

Quality and Performance Report

Author: John Roberts Sponsor: Chief Executive

Executive Summary from 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	
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	28/01/20	Discussion and Assurance
Trust Board Committee	30/01/20	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.

Question

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

Conclusion

Good News:

- **Mortality** – the latest published SHMI (period October 2018 to September 2019) is 96, and remains within the expected range.
- **52+ weeks wait** – has been compliant for 19 consecutive months
- **Delayed transfers of care** - remain within the tolerance.
- **CAS alerts** - compliant.
- **MRSA** – 0 cases reported.
- **Pressure Ulcers** - 0 **Grade 4**, 0 **Grade 3** and 6 **Grade 2** reported during January.
- **Inpatient and Day Case Patient Satisfaction (FFT)** achieved 97% which is above the national average.
- **90% of Stay on a Stroke Unit** – threshold achieved with 85.5% reported in December.
- **TIA (high risk patients)** – threshold achieved with 76.8% reported in January.
- **Cancer Two Week Wait** was 96.8% in December against a target of 93%.
- **2 Week Wait Cancer Symptomatic Breast** was 97.8% in December.
- **Annual Appraisal** is at 91.8%.

Bad News:

- **UHL ED 4 hour performance** – 64.0% for January, system performance (including LLR UCCs) for January is 76.5%.
- **12 hour trolley wait** - 18 breaches reported.
- **Ambulance Handover 60+ minutes (CAD)** – performance at 24.3%.
- **Diagnostic 6 week wait** – standard not achieved in January.
- **C DIFF** – 11 cases reported this month.
- **Single Sex Accommodation Breaches** – 3 reported in January.
- **Cancer 31 day treatment** was 93.1% in December against a target of 96%.
- **Cancer 62 day treatment** was 70.5% in December against a target of 85%.
- **Referral to treatment** – the number on the waiting list (now the primary performance measure) was above the NHSE/I trajectory and 18 week performance was below the NHS Constitution standard at 80.1% at the end of January.
- **Cancelled operations OTD** - 1.3% reported in January.
- **Patients not rebooked within 28 days following late cancellation of surgery** - 64.
- **Statutory and Mandatory Training** compliance has decreased to 92%

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:

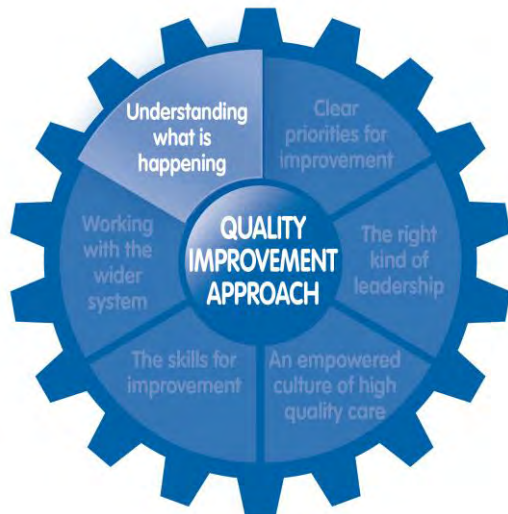
Does this paper reference a risk event?	Select (X)	Risk Description:
Strategic: Does this link to a <i>Principal Risk</i> on the BAF?	X	Failure to deliver key performance standards for emergency, planned and cancer care.
Organisational: Does this link to an <i>Operational/Corporate Risk</i> on Datix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

5. Scheduled date for the **next paper** on this topic: 26th March 2020
 6. Executive Summaries should not exceed **5 sides** My paper does comply



Quality and Performance Report

January 2020



One team shared values

Operational Delivery Unit



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UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

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

DATE: 27th February 2020

REPORT BY: ANDREW FURLONG, MEDICAL DIRECTOR

REBECCA BROWN, CHIEF OPERATING OFFICER

CAROLYN FOX, CHIEF NURSE

HAZEL WYTON, DIRECTOR OF PEOPLE AND ORGANISATIONAL DEVELOPMENT

SUBJECT: JANUARY 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.

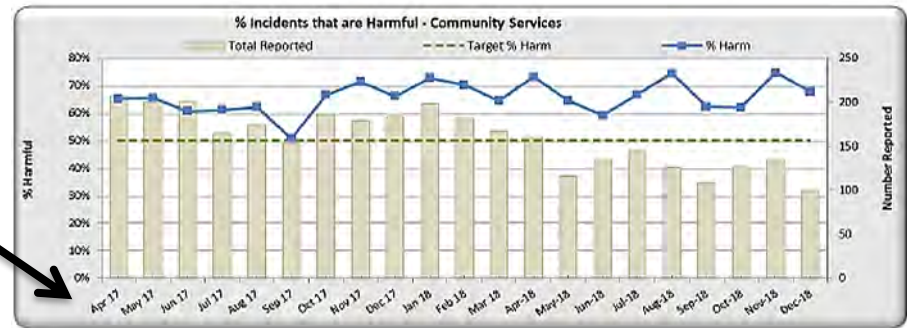
Within an SPC chart there are three different patterns to identify:

- 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



One team shared values



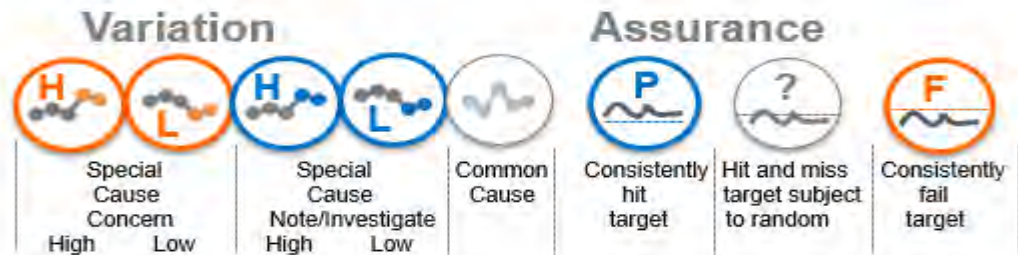
Key elements of a SPC dashboard

Narrative support that supports SPC theory

Summary icons and a top level summary view

Comment

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



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

One team shared values



Performance Overview

Domain	KPI	Target	Nov-19	Dec-19	Jan-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Safe	Never events	0	0	0	0	2				Jan-20
	Overdue CAS alerts	0	0	0	0	1				Nov-19
	% of all adults VTE Risk Assessment on Admission	95%	98.2%	98.5%	98.2%	98.1%				Dec-19
	Emergency C-section rate	No Target	21.4%	19.7%	19.1%	19.6%				Feb-20
	Clostridium Difficile	108	5	11	11	88				Nov-17
	MRSA Total	0	0	1	0	3				Nov-17
	E. Coli Bacteraemias Acute	No Target	9	2	12	81				Jun-18
	MSSA Acute	No Target	5	1	5	31				Nov-17

One team shared values



Performance Overview

Domain	KPI	Target	Nov-19	Dec-19	Jan-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Safe	All falls reported per 1000 bed stays	6.02	3.9	4.1		4.5				Jun-18
	Rate of Moderate harm and above Falls PSIs with finally approved status per 1,000 bed days	No Target	0.1	0.0		0.1				TBC
	Avoidable pressure ulcers G4	0	0	0	0	0				Aug-17
	Avoidable pressure ulcers G3	3	0	1	0	2				Aug-17
	Avoidable pressure ulcers G2	7	3	4	6	47				Aug-17

One team shared values



Performance Overview

Domain	KPI	Target	Nov-19	Dec-19	Jan-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Caring	Staff Survey Recommend for treatment	No Target	67%	67%		73%				Aug-17
	Single Sex Breaches	0	0	0	3	13				Dec-16
	Inpatient and Daycase F&F Test % Positive	96%	97%	97%	97%	97%				Jun-17
	A&E F&F Test % Positive	94%	91%	92%	97%	94%				Jun-17
	Maternity F&F Test % Positive	96%	94%	96%	95%	94%				Jun-17
	Outpatient F&F Test % Positive	94%	95%	96%	95%	95%				Jun-17
	Complaints per 1,000 staff (WTE)	No Target	Q3 Available March			49.5				Jan-20

One team shared values



Performance Overview

Domain	KPI	Target	Nov-19	Dec-19	Jan-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Well Led	Staff Survey % Recommend as Place to Work	No Target	62%	62%		61.0%				Sep-17
	Turnover Rate	10%	8.9%	8.7%	8.7%	8.7%				Nov-19
	Sickness Absence	3%	4.4%	4.7%		4.0%				Oct-16
	% of Staff with Annual Appraisal	95%	91.8%	92.3%	91.8%	91.8%				Dec-16
	Statutory and Mandatory Training	95%	94%	93%	92%	92%				Feb-20
	Nursing Vacancies	No Target	11.2%	10.0%	9.7%	9.7%				Dec-19

One team shared values



Performance Overview

Domain	KPI	Target	Nov-19	Dec-19	Jan-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Effective	Mortality Published SHMI	99	98	97	96	96 (Oct 18 to Sept 19)				Sep-16
	Mortality 12 months HSMR	99	94	95	95	95 (Oct 18 to Sept 19)				Sep-16
	Crude Mortality Rate	No Target	1.2%	1.2%	1.3%	1.1%				Sep-16
	Emergency Readmissions within 30 Days	8.5%	8.9%	9.3%		9.0%				Jun-17
	Emergency Readmissions within 48 hours	No Target	1.1%	1.0%		1.1%				Jun-17
	No of #neck of femurs operated on 0-35hrs	72%	70.4%	72.4%	54.4%	70.3%				Jul-17
	Stroke - 90% Stay on a Stroke Unit	80%	89.9%	85.5%		87.3%				Apr-18
	Stroke TIA Clinic Within 24hrs	60%	78.4%	64.0%	76.8%	69.6%				Apr-18

One team shared values



Performance Overview

Domain	KPI	Target	Nov-19	Dec-19	Jan-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Responsive	ED 4 hour waits UHL	95%	63.5%	61.1%	64.0%	69.2%				Sep-18
	ED 4 hour waits Acute Footprint	95%	74.6%	73.0%	76.5%	78.6%				Aug-17
	12 hour trolley waits in A&E	0	2	24	18	45				Mar-19
	Ambulance handover >60mins	0.0%	19.9%	21.0%	24.3%	12.8%				TBC
	RTT Incompletes	92%	80.7%	81.0%	80.1%	80.1%				Nov-19
	RTT Wating 52+ Weeks	0	0	0	0	0				Nov-19
	Total Number of Incompletes	64404 (by year end)	65,163	66,925	66,397	66,397				Nov-19

One team shared values



Performance Overview

Domain	KPI	Target	Nov-19	Dec-19	Jan-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Responsive	6 Week Diagnostic Test Waiting Times	1.0%	0.8%	1.0%	1.7%	1.7%				Nov-19
	Cancelled Patients not offered <28 Days	0	40	46	64	562				Nov-19
	% Operations Cancelled OTD	1.0%	1.4%	1.4%	1.3%	1.3%				Jul-18
	Delayed Transfers of Care	3.5%	1.9%	2.1%	1.9%	1.8%				Oct-17
	Long Stay Patients (21+ days)	135	173	173	179	179				TBC
	Inpatient Average LOS	No Target	3.6	3.8	3.7	3.5				TBC
	Emergency Average LOS	No Target	4.7	4.8	5.0	4.6				TBC

One team shared values



Performance Overview

Domain	KPI	Target	Oct-19	Nov-19	Dec-19	YTD	Assurance	Variation	Trend	Data Quality Assessment
Responsive - Cancer	2WW	93%	90.5%	90.0%	96.8%	92.3%				Dec-19
	2WW Breast	93%	97.9%	97.7%	97.8%	96.0%				Dec-19
	31 Day	96%	92.9%	93.3%	93.1%	92.9%				Dec-19
	31 Day Drugs	98%	99.4%	100%	100%	99.5%				Dec-19
	31 Day Sub Surgery	94%	80.2%	78.9%	79.2%	82.3%				Dec-19
	31 Day Radiotherapy	94%	90.3%	79.4%	80.7%	92.2%				Dec-19
	Cancer 62 Day	85%	77.1%	72.2%	70.5%	74.4%				Dec-19
	Cancer 62 Day Consultant Screening	90%	80.0%	90.9%	88.3%	85.2%				Dec-19

One team shared values



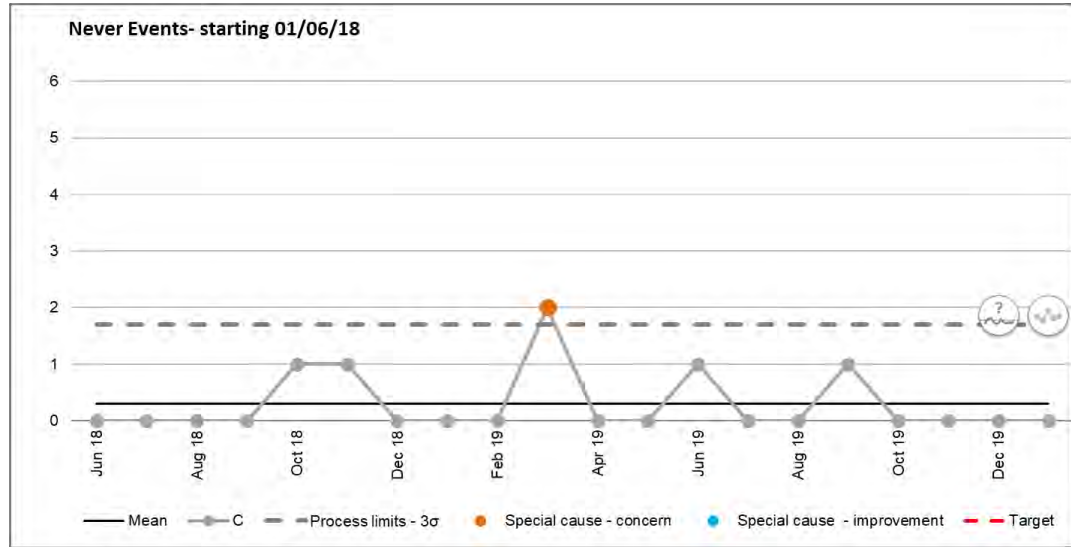
Performance Overview

Domain	KPI	Target	Nov-19	Dec-19	Jan-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Outpatient Transformation	% DNA rate	No Target	7.3%	7.2%	6.9%	6.9%				Feb-20
	% Virtual clinic appointments	No Target	6.1%	6.5%	6.5%	5.8%				Feb-20
	% 7 day turnaround of OP clinic letters	90%	84.7%	76.3%	82.5%	77.6%				Feb-20

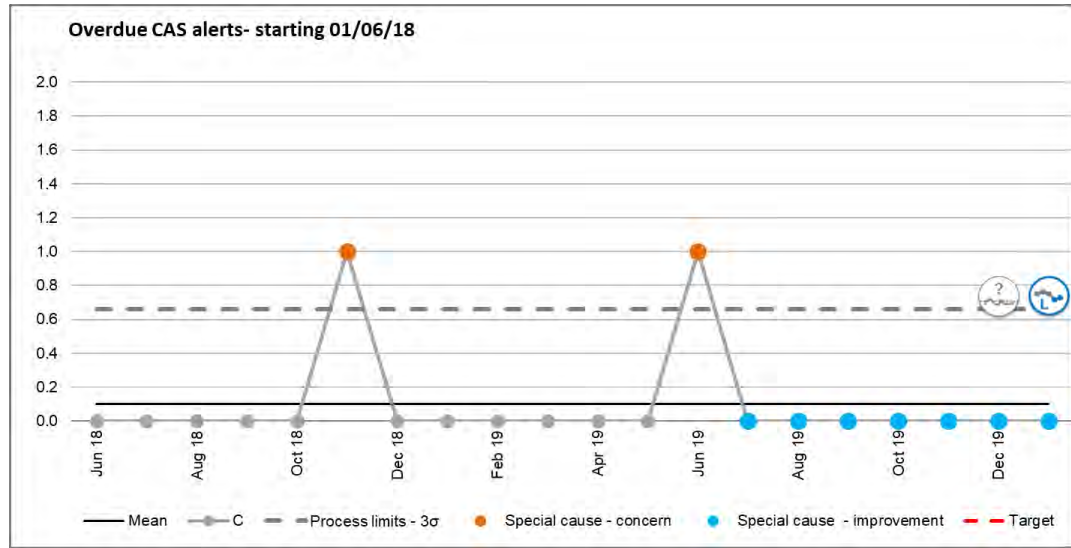
One team shared values



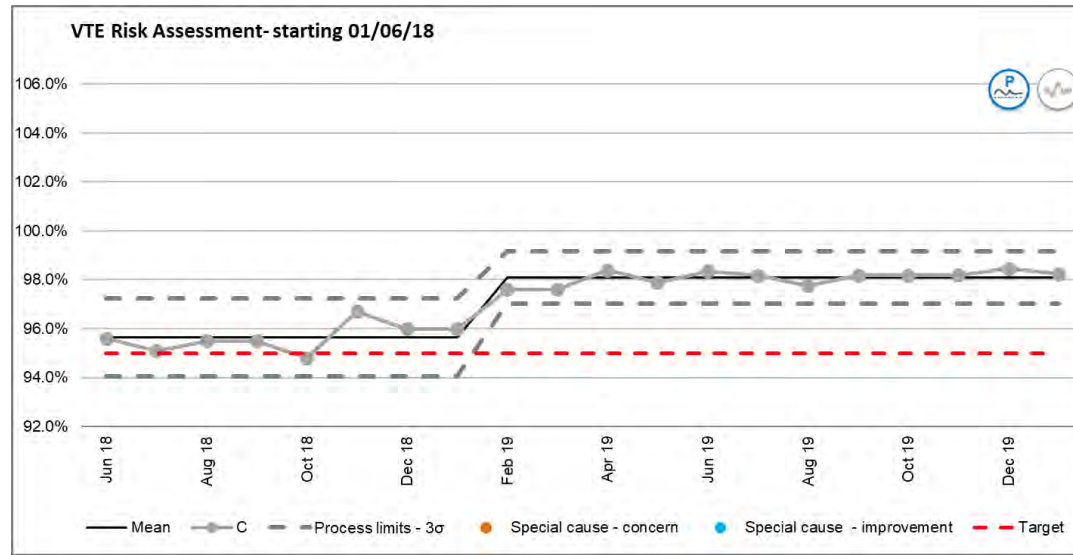
Metric	Jan 20	YTD	Target
Never Events	0	2	0
4 never events in the last 12 months.			



