University Hospitals of Leicester NHS
NHS Trust

Meeting title:	Public Trust Board Meeting **Public Trust Board paper D**					
Date of the meeting:	12 October 2023					
Title:	Integrated Performance Report and Executive Summary					
Report presented by:	Jon Melbourne, Chief Information Officer					
Report written by:	Sarah Taylor, Deputy COO Emergency Care and Kully Kaur, Assistant Director of BI and Information					
Action – this paper is for:	Decision/Approval		Assurance	X	Update	
Where this report has been discussed previously						

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

Impact assessment

Acronyms used

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.

The executive summary is split into 3 parts

1. Pathways updates for Urgent and Emergency Care, Elective, Cancer, and Maternity
2. Updates on Quality, Finance and Workforce
3. Update on transformation and productivity

Recommendation

The full IPR, encompassing all exception reports will be created for public access. A streamlined version of this report will be provided to the Board for the purpose of oversight after confirmation from Exec leads.

Any forthcoming changes to the IPR can be integrated using the change control process.

There have been discussions on presenting pathway analysis to Board to highlight the dependencies across metrics to deliver the pathway, this approach will be piloted with the emergency care pathway.

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

Key headlines in performance are summarised below:

Summary of UHL Performance: AUGUST 2023

Arrow Indication indicates the director of performance. Colour is a subjective assessment of performance against standards and expectations

Urgent & Emergency Care **Updates on** **Flow in** **Flow through** **Flow out** 	In August we saw a decrease in the overall number of patients attending ED when compared to previous months. At the same time there was a decrease in the number of attendances at the urgent treatment centres. Overall admission to hospital remained at the same levels. Over the last 6 months we have seen a gradual improvement on the 4 hour performance target for patients attending ED which is having a positive impact on the overall LLR position. Ambulance handovers remain strong with sustained improvement 12 hour waits in ED remains challenged. An action plan is in place, and this is being monitored through UEC Steering Group. The key actions around this are the additional capacity and discharge improvements which will result in improved flow. We continue to look at internal improvements and have set up a task and finish group to review waiting times for diagnostics and develop an action plan to address this. We are also developing our same day emergency care pathways to ensure patients are able to access the right care in the right place. Improvement in discharge pathways is progressing, LLR continues to be ranked the best performing in the region in terms of discharge metrics; 11/11 being the best. The higher rankings are against the % of adult beds occupied by patients who do not meet criteria to reside (CTR), and 7-, 14- and 21-day Length of Stay (LOS). A key focus remains the utilisation of the additional capacity in the system and community beds
Elective Care **Referrals and Outpatient performance** **Elective activity** **Pathway Improvements** 	Continue to be at zero 104 week waits, forecasting to be at zero 78 week waits by the end of November (due to the impact of Industrial Action), seeing a steep downward trend on the 65 week and 52 week waits. UHL continue to be part of the GIRFT Further Faster pilot group and have been successful in receiving £80k revenue to support specific projects to improve performance. Work on theatre productivity continues to improve with capped theatre utilisation going from 70% in August 22 to 77% in August 23. The plan is to get to 80% by December 23. Challenges remain in improving PIFU numbers and there is now a remedial Action plan in place to address performance.
Cancer **Referrals**	UHL has seen consistent improvement in the >62 days in spite of IA. 62 day backlog is at a pre IA low point and on track for delivering the Trust's fair share commitment of no more than 309 patients waiting by 31/03/24.

2 week wait Faster Diagnosis Standard 62-day referral to treatment 	The measure of diagnosed cancers treated within 62 days is also at a high point for 2023. 28 days Faster Diagnosis Standard metric had a further deterioration in July due to IA impact however August FDS is currently tracking at 73.6% (21/09/23). 2ww appointments have seen a significant improvement, which in turn will benefit future measures for FDS and 62 day backlog From October the 10 constitutional standards for cancer will reduce to three: 28 day FDS All 62 day performance – currently excludes screening All 31 day performance – currently 4 separate measures (1st, subsequent surgery, subsequent drugs, subsequent radiotherapy)
Quality 	In August we saw further industrial action causing significant operational disruption across the organisation. We have seen 2 never events in month with all appropriate actions taken to ensure patients receive the right care. We continue our quality improvement programmes to reduce hospital acquired infection and hospital acquired pressure ulcers. Timely response to complaints continues to improve across all categories but we have further work to do.
Finance 	The Trust is reporting a year-to-date deficit at Month 5 of £36m which is £17m adverse to plan. The main drivers for this are: • Impact of the industrial action to month 5 is £9.7mA • Inflation above plan £5.6mA • CIP cash releasing underperformance £0.5mA • Other £1.2mA The Trust has reported a year-to-date cash releasing CIP delivery of £12.3m against a £12.9m CIP target. The Trust has incurred year to date capital expenditure of £16.0m at M5, which was £15.0m lower than the M5 YTD of £30.9m. The underspend against plan is mainly due to the phasing of UEC and EMPCC schemes. The cash position at the end of August was £51.2m, representing a reduction of £13.8m in the month. The current recovery plan projects a deficit of £53m which would translate into a cash position of £46.1m by March 2024.
Workforce 	There have been a number of changes to our vacancy position across the past month, but the changes are not significant or of concern. Adult nursing vacancies have increased from 6.8% to 7.1 but remain under the target. There has been a small increase across Paediatric nursing but these are mainly attributed to fluctuations in start date rather than any significant changes to recruitment activities. Non-maternity Health Care Assistant vacancy levels have decreased to 14.4% and are at their lowest since June 2023 and there has been a further decrease in HCA / Maternity Support Worker vacancy levels within maternity. Retention remains a priority with key workstreams underway across the organisation which focus on elements linked to our Staff Survey priority areas (recognition, inclusivity, support and equipped).

	The Trust's turnover rate for August 2023 has reduced further to 7.3% and is sitting within the Trusts target of 10%. The percentage of staff who have received an annual appraisal has increased slightly by 1.1% and remains an improved position from April 2023. This is below the agreed KPI levels but is being worked through with CMGs. Staff compliant with mandatory training has remained static and is sitting at 94% of the 95% target. This is encouraging against a backdrop of continued industrial action. KPIs continue to be monitored through Trust Performance Review meetings.
Tranformation & Productivity **Key Overview** **e.g Urgent and Emergency Care, Elective, digital, Estates etc**	<u>Elective Care</u> The below interventions are to support increased capacity in both outpatients and theatres to see more New OPD, decrease follow ups by 25%, deliver 3.5% PIFU, increase day case utilisation, reduce OTDC to 5%: • Established digital validation with year to date 20,000 patients being safely removed from the waiting list • DNA Florey's providing a quantitative view of reasons for DNA with a plan to tackle 23% of DNAs due to not knowing about appointments and improve our overall DNA rate • Consolidation of Text reminders to one provider and improving our overall performance in outpatients and inpatients • Pre-Operative digital Questionnaires being introduced to improve OTDC • Further work and improvement required with the offer of PIFU <u>Urgent Care</u> • Focus on short- and medium-term UTC plan to support winter capacity • eBed optimization • SDEC Strategy – Improving compliance, capacity and offer • NEPTS Mobilisation of new provider • Long Term Cardio Respiratory Medical Model Other key areas are delivering reconfiguration of paediatric bed base by November 23

Supporting documentation

The Integrated performance report contains further detail including exception reports of indicators which are not currently achieving targets.

The key changes to the IPR are:

- Removed executive highlight report this will be covered in the front sheet
- Removed highlight reports from metric pages
- Updated metrics to reflect changes requested
- Added in activity position (page 15)
- Highlight reports removed 3 month forecasting
- Highlight reports will only be required for those off track
- Removed explanation of SPC charts at the end

In the IPR there is a combination of national and locally agreed targets. For the locally agreed targets we will document the rationale for future reference.

The following metrics are part of the National KPIs that we do not report in the IPR. We are in the process of seeking clarification from Exec leads regarding where these metrics are reported or if there is a need to incorporate them within the IPR.

No.	NHS Oversight Framework national mandated KPIs
1	Proportion of patients discharged from hospital to their usual place of residence
2	Available virtual ward capacity per 100k head of population
3	National Patient Safety Alerts not completed by deadline
4	Potential under-reporting of patient safety incidents
5	Overall CQC rating
6	Performance against relevant metrics for the target population cohort and five key clinical areas of health inequalities
7	Proportion of acute or maternity inpatient settings offering smoking cessation services
8	Proportion of patients who have a first consultation in a post-covid service within six weeks of referral
9	Proportion of people over 65 receiving a seasonal flu vaccination
10	Acting to improve safety - safety culture theme in the NHS staff survey
11	CQC well-led rating
12	Aggregate score for NHS staff survey questions that measure perception of leadership culture
13	Staff survey engagement theme score
14	Staff survey bullying and harassment score
15	Proportion of staff in senior leadership roles who are from a) a BME background or b) are women

University Hospitals of Leicester NHS
NHS Trust

Integrated Performance Report

August 2023

Contents

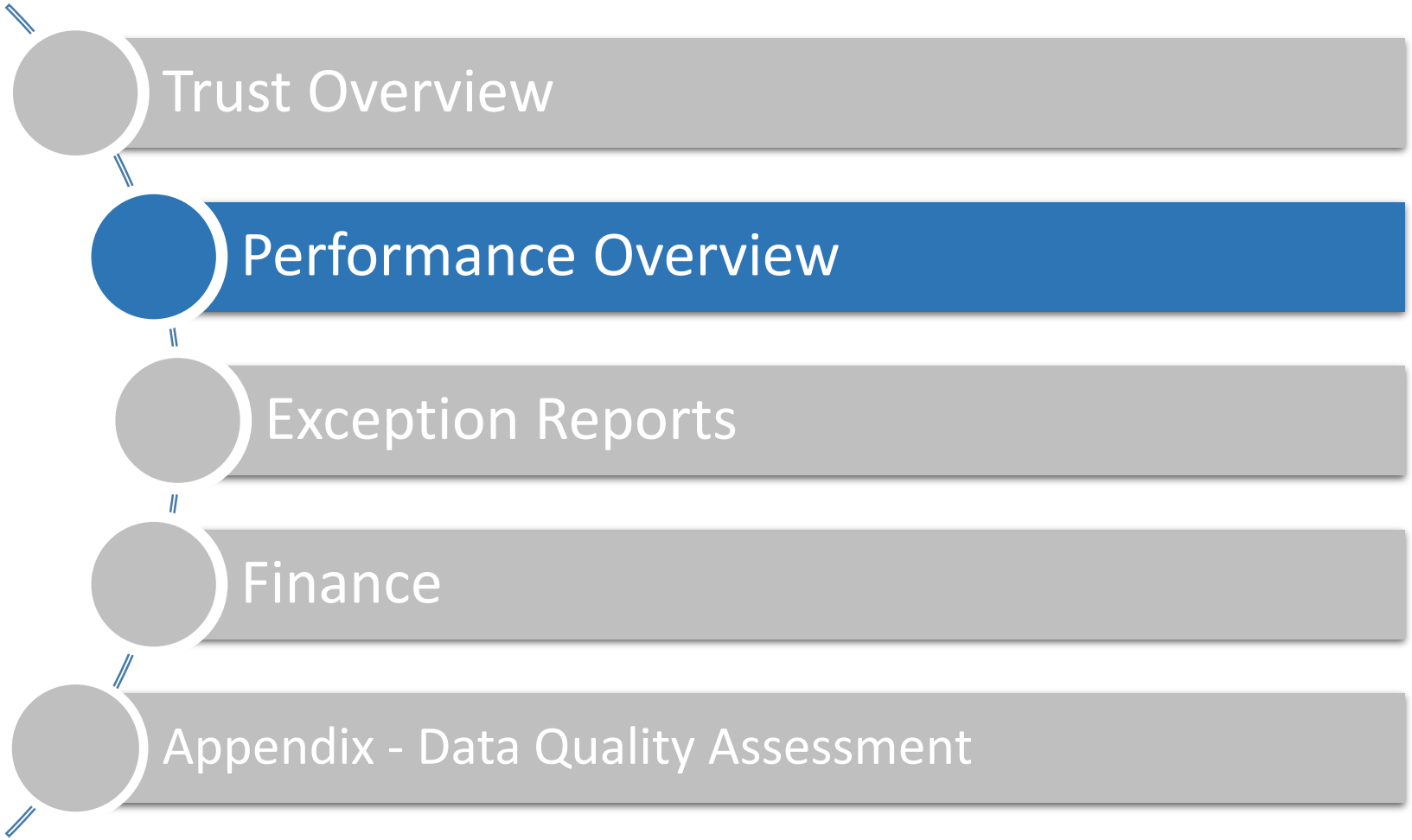
- Trust Overview
- Performance Overview
- Exception Reports
- Finance
- Appendix - Data Quality Assessment

Trust Overview (Year to Date)

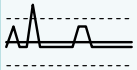
Safe	Caring	Well Led	Effective	Responsive Emergency Care	Responsive Elective Care	Responsive Cancer Care	Finance
Never Events	Single Sex Breaches	Turnover Rate	Mortality Published SHMI	ED 4 Hour Waits Acute LLR	RTT Incompletes	2WW	Trust level control level performance
Clostridium Difficile	Inpatient and Day Case F&F Test % Positive	Sickness Absence (Excludes E&F staff)	Mortality 12 months HSMR	ED 4 Hour Waits UHL	RTT 52+ Weeks	28 Day FDS	Capital expenditure against plan
MRSA Total	A&E F&F Test % Positive	% of Staff with Annual Appraisal (Excludes E&F staff)	Crude Mortality Rate	Mean Time to Initial Assessment	RTT 65+ Weeks	62 Day Backlog	Cost Improvement (Includes Productivity)
MSSA Acute	% Complaints - 10 Days	Statutory and Mandatory Training		12 Hour Trolley Waits in A&E	RTT 78+ Weeks	62 Day	Cashflow
All Falls Reported per 1000 Bed Days	% Complaints - 25 Days	Adult Nursing Vacancies		12 Hour Waits in Department	6 Week Diagnostic		Aged Debt
Moderate Harm and Above per 1000 Bed Days	% Complaints - 60 Days	Paed Nursing Vacancies		Ambulance Handovers	Theatre Utilisation		Invoices paid within 30 days (value)
HAPU - All categories per 1000 bed days		Midwives Vacancies		Ambulance Handover > 60 mins	PIFU		Invoices paid within 30 days (volume)
VTE Assessment		HCA Vacancies - excluding Maternity		% Ambulance Handover > 60 mins	% Outpatient DNA Rate		
		HCA Vacancies - Maternity		Total Lost Ambulance Hours	% Outpatient Non Face to Face		
				P1 & P2 Patients Waiting >24 Hrs for Discharge			
				Trust Bed Occupancy			
				Long Stay Patients > 21 days			

Trust Overview (Current Month)

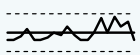
Safe	Caring	Well Led	Effective	Responsive Emergency Care	Responsive Elective Care	Responsive Cancer Care	Finance
Never Events	Single Sex Breaches	Turnover Rate	Mortality Published SHMI	ED 4 Hour Waits LLR	RTT Incompletes	2WW	Trust level control level performance
Clostridium Difficile	Inpatient and Day Case F&F Test % Positive	Sickness Absence (Excludes E&F staff)	Mortality 12 months HSMR	ED 4 Hour Waits UHL	RTT 52+ Weeks	28 Day FDS	Capital expenditure against plan
MRSA Total	A&E F&F Test % Positive	% of Staff with Annual Appraisal (Excludes E&F staff)	Crude Mortality Rate	Mean Time to Initial Assessment	RTT 65+ Weeks	62 Day Backlog	Cost Improvement (Includes Productivity)
MSSA Acute	% Complaints - 10 Days	Statutory and Mandatory Training		12 Hour Trolley Waits in A&E	RTT 78+ Weeks	62 Day	Cashflow
All Falls Reported per 1000 Bed Days	% Complaints - 25 Days	Adult Nursing Vacancies		12 Hour Waits in Department	6 Week Diagnostic		Aged Debt
Moderate Harm and Above per 1000 Bed Days	% Complaints - 60 Days	Paed Nursing Vacancies		Ambulance Handovers	Theatre Utilisation		Invoices paid within 30 days (value)
HAPU - All categories per 1000 bed days		Midwives Vacancies		Ambulance Handover > 60 mins	PIFU		Invoices paid within 30 days (volume)
VTE Assessment		HCA Vacancies - excluding Maternity		% Ambulance Handover > 60 mins	% Outpatient DNA Rate		
		HCA Vacancies - Maternity		Total Lost Ambulance Hours	% Outpatient Non Face to Face		
				P1 & P2 Patients Waiting >24 Hrs for Discharge			
				Trust Bed Occupancy			
				Long Stay Patients > 21 days			


Trust Overview
Performance Overview
Exception Reports
Finance
Appendix - Data Quality Assessment

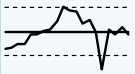
Performance Overview (Safe)

