Quality and Performance Report

Paper E

Executive Summary from Acting CEO

Purpose of report:

This paper is for:	Description	Select (X)
Decision	To formally receive a report and approve its recommendations OR a particular course of action	
Discussion	To discuss, in depth, a report noting its implications without formally approving a recommendation or action	X
Assurance	To assure the Board that systems and processes are in place, or to advise a gap along with treatment plan	X
Noting	For noting without the need for discussion	

Previous consideration:

Meeting	Date	Please clarify the purpose of the paper to that meeting using the categories above
CMG Board (specify which CMG)		
Executive Board	24/11/20	Discussion and Assurance
Trust Board Committee	26/11/20	Discussion and Assurance
Trust Board		

Context

This report provides a high level summary of the Trust's performance against the key quality and performance metrics, together with a brief commentary where appropriate. This complements the full Quality and Performance Report and the exception reports within that which are triggered automatically when identified thresholds are met. The exception reports contain the full detail of recovery actions and trajectories where applicable. Note that the definition of "Good" and "Bad" news is for headline reporting purposes only and the full Q&P report should be consulted when determining any action required in response. The full Q&P report should also be consulted to monitor the initial impact of COVID-19 and the national restrictions on activity and social distancing.

Question

1. What is the Trust performance against the key quality and performance metrics.

Conclusion

Good News:
- **Mortality** – the latest published SHMI (period July 2019 to June 2020) is 98, and remains within the expected range.
- **CAS alerts** - compliant.

- **MRSA** – 0 cases reported.
- **C DIFF** – 7 cases reported this month.
- **90% of Stay on a Stroke Unit** – threshold achieved with 81.2% reported in October.
- **VTE** – compliant at 98.0% in October.
- **TIA (high risk patients) –** 82.5% reported in November
- **Cancer Two Week Wait (Symptomatic Breast)** was 96.9% in October against a target of 93%.

Bad News:

- **UHL ED 4 hour performance** – 68.5% for November, system performance (including LLR UCCs) for November is 77.6%.
- **Ambulance Handover 60+ minutes (CAD)** – performance at 9.6%.
- **12 hour trolley wait -** 5 breaches reported.
- **Cancer Two Week Wait** was 90.4% in October against a target of 93%.
- **Cancer 31 day treatment** was 93.5% in October against a target of 96%.
- **Cancer 62 day treatment** was 70.4% in October 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 58.2% at the end of October.
- **52+ weeks wait –** 5,247 breaches reported in November to be validated.
- **Diagnostic 6 week wait** was 30.6% against a target of 1% in October.
- **Patients not rebooked within 28 days following late cancellation of surgery** – 14.
- **Cancelled operations OTD** –1.2% reported in November.
- **Fractured neck of femurs operated 0-35hrs** – performance decreased below target to 64.9%.
- **Statutory and Mandatory Training** is at 88%.
- **Annual Appraisal** is at 82.8%.

Input Sought

I recommend that the Committee:

- Commends the positive achievements noted under Good News
- Note the areas of Bad News and consider by reference to the Q&P and topic-specific reports if the actions being taken are sufficient.

For Reference:

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

1. Quality priorities

Safe, surgery and procedures	[Yes /~~No /Not applicable~~]
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   [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
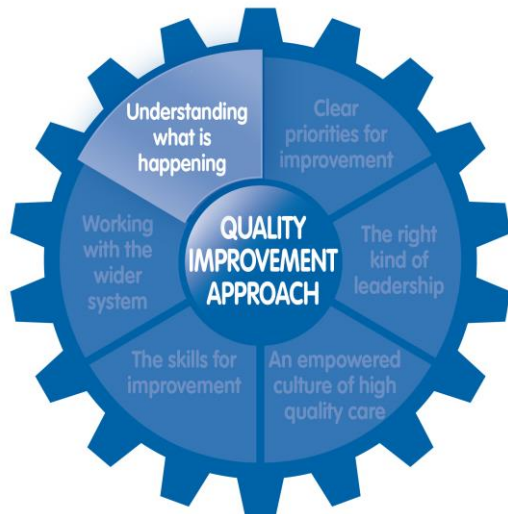
Risk Reference:

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: 28th January 2021

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

Quality and Performance Report

November 2020

Operational Delivery Unit

One team shared values

CONTENTS

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: PEOPLE, PROCESS AND PERFORMANCE COMMITTEE/QUALITY AND OUTCOMES COMMITTEE
DATE: 17ʰ DECEMBER 2020
REPORT BY: ANDREW FURLONG, MEDICAL DIRECTOR
        DEBRA MITCHELL, ACTING CHIEF OPERATING OFFICER
        CAROLYN FOX, CHIEF NURSE
        HAZEL WYTON, DIRECTOR OF PEOPLE AND ORGANISATIONAL DEVELOPMENT

SUBJECT: NOVEMBER 2020 QUALITY & PERFORMANCE SUMMARY REPORT

Introduction

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

The KPI's include:-

- those monitored by NHSI/E via the NHS Single Oversight Framework, which sets out the approach to overseeing and supporting NHS trusts and NHS foundation trusts under the Single Oversight Framework
- UHL clinical/quality priorities
- KPI's monitored in the contract with Leicester, Leicestershire and Rutland commissioners.

As part of the refresh of the report all KPI's are presented in Statistical Process Control (SPC) charts instead of graphs or RAG rated dashboards, as recommended by the CQC. Presented in this format will allow the Board to ask the right questions and is a more effective approach to assurance.

Data Quality Assessment – The Data Quality Forum panel is presented with an overview of data collection and processing for each performance indicator in order to gain assurance by best endeavours that it is of suitably high quality. The forum provides scrutiny and challenge on the quality of data presented, via the attributes of (i) Sign off and Validation (ii) Timeliness and Completeness (iii) Audit and Accuracy and (iv) Systems and Data Capture to calculate an assurance rating.

Statistical Process Control (SPC) charts

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

• A line graph showing the data across a time series. The data can be in months, weeks, or days- but it is always best to ensure there are at least 15 data points in order to ensure the accurate identification of patterns, trends, anomalies and random variations.

• A horizontal line showing the Mean. This is used in determining if there is a statistically significant trend or pattern.

• Two horizontal lines either side of the Mean- called the upper and lower control limits. Any data points on the line graph outside these limits, are 'extreme values' and is not within the expected 'normal variation'.

• A horizontal line showing the Target. In order for this target to be achievable, it should sit within the control limits. Any target set that is not within the control limits will not be reached without dramatic changes to the process involved in reaching the outcomes.

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

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

• Normal variation – (common cause) fluctuations in data points that sit between the upper and lower control limits

• Extreme values – (special cause) any value on the line graph that falls outside of the control limits. These are very unlikely to occur and where they do, it is likely a reason or handful of reasons outside the control of the process behind the extreme value

• A trend – may be identified where there are 7 consecutive points in either a pattern that could be; a downward trend, an upward trend, or a string of data points that are all above, or all below the mean. A trend would indicate that there has been a change in process resulting in a change in outcome

Key elements of a SPC dashboard

Appreciation of variance over time
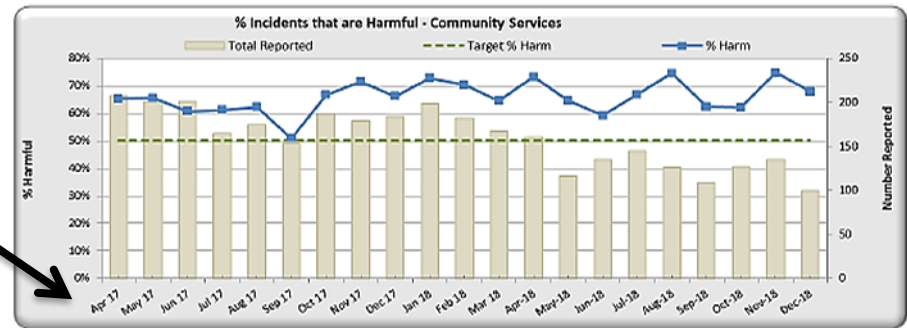
Highlighting special cause and its nature
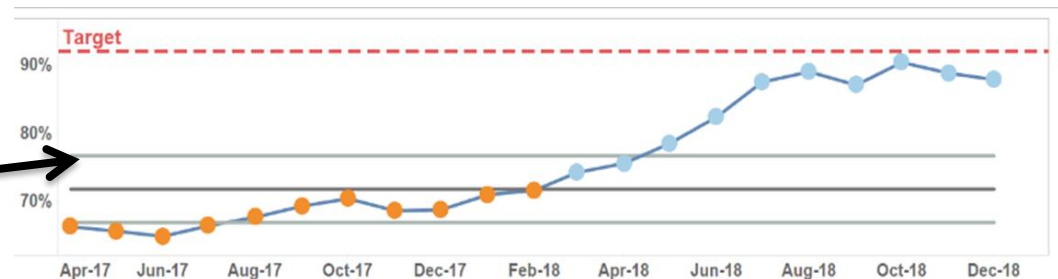
Key elements of a SPC dashboard

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.

Variation

		Common Cause
Special Cause Concern	Special Cause Note/Investigate	
High Low	High Low	

Assurance

P	?	F
Consistently hit target	Hit and miss target subject to random	Consistently fail target
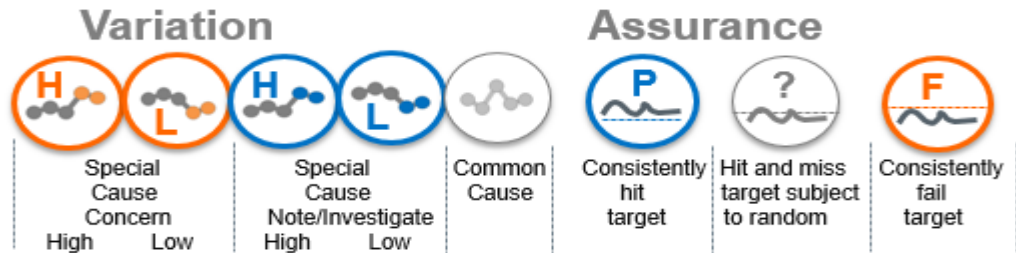
	Jun-18	Target	Variation	Target Capability	Comment
Staff Sickness absence	4.4%	3.5%	(~)	(F)	Shift change in August 2017 showing increase in sickness - staff survey review indicated.....

Performance Overview

Domain	KPI	Target	Sep-20	Oct-20	Nov-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Safe	Never events	0	0	1	0	4				Jan-20
	Overdue CAS alerts	0	0	0	0	0				Nov-19
	% of all adults VTE Risk Assessment on Admission	95%	98.7%	98.0%	98.2%	98.5%				Dec-19
	Emergency C-section rate	No Target	18.5%	21.1%		20.2%				Feb-20
	Clostridium Difficile	108	10	8	7	54				Nov-17
	MRSA Total	0	0	0	0	0				Nov-17
	E. Coli Bacteraemias Acute	No Target	6	11		53				Jun-18
	MSSA Acute	No Target	3	4	3	22				Nov-17

Domain	KPI	Target	Sep-20	Oct-20	Nov-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Safe	COVID-19 Community Acquired <= 2 days after admission	No Target	79.7%	75.5%	76.6%	78.6%				Oct-20
	COVID-19 Hospital-onset, indeterminate, 3-7 days after admission	No Target	6.8%	12.1%	9.6%	8.9%				Oct-20
	COVID-19 Hospital-onset, probable, 8-14 days after admission	No Target	5.9%	6.7%	6.4%	7.1%				Oct-20
	COVID-19 Hospital-onset, healthcare-acquired, 15 or more days after admission	No Target	7.6%	5.7%	7.4%	5.4%				Oct-20
	All falls reported per 1000 bed days	5.5	4.5	4.6		4.5	(?)	(variation)	(trend)	Oct-20
	Rate of Moderate harm and above Falls PSIs with finally approved status per 1,000 bed days	No Target	0.02	0.16		0.08		(variation)	(trend)	Oct-20

Performance Overview

Domain	KPI	Target	Sep-20	Oct-20	Nov-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 Daycase F&F Test % Positive	TBC	98%	98%		98%		H		Mar-20
	A&E F&F Test % Positive	TBC	93%	95%		95%				Mar-20
	Maternity F&F Test % Positive	TBC	97%	98%		96%				Mar-20
	Outpatient F&F Test % Positive	TBC	93%	94%		94%				Mar-20
	Complaints per 1,000 staff (WTE)	No Target	National reporting expected to resume from November onwards							Jan-20

Performance Overview

Caring at its best

Domain	KPI	Target	Sep-20	Oct-20	Nov-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%	9.2%	9.3%	9.5%	9.5%	P	H		Nov-19
	Sickness Absense	3%	6.1%	6.0%		6.8%	F	H		Oct-16
	% of Staff with Annual Appraisal	95%	82.7%	83.8%	82.8%	82.8%	F	L		Dec-16
	Statutory and Mandatory Training	95%	84%	88%	88%	88%	?			Feb-20
	Nursing Vacancies	No Target	11.8%	12.6%		12.6%		H		Dec-19

Domain	KPI	Target	Sep-20	Oct-20	Nov-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Effective	**Mortality Published SHMI**	**99**	**97**	**98**	**98**	**98 (Jul 19 to Jun 20)**				**Sep-16**
	Mortality 12 months HSMR	**99**	**103**	**102**	**103**	**102.5 (Sep 19 to Aug 20)**				**Sep-16**
	Crude Mortality Rate	**No Target**	**1.2%**	**1.2%**	**1.8%**	**1.7%**		⊛	〜	**Sep-16**
	Emergency Readmissions within 30 Days	**8.5%**	**9.1%**	**8.9%**		**9.6%**	?	⊛	〜	**Sep-20**
	Emergency Readmissions within 48 hours	**No Target**	**1.1%**	**1.2%**		**1.2%**		⊛	〜	**Sep-20**
	No of #neck of femurs operated on 0-35hrs	**72%**	**74.2%**	**72.5%**	**64.9%**	**64.0%**	?	⊛	〜	**Sep-20**
	Stroke - 90% Stay on a Stroke Unit	**80%**	**82.9%**	**81.2%**		**86.6%**	?	⊛	〜	**Mar-20**
	Stroke TIA Clinic Within 24hrs	**60%**	**51.3%**	**66.8%**	**82.5%**	**68.9%**	?	⊛	〜	**Mar-20**

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Caring at its best

Domain	KPI	Target	Sep-20	Oct-20	Nov-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Responsive	ED 4 hour waits UHL	95%	70.2%	71.3%	68.5%	75.8%	F			Mar-20
	ED 4 hour waits Acute Footprint	95%	80.1%	80.2%		83.2%	F			Aug-17
	12 hour trolley waits in A&E	0	0	3	5	8	?			Mar-20
	Ambulance handover >60mins	0.0%	6.5%	5.5%	9.6%	3.4%	F			TBC
	RTT Incompletes	92%	54.3%	58.2%		58.2%	F	L		Nov-19
	RTT Waiting 52+ Weeks	0	3886	4538	5247	5247	F	H		Nov-19
	Total Number of Incompletes	66,397 (by year end)	72,292	74,717	75,528	75,528	?	H		Nov-19

Domain	KPI	Target	Sep-20	Oct-20	Nov-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Responsive	6 Week Diagnostic Test Waiting Times	1.0%	30.2%	30.6%		30.6%	F	H		Nov-19
	Cancelled Patients not offered <28 Days	0	10	22	14	155	?	L		Nov-19
	% Operations Cancelled OTD	1.0%	0.8%	1.0%	1.2%	0.8%	?			Jul-18
	Long Stay Patients (21+ days)	70	137	139	154	154	F			Sep-20
	Inpatient Average LOS	No Target	3.3	3.3	3.6	3.5				Sep-20
	Emergency Average LOS	No Target	4.9	4.8	5.1	4.8				Sep-20

Domain	KPI	Target	Aug-20	Sep-20	Oct-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Responsive - Cancer	2WW	93%	89.4%	93.0%	90.4%	90.0%	?			Dec-19
	2WW Breast	93%	95.5%	94.2%	96.9%	95.9%	?			Dec-19
	31 Day	96%	91.9%	89.2%	93.5%	91.4%	?			Dec-19
	31 Day Drugs	98%	100%	98.8%	100%	99.7%	?			Dec-19
	31 Day Sub Surgery	94%	73.0%	68.0%	77.4%	72.9%	?			Dec-19
	31 Day Radiotherapy	94%	99%	96.4%	95.5%	91.2%	?			Dec-19
	Cancer 62 Day	85%	76.4%	68.9%	70.4%	69.0%	F			Dec-19
	Cancer 62 Day Consultant Screening	90%	25.0%	92.9%	78.9%	52.9%	?			Dec-19

Domain	KPI	Target	Sep-20	Oct-20	Nov-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Outpatient Transformation	% DNA rate	No Target	6.6%	6.7%	6.8%	6.4%				Feb-20
	% Non Face to Face Appointments	No Target	48.4%	45.3%	46.4%	56.1%				Feb-20
	% 7 day turnaround of OP clinic letters	90%	83.0%	86.5%		88.7%				Feb-20

Safe

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Metric	Nov 20	YTD	Target
Never Events	0	4	0
4 never events in the last 12 months.			

