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	23/03/21	Discussion and Assurance
Trust Board Committee	25/03/21	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 December 2019 to November 2020) is 101 but remains within the expected range.

- **CAS alerts** - compliant.
- **MRSA** – 0 cases reported.
- **C DIFF** – 7 cases reported this month.
- **90% of Stay on a Stroke Unit** – threshold of 80% achieved with 84.1% reported in February.
- **TIA (high risk patients) –** 60.8% reported in March
- **12 hour trolley wait** - 0 breaches reported.
- **VTE** – compliant at 98.6% in March.
- **Cancelled operations OTD** – 0.5% reported in March.
- **Cancer Two Week Wait** was 95.9% in February against a target of 93%.
- **Cancer Two Week Wait (Symptomatic Breast)** was 96.0% in February against a target of 93%.

<u>Performance Challenges</u>:

- **1 Never Event** reported in March.
- **Fractured neck of femurs operated 0-35hrs** – performance is below target of 72% at 68.0%.
- **UHL ED 4 hour performance** – 71.8% for March, system performance (including LLR UCCs) for March is 79.8%.
- **Ambulance Handover 60+ minutes (CAD)** – performance at 3.5%.
- **Cancer 31 day treatment** was 93.2% in February against a target of 96%.
- **Cancer 62 day treatment** was 62.1% in February 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 51.1% at the end of March.
- **52+ weeks wait –** 12,625 breaches reported in March.
- **Diagnostic 6 week wait** was 35.9% against a target of 1% in March.
- **Patients not rebooked within 28 days following late cancellation of surgery** – 7.
- **Statutory and Mandatory Training** is at 88%.
- **Annual Appraisal** is at 80.2%.

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~~]
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]
Embedded research, training and education   [Not applicable]
Embed innovation in recovery and renewal   [Yes /No /Not applicable]
Sustainable finances   [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: 27th May 2021

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

Quality and Performance Report

March 2021
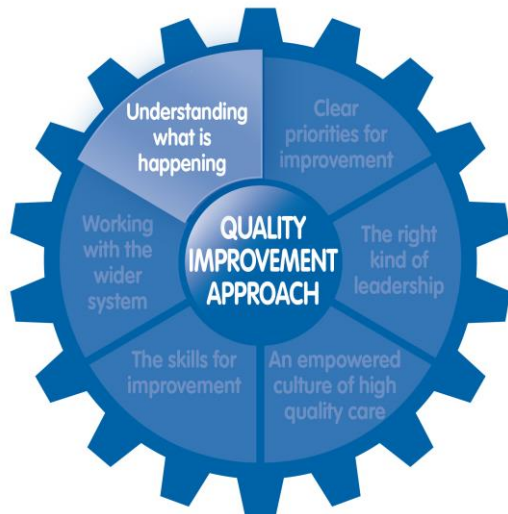
Operational Delivery Unit

One team shared values

CONTENTS

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: PEOPLE, PROCESS AND PERFORMANCE COMMITTEE/QUALITY AND OUTCOMES COMMITTEE
DATE: 29th APRIL 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: MARCH 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.

Caring at its best

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
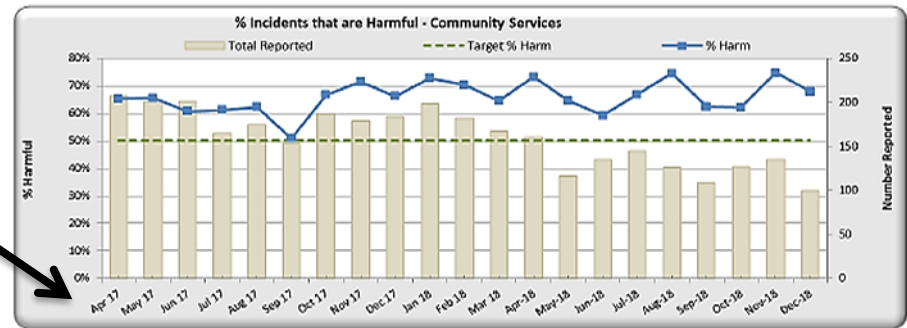
Highlighting special cause and its nature

Caring at its best
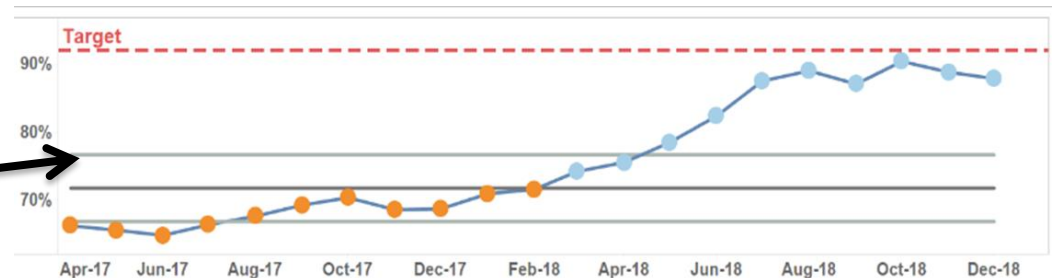
Key elements of a SPC dashboard

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

Assurance

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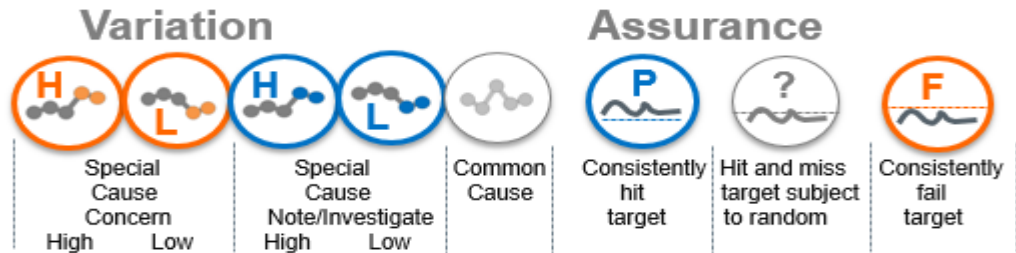
|	Jun-18	Target	Variation	Target Capability	Comment
Staff Sickness absence	4.4%	3.5%		F	Shift change in August 2017 showing increase in sickness - staff survey review indicated…..

Domain	KPI	Target	Jan-21	Feb-21	Mar-21	YTD	Assurance	Variation	Trend	Data Quality Assessment
Safe	Never events	0	0	0	1	7				Jan-20
	Overdue CAS alerts	0	0	0	0	0				Nov-19
	% of all adults VTE Risk Assessment on Admission	95%	98.7%	98.6%	98.6%	98.6%				Dec-19
	Emergency C-section rate	No Target	23.2%	21.7%	21.7%	21.1%				Feb-20
	Clostridium Difficile	108	8	5	7	78				Nov-17
	MRSA Total	0	1	0	0	1				Nov-17
	E. Coli Bacteraemias Acute	No Target	7	11	7	95				Jun-18
	MSSA Acute	No Target	3	2	4	32				Nov-17

Domain	KPI	Target	Jan-21	Feb-21	Mar-21	YTD	Assurance	Variation	Trend	Data Quality Assessment
Safe	COVID-19 Community Acquired <= 2 days after admission	No Target	65.7%	61.7%	78.2%	69.8%				Oct-20
	COVID-19 Hospital-onset, indeterminate, 3-7 days after admission	No Target	15.1%	16.5%	8.3%	12.9%				Oct-20
	COVID-19 Hospital-onset, probable, 8-14 days after admission	No Target	11.3%	13.0%	6.8%	9.9%				Oct-20
	COVID-19 Hospital-onset, healthcare-acquired, 15 or more days after admission	No Target	7.9%	8.8%	6.8%	7.4%				Oct-20
	All falls reported per 1000 bed days	5.5	5.2	5.4		4.6	(?)	(variation)	(trend)	Oct-20
	Rate of Moderate harm and above Falls PSIs with finally approved status per 1,000 bed days	No Target	0.17	0.10		0.10		(variation)	(trend)	Oct-20
	Pressure Ulcers - All Validated	No Target	90	82	60	696			(trend)	New KPI

Domain	KPI	Target	Jan-21	Feb-21	Mar-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%	99%	98%	98%		H		**Mar-20**
	A&E F&F Test % Positive	**TBC**	93%	94%	90%	94%		L		**Mar-20**
	Maternity F&F Test % Positive	**TBC**	96%	95%	97%	96%				**Mar-20**
	Outpatient F&F Test % Positive	**TBC**	95%	95%	94%	94%				**Mar-20**
	Complaints per 1,000 staff (WTE)	**No Target**								**Jan-20**

Performance Overview

Domain	KPI	Target	Jan-21	Feb-21	Mar-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%	8.8%	9.3%	9.3%	9.3%	P	H		Nov-19
	Sickness Absence (Excludes E&F staff)	3%	8.7%	7.3%		7.2%	F			Mar-21
	% of Staff with Annual Appraisal (Excludes E&F staff)	95%	79.4%	78.9%	80.2%	80.2%	F	L		Mar-21
	Statutory and Mandatory Training	95%	87%	88%	88%	88%	?	L		Feb-20
	Nursing Vacancies	No Target	12.9%	12.3%	11.9%	11.9%		H		Dec-19

Domain	KPI	Target	Jan-21	Feb-21	Mar-21	YTD	Assurance	Variation	Trend	Data Quality Assessment
Effective	Mortality Published SHMI	100	100	100	101	101 (Dec 19 to Nov 20)				Sep-16
	Mortality 12 months HSMR	100	105	108	112	112 Jan 20 to Dec 20				Sep-16
	Crude Mortality Rate	No Target	3.3%	2.6%	1.5%	1.9%		⊙	⊠	Sep-16
	Emergency Readmissions within 30 Days	8.5%	9.8%	9.9%		9.5%	?	⊙	⊠	Sep-20
	Emergency Readmissions within 48 hours	No Target	1.1%	1.0%		1.2%		⊙	⊠	Sep-20
	No of #neck of femurs operated on 0-35hrs	72%	75.8%	73.0%	68.0%	66.8%	?	⊙	⊠	Sep-20
	Stroke - 90% Stay on a Stroke Unit	80%	86.5%	84.1%		86.6%	?	⊙	⊠	Mar-20
	Stroke TIA Clinic Within 24hrs	60%	67.1%	53.8%	60.8%	67.6%	?	⊙	⊠	Mar-20

Domain	KPI	Target	Jan-21	Feb-21	Mar-21	YTD	Assurance	Variation	Trend	Data Quality Assessment
Responsive	ED 4 hour waits UHL	95%	63.9%	68.7%	71.8%	73.1%	F			Mar-20
	ED 4 hour waits Acute Footprint	95%	74.5%	77.8%	79.8%	81.1%	F			Data sourced externally
	12 hour trolley waits in A&E	0	17	0	0	32	?			Mar-20
	Ambulance handover >60mins	0.0%	10.9%	4.2%	3.5%	4.7%	F			Data sourced externally
	RTT Incompletes	92%	56.3%	52.8%	51.1%	51.1%	F			Nov-19
	RTT Waiting 52+ Weeks	0	8,424	10,942	12,625	12,625	F	H		Nov-19
	Total Number of Incompletes	66,397 (by year end)	80,593	84,470	87,968	87,968	F	H		Nov-19

Domain	KPI	Target	Jan-21	Feb-21	Mar-21	YTD	Assurance	Variation	Trend	Data Quality Assessment
Responsive	6 Week Diagnostic Test Waiting Times	1.0%	44.3%	39.3%	35.9%	35.9%	F			Nov-19
	Cancelled Patients not offered <28 Days	0	39	32	7	265	?			Nov-19
	% Operations Cancelled OTD	1.0%	1.1%	0.9%	0.5%	0.9%	?			Jul-18
	Long Stay Patients (21+ days)	135	175	184	162	162	?			Sep-20
	Inpatient Average LOS	No Target	3.3	3.4	4.1	3.6				Sep-20
	Emergency Average LOS	No Target	5.6	5.3	5.1	5.0				Sep-20

Domain	KPI	Target	Dec-20	Jan-21	Feb-21	YTD	Assurance	Variation	Trend	Data Quality Assessment
Responsive - Cancer	2WW	93%	94.8%	92.7%	95.9%	91.8%	?			Dec-19
	2WW Breast	93%	95.1%	91.3%	96.0%	95.4%	?			Dec-19
	31 Day	96%	94.7%	87.2%	93.2%	91.6%	?			Dec-19
	31 Day Drugs	98%	100%	99%	98.6%	99.6%	P			Dec-19
	31 Day Sub Surgery	94%	74.3%	62.7%	78.7%	73.0%	?			Dec-19
	31 Day Radiotherapy	94%	94%	94.8%	97.5%	93.0%	?	H		Dec-19
	Cancer 62 Day	85%	73.6%	65.8%	62.1%	69.5%	F			Dec-19
	Cancer 62 Day Consultant Screening	90%	97.0%	63.3%	45.0%	65.7%	?			Dec-19

University Hospitals of Leicester NHS

NHS Trust

Caring at its best

Domain	KPI	Target	Jan-21	Feb-21	Mar-21	YTD	Assurance	Variation	Trend	Data Quality Assessment
Outpatient Transformation	% DNA rate	No Target	6.9%	6.5%	6.5%	6.4%				Feb-20
	% Non Face to Face Appointments	No Target	50.9%	48.7%	45.8%	53.6%				Feb-20
	% 7 day turnaround of OP clinic letters	90%	84.0%	84.6%	83.1%	86.1%				Feb-20

One team shared values

Domain	KPI	Target	Jan-21	Feb-21	Mar-21	YTD	Assurance	Variation	Trend	Data Quality Assessment
Draft Urgent Care Standards	**Mean Time to Initial Assessment**	**No Target**	**11.4**	**7.9**	**7.8**	**9.1**				**TBC**
	Mean Time in ED	**No Target**	**263**	**230**	**213**	**213**				**TBC**
	Number of 12 hour waits in the Emergency Department	**No Target**	**765**	**374**	**285**	**4032**				**TBC**

Safe

Metric	Mar 21	YTD	Target
Never Events	**1**	**7**	**0**
7 never events in the last 12 months.			

Never Events- starting 01/08/19
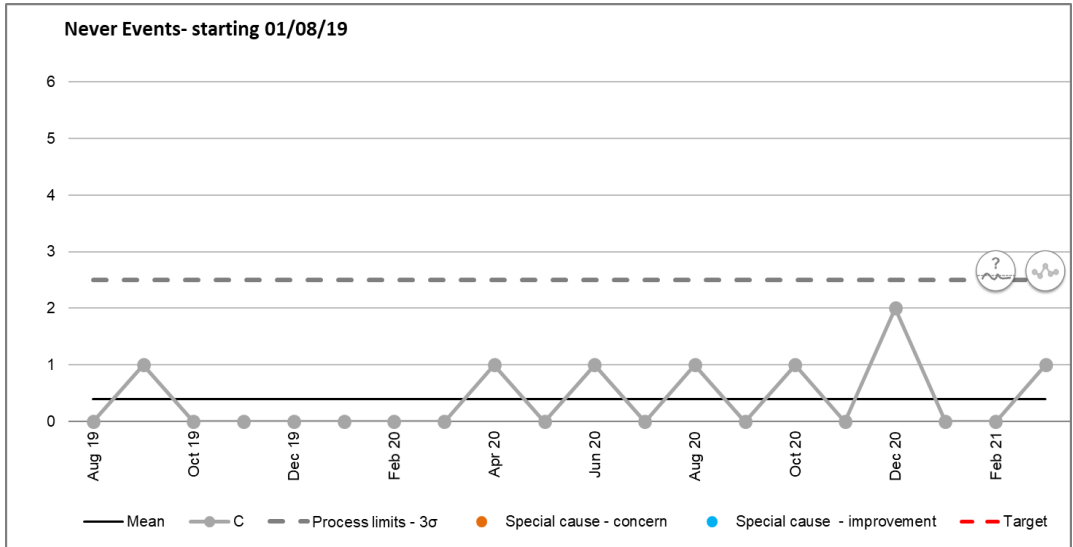
Metric	Mar 21	YTD	Target
Overdue CAS alerts	**0**	**0**	**0**
No overdue CAS alerts since June 2019.			

Overdue CAS alerts- starting 01/08/19

Safe
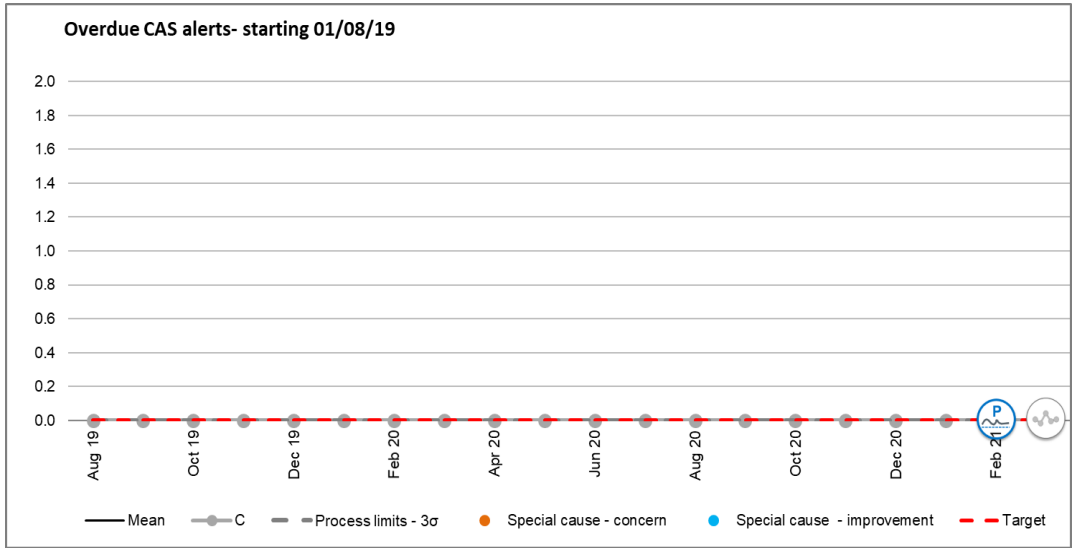
Metric	Mar 21	YTD	Target
VTE Risk Assessment	**98.6%**	**98.6%**	**95%**

Common cause variation, likely to deliver target next month.

