

Integrated Performance Report

Trust Board paper F

Executive Summary from CEO

Purpose of report:

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

Previous consideration:

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

Context

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

Question

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

Conclusion

Good News:

- **Mortality** – the latest published SHMI (period November 2020 to October 2021) is 103 but remains within the expected range.

- **VTE** – compliant at 98.1% in March.

Performance Challenges:

- **Never Events** – 2 cases reported.
- **C DIFF** – 10 cases reported this month.
- **ED 4 hour performance (including LLR UCCs)** – 67.2% reported in March.
- **12 hour trolley wait** - 906 breaches reported.
- **Ambulance Handover 60+ minutes (CAD)** – performance at 35.8%.
- **Cancer Two Week Wait** was 66.8% in February against a target of 93%.
- **Cancer 62 day backlog** was 515 patients at the end of March.
- **Cancer 62 day treatment** was 46.7% in February against a target of 85%.
- **Referral to treatment** – the number on the waiting list (now the primary performance measure) was above the target and was 117,857 patients at the end of March.
- **52+ weeks wait** – 15,994 breaches reported at the end of March.
- **Diagnostic 6 week wait** was 43.6% against a target of 1% in March.
- **Cancelled operations OTD** – 1.7% reported in March.
- **Statutory and Mandatory Training** is at 89%.
- **Annual Appraisal** is at 77.2%.

Input Sought

I recommend that the Committee:

- Commends the positive achievements noted under Good News
- Note the areas of Performance Challenges and consider by reference to the IPR and topic-specific reports if the actions being taken are sufficient.

For Reference:

This report relates to the following UHL quality and supporting priorities:

1. Quality priorities

Safe, surgery and procedures	[Yes / No / Not applicable]
Safely and timely discharge	[Yes / No / Not applicable]
Improved Cancer pathways	[Yes / No / Not applicable]
Streamlined emergency care	[Yes / No / Not applicable]
Better care pathways	[Yes / No / Not applicable]
Ward accreditation	[Yes / No / Not applicable]

2. Supporting priorities:

People strategy implementation	[Yes / No / Not applicable]
Estate investment and reconfiguration	[Yes / No / Not applicable]
e-Hospital	[Yes / No / Not applicable]
More embedded research	[Yes / No / Not applicable]
Better corporate services	[Yes / No / Not applicable]
Quality strategy development	[Yes / No / Not applicable]

3. Equality Impact Assessment and Patient and Public Involvement considerations:

- What was the outcome of your Equality Impact Assessment (EIA)?

Not applicable as purely data reporting.

- Briefly describe the Patient and Public Involvement (PPI) activities undertaken in relation to this report, or confirm that none were required

Not applicable as purely data reporting. What to measure is determined nationally or through priorities.

- How did the outcome of the EIA influence your Patient and Public Involvement ?

N/A

- If an EIA was not carried out, what was the rationale for this decision?

As above.

4. Risk and Assurance**Risk Reference:**

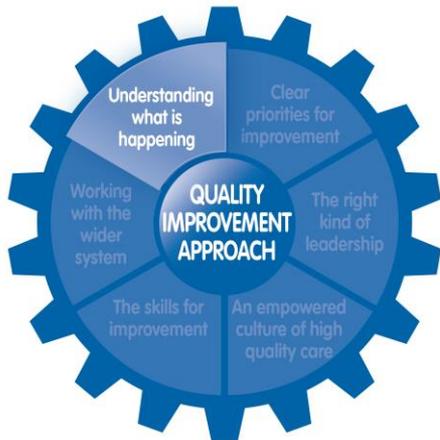
Does this paper reference a risk event?	Select (X)	Risk Description:
Strategic: Does this link to a <i>Principal Risk</i> on the BAF?	X	Failure to deliver key performance standards for emergency, planned and cancer care.
Organisational: Does this link to an <i>Operational/Corporate Risk</i> on Datix Register		
New Risk identified in paper: What <i>type</i> and <i>description</i> ?		
None		

5. Scheduled date for the **next paper** on this topic: 2nd June 2022
6. Executive Summaries should not exceed **5 sides** My paper does comply



Integrated Performance Report

March 2022



Operational Delivery Unit

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- Trust Overview
- Performance Overview
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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
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Trust Overview (Current Month)

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
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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

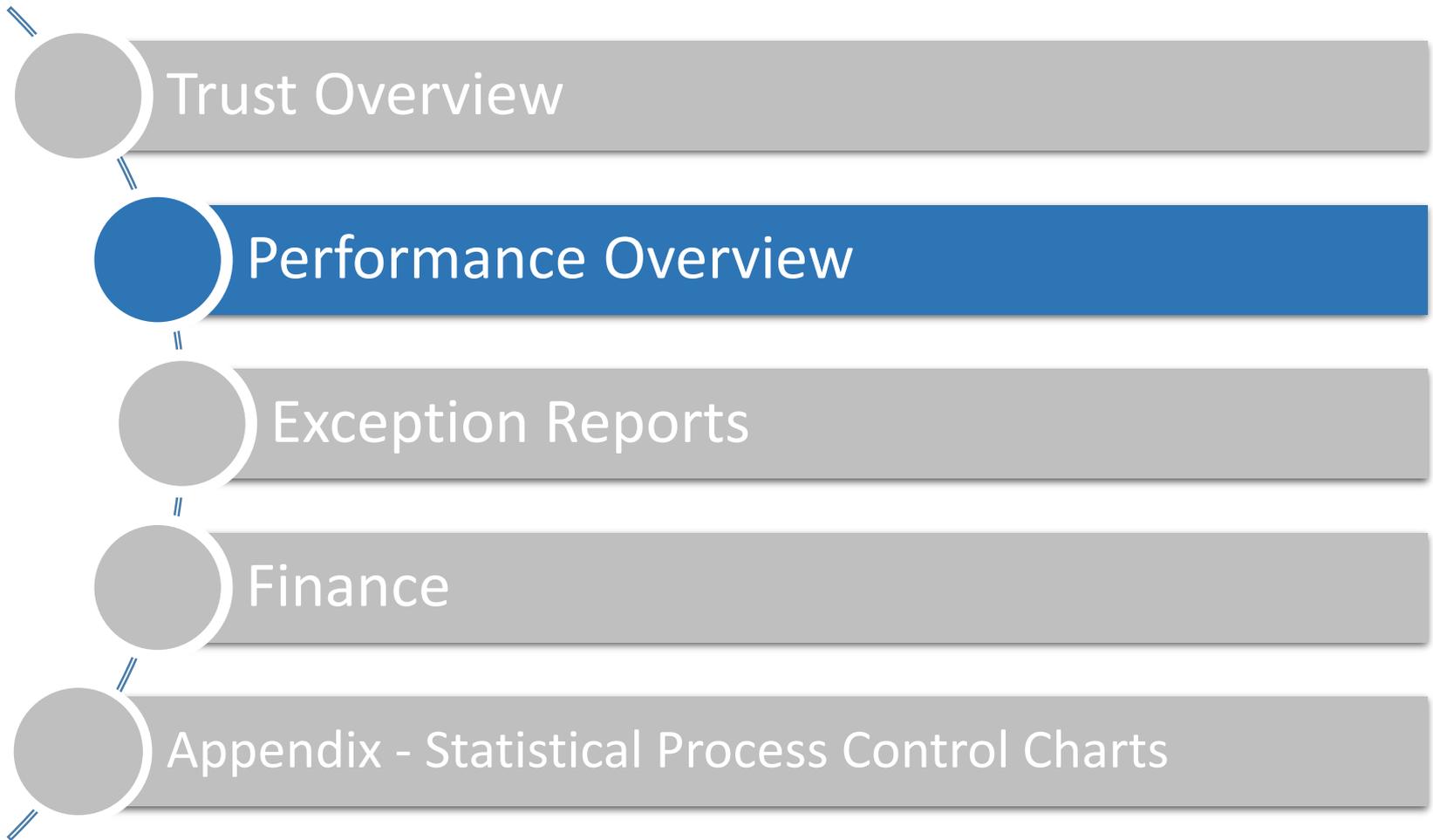
 Failing Target

 Achieving Target

 Target TBC

Trust Overview (Current Month)

Domain	Overview , Risks and Actions	Lead
Overview		CEO
Safe (exception reports pages 19-22)	Two Never Events occurred in March - no patient harm occurred in either event and all appropriate immediate actions were undertaken. Full investigations to identify further learning are in train. UHL has had 9 Never Events in total for the financial year 2021-22 (2 more than 2020-21). The Trust has worked with LLR System Patient Safety Specialists and Imperial Healthcare to develop a Never Event reduction plan – this is tracked through the Trust Board Quality Committee. The Clostridium difficile monthly rate has decreased in March although the year to date total is above the set target – UHL are in a favourable position via benchmarking against acute Trust peers. High bed occupancy and high antibiotic usage are factors affecting an increase in Clostridium difficile rates, both are being addressed in the CMGs. Methicillin Sensitive Staphylococcus Aureus end of year total is over the internal stretch target, through the Trust Infection Prevention Control Committee work will continue to progress awareness and prevention training. The Trust set an internal improvement target of 50% reduction in Hospital Acquired Pressure Ulcers for 2021/22 we have achieved a 29% reduction with the work of the collaborative and increased awareness continuing into 2022/23.	Andrew Furlong / Eleanor Meldrum
Caring (exception reports page 23)	UHL performance for ED FFT has dropped over the last few months matching that of performance and long delays, national average is 82% with UHL currently at 80% YTD. With the continued high attendance and delays this trend is likely to continue, several actions have been outlined in the exception report.	Eleanor Meldrum
Well Led (exception reports pages 24-29)	Appraisal rates have deteriorated since December 2021 as a result of the absence arising from the Omicron variant with March having a 0.2% reduction in compliance. In order to mitigate the risk of non compliance with pay step procedures, CMGs and Directorates have been requested to achieve 90% compliance by the end of May 2022. Sickness rates have decreased both in month and cumulatively.. February has seen some reduction in sickness and there is a continuous focus on achieving timely closure of absence. There is some increased risk of increased sickness arising from Covid as a result of IP changes. Management guidance has been issued and sickness rates will be closely monitored. Adult nursing vacancies (ward based) have decreased by 1.1% due to a large international nurse intake in March. There were high numbers of retirees at the end of March which will not impact numbers until April 2022. Further international arrivals planned for May and July (120). There is some mitigation to leaving rates from retire and return. Proactive recruitment campaigns including a marketing campaign to promote UHL as an Employer of Choice.. Paeds nursing vacancies decreased slightly although improved position on Feb 2022. 13 newly qualified intake due April/May and international campaign to recommence. HCA vacancies showed a slight increase, risk of high leavers mitigated by retention programme and recruitment events on an 8 week cycle with 115 new recruits currently in pipeline. Current labour market conditions means there is a limited potential supply, this is being mitigated by partnership work with Indeed to increase reach.	Joanne Tyler-Fantom
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 30-36)	UHL performance for March 2022 was 55.3% and when combined with the rest of LLR was 67.2%. UHL's national ranking for the month was 79th out of 113. UHL was ranked 10th out of 16 trusts in its peer group. March performance continues to be below the required standard. Action plans exist for all metrics, these are being reviewed and refined to maximise delivery.	Jon Melbourne
Responsive – Elective (exception reports pages 37-43)	At the end of February, UHL ranked 17th out of 18 trusts in its peer group with 15,842 patients waiting over 52+ weeks. At the end of February, UHL ranked 17th out of 18 trusts in its peer group with 1,867 patients waiting 104+ weeks. The delivery of the 104 trajectory, particularly for inpatients, has been challenged by the availability of beds and the resulting impact on on-the-day cancellations with cancer and other high acuity patients, prioritised. Protected capacity for long waiter treatments continue to be delivered in the main via weekend/insourced capacity and via the Vanguard theatres. A reduction in March of 52 week and 104 week waiters is noted.	Jon Melbourne
Responsive – Cancer (exception reports pages 44-46)	February saw improvements in 11 of the 12 standards, achieving 2 of the standards for 31 day Drugs and 28 day FDS screening. Performance in 2ww is 66.8% and 62 day 46.7%. The 62 day backlog is 511 (11/0422) an increase of 56 from last month, remaining below the peak of 565 week ending the 7th January 2022. 195 patients are waiting in excess of 104 days; this is an increase of 22 patients from last month. Referrals remain high and are up by approx. 20% from pre pandemic levels, with significant increase in Haematology, Head and Neck, Skin, Gynaecology & Upper / Lower GI. Capacity pressures along with workforce issues (vacancies and sickness) are presenting particular challenges. The 2WW demand and backlogs, particularly in Breast and ENT, continue to directly impact on performance for 2WW and 62 day, although breast are now booking with 14 days and are expecting to achieve 93% in April. Specific actions are in place; with further improvements across 6 standards predicted in March including all FDS standards being met. These include new pathways in the community, utilisation of the independent sector, insourcing, F2F GP appointments, recruitment to locums and waiting list initiatives.	Jon Melbourne
Financial Improvement (exception reports)	The Trust has reported a month 12 surplus of £4.5m. The year to date surplus at month 12 is £10.7m. The Trust maintained a strong cash position at the end of March of £110m.	Lorraine Hooper



Performance Overview (Safe)

Domain	Key Performance Indicator	Target	Jan-22	Feb-22	Mar-22	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Safe	Never events	0	0	0	2	9				Jan-20	MD
	% of all adults Venous Thromboembolism Risk Assessment on Admission	95%	98.1%	98.0%	98.1%	98.4%				Oct-20	MD
	% of 3rd & 4th Degree Perineal Tears	3.5%	4.6%	4.1%	1.8%	3.0%				N/A	CN
	Clostridium Difficile	91	13	15	10	116				Jun-21	CN
	Methicillin Resistant Staphylococcus Aureus Total	0	0	1	0	1				Jun-21	CN
	E. Coli Bacteraemias Acute	198	12	14	14	159				Jun-21	CN
	Methicillin-susceptible Staphylococcus Aureus Acute*	40	3	1	4	48				Jun-21	CN

* quality improvement ambition 2.5% reduction of 19/20 numbers

Comments

Two Never Events occurred in March - no patient harm occurred in either event and all appropriate immediate actions were undertaken. Full investigations to identify further learning are in train. UHL has had 9 Never Events in total for the financial year 2021-22 (2 more than 2020-21). The Trust has worked with LLR System Patient Safety Specialists and Imperial Healthcare to develop a Never Event reduction plan – this is tracked through the Trust Board Quality Committee.

In month Cdiff rate has fallen this month, however UHL has exceeded the set target – work is ongoing with the IP team and antimicrobial pharmacist alongside the CMGs reviewing antibiotic usage, raising awareness across the multi-disciplinary team. MSSA awareness, prevention and intervention continues with plans over the next 18 months to introduce a surgical site infection surveillance team which will support the reduction in MSSA.

Rating

Performance Overview (Safe)

Domain	Key Performance Indicator	Target	Jan-22	Feb-22	Mar-22	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Safe	COVID-19 Hospital-onset, probable, 8-14 days after admission		7.8%	10.3%	11.6%	6.1%				Oct-20	CN
	COVID-19 Hospital-onset, healthcare-acquired, 15 or more days after admission		11.9%	8.2%	9.5%	6.3%				Oct-20	CN
	All falls reported per 1000 bed days	5.5	4.6	4.1		4.1				Oct-20	CN
	Rate of Moderate harm and above Falls Patient Safety Incidents with finally approved status per 1,000 bed days	0.18	0.08	0.12		0.08				Oct-20	CN
	Hospital Acquired Pressure Ulcers - All categories*	366	40	56	35	518				Jun-21	CN

*note quality improvement ambition 50% reduction of 20/21

Comments

UHL achieved a 29% reduction in HAPUs 2021/22 with the quality improvement work continuing into 2022/23 – March has seen a drop in month which correlates with a slight improvement in staffing levels and decreased acuity of patients. Planned work over the coming months will focus on deep tissue injuries and reductions in device related skin damage.

