UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST
QUALITY AND OUTCOMES COMMITTEE/ PEOPLE,
PROCESS AND PERFORMANCE COMMITTEE
25TH MARCH 2021

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Quality and Performance Report

Executive Summary from Acting CEO

Purpose of report:

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

Previous consideration:

Meeting	Date	Please clarify the purpose of the paper to that meeting using the categories above
CMG Board (specify which CMG)		
Executive Board	23/02/21	Discussion and Assurance
Trust Board Committee	25/02/21	Discussion and Assurance
Trust Board		

Context

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

Question

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

Conclusion

Good News:
- **Mortality** – the latest published SHMI (period October 2019 to September 2020) is 100, and remains within the expected range.

- **CAS alerts** - compliant.
- **C DIFF** – 5 cases reported this month.
- **MRSA** – 0 cases reported.
- **90% of Stay on a Stroke Unit** – threshold achieved with 86.5% reported in January.
- **12 hour trolley wait** - 0 breaches reported.
- **Fractured neck of femurs operated 0-35hrs** – performance is above target at 73.0%.
- **VTE** – compliant at 98.6% in February.
- **Cancelled operations OTD** – 0.9% reported in February.
- **Cancer Two Week Wait** was 93.2% in January against a target of 93%.
- **Cancer Two Week Wait (Symptomatic Breast)** was 93.5% in January against a target of 93%.

Performance Challenges:

- **UHL ED 4 hour performance** – 68.7% for February, system performance (including LLR UCCs) for February is 77.8%.
- **Ambulance Handover 60+ minutes (CAD)** – performance at 4.2%.
- **Cancer 31 day treatment** was 87.2% in January against a target of 96%.
- **Cancer 62 day treatment** was 65.7% in January against a target of 85%.
- **Referral to treatment** – the number on the waiting list (now the primary performance measure) was above the target and 18 week performance was below the NHS Constitution standard at 52.8% at the end of February.
- **52+ weeks wait –** 10,942 breaches reported in February.
- **Diagnostic 6 week wait** was 39.3% against a target of 1% in February.
- **Patients not rebooked within 28 days following late cancellation of surgery –** 32.
- **Statutory and Mandatory Training** is at 88%.
- **Annual Appraisal** is at 78.9%.
- **TIA (high risk patients) –** 53.8% reported in February

Input Sought

I recommend that the Committee:

- Commends the positive achievements noted under Good News
- Note the areas of Performance Challenges 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: 29th April 2021

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

Quality and Performance Report

February 2021
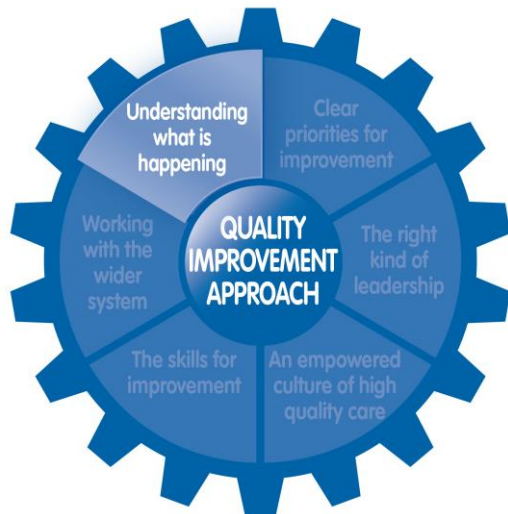
Operational Delivery Unit

One team shared values

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UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

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

DATE: 25th MARCH 2021

REPORT BY: ANDREW FURLONG, MEDICAL DIRECTOR
DEBRA MITCHELL, ACTING CHIEF OPERATING OFFICER
CAROLYN FOX, CHIEF NURSE
HAZEL WYTON, DIRECTOR OF PEOPLE AND ORGANISATIONAL DEVELOPMENT

SUBJECT: FEBRUARY 2021 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 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. Assurance rates key Green = Reasonable/Substantial Assurance, Amber = Limited Assurance and Red = No Assurance.

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
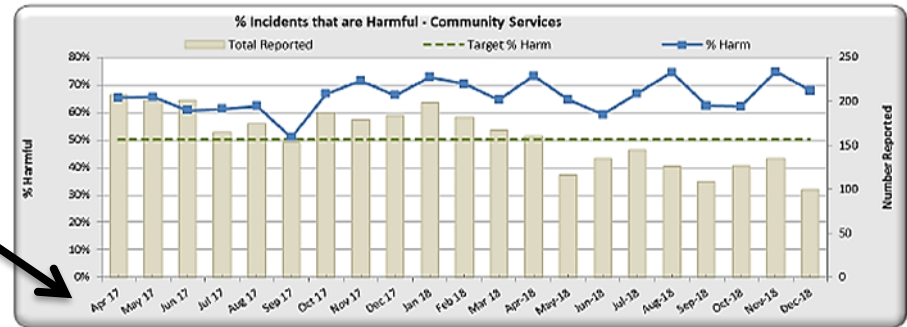
Highlighting special cause and its nature

One team shared values

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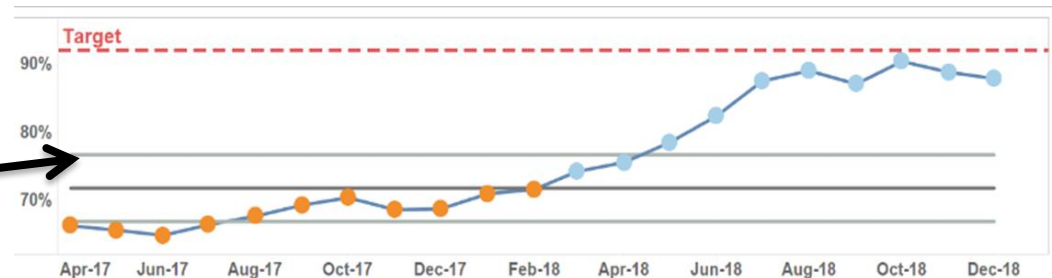
Key elements of a SPC dashboard

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 (high)	L (low)	H (high)	L (low)	Common
Special Cause Concern High	Special Cause Concern Low	Special Cause Note/Investigate High	Special Cause Note/Investigate Low	Common Cause

Assurance

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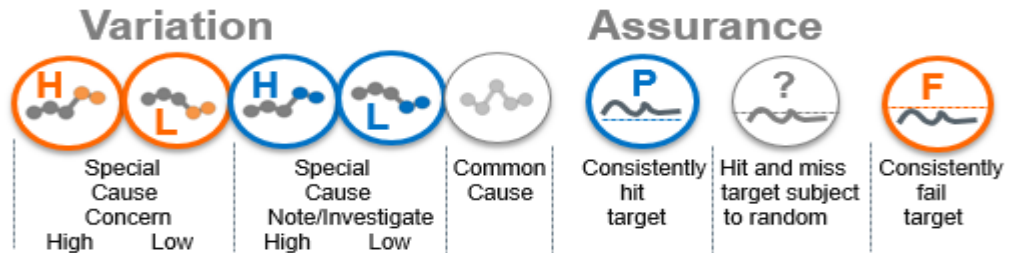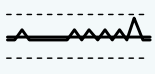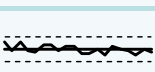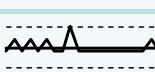
	Jun-18	Target	Variation	Target Capability	Comment
Staff Sickness absence	4.4%	3.5%	(common)	(F)	Shift change in August 2017 showing increase in sickness - staff survey review indicated.....

Performance Overview

Domain	KPI	Target	Dec-20	Jan-21	Feb-21	YTD	Assurance	Variation	Trend	Data Quality Assessment
Safe	Never events	0	2	0	0	6	?			Jan-20
	Overdue CAS alerts	0	0	0	0	0	F			Nov-19
	% of all adults VTE Risk Assessment on Admission	95%	98.6%	98.7%	98.6%	98.5%	P			Dec-19
	Emergency C-section rate	No Target	22.0%	23.2%	21.7%	21.0%				Feb-20
	Clostridium Difficile	108	3	8	5	70	?			Nov-17
	MRSA Total	0	0	1	0	1	?			Nov-17
	E. Coli Bacteraemias Acute	No Target	5	7	11	88				Jun-18
	MSSA Acute	No Target	2	4	2	28				Nov-17

Domain	KPI	Target	Dec-20	Jan-21	Feb-21	YTD	Assurance	Variation	Trend	Data Quality Assessment
Safe	COVID-19 Community Acquired <= 2 days after admission	No Target	56.4%	65.7%	61.7%	69.5%				Oct-20
	COVID-19 Hospital-onset, indeterminate, 3-7 days after admission	No Target	19.5%	15.1%	16.5%	13.1%				Oct-20
	COVID-19 Hospital-onset, probable, 8-14 days after admission	No Target	14.8%	11.3%	13.0%	10.0%				Oct-20
	COVID-19 Hospital-onset, healthcare-acquired, 15 or more days after admission	No Target	9.4%	7.9%	8.8%	7.4%				Oct-20
	All falls reported per 1000 bed days	5.5	4.5	5.2		4.7	?	variation	trend	Oct-20
	Rate of Moderate harm and above Falls PSIs with finally approved status per 1,000 bed days	No Target	0.13	0.17		0.09		variation	trend	Oct-20

Domain	KPI	Target	Dec-20	Jan-21	Feb-21	YTD	Assurance	Variation	Trend	Data Quality Assessment
Caring	Staff Survey Recommend for treatment	No Target	Reporting will commence once national reporting resumes							Aug-17
	Single Sex Breaches	0	National reporting commences in April 2021				?			Mar-20
	Inpatient and Day Case F&F Test % Positive	TBC	98%	98%	99%	98%		H		Mar-20
	A&E F&F Test % Positive	TBC	95%	93%	94%	95%				Mar-20
	Maternity F&F Test % Positive	TBC	96%	96%	95%	96%				Mar-20
	Outpatient F&F Test % Positive	TBC	94%	95%	95%	94%				Mar-20
	Complaints per 1,000 staff (WTE)	No Target								Jan-20

| Domain	KPI	Target	Dec-20	Jan-21	Feb-21	YTD	Assurance	Variation	Trend	Data Quality Assessment
Well Led	Staff Survey % Recommend as Place to Work	No Target	Reporting will commence once national reporting resumes							Sep-17
	Turnover Rate	10%	8.9%	8.8%	9.3%	9.3%				Nov-19
	Sickness Absence (Excludes E&F staff)	3%	7.6%	8.7%		7.2%				Mar-21
	% of Staff with Annual Appraisal (Excludes E&F staff)	95%	82.2%	79.4%	78.9%	78.9%				Mar-21
	Statutory and Mandatory Training	95%	88%	87%	88%	88%				Feb-20
	Nursing Vacancies	No Target	12.8%	12.9%	12.3%	12.3%				Dec-19

Performance Overview

Domain	KPI	Target	Dec-20	Jan-21	Feb-21	YTD	Assurance	Variation	Trend	Data Quality Assessment
Effective	Mortality Published SHMI	100	99	100	100	100 (Oct 19 to Sep 20)				Sep-16
	Mortality 12 months HSMR	100	104	105	108	108 Dec 19 to Nov 20				Sep-16
	Crude Mortality Rate	No Target	2.3%	3.3%	2.6%	2.0%		⊙	⬈	Sep-16
	Emergency Readmissions within 30 Days	8.5%	9.1%	9.8%		9.5%	?	⊙	⬈	Sep-20
	Emergency Readmissions within 48 hours	No Target	1.1%	1.1%		1.2%		⊙	⬈	Sep-20
	No of #neck of femurs operated on 0-35hrs	72%	68.1%	75.8%	73.0%	66.4%	?	⊙	⬈	Sep-20
	Stroke - 90% Stay on a Stroke Unit	80%	86.3%	86.5%		86.8%	?	⊙	⬈	Mar-20
	Stroke TIA Clinic Within 24hrs	60%	79.5%	67.1%	53.8%	68.3%	?	⊙	⬈	Mar-20

Domain	KPI	Target	Dec-20	Jan-21	Feb-21	YTD	Assurance	Variation	Trend	Data Quality Assessment
Responsive	ED 4 hour waits UHL	95%	67.0%	63.9%	68.7%	73.3%	F			Mar-20
	ED 4 hour waits Acute Footprint	95%	75.9%	74.5%	77.8%	81.3%	F			Data sourced externally
	12 hour trolley waits in A&E	0	7	17	0	32	?			Mar-20
	Ambulance handover >60mins	0.0%	9.6%	10.9%	4.2%	4.8%	F			Data sourced externally
	RTT Incompletes	92%	58.7%	56.3%	52.8%	52.8%	F	L		Nov-19
	RTT Waiting 52+ Weeks	0	6361	8424	10942	10942	F	H		Nov-19
	Total Number of Incompletes	66,397 (by year end)	78,011	80,593	84,470	84,470	?	H		Nov-19

Performance Overview

Domain	KPI	Target	Dec-20	Jan-21	Feb-21	YTD	Assurance	Variation	Trend	Data Quality Assessment
Responsive	6 Week Diagnostic Test Waiting Times	1.0%	35.3%	44.3%	39.3%	39.3%	F			Nov-19
	Cancelled Patients not offered <28 Days	0	32	39	32	258	?			Nov-19
	% Operations Cancelled OTD	1.0%	1.1%	1.1%	0.9%	0.9%	?			Jul-18
	Long Stay Patients (21+ days)	70	169	176	185	185	F			Sep-20
	Inpatient Average LOS	No Target	3.6	3.3	3.4	3.6				Sep-20
	Emergency Average LOS	No Target	5.2	5.6	5.3	5.0				Sep-20

Domain	KPI	Target	Nov-20	Dec-20	Jan-21	YTD	Assurance	Variation	Trend	Data Quality Assessment
Responsive - Cancer	2WW	93%	93.3%	94.8%	93.2%	91.4%	?			Dec-19
	2WW Breast	93%	95.2%	95.1%	93.5%	95.5%	?			Dec-19
	31 Day	96%	93.1%	94.7%	87.2%	91.5%	?			Dec-19
	31 Day Drugs	98%	100%	100%	98.9%	99.7%	P			Dec-19
	31 Day Sub Surgery	94%	77.4%	74.3%	62.7%	72.7%	?			Dec-19
	31 Day Radiotherapy	94%	96%	94.4%	94.8%	92.5%	?	H		Dec-19
	Cancer 62 Day	85%	79.2%	73.6%	65.7%	70.2%	F			Dec-19
	Cancer 62 Day Consultant Screening	90%	85.5%	97.0%	63.3%	68.1%	?			Dec-19

Domain	KPI	Target	Dec-20	Jan-21	Feb-21	YTD	Assurance	Variation	Trend	Data Quality Assessment
Outpatient Transformation	% DNA rate	No Target	6.6%	6.9%	6.5%	6.4%				Feb-20
	% Non Face to Face Appointments	No Target	46.3%	50.9%	48.7%	54.3%				Feb-20
	% 7 day turnaround of OP clinic letters	90%	75.4%	84.0%	84.1%	86.4%				Feb-20

Safe

Metric	Feb 21	YTD	Target
Never Events	0	6	0
6 never events in the last 12 months.			

Never Events- starting 01/07/19

Mean — C — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target
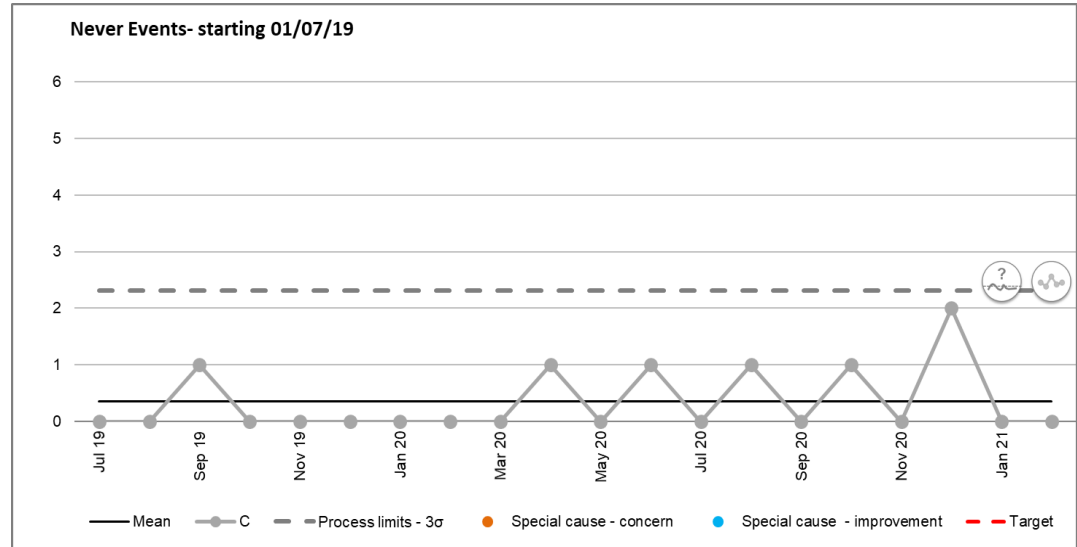
Metric	Feb 21	YTD	Target
Overdue CAS alerts	0	0	0
No overdue CAS alerts since June 2019.			

Overdue CAS alerts- starting 01/07/19

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

Safe

University Hospitals of Leicester **NHS** NHS Trust
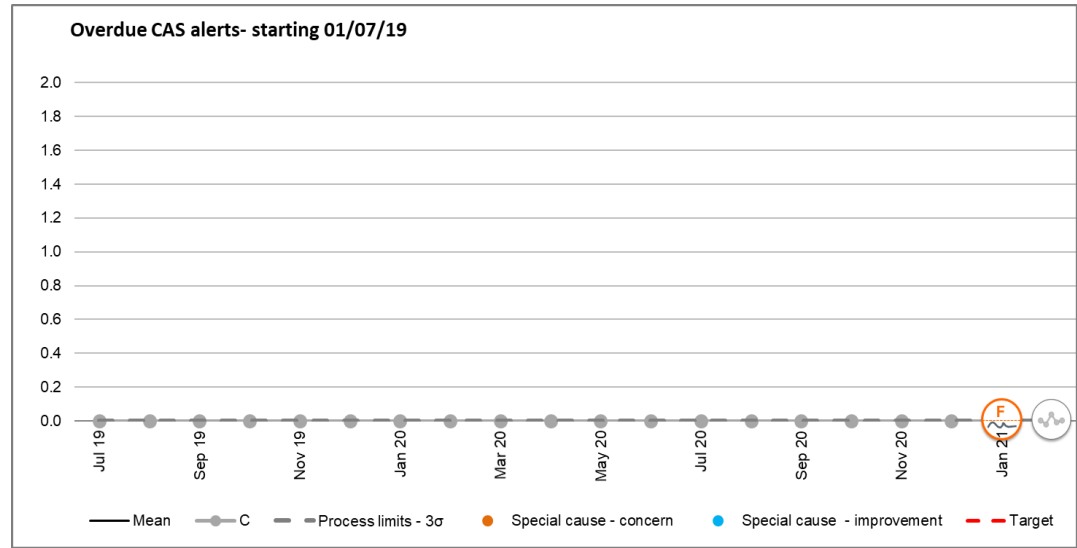
Metric	Feb 21	YTD	Target
VTE Risk Assessment	**98.6%**	**98.5%**	**95%**

Common cause variation, likely to deliver target next month.

