Quality and Performance Report

Executive Summary from Acting CEO

Purpose of report:

This paper is for:	Description	Select (X)
Decision	To formally receive a report and approve its recommendations OR a particular course of action	
Discussion	To discuss, in depth, a report noting its implications without formally approving a recommendation or action	Х
Assurance	To assure the Board that systems and processes are in place, or to advise a gap along with treatment plan	Х
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	26/01/21	Discussion and Assurance
Trust Board Committee	28/01/21	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 October 2019 to September 2020) is 100, and remains within the expected range.

- CAS alerts compliant.
- **C DIFF** 8 cases reported this month.
- 90% of Stay on a Stroke Unit threshold achieved with 86.3% reported in December.
- Fractured neck of femurs operated 0-35hrs performance is above target at 75.8%.
- **VTE** compliant at 98.7% in January.
- TIA (high risk patients) 67.1% reported in January
- Cancer Two Week Wait was 94.8% in December against a target of 93%.
- Cancer Two Week Wait (Symptomatic Breast) was 95.1% in December against a target of 93%.

Performance Challenges:

- MRSA 1 case reported.
- **UHL ED 4 hour performance** 63.9% for January, system performance (including LLR UCCs) for January is 74.5%.
- Ambulance Handover 60+ minutes (CAD) performance at 10.9%.
- 12 hour trolley wait 17 breaches reported.
- Cancer 31 day treatment was 94.7% in December against a target of 96%.
- Cancer 62 day treatment was 73.6% in December 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 56.3%
 at the end of January.
- **52+ weeks wait** 8,424 breaches reported in January.
- **Diagnostic 6 week wait** was 44.3% against a target of 1% in January.
- Patients not rebooked within 28 days following late cancellation of surgery 39.
- Cancelled operations OTD –1.1% reported in January.
- Statutory and Mandatory Training is at 87%.
- Annual Appraisal is at 79.4%.

Input Sought

I recommend that the Committee:

- Commends the positive achievements noted under Good News
- Note 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

Safely and timely discharge

Improved Cancer pathways

Streamlined emergency care

Better care pathways

[Yes /No /Not applicable]

[Yes /No /Not applicable]

[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 Principal Risk on the BAF?	Х	Failure to deliver key performance standards for emergency, planned and cancer care.
Organisational: Does this link to an		
Operational/Corporate Risk on Datix Register		
New Risk identified in paper: What type and description ?		
None		

5. Scheduled date for the **next paper** on this topic: 25th March 2021

6. Executive Summaries should not exceed **5 sides** My paper does comply



Quality and Performance Report



January 2021

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: 25th FEBRUARY 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: JANUARY 2021 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.

Caring at its best

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







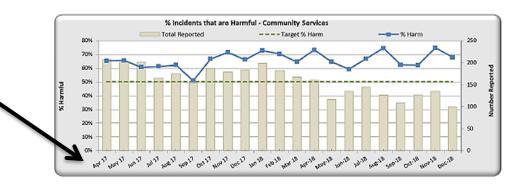




Caring at its best

Key elements of a SPC dashboard

Appreciation of variance over time



Highlighting special cause and its nature











NHS Trust

Caring at its best

Key elements of a SPC dashboard

Narrative support that supports SPC theory

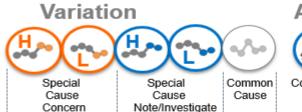
Comment

High

Low

This indicator records 85% in May 2018 and is demonstrating common cause variation.

Summary icons and a top level summary view



High





Consistently Hit and miss target subject target to random



target

	Jun-18	Target	Variation	Target Capability	Comment
Staff Sickness absence	4.4%	3.5%	0,100		Shift change in August 2017 showing increase in sickness - staff survey review indicated

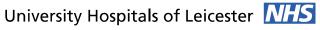












NHS Trust

Performance Overview	NHS Trust
	Caring at its best
	00

Domain	KPI	Target	Nov-20	Dec-20	Jan-21	YTD	Assurance	Variation	Trend	Data Quality Assessment
	Never events	0	0	2	0	6	?	0,80		Jan-20
	Overdue CAS alerts	0	0	0	0	0	?	(n)	7	Nov-19
	% of all adults VTE Risk Assessment on Admission	95%	98.2%	98.6%	98.7%	98.5%	P	0,%0	www.	Dec-19
Safe	Emergency C-section rate	No Target	24.1%	22.0%		20.8%		00/1/20	~~~~	Feb-20
Sa	Clostridium Difficile	108	7	3	8	65	?	0 ₀ /\$00		Nov-17
	MRSA Total	0	0	0	1	1	?	0,/ho		Nov-17
	E. Coli Bacteraemias Acute	No Target	12	5	7	77		(a/ho)		Jun-18
	MSSA Acute	No Target	3	2	4	26		0,800		Nov-17











University Hospitals of Leicester NHS Trust

Performance Overview

Caring at its best

Domain	KPI	Target	Nov-20	Dec-20	Jan-21	YTD	Assurance	Variation	Trend	Data Quality Assessment
	COVID-19 Community Acquired <= 2 days after admission	No Target	76.6%	56.4%	65.7%	71.3%				Oct-20
	COVID-19 Hospital-onset, indeterminate, 3-7 days after admission	No Target	9.6%	19.5%	15.1%	12.3%				Oct-20
e	COVID-19 Hospital-onset, probable, 8-14 days after admission	No Target	6.4%	14.8%	11.3%	9.4%				Oct-20
Safe	COVID-19 Hospital-onset, healthcare-acquired, 15 or more days after admission	No Target	7.4%	9.4%	7.9%	7.0%				Oct-20
	All falls reported per 1000 bed days	5.5	4.2	4.6		4.6	?	0,80	△	Oct-20
	Rate of Moderate harm and above Falls PSIs with finally approved status per 1,000 bed days	No Target	0.02	0.13		0.09		(A)		Oct-20









University Hospitals of Leicester **NHS**

NHS Trust

Caring at its best

Performance Overview

Domain	KPI	Target	Nov-20	Dec-20	Jan-21	YTD	Assurance	Variation	Trend	Data Quality Assessment
	Staff Survey Recommend for treatment	No Target	_	_	ommence					Aug-17
	Single Sex Breaches	0	Nationa	-	g comme 2021	nces in	?	(مرگهه	A	Mar-20
_	Inpatient and Day Case F&F Test % Positive	твс	99%	98%	98%	98%		(مرگره	\\\\\\	Mar-20
Caring	A&E F&F Test % Positive	твс	94%	95%	93%	95%		0 ₀ /\u00f30	√ √	Mar-20
Ö	Maternity F&F Test % Positive	твс	97%	96%	96%	97%		9/30		Mar-20
	Outpatient F&F Test % Positive	твс	95%	94%	95%	94%		01/200	~	Mar-20
	Complaints per 1,000 staff (WTE)	No Target								Jan-20











Caring at its best

Domain	KPI	Target	Nov-20	Dec-20	Jan-21	YTD	Assurance	Variation	Trend	Data Quality Assessment
	Staff Survey % Recommend as Place to Work	No Target	-	_	ommence rting resu					Sep-17
7	Turnover Rate	10%	9.5%	8.9%	8.8%	8.8%	P	9/ho		Nov-19
Led	Sickness Absence	3%	7.8%	7.6%		7.0%	E C	0,100		Oct-16
Well	% of Staff with Annual Appraisal	95%	82.8%	82.2%	79.4%	79.4%	E C	(m)		Dec-16
	Statutory and Mandatory Training	95%	88%	88%	87%	87%	?	Q./\range		Feb-20
	Nursing Vacancies	No Target	12.6%	12.8%	12.9%	12.9%		H		Dec-19









Performance Overview

University Hospitals of Leicester **NHS**

NHS Trust

Caring at its best

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Domain	KPI	Target	Nov-20	Dec-20	Jan-21	YTD	Assurance	Variation	Trend	Data Quality Assessment
	Mortality Published SHMI	100	98	99	100	100 (Oct 19 to Sep 20)				Sep-16
	Mortality 12 months HSMR	100	103	104	105	105 Nov 19 to Oct 20				Sep-16
Ø	Crude Mortality Rate	No Target	1.8%	2.3%	3.3%	1.9%		(H ₂)		Sep-16
tive	Emergency Readmissions within 30 Days	8.5%	8.8%	9.1%		9.5%	?	0,800	→	Sep-20
Effective	Emergency Readmissions within 48 hours	No Target	1.0%	1.1%		1.2%		0,760	~~~	Sep-20
ш	No of #neck of femurs operated on 0-35hrs	72%	64.9%	68.1%	75.8%	65.8%	?	0,/\u00e400	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Sep-20
	Stroke - 90% Stay on a Stroke Unit	80%	89.7%	86.3%		86.7%	?	0,100	~~~	Mar-20
	Stroke TIA Clinic Within 24hrs	60%	82.5%	79.5%	67.1%	69.8%	?	0,700	~~~	Mar-20











