Quality and Performance Report

Executive Summary from Acting CEO

Purpose of report:

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

Previous consideration:

Meeting	Date	Please clarify the purpose of the paper to that meeting using the categories above
CMG Board (specify which CMG)		
Executive Board	27/04/21	Discussion and Assurance
Trust Board Committee	29/04/21	Discussion and Assurance
Trust Board		

Context

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

Question

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

Conclusion Good News:

- **Mortality** the latest published SHMI (period January 2020 to December 2020) is 103 but remains within the expected range.
- CAS alerts compliant.
- MRSA 0 cases reported.
- **C DIFF** 8 cases reported this month.
- 90% of Stay on a Stroke Unit threshold of 80% achieved with 90.6% reported in March.
- 12 hour trolley wait 0 breaches reported.
- VTE compliant at 98.8% in April.
- Cancelled operations OTD 0.7% reported in April.
- Cancer Two Week Wait was 96.0% in March against a target of 93%.
- Cancer Two Week Wait (Symptomatic Breast) was 94.9% in March against a target of 93%.

Performance Challenges:

- **1 Never Event** reported in April.
- Fractured neck of femurs operated 0-35hrs performance is below target of 72% at 51.9%.
- UHL ED 4 hour performance 68.7% for April, system performance (including LLR UCCs) for April is 77.1%.
- Ambulance Handover 60+ minutes (CAD) performance at 7.5%.
- Cancer 31 day treatment was 85.2% in March against a target of 96%.
- Cancer 62 day treatment was 58.6% in March 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 50.2% at the end of April.
- 52+ weeks wait 12,370 breaches reported in April.
- Diagnostic 6 week wait was 38.2% against a target of 1% in April.
- Patients not rebooked within 28 days following late cancellation of surgery 6.
- Statutory and Mandatory Training is at 88%.
- Annual Appraisal is at 80.0%.
- TIA (high risk patients) 52.8% reported in April

Input Sought

I recommend that the Committee:

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

For Reference:

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

1. Quality priorities

Safe, surgery and procedures Safely and timely discharge Improved Cancer pathways

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

2. Supporting priorities:

[Yes /No /Not applicable] [Yes /No /Not applicable] [Yes /No /Not applicable]

People strategy implementation	[Yes / No /Not applicable]
Estate investment and reconfiguration	[Yes /No /Not applicable]
e-Hospital	[Yes /No /Not applicable]
More embedded research	[Yes /No /Not applicable]
Better corporate services	[Yes /No /Not applicable]
Quality strategy development	[Yes / No /Not applicable]

- 3. Equality Impact Assessment and Patient and Public Involvement considerations:
- What was the outcome of your Equality Impact Assessment (EIA)? Not applicable as purely data reporting.
- Briefly describe the Patient and Public Involvement (PPI) activities undertaken in relation to this report, or confirm that none were required

Not applicable as purely data reporting. What to measure is determined nationally or through priorities.

• How did the outcome of the EIA influence your Patient and Public Involvement ?

N/A

• If an EIA was not carried out, what was the rationale for this decision?

As above.

4. Risk and Assurance

Risk Reference:

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

5. Scheduled date for the **next paper** on this topic: 24th Ju

24th June 2021

6. Executive Summaries should not exceed **5 sides**

My paper does comply



Quality and Performance Report



April 2021

Operational Delivery Unit



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UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: PEOPLE, PROCESS AND PERFORMANCE COMMITTEE/QUALITY AND OUTCOMES COMMITTEE DATE: 27th MAY 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: APRIL 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

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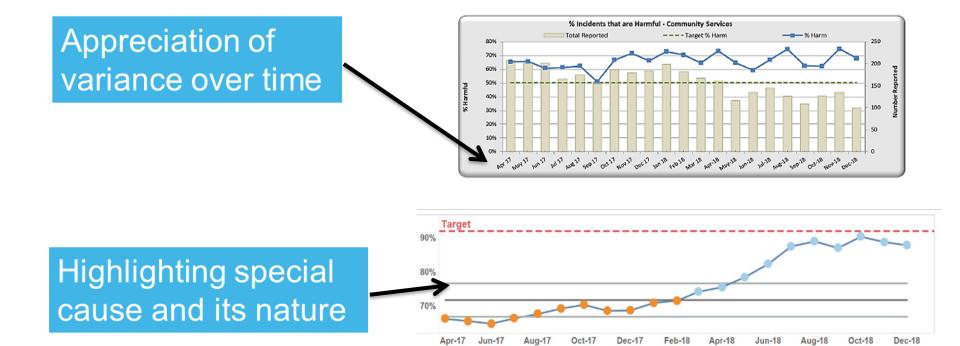


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Caring at its best

Key elements of a SPC dashboard



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Key elements of a SPC dashboard

Narrative support that supports SPC theory

Comment

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

Summary icons and a top level summary view



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indicated.....

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Domain	KPI	Target	Feb-21	Mar-21	Apr-21	YTD	Assurance	Variation	Trend	Data Quality Assessment
	Never events	0	0	1	1	1	?			Jan-20
	Overdue CAS alerts	0	0	0	0	0		(a) ⁰ /200		Nov-19
	% of all adults VTE Risk Assessment on Admission	95%	98.6%	98.6%	98.8%	98.8%			~~~	Dec-19
Safe	Emergency C-section rate	No Target	21.7%	21.7%	22.4%	22.4%		Has	~~~~~	Feb-20
Sa	Clostridium Difficile	108	5	7	8	8	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	(aglas)	<u></u>	Nov-17
	MRSA Total	0	0	0	0	0	?		~~~	Nov-17
	E. Coli Bacteraemias Acute	No Target	11	7	9	9				Jun-18
	MSSA Acute	No Target	2	4	6	6		(a) / b, a)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Nov-17

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Performance Overview

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Domain	KPI	Target	Feb-21	Mar-21	Apr-21	YTD	Assurance	Variation	Trend	Data Quality Assessment
	COVID-19 Community Acquired <= 2 days after admission	No Target	61.7%	78.2%	81.4%	81.4%				Oct-20
	COVID-19 Hospital-onset, indeterminate, 3-7 days after admission	No Target	16.5%	8.3%	17.1%	17.1%				Oct-20
	COVID-19 Hospital-onset, probable, 8-14 days after admission	No Target	13.0%	6.8%	0.0%	0.0%				Oct-20
Safe	COVID-19 Hospital-onset, healthcare-acquired, 15 or more days after admission	No Target	8.8%	6.8%	1.4%	1.4%				Oct-20
	All falls reported per 1000 bed days	5.5	5.4	3.7		4.6	?	(ay Pro)		Oct-20
	Rate of Moderate harm and above Falls PSIs with finally approved status per 1,000 bed days	No Target	0.10	0.07		0.10		agha	~~~~~	Oct-20
	Pressure Ulcers - All Validated	No Target	82	60	66	66			\sim	New KPI

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Domain	KPI	Target	Feb-21	Mar-21	Apr-21	YTD	Assurance	Variation	Trend	Data Quality Assessment
	Staff Survey Recommend for treatment	No Target	-	-	ommence rting resu					Data sourced externally
	Single Sex Breaches	0	-	-	ommence rting resu		?		AA	Mar-20
_	Inpatient and Day Case F&F Test % Positive	твс	99%	98%	98%	98%		(a) ⁶ 100	$\sqrt{1/2}$	Mar-20
Caring	A&E F&F Test % Positive	твс	94%	90%	89%	89%			J-m	Mar-20
S	Maternity F&F Test % Positive	твс	95%	97%	97%	97%		(a) ² 00	~~ ~~~	Mar-20
	Outpatient F&F Test % Positive	твс	95%	94%	95%	95%		(a) ² b ²	<u></u>	Mar-20
	Complaints per 1,000 staff (WTE)	No Target								Jan-20

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Domain	KPI	Target	Feb-21	Mar-21	Apr-21	YTD	Assurance	Variation	Trend	Data Quality Assessment
	Staff Survey % Recommend as Place to Work	No Target	-	-	ommence rting resu			Data sourced externally		
σ	Turnover Rate	10%	9.3%	9.3%	9.1%	9.1%		HAR	<u> </u>	Nov-19
l Led	Sickness Absence (Excludes E&F staff)	3%	7.3%	6.3%		7.1%	F			Mar-21
Well	% of Staff with Annual Appraisal (Excludes E&F staff)	95%	78.9%	80.2%	80.0%	80.0%	F	(a) (b)		Mar-21
	Statutory and Mandatory Training	95%	88%	88%	88%	88%	F	(a) % > 0		Feb-20
	Nursing Vacancies	No Target	12.3%	11.9%	11.4%	11.4%		Han		Dec-19

