Report by Acting Chief Executive – monthly update: February 2021

Authors: Rebecca Brown and Stephen Ward   Sponsor: Rebecca Brown   **Trust Board paper E**

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	
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)	N/A	
Executive Board	N/A	
Trust Board Committee	N/A	
Trust Board	N/A	

Executive Summary

Context

The Acting Chief Executive's monthly update report to the Trust Board for February 2021 is attached.

Questions

Does the Trust Board have any questions or comments about our performance and plans on the matters set out in the report?

Conclusion

The Trust Board is asked to consider and comment upon the issues identified in the report.

Input Sought

We would welcome the Board's input regarding the content of this month's report to the Board.

For Reference:

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

1. Quality priorities

Safe, surgery and procedures	[Yes]
Improved Cancer pathways	[Yes]
Streamlined emergency care	[Yes]
Better care pathways	[Yes]
Ward accreditation	[Yes]

2. Supporting priorities:

People strategy implementation	[Yes]
Investment in sustainable Estate and reconfiguration	[Yes]
e-Hospital	[Yes]
Embedded research, training and education	[Yes]
Embed innovation in recovery and renewal	[Yes]
Sustainable finances	[Yes]

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

- What was the outcome of your Equality Impact Assessment (EIA)? N/A

- Briefly describe the Patient and Public Involvement (PPI) activities undertaken in relation to this report, or confirm that none were required – None Required.

- 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? On the basis that this is a monthly update report.

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?	X	ALL
Organisational: Does this link to an *Operational/Corporate Risk* on Datix Register	X	There are several risks which feature on the organisational risk register relating to matters covered in this paper.
New Risk identified in paper: What *type* and *description*?	N/A	N/A
None		

5.   Scheduled date for the **next paper** on this topic: March 2021 Trust Board
6.   Executive Summaries should not exceed **5 sides**   [My paper does comply]

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: TRUST BOARD

DATE: 4 FEBRUARY 2021

REPORT BY: ACTING CHIEF EXECUTIVE

SUBJECT: MONTHLY UPDATE REPORT – FEBRUARY 2021

1.   Introduction

1.1   My report this month is confined to a number of issues which I think it important to highlight to the Trust Board.

2.   UHL response to COVID-19

2.1   I will report orally at the Trust Board meeting on the current position.

2.2   I have attached for information at **appendix 1** a copy of a letter dated 26th January 2021 addressed to all NHS Trust Chief Executives by the Chief Operating Officer, NHS England/Improvement updating and reconfirming NHSE/I's position on regulatory and reporting requirements for NHS Trusts and Foundation Trusts, including:

- pausing all non-essential oversight meetings,
- streamlining assurance and reporting requirements,
- providing greater flexibility on various year-end submissions,
- focussing improvement resources on COVID-19 and recovery priorities,
- only maintaining those existing development workstreams that support recovery.

2.3   NHSE/I state that they will keep the position under close review, making further changes where necessary and, in addition, will review and update the measures set out in the letter in quarter 1 2021/22.

3.   Quality and Performance Dashboard – December 2020

3.1   The Quality and Performance Dashboard for December 2020 is appended to this report at **appendix 2.**

3.2   The Dashboard aims to ensure that Board members are able to see at a glance how we are performing against a range of key measures.

3.3   The more comprehensive monthly Quality and Performance report has been reviewed as part of the deliberations of the January 2021 meetings of the People, Process and Performance Committee and Quality and Outcomes Committee, respectively. The month 9 quality and performance report is published on the Trust's website.

3.4   *Good News*

- **Mortality** – the latest published SHMI (period August 2019 to July 2020) is 99, and remains within the expected range.
- **CAS alerts** - compliant.
- **MRSA** – 0 cases reported.
- **C DIFF** – 3 cases reported this month.
- **90% of Stay on a Stroke Unit** – threshold achieved with 89.7% reported in November.
- **VTE** – compliant at 98.6% in December.
- **TIA (high risk patients) –** 79.5% reported in December
- **Cancer Two Week Wait** was 93.3% in November against a target of 93%.
- **Cancer Two Week Wait (Symptomatic Breast)** was 95.2% in November against a target of 93%.