University Hospitals of Leicester **MHS**

NHS Trust

Caring at its best

Performance Overview

Domain	KPI	Target	Nov-20	Dec-20	Jan-21	YTD	Assurance	Variation	Trend	Data Quality Assessment
	ED 4 hour waits UHL	95%	68.5%	67.0%	63.9%	73.7%	(F)	0,00		Mar-20
4 \	ED 4 hour waits Acute Footprint	95%	77.6%	75.9%	74.5%	81.6%	(F)	(a/\)		Aug-17
Sive	12 hour trolley waits in A&E	0	5	7	17	32	?	04/20		Mar-20
Responsive	Ambulance handover >60mins	0.0%	9.6%	9.6%	10.9%	4.9%	(F)	0,/\0		ТВС
Ses	RTT Incompletes	92%	59.6%	58.7%	56.3%	56.3%	₹ •	(T)		Nov-19
LL.	RTT Waiting 52+ Weeks	0	5248	6361	8424	8424	(F)	HA		Nov-19
	Total Number of Incompletes	66,397 (by year end)	75,886	78,011	80,593	80,593	?	HA		Nov-19











University Hospitals of Leicester **NHS**



Caring at its best

Performance Overview

Domain	KPI	Target	Nov-20	Dec-20	Jan-21	YTD	Assurance	Variation	Trend	Data Quality Assessment
	6 Week Diagnostic Test Waiting Times	1.0%	31.1%	35.3%	44.3%	44.3%	E	00/800		Nov-19
i ve	Cancelled Patients not offered <28 Days	0	14	32	39	226	?	0,/50		Nov-19
nsi	% Operations Cancelled OTD	1.0%	1.2%	1.1%	1.1%	0.9%	?	(مرگهاه		Jul-18
Respons	Long Stay Patients (21+ days)	70	154	175	175	175	₹ •	0,50	->	Sep-20
Re	Inpatient Average LOS	No Target	3.7	3.6	3.3	3.6		0,100		Sep-20
	Emergency Average LOS	No Target	5.1	5.2	5.6	4.9		H.	~	Sep-20











Caring at its best

Domain	KPI	Target	Oct-20	Nov-20	Dec-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
	2WW	93%	90.4%	93.3%	94.8%	91.2%	?	0 ₀ /ho		Dec-19
cer	2WW Breast	93%	96.9%	95.2%	95.1%	95.7%	?	0 ₀ %0	√	Dec-19
Cancel	31 Day	96%	93.5%	93.1%	94.7%	92.0%	?	0,00	₩	Dec-19
•	31 Day Drugs	98%	100%	100%	100%	99.8%	P	0,/\0		Dec-19
Jsiv	31 Day Sub Surgery	94%	77.4%	77.4%	74.3%	73.5%	?	640°	<u></u>	Dec-19
Responsive	31 Day Radiotherapy	94%	96%	95.6%	94.4%	92.3%	?	H		Dec-19
Res	Cancer 62 Day	85%	70.4%	79.2%	73.6%	70.8%	(F)	€%»		Dec-19
	Cancer 62 Day Consultant Screening	90%	78.9%	85.5%	97.0%	69.1%	?	0,100		Dec-19













Caring at its best

Domain	KPI	Target	Nov-20	Dec-20	Jan-21	YTD	Assurance	Variation	Trend	Data Quality Assessment
int ation	% DNA rate	No Target	6.7%	6.6%	6.9%	6.4%		@\Pso		Feb-20
Outpatient ansformation	% Non Face to Face Appointments	No Target	47.5%	45.8%	50.0%	54.7%		H		Feb-20
O _L Tran	% 7 day turnaround of OP clinic letters	90%	84.8%	75.4%	84.0%	86.5%	?	0,/00		Feb-20









Performance Overview

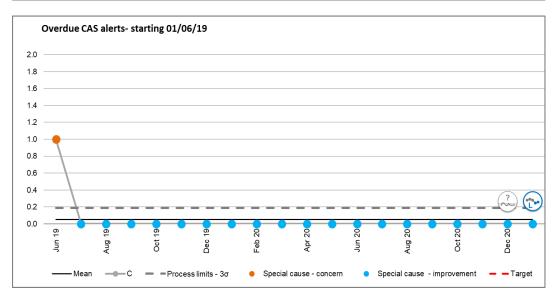
Metric	Jan 21	YTD	Target
Never Events	0	6	0

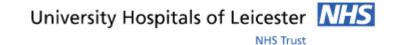
6 never events in the last 12 months.

6										
5										
4										
3										
3										- ~
2										7
1										
						\triangle	\triangle	Δ	\triangle	
0	0	19	0	19	•		•			-
	Jun 19	Aug 19	Oct 19	Dec 1) Feb 20	Apr 20	Jun 20	Aug 20	Oct 20	Dec 20

Metric	Jan 21	YTD	Target
Overdue CAS alerts	0	0	0

No overdue CAS alerts since June 2019.

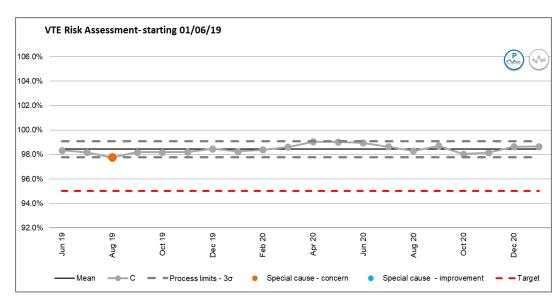


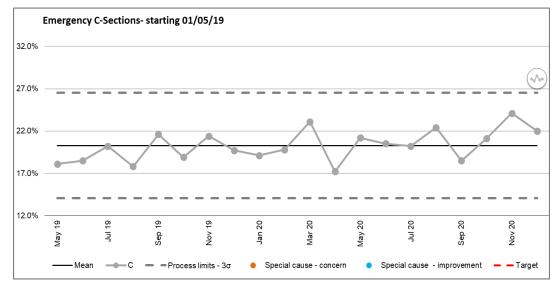


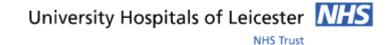
Metric	Jan 21	YTD	Target
VTE Risk Assessment	98.7%	98.5%	95%

Common cause variation, likely to deliver target next month.

Metric	Dec 20	YTD	Target
% Emergency C-Sections	22.0%	20.8%	No National Target
Commo	n cause v	ariation.	







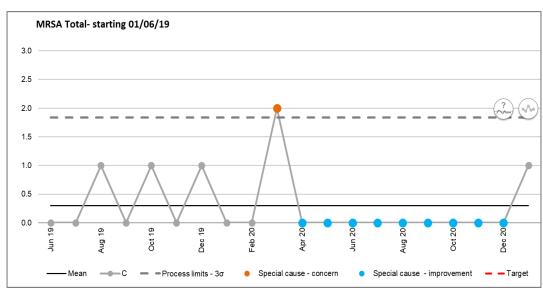
Metric	Jan 21	YTD	Target
Clostridium Difficile	8	65	108

No significant variation. May achieve target next month.

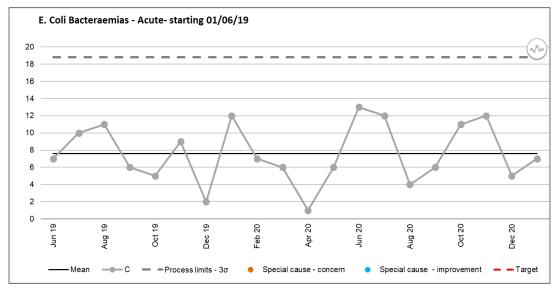
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0 -	Jun 19	Aug 19	Dec 19	Feb 20	Apr 20	Jun 20	Aug 20	Oct 20	Dec 20
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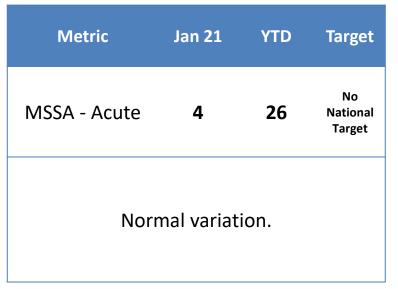
Metric	Jan 21	YTD	Target
MRSA Total	1	1	0
No assurance	if target w	ill be acl	nieved

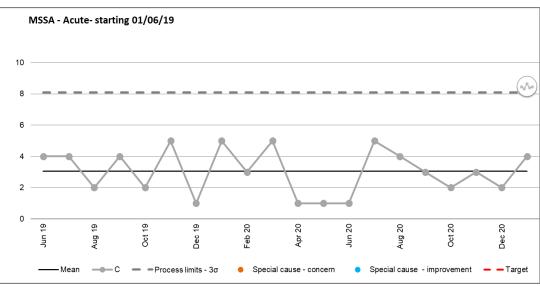
next month.