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Domain	KPI	Target	Feb-21	Mar-21	Apr-21	YTD	Assurance	Variation	Trend	Data Quality Assessment		
	Mortality Published SHMI	100	100	101	103	103 (Jan 19 to Dec 20)						
	Mortality 12 months HSMR	100	108	112	115	115 Feb 20 to Jan 21				May-21		
(J)	Crude Mortality Rate	No Target	2.6%	1.5%	1.4%	1.4%		(a) % > 0		May-21		
ctive	Emergency Readmissions within 30 Days	8.5%	9.9%	9.2%		9.5%	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	(ag ⁰ /200)		Sep-20		
Effective	Emergency Readmissions within 48 hours	No Target	1.0%	1.1%		1.2%			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Sep-20		
	No of #neck of femurs operated on 0-35hrs	72%	73.0%	68.0%	51.9%	51.9%	?		~	Sep-20		
	Stroke - 90% Stay on a Stroke Unit	80%	84.1%	90.6%		86.9%	?		~~~~~~	Mar-20		
	Stroke TIA Clinic Within 24hrs	60%	53.8%	60.8%	52.8%	52.8%	?		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Mar-20		

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Performance Overview



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Domain	KPI	Target	Feb-21	Mar-21	Apr-21	YTD	Assurance	Variation	Trend	Data Quality Assessment
	ED 4 hour waits UHL	95%	68.7%	71.8%	68.7%	68.7%	F			Mar-20
	ED 4 hour waits Acute Footprint	95%	77.8%	79.8%	77.1%	77.1%	F.			Data sourced externally
sive	12 hour trolley waits in A&E	0	0	0	0	0	?	(0) ² /200		Mar-20
bonsi	Ambulance handover >60mins	0.0%	4.2%	3.5%	7.5%	7.5%	?	(a) ⁰ /20		Data sourced externally
Res	RTT Incompletes	92%	52.8%	51.1%	50.2%	50.2%	F			Nov-19
LL.	RTT Waiting 52+ Weeks	0	10,942	12,625	12,370	12,370	F	Here		Apr-21
	Total Number of Incompletes	твс	84,470	87,968	91,700	91,700		Has		Nov-19

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Domain	KPI	Target	Feb-21	Mar-21	Apr-21	YTD	Assurance	Variation	Trend	Data Quality Assessment
	6 Week Diagnostic Test Waiting Times	1.0%	39.3%	35.9%	38.2%	38.2%	F			Nov-19
ive	Cancelled Patients not offered <28 Days	0	32	7	6	6	?	(ag ⁰ /b ⁰)		Nov-19
ponsi	% Operations Cancelled OTD	1.0%	0.9%	0.5%	0.7%	0.7%	?			Apr-21
espo	Long Stay Patients (21+ days)	135	184	162	140	140	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		~~~~~~	Sep-20
Re	Inpatient Average LOS	No Target	3.4	4.1	3.3	3.3				Sep-20
	Emergency Average LOS	No Target	5.3	5.1	5.1	5.1		(a) \$ 00		Sep-20

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Domain	KPI	Target	Jan-21	Feb-21	Mar-21	YTD	Assurance	Variation	Trend	Data Quality Assessment
	2WW	93%	92.7%	95.9%	96.0%	92.3%	?	(ag ^A bo)		Dec-19
cer	2WW Breast	93%	91.3%	96.0%	94.9%	95.4%	?	ay 8 40		Dec-19
Cance	31 Day	96%	86.9%	93.5%	85.2%	91.1%	?		~~~ <u>~</u>	Dec-19
e -	31 Day Drugs	98%	98.9%	98.6%	100%	99.6%	?	agha		Dec-19
nsiv	31 Day Sub Surgery	94%	62.7%	78.7%	56.9%	71.7%	?	(ag ⁰ /b ⁰)	<u>~~~~~</u>	Dec-19
Responsive	31 Day Radiotherapy	94%	95%	97.5%	96.8%	93.4%	?	Har		Dec-19
Ree	Cancer 62 Day	85%	65.8%	62.4%	58.6%	68.5%	F	(ag ^R bo)		Dec-19
	Cancer 62 Day Consultant Screening	90%	63.3%	45.0%	51.7%	63.9%	~~~~~	(a) \$ 00		Dec-19

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Performance Overview



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Domain	KPI	Target	Feb-21	Mar-21	Apr-21	YTD	Assurance	Variation	Trend	Data Quality Assessment
ent lation	% DNA rate	No Target	6.5%	6.5%	6.4%	6.4%		(as the	~	Feb-20
Outpatient Transformati	% Non Face to Face Appointments	No Target	48.7%	45.8%	42.3%	42.3%				Feb-20
Ou Tran	% 7 day turnaround of OP clinic letters	90%	84.6%	83.1%	87.4%	87.4%	?	(a) / ba	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Feb-20

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Domain	KPI	Target	Feb-21	Mar-21	Apr-21	YTD	Assurance	Variation	Trend	Data Quality Assessment
: Care Is	Mean Time to Initial Assessment	No Target	7.9	7.8	9.0	9.0				TBC
Urgent andard	Mean Time in ED	No Target	230	213	226	226		(a) ⁰ /200		TBC
Draft U Sta	Number of 12 hour waits in the Emergency Department	No Target	374	285	392	392		(a) ² 00	<u></u>	TBC

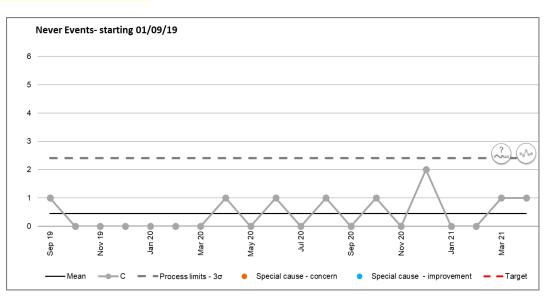
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Performance Overview

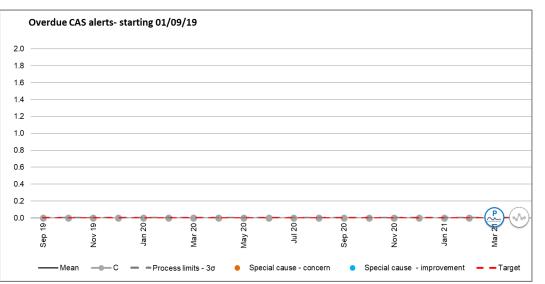


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Metric	Apr 21	YTD	Target
Never Events	1	1	0
7 never event	s in the la	st 12 mc	onths.

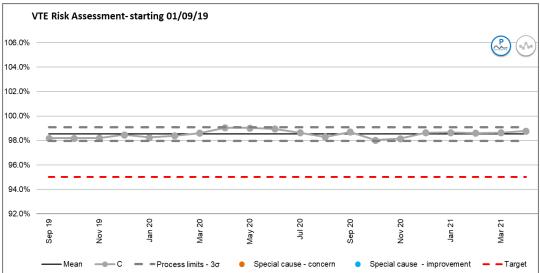


Metric	Apr 21	YTD	Target
Overdue CAS alerts	0	0	0
No overdue CA	S alerts si	nce June	e 2019.



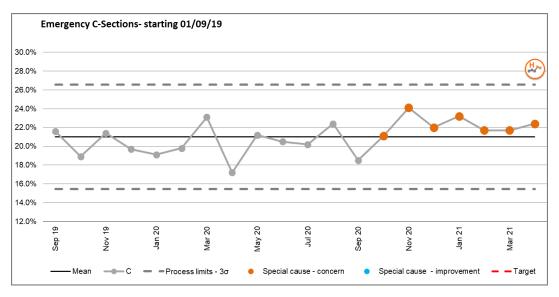
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Metric	Apr 21	YTD	Target
VTE Risk Assessment	98.8%	98.8%	95%
Common cause targe	variation, et next mo		deliver



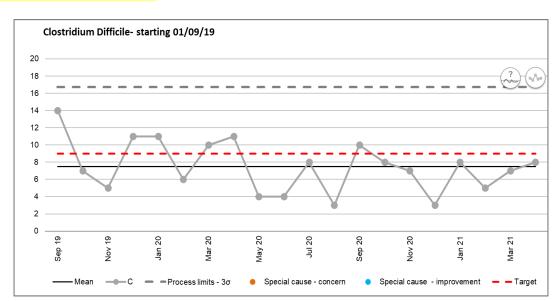
Apr 21	YTD	Target
22.4%	22.4%	No National Target
	22.4%	22.4% 22.4%

Special cause concern, the last 7 months have been above the mean.