Never Events- starting 01/04/19

Mean — C — Process limits - 3σ — ● Special cause - concern — ● Special cause - improvement — Target
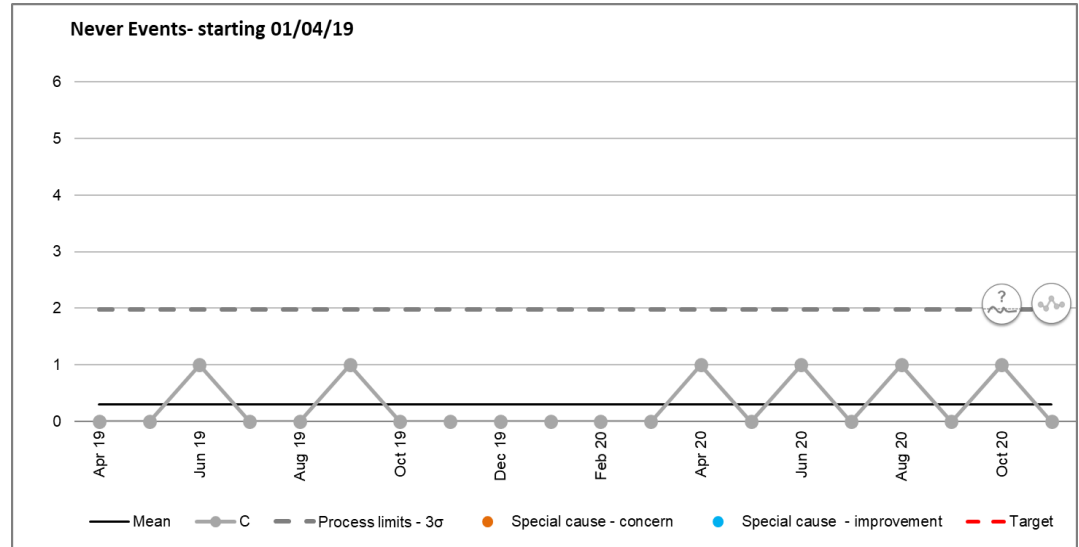
Metric	Nov 20	YTD	Target
Overdue CAS alerts	0	0	0
No overdue CAS alerts since June 2019.			

Overdue CAS alerts- starting 01/04/19

Mean — C — Process limits - 3σ — ● Special cause - concern — ● Special cause - improvement — Target

Safe
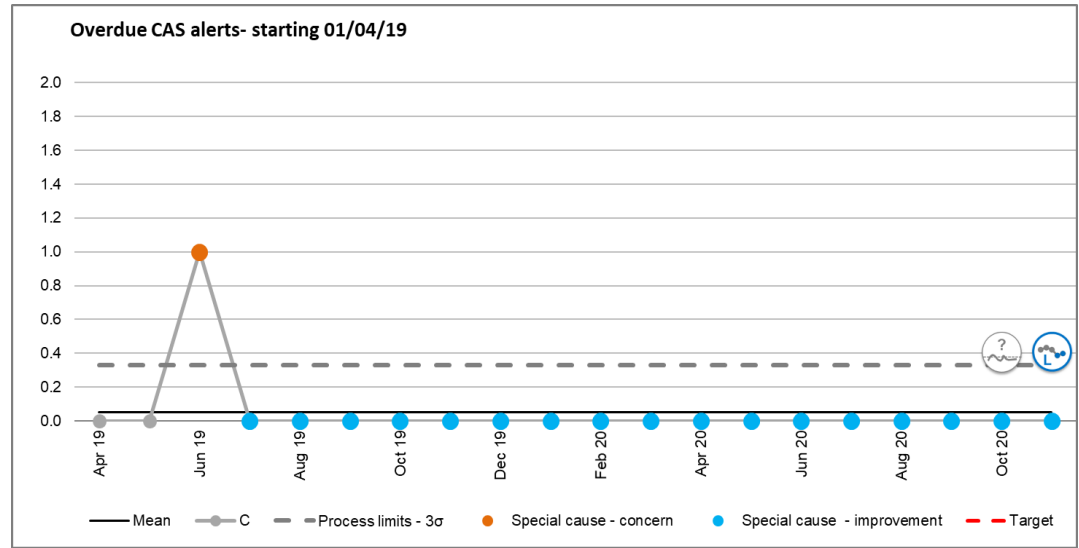
Metric	Nov 20	YTD	Target
VTE Risk Assessment	**98.2%**	**98.5%**	**95%**

Common cause variation, likely to deliver target next month.

VTE Risk Assessment- starting 01/04/19

Legend: Mean — C — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target
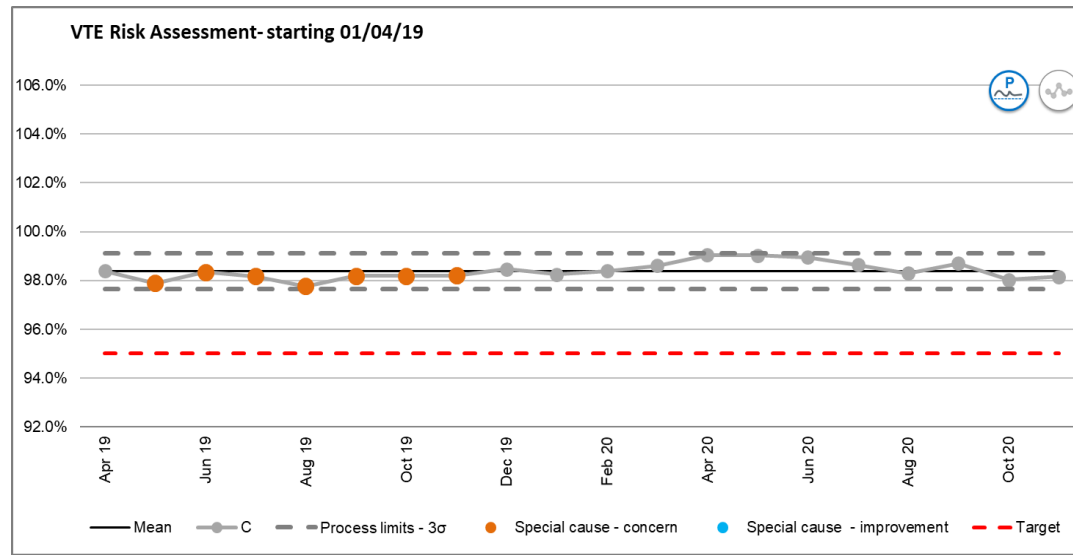
Metric	Oct 20	YTD	Target
% Emergency C-Sections	**21.1%**	**20.2%**	**No National Target**

Common cause variation.

Emergency C-Sections- starting 01/03/19

Legend: Mean — C — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target

Safe
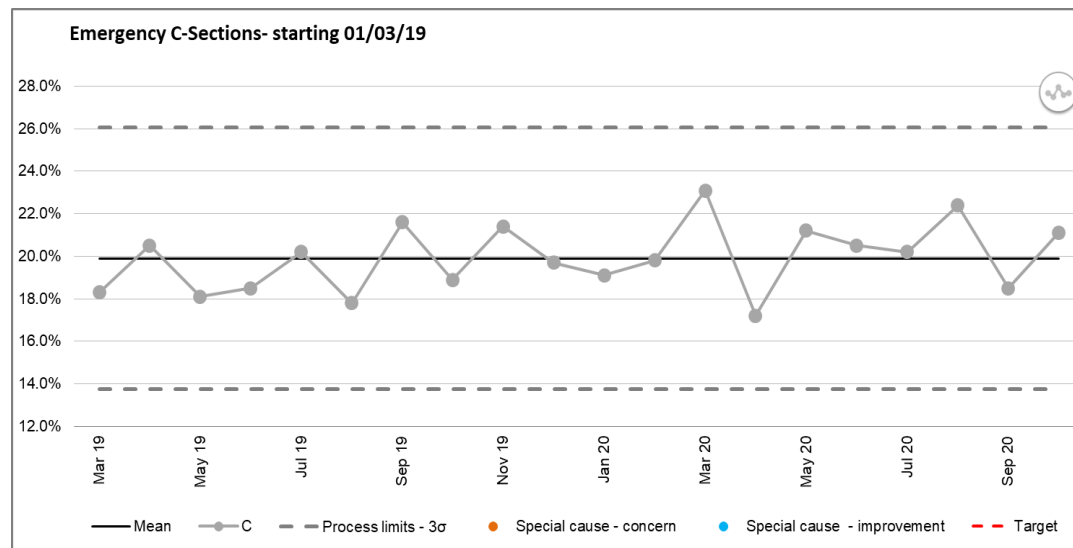
Metric	Nov 20	YTD	Target
Clostridium Difficile	**7**	**54**	**108**

No significant variation. May achieve target next month.

Clostridium Difficile- starting 01/04/19
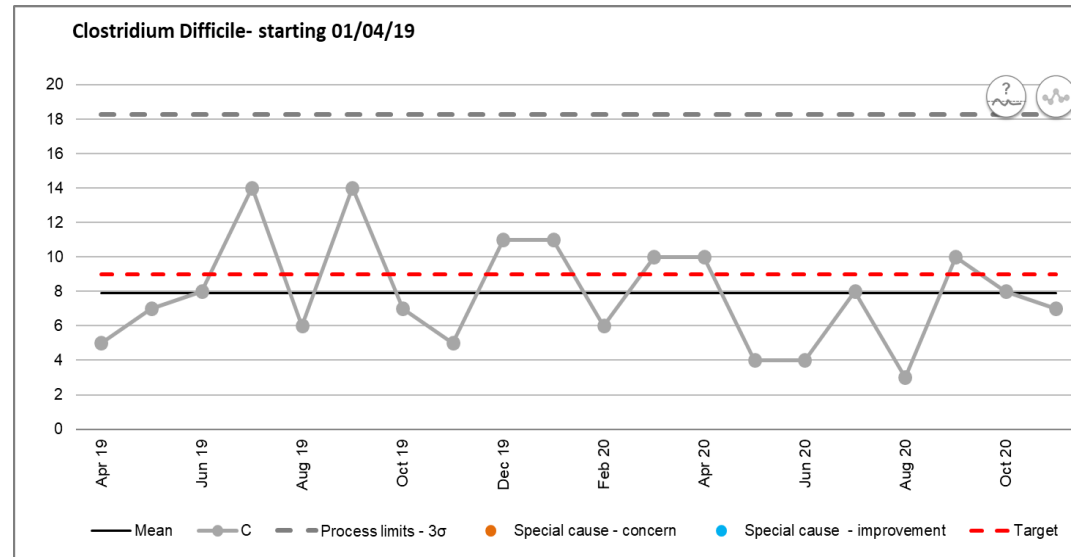
Metric	Nov 20	YTD	Target
MRSA Total	**0**	**0**	**0**

Special cause improvement, no assurance if target will be achieved next month.

MRSA Total- starting 01/04/19

Safe
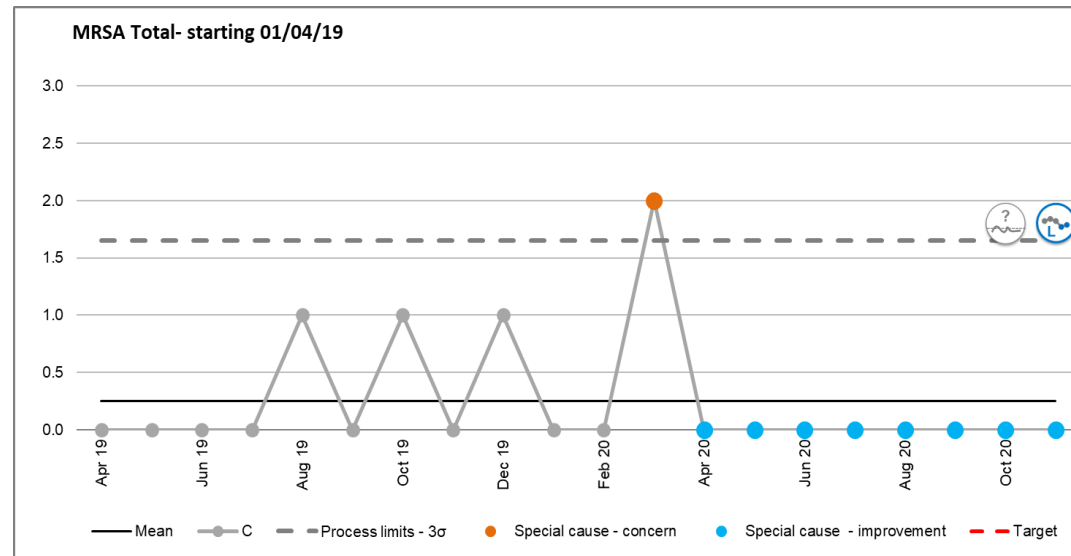
Metric	Oct 20	YTD	Target
E. Coli Bacteraemias - Acute	**11**	**53**	**No National Target**
No significant variation.			

E. Coli Bacteraemias - Acute- starting 01/03/19
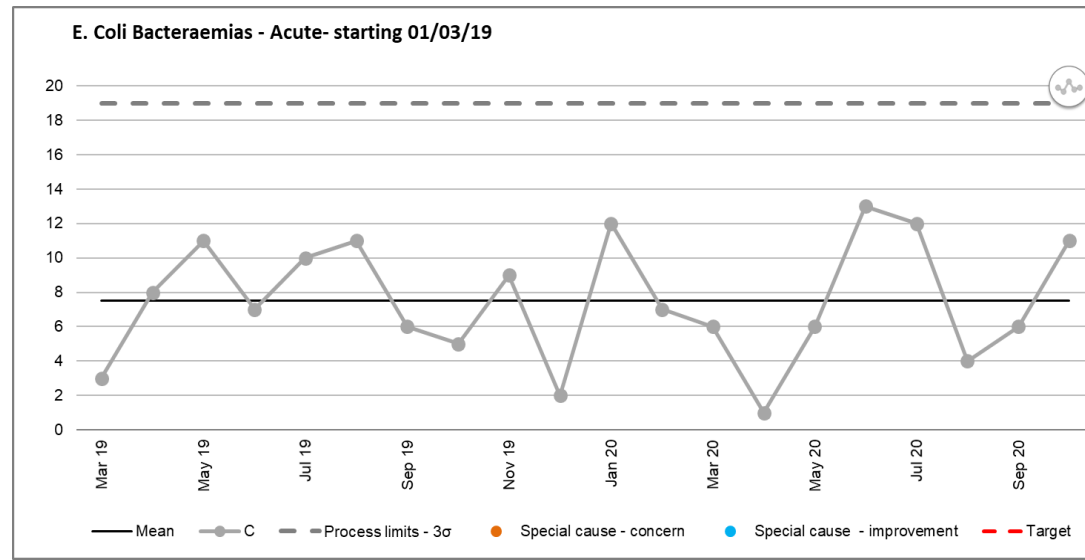
Metric	Nov 20	YTD	Target
MSSA - Acute	**3**	**22**	**No National Target**
Normal variation.			

MSSA - Acute- starting 01/04/19

Safe
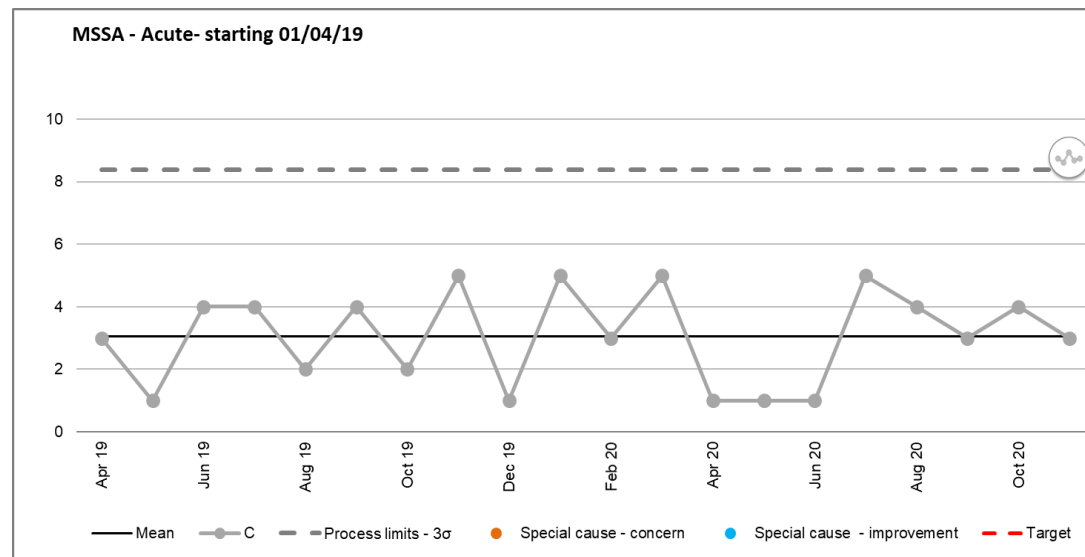
NHSI COVID-19 Onset Category	Mar-20		Apr-20		May-20		Jun-20		Jul-20		Aug-20		Sep-20		Oct-20		Nov-20	
	Patients	%	Patients	%	Patients	%	Patients	%	Patients	%	Patients	%	Patients	%	Patients	%	Patients	%
Community Acquired <= 2 days after admission	218	87.6%	619	82.4%	236	62.4%	168	77.8%	87	93.5%	34	94.4%	94	79.7%	237	75.5%	566	76.6%
Hospital-onset, indeterminate, 3-7 days after admission	16	6.4%	60	8.0%	44	11.6%	22	10.2%	3	3.2%	1	2.8%	8	6.8%	38	12.1%	71	9.6%
Hospital-onset, probable, 8-14 days after admission	10	4.0%	34	4.5%	64	16.9%	16	7.4%	2	2.2%	0	0.0%	7	5.9%	21	6.7%	47	6.4%
Hospital-onset, healthcare-acquired, 15 or more days after admission	5	2.0%	38	5.1%	34	9.0%	10	4.6%	1	1.1%	1	2.8%	9	7.6%	18	5.7%	55	7.4%
Total	249	100%	751	100%	378	100%	216	100%	93	100%	36	100%	118	100%	314	100%	739	100%

