

Meeting title:	Public Trust Board Public Trust Board paper E				
Date of the meeting:	10 August 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: June 2023

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

Emergency Care 	<p>In June, UHL ranked 62nd out of 125 Acute Trusts (based on the mapped acute footprint of each trust) against the 4-hour target. The National average in England was 73.3 %. 62 out of the 111 Acute Trusts achieved the target. UHL ranked 10th out of 18 trusts in its peer group. The best value out of the Peer Trusts was 80.8% and the worst value was 60.1%. Ambulance handovers performance continues to be strong even though we did see a slight deterioration in June due to essential works in the ED escalation unit, since this work has been completed performance has been strong.</p> <p>12 hour performance needs focus and an action plan is in place. UHL ranked 119th out of 123 Major A&E NHS Trusts. 22 out of the 123 Trusts achieved the target. The best value nationally was 0 and the worst value was 1,143. UHL ranked 16th out of 18 trusts in its peer group.</p>
Referral to Treatment 	<p>The overall picture for Elective Care is challenged, however we continue to progress the reduction of those patients waiting longest for definitive treatment. Having had 2 remaining patients over 104 weeks at the end of June, we are now reporting zero 104-week patients and are confident that position can be maintained. The 78-week position is still reducing, but did not reach zero at the end of June, primarily due to the impact of Industrial Action, with our trajectory for achieving zero now amended to September 23. UHL is part of the NHSE 'Further Faster' programme, taking part in the challenge of improving the elective recovery position sooner than the March 25 ambition of zero 52-week waiters.</p>
Outpatient Transformation 	<p>Waiting List Validation - UHL continues to validate its RTT waiting list using the Accurx platform. The last round of validation in May resulted in 2363 patients being removed from the waiting list</p> <p>Digital PIFU - 16 services are now actively using the Patient Initiated Contact module in Accurx at present.</p> <p>Outpatient DNAs - The Accurx 'Missed Appointment' florey was sent to all patients who DNAd their outpatient appointment from 1st – 22nd June. Approximately a third of the patients who replied did not know they had an appointment another third replied that they couldn't attend due to a mobility or medical issue. Further work is to be undertaken around the mobility or medical issues to explore what can be done to help accommodate these patients.</p> <p>Appointment & Procedure reminders - A number of services are now using Accurx for appointment and procedure reminders and confirmations.</p> <p>Clinical Questionnaires - There are now several clinical questionnaires available to services:</p> <p>Accurx supporting Cancer Services - Accurx is now supporting the Remote Monitoring Service in collecting information for personalised care plans and Holistic Needs Assessments. Teams are also using Accurx for PSA blood test reminders. Work is also underway with the Prostate Tumour team exploring where digital can support and improve the pathway increasing capacity.</p>
Cancer	<p>June saw an improvement in UHL's 62 backlog position after weathering the effects of the cumulative impact of industrial action, also seen across peer group trusts.</p>

	<p>With published Cancer metrics a month behind, May KPIs show an improvement in two of the four 31 Day measures (Subsequent surgery and drugs)</p> <p>Published May 2023 metrics saw improvements in four of the nationally reported standards and a reduction in our overall waiting list to 4,624 (09/07/23) from a high of 4,856 (21/11/22) with 10.5% of patients waiting over 62 days against an England average of 8.8%.</p> <p>For the Faster Diagnosis Standard (FDS), at 71.0%, performance improved in May and will again in June. UHL is ranked 10th in peer group and 71 out of 135 Acute Trusts an improvement of 17 places since last month. 49 Acute Trusts achieved the target. The National average was 71.3% (a slight increase of 0.2% since last month)</p>
<p>Activity</p> 	<p>Elective Admissions between April 2023 and June 2023 were 539 over plan (1.8%); Day Case activity was 705 over plan (2.8%) and Inpatient activity was 167 under plan (-3.5%). Non-Elective Admissions between April 2023 and June 2023 were 138 over plan (0.5%); Emergency activity was 328 over plan (1.4%) and Non-Elective activity was 190 under plan (-3.4%).</p> <p>Outpatient activity between April 2023 and June 2023 was 11,866 under plan (-4.6%). Total ED activity between April 2023 and June 2023 was 991 over plan (1.5%); Emergency Department (Type 1) activity was 682 over plan (1.1%) and Eye Casualty (Type 2) activity was 309 over plan (5.9%).</p>
<p>Quality</p> 	<p>The quality of care provided to patients in month remain strong with improvements seen in hospital acquired pressure ulcers and complaints timeliness. A never event was reported in month; immediate learning has taken place alongside duty of candour and support for colleagues involved. The safe surgery / procedure accreditation programme continues</p>
<p>Finance</p> 	<p>The Trust is reporting a year-to-date deficit at Month 3 of £21.9m which is £7.3m adverse to plan, principally due to the costs of industrial action and inflation being greater than plan assumptions. The Trust has reported a year-to-date CIP delivery including productivity of £6m against a £4.4m CIP target.</p> <p>The Trust incurred capital expenditure of £9.2m in quarter 1, which was £6.4m lower than the M3 year to date plan of £15.6m, as a result of slippage against the plan profile for East Midlands Planned Care Hub, UEC Wards, Linear Accelerator and IFRS 16.</p> <p>The cash position at the end of June was £81.8m, representing an increase of £10.3m in the month, due to timing differences.</p>
<p>Workforce</p> 	<p>There is an improved position for the majority of our vacancy KPIs with the exception of Paediatric Nurse vacancies.</p> <p>Recruitment and retention continue 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. Recent events have focused on catering, pharmacy, and healthcare support workers.</p> <p>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).</p> <p>The Trust's turnover rate for June 2023 has an improved position and is now sitting at 8%, falling a further 0.5% from the start of the financial year and sitting within the Trusts target of 10%.</p>

