UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST
PEOPLE, PROCESS AND PERFORMANCE COMMITTEE AND
QUALITY AND OUTCOMES COMMITTEE – 19 DECEMBER 2019

PAGE 1 OF 3

Quality and Performance Report

Executive Summary from CEO

Joint Paper 3

Purpose of report:

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

Previous consideration:

Meeting	Date	Please clarify the purpose of the paper to that meeting using the categories above
CMG Board (specify which CMG)		
Executive Board	19/11/19	Discussion and Assurance
Trust Board Committee	28/11/19	Discussion and Assurance
Trust Board		

Executive Summary

Context

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

Question

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

Conclusion

Good News:

- **Mortality** – the latest published SHMI (period September 2018 to August 2019) is 98, and remains within the expected range.
- **Diagnostic 6 week wait –** standard achieved for 15 consecutive months.
- **52+ weeks wait –** has been compliant for 17 consecutive months (pending a gastroenterology audit)
- **Referral to treatment** – the number on the waiting list (now the primary performance measure) was below the NHSE/I trajectory and 18 week performance was below the NHS Constitution standard at 80.7% at the end of November.
- **Delayed transfers of care** - remain within the tolerance.
- **CAS alerts** - compliant.
- **C DIFF** – 5 cases reported this month.
- **MRSA** – 0 cases reported.
- **Pressure Ulcers** - 0 **Grade 4,** 0 **Grade 3** and 3 **Grade 2** reported during November.
- **Inpatient and Day Case Patient Satisfaction (FFT)** achieved 97% which is above the national average.
- **Single Sex Accommodation Breaches** – 0 reported in November.
- **90% of Stay on a Stroke Unit** – threshold achieved with 87.5% reported in October.
- **TIA (high risk patients) –** threshold achieved with 78.4% reported in November.
- **2 Week Wait Cancer Symptomatic Breast** was 97.9% in October.
- **Annual Appraisal** is at 91.8%.

Bad News:

- **UHL ED 4 hour performance** – 63.5% for November, provisional system performance (including LLR UCCs) for November is 74.5%.
- **12 hour trolley wait -** 2 breaches reported.
- **Ambulance Handover 60+ minutes (CAD)** – performance at 19.9%.
- **Fractured NOF** was 70.4% in November, YTD is below target which is 72%.
- **Cancer Two Week Wait** was 90.5% in October against a target of 93%.
- **Cancer 31 day treatment** was 92.9% in October against a target of 96%.
- **Cancer 62 day treatment** was 76.8% in October against a target of 85%.
- **Cancelled operations OTD** - 1.4% reported in November.
- **Patients not rebooked within 28 days following late cancellation of surgery -** 40.
- **Statutory and Mandatory Training** compliance has decreased to 94%

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: 21st January 2020

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

Quality and Performance Report

November 2019
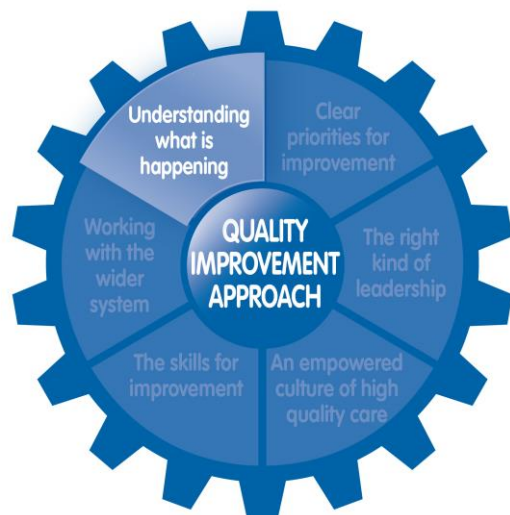
Operational Delivery Unit

One team shared values

CONTENTS

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: **PEOPLE, PROCESS AND PERFORMANCE COMMITTEE/QUALITY AND OUTCOMES COMMITTEE**
DATE: **19th DECEMBER 2019**
REPORT BY: **ANDREW FURLONG, MEDICAL DIRECTOR**
                REBECCA BROWN, CHIEF OPERATING OFFICER
                CAROLYN FOX, CHIEF NURSE
                HAZEL WYTON, DIRECTOR OF PEOPLE AND ORGANISATIONAL DEVELOPMENT

SUBJECT: NOVEMBER 2019 QUALITY & PERFORMANCE SUMMARY REPORT

Introduction

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

The KPI's include:-

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

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

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

Statistical Process Control (SPC) charts

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

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

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

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

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

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

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

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

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

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

Key elements of a SPC dashboard

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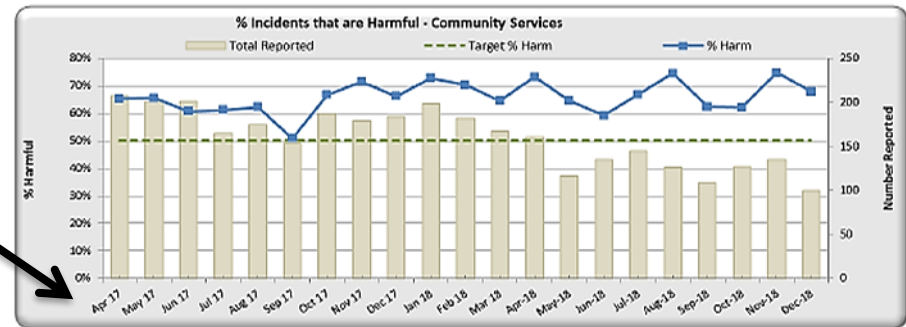
Highlighting special cause and its nature
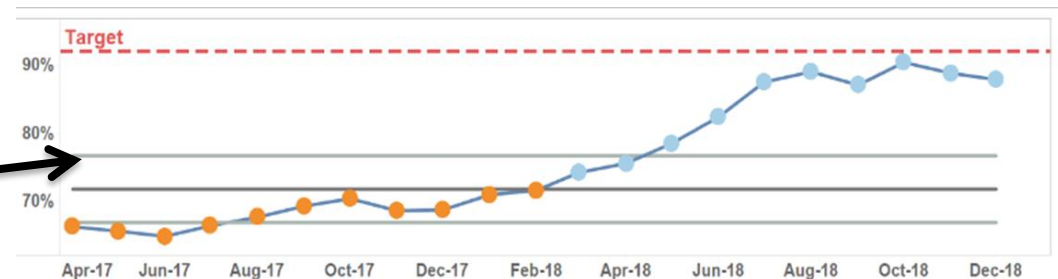
Key elements of a SPC dashboard

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	L	H	L	
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
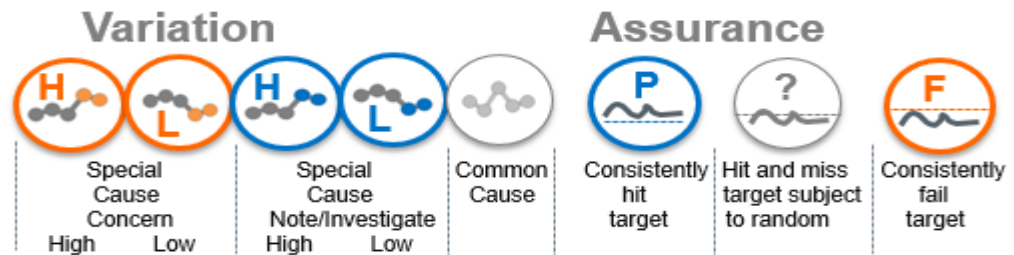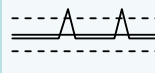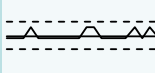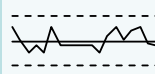
	Jun-18	Target	Variation	Target Capability	Comment
Staff Sickness absence	4.4%	3.5%		F	Shift change in August 2017 showing increase in sickness - staff survey review indicated.....
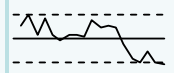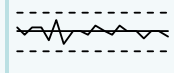
Domain	KPI	Target	Sep-19	Oct-19	Nov-19	YTD	Assurance	Variation	Trend	Data Quality Assessment
Safe	Never events	0	1	0	0	2				May-17
	Overdue CAS alerts	0	0	0	0	1				Nov-19
	% of all adults VTE Risk Assessment on Admission	95%	98.2%	98.2%		98.1%	P			Nov-16
	Emergency C-section rate		21.6%	18.9%	21.4%	19.6%				Jan-17
	Clostridium Difficile	108	14	7	5	66				Nov-17
	MRSA Total	0	0	1	0	2				Nov-17
	E. Coli Bacteraemias Acute		6	5		58				Jun-18
	MSSA Acute		4	2	5	25				Nov-17
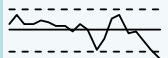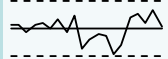
Domain	KPI	Target	Sep-19	Oct-19	Nov-19	YTD	Assurance	Variation	Trend	Data Quality Assessment
Safe	**All falls reported per 1000 bed stays**	**6.02**	**4.4**	**4.0**		**4.6**				**Jun-18**
	Rate of Moderate harm and above Falls PSIs with finally approved status per 1,000 bed days		**0.1**	**0.0**		**0.1**				**TBC**
	Avoidable pressure ulcers G4	**0**	**0**	**0**	**0**	**0**				**Aug-17**
	Avoidable pressure ulcers G3	**3**	**1**	**0**	**0**	**1**				**Aug-17**
	Avoidable pressure ulcers G2	**7**	**5**	**5**	**3**	**37**				**Aug-17**
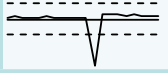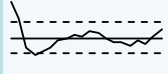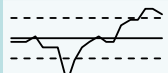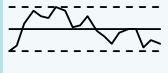
Performance Overview

Caring at its best

Domain	KPI	Target	Sep-19	Oct-19	Nov-19	YTD	Assurance	Variation	Trend	Data Quality Assessment
Caring	Staff Survey Recommend for treatment		78%			76%				Aug-17
	Single Sex Breaches	0	0	3	0	10	?			Dec-16
	Inpatient and Daycase F&F Test % Positive	96%	97%	97%	97%	97%	P			Jun-17
	A&E F&F Test % Positive	94%	93%	92%	91%	94%	?	L		Jun-17
	Maternity F&F Test % Positive	96%	94%	96%	94%	94%	?			Jun-17
	Outpatient F&F Test % Positive	94%	95%	95%	95%	95%	?			Jun-17
	Complaints per 1,000 staff (WTE)	TBC	50.8			49.5				Sep-17
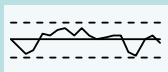
Domain	KPI	Target	Sep-19	Oct-19	Nov-19	YTD	Assurance	Variation	Trend	Data Quality Assessment
Well Led	Staff Survey % Recommend as Place to Work		61.0%			60.0%				Sep-17
	Turnover Rate	10%	8.9%	8.9%	8.9%	8.9%	P	H		Nov-19
	Sickness Absense	3%	4.0%	4.3%		3.9%	F			Oct-16
	% of Staff with Annual Appraisal	95%	92.8%	92.4%	91.8%	91.8%	F			Dec-16
	Statutory and Mandatory Training	95%	95.0%	95.0%	94.0%	94.0%	F	H		Dec-16
	Nursing Vacancies	TBC	12.8%	12.5%		12.5%				Dec-17

Domain	KPI	Target	Sep-19	Oct-19	Nov-19	YTD	Assurance	Variation	Trend	Data Quality Assessment
Effective	Mortality Published SHMI	99	99	99	98	98 (Sep 18 Aug 19)				Sep-16
	Mortality 12 months HSMR	99	92	95	94	94 (Sep 18 to Aug 19)				Sep-16
	Crude Mortality Rate		1.1%	1.0%	1.2%	1.0%		⊙		Sep-16
	Emergency Readmissions within 30 Days	8.5%	9.1%	8.8%		9.0%	F	⊙		Jun-17
	Emergency Readmissions within 48 hours	TBC	1.0%	1.1%		1.1%		⊙		Jun-17
	No of #neck of femurs operated on 0-35hrs	72%	73.5%	78.3%	70.4%	71.3%	?	⊙		Jul-17
	Stroke - 90% Stay on a Stroke Unit	80%	90.4%	87.5%		88.1%	?	⊙		Apr-18
	Stroke TIA Clinic Within 24hrs	60%	57.1%	67.5%	78.4%	69.3%	?	⊙		Apr-18
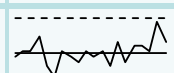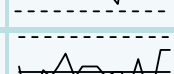
Domain	KPI	Target	Sep-19	Oct-19	Nov-19	YTD	Assurance	Variation	Trend	Data Quality Assessment
Responsive	ED 4 hour waits UHL	95%	71.4%	67.0%	63.5%	70.9%	F	L		Sep-18
	ED 4 hour waits Acute Footprint	95%	80.1%	76.8%	74.5%	79.6%	F	L		Aug-17
	12 hour trolley waits in A&E	0	0	1	2	3	?	H		Mar-19
	Ambulance handover >60mins	0.0%	8.1%	19.6%	19.9%	10.3%	?	H		TBC
	RTT Incompletes	92%	82.0%	81.8%	80.7%	80.7%	F	L		Nov-19
	RTT Wating 52+ Weeks	0	0	0	0	0	?	L		Nov-19
	Total Number of Incompletes	64,404	66,629	66,474	65,164	65,164	?			Nov-19

Domain	KPI	Target	Sep-19	Oct-19	Nov-19	YTD	Assurance	Variation	Trend	Data Quality Assessment
Responsive	6 Week Diagnostic Test Waiting Times	1.0%	0.8%	0.8%	0.8%	0.8%				Nov-19
	Cancelled Patients not offered <28 Days	0	26	25	40	187	F	H		Nov-19
	% Operations Cancelled OTD	1.0%	1.2%	1.8%	1.4%	1.3%	?			Jul-18
	Delayed Transfers of Care	3.5%	1.7%	2.2%	1.9%	1.7%	P	H		Oct-17
	Long Stay Patients (21+ days)	135	185	193	176	176	F			TBC
	Inpatient Average LOS	TBC	3.4	3.2	3.6	3.4				TBC
	Emergency Average LOS	TBC	4.4	4.7	4.7	4.6				TBC

Performance Overview

Domain	KPI	Target	Aug-19	Sep-19	Oct-19	YTD	Assurance	Variation	Trend	Data Quality Assessment
Responsive - Cancer	2WW	93%	91.4%	90.3%	90.5%	92.0%	?			Jan-19
	2WW Breast	93%	97.4%	97.4%	97.9%	95.3%	?			Jan-19
	31 Day	96%	88.5%	93.0%	92.9%	92.8%	?			Jan-19
	31 Day Drugs	98%	100%	98.5%	99.4%	99.4%	?			Jan-19
	31 Day Sub Surgery	94%	91.6%	75.2%	80.2%	83.2%	?			Jan-19
	31 Day Radiotherapy	94%	95.0%	91.7%	90.3%	95.3%	?	L		Jan-19
	Cancer 62 Day	85%	72.3%	74.6%	76.8%	75.0%	F			Jan-19
	Cancer 62 Day Consultant Screening	90%	82.1%	91.4%	80.0%	83.8%	?			Jan-19

Performance Overview

Domain	KPI	Target	Sep-19	Oct-19	Nov-19	YTD	Assurance	Variation	Trend	Data Quality Assessment
Outpatient Transformation	**% DNA rate**	**TBC**	**7.2%**	**7.1%**	**7.4%**	**6.9%**				**Nov-17**
	% Virtual clinic appointments	**TBC**	**5.5%**	**5.7%**	**5.8%**	**5.5%**				**Oct-16**
	% 7 day turnaround of OP clinic letters	**90%**	**80.4%**	**83.2%**		**75.2%**				**Dec-16**

Safe

Metric	Nov 19	YTD	Target
Never Events	0	2	0
4 never events in the last 12 months.			

Never Events- starting 01/04/18
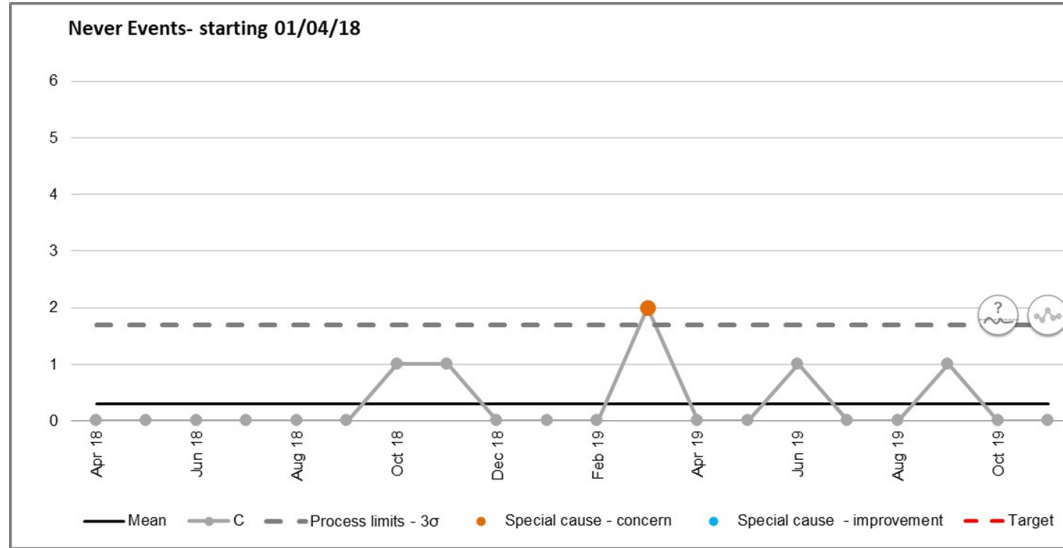
Metric	Nov 19	YTD	Target
Overdue CAS alerts	0	1	0
Full year target can no longer be achieved due to 1 breach in June 19.			

