

# Executive Summary from CEO

Joint Paper 3

## 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		
Trust Board Committee	24/09/19	Discussion and Assurance
Trust Board		

# Executive Summary

## 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.

## Question

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

## Conclusion

### Good News:

- **Mortality** – the latest published SHMI (period May 2018 to April 2019) has decreased to 99, and remains within the expected range.
- **Diagnostic 6 week wait** – standard achieved for 13 consecutive months.

- **52+ weeks wait** – has been compliant for 15 consecutive months.
- **Delayed transfers of care** - remain within the tolerance.
- **12 hour trolley wait** - 0 breaches reported.
- **CAS alerts** - compliant.
- **MRSA** – 0 cases reported.
- **Single Sex Accommodation Breaches** – 0 reported in September.
- **Pressure Ulcers** - 0 **Grade 4**, 1 **Grade 3** and 5 **Grade 2** reported during September.
- **Inpatient and Day Case Patient Satisfaction (FFT)** achieved 97% which is above the national average.
- **90% of Stay on a Stroke Unit** – threshold achieved with 89.5% reported in August.
- **TIA (high risk patients)** – threshold achieved with 57.1% reported in September.
- **2 Week Wait Cancer Symptomatic Breast** was 97.4% in August.
- **Annual Appraisal** is at 92.8%.
- **Statutory and Mandatory Training** compliance is currently at 95% and has therefore achieved the Trust target.

### **Bad News:**

- **UHL ED 4 hour performance** – 71.1% for September, system performance (including LLR UCCs) was 80.5%.
- **Ambulance Handover 60+ minutes (CAD)** – performance at 8.1%.
- **Referral to treatment** – the number on the waiting list (now the primary performance measure) were above the NHSE/I trajectory and 18 week performance was below the NHS Constitution standard at 82.0%.
- **Cancer Two Week Wait** was 91.4% in August against a target of 93%.
- **Cancer 31 day treatment** was 88.5% in August against a target of 96%.
- **Cancer 62 day treatment** was 72.4% in August against a target of 85%.
- **C DIFF** – 14 cases reported this month.
- **Fractured NOF** was 69.2% in September, YTD is below target which is 72%.
- **Cancelled operations OTD** - 1.2% reported in September.
- **Patients not rebooked within 28 days following late cancellation of surgery** - 26.

## **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]
Safely and timely discharge	[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~~]  
 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:**

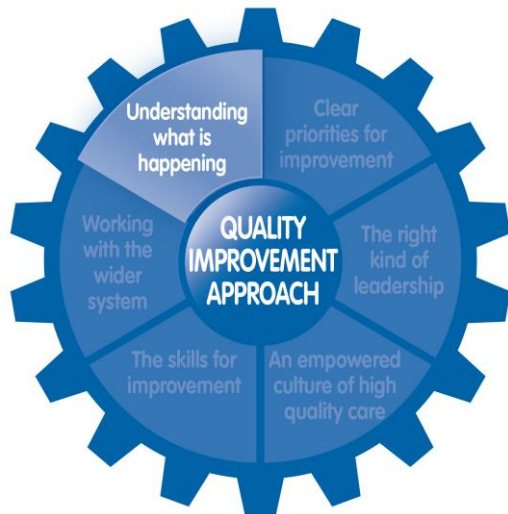
Does this paper reference a risk event?	Select (X)	Risk Description:
<b>Strategic:</b> Does this link to a <i>Principal Risk</i> on the BAF?	X	Failure to deliver key performance standards for emergency, planned and cancer care.
<b>Organisational:</b> Does this link to an <i>Operational/Corporate Risk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

5. Scheduled date for the **next paper** on this topic: 28<sup>th</sup> November 2019  
 6. Executive Summaries should not exceed **5 sides** My paper does comply



# Quality and Performance Report

September 2019



One team shared values

Operational Delivery Unit



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# UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

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

**DATE: 31<sup>st</sup> OCTOBER 2019**

**REPORT BY: ANDREW FURLONG, MEDICAL DIRECTOR**

**REBECCA BROWN, CHIEF OPERATING OFFICER**

**CAROLYN FOX, CHIEF NURSE**

**HAZEL WYTON, DIRECTOR OF PEOPLE AND ORGANISATIONAL DEVELOPMENT**

**SUBJECT: SEPTEMBER 2019 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 against the dimensions of accuracy, validity, reliability, timeliness, relevance and completeness.

# Statistical Process Control (SPC) charts

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

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

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

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

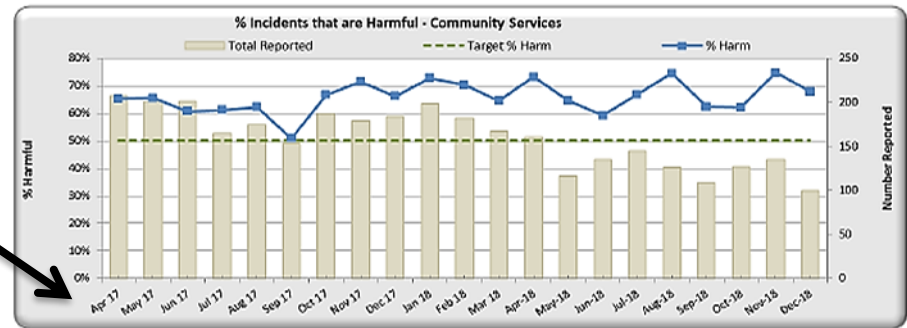
- Normal variation – (common cause) fluctuations in data points that sit between the upper and lower control limits
- Extreme values – (special cause) any value on the line graph that falls outside of the control limits. These are very unlikely to occur and where they do, it is likely a reason or handful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



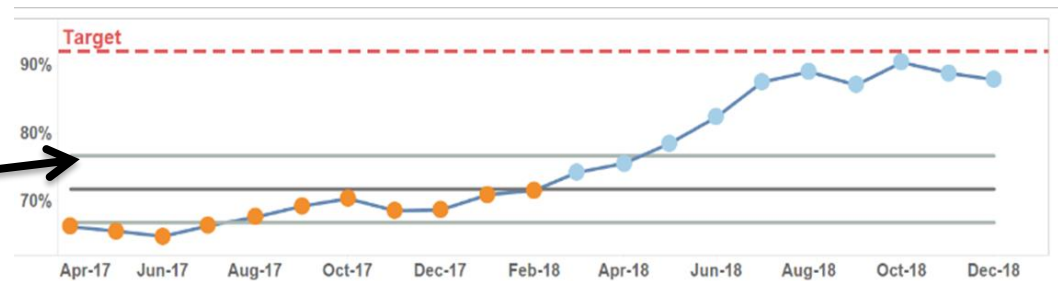


# Key elements of a SPC dashboard

Appreciation of variance over time



Highlighting special cause and its nature



One team shared values



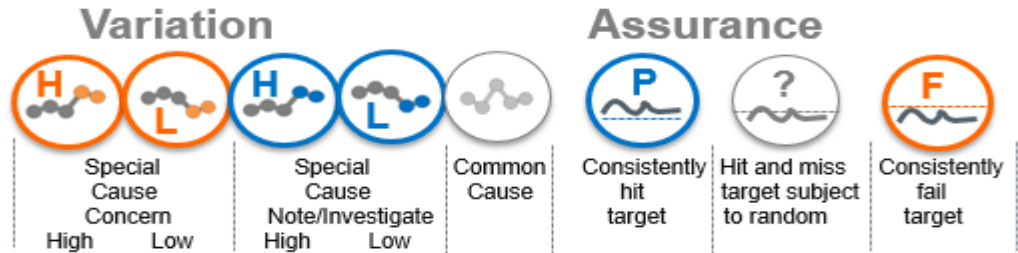
# Key elements of a SPC dashboard

Narrative support that supports SPC theory

Summary icons and a top level summary view

## Comment

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



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

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# Performance Overview

Domain	KPI	Target	Jul-19	Aug-19	Sep-19	YTD	Assurance	Variation	Trend	Data Quality Assessment
<b>Safe</b>	Never events	0	0	0	1	2				May-17
	Overdue CAS alerts	0	0	0	0	1				Nov-16
	% of all adults VTE Risk Assessment on Admission	95.0%	98.2%	97.8%	98.2%	98.1%				Nov-16
	Emergency C-section rate	TBC	20.2%	17.8%	21.8%	19.4%				TBC
	Clostridium Difficile	108	14	6	14	54				Nov-17
	Clostridium Difficile Rate per 100,000 bed days	TBC	32.1	13.7	33.1	20.9				TBC
	MRSA Total	0	0	1	0	1				Nov-17
	E. Coli Bacteraemias Acute	TBC	10	11	6	53				Jun-18
	MSSA Acute	TBC	4	2	4	18				Nov-17

One team shared values



# Performance Overview

Domain	KPI	Target	Jul-19	Aug-19	Sep-19	YTD	Assurance	Variation	Trend	Data Quality Assessment
<b>Safe</b>	All falls reported per 1000 bed stays	6.02	5.2	4.5		4.9				Jun-18
	Avoidable pressure ulcers G4	0	0	0	0	0				Aug-17
	Avoidable pressure ulcers G3	3	0	0	1	1				Aug-17
	Avoidable pressure ulcers G2	7	5	2	5	29				Aug-17
	Dementia assessment and referral - Percentage to whom case finding is applied	TBC	89.3%	88.4%		87.8%				TBC
	Dementia assessment and referral - Percentage with a diagnostic assessment	TBC	71%	55%		56%				TBC
	Dementia assessment and referral - Percentage of cases referred to specialist	TBC	100%	100%		100%				TBC

One team shared values



# Performance Overview

Domain	KPI	Target	Jul-19	Aug-19	Sep-19	YTD	Assurance	Variation	Trend	Data Quality Assessment
<b>Caring</b>	Staff Survey Recommend for treatment	TBC	78%	78%	78%	76%				Aug-17
	Single Sex Breaches	0	7	0	0	7				Dec-16
	Inpatient and Daycase F&F Test % Positive	96%	97%	97%	97%	97%				Jun-17
	A&E F&F Test % Positive	94%	94%	94%	93%	94%				Jun-17
	Maternity F&F Test % Positive	96%	95%	96%	94%	93%				Jun-17
	Outpatient F&F Test % Positive	94%	95%	95%	95%	95%				Jun-17
	Written complaints	TBC	228	223	212	1283				TBC

One team shared values



# Performance Overview

Domain	KPI	Target	Jul-19	Aug-19	Sep-19	YTD	Assurance	Variation	Trend	Data Quality Assessment
<b>Well Led</b>	Staff Survey % Recommend as Place to Work	TBC	61.0%	61.0%	61.0%	60.0%				Sep-17
	Turnover Rate	10%	8.9%	9.1%	8.9%	8.9%				Nov-17
	Sickness Absence	3%	3.9%	3.9%		3.8%				Oct-16
	% of Staff with Annual Appraisal	95%	91.8%	91.9%	92.8%	92.8%				Dec-16
	Statutory and Mandatory Training	95%	93.0%	93.0%	95.0%	95.0%				Dec-16
	Nursing Vacancies	TBC	13.6%	12.2%		12.2%				Dec-17

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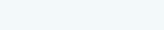








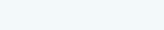



# Performance Overview

Domain	KPI	Target	Jul-19	Aug-19	Sep-19	YTD	Assurance	Variation	Trend	Data Quality Assessment
<b>Effective</b>	Mortality Published SHMI	99	99	100	99	99 (May 18 Apr 19)				Sep-16
	Mortality 12 months HSMR	99	95	93	92	92 (Jun 18 to May 19)				Sep-16
	Crude Mortality Rate	TBC	1.0%	0.9%	1.1%	1.0%				Sep-16
	Emergency Readmissions within 30 Days	8.5%	8.9%	9.1%		9.0%				Jun-17
	Emergency Readmissions within 48 hours	TBC	1.0%	1.1%		1.1%				TBC
	No of #neck of femurs operated on 0-35hrs	72%	58.3%	47.4%	69.2%	68.1%				Sep-16
	Stroke - 90% Stay on a Stroke Unit	80%	88.0%	89.5%		87.8%				Apr-18
	Stroke TIA Clinic Within 24hrs	60%	78.9%	72.4%	57.1%	68.1%				Apr-18

One team shared values



# Performance Overview

Domain	KPI	Target	Jul-19	Aug-19	Sep-19	YTD	Assurance	Variation	Trend variation	Data Quality Assessment
<b>Responsive</b>	ED 4 hour waits UHL	95%	72.0%	69.7%	71.4%	72.8%				Aug-17
	ED 4 hour waits Acute Footprint	95%	80.6%	79.4%	80.1%	80.9%				Aug-17
	12 hour trolley waits in A&E	0	0	0	0	0				Mar-19
	Ambulance handover >60mins	0.0%	10.2%	10.1%	8.1%	7.0%				TBC
	RTT Incompletes	92%	83.3%	81.6%	82.0%	82.0%				Nov-16
	RTT Wating 52+ Weeks	0	0	0	0	0				Nov-16
	Total Number of Incompletes	64,404	65,600	65,903	66629	66,629				TBC

One team shared values





# Performance Overview

Domain	KPI	Target	Jul-19	Aug-19	Sep-19	YTD	Assurance	Variation	Trend variation	Data Quality Assessment
<b>Responsive</b>	6 Week Diagnostic Test Waiting Times	1.0%	0.9%	1.0%	0.8%	0.8%				Mar-19
	Cancelled Patients not offered <28 Days	0	17	26	26	122				Jul-18
	% Operations Cancelled OTD	1.0%	1.3%	1.3%	1.2%	1.2%				Jul-18
	Delayed Transfers of Care	3.5%	1.8%	1.6%	1.7%	1.6%				Oct-17
	Super Stranded Patients	135	160	169	186	186				TBC
	Inpatient Average LOS	TBC	3.6	3.6	3.5	3.5				TBC
	Emergency Average LOS	TBC	4.4	4.4	4.4	4.5				TBC

One team shared values



# Performance Overview

Domain	KPI	Target	Jun-19	Jul-19	Aug-19	YTD	Assurance	Variation	Trend	Data Quality Assessment
<b>Responsive - Cancer</b>	2WW	93%	91.0%	91.8%	91.4%	92.7%				Jun-16
	2WW Breast	93%	94.5%	91.9%	97.4%	93.6%				Jun-16
	31 Day	96%	93.9%	92.9%	88.5%	92.8%				Jun-16
	31 Day Drugs	98%	99.2%	100%	100%	99.6%				Jun-16
	31 Day Sub Surgery	94%	78.1%	86.7%	91.6%	85.9%				Jun-16
	31 Day Radiotherapy	94%	96.8%	97.0%	95.0%	97.2%				Jun-16
	Cancer 62 Day	85%	74.4%	76.3%	72.4%	74.8%				Jun-16
	Cancer 62 Day Consultant Screening	90%	78.9%	85.3%	82.1%	83.2%				Jun-16

One team shared values



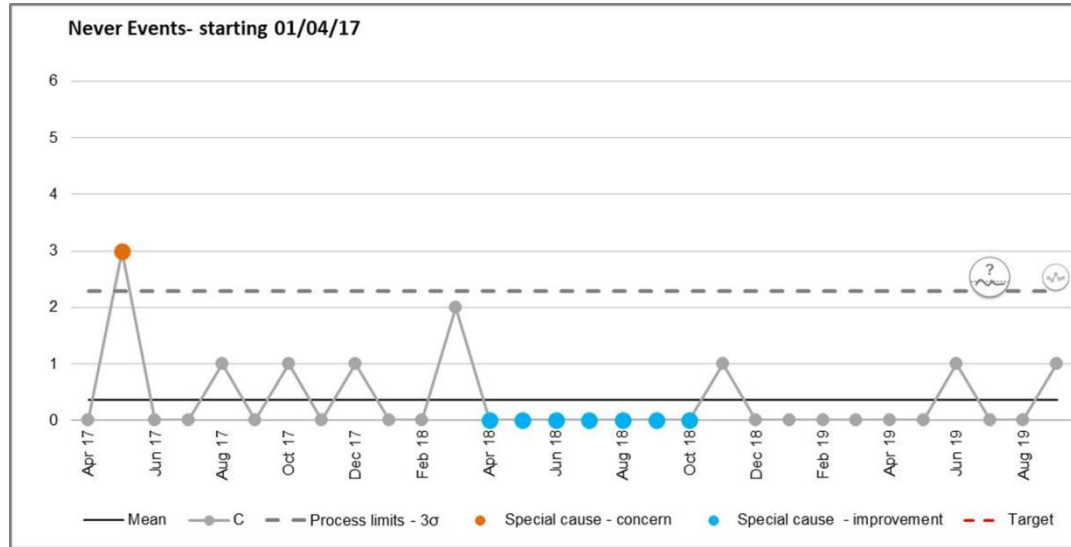
# Performance Overview

Domain	KPI	Target	Jul-19	Aug-19	Sep-19	YTD	Assurance	Variation	Trend	Data Quality Assessment
Outpatient Transformation	% DNA rate	TBC	6.7%	7.2%	7.3%	6.8%				Nov-17
	% Virtual clinic appointments	TBC	5.3%	5.7%	5.3%	5.4%				Oct-16
	% 7 day turnaround of OP clinic letters	90%	72.5%	81.8%		72.6%				Dec-16

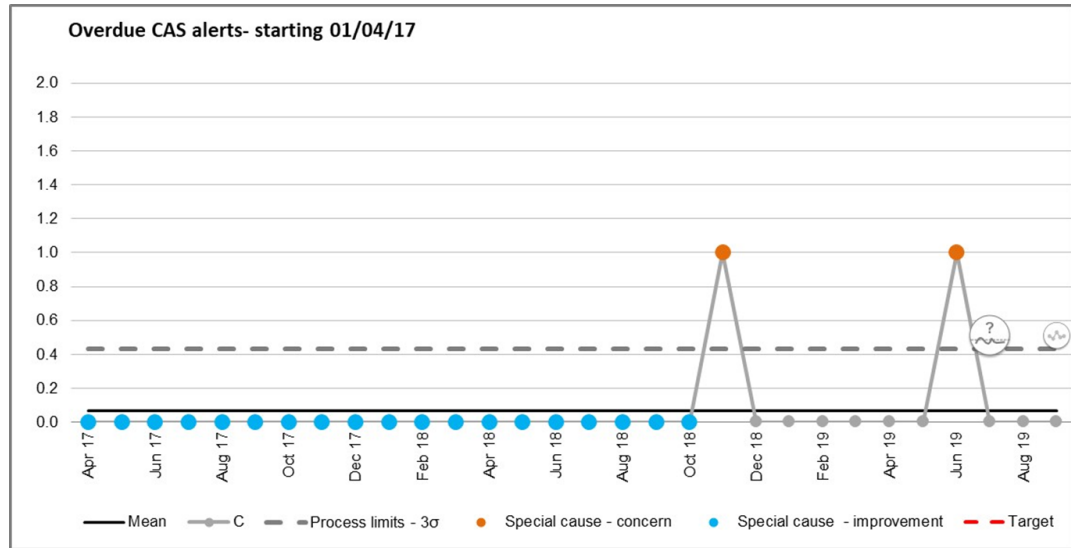
One team shared values



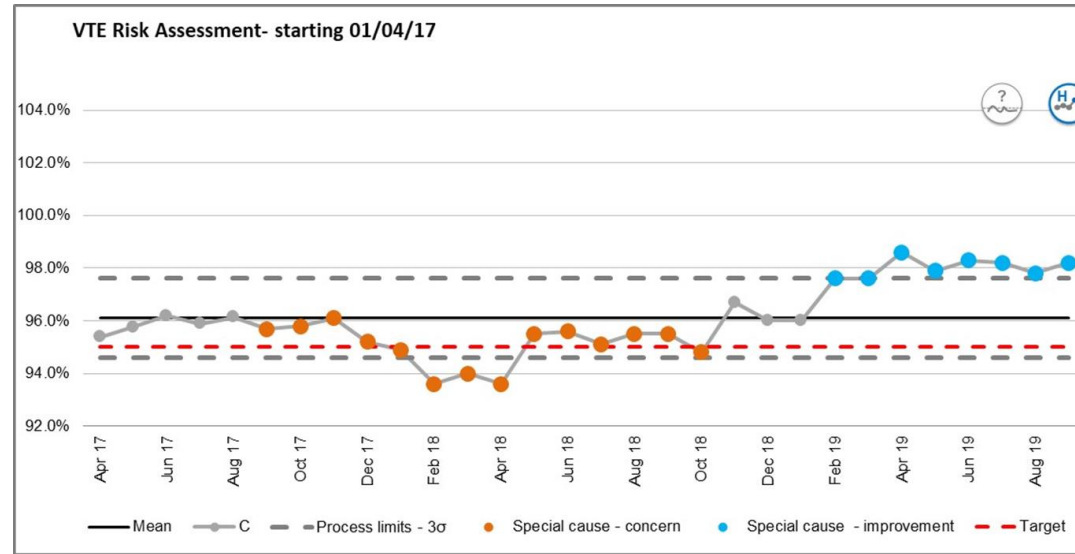
Metric	Sep 19	YTD	Target
Never Events	1	2	0
2 never events in the last 16 months.			