3.5   *Bad News*

- **UHL ED 4 hour performance** – 67.0% for December, system performance (including LLR UCCs) for December is 75.9%.
- **Ambulance Handover 60+ minutes (CAD)** – performance at 9.6%.
- **12 hour trolley wait -** 7 breaches reported.
- **Cancer 31 day treatment** was 93.1% in November against a target of 96%.
- **Cancer 62 day treatment** was 79.2% in November 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 58.7% at the end of December.
- **52+ weeks wait –** 6,361 breaches reported in December.
- **Diagnostic 6 week wait** was 35.3% against a target of 1% in December.
- **Patients not rebooked within 28 days following late cancellation of surgery –** 32.
- **Cancelled operations OTD** –1.1% reported in December.
- **Fractured neck of femurs operated 0-35hrs** – performance is below target at 68.1%.
- **Statutory and Mandatory Training** is at 88%.
- **Annual Appraisal** is at 82.2%.

4.   <u>Conclusion</u>

4.1   The Trust Board is invited to consider and comment upon this report and the attached appendices.

Rebecca Brown
<u>Acting Chief Executive</u>

28th January 2021

Skipton House
80 London Road
London
SE1 6LH

To:

- Chief executives of all NHS trusts and foundation trusts
- CCG Accountable Officers

Copy to:

- Chairs of NHS trusts, foundation trusts and CCG governing bodies
- Chairs of ICSs and STPs
- NHS Regional Directors

26 January 2021

Reducing burden and releasing capacity to manage the COVID-19 pandemic

The NHS is facing unprecedented levels of pressure from the COVID-19 pandemic. Whilst numbers of admissions are plateauing and beginning to decline in some parts of the country, they continue to grow in others and the number of patients in hospital and in critical care with COVID-19 will take some time to reduce. At the same time the NHS is delivering a national COVID vaccination programme of unparalleled scale and complexity, whist also continuing to provide non-COVID care.

Therefore we will continue to support you to free up management capacity and resources to focus on these challenges. Following our letters in March and July last year, this letter updates and reconfirms our position on regulatory and reporting requirements for NHS trusts and foundation trusts, including:

- pausing all non-essential oversight meetings
- streamlining assurance and reporting requirements
- providing greater flexibility on various year-end submissions
- focussing our improvement resources on COVID-19 and recovery priorities
- only maintaining those existing development workstreams that support recovery.

We will keep this under close review, making further changes where necessary to support you. In addition, we will review and update the measures set out in this letter in Q1 2021/22.

Once again, we appreciate the incredible level of commitment and hard work from you and your teams that has helped the NHS rise to meet the challenges of the last year, and in particular these past four weeks.

Yours sincerely

Amanda Pritchard

Chief Operating Officer, NHS England & NHS Improvement

The system actions

Changing NHSE/I engagement approaches with systems and organisations

Oversight meetings will continue to be held by phone or video conference and will focus on critical issues. Teams will also review the frequency of these meetings on a case-by-case basis to ensure they are appropriate. We have reprioritised our improvement and support effort to focus on areas directly relevant to the COVID-19 response, in particular:

- GIRFT visits to trusts have been stood down with resources concentrated on supporting hospital discharge coordination.
- National transformation programmes (outpatients, diagnostics and pathways) now focus on activity that directly supports the COVID response or recovery, e.g. video consultation and patient-initiated follow up, maximising diagnostics and clinical service capacity, supporting discharge priorities etc.
- With CQC, we continue to prioritise our special measures work to give the appropriate support to the most challenged systems to help them manage COVID-19 pressures.

1) Governance and meetings

No.	Areas of activity	Detail	Actions
1.	Board and sub-board meetings	Trusts and CCGs should continue to hold board meetings but streamline papers, focus agendas and hold virtually, not face-to-face. No sanctions for technical quorum breaches (e.g. because of self-isolation). For board committee meetings, trusts should continue quality committees, but consider streamlining other committees. While under normal circumstances the public can attend at least part of provider board meetings, Government social isolation requirements constitute 'special reasons' to avoid face to face gatherings as permitted by legislation. All system meetings to be virtual by default.	Organisation to inform audit firms where necessary
2.	FT Governor meetings	Face-to-face meetings should be stopped at the current time[1] - virtual meetings can be held for essential matters e.g. transaction decisions. FTs must ensure that governors are (i) informed of the reasons for stopping meetings and (ii) included in regular communications on response to COVID-19 e.g. via webinars/emails.	FTs to inform lead governor
3.	FT governor and membership processes	FTs free to stop/delay governor elections where necessary. Annual members' meetings should be deferred. Membership engagement should be limited to COVID-19 purposes.	FTs to inform lead governor