VTE Risk Assessment - starting 01/07/19
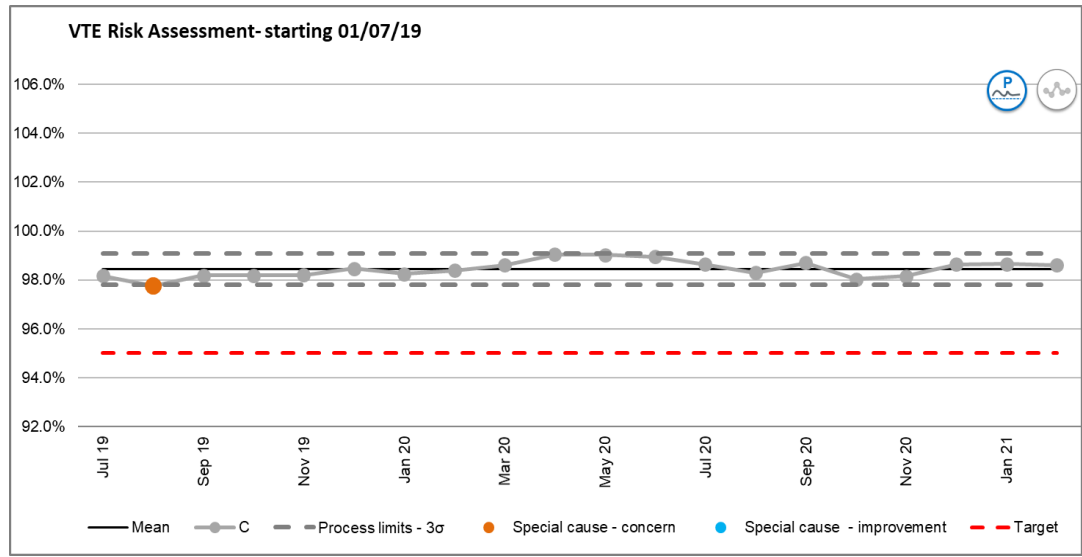
Metric	Feb 21	YTD	Target
% Emergency C-Sections	**21.7%**	**21.0%**	**No National Target**

Common cause variation.

Emergency C-Sections - starting 01/07/19

Safe
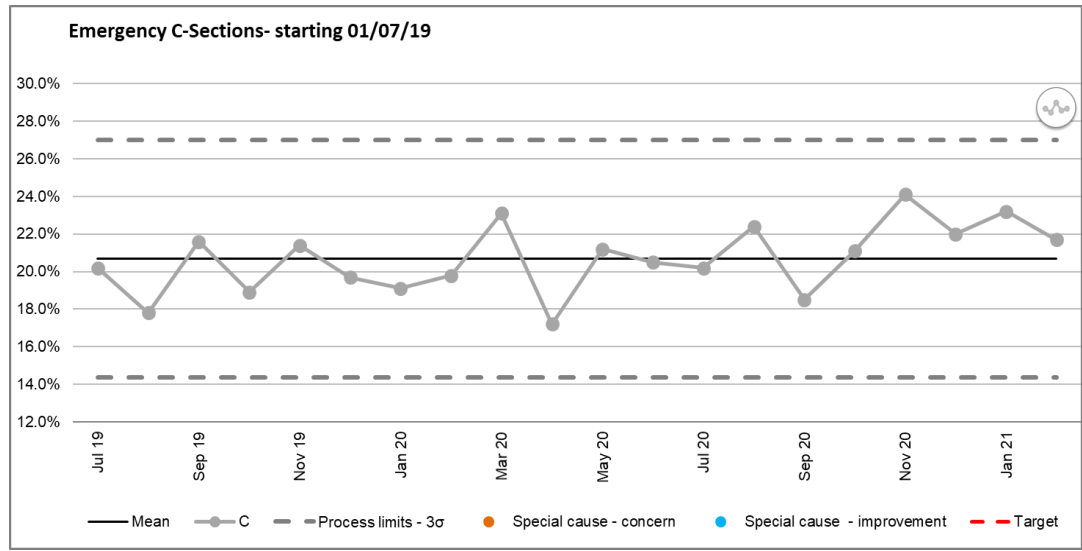
Metric	Feb 21	YTD	Target
Clostridium Difficile	**5**	**70**	**108**

No significant variation. May achieve target next month.

Clostridium Difficile- starting 01/07/19
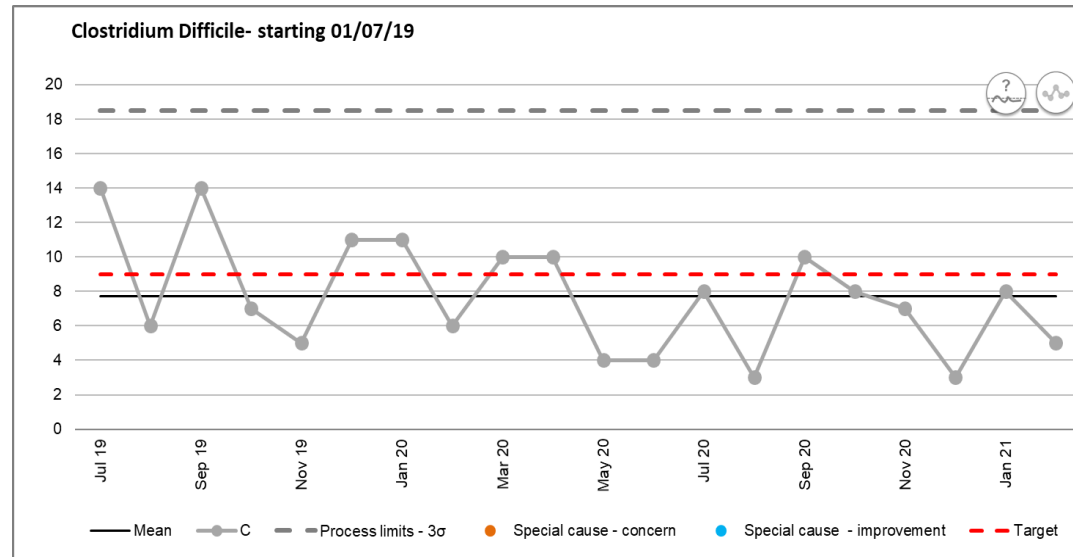
Metric	Feb 21	YTD	Target
MRSA Total	**0**	**1**	**0**

No assurance if target will be achieved next month. Full Year target breached.

MRSA Total- starting 01/07/19

Safe
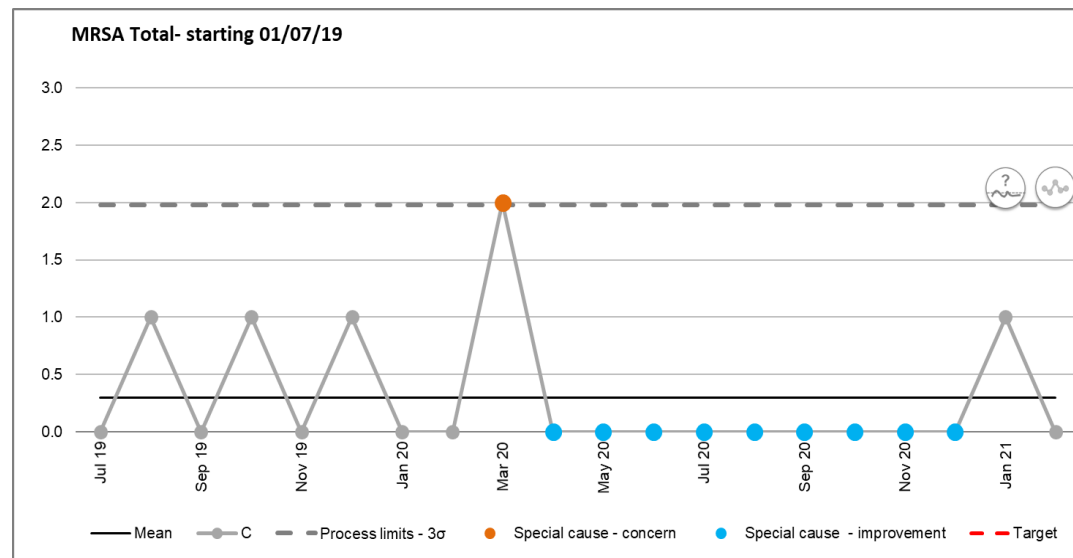
Metric	Feb 21	YTD	Target
E. Coli Bacteraemias - Acute	**11**	**88**	**No National Target**
No significant variation.			

E. Coli Bacteraemias - Acute- starting 01/07/19
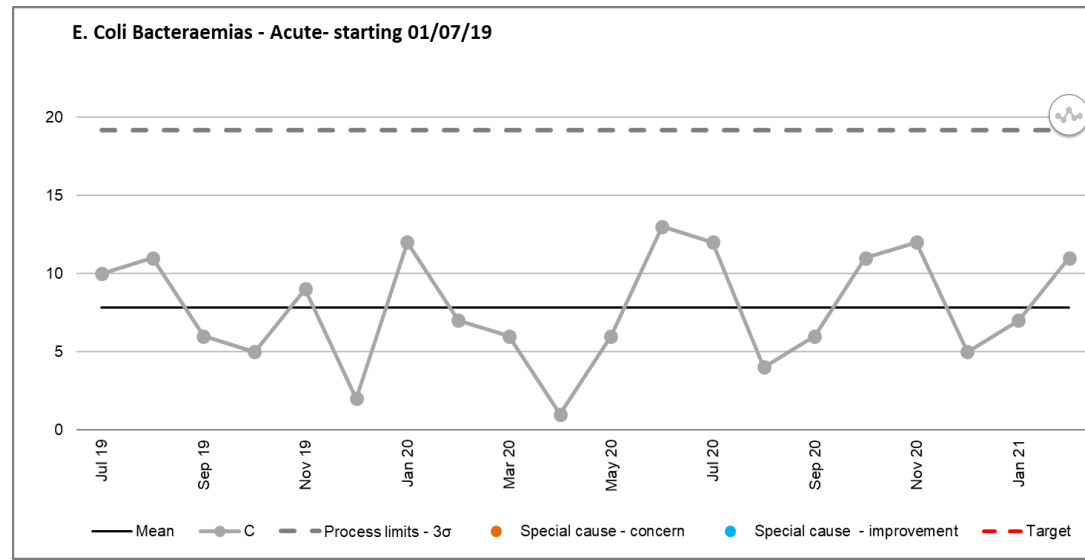
Metric	Feb 21	YTD	Target
MSSA - Acute	**2**	**28**	**No National Target**
Normal variation.			

MSSA - Acute- starting 01/07/19

Safe

University Hospitals of Leicester NHS — NHS Trust
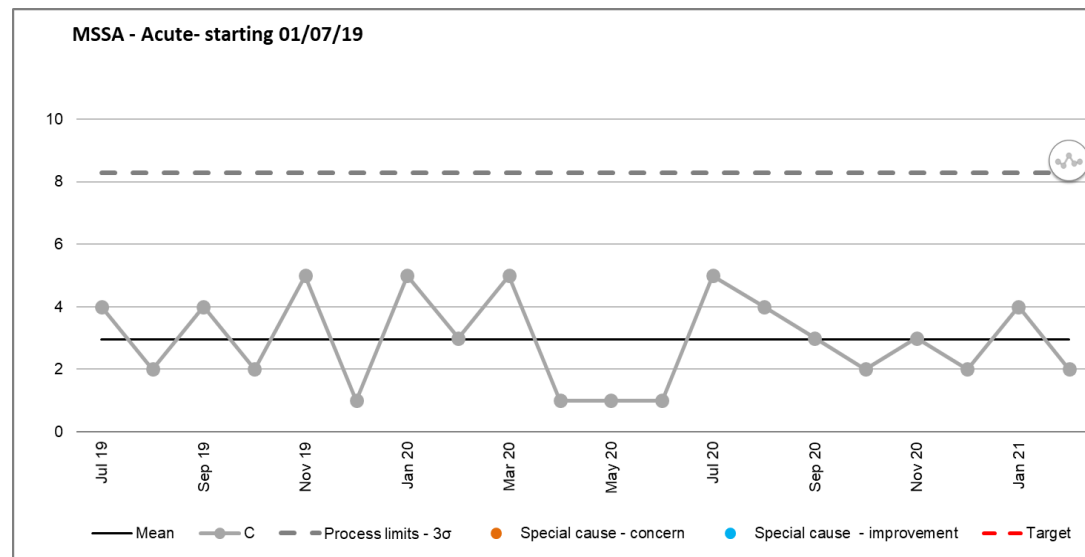
| NHSI COVID-19 Onset Category	Mar-20		Apr-20		May-20		Jun-20		Jul-20		Aug-20		Sep-20		Oct-20		Nov-20		Dec-20		Jan-21		Feb-21	
	Patients	%	Patients	%	Patients	%	Patients	%	Patients	%	Patients	%	Patients	%	Patients	%	Patients	%	Patients	%	Patients	%	Patients	%
Community Acquired <= 2 days after admission	218	87.6%	619	82.4%	236	62.4%	168	77.8%	87	93.5%	34	94.4%	94	79.7%	237	75.5%	566	76.6%	481	56.4%	784	65.7%	370	61.7%
Hospital-onset, indeterminate, 3-7 days after admission	16	6.4%	60	8.0%	44	11.6%	22	10.2%	3	3.2%	1	2.8%	8	6.8%	38	12.1%	71	9.6%	166	19.5%	180	15.1%	99	16.5%
Hospital-onset, probable, 8-14 days after admission	10	4.0%	34	4.5%	64	16.9%	16	7.4%	2	2.2%	0	0.0%	7	5.9%	21	6.7%	47	6.4%	126	14.8%	135	11.3%	78	13.0%
Hospital-onset, healthcare-acquired, 15 or more days after admission	5	2.0%	38	5.1%	34	9.0%	10	4.6%	1	1.1%	1	2.8%	9	7.6%	18	5.7%	55	7.4%	80	9.4%	94	7.9%	53	8.8%
Total	249	100%	751	100%	378	100%	216	100%	93	100%	36	100%	118	100%	314	100%	739	100%	853	100%	1193	100%	600	100%

COVID-19 Hospital Onset

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Safe
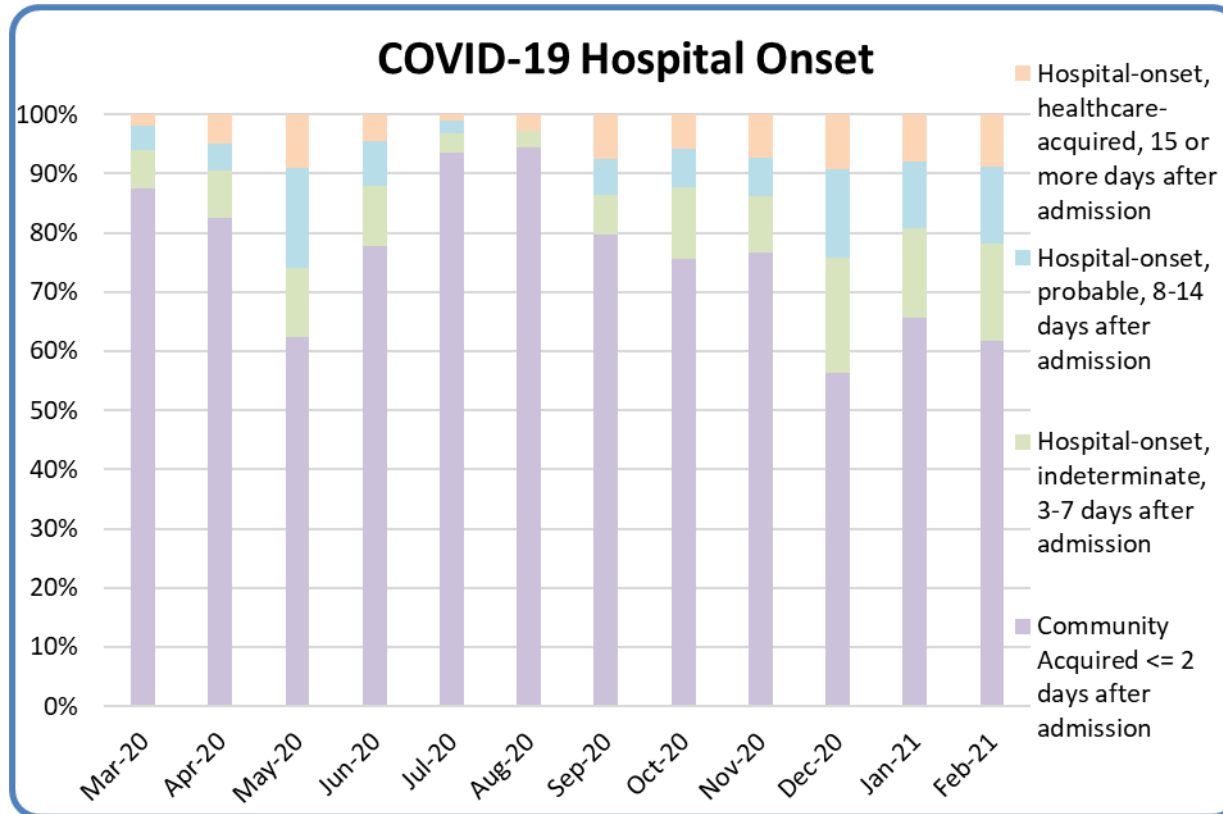
Metric	Jan 21	YTD	Target
All falls reported per 1000 bed days for patients	**5.2**	**4.7**	**5.5**

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

All falls reported per 1000 bed days for patients reported 1 month in arrears- starting 01/06/19

Mean — C — Process limits - 3σ ● Special cause - concern ● Special cause - improvement — Target
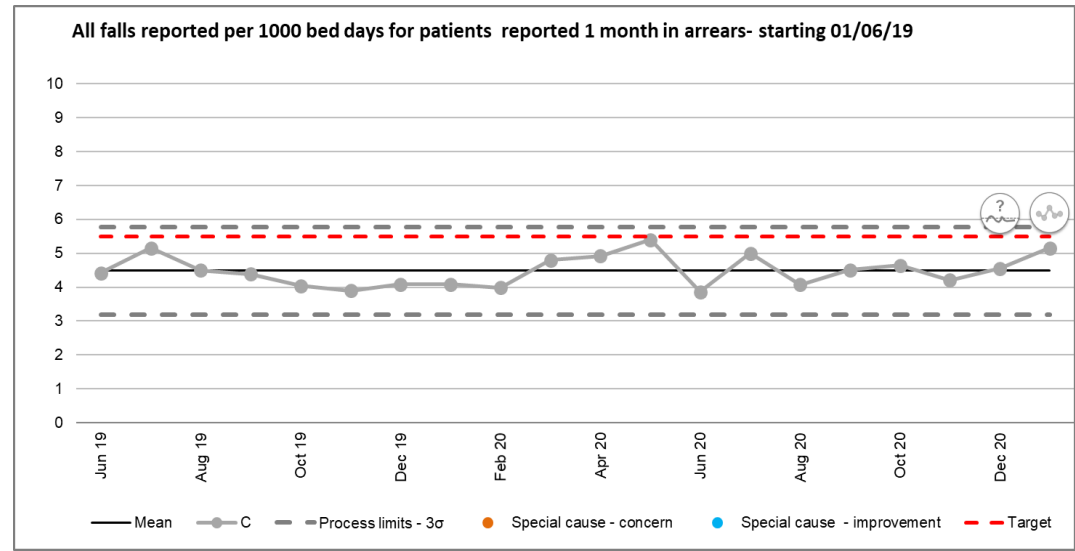
Metric	Jan 21	YTD	Target
Rate of Moderate harm and above Falls PSIs with finally approved status per 1,000 bed days	**0.17**	**0.09**	**No National Target**

No significant variation.

