Meeting title:	Trust Board		**public Trust Board paper E**
Date of the meeting:	3 November 2022		
Title:	Integrated Performance Report – Executive Summary		
Report presented by:	Jon Melbourne – Chief Operating Officer		
Report written by:	James Palmer and Joanne Haigh (Business Intelligence Specialists)		
Action – this paper is for:	Decision/Approval		Assurance	x	Update	
Where this report has been discussed previously	EFPB 25.10.22, Operations and Performance Committee 26.10.22, Quality Committee 27.10.22		

To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which

Impact assessment

Acronyms used: SHMI - Summary Hospital-level Mortality Indicator, VTE - Venous Thromboembolism, C DIFF - Clostridium Difficile, CAD - Computer Aided Dispatch, LLR UCCs - Leicester, Leicestershire & Rutland Urgent Care Centres.

Purpose of the Report

This report complements the full Integrated Performance Report (IPR) 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 IPR should be consulted when determining any action required in response.

Recommendation

The full IPR should be consulted when determining any action required in response.

Summary

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.

Main report detail

Good News:

• Mortality – the latest published SHMI (period May 2021 to April 2022) is 105 but remains within the expected range.

• VTE – compliant at 98.3% in September.

Performance Challenges:

• 1 Never event reported in September.

• C DIFF – 11 cases reported this month.

• ED 4 hour performance (including LLR UCCs) – 69.9% reported in September.

• 12 hour trolley wait – 825 breaches reported.

• Ambulance Handover 60+ minutes (CAD) – performance at 27.3%.

• Cancer Two Week Wait was 84.2% in August against a target of 93%.

• Cancer 62 day backlog was 726 patients at the end of September.

• Cancer 62 day treatment was 48.0% in August against a target of 85%.

• Referral to treatment – the number on the waiting list (now the primary performance measure) was above the target and was 127,909 patients at the end of September.

• 52+ weeks wait – 18,586 breaches reported at the end of September.

• Diagnostic 6 week wait was 55.4% against a target of 1% in September.

• Statutory and Mandatory Training is at 91%.

• Annual Appraisal is at 78.7%.

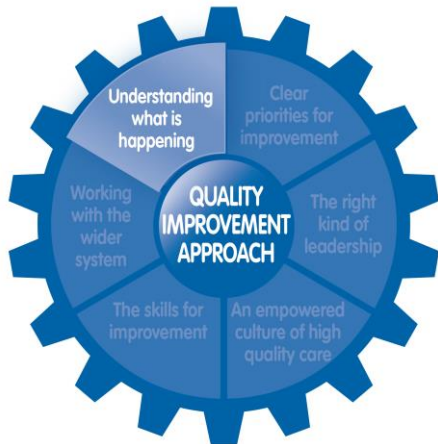• Cancelled operations OTD – 1.1% reported in September.

<u>**Supporting documentation**</u>

Please read the full integrated performance report for more detail including exception reports of indicators which are not currently achieving targets.
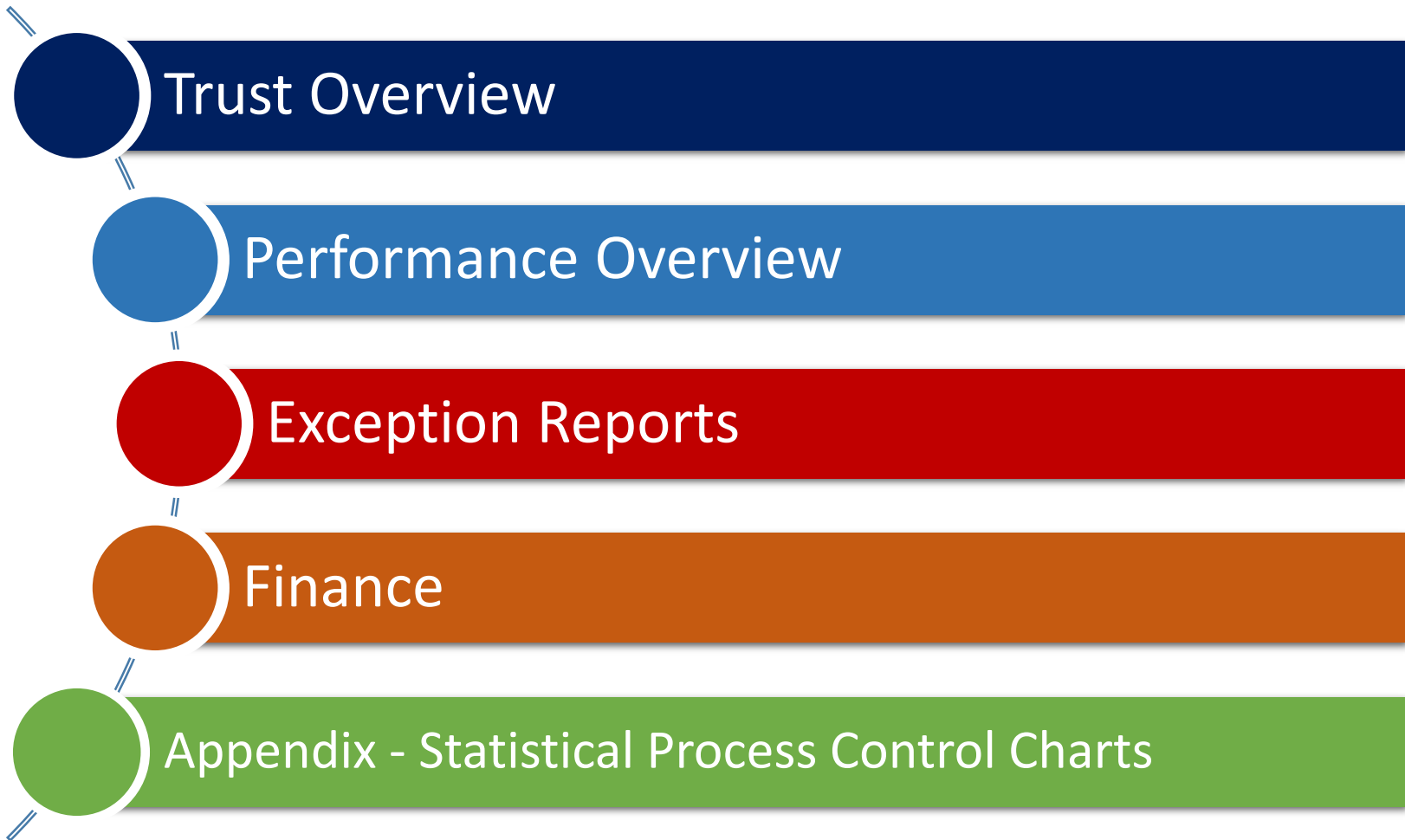
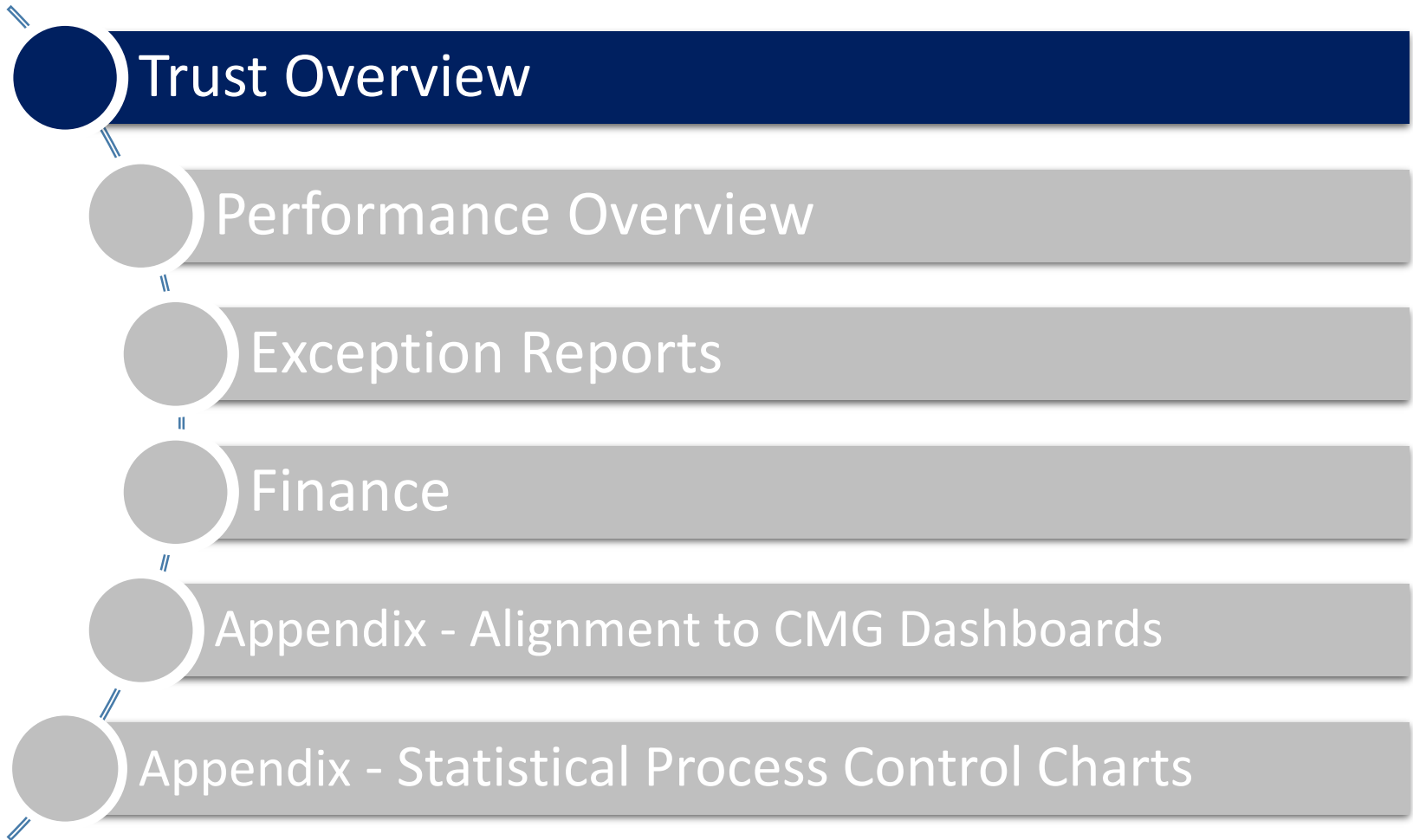# Integrated Performance Report

September 2022

Operational Delivery Unit

Contents

Trust Overview

Performance Overview

Exception Reports

Finance

Appendix - Statistical Process Control Charts

Trust Overview

Performance Overview

Exception Reports

Finance

Appendix - Alignment to CMG Dashboards

Appendix - Statistical Process Control Charts

Trust Overview (Year to Date)

Safe	Caring	Well Led	Effective	Responsive Emergency Care	Responsive Elective Care	Responsive Cancer Care
Never Events	Inpatient and Day Case F&F Test % Positive	Staff Survey Recommend for Treatment	Mortality Published SHMI	ED 4 Hour Waits Acute Footprint	Long Stay Patients > 21 days	2WW
% of all Adults VTE Risk Assessment on Admission	A&E F&F Test % Positive	Staff Survey % Recommend as Place to Work	Mortality 12 months HSMR	Mean Time to Initial Assessment	RTT Incompletes	62 Day Backlog
No. of 3rd & 4th Degree Perineal Tears	Maternity F&F Test % Positive	Sickness Absence (Excludes E&F staff)	Crude Mortality Rate	12 Hour Trolley Waits in A&E	RTT 52+ Weeks	62 Day
Clostridium Difficile	Outpatient F&F Test % Positive	% of Staff with Annual Appraisal (Excludes E&F staff)		Time Clinically Ready to Proceed	RTT 104+ Weeks	
MRSA Total		Statutory and Mandatory Training		Ambulance Handover > 60 mins	6 Week Diagnostic	
E. Coli Bacteraemias Acute		Nursing Vacancies			% Operations Cancelled On the Day	
MSSA Acute					% Outpatient DNA Rate	
All Falls Reported per 1000 Bed Days					% Outpatient Non Face to Face	
HAPU - All categories						

Key

🟥	Failing Target
🟩	Achieving Target
⬜	Target TBC

Safe	Caring	Well Led	Effective	Responsive Emergency Care	Responsive Elective Care	Responsive Cancer Care
Never Events	Inpatient and Day Case F&F Test % Positive	Staff Survey Recommend for Treatment	Mortality Published SHMI	ED 4 Hour Waits Acute Footprint	Long Stay Patients > 21 days	2WW
% of all Adults VTE Risk Assessment on Admission	A&E F&F Test % Positive	Staff Survey % Recommend as Place to Work	Mortality 12 months HSMR	Mean Time to Initial Assessment	RTT Incompletes	62 Day Backlog
No. of 3rd & 4th Degree Perineal Tears	Maternity F&F Test % Positive	Sickness Absence (Excludes E&F staff)	Crude Mortality Rate	12 Hour Trolley Waits in A&E	RTT 52+ Weeks	62 Day
Clostridium Difficile	Outpatient F&F Test % Positive	% of Staff with Annual Appraisal (Excludes E&F staff)		Time Clinically Ready to Proceed	RTT 104+ Weeks	
MRSA Total		Statutory and Mandatory Training		Ambulance Handover > 60 mins	6 Week Diagnostic	
E. Coli Bacteraemias Acute		Nursing Vacancies			% Operations Cancelled On the Day	
MSSA Acute					% Outpatient DNA Rate	
All Falls Reported per 1000 Bed Days					% Outpatient Non Face to Face	
HAPU - All categories						

Key

Failing Target	
Achieving Target	
Target TBC	

Trust Overview (Current Month)

Domain	Overview , Risks and Actions	Lead
Overview		CEO
Safe (exception reports pages 19-23)	The Trust had a Never Event in September and has now had 4 Never Events to date . All appropriate immediate actions have been undertaken and full investigations to identify further learning have been completed or are in train. A thematic review of NE's has been completed and the NE action plan has been updated to reflect learning from this – progress against this is due for further review at the Trust Board Quality Committee in November.	Andrew Furlong / Julie Hogg
Caring (exception report page 24)	Our friends and family test performance remains strong despite the operational pressures being faced. We continue to promote completion of the survey to increase response rates. We will resume reporting on complaints timeliness in December 2022.	Julie Hogg
Well Led (exception reports pages 25-32)	Sickness levels decreased between July and August 2022 from 6.6% to 5.3%, due to Covid related absence reduction. There is a risk of further increase this month. 24.86% of absence is for unknown causes and 18.35% is related to stress, anxiety and depression with Covid infection/precaution accounting for 12.43%. Supportive discussions have taken place with staff with long Covid to return to work where possible and the Trust continues to support managers with the support of EDI colleagues where appropriate. A slight improvement in appraisal rates although reported rates continue to be impacted by challenges resulting from Microsoft 365 implementation. Statutory and mandatory training compliance is also impacted by both Covid rates and operational pressures with shortened courses in place to mitigate against the time pressure. Adult nursing vacancies have decreased by 1% largely as a result of a large intake of international nurses in Sept (64). There have also been intermittent intakes of NQN from domestic universities. Establishments increases present a challenge to nursing vacancies as we see further posts resulting from reconfiguration and recovery plans. Further cohorts of international nurses are planned to arrive before end of financial year and NQN nursing intake is circa 35 between October and December. Paediatric nursing vacancies have decreased slightly largely as a result of the arrival of newly qualified children's nurses. To mitigate nursing paediatric vacancies, further international nurses recruitment panels planned, some deployment of adult nurses in children's areas ;local recruitment and the introduction of Nurse Associates. Midwifery vacancies have increased slightly as the Trust awaits the arrival of newly appointed midwives and 5 international midwives between October and December. The vacancy position is in line with national trends. Vacancies for healthcare support workers have deteriorated this month. It has been identified that some of this is a result of timing of reports as a large cohort of 50 starters was not captured. Plans are in place to fill induction programmes in Sept/Oct/Nov and 30 candidates are commencing direct bank entry with a bespoke part time induction. For Maternity Healthcare Support Workers funding has been made available to support improvement of support workers in the community and a development pathway is planned to be in place by March 2023.	Clare Teeney
Effective	The Trust's Summary Hospital-level Mortality Indicator (SHMI) & Hospital Standardised Mortality Ratios (HSMR) are within expected. There are no specific concerns to bring to the Board's attention at this time.	Andrew Furlong
Responsive – Emergency (exception reports pages 33-39)	In September 2022, LRI monthly ambulance handovers over 60 minutes were at 27.2% (1,237 out of 4,547 handovers) and an overall rate of 32.3% for April 22 to September 22 compared to 14.2% for the same period last year despite there being c. 5,836 fewer handovers this year.	Jon Melbourne
Responsive – Elective (exception reports pages 40-46)	September 2022 has seen an improvement in patients who have breached 104+ weeks, with the 104+ positions reduced by 37 patients with the main challenge remaining in General Surgery. Overall waiting list numbers have slightly increased which is been experienced nationally. Nine Elective Recovery Interventions will be managed as programmes of work, to support elective waiting lists. Elective capacity remains a challenge due to staff vacancies and sickness, particularly for anesthetists and admin booking teams. Work with the IS continues with a main focus on the starting to transfer patients to Trentcliffe and plans to improve the utilisation of Nuffield for ENT and General Surgery. Performance reported in DM01 has but the performance of the percentage of patients seen within 6 weeks remains very challenged. Individual modality recovery plans have been developed to unscannable recovery to the 95% target by March 2024. NSH IST team are visiting throughout November to review both imaging services and Endoscopy, to identify areas of support.	Jon Melbourne
Responsive – Cancer (exception reports pages 48-49)	In August improvements continued in 3 of the 10 standards. Performance in 2ww is 84.2% and 62 day 48.4%. The 62-day backlog is 711 (10/10/22) an increase of 66 from last month (excluding screening and upgrades). 276 patients are waiting more than 104 days, an increase of 31 from last month. The UHL over 62 day backlog is approx. 15.2% of the PTL. Referrals remain high and above pre pandemic levels, with increases for all tumour sites in August. Capacity and workforce pressures are continuing to be the biggest constraint. The 2WW demand and backlogs continue to directly impact on performance. It is important to note that whilst backlog clearance continues this will adversely affect 62-day performance. The demand and capacity review has identified the referral demand on each service over the past year and indicates the required capacity to deal with peaks in demand (85th percentile). EMCA funding is being used to extend weekdays and open weekends for both main lab and specials within Cell Path, with Prostate reporting now 7 days a week. As a Tier 1 NHSE named trust, we have hosted two days' worth of visits on 4th and 19th October. The first day focussed on governance and accountability with the second day focussing on waiting list management, with the completed report due end of October	Jon Melbourne
Financial Improvement	The Trust is reporting a year to date deficit at Month 6 of £6.7m which is £1.1m favourable to plan. The Trust has reported a year to date CIP delivery including productivity of £16m against a £10m CIP target. There was an acceleration of Trust capital expenditure in month 6, as the Trust started to recover against its planned expenditure profile, with the year-to-date expenditure of £20.2m incurred which was £4.6m behind plan. The cash position at the end of September was £85.8m, a reduction of £7.4m in the month, which was driven by the Trust clearing aged accounts payable balances.	Lorraine Hooper

Trust Overview

Performance Overview

Exception Reports

Finance

Appendix - Statistical Process Control Charts

Performance Overview (Safe)

Domain	Key Performance Indicator	Target	Jul-22	Aug-22	Sep-22	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Safe	Never events	0	0	0	1	4	?	⟳	∿	Jan-20	MD
	% of all adults Venous Thromboembolism Risk Assessment on Admission	95%	98.6%	98.4%	98.3%	98.2%	P	⟳	∿	Oct-21	MD
	% of 3rd & 4th Degree Perineal Tears	3.5%	3.7%	3.0%	3.9%	3.4%	?	⟳	∿	Aug-22	CN
	Clostridium Difficile	93	11	16	11	65	?	⟳	∿	Jun-21	CN
	Methicillin Resistant Staphylococcus Aureus Total	0	0	0	0	2	?	⟳	∿	Jun-21	CN
	E. Coli Bacteraemias Acute	198	15	11	13	83	?	⟳	∿	Jun-21	CN
	Methicillin-susceptible Staphylococcus Aureus Acute*	40	5	7	7	36	?	⟳	∿	Jun-21	CN
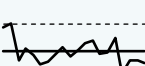
* quality improvement ambition 2.5% reduction of 19/20 numbers

Comments	Rating
The Trust had a Never Event in September and has now had 4 Never Events to date . All appropriate immediate actions have been undertaken and full investigations to identify further learning have been completed or are in train. A thematic review of NE's has been completed and the NE action plan has been updated to reflect learning from this – progress against this is due for further review at the Trust Board Quality Committee in November.	