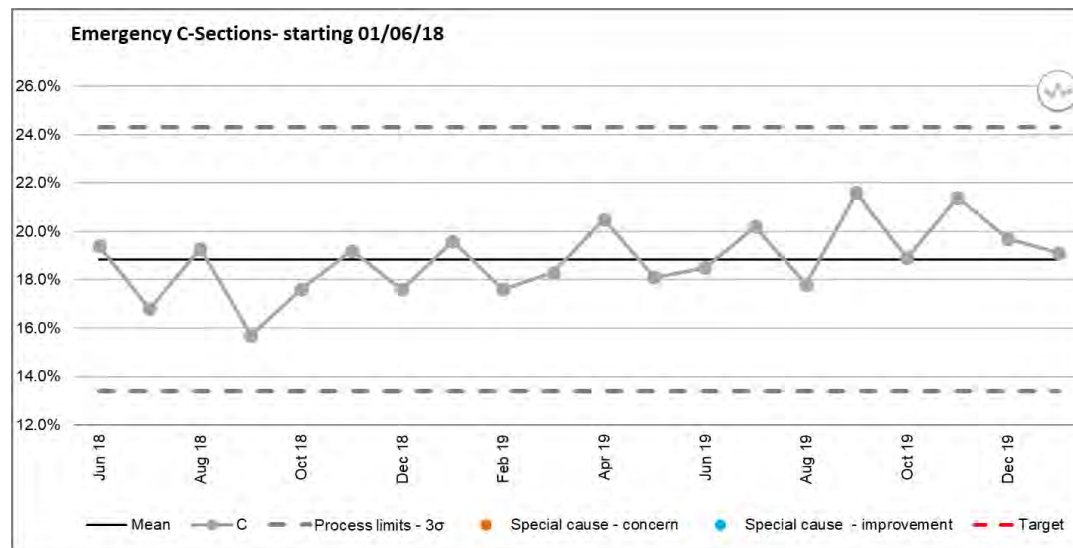
Metric	Jan 20	YTD	Target
Overdue CAS alerts	0	1	0
Full year target can no longer be achieved due to 1 breach in June 19.			



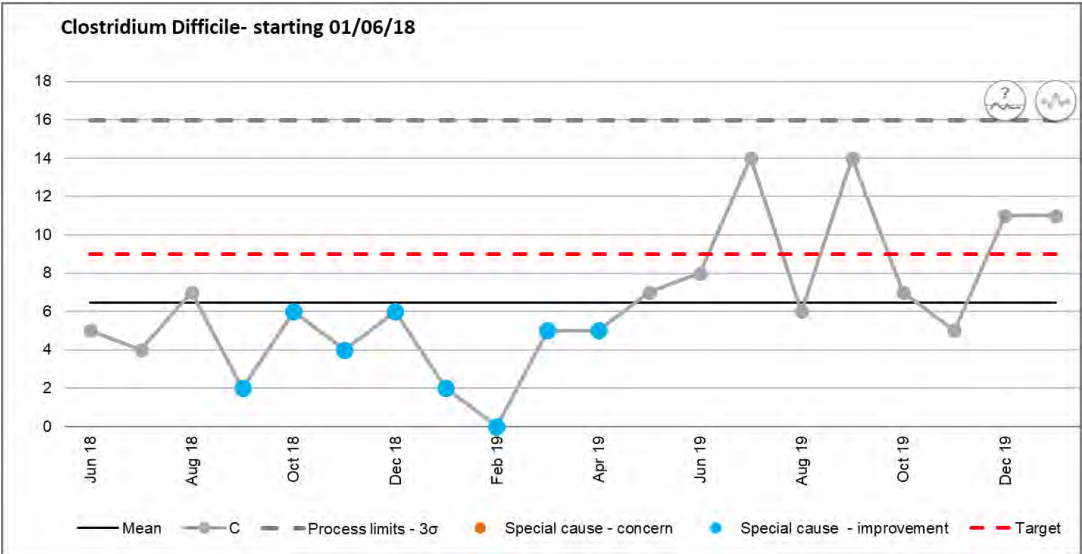
Metric	Jan 20	YTD	Target
VTE Risk Assessment	98.2%	98.1%	95%
<p>This metric has improved significantly in the last 12 months. Likely to achieve target again next month.</p>			



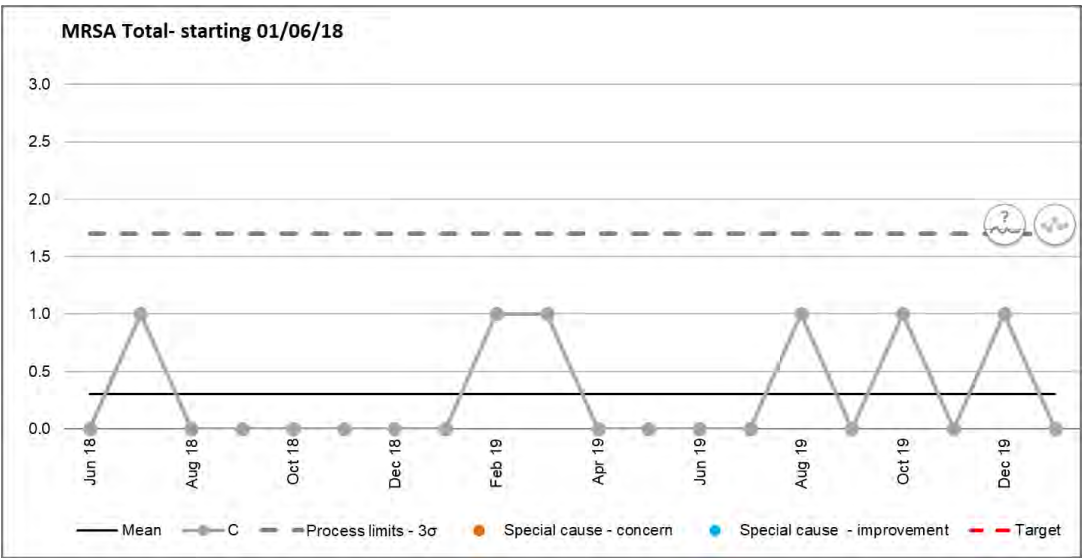
Metric	Jan 20	YTD	Target
% Emergency C-Sections	19.1%	19.6%	No National Target
<p>This metric is not varying significantly from the mean.</p>			



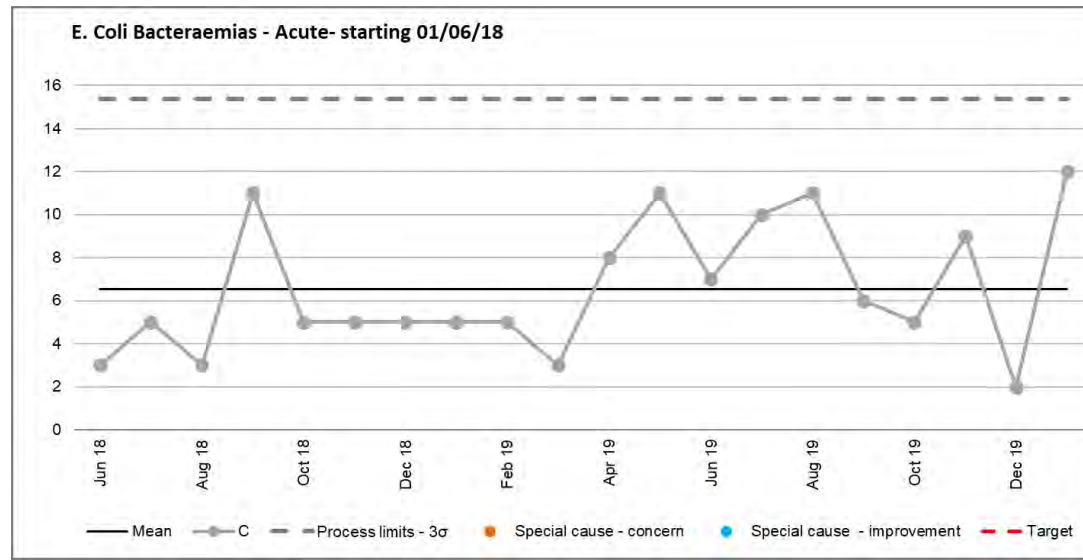
Metric	Jan 20	YTD	Target
Clostridium Difficile	11	77	108
<p>This metric is relatively stable. May achieve target next month.</p>			



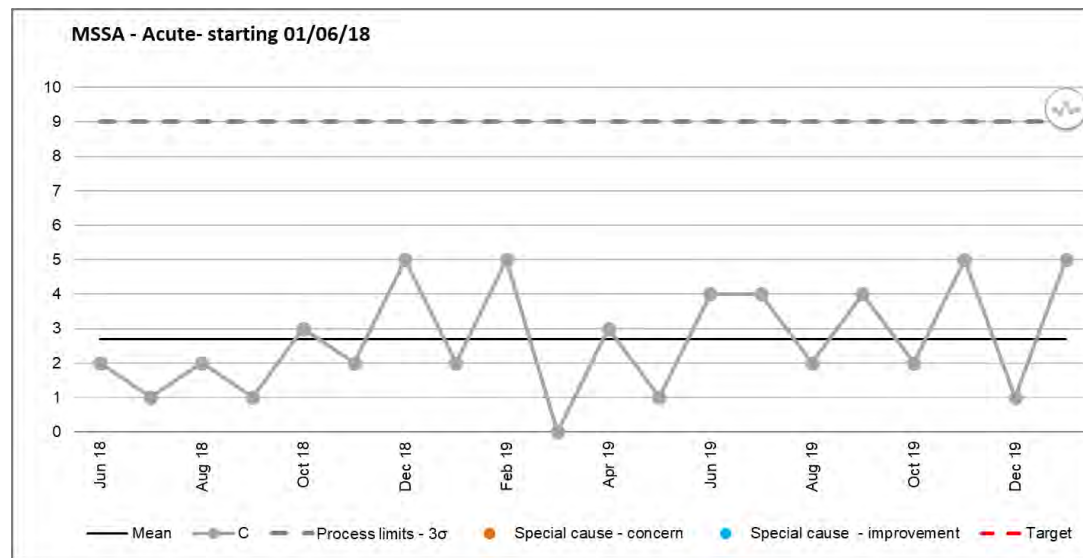
Metric	Jan 20	YTD	Target
MRSA Total	0	3	0
<p>Target is zero and there has already been 3 YTD it is now impossible to achieve the full year target.</p>			



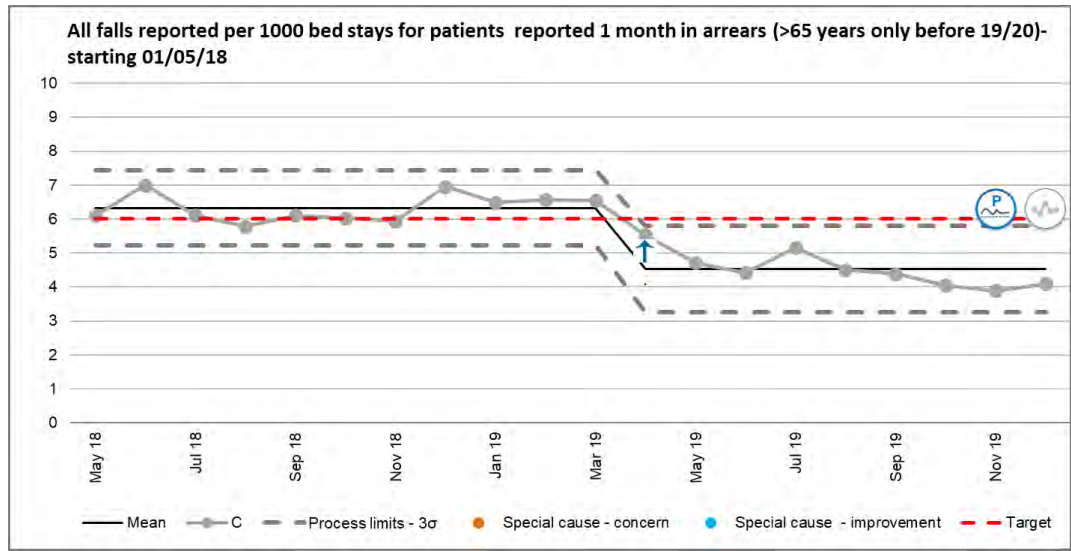
Metric	Jan 20	YTD	Target
E. Coli Bacteraemias - Acute	12	69	No National Target
No significant variation.			



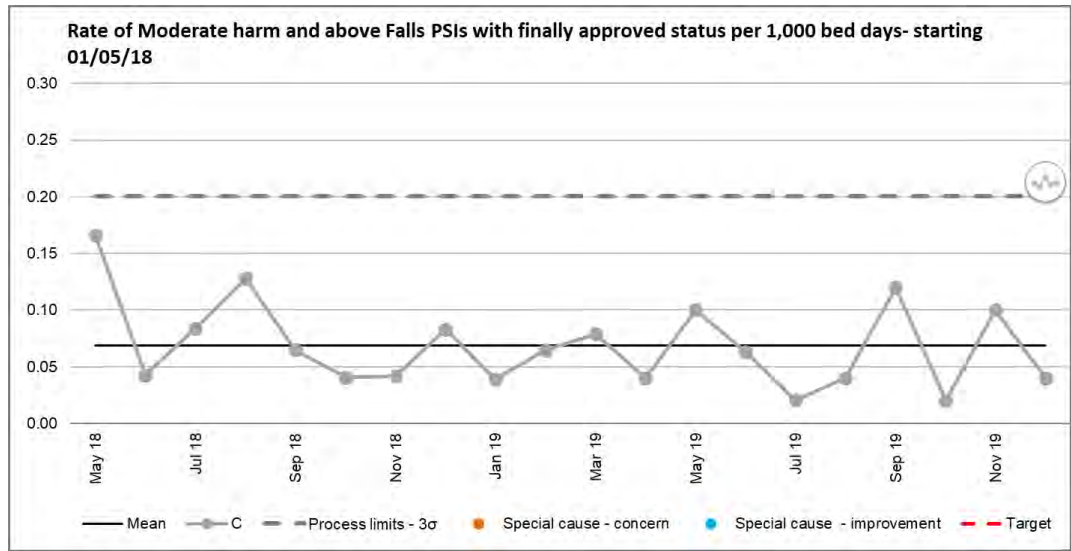
Metric	Jan 20	YTD	Target
MSSA - Acute	5	31	No National Target
Normal variation.			



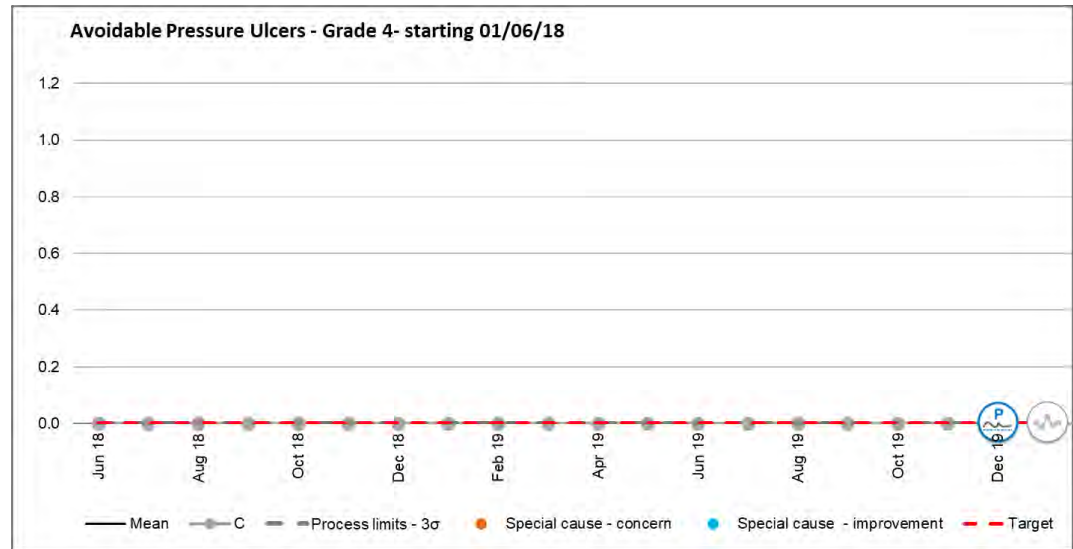
Metric	Dec 19	YTD	Target
All falls reported per 1000 bed stays for patients	4.1	4.5	6.02
This metric has improved after a step change in April 19.			



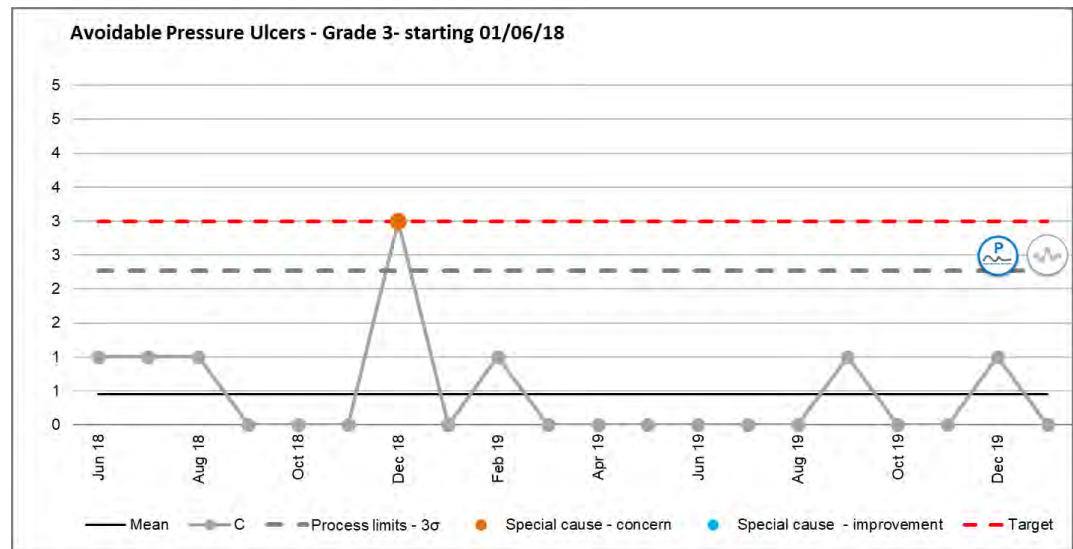
Metric	Dec 19	YTD	Target
Rate of Moderate harm and above Falls PSIs with finally approved status per 1,000 bed days	0.04	0.06	No National Target
No significant variation.			



