

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	X
Assurance	To assure the Board that systems and processes are in place, or to advise a gap along with treatment plan	X
Noting	For noting without the need for discussion	

Previous consideration:

Meeting	Date	Please clarify the purpose of the paper to that meeting using the categories above
CMG Board (specify which CMG)		
Executive Board	28/9/21 EFPB	Discussion and Assurance
Trust Board Committee	30/9/21 QC	Discussion and Assurance

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 April 2020 to March 2021) is 104 but remains within the expected range.
- **CAS alerts** - compliant.

- **MRSA** – 0 cases reported.
- **C DIFF** – 10 cases reported this month.
- **90% of Stay on a Stroke Unit** – threshold of 80% achieved with 86.0% reported in July.
- **TIA (high risk patients)** – 73.2% reported in August
- **VTE** – compliant at 98.7% in August.

Performance Challenges:

- **Never Event** – 1 Reported in August.
- **Fractured neck of femurs operated 0-35hrs** – performance is below target of 72% at 43.0%.
- **UHL ED 4 hour performance** – 56.8% for August, system performance (including LLR UCCs) for August is 68.5%.
- **12 hour trolley wait** - 35 breaches reported.
- **Ambulance Handover 60+ minutes (CAD)** – performance at 24.5%.
- **Cancer Two Week Wait** was 65.6% in July against a target of 93%.
- **Cancer Two Week Wait (Symptomatic Breast)** was 79.7% in July against a target of 93%.
- **Cancer 31 day treatment** was 90.0% in July against a target of 96%.
- **Cancer 62 day treatment** was 57.7% in July 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 51.7% at the end of August.
- **52+ weeks wait** – 11,697 breaches reported in August.
- **Diagnostic 6 week wait** was 44.1% against a target of 1% in August.
- **Cancelled operations OTD** – 1.7% reported in August.
- **Patients not rebooked within 28 days following late cancellation of surgery** – 58.
- **Statutory and Mandatory Training** is at 91%.
- **Annual Appraisal** is at 80.8%.

Input Sought

I recommend that the Trust Board:

- 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	[Yes / No / Not applicable]
Improved Cancer pathways	[Yes / No / Not applicable]
Streamlined emergency care	[Yes / No / Not applicable]
Better care pathways	[Yes / No / Not applicable]
Ward accreditation	[Yes / No / Not applicable]

2. Supporting priorities:

People strategy implementation	[Yes / No /Not applicable]
Estate investment and reconfiguration	[Yes / No /Not applicable]
e-Hospital	[Yes / No /Not applicable]
Embedded research, training and education	[Yes /No /Not applicable]
Embed innovation in recovery and renewal	[Yes /No /Not applicable]
Sustainable finances	[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:**

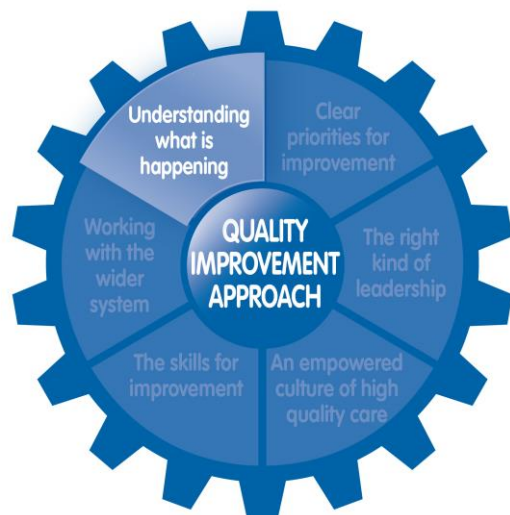
Does this paper reference a risk event?	Select (X)	Risk Description:
Strategic: Does this link to a Principal Risk on the BAF?	X	Failure to deliver key performance standards for emergency, planned and cancer care.
Organisational: Does this link to an Operational/Corporate Risk on Datix Register		
New Risk identified in paper: What type and description ?		
None		

5. Scheduled date for the **next paper** on this topic: 4th November 2021
6. Executive Summaries should not exceed **5 sides** My paper does comply



Quality and Performance Report

August 2021



One team shared values

Operational Delivery Unit



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UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: PEOPLE, PROCESS AND PERFORMANCE COMMITTEE/QUALITY AND OUTCOMES COMMITTEE

DATE: 30th SEPTEMBER 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: AUGUST 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 that it is of suitably high quality. The forum provides scrutiny and challenge on the quality of data presented, via the attributes of (i) Sign off and Validation (ii) Timeliness and Completeness (iii) Audit and Accuracy and (iv) Systems and Data Capture to calculate an assurance rating. Assurance rates key Green = Reasonable/Substantial Assurance, Amber = Limited Assurance and Red = No Assurance.

Statistical Process Control (SPC) charts

SPC charts look like a traditional run chart but consist of:

- A line graph showing the data across a time series. The data can be in months, weeks, or days- but it is always best to ensure there are at least 15 data points in order to ensure the accurate identification of patterns, trends, anomalies and random variations.
- A horizontal line showing the Mean. This is used in determining if there is a statistically significant trend or pattern.
- Two horizontal lines either side of the Mean- called the upper and lower control limits. Any data points on the line graph outside these limits, are 'extreme values' and is not within the expected 'normal variation'.
- A horizontal line showing the Target. In order for this target to be achievable, it should sit within the control limits. Any target set that is not within the control limits will not be reached without dramatic changes to the process involved in reaching the outcomes.

Normal variations in performance across time can occur randomly- without a direct cause, and should not be treated as a concern, or a sign of improvement, and is unlikely to require investigation unless one of the patterns defined below applies.

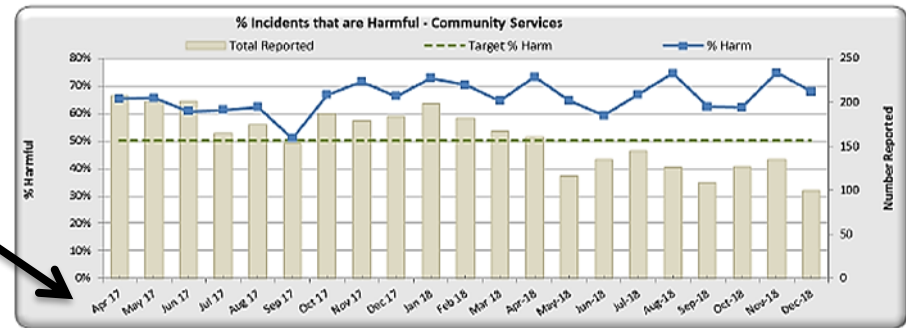
Within an SPC chart there are three different patterns to identify:

- Normal variation – (common cause) fluctuations in data points that sit between the upper and lower control limits
- Extreme values – (special cause) any value on the line graph that falls outside of the control limits. These are very unlikely to occur and where they do, it is likely a reason or handful of reasons outside the control of the process behind the extreme value
- A trend – may be identified where there are 7 consecutive points in either a pattern that could be; a downward trend, an upward trend, or a string of data points that are all above, or all below the mean. A trend would indicate that there has been a change in process resulting in a change in outcome

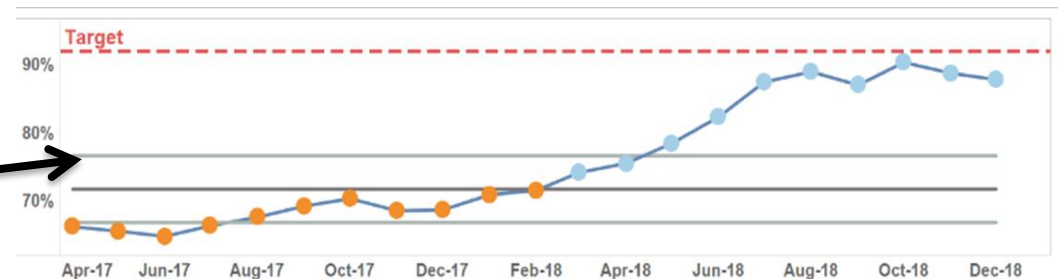


Key elements of a SPC dashboard

Appreciation of
variance over time



Highlighting special
cause and its nature



One team shared values



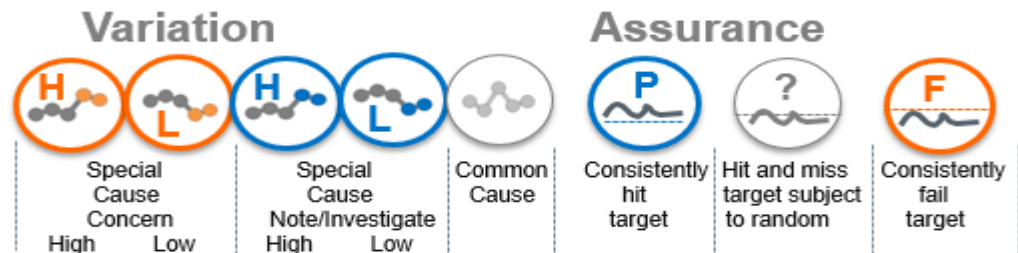
Key elements of a SPC dashboard

Narrative support that supports SPC theory

Summary icons and a top level summary view

Comment

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



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

One team shared values





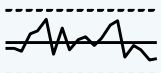



Performance Overview

Domain	KPI	Target	Jun-21	Jul-21	Aug-21	YTD	Assurance	Variation	Trend	Data Quality Assessment
Safe	Never events	0	1	1	1	4				Jan-20
	Overdue CAS alerts	0	0	0	0	0				Nov-19
	% of all adults VTE Risk Assessment on Admission	95%	98.8%	98.7%	98.7%	98.7%				Dec-19
	Emergency C-section rate	No Target	20.3%	20.0%	20.2%	21.4%				Feb-20
	Clostridium Difficile	108	9	9	10	40				Jun-21
	MRSA Total	0	0	0	0	0				Jun-21
	E. Coli Bacteraemias Acute	No Target	14	8	15	66				Jun-21
	MSSA Acute	No Target	5	8	6	31				Jun-21

One team shared values







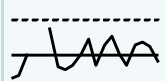






Performance Overview

Domain	KPI	Target	Jun-21	Jul-21	Aug-21	YTD	Assurance	Variation	Trend	Data Quality Assessment
Safe	COVID-19 Community Acquired <= 2 days after admission	No Target	80.2%	87.8%	78.4%	81.9%				Oct-20
	COVID-19 Hospital-onset, indeterminate, 3-7 days after admission	No Target	15.8%	8.3%	13.1%	12.3%				Oct-20
	COVID-19 Hospital-onset, probable, 8-14 days after admission	No Target	2.0%	1.4%	4.2%	2.8%				Oct-20
	COVID-19 Hospital-onset, healthcare-acquired, 15 or more days after admission	No Target	2.0%	2.5%	4.2%	3.1%				Oct-20
	All falls reported per 1000 bed days	5.5	3.6	3.6		3.9				Oct-20
	Rate of Moderate harm and above Falls PSIs with finally approved status per 1,000 bed days	No Target	0.18	0.08		0.08				Oct-20
	HAPU - All categories	No Target	45	28	41	226				Jun-21

One team shared values





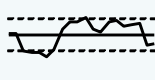








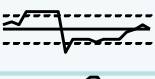


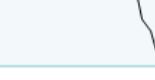
Performance Overview

Domain	KPI	Target	Jun-21	Jul-21	Aug-21	YTD	Assurance	Variation	Trend	Data Quality Assessment
Caring	Staff Survey Recommend for treatment	No Target	Reporting will commence once national reporting resumes							Data sourced externally
	Single Sex Breaches	0	Reporting will commence once national reporting resumes							Mar-20
	Inpatient and Day Case F&F Test % Positive	TBC	99%	98%	98%	98%				Mar-20
	A&E F&F Test % Positive	TBC	86%	82%	81%	85%				Mar-20
	Maternity F&F Test % Positive	TBC	97%	95%	95%	96%				Mar-20
	Outpatient F&F Test % Positive	TBC	94%	94%	94%	94%				Mar-20
	Complaints per 1,000 staff (WTE)	No Target								Jan-20

One team shared values



Performance Overview

Domain	KPI	Target	Jun-21	Jul-21	Aug-21	YTD	Assurance	Variation	Trend	Data Quality Assessment
Well Led	Staff Survey % Recommend as Place to Work	No Target	Reporting will commence once national reporting resumes							Data sourced externally
	Turnover Rate	10%	9.2%	8.1%	8.2%	8.2%				Nov-19
	Sickness Absence (Excludes E&F staff)	3%	4.9%	6.1%		4.9%				Mar-21
	% of Staff with Annual Appraisal (Includes E&F staff from May 21)	95%	80.5%	81.9%	80.8%	80.8%				Mar-21
	Statutory and Mandatory Training	95%	91%	92%	91%	91%				Feb-20
	Nursing Vacancies	No Target	10.3%	10.6%	11.1%	11.1%				Dec-19
	Frontline Staff LFT Engagement	No Target	969	905	714	1047				N/A

One team shared values




















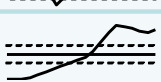

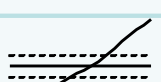
Performance Overview

Domain	KPI	Target	Jun-21	Jul-21	Aug-21	YTD	Assurance	Variation	Trend	Data Quality Assessment
Effective	Mortality Published SHMI	100	103	104	104	104 (Apr 20 to Mar 21)				May-21
	Mortality 12 months HSMR	100	114	112	112	112 Apr 20 to Mar 21				May-21
	Crude Mortality Rate	No Target	1.0%	1.2%	1.4%	1.2%				May-21
	Emergency Readmissions within 30 Days	8.5%	8.7%	8.9%		8.9%				Sep-20
	Emergency Readmissions within 48 hours	No Target	0.9%	1.1%		1.1%				Sep-20
	No of #neck of femurs operated on 0-35hrs	72%	45.0%	60.7%	43.0%	51.1%				Sep-20
	Stroke - 90% Stay on a Stroke Unit	80%	81.7%	86.0%		84.2%				Mar-20
	Stroke TIA Clinic Within 24hrs	60%	76.9%	91.1%	73.2%	66.8%				Mar-20

One team shared values



Performance Overview

Domain	KPI	Target	Jun-21	Jul-21	Aug-21	YTD	Assurance	Variation	Trend	Data Quality Assessment
Responsive	ED 4 hour waits UHL	95%	62.8%	62.9%	56.8%	63.6%				Mar-20
	ED 4 hour waits Acute Footprint	95%	70.9%	72.6%	68.5%	73.0%				Data sourced externally
	12 hour trolley waits in A&E	0	0	84	35	119				Mar-20
	Ambulance handover >60mins	0.0%	10.4%	18.8%	24.5%	12.8%				Data sourced externally
	RTT Incompletes	92%	54.1%	53.1%	51.7%	51.7%				Nov-19
	RTT Waiting 52+ Weeks	0	11,426	11,169	11,697	11,697				Apr-21
	Total Number of Incompletes	TBC	98,036	100,366	103,020	103,020				Nov-19

One team shared values








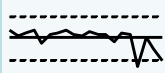











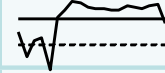






Performance Overview

Domain	KPI	Target	Jun-21	Jul-21	Aug-21	YTD	Assurance	Variation	Trend	Data Quality Assessment
Responsive	6 Week Diagnostic Test Waiting Times	1.0%	38.5%	38.3%	44.1%	44.1%				Nov-19
	Cancelled Patients not offered <28 Days	0	19	23	58	117				Nov-19
	% Operations Cancelled OTD	1.0%	1.0%	1.4%	1.7%	1.1%				Apr-21
	Long Stay Patients (21+ days)	135	153	179	195	195				Sep-20
	Inpatient Average LOS	No Target	3.6	3.2	3.4	3.5				Sep-20
	Emergency Average LOS	No Target	4.9	5.0	5.1	5.0				Sep-20

One team shared values



Performance Overview

Domain	KPI	Target	May-21	Jun-21	Jul-21	YTD	Assurance	Variation	Trend	Data Quality Assessment
Responsive - Cancer	2WW	93%	90.6%	69.9%	65.6%	78.3%				Dec-19
	2WW Breast	93%	93.2%	87.0%	79.7%	83.5%				Dec-19
	31 Day	96%	83.3%	84.9%	90.0%	85.1%				Dec-19
	31 Day Drugs	98%	98.8%	100%	98.0%	99.1%				Dec-19
	31 Day Sub Surgery	94%	65.5%	66.9%	69.7%	64.1%				Dec-19
	31 Day Radiotherapy	94%	97%	98.1%	87.0%	94.6%				Dec-19
	Cancer 62 Day	85%	65.5%	59.4%	57.7%	63.7%				Dec-19
	Cancer 62 Day Consultant Screening	90%	49.4%	43.6%	73.3%	51.4%				Dec-19

One team shared values







Performance Overview

Domain	KPI	Target	Jun-21	Jul-21	Aug-21	YTD	Assurance	Variation	Trend	Data Quality Assessment
Outpatient Transformation	% DNA rate	No Target	7.3%	7.6%	7.6%	7.1%				Feb-20
	% Non Face to Face Appointments	No Target	40.5%	39.6%	37.3%	40.8%				Feb-20
	% 7 day turnaround of OP clinic letters	90%	89.5%	87.8%	84.2%	87.2%				Feb-20

One team shared values



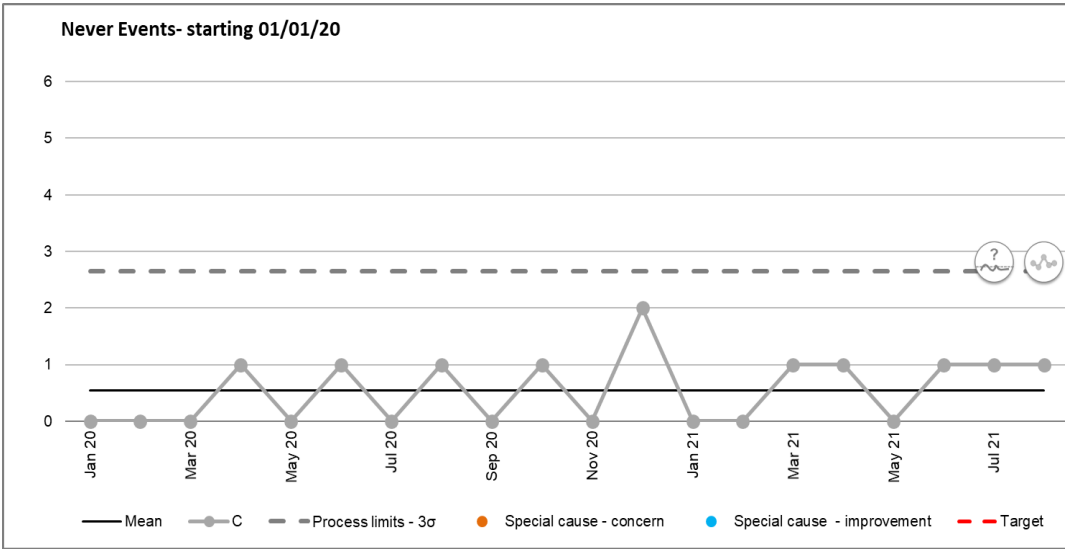
Performance Overview

Domain	KPI	Target	Jun-21	Jul-21	Aug-21	YTD	Assurance	Variation	Trend	Data Quality Assessment
Draft Urgent Care Standards	Mean Time to Initial Assessment	No Target	24.8	26.0	35.8	28.0				TBC
	Number of 12 hour waits in the Emergency Department	No Target	612	979	1442	3860				TBC

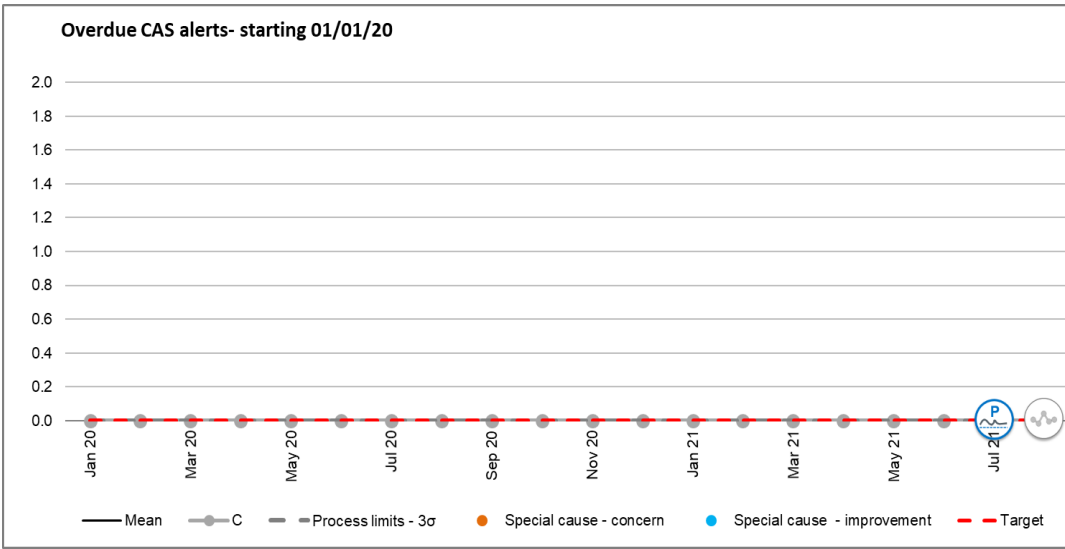
One team shared values



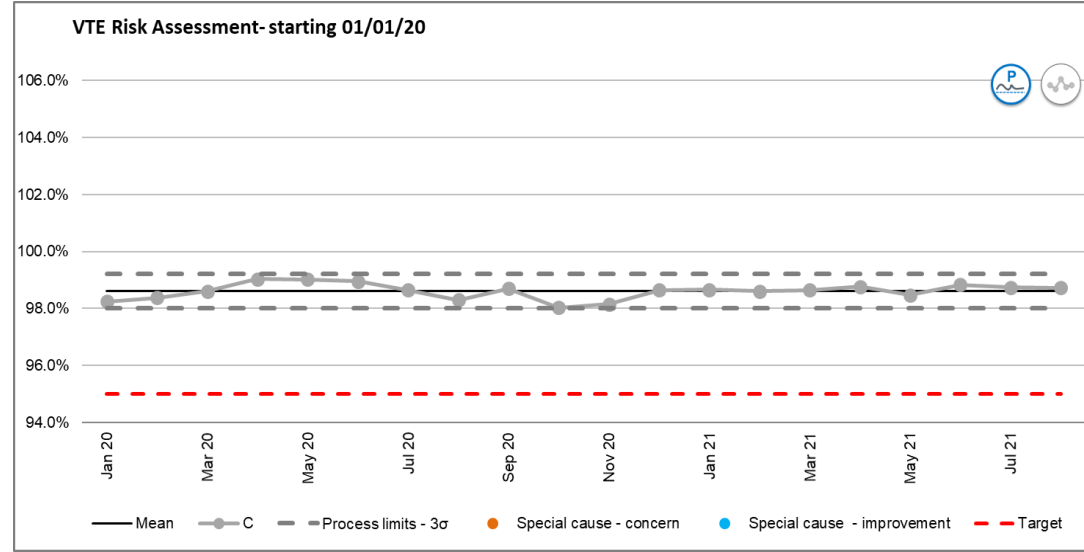
Metric	Aug 21	YTD	Target
Never Events	1	4	0
8 never events in the last 12 months.			