Performance Overview (Safe)

Domain	Key Performance Indicator	Target	Jul-22	Aug-22	Sep-22	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Safe	COVID-19 Hospital-onset, probable, 8-14 days after admission		10.3%	12.4%	10.4%	10.3%		(H)		Oct-20	CN
	COVID-19 Hospital-onset, healthcare-acquired, 15 or more days after admission		10.8%	9.3%	12.3%	10.4%		(variation)		Oct-20	CN
	All falls reported per 1000 bed days	5.5	3.8	3.6		3.7	(P)	(variation)		Aug-22	CN
	Rate of Moderate harm and above Falls Patient Saftey Incidents with finally approved status per 1,000 bed days	0.18	0.12	0.02		0.07	(?)	(variation)		Aug-22	CN
	Hospital Acquired Pressure Ulcers - All categories	372	79	64	81	354	(?)	(H)		Jun-21	CN

Comments	Rating
In September we have moved to reporting the full calendar month in line with all other metrics which has resulted in an artificial increase. Using the prior reporting method the number of HAPU's would have been stable at 67. Noting this we recognise we have significant improvements to make. The HAPU review meetings continue with no change to the care delivery issues identified. We are considering how we focus our efforts on embedding the learning whilst continuing to review all harm appropriately. The external review has been completed and we await the report. The LLR improvement collaborative continues.	

Performance Overview (Caring)

Domain	Key Performance Indicator	Target	Jul-22	Aug-22	Sep-22	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Caring	Single Sex Breaches		2	6	4	20	National Reporting resumed from Oct 21.			Jul-22	CN
	Inpatient and Day Case Friends & Family Test % Positive*	95%	98%	98%	97%	98%	(P)	(L)		Jul-22	CN
	A&E Friends & Family Test % Positive**	77%	81%	75%	75%	78%	(?)	(L)		Jul-22	CN
	Maternity Friends & Family Test % Positive*	91%	95%	95%	97%	96%	(?)	(●)		Jul-22	CN
	Outpatient Friends & Family Test % Positive	94%	93%	94%	94%	94%	(?)	(●)		Jul-22	CN
	% of Complaints Responded to in Agreed Timeframe	Reporting will commence 2022. This is due to ongoing work to reduce backlog as a result of COVID-19.								N/A	CN

* Targets are based on national averages between December 2020 and August 2021 ** Targets are based on national averages between October 2021 and March 2022
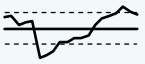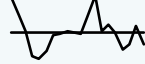
Comments	Rating
Our friends and family test performance remains strong despite the operational pressures being faced. We continue to promote completion of the survey to increase response rates. We will resume reporting on complaints timeliness in December 2022.	

Performance Overview (Well Led)

Domain	Key Performance Indicator	Target	Jul-22	Aug-22	Sep-22	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Well Led	Staff Survey % Recommend as Place to Work	Reporting will commence once national reporting resumes								Data sourced externally	CPO
	Staff Survey % Recommend as Place for Treatment	Reporting will commence once national reporting resumes								Data sourced externally	CPO
	Turnover Rate	10%	9.6%	9.4%	9.4%	9.4%	P	H		Aug-22	CPO
	Sickness Absence (Excludes Estates & Facilities staff)	3%	6.6%	5.3%		5.7%	F			Mar-21	CPO
	% of Staff with Annual Appraisal (Includes Estates & Facilities staff from May 21)	95%	77.1%	77.3%	78.7%	78.7%	F	L		Mar-21	CPO
	Statutory and Mandatory Training	95%	91%	91%	91%	91%	F	H		Feb-20	CPO

Turnover Rate and Appraisal performance is based on a snapshot hence YTD performance is the same as the latest month

Comments	Rating
Turnover rates have plateaued although it is known that staff who retain a bank assignment are not captured in our turnover rates> Sickness levels have improved in August compared to July mainiy as a result of reductions in Covid although early indications are that Covid related sickness is increasing. The Trust continues to offer support for staff with Covid related absence by ensuring such absence is not counted towards triggers and for bank staff pre booked shifts cancelled as a result of Covid will continue to be paid. Appraisal rates have shown a slight improvement this month and statutory and mandatory training has remained static. Each area is below target as rates are impacted by high levels of absenteeism and operational pressures in our services.	

Performance Overview (Well Led)

Domain	Key Performance Indicator	Target	Jul-22	Aug-22	Sep-22	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Well Led	Adult Nursing Vacancies	10%	10.8%	11.3%	10.3%	10.3%				Oct-22	CPO
	Paed Nursing Vacancies	10%	12.0%	12.9%	11.7%	11.7%				Oct-22	CPO
	Midwives Vacancies	10%	13.6%	13.8%	15.2%	15.2%				Oct-22	CPO
	Health Care Assistants and Support Workers - excluding Maternity	10%	15.1%	15.2%	16.4%	16.4%				Oct-22	CPO
	Health Care Assistants and Support Workers - Maternity	5%	7.0%	7.1%	8.0%	8.0%				Oct-22	CPO

Vacancies are based on a snapshot hence YTD performance is the same as the latest month
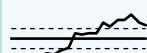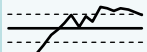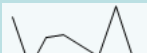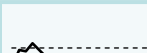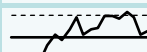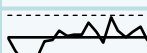
Comments	Rating
Adult nursing vacancies showed a significant improvement this month largely as a result of the arrival of 64 international nurses. This trajectory is expected to continue as further intakes are planned and newly qualified nurses continue to join the Trust between now and the end of December. Leavers rates are largely static at 18 per month. There was also a slight improvement in paediatric vacancy levels. Midwifery, healthcare support workers and maternity support workers have shown a deteriorating position. HCSW vacancies partially reflect a data quality issue in that starters who joined at the end of September have not been captured. This will be addressed next month and greater cleansing of data has taken place. It should be noted that, despite high levels of recruitment our vacancy position has been impacted by increases in establishment since the start of the financial year.	

Performance Overview (Effective)

Domain	Key Performance Indicator	Target	Jul-22	Aug-22	Sep-22	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Effective	**Published Summary Hospital-level Mortality Indicator (SHMI)**	**100**	**104**	**104**	**105**	**105 May 21 to Apr 22)**				**May-21**	**MD**
	12 months Hospital Standardised Mortality Ratio (HSMR)	**100**	**98**	**101**	**101**	**101 Jul 21 to Jun 22**				**May-21**	**MD**
	Crude Mortality Rate	**No Target**	**1.4%**	**1.0%**	**1.1%**	**1.1%**		(L)		**May-21**	**MD**

Comments	Rating
The Trust's Summary Hospital-level Mortality Indicator (SHMI) & Hospital Standardised Mortality Ratios (HSMR) are within expected. There are no specific concerns to bring to the Board's attention at this time.	

Performance Overview (Responsive Emergency Care)

Domain	Key Performance Indicator	Target	Jul-22	Aug-22	Sep-22	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Responsive (Emergency Care)	Emergency Department 4 hour waits Acute Footprint	95%	70.1%	70.0%	69.9%	69.5%	F	L		Data sourced externally	COO
	Mean Time to Initial Assessment	15	37.4	32.0	36.2	38.5	F			TBC	COO
	12 hour trolley waits in Emergency Department	0	1117	890	825	5,572	F	H		Mar-20	COO
	Number of 12 hour waits in the Emergency Department	0	2,584	2,475	2,370	15,277	F	H		TBC	COO
	Time Clinically Ready to Proceed	60	299	247	224	258	F	H		TBC	COO
	Number of Ambulance Handovers		4,178	4,319	4,547	26,371		L		Data sourced externally	COO
	Number of Ambulance Handovers >60 Mins		1,450	1,062	1,240	8,520				Data sourced externally	COO
	Ambulance handover >60mins	0%	34.7%	24.6%	27.3%	32.3%	F	H		Data sourced externally	COO
	Long Stay Patients (21+ days) as a % of G&A Bed Occupancy	12%	15.3%	16.0%	14.0%	14.0%	?			Sep-20	COO

Comments	Rating
In September 2022, LRI monthly ambulance handovers over 60 minutes were at 27.2% (1,237 out of 4,547 handovers) and an overall rate of 32.3% for April 22 to September 22 compared to 14.2% for the same period last year despite there being c. 5,836 fewer handovers this year. There were 31 trusts which had a higher percentage of ambulance handovers greater than 60 minutes than UHL September 2022 saw a slight deterioration from August 2022 (27.2% compared to 24.6%) with a higher number of handovers (4,547 vs. 4,319 = average of 12 more/day).	

Performance Overview (Responsive Elective Care)

Domain	Key Performance Indicator	Target	Jul-22	Aug-22	Sep-22	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Responsive (Elective Care)	Referral to Treatment Incompletes	103,403	124,467	127,608	127,909	127,909	?	H		Oct-22	COO
	Referral to Treatment 52+ weeks	0	18,218	18,422	18,586	18,586	F	H		Oct-22	COO
	Referral to Treatment 104+ weeks	0	363	265	228	228	F	L		Oct-22	COO
	6 Week Diagnostic Test Waiting Times	1.0%	51.2%	56.0%	55.4%	55.4%	F	H		Nov-19	COO
	% Operations Cancelled On the Day	1.0%	1.4%	1.4%	1.1%	1.4%	?	~		Apr-21	COO
	% Outpatient Did Not Attend rate	5%	9.0%	8.1%	8.3%	8.2%	F	H		Feb-20	COO
	% Outpatient Non Face to Face	45%	35.2%	32.9%	30.6%	34.0%	F	L		Feb-20	COO
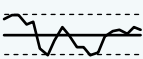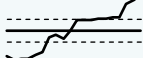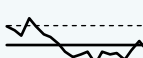
RTT and Diagnostics performance is based on a snapshot hence YTD performance is the same as the latest month

Comments	Rating
September 2022 has seen an improvement in patients who have breached 104+ weeks, with the 104+ positions reduced by 37 patients with the main challenge remaining in General Surgery. Overall waiting list numbers have slightly increased which is been experienced nationally. Nine Elective Recovery Interventions will be managed as programmes of work, to support elective waiting lists. Elective capacity remains a challenge due to staff vacancies and sickness, particularly for anesthetists and admin booking teams. Work with the IS continues with a main focus on the starting to transfer patients to Trentcliffe and plans to improve the utilisation of Nuffield for ENT and General Surgery. Performance reported in DM01 has but the performance of the percentage of patients seen within 6 weeks remains very challenged. Individual modality recovery plans have been developed to unscannable recovery to the 95% target by March 2024. NSH IST team are visiting throughout November to review both imaging services and Endoscopy, to identify areas of support.	(red)

Performance Overview (Responsive Cancer)

Domain	Key Performance Indicator	Target	Jul-22	Aug-22	Sep-22	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Responsive (Cancer)	2 Week Wait	93%	86.2%	84.2%		83.9%	?	(variation)	(trend)	Mar-22	COO
	62 Day Backlog	0	644	681	726	726	F	H	(trend)	Mar-22	COO
	Cancer 62 Day	85%	54.9%	48.0%		47.0%	F	(variation)	(trend)	Mar-22	COO

Comments	Rating
In August improvements continued in 3 of the 10 standards. Performance in 2ww is 84.2% and 62 day 48.4%. The 62-day backlog is 711 (10/10/22) an increase of 66 from last month (excluding screening and upgrades). 276 patients are waiting more than 104 days, an increase of 31 from last month. The UHL over 62 day backlog is approx. 15.2% of the PTL. Referrals remain high and above pre pandemic levels, with increases for all tumour sites in August. Capacity and workforce pressures are continuing to be the biggest constraint. The 2WW demand and backlogs continue to directly impact on performance. It is important to note that whilst backlog clearance continues this will adversely affect 62-day performance. The demand and capacity review has identified the referral demand on each service over the past year and indicates the required capacity to deal with peaks in demand (85th percentile). EMCA funding is being used to extend weekdays and open weekends for both main lab and specials within Cell Path, with Prostate reporting now 7 days a week. As a Tier 1 NHSE named trust, we have hosted two days' worth of visits on 4th and 19th October. The first day focussed on governance and accountability with the second day focussing on waiting list management, with the completed report due end of October	

Performance Overview (Finance)

Domain	Key Performance Indicator	Target YTD	Jul-22	Aug-22	Sep-22	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Finance	Trust level control level performance	-£7.8m Plan	-£0.7m	-£2.8m	-£2.4m	-£6.7m				Jun-22	CFO
	Capital expenditure against plan	£24.8m	£3.1m	£3.6m	£5.2m	£20.1m				Jun-22	CFO
	Cost Improvement (Includes Productivity)	£9.9m	£2.2m	£4.5m	£4.7m	£16.0m				Sep-22	DQTEI
	Cashflow	No Target	-£54k	£28.3m	-£7.4m	£85.4m				Jun-22	CFO

Comments	Rating

The Trust is reporting a year to date deficit at Month 6 of £6.7m which is £1.1m favourable to plan. The key drivers of this underspend are:
- CIP cash over delivery £1.8mF
- ERF underspend of £1.2mF
- Pay award benefit £0.8mF
- Excess inflation £0.5mA
- Unfunded beds £0.9mA
- Increased drugs £0.3mA
- Increased Covid-19 spend compared to plan of £0.5mA
- Extra bank holiday £0.3mA
- Other small variances £0.2mA

The Trust has reported a year to date CIP delivery including productivity of £16m against a £10m CIP target.

There was an acceleration of Trust capital expenditure in Month 6, as the Trust started to recover against its planned expenditure profile, with the year-to-date expenditure of £20.2m incurred which was £4.6m behind plan.

The cash position at the end of September was £85.8m, a reduction of £7.4m in the month, which was driven by the Trust clearing aged accounts payable balances

Trust Overview

Performance Overview

Exception Reports

Finance

Appendix - Statistical Process Control Charts

Safe – Never Events

Never Events

	Current Performance			Three Month Forecast		
	Sep 22	**YTD**	**Target**	**Oct 22**	**Nov 22**	**Dec 22**
	1	**4**	**0**	0	0	0

National Position & Overview

UHL reported 9 Never Events in 2021/2022.
In 2020/2021 UHL reported 7 Never Events and in 2019/2020 UHL reported 2 Never Events.

Root Cause	Actions	Impact/Timescale
• **NEVER EVENT – Retained foreign object post procedure** Retained guidewire following osteotomy procedure	**Immediate actions taken:** • Apology and duty of candor • Clinical Director undertaken reflection with clinician involved. • Reported to MHRA (as equipment involved) • Removal of guidewire **Wider trustwide action update from the Safe Surgery and Procedures programme:** • Learning from recent thematic review to be circulated trust wide in the form of an infographic. • The theme of checking integrity of accountable items has emerged and learning will be circulated. • A "if you cut it, count it" campaign will reinforce the need to properly count and check accountable items. • The Quality Assurance and Accreditation programme is now well underway with nine visits undertaken • A Never Event Collaborative has been formed in the Midland region led by UHL, first meeting held in October.	• Complete • November 2022 • November 2022 • In progress • In progress • In progress

Safe – % of 3rd & 4th Degree Perineal Tears

% of 3rd & 4th Degree Perineal Tears
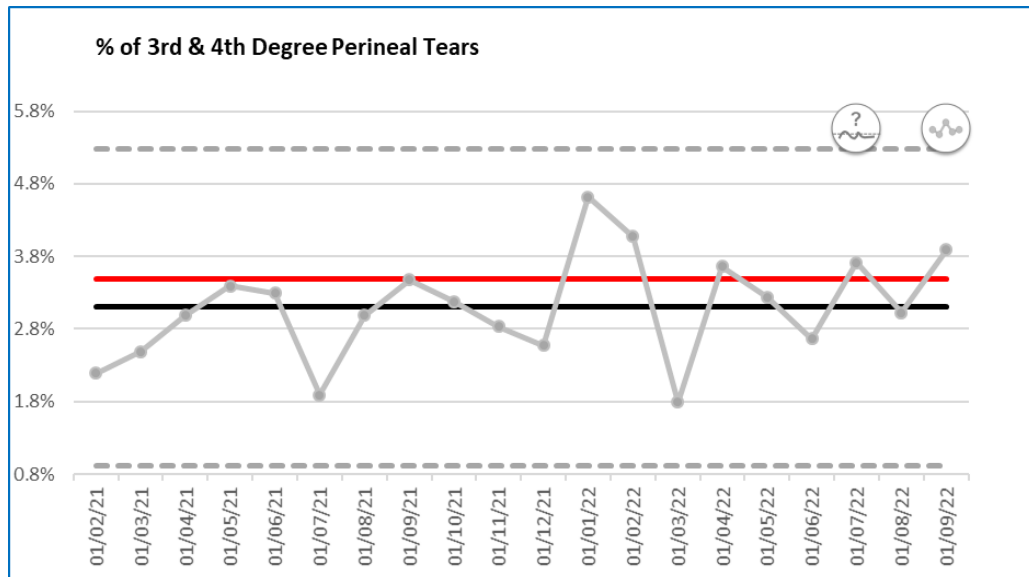
	Current Performance			Three Month Forecast		
	Sep 22	YTD	Target	Oct 22	Nov 22	Dec 22
	3.9%	3.4%	3.5%			

National Position & Overview

National data not currently available for reporting.

Root Cause	Actions	Impact/Timescale
• No root cause identified. • Audit completed for cases between April-September 2021. • 28 criteria audited for each case. • Higher rates of 3rd degree tears associated with Asian ethnicity, lithotomy position (unassisted births), length 2nd stage <1hour (unassisted births), and where English is not the preferred language.	• Info graphic for staff created outlining key audit findings and actions. • Band 7 midwives from both LRI and LGH sites approached to support with roll out of actions. • Key actions are: • 1. Stop use of lithotomy for spontaneous vaginal births. • 2. The education team are updating all midwives on the OASI care bundle as part of this years essential to job role training • 3. Promote use of perineal warm compresses in 2nd stage of labour (with maternal consent). • 4. Where there are language barriers, where possible use an interpreter to discuss the 2nd stage of labour and crowning and what is required to reduce severe perineal tears	• On-going review of 3rd and 4th degree tear rates via the maternity dashboard. • YTD in May 2022 3.7%; YTD in Sept 2022 3.4%. • Full re-audit planned for January 2023.