Rate of Moderate harm and above Falls PSIs with finally approved status per 1,000 bed days- starting 01/06/19

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

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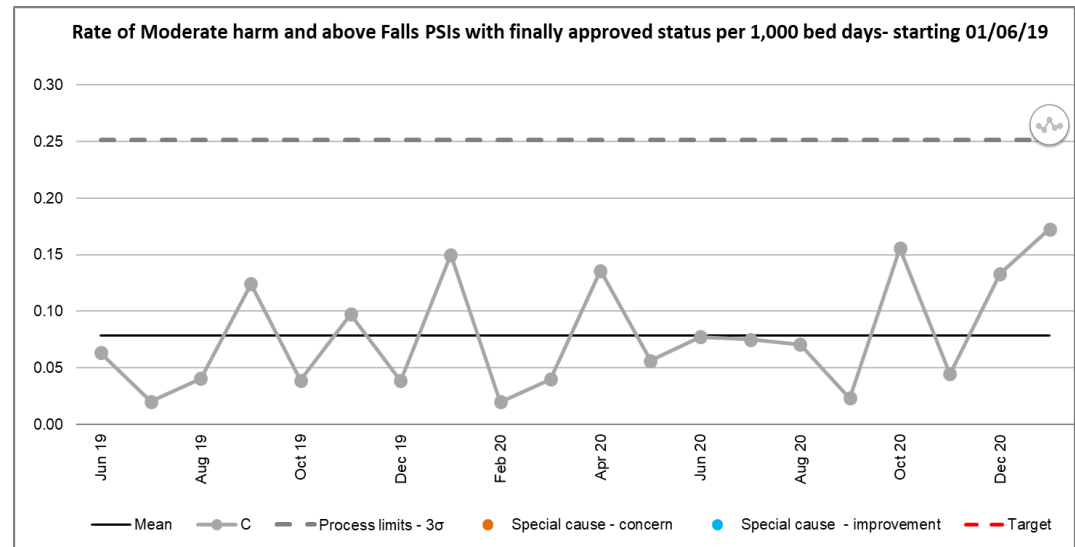
Metric	Q3 19/20	YTD	Target
% of staff who would recommend the trust as place to receive treatment	**67%**	**73%**	**No National Target**

Reporting will commence once national reporting resumes.

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

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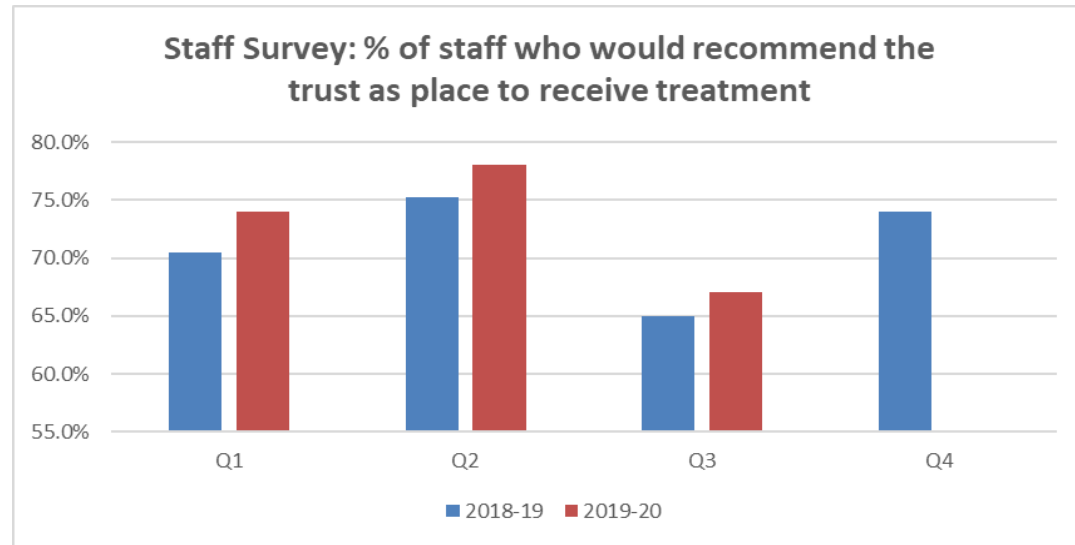
Metric	Mar 20	YTD	Target
Single Sex Breaches	**1**	**14**	**0**

National reporting expected to commence in July 2021.

Single Sex Breaches- starting 01/08/18

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

Caring

University Hospitals of Leicester NHS — NHS Trust
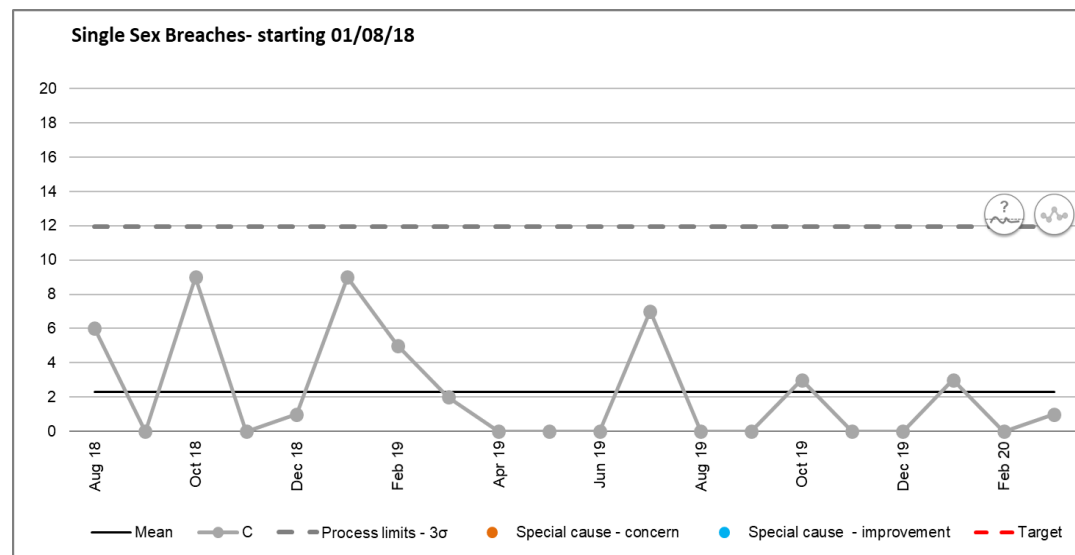
| Metric	Feb 21	YTD	Target
Inpatient and Day case F&F Test % Positive	**99%**	**98%**	**TBC**
National reporting is expected from April 2021 onwards. CMG reporting has resumed.			

Inpatients and Daycase Friends and Family Test - % positive- starting 01/07/19

Legend: Mean — C — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target
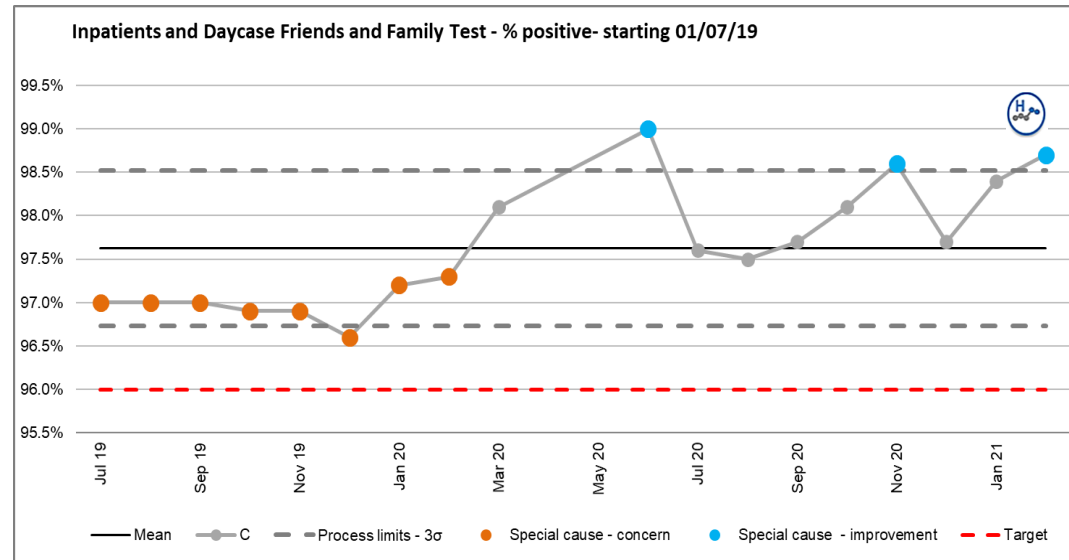
| Metric	Feb 21	YTD	Target
A&E F&F Test % Positive	**94%**	**95%**	**TBC**
National reporting is expected from April 2021 onwards. CMG reporting has resumed.			

A&E Friends and Family Test - % positive- starting 01/07/19

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

Caring
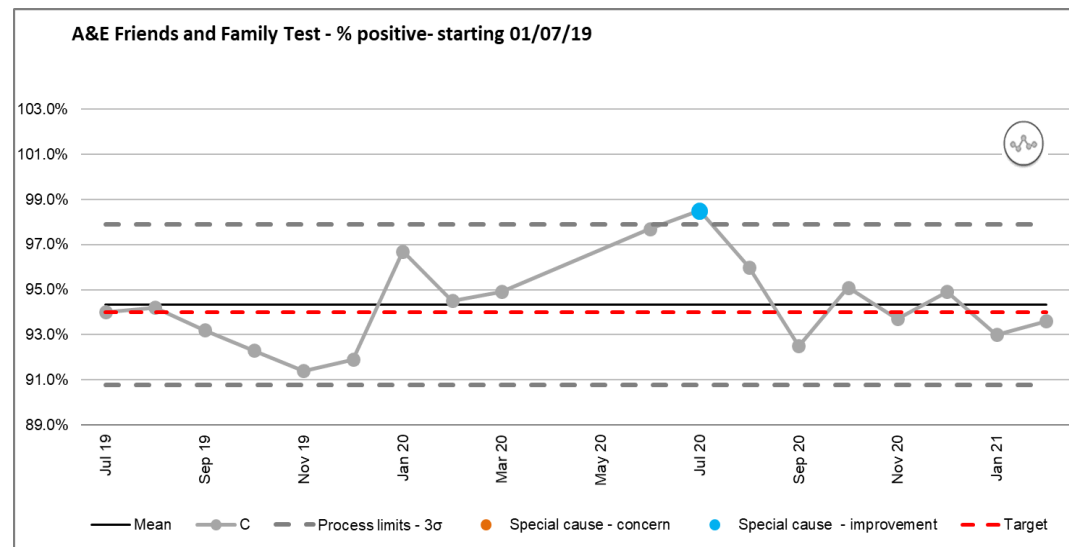
Metric	Feb 21	YTD	Target
Maternity F&F Test % Positive	**95%**	**96%**	**TBC**
National reporting is expected from April 2021 onwards. CMG reporting has resumed.			

Maternity Friends and Family Test - % positive- starting 01/07/19
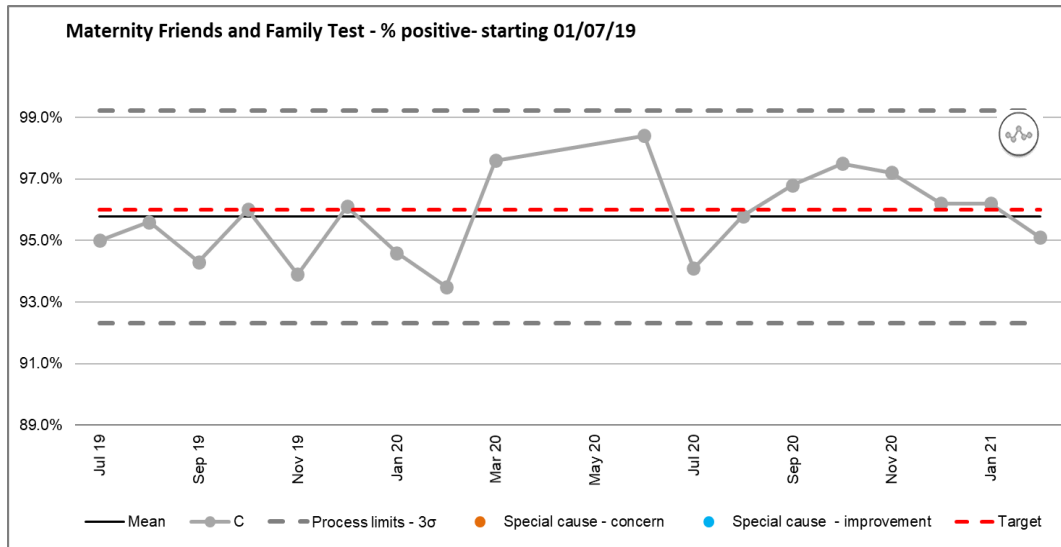
| Metric	Feb 21	YTD	Target
Outpatients Friends and Family Test - % positive	**95%**	**94%**	**TBC**
National reporting is expected from April 2021 onwards. CMG reporting has resumed.			

Outpatients Friends and Family Test - % positive- starting 01/07/19

Caring
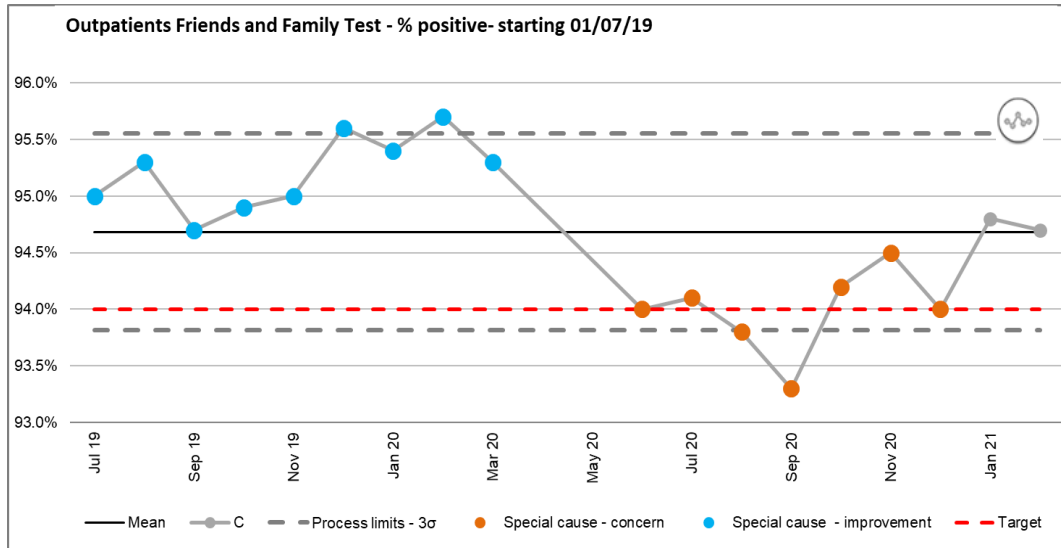
Metric	Q2 20/21	YTD	Target
Complaints per 1,000 staff (WTE)	**30.1**	**23.8**	**No National Target**
Reporting will commence once national reporting resumes.			