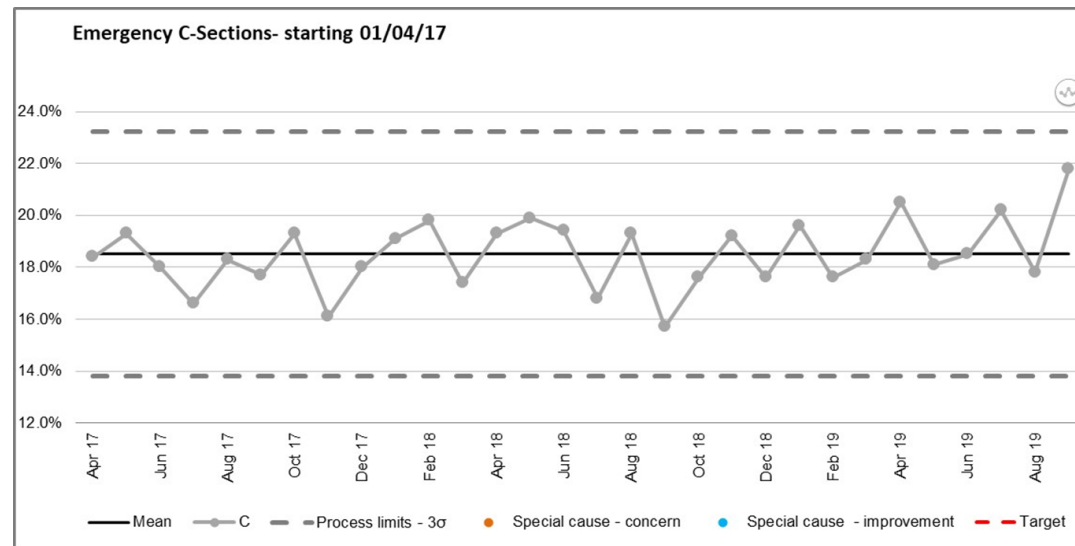
Metric	Sep 19	YTD	Target
Overdue CAS alerts	0	1	0
Full year target can no longer be achieved due to 1 breach in June 19.			



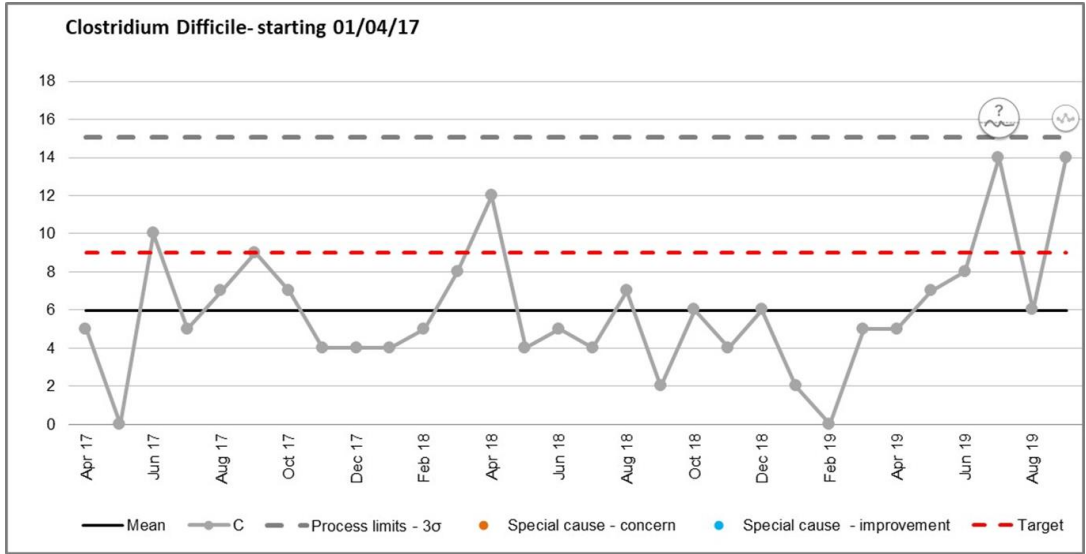
Metric	Sep 19	YTD	Target
VTE Risk Assessment	<b>98.2%</b>	<b>98.1%</b>	<b>95%</b>
<p>This metric has improved significantly in the last 7 months. Likely to achieve target again next month.</p>			



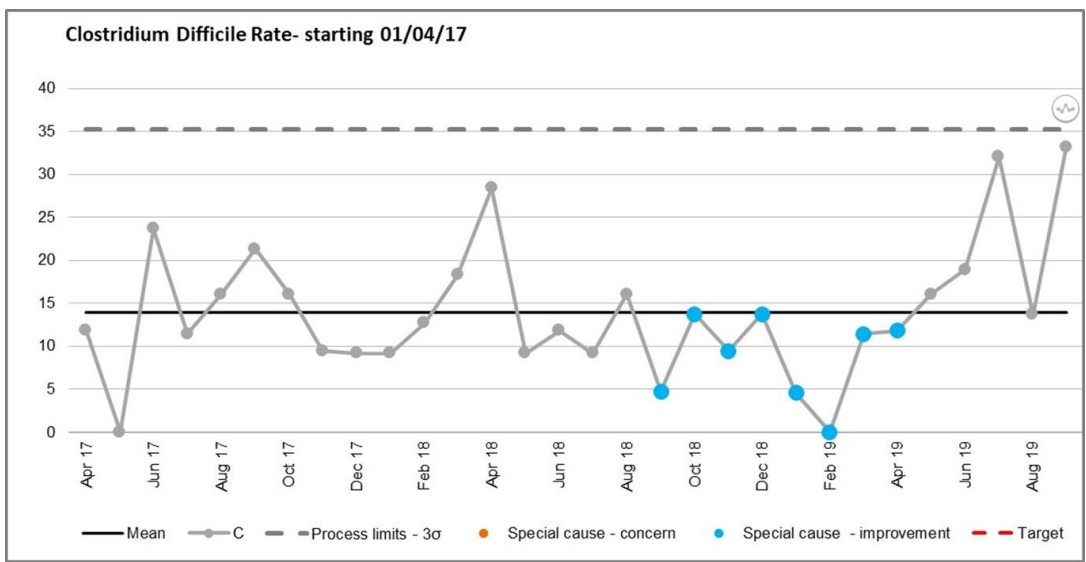
Metric	Sep 19	YTD	Target
% Emergency C-Sections	<b>21.8%</b>	<b>19.4%</b>	<b>N/A</b>
<p>This metric is not varying significantly from the mean.</p>			



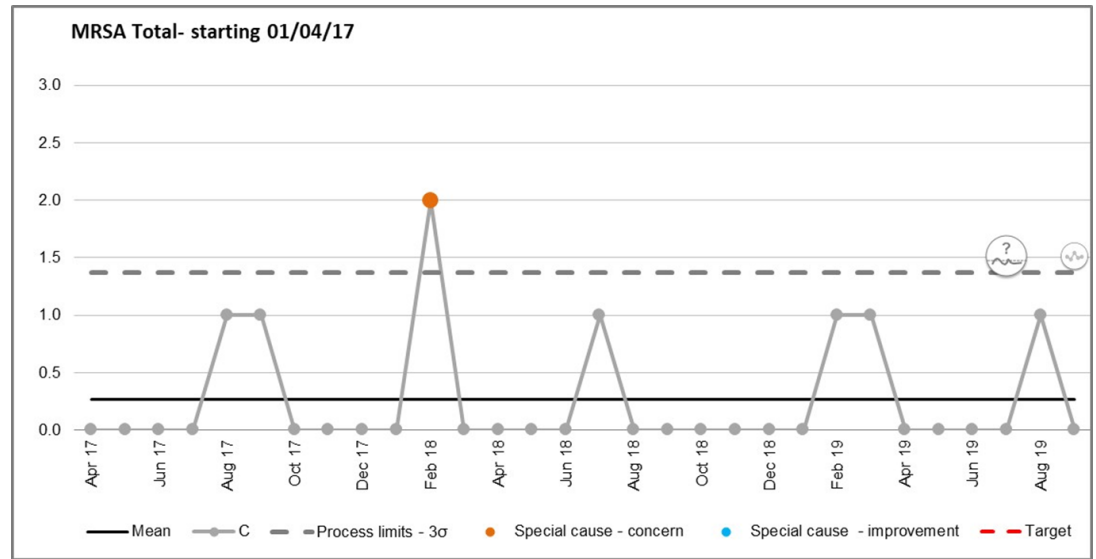
Metric	Sep 19	YTD	Target
Clostridium Difficile	<b>14</b>	<b>54</b>	<b>108</b>
<p>This metric is relatively stable. Likely to achieve target next month.</p>			



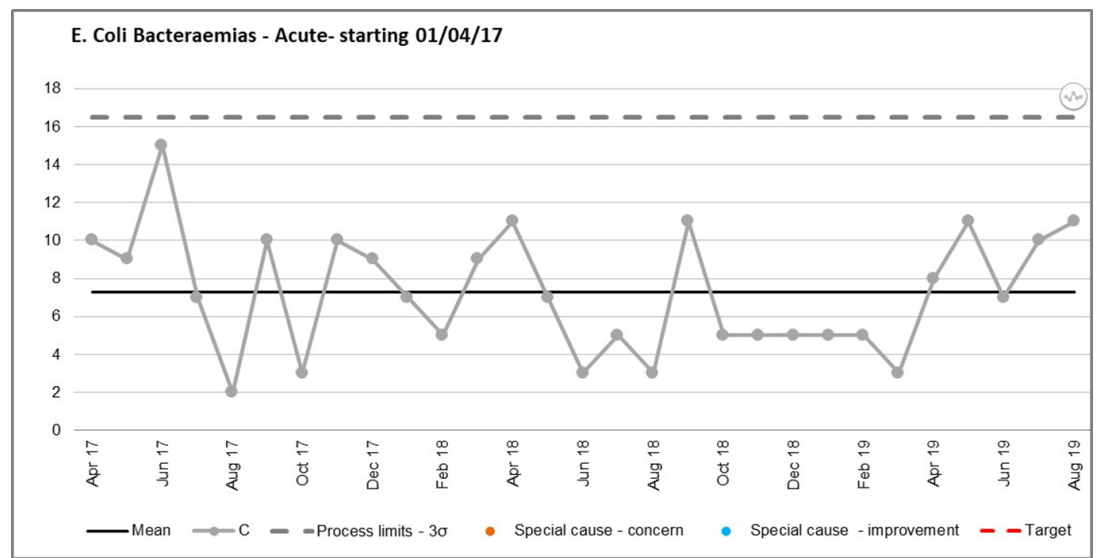
Metric	Sep 19	YTD	Target
Clostridium Difficile Rate per 100000 Bed Days	<b>33.1</b>	<b>20.1</b>	<b>TBC</b>
<p>This metric is relatively stable. Likely to achieve target again next month.</p>			



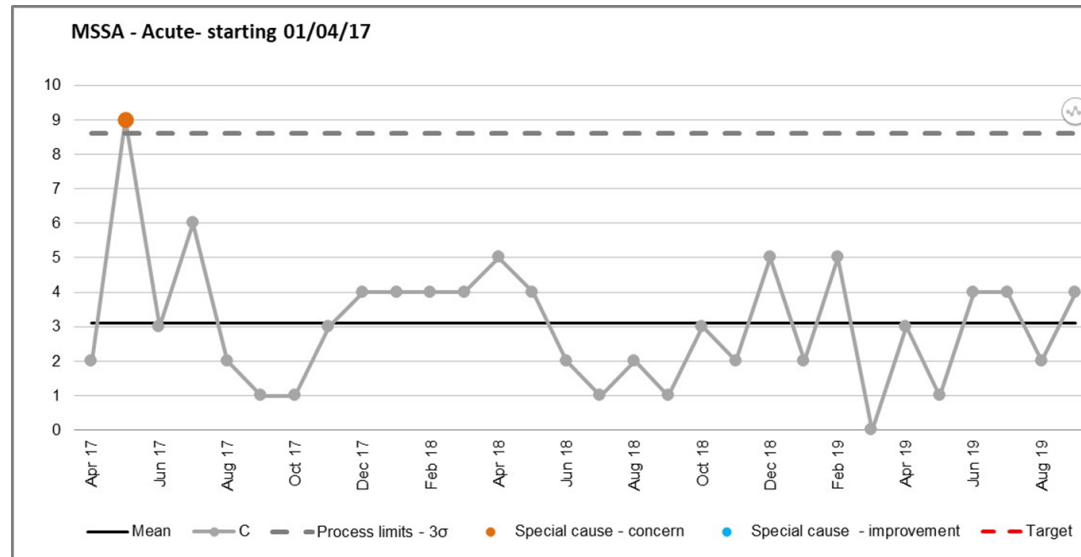
Metric	Sep 19	YTD	Target
MRSA Total	0	1	0
<p>Target is zero and there has already been 1 YTD it is now impossible to achieve the full year target.</p>			



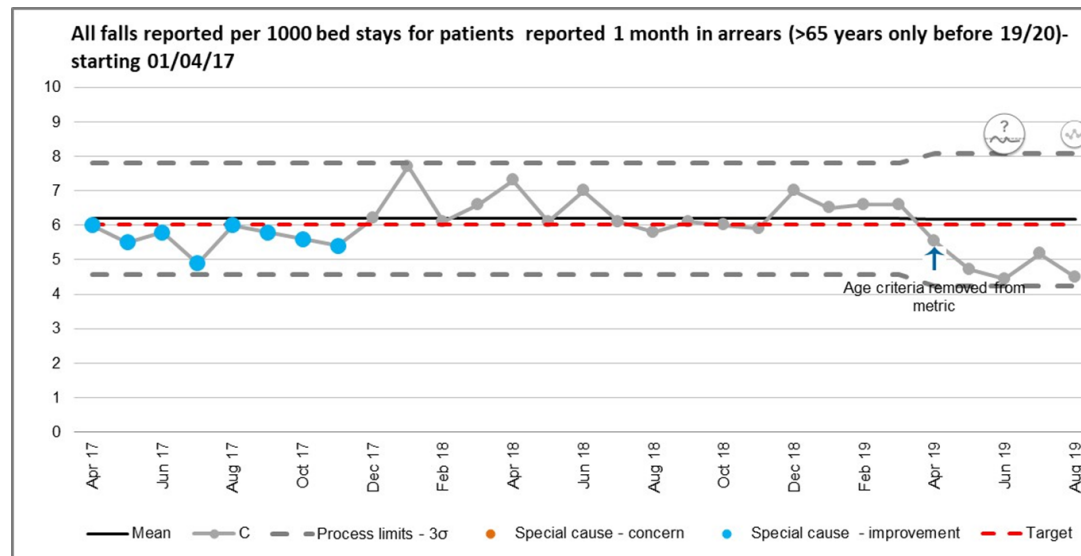
Metric	Sep 19	YTD	Target
E. Coli Bacteraemias - Acute	6	53	TBC
<p>This metric is relatively stable. Little cause for concern. Target yet to be confirmed.</p>			



Metric	Sep 19	YTD	Target
MSSA - Acute	<b>4</b>	<b>18</b>	<b>TBC</b>
<p>This metric is relatively stable with little variation over the past 12 months. Target yet to be confirmed.</p>			

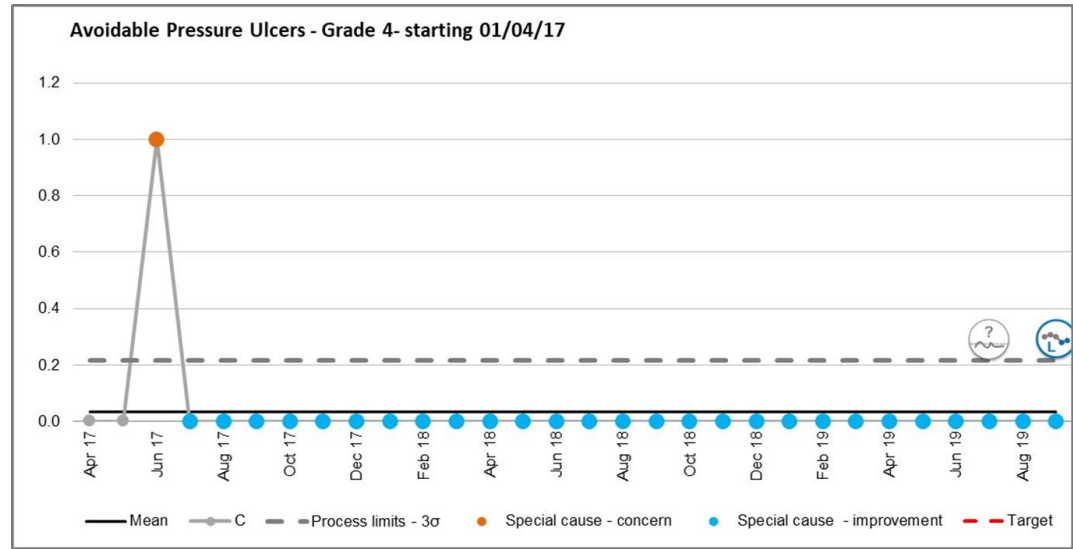


Metric	Aug 19	YTD	Target
All falls reported per 1000 bed stays for patients	<b>4.5</b>	<b>4.9</b>	<b>6.02</b>
<p>Normal variation, may achieve the monthly target next month.</p>			