VTE Risk Assessment- starting 01/08/19
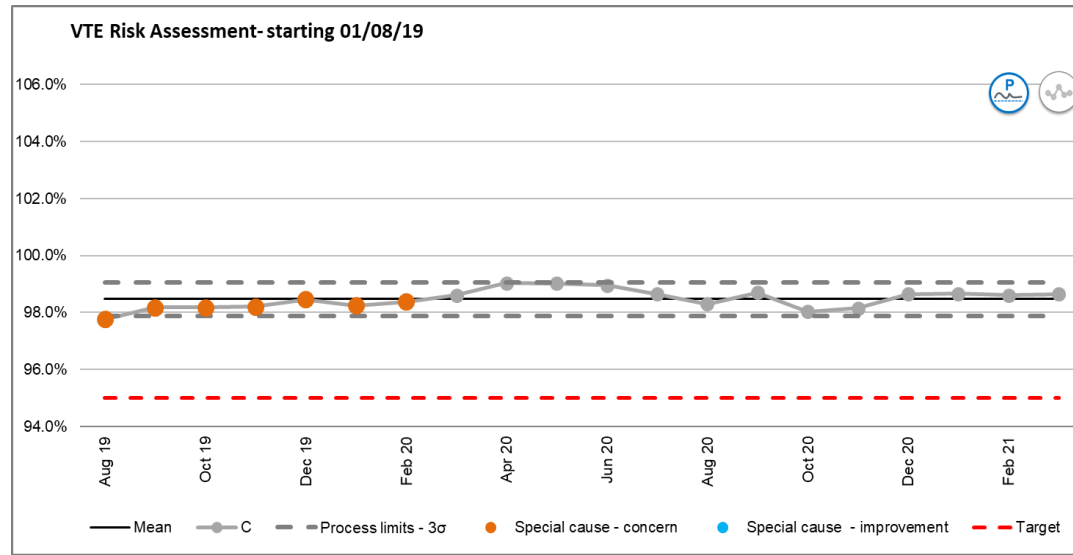
Metric	Mar 21	YTD	Target
% Emergency C-Sections	**21.7%**	**21.1%**	**No National Target**

Common cause variation.

Emergency C-Sections- starting 01/08/19

Safe
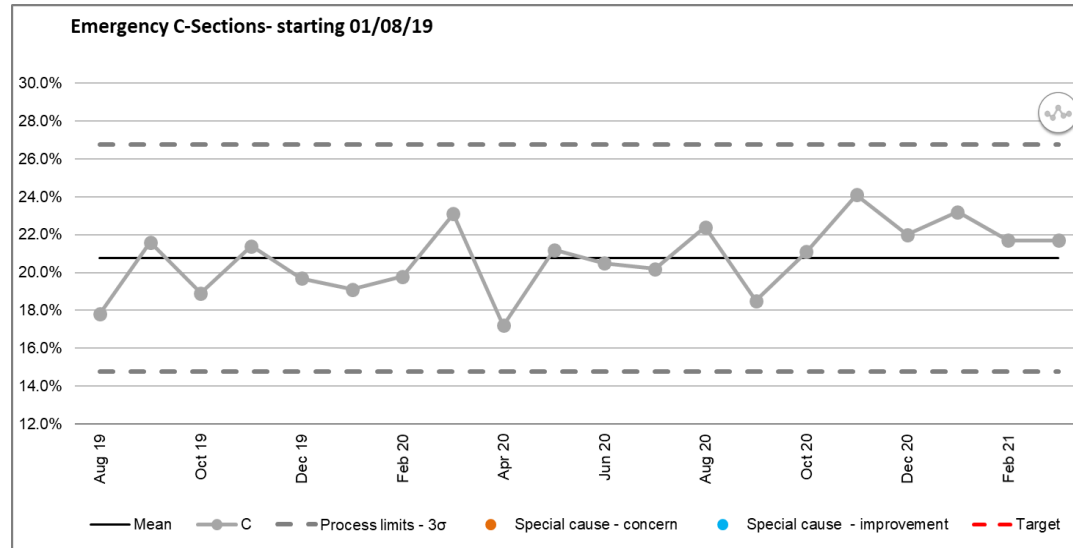
Metric	Mar 21	YTD	Target
Clostridium Difficile	7	78	108

No significant variation. May achieve target next month. Full Year target achieved.

Clostridium Difficile- starting 01/08/19
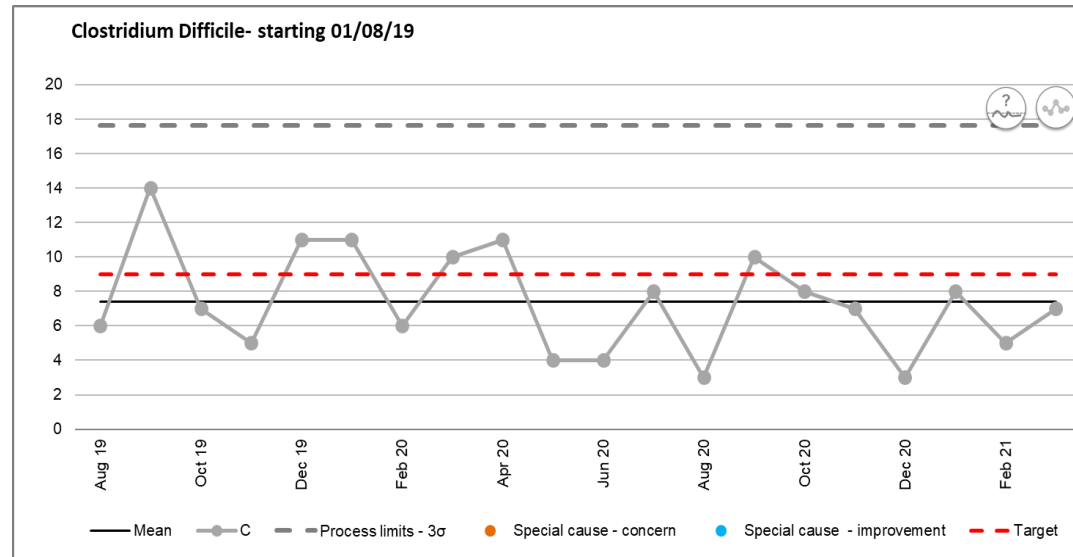
Metric	Mar 21	YTD	Target
MRSA Total	0	1	0

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

MRSA Total- starting 01/08/19

Safe
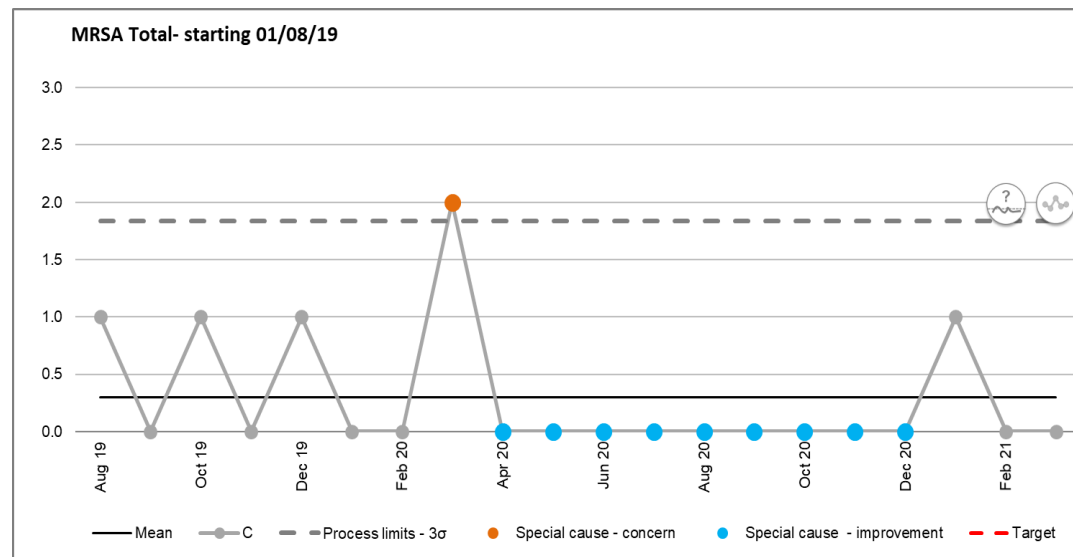
Metric	Mar 21	YTD	Target
E. Coli Bacteraemias - Acute	7	95	No National Target
No significant variation.			

E. Coli Bacteraemias - Acute- starting 01/08/19
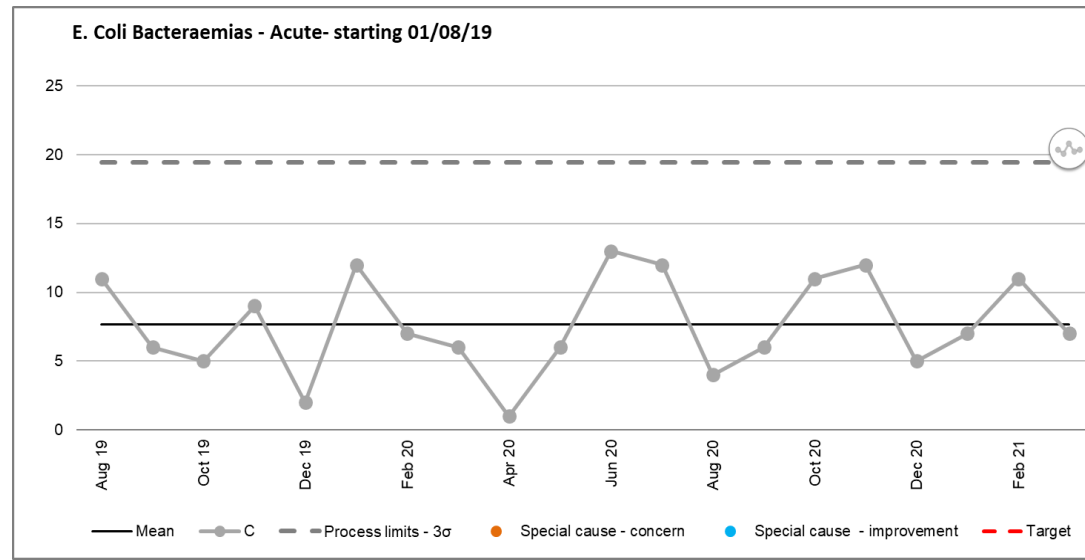
Metric	Mar 21	YTD	Target
MSSA - Acute	4	32	No National Target
Normal variation.			

MSSA - Acute- starting 01/08/19

Safe
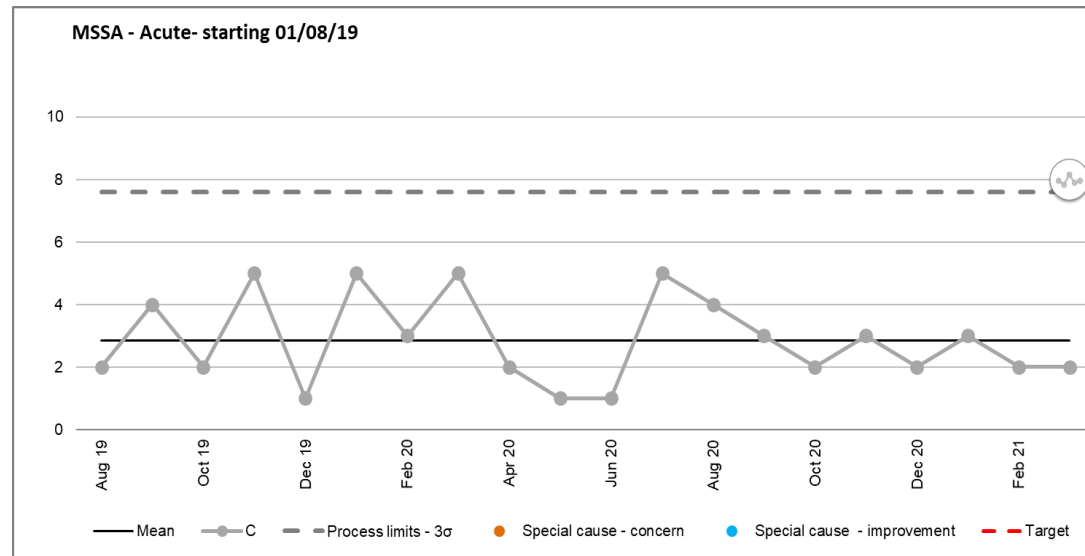
NHSI COVID-19 Onset Category	Mar-20		Apr-20		May-20		Jun-20		Jul-20		Aug-20		Sep-20		Oct-20		Nov-20		Dec-20		Jan-21		Feb-21		Mar-21	
	Patients	%	Patients	%	Patients	%	Patients	%	Patients	%	Patients	%	Patients	%	Patients	%	Patients	%	Patients	%	Patients	%	Patients	%	Patients	%
Community Acquired <= 2 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%	161	78.2%
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%	17	8.3%
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%	14	6.8%
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%	94	7.9%	53	8.8%	14	6.8%
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%	206	100%

Safe
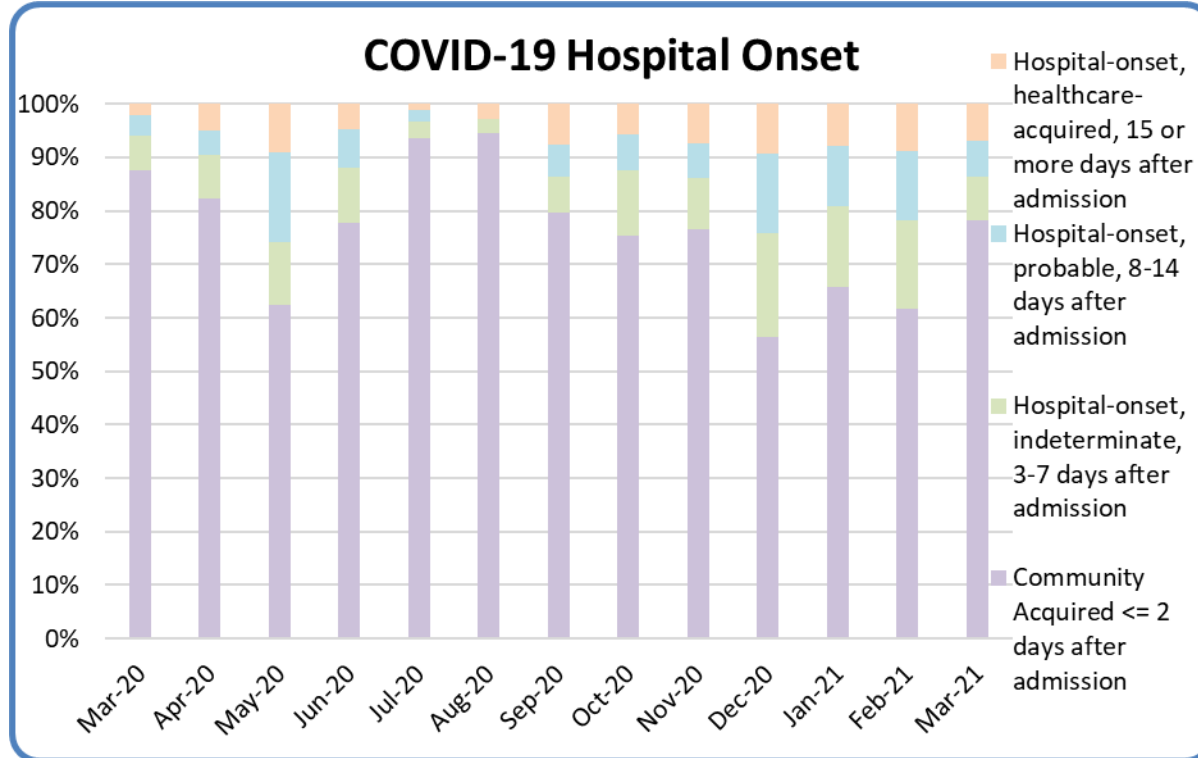
| Metric	Feb 21	YTD	Target
All falls reported per 1000 bed days for patients	**5.4**	**4.6**	**5.5**

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 01/07/19

Legend: —— Mean —●— C — — Process limits - 3σ ● Special cause - concern ● Special cause - improvement — — Target
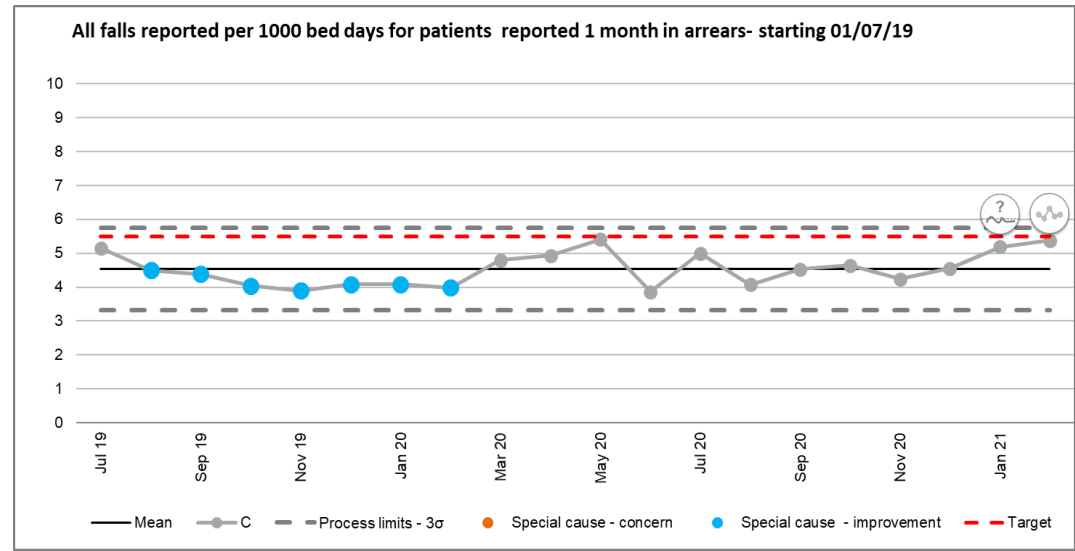
| Metric	Feb 21	YTD	Target
Rate of Moderate harm and above Falls PSIs with finally approved status per 1,000 bed days	**0.10**	**0.10**	**No National Target**

No significant variation.

Rate of Moderate harm and above Falls PSIs with finally approved status per 1,000 bed days- starting 01/07/19

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

Safe
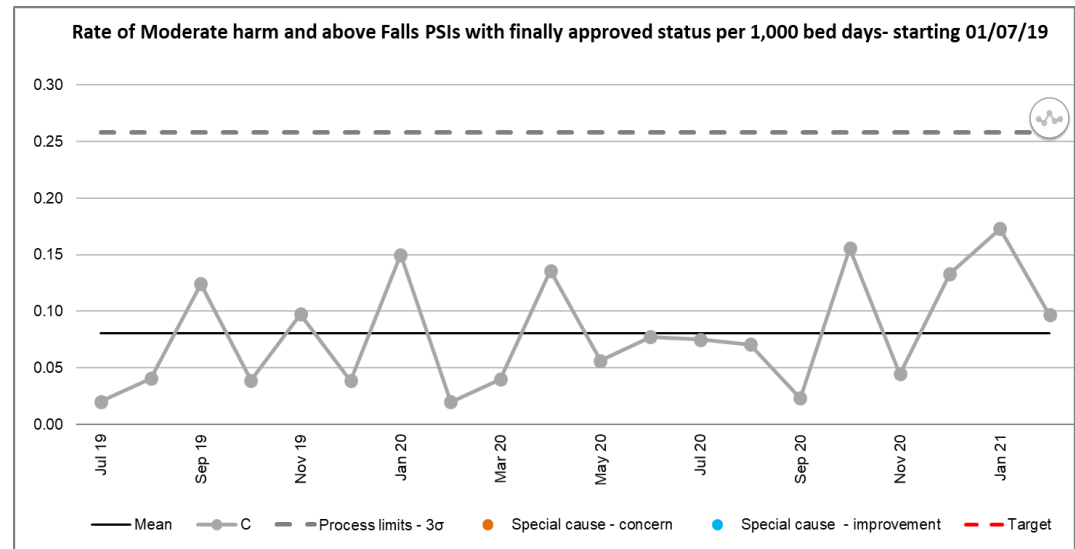
| Metric	Mar 21	YTD	Target
Pressure Ulcers – Total Validated	**60**	**696**	**No National Target**

The number of pressure ulcers have increased over winter this year, which runs parallel to higher acuity and the second pandemic wave.