Rating

Performance Overview (Caring)

Domain	Key Performance Indicator	Target	Jan-22	Feb-22	Mar-22	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Caring	Single Sex Breaches		0	0	3	7	National Reporting resumed from Oct 21.			Mar-20	CN
	Inpatient and Day Case Friends & Family Test % Positive*	95%	98%	99%	98%	98%				Mar-20	CN
	A&E Friends & Family Test % Positive**	82%	79%	77%	74%	80%				Mar-20	CN
	Maternity Friends & Family Test % Positive*	91%	96%	95%	96%	96%				Mar-20	CN
	Outpatient Friends & Family Test % Positive	94%	95%	94%	94%	94%				Mar-20	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

* Targets are based on national averages between December 2020 and August 2021 ** Targets are based on national averages between December 2020 and November 2021

Comments

Rating

Single Sex Breaches, there were three breaches in March that were deemed to be not clinically justifiable. They all occurred on ICU at LRI and occurred after the patients were identified as no longer requiring ICU care and the 12 hour timeframe for transfer to occur has passed. The breaches occurred as beds were not available on base wards.

Several actions are being put in place to improve patient experience in the Emergency Department, which are outlined in the exception report, against peer acute Trusts UHL is ranking in the middle currently – with the continued focus on improving flow, increasing discharges and admission avoidance the corresponding patient satisfaction rating should improve.

Performance Overview (Well Led)

Domain	Key Performance Indicator	Target	Jan-22	Feb-22	Mar-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%	8.7%	8.7%	9.1%	9.1%				Nov-19	CPO	
	Sickness Absence (Excludes Estates & Facilities staff)	3%	8.7%	6.4%		6.0%				Mar-21	CPO	
	% of Staff with Annual Appraisal (Includes Estates & Facilities staff from May 21)	95%	78.2%	77.4%	77.2%	77.2%				Mar-21	CPO	
	Statutory and Mandatory Training	95%	89%	89%	89%	89%				Feb-20	CPO	

Comments

Rating

Turnover remains within target although is showing steady levels of increase, it should be noted that the figure is exclusive of staff who retain a bank only assignment. Due to a technical change in payroll processing, we will see an increase in turnover as we terminate all assignments. We have seen a reduction in sickness absence levels in February 2022 although many areas are still seeing high levels of winter virus infections and Omicron still accounts for one third of sickness absence. The change in IP guidance runs the risk of increased absence arising from Covid. Line management guidance has been issued. The Trust is providing proactive and targeted health and well being support including supporting individual cases through People Services. In addition a digital health and well being booklet has been developed.

Annual appraisal compliance has deteriorated in March by 0.2% and Statutory and Mandatory Training compliance remained static. It is recognized that performance is likely to improve as a result of movement to Covid 19 Level 2 response although operational pressures are still impacting. Trajectories for improvement will be put in place by CMGs and Corporate areas to achieve 90% compliance by May 2022.

Performance Overview (Well Led)

Domain	Key Performance Indicator	Target	Jan-22	Feb-22	Mar-22	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Well Led	Adult Nursing Vacancies	10%	11.7%	12.6%	11.5%	11.5%				Dec-19	CPO
	Paed Nursing Vacancies	10%	9.2%	11.0%	10.4%	10.4%				Dec-19	CPO
	Midwives Vacancies	10%	8.5%	9.5%	9.9%	9.9%				Dec-19	CPO
	Health Care Assistants and Support Workers - excluding Maternity	10%	12.5%	12.6%	13.0%	13.0%				Dec-19	CPO
	Health Care Assistants and Support Workers - Maternity	5%	3.7%	4.4%	5.2%	5.2%				Dec-19	CPO
	Frontline Staff Lateral Flow Testing Engagement	No Target	387	268	241	671				N/A	CPO

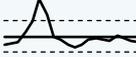
Comments

Overall the nursing and midwifery ward based vacancy position has improved due to a large intake of international nurses in March 2022. Intensive recruitment campaigns continue particularly international recruitment and CHUGGS and ITAPs who have held a number of successful recruitment events. Further cohorts of international nurses are planned for May and July and newly qualified nurses are starting in April May and June. A large number of retirements occurred at the end of March 2022 and will therefore impact numbers in post in April particularly as there is no international intake in April. There will also be an increase in establishment in April to reflect the new financial year. Large numbers of retirements are predicted for March 2022.

HCSW vacancies continue to remain above target partially as a result of increased establishments. Weekly reporting to NHSE/I is in place in order to show the pipeline of new recruits planned. Recruitment days take place every two months and 115 HCAs are in the recruitment pipeline. A social media campaign is planned for May 2022 together with a large HCA event in partnership with Indeed.

Rating

Performance Overview (Effective)

Domain	Key Performance Indicator	Target	Jan-22	Feb-22	Mar-22	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Effective	Published Summary Hospital-level Mortality Indicator (SHMI)	100	104	104	103	103 (Nov 20 to Oct 21)				May-21	MD
	12 months Hospital Standardised Mortality Ratio (HSMR)	100	102	101	99	99 Jan 21 to Dec 21				May-21	MD
	Crude Mortality Rate	No Target	1.4%	1.3%	1.3%	1.3%				May-21	MD

Comments

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.

Rating

Performance Overview (Responsive Emergency Care)

Domain	Key Performance Indicator	Target	Jan-22	Feb-22	Mar-22	YTD	Assurance	Variation	Trend
Responsive (Emergency Care)	Emergency Department 4 hour waits Acute Footprint	95%	70.2%	71.2%	67.2%	70.3%			
	Mean Time to Initial Assessment	15	40.6	41.3	46	36.8			
	12 hour trolley waits in Emergency Department	0	624	628	906	3836			
	Number of 12 hour waits in the Emergency Department	0	2,287	2,071	2,707	18,751			
	Time Clinically Ready to Proceed	60	287.1	235.2	265.9	186.0			
	Number of Ambulance Handovers		4,775	4,462	4,916	61,523			
	Number of Ambulance Handovers >60 Mins		1,326	1,263	1,759	13,357			
	Ambulance handover >60mins	0%	27.8%	28.3%	35.8%	21.7%			
	Long Stay Patients (21+ days) as a % of G&A Bed Occupancy	12%	16.6%	15.5%	14.0%	14.0%			

Comments

UHL performance for March 2022 was 55.3% and when combined with the rest of LLR was 67.2%. UHL's national ranking for the month was 79th out of 113. UHL was ranked 10th out of 16 trusts in its peer group. March performance continues to be below the required standard. Action plans exist for all metrics, these are being reviewed and refined to maximise delivery.

Rating

Performance Overview (Responsive Elective Care)

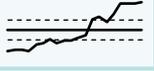
Domain	Key Performance Indicator	Target	Jan-22	Feb-22	Mar-22	YTD	Assurance	Variation	Trend
Responsive (Elective Care)	Referral to Treatment Incomplete	103,403	111,017	113,373	117,857	117,857			
	Referral to Treatment 52+ weeks	0	16,276	15,842	15,994	15,994			
	Referral to Treatment 104+ weeks	0	1,948	1,867	1,485	1,485			
	6 Week Diagnostic Test Waiting Times	1.0%	51.8%	44.2%	43.6%	43.6%			
	% Operations Cancelled On the Day	1.0%	2.5%	1.9%	1.7%	1.7%			
	% Outpatient Did Not Attend rate	5%	7.8%	7.5%	8.1%	7.4%			
	% Outpatient Non Face to Face	45%	38.0%	35.8%	34.8%	38.8%			

Comments

Rating

At the end of February, UHL ranked 17th out of 18 trusts in its peer group with 15,842 patients waiting over 52+ weeks. At the end of February, UHL ranked 17th out of 18 trusts in its peer group with 1,867 patients waiting 104+ weeks. The delivery of the 104 trajectory, particularly for inpatients, has been challenged by the availability of beds and the resulting impact on on-the-day cancellations with cancer and other high acuity patients, prioritised. Protected capacity for long waiter treatments continue to be delivered in the main via weekend/insourced capacity and via the Vanguard theatres. A reduction in March of 52 week and 104 week waiters is noted.

Performance Overview (Responsive Cancer)

Domain	Key Performance Indicator	Target	Jan-22	Feb-22	Mar-22	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Responsive (Cancer)	2 Week Wait	93%	65.6%	66.8%		75.6%				Mar-22	COO
	62 Day Backlog	0	502	502	515	515				Mar-22	COO
	Cancer 62 Day	85%	37.9%	46.7%		52.1%				Mar-22	COO

Comments

In February saw improvements in 11 of the 12 standards, achieving 2 of the standards for 31 day Drugs and 28 day FDS screening. Performance in 2ww is 66.8% and 62 day 46.7%. The 62 day backlog is 511 (11/0422) an increase of 56 from last month, remaining below the peak of 565 week ending the 7th January 2022. 195 patients are waiting in excess of 104 days; this is an increase of 22 patients from last month.

Referrals remain high and are up by approx. 20% from pre pandemic levels, with significant increase in Haematology, Head and Neck, Skin, Gynaecology & Upper / Lower GI. Capacity pressures along with workforce issues (vacancies and sickness) are presenting particular challenges. The 2WW demand and backlogs, particularly in Breast and ENT, continue to directly impact on performance for 2WW and 62 day, although breast are now booking with 14 days and are expecting to achieve 93% in April.

Specific actions are in place; with further improvements across 6 standards predicted in March including all FDS standards being met. These include new pathways in the community, utilisation of the independent sector, insourcing, F2F GP appointments, recruitment to locums and waiting list initiatives.

Rating

Performance Overview (Finance)

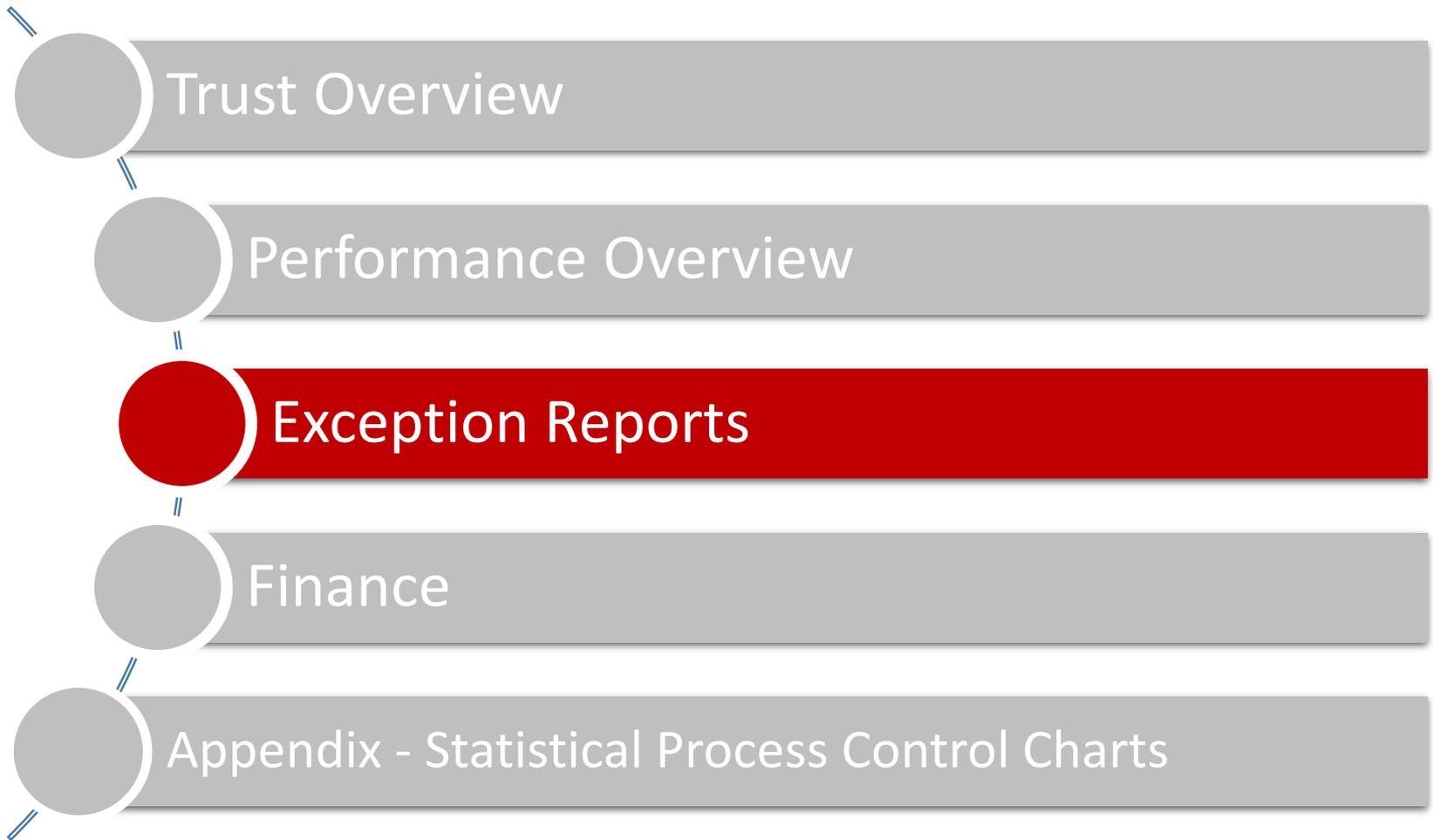
Domain	Key Performance Indicator	Target YTD	Jan-22	Feb-22	Mar-22	YTD	Assurance	Variation	Trend
Finance	Trust level control level performance	£5.1m Forecast	- £2.1m	-£0.9m	£4.5m	£10.7m			
	Capital expenditure against plan	£80.3m	£4.7m	£9.7m	£30.3m	£77.6m			
	Cost Improvement	£12.8m Plan	£1.2m	£1.3m	£1.7m	£17.1m			
	Cashflow	No Target	£13.6m	£17m	-£17m	£110m			

Comments

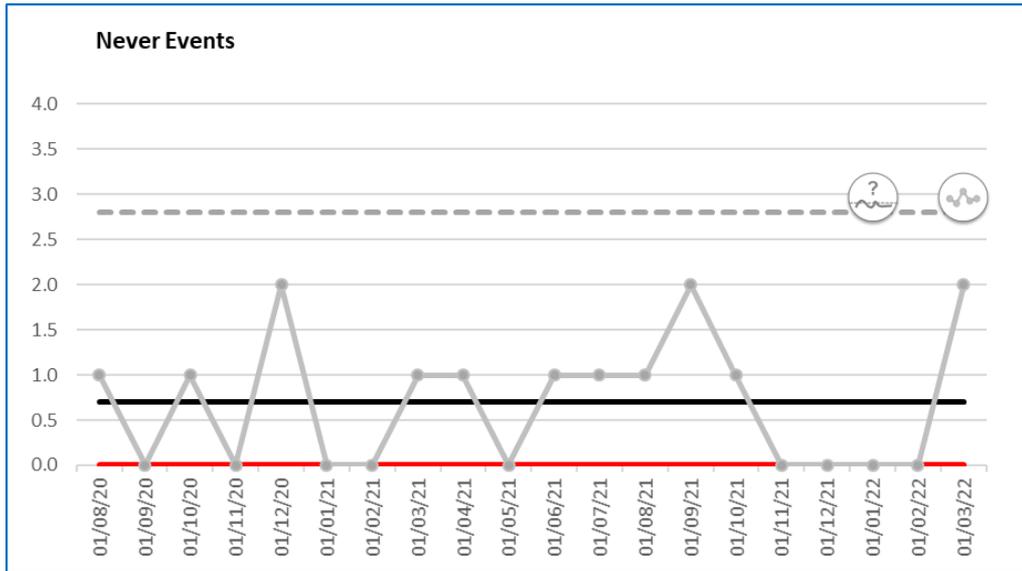
Rating

The Trust has reported a month 12 surplus of £4.5m. The year to date surplus at month 12 is £10.7m.

