Executive Summary from CEO

Paper C

Purpose of report:

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

Previous consideration:

Meeting	Date	Please clarify the purpose of the paper to that meeting using the categories above
CMG Board (specify which CMG)		
Executive Board	28/04/20	Discussion and Assurance
Trust Board Committee	30/04/20	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. The full Q&P report should also be consulted to monitor the initial impact of COVID-19 and the national restrictions on activity and social distancing.

Question

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

Conclusion

Good News:

- **Mortality** – the latest published SHMI (period January 2019 to December 2019) is 95, and remains within the expected range.
- **CAS alerts** - compliant.
- **C DIFF** – 7 cases reported this month.
- **MRSA** – 0 cases reported.
- **Statutory and Mandatory Training** compliance has increased to 96%
- **90% of Stay on a Stroke Unit** – threshold achieved with 86.2% reported in March.
- **TIA (high risk patients) –** threshold achieved with 86.0% reported in April.
- **12 hour trolley wait -** 0 breaches reported.
- **Referral to treatment** – the number on the waiting list (now the primary performance measure) was above the target but 18 week performance was below the NHS Constitution standard at 69.4% at the end of April.
- **Cancelled operations OTD** – 1.0% reported in April.
- **Cancer Two Week Wait** was 95.4% in March against a target of 93%.
- **2 Week Wait Cancer Symptomatic Breast** was 97.3% in March.

Bad News:

- **Never Events** – 1 Never Event reported in April.
- **UHL ED 4 hour performance** – 86.7% for April, system performance (including LLR UCCs) for April is 90.5%.
- **Ambulance Handover 60+ minutes (CAD)** – performance at 1.0%.
- **Cancer 31 day treatment** was 93.0% in March against a target of 96%.
- **Cancer 62 day treatment** was 71.1% in March against a target of 85%.
- **52+ weeks wait –** 281 breaches reported
- **Diagnostic 6 week wait** was 36.5% against a target of 1%
- **Patients not rebooked within 28 days following late cancellation of surgery –** 85.
- **Annual Appraisal** is at 84.9%.

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?
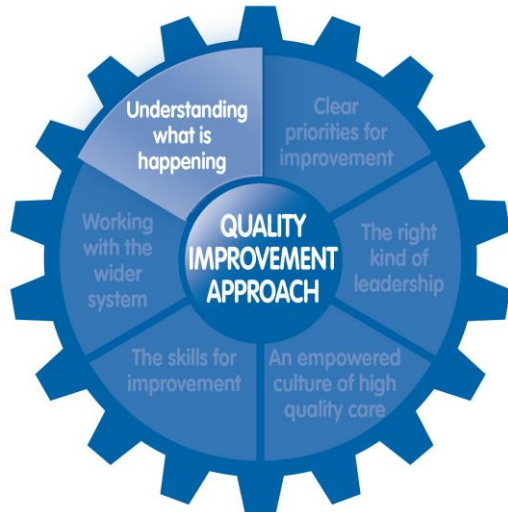
  As above.

4.   Risk and Assurance

Risk Reference:

Does this paper reference a risk event?	Select (X)	Risk Description:
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: 25th June 2020

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

Quality and Performance Report

April 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: 28th MAY 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: APRIL 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

Caring at its best

Key elements of a SPC dashboard

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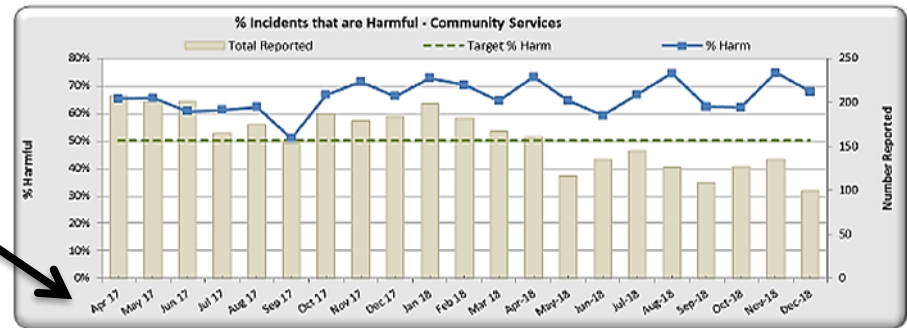
Highlighting special cause and its nature
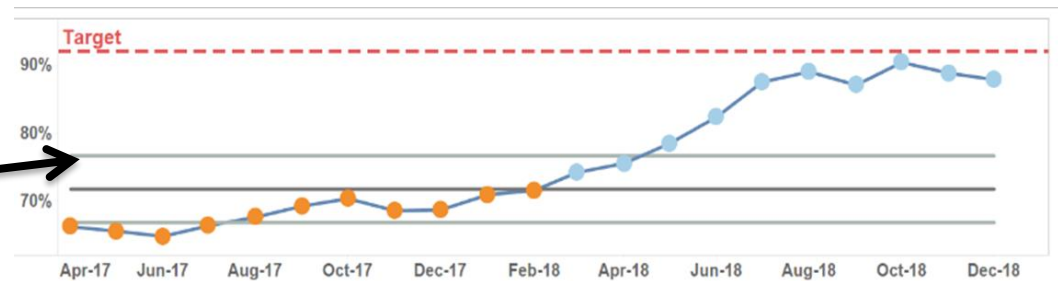
Key elements of a SPC dashboard

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

H (orange)	L (orange)	H (blue)	L (blue)	(common)
Special Cause Concern High	Special Cause Concern Low	Special Cause Note/Investigate High	Special Cause Note/Investigate Low	Common Cause

Assurance

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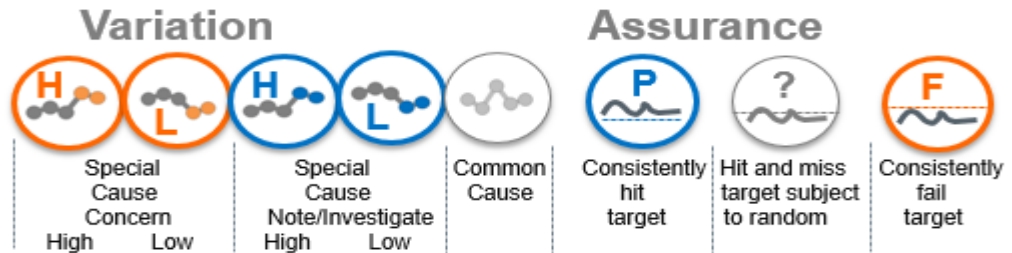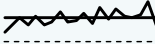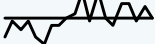
	Jun-18	Target	Variation	Target Capability	Comment
Staff Sickness absence	4.4%	3.5%	(common)	F	Shift change in August 2017 showing increase in sickness - staff survey review indicated.....
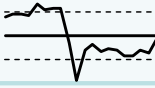
University Hospitals of Leicester **NHS**
NHS Trust

Caring at its best

Domain	KPI	Target	Feb-20	Mar-20	Apr-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Safe	**Never events**	0	0	0	1	1				Jan-20
	Overdue CAS alerts	0	0	0	0	0				Nov-19
	% of all adults VTE Risk Assessment on Admission	95%	98.4%							Dec-19
	Emergency C-section rate	No Target	19.8%	23.1%	17.2%	17.2%				Feb-20
	Clostridium Difficile	108	6	10	7	7				Nov-17
	MRSA Total	0	0	2	0	0				Nov-17
	E. Coli Bacteraemias Acute	No Target	7	6	1	1				Jun-18
	MSSA Acute	No Target	3	5	1	1				Nov-17

One team shared values

Domain	KPI	Target	Feb-20	Mar-20	Apr-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Safe	**All falls reported per 1000 bed stays**	**6.02**	**2.6**	**3.8**		**2.7**	P			**Jun-18**
	Rate of Moderate harm and above Falls PSIs with finally approved status per 1,000 bed days	**No Target**	**0.02**	**0.04**		**0.06**				**TBC**

Performance Overview

Caring at its best

Domain	KPI	Target	Feb-20	Mar-20	Apr-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Caring	Staff Survey Recommend for treatment	No Target								Aug-17
	Single Sex Breaches	0	0	1						Dec-16
	Inpatient and Daycase F&F Test % Positive	96%	97%				P			Jun-17
	A&E F&F Test % Positive	94%	95%				?			Jun-17
	Maternity F&F Test % Positive	96%	94%				?			Jun-17
	Outpatient F&F Test % Positive	94%	96%				?			Jun-17
	Complaints per 1,000 staff (WTE)	No Target								Jan-20

Domain	KPI	Target	Feb-20	Mar-20	Apr-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Effective	**Mortality Published SHMI**	**99**	**96**	**96**	**95**	**95 (Jan 19 to Dec 19**				**Sep-16**
	Mortality 12 months HSMR	**99**	**94**	**93**	**95**	**95 (Jan 19 to Dec 19**				**Sep-16**
	Crude Mortality Rate	**No Target**	**1.1%**	**1.7%**	**3.7%**	**3.7%**		H	trend	**Sep-16**
	Emergency Readmissions within 30 Days	**8.5%**	**9.0%**	**7.6%**		**9.0%**	?	L	trend	**Jun-17**
	Emergency Readmissions within 48 hours	**No Target**	**1.2%**	**0.9%**		**1.1%**			trend	**Jun-17**
	No of #neck of femurs operated on 0-35hrs	**72%**	**76.2%**	**53.6%**	**28.3%**	**28.3%**	?	L	trend	**Jul-17**
	Stroke - 90% Stay on a Stroke Unit	**80%**	**85.7%**	**86.2%**		**87.5%**	?		trend	**Apr-18**
	Stroke TIA Clinic Within 24hrs	**60%**	**71.1%**	**77.3%**	**86.0%**	**86.0%**	?		trend	**Apr-18**

Domain	KPI	Target	Feb-20	Mar-20	Apr-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Responsive	ED 4 hour waits UHL	95%	66.8%	72.1%	86.7%	86.7%	F	H		Sep-18
	ED 4 hour waits Acute Footprint	95%	78.6%	81.4%	90.5%	90.5%	F	H		Aug-17
	12 hour trolley waits in A&E	0	9	5	0	0	?			Mar-19
	Ambulance handover >60mins	0.0%	14.2%	9.0%	1.0%	1.0%	?			TBC
	RTT Incompletes	92%	79.3%	76.5%	69.4%	69.4%	F	L		Nov-19
	RTT Waiting 52+ Weeks	0	0	35	281	281	?	H		Nov-19
	Total Number of Incompletes	66,397 (by year end)	66,147	64,559	65,404	65,404	?			Nov-19

Performance Overview

Domain	KPI	Target	Feb-20	Mar-20	Apr-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Responsive	6 Week Diagnostic Test Waiting Times	1.0%	0.8%	4.6%	36.5%	36.5%	?	H		Nov-19
	Cancelled Patients not offered <28 Days	0	36	20	85	85	?	H		Nov-19
	% Operations Cancelled OTD	1.0%	0.9%	1.8%	1.0%	1.0%	?			Jul-18
	Delayed Transfers of Care	3.5%	1.9%				P			Oct-17
	Long Stay Patients (21+ days)	135	186	131	76	76	?	L		TBC
	Inpatient Average LOS	No Target	3.3	3.6	4.6	4.6		H		TBC
	Emergency Average LOS	No Target	5.1	5.4	5.0	5.0		H		TBC

One team shared values

Domain	KPI	Target	Jan-20	Feb-20	Mar-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Responsive - Cancer	2WW	93%	94.7%	96.7%	95.4%	93.0%	?			Dec-19
	2WW Breast	93%	93.9%	96.1%	97.3%	95.9%	?			Dec-19
	31 Day	96%	89.8%	94.9%	93.0%	92.8%	?			Dec-19
	31 Day Drugs	98%	100%	99%	100%	99.6%	P			Dec-19
	31 Day Sub Surgery	94%	70.6%	84.3%	78.1%	81.1%	?			Dec-19
	31 Day Radiotherapy	94%	65.9%	76.0%	77.1%	87.1%	?	L		Dec-19
	Cancer 62 Day	85%	70.2%	72.5%	71.1%	73.6%	F			Dec-19
	Cancer 62 Day Consultant Screening	90%	72.8%	85.3%	85.7%	84.0%	?			Dec-19

Domain	KPI	Target	Feb-20	Mar-20	Apr-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Outpatient Transformation	**% DNA rate**	**No Target**	**6.8%**	**8.1%**	**7.1%**	**7.1%**				**Feb-20**
	% Virtual clinic appointments	**No Target**	**7.2%**	**6.7%**	**9.6%**	**9.6%**				**Feb-20**
	% 7 day turnaround of OP clinic letters	**90%**	**85.2%**	**80.7%**	**89.9%**	**89.9%**				**Feb-20**

Safe

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

Never Events- starting 01/09/18
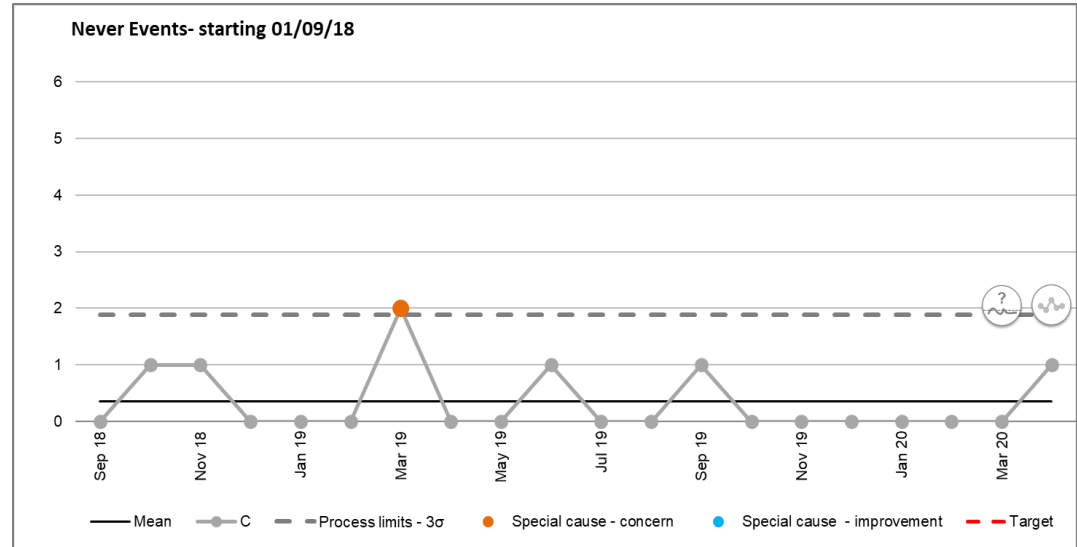
Metric	Apr 20	YTD	Target
Overdue CAS alerts	**0**	**0**	**0**
No overdue CAS alerts since June 2019.			

Overdue CAS alerts- starting 01/09/18

Safe
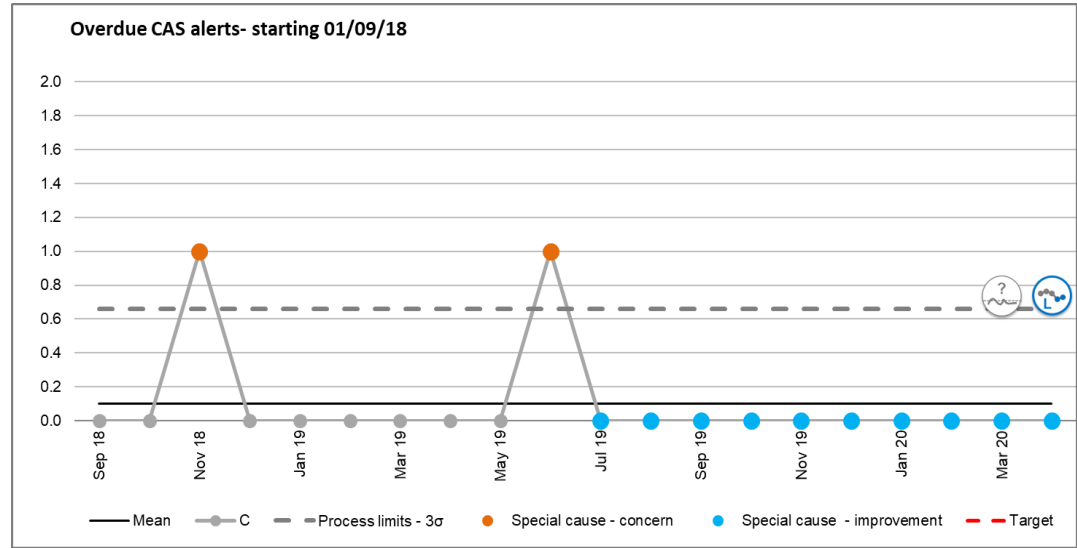
Metric	Feb 20	YTD	Target
VTE Risk Assessment	**98.4%**	**98.1%**	**95%**
This metric has been paused until further notice.			

