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	15/12/20	Discussion and Assurance
Trust Board Committee	17/12/20	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 August 2019 to July 2020) is 99, and remains within the expected range.
- **CAS alerts** - compliant.

- **MRSA** – 0 cases reported.
- **C DIFF** – 3 cases reported this month.
- **90% of Stay on a Stroke Unit** – threshold achieved with 89.7% reported in November.
- **VTE** – compliant at 98.6% in December.
- **TIA (high risk patients) –** 79.5% reported in December
- **Cancer Two Week Wait** was 93.3% in November against a target of 93%.
- **Cancer Two Week Wait (Symptomatic Breast)** was 95.2% in November against a target of 93%.

Performance Challenges:

- **UHL ED 4 hour performance** – 67.0% for December, system performance (including LLR UCCs) for December is 75.9%.
- **Ambulance Handover 60+ minutes (CAD)** – performance at 9.6%.
- **12 hour trolley wait -** 7 breaches reported.
- **Cancer 31 day treatment** was 93.1% in November against a target of 96%.
- **Cancer 62 day treatment** was 79.2% in November 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 58.7% at the end of December.
- **52+ weeks wait –** 6,361 breaches reported in December.
- **Diagnostic 6 week wait** was 35.3% against a target of 1% in December.
- **Patients not rebooked within 28 days following late cancellation of surgery** – 32.
- **Cancelled operations OTD** –1.1% reported in December.
- **Fractured neck of femurs operated 0-35hrs** – performance is below target at 68.1%.
- **Statutory and Mandatory Training** is at 88%.
- **Annual Appraisal** is at 82.2%.

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: 25th February 2021

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

Quality and Performance Report

December 2020
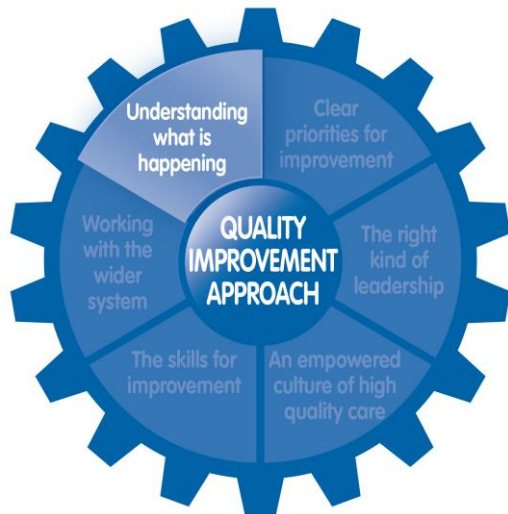
Operational Delivery Unit

One team shared values

CONTENTS

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: PEOPLE, PROCESS AND PERFORMANCE COMMITTEE/QUALITY AND OUTCOMES COMMITTEE
DATE: 28th JANUARY 2020
REPORT BY: ANDREW FURLONG, MEDICAL DIRECTOR
       DEBRA MITCHELL, ACTING CHIEF OPERATING OFFICER
       CAROLYN FOX, CHIEF NURSE
       HAZEL WYTON, DIRECTOR OF PEOPLE AND ORGANISATIONAL DEVELOPMENT

SUBJECT: DECEMBER 2020 QUALITY & PERFORMANCE SUMMARY REPORT

Introduction

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

The KPI's include:-

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

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

Data Quality Assessment – The Data Quality Forum panel is presented with an overview of data collection and processing for each performance indicator in order to gain assurance by best endeavours that it is of suitably high quality. The forum provides scrutiny and challenge on the quality of data presented, via the attributes of (i) Sign off and Validation (ii) Timeliness and Completeness (iii) Audit and Accuracy and (iv) Systems and Data Capture to calculate an assurance rating.

Statistical Process Control (SPC) charts

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

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

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

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

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

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

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

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

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

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

Key elements of a SPC dashboard

Appreciation of variance over time
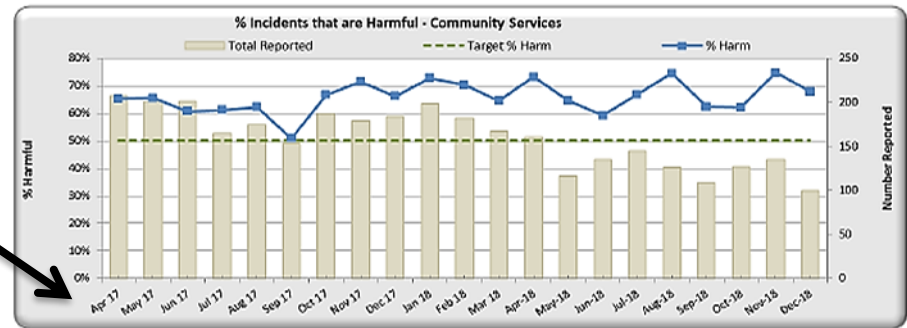
Highlighting special cause and its nature

Caring at its best
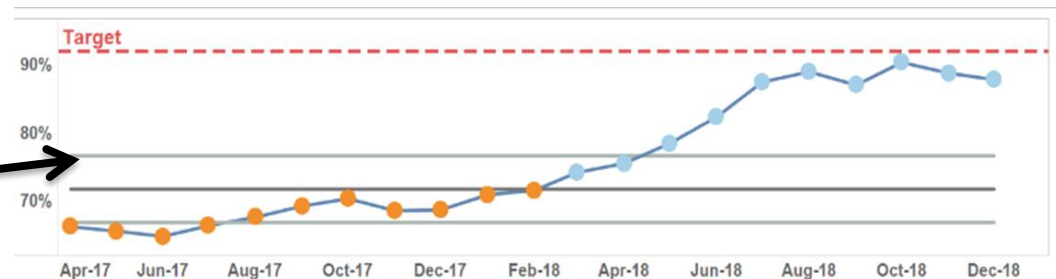
Key elements of a SPC dashboard

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 — Special Cause Concern High Low

H / L — Special Cause Note/Investigate High Low

Common Cause

Assurance

P — Consistently hit target

? — Hit and miss target subject to random

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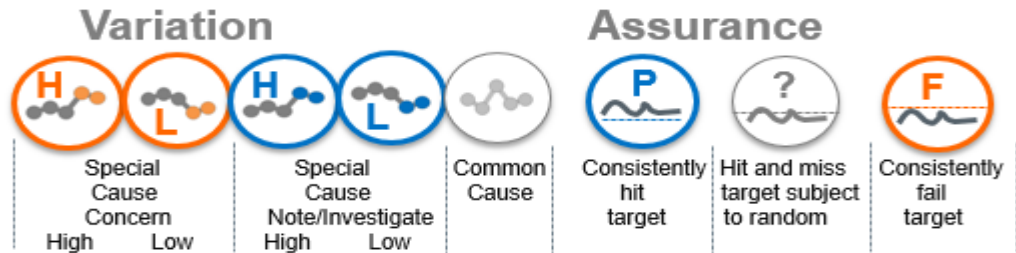
	Jun-18	Target	Variation	Target Capability	Comment
Staff Sickness absence	4.4%	3.5%		F	Shift change in August 2017 showing increase in sickness - staff survey review indicated…..

One team shared values
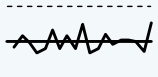
Domain	KPI	Target	Oct-20	Nov-20	Dec-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Safe	Never events	0	1	0	1	5	?			Jan-20
	Overdue CAS alerts	0	0	0	0	0	?	L		Nov-19
	% of all adults VTE Risk Assessment on Admission	95%	98.0%	98.2%	98.6%	98.5%	P			Dec-19
	Emergency C-section rate	No Target	21.1%	24.1%	22.0%	20.8%				Feb-20
	Clostridium Difficile	108	8	7	3	57	?			Nov-17
	MRSA Total	0	0	0	0	0	?	L		Nov-17
	E. Coli Bacteraemias Acute	No Target	11	12	5	70				Jun-18
	MSSA Acute	No Target	2	3	2	22				Nov-17

Domain	KPI	Target	Oct-20	Nov-20	Dec-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Safe	COVID-19 Community Acquired <= 2 days after admission	No Target	75.5%	76.6%	56.4%	73.1%				Oct-20
	COVID-19 Hospital-onset, indeterminate, 3-7 days after admission	No Target	12.1%	9.6%	19.5%	11.4%				Oct-20
	COVID-19 Hospital-onset, probable, 8-14 days after admission	No Target	6.7%	6.4%	14.8%	8.7%				Oct-20
	COVID-19 Hospital-onset, healthcare-acquired, 15 or more days after admission	No Target	5.7%	7.4%	9.4%	6.7%				Oct-20
	All falls reported per 1000 bed days	5.5	4.6	4.2		4.5	?	✧	∿	Oct-20
	Rate of Moderate harm and above Falls PSIs with finally approved status per 1,000 bed days	No Target	0.16	0.02		0.07		✧	∿	Oct-20

Performance Overview

Caring at its best

Domain	KPI	Target	Oct-20	Nov-20	Dec-20	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%	99%	98%	98%		H		Mar-20
	A&E F&F Test % Positive	TBC	95%	94%	95%	95%				Mar-20
	Maternity F&F Test % Positive	TBC	98%	97%	96%	96%				Mar-20
	Outpatient F&F Test % Positive	TBC	94%	95%	94%	94%		L		Mar-20
	Complaints per 1,000 staff (WTE)	No Target								Jan-20

Performance Overview

Domain	KPI	Target	Oct-20	Nov-20	Dec-20	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%	9.3%	9.5%	8.9%	8.9%	P			Nov-19
	Sickness Absence	3%	6.0%	7.8%		6.9%	F	H		Oct-16
	% of Staff with Annual Appraisal	95%	83.8%	82.8%	82.2%	82.2%	F	L		Dec-16
	Statutory and Mandatory Training	95%	88%	88%	88%	88%	?			Feb-20
	Nursing Vacancies	No Target	12.6%			12.6%		H		Dec-19

Domain	KPI	Target	Oct-20	Nov-20	Dec-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Effective	Mortality Published SHMI	99	98	98	99	99 (Aug 19 to Jul 20)				Sep-16
	Mortality 12 months HSMR	99	102	103	104	104 Oct 19 to Sep 20				Sep-16
	Crude Mortality Rate	No Target	1.2%	1.8%	2.3%	1.8%		⊙	⋯	Sep-16
	Emergency Readmissions within 30 Days	8.5%	8.9%	8.8%		9.5%	?	Ⓛ	⋯	Sep-20
	Emergency Readmissions within 48 hours	No Target	1.2%	1.0%		1.2%		⊙	⋯	Sep-20
	No of #neck of femurs operated on 0-35hrs	72%	72.5%	64.9%	68.1%	64.3%	?	⊙	⋯	Sep-20
	Stroke - 90% Stay on a Stroke Unit	80%	81.2%	89.7%		86.9%	?	⊙	⋯	Mar-20
	Stroke TIA Clinic Within 24hrs	60%	66.8%	82.5%	79.5%	70.1%	?	⊙	⋯	Mar-20

Domain	KPI	Target	Oct-20	Nov-20	Dec-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Responsive	ED 4 hour waits UHL	95%	71.3%	68.5%	67.0%	74.8%	F			Mar-20
	ED 4 hour waits Acute Footprint	95%	80.2%	77.6%	75.9%	82.4%	F			Aug-17
	12 hour trolley waits in A&E	0	3	5	7	15	?			Mar-20
	Ambulance handover >60mins	0.0%	5.5%	9.6%	9.6%	4.2%	F			TBC
	RTT Incompletes	92%	58.2%	59.6%	58.7%	58.7%	F	L		Nov-19
	RTT Waiting 52+ Weeks	0	4538	5248	6361	6361	F	H		Nov-19
	Total Number of Incompletes	66,397 (by year end)	74,717	75,886	78,011	78,011	?	H		Nov-19

University Hospitals of Leicester **NHS**

NHS Trust

Caring at its best

Domain	KPI	Target	Oct-20	Nov-20	Dec-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Responsive	**6 Week Diagnostic Test Waiting Times**	**1.0%**	**30.6%**	**31.1%**	**35.3%**	**35.3%**	F	H		**Nov-19**
	Cancelled Patients not offered <28 Days	**0**	**22**	**14**	**32**	**187**	?			**Nov-19**
	% Operations Cancelled OTD	**1.0%**	**1.0%**	**1.2%**	**1.1%**	**0.9%**	?			**Jul-18**
	Long Stay Patients (21+ days)	**70**	**139**	**154**	**175**	**175**	F			**Sep-20**
	Inpatient Average LOS	**No Target**	**3.3**	**3.7**	**3.6**	**3.5**				**Sep-20**
	Emergency Average LOS	**No Target**	**4.8**	**5.1**	**5.2**	**4.7**				**Sep-20**
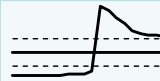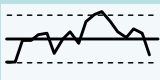
Performance Overview

Domain	KPI	Target	Sep-20	Oct-20	Nov-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Responsive - Cancer	2WW	93%	93.0%	90.4%	93.3%	90.6%	?			Dec-19
	2WW Breast	93%	94.2%	96.9%	95.2%	95.8%	?			Dec-19
	31 Day	96%	89.2%	93.5%	93.1%	91.6%	?			Dec-19
	31 Day Drugs	98%	99%	100%	100%	99.7%	?			Dec-19
	31 Day Sub Surgery	94%	68.0%	77.4%	77.4%	73.4%	?			Dec-19
	31 Day Radiotherapy	94%	96%	95.5%	95.6%	91.9%	?	H		Dec-19
	Cancer 62 Day	85%	68.9%	70.4%	79.2%	70.4%	F			Dec-19
	Cancer 62 Day Consultant Screening	90%	92.9%	78.9%	85.5%	60.9%	?			Dec-19

Performance Overview

Domain	KPI	Target	Oct-20	Nov-20	Dec-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Outpatient Transformation	% DNA rate	**No Target**	6.6%	6.7%	6.6%	6.4%				Feb-20
	% Non Face to Face Appointments	**No Target**	46.3%	47.5%	45.8%	55.0%				Feb-20
	% 7 day turnaround of OP clinic letters	**90%**	**86.5%**	**84.8%**	**75.4%**	**86.8%**				Feb-20

Safe

Metric	Dec 20	YTD	Target
Never Events	**1**	**5**	**0**

5 never events in the last 12 months.

Never Events- starting 01/05/19
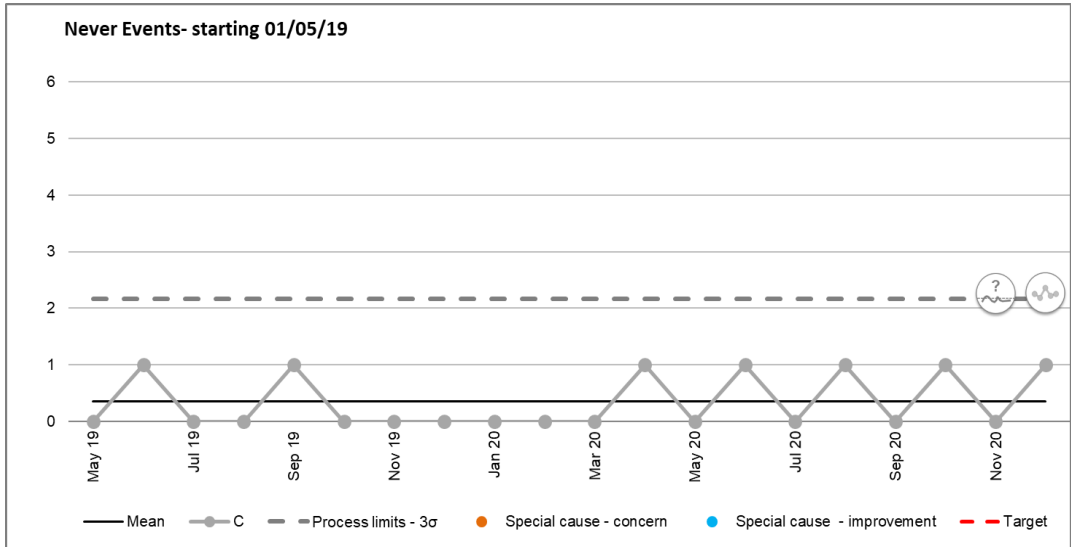
Metric	Dec 20	YTD	Target
Overdue CAS alerts	**0**	**0**	**0**

No overdue CAS alerts since June 2019.

Overdue CAS alerts- starting 01/05/19

Safe
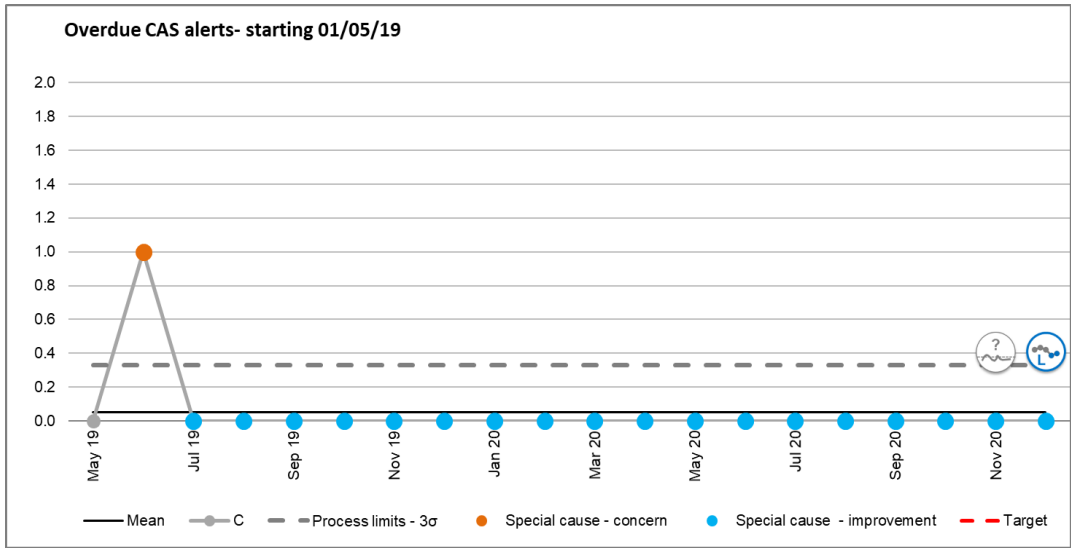
Metric	Dec 20	YTD	Target
VTE Risk Assessment	**98.6%**	**98.5%**	**95%**

Common cause variation, likely to deliver target next month.