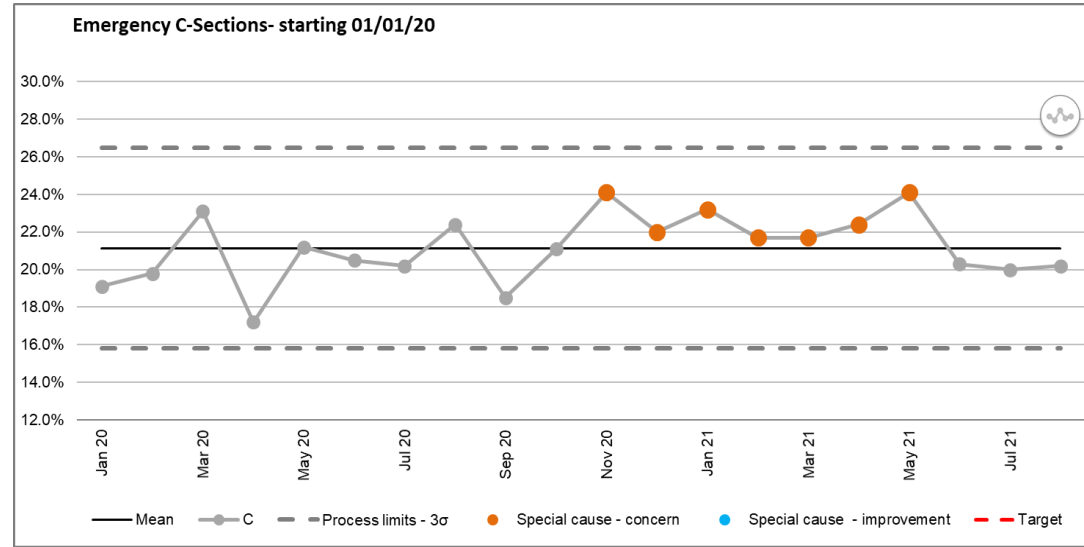
Metric	Aug 21	YTD	Target
Overdue CAS alerts	0	0	0
No overdue CAS alerts since June 2019.			



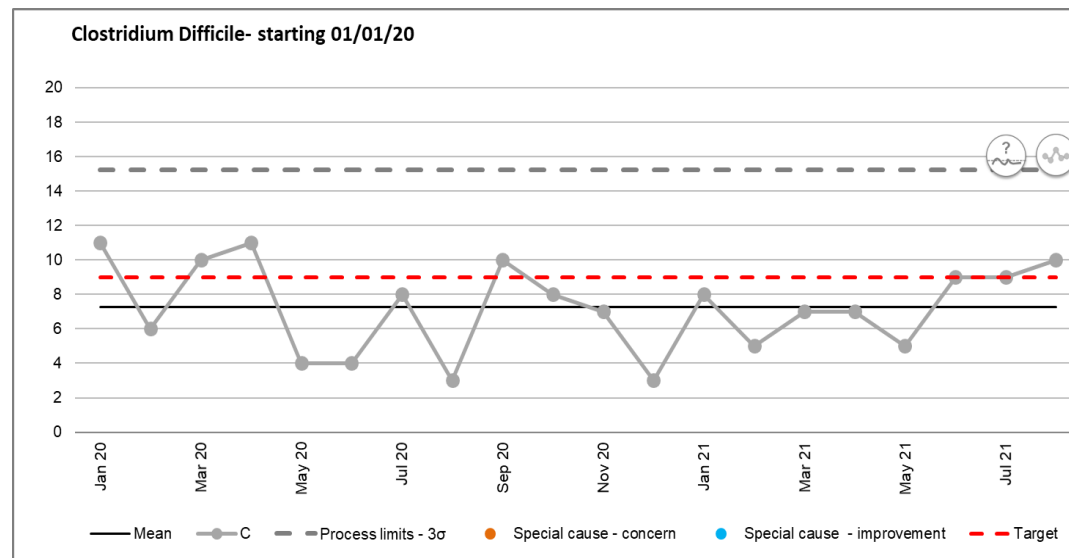
Metric	Aug 21	YTD	Target
VTE Risk Assessment	98.7%	98.7%	95%
Common cause variation, likely to deliver target next month.			



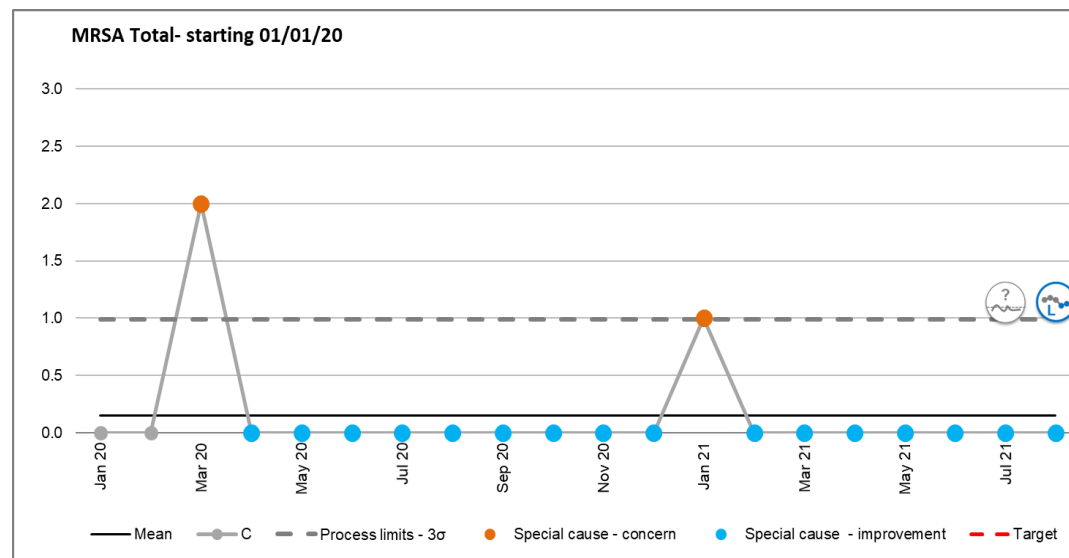
Metric	Aug 21	YTD	Target
% Emergency C-Sections	20.2%	21.4%	No National Target
Common cause variation.			



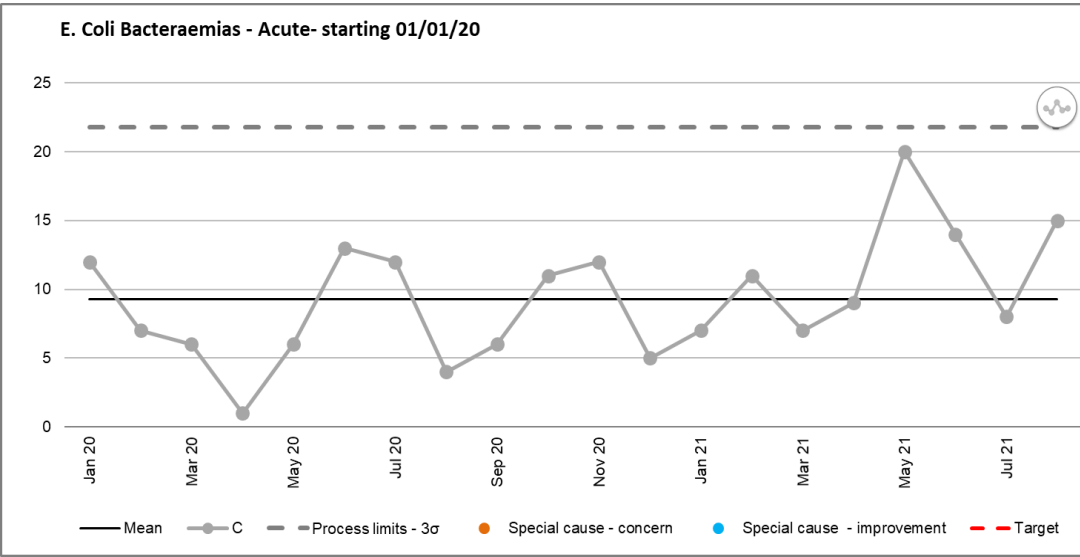
Metric	Aug 21	YTD	Target
Clostridium Difficile	10	40	108
No significant variation. May achieve target next month.			



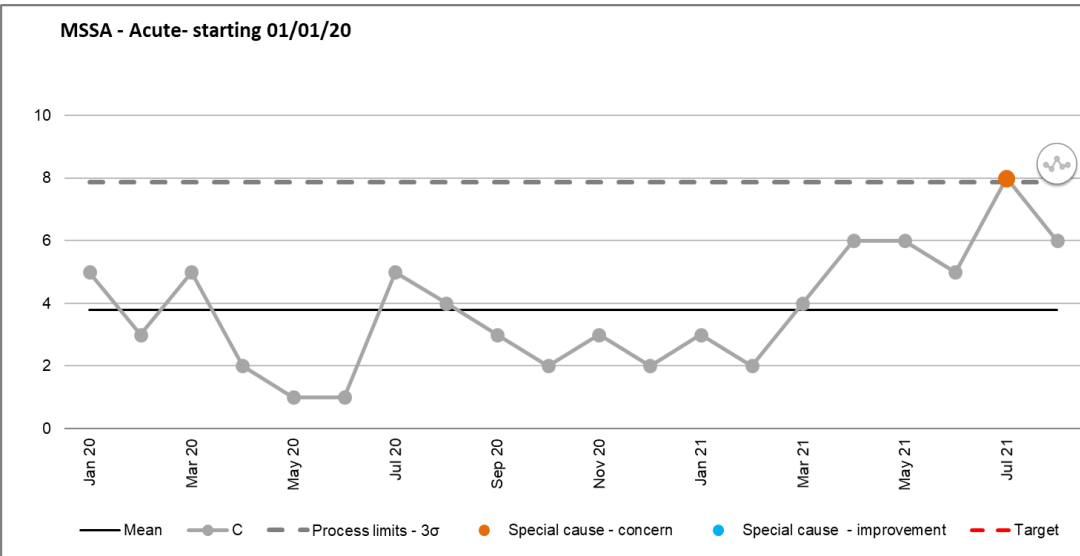
Metric	Aug 21	YTD	Target
MRSA Total	0	0	0
No assurance if target will be achieved next month.			



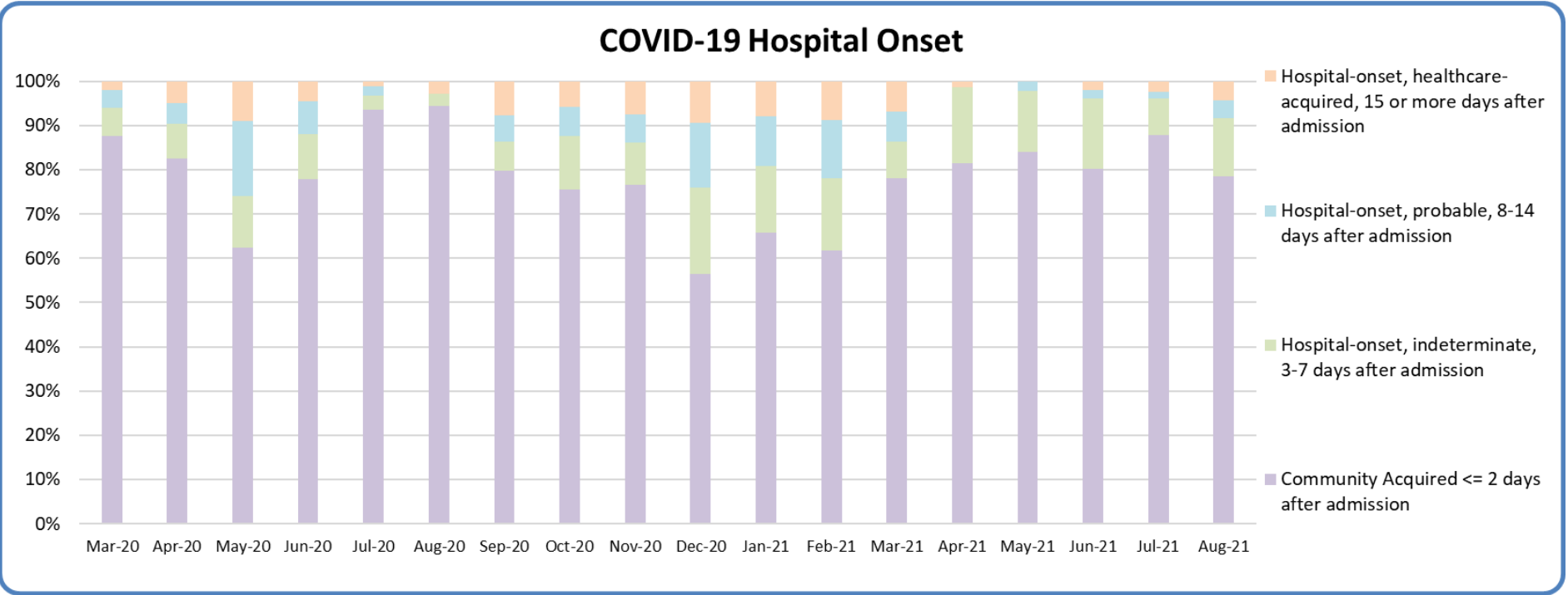
Metric	Aug 21	YTD	Target
E. Coli Bacteraemias - Acute	15	66	No National Target
No significant variation.			



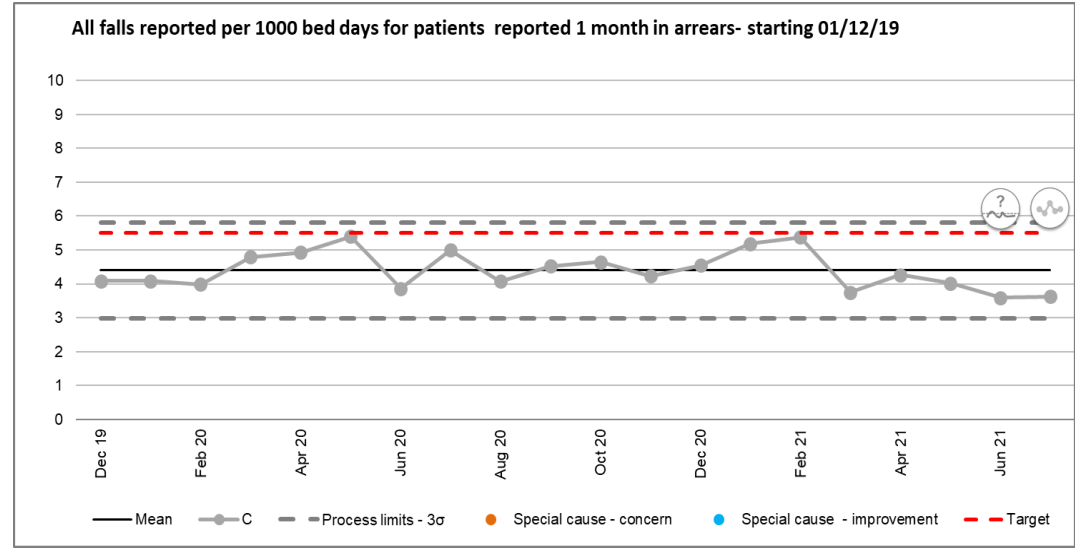
Metric	Aug 21	YTD	Target
MSSA - Acute	6	31	No National Target
An upwards trend may be emerging, the last 6 months are above the mean.			



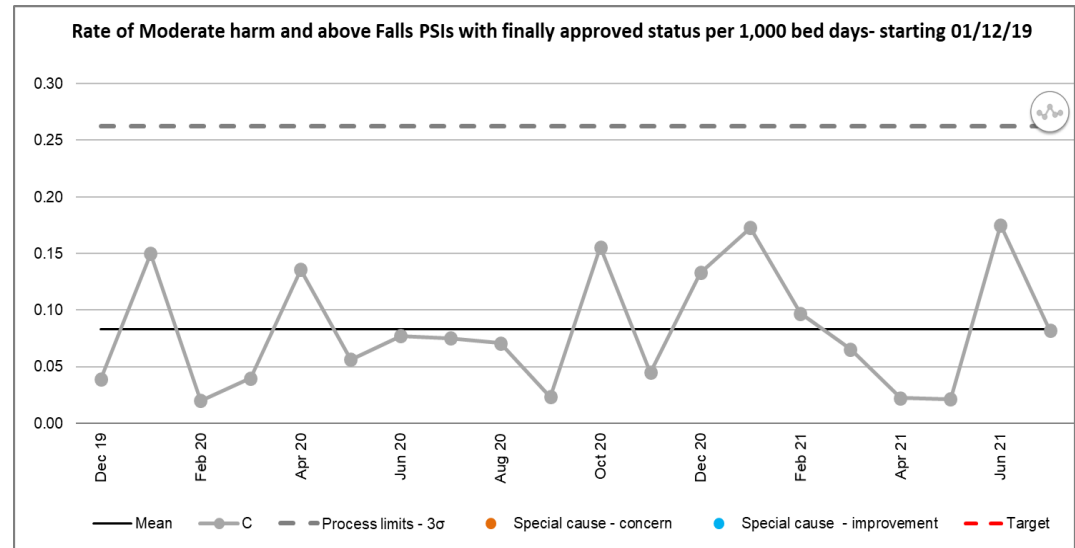
NHSI COVID-19 Onset Category	Nov-20		Dec-20		Jan-21		Feb-21		Mar-21		Apr-21		May-21		Jun-21		Jul-21		Aug-21	
	Patients	%	Patients	%	Patients	%	Patients	%	Patients	%	Patients	%	Patients	%	Patients	%	Patients	%	Patients	%
Community Acquired <= 2 days after admission	566	76.6%	481	56.4%	784	65.7%	370	61.7%	161	78.2%	58	81.4%	37	84.1%	81	80.2%	244	87.8%	352	78.4%
Hospital-onset, indeterminate, 3-7 days after admission	71	9.6%	166	19.5%	180	15.1%	99	16.5%	17	8.3%	12	17.1%	6	13.6%	16	15.8%	23	8.3%	59	13.1%
Hospital-onset, probable, 8-14 days after admission	47	6.4%	126	14.8%	135	11.3%	78	13.0%	14	6.8%	0	0.0%	1	2.3%	2	2.0%	4	1.4%	19	4.2%
Hospital-onset, healthcare-acquired, 15 or more days after admission	55	7.4%	80	9.4%	94	7.9%	53	8.8%	14	6.8%	1	1.4%	0	0.0%	2	2.0%	7	2.5%	19	4.2%
Total	739	100%	853	100%	1193	100%	600	100%	206	100%	71	100%	44	100%	101	100%	278	100%	449	100%



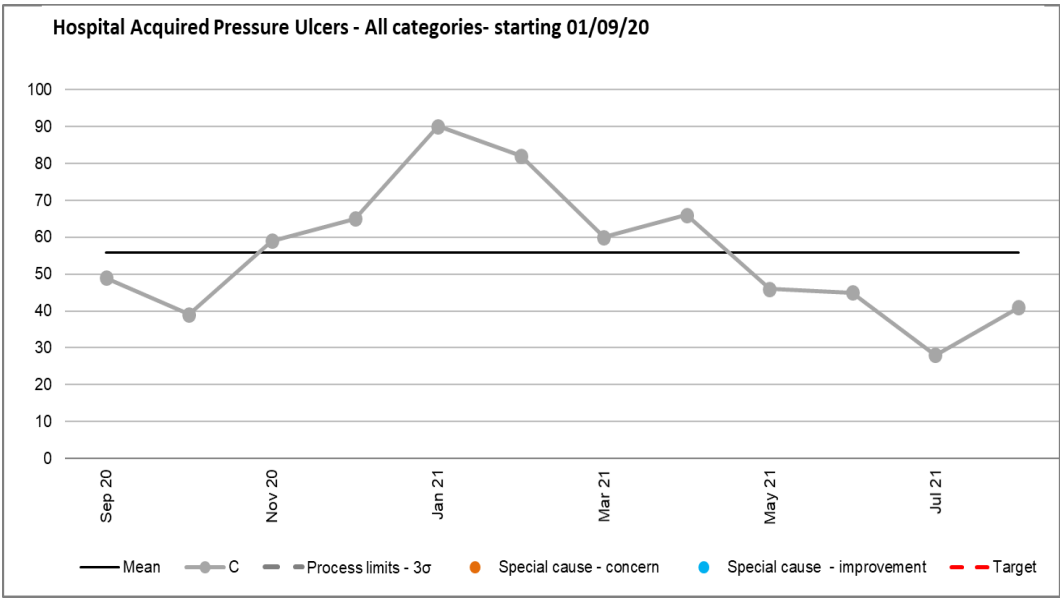
Metric	Jul 21	YTD	Target
All falls reported per 1000 bed days for patients	3.6	3.9	5.5
Common cause variation, no assurance that the target will be delivered next month.			