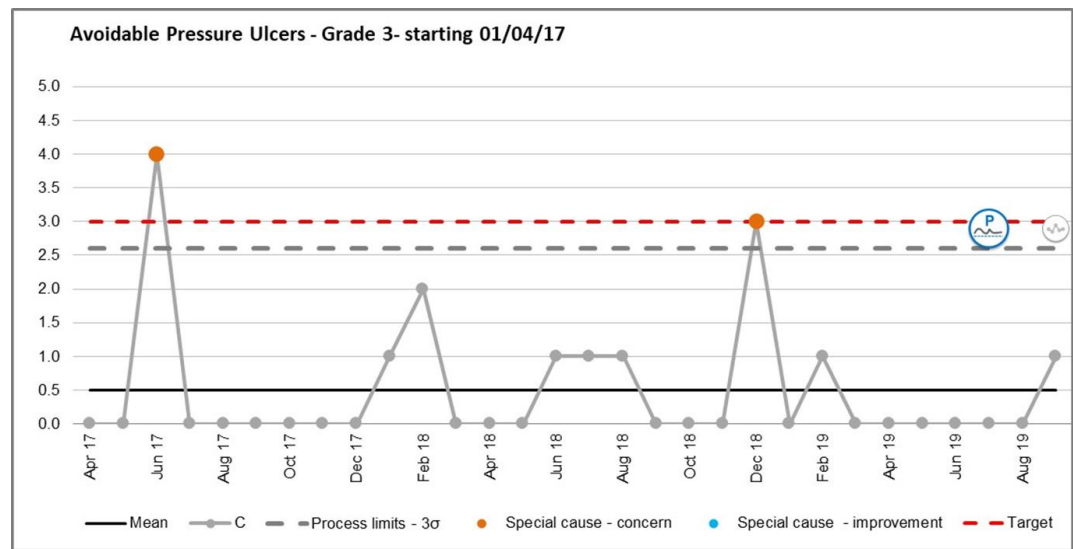




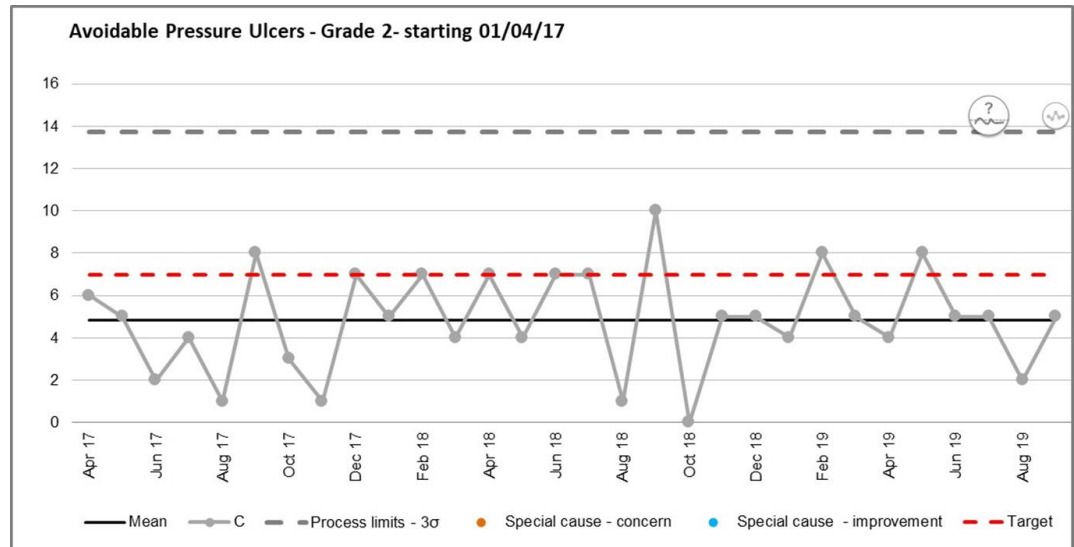
Metric	Sep 19	YTD	Target
Avoidable Pressure Ulcers - Grade 4	<b>0</b>	<b>0</b>	<b>0</b>
<p>Very likely achieve target again next month as there have been no grade 4 pressure ulcers reported since June 17.</p>			



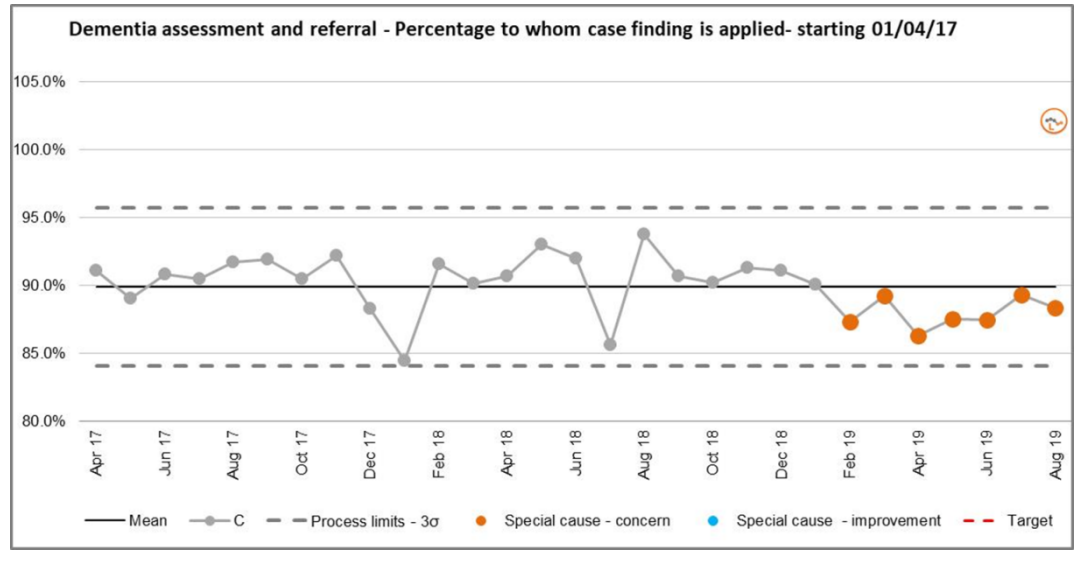
Metric	Sep 19	YTD	Target
Avoidable Pressure Ulcers - Grade 3	<b>1</b>	<b>1</b>	<b>&lt;= 3 a Mth</b>
<p>Barring the spike in December 18 this metric has remained reasonably stable, likely to continue to achieve target next month.</p>			



Metric	Sep 19	YTD	Target
Avoidable Pressure Ulcers - Grade 2	<b>5</b>	<b>29</b>	<b>&lt;= 7 a Mth</b>
Normal variation observed. Potential to achieve target next month but not a certainty.			



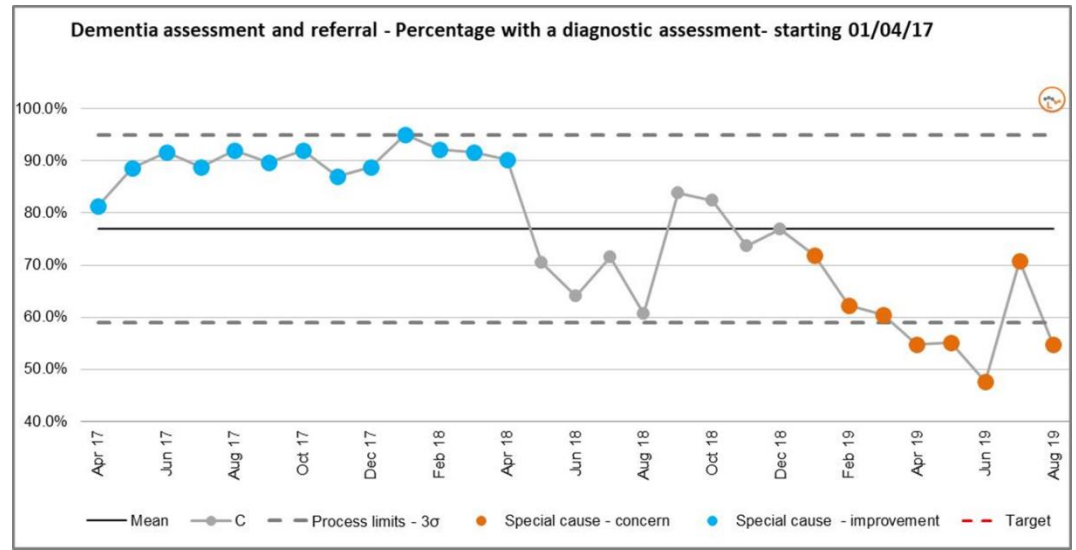
Metric	Aug 19	YTD	Target
Dementia assessment and referral - Percentage to whom case finding is applied	<b>88.4%</b>	<b>87.8%</b>	<b>TBC</b>
This metric has been below the mean for the past 7 months. Further investigation may be required.			



Metric	Aug 19	YTD	Target
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Dementia assessment and referral - Percentage with a diagnostic assessment	<b>54.7%</b>	<b>56.3%</b>	<b>TBC</b>
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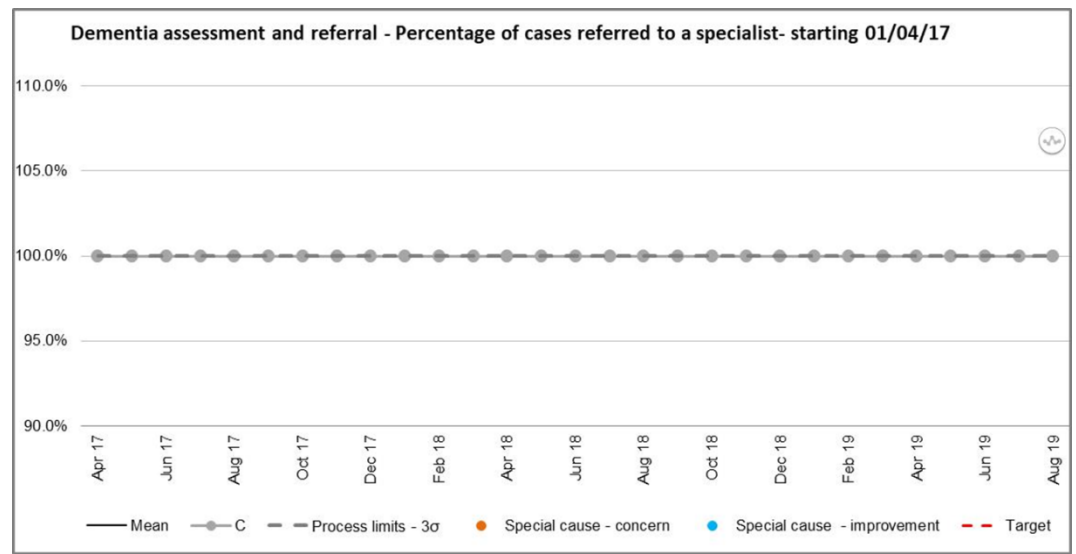
This metric has been below the mean for the past 8 months. Further investigation may be required.



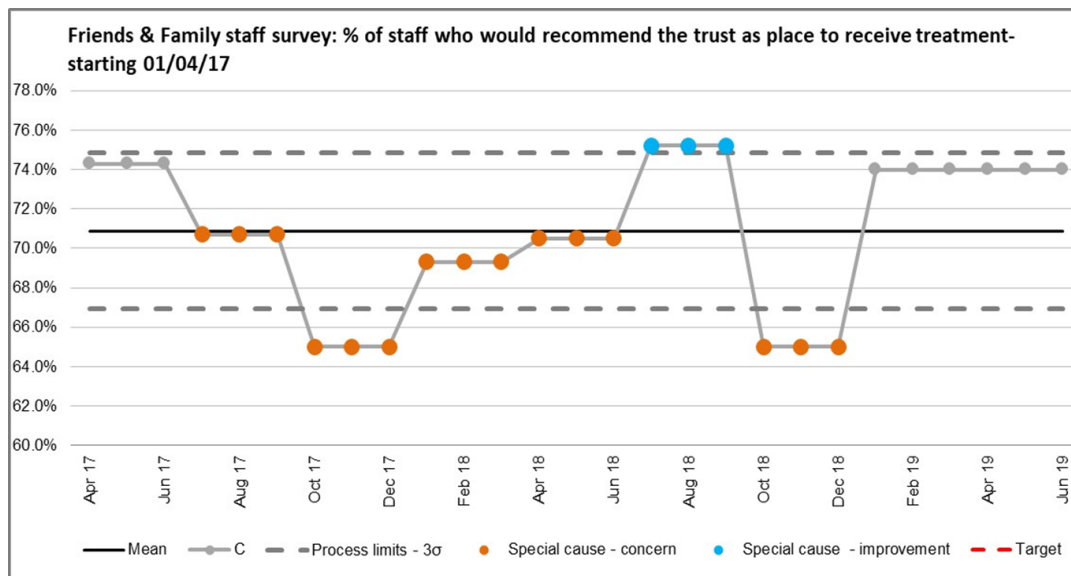
Metric	Aug 19	YTD	Target
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Dementia assessment and referral - Percentage of cases referred to a specialist	<b>100%</b>	<b>100%</b>	<b>TBC</b>
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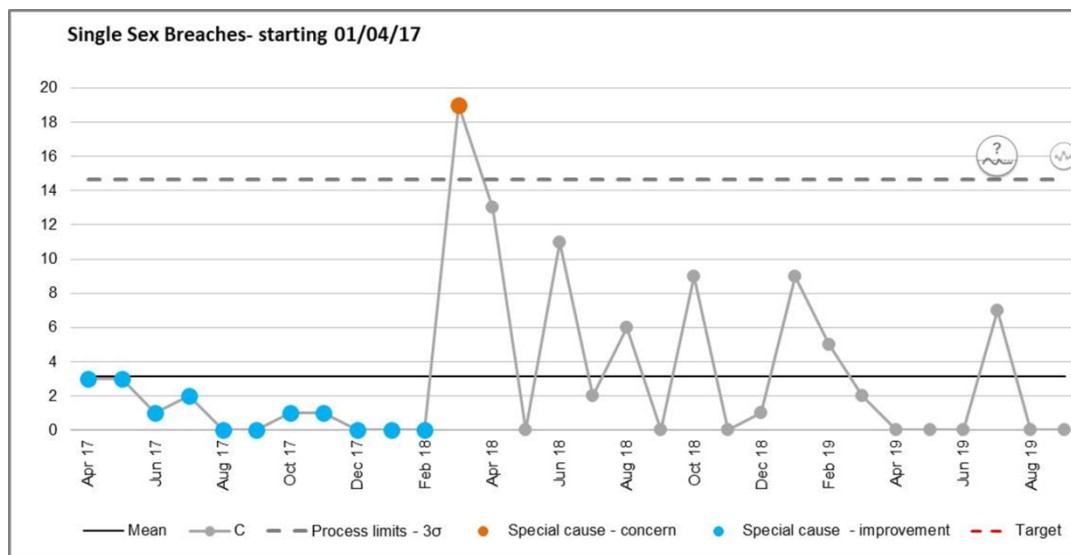
Threshold delivered consistently. This metric is very stable, no variation.



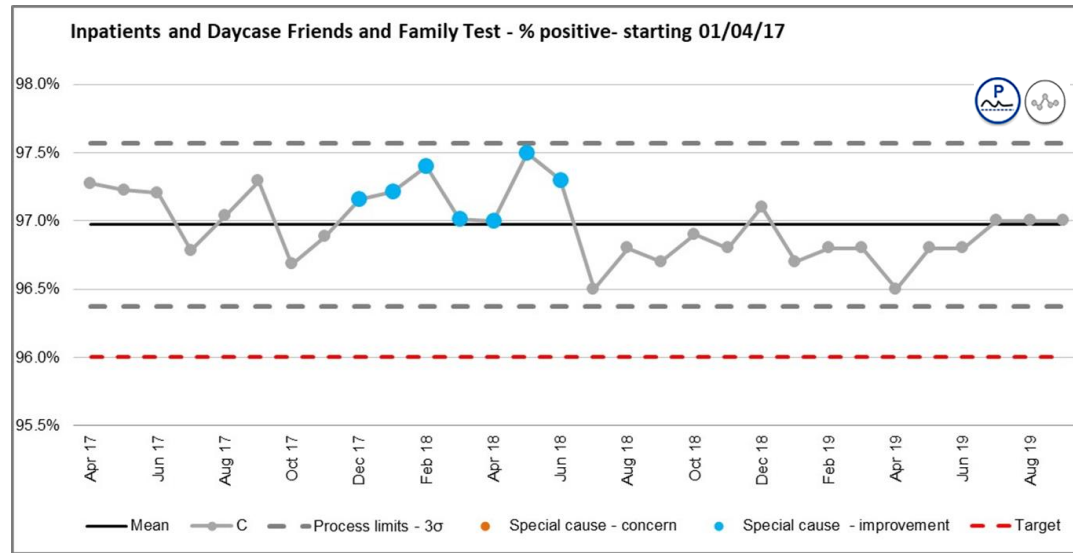
Metric	Q2 19/20	YTD	Target
% of staff who would recommend the trust as place to receive treatment	<b>78%</b>	<b>78%</b>	<b>TBC</b>
SPC chart to be viewed with caution as figures are reported quarterly not monthly.			



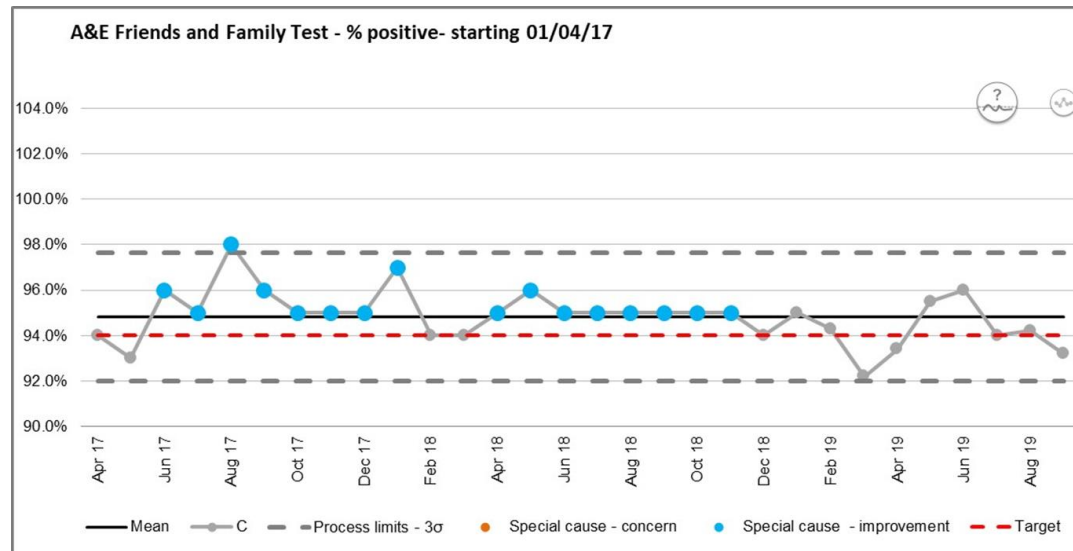
Metric	Sep 19	YTD	Target
Single Sex Breaches	<b>0</b>	<b>7</b>	<b>0</b>
No assurance target will be delivered next month. Full year target has already breached.			