Domain	Key Performance Indicator	Target	Jun-23	Jul-23	Aug-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Local or National Target?	Exec Lead
Safe	Never events	0	1	0	2	3	?			Nov-22	National	Chief Nurse and Medical Director
	Clostridium Difficile per 100,000 Bed Days	92 cases per year	20.1	28.1		26.0	?			Jun-21	Local	Chief Nurse and Medical Director
	Methicillin Resistant Staphylococcus Aureus Total	0	0	0	0	0	?	L		Jun-21	Local	Chief Nurse and Medical Director
	Methicillin-susceptible Staphylococcus Aureus Acute	40	3	5	5	17	?			Jun-21	Local	Chief Nurse and Medical Director
	All falls reported per 1000 bed days	5.5	3.2	2.6		3.1	P	L		Aug-22	Local	Chief Nurse and Medical Director
	Rate of Moderate harm and above Falls Patient Saftey Incidents with finally approved status per 1,000 bed days	0.19	0.10	0.04		0.08	?			Aug-22	Local	Chief Nurse and Medical Director
	Hospital Acquired Pressure Ulcers - All categories per 1000 bed days	1.9	2.1	2.3	2.7	2.6	?	H		Jun-21	Local	Chief Nurse and Medical Director
	% of all adults Venous Thromboembolism Risk Assessment on Admission	95%	97.3%	97.3%	97.2%	97.2%	P	L		Oct-21	Local	Chief Nurse and Medical Director

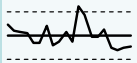
Performance Overview (Caring)

Domain	Key Performance Indicator	Target	Jun-23	Jul-23	Aug-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Local or National Target?	Exec Lead
Caring	Single Sex Breaches		10	14	0	48				Jul-22	Local	Chief Nurse and Medical Director
	Inpatient and Day Case Friends & Family Test % Positive*	95%	98%	98%	98%	98%				Jul-22	Local	Chief Nurse and Medical Director
	A&E Friends & Family Test % Positive**	77%	83%	86%	85%	84%				Jul-22	Local	Chief Nurse and Medical Director
	% Complaints Responded to in Agreed Timeframe - 10 Working days	95%	83.0%	35.0%	59.1%	64.8%	Awating more data for assurance and variance			Jul-23	Local	Chief Nurse and Medical Director
	% Complaints Responded to in Agreed Timeframe - 25 Working days	95%	50.9%	52.9%		52.9%	Awating more data for assurance and variance			Jul-23	Local	Chief Nurse and Medical Director
	% Complaints Responded to in Agreed Timeframe - 60 Working days	95%	90%			83%	Awating more data for assurance and variance			Jul-23	Local	Chief Nurse and Medical Director

Performance Overview (Well Led)

Domain	Key Performance Indicator	Target	Jun-23	Jul-23	Aug-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Local or National Target?	Exec Lead
Well Led	Turnover Rate	10%	8.0%	8.0%	7.3%		P	L		Aug-22	Local	Chief People Officer
	Sickness Absence (Excludes Estates & Facilities staff)	3%	4.6%	4.7%		4.6%	F	L		Mar-21	Local	Chief People Officer
	% of Staff with Annual Appraisal	95%	78.2%	78.8%	79.9%		F			Mar-21	Local	Chief People Officer
	Statutory and Mandatory Training	95%	94%	94%	94%		F	H		Dec-22	Local	Chief People Officer
	Adult Nursing Vacancies	10%	8.5%	6.8%	7.1%		?	L		Oct-22	Local	Chief People Officer
	Paed Nursing Vacancies	10%	16.9%	14.4%	15.2%		?	H		Oct-22	Local	Chief People Officer
	Midwives Vacancies	10%	13.6%	14.3%	14.9%		F	H		Oct-22	Local	Chief People Officer
	Health Care Assistants and Support Workers Vacancies - excluding Maternity	10%	14.6%	15.6%	14.4%		F			Oct-22	Local	Chief People Officer
	Health Care Assistants and Support Workers Vacancies - Maternity	5%	0.8%	2.1%	-0.1%		?			Oct-22	Local	Chief People Officer

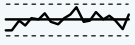
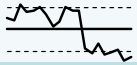
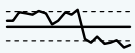
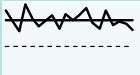
Performance Overview (Effective)

Domain	Key Performance Indicator	Target	Jun-23	Jul-23	Aug-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Local or National Target?	Exec Lead
Effective	Published Summary Hospital-level Mortality Indicator (SHMI)	100	103	104	104	104 Apr 22 to Mar 23)	Assurance and variance not applicable			May-21	Local	Chief Nurse and Medical Director
	12 months Hospital Standardised Mortality Ratio (HSMR)	100	100	99	99	99 Jun 22 to May 23	Assurance and variance not applicable			May-21	Local	Chief Nurse and Medical Director
	Crude Mortality Rate		0.9%	1.0%	1.0%	1.0%				May-21	Local	Chief Nurse and Medical Director

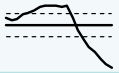
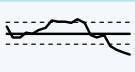
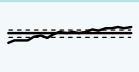
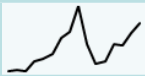
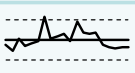
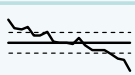
Note: Health Inequality KPIs agreed to be included in future reports:

- DNAs by ethnicity and deprivation
- Referrals to the smoking cessation service (patients and workforce, separated)

Performance Overview (Responsive Emergency Care)

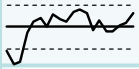
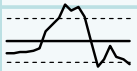
Domain	Key Performance Indicator	Target	Jun-23	Jul-23	Aug-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Local or National Target?	Exec Lead
Responsive (Emergency Care)	Emergency Department 4 hour waits LLR	76%	73.4%	74.6%	74.3%	73.2%	F	H		Mar-23	National	Chief Operating Officer
	Emergency Department 4 hour waits UHL	76%	59.5%	61.1%	60.9%	58.9%	F	H		TBC	National	Chief Operating Officer
	Mean Time to Initial Assessment	15	18.2	15.6	18.5	19.1	F	L		Nov-22	National	Chief Operating Officer
	12 hour trolley waits in Emergency Department (DTA)	0	910	654	1,087	4,657	F			Mar-23	National	Chief Operating Officer
	Number of 12 hour waits in the Emergency Department	0	2,088	1,612	2,262	10,614	F			Mar-23	National	Chief Operating Officer
	Number of Ambulance Handovers		4,660	4,656	4,608	23,085				Data sourced externally	Local	Chief Operating Officer
	Number of Ambulance Handovers >60 Mins	48	376	23	156	1038	F	L		Data sourced externally	Local	Chief Operating Officer
	Percentage of Ambulance Handovers >60 Mins	1%	8.1%	0.5%	3.4%	4.5%	F	L		Data sourced externally	Local	Chief Operating Officer
	Total lost Ambulance Hours	40 per day	1236	516	786	4453	?	L		Data sourced externally	Local	Chief Operating Officer
	Number of patients waiting greater than 24 hours for discharge P1, P2		49	56	63		Awating more data for assurance and variance			TBC	Local	Chief Operating Officer
	Trust Bed Occupancy	92%	86.0%	90.9%	90.4%		?	?		TBC	National	Chief Operating Officer
	Long Stay Patients (21+ days) as a % of G&A Bed Occupancy	12%	15.0%	14.7%	13.9%		?	?		Apr-23	Local	Chief Operating Officer

Performance Overview (Responsive Elective Care)

Domain	Key Performance Indicator	Target	Jun-23	Jul-23	Aug-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Local or National Target?	Exec Lead
Responsive (Elective Care)	Referral to Treatment Incompletes	103,733	117,507	118,125	117,215		F	L		Jun-23	Local	Chief Operating Officer
	Referral to Treatment 52+ weeks	0 by Mar25	8,855	7,953	7,320		F	L		Jun-23	National	Chief Operating Officer
	Referral to Treatment 65+ weeks	0 by Mar24	2,535	2,103	1,982		F	L		Jun-23	National	Chief Operating Officer
	Referral to Treatment 78+ weeks	0	116	74	119		F	L		Jun-23	National	Chief Operating Officer
	6 Week Diagnostic Test Waiting Times	15%	35.0%	33.4%	32.4%		F	L		Jul-23	National	Chief Operating Officer
	Theatre Utilisation	85.0%	76.2%	75.2%	76.4%	75.6%	F	H		TBC	National	Chief Operating Officer
	PIFU	3.5%	2.1%	2.3%	2.4%	2.2%	F			Jul-23	Local	Chief Operating Officer
	% Outpatient Did Not Attend rate	5%	7.6%	7.7%	7.7%	7.7%	F			Apr-23	Local	Chief Operating Officer
	% Outpatient Non Face to Face	25%	29.6%	29.4%	27.1%	30.0%	P	L		Apr-23	National	Chief Operating Officer

Note: RTT long waiter indicators are RAG rated based on trajectories

Performance Overview (Responsive Cancer)

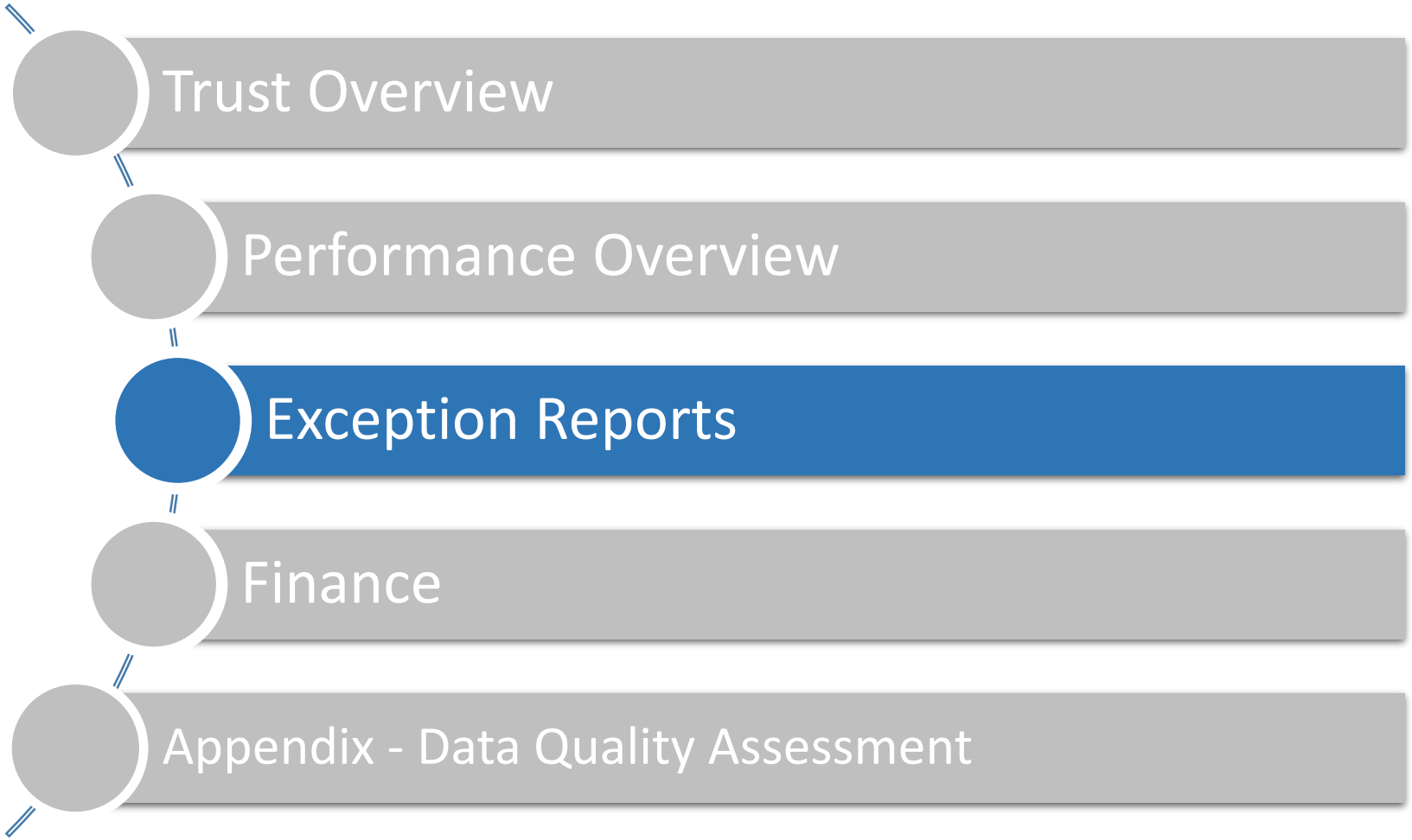
Domain	Key Performance Indicator	Target	Jun-23	Jul-23	Aug-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Local or National Target?	Exec Lead
Responsive (Cancer)	2 Week Wait	93%	82.8%	87.2%		83.0%	F			Feb-23	National	Chief Operating Officer
	28 Day Faster Diagnosis Standard	75%	72.6%	71.9%		71.1%	?			TBC	National	Chief Operating Officer
	62 Day Backlog	309	482	469	440		F	L		Feb-23	Local	Chief Operating Officer
	Cancer 62 Day	85%	41.4%	50.3%		43.3%	F			Feb-23	National	Chief Operating Officer

Performance Overview (Finance)

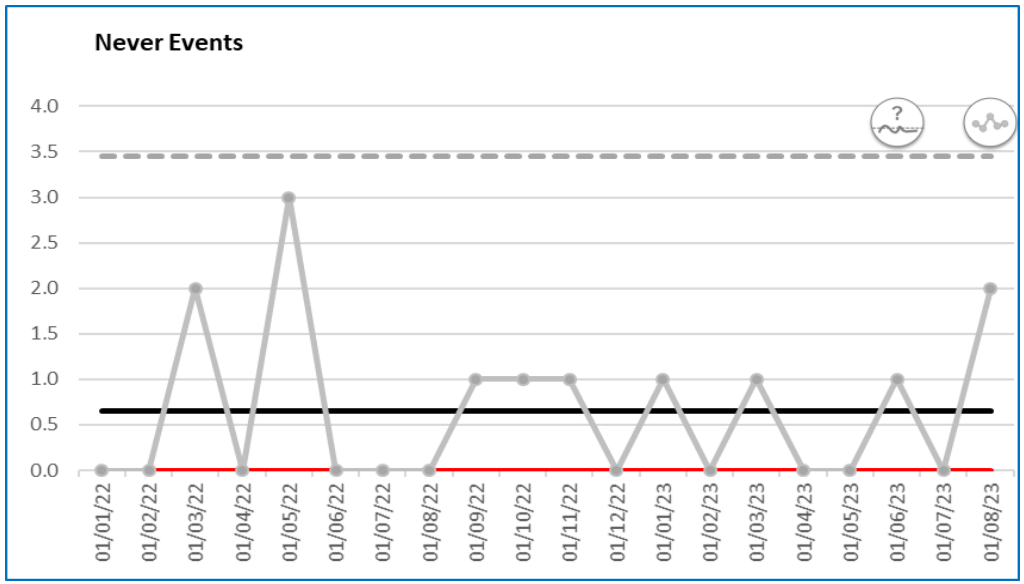
Domain	Key Performance Indicator	Target YTD	Jun-23	Jul-23	Aug-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Finance	Trust level control level performance	-£19.1m	-£6.6m	-£6.5m	-£7.7m	-£36.0m				Jun-22	Chief Financial Officer
	Capital expenditure against plan	£30.9m	£4.0m	£1.0m	£5.5m	£15.6m				Jun-22	Chief Financial Officer
	Cost Improvement (Includes Productivity)	£12.9m	£2.2m	£2.7m	£4.4m	£12.3m				Sep-22	Chief Financial Officer
	Cashflow	No Target	£10.3m	-£16.5m	-£13.8m	£51m				Jun-22	Chief Financial Officer
	Aged Debt	No Target	£15.9m	£16.9m	£16.4m						Chief Financial Officer
	Invoices paid within 30 days (value)	95%		96%	95%						Chief Financial Officer
	Invoices paid within 30 days (volume)	95%		96%	96%						Chief Financial Officer

Performance Overview (Activity)

Domain	Activity Type	Plan 23/24	Plan in Month	Activity In Month	Variance in month	Plan YTD	Actual YTD	Variance YTD	YTD Variance to 19/20
Activity	New Outpatients (inc. NFTF)	251,549	21,584	20,872	-711	106,438	101,632	-4,805	-10,690
	Follow Up Outpatients (inc. NFTF)	638,301	55,888	16,932	-38,957	265,109	215,501	-49,609	-32,268
	Outpatient Procedures	154,229	13,828	13,889	61	63,547	63,043	-504	-103
	Daycase	106,871	9,343	10,444	1,101	44,000	45,006	1,006	-636
	Inpatient	19,625	1,726	1,601	-125	8,134	7,583	-551	-811
	Emergency	95,618	7,892	8,901	1,009	39,562	40,605	1,043	-444
	Non Elective	22,578	1,918	1,946	28	9,460	9,288	-172	282
	Emergency Department (inc. Eye Casualty)	259,693	21,048	19,791	-1,257	107,267	108,155	888	-413
	Diagnostic Imaging	161,689	14,025	13,896	-129	67,515	72,744	5,229	3,559
	Other	11,573,486	970,021	1,021,889	51,868	4,813,708	4,831,549	17,841	1,101,175
	TOTAL	13,283,639	1,117,273	1,130,161	12,889	5,524,740	5,495,106	-29,635	1,059,650


Trust Overview
Performance Overview
Exception Reports
Finance
Appendix - Data Quality Assessment