COVID-19 Hospital Onset

Safe
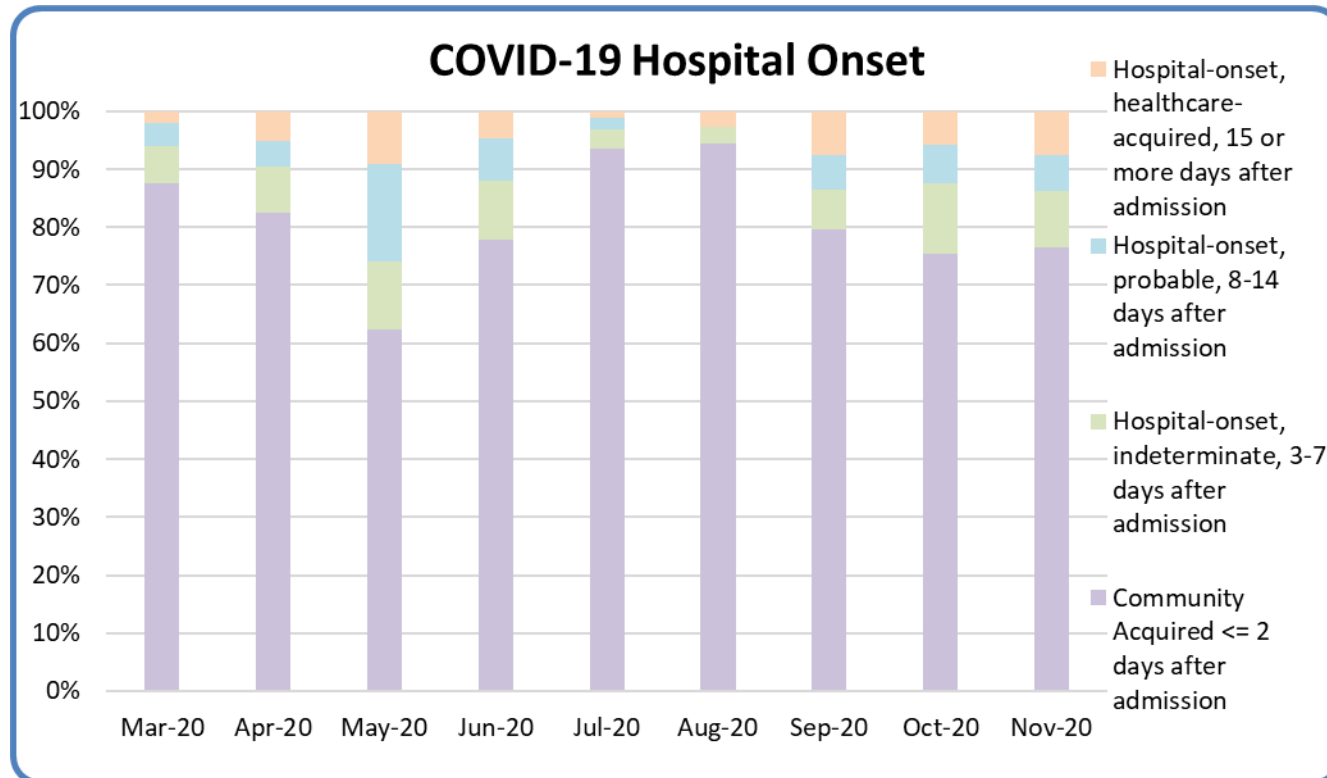
Metric	Oct 20	YTD	Target
All falls reported per 1000 bed days for patients	**4.6**	**4.5**	**5.5**

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

All falls reported per 1000 bed days for patients reported 1 month in arrears (>65 years only before 19/20)- starting 01/03/19

Legend: Mean — C — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target
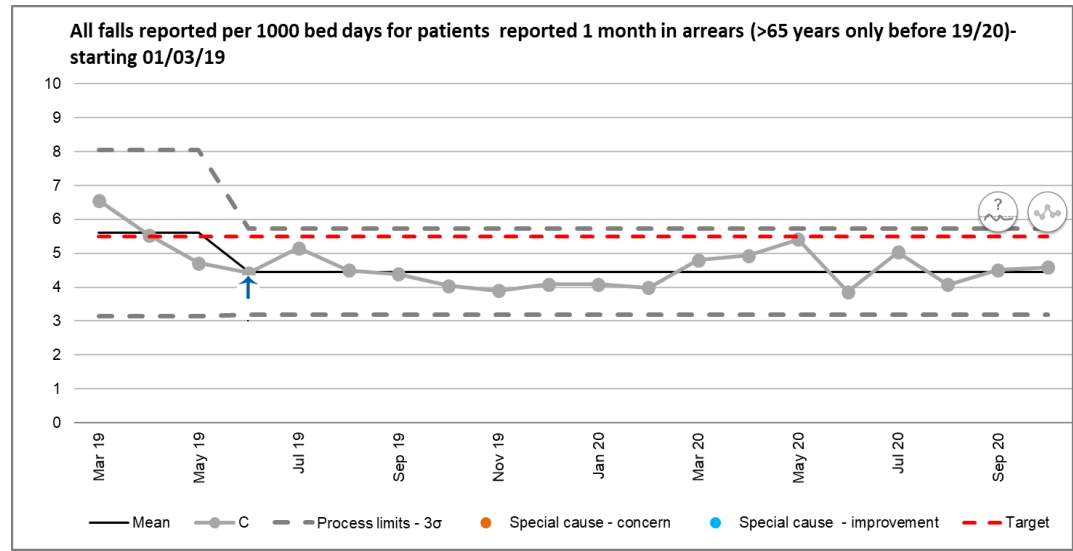
Metric	Oct 20	YTD	Target
Rate of Moderate harm and above Falls PSIs with finally approved status per 1,000 bed days	**0.16**	**0.08**	**No National Target**

No significant variation.

Rate of Moderate harm and above Falls PSIs with finally approved status per 1,000 bed days- starting 01/03/19

Legend: Mean — C — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target

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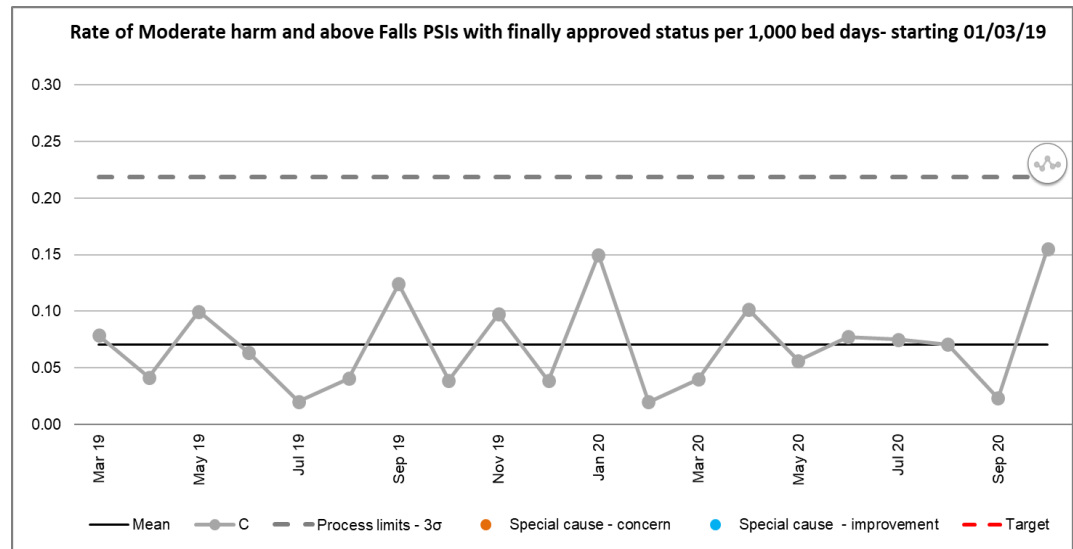
Metric	Q3 19/20	YTD	Target
% of staff who would recommend the trust as place to receive treatment	67%	73%	No National Target
Reporting will commence once national reporting resumes.			

Staff Survey: % of staff who would recommend the trust as place to receive treatment
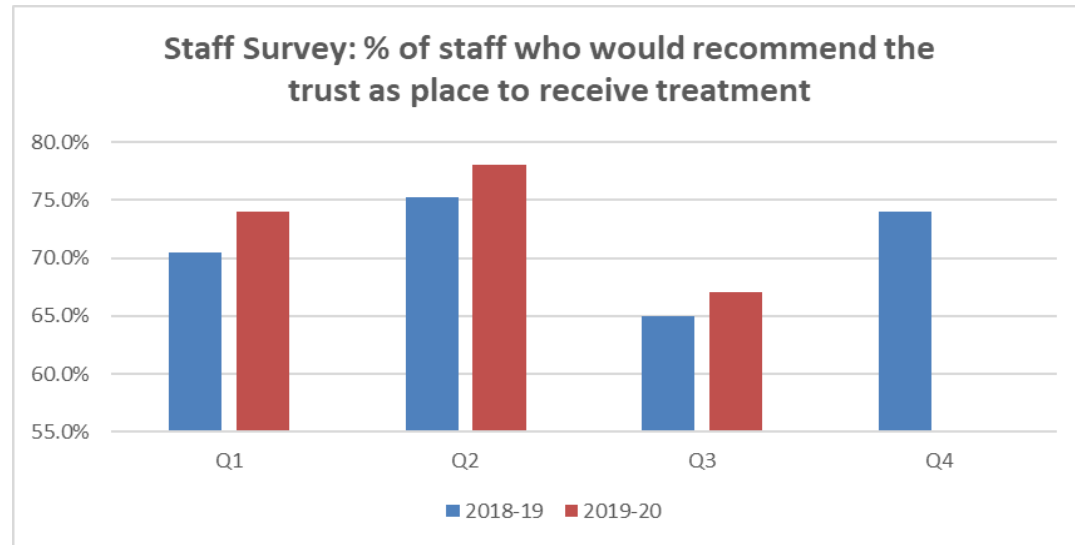
Metric	Mar 20	YTD	Target
Single Sex Breaches	1	14	0
National reporting commences in April 2021.			

Single Sex Breaches- starting 01/08/18

Mean — C — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target

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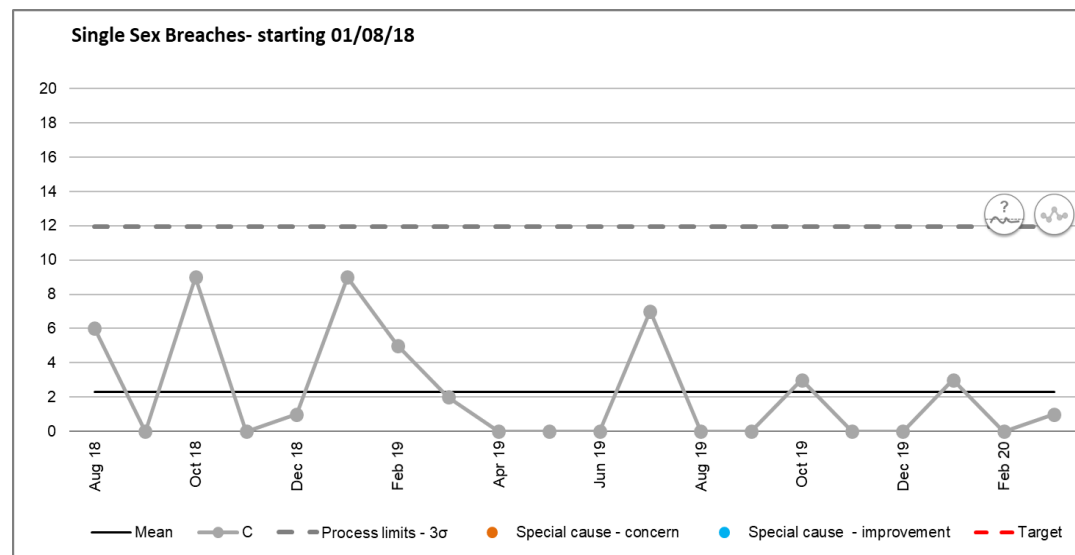
Metric	Oct 20	YTD	Target
Inpatient and Day case F&F Test % Positive	**98%**	**98%**	**TBC**

National reporting is expected from December onwards. CMG reporting has resumed.

Inpatients and Daycase Friends and Family Test - % positive- starting 01/03/19

Mean — C — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target
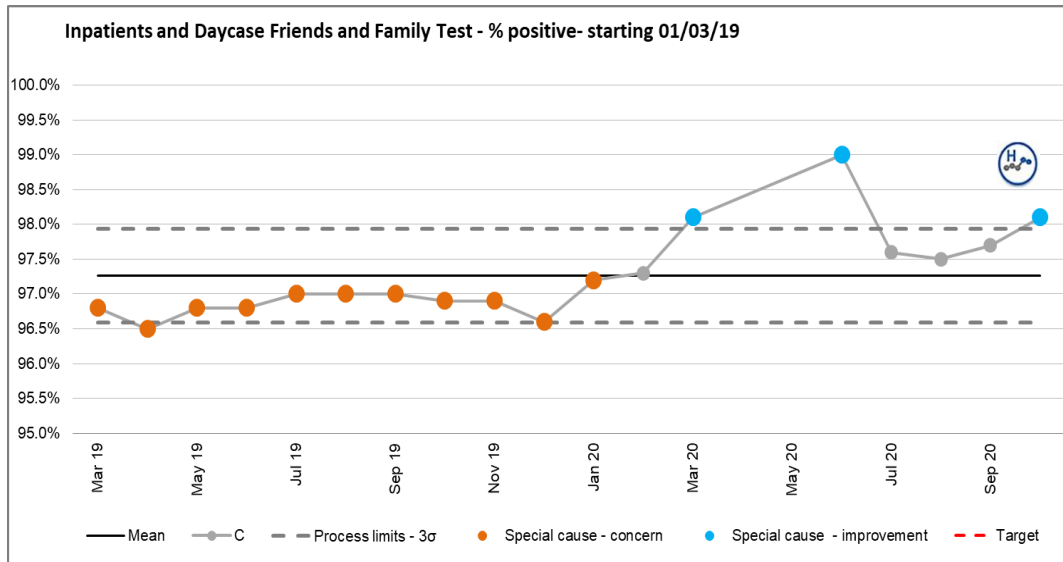
Metric	Oct 20	YTD	Target
A&E F&F Test % Positive	**95%**	**95%**	**TBC**

National reporting is expected from December onwards. CMG reporting has resumed.

A&E Friends and Family Test - % positive- starting 01/03/19

Mean — C — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target

Caring
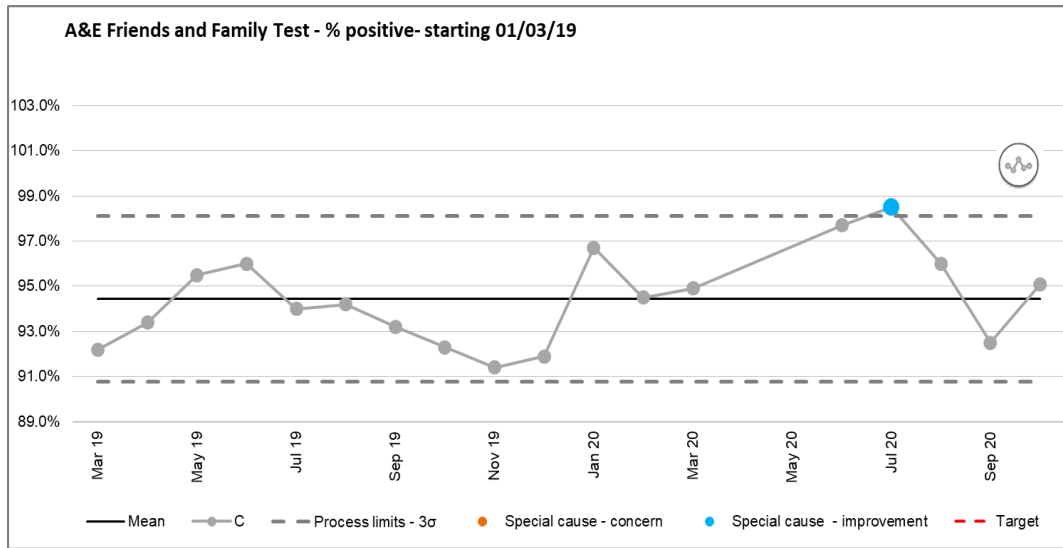
Metric	Oct 20	YTD	Target
Maternity F&F Test % Positive	**98%**	**96%**	**TBC**

National reporting is expected from December onwards. CMG reporting has resumed.

Maternity Friends and Family Test - % positive- starting 01/03/19

Mean — C — Process limits - 3σ ● Special cause - concern ● Special cause - improvement – – Target
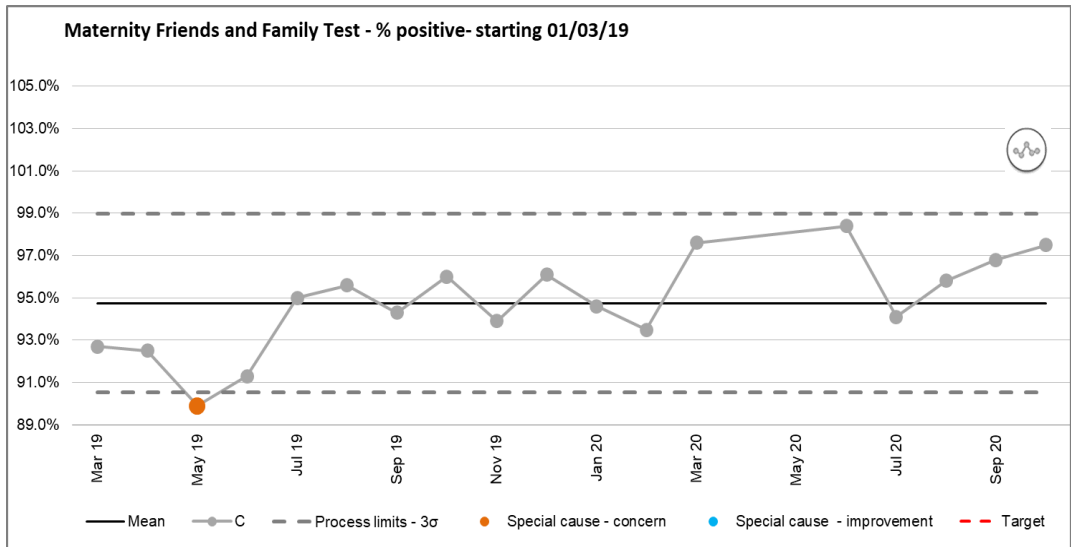
Metric	Oct 20	YTD	Target
Outpatients Friends and Family Test - % positive	**94%**	**94%**	**TBC**

National reporting is expected from December onwards. CMG reporting has resumed.

