

Meeting title:	Public Trust Board Public Trust Board paper D				
Date of the meeting:	8 June 2023				
Title:	Integrated Performance Report – Executive Summary				
Report presented by:	Jon Melbourne – Chief Operating Officer				
Report written by:	James Palmer and Joanne Haigh (Business Intelligence Officers)				
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.

Recommendation

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

Summary



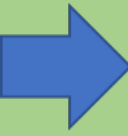

This report provides a high level summary of the Trust's performance against the key quality and performance metrics, together with a brief commentary where appropriate.





Main report detail

Key headlines in performance are summarised below:

Summary of UHL Performance: April 2023

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

Emergency Care 	<p>In April LRI ranked 9th out of 23 sites last month (source EMAS monthly report) and saw a significant improvement in the percentage of ambulance handovers over 60 minutes. The new escalation unit opened at the LRI giving 14 trolley and 2 chair spaces which contributes to this improvement.</p> <p>In relation to 4 hour ED performance UHL ranked 121st out of 123 Major A&E NHS Trusts. 17 out of the 123 Trusts achieved the target. The best value nationally was 0 and the worst value was 1,058. UHL ranked 17th out of 18 trusts in its peer group, this is against the 94% target. In line with planning guidance an action plan is in place to achieve the requirement of 76% and this will be a key delivery measure for 23/24.</p>
Referral to Treatment 	<p>The overall picture for Elective Care remains challenged, however there is continued good progress on the reduction of those patients waiting longest for definitive treatment. We are proactively monitoring the 104 and 78 week wait position on a daily basis. Our 104 position benchmarked amongst the best in the country in March – a real achievement given the significant challenge and our starting position.</p> <p>Our focus remains on achieving the zero 78 weeks plus breaches by the end of June 23. Our forecast position agreed with NHSE for end April was 550 and we fell slightly short with a confirmed final figure of 585. We are on track to achieve the May target of 290 and our ambition remains to reach zero 78 week waiters by the end June to enable us to focus on the reduction in our 65 week waiters over 23/24 in line with national targets of zero by end March 24.</p>
Outpatient Transformation 	<p>The outpatient Programme has commenced and is focusing on key metrics of delivery which is gaining a lot of traction across all specialties.</p> <p>Digital validation of non-admitted and overdue follow up patients - Since November 22, 10,684 patients have been removed from the waiting list at the patients request, with a further 3,943 patients added to a PIFU pathway.</p> <p>Patient Initiated Follow Up - There has been a slight decrease in the number of patients put on a PIFU pathway in April 23. A PIFU re-launch programme has commenced which will include engagement with the 17 services identified by GIRFT. A digital PIFU module is also being rolled out. It is anticipated with actions agreed the PIFU rate will start to increase late May/early June</p> <p>DNA - The outpatient DNA rate remains higher than the Trust target of 5% – In order to understand the reasons why patients DNA a digital DNA flory has been designed to send out to patients. The flory will be trialled in 3 services, and if successful this will extend to other services. Further to this an extensive piece of work led by Ruw is looking at DNAs linked to Health Inequalities.</p> <p>Pre - Referral - The request for Advice and Guidance from GPs has remained steady at 2600 requests per month.</p>
Cancer 	<p>April saw a deterioration in UHL's 62 backlog position in part due to the cumulative impact of industrial action/Easter, also seen across peer group trusts.</p> <p>With published Cancer metrics a month behind, indicative April KPI show an improvement in 31 Day 1st treatment (April = 89%) and in 31 Day Subsequent Radiotherapy (April = 61.5%)</p>

	<p>Published March 2023 metrics saw improvements in four of the nationally reported standards and a reduction in our overall waiting list to 4,315 (28/04/23) from a high of 4,856 (21/11/22) with 11.4% of patients waiting over 62 days against an England average of 8.8%.</p> <p>For the Faster Diagnosis Standard (FDS), at 72.2%, performance slightly deteriorated in March by 0.9% for patients to receive their diagnosis within 28 days of referral, on the 75% target.</p> <p>UHL is ranked 11th in peer group and 89 out of 138 Acute Trusts. 72 Acute Trusts achieved the target. The National average was 74.2%.</p>
Activity 	<p>Elective Admissions for April 2023 were 241 under plan (-2.6%); Day Case activity was 151 under plan (-1.9%) and Inpatient activity was 90 under plan (-6.2%).</p> <p>Non-Elective Admissions for April 2023 were 25 over plan (0.3%); Emergency activity was 99 over plan (1.3%) and Non-Elective activity was 74 under plan (-4.0%).</p> <p>Outpatient activity for April 2023 was 12,176 under plan (-15.0%).</p> <p>Total ED activity for April 2023 was 1,535 under plan (-7.1%); Emergency Department (Type 1) activity was 1,595 under plan (-8.0%) and Eye Casualty (Type 2) activity was 60 over plan (3.5%).</p>
Quality 	<p>The quality of care remains strong despite operational pressures and a further period industrial action. Pressure ulcers remain a significant concern although we remain with the agreed trajectory as we continue to embed the learning and actions.</p> <p>We have agreed priorities focusing on the reduction of hospital acquired harm alongside improving the patient experience to ensure UHL is a better place to receive care.</p>
Finance 	<p>The Trust is reporting a year-to-date deficit at Month 1 of £9.4m which is £4.2m adverse to plan. The key drivers for this are:</p> <ul style="list-style-type: none"> • Lower inpatient and outpatients activity £1.8mA • Impact of the industrial action £1.2mA • High use of agency £1mA • Other £0.2mA <p>The Trust has reported a year-to-date CIP delivery including productivity of £2.3m against a £1.4m CIP target.</p> <p>The Trust incurred capital expenditure of £1.9m in M1, which was £1.8m lower than the M1 plan of £3.7m, as a result of slippage against the elective hub expenditure profile. This will recover by the end of the first quarter.</p> <p>The cash position at the end of April was £85.9m, representing a reduction of £17.4m in the month, which was £9.6m lower than had been forecast, largely due to acceleration of capital spend, as a consequence of the commitments made in March to deliver the 22/23 capital programme.</p>
Workforce 	<p>The vacancy rate for Health Care Assistants and Support Workers in Maternity have seen a significant shift for the second month and is now sitting at 0.3% (with a reduction from 8.8% in January to 4.1% in February). This is below the 5% target.</p> <p>Sickness rates have increased slightly but the focus continues to be on wellbeing rather than targets and People Services remain committed to the development of a revised person-centred policy with an implementation date in Qtr. 3 of 2023 / 24.</p>

	Whilst Statutory and mandatory training remains below the Trust target, the 93% completion rate has remained static which is a positive outcome against a backdrop of periods of industrial action and operational pressures.
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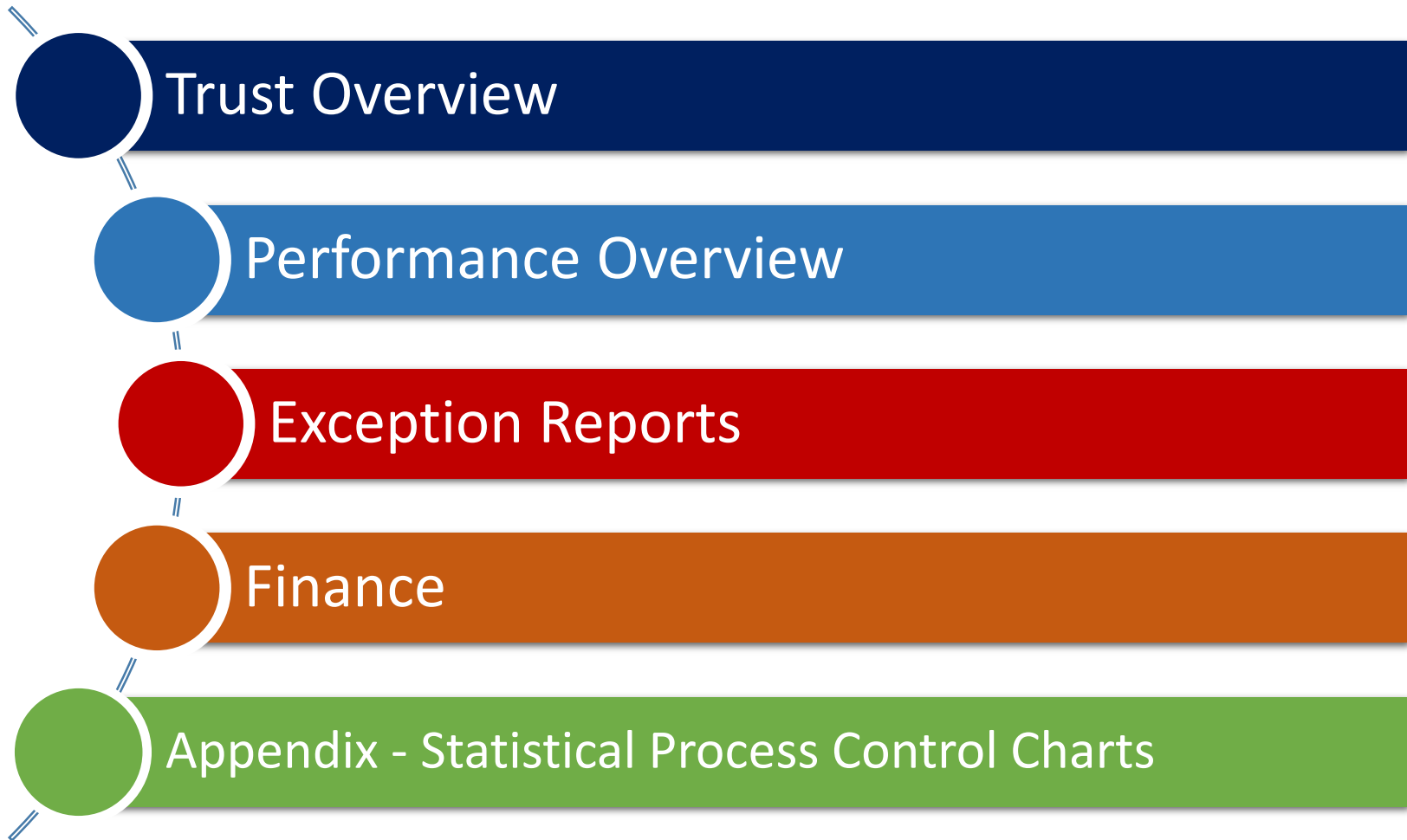
Supporting documentation

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

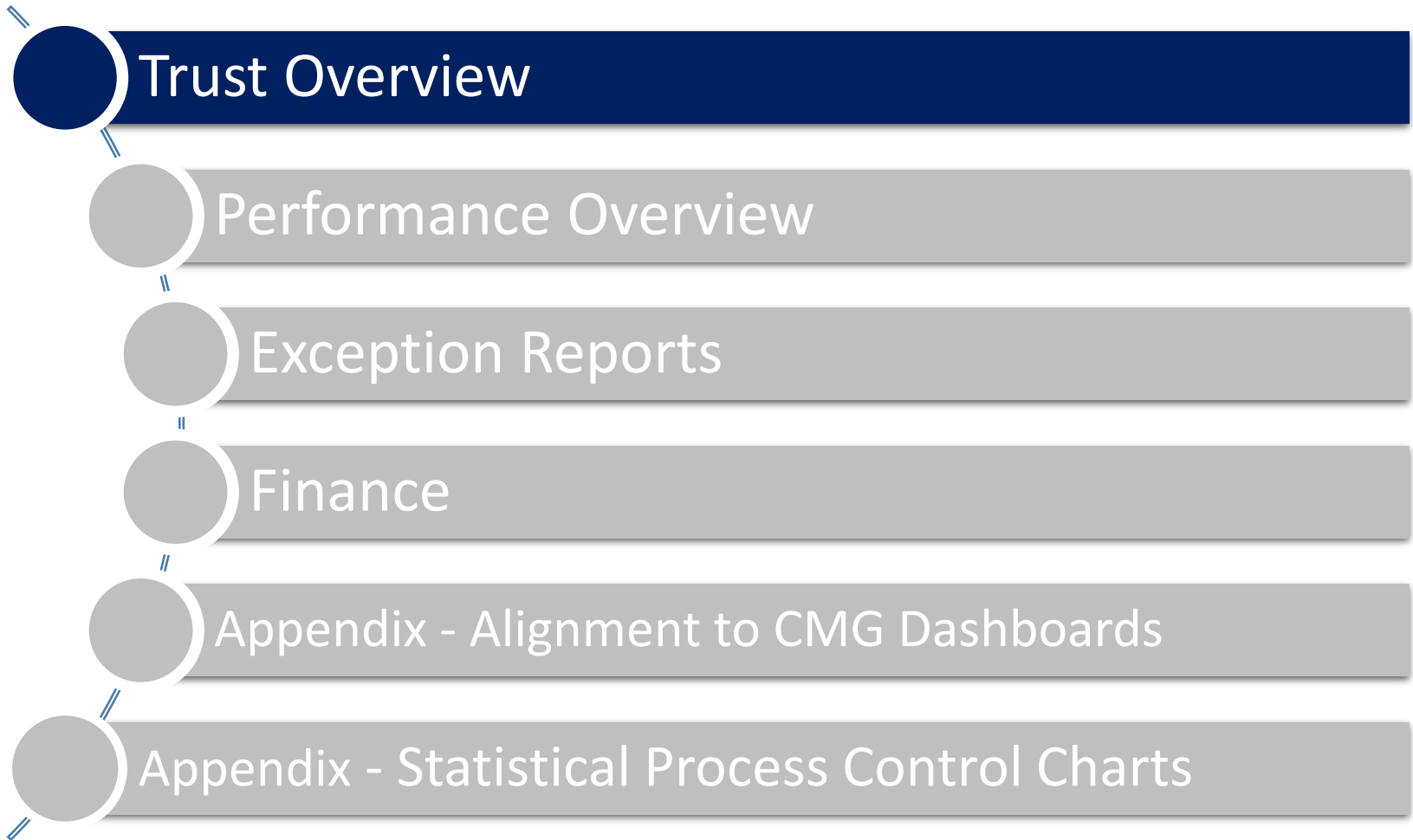
Integrated Performance Report

April 2023

Contents



- Trust Overview
- Performance Overview
- Exception Reports
- Finance
- Appendix - Statistical Process Control Charts



Trust Overview (Year to Date)

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

Key

Failing Target

Achieving Target

Target TBC

Trust Overview (Current Month)