Safe – Never Events



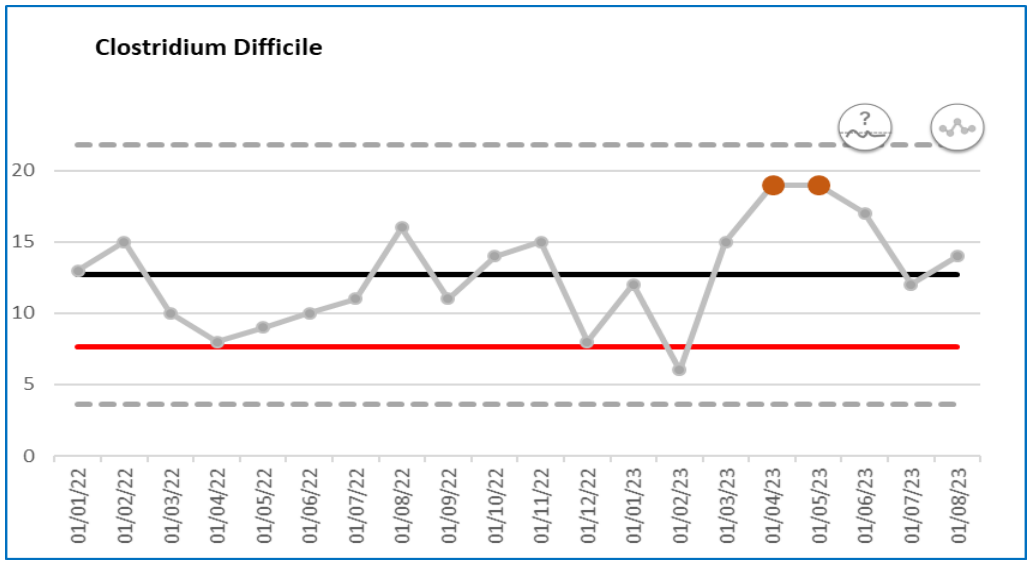
Current Performance		
Aug 23	YTD	Target
2	3	0

National Position & Overview

UHL reported 9 Never Events in 2021/2022
UHL reported 8 Never Events in 2022/2023

Root Cause	Actions	Impact/Timescale
• Wrong site surgery procedure (wrong site biopsy)	Appropriate clinical care provided to both patients	Complete
• Wrong site surgery (wrong site block)	Safety notice shared with all teams	Complete
	Duty of candour	Complete
	Continuation of safe surgery accreditation programme	Complete
	Refresh of safe surgery actions to be presented to Patient Safety Committee this month	Complete

Safe – Clostridium Difficile



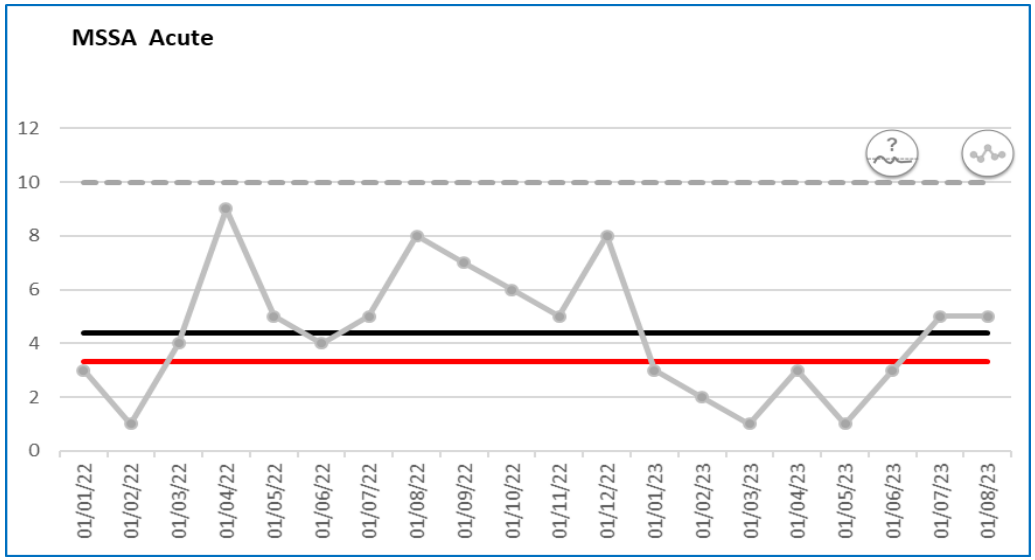
Cases			Cases per 100,000 Bed Days		
Aug 23	YTD	Target	Aug 23	YTD	Target
14	81	92	TBC	26.0	

National Position & Overview

For assurance all CDI patients are reviewed and managed in collaboration with the clinicians at ward level and the CDI Specialist Nurse
UHL is in the lowest quartile nationally for CDI

Root Cause	Actions	Impact/Timescale
• There are no new themes to report with regard to the Root Cause of acquisition of CDI	• Focused attention on antimicrobial prescribing practice is on-going with one of the main focus 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 • A Thematic Report was presented to Trust Infection Prevention Assurance Committee	• On-going focus and work stream within CMG Operational Groups

Safe – Methicillin-susceptible Staphylococcus Aureus Acute



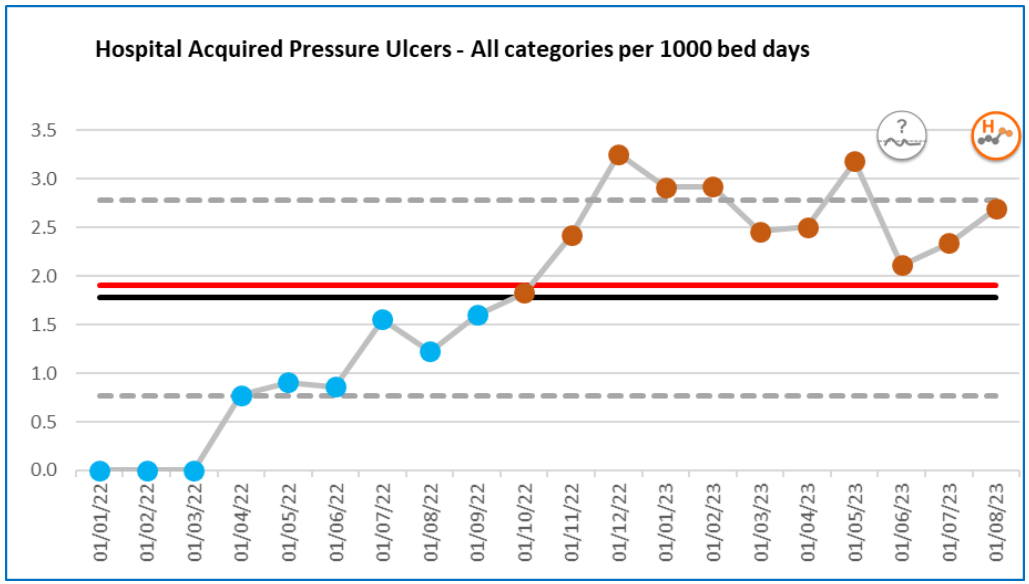
Current Performance		
Aug 23	YTD	Target
5	17	40

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 23/24. The trajectory therefore will be 40 cases.

Root Cause	Actions	Impact/Timescale
• Peripheral and Central line infections of the bloodstream • Surgical Site Infections • Increased attendance of high acuity patients through the Emergency and Specialist medicine departments	• Thematic review of each MSSA case is undertaken • Continue raising awareness, monitoring infection prevention practice • Review Denominator data for blood cultures taken in comparison to MSSA positive cultures	• Monitoring and review continues

Safe – Pressure Ulcers per 1,000 Bed days



Current Performance		
Aug 23	YTD	Target
2.7	2.6	1.9

National Position & Overview

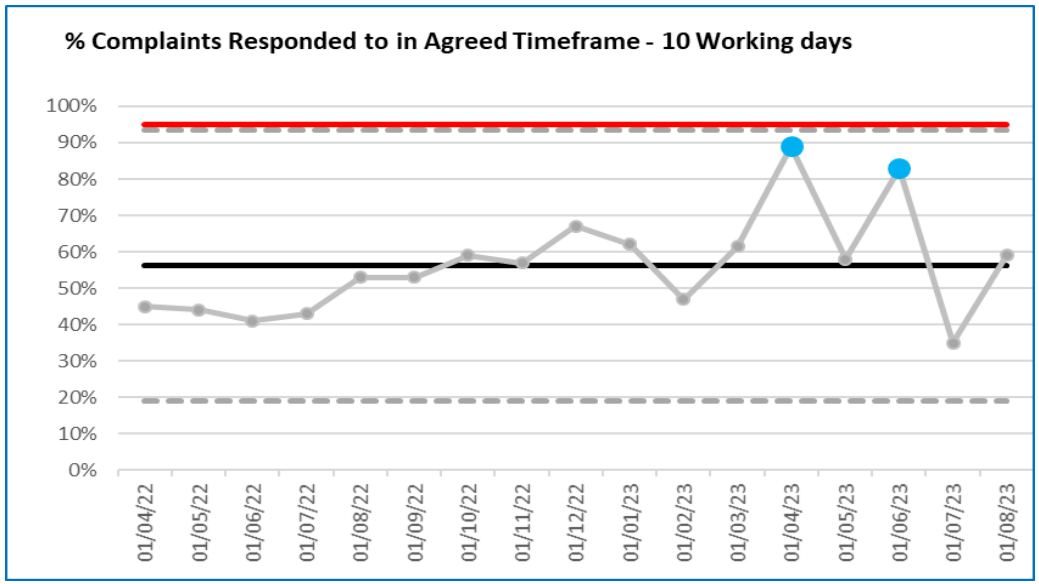
No national benchmarking or reporting is available therefore no national comparative data. Anecdotal conversations with other trusts report similar issues

Increase in numbers since May – suggestions from clinical teams in that the reporting process is now clear, transparent and robust which may suggest the increase in numbers in encouraging staff to report harm

Now looking at both whole numbers and pressure ulcers per 1000 OBD. This target has been based on previous years OBD and in relation to target set for less than 100 HAPUs per month

Root Cause	Actions	Impact/Timescale
Monthly Care review and learning meetings held in all CMGs suggest contributing factors to the development of pressure ulcers continue to be:		
• Recognition of patients' risk	• Explore use of SEM scanner to trial in one area to understand how this can help manage risk • Further sessions for categorisation and risk training with external tissue viability nurse consultant	• To commence discussions in September with the aim for a trial in October • Booked for next few weeks
• Timely provision of care for patients	• Weekly review meetings for all CMGs with DCN to discuss individual cases • Options approval for ASU management to be submitted to TLT • Harm free care training days continue – content being updated for next years sessions	• Commenced in August • To be submitted by end of September • Ongoing and will continue – dates booked for next year
• Inconsistent approach to care processes	• Ongoing close work with manual handling team, Medstrom, Pioneer and clinical teams continues • Continued support from the Pioneer team and a focus on staff engagement with this service	• Ongoing and will continue • Ongoing and will continue – new harm free care Assistant Chief Nurse commenced in September

Caring – % Complaints Responded to in Agreed Timeframes



10 Working Days		
Aug 23	YTD	Target
59.1%	64.8%	95%

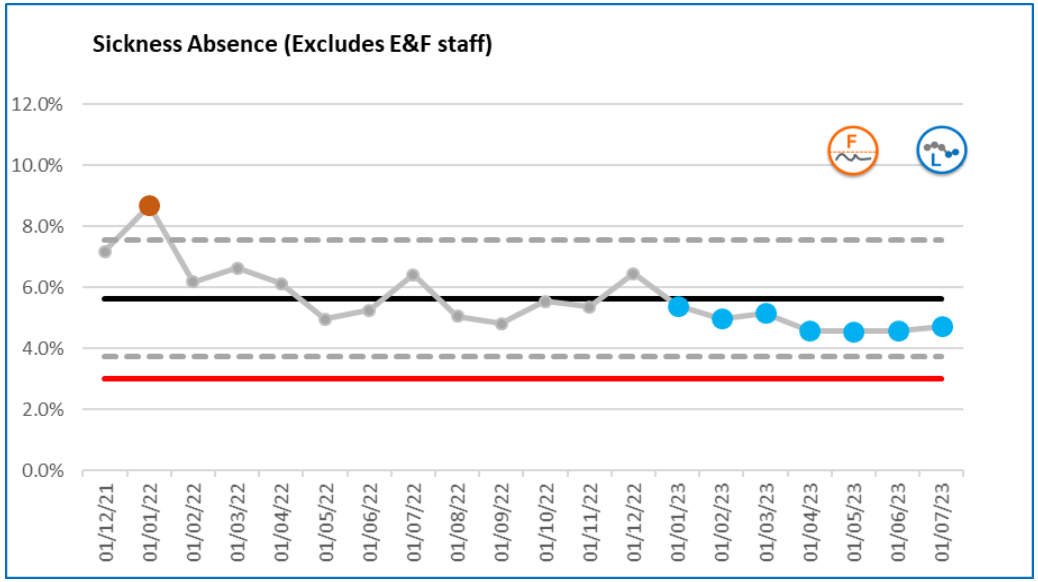
25 Working Days		
Jul 23	YTD	Target
52.9%	53.2%	95%

60 Working Days		
Jun 23	YTD	Target
90.0%	83.3%	95%

National Position & Overview

Root Cause	Actions	Impact/Timescale
Volume of formal complaints and vacancies (The Corporate Patient Safety team are still on the Trust Risk Register ID 3755 at score of 12)	• Scale up of the PALS pilot • External review of end-to-end complaint process. • Transition the corporate into two separate functions – Complaints and Patient Safety • Recruitment into dedicated new Complaints and PILS Lead post • Women's and children's complaints being moved to central team	• Ongoing with use of improvement cycle • Completed and actions to be undertaken by new Head of Patient Experience when starts in post • By Mid October 2023 • Recruited to, start date 04 December 23 • Within next 6-8 weeks
Delays in receiving responses from CMGs	• Weekly reminder report initiated • Timeliness of complaints response incorporated into PRM pack and in new Q&S Performance Report to PSC/QC	• Complete • Complete

Well Led – Sickness Absence (Excludes Estates & Facilities staff)



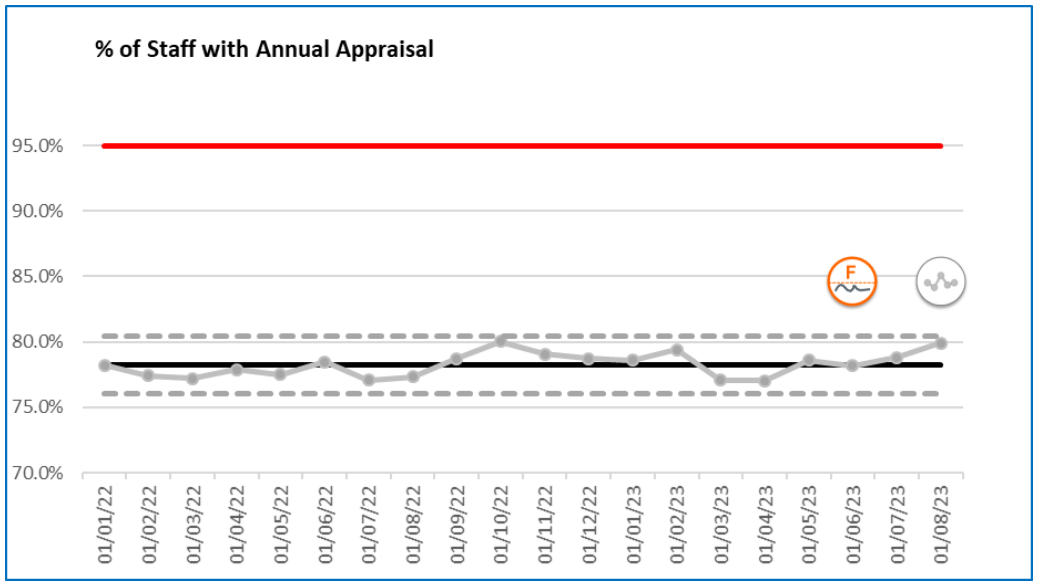
Current Performance		
Jul 23	YTD	Target
4.7%	4.6%	95%

National Position & Overview

Peer data not available.

Root Cause	Actions	Impact/Timescale
• In June 2023 we reported 4.64% sickness absence and with subsequent adjustments has reduced to 4.58%. In July we saw an increase to 4.73% and the average for the last 12 months is 5.05%. • In July 2023, the Clinical CMG's sickness absence has increased from 4.75% to 4.92% (taking account of retrospective reporting). • The Corporate Directorates have seen marginal reduction from 3.08 to 3.07%. • The top three reasons for sickness absence for year to date are 'other known causes' (19.63%), 'stress anxiety depression' (19.09%), and 'Cough, cold, flu' (8.38%). • 'Covid-19 / infection precaution' absences are at 2.49% in July, and will be monitored moving forward as we see increasing cases of covid. • Colleagues are working additional hours during industrial action, and getting 'tired'.	• The winter approach to managing sickness absence supporting colleagues' wellbeing aligned to a 'just and restorative' approach, and empowering managers to make person-centered decisions, in a compassionate and inclusive way has been extended to align with a current review of the Trust's attendance policy. • Feedback has been sought from key stakeholders on the Trust approach to Sickness Absence management which will shape the new policy. • The focus remains on reviewing and supporting colleagues on long term sickness absence (10+ and 6+ months). • The support for colleagues' wellbeing during winter will be reviewed.	• The focus remains on compassionate leadership, and supporting colleagues' wellbeing as we prepare for ongoing industrial action and the winter pressures.