VTE Risk Assessment- starting 01/07/18

Legend: Mean — C — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target
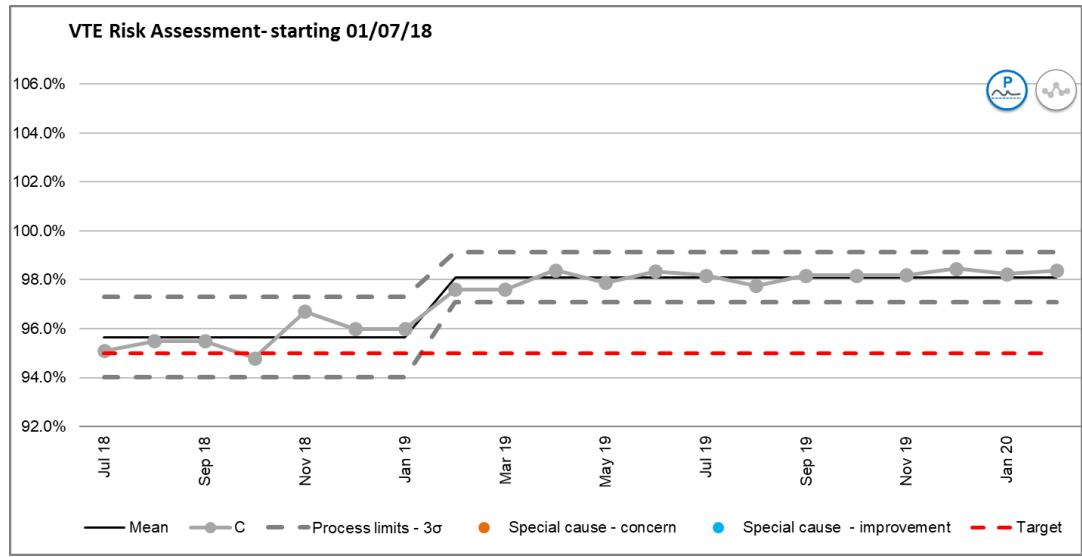
Metric	Apr 20	YTD	Target
% Emergency C-Sections	**17.2%**	**17.2%**	**No National Target**
Common cause variation.			

Emergency C-Sections- starting 01/09/18

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

Safe
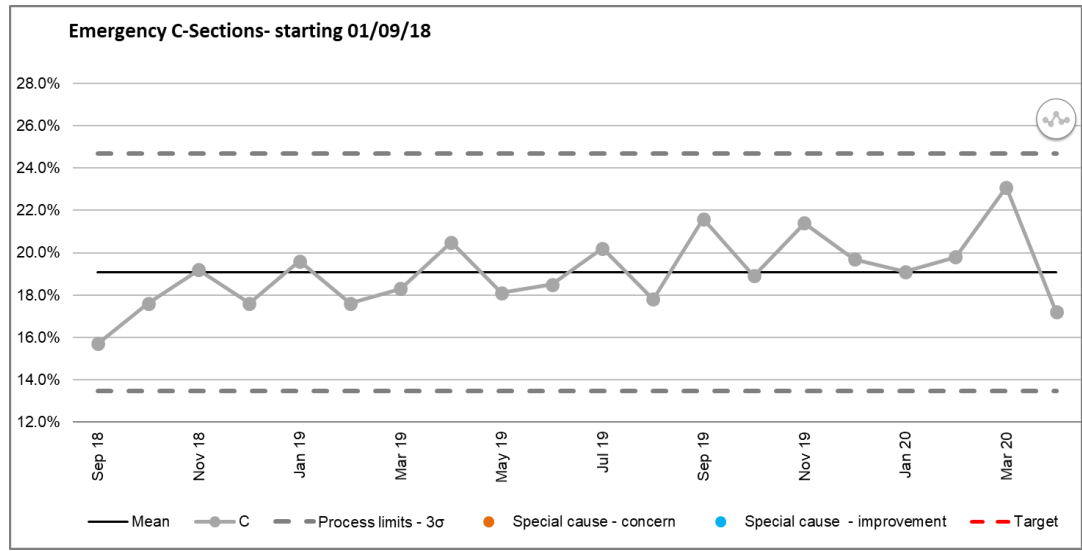
Metric	Apr 20	YTD	Target
Clostridium Difficile	7	7	108

This metric is relatively stable. May achieve target next month.

Clostridium Difficile- starting 01/09/18

Mean — C — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target
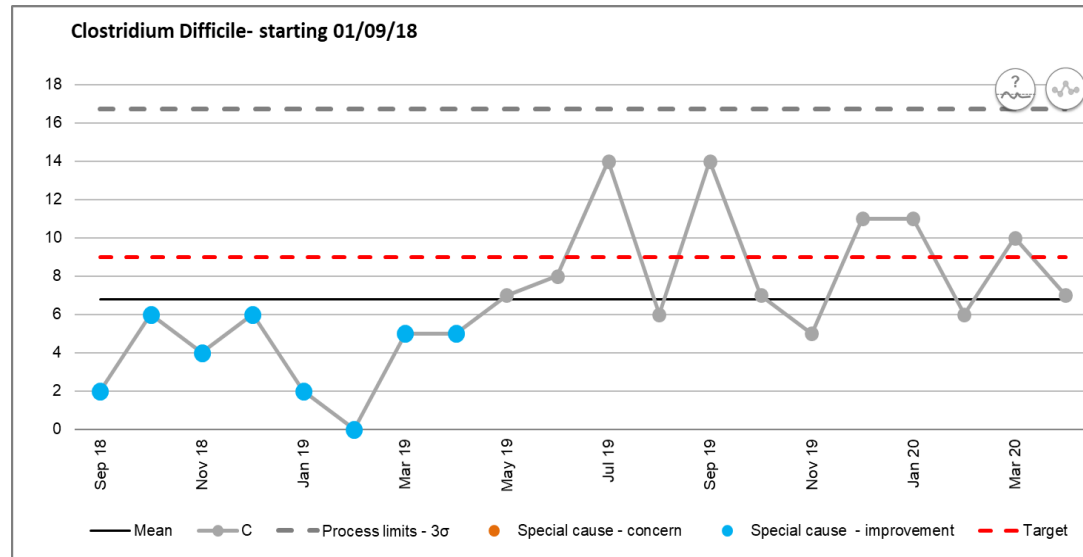
Metric	Apr 20	YTD	Target
MRSA Total	0	0	0

No assurance if target will be achieved next month.

MRSA Total- starting 01/09/18

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

Safe
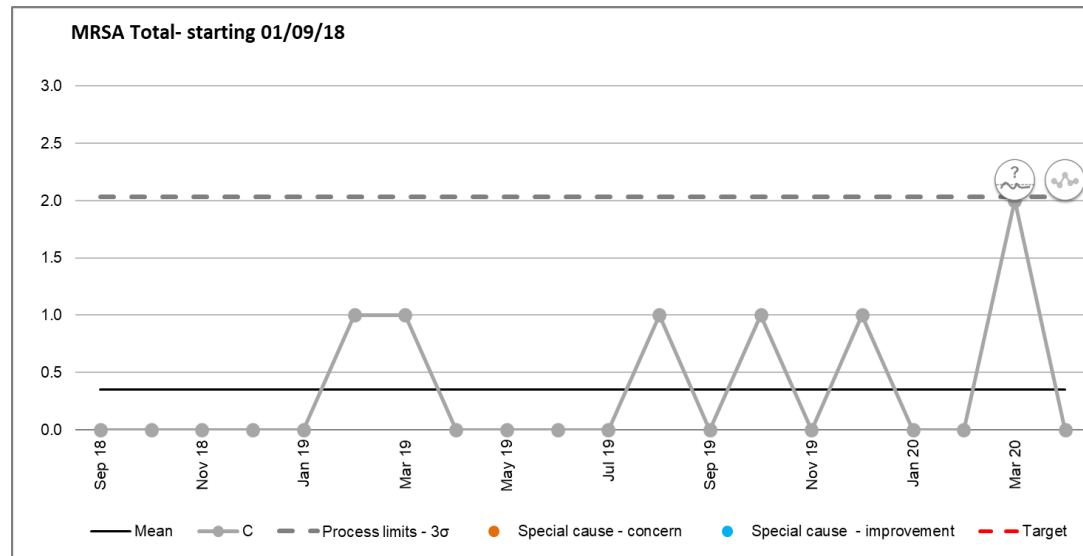
Metric	Apr 20	YTD	Target
E. Coli Bacteraemias - Acute	1	1	No National Target
No significant variation.			

E. Coli Bacteraemias - Acute- starting 01/09/18

Legend: Mean — C — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target
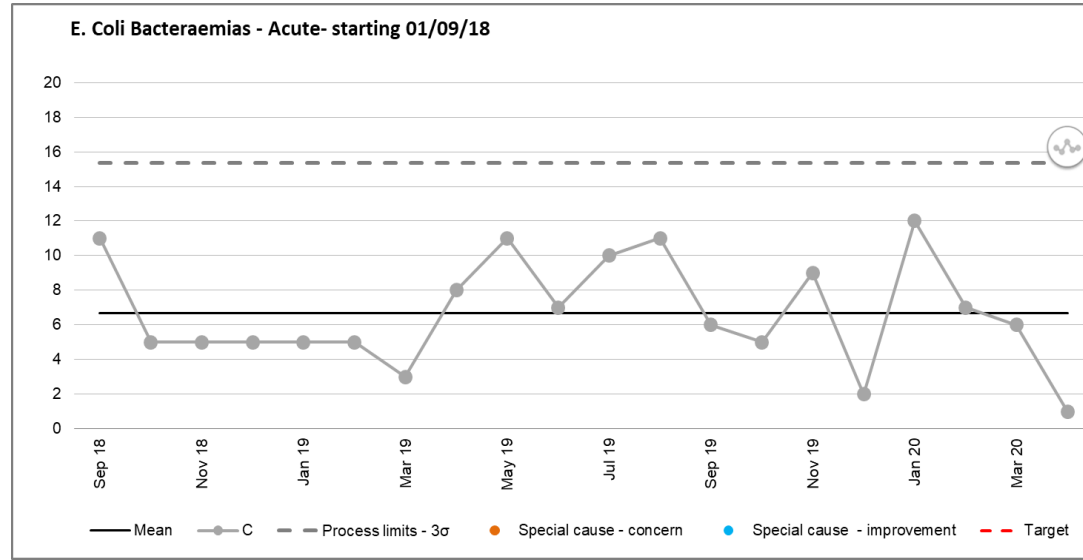
Metric	Apr 20	YTD	Target
MSSA - Acute	1	1	No National Target
Normal variation.			

MSSA - Acute- starting 01/09/18

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

Safe
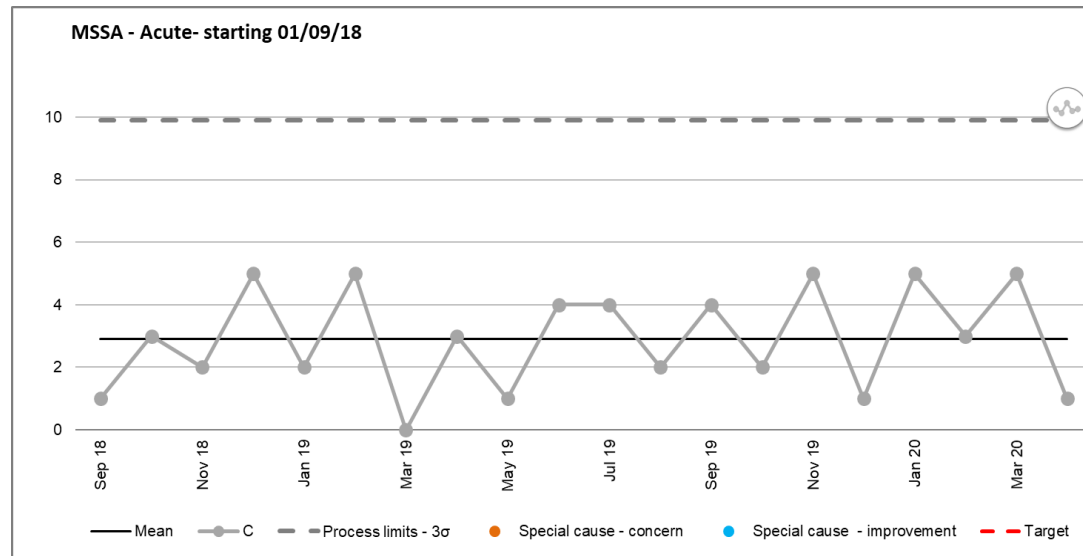
Metric	Mar 20	YTD	Target
All falls reported per 1000 bed stays for patients	**3.8**	**2.7**	**6.02 (5.5 20/21)**

This metric has improved after a step change in April 19.

All falls reported per 1000 bed stays for patients reported 1 month in arrears (>65 years only before 19/20)- starting 01/08/18
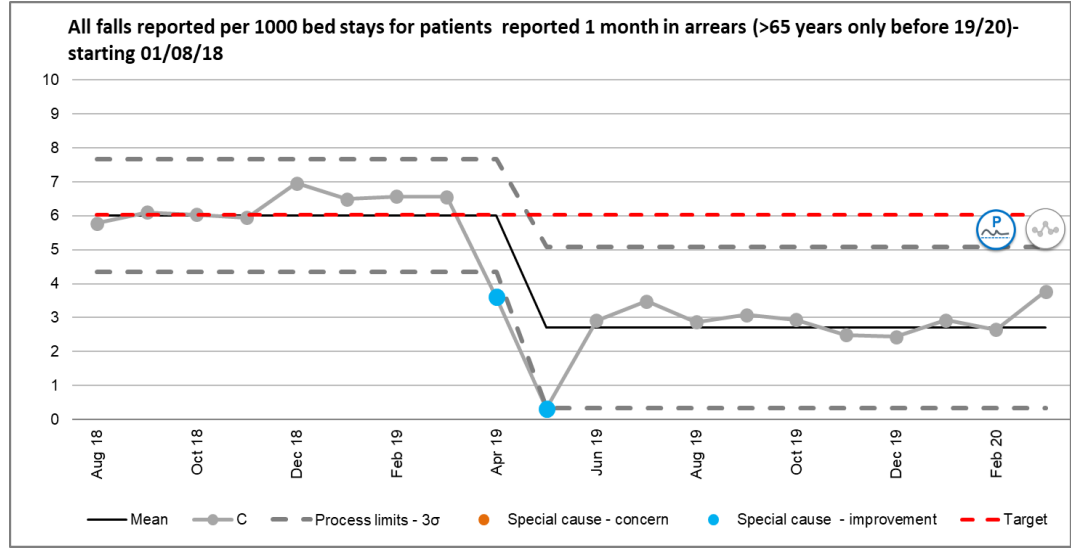
Metric	Mar 20	YTD	Target
Rate of Moderate harm and above Falls PSIs with finally approved status per 1,000 bed days	**0.04**	**0.06**	**No National Target**

No significant variation.