VTE Risk Assessment- starting 01/05/19
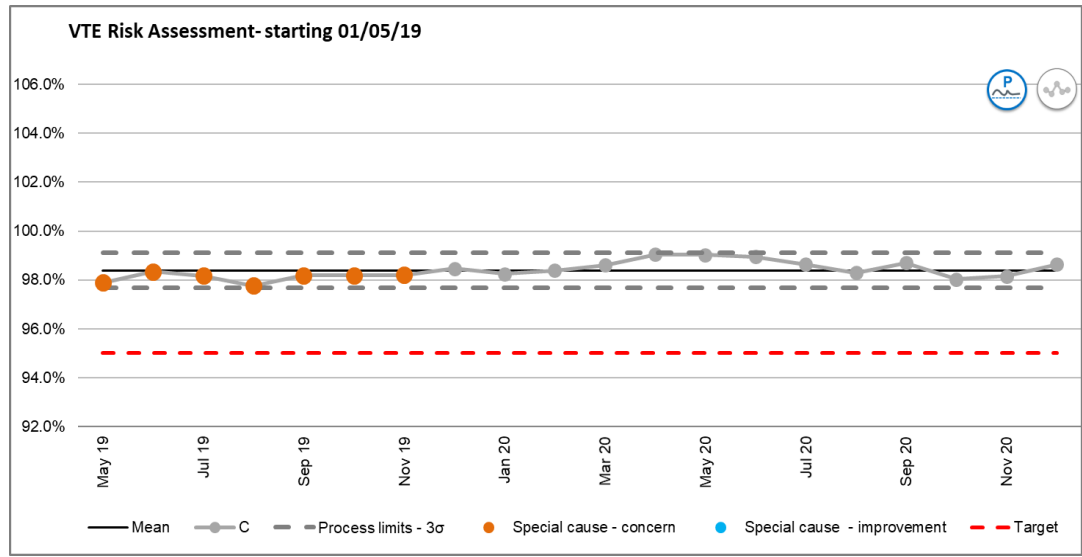
Metric	Dec 20	YTD	Target
% Emergency C-Sections	**22.0%**	**20.8%**	**No National Target**

Common cause variation.

Emergency C-Sections- starting 01/05/19

Safe
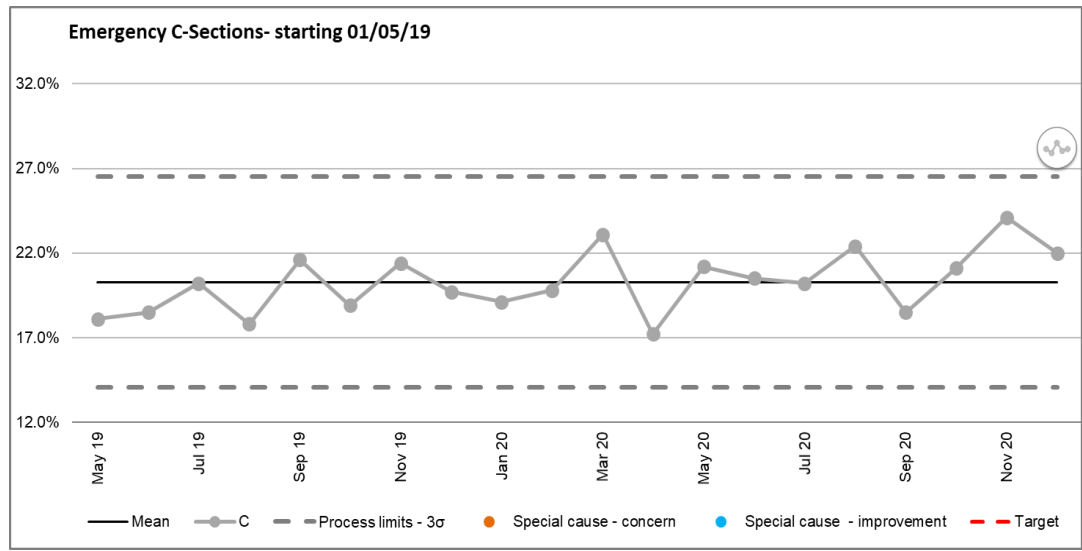
Metric	Dec 20	YTD	Target
Clostridium Difficile	3	57	108

No significant variation. May achieve target next month.

Clostridium Difficile- starting 01/05/19
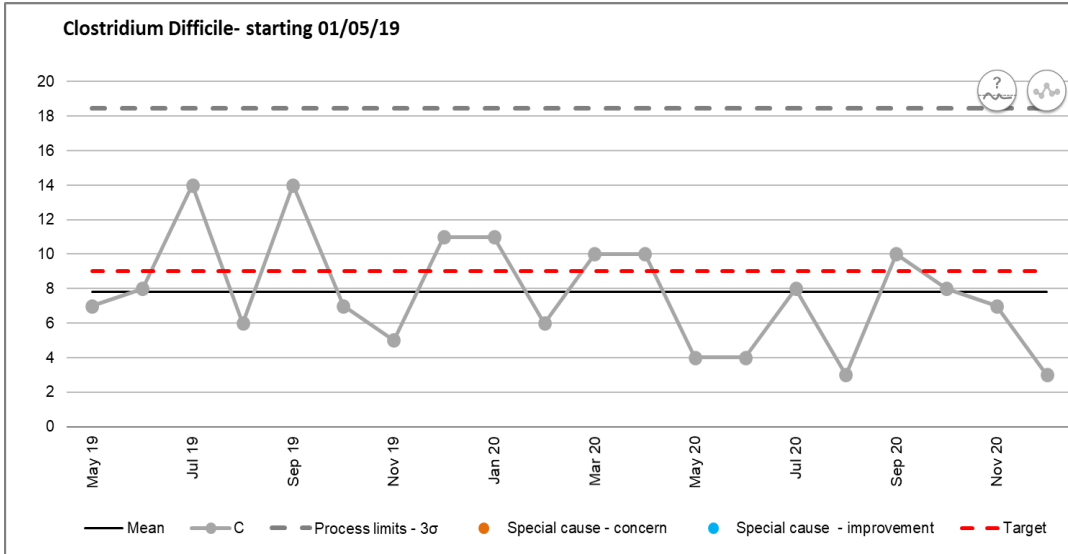
Metric	Dec 20	YTD	Target
MRSA Total	0	0	0

Special cause improvement, no assurance if target will be achieved next month.

MRSA Total- starting 01/05/19

Safe
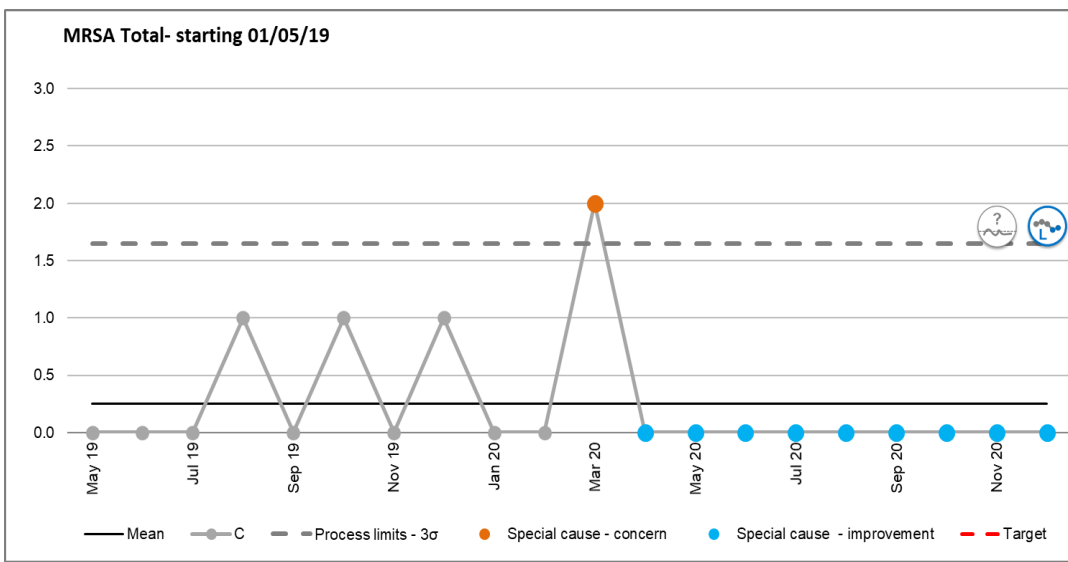
Metric	Dec 20	YTD	Target
E. Coli Bacteraemias - Acute	**5**	**70**	**No National Target**
No significant variation.			

E. Coli Bacteraemias - Acute- starting 01/05/19
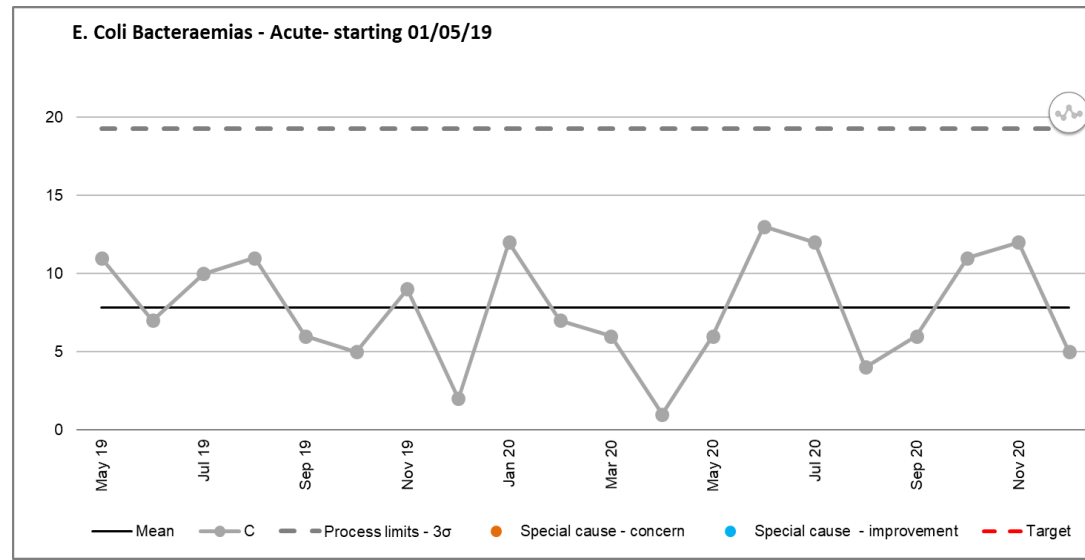
Metric	Dec 20	YTD	Target
MSSA - Acute	**2**	**22**	**No National Target**
Normal variation.			

MSSA - Acute- starting 01/05/19

Safe
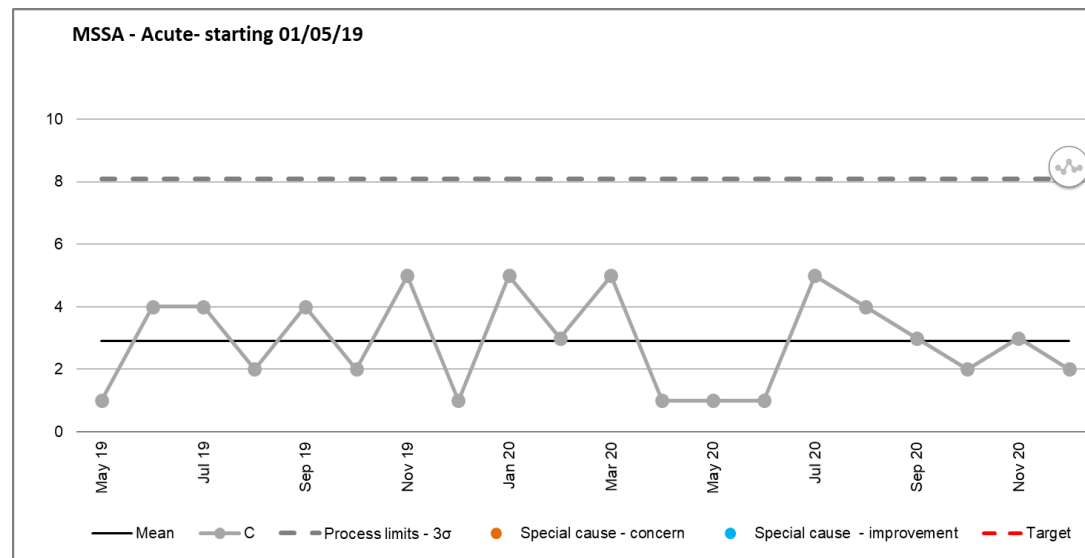
NHSI COVID-19 Onset Category	Mar-20		Apr-20		May-20		Jun-20		Jul-20		Aug-20		Sep-20		Oct-20		Nov-20		Dec-20	
	Patients	%	Patients	%	Patients	%	Patients	%	Patients	%	Patients	%	Patients	%	Patients	%	Patients	%	Patients	%
Community Acquired <= 2 days after admission	218	87.6%	619	82.4%	236	62.4%	168	77.8%	87	93.5%	34	94.4%	94	79.7%	237	75.5%	566	76.6%	481	56.4%
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%
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%
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%
Total	249	100%	751	100%	378	100%	216	100%	93	100%	36	100%	118	100%	314	100%	739	100%	853	100%

COVID-19 Hospital Onset

Safe
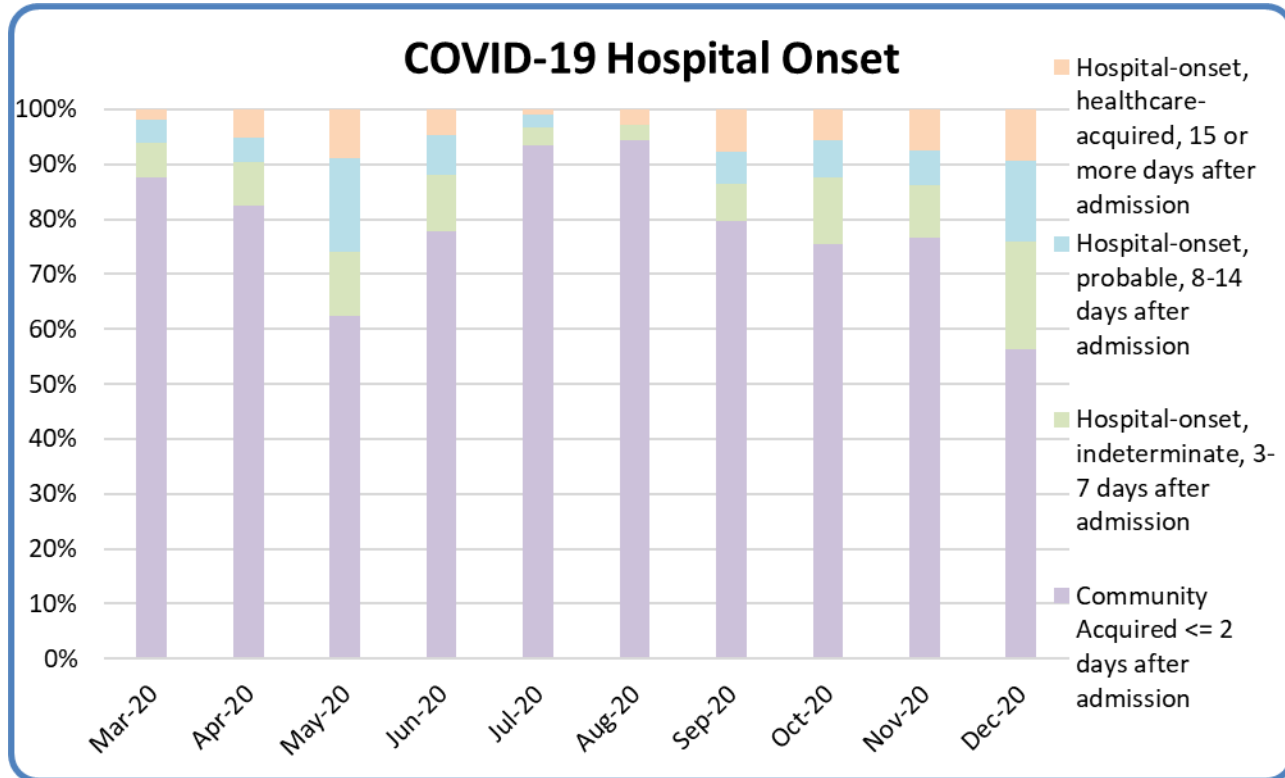
| Metric	Nov 20	YTD	Target
All falls reported per 1000 bed days for patients	4.2	4.5	5.5

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 (>65 years only before 19/20)- starting 01/04/19

Legend: Mean — C — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target
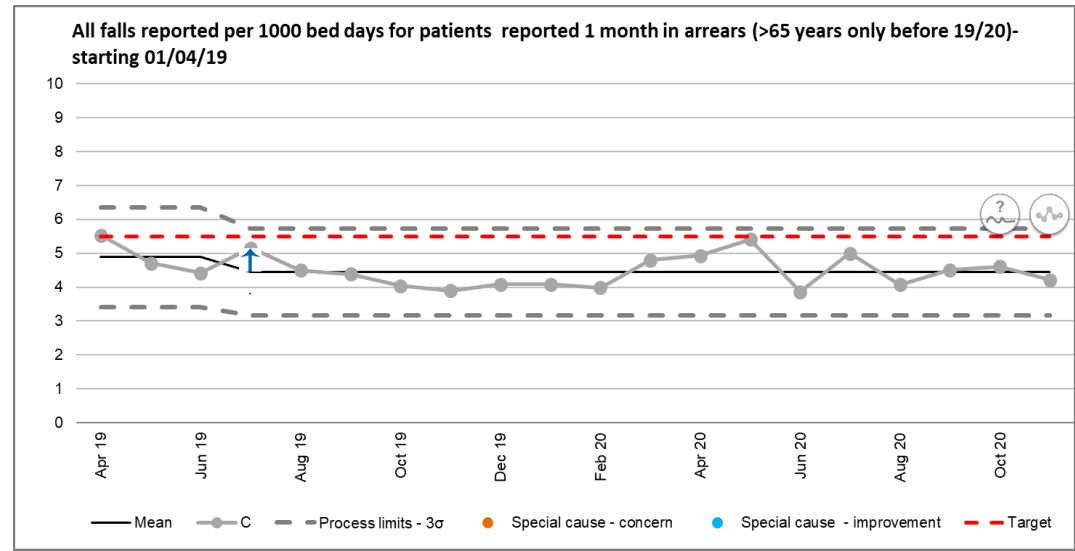
Metric	Nov 20	YTD	Target
Rate of Moderate harm and above Falls PSIs with finally approved status per 1,000 bed days	0.02	0.07	No National Target

No significant variation.