Complaints per 1,000 staff (WTE)

2019-20 ■ 2020-21

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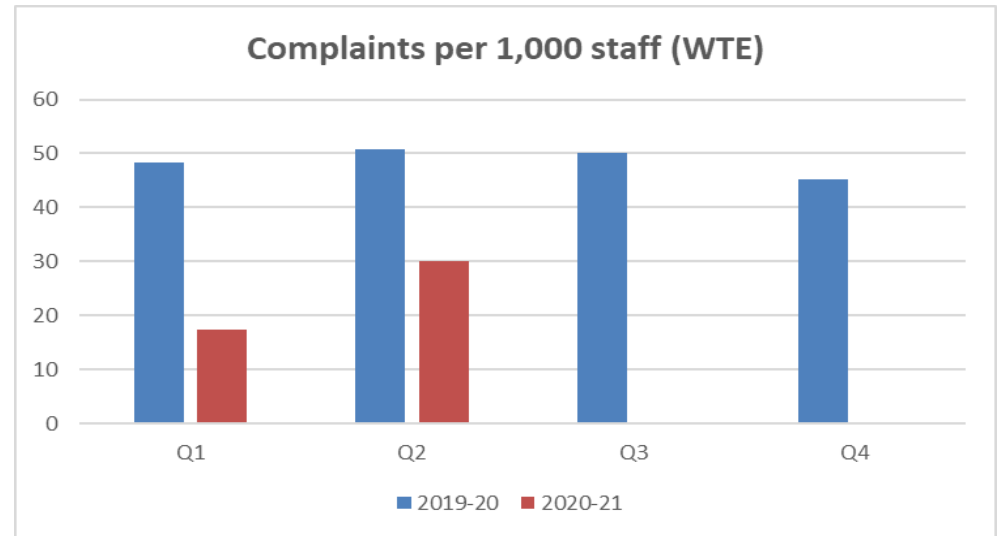
| Metric	Q3 19/20	YTD	Target
Staff Survey % Recommend as Place to Work	62%	61%	Not within Lowest Decile
Reporting will commence once national reporting resumes.			

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

■ 2018-19   ■ 2019-20
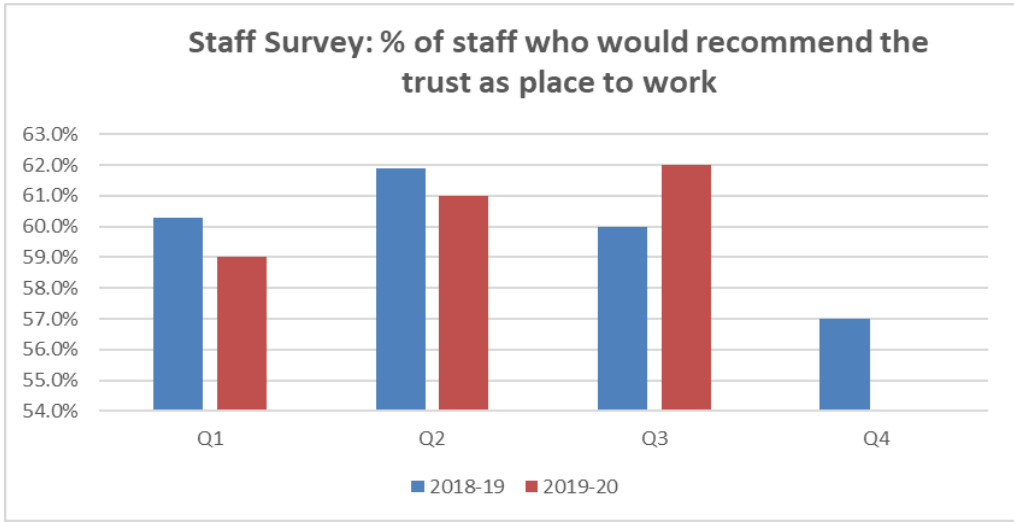
Metric	Feb 21	YTD	Target
Turnover Rate	9.3%	9.3%	10%
Special cause concern due to COVID-19, very likely to achieve target next month.			

Turnover Rate- starting 01/07/19

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

Well Led

University Hospitals of Leicester **NHS** NHS Trust
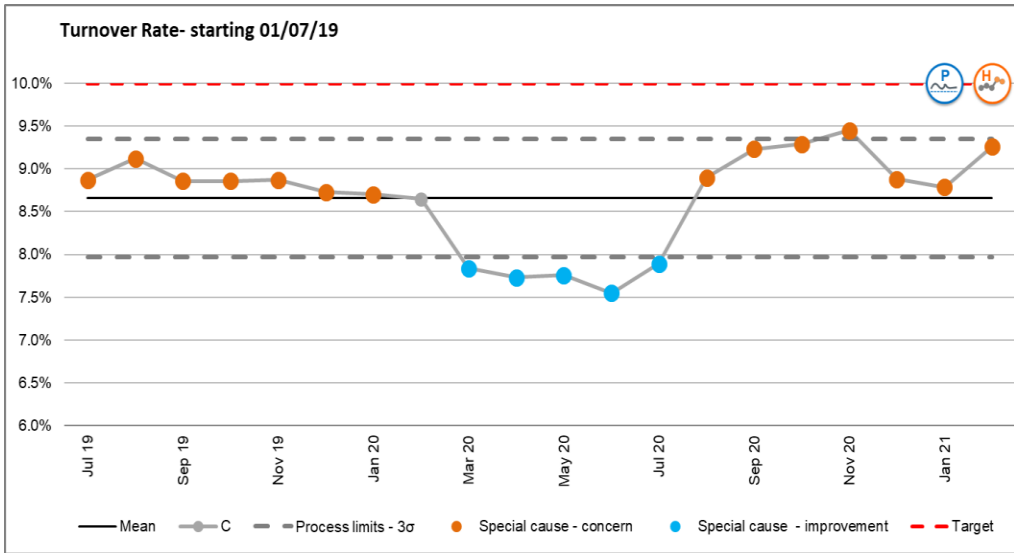
| Metric	Jan 21	YTD	Target
Sickness absence (excludes Estates and Facilities)	**8.7%**	**7.2%**	**3%**

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

Sickness Rate- starting 01/06/19

Legend: Mean — C — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target
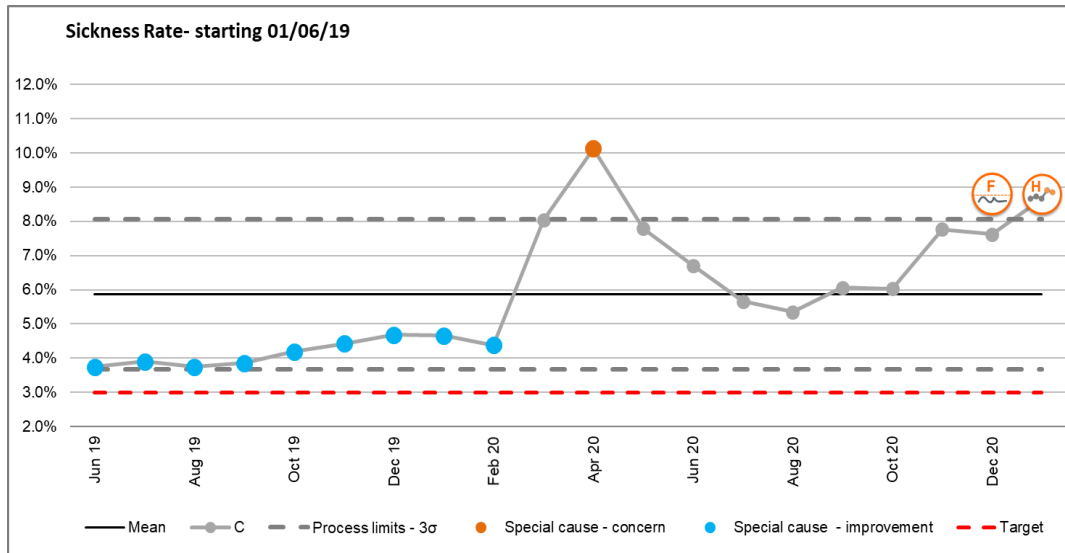
Metric	Feb 21	YTD	Target
% of Staff with Annual Appraisal (excludes Estates and Facilities)	**78.9%**	**78.9%**	**95%**

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

Annual Appraisal- starting 01/07/19

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

Well Led
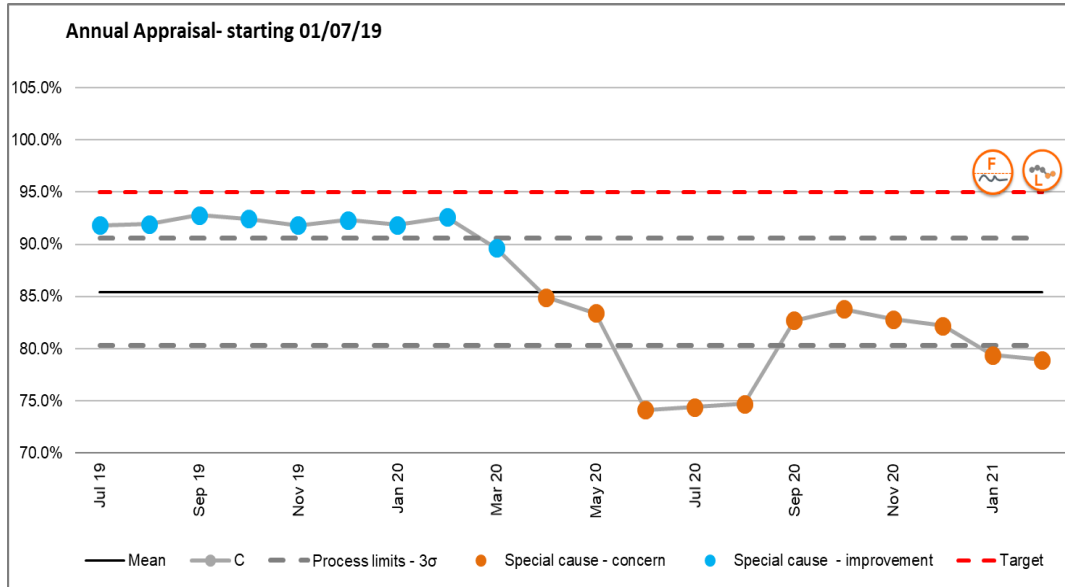
Metric	Feb 21	YTD	Target
Statutory and Mandatory Training	**88%**	**88%**	**95%**

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

Statutory and Mandatory Training- starting 01/07/19

Mean — C — Process limits - 3σ ● Special cause - concern ● Special cause - improvement — Target
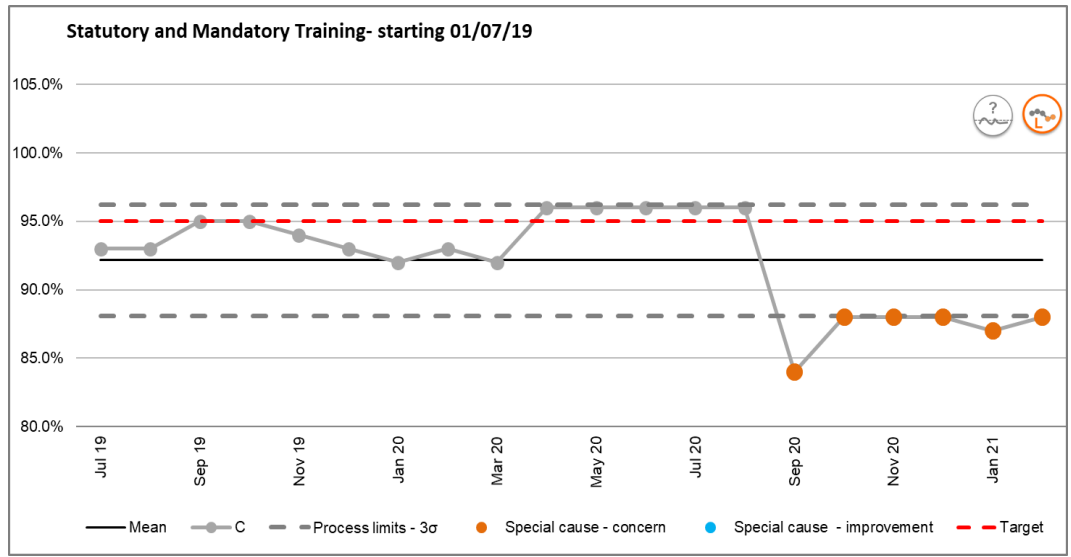
Metric	Feb 21	YTD	Target
Nursing Vacancies	12.3%	12.3%	No National Target

Common cause variation.

Nursing Vacancies- starting 01/06/19

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

University Hospitals of Leicester **NHS**
NHS Trust
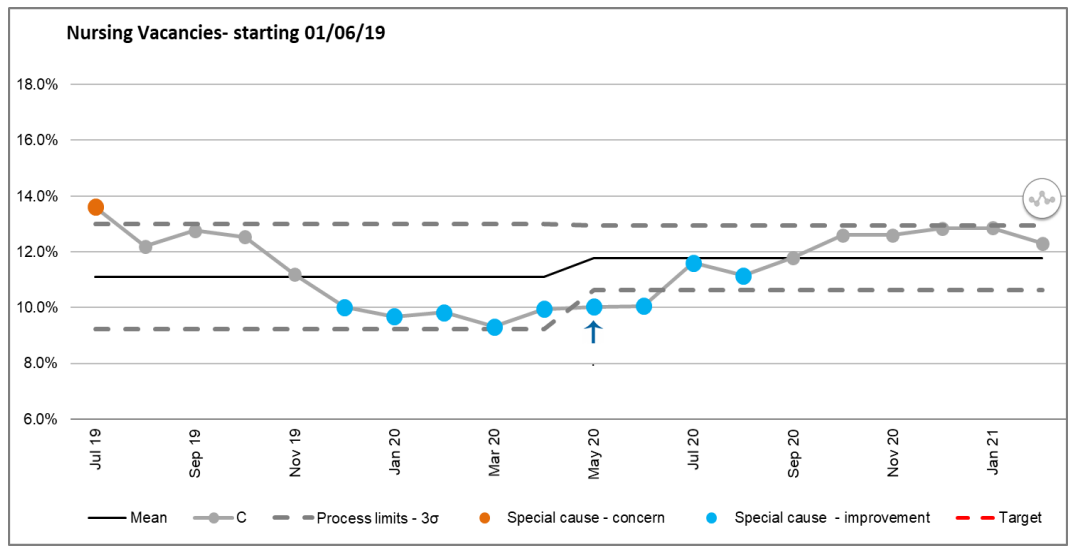
Metric	Oct 19 – Sep 20	Target
Mortality – Published Monthly SHMI	**100**	**100**

UHL's SHMI has been 100 or below for the past two years with some natural variation.

Mortality – Published Monthly SHMI
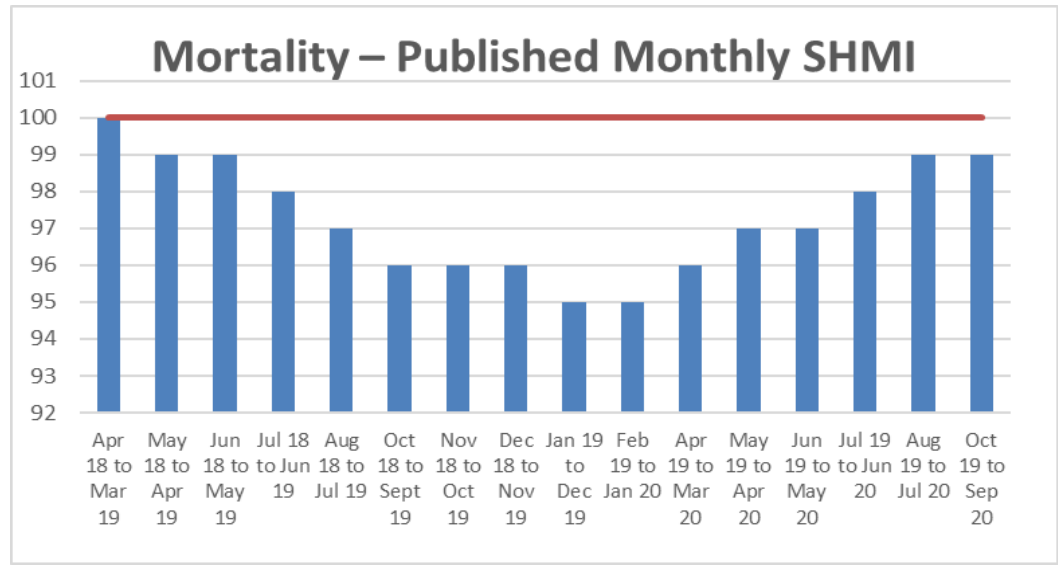
Metric	Dec 19 – Nov 20	Target
Mortality - Rolling 12 mths HSMR as reported in Dr. Foster)	**108**	**100**

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


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

Effective
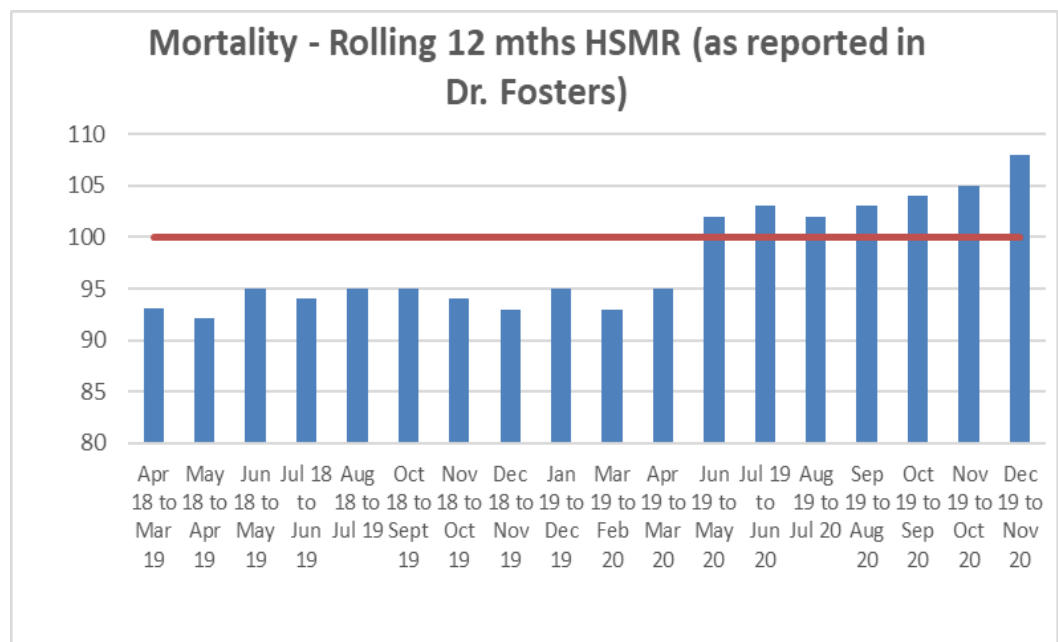
Metric	Feb 21	YTD	Target
Crude Mortality	**2.6%**	**2.0%**	**No National Target**

Statistically significant increase in January due to COVID-19.