Outpatients Friends and Family Test - % positive- starting 01/03/19

Mean — C — Process limits - 3σ ● Special cause - concern ● Special cause - improvement – – Target

Caring
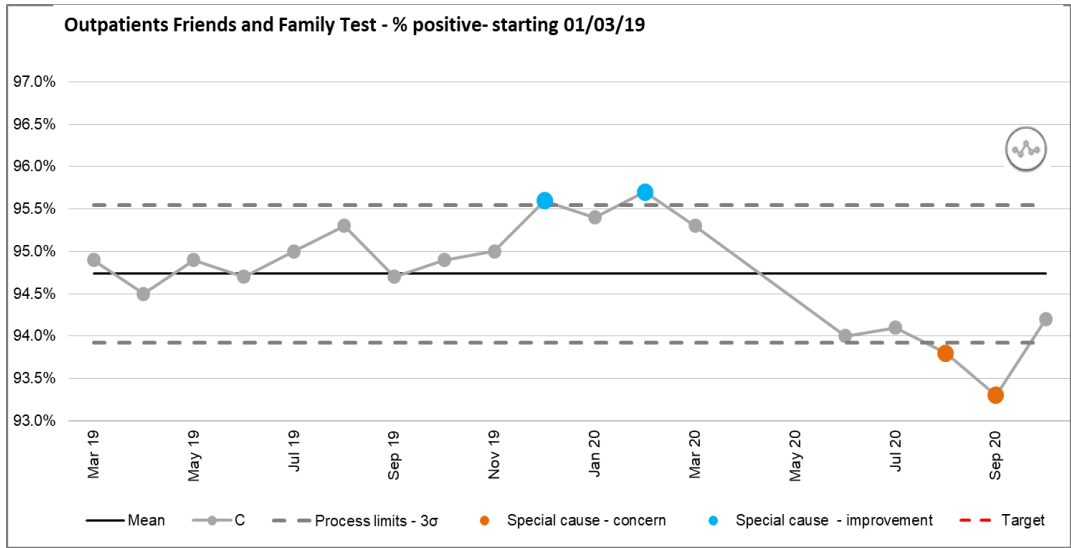
Metric	Q4 19/20	YTD	Target
Complaints per 1,000 staff (WTE)	**45.3**	**48.6**	**No National Target**

Reporting will commence once national reporting resumes.

Complaints per 1,000 staff (WTE)

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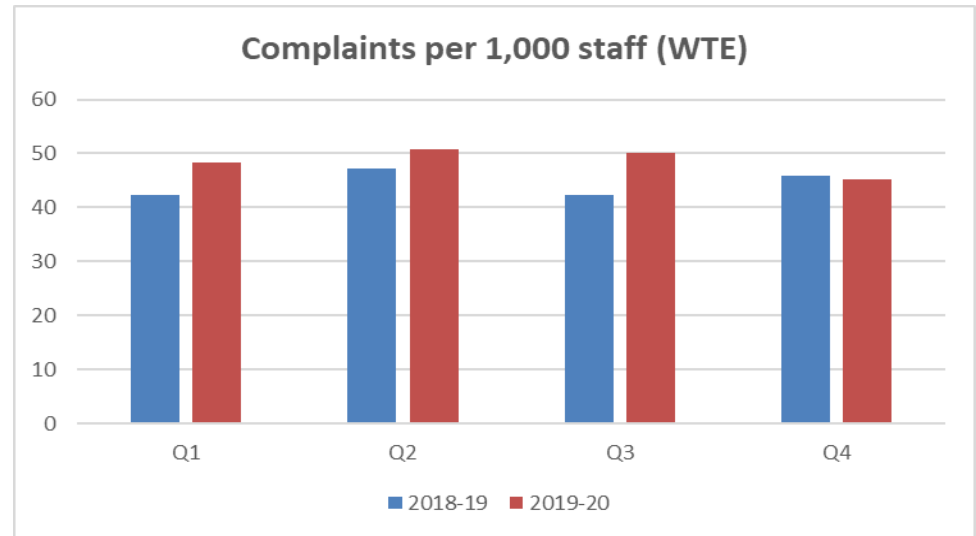
Metric	Q3 19/20	YTD	Target
Staff Survey % Recommend as Place to Work	62%	61%	Not within Lowest Decile

Reporting will commence once national reporting resumes.

Staff Survey: % of staff who would recommend the trust as place to work
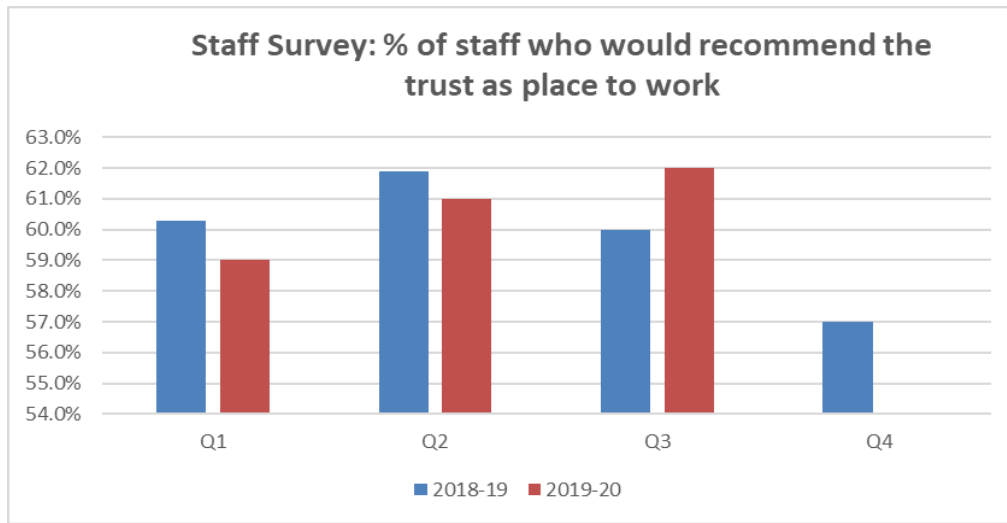
Metric	Nov 20	YTD	Target
Turnover Rate	9.5%	9.5%	10%

Special cause concern - Turnover Rate increased in October and November, very likely to achieve target next month.

Turnover Rate- starting 01/04/19

Well Led

University Hospitals of Leicester — NHS Trust
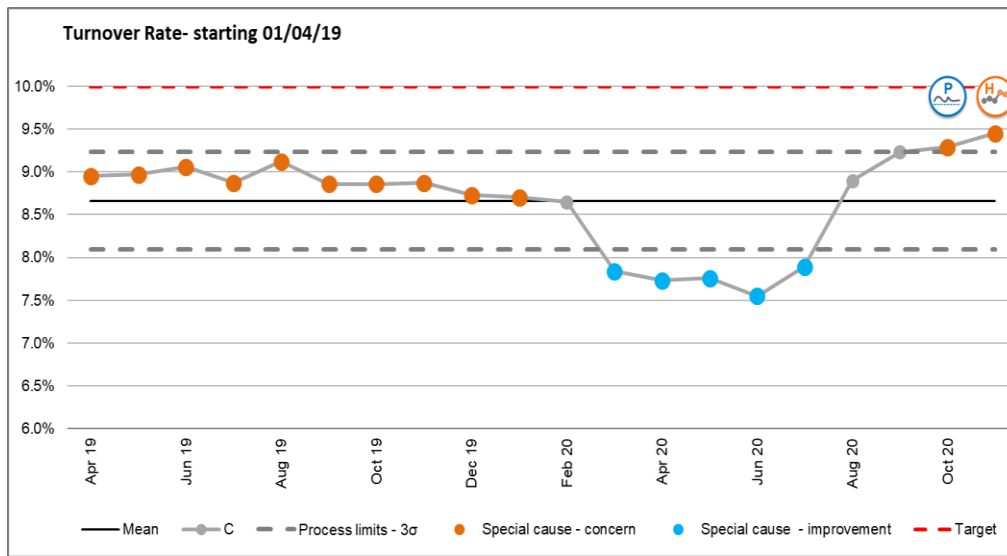
Metric	Oct 20	YTD	Target
Sickness absence	**6.0%**	**6.8%**	**3%**

Special cause concern due to COVID-19. The target will most likely not be achieved next month.

Sickness Rate- starting 01/03/19

Legend: Mean — C — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target
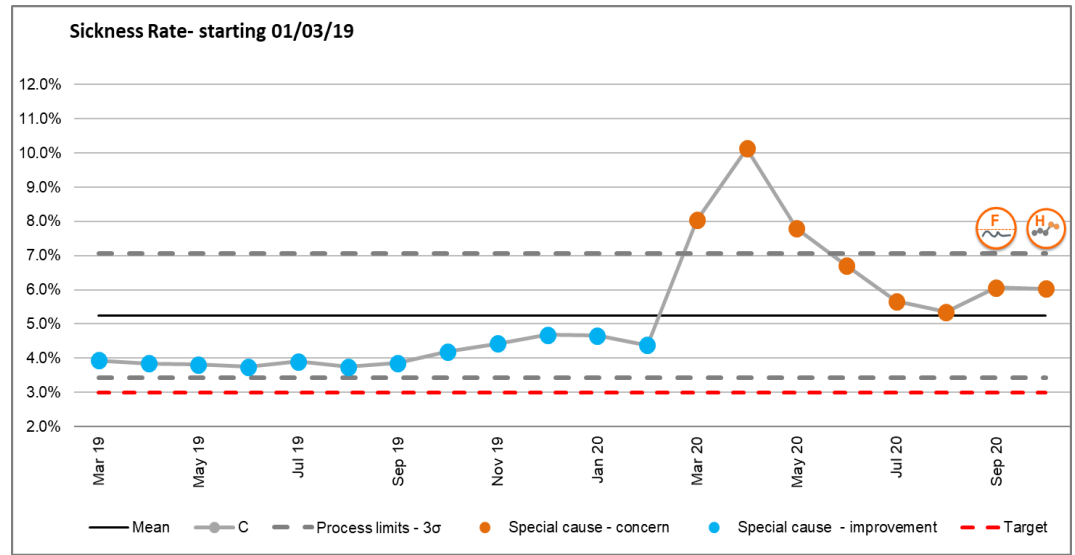
Metric	Nov 20	YTD	Target
% of Staff with Annual Appraisal	**82.8%**	**82.8%**	**95%**

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

Annual Appraisal- starting 01/04/19

Legend: Mean — C — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target

Well Led
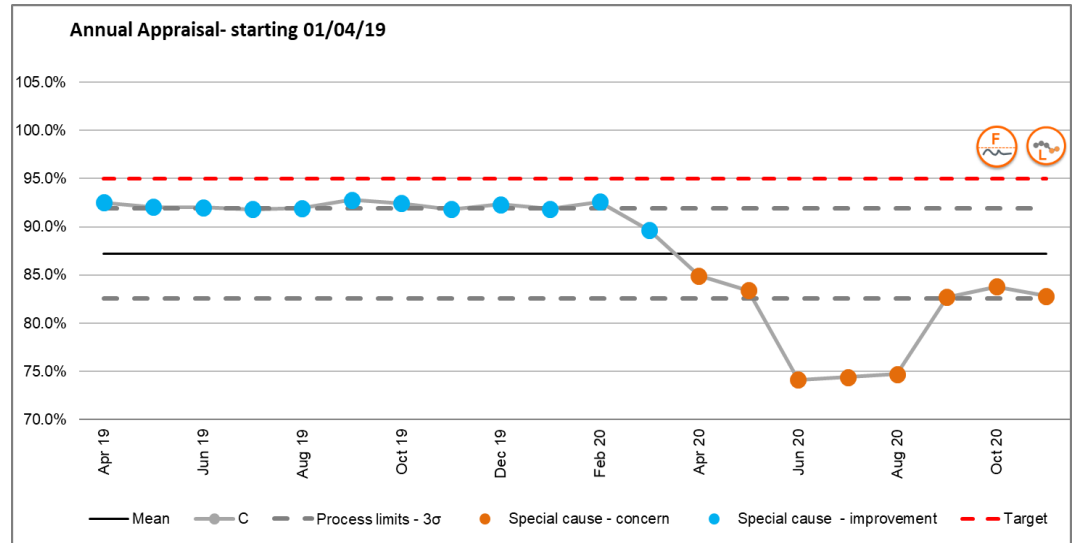
Metric	Nov 20	YTD	Target
Statutory and Mandatory Training	**88%**	**88%**	**95%**
Common cause variation. Performance decreased in September due to the removal of the extension to the training refresher periods introduced in March due to COVID-19.			

Statutory and Mandatory Training- starting 01/04/19
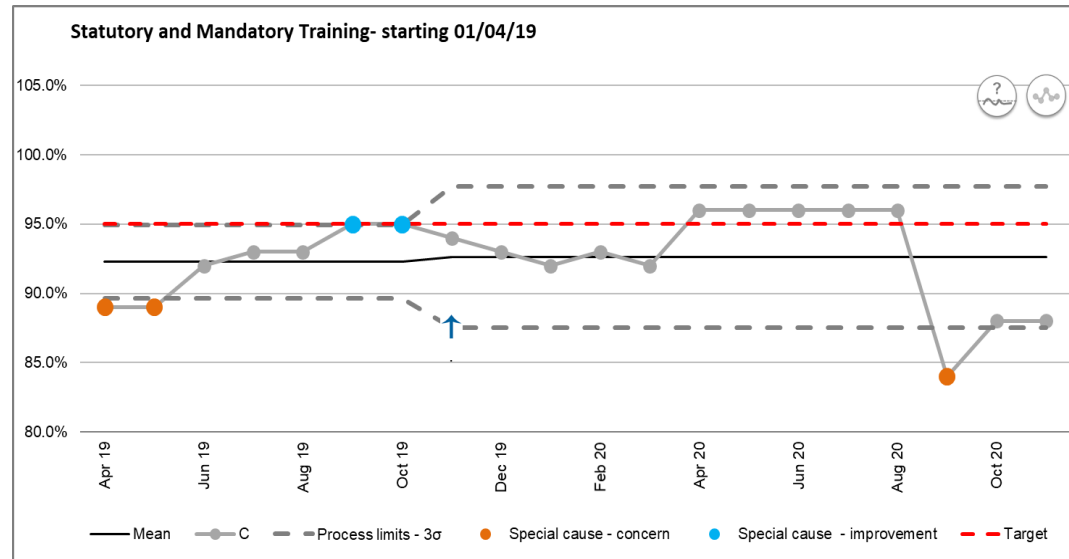
Metric	Oct 20	YTD	Target
Nursing Vacancies	**12.6%**	**12.6%**	**No National Target**
Special cause concern.			

Nursing Vacancies- starting 01/03/19
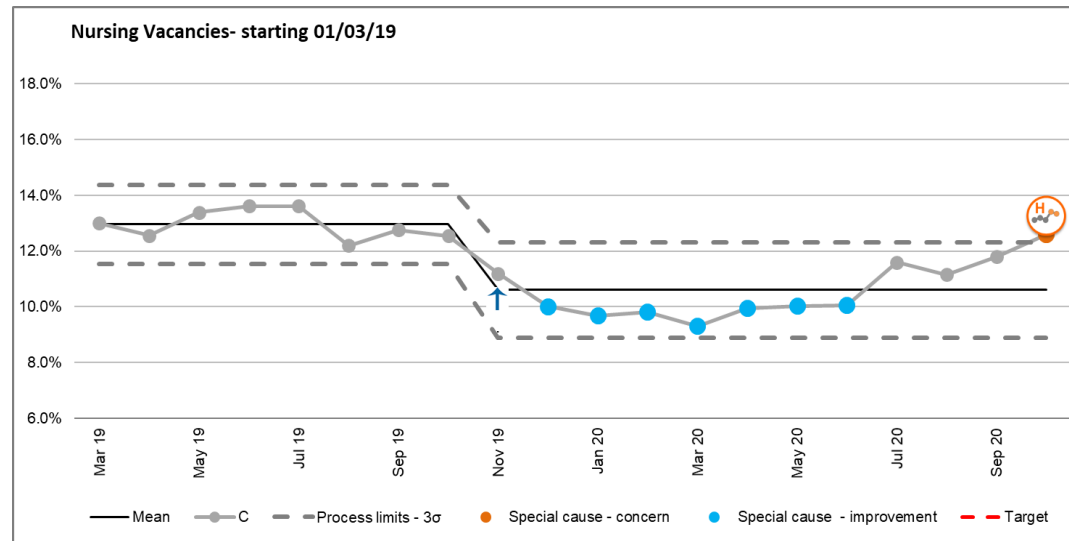
Metric	Jul 19 – Jun 20	Target
Mortality – Published Monthly SHMI	**98**	**100**

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

Mortality – Published Monthly SHMI
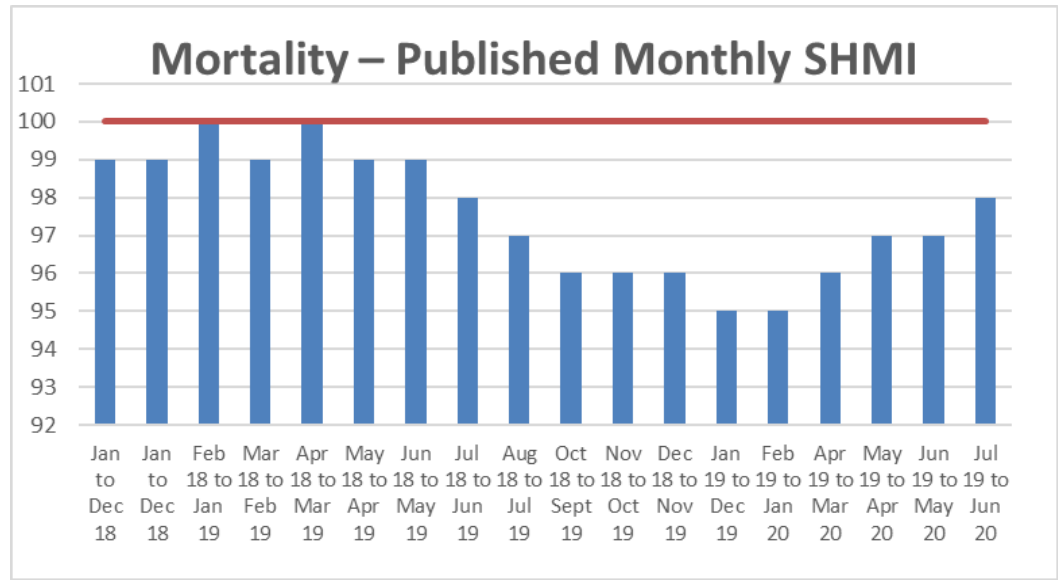
Metric	Sep 19 – Aug 20	Target
Mortality - Rolling 12 mths HSMR as reported in Dr. Foster)	**103** (Within Expected range)	**100**

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

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

Effective
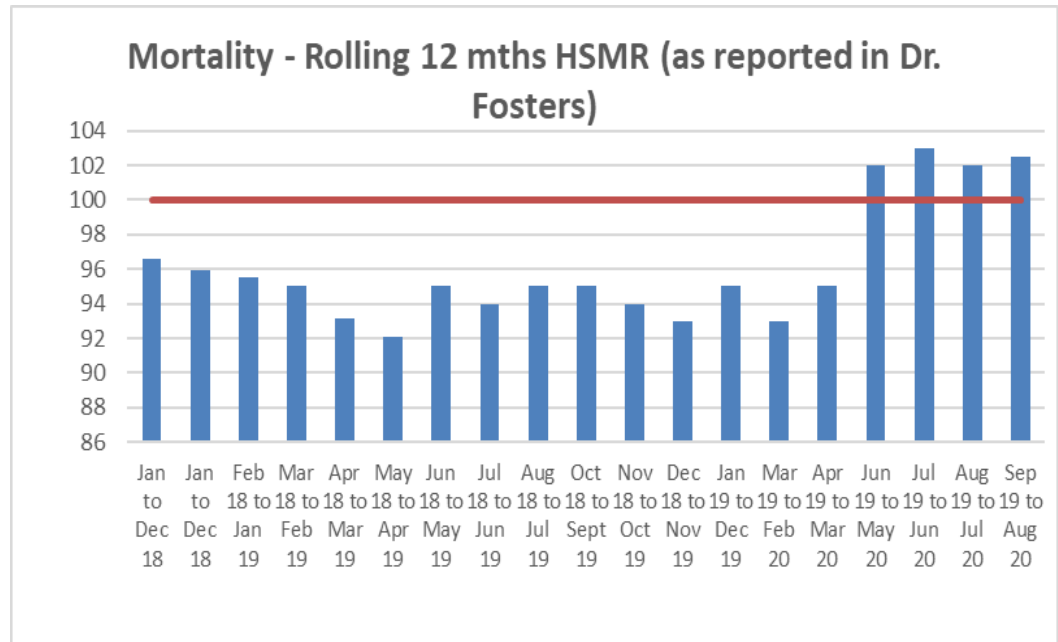
Metric	Nov 20	YTD	Target
Crude Mortality	**1.8%**	**1.7%**	**No National Target**

Statistically significant increase in April due to COVID-19.