Pressure Ulcers - Total Validated- starting 01/04/20

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

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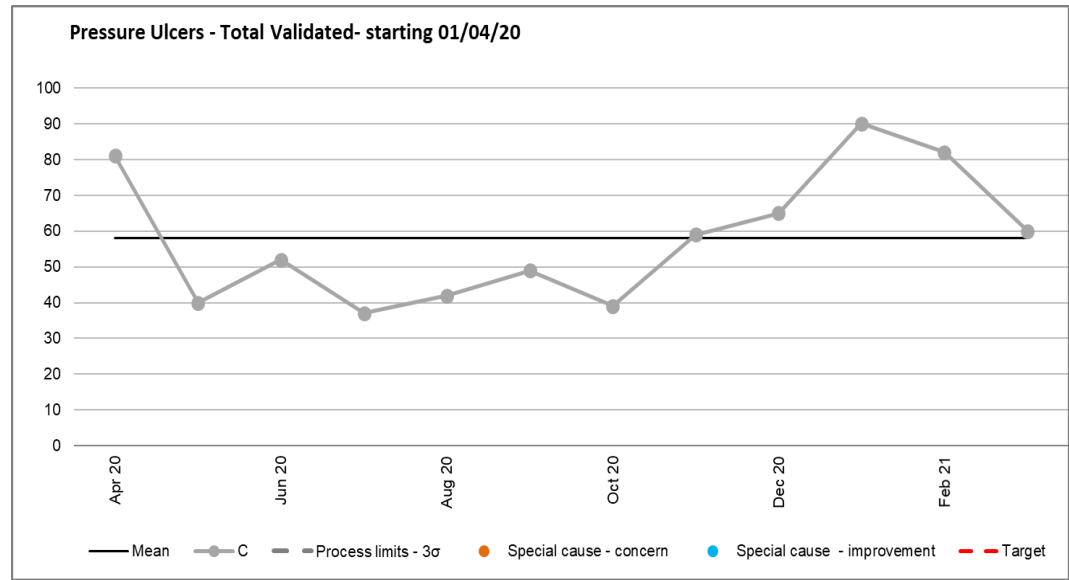
Metric	Q3 19/20	YTD	Target
% of staff who would recommend the trust as place to receive treatment	**67%**	**73%**	**No National Target**
Reporting will commence once national reporting resumes.			

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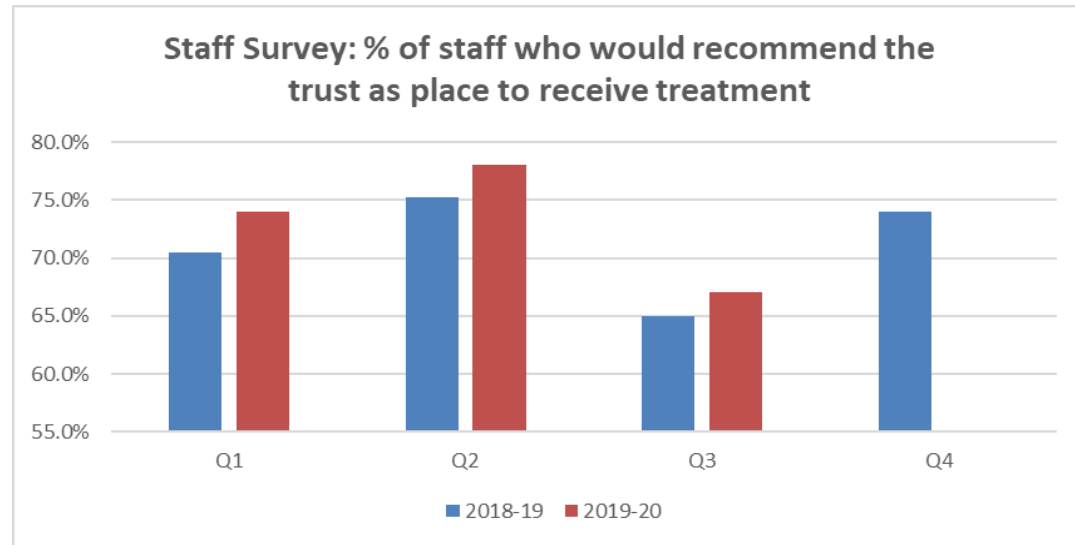
Metric	Mar 20	YTD	Target
Single Sex Breaches	**1**	**14**	**0**
National reporting expected to commence in July 2021.			

Single Sex Breaches- starting 01/08/18

Caring

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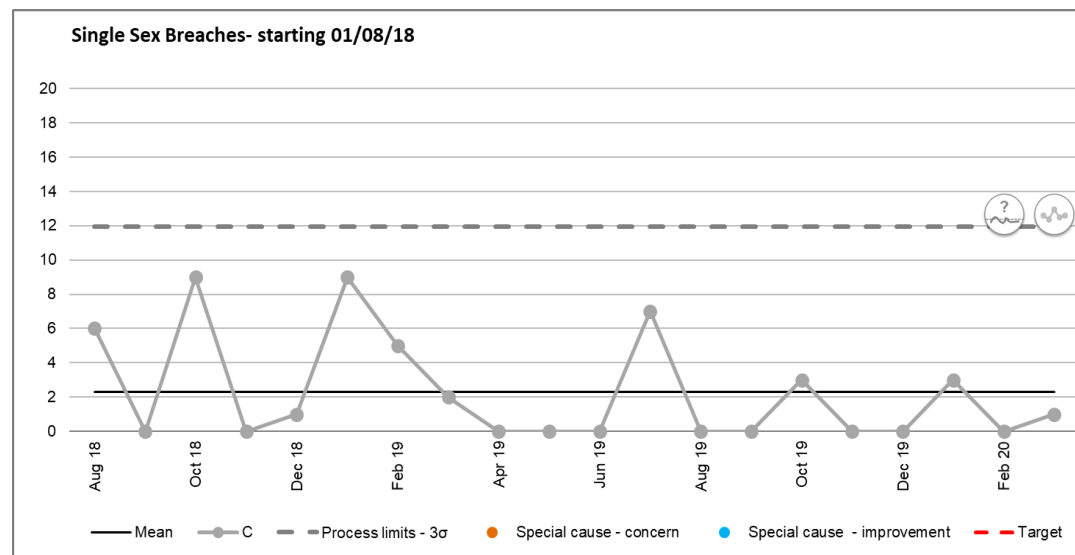
Metric	Mar 21	YTD	Target
Inpatient and Day case F&F Test % Positive	**98%**	**98%**	**TBC**
National reporting is expected from April 2021 onwards. CMG reporting has resumed.			

Inpatients and Daycase Friends and Family Test - % positive- starting 01/08/19

Legend: Mean — C — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target
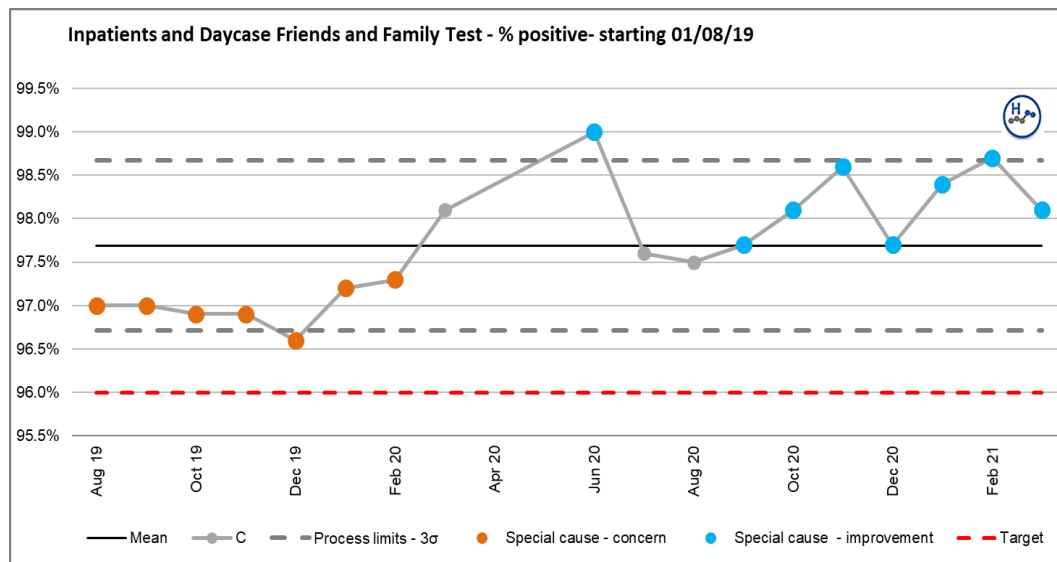
Metric	Mar 21	YTD	Target
A&E F&F Test % Positive	**90%**	**94%**	**TBC**
National reporting is expected from April 2021 onwards. CMG reporting has resumed.			

A&E Friends and Family Test - % positive- starting 01/08/19

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

Caring
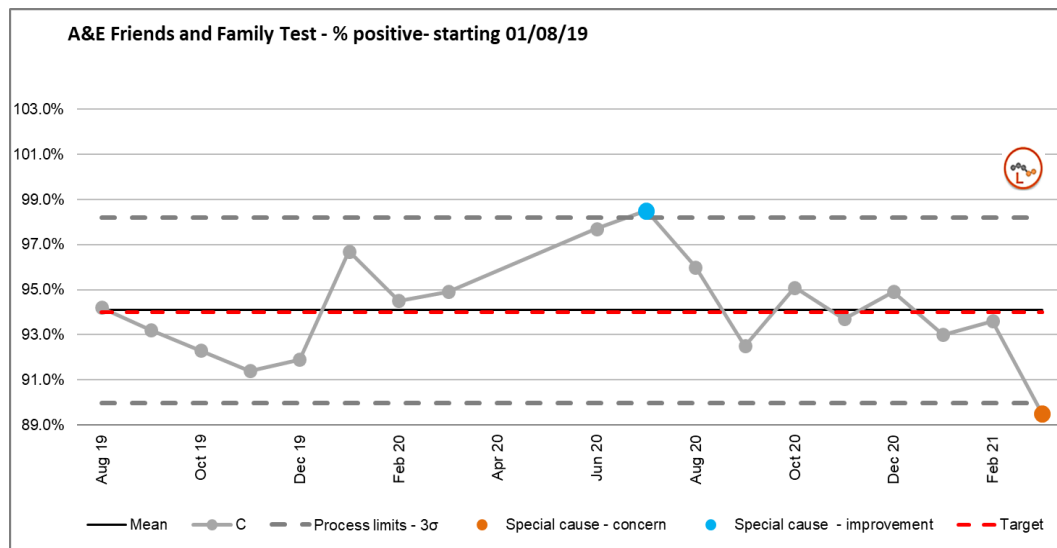
| Metric	Mar 21	YTD	Target
Maternity F&F Test % Positive	97%	96%	TBC
National reporting is expected from April 2021 onwards. CMG reporting has resumed.			

Maternity Friends and Family Test - % positive- starting 01/08/19
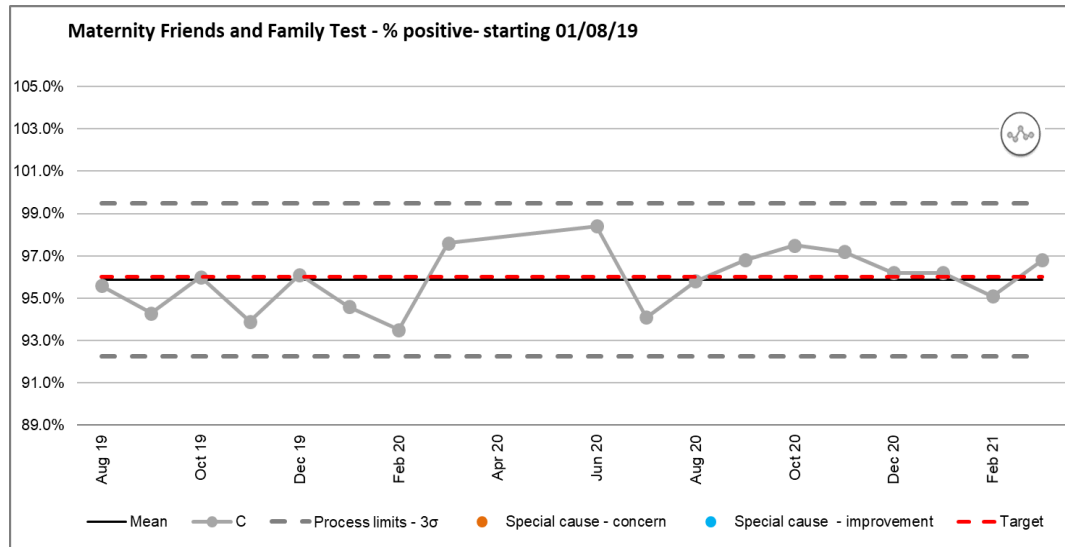
Metric	Mar 21	YTD	Target
Outpatients Friends and Family Test - % positive	94%	94%	TBC
National reporting is expected from April 2021 onwards. CMG reporting has resumed.			

Outpatients Friends and Family Test - % positive- starting 01/08/19

Caring

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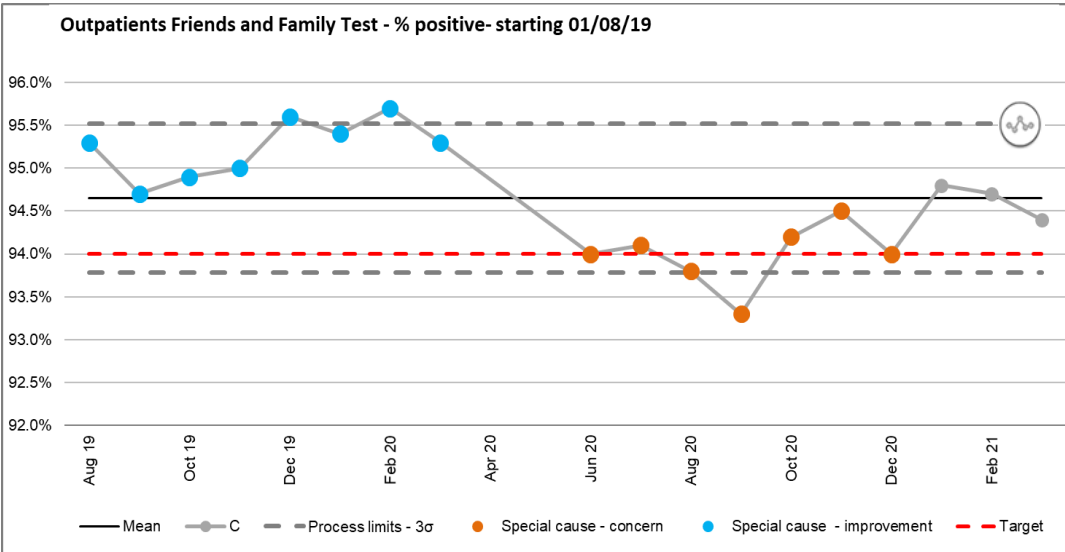
Metric	Q2 20/21	YTD	Target
Complaints per 1,000 staff (WTE)	**30.1**	**23.8**	**No National Target**
Reporting will commence once national reporting resumes.			

Complaints per 1,000 staff (WTE)

2019-20   2020-21

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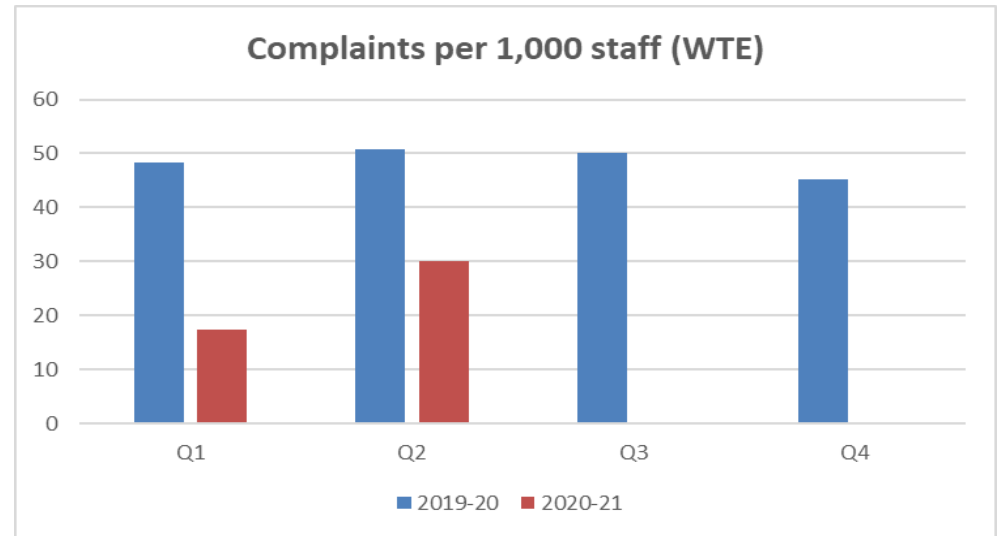
| Metric	Q3 19/20	YTD	Target
Staff Survey % Recommend as Place to Work	62%	61%	Not within Lowest Decile
Reporting will commence once national reporting resumes.			

Staff Survey: % of staff who would recommend the trust as place to work
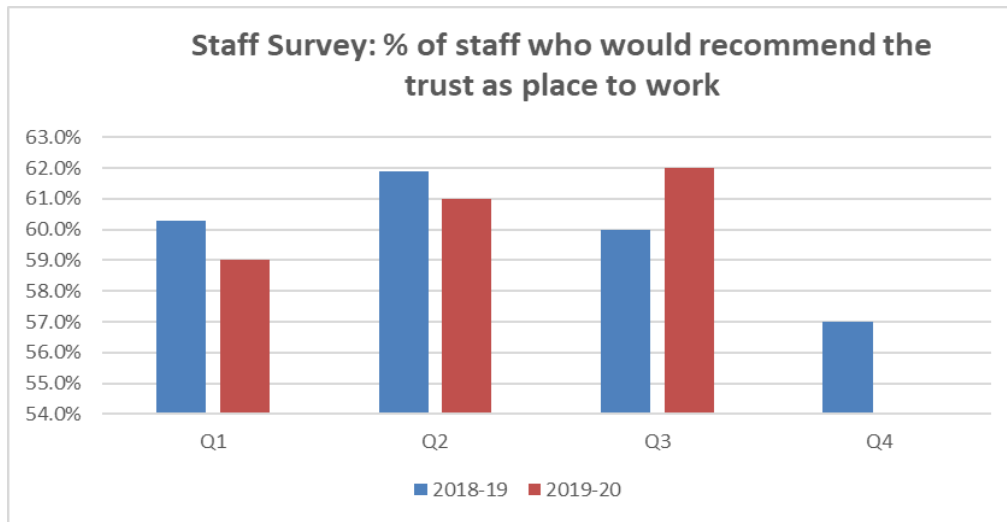
Metric	Mar 21	YTD	Target
Turnover Rate	9.3%	9.3%	10%
Special cause concern due to COVID-19, very likely to achieve target next month.			