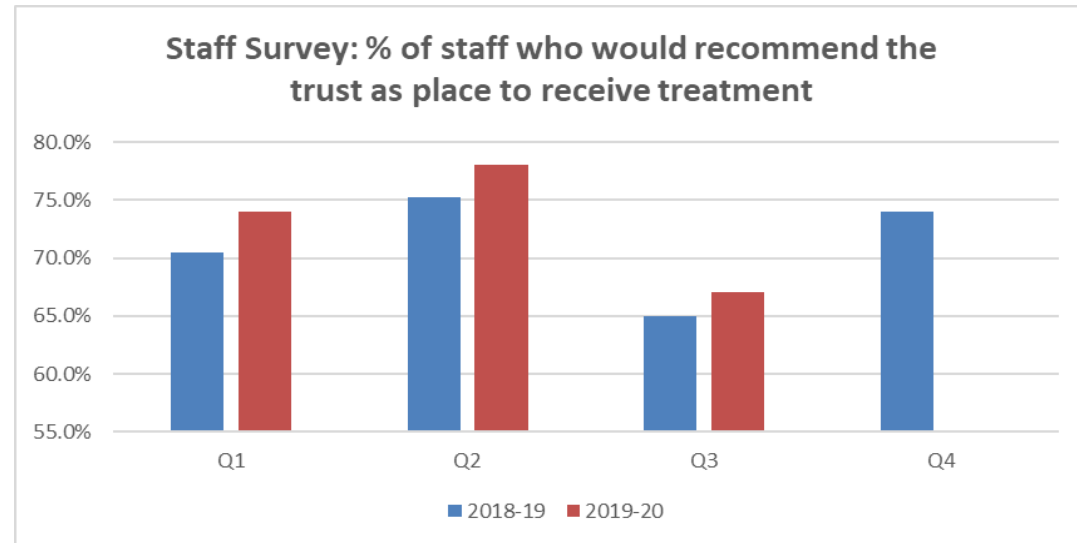
Metric	Jul 21	YTD	Target
Rate of Moderate harm and above Falls PSIs with finally approved status per 1,000 bed days	0.08	0.08	No National Target
No significant variation.			



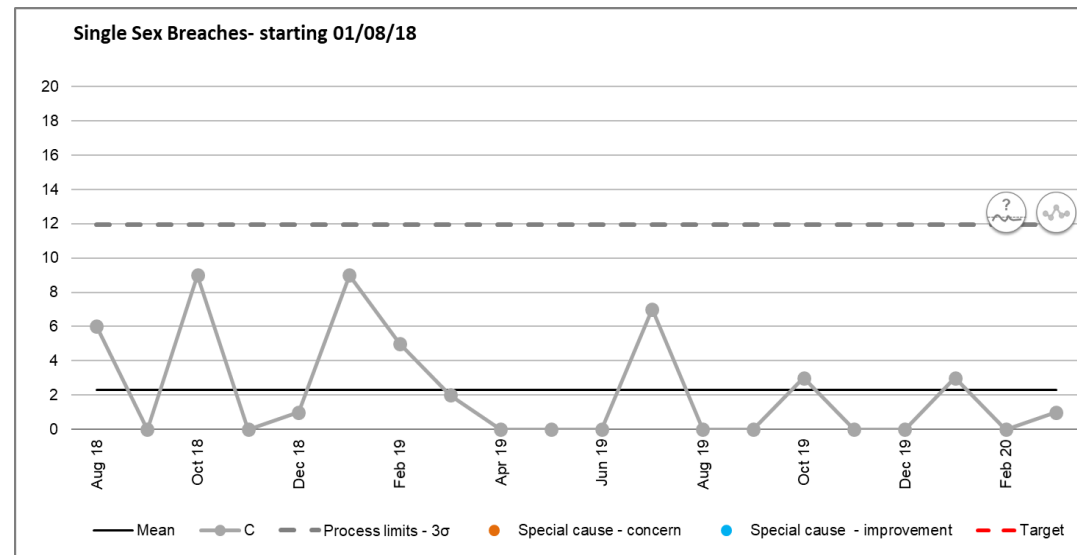
Metric	Aug 21	YTD	Target
Hospital Acquired Pressure Ulcers - All categories	41	226	No National Target
The number of pressure ulcers have increased over winter this year, which runs parallel to higher acuity and the second pandemic wave.			



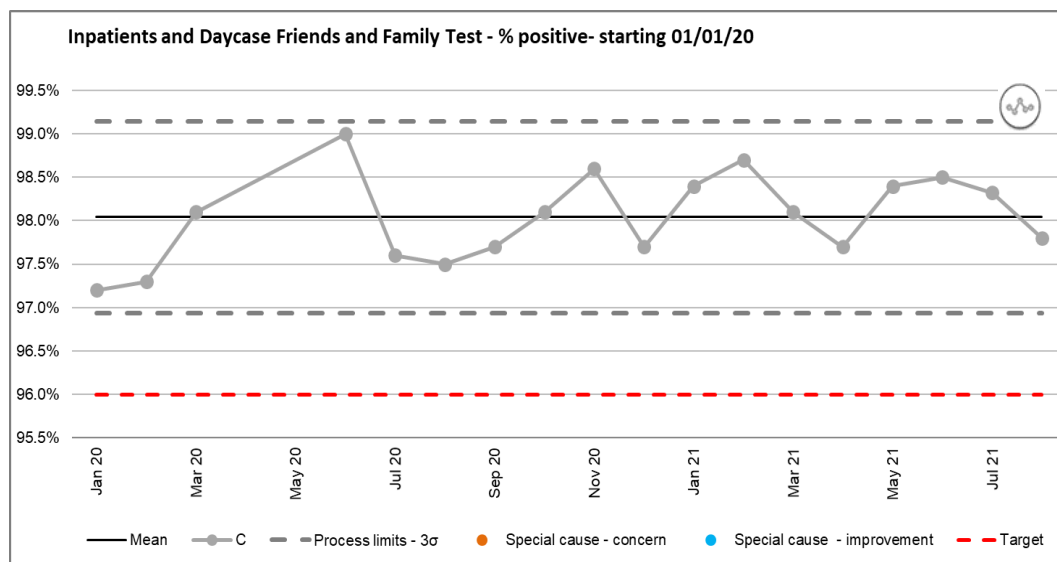
Metric	Q3 19/20	YTD	Target
% of staff who would recommend the trust as place to receive treatment	67%	73%	No National Target
Reporting will commence once national reporting resumes.			



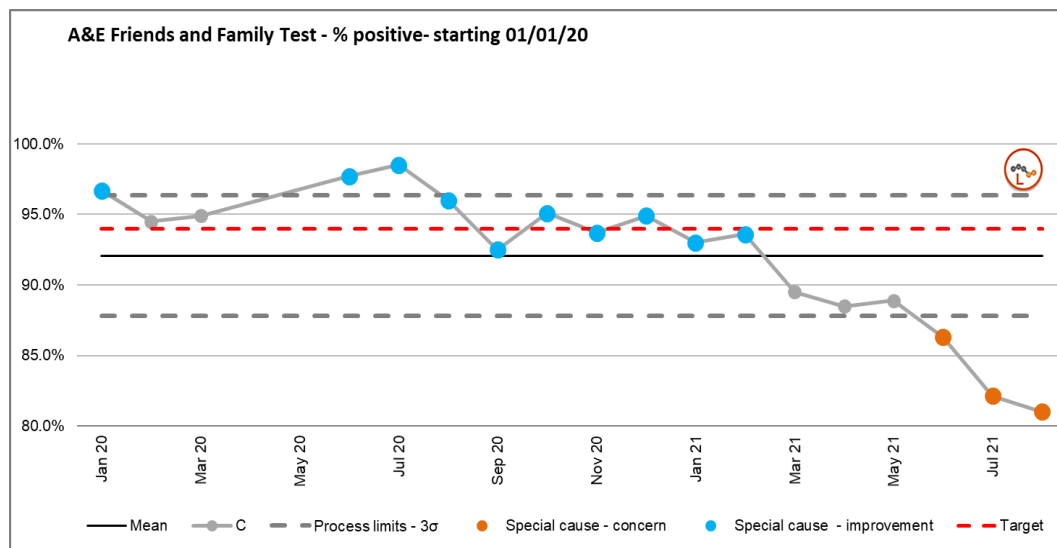
Metric	Mar 20	YTD	Target
Single Sex Breaches	1	14	0
Reporting will commence once national reporting resumes.			



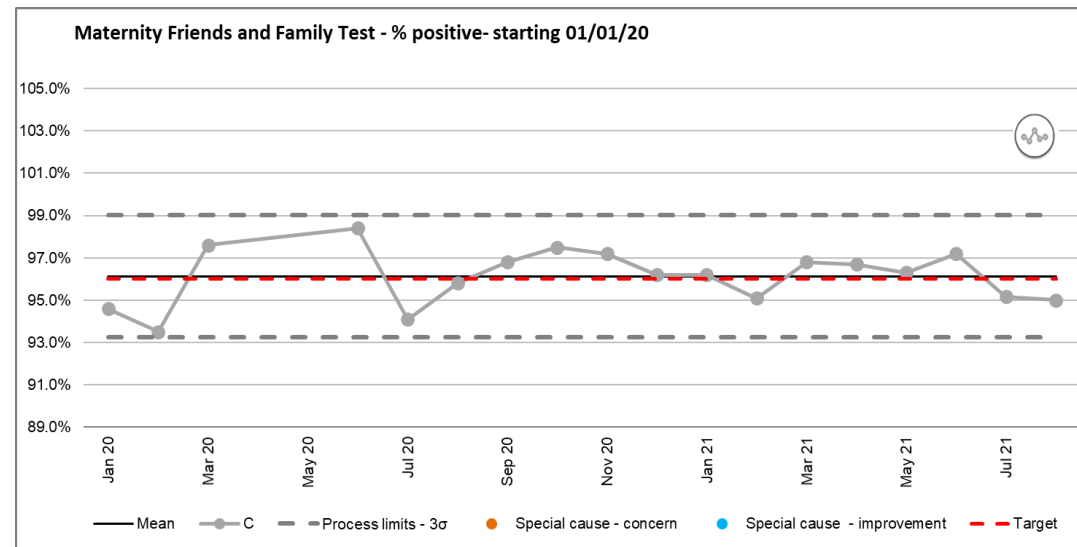
Metric	Aug 21	YTD	Target
Inpatient and Day case F&F Test % Positive	98%	98%	TBC
CMG reporting has resumed.			



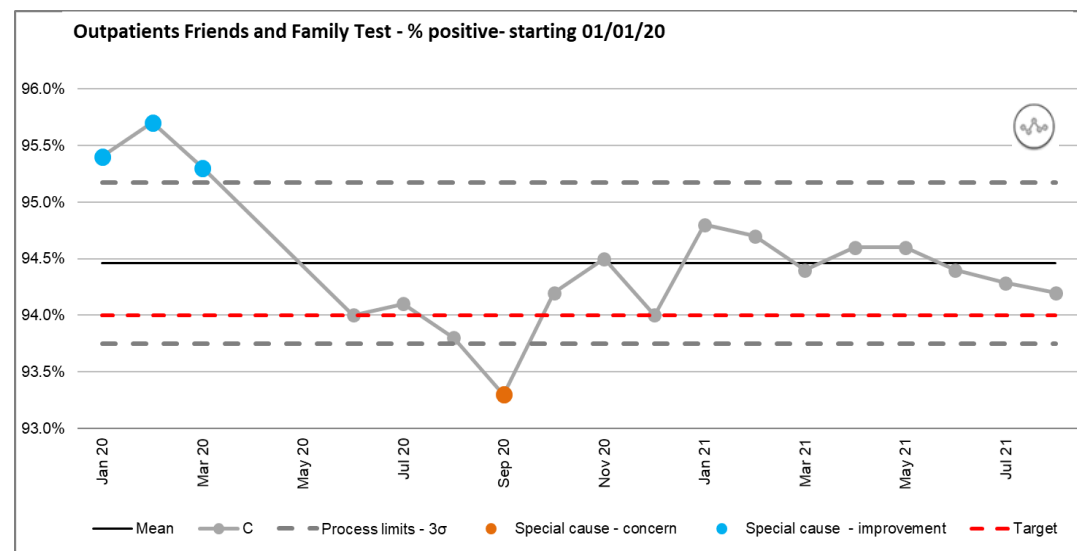
Metric	Aug 21	YTD	Target
A&E F&F Test % Positive	81%	85%	TBC
CMG reporting has resumed. Special cause concern, a downwards trend is emerging.			



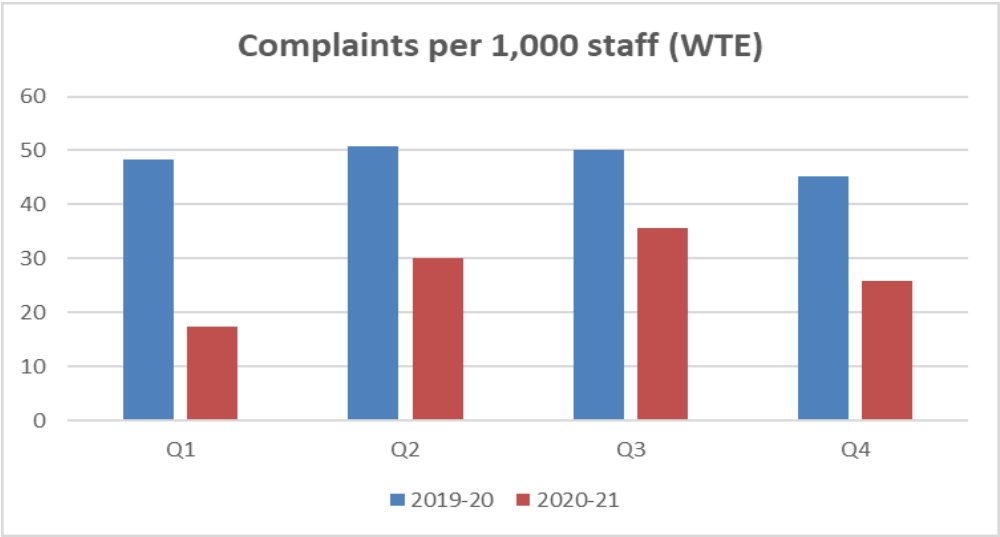
Metric	Aug 21	YTD	Target
Maternity F&F Test % Positive	95%	96%	TBC
CMG reporting has resumed.			



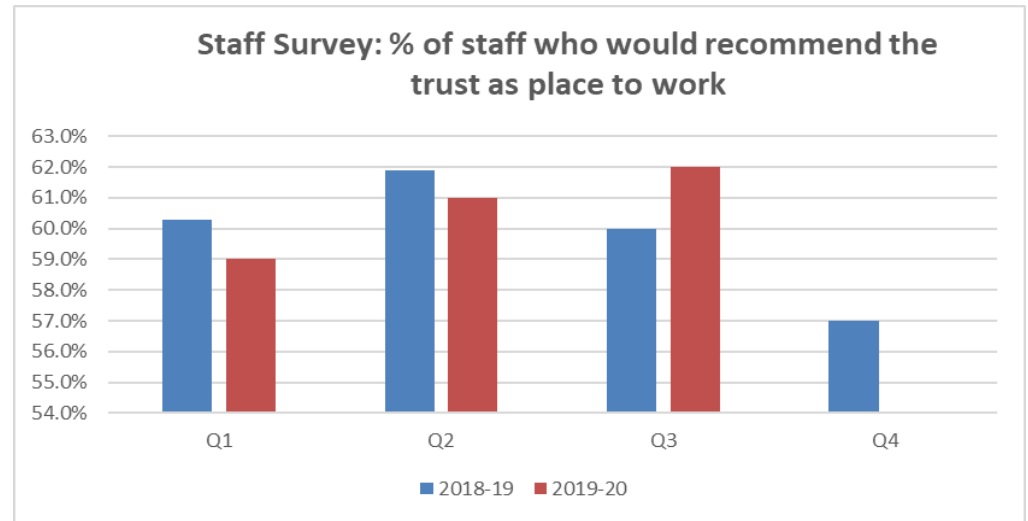
Metric	Aug 21	YTD	Target
Outpatients Friends and Family Test - % positive	94%	94%	TBC
CMG reporting has resumed.			



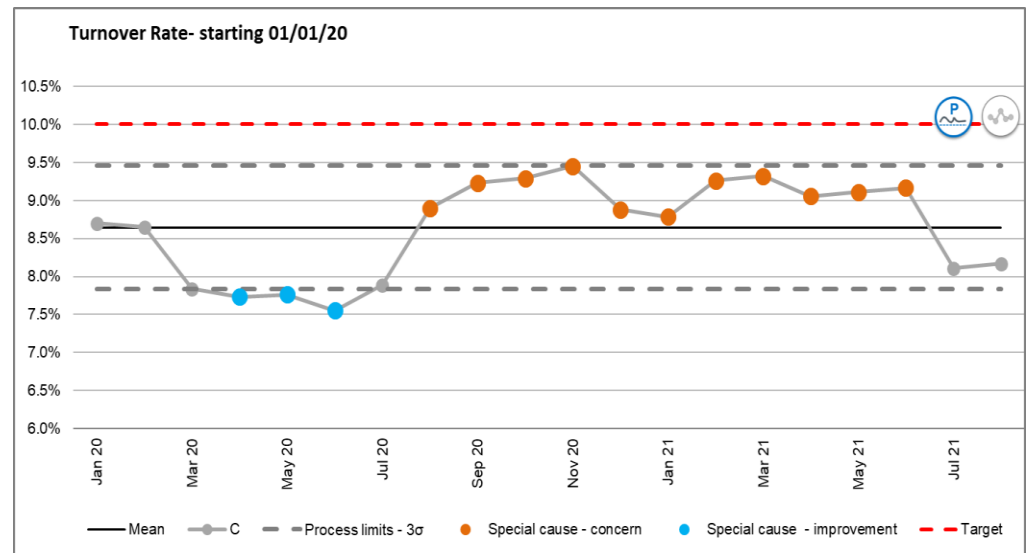
Metric	Q4 20/21	YTD	Target
Complaints per 1,000 staff (WTE)	25.9	27.2	No National Target
Reporting will commence once national reporting resumes. Data not available via NHS Digital.			



