

Report by Chief Executive – Monthly Update: February 2020

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Sponsor: John Adler

Trust Board paper E revised

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)	N/A	
Executive Board	N/A	
Trust Board Committee	N/A	
Trust Board	N/A	

Executive Summary

Context

The Chief Executive's monthly update report to the Trust Board for February 2020 is attached. It includes:-

- (a) the Quality and Performance Dashboard for December 2019 attached at appendix 1 (the full month 9 quality and performance report is available on the Trust's public website and is hyperlinked within this report);
- (b) key issues relating to the Trust Priorities.

Questions

Does the Trust Board have any questions or comments about our performance and plans on the matters set out in the report?

Conclusion

The Trust Board is asked to consider and comment upon the issues identified in the report.

Input Sought

We would welcome the Board's input regarding the content of this month's report to the Board.

For Reference:

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

1. Quality priorities

Safe, surgery and procedures	[Yes]
Safely and timely discharge	[Yes]
Improved Cancer pathways	[Yes]
Streamlined emergency care	[Yes]
Better care pathways	[Yes]
Ward accreditation	[Yes]

2. Supporting priorities:

People strategy implementation	[Yes]
Estate investment and reconfiguration	[Yes]
e-Hospital	[Yes]
More embedded research	[Yes]
Better corporate services	[Yes]
Quality strategy development	[Yes]

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

- What was the outcome of your Equality Impact Assessment (EIA)? N/A
- Briefly describe the Patient and Public Involvement (PPI) activities undertaken in relation to this report, or confirm that none were required – None Required.
- 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? On the basis that this is a monthly update report.

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	ALL
Organisational: Does this link to an Operational/Corporate Risk on Datix Register	X	N/A
New Risk identified in paper: What type and description ?	N/A	N/A
None		

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

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: TRUST BOARD
DATE: 6TH FEBRUARY 2020
REPORT BY: CHIEF EXECUTIVE
SUBJECT: MONTHLY UPDATE REPORT – FEBRUARY 2020

1. Introduction

1.1 My monthly update report this month focuses on:-

- (a) the Board Quality and Performance Dashboard attached at **appendix 1**;
- (b) the Board Assurance Framework (BAF) and Organisational Risk Register;
- (c) key issues relating to our Trust Priorities, and
- (d) a range of other issues which I think it is important to highlight to the Trust Board.

1.2 I would welcome feedback on this report which will be taken into account in preparing further such reports for future meetings of the Trust Board.

2 Quality and Performance Dashboard – December 2019

2.1 The Quality and Performance Dashboard for December 2019 is appended to this report **at appendix 1**.

2.2 The Dashboard aims to ensure that Board members are able to see at a glance how we are performing against a range of key measures.

2.3 The more comprehensive monthly Quality and Performance report continues to be reviewed in depth at a joint meeting of the People, Process and Performance Committee and Quality and Outcomes Committee. The latest iteration of the [month 9 quality and performance report](#) is published on the Trust's website.

2.4 **Good News:**

- **Mortality** – the latest published SHMI (period August 2018 to July 2019) is 97, and remains within the expected range.
- **Diagnostic 6 week wait** – standard achieved for 16 consecutive months.
- **52+ weeks wait** – has been compliant for 18 consecutive months (pending a gastroenterology audit)
- **Delayed transfers of care** - remain within the tolerance.

- **CAS alerts** - compliant.
- **Pressure Ulcers** - 0 **Grade 4**, 1 **Grade 3** and 4 **Grade 2** reported during December.
- **Inpatient and Day Case Patient Satisfaction (FFT)** achieved 97% which is above the national average.
- **Single Sex Accommodation Breaches** – 0 reported in December.
- **90% of Stay on a Stroke Unit** – threshold achieved with 88.9% reported in November.
- **TIA (high risk patients)** – threshold achieved with 64.0% reported in December.
- **Fractured NOF** was 72.4% in December; YTD is below target which is 72%.
- **2 Week Wait Cancer Symptomatic Breast** was 97.7% in November.
- **Annual Appraisal** is at 92.3%.