Safe – Clostridium Difficile

Clostridium Difficile
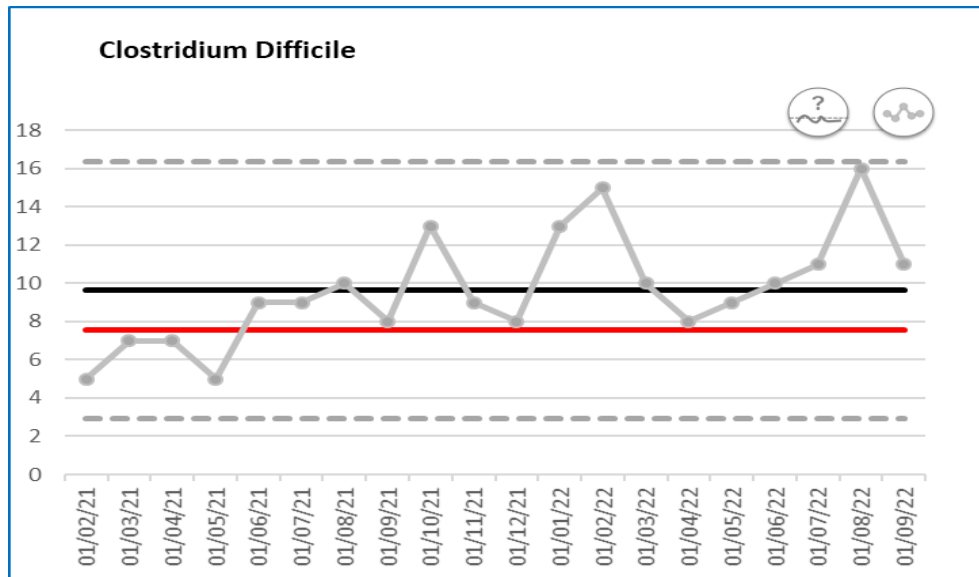
Current Performance			Three Month Forecast		
Sep 22	**YTD**	**Target**	**Oct 22**	**Nov 22**	**Dec 22**
11	**65**	**93**	8	8	8

National Position & Overview

The rate of C. Difficile infection counts of hospital onset-healthcare associated cases per 100,000 bed days are significantly lower for UHL (14.1) compared with the national average (19.2) for last 12 months of published data (Aug 21 – Jul 22). UHL ranked 42nd out of 137 trusts that submitted data and 2nd out of it's 18 peers. Source fingertips.phe.org.uk

Root Cause	Actions	Impact/Timescale
• High bed occupancy is a significant risk factor for increased *C.difficile* infections. • Antibiotic prescribing is high and whilst the reasons are multifactorial the COVID-19 Pandemic has undoubtedly contributed to this. • Ribotyping has demonstrated no evidence of transmission • Rate per 100,000 bed days remains significantly lower than national average. Absolute number increase is driven by increased bed base.	• Implementation of 2021 cleaning standards with bed cleaning case in development • RCA of every CDT case • Focused attention on antimicrobial prescribing practice via the antimicrobial working part • Development of a CDT reduction plan across the trust noting the root causes of high bed occupancy. • Review of all patients with CDT weekly to ensure appropriate management • Continued ribotyping of all cases • Request a system review of CDT	• The official trajectory for 2022/23 for *C.difficile* infections is 93.

MSSA Acute
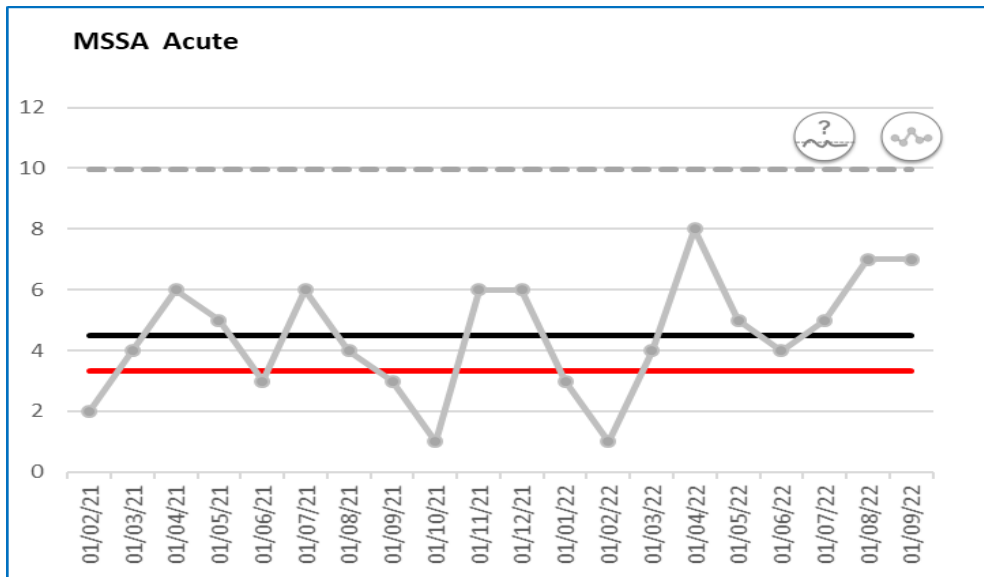
Current Performance			Three Month Forecast		
Sep 22	YTD	Target	Oct 22	Nov 22	Dec 22
7	36	40	3	3	4

National Position & Overview

There is no national mandated trajectory for MSSA however internally UHL will be applying a 2.5% reduction stretched reduction target to the final outturn numbers of the year ending 19/20. This was 41 cases. The trajectory therefore will be 40 cases.

Root Cause	Actions	Impact/Timescale

• Peripheral and Central line infections of the bloodstream
• Surgical Site Infections
• Vascular access practice
• Blood culture sampling practice
• Urinary catheter practice
	• Continue thematic review of MSSA cases
	• IP improvement campaigns continue to be in development for:
	  • Vascular access practice
	  • Blood culture sampling
	  • Urinary catheter use
	• Launch of surgical site surveillance programme
	• Visit to UCLH planned to learn about ANTT role out
	• Review Denominator data for blood cultures taken in comparison to MSSA positive cultures
		• The chart demonstrates occasional spikes of a similar level, this will be monitored and reviewed

Safe – Hospital Acquired Pressure Ulcers All Categories

HAPU - All categories
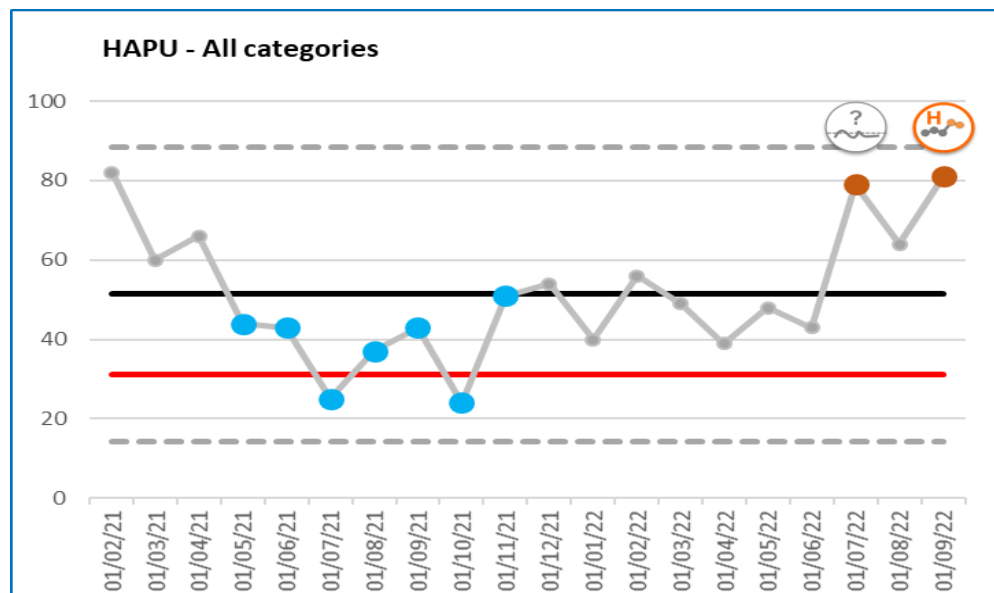
Current Performance			Three Month Forecast		
Sep 22	YTD	Target	Oct 22	Nov 22	Dec 22
81	354	372	31	31	31

National Position & Overview

At present there is no national benchmarking data to afford the opportunity to review against.

UHL is working in collaboration with NHSEI quality team to review the national mechanisms of capturing Pressure Ulcer data via the coding systems.

The 2022-23 Trust trajectory of 372 HAPUSs (30% reduction, internal set target).

Root Cause	Actions	Impact/Timescale

• Identified themes from the root cause review –
   • Inconsistency in the timeliness
   • Accuracy of assessment of risk
   • Equipment delays or inappropriate use;
   • Device related care
   • Knowledge gaps
 • Contributing factor relating to reduced staffing and decreased care hours per patient day
	• External review of HAPU prevention to inform Quality Improvements
	 • Recommendations of review to inform improvement plan
	 • Development and implementation of revised RCA
	 • Implementation of HAPU data base to ensure accurate data capture and support local learning.
	 • Recruitment of a Lead Tissue Viability Nurse
	 • Plans for Pressure Ulcer Collaborative summit supported by QI team
		• October 22
		
		 • November 22
		
		 • November 22
		
		 • November 22
		
		 • January 23
		 • December 22

Caring – A&E Friends & Family Test % Positive

A&E F&F Test % Positive
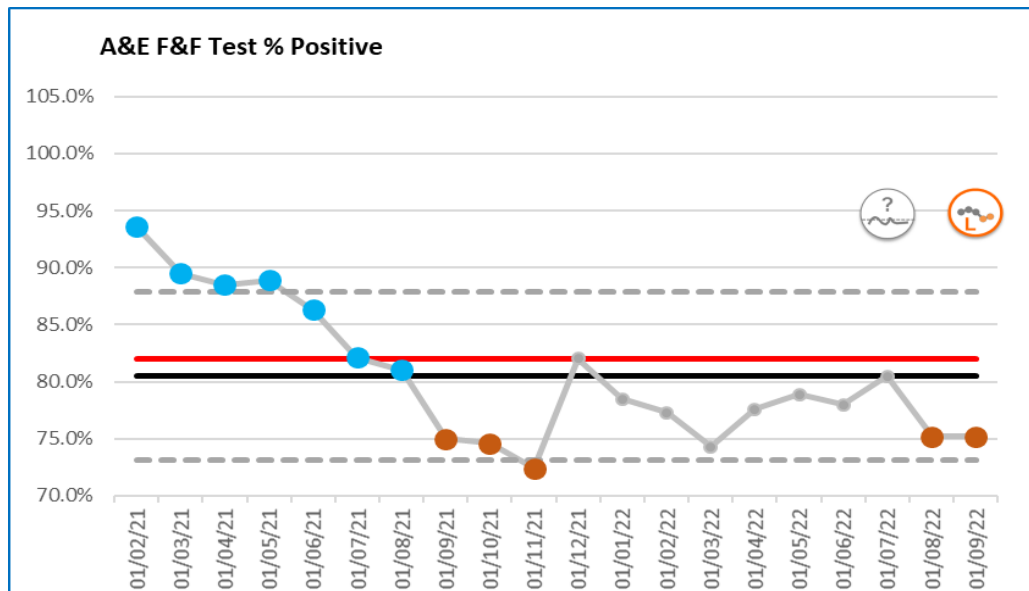
Current Performance			Three Month Forecast		
Sep 22	**YTD**	**Target**	**Oct 22**	**Nov 22**	**Dec 22**
75%	**78%**	**77%**	76%	78%	80%

National Position & Overview

In August UHL ranked 6th out 16 trusts in its peer group. The highest performing trust of the peer group achieved 86% while the lowest performance of the peer group was 64%. The median performance of the peer group was 74%.

Root Cause	Actions	Impact/Timescale
Long wait times for patients have continued through which mirrors both our peer group results and the national figure within the performance reports	• Implementation of safer patient flow policy to debulk ED • Funds have been identified to recruit two Sisters posts in Majors to embed service improvement • Longer opening hours for MIAMI from 1st November • Implementation of E-Meds to improve medication safety and improved access to analgesia for patients • Agreement of a transit hub to extend capacity by 10 trolleys/bedspaces	• With a reduction in wait times and focus on quality, improvement in satisfaction scores will be demonstrated

Well Led – Sickness

Sickness Absence (Excludes E&F staff)
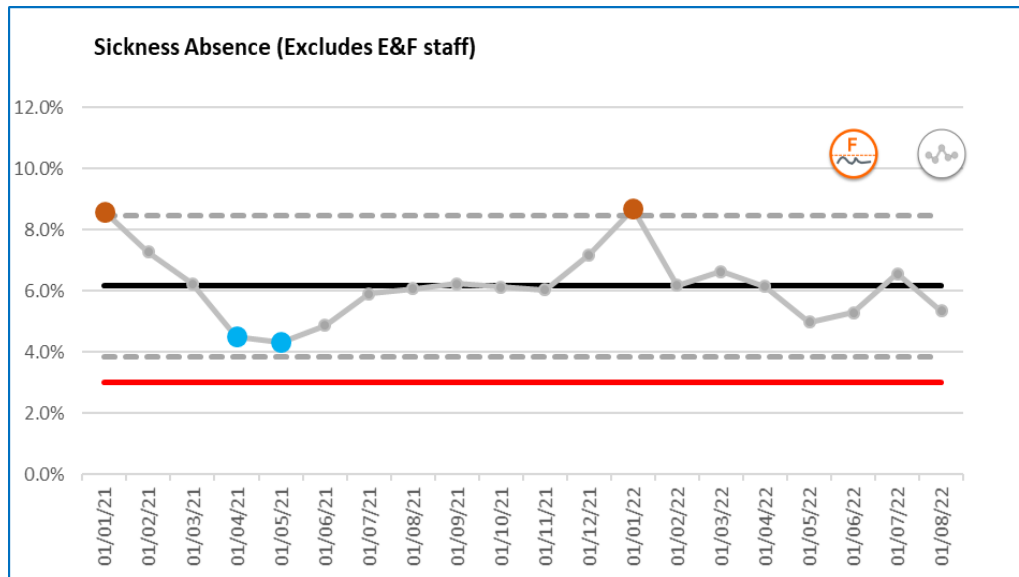
Current Performance			Three Month Forecast		
Aug 22	**YTD**	**Target**	**Sep 22**	**Oct 22**	**Nov 22**
5.3%	**5.7%**	**3%**	5.2%	5.3%	5.5%

National Position & Overview

Data Excludes Estates and Facilities staff. Peer data not currently available.

COVID-19 related sickness absence started to decline in August 2020, taking UHL to 1.05% at month end.

Root Cause	Actions	Impact/Timescale
• 7 July 2022, saw the removal of paid special leave for new COVID-19 related absences , and the start of the transition period for long covid absences moving to 'normal' sickness absence from 1 September. • During August we saw a decline in covid-related absences, with support to return colleagues to work wherever possible in accordance with the re-categorization of covid-related absences from 1 September 2022 to 'normal' sick leave. • The absences are predominantly in our clinical areas; 5.53% within clinical management groups and 3.69% in corporate areas (where there will be increased opportunity for remote working) • The top three reasons for sickness absence for year to date are 'other known causes' (24.86%), 'stress anxiety depression' (18.35%), and 'covid-19 / infection precaution' (12.43%)	• Individual discussions have taken place with colleagues off with 'long covid' to facilitate a return to work wherever possible. • Trust clarification and comms have been issued in relation to COVID-19 related absences, to actively explore remote working opportunities when colleagues need to isolate. • To further support colleagues and services users in managing the infection prevention risks, covid-related absences will be excluded from triggers and targets to 31 March 2023, and bank staff will continue to be paid for pre-booked shifts. • Making it Happen meetings are continuing to support and advise managers, with case management discussions with Occupational Health and EDI where appropriate.	• As infection rates in the community and our hospitals reduced, we saw a corresponding reduction in sickness absence in August 2022., although we are again starting to see increased covid-related absences • The indicative trajectory has been revised, and will be kept under review to take account of the prevalence of COVID-19.

Well Led – Appraisals

% of Staff with Annual Appraisal (Includes E&F staff from May 21)
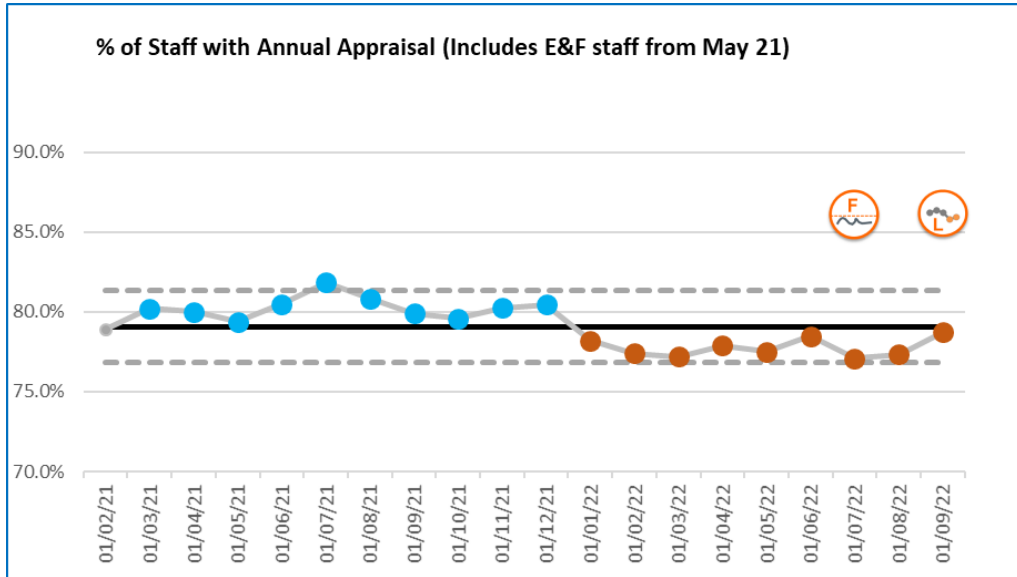
Current Performance			Three Month Forecast		
Sep 22	**YTD**	**Target**	**Oct 22**	**Nov 22**	**Dec 22**
78.7%	**78.7%**	**95%**	80%	82%	83%

National Position & Overview

Peer data not currently available.

Performance has been impacted in the first half of the year by increased COVID rates and migration to MS 365.

Root Cause	Actions	Impact/Timescale
• It is recognised that performance continues to be impacted by Covid-19 resulting in staff absences. • A further concern in recent months is the move to MS 365 and issues with ESR access for local inputters and macro enabled forms • A number of colleagues have had appraisals within the last 12 months, outside the reporting/ incremental date and therefore show as non-compliant	• It was acknowledged in recent exception reports that we would be unlikely to reach full compliance of 95% in the short term. • Each CMG has been requested to provide a realistic trajectory at the PRM forums for the next 12 months. • Appraisal data capture Forms have been updated to remove macros to allow accurate recording. • People Services are assisting to resolve ESR Access issues that have impacted on reporting.	• Appraisals are reviewed through the Making it All Happen reviews chaired by CMG / Directorate leadership teams with support from HR. This is a meeting with each line manager to review Sickness, Appraisals and S&MT compliance. • Appraisals are also monitored through the PRM monthly.

Well Led – Statutory and Mandatory Training

Statutory and Mandatory Training
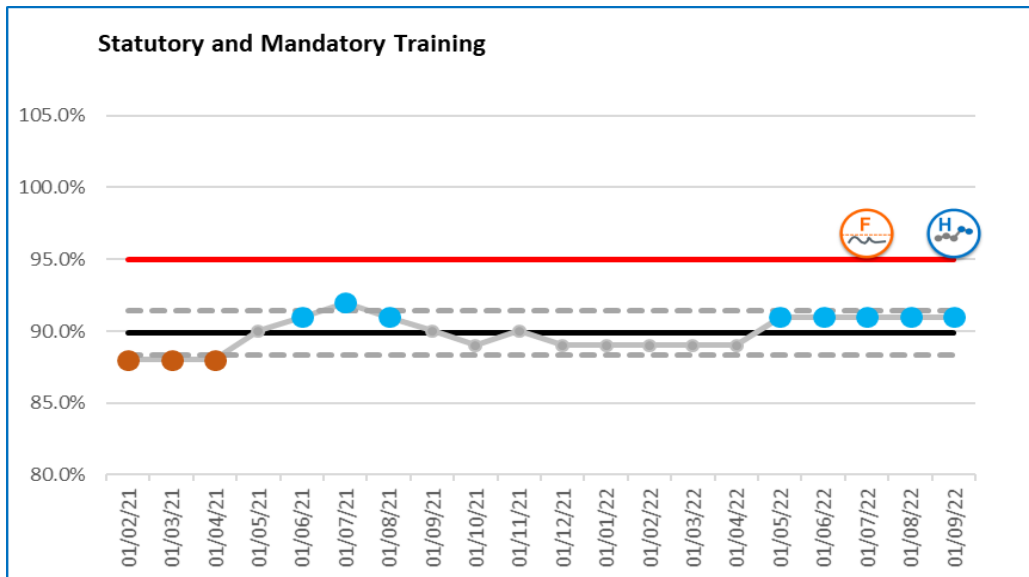
Current Performance			Three Month Forecast		
Sep 22	YTD	Target	Oct 22	Nov 22	Dec 22
91%	91%	95%	92%	92%	92%

National Position & Overview

Peer data not available.