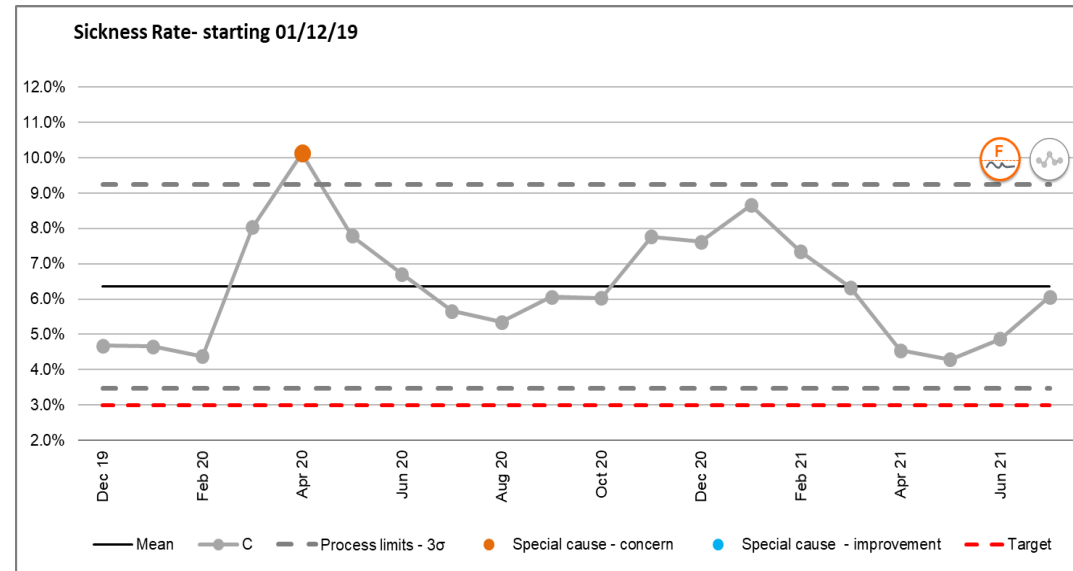
Metric	Q3 19/20	YTD	Target
Staff Survey % Recommend as Place to Work	62%	61%	Not within Lowest Decile
Reporting will commence once national reporting resumes.			



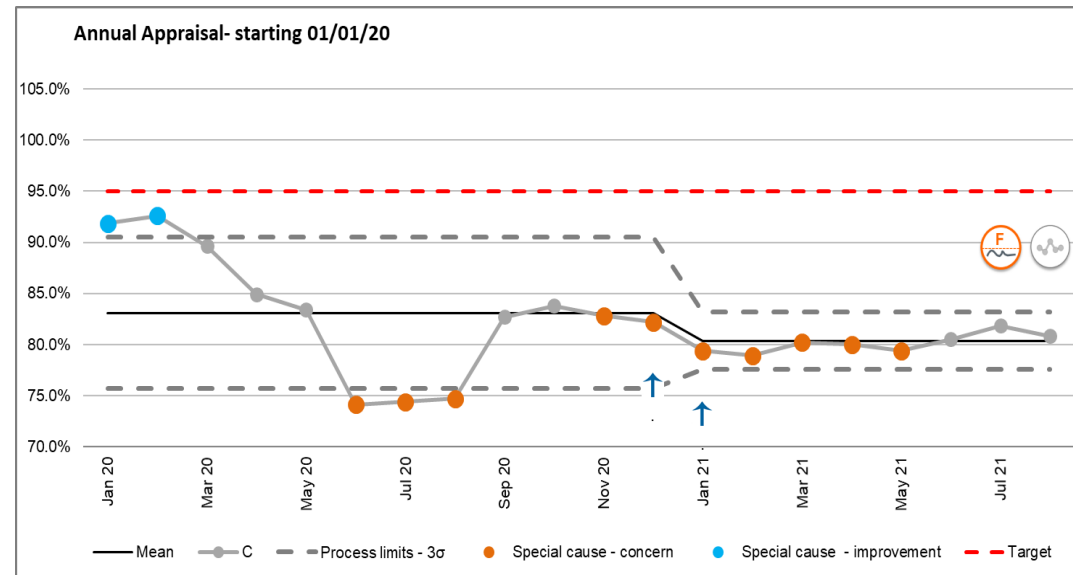
Metric	Aug 21	YTD	Target
Turnover Rate	8.2%	8.2%	10%
Common cause variation, very likely to achieve target next month.			



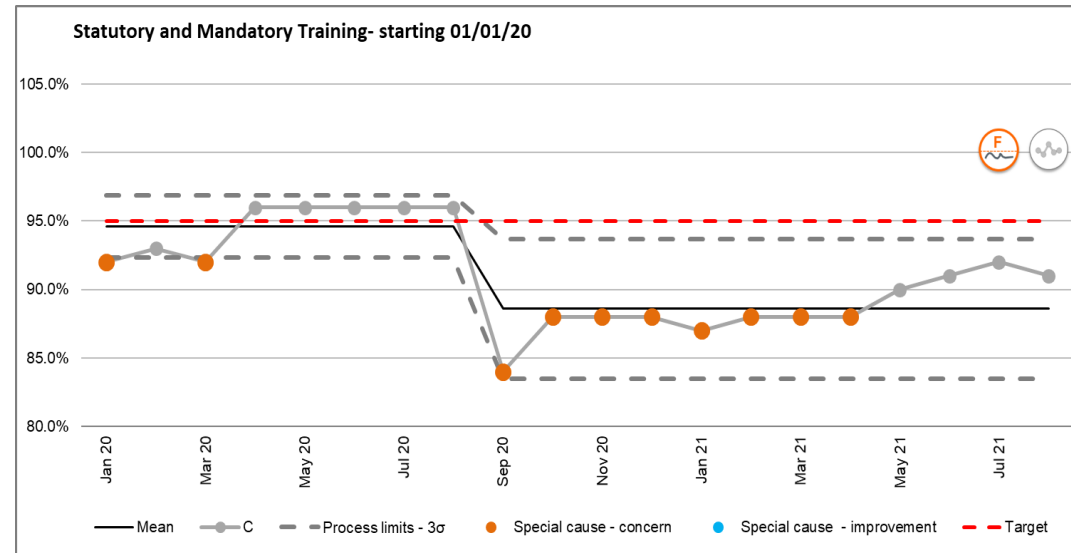
Metric	Jul 21	YTD	Target
Sickness absence (excludes Estates and Facilities)	6.1%	6.1%	3%
Common cause variation. The target will most likely not be achieved next month.			



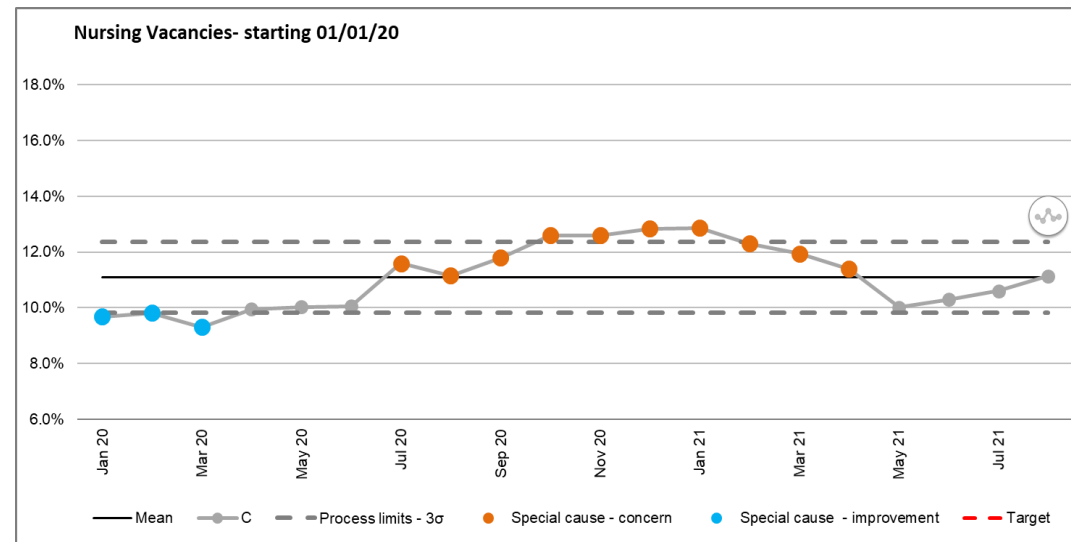
Metric	Aug 21	YTD	Target
% of Staff with Annual Appraisal (includes Estates and Facilities from May 21)	80.8%	80.8%	95%
There was a deterioration in performance last year due to COVID-19. Very unlikely to achieve target.			



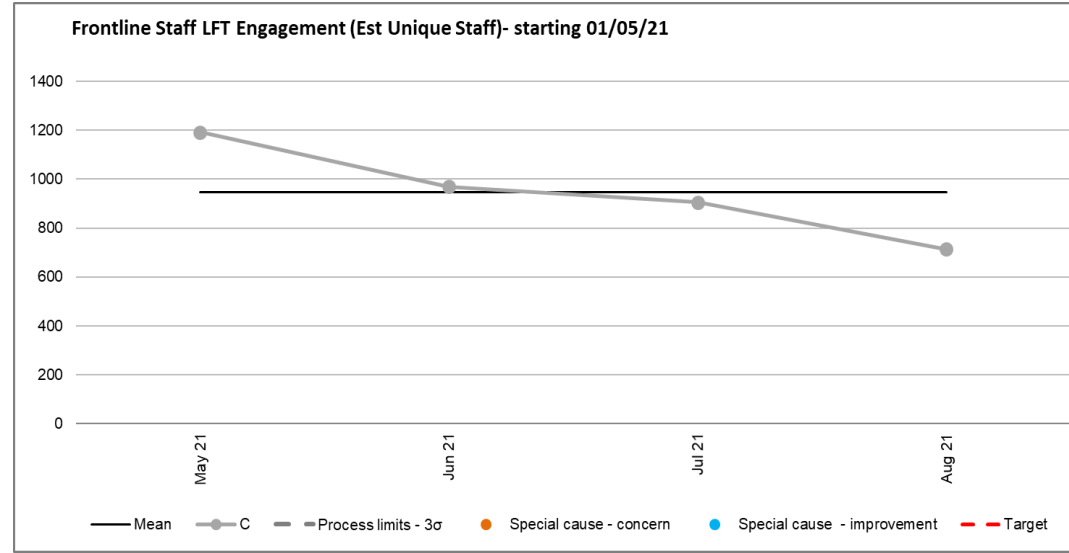
Metric	Aug 21	YTD	Target
Statutory and Mandatory Training	91%	91%	95%
Performance decreased in September due to the removal of the extension to the training refresher periods introduced in March due to COVID-19.			



Metric	Aug 21	YTD	Target
Nursing Vacancies	11.1%	11.1%	No National Target
Common cause variation.			



Metric	Aug 21	YTD	Target
Frontline Staff LFT Engagement (Est Unique Staff)	714	1047	TBC
A downwards trend is emerging. YTD figure is an average.			

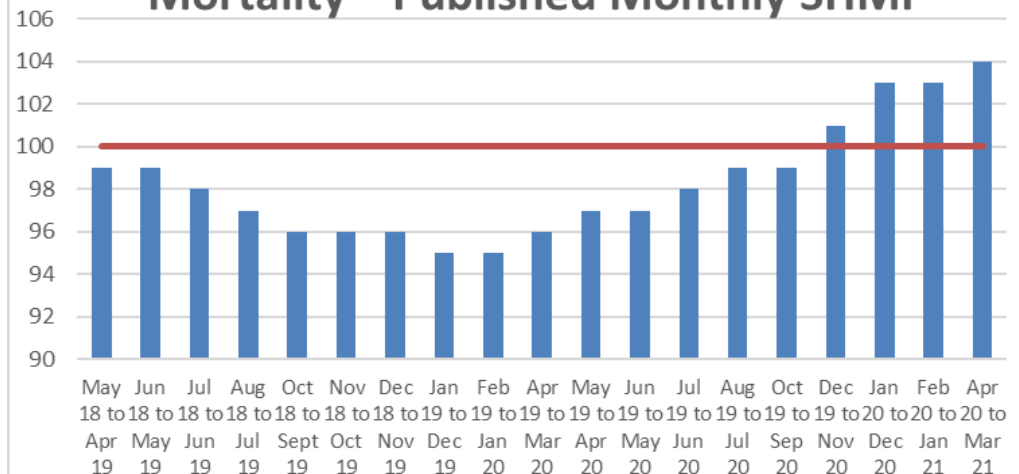


Metric	Apr 20 – Mar 21	Target
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Mortality – Published Monthly SHMI	104 (within expected range)	100
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UHL's SHMI has increased above 100 but remains within the expected range.

Mortality – Published Monthly SHMI



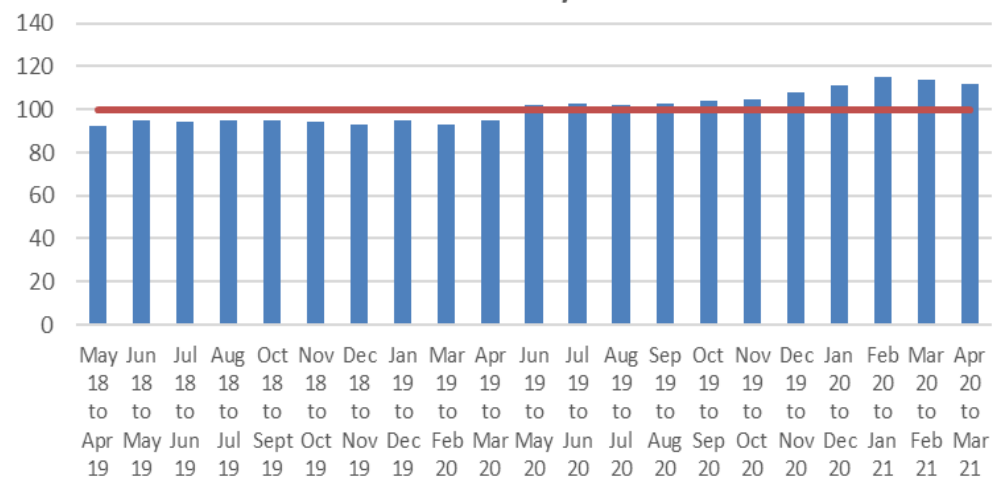
Metric	Apr 20 – Mar 21	Target
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Mortality - Rolling 12 mths HSMR as reported in Dr. Foster)	112	100
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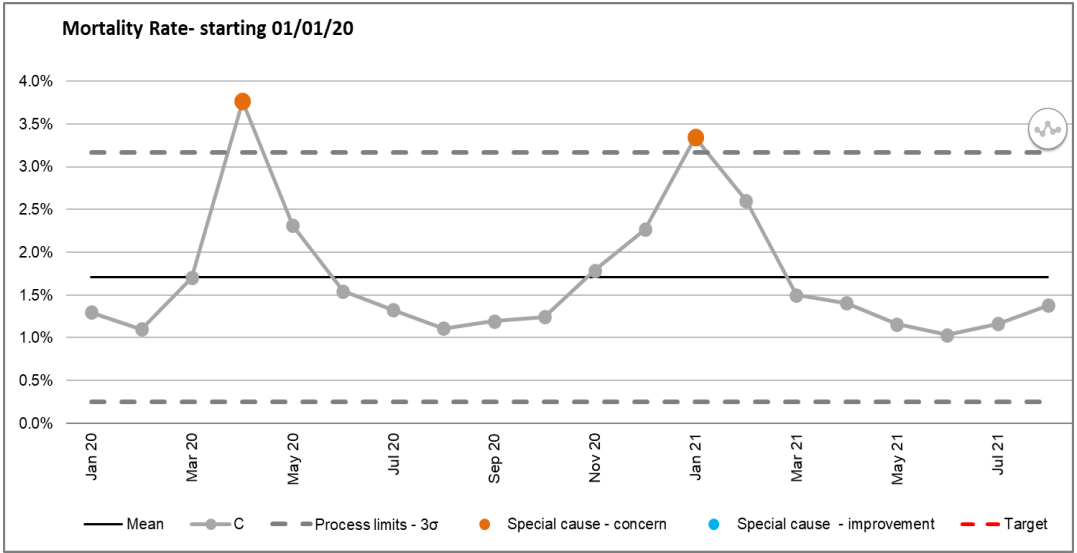
The increase in UHL's HSMR appears to be due to a significant fall in activity & change in case-mix from March 20.

The trust's HSMR has begun to decrease for each reporting period following rebasing nationally and the refreshing of UHL's data.

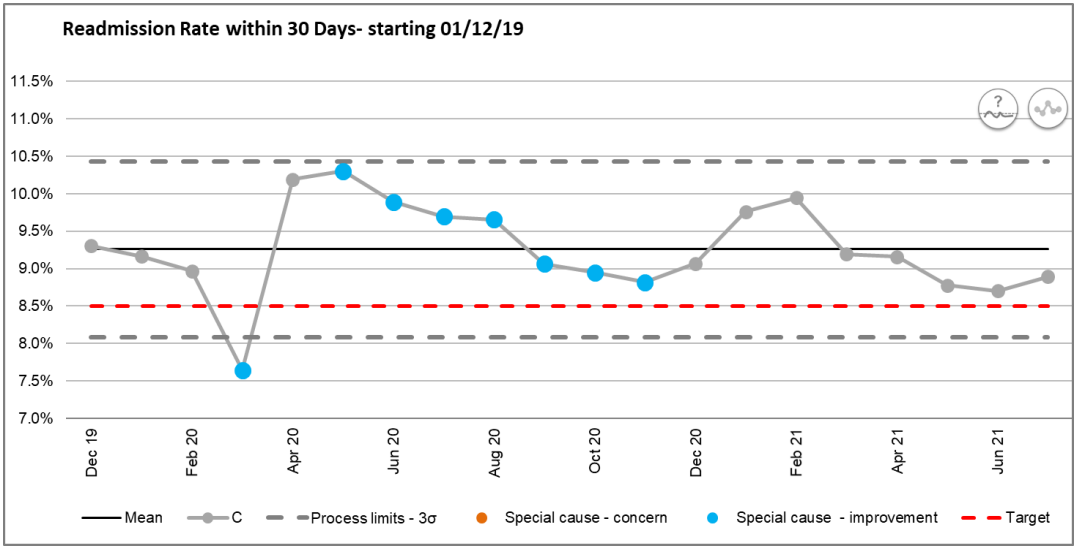
Mortality - Rolling 12 mths HSMR (as reported in Dr. Foster)



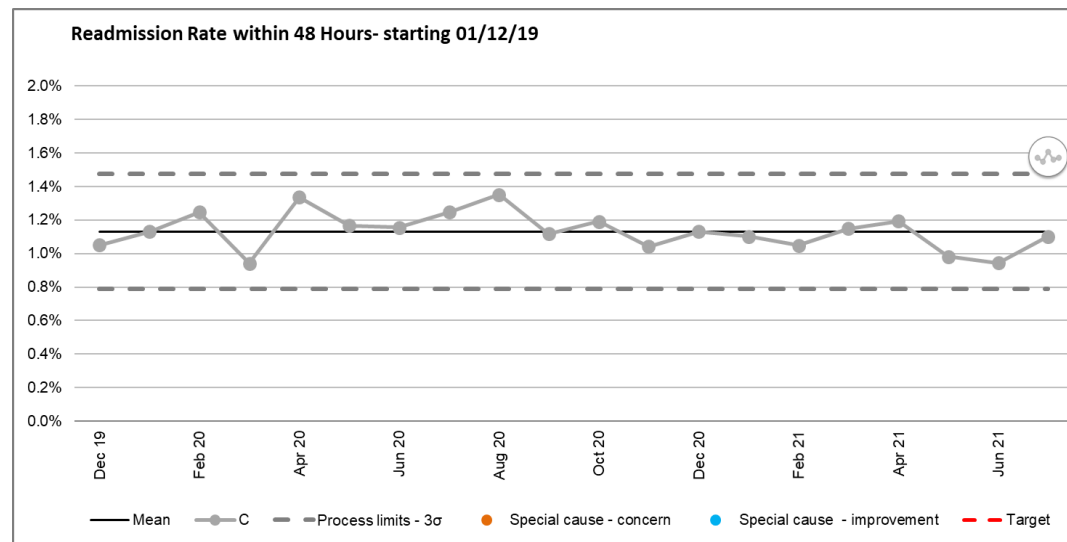
Metric	Aug 21	YTD	Target
Crude Mortality	1.4%	1.2%	No National Target
Statistically significant increase in January due to COVID-19.			



