td></td></tr> <tr><td>Nov 19</td><td>45</td><td></td></tr> <tr><td>Dec 19</td><td>55</td><td></td></tr> <tr><td>Jan 20</td><td>65</td><td></td></tr> <tr><td>Feb 20</td><td>35</td><td></td></tr> <tr><td>Mar 20</td><td>20</td><td></td></tr> <tr><td>Apr 20</td><td>85</td><td>Special cause - concern</td></tr> <tr><td>May 20</td><td>10</td><td>Special cause - improvement</td></tr> <tr><td>Jun 20</td><td>10</td><td>Special cause - improvement</td></tr> <tr><td>Jul 20</td><td>5</td><td></td></tr> <tr><td>Aug 20</td><td>10</td><td></td></tr> <tr><td>Sep 20</td><td>20</td><td>Special cause - improvement</td></tr> <tr><td>Oct 20</td><td>15</td><td></td></tr> <tr><td>Nov 20</td><td>35</td><td></td></tr> <tr><td>Dec 20</td><td>40</td><td></td></tr> <tr><td>Jan 21</td><td>30</td><td></td></tr> <tr><td>Feb 21</td><td>10</td><td></td></tr> <tr><td>Mar 21</td><td>10</td><td></td></tr> <tr><td>Apr 21</td><td>10</td><td></td></tr> </tbody> </table>	Month	Mean	Special Cause	Oct 19	25		Nov 19	45		Dec 19	55		Jan 20	65		Feb 20	35		Mar 20	20		Apr 20	85	Special cause - concern	May 20	10	Special cause - improvement	Jun 20	10	Special cause - improvement	Jul 20	5		Aug 20	10		Sep 20	20	Special cause - improvement	Oct 20	15		Nov 20	35		Dec 20	40		Jan 21	30		Feb 21	10		Mar 21	10		Apr 21	10		<p>Elective capacity has increase further in May returning to 78% of elective capacity of May 2019</p> <p>COVID-19 numbers have continue to decrease In May but Emergency demand has increased significantly.</p> <p>Focus of P2 and cancer cases with a reduction in the volume waiting reduced. This can impact on rebooking a patients who is not with them categories.</p>	<ul style="list-style-type: none"> • Increase Elective Capacity further now that the theatre timetable is back to a 100% • Utilize the IS where appropriate to ensure all capacity is used across the whole system. • Ensure all lists are fully utilized through the Theatre scheduling process
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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>11 patients were not offered a new day within 28 days in May.</p>																																																															

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions																																	
<p>Long Stay Patients (21+ days)</p>	<p>21/22 Target – 135</p>	 <p>Long Stay Patients (21+ days)- starting 01/10/19</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>Oct 19</td><td>185</td><td></td></tr> <tr><td>Dec 19</td><td>175</td><td></td></tr> <tr><td>Feb 20</td><td>180</td><td></td></tr> <tr><td>Apr 20</td><td>100</td><td>Special cause - improvement</td></tr> <tr><td>Jun 20</td><td>120</td><td></td></tr> <tr><td>Aug 20</td><td>140</td><td>Special cause - concern</td></tr> <tr><td>Oct 20</td><td>135</td><td></td></tr> <tr><td>Dec 20</td><td>150</td><td></td></tr> <tr><td>Feb 21</td><td>180</td><td></td></tr> <tr><td>Apr 21</td><td>150</td><td></td></tr> </tbody> </table>	Month	Mean	Special Cause	Oct 19	185		Dec 19	175		Feb 20	180		Apr 20	100	Special cause - improvement	Jun 20	120		Aug 20	140	Special cause - concern	Oct 20	135		Dec 20	150		Feb 21	180		Apr 21	150		<ul style="list-style-type: none"> • Numbers of 21+ day patients continues to remain above Trust target and the mean. • When measured nationally against number of long stay patients per bed occupancy we are under the target of 12% at 11.1% • CHUGGs , ESM and RRCV above target and above mean. • MMS Below Target but above mean. • 15% (23/152) on a neuro rehab pathway. 	<ul style="list-style-type: none"> • Continue to work with system partners in transforming discharge pathways – implementation of system one tracking tool June. • Targeted escalation of patients in line with safe and timely discharge actions. • Embed new LLOS targets for 21/22
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Oct 19	185																																				
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<p>Is the number of adult patients that have been in hospital for over 21 days.</p>	<p>At the end of May, the number of long stay patients (21+ days) was 152.</p>																																				