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[1] This may be a technical breach of FTs' constitution but acceptable given Government guidance on social isolation

No.	Areas of activity	Detail	Actions
4.	Annual accounts and audit	We wrote to the sector on 15 January to make the following adjustments to reporting requirements: • extending the 2020/21 accounts and audit year end timetable • allowing providers to apply for a further extended timetable for submitting 2020/21 financial accounts • deferring introduction of IFRS 16 (new leases accounting standard) to 2022 • simplifying the 'agreement of balances' exercise	Organisation to continue with year-end planning in light of updated guidance
5.	Quality accounts - preparation	The deadline for quality accounts preparation of 30 June is specified in Regulations. DHSC is currently reviewing whether Regulations should be amended to extend the 30 June deadline for 2020/21.	No action for organisations at the current time
6.	Quality accounts and quality reports - assurance	We are removing requirements for FTs to include this within their 2020/21 annual report.	Organisations to inform external auditors where necessary
7.	Annual report	We wrote to the sector on 15 January confirming that the options available to simplify parts of the annual report that were introduced in 2019/20 are available again for 2020/21.	Organisation to continue with year-end planning in light of updated guidance
8	Decision-making processes	While having regard to their constitutions and agreed internal processes, organisations need to be capable of timely and effective decision-making. This will include using specific emergency decision-making arrangements.	

2) Reporting and assurance

No.	Areas of activity	Detail
1.	Constitutional standards (e.g. A&E, RTT, Cancer, Ambulance waits, MH LD measures)	See Annex A.
2.	Friends and Family test	Reporting requirement to NHS England and NHS Improvement has been paused. However, Trusts have flexibility to change their arrangements under the new guidance and published case studies show how Trusts can continue to hear from patients whilst adapting to pressures and needs.
3.	Operational planning	The 21/22 planning and contracting round will be delayed; it will not be initiated before the end of March 2021 and we will roll over the current financial arrangements into Q1 21/22.
4.	Long Term Plan: system by default	System by Default development work (including work on CCG mergers) has been restarted. NHSEI actively encourages system working where it can help manage the response to COVID-19. We will keep this work under review to ensure it continues to enable collaborative working and does not create undue capacity constraints on systems.
5.	Long Term Plan: Mental Health	NHSE/I will maintain Mental Health Investment guarantee. As a foundation of our COVID-19 response, systems should continue to expand services in line with the LTP.
6.	Long Term Plan: Learning Disability and Autism	NHSE/I will maintain the investment guarantee.
7.	Long Term Plan: Cancer	NHSE/I will maintain its commitment and investment through the Cancer Alliances and regions to improve survival rates for cancer. NHSE/I will work with Cancer Alliances to prioritise delivery of commitments that free up capacity and slow or stop those that do not, in a way that will release necessary resource to support the COVID-19 response, and restoration and maintenance of cancer screening and symptomatic pathways.
8.	NHSE/I Oversight meetings	Be held online. Streamlined agendas and focus on COVID-19 issues and support needs.

No.	Areas of activity	Detail
9.	Corporate Data Collections (e.g. licence self-certs, Annual Governance statement, mandatory NHS Digital submissions)	Look to streamline and/or waive certain elements. Delay the Forward Plan documents FTs are required to submit. We will work with analytical teams and NHS Digital to suspend agreed non-essential data collections.
10.	CQC routine assessments and Use of Resources assessments	CQC has suspended routine assessments and currently uses a risk-based transitional monitoring approach. NHSE/I continues to suspend the Use of Resources assessments in line with this approach.
11.	Provider transaction appraisals CCG mergers Service reconfigurations	Complete April 2021 transactions, but potential for NHSE/I to de-prioritise or delay transactions appraisals if in the local interest given COVID-19 factors. Complete April 2021 CCG Mergers. Where possible and appropriate we will streamline the process to review any reconfiguration proposals, particularly those designed in response to COVID-19.
12.	7-day services assurance	Suspend the self-cert statement.
13.	Clinical audit	Given their importance in overseeing non-Covid care, clinical audits will remain open. This will be of particular importance where there are concerns from patients and clinicians about non-Covid care such as stroke, cardiac etc. However, local clinical audit teams will be permitted to prioritise clinical care where necessary – audit data collections will temporarily not be mandatory.
14.	Pathology services	We need support from providers to manage pathology supplies which are crucial to COVID-19 testing. Trusts should not penalise those suppliers who are flexing their capacity to allow the NHS to focus on COVID-19 testing equipment, reagent, and consumables.