Mortality Rate- starting 01/07/19
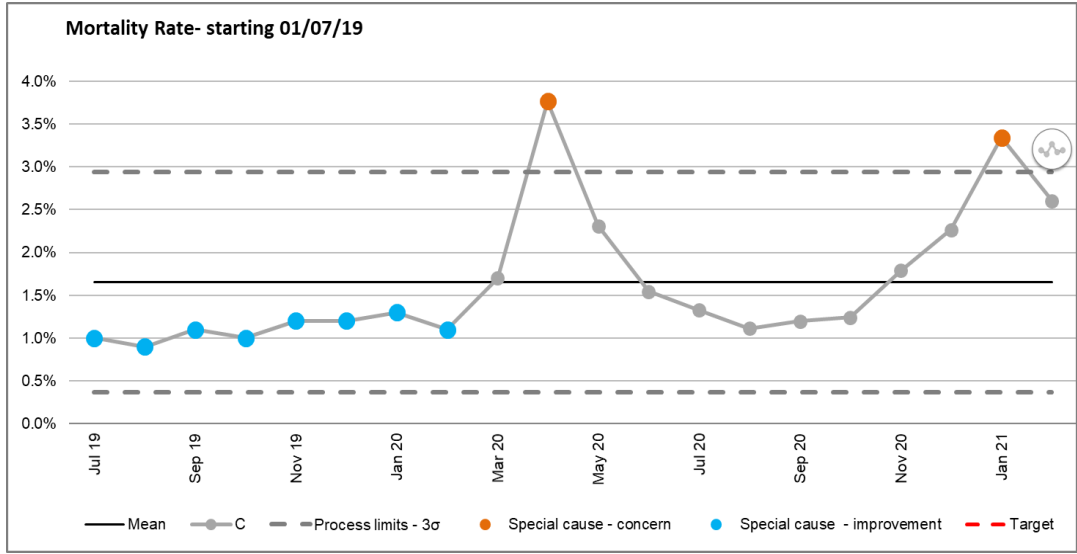
Metric	Jan 21	YTD	Target
Emergency readmissions within 30 days	**9.8%**	**9.5%**	**8.5%**

Normal variation, unlikely to achieve target next month.

Readmission Rate within 30 Days- starting 01/06/19

Effective
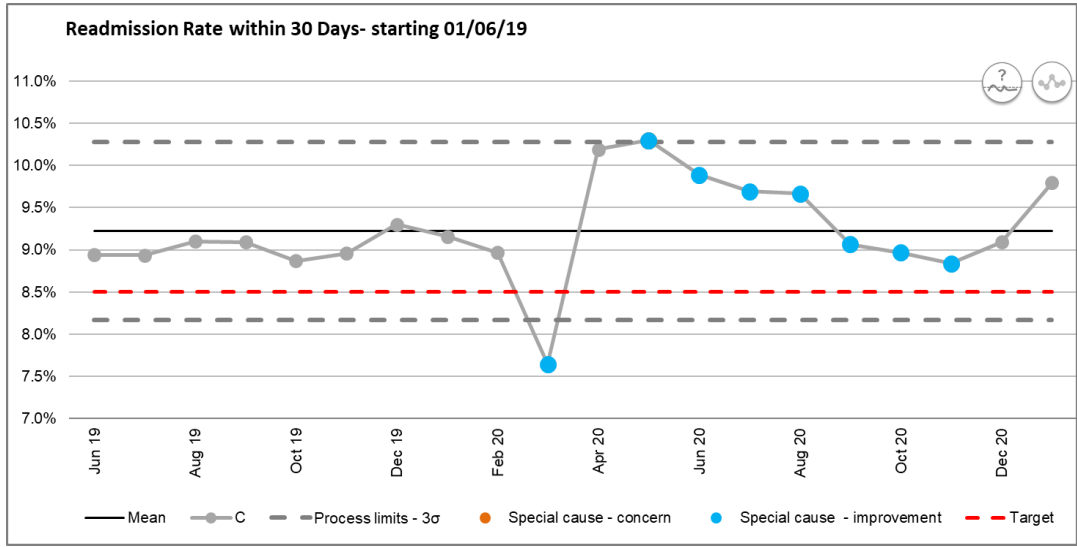
Metric	Jan 21	YTD	Target
Emergency readmissions within 48 hrs	**1.1%**	**1.2%**	**No National Target**
No significant variation.			

Readmission Rate within 48 Hours- starting 01/06/19
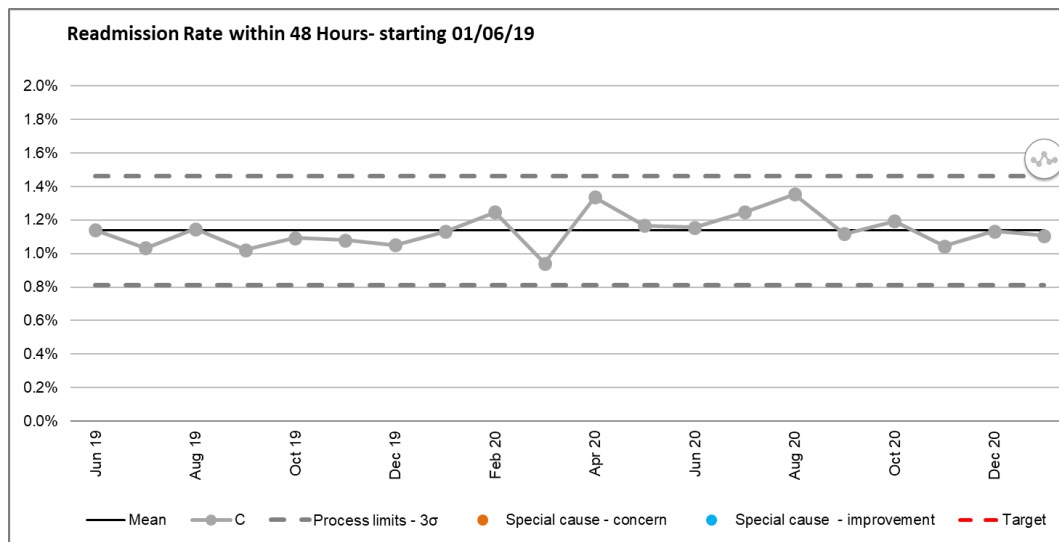
Metric	Feb 21	YTD	Target
% Neck of femurs operated on under 36 hrs Based on Admissions	**73.0%**	**66.4%**	**72%**
Performance deteriorated significantly in April and May due to COVID-19. No assurance that target will be delivered next month.			

No. of # Neck of femurs operated on 0-35 hrs- starting 01/07/19

Effective
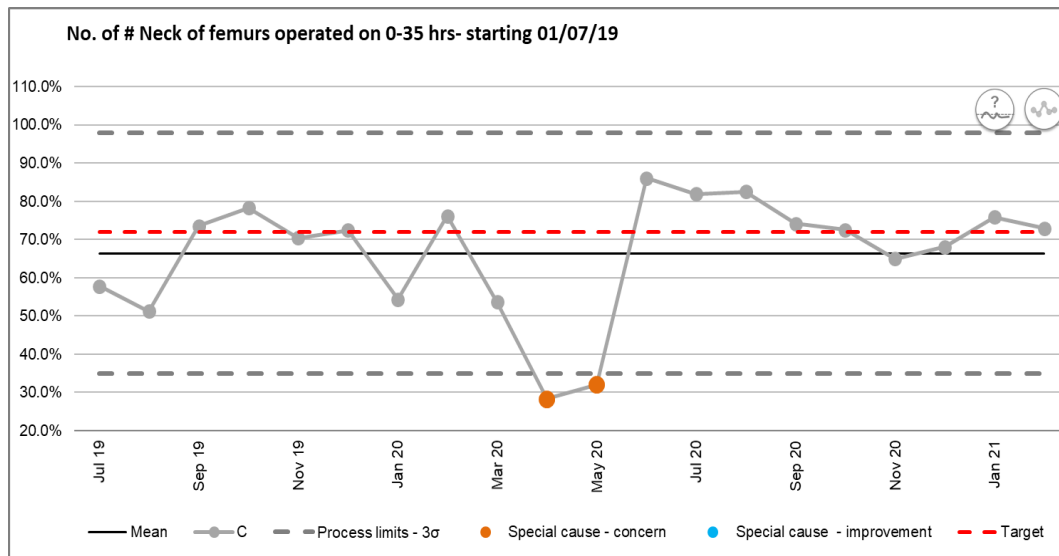
Metric	Jan 21	YTD	Target
Stroke - 90% of Stay on a Stroke Unit	**86.5%**	**86.8%**	**80%**

Common cause variation, consistently achieving target.

Stroke - 90% of Stay on a Stroke Unit- starting 01/06/19
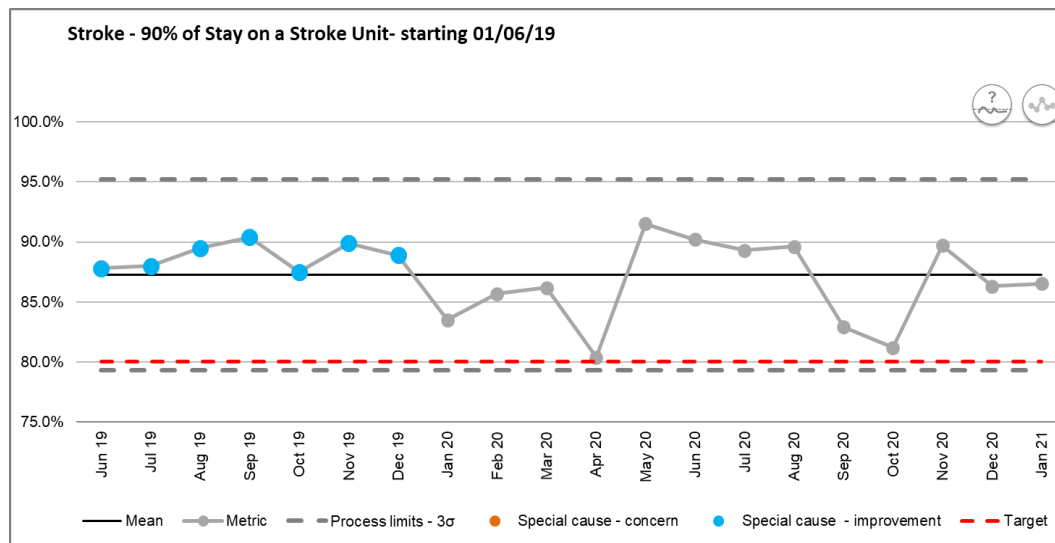
Metric	Feb 21	YTD	Target
TIA Clinic within 24 Hours (Suspected High Risk TIA)	**53.8%**	**68.3%**	**60%**

Common cause variation, target not achieved in February.

Stroke - TIA Clinic within 24 Hours (Suspected High Risk TIA)- starting 01/07/19
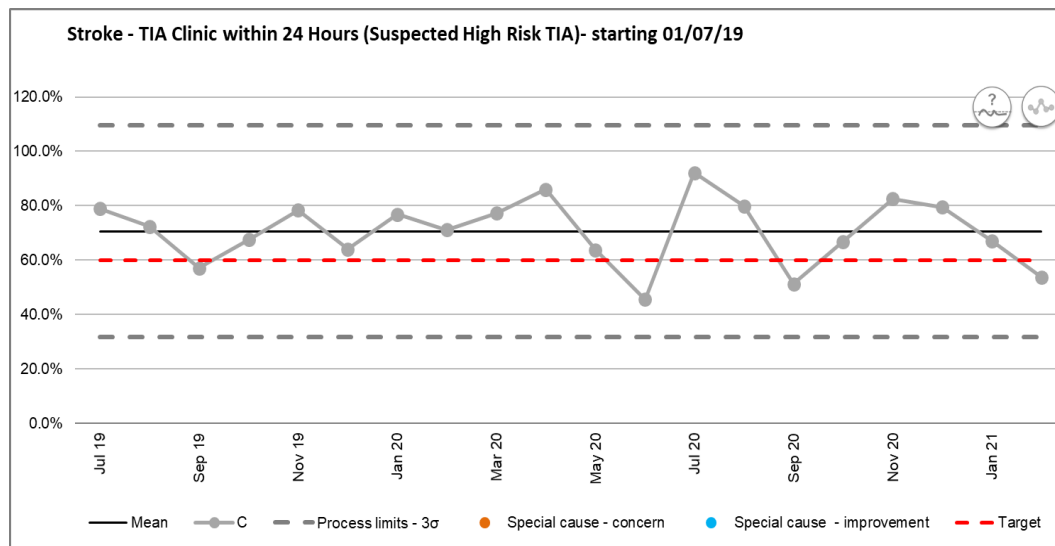
Responsive

For more information please see the Urgent Care Report - PPPC

University Hospitals of Leicester
NHS
NHS Trust

Metric	Feb 21	YTD	Target
ED 4 Hour Waits UHL	**68.7%**	**73.3%**	**95%**

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

ED 4 Hour Wait Performance %- starting 01/07/19

Legend: Mean — C — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target
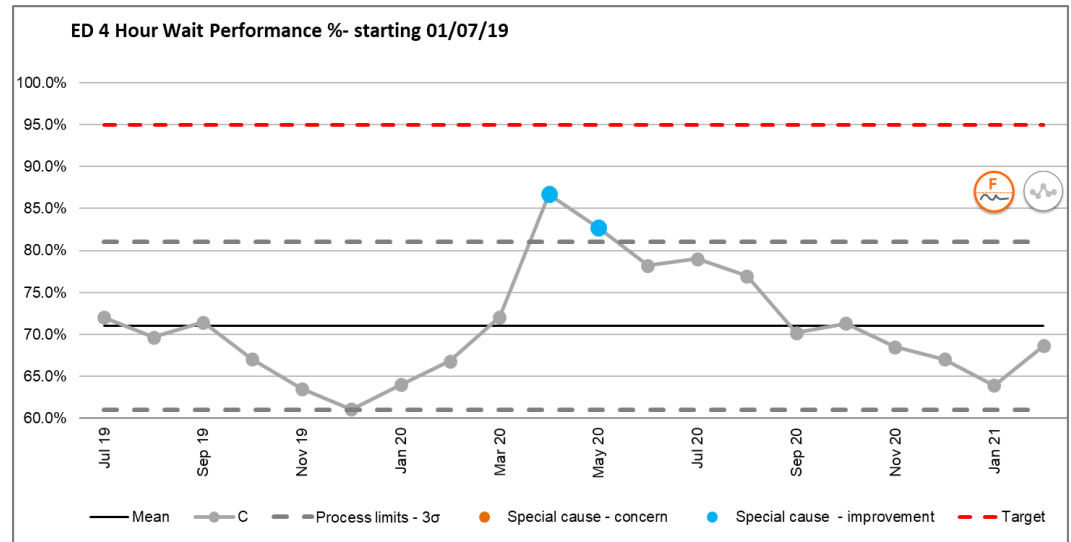
Metric	Feb 21	YTD	Target
ED 4 Hour Waits Acute Footprint	**77.8%**	**81.3%**	**95%**

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

ED 4 Hour Waits Acute Footprint- starting 01/07/19

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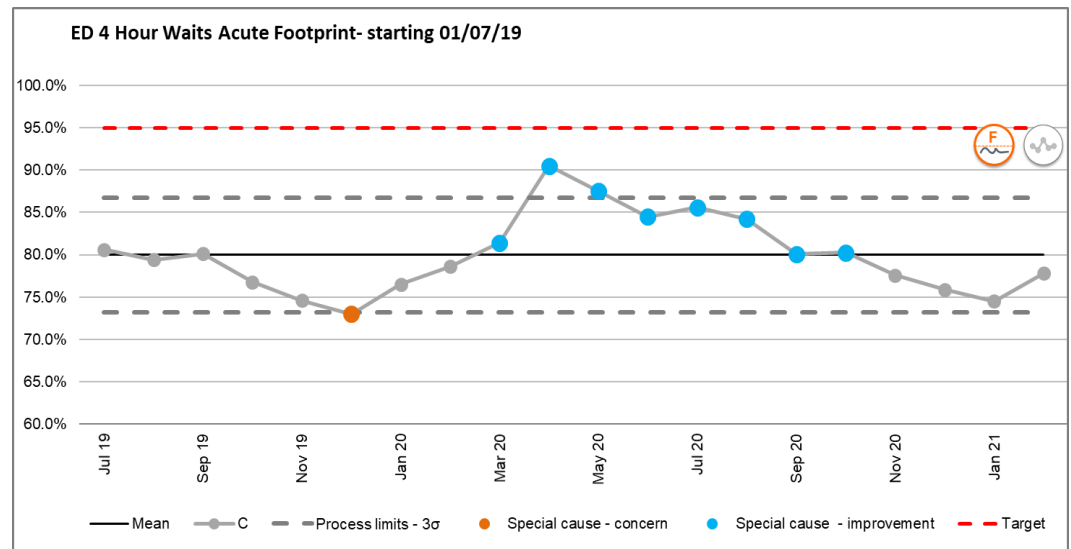
Responsive

Metric	Feb 21	YTD	Target
Ambulance Handover >60 Mins	**4.2%**	**4.8%**	**0%**

Common cause variation, target will not be achieved this month.