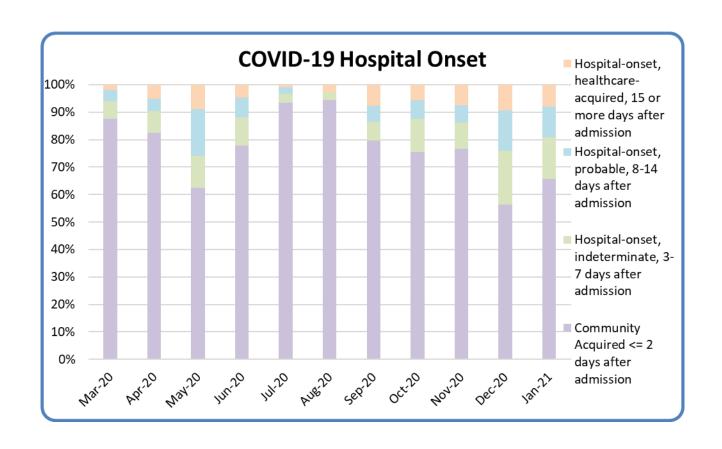
Metric	Jan 21	YTD	Target
E. Coli Bacteraemias - Acute	7	77	No National Target
No sign	ificant var	iation.	

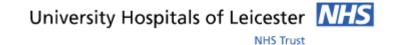






	Mai	r-20	Apr	r-20	May	/-20	Jun	-20	Jul	-20	Aug	J-20	Sep	-20	Oct	-20	Nov	/-20	Dec	c-20	Jan	-21
NHSI COVID-19 Onset	Patients	%	Patients	%	Patients	%	Patients	%	Patients	%	Patients	%										
Community Acquired <= 2 days after admission	218	87.6%	619	82.4%	236	62.4%	168	77.8%	87	93.5%	34	94.4%	94	79.7%	237	75.5%	566	76.6%	481	56.4%	784	65.7%
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%
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%
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%
Total	249	100%	751	100%	378	100%	216	100%	93	100%	36	100%	118	100%	314	100%	739	100%	853	100%	1193	100%

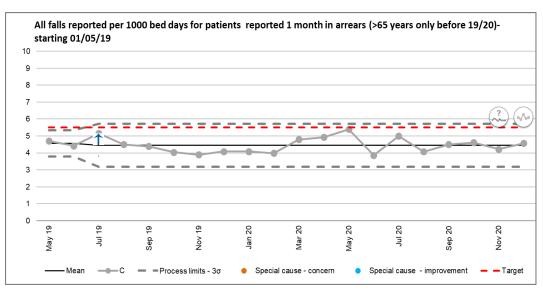


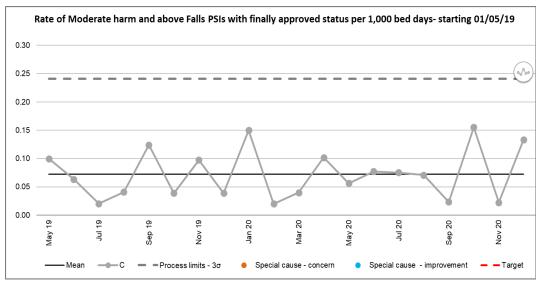


Metric	Dec 20	YTD	Target
All falls reported per 1000 bed days for patients	4.6	4.6	5.5

Common cause variation, no assurance that the target will be delivered next month.

Metric	Dec 20	YTD	Target					
Rate of Moderate harm and above Falls PSIs with finally approved status per 1,000 bed days	0.13	0.09	No National Target					
No significant variation.								

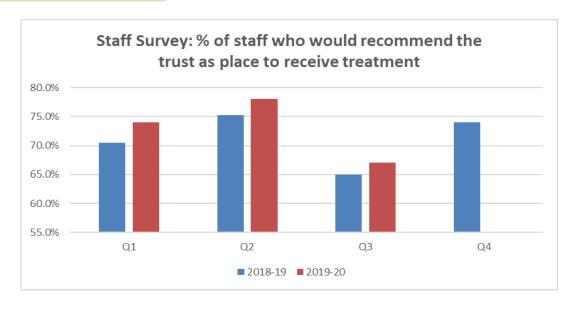




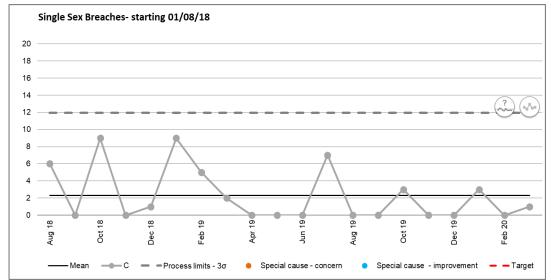
% of staff who would	YTD	Target
recommend the trust as place to receive treatment	73%	No National Target

Reporting will commence once national

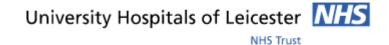
reporting resumes.



Metric	Mar 20	YTD	Target
Single Sex Breaches	1	14	0



National reporting commences in April 2021.

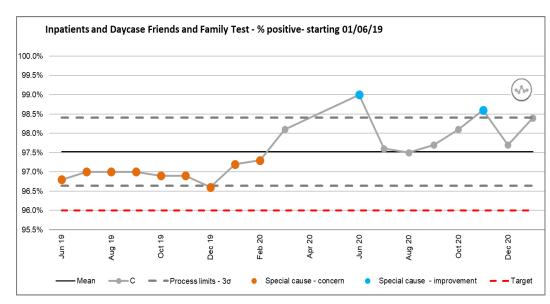


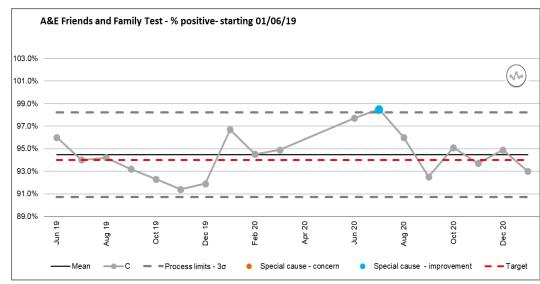
Metric	Jan 21	YTD	Target
Inpatient and Day case F&F Test % Positive	98%	98%	ТВС

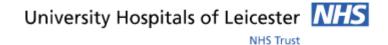
National reporting is expected from April 2021 onwards. CMG reporting has resumed.

Metric	Jan 21	YTD	Target
A&E F&F Test % Positive	93%	95%	ТВС

National reporting is expected from April 2021 onwards. CMG reporting has resumed.







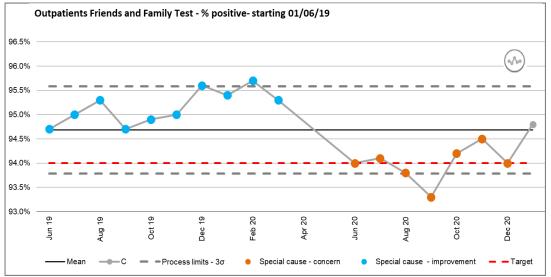
Metric	Jan 21	YTD	Target
Maternity F&F Test % Positive	96%	97%	ТВС

National reporting is expected from April 2021 onwards. CMG reporting has resumed.

105.0%										
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	Jun 19	Aug 19	Oct 19	Dec 19	Feb 20	Apr 20	Jun 20	Aug 20	Oct 20	Dec 20
	Mean	— C	— = Proc	ess limits - 3σ	Speci	al cause - concern	•	Special cause -	improvement	- -T

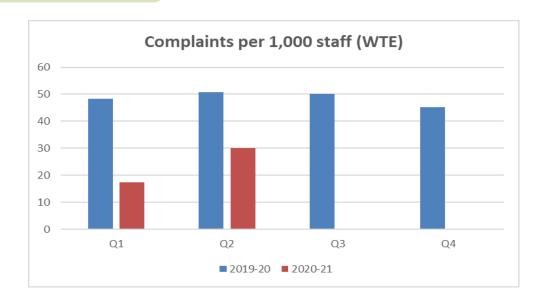
Metric	Jan 21	YTD	Target
Outpatients Friends and Family Test - % positive	95%	94%	ТВС
National reporti	na is ovne	atad fra	m Anril

National reporting is expected from April 2021 onwards. CMG reporting has resumed.