Rate of Moderate harm and above Falls PSIs with finally approved status per 1,000 bed days- starting 01/08/18

Caring
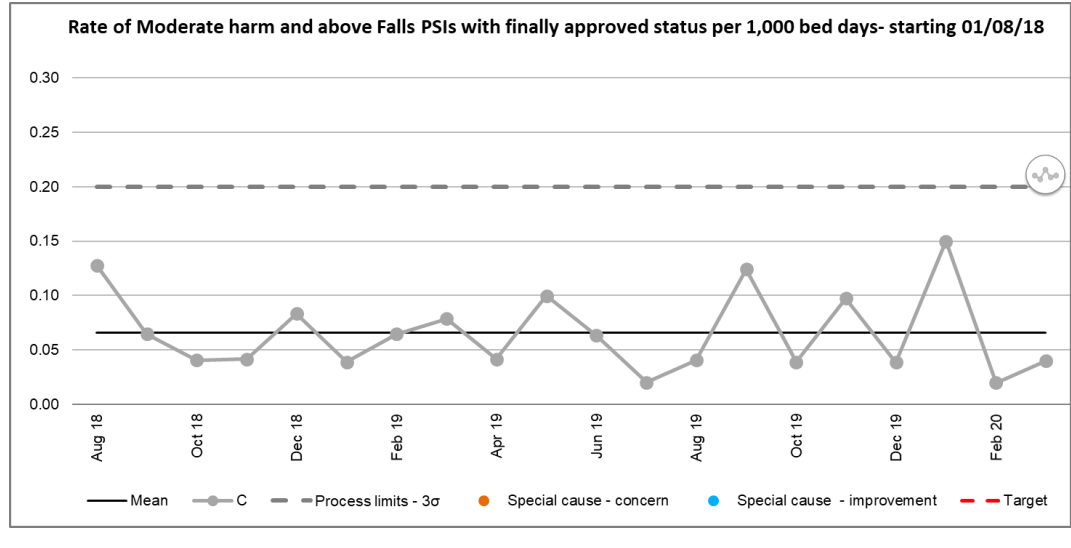
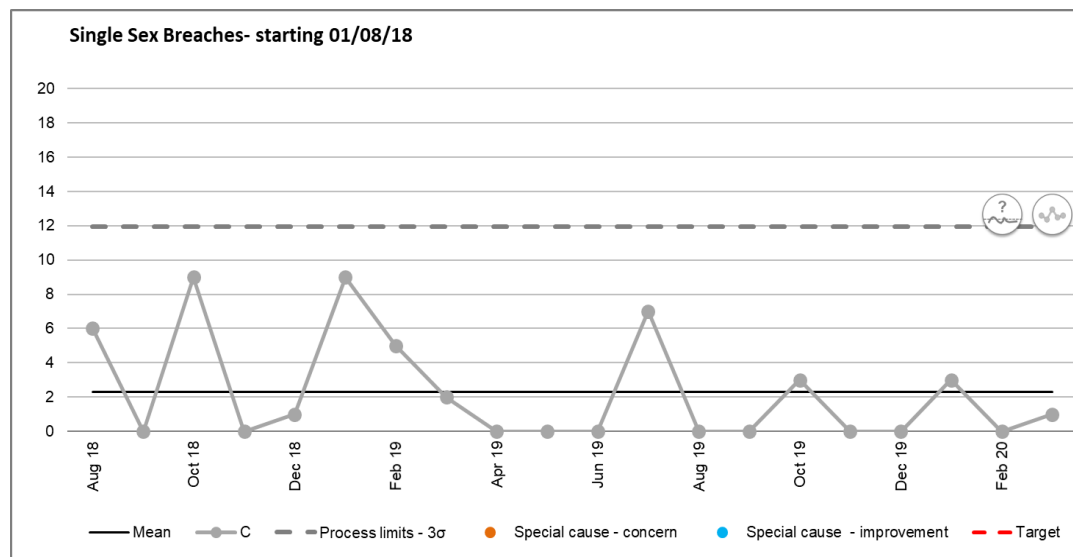| Metric	Q3 19/20	YTD	Target
% of staff who would recommend the trust as place to receive treatment	**67%**	**73%**	**No National Target**
This metric has been paused until further notice.			

Staff Survey: % of staff who would recommend the trust as place to receive treatment
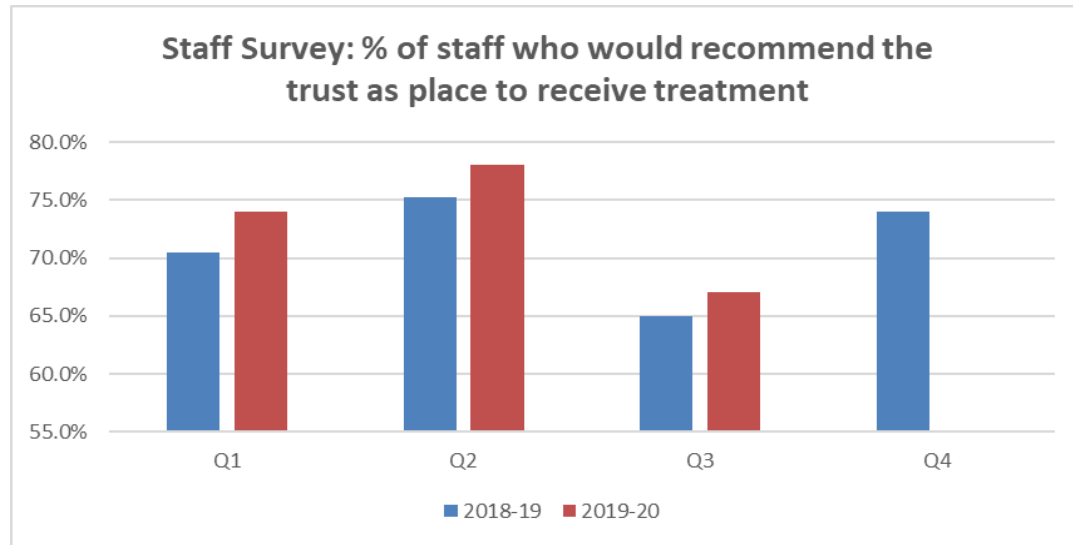
Metric	Mar 20	YTD	Target
Single Sex Breaches	**1**	**14**	**0**
This metric has been paused until further notice.			

Single Sex Breaches- starting 01/08/18

Caring

University Hospitals of Leicester NHS Trust

Metric	Feb 20	YTD	Target
Inpatient and Day case F&F Test % Positive	**97%**	**97%**	**96%**

Headline performance rounded up as per NHSI/E reporting. This metric has been paused until further notice.

Inpatients and Daycase Friends and Family Test - % positive- starting 01/07/18
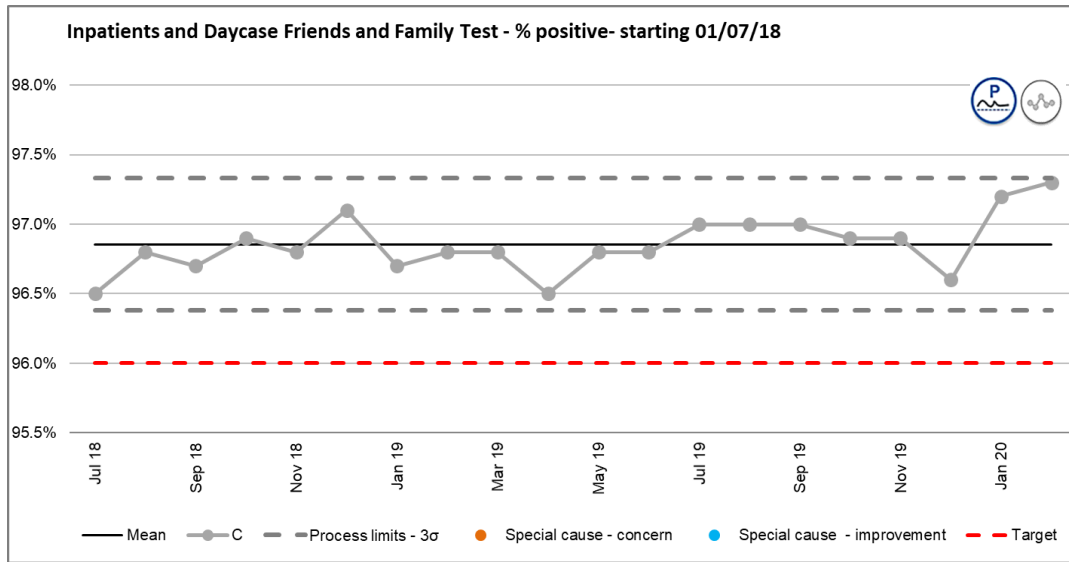
Metric	Feb 20	YTD	Target
A&E F&F Test % Positive	**95%**	**94%**	**94%**

This metric has been paused until further notice.

A&E Friends and Family Test - % positive- starting 01/07/18

Caring
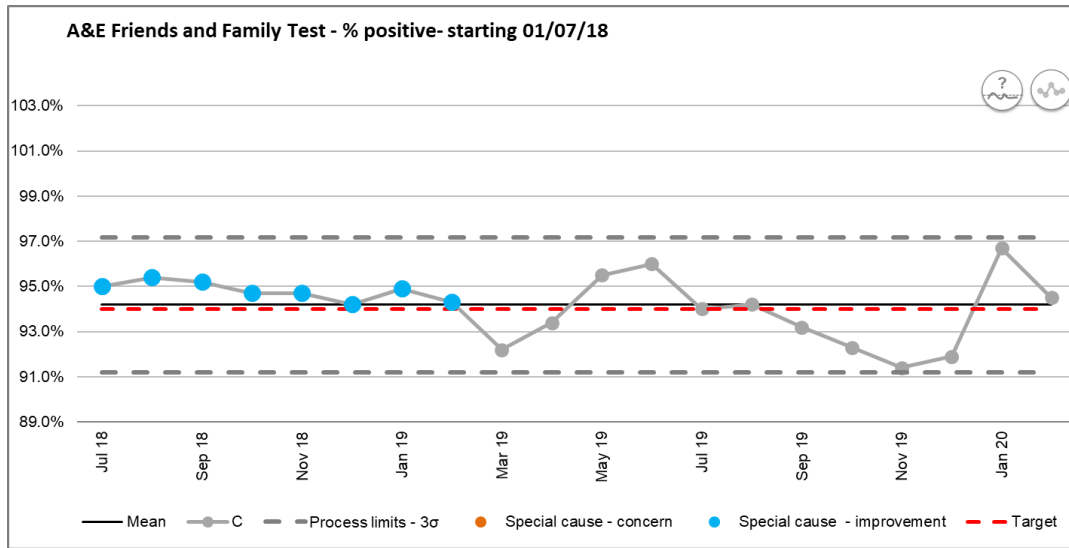
Metric	Feb 20	YTD	Target
Maternity F&F Test % Positive	**94%**	**94%**	**96%**

This metric has been paused until further notice.

Maternity Friends and Family Test - % positive- starting 01/07/18
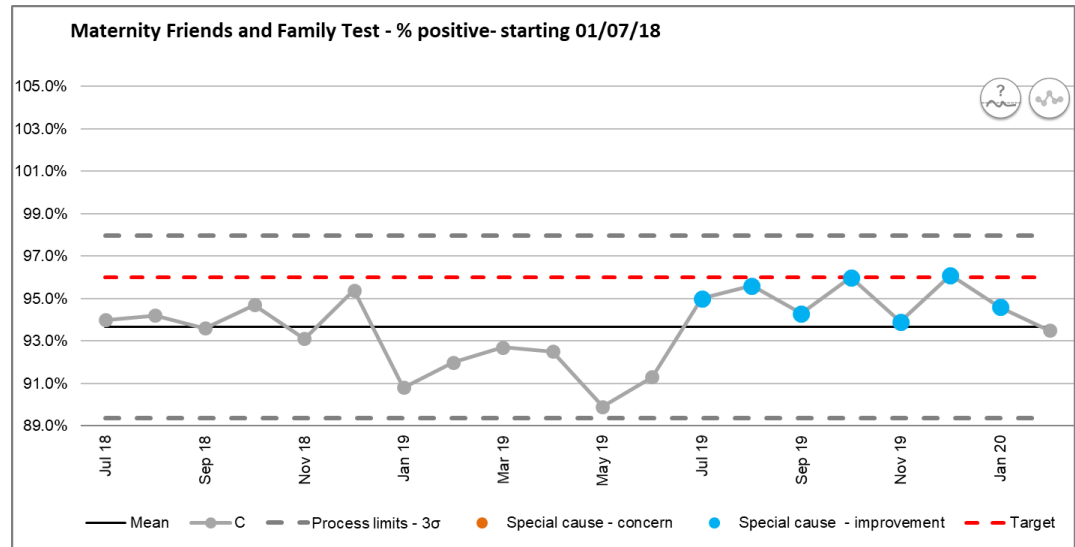
Metric	Feb 20	YTD	Target
Outpatients Friends and Family Test - % positive	**96%**	**95%**	**94%**

This metric has been paused until further notice.

Outpatients Friends and Family Test - % positive- starting 01/07/18

Caring
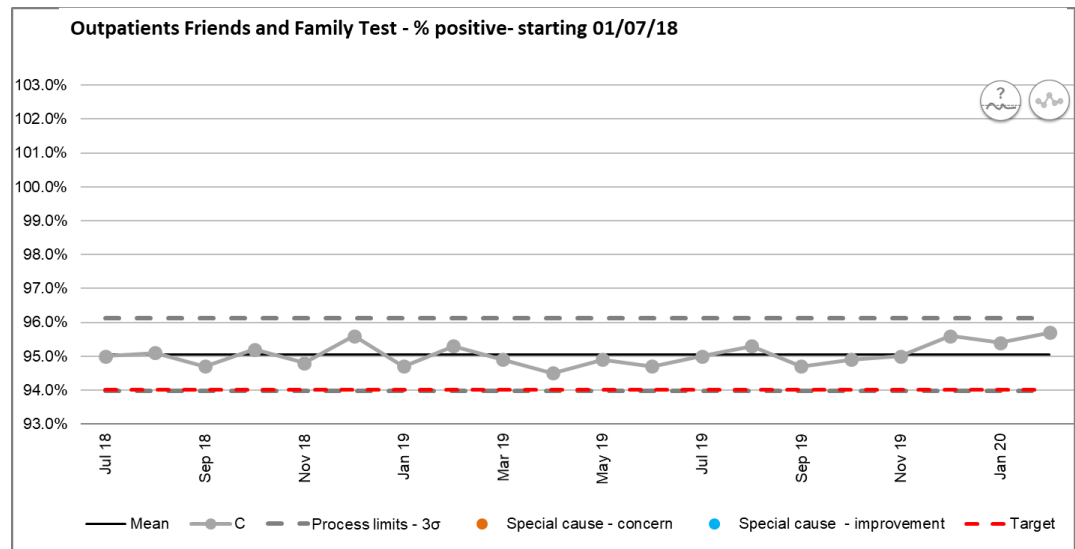
Metric	Q3 19/20	YTD	Target
Complaints per 1,000 staff (WTE)	**50.1**	**49.7**	**No National Target**
This data collection has been suspended until at least Q2 2021/22.			

Complaints per 1,000 staff (WTE)

■ 2018-19 ■ 2019-20
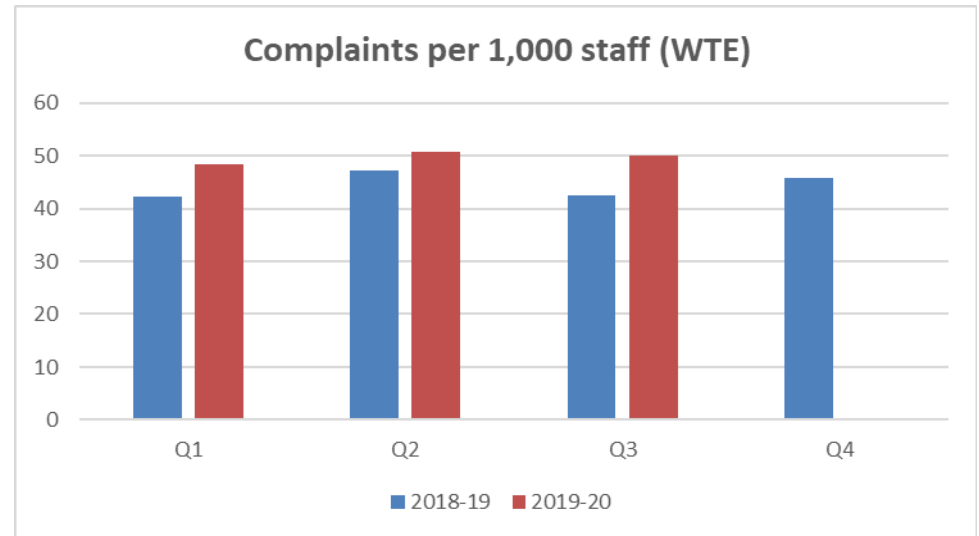
Metric	Q3 19/20	YTD	Target
Staff Survey % Recommend as Place to Work	62%	61%	Not within Lowest Decile

This metric has been paused until further notice.

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

Legend: ■ 2018-19 ■ 2019-20
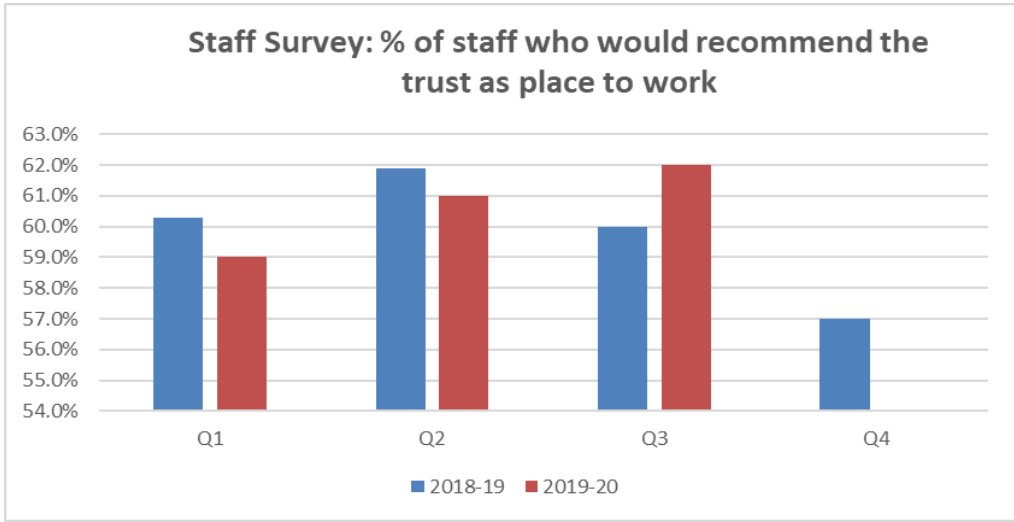
Metric	Apr 20	YTD	Target
Turnover Rate	7.7%	7.7%	10%

Turnover rate has decreased significantly due to COVID-19, very likely to achieve target.