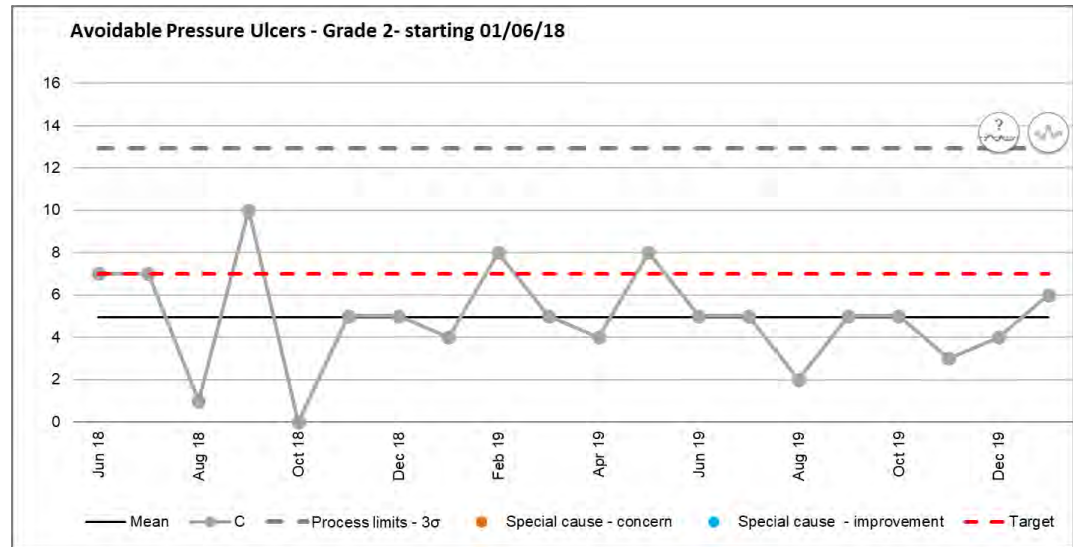
Metric	Jan 20	YTD	Target
Avoidable Pressure Ulcers - Grade 4	0	0	0
<p>Very likely achieve target again next month as there have been no grade 4 pressure ulcers reported since June 17.</p>			



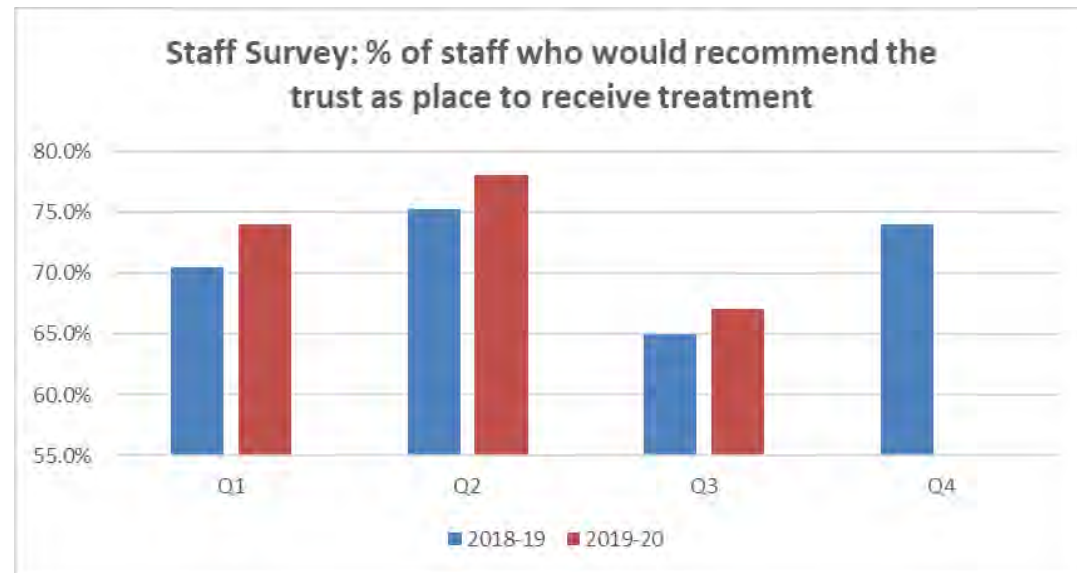
Metric	Jan 20	YTD	Target
Avoidable Pressure Ulcers - Grade 3	0	2	≤ 3 a Mth
<p>Barring the spike in December 18 this metric has remained reasonably stable, likely to continue to achieve target next month.</p>			



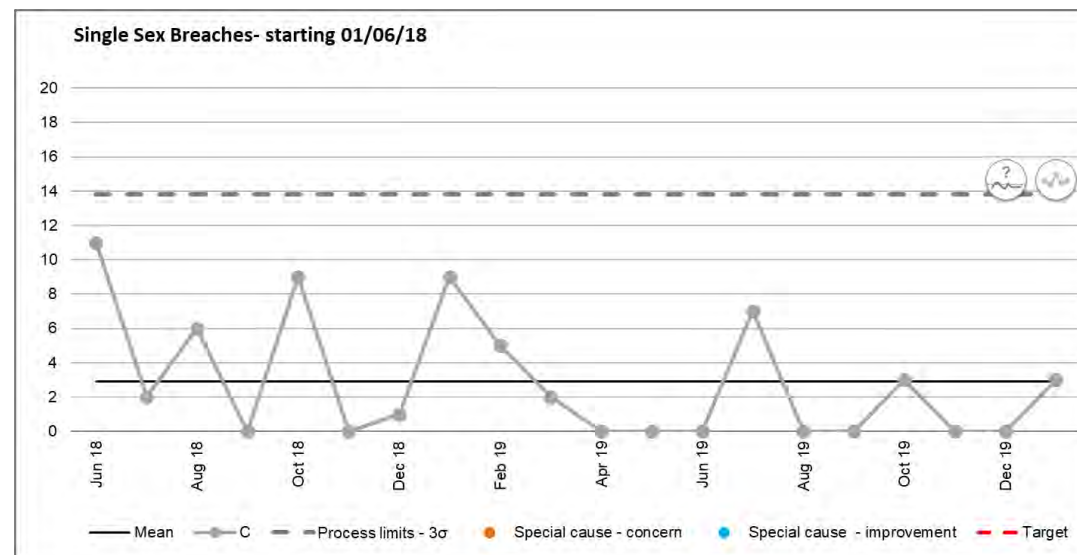
Metric	Jan 20	YTD	Target
Avoidable Pressure Ulcers - Grade 2	6	47	<= 7 a Mth
Normal variation observed. Potential to achieve target next month but not a certainty.			



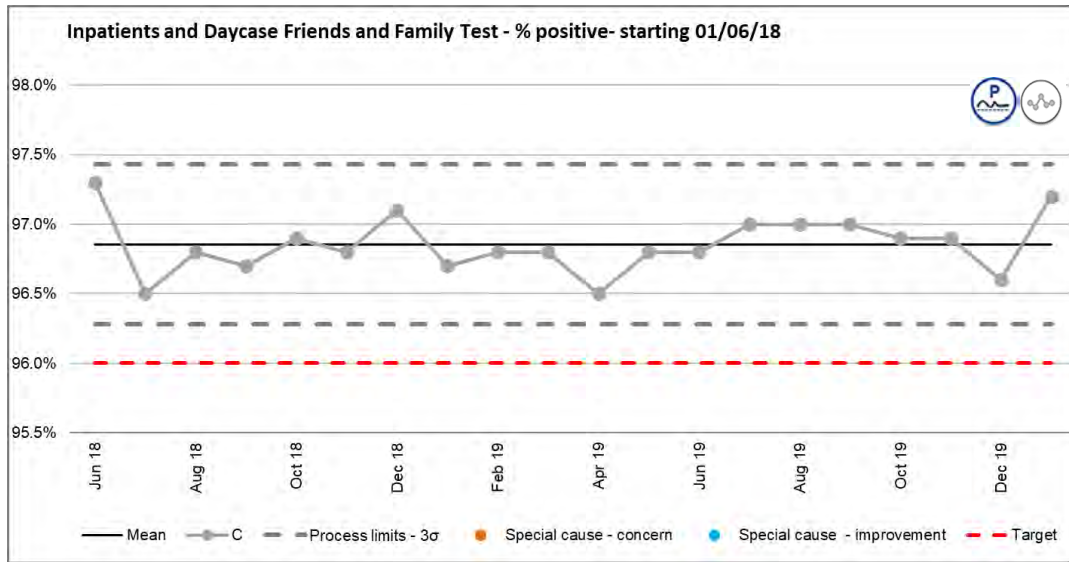
Metric	Q3 19/20	YTD	Target
% of staff who would recommend the trust as place to receive treatment	67%	73%	No National Target
Performance this year so far is higher than last year.			



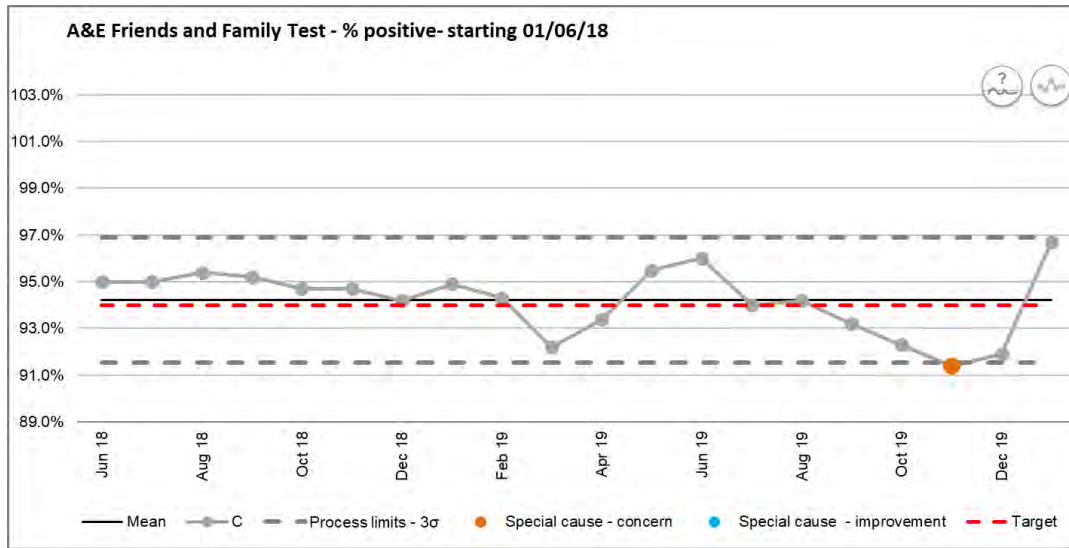
Metric	Jan 20	YTD	Target
Single Sex Breaches	3	13	0
No assurance target will be delivered next month. Full year target has already breached.			



Metric	Jan 20	YTD	Target
Inpatient and Day case F&F Test % Positive	97%	97%	96%
<p>Headline performance rounded up as per NHSI/E reporting. This metric is stable and is very likely to achieve target next month.</p>			



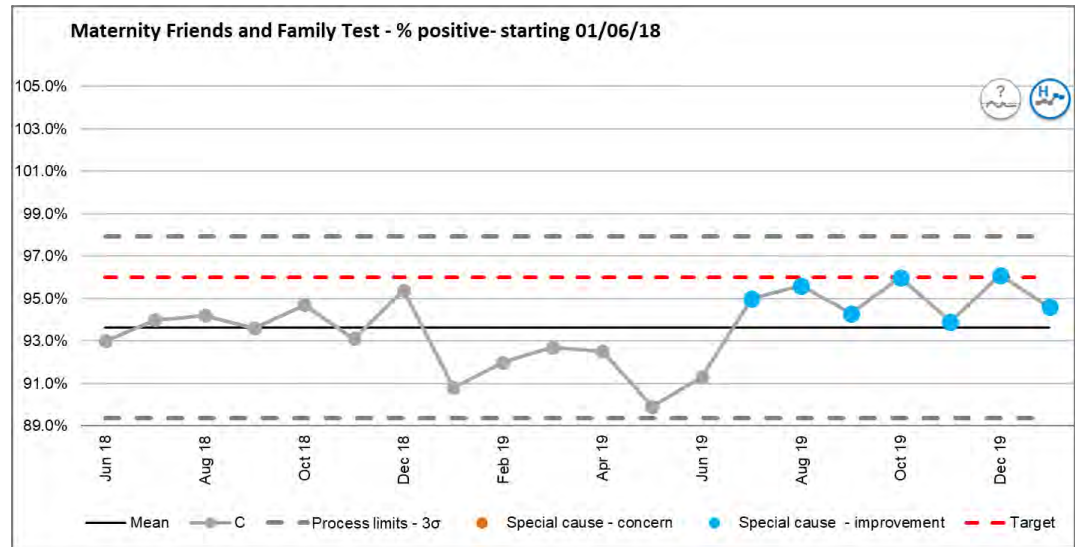
Metric	Jan 20	YTD	Target
A&E F&F Test % Positive	97%	94%	94%
<p>This metric has improved following a recent deterioration, the target may be achieved next month.</p>			



Metric	Jan 20	YTD	Target
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Maternity F&F Test % Positive	95%	94%	96%
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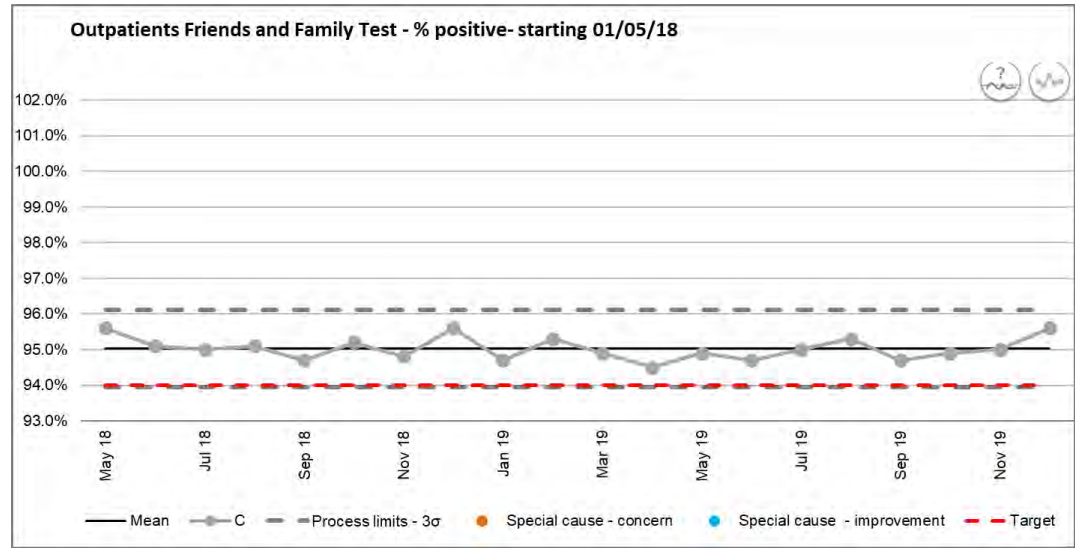
This metric has shown significant improvement in recent months. Unlikely to achieve target next month.



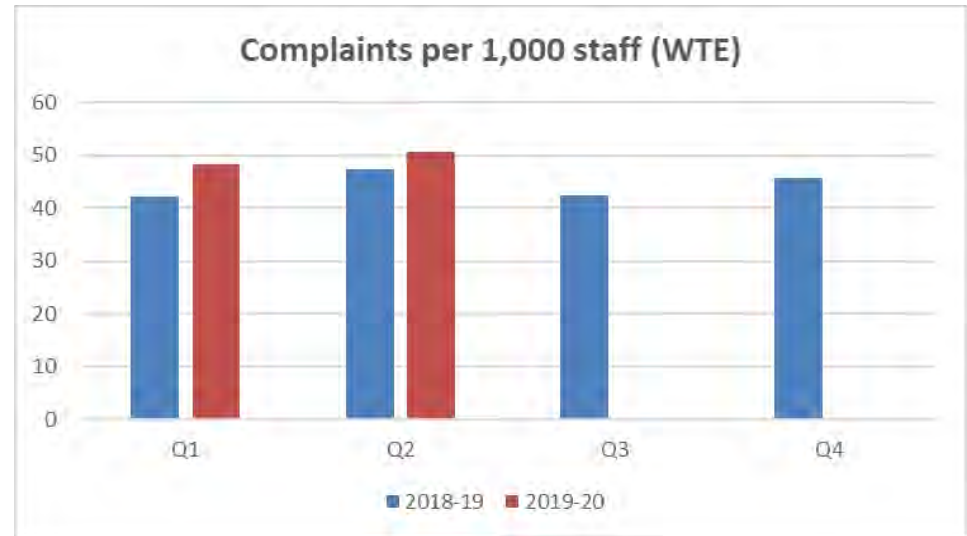
Metric	Jan 20	YTD	Target
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Outpatients Friends and Family Test - % positive	95%	95%	94%
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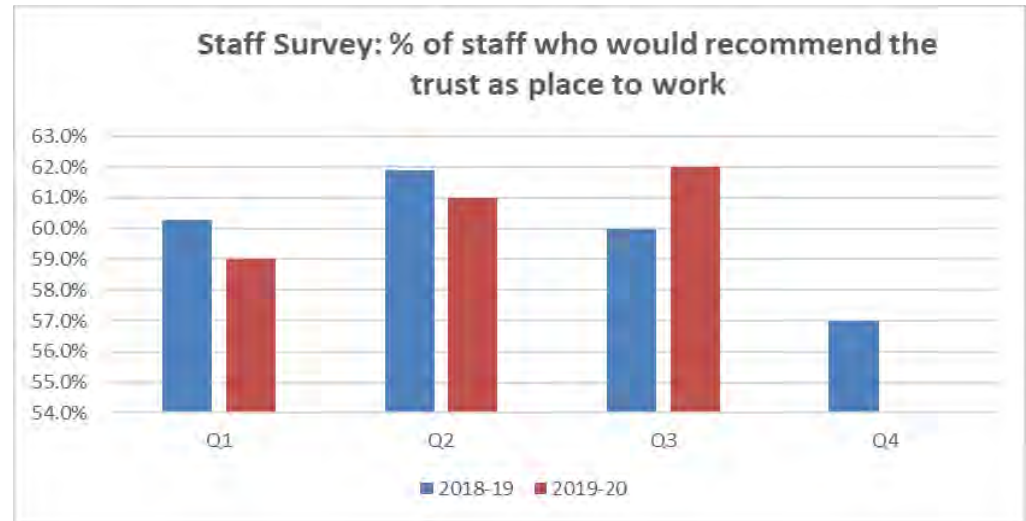
This metric is not changing significantly and is likely to achieve target next month.