Rate of Moderate harm and above Falls PSIs with finally approved status per 1,000 bed days- starting 01/04/19

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

Caring
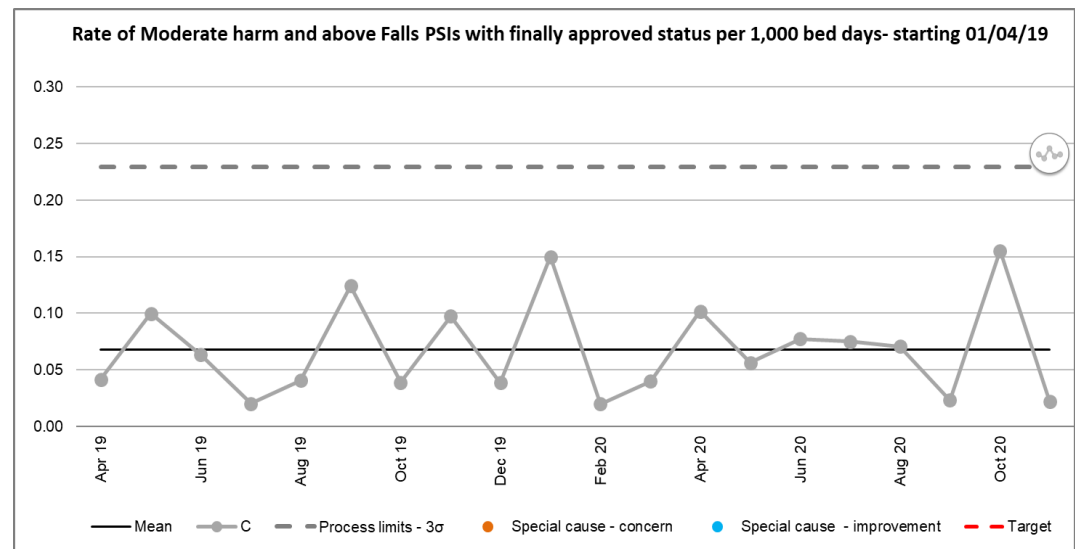
Metric	Q3 19/20	YTD	Target
% of staff who would recommend the trust as place to receive treatment	**67%**	**73%**	**No National Target**
Reporting will commence once national reporting resumes.			

Staff Survey: % of staff who would recommend the trust as place to receive treatment
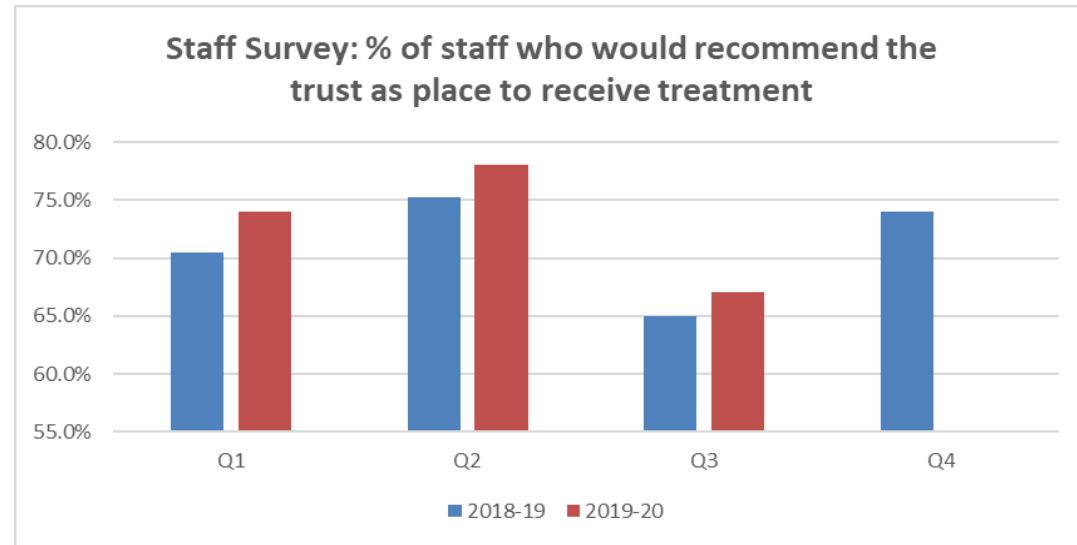
Metric	Mar 20	YTD	Target
Single Sex Breaches	**1**	**14**	**0**
National reporting commences in April 2021.			

Single Sex Breaches- starting 01/08/18

Caring
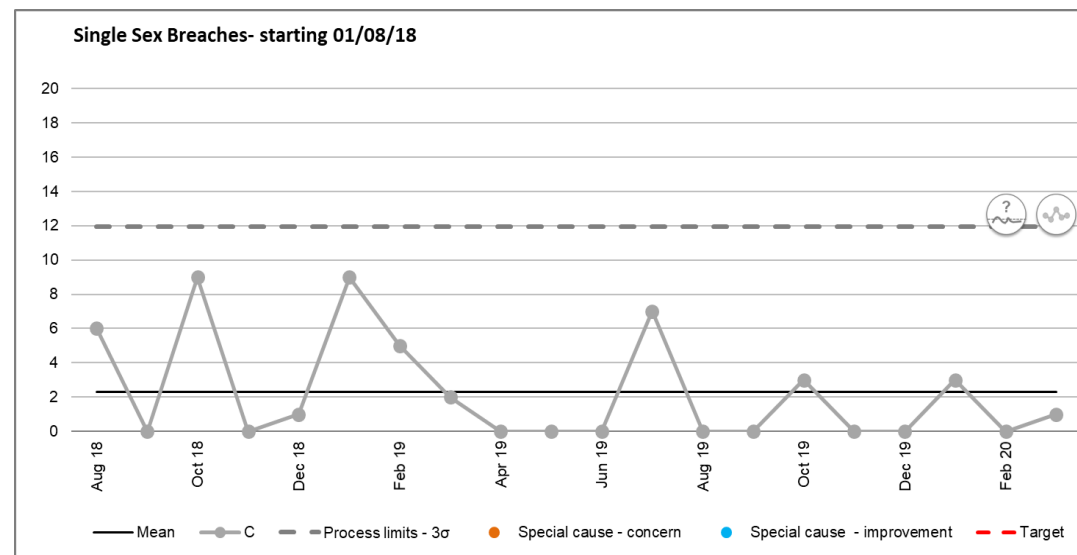
Metric	Dec 20	YTD	Target
Inpatient and Day case F&F Test % Positive	**98%**	**98%**	**TBC**

National reporting is expected from December onwards. CMG reporting has resumed.

Inpatients and Daycase Friends and Family Test - % positive- starting 01/05/19
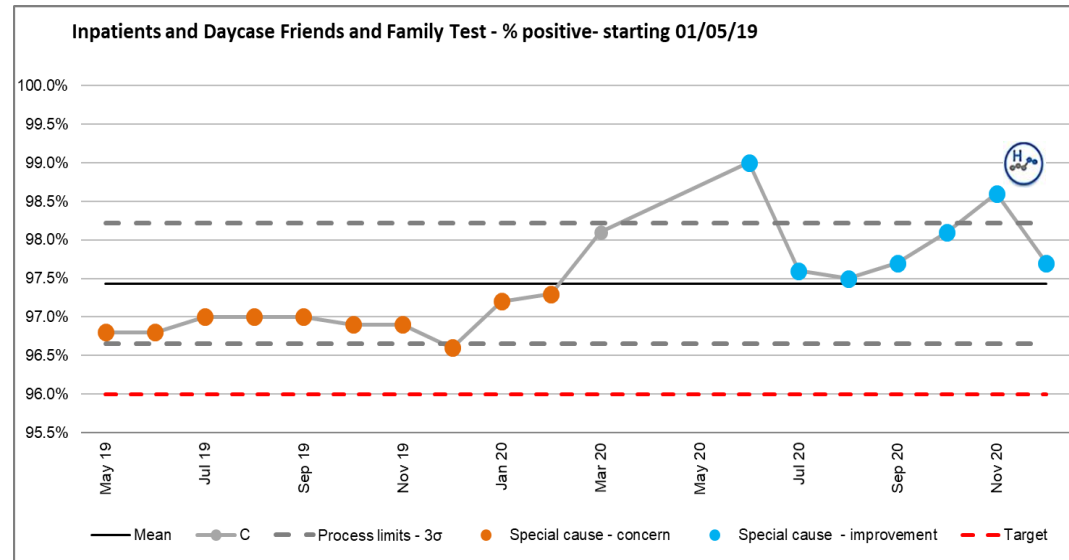
Metric	Dec 20	YTD	Target
A&E F&F Test % Positive	**95%**	**95%**	**TBC**

National reporting is expected from December onwards. CMG reporting has resumed.

A&E Friends and Family Test - % positive- starting 01/05/19

Caring
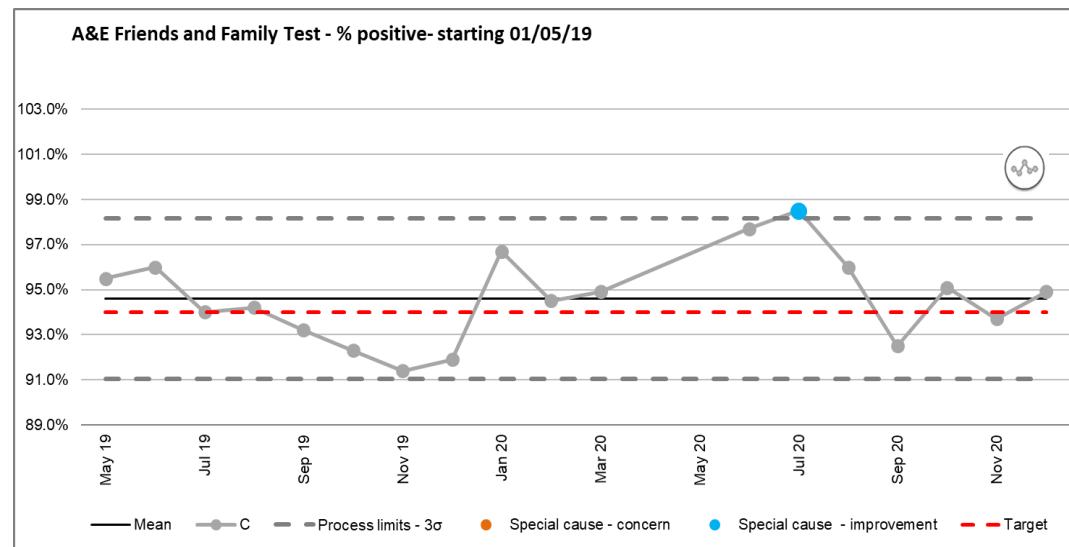
Metric	Dec 20	YTD	Target
Maternity F&F Test % Positive	**96%**	**96%**	**TBC**

National reporting is expected from December onwards. CMG reporting has resumed.

Maternity Friends and Family Test - % positive- starting 01/05/19

Mean — C — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target
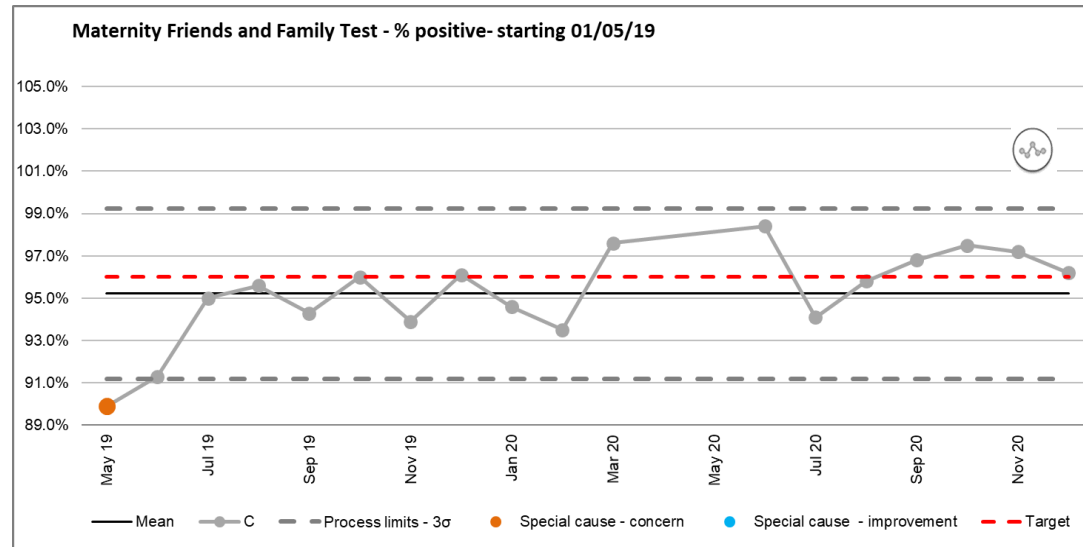
Metric	Dec 20	YTD	Target
Outpatients Friends and Family Test - % positive	**94%**	**94%**	**TBC**

National reporting is expected from December onwards. CMG reporting has resumed.

Outpatients Friends and Family Test - % positive- starting 01/05/19

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

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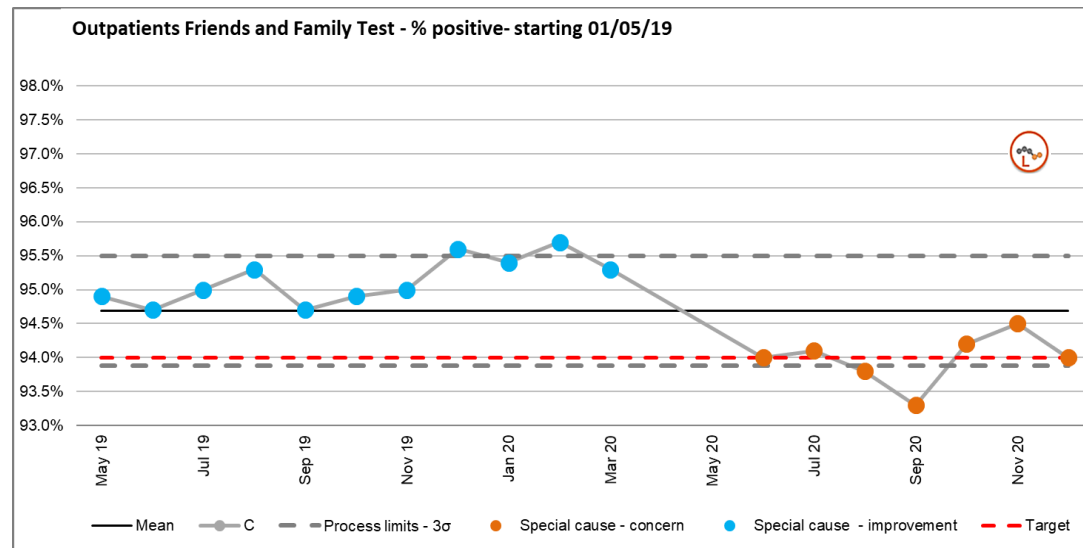
Metric	Q2 20/21	YTD	Target
Complaints per 1,000 staff (WTE)	**30.1**	**23.8**	No National Target
Reporting will commence once national reporting resumes.			