Root Cause	Actions	Impact/Timescale
It is recognised that performance has been, and is still being, affected by: • Covid-19 and related Staff Absence Levels • Operational pressures • Operational demand • Annual Leave / School Holiday related Leave	People Services Colleagues continue to support managers with improving their compliance. Performance against trajectories is being monitored via Executive Corporate and CMG Performance Reviews. This is complimented by access to compliance reports, direct emailed snapshot reports to over 2000 relevant staff & more than 12,000 direct emails per month to non-compliant staff. New question based eLearning modules are live on HELM for Fire Safety, Infection Prevention and Cyber Security training. Targeted reminders as training audit of some corporate areas and MSK this month.	Reviewed through the Making it All Happen reviews chaired by CMG / Directorate leadership teams with support from HR. This is a meeting with each line manager to review sickness, appraisals and S&MT compliance. Drive towards improving the overall percentage of UHL during Q1 of the financial year has been implemented with renewed chasing on non-compliance and organisational support. Drive through Q2 should lead to further increase.

Well Led – Adult Nursing Vacancies

Adult Nursing Vacancies
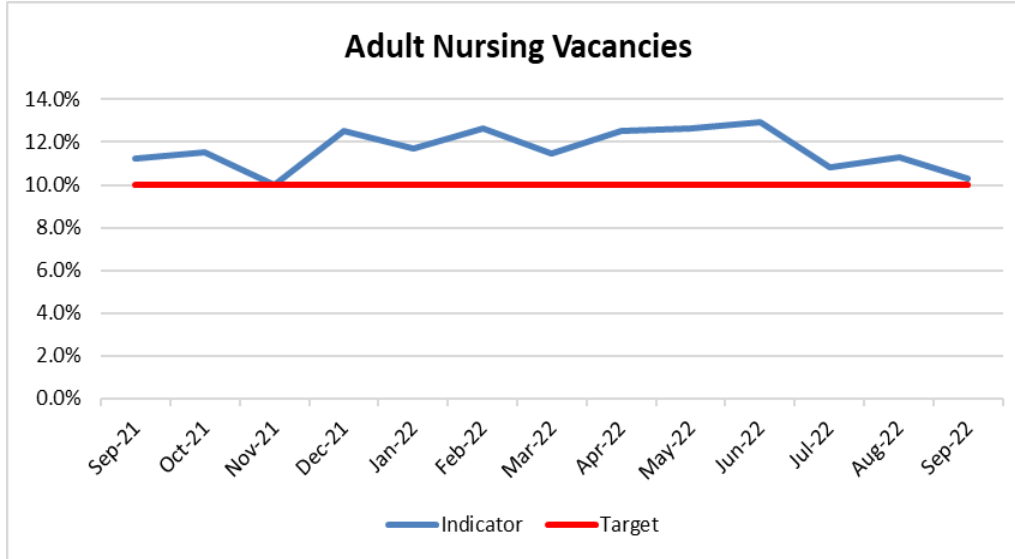
Current Performance			Three Month Forecast		
Sep 22	**YTD**	**Target**	**Oct 22**	**Nov 22**	**Dec 22**
10.3%	**10.3%**	**10%**	10.8%	9.3%	9.8%

National Position & Overview

NHS Digital data published in October 2022 for NHS England and NHS Improvement shows a vacancy rate for Nursing & Midwifery registrants of 10.5% at 30 September 2022 (Midlands is 11.1%, Acute sector 10.2 %). Next data is expected January 2023.

Root Cause	Actions	Impact/Timescale
• The UHL 2020/21 vacancy rate for Nursing registrants has improved by 1.0% from August 2022 (30 WTE new starters) • Reduction in vacancies linked to new cohorts of internationally educated nurses(IEN) commencing in UHL so need to increase domestic recruitment and improve retention	• Continue to interview weekly to maintain a pipeline of international nurses to arrive bi-monthly; • Recruit Head of Nursing (HoN) for Recruitment, Retention and pastoral Care to increase domestic recruitment	• Recruitment trajectory of 320 IEN by Dec 31st 2022 on track. Nov'22 70 arrivals of IEN due to arrive • HoN commenced in post 1st October 2022 priority to identify 5 high impact actions / workplan to increase domestic recruitment. • We have 61 newly qualified nurses due to commence Nov '22 to Jan '23 so plan to be developed to support transition into registrants and retain during winter months

Well Led – Paed Nursing Vacancies

Paed Nursing Vacancies
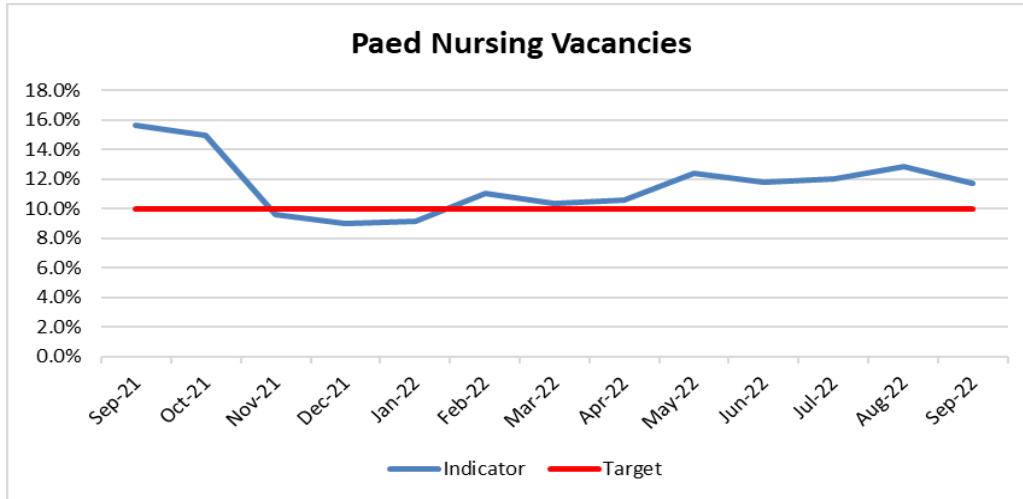
	Current Performance			Three Month Forecast		
	Sep 22	**YTD**	**Target**	**Oct 22**	**Nov 22**	**Dec 22**
	11.7%	**11.7%**	**10%**	11.4%	10.5%	10.0%

National Position & Overview

NHS Digital data published in October 2022 for NHS England and NHS Improvement shows a vacancy rate for Nursing & Midwifery registrants of 10.5% at 30 September 2022 (Midlands is 11.1%, Acute sector 10.2 %). Next data is expected January 2023.

Root Cause	Actions	Impact/Timescale
• Small supply of registered children's nurses • There is a slight improved vacancy position by 0.5% in month (this equates to 5.9 WTE).	• Additional interview panel set up in Oct '22 for Internationally Educated Children's Nurses (IECN). • Establishment reviews have identified where we can safely increase number of adult nurses into Childrens. • Long term plans to increase number of Registered Nursing Associates in Childrens • Need to ensure that 21 newly qualified children's nurses due to commence in Nov'22 are supported to enable transition into registrant	• Additional allocations of IECN's in progress who will commence into post between Nov '22 and Jan 23. • HoN for recruitment & retention to focus on domestic recruitment for Childrens • To commence recruitment campaign for trainee Nursing Associates intake for Jan'22 • Education team have a robust 2 month plan to enable safe transition of 21 newly qualified children's nurses into their first registered post

Well Led – Midwives Vacancies

Midwives Vacancies
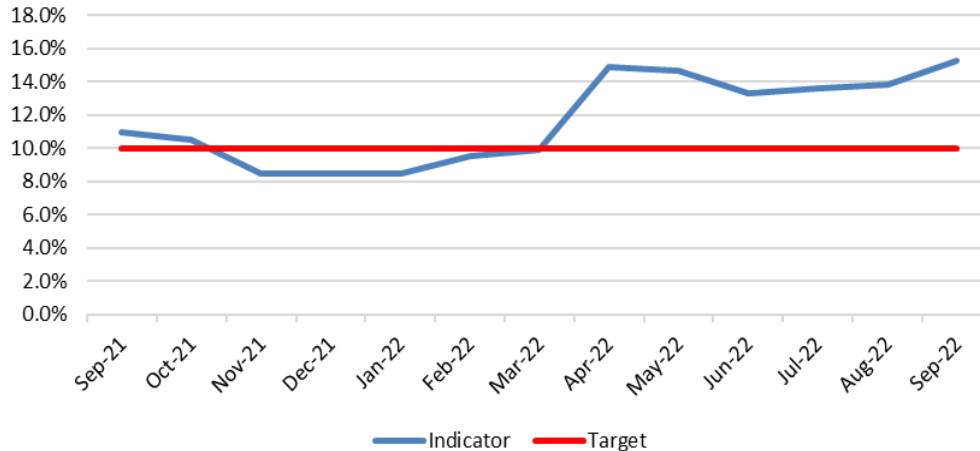
Current Performance			Three Month Forecast		
Sep 22	**YTD**	**Target**	**Oct 22**	**Nov 22**	**Dec 22**
15.2%	**15.2%**	**10%**			
National Position & Overview					

Root Cause	Actions	Impact/Timescale
• The vacancy has risen slightly as midwives, not yet in post. • We have appointed 5 international midwives, to date 3 have passed their OSCE. 2 due to land • Vacancy position overall in line with national picture of midwife numbers	• Rolling advert continues every 2 weeks • Recruited 12 new midwives in September totalling 28 new midwives for the 2 acute units. • Community undertaking separate recruitment for their area and have appointed 8 new midwives (4 of which are NQMs or external candidates) • R&R midwives remain in post and working with existing staff to improve retention by holding listening events • R&R midwives to liaise with HoN for R&R to ensure staff voices are heard at corporate level to initiate change • Received applications for 3 external midwives , interviews in place	• Newly qualified midwives start date delayed because of delays in completing training and are now due to start Mid December • Overall vacancy rate will improve by the end of the year

Health Care Assistants and Support Workers - excluding Maternity
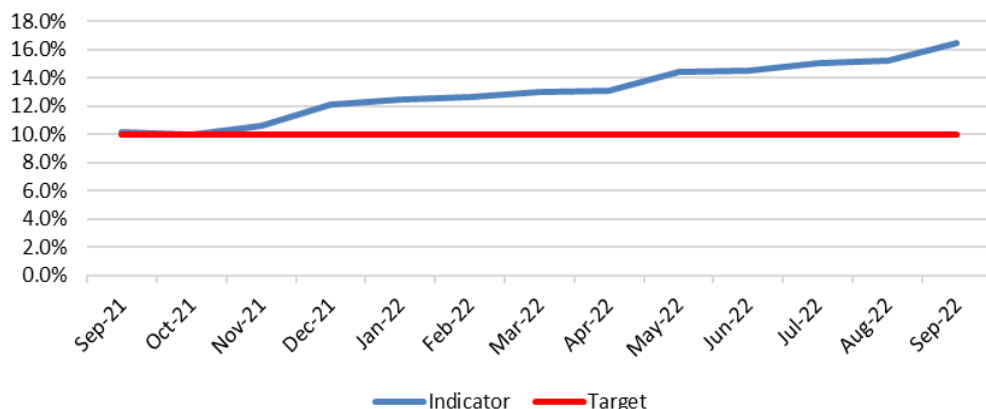
	Current Performance			Three Month Forecast		
	Sep 22	YTD	Target	Oct 22	Nov 22	Dec 22
	16.4%	16.4%	10%	17.2%	15.4%	14.9%

National Position & Overview

Nationally the number of vacant healthcare support worker posts remains high acknowledging UHL is an outlier. The national drive to reduce HCSW vacancies from Nov 2020 is ongoing in 2022 and remains a national focus on achieving 'close to zero vacancies as possible' for healthcare support worker roles that support registered nurses by the bedside

Root Cause	Actions	Impact/Timescale
• The position has deteriorated with a 1.2% increase in vacancies month equating to 22 WTE • There are 268 WTE ward based Band 2 HCA vacancies but there has also been an increase in establishment of 68 WTE band 2 HCAs from March to Sept 2022 • HCAs who leave are those who were new to care but they retain a bank assignment because they want more flexibility in hours	• Recruitment events / interviews every 8 weeks in 2022 and planned for 2023. • Need robust Induction and training plans to accommodate pipeline of new recruits x 107 from Oct'22 to Jan '23 • Additional funding from NHSI provided to UHL to increase support in Recruitment and Education team to increase the processing and capacity of cohorts. • To increase training capacity in the bank for HCAs new to care to support flexible working opportunities	• Planned to fill all allocated inductions for 209 recruits from Oct'22 to Jan'23 • X 4 education posts all recruited into and have commenced in Oct '22. These posts will also support induction and training for staff bank • Circa 30 candidates 'new to care' for the bank / flexible working to be allocated to a bespoke part time induction to commence in November.

Well Led – Health Care Assistants and Support Workers - Maternity

Health Care Assistants and Support Workers - Maternity (line chart showing Indicator vs Target from Sep-21 to Sep-22)
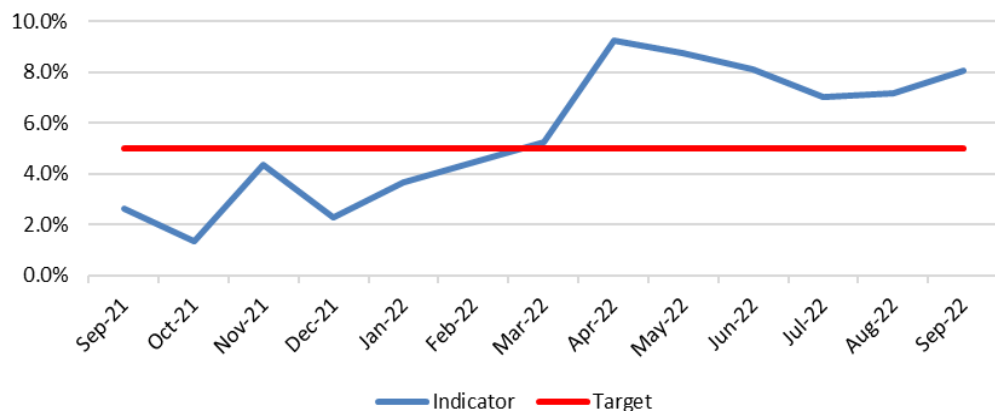
Current Performance			Three Month Forecast		
Sep 22	**YTD**	**Target**	**Oct 22**	**Nov 22**	**Dec 22**
8.0%	**8.0%**	**5%**			

National Position & Overview

Root Cause	Actions	Impact/Timescale
• Vacancy rate of MCAs/MSWs remain static • Funding received to support improvement of support workers in the community • Recent MCAs have left due to expectation of Job and a perceived lack of development pathway • Inconsistencies of role in different areas	• Role requirement being discussed in detail with applicants by interviewers • Review in place of support staff workforce • Review apprenticeship pathways for Band 2 to 3 development being led by education team • Regional recruitment process available to assist with recruiting support staff • Recruitment Open day for MCA/MSCW to be held by end of October • Supportive mechanisms to support retention for MCA/MSW: working with Ward management / co-ordinators to provide supportive/facilitative environment for these workers	• Development pathway planned to be in place by March 2023 • Work with regional team and indeed to improve recruitment of support staff expected in September

Responsive (Emergency Care) – ED 4 Hour Waits Acute Footprint

ED 4 hour waits Acute Footprint
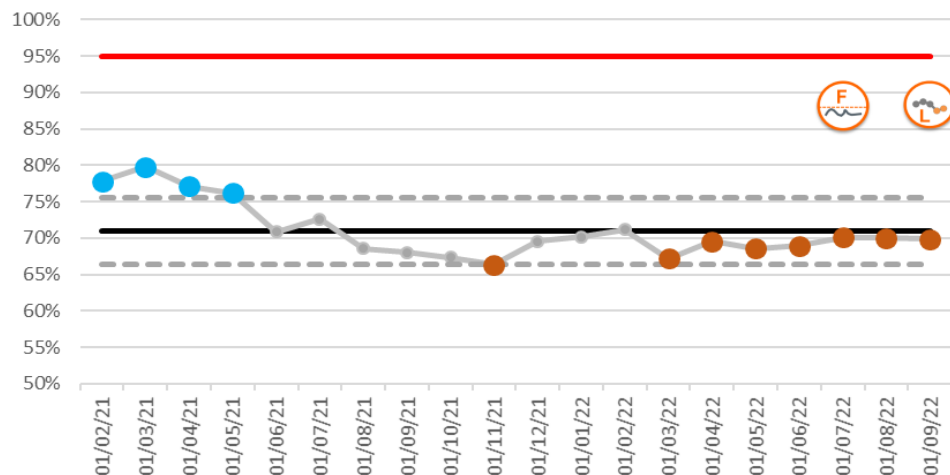
	Current Performance			Three Month Forecast		
	Sep 22	**YTD**	**Target**	**Oct 22**	**Nov 22**	**Dec 22**
	69.9%	**69.5%**	**95%**	72%	72%	71%

National Position & Overview

In September, UHL ranked 61st out of 112 Acute Trusts. The National average in England was 71.0%. Only 1 out of the 112 Acute Trusts achieved the target. UHL ranked 7th out of 16 trusts in its peer group. The best value out of the Peer Trusts was 77.8% and the worst value was 52.9%.

Root Cause	Actions	Impact/Timescale
• Crowding in ED due to chronic and sustained lack of flow • High Inflow of particularly in walk-in impacting on ambulance arrivals • UHL bed occupancy >85%	• Overnight consultant in ED rota in place and continued increase in uptake of shifts noted • MIaMI agreement to extend opening times from Mid September. Recruitment underway further support expected from November in line with recruitment • Emergency flow action plan focus on reduction in non-admitted breaches and adherence to new Inter Professional Standards • Development of pre-transfer unit at LRI	• In place • Increased attendance from September 2022 • Monitored via CMG PRM's • December 2022

Mean Time to Initial Assessment
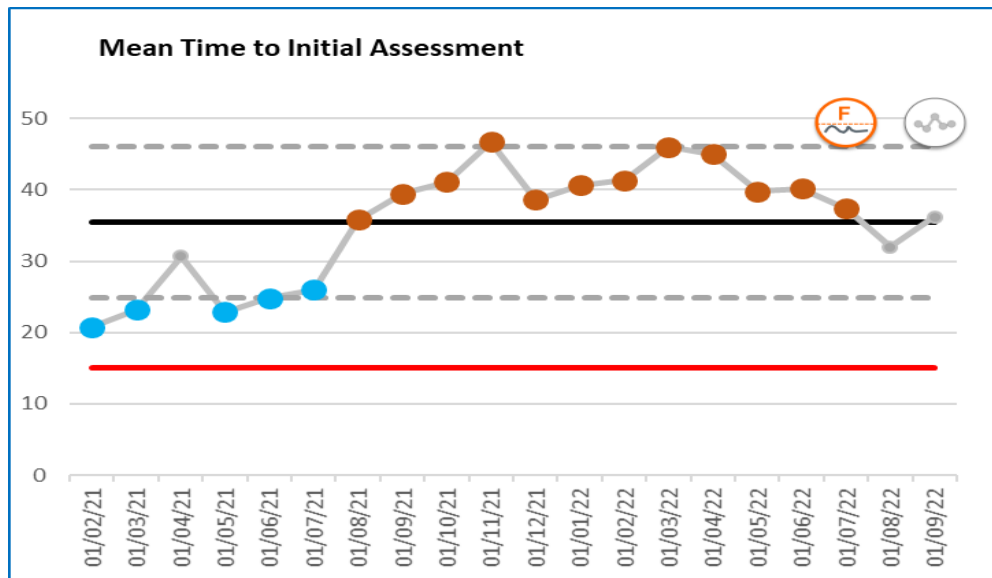
Current Performance			Three Month Forecast		
Sep 22	YTD	Target	Oct 22	Nov 22	Dec 22
36.2	38.5	15	35	34	33

National Position & Overview
National data not currently available for reporting.