Ambulance Handover >60mins- starting 01/07/19

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

Responsive

University Hospitals of Leicester
NHS Trust
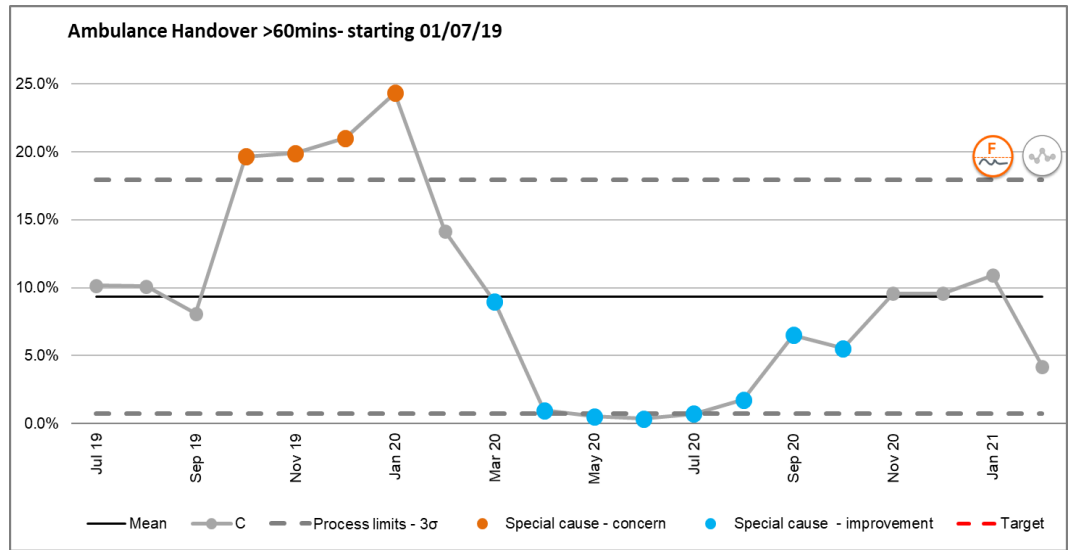
Metric	Feb 21	YTD	Target
RTT Incompletes	**52.8%**	**52.8%**	**92%**

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

RTT - Incomplete 92% in 18 Weeks UHL+ALLIANCE- starting 01/07/19

Mean —— C —— Process limits - 3σ ● Special cause - concern ● Special cause - improvement - - Target
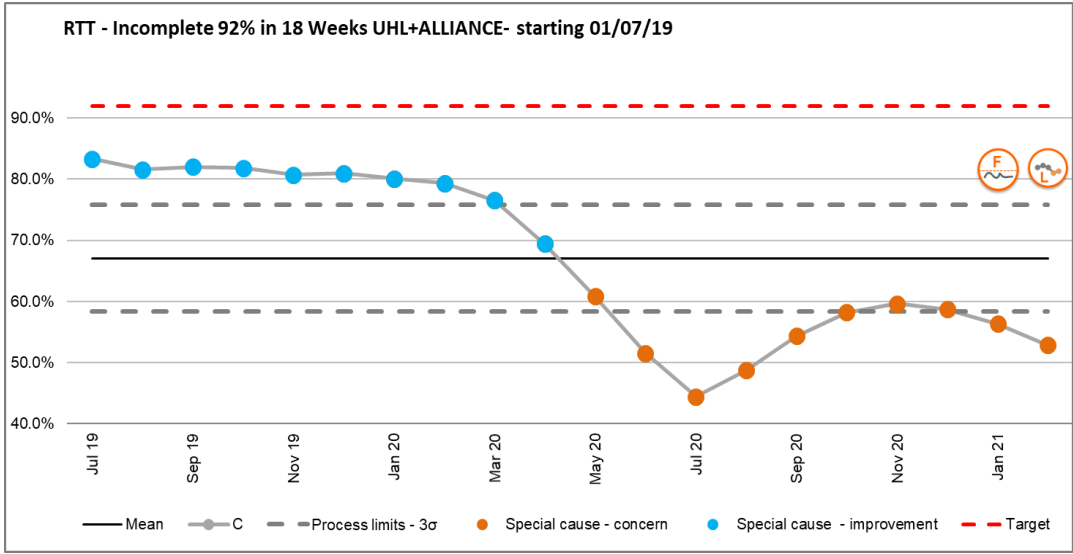
Metric	Feb 21	YTD	Target
RTT 52+ Weeks Wait	**10,942**	**10,942**	**0**

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

RTT 52 Weeks+ Wait (Incompletes) UHL+ALLIANCE- starting 01/07/19

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

Responsive

University Hospitals of Leicester
NHS Trust
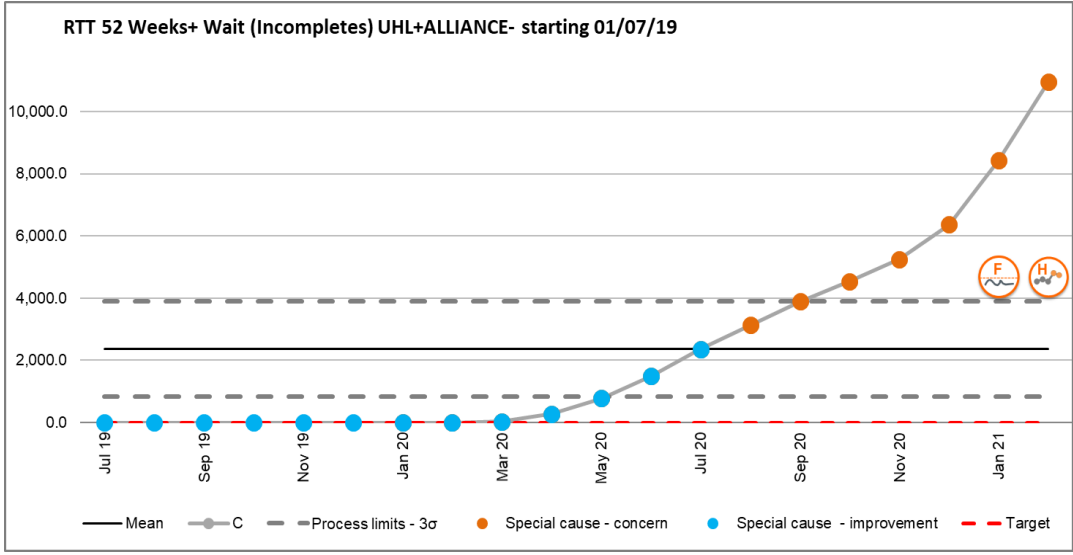
Metric	Feb 21	YTD	Target
Total Number of incompletes	84,470	84,470	66,397 (Year End)

Special cause concern due to COVID-19.

Total Number of incompletes- starting 01/07/19

Legend: Mean — C — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target
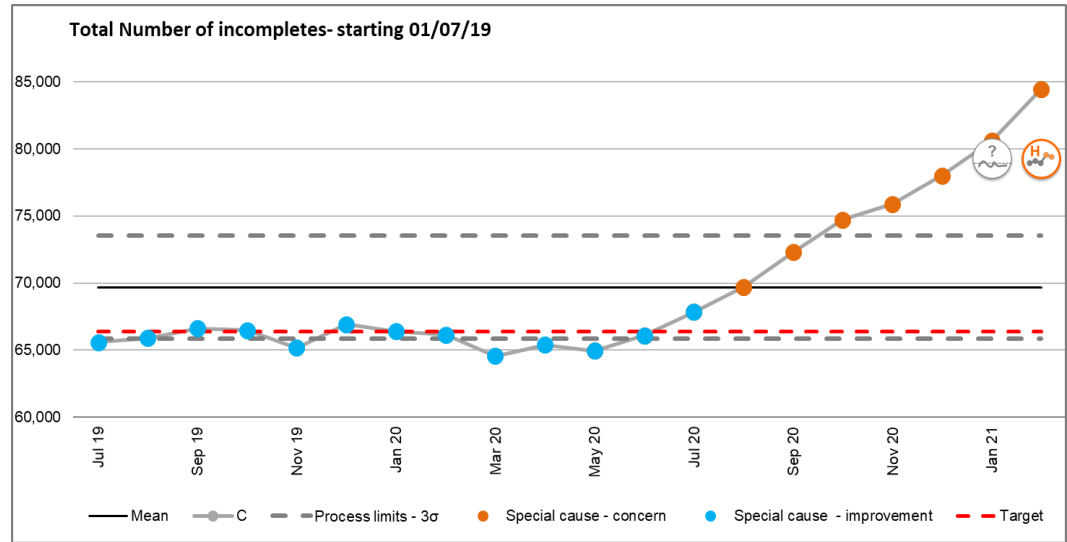
Metric	Feb 21	YTD	Target
6 Week Diagnostic Waits	39.3%	39.3%	1%

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

6 Week - Diagnostic Test Waiting Times (UHL+ALLIANCE)- starting 01/07/19

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

Responsive
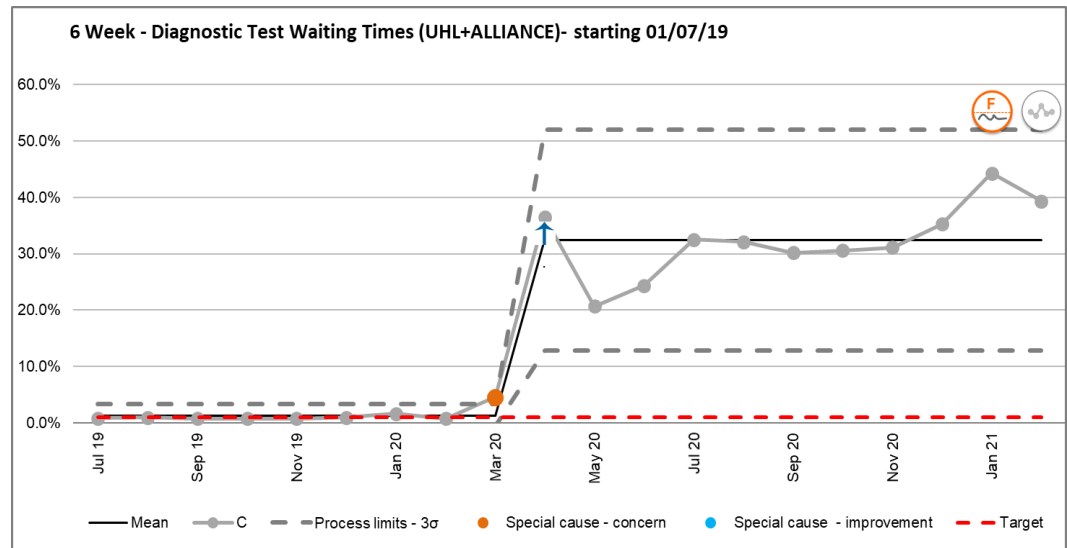
Metric	Feb 21	YTD	Target
Cancelled patients not offered a date within 28 days of the cancellations	**32**	**258**	**0**

Common cause variation – April 2020 was above the upper control limit due to COVID-19. Full Year target already breached.

Cancelled patients not offered a date within 28 days of the cancellations UHL + Alliance- starting 01/07/19

—— Mean —●— C – – Process limits - 3σ ● Special cause - concern ● Special cause - improvement – – Target
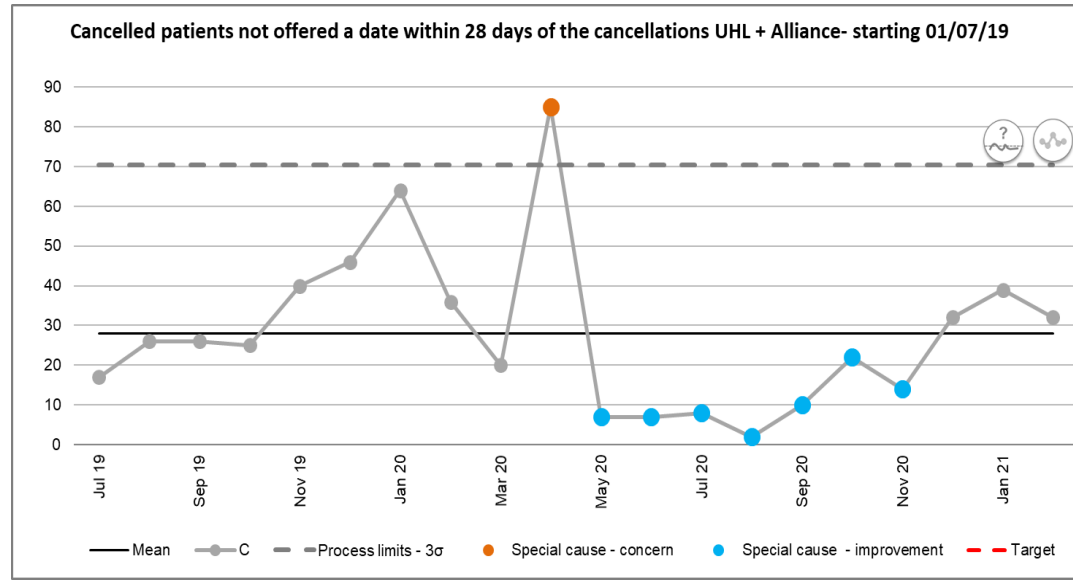
Metric	Feb 21	YTD	Target
% Operations cancelled on the day	**0.9%**	**0.9%**	**1%**

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

Cancelled Operations UHL + Alliance- starting 01/07/19

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

Responsive

University Hospitals of Leicester
NHS Trust
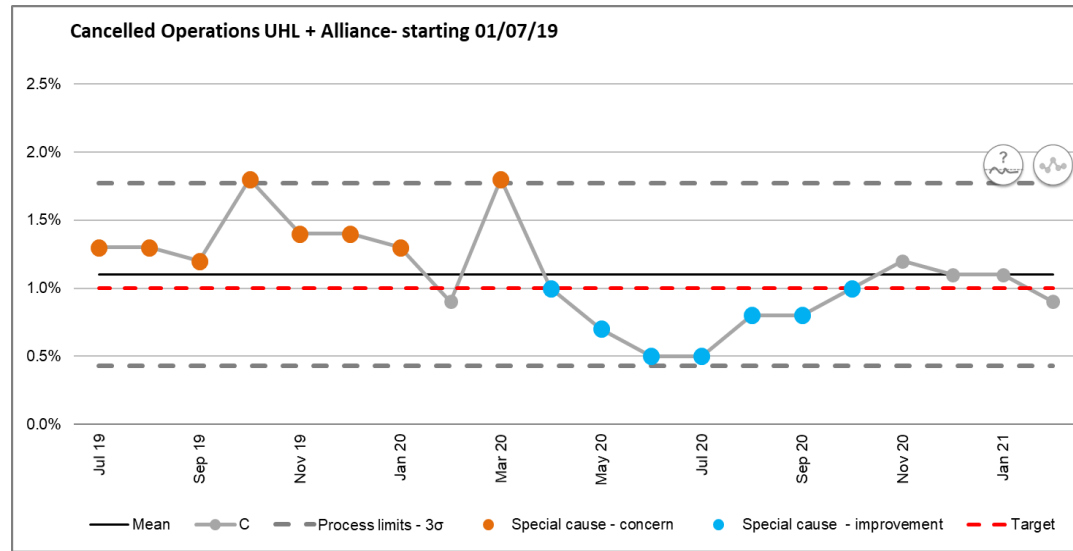
Metric	Feb 21	YTD	Target
Long Stay Patients (21+ days)	**185**	**185**	**70**

Common cause variation, an upwards trend is emerging. Very unlikely to achieve target next month.

Long Stay Patients (21+ days)- starting 01/07/19

Legend: Mean — C — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target
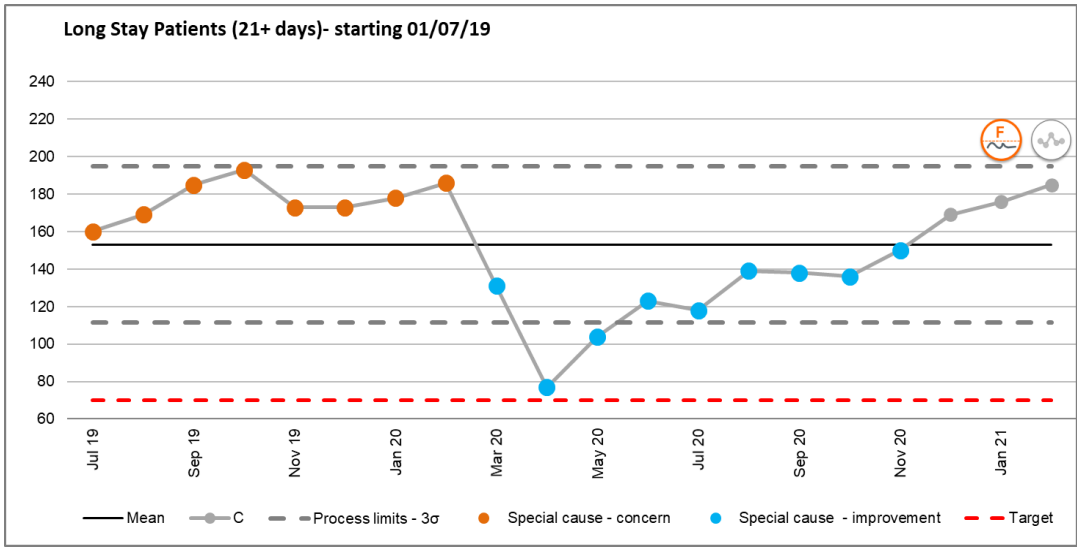
Metric	Feb 21	YTD	Target
Average Inpatient LOS	**3.4**	**3.6**	**No National Target**

Normal variation.

Average Inpatient LOS- starting 01/07/19

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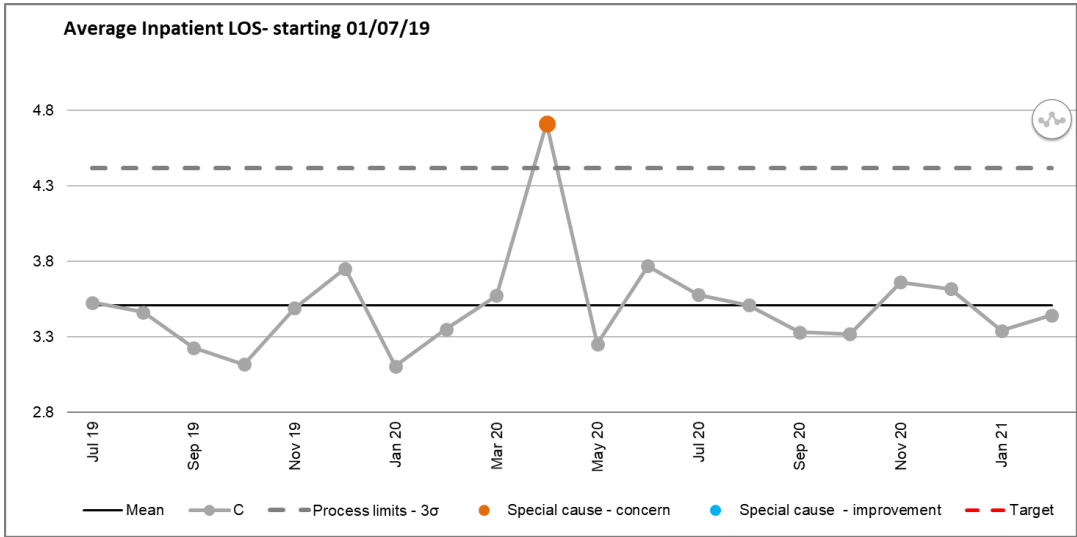
Responsive

Metric	Feb 21	YTD	Target
Average Emergency LOS	**5.3**	**5.0**	**No National Target**
Normal variation.			