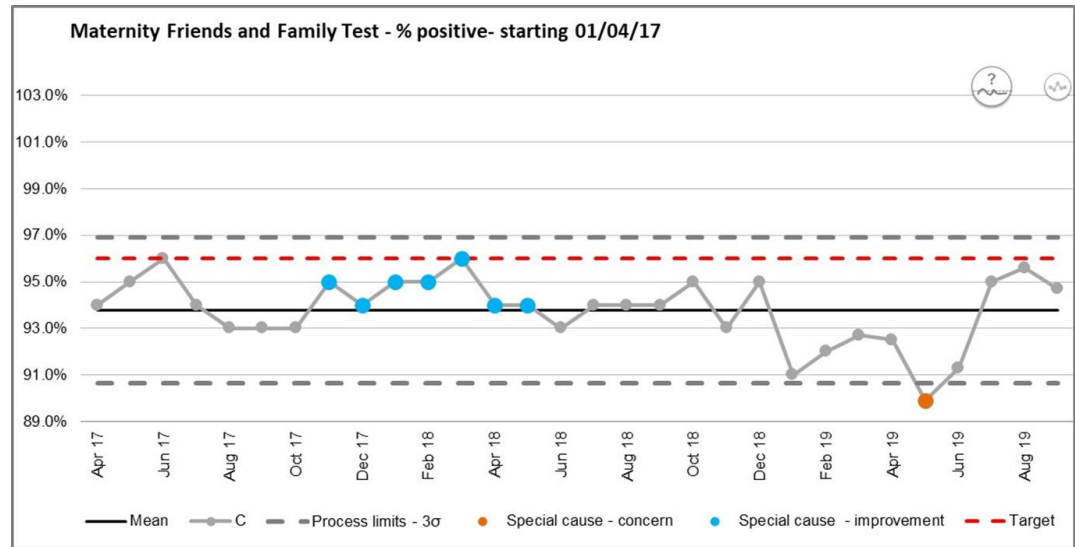
Metric	Sep 19	YTD	Target
Inpatient and Day case F&F Test % Positive	<b>97%</b>	<b>97%</b>	<b>96%</b>
<p>Headline performance rounded up as per NHSI/E reporting. This metric is stable and is very likely to achieve target next month.</p>			



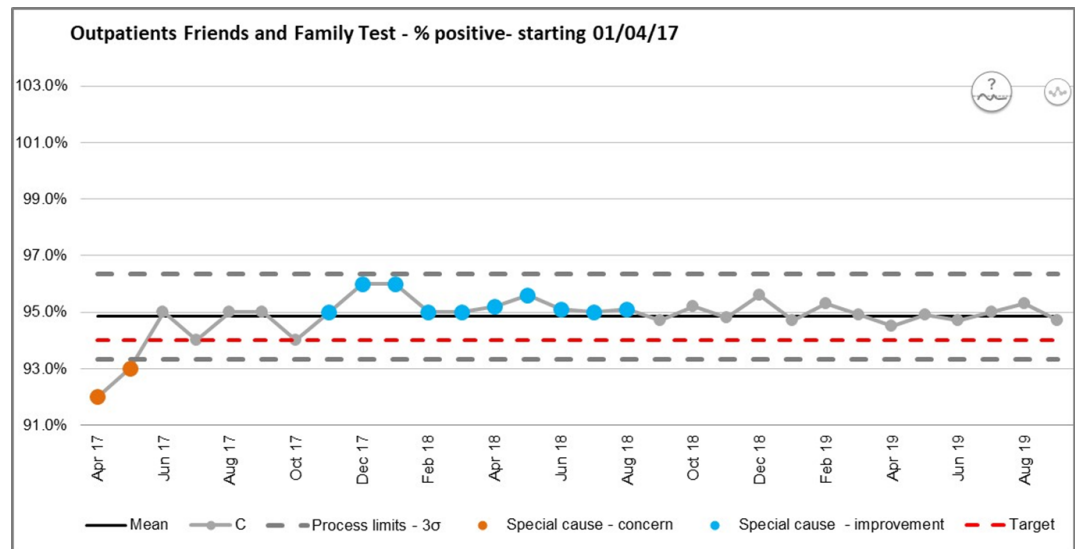
Metric	Sep 19	YTD	Target
A&E F&F Test % Positive	<b>93%</b>	<b>94%</b>	<b>94%</b>
<p>This metric is not changing significantly, the target may be achieved next month.</p>			



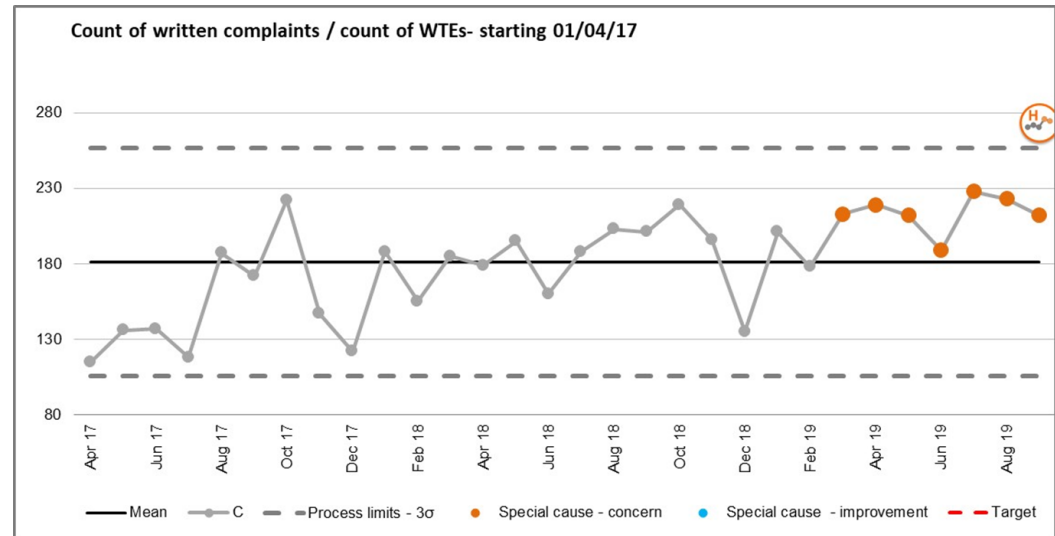
Metric	Sep 19	YTD	Target
Maternity F&F Test % Positive	<b>94%</b>	<b>93%</b>	<b>96%</b>
<p>This metric is relatively stable after a dip in performance in May. Unlikely to achieve target next month despite recent improvements.</p>			



Metric	Sep 19	YTD	Target
Outpatients Friends and Family Test - % positive	<b>95%</b>	<b>95%</b>	<b>94%</b>
<p>This metric is not changing significantly and is likely to achieve target next month.</p>			



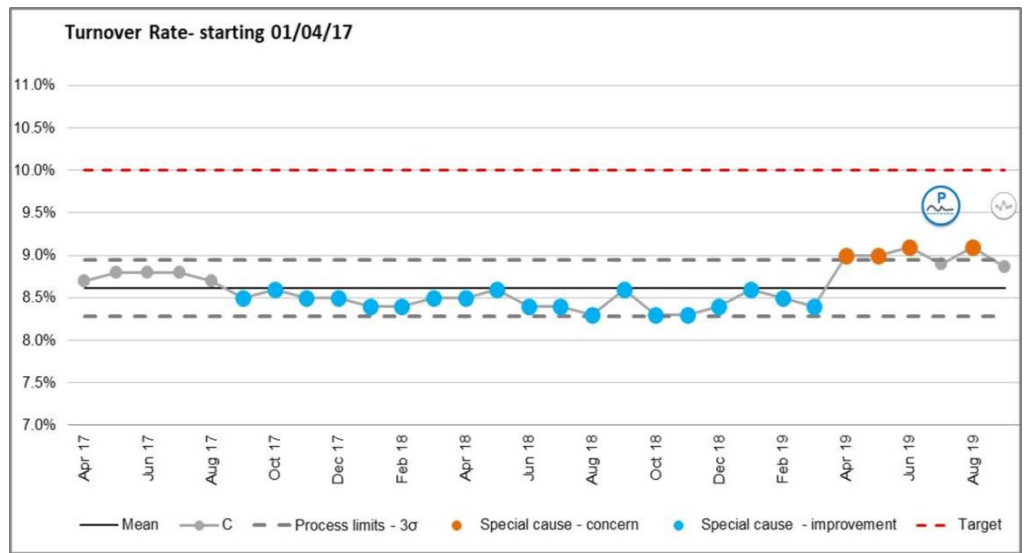
Metric	Sep 19	YTD	Target
Count of written complaints / count of WTEs	<b>212</b>	<b>1283</b>	<b>TBC</b>
<p>This metric has deteriorated in recent months – 7 points above the mean. Target to be confirmed.</p>			



Metric	Q2 19/20	YTD	Target
Staff Survey % Recommend as Place to Work	<b>61%</b>	<b>60%</b>	<b>Not within Lowest Decile</b>
SPC chart to be viewed with caution as figures are reported quarterly not monthly.			

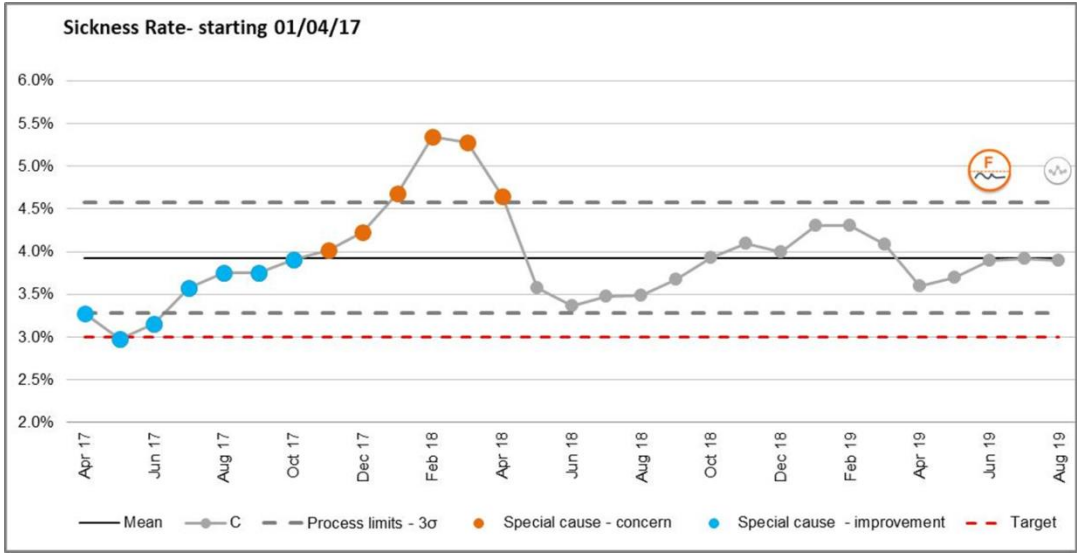


Metric	Sep 19	YTD	Target
Turnover Rate	<b>8.9%</b>	<b>8.9%</b>	<b>10%</b>
Turnover rate has increased outside of the upper control limit for 4 of the 5 most recent months. However still achieving the target.			

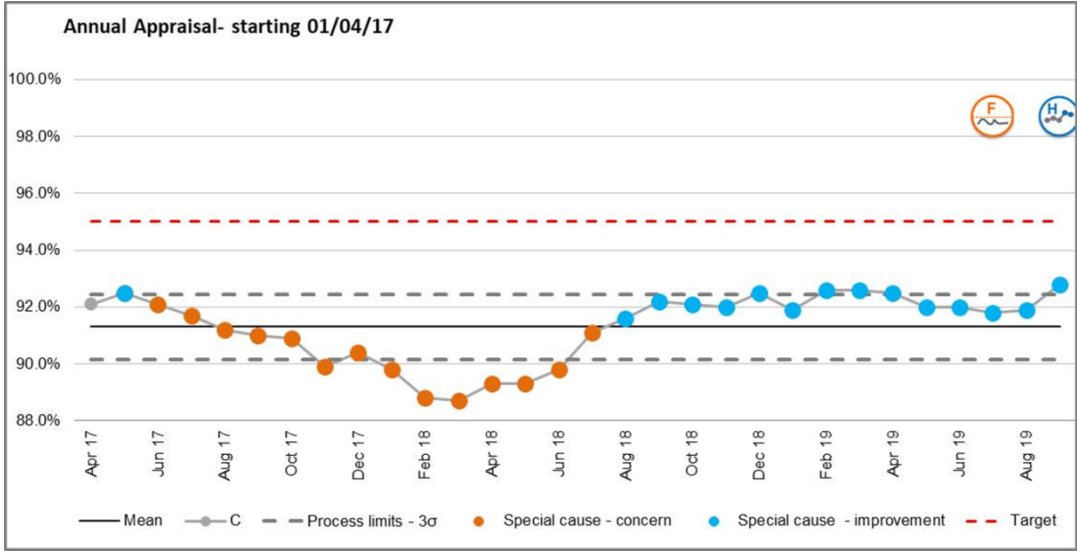




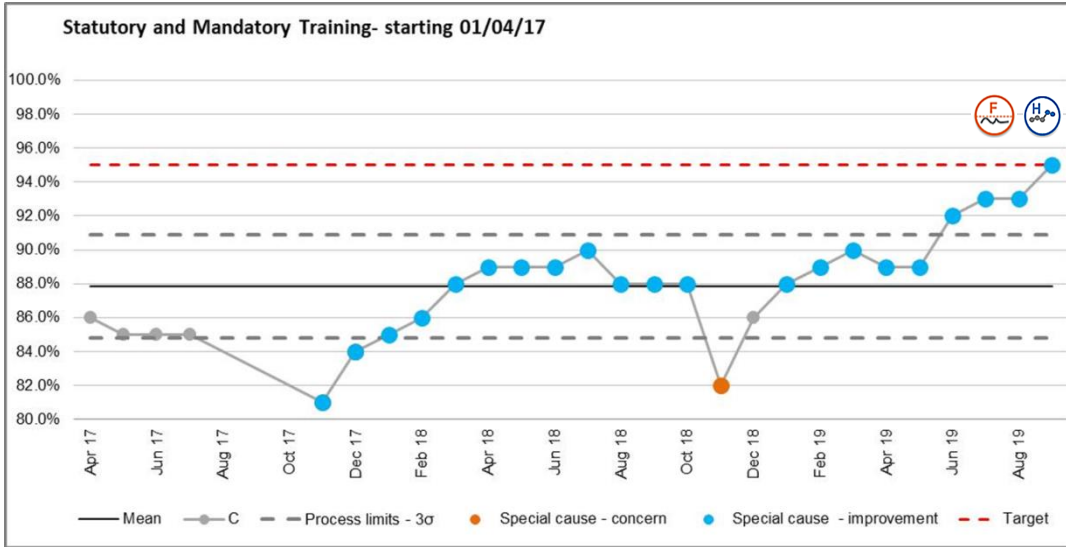
Metric	Aug 19	YTD	Target
Sickness absence	<b>3.9%</b>	<b>3.9%</b>	<b>3%</b>
<p>Stable, very little variation. The target will most likely not be achieved next month.</p>			



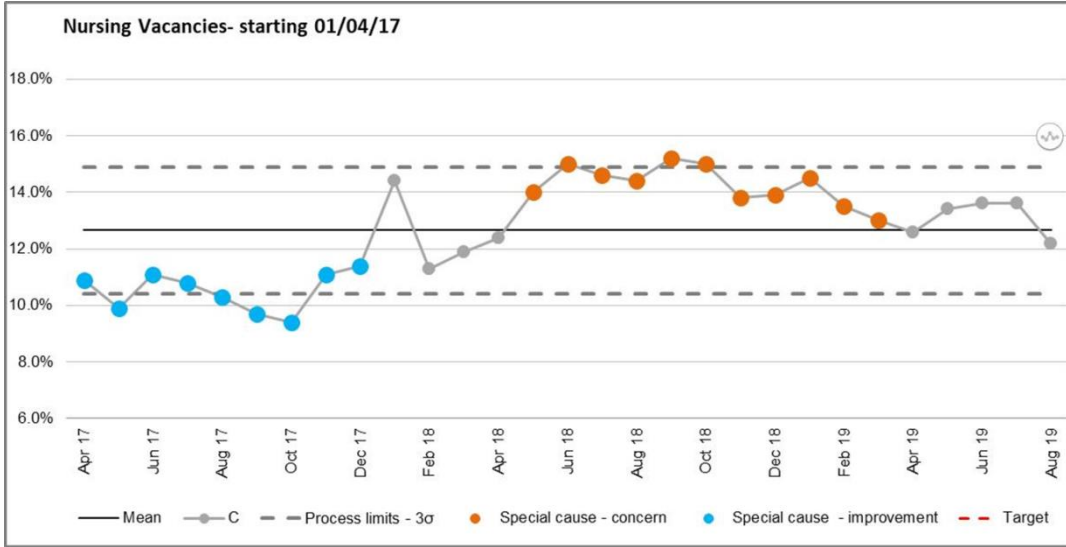
Metric	Sep 19	YTD	Target
% of Staff with Annual Appraisal	<b>92.8%</b>	<b>92.8%</b>	<b>95%</b>
<p>Performance in the past 12 months is a consistent improvement compared to the 12 months prior. Very unlikely to achieve target.</p>			



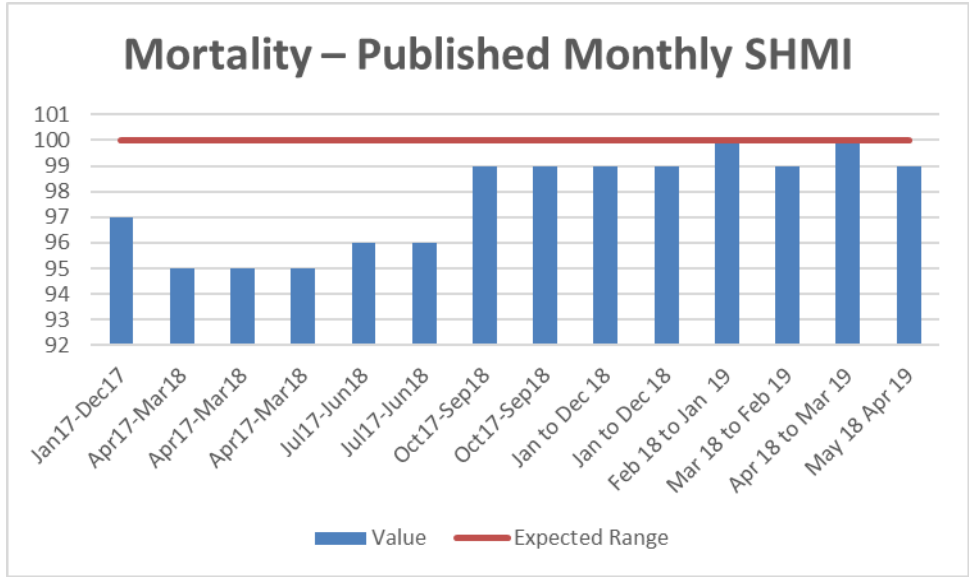
Metric	Sep 19	YTD	Target
Statutory and Mandatory Training	<b>95%</b>	<b>95%</b>	<b>95%</b>
<p>An improvement in recent months, target achieved in September, the first time in the observed period.</p>			