	<p>The percentage of staff who have received an annual appraisal has fallen slightly by 0.4% but remains an improved position from April 2023.</p> <p>Staff compliant with mandatory training topics has increased a further 1% from last month and is now sitting at 94% of the 95% target. This is encouraging against a backdrop of continued industrial action.</p> <p>KPIs continue to be monitored through Trust Performance Review meetings.</p>
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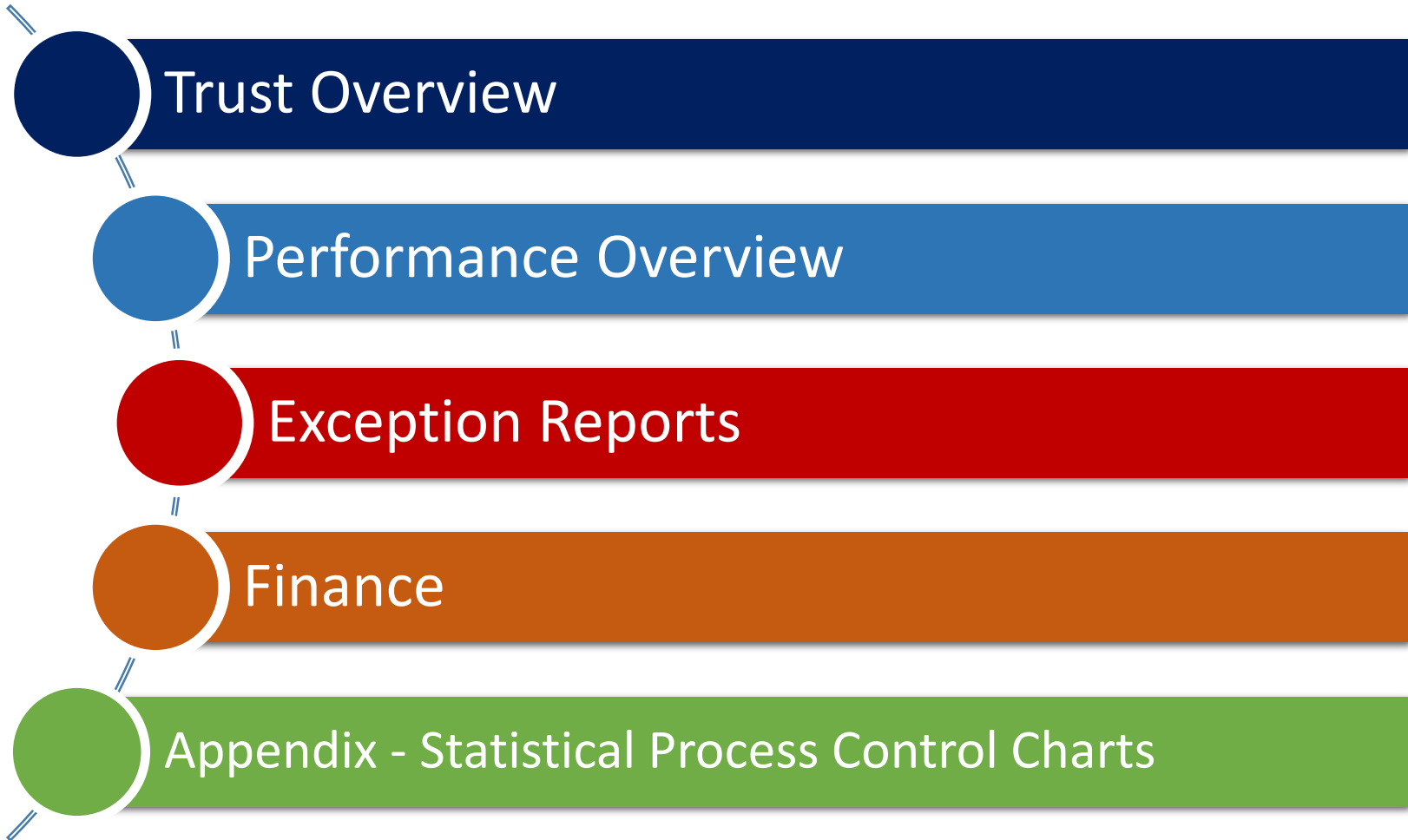
Supporting documentation