The Trust maintained a strong cash position at the end of March of £110m.



Safe – Never Events



Current Performance			Three Month Forecast		
Mar 22	YTD	Target	Apr 22	May 22	Jun 22
2	9	0	0	0	0

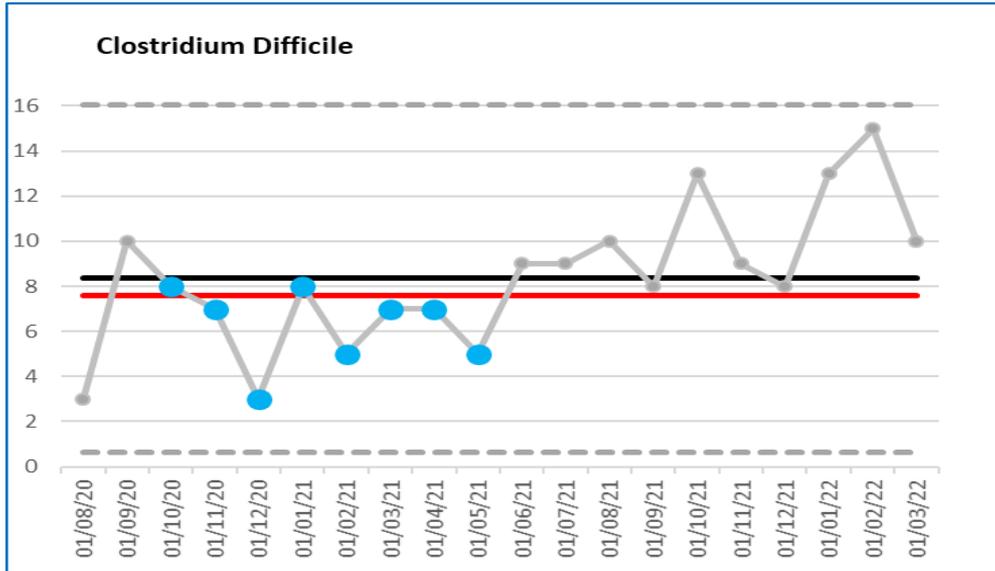
National Position & Overview

349 Never events have been reported nationally between April and January of this year although the numbers are subject to change as local investigations are completed.

UHL have 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
<p>1. NEVER EVENT – Retained foreign object post procedure A retained fragment of ribbon gauze post mandibular osteotomy procedure</p>	<p>Immediate Action – a change to practice with the surgeon and the theatre team is that they will now measure the gauze ribbon before they are used and when they are taken out.</p>	<p>The patient was immediately informed and consented to the fragment being removed under local anaesthetic. Recovery was uneventful and a further x-ray confirmed all fragments of ribbon gauze had been successfully removed. The patient was discharged home.</p>
<p>2. NEVER EVENT – Administration of medication by the wrong route Oral methadone was administered subcutaneously via a syringe driver</p>	<p>Immediate action - Request to Nerve Centre Team to remove 'Methadone 1mg/ml oral solution – subcutaneous stat' from the prescribing page</p> <p>Wider Trust actions are included in the updated Safe Surgery and Procedures work programme Never Event action plan update, presented to EQB on 12.04.22</p>	<p>A medical assessment and injection site inspection took place immediately. At the time of reporting of the incident, the patient remained on the ward receiving end of life palliative care unrelated to this error.</p>

Safe – Clostridium Difficile

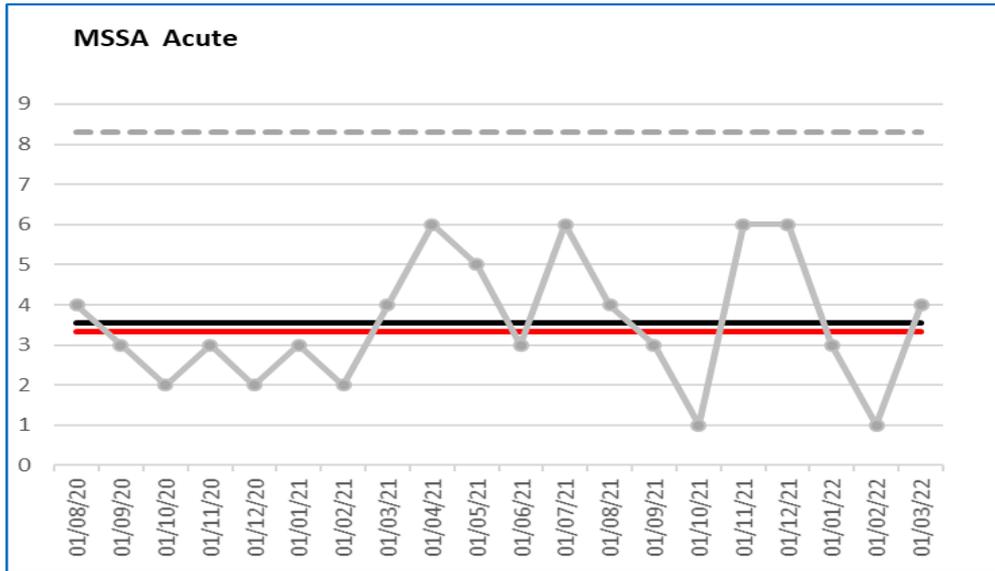


Current Performance			Three Month Forecast		
Mar 22	YTD	Target	Apr 22	May 22	Jun 22
10	116	91			

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 (13.5) compared with the national average (18.9) for last 12 months of published data (Feb 21 – Jan 22). UHL ranked 41 out of 135 trusts that submitted data and 1st out of it's 18 peers. Source fingertips.phe.org.uk

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> High bed occupancy is a significant risk factor for increased <i>C.difficile</i> infections. Antibiotic prescribing is high and whilst the reasons are multifactorial the COVID-19 Pandemic has undoubtedly contributed to this. Of note: These cases are ascribed as 8 = Hospital onset healthcare associated 7 = Community onset healthcare associated UHL is required to report all cases using these criteria noting that the COHA have been in-patients within 28 days of a positive faecal sample. 	<ul style="list-style-type: none"> Focused attention on antimicrobial prescribing practice is required with one of the main foci being avoidance of broad spectrum antibiotic use except where necessary. Review of where the current CMG Antibiotic Consumption reports are disseminated and whether action plans have been developed to address any exceptions identified Focused action by CMG Operational Infection Prevention Groups to review and monitor monthly CDT data. Where required develop a CDT reduction action plan 	<ul style="list-style-type: none"> 7 has been allocated for the April forecast based on the trajectory from last year. The official trajectories for 2022/23 have not been released yet. Once the official trajectories have been released we will be able to come up with a more accurate trajectory Whilst a report will be submitted monthly it should be noted these actions will be undertaken up to end of March. End of Q4 In recognition of the above the report has not changed this month.



Current Performance			Three Month Forecast		
Mar 22	YTD	Target	Apr 22	May 22	Jun 22
4	48	40			

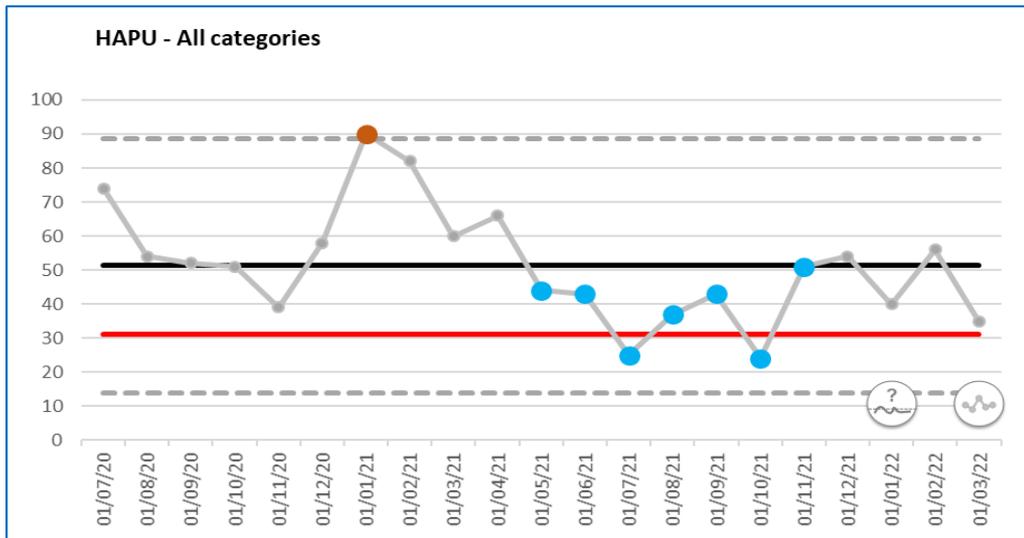
National Position & Overview

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.

The MSSA position is to be reviewed by the Trust Infection Prevention Committee prior to setting a 2022/23 trajectory

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> Peripheral and Central line infections of the bloodstream Surgical Site Infections Increased attendance of high acuity patients through the Emergency and Specialist medicine departments 	<ul style="list-style-type: none"> Thematic review of MSSA cases Continue raising awareness, monitoring infection prevention practice Review Denominator data for blood cultures taken in comparison to MSSA positive cultures 	<ul style="list-style-type: none"> The chart demonstrates occasional spikes of a similar level, this will be monitored and reviewed

Safe – Hospital Acquired Pressure Ulcers All Categories



Current Performance			Three Month Forecast		
Mar 22	YTD	Target	Apr 22	May 22	Jun 22
35	518	366	31	31	31

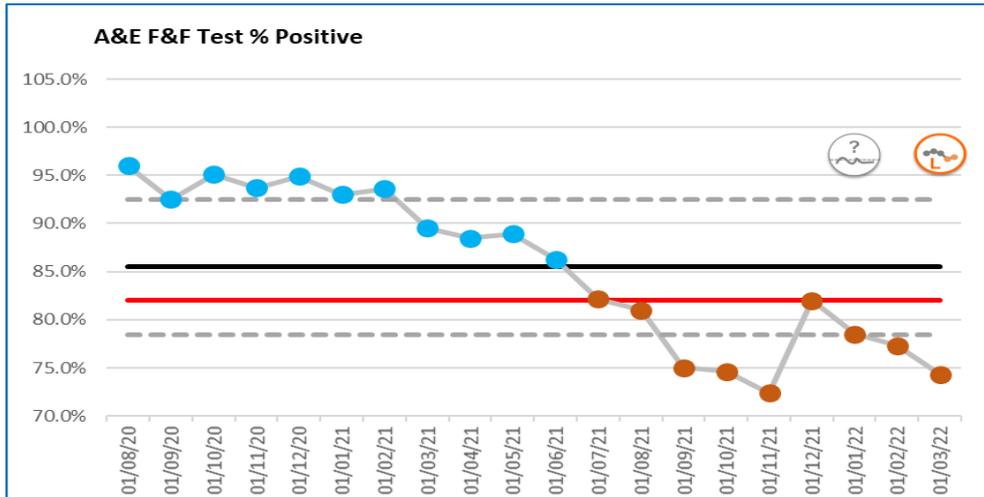
National Position & Overview

Currently no national benchmarking or reporting is available to provide comparative data. UHL are one of six organizations working with national experts and NHSEI quality team to review the national mechanism of capturing Pressure Ulcer data via the coding system.

The Trust target of 366 HAPUs (50% reduction) is an internal quality improvement stretch target

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> Contributing factor relating to reduced staffing and decreased care hours per patient day Delays in validation process Improvements inconsistent across all CMGs 	<ul style="list-style-type: none"> Meeting with HoN to review and confirm Validation and Care review meetings Pressure Ulcer 12 month breakthrough series collaborative ongoing with clinical faculty providing individual ward level support with PDSA projects Harms relating to staffing shortages, including HAPUs, via the safer staffing monthly report Training Gap Analysis to be undertaken Review of validation process/tracking of DTIs Monthly improvement trajectory for each CMG 	<ul style="list-style-type: none"> There has been a 29% reduction in Hospital Acquired Pressure Ulcers in 2021/22 when compared to 2020/21 We aim to continue to reduce hospital acquired pressure ulcers during 2022/2023 (internal stretch target to be agreed) Raising awareness through a data driven collaborative with area specific quality Improvement projects over the next 8 months

Caring – A&E Friends & Family Test



Current Performance			Three Month Forecast		
Mar 22	YTD	Target	Apr 22	May 22	Jun 22
74%	80%	82%	77%	80%	82%

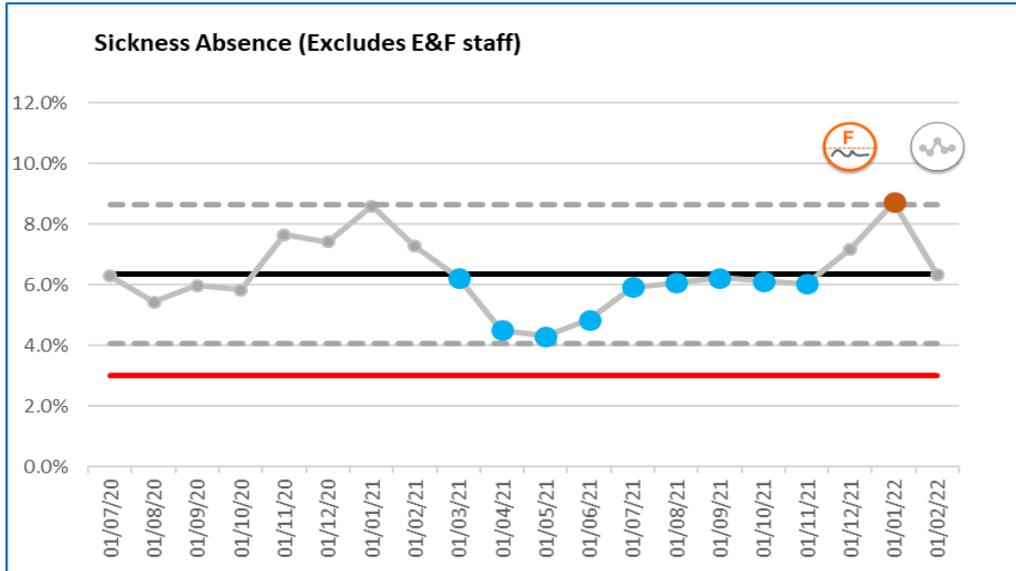
National Position & Overview

UHL performance has deteriorated significantly over the past 9 months. The target has been set as 82% which was the average performance between Jan 21 and Nov 21.