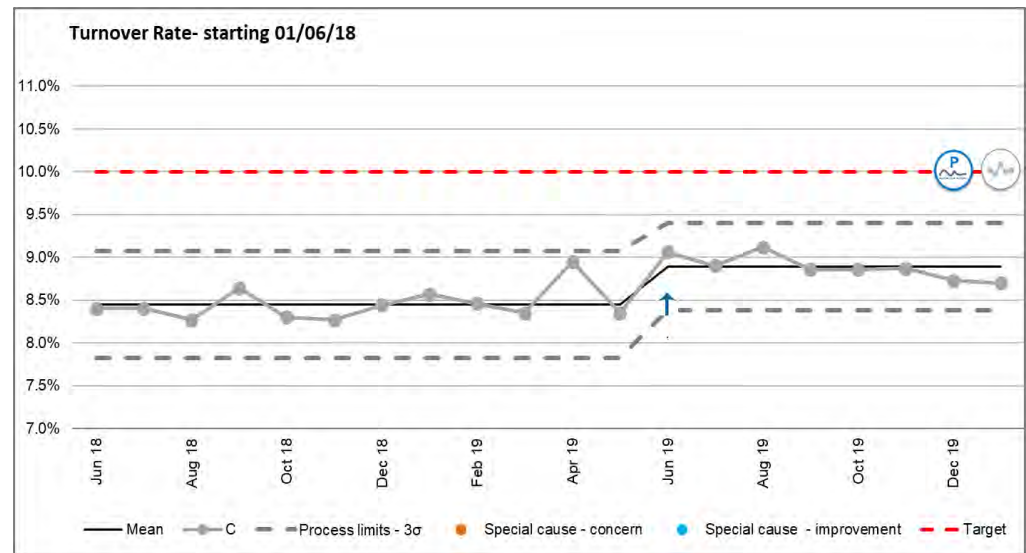
Metric	Q2	YTD	Target
Complaints per 1,000 staff (WTE)	50.8	49.5	No National Target
Complaints per 1000 staff have increased this year compared to the previous year.			



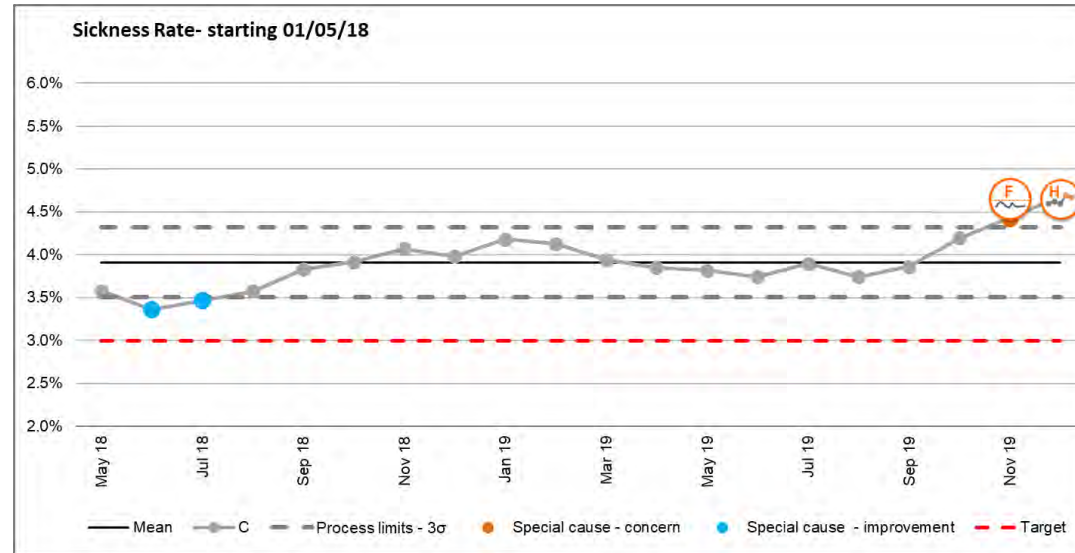
Metric	Q3 19/20	YTD	Target
Staff Survey % Recommend as Place to Work	62%	61%	Not within Lowest Decile
Performance this year so far is lower than last year.			



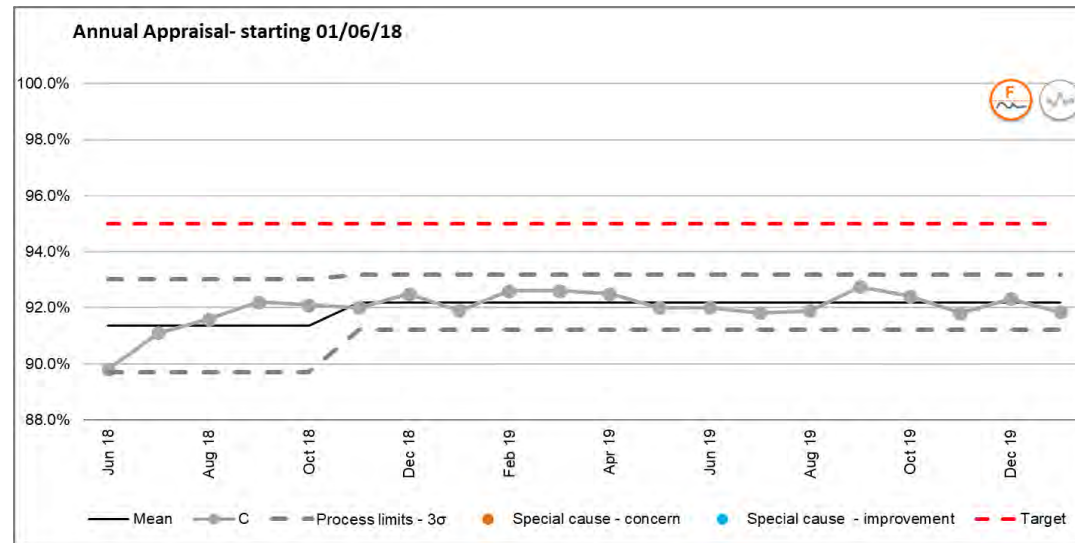
Metric	Dec 19	YTD	Target
Turnover Rate	8.7%	8.7%	10%
Turnover rate has increased since June 2019. However still achieving the target.			



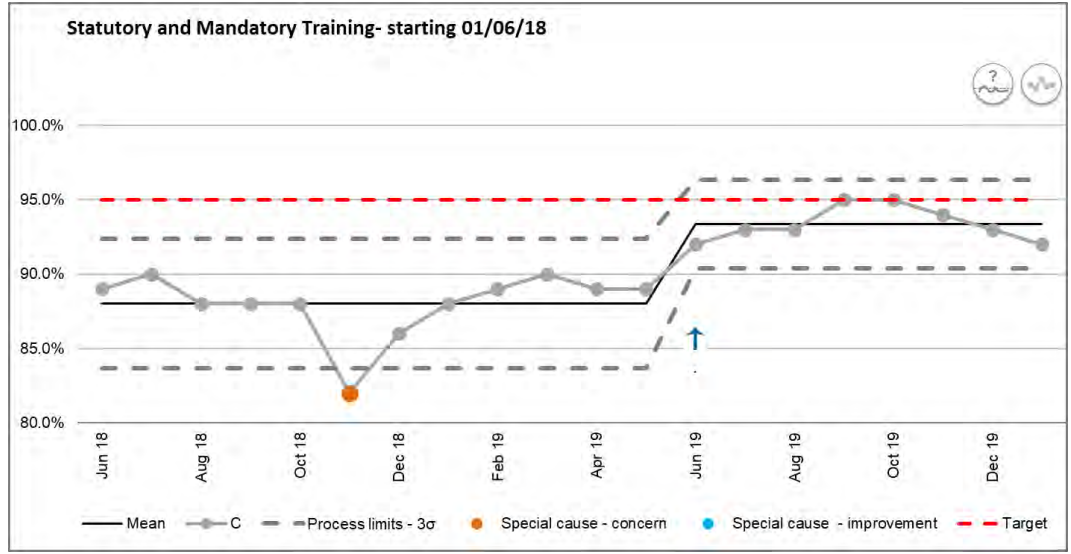
Metric	Dec 19	YTD	Target
Sickness absence	4.7%	4.0%	3%
<p>Special cause concern and a deteriorating upwards trend is emerging. The target will most likely not be achieved next month.</p>			



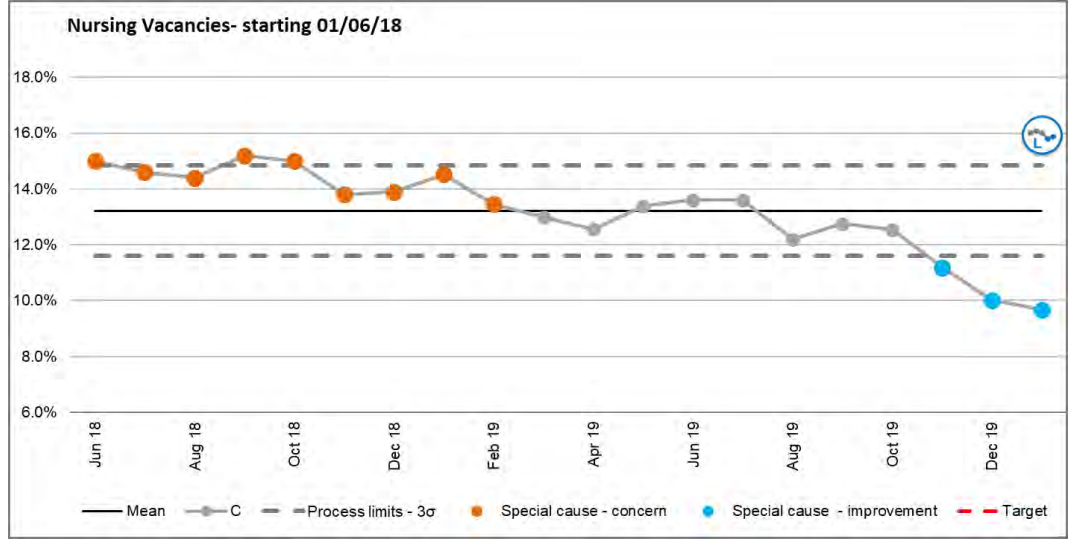
Metric	Jan 20	YTD	Target
% of Staff with Annual Appraisal	91.8%	91.8%	95%
<p>Performance has not changed significantly since a step change in 2018. Very unlikely to achieve target.</p>			



Metric	Jan 20	YTD	Target
Statutory and Mandatory Training	92%	92%	95%
<p>A step change in improvement occurred in June 19, potential to achieve target next month although a downwards trend is emerging.</p>			



Metric	Jan 20	YTD	Target
Nursing Vacancies	9.7%	9.7%	No National Target
<p>Performance has improved in recent months.</p>			



Metric	Oct 18 – Sep 19	Target
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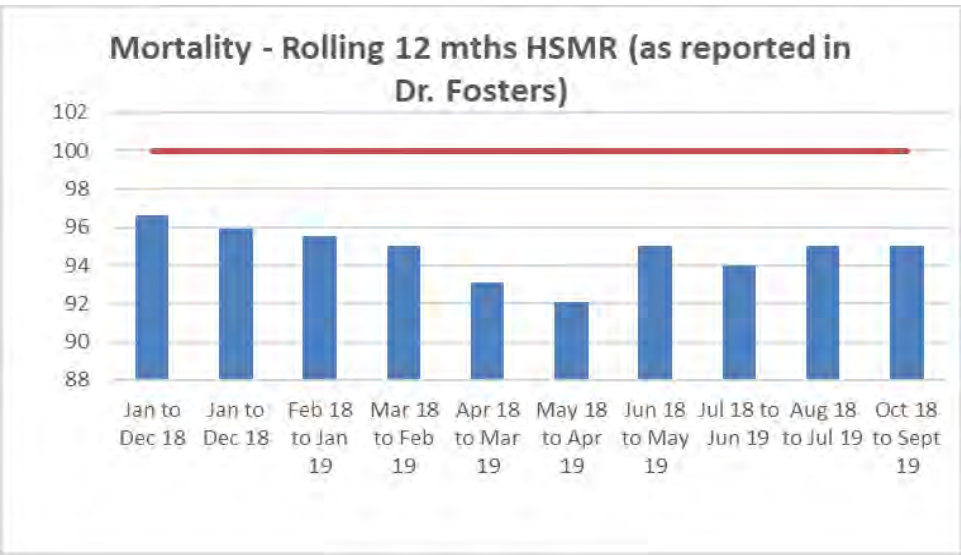
Mortality – Published Monthly SHMI	96	100
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UHL’s SHMI has been 100 or below for the past two years with some natural variation. Although UHL’s crude mortality has come down, the number of expected deaths in the SHMI methodology has also come down because there has been fewer ‘expected deaths’ nationally.

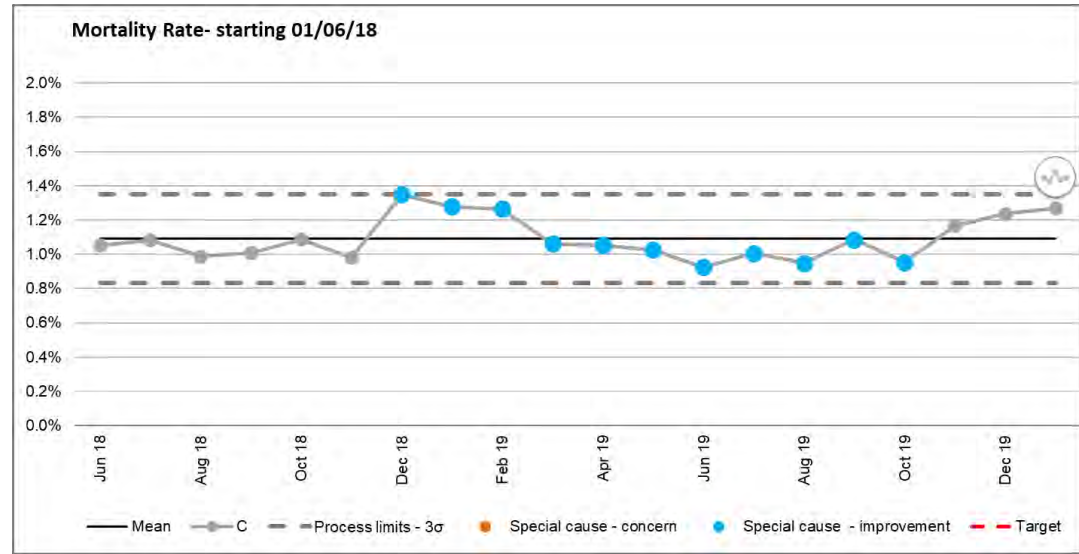
Metric	Oct 18 – Sep 19	Target
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Mortality - Rolling 12 mths HSMR as reported in Dr. Foster)	95	100
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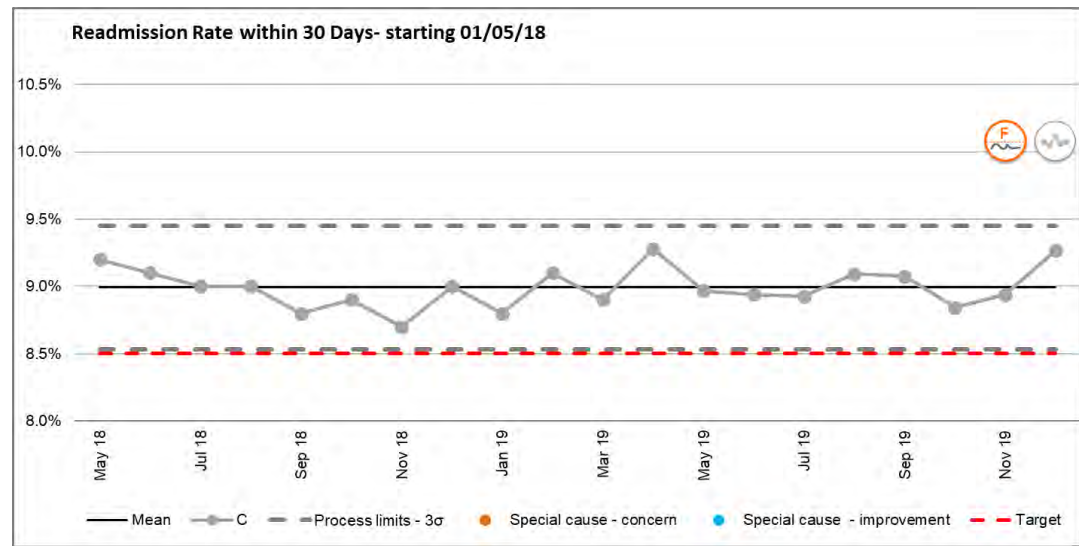
Over the past 4 years our HSMR has remained at either below or within the expected range. The most recent data shows a sustained period below the expected rate.



Metric	Jan 20	YTD	Target
Crude Mortality	1.3%	1.1%	No National Target
No significant variation. Target to be confirmed.			



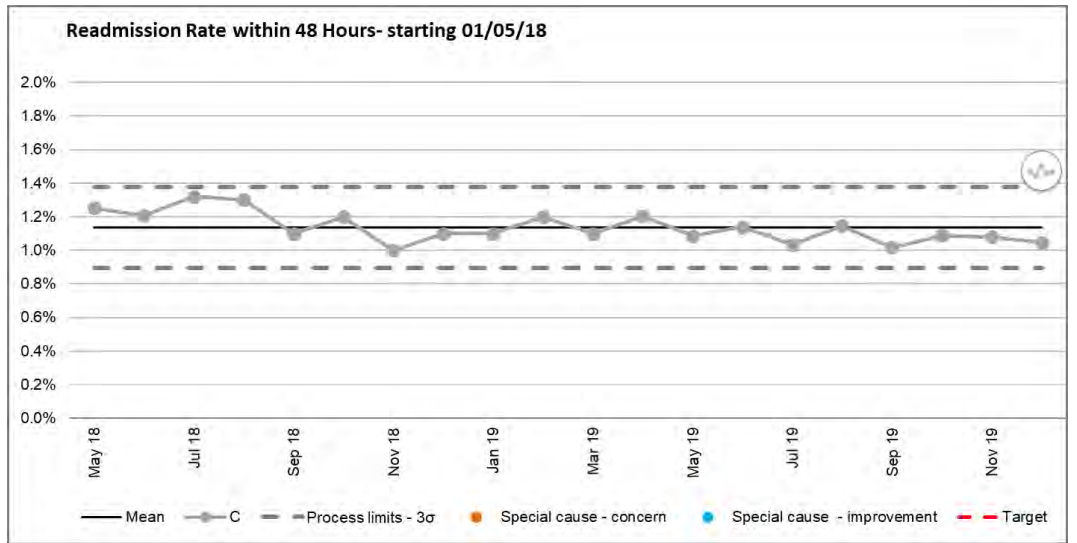
Metric	Dec 19	YTD	Target
Emergency readmissions within 30 days	9.3%	9.0%	8.5%
This metric is very stable but unlikely to achieve target next month.			