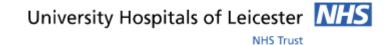




Metric	Q2 20/21	YTD	Target
Complaints per 1,000 staff (WTE)	30.1	23.8	No National Target
Reporting will co	ommenco ting resu		ational

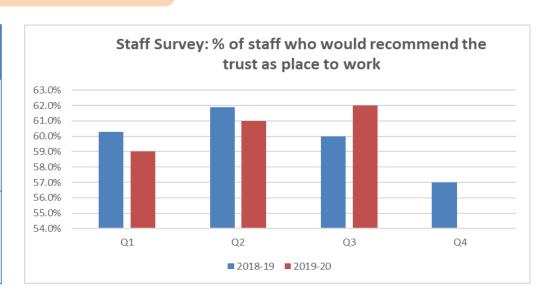


Well Led

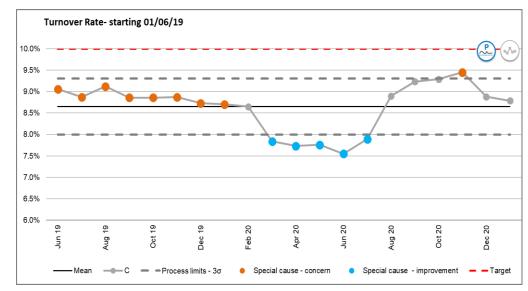


Metric	Q3 19/20	YTD	Target
Staff Survey % Recommend as Place to Work	62%	61%	Not within Lowest Decile

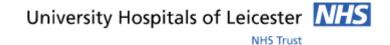
Reporting will commence once national reporting resumes.



Metric	Jan 21	YTD	Target			
Turnover Rate	8.8%	8.8%	10%			
Normal variation, very likely to achieve target next month.						



Well Led



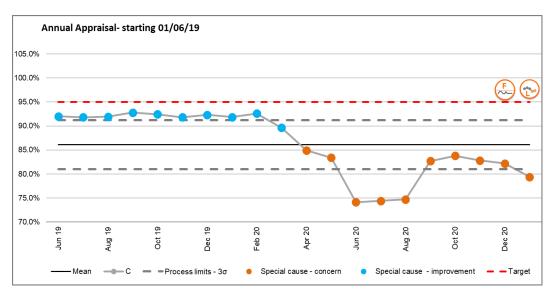
Metric	Dec 20	YTD	Target
Sickness absence	7.6%	7.0%	3%

Common cause variation. The target will most likely not be achieved next month.

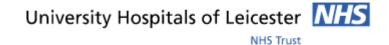
9	Sickness	Rate- starti	ng 01/05/1	9						
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11.0%										
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2.070	/ 19	Jul 19	Sep 19	Nov 19	Jan 20	Mar 20	May 20	Jul 20	20	/ 20
	May	п	Sep	Š	Jar	Ma	Мау	ъ	Sep	Nov

Metric	Jan 21	YTD	Target
% of Staff with Annual Appraisal	79.4%	79.4%	95%

Special cause concern due to COVID-19. Very unlikely to achieve target.



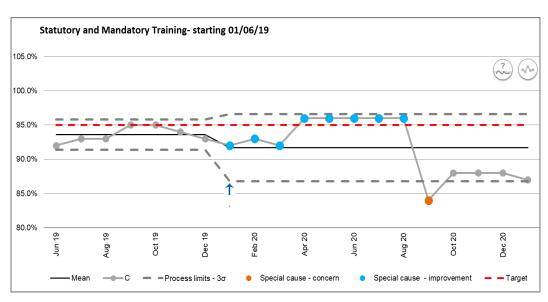
Well Led

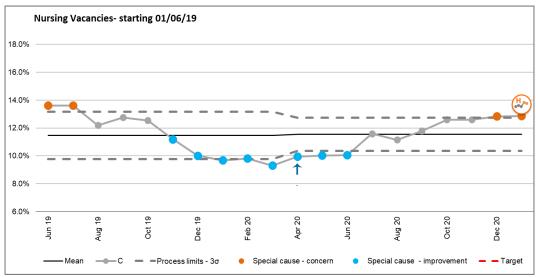


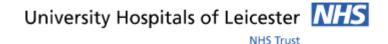
Metric	Jan 21	YTD	Target
Statutory and Mandatory Training	87%	87%	95%

Common cause variation. Performance decreased in September due to the removal of the extension to the training refresher periods introduced in March due to COVID-19.

Metric	Jan 21	YTD	Target				
Nursing Vacancies	12.9%	12.9%	No National Target				
Special cause concern.							







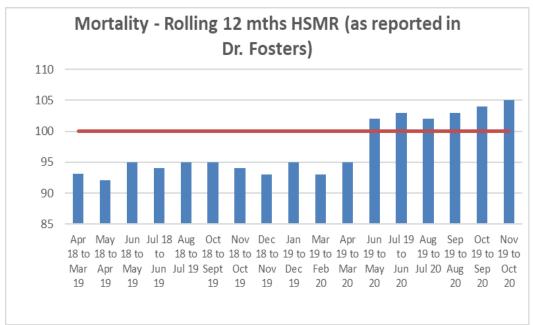
Metric	Oct 19 – Sep 20	Target
Mortality – Published Monthly SHMI	100	100

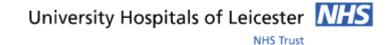
UHL's SHMI has been 100 or below for the past two years with some natural variation.

Metric	Nov 19 – Oct 20	Target
Mortality - Rolling 12 mths HSMR as reported in Dr. Foster)	105	100

Over the past 4 years our HSMR has remained at either below or within the expected range. The recent increase in the HSMR was discussed at the Trust Mortality Review Committee and is thought to be due the increased deaths and reduced activity related to the Coronavirus and the associated risk adjustment methodology changes. The trust is working with our Dr Foster Consultant to better understand the increase.







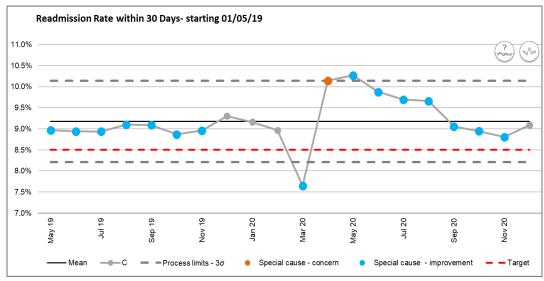
Metric	Jan 21	YTD	Target
Crude Mortality	3.3%	1.9%	No National Target

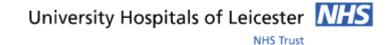
Statistically significant increase in January due to COVID-19.

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	Jun 19	Aug 19	Oct 19	Dec 19	Feb 20	Apr 20	Jun 20	Aug 20	Oct 20	Dec 20
	Mean			cess limits - 3σ						— — Targe

Metric	Dec 20	YTD	Target
Emergency readmissions within 30 days	9.1%	9.5%	8.5%

Normal variation – a downward trend has been seen since May which was above the upper control limit.



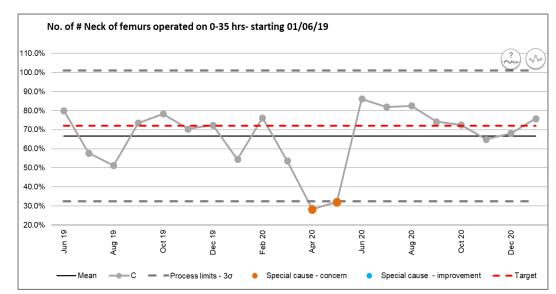


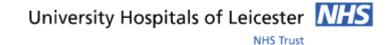
Metric	Dec 20	YTD	Target	
Emergency readmissions within 48 hrs	1.1%	1.2%	No National Target	
No significant variation.				

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70	May 19	Jul 19	Sep 19	Nov 19	Jan 20	Mar 20	May 20	Jul 20	Sep 20	Nov 20
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Metric	Jan 21	YTD	Target
% Neck of femurs operated on under 36 hrs Based on Admissions	75.8%	65.8%	72%
Performance de	teriorate	d significa	antly in

Performance deteriorated significantly in April and May due to COVID-19. No assurance that target will be delivered next month.



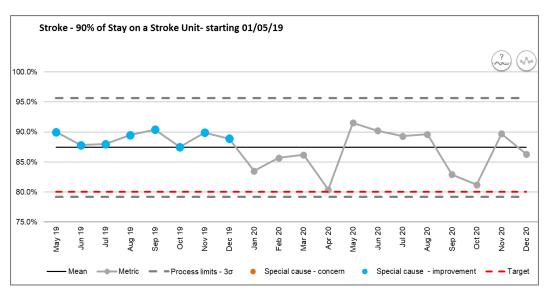


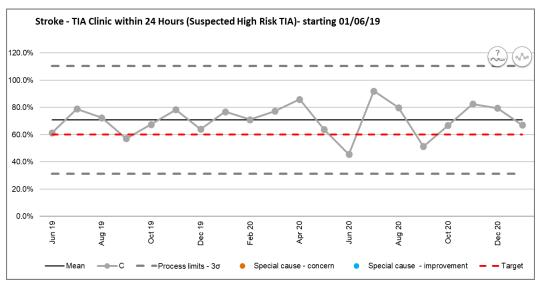
Metric	Dec 20	YTD	Target
Stroke - 90% of Stay on a Stroke Unit	86.3%	86.7%	80%

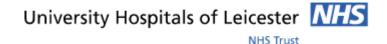
Common cause variation, consistently achieving target.

Metric	Jan 21	YTD	Target
TIA Clinic within 24 Hours (Suspected High Risk TIA)	67.1%	69.8%	60%
Common cause	variation <i>,</i>	target ac	chieved

in January.







