Quality and Performance Report

Executive Summary from Acting CEO

Purpose of report:

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

Previous consideration:

Meeting	Date	Please clarify the purpose of the paper to that meeting using the categories above
CMG Board (specify which CMG)		
Executive Board	27/10/20	Discussion and Assurance
Trust Board Committee	29/10/20	Discussion and Assurance
Trust Board		

Context

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

Question

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

Conclusion

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

- **MRSA** – 0 cases reported.
- **C DIFF** – 8 cases reported this month.
- **90% of Stay on a Stroke Unit** – threshold achieved with 82.9% reported in September.
- **VTE** – compliant at 98.0% in October.
- **Fractured neck of femurs operated 0-35hrs** – compliant at 72.5%
- **TIA (high risk patients) –** 66.3% reported in October
- **Cancelled operations OTD** –1.0% reported in October.
- **Cancer Two Week Wait** was 93.0% in September against a target of 93%.
- **Cancer Two Week Wait (Symptomatic Breast)** was 94.2% in September against a target of 93%.

<u>Bad News</u>:
- **Never Events** – 1 case reported.
- **UHL ED 4 hour performance** – 71.3% for October, system performance (including LLR UCCs) for October is 80.2%.
- **Ambulance Handover 60+ minutes (CAD)** – performance at 5.5%.
- **12 hour trolley wait -** 3 breaches reported.
- **Cancer 31 day treatment** was 89.2% in September against a target of 96%.
- **Cancer 62 day treatment** was 68.9% in September against a target of 85%.
- **Referral to treatment** – the number on the waiting list (now the primary performance measure) was above the target and 18 week performance was below the NHS Constitution standard at 58.2% at the end of October.
- **52+ weeks wait –** 4,538 breaches reported in October.
- **Diagnostic 6 week wait** was 30.6% against a target of 1%.
- **Patients not rebooked within 28 days following late cancellation of surgery –** 22.
- **Statutory and Mandatory Training** is at 88%.
- **Annual Appraisal** is at 83.8%.

Input Sought

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

For Reference:

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

1. Quality priorities

Safe, surgery and procedures	[Yes /~~No /Not applicable~~]
Improved Cancer pathways	[Yes /~~No /Not applicable~~]
Streamlined emergency care	[Yes /~~No /Not applicable~~]
Better care pathways	[Yes /~~No /Not applicable~~]
Ward accreditation	[Yes /~~No /Not applicable~~]

2. Supporting priorities:

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

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

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

  Not applicable as purely data reporting. What to measure is determined nationally or through priorities.
- How did the outcome of the EIA influence your Patient and Public Involvement ?
  N/A
- If an EIA was not carried out, what was the rationale for this decision?
  As above.

4.   **Risk and Assurance**

Risk Reference:

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

5.   Scheduled date for the **next paper** on this topic: 17th December 2020

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

Quality and Performance Report

October 2020
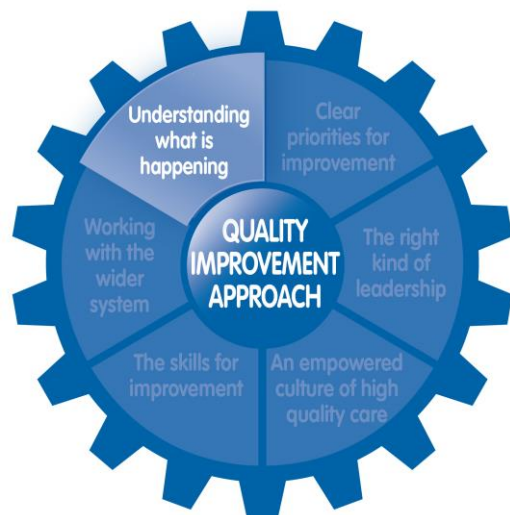
Operational Delivery Unit

One team shared values

CONTENTS

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: PEOPLE, PROCESS AND PERFORMANCE COMMITTEE/QUALITY AND OUTCOMES COMMITTEE
DATE: 26th NOVEMBER 2020
REPORT BY: ANDREW FURLONG, MEDICAL DIRECTOR
      DEBRA MITCHELL, ACTING CHIEF OPERATING OFFICER
      CAROLYN FOX, CHIEF NURSE
      HAZEL WYTON, DIRECTOR OF PEOPLE AND ORGANISATIONAL DEVELOPMENT

SUBJECT: OCTOBER 2020 QUALITY & PERFORMANCE SUMMARY REPORT

Introduction

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

The KPI's include:-

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

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

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

Statistical Process Control (SPC) charts

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

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

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

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

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

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

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

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

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

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

Key elements of a SPC dashboard

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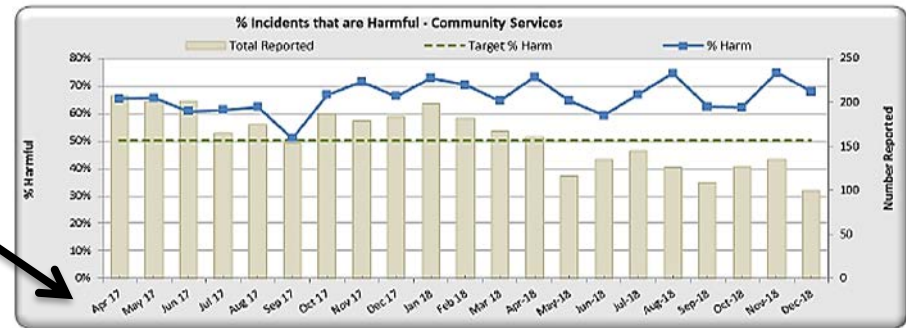
Highlighting special cause and its nature
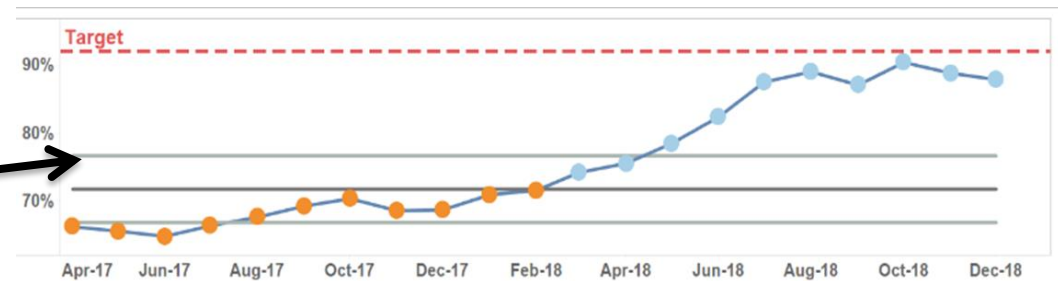
Key elements of a SPC dashboard

Narrative support that supports SPC theory

Summary icons and a top level summary view

Comment

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

Variation

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

Assurance

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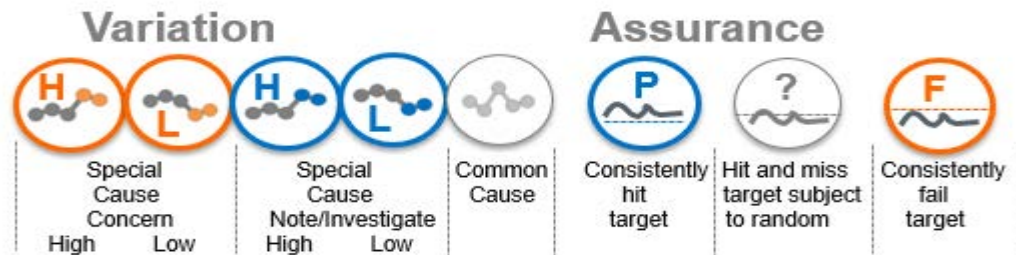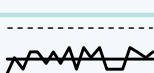
	Jun-18	Target	Variation	Target Capability	Comment
Staff Sickness absence	4.4%	3.5%		F	Shift change in August 2017 showing increase in sickness - staff survey review indicated.....

Performance Overview

Caring at its best

Domain	KPI	Target	Aug-20	Sep-20	Oct-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Safe	Never events	0	1	0	1	4	?			Jan-20
	Overdue CAS alerts	0	0	0	0	0	?	L		Nov-19
	% of all adults VTE Risk Assessment on Admission	95%	98.3%	98.7%	98.0%	98.6%	P			Dec-19
	Emergency C-section rate	No Target	22.4%	18.5%	21.1%	20.2%				Feb-20
	Clostridium Difficile	108	3	10	8	47	?			Nov-17
	MRSA Total	0	0	0	0	0	?	L		Nov-17
	E. Coli Bacteraemias Acute	No Target	4	6	11	53				Jun-18
	MSSA Acute	No Target	4	3	4	19				Nov-17
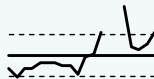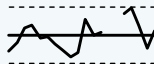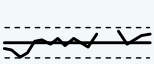
Performance Overview

Domain	KPI	Target	Aug-20	Sep-20	Oct-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Safe	COVID-19 Community Acquired <= 2 days after admission	**No Target**	94.4%	79.7%	75.5%	78.6%				Oct-20
	COVID-19 Hospital-onset, indeterminate, 3-7 days after admission	**No Target**	2.8%	6.8%	12.1%	8.9%				Oct-20
	COVID-19 Hospital-onset, probable, 8-14 days after admission	**No Target**	0.0%	5.9%	6.7%	7.1%				Oct-20
	COVID-19 Hospital-onset, healthcare-acquired, 15 or more days after admission	**No Target**	2.8%	7.6%	5.7%	5.4%				Oct-20
	All falls reported per 1000 bed days	5.5	4.1	4.5		4.6				Oct-20
	Rate of Moderate harm and above Falls PSIs with finally approved status per 1,000 bed days	**No Target**	0.07	0.02		0.07				Oct-20

Domain	KPI	Target	Aug-20	Sep-20	Oct-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Caring	Staff Survey Recommend for treatment	No Target	Reporting will commence once national reporting resumes							Aug-17
	Single Sex Breaches	0	National reporting commences in April 2021			?	●	●	Mar-20
	Inpatient and Daycase F&F Test % Positive	TBC	98%	98%	98%	98%		H	●	Mar-20
	A&E F&F Test % Positive	TBC	96%	93%	95%	95%		●	●	Mar-20
	Maternity F&F Test % Positive	TBC	96%	97%	98%	96%		●	●	Mar-20
	Outpatient F&F Test % Positive	TBC	94%	93%	94%	94%		●	●	Mar-20
	Complaints per 1,000 staff (WTE)	No Target	National reporting expected to resume from November onwards						Jan-20

Performance Overview

University Hospitals of Leicester NHS

NHS Trust

Caring at its best

Domain	KPI	Target	Aug-20	Sep-20	Oct-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Well Led	Staff Survey % Recommend as Place to Work	No Target	Reporting will commence once national reporting resumes							Sep-17
	Turnover Rate	10%	8.9%	9.2%	9.3%	9.3%	P	H		Nov-19
	Sickness Absense	3%	5.4%	6.1%		6.9%	F	H		Oct-16
	% of Staff with Annual Appraisal	95%	74.7%	82.7%	83.8%	83.8%	F	L		Dec-16
	Statutory and Mandatory Training	95%	96%	84%	88%	88%	?	L		Feb-20
	Nursing Vacancies	No Target	11.2%	11.8%		11.8%				Dec-19
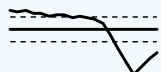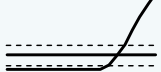
Performance Overview

Caring at its best

Domain	KPI	Target	Aug-20	Sep-20	Oct-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Effective	Mortality Published SHMI	99	97	97	98	98 (Jul 19 to Jun 20)				Sep-16
	Mortality 12 months HSMR	99	102	103	102	102 (Aug 19 to Jul 20				Sep-16
	Crude Mortality Rate	No Target	1.1%	1.2%	1.2%	1.7%		⦿	∿	Sep-16
	Emergency Readmissions within 30 Days	8.5%	9.7%	9.1%		9.7%	?	⦿	∿	Sep-20
	Emergency Readmissions within 48 hours	No Target	1.4%	1.1%		1.2%		⦿	∿	Sep-20
	No of #neck of femurs operated on 0-35hrs	72%	82.5%	74.2%	72.5%	63.8%	?	⦿	∿	Sep-20
	Stroke - 90% Stay on a Stroke Unit	80%	89.6%	82.9%		86.4%	?	⦿	∿	Mar-20
	Stroke TIA Clinic Within 24hrs	60%	79.9%	51.3%	66.3%	67.5%	?	⦿	∿	Mar-20

One team shared values
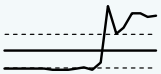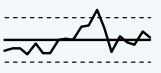
Performance Overview

Caring at its best

Domain	KPI	Target	Aug-20	Sep-20	Oct-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Responsive	ED 4 hour waits UHL	95%	76.9%	70.2%	71.3%	77.0%	F			Mar-20
	ED 4 hour waits Acute Footprint	95%	84.2%	80.1%	80.2%	84.0%	F			Aug-17
	12 hour trolley waits in A&E	0	0	0	3	3	?	L		Mar-20
	Ambulance handover >60mins	0.0%	1.8%	6.5%	5.5%	2.5%	F	L		TBC
	RTT Incompletes	92%	48.7%	54.3%	58.2%	58.2%	F	L		Nov-19
	RTT Waiting 52+ Weeks	0	3137	3886	4538	4538	F	H		Nov-19
	Total Number of Incompletes	66,397 (by year end)	69,696	72,292	74,717	74,717	?	H		Nov-19

Performance Overview

Domain	KPI	Target	Aug-20	Sep-20	Oct-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Responsive	6 Week Diagnostic Test Waiting Times	1.0%	32.1%	30.2%	30.6%	30.6%	F	H		Nov-19
	Cancelled Patients not offered <28 Days	0	2	10	22	141	?			Nov-19
	% Operations Cancelled OTD	1.0%	0.8%	0.8%	1.0%	0.8%	?	L		Jul-18
	Long Stay Patients (21+ days)	70	138	137	139	139	F	L		Sep-20
	Inpatient Average LOS	No Target	3.5	3.3	3.3	3.6				Sep-20
	Emergency Average LOS	No Target	4.6	4.9	4.8	4.8				Sep-20

Performance Overview

Caring at its best
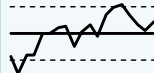
Domain	KPI	Target	Jul-20	Aug-20	Sep-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Responsive - Cancer	**2WW**	**93%**	**90.0%**	**89.4%**	**93.0%**	**90.0%**	?			**Dec-19**
	2WW Breast	**93%**	**97.7%**	**95.5%**	**94.2%**	**95.7%**	?			**Dec-19**
	31 Day	**96%**	**91.2%**	**91.9%**	**89.2%**	**90.9%**	?			**Dec-19**
	31 Day Drugs	**98%**	**100%**	**100%**	**98.8%**	**99.7%**	?			**Dec-19**
	31 Day Sub Surgery	**94%**	**68.9%**	**73.0%**	**68.0%**	**72.0%**	?			**Dec-19**
	31 Day Radiotherapy	**94%**	**100%**	**99.0%**	**96.4%**	**90.4%**	?			**Dec-19**
	Cancer 62 Day	**85%**	**71.8%**	**76.4%**	**68.9%**	**68.7%**	F			**Dec-19**
	Cancer 62 Day Consultant Screening	**90%**	**0.0%**	**25.0%**	**92.9%**	**45.5%**	?			**Dec-19**

Performance Overview

University Hospitals of Leicester — NHS Trust

Caring at its best

Domain	KPI	Target	Aug-20	Sep-20	Oct-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Outpatient Transformation	% DNA rate	**No Target**	**6.2%**	**6.6%**	**6.7%**	**6.3%**				**Feb-20**
	% Non Face to Face Appointments	**No Target**	**51.6%**	**48.4%**	**45.3%**	**57.5%**				**Feb-20**
	% 7 day turnaround of OP clinic letters	**90%**	**85.1%**	**83.0%**	**86.5%**	**88.7%**				**Feb-20**

One team shared values

Safe

University Hospitals of Leicester **NHS** NHS Trust

Metric	Oct 20	YTD	Target
Never Events	**1**	**4**	**0**
4 never events in the last 12 months.			

Never Events- starting 01/03/19

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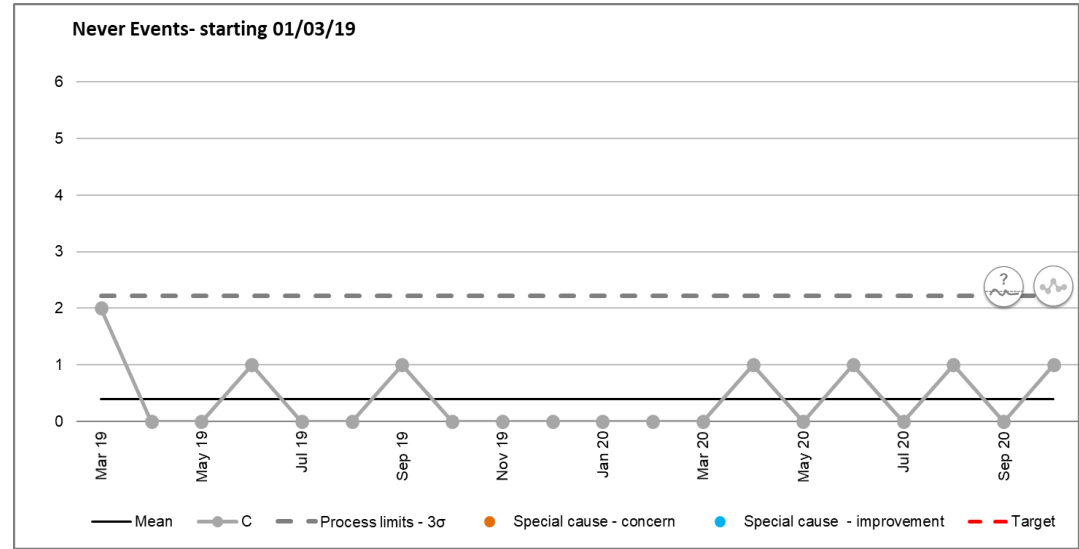
Metric	Oct 20	YTD	Target
Overdue CAS alerts	**0**	**0**	**0**
No overdue CAS alerts since June 2019.			