Performance	Key Messages	Key Actions
<p>See additional slide</p>	<ul style="list-style-type: none"> • Continue to ensure patients are reviewed regularly and prioritised • Increased capacity for treatment has resulted in increased booking however patients are still being booked beyond breach • Max Fax 2WW service paused and Regional support being offered to ensure patients are seen elsewhere • Dermatology increase in referrals and conversion has resulted in an increased demand – an action plan is in place to do everything we can to support recovery • ENT 2WW referrals remain high with a backlog for 2WW appointments, regional support is being asked for 	<ul style="list-style-type: none"> • Internal actions to increase capacity • Mutual aid requested and provided • Ensuring the patients are reviewed and prioritised according to need • Ensuring patients have points of contact for questions and concerns • Support from EMCA for Regional / National issues e.g. Urology backlogs

Cancer performance April 2021

Standard	Target	Position
2WW	93%	89.0%
2WW Breast	93%	76.7%
31 Day 1 st Treatments	96%	86.2%
31 Day SUB Surgery	94%	53.7%
31 Day DRUGS	98%	100%
31 Day Radiotherapy	94%	95.5%
62 Day	85%	71.1%
62 Day Screening	90%	46.7%
Consultant upgrade	85%	74.3%

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions																																	
<p>% 7 day turnaround of OP clinic letters</p>	<p>21/22 Target – 90%</p>	 <p>% 7 day turnaround of OP clinic letters- starting 01/10/19</p> <table border="1"> <caption>Approximate data from the chart</caption> <thead> <tr> <th>Month</th> <th>Mean (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>Oct 19</td><td>84.0</td><td>90.0</td></tr> <tr><td>Dec 19</td><td>78.0</td><td>90.0</td></tr> <tr><td>Feb 20</td><td>84.0</td><td>90.0</td></tr> <tr><td>Apr 20</td><td>82.3</td><td>90.0</td></tr> <tr><td>Jun 20</td><td>86.0</td><td>90.0</td></tr> <tr><td>Aug 20</td><td>84.0</td><td>90.0</td></tr> <tr><td>Oct 20</td><td>84.0</td><td>90.0</td></tr> <tr><td>Dec 20</td><td>84.0</td><td>90.0</td></tr> <tr><td>Feb 21</td><td>84.0</td><td>90.0</td></tr> <tr><td>Apr 21</td><td>86.6</td><td>90.0</td></tr> </tbody> </table>	Month	Mean (%)	Target (%)	Oct 19	84.0	90.0	Dec 19	78.0	90.0	Feb 20	84.0	90.0	Apr 20	82.3	90.0	Jun 20	86.0	90.0	Aug 20	84.0	90.0	Oct 20	84.0	90.0	Dec 20	84.0	90.0	Feb 21	84.0	90.0	Apr 21	86.6	90.0	<ul style="list-style-type: none"> Continuing increase in letters generated though percentage dropped against April Ophthalmology continuing to under perform against target with large volume of letters generated, impacting on overall performance Significant improvement within paediatrics against 14.9% in March and 53.1% in April to 82.3% in May. 	<ul style="list-style-type: none"> Expected improvement in ophthalmology performance once using single system Paediatrics anticipated to continue to improve as working with Dictate weekly to resolve issues
Month	Mean (%)		Target (%)																																		
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Apr 21	86.6	90.0																																			
<p>Is the percentage of Outpatient clinic letters turned around within 7 days</p>	<p>Performance for May was 86.6%</p>																																				