Mortality Rate- starting 01/04/19

Legend: Mean — C — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target
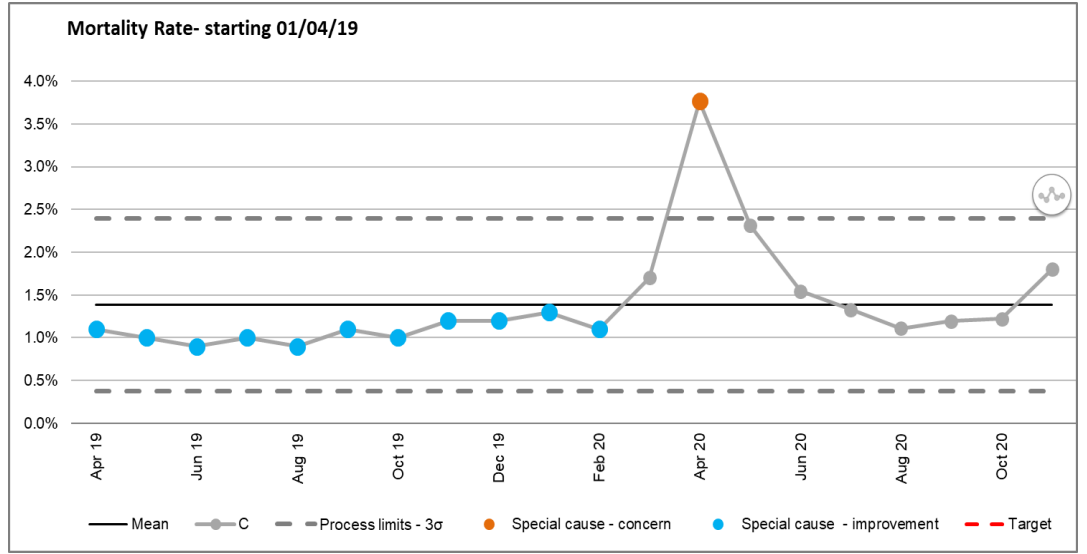
Metric	Oct 20	YTD	Target
Emergency readmissions within 30 days	**8.9%**	**9.6%**	**8.5%**

Special cause concern in May due to COVID-19.

Readmission Rate within 30 Days- starting 01/03/19

Legend: Mean — C — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target

Effective
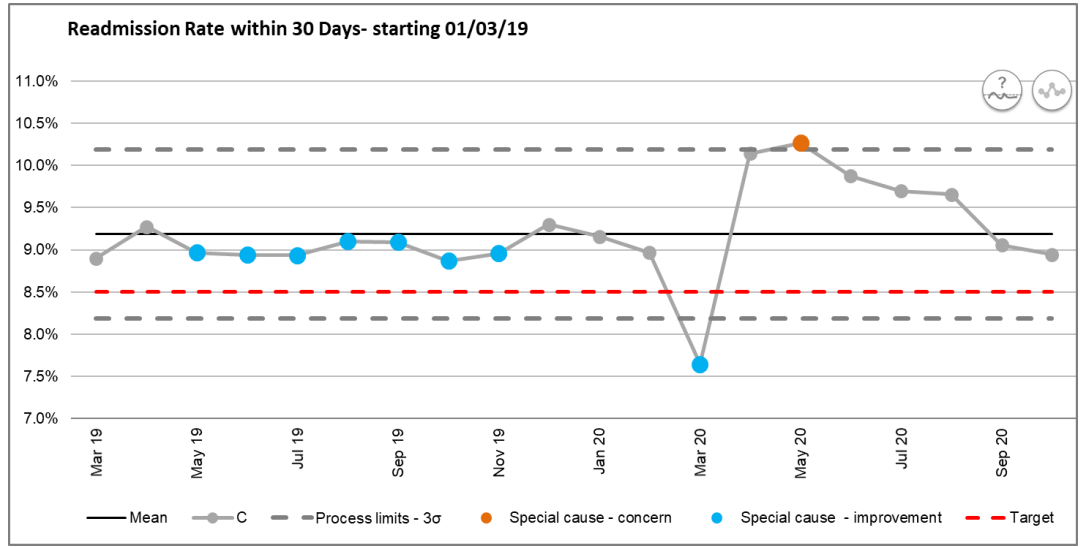
Metric	Oct 20	YTD	Target
Emergency readmissions within 48 hrs	**1.2%**	**1.2%**	**No National Target**
No significant variation.			

Readmission Rate within 48 Hours- starting 01/03/19
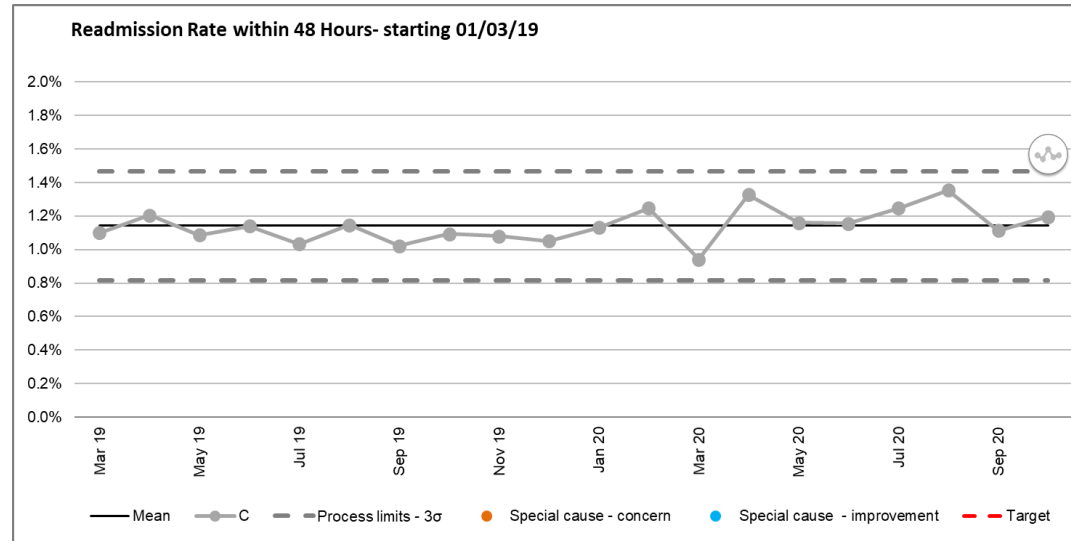
Metric	Nov 20	YTD	Target
% Neck of femurs operated on under 36 hrs Based on Admissions	**64.9%**	**64.0%**	**72%**
Performance deteriorated significantly in April and May due to COVID-19. No assurance that target will be delivered next month.			

No. of # Neck of femurs operated on 0-35 hrs- starting 01/04/19

Effective
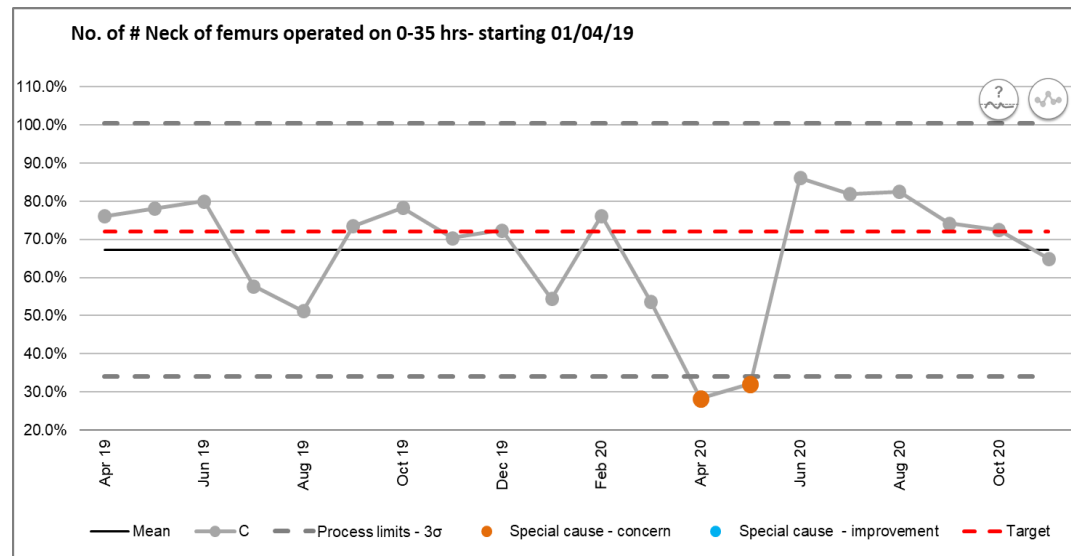
Metric	Oct 20	YTD	Target
Stroke - 90% of Stay on a Stroke Unit	**81.2%**	**86.6%**	**80%**

Common cause variation, consistently achieving target.

Stroke - 90% of Stay on a Stroke Unit- starting 01/03/19
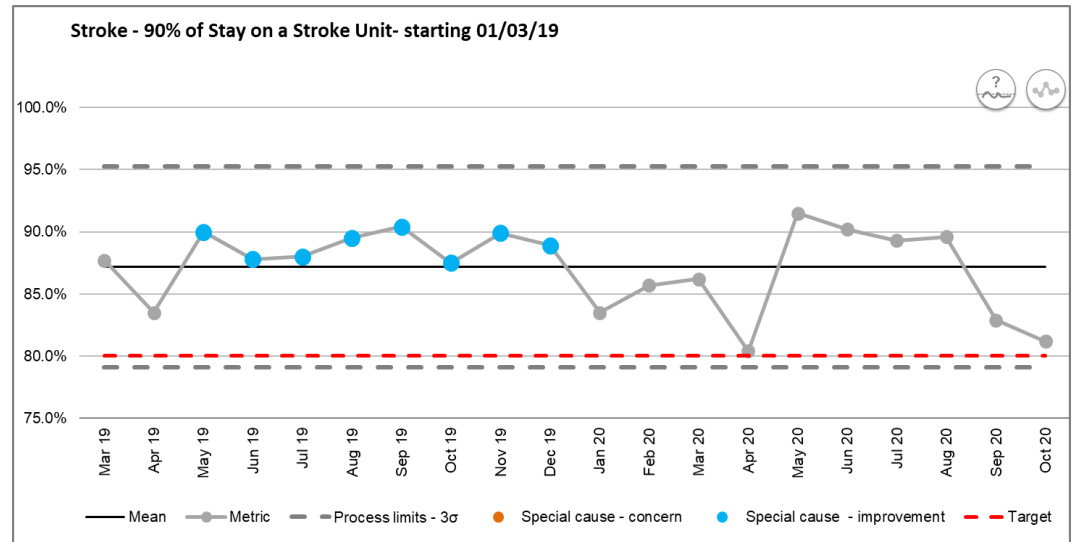
Metric	Nov 20	YTD	Target
TIA Clinic within 24 Hours (Suspected High Risk TIA)	**82.5%**	**68.9%**	**60%**

Common cause variation, target achieved in November.

Stroke - TIA Clinic within 24 Hours (Suspected High Risk TIA)- starting 01/04/19
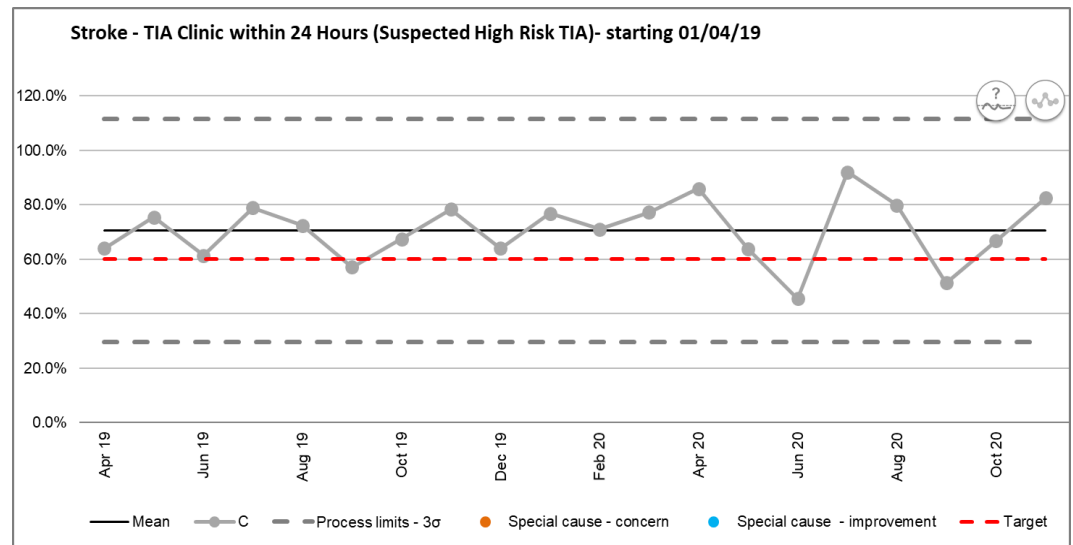
Responsive

For more information please see the Urgent Care Report - PPPC

Metric	Nov 20	YTD	Target
ED 4 Hour Waits UHL	68.5%	75.8%	95%

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

ED 4 Hour Wait Performance %- starting 01/04/19
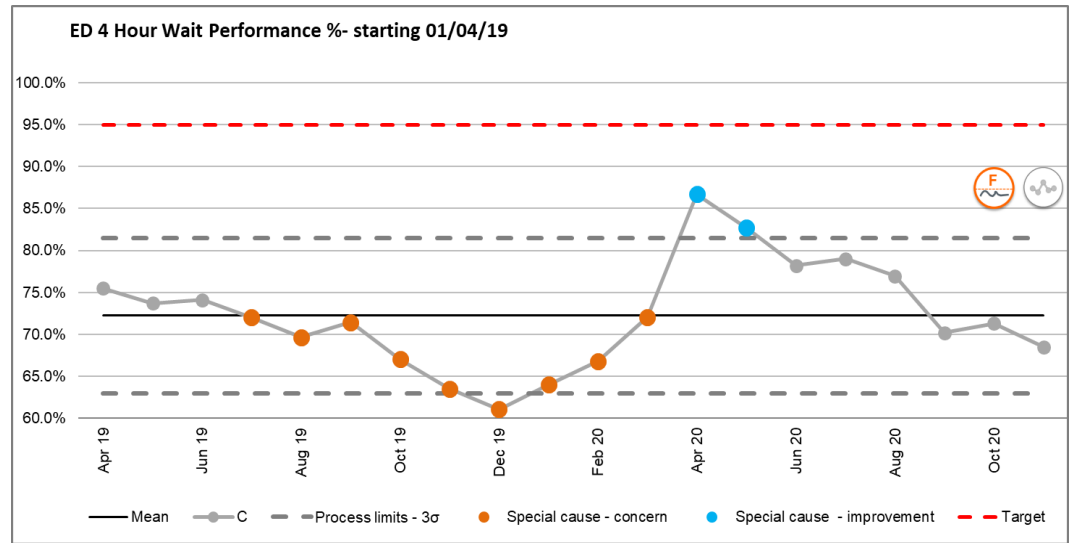
Metric	Nov 20	YTD	Target
ED 4 Hour Waits Acute Footprint	77.6%	83.2%	95%

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

ED 4 Hour Waits Acute Footprint- starting 01/04/19

Responsive

University Hospitals of Leicester NHS
NHS Trust
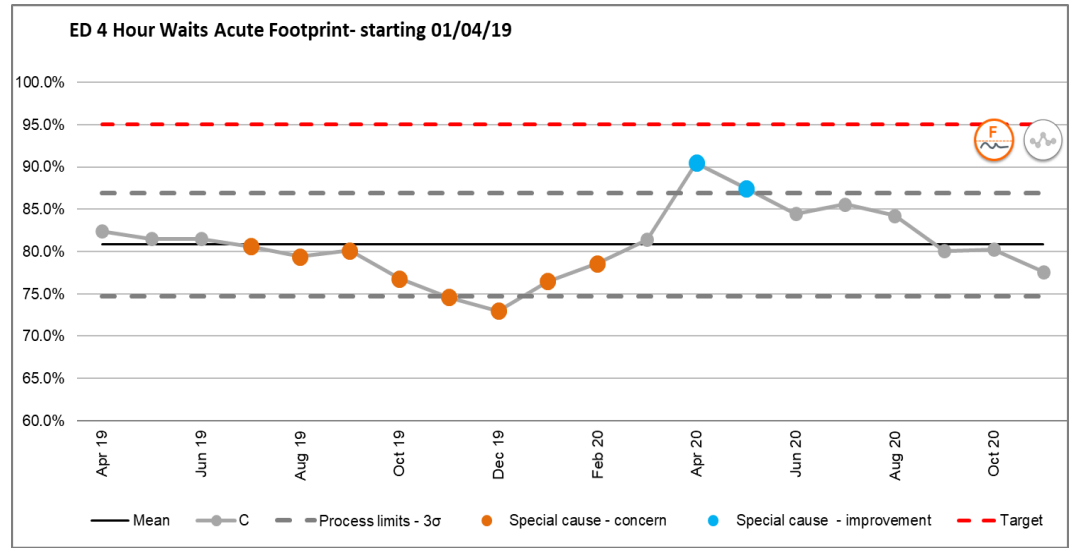
Metric	Nov 20	YTD	Target
Ambulance Handover >60 Mins	**9.6%**	**3.4%**	**0%**

Performance has deteriorated in recent months.