Turnover Rate- starting 01/08/19

Well Led

University Hospitals of Leicester
NHS Trust
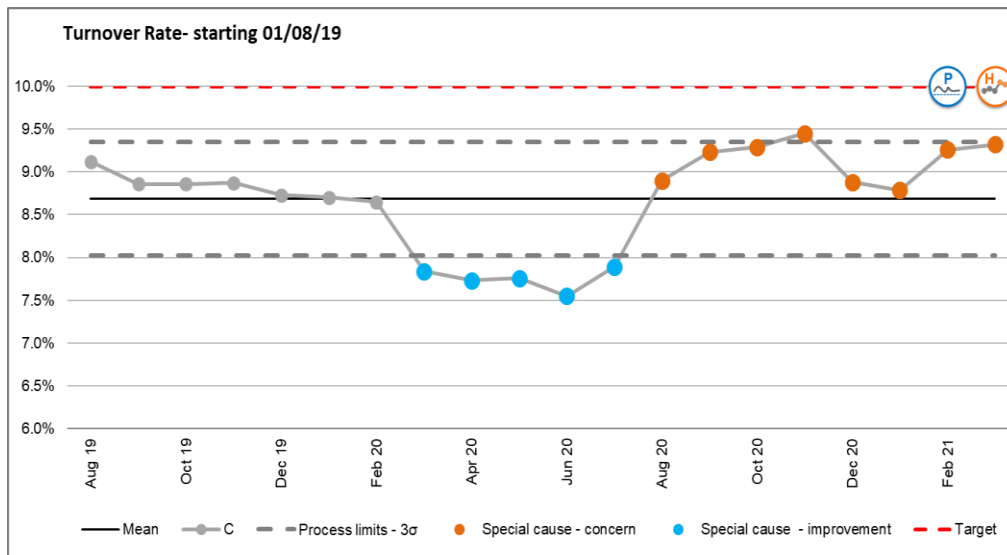
Metric	Feb 21	YTD	Target
Sickness absence (excludes Estates and Facilities)	**7.3%**	**7.2%**	**3%**

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

Sickness Rate- starting 01/07/19

Legend: —— Mean | —○— C | – – Process limits - 3σ | ● Special cause - concern | ● Special cause - improvement | – – Target
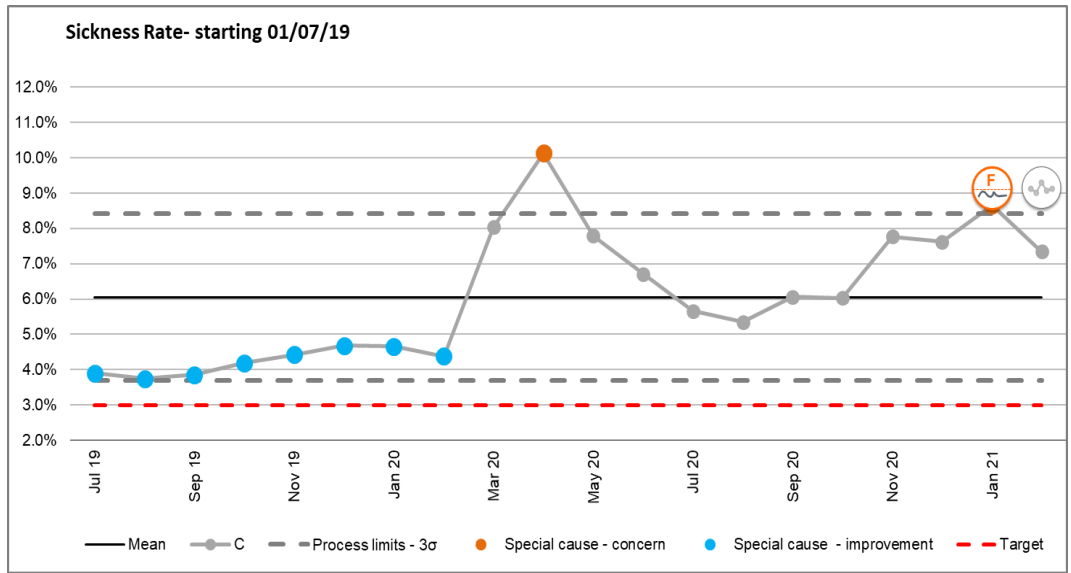
Metric	Mar 21	YTD	Target
% of Staff with Annual Appraisal (excludes Estates and Facilities)	**80.2%**	**80.2%**	**95%**

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

Annual Appraisal- starting 01/08/19

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

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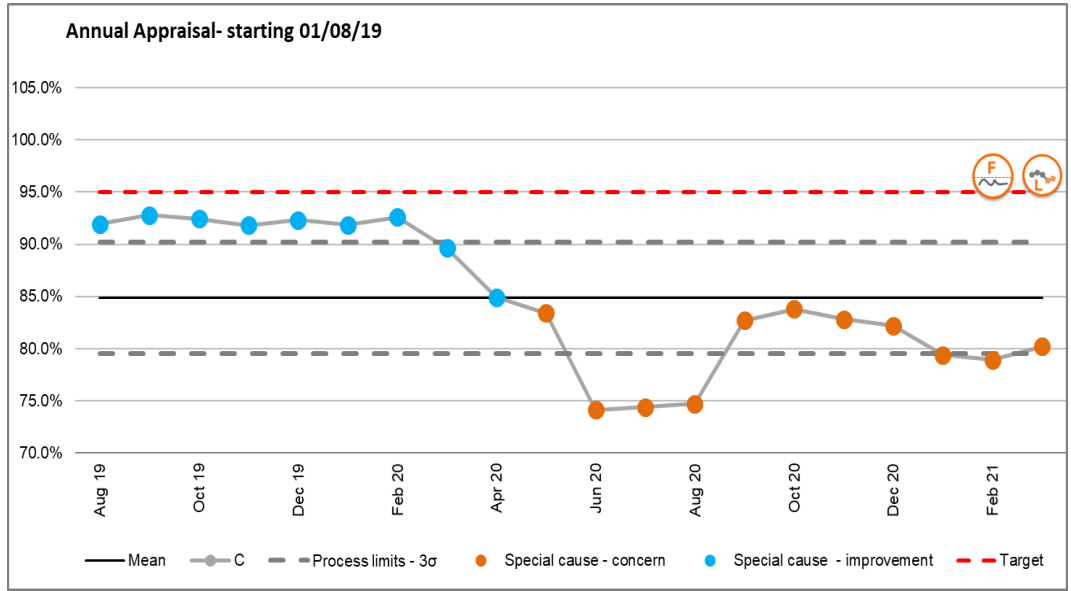
| Metric	Mar 21	YTD	Target
Statutory and Mandatory Training	**88%**	**88%**	**95%**

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 01/08/19

Legend: Mean — C — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target
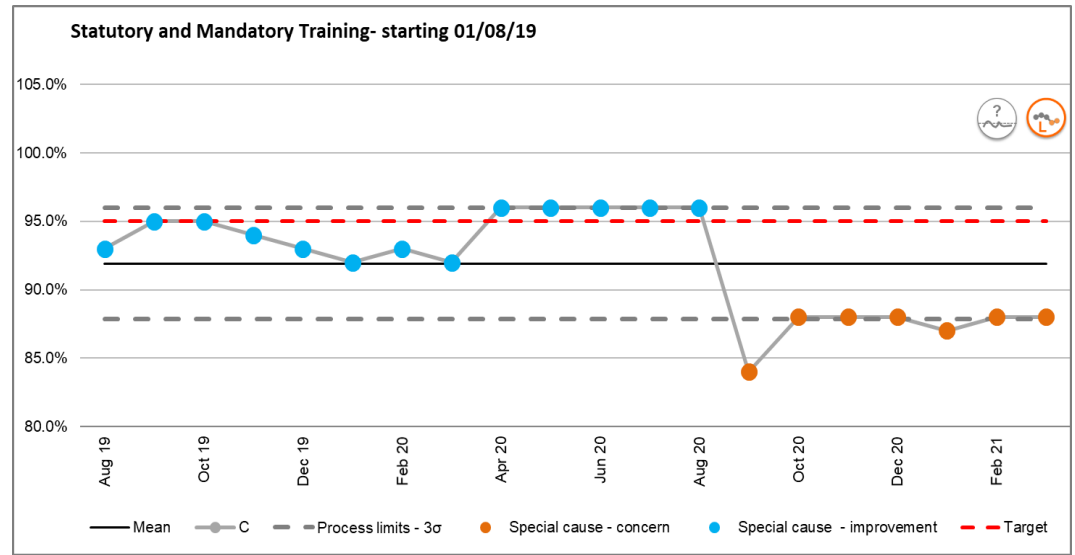
Metric	Mar 21	YTD	Target
Nursing Vacancies	**11.9%**	**11.9%**	**No National Target**

Special cause concern.

Nursing Vacancies- starting 01/08/19

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

Effective
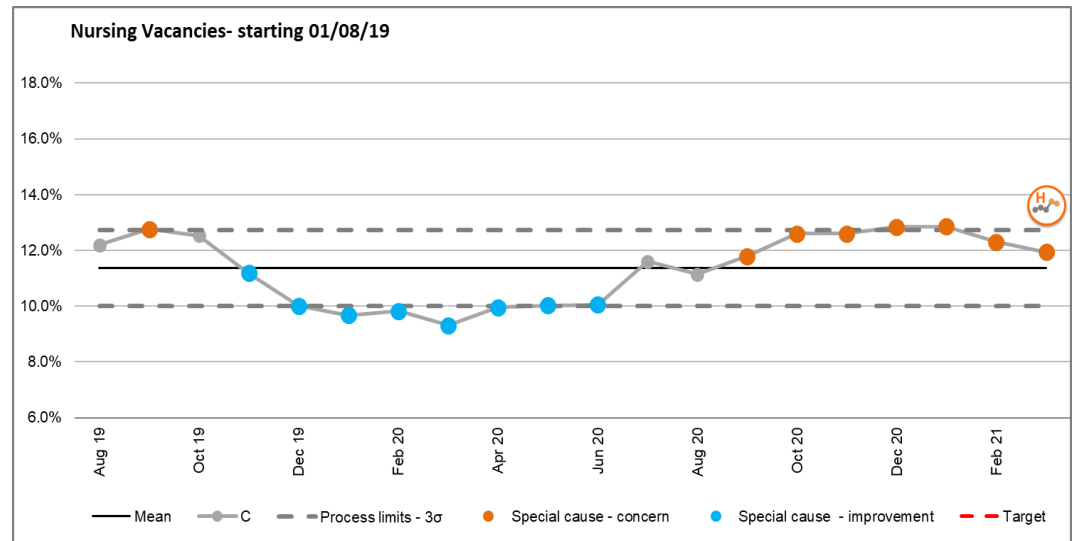
Metric	Dec 19 – Nov 20	Target
Mortality – Published Monthly SHMI	**101** (within expected range)	**100**

UHL's SHMI has increased above 100 but remains within the expected range.

Mortality – Published Monthly SHMI
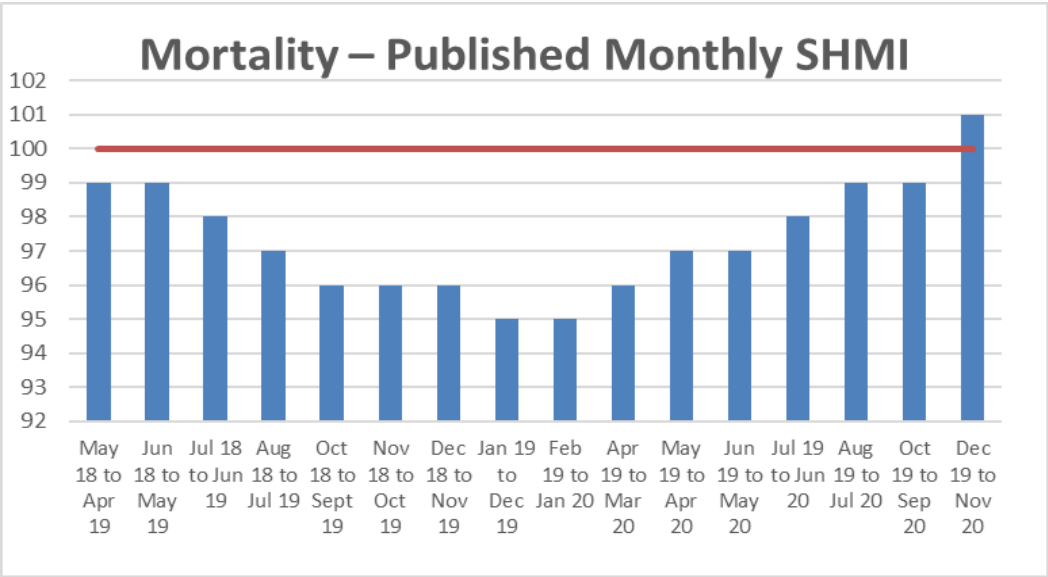
Metric	Jan 20 – Dec 20	Target
Mortality - Rolling 12 mths HSMR as reported in Dr. Foster)	**112**	**100**

The increase in HSMR appears to be due to a significant fall in activity and change in case-mix from March 20. A detailed clinical review is being undertaken by relevant Specialties of those diagnosis groups thought to be most contributing to our increased HSMR. No clinical concerns have been identified to date but the outcome of those reviews will be presented to the May and June MRC.

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

Effective

University Hospitals of Leicester NHS
NHS Trust
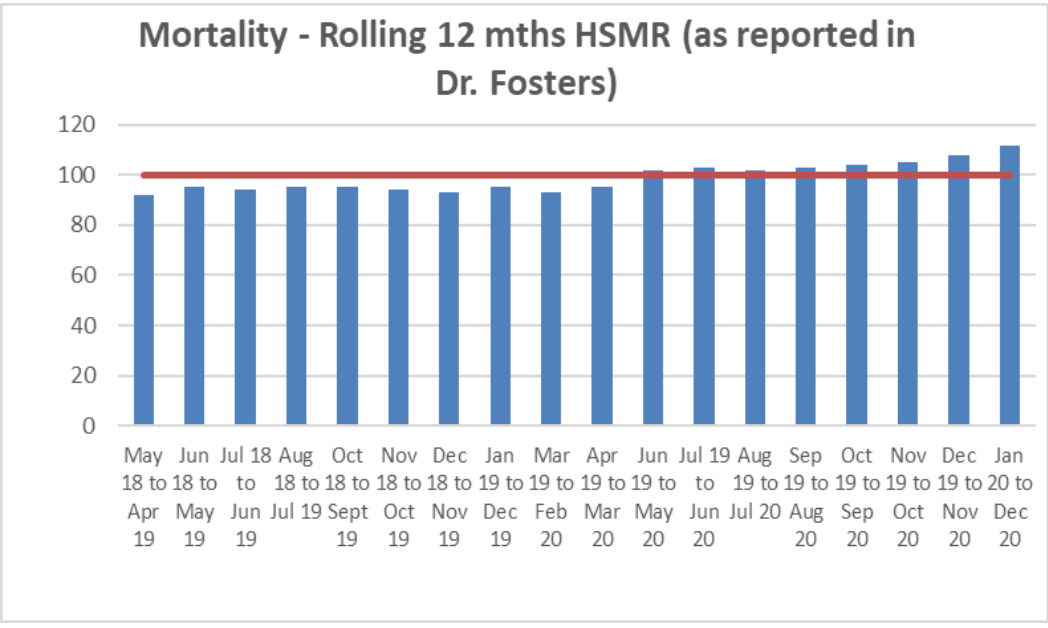
Metric	Mar 21	YTD	Target
Crude Mortality	**1.5%**	**1.9%**	**No National Target**

Statistically significant increase in January due to COVID-19.

Mortality Rate- starting 01/08/19

— Mean ●C — Process limits - 3σ ● Special cause - concern ● Special cause - improvement – – Target
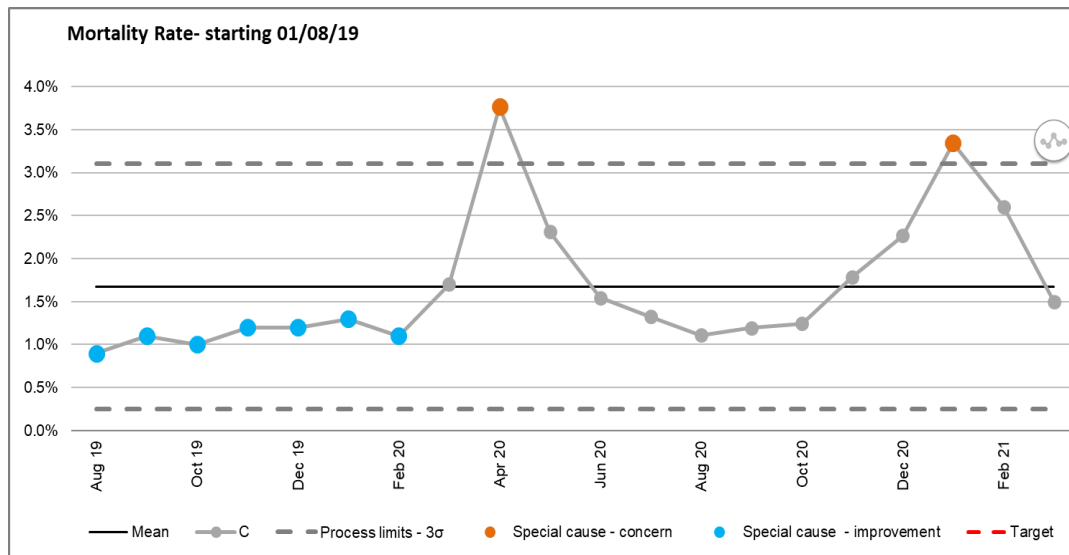
Metric	Feb 21	YTD	Target
Emergency readmissions within 30 days	**9.9%**	**9.5%**	**8.5%**

Normal variation, unlikely to achieve target next month.

Readmission Rate within 30 Days- starting 01/07/19

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

Effective

University Hospitals of Leicester
NHS Trust
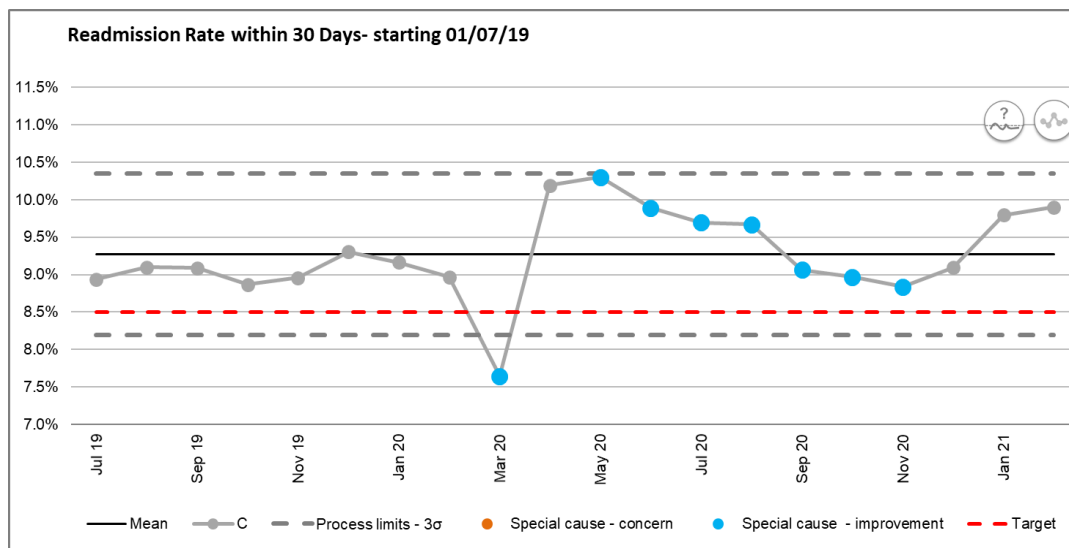
Metric	Feb 21	YTD	Target
Emergency readmissions within 48 hrs	**1.0%**	**1.2%**	**No National Target**
No significant variation.			