Overdue CAS alerts- starting 01/03/19

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

Safe
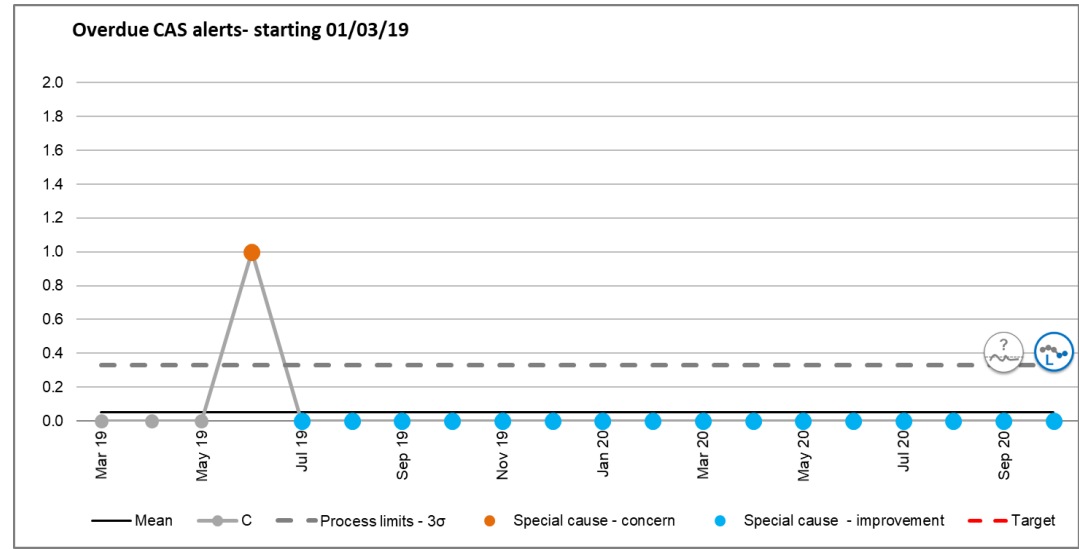
Metric	Oct 20	YTD	Target
VTE Risk Assessment	**98.0%**	**98.6%**	**95%**
Common cause variation, likely to deliver target next month.			

VTE Risk Assessment- starting 01/03/19

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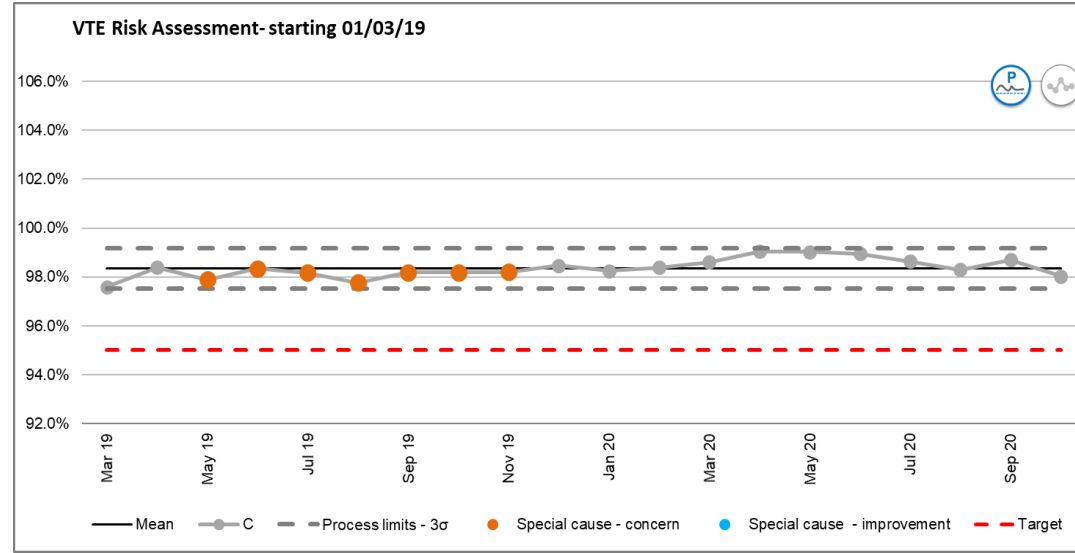
Metric	Oct 20	YTD	Target
% Emergency C-Sections	**21.1%**	**20.2%**	**No National Target**
Common cause variation.			

Emergency C-Sections- starting 01/03/19

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

Safe

University Hospitals of Leicester **NHS**
NHS Trust
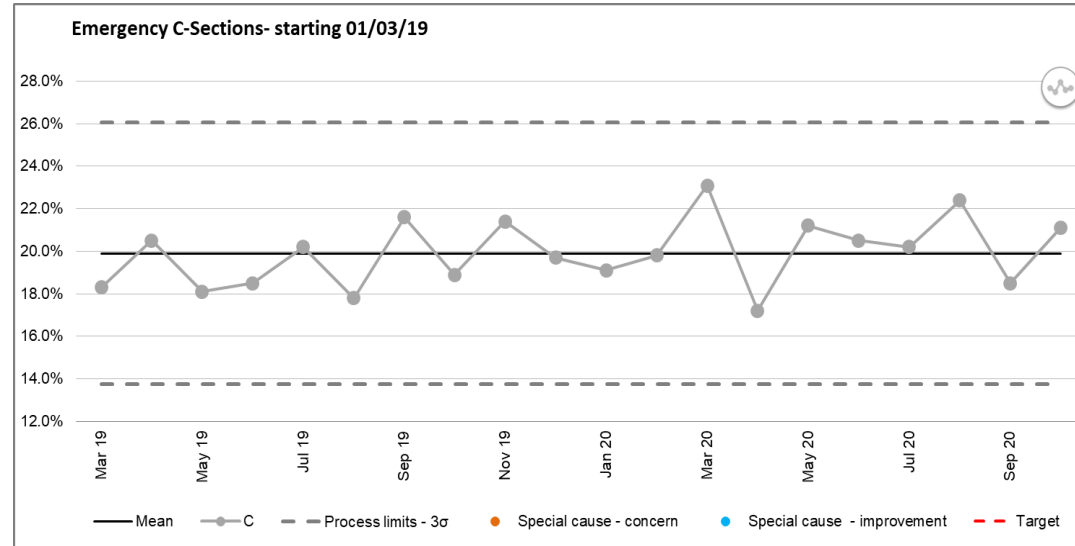
Metric	Oct 20	YTD	Target
Clostridium Difficile	8	47	108

No significant variation. May achieve target next month.

Clostridium Difficile- starting 01/03/19
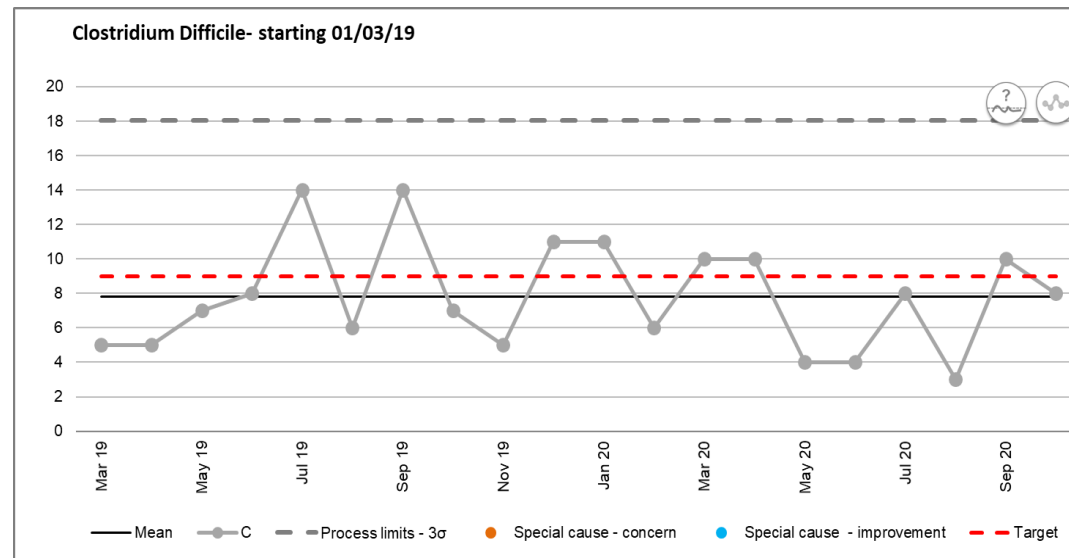
Metric	Oct 20	YTD	Target
MRSA Total	0	0	0

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

MRSA Total- starting 01/03/19

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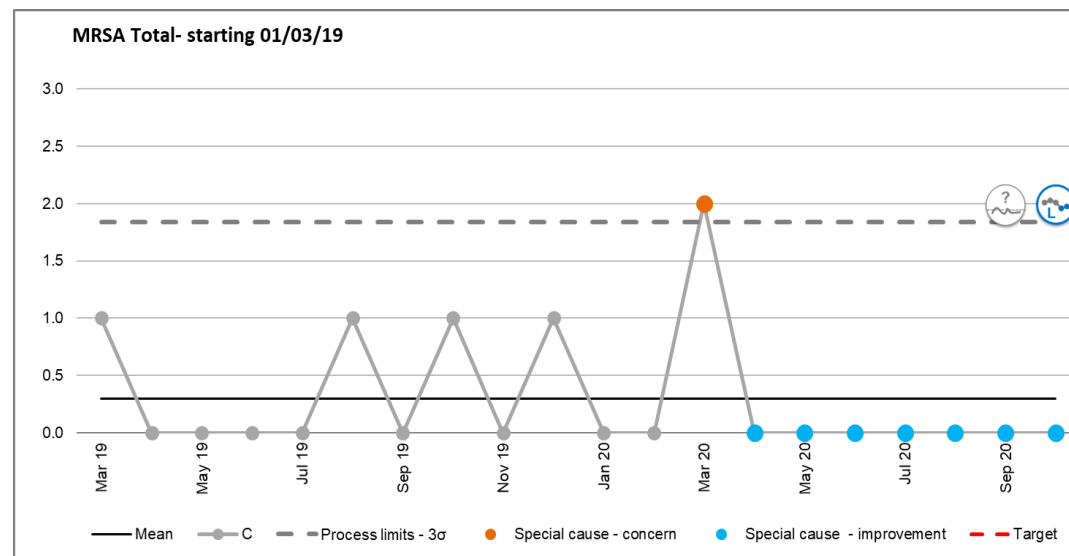
Metric	Oct 20	YTD	Target
E. Coli Bacteraemias - Acute	**11**	**53**	**No National Target**
No significant variation.			

E. Coli Bacteraemias - Acute- starting 01/03/19
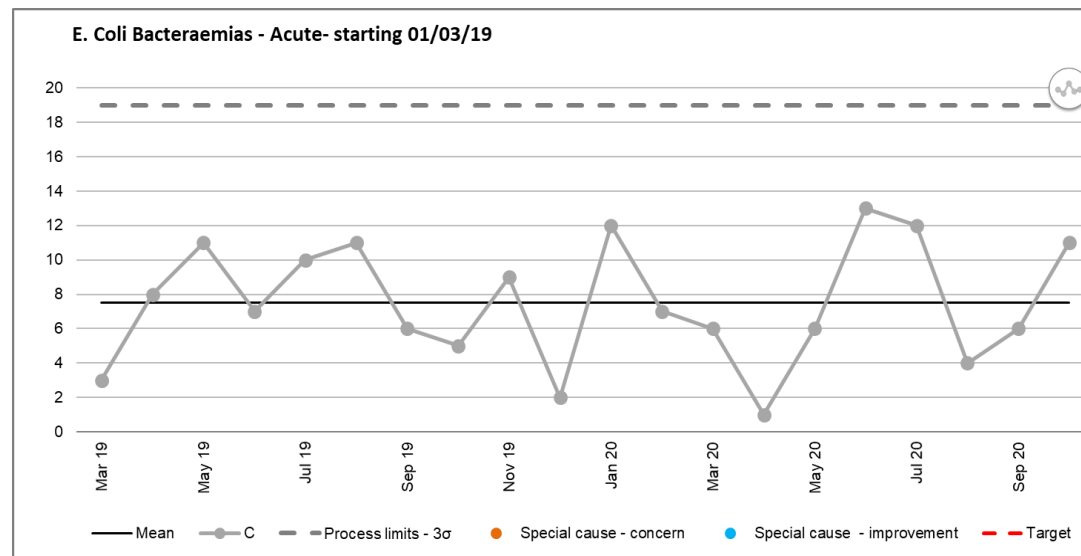
Metric	Oct 20	YTD	Target
MSSA - Acute	**4**	**19**	**No National Target**
Normal variation.			

MSSA - Acute- starting 01/03/19

Safe

University Hospitals of Leicester NHS — NHS Trust
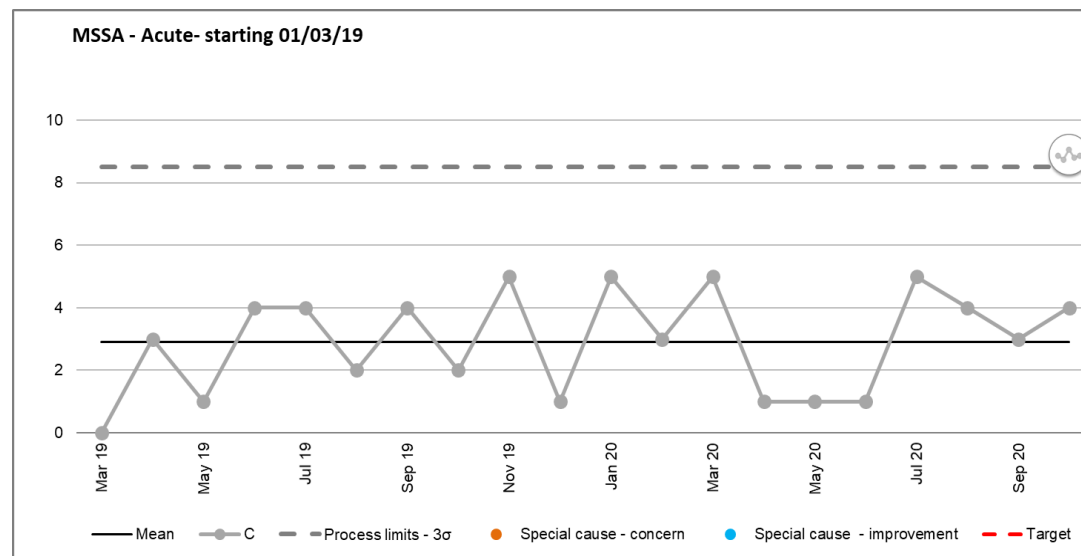
NHSI COVID-19 Onset Category	Mar-20 Patients	Mar-20 %	Apr-20 Patients	Apr-20 %	May-20 Patients	May-20 %	Jun-20 Patients	Jun-20 %	Jul-20 Patients	Jul-20 %	Aug-20 Patients	Aug-20 %	Sep-20 Patients	Sep-20 %	Oct-20 Patients	Oct-20 %
Community Acquired <= 2 days after admission	218	87.6%	619	82.4%	236	62.4%	168	77.8%	87	93.5%	34	94.4%	94	79.7%	237	75.5%
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%
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%
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%
Total	249	100%	751	100%	378	100%	216	100%	93	100%	36	100%	118	100%	314	100%

COVID-19 Hospital Onset

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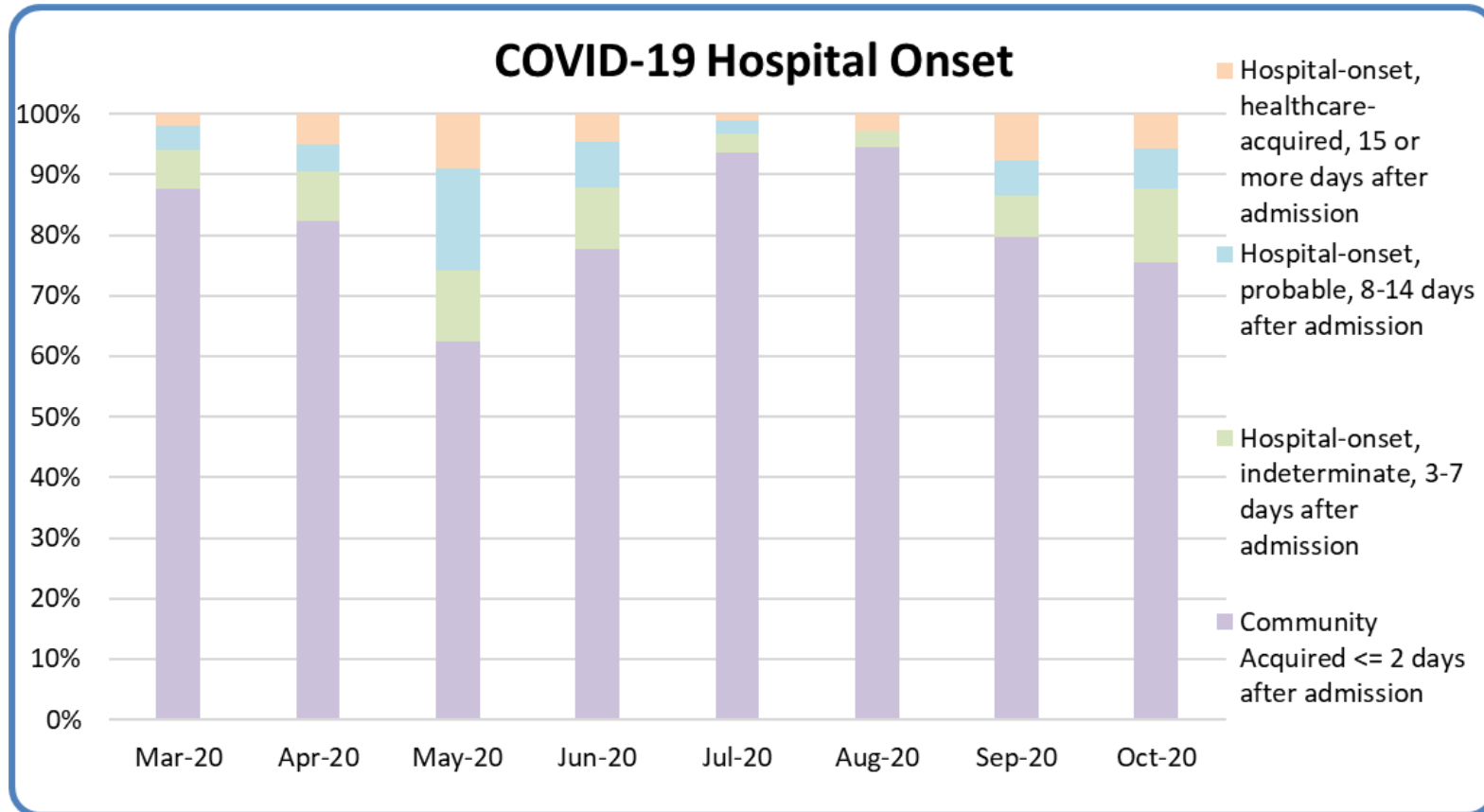
Metric	Sep 20	YTD	Target
All falls reported per 1000 bed days for patients	**4.5**	**4.6**	**5.5**