Metric	Dec 19	YTD	Target
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Emergency readmissions within 48 hrs	1.0%	1.1%	No National Target
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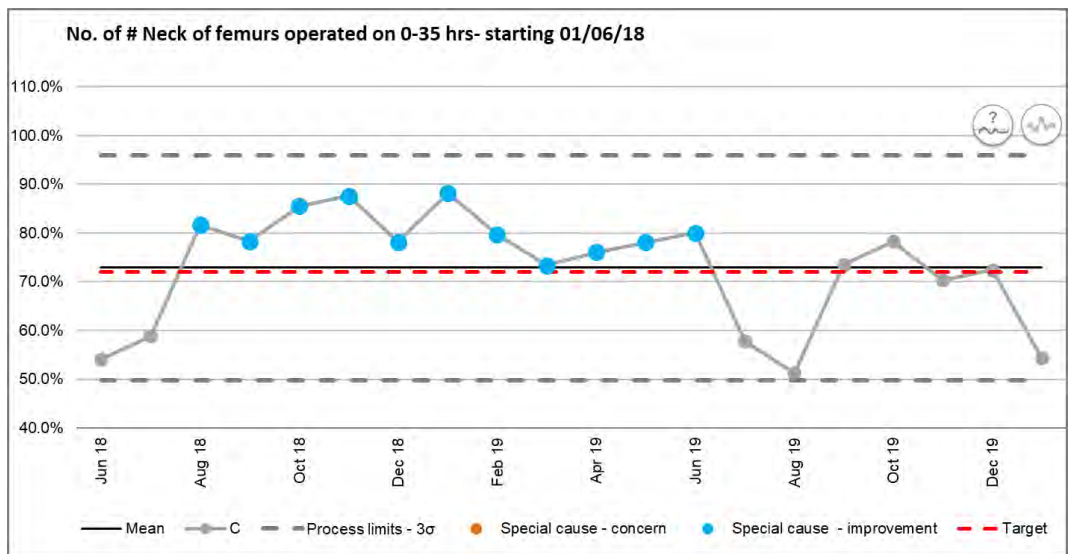
This metric is relatively stable, the last 4 months have been below the mean which may indicate an emerging trend.



Metric	Jan 20	YTD	Target
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No. of # Neck of femurs operated on 0-35 hrs - Based on Admissions	54.4%	70.3%	72%
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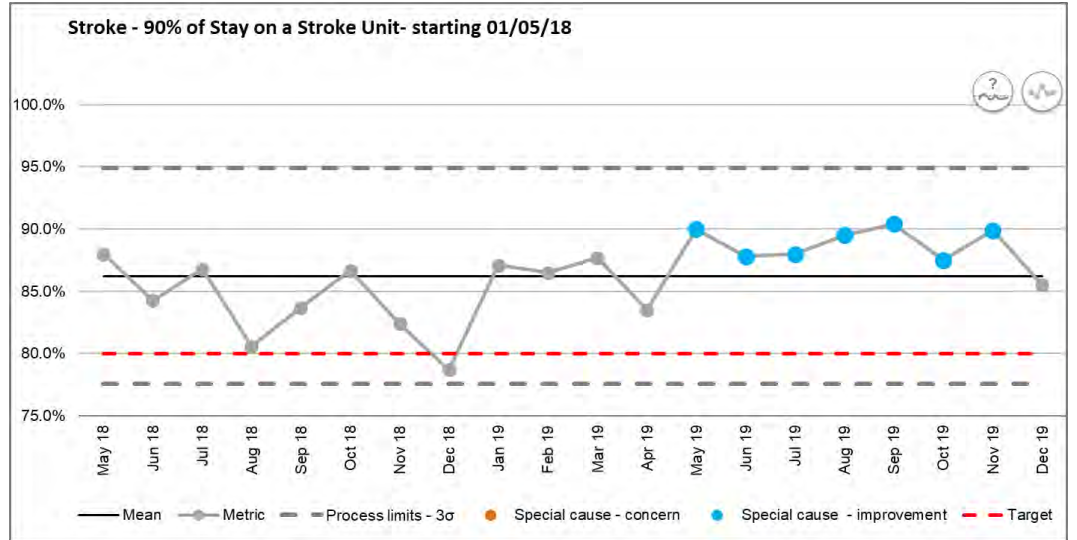
Performance has not been stable since June last year. No assurance that target will be delivered next month.



Metric	Dec 19	YTD	Target
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Stroke - 90% of Stay on a Stroke Unit	85.5%	87.3%	80%
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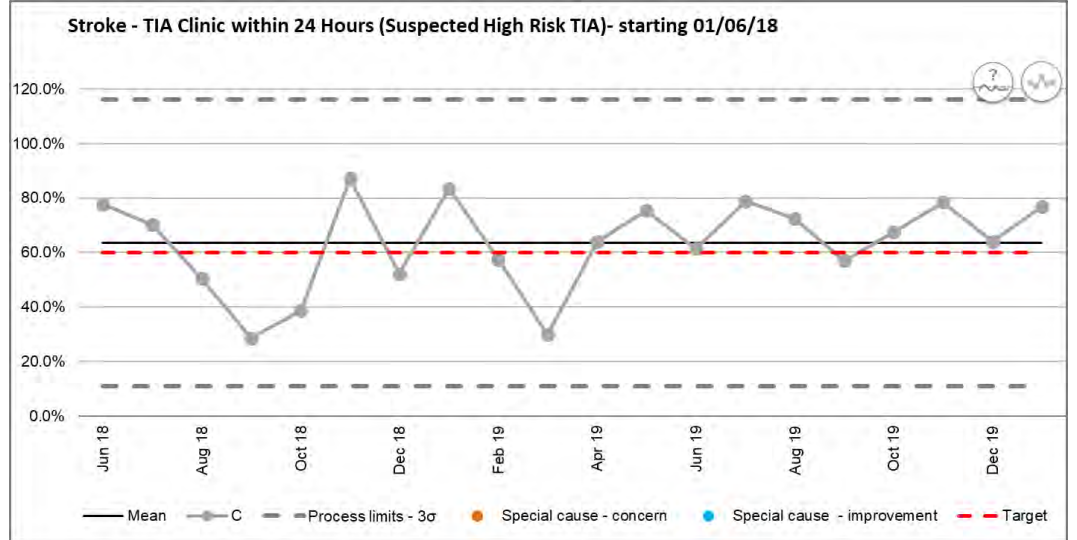
This metric has shown some improvement in recent months, 7 months in a row above the mean.



Metric	Jan 20	YTD	Target
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TIA Clinic within 24 Hours (Suspected High Risk TIA)	76.8%	69.6%	60%
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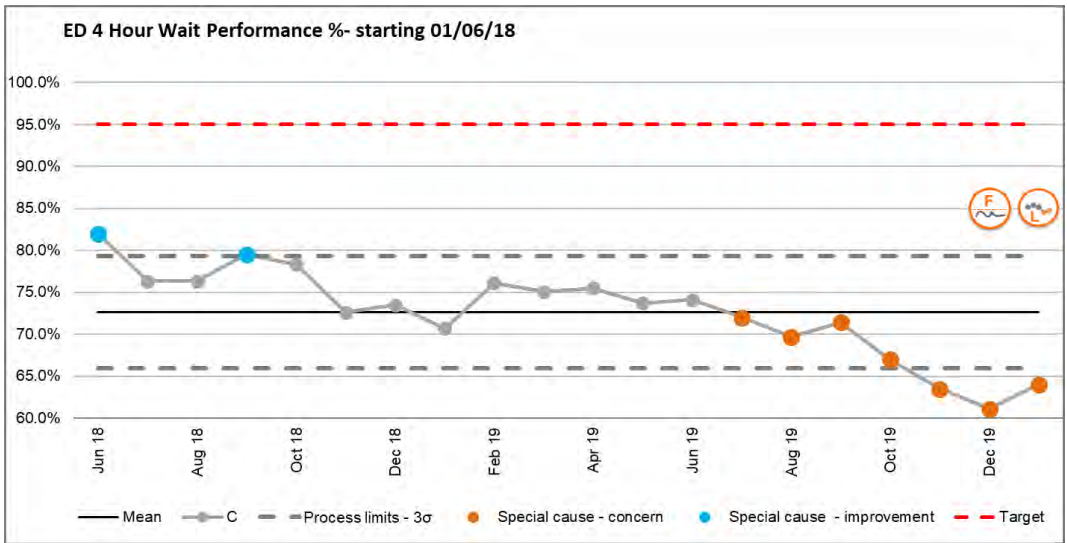
This metric is stable, however there is significant variation between monthly values.



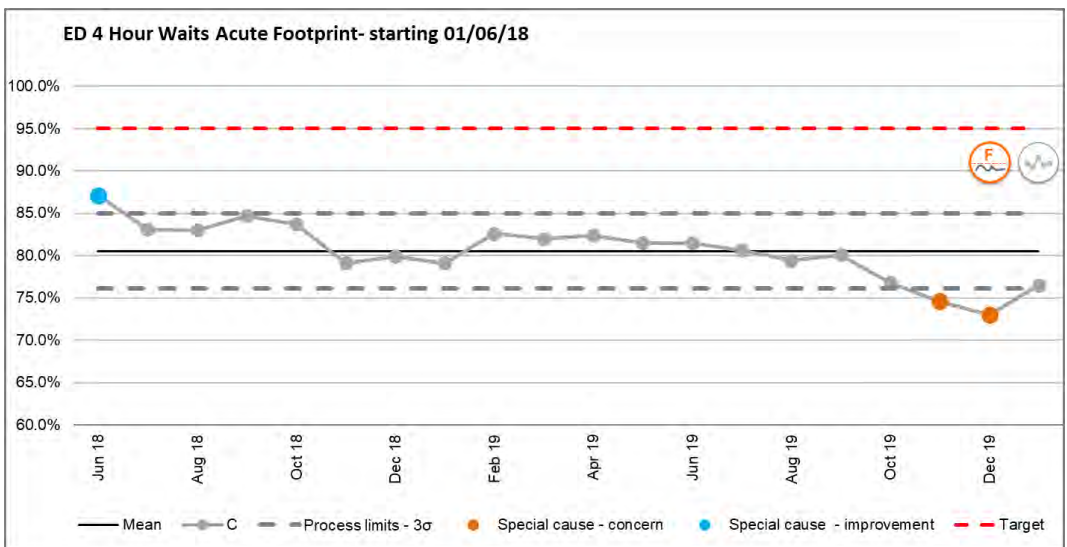
Responsive

For more information please see the Urgent Care Report - PPPC

Metric	Jan 20	YTD	Target
ED 4 Hour Waits UHL	64.0%	69.2%	95%
Continually failing target and will fail to achieve target next month.			

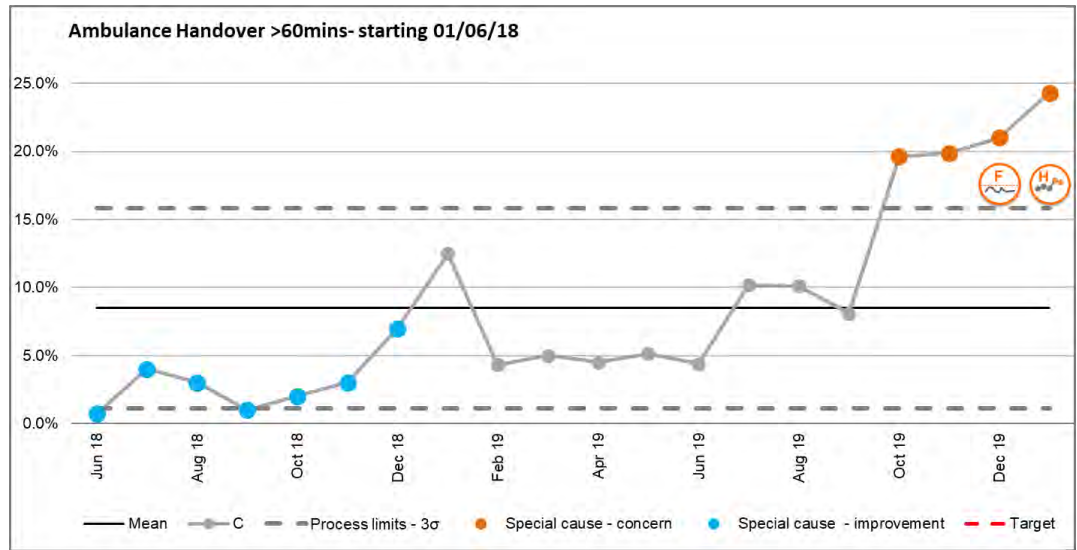


Metric	Jan 20	YTD	Target
ED 4 Hour Waits Acute Footprint	76.5%	78.6%	95%
Continually failing target and will fail to achieve target next month.			



Responsive

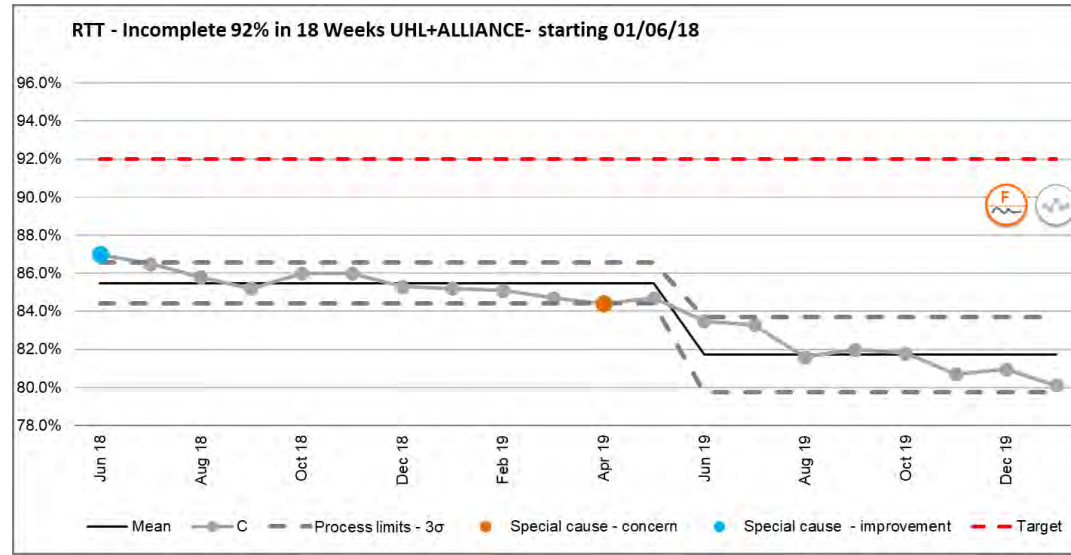
Metric	Jan 20	YTD	Target
Ambulance Handover >60 Mins	24.3%	12.8%	0%
<p>Performance has deteriorated significantly in the last 4 months. Target will not be achieved next month.</p>			



Metric	Jan 20	YTD	Target
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RTT Incompletes	80.1%	80.1%	92%
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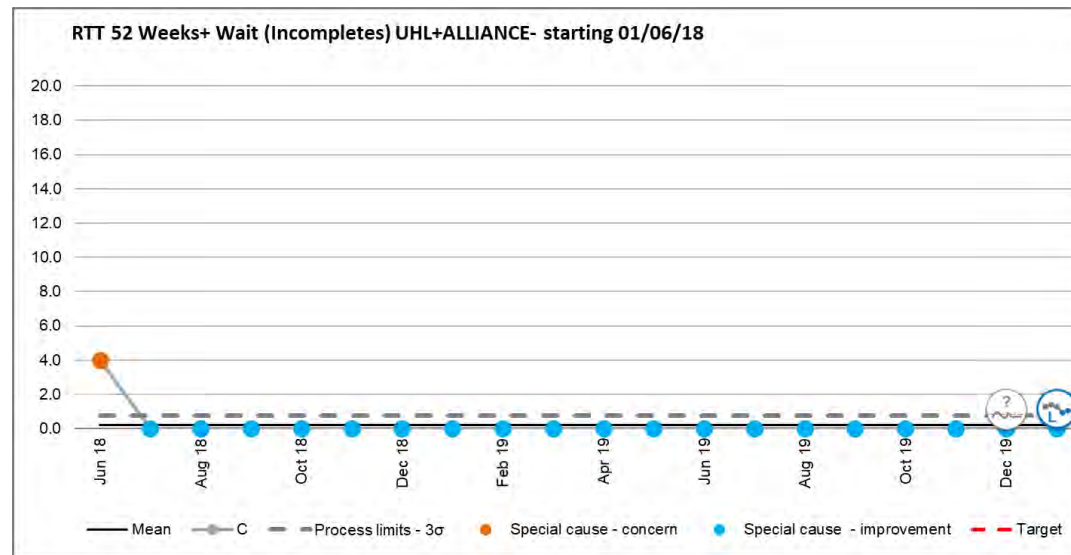
Performance has been deteriorating due to focus on waiting list target.



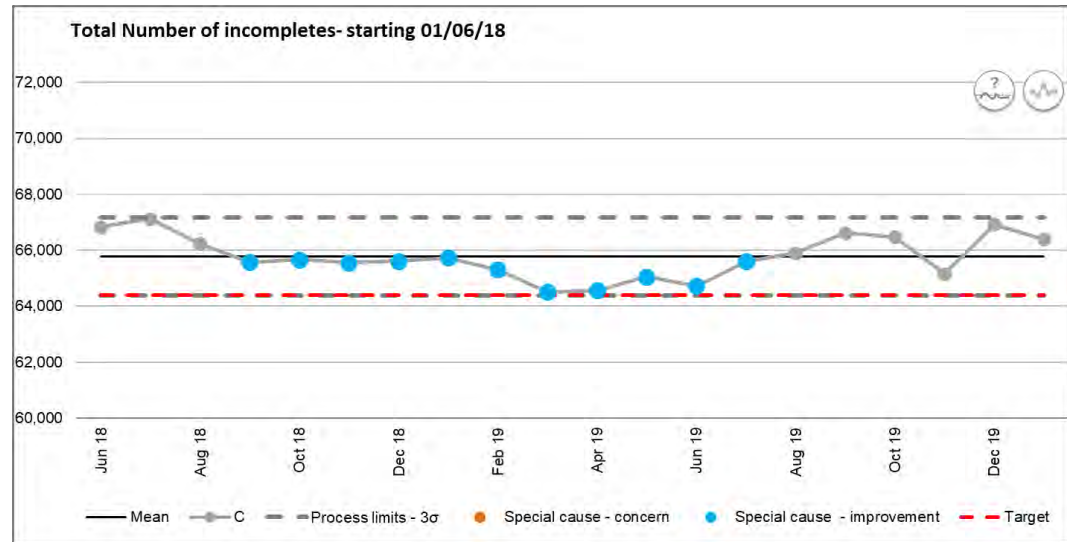
Metric	Jan 20	YTD	Target
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RTT 52+ Weeks Wait	0	0	0
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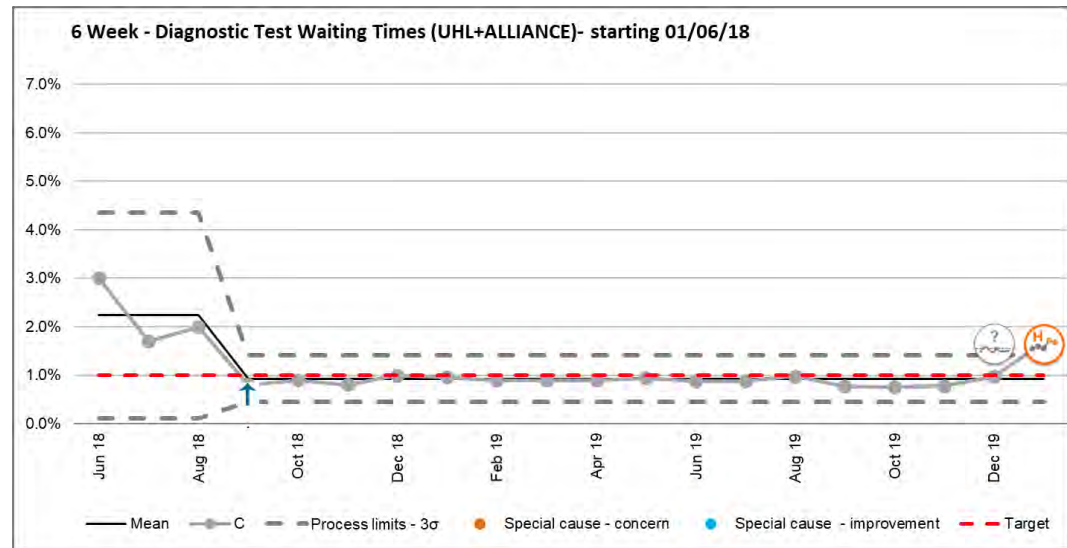
No 52+ week waits reported for 19 consecutive months.