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

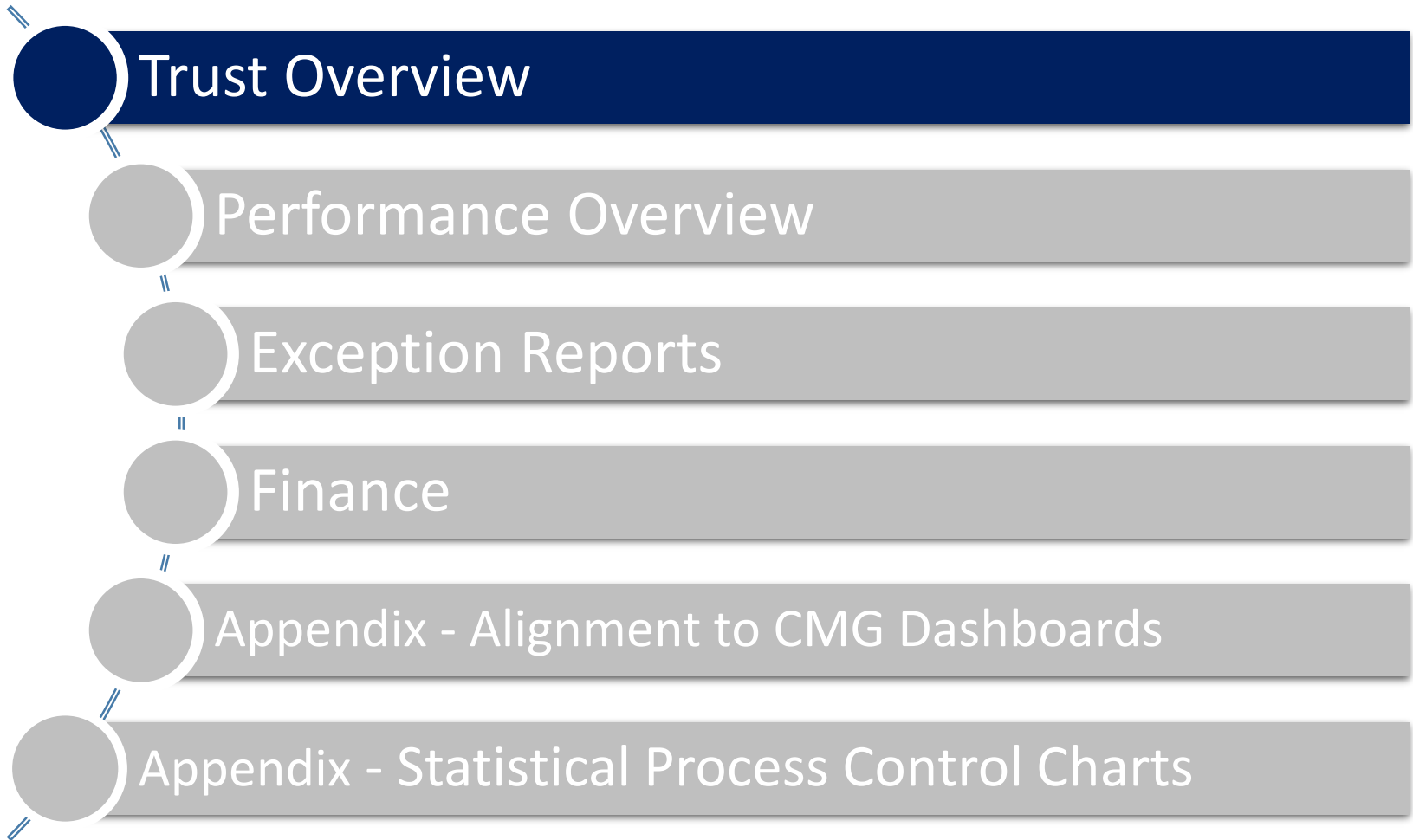
Integrated Performance Report

June 2023

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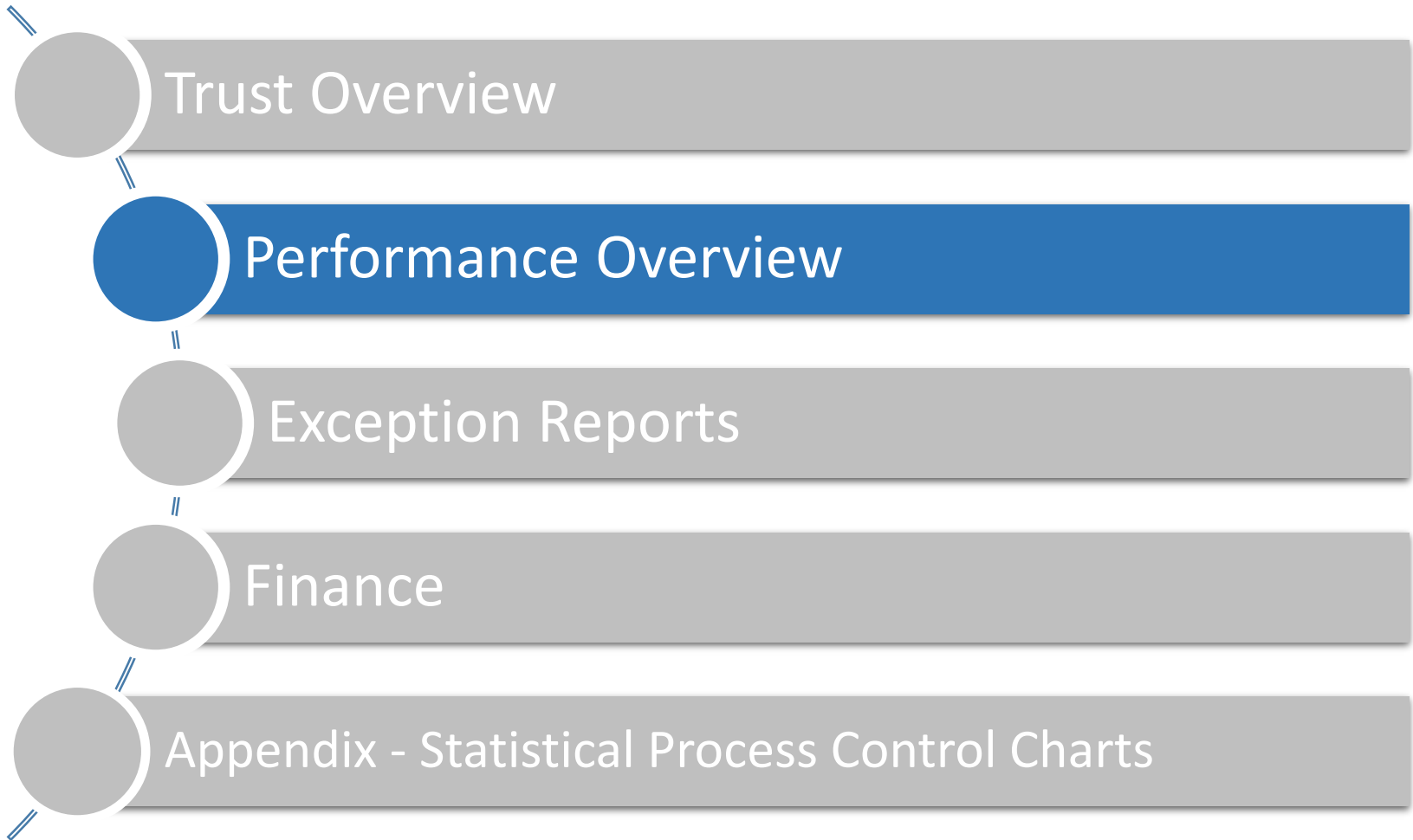