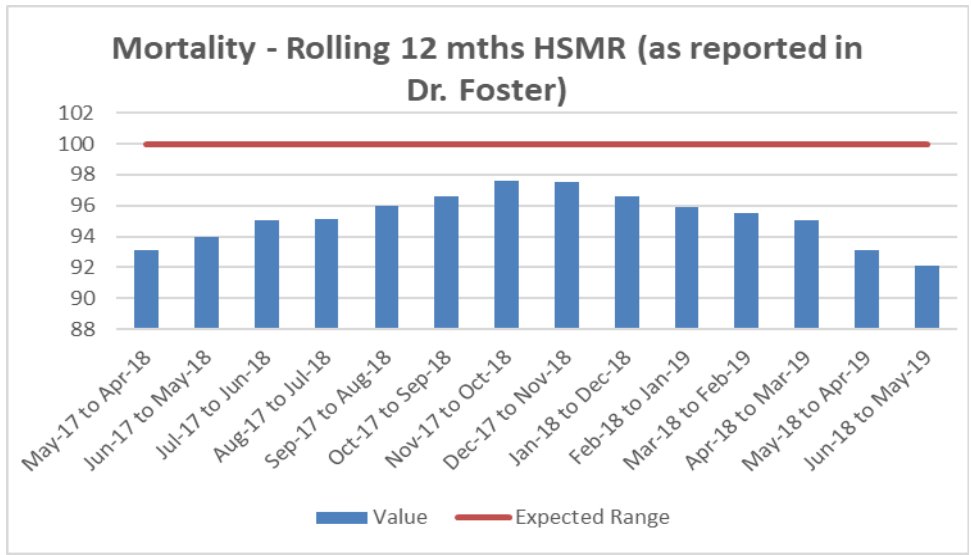
Metric	Aug 19	YTD	Target
Nursing Vacancies	<b>12.2%</b>	<b>12.2%</b>	<b>TBC</b>
<p>Performance has stabilised in recent months. Target to be confirmed.</p>			



Metric	May 18 – Apr 19	Target
Mortality – Published Monthly SHMI	<b>99</b>	<b>100</b>
<p>UHL’s SHMI has been 100 or below for the past two years with some natural variation. Although UHL’s crude mortality has come down, the number of expected deaths in the SHMI methodology has also come down because there has been fewer ‘expected deaths’ nationally.</p>		

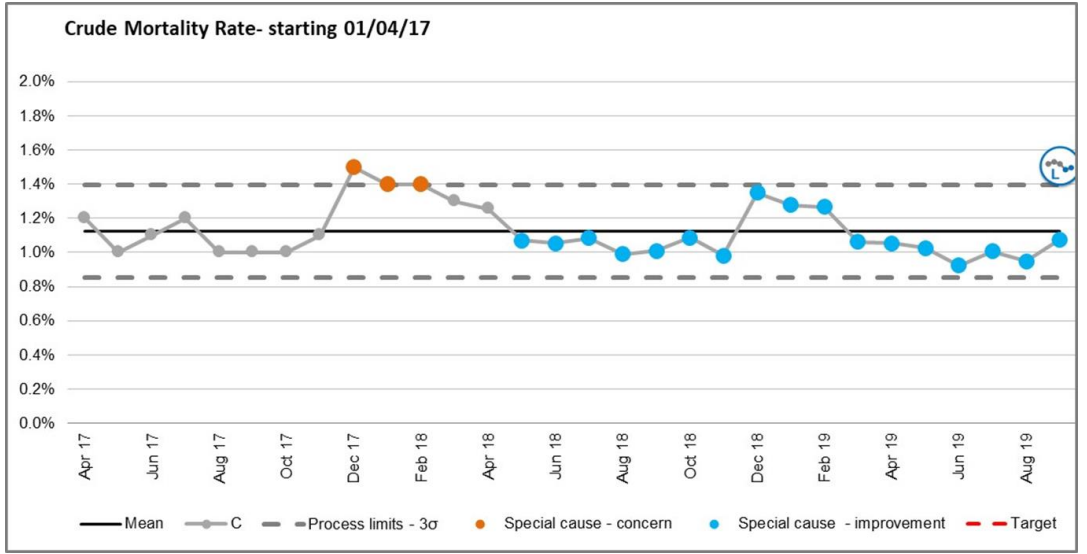


Metric	Jun 18 – May 19	Target
Mortality - Rolling 12 mths HSMR as reported in Dr. Foster)	<b>98</b>	<b>100</b>
<p>Over the past 4 years our HSMR has remained at either below or within the expected range. The most recent data shows a sustained period below the expected rate.</p>		



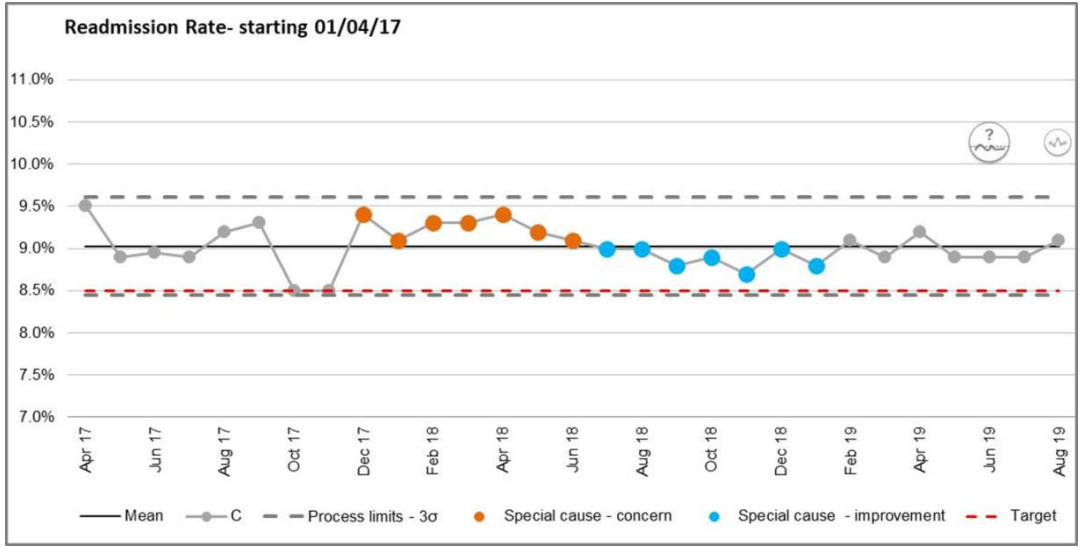
Metric	Sep 19	YTD	Target
Crude Mortality	<b>1.1%</b>	<b>1.0%</b>	<b>TBC</b>

This metric has shown improvement in recent months, the last 7 points have been below the mean. Target to be confirmed.



Metric	Aug 19	YTD	Target
Emergency readmissions within 30 days	<b>9.1%</b>	<b>9.0%</b>	<b>8.5%</b>

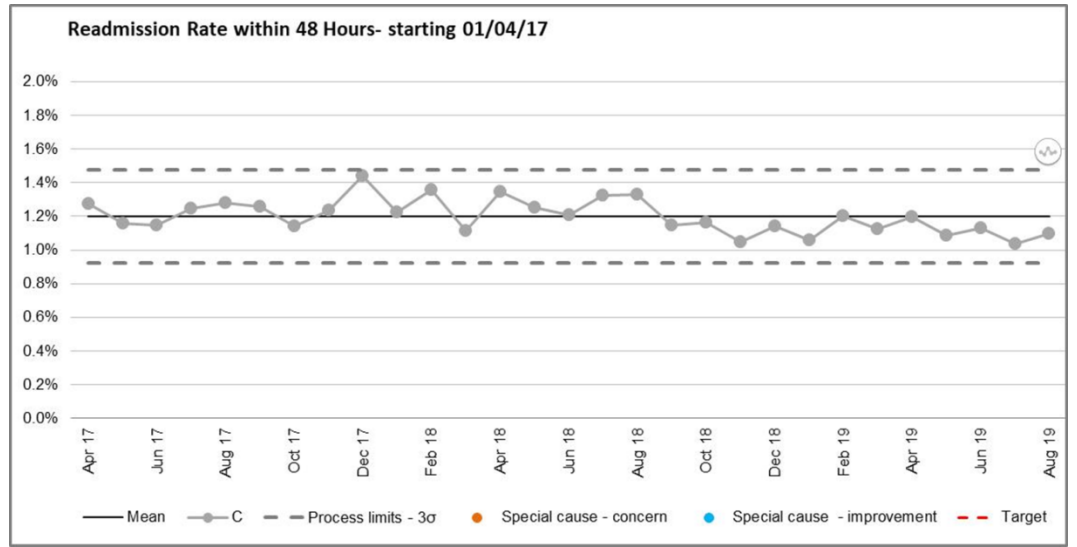
This metric is very stable but unlikely to achieve target next month.



Metric	Aug 19	YTD	Target
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Emergency readmissions within 48 hrs	<b>1.1%</b>	<b>1.1%</b>	<b>TBC</b>
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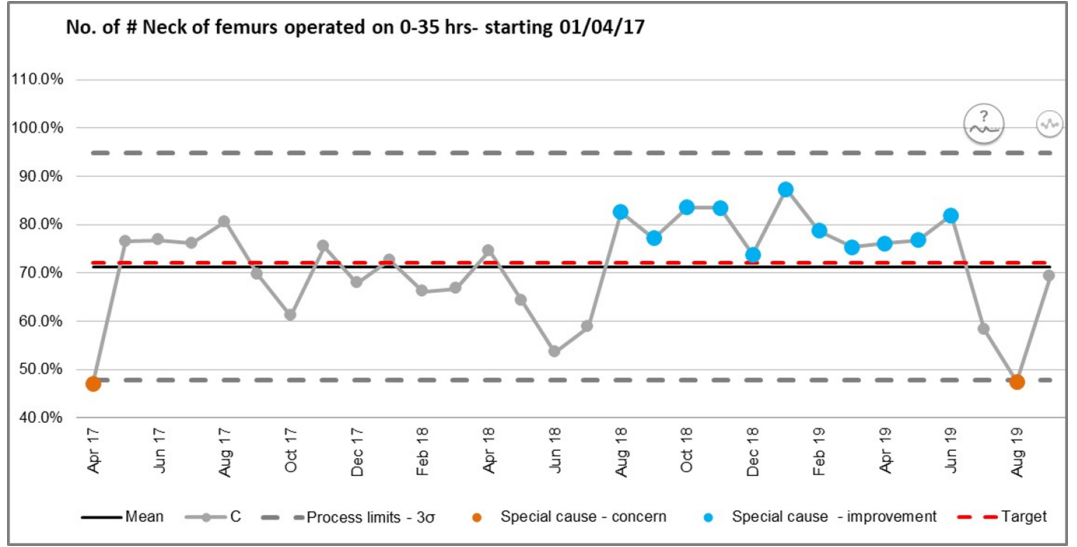
No significant variation observed. Current month in line with previous months.



Metric	Sep 19	YTD	Target
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No. of # Neck of femurs operated on 0-35 hrs - Based on Admissions	<b>69.2%</b>	<b>68.1%</b>	<b>72%</b>
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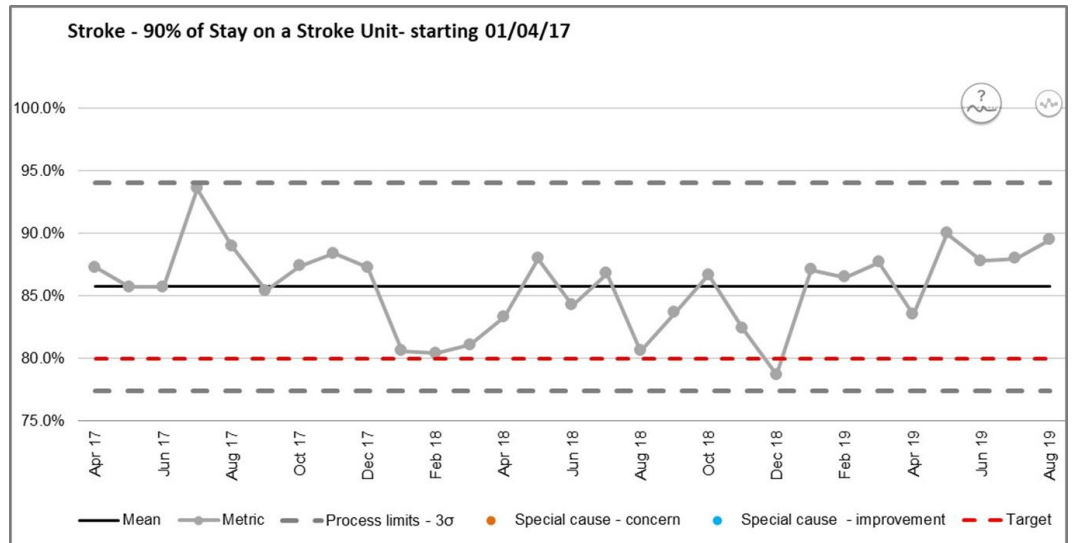
This metric has deteriorated significantly in the past few months however has improved in September. The target may be delivered next month.



Metric	Aug 19	YTD	Target
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Stroke - 90% of Stay on a Stroke Unit	<b>89.5%</b>	<b>87.8%</b>	<b>80%</b>
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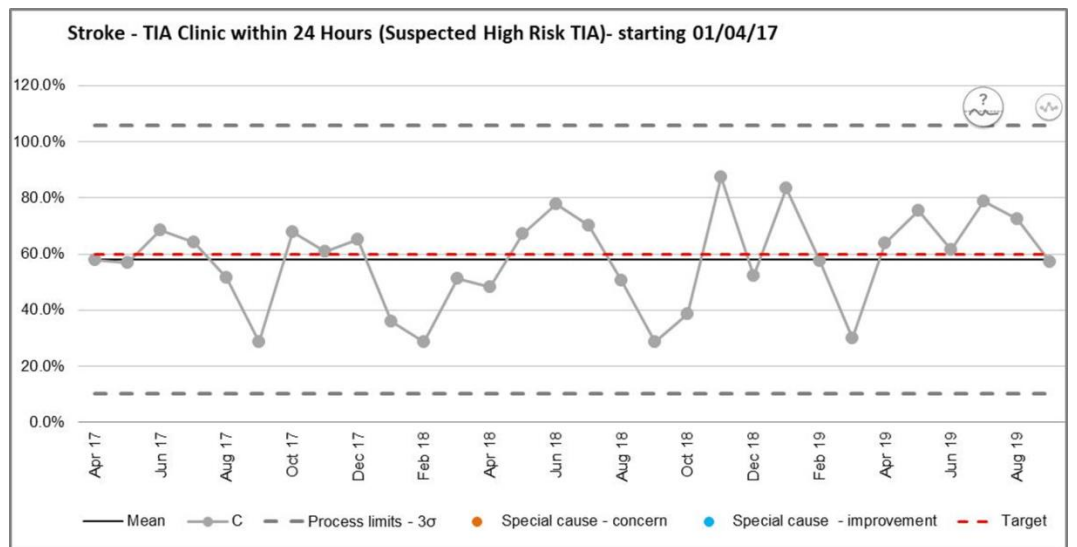
This metric is relatively stable and likely to achieve target.



Metric	Sep 19	YTD	Target
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TIA Clinic within 24 Hours (Suspected High Risk TIA)	<b>57.1%</b>	<b>68.1%</b>	<b>60%</b>
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This metric is stable, however there is significant variation between monthly values.



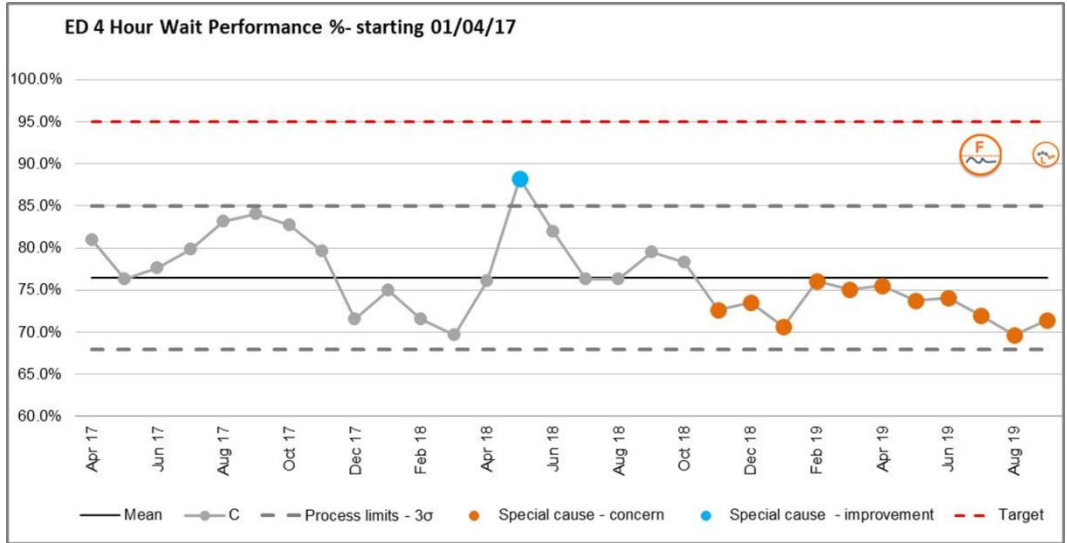
# Responsive

For more information please see the Urgent Care Report - PPPC

Metric	Sep 19	YTD	Target
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ED 4 Hour Waits UHL	<b>71.4%</b>	<b>72.8%</b>	<b>95%</b>
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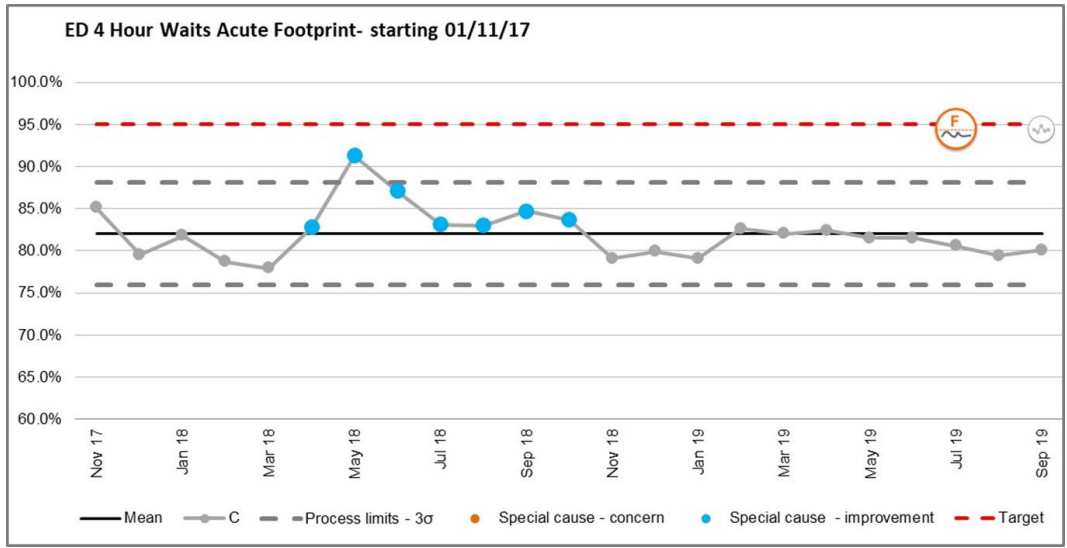
Performance continues to deteriorate, the last 11 months have been below the mean. Continually failing target and will fail to achieve target next month.