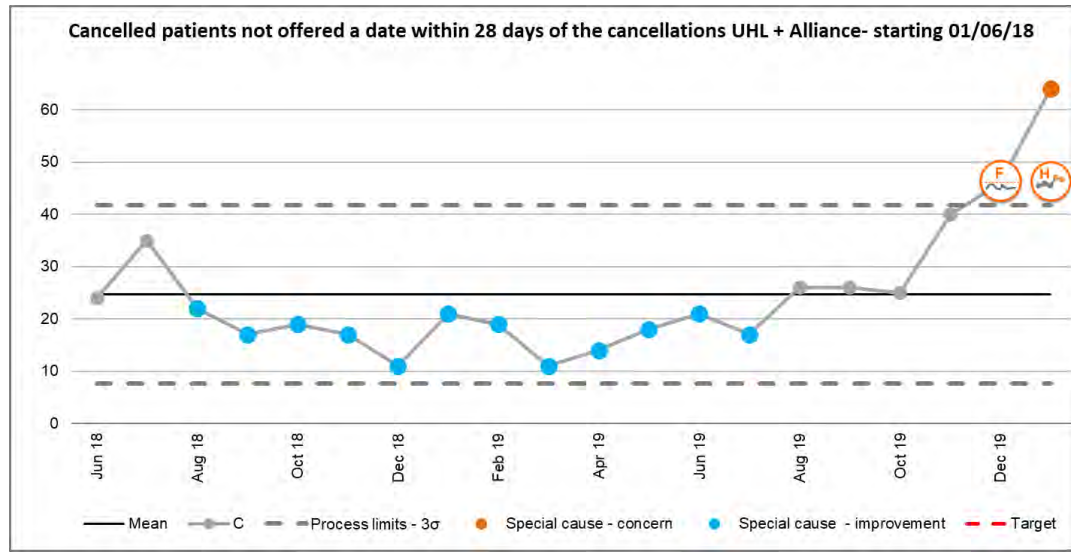
Metric	Jan 20	YTD	Target
Total Number of incompletes	66,925	66,925	64,404 (Year End)
Unlikely to achieve the target next month.			



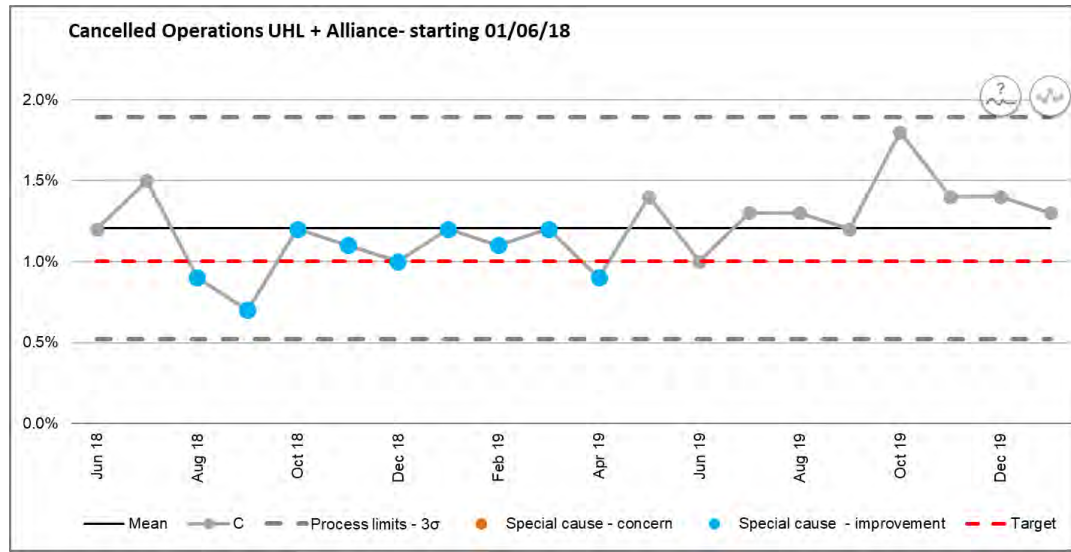
Metric	Jan 20	YTD	Target
6 Week Diagnostic Waits	1.7%	1.7%	1%
Target not achieved in January. UHL on track to deliver the standard in February 2020.			



Metric	Jan 20	YTD	Target
Cancelled patients not offered a date within 28 days of the cancellations	64	562	0
<p>This metric has deteriorated significantly in the past two months. Very unlikely to delivery monthly target.</p>			



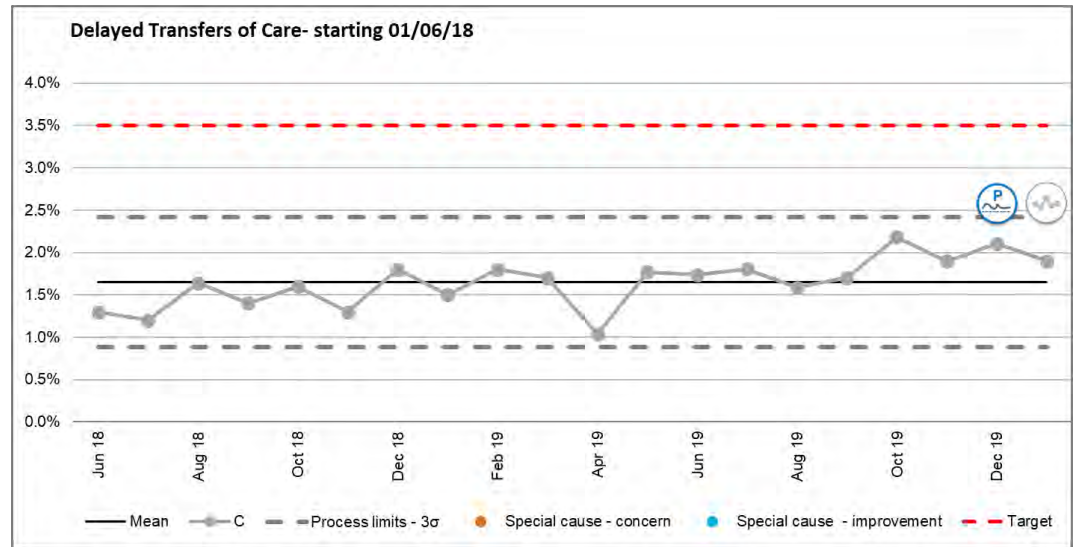
Metric	Jan 20	YTD	Target
% Operations cancelled on the day	1.3%	1.3%	1%
<p>No significant variation observed. Unlikely to achieve the target next month.</p>			



Metric	Jan 20	YTD	Target
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Delayed transfers of care	1.9 %	1.8%	3.5%
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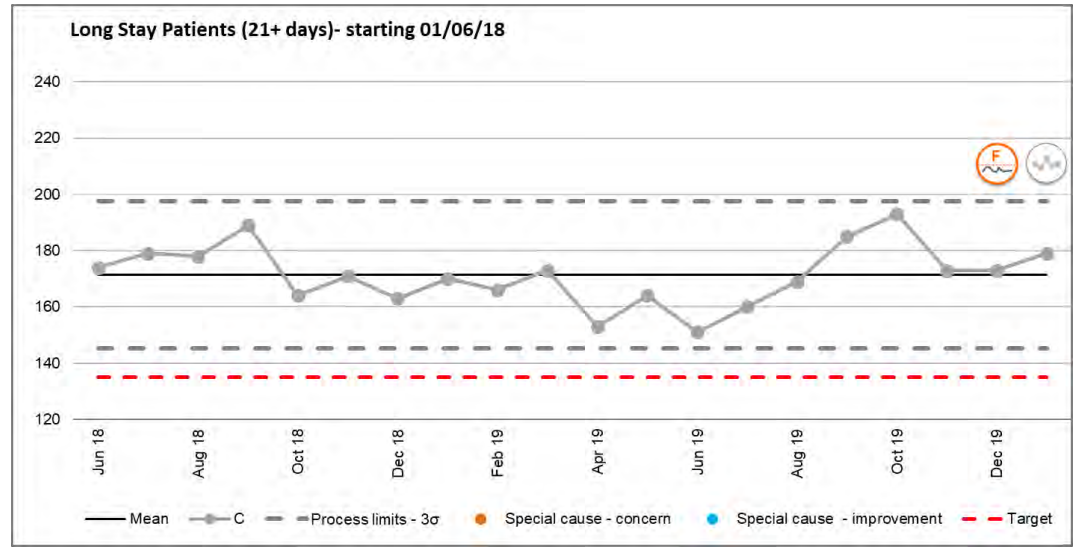
This metric has not changed significantly and is predicted to achieve target again next month.



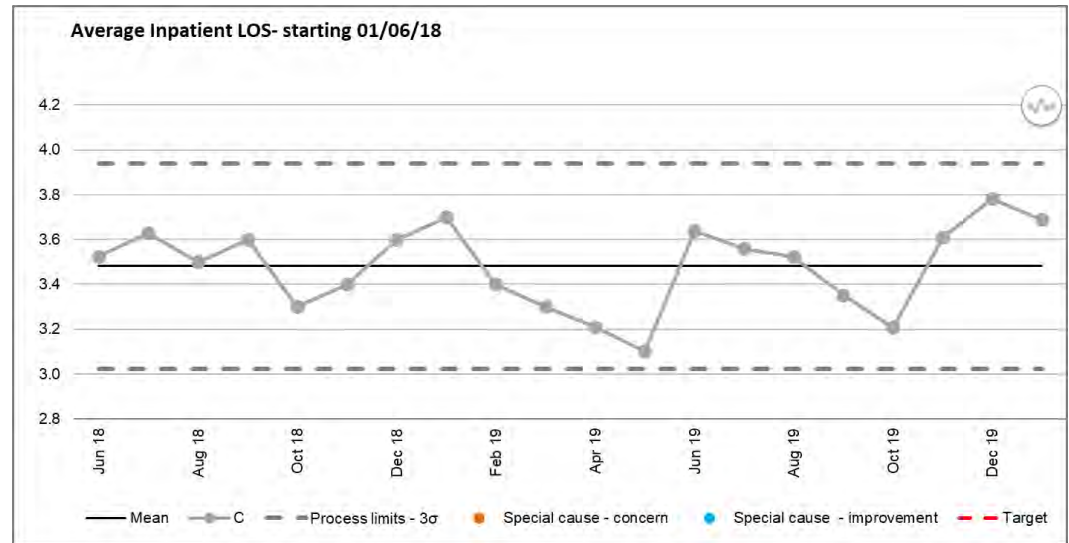
Metric	Jan 20	YTD	Target
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Long Stay Patients (21+ days)	179	179	135
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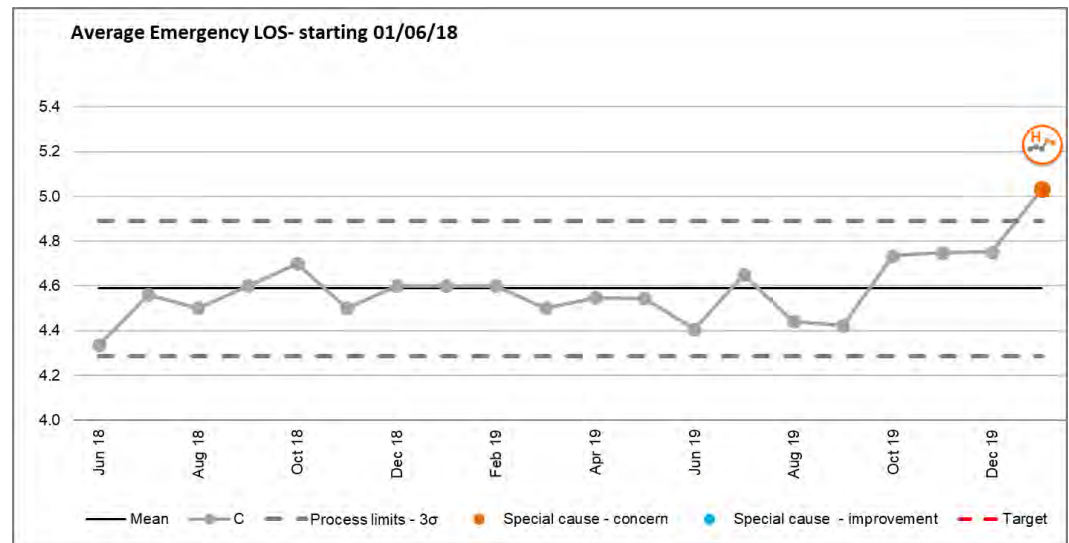
Common cause variation. Unlikely to achieve target next month.



Metric	Jan 20	YTD	Target
Average Inpatient LOS	3.7	3.5	No National Target
This metric is showing no significant variation.			

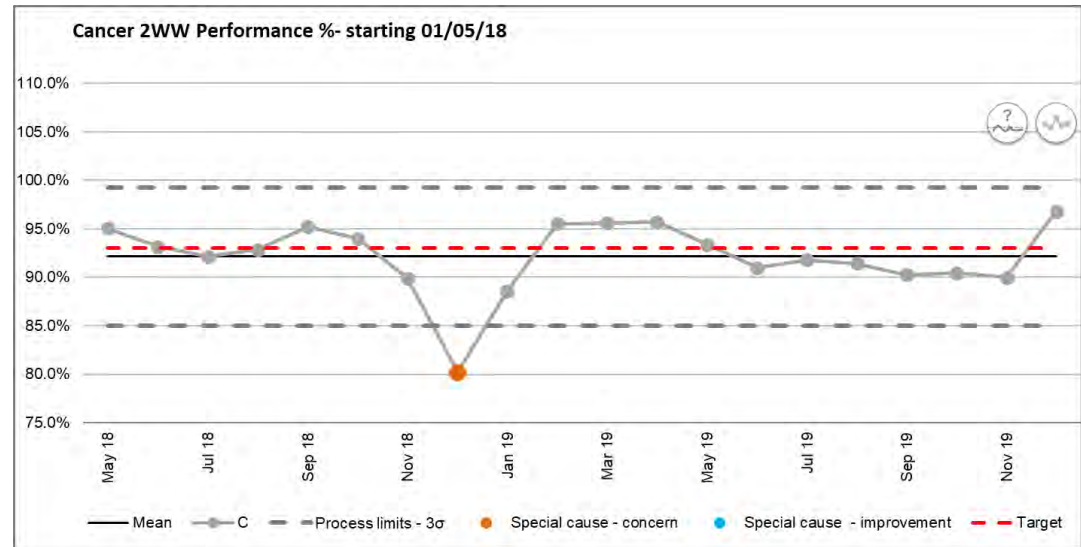


Metric	Jan 20	YTD	Target
Average Emergency LOS	5.0	4.6	No National Target
This metric deteriorated in January, above the upper control limit - cause for concern.			

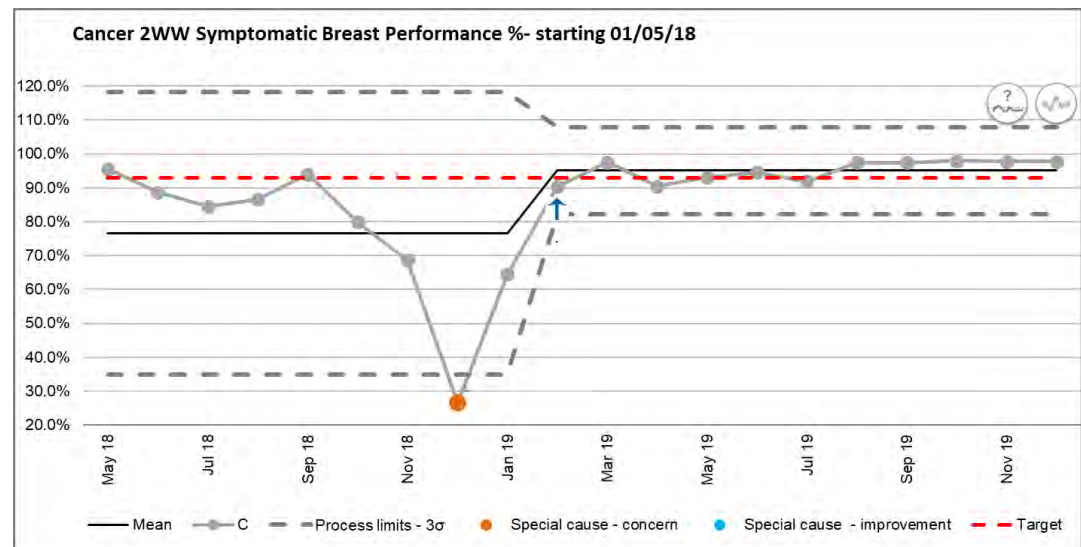


Responsive – Cancer

Metric	Dec 19	YTD	Target
Cancer 2WW	96.8%	92.3%	93%
<p>ENT vacancies filled which has resulted in recovery. Based on YTD and historic trend may achieve target.</p>			