Overdue CAS alerts- starting 01/04/18

Safe
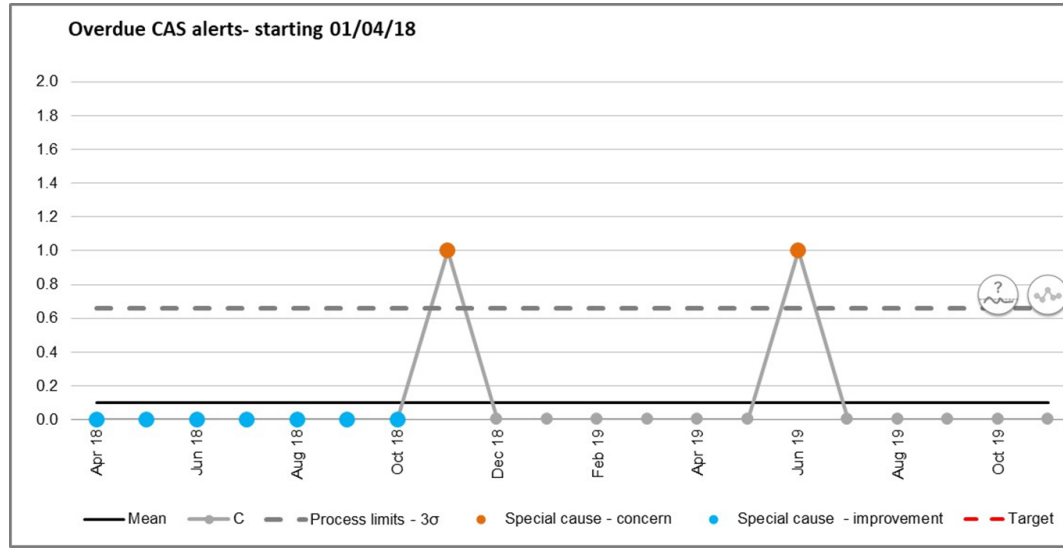
Metric	Oct 19	YTD	Target
VTE Risk Assessment	**98.2%**	**98.1%**	**95%**

This metric has improved significantly in the last 9 months. Likely to achieve target again next month.

VTE Risk Assessment- starting 01/03/18
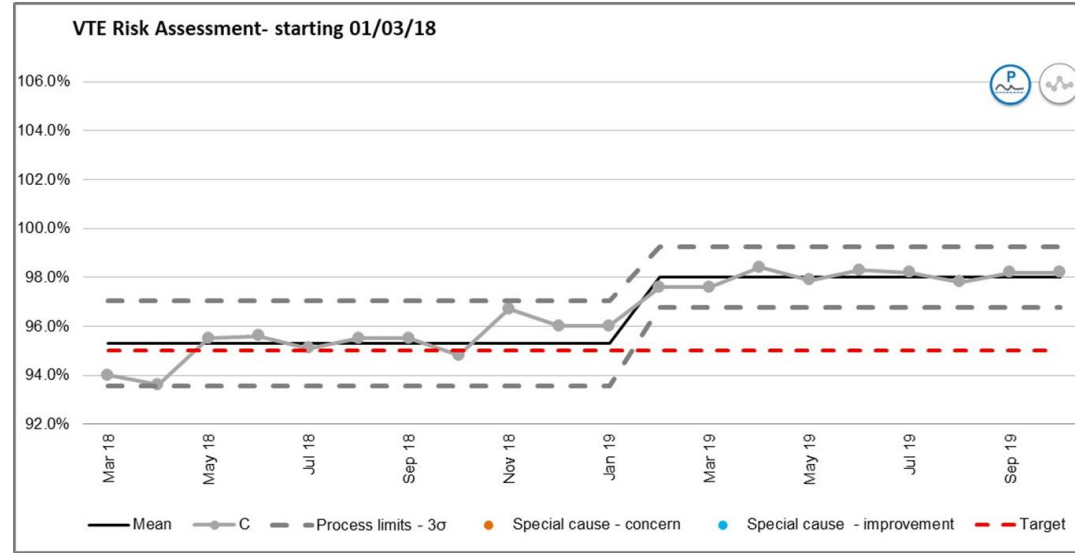
Metric	Nov 19	YTD	Target
% Emergency C-Sections	**21.4%**	**19.6%**	**N/A**

This metric is not varying significantly from the mean.

Emergency C-Sections- starting 01/04/18

Safe
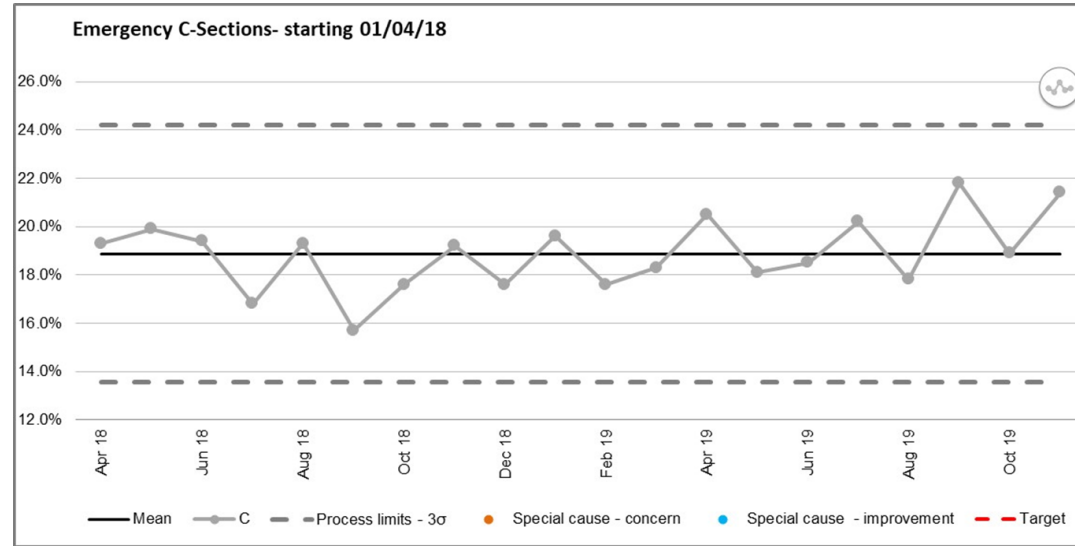
Metric	Nov 19	YTD	Target
Clostridium Difficile	5	66	108

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

Clostridium Difficile- starting 01/04/18
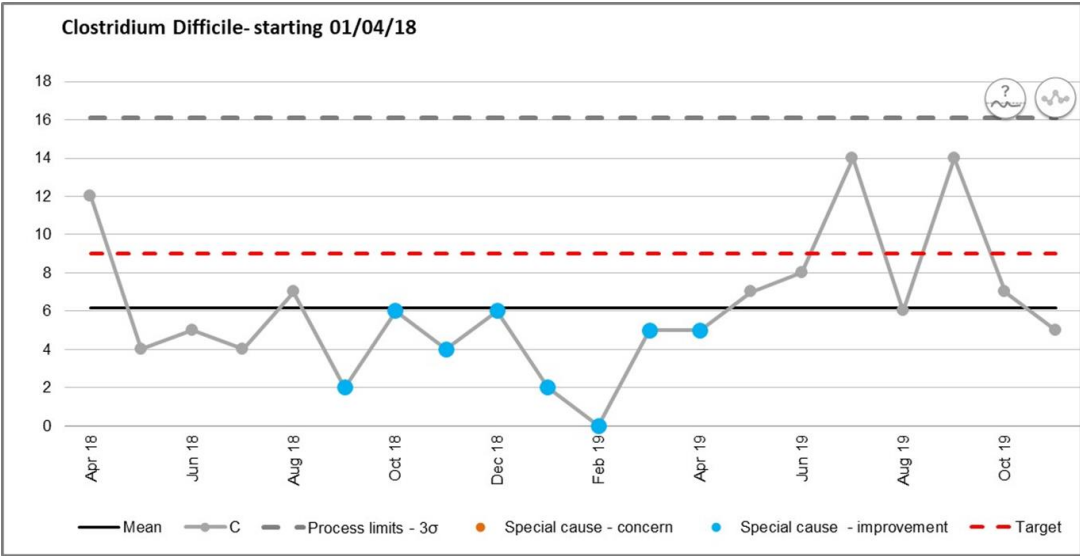
Metric	Nov 19	YTD	Target
MRSA Total	0	2	0

Target is zero and there has already been 2 YTD it is now impossible to achieve the full year target.

MRSA Total- starting 01/04/18

Safe
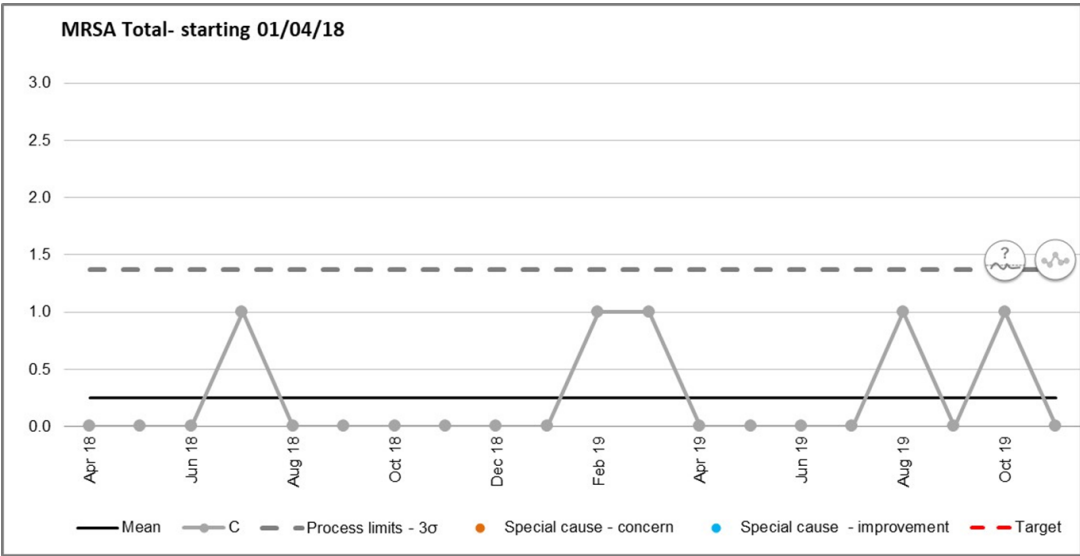
Metric	Oct 19	YTD	Target
E. Coli Bacteraemias - Acute	**5**	**58**	**TBC**

This metric is relatively stable. Little cause for concern. Target yet to be confirmed.
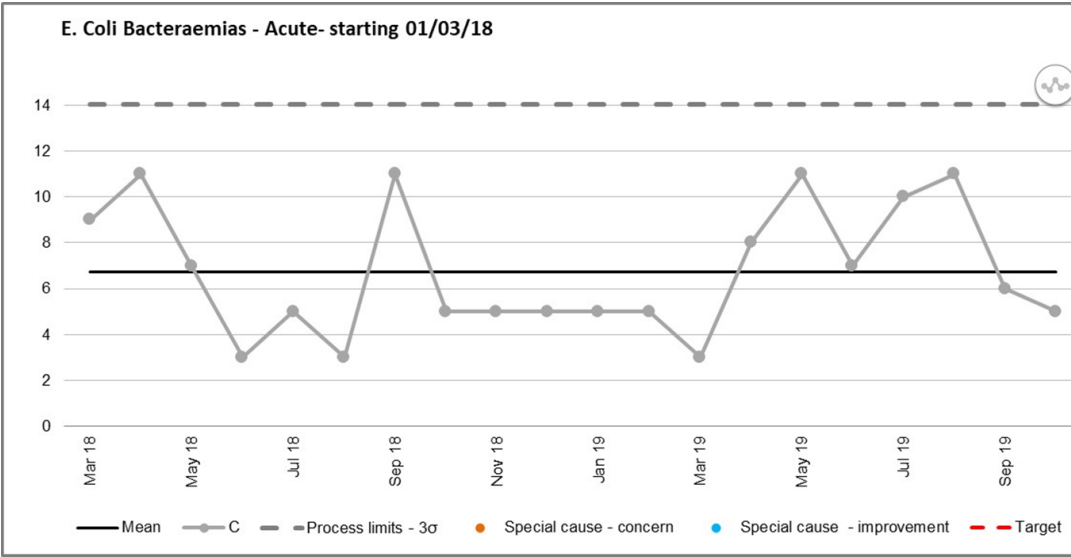
Metric	Nov 19	YTD	Target
MSSA - Acute	**5**	**25**	**TBC**

This metric is relatively stable with little variation over the past 12 months. Target yet to be confirmed.

University Hospitals of Leicester **NHS**

NHS Trust
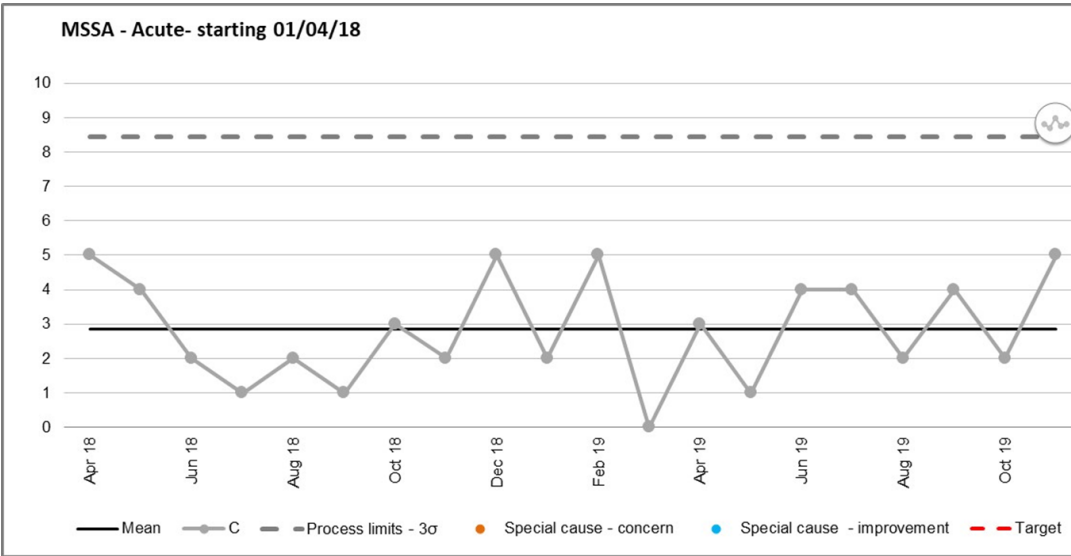
Metric	Oct 19	YTD	Target
All falls reported per 1000 bed stays for patients	**4.0**	**4.6**	**6.02**

This metric is achieving target and has improved in recent months.

All falls reported per 1000 bed stays for patients reported 1 month in arrears (>65 years only before 19/20)- starting 01/03/18
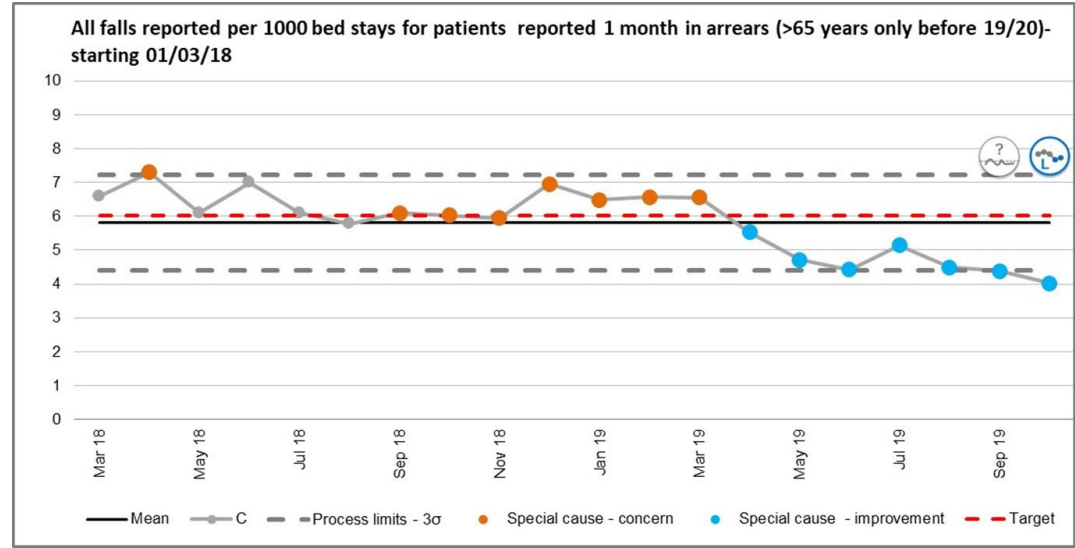
Metric	Oct 19	YTD	Target
Rate of Moderate harm and above Falls PSIs with finally approved status per 1,000 bed days	**0**	**0.1**	**TBC**

No significant variation. Target to be confirmed.