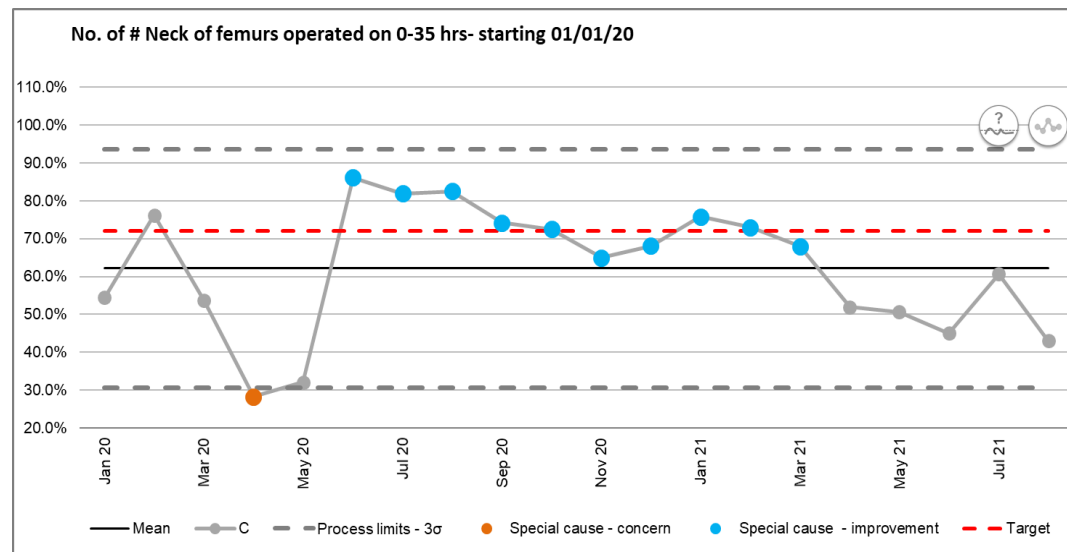
Metric	Jul 21	YTD	Target
Emergency readmissions within 30 days	8.9 %	8.9%	8.5%
Normal variation, unlikely to achieve target next month.			



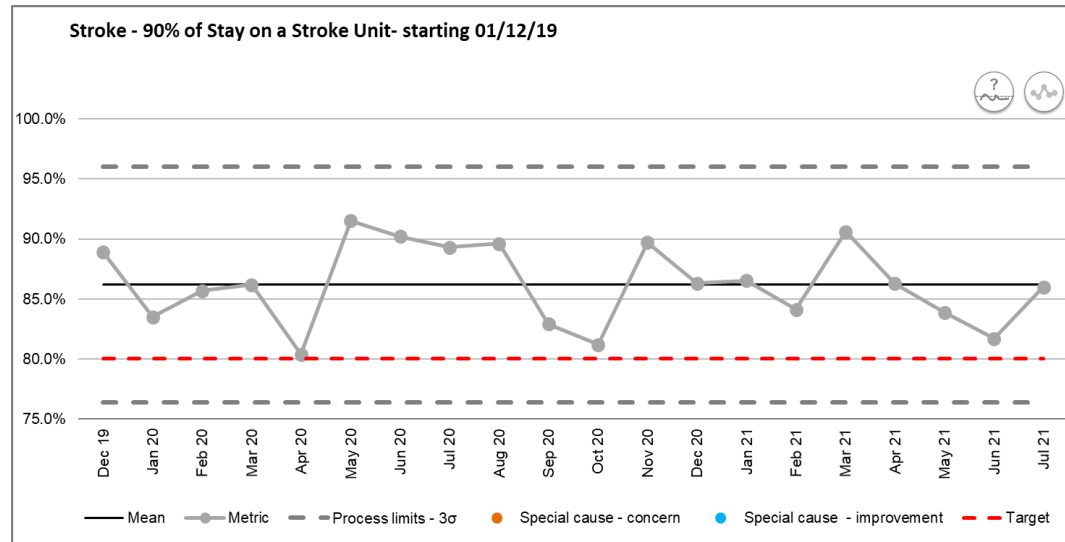
Metric	Jul 21	YTD	Target
Emergency readmissions within 48 hrs	1.1%	1.1%	No National Target
No significant variation.			



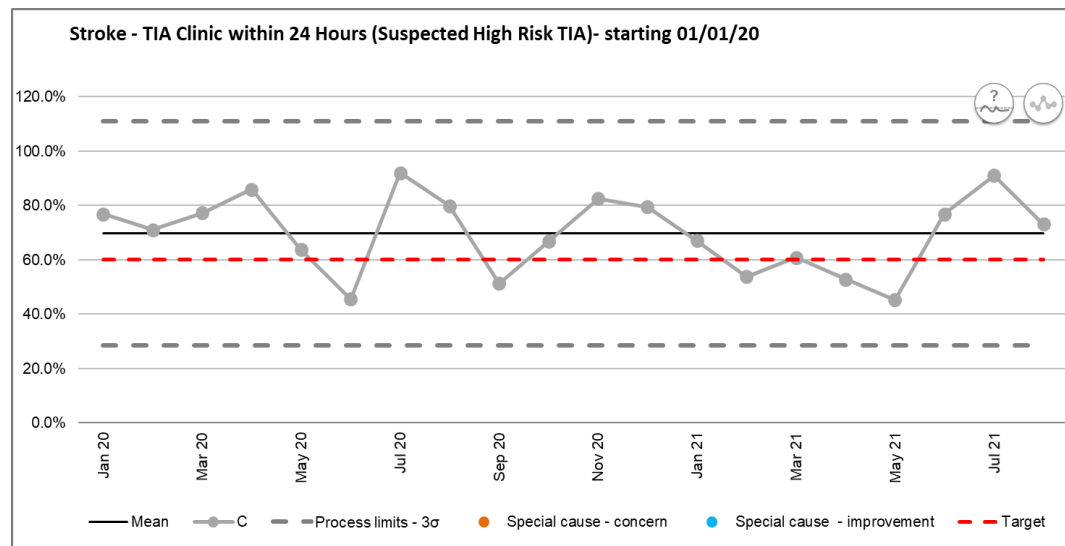
Metric	Aug 21	YTD	Target
% Neck of femurs operated on under 36 hrs Based on Admissions	43.0%	51.1%	72%
Common cause variation. No assurance that target will be delivered next month.			



Metric	Jul 21	YTD	Target
Stroke - 90% of Stay on a Stroke Unit	86.0%	84.2%	80%
Common cause variation, consistently achieving target.			



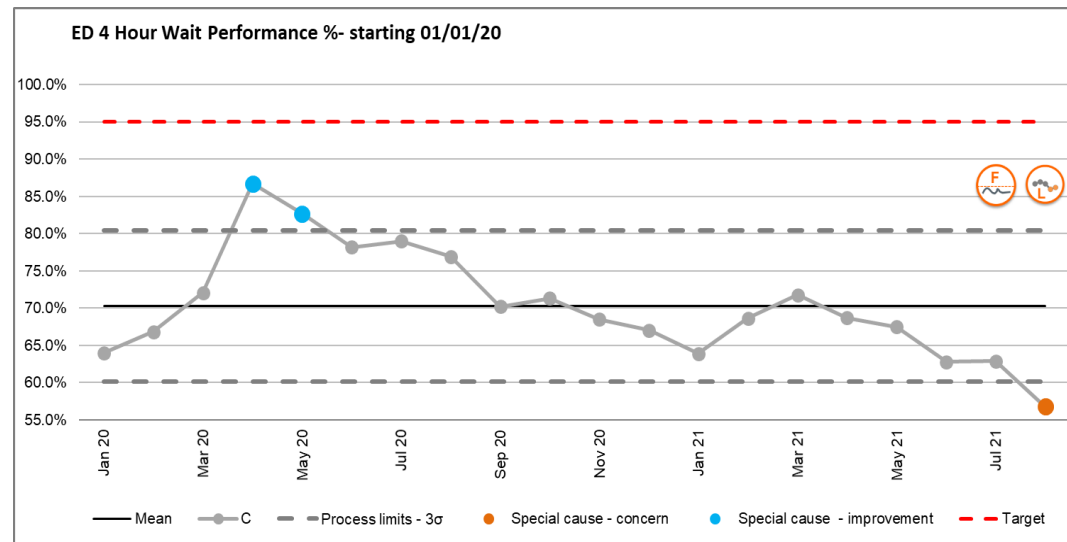
Metric	Aug 21	YTD	Target
TIA Clinic within 24 Hours (Suspected High Risk TIA)	73.2%	66.8%	60%
Common cause variation, no assurance target will be delivered next month.			



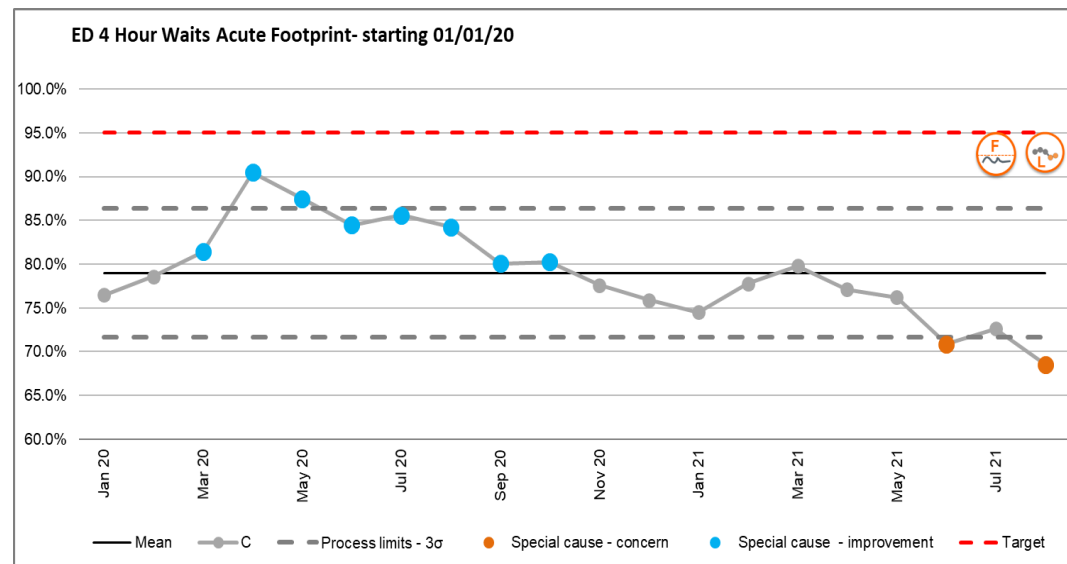
Responsive

For more information please see the Urgent Care Report - PPPC

Metric	Aug 21	YTD	Target
ED 4 Hour Waits UHL	56.8%	63.6%	95%
Special cause concern, continually failing target and will most likely fail to achieve target next month. Last month UHL performance ranked 112 out of 114 trusts nationally.			

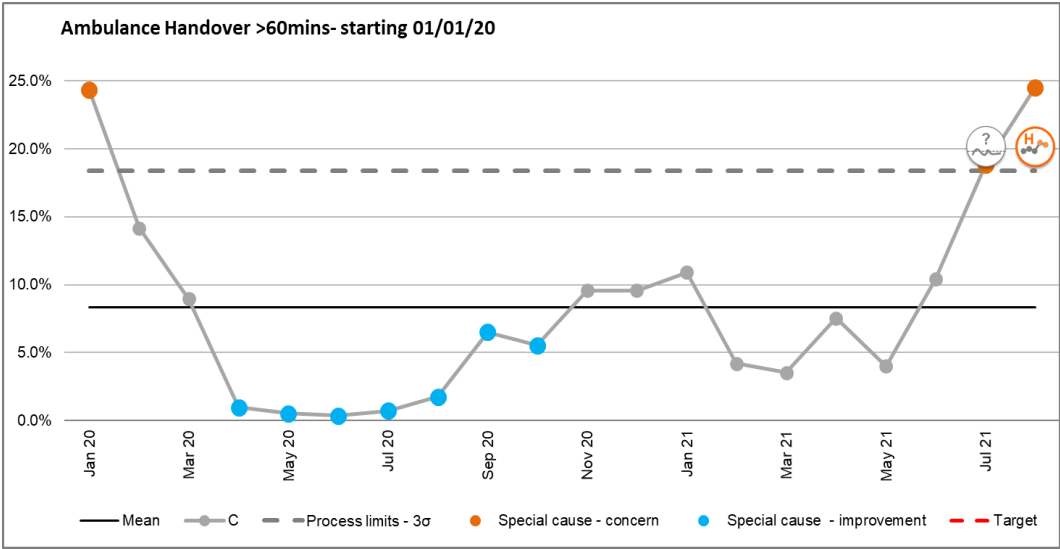


Metric	Aug 21	YTD	Target
ED 4 Hour Waits Acute Footprint	68.5%	73.0%	95%
Special cause concern, continually failing target and will most likely fail to achieve target next month. Last month UHL performance ranked 99 out of 114 trusts nationally after including additional mapped type 3 activity.			

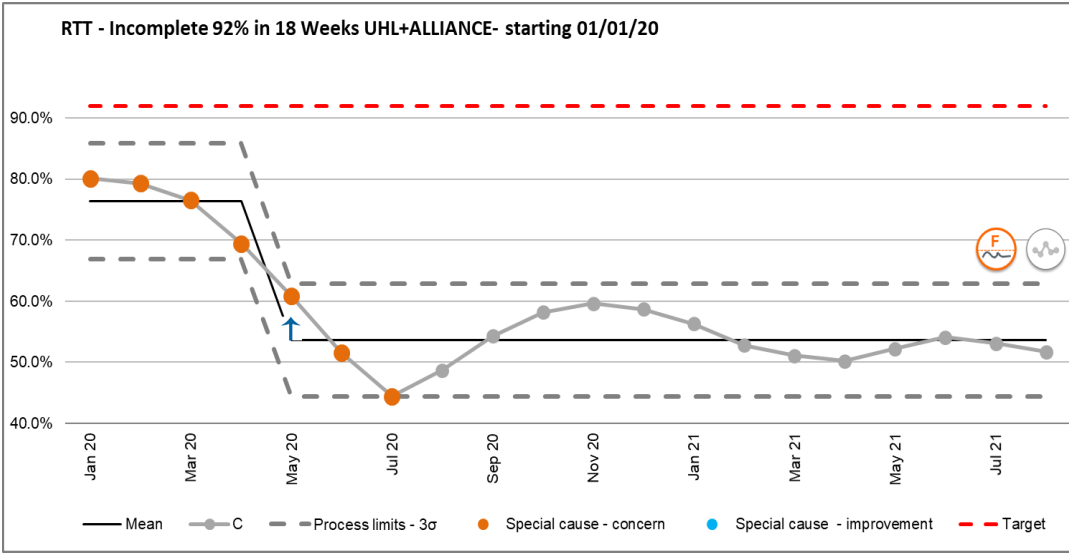


Responsive

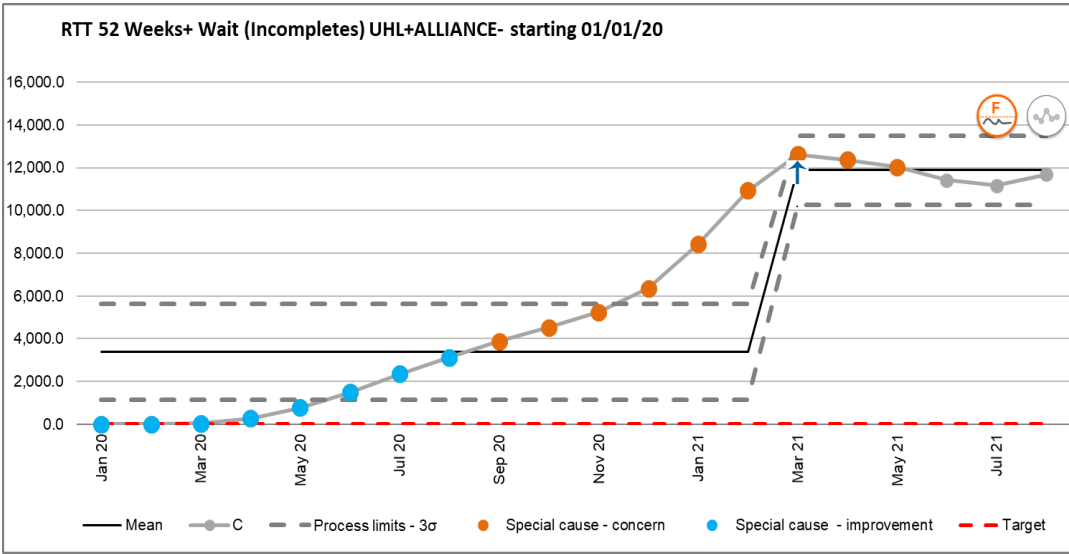
Metric	Aug 21	YTD	Target
Ambulance Handover >60 Mins	24.5%	12.8%	0%
Special cause concern, target will not be achieved this month.			



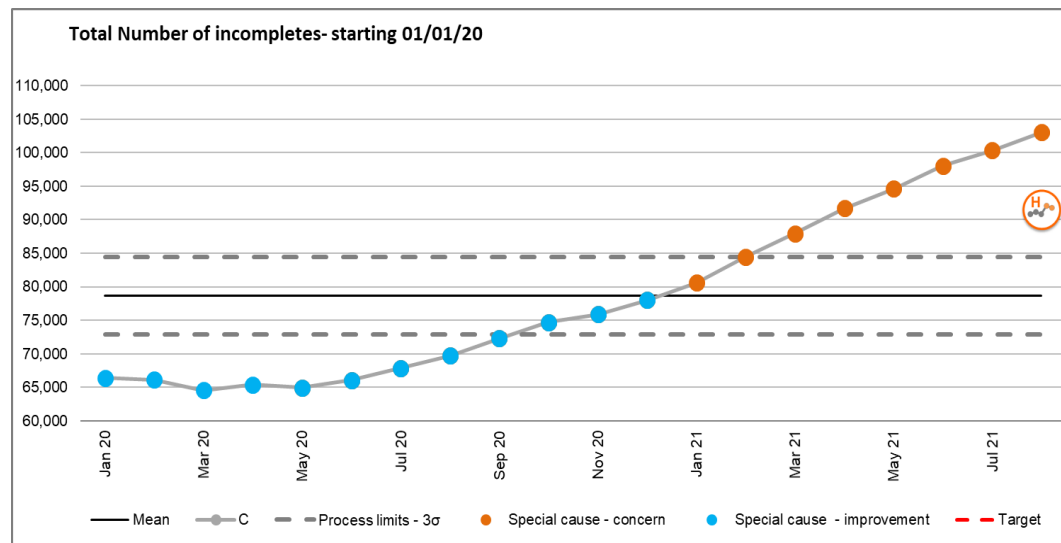
Metric	Aug 21	YTD	Target
RTT Incompletes	51.7%	51.7%	92%
Performance has deteriorated due to COVID-19.			



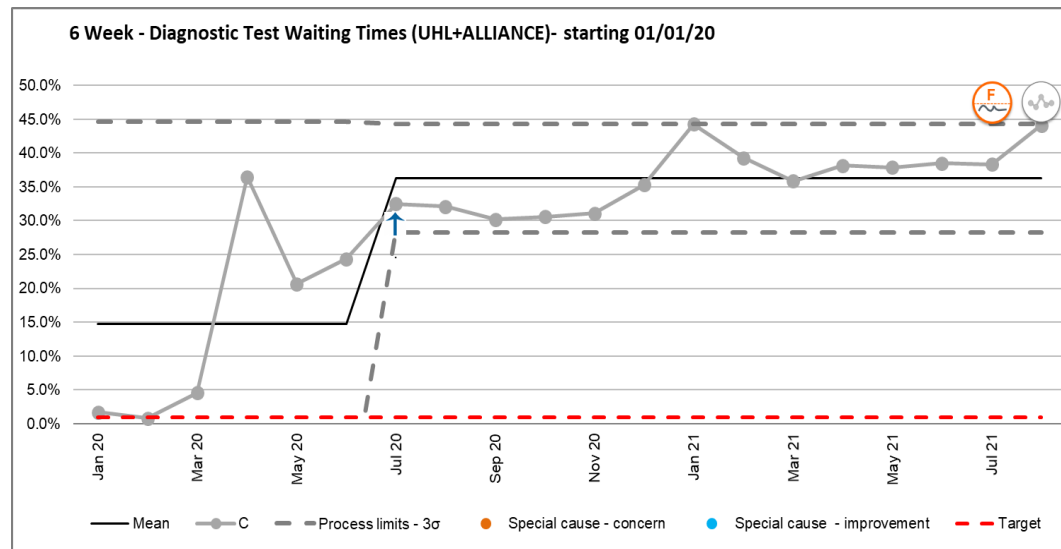
Metric	Aug 21	YTD	Target
RTT 52+ Weeks Wait	11,697	11,697	0
Performance has stabilised after deteriorating due to COVID-19.			



Metric	Aug 21	YTD	Target
Total Number of incompletes	103020	103020	TBC
Special cause concern due to COVID-19.			