Complaints per 1,000 staff (WTE)

2019-20   2020-21

Well Led
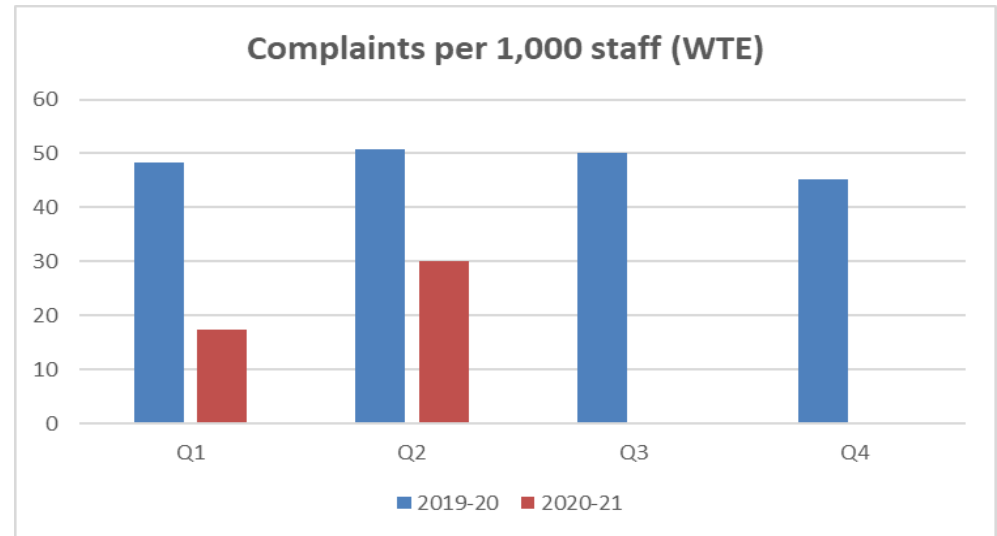
Metric	Q3 19/20	YTD	Target
Staff Survey % Recommend as Place to Work	62%	61%	Not within Lowest Decile

Reporting will commence once national reporting resumes.

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

Legend: ■ 2018-19   ■ 2019-20
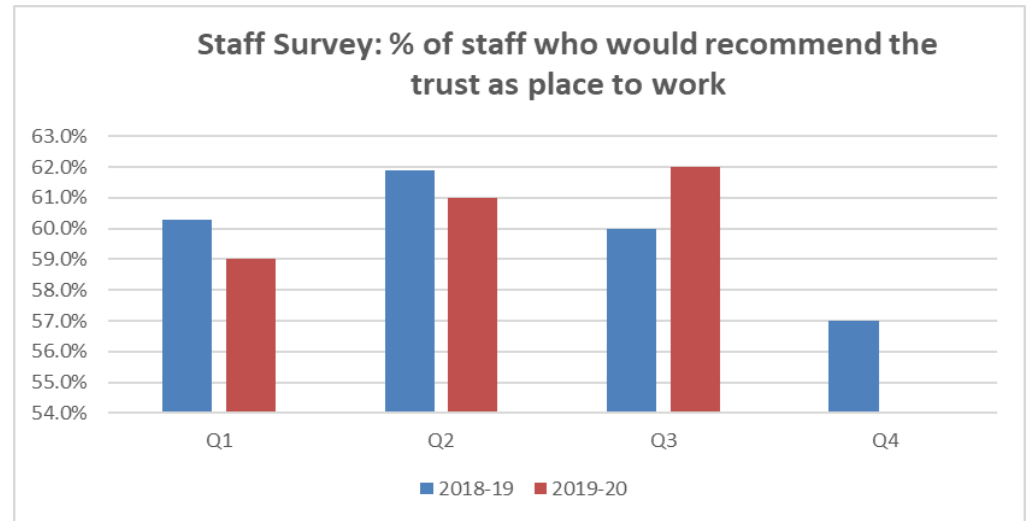
Metric	Dec 20	YTD	Target
Turnover Rate	8.9%	8.9%	10%

Normal variation, very likely to achieve target next month.

Turnover Rate- starting 01/05/19

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

Well Led

University Hospitals of Leicester
NHS Trust
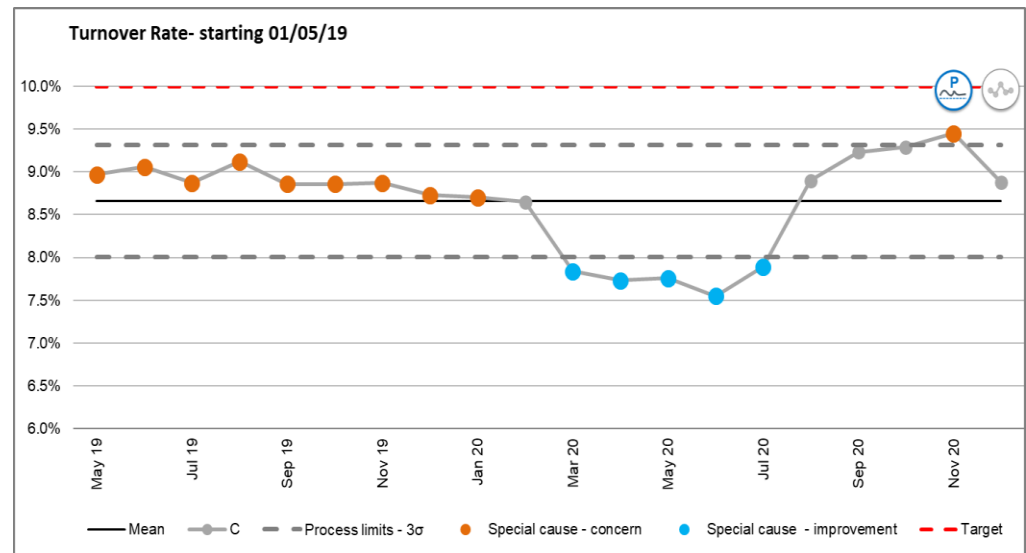
Metric	Nov 20	YTD	Target
Sickness absence	**7.8%**	**6.9%**	**3%**

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

Sickness Rate- starting 01/04/19

Legend: Mean — C — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target
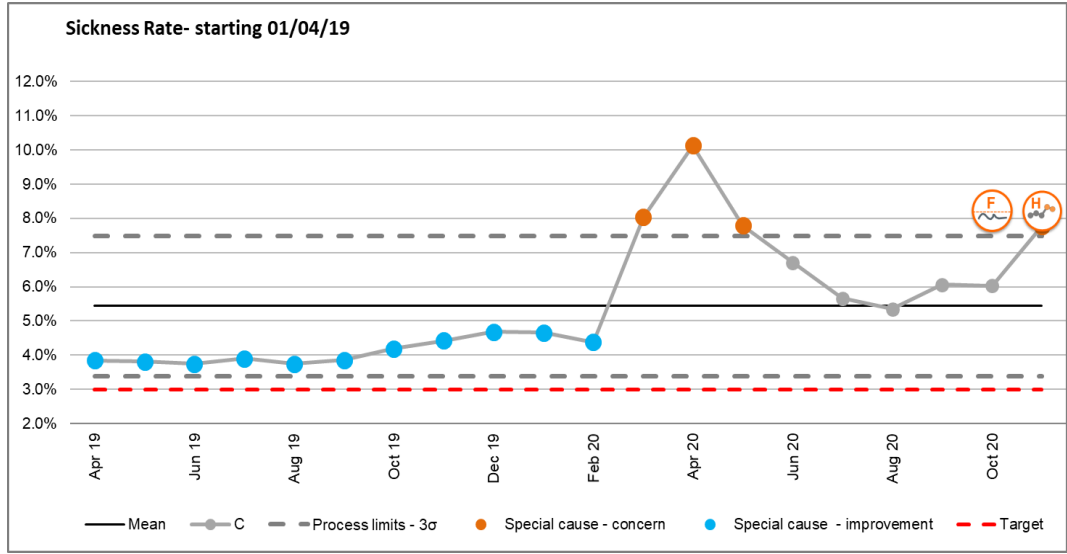
Metric	Dec 20	YTD	Target
% of Staff with Annual Appraisal	**82.2%**	**82.2%**	**95%**

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

Annual Appraisal- starting 01/05/19

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

Well Led

University Hospitals of Leicester
NHS Trust
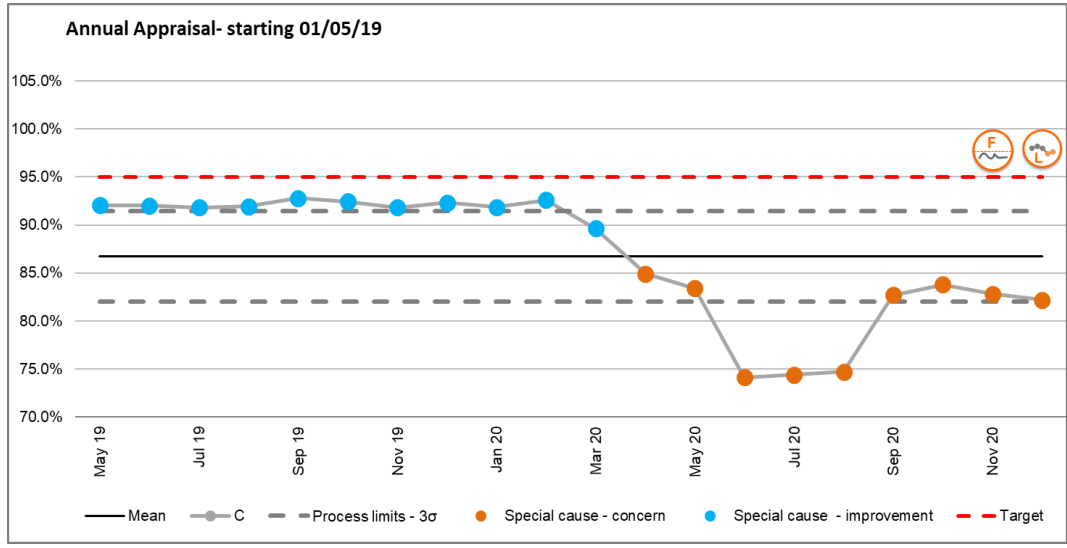
Metric	Dec 20	YTD	Target
Statutory and Mandatory Training	**88%**	**88%**	**95%**

Common cause variation. 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 01/05/19

Legend: Mean — C — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target
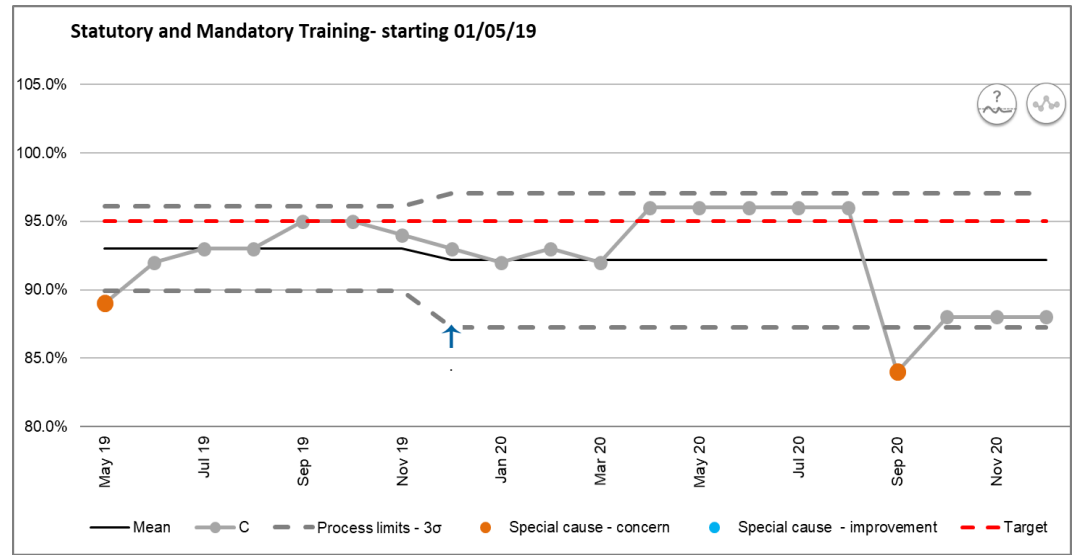
Metric	Oct 20	YTD	Target
Nursing Vacancies	**12.6%**	**12.6%**	**No National Target**

Special cause concern.

Nursing Vacancies- starting 01/03/19

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

Effective
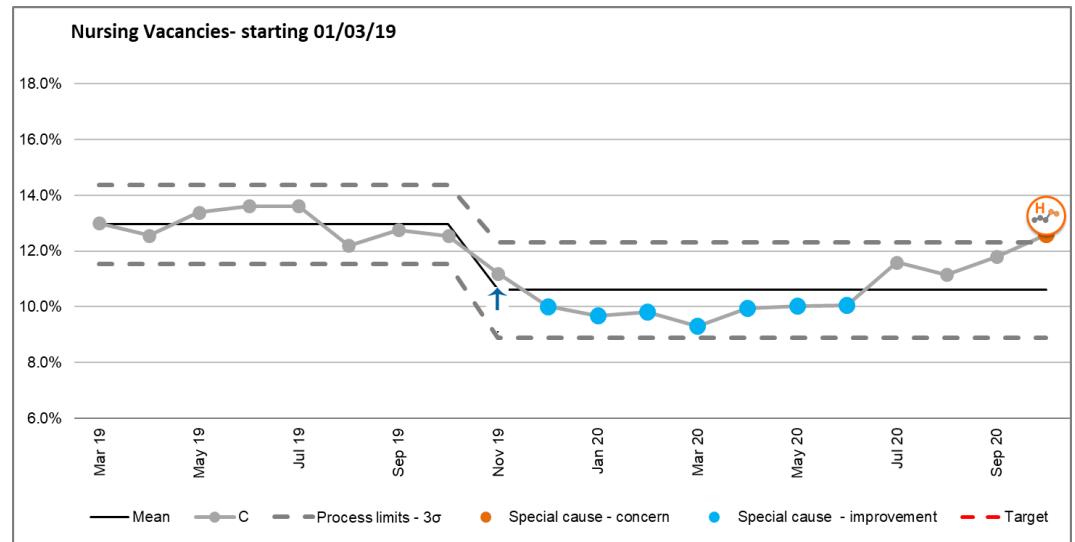
Metric	Aug 19 – Jul 20	Target
Mortality – Published Monthly SHMI	**99**	**100**

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

Mortality – Published Monthly SHMI
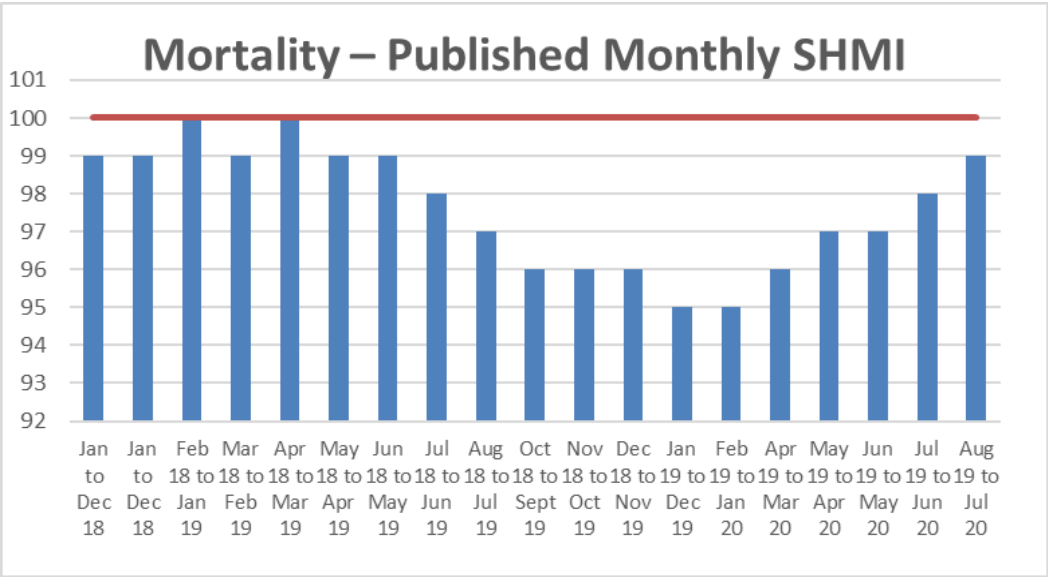
Metric	Oct 19 – Sep 20	Target
Mortality - Rolling 12 mths HSMR as reported in Dr. Foster)	**104** (Within Expected range)	**100**

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
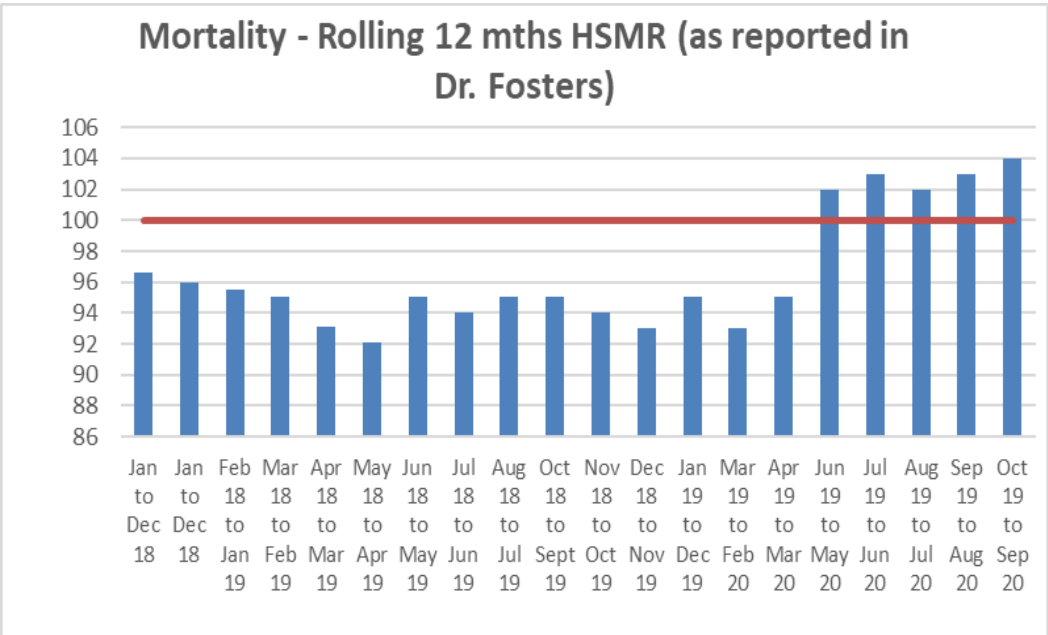
Metric	Dec 20	YTD	Target
Crude Mortality	**2.3%**	**1.8%**	**No National Target**

Statistically significant increase in April due to COVID-19.