Well Led – % of Staff with Annual Appraisal



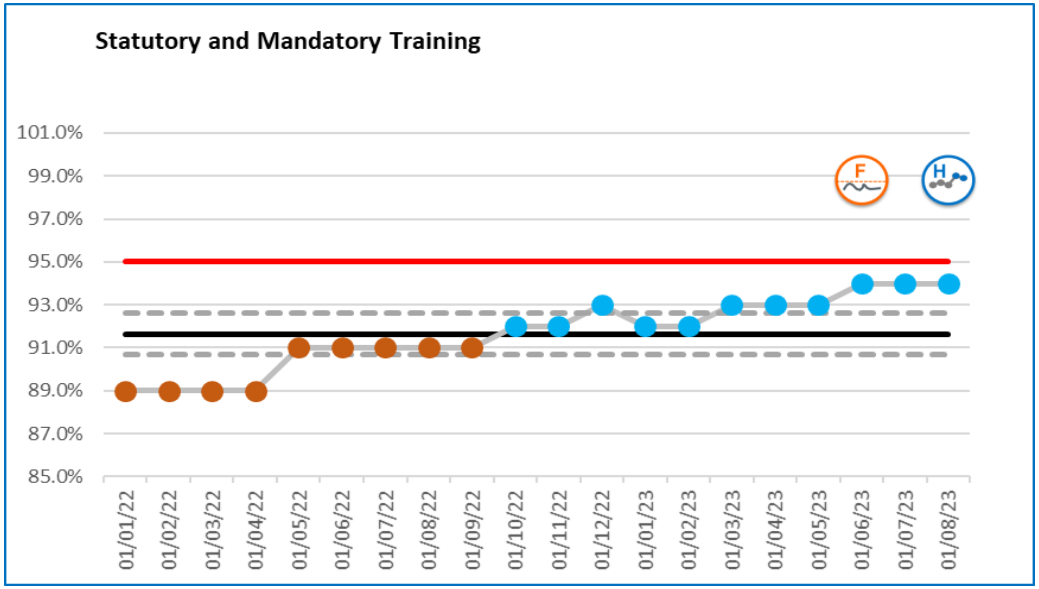
Current Performance		
Aug 23	YTD	Target
79.9%	-	95%

National Position & Overview

Peer data not available.

Root Cause	Actions	Impact/Timescale
• There is some data discrepancy between CMG and ESR Appraisal Performance. • A number of colleagues have had appraisals within the last 12 months, outside the reporting/ incremental date and therefore show as non-compliant. • Strike action in the month of August 2023 would have continued to impact on appraisal rates. Notably there were 7 days of planned industrial action in the month of August 2023 and a further 4 days of industrial action confirmed in September 2023.	• It was acknowledged in recent exception reports that we would be unlikely to reach full compliance of 95% in the short term. • From February 2023 CMG reports are provided, highlighting performance and areas of focus, to enable targeted support and action. • In month we have seen 3 CMGs and 7 Corporate Directorates appraisal performance decline. • We have seen a notable improvement in MSS of 13.8% and in IM&T of 12.8%, in the last month. • Regular team meetings with relevant line managers are taking place to review appraisal performance and any additional support required.	• Appraisals are reviewed through regular line management and Board oversight meetings. • Appraisals are also monitored through the PRM monthly meetings.

Well Led – Statutory and Mandatory Training



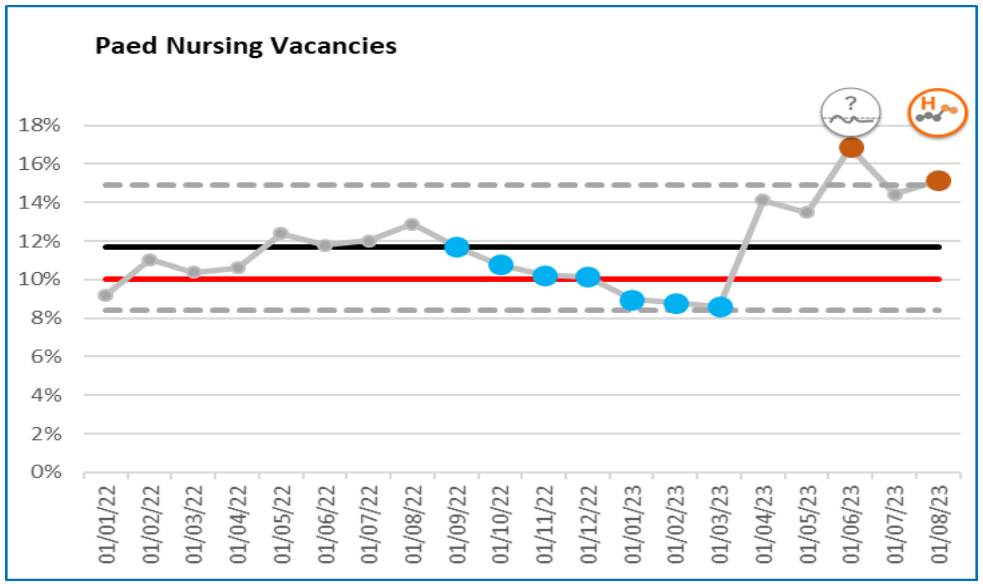
Current Performance		
Aug 23	YTD	Target
94%	-	95%

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, Flu & related Staff Absence Levels • Operational pressures • Operational demand • Seasonal absences, annual leave and demands	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 2400 relevant staff & around 7,500 direct emails per month to non-compliant staff. New question based eLearning modules now on HELM for Fire Safety, Infection Prevention and Cyber Security training. People Services Colleagues continue to support managers with improving their compliance.	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 the financial year has been implemented with renewed chasing on non-compliance and organisational support. Review of ESR and HELM data alignment is ongoing.

Well Led – Paed Nursing Vacancies



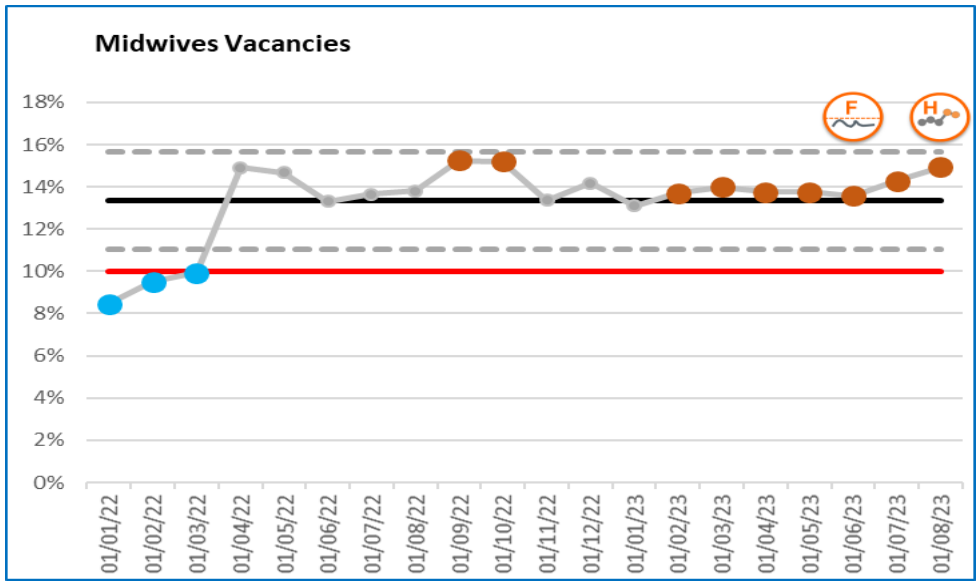
Current Performance		
Aug 23	YTD	Target
15.2%	-	10%

National Position & Overview

In May 2023, NHS Digital reported a national vacancy rate of 9.9% on 31 March 2023 within the Registered Nursing staff group (40,096 vacancies). This is a slight decrease from the same period the previous year when the vacancy rate was 10.0% (38,972 vacancies).

Root Cause	Actions	Impact/Timescale
• There has been an uplift in 2023-2024 budgeted nursing establishment in the Childrens Hospital (+15.18wte) and Paediatric ED(PED) (+15.03wte an increase on last month) as part of 3-year investment plan. • Underlying RN vacancies in both PED (28.65wte) and Childrens Hospital (30.5wte slight increase from last month) remain stable with robust recruitment plans in place. • PED have a higher proportion of Band 6 vacancies as opposed to Band 5 nurses	• Ongoing & innovative recruitment advertisement across social media platforms to increase 'reach' • Joint national recruitment fairs between Childrens Hospital and PED • Six-month rotation placements offered across the Childrens' Hospital, Paediatric Emergency Department and NNU • Increased focus on recruitment to medical, surgical and cardiac wards. • Clinical skills facilitators recruited to the majority of wards within the Childrens Hospital and PED to support new starters • Enhanced focus on flexible working offer	<u>August to November 2023</u> Childrens Hospital have around 25 Newly Qualified Nurses with conditional offers due to start in the next few months . Nine out of the 13 planned Internationally Educated nurses have now commenced It is anticipated that vacancy rates will reduce at the end of Quarter 2/3 2023 following successful recruitment of UK Registered Nurses currently in the pipeline.

Well Led – Midwives Vacancies



Current Performance		
Aug 23	YTD	Target
14.9%	-	10%

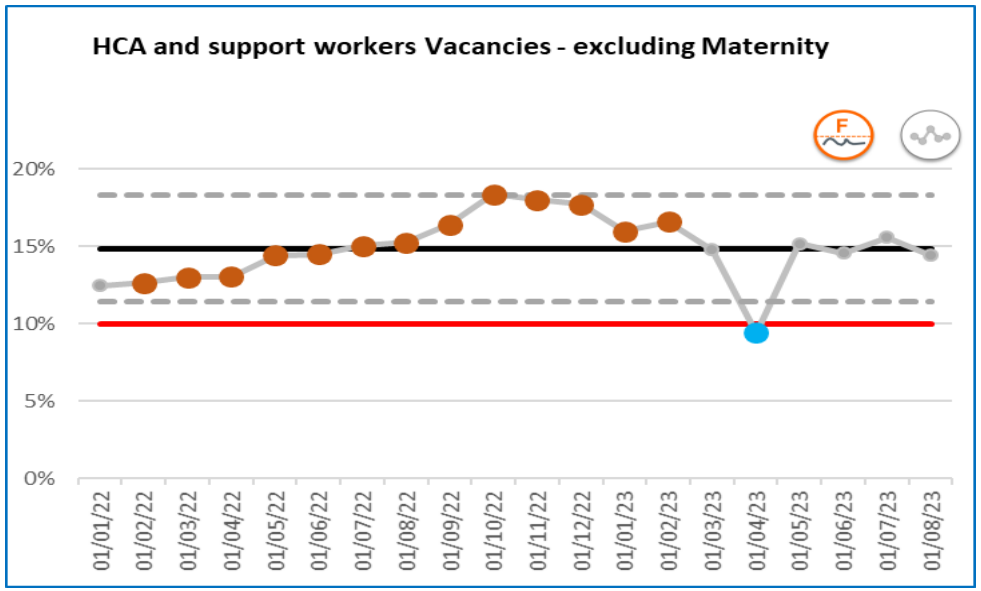
National Position & Overview

Vacancy rate has increased this month but the forecast of Midwives commencing in Trust over the next 2 months, this will help to reduce this percentage.

Midwife to Birth Ratio 1: 27.5 (below target for actual v's funded establishment). Based on NHS Workforce Statistics (December 2022) UHL are below national trend of 1:26

Root Cause	Actions	Impact/Timescale
• Commons themes have emerged for staff departures, including length of commute and change in personal circumstances. • In April 2022 there has been an uplift to reflect expected staffing numbers; in turn this gave a stretch target and achievement of this has been a challenge	• Rolling midwife advert continues every 4 weeks to support timely recruitment. • 13 international midwives in post, with 8 holding an NMC pin, 5 on the OSCE pathway and 3 international midwives commencing September 2023. • Promotion on flexible working, conducting "Stay" interviews, and facilitating "Value Your Views" interviews. • A self rostering pilot at LRI has been launched with positive staff feedback, the first month due to be published in September 23 • Refreshed Birth Rate Plus Workforce Assessment has commenced and expected September 2023 as part of Bi-Annual Establishment Review • 8wte new Maternity Services Coordinators recruited to increase leadership over 24/7 period • Proactive engagement with universities and pre-registrants	• All 23 funded places will be filled for international midwives • 22 band 5 midwives are due to commence in November 2023 • 3 band 5 midwives due to commence in Community August 2023, 1 band 6 midwife due to commence in September 2023 in Telephone Triage • Progress high impact actions within the maternity workforce plan • Recruitment to critical roles within Antenatal Services • 2 Advanced Care practitioners to commence training (September 2023)

Well Led – HCA and Support Workers Vacancies – excluding Maternity



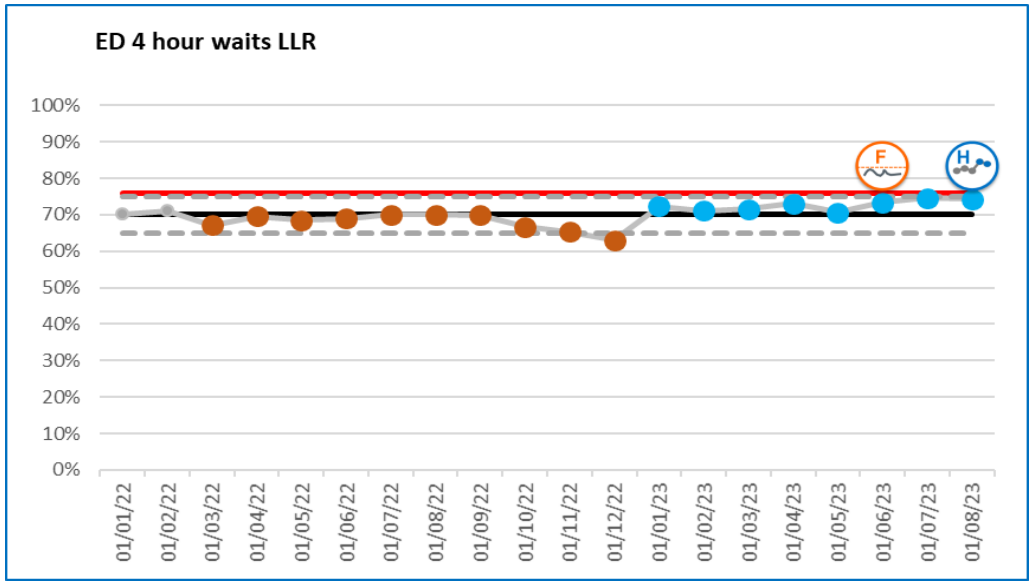
Current Performance		
Aug 23	YTD	Target
14.4%	-	10%

National Position & Overview

There is no national vacancy data available for healthcare assistants / support workers but the number of vacant healthcare support worker posts remains high. There continues to be a national focus on reducing HCSW vacancies to achieve 'close to zero vacancies as possible' for healthcare support worker roles.

Root Cause	Actions	Impact/Timescale
• Underlying number of HCA vacancies remain stable, recruitment pipeline is robust • **HCSW vacancies reported to NHSE as 290wte (15% VF) Turnover 8.57% (12 mth to end of July 2023)** • Establishment data in the financial ledger data is not aligned / accurate so vacancies are manually counted • Uplifts to HCA establishments increasing number of new vacancies June / July HCSW Starters *73 / **35 HCSW Leavers 9 / 12 * Manually adjusted from previous report as more HCSW starters commenced ** Awaiting final starter data	a) NHSE data analysts to review UHL HCSW data collection methodology b) Continue with bi-monthly recruitment piloting the NHSE shortened application form	• NHSE data analysts have confirmed UHL manual data collection is accurate & robust. Internal work by finance and workforce teams to ensure ledger and ESR data is aligned continues • **84** scheduled new starters in September • **56** scheduled new starters in October • **350+** HCSW applicants shortlisted for interview on 16th September • **533** HCSW's inducted to date (Jan to Sept '23)

Responsive (Emergency Care) – ED 4 Hour Waits



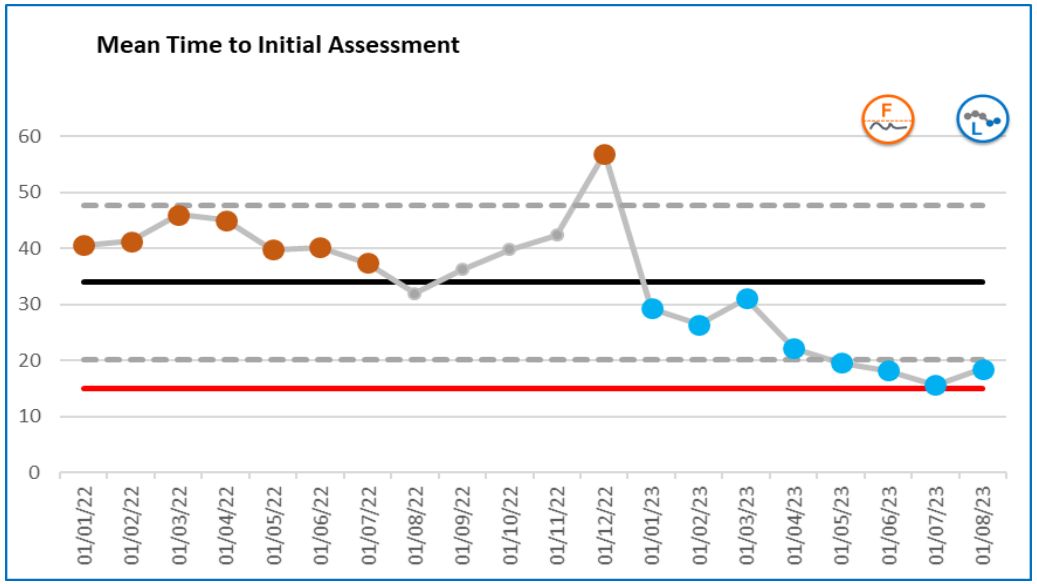
LLR Performance			UHL Performance		
Aug 23	YTD	Target	Aug 23	YTD	Target
74.3%	73.2%	76%	60.9%	58.9%	76%

National Position & Overview

In August, UHL ranked 53rd out of 124 Acute Trusts based on it's acute footprint. The National average in England was 73.0 %. 31 out of the 124 Acute Trusts achieved the target. UHL ranked 8th out of 16 trusts in its peer group. The best value out of the Peer Trusts was 80.5% and the worst value was 60.0%.