Readmission Rate within 48 Hours- starting 01/07/19

Mean ——— C ——— Process limits - 3σ ● Special cause - concern ● Special cause - improvement — — Target
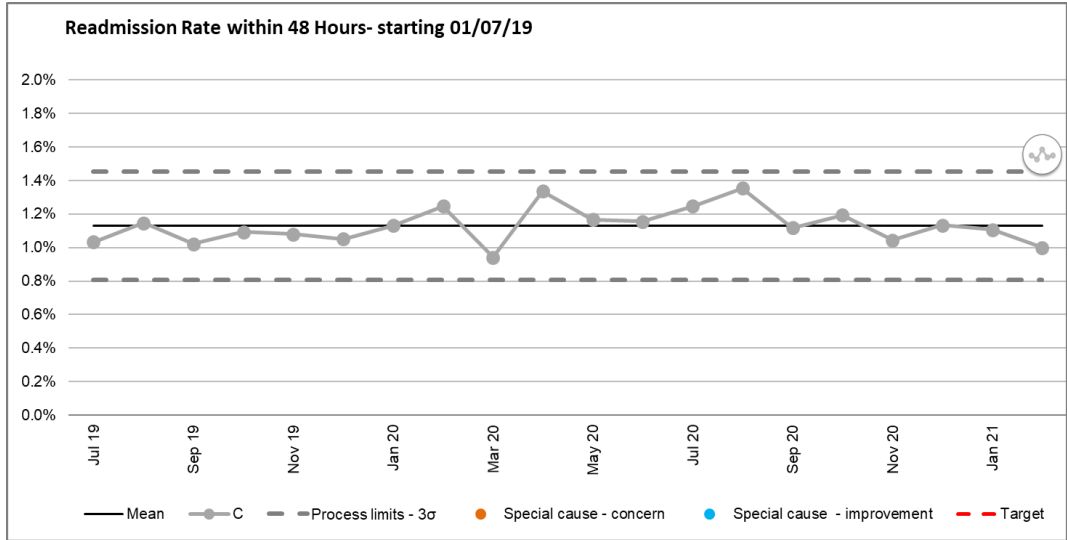
Metric	Mar 21	YTD	Target
% Neck of femurs operated on under 36 hrs Based on Admissions	**68.0%**	**66.8%**	**72%**
Performance deteriorated significantly in April 2020 and May 2020 due to COVID-19. No assurance that target will be delivered next month.			

No. of # Neck of femurs operated on 0-35 hrs- starting 01/08/19

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

Effective
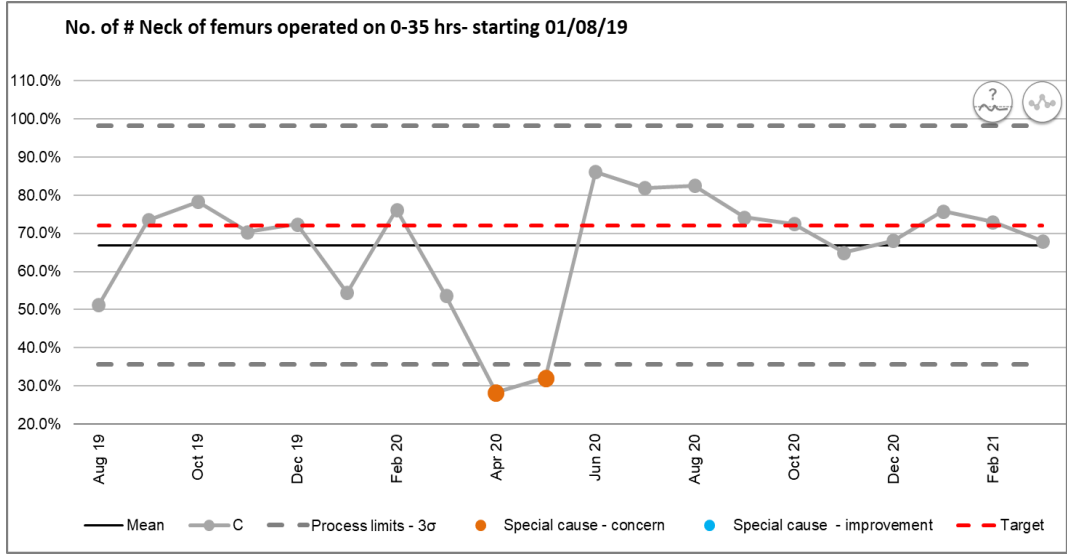
Metric	Feb 21	YTD	Target
Stroke - 90% of Stay on a Stroke Unit	**84.1%**	**86.6%**	**80%**

Common cause variation, consistently achieving target.

Stroke - 90% of Stay on a Stroke Unit- starting 01/07/19
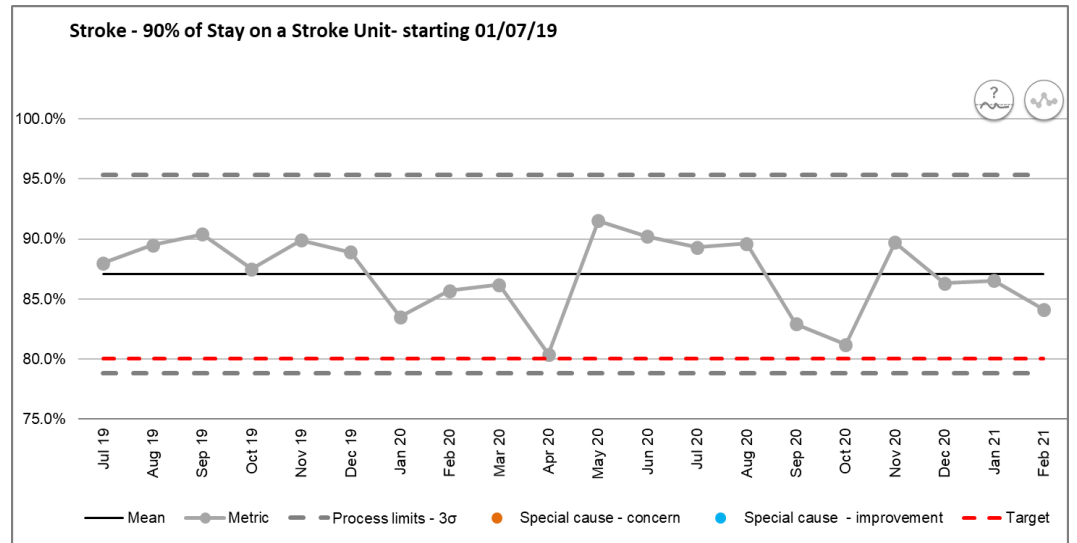
Metric	Mar 21	YTD	Target
TIA Clinic within 24 Hours (Suspected High Risk TIA)	**60.8%**	**67.6%**	**60%**

Common cause variation, no assurance target will be delivered next month.
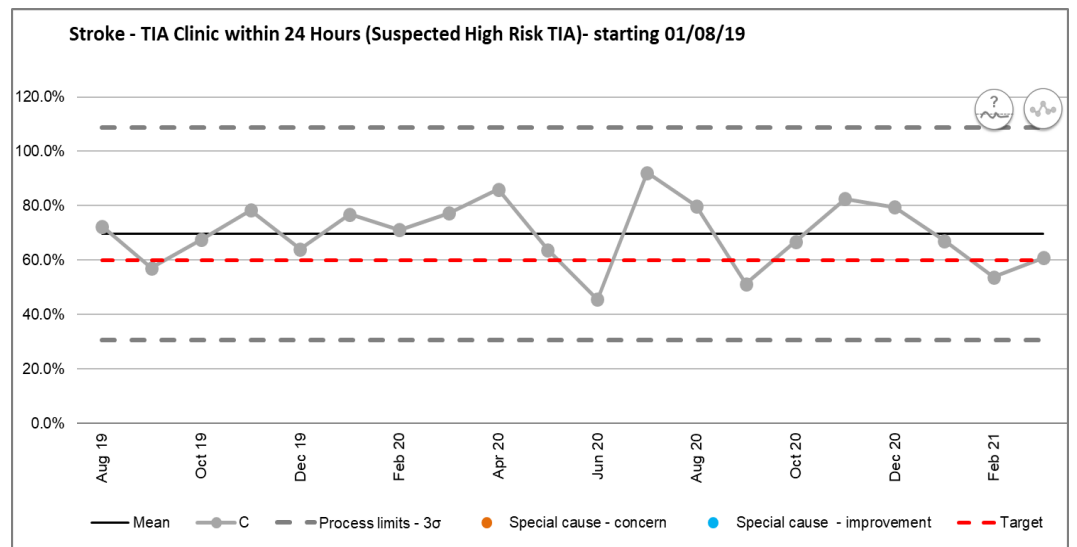
Stroke - TIA Clinic within 24 Hours (Suspected High Risk TIA)- starting 01/08/19

Responsive

University Hospitals of Leicester
NHS Trust

| Metric	Mar 21	YTD	Target
ED 4 Hour Waits UHL	**71.8%**	**73.1%**	**95%**

Special cause improvement in April 2020 and May 2020 due to COVID-19. Continually failing target and will most likely fail to achieve target next month.

ED 4 Hour Wait Performance %- starting 01/08/19

Legend: Mean — C — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target
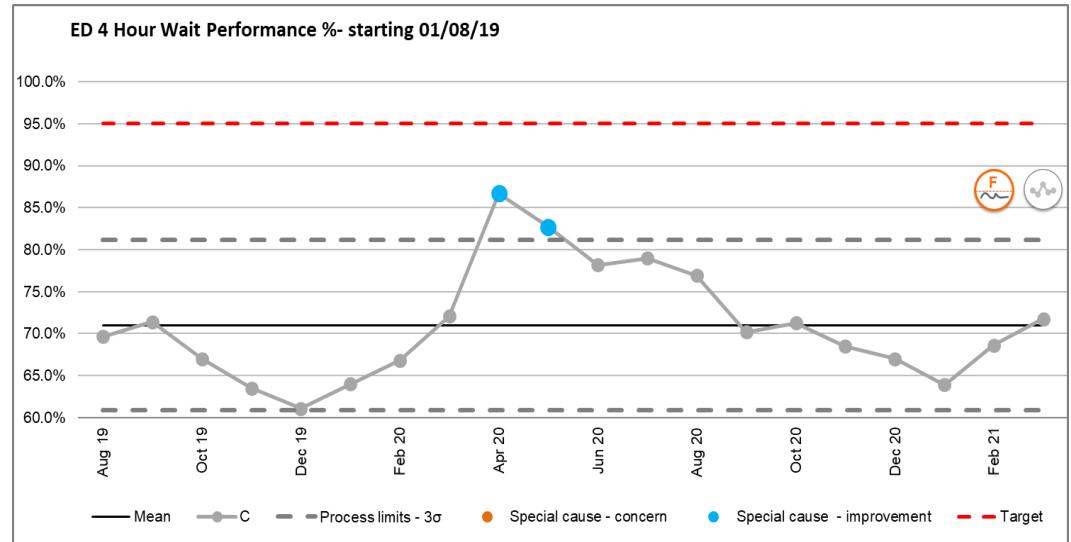
Metric	Mar 21	YTD	Target
ED 4 Hour Waits Acute Footprint	**79.8%**	**81.1%**	**95%**

Continually failing target and will most likely fail to achieve target next month.


ED 4 Hour Waits Acute Footprint- starting 01/08/19

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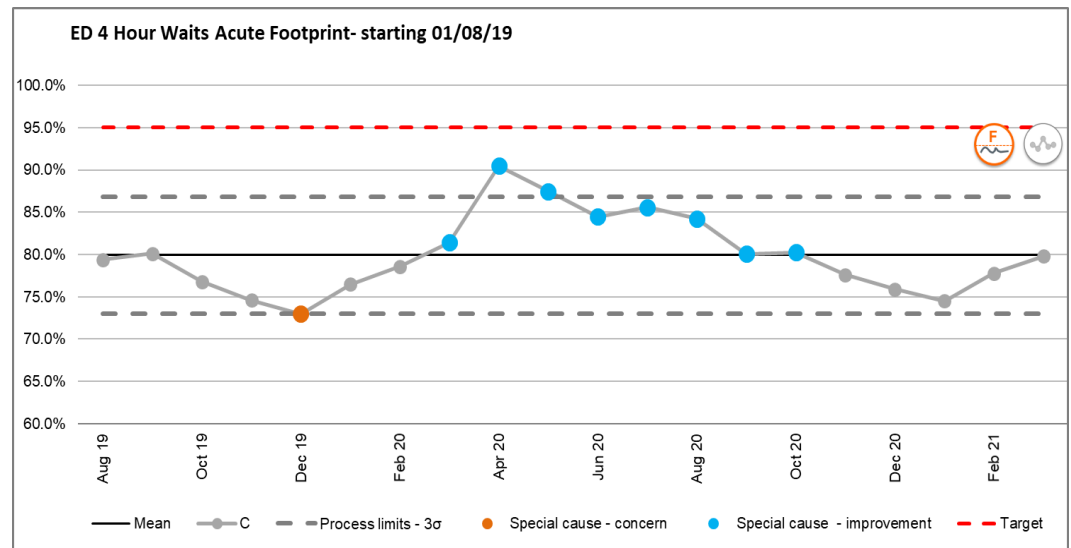
Responsive

Metric	Mar 21	YTD	Target
Ambulance Handover >60 Mins	**3.5%**	**4.7%**	**0%**

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

Ambulance Handover >60mins- starting 01/08/19

Responsive
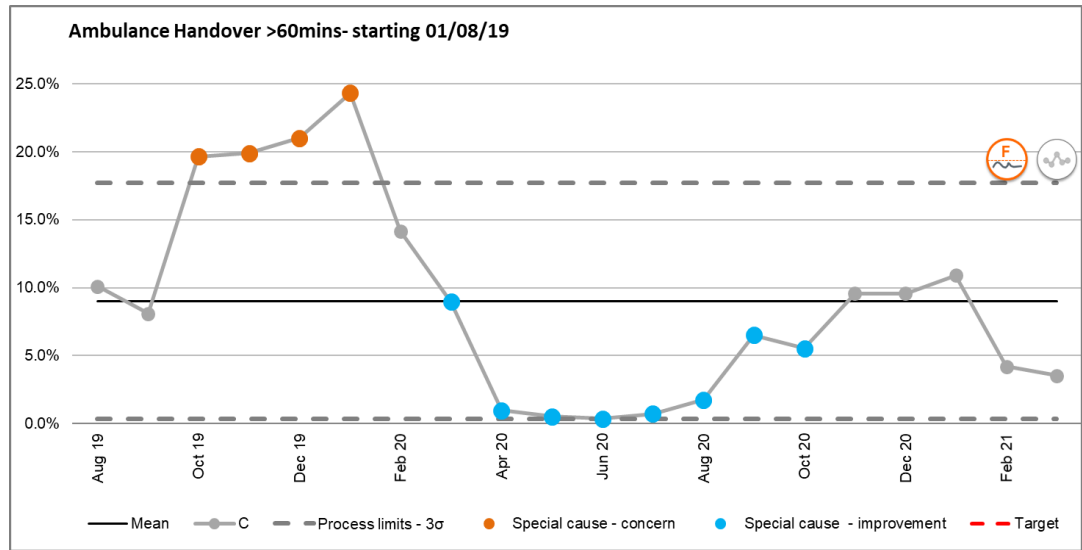
| Metric	Mar 21	YTD	Target
RTT Incompletes	**51.1%**	**51.1%**	**92%**

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 01/08/19
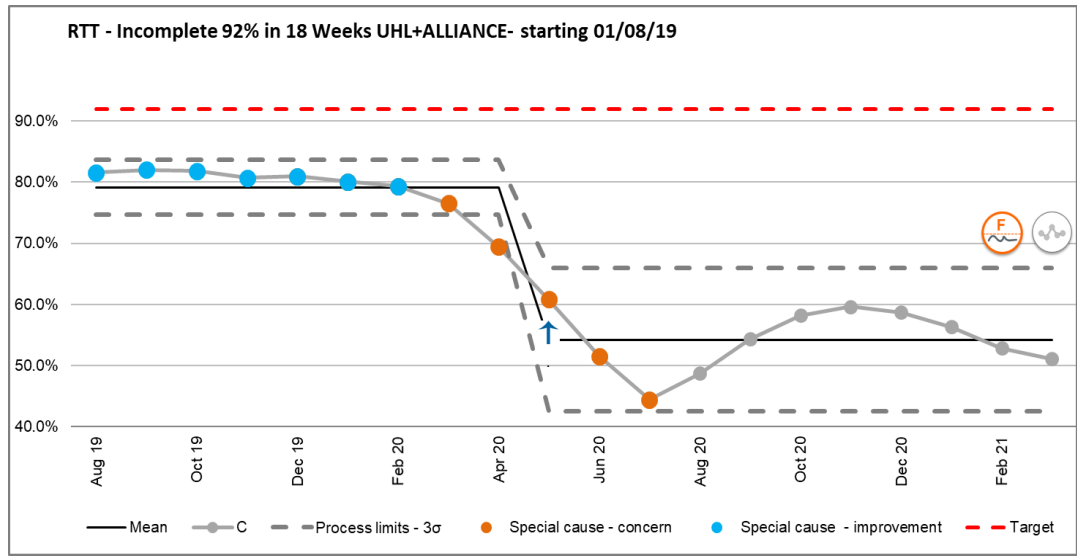
Metric	Mar 21	YTD	Target
RTT 52+ Weeks Wait	**12,625**	**12,625**	**0**

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

RTT 52 Weeks+ Wait (Incompletes) UHL+ALLIANCE- starting 01/08/19

Responsive
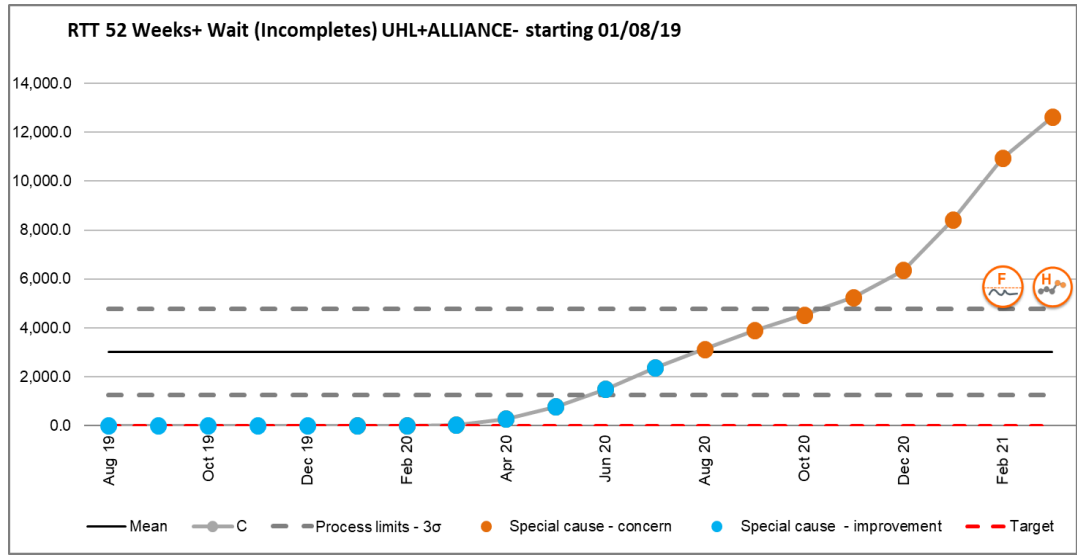
Metric	Mar 21	YTD	Target
Total Number of incompletes	87,968	87,968	66,397 (Year End)

Special cause concern due to COVID-19.