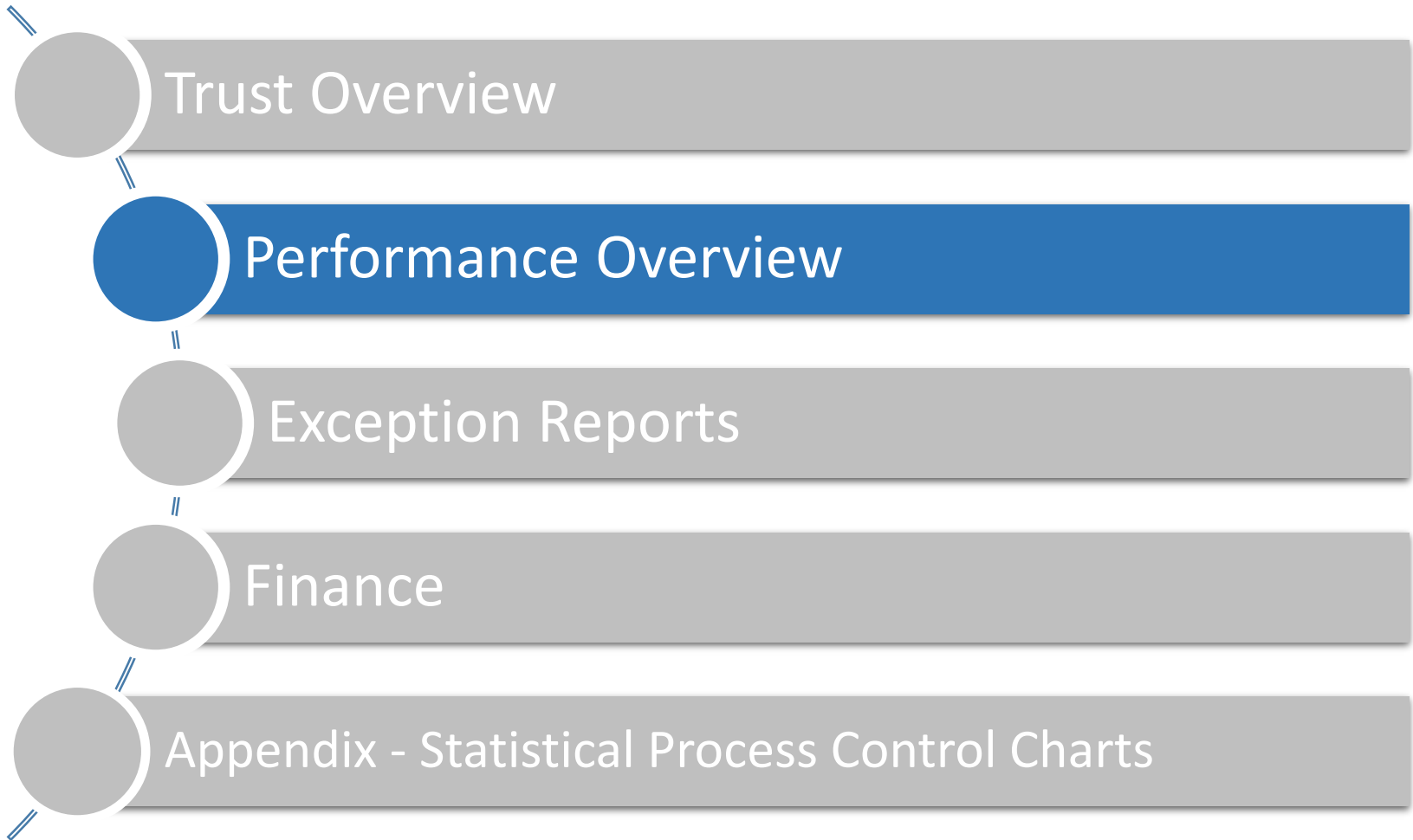
Safe	Caring	Well Led	Effective	Responsive Emergency Care	Responsive Elective Care	Responsive Cancer Care
Never Events	Inpatient and Day Case F&F Test % Positive	Staff Survey Recommend for Treatment	Mortality Published SHMI	ED 4 Hour Waits Acute Footprint	Long Stay Patients > 21 days	2WW
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MRSA Total		Statutory and Mandatory Training		Ambulance Handover > 60 mins	6 Week Diagnostic	
E. Coli Bacteraemias Acute		Nursing Vacancies			% Operations Cancelled On the Day	
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Key



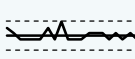








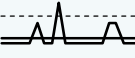






 Failing Target

 Achieving Target

 Target TBC



Performance Overview (Safe)

Domain	Key Performance Indicator	Target	Feb-23	Mar-23	Apr-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Safe	Never events	0	0	1	0	0				Nov-22	MD
	% of all adults Venous Thromboembolism Risk Assessment on Admission	95%	97.1%	97.3%	97.1%	97.1%				Oct-21	MD
	% of 3rd & 4th Degree Perineal Tears	3.5%	3.1%	2.5%	3.2%	3.2%				Aug-22	CN
	Clostridium Difficile per 100,000 Bed Days		10.2	17.3	24.6	24.6				Jun-21	CN
	Methicillin Resistant Staphylococcus Aureus Total	0	0	0	0	0				Jun-21	CN
	E. Coli Bacteraemias Acute	198	15	16	15	15				Jun-21	CN
	Methicillin-susceptible Staphylococcus Aureus Acute*	40	2	1	2	2				Jun-21	CN







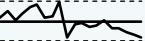


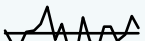



* quality improvement ambition 2.5% reduction of 19/20 numbers

Comments

April was a strong month from a safety perspective, despite operational pressures and a further period of industrial action. The trajectories for hospital acquired infections were received in May and will be updated for the next IPR. We are within all for month 1.

Rating

Performance Overview (Safe)













Domain	Key Performance Indicator	Target	Feb-23	Mar-23	Apr-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Safe	COVID-19 Hospital-onset, probable, 8-14 days after admission		10.5%	18.1%	19.4%	19.4%				May-23	CN
	COVID-19 Hospital-onset, healthcare-acquired, 15 or more days after admission		16.2%	10.7%	11.0%	11.0%				May-23	CN
	All falls reported per 1000 bed days	5.5	3.3	3.2		3.7				Aug-22	CN
	Rate of Moderate harm and above Falls Patient Safety Incidents with finally approved status per 1,000 bed days	0.18	0.14	0.11		0.09				Aug-22	CN
	Hospital Acquired Pressure Ulcers - All categories	140	145	135	130	130				Jun-21	CN

Comments

Rating

Hospital acquired pressure ulcers remain a focus for the coming year. We remain within the agreed trajectory for April 20223.

Performance Overview (Caring)

Domain	Key Performance Indicator	Target	Feb-23	Mar-23	Apr-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Caring	Single Sex Breaches		6	17	6	6	National Reporting resumed from Oct 21.			Jul-22	CN
	Inpatient and Day Case Friends & Family Test % Positive*	95%	98%	98%	98%	98%				Jul-22	CN
	A&E Friends & Family Test % Positive**	77%	78%	79%	86%	86%				Jul-22	CN
	Maternity Friends & Family Test % Positive*	91%	97%	93%	96%	96%				Jul-22	CN
	Outpatient Friends & Family Test % Positive	95%	94%	94%	94%	94%				Jul-22	CN
	% Complaints Responded to in Agreed Timeframe - 10 Working days		47%	63%	89%	89%				N/A	CN
	% Complaints Responded to in Agreed Timeframe - 25 Working days		40%	53%		41%				N/A	CN
	% Complaints Responded to in Agreed Timeframe - 45/60 Working days		75%			38%				N/A	CN









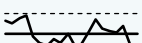


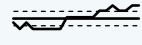
Comments

Rating

Performance for the friends and family test remains strong across the board; a review of the outpatient position is in progress and a clear plan will be presented to the Nursing, Midwifery and AHP committee.

We will resume business as usual reporting of complaints timeliness from next month.

Performance Overview (Well Led)

Domain	Key Performance Indicator	Target	Feb-23	Mar-23	Apr-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Well Led	Staff Survey % Recommend as Place to Work	Reporting will commence once national reporting resumes								Data sourced externally	CPO
	Staff Survey % Recommend as Place for Treatment	Reporting will commence once national reporting resumes								Data sourced externally	CPO
	Turnover Rate	10%	9.0%	8.7%	8.5%	8.5%				Aug-22	CPO
	Sickness Absence (Excludes Estates & Facilities staff)	3%	5.0%	5.2%		5.5%				Mar-21	CPO
	% of Staff with Annual Appraisal (Includes Estates & Facilities staff from May 21)	95%	79.4%	77.1%	77.0%	77.0%				Mar-21	CPO
	Statutory and Mandatory Training	95%	92%	93%	93%	93%				Dec-22	CPO

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

Comments

Rating

Turnover rates continue to sit below the 10% Trust target and have remained static since the previous reporting period.



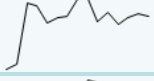


The appraisal rate has declined slightly from last month, but this can be attributed to operational pressures in our services with a focus on the provision of patient care.

Whilst statutory and mandatory training remains below the Trust target, the April position has remained static and is now back to the December 2022 position. People Partners continue to work in collaboration with Clinical Management Groups to identify the relevant support and actions to increase KPI performance.

CMG / Directorate Leadership teams are reviewing their Staff Survey feedback to identify priorities and building on areas they are doing well in

People Partners are rolling out the Just and Restorative Learning overview to their services, with practical examples / case studies

Performance Overview (Well Led)

Domain	Key Performance Indicator	Target	Feb-23	Mar-23	Apr-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Well Led	Adult Nursing Vacancies	10%	8.6%	7.1%	12.8%	12.8%				Oct-22	CPO
	Paed Nursing Vacancies	10%	8.8%	8.6%	14.1%	14.1%				Oct-22	CPO
	Midwives Vacancies	10%	13.7%	14.0%	13.7%	13.7%				Oct-22	CPO
	Health Care Assistants and Support Workers - excluding Maternity	10%	16.6%	14.8%	9.4%	9.4%				Oct-22	CPO
	Health Care Assistants and Support Workers - Maternity	5%	4.1%	0.3%	-16.8%	-16.8%				Oct-22	CPO



Vacancies are based on a snapshot hence YTD performance is the same as the latest month

Comments

Rating






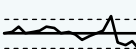








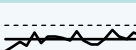

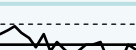




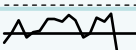


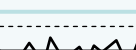
Recruitment and retention continues to be a key focus across all areas of the Trust and recruitment approaches and activities are being tailored to support the needs of the Trust, our services and the local community. Traditional recruitment activities are now complemented with large scale recruitment campaigns and events and a range of in reach activities which are tailored to the needs of local communities. Over the previous months events have focused on catering, pharmacy and healthcare support workers. 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).

Performance Overview (Effective)

Domain	Key Performance Indicator	Target	Feb-23	Mar-23	Apr-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Effective	Published Summary Hospital-level Mortality Indicator (SHMI)	100	104	104	103	103 Dec 21 to Nov 22)				May-21	MD
	12 months Hospital Standardised Mortality Ratio (HSMR)	100	100	100	101	101 Feb 22 to Jan 23				May-21	MD
	Crude Mortality Rate	No Target	1.2%	1.2%	1.3%	1.3%				May-21	MD

Comments	Rating

Performance Overview (Responsive Emergency Care)

Domain	Key Performance Indicator	Target	Feb-23	Mar-23	Apr-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Responsive (Emergency Care)	Emergency Department 4 hour waits Acute Footprint	95%	71.2%	71.6%	73.2%	73.2%				Mar-23	COO
	Mean Time to Initial Assessment	15	26.4	31.1	22.2	22.2				Nov-22	COO
	12 hour trolley waits in Emergency Department	0	919	1155	960	960				Mar-23	COO
	Number of 12 hour waits in the Emergency Department	0	2,437	2,540	2,107	2,107				TBC	COO
	Time Clinically Ready to Proceed	60	251	289	273	273				Nov-22	COO
	Number of Ambulance Handovers		4,038	4,554	4,369	4,369				Data sourced externally	COO
	Number of Ambulance Handovers >60 Mins		250	562	204	204				Data sourced externally	COO
	Ambulance handover >60mins	0%	6.2%	12.3%	4.7%	4.7%				Data sourced externally	COO
	Long Stay Patients (21+ days) as a % of G&A Bed Occupancy	12%	14.9%	14.1%	16.5%	16.5%				Apr-23	COO









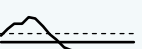








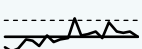



Comments

Rating

In April LRI ranked 9th out of 23 sites last month (source EMAS monthly report) and saw a significant improvement in the percentage of handovers over 60 minutes. The new escalation unit opened at the LRI giving 14 trolley and 2 chair spaces which contributes to this improvement.

In relation to 4 hour ED performance UHL ranked 121th out of 123 Major A&E NHS Trusts. 17 out of the 123 Trusts achieved the target. The best value nationally was 0 and the worst value was 1,058. UHL ranked 17th out of 18 trusts in its peer group, this is against the 94% target. In line with planning guidance an action plan is in place to achieve the requirement of 76% and this will be a key delivery measure for 23/24.

Performance Overview (Responsive Elective Care)

Domain	Key Performance Indicator	Target	Feb-23	Mar-23	Apr-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Responsive (Elective Care)	Referral to Treatment Incompletes	103,403	118,488	116,195	117,318	117,318				Oct-22	COO
	Referral to Treatment 52+ weeks	0	13,984	12,433	10,916	10,916				Oct-22	COO
	Referral to Treatment 104+ weeks	0	53	2	7	7				Oct-22	COO
	6 Week Diagnostic Test Waiting Times	1.0%	45.3%	44.0%	45.4%	45.4%				Nov-19	COO
	% Operations Cancelled On the Day	1.0%	0.9%	1.7%	1.3%	1.3%				Apr-21	COO
	% Outpatient Did Not Attend rate	5%	8.2%	8.3%	8.0%	8.0%				Apr-23	COO
	% Outpatient Non Face to Face	45%	31.6%	31.5%	28.6%	28.6%				Apr-23	COO

RTT and Diagnostics performance is based on a snapshot hence YTD performance is the same as the latest month

Comments



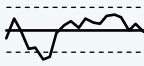


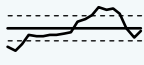



The overall picture for Elective Care remains challenged, however there is continued good progress on the reduction of those patients waiting longest for definitive treatment. We are proactively monitoring the 104 and 78 week wait position on a daily basis. Our 104 position benchmarked amongst the best in the country in March – a real achievement given the significant challenge and our starting position.

Our focus remains on achieving the zero 78 weeks plus breaches by the end of June 23. Our forecast position agreed with NHSE for end April was 550 and we fell slightly short with a confirmed final figure of 585. We are on track to achieve the May target of 290 and our ambition remains to reach zero 78 week waiters by the end June to enable us to focus on the reduction in our 65 week waiters over 23/24 in line with national targets of zero by end March 24.

In Diagnostics, performance has improved from a peak in December 21 to the end of April position of 45.4% . The total waiting list size, 6+ waits and 13+ week waits continue to reduce. Improvement has been delivered by additional insourcing, increasing productivity and validation of the waiting lists.

Rating

Performance Overview (Responsive Cancer)

Domain	Key Performance Indicator	Target	Feb-23	Mar-23	Apr-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Responsive (Cancer)	2 Week Wait	93%	83.8%	79.6%		84.1%				Feb-23	COO
	62 Day Backlog	0	586	478	555	555				Feb-23	COO
	Cancer 62 Day	85%	36.5%	44.7%		42.7%				Feb-23	COO

Comments

Rating

In line with the national picture the Trust's position for cancer remains a challenge and will continue to do so whilst plans are implemented to address both pre-covid capacity gaps and post covid backlog recovery.

March 2023 saw improvements in 4 of the nationally reported standards. Indicative April figures for 31 Day 1st treatment (April = 89%) and 31 Day Subsequent Radiotherapy (April = 61.5%) build on March's improvement.

UHL started 2022/23 at 524 patients within the 62 day backlog, peaked 952 on 08/11/22 and then exited 2022/23 with 423 patients waiting longer than 62 days. This has deteriorated to 555 patients waiting through the cumulative effects of industrial action/Easter combining

UHL continues to work collaboratively with the ICS to ensure robust governance, patient pathways and capacity are in place to improve the LLR/Trust's position.