Root Cause	Actions	Impact/Timescale
• High attendances to ED resulting in over crowding in ED	• Review MIaMI to assess feasibility of opening overnight	• October 2023
• High periods of inflow particularly in walk-in impacting on ambulance arrivals	• Reiterate 30 minute rule for speciality review	• September 2023
• UHL bed occupancy >92% resulting in an inability for patients to move out of ED	• Increase in SDEC (GPAU)	• November 2023
	• Deflection of Injuries patients to reduce numbers waiting in ED	• November 2023
	• Daily breach validation	• September 2023

Responsive (Emergency Care) – Mean Time to Initial Assessment



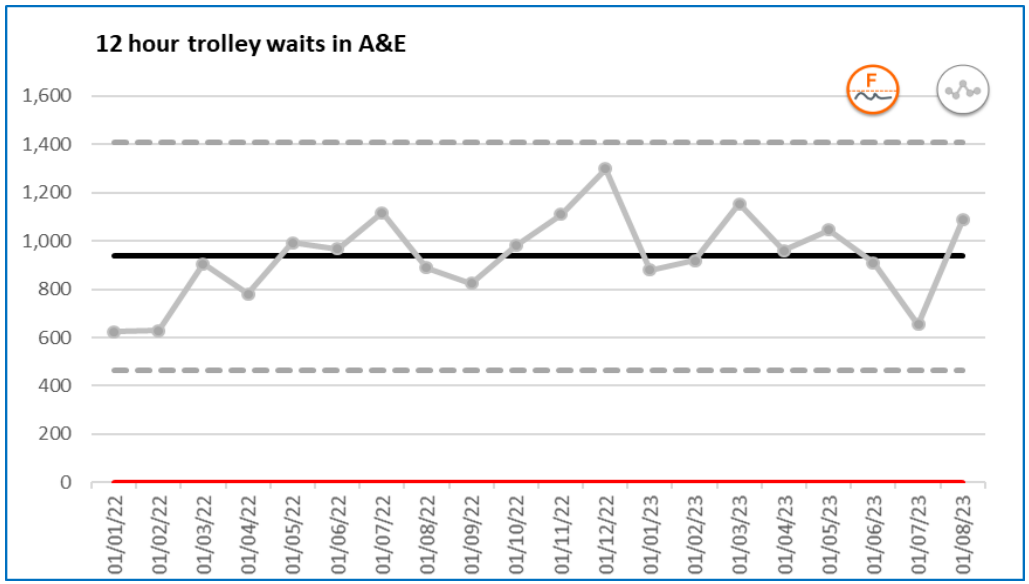
Current Performance		
Aug 23	YTD	Target
18.5	19.1	15

National Position & Overview

National data not currently available for reporting.

Root Cause	Actions	Impact/Timescale
• 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 • Extended MIaMI opening • Development of UTC slots at Oadby, Merlin Vaz and Westcotes	• In place • In place • In place • In place • In place • In place • In place and under review in terms of utilisation and plans for Winter 23/24

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



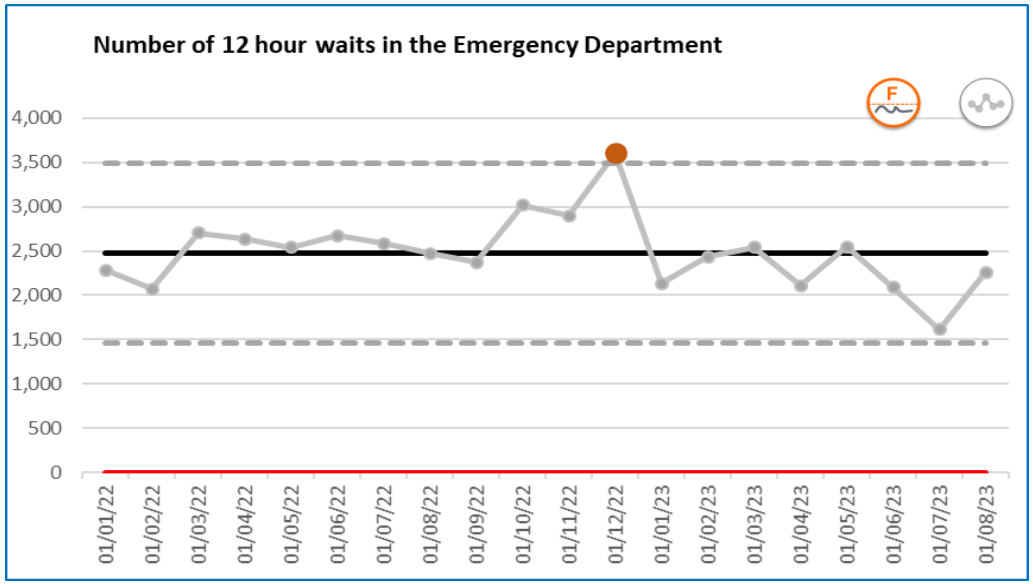
Current Performance		
Aug 23	YTD	Target
1,087	4,657	0

National Position & Overview

In August, UHL ranked 119th out of 122 Major A&E NHS Trusts. 21 out of the 122 Trusts achieved the target. The best value nationally was 0 and the worst value was 1,310. UHL ranked 17th out of 18 trusts in its peer group.

Root Cause	Actions	Impact/Timescale
• Poor outflow across the emergency care pathway	• New wards at GH	• February 204
• Insufficient discharges from the base wards to meet demand	• Additional capacity in discharge lounge	• October 2023
• Inability to create early capacity across the emergency care pathway due to lack of early discharges / using the discharge lounge overnight	• Weekly reporting of performance to increase awareness and focus	• August 2023
	• Frailty patients to be reviewed by FES	• October 2023
	• Daily breach validation	• October 2023

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



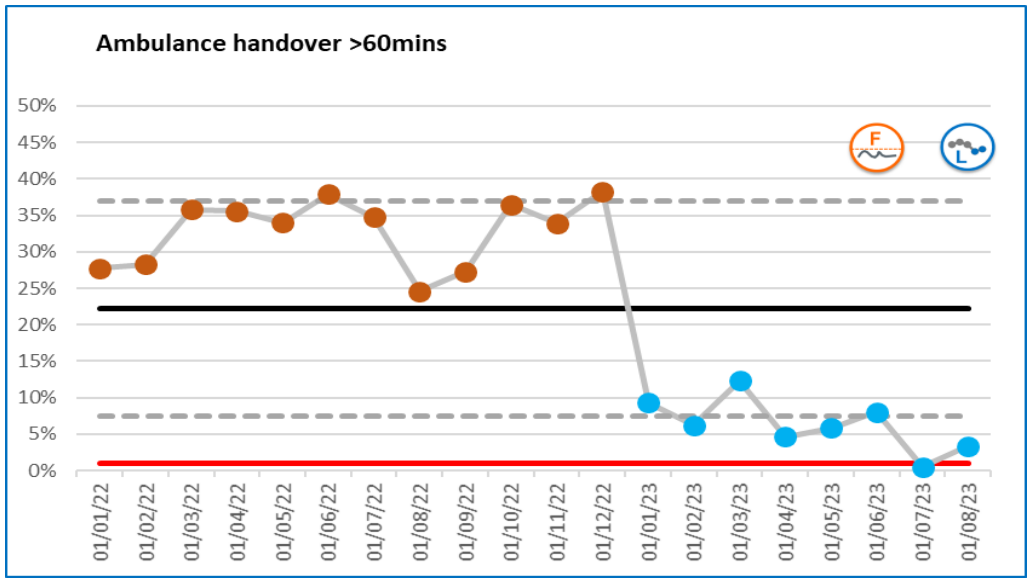
Current Performance		
Aug 23	YTD	Target
2,262	10,614	0

National Position & Overview

National data not currently available for reporting.

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	• New wards at GH • Additional capacity in discharge lounge • Weekly reporting of performance to increase awareness and focus • Frailty patients to be reviewed by FES • Daily breach validation	• February 204 • October 2023 • August 2023 • October 2023 • October 2023

Responsive (Emergency Care) – Ambulance Handovers > 60 Minutes



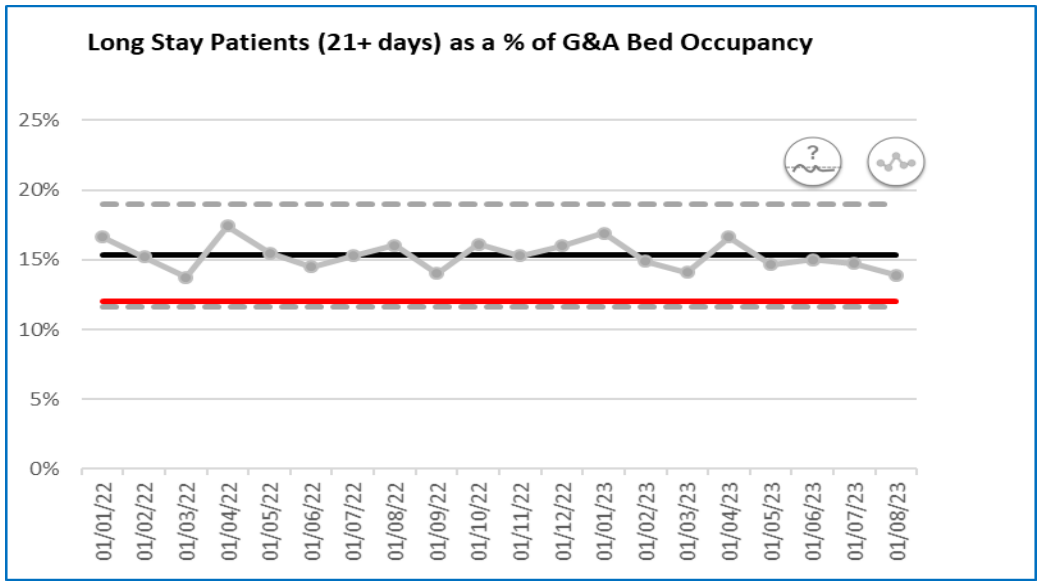
Number of Handovers >60 Mins			% of Handovers >60 Mins		
Aug 23	YTD	Target	Aug 23	YTD	Target
156	1038	48	3.4%	4.5%	1%

National Position & Overview

LRI ranked 10th out of 23 sites in the East Midlands and reported the 2nd highest number of handovers in August (source EMAS monthly handover 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	• Utilisation of pre-transfer unit at LRI • Embed PTCDA and Urgent Care Co-ordination hub • Ensure utilisation of UHL beds in Care Home • Open permanent cohorting facility at LRI • Open permanent cohorting facility at GH • Open new wards at GH • Development of winter plan / actions to support surges in activity during winter	• In place • In place • Ongoing – daily / weekly monitoring • Opened • October 2023 • February 2024 / Summary 2024 • October 2023

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



Current Performance		
Aug 23	YTD	Target
13.9%	-	12%

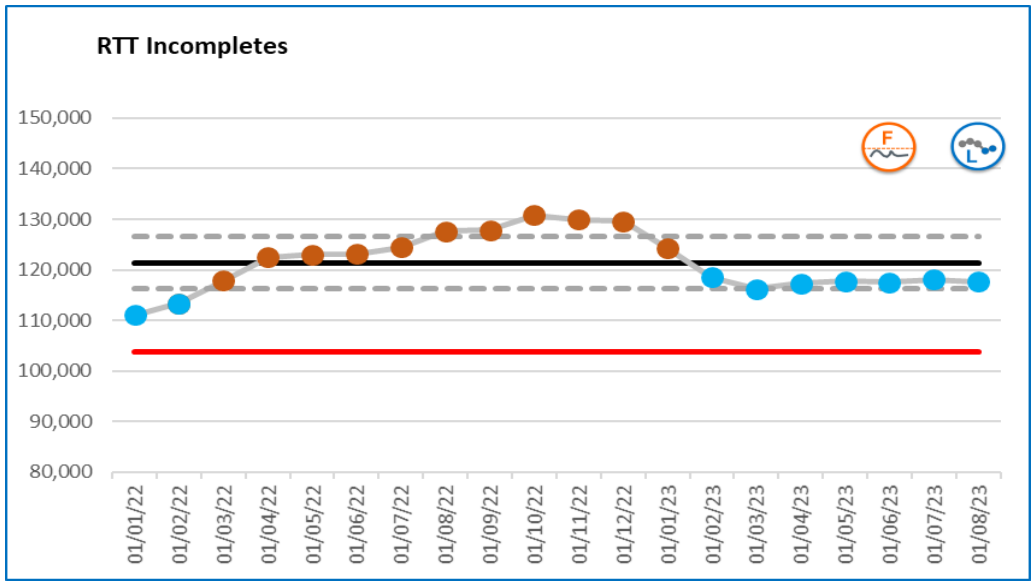
National Position & Overview

UHL is ranked 9th out of 20 trusts in the Midlands for the % beds occupied by Long Stay (21+ Day) patients (for the w/c 28/08/23).

- 33 (213) Patients (15%) are receiving appropriate care/ treatment on a neuro rehabilitation or brain injury pathway or on an Intensive care Unit or Infectious Diseases Unit.
- 45 Patients (21%) are medically optimised for discharge with no acute medical reason to stay .

Root Cause	Actions	Impact/Timescale
• Circa 129 Complex Medically optimised for discharge patients of which 45 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, outlying and boarding of patients.	Continue to work with health and social care system partners during September to: • Embed the new City and County Pathway 1 processes across the Trust following successful pilots. • Roll out new County Adult social care processes for all patients requiring new or increased support on discharge. Work with CMG's to: • Review processes for understanding LLOS patient cohorts. • Embed the new 'Fast Track' assessment process	• Aim to reduce number of MOFD patients waiting for discharge in UHL beds. • Increase numbers of patients discharged on a Pathway 1. • Reduce daily 'Incomplete discharges' • Reduce time to discharge from MOFD identification

Responsive (Elective Care) – RTT Incompletes



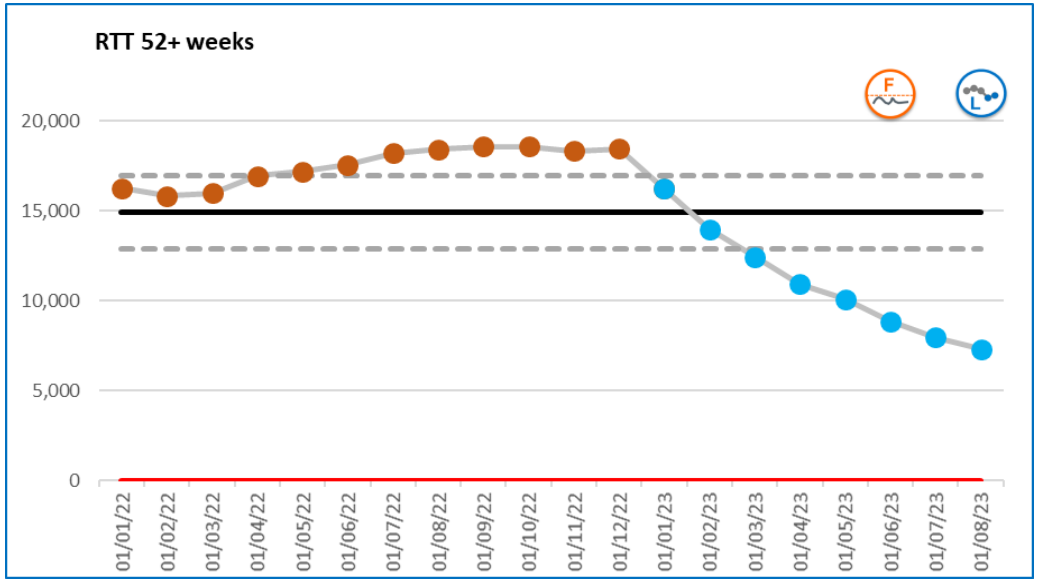
Current Performance		
Aug 23	YTD	Target
117,656	-	103,733

National Position & Overview

At the end of July, UHL ranked 14th out of 18 trusts in its peer group with a total waiting list size of 118,111 patients. The best value out of the 18 Peer Trusts was 70,459, the worst value was 199,067 and the median value was 89,785. (Source: NHSE published monthly report)

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. • Continued growth in demand against significant number of specialities • Continued workforce challenges within ITAPS reducing theatre capacity • Estate- lack of theatre capacity and outpatient capacity to increase sessions • Significant productivity challenges across elective care • Cumulative impact of regular industrial action leading to loss of activity	• Validation action plan created to respond to national ambition of 90% of patients who have been waiting over 12 weeks to be validated within the last 12 weeks by the end of October • Demand and Capacity modelling commissioned to support future planning. • Plan to assess demand for elective treatment to understand why the total wait list is currently not reducing as required. • Refresh of the elective Access policy in line with national guidance • Drafting of new training strategy and comms to support understanding and application of revised policy.	• New texting cycle commencing Monday 25th September with more frequency and patients of lower waits. Expect to see validation performance improve from c25% to 40% by the end of October. • Rightsizing capacity to meet demand • Clean waiting list- ensuring those on the waiting list do want to be seen/have treatment • Training strategy continues to be developed – systematic rollout intended from Autumn 2023 onwards.