Turnover Rate- starting 01/09/18

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

Well Led

University Hospitals of Leicester
NHS Trust
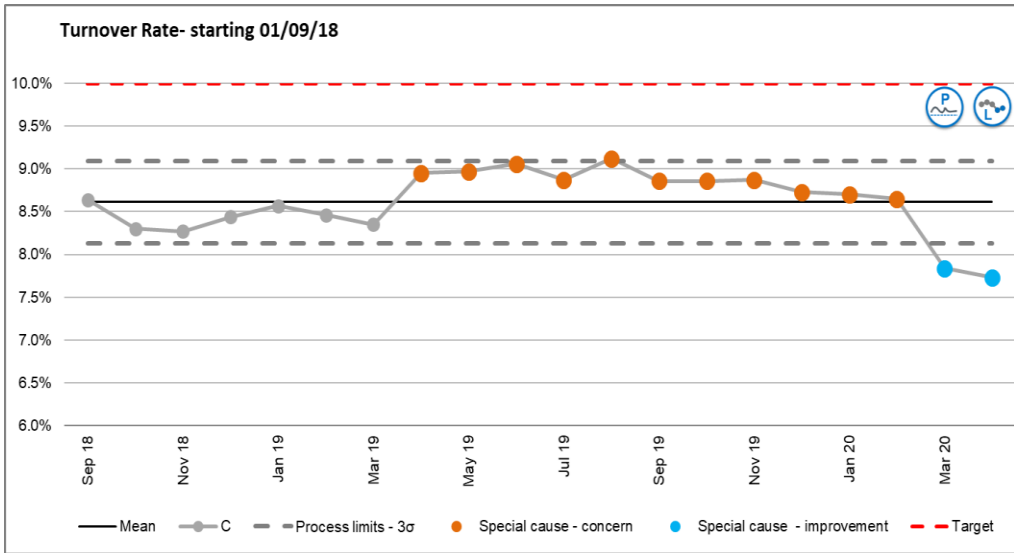
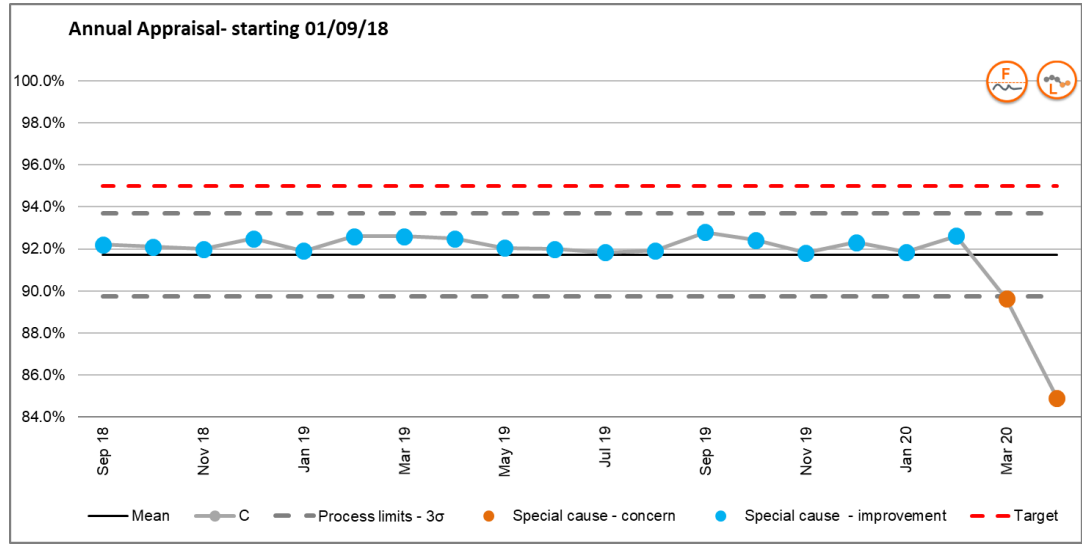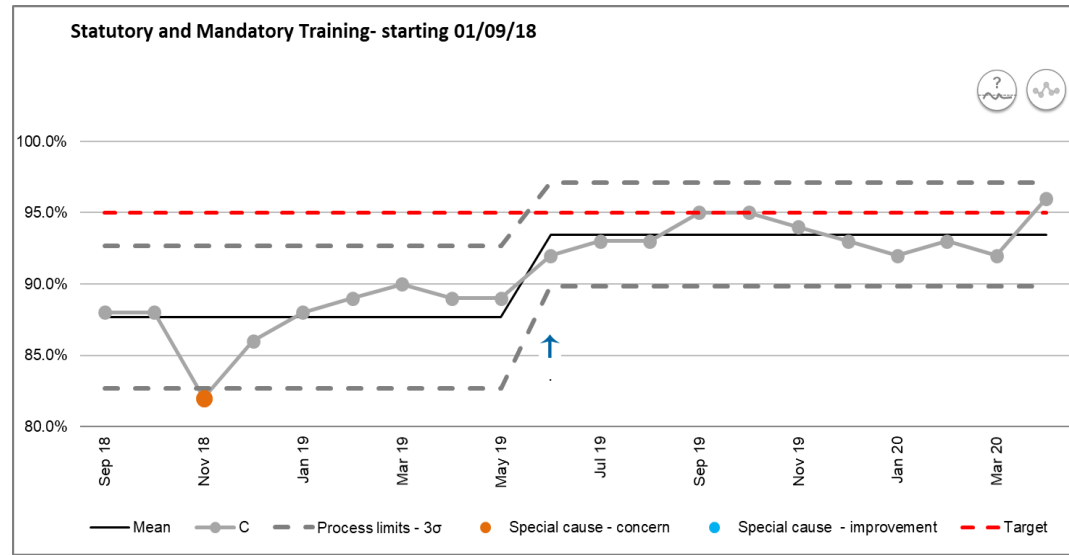| Metric	Mar 20	YTD	Target
Sickness absence	**8.0%**	**4.4%**	**3%**

Significant variation, March performance was above the upper control limit due to COVID-19. The target will most likely not be achieved next month. Performance includes COVID-19 related absences categorised as special leave.

Sickness Rate- starting 01/08/18

Legend: Mean — C — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target
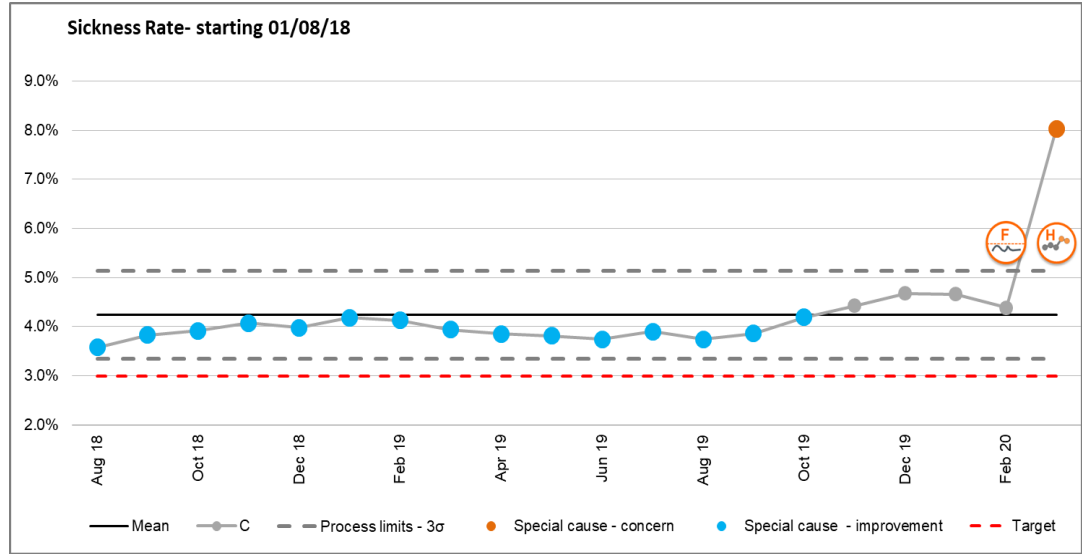
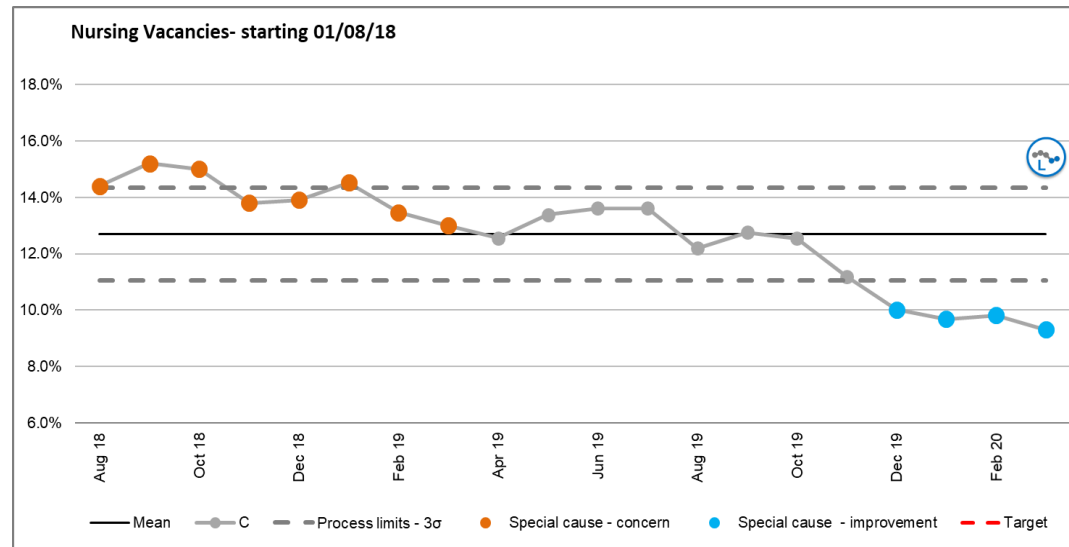| Metric	Apr 20	YTD	Target
% of Staff with Annual Appraisal	**84.9%**	**84.9%**	**95%**

This metric has deteriorated significantly in the past 2 months due to COVID-19. Very unlikely to achieve target.

Annual Appraisal- starting 01/09/18

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

Well Led

Metric	Apr 20	YTD	Target
Statutory and Mandatory Training	**96%**	**96%**	**95%**

A step change in improvement occurred in June 19, no assurance that target will be achieved again next month.

### Statutory and Mandatory Training- starting 01/09/18

Metric	Mar 20	YTD	Target
Nursing Vacancies	**9.3%**	**9.3%**	**No National Target**

Performance has improved in recent months.

Nursing Vacancies- starting 01/08/18

University Hospitals of Leicester **NHS**

NHS Trust

Metric	Jan 19 – Dec 19	Target
Mortality – Published Monthly SHMI	**95**	**100**

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.
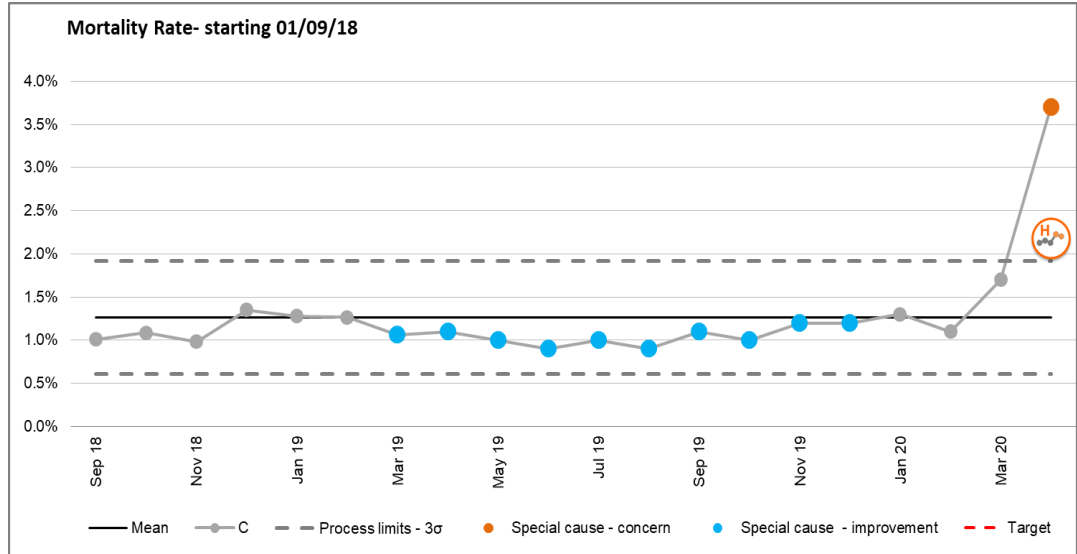
Mortality – Published Monthly SHMI
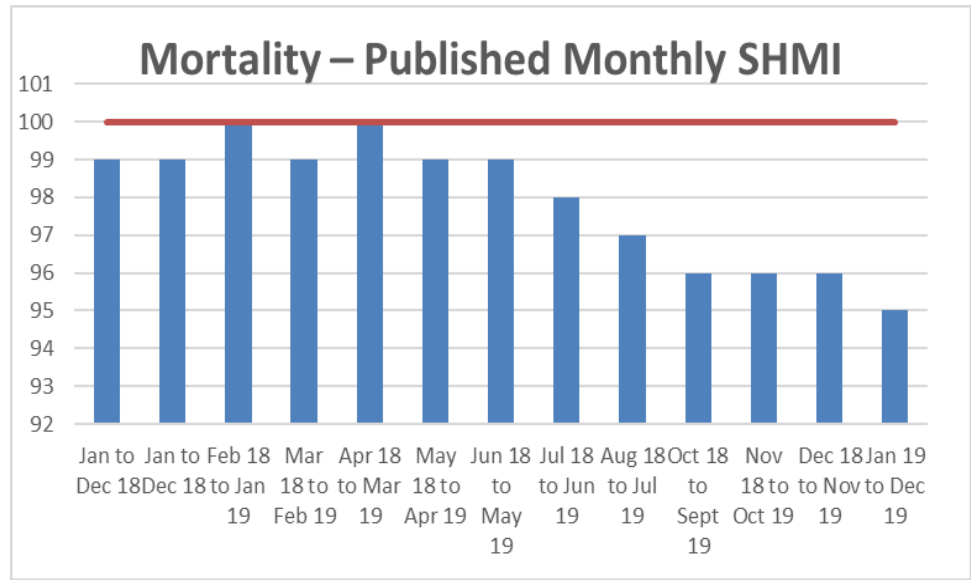
Metric	Jan 19 - Dec 19	Target
Mortality - Rolling 12 mths HSMR as reported in Dr. Foster)	**95**	**100**

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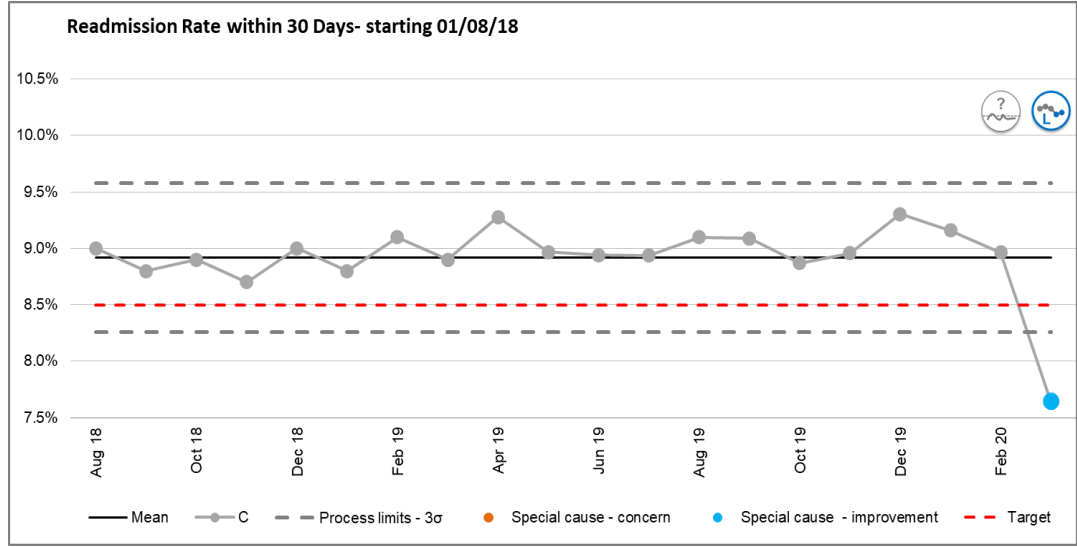
Mortality - Rolling 12 mths HSMR (as reported in Dr. Fosters)