Root Cause	Actions	Impact/Timescale
• Insufficient workforce to mange sustained walk in demand of in excess of 40 – 50 patients per hour.	• Redirect patients to UTC and SDEC's • Redirect patients to Walk in Centres • ED consultant deployed to front desk • STAT clinician allocated to front door for each shift • Stream patients to injuries	• In place • In place • In place • In place • In place

Responsive (Emergency Care) – 12 Hour Trolley Waits in A&E
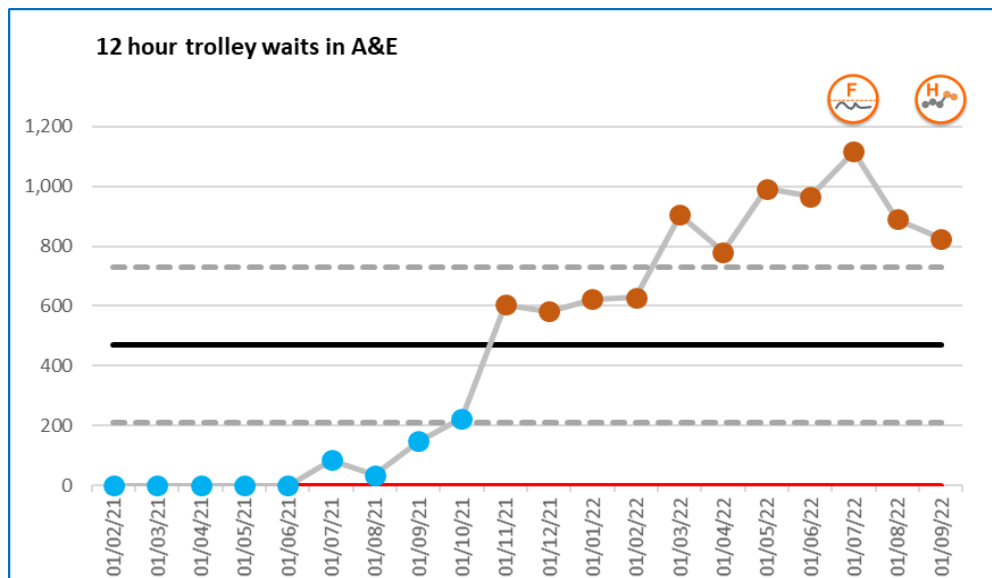
Current Performance			Three Month Forecast		
Sep 22	**YTD**	**Target**	**Oct 22**	**Nov 22**	**Dec 22**
825	**5,572**	**0**			

National Position & Overview

In September, UHL ranked 119th out of 124 Major A&E NHS Trusts. 21 out of the 124 Trusts achieved the target. The best value nationally was 0 and the worst value was 1,126. UHL ranked 16th out of 18 trusts in its peer group.

Root Cause	Actions	Impact/Timescale
• Poor outflow across the emergency care pathway • Insufficient discharges from the base wards to meet demand • Inability to create early capacity across the emergency care pathway due to lack of early discharges / using the discharge lounge overnight	• Medical in reach in place 24/7 • Focused work on flow through the hospital to include board rounds, criteria led discharge, TTO's further review required as impact of schemes is not resulting in improving performance • Avoid using discharge lounge overnight for additional capacity – progressing well being monitored at present • Open reablement ward at LGH	• In place • November 2022 • In place • Opened 14th September 2022

Responsive (Emergency Care) – 12 Hour Waits in the Emergency Department

Number of 12 hour waits in the Emergency Department
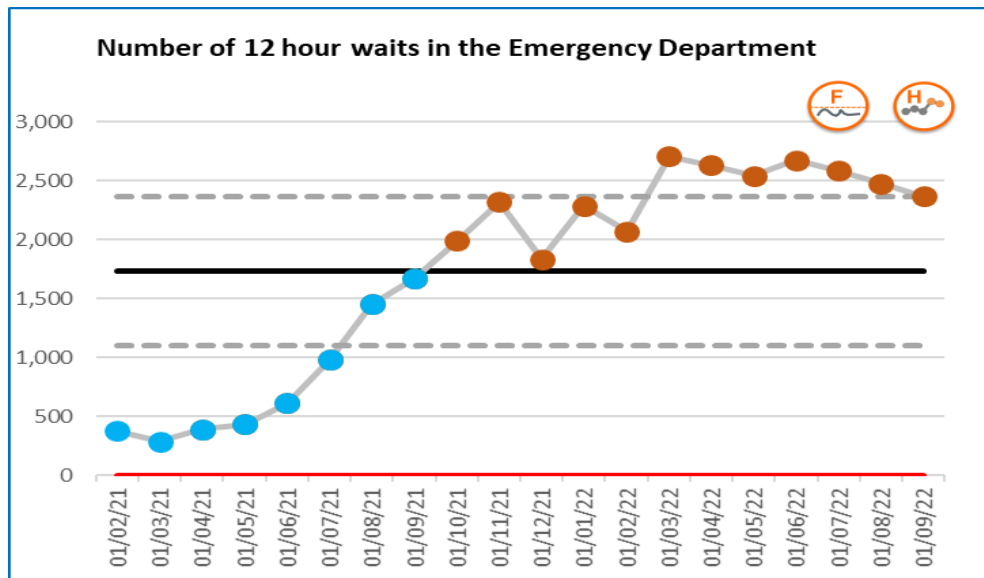
	Current Performance			Three Month Forecast		
	Sep 22	YTD	Target	Oct 22	Nov 22	Dec 22
	2,370	15,277	0			

National Position & Overview
National data not currently available for reporting.

Root Cause	Actions	Impact/Timescale
• Poor outflow across the emergency care pathway • Overcrowding in ED result in long waits to see a doctor	• Medical in reach in place 24/7 • Open Ward 22 LGH	• In place • September 2022

Responsive (Emergency Care) – Time Clinically Ready to Proceed

Time Clinically Ready to Proceed
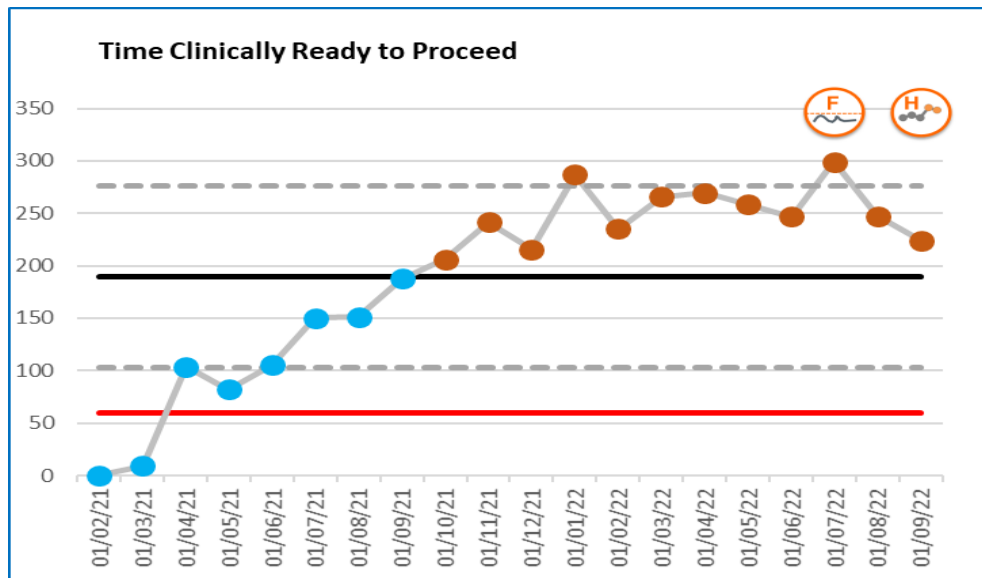
	Current Performance			Three Month Forecast		
	Sep 22	**YTD**	**Target**	**Oct 22**	**Nov 22**	**Dec 22**
	224	**258**	**60**			

National Position & Overview

National data not currently available for reporting.

Root Cause	Actions	Impact/Timescale
• Bed occupancy > 85%	• Embed E-Referrals • Embed Interprofessional standards	• Full action plan in place Monitoring taking place via CMG PRM's

Responsive (Emergency Care) – Ambulance Handovers >60 Mins

Ambulance handover >60mins
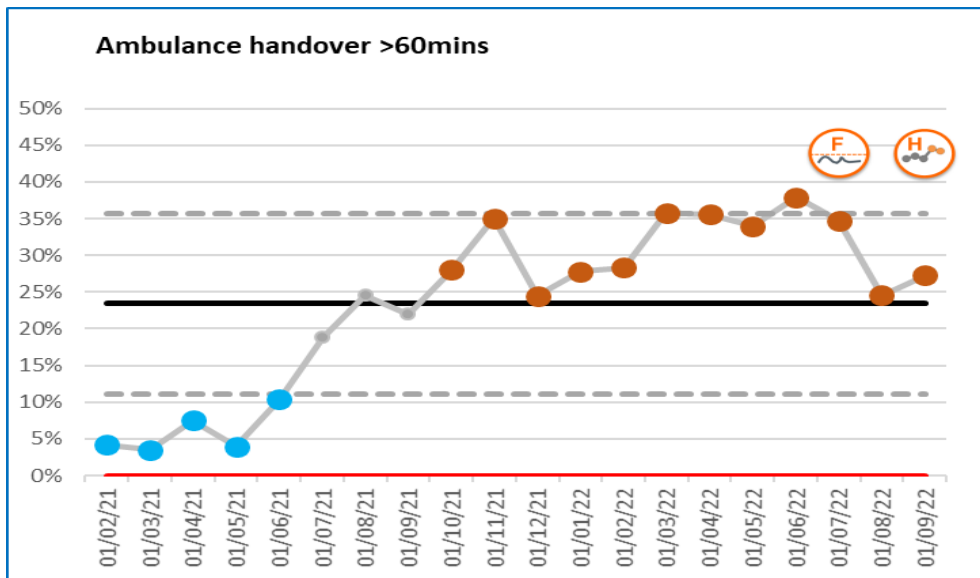
Current Performance			Three Month Forecast		
Sep 22	**YTD**	**Target**	**Oct 22**	**Nov 22**	**Dec 22**
27.3%	**32.3%**	**0%**			

National Position & Overview

LRI ranked 20th out of 23 sites last month (source EMAS monthly report) and had the second highest number of arrivals (4,547).

UHL is an outlier in Ambulance handover performance and recorded the highest number of handovers over 60 minutes last month, 1,240 (source EMAS monthly report).

Root Cause	Actions	Impact/Timescale
• Poor outflow across the emergency care pathway. • High inflow of walk-in patients competing with ambulance patients for trolley space • Sick patients walking in due to inability to get an ambulance	• Medical in reach in place 24/7 • Development of pre-transfer unit at LRI • Avoid using discharge lounge overnight for additional capacity • Embed Urgent Care Co-ordination hub – Extended hours in place from November 2022 • Open Ward 22 LGH and ensure full utilisation • Ensure utilisation of UHL beds in Care Home • Develop and embed Rapid Flow Policy in line with North Bristol	• In place • December 2022 • In place • In place from August 2022 with extended hrs from November • 14th September 2022 • Open 12th August 2022 • 26th September 2022

Responsive (Emergency Care) – Long Stay Patients as a % of G&A Bed Occupancy

Long Stay Patients (21+ days) as a % of G&A Bed Occupancy
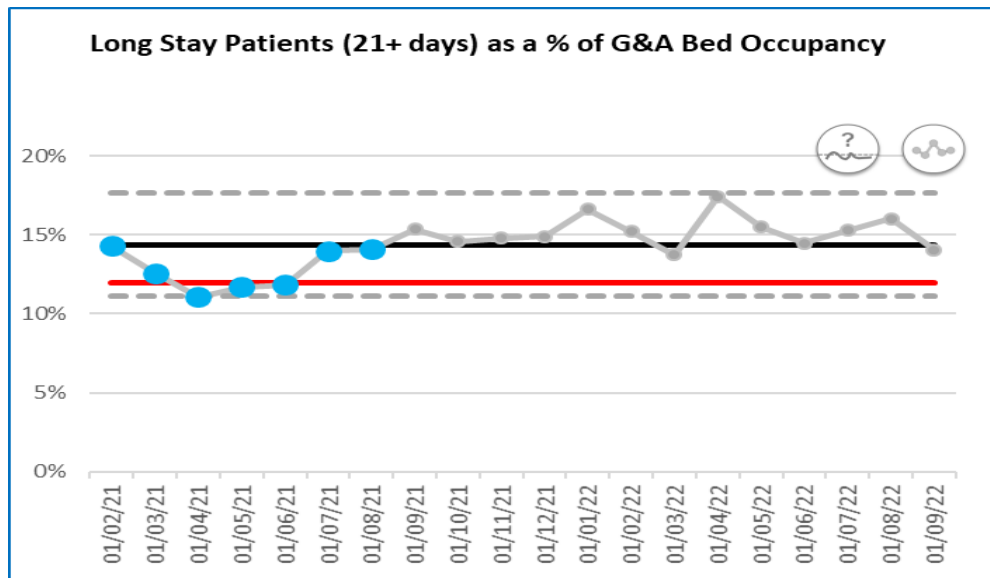
Current Performance			Three Month Forecast		
Sep 22	**YTD**	**Target**	**Oct 22**	**Nov 22**	**Dec 22**
14.0%	**14.0%**	**12%**	14%	13%	13%

National Position & Overview

UHL is ranked 5th out of 20 trusts in the Midlands for the % beds occupied by Long Stay (21+ Day) patients (for the w/c 26/09/22).

•37 (217) Patients (17%) are receiving appropriate care/ treatment on a neuro rehabilitation or brain injury pathway or on an Intensive care Unit or Infectious Diseases Unit.
•64 Patients (29%) are medically optimised for discharge with no acute medical reason to stay .

Root Cause	Actions	Impact/Timescale
•Circa 160 Complex Medically optimised for discharge patients of which 64 have a LLOS and are awaiting a discharge outcome from the LLR discharge coordination Hub. •Suboptimal /inconsistent Discharge Coordination: Over investigation, family /carer involvement, board rounds , red2green principles, preparing the patient in advance of discharge. In addition to impacts of long stays in ED, extra capacity wards and outlying.	Continue to work with health and social care system partners during October to: • Refine and expand the UHL- LPT Trusted assessment discharge pathway to all medical wards. • Support the transfer of patients to the LPT additional surge capacity beds. Work with CMG's to: • Continue with inflow and outflow actions with a focus on TTO's ,board rounds, Patient /Family engagement. • Participate in the national Criteria Led 'SPEED' discharge audits	• Aim to reduce number of MOFD patients waiting for discharge in UHL beds. • Aim to improve /embed SAFER bundle best practice principles. • Reduce the number of patients awaiting 'next steps'/LLOS. • Identify areas potentially suitable for Criteria Led Discharge.

Responsive (Elective Care) – RTT Incompletes

RTT Incompletes
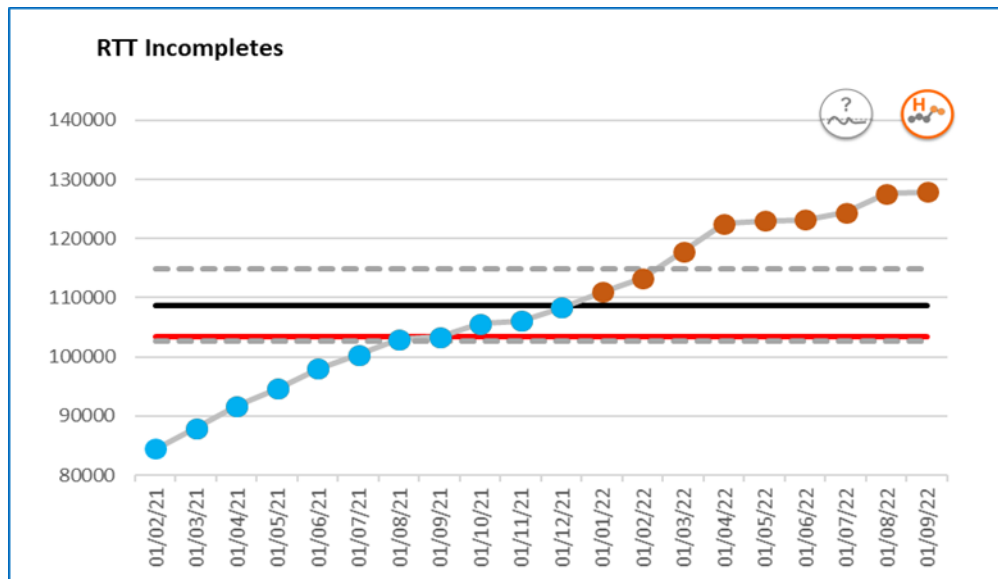
Current Performance			Three Month Forecast		
Sep 22	**YTD**	**Target**	**Oct 22**	**Nov 22**	**Dec 22**
127,909	127,909	103,403	127,603	126,876	125,367

National Position & Overview

At the end of August, UHL ranked 15th out of 18 trusts in its peer group with a total waiting list size of 127,592 patients. The best value out of the 18 Peer Trusts was 66,234, the worst value was 178,367 and the median value was 83,585.

Root Cause	Actions	Impact/Timescale
• Impact of reduced outpatients and Inpatient activity. Due to COVID-19 and the introduction of social distancing and infection prevention measures. • Reduction in theatre capacity to support ITU resulting in significant growth of the Admitted waiting list. • Referrals increasing but still below 19/20 levels • Robot Automation of ASIs	• Eight Elective Recovery Interventions will be managed as programmes of work, arranging call with IST to agree support required • Embed new guidance to assist in the management of patient wanting to delay (C2,C3 & C4 Codes) • Waiting List Audit to conclude through 365 assurance	• On-going • 28/10/2022 • 31/10/2022

Responsive (Elective Care) – RTT 52+ Weeks
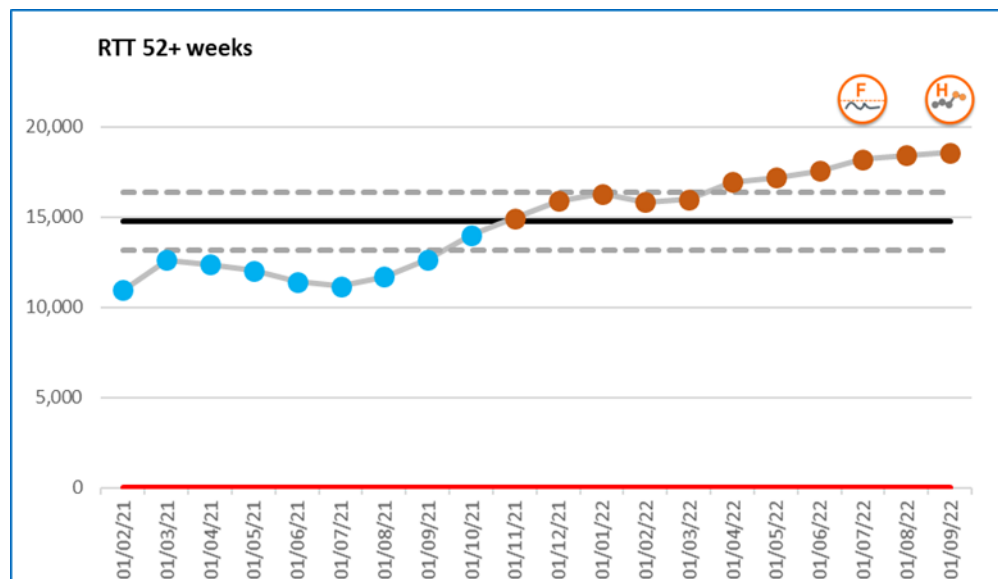
Current Performance			Three Month Forecast		
Sep 22	YTD	Target	Oct 22	Nov 22	Dec 22
18,586	18,586	0	18,658	17,997	17,334

National Position & Overview

At the end of August, UHL ranked 16th out of 18 trusts in its peer group with 18,422 patients waiting over 52+ weeks. The best value out of the 18 Peer Trusts was 781, the worst value was 32,645 and the median value was 4,515.