National performance in February was 77%, UHL ranked 74 out of 121 acute trusts and 9 out of 18 in its peer group. The highest performing trust in UHL's peer group achieved 96% and the lowest performing trust achieved 64%.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> Continuing increased attendances and longer wait times for patients continue which mirrors the national figure and within the performance reports 	<ul style="list-style-type: none"> Increased HCA's at the front door completing observations/ ECGs to support triage. Increased focus on nutrition and hydration sandwiches being offered to patients in the department over 4 hours/ Hot meals for long waits. Free hot drinks machine in place. Housekeeper to provide set drinks rounds in bay areas and injuries. Wait times now displayed in injuries. Working group to look at improving pain management. Improved availability of beds to improve patient comfort for long waits. Introduced more flexible visiting into ED where more dependent and acute patients are being cared for. 	<ul style="list-style-type: none"> With reduction in wait times, improvement in satisfaction scores will be demonstrated

Well Led – Sickness



Current Performance			Three Month Forecast		
Feb 22	YTD	Target	Mar 22	Apr 22	May 22
6.4%	6.0%	3%	6.0%	5.5%	5%

National Position & Overview

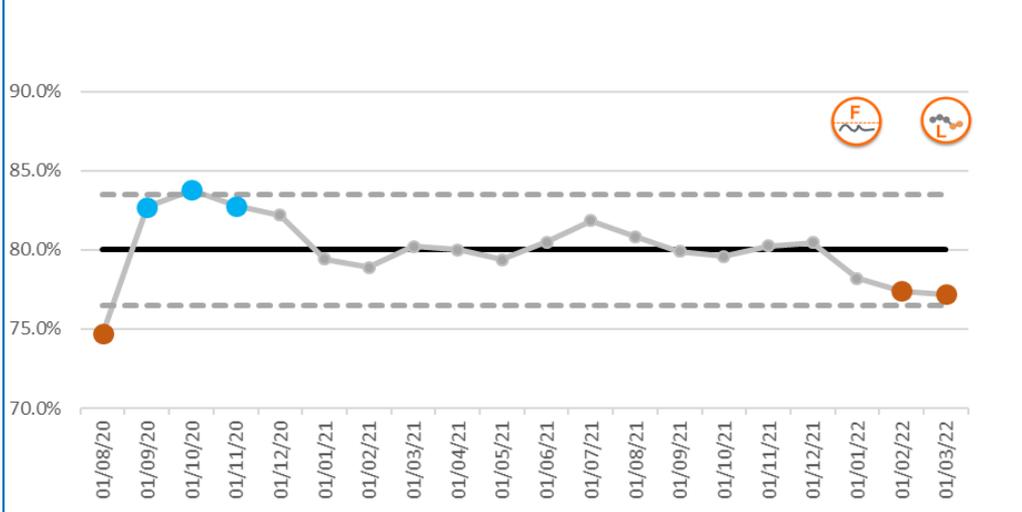
Data Excludes Estates and Facilities staff. Peer data not currently available.

Staff Sickness absences has started to reduce in the last month, and daily information indicates c40% over-reporting.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> We have seen a reduction in sickness absence in February 2022. Approximately one third of absences are covid-related. Many areas continue to see high level of winter viruses and other causes. Reporting identifies a 2 month time lag for accurate capture and change of up to 4% retrospectively on data figures. On 1 April 2022 we saw the changes to the national Covid IP guidance; removing PCR testing and an increased list of covid symptoms that has the potential of further increased absence levels 	<ul style="list-style-type: none"> Covid vaccinations are being actively promoted despite the VCOD regulations being revoked on 15 March 2022. CMG's have been more closely reviewing sickness absences to ensure robust support and management. The People Services team continue to review Smart reports and support managers. Continued focus on updating and closing absences to ensure accurate reporting and timely support for staff. Making it Happen meetings are continuing to support and advise managers. Review of current Smart reporting processes and data. A digital staff health and wellbeing booklet has been developed to support staff. 	<ul style="list-style-type: none"> The change in national guidance runs the risk of increased covid-related absences that could impact particularly on maintaining safe staffing. Line manager guidance has been issued and further FAQ's will be taken through Tactical and Strategic groups on sickness reporting and categorisation in April 2022. We saw a significant increase in sickness absence in January 2022 due to the omicron variant and seasonal fluctuation, and in February are starting to see a reduction in sickness absence through daily reporting. The indicative trajectory has been reviewed and will be kept under review to take account of the updated IP guidance. Over the next few months, actions to be reviewed to minimise absences, ensure oversight and provide targeted management.

Well Led – Appraisals

% of Staff with Annual Appraisal (Includes E&F staff from May 21)



Current Performance			Three Month Forecast		
Mar 22	YTD	Target	Apr 22	May 22	Jun 22
77.2%	77.2%	95%	80%	85%	90%

National Position & Overview

Peer data not currently available.

- This last quarter of the financial year to date, appraisal performance has seen a steady drop following a period of stable compliance; this is due to COVID-19 related pressures.
- March has seen a further 0.2% reduction in compliance
- The appraisal and pay progression paper, outlining the approach from 1st November 2021 was approved by Strategic on 8th November 2021; see additional changes in 'Actions'
- Due to the impact of Omicron on staffing automatic pay progression was extended to 31 May 2022. Please also see 'Actions' below

Root Cause

- It is recognised that performance continues to be impacted by Covid-19 and the Omicron variant and resulting in operational pressures/ demand while in Covid -19 Escalation Level 4.
- Though now at Level 2 these impacts are still felt (particularly due to staff absence levels and resulting isolation guidelines for healthcare workers); this impact is reflected in the compliance figures which sees a further drop in the month of March

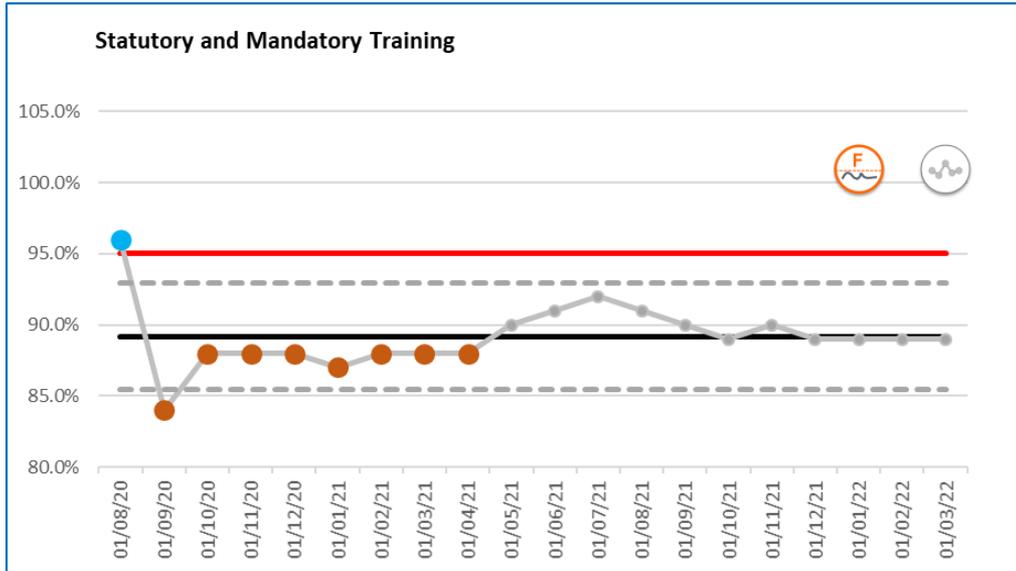
Actions

- As we remain in Covid 19 Escalation Level 2 the need to remind services of the importance of appraisal discussions continues to be made however services are unlikely to reach full compliance by 31 May 2022.
- Automatic pay progression has been extended from 31 March to 31 May 2022 as requested by Services and agreed via Tactical and Strategic Groups.
- The trajectory has again been reviewed to reflect performance over the previous month and CMG feedback.
- Full appraisals should be undertaken wherever possible. As a minimum, a robust discussion must take place. Both to be recorded through the normal data capture processes.
- We will continue with aligned appraisal and pay step reporting processes; the current increment / pay step arrangements continue for bank workers.
- A system approach to be taken for the re-earnable process for staff on the top of Bands 8c, 8d and 9, in consultation with System organisations

Impact/Timescale

- CMG's / Directorates are to provide a trajectory to achieve and sustain 95% appraisal performance;
- 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.
- Also to be monitored via PRM monthly.

Well Led – Statutory and Mandatory Training

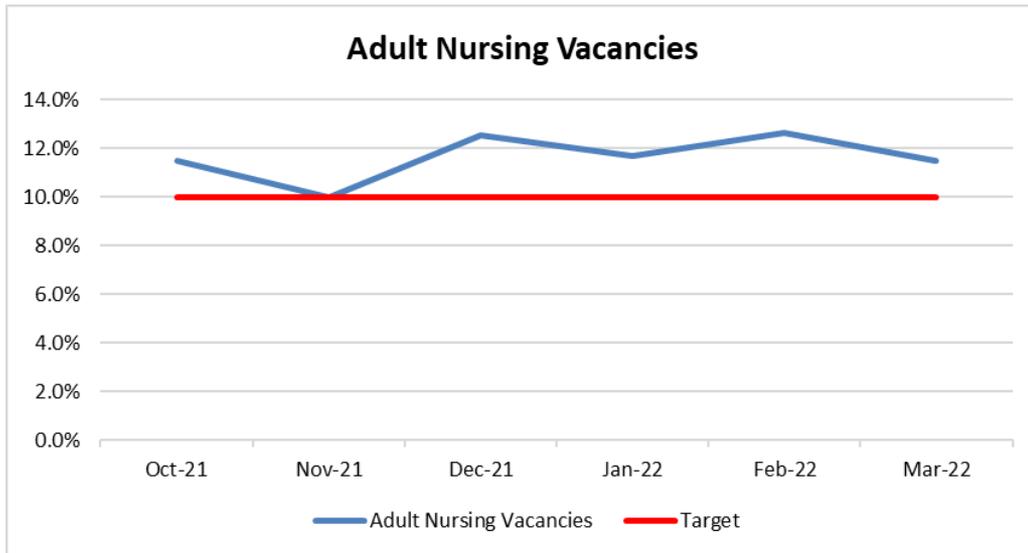


Current Performance			Three Month Forecast		
Mar 22	YTD	Target	Apr 22	May 22	Jun 22
89%	89%	95%	90%	90%	90%

National Position & Overview
Peer data not available.

Root Cause	Actions	Impact/Timescale
<p>It is recognised that performance has been impacted on by:</p> <ul style="list-style-type: none"> • Covid-19 • Operational pressures • Operational demand • Seasonal pressures • Seasonal demand • Staff Absence Levels 	<p>People Services Colleagues continue to communicate performance and support managers with improving their compliance.</p> <p>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 10,000 direct emails per month to non-compliant staff.</p> <p>This supports local level prioritising of release for training completions.</p>	<p>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.</p> <p>Drive towards improving the overall percentage of UHL during Q1 of the financial year has been implemented throughout March 2022.</p>

Well Led – Adult Nursing Vacancies



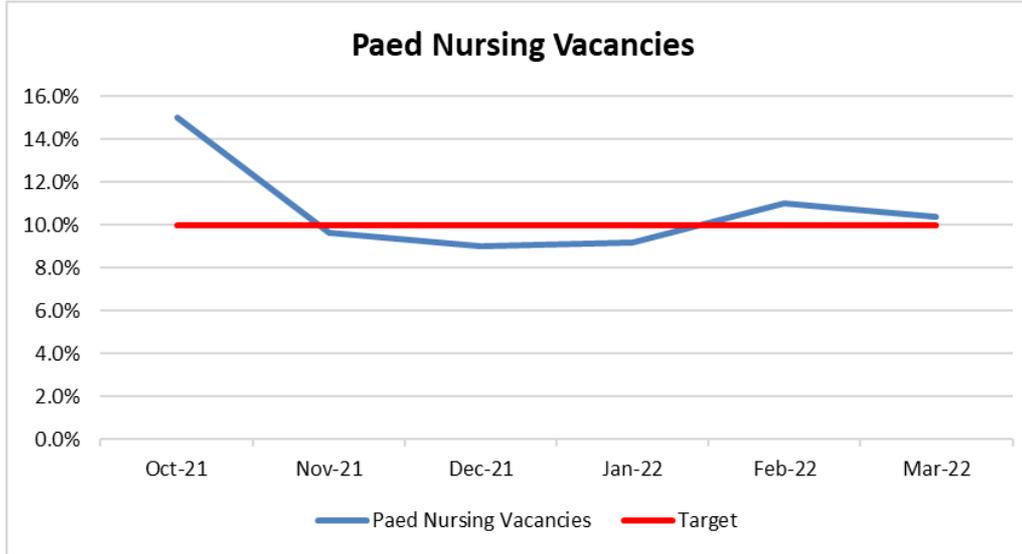
Current Performance			Three Month Forecast		
Mar 22	YTD	Target	Apr 22	May 22	Jun 22
11.5%	11.5%	10%	12.0%	10.0%	10.5%

National Position & Overview

NHS Digital data published in March 2022 for NHS England and NHS Improvement and show a vacancy rate for Nursing & Midwifery registrants of 10.3% at 31 December 2021 (Midlands is 11.0%).

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> The UHL 2020/21 vacancy rate for Nursing registrants has seen an improved position of 1.1% from Feb '22 (28 wte vacancies reported). The leavers trend remains at circa 15 per month including retirees, which was predicted to peak in March 2022 at circa 25 . 	<ul style="list-style-type: none"> Marketing Campaign and adverts to promote UHL as an employer of choice. Attended RCN conferences in March '22, in Birmingham and Virtual. Poor attendance at events – waiting confirmed numbers of appointments. CMG recruitment events held in March and April '22 ITAPS and CHUGGS as part of reconfiguration and to support restoration. 12 successful candidates Recruitment agencies interviews will continue fortnightly for international nurses to arrive bi-monthly in 2022: 320 planned within financial year. Bi Monthly trust wide/CMG & specialty adverts for all RN posts. 	<ul style="list-style-type: none"> Continue to work to the arrival dates below for International Nurse Recruitment - no anticipated delays May -60 arrivals July – 60 arrivals 41 wte Newly qualified graduates for adult nursing to commence into post April/May/June '22

Well Led – Paed Nursing Vacancies

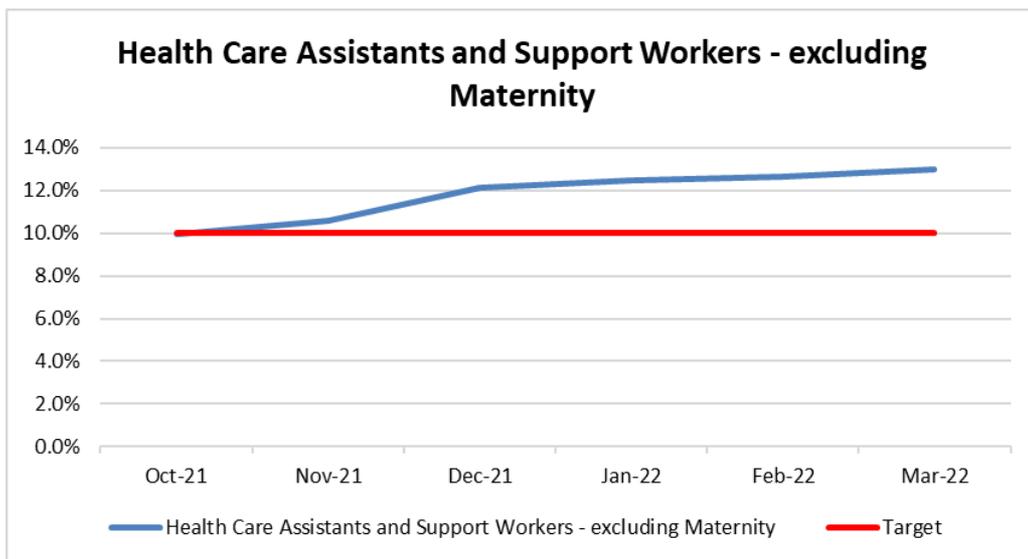


Current Performance			Three Month Forecast		
Mar 22	YTD	Target	Apr 22	May 22	Jun 22
10.4%	10.4%	10%	10.3%	9.7%	9.9%

National Position & Overview					

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> The vacancy position has improved by 0.6% in month, wte compared to Feb '22. Vacancy position overall continues to be due to the limited supply of NQN and leavers who are not retirees. 	<ul style="list-style-type: none"> Daily senior nurse oversight with nursing staff moves to mitigate gaps and maintain safety and achieve nurse to child ratio's. Recruitment leads are planning and attending conferences, RN and NQN virtual events to interview and recruit local, regional and national RCN. Support for the international nurses who are undergoing their OSCE training and ensuring smooth transition into their clinical role. 	<ul style="list-style-type: none"> Seeking international nurses who possess paediatric critical care and ED experience to interview and offer positions at UHL. 13 wte Newly qualified graduate children's nurses will be commencing into post in April/ May '22.