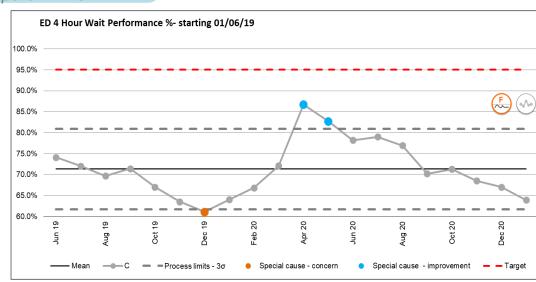
For more information please see the Urgent Care Report - PPPC

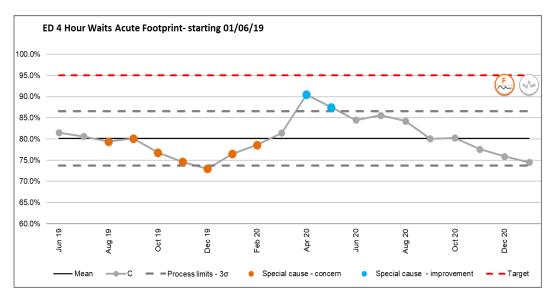
Metric	Jan 21	YTD	Target
ED 4 Hour Waits UHL	63.9%	73.7%	95%

Special cause improvement in April and May due to COVID-19. Continually failing target and will most likely fail to achieve target next month.

Metric	Jan 21	YTD	Target
ED 4 Hour Waits Acute Footprint	74.5%	81.6%	95%

Special cause improvement in April and May due to COVID-19. Continually failing target and will most likely fail to achieve target next month.



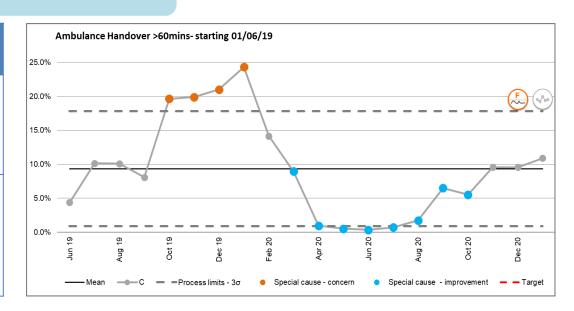


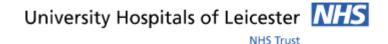
University Hospitals of Leicester NHS Trust

Responsive

Metric	Jan 21	YTD	Target
Ambulance Handover >60 Mins	10.9%	4.9%	0%

Performance has deteriorated in recent months. Target will not be achieved this month.



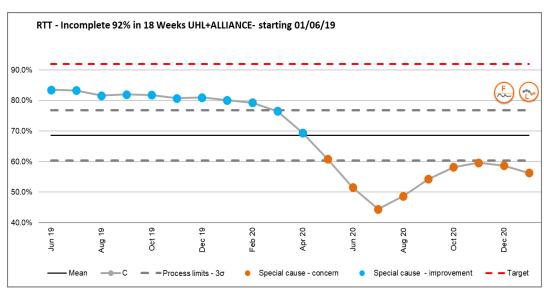


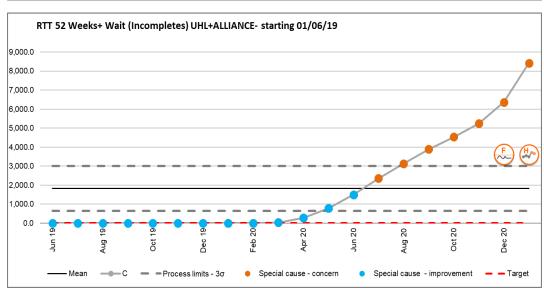
Metric	Jan 21	YTD	Target
RTT Incompletes	56.3%	56.3%	92%

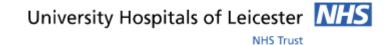
Performance has been deteriorating due to focus numbers on waiting list target and more recently COVID-19.

Metric	Jan 21	YTD	Target
RTT 52+ Weeks Wait	8,424	8,424	0

Special cause concern, the number of breaches is expected to increase due to COVID-19.







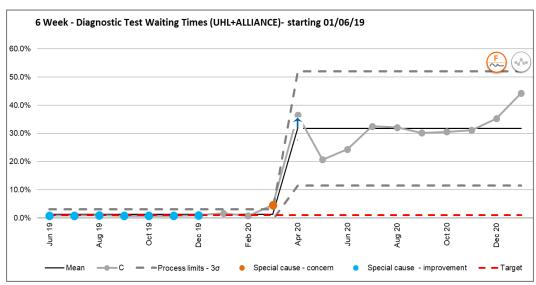
Metric	Jan 21	YTD	Target
Total Number of incompletes	80,593	80,593	66,397 (Year End)

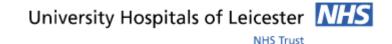
Special cause concern due to COVID-19.

1	Total Numb	er of inco	mpletes- st	arting 01/06,	/19					
85,000										
80,000										? (H
75,000										
70,000										
65,000										
60,000	Jun 19	Aug 19	Oct 19	Dec 19	Feb 20	Apr 20	Jun 20	Aug 20	Oct 20	Dec 20
	Mean		Proc	ess limits - 3σ	Spec	ial cause - concern		pecial cause -	improvement	Target

Metric	Jan 21	YTD	Target
6 Week Diagnostic Waits	44.3%	44.3%	1%

Special cause variation, target not achieved since March due to COVID-19.



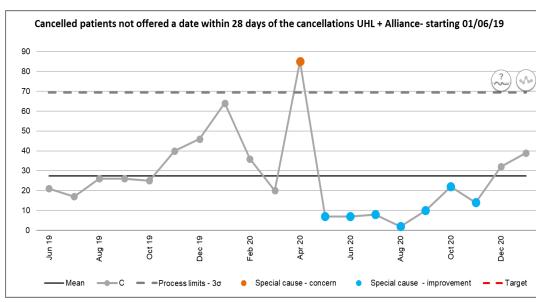


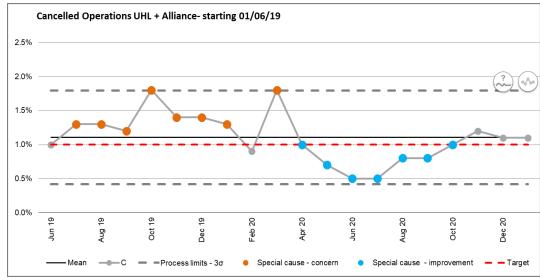
Metric	Jan 21	YTD	Target
Cancelled patients not offered a date within 28 days of the cancellations	39	226	0

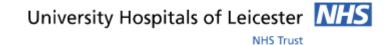
Common cause variation – April was above the upper control limit due to COVID-19. Full Year target already breached.

% Operations cancelled on 1.1% 0.9% 1% the day	Metric	Jan 21	YTD	Target
, 	•	1.1%	0.9%	1%

Common cause variation. No assurance that the target will be delivered next month.

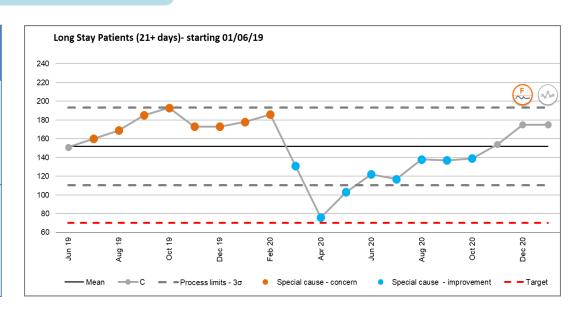




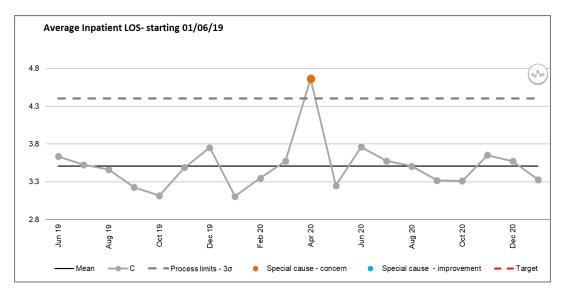


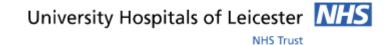
Metric	Jan 21	YTD	Target
Long Stay Patients (21+ days)	175	175	70

Recent special cause improvement due to COVID-19, unlikely to achieve target next month.

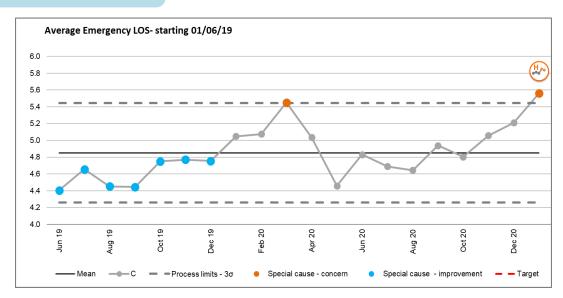


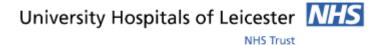
Metric	Jan 21	YTD	Target	
Average Inpatient LOS	3.3	3.6	No National Target	
Normal variation.				