2.5 ***Bad News***

- **UHL ED 4 hour performance** – 61.1% for December, provisional system performance (including LLR UCCs) for December is 73.0%.
- **12 hour trolley wait** - 24 breaches reported.
- **Ambulance Handover 60+ minutes (CAD)** – performance at 21.0%.
- **C DIFF** – 11 cases reported this month.
- **MRSA** – 1 case reported.
- **Cancer Two Week Wait** was 90.0% in November against a target of 93%.
- **Cancer 31 day treatment** was 93.3% in November against a target of 96%.
- **Cancer 62 day treatment** was 72.4% in November 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 81.0% at the end of December.
- **Cancelled operations OTD** - 1.4% reported in December.
- **Patients not rebooked within 28 days following late cancellation of surgery** - 46.
- **Statutory and Mandatory Training** compliance has decreased to 93%

3. Quality Strategy: Becoming the Best – Update

3.1 We continue to make good progress and our key areas of focus for the early part of 2020 are:

- actions to tackle culture and leadership issues (Delivery Phase),
- continued roll-out of Quality Improvement skills training,
- more consistent public and patient involvement,
- refresh of our Quality and Supporting Priorities for 2020/21,
- more cross-system improvement, and
- sharing of Quality Improvement success stories.

3.2 A culture and leadership design consolidation event will take place on 4 February, 2020 between 9am and 1pm at The Big Shed.

- 3.3 I have previously reported to the Board on the importance of listening to feedback and acting on it to ensure we deliver our Becoming the Best Quality Strategy. In a previous report I shared the key feedback themes from the cascade to all staff of information about Becoming the Best.
- 3.4 Hosted by Hazel Wyton, Director of People and Organisational Development, the event will invite Improvement Agents and senior leaders to talk through the ideas and interventions they are leading around our 10 cultural themes.
- 3.5 The outputs will be used to develop an integrated implementation plan which will be shared with Trust Board in early February.

4. Reconfiguration Programme

Pre Consultation Business Case (PCBC) and Timeline Update

- 4.1 The PCBC was formally submitted to NHSE/I on 7th January 2020, in addition it was sent to NHSE Specialised Commissioning and to the three local CCG boards for their endorsement. The CCGs approved the PCBC in their private Board meetings on 14th January 2020.
- 4.2 The NHSE/I regional review panel met on 22nd January, chaired by Dale Bywater, Executive Regional Managing Director. A combined team from UHL and CCG, led by myself and Andy Williams, Accountable Officer attended to present the PCBC and answer the panel’s questions.
- 4.3 Overall the panel were assured that the PCBC was satisfactory and it was acknowledged that a lot of work had been put into developing the case in getting it to this stage. The panel agreed to recommend approval of the PCBC to the national ‘Oversight Group for Service Change and Reconfiguration’ (OGSCR) which meets on 11th February.
- 4.4 Further work is being undertaken on bed modelling to ensure the model is as robust as it can be in readiness for the final assurance panel in March 2020 – the Delivery Performance Quality Committees in Common (DQPCiC).
- 4.5 The full approval timetable is shown below:

Date	Milestone	Key people	Notes
22 nd January	Regional Panel	System, NHSE/I	SUPPORTED
31 st January	Deadline for System Presentation for OGSCR	System	Summary of the scheme – context and how the CCG is assured that the scheme meets the five key tests including financial modelling, capacity and workforce assumptions and high level timeline for key milestones and implementation post-approval
11 th February	OGSCR meeting	System, NHSEI	To include in person presentation to support the beds model and finances; other representatives will join via teleconference. Regional confirmation of outcome from Regional Assurance

			Panel/process
20 th March	Anticipated date for DQPCiC outcome confirmed	NHSEI	Expected to be issued via correspondence to CCG Accountable Officer Date subject to DQPCiC outcome confirmed
Late March	CCG Governing Board approval in public	System	Date subject to DQPCiC outcome confirmed
31st March	Consultation commences	System	Assuming all approvals in place

Recruitment

- 4.6 The programme and project resource profile agreed by the Executive Team has now been converted into a 'recruitment tracker'. Regular meetings to oversee recruitment processes have been set up, chaired by Hazel Wyton, Director of People and Organisational Development.
- 4.7 The timing of recruitment has been aligned to the spending profile, so posts only come on line when the funding is available.