Well Led – Health Care Assistants and Support Workers - excluding Maternity



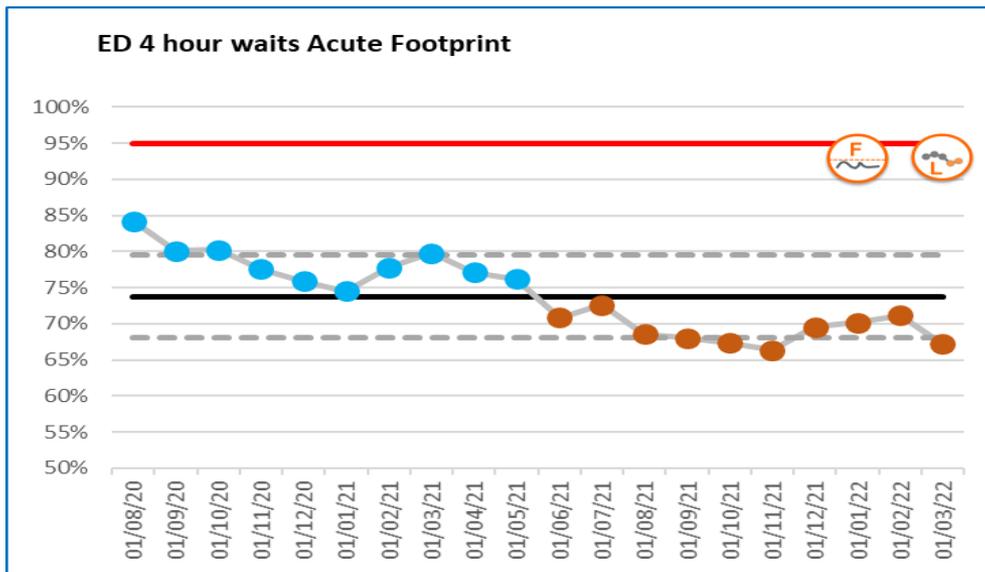
Current Performance			Three Month Forecast		
Mar 22	YTD	Target	Apr 22	May 22	Jun 22
13.0%	13.0%	10%	12.6%	11.5%	10.4%

National Position & Overview

Across England the number of vacant healthcare support worker posts remains high. The drive from Nov 2020 has not been realised nationally and in March 2022 remains a national focus on achieving 'close to zero vacancies as possible' for healthcare support roles that support registered nurses by the bedside i.e. Healthcare Assistants (HCAs).

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> The position demonstrates 0.4 % deterioration in month compared to Feb'22, this equates to 7wte. There continues to be HCA leavers and staff moving from substantive posts to bank posts both impacting on the substantive headcount. The supply of HCSW's is decreasing , noted with the regional and national team as a similar picture across England. 	<ul style="list-style-type: none"> Recruitment events booked every 8 weeks throughout 2022, 115 job offers in pipeline from March event. Interview day includes all assessments and initial ID checks. UHL working with NHSI Direct Support / 'Indeed' to review the processes and increase supply with a combined event May 21st '22 at GH. Recruitment huddle held weekly to monitor and ensure pipeline progression to start dates. Blended Face to face / virtual induction and training plan June July if supply increases. 	<ul style="list-style-type: none"> It is anticipated that UHL will be reporting to an improving position in May '22, then June '22 to 10.4% Additional meetings held with NHSI Direct as support planned for April '22. From March '22 recruitment circa 120 HCA candidates in pipeline undergoing recruitment checks - start dates agreed 23. May '22 / June '22 intake planned 35. June/ July intakes blended Face to Face and virtual induction could potentially double intakes to 60 and see July '22 achieve target 10%.

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



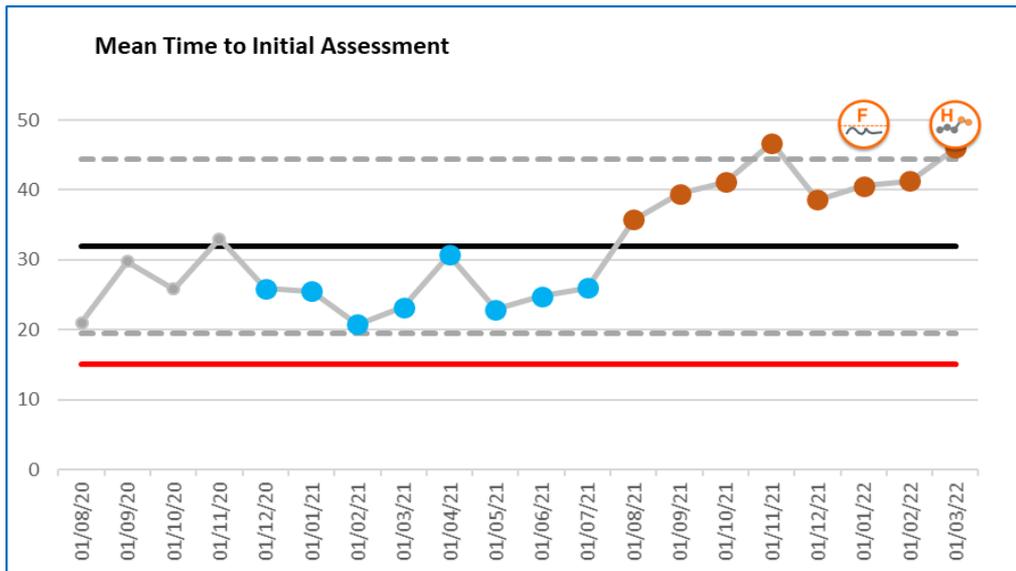
Current Performance			Three Month Forecast		
Mar 22	YTD	Target	Apr 22	May 22	Jun 22
67.2%	70.3%	95%	69.5%	67.5%	68%

National Position & Overview

In March, UHL ranked 79 out of 113 Acute Trusts. The National average in England was 71.6%. Only 1 out of the 113 Acute Trusts achieved the target. UHL ranked 10th out of 16 trusts in its peer group. The best value out of the Peer Trusts was 82.2% and the worst value was 60.2%.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> • Crowding in ED due to chronic and sustained lack of outflow • High inflow of both walk-in and ambulance arrivals • UHL bed occupancy >85% 	<ul style="list-style-type: none"> • Awaiting outcome of Trust investment process for additional funding of overnight ED consultant shift. • Mobile UTC on LRI site working well to support deflection of patients away from ED front door. Extended until end of May. • Emergency medicine flow action plan in place to focus on reduction in non-admitted breaches and adherence to new UEC standards. 	<ul style="list-style-type: none"> - Improve time to senior decision making/May 2022 - Treat patients in a timely manner and reduce patient numbers in ED - Urgent care provision away from ED thereby reducing crowding/January 2022 - Reduce non-admitted breaches/May 2022

Responsive (Emergency Care) – Mean Time to Initial Assessment



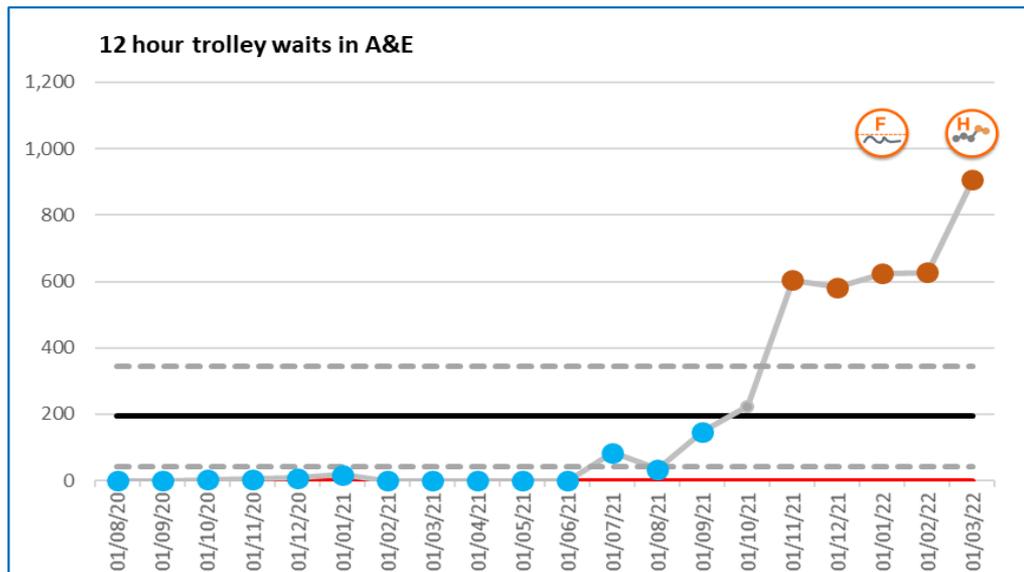
Current Performance			Three Month Forecast		
Mar 22	YTD	Target	Apr 22	May 22	Jun 22
46.0	36.8	15	45	43	44

National Position & Overview

National data not currently available for reporting.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> Insufficient workforce to manage sustained walk in demand of in excess of 40 -50 patients per hour 	<ul style="list-style-type: none"> Redirecting appropriate patients to Westcotes/hub appointments, UTC, GAU and GPAU ED consultant deployed to sit on front desk to redirect patients to alternative settings (when workforce allows) STAT clinician allocated to front door for each shift PDSA of clinical bed bureau project complete; review of outcomes with the system ongoing. 15min Time To Assessment working group set up. Planning starting on PDSA to move VAC clinician to earlier in patient journey. 	<ul style="list-style-type: none"> In place and ongoing Senior decision maker able to deflect pre-triage/in place when staffing allows Reduce attendances to ED/PDSA; May 2022 More patients assessed within 15minutes of arrival in the department/June 2022

Responsive (Emergency Care) – 12 Hour Trolley Waits in A&E



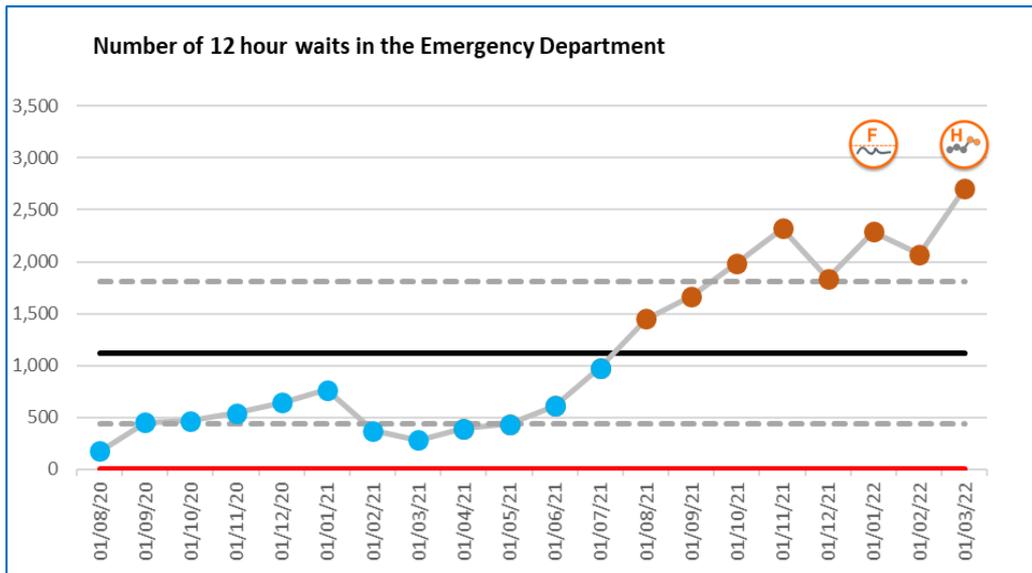
Current Performance			Three Month Forecast		
Mar 22	YTD	Target	Apr 22	May 22	Jun 22
906	3,836	0	870	750	725

National Position & Overview

In March, UHL ranked 123rd out of 125 Major A&E NHS Trusts. 30 out of the 125 Trusts achieved the target. The best value nationally was 0 and the worst value was 971. UHL ranked 18th out of 18 trusts in its peer group.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> Medical in-reach to ED in place to review overnight bed list and clerk/discharge patients. Additional medical ward open at LGH. Trial of therapy team across emergency floor extending hours of support to patients, to support later discharges. Work ongoing with pharmacy team to review pre-packs – some added to list to increase speed of discharge as no need to wait for TTO. Focused discharge work with team on AMU South, including 3 board rounds per day. 	<ul style="list-style-type: none"> Only those patients that need a medical bed are admitted/Ongoing Support national standard of all medical patients being seen by a medical doctor within 14 hours of arrival/Ongoing Improve morning discharge rate/May 2022 Increase daily discharges/June 2022

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

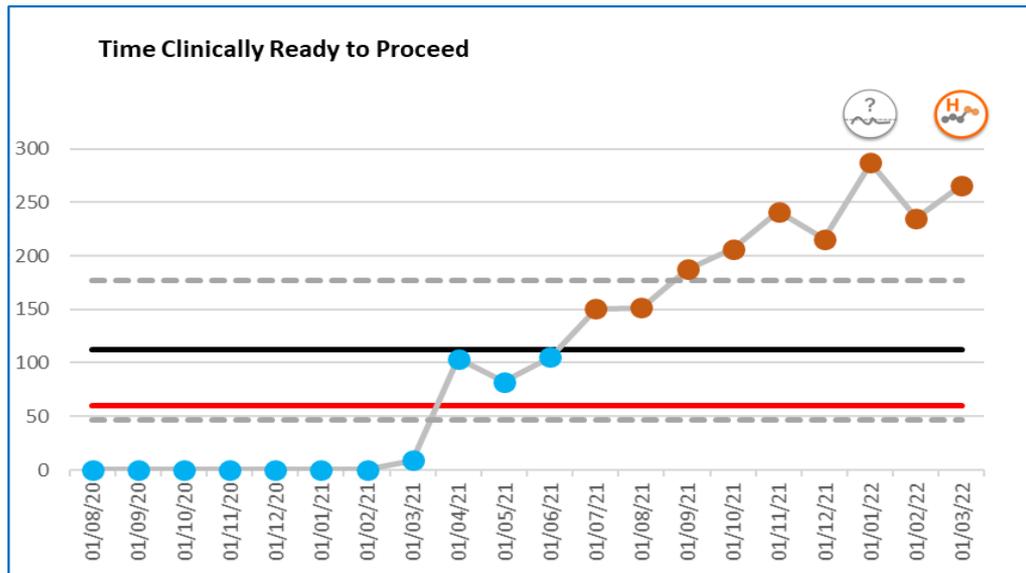


Current Performance			Three Month Forecast		
Mar 22	YTD	Target	Apr 22	May 22	Jun 22
2,707	18,751	0	2,676	2,400	2,300

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

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> Poor outflow across the emergency care pathway Crowding in ED resulting in long waits to be seen by a doctor 	<ul style="list-style-type: none"> System-wide clinical and operational group set up to implement mobile UTC service off the emergency floor footprint, to enable increased numbers of patients to utilise service via deflection from ED front door. Elite provided UTC extended until end of May. ED consultant overnight request for full funding via Trust investment process, Rota for medical in-reach consultant to ED in place. 	<ul style="list-style-type: none"> Decant ED to reduce crowding/ongoing Increase senior decision maker presence/in place (dependent on fill) Appropriate senior clinical review facilitating discharge directly from ED/in place Redirect those patients that can be seen by acute medic team/in place.