Metric	Jan 21	YTD	Target	
Average Emergency LOS	5.6	4.9	No National Target	
Special cause concern.				

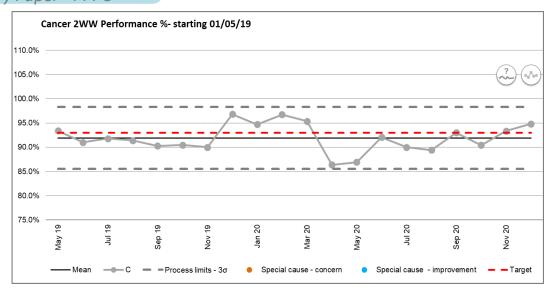




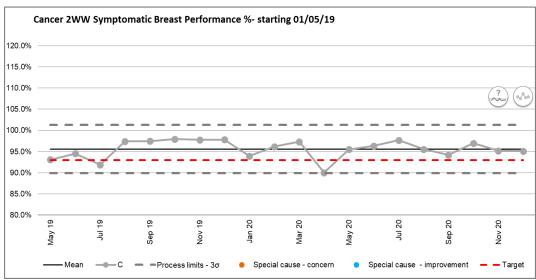
Responsive – Cancer

For more information please see the Cancer Recovery Paper - PPPC

Metric	Dec 20	YTD	Target
Cancer 2WW	94.8%	91.2%	93%
	Achieving		



Metric	Dec 20	YTD	Target
Cancer 2WW Breast	95.1%	95.7%	93%
	Achieving		



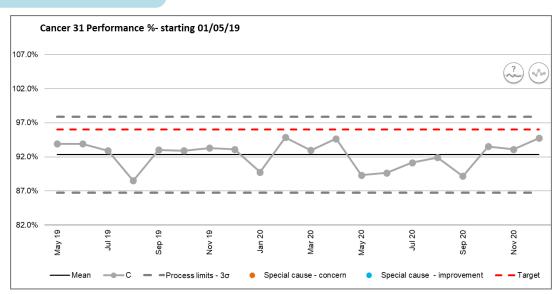
University Hospitals of Leicester NHS Trust

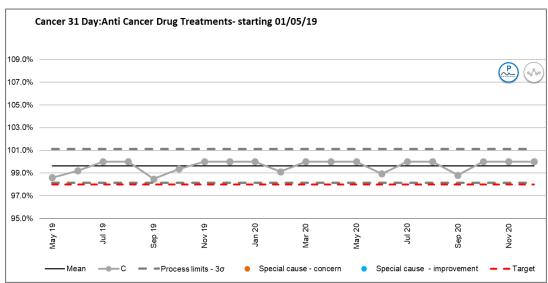
Responsive – Cancer

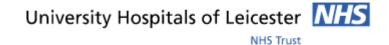
Metric	Dec 20	YTD	Target
Cancer 31 Day	94.7%	92.0%	96%

Improved performance. Unlikely to achieve target next month due to capacity

Metric	Dec 20	YTD	Target
Cancer 31 Day Drugs	100%	99.8%	98%
	Achieving		







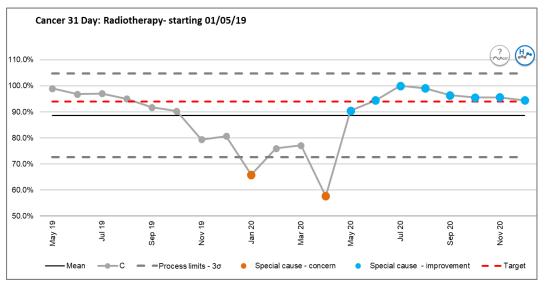
Responsive – Cancer

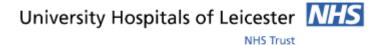
Metric	Dec 20	YTD	Target
Cancer 31 Surgery	74.3%	73.5%	94%

Unlikely to achieve target next month, performance is underperforming. We continue to prioritise Category 1 and 2 patients where capacity is available

c	ancer 31	Day: Surge	ry- starting	01/05/19						
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	May 19	Jul 19	Sep 19	Nov 19	Jan 20	Mar 20	May 20	Jul 20	Sep 20	Nov 20
	Me	an ——C	— -Proce	ess limits - 3σ	Special	cause - conce	ern 🌕 Sp	pecial cause -	improvement	Target

Metric	Dec 20	YTD	Target	
Cancer 31 Day Radiotherapy	94.4%	92.3%	94%	
Achieving				

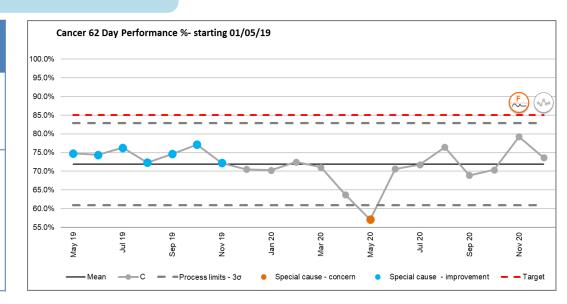




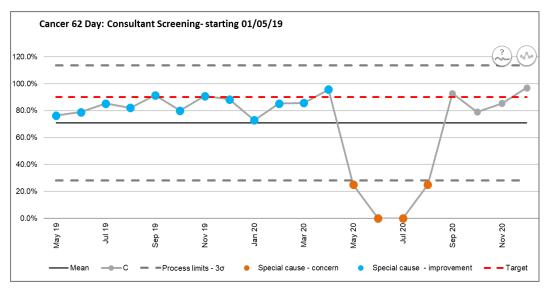
Responsive – Cancer

Metric	Dec 20	YTD	Target
Cancer 62 Day	73.6%	70.8%	85%

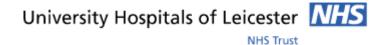
Unlikely to achieve target next month, performance is underperforming.



Metric	Dec 20	YTD	Target
Cancer 62 Day Consultant Screening	97.0%	69.1%	90%
	Achieving		

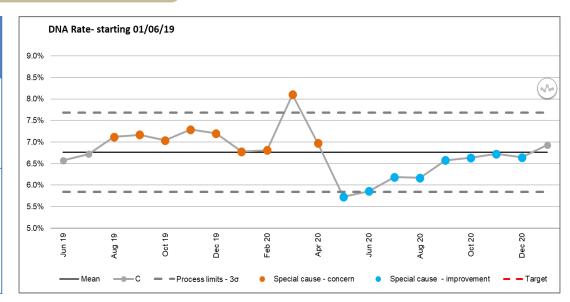


Outpatient Transformation



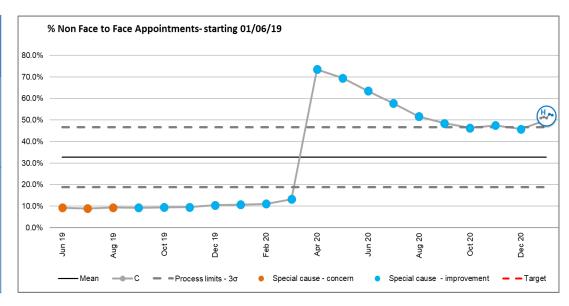
Metric	Jan 21	YTD	Target
% DNA Rate	6.9%	6.4%	No National Target

Performance has been deteriorating over recent months, May was below the lower control limit due to COVID-19.

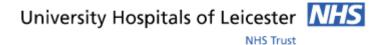


Metric	Jan 21	YTD	Target
% Non Face to Face Appointments	50.0%	54.7%	No National Target

Special cause improvement due to COVID-19.

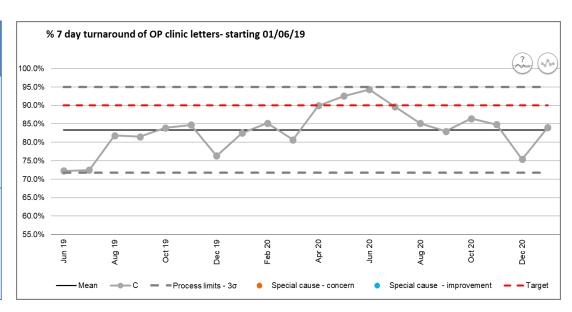


Outpatient Transformation

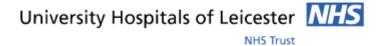


Metric	Jan 21	YTD	Target
% 7 day turnaround of OP clinic letters	84.0%	86.5%	90%

Common cause variation, no assurance that the target will be delivered next month.