Programme Governance

- 4.8 The draft programme governance structure for was discussed at the January Trust Board Thinking Day, it is vitally important to get this right and draft terms of reference are being produced to clarify the decision-making authority and accountability for each Board. Final proposals will be the subject of further consultation, with formal recommendations being submitted to the Trust Board in March.

5. Emergency Care

- 5.1 UHL performance against the 4 hour access standard for December 2019 was 61.1%, and Leicester, Leicestershire and Rutland performance was 73%, against a trajectory target of 85.3%.
- 5.2 Demand has continued to increase – December 2019 saw 22,536 patients attending the Emergency Department, an increase of 4.2% compared to December 2018. Admissions in December 2019 were up 5.3% compared to the same period last year, exacerbating our shortfall in medical bed capacity at Leicester Royal Infirmary which continues to impact negatively on our ability to complete the handover of patients arriving by ambulance in a timely manner.
- 5.3 Because our shortage of medical bed capacity is at the heart of the problems we have with patient flow and achievement of the required performance standards, I am personally focussing on bringing together the key strands of our work to increase what I describe as “effective medical bed capacity”. These strands are 1) planning of physical ward capacity over the short, medium and long term, 2) our nursing workforce plan (as additional capacity must be capable of being safely staffed) and 3) improving the utilisation of our capacity through process re-design (the

Streamlined Emergency Care programme). I have convened a task and finish group to drive this co-ordinated work; the first meeting of this group was on 28th January, focussing on physical bed capacity planning.

- 5.4 Ambulance handover delays remain of great concern, with 22.8% of handovers exceeding 1 hour in December 2019. As previously reported to the Board, last month we opened a Clinical Ambulance Escalation Unit, in conjunction with the East Midlands Ambulance Service, enabling EMAS to cohort patients and release crews more speedily than before.
- 5.5 We took the decision in December 2019 to reduce our elective orthopaedic capacity temporarily, resulting in the closure of Ward 19 at the Leicester General Hospital. This has allowed us to redeploy nursing staff to open an additional acute medicine Ward at Leicester Royal Infirmary, Ward 22, which increased medical bed capacity by 14 beds from 6th January and subsequently to 24 beds.
- 5.6 Our emergency care performance continues to be the subject of report by the Chief Operating Officer monthly to the People, Process and Performance Committee (PPPC). Details of that Committee's most recent discussions are set out in the summary of that meeting which features elsewhere on this Board agenda.

6. Board Assurance Framework (BAF) and Organisational Risk Register

- 6.1 This information provides the Trust Board with a summary of progress with managing principal risks on the BAF to the delivery of our strategic objectives. Since the last meeting, in line with our BAF governance arrangements, Executive Directors have reviewed and updated their principal risks for the period ending 31st December 2019 and the BAF 2019/20 for quarter 3 is featured within the integrated risk paper on the Board meeting agenda today.
- 6.2 The highest rated principal risks on the BAF for the reporting period are:

PR No.	Principal Risk Event <i>If we don't put in place effective systems and processes to deal with the threats described in each principal risk... then it may result in...</i>	Executive Lead Owner	Current Rating: July (L x I)
1	Failure to deliver key performance standards for emergency, planned and cancer care	COO	5 x 4 = 20
5	Failure to recruit, develop and retain a workforce of sufficient quantity and skills	DPOD	5 x 4 = 20
6a	Serious disruption to the Trust's critical estates infrastructure	DEF	4 x 5 = 20
6b	Serious disruption to the Trust's critical IT infrastructure	CIO	4 x 5 = 20
9	Failure to meet the financial control total including through improved productivity	ICFO	5 x 4 = 20 (↑ from 16)

Organisational Risk Register summary

- 6.3 The UHL risk register has been kept under review by the Executive Performance Board, the CMG Performance Review Meetings and across all CMGs via their monthly Board meetings during the reporting period (December 2019) and displays

328 organisational risk entries. A breakdown of the risk profile by current rating is shown in the graphic below:



6.4 Thematic analysis of the organisational risk register shows the most common risk causation theme across all CMGs is workforce capacity and capability. Thematic analysis shows that the most common risk consequence is potential for harm (physical or psychological) – this may be to patients (as a result of issues with care); to members of staff, or to visitors (arising from health and safety issues) and covers a range from minor injuries through to multiple fatalities.