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

All falls reported per 1000 bed days for patients reported 1 month in arrears (>65 years only before 19/20)- starting 01/02/19
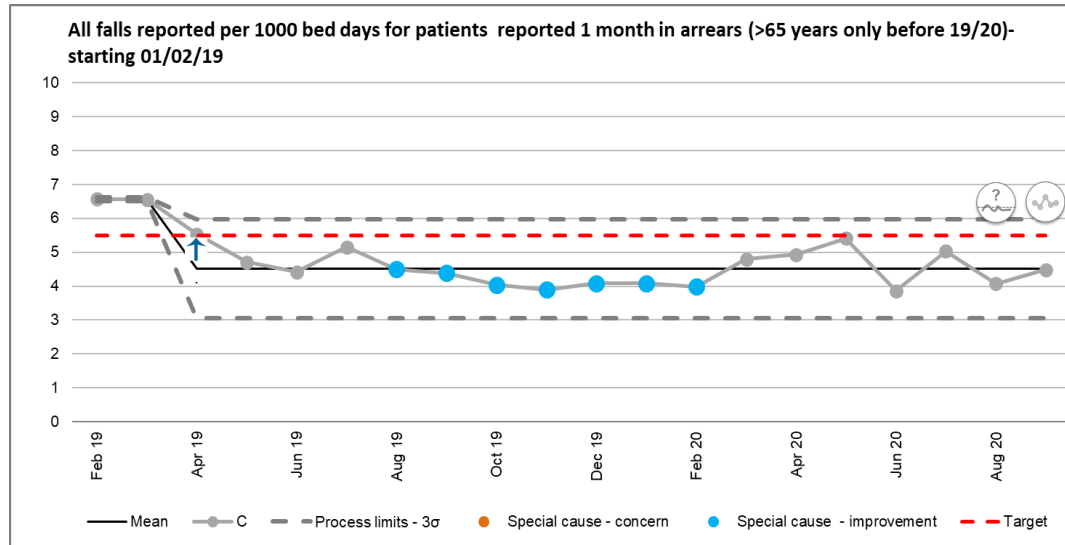
Metric	Sep 20	YTD	Target
Rate of Moderate harm and above Falls PSIs with finally approved status per 1,000 bed days	**0.02**	**0.07**	**No National Target**

No significant variation.

Rate of Moderate harm and above Falls PSIs with finally approved status per 1,000 bed days- starting 01/02/19

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NHS Trust
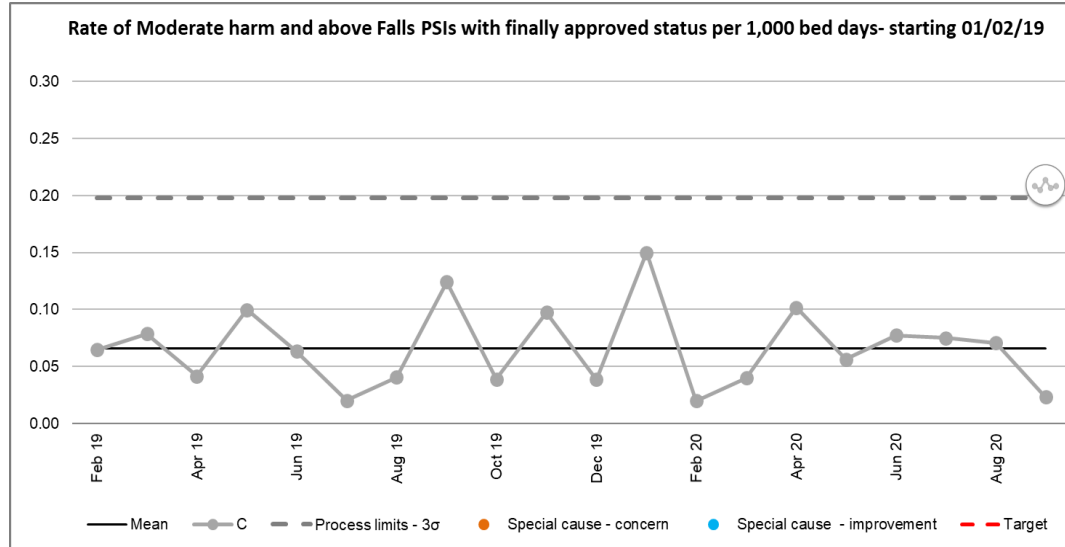
Metric	Q3 19/20	YTD	Target
% of staff who would recommend the trust as place to receive treatment	**67%**	**73%**	**No National Target**

Reporting will commence once national reporting resumes.

Staff Survey: % of staff who would recommend the trust as place to receive treatment

Legend: 2018-19, 2019-20
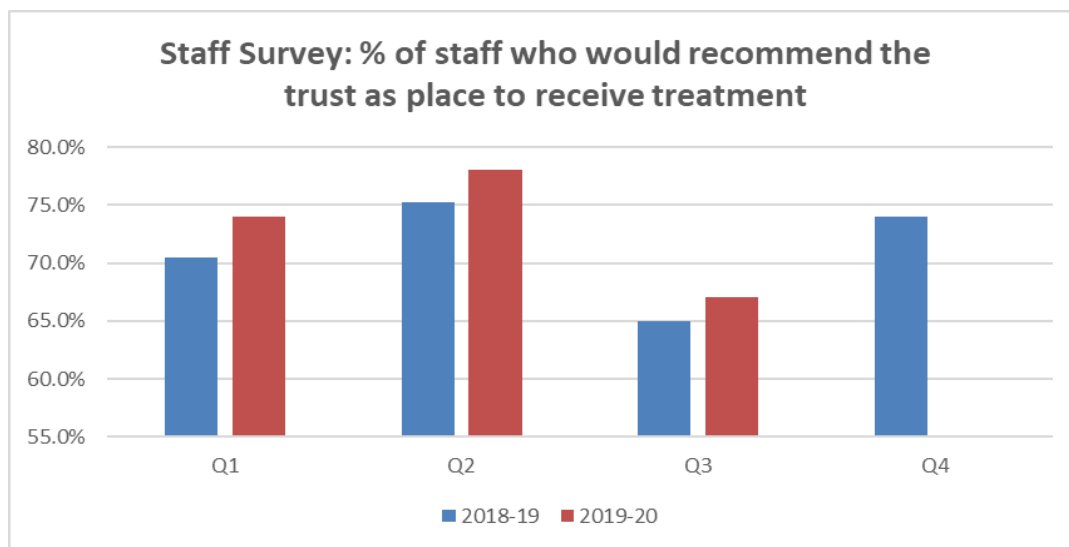
Metric	Mar 20	YTD	Target
Single Sex Breaches	**1**	**14**	**0**

National reporting commences in April 2021.

Single Sex Breaches- starting 01/08/18

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

Caring
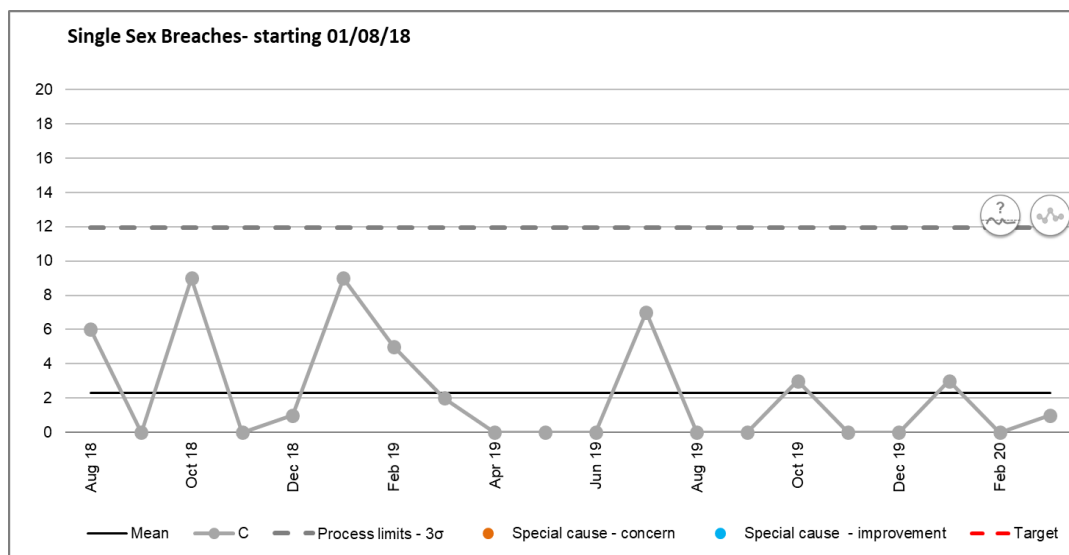
Metric	Oct 20	YTD	Target
Inpatient and Day case F&F Test % Positive	**98%**	**98%**	**TBC**
National reporting is expected from December onwards. CMG reporting has resumed.			

Inpatients and Daycase Friends and Family Test - % positive- starting 01/03/19
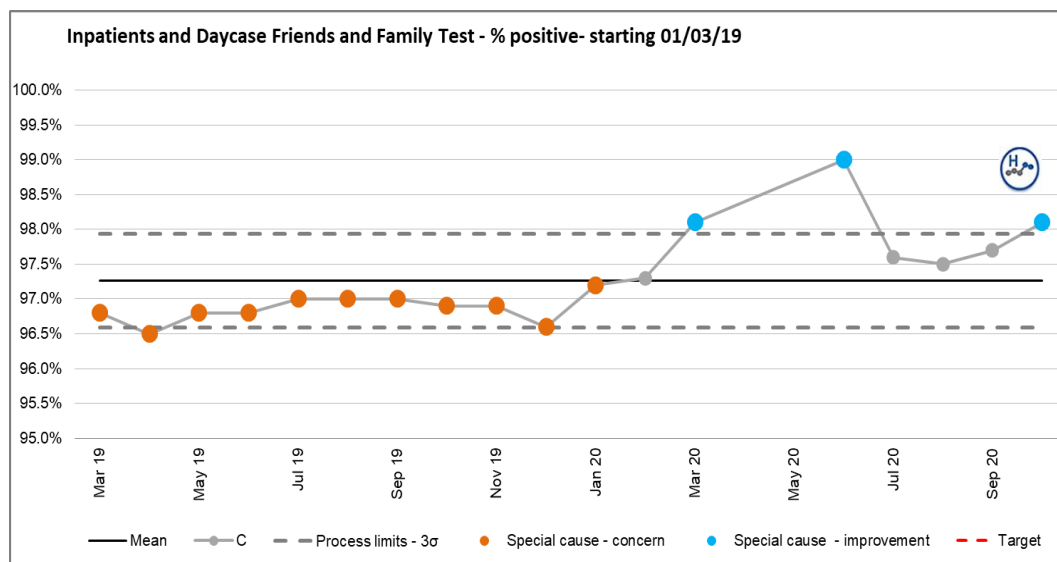
Metric	Oct 20	YTD	Target
A&E F&F Test % Positive	**95%**	**95%**	**TBC**
National reporting is expected from December onwards. CMG reporting has resumed.			

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

Caring
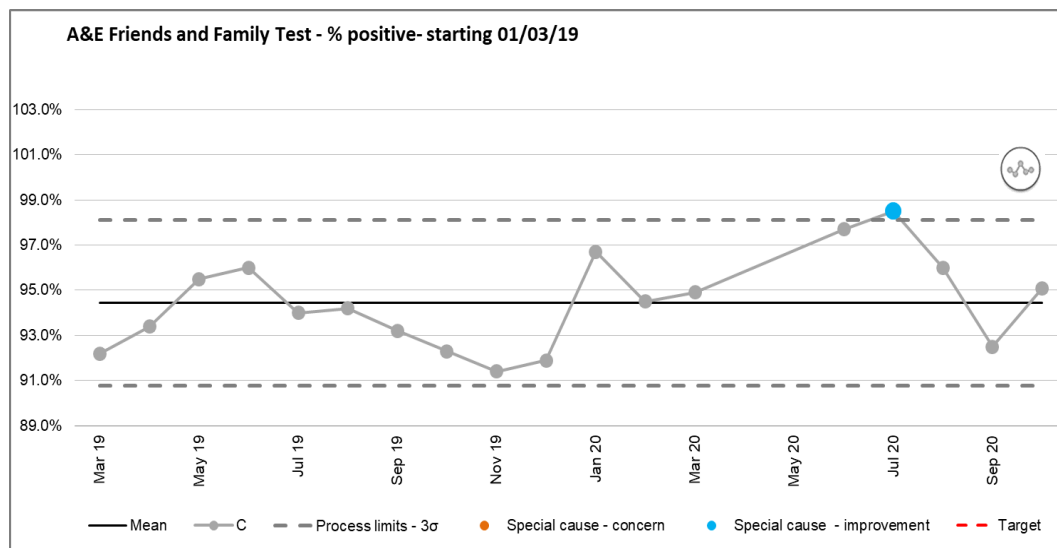
Metric	Oct 20	YTD	Target
Maternity F&F Test % Positive	98%	96%	TBC
National reporting is expected from December onwards. CMG reporting has resumed.			

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

Mean —— C ——— Process limits - 3σ ● Special cause - concern ● Special cause - improvement – – Target
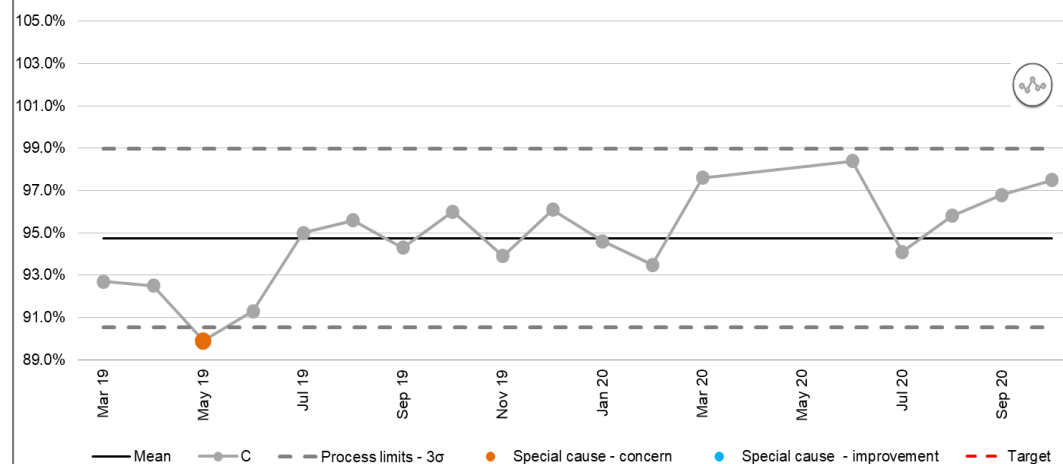
Metric	Oct 20	YTD	Target
Outpatients Friends and Family Test - % positive	94%	94%	TBC
National reporting is expected from December onwards. CMG reporting has resumed.			

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

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

Caring
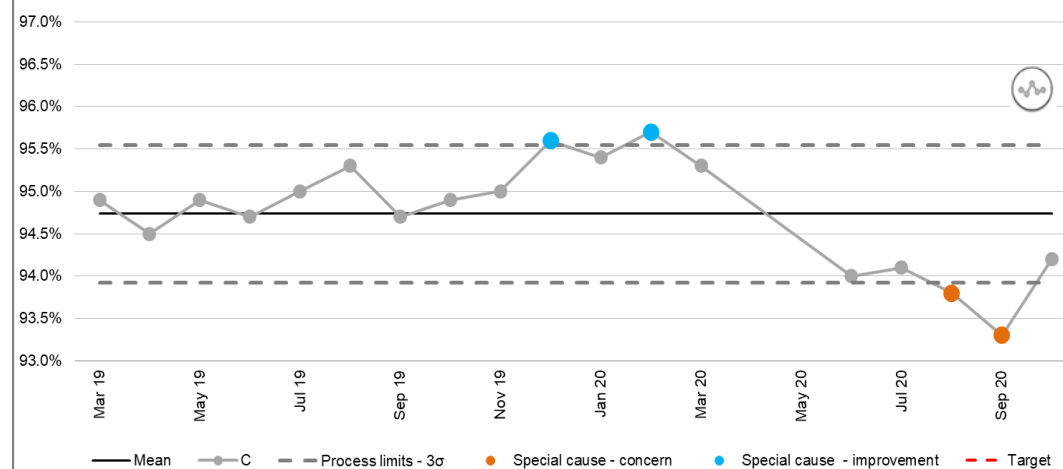
Metric	Q3 19/20	YTD	Target
Complaints per 1,000 staff (WTE)	**50.1**	**49.7**	**No National Target**
National reporting expected to resume from November onwards.			