Performance Overview (Finance)

Domain	Key Performance Indicator	Target YTD	Feb-23	Mar-23	Apr-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Finance	Trust level control level performance	-£5.2m	-£0.8m	£7.1m	-£9.4m	-£9.4m				Jun-22	CFO
	Capital expenditure against plan	£3.7m	£12.4m	£43.3m	£2.0m	£2.0m				Jun-22	CFO
	Cost Improvement (Includes Productivity)	£1.4m	£5.4m	£5.9m	£2.3m	£2.3m				Sep-22	DQTEI
	Cashflow	No Target	-£0.9m	£32.2m	£-17.4m	£85.9m				Jun-22	CFO

Comments

Rating

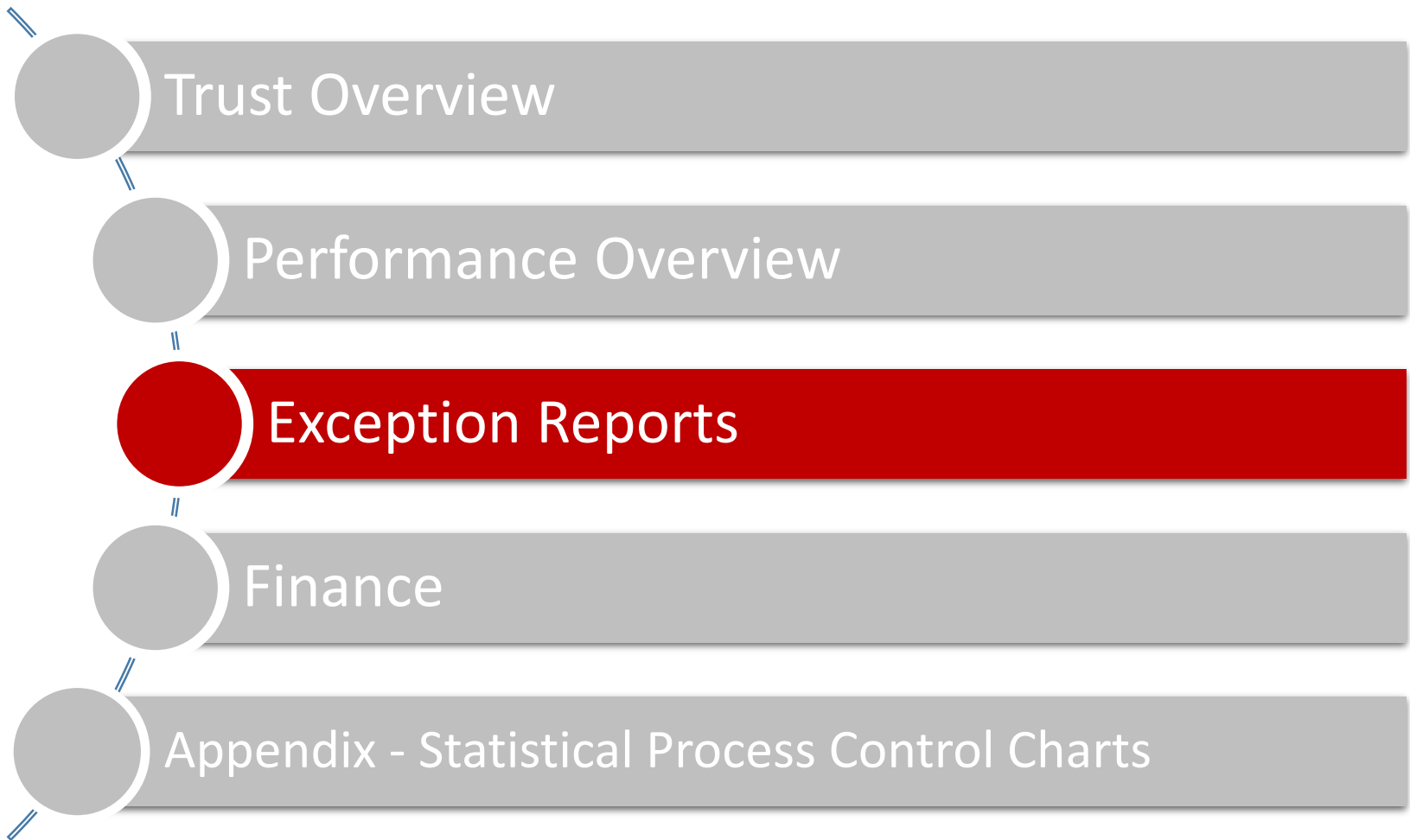
The Trust is reporting a year-to-date deficit at Month 1 of £9.4m which is £4.2m adverse to plan. The key drivers for this are:

- Lower inpatient and outpatients activity £1.8mA
- Impact of the industrial action £1.2mA
- High use of agency £1mA
- Other £0.2mA

The Trust has reported a year-to-date CIP delivery including productivity of £2.3m against a £1.4m CIP target.

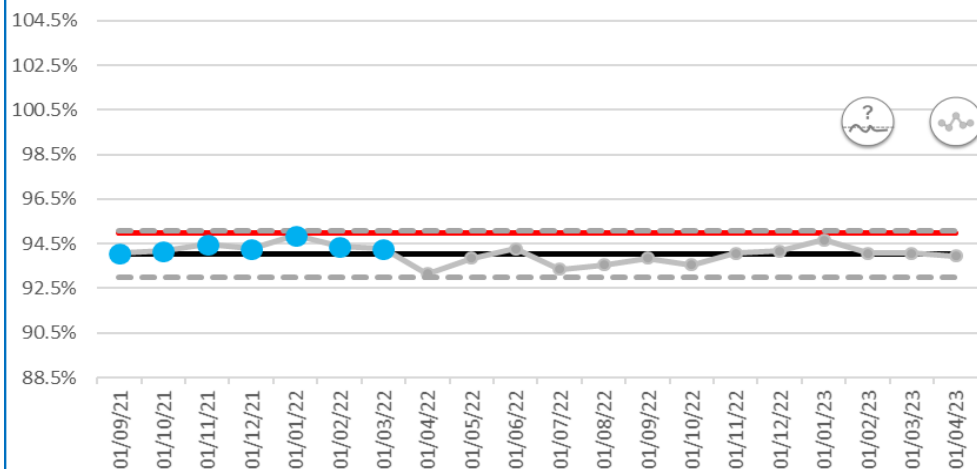
The Trust incurred capital expenditure of £1.9m in M1, which was £1.8m lower than the M1 plan of £3.7m, as a result of slippage against the elective hub expenditure profile. This will recover by the end of the first quarter.

The cash position at the end of April was £85.9m, representing a reduction of £17.4m in the month, which was £9.6m lower than had been forecast, largely due to acceleration of capital spend, as a consequence of the commitments made in March to deliver the 22/23 capital programme.



Caring – Outpatients Friends & Family Test

Outpatient F&F Test % Positive



Current Performance

Apr 23	YTD	Target
94%	94%	95%

Three Month Forecast

May 23	Jun 23	Jul 23
95%	95%	95%

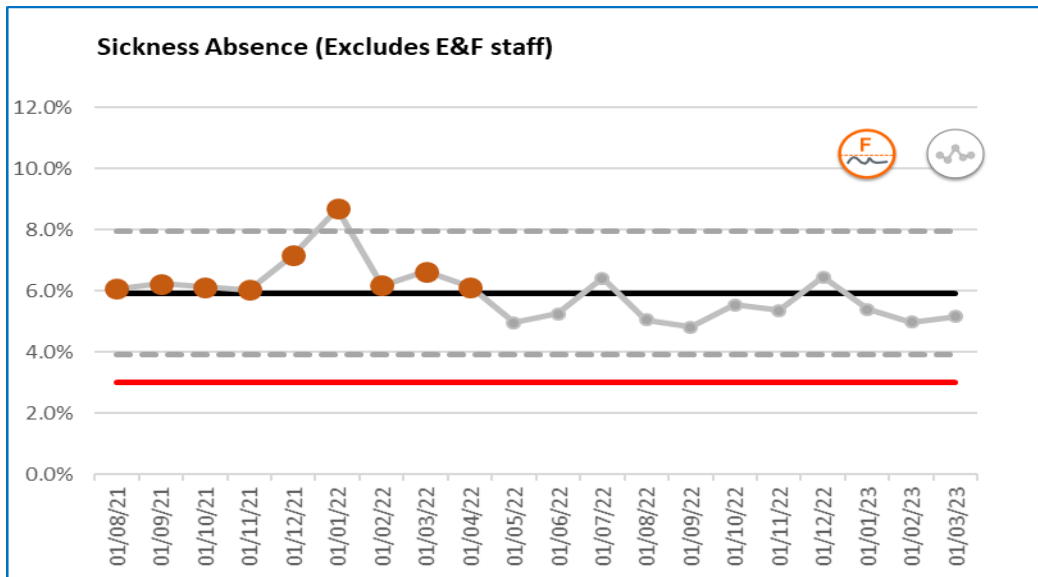
National Position & Overview

In February UHL ranked 8th out of 17 trusts in its peer group. The highest performing trust of the peer group achieved 99% whilst the lowest performance of the peer group was 87%. The median performance of the peer group was 94%.

The response rate target, for the forthcoming year, has been increased in April with an ambitious stretch target of 14% - previously this target has been set at 5%

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> YTD 95% positive has not been achieved since 2019-20. Stretch target set this year of 95% from 94% in 2022/23 The majority of feedback received in outpatients is via SMS text messaging Staff feel the waiting list backlog may be a contributory factor to the results 	<ul style="list-style-type: none"> Undertake a comment theming exercise and with a summary to be provided to the CMGs with suggestions for improvements. The FFT team to identify specific clinic codes with poor satisfaction scores To explore the SMS system and the use of this within the imaging departments to support increase in response rate Explore any additional methods of data collection across all the outpatient departments (additional IPADS, QR codes) 	<ul style="list-style-type: none"> CMG report progress to the patient experience team on exception reports/PIPEAC CMGs to respond to analysis and implement/monitor changes in Quarter one 2023-24 Feedback from the use of SMS in imaging departments to be available in Quarter 2 2023/2024 Analysis of additional methods to be reviewed in June 2023

Well Led – Sickness

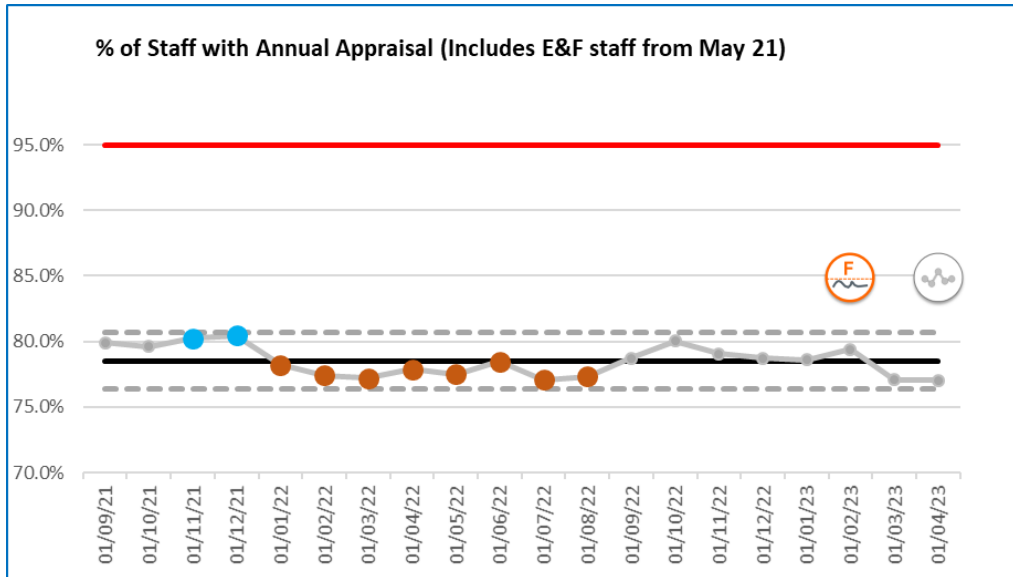


Current Performance			Three Month Forecast		
Mar 23	YTD	Target	Apr 23	May 23	Jun 23
5.2%	5.5%	3%	5.0%	4.9%	4.7%

National Position & Overview
Data Excludes Estates and Facilities staff. Peer data not currently available.
Last month we predicted an increase in sickness absence from 5.1% to 5.2% to take account of the impact of industrial action.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> In March 2023, we have seen a 0.1% increase in sickness absence overall. In our Clinical CMG's sickness absence has increased from 5.17% to 5.40%, and for the first time in the last year, sickness absence in the Corporate Directorates is below the Trust target at 2.96%. The top three reasons for sickness absence for year to date are 'other known causes' (24.38%), 'stress anxiety depression' (17.99%), and 'Cough, cold, flu' (7.76%). 'Covid-19 / infection precaution' absences have reduced further from 5.46% in February to 4.42% in March. 	<ul style="list-style-type: none"> The winter the approach to managing sickness absence, whereby has changed to supporting colleagues' wellbeing aligned to a 'just and restorative' approach, and empowering managers to make person-centred decisions, in a compassionate and inclusive way has been extended to 30 June 2023. Feedback has been sought from key stakeholders on the Trust approach to Sickness Absence management, and will shape the new policy from July 2023. The focus remains on reviewing and supporting colleagues on long term sickness absence (10+ and 6+ months). 	<ul style="list-style-type: none"> The focus on supporting colleagues with Long Covid related, has seen a reduction in these absences. The indicative trajectory has been revised, and will be kept under review to take account of the prevalence of COVID-19 and the impact of industrial action across health services and other sectors.

Well Led – Appraisals



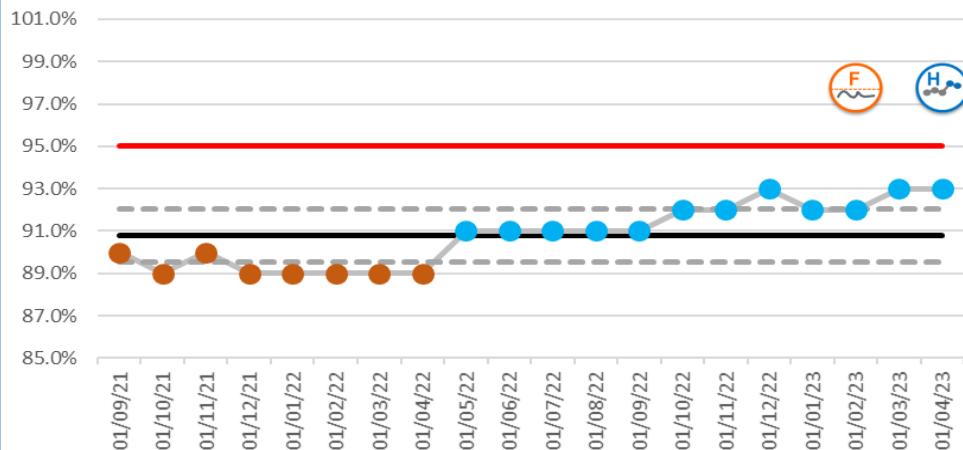
Current Performance			Three Month Forecast		
Apr 23	YTD	Target	May 23	Jun 23	Jul 23
77.0%	77.0%	95%	78%	79%	80%

National Position & Overview
Peer data not currently available.
The month of April has been impacted by industrial action and bank holidays, however we have maintained our Appraisal performance.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> 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. It is recognised that performance in April may have been impacted by industrial action and the need to reduce management time. 	<ul style="list-style-type: none"> A review of UHL data capture in comparison to other organisations is being carried out, to resolve the issue of the recording discrepancy 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. Regular team meetings with relevant line managers are taking place to review appraisal performance and any additional support required. 	<ul style="list-style-type: none"> 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

Statutory and Mandatory Training



Current Performance

Apr 23	YTD	Target	Three Month Forecast		
93%	93%	95%	May 23	Jun 23	Jul 23
93%	93%	95%	93%	93%	94%

National Position & Overview

Peer data not available.

Root Cause

- 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 and demands

Actions

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 & around 10,000 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. Targeted reminders to specific areas and CMGs will continue.

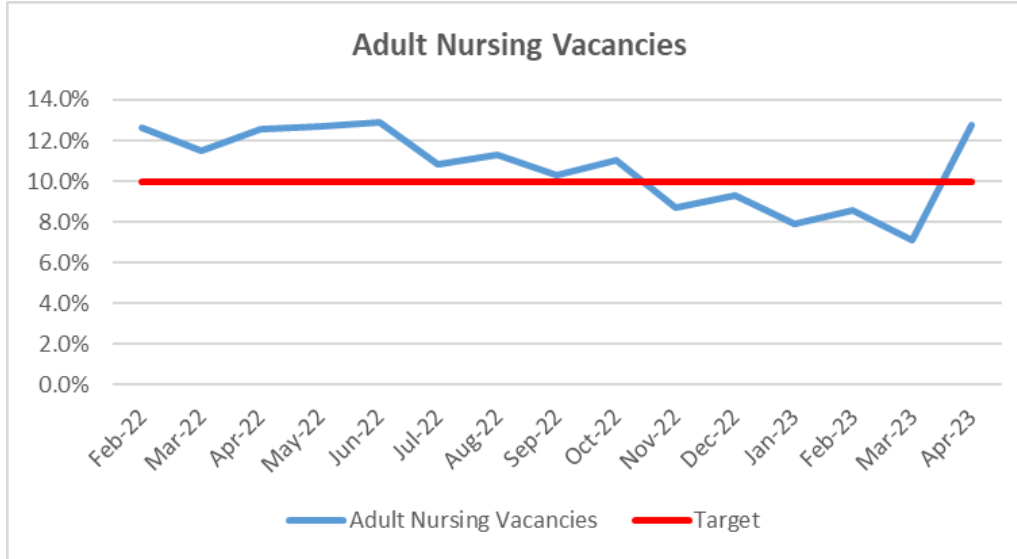
Impact/Timescale

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 Q4 of the financial year has been implemented with renewed chasing on non-compliance and organisational support.

Review of ESR and HELM data alignment is ongoing.