6.5 There have been four new risks rated 15 and above entered on the risk register during the reporting period and a short report has been incorporated within the integrated risk paper (featuring elsewhere on the Board agenda today) to include further details about these risks.

7. Care Quality Commission (CQC)

7.1 Following their unannounced inspections in September 2019 and Well Led Review in October and November 2019, we anticipate that the CQC will publish their final report on 5th February. I will of course report orally on this matter at the Board meeting on 6th February.

8. Financial Position

8.1 As signalled in previous Trust Board reports, the second half of the year is proving to be financially challenging. The Executive Team is focussed on delivering as good a year-end result as possible whilst also accelerating planning for the new financial year. The latter will now be informed by the national planning guidance which has just been published (See section 9).

8.2 Further detail on the financial position is contained in the Interim Chief Financial Officer's report elsewhere on this agenda.

9. National Planning Guidance 2020/21

9.1 The national planning guidance for the next financial year was published on 30th January. The full document is available at:

<https://www.england.nhs.uk/wp-content/uploads/2020/01/2020-21-NHS-Operational-Planning-Contracting-Guidance.pdf>

- 9.2 Much of the guidance will have significant implications for the operation of the Trust and the wider system. Amongst its most significant provisions are:
- 9.3 Performance standards:
- Improvement required in urgent care performance (unspecified at this stage)
 - No over 52 week elective waiters
 - No increase in overall waiting list size
 - Choice of alternative provider at 26 weeks at some point in the year
 - Improvement in cancer standard performance and introduction of a new 70% 28 day diagnosis standard
- 9.4 Urgent care:
- Maximum bed occupancy of 92% to aid flow
 - **2019/20 “winter” beds to be kept open for the whole year as a minimum**
 - 2 hour crisis response standard for community services from 1/11/20 and 2 day reablement access standard
 - Continued focus on reducing ambulance handover delays
- 9.5 Finance:
- All organisations and systems to live within their control totals
 - 50% of Financial Recovery Fund (FRF) support to be related to system performance and be dependent on whole-year performance
 - Access to a Service Development Fund controlled by regions and dependent on financial performance
 - Access to capital and revenue dependent on agreement of financial trajectories and their delivery
 - Productivity focus on diagnostic services
 - Highly targeted CQUIN (quality payments)
 - Contract deadline is 27th March 2020
 - Introduction of System Collaboration and Financial Management agreements – this will be the framework for what we have already planned locally
- 9.6 Workforce
- National People Plan to be published soon
 - National programme of international recruitment
 - Continue working towards BAME senior manager targets
 - Ensuring that the apprentice levy is fully spent
- 9.7 Other provisions:
- Enhanced focus on climate action with a range of specific requirements (system “Green Plan”)
 - “Digital Aspirant” programme with targeted not blanket funding
10. Coronavirus
- 10.1 On the 31st December 2019, the World Health Organization (WHO) was informed by the People’s Republic of China of cases of pneumonia of unknown cause associated with the city of Wuhan in central China. On the 9th January 2020, the WHO went on to announce that a novel coronavirus (named Wuhan Novel Coronavirus (WN-CoV))

had been detected in patient samples in Wuhan and it was classified as an airborne high consequence infectious disease (HCID) in the UK.