Trust Overview (Year to Date)









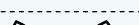












Safe	Caring	Well Led	Effective	Responsive Emergency Care	Responsive Elective Care	Responsive Cancer Care
Never Events	Inpatient and Day Case F&F Test % Positive	Staff Survey Recommend for Treatment	Mortality Published SHMI	ED 4 Hour Waits Acute Footprint	RTT Incompletes	2WW
% of all Adults VTE Risk Assessment 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 52+ Weeks	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 104+ Weeks	62 Day
Clostridium Difficile	Outpatient F&F Test % Positive	% of Staff with Annual Appraisal (Excludes E&F staff)		Time Clinically Ready to Proceed	6 Week Diagnostic	
MRSA Total		Statutory and Mandatory Training		Ambulance Handover > 60 mins	% Operations Cancelled On the Day	
E. Coli Bacteraemias Acute		Nursing Vacancies		Long Stay Patients > 21 days	% Outpatient DNA Rate	
MSSA Acute					% Outpatient Non Face to Face	
All Falls Reported per 1000 Bed Days						
HAPU - All categories						

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	RTT Incompletes	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 52+ Weeks	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 104+ Weeks	62 Day
Clostridium Difficile	Outpatient F&F Test % Positive	% of Staff with Annual Appraisal (Excludes E&F staff)		Time Clinically Ready to Proceed	6 Week Diagnostic	
MRSA Total		Statutory and Mandatory Training		Ambulance Handover > 60 mins	% Operations Cancelled On the Day	
E. Coli Bacteraemias Acute		Nursing Vacancies		Long Stay Patients > 21 days	% Outpatient DNA Rate	
MSSA Acute					% Outpatient Non Face to Face	
All Falls Reported per 1000 Bed Days						
HAPU - All categories						



Performance Overview (Safe)

Domain	Key Performance Indicator	Target	Apr-23	May-23	Jun-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Safe	Never events	0	0	0	1	1				Nov-22	MD
	% of all adults Venous Thromboembolism Risk Assessment on Admission	95%	97.1%	97.1%	97.3%	97.2%				Oct-21	MD
	% of 3rd & 4th Degree Perineal Tears	3.5%	3.2%	3.7%	3.5%	3.5%				Aug-22	CN
	Clostridium Difficile	92	10	14	9	33				Jun-21	CN
	Methicillin Resistant Staphylococcus Aureus Total	0	0	0	0	0				Jun-21	CN
	E. Coli Bacteraemias Acute	129	11	11	12	34				Jun-21	CN
	Methicillin-susceptible Staphylococcus Aureus Acute*	40	3	1	3	7				Jun-21	CN

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



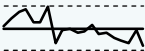


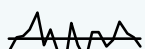



Comments

One never event was reported in month; immediate learning has taken place alongside duty of candour and support for colleagues involved.

C Diff rates have reduced in month but remain above the regional trajectory. E. Coli bloodstream infections remain stable but just above the 10.75 cases per month trajectory. TIPAC are overseeing the plan to reduce hospital acquired infection.

Rating

Performance Overview (Safe)

Domain	Key Performance Indicator	Target	Apr-23	May-23	Jun-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Safe	All falls reported per 1000 bed days	5.5	3.7	3.1		3.4				Aug-22	CN
	Rate of Moderate harm and above Falls Patient Safety Incidents with finally approved status per 1,000 bed days	0.19	0.10	0.07		0.08				Aug-22	CN
	Hospital Acquired Pressure Ulcers - All categories	120	130	176	111	417				Jun-21	CN

Comments

Hospital acquired pressure ulcers have reduced in month following the significant number of actions taken in June. We continue to monitor this via the harm free care group.