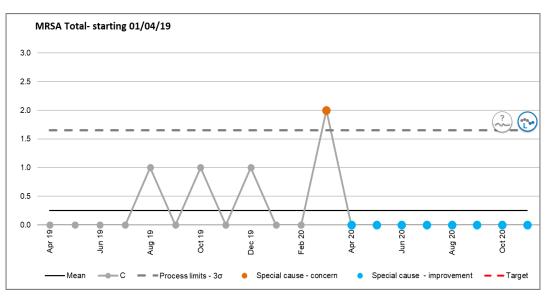


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Metric	Apr 21	YTD	Target
Clostridium Difficile	8	8	108
No significant targe	: variation. et next mo		hieve

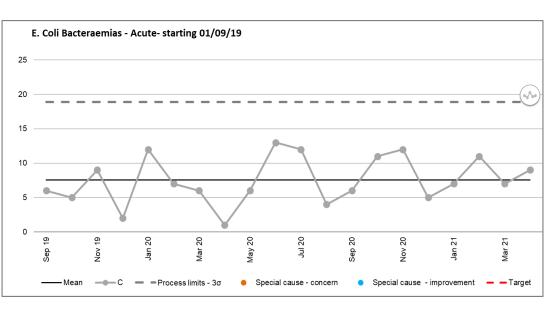


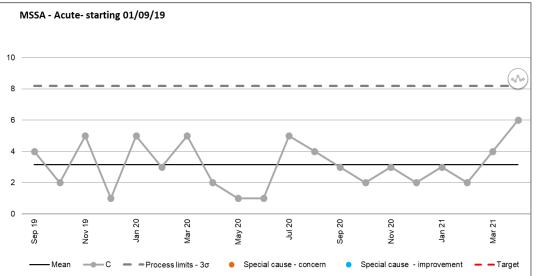
Metric	Apr 21	YTD	Target
MRSA Total	0	0	0
No assurance i n	if target wi ext month		hieved



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Metric	Apr 21	YTD	Target
E. Coli Bacteraemias - Acute	9	9	No National Target
No sign	iificant var	iation.	
Metric	Apr 21	YTD	Target
Metric MSSA - Acute	Apr 21 6	ytd 6	Target No National Target

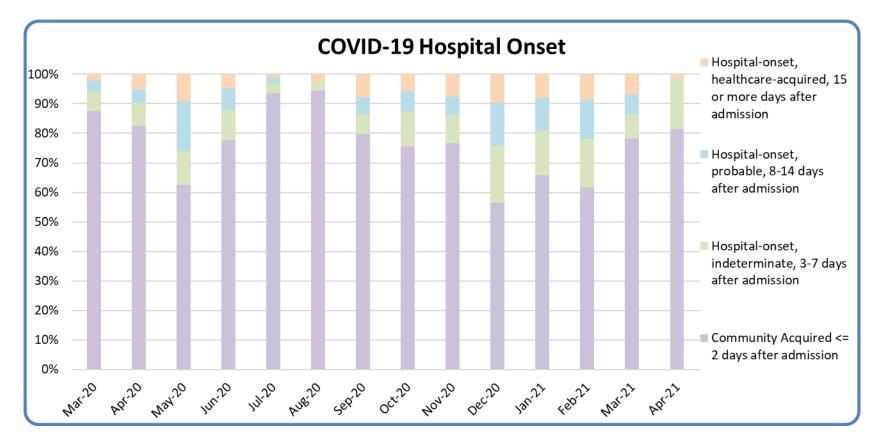




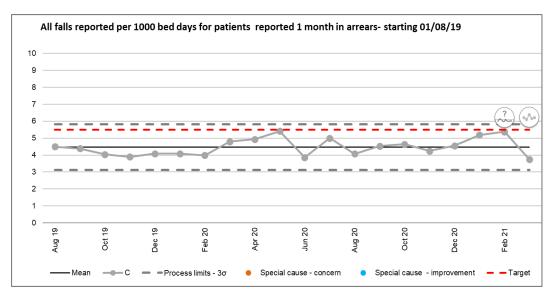
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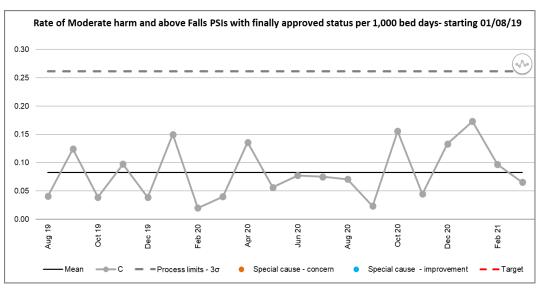
	Mar	-20	Apr	r-20	May	/-20	Jun	-20	Ju	ıl-20	Aug	g-20	Sep	-20	Oct	t-20	Nov	-20	Der	c-20	Jan	-21	Feb	o-21	Ma	ar-21	Apr	r-21
NHSI COVID-19 Onset Category	Patients	%																										
Community Acquired <= 2 days after admission	218	87.6%	619	82.4%	236	62.4%	168	77.8%	87	93.5%	34	94.4%	94	79.7%	237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



Metric	Mar 21	YTD	Target
All falls reported per 1000 bed days for patients	3.7	4.6	5.5
Common cause that the target		•	



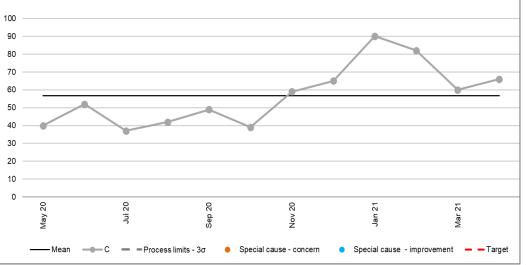
Metric	Mar 21	YTD	Target
Rate of Moderate harm and above Falls PSIs with finally approved status per 1,000 bed days	0.07	0.10	No National Target
No sign	ificant vaı	riation.	



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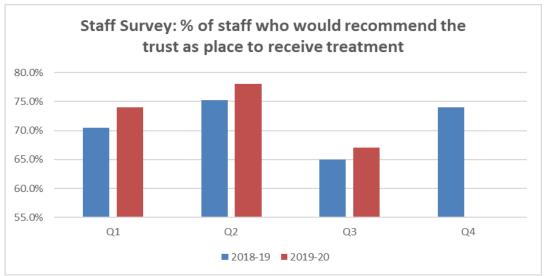
Metric	Apr 21	YTD	Target
Pressure Ulcers – Total Validated	66	66	No National Target
The number of pressure ulcers have increased over winter this year, which runs parallel to higher acuity and the second pandemic wave.			



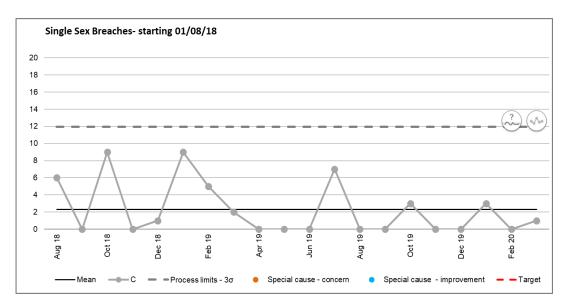


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Metric	Q3 19/20	YTD	Target
% of staff who would recommend the trust as place to receive treatment	67%	73%	No National Target
Reporting will c			ational
repor	ting resu	mes.	



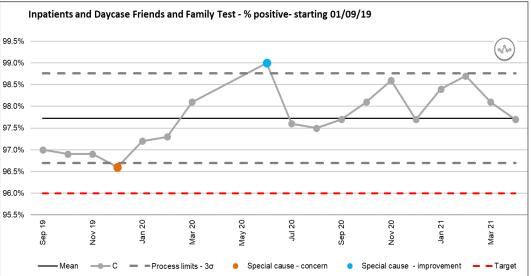
Metric	Mar 20	YTD	Target
Single Sex Breaches	1	14	0
Reporting will repo	commence orting resur		ational

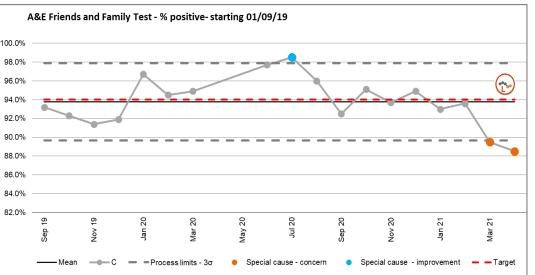


NHS Trust

Metric	Apr 21	YTD	Target
Inpatient and Day case F&F Test % Positive	98%	98%	твс
CMG repo	rting has	resumed	1.
Metric	Apr 21	YTD	Target

CMG reporting has resumed.