- 10.2 The outbreak of infection which started in Wuhan has since spread to all provinces of China as well as a number of other countries, including, as of the 31st January 2020, the United Kingdom. In response to the growing number of confirmed cases, WHO declared a Public Health Emergency of International Concern on the 30th January 2020.
- 10.3 University Hospitals of Leicester already has plans in place to support staff respond to outbreaks of infection. These plans are reviewed and updated in line with the latest available guidance and direction from Public Health England who oversee the public health response. We are updating and briefing staff regularly as the situation evolves and our response plans are available for staff to access on a dedicated page on INsite (our intranet). Training is also underway to ensure clinical teams are well prepared.
- 10.4 The ongoing outbreak is an evolving situation and our teams are working closely with our partners to ensure any response is coordinated and effective.






11. Conclusion




- 11.1 The Trust Board is invited to consider and comment upon this report and the attached appendices.

John Adler
Chief Executive
31st January 2020

Quality and Performance Report Board Summary December 2019

This dashboard uses icons to indicate if a process is showing special cause or common cause variation. It also indicates whether the process is able to meet any stated target. Here is a key to the icons

Icon	Description
	Special cause variation - cause for concern (indicator where high is a concern)
	Special cause variation - cause for concern (indicator where low is a concern)
	Common cause variation
	Special cause variation - improvement (indicator where high is good)
	Special cause variation - improvement (indicator where low is good)

Icon	Description
	The system is expected to consistently fail the target
	The system is expected to consistently pass the target
	The system may achieve or fail the target subject to random variation

These icons are used to indicate statistical variation. We have identified special cause variation based on three rules which are shown below. If none of the rules are present then the metric is showing common cause variation.

- An upwards or downwards trend in performance for seven or more consecutive months.
- Seven or more months above or below the average.
- One month or more outside the control limits .

Green indicates that the metric has passed the monthly or YTD target while **Red** indicates a failure to do so.

The trend shows performance for the most recent 13 months.

Data Quality Assessment - The Data Quality Forum panel is presented with an overview of data collection and processing for each performance indicator in order to gain assurance by best endeavours that it is of suitably high quality. The forum provides scrutiny and challenge on the quality of data presented against the dimensions of accuracy, validity, reliability, timeliness, relevance and completeness.

These icons are used to indicate if a target is likely to be achieved next month, has the potential to be achieved or is expected to fail.

Quality and Performance Report Board Summary December 2019

Domain	KPI	Target	Oct-19	Nov-19	Dec-19	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%	98.2%	98.5%	98.1%				Dec-19
	Emergency C-section rate	No Target	18.9%	21.4%	19.7%	19.6%				Jan-17
	Clostridium Difficile	108	7	5	11	77				Nov-17
	MRSA Total	0	1	0	1	3				Nov-17
	E. Coli Bacteraemias Acute	No Target	5	9	2	69				Jun-18
	MSSA Acute	No Target	2	5	1	26				Nov-17
	All falls reported per 1000 bed stays	6.02	4.0	3.9		4.5				Jun-18
	Rate of Moderate harm and above Falls PSIs with finally approved status per 1,000 bed days	No Target	0.0	0.1		0.1				TBC
	Avoidable pressure ulcers G4	0	0	0	0	0				Aug-17
	Avoidable pressure ulcers G3	3	0	0	1	2				Aug-17
Avoidable pressure ulcers G2	7	5	3	4	41				Aug-17	

Domain	KPI	Target	Oct-19	Nov-19	Dec-19	YTD	Assurance	Variation	Trend	Data Quality Assessment
Caring	Staff Survey Recommend for treatment	No Target	Available February			76%				Aug-17
	Single Sex Breaches	0	3	0	0	10				Dec-16
	Inpatient and Daycase F&F Test % Positive	96%	97%	97%	97%	97%				Jun-17
	A&E F&F Test % Positive	94%	92%	91%	92%	94%				Jun-17
	Maternity F&F Test % Positive	96%	96%	94%	96%	94%				Jun-17
	Outpatient F&F Test % Positive	94%	95%	95%	96%	95%				Jun-17
	Complaints per 1,000 staff (WTE)	No Target	Available February			49.5				Jan-20