3) Other areas including HR and staff-related activities

No.	Areas of activity	Detail
1.	Mandatory training	New training activities – refresher training for staff and new training to expand the number of ICU staff – is likely to be necessary. Reduce other mandatory training as appropriate
2.	Appraisals and revalidation	Indications are that the Appraisal 2020 model is helping to support doctors during the pandemic, however we recognise with rising pressures in the system appraisals may need to be reprioritised so appraisals can be declined. If appraisals are going ahead, please use the revised shortened Appraisal 2020 model The GMC has now deferred revalidation for all doctors who are due to be revalidated between 17 March 2020 and 16 March 2021. The Nursing and Midwifery Council (NMC) has also extended the revalidation period for current registered nurses and midwives by an additional three months for those due to revalidate between March and December 2020.
3.	CCG clinical staff deployment	Review internal needs in order to retain a skeleton staff for critical needs and redeploy the remainder to the frontline CCG Governing Body GP to focus on primary care provision
4.	Repurposing of non-clinical staff	Non-clinical staff to focus on supporting primary care and providers to maintain and restore services
5.	Enact business critical roles at CCGs	To include support and hospital discharge, EPRR etc

Annex A – constitutional standards and reporting requirements

Whilst existing performance standards remain in place, we continue to acknowledge and appreciate the challenges in maintaining them during the continuing COVID-19 response. Our approach to tracking those standards most directly impacted by the COVID-19 situation is set out below:

A&E and ambulance performance – Monitoring and management against the 4-hour standard and ambulance performance continues nationally and locally, to support system resilience.

RTT – Monitoring and management of RTT and waiting lists will continue, to ensure consistency and continuity of reporting and to understand the impact of the suspension of non-urgent elective activity and the subsequent recovery of the waiting list position that will be required. Application of financial sanctions for breaches of 52+ week waiting patients occurring during 2020/21 continue to be suspended. Recording of clock starts and stops should continue in line with current practice for people who are self-isolating, people in vulnerable groups, patients who cancel or do not attend due to fears around entering a hospital setting, and patients who have their appointments cancelled by the hospital.

Cancer: referrals and treatments – We will continue to track cancer referral and treatment volumes to provide oversight of the delivery of timely identification, diagnosis and treatment for cancer patients. The Cancer PTL data collection will continue and we expect it to continue to be used locally to ensure that patients continue to be tracked and treated in accordance with their clinical priority.

Screening: Cancer (Breast, Bowel and Cervical) and Non-Cancer (Abdominal Aortic Aneurysm, Diabetic Eye and Antenatal and Newborn Screening) – We will continue to track the maintenance of all the screening programme pathways (including the initial routine invitations, and the ongoing diagnostic tests).

Immunisations – All routine invitations should continue to be monitored via the NHSEI regional teams.

The Weekly Activity Return (WAR) will continue to be a key source of national data, and the Urgent and Emergency Care daily SitRep. This is vital management information to support our operational response to the pandemic, and we require 100% completion of these data with immediate effect. Guidance can be found here.