Metric	Aug 21	YTD	Target
6 Week Diagnostic Waits	44.1%	44.1%	1%
Common cause variation, target not achieved since March 2020 due to COVID-19.			



Metric	Aug 21	YTD	Target
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Cancelled patients not offered a date within 28 days of the cancellations

	58	117	0
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Common cause variation – April 2020 was above the upper control limit due to COVID-19. Full Year target already breached.

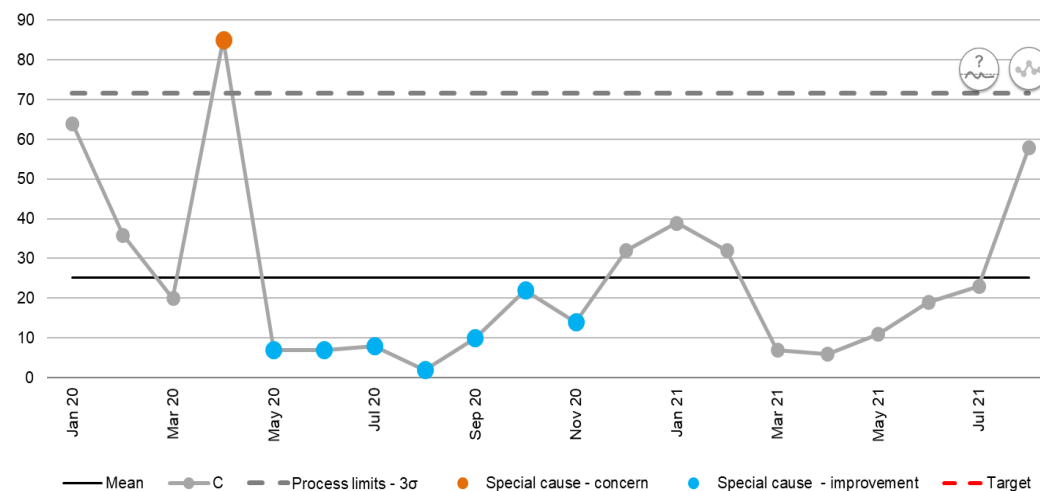
Metric	Aug 21	YTD	Target
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% Operations cancelled on the day

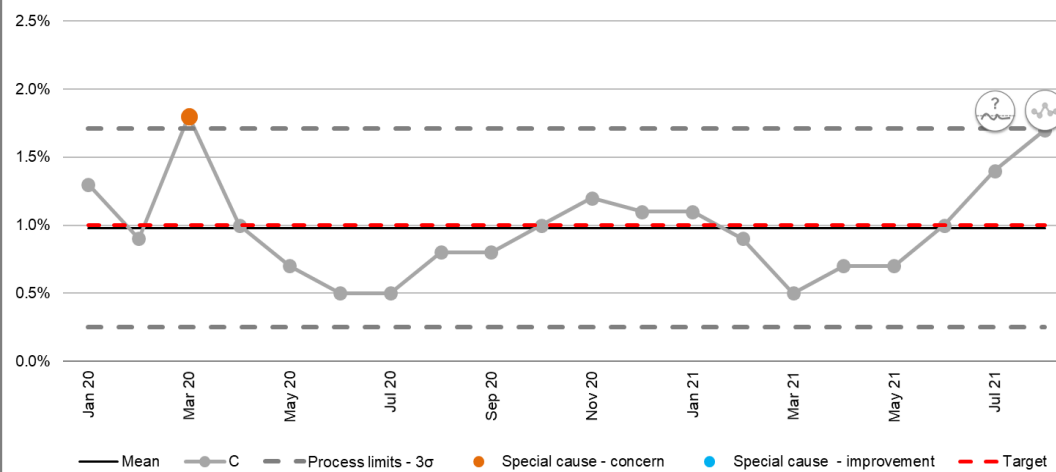
	1.7%	1.1%	1%
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Common cause variation. No assurance that the target will be delivered next month.

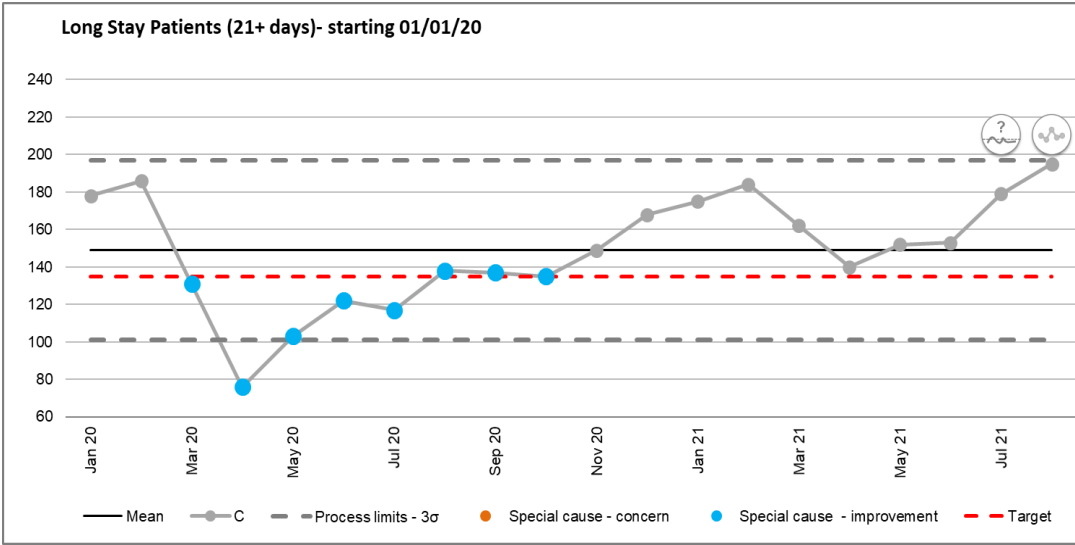
Cancelled patients not offered a date within 28 days of the cancellations UHL + Alliance- starting 01/01/20



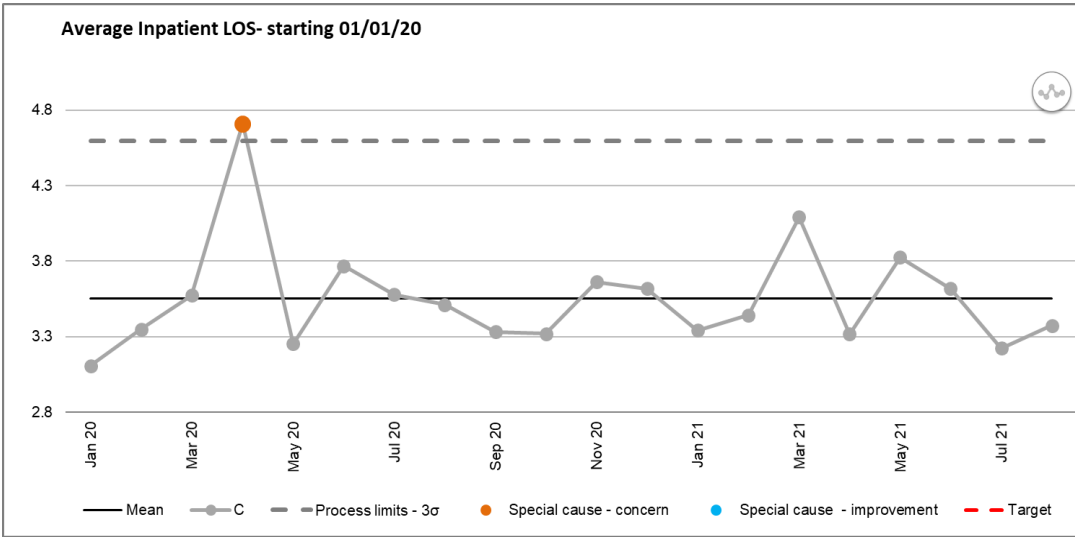
Cancelled Operations UHL + Alliance- starting 01/01/20



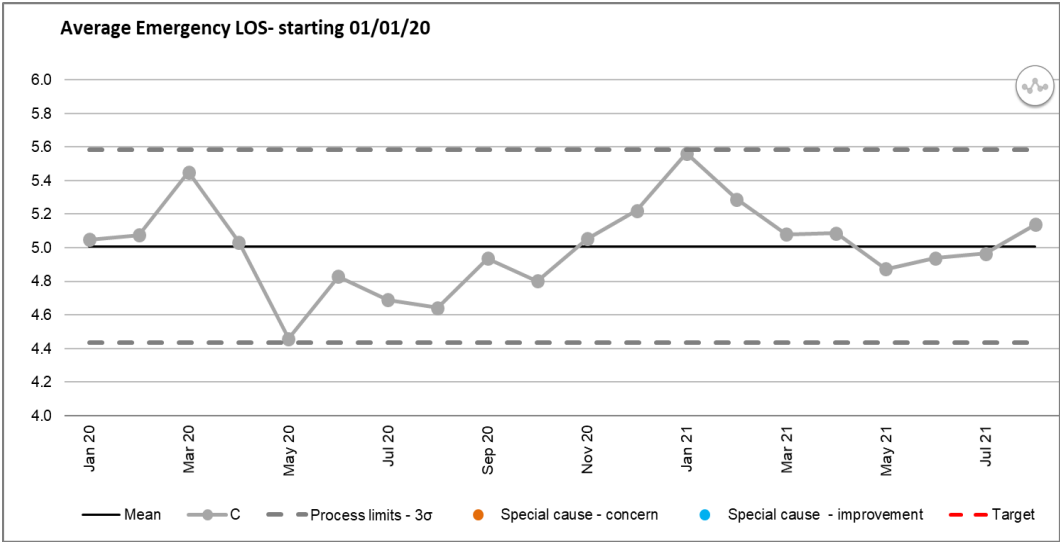
Metric	Aug 21	YTD	Target
Long Stay Patients (21+ days)	195	195	135
Common cause variation. No assurance that the target will be delivered next month.			



Metric	Aug 21	YTD	Target
Average Inpatient LOS	3.4	3.5	No National Target
Normal variation.			



Metric	Aug 21	YTD	Target
Average Emergency LOS	5.1	5.0	No National Target
Normal variation.			

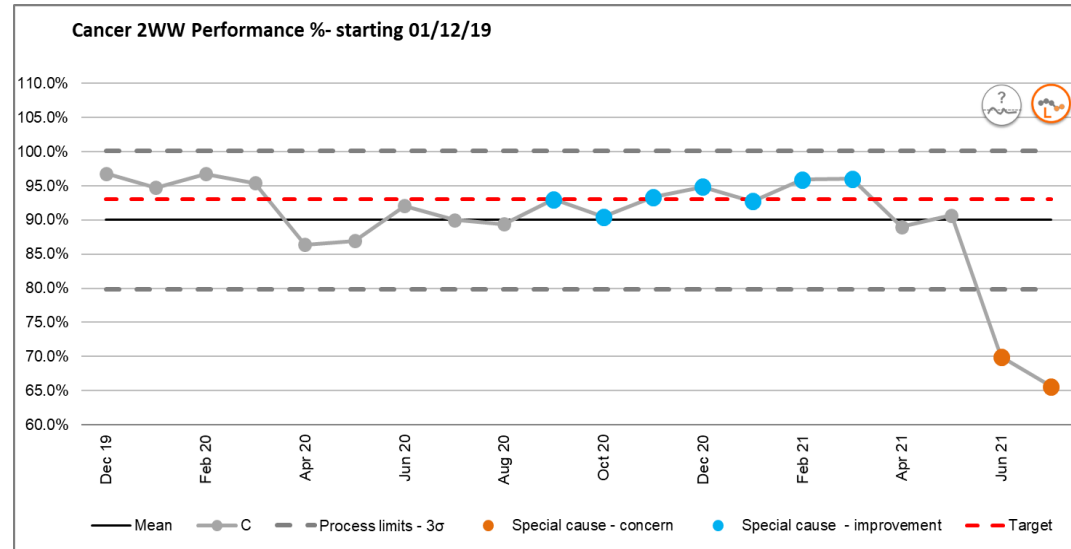


Responsive – Cancer

For more information please see the Cancer Recovery Paper - PPPC

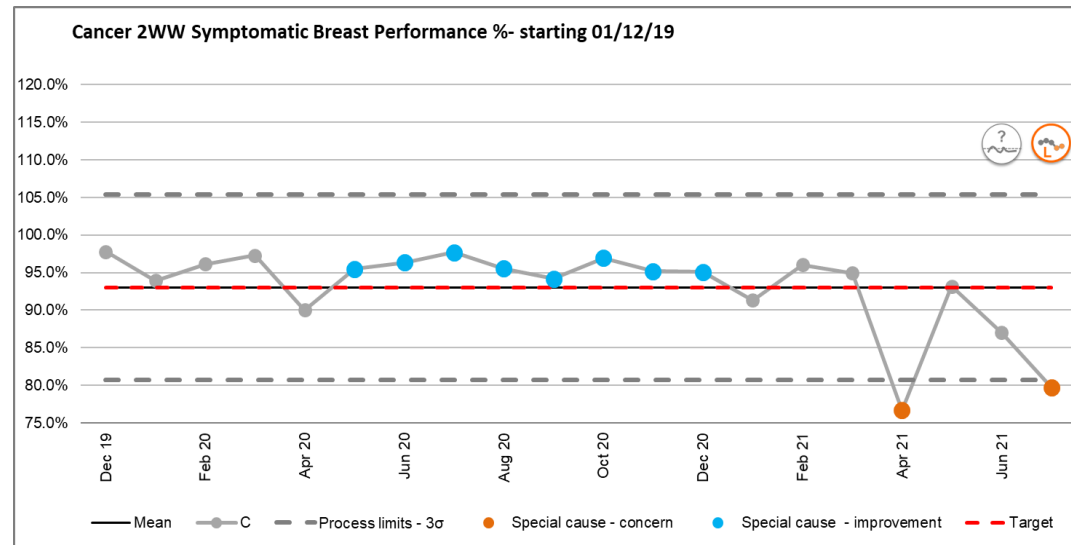
Metric	Jul 21	YTD	Target
Cancer 2WW	65.6%	78.3%	93%

Special cause concern, no assurance that target will be achieved next month. Failed to deliver due to ENT and Dermatology – action plan in place to facilitate recovery. In July, UHL performance ranked 119 out of 126 Trusts nationally.



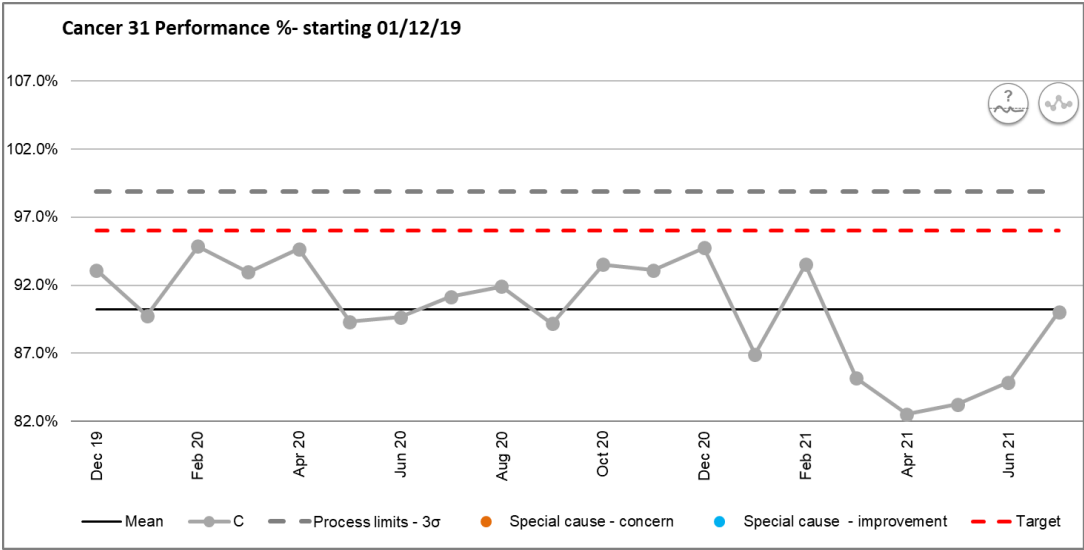
Metric	Jul 21	YTD	Target
Cancer 2WW Breast	79.7%	83.5%	93%

Special cause concern, no assurance that the target will be delivered next month. In July, UHL performance ranked 74 out of 105 Trusts nationally.

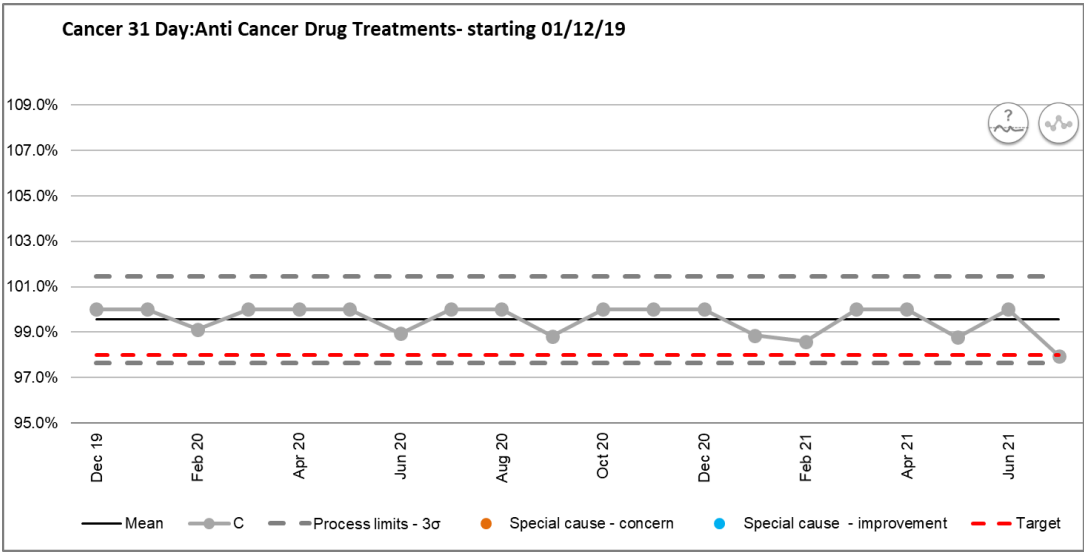


Responsive – Cancer

Metric	Jul 21	YTD	Target
Cancer 31 Day	90.0%	85.1%	96%
Unlikely to achieve target next month due to capacity but expect to see decrease in backlog with increased theatre capacity. In July, UHL performance ranked 124 out of 139 Trusts nationally.			

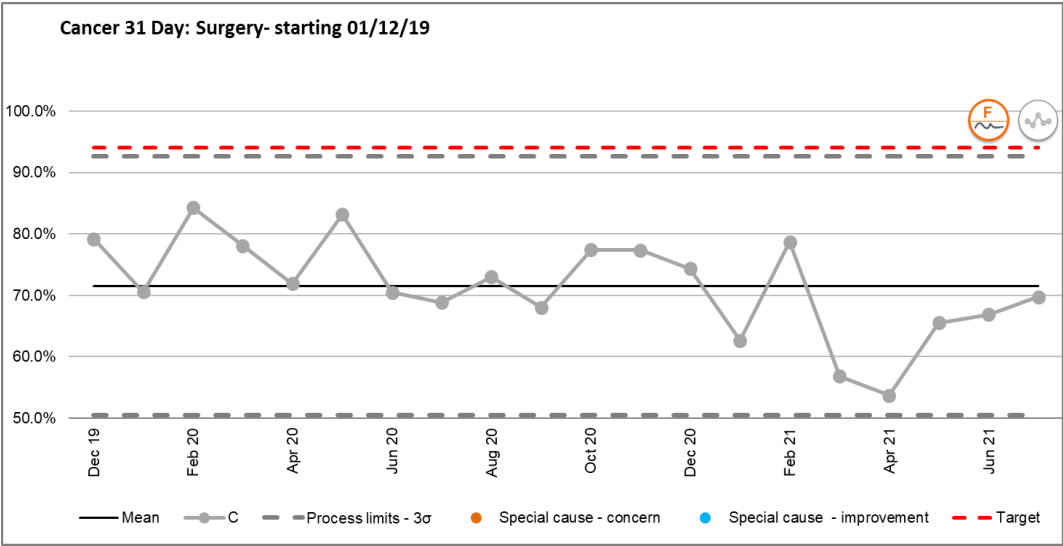


Metric	Jul 21	YTD	Target
Cancer 31 Day Drugs	97.96%	99.1%	98%
No assurance that the target will be achieved next month. In July, UHL performance ranked 110 out of 120 Trusts nationally.			