Effective
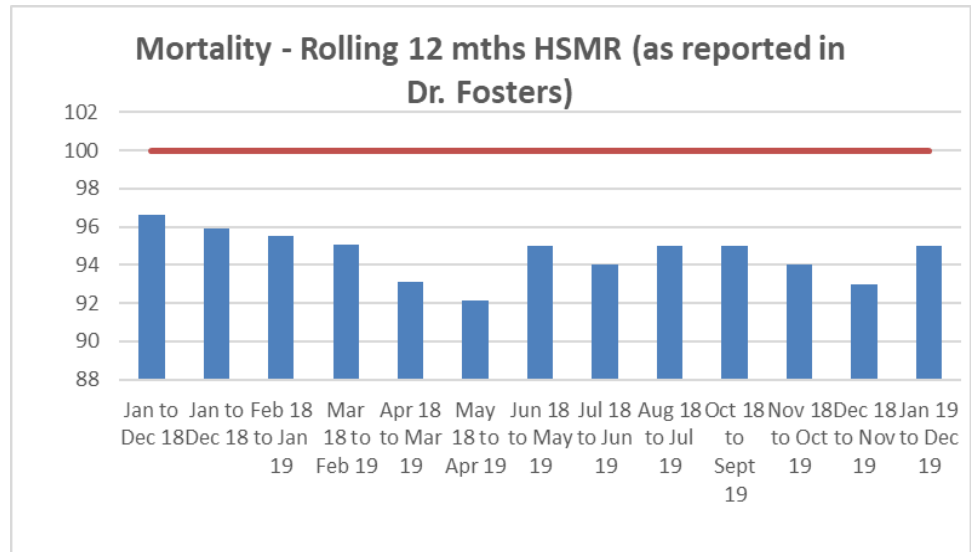
Metric	Apr 20	YTD	Target
Crude Mortality	**3.7%**	**3.7%**	**No National Target**

Statistically significant increase in April due to COVID-19. Without COVID-19 deaths, the number of deaths would have been similar to the same period last year.

Mortality Rate- starting 01/09/18

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

Metric	Mar 20	YTD	Target
Emergency readmissions within 30 days	**7.6%**	**9.0%**	**8.5%**

Special cause improvement due to COVID-19 – target achieved in March.

Readmission Rate within 30 Days- starting 01/08/18

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

Effective

Metric	Mar 20	YTD	Target
Emergency readmissions within 48 hrs	**0.9%**	**1.1%**	**No National Target**
No significant variation.			

Readmission Rate within 48 Hours- starting 01/08/18
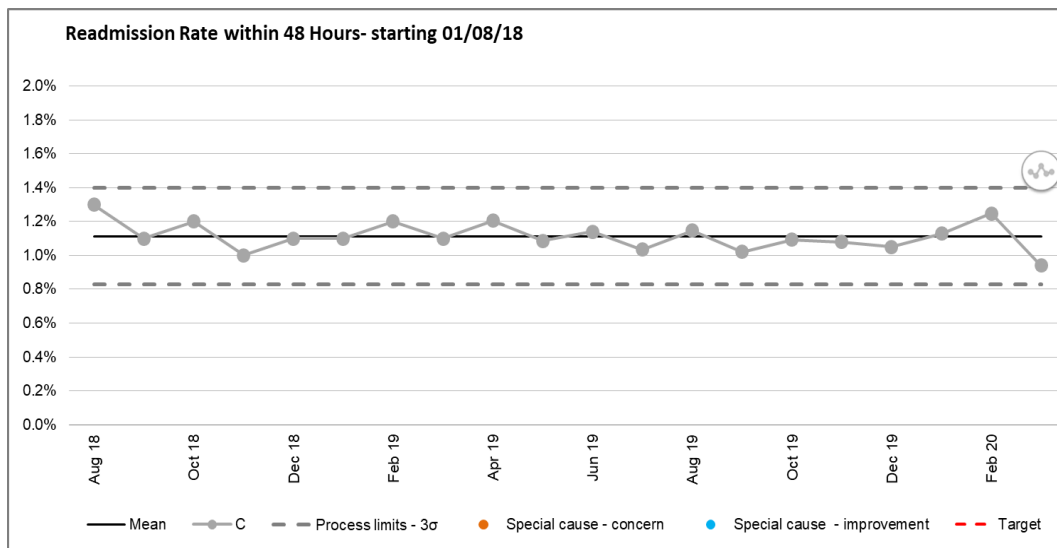
Metric	Apr 20	YTD	Target
% Neck of femurs operated on under 36 hrs Based on Admissions	**28.3%**	**28.3%**	**72%**
Performance has deteriorated significantly in April due to COVID-19. No assurance that target will be delivered next month.			

No. of # Neck of femurs operated on 0-35 hrs- starting 01/09/18

Effective
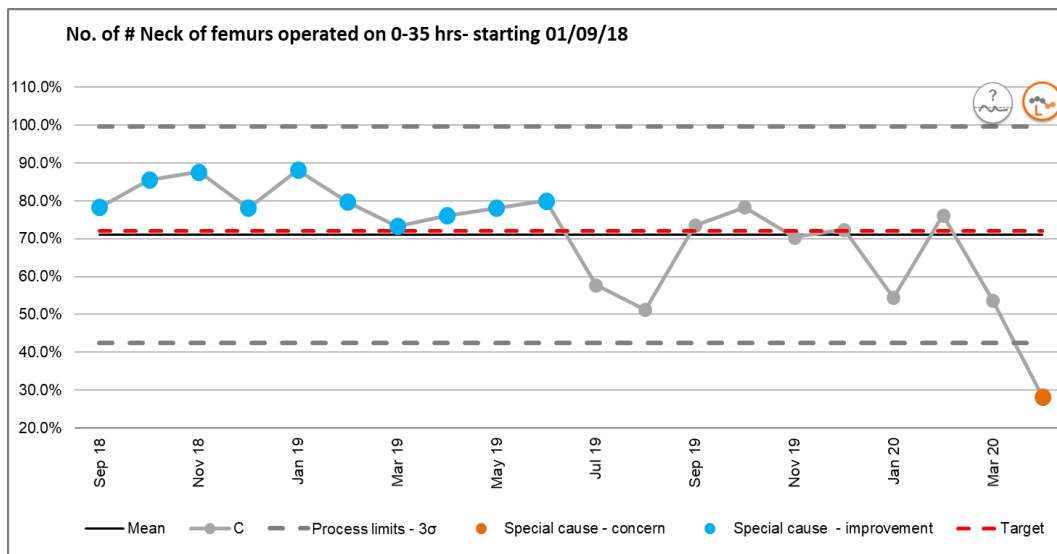
Metric	Mar 20	YTD	Target
Stroke - 90% of Stay on a Stroke Unit	**86.2%**	**87.5%**	**80%**
Common cause variation, consistently achieving target.			

Stroke - 90% of Stay on a Stroke Unit- starting 01/08/18
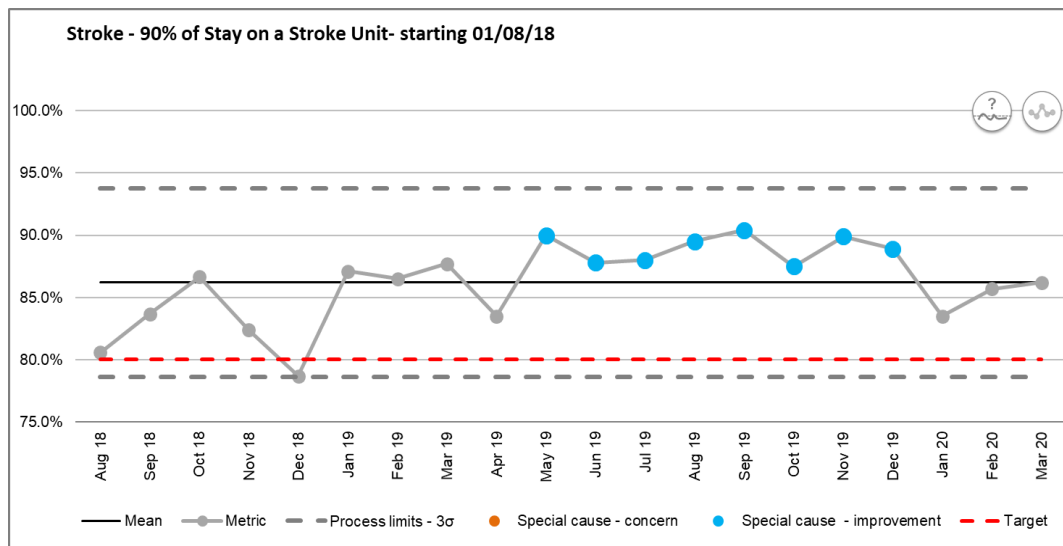
Metric	Apr 20	YTD	Target
TIA Clinic within 24 Hours (Suspected High Risk TIA)	**86.0%**	**86.0%**	**60%**
This metric is stable, target achieved for the past 7 months.			

Stroke - TIA Clinic within 24 Hours (Suspected High Risk TIA)- starting 01/09/18
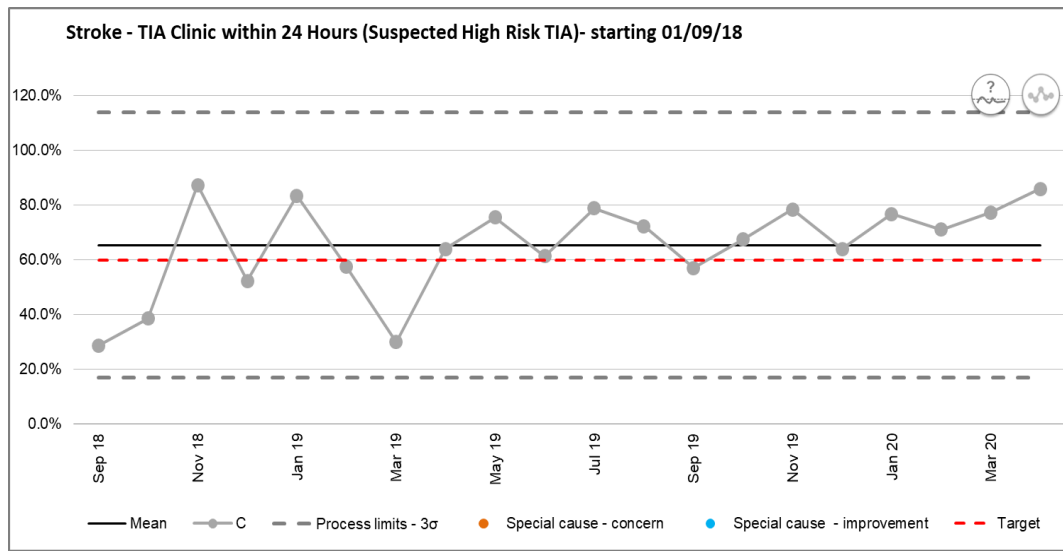
Responsive

For more information please see the Urgent Care Report - PPPC

Metric	Apr 20	YTD	Target
ED 4 Hour Waits UHL	**86.7%**	**86.7%**	**95%**

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

ED 4 Hour Wait Performance %- starting 01/09/18

Mean — C — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target
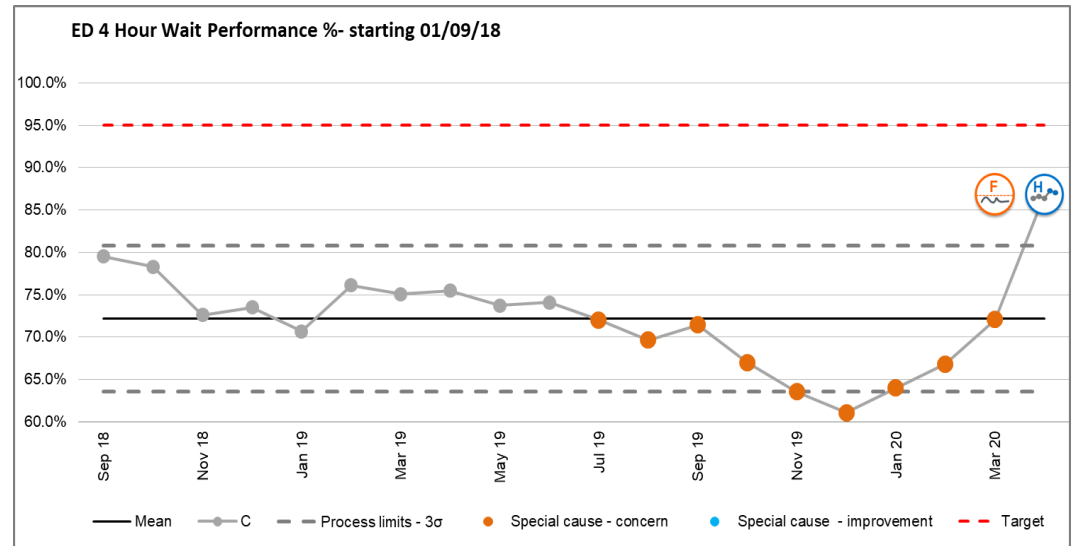
Metric	Apr 20	YTD	Target
ED 4 Hour Waits Acute Footprint	**90.5%**	**90.5%**	**95%**

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

### ED 4 Hour Waits Acute Footprint- starting 01/09/18

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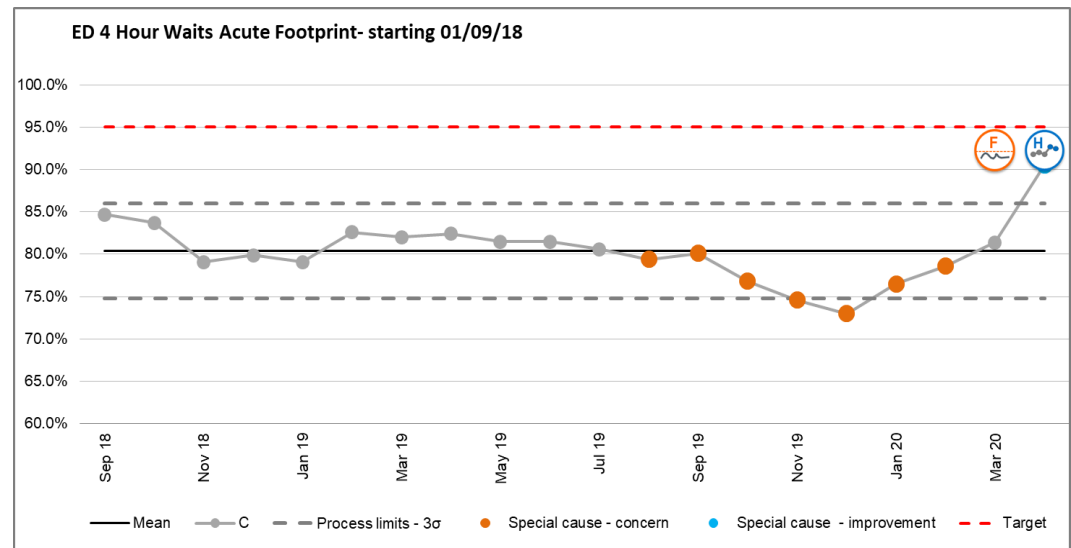
Responsive

Metric	Apr 20	YTD	Target
Ambulance Handover >60 Mins	**1.0%**	**1.0%**	**0%**

Common cause variation, performance has improved in the last three months.