Note: it has been necessary to institute a number of additional central data collections to support management of Covid, for example the daily Covid SitRep and the Critical Care Directory of Service (DoS) collections. These collections continue to be essential during the pandemic response, but in order to offset some of the additional reporting burden that this has created, the following collections will continue to be suspended:

Title	Designation	Frequency
Critical Care Bed Capacity and Urgent Operations Cancelled	Official Statistics	Monthly
Delayed Transfers of Care	Official Statistics	Monthly
Cancelled elective operations	Official Statistics	Quarterly
Audiology	Official Statistics	Monthly
Mixed-sex Accommodation	Official Statistics	Monthly
Venous Thromboembolism (VTE)	Official Statistics	Quarterly
Mental Health Community Teams Activity	Official Statistics	Quarterly
Dementia Assessment and Referral Return	Official Statistics	Monthly
Diagnostics weekly PTL	Management Information	Monthly
26-week Patient Choice Offer	n.a. - trial	weekly

(this has already been communicated to data submission leads via NHS Digital)

Quality and Performance Report Board Summary December 2020

This dashboard uses icons to indicate if a process is showing special cause or common cause variation. It also indicates whether the process is able to meet any stated target. Here is a key to the icons

Icon	Description
(H)	Special cause variation - cause for concern (indicator where high is a concern)
(L)	Special cause variation - cause for concern (indicator where low is a concern)
	Common cause variation
(H)	Special cause variation - improvement (indicator where high is good)
(L)	Special cause variation - improvement (indicator where low is good)

Icon	Description
(F)	The system is expected to consistently fail the target
(P)	The system is expected to consistently pass the target
(?)	The system may achieve or fail the target subject to random variation

These icons are used to indicate statistical variation. We have identified special cause variation based on three rules which are shown below. If none of the rules are present then the metric is showing common cause variation.

- An upwards or downwards trend in performance for seven or more consecutive months.
- Seven or more months above or below the average.
- One month or more outside the control limits .

These icons are used to indicate if a target is likely to be achieved next month, has the potential to be achieved or is expected to fail.

Green indicates that the metric has passed the monthly or YTD target while Red indicates a failure to do so.

The trend shows performance for the most recent 13 months.

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.

Quality and Performance Report Board Summary December 2020

Domain	KPI	Target	Oct-20	Nov-20	Dec-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Safe	Never events	0	1	0	1	5	?			Jan-20
	Overdue CAS alerts	0	0	0	0	0	?	L		Nov-19
	% of all adults VTE Risk Assessment on Admission	95%	98.0%	98.2%	98.6%	98.5%	P			Dec-19
	Emergency C-section rate	No Target	21.1%	24.1%	22.0%	20.8%				Feb-20
	Clostridium Difficile	108	8	7	3	57	?			Nov-17
	MRSA Total	0	0	0	0	0	?	L		Nov-17
	E. Coli Bacteraemias Acute	No Target	11	12	5	70				Jun-18
	MSSA Acute	No Target	2	3	2	22				Nov-17
	COVID-19 Community Acquired <= 2 days after admission	No Target	75.5%	76.6%	56.4%	73.1%				Oct-20
	COVID-19 Hospital-onset, indeterminate, 3-7 days after admission	No Target	12.1%	9.6%	19.5%	11.4%				Oct-20
	COVID-19 Hospital-onset, probable, 8-14 days after admission	No Target	6.7%	6.4%	14.8%	8.7%				Oct-20
	COVID-19 Hospital-onset, healthcare-acquired, 15 or more days after admission	No Target	5.7%	7.4%	9.4%	6.7%				Oct-20
	All falls reported per 1000 bed days	5.5	4.6	4.2		4.5	?			Oct-20
	Rate of Moderate harm and above Falls PSIs with finally approved status per 1,000 bed days	No Target	0.16	0.02		0.07				Oct-20

Domain	KPI	Target	Oct-20	Nov-20	Dec-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Caring	Staff Survey Recommend for treatment	No Target	Reporting will commence once national reporting resumes							Aug-17
	Single Sex Breaches	0	National reporting commences in April 2021				?			Mar-20
	Inpatient and Day Case F&F Test % Positive	TBC	98%	99%	98%	98%		H		Mar-20
	A&E F&F Test % Positive	TBC	95%	94%	95%	95%				Mar-20
	Maternity F&F Test % Positive	TBC	98%	97%	96%	96%				Mar-20
	Outpatient F&F Test % Positive	TBC	94%	95%	94%	94%		L		Mar-20
	Complaints per 1,000 staff (WTE)	No Target								Jan-20