Rate of Moderate harm and above Falls PSIs with finally approved status per 1,000 bed days- starting 01/03/18

Safe
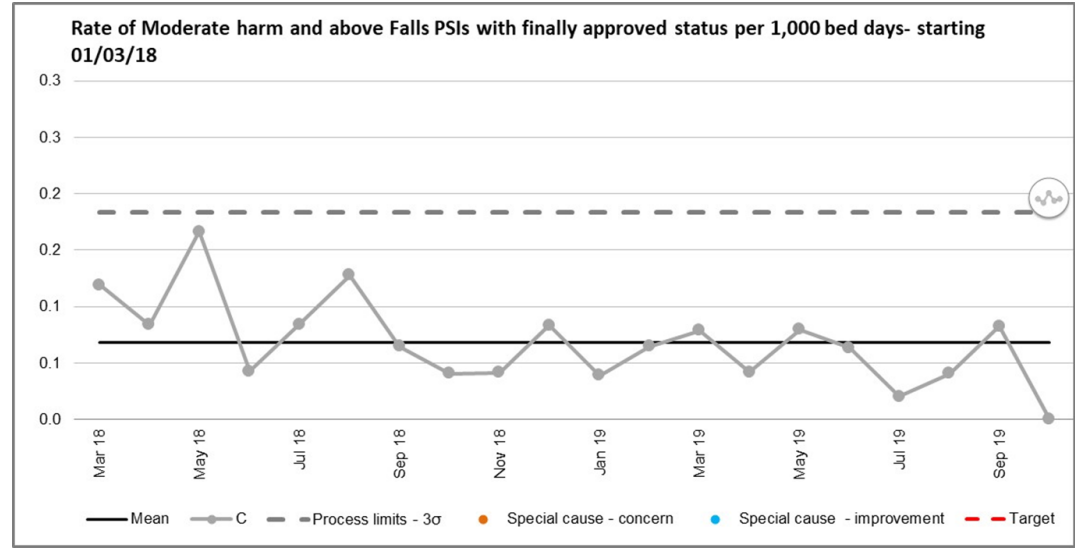
Metric	Nov 19	YTD	Target
Avoidable Pressure Ulcers - Grade 4	**0**	**0**	**0**

Very likely achieve target again next month as there have bene no grade 4 pressure ulcers reported since June 17.

Avoidable Pressure Ulcers - Grade 4- starting 01/04/18
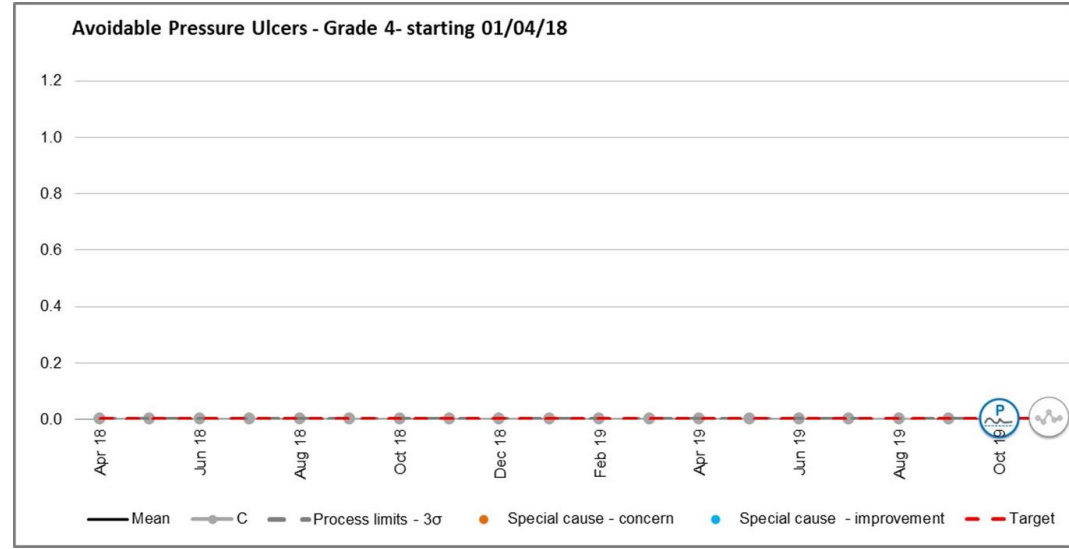
Metric	Nov 19	YTD	Target
Avoidable Pressure Ulcers - Grade 3	**0**	**1**	**<= 3 a Mth**

Barring the spike in December 18 this metric has remained reasonably stable, likely to continue to achieve target next month.

Avoidable Pressure Ulcers - Grade 3- starting 01/04/18

Safe
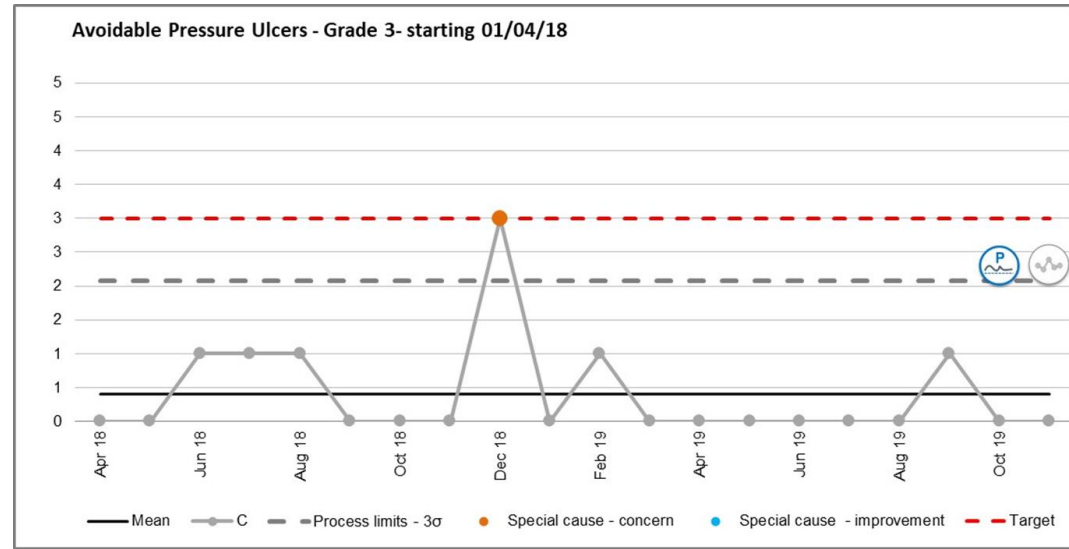
Metric	Nov 19	YTD	Target
Avoidable Pressure Ulcers - Grade 2	**3**	**37**	**<= 7 a Mth**

Normal variation observed. Potential to achieve target next month but not a certainty.

Avoidable Pressure Ulcers - Grade 2- starting 01/04/18

Caring
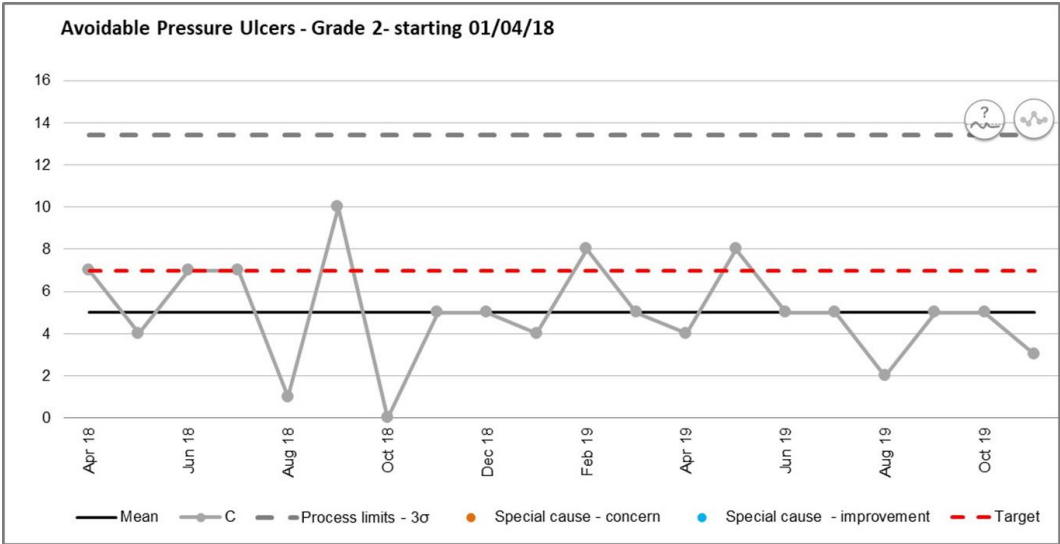
Metric	Q2 19/20	YTD	Target
% of staff who would recommend the trust as place to receive treatment	**78%**	**76%**	**TBC**

Performance this year so far is higher than last year.

Staff Survey: % of staff who would recommend the trust as place to receive treatment
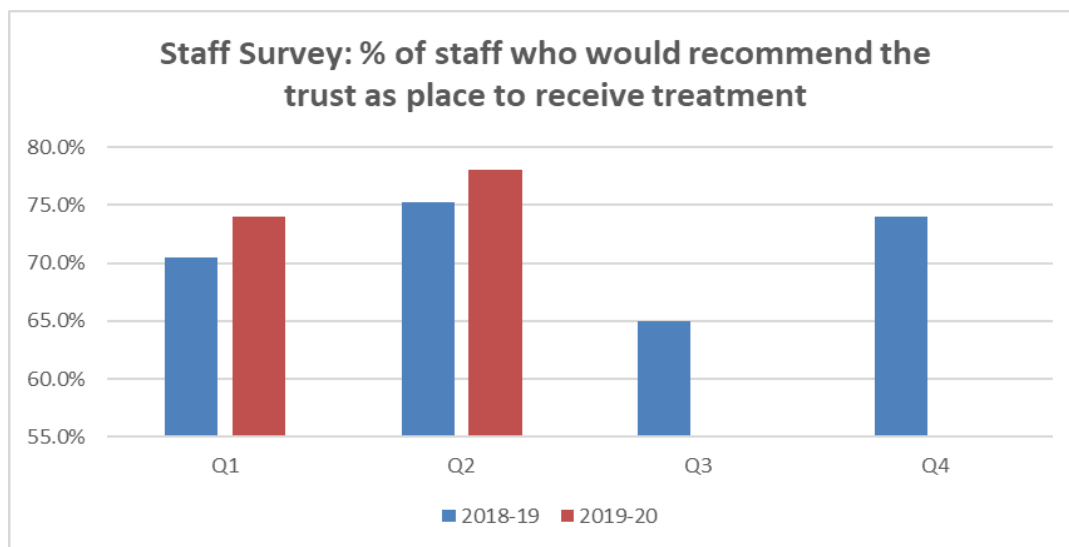
Metric	Nov 19	YTD	Target
Single Sex Breaches	**0**	**10**	**0**

No assurance target will be delivered next month. Full year target has already breached.

Single Sex Breaches- starting 01/04/18

Caring
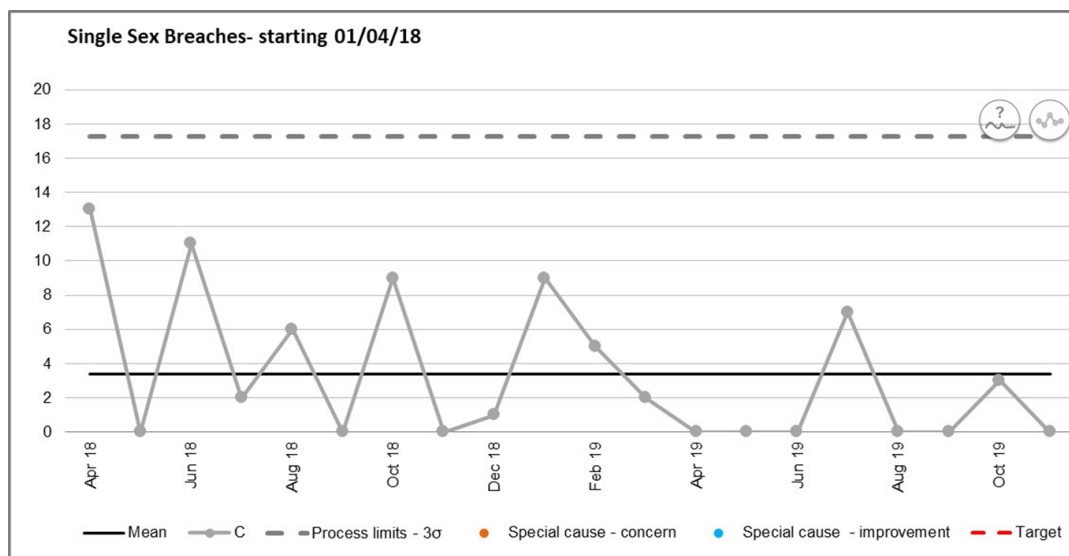
Metric	Nov 19	YTD	Target
Inpatient and Day case F&F Test % Positive	**97%**	**97%**	**96%**

Headline performance rounded up as per NHSI/E reporting. This metric is stable and is very likely to achieve target next month.

Inpatients and Daycase Friends and Family Test - % positive- starting 01/04/18
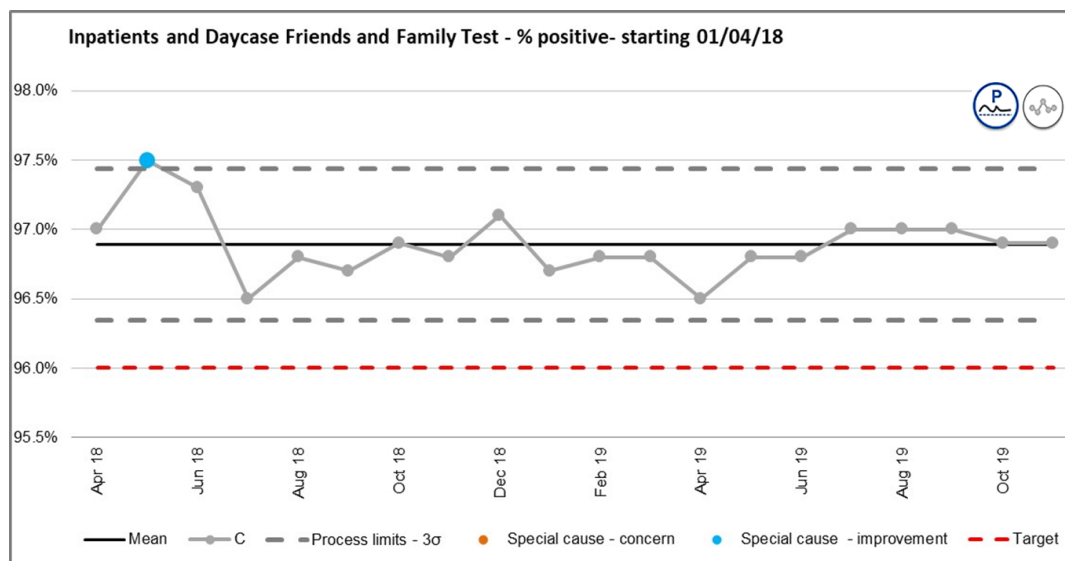
Metric	Nov 19	YTD	Target
A&E F&F Test % Positive	**91%**	**94%**	**94%**

This metric deteriorated significantly in November, the target may be achieved next month.

A&E Friends and Family Test - % positive- starting 01/04/18

Caring

University Hospitals of Leicester NHS Trust
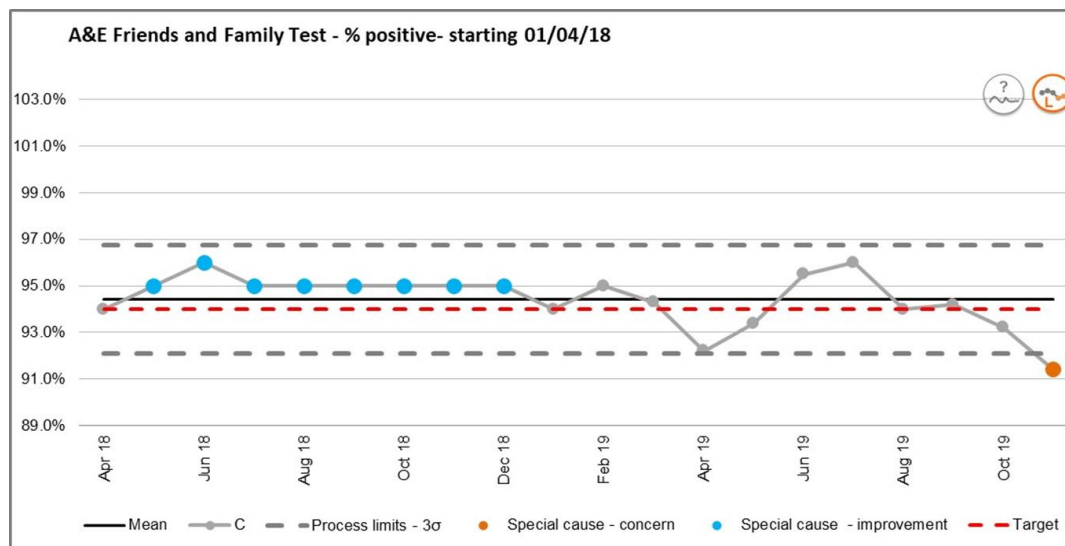
Metric	Nov 19	YTD	Target
Maternity F&F Test % Positive	**94%**	**94%**	**96%**

This metric is relatively stable after a dip in performance in May. Unlikely to achieve target next month.