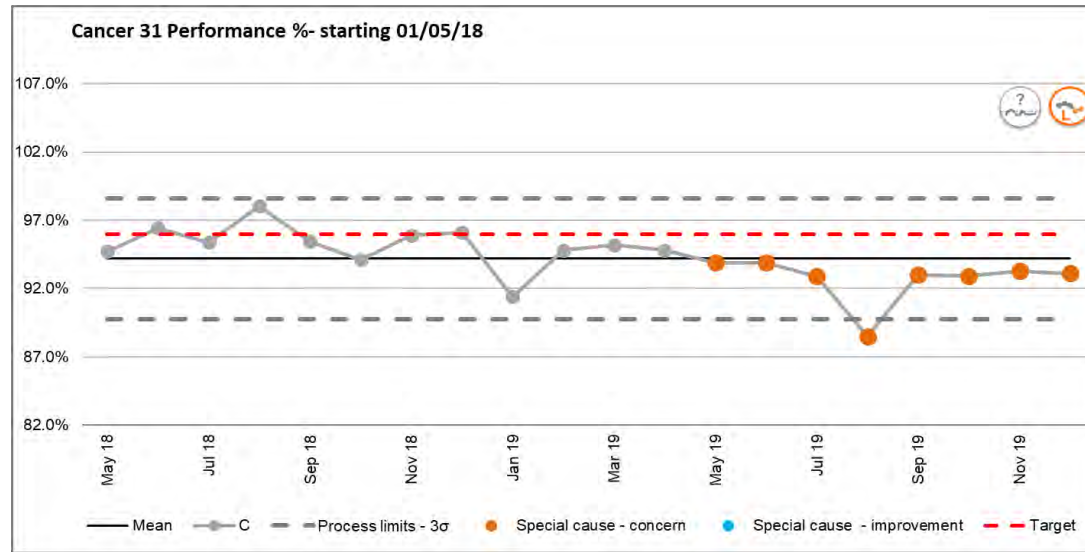


Metric	Dec 19	YTD	Target
Cancer 2WW Breast	97.8%	96.0%	93%
<p>Performance has returned to a more stable level. Based on YTD and historic trend may achieve YTD target.</p>			

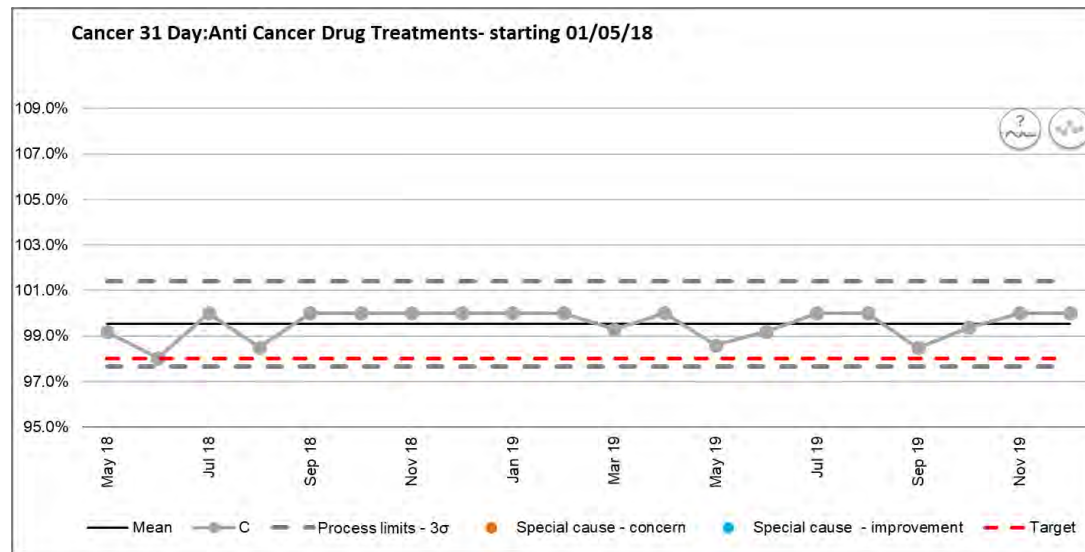


Responsive – Cancer

Metric	Dec 19	YTD	Target
Cancer 31 Day	93.1%	92.9%	96%
<p>Unlikely to achieve target next month, performance is stable and underperforming. There are a number of actions on the RAP to avoid further deterioration and support improvement.</p>			

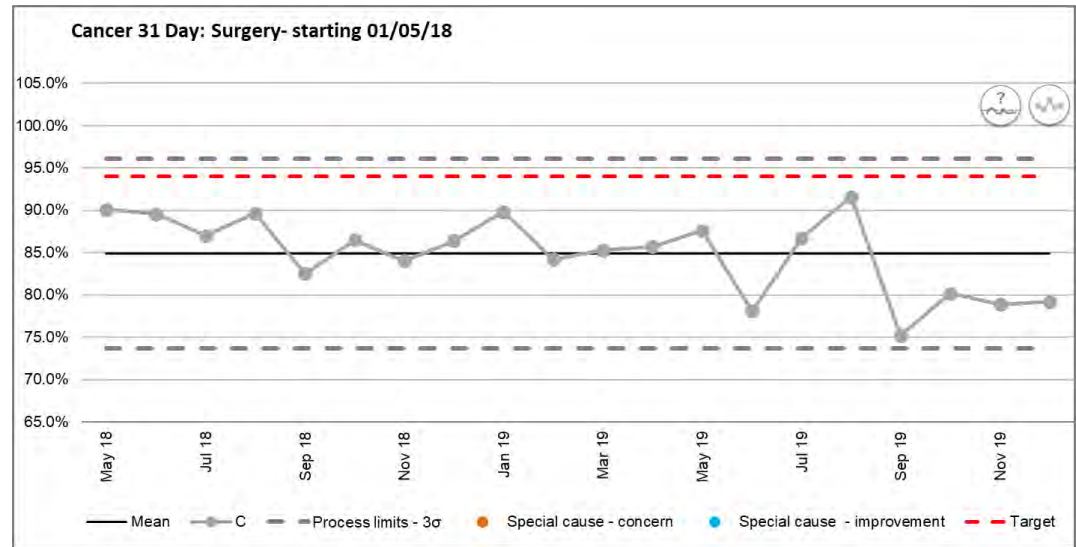


Metric	Dec 19	YTD	Target
Cancer 31 Day Drugs	100%	99.5%	98%
<p>Stable, very little variation. Likely to deliver target based on the last 12 months.</p>			

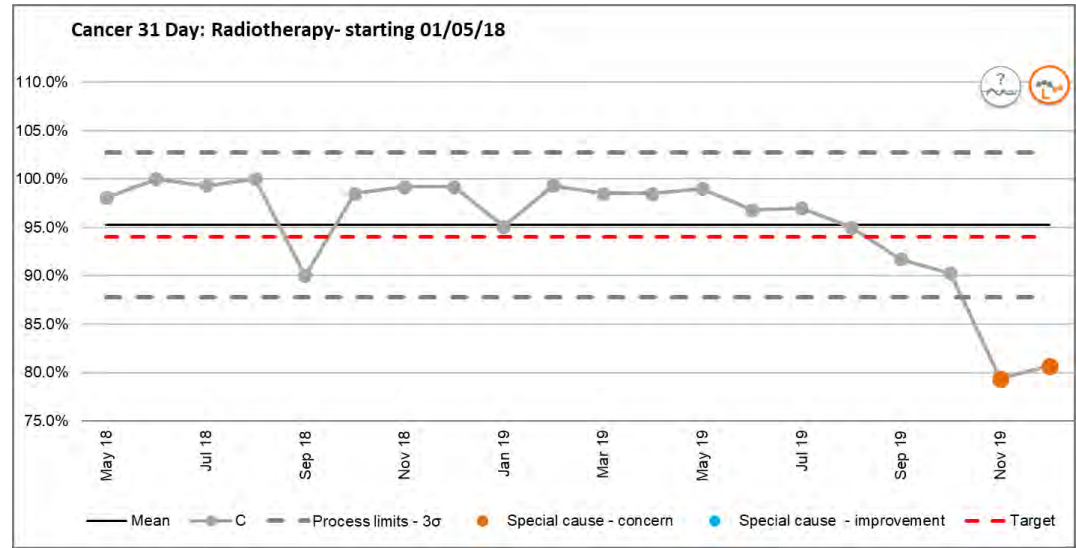


Responsive – Cancer

Metric	Dec 19	YTD	Target
Cancer 31 Surgery	79.2%	82.3%	94%
Some variation but not significant, unlikely to deliver target. Driven predominately by Urology prostate; actions in RAP for recovery / maintenance			



Metric	Dec 19	YTD	Target
Cancer 31 Day Radiotherapy	80.7%	92.2%	94%
Performance has deteriorated below lower control limit due to breast radiotherapy vacancies and sickness. 1 member of team due back in NY, mitigations in place to try and avoid further deterioration			

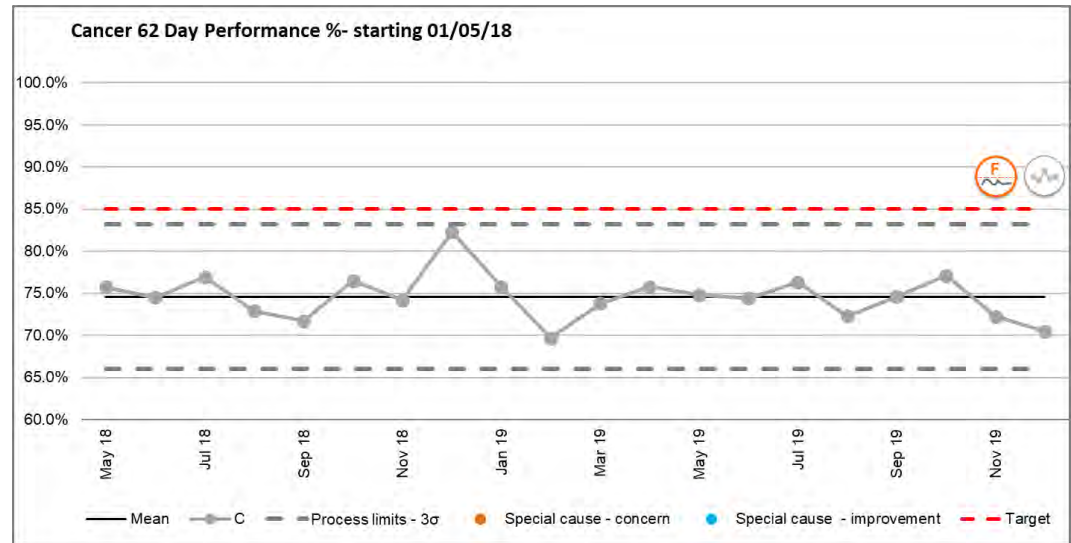


Responsive – Cancer

Metric	Dec 19	YTD	Target
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Cancer 62 Day	70.5%	74.4%	85%
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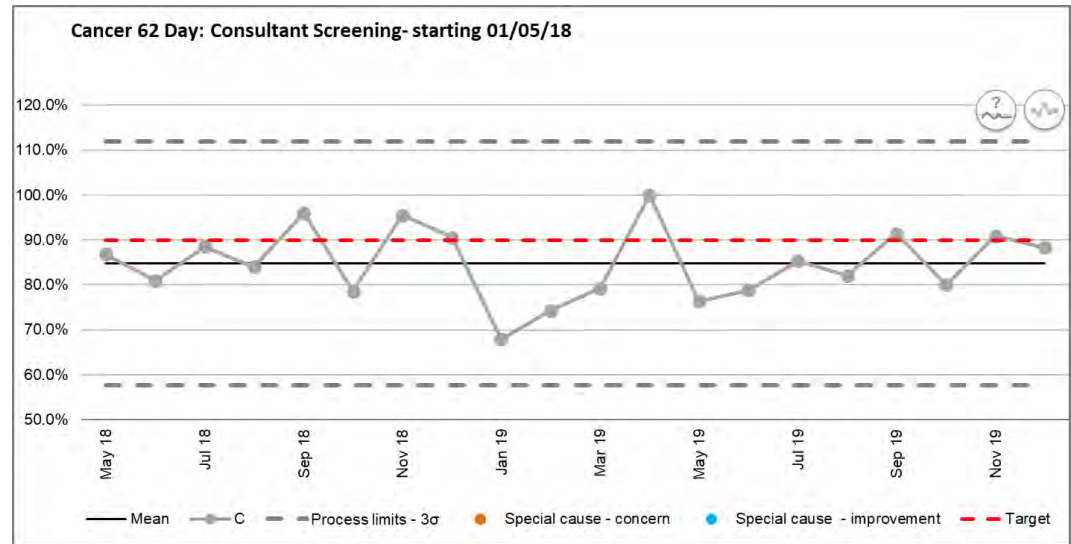
This metric is relatively stable. The position has been maintained against a significant increase in referrals. Target won't be delivered next month.



Metric	Dec 19	YTD	Target
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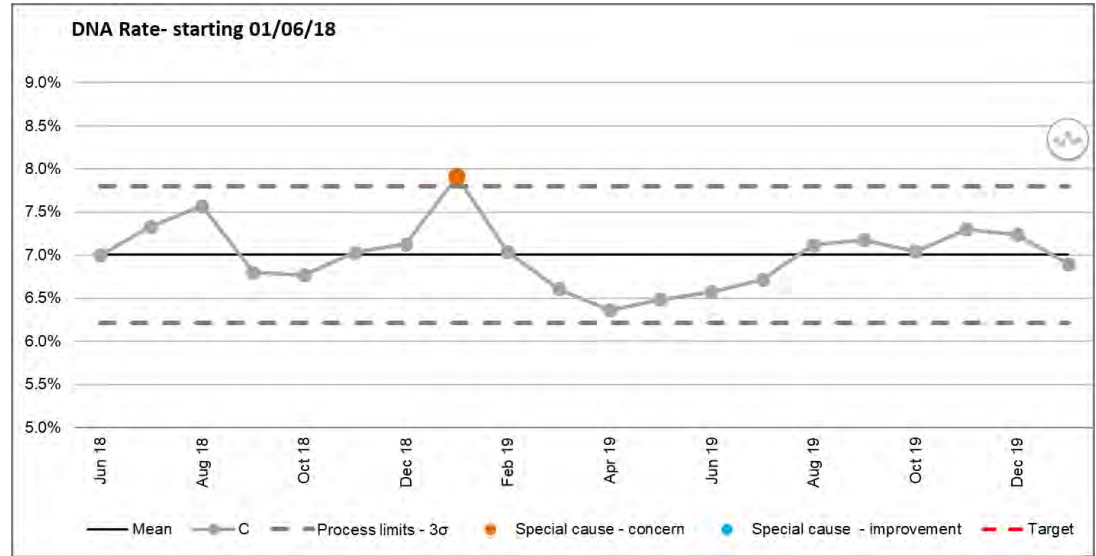
Cancer 62 Day Consultant Screening	88.3%	82.2%	90%
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This metric is not changing significantly and may deliver the target next month.

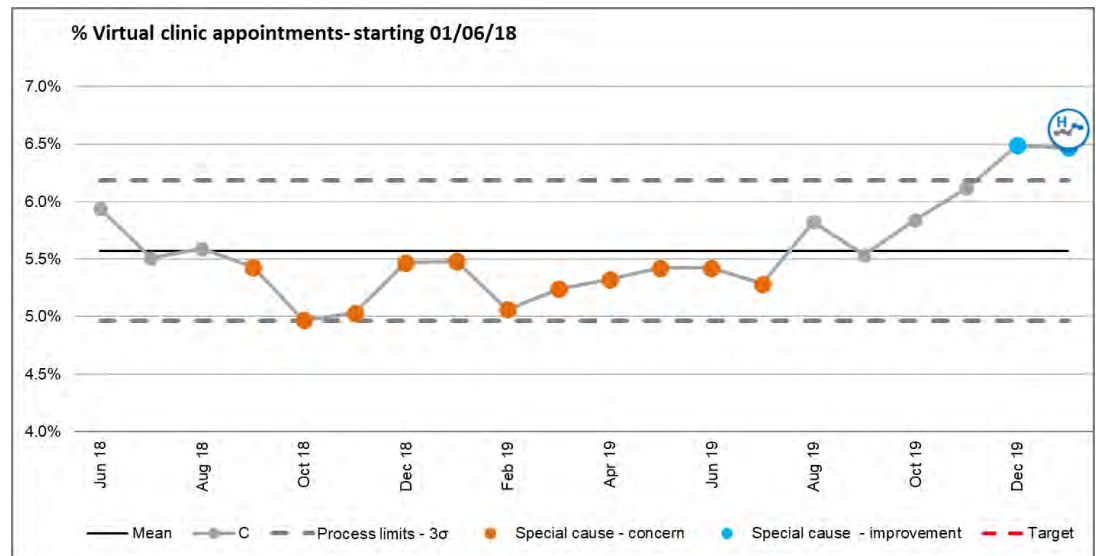


Outpatient Transformation

Metric	Jan 20	YTD	Target
% DNA Rate	6.9%	6.9%	No National Target
No significant variation.			

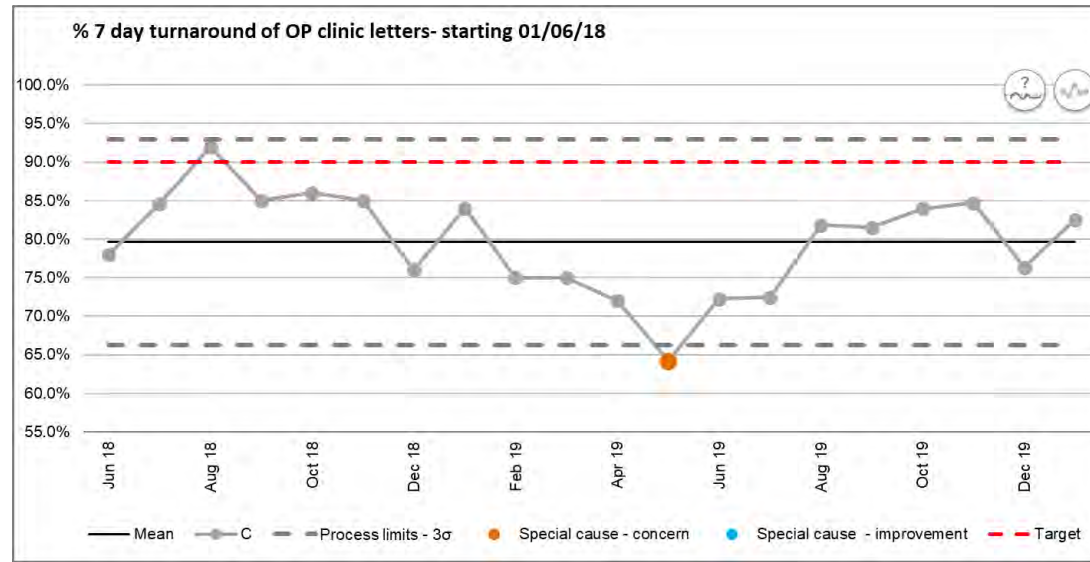


Metric	Jan 20	YTD	Target
% Virtual clinic appointments	6.5%	5.8%	No National Target
This metric is has improved over the past 6 months. The last two months have been above the upper control limits.			