Responsive (Elective Care) – RTT Long Waiters



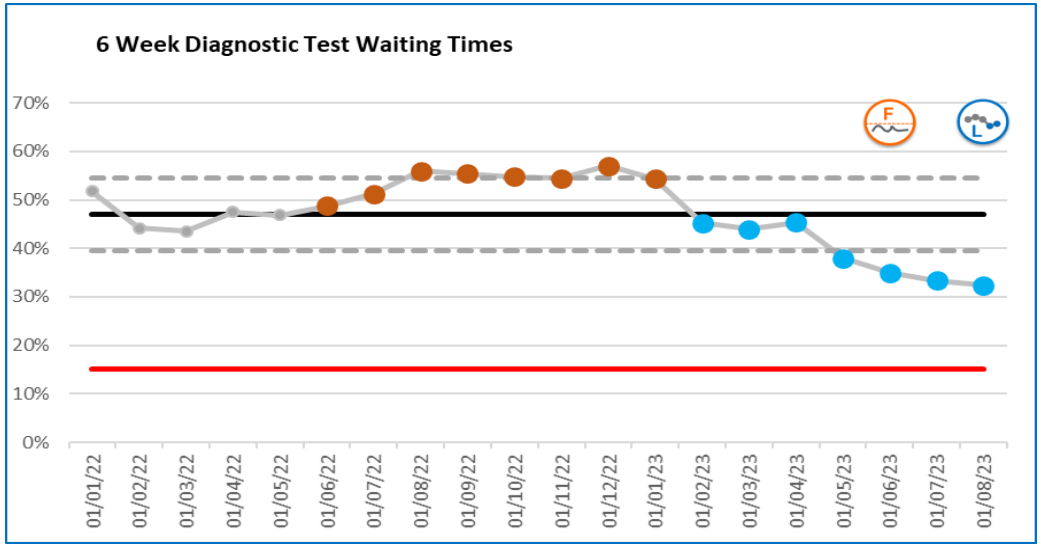
Current Performance – August 23		
52+ Weeks	65+ Weeks	78+ Weeks
7,322 (Target 0 by March 25)	1,977 (Target 0 by March 24)	118 (Target 0 by March 23)

National Position & Overview

At the end of July, UHL ranked 13th out of 18 trusts in its peer group with 7,951 patients waiting over 52+ weeks. The best value out of the 18 Peer Trusts was 1,068, the worst value was 28,114 and the median value was 4,205. (Source: NHSE published monthly report)

Root Cause	Actions	Impact/Timescale
• Impact of COVID-19 on planned activity capacity led to a growing backlog • Significant operational pressures due to the emergency demand impacting upon elective activity • Challenged Cancer position and urgent priority patients requiring treatment • Workforce challenges in anaesthetics leading to cancellations of theatre lists • Admin workforce challenges across a range of posts, particularly band 2/3 impacting on ability to book patients • Cumulative impact of regular industrial action leading to loss of activity	• Booking all patients from 65-week cohort (anyone at 38 weeks now) having had their first OPA by the end of October • Using ERF to fund insourcing in particularly challenged specialities to increase predominately outpatient capacity e.g. ENT, Gastro, Maxfac, Ophthalmology • Super-clinics planned end of September and October to increase capacity to see new outpatients • Roll-out of PIFU to increase capacity for new patients • Standard Operating Procedures developed linked to the access policy, improving data quality	• Zero 104 week waits, forecasting zero 78 week waits by end of November (due to impact of IA), steep downward trend on 65 weeks and 52 weeks.

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



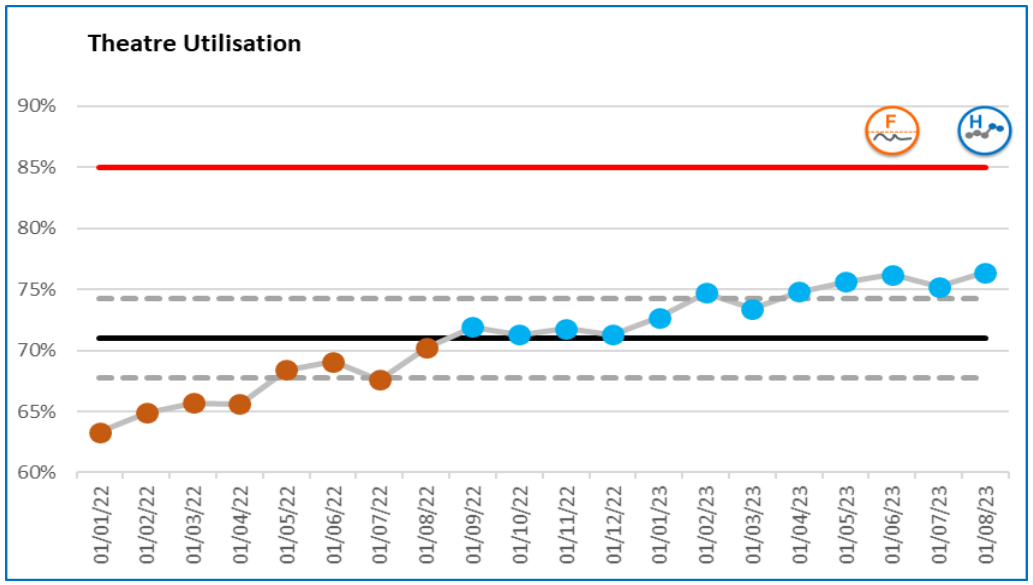
Current Performance		
Aug 23	YTD	Target
32.4%	-	15.0%

National Position & Overview

Published National data at the end of July 23 shows 1.6m patients on the diagnostic waiting list. UHL with 24,738 rank as the 7th highest waiting list (were highest in Oct 22). Performance has improved from a peak in December 22 of 57% of patients waiting over 6 weeks to 32.4% as at the end of August. The National average for July increased to 25.5%. Improvement has been delivered by additional insourcing, increasing productivity and validation of the waiting lists.

Root Cause	Actions	Impact/Timescale
Diagnostics pressure areas are in the main: • Endoscopy (incl Cystoscopy) • CT / MRI • NOUS **Root cause** • Clinical workforce – national shortage • Admin recruitment • Pressures from cancer pathways • Emergency demand impacting on elective capacity	**Insourcing:** • ECHO and NOUs in January. In place • Modular Endoscopy on site – July 2023 **Productivity:** • Endoscopy booking outsourcing model in place in July 2023 • "Focus on" plan to be established for October – National ask. **Validation:** • Endoscopy – clinical validation in place. 20% removal rate. • ECHO – clinical validation in place. • NOUS – 5% removal rate using AccuRX. Rolled out to DEXA.	• The key actions as set out in late December 22 early January 23 continue into 23/24. • Significant reduction in long waits evidenced in NOUS, Echo and DEXA. • Risk remains around complex imaging and Endoscopy. • Overall, on track to deliver Tier 1 23/24 recovery trajectories as set with NHSE in January 23. • For 23/24 expect c.76% for all DM01 activity against an interim standard of 85% by end of March 24. Currently ahead of trajectory noting high risk areas – MRI / Colonoscopy and Gastroscopy.

Responsive (Elective Care) – Theatre Utilisation



Current Performance		
Aug 23	YTD	Target
76.4%	75.6%	85%

National Position & Overview

GIRFT has set a target for Integrated Care Systems and providers to achieve 85% theatre touch time (capped) utilisation by 2024/25. This supports the aims of NHS England's 2022/ 23 priorities and operational planning guidance to secure sustainable elective recovery.

Root Cause

It is acknowledged that poor Utilisation is contributed to high OTDC rates, late starts and under-booked list :

- **OTDC** – 8.26% (Aug 23), increase in clinical cancellations from June by 5%. Out of session time is increasing (64 patients – Aug 23)
- **Late starts** – 32.12% (Trust average %) of lists started late (>15 mins), sites where this still remains problematic is LRI (43%) and Alliance (75%)
- **ACPL** – 1.95 (Aug 23) Historic booking and scheduling practices.
- **Infrastructure** – Paediatric services, lack of access to day case beds and theatre arrivals area decreases overall Trust utilisation by 1.5%.

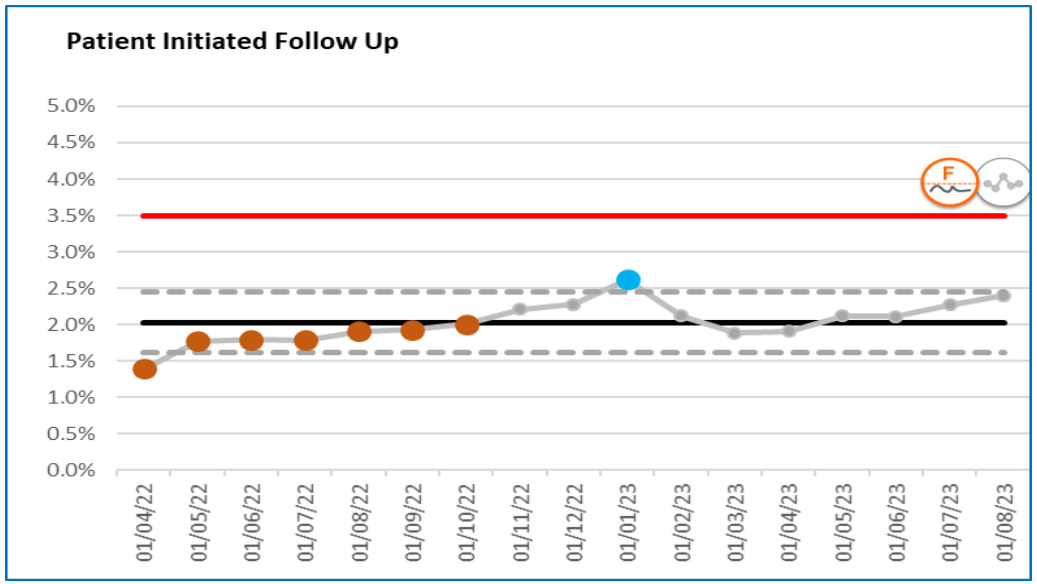
Actions

- Clinical cancellations to be validated to understand if these were avoidable or unavoidable or indeed if any secondary learning such as good practice could be strengthened. Clinical review meeting 28/9/23. Monitor and observe 'out of session time' cancellation through fortnightly SAS: Theatre productivity meeting – service level actions.
- Late starts, Identify Golden Patient and auto sending first on the list to ensure a timely start.
- ACPL – services with low utilisation to add additional cases, benchmark to national ACPL targets, review current OPS codes alongside booked v's actual utilisation.
- Paediatric - Development of a 12 bedded surgical day case unit and theatre arrivals area within the current footprint.
- Paediatric and ITAPPS meeting with specific action plan to improve utilisation

Impact/Timescale

- Reduce overall cancellation to the 5% target by December 23, Roll out of 'My Pre-Op' which is live in Gynaecology & General surgery, to go live in urology Oct 23, this will screen patients early in the pathway and provide time for optimisation if required. 3 services gone live with the Pre-surgery questionnaire which confirms no changes in Medical/social status since POA to admission.
- Reduce late starts to <5% by December 23
- ACPL, stretched targets for services with poor utilisation by December 23, confirm and challenge during the weekly scheduling meetings.
- Paediatric TAA and Day Case go live November 23, supports the elective and emergency split, ensures surgical activity can continue in time of escalation and surge.

Responsive (Elective Care) – PIFU



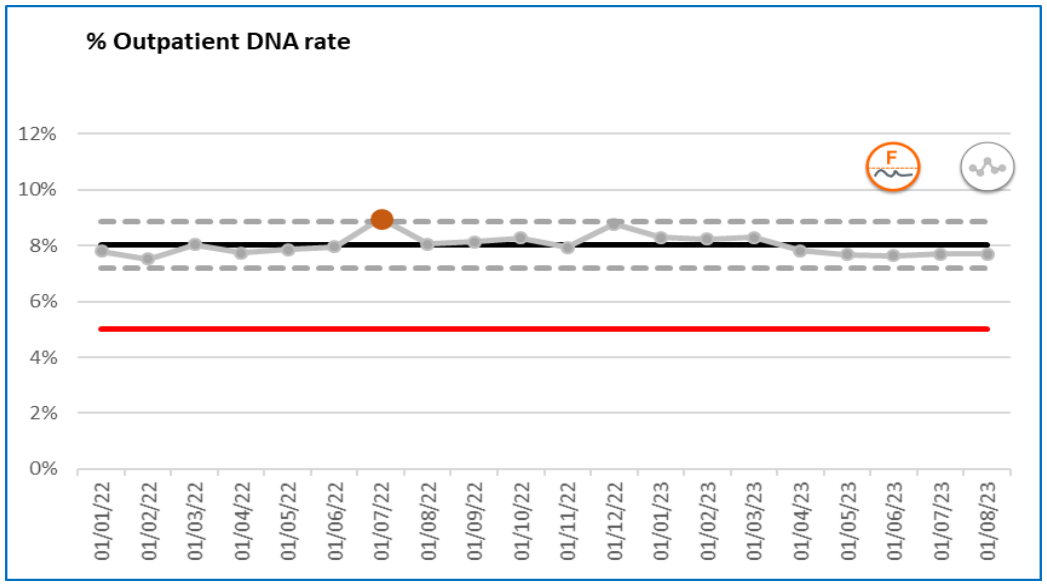
Current Performance		
Aug 23	YTD	Target
2.4%	2.2%	3.5%

National Position & Overview

Nationally as of June 2023, University Hospitals Of Leicester NHS Trust ranks 76th out of 136 acute providers for PIFU utilisation.
It is anticipated that this position has improved slightly since the last national snapshot
The national expectation is a performance of 5% PIFU however UHL proposed a 3% PIFU achievement within the operational plan with a stretch to 3.5%

Root Cause	Actions	Impact/Timescale
• Clinical support of rolling out PIFU within individual specialties and identifying appropriate cohorts of patients • Clear Communication about PIFU with clinical teams • Concern that there will be a higher demand for follow ups if patients are offered PFU and admin burden • Review of all types of contact with patients such as helplines to be recorded as PIFU. This is a nationally recognised approach	• Individual support is being provided to each of the 17 GIRFT specialties identified that could effectively use PIFU for their patients. Plans are being agreed with the HoS and General Manager with trajectories agreed for each specialty • A communication plan to reach all clinicians of the potential of PIFU • The rollout of Digital PIFU via Accurx is proving successful which is acting as a safety net for the patient as well as triage for patient request avoid admin time • Appropriate recording of helplines as PIFU alongside a planned routine drug review. This agreement is needed per speciality offering helplines	• Small incremental improvement seen in August with now 2,000 conversions to PIFU • Action plans and agreed stretch % based upon national benchmarking per specialty to be established over the first part of September • Update to wider organisation through Friday Focus and UHL Trust leadership Huddle • Clinical Engagement Event set for early November • Admin Masterclasses across October and November to secure accurate recording • Helpline review and transition to PIFU throughout September • Review of initiations by patients of PIFU shows only 9% initiated with 40% of these being managed without the need for clinical intervention

Responsive (Elective Care) – Outpatient DNA Rate



Current Performance		
Aug 23	YTD	Target
7.7%	7.7%	5.0%

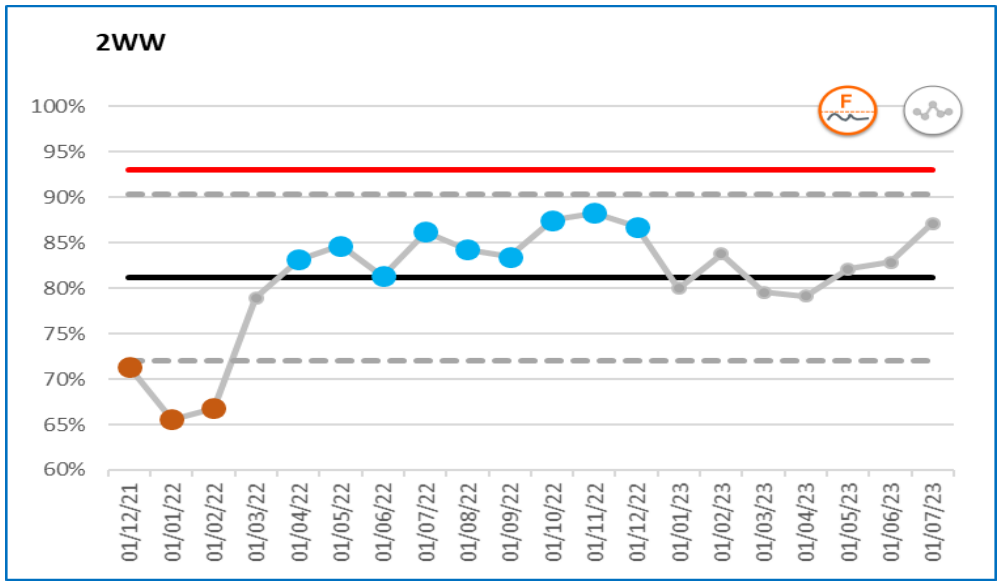
National Position & Overview

UHL compares better than its peers for the previous financial year, 8.1% compared to 8.5% (data for April 22 to March 23, source CHKS).