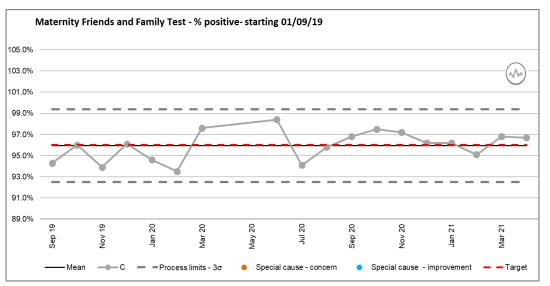




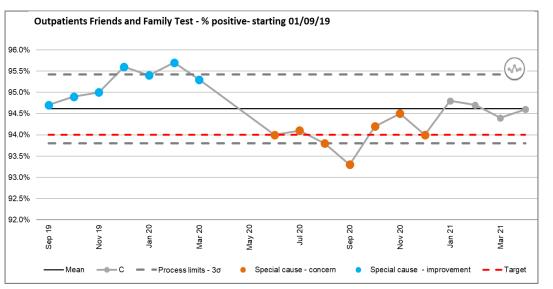
University Hospitals of Leicester NHS

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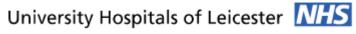
Metric	Apr 21	YTD	Target
Maternity F&F Test % Positive	97%	97%	твс
CMG repo	rting has	resumed	J.

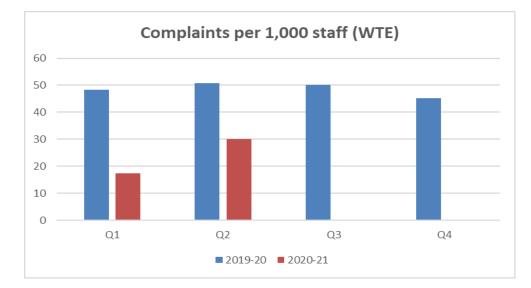


Metric	Apr 21	YTD	Target
Outpatients Friends and Family Test - % positive	95%	95%	твс
CMG repo	rting has	resumed	J.



Metric	Q2 20/21	YTD	Target
Complaints per 1,000 staff (WTE)	30.1	23.8	No National Target
Reporting will co reporting resume N		not availa	

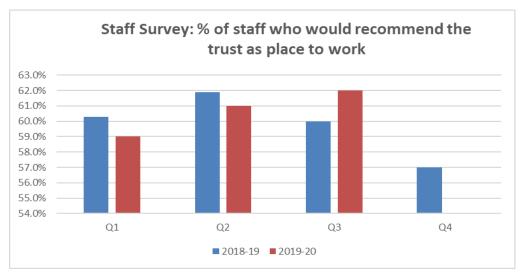




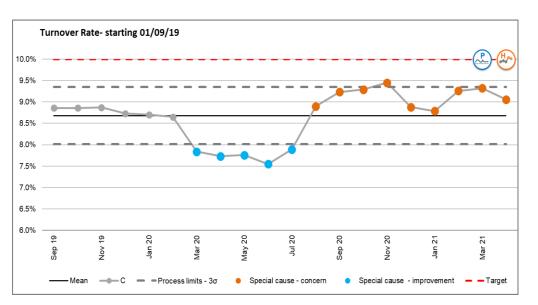
Well Led

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Metric	Q3 19/20	YTD	Target
Staff Survey % Recommend as Place to Work	62%	61%	Not within Lowest Decile
Reporting will co repor	ommence ting resu		ational



Metric	Apr 21	YTD	Target
Turnover Rate	9.1%	9.1%	10%
Special cause co very likely to ac			



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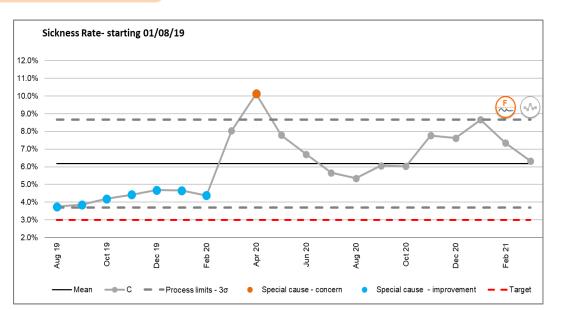
NHS Trust

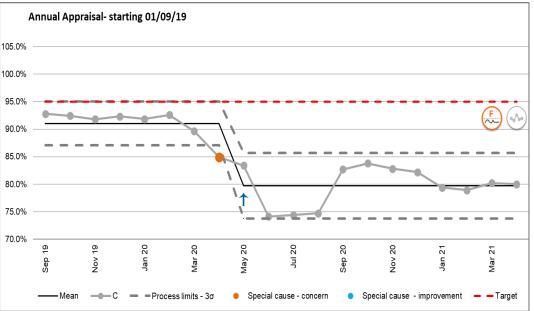
Sickness absence (excludes Estates and Facilities)	3%	7.1%	3%

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

Metric	Apr 21	YTD	Target
% of Staff with Annual Appraisal (excludes Estates and Facilities)	80.0%	80.0%	95%

Common cause variation following a deterioration in performance last year due to COVID-19. Very unlikely to achieve target.





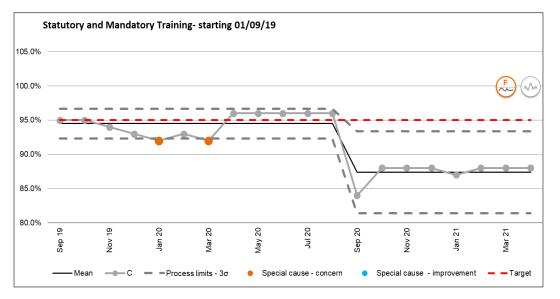
Well Led

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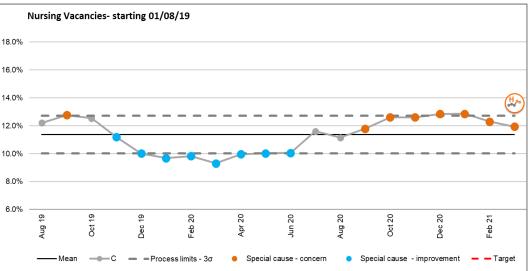
NHS Trust

Metric	Apr 21	YTD	Target
Statutory and Mandatory Training	88%	8 8%	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	Apr 21	YTD	Target
Nursing Vacancies	11.4%	11.4%	No National Target
Specia	al cause co	ncern.	



Effective

University Hospitals of Leicester MHS



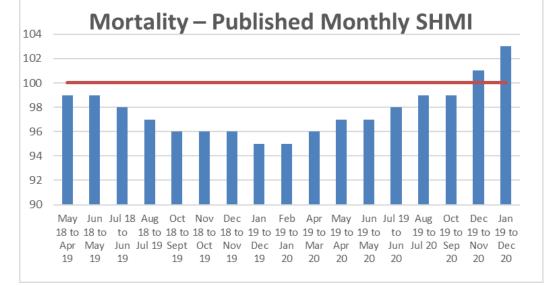
NHS Trust

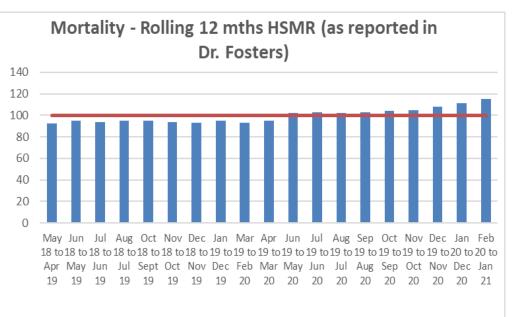
Metric	Jan 20 – Dec 20	Target	
Mortality – Published Monthly SHMI	103 (within expected range)	100	
UHL's SHMI has increased above 100 but remains within the expected range.			

Metric	Feb 20 – Jan 21	Target
Mortality - Rolling 12 mths HSMR as reported in Dr. Foster)	115	100

The increase in UHL's HSMR appears to be due to a significant fall in activity & change in case-mix from March 20. In addition to the reduced activity and increased number

of deaths (both related to the first wave of the COVID pandemic) there also appears to be a correlation with the changes made in Clinical Coding practice.