Ambulance Handover >60mins- starting 01/04/19

Legend: Mean — C — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target

Responsive
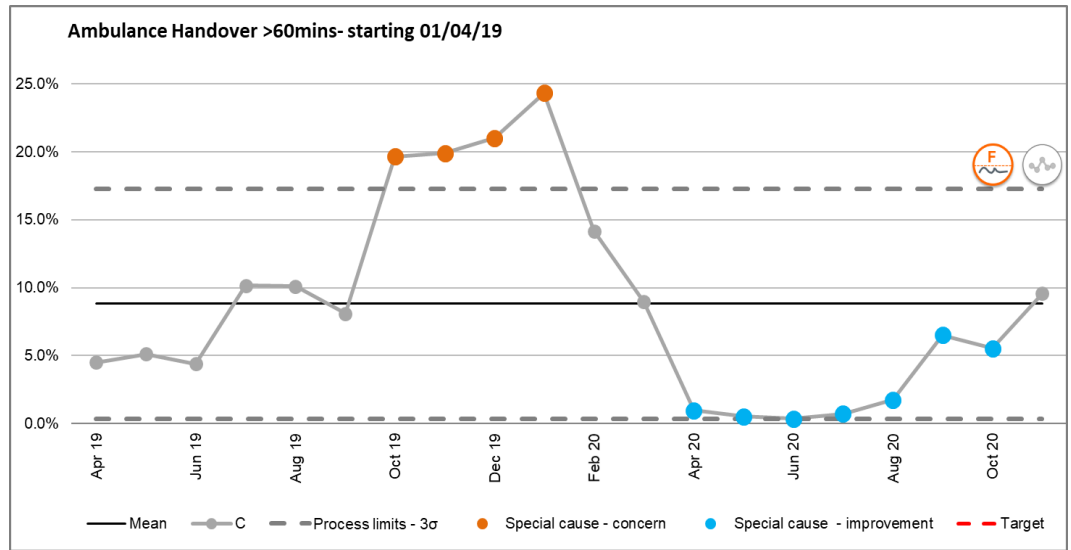
Metric	Oct 20	YTD	Target
RTT Incompletes	**58.2%**	**58.2%**	**92%**

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

RTT - Incomplete 92% in 18 Weeks UHL+ALLIANCE- starting 01/03/19

Mean — C — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target
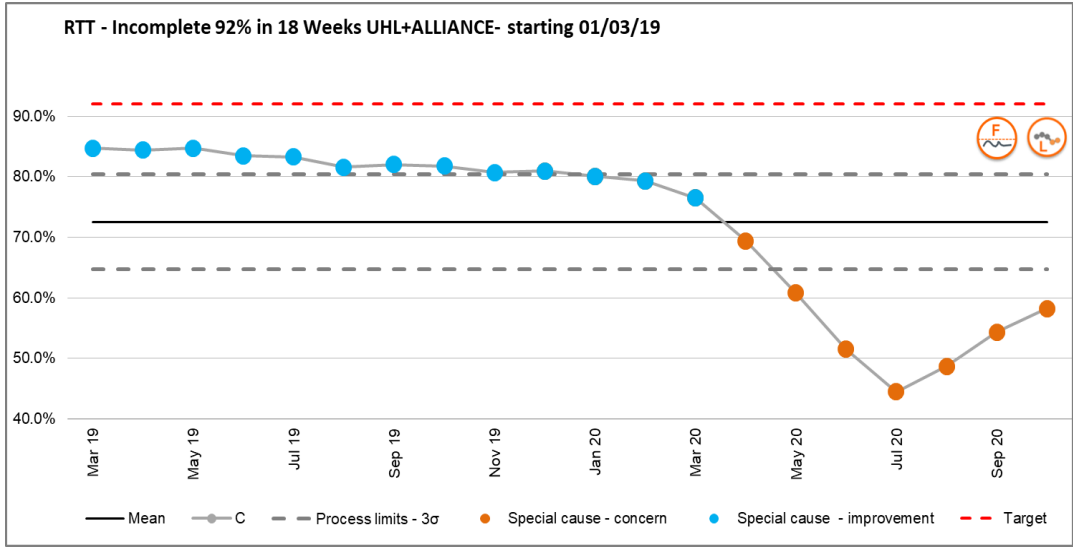
Metric	Nov 20	YTD	Target
RTT 52+ Weeks Wait	**5,247**	**5,347**	**0**

Special cause concern, the number of breaches is expected to increase due to COVID-19. November data has not yet been validated.

RTT 52 Weeks+ Wait (Incompletes) UHL+ALLIANCE- starting 01/04/19

Mean — C — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target

University Hospitals of Leicester
NHS
NHS Trust
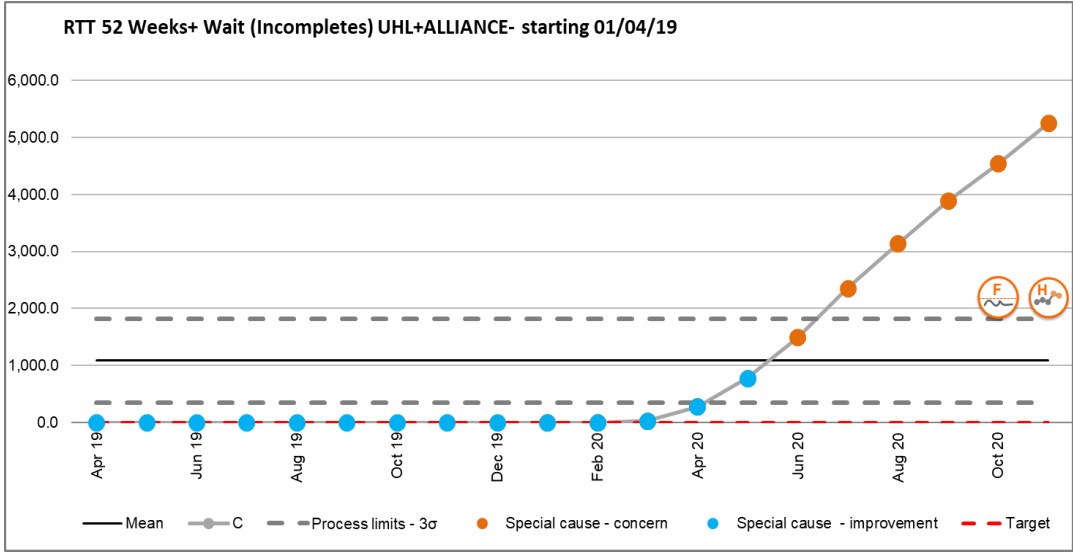
Metric	Nov 20	YTD	Target
Total Number of incompletes	**75,528**	**75,528**	**66,397 (Year End)**

Special cause concern due to COVID-19. November data has not yet been validatiated.

Total Number of incompletes- starting 01/04/19
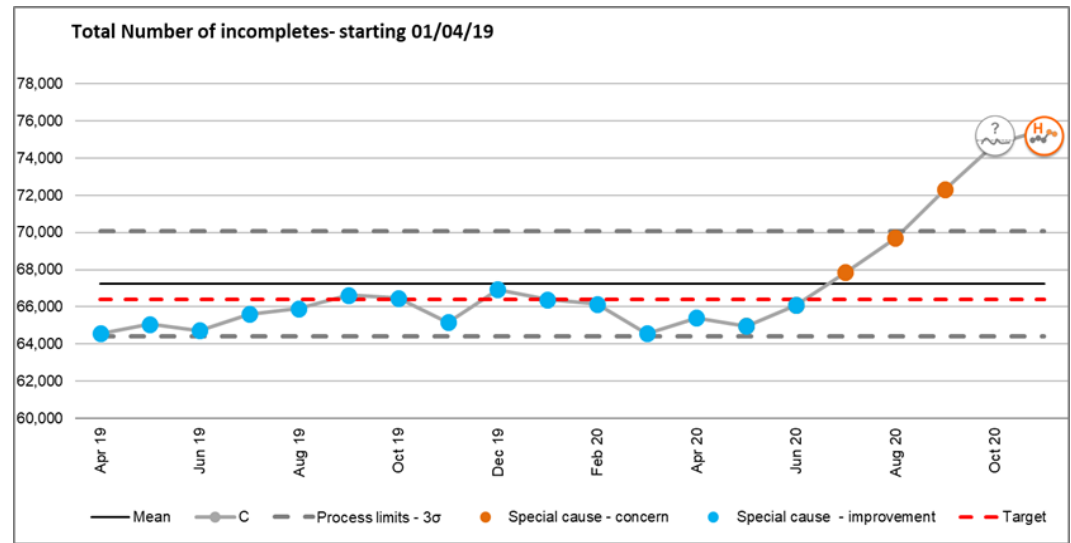
Metric	Oct 20	YTD	Target
6 Week Diagnostic Waits	**30.6%**	**30.6%**	**1%**

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

6 Week - Diagnostic Test Waiting Times (UHL+ALLIANCE)- starting 01/03/19

Responsive
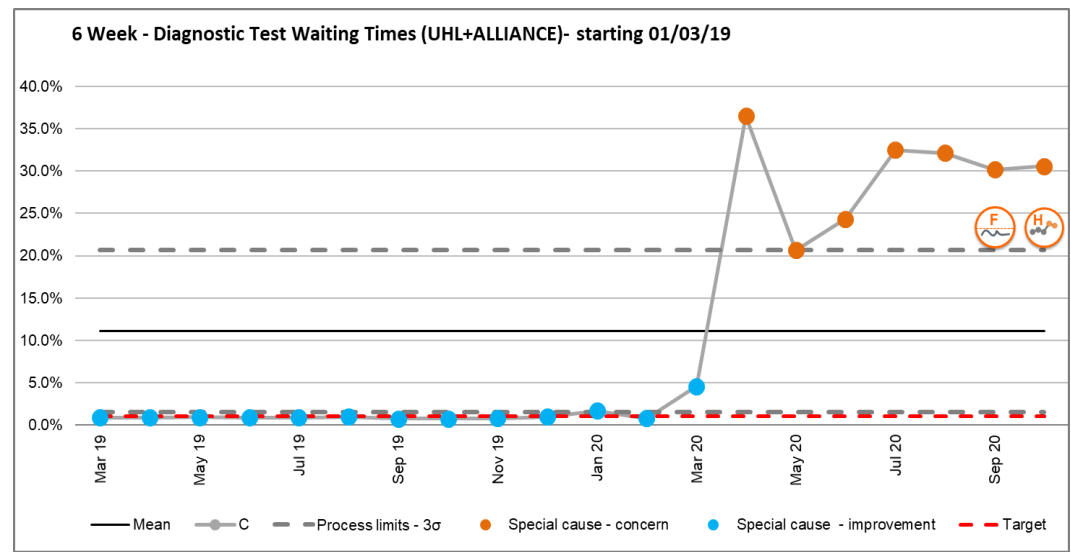
Metric	Nov 20	YTD	Target
Cancelled patients not offered a date within 28 days of the cancellations	**14**	**155**	**0**

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

Cancelled patients not offered a date within 28 days of the cancellations UHL + Alliance- starting 01/04/19

Legend: Mean — C — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target
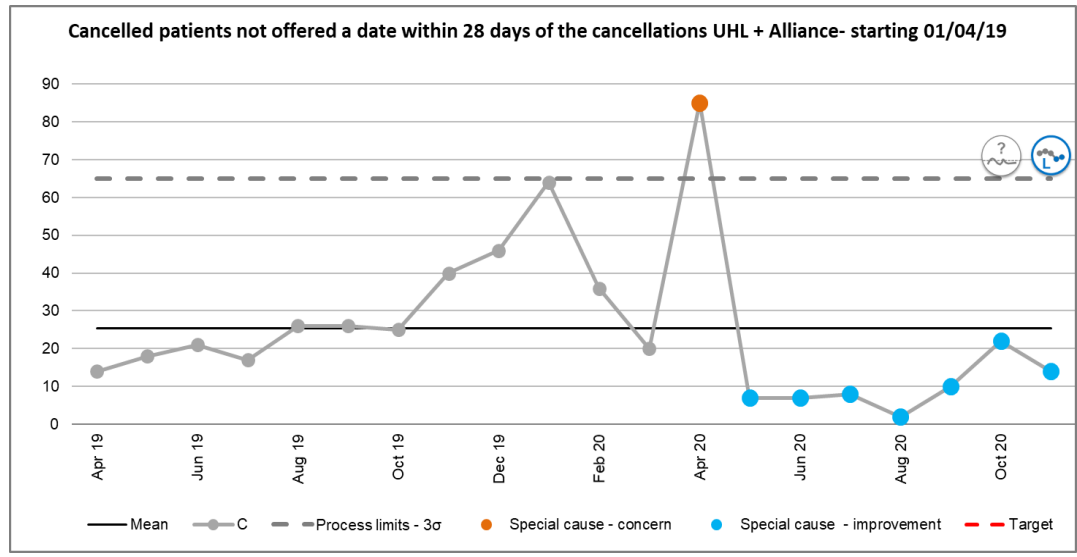
Metric	Nov 20	YTD	Target
% Operations cancelled on the day	**1.2%**	**0.8%**	**1%**

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

Cancelled Operations UHL + Alliance- starting 01/04/19

Legend: Mean — C — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target

Responsive
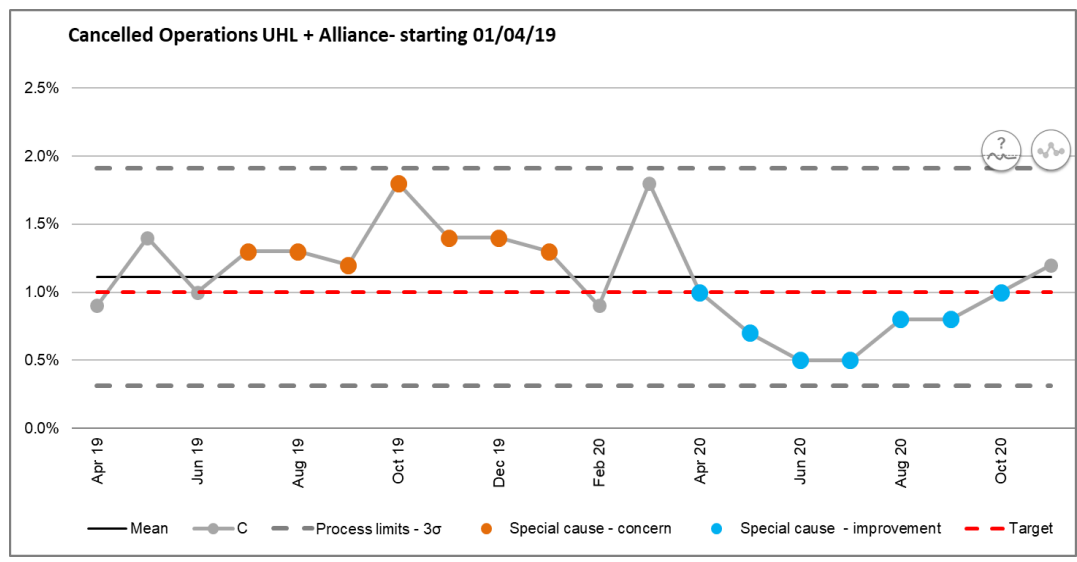
Metric	Nov 20	YTD	Target
Long Stay Patients (21+ days)	**154**	**154**	**70**

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

Long Stay Patients (21+ days)- starting 01/04/19
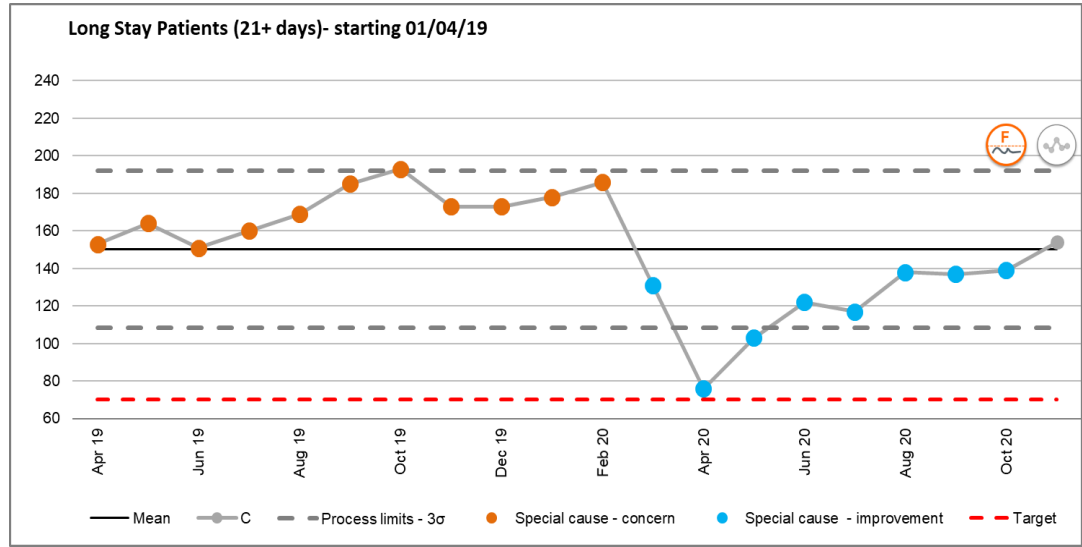
Metric	Nov 20	YTD	Target
Average Inpatient LOS	**3.6**	**3.5**	**No National Target**

Normal variation.