Root Cause	Actions	Impact/Timescale
• Impact of COVID-19 on planned activity capacity • Significant operational pressures due to the emergency demand , UHL has reported operational OPEL 4 levels regularly. • Increase in demand for Urgent and Cancer Patients • Workforce challenges in anaesthetics leading to cancellations of theatre lists • Admin workforce challenges across a range of posts, particularly band 2 impacting on ability to book patients	• Meeting with the Nuffield and UHL clinicians to discuss and agree future ENT support- date being arranged. • Establish future mutual aid requirements to get to 78-week position. • Park Nottingham to come on site to support General Surgery transfers • Clinical review of General surgery non-admitted patients to identify further patients suitable for Nuffield • Recruitment plan in ITAPS • Admin workforce plan in development, recruitment day planned for 12th Nov	• 07/10/2022 – Increase in suitable patients to be moved. • On-going – November and December cohorts to be reviewed • 14/10/2022 • 19/10/2022 – Transfer of whole pathways across • On-going- improving position from December • 31/10/22 and on-going

Responsive (Elective Care) – RTT 104+ Weeks
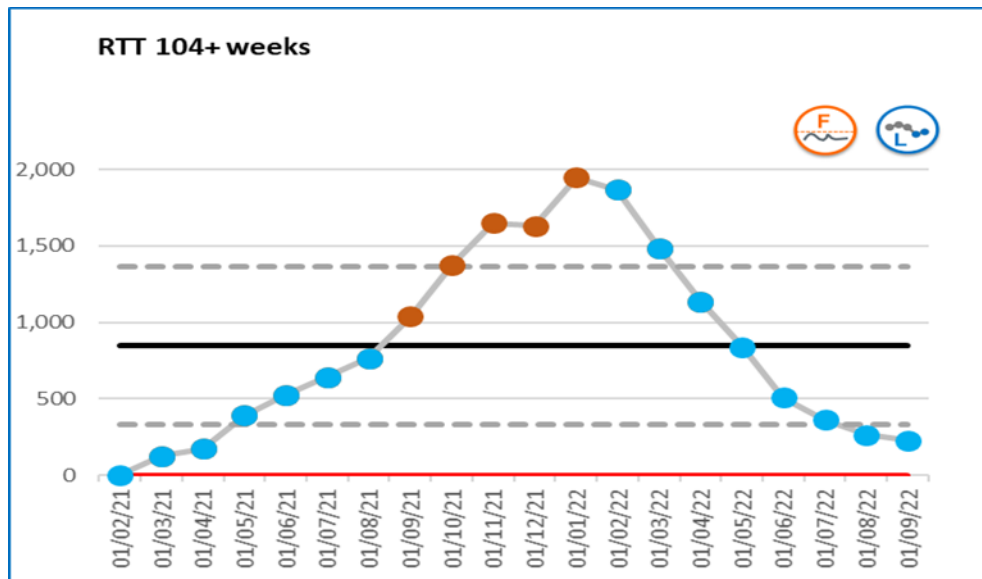
Current Performance			Three Month Forecast		
Sep 22	**YTD**	**Target**	**Oct 22**	**Nov 22**	**Dec 22**
228	**228**	**0**	183	140	97

National Position & Overview

At the end of August, UHL ranked 18th out of 18 trusts in its peer group with 265 patients waiting 104+ weeks. The best value out of the 18 Peer Trusts was 0 and the median value was 24.

Root Cause	Actions	Impact/Timescale
• Impact of COVID-19 on planned activity capacity • Significant operational pressures due to the emergency demand ,UHL consistently at OPEL 4. • Theatre capacity which has been available has been used for clinical priority, cancer patients, and P2's • Workforce challenges in anaesthetics leading to cancellations of theatre lists • Admin workforce challenges across a range of posts, particularly band 2 impacting on ability to book patients	• ENT Nuffield review clinics to start to take place. • 104+ Peer patient letter review • Patients to be identified and transferred to Trentcliffe Hospital/IS provider • Meeting with Cov & Warwick to review the remaining 104+ patients without a date for Mutual Aid • Recruitment plan in ITAPS • Admin workforce plan in development, recruitment day planned for 12th Nov	• 15/10/22 – identify further patients suitable to transfer • 19/10/22 – Ensure patients are being correctly managed against national guidance • 22/10/22 • 11/10/22 • On-going- improving position from December • 31/10/22 and on-going

Responsive (Elective Care) – 6 Week Diagnostic Test Waiting Times

6 Week Diagnostic Test Waiting Times
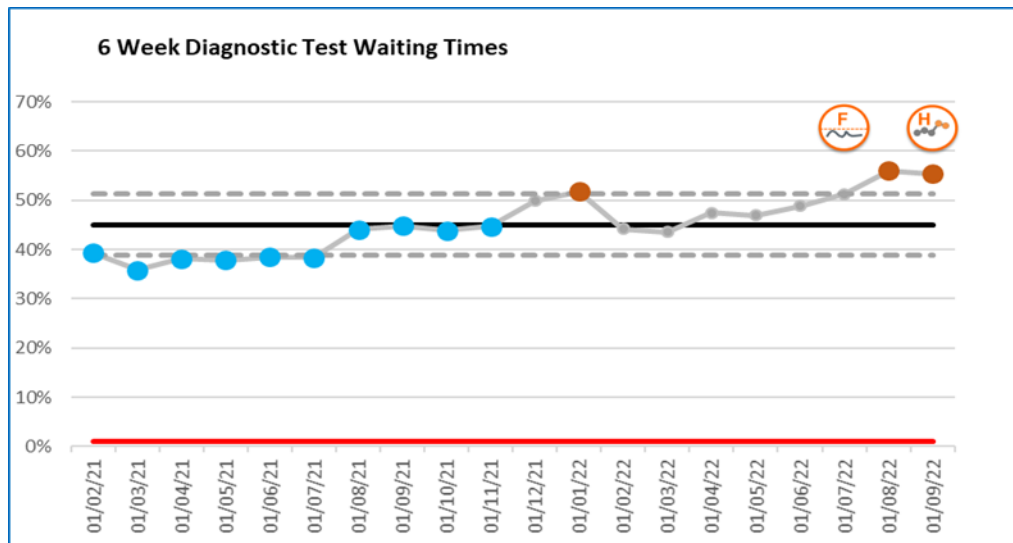
Current Performance			Three Month Forecast		
Sep 22	**YTD**	**Target**	**Oct 22**	**Nov 22**	**Dec 22**
55.4%	**55.4%**	**1.0%**	48.7%	46.8%	45.3%

National Position & Overview

National average performance for August was 30.5%. UHL ranked 18th out of 18 trusts in its peer group with performance of 56.0% in August. The best value out of the 18 Peer Trusts was 5.8% and the median value was 33.7%.

Root Cause	Actions	Impact/Timescale
• Impact of COVID-19 on planned activity capacity • Increased demand for MRI, Non-Obstetric Ultrasound, and Endoscopy. • Reduced capacity due to the introduction of social distancing and infection prevention measures. • Staff vacancies and high levels of staff sickness. • Availability of locums to backfill gaps in staffing. • Increase in patient demand	• Working with UHL transformation team, an automated texting for further modalities. • Two credible private providers, providing ultrasound elsewhere nationally, are being engaged to potentially offer much needed additional capacity. • NHSI/E coming in to review imagining services • NHS IST confirmed Deep Dive into Endoscopy	• 31/10/2022 • 21/10/2022 – Additional capacity to support an increase in demand • 07/11/2022 • 10/11/2022

Responsive (Elective Care) – % Operations Cancelled On the Day

% Operations Cancelled On the Day
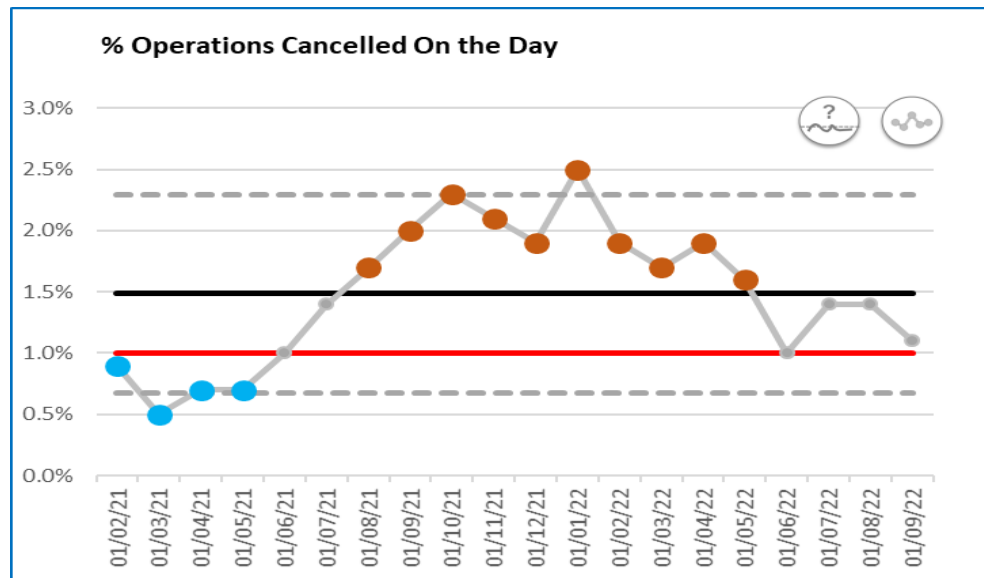
Current Performance			Three Month Forecast		
Sep 22	YTD	Target	Oct 22	Nov 22	Dec 22
1.1%	1.4%	1%	1.2%	1.1%	1.1%

National Position & Overview
National data not currently available for reporting.

Root Cause	Actions	Impact/Timescale
• Significant operational pressures due to the emergency demand and wave 3, UHL has reported operational OPEL 4 levels regularly. • Impact of Increase in COVID-19 patients	• Implementation of training packages for scheduling/improving theatre productivity • All long wait cancellations be escalated to DCOO for review. • ENT running patient review clinics for long waiting patients to ensure they are still fit for surgery	• 31/10/2022 – Support reduction of overruns and late starts which will support fewer patients cancelled on the day • 01/10/2022 • 15/10/2022
• Poor pre-op processes	• Pre-op lead nurse out to recruitment, implementation on electronic pre-op for some patients (my pre-op)	• Dec 22

Responsive (Elective Care) – Outpatient DNA Rate

% Outpatient DNA rate
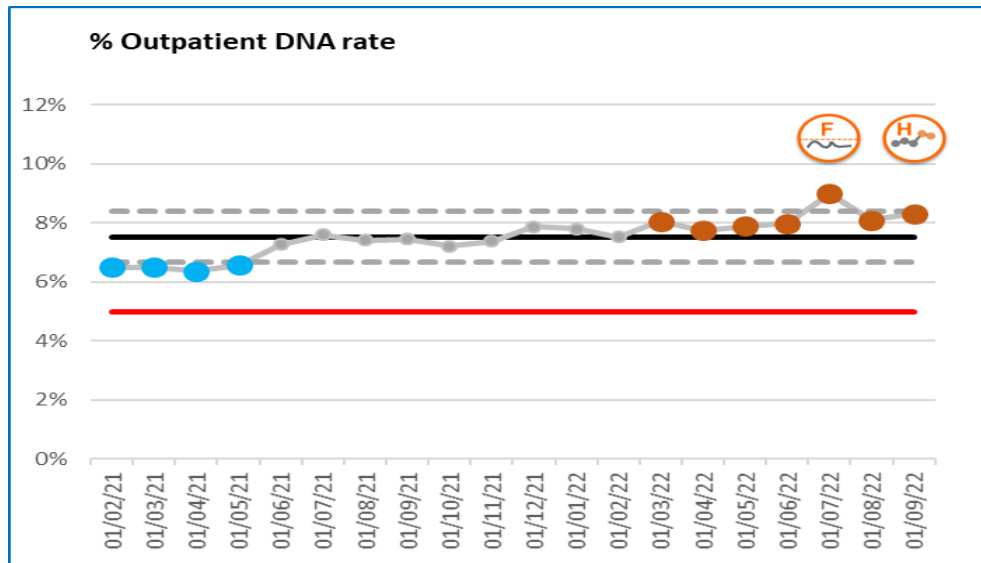
	Current Performance			Three Month Forecast		
	Sep 22	**YTD**	**Target**	**Oct 22**	**Nov 22**	**Dec 22**
	8.3%	**8.2%**	**5.0%**	8.1%	7.9%	7.7%

National Position & Overview

UHL compares better than its peers for the current financial year, 8.0% compared to 8.7% (data for April 22 to July 22, source CHKS).

The DNA rate has increased significantly in recent months and is currently worse than performance before the COVID-19 pandemic, performance in 19/20 was 7.0%.

Root Cause	Actions	Impact/Timescale
1. The limited number of external phone lines continues to be an issue – the clinician thinks the patient is not answering the call therefore DNAs the patient	1. On the Risk register. IT are looking into. Continue to promote the use of Attend Anywhere and AccuRx as an alternative.	• All actions, plus many others, are happening imminently to help reduce the number of DNAs.
2. For virtual consultations, demographic information often isn't being checked with the patient then updated on HISS so some patients aren't receiving appointment letters	2. Remind services of the need to check the patients details are correct and up to date at every contact	• An improvement in the DNA rate should be visible within the next 3 months.
3. Late cancellations/rebooks often mean patients do not receive their appointment letters on time so unaware of appointment	3. Services are being encouraged to use the OP Qliksense dashboard, plus AccuRx to send additional reminders to patients	
4. Due to lack of admin staff, patients unable to get through to department to let them know they're unable to attend	4. Working on increasing numbers on the admin bank and getting them upskilled	
5. Some patients are still afraid to come in to hospital	5. Ask services to offer choice of video consultation	

Responsive (Elective Care) – Outpatient Non Face to Face

% Outpatient Non Face to Face
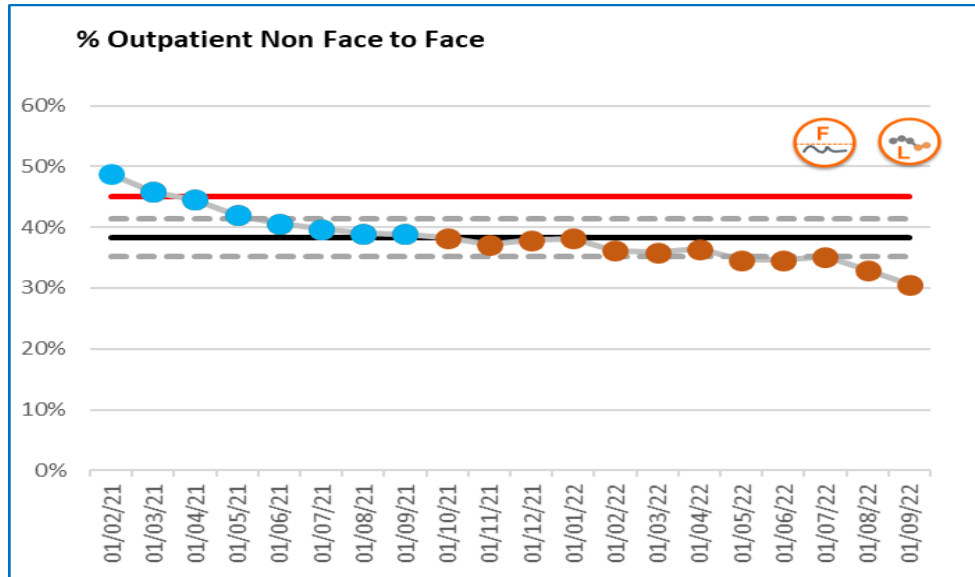
	Current Performance			Three Month Forecast		
	Sep 22	YTD	Target	Oct 22	Nov 22	Dec 22
	30.6%	34.0%	45.0%	32.6%	34.6%	36.6%

National Position & Overview

Peer data not currently available.

The proportion of non face to face appointments is still significantly higher than before the COVID-19 pandemic, performance in 19/20 was 9.9%.

Root Cause	Actions	Impact/Timescale
1. Not all Outpatient rooms and consultant offices are set up for video consultation e.g. no webcam or 2nd screen, and not all rooms have phones in them 2. There is a fear of losing consulting rooms amongst clinicians therefore they are bringing patients in F2F 3. Some clinicians and patients do prefer F2F over non F2F 4. Poor experience with One Consultation has made rollout of Attend Anywhere more challenging	1. All of central outpatient rooms have now been provided with webcams, 2nd screens and headsets. Other OP areas have been asked what they need. 2. Services are being encouraged to run blended clinics (part F2F/part non F2F) so the room will still be needed. Transformation Leads are working with services offering more F2F then non F2F. 3. Attend Anywhere and AccuRx demos are being carried out and kit is being supplied to encourage video consultation as an alternative. Improve comms around the benefits of video consultation.	• All actions, plus others, are happening imminently to help increase the number of non F2F appointments. • An improvement in the non F2F rate should be visible within the next 3 months. • Historically virtual notes reviews have been recorded and submitted as Non F2F activity – we will no longer be submitting virtual notes review activity as it will be classed as remote monitoring.

Responsive Cancer – 2 Week Wait
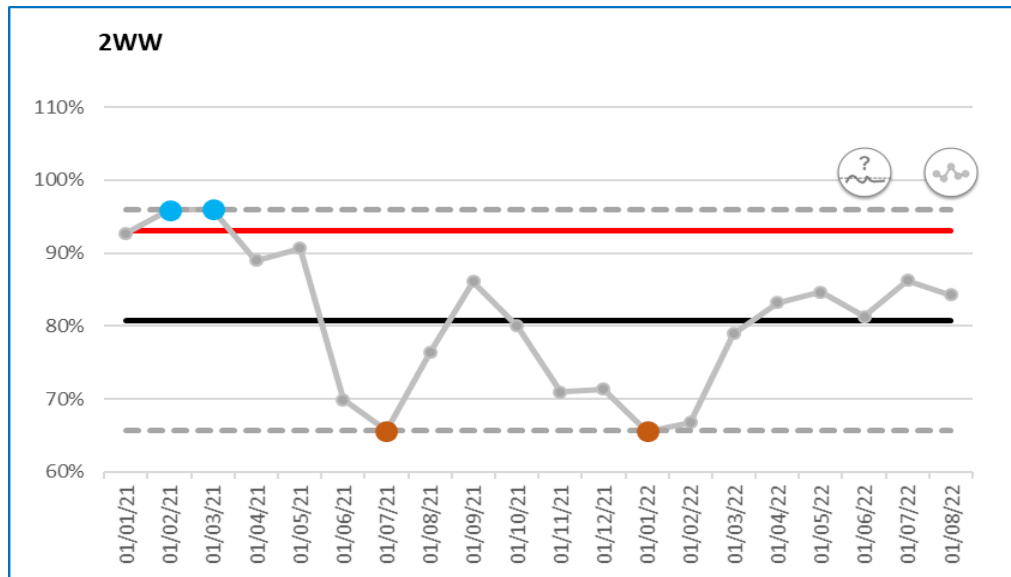
Current Performance			Three Month Forecast		
Aug 22	**YTD**	**Target**	**Sep 22**	**Oct 22**	**Nov 22**
84.2%	**83.9%**	**93%**			

National Position & Overview

In August, UHL ranked 65 out of 139 Acute Trusts. The National average was 84.2%. 30 out of the 139 Acute Trusts achieved the target. UHL ranked 7th out of the 18 UHL Peer Trusts. The best value within our peer group was 96.6%, the worst value was 33.6% and the median value was 80.5%.