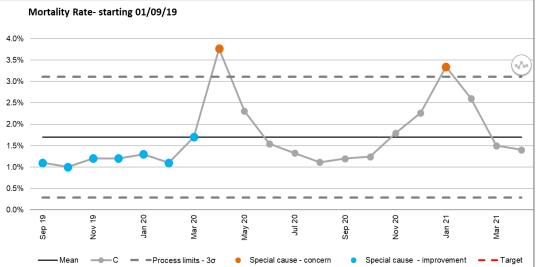




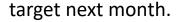
Effective

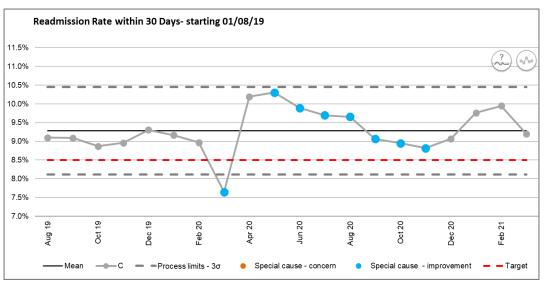
University Hospitals of Leicester NHS

Metric	Apr 21	YTD	Target
Crude Mortality	1.4%	1.4%	No National Target
Statistically January	significan due to CC		e in



Metric	Mar 21	YTD	Target	
Emergency readmissions within 30 days	9.2%	9.5%	8.5%	
Normal variation, unlikely to achieve				



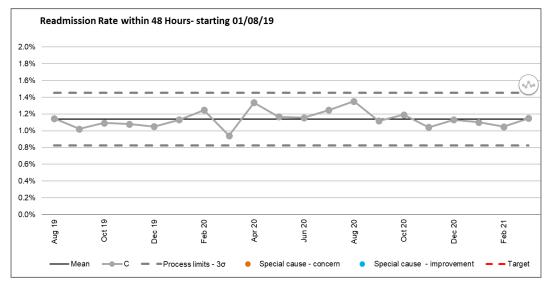


Effective

NHS Trust

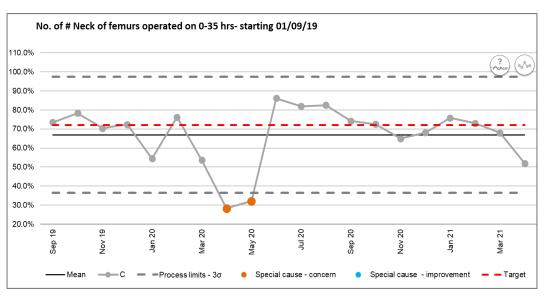
VHS

Metric	Mar 21	YTD	Target					
Emergency readmissions within 48 hrs	1.1%	1.2%	No National Target					
No significant variation.								



% Neck of femurs operated on under 36 hrs 51.9% 51.9% 72% Based on Admissions	Metric	Apr 21	YTD	Target
	operated on under 36 hrs Based on	51.9%	51.9%	72%

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



Effective

University Hospitals of Leicester NHS

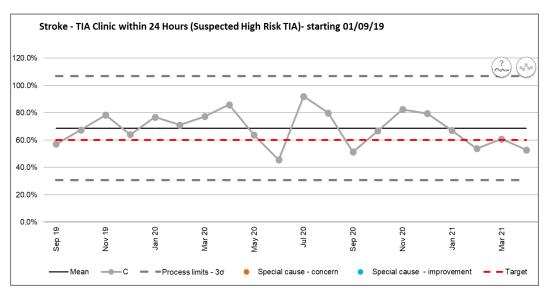
NHS Trust

Metric	Mar 21	YTD	Target				
Stroke - 90% of Stay on a Stroke Unit	90.6%	86.9%	80%				
Common cause variation, consistently achieving target.							

S	troke	e - 90%	6 of St	ay on	a Stro	oke Ur	nit- sta	arting	01/0	3/19										
00.0%																			?	
95.0%	-										_			-						-
90.0%		~	~								-	-	-			\wedge				2
35.0%								-		/						/	-	-	\checkmark	
30.0%	-										_									-
75.0%	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21
		Mean		Metric	_	= Proce	ss limits	ε - 3σ	•	Special	cause	- concer	n (Spe	cial cau	ise - im	proven	nent -	T	arge

Metric	Apr 21	YTD	Target
TIA Clinic within 24 Hours (Suspected High Risk TIA)	52.8%	52.8%	60%

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



For more information please see the Urgent Care Report - PPPC

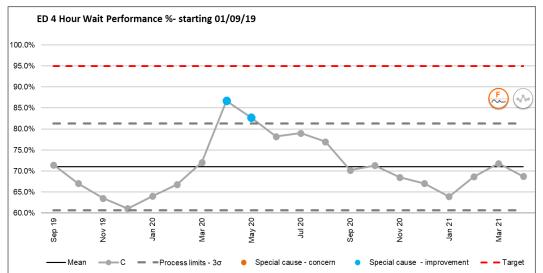
Metric	Apr 21	YTD	Target
ED 4 Hour Waits UHL	68.7%	68.7%	95%

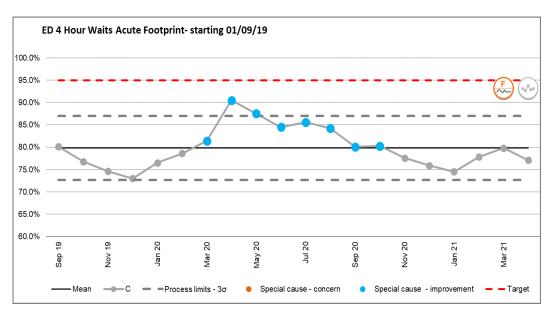
Continually failing target and will most likely fail to achieve target next month. Last month UHL performance ranked 113 out of 114 trusts nationally.

Metric	Apr 21	YTD	Target
ED 4 Hour Waits Acute Footprint	77.1%	77.1%	95%

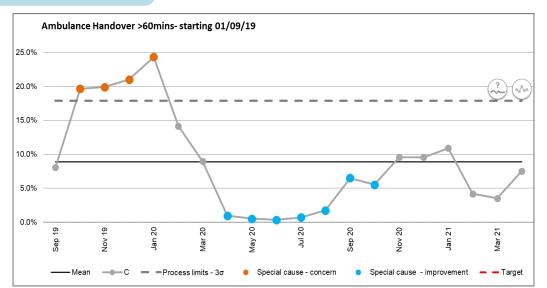
Continually failing target and will most likely fail to achieve target next month. Last month UHL performance ranked 104 out of 114 trusts nationally after including additional mapped type 3 activity.

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Metric	Apr 21	YTD	Target				
Ambulance Handover >60 Mins	7.5%	7.5%	0%				
Common cause variation, target will not be achieved this month.							



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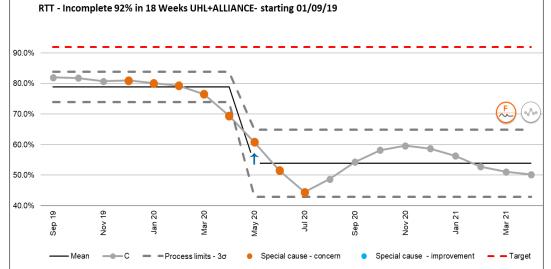
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Mar 21

Target

NHS Trust

Metric	Apr 21	YTD	Target					
RTT Incompletes	50.2%	50.2%	92%					
Performance has been deteriorating due to focus numbers on waiting list target and more recently COVID-19.								
Metric	Apr 21	YTD	Target					



Jul 20

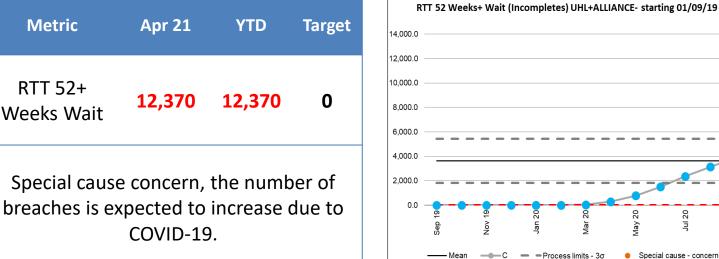
20

Sep

Nov 20

Special cause - improvement

Jan 21



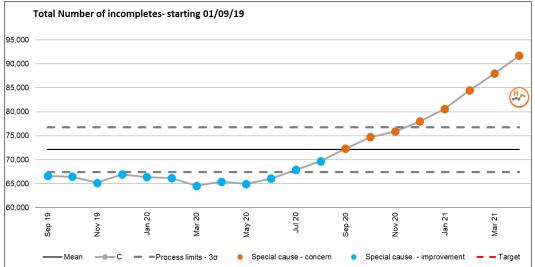
RTT 52+

Weeks Wait

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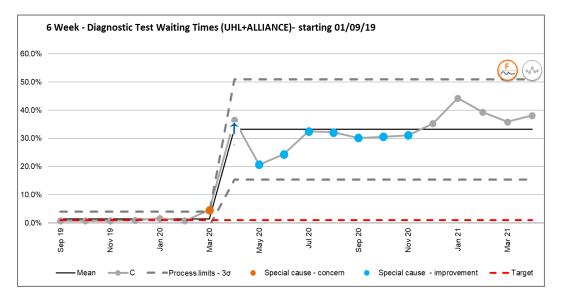
NHS Trust

Metric	Apr 21	YTD	Target				
Total Number of incompletes	91,700	91,700	твс				
Special cause concern due to COVID-19.							