Mortality Rate- starting 01/05/19

Legend: —— Mean · —●— C · – – – Process limits - 3σ · ● Special cause - concern · ● Special cause - improvement · – – – Target
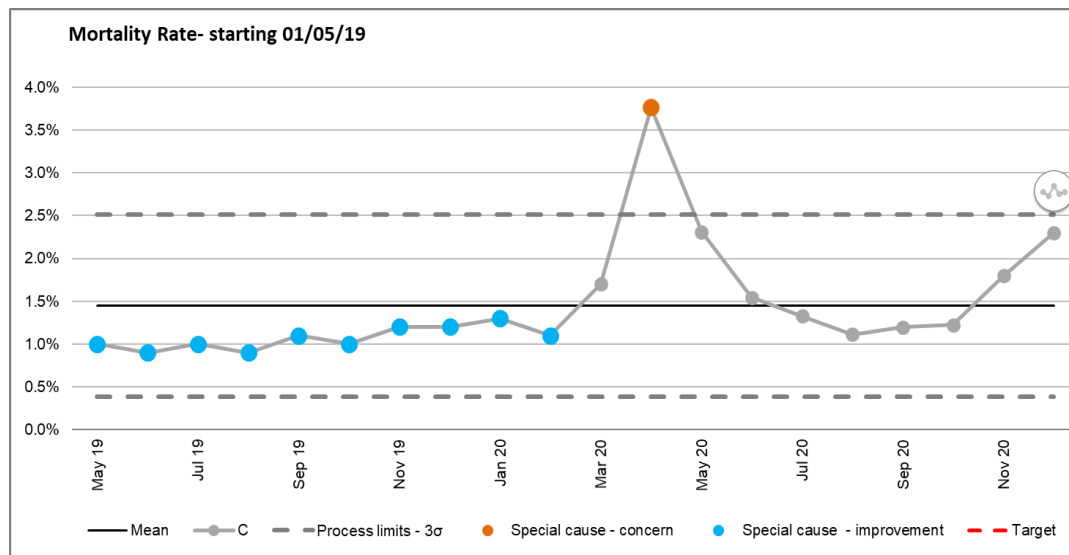
Metric	Nov 20	YTD	Target
Emergency readmissions within 30 days	**8.8%**	**9.5%**	**8.5%**

Special cause improvement – a downward trend has been seen since May which was above the upper control limit.

Readmission Rate within 30 Days- starting 01/04/19

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

Effective
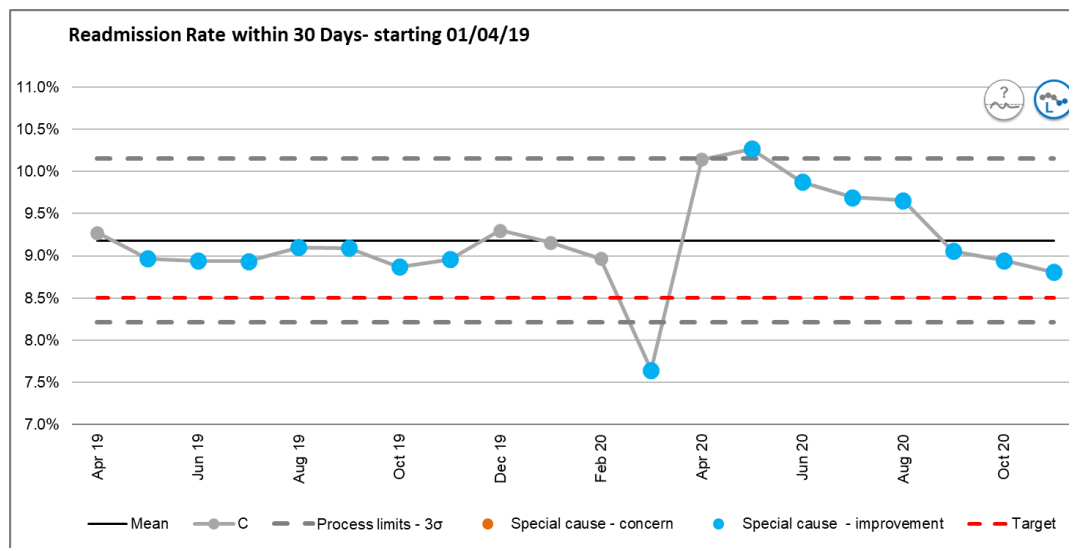
Metric	Nov 20	YTD	Target
Emergency readmissions within 48 hrs	**1.0%**	**1.2%**	**No National Target**
No significant variation.			

Readmission Rate within 48 Hours- starting 01/04/19

Mean — C — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target
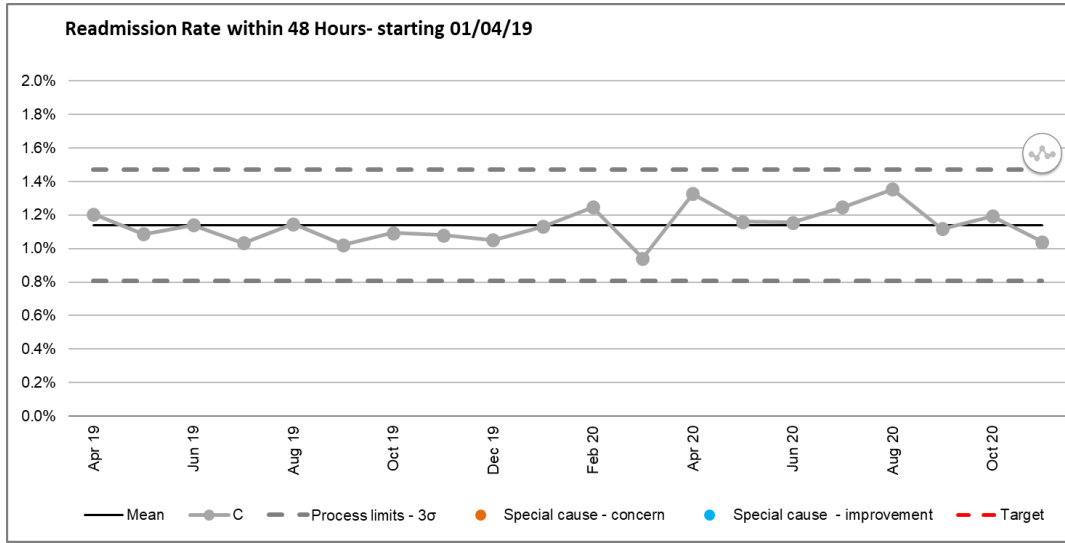
Metric	Dec 20	YTD	Target
% Neck of femurs operated on under 36 hrs Based on Admissions	**68.1%**	**64.3%**	**72%**
Performance deteriorated significantly in April and May due to COVID-19. No assurance that target will be delivered next month.			

**No. of # Neck of femurs operated on 0-35 hrs- starting 01/05/19**

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

Effective
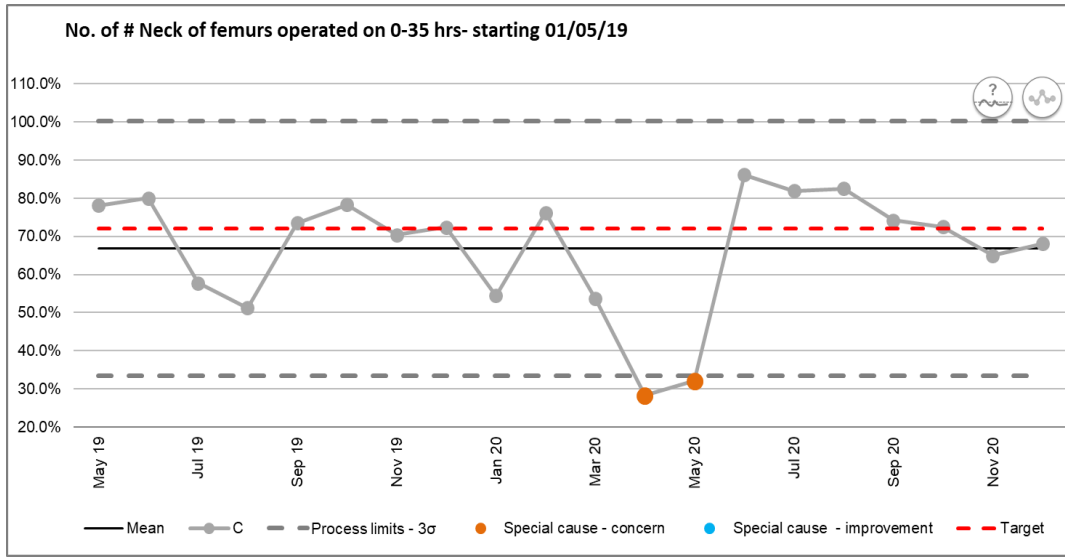
Metric	Nov 20	YTD	Target
Stroke - 90% of Stay on a Stroke Unit	**89.7%**	**86.9%**	**80%**
Common cause variation, consistently achieving target.			

Stroke - 90% of Stay on a Stroke Unit- starting 01/04/19
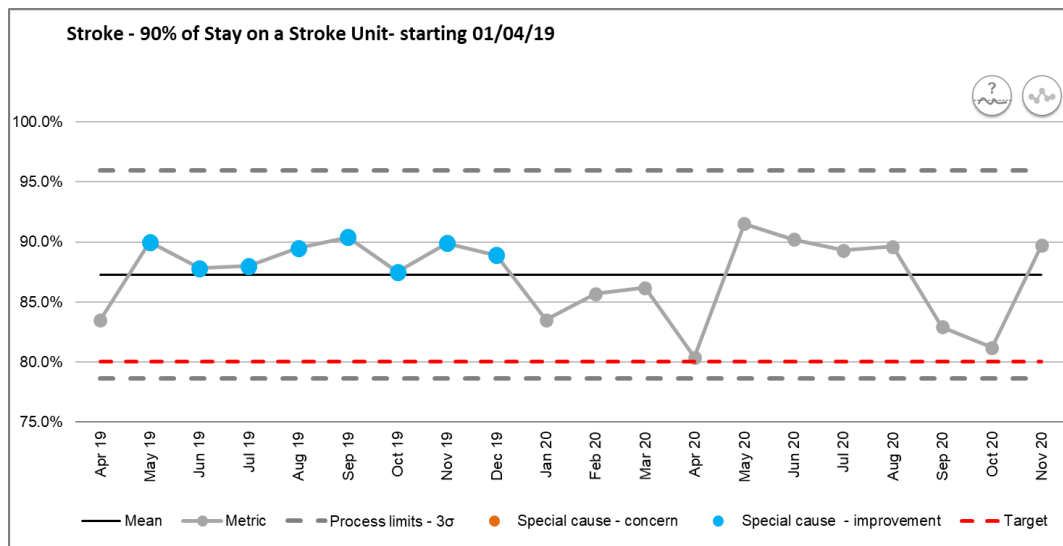
Metric	Dec 20	YTD	Target
TIA Clinic within 24 Hours (Suspected High Risk TIA)	**79.5%**	**70.1%**	**60%**
Common cause variation, target achieved in December.			

Stroke - TIA Clinic within 24 Hours (Suspected High Risk TIA)- starting 01/05/19
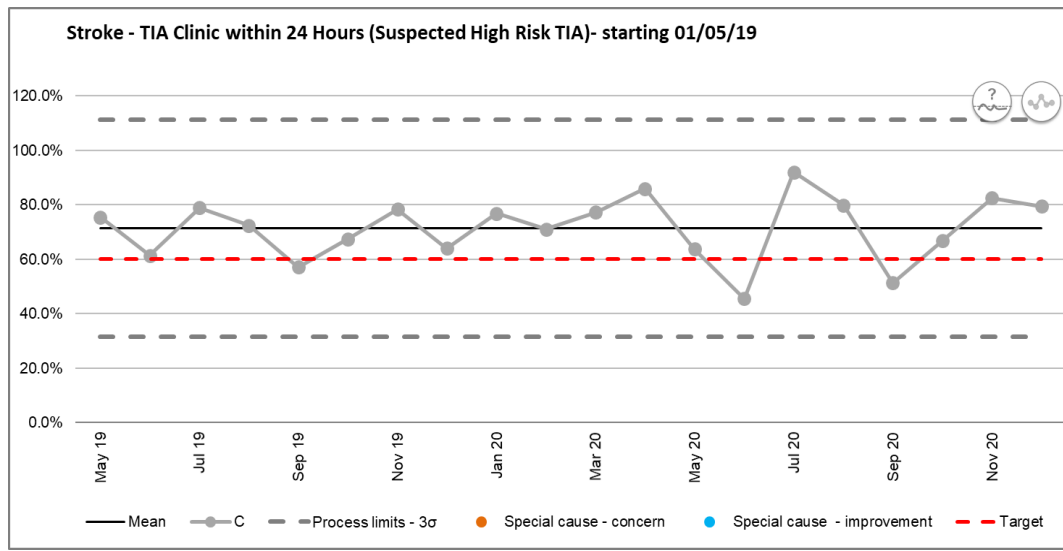
Responsive

For more information please see the Urgent Care Report - PPPC

| Metric	Dec 20	YTD	Target
ED 4 Hour Waits UHL	**67.0%**	**74.8%**	**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 01/05/19
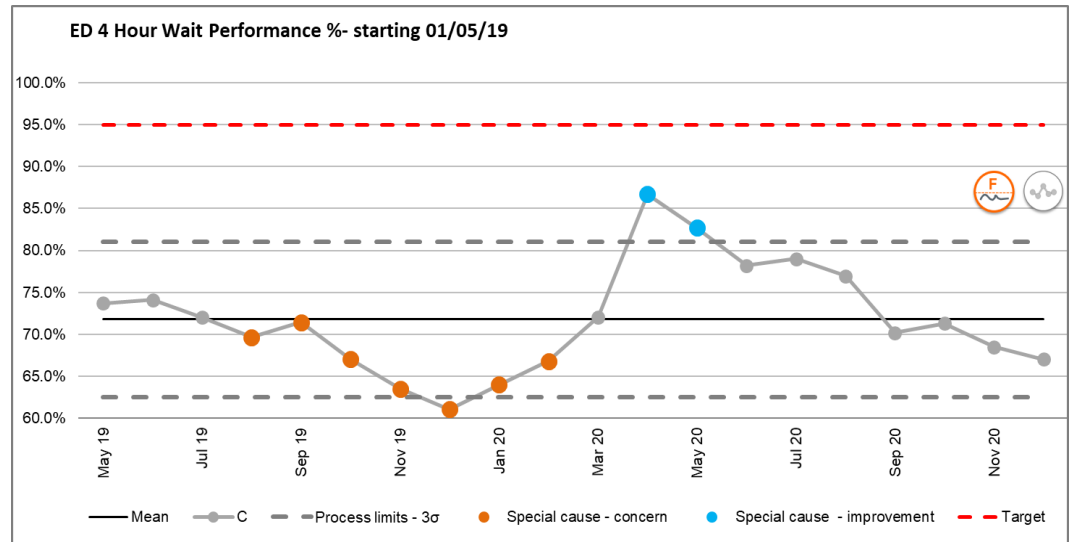
Metric	Dec 20	YTD	Target
ED 4 Hour Waits Acute Footprint	**75.9%**	**82.4%**	**95%**

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 01/05/19
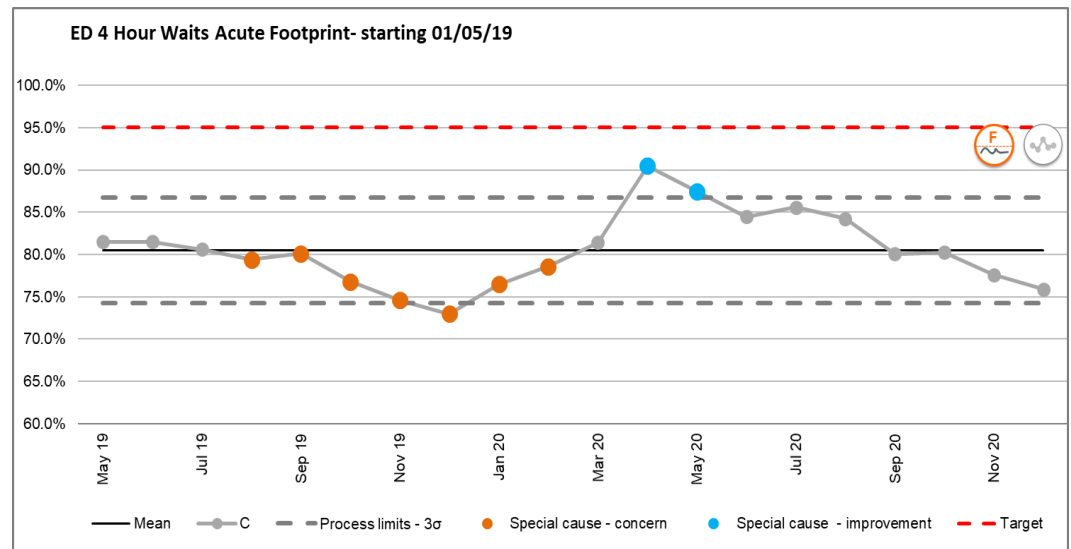
Responsive

Metric	Dec 20	YTD	Target
Ambulance Handover >60 Mins	**9.6%**	**4.2%**	**0%**

Performance has deteriorated in recent months. Target will not be achieved this month.