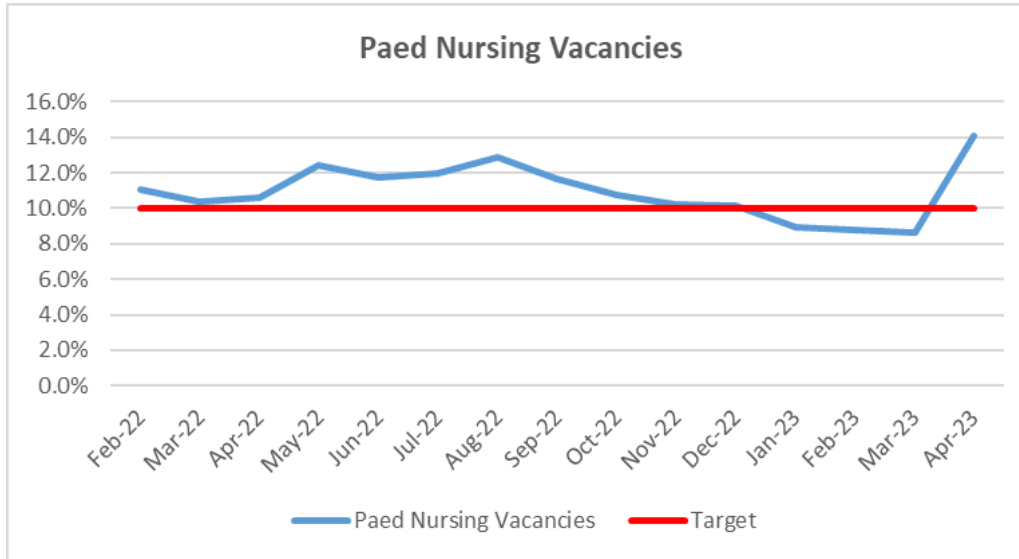
Well Led – Adult Nursing Vacancies



Current Performance			Three Month Forecast		
Apr 23	YTD	Target	May 23	Jun 23	Jul 23
12.8%	12.8%	10%			
National Position & Overview					

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> Uplift in nursing establishments linked to safe staffing where funding is phased over the next three years, the Elective Hub, Ambulance handover/UEC schemes and other approved investments The number of RN leavers in April was 25wte International nurse recruitment is buoyant with 75 candidates arriving in March .The vacancy rate for RNs (adult and child) in March 2023 was 7.1% (the lowest recorded rates in the last 24 months) and annual turnover of RNs in March 2023 was 5.46% (reduction of 0.07 compared with February 2023) high level of confidence that we can recruit to new posts / vacancies 	<ul style="list-style-type: none"> To align finance and workforce data when remaining uplifts to RN establishments are enacted Continue with International Nurse recruitment over the next six months with an equal focus on domestic recruitment from local universities 	<ul style="list-style-type: none"> Alignment of data by 30th May 2023 April to December 2023 expected arrivals for internationally educated nurses will be 320 (350 up until the end of March 2024)

Well Led – Paed Nursing Vacancies

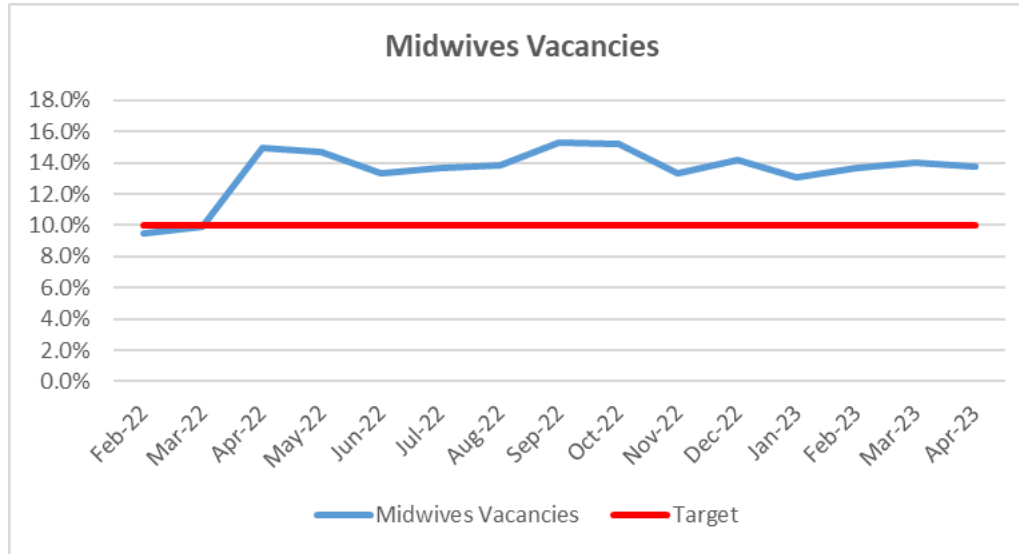


Current Performance			Three Month Forecast		
Apr 23	YTD	Target	May 23	Jun 23	Jul 23
14.1%	14.1%	10%			

National Position & Overview					

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> Uplift in nursing establishments from establishment reviews and business cases The number of RN (child) was 3wte with a 10.61 vacancy rate in March 2023 Increase focus on recruiting Internationally Educated Nurses (child) to vacancies in Childrens services (including ED) 	<ul style="list-style-type: none"> To align finance and workforce data when remaining uplifts to RN establishments are enacted Continue with International Nurse recruitment over the next six months with an equal focus on domestic recruitment from local universities 	<ul style="list-style-type: none"> Alignment of data by 30th May 2023 June to December 2023 we are expecting 20 internationally educated nurses who will undertake the OSCE for Childrens NMC registration

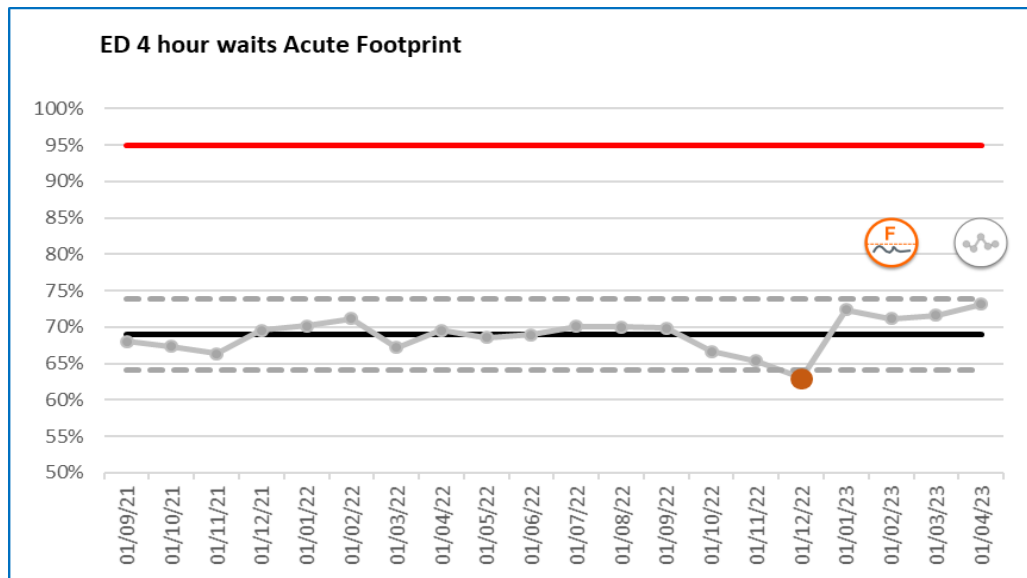
Well Led – Midwives Vacancies



Current Performance			Three Month Forecast		
Apr 23	YTD	Target	May 23	Jun 23	Jul 23
13.7%	13.7%	10%			
National Position & Overview					
Vacancy rate overall remained steady since Nov '22 with slight improvement seen in April.					
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
<ul style="list-style-type: none"> Ongoing challenges across maternity services due to previous underinvestment in workforce. Previous use of safe staffing tools to understand and meet establishment requirements UHL themes: reasons for leaving include relocation, promotion 	<ul style="list-style-type: none"> Rolling Advert (4weekly) with interviews Separate advert for UK and international midwives 10 International midwives now in post (6 with NMC pin and 4 on the OSCE pathway) Recruitment, Retention, and Pastoral Team (x 3 Midwives) in post and working on retention strategies with workforce, such as promotion of flexible working, 'Stay' interviews and 'Value your views' interviews Birth Rate Plus Workforce Assessment commenced (anticipated timeline 2 months for completion) Targeted recruitment underway –Advanced Clinical Practitioners, Quality Improvement Matrons and specific telephone triage advert due to go live Maternity Services Coordinators interviews have taken place and offered to successful candidates filling 5.33wte out of 9 wte vacancy Strengthened midwifery leadership to support development opportunities of midwives-career pathways for all bands being developed Attendance at Midlands Midwifery Festival May 2023 with recruitment stand, had positive conversations with students and 2 planned interviews for bank midwives Newly formed MW/MSW Workforce Planning Working Group established, meeting fortnightly 	<ul style="list-style-type: none"> 4 additional International Recruits due to start July 2023 with 2 pending for September 14 Interviews scheduled for April 2023 To agree priorities and develop workforce plan for 2023/2024 (Draft Plan expected June 2023) JD and PS agreed and advert to be released imminently for Telephone Triage posts to support the Single Point of Contact SPOC

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

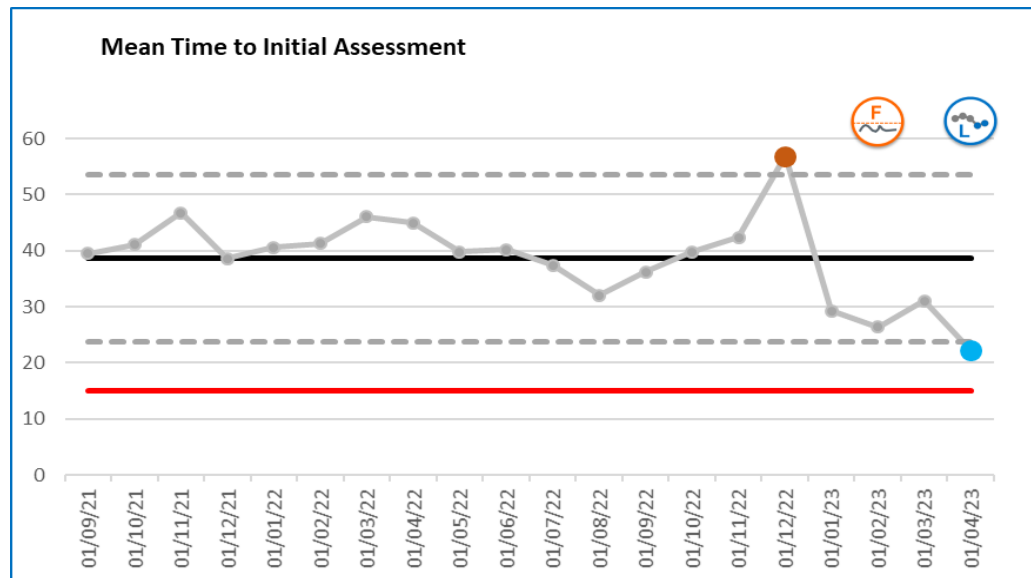


Current Performance			Three Month Forecast		
Apr 23	YTD	Target	May 23	Jun 23	Jul 23
73.2%	73.2%	95%			

National Position & Overview
<p>In April, UHL ranked 68th out of 111 Acute Trusts. The National average in England was 74.6%. Only 1 out of the 111 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 79.2% and the worst value was 67.0%.</p>

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> Crowding in ED due to chronic and sustained lack of flow High Inflow of particularly in walk-in impacting on ambulance arrivals UHL bed occupancy >92% 	<ul style="list-style-type: none"> Focus on non admitted breaches with twilight flow co-ordinator presence Daily breach validation Additional evening / overnight slots in community Review of imaging delays Extension of discharge lounge at LRI (move of physio therapy) Extension of GPAU (Dermatology move) 	<ul style="list-style-type: none"> In place In place June 2023 July 2023 Commenced and will complete October 23 September 2023

Responsive (Emergency Care) – Mean Time to Initial Assessment

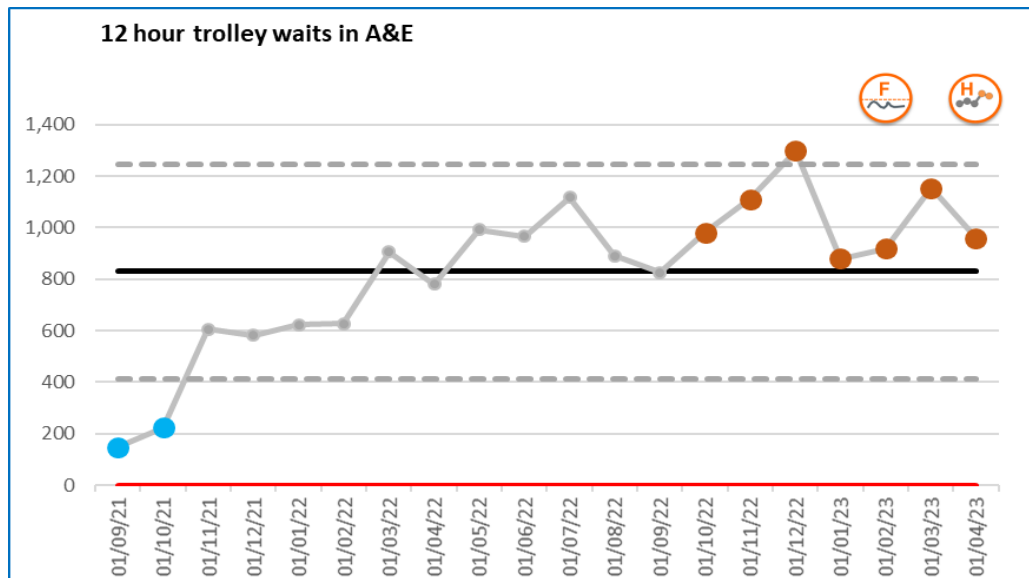


Current Performance			Three Month Forecast		
Apr 23	YTD	Target	May 23	Jun 23	Jul 23
22.2	22.2	15			

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"> 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 	<ul style="list-style-type: none"> 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

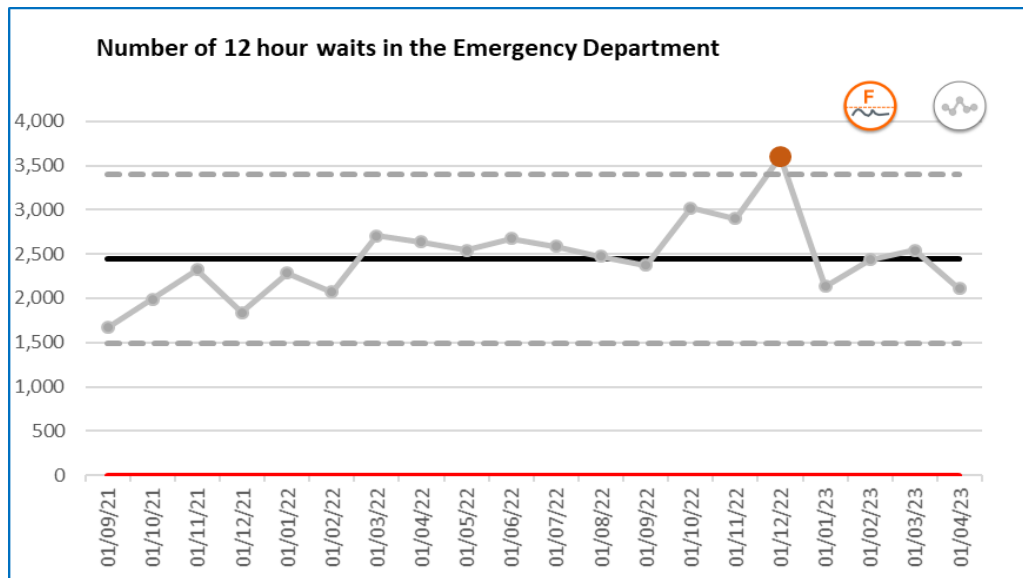


Current Performance			Three Month Forecast		
Apr 23	YTD	Target	May 23	Jun 23	Jul 23
960	960	0			