Total Number of incompletes- starting 01/08/19
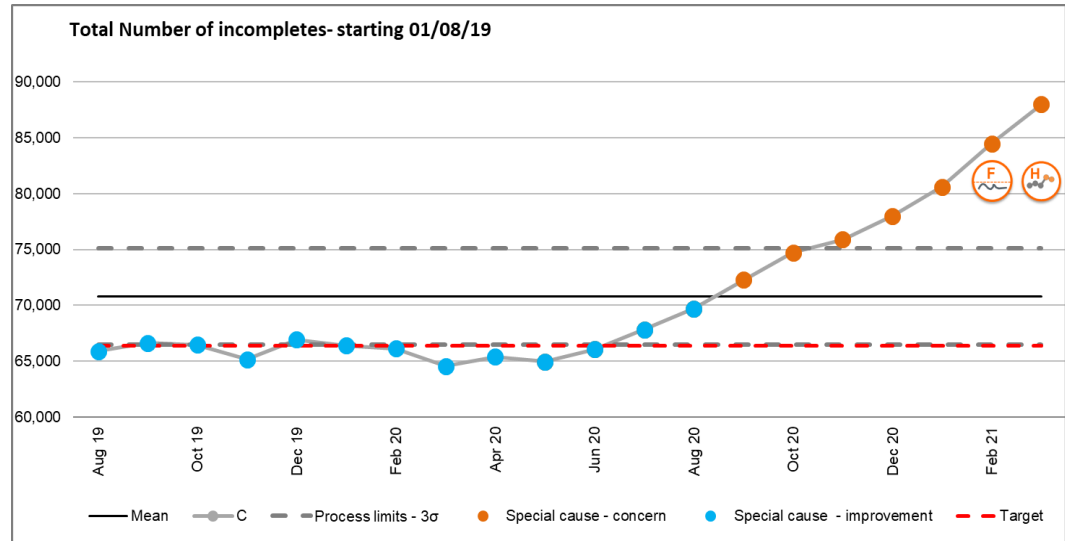
Metric	Mar 21	YTD	Target
6 Week Diagnostic Waits	35.9%	35.9%	1%

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

6 Week - Diagnostic Test Waiting Times (UHL+ALLIANCE)- starting 01/08/19

Responsive

University Hospitals of Leicester **NHS**
NHS Trust
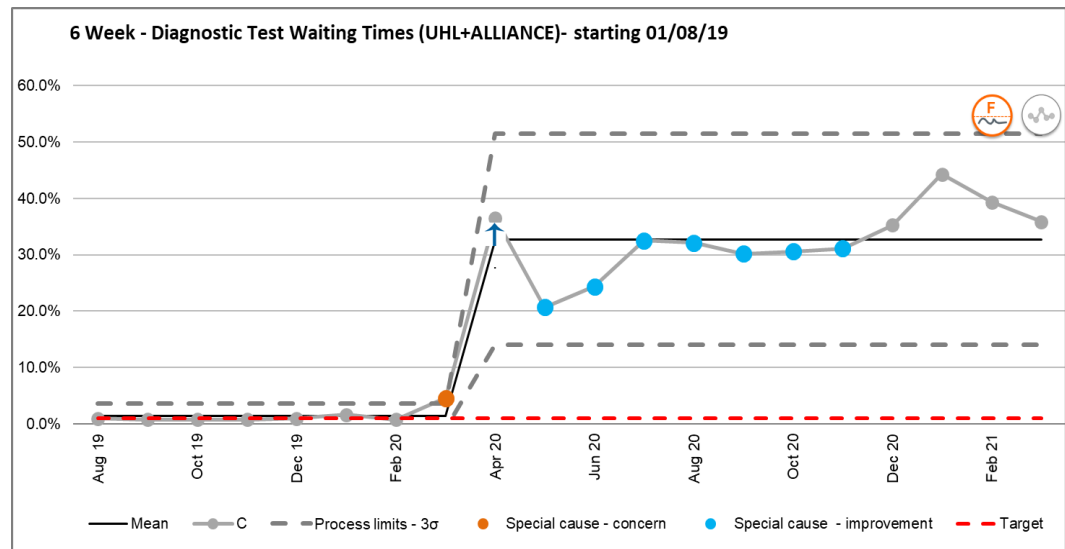
Metric	Mar 21	YTD	Target
Cancelled patients not offered a date within 28 days of the cancellations	**7**	**265**	**0**

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 01/08/19

Mean — C — Process limits - 3σ ● Special cause - concern ● Special cause - improvement - - Target
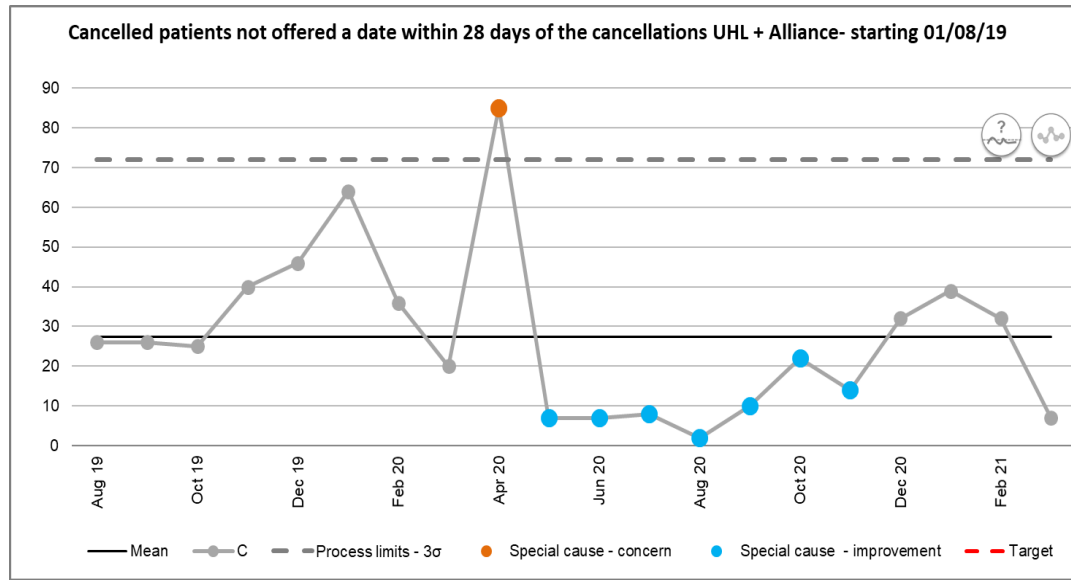
Metric	Mar 21	YTD	Target
% Operations cancelled on the day	**0.5%**	**0.9%**	**1%**

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

Cancelled Operations UHL + Alliance- starting 01/08/19

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

Responsive
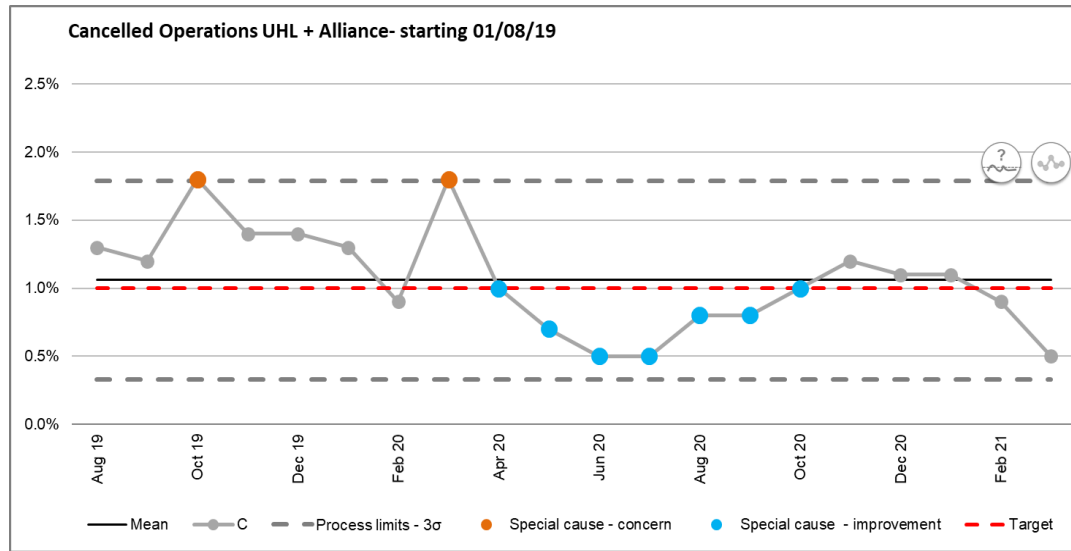
Metric	Mar 21	YTD	Target
Long Stay Patients (21+ days)	**162**	**162**	**135**

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

Long Stay Patients (21+ days)- starting 01/08/19

Mean — C — Process limits - 3σ ● Special cause - concern ● Special cause - improvement - - Target
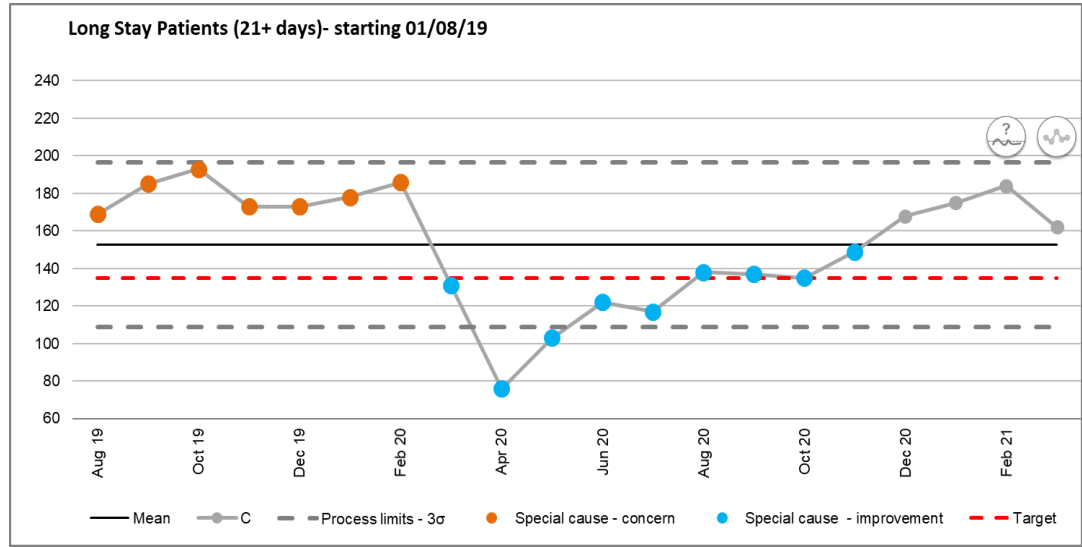
Metric	Mar 21	YTD	Target
Average Inpatient LOS	**4.1**	**3.6**	**No National Target**

Normal variation.

Average Inpatient LOS- starting 01/08/19

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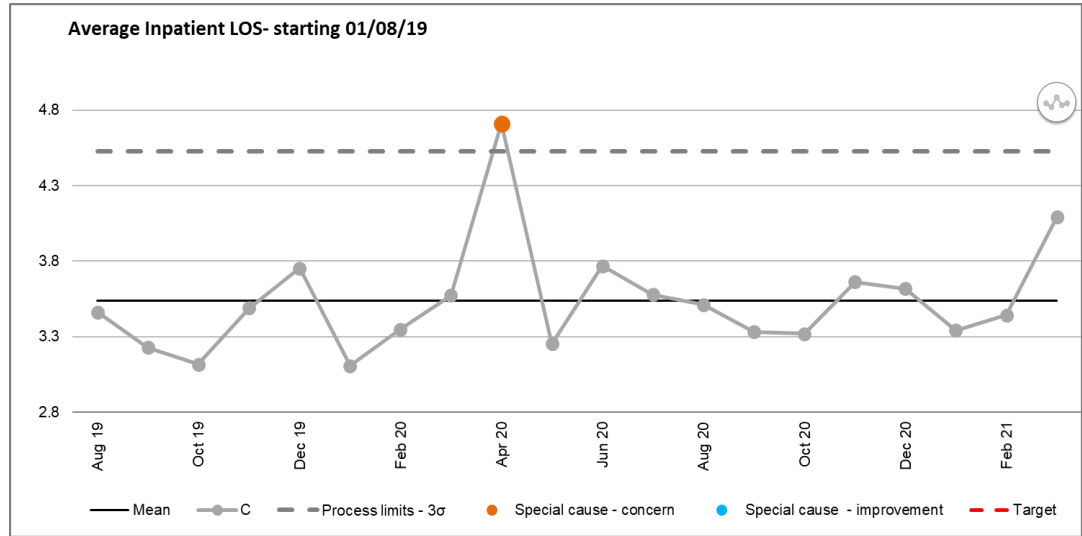
Responsive

Metric	Mar 21	YTD	Target
Average Emergency LOS	**5.1**	**5.0**	**No National Target**
Normal variation.			

Average Emergency LOS- starting 01/08/19

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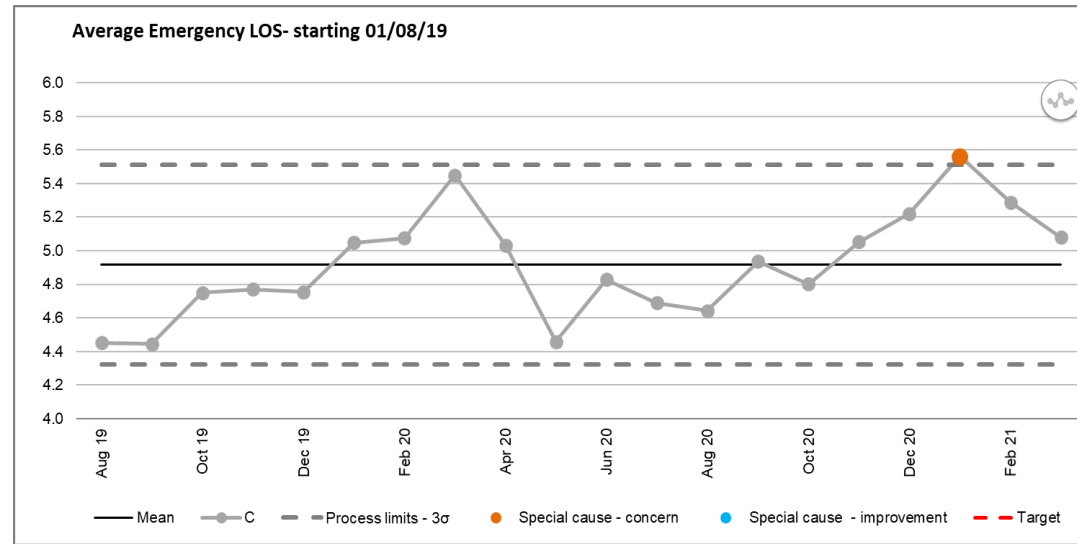
Responsive – Cancer

For more information please see the Cancer Recovery Paper - PPPC

University Hospitals of Leicester
NHS
NHS Trust

Metric	Feb 21	YTD	Target
Cancer 2WW	**95.9%**	**91.8%**	**93%**
	Achieving		

Cancer 2WW Performance %- starting 01/07/19

Mean — C — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target
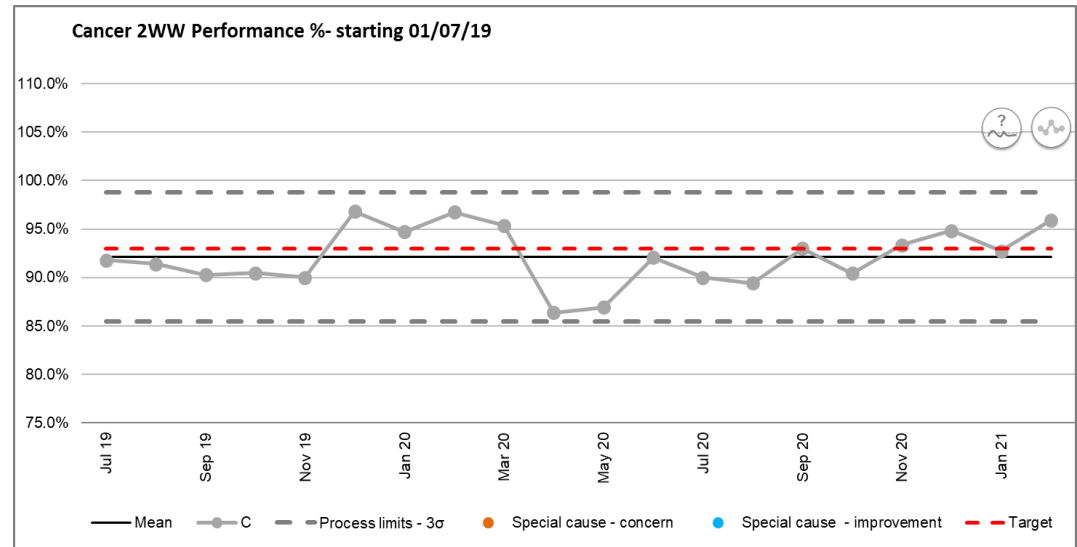
Metric	Feb 21	YTD	Target
Cancer 2WW Breast	**96.0%**	**95.4%**	**93%**
	Achieving		