Root Cause	Actions	Impact/Timescale
• 2WW demand overall remains 30% above pre-COVID level. Every tumour site saw an increase in August compared to July • Improvements in Breast, Lung and Upper GI have been seen in August, other services have struggled to maintain 2WW capacity. • Despite the pathway improvements the 2WW standard remains at risk due to the sustained increase in demand, predominately in out-patients and endoscopy and workforce challenges in both admin and clinical areas.	• Monthly CMG/tumour site recovery action plan meetings held with all tumour sites with clear actions on 2WW recovery identified. • Endoscopy are to improve booking processes to support 2WW delivery in LOGI and UPGI (aim to achieve 93% within 14 days). • Demand review meetings are being held with all tumour site this month to define further required actions to support demand/capacity and improve performance	• Breast continuation of breast pain pathway and insourcing under 35's supporting. 2WW achieved in August (93.3%) • ENT backlog is improving due to the increase in clinic capacity; waiting times have improved for >10 weeks to 13/14 days. • Haematology pilot aims to support a reduction in inappropriate referrals (date to be confirmed). • LOGI endoscopy booking times improving. Overall UHL position for 22/23 reflective of key areas of concern and forecast for under delivery of the standard in these areas.

Responsive Cancer – Cancer 62 Day Backlog

Cancer 62 Day Backlog chart
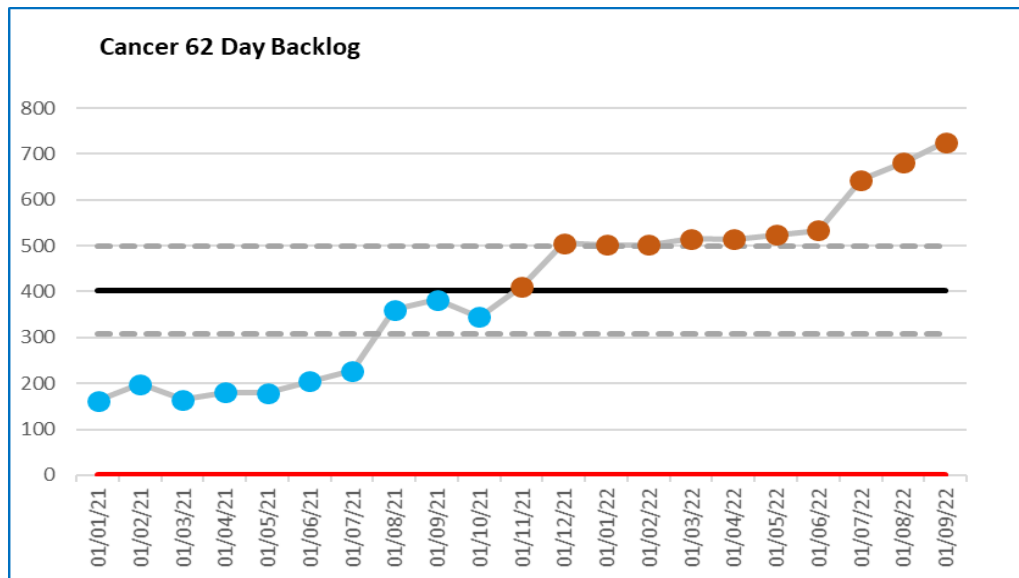
Current Performance			Three Month Forecast		
Sep 22	YTD	Target	Oct 22	Nov 22	Dec 22
726	726	0			

National Position & Overview

National data not currently available for reporting.

Root Cause	Actions	Impact/Timescale
• 62 day and 104 day backlogs remain high as a result of ongoing demand and capacity constraints. • Urology remains the key area of concern, with LOGI. • Constraints include capacity, specifically outpatient, diagnostic and theatre sessions, in addition to workforce to deliver additional capacity. • Patient choice remains of concern across several pathways as does fitness to proceed.	• Clinically prioritise all cancer patients • Weekly PTL review meetings with >104 clinical review • Clinical review of PTL to support Urology • Work with EMCA, NHSE and regional providers to seek mutual aid • Review national timed pathways . • Demand and capacity review being shared with tumour sites • Share new backlog report tool this month and next steps to support focused actions for recovery. • Continued validation of PTLs and cancer data • NSS/Pre-diagnosis CNS commenced to support patient engagement	• Regional support for Urology; including mutual aid continue, with escalation of further mutual aid required for Nephrectomies to NHSE. • Updated action plans by tumour site in progress • NSS/Pre-diagnosis CNS supporting patient engagement across all PTLs • Completion of a backlog report which will run daily and be sent to services to show current backlogs, patients rolling into the backlog and the identified next step for the patient to try to support targeted backlog clearance for cohorts of patients. • NHSE IST 2 day review undertaken, feedback due end of October

Responsive Cancer – Cancer 62 Day
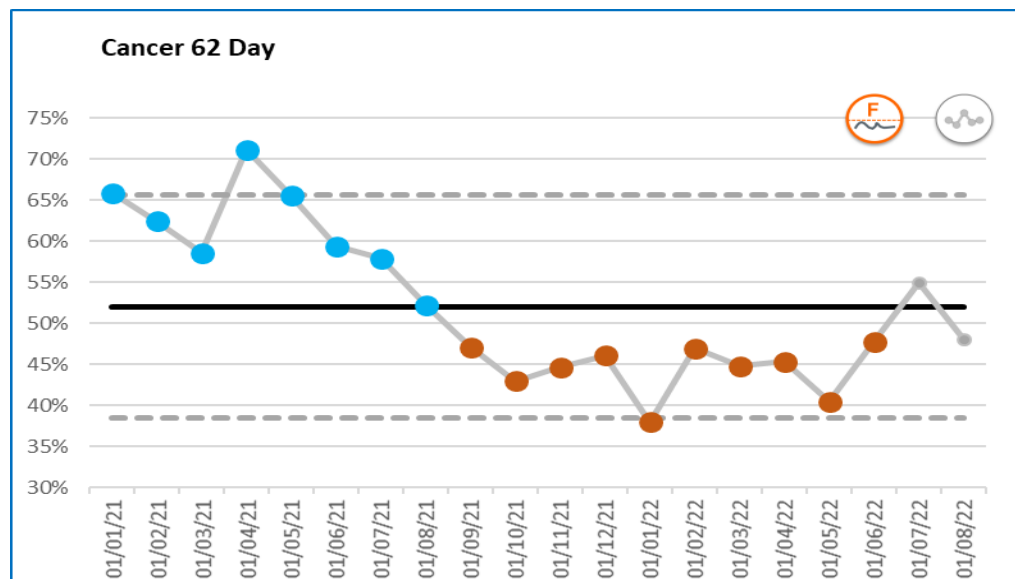
Current Performance			Three Month Forecast		
Aug 22	**YTD**	**Target**	**Sep 22**	**Oct 22**	**Nov 22**
48.0%	**46.0%**	**85%**			

National Position & Overview

In August, UHL ranked 120 out of 140 Acute Trusts. The National average was 61.9%. 12 out of the 136 Acute Trusts achieved the target. UHL ranked 13th out of the 18 UHL Peer Trusts. The best value within our peer group was 72.0%, the worst value was 41.6% and the median value was 50.9%.

Root Cause	Actions	Impact/Timescale
• Capacity constraints across all points of the pathways • High backlog levels being treated and prioritised having a direct impact on performance • Theatre, Oncology and radiotherapy capacity continues to be challenged with high wait times • Workforce challenges including recruitment and lack of WLI activity	• Continue to clinically prioritise all patients • Weekly PTL review including additional support in Urology. • Review national timed pathways and identify possible areas for improvement • Demand and capacity data capture complete. Shared and discussed with each tumour site to identify key constraints and solutions. • Planning for regular mobile LATP provider availability from November • NHSE investment to support Onc/Radth/Haem • Increased Pathology provision	• Individual tumour site review of average time at each stage of the pathway. The initial data shows good FDS turnaround but delays in decision to treat and treatment timescales across multiple tumour sites. • Bed capacity impact post reconfiguration has reduced on the day cancellations (particularly in LOGI, UPGI and Urology). • Recruitment for Onc/Radth investment in progress – anticipate impact from Nov • Mutual aid for Urology escalated to NHSE • NHSE IST 2 day review undertaken, feedback due end of October

Trust Overview

Performance Overview

Exception Reports

Finance

Appendix - Alignment to CMG Dashboards

Appendix - Statistical Process Control Charts
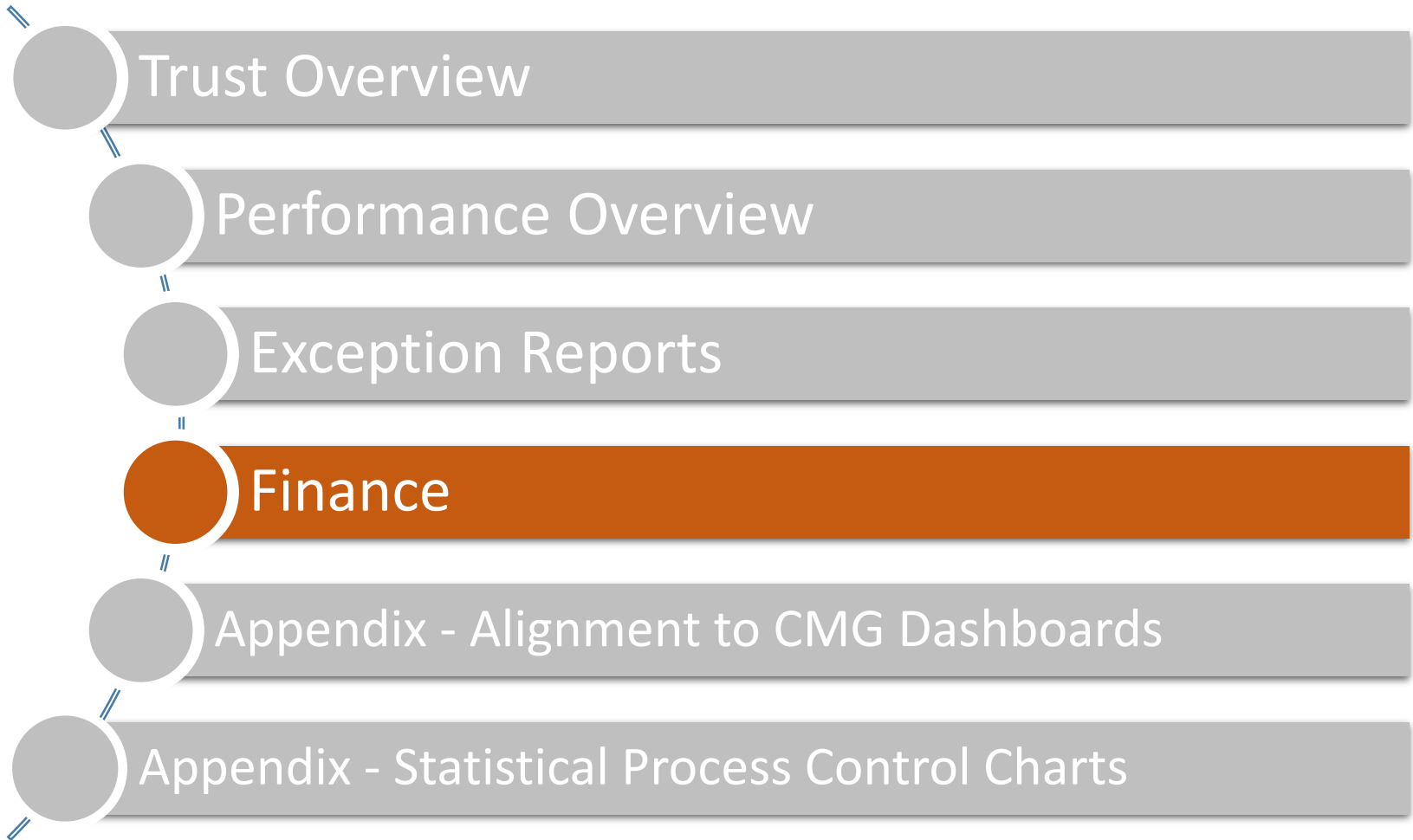
Finance

Single Oversight Framework – Month 6 Overview

At a Glance		Indicator	Plan / Standard	Period	YTD Actuals	Monthly Actuals	RAG Rating	Executive Director
Best Value Care	Finance	Trust level control total performance against target	M6 YTD Plan of -£7.8m	M6	-£6.7m	-£2.4m	🟩	CFO
		Capital expenditure against plan	M6 YTD Plan of £24.8m	M6	£20.2m	£5.2m	🟥	CFO

Executive Summary

- The Trust is reporting a year to date deficit at Month 6 of £6.7m which is £1.1m favourable to plan. The key drivers of this underspend are:
    - CIP cash over delivery £1.8mF
    - ERF underspend of £1.2mF
    - Pay award benefit £0.8mF
    - Excess inflation £0.5mA
    - Unfunded beds £0.9mA
    - Increased drugs £0.3mA
    - Increased Covid-19 spend compared to plan of £0.5mA
    - Extra bank holiday £0.3mA
    - Other small variances £0.2mA

- The Trust has reported a year to date CIP delivery including productivity of £16m against a £10m CIP target.

- There was an acceleration of Trust capital expenditure in Month 6, as the Trust started to recover against its planned expenditure profile, with the year-to-date expenditure of £20.2m incurred which was £4.6m behind plan.

- The cash position at the end of September was £85.8m, a reduction of £7.4m in the month, which was driven by the Trust clearing aged accounts payable balances.

Summary Financial Position & CIP Performance

| | I&E YTD | | | | CIP YTD (Inc Productivity) | | |
| | Plan | Actual | Variance to Plan | Full Year Plan | CIP Plan | CIP Actual | Variance to Plan |
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
NHS Patient-Rel Income	599,631	612,930	13,299	1,207,175	0	0	0
Other Operating Income	68,805	73,566	4,761	136,180	189	1,076	887
Total Income	**668,436**	**686,496**	**18,060**	**1,343,354**	**189**	**1,076**	**887**
Pay	(397,486)	(405,618)	(8,131)	(788,248)	3,054	8,921	5,868
Agency Pay	(10,485)	(11,961)	(1,476)	(22,106)	0	0	0
Non Pay	(237,309)	(245,218)	(7,909)	(470,113)	6,676	6,018	(658)
Total Costs	**(645,281)**	**(662,797)**	**(17,516)**	**(1,280,467)**	**9,729**	**14,939**	**5,210**
EBITDA	**23,155**	**23,699**	**544**	**62,888**	**9,918**	**16,015**	**6,097**
Non Operating Costs	(31,415)	(31,038)	378	(63,861)	0	0	0
Retained Surplus/(Deficit)	(8,260)	(7,339)	922	(973)	9,918	16,015	6,097
Donated Assets	438	621	183	973	0	0	0
Net Total Surplus/(Deficit)	(7,823)	(6,717)	1,105	(0)	9,918	16,015	6,097
Less Capital Impairment	0	0	0	0	0	0	0
Reported Control Total Surplus/(Deficit)	(7,823)	(6,717)	1,105	(0)	9,918	16,015	6,097

(Row label: I&E)

Comments – YTD Variance to Plan

Total Income: £18.1mF driven by additional income for pay awards (£9.6mF), Income for the LPT contract, offset in expenditure (£2.7mF), excluded drugs and devices which are offset in non-pay (£1.9mF), funding for the community diagnostic hub (CDH) offset by expenditure (£1.3mF), additional training income £1.1mF, car parking/catering income £0.9mF and private/overseas patient income across various CMGs £0.7mF.

Pay and Agency: £9.6mU is driven by a pay awards of £8.8mU and LPT contract pay costs of £1.7mU, with the net balance attributable to vacancies.

Non Pay: £7.9mA includes £1.9mA pass through drugs and £1.7mA LTP costs both offset within income, circa £0.8mA within ESM on security, £1.0mA on CDH offset by income, ITAPS insourcing costs to cover substantive staffing shortfalls £1.4mA and £1.5mA increasing the bad debt provision.

The CIP overperformance of £6.1mF reflects £1.8mF cash releasing CIP and £4.3mF productivity schemes.

Month 6 Dashboards

Monthly Surplus/(Deficit) £k
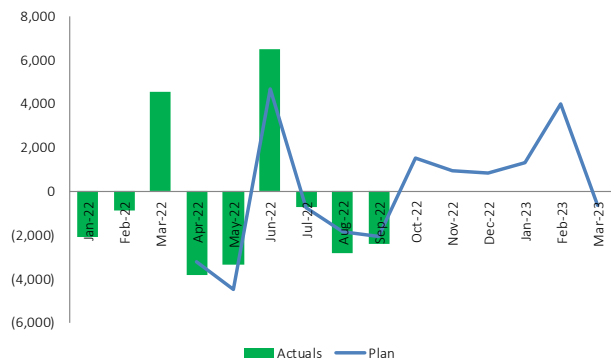
Monthly PCI Income £k

Monthly Other Income £k

Monthly Substantive/Bank/Agency Pay £k
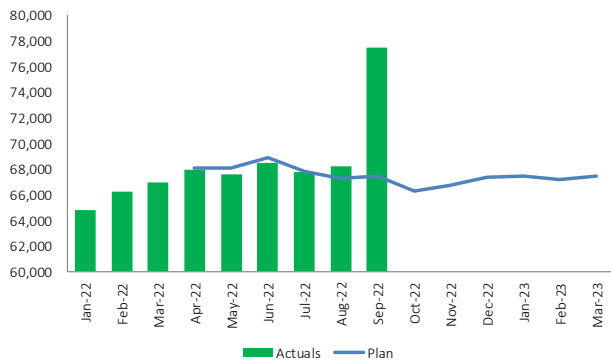
Monthly Non Pay £k
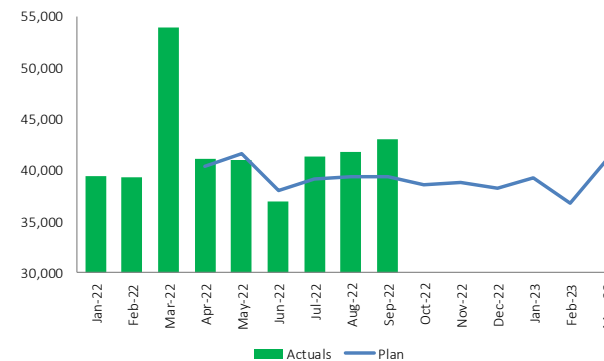
Monthly Non Ops £k

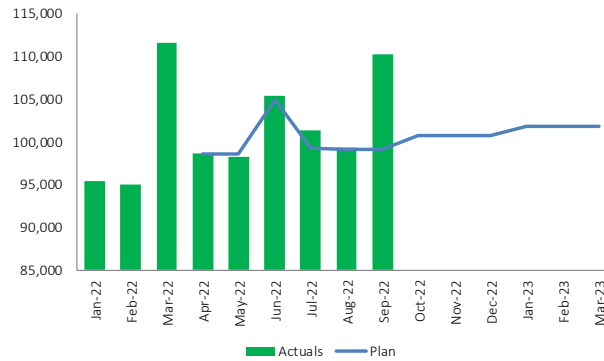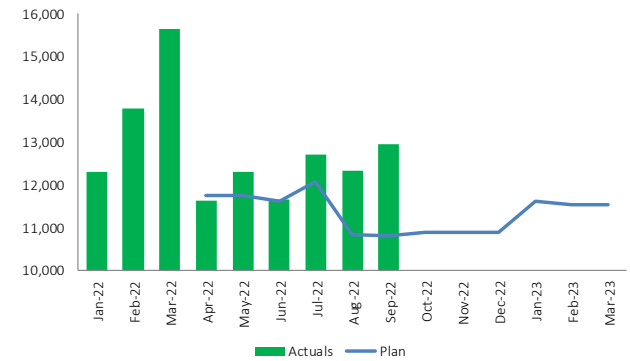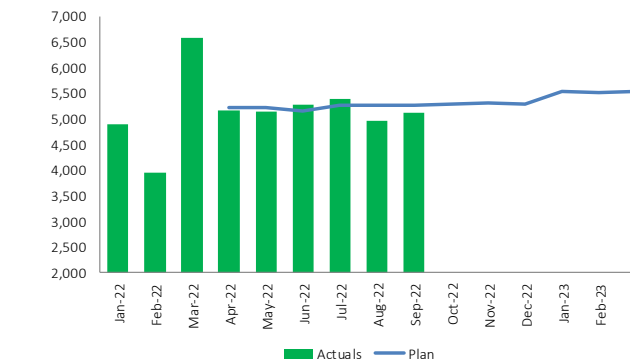CIP Performance £k Inc Productivity
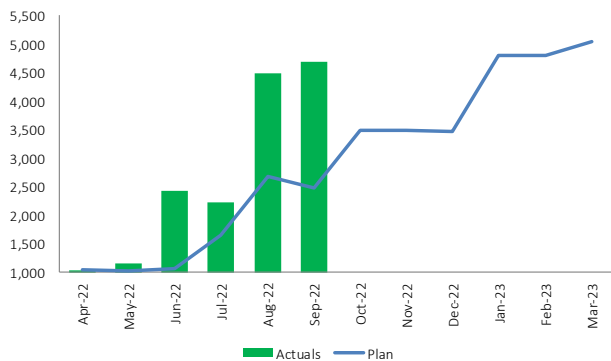
Worked WTEs