Average Emergency LOS- starting 01/07/19

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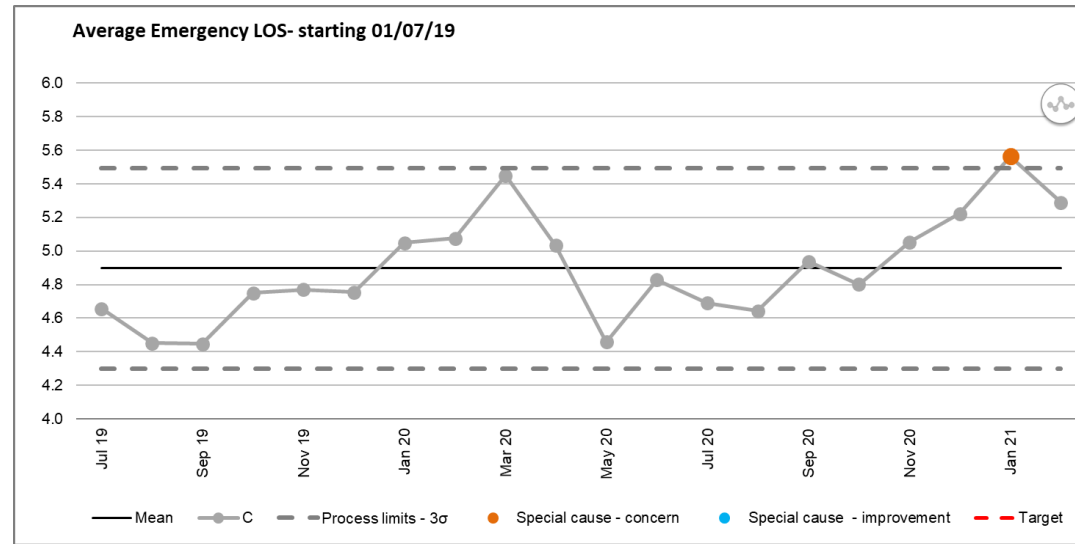
Responsive – Cancer

For more information please see the Cancer Recovery Paper - PPPC

University Hospitals of Leicester
NHS Trust

Metric	Jan 21	YTD	Target
Cancer 2WW	**93.2%**	**91.4%**	**93%**
Achieving			

Cancer 2WW Performance %- starting 01/06/19
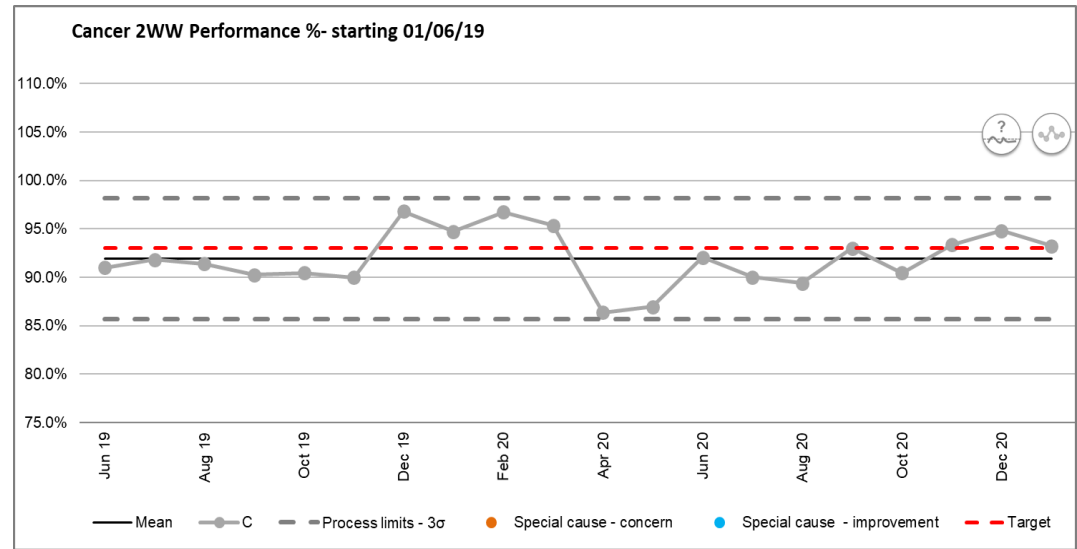
Metric	Jan 21	YTD	Target
Cancer 2WW Breast	**93.5%**	**95.5%**	**93%**
Achieving			

Cancer 2WW Symptomatic Breast Performance %- starting 01/06/19
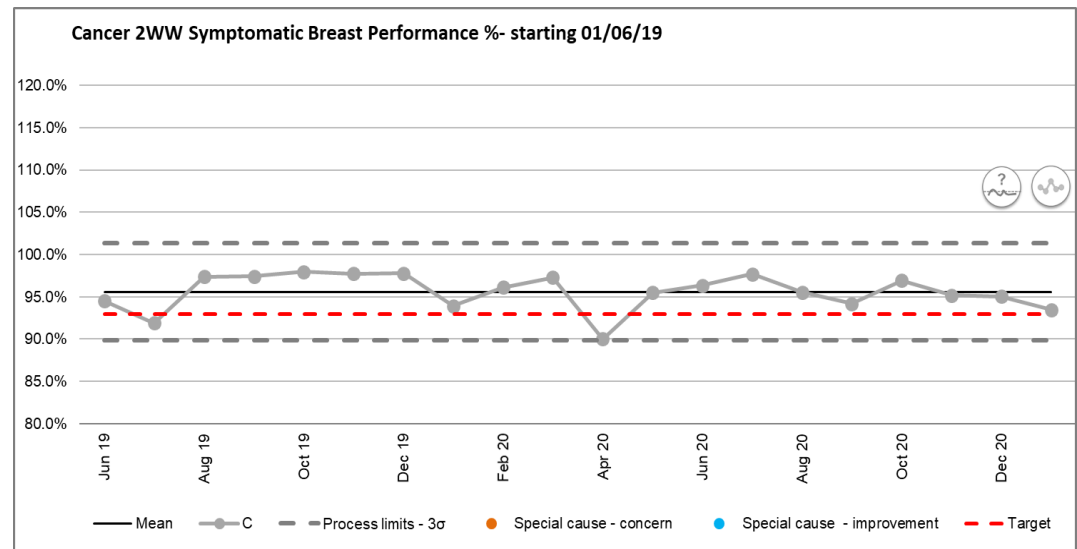
Responsive – Cancer

Metric	Jan 21	YTD	Target
Cancer 31 Day	**87.2%**	**91.5%**	**96%**

Unlikely to achieve target next month due to capacity.

Cancer 31 Performance %- starting 01/06/19

Legend: Mean — C — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target
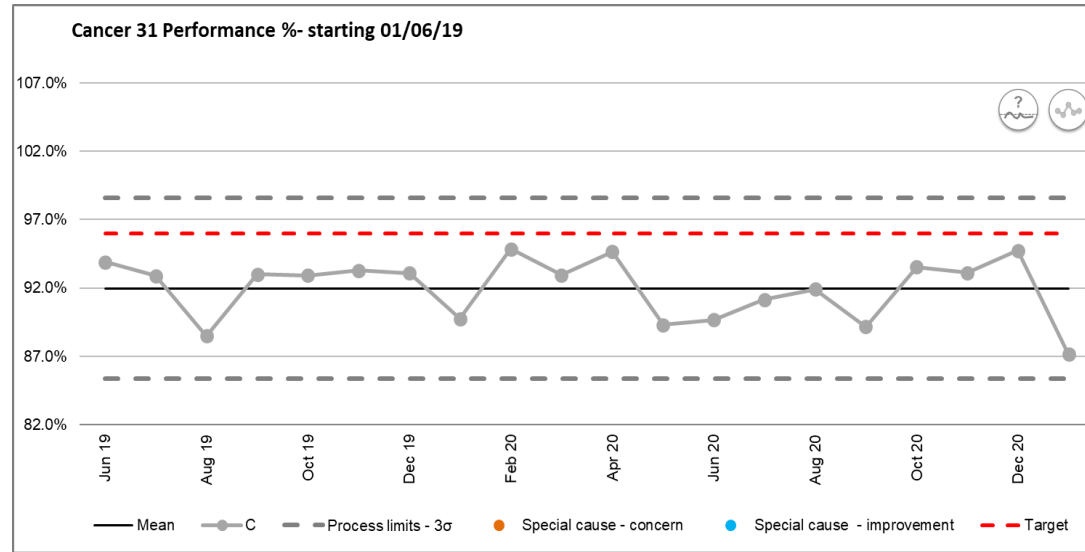
Metric	Jan 21	YTD	Target
Cancer 31 Day Drugs	**98.9%**	**99.7%**	**98%**

Achieving

Cancer 31 Day:Anti Cancer Drug Treatments- starting 01/06/19

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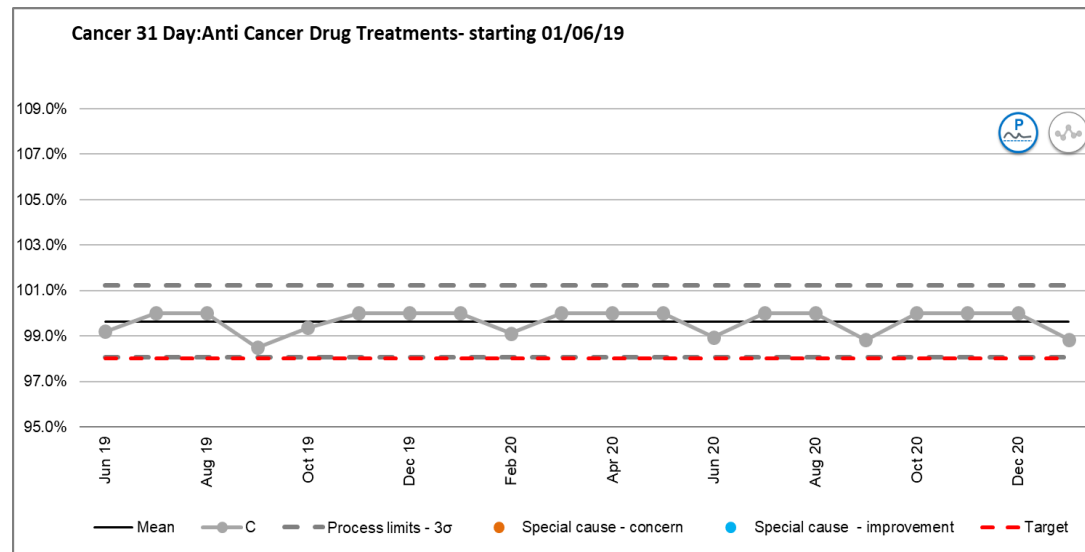
Responsive – Cancer

Metric	Jan 21	YTD	Target
Cancer 31 Surgery	62.7%	72.7%	94%

Unlikely to achieve target next month, performance is underperforming. The trust continues to prioritise Category 1 and 2 patients where capacity is available.

Cancer 31 Day: Surgery- starting 01/06/19

Mean — C — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target
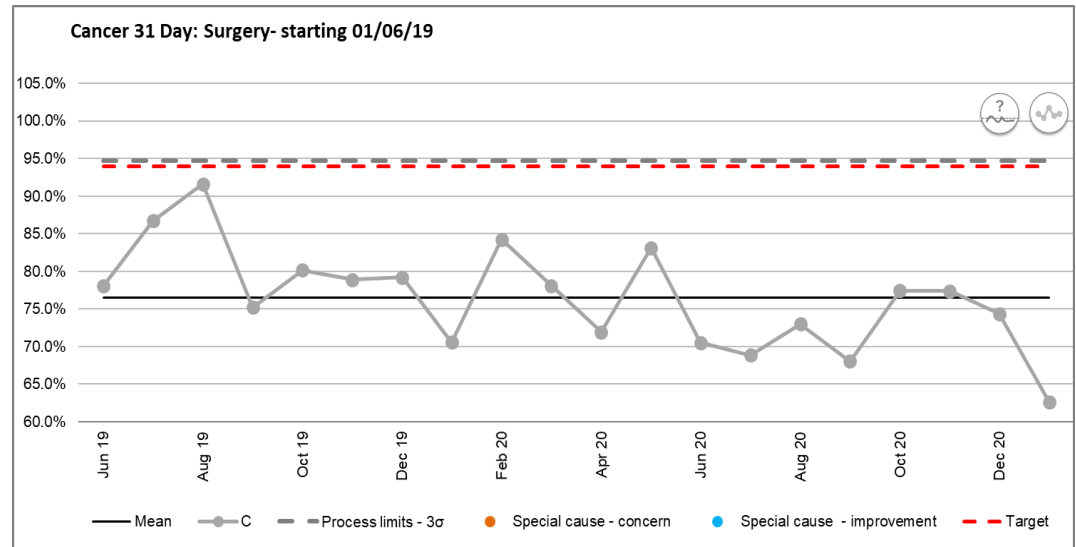
Metric	Jan 21	YTD	Target
Cancer 31 Day Radiotherapy	94.8%	92.5%	94%

Achieving

Cancer 31 Day: Radiotherapy- starting 01/06/19

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

Responsive – Cancer

University Hospitals of Leicester
NHS Trust
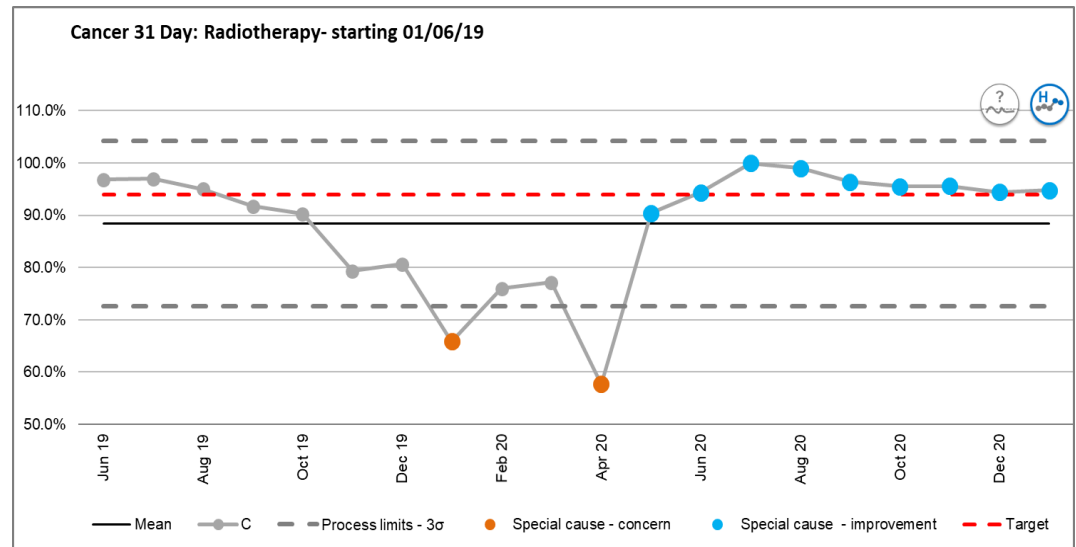
Metric	Jan 21	YTD	Target
Cancer 62 Day	**65.7%**	**70.2%**	**85%**

Unlikely to achieve target next month, performance is underperforming.

Cancer 62 Day Performance %- starting 01/06/19

Mean — C — Process limits - 3σ ● Special cause - concern ● Special cause - improvement - - - Target
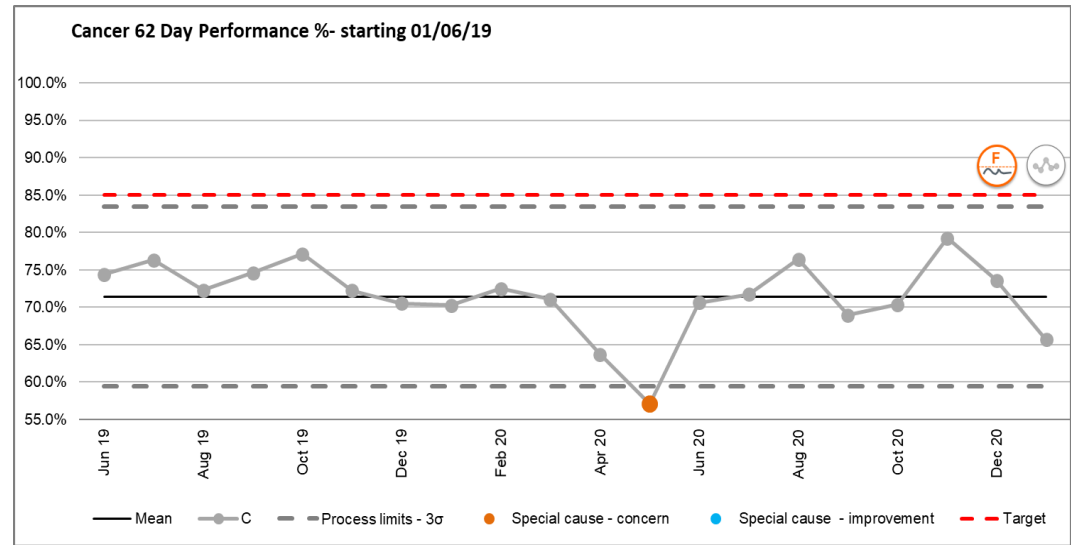
Metric	Jan 21	YTD	Target
Cancer 62 Day Consultant Screening	**63.3%**	**68.1%**	**90%**

Underperforming due to increased demand.

Cancer 62 Day: Consultant Screening- starting 01/06/19

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

Outpatient Transformation

University Hospitals of Leicester
NHS
NHS Trust

Metric	Feb 21	YTD	Target
% DNA Rate	**6.5%**	**6.4%**	**No National Target**

Performance has returned to normal levels following a period of improvement which began during the COVID-19 first wave.