The DNA rate has been stable 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. 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. Late cancellations/rebooks often mean patients do not receive their appointment letters on time so unaware of appointment 3. Due to lack of admin staff, patients unable to get through to department to let them know they're unable to attend 4. Some services are using the DNA outcome for VIR clinics as well as for the diagnostic (therefore double counting)	1. Remind services of the need to check the patients details are correct and up to date at every contact 2. Services are being encouraged to use AccuRx to send additional reminders to patients. Booking Centre are making additional calls to 'Health Inequalities' cohort 3. DNA florey is being sent to patients who DNA so further analysis can be done around the reasons for DNA. 4. Respiratory DNA pilot is underway – results will be available in October. 5. Ask services to offer choice of video or telephone consultation, and stop recording DNAs on VIR clinics	• 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 Cancer – 2 Week Wait



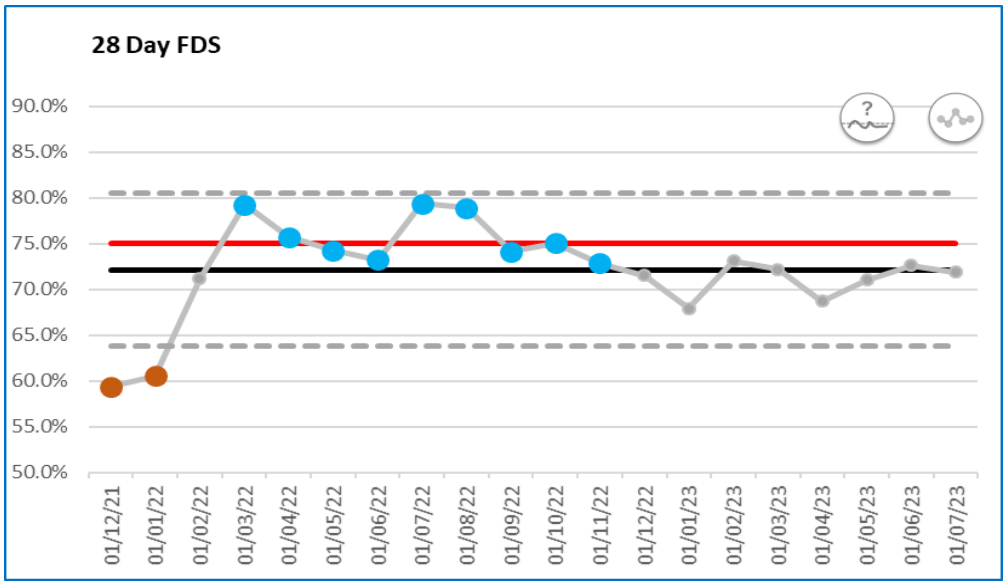
Current Performance		
Jul 23	YTD	Target
87.2%	83.0%	93%

National Position & Overview

In July, UHL ranked 54th out of 133 Acute Trusts. The National average was 77.5%. 37 out of the 133 Acute Trusts achieved the target. UHL ranked 6th out of the 18 UHL Peer Trusts. The best value within our peer group was 94.9%, the worst value was 37.6% and the median value was 77.7%.

Root Cause	Actions	Impact/Timescale
• In July 2WW demand was 5.3% over 2022 equivalent level,. The increase in referrals is driven by a new tumour site, NSS inflating referrals, in addition to increases in Skin, Gynaecology and Breast tumour site referrals. There are noticeable reductions Urology, Lower GI, Haematology and Lung tumour sites. • Industrial Action has reduced 2ww capacity	• LOGI 50+FIT pathway implemented 04/01/23 • Non Site Specific Symptoms pathway implemented 04/01/23 • Continuation of AI teledermatology provider into 23/24 • Recruitment to Endoscopy booking team vacancies • Expand prostate CNS triage service • Use of Independent Sector for 2ww Urology appointments • A push to increase <75% FDS tumour sites to move towards 40% of 2ww appointments at <8 days	• H1 – significant reduction in LOGI referrals evidenced • immediate – increase in 2ww capacity • August - Increase in Skin FDS capacity • May – Additional Urology 2ww capacity • October – Improvement trajectories for Skin, Lower GI, Gynae/LOGI screening, Breast symptomatic, Urological & Gynae to increase 7 day appointments

Responsive Cancer – 28 Day Faster Diagnosis Standard



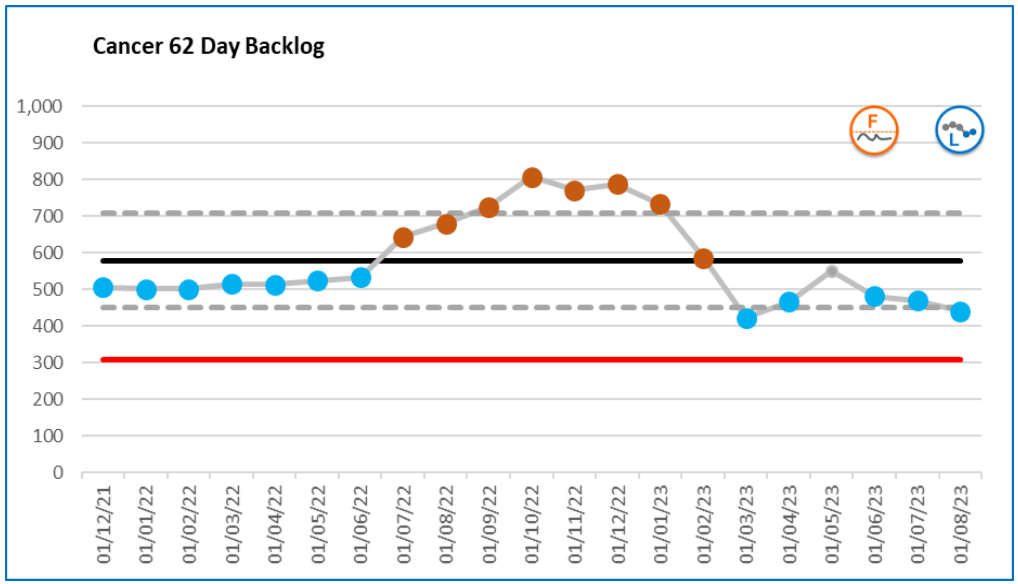
Current Performance		
Jul 23	YTD	Target
71.9%	71.1%	75%

National Position & Overview

In July, UHL ranked 92nd out of 132 Acute Trusts. The National average was 74.1%. 71 out of the 132 Acute Trusts achieved the target. UHL ranked 12th out of the 18 UHL Peer Trusts. The best value within our peer group was 84.5%, the worst value was 0% and the median value was 74.3%.

Root Cause	Actions	Impact/Timescale
• Post Christmas recovery affected by repeated industrial action. • Deterioration in skin FDS driven by AI telederm implementation not having matched first follow up capacity • Industrial Action has reduced 2ww capacity which has pushed out FDS compliance • Underlying 2ww capacity unable to meet demand for Urology	• Share dynamic backlog report tool, including next steps, to support focused actions for recovery. • Demand & Capacity work completed within skin, with routine/community routine slots converted to cancer • EMCA funded Insourced Independent Provider assisting with backlog clearance. • Outsourced Independent Provider assisting with in week capacity. • A push to increase <75% FDS tumour sites to move towards 40% of 2ww appointments at <8 days	• Post IA recovery to 75% predicted 28 day FDS compliance. • Additional Skin capacity in place September • Independent Sector engaged from early August. Urology (exc Testicular) FDS predicted at 60% against a national tumour site average of 58.3% (Testicular 87.5% vs 79.5%) • October – Improvement trajectories for Skin, Lower GI, Gynae/LOGI screening, Breast symptomatic, Urological & Gynae to increase 7 day appointments

Responsive Cancer – Cancer 62 Day Backlog



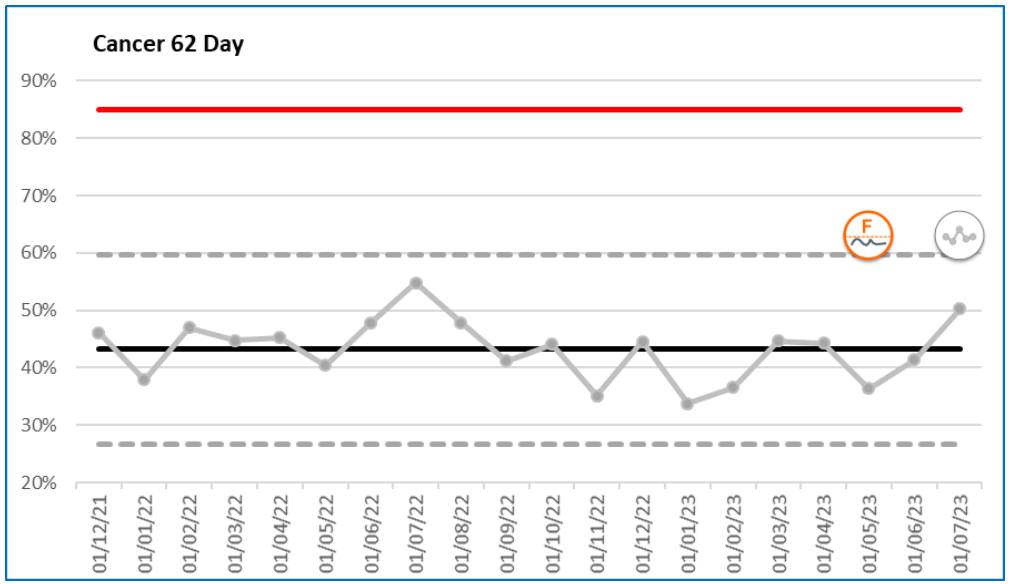
Current Performance		
Aug 23	YTD	Target
440	-	309

National Position & Overview

On 10/09 UHL was 47th worst in distance by volume from reaching fair share target. This is an improvement of 21 places since last exception report

Root Cause	Actions	Impact/Timescale
• 62 day and 104 day backlogs have been impacted by industrial action • Urology has caught up to with LOGI and Skin as the next largest. • Constraints include capacity, specifically outpatient, diagnostic and clinical administrative time, in addition to workforce to deliver additional capacity.	• Clinically prioritise all cancer patients • Clinical review of PTL to support Urology and Colorectal • Implement in week additional capacity for prostate biopsies • Share dynamic backlog report tool, including next steps, to support focused actions for recovery. • Continued validation of PTLs and cancer data • NSS/Pre-diagnosis CNS commenced to support patient engagement • IS now engaged to assist with skin backlog	• Updated action plans by tumour site agreed • IST support completed – report due • NSS/Pre-diagnosis CNS supporting patient engagement across all PTLs • Key tumour sites ahead of trajectory.

Responsive Cancer – Cancer 62 Day

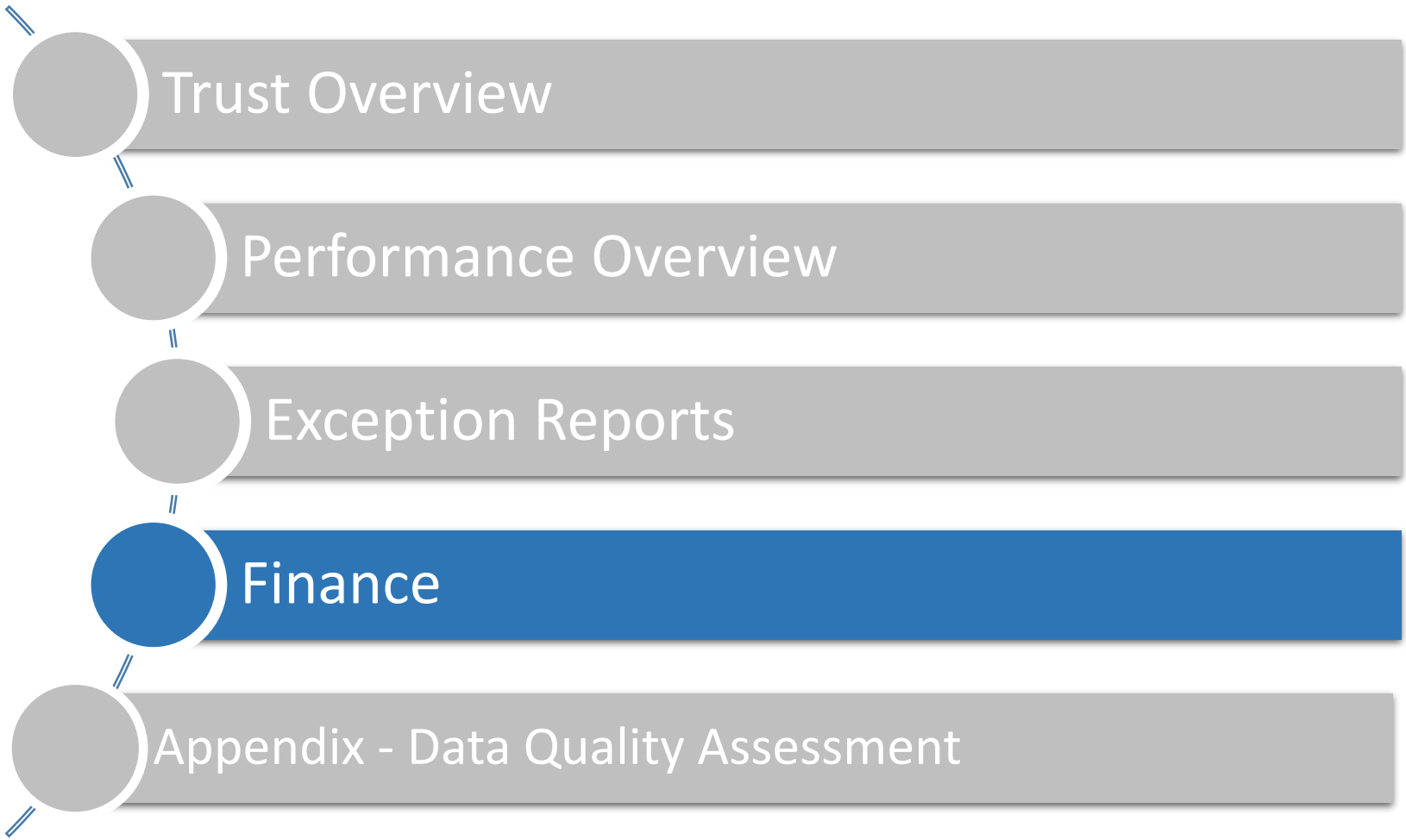


Current Performance		
Jul 23	YTD	Target
50.3%	43.3%	85%

National Position & Overview

In July, UHL ranked 116th out of 134 Acute Trusts. The National average was 62.6%. 13 out of the 134 Acute Trusts achieved the target. UHL ranked 14th out of the 18 UHL Peer Trusts. The best value within our peer group was 70.4%, the worst value was 35.1% and the median value was 58.9%.

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 • Oncology and radiotherapy capacity continues to be challenged with high wait times • Workforce challenges including recruitment and reduction 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 • Significant investment to support Onc/Radth/Haem • Increased Pathology provision • Weekly Oncology Recovery & Performance (RAP) meetings in place • Fortnightly Radiotherapy RAPs in place • IS to be engaged to assist with skin backlog	• 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. • Recruitment for Onc/Radth investment in progress


Trust Overview
Performance Overview
Exception Reports
Finance
Appendix - Data Quality Assessment

Summary Financial Position

I&E

	I&E YTD		
	Plan	Actual	Variance to Plan
	£'000	£'000	£'000
NHS Patient-Rel Income	549,878	557,176	7,298
Other Operating Income	62,696	60,983	(1,713)
Total Income	**612,574**	**618,159**	**5,584**
Pay	(376,132)	(383,709)	(7,577)
Agency Pay	(10,499)	(14,480)	(3,981)
Non Pay	(214,397)	(224,999)	(10,602)
Total Costs	**(601,028)**	**(623,188)**	**(22,160)**
EBITDA	**11,546**	**(5,029)**	**(16,575)**
Non Operating Costs	(30,954)	(31,101)	(147)
Retained Surplus/(Deficit)	**(19,408)**	**(36,131)**	**(16,723)**
Donated Assets	350	94	(256)
Net Total Surplus/(Deficit)	**(19,058)**	**(36,037)**	**(16,979)**

Comments – YTD Variance to Plan

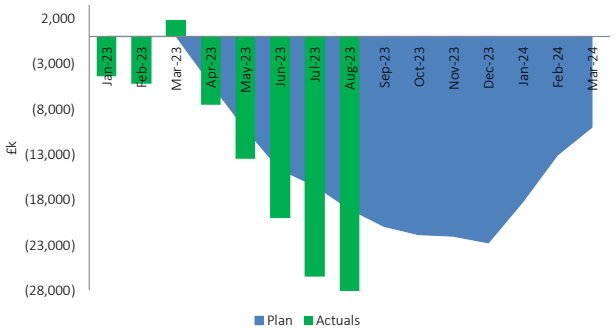
Total Income: £5.6mF: driven by £5.8mF excluded drugs and devices offset in non-pay, £1.4mF overperformance from direct access diagnostics and imaging offset by change to Covid-19 funding reimbursement £1.2mA and £0.6mA R&I income linked to the timing of receiving commercial trials income.