National Position & Overview	
<p>In April, UHL ranked 121th out of 123 Major A&E NHS Trusts. 17 out of the 123 Trusts achieved the target. The best value nationally was 0 and the worst value was 1,058. UHL ranked 17th out of 18 trusts in its peer group.</p>	

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 / using the discharge lounge overnight 	<ul style="list-style-type: none"> Medical in reach in place 24/7 Focused work on flow through the hospital to include board rounds, criteria led discharge, TTO's further review required as impact of schemes is not resulting in improving performance ED 	<ul style="list-style-type: none"> In place June 2023 Commence surveys and design on wards at GH – January – April and May 2023

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

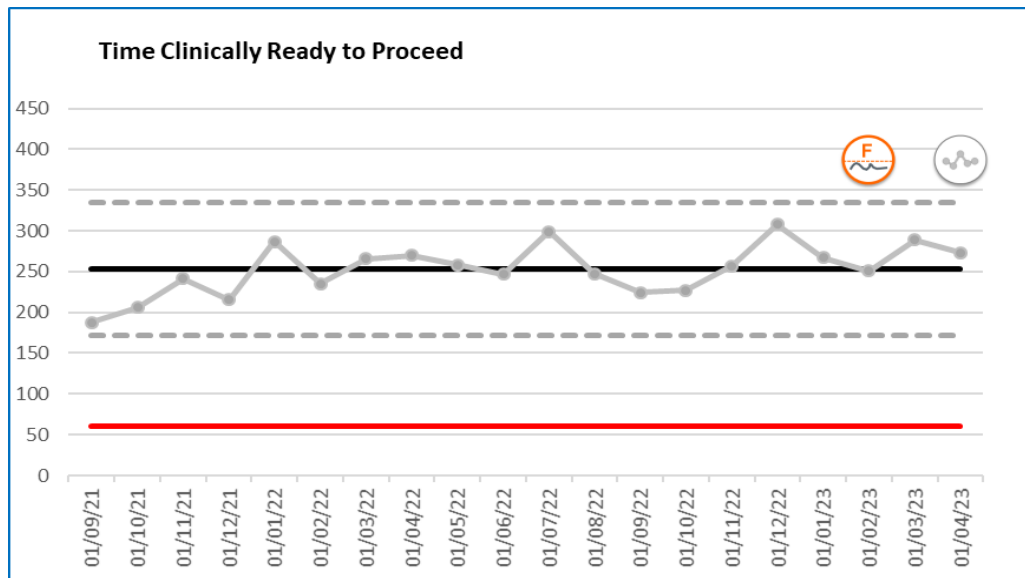


Current Performance			Three Month Forecast		
Apr 23	YTD	Target	May 23	Jun 23	Jul 23
2,107	2,107	0			

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 Overcrowding in ED result in long waits to see a doctor 	<ul style="list-style-type: none"> Medical in reach in place 24/7 Focused work on flow through the hospital to include board rounds, criteria led discharge, TTO's further review required as impact of schemes is not resulting in improving performance Complete BC for wards at GH 	<ul style="list-style-type: none"> In place In place Opened pre-transfer hub May 2023

Responsive (Emergency Care) – Time Clinically Ready to Proceed

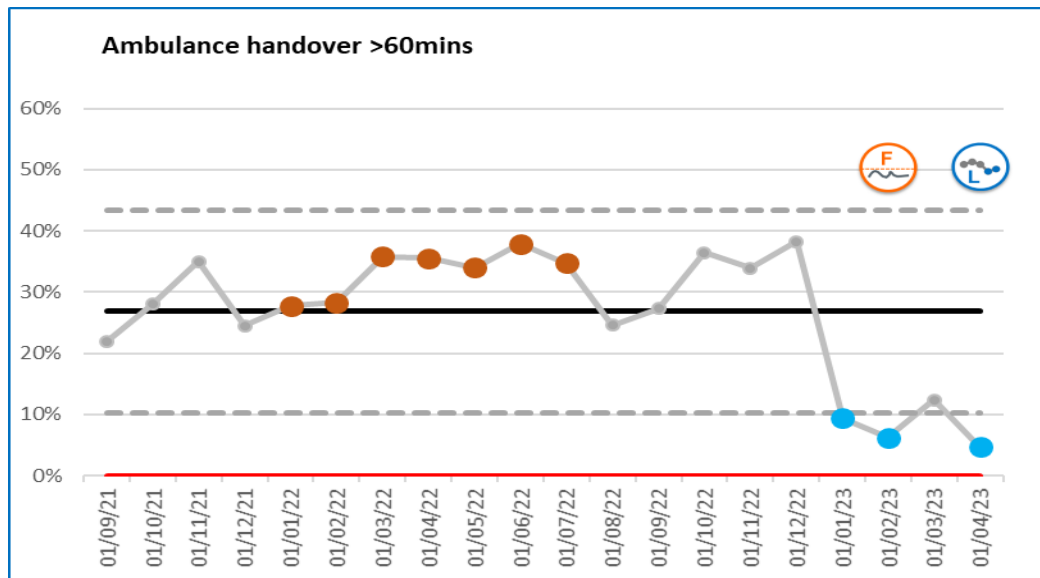


Current Performance			Three Month Forecast		
Apr 23	YTD	Target	May 23	Jun 23	Jul 23
273	273	60			

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

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> Bed occupancy > 85% 14% less G&A beds than average 	<ul style="list-style-type: none"> Embed E-Referrals Embed Interprofessional standards 	<ul style="list-style-type: none"> Full action plan in place Monitoring taking place via CMG PRM's

Responsive (Emergency Care) – Ambulance Handovers >60 Mins

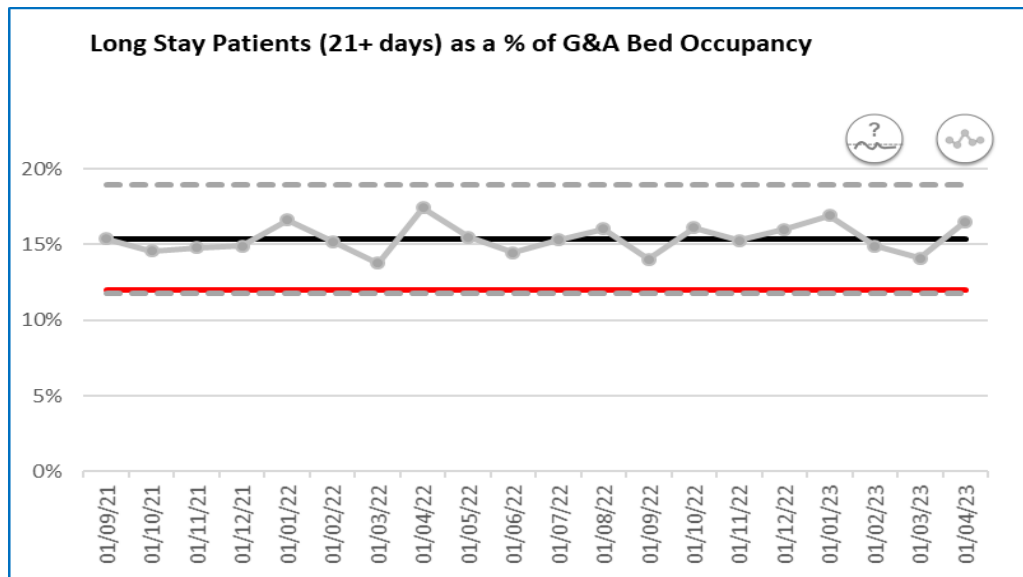


Current Performance			Three Month Forecast		
Apr 23	YTD	Target	May 23	Jun 23	Jul 23
4.7%	4.7%	0%			

National Position & Overview	
LRI ranked 9 th out of 23 sites last month (source EMAS monthly report) and saw a significant improvement in the percentage of handovers over 60 minutes.	

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 Sick patients walking in due to inability to get an ambulance 	<ul style="list-style-type: none"> 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 Complete business case for new wards at GH 	<ul style="list-style-type: none"> In place In place Ongoing – daily / weekly monitoring April 2023 June 2023 May 2023

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

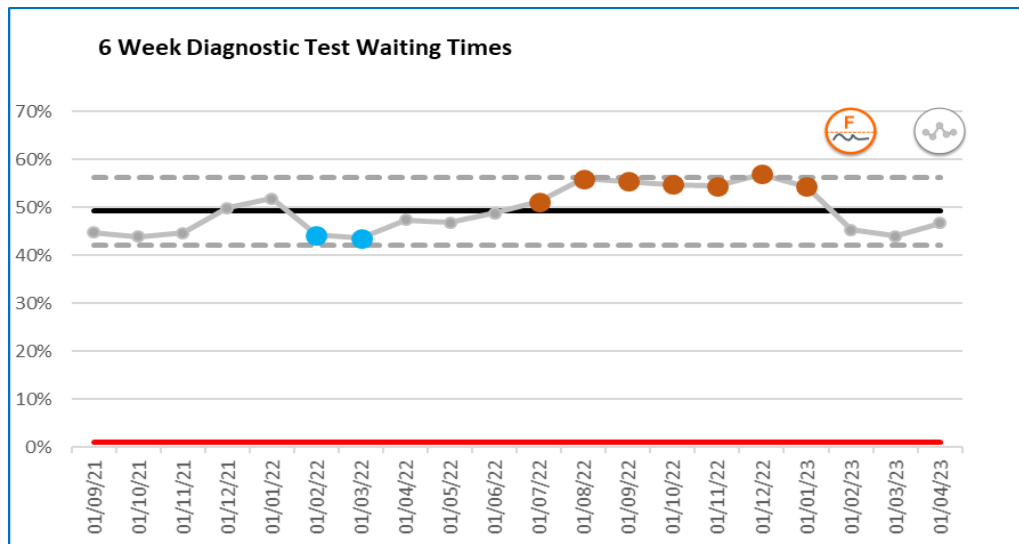


Current Performance			Three Month Forecast		
Apr 23	YTD	Target	May 23	Jun 23	Jul 23
16.5%	16.5%	12%	15%	14%	13%

National Position & Overview
<p>UHL is ranked 12th out of 20 trusts in the Midlands for the % beds occupied by Long Stay (21+ Day) patients (for the w/c 24/04/23).</p> <ul style="list-style-type: none"> • 42 (244) Patients (17%) are receiving appropriate care/ treatment on a neuro rehabilitation or brain injury pathway or on an Intensive care Unit or Infectious Diseases Unit. • 60 Patients (25%) are medically optimised for discharge with no acute medical reason to stay .

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> • Circa 143 Complex Medically optimized for discharge patients of which 60 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. 	<p>Continue to work with health and social care system partners during May to:</p> <ul style="list-style-type: none"> • Work with LPT to pre-book Community hospital transfers. • Pilot new SOP for transfer to LPT CV4 beds • Expand the 'HART pilot' converting P2 to P1 discharges and commence a similar pilot for City patients <p>Work with CMG's to:</p> <ul style="list-style-type: none"> • Reduce 'lost' discharge outcomes. • Re-establish IDT hub and partnership working environment. Commence weekly face to face huddles 	<ul style="list-style-type: none"> • Aim to reduce number of MOFD patients waiting for discharge in UHL beds. • Reduce daily 'lost discharges' • Increase numbers of patients discharged on a Pathway 1.

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

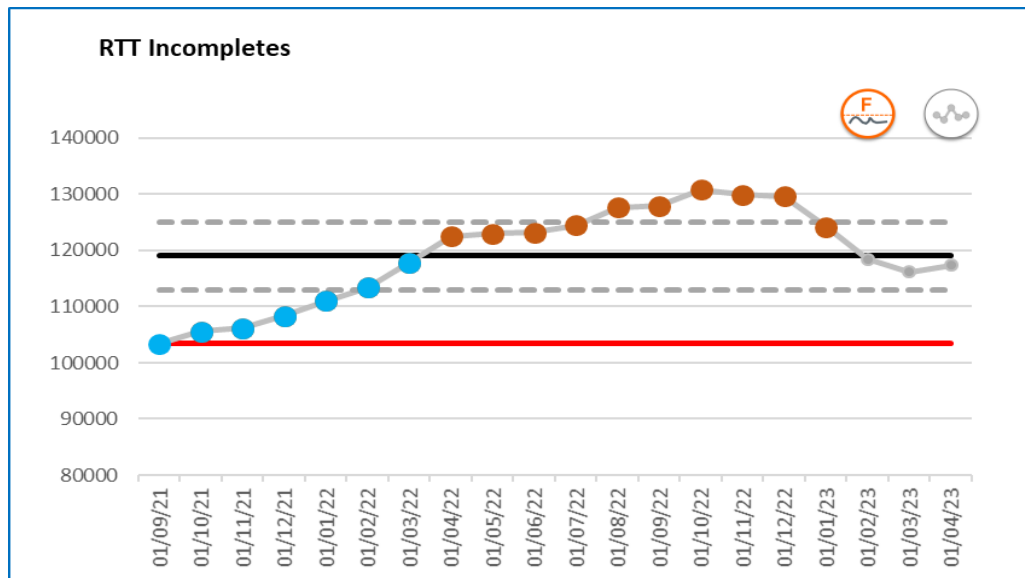


Current Performance			Three Month Forecast		
Apr 23	YTD	Target	May 23	Jun 23	Jul 23
45.4%	45.4%	1.0%	N/A	N/A	N/A

National Position & Overview
Published National data at the end of March 23 shows 1.6m on the diagnostic waiting list. UHL with 35,031 (last month 37,060) are ranked as the 5 th highest waiting list (last month 3 rd). Performance has improved from a peak in December 21 to the end of April position of 45.4%. The total waiting list size, 6+ waits and 13+ week waits continue to reduce. Improvement has been delivered by additional insourcing, increasing productivity and validation of the waiting lists.

Root Cause	Actions	Impact/Timescale
<p>Diagnostics pressure areas are in the main:</p> <ul style="list-style-type: none"> Echo Urodynamics Non-obstetric ultrasound Endoscopy <p>Root cause</p> <ul style="list-style-type: none"> Clinical workforce – national shortage Admin recruitment Pressures from cancer pathways Emergency demand impacting on elective capacity 	<p>Insourcing:</p> <ul style="list-style-type: none"> ECHO and NOUs in January. in place Modular Endoscopy case approved by FIC March 23. Contract to be issued by 01/06/2023 <p>Productivity:</p> <ul style="list-style-type: none"> Concurrent running of Echo rooms for inpatient scanning in place. Endoscopy booking outsourcing model expect patients to be booked from 05/06 Productivity plan to be established over next 8 weeks <p>Validation:</p> <ul style="list-style-type: none"> Endoscopy – clinical validation in place. 20% removal rate. ECHO – clinical validation in place. NOUS – 5% removal rate using AccuRX . Rolled out to DEXA. 	<ul style="list-style-type: none"> The key actions that were set out in late December early January have been actioned and will continue into 23/24. Significant reduction in long waits evidenced in NOUS, Echo and DEXA. Risk remains around complex imaging(MRI and CT) however 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. 6/7 modalities will deliver based on the assumptions made. Nous achieves 70% based on current interventions.