Complaints per 1,000 staff (WTE)

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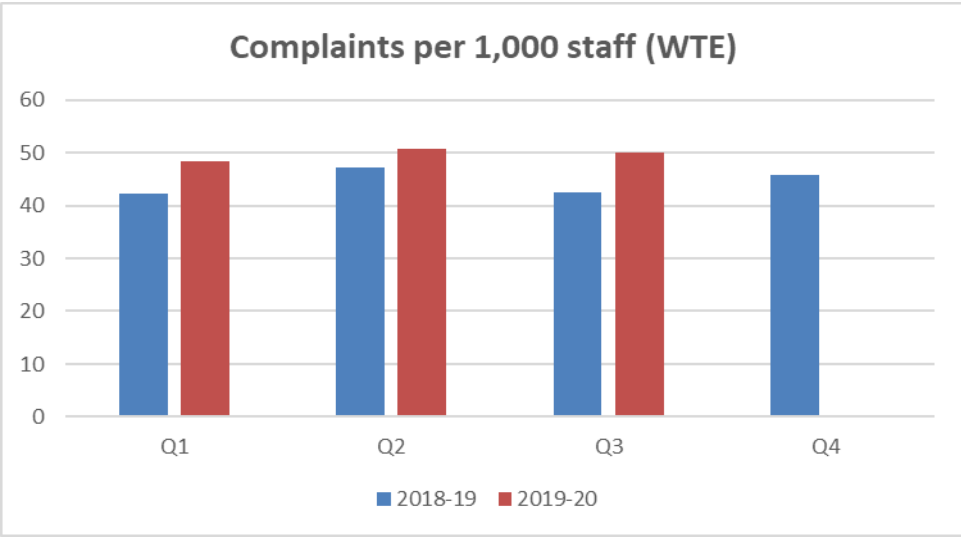
Metric	Q3 19/20	YTD	Target
Staff Survey % Recommend as Place to Work	62%	61%	Not within Lowest Decile
Reporting will commence once national reporting resumes.			

Staff Survey: % of staff who would recommend the trust as place to work
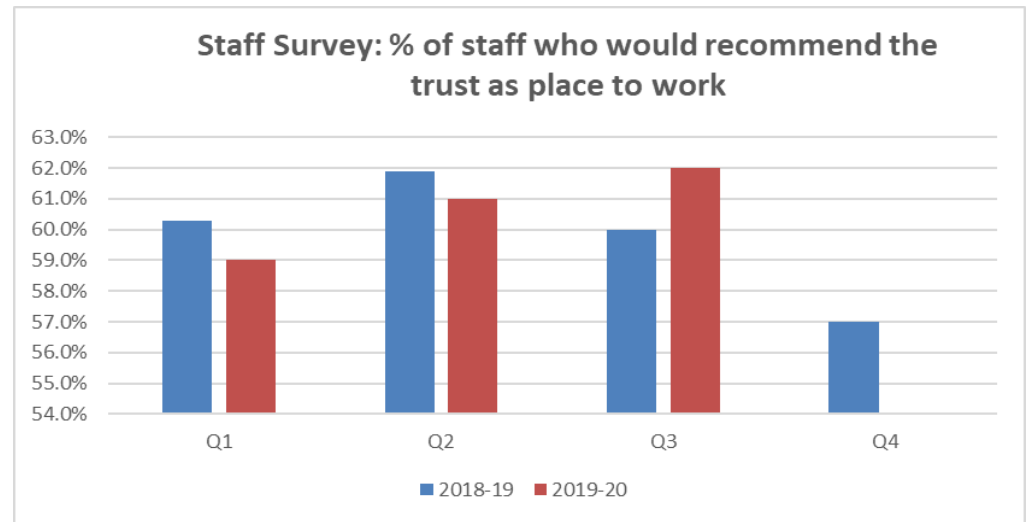
Metric	Oct 20	YTD	Target
Turnover Rate	9.3%	9.3%	10%
Special cause concern - Turnover Rate increased in October, very likely to achieve target next month.			

Turnover Rate- starting 01/03/19

Well Led
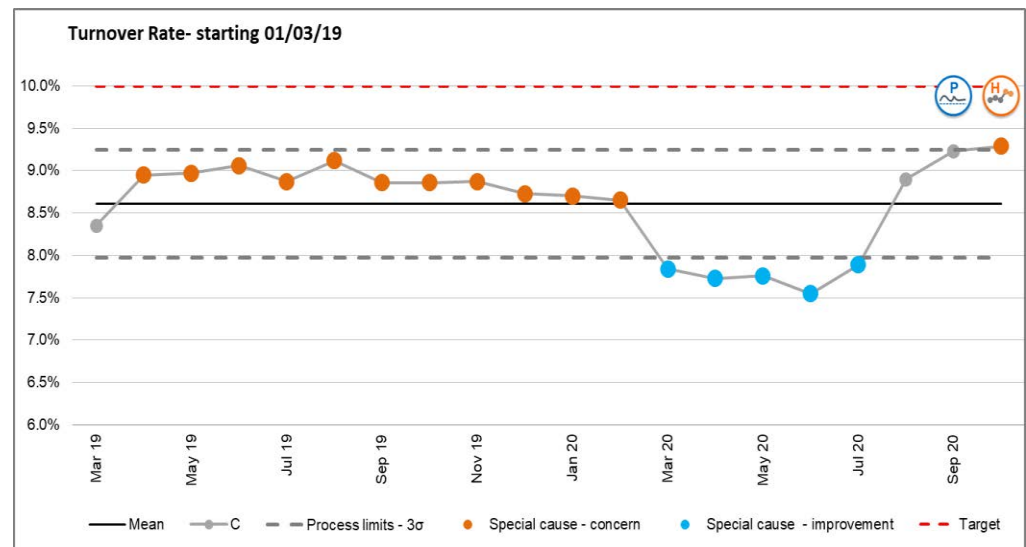
Metric	Sep 20	YTD	Target
Sickness absence	**6.1%**	**6.9%**	**3%**

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

Sickness Rate- starting 01/02/19

Legend: Mean — C — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target
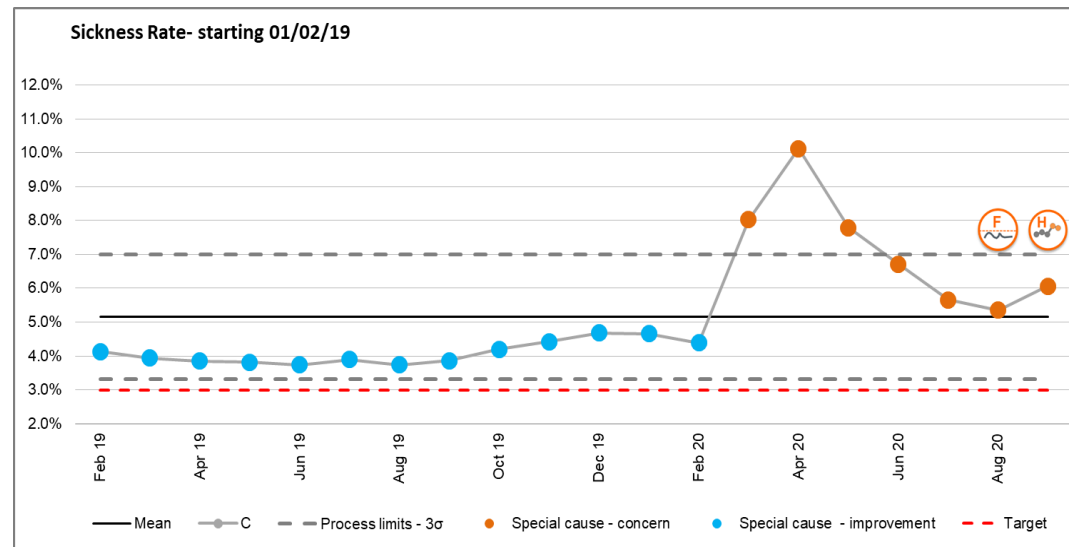
Metric	Oct 20	YTD	Target
% of Staff with Annual Appraisal	**83.8%**	**83.8%**	**95%**

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

Annual Appraisal- starting 01/03/19

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

Well Led
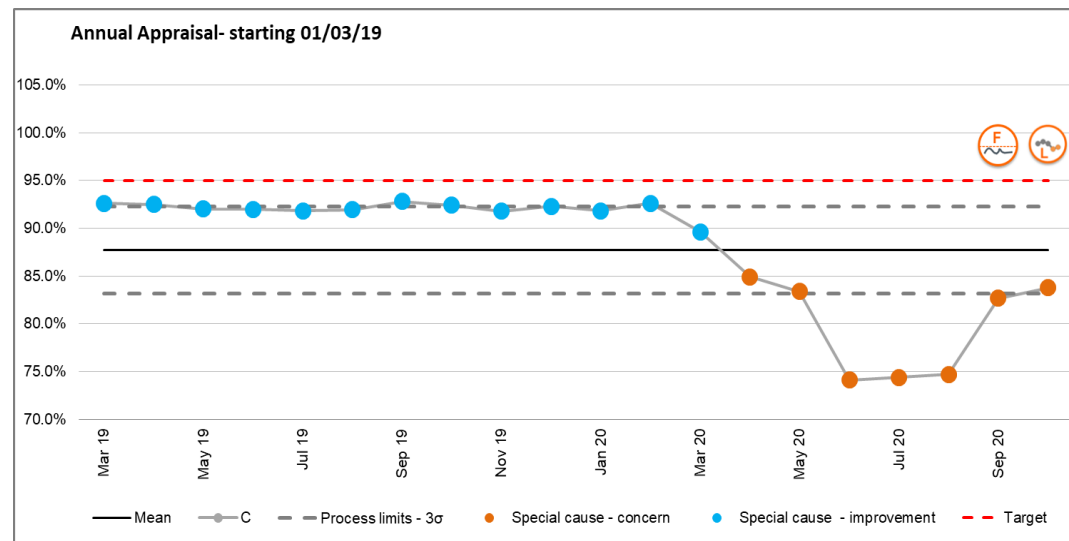
Metric	Oct 20	YTD	Target
Statutory and Mandatory Training	**88%**	**88%**	**95%**

Special Cause concern. Performance decreased in September due to the removal of the extension to the training refresher periods introduced in March due to COVID-19.

Statutory and Mandatory Training- starting 01/03/19
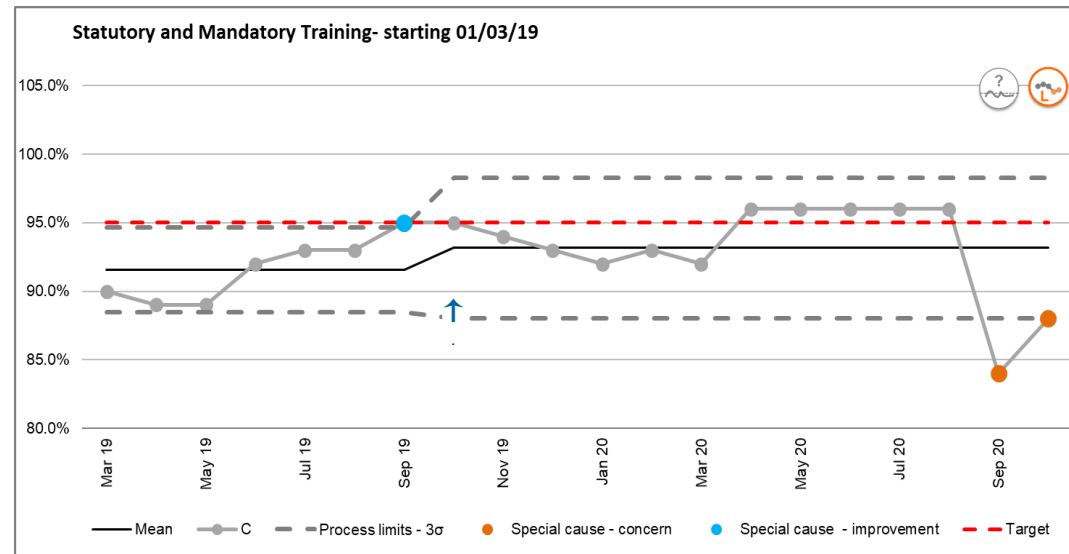
Metric	Sep 20	YTD	Target
Nursing Vacancies	**11.8%**	**11.8%**	**No National Target**

Performance has improved since November last year.

Nursing Vacancies- starting 01/02/19

Effective
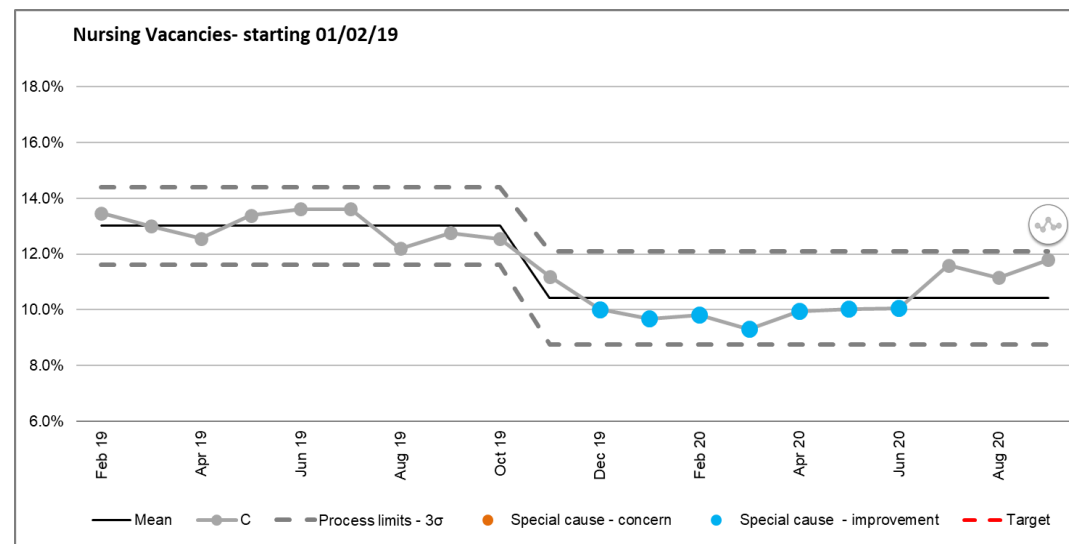
Metric	Jul 19 – Jun 20	Target
Mortality – Published Monthly SHMI	**98**	**100**

UHL's SHMI has been 100 or below for the past two years with some natural variation.
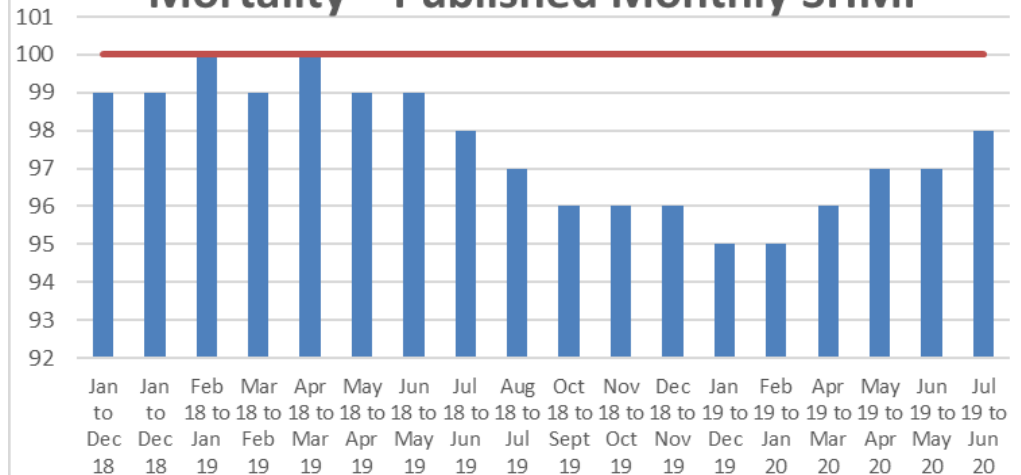
Metric	Aug 19 – Jul 20	Target
Mortality - Rolling 12 mths HSMR as reported in Dr. Foster)	**102** (Within Expected range)	**100**

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

Effective

University Hospitals of Leicester
NHS NHS Trust

Metric	Oct 20	YTD	Target
Crude Mortality	**1.2%**	**1.7%**	**No National Target**

Statistically significant increase in April and May due to COVID-19.

Mortality Rate- starting 01/03/19

— Mean   ● C   - - Process limits - 3σ   ● Special cause - concern   ● Special cause - improvement   - - Target
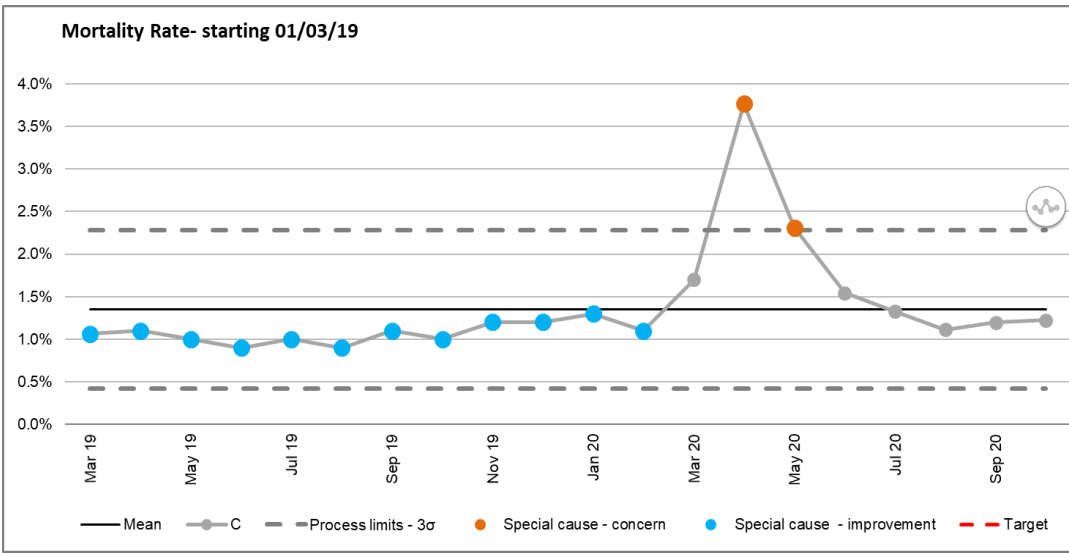
Metric	Sep 20	YTD	Target
Emergency readmissions within 30 days	**9.1%**	**9.7%**	**8.5%**

Special cause concern in May due to COVID-19.