Responsive (Emergency Care) – Time Clinically Ready to Proceed



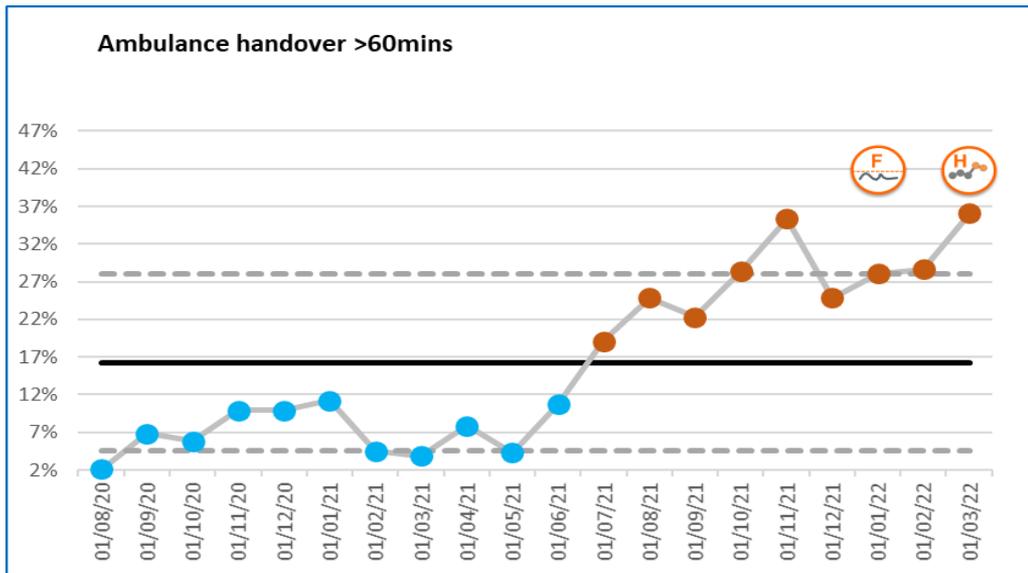
Current Performance			Three Month Forecast		
Mar 22	YTD	Target	Apr 22	May 22	Jun 22
265.9	186.0	60	242	235	238

National Position & Overview

National data not currently available for reporting.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> Bed occupancy > 85% 	<ul style="list-style-type: none"> Further work with CMGs on timeliness of response for Nervecentre e-referral to specialities. Embed further response to Inter-Professional Standards, focusing on specialty in-reach 	<ul style="list-style-type: none"> Increase response time to senior clinical review and decision making to improve time to ready to proceed time by all specialities/May 2022 Change of culture to improve timeliness of response to emergency patients/ongoing. Develop action plan following recommendations in latest NHSI/E missed opportunities audit/May 2022

Responsive (Emergency Care) – Ambulance Handovers >60 Mins



Current Performance			Three Month Forecast		
Mar 22	YTD	Target	Apr 22	May 22	Jun 22
35.8%	21.7%	0%	34%	33%	33%

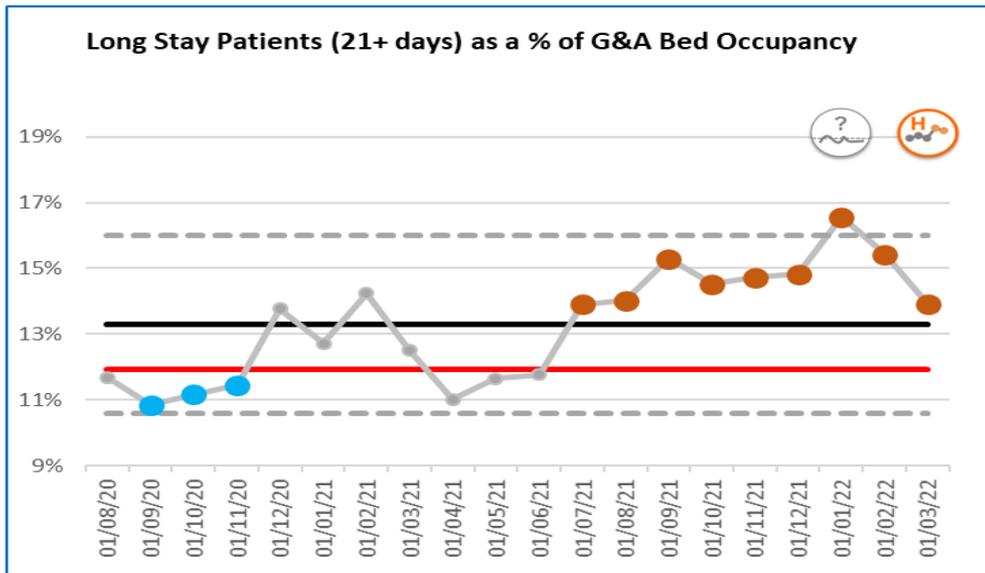
National Position & Overview

LRI ranked 21 out of 23 sites last month (source EMAS monthly report) and had the second highest number of arrivals (4,916).

UHL is an outlier in Ambulance handover performance

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> Poor outflow across the emergency care pathway. High inflow of walk-in patients competing with ambulance patients for trolley space. 	<ul style="list-style-type: none"> Further work with EMAS to implement direct referrals to GPAU. Action plan being developed with EMAS for trial of mandating calls to pre-admission clinical assessment service (PTCDA) before conveyance to acute site. Plans in place to re-establish medical wards at LGH as part of Trust reconfiguration 	<ul style="list-style-type: none"> Reduce ambulance arrivals to ED/ongoing Create capacity for offloading ambulances in ED/in place Admission avoidance/June 2022 Loss/reduction of medical capacity/April 2022

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



Current Performance			Three Month Forecast		
Mar 22	YTD	Target	Apr 22	May 22	Jun 22
14.0%	14.0%	12%	14%	13%	12%

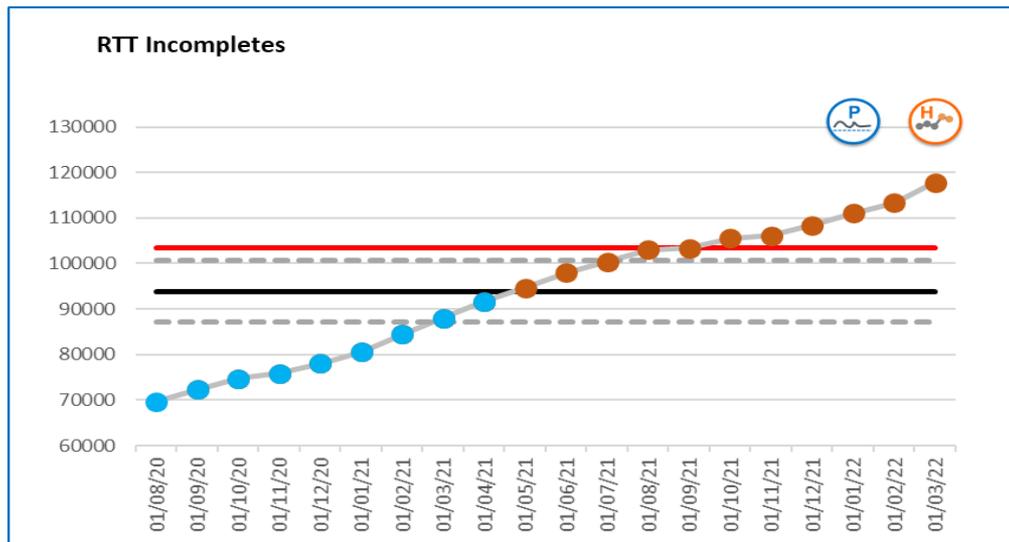
National Position & Overview

UHL is ranked 6th out of 20 trusts in the Midlands for the % beds occupied by Long Stay (21+ Day) patients (for the w/c 28/03/22).

- 33 Patients (16%) are receiving appropriate care/treatment on a neuro rehabilitation or brain injury pathway.
- 9 Patients (4%) are receiving appropriate care/treatment on an Intensive care Unit or Infectious Diseases Unit.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> • Circa 170 Complex Medically optimised for discharge patients of which 50 have a LLOS (29%) and are awaiting a discharge outcome from the LLR discharge coordination Hub. • Suboptimal Discharge Coordination: Over investigation, family /carer involvement, board rounds , red2green principles, preparing the patient in advance of discharge. In addition to impacts of extra capacity wards , outlying and COVID. 	<p>Continue to work Collaboratively with health and social care system partners during April to:</p> <ul style="list-style-type: none"> • Undertake a focussed review of patients awaiting discharge destinations to see if alternative solutions exist: RVS, Bridging etc. • Develop pathways for High dependency Residential Home placements. <p>Work with CMG's to:</p> <ul style="list-style-type: none"> • embed Long length of stay patient reviews in CHUGGs and ESM • Undertake ward coaching on 2 wards in medicine and promote Easter 'Lets Crack It!' campaign. 	<ul style="list-style-type: none"> • Aim to reduce number of MOFD patients waiting for discharge in UHL beds. • Aim to improve /embed SAFER patient flow best practice principles. • Reduce the number of patients awaiting 'next steps'/LLOS

Responsive (Elective Care) – RTT Incompletes



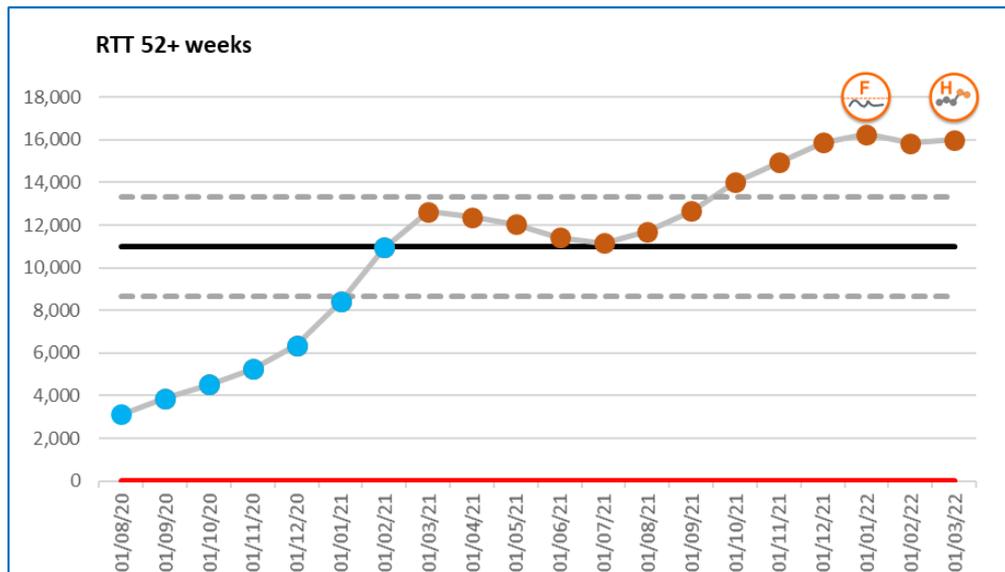
Current Performance			Three Month Forecast		
Mar 22	YTD	Target	Apr 22	May 22	Jun 22
117,857	117,857	103,403	116,089	118,184	117,086

National Position & Overview

At the end of February, UHL ranked 15th out of 18 trusts in its peer group with a total waiting list size of 113,365 patients. The best value out of the 18 Peer Trusts was 56,649, the worst value was 157,284 and the median value was 75,508.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> Impact of reduced outpatients and Inpatient activity. Due to COVID-19 and introduction of social distance 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 	<ul style="list-style-type: none"> Induction of 7 RTT validators to start with April Ufonia strategy to be developed to have continuous patient contact, next specialties to be identified 22/23 trajectory to be resubmitted following feedback from Elective Care Improvement Support Team Review LUNA reports and audit Trust reports against these to assure targeted validation. 	<ul style="list-style-type: none"> 30/04/2022 – Internal capacity to support CMGs to validate waiting list 30/04/2022 – Ensuring patients are still requiring treatment 17/04/22 – Increase overall waiting list position by March 23 30/04/22 – identify areas of data quality opportunity to focus validation of waiting list

Responsive (Elective Care) – RTT 52+ Weeks



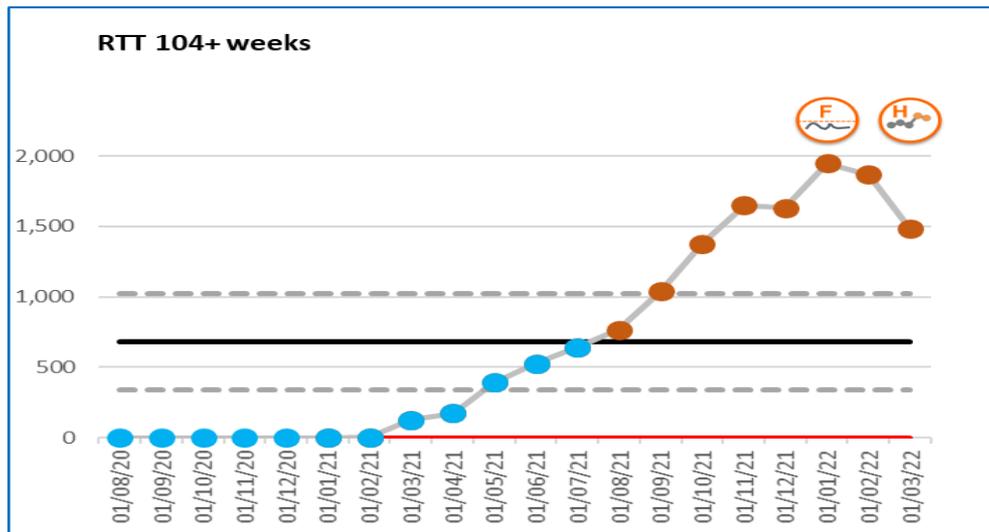
Current Performance			Three Month Forecast		
Mar 22	YTD	Target	Apr 22	May 22	Jun 22
15,994	15,994	0	14817	14305	13491

National Position & Overview

At the end of February, UHL ranked 17th out of 18 trusts in its peer group with 15,842 patients waiting over 52+ weeks. The best value out of the 18 Peer Trusts was 845, the worst value was 28,098 and the median value was 3,808.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> Impact of COVID-19 on planned activity capacity Significant operational pressures due the emergency demand and COVID-19 current inpatients, UHL has reported operational OPEL 4 levels on a regular basis. The requirement to increase ITU Capacity, leading to a reduction in theatre capacity 	<ul style="list-style-type: none"> Identify patients who are suitable transfer to IS providers for 22/23 contract Levels Next cohort of Orthopaedics to be reviewed for Grantham through Mutual aid All 52+ Alliance patients to be contacted through the booking centre IPT volumes to be agreed with CCGs to send to independent sector providers 	<ul style="list-style-type: none"> 31/03/2022 – reduction in 52+ patients waiting at UHL 22/04/2022 – 105 patients included in cohort 31/04/2022 15/04/2022 – Continues reduction of 52+ patients through additional activity

Responsive (Elective Care) – RTT 104+ Weeks



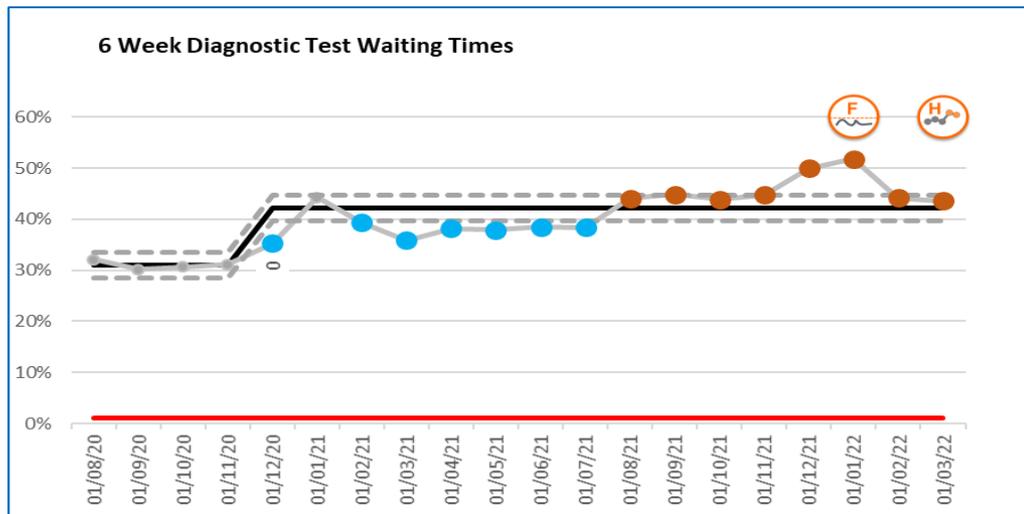
Current Performance			Three Month Forecast		
Mar 22	YTD	Target	Apr 22	May 22	Jun 22
1,485	1,485	0	956	655	240

National Position & Overview

At the end of February, UHL ranked 17th out of 18 trusts in its peer group with 1,867 patients waiting 104+ weeks. The best value out of the 18 Peer Trusts was 20, the worst value was 2,137 and the median value was 412.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> Impact of COVID-19 on planned activity capacity Significant operational pressures due the emergency demand and wave 3, UHL has reported operational OPEL 4 levels on a regular basis The requirement to increase ITU Capacity, leading to a reduction in theatre capacity Theatre capacity which has been available been used for clinical priority, cancer patients and P2's 	<ul style="list-style-type: none"> Sign off Speciality level trajectories Offer of choice to appropriate patients waiting 104+ weeks Support to be provided by the GIRFT team (learning from Grantham) to establish a robust governance structure and process for mutual aid at a procedure level. Protection of LGH elective bed base Insource / ring-fence surgical beds for GS and Urology at LGH Increasing use of the Independent Sector 	<ul style="list-style-type: none"> 15/04/2022 – to develop key action plans for 22/04/2022- 100 letters to be sent 20/04/2022 30/04/2022 – reduce amount of on the day cancellations, more capacity to book long waiting patients. 30/06/2022 <ul style="list-style-type: none"> - 50 General Surgery patients - 30 Vascular patients - Ramsay Kettering will take Bariatric patients – risk to dating in July due to consultant availability. - ENT patients. An additional 250 for the year.