DNA Rate- starting 01/07/19
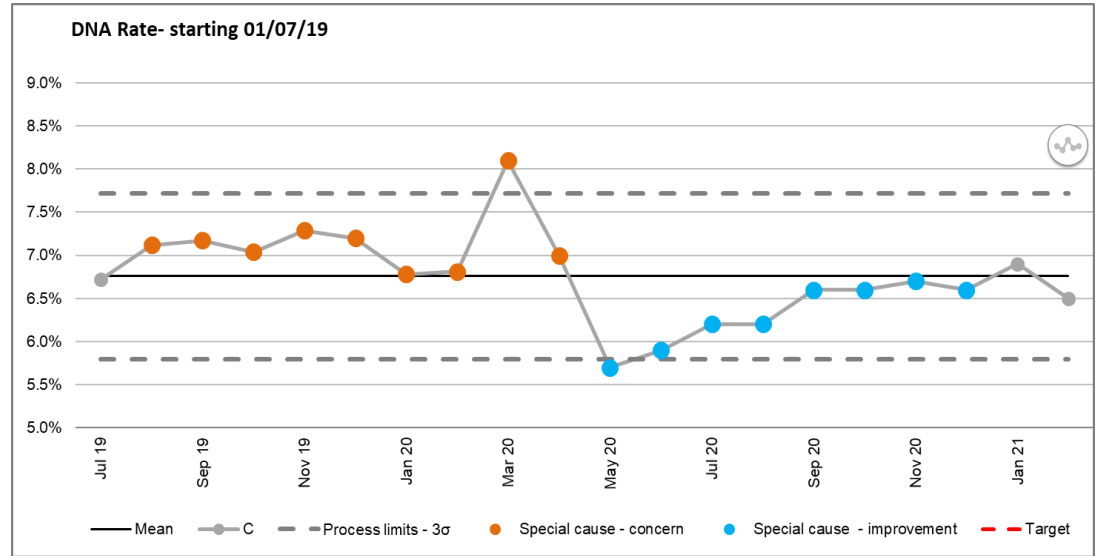
Metric	Feb 21	YTD	Target
% Non Face to Face Appointments	**48.7%**	**54.3%**	**No National Target**

Special cause concern. There was a step change of improvement in April due to COVID-19.

% Non Face to Face Appointments- starting 01/07/19
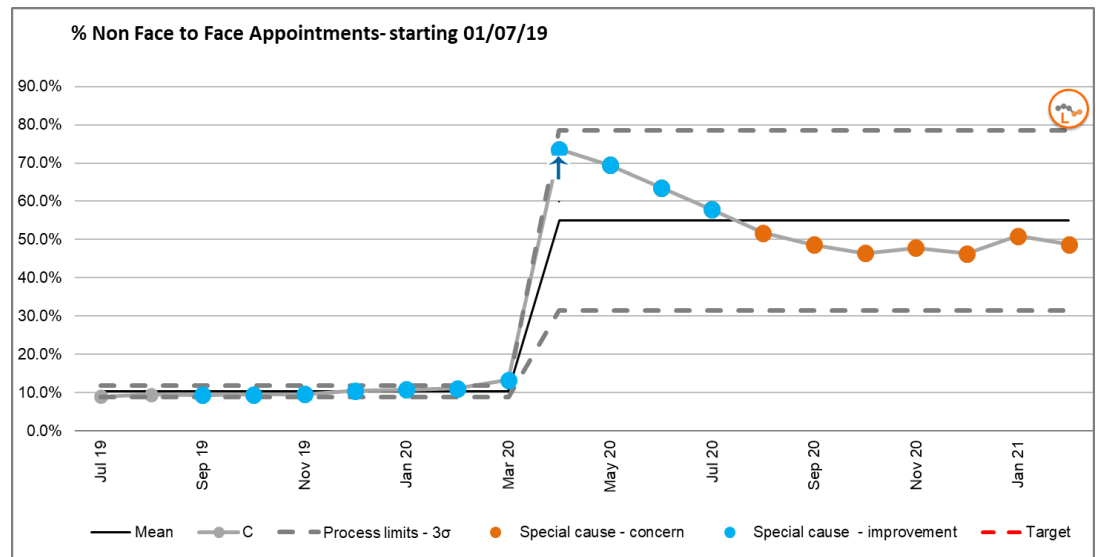
Outpatient Transformation

Metric	Feb 21	YTD	Target
% 7 day turnaround of OP clinic letters	**84.1%**	**86.4%**	**90%**

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

% 7 day turnaround of OP clinic letters- starting 01/07/19

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

Exception Reports

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
Statutory and Mandatory Training	**20/21 Target – 95%**		The continuation of seasonally related service pressures and pandemic related pressures can be seen in the plateauing of compliance at 88%. This is a positive sign as levels of compliance are not dropping despite pressures upon the Trust.	Monthly compliance reports will continue to be sent out to 1800 managers and staff. The auto-generated emailing to staff whose training will expire will continue. Due to COVID related service pressures, the manually generated emailing to staff whose training has expired has stopped for all staff except for a single monthly reminder to non-clinical staff.
Is the percentage of staff that are up to date on their Statutory and Mandatory Training.	Performance for February was 88%	Statutory and Mandatory Training- starting 01/07/19		

Exception Reports

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
% of Staff with Annual Appraisal (excluding facilities Services)	**20/21 Target – greater than 95%**		This data is captured within the Monthly Workforce Dataset Report presented to Trust Board Subcommittee (People Performance and Process Committee), Corporate and CMG Boards. It is recognised that performance has been impacted on by COVID-19 and the need for prioritisation in response.	The Trust Tactical and Strategic Group have agreed on an alternative approach in response to COVID-19 for pressurized areas. HR Colleagues continue to communicate performance and support managers with implementing improvements. HR colleagues continue to send out details of outstanding appraisal to all areas for urgent line by line review/update.
Is the percentage of staff who have had their Annual Appraisal(excluding facilities Services)	Performance for February was 78.9%.	 Annual Appraisal- starting 01/07/19		

Exception Reports
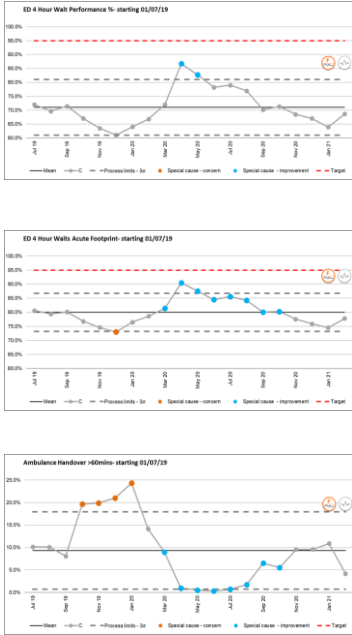
| Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
Sickness absence	**20/21 Target – 3% or below**		There has been an increase in sickness absence this month, up from 7.6%	A review is underway of shielding staff to ensure they are working from home wherever possible.
UHL has a locally agreed sickness absence target of 3%.	Performance in January was 8.7% excluding E&F			COVID-19 absences continue to be followed up by CMGs and Corporate areas to ensure accurate reporting. Non-COVID-19 related sickness remains a high proportion of overall absence, so CMGs and Corporate areas are asked to review this to make sure staff are supported. Making it Happen meetings are ongoing.

Exception Reports

Description	Performance and Trend	Key Messages	Key Actions
Mortality - Rolling 12 mths HSMR as reported in Dr. Foster Intelligence)	**Target – 100 or less**	The increase in UHL's HSMR appears to be due to a significant fall in activity & change in case-mix from March 20.	An in-depth analysis of UHL's HSMR by DFI was presented to the March MRC. A detailed clinical review is now being undertaken of those diagnosis groups thought to be most contributing to our increased HSMR:
HSMR is risk adjusted mortality where patients die in hospital (either in UHL or if transferred directly to another NHS hospital trust) **over a 12 month period within 56 diagnostic groups*** (which contribute to 80% of in-hospital deaths). *The HSMR includes COVID activity and deaths where COVID is a secondary diagnosis.	We have been seeing a month on month increase in our HSMR since May 19 to Apr 20 Performance for Dec 19 to Nov 20 HSMR has increased further and is now 107.5 and remains higher than expected	We also saw a reduction in the number of patients with a palliative care code which is included in the HSMR risk adjustment. Retrospective coding has been undertaken and our data is being resubmitted to SUS.	• Septicaemia • Acute Bronchitis • Acute Renal Failure • Urinary Tract Infection • Senility • Fractured Neck of Femur
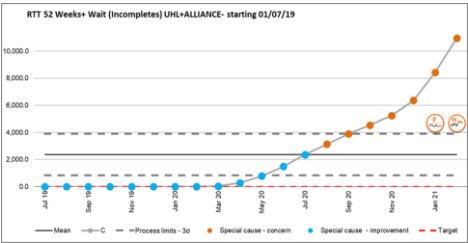
UHL'S HSMR Rolling 12 Month HMSR Dec 19 to Nov 20

Diagnoses - HSMR | Mortality (in-hospital) | Dec 2019 - Nov 2020 | Trend (rolling 12 months)

Exception Reports
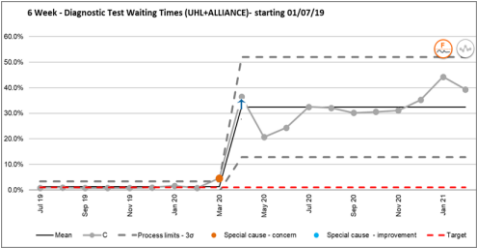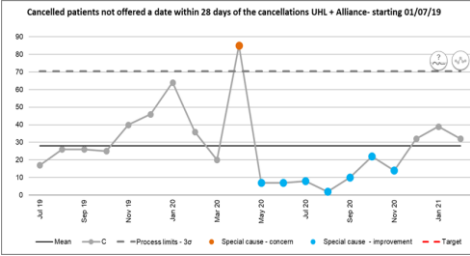
Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
Stroke - TIA Clinic within 24 Hours (Suspected High Risk TIA)	**20/21 Target – 60% or above**	Stroke - TIA Clinic within 24 Hours (Suspected High Risk TIA)- starting 01/07/19	We reviewed 91 high risk patients in TIA clinic in Feb and missed the target of 60% by 10 patients only. We had severe cold weather with heavy snow for few days in the first half of February which resulted in elderly patients unable to attend the clinic and therefore resulted in unusually high rate of DNAs.	This month rate of DNAs is less. We are at 70% so far and therefore likely to achieve the 60% target without any significant problem.
Is the percentage of Suspected High Risk TIA patients which are seen within 24 Hours at the TIA Clinic.	Performance in February 2021 was 53.8%. YTD performance is currently at 68.3%.			

Exception Reports
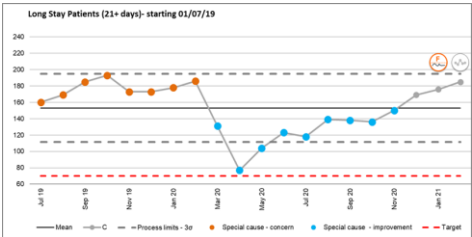
| Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
Urgent Care				• Request for funding for continuance of ED consultant overnight into March • Closure of pre-admission unit (10 beds) for space to revert back to children's short stay unit • Works to start in March for glass doors in emergency room to increase space for AGP procedures • Full review of pre-transfer clinical discussion and assessment (PTCDA) data prior to completion of business case.
	ED 4 Hour waits UHL performance was 68.7% in February **ED 4 Hour waits LLR** provisional performance was 77.8% in February **Ambulance Handover >60 Mins** performance was 4.2% in February		• ED GP at front door of adult department (10.00-18.00), reviewing and discharging primary care patients (recommendation from Missed Opportunities audit) • Consultant in ED overnight to maintain wait to be seen and senior decision making, releasing capacity for ambulance handovers for February (in line with COVID-19 escalation level 5) • 10 bedded pre-admission unit to be set up for medical bed waiters to reduce ambulance handover delays in times of extreme pressure and overcrowding in ED. • Acute medical in-reach to ED Monday – Friday and weekend locum, to provide senior clinical decision making to optimised admission avoidance and direct admission to COVID-19 wards.	

| Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
RTT Incompletes	**Performance Target – 92%** **Waiting List Target - 66,397 (Year End)**		• Theatre capacity is being managed through the weekly SAS process to allocate resource for Cancer and Urgent patients • Utilisation of the independent sector continues with a focus on supporting cancer and urgent capacity. • Funding received from the Planned Care Team to help elective waiting list management, it has been agreed we will extend validation support from the national team	• Continue planning for elective recovery, aligning workforce, finance activity and efficiency opportunities • Reintroduction of the • Weekly access meetings to start the development of performance trajectories with General mangers • External Validation team to be mobilised to assist with end of year waiting list validation.
	RTT - Incomplete 92% in 18 Weeks UHL + Alliance Performance for February was 52.8%. **Total Number of incompletes** At the end of January 84,470 patients were waiting on an RTT pathway.	RTT - Incomplete 92% in 18 Weeks UHL+ALLIANCE- starting 01/07/19 Total Number of incompletes- starting 01/07/19		

Exception Reports

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
RTT 52+ Weeks Wait Is the total number of patients currently on an RTT pathway waiting 52+ weeks.	**20/21 Target – 0** At the end of February, 10,942 patients were waiting over 52 weeks on an RTT pathway.	 RTT 52 Weeks+ Wait (Incompletes) UHL+ALLIANCE- starting 01/07/19	• COVID-19 continues to have a significant impact on elective theatre capacity • A three stage theatre elective recovery planned developed. This is subject to data on COVID-19 patients and ITU occupancy • Planning for the IS for 21/22 has started working closely with our CCG colleagues to lead o contract development	• Agree 2021/22 Independent sector activity plans, This includes local providers as well as the identification of providers on LLR boarders. • Start to work up %2 recovery trajectories with specialties through the weekly access meeting

Exception Reports

| Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
6 Week Diagnostic Waits	**20/21 Target – 1%**		All diagnostics - an additional 1,150 diagnostic tests carried out compared to January 21.	MRI/CT – tenders have been returned for MRI and CT vans and the service is confident of starting April. MRI. New scanner on-line at GH in March 21.
The percentage of patients currently waiting 6 weeks or more for a DM01 diagnostic tests.	The percentage of patients waiting for a diagnostic test 6+ weeks is 39.3% (44.3% January). The total number of diagnostic tests carried out in February 21 is 84% of the tests carried out in February 20.	6 Week - Diagnostic Test Waiting Times (UHL+ALLIANCE)- starting 01/07/19	Ultrasound – high levels of staff sickness in January. This has now improved and wait times reducing. Audiology service recommenced February following redeployment of staff due to COVID-19 (activity 34% compared to same month last year). Echocardiography – additional capacity Alliance and IS.	Endoscopy - Vanguard Unit paper to FRB requesting an extension of the Vanguard facility for 12 months in order to support the service in diagnosing / treating patients. Awaiting outcome. Ventilation project continues as planned (LGH and LRI April 21, GGH reopen May 21). Ventilation project continues as planned (LGH and LRI April 21, GGH reopen May 21). Audiology – return to full room capacity (based on social distancing rules) at UHL and external sites.

Exception Reports

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
Cancelled patients not offered a date within 28 days of the cancellations UHL + Alliance	**20/21 Target – 0**		COVID-19 continues to cause significant pressure on elective surgery capacity. The capacity is used urgent and cancer patients making in very challenging for 28 day rebooks.	• Available capacity remains limited to re-book. These will need to be monitored and logged to ensure they are treated once we are able to increase elective capacity again.
Is the number of cancelled patients OTD not offered a new date within 28 days of the cancellation at UHL or the Alliance	32 patients were not offered a new day within 28 days in February.	Cancelled patients not offered a date within 28 days of the cancellations UHL + Alliance- starting 01/07/19	Elective Theatre recovery being developed which will help increase the capacity to help assist in offering patients within 28 days. This is subject to ITU occupancy levels.	• Ensure all list in the IS are fully utilised in March.

• Develop IS plans for 21/22 to ensure all available capacity is fully utilised |

Exception Reports

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
Long Stay Patients (21+ days)	**20/21 Target – 70**		• Numbers of 21+ day patients continues to remain above Trust target and the mean. Only MSS below target and mean.	• Continue to work with system partners in transforming discharge pathways.
Is the number of adult patients that have been in hospital for over 21 days.	At the end of February, the number of long stay patients (21+ days) was 185.	Long Stay Patients (21+ days)- starting 01/07/19	• A weekly increase has been noted since end of October with a further rapid increase at the end of December in line with COVID admissions and occupancy.	• Targeted escalation of patients in line with safe and timely discharge actions.
			• 56 of the 185 patients (30 %) have tested positive to COVID-19	
			• Circa 26 patients (14%) per week are MFFD	
			• 16 patients are in Intensive care units (9%)	
			• 25 patients are on a Neuro rehab pathway. (14%)	

Exception Reports – Cancer

Performance	Key Messages	Key Actions
See additional slide	- Referrals have returned to pre COVID levels - We are starting to see small numbers of patients choosing not to come into hospital until after the second wave of COVID - With the expected increase in Theatre capacity we will start to see an improvement in 31 day waits - IS support will cease in cancer for everything apart from BCS and breast	- Maximising patient safety - Minimising internal delays - Ensuring regular clinical review

Exception Reports – Cancer

University Hospitals of Leicester
NHS Trust

Cancer performance January 2021

Standard	Target	Position
2WW	93%	93.2%
2WW Breast	93%	93.5%
31 Day 1st Treatments	96%	87.2%
31 Day SUB Surgery	94%	62.7%
31 Day DRUGS	98%	98.9%
31 Day Radiotherapy	94%	94.8%
62 Day	85%	65.7%
62 Day Screening	90%	63.3%
Consultant upgrade	85%	79.3%

Exception Reports

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
% 7 day turnaround of OP clinic letters	**20/21 Target – 90% or above**	% 7 day turnaround of OP clinic letters- starting 01/07/19	COVID-19 lockdown and redistribution of workforce across the Trust for clinical and administrative staff	Project team working with Dictate for solutions to complex letters for above mentioned services.
UHL has a locally agreed target of 90%.	Performance for February was 84.1%		Services restricted by Dit3 for complex letters such as infectious diseases and nephrology having longer turnaround times.	Dit2 authoring access to be removed at end of February which should help streamline actions as services will use a single system.
			Reduction in volume of letters generated for month of February (shorter month/ongoing impact of COVID)	Impact of COVID-19 likely to continue for remaining financial year.