Average Inpatient LOS- starting 01/04/19
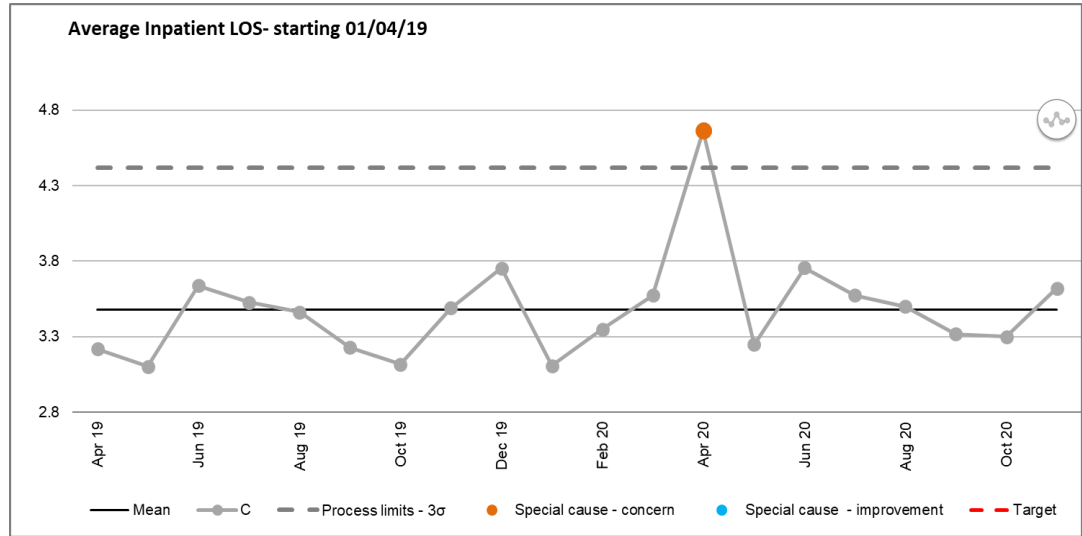
Responsive

Metric	Nov 20	YTD	Target
Average Emergency LOS	**5.1**	**4.8**	**No National Target**
Normal variation.			

Average Emergency LOS- starting 01/04/19

Legend: — Mean · C · Process limits - 3σ · Special cause - concern · Special cause - improvement · Target
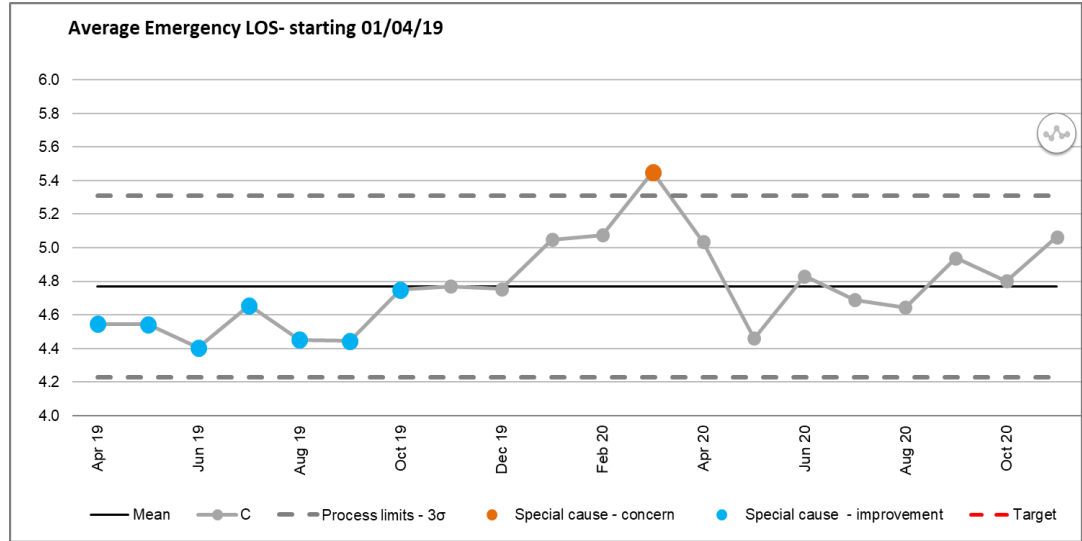
Responsive – Cancer

For more information please see the Cancer Recovery Paper - PPPC

Metric	Oct 20	YTD	Target
Cancer 2WW	**90.4%**	**90.0%**	**93%**

Common cause variation – We continue to have some issues with straight to test delays due to UHL staffing and also patient choice delays. We are focusing on improvements to enable delivery.

Cancer 2WW Performance %- starting 01/03/19
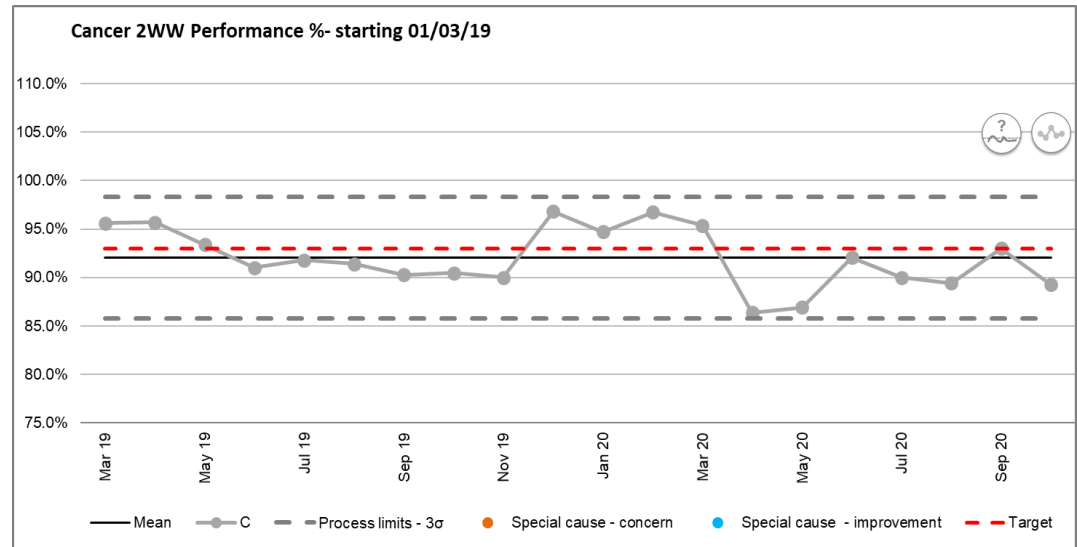
Metric	Oct 20	YTD	Target
Cancer 2WW Breast	**96.9%**	**95.9%**	**93%**

Achieving

Cancer 2WW Symptomatic Breast Performance %- starting 01/03/19

Responsive – Cancer

Metric	Oct 20	YTD	Target
Cancer 31 Day	**93.5%**	**91.4%**	**96%**

Unlikely to achieve target next month. Daily escalation of patients who do not have a next step started in October and continued increase in theatre activity will support improvement.

Cancer 31 Performance %- starting 01/03/19
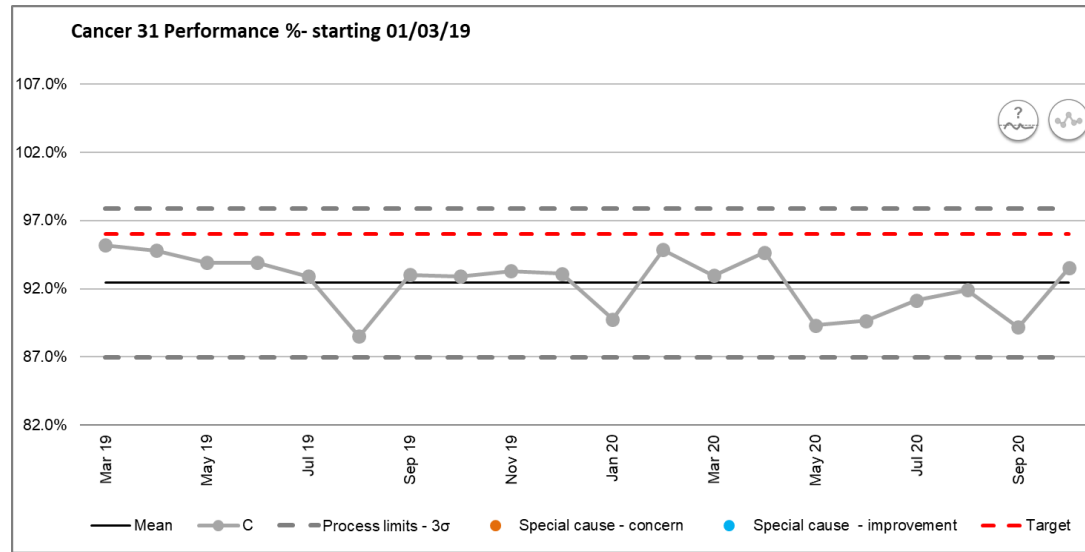
Metric	Oct 20	YTD	Target
Cancer 31 Day Drugs	**100%**	**99.7%**	**98%**

Achieving

Cancer 31 Day:Anti Cancer Drug Treatments- starting 01/03/19
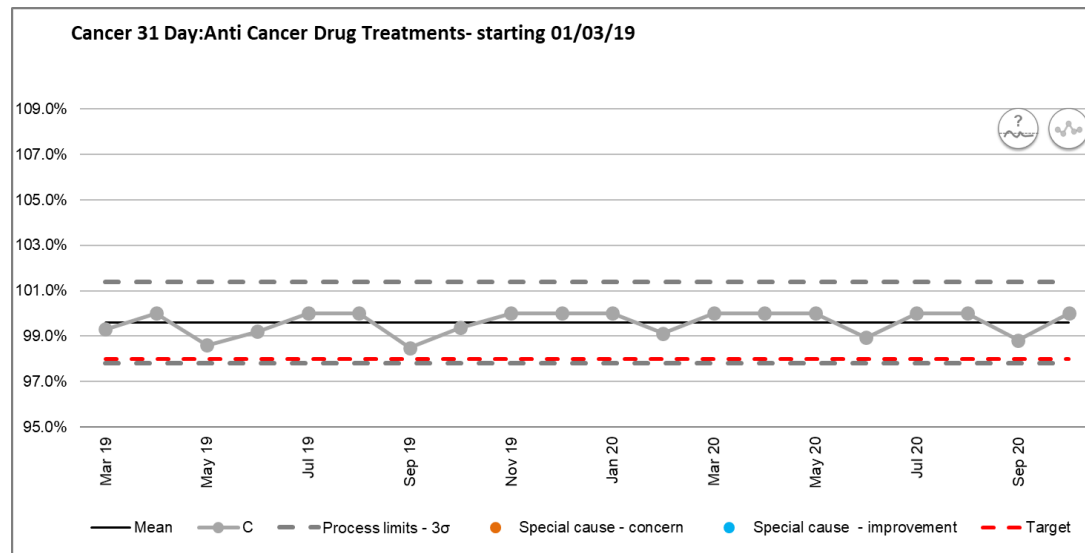
Responsive – Cancer

Metric	Oct 20	YTD	Target
Cancer 31 Surgery	77.4%	72.9%	94%

Unlikely to achieve target next month, performance is underperforming. We continue to prioritise Category 1 and 2 patients; additional capacity is being provided in January which will support improvement

Cancer 31 Day: Surgery- starting 01/03/19
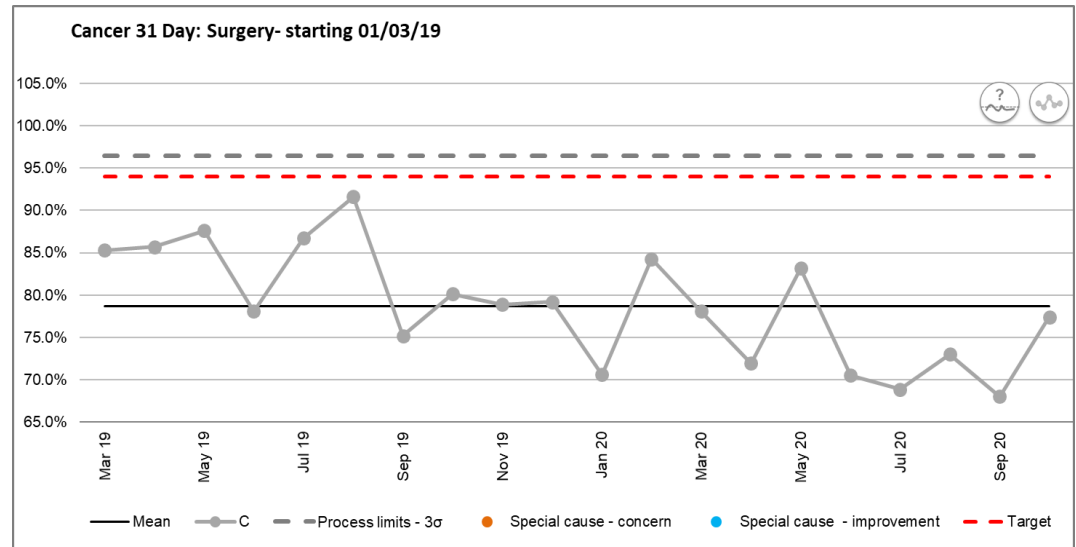
Metric	Oct 20	YTD	Target
Cancer 31 Day Radiotherapy	95.5%	91.2%	94%

Achieving

Cancer 31 Day: Radiotherapy- starting 01/03/19
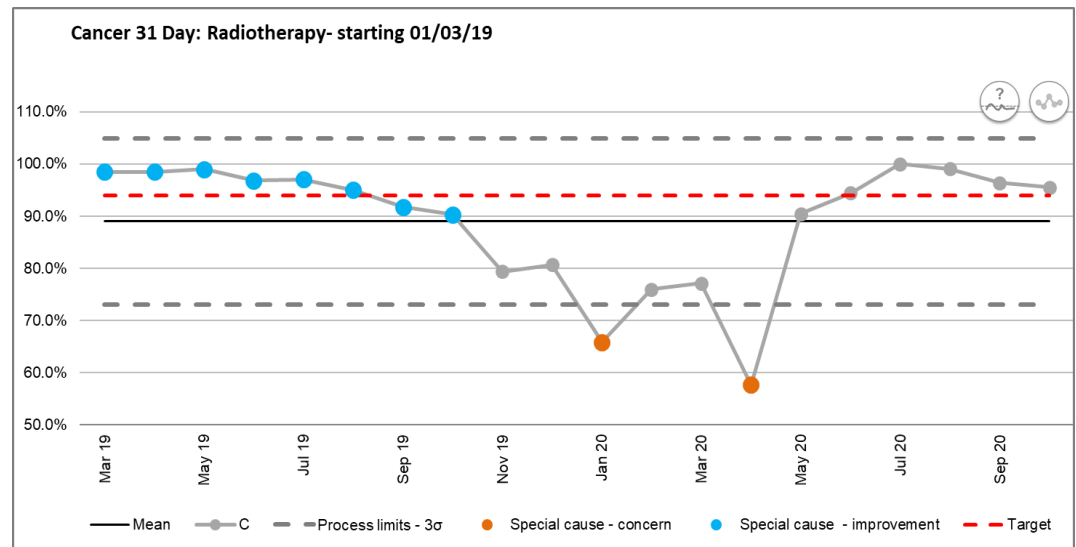
Responsive – Cancer

Metric	Oct 20	YTD	Target
Cancer 62 Day	**70.4%**	**69.0%**	**85%**

Unlikely to achieve target next month, performance is underperforming. We have seen patients delay their treatment until after the second wave of COVID now patients delaying until after XMAS.