Responsive (Elective Care) – RTT Incompletes

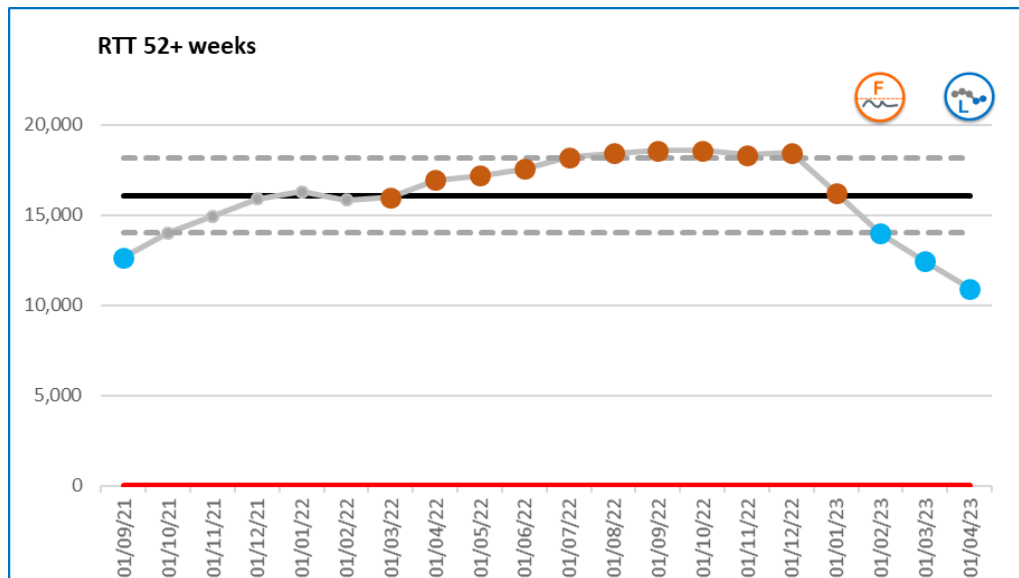


Current Performance			Three Month Forecast		
Apr 23	YTD	Target	May 23	Jun 23	Jul 23
117,318	-	103,403			

National Position & Overview
<p>At the end of March, UHL ranked 15th out of 18 trusts in its peer group with a total waiting list size of 116,180 patients. The best value out of the 18 Peer Trusts was 67,588, the worst value was 204,201 and the median value was 86,080. (Source: NHSE published monthly report)</p>

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Elective Care Strategy developed with eight key Elective Recovery Interventions aligned to the National Elective Recovery Framework. Validation plan has been developed and is underway to ensure a 'clean waiting' list is in place. Demand and Capacity modelling being 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. 	<ul style="list-style-type: none"> Various actions as part of eight interventions. Key for UHL include a programme on: Productivity and releasing constraints, Validation and Use of the Independent Sector. Key deliverables are identified in year 1, 2 and 3 of the programme. RTT team had closed over 13,000 pathways by the end of April 23. Pathways closed using AccuRX technology have also resulted in the closure of a further 13,000 pathways. D&C due to produce refreshed report end of May 23. First draft completed and signed off by requisite governance groups end April/early May 23. Consistent application of waiting times management

Responsive (Elective Care) – RTT 52+ Weeks

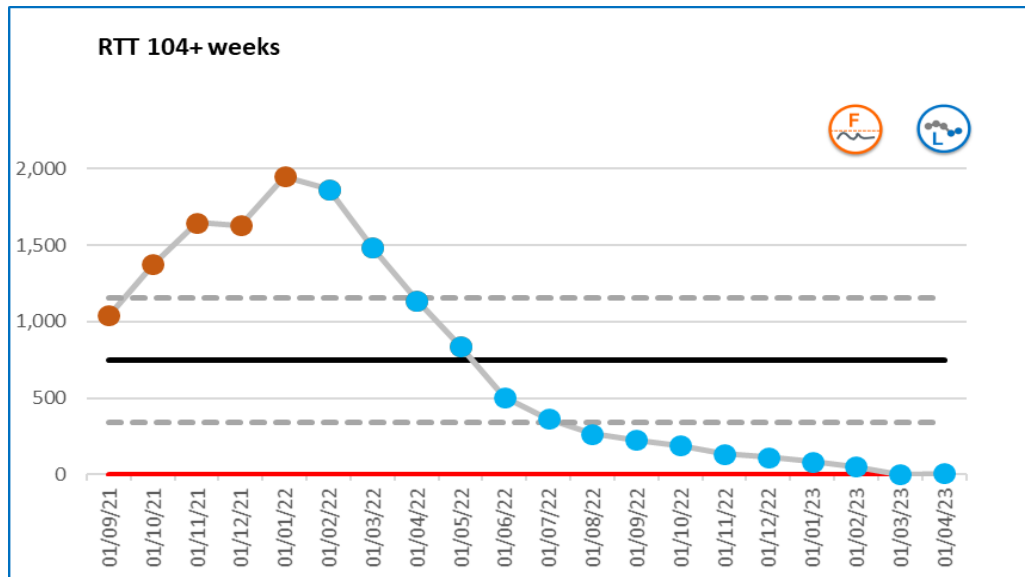


Current Performance			Three Month Forecast		
Apr 23	YTD	Target	May 23	Jun 23	Jul 23
10,916	-	0			

National Position & Overview	
<p>At the end of March, UHL ranked 16th out of 18 trusts in its peer group with 12,431 patients waiting over 52+ weeks. The best value out of the 18 Peer Trusts was 791, the worst value was 27,322 and the median value was 3,910. (Source: NHSE published monthly report)</p>	

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Increase numbers sent to Nuffield IS provider and BMI Park Establish future mutual aid requirements to get to 78-week position and then 65 weeks for March 24. Mutual aid requests to be submitted on DMAS (Digital Mutual Aid System) Contract in place with Trentcliffs IS provider for General Surgery, Bariatric and Urology. Recruitment plan in place for ITAPS Admin workforce plan in development. Agreement with IS providers to transfer whole pathway (from first OPA to surgery) Validation plan Focus on 65 and 52 week waiter cohorts in line with plan to reach zero 65 ww by March 2024. 	<ul style="list-style-type: none"> Fortnightly meeting in place to monitor performance. Reduction in elective backlog. 1 admitted patient, and 4 cohorts of non admitted full pathways have been uploaded onto DMAS. This equates to 231 patients with 75 offers of support made and accepted. Ongoing improving position from December 22. Reduction in admin vacancies. Impact is improved administrative processes leading to improved o/p and theatre productivity, reduced patient DNAs and OTDCs. Reducing backlog - over 500 patients have been sent to the IS since December. Ensuring clean waiting list. 98% of patients waiting over 52 weeks have been validated within the last 12 weeks. Impact shown in reduction of those waiting over 52 weeks.

Responsive (Elective Care) – RTT 104+ Weeks



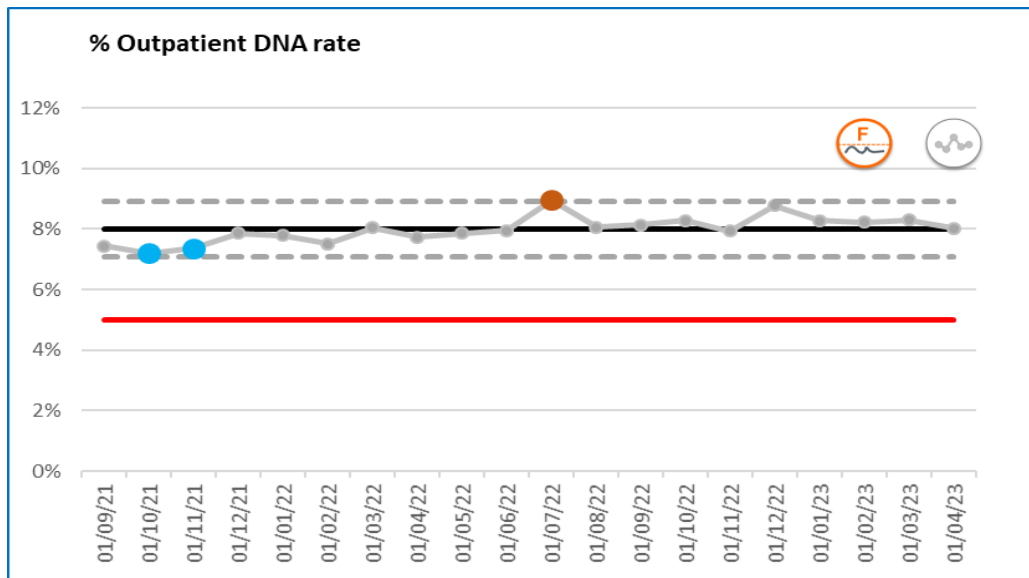
Current Performance			Three Month Forecast		
Apr 23	YTD	Target	May 23	Jun 23	Jul 23
7	-	0			

National Position & Overview

At the end of March, UHL ranked 6th out of 18 trusts in its peer group with 2 patients waiting 104+ weeks. The best value out of the 18 Peer Trusts was 0, the worst value was 56 and the median value was 3. (Source: NHSE published monthly report)

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> Impact of COVID-19 on elective backlog and increasing demand. Significant operational pressures due to the emergency demand ,UHL consistently at OPEL 4 impacting on elective operating Theatre capacity which has been available has been used for clinical priority, cancer patients, and P2's Workforce challenges in anaesthetics leading to cancellations of theatre lists Admin workforce challenges across a range of posts, particularly band 2 impacting on ability to book patients 	<ul style="list-style-type: none"> Weekly meetings in place with CMGs to go through individual plans for those patients at risk of being/or at 104, to ensure route to zero by the end of March. Daily monitoring of long waiters on PTL Twice weekly updates and request for prioritised attention sent to CMGs throughout April. RCA and Clinical Harm Reviews are completed for each 104 week wait. 	<ul style="list-style-type: none"> Plan to be at zero 104 weeks by end of March. Forecast 2 waiters at end of March due to impact of March industrial action. Forecast position was achieved. At the end of April there were 7 104 breaches – these were a combination of complex, patient choice and unwell patients. Forecast for end of May is 1 patient who has a TCI date early June. Close monitoring of the 104 position remains in place to ensure minimal breaches. Completion of RCA and Clinical Harm Reviews ensures learning to prevent future breaches and that patient safety is actively assessed and monitored.

Responsive (Elective Care) – Outpatient DNA Rate



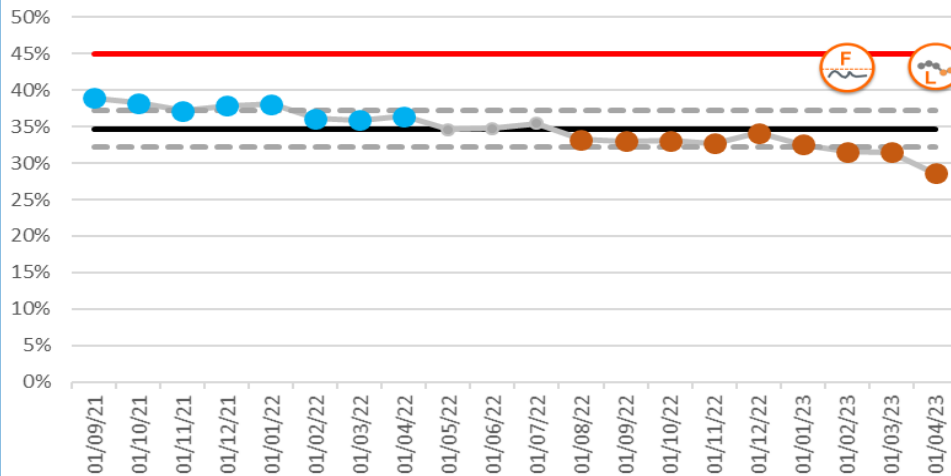
Current Performance			Three Month Forecast		
Apr 23	YTD	Target	May 23	Jun 23	Jul 23
8.0%	8.0%	5.0%	7.9%	7.8%	7.7%

National Position & Overview
UHL compares better than its peers for the current financial year, 8.1% compared to 8.6% (data for April 22 to January 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
<ol style="list-style-type: none"> 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"> 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 AccuRx to send additional reminders to patients. Booking Centre are making additional calls to 'Health Inequalities' cohort 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

% Outpatient Non Face to Face



Current Performance

Apr 23	YTD	Target	Three Month Forecast		
May 23	Jun 23	Jul 23			
28.6%	28.6%	45.0%	28.8%	28.9%	29.0%

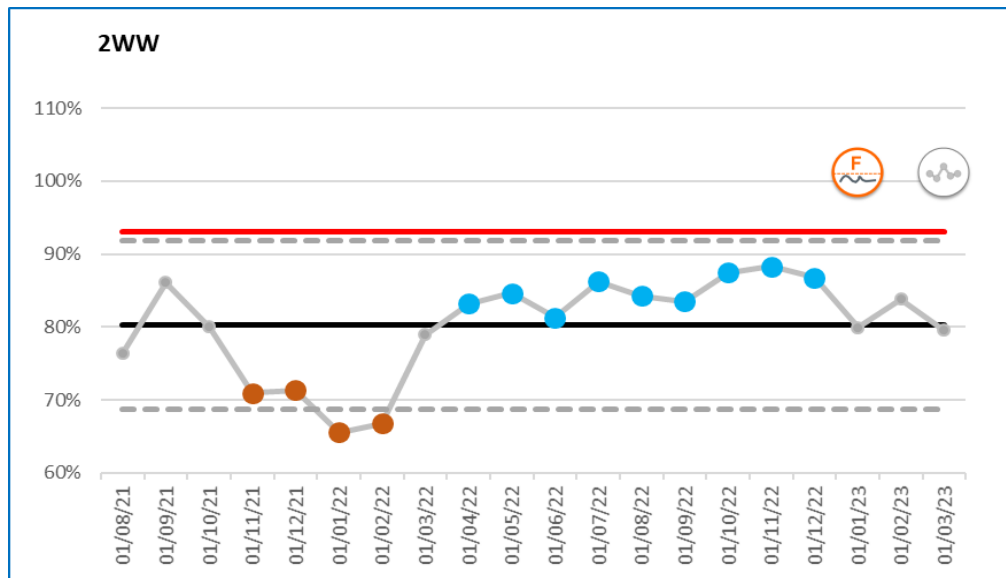
National Position & Overview

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 then non F2F. Attend Anywhere and AccuRx demos are being carried out and kit is being supplied to encourage video consultation as an alternative. Improve comms around the benefits of video consultation. 	<ul style="list-style-type: none"> All actions, plus others, are happening imminently to help increase the number of non F2F appointments. Historically virtual notes reviews have been recorded and submitted as Non F2F activity – we are no longer be submitting virtual notes review activity as this is classed as remote monitoring and this has reduced the Non Face to Face data even further from April 23.

Responsive Cancer – 2 Week Wait



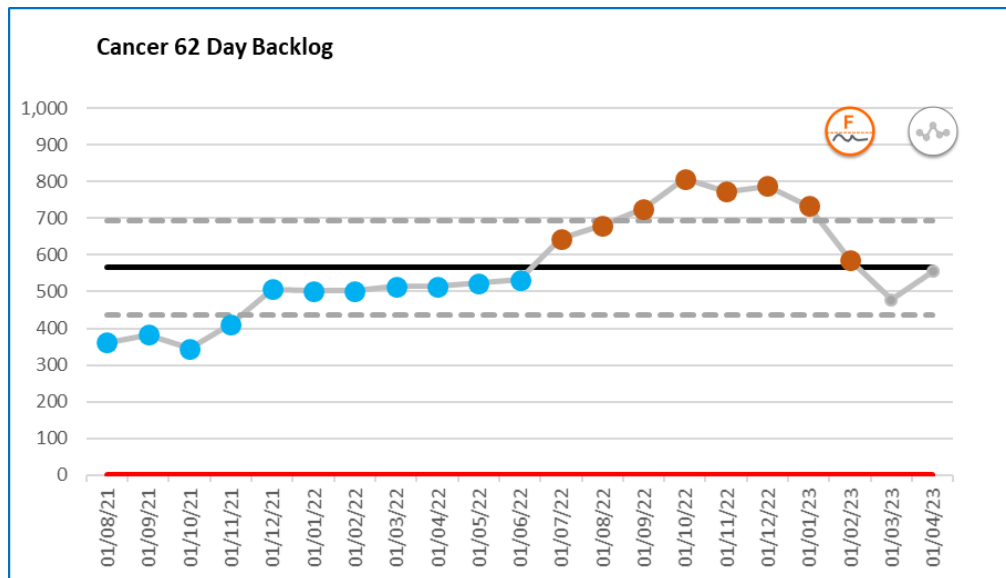
Current Performance			Three Month Forecast		
Mar 23	YTD	Target	Apr 23	May 23	Jun 23
79.6%	84.1%	93%			

National Position & Overview

In March, UHL ranked 101st out of 136 Acute Trusts. The National average was 83.9%. 45 out of the 136 Acute Trusts achieved the target. UHL ranked 14th out of the 18 UHL Peer Trusts. The best value within our peer group was 96.4%, the worst value was 56.0% and the median value was 85.5%.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> In March 2WW demand was 9.2% over 2022 equivalent level. Despite the pathway improvements the 2WW standard remains at risk due to the sustained increase in demand, predominately in out-patients and endoscopy and workforce challenges in both admin and clinical areas. 	<ul style="list-style-type: none"> LOGI 50+FIT pathway implemented 04/01/23 Non Site Specific Symptoms pathway implemented 04/01/23 Continuation of Breast pain pathway & insourcing of under 35s 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 	<ul style="list-style-type: none"> January – significant reduction in LOGI referrals evidenced January – significant diversion of other tumour site referrals expected immediate – increase in 2ww capacity February – Increase in FDS capacity May – Additional Urology 2ww capacity