Metric	Sep 19	YTD	Target
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ED 4 Hour Waits Acute Footprint	<b>80.1%</b>	<b>80.9%</b>	<b>95%</b>
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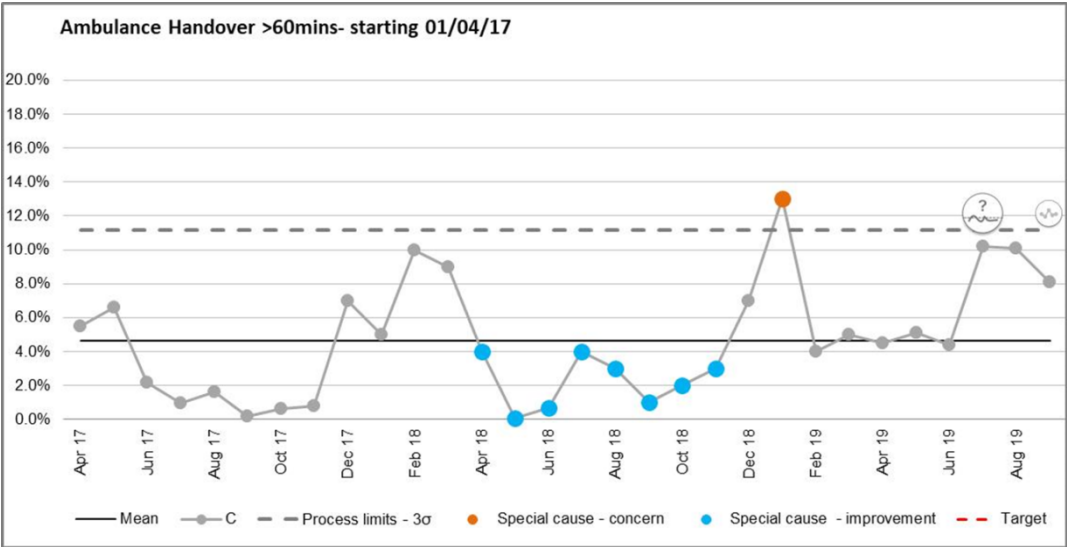
Continually failing target and will fail to achieve target next month. Performance is not changing significantly.



# Responsive

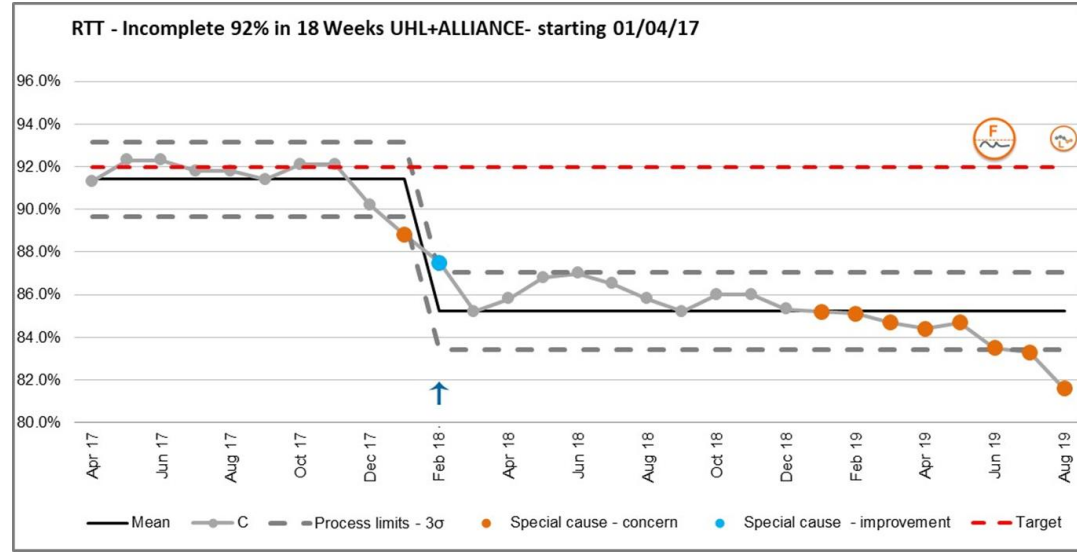
For more information please see the Urgent Care Report - PPPC

Metric	Sep 19	YTD	Target
Ambulance Handover >60 Mins	<b>8.1%</b>	<b>7.0%</b>	<b>0%</b>
Performance has deteriorated in the last 3 months. Target will not be achieved next month.			

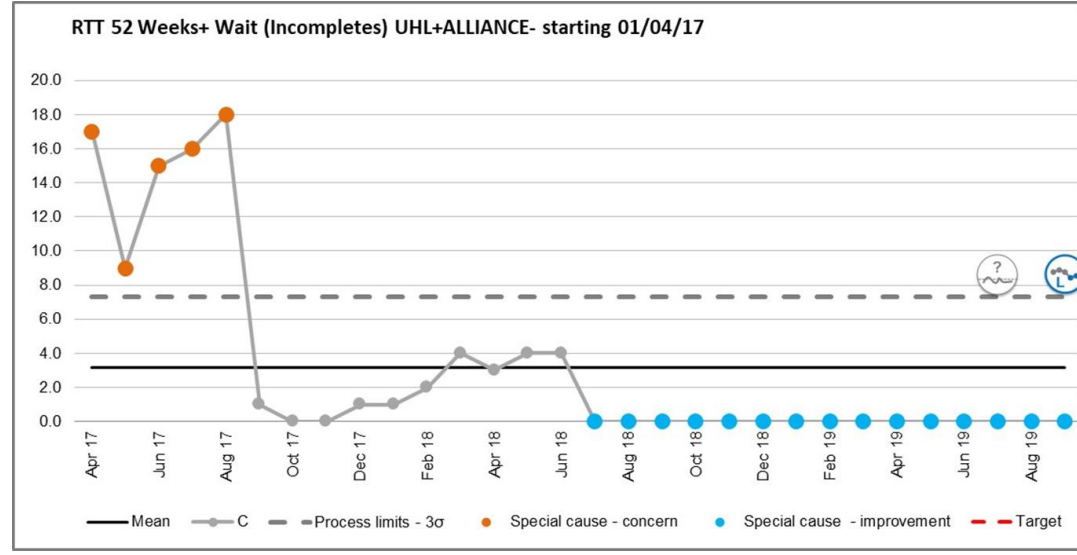




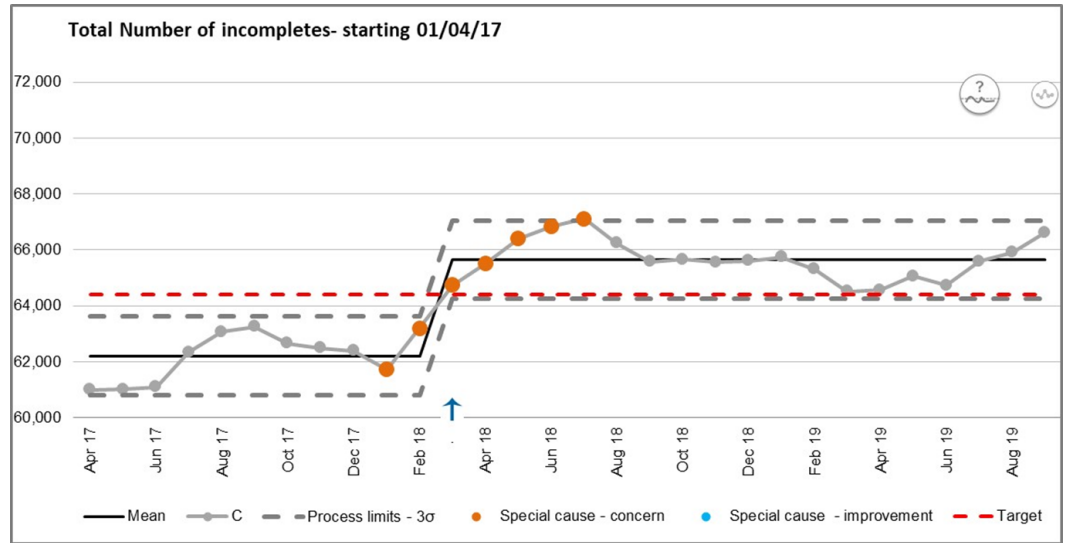
Metric	Sep 19	YTD	Target
RTT Incompletes	<b>82.0%</b>	<b>82.0%</b>	<b>92%</b>
Performance has been deteriorating for past 9 months due to focus on waiting list target.			



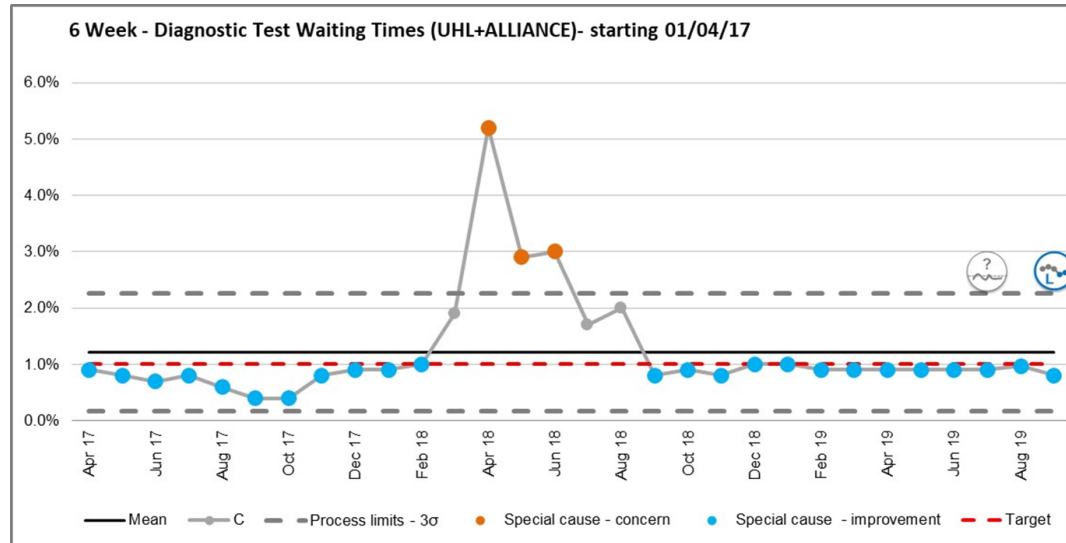
Metric	Sep 19	YTD	Target
RTT 52+ Weeks Wait	<b>0</b>	<b>0</b>	<b>0</b>
No 52+ week waits reported for 145 consecutive months.			



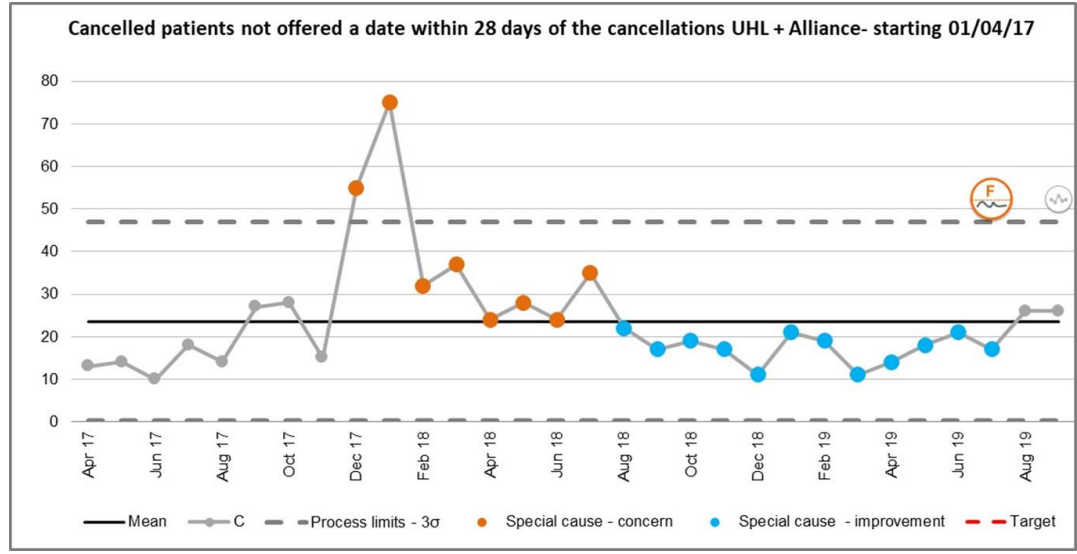
Metric	Sep 19	YTD	Target
Total Number of incompletes	<b>66,629</b>	<b>66,629</b>	
<p>This metric has not changed significantly since a step change last year. Unlikely to achieve the target next month.</p>			



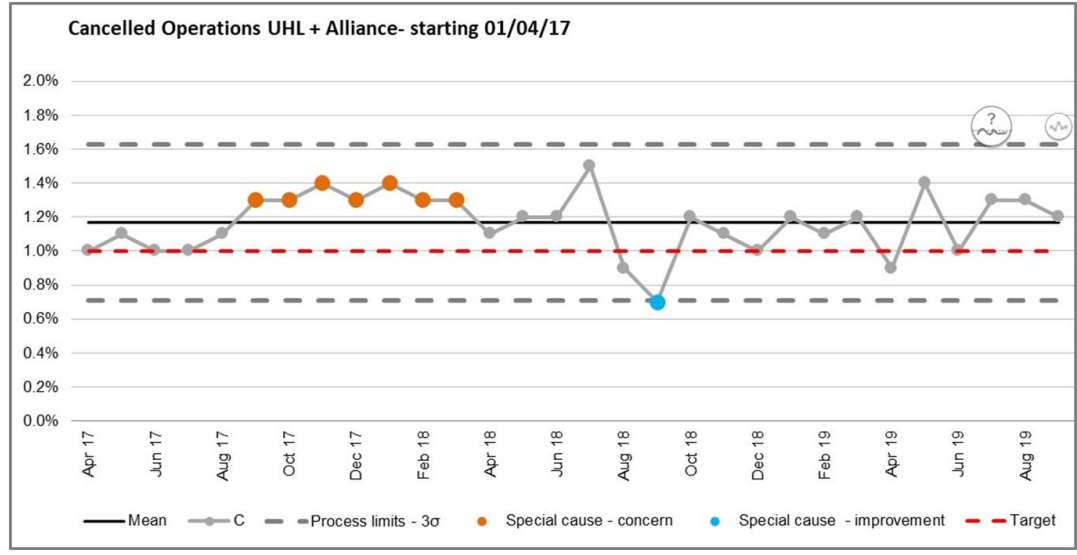
Metric	Sep 19	YTD	Target
6 Week Diagnostic Waits	<b>0.8%</b>	<b>0.8%</b>	<b>1%</b>
<p>This metric has achieved target for 13 months and may achieve target again next month.</p>			



Metric	Sep 19	YTD	Target
Cancelled patients not offered a date within 28 days of the cancellations	<b>26</b>	<b>122</b>	<b>0</b>
<p>Relatively stable however a significant improvement can be seen since August 18. Unlikely to delivery monthly target.</p>			



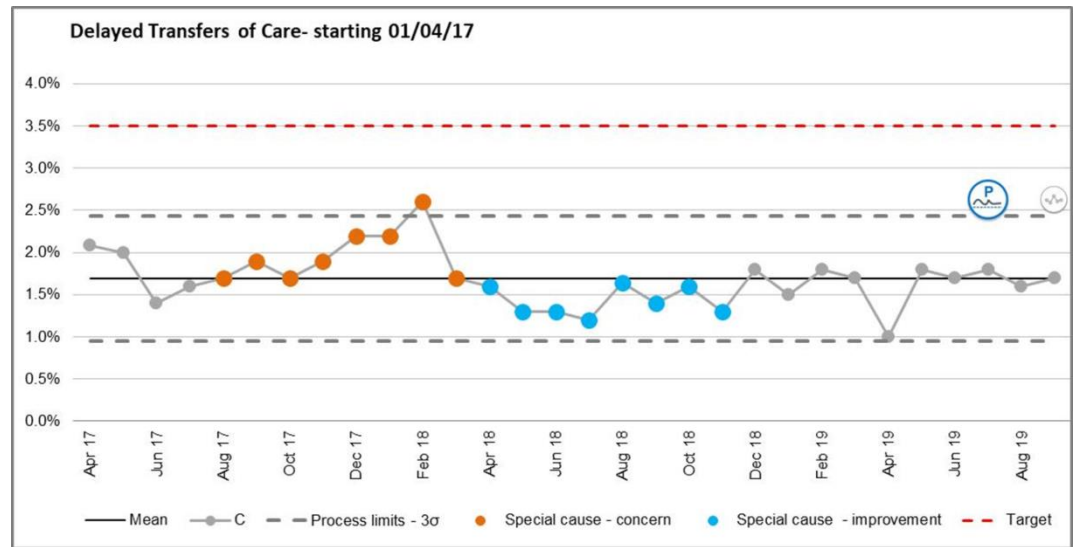
Metric	Sep 19	YTD	Target
% Operations cancelled on the day	<b>1.2%</b>	<b>1.2%</b>	<b>1%</b>
<p>No significant variation observed. Unlikely to achieve the target next month.</p>			



Metric	Sep 19	YTD	Target
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Delayed transfers of care	<b>1.7%</b>	<b>1.6%</b>	<b>3.5%</b>
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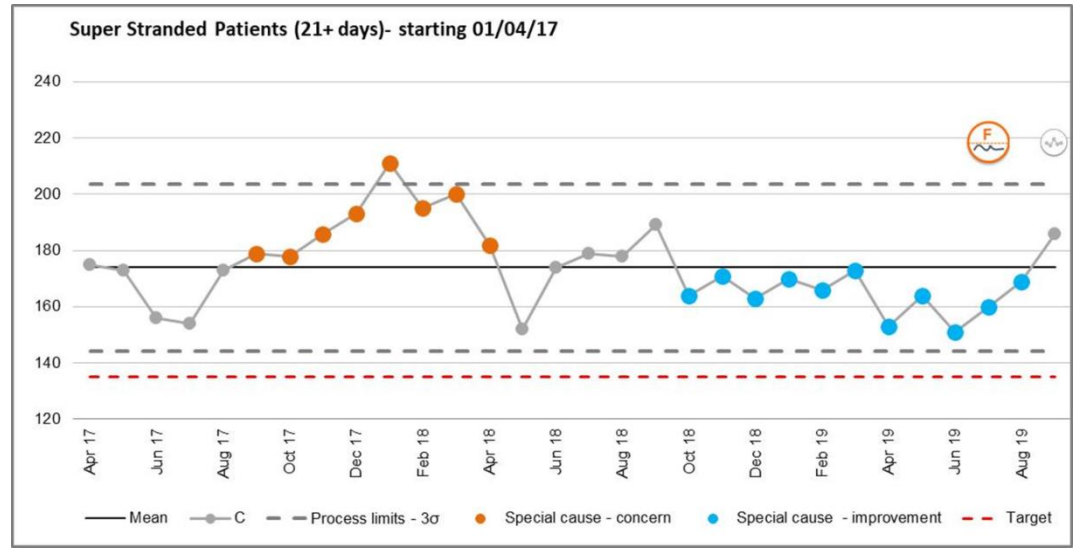
This metric has not changed significantly and is predicted to achieve target again next month.