Cancer 2WW Symptomatic Breast Performance %- starting 01/07/19

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

Responsive – Cancer

University Hospitals of Leicester
NHS Trust
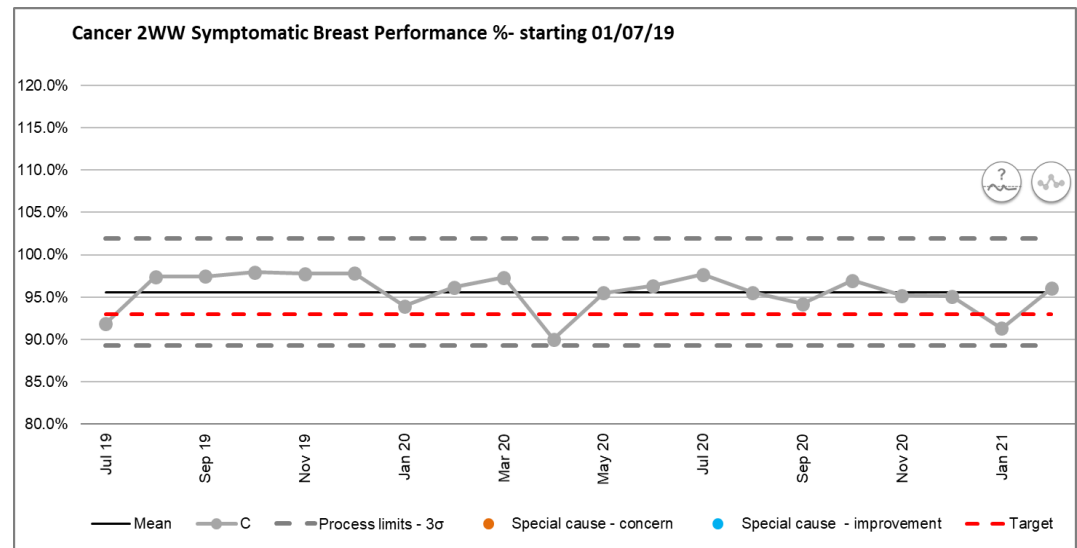
| Metric	Feb 21	YTD	Target
Cancer 31 Day	**93.2%**	**91.6%**	**96%**

Unlikely to achieve target next month due to capacity but expect to start to see recovery with increased theatre capacity

Cancer 31 Performance %- starting 01/07/19
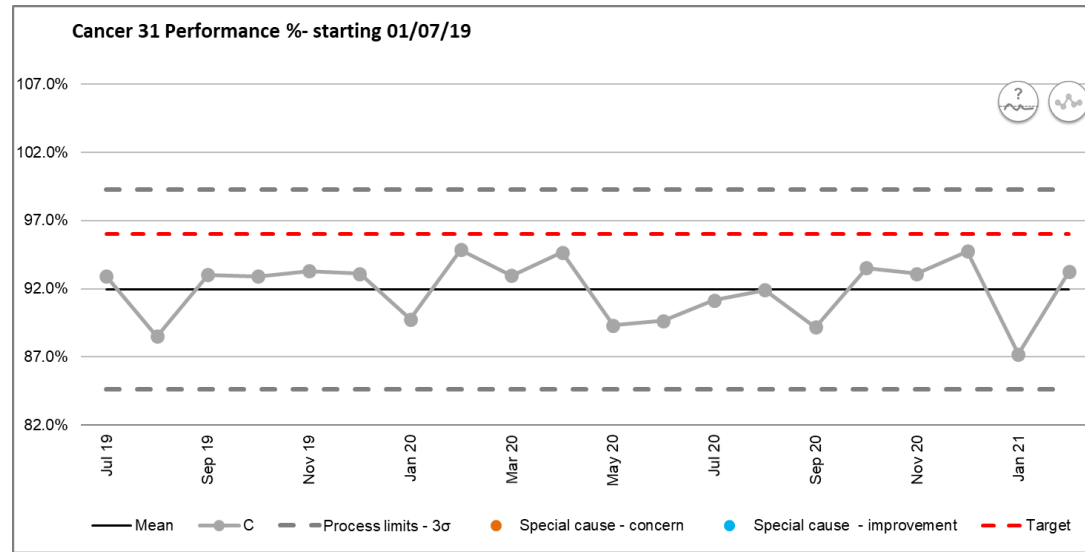
Metric	Feb 21	YTD	Target
Cancer 31 Day Drugs	**98.6%**	**99.6%**	**98%**

Achieving

Cancer 31 Day:Anti Cancer Drug Treatments- starting 01/07/19
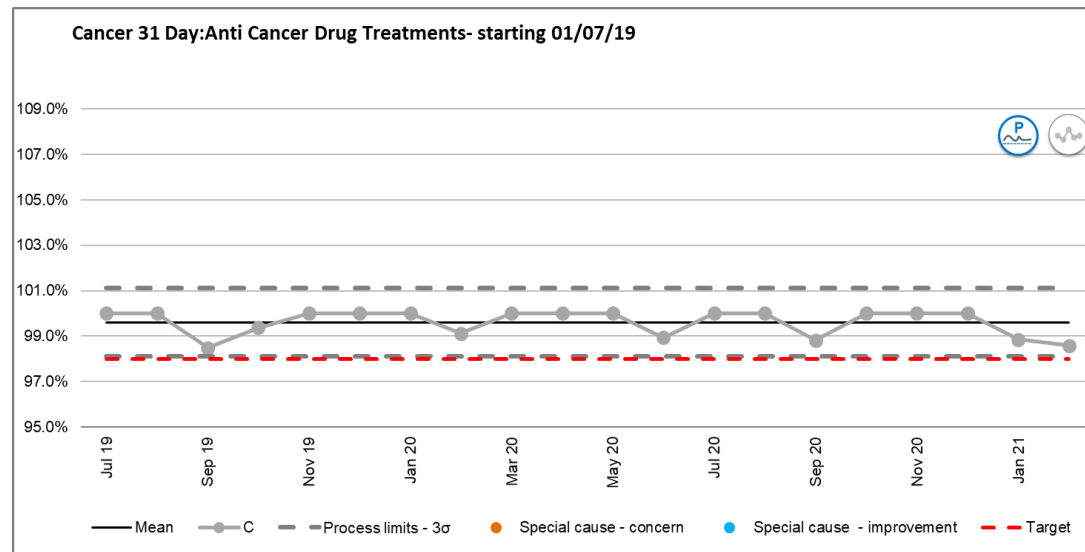
Responsive – Cancer

| Metric	Feb 21	YTD	Target
Cancer 31 Surgery	**78.7%**	**73.0%**	**94%**

Unlikely to achieve target next month, performance is underperforming but we expect to start to see recovery with increased theatre capacity

Cancer 31 Day: Surgery- starting 01/07/19
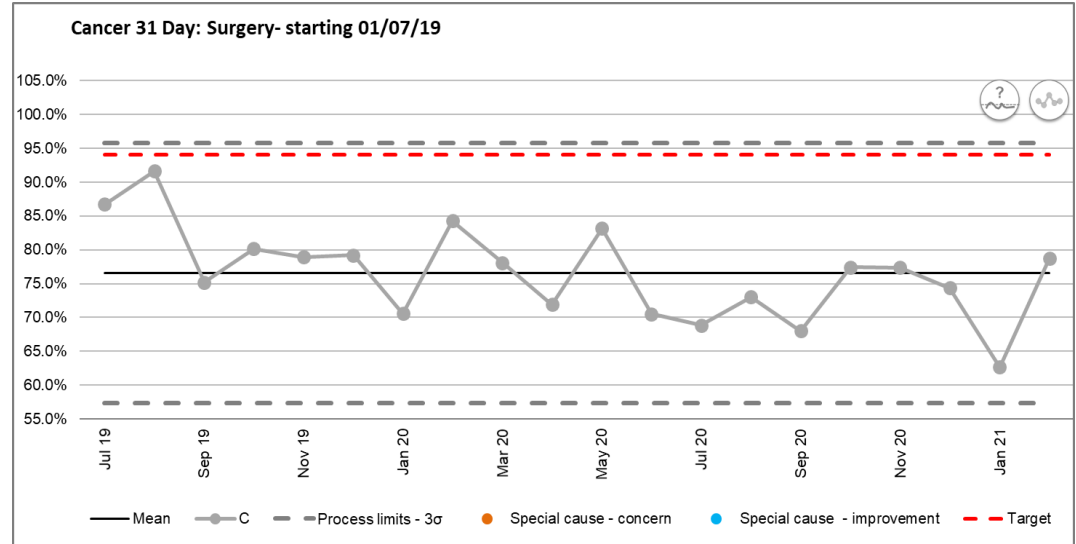
Metric	Feb 21	YTD	Target
Cancer 31 Day Radiotherapy	**97.5%**	**93.0%**	**94%**
	Achieving		

Cancer 31 Day: Radiotherapy- starting 01/07/19
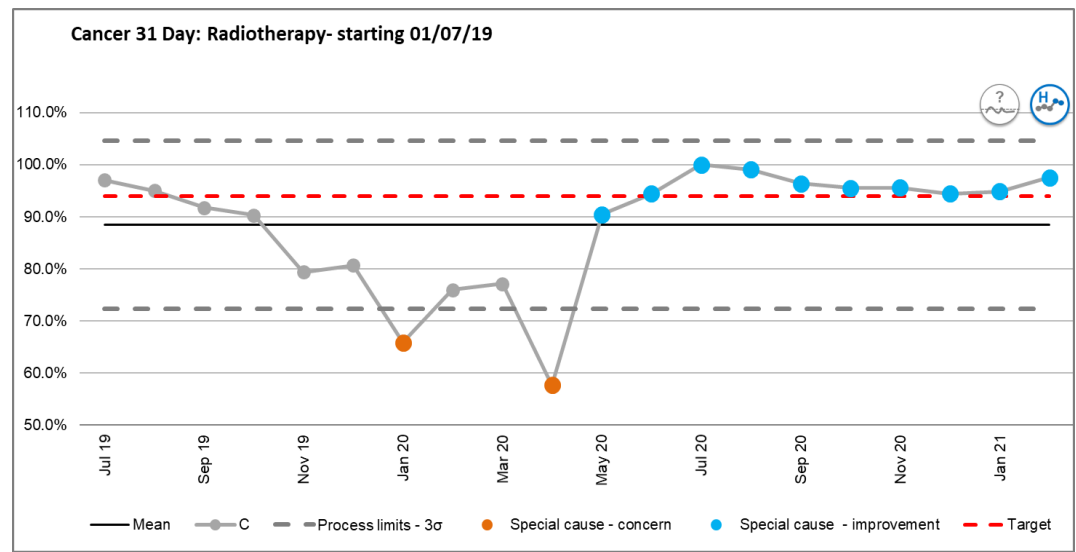
Responsive – Cancer

Metric	Feb 21	YTD	Target
Cancer 62 Day	**62.1%**	**69.5%**	**85%**

Unlikely to achieve target next month, performance is underperforming.

Cancer 62 Day Performance %- starting 01/07/19
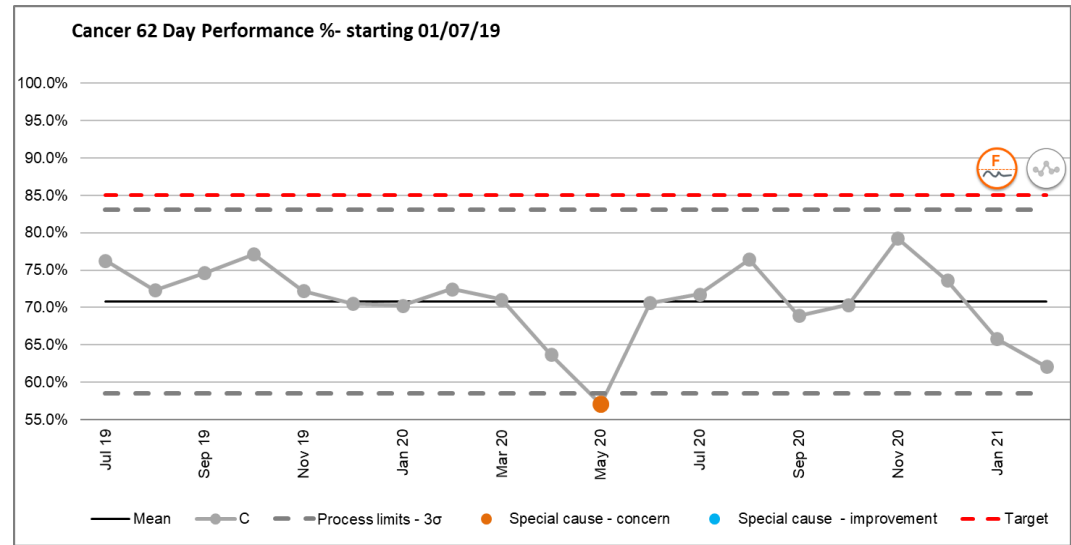
Metric	Feb 21	YTD	Target
Cancer 62 Day Consultant Screening	**45.0%**	**65.7%**	**90%**

Underperforming due to increased demand.

Cancer 62 Day: Consultant Screening- starting 01/07/19

Outpatient Transformation

University Hospitals of Leicester
NHS Trust

| Metric	Mar 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 01/08/19
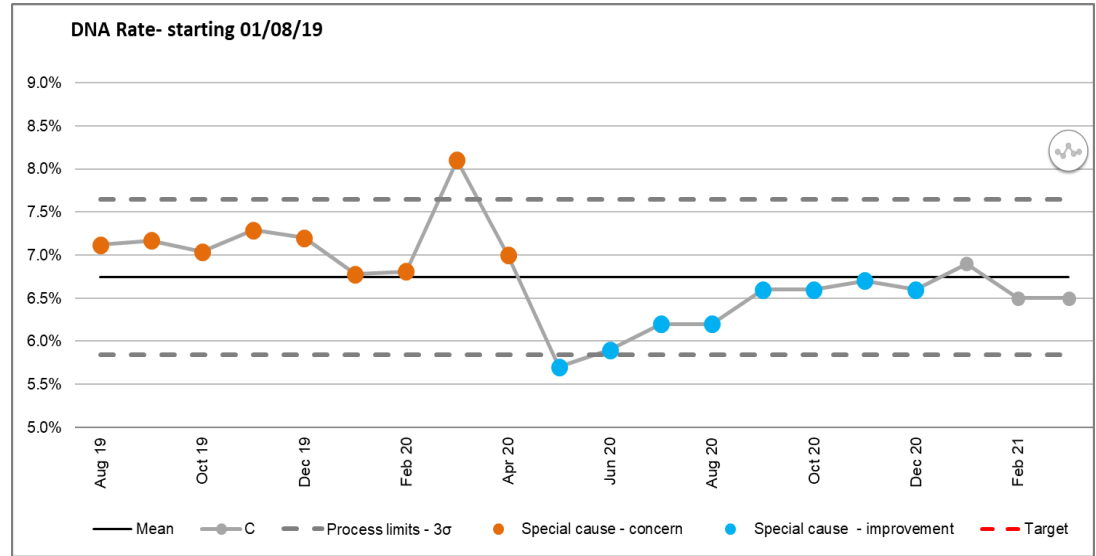
| Metric	Mar 21	YTD	Target
% Non Face to Face Appointments	**45.8%**	**53.6%**	No National Target

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

% Non Face to Face Appointments- starting 01/08/19
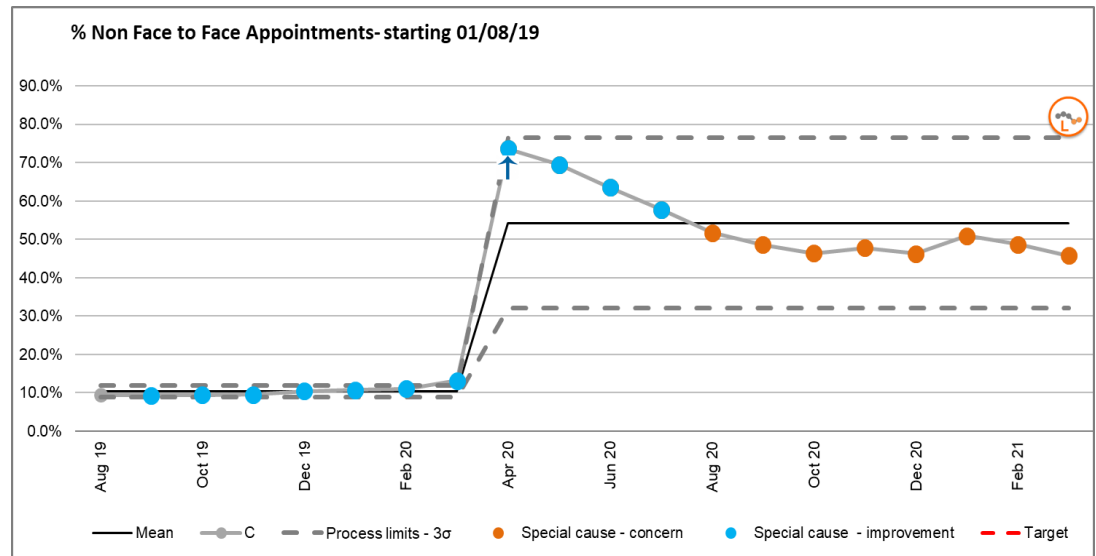
Outpatient Transformation

Metric	Mar 21	YTD	Target
% 7 day turnaround of OP clinic letters	**83.1%**	**86.1%**	**90%**

Common cause variation, no assurance that the target will be delivered next month.
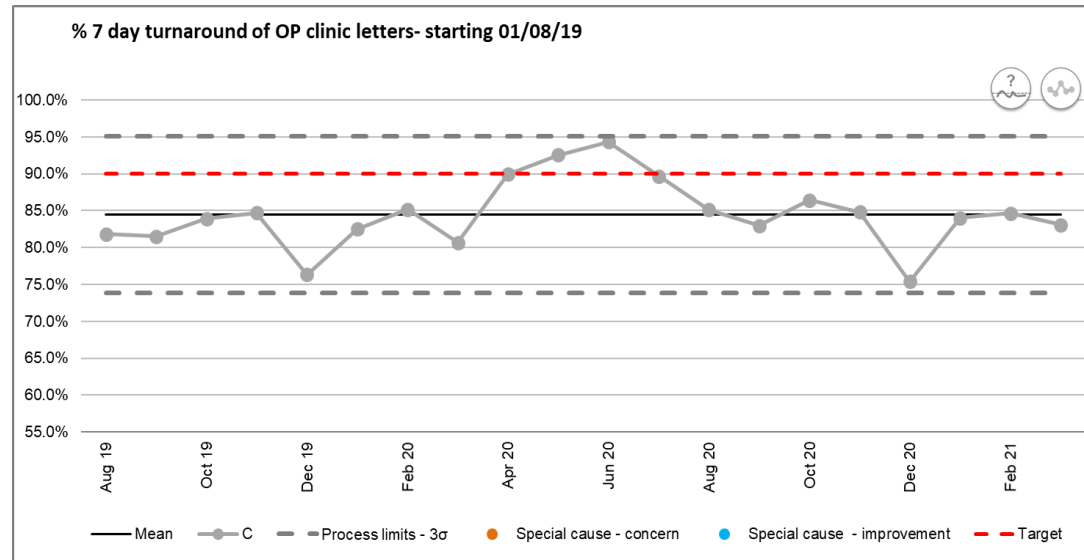
% 7 day turnaround of OP clinic letters- starting 01/08/19

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

Draft Urgent Care Standards
KPI definitions still to be confirmed

University Hospitals of Leicester
NHS Trust

Metric	Mar 21	YTD	Target
Mean Time to Initial Assessment (Minutes)	7.8	9.1	TBC
Common Cause Variation.			