Rating

Performance Overview (Caring)






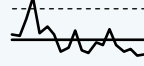


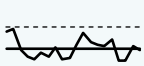


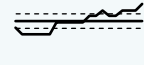
Domain	Key Performance Indicator	Target	Apr-23	May-23	Jun-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Caring	Single Sex Breaches		6	18	10	24				Jul-22	CN
	Inpatient and Day Case Friends & Family Test % Positive*	95%	98%	97%	98%	98%				Jul-22	CN
	A&E Friends & Family Test % Positive**	77%	86%	79%	83%	83%				Jul-22	CN
	Maternity Friends & Family Test % Positive*	91%	96%	95%	96%	96%				Jul-22	CN
	Outpatient Friends & Family Test % Positive	95%	94%	94%	95%	94%				Jul-22	CN
	% Complaints Responded to in Agreed Timeframe - 10 Working days	95%	89.0%	58.0%	83.0%	77.0%				Jul-23	CN
	% Complaints Responded to in Agreed Timeframe - 25 Working days	95%	45.0%	64.0%		55.0%				Jul-23	CN
	% Complaints Responded to in Agreed Timeframe - 60 Working days	95%	100%			100%				Jul-23	CN

Comments

Rating

FFT performance remains strong in month with complaint timeliness also improving.

Performance Overview (Well Led)

Domain	Key Performance Indicator	Target	Apr-23	May-23	Jun-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%	8.5%	8.1%	8.0%	8.0%				Aug-22	CPO
	Sickness Absence (Excludes Estates & Facilities staff)	3%	4.6%	4.8%		4.7%				Mar-21	CPO
	% of Staff with Annual Appraisal (Includes Estates & Facilities staff from May 21)	95%	77.0%	78.6%	78.2%	78.2%				Mar-21	CPO
	Statutory and Mandatory Training	95%	93%	93%	94%	94%				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

The Trust's turnover rate for June 2023 has an improved position and is now sitting at 8%, falling a further 0.5% from the start of the financial year and sitting within the Trusts target of 10%.

The percentage of staff who have received an annual appraisal has fallen slightly by 0.4% but remains an improved position from April 2023. Staff compliant with mandatory training topics has increased a further 1% from last month and is now sitting at 94% of the 95% target. This is encouraging against a backdrop of continued industrial action.

Performance Overview (Well Led)

Domain	Key Performance Indicator	Target	Apr-23	May-23	Jun-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Well Led	Adult Nursing Vacancies	10%	12.8%	8.1%	8.5%	8.5%				Oct-22	CPO
	Paed Nursing Vacancies	10%	14.1%	13.5%	16.9%	16.9%				Oct-22	CPO
	Midwives Vacancies	10%	13.7%	13.8%	13.6%	13.6%				Oct-22	CPO
	Health Care Assistants and Support Workers - excluding Maternity	10%	9.4%	15.2%	14.6%	14.6%				Oct-22	CPO
	Health Care Assistants and Support Workers - Maternity	5%	-16.8%	-12.7%	0.8%	0.8%				Oct-22	CPO

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


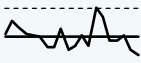
Comments

Rating

There is an improved position for the majority of our vacancy KPIs with the exception of Paediatric Nurse vacancies. Recruitment and retention continue 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. Recent events have focused on catering, pharmacy, and healthcare support workers. Retention remains a priority with key work streams 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	Apr-23	May-23	Jun-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Effective	Published Summary Hospital-level Mortality Indicator (SHMI)	100	103	103		103 Jan 21 to Dec 22)				May-21	MD
	12 months Hospital Standardised Mortality Ratio (HSMR)	100	101	100		100 Mar 22 to Feb 23				May-21	MD
	Crude Mortality Rate	No Target	1.3%	1.0%	0.9%	1.0%				May-21	MD

Comments	Rating

Performance Overview (Responsive Emergency Care)

Domain	Key Performance Indicator	Target	Apr-23	May-23	Jun-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Responsive (Emergency Care)	Emergency Department 4 hour waits UHL Performance with Acute Footprint	76%	73.2%	70.7%	73.4%	72.4%				Mar-23	COO
	Emergency Department 4 hour waits UHL Performance		58.5%	54.9%	59.5%	57.6%				Apr-23	COO
	Mean Time to Initial Assessment	15	22.2	19.6	18.2	20.5				Nov-22	COO
	12 hour trolley waits in Emergency Department	0	960	1046	910	2,916				Mar-23	COO
	Number of 12 hour waits in the Emergency Department	0	2,107	2,545	2,088	6,740				Mar-23	COO
	Time Clinically Ready to Proceed	60	273	270	252	265				Nov-22	COO
	Number of Ambulance Handovers		4,369	4,792	4,660	13,821				Data sourced externally	COO
	Number of Ambulance Handovers >60 Mins		204	279	376	859				Data sourced externally	COO
	Ambulance handover >60mins	0%	4.7%	5.8%	8.1%	6.2%				Data sourced externally	COO
	Long Stay Patients (21+ days) as a % of G&A Bed Occupancy	12%	16.7%	14.7%	15.1%	15.1%				Apr-23	COO

Comments


















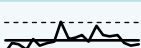



In June, UHL ranked 62nd out of 125 Acute Trusts (based on the acute footprint of each trust) against the 4-hour target. The National average in England was 73.3 %. 62 out of the 111 Acute Trusts achieved the target. UHL ranked 10th out of 18 trusts in its peer group. The best value out of the Peer Trusts was 80.8% and the worst value was 60.1%.