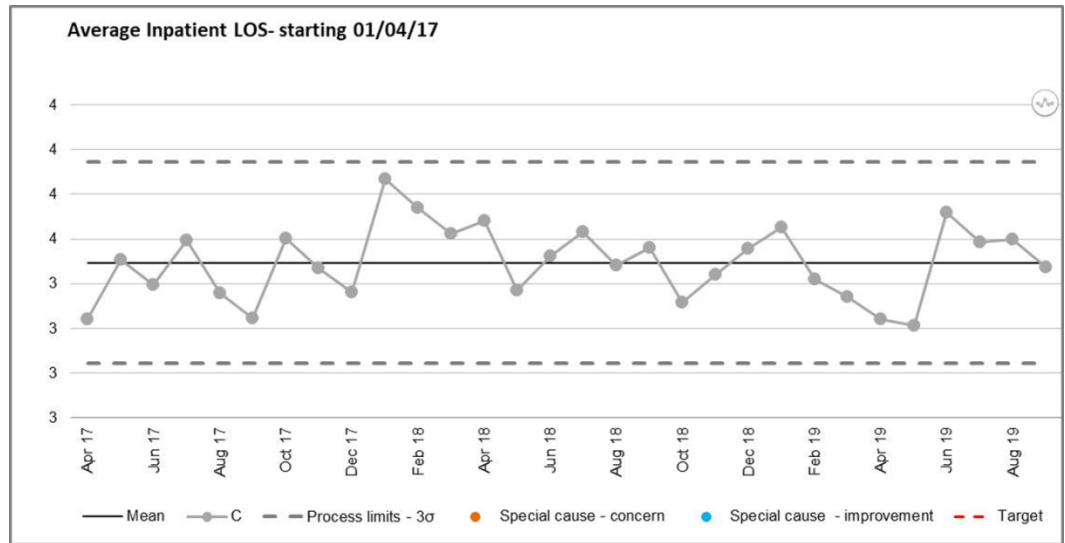
Metric	Sep 19	YTD	Target
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Super Stranded Patients	<b>186</b>	<b>186</b>	<b>135</b>
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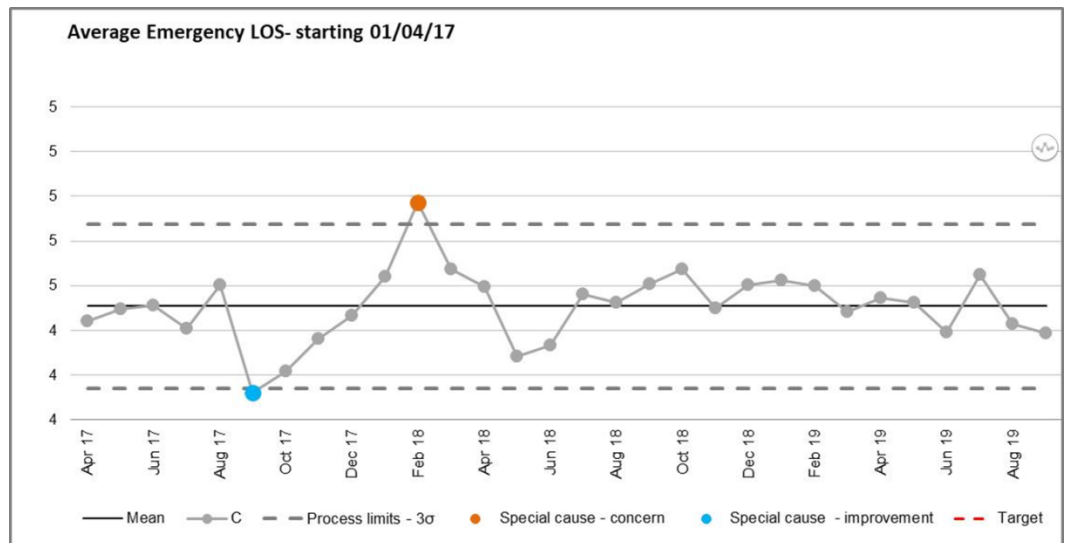
Common cause variation although an upwards trend is emerging. Further investigation may be required.



Metric	Sep 19	YTD	Target
Average Inpatient LOS	<b>3.5</b>	<b>3.5</b>	<b>TBC</b>
No significant variation of note, target yet to be confirmed.			



Metric	Sep 19	YTD	Target
Average Emergency LOS	<b>4.4</b>	<b>4.5</b>	<b>TBC</b>
This metric has been very stable since the cancellation of elective activity in Q4 17/18.			

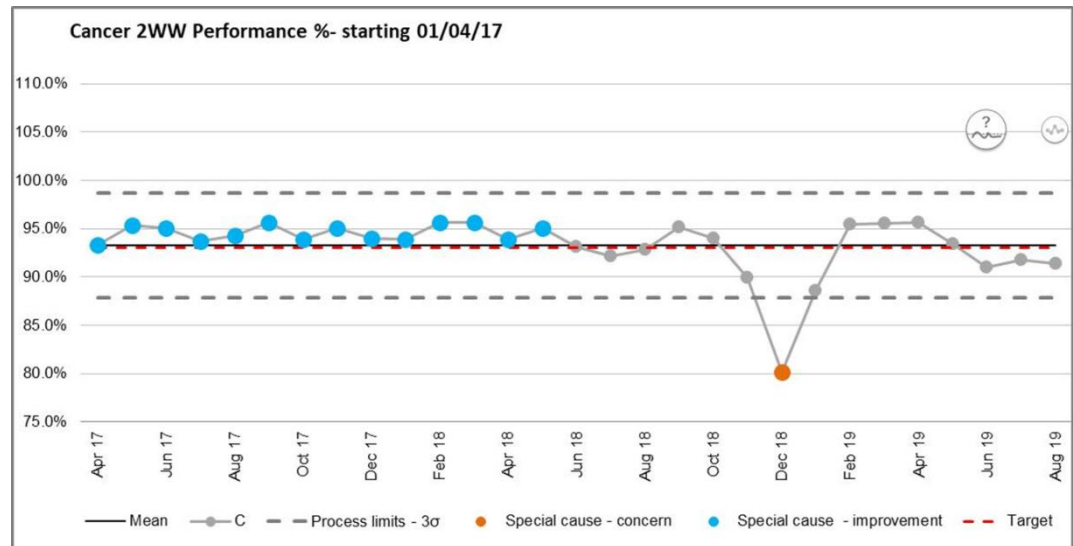


# Responsive – Cancer

For more information please see the Cancer Recover Paper - PPC

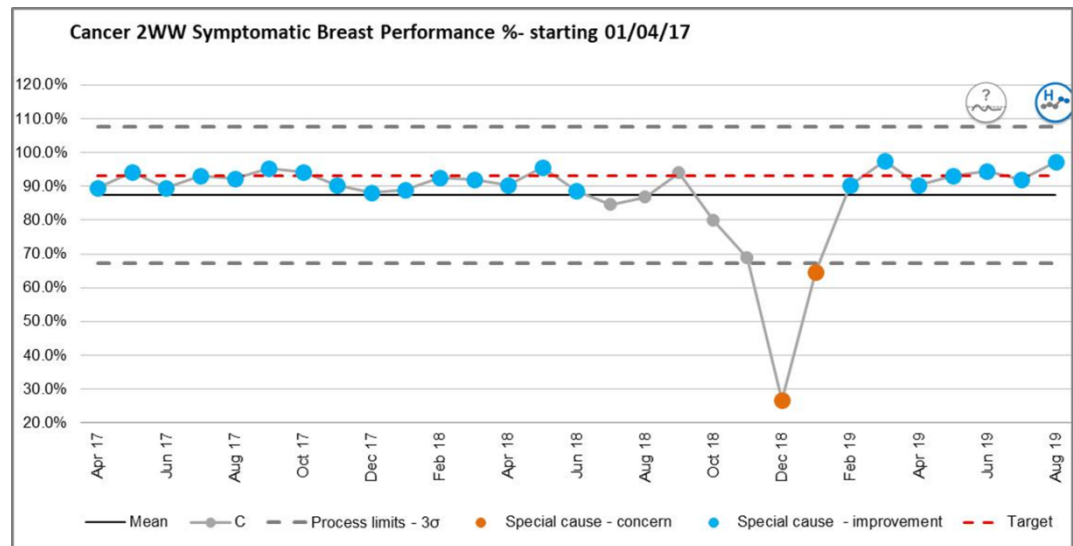
Metric	Aug 19	YTD	Target
Cancer 2WW	<b>91.4%</b>	<b>92.7%</b>	<b>93%</b>

Based on YTD and historic trend likely to achieve YTD target. August performance influenced by head and Neck underperformance due to vacancies – actions in place to recover in September / October.



Metric	Aug 19	YTD	Target
Cancer 2WW Breast	<b>97.4%</b>	<b>93.6%</b>	<b>93%</b>

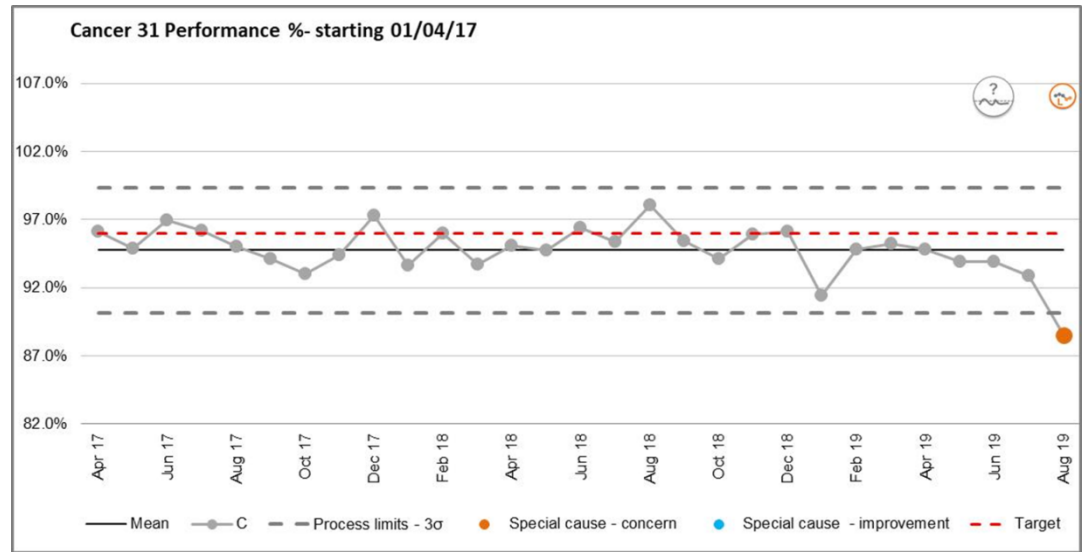
Performance has returned to a more stable level. Based on YTD and historic trend may achieve YTD target.



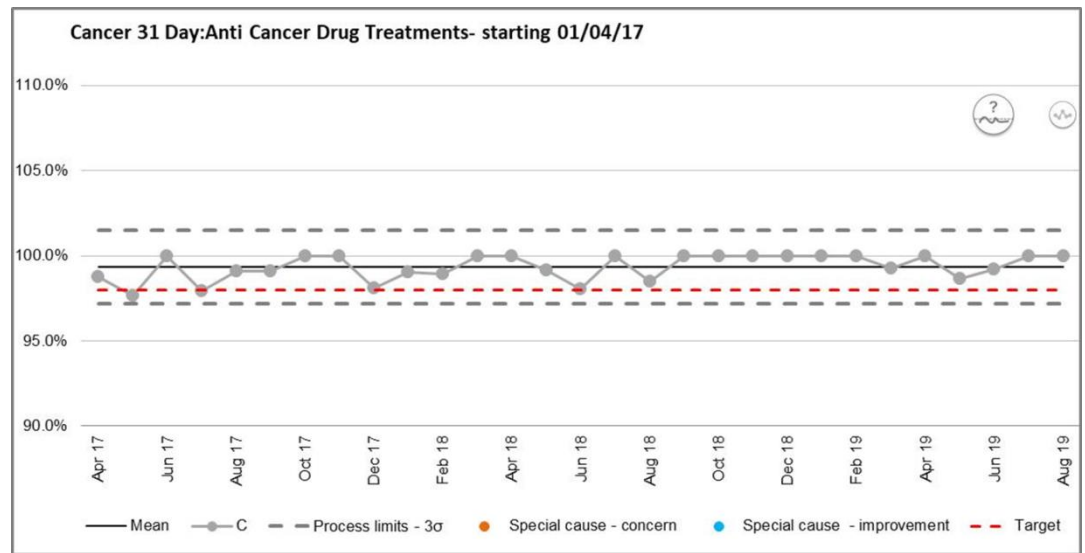
# Responsive – Cancer

For more information please see the Cancer Recover Paper - PPC

Metric	Aug 19	YTD	Target
Cancer 31 Day	<b>88.5%</b>	<b>92.8%</b>	<b>96%</b>
<p>Performance below lower control limit in Aug, unlikely to achieve target next month. There may be a downward trend emerging.</p> <p>Aug performance is primarily as a result of Urology (25 breaches) and Lung (10 breaches). There are a number of actions on the RAP for lung and Urology to support improvement.</p>			



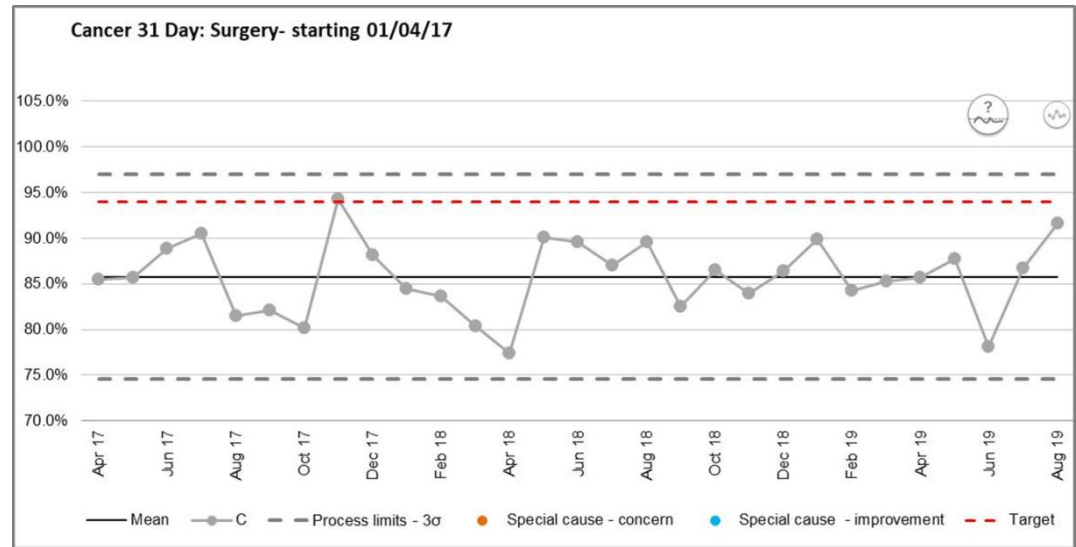
Metric	Aug 19	YTD	Target
Cancer 31 Day Drugs	<b>100%</b>	<b>99.6%</b>	<b>98%</b>
<p>Stable, very little variation. Likely to deliver target based on the last 12 months.</p>			



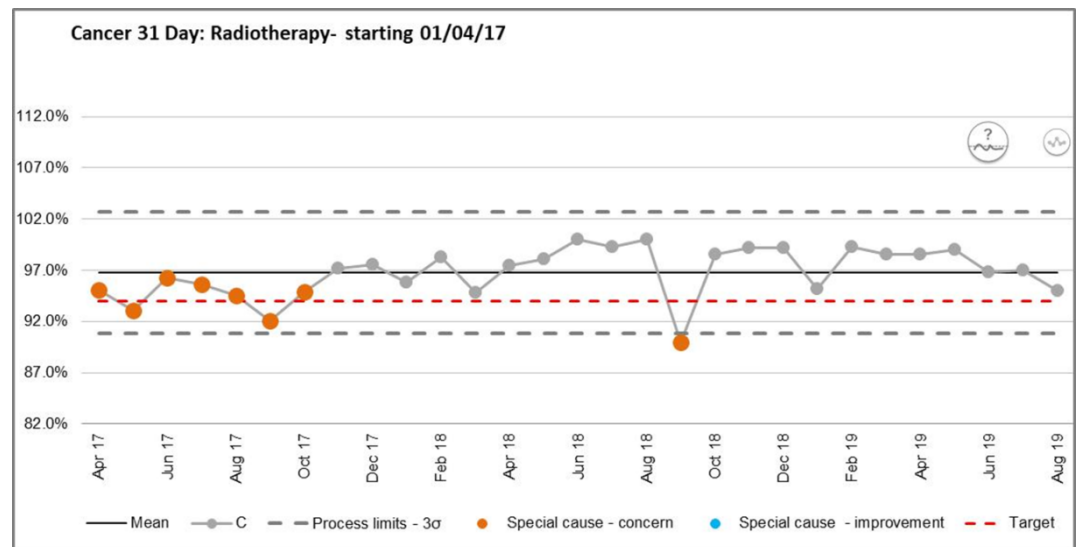
# Responsive – Cancer

For more information please see the Cancer Recover Paper - PPC

Metric	Aug 19	YTD	Target
Cancer 31 Surgery	<b>91.6%</b>	<b>85.9%</b>	<b>94%</b>
Some variation but not significant but unlikely to deliver target. Driven predominately by Urology prostate; actions in RAP for recovery Support from EMCA and NHSE to review Regional position and possibility of support.			



Metric	Aug 19	YTD	Target
Cancer 31 Day Radiotherapy	<b>95.0%</b>	<b>97.2%</b>	<b>94%</b>
Stable, very little variation. Likely to deliver target based on the last 9 months.			