Ambulance Handover >60mins- starting 01/05/19

Responsive

University Hospitals of Leicester
NHS Trust
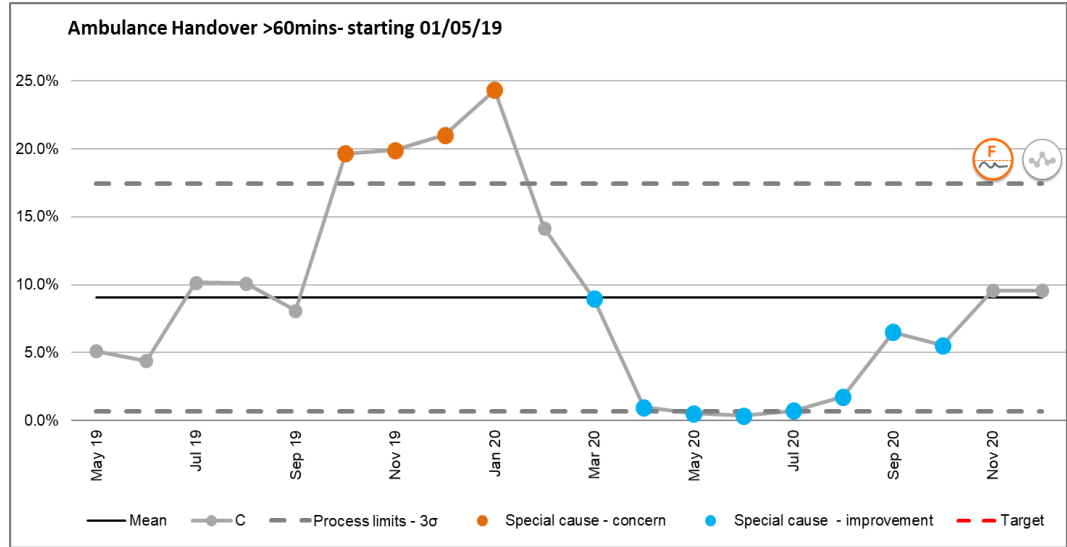
Metric	Dec 20	YTD	Target
RTT Incompletes	**58.7%**	**58.7%**	**92%**

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

RTT - Incomplete 92% in 18 Weeks UHL+ALLIANCE- starting 01/05/19

Mean — C — Process limits - 3σ — Special cause - concern — Special cause - improvement — — Target
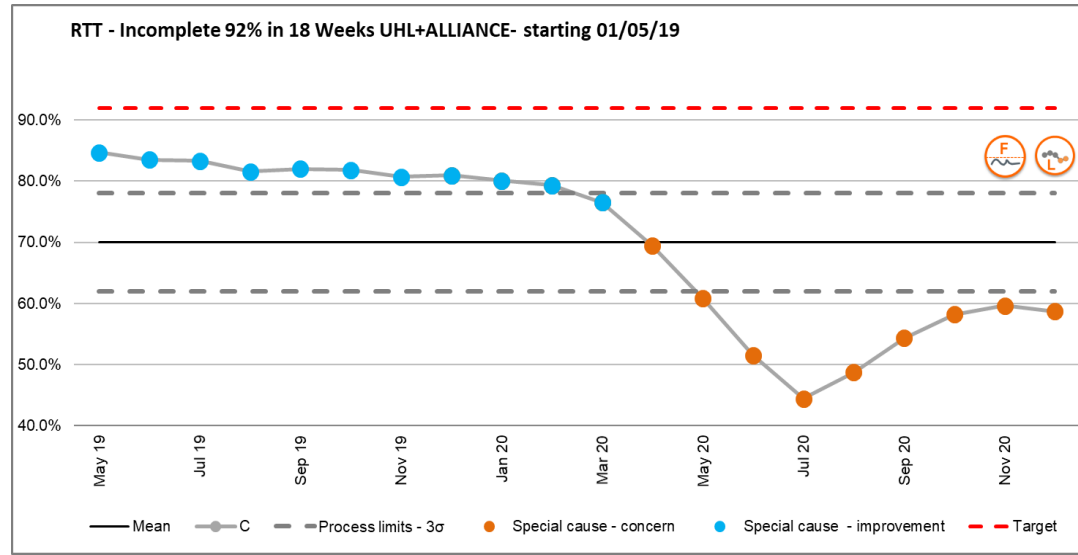
Metric	Dec 20	YTD	Target
RTT 52+ Weeks Wait	**6,361**	**6,361**	**0**

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

RTT 52 Weeks+ Wait (Incompletes) UHL+ALLIANCE- starting 01/05/19

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

Responsive
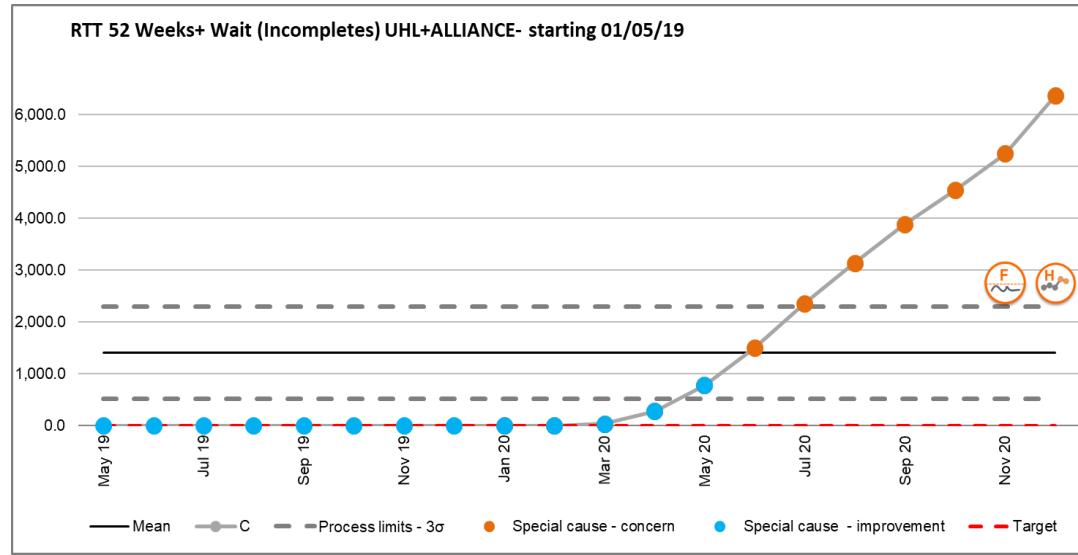
Metric	Dec 20	YTD	Target
Total Number of incompletes	**78,011**	**78,011**	**66,397 (Year End)**

Special cause concern due to COVID-19.

Total Number of incompletes- starting 01/05/19
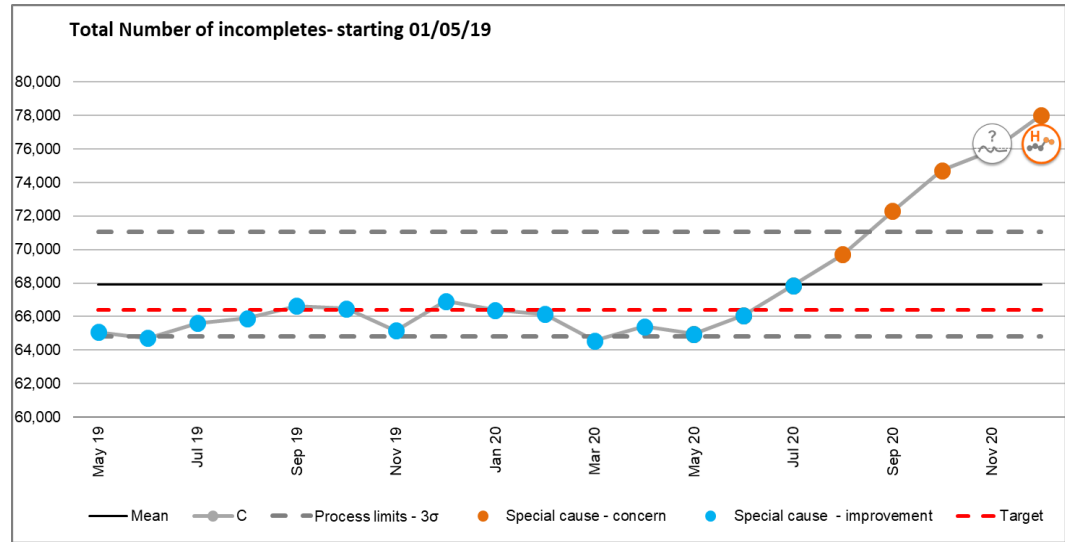
Metric	Dec 20	YTD	Target
6 Week Diagnostic Waits	**35.3%**	**35.3%**	**1%**

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

6 Week - Diagnostic Test Waiting Times (UHL+ALLIANCE)- starting 01/05/19

# Responsive
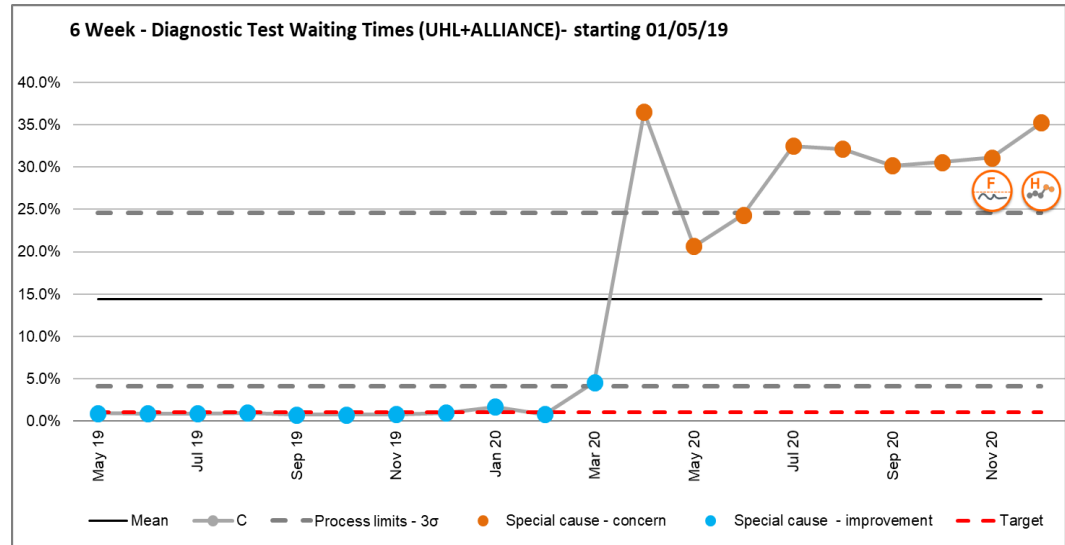
Metric	Dec 20	YTD	Target
Cancelled patients not offered a date within 28 days of the cancellations	**32**	**187**	**0**

Common cause variation – April 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 01/05/19

Mean — C — Process limits - 3σ ● Special cause - concern ● Special cause - improvement — — Target
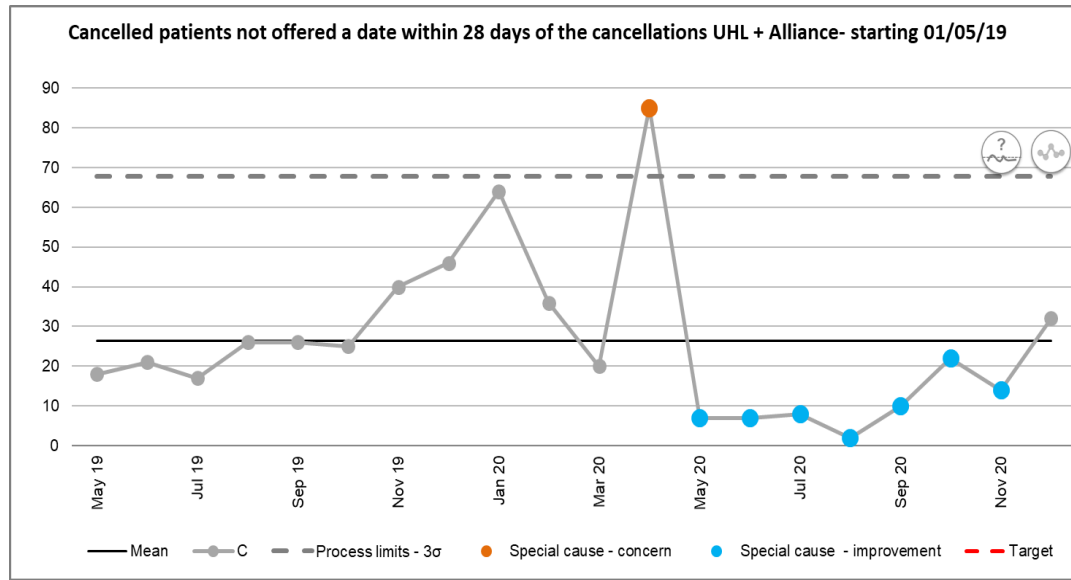
Metric	Dec 20	YTD	Target
% Operations cancelled on the day	**1.1%**	**0.9%**	**1%**

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

Cancelled Operations UHL + Alliance- starting 01/05/19

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

Responsive
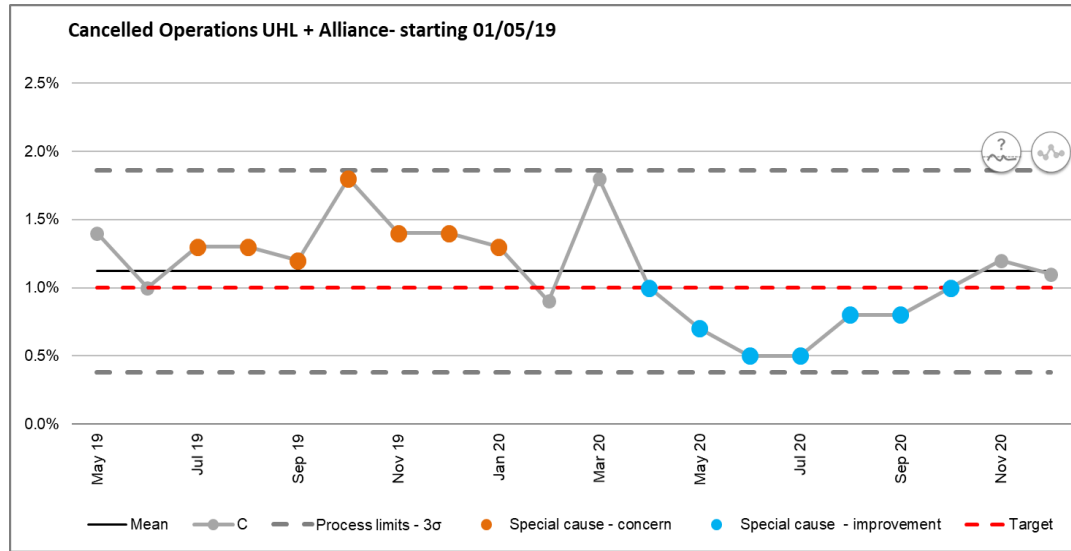
| Metric	Dec 20	YTD	Target
Long Stay Patients (21+ days)	**175**	**175**	**70**
Recent special cause improvement due to COVID-19, unlikely to achieve target next month.			

Long Stay Patients (21+ days)- starting 01/05/19

Mean — C — Process limits - 3σ ● Special cause - concern ● Special cause - improvement — Target
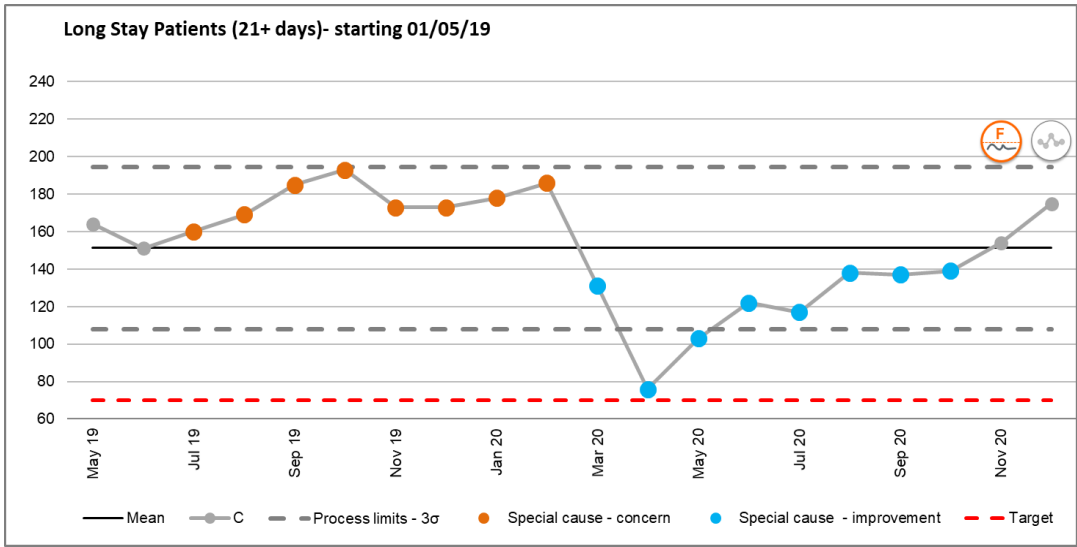
Metric	Dec 20	YTD	Target
Average Inpatient LOS	**3.6**	**3.5**	**No National Target**
Normal variation.			