Ambulance handovers performance continues to be strong even though we did see a slight deterioration in June due to essential works in the ED escalation unit, since this work has been completed performance has been strong.

12 hour performance needs focused attention and an action plan is in place. UHL ranked 119th out of 123 Major A&E NHS Trusts. 22 out of the 123 Trusts achieved the target. The best value nationally was 0 and the worst value was 1,143. UHL ranked 16th out of 18 trusts in its peer group

Rating

Performance Overview (Responsive Elective Care)

Domain	Key Performance Indicator	Target	Apr-23	May-23	Jun-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Responsive (Elective Care)	Referral to Treatment Incompletes	103,403	117,318	117,809	117,507	117,507				Jun-23	COO
	Referral to Treatment 52+ weeks	0	10,916	10,096	8,855	8,855				Jun-23	COO
	Referral to Treatment 104+ weeks	0	7	3	2	2				Jun-23	COO
	6 Week Diagnostic Test Waiting Times	15%	45.4%	38.0%	35.0%	35.0%				Jul-23	COO
	% Operations Cancelled On the Day	1.0%	1.3%	1.2%	0.9%	1.1%				Apr-21	COO
	% Outpatient Did Not Attend rate	5%	7.8%	7.7%	7.8%	7.8%				Apr-23	COO
	% Outpatient Non Face to Face	45%	31.3%	30.5%	27.8%	29.9%				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 is challenged, however we continue to progress the reduction of those patients waiting longest for definitive treatment. Having had only 2 remaining patients over 104 weeks at the end of June, we are now reporting zero 104-week patients waiting for treatment, and are confident that position can be maintained. The 78-week position is still reducing, but did not reach zero at the end of June, primarily due to the impact of Industrial Action, with our trajectory for achieving zero now amended to September 23. We monitor the long waiter position on a daily basis, including actively monitoring our 65 ww March 24 cohort and working closely with the specialties who have the biggest challenge. UHL is part of the NHSE 'Further Faster' programme, taking part in the challenge of improving the elective recovery position sooner than the March 25 ambition of zero 52-week waiters.

Our Outpatient strategy was launched in early June and has agreed a clear strategy for Outpatients Transformation with 7 underlying work streams, to be progressed at pace. The delivery will focus initially on 5 key clinical specialties with quantifiable opportunities, whilst maintaining a focus on broad application of validation, PIFU, DNA and Clinic Utilisation.

Diagnostic waiting times and the number of people experiencing long waits also continue to reduce.

Rating

Performance Overview (Responsive Cancer)

Domain	Key Performance Indicator	Target	Apr-23	May-23	Jun-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Responsive (Cancer)	2 Week Wait	93%	79.1%	82.1%		80.7%				Feb-23	COO
	62 Day Backlog	0	466	550	482	482				Feb-23	COO
	Cancer 62 Day	85%	44.3%	36.3%		40.0%				Feb-23	COO

Comments

Rating

After the improved landing for 2022/23 with a range of cancer metrics, led by the patients waiting over 62 days (>62ds) measure, this financial year has seen a subsequent deterioration due to the cumulative effects of industrial actions which has been seen across multiple providers, both regionally and nationally.

UHL has seen a partial recovery in both the >62 days and 28 days Faster Diagnosis Standard metrics, two of our key lead measure. It should be noted that there is a direct correlation between deteriorating performance in these measures and Industrial Action events.

As tumour site recovery plans, centred around daily monitoring of backlog levels, have taken affect, and as of 16th June this is now down to 489 from a second lesser peak of 598 on 25th May.

NHSE has given indication that 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)

Performance Overview (Finance)

Domain	Key Performance Indicator	Target YTD	Apr-23	May-23	Jun-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Finance	Trust level control level performance	-£14.6m	-£9.4m	-£6m	-£6.6m	-£21.9m				Jun-22	CFO
	Capital expenditure against plan	£15.6m	£2.0m	£4.9m	£9.2m	£16.0m				Jun-22	CFO
	Cost Improvement (Includes Productivity)	£4.4m	£2.5m	£0.8m	£2.7m	£6.0m				Sep-22	CFO
	Cashflow	No Target	£-17.4m	£-14.5m	£10.3m	£81.8m				Jun-22	CFO