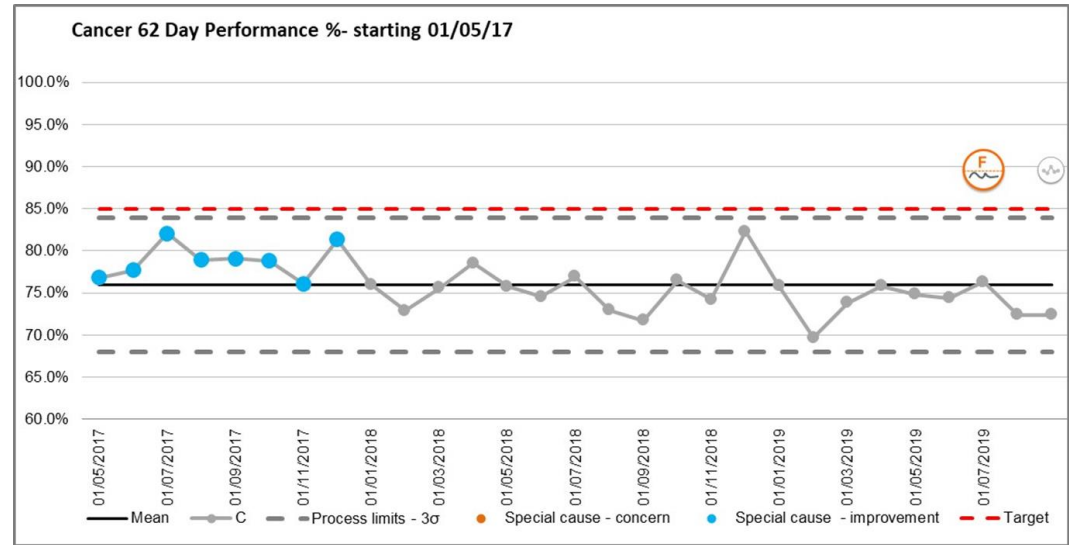




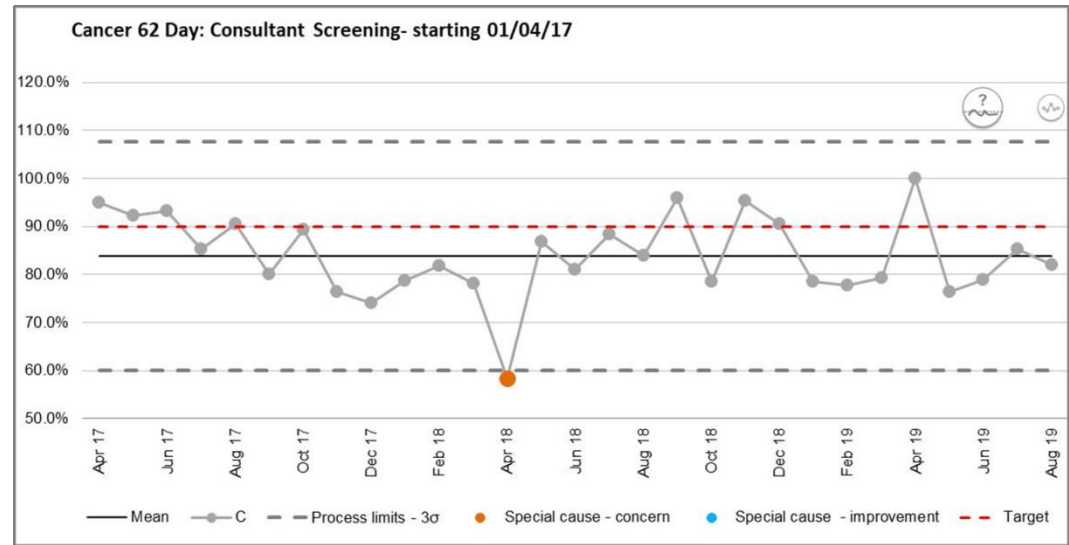
# Responsive – Cancer

For more information please see the Cancer Recover Paper - PPPC

Metric	Aug 19	YTD	Target
Cancer 62 Day	<b>72.4%</b>	<b>74.8%</b>	<b>85%</b>
Cause for concern, 8 points below the mean. The position has been maintained against a significant increase in referrals.			

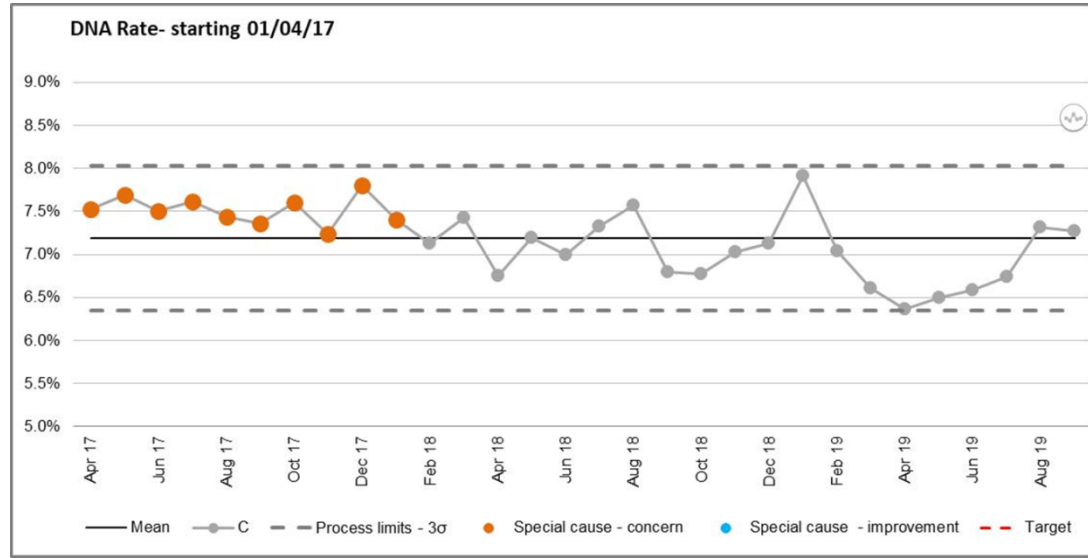


Metric	Aug 19	YTD	Target
Cancer 62 Day Consultant Screening	<b>82.1%</b>	<b>83.2%</b>	<b>90%</b>
This metric is not changing significantly and may deliver the target next month. There has been an increased focus on screening since May which will result in improvement.			

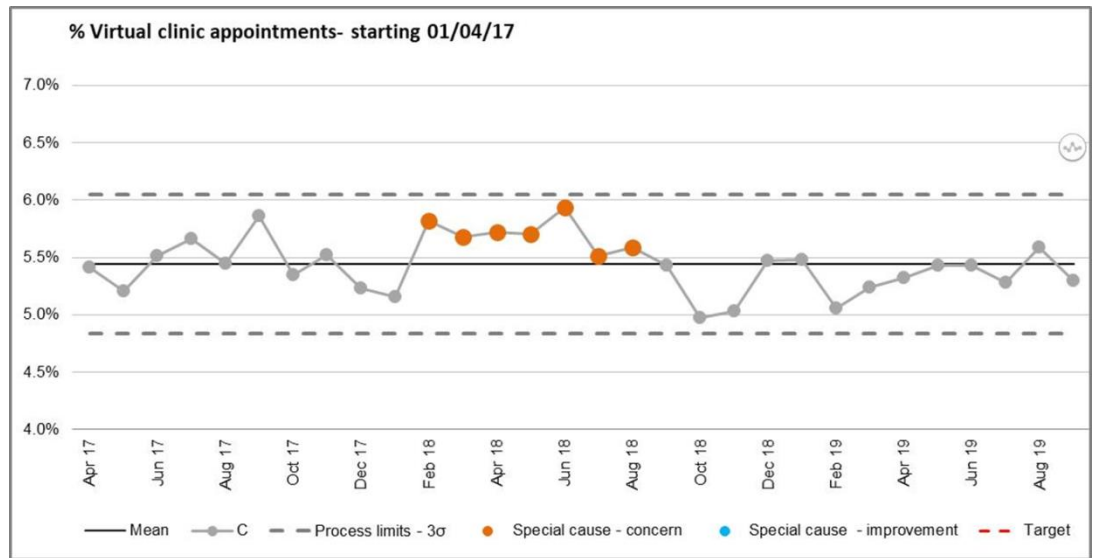


# Outpatient Transformation

Metric	Sep 19	YTD	Target
% DNA Rate	<b>7.3%</b>	<b>6.8%</b>	<b>TBC</b>
This metric is relatively stable. Target to be confirmed.			

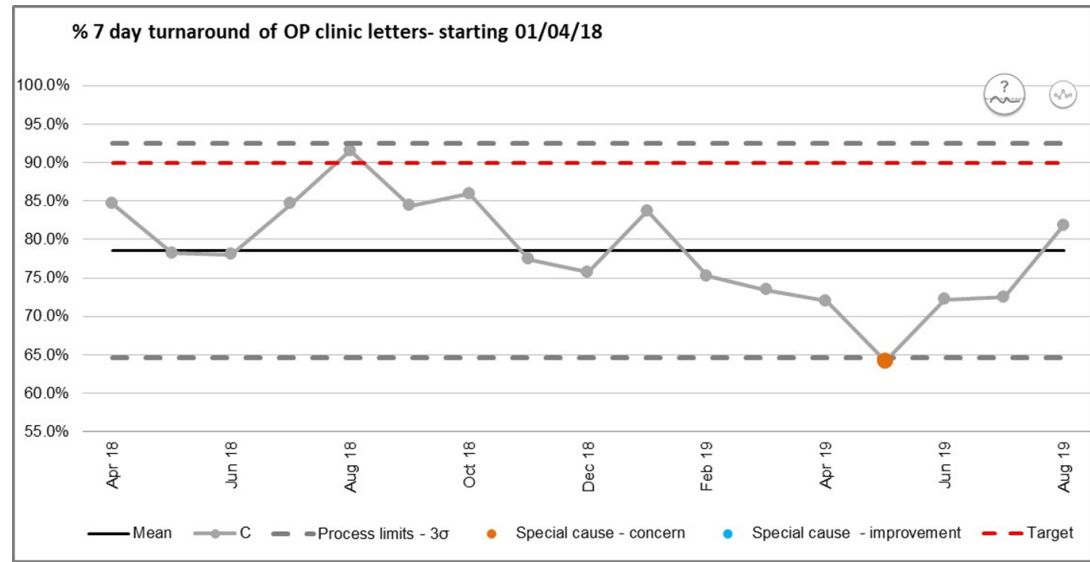


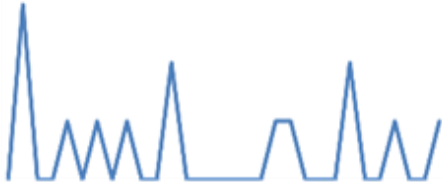
Metric	Sep 19	YTD	Target
% Virtual clinic appointments	<b>5.3%</b>	<b>5.4%</b>	<b>TBC</b>
This metric is relatively stable. Target to be confirmed.			





# Outpatient Transformation


Metric	Aug 19	YTD	Target
% 7 day turnaround of OP clinic letters	<b>81.8%</b>	<b>72.6%</b>	<b>90%</b>
This metric is now relatively stable following a dip in May. Target to be confirmed.			




Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
<p><b>Never Events</b></p>	<p><b>19/20 Target – 0</b></p>		<p><b>Retained foreign object post procedure – Retained guidewire (September 2019)</b>                      During a 2 week old male with known congenital abnormalities was transferred to the Catheter Lab in order to have a Right Ventricular Outflow Tract (RVOT) stent placed. This procedure required sheathed catheters to be placed in both the femoral vein and pulmonary artery to access the right ventricle of the heart. During the procedure, the patient’s right ventricle was perforated, he suffered a pericardial effusion and subsequently suffered a cardiac arrest. The sheathed catheters were quickly withdrawn to facilitate cardio pulmonary resuscitation (CPR). During August an echocardiograph from which it was identified that there appeared to be a foreign body located within the right ventricle of the heart. This was identified to be a retained part of a guidewire.</p>	<p>The cardiac catheter lab uses a safer procedure checklist and briefing based on the UHL safer surgery checklist. This was used in this case. Guidewires are not classed as an accountable item in the Catheter Lab. This will be reviewed.</p> <p>Parents have met with the Director of Safety and Risk to discuss their concerns.</p>
<p>are a measure of the number of UHL never events at month end.</p>	<p>1 Never Event reported in September 2019. 2 Reported YTD.</p>			


Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
<p><b>Sickness absence</b></p>	<p><b>3.51% Aug 2019</b> <b>3.87% excluding facilities</b></p>		<p>The target is aspirational, but has been achieved by some departments.</p>	<p>It is proposed 3 or 6 monthly exception reports are provided moving forward.</p>
<p>UHL has a locally agreed sickness absence target of 3%.</p>	<p>Performance in August was 0.51% above the Trust target (or 0.87% above excluding E&amp;F). Annual performance is at 3.55% (3.93% excluding E&amp;F)</p>		<p>E&amp;F sickness absence is not reported through SMART or captured on ESR; hence the data variation.</p> <p>More days are lost due to Stress / Anxiety / Depression (c39000 days in a year), and the pledges aligned to Time to Change are being implemented.</p> <p>HR are working closely with CMG's to manage sickness absence through 'Making it all Happen' reviews, complex case reviews, targeted support for long term, high episodic absences, reasons for absence, line managers training and FAQ's aligned to the policy review.</p> <p>At a Trust level the sickness absence data and reasons for absence are reviewed through the UHL Health and Wellbeing Steering Group.</p>	<p>The Time to Change annual meeting of 10 October 2019 will inform the plan for the coming year.</p> <p>HR will continue to support CMG's in the management of sickness absence</p>


Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
<p><b>Emergency readmissions within 30 days following an elective or emergency spell</b></p>	<p><b>19/20 Target – less than 8.5%</b></p>		<p>Emergency readmissions remains high and is relatively stable,</p>	<ul style="list-style-type: none"> <li>• City readmissions PDSA , as per Aston University study, being reported to Safe and Timely Discharge.</li> <li>• 2<sup>nd</sup> cycle due to start 21/10/19</li> <li>• West readmissions PDSA due to start 12/19 – staff recruitment underway</li> <li>• EMAS OT PDSA to be discussed, meeting scheduled.</li> <li>• Pre-hab for elective PDSA due to go live with Rutland – some IG issues.</li> <li>• Readmissions database to be shared with each CMG, enables each area to highlight key areas of focus.</li> </ul>
<p>Is the percentage of emergency readmissions within 30 days following an elective or emergency spell</p>	<p>Performance for August was 9.1%. YTD performance is currently at 9.0%</p>			


Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
<p><b>Stroke - TIA Clinic within 24 Hours (Suspected High Risk TIA)</b></p>	<p><b>19/20 Target – 60% or above</b></p>		<p>96 high risks patients (57%) were seen within 24 hours and the target was missed by 4 patients to make up 60%. TIA clinic was reduced 4 times in the previous 4 weeks due to staff shortages and also because of consultant conference. This resulted in losing 14 high risk slots.</p>	<p>In addition to the recent changes made, there is a live rota for the registrars on the stroke drive. This will increase the clinic slots from 10 to 13 on days when the registrar is in the clinic. This will help to reduce the backlog of high risk referrals.</p>
<p>Is the percentage of Suspected High Risk TIA patients which are seen within 24 Hours at the TIA Clinic.</p>	<p>Performance in September 2019 was 57.1%. YTD performance is currently at 68.1%.</p>			


Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
<p><b>Cancelled patients not offered a date within 28 days of the cancellations UHL + Alliance</b></p>	<p><b>19/20 Target – 0</b></p>		<p>Higher levels of cancellations on the day as result of unprecedented emergency demand during non winter period has increased cancellations.</p> <p>Demand of patients requiring to be re-booked within 28 days has increased.</p> <p>Reduced discretionary effort due to pension changes has reduced capacity overall, with patients being booked via clinical urgency/cancer and avoidance of 52 week breaches.</p>	<ul style="list-style-type: none"> <li>Continued patients requiring re-booking via exception report.</li> <li>Continued confirm and challenge at Weekly Access Meeting.</li> </ul>
<p>Is the number of cancelled patients OTD not offered a new date within 28 days of the cancellation at UHL or the Alliance</p>	<p>26 patients were not offered a new day within 28 days in September.</p>			



Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
<p><b>RTT - Incomplete 92% in 18 Weeks UHL+ALLIANCE</b></p>	<p><b>19/20 Target – 92%</b></p>		<ul style="list-style-type: none"> <li>• Demand outstripping capacity in a number of specialty areas resulting in longer waits for treatment</li> <li>• Increase level of patients waiting &gt; 40 weeks</li> <li>• Referral management (RSS) schemes delayed / not yet fully operational</li> </ul>	<ul style="list-style-type: none"> <li>• Sub-contracting with IS to provide additional capacity for long wait patients</li> <li>• Contingency plans to mitigate urgent care pressures</li> <li>• Work with commissioners to support demand management</li> </ul>
<p>Is the percentage of patients currently on an RTT pathway waiting less than 18 weeks</p>	<p>Performance for September was 82.0%</p>			

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
<p><b>RTT Total Number of Incompletes</b></p>	<p><b>19/20 Target – 64,404 or below</b></p>		<ul style="list-style-type: none"> <li>• Demand outstripping capacity in a number of areas resulting increased numbers waiting</li> <li>• Increased emergency pressures – beds and theatres</li> <li>• Referral management schemes delayed / not yet fully operational.</li> <li>• Pressure on both operational and administrative teams due to increased waiting list size.</li> </ul>	<ul style="list-style-type: none"> <li>• Maximize the use of Trust capacity e.g. OP tracker, theatre utilization,</li> <li>• Monitoring waiting list size at WAM</li> </ul>
<p>Is the total number of patients currently on an RTT pathway.</p>	<p>At the end of September 66,629 Patients were on an RTT pathway.</p>			

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
<p><b>% Operations cancelled for non-clinical reasons on or after the day of admission UHL + ALLIANCE</b></p>	<p><b>19/20 Target – less than 1%</b></p>		<p>There were 136 cancellations in September. 121 at UHL (1.2%) and 15 at the Alliance (1.6%).</p> <p>Unprecedented emergency demand during non winter period impacting on availability of elective bed.</p>	<ul style="list-style-type: none"> <li>• Patient cancellations managed via Trust escalation policy.</li> <li>• Actively reducing elective bookings prior to the day where emergency demand for beds is forecasted to lead to cancellations on the day.</li> </ul>
<p>Is the percentage of Operations cancelled for non-clinical reasons on or after the day of admission by UHL and the Alliance.</p>	<p>Performance for September was 1.2%.</p>		<p>89% / 121 of the cancellations were due to 3 factors:</p> <ol style="list-style-type: none"> <li>1) Capacity 73 pts / 54%</li> <li>2) Staffing 26 pts / 19%</li> <li>3) Lack of Theatre time 22 pts / 16%</li> </ol> <p>Overall cancellations reduced by 0.1% from the proceeding month.</p>	<ul style="list-style-type: none"> <li>• The Theatre Programme Board, are focusing on a program of that will positively impact on hospital cancellations: Preoperative Assessment, Optimal Scheduling, Reducing Cancellations and Starting on time.</li> </ul>

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
<p><b>Super Stranded Patients</b></p>	<p><b>19/20 Target – 186</b></p>		<ul style="list-style-type: none"> <li>• MSS CMG special cause improvement seen , remain below the mean and twice below target in last 4 weeks</li> <li>• CHUGG's, ESM and RRCV are all above target.</li> <li>• RRCV and ESM are below the mean.</li> <li>• CHUGG's 21+ patients are above the mean</li> </ul>	<ul style="list-style-type: none"> <li>• Undertake a deep dive into the increase in numbers of 21+ patients in CHUGGs</li> <li>• Roll out Ward based reviews by end of October into CHUGG's</li> </ul>
<p>Is the number of adult patients that have been in hospital for over 21 days.</p>	<p>At the end of September the number of stranded patients was 186.</p>			