Maternity Friends and Family Test - % positive- starting 01/04/18
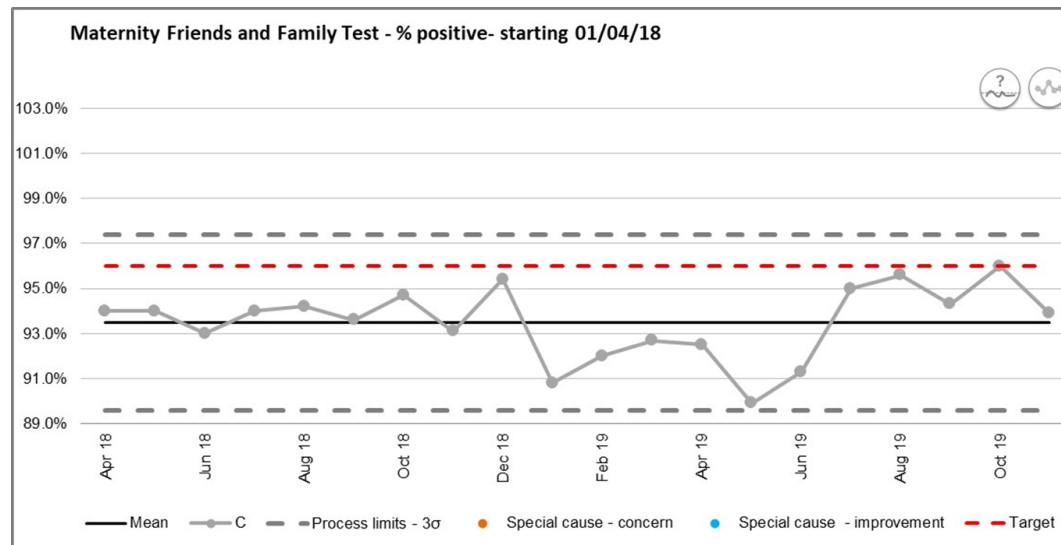
Metric	Nov 19	YTD	Target
Outpatients Friends and Family Test - % positive	**95%**	**95%**	**94%**

This metric is not changing significantly and is likely to achieve target next month.

Outpatients Friends and Family Test - % positive- starting 01/04/18

Caring
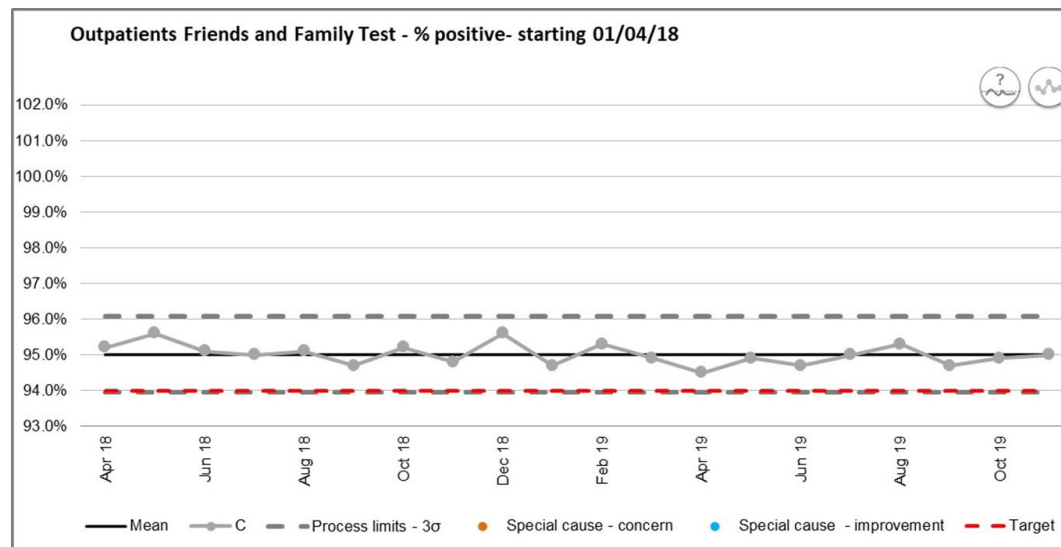
Metric	Q2	YTD	Target
Complaints per 1,000 staff (WTE)	**50.8**	**49.5**	**TBC**

Complaints per 1000 staff have increased this year compared to the previous year.

Complaints per 1,000 staff (WTE)

Legend: ■ 2018-19 ■ 2019-20

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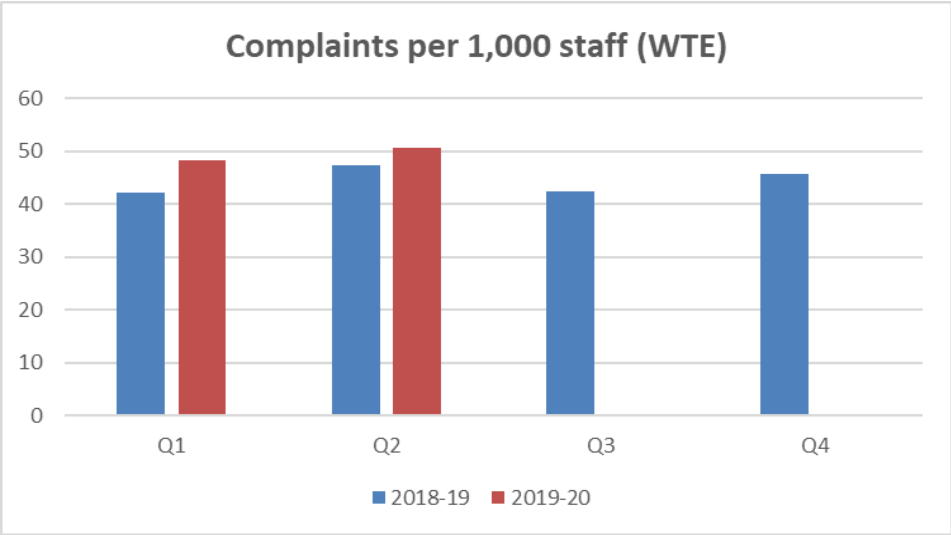
Metric	Q2 19/20	YTD	Target
Staff Survey % Recommend as Place to Work	61%	60%	Not within Lowest Decile
SPC chart to be viewed with caution as figures are reported quarterly not monthly.			

Staff Survey: % of staff who would recommend the trust as place to work
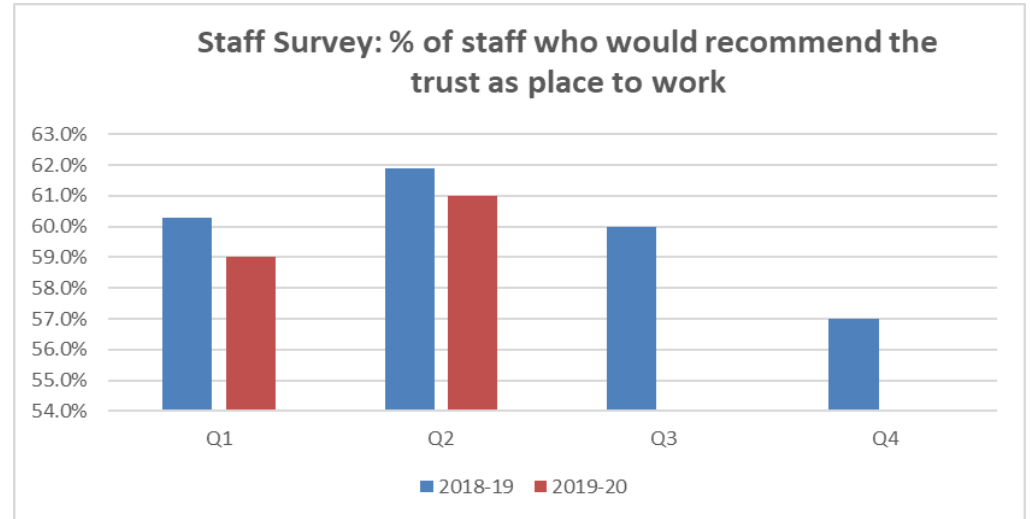
Metric	Nov 19	YTD	Target
Turnover Rate	8.9%	8.9%	10%
Turnover rate has increased. However still achieving the target.			

Turnover Rate- starting 01/04/18

Well Led
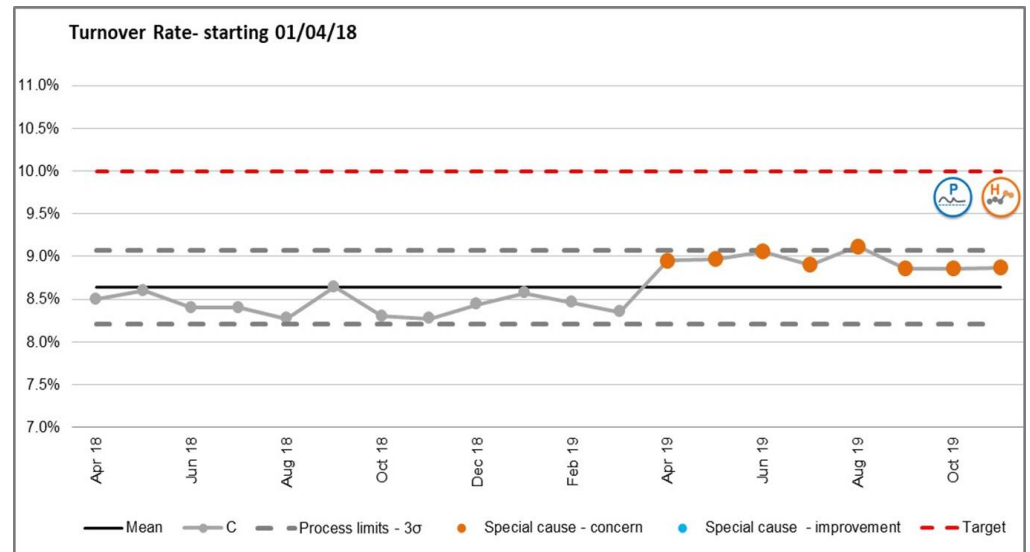
Metric	Oct 19	YTD	Target
Sickness absence	**4.3%**	**3.9%**	**3%**

Stable, very little variation. The target will most likely not be achieved next month.

Sickness Rate- starting 01/03/18
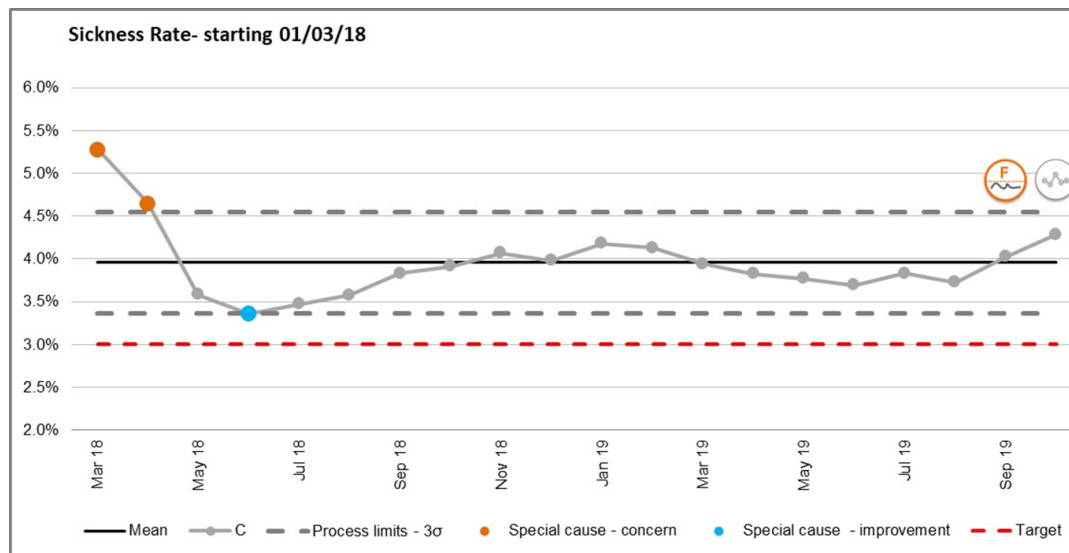
Metric	Nov 19	YTD	Target
% of Staff with Annual Appraisal	**91.8%**	**91.8%**	**95%**

Performance in the past 12 months is a consistent improvement compared to the 12 months prior. Very unlikely to achieve target.

Annual Appraisal- starting 01/04/18

Well Led
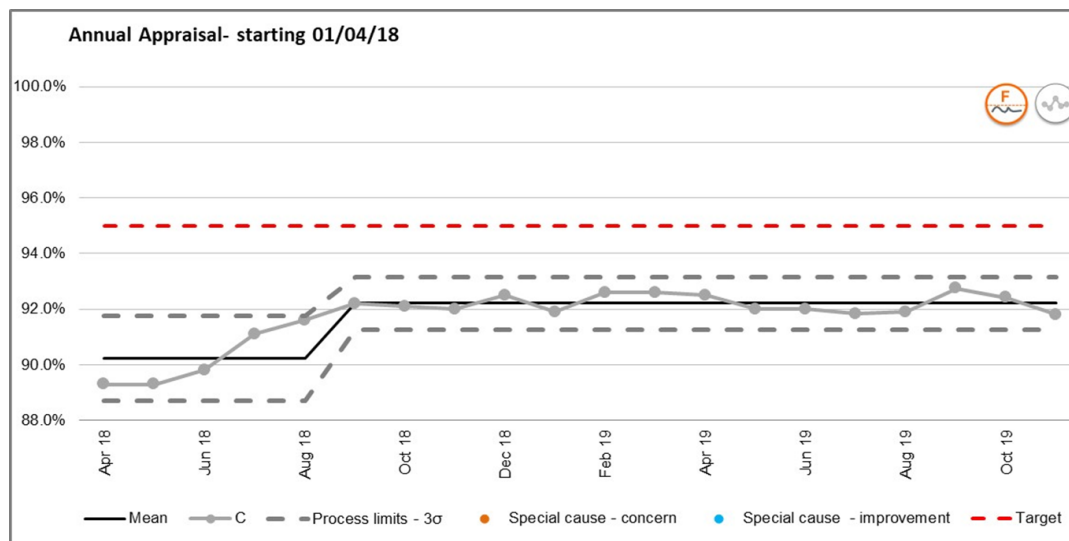
Metric	Nov 19	YTD	Target
Statutory and Mandatory Training	**94%**	**94%**	**95%**

An improvement in recent months, target not achieved in November.

Statutory and Mandatory Training- starting 01/04/18
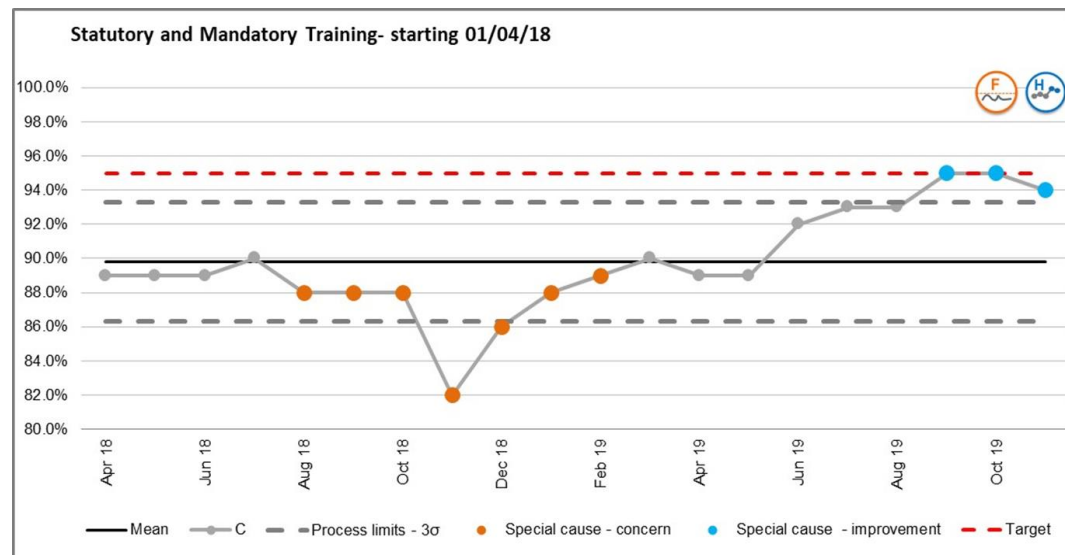
Metric	Oct 19	YTD	Target
Nursing Vacancies	**12.5%**	**12.5%**	**TBC**

Performance has been stable in recent months. Target to be confirmed.