Domain	KPI	Target	Oct-19	Nov-19	Dec-19	YTD	Assurance	Variation	Trend	Data Quality Assessment
Well Led	Staff Survey % Recommend as Place to Work	No Target	Available February			60.0%				Sep-17
	Turnover Rate	10%	8.9%	8.9%	8.7%	8.7%				Nov-19
	Sickness Absence	3%	4.2%	4.4%		3.9%				Oct-16
	% of Staff with Annual Appraisal	95%	92.4%	91.8%	92.3%	92.3%				Dec-16
	Statutory and Mandatory Training	95%	95.0%	94.0%	93.0%	93.0%				Dec-16
	Nursing Vacancies	No Target	12.5%	11.2%		11.2%				Dec-19

Quality and Performance Report Board Summary December 2019

Domain	KPI	Target	Oct-19	Nov-19	Dec-19	YTD	Assurance	Variation	Trend	Data Quality Assessment
Effective	Mortality Published SHMI	99	99	98	97	97 (Aug 18 Jul 19)				Sep-16
	Mortality 12 months HSMR	99	95	94	95	95 (Aug 18 to Jul 19)				Sep-16
	Crude Mortality Rate	No Target	1.0%	1.2%	1.2%	1.0%				Sep-16
	Emergency Readmissions within 30 Days	8.5%	8.8%	8.9%		9.0%				Jun-17
	Emergency Readmissions within 48 hours	No Target	1.1%	1.1%		1.1%				Jun-17
	No of #neck of femurs operated on 0-35hrs	72%	78.3%	70.4%	72.4%	71.7%				Jul-17
	Stroke - 90% Stay on a Stroke Unit	80%	87.5%	89.9%		88.3%				Apr-18
	Stroke TIA Clinic Within 24hrs	60%	67.5%	78.4%	64.0%	68.7%				Apr-18

Domain	KPI	Target	Oct-19	Nov-19	Dec-19	YTD	Assurance	Variation	Trend	Data Quality Assessment
Responsive	ED 4 hour waits UHL	95%	67.0%	63.5%	61.1%	69.8%				Sep-18
	ED 4 hour waits Acute Footprint	95%	76.8%	74.6%	73.0%	78.8%				Aug-17
	12 hour trolley waits in A&E	0	1	2	24	27				Mar-19
	Ambulance handover >60mins	0.0%	19.6%	19.9%	21.0%	11.6%				TBC
	RTT Incompletes	92%	81.8%	80.7%	81.0%	81.0%				Nov-19
	RTT Wating 52+ Weeks	0	0	0	0	0				Nov-19
	Total Number of Incompletes	64404 (by year end)	66,474	65,163	66,925	66,925				Nov-19
	6 Week Diagnostic Test Waiting Times	1.0%	0.8%	0.8%	1.0%	1.0%				Nov-19
	Cancelled Patients not offered <28 Days	0	25	40	46	438				Nov-19
	% Operations Cancelled OTD	1.0%	1.8%	1.4%	1.4%	1.3%				Jul-18
	Delayed Transfers of Care	3.5%	2.2%	1.9%	2.1%	1.8%				Oct-17
	Long Stay Patients (21+ days)	135	193	173	179	179				TBC
	Inpatient Average LOS	No Target	3.2	3.6	3.8	3.4				TBC
	Emergency Average LOS	No Target	4.7	4.7	4.7	4.6				TBC

Domain	KPI	Target	Sep-19	Oct-19	Nov-19	YTD	Assurance	Variation	Trend	Data Quality Assessment
Responsive - Cancer	2WW	93%	90.3%	90.5%	90.0%	91.8%				Dec-19
	2WW Breast	93%	97.4%	97.9%	97.7%	95.6%				Dec-19
	31 Day	96%	93.0%	92.9%	93.3%	92.9%				Dec-19
	31 Day Drugs	98%	98%	99.4%	100%	99.5%				Dec-19
	31 Day Sub Surgery	94%	75.2%	77.2%	76.8%	82.0%				Dec-19
	31 Day Radiotherapy	94%	91.7%	90.3%	79.4%	93.5%				Dec-19
	Cancer 62 Day	85%	74.6%	76.8%	72.4%	74.7%				Dec-19
	Cancer 62 Day Consultant Screening	90%	91.4%	80.0%	90.9%	84.6%				Dec-19