Readmission Rate within 30 Days- starting 01/02/19

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

Effective

University Hospitals of Leicester
NHS Trust
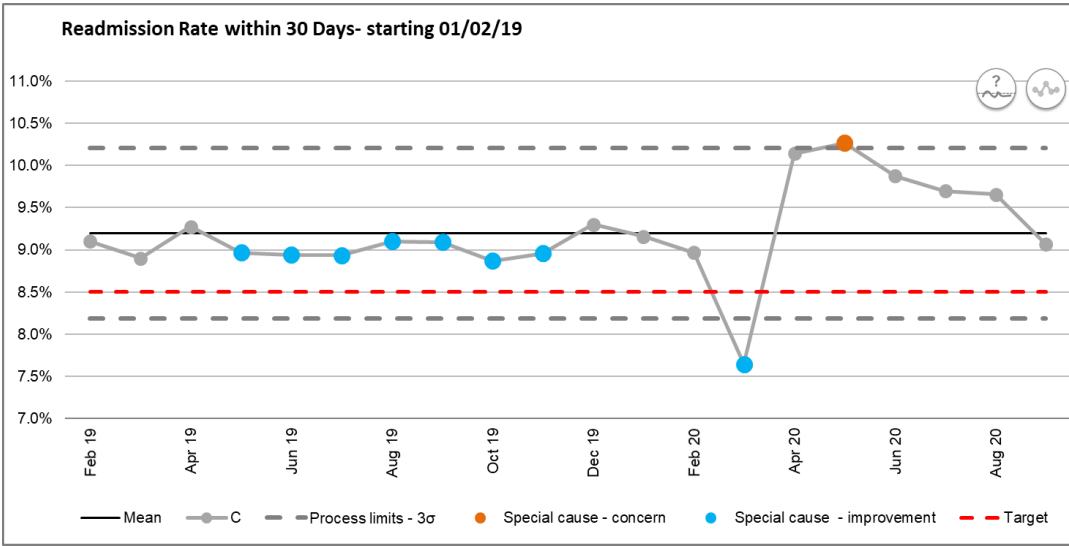
Metric	Sep 20	YTD	Target
Emergency readmissions within 48 hrs	**1.1%**	**1.2%**	**No National Target**
No significant variation.			

Readmission Rate within 48 Hours- starting 01/02/19

Legend: Mean — C — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target
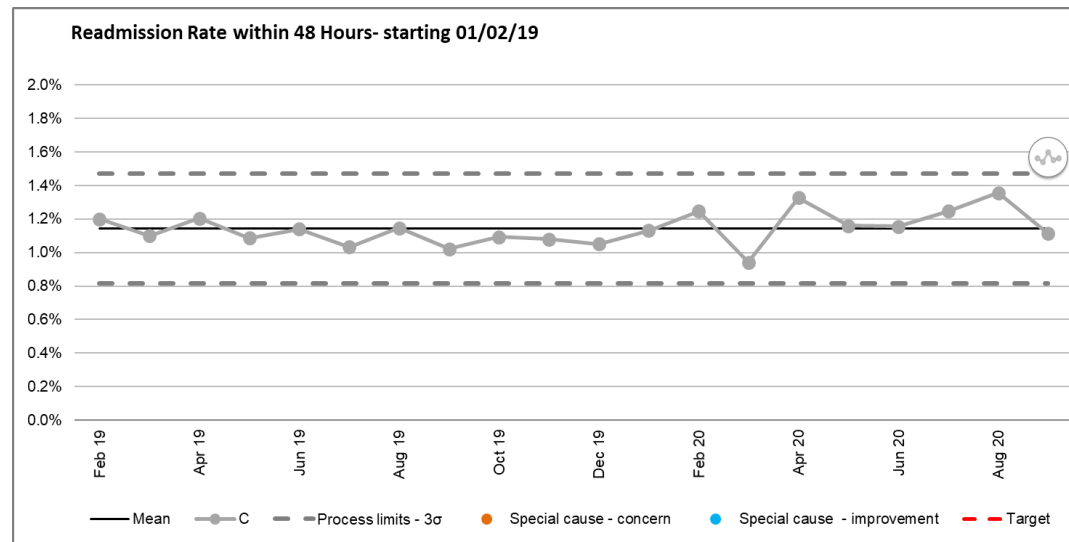
Metric	Oct 20	YTD	Target
% Neck of femurs operated on under 36 hrs Based on Admissions	**72.5%**	**63.8%**	**72%**
Performance deteriorated significantly in April and May due to COVID-19. No assurance that target will be delivered next month.			

No. of # Neck of femurs operated on 0-35 hrs- starting 01/03/19

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

Effective
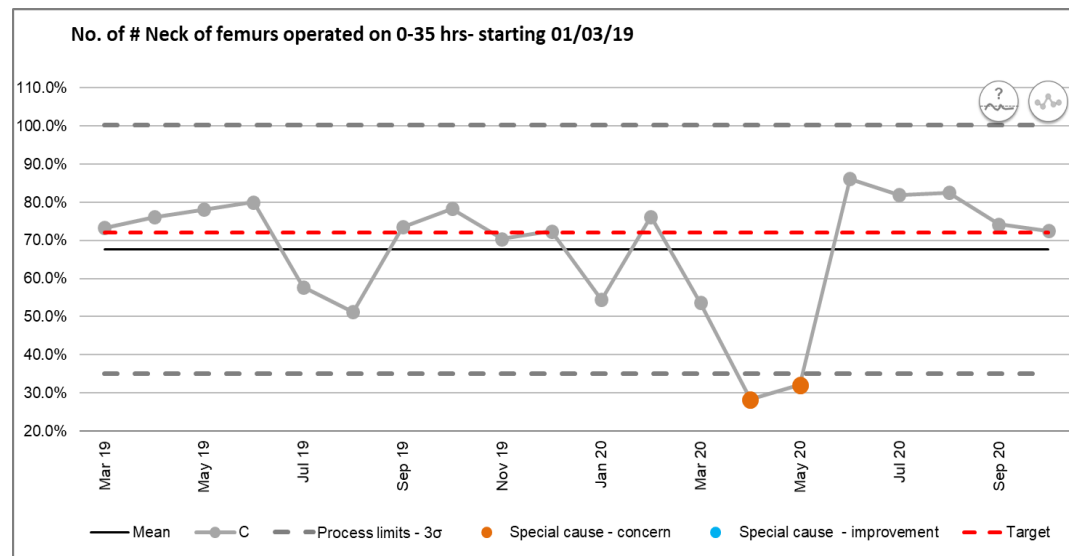
Metric	Sep 20	YTD	Target
Stroke - 90% of Stay on a Stroke Unit	**82.9%**	**86.4%**	**80%**

Common cause variation, consistently achieving target.

Stroke - 90% of Stay on a Stroke Unit- starting 01/02/19
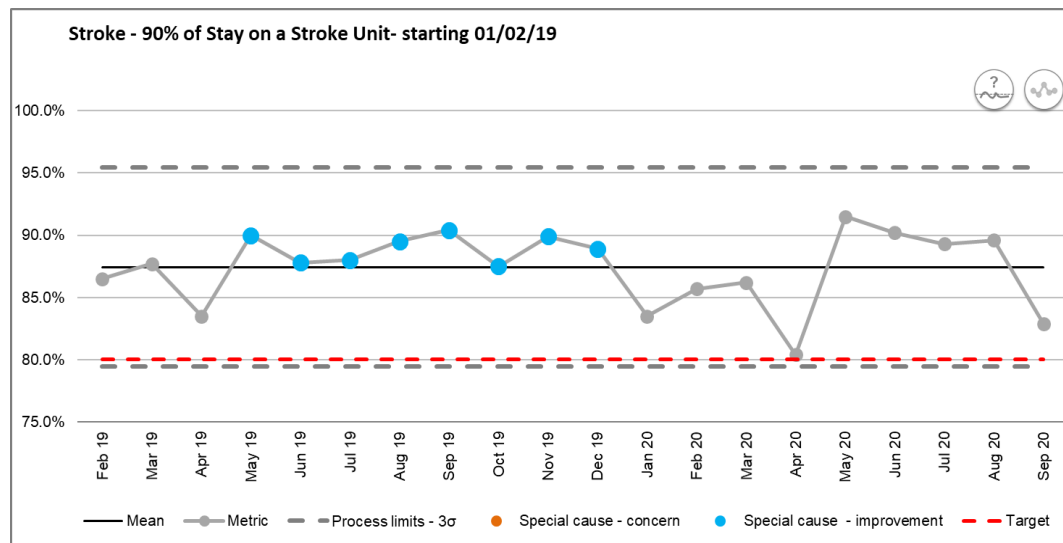
Metric	Oct 20	YTD	Target
TIA Clinic within 24 Hours (Suspected High Risk TIA)	**66.3%**	**67.5%**	**60%**

Common cause variation, target achieved in October

Stroke - TIA Clinic within 24 Hours (Suspected High Risk TIA)- starting 01/03/19
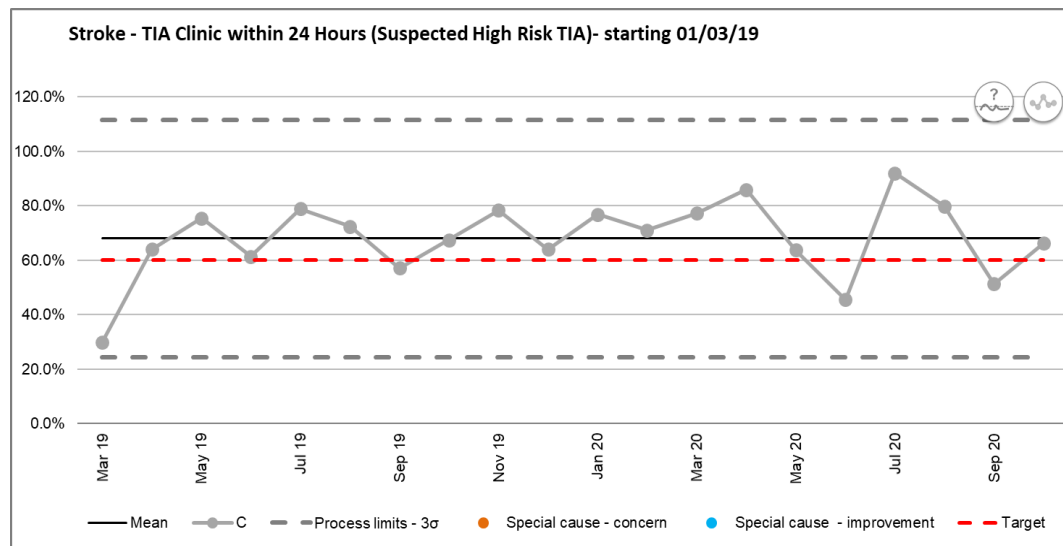
Responsive

For more information please see the Urgent Care Report - PPPC

Metric	Oct 20	YTD	Target
ED 4 Hour Waits UHL	**71.3%**	**77.0%**	**95%**

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

ED 4 Hour Wait Performance %- starting 01/03/19

Legend: Mean — C — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target
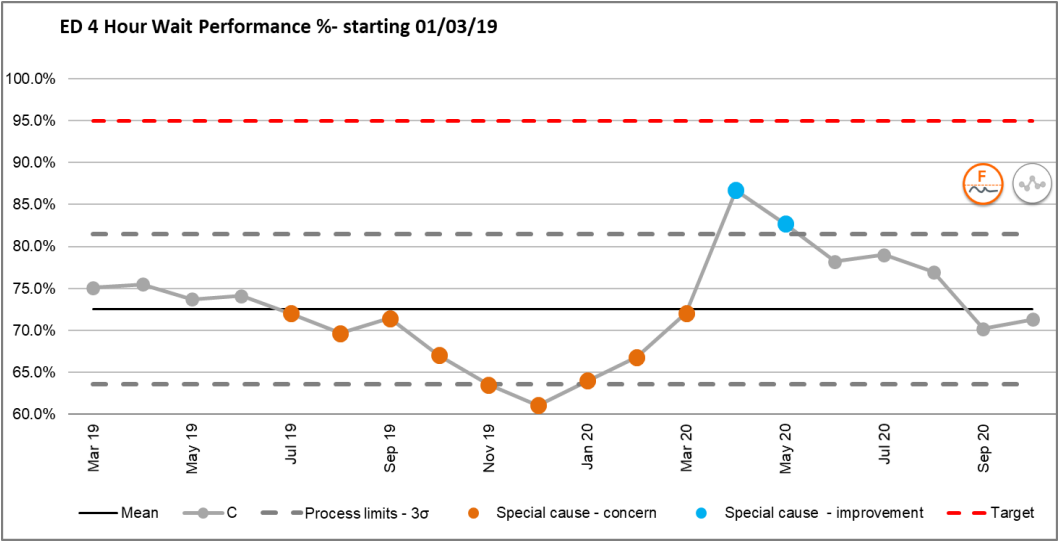
Metric	Oct 20	YTD	Target
ED 4 Hour Waits Acute Footprint	**80.2%**	**84.0%**	**95%**

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

ED 4 Hour Waits Acute Footprint- starting 01/03/19

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

Responsive
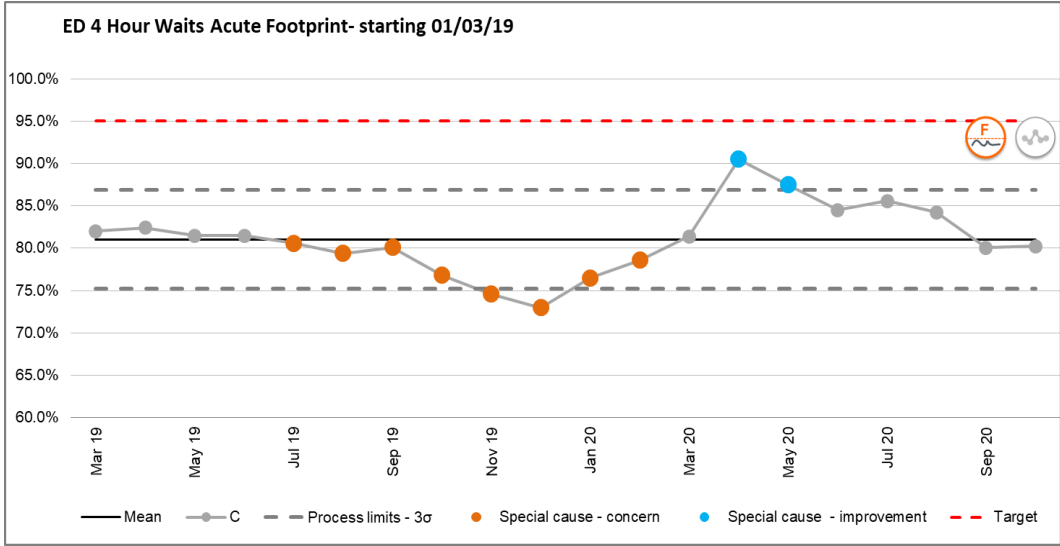
Metric	Oct 20	YTD	Target
Ambulance Handover >60 Mins	**5.5%**	**2.5%**	**0%**

Special cause improvement, however performance has deteriorated in recent months.

Ambulance Handover >60mins- starting 01/03/19

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

Responsive

University Hospitals of Leicester
NHS Trust
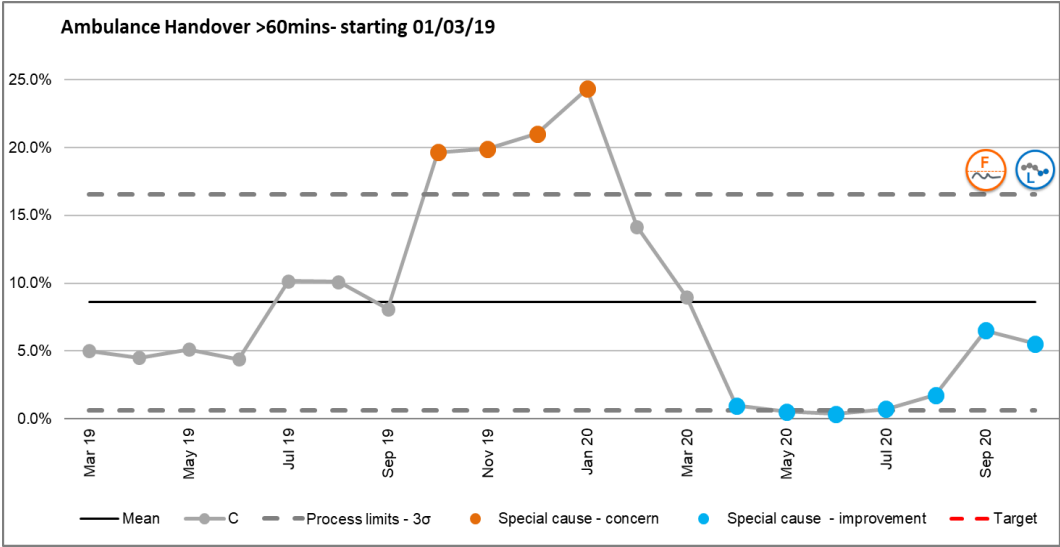
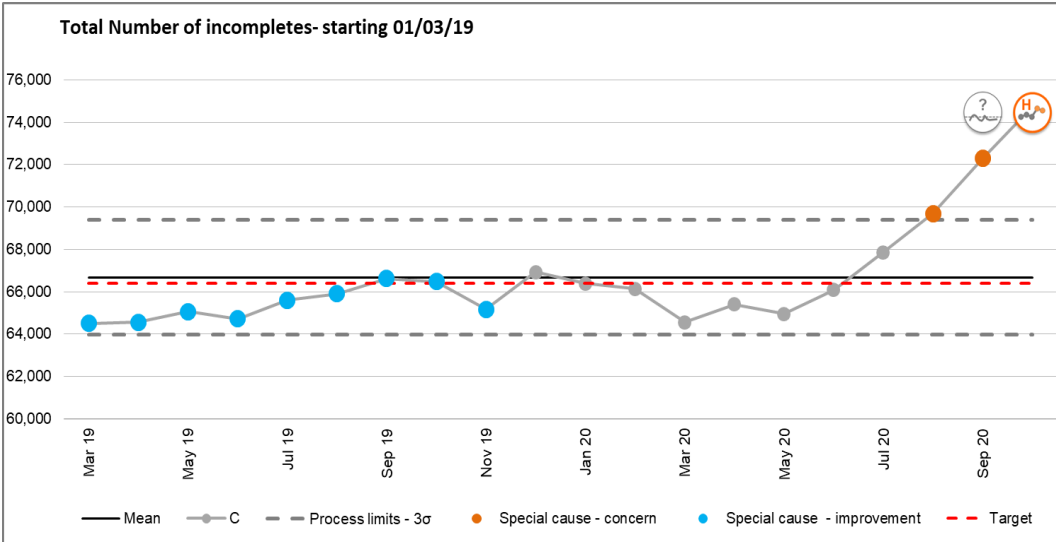| Metric	Oct 20	YTD	Target
RTT Incompletes	**58.2%**	**58.2%**	**92%**