Average Inpatient LOS- starting 01/05/19

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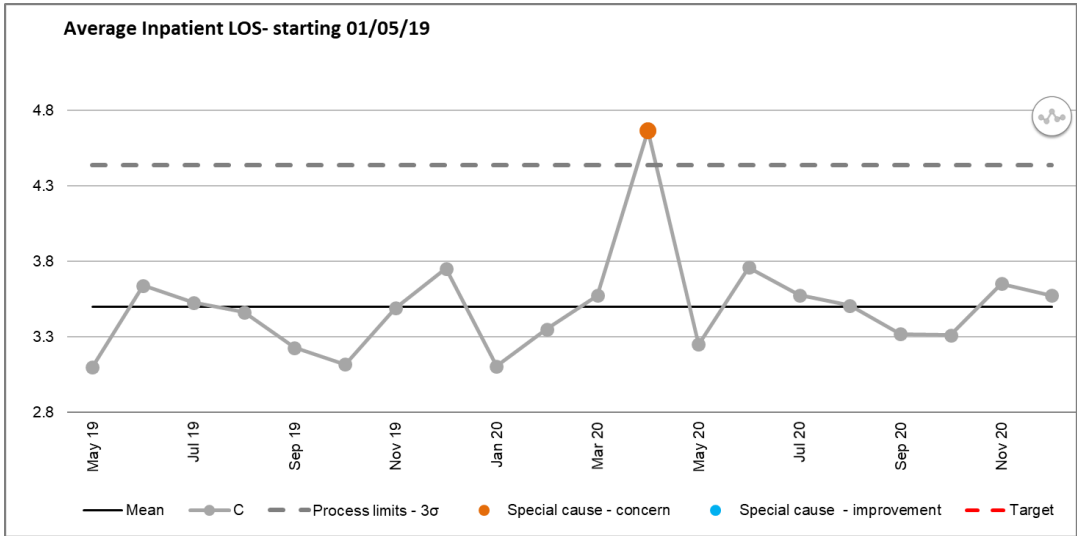
Responsive

Metric	Dec 20	YTD	Target
Average Emergency LOS	**5.2**	**4.7**	**No National Target**
Normal variation.			

Average Emergency LOS- starting 01/05/19

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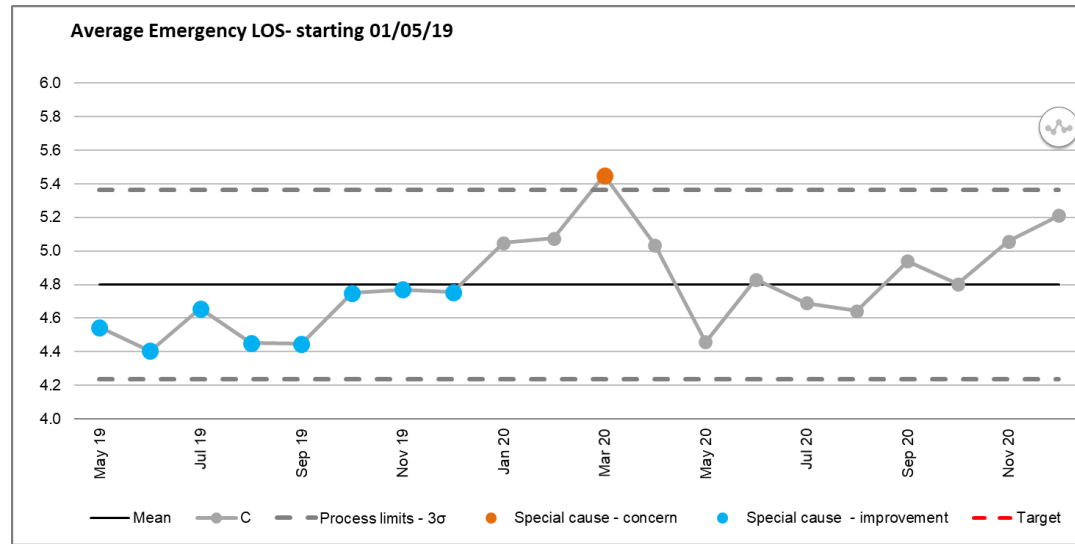
Responsive – Cancer

For more information please see the Cancer Recovery Paper - PPPC

Metric	Nov 20	YTD	Target
Cancer 2WW	**93.3%**	**90.6%**	**93%**
	Achieving		

Cancer 2WW Performance %- starting 01/04/19
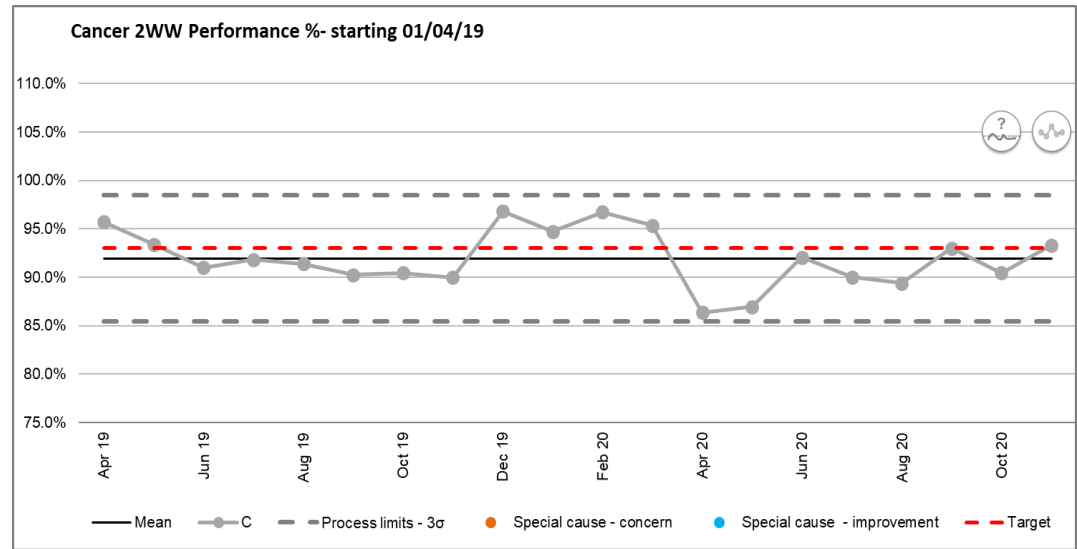
Metric	Nov 20	YTD	Target
Cancer 2WW Breast	**95.2%**	**95.8%**	**93%**
	Achieving		

Cancer 2WW Symptomatic Breast Performance %- starting 01/04/19
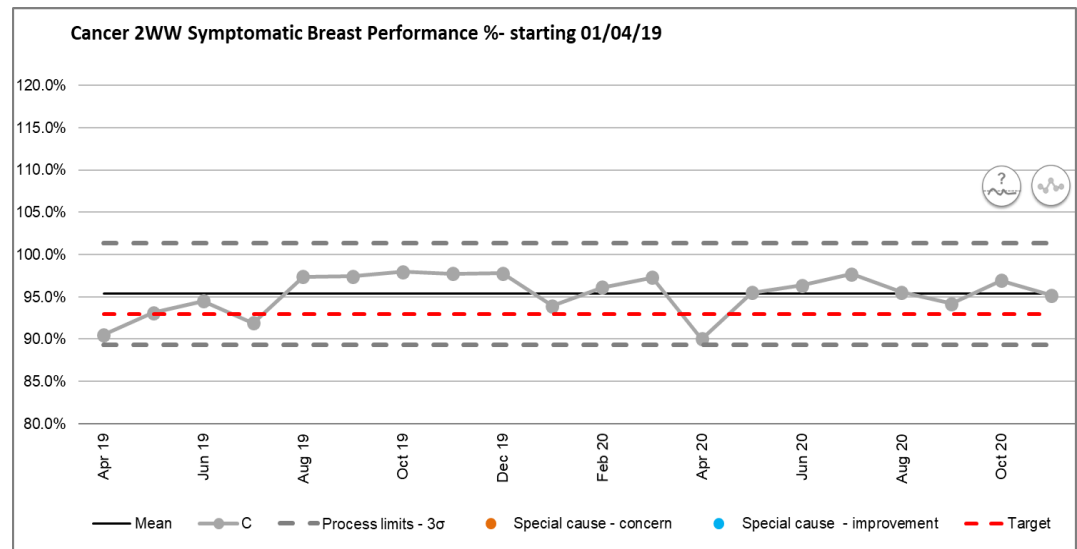
Responsive – Cancer

Metric	Nov 20	YTD	Target
Cancer 31 Day	**93.1%**	**91.6%**	**96%**

Unlikely to achieve target next month due to deteriorating capacity

Cancer 31 Performance %- starting 01/04/19
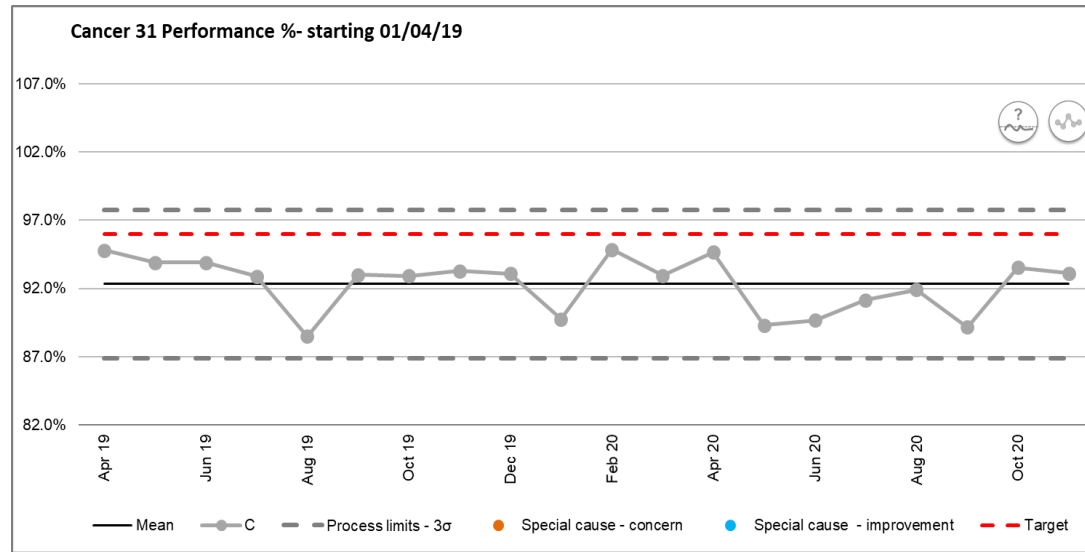
Metric	Nov 20	YTD	Target
Cancer 31 Day Drugs	**100%**	**99.7%**	**98%**

Achieving

Cancer 31 Day:Anti Cancer Drug Treatments- starting 01/04/19

Responsive – Cancer

University Hospitals of Leicester **NHS** — NHS Trust

Metric	Nov 20	YTD	Target
Cancer 31 Surgery	77.4%	73.4%	94%

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

Cancer 31 Day: Surgery- starting 01/04/19
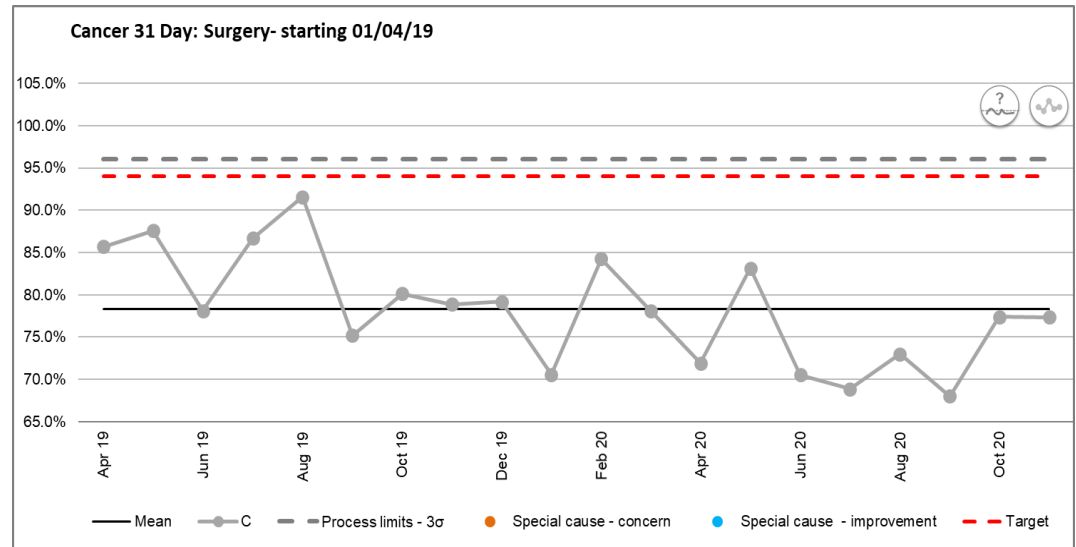
Metric	Nov 20	YTD	Target
Cancer 31 Day Radiotherapy	95.6%	91.9%	94%

Achieving

Cancer 31 Day: Radiotherapy- starting 01/04/19

Responsive – Cancer

University Hospitals of Leicester NHS NHS Trust

Metric	Nov 20	YTD	Target
Cancer 62 Day	**79.2%**	**70.4%**	**85%**

Unlikely to achieve target next month, performance is underperforming.

Cancer 62 Day Performance %- starting 01/04/19

Legend: Mean — C — Process limits - 3σ — Special cause - concern ● — Special cause - improvement ● — Target - - -
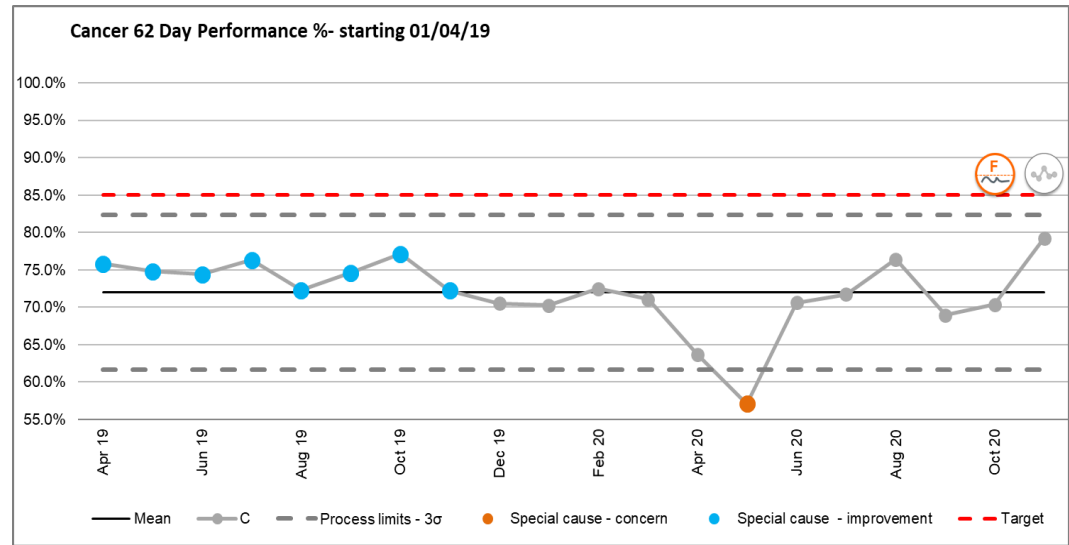
| Metric	Nov 20	YTD	Target
Cancer 62 Day Consultant Screening	**85.5%**	**60.9%**	**90%**

We continue to increase activity to decrease the backlog and recover the performance

Cancer 62 Day: Consultant Screening- starting 01/04/19

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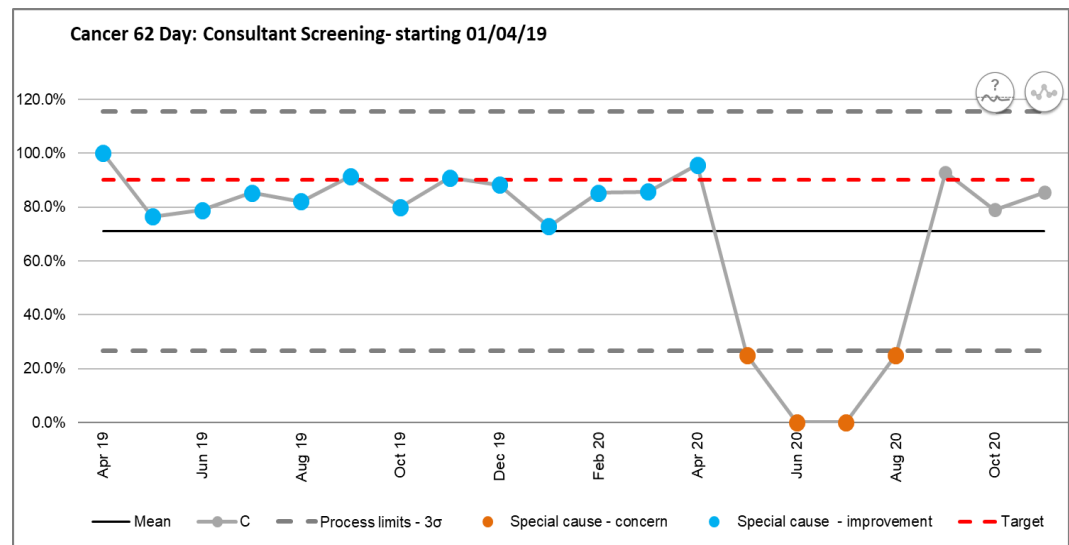
Outpatient Transformation

| Metric	Dec 20	YTD	Target
% DNA Rate	**6.6%**	**6.6%**	No National Target

Performance has been deteriorating over recent months, May was below the lower control limit due to COVID-19.