Domain	KPI	Target	Oct-20	Nov-20	Dec-20	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							Sep-17
	Turnover Rate	10%	9.3%	9.5%	8.9%	8.9%	P			Nov-19
	Sickness Absence	3%	6.0%	7.8%		6.9%	F	H		Oct-16
	% of Staff with Annual Appraisal	95%	83.8%	82.8%	82.2%	82.2%	F	L		Dec-16
	Statutory and Mandatory Training	95%	88%	88%	88%	88%	?			Feb-20
	Nursing Vacancies	No Target	12.6%			12.6%		H		Dec-19

Quality and Performance Report Board Summary December 2020

Domain	KPI	Target	Oct-20	Nov-20	Dec-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Effective	Mortality Published SHMI	99	98	98	99	99 (Aug 19 to Jul 20)				Sep-16
	Mortality 12 months HSMR	99	102	103	104	104 Oct 19 to Sep 20				Sep-16
	Crude Mortality Rate	No Target	1.2%	1.8%	2.3%	1.8%				Sep-16
	Emergency Readmissions within 30 Days	8.5%	8.9%	8.8%		9.5%	?	L		Sep-20
	Emergency Readmissions within 48 hours	No Target	1.2%	1.0%		1.2%				Sep-20
	No of #neck of femurs operated on 0-35hrs	72%	72.5%	64.9%	68.1%	64.3%	?			Sep-20
	Stroke - 90% Stay on a Stroke Unit	80%	81.2%	89.7%		86.9%	?			Mar-20
	Stroke TIA Clinic Within 24hrs	60%	66.8%	82.5%	79.5%	70.1%	?			Mar-20

Domain	KPI	Target	Oct-20	Nov-20	Dec-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Responsive	ED 4 hour waits UHL	95%	71.3%	68.5%	67.0%	74.8%	F			Mar-20
	ED 4 hour waits Acute Footprint	95%	80.2%	77.6%	75.9%	82.4%	F			Aug-17
	12 hour trolley waits in A&E	0	3	5	7	15	?			Mar-20
	Ambulance handover >60mins	0.0%	5.5%	9.6%	9.6%	4.2%	F			TBC
	RTT Incompletes	92%	58.2%	59.6%	58.7%	58.7%	F	L		Nov-19
	RTT Waiting 52+ Weeks	0	4538	5248	6361	6361	F	H		Nov-19
	Total Number of Incompletes	66,397 (by year end)	74,717	75,886	78,011	78,011	?	H		Nov-19
	6 Week Diagnostic Test Waiting Times	1.0%	30.6%	31.1%	35.3%	35.3%	F	H		Nov-19
	Cancelled Patients not offered <28 Days	0	22	14	32	187	?			Nov-19
	% Operations Cancelled OTD	1.0%	1.0%	1.2%	1.1%	0.9%	?			Jul-18
	Long Stay Patients (21+ days)	70	139	154	175	175	F			Sep-20
	Inpatient Average LOS	No Target	3.3	3.7	3.6	3.5				Sep-20
	Emergency Average LOS	No Target	4.8	5.1	5.2	4.7				Sep-20

Domain	KPI	Target	Sep-20	Oct-20	Nov-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Responsive - Cancer	2WW	93%	93.0%	90.4%	93.3%	90.6%	?			Dec-19
	2WW Breast	93%	94.2%	96.9%	95.2%	95.8%	?			Dec-19
	31 Day	96%	89.2%	93.5%	93.1%	91.6%	?			Dec-19
	31 Day Drugs	98%	99%	100%	100%	99.7%	?			Dec-19
	31 Day Sub Surgery	94%	68.0%	77.4%	77.4%	73.4%	?			Dec-19
	31 Day Radiotherapy	94%	96%	95.5%	95.6%	91.9%	?	H		Dec-19
	Cancer 62 Day	85%	68.9%	70.4%	79.2%	70.4%	F			Dec-19
	Cancer 62 Day Consultant Screening	90%	92.9%	78.9%	85.5%	60.9%	?			Dec-19

Domain	KPI	Target	Oct-20	Nov-20	Dec-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Outpatient Transformation	% DNA rate	No Target	6.6%	6.7%	6.6%	6.4%				Feb-20
	% Non Face to Face Appointments	No Target	46.3%	47.5%	45.8%	55.0%		H		Feb-20
	% 7 day turnaround of OP clinic letters	90%	86.5%	84.8%	75.4%	86.8%	?			Feb-20