Description	Current Performa nce	Trend / Benchmark	Key Messages	Key Actions
Are a measure of the number of UHL never events at month end.	20/21 Target – 0 2 Never Events reported in December 2020.	Now forth-dady SUN(3) 1 2 2 1 2 1 1 2 1 1 2 1 1	1. Never Event – Wrong implant/prosthesis A 71 year old male patient presented to the Glenfield Hospital Coronary Care Unit (CCU) with an acute myocardial infarction on 15 December 2020 having already suffered an out of hospital cardiac arrest. He underwent emergency percutaneous cardiac catheterisation intervention (PCI) in the Angiocatheter Suite (cath lab). Coronary angioplasty and stenting were attempted. Balloon angioplasty was carried out in preparation for stenting the left main stem. Soon afterwards the patient deteriorated . A 2.5x23 mm Xience stent was deployed in the left main stem at approximately 15:00 hrs but the operators state that they asked for a 3.5 x 23 stent and believed that they were deploying a 3.5 stent. The patient deteriorated soon after that and was a complex case resulting in coronary artery bypass surgery. The fact that the incorrect stent had been deployed was recognised after the procedure as the sticky labels in the pathway indicated that a 2.5 mm stent had been deployed. 2. Never Event – Wrong site surgery The patient is a 4 year old child who had Cerebral Palsy and was experiencing muscle tightness in the calf on her right leg .On the 24th November 2020 she attended the Children's Outpatient's Department with her mother for a planned Botox injection into her right calf. The purpose of the injection was to ease the muscle tightness and therefore improve motion and walking gait. The Registrar who was carrying out the procedure obtained verbal consent from her mother. The injection site was not marked prior to commencing the procedure. During the initial consultation the child was sitting facing forwards. For the procedure to take place she was turned around so that the calf was easily accessible. There was also a junior doctor present in the room at the time of the injection. Once the child had been turned around the Registrar began the procedure, applied local anaesthetic spray and injected Botox into the calf of the left leg. Following the procedure the Registrar realised th	Immediate Actions taken were: All staff in catheter lab made aware of incident Support/interviews by CMG/PS Team • Pharmacy contacted to determine when the procedure could be undertaken on the correct leg • Appointment given for the procedure on correct leg • Parents assured that the Botox injection should have no long-term consequences for the left leg. • The child's medical records obtained and reviewed • Statements requested from staff involved in the incident

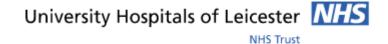


Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
Is the number of MRSA cases that have been reported	20/21 Target – 0 In January there was one case of MRSA, this is the first case this financial year.	MRSA Total- starting 01/06/19 25 25 25 35 35 35 37 38 38 38 38 38 38 38 38 38	The Root Cause Analysis identified the following contributory factors: • MRSA bloodstream infection likely to be a consequence of MRSA infection at intravenous cannula site. • Probable cross-infection from another patient with MRSA on the ward. • Use of gloves by healthcare staff as part of COVID-19 PPE may have given false assurance of good hand hygiene • Octenisan disinfectant bodywash substituted for Stellisept because of Stellisept supply shortage • Multiple intravenous cannulation required for fluids and drug treatment • Sub-optimal review of intravenous cannulation sites to check for infection	Review hand hygiene practice across UHL. Re-instate Stellisept as soon as possible. Review how ward staff carry out isolation practice when dealing with patients requiring isolation for infection prevention reasons. Review Trust accommodation for isolating patients. Review ward staff practice for managing intravenous cannulation and cannulation sites.

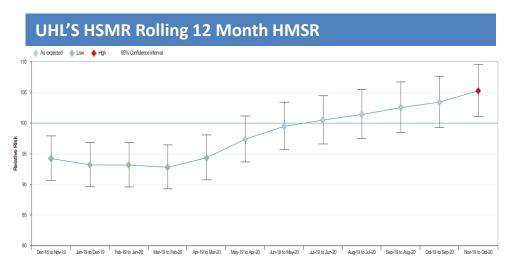
Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
Sickness absence	20/21 Target – 3% or below	Sickness Rate - starting 01/05/19 120% 110% 100%	Sickness has reduced only slightly since	There has been a renewed focus on COVID-19
UHL has a locally agreed sickness absence target of 3%.	Performance in December was 7.6% excluding E&F	1576 1576 1576 1576 1576 1576 1576 1576	November, 7.6% from 7.8%.	absences and ensuring these are closed on time, giving us more accurate data. CMGs and Corporate areas receive a weekly spreadsheet of all open absences and nominated individuals take the lead on updating and returning these. This reduces the amount of time managers would otherwise spend on completing Part 2s. Some staff continue to shield and are supported to find work to do from home wherever possible, whether at a local level or through the Temporary Redeployment team. In the coming month there will be a focus on sickness absence assurance and review of the information available.

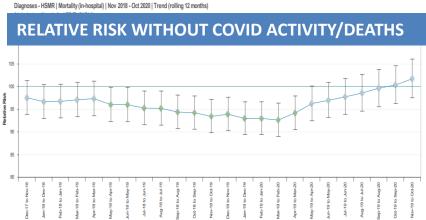
Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
% of Staff with Annual Appraisal (excluding facilities Services) Is the percentage of staff who have had their Annual Appraisal(excluding facilities Services)	20/21 Target – greater than 95% Performance for January was 79.4%.	Annual Appraisal-starting 01/06/19 100.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0% 90.0%	This data is captured within the Monthly Workforce Dataset Report presented to Trust Board Subcommittee (People Performance and Process Committee), Corporate and CMG Boards. It is recognised that performance has been impacted by COVID-19.	The Trust Tactical and Strategic Group have agreed on an alternative approach in response to COVID-19 for pressurized areas. HR Colleagues continue to communicate performance and support managers with implementing improvements. HR colleagues continue to send out details of outstanding appraisal to all areas for urgent line by line review/update.

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
Statutory and Mandatory Training	20/21 Target - 95%		The continuation of seasonally related service	Monthly compliance reports will continue to
Is the percentage of staff that are up to date on their Statutory and Mandatory Training.	Performance for January was 87%	Statutory and Mandatory Training- starting 01/06/19	pressures and pandemic related pressures can be seen in the reduction of compliance to 87%.	be sent out to 1800 managers and staff. The auto-generated emailing to staff whose training will expire will continue. Due to COVID-19 related service pressures, the manually generated emailing to clinical staff whose training has expired has stopped. A reminder will be sent out to Admin & Clerical Staff whose training has expired.



Description	Latest Performance and Trend	Key Messages	Key Actions				
Mortality - Rolling 12 mths HSMR as reported in Dr. Foster Intelligence)	Target – 100 or less	The increase in UHL's HSMR appears to be due to a significant fall in activity &	Commissioned in-depth analysis of UHL's HSMR by DFI to identify which patient or				
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). *The HSMR includes COVID activity and deaths where COVID is a secondary diagnosis.	We have been seeing a month on month increase in our HSMR since May 19 to Apr 20 Performance for Nov 19 to Oct 20 HSMR was 105.3 and is now higher than expected	change in case-mix from March 20. When COVID is removed from All Non Elective activity and deaths, UHL's Relative Risk has still increased but is no longer above expected.	diagnostic groups are most contributing to our increasing HSMR Following this analysis there will be a detailed clinical review undertaken of those patient/ diagnosis pathways accordingly.				



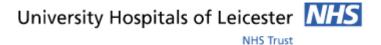


Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
Urgent Care	ED 4 Hour waits UHL performance was 63.9% in January ED 4 Hour waits LLR provisional performance was 74.5% in January Ambulance Handover >60 Mins performance was 10.9% in January	CO 4 Now With Reference N- serving GUN(19) With Service Serving SUR(19) With Serving SUR(19) With Service Serving SUR(19) With Service Serving SUR(19)	New front door model approved and recruitment on track Significant pressure from COVID-19 demand Cancelling all non-essential outpatient & inpatient activity (only focussing on Cancer & P1 A&B surgery). Working with system partners to ensure that only those who require planned or unplanned care (and only those who cannot access care elsewhere) access a UHL site. Mobilising non-clinical capacity that is now utilised for non-clinical functions. Re-deployment of clinical, support & managerial staff to areas of priority.	Launching a consultant assessment pathway for frailty. This is service available between 8AM-8PM and covers patients in their own homes as well as care homes. Work is ongoing to explore if adding General Practitioner support within the Bed Bureau team to provide additional capacity will support admission avoidance. Planning is currently ongoing with EMAS for direct admission to GPAU (medical SDEC). Ensuring COVID-19 escalation plans are robust and fit for purpose in preparation for any future waves.

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
RTT Incompletes	Performance Target – 92% Waiting List Target - 66,397 (Year End) RTT - Incomplete 92% in 18 Weeks UHL + Alliance Performance for January was 56.3%. Total Number of incompletes At the end of January 80,593 patients were waiting on an RTT pathway.	### RTT - incomplete 92% in 18 Weeks UH1-ALIJANCE - starting 01/06/19 ### Special Control of the Control of th	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. National Validation Team Completed validation work Reviewed 16977 patients Removed 3281 Further opportunities outlined to the trust Waiting list management Audit finalised.	Waiting list is carried on being validated to align with national guidance and trust policy. Waiting list volume still near trajectory. RTT policy to go to Policy and guideline committee to align with National policy. Assess elective capacity for next wave of COVID-19.