	Actual	Actual	Actual	Actual	Actual	Actual	In Month		
	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Workforce Plan	Actual per Ledger	Variance
Total - Worked WTEs									
Substantive	14,457	14,386	14,472	14,463	14,578	14,520	14,645	14,520	(125)
Bank	934	882	945	859	1,025	1,055	835	1,055	220
Agency	317	317	324	330	365	411	344	411	67
Total	**15,709**	**15,585**	**15,740**	**15,652**	**15,968**	**15,987**	**15,824**	**15,987**	**163**
Workforce Plan	**15,957**	**16,029**	**15,966**	**16,003**	**15,767**	**15,824**			

Month 6 Dashboards

Cash £k

Legend: Actuals, Plan

Capital £k

Legend: Actuals, Plan

Ageing Debtor £k

Legend: 0 to 30 days, 31 to 60 days, 61 to 90 days, Over 90 days

Ageing Creditor £k

Legend: 0 to 30 days, 31 to 60 days, 61 to 90 days, Over 90 days

55
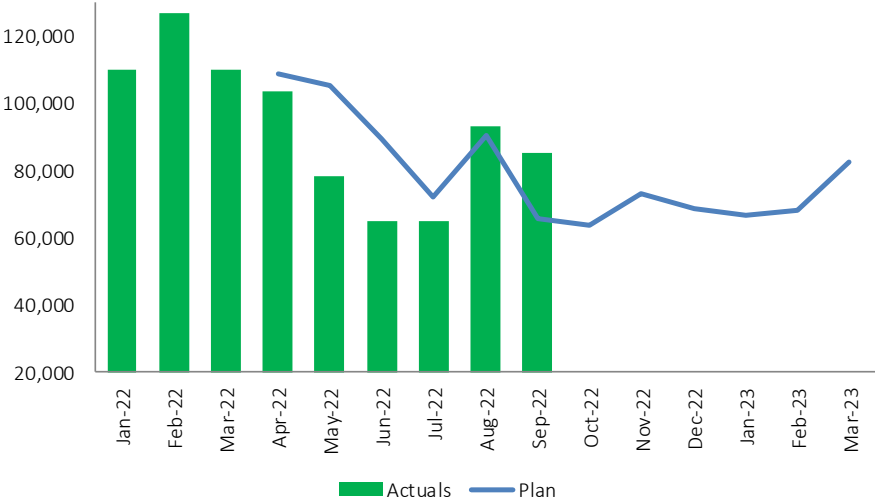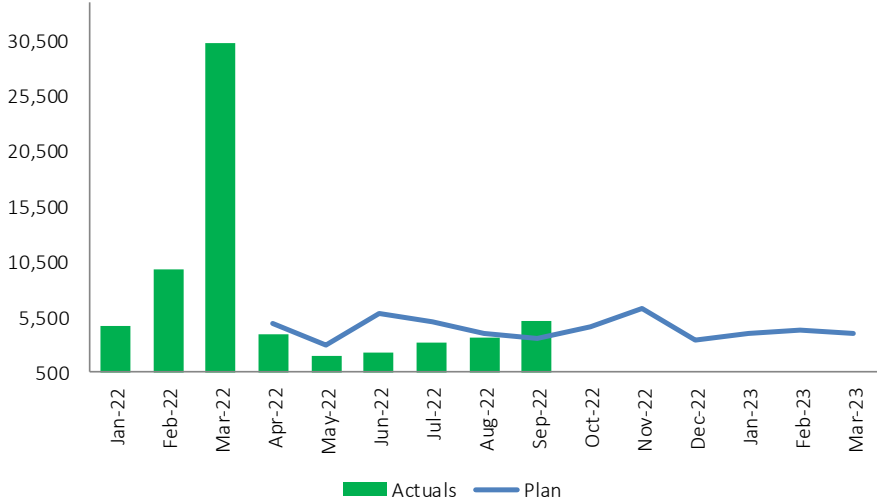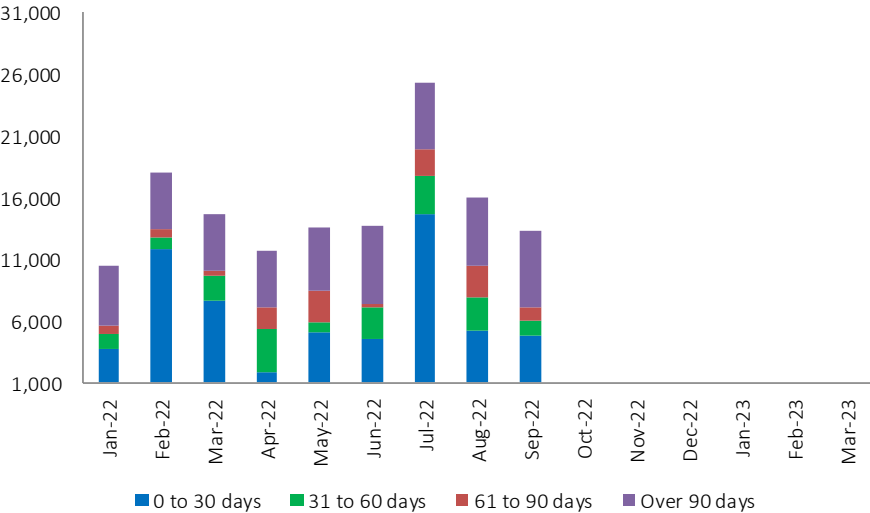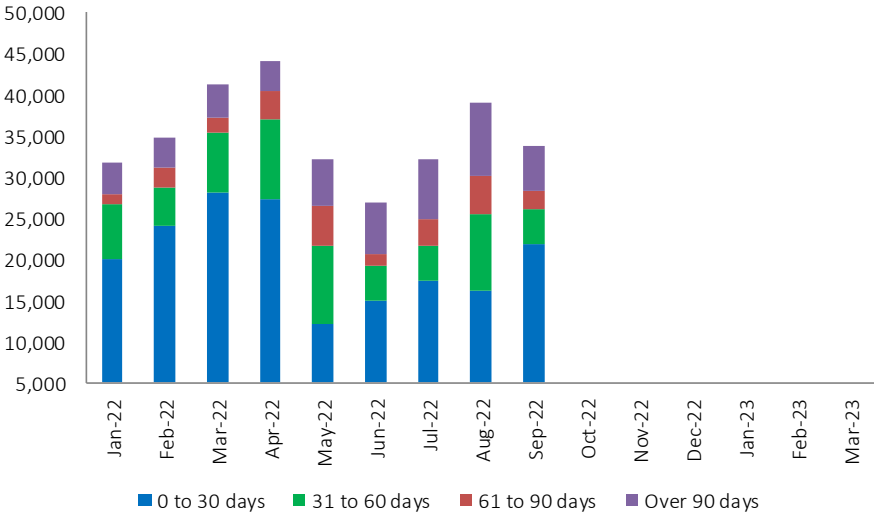
Statement of Financial Position

Statement of Financial Position	M6 YTD			
	31-Mar-22	31-Aug-22	30-Sep-22	In month Movement
Non current assets	£000	£000	£000	
Intangible assets	6,593	5,219	4,819	(400)
Property, plant and equipment	657,639	665,837	667,804	1,967
Other non-current assets	3,445	3,189	3,087	(102)
Total non-current assets	**667,677**	**674,245**	**675,710**	**1,465**
Current assets				
Inventories	21,126	22,183	21,975	(209)
Trade and other receivables	33,738	50,702	42,607	(8,095)
Cash and cash equivalents	109,960	93,224	85,848	(7,375)
Total current assets	**164,824**	**166,109**	**150,430**	**(15,679)**
Current liabilities				
Trade and other payables	(127,648)	(116,061)	(110,719)	5,342
Borrowings / leases	(7,659)	(7,147)	(6,346)	801
Accruals	(22,367)	(23,537)	(24,428)	(891)
Deferred income	(3,799)	(9,064)	(9,659)	(595)
Dividend payable	(0)	(7,655)	(417)	7,238
Provisions < 1 year	(15,434)	(15,761)	(15,966)	(206)
Total current liabilities	**(176,907)**	**(179,225)**	**(167,536)**	**11,689**
Net current assets / (liabilities)	**(12,083)**	**(13,116)**	**(17,106)**	**(3,990)**
Non-current liabilities				
Borrowings / leases	(12,585)	(22,972)	(22,933)	38
Provisions for liabilities & charges	(4,903)	(4,903)	(4,903)	0
Total non-current liabilities	**(17,487)**	**(27,875)**	**(27,836)**	**38**
Total assets employed	**638,107**	**633,254**	**630,768**	**(2,486)**
Public dividend capital	760,831	760,831	760,831	0
Revaluation reserve	184,878	184,878	184,878	0
Income and expenditure reserve	(307,603)	(312,455)	(314,941)	(2,486)
Total taxpayers equity	**638,107**	**633,254**	**630,768**	**(2,486)**

The Statement of Financial Position (SOFP) as of 30 September 2022 is presented in the table opposite. The key movements were explained as follows:

- **Non-Current Assets -** The value of PPE and intangible assets increased by £1.6m; Capex of £5.2m was incurred in the month, offset by depreciation and amortization of £3.6m.

- **Trade and other receivables** were reduced by £8.1m, this largely related to a reduction in income accruals of £5.5m with the cash received in a month and £2.6m reductions in debtor balance, largely due to settlement of SLA recharges from LPT, consistent with the normal business cycle.

- **Cash Balances –** Cash balances reduced by £7.4m, which was largely explained by the clearing of aged creditors as covered in the working capital slide.

- **Trade and other payables and accruals** reduced by £4.5m, mirroring the reduction in cash as aged payables of £5.4m, were transacted.

- **Dividend payable –** the reduction in the PDC accrual of £7.2m reflects the payment of the first of the biannual instalments of the public dividend capital.

- **Income and Expenditure Reserve –** The deterioration in the income and expenditure reserve of £2.5m reflects the in-month deficit reported through the SOCI.

Capital Programme

Area	Annual Plan	Ytd Plan	Ytd Actual	Under / (Over) Spend Against Plan
	£000s	£000s	£000s	£000s
Reconfiguration	4,626	3,143	2,541	602
MEE	3,485	714	528	186
MES	4,244	489	108	381
MES Enabling	2,440	704	281	423
IM&T	7,794	2,399	1,787	612
Estates and Facilities	15,642	8,618	8,122	496
Contingency/Corporate	500	1,068	(256)	1,324
Schemes funded from External Donations/Grants	1,152	159	396	(237)
Leases	8,648	5,172	2,028	3,144
Linacc	4,924	2,340	1,439	901
Health Education England	-	-	-	-
PDC Funded	1,743	-	3,220	(3,220)
Total	**55,198**	**24,806**	**20,192**	**4,614**

Sources of Funding	Annual Plan
ICS Envelope (internally generated)	45,818
IFRS 16 (internally generated)	5,857
PDC	1,128
Charity	652
PDC - Elective Hub	1,743
Total	**55,198**

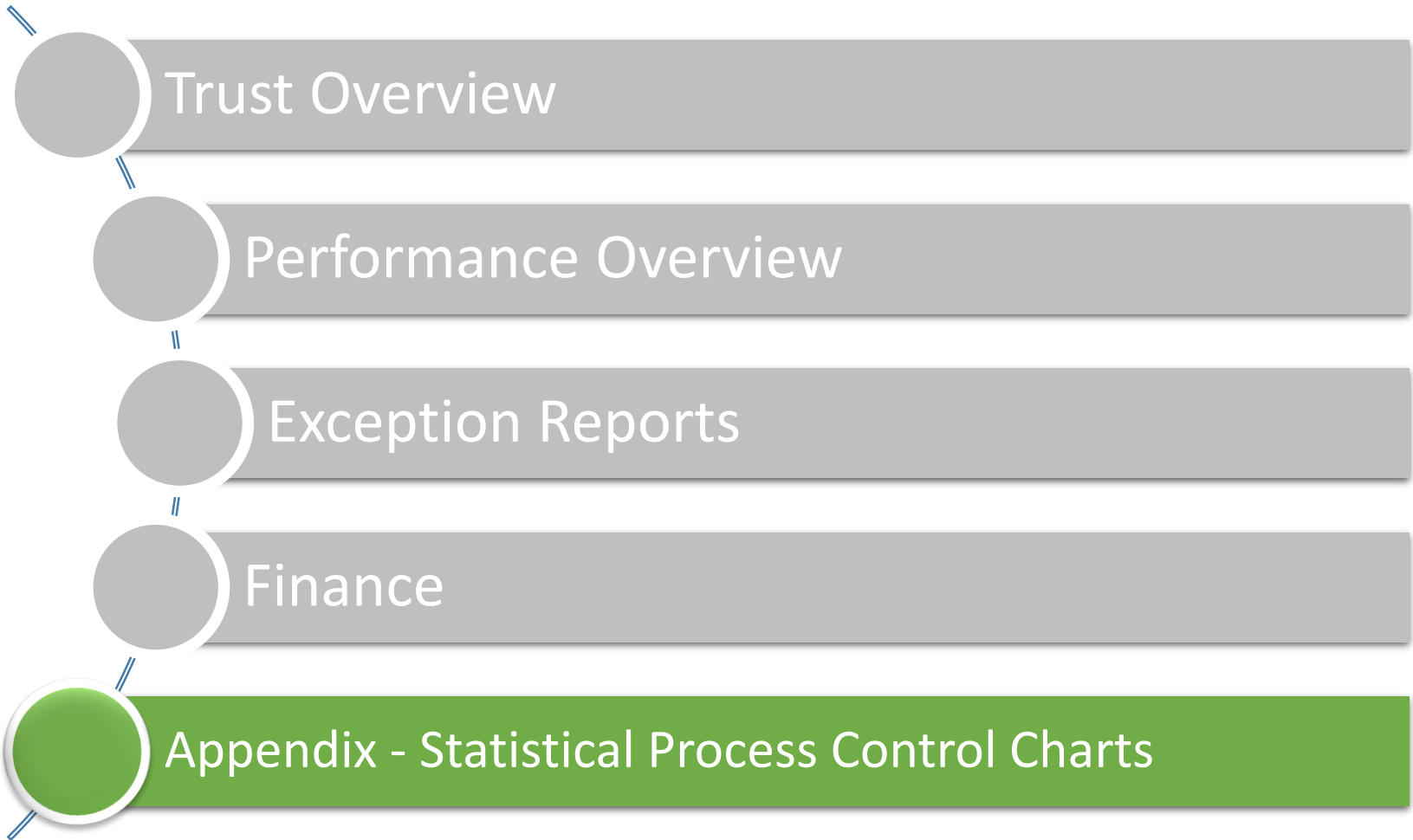|	Plan 31/03/2023 Year ending	Actual 30/06/2022 YTD	Forecast 31/03/2023 Year ending
	£'000	£'000	£'000
Gross capital expenditure including IFRS impact	55,198	20,192	55,198
Less: Book value of asset disposals			
Less: Capital grants received			
Less: Capital donations received	(652)	(118)	(652)
Charge against the Capital Resource Limit (CRL) incl IFRS	54,546	20,074	54,546
Capital Resource Limit (CRL) incl IFRS impact	54,546	24,806	54,546
Under/(over) spend against CRL	0	4,732	0

The Trust has a capital programme of £55.2m, which has increased by £1.7m as a result of £1.7m for the elective hub (fees).

There was an acceleration of Trust capital expenditure in month 6, as year-to-date expenditure of £20.2m was incurred on 30th September 2022, which represented an underspend of £4.6m against the YTD capital plan (compared with £6.5m at M5). Programme slippage against the original plan mainly relates to Estates, Linacc works, Leases, IM&T and Reconfiguration works. However, all these areas are expected to recover in the second half of the year., to ensure the capital plan is delivered.

Programme managers are working closely with the Capital Finance Team to provide updated monthly capital forecasts for each scheme and identify potential areas of slippage or overspend at an early enough stage to allow remedial action to be taken. There is a current and likely forecast available by month.

£2.2m was reinstated to scheme budgets to remove the top slicing removed at plan stage. A further £4.5m allocation of central contingency has been distributed: £1.4m to Estates for winter works; £1.9m to MEE for replacement equipment and £1.2m to IM&T for e-hospital developments and infrastructure. This has been facilitated by additional CDEL cover received for new finance leases that will come on balance sheet under IFRS 16, which has now been confirmed from NHSE/I. For 22/23 these capital costs fall outside of ICS system operational capital and would attract

The Elective Hub has incurred costs of £3.2m of which £3.1m is for works relating to the modular theatres and £0.1m relates to fees. The current forecast spend for the year is £14.4m for the elective hub, but this is dependent on the approval of submissions from the TIF capital pot, of which £1.7m has already been approved to set against the cost of fees and £6.7m has been submitted for the short form business case, for which formal approval is yet to be achieved.

Trust Overview

Performance Overview

Exception Reports

Finance

Appendix - Statistical Process Control Charts

Statistical Process Control Charts (SPC)

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'.
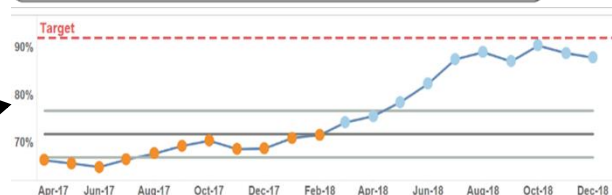
- **A horizontal line showing the Target**.

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.

Appreciation of variance over time
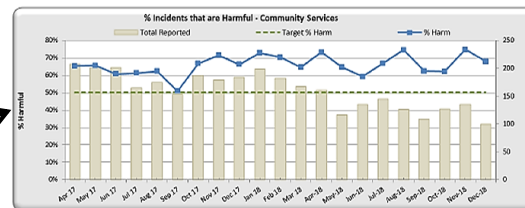
Highlighting special cause and its nature

Statistical Process Control Charts (SPC)

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
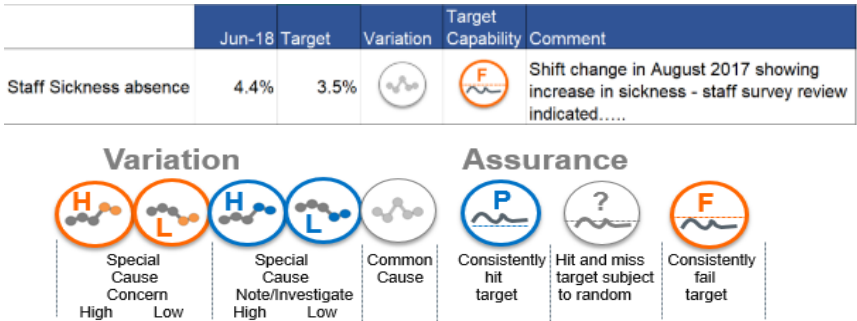
Data Quality Assessment

The Data Quality Assurance Group (DQAG) 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. DQAG 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.