Nursing Vacancies- starting 01/03/18

Effective
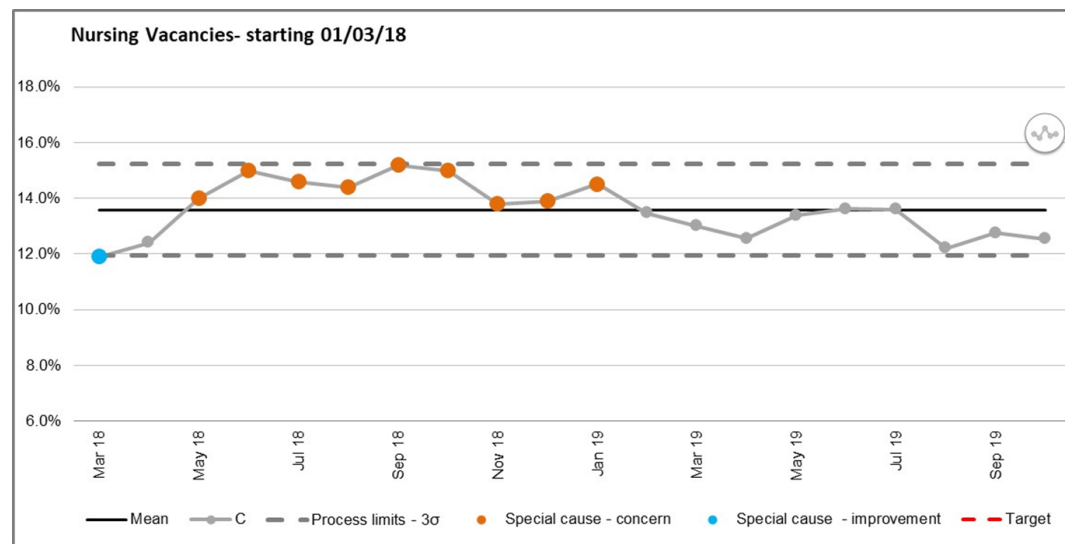
Metric	Sep 18 – Aug 19	Target
Mortality – Published Monthly SHMI	**98**	**100**

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
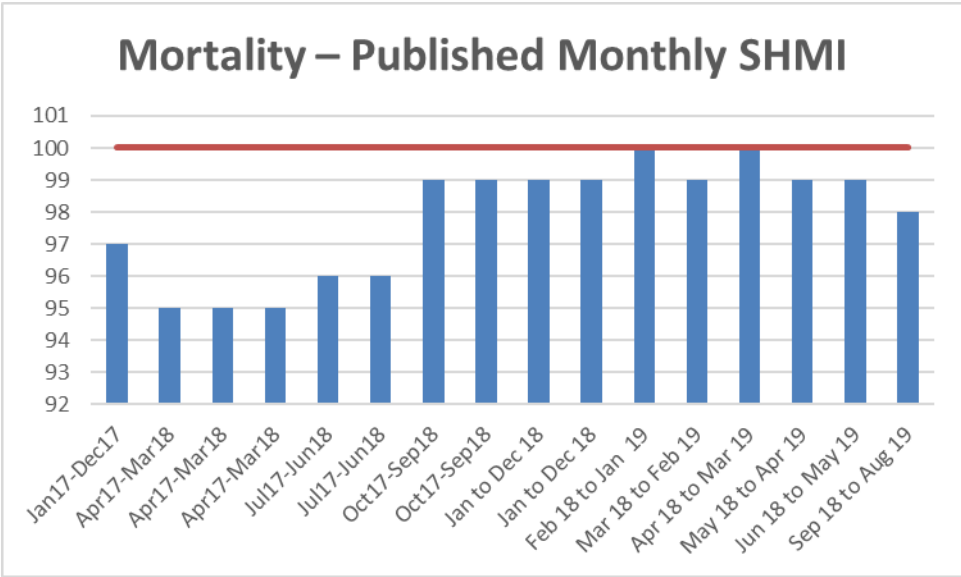
Metric	Sep 18 – Aug 19	Target
Mortality - Rolling 12 mths HSMR as reported in Dr. Foster)	**94**	**100**

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 Doctor Fosters)

Effective
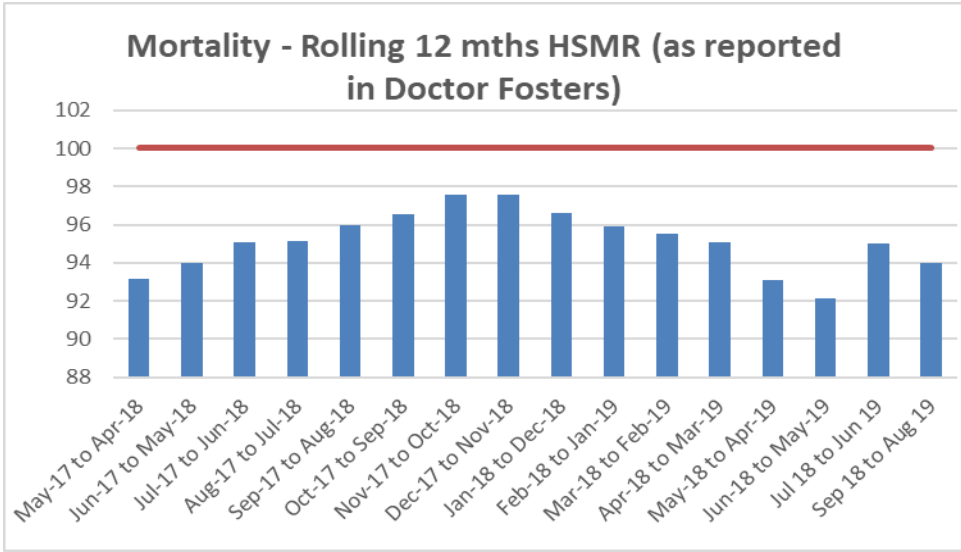
Metric	Nov 19	YTD	Target
Crude Mortality	**1.2%**	**1.0%**	**TBC**

No significant variation. Target to be confirmed.

Mortality Rate- starting 01/04/18
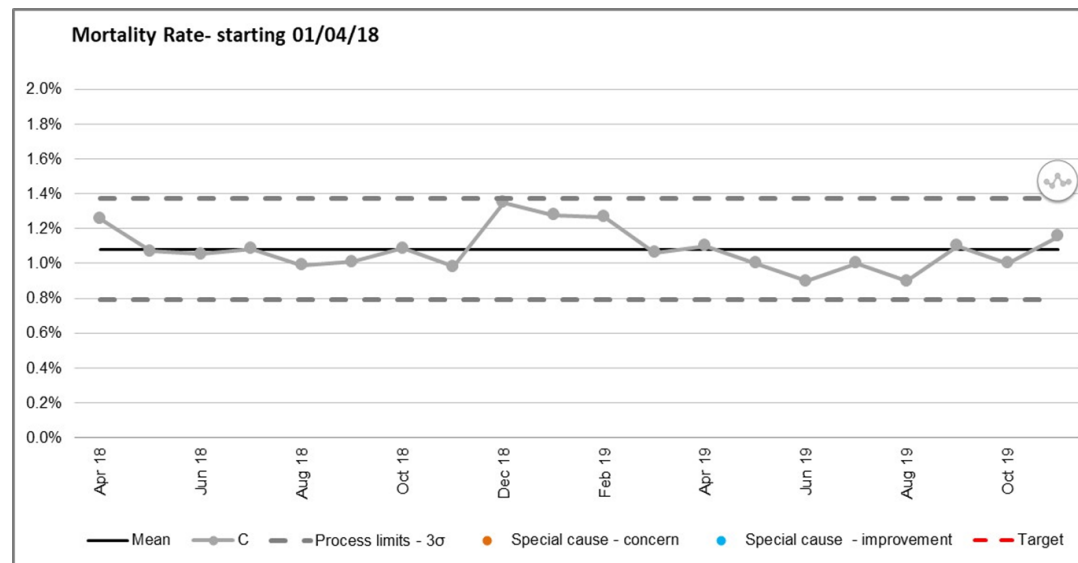
Metric	Oct 19	YTD	Target
Emergency readmissions within 30 days	**8.8%**	**9.0%**	**8.5%**

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

Readmission Rate within 30 Days- starting 01/03/18

Effective
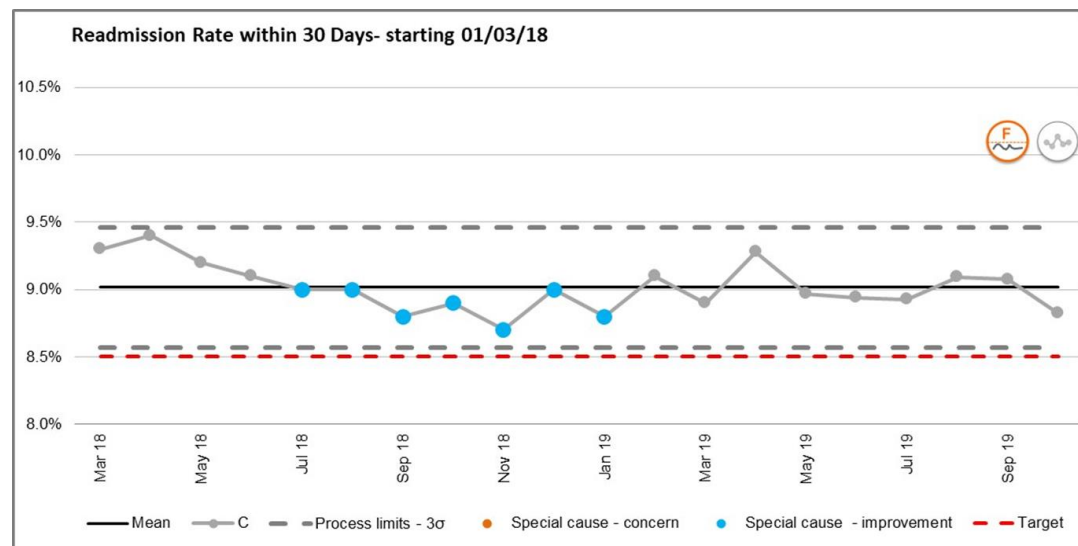
Metric	Oct 19	YTD	Target
Emergency readmissions within 48 hrs	**1.1%**	**1.1%**	**TBC**
No significant variation observed. Current month in line with previous months.			

Readmission Rate within 48 Hours- starting 01/03/18
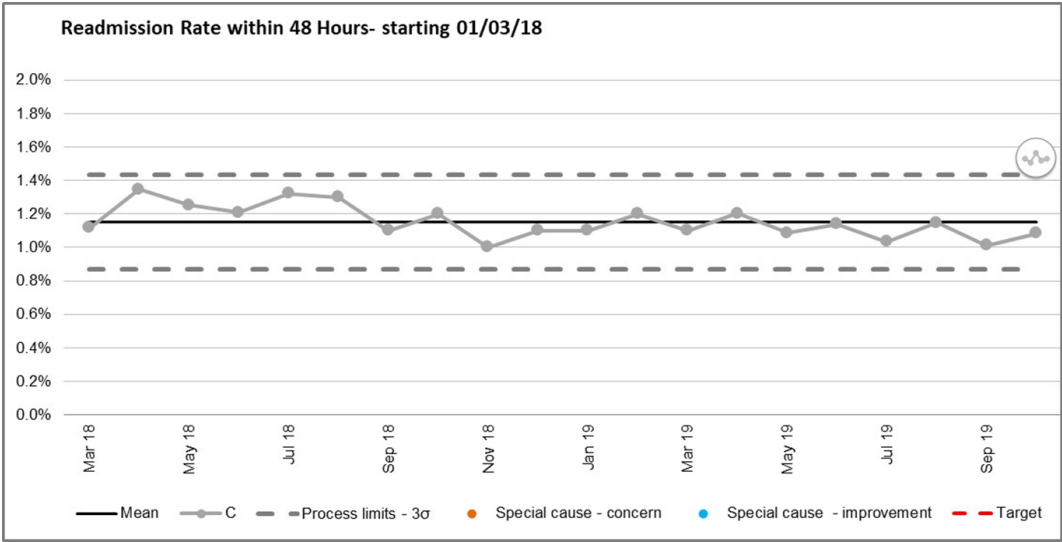
| Metric	Nov 19	YTD	Target
No. of # Neck of femurs operated on 0-35 hrs - Based on Admissions	**70.4%**	**71.3%**	**72%**
This metric has improved following a significant deterioration in August. The target may be delivered next month.			

No. of # Neck of femurs operated on 0-35 hrs- starting 01/04/18

Effective
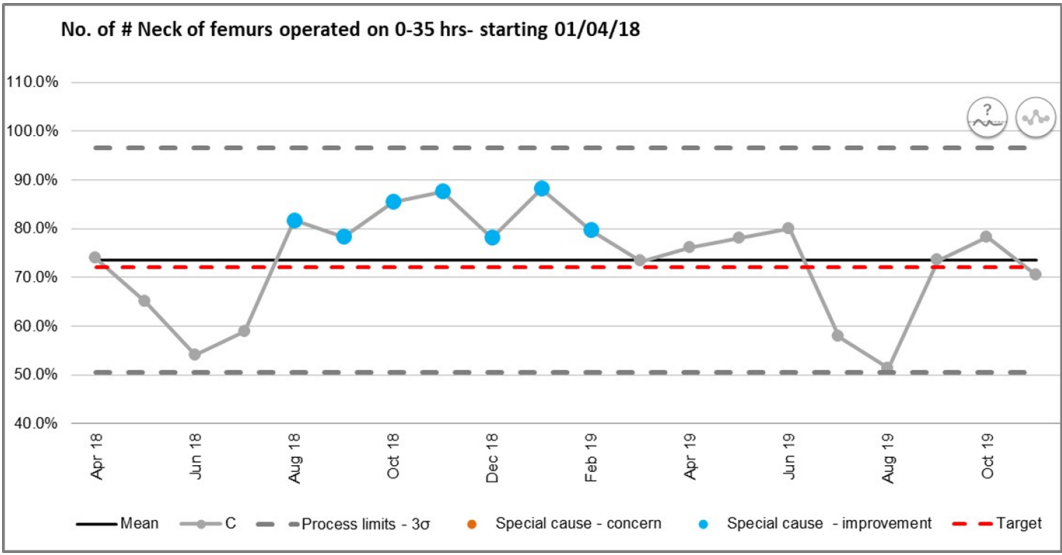
Metric	Oct 19	YTD	Target
Stroke - 90% of Stay on a Stroke Unit	**87.5%**	**88.1%**	**80%**

This metric has shown some improvement in recent months, 9 of the last 10 months are above the mean.

Stroke - 90% of Stay on a Stroke Unit- starting 01/03/18
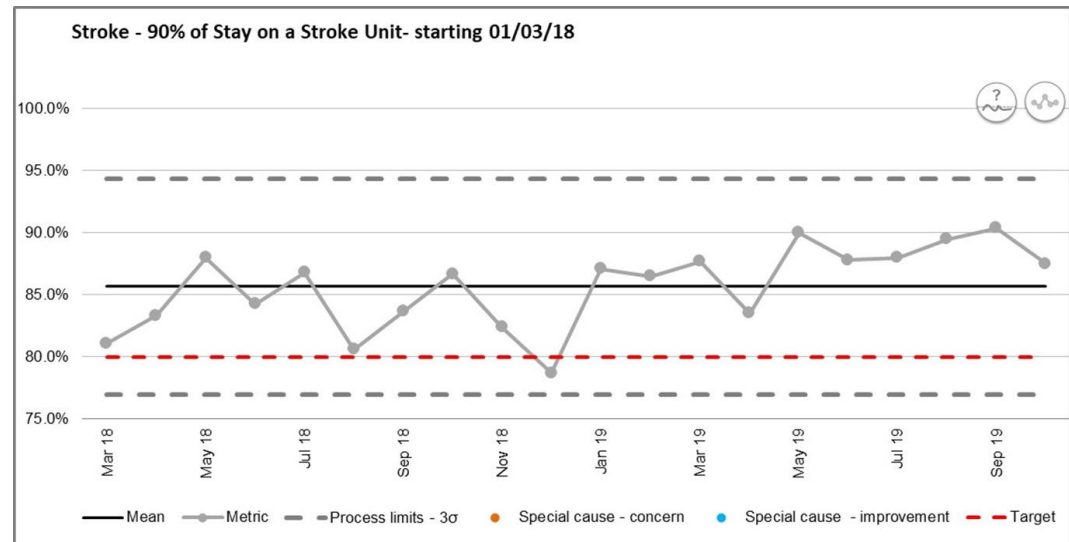
Metric	Nov 19	YTD	Target
TIA Clinic within 24 Hours (Suspected High Risk TIA)	**78.4%**	**69.3%**	**60%**

This metric is stable, however there is significant variation between monthly values.