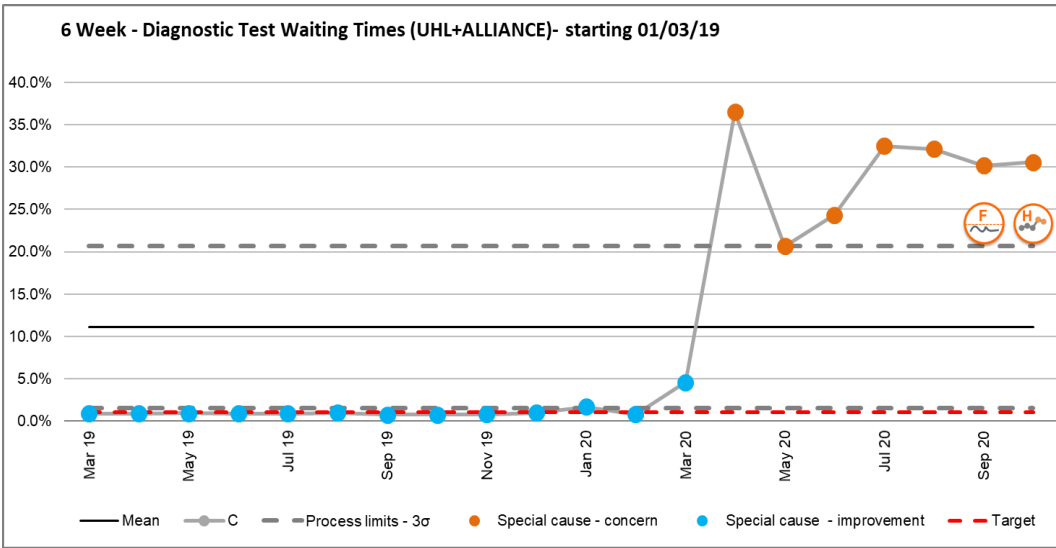Performance has been deteriorating due to focus on waiting list target and more recently COVID-19.

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

Legend: Mean — C — Process limits - 3σ — Special cause - concern ● Special cause - improvement ● Target
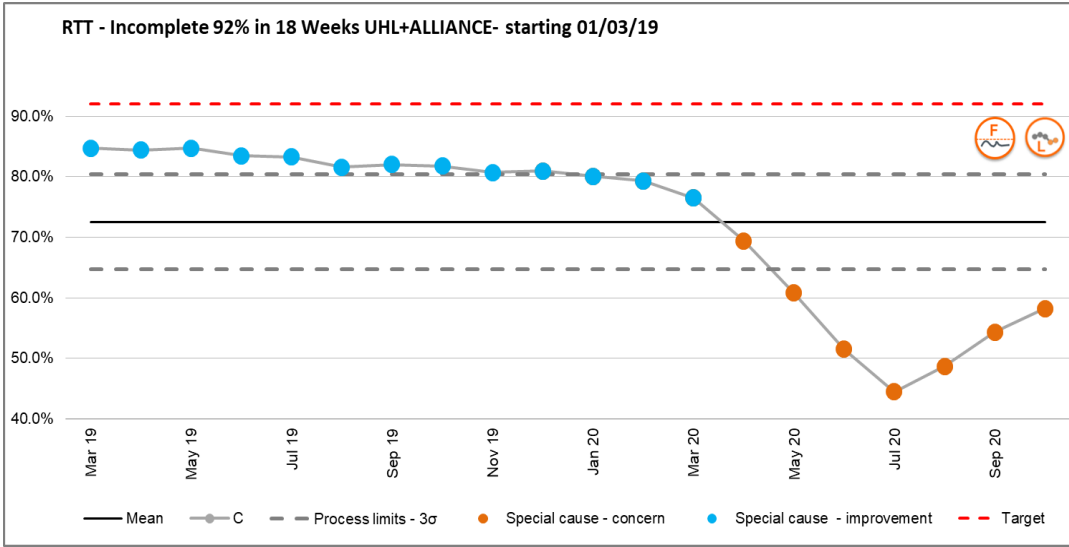
Metric	Oct 20	YTD	Target
RTT 52+ Weeks Wait	**4,538**	**4,538**	**0**

Special cause concern, the number of breaches is expected to increase due to COVID-19.

RTT 52 Weeks+ Wait (Incompletes) UHL+ALLIANCE- starting 01/03/19

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

Responsive
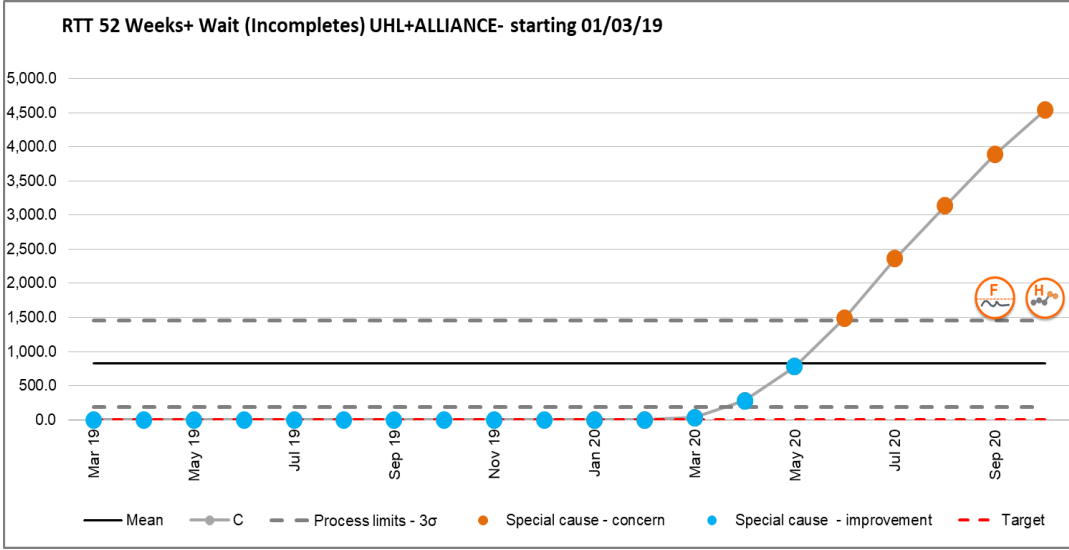
Metric	Oct 20	YTD	Target
Total Number of incompletes	**74,717**	**74,717**	**66,397 (Year End)**

Special cause concern due to COVID-19.

Total Number of incompletes- starting 01/03/19

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

Metric	Oct 20	YTD	Target
6 Week Diagnostic Waits	**30.6%**	**30.6%**	**1%**

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

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

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

Responsive

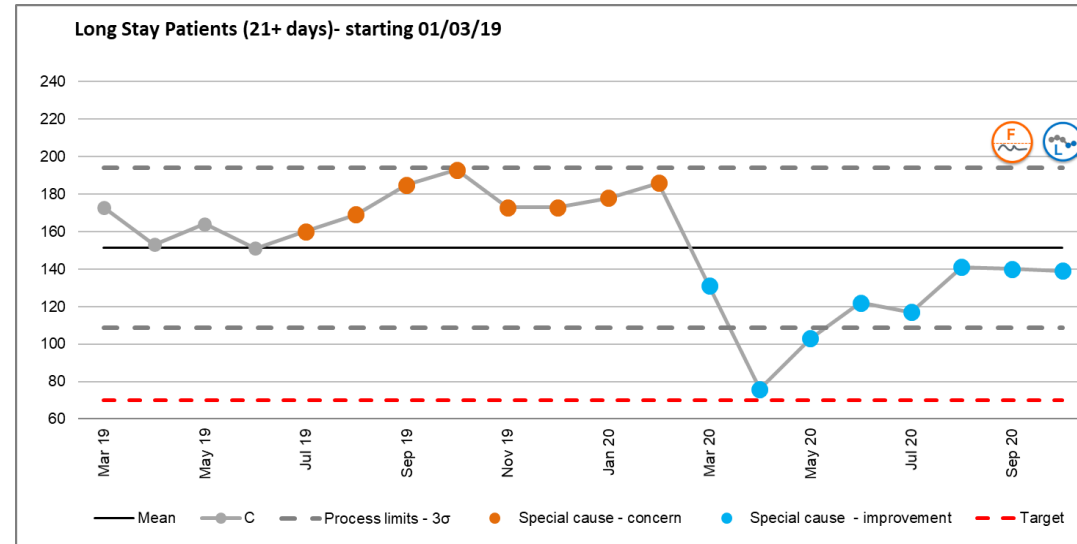| Metric	Oct 20	YTD	Target
Cancelled patients not offered a date within 28 days of the cancellations	22	141	0

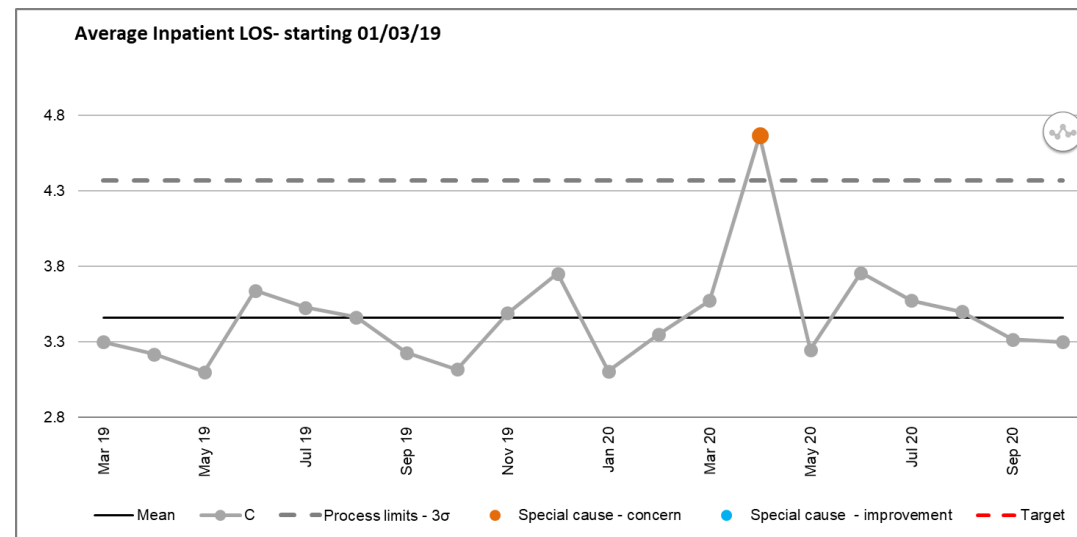Normal variation – April was above the upper control limit due to COVID-19. Full Year target already breached.

Cancelled patients not offered a date within 28 days of the cancellations UHL + Alliance- starting 01/03/19

Mean — C — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target
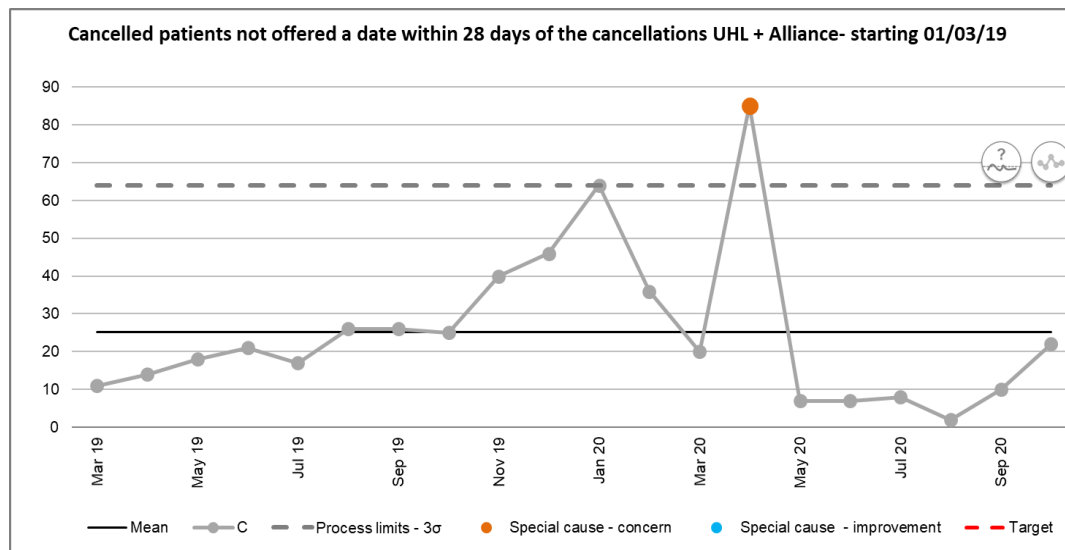
Metric	Oct 20	YTD	Target
% Operations cancelled on the day	1.0%	0.8%	1%

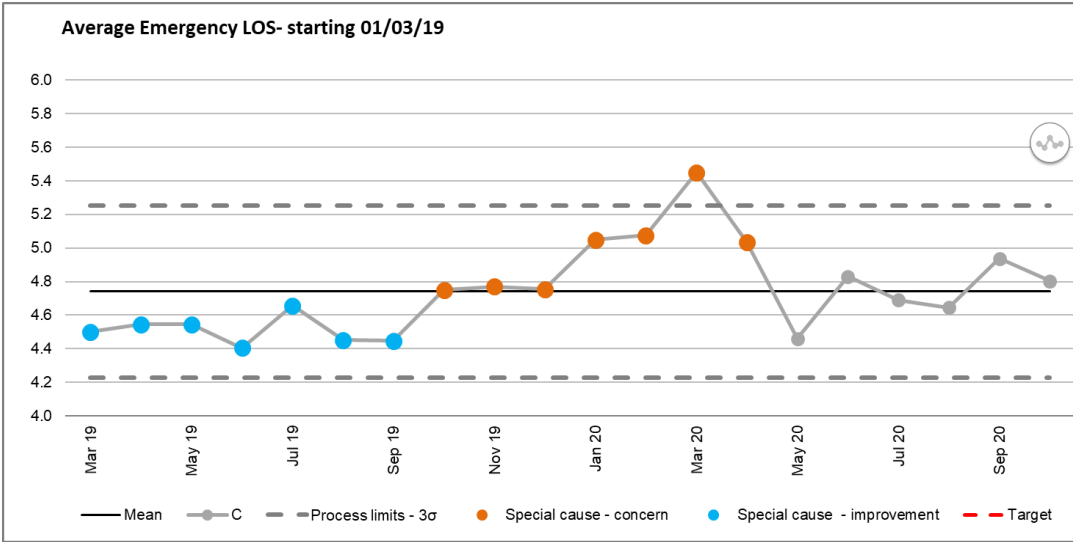Special cause improvement. No assurance that the target will be delivered next month.

Cancelled Operations UHL + Alliance- starting 01/03/19

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

Responsive
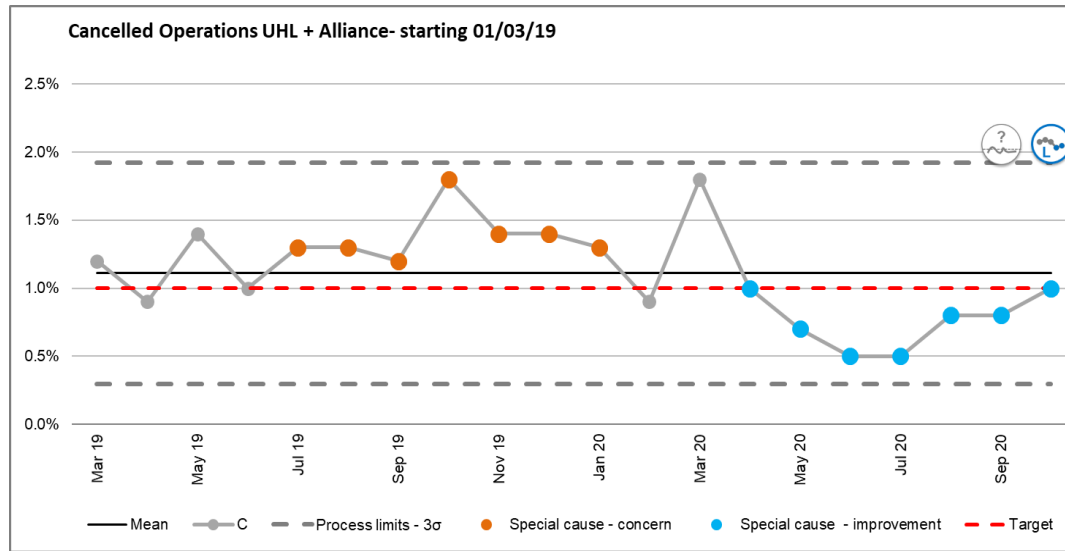
Metric	Oct 20	YTD	Target
Long Stay Patients (21+ days)	**139**	**139**	70
Special cause improvement due to Covid-19, unlikely to achieve target next month.			

Long Stay Patients (21+ days)- starting 01/03/19

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

Metric	Oct 20	YTD	Target
Average Inpatient LOS	**3.3**	**3.6**	No National Target
Normal variation.			