Mean Time to Initial Assessment- starting 01/08/19

Legend: Mean — C — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target
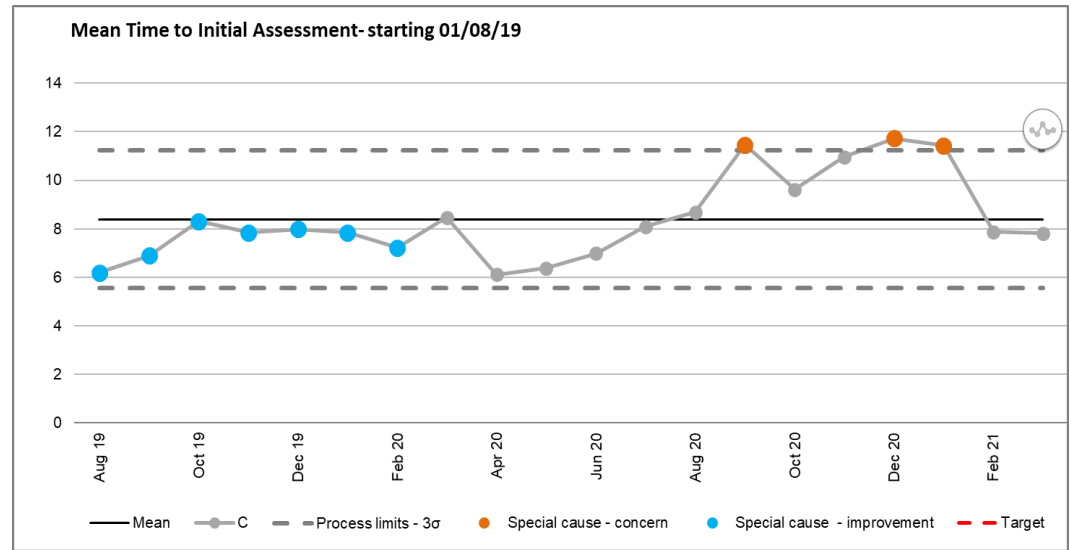
Metric	Mar 21	YTD	Target
Mean Time in ED (Minutes)	213	213	TBC
Common Cause Variation.			
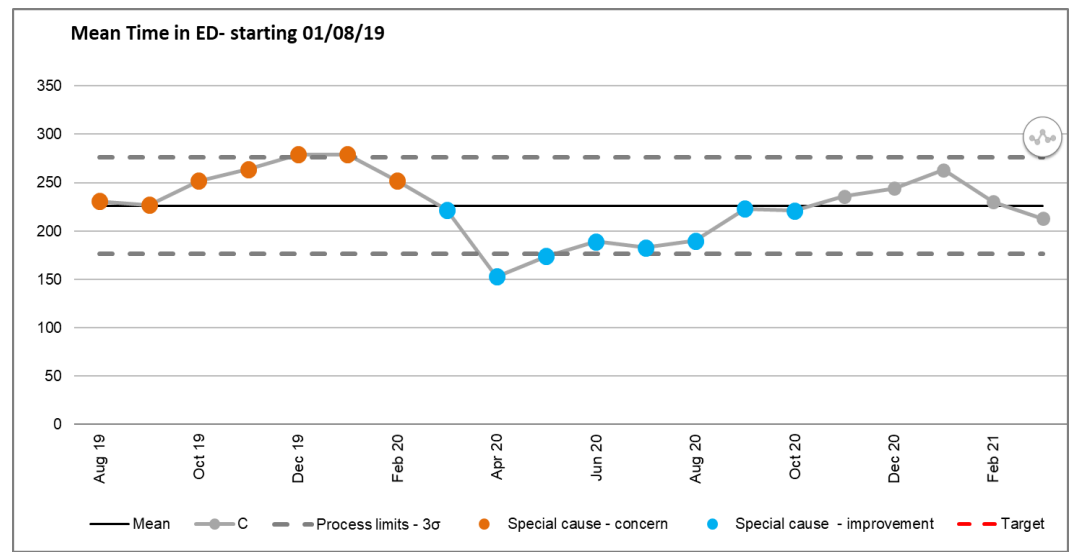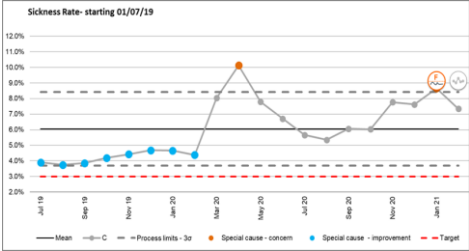
Mean Time in ED- starting 01/08/19

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

Draft Urgent Care Standards
KPI definitions still to be confirmed

University Hospitals of Leicester
NHS
NHS Trust

Metric	Mar 21	YTD	Target
Number of 12 hour waits in the Emergency Department	285	4032	TBC
Common Cause Variation.			

Number of 12 hour waits in the Emergency Department- starting 01/08/19

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

Exception Reports

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
Never Events	**20/21 Target – 0**		Wrong implant of a saphenous vein in cardiac theatres	Immediate actions taken as a result of this incident were: A Safety Alert has been sent for dissemination to theatre staff, Cardiac Surgeons and Anaesthetists. Theatre fridges to be checked for veins that are being stored that are no longer required and for these to be discarded. Practice to be reviewed with regards to retention of saphenous veins post-surgery and if a standard operating procedure or policy is required and needs to be developed. This incident will be discussed with the Human Tissue Authority to identify if this required reporting. Patient will be subject to relevant blood borne infection investigations.
are a measure of the number of UHL never events at month end.	1 Never Event reported in March 2021.			

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 February was 7.3% excluding E&F		Sickness absence has decreased since January when it reached 8.7%. We have avoided hitting the absence peak of >10% as seen during the first wave in April 2020.	Most shielders are returning to work. Where this is not possible (e.g. late stages of pregnancy) managers are asked to submit the individual's details to the temporary redeployment team. COVID-19 absences continue to be followed up by CMGs and Corporate areas to ensure accurate reporting.

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.	The Trust Tactical and Strategic Group have agreed on an alternative approach in response to COVID-19 for pressurized areas.
Is the percentage of staff who have had their Annual Appraisal(excluding facilities Services)	Performance for March was 80.2%.		It is recognised that performance has been impacted on by COVID-19 and the need for prioritisation in response.	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. |

Exception Reports
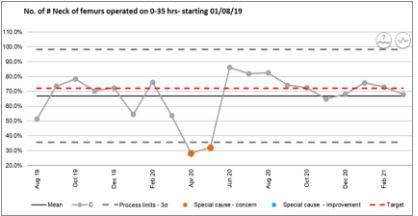
Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
Statutory and Mandatory Training Is the percentage of staff that are up to date on their Statutory and Mandatory Training.	**20/21 Target – 95%** Performance for March was 88%	Statutory and Mandatory Training- starting 01/08/19	The impact of the seasonally related service pressures and pandemic related pressures can be seen in the plateauing of compliance at 88%	Monthly compliance reports will continue to be sent out to 2000 managers and staff. The auto-generated emailing to staff whose training will expire will continue. Due to COVID related service pressures easing, the manually generated emailing to staff whose training has expired will resume during April.

Exception Reports

University Hospitals of Leicester NHS Trust
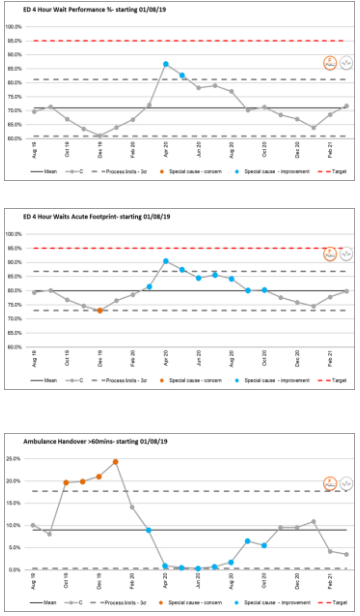
Description	Performance and Trend	Key Messages	Key Actions
Mortality - Rolling 12 mths HSMR as reported in Dr. Foster Intelligence)	**Target – 100 or less**	The increase in UHL's HSMR appears to be due to a significant fall in activity & change in case-mix from March 20.	A detailed clinical review is being undertaken by relevant Specialties 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 or appears in a secondary episode within the admission. | 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 111.5 (107.0-116.1) 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 resubmitted to SUS but is not yet uploaded into the Dr Foster benchmarking tool so not yet know what impact this will have on our HSMR. | • Septicaemia
• Acute Bronchitis
• Acute Renal Failure
• Urinary Tract Infection
• Senility
• Fractured Neck of Femur
No clinical concerns have been identified to date but the outcome of those reviews will be presented to the May and June MRC. |
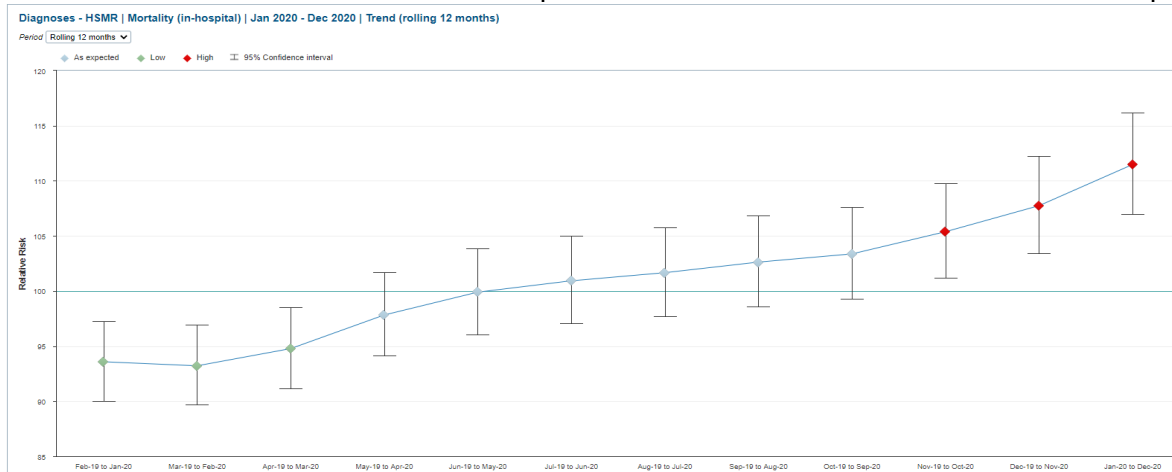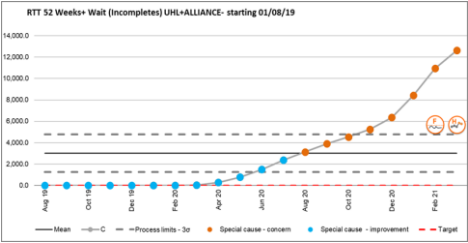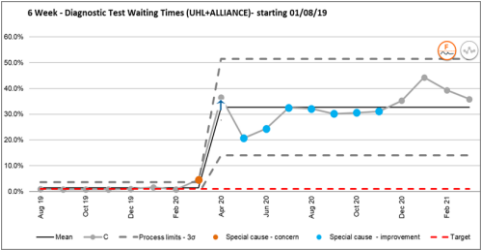
UHL'S HSMR Rolling 12 Month HMSR January to December 2020

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

Period: Rolling 12 months

As expected   Low   High   95% Confidence interval

Exception Reports
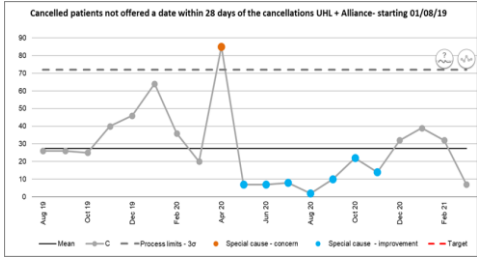
| Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
No. of # Neck of femurs operated on 0-35 hrs - Based on Admissions	**21/22 Target – 72%**		82 NOF's of which 24 exceeded the 36hr time to theatre target. Overall performance against target 68%. Those which were >36hrs were for the following reasons:- 6 patients - clinical reasons/unfit 15 patients- trauma priority patients/ lack of theatre capacity 3 patients – High INR	Continue to liaise with the REDs team to ensure turnaround of theatre equipment in a timely manner. Additional sessions sourced when able.
Is the percentage of Neck of femurs patients operated on within 0-35 hours of admission.	Performance for March was 68.0%. Financial Year Performance is currently 66.8%.		This means that of the 24 patients who exceeded the threshold – 15 patients were within our control and 9 were outside of our control. ED wait times 0-4 hours = 15 patients 4-8 hours = 52 patients 8-12 hours = 4 patients Over 12 hours = 1 patient Ward referrals = 10 patients 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. This was the main cause of failure to attain the target time. •Complex cases over running meaning case were cancelled due to lack of time. •Priority emergency cases requiring surgery which had to be absorbed into existing theatre capacity. •March saw a change in the theatre / ward capacity available for Trauma. The LGH was no longer able to support Trauma which resulted in a reduction of available beds and theatre capacity for ambulatory Trauma. The result being all Trauma activity came through the LRI sessions.	Extension of the hip list at the weekends continues to help with the pressure of capacity and flow Theatre scheduling meetings weekly to work through the challenges for imaging support for NOFs and other specialities Operational meetings continue.

Exception Reports

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
Urgent Care				
	ED 4 Hour waits UHL performance was 71.8% in March **ED 4 Hour waits LLR** provisional performance was 79.8% in March **Ambulance Handover >60 Mins** performance was 3.5% in March	 ED 4 Hour Wait Performance %- starting 01/08/19 ED 4 Hour Waits Acute Footprint- starting 01/08/19 Ambulance Handover >60mins- starting 01/08/19	• Continuation of ED GP at front door of adult department (10.00-18.00), reviewing and discharging primary care patients (recommendation from Missed Opportunities audit) • Audit of all walk-in adult patients to understand referral route and prior GP contact before coming to ED- initial findings to be discussed at UEC cell • Phase one of emergency room doors complete • COVID-19 Virtual Ward remains in place although numbers lower than in pandemic peak	• UHL wide approach to ensuring flow out of ED • Support from the system/community to deflect attendances • Admission Conversion rates impacted by COVID-19 • Review model and processes at ED front door, including ambulance sieve • Operational commissioning of newly converted ambulatory area ahead of major works starting in GPAU

Exception Reports

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	• Continue planning for elective recovery, aligning workforce, finance activity and efficiency opportunities
	RTT - Incomplete 92% in 18 Weeks UHL + Alliance Performance for March was 51.1%. **Total Number of incompletes** At the end of March 87,968 patients were waiting on an RTT pathway.		• 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 • Outpatients optimization board recommenced to improve efficiency within outpatients	• Completion of Elective recovery plans • External Validation team to be continue to support validation of admitted

Exception Reports

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

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 March, 12,625 patients were waiting over 52 weeks on an RTT pathway.	RTT 52 Weeks+ Wait (Incompletes) UHL+ALLIANCE- starting 01/08/19	• COVID-19 continues to have a significant impact on elective theatre capacity • Agreed 2021/22 Independent sector activity plans, This includes local providers as well as the identification of providers on LLR boarders. • Focus on Urgent and Cancer recovery. Ongoing clinical categorisation of patients	• Finalise 20/21 elective recovery trajectories with specialties through the weekly access meeting • Ensure IS is fully utlised and patients are IPT from each service in a timely manner.

Exception Reports

University Hospitals of Leicester NHS NHS Trust

| 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 March was 35.9%.		Patients waiting 6+ weeks for a diagnostic test is 1,400 lower than January 21 and is ahead of trajectory. Overall diagnostic activity has returned to similar levels of pre COVID-19 activity (monthly average 19/20). Action plans are being reviewed at the monthly UHL Diagnostic Board. MRI on-going challenges included breakdowns of equipment, staffing challenges at LRI and also a mobile van went down last week. Audiology – Additional equipment has arrived and staffing levels are improving.	MRI Vans extended until mid-May whilst approval of new procurement is obtained. CT Scans - NHSEI are looking to redeploy an additional CT van to help recovery. Endoscopy – Vanguard has been extended with a contract for 12 months with a clause for early release after 9 months and a possibility of month extensions if required. Ventilation work for both LRI and LGH unit has been completed, GGH due to be completed in May 2021. Dexa Scans –briefing paper to be presented to EQB, to provide an assessment of numbers and prioritisation review.

Exception Reports
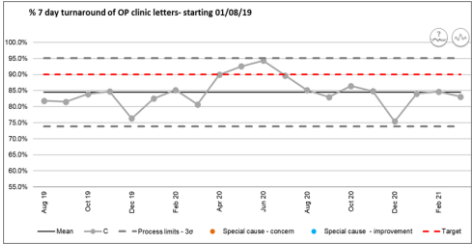
Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
Cancelled patients not offered a date within 28 days of the cancellations UHL + Alliance	**20/21 Target – 0**		COVID- 19 continues to cause significant pressure on elective surgery capacity. The capacity is used urgent and cancer patients making in very challenging for 28 day rebooks.	• Next phase of theatre recovery planed for April 19th. • Ensure all lists are fully utilized through the Theatre scheduling process
Is the number of cancelled patients OTD not offered a new date within 28 days of the cancellation at UHL or the Alliance	7 patients were not offered a new day within 28 days in March.	Cancelled patients not offered a date within 28 days of the cancellations UHL + Alliance- starting 01/08/19	Elective capacity has increase in March with further plans to increase in April and May. COVID-19 numbers have continue to decrease which has helped to see an improvement within March	

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
Long Stay Patients (21+ days)	**20/21 Target – 135**		• Numbers of 21+ day patients continues to remain above Trust target and the mean. • CHUGGs and RRCV above target and above mean. • RRCV and ESM above target below mean. • A weekly decrease has been noted since the end of January 21 in line with the reduction of patients with COVID-19 • 18% (31/165) of patients are Medically Optimised for discharge • 15% (24/165) on a neuro rehab pathway.	• Continue to work with system partners in transforming discharge pathways. • Targeted escalation of patients in line with safe and timely discharge actions. • New Board Round Profile launched • Review/ revise LLOS targets for 21/22
Is the number of adult patients that have been in hospital for over 21 days.	At the end of March, the number of long stay patients (21+ days) was 162.			

Long Stay Patients (21+ days)- starting 01/08/19

— Mean   —o—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 • 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 this will increase the pressure on tumor sites that have used the IS	• Maximising patient safety • Minimising internal delays • Ensuring regular clinical review

Exception Reports – Cancer

University Hospitals of Leicester **NHS**
NHS Trust

Cancer performance February 2021

Standard	Target	Position
2WW	93%	95.9%
2WW Breast	93%	96.0%
31 Day 1st Treatments	96%	93.2%
31 Day SUB Surgery	94%	78.7%
31 Day DRUGS	98%	98.6%
31 Day Radiotherapy	94%	97.5%
62 Day	85%	62.1%
62 Day Screening	90%	45.0%
Consultant upgrade	85%	75.6%

Exception Reports

Description	Current Performance	Trend / Benchmark	Key Messages	Key Actions
% 7 day turnaround of OP clinic letters	**20/21 Target – 90%**		• Significant staffing issues (vacancies, AL, LTS) within Neurology causing high volume of letters not completed	• Neurology formulated plan to aim for recovery at the end of April 2021
Is the percentage of Outpatient clinic letters turned around within 7 days	Performance for March was 83.1%	% 7 day turnaround of OP clinic letters- starting 01/08/19	• Low performance percentage for Children's (14.3% against target). Majority of letters generated within March, delays in review and authorisation phases due to sheer volume of patients • 48% increase in volume of letters created against February 2021 and only 1% reduction in performance against target	• Paediatrics contacted to outline plan for recovery of backlog • Dit2 decommission work still ongoing with all services given read only access rights to view letters and not create, should streamline services' work