Stroke - TIA Clinic within 24 Hours (Suspected High Risk TIA)- starting 01/04/18
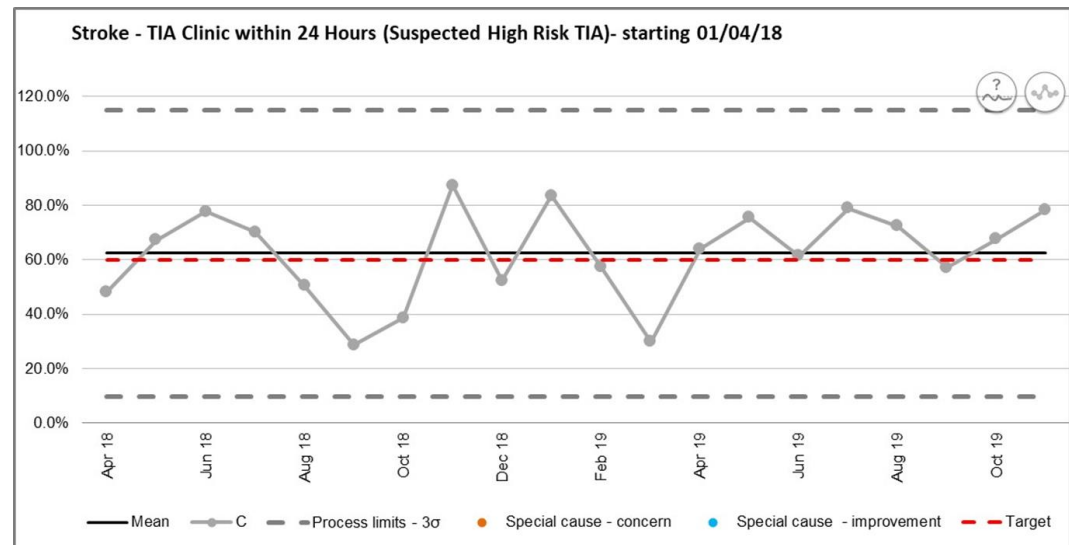
Responsive

For more information please see the Urgent Care Report - PPPC

| Metric	Nov 19	YTD	Target
ED 4 Hour Waits UHL	**63.5%**	**70.9%**	**95%**

Performance continues to deteriorate, the last 7 months have been below the mean. Continually failing target and will fail to achieve target next month.

ED 4 Hour Wait Performance %- starting 01/04/18
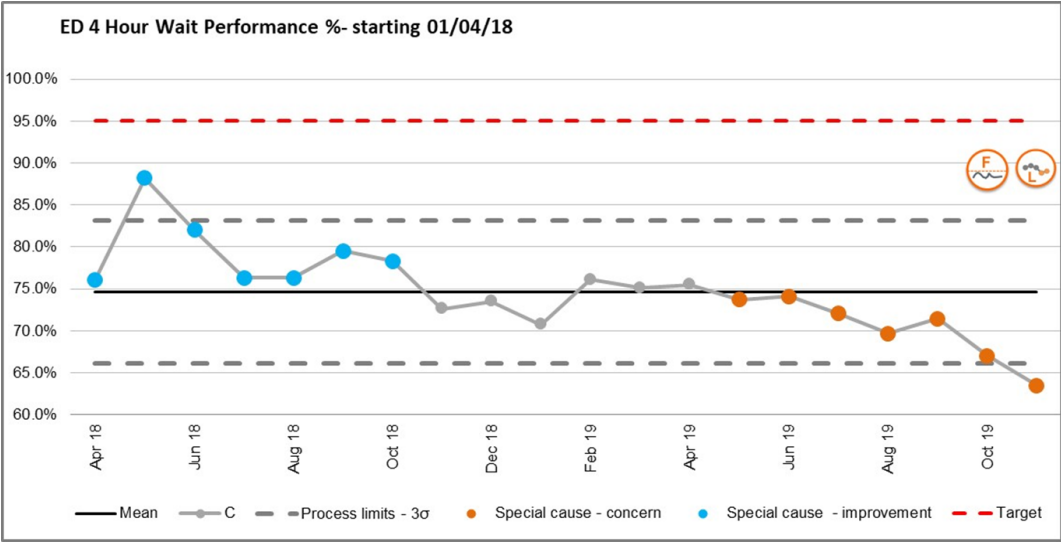
Metric	Nov 19	YTD	Target
ED 4 Hour Waits Acute Footprint	**74.5%**	**79.6%**	**95%**

Continually failing target and will fail to achieve target next month, a downwards trend is emerging.

ED 4 Hour Waits Acute Footprint- starting 01/04/18
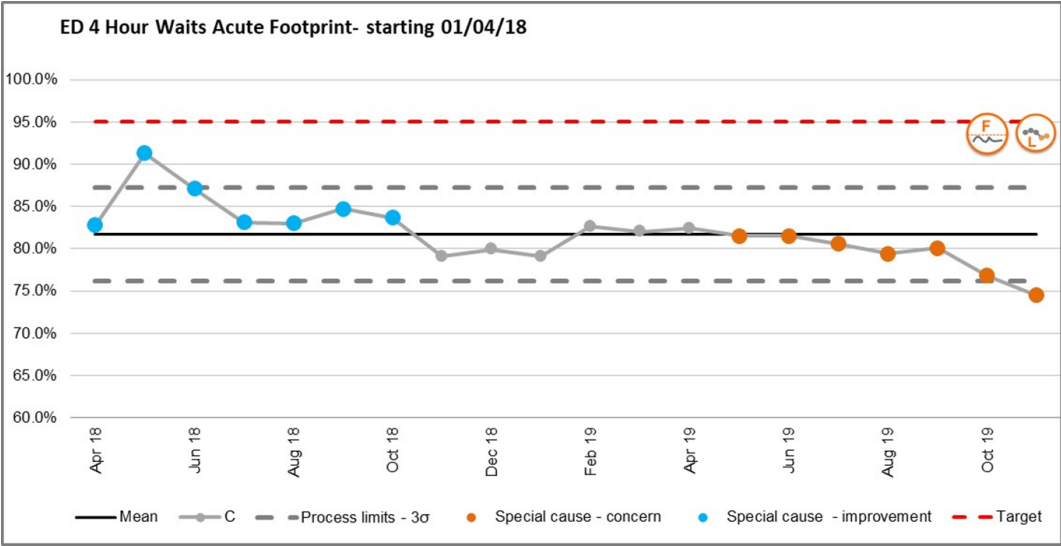
Responsive

Metric	Nov 19	YTD	Target
Ambulance Handover >60 Mins	**19.9%**	**10.3%**	**0%**

Performance has deteriorated significantly in the last 2 months. Target will not be achieved next month.

Ambulance Handover >60mins- starting 01/04/18

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

Responsive
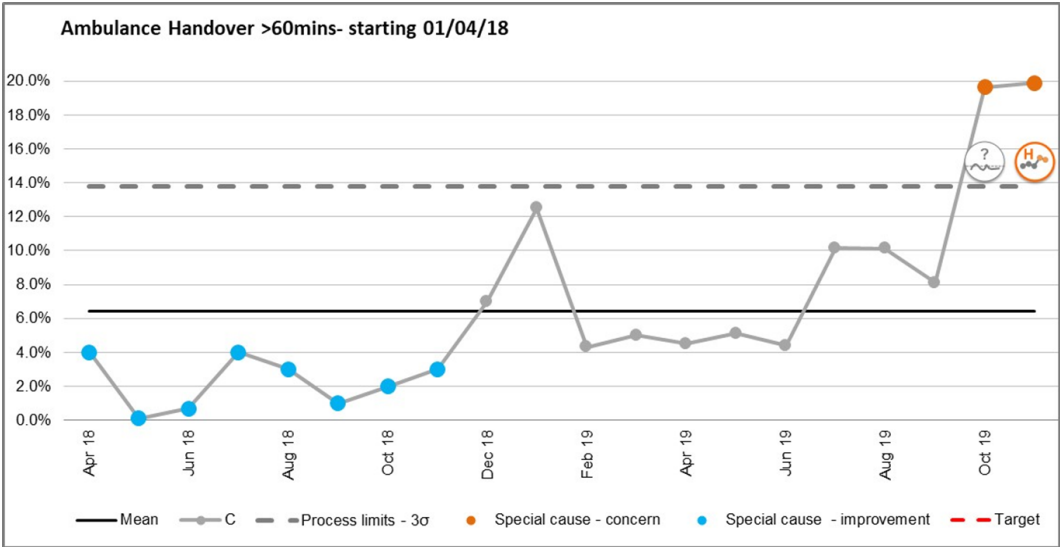
Metric	Nov 19	YTD	Target
RTT Incompletes	**80.7%**	**80.7%**	**92%**

Performance has been deteriorating due to focus on waiting list target.

RTT - Incomplete 92% in 18 Weeks UHL+ALLIANCE- starting 01/04/18
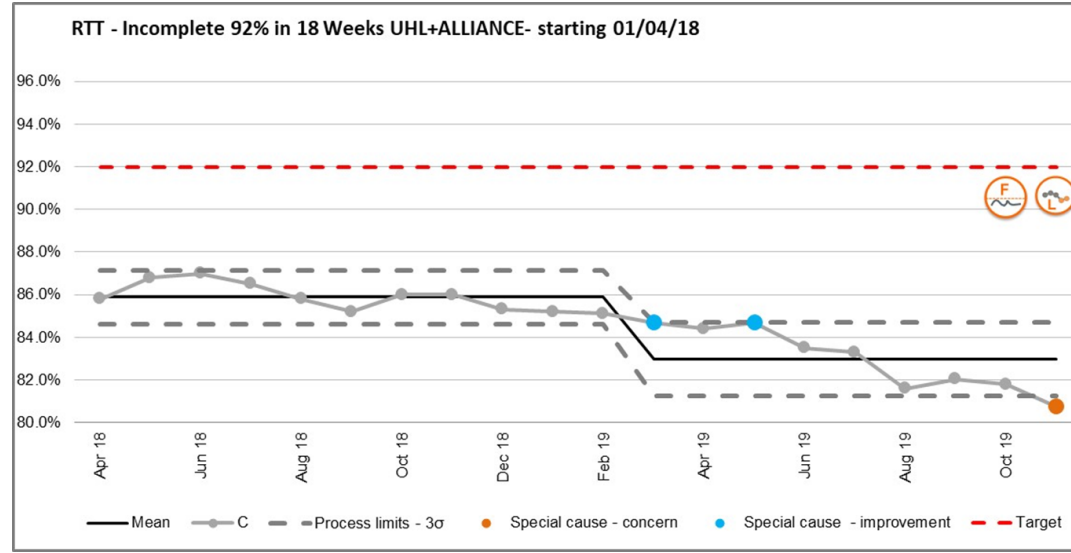
Metric	Nov 19	YTD	Target
RTT 52+ Weeks Wait	**0***	**0***	**0**

No 52+ week waits reported for 17 consecutive months – pending a gastroenterology audit of Nov data.

RTT 52 Weeks+ Wait (Incompletes) UHL+ALLIANCE- starting 01/04/18

Responsive
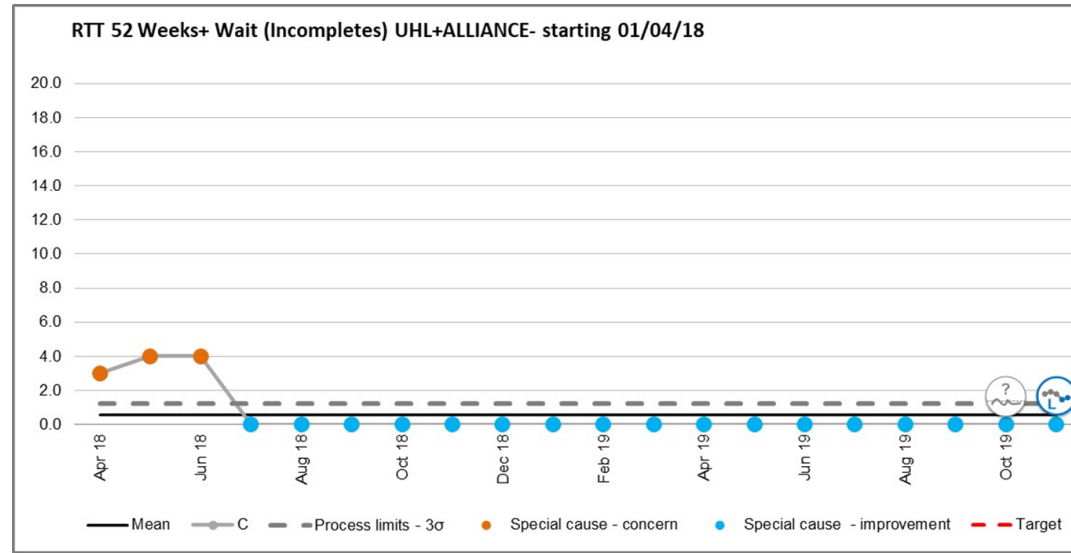
Metric	Nov 19	YTD	Target
Total Number of incompletes	**65,164**	**65,164**	**64,404**

This metric has not changed significantly. Unlikely to achieve the target next month.

Total Number of incompletes- starting 01/04/18
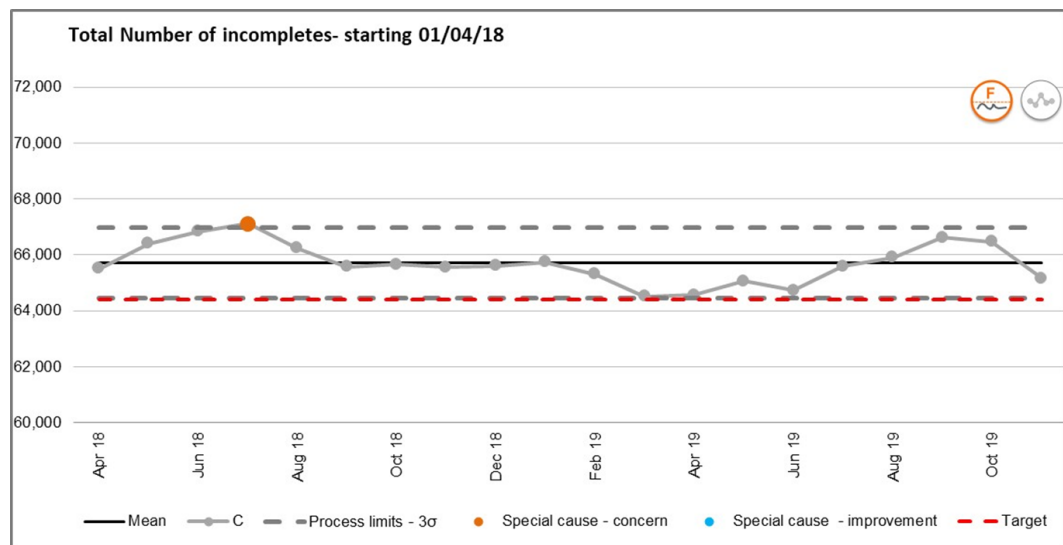
Metric	Nov 19	YTD	Target
6 Week Diagnostic Waits	**0.8%**	**0.8%**	**1%**

This metric has achieved target for 15 months and may achieve target again next month.

6 Week - Diagnostic Test Waiting Times (UHL+ALLIANCE)- starting 01/04/18

Responsive
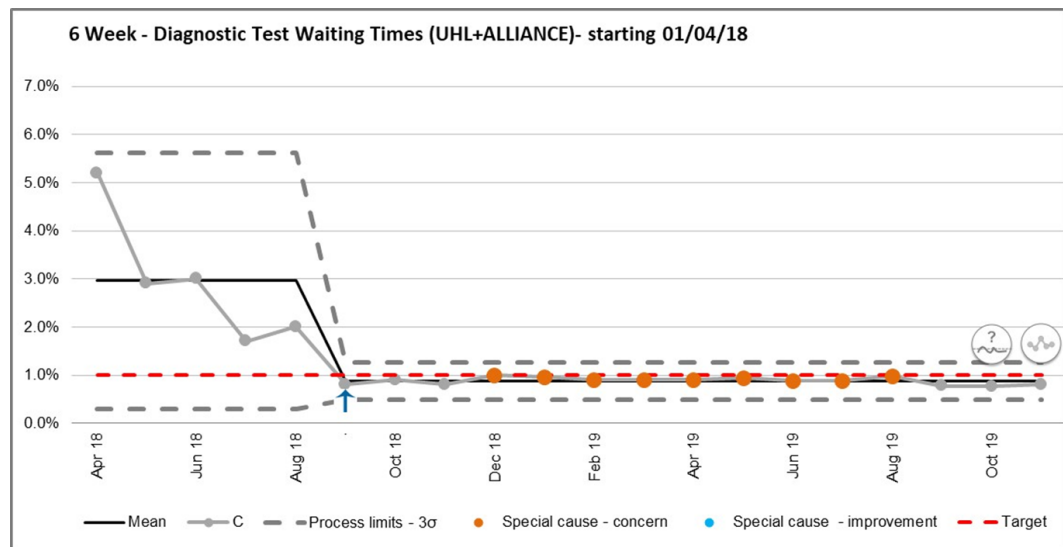
| Metric	Nov 19	YTD	Target
Cancelled patients not offered a date within 28 days of the cancellations	**40**	**187**	**0**

This metric deteriorated significantly in November 2019. Unlikely to delivery monthly target.