RTT 52+ Weeks 20/21 Target – 0		
Is the total number of patients currently on an RTT pathway waiting 52+ weeks. At the end of January, 8,424 patients were waiting over 52 weeks on an RTT pathway.	There are 8,424 52 week breaches at the end of January Independent sector plan agreed with a focus shift on to treating Cancer and Urgent patients due to reduced activity within UHL Reduction in theatre sessions approved due to the requirement to free up ITAPS staff to	Identify opportunities for funding to help to reviewing waiting list (Extending of National support team). Work with CMG's to start the development of Admitted and Non Admitted Elective recovery. Develop two independent sector activity plans for 21/22

Description	Current Performance	, , , , ,				
6 Week Diagnostic Waits	20/21 Target – 1%	6 Week - Diagnostic Test Waiting Times (UHI+ALLIANCE)- starting 01/06/19	Significant pressure on capacity in January due to COVID-19.	MRI - new scanner on-line at GH in March (delayed staff start).		
Is the percentage of patients currently waiting 6 weeks or more for a diagnostic test.	Performance for January was 44.3%.	102% Description of the second content of t	MRI/CT - Sourced additional capacity with mobile scanners and the use of IS and WLI's until March 21. Increase MRI and CT capacity at Nuffield and Spire. Endoscopy - Vanguard Unit now operational at the LGH. Audiology service offering reduced service due to staff redeployment. Dexa Scanner operational at the LGH.	MRI - review opportunities to roster weekends more efficiently and increase WLI for the gaps. MRI - Explore options for static community based scanner. Ultrasound - explore options to replace older community scanners for increased throughput. Audiology – purchase additional kit for balance testing.		



Diagnostics 6+ week waits trajectory - UHL and Alliance

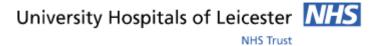
				<u></u>														
	Actual							Tra	ejectory									
Diagnostic Test	Nov-20	Dec-20	Jan-21	Feb-21	Mar- 21	Apr- 21	May- 21	Jun-21	Jul-21	Aug- 21	Sep-21	Oct- 21	Nov- 21	Dec- 21	Jan- 22	Feb- 22	Mar- 22	Target Delivered By
Magnetic Resonance Imaging	1,192	1,818	2,589	3,054	2,749	2,199	1,759	1,319	989	742	557	417	323	235	176	132	99	Mar-22
Computed Tomography	770	1,128	1,897	2,255	1,925	1,595	1,265	935	605	35	35	35	35	35	35	35	35	Aug-21
Non-obstetric ultrasound	2	172	1,746	1,135	738	479	100	10	10	10	10	10	10	10	10	10	10	Jun-21
Barium Enema	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-
DEXA Scan	1,255	1,397	1,635	1,335	935	485	100	10	10	10	10	10	10	10	10	10	10	Jun-21
Audiology - Audiology Assessments	943	823	776	826	776	713	663	613	551	501	438	388	338	276	226	176	126	May-22
Cardiology - echocardiography	142	86	83	75	60	48	38	31	18	11	7	0	0	0	0	0	0	Sep-21
Cardiology - electrophysiology	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-
Neurophysiology - peripheral neurophysiology	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-
Respiratory physiology - sleep studies - Adult	8	2	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Dec-20
Respiratory physiology - sleep studies - Paeds	41	53	55	40	15	0	0	0	0	0	0	0	0	0	0	0	0	Mar-21
Urodynamics - pressures & flows	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Nov-20
Colonoscopy - Adult	930	942	1,133	1,235	1,336	1,169	1,002	835	668	501	334	167	0	0	0	0	0	Nov-21
Colonoscopy - Paeds	4	4	7	3	6	0	0	0	0	0	0	0	0	0	0	0	0	Apr-21
Flexi sigmoidoscopy	161	102	195	213	230	201	171	142	113	84	55	25	0	0	0	0	0	Nov-21
Cystoscopy	378	412	767	702	637	572	507	442	377	312	247	182	117	111	46	0	0	Jan-22
Gastroscopy - Adult	1,075	1,151	1,308	1,425	1,541	1,348	1,155	962	769	576	383	190	0	0	0	0	0	Nov-21
Gastroscopy - Paeds	21	24	15	13	0	0	0	0	0	0	0	0	0	0	0	0	0	Mar-21
Total	6,926	8,090	12,213	12,297	10,948	8,809	6,761	5,299	4,111	2,782	2,076	1425	833	677	503	363	280	Apr-22

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
Cancelled patients not offered a date within 28 days of the cancellations UHL + Alliance Is the number of cancelled patients OTD not offered a new date within 28 days of the cancellation at UHL or the Alliance	20/21 Target – 0 39 patients were not offered a new day within 28 days in January.	Cancelled patients not offered a date within 28 days of the cancellations UHL + Alliance-starting 01/06/19 50 50 50 50 50 50 50 50 50 5	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 rebook 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. Wave 3 has significantly impacted elective surgery with only Cancer and Priority 2 patients being treated	Available capacity remains limited to rebook. These will need to be monitored and logged to ensure they are treated once we are able to increase elective capacity again. Ensure the list are fully utilized within the IS. Engagement through weekly IS and alliance operational group by services.

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
% Operations cancelled for non-clinical reasons on or after the day of admission UHL + Alliance	20/21 Target – less than 1%	Cancelled Operations UHL + Alliance-starting 01/06/19 25% 20%	COVID-19 has impacted on theatre capacity significantly during December which has led to a reduction in theatre capacity a long side a greater demand for beds. This has meant elective care has had to be	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
Is the percentage of operations cancelled for non-clinical reasons on or after the day of admission by UHL and the Alliance.	Performance for January was 1.1%.	0.0%	managed on a daily basis reflecting the emergency demand. This in turn has led to an increase in cancelations on the day.	are most urgent and the high risk cancer patients. Develop Theatres Recovery Timetable.

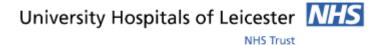
Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
Long Stay Patients (21+ days) Is the number of adult patients that have been in hospital for over 21 days.		Long Stay Patients (21+ days)- starting 01/06/19 20 20 20 20 20 20 20 2	Numbers of 21+ day patients continues to remain above Trust target and the mean. A weekly increase has been noted since end of October with a further rapid increase at the end of December in line with COVID admissions • 57 of the 175 patients (33 %) have tested positive to COVID-19 • Circa 30 patients (17%) per week are MFFD	New daily sitrep reporting of MFFD patients for NHSE has commenced. Continue to work with system partners in transforming discharge pathways. Targeted escalation of patients in line with safe and timely discharge actions.
			 25 patients are on a Neuro rehab pathway. (14%) MSS are now below target and below mean. CHUGGs above target but below mean. RRCV and ESM remain above target and above mean. 	

Exception Reports – Cancer



LACCPUOIT	teports carreer	NH3 ITUSE
Performance	Key Messages	Key Actions
See additional slide		
Silde	Referrals have returned to pre COVID-19 levels. We are seeing some cancellations on the day due to staffing and ITU capacity. Decreased theatre capacity is impacting on 31 day surgery performance. Continue to refer to the surgical hub where patients are willing to travel, however other centers have minimum capacity, and some of the offers are as far as Liverpool. Maximise use of the IS.	Use of the IS to optimise capacity — the outcome of the continuation of the contract will have an impact on cancer pathway delivery. Regular review of patients on pathways. Support phone numbers offered to patients to ensure they have a point of contact.

Exception Reports – Cancer



Cancer performance December 2020

Standard	Target	Position
2WW	93%	94.8%
2WW Breast	93%	95.1%
31 Day 1 st Treatments	96%	94.7%
31 Day SUB Surgery	94%	74.34%
31 Day DRUGS	98%	100%
31 Day Radiotherapy	94%	94.4%
62 Day	85%	73.6%
62 Day Screening	90%	97.0%
Consultant upgrade	85%	79.5%

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
% 7 day turnaround of OP clinic letters	20/21 Target – 90% or above	%7 day turnaround of OP clinic letters- starting 01/06/19 100.0% 150.0% 150.0% 150.0% 150.0% 150.0%	COVID-19 lockdown and redistribution of workforce across the Trust for clinical and	Project team working with Dictate for solutions to complex letters for above mentioned
UHL has a locally agreed target of	Performance for January was 84.0%	TOTAL	administrative staff.	services.
90%.			Routine winter pressures exacerbated by COVID-19.	Dit2 authoring access to be removed by end of February which should help streamline actions
			Services restricted by Dit3 for complex letters such as infectious	as services will use a single system.
			diseases and nephrology having longer turnaround times.	Impact of COVID-19 likely to continue for remaining financial year.