Average Inpatient LOS- starting 01/03/19

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

Responsive

University Hospitals of Leicester
NHS Trust

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

Average Emergency LOS- starting 01/03/19

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

Responsive – Cancer

For more information please see the Cancer Recovery Paper - PPPC

Metric	Sep 20	YTD	Target
Cancer 2WW	**93.0%**	**90.0%**	**93%**

Achieving
Common cause variation

Cancer 2WW Performance %- starting 01/02/19

Legend: Mean — C — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target
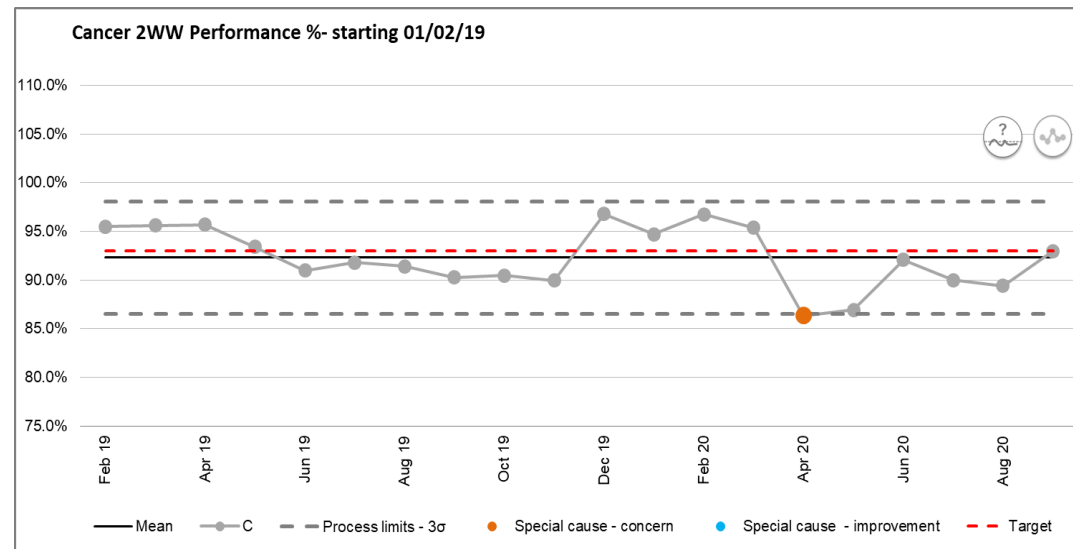
Metric	Sep 20	YTD	Target
Cancer 2WW Breast	**94.2%**	**95.7%**	**93%**

Achieving
Performance has returned to a more stable level.

Cancer 2WW Symptomatic Breast Performance %- starting 01/02/19

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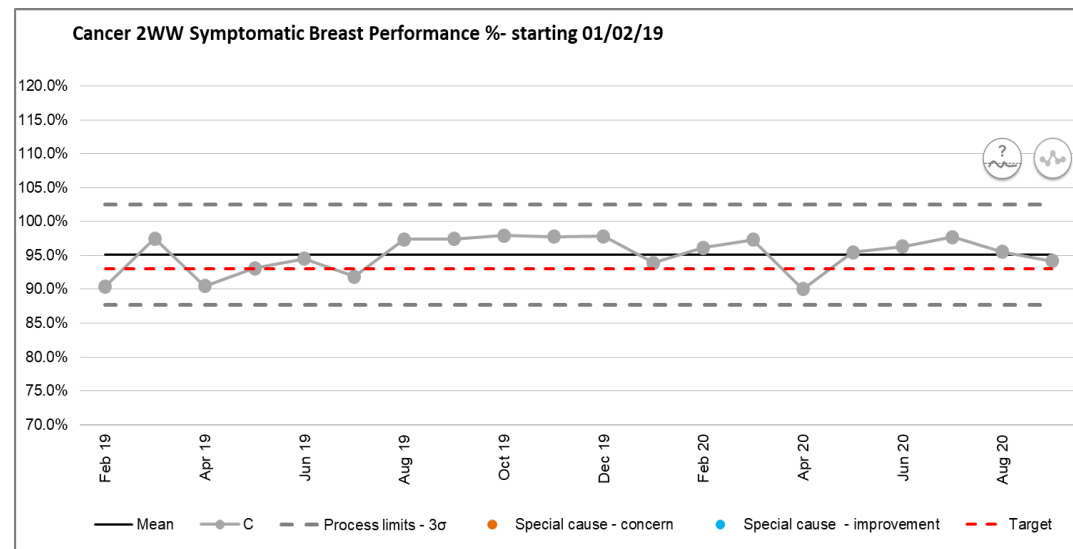
Responsive – Cancer

Metric	Sep 20	YTD	Target
Cancer 31 Day	**89.2%**	**90.9%**	**96%**

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

Cancer 31 Performance %- starting 01/02/19
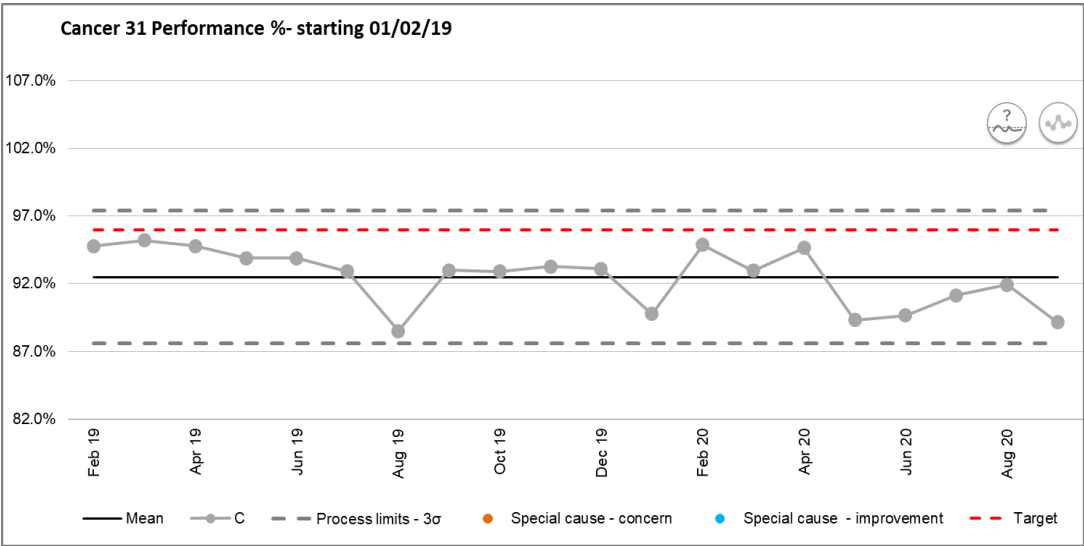
Metric	Sep 20	YTD	Target
Cancer 31 Day Drugs	**98.8%**	**99.7%**	**98%**

Achieving
Stable, very little variation. Likely to deliver target based on the last 12 months.

Cancer 31 Day:Anti Cancer Drug Treatments- starting 01/02/19
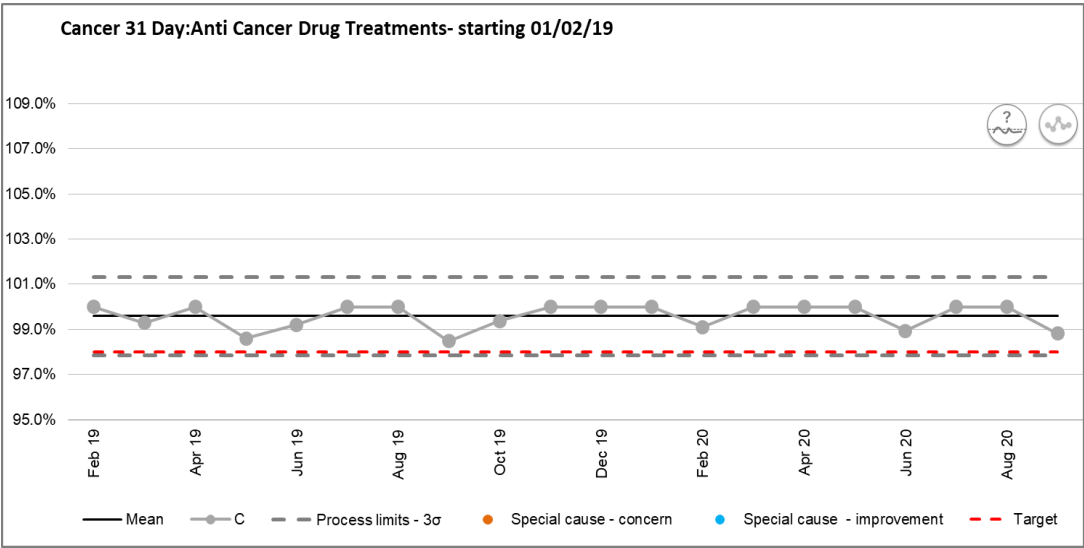
Responsive – Cancer

Metric	Sep 20	YTD	Target
Cancer 31 Surgery	**68.0%**	**72.0%**	**94%**

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

Cancer 31 Day: Surgery- starting 01/02/19
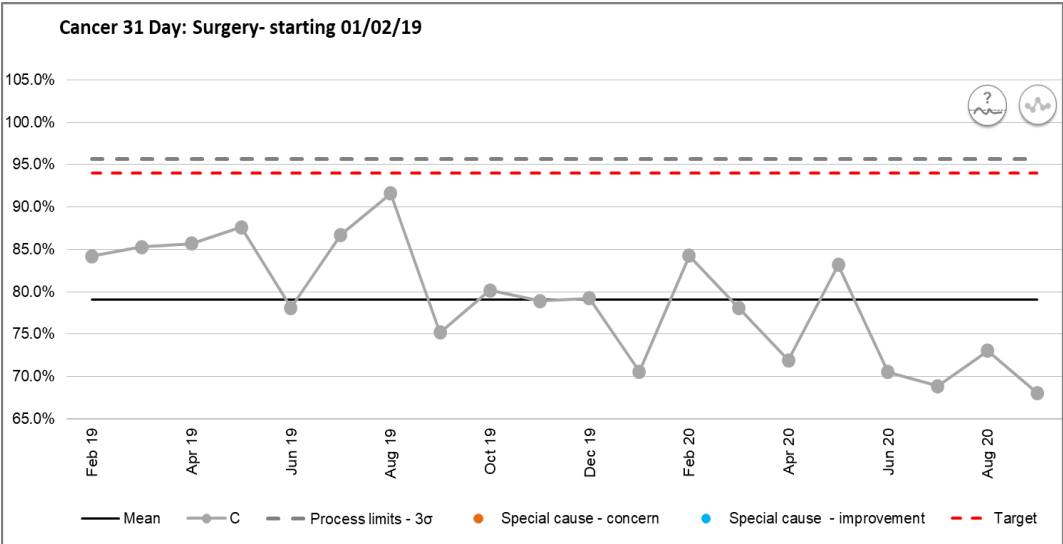
Metric	Sep 20	YTD	Target
Cancer 31 Day Radiotherapy	**96.4%**	**90.4%**	**94%**

Achieving
Common cause variation, performance increased in July to its highest level since August 2018.

Cancer 31 Day: Radiotherapy- starting 01/02/19

Responsive – Cancer

University Hospitals of Leicester
NHS Trust
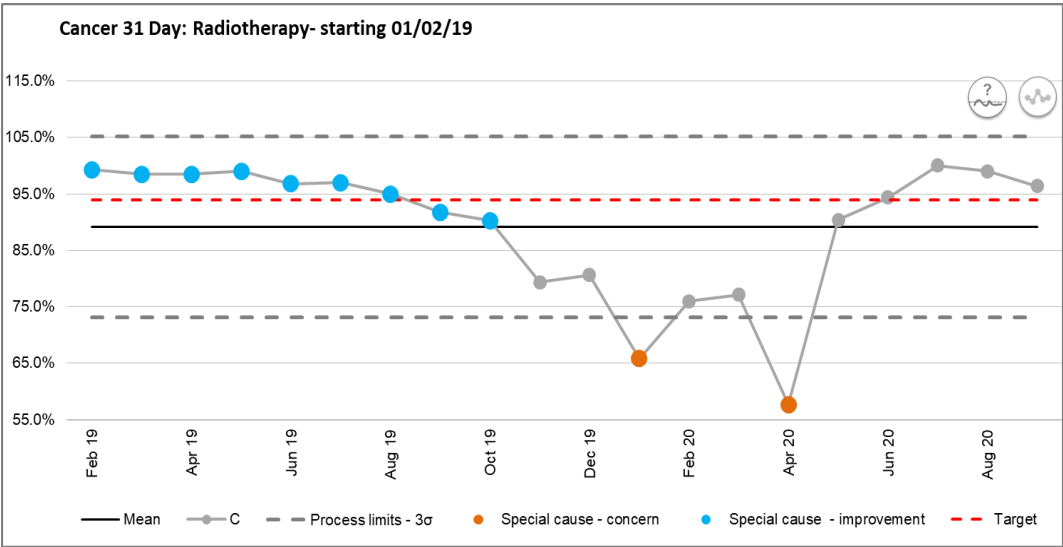
Metric	Sep 20	YTD	Target
Cancer 62 Day	**68.9%**	**68.7%**	**85%**

Unlikely to achieve target next month, performance is underperforming.

Cancer 62 Day Performance %- starting 01/02/19

Mean —— C —— Process limits - 3σ ● Special cause - concern ● Special cause - improvement - - - Target
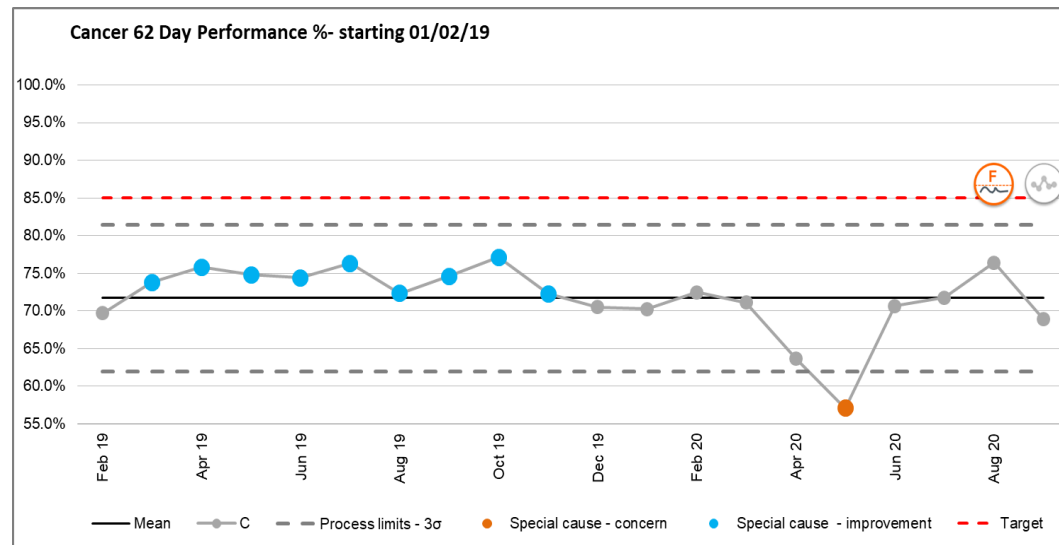
Metric	Sep 20	YTD	Target
Cancer 62 Day Consultant Screening	**92.9%**	**45.5%**	**90%**

Achieving
Common cause variation, performance improved in September.

Cancer 62 Day: Consultant Screening- starting 01/02/19

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

Outpatient Transformation

University Hospitals of Leicester
NHS Trust
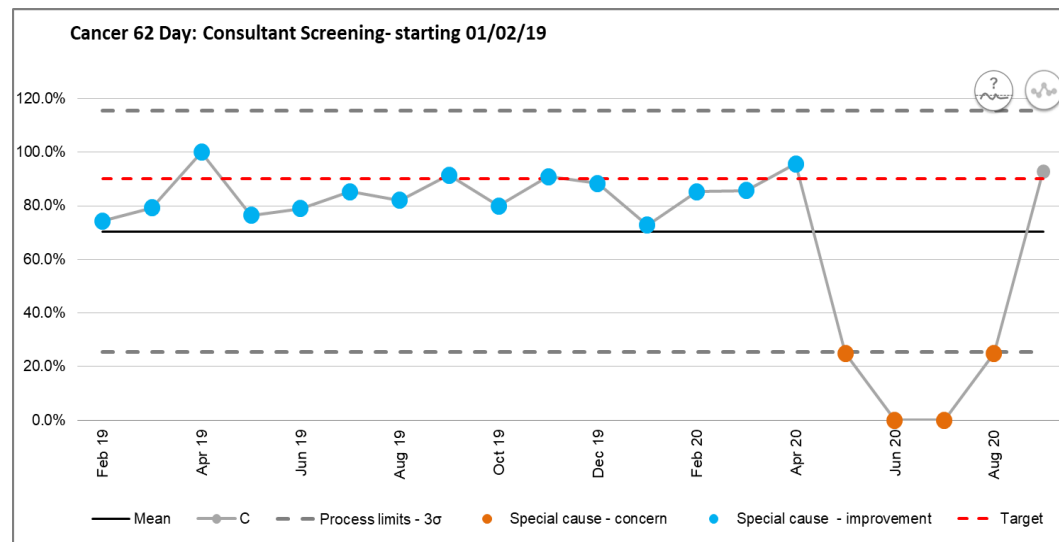
Metric	Oct 20	YTD	Target
% DNA Rate	**6.7%**	**6.3%**	No National Target

This metric has improved recently, May was below the lower control limit due to COVID-19.