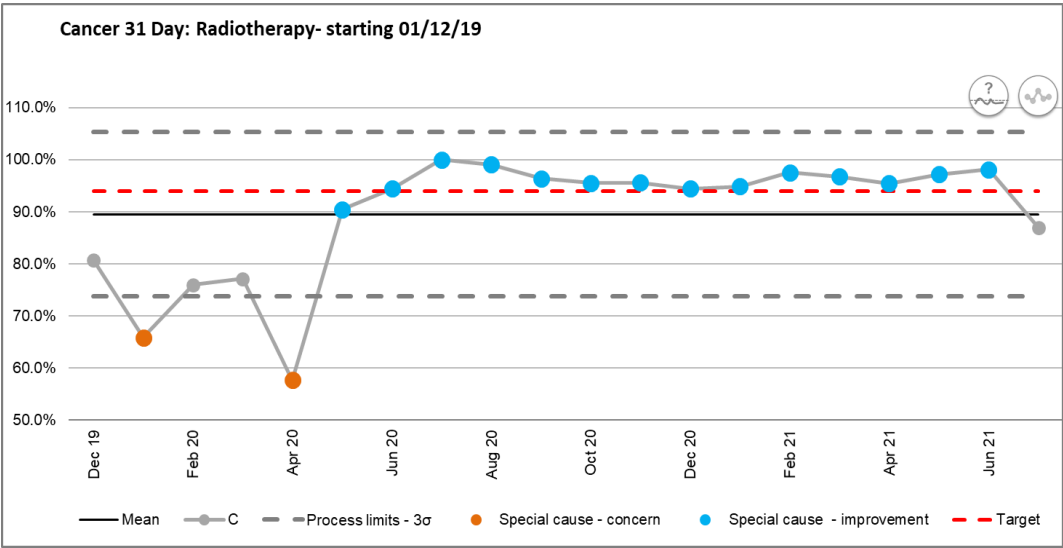


Responsive – Cancer

Metric	Jul 21	YTD	Target
Cancer 31 Surgery	69.7%	64.1%	94%
<p>Unlikely to achieve target next month, performance is underperforming but we expect to see a decrease in backlog with increased theatre capacity. In July, UHL performance ranked 129 out of 135 Trusts nationally.</p>			

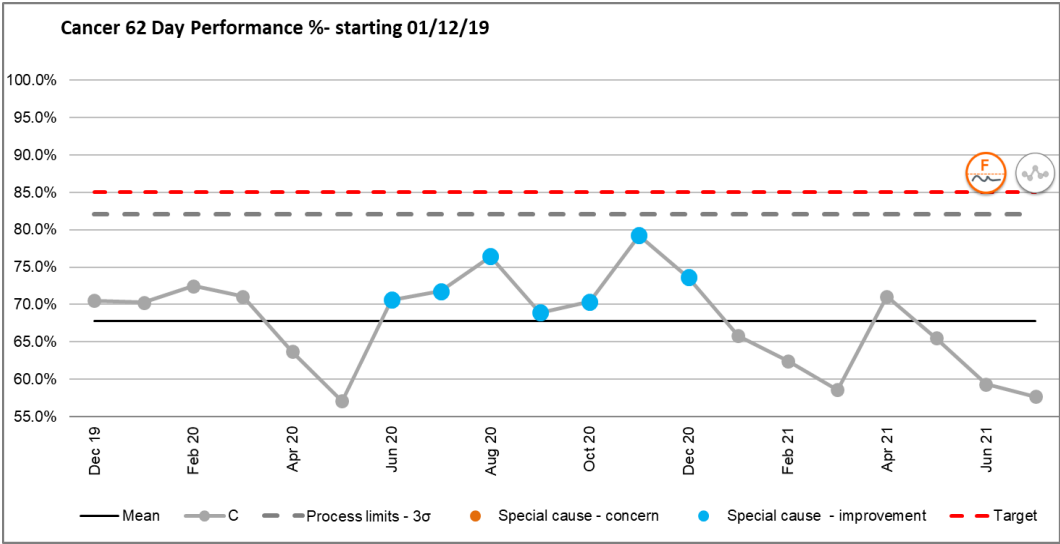


Metric	Jul 21	YTD	Target
Cancer 31 Day Radiotherapy	87.0%	94.6%	94%
<p>No assurance that the target will be achieved next month. In July, UHL performance ranked 56 out of 58 Trusts nationally.</p>			

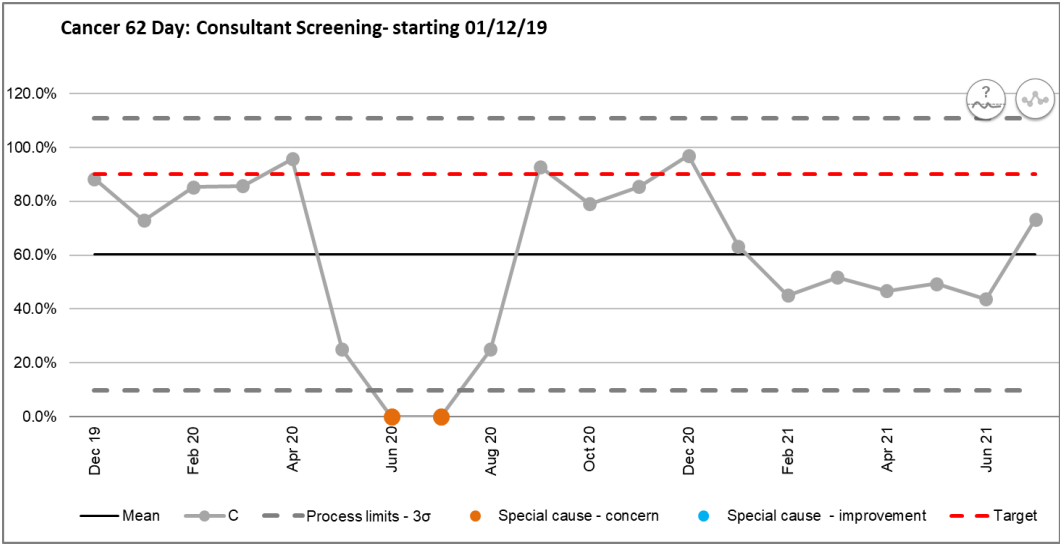


Responsive – Cancer

Metric	Jul 21	YTD	Target
Cancer 62 Day	57.7%	63.7%	85%
Unlikely to achieve target next month, performance is underperforming. In July, UHL performance ranked 122 out of 135 Trusts nationally.			

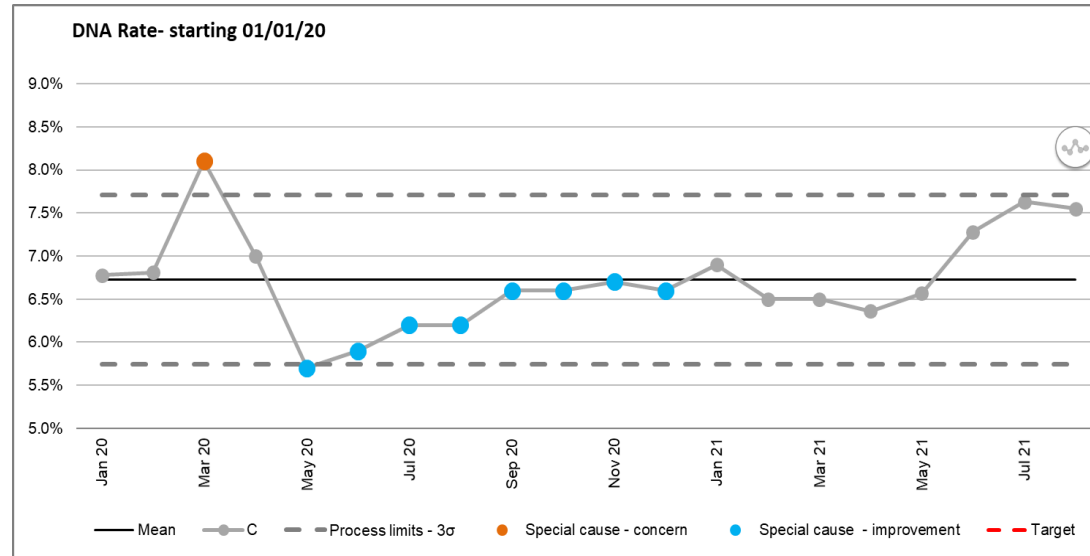


Metric	Jul 21	YTD	Target
Cancer 62 Day Consultant Screening	73.3%	51.4%	90%
Underperforming due to increased demand. In July, UHL performance ranked 78 out of 127 Trusts nationally.			

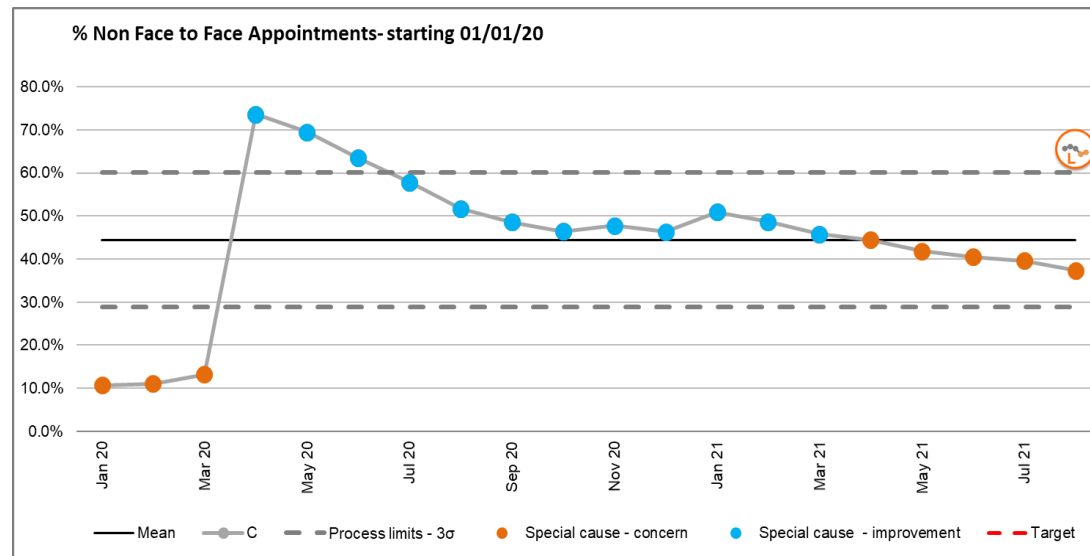


Outpatient Transformation

Metric	Aug 21	YTD	Target
% DNA Rate	7.6%	7.1%	No National Target
Performance has returned to normal levels following a period of improvement which began during the COVID-19 first wave.			

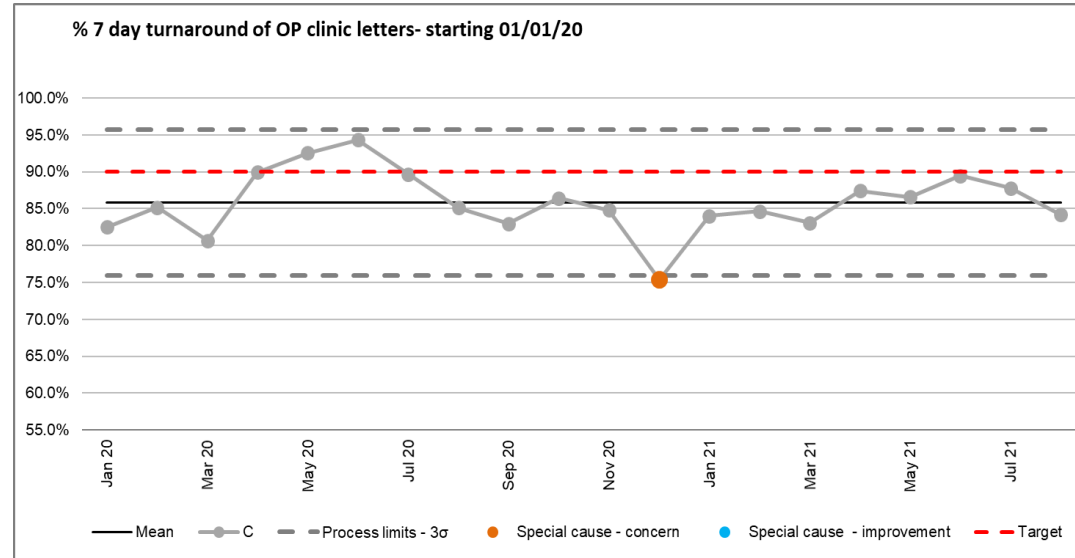


Metric	Aug 21	YTD	Target
% Non Face to Face Appointments	37.3%	40.8%	No National Target
Special cause concern, there was an improvement in April 19 due to COVID-19.			



Outpatient Transformation

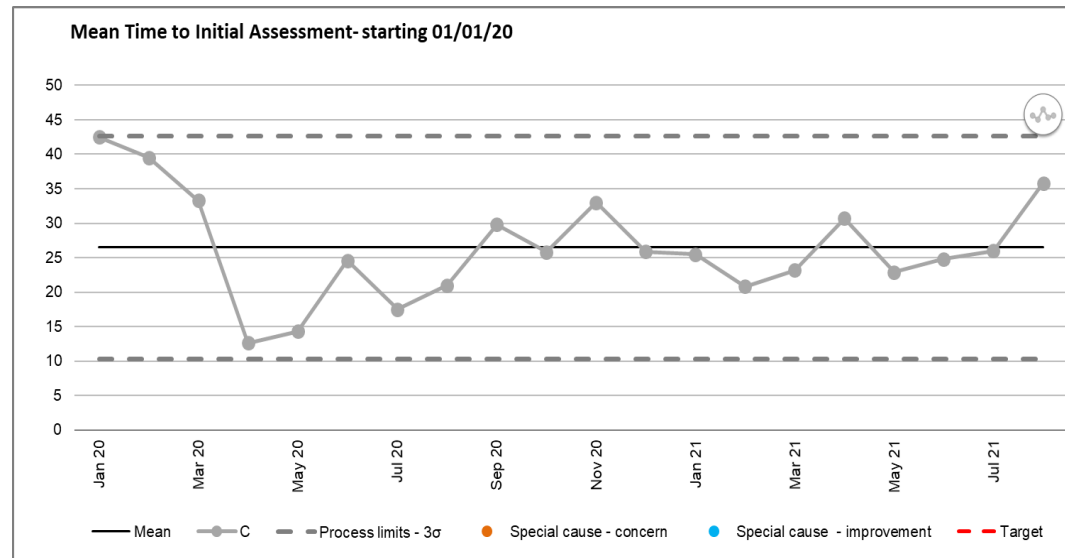
Metric	Aug 21	YTD	Target
% 7 day turnaround of OP clinic letters	84.2%	87.2%	90%
Common cause variation, no assurance that the target will be delivered next month.			



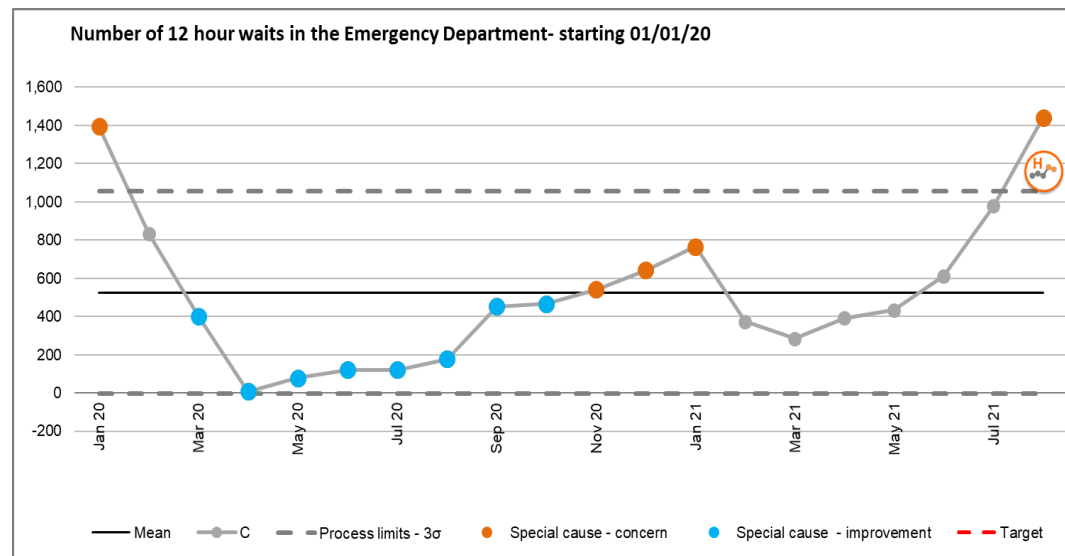
Draft Urgent Care Standards

KPI definitions still to be confirmed

Metric	Aug 21	YTD	Target
Mean Time to Initial Assessment (Minutes)	35.8	28.0	TBC
This standard is based on the time to secondary nursing assessment or stat nurse. Common cause variation.			

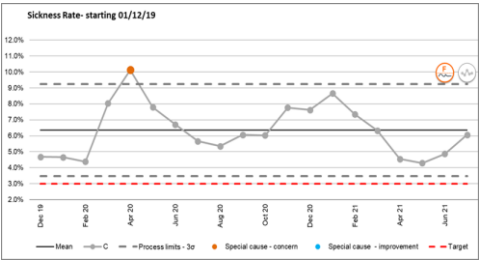


Metric	Aug 21	YTD	Target
Number of 12 hour waits in the Emergency Department	1442	3860	TBC
Special cause concern, an upwards trend is emerging.			



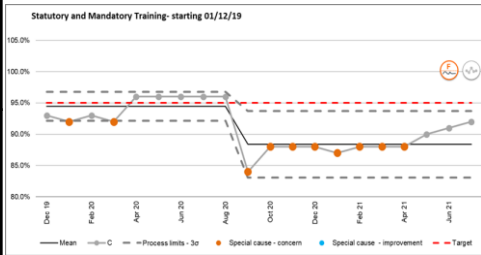
Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
Never Events are a measure of the number of UHL never events at month end.	21/22 Target – 0 1 Never Event reported in August 2021.		<p>Wrong site surgery (wrong site block)</p> <p>A 61yr old patient was put onto the trauma list for a left sided elbow and radial head fixation surgical procedure. The planned anaesthesia was for general anaesthesia (GA) and then left sided supraclavicular brachial plexus block (SCBPB) and axillary brachial plexus block (AxBPB). After the block needle had been inserted under ultrasound guidance and 2ml of local anaesthetic was injected, it was realised that the block was being performed on the wrong side.</p>	<p>The SCBPB was discontinued and the block recommenced on the correct side. The surgical procedure was, subsequently, undertaken</p> <p>The Matron undertook a debrief on the day of the procedure with the staff involved</p> <p>ITAPS circulated a safety notice to theatre staff on all UHL sites on 11 August 2021</p>

Exception Reports

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
Sickness absence	20/21 Target – 3% or below		Sickness has increased significantly since June (4.9%)	CMGs are once again being asked to return regular spreadsheets to extend Covid-related absences where needed, with Part 2s still required to close absences, so we can better understand who is currently absent. Staff with Long Covid are now being supported as any other long-term sickness absence would be (except at full pay). This means cases could result in Level 3 hearings being held once other options have been exhausted, depending on individual circumstances. Fully-vaccinated staff with a negative PCR test identified as a contact of a positive COVID-19 case outside of their household, will no longer have to isolate. Those with household cases can return to work in exceptional circumstances with executive sign off of a risk assessment.
UHL has a locally agreed sickness absence target of 3%.	Performance in July was 6.1% excluding E&F			