DNA Rate- starting 01/05/19
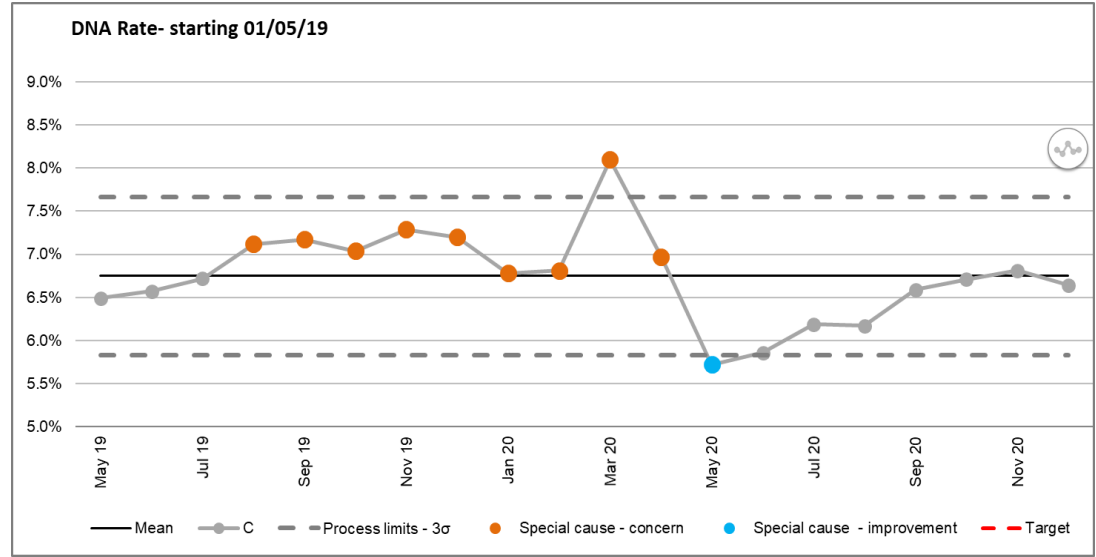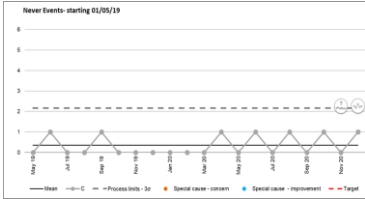

Metric	Dec 20	YTD	Target
% Non Face to Face Appointments	**45.8%**	**55.0%**	No National Target

Special cause improvement due to COVID-19.

% Non Face to Face Appointments- starting 01/05/19
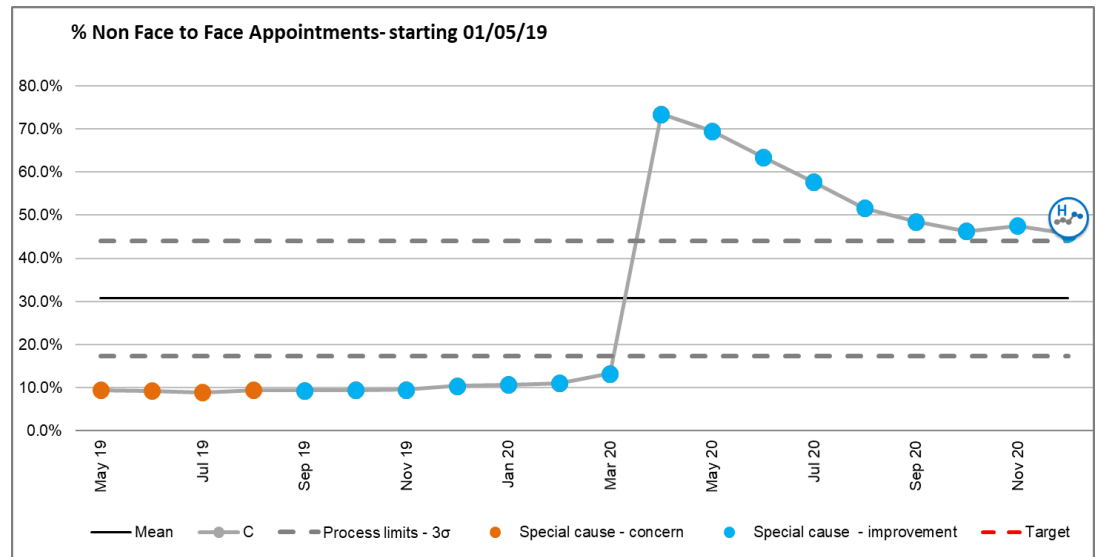
Outpatient Transformation

| Metric	Dec 20	YTD	Target
% 7 day turnaround of OP clinic letters	**75.4%**	**86.8%**	**90%**

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

% 7 day turnaround of OP clinic letters- starting 01/05/19

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

Exception Reports

University Hospitals of Leicester **NHS**
NHS Trust
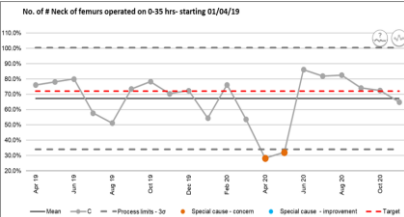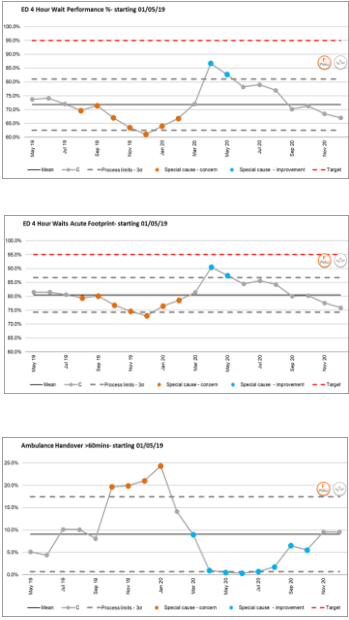
Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
Never Events	**20/21 Target – 0**		Never Event – Wrong implant/prosthesis	Immediate Actions taken were:
are a measure of the number of UHL never events at month end.	1 Never Event reported in December 2020.		A 71 year old male patient presented to the Glenfield Hospital Coronary Care Unit (CCU) with an acute myocardial infarction on 15 December 2020 having already suffered an out of hospital cardiac arrest. He underwent emergency percutaneous cardiac catheterisation intervention (PCI) in the Angiocatheter Suite (cath lab). Coronary angioplasty and stenting were attempted. Balloon angioplasty was carried out in preparation for stenting the left main stem. Soon afterwards the patient deteriorated . A 2.5x23 mm Xience stent was deployed in the left main stem at approximately 15:00 hrs but the operators state that they asked for a 3.5 x 23 stent and believed that they were deploying a 3.5 stent. The patient deteriorated soon after that and was a complex case resulting in coronary artery bypass surgery. The fact that the incorrect stent had been deployed was recognised after the procedure as the sticky labels in the pathway indicated that a 2.5 mm stent had been deployed.	All staff in catheter lab made aware of incident Support/interviews by CMG/PS Team

Exception Reports

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
Sickness absence UHL has a locally agreed sickness absence target of 3%.	**20/21 Target – 3% or below** Performance in November was 7.8% excluding E&F		Sickness has increased to 7.8%, up from 6.0% in October.	Staff who are shielding will need to do so until 21st February 2021. Work from home is being sourced at a local level, and if this is not possible then the Temporary Redeployment process is followed to match them to demand across the Trust. Where COVID-19 absences remain open past the return date, managers are being asked to close these as a matter of priority.
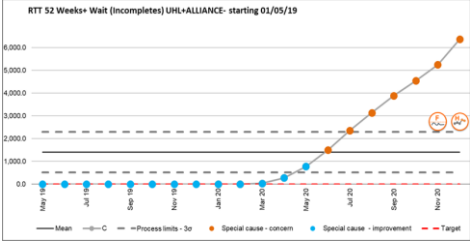
Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
% of Staff with Annual Appraisal (excluding facilities Services)	**20/21 Target – greater than 95%**		This data is captured within the Monthly Workforce Dataset Report presented to Trust Board Subcommittee (People Performance 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 December was 82.2%. | | | |

Annual Appraisal- starting 01/05/19

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

Exception Reports

University Hospitals of Leicester NHS Trust

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.
Is the percentage of staff that are up to date on their Statutory and Mandatory Training.	Performance for December was 88%			
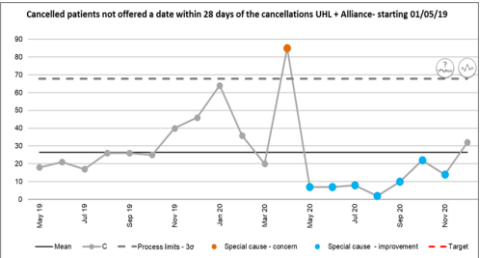
Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
No. of # Neck of femurs operated on 0-35 hrs - Based on Admissions	**20/21 Target – 0**	No. of # Neck of femurs operated on 0-35 hrs- starting 01/04/19	94 NOF's of which 30 exceeded the 36hr time to theatre target. Overall performance against target 68.09%	Additional sessions sourced when able, although difficult in the current climate .
Is the percentage of Neck of femurs patients operated on within 0-35 hours of admission.	Performance for November was 68.1% Financial Year Performance is currently 64.3%.		Those which were >36hrs were for the following reasons: 12 patients - clinical reasons/unfit 9 patients- trauma priority patients/ lack of theatre capacity 4 patients- No Hip surgeon available 3 patients- awaiting LGH transfer 1 patient- no imaging provision in theatres 1 patient – patient choice	Hip surgeon availability is an issue when on-call surgeon is not of that sub specialty expertise. Re-allocation
			This means that of the 30 patients who exceeded the threshold – 17 patient were within our control and 13 were outside of our control.	Extension of the hip list at the weekends continues to help with the pressure of capacity and flow
			ED wait times 0-4 hours = 3 patients 4-8 hours = 57 patients 8-12 hours = 20 patients Over 12 hours = 4 patients Ward referrals= 10 patients	Theatre scheduling meetings weekly to work through the challenges for imaging support for NOFs and other specialties
			Factors which influenced the performance this month were: Lack of theatre capacity unable to flex up capacity in theatres when an inflow of NOF patients present. Ward beds unavailable due to ward 32 closed and limited pending/ clean capacity. Complex cases over running meaning case were cancelled due to lack of time. Priority emergency cases requiring surgery. Surgical availability of hip consultant. Lack of bed availability at the LGH for urgent cases. limited imaging provision for out of hours/weekend.	Operational meetings continue Reinstatement of weekly reviews for patients who have not meet the target. Closure of elective Orthopaedic wards, reduce bed capacity for transfers. Limited imaging at the weekends due to job plans and funding.

Exception Reports

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
Urgent Care			• New front door model approved and recruitment on track • Direct referrals to GPAU from Clinical Navigation Hub as part of NHS 111 First initiative, from 7 December • Missed Opportunity audit completed with NHSE/I; recommendations being worked through by the team. • Significant pressure from COVID-19 demand	• Developing plans with partners for further roll-out of pre-hospital admission avoidance schemes • Ensuring COVID-19 escalation plans are robust and fit for purpose in preparation for next wave
	ED 4 Hour waits UHL performance was 67.0% in December **ED 4 Hour waits LLR** provisional performance was 75.9% in December **Ambulance Handover >60 Mins** performance was 9.6% in December			

Exception Reports

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
RTT Incompletes	**Performance Target – 92%** **Waiting List Target - 66,397 (Year End)**		NHS Planning Guidance for 2019/20 focuses on waiting list reduction over compliance with the 18 week national standard. The impact of the COVID-19 pandemic has lead the RTT positioning reducing over the upcoming months as non essential activity is cancelled to reduce footfall on the hospital site. This is likely to continue until elective work is resumed.	Waiting list is carried on being validated to align with national guidance and trust policy. Waiting list volume still near trajectory. RTT policy to go to Policy and guideline committee to align with National policy. Assess elective capacity for next wave of COVID-19
	RTT - Incomplete 92% in 18 Weeks UHL + Alliance Performance for December was 58.7%. **Total Number of incompletes** At the end of December 78,011 patients were waiting on an RTT pathway.		External Validation Team to extend until 1st Feb Waiting list management Audit on going	

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 December, 6,361 patients were waiting over 52 weeks on an RTT pathway.	 RTT 52 Weeks+ Wait (Incompletes) UHL+ALLIANCE- starting 01/05/19	Elective surgery has been significantly impacted by COVID-19 Wave 2 , requirement to reduce amount of theatre list to support ITU. Long waiters are start to be done within the independent sector following the prioritization of cancer and urgent patients. Position over trajectory (likely case scenario) due to growth in urgent and cancer demand. Elective Capacity reduced following impact of emergency and COVID demand	Monitor utilization of IS sector and UHL using the new dashboard developed by ITAPS. Implementation of PTL review meetings with CMG for 52+ week patients Agree Elective activity with IS providers for Q4

Exception Reports

| Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
6 Week Diagnostic Waits Is the percentage of patients currently waiting 6 weeks or more for a diagnostic test.	**20/21 Target – 1%** Performance for December was 35.3%.		• MRI/CT - Sourced additional capacity with mobile scanners and the use of IS and WLI's for until March 21. • Limited DEXA scanning service commenced at the LRI. • Vanguard Unit located at the LGH commenced endoscopy active. • Audiology service offering reduced service due to staff redeployment	• Agree diagnostics activity with IS providers on the new national framework • CMG's to submit plans and trajectories for continue recovery diagnostic activity and wait times.

Exception Reports

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
Cancelled patients not offered a date within 28 days of the cancellations UHL + Alliance	**20/21 Target – 0**	Cancelled patients not offered a date within 28 days of the cancellations UHL + Alliance- starting 01/05/19	COVID-19 has significantly impacted theatre capacity. Services instructed to only book for elective surgery patients who are clinically urgent or on a cancer pathway. This has reduced capacity to re-book patients within 28 days when they have been cancelled. These patient will carry on breaching as the services will not be able to get them listed. Wave 3 has significantly impacted elective surgery with only Cancer and Priority 2 patients being treated	• 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. • Ensure the list are fully utilized within the IS • Engagement through weekly IS and alliance operational group by services.
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 December.			

Exception Reports
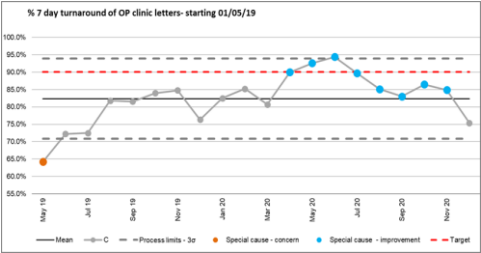
| Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
% Operations cancelled for non-clinical reasons on or after the day of admission UHL + Alliance	**20/21 Target – less than 1%**		Wave 3 has impacted theatre capacity significantly during December which has led to a reduction in theatre capacity a long side a greater demand for beds. This has meant elective care has had to be managed on a daily basis reflecting the emergency demand. This in turn has led to an increase in cancelations on the day.	• To ensure the services work closely with the ITAPS team of a daily basis to understand the capacity available the day before. This is happening at a daily meeting to ensure the trust are prioritizing patients who are most urgent and the high risk cancer patients.
Is the percentage of operations cancelled for non-clinical reasons on or after the day of admission by UHL and the Alliance.	Performance for December was 1.1%.			

Cancelled Operations UHL + Alliance- starting 01/05/19

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 remains above target and the mean. A weekly increase has been noted since end of October with a further rapid increase at the end of December in line with COVID-19 admissions • CHUGGs above target but below mean. • MSS/ RRCV / ESM all above target and above mean. • 71 of the 175 patients (40%) have tested positive to COVID-19 • Circa 30 patients (17%) per week are MFFD	• Commence new daily SITREP reporting of MFFD patients for NHSE from 04/01/21 • Continue to work with system partners / CMG's to facilitate a timely patient discharge. • Targeted escalation of patients.
Is the number of adult patients that have been in hospital for over 21 days.	At the end of December, the number of long stay patients (21+ days) was 175.	Long Stay Patients (21+ days)- starting 01/05/19 Mean —●— C Process limits - 3σ ● Special cause - concern ● Special cause - improvement Target		

Exception Reports – Cancer

University Hospitals of Leicester **NHS**
NHS Trust

Performance	Key Messages	Key Actions
See additional slide	• Referrals have returned to pre COVID-19 levels • We are starting to see small numbers of patients choosing not to come into hospital until COVID-19 • We are seeing increased cancellations on the day due to staffing and ITU capacity • We are focusing on IS capacity	• Use of the IS to optimise capacity – the outcome of the continuation of the contract will have an impact on cancer pathway delivery • The backlog and 104+ day pts are reviewed patient by patient daily

Exception Reports – Cancer

University Hospitals of Leicester **NHS**
NHS Trust

Cancer performance November 2020

Standard	Target	Position
2WW	93%	93.3%
2WW Breast	93%	95.2%
31 Day 1st Treatments	96%	93.1%
31 Day SUB Surgery	94%	77.4%
31 Day DRUGS	98%	100%
31 Day Radiotherapy	94%	95.6%
62 Day	85%	79.2%
62 Day Screening	90%	85.5%
Consultant upgrade	85%	85.3%

Exception Reports

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
% 7 day turnaround of OP clinic letters	**20/21 Target – 90% or above**		• Impact of winter pressure, including additional annual leave and bank holidays over festive period • Increase in number of COVID-19 cases across the Trust impacting on available staff hours, including potential reduced workforce due to sickness/shielding • Infectious Diseases unable to use correct template through Dit3, causing longer TAT	• Dit3 roll out complete and Dit2 to be switched to 'read only' soon (deadline to be circulated) which will encourage continuity and streamlined dictation and reporting • No further bank holidays/holiday periods in January 2021, though likely still ongoing impact of COVID-19
UHL has a locally agreed target of 90%.	Performance for December was 75.4%			