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



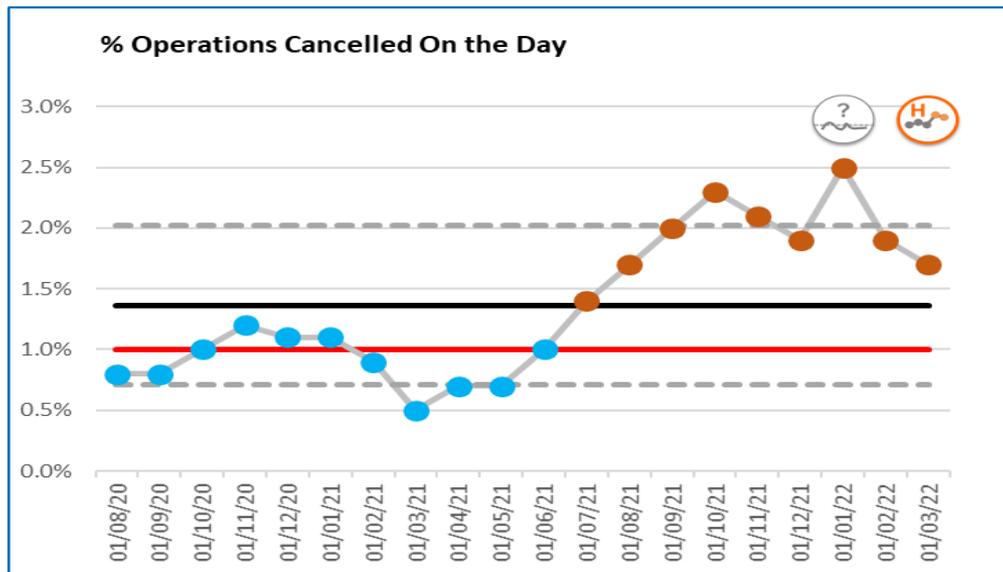
Current Performance			Three Month Forecast		
Mar 22	YTD	Target	Apr 22	May 22	Jun 22
43.6%	43.6%	1.0%	41.5%	39.8%	36.2%

National Position & Overview

National average performance for February was 24.0%. UHL ranked 18th out of 18 trusts in its peer group with a performance of 44.2% in February. The best value out of the 18 Peer Trusts was 5.4% and the median value was 27.1%.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> Impact of COVID-19 on planned activity capacity Increased demand in MRI, Non-Obstetric Ultrasound and Endoscopy. Reduced capacity due to 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 	<ul style="list-style-type: none"> The 2 additional mobile CT scanners planned for 2022-23, provide cover for the Trusts replacement program and additional resilience against failure of aging equipment and demand increases above 3.7%. 1 new DEXA scanner coming on line in April 2022 and a 2nd from October Evaluate the possibility to transfer endoscopy patients to Nuffield Plans for 2 additional scanning rooms to be confirmed for Ultrasound. In particular to mitigate the risk of staffing concerns. Community Diagnostic Centres phase two business cases to be developed. Supporting diagnostics at Hinckley hospital 	<ul style="list-style-type: none"> 30/04/22 30/04/22 – Increase capacity for DEXA, With the additional capacity the Trust is expecting to deliver some 8,401 scan during 2022-23. 22/04/22 – Potential to agree contract for Nuffield to deliver part of Endoscopy backlog but requires a commitment for a 2 year contract 28/04/22 – 14870 scans planned than 21/22 with 22/23 April, to apply for funding outlined in the Community Diagnostic Centres for system diagnostics schemes

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

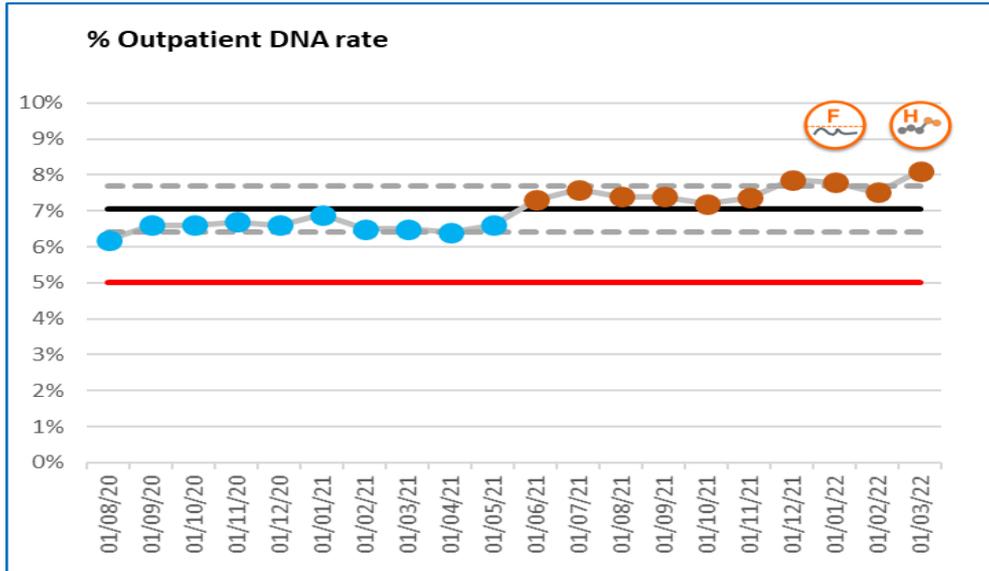


Current Performance			Three Month Forecast		
Mar 22	YTD	Target	Apr 22	May 22	Jun 22
1.7%	1.7%	1%	1.3%	1.1%	1.1%

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

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> Significant operational pressures due the emergency demand and wave 3, UHL has reported operational OPEL 4 levels on a regular basis. Volume of medical outliers increased within September reducing the volume of available beds to supports elective care. 	<ul style="list-style-type: none"> Implementation of digital pre-operative assessment (ePOA) Protection of LGH elective bed base Insource / ring-fence surgical beds for GS and Urology at LGH Develop further comms for patients to ensure they fully understand what to expect on the day of surgery. A Number of patients choosing to not have surgery on the day Complete local audit with PWC 	<ul style="list-style-type: none"> On-going – reduce on the day cancellations through earlier identification of additional requirements of patients 30/04/22 14/04/22 – Decrease cancelations due to patients choice 30/04/22 – assurance for data quality

Responsive (Elective Care) – Outpatient DNA Rate



Current Performance			Three Month Forecast		
Mar 22	YTD	Target	Apr 22	May 22	Jun 22
8.1%	7.4%	5.0%	7.8%	7.5%	7.2%

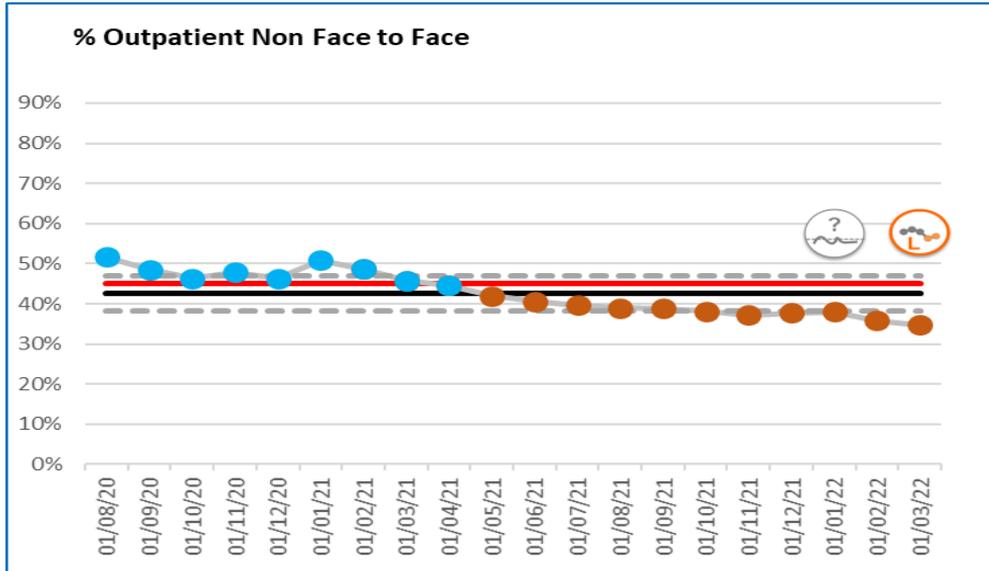
National Position & Overview

UHL compares better than its peers for this financial year so far, 7.1% compared to 8.4% (data up to the end of December, 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
<ol style="list-style-type: none"> 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 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 Late cancellations/rebooks often mean patients do not receive their appointment letters on time so unaware of appointment Due to lack of admin staff, patients unable to get through to department to let them know they're unable to attend Some patients are still afraid to come in to hospital 	<ol style="list-style-type: none"> On the Risk register. IT are looking into. Continue to promote the use of Attend Anywhere as an alternative. Remind services of the need to check the patients details are correct and up to date at every contact Services are being encouraged to use the OP QlikSense dashboard, plus ENVOY or AccuRx to send reminders to patients Working on increasing numbers on the admin bank and getting them upskilled Ask services to offer choice of video consultation 	<ul style="list-style-type: none"> All actions, plus many others, are happening imminently to help reduce the number of DNAs. An improvement in the DNA rate should be visible within the next 3 months.

Responsive (Elective Care) – Outpatient Non Face to Face



Current Performance			Three Month Forecast		
Mar 22	YTD	Target	Apr 22	May 22	Jun 22
34.8%	38.8%	45.0%	36.8%	38.8%	40.8%

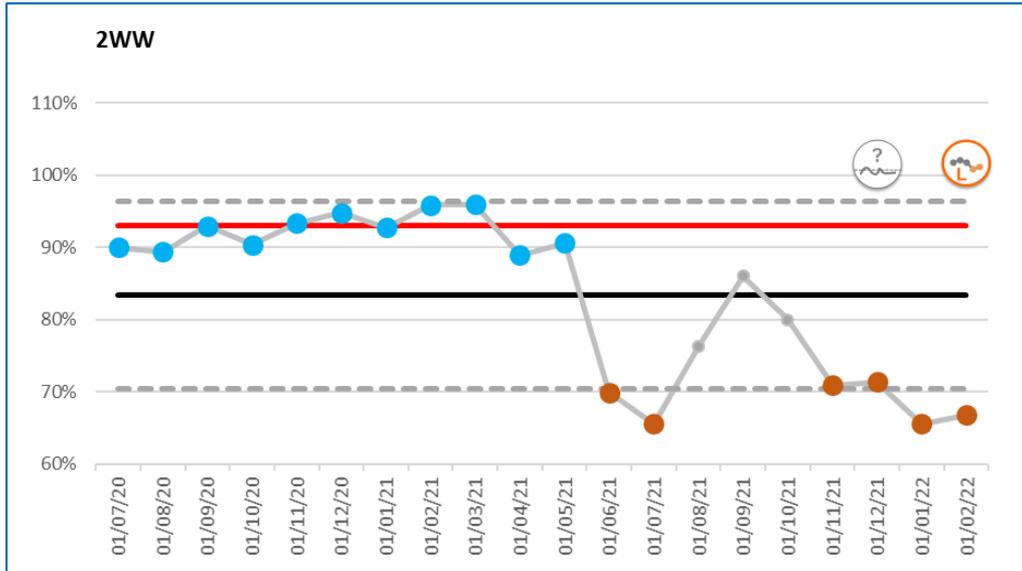
National Position & Overview

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
<ol style="list-style-type: none"> Not all Outpatient rooms and consultant offices are set up for video consultation eg no webcam or 2nd screen, and not all rooms have phones in them There is a fear of losing consulting rooms amongst clinicians therefore they are bringing patients in F2F Some clinicians and patients do prefer F2F over non F2F Poor experience with One Consultation has made rollout of Attend Anywhere more challenging 	<ol style="list-style-type: none"> All of central outpatient rooms have now been provided with webcams, 2nd screens and headsets. Other OP areas have been asked what they need. 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 than non F2F. Attend Anywhere demos are being carried it and kit is being supplied to encourage video consultation as an alternative. Improve comms around the benefits of video consultation. 	<ul style="list-style-type: none"> 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.

Responsive Cancer – 2 Week Wait



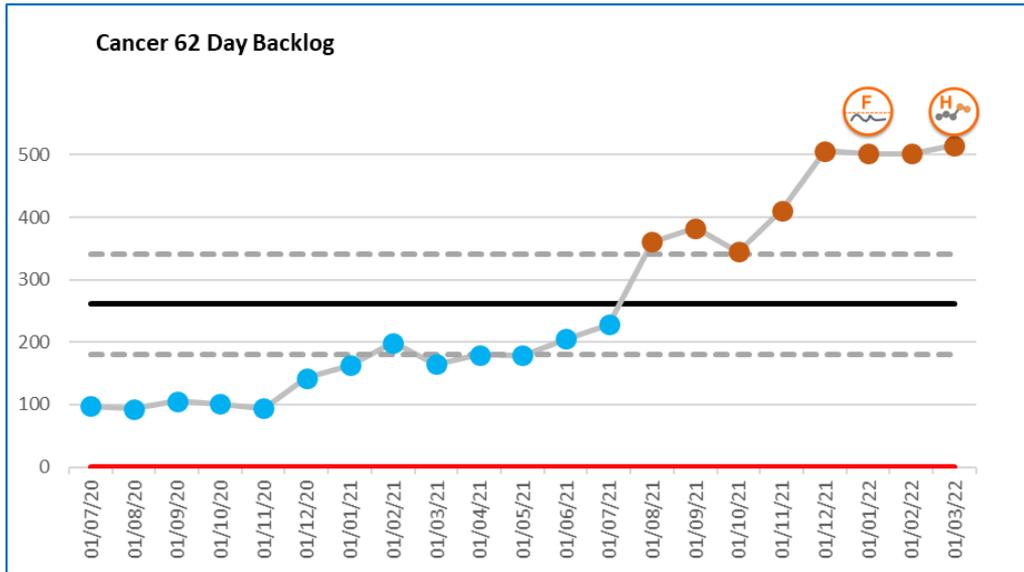
Current Performance			Three Month Forecast		
Feb 22	YTD	Target	Mar 22	Apr 22	May 22
66.8%	75.6%	93%			

National Position & Overview

In February, UHL ranked 111 out of 126 Acute Trusts. The National average was 80.7%. 48 out of the 126 Acute Trusts achieved the target. UHL ranked 14th out of the 18 UHL Peer Trusts. The best value within our peer group was 97.3% and the median value was 74.8%.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> 2WW demand overall remain approx. 20% higher than pre-COVID levels with H&N (25.9%), Upper (37.8%) & Lower GI (31.2%), Haematology (100%) and Gynae (25.9%) showing the largest increase in February The continued increase in demand with both out-patient and diagnostic capacity issues, workforce challenges, puts at risk the delivery of the 2WW standard for the coming months 	<p>Monthly stakeholder recovery action plan meetings held with all tumour sites with clear actions on 2WW recovery identified where possible:-</p> <p>Breast</p> <ul style="list-style-type: none"> Breast pain & Outsourcing U35s Additional WLI and USS rooms at GGH Insourcing for weekend activity <p>ENT</p> <ul style="list-style-type: none"> Mandatory F2F assessment prior to referral Task & Finish group for national timed pathway implementation setup WLI activity and review of I/P for clinic capacity <p>Haematology</p> <ul style="list-style-type: none"> Demand and capacity gap – service clinically triaging each referral and appropriately booking Service to consider clinical triage telephone consultations 	<ul style="list-style-type: none"> Breast U35 backlog cleared in February, expected delivery of 2WW performance from April 2022 ENT backlog remains a concern, system approach to reviewing 2WW referral appropriateness in planning for April 2022 onwards. Trajectories for 22/23 show improving performance but under achievement forecasted to continue due to capacity gap Haematology continue to manage increased demand by clinically triaging referrals whilst managing non 2WW clinically urgent patients. Trajectories for 22/23 show improving performance but under achievement forecasted to continue due to capacity gap. Overall UHL position for 22/23 reflective of key areas of concern and forecast for under delivery of the standard.