Ambulance Handover >60mins- starting 01/09/18

Responsive

University Hospitals of Leicester
NHS Trust
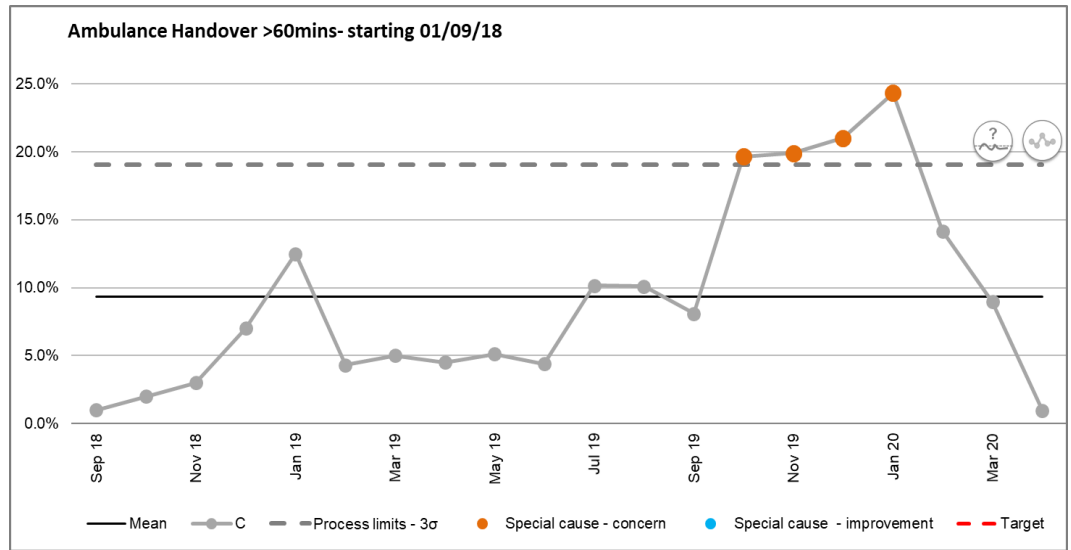
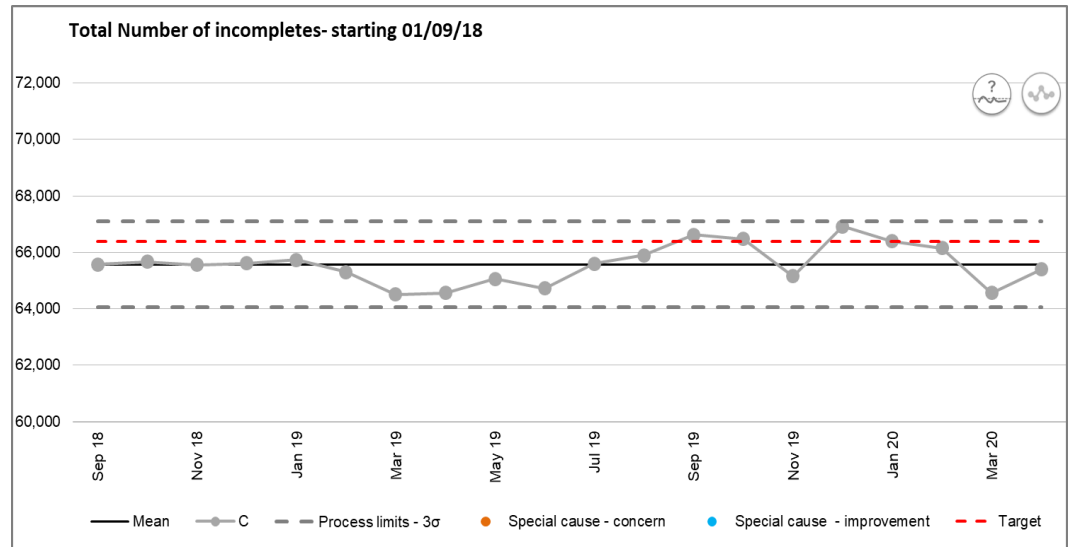| Metric	Apr 20	YTD	Target
RTT Incompletes	**69.4%**	**69.4%**	**92%**

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 01/09/18
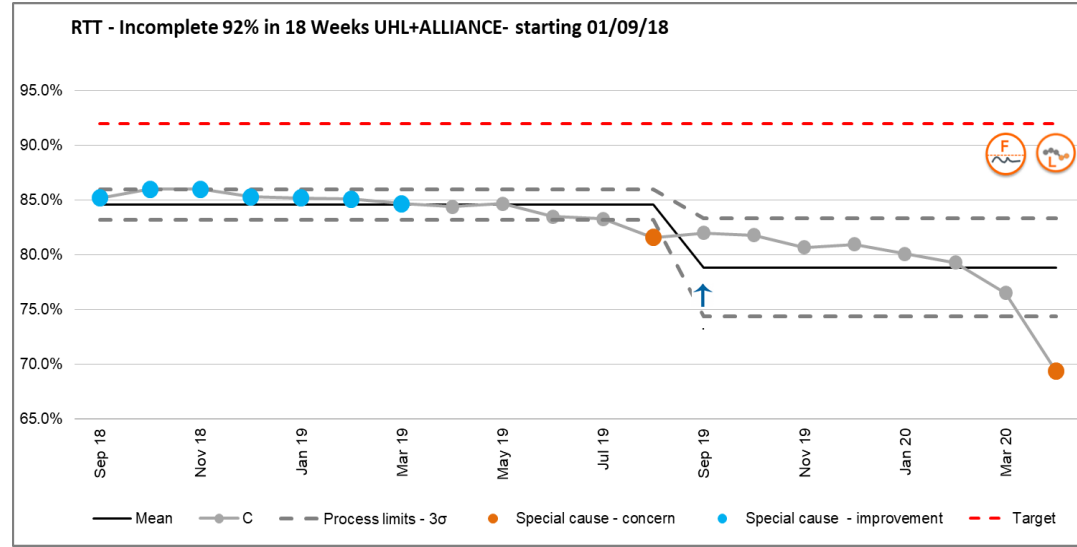
Metric	Apr 20	YTD	Target
RTT 52+ Weeks Wait	**281**	**281**	**0**

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

RTT 52 Weeks+ Wait (Incompletes) UHL+ALLIANCE- starting 01/09/18

Responsive
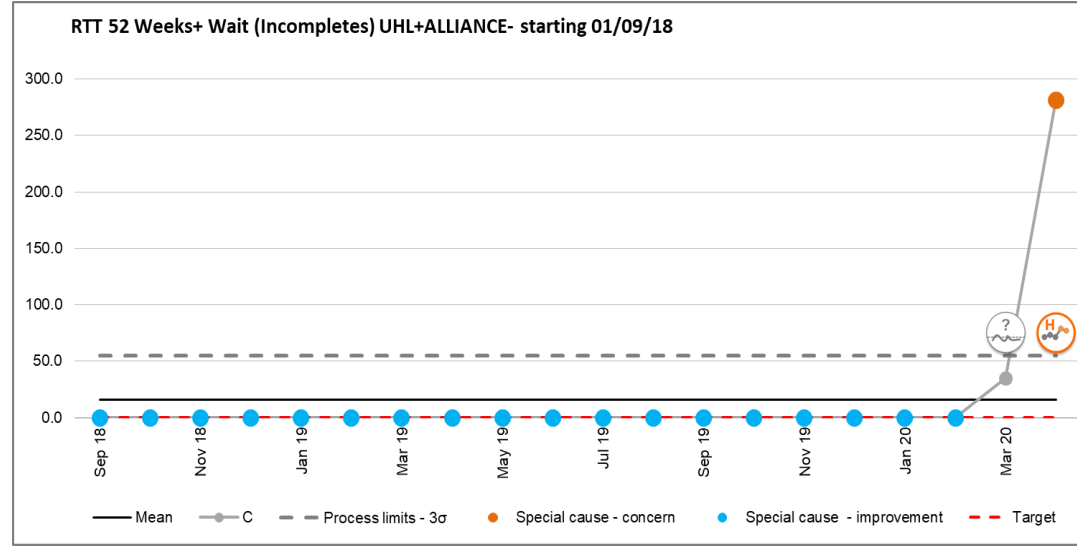
Metric	Apr 20	YTD	Target
Total Number of incompletes	**65,404**	**65,404**	**66,397 (Year End)**
Common cause variation.			

Total Number of incompletes- starting 01/09/18

Metric	Apr 20	YTD	Target
6 Week Diagnostic Waits	**36.5%**	**36.5%**	**1%**
Special cause variation, target not achieved in April due to COVID-19.			

6 Week - Diagnostic Test Waiting Times (UHL+ALLIANCE)- starting 01/09/18

Responsive
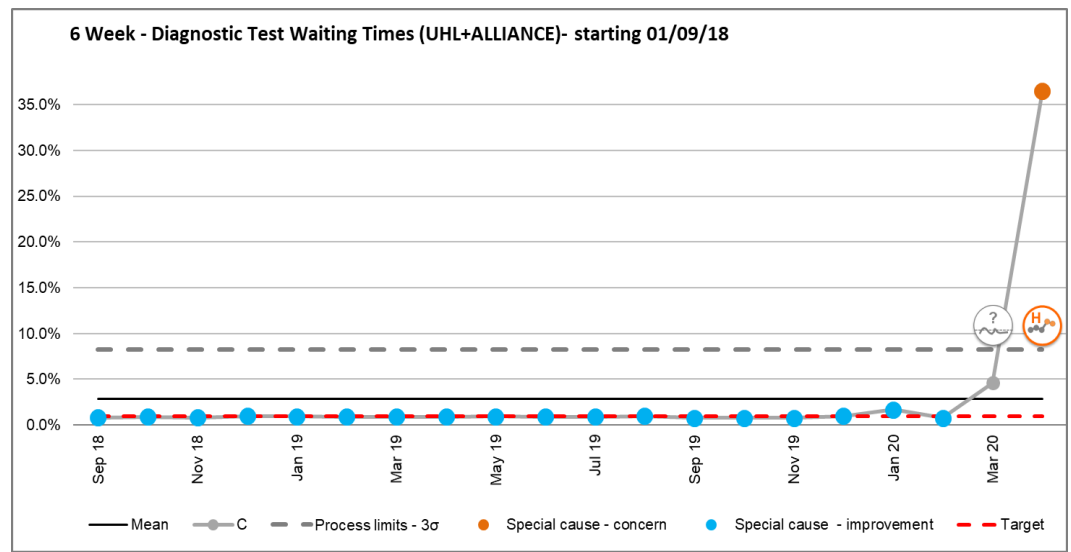
Metric	Apr 20	YTD	Target
Cancelled patients not offered a date within 28 days of the cancellations	85	85	0

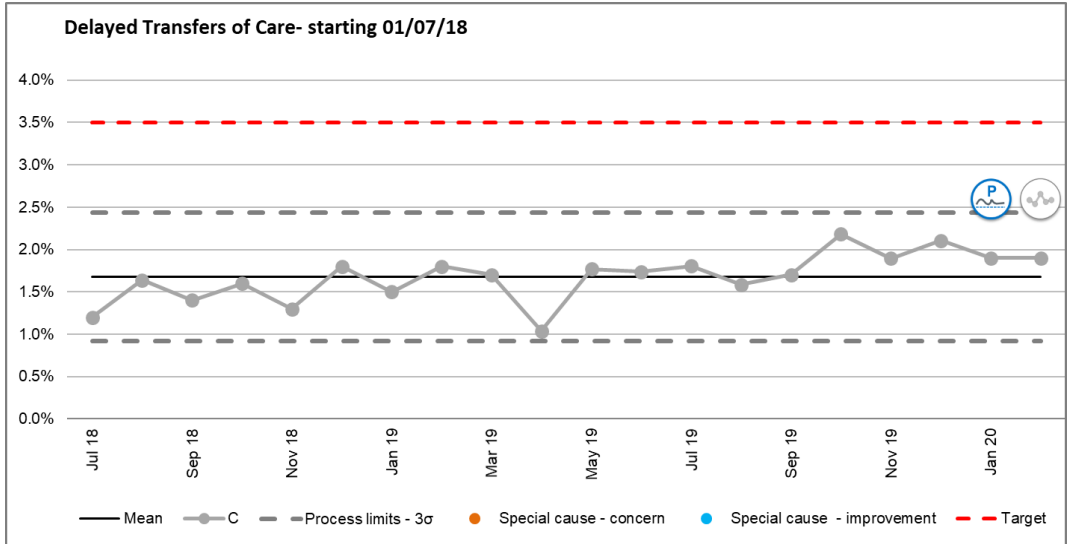Special cause concern – last month was above the upper control limit due to COVID-19. Full Year target already breached.

Cancelled patients not offered a date within 28 days of the cancellations UHL + Alliance- starting 01/09/18

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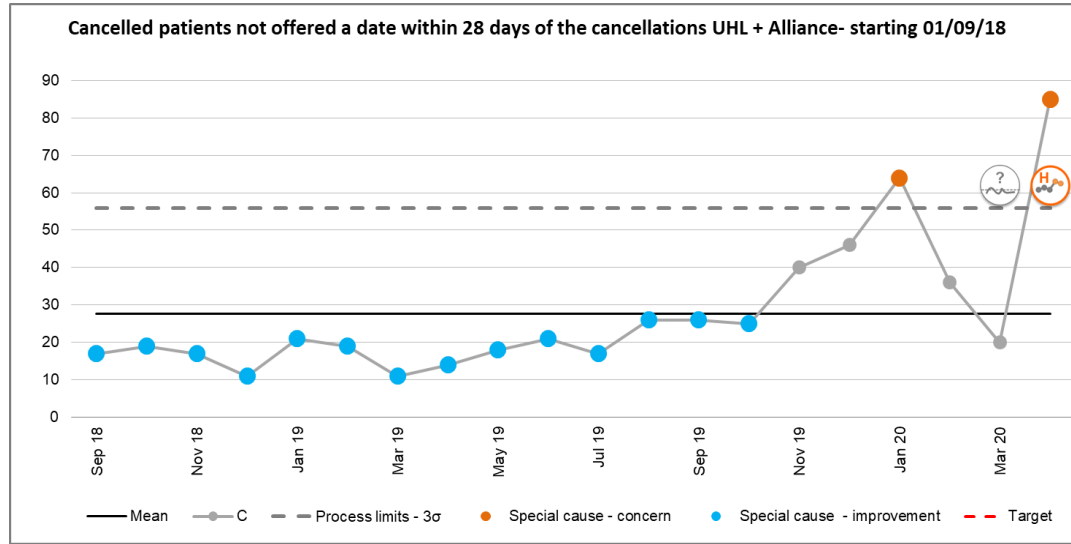
Metric	Apr 20	YTD	Target
% Operations cancelled on the day	1.0%	1.0%	1%

No significant variation observed. Unlikely to achieve the target next month.

Cancelled Operations UHL + Alliance- starting 01/09/18

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

Responsive
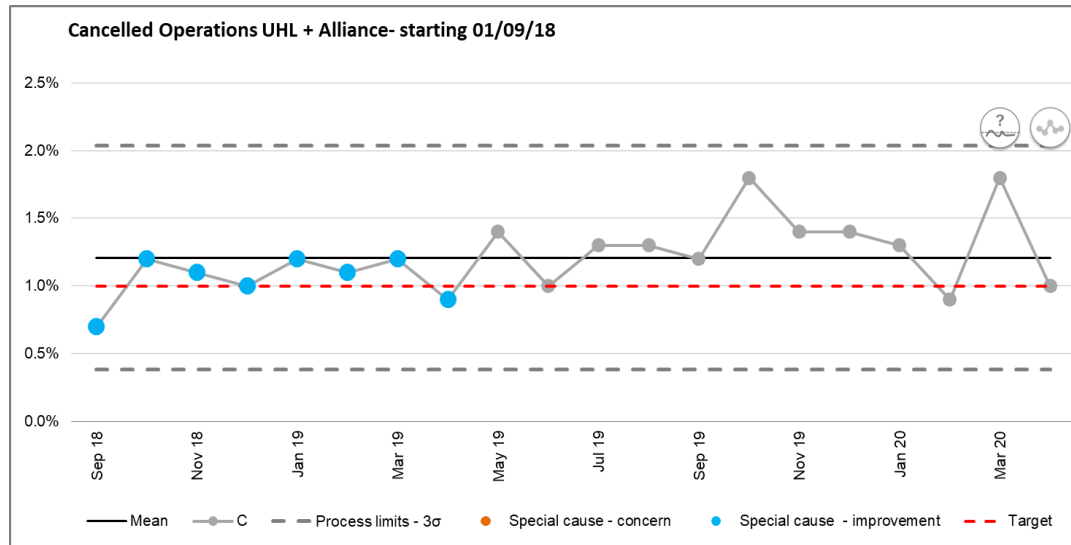
Metric	Feb 20	YTD	Target
Delayed transfers of care	**1.9 %**	**1.8%**	**3.5%**

This metric has been paused until further notice.

Delayed Transfers of Care- starting 01/07/18

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

Metric	Apr 20	YTD	Target
Long Stay Patients (21+ days)	**76**	**76**	**135**

Special cause improvement, target achieved due to COVID-19.