Comments

Rating

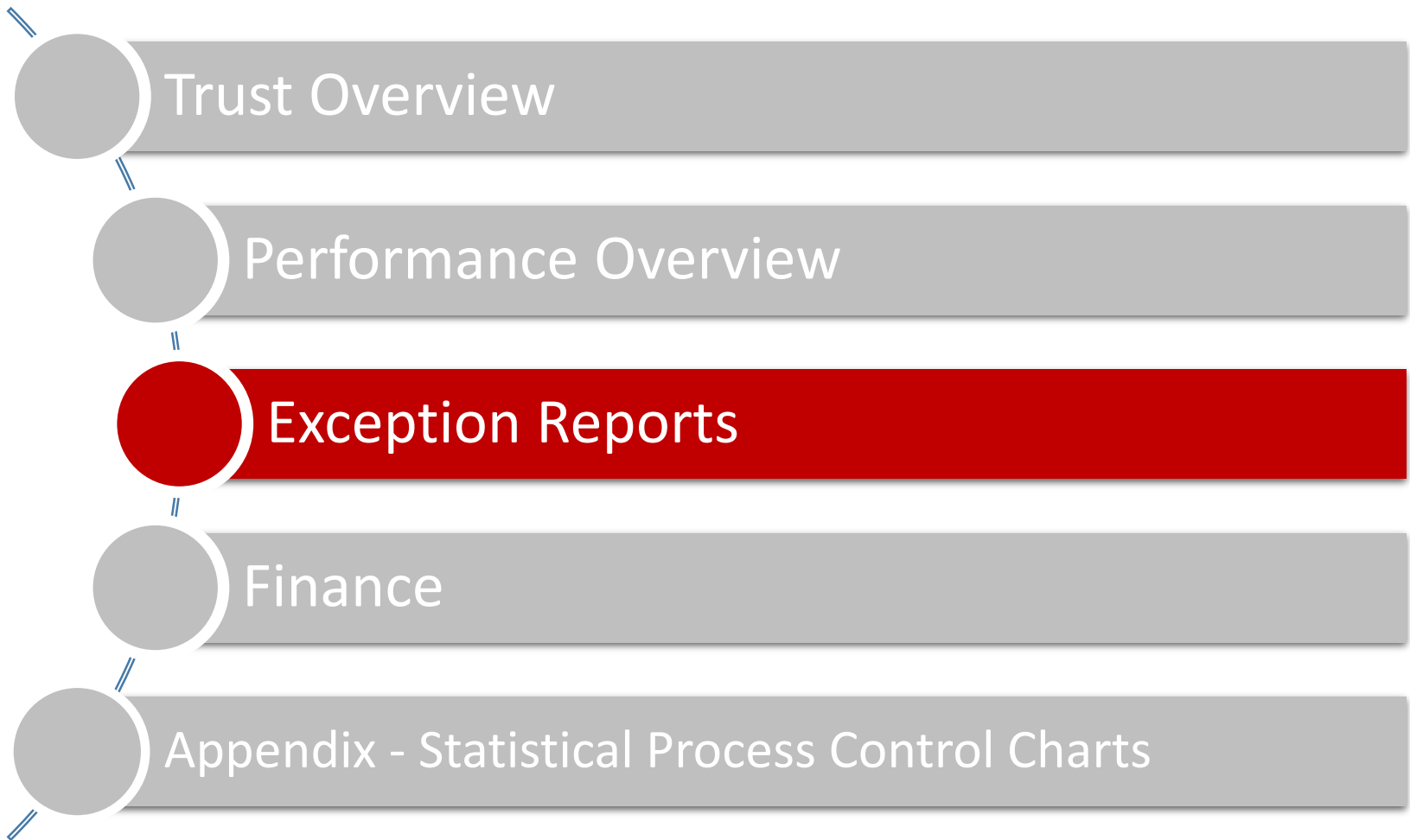
The Trust is reporting a year-to-date deficit at Month 3 of £21.9m which is £7.3m adverse to plan. The key drivers for this are:

- Impact of the industrial action £2.9mA
- Lower elective, day case and outpatient activity, during months 1 to 3 primarily due to the industrial action £2.6mA
- Inflation above plan £2.3mA
- Other £0.5mF

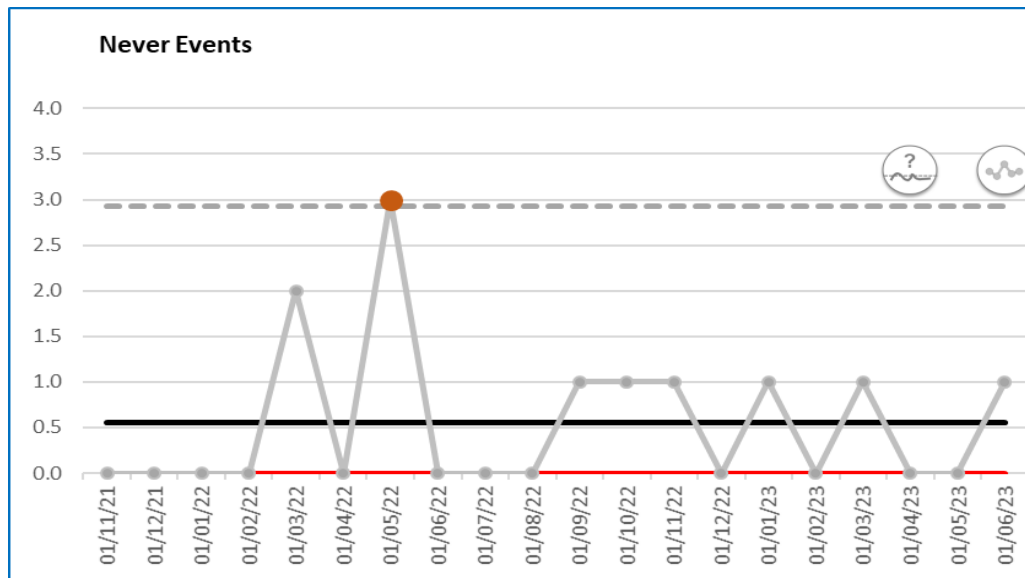
The Trust has reported a year-to-date CIP delivery including productivity of £6m against a £4.4m CIP target.

The Trust incurred capital expenditure of £9.2m in quarter 1, which was £6.4m lower than the M3 year to date plan of £15.6m, as a result of slippage against the plan profile for East Midlands Planned Care Hub, UEC Wards, Linear Accelerator and IFRS 16.