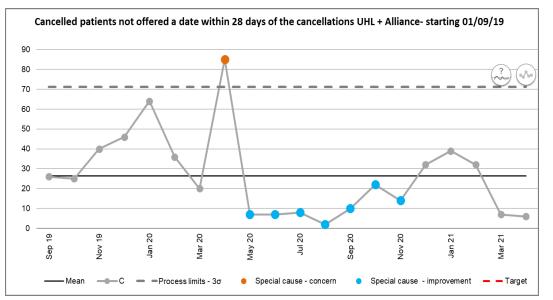


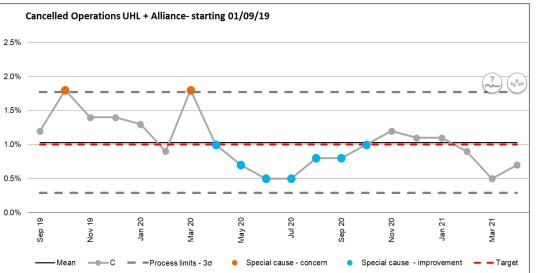
Metric	Apr 21	YTD	Target
6 Week Diagnostic Waits	38.2%	38.2%	1%
2		_	

Common cause variation, target not achieved since March 2020 due to COVID-19.



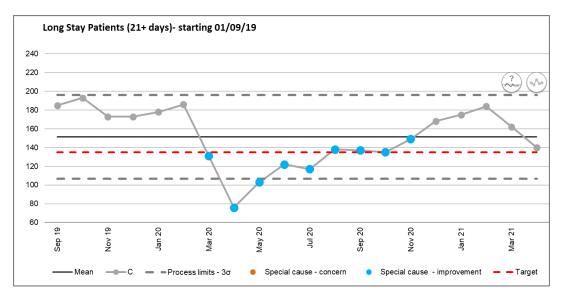
Metric	Apr 21	YTD	Target	
Cancelled patients not offered a date within 28 days of the cancellations	6	6	0	
Common cause variation – April 2020 was above the upper control limit due to COVID-19. Full Year target already breached.				
Metric	Apr 21	YTD	Target	
Metric % Operations cancelled on the day	Apr 21 0.7%	ут D 0.7%	Target 1%	



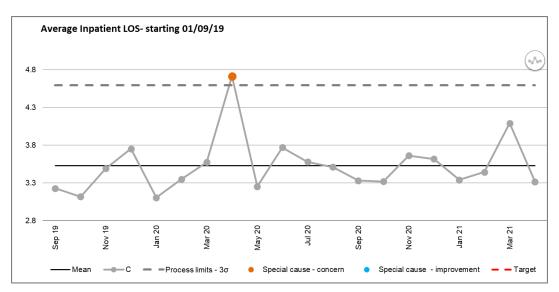


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Metric	Apr 21	YTD	Target	
Long Stay Patients (21+ days)	140	140	135	
Common cause variation. No assurance that the target will be delivered next month.				

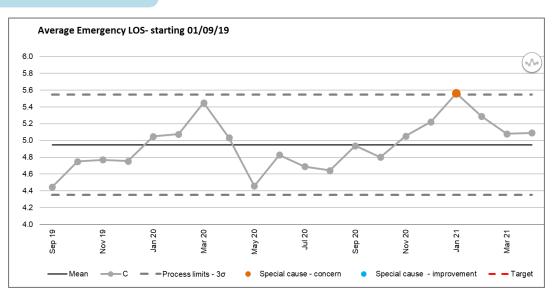


Metric	Apr 21	YTD	Target	
Average Inpatient LOS	3.3	3.3	No National Target	
Normal variation.				



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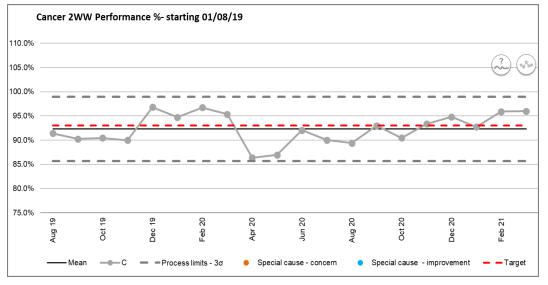
Metric	Apr 21	YTD	Target	
Average Emergency LOS	5.1	5.1	No National Target	
Normal variation.				



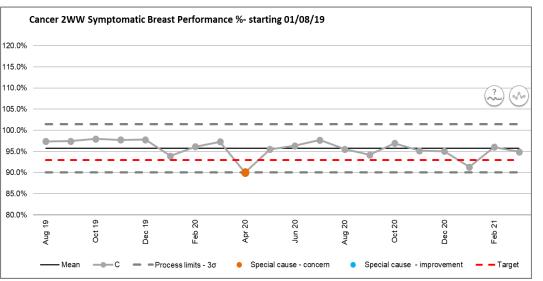
For more information please see the Cancer Recovery Paper - PPPC

University Hospitals of Leicester NHS

Metric	Mar 21	YTD	Target	
Cancer 2WW	96.0%	92.3%	93%	
Achieving				

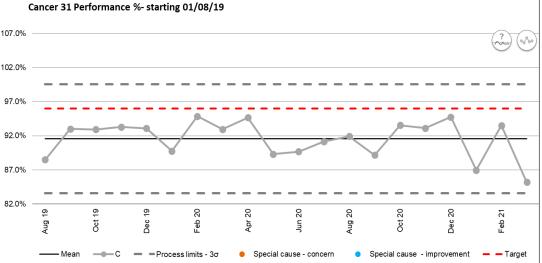


Metric	Mar 21	YTD	Target	
Cancer 2WW Breast	94.9%	95.4%	93%	
Achieving				

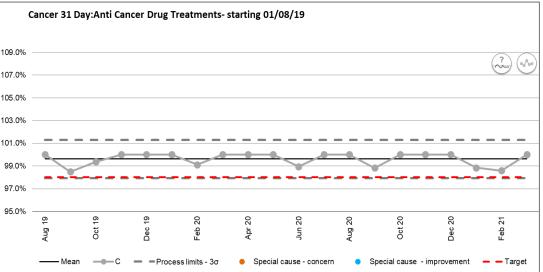


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	Metric	Mar 21	YTD	Target
Ca	ncer 31 Day	85.2%	91.1%	96%
	nlikely to achiev bacity but expeo with increa	ct to see de	ecrease in	backlog



Metric	Mar 21	YTD	Target	
Cancer 31 Day Drugs	100%	99.6%	98%	
Achieving				

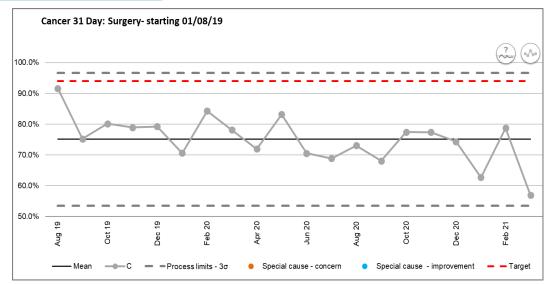


NHS Trust

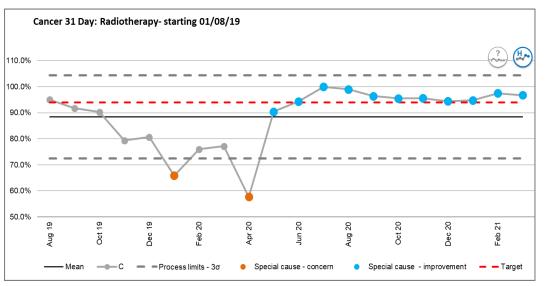
NHS

Metric	Mar 21	YTD	Target
Cancer 31 Surgery	56.9%	71.7%	94%

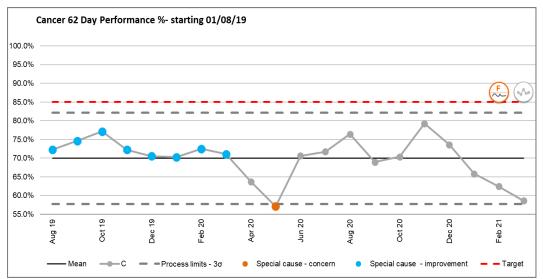
Unlikely to achieve target next month, performance is underperforming but we expect to see a decrease in backlog with increased theatre capacity



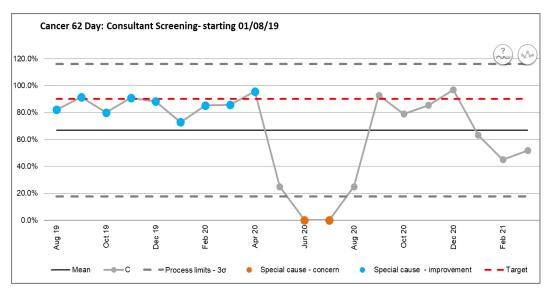
Metric	Mar 21	YTD	Target	
Cancer 31 Day Radiotherapy	96.8%	93.4%	94%	
Achieving				



Metric	Mar 21	YTD	Target
Cancer 62 Day	58.6%	68.5%	85%
Unlikely to achieve target next month, performance is underperforming.			