Pay and Agency: £11.6mA includes £6.5mA due to industrial action, £3mA relating to 1:1/specialling patients in ESM/MSS/CHUGGS, £1.7mA CIP under delivery and other £0.4mA.

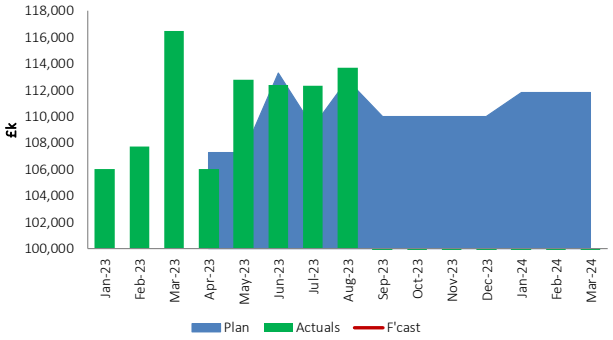
Non Pay: £10.6mA driven by inflation costs above plan £5.6mA, excluded drugs and devices of £5.8mA matched by additional income and other £0.8mF.

Month 5 I&E Dashboards

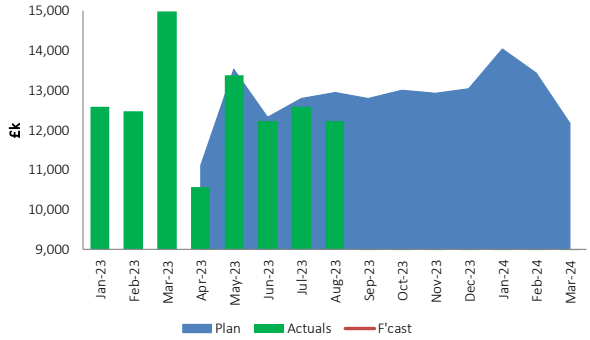
Cumulative Surplus/(Deficit)



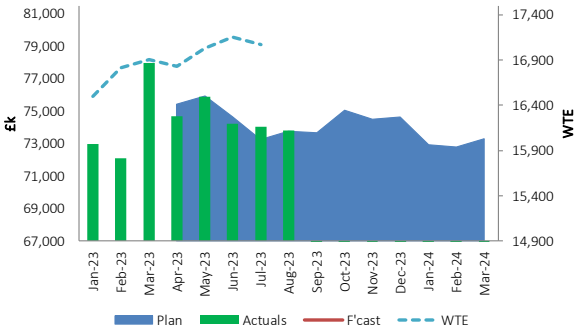
Monthly PCI Income



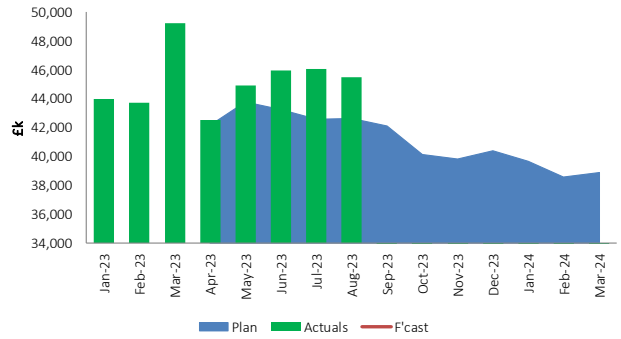
Monthly Other Income



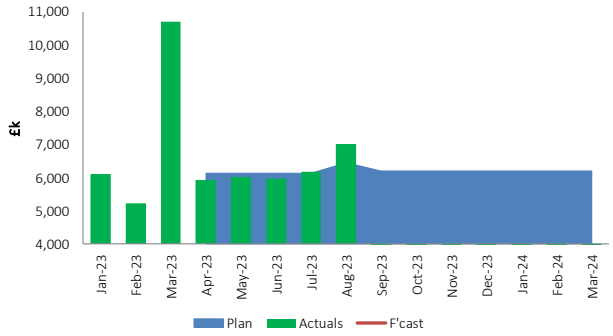
Monthly Substantive/Bank/Agency Pay



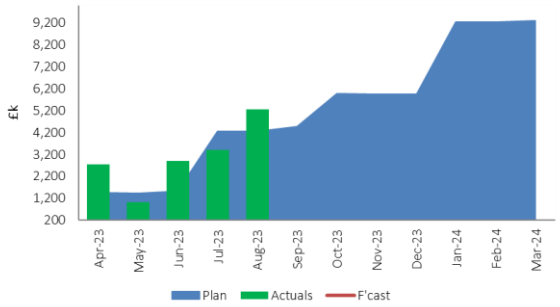
Monthly Non Pay



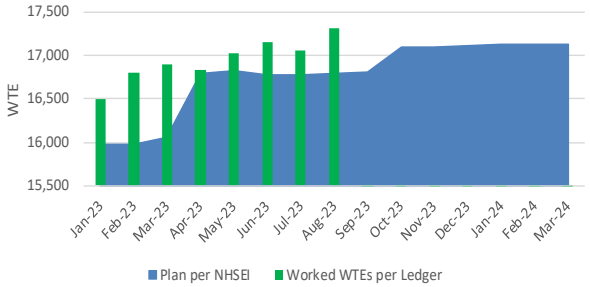
Monthly Non Ops



CIP Performance Inc Productivity



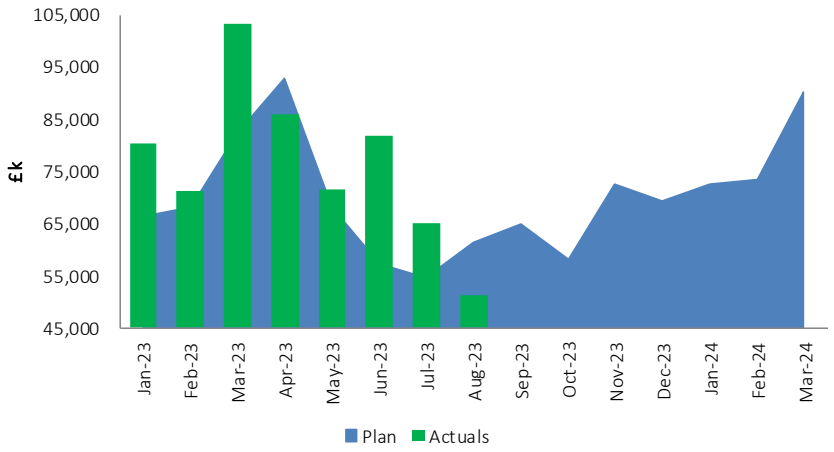
Worked WTEs vs NHSEI Workforce Plan



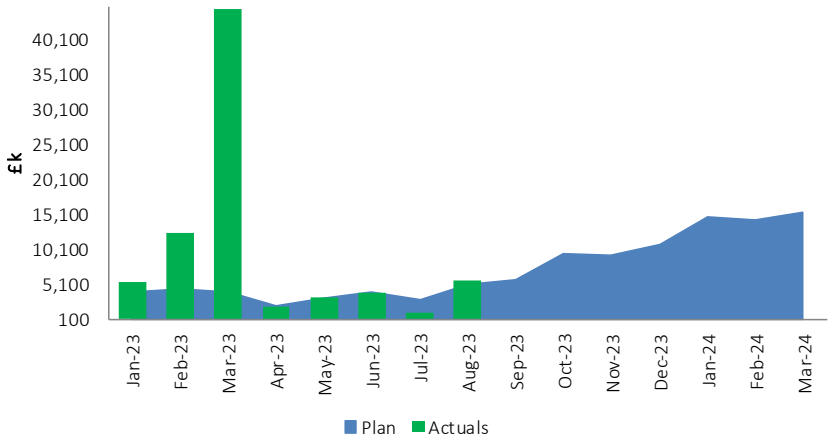
	In Month NHSEI Plan	In Month Worked	Increase in WTE
Substantive	15,530	15,674	143
Bank	860	1,223	363
Agency	409	413	4
Total WTE	**16,800**	**17,310**	**510**

Month 5 Balance Sheet Dashboards

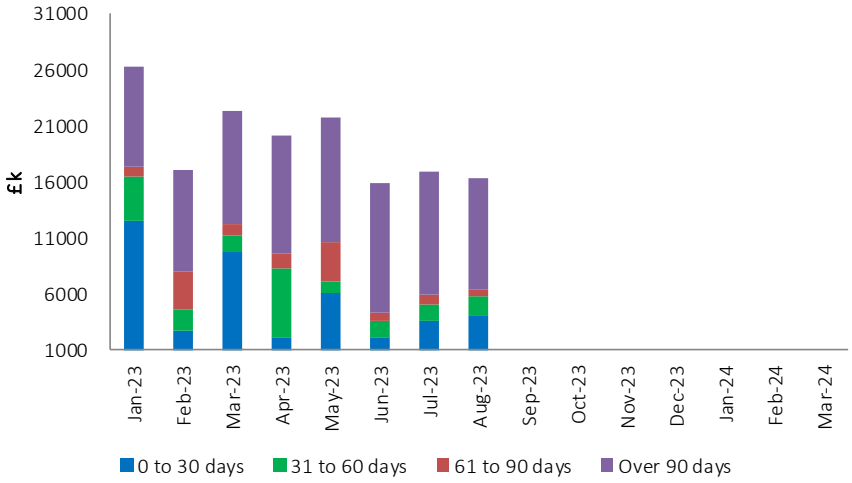
Cash



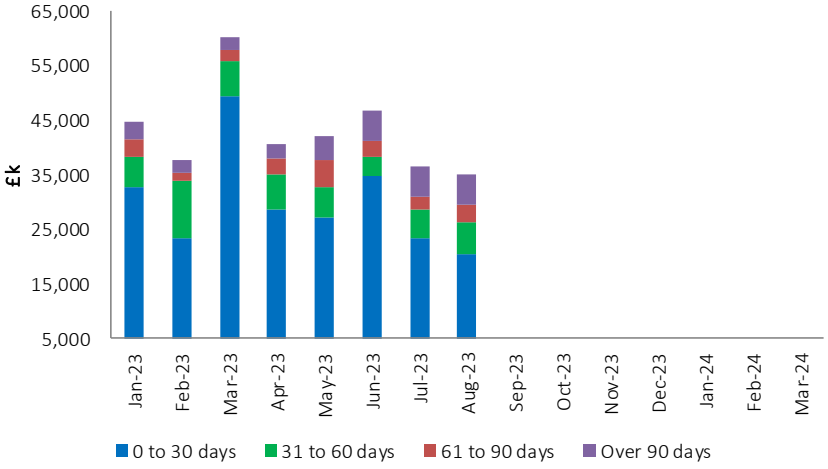
Capital



Ageing Debtor



Ageing Creditor

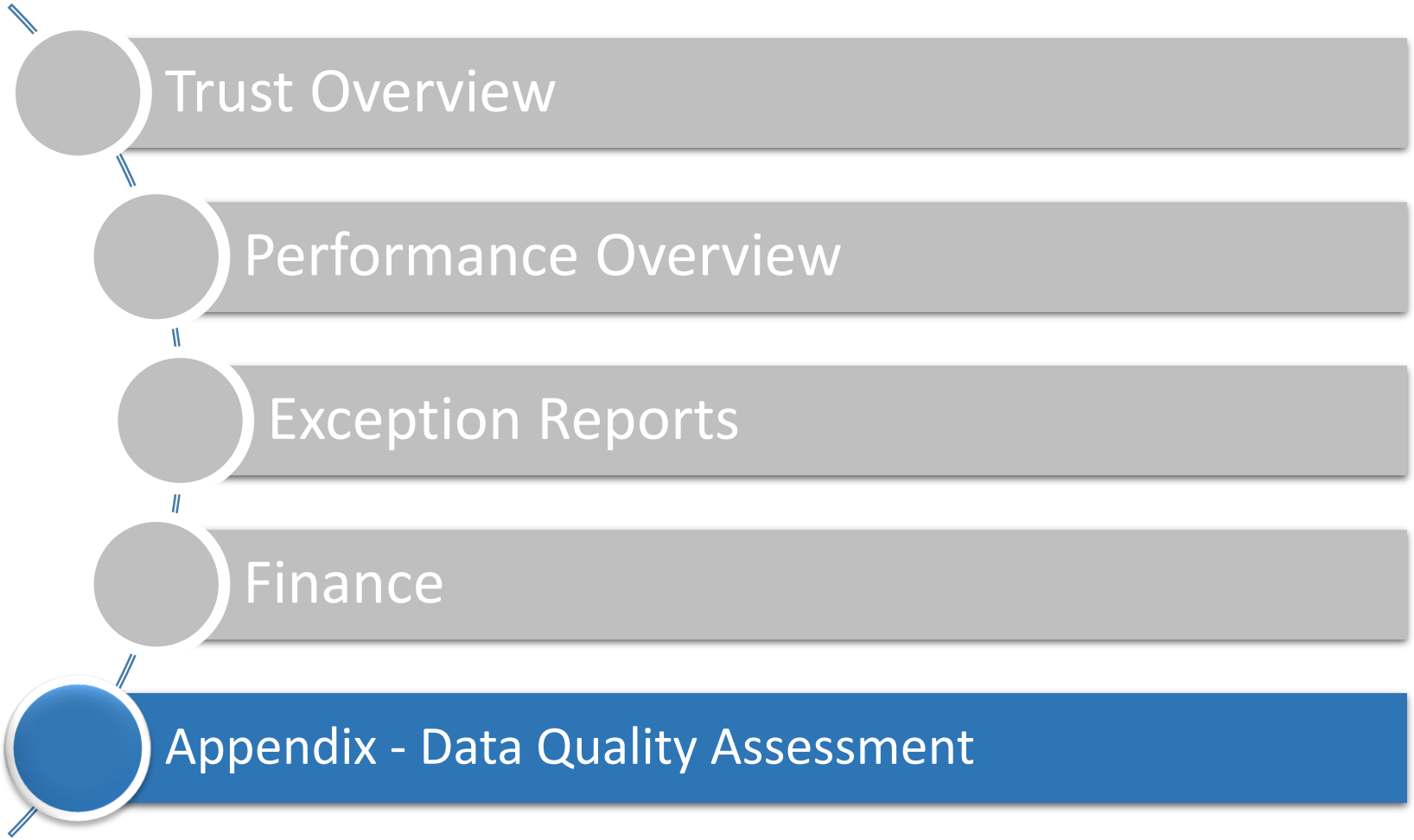


Capital Programme

Area	Annual Plan £'000	Revised Plan £'000	M5 Plan £'000	Actual M5 £'000	Variance to Plan £'000	M5 Forecast	Variance to Forecast £'000
System Funded							
East Midlands Planned Care Centre		3,723	0	0	0	0	0
Reconfiguration		1,250	0	0	0	0	0
MEE	1,500	1,500	450	721	271	726	5
MES	3,729	3,729	1,009	198	(811)	198	0
MES Enabling	3,425	3,425	220	264	44	160	(104)
IM&T	10,782	10,782	3,047	980	(2,066)	2,004	1,024
Estates and Facilities Backlog	5,000	5,000	1,167	1,508	341	1,216	(292)
Estates Projects	8,249	8,249	3,276	2,349	(927)	2,196	(153)
Linear Accelerator	5,074	5,074	3,036	2,238	(798)	1,874	(365)
Health Education England	1,000	1,000	415	67	(348)	179	112
Contingency	1,015	995	216	0	(216)	0	0
Total Schemes funded from System envelope	**39,774**	**44,727**	**12,836**	**8,327**	**(4,509)**	**8,553**	**226**
PDC Funded Schemes							
Reconfiguration	2,310	1,060	961	901	(59)	965	64
East Midlands Planned Care Centre	19,874	16,151	7,174	4,218	(2,956)	4,512	294
UEC - Wards	24,500	23,997	6,182	773	(5,409)	1,396	623
UEC - Modular	6,000	0	1,289	0	(1,289)	0	0
CDC Hinckley	900	900	0	0	0	0	0
Endoscopy	0	248	0	0	0	0	0
Total Cost Model		219					
Total PDC Funded Schemes	**53,584**	**42,575**	**15,606**	**5,892**	**(9,714)**	**6,874**	**981**
Charitable Funds	480	**480**	210	185	(25)	144	(40)
Total Capital Programme	**93,838**	**87,782**	**28,652**	**14,404**	**(14,248)**	**15,571**	**1,167**
Leases:IFRS16	10,060	10,060	2,499	1,645	(854)	1,645	0
Total Capital Programme inc Leases	**103,898**	**97,842**	**31,151**	**16,048**	**(15,102)**	**17,216**	**1,168**
Donated Income	(480)	(500)	(208)	(152)	56	0	0
Net CDEL	**103,418**	**97,342**	**30,943**	**15,896**	**(15,046)**	**17,216**	**1,168**

In month, expenditure of £5.6m was incurred, mainly relating to:

- Ashton Care Home Finance Lease - £1.6m
- Estates backlog & Winter Works - £1.7m
- Linear Accelerator - £0.6m relating to Brachytherapy and £0.2m for Foxton & Swithland
- East Midlands Planned Care Centre - £0.7m
- Reconfiguration costs of £0.2m relating to the main programme.
- IM&T eQuip purchased equipment element – £0.6m


Trust Overview
Performance Overview
Exception Reports
Finance
Appendix - Data Quality Assessment

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.