The cash position at the end of June was £81.8m, representing an increase of £10.3m in the month, due to the lag between receipt of the income to cover the pay awards and payments made for the TAX and NI element of the pay award paid this month. The latter will be paid in July.



Safe – Never Events



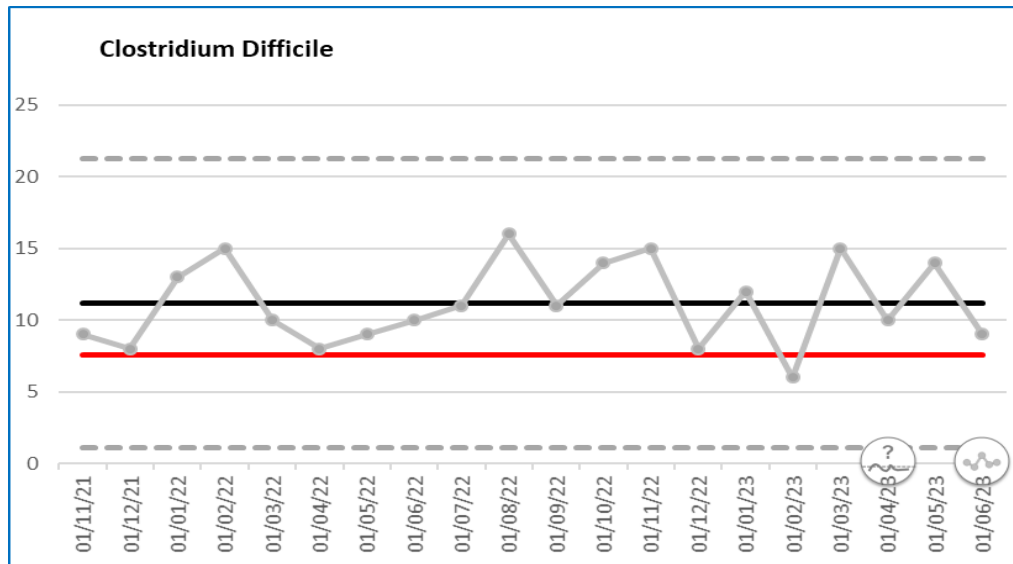
Current Performance			Three Month Forecast		
Jun 23	YTD	Target	Jul 23	Aug 23	Sep 23
1	1	0	0	0	0

National Position & Overview

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

Root Cause	Actions	Impact/Timescale
NEVER EVENT Retained product post procedure (retained guidewire)	Immediate actions taken <ul style="list-style-type: none"> Midline removed and new one inserted Patient was verbally informed of the incident by the Consultant All staff involved have been supported Continuation of safe surgery accreditation programme 	<ul style="list-style-type: none"> Complete Complete Complete Ongoing

Safe – Clostridium Difficile

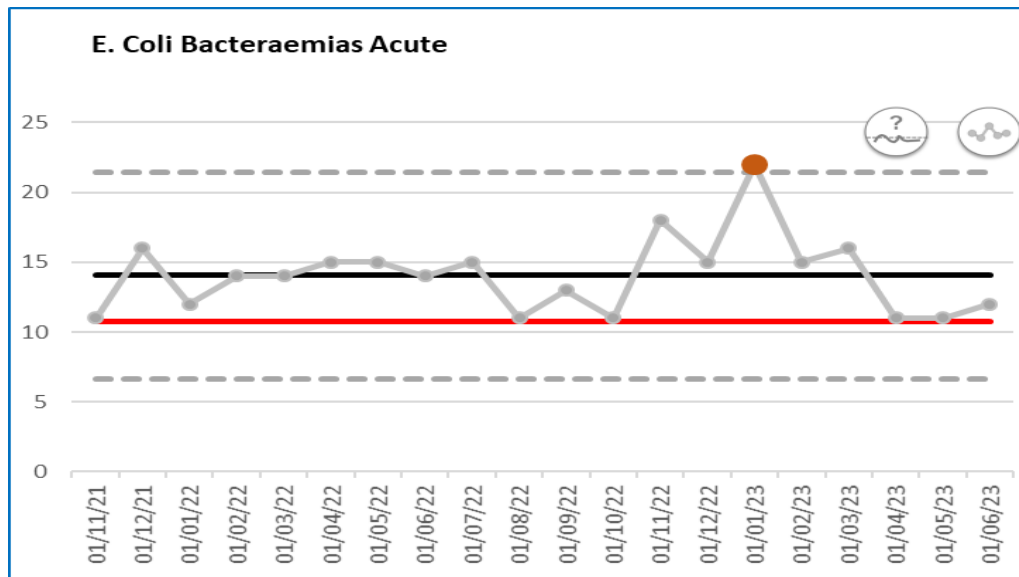


Current Performance			Three Month Forecast		
Jun 23	YTD	Target	Jul 23	Aug 23	Sep 23
9	33	92			

National Position & Overview
The number C. Diff cases per 100,000 bed days reported in June was 20.0 for UHL.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> There are no new themes to report with regard to the Root Cause of acquisition of CDI 	<ul style="list-style-type: none"> 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 Thematic Report to July Trust Infection Prevention Assurance Committee will be presented 	<ul style="list-style-type: none"> On-going focus and work stream within CMG Operational Groups

Safe – E. Coli Bacteraemias Acute