Cancelled patients not offered a date within 28 days of the cancellations UHL + Alliance- starting 01/04/18

Mean — C — Process limits - 3σ ● Special cause - concern ● Special cause - improvement — Target
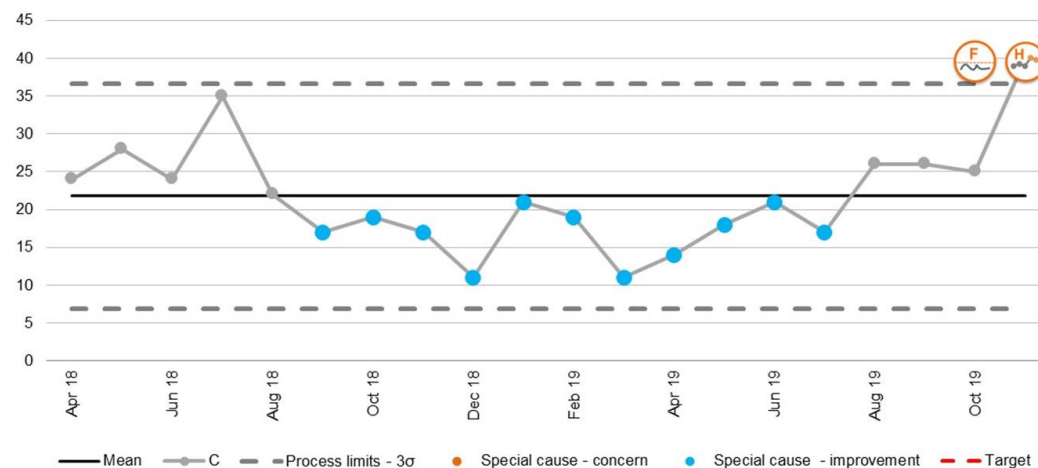
Metric	Nov 19	YTD	Target
% Operations cancelled on the day	**1.4%**	**1.3%**	**1%**

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

Cancelled Operations UHL + Alliance- starting 01/04/18

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

Responsive
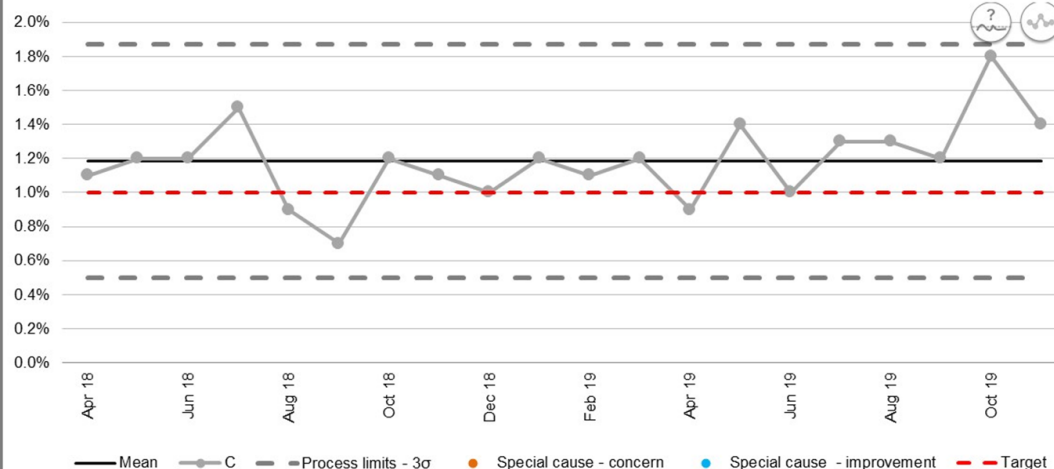
| Metric	Nov 19	YTD	Target
Delayed transfers of care	**1.9%**	**1.7%**	**3.5%**

This metric has not changed significantly and is predicted to achieve target again next month.


Delayed Transfers of Care- starting 01/04/18
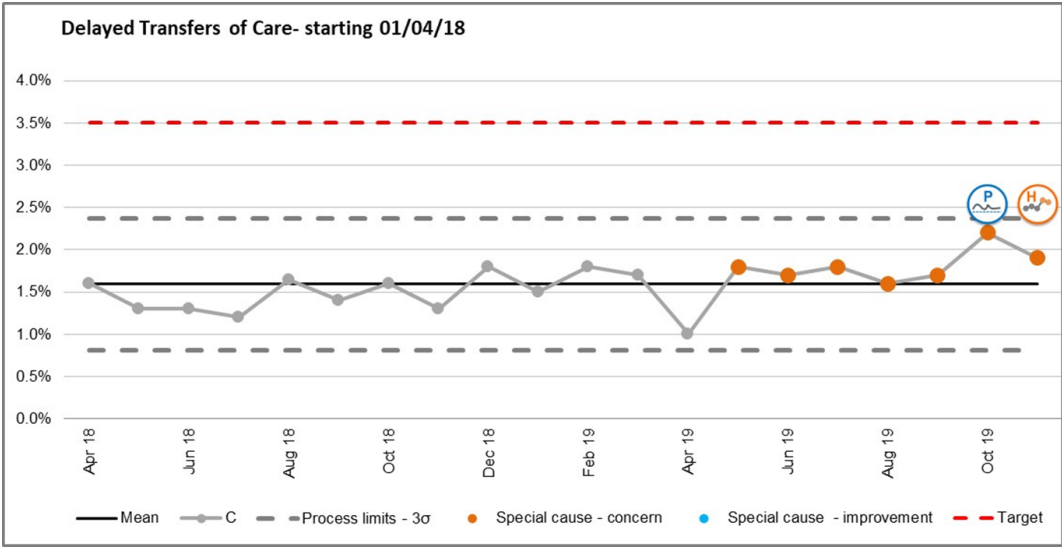
Metric	Nov 19	YTD	Target
Long Stay Patients (21+ days)	**176**	**176**	**135**

Common cause variation. Unlikely to achieve target next month.

Long Stay Patients (21+ days)- starting 01/04/18

Responsive
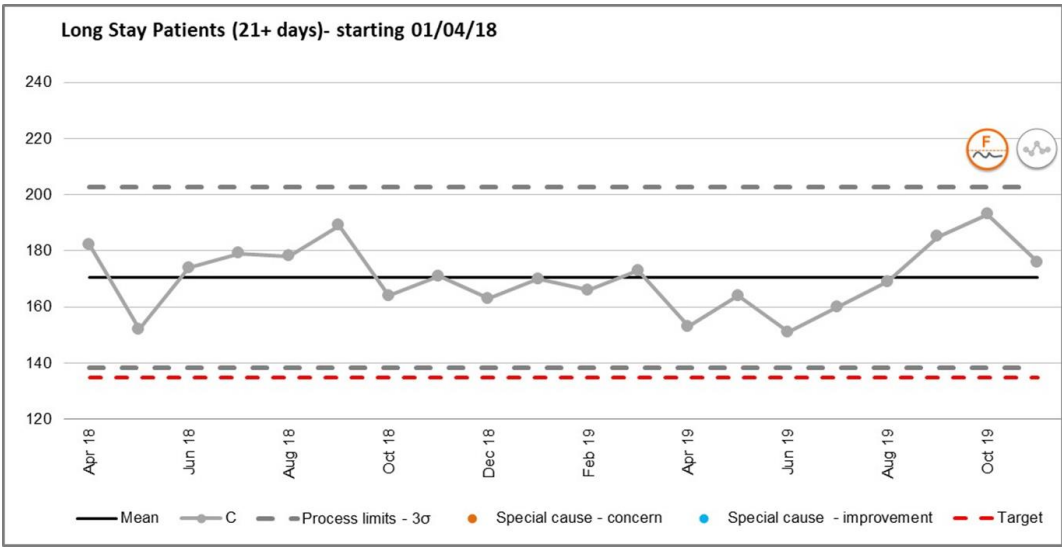
Metric	Nov 19	YTD	Target
Average Inpatient LOS	3.6	3.4	TBC

This metric is showing no significant variation. Target yet to be confirmed.

Average Inpatient LOS- starting 01/04/18
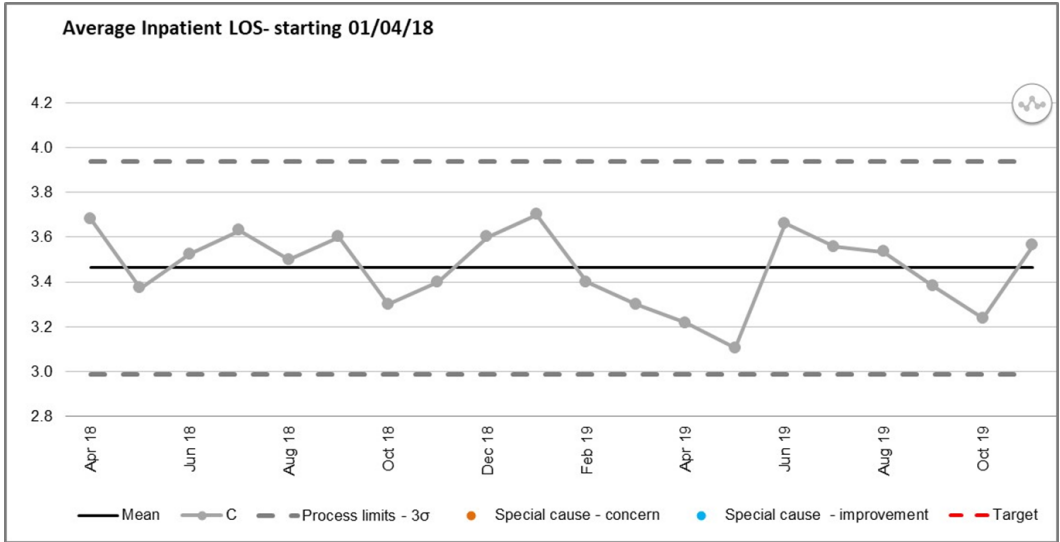
Metric	Nov 19	YTD	Target
Average Emergency LOS	4.7	4.6	TBC

This metric has been very stable since the cancellation of elective activity in Q4 17/18.

Average Emergency LOS- starting 01/04/18

University Hospitals of Leicester **NHS**
NHS Trust

Metric	Oct 19	YTD	Target
Cancer 2WW	**90.5%**	**92.0%**	**93%**

Based on YTD and historic trend may achieve target. October performance influenced by head and Neck underperformance due to vacancies – Service has gone out to advert as previous post holder not starting

Cancer 2WW Performance %- starting 01/03/18
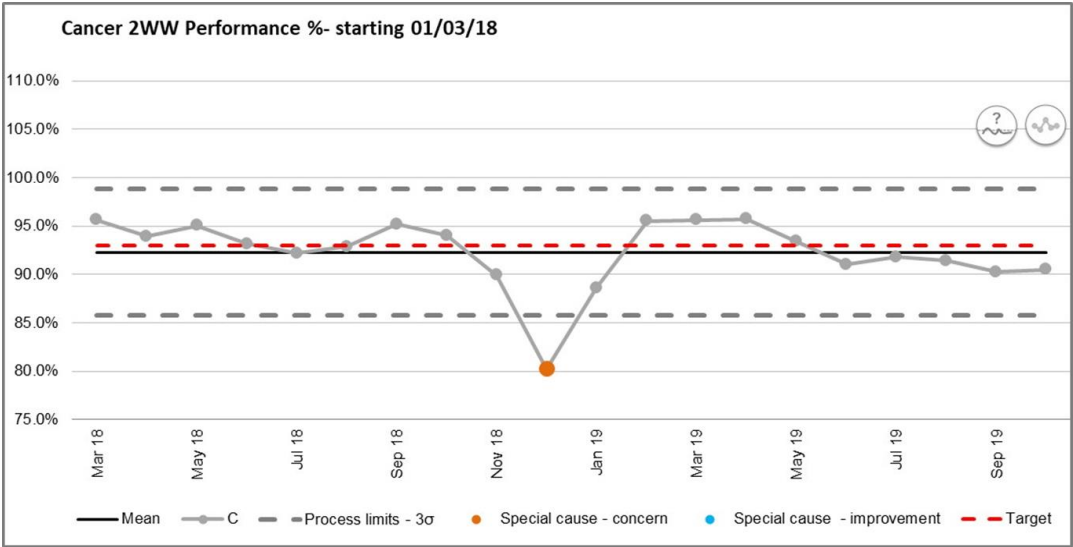
Metric	Oct 19	YTD	Target
Cancer 2WW Breast	**97.9%**	**95.3%**	**93%**

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

Cancer 2WW Symptomatic Breast Performance %- starting 01/03/18
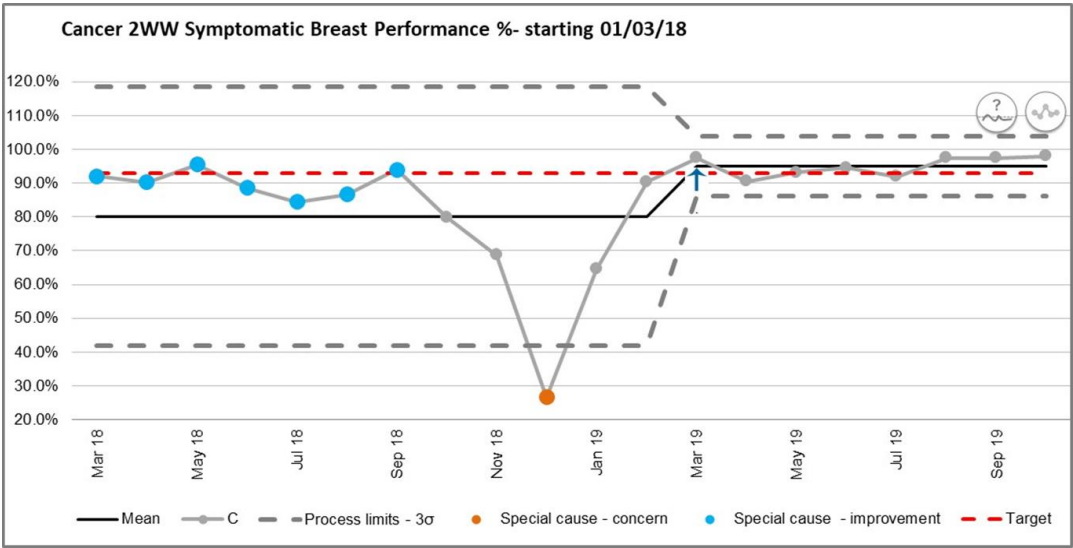
Responsive – Cancer

Metric	Oct 19	YTD	Target
Cancer 31 Day	**92.9%**	**92.8%**	**96%**

Unlikely to achieve target next month. There may be a downward trend emerging.
There are a number of actions on the RAP for lung and Urology to support improvement.

Cancer 31 Performance %- starting 01/03/18
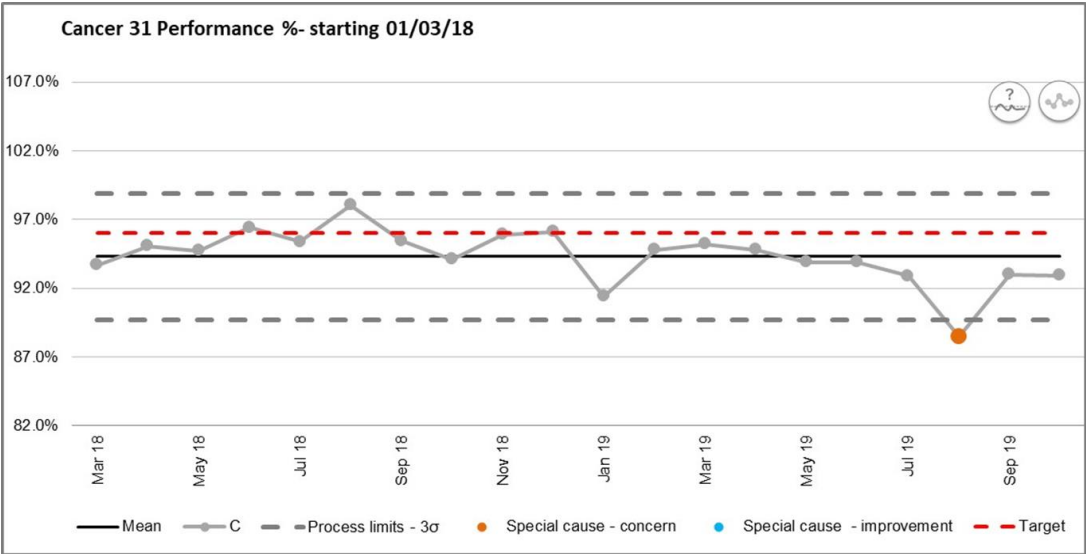
Metric	Oct 19	YTD	Target
Cancer 31 Day Drugs	**99.4%**	**99.4%**	**98%**

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

Cancer 31 Day:Anti Cancer Drug Treatments- starting 01/03/18
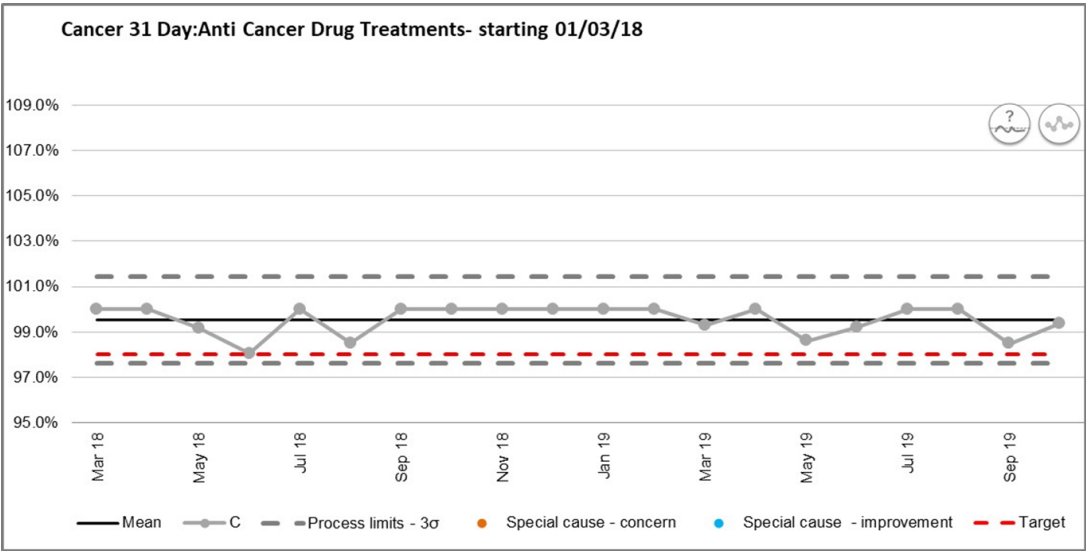
Responsive – Cancer

| Metric	Oct 19	YTD	Target
Cancer 31 Surgery	**80.2%**	**83.2%**	**94%**

Some variation but not significant, unlikely to deliver target. Driven predominately by Urology prostate; actions in RAP for recovery / maintenance
Support from EMCA and NHSE to review Regional position and possibility of support.