Responsive Cancer – Cancer 62 Day Backlog



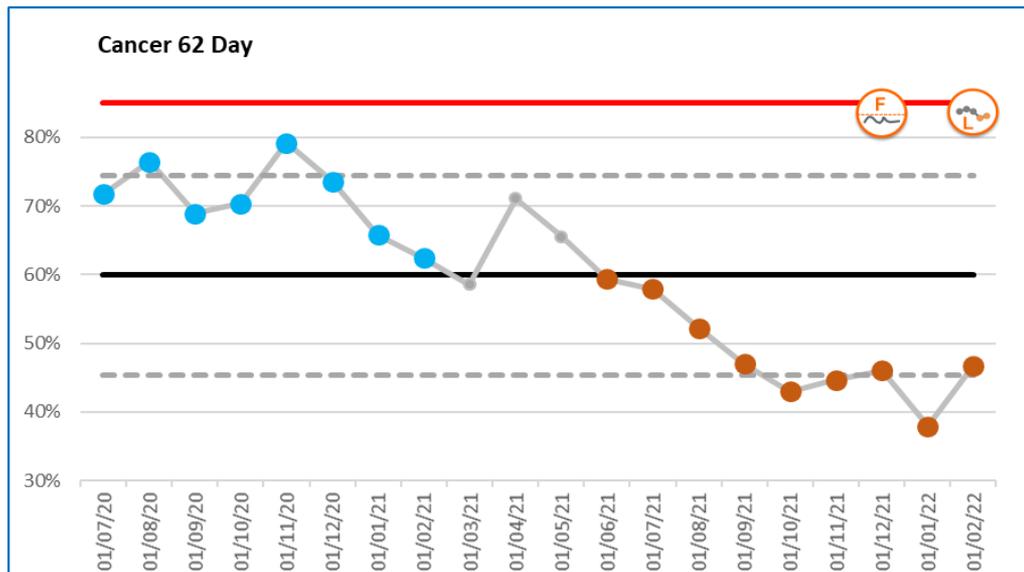
Current Performance			Three Month Forecast		
Mar 22	YTD	Target	Apr 22	May 22	Jun 22
515	515	0			

National Position & Overview

National data not currently available for reporting.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> Waiting list volumes for 62 day remain high as a result of ongoing demand for 2WW with delayed appointments in Breast and ENT resulting in patients entering the 62 day backlog. Diagnostic capacity constraints, particularly Endoscopy. Reduced theatre sessions, theatre recovery capacity, ICU constraints . COVID delays on diagnostic and treatment pathways remain evident across the 62 day backlog in addition to increasing patient choice Emergency bed pressures continue to put pressure on elective capacity including HDU/ICU Workforce issues including sickness impacting on theatre sessions and theatre capacity 	<ul style="list-style-type: none"> Continue to clinically prioritise all patients on a cancer pathway with ongoing focus on ensuring theatre sessions are protected where possible Weekly tumour site PTL review meetings with the Cancer Centre as well as deep dive into all backlog patients Work with EMCA and regional providers to seek mutual aid where possible to support equitable access for all patients Ensure the 2WW actions identified are progressed to support a reduction in the overall PTL and backlog Work with tumour sites to review national timed pathways and identify possible areas for improvement through the RAP meetings Explore opportunities in the IS Develop action plans around RDC with a view to expediting pathways at the front end and prevent pathway delays where possible Skin AI programme (pilot site from 28th March) to release capacity and improve pathway delays 	<ul style="list-style-type: none"> Mutual aid for MaxFax treatments with Derby commenced February 2022 Recovery action plans submission in March 2022 Roll out of Skin AI to further sites– pilot site ‘live’ with full roll out by end May 2022 RDC/Faster Diagnosis Framework paper submitted and work to commence on national timed pathways by end of Q4 2022 Weekly PTL meetings continue to be prioritised to ensure pathway delays are expedited and accurate CWT rules are applied

Responsive Cancer – Cancer 62 Day



Current Performance			Three Month Forecast		
Feb 22	YTD	Target	Mar 22	Apr 22	May 22
46.7%	52.1%	85%			

National Position & Overview

In February, UHL ranked 123 out of 136 Acute Trusts. The National average was 62.1%. 12 out of the 136 Acute Trusts achieved the target. UHL ranked 15th out of the 18 UHL Peer Trusts. The best value within our peer group was 73.0% and the median value was 55.2%.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> High backlog levels being treated and prioritised having a direct impact on performance Theatre capacity remains challenged, particularly where HDU beds are required Emergency operational pressures impacting on elective bed base Staffing issues having an impact on theatre sessions, pre-assessment slots and outpatient capacity delaying pathways Workforce challenges including recruitment and lack of WLI activity 	<ul style="list-style-type: none"> Continue to clinically prioritise all patients on a cancer pathway where ready for treatment Weekly tumour site PTL review meetings with the Cancer Centre Work with EMCA and regional providers to seek mutual aid where possible to support equitable access for all patients Ensure the 2WW actions identified are progressed to support a reduction in the overall PTL and backlog Work with tumour sites to review national timed pathways and identify possible areas for improvement through the RAP meetings Explore opportunities in the IS 	<ul style="list-style-type: none"> Monthly cancer CMG forum and updated RAPs to gain assurance, oversight and identify opportunities. Continue to explore mutual aid and raise specific tumour site concerns via EMCA weekly regional call Transfer of diagnostics to IS for Urology to commence February 2022 – expected numbers to be confirmed depending on capacity

- Trust Overview
- Performance Overview
- Exception Reports
- Finance**
- Appendix - Alignment to CMG Dashboards
- Appendix - Statistical Process Control Charts

Single Oversight Framework – Month 12 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	Break-even/ Surplus	21/22	£10.7m	£4.5m		CFO
	Capital expenditure against plan	YTD Plan of £80.3m	21/22	£77.6m	£30.3m		CFO

Finance – Best Value Care

The Trust has reported a month 12 surplus of £4.5m. The year to date surplus at month 12 is £10.7m.

This surplus is driven by additional income of £37.9m. £33m relates to NHSEI guidance issued reflecting £30m employer pension contribution at 6.3% and £3m relating to Covid-19 PPE stock income. £4.4m consists of £1.69m relating to Nightingale income above forecast (offset by expenditure), £0.6m relating to specialised/excluded drugs and devices, Health Education England income of £0.7m, £0.4m relating to private/overseas patients, increased commercial and grant R&I income of £0.7m and LPT income of £0.2m (offset by expenditure).

Pay costs reflect £30m employer pension contribution at 6.3%. Agency pay costs were higher than expected and relate to ESM nursing £0.3m, Vanguard expenditure realignment from non-pay to pay £0.4m and additional E&F agency staff used for the LPT contract £0.2m (offset by income). Non pay reflects £4.7m relating to centrally funded PPE stock (offset by income). The donated assets variance against forecast relates to adjusting for £0.5m depreciation based on year end asset register review, £0.3m Hope Charity income and donated ventilators from DHSC £0.2m.

The Trust maintained a strong cash position at the end of March of £110m.

	March - In Month			March - YTD		
	Forecast £000	Actual £000	Variance £000	Forecast £000	Actual £000	Variance £000
Income:						
Patient Care Income	109,263	111,531	2,268	1,136,914	1,139,182	2,268
Other Income	9,945	45,553	35,608	144,186	179,794	35,608
Total Income	119,208	157,084	37,876	1,281,101	1,318,976	37,876
Expenditure:						
Pay - Substantive/Bank	(64,357)	(93,943)	(29,586)	(744,434)	(774,020)	(29,586)
Pay - Agency	(1,921)	(2,954)	(1,033)	(20,378)	(21,410)	(1,033)
Total Pay	(66,278)	(96,897)	(30,619)	(764,812)	(795,431)	(30,619)
Non-Pay	(49,829)	(53,909)	(4,080)	(451,264)	(455,344)	(4,080)
Non-Operating Costs	(4,092)	(3,900)	192	(57,354)	(57,162)	192
Total Non-Pay	(53,921)	(57,809)	(3,889)	(508,617)	(512,506)	(3,889)
Total Expenditure	(120,199)	(154,706)	(34,507)	(1,273,429)	(1,307,937)	(34,507)
Donated Assets	(76)	928	1,004	(2,118)	(1,114)	1,004
Remove DHSC procured stock	0	1,224	1,224	0	1,224	1,224
Less Profit On Disposal	0	0	0	(450)	(450)	0
Control Total Surplus/(Deficit)	(1,067)	4,530	5,597	5,103	10,700	5,597

Please note that the above position is subject to year end categorisation and refinement.

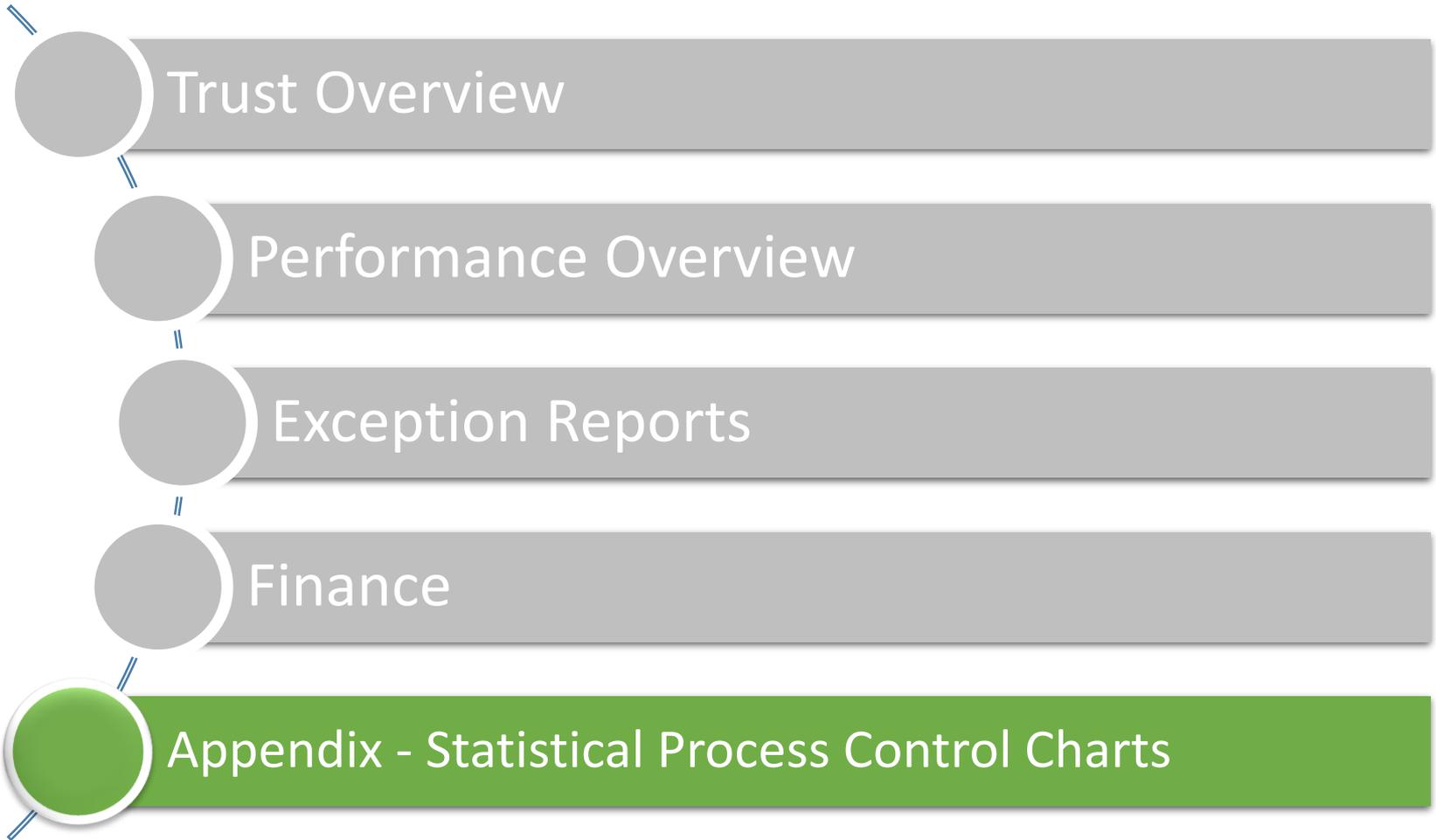
Finance – Best Value Care

	March - In Month			March - YTD		
	Forecast £000	Actual £000	Variance £000	Forecast £000	Actual £000	Variance £000
Total Income (Excluding Donated Assets)	119,132	158,012	38,880	1,278,982	1,317,862	38,880
Total Expenditure (Excluding Donated Assets)	(120,199)	(153,482)	(33,283)	(1,273,879)	(1,307,163)	(33,283)
Surplus/(Deficit) - Control Total Basis excl. Impairments	(1,067)	4,530	5,597	5,103	10,700	5,597
Capex (including donated)	(30,599)	(30,348)	251	(77,872)	(77,621)	251
Closing Cash	115,620	109,960	(5,660)	115,620	109,960	(5,660)

The Trust has reported a month 12 surplus of £4.5m. This is a £5.6m favourable variance to forecast. The year to date surplus at Month 12 is £10.7m.

Month 12 YTD capital expenditure was £77.6m against a forecast of £77.9m, representing an underspend against forecast of £0.3m. The forecast of £77.9m was funded from a combination of internally generated funding (£47.m), PDC (£18.01m), asset disposals (£10.1m), and Charitable Funds (£2.6m).

The Trust maintained a strong cash position at the end of March of £110m.



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).

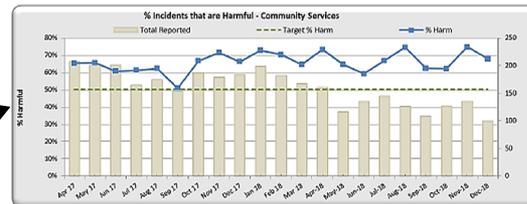
Any data points on the line graph outside these limits, are 'extreme values' and is not within the expected 'normal variation'.

- 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

Narrative support that supports SPC theory

Summary icons and a top level summary view

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