Cancer 62 Day Performance %- starting 01/03/19
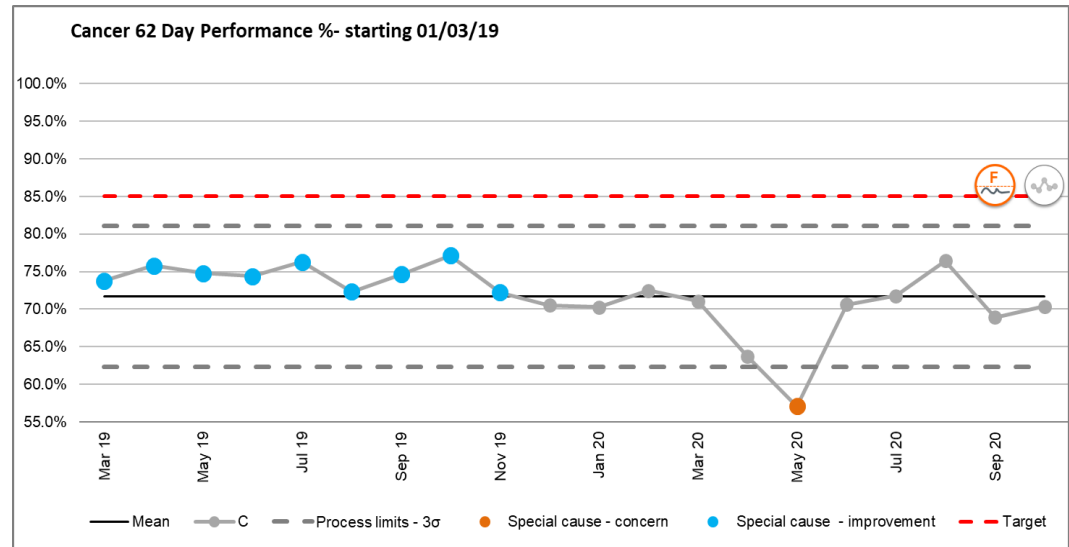
Metric	Oct 20	YTD	Target
Cancer 62 Day Consultant Screening	**78.9%**	**52.9%**	**90%**

We continue to increase activity to decrease the backlog and recover the performance

Cancer 62 Day: Consultant Screening- starting 01/03/19

Outpatient Transformation

University Hospitals of Leicester
NHS Trust
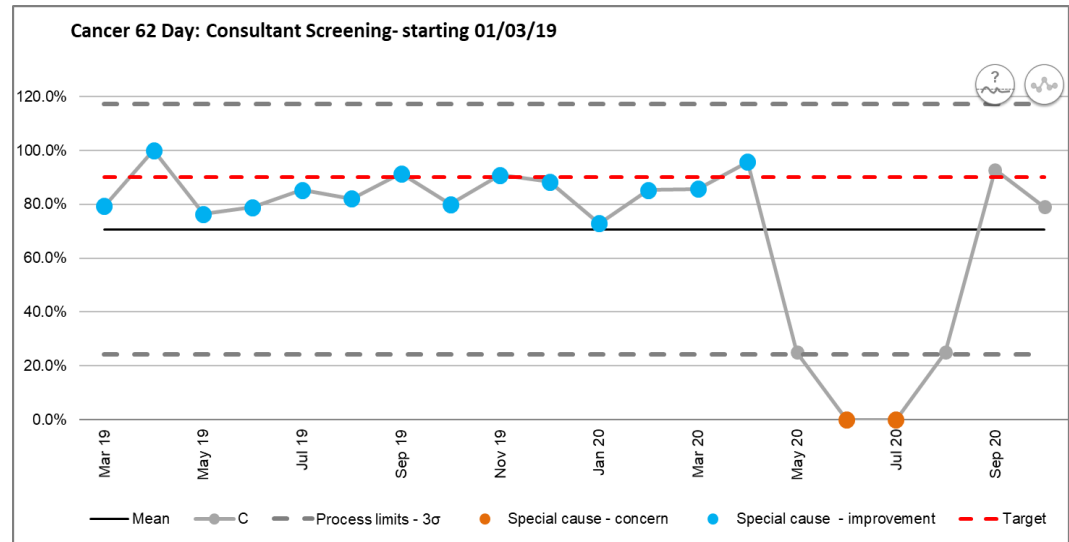
Metric	Nov 20	YTD	Target
% DNA Rate	**6.8%**	**6.4%**	**No National Target**

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

DNA Rate- starting 01/04/19

Legend: Mean — C — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target
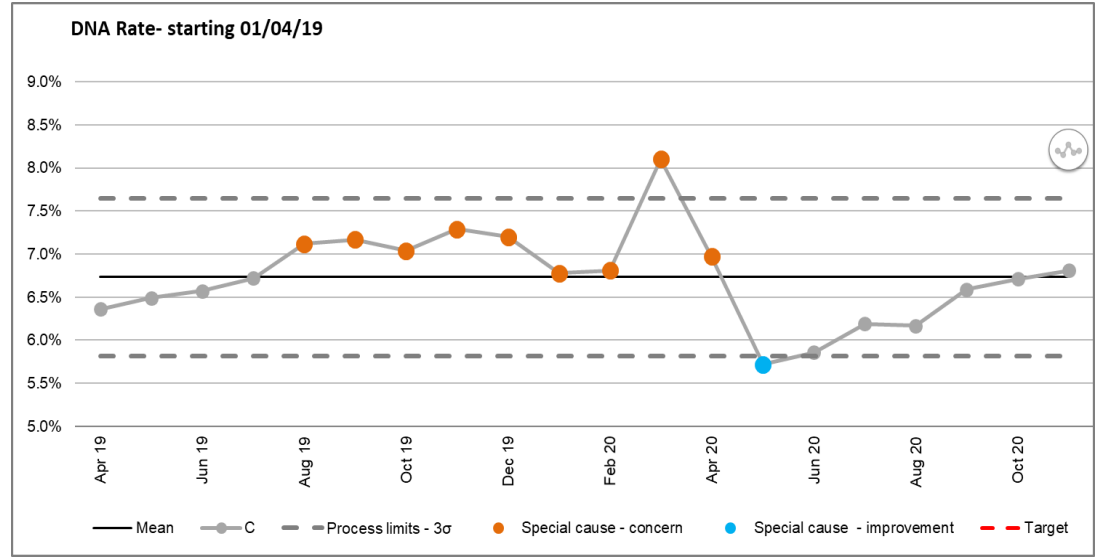
Metric	Nov 20	YTD	Target
% Non Face to Face Appointments	**46.4%**	**56.1%**	**No National Target**

Special cause improvement due to COVID-19.

% Non Face to Face Appointments- starting 01/04/19

Legend: Mean — C — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target

Outpatient Transformation

University Hospitals of Leicester
NHS Trust
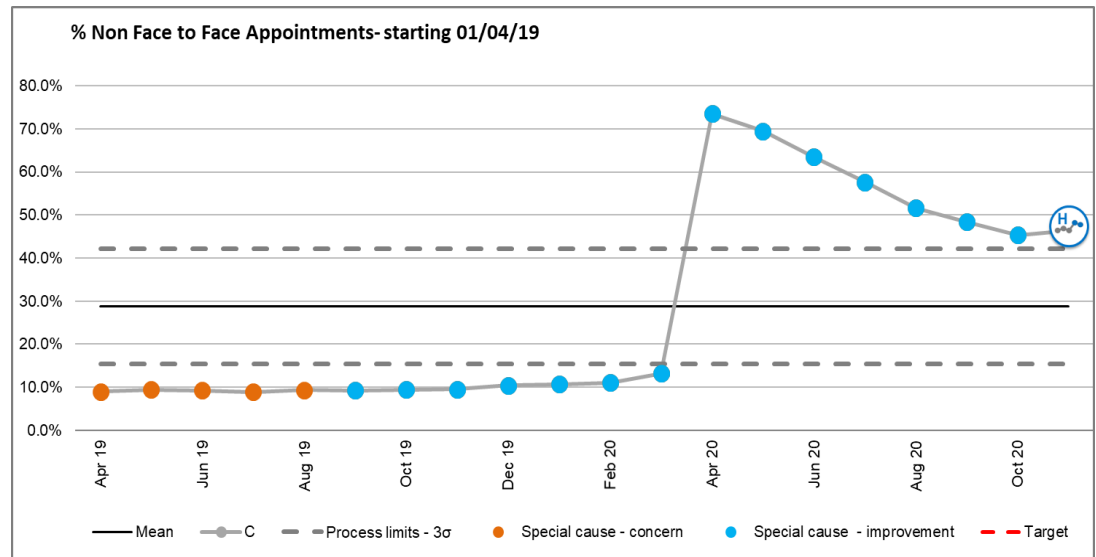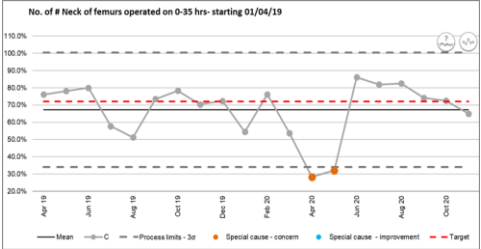
Metric	Oct 20	YTD	Target
% 7 day turnaround of OP clinic letters	**86.5%**	**88.7%**	**90%**

Special cause improvement, no assurance that the target will be delivered next month.

% 7 day turnaround of OP clinic letters- starting 01/03/19

Legend: Mean — C — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target

Exception Reports
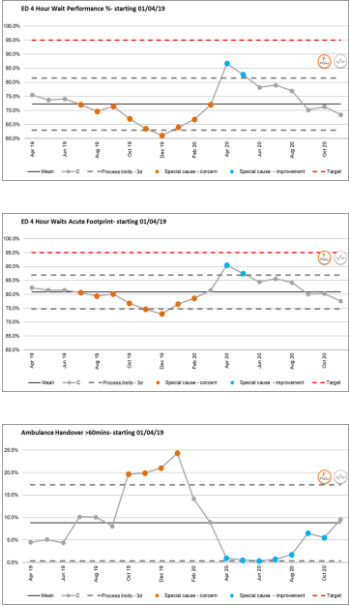
Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
Sickness absence	**20/21 Target – 3% or below**		Sickness has stayed broadly similar to the previous month (6.1% September, 6.0% October). This rate precedes a return to shielding and an increased number of COVID-19 staff breakouts, both of which will cause an increase in absence in November and December.	As people return from shielding, it is vital that Covid risk assessments are complete for all staff, and reviewed as necessary. Where a risk assessment does not support a return to work, CMGs to source work for people to do remotely wherever available, and escalate to the Temporary Covid Redeployment team if needed. If there is no work available, each incidence of a staff member staying at home needs to be regularly reviewed.
UHL has a locally agreed sickness absence target of 3%.	Performance in October was 6.0% excluding E&F			

Sickness Rate- starting 01/03/19

Exception Reports
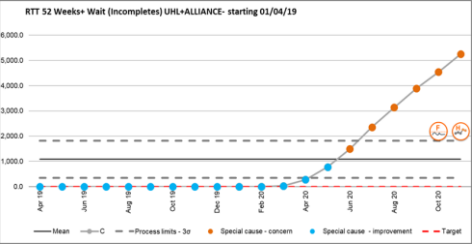
Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
% of Staff with Annual Appraisal (excluding facilities Services)	**20/21 Target – greater than 95%**		This data is captured within the Monthly Workforce Dataset Report presented to Trust Board Subcommittee (People Performance and Process Committee), Corporate and CMG Boards. It is recognised that performance has been impacted on by Covid-19 and the need for prioritisation in response.	
Is the percentage of staff who have had their Annual Appraisal(excluding facilities Services)	Performance for November was 82.8%.			

Exception Reports

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
Statutory and Mandatory Training Is the percentage of staff that are up to date on their Statutory and Mandatory Training.	**19/20 Target – 95%** Performance for November was 88%	Statutory and Mandatory Training- starting 01/04/19	The impact of the seasonally related service pressures and pandemic related pressures can be seen in the plateauing of compliance at 88%	Monthly compliance reports will continue to be sent out to 1800 managers and staff. The auto-generated emailing to staff whose training will expire will continue. Due to COVID related service pressures, the manually generated emailing to staff whose training has expired has stopped.

Exception Reports

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
No. of # Neck of femurs operated on 0-35 hrs - Based on Admissions	**20/21 Target – 72%**	No. of # Neck of femurs operated on 0-35 hrs- starting 01/04/19	77 NOF's of which 27 exceeded the 36hr time to theatre target. Overall performance against target 64.94% Those which were >36hrs were for the following reasons:- 10 patients - clinical reasons/unfit 14 patients – trauma priority patients/ lack of theatre capacity 2 patients- ED delay/ bed delay 1 patient- No Hip surgeon available This means that of the 27 patients who exceeded the threshold – 15 patients were within our control and 12 were outside of our control. 0-4 hours = 15 patients 4-8 hours = 43 patients 8-12 hours = 10 patients Over 12 hours = 3 patients Ward referrals= 6 patients	Continue to liaise with the REDs team to ensure turnaround of theatre equipment in a timely manner. Additional sessions sourced when able. Hip surgeon availability is an issue when on-call surgeon is not of that sub specialty expertise. Re-allocation Extension of the hip list at the weekends continues to help with the pressure of capacity and flow
Is the percentage of Neck of femurs patients operated on within 0-35 hours of admission.	Performance for November was 64.9%. Financial Year Performance is currently 64.0%.		Factors which influenced the performance this month were: • Lack of theatre capacity unable to flex up capacity in theatres when an inflow of NOF patients present. • Ward beds unavailable due to ward 32 closed and limited pending/ clean capacity. • Complex cases over running meaning case were cancelled due to lack of time. • Priority emergency cases requiring surgery. • Lack of theatre capacity, this has been reviewed and it is evident that the volumes of complex trauma requiring surgery due to their clinical need time plus spinal activity had a significant impact. This resulted in lengthy theatre overruns, causing a lack of flow for NoF patients. • Hip surgeon availability is an issue when on-call surgeon is not of that sub specialty . • Shortage of image equipment is a constant struggle within theatres and theatre lists are changed accordingly to accommodate this however this is not always possible. • Restricted radiography cover due to the demands in other specialties and limited amount of radiographers and equipment	NOF ward re opened end of November after a period of closure due to COVID with dedicated continuing care of the nursing and orthogeriatric teams Theatre scheduling meetings weekly to work through the challenges for imaging support for NOFs and other specialties Operational meetings continue

Exception Reports

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
Urgent Care			• Think NHS 111 First – new enhanced sieve with increased waiting area now in place • Ongoing recruitment to new assessment model (to replace DHU) – nurses and ACPs • Bed Bureau re-location to Emergency Floor planned for 7 December • Direct referrals to GPAU from Clinical Navigation Hub as part of NHS 111 First initiative, from 7 December • Missed Opportunity audit completed with NHSE/I; recommendations being worked through by the team.	• Short stay unit – ward 15- to transfer to medical assessment unit taking direct referrals from ED (this is part of EM winter plan) • Other specialty direct referrals through Clinical Navigation Hub coming online
	ED 4 Hour waits UHL performance was 68.5% in November **ED 4 Hour waits LLR** performance was 77.6% in November **Ambulance Handover >60 Mins** performance was 9.6% in November			

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
RTT Incompletes	**Waiting List Target - 66,397 (Year End)**		NHS Planning Guidance for 2019/20 focuses on waiting list reduction over compliance with the 18 week national standard.	Waiting list is carried on being validated to align with national guidance and trust policy. Waiting list volume still near trajectory.
	Total Number of incompletes At the end of November before validation 75,528 patients were waiting on an RTT pathway.		The impact of the COVID-19 pandemic has lead the RTT positioning reducing over the upcoming months as non essential activity is cancelled to reduce footfall on the hospital site. This is likely to continue until elective work is resumed.

External Validation Team to commence work on the 26th November | RTT policy to go to Policy and guideline committee to align with National policy. |

Exception Reports

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 November before validation, 5,247 patients were waiting over 52 weeks on an RTT pathway.	 RTT 52 Weeks+ Wait (Incompletes) UHL+ALLIANCE- starting 01/04/19	Elective surgery has been significantly impacted by COVID-19 Wave 2 , requirement to reduce amount of theatre list to support ITU. Long waiters are start to be done within the independent sector following the prioritization of cancer and urgent patients. Position over trajectory (likely case scenario) due to growth in urgent and cancer demand.	Monitor utilization of IS sector and UHL using the new dashboard developed by ITAPS. Implementation of PTL review meetings with CMG for 52+ week patients Reinstating of elective list following Wave 2 Agree Elective activity with IS providers for Q4

Exception Reports

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
Cancelled patients not offered a date within 28 days of the cancellations UHL + Alliance	**20/21 Target – 0**	 Cancelled patients not offered a date within 28 days of the cancellations UHL + Alliance- starting 01/04/19	COVID- 19 has significantly impacted theatre capacity. Services instructed to only book for elective surgery patients who are clinically urgent or on a cancer pathway. This has reduced capacity to re-book patients within 28 days when they have been cancelled. These patient will carry on breaching as the services will not be able to get them listed. This has improved significantly through close management of theatre lists but has started to be impacted by increased emergency and COVID demand.	• Available capacity remains limited to re-book. These will need to be monitored and logged to ensure they are treated once we are able to increase elective capacity again. • Ensure the list are fully utilized within the IS • Engagement through weekly IS and alliance operational group by services. • Re-instate elective theatre capacity where possible following Wave 2
Is the number of cancelled patients OTD not offered a new date within 28 days of the cancellation at UHL or the Alliance	14 patients were not offered a new day within 28 days in November.			

Exception Reports

University Hospitals of Leicester NHS Trust

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
% Operations cancelled for non-clinical reasons on or after the day of admission UHL + Alliance	**20/21 Target – less than 1%**		Wave 2 has impacted theatre capacity significantly during November which has led to a reduction in theatre capacity a long side a greater demand for beds.

This has meant elective care has had to be managed on a daily basis reflecting the emergency demand. This in turn has led to an increase in cancelations on the day. | • 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. |
| Is the percentage of operations cancelled for non-clinical reasons on or after the day of admission by UHL and the Alliance. | Performance for November was 1.2%. | | | |

Exception Reports

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
Long Stay Patients (21+ days)	**20/21 Target – 70**		• Numbers of 21+ day patients remains above target but below the mean. A weekly increase has been noted since October. • ESM above target but below mean. • MSS/ RRCV / CHUGGs all above target and above mean.	• Continue to embed the NHSE/I weekly recording of medically fit for discharge patients with length of stay < 14 days and work with system partners to facilitate a timely discharge. • PDSA of Adult Social care 'virtually' at board rounds. • Targeted escalation of patients.
Is the number of adult patients that have been in hospital for over 21 days.	At the end of November, the number of long stay patients (21+ days) was 154.			

Long Stay Patients (21+ days)- starting 01/04/19

Exception Reports – Cancer

Performance	Key Messages	Key Actions
See additional slide	- Referrals have returned to pre COVID levels - We are starting to see small numbers of patients choosing not to come into hospital until after the second wave of COVID - We are starting to see patients delay treatment until after XMAS - We are seeing some cancellations on the day due to staffing and ITU capacity (no greater than October 2019)	- Use of the IS to optimise capacity – the outcome of the continuation of the contract will have an impact on cancer pathway delivery - The backlog and 104+ day pts are reviewed patient by patient daily - WLI's are supporting increased activity

Exception Reports – Cancer

University Hospitals of Leicester **NHS**
NHS Trust

Cancer performance October 2020

Standard	Target	Position
2WW	93%	90.4%
2WW Breast	93%	96.9%
31 Day 1st Treatments	96%	93.5%
31 Day SUB Surgery	94%	77.4%
31 Day DRUGS	98%	100%
31 Day Radiotherapy	94%	95.5%
62 Day	85%	70.4%
62 Day Screening	90%	78.9%
Consultant upgrade	85%	76.1%