Metric	Mar 21	YTD	Target
Cancer 62 Day Consultant Screening	51.7%	63.9%	90%
Underperforming due to increased demand.			

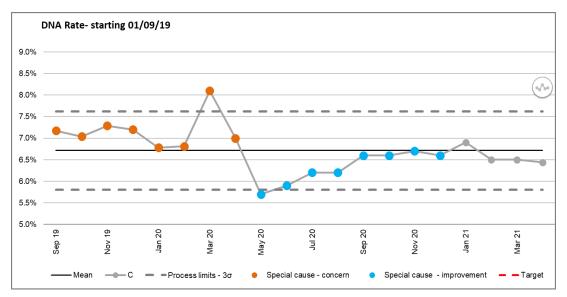


Outpatient Transformation

University Hospitals of Leicester MHS

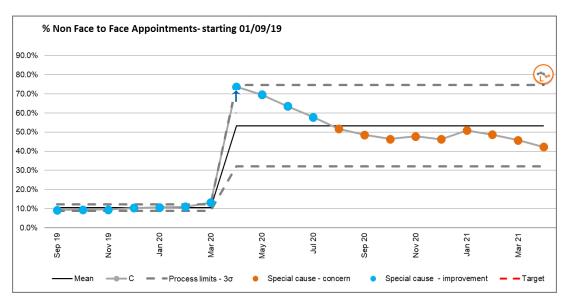
NHS Trust

Metric	Apr 21	YTD	Target	
% DNA Rate	6.4%	6.4%	No National Target	
Performance has returned to normal levels following a period of improvement which began during the COVID-19 first wave.				



Metric	Apr 21	YTD	Target
% Non Face to Face Appointments	42.3%	42.3%	No National Target

Special cause concern. There was a step change of improvement in April due to COVID-19.

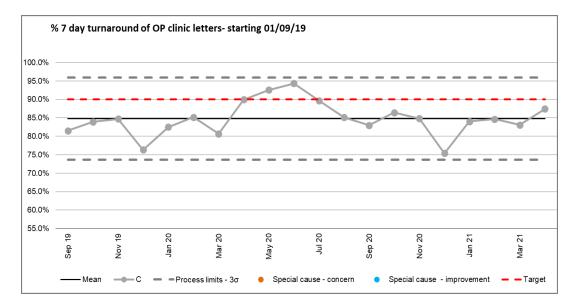


Outpatient Transformation

University Hospitals of Leicester NHS

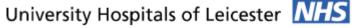


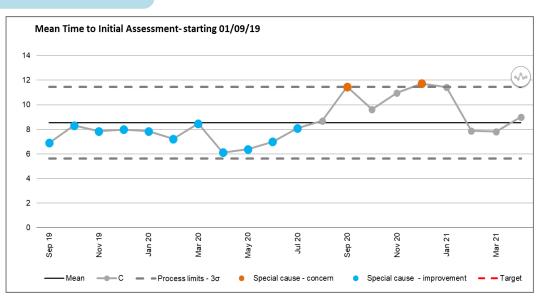
Metric	Apr 21	YTD	Target
% 7 day turnaround of OP clinic letters	87.4%	87.4%	90%
Common cause v the target will k	-		

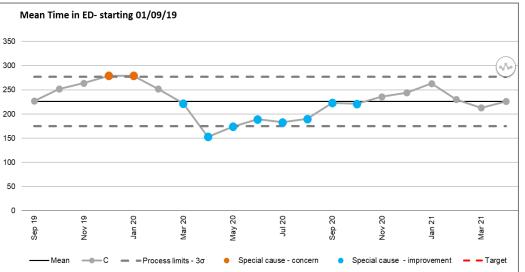


Draft Urgent Care Standards *KPI definitions still to be confirmed*

Metric	Apr 21	YTD	Target	
Mean Time to Initial Assessment (Minutes)	9.0	9.0	твс	
Common Cause Variation.				
Metric	Apr 21	YTD	Target	
Metric Mean Time in ED (Minutes)	Apr 21 226	ҮТ D 226	Target TBC	



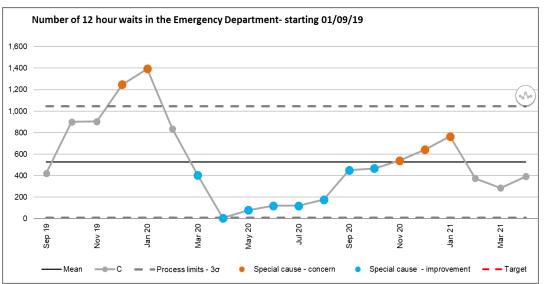




NHS Trust

Draft Urgent Care Standards *KPI definitions still to be confirmed*

Metric	Apr 21	YTD	Target
Number of 12 hour waits in the Emergency Department	392	392	твс
Commor	n Cause Va	ariation.	



Exception Reports

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
Never Events	21/22 Target – 0	Never livents-starting 01/09/19 6 5	Wrong site surgery (wrong patient surgery)	The clinical team present at the time of the
are a measure of the number of UHL never events at month end.	1 Never Event reported in April 2021.	2 2 2 3 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5	Nerve block procedure performed on the incorrect patient in	incident reflected on the events that occurred together.
			Sports Medicine Clinic.	An apology was offered by the consultant to the patient as soon as the error was identified on the day of the procedure.

Exception Reports

University Hospitals of Leicester NHS



Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
Sickness absence	20/21 Target – 3% or below	Sickness Rate- starting 01/08/19 12.0%	Sickness absence has decreased since February when it was 7.3%.	Sickness Training for Managers will begin again from June, and will
UHL has a locally agreed sickness absence target of 3%.	Performance in March was 7.1% excluding E&F	1000 505 505 505 505 505 505 505		be held virtually. Long-term sickness meetings and sickness hearings continue to go ahead, virtually wherever possible.
				We are seeking regional and national guidance on the appropriate management and recording of Long COVID.

Exception Reports

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
% of Staff with Annual Appraisal (excluding facilities Services) Is the percentage of staff who have had their Annual Appraisal(excluding facilities Services)	21/22 Target – greater than 95% Performance for April was 80.0%.	Annual Appraisal-starting 01/09/19 105% 005% <	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.	The Trust Tactical and Strategic Group have agreed on an alternative approach in response to COVID-19 for pressurized areas. HR Colleagues continue to communicate performance and support managers with implementing improvements. HR colleagues continue to send out details of outstanding appraisal to all areas for urgent line by line review/update.

Exception Reports

University Hospitals of Leicester NHS



Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
Statutory and Mandatory Training	21/22 Target – 95%	Statutory and Mandetory Training-starting 01/09/19 105.0% 105.0% 95.0%	The easing of seasonally related service pressures and pandemic related pressures can be seen in	Monthly compliance reports will continue to be sent out to 1800 managers and staff.
Is the percentage of staff that are up to date on their Statutory and Mandatory Training.	Performance for April was 88%	820% 820%	the increase in compliance. However, the addition of Safeguarding Children level 2 has meant that the overall figure has stayed at 88%. This is a positive sign as levels of compliance are not dropping despite pressures upon the Trust.	The auto-generated emailing to staff whose training will expire will continue. Due to the easing of COVID-19 related service pressures, the manually generated emailing to staff whose training has expired has started again.