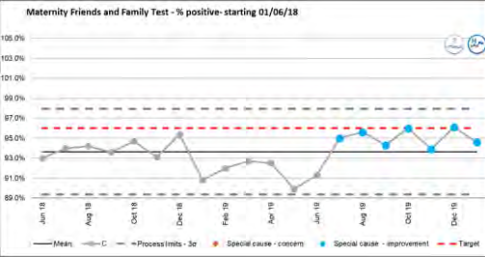


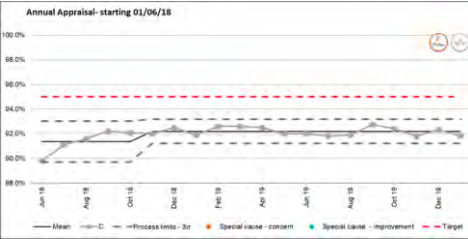
Outpatient Transformation

Metric	Jan 20	YTD	Target
% 7 day turnaround of OP clinic letters	82.5%	77.6%	90%
<p>This metric is now relatively stable following a dip in May. Unlikely to achieve target.</p>			

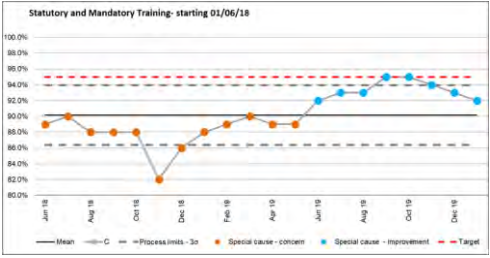


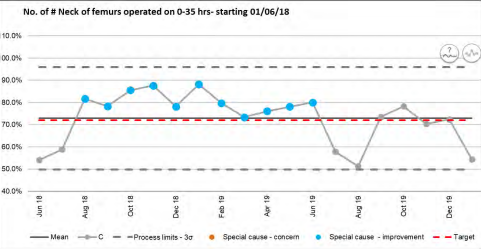
Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
<p>Single Sex Accommodation Breaches (patients affected)</p>	<p>19/20 Target – 0</p>		<ul style="list-style-type: none"> • Staff have a strong commitment to maintaining same sex accommodation • Three breaches occurred in Intensive Care Units due to availability of base ward beds due to emergency admissions 	<ul style="list-style-type: none"> • Continue to ensure clear communication at Tactical Command • Staff continue to be proactive and anticipate discharges out of Intensive Care Units across the Trust balancing planned and emergency activity
<p>Is the number of Single Sex Accommodation Breaches.</p>	<p>There were 3 same sex breaches in January, increasing the YTD total to 13.</p>			

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
<p>Maternity Friends and Family Test - % positive</p>	<p>19/20 Target – 96%</p>		<ul style="list-style-type: none"> The maternity FFT has improved considerably in the last few months 	<ul style="list-style-type: none"> Continue to drive positive patient experience Review FFT comments
<p>Is the % of Friends and Family tests in Maternity that are positive.</p>	<p>In January performance was 95%</p>			

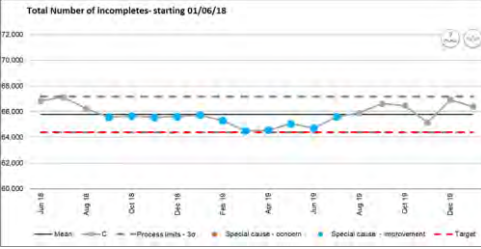
Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
<p>% of Staff with Annual Appraisal (excluding facilities Services)</p>	<p>19/20 Target – greater than 95%</p>		<p>Collective performance (organisational `specific) highlighted during Monthly CEO briefings.</p>	<p>Appraisal performance is reviewed at CMG Monthly Performance Review Meetings attended by Executive and CMG Senior Leaders, with agreement on local actions and trajectories. CMGs are held to account against agreed improvement trajectories.</p>
<p>Is the percentage of staff who have had their Annual Appraisal(excluding facilities Services)</p>	<p>Performance for January was 91.8%.</p>		<p>This data is also captured within the Monthly Workforce Dataset Report presented to Trust Board Subcommittee (People Performance and Process Committee), Corporate and CMG Boards.</p>	<p>Work underway in reviewing appraisal system to align with national changes. This will positively impact on performance through strengthening reporting</p>

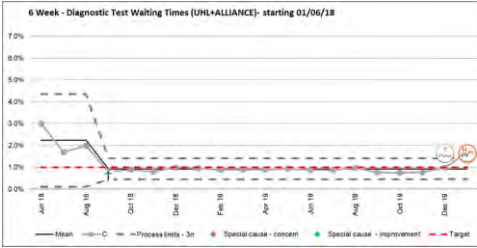
Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions																																				
<p>Sickness absence</p>	<p>19/20 Target – 3% or below</p>	<table border="1"> <caption>Sickness Absence Performance Data (Estimated from Chart)</caption> <thead> <tr> <th>Month</th> <th>Trust (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>Feb-20</td><td>4.10</td><td>3.00</td></tr> <tr><td>Mar-20</td><td>4.10</td><td>3.00</td></tr> <tr><td>Apr-20</td><td>4.00</td><td>3.00</td></tr> <tr><td>May-20</td><td>3.90</td><td>3.00</td></tr> <tr><td>Jun-20</td><td>3.80</td><td>3.00</td></tr> <tr><td>Jul-20</td><td>3.70</td><td>3.00</td></tr> <tr><td>Aug-20</td><td>3.60</td><td>3.00</td></tr> <tr><td>Sep-20</td><td>3.50</td><td>3.00</td></tr> <tr><td>Oct-20</td><td>3.60</td><td>3.00</td></tr> <tr><td>Nov-20</td><td>3.70</td><td>3.00</td></tr> <tr><td>Dec-20</td><td>4.26</td><td>3.00</td></tr> </tbody> </table>	Month	Trust (%)	Target (%)	Feb-20	4.10	3.00	Mar-20	4.10	3.00	Apr-20	4.00	3.00	May-20	3.90	3.00	Jun-20	3.80	3.00	Jul-20	3.70	3.00	Aug-20	3.60	3.00	Sep-20	3.50	3.00	Oct-20	3.60	3.00	Nov-20	3.70	3.00	Dec-20	4.26	3.00	<p>The target is aspirational, but has been achieved by some departments.</p> <p>E&F sickness absence is not reported through SMART or captured on ESR; hence the data variation.</p> <p>43,883 days have been lost due to Stress / Anxiety / Depression in a year (previously c39000). The pledges aligned to Time to Change are being implemented and priorities for 2020 have been agreed – MHFA, staff support for bereavements and traumatic situations, improved communication of Health and Wellbeing.</p>	<p>HR are working closely with CMG's to manage sickness absence through 'Making it all Happen' reviews, complex case reviews, targeted support for long term, high episodic absences, reasons for absence, line managers training and FAQ's aligned to the policy review.</p> <p>At a Trust level the sickness absence data and reasons for absence are reviewed through the UHL Health and Wellbeing Steering Group.</p>
Month	Trust (%)	Target (%)																																						
Feb-20	4.10	3.00																																						
Mar-20	4.10	3.00																																						
Apr-20	4.00	3.00																																						
May-20	3.90	3.00																																						
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Nov-20	3.70	3.00																																						
Dec-20	4.26	3.00																																						
<p>UHL has a locally agreed sickness absence target of 3%.</p>	<p>Performance in December was 4.26% (4.68% excluding E&F)</p> <p>Annual performance is at 3.65% (4.02% excluding E&F)</p>																																							

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions																																	
<p>Statutory and Mandatory Training</p>	<p>19/20 Target – 95%</p>	 <p>Statutory and Mandatory Training- starting 01/06/18</p> <table border="1"> <caption>Statutory and Mandatory Training - Compliance Data</caption> <thead> <tr> <th>Month</th> <th>Compliance (%)</th> <th>Notes</th> </tr> </thead> <tbody> <tr><td>Jun 18</td><td>90.0%</td><td></td></tr> <tr><td>Aug 18</td><td>90.0%</td><td></td></tr> <tr><td>Oct 18</td><td>90.0%</td><td></td></tr> <tr><td>Dec 18</td><td>83.0%</td><td>Special cause - concern</td></tr> <tr><td>Feb 19</td><td>90.0%</td><td></td></tr> <tr><td>Apr 19</td><td>90.0%</td><td></td></tr> <tr><td>Jun 19</td><td>93.0%</td><td>Special cause - improvement</td></tr> <tr><td>Aug 19</td><td>94.0%</td><td></td></tr> <tr><td>Oct 19</td><td>95.0%</td><td></td></tr> <tr><td>Dec 19</td><td>93.0%</td><td></td></tr> </tbody> </table>	Month	Compliance (%)	Notes	Jun 18	90.0%		Aug 18	90.0%		Oct 18	90.0%		Dec 18	83.0%	Special cause - concern	Feb 19	90.0%		Apr 19	90.0%		Jun 19	93.0%	Special cause - improvement	Aug 19	94.0%		Oct 19	95.0%		Dec 19	93.0%		<ul style="list-style-type: none"> Compliance with Cyber Security training needs to be increased across the Trust to achieve the target of 95% Compliance with training amongst Medical Staff needs support and monitoring as they are the staff group with the lowest compliance levels in UHL The impact of the seasonally related service pressures can be seen in the drop in the compliance 	<ul style="list-style-type: none"> Continued reminders to be sent to non-compliant staff Continued focus on compliance amongst subjects with a 12 month refresher period until 31st March 2020 Increased monitoring and chasing of non-compliance at a local or service level required HELM Reporting training for relevant staff to be added as a course to HELM
Month	Compliance (%)	Notes																																			
Jun 18	90.0%																																				
Aug 18	90.0%																																				
Oct 18	90.0%																																				
Dec 18	83.0%	Special cause - concern																																			
Feb 19	90.0%																																				
Apr 19	90.0%																																				
Jun 19	93.0%	Special cause - improvement																																			
Aug 19	94.0%																																				
Oct 19	95.0%																																				
Dec 19	93.0%																																				
<p>Is the percentage of staff that are up to date on their Statutory and Mandatory Training.</p>	<p>Performance for January was 92%</p>																																				

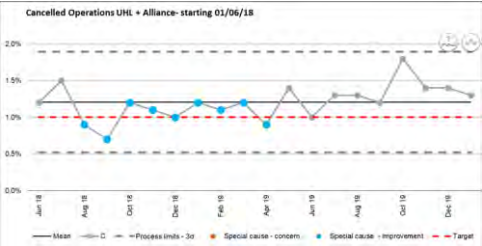
Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions																						
<p>No. of # Neck of femurs operated on 0-35 hrs - Based on Admissions</p>	<p>19/20 Target – 0</p>																									
<p>Is the percentage of Neck of femurs patients operated on within 0-35 hours of admission.</p>	<p>Performance for January was 54.4%. YTD Performance is currently at 70.3%</p>	 <p>No. of # Neck of femurs operated on 0-35 hrs- starting 01/06/18</p> <table border="1"> <caption>Approximate data from the chart</caption> <thead> <tr> <th>Month</th> <th>Mean (%)</th> </tr> </thead> <tbody> <tr><td>Jun 18</td><td>65.0</td></tr> <tr><td>Aug 18</td><td>75.0</td></tr> <tr><td>Oct 18</td><td>78.0</td></tr> <tr><td>Dec 18</td><td>75.0</td></tr> <tr><td>Feb 19</td><td>70.0</td></tr> <tr><td>Apr 19</td><td>72.0</td></tr> <tr><td>Jun 19</td><td>75.0</td></tr> <tr><td>Aug 19</td><td>60.0</td></tr> <tr><td>Oct 19</td><td>70.0</td></tr> <tr><td>Dec 19</td><td>54.4</td></tr> </tbody> </table>	Month	Mean (%)	Jun 18	65.0	Aug 18	75.0	Oct 18	78.0	Dec 18	75.0	Feb 19	70.0	Apr 19	72.0	Jun 19	75.0	Aug 19	60.0	Oct 19	70.0	Dec 19	54.4	<ul style="list-style-type: none"> •Very challenging January due to amount of emergency demand •Lack of theatre capacity in week and weekend •Complex cases over running meaning case was cancelled due to lack of time •High Level of patients who were unfit for surgery. This was 12 in January and usually sits at an average of 8 •No Trauma beds following ED pressures requiring Trauma beds to be utilized for medical patients. (see separate spreadsheet appended) 	<ul style="list-style-type: none"> • Work closely with ITAPs to investigate the possibility of straight to PACU for patients admitted in the morning so can go straight to surgery. This is a new pathway development and has lots of factors that need working through. • Business case is completed for weekend working just waiting to see if it gets approved to help reduce build up at weekends.
Month	Mean (%)																									
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Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions																																	
<p>RTT - Incomplete 92% in 18 Weeks UHL + Alliance</p>	<p>19/20 Target – 92%</p>	<p>RTT - Incomplete 92% in 18 Weeks UHL+ALLIANCE- starting 01/06/18</p> <table border="1"> <caption>Approximate data from the RTT chart</caption> <thead> <tr> <th>Month</th> <th>Mean (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>Jul 18</td><td>85.0</td><td>92.0</td></tr> <tr><td>Aug 18</td><td>84.0</td><td>92.0</td></tr> <tr><td>Oct 18</td><td>84.0</td><td>92.0</td></tr> <tr><td>Dec 18</td><td>84.0</td><td>92.0</td></tr> <tr><td>Feb 19</td><td>84.0</td><td>92.0</td></tr> <tr><td>Apr 19</td><td>84.0</td><td>92.0</td></tr> <tr><td>Jun 19</td><td>84.0</td><td>92.0</td></tr> <tr><td>Aug 19</td><td>84.0</td><td>92.0</td></tr> <tr><td>Oct 19</td><td>84.0</td><td>92.0</td></tr> <tr><td>Dec 19</td><td>80.1</td><td>92.0</td></tr> </tbody> </table>	Month	Mean (%)	Target (%)	Jul 18	85.0	92.0	Aug 18	84.0	92.0	Oct 18	84.0	92.0	Dec 18	84.0	92.0	Feb 19	84.0	92.0	Apr 19	84.0	92.0	Jun 19	84.0	92.0	Aug 19	84.0	92.0	Oct 19	84.0	92.0	Dec 19	80.1	92.0	<p>NHS Planning Guidance for 2019/20 focuses on waiting list reduction over compliance with the 18 week national standard.</p> <p>Reduced clinical capacity due pension change has impacted on UHL’s RTT% against trajectory and also the national standard.</p> <p>LLR financial position has limited UHL’s ability to utilise Independent Sector capacity to improve RTT.</p>	<ul style="list-style-type: none"> • RSS programs to have downstream impact due to impact of reduced demand. • Changing models of care to utilise capacity in most appropriate low cost section of the NHS.
Month	Mean (%)	Target (%)																																			
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<p>Is the percentage of patients currently on an RTT pathway waiting less than 18 weeks .</p>	<p>Performance for January was 80.1%.</p>																																				

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
<p>RTT Total Number of Incompletes</p>	<p>19/20 Target – 64,404 or below</p>		<p>The overall waiting list size Decreased in January by 528 on the previous. The waiting list size was 705 off trajectory due to the key issues below:</p> <ul style="list-style-type: none"> • Reduced clinical capacity above plan due to emergency pressure. • Reduced administrative capacity due to sickness to fully validate the waiting list. • Further reduction of Elective Orthopaedic capacity between January and March 2020 will further impact on the waiting list size. 	<ul style="list-style-type: none"> • Continued high checks on outpatient utilisation. • Total waiting list validation. • Bespoke targets for specialties with high waiting list size increases.
<p>Is the total number of patients currently on an RTT pathway.</p>	<p>At the end of January 66,397 patients were on an RTT pathway.</p>			

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
<p>6 Week Diagnostic Waits</p> <p>Is the percentage of patients currently waiting 6 weeks or more for a diagnostic test.</p>	<p>19/20 Target – 0.1%</p> <p>Performance for January was 1.7%.</p>		<p>UHL did not achieve the DM01 standard in January after 16 consecutive months of achievement.</p> <p>The main drivers were in radiology who due to the below issues had over 100 more breaches in January compared to November and December 2019.</p> <ul style="list-style-type: none"> • Increased demand for Elective MRI • Increased pressure for acute non-elective work during winter months • Recurrent machine breakdowns and reliability issues. 	<ul style="list-style-type: none"> • Main issues affecting radiology including recurrent machine breakdown have been resolved. • Reduced forecasted breaches from other modalities are putting UHL on track to deliver the standard in February 2020

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
<p>Cancelled patients not offered a date within 28 days of the cancellations UHL + Alliance</p>	<p>19/20 Target – 0</p>	<p>Cancelled patients not offered a date within 28 days of the cancellations UHL + Alliance - starting 01/06/18</p>	<p>Services instructed to only book for elective surgery patients who are clinically urgent, on a cancer pathway or at risk of breaching 52 weeks. This has reduced capacity to re-book patients within 28 days when they have been cancelled.</p>	<ul style="list-style-type: none"> • Available capacity remains limited to re-book. Main area is to focus on reducing initial cancellation numbers. • 28 day breaches reviewed at patient level and confirm and challenge initiated for each patient to book within 28 days where possible.
<p>Is the number of cancelled patients OTD not offered a new date within 28 days of the cancellation at UHL or the Alliance</p>	<p>64 patients were not offered a new day within 28 days in January.</p>			

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
<p>% Operations cancelled for non-clinical reasons on or after the day of admission UHL + Alliance</p>	<p>19/20 Target – less than 1%</p>		<p>Cancelled ops performance improved since its peak October position. Cancellation rates for the first 2 weeks of February have been 0.7%, with a significant improvement shown to date.</p>	<ul style="list-style-type: none"> Services instructed to only book for elective surgery patients who are clinically urgent, on a cancer pathway or at risk of breaching 52 weeks in order to reduce number of patients that would be cancelled due to lack of beds.
<p>Is the percentage of operations cancelled for non-clinical reasons on or after the day of admission by UHL and the Alliance.</p>	<p>Performance for January was 1.3%.</p>		<p>For January 153 patients were cancelled, 153 at UHL 0 at Alliance sites.</p> <p>Overall 98 patients (64.5% of cancellations) were capacity related. 22 patients (14.4%) were cancelled due to lack of Theatre Time / List Overrunning. A large proportion of these were related to late theatre starts as a result of lack of beds. 15 (9.1%) patients were cancelled due to short notice workforce sickness.</p>	<ul style="list-style-type: none"> Surgical Care Program to target pre-operative assessment pathways which will aim to reduce variance in unknown complexity level causing some cancellation overruns.

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
<p>Long Stay Patients (21+ days)</p>	<p>19/20 Target – 135</p>		<ul style="list-style-type: none"> • UHL Long Stay Patients remain above target and above the mean. • CHUGGs and ESM whilst above target are below their mean • RRCV and MSS are above target and above their mean and both have seen special cause concern . 	<ul style="list-style-type: none"> • Red2green conference call reinstated across 7 in Speciality medicine. • MADE event 11th – 13th February focus on medicine. • Undertake deep dive to understand increase in RRCV and MSS.
<p>Is the number of adult patients that have been in hospital for over 21 days.</p>	<p>At the end of January the number of long stay patients (21+ days) was 179.</p>			