DNA Rate- starting 01/03/19

Legend: Mean — C — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target
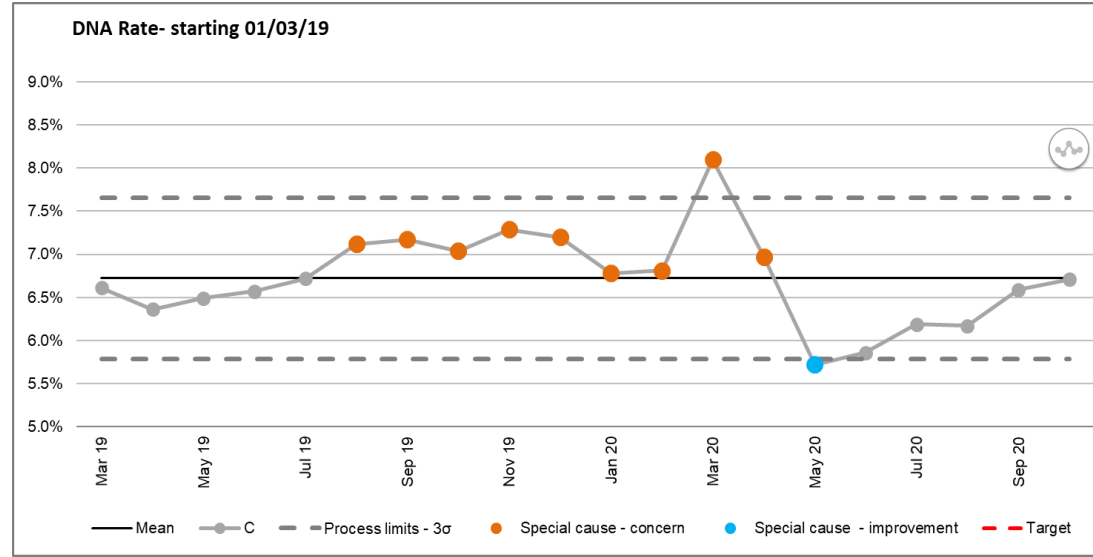
Metric	Oct 20	YTD	Target
% Non Face to Face Appointments	**45.3%**	**57.5%**	No National Target

Special cause improvement due to COVID-19.

% Non Face to Face Appointments- starting 01/03/19

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

Outpatient Transformation

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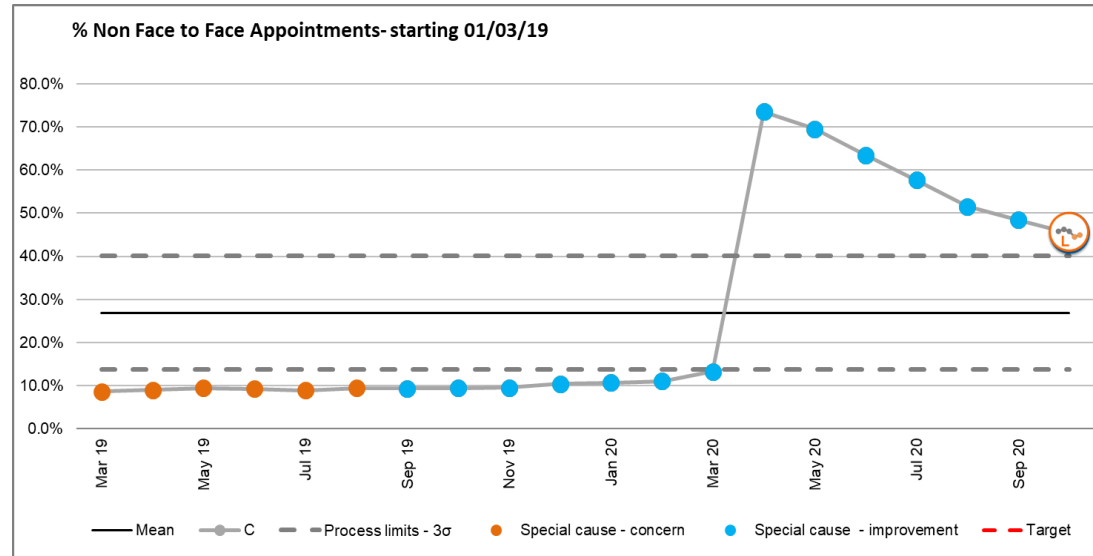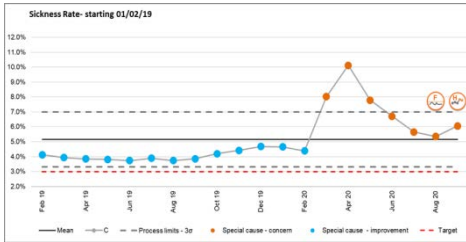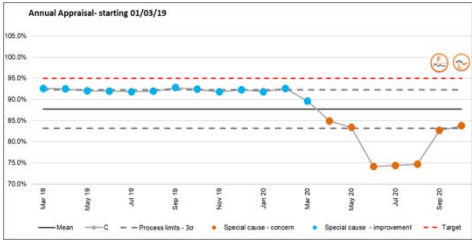
Metric	Oct 20	YTD	Target
% 7 day turnaround of OP clinic letters	**86.5%**	**88.7%**	**90%**

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

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

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

Exception Reports
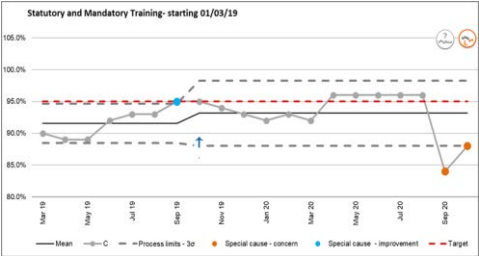
Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
Never Events	**20/21 Target – 0**		Never Event – Wrong implant/prosthesis	Immediate Actions taken were:
are a measure of the number of UHL never events at month end.	1 Never Event reported in October 2020.		On 12 October 2020, an 85yr old gentleman underwent elective surgery for a revision (second) hip replacement. The revision would involve removal of the existing cemented hip socket and femoral head components, bone grafting of the acetabular hip (socket) defects and implantation of a TRITANIUM revision acetabular component (new metal cup) and a ball joint (Exeter cemented stem). On implanting the new metal cup into the socket joint the surgeon noted moderate instability requiring acetabular screws to provide stability to the cup in the hip joint. The first screw was inserted and appeared to achieve reduced movement of the cup in the socket. The surgeon remained concerned about the cups stability and inserted a further three screws to prevent any movement. When the surgeon retightened all four screws (as is normal practice) it was noted that the initial screw had advanced through the screw hole and was unable to be retrieved or removed. The surgeon felt that the removal of the acetabular cup/screws and bone graft would risk further damage and would not be in the patient's best interests and, as such, was left in place. As the first screw had advanced through the cup, the surgeon noted a difference in the size of the screw head. It was then identified that the first screw head was of a different size to the other three screws. The first screw should have been used to secure the cup for a primary procedure and not a revision procedure.	Following the incident the surgeon contacted the manufacturers Stryker, who confirmed the implant of the different screws do not pose a risk to the patient due to metal incompatibility. Safety notice sent out to all theatre staff about the importance of checking implants. Staff debrief post incident

Exception Reports
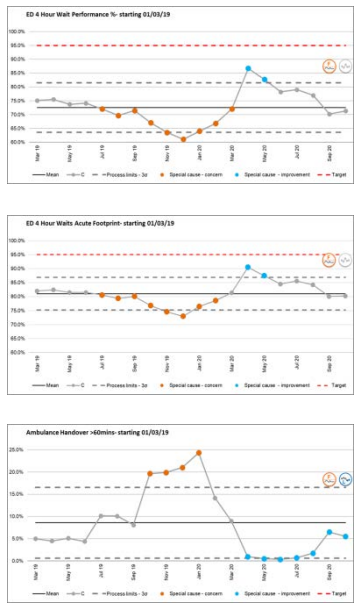
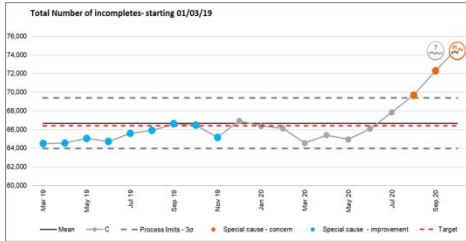| Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
Sickness absence	**20/21 Target – 3% or below**		There has been an increase in absence since last month (5.4%) We have seen an increase in Test and Trace absences and staff outbreaks, as well as people being advised to return to shielding if clinically extremely vulnerable.	Where staff are returning to shielding, the temporary redeployment list will be utilised as needed. CMGs to source work for people to do remotely wherever available. Absences to be managed through CMG teams, including a focus on long-term absences and triggers. Continue to complete risk assessments until 100% compliance for all staff.
UHL has a locally agreed sickness absence target of 3%.	Performance in September was 6.1% excluding E&F	Sickness Rate- starting 01/02/19		

Exception Reports
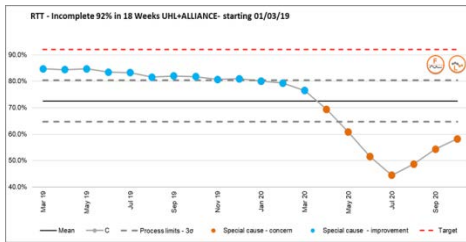
Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
% of Staff with Annual Appraisal (excluding facilities Services)	**20/21 Target – greater than 95%**		This data is captured within the Monthly Workforce Dataset Report presented to Trust Board Subcommittee (People Performance and Process Committee), Corporate and CMG Boards.	The Trust Tactical and Strategic Group have agreed on an alternative approach in response to Covid-19 for pressurized areas.
Is the percentage of staff who have had their Annual Appraisal(excluding facilities Services)	Performance for October was 83.8%.		It is recognised that performance has been impacted on by Covid-19 and the need for prioritisation in response.	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

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
Statutory and Mandatory Training Is the percentage of staff that are up to date on their Statutory and Mandatory Training.	**19/20 Target – 95%** Performance for October was 88%		The levels of training compliance are increasing, which is great in the current climate. Staff need to try, when possible, to complete their statutory and mandatory training, this month needs a particular focus on Infection Prevention.	We will start a system of gentle reminders to non-compliant staff, taking into account the current clinical pressures. We are also supporting staff with the new format of eLearning that has started going live on HELM.

Exception Reports

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
Urgent Care			• Think NHS 111 First – Rapid cycle tests of patient deflection process and calling 111 at ED front door completed • Plans for use of escalation space for patients awaiting beds from ED circulated to teams for use. • Super Bed Bureau - review all current pathways and setting up meetings with CMG leads to discuss next steps i.e., referral from 111 • Finalised UEC Capital Plans – focus on creation of flexible consultation space and safe waiting areas. • Finalised and signed off design for GH SDEC area – out to tender. • Intersite Patient Transfer work program agreed • Baseline data Collated • New NIV Pathways Written • Process for Level 2 Patients outlined	• Think NHS 111 First – new enhanced sieve with increased waiting area in place end of November; plan for deflection from sieve to 111 • Team recruiting to new assessment model (to replace DHU) – nurses and ACPs • Bed Bureau re-location to Emergency Floor planned for early December • GH Continue pathway development • Intersite Patient Transfer – updated policy to be agreed
	ED 4 Hour waits UHL performance was 71.3% in October **ED 4 Hour waits LLR** performance was 80.2% in October **Ambulance Handover >60 Mins** performance was 5.5% in October			

Exception Reports
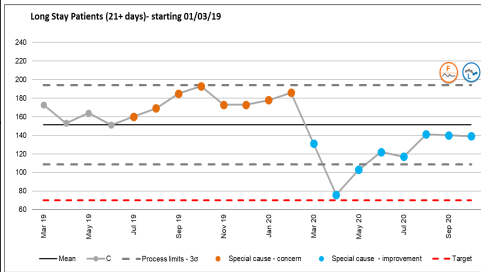
Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
RTT Incompletes	**Performance Target – 92%** **Waiting List Target - 66,397 (Year End)**	 RTT - Incomplete 92% in 18 Weeks UHL+ALLIANCE- starting 01/03/19	NHS Planning Guidance for 2019/20 focuses on waiting list reduction over compliance with the 18 week national standard. The impact of the COVID-19 pandemic has lead the RTT positioning reducing over the upcoming months as non essential activity is cancelled to reduce footfall on the hospital site. This is likely to continue until elective work is resumed. Timetable for day case and Outpatients developed for IS. This is managed through weekly calls ensure all capacity is utilized Referrals rates have increased which is impacting overall waiting list size	Video Consultation system review ongoing Waiting list is carried on being validated to align with national guidance and trust policy. Waiting list volume still near trajectory. External Validation Team to commence work on the 26th November Assess impact of wave 2 escalation framework on waiting list RTT policy being reviewed to align with national guidance for new categorisation. This will impact on waiting list size due to change in how suspended patients are now recorded within cat 5,6.
	RTT - Incomplete 92% in 18 Weeks UHL + Alliance Performance for October was 58.2%. **Total Number of incompletes** At the end of October 74,717 patients were waiting on an RTT pathway.	 Total Number of incompletes- starting 01/03/19		

Exception Reports

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
RTT 52+ Weeks Wait	**20/21 Target – 0**		Elective surgery has been significantly impacted by COVID-19. Currently there are very limited number of theatre list running due to the requirement of additional ITU capacity.	Monitor utilization of IS sector and UHL using the new dashboard developed by ITAPS.
Is the total number of patients currently on an RTT pathway waiting 52+ weeks.	At the end of October, 4,538 patients were waiting over 52 weeks on an RTT pathway.	RTT 52 Weeks+ Wait (Incompletes) UHL+ALLIANCE- starting 01/03/19	Long waiters are start to be done within the independent sector following the prioritization of cancer and urgent patients. Alliance weekly capacity call setup to ensure we are treating patient in the correct order against the system Position over trajectory (likely case scenario) due to growth in urgent and cancer demand.	Implementation of PTL review meetings with CMG for 52+ week patients Assess impact of Wave 2 on the elective recovery Urology patients suitable for PCL to move across.

Exception Reports

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
6 Week Diagnostic Waits Is the percentage of patients currently waiting 6 weeks or more for a diagnostic test.	**20/21 Target – 1%** Performance for October was 30.6%.	 6 Week - Diagnostic Test Waiting Times (UHL+ALLIANCE)- starting 01/03/19	• MRI/CT - Sourced additional capacity with mobile scanners and the use of IS and WLI's for until March 21. • Non-Obstetric ultrasound and Neuro-physiology waiting times recovered. • Limited dexa scanning service commenced at the LRI. • Vanguard Unit is situ at the LGH. • Diagnostic Board commenced October with representatives from CMG's who provide diagnostic services. • Audiology recruitment to some of the vacancies. The rest awaiting approval.	• Vanguard Unit located at the LGH will commence endoscopy active in December. • Plan to move dexa scans to LGH and start service at Loughborough for new patients. • CMG's to submit plans and trajectories for continue recovery diagnostic activity and wait times. • Audiology vacancies awaiting approval on TRAC.

Exception Reports

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
Cancelled patients not offered a date within 28 days of the cancellations UHL + Alliance	**20/21 Target – 0**	Cancelled patients not offered a date within 28 days of the cancellations UHL + Alliance- starting 01/03/19	COVID- 19 has significantly impacted theatre capacity. Services instructed to only book for elective surgery patients who are clinically urgent or on a cancer pathway. This has reduced capacity to re-book patients within 28 days when they have been cancelled. These patient will carry on breaching as the services will not be able to get them listed.

This has improved significantly through close management of theatre lists but has started to be impacted by increased emergency and COVID demand. | • Available capacity remains limited to re-book. These will need to be monitored and logged to ensure they are treated once we are able to increase elective capacity again.

• Ensure the list are fully utilized within the IS

• Engagement through weekly IS and alliance operational group by services.

• Assess impact of Wave 2 on elective capacity, this will impact on the ability to rebook with 28days. |
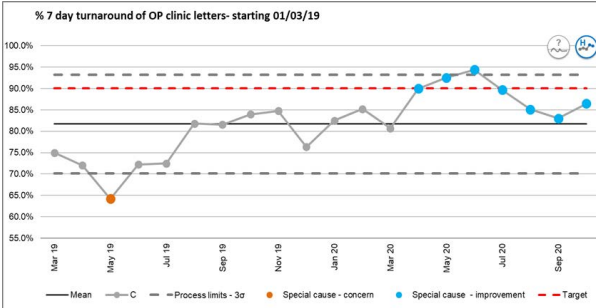| Is the number of cancelled patients OTD not offered a new date within 28 days of the cancellation at UHL or the Alliance | 22 patients were not offered a new day within 28 days in October. | | | |

Exception Reports

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
Long Stay Patients (21+ days)	**20/21 Target – 70**		• Numbers of 21+ day patients remains above target but below the mean. Numbers have plateaued • ESM above target but below mean. • MSS/ RRCV / CHUGGs all above target and above mean.	• New NHSE/I weekly recording of medically fit for discharge patients with length of stay < 14 days has commenced. • Safe and timely discharge work stream actions continue. • Deep dive into MSS rise.
Is the number of adult patients that have been in hospital for over 21 days.	At the end of October, the number of long stay patients (21+ days) was 139.			

Exception Reports – Cancer

University Hospitals of Leicester **NHS** — NHS Trust

Performance	Key Messages	Key Actions
See additional slide	• Referrals have returned to pre COVID levels • Focus has bene on ensuring pathways are as robust as possible as we move into a second wave of COVID • We are starting to see small numbers of patients choosing not to come into hospital due to COVID • We are starting to see some cancellations on the day due to staffing and ITU capacity	• Use of the IS to optimise capacity – outpatients, urology, dermatology, breast, ambulatory orthopedics, vascular, renal access are now being seen in the IS • The backlog and 104+ day pts are reviewed patient by patient daily • WLI will support increased activity

Exception Reports – Cancer

University Hospitals of Leicester **NHS**
NHS Trust

Cancer performance September 2020

Standard	Target	Position
2WW	93%	93.0%
2WW Breast	93%	94.2%
31 Day 1st Treatments	96%	89.2%
31 Day SUB Surgery	94%	68.0%
31 Day DRUGS	98%	98.8%
31 Day Radiotherapy	94%	96.4%
62 Day	85%	68.9%
62 Day Screening	90%	92.9%
Consultant upgrade	85%	76.7%

Exception Reports

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
% 7 day turnaround of OP clinic letters	**20/21 Target – 90% or above**		• 23 specialities achieving 90% target •32 specialities reduced backlog or maintained 0 backlog from previous month • Large amount of specialities transferring to DIT3 between August and November – a temporary reduction in performance is expected due to users adjusting to the new system, overall performance should improve once fully implemented.	• Continuation of DIT3 roll out
UHL has a locally agreed target of 90%.	Performance for October was 86.5%	% 7 day turnaround of OP clinic letters- starting 01/03/19		