Long Stay Patients (21+ days)- starting 01/09/18

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

Responsive

University Hospitals of Leicester
NHS Trust
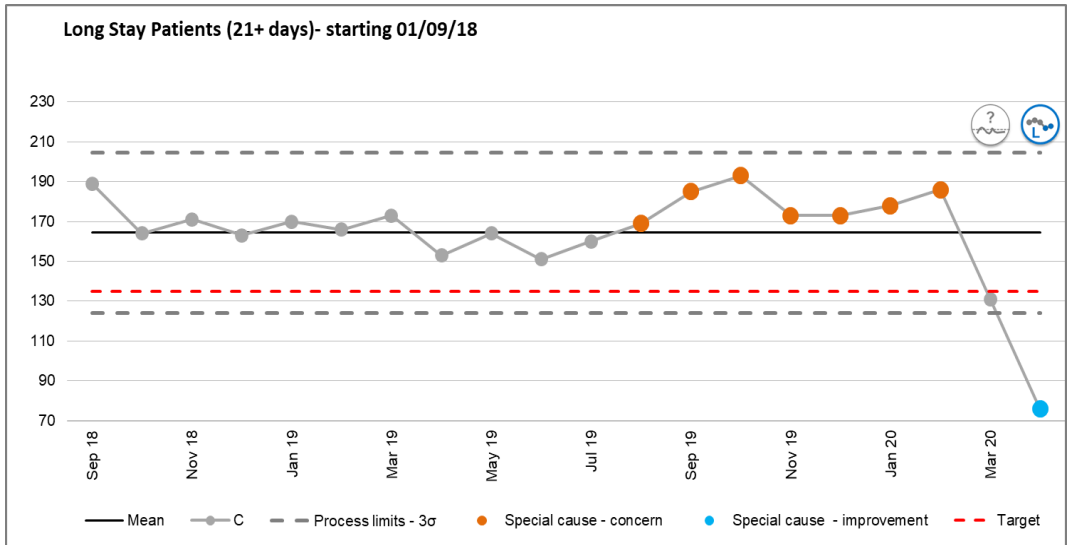
Metric	Apr 20	YTD	Target
Average Inpatient LOS	**4.6**	**4.6**	**No National Target**

Special cause concern – last month was above the upper control limit.

Average Inpatient LOS- starting 01/09/18

Legend: Mean — C — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target
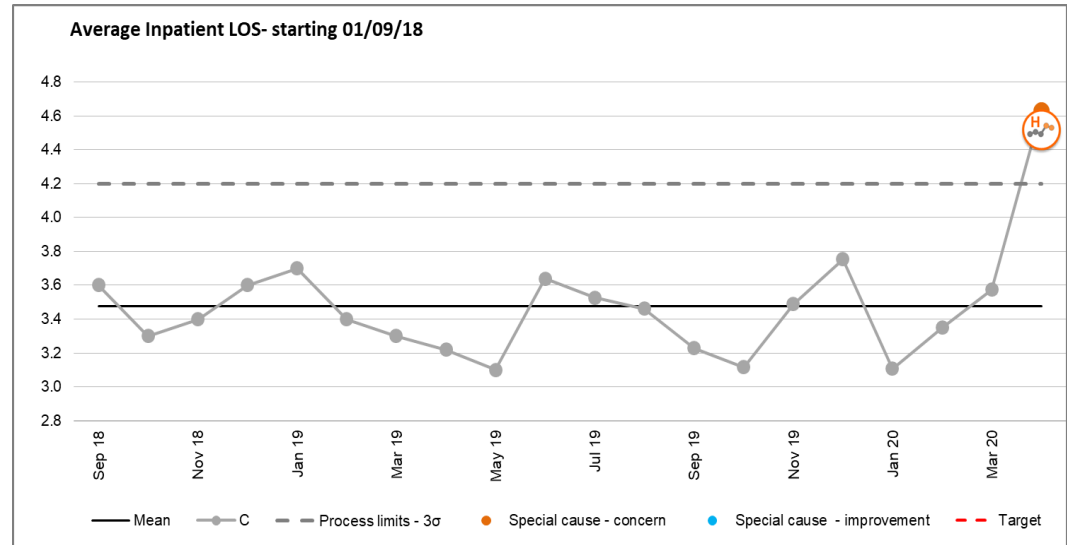
Metric	Apr 20	YTD	Target
Average Emergency LOS	**5.0**	**5.0**	**No National Target**

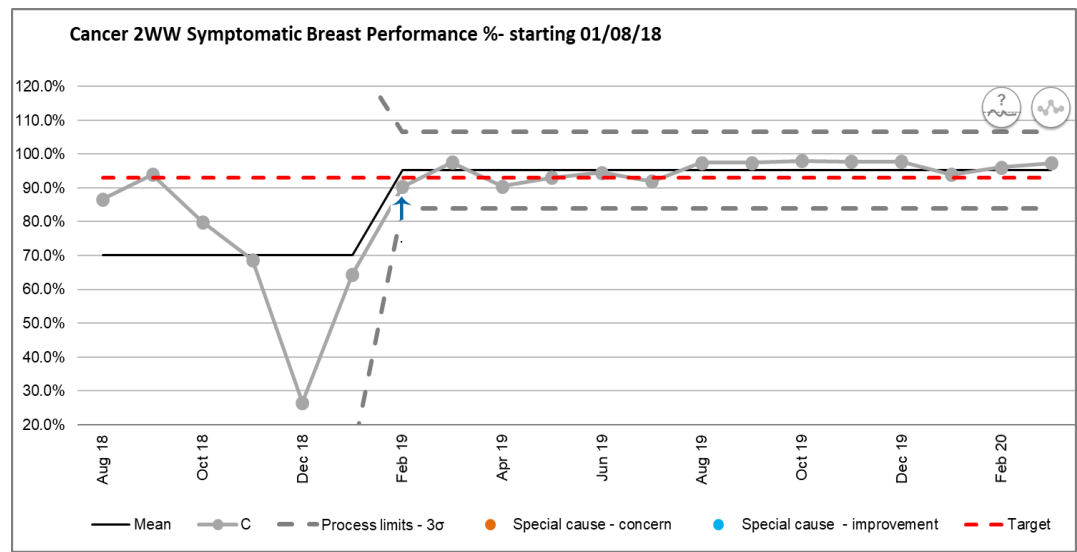This metric has deteriorated significantly in recent months - cause for concern.

Average Emergency LOS- starting 01/09/18

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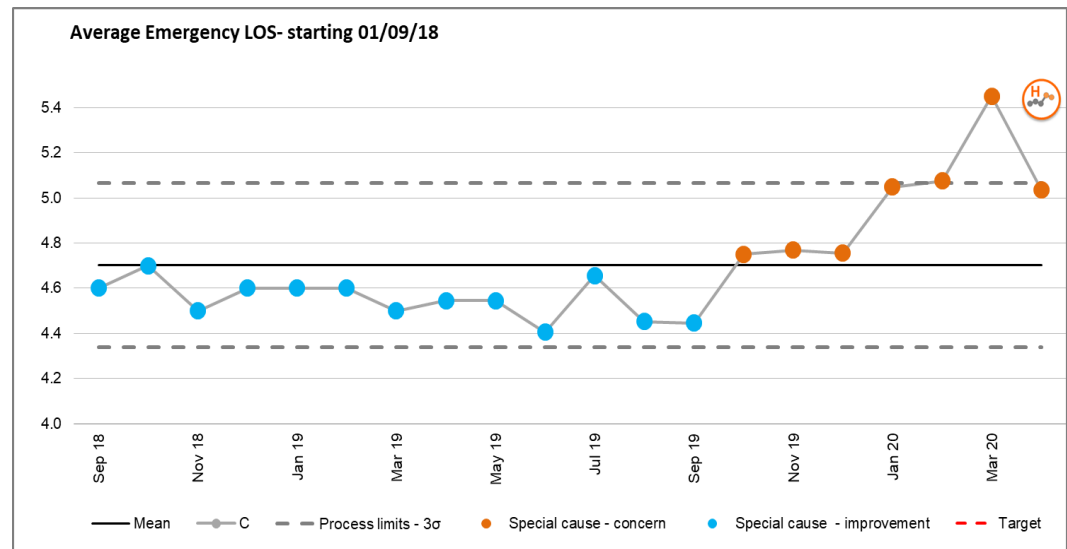
Responsive – Cancer

For more information please see the Cancer Recovery Paper - PPPC

Metric	Mar 20	YTD	Target
Cancer 2WW	**95.4%**	**93.0%**	**93%**

Normal variation. Full year target achieved.

Cancer 2WW Performance %- starting 01/08/18
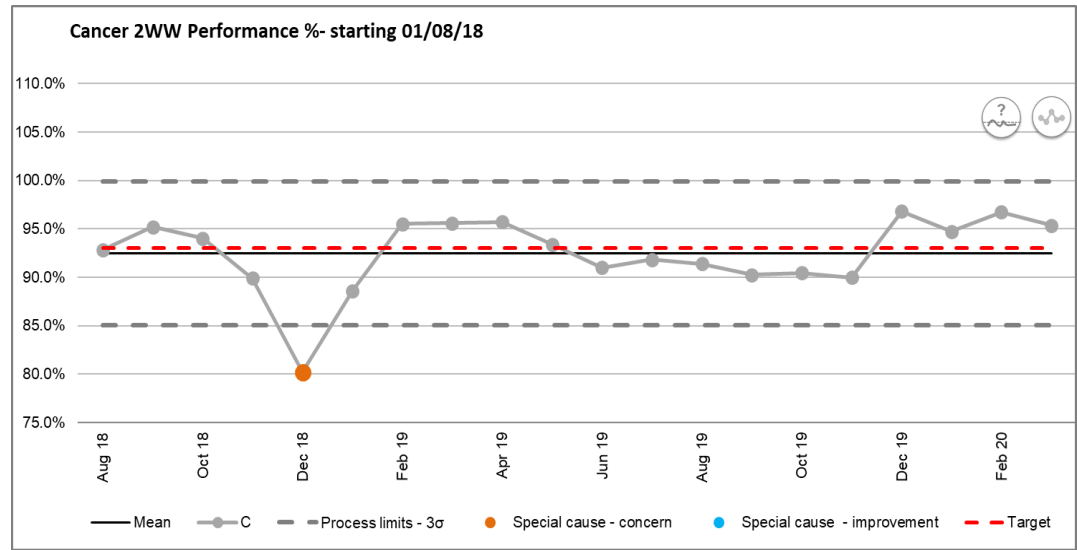
Metric	Mar 20	YTD	Target
Cancer 2WW Breast	**97.3%**	**95.9%**	**93%**

Performance has returned to a more stable level. Full year target achieved.

Cancer 2WW Symptomatic Breast Performance %- starting 01/08/18

Responsive – Cancer

University Hospitals of Leicester — NHS Trust

Metric	Mar 20	YTD	Target
Cancer 31 Day	**93.0%**	**92.8%**	**96%**

Unlikely to achieve target next month, performance is stable and underperforming.

Cancer 31 Performance %- starting 01/08/18
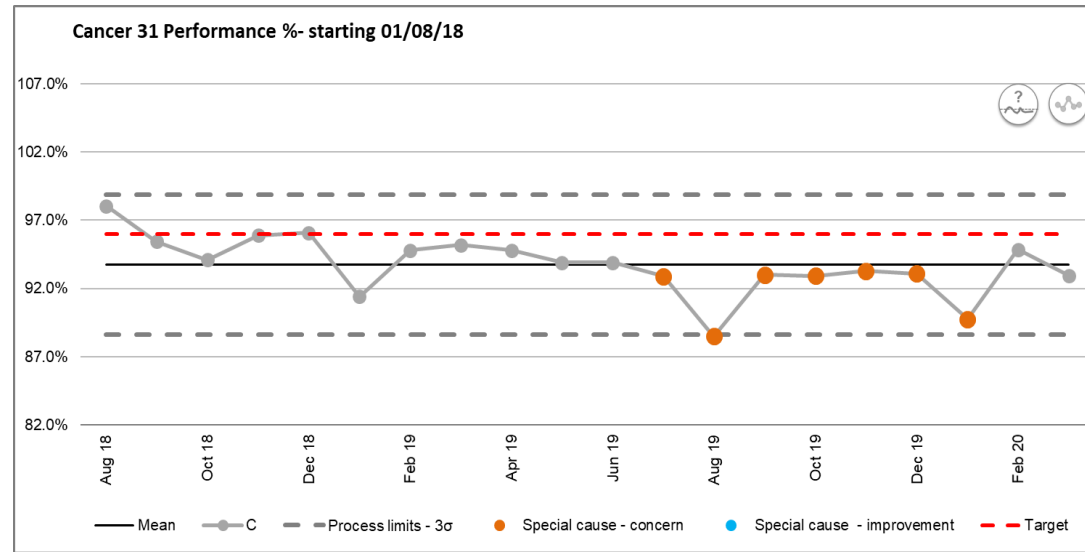
Metric	Mar 20	YTD	Target
Cancer 31 Day Drugs	**100%**	**99.6%**	**98%**

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

Cancer 31 Day:Anti Cancer Drug Treatments- starting 01/08/18
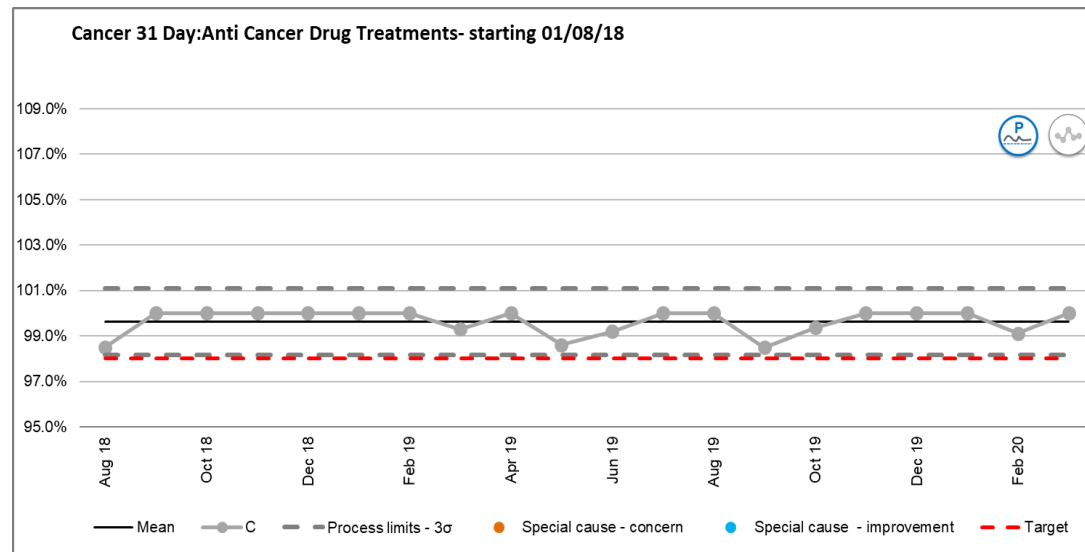
Responsive – Cancer

Metric	Mar 20	YTD	Target
Cancer 31 Surgery	**78.1%**	**81.1%**	**94%**

Normal variation, unlikely to deliver target.