Responsive Cancer – Cancer 62 Day Backlog



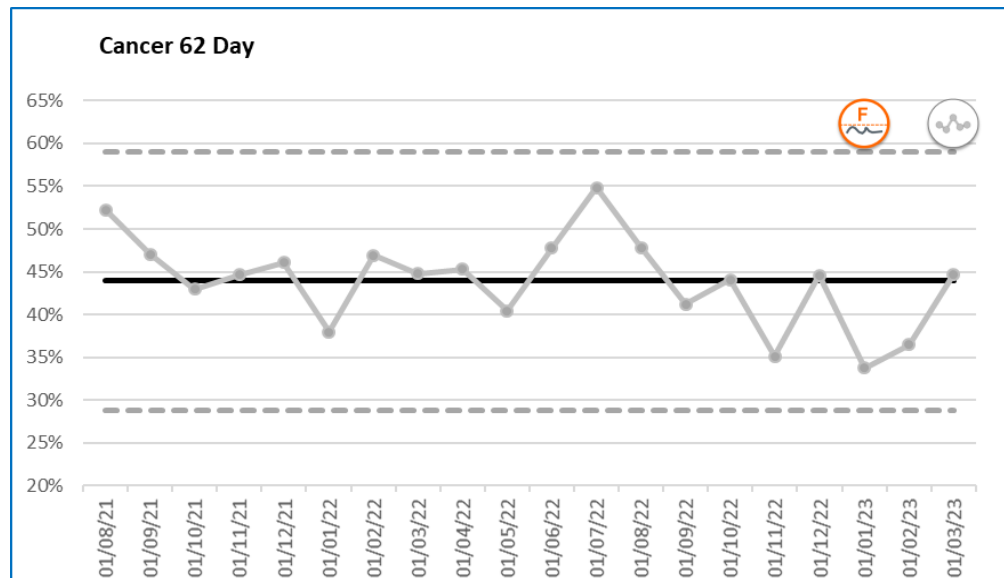
Current Performance			Three Month Forecast		
Apr 23	YTD	Target	May 23	Jun 23	Jul 23
555	555	450			

National Position & Overview

UHL is a Tier 1 trust in regards to 62 day backlog. UHL has 11.4% of PTL past 62 days, compared to a National average of 8.8%.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> 62 day and 104 day backlogs have stopped reducing as the impact of IA/Easter is felt. Urology remains the key area of concern, 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. 	<ul style="list-style-type: none"> Clinically prioritise all cancer patients Weekly PTL review meetings with >104 clinical review & adoption of the 'golden patient' 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 	<ul style="list-style-type: none"> Updated action plans by tumour site in progress IST support from 01/03/23 NSS/Pre-diagnosis CNS supporting patient engagement across all PTLs Key tumour sites ahead of trajectory.

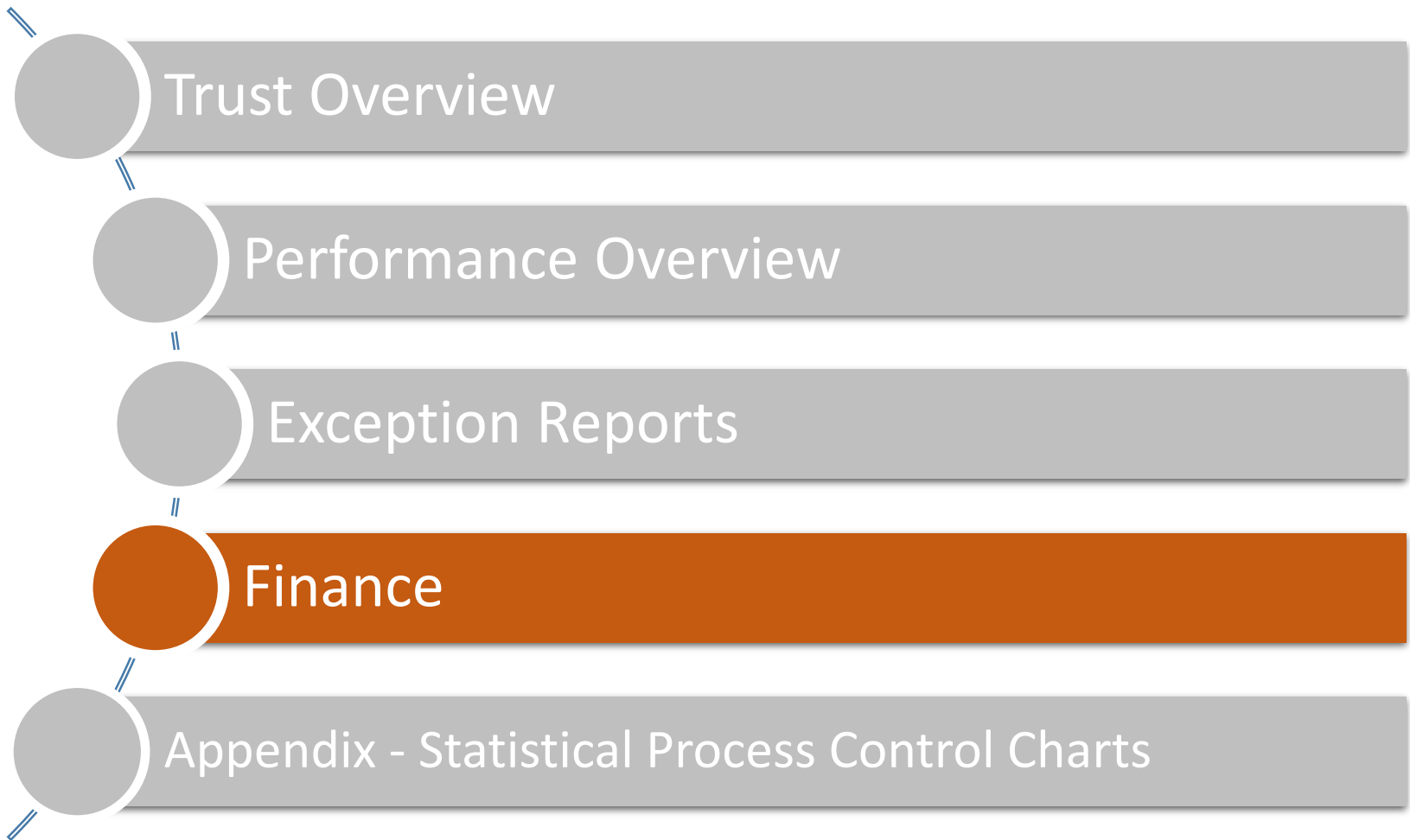
Responsive Cancer – Cancer 62 Day



Current Performance			Three Month Forecast		
Mar 23	YTD	Target	Apr 23	May 23	Jun 23
44.7%	42.7%	85%			

National Position & Overview	
<p>In March, UHL ranked 128th out of 135 Acute Trusts. The National average was 63.5%. 11 out of the 135 Acute Trusts achieved the target. UHL ranked 17th out of the 18 UHL Peer Trusts. The best value within our peer group was 76.5%, the worst value was 43.0% and the median value was 59.4%.</p>	

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Individual tumour site review of average time at each stage of the pathway. The initial data shows good FDS turnaround but delays in decision to treat and treatment timescales across multiple tumour sites. Bed capacity impact post reconfiguration has reduced on the day cancellations (particularly in LOGI, UPGI and Urology). Recruitment for Onc/Radth investment in progress



Single Oversight Framework – Month 1 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	M1 YTD Plan of £-5.2m	M1	-£9.4m	-£9.4m		CFO
		Capital expenditure against plan	M1 YTD Plan of £3.7m	M1	£2m	£2m		CFO

Summary Financial Position

	Apr-24			Annual Plan
	Plan	Actual	Variance to Plan	
	£'000	£'000	£'000	
NHS Patient-Rel Income	107,297	106,041	(1,256)	1,293,073
Other Operating Income	12,147	10,575	(1,572)	153,658
Total Income	119,444	116,616	(2,828)	1,446,731
Pay	(73,155)	(74,382)	(1,227)	(863,346)
Agency Pay	(2,263)	(3,244)	(981)	(25,623)
Non Pay	(43,166)	(42,550)	616	(495,106)
Total Costs	(118,584)	(120,176)	(1,592)	(1,384,075)
EBITDA	860	(3,560)	(4,420)	62,656
Non Operating Costs	(6,125)	(5,924)	201	(73,494)
Retained Surplus/(Deficit)	(5,265)	(9,484)	(4,219)	(10,838)
Donated Assets	70	103	33	836
Net Total Surplus/(Deficit)	(5,195)	(9,381)	(4,186)	(10,002)

Comments – YTD Variance to Plan

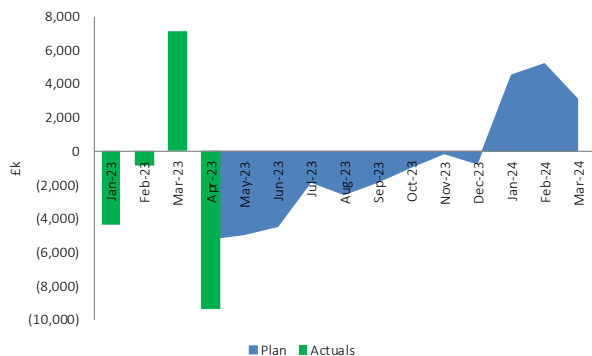
Total Income: £2.8mA: driven by lower activity in inpatient of £1mA and £0.8mA in outpatients offset by excluded drugs and devices £0.6mF. Other income is driven by reduced CSI income of £0.8mA. Research £0.5mA and CIP underperformance of £0.3mA.

Pay and Agency: £2.2mA is driven by industrial action impact of £1.2mA and high agency usage in mainly ESM £1.1mA.

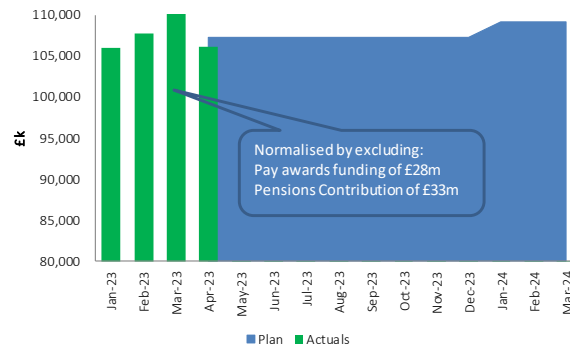
Non Pay: £0.6mF mainly from CIP overperformance of £1mF offset by excluded drugs and devices of £0.6mA.

Month 1 Dashboards

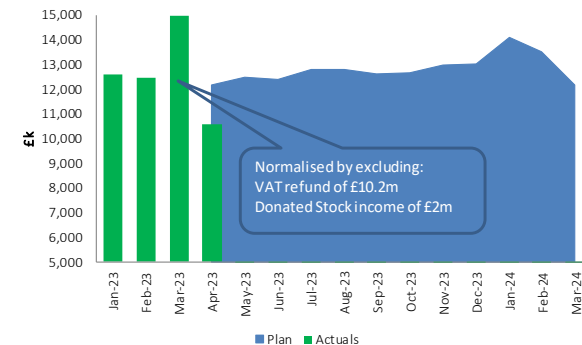
Monthly Surplus/(Deficit)