Exception Reports

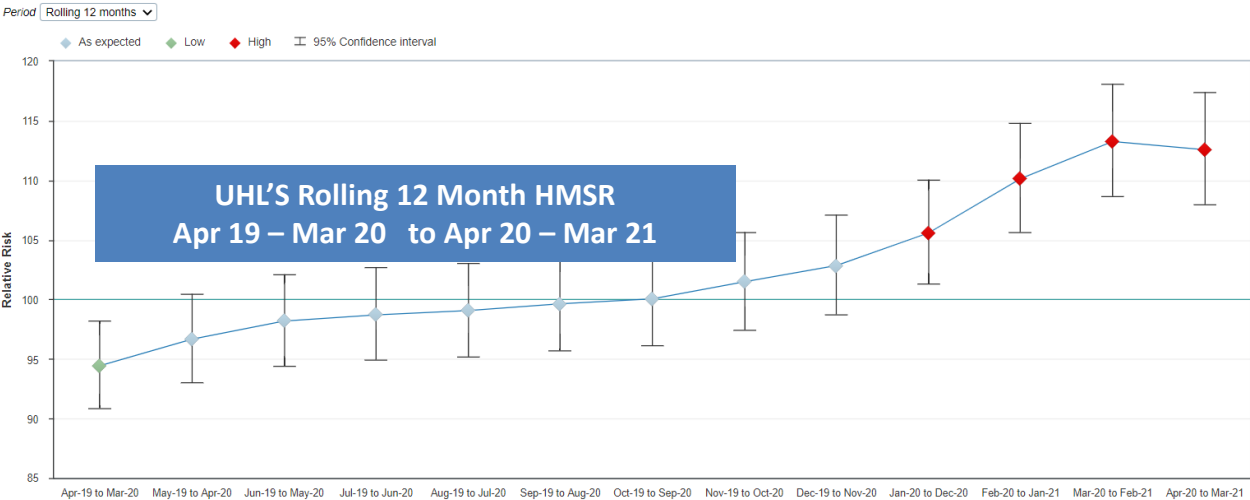
Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
% of Staff with Annual Appraisal (excluding facilities Services)	21/22 Target – greater than 95%	<p>Annual Appraisal-starting 01/01/20</p>	<p>This data is captured within the Monthly Workforce Dataset Report presented to Trust Board Subcommittee (People Committee), Corporate and CMG Boards.</p> <p>It is recognised that performance has been impacted on by COVID-19 and the need for prioritisation in response.</p>	<p>An alternative approach has been agreed in response to COVID-19 for pressurized areas.</p> <p>People Services Colleagues continue to communicate performance and support managers with implementing improvements.</p> <p>People Services colleagues continue to send out details of outstanding appraisal to all areas for urgent line by line review/update.</p> <p>CMGs and Corporate areas have agreed trajectories on recovery and timeframes. Performance against trajectories is being monitored via Executive Corporate and CMG Performance Reviews</p>
<p>Is the percentage of staff who have had their Annual Appraisal(including estates & facilities Services since May 21)</p>	<p>Performance for August was 80.8%.</p>			

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
Statutory and Mandatory Training	21/22 Target – 95%		<p>The slight increase of seasonally related service pressures and pandemic related pressures can be seen in the drop in compliance. The overall figure has now dropped to 91%.</p> <p>Compliance also dropped due to the new staff joining the Trust during the 2 x Medical Inductions.</p> <p>The HELM Dashboard has encountered issues where it is not updating as frequently as it should. This should be fully repaired by the end of September 2021.</p>	<p>Monthly compliance reports continue to be sent out to 2000 managers and staff.</p> <p>The auto-generated emailing to staff whose training continues.</p> <p>Manually generated emailing to staff whose training has expired continues. This will focus on subjects with low compliance and annual refresher periods.</p> <p>Due to the HELM Dashboard not updating, there has been a reduction in the manual chasing of non-compliance.</p>
Is the percentage of staff that are up to date on their Statutory and Mandatory Training.	Performance for August was 91%			

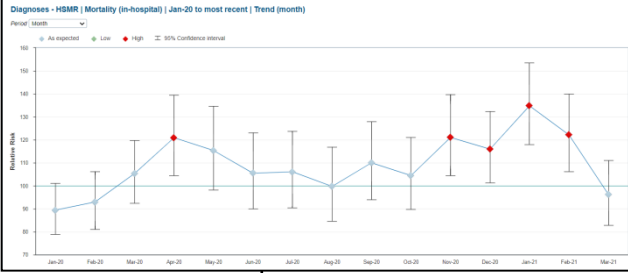
Exception Reports

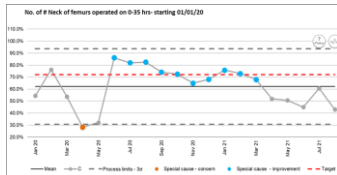
Description	Performance and Trend	Key Messages	Key Actions
Mortality – Rolling 12 mths HSMR -as reported in Dr. Foster Intelligence)	Target – 100 or less	<ul style="list-style-type: none">UHL’s HSMR is still above expected for the latest 12 months and there is a direct correlation between the increased monthly HSMR and the two peaks of the COVID pandemic (April 20 and Nov 20 to Jan 21)Whilst UHL’s HSMR does not compare favourably against the England Average, Trusts who saw similar numbers of COVID patients appear to have seen a similar rise in their HSMRUHL’s crude mortality rate continues to be below the national averageReviews of diagnosis groups with a higher HSMR identified a small number of cases coded wrongly for primary diagnosis on admission and some areas of learning for the clinical teams; but no issues found with clinical pathways and no deaths were considered to be due to problems in care	Actions Agreed at MRC <ul style="list-style-type: none">DFI to benchmark our HSMR with Trusts with high numbers of COVID activityTo continue to monitor our HSMR against our crude mortality dataTo continue undertaking reviews of diagnosis groups with a higher than expected HSMR
HSMR is a risk adjusted mortality indicator 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	There has been an overall reduction in the HSMR now that the Benchmarking period has moved to include December’s activity. UHL’s latest Rolling 12 month HSMR for April 20 to March 21 remains ‘above expected’ at 112 but has reduced from the previously reported HSMR for the first time in 12 months.		

Diagnoses - HSMR | Mortality (in-hospital) | Mar-20 to most recent | Trend (rolling 12 months)

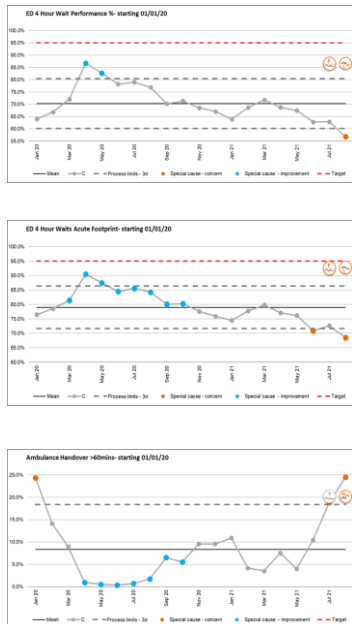


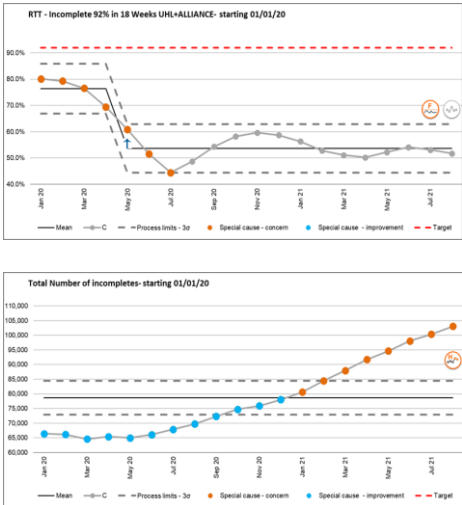
UHL'S Monthly HSMR
Jan 20 to March 21



Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
No. of # Neck of femurs operated on 0-35 hrs - Based on Admissions	21/22 Target – 72%		<p>83 NOF's of which 44 exceeded the 36hr time to theatre target. Overall performance against target 43%.</p> <p>Those which were >36hrs were for the following reasons:-</p> <ul style="list-style-type: none"> 8 patients - clinical reasons/unfit 24 patients- trauma priority patients/ lack of theatre capacity 1 patients- Hip consultant availability 8 patients- no radiographer 1 patient – conservative treatment. 2 patients – COVID-19 Positive <p>This means that 35 patient outcomes were within the Trust's control and 9 were not.</p> <p>ED wait times</p> <p>0-4 = , 2 patients 5-8 hours = 34 patients 9-12 hours = 22 patients Over 12 hours = 7 patients – longest wait 24hrs Ward referrals = 18 patients</p> <p>Peaks of Admissions – August</p> <p>5 NOF admissions on the 18th</p> <p>8 NOF admissions on the 19th</p> <p>This does not account for days when there are 4-5 admissions of NOF's and also the other Trauma activity.</p>	<p>Factors which influenced the performance this month were:</p> <ul style="list-style-type: none"> NOF's were breaching from July's admission, due to high activity and capacity issues. Theatre were not able to flex capacity to accommodate high rates of Trauma admissions often at short notice requested. High numbers of TCI patients for trauma: clinical prioritisation of emergency cases requiring surgery which had to be absorbed into existing theatre capacity Lack of imaging provision. Predominantly no cover for the PM weekend NOF list. Hip consultant availability.
Is the percentage of Neck of femurs patients operated on within 0-35 hours of admission.	Performance in July 2021 was 43.0%.			

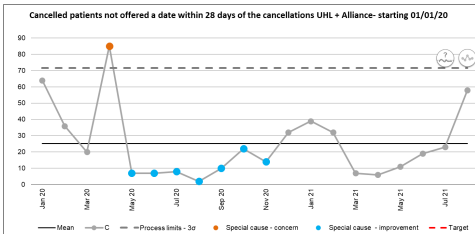
Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions																																				
Long Stay Patients (21+ days)	21/22 Target – 135	<table><caption>Long Stay Patients (21+ days)- starting 01/01/20</caption><thead><tr><th>Date</th><th>Mean</th><th>Target</th></tr></thead><tbody><tr><td>Jan 20</td><td>180</td><td>135</td></tr><tr><td>Mar 20</td><td>140</td><td>135</td></tr><tr><td>May 20</td><td>110</td><td>135</td></tr><tr><td>Jul 20</td><td>120</td><td>135</td></tr><tr><td>Sep 20</td><td>130</td><td>135</td></tr><tr><td>Nov 20</td><td>140</td><td>135</td></tr><tr><td>Jan 21</td><td>150</td><td>135</td></tr><tr><td>Mar 21</td><td>160</td><td>135</td></tr><tr><td>May 21</td><td>150</td><td>135</td></tr><tr><td>Jul 21</td><td>180</td><td>135</td></tr><tr><td>Aug 21</td><td>195</td><td>135</td></tr></tbody></table>	Date	Mean	Target	Jan 20	180	135	Mar 20	140	135	May 20	110	135	Jul 20	120	135	Sep 20	130	135	Nov 20	140	135	Jan 21	150	135	Mar 21	160	135	May 21	150	135	Jul 21	180	135	Aug 21	195	135	<ul style="list-style-type: none">Numbers of 21+ day patients continues to remain above Trust target and the mean.All CMG's except for CHUGG's are above target and above mean.Largest rise seen in ESM patients at the LRI site.16% are on a neuro rehab pathway.Circa 24% of Patients are medically optimised for discharge awaiting a supported discharge destination.	<ul style="list-style-type: none">Targeted escalation of patients in line with safe and timely discharge actions.Increased number of block booked and spot purchased care home beds for D2A assessment.Physiotherapy triage of Home first forms to maximise best use of rehabilitation bedsPerfect week held 17-20th August
Date	Mean		Target																																					
Jan 20	180	135																																						
Mar 20	140	135																																						
May 20	110	135																																						
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Nov 20	140	135																																						
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Mar 21	160	135																																						
May 21	150	135																																						
Jul 21	180	135																																						
Aug 21	195	135																																						
Is the number of adult patients that have been in hospital for over 21 days.	At the end of August, the number of long stay patients (21+ days) was 195.																																							

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
Urgent Care				
	<p>ED 4 Hour waits UHL performance was 56.8% in August</p> <p>ED 4 Hour waits LLR provisional performance was 68.5% in August</p> <p>Ambulance Handover >60 Mins performance was 24.5% in August</p>	 <p>ED 4 Hour Wait Performance UHL starting 01/01/20</p> <p>ED 4 Hour Waits Acute Footprint starting 01/01/20</p> <p>Ambulance Handover >60mins starting 01/01/20</p>	<ul style="list-style-type: none"> ED attendances during August 2021 are 4% higher than August 2019 (equates to 24 additional patients a day). Even though there has been an increase in attendance the emergency admissions have remained static and are still lower than the same period in 2019 Ambulance handovers are at 92% of August 2019 number, ranging between 131 and 183 a day. Ambulance handovers greater than 60 minutes are 24.5%. 	<ul style="list-style-type: none"> Focus on pre-noon and 5 pm discharges across all CMGs; to include an increase in the number of ambulances pre-booked, early writing of TTOs and early identification of discharges at the Board Rounds. Continue to seek GP cover for the extended hours for the UTC. Initial discussions on the implementation of the NSHE/I streaming tool (self-service tool providing algorithms for walk-in ambulatory patients). 8-10 week improvement plan with ECIST will commence mid-October focusing on Red2Green and SAFER best practice; the plans for this support will be developed this month.

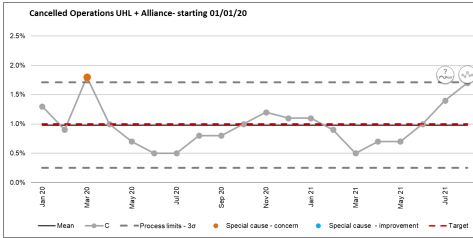
Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
RTT Incompletes	<p>Performance Target – 92%</p> <p>Waiting List Target -TBC</p>		<ul style="list-style-type: none"> Outpatients optimization board recommenced to improve efficiency within outpatients Validation team commenced end of August – until November (10 members) 	<ul style="list-style-type: none"> Continue planning for elective recovery, aligning workforce, finance activity and efficiency opportunities Extending Validation team by a further 5 members Understand levels of clock stops for outpatients , impact on new to follow up ration.
	<p>RTT - Incomplete 92% in 18 Weeks UHL + Alliance Performance for August was 51.7%.</p> <p>Total Number of incompletes At the end of August 103,020 patients were waiting on an RTT pathway.</p>			

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
RTT 52+ Weeks Wait Is the total number of patients currently on an RTT pathway waiting 52+ weeks.	20/21 Target – 0 At the end of August, 11,697 patients were waiting over 52 weeks on an RTT pathway.		<ul style="list-style-type: none"> Focus on Urgent and Cancer recovery. Reduction of P2 patient's has continued Trajectories agreed for 104+ weeks Identify external validation team that can support the reduction of waiting list numbers ERF schemes on long waiter recovery developed 	<ul style="list-style-type: none"> Scope opportunity for a Vanguard at the GGH to increase capacity. Transformation of pre-operative assessment and pre-habilitation pathways, helping patients to be as fit for surgery as they can be, improving outcomes and experience Maximising use of Alliance theatres Identify support for Cardiac services through Park Hospital (BMI)

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
6 Week Diagnostic Waits Is the percentage of patients currently waiting 6 weeks or more for a diagnostic test.	21/22 Target – 1% Performance for August was 44.1%.		<p>6+ week waits 12,373 which is 3,000 higher than August trajectory.</p> <p>Overall, activity levels 93% of July 19 activity.</p> <p>MRI backlog increasing due to referrals exceeding pre COVID-19 levels.</p> <p>Non-obstetric ultrasound referrals (mainly GP) exceeding pre COVID-19 levels and activity below pre COVID-19, resulting in large increase in waits.</p> <p>CT backlog reducing following actions to address capacity.</p>	<p>ERF/System funding has increased capacity in CT, MRI, Non Obstetric Ultrasound and Dexa Scans from August and September.</p> <p>Community Diagnostic Hub bid- awaiting results for mobile CT and MRI capacity. Meeting end of September, pushing for regional review of what is happening next.</p> <p>National diagnostic validation work continuing, with a focus to prioritise services with largest number waiting 6+ week or more.</p> <p>Urgent review/update of recovery plans for those areas not delivering trajectory.</p>

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
Cancelled patients not offered a date within 28 days of the cancellations UHL + Alliance	21/22 Target – 0		<ul style="list-style-type: none">COVID-19 numbers have started to grow with July but Emergency demand has increased further with seeing above 2019 levels.Focus of P2 and cancer cases with a reduction in the volume waiting reduced. This can impact on rebooking a patients who is not with them categories.Impact on levels of theaters capacity due to staffing and ITU requirements.	<ul style="list-style-type: none">Increase Elective Capacity further now that the theatre timetable is back to a 100%Utilize the IS where appropriate to ensure all capacity is used across the whole system.Ensure all lists are fully utilized through the Theatre scheduling process
Is the number of cancelled patients OTD not offered a new date within 28 days of the cancellation at UHL or the Alliance	58 patients were not offered a new day within 28 days in August.			

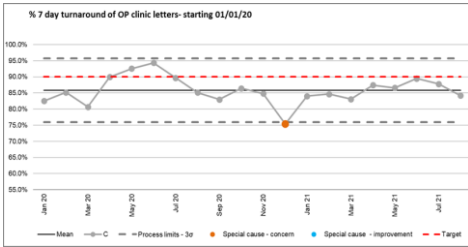
Exception Reports

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions																																	
% Operations cancelled for non-clinical reasons on or after the day of admission UHL + Alliance	21/22 Target – less than 1%	 <p>Cancelled Operations UHL + Alliance - starting 01/01/20</p> <table><caption>Approximate data from 'Cancelled Operations UHL + Alliance - starting 01/01/20' chart</caption><thead><tr><th>Month</th><th>Mean (%)</th><th>Special Cause (%)</th></tr></thead><tbody><tr><td>Jan 20</td><td>1.2</td><td></td></tr><tr><td>Mar 20</td><td>1.8</td><td>1.8 (Special cause - concern)</td></tr><tr><td>May 20</td><td>0.8</td><td></td></tr><tr><td>Jul 20</td><td>0.6</td><td></td></tr><tr><td>Sep 20</td><td>0.8</td><td></td></tr><tr><td>Nov 20</td><td>1.2</td><td></td></tr><tr><td>Jan 21</td><td>1.0</td><td></td></tr><tr><td>Mar 21</td><td>0.6</td><td></td></tr><tr><td>May 21</td><td>0.8</td><td></td></tr><tr><td>Jul 21</td><td>1.7</td><td></td></tr></tbody></table>	Month	Mean (%)	Special Cause (%)	Jan 20	1.2		Mar 20	1.8	1.8 (Special cause - concern)	May 20	0.8		Jul 20	0.6		Sep 20	0.8		Nov 20	1.2		Jan 21	1.0		Mar 21	0.6		May 21	0.8		Jul 21	1.7		<ul style="list-style-type: none">Significant emergency pressures impacting on elective bed capacityThis has meant elective care has had to be managed on a daily basis reflecting the emergency demand. This in turn has led to an increase in cancellations on the day.	<ul style="list-style-type: none">To ensure the services work closely with the ITAPS team of a daily basis to understand the capacity available the day before. This is happening at a daily meeting to ensure the trust are prioritizing patients who are most urgent and the high risk cancer patients.Develop plan to increase theatre capacity follow reduction with in ITU requirements
Month	Mean (%)	Special Cause (%)																																			
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Is the percentage of operations cancelled for non-clinical reasons on or after the day of admission by UHL and the Alliance.	Performance for August was 1.7%.																																				

Performance	Key Messages	Key Actions
See additional slide	<p>With the exception of 31 Day Drugs, FDS 2WW and FDS Breast all standards are under performing although improvement is noted going into September for 2WW, 31 day surgery and 62 Day noting this is a non-validated position.</p> <p>Over the past 8 weeks, referral activity is down by 5.2% on pre-pandemic levels with a noticeable impact as a result of the Bank Holiday however, Skin continue to have higher than average referral activity. Overall 2WW referrals remain 46% higher year to date than the same period last year.</p> <p>Patients require HDU/ITU beds - numbers are increasing in line with the increasing backlog positions with the theatre capacity/ITU challenges , and impact on emergency admissions having an impact across multiple tumour sites.</p> <p>Challenges continue with workforce to support additional planned activity and the bed base to treat surgical patients</p>	<p>Due to the increase in 2WW demand, the changing position in activity numbers and performance, each CMG is being asked to review the previously agreed recovery trajectories and their recovery action plans for sign off by the CMGs and Corporate team</p> <p>We continue to work with the tumour sites to identify which patients require prioritisation for HDU/ITU beds.</p> <p>Elective Recovery Fund H1/H2 and EMCA non recurrent funding will support an increase in capacity and transformation non recurrently.</p> <p>Trust wide work taking place to increase the workforce and support WLI and overtime using a standardised and fair approach across the trust .</p>

Cancer performance July 2021

Standard	Target	Position
2WW	93%	65.6%
2WW Breast	93%	79.7%
31 Day 1 st Treatments	96%	90.0%
31 Day SUB Surgery	94%	69.7%
31 Day DRUGS	98%	97.96%
31 Day Radiotherapy	94%	87.0%
62 Day	85%	57.7%
62 Day Screening	90%	73.3%
Consultant upgrade	85%	83.8%

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
% 7 day turnaround of OP clinic letters Is the percentage of Outpatient clinic letters turned around within 7 days	21/22 Target – 90% Performance for August was 84.2%	 <p>% 7 day turnaround of OP clinic letters- starting 01/01/20</p> <p>Legend: Mean, C, Process limits - 3σ, Special cause - convert, Special cause - improvement, Target</p>	<ul style="list-style-type: none"> 84.2% against 90% target for the month, seeing a decrease in volume of letters generated and completed compared to July 2021. Significant internal pressures – summer holidays, a bank holiday, decrease in staffing levels due to vacancies and sickness, high internal escalation level internally 	<ul style="list-style-type: none"> Unlikely to recover position throughout September due to above pressures Dit3 update soon – moving to a faster and more modern browser, issues with foot pedals to be rectified to allow users to move around the system faster