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 There has	The increase in UHL's HSMR appears to be due to a significant fall in activity & change in case-mix from	Detailed clinical review undertaken by relevant Specialties of 3 diagnosis groups thought to be most contributing to our increased HSMR: • Septicaemia
HSMR is risk adjusted mortality where patients die in hospital (either in UHL or if transferred directly to another NHS hospital trust) over a 12 month period within 56 diagnostic groups* (which contribute to 80% of in-hospital deaths).	been a monthly increase in our HSMR since May 19-Apr 20 Performance for Feb 20 to Jan 21 has increased further and is now 115 and remains higher than expected	March 20. In addition to the reduced activity and increased number of deaths (both related to the first wave of the COVID-19 pandemic) there also appear to be a correlation with the changes made in Clinical Coding practice which was undertaken remotely from April 20 using electronic clinical information systems and without the patients	 Acute Bronchitis Senility No clinical concerns about the pathways for any of the diagnosis groups were identified but 'coding without the clinical notes' appears to have impacted on all 3
UHL'S HSMR Rolling 12 Mar 19-Feb 21 to F	2 Month HMSR	paper case notes. Reduced data capture of Palliativ care involvement a the beginning of 20/21 had a trustwide impact.	Agree process for validation of cases if 'signs and symptoms' primary diagnosis code Improve documentation of underlying cause of delirium

Exception Reports

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%	No. of # Stack of ference operated on 9.50 hrs. Starting 01/09/39 100.	 79 NOF's of which 38 exceeded the 36hr time to theatre target. Overall performance against target 51.90%. Those which were >36hrs were for the following reasons:- 7 patients - clinical reasons/unfit 29 patients- trauma priority patients/ lack of theatre capacity 1 patients – change in theatre list order 1 patient- RIP 	Continue to liaise with the REDs team to ensure turnaround of theatre equipment in a timely manner. Additional sessions sourced when able. Continued changes in the theatre / ward capacity available for Trauma. The LGH was no longer able to
Is the percentage of Neck of femurs patients operated on within 0-35 hours of admission.	Performance in April 2021 was 51.90%.		 This means that of the 38 patients who exceeded the threshold – 30 patients were within our control and 8 were outside of our control. ED wait times 0-4 hours = 8 patients 4-8 hours = 50 patients 8-12 hours = 8 patients Over 12 hours = 1 patient Ward referrals = 12 patients 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. In month this was the main cause of failure to attain the target time. Complex cases over running meaning case were cancelled due to lack of time. Priority emergency cases requiring surgery which had to be absorbed into existing theatre capacity. List changes subsequently equipment not available which contributed to failure of target time. 	support Trauma which resulted in a reduction of available beds and theatre capacity for ambulatory Trauma. The result being all Trauma activity came through the LRI sessions. Extension of the hip list at the weekends continues to help with the pressure of capacity and flow Theatre scheduling meetings weekly to work through the challenges for imaging support for NOFs and other specialities Operational meetings continue.

Exception Reports

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
Stroke - TIA Clinic within 24 Hours (Suspected High Risk TIA)	21/22 Target – 60% or above	Stroke - TA Clinic within 24 Hours (Suspected High Risk TIA)- starting 01/09/19 120 Ph 00 Ph 00 Ph 00 Ph 00 Ph 00 Ph	We missed the target by 12 patients. There are a number of factors which resulted in missing the targets. 1. oversubscription ie.	1. Significant number of inappropriate referrals come from junior doctors without a consultant review. Therefore the referral form is amended
Is the percentage of Suspected High Risk TIA patients which are seen within 24 Hours at the TIA Clinic.	Performance in April 2021 was 52.8%.	2075 00% 9 9 9 100 100 100 100 100 100	ever increasing number of referrals 2. Lack of access to usual clinics due to COVID ie. syncope, dementia, migraine 3. Patients refusing their first appointment. 3. Decline in clinical expertise in primary care leading to a safety-first approach, lack of pragmatic thinking, risk- aversity	to include that patient was discussed with the consultant. 2. Patients who refuse first choice appointment will be classed as low risk. Results of above changes may not be apparent in May figures as these were implemented only within the last week.

Exception Reports

University Hospitals of Leicester NHS



Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
Urgent Care	ED 4 Hour waits UHL performance was 68.7% in AprilED 4 Hour waits LLR provisional performance was 77.1% in AprilAmbulance Handover >60 Mins 		The Emergency department has seen a large increase in attendance in April 2021 compared to March 2021 with Monday 26th April 2021 the busiest day since December 2019 Even though there has been an increase in attendance the admissions have remained static which has led to the conversion rate reducing Continuation of ED GP at front door of adult department (10.00- 18.00), reviewing and discharging primary care patients (recommendation from Missed Opportunities audit) Audit of all walk-in adult patients to understand referral route and prior GP contact before coming to ED- initial findings to be discussed at UEC cell	 UHL wide approach to ensuring flow out of ED Support from the system/community to deflect attendances Admission Conversion rates impacted by COVID-19 Review model and processes at ED front door, including ambulance sieve Operational commissioning of newly converted ambulatory area ahead of major works starting in GPAU

Exception Reports

Description Current Performa	Trend / Benchmark nce	Key Messages	Key Actions
RTT Incompletes Performan Target – 92 Waiting Lis Target -TBC RTT - Incomp 92% in 18 W UHL + Alliand Performance April was 50. Total Number 	Ce 2% t Delete eeks ce for 2%. er of F April nts were	 Theatre capacity is being managed through the weekly SAS process to allocate resource for Cancer and Urgent patients Outpatients optimization board recommenced to improve efficiency within outpatients Waiting list has continued to grow, outpatients activity back up to 95% and theatres at 65% sessions deleivered. 	 Continue planning for elective recovery, aligning workforce, finance activity and efficiency opportunities Completion of Elective recovery plans – to be presented at EQB

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 April, 12,370 patients were waiting over 52 weeks on an RTT pathway.	TT 52 Weeks+ Wait (incompletes) UHL-ALLIANCE - starting 01/09/19	 COVID-19 continues to have a significant impact on elective theatre capacity Contracts with IS signed off for H1 Focus on Urgent and Cancer recovery. Ongoing clinical categorization of patients, clinical focus on volume of P2 patients Best case trajectories developed for 10 Specialties. Accounts for 86% of the admitted breaches. 	 Monitor 21/22 elective recovery trajectories with specialties through the weekly access meeting Ensure continuation of IPT patients to IS providers

Exception Reports

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Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
6 Week Diagnostic Waits Is the percentage of patients currently	21/22 Target – 1% Performance for April was 38.2%.	6 Week - Diagnostic Test Waiting Times (UHL-ALLIANCE) - starting 01/09/19 007% 007% 1 0 0 0 0 0 0 0 0 0 0 0 0 0	Increase in urgent cancer referrals has resulted in deterioration of imaging wait times.	MRI - 2 vans in place with plan to extend for the rest of the 2021/22. Retained 2 days support
waiting 6 weeks or more for a diagnostic test.		Image: Second cause - improvement - Image: Second cause - improvement -	Waiting times in audiology and gastroenterology improving.	from Nuffield. CT - Procurement plans for vans now complete – awaiting Trust approval. Additional van has been provided by NHSI/E with a June start date. Non-obstetric ultrasound - Additional agency staff appointed, however high turnover of staff is hampering progress. Audiology – increased capacity helping reduce backlog. Gastroenterology – Vanguard contract extended and ventilation work complete at LRI/LGH.

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	21/22 Target – 0	Cancelled patients not offered a date within 28 days of the cancellations UHL + Alliance-starting 01/09/19	Elective capacity has increase in April with further plans to increase in May. COVID-19 numbers have continue to decrease	 Next phase of theatre recovery planed for May 10th. 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	6 patients were not offered a new day within 28 days in April.	bend case - incrovement - Target	which has helped to see an improvement within April. Focus of P2 and cancer cases	

Exception Reports

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
Long Stay Patients (21+ days)	21/22 Target – 135	Long Siay Patients (21+ days)- starting 01/09/19	 This is the first month reporting against the new UHL target. Over recent weeks we 	 Focus group established to review Discharge Profile on Nerve Centre
Is the number of adult patients that have been in hospital for over 21 days.	At the end of April, the number of long stay patients (21+ days) was 140.	The second se	 have seen a decrease in the number of long stay patients, we are currently five patients above the revised target. ESM, CHUGGs and RRCV above target and above mean. MSS are below target and above mean 	 Education sessions commenced with staff on Discharge promotion weeks to increase understanding of LOS

Exception Reports – Cancer

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Performance	Key Messages	Key Actions
See additional slide	 Referrals have returned to pre COVID levels, and in some areas are higher than pre COVID (dermatology and breast) BCS continues in the IS There is a risk of decreased activity due to a change in WLI payments 	 Maximising patient safety Minimising internal delays Ensuring regular clinical review



NHS Trust

Cancer performance March 2021

Standard	Target	Position
2WW	93%	96.0%
2WW Breast	93%	94.9%
31 Day 1 st Treatments	96%	85.2%
31 Day SUB Surgery	94%	56.9%
31 Day DRUGS	98%	100%
31 Day Radiotherapy	94%	96.8%
62 Day	85%	58.6%
62 Day Screening	90%	51.7%
Consultant upgrade	85%	73.3%

Exception Reports

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Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
% 7 day turnaround of OP clinic letters	21/22 Target – 90%	% 7 day turnaround of OP clink letters- starting 01/09/19 100.76 8076 8076	 4.3% increase in performance against target, highest percentage since June 	 New member of performance team to start work (June 2021) with services
Is the percentage of Outpatient clinic letters turned around within 7 days	Performance for April was 87.4%	1993	 2020 though still under target Ophthalmology moved to Dit3 whilst still generating some letters on Dit2 – under performance due to new/multiple systems CHUGGS under performing against target as a whole 	 under performing to improve turn around times CHUGGS BI and Deputy HoOps working with services to improve performance and clear backlogs Expected improvement in ophthalmology performance once using single system