Cancer 31 Day: Surgery- starting 01/08/18
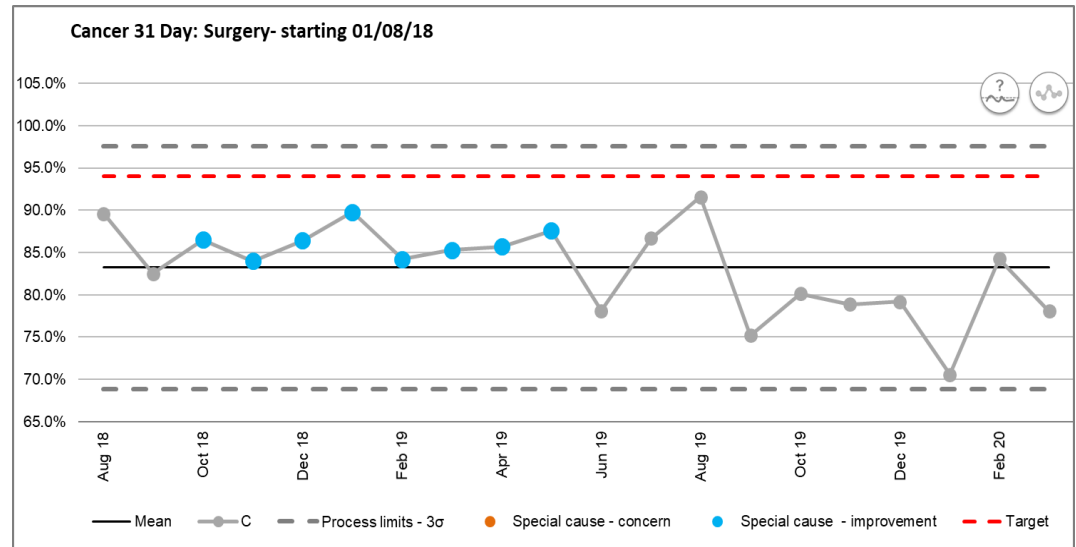
Metric	Mar 20	YTD	Target
Cancer 31 Day Radiotherapy	**77.1%**	**87.1%**	**94%**

Starting to see an improvement but remains a special cause concern

Cancer 31 Day: Radiotherapy- starting 01/08/18
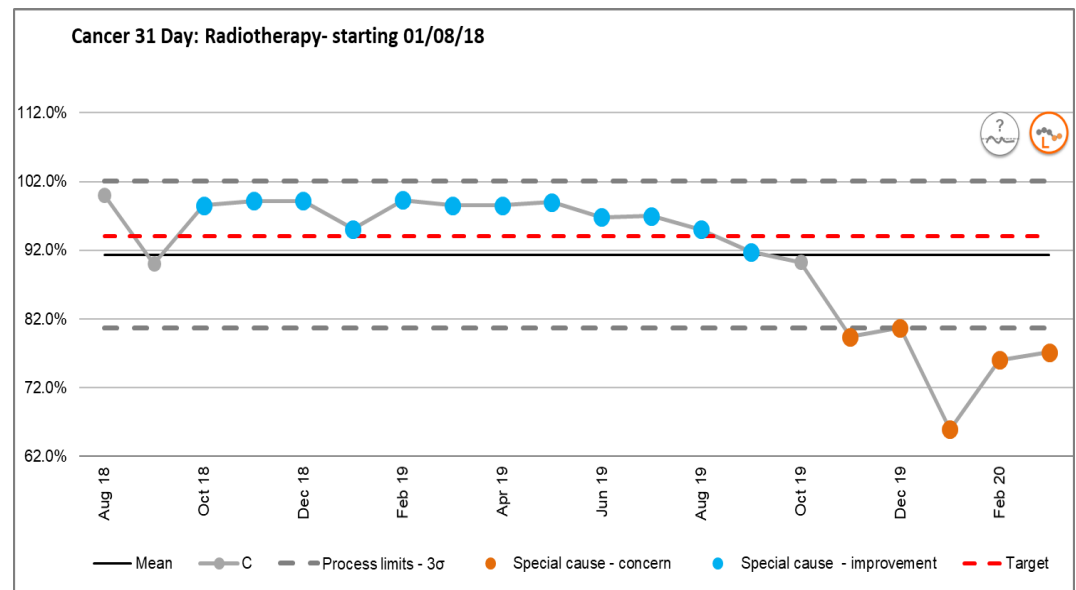
Responsive – Cancer

Metric	Mar 20	YTD	Target
Cancer 62 Day	**71.1%**	**73.6%**	**85%**

This metric is relatively stable. Target won't be delivered next month.

Cancer 62 Day Performance %- starting 01/08/18
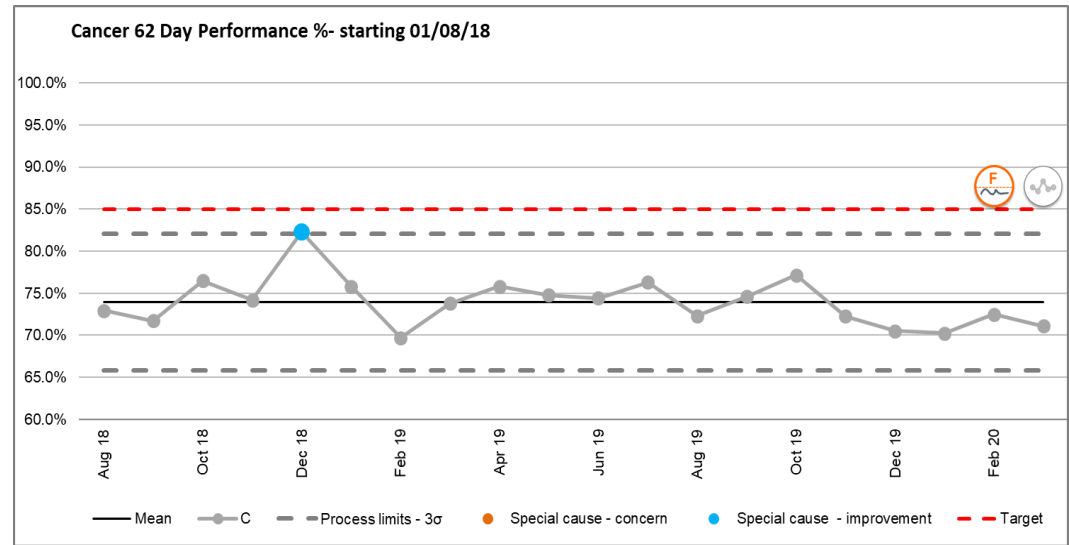
Metric	Mar 20	YTD	Target
Cancer 62 Day Consultant Screening	**85.7%**	**84.0%**	**90%**

Some variation but not significant.

Cancer 62 Day: Consultant Screening- starting 01/08/18
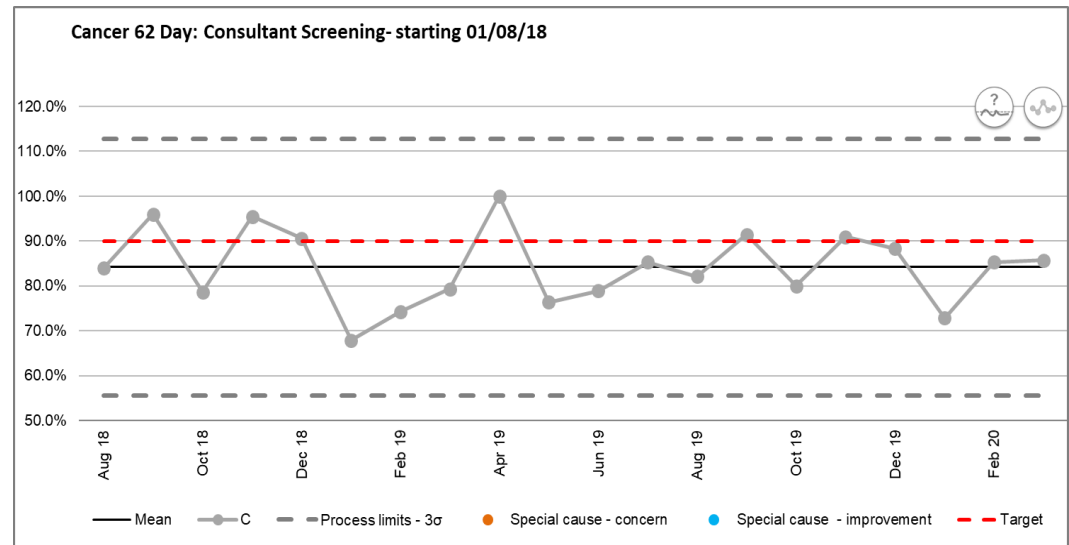
Outpatient Transformation

Metric	Apr 20	YTD	Target
% DNA Rate	**7.1%**	**7.1%**	**No National Target**

Common cause variation, March was above the upper control limit due to COVID-19.

DNA Rate- starting 01/09/18

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

Metric	Apr 20	YTD	Target
% Virtual clinic appointments	**9.6%**	**9.6%**	**No National Target**

This metric has improved recently, last month was above the upper control limit due to COVID-19.

% Virtual clinic appointments- starting 01/09/18

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

Outpatient Transformation

University Hospitals of Leicester
NHS Trust

Metric	Apr 20	YTD	Target
% 7 day turnaround of OP clinic letters	**89.9%**	**89.9%**	**90%**

Normal variation, 8 of the last 9 months have been above the mean. Unlikely to achieve target.

% 7 day turnaround of OP clinic letters- starting 01/09/18

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

Exception Reports

University Hospitals of Leicester **NHS**
NHS Trust

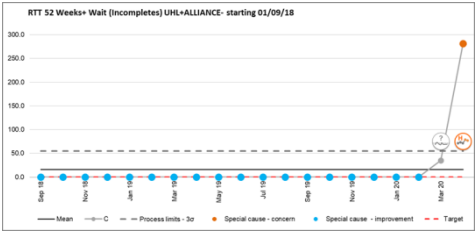| Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
Never Events	**20/21 Target – 0**		Misplaced NG tube that was used for feeding and administration of medication in AICU at the LRI in ITAPS CMG	Immediate actions taken as a result of this incident were: A safety notice was produced and distributed to all staff members within the ITAPS CMG advising them that this Never Event had occurred and reminding the staff about following the correct process for confirming placement of an NG tube before it is used. The Medical Director highlighted this incident on the Team UHL Leadership Huddle on 7th May 2020.
are a measure of the number of UHL never events at month end.	1 Never Event reported in April 2020.			

Exception Reports

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
Sickness absence	**19/20 Target – 3% or below**		• The increase in sickness absence can be attributed mostly to COVID-19 related sickness.	• Each CMG has an allocated person chasing Smart Part 2s to ensure these are timely and accurate.
UHL has a locally agreed sickness absence target of 3%.	Performance in March was 7.3% (8.0% excluding E&F)		• The increase is not as large as anticipated, but is likely to increase again for April.	• Making it All Happen meetings are still proceeding virtually in some areas to ensure non-COVID-19 related sickness is still being addressed.
			• We also know there is also a delay in updating / closing absences.	• HR Advisors continue to support managers with long-term sickness cases, including virtual sickness review meetings and socially distanced hearings.

Exception Reports

University Hospitals of Leicester **NHS** NHS Trust

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
% of Staff with Annual Appraisal (excluding facilities Services)	**20/21 Target – greater than 95%**	Annual Appraisal- starting 01/09/18	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 requiring significantly less time
Is the percentage of staff who have had their Annual Appraisal(excluding facilities Services)	Performance for April was 84.9%.		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

Exception Reports

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
No. of # Neck of femurs operated on 0-35 hrs - Based on Admissions	**20/21 Target – 72%**		April was a very challenging month for the Trauma department due to the operational pressure of COVID-19. Throughout April the Trauma service remained at the LGH to help free up additional capacity at the LRI.	Process has now been completed for direct transfers to LGH from ED for NOF patients. This will be required to be embedded further.
Is the percentage of Neck of femurs patients operated on within 0-35 hours of admission.	Performance for April was 28.3%.	No. of # Neck of femurs operated on 0-35 hrs- starting 01/09/18	The reduction in the amount of theatres at the LGH continued with very little movement to upscale when required this was due to the ITAPS team requirements on ITU. There was an increase in the amount of NOF patients in April.	Working with ITAPs to identify any additional capacity for NOF's currently running a NOF list at LGH but this has not been as effective due to all patient been having to recovered within the theatre settings and the complexity of COVID-19 related processes. Pathway for recovery completed. Inability to increase lists over a BH period ITAPS looking at future BHs to increase capacity.

Exception Reports

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
Urgent Care			Performance against the 4hr standard improved in April and has continued to the upturn into the first 2 weeks of May, though remains below the national target. Trusts National ranking against the 4 Hour ED target has shown month on month improvements.	The onset of COVID-19 pandemic has resulted a change of business continuity plans in order to ensure emergency bed capacity is available for the forecasted increase in cases over the next 3 months. UHL has taken down all non-urgent, routine elective surgery from 23/03/2020 to ensure bed capacity, including ICU capacity remains available.
	ED 4 Hour waits UHL performance was 86.7% in April	ED 4 Hour Wait Performance %- starting 01/09/18		
	ED 4 Hour waits LLR performance was 90.5% in April	ED 4 Hour Waits Acute Footprint- starting 01/09/18	Ambulance Handover times continue to be a key priority, has shown reduction in handover times in April and into May although still below National Standards. Our internal transformation plan sits alongside the LLR action plan to give a whole system approach to improving urgent and emergency care.	CMG working through plans to understand how care can be delivered in the future, there is a key focus on the space required to deliver urgent care.
	Ambulance Handover >60 Mins performance was 1.0% in April	Ambulance Handover >60mins- starting 01/09/18	There has been a significant reduction in the daily demand due to the current climate of COVID-19 compared to level pre-COVID-19 but this has started to rise again which is putting significant pressure on ED	

Exception Reports

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
RTT - Incomplete 92% in 18 Weeks UHL + Alliance	**20/21 Target – 92%**		NHS Planning Guidance for 2019/20 focuses on waiting list reduction over compliance with the 18 week national standard.	As part of the Trusts response to COVID-19 all non essential elective procedures are to be cancelled in order to free emergency medical bed capacity.
Is the percentage of patients currently on an RTT pathway waiting less than 18 weeks .	Performance for April was 69.4%.	RTT - Incomplete 92% in 18 Weeks UHL+ALLIANCE- starting 01/09/18	Reduced clinical capacity due pension change has impacted on UHL's RTT% against trajectory and also the 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.

Since the beginning of March there has been a significant increase in the percentage of outpatient been treated through telephone consultations.
There was a significant increase within the first half of March but as stabilized at around 37% for UHL and 56% for the Alliance. Through UHL and the Alliance implementing a range of steps to the number of patients attending the Trust it has helped us to support the Social Distancing guidelines by reducing the amount of footfall at our sites. | Where possible out patient clinics are being converted from face to face to virtual telephone clinics.

Waiting list is carried on been validated to align with national guidance and trust policy. |

Exception Reports

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
RTT 52+ Weeks Wait Is the total number of patients currently on an RTT pathway waiting 52+ weeks.	**20/21 Target – 0** At the end of April, 281 patients were waiting over 52 weeks on an RTT pathway.	RTT 52 Weeks+ Wait (Incompletes) UHL+ALLIANCE- starting 01/09/18	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. All non-urgent elective work has been cancelled which has led to a number of 52 week breaches. This is grow significantly over the next few months until the organization is able to commence doing elective work again. Between March and July we are expecting to have around 1200 52+ week breaches. This will have a significant impact on patient care for the foreseeable future and in turn on the University of Hospitals performance against national targets.	Identify capacity requirements to be able to recover the position once elective work can start again. Contact all patients who have breached to understand if any of them no longer require the procedure. Once we are able to start operating again.

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 April was 36.5%.	 6 Week - Diagnostic Test Waiting Times (UHL+ALLIANCE)- starting 01/09/18	All non-essential activity has been cancelled to help comply with social distancing and reduce footfall within the hospitals. This has had a very big impact within April due to it been the first full month of COVID-19, this will carry on to be challenging over the next few months. This position will carry on to grow as very limited amount of the diagnostics will be seen. Some service have been suspended such as Pain and Audiology. These patient will carry on to breach until the service resumes or they can be managed by the access policy	• Patient are been managed in-line with national guidance and trust policy • Plans are been developed to understand requirements to be able to improve the position by specialty. • Independent sector is been used where possible to improve the diagnostic position

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 01/09/18	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.	• 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. • Increase the utilization of IP sector capacity • Work with ITAP's to understand additional theatre capacity by specialty
Is the number of cancelled patients OTD not offered a new date within 28 days of the cancellation at UHL or the Alliance	85 patients were not offered a new day within 28 days in April.			

Exception Reports – Cancer

University Hospitals of Leicester **NHS**

NHS Trust

Performance	Key Messages	Key Actions
See additional slide	In March we achieved 3 standards against the national targets	Teams are focusing on plans fro increasing activity with social distancing
	We have seen a decrease in cancer referrals and a decrease in patients wanting to come to hospital appointments	Use of the IS sector has started to allow a green site to be utilised
	Changes have been made to pathways as recommended by the National and society guidance	Re start of screening services
	CNS Support to patients has remained in place to ensure patients receive the support they require	Continuation of good practice that we have seen eg telephone appointments
	We have continued chemotherapy and radiotherapy as a Trust where other hospitals have stopped this service	We are working with EMCA as a cancer hub to establish if regional capacity is available
		Focus on procedures such as endoscopy which now requires down time between procedures so less capacity
		A restart of surgery as anesthetists become available

Cancer performance March 2020

Standard	Target	Position
2WW	93%	95.4
2WW Breast	93%	97.3
31 Day 1st Treatments	96%	93
31 Day SUB Surgery	94%	78.1
31 Day DRUGS	98%	100
31 Day Radiotherapy	94%	77.1
62 Day	85%	71.1
62 Day Screening	90%	85.7
Consultant upgrade	85%	68.9

Exception Reports

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
% 7 day turnaround of OP clinic letters UHL has a locally agreed target of 90%.	**20/21 Target – 90% or above** Performance for April was 89.9%	 % 7 day turnaround of OP clinic letters- starting 01/09/18	• 9% improvement in performance from March • Overall backlogs reduced in most areas • Substantial amounts of letters still generated in month despite reduced capacity • Low staffing levels in some areas due to COVID-19 creating typist shortages	Continued DIT3 implementation to increase turnaround speeds and improve monitoring abilities