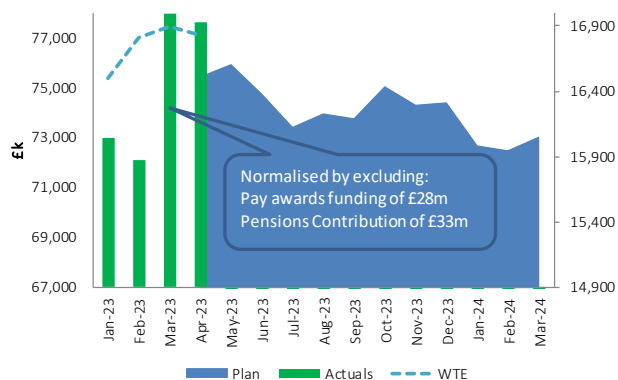
Monthly PCI Income



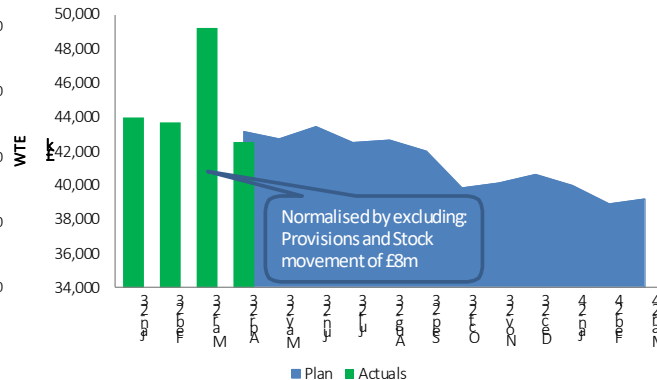
Monthly Other Income



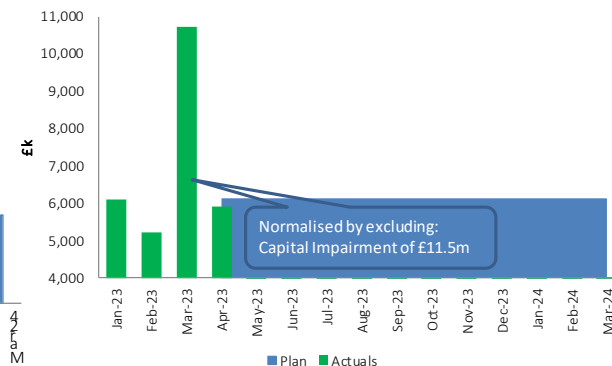
Monthly Substantive/Bank/Agency Pay



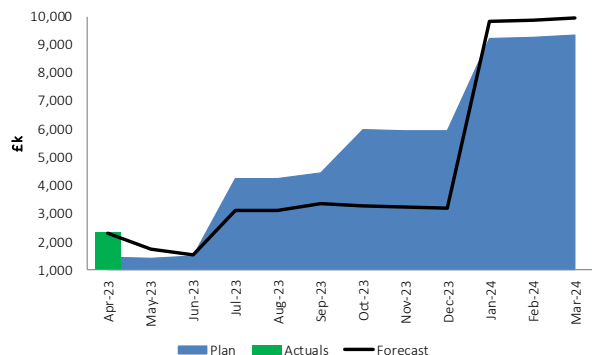
Monthly Non Pay



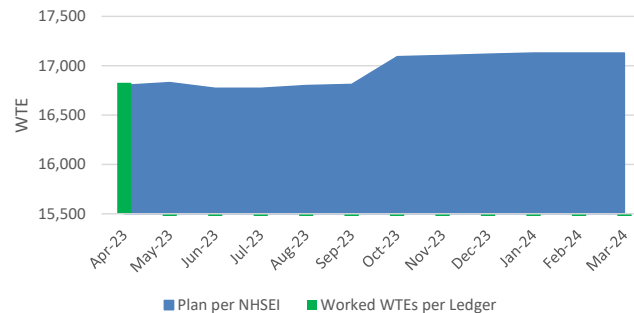
Monthly Non Ops



CIP Performance Inc Productivity

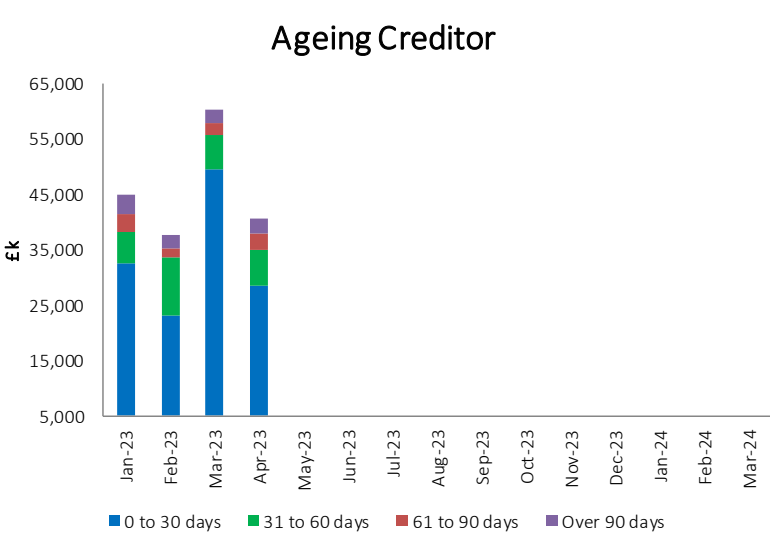
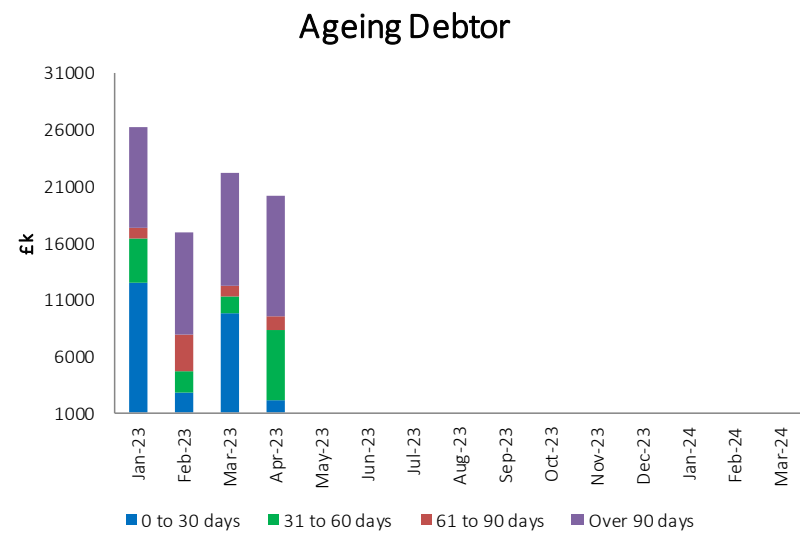
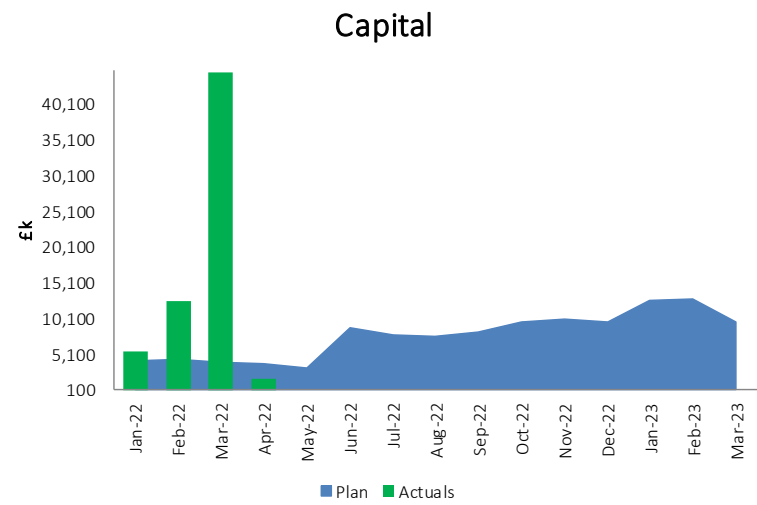
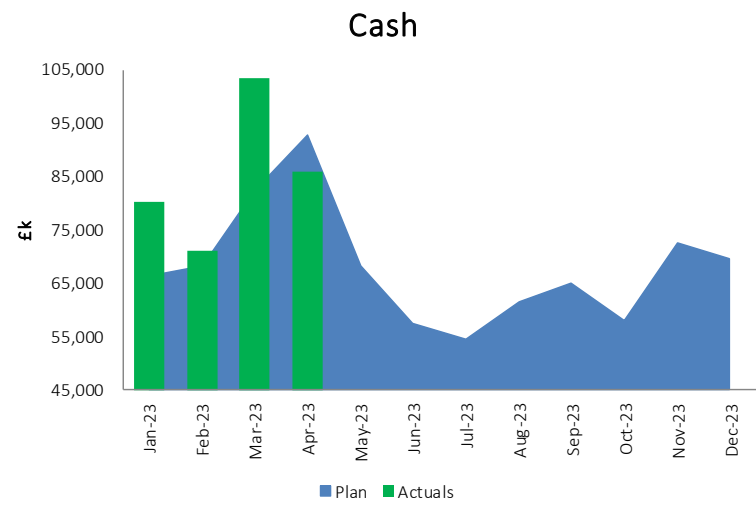


Worked WTEs vs NHSEI Workforce Plan



	In Month NHSEI Plan	In Month Worked	Increase in WTE
Substantive	15,545	15,147	(398)
Bank	844	1,134	289
Agency	412	548	136
Total WTE	16,802	16,829	27

Month 1 Dashboards



Statement of Financial Position

Statement of Financial Position	2023/24 M1 YTD			
	31-Mar-23	30-Apr-23	In Month Movement	YTD Movement
Non current assets	£000	£000		
Intangible assets	15,506	15,057	(449)	(449)
Property, plant and equipment	719,387	717,404	(1,982)	(1,982)
Other non-current assets	3,099	3,099	0	0
Total non-current assets	737,992	735,560	(2,432)	(2,432)
Current assets				
Inventories	22,663	23,104	441	441
Trade and other receivables	64,023	65,744	1,721	1,721
Cash and cash equivalents	103,344	85,948	(17,397)	(17,397)
Total current assets	190,030	174,795	(15,235)	(15,235)
Current liabilities				
Trade and other payables	(164,678)	(137,126)	27,552	27,552
Borrowings / leases	(7,895)	(8,121)	(226)	(226)
Accruals	(23,370)	(28,521)	(5,150)	(5,150)
Deferred income	(4,167)	(15,977)	(11,809)	(11,809)
Dividend payable	(391)	(2,900)	(2,509)	(2,509)
Provisions < 1 year	(13,014)	(12,612)	401	401
Total current liabilities	(213,516)	(205,257)	8,258	8,258
Net current assets / (liabilities)	(23,485)	(30,462)	(6,977)	(6,977)
Non-current liabilities				
Borrowings / leases	(33,847)	(33,923)	(75)	(75)
Provisions for liabilities & charges	(4,033)	(4,033)	0	0
Total non-current liabilities	(37,880)	(37,956)	(75)	(75)
Total assets employed	676,626	667,142	(9,484)	(9,484)
Public dividend capital	797,141	797,141	0	0
Revaluation reserve	201,349	201,349	0	0
Income and expenditure reserve	(321,864)	(331,348)	(9,484)	(9,484)
Total taxpayers equity	676,626	667,142	(9,484)	(9,484)

The Statement of Financial Position (SOF) as of 30 April 2023 is presented in the table opposite. The key movements are explained as follows:

- **Non-Current Assets** - PPE and intangibles reduced by £2.4m, as capex of £2.0m was offset by depreciation of £4.4m.
- **Trade and other receivables** remained at comparable levels to March, showing an increase of £1.7m. Sales ledger receivables and prepayments reduced by £2.3m and £0.5m respectively but were more than offset by an increase in accrued patient care income of £4.6m.
- **Cash Balances** – Cash balances reduced by £17.4m.
- **Trade and other payables and accruals** reduced by a net £22.4m, largely as a result of settlement of 22/23 year end revenue and capital payables, reflected in the increase in creditor cash payments shown in the cashflow statement.
- **PDC Dividend** – The increase of £2.5m reflects the accrual of the M1 PDC dividend payment which is in line with the 23/24 Plan.
- **Deferred Income** – increased by £11.8m, £8.6m of which is due HEE LDA Income deferral (cash received in April) and £1.6m attributable to deferral of elective activity payments (ie contract income performance was lower than SLA planned income received).
- **Income and Expenditure Reserve** – The I&E reserve contracted in line with the reported income and expenditure position by £9.5m.

Capital Programme

	Annual Plan	M1 Plan	Actual	Variance
		30/04/2023	30/04/2023	45,046
	YTD	YTD	YTD	YTD
	£'000	£'000	£'000	£'000
Gross capital expenditure including IFRS impact:	103,900	3,711	1,957	(1,753)
Less: Book value of asset disposals				
Less: Capital grants received				
Less: Capital donations received	(480)	0	(6)	(6)
Charge against the Capital Resource Limit (CRL) incl IFRS impact	103,420	3,711	1,951	(1,759)

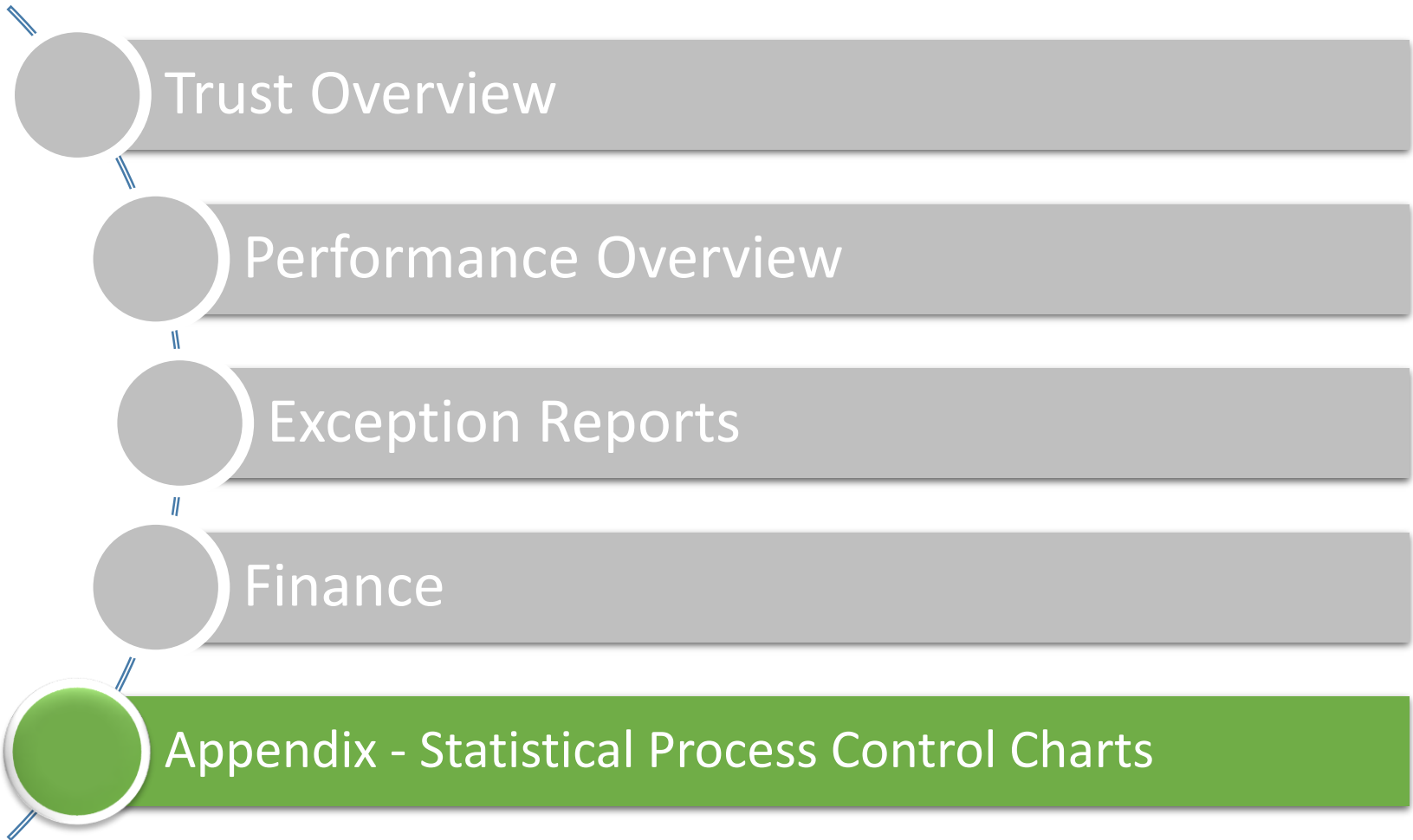
Area	Annual Plan £'000	M1 Plan £'000	Actual M1 £'000	Variance £'000
Reconfiguration	2,310	192	193	1
MEE	1,500	-	140	140
MES	3,729	-	-	-
MES Enabling	3,425	30	(0)	(30)
IM&T in eQuip	10,782	504	595	91
Estates and Facilities Backlog	5,000	167	0	(167)
Estates Projects	8,250	-	194	194
Elective Hub	19,874	2,180	349	(1,831)
Linear Accelerator	5,074	75	422	347
Health Education England	1,000	83	21	(62)
Contingency	1,016	-	-	-
Charitable Funds	480	42	40	(2)
CDC Hinckley	900	-	-	-
UEC - Modular	6,000	-	-	-
UES - Wards	24,500	-	-	-
Total Capital Programme exc Leases	93,840	3,274	1,953	(1,321)
Leases:IFRS16	3,355	280	4	(276)
Leases: Vanguard	6,705	157	-	(157)
Total Capital Programme inc Leases	103,900	3,711	1,957	(1,753)
Donated Income	(6)		(6)	(6)
Net CDEL	103,894	3,711	1,951	(1,759)

The Trust has approved the 23/24 capital plan at £103.9m. This is funded from £44.7m of internally generated funds, £10.1m of IFRS16 additions, £48.6m of planned PDC funding (Recon £1.1m, Elective Hub £16.2m, CDC Hinckley £900k and £30.5m of UEC modular/wards) and £0.5m of charitable funds.

In the month, expenditure incurred was £1.9m, mainly relating to:

- IM&T costs within EQUIP = £0.6m
- Linacc / Brachetherapy bunker - £0.4m
- The elective hub costs £0.3m
- Reconfiguration costs £0.2m
- CATs Machines - £0.1m
- Estates backlog - £0.1m
- Estates Other, including winter schemes - £0.1m

The year-to-date underspend of £1.9m against the agreed plan profile is mainly explained by slippage of the Elective Hub scheme, which should recover in Quarter 1. An additional MOU for fees to support increased room capacity has been agreed for £247k by the Endoscopy Capital Investment Panel. This will be added to the capital plan when it has been formally signed off.



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.

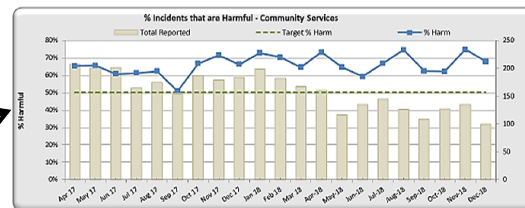
- Two horizontal lines either side of the Mean-(called the upper and lower control limits).

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

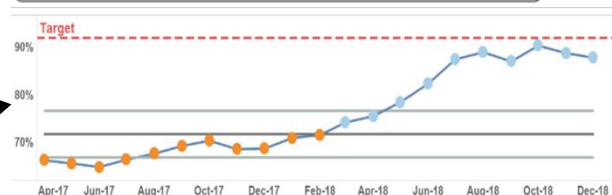
- A horizontal line showing the Target.

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)

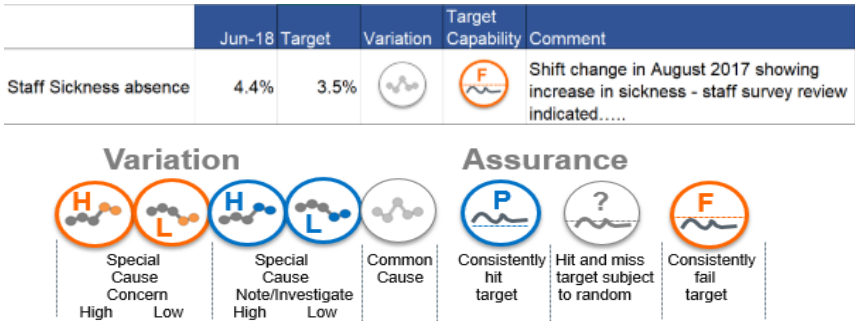
Normal variations in performance across time can occur randomly- without a direct cause, and should not be treated as a concern, or a sign of improvement, and is unlikely to require investigation unless one of the patterns defined below applies.

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



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.