Cancer 31 Day: Surgery- starting 01/03/18
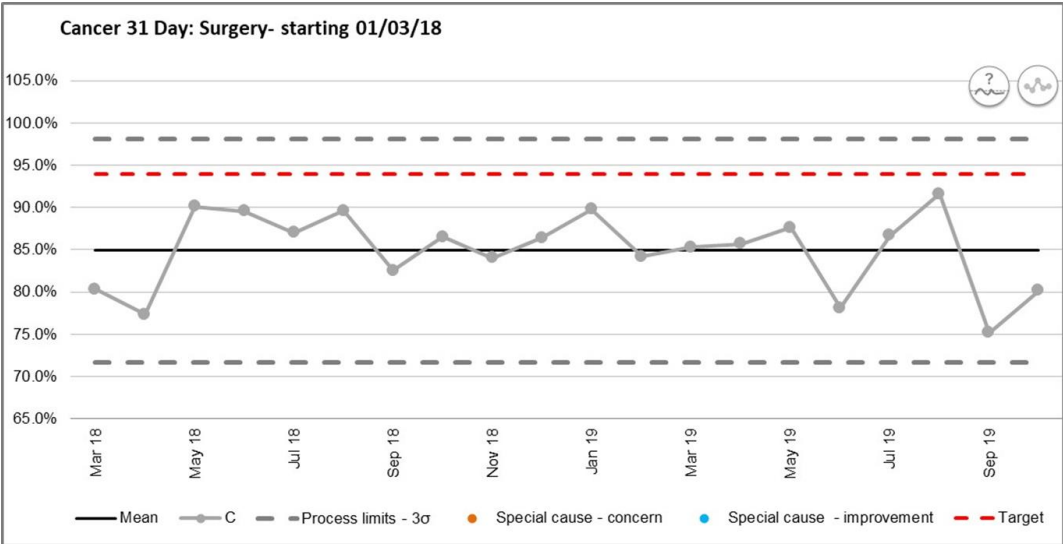
Metric	Oct 19	YTD	Target
Cancer 31 Day Radiotherapy	**90.3%**	**95.3%**	**94%**

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


Cancer 31 Day: Radiotherapy- starting 01/03/18
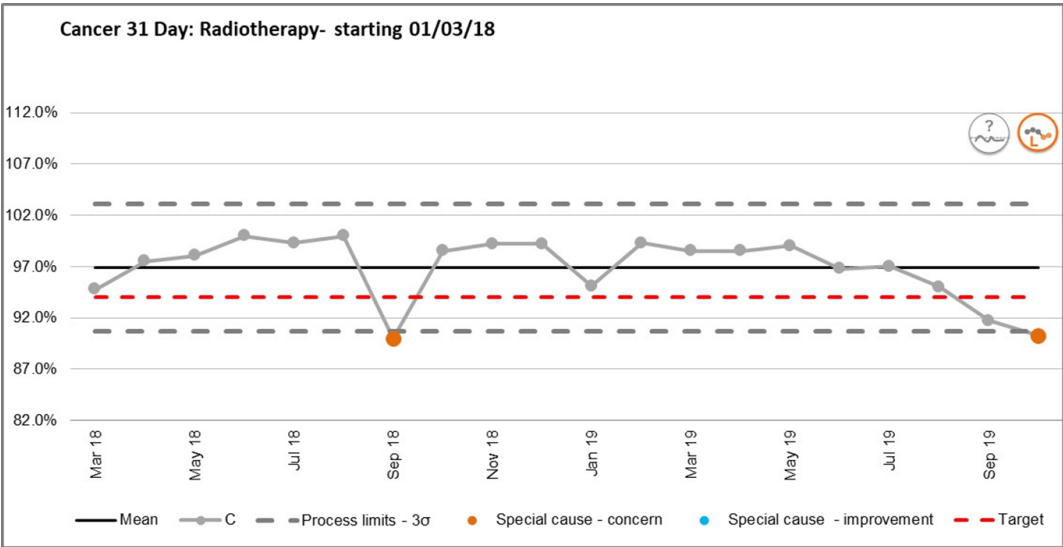
Responsive – Cancer

| Metric	Oct 19	YTD	Target
Cancer 62 Day	**74.8%**	**75.0%**	**85%**

This metric is relatively stable. The position has been maintained against a significant increase in referrals. Target won't be delivered next month.

Cancer 62 Day Performance %- starting 01/03/18
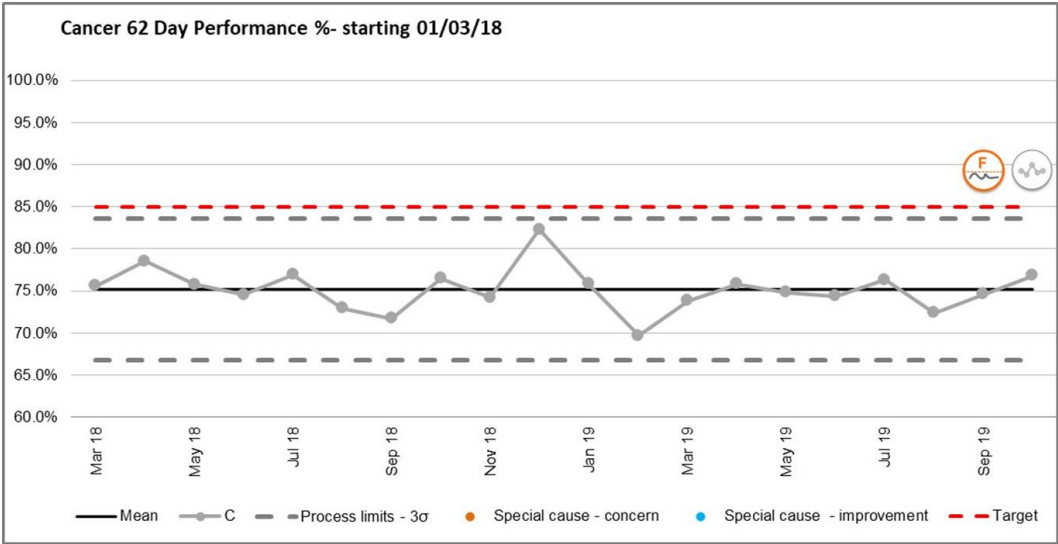
Metric	Oct 19	YTD	Target
Cancer 62 Day Consultant Screening	**80.0%**	**84.5%**	**90%**

This metric is not changing significantly and may deliver the target next month.


Cancer 62 Day: Consultant Screening- starting 01/03/18
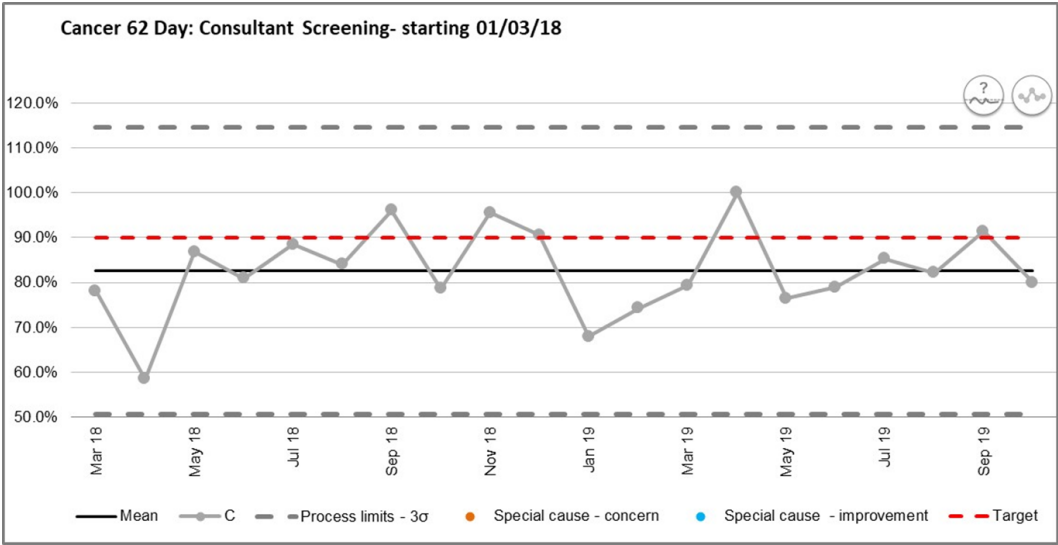
Outpatient Transformation

Metric	Nov 19	YTD	Target
% DNA Rate	**7.4%**	**6.9%**	**TBC**

An upwards trend may be emerging as 6 of the last 7 months have seen an increase in DNAs compared to the previous month. Target to be confirmed.

DNA Rate- starting 01/04/18
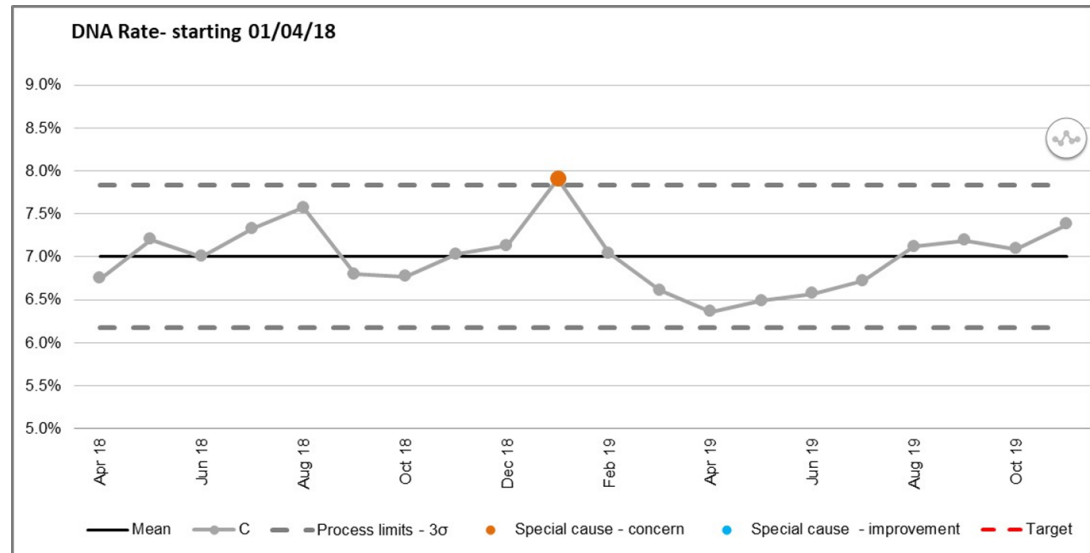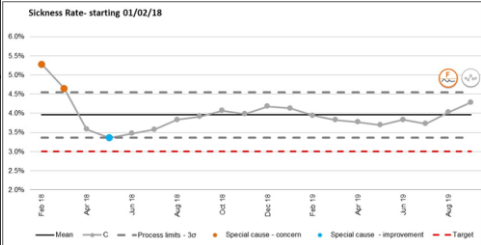
Metric	Nov 19	YTD	Target
% Virtual clinic appointments	**5.8%**	**5.5%**	**TBC**

This metric is relatively stable. Target to be confirmed.

% Virtual clinic appointments- starting 01/04/18

Outpatient Transformation
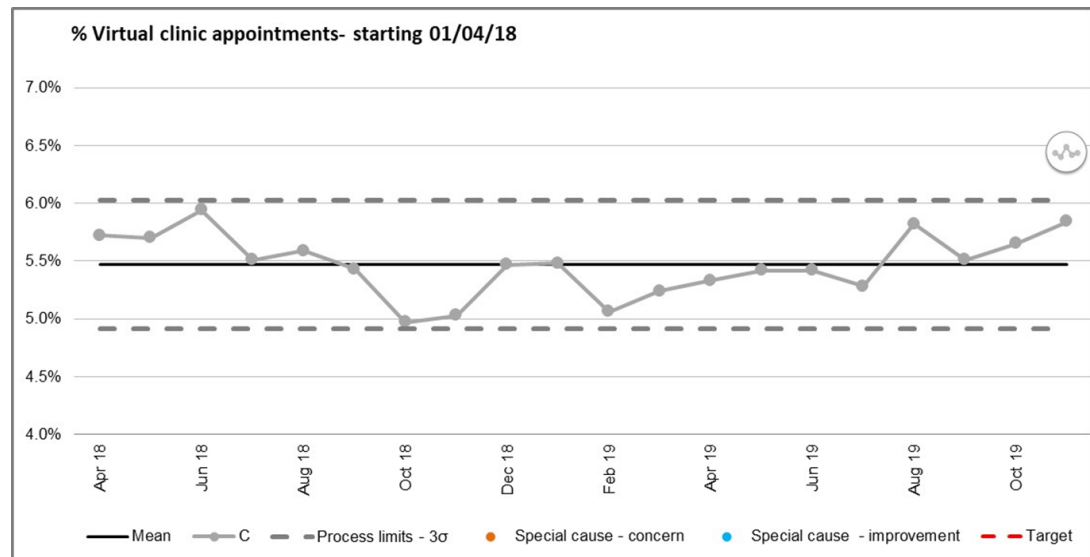
Metric	Oct 19	YTD	Target
% 7 day turnaround of OP clinic letters	83.2%	75.2%	90%

This metric is now relatively stable following a dip in May. Unlikely to achieve target.

% 7 day turnaround of OP clinic letters- starting 01/04/18

Exception Reports

University Hospitals of Leicester **NHS** NHS Trust

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
Sickness absence	**19/20 Target – 3% or below**		The target is aspirational, but has been achieved by some departments. E&F sickness absence is not reported through SMART or captured on ESR; hence the data variation.	It is proposed 3 or 6 monthly exception reports are provided moving forward.
UHL has a locally agreed sickness absence target of 3%.	Performance in October was 0.89% above the Trust target (or 1.28% above excluding E&F). Annual performance is at 3.53% (3.90% excluding E&F)	Sickness Rate- starting 01/02/18	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 are being developed. 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. At a Trust level the sickness absence data and reasons for absence are reviewed through the UHL Health and Wellbeing Steering Group.	HR will continue to support CMG's in the management of sickness absence

Exception Reports

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
Emergency readmissions within 30 days following an elective or emergency spell	**19/20 Target – less than 8.5%**	Readmission Rate within 30 Days- starting 01/03/18	• Emergency readmissions remains high and is relatively stable. • ESM readmissions are lowest since January 2018. ESM is where the City readmissions pilot is focused. • Meeting arranged with CHUGGs to discuss coding and readmissions.	• City readmissions pilot has gone live, plans to expand across UHL. • County care coordinator launch delayed due to recruitment issues, due to go live in January. • Phase 2 OT in EMAS week commencing 9th December.
Is the percentage of emergency readmissions within 30 days following an elective or emergency spell	Performance for October was 8.8%. YTD performance is currently at 9.0%			

Exception Reports

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
Long Stay Patients (21+ days) Is the number of adult patients that have been in hospital for over 21 days.	**19/20 Target – 135** At the end of November the number of long stay patients (21+ days) was 176.	Long Stay Patients (21+ days)- starting 01/04/18	• ESM have seen a slight increase and remain above the mean and target. • CHUGG's have seen a decrease in the number of long stay patients. They are below the mean but remain above target. • RRCV are below the mean but above target. • MSS CMG are currently below the mean and target.	• Continue to work with staff on roll out of Ward based reviews. • Review findings from the ' perfect day' at the LRI site to understand wider themes. • Undertake a Multi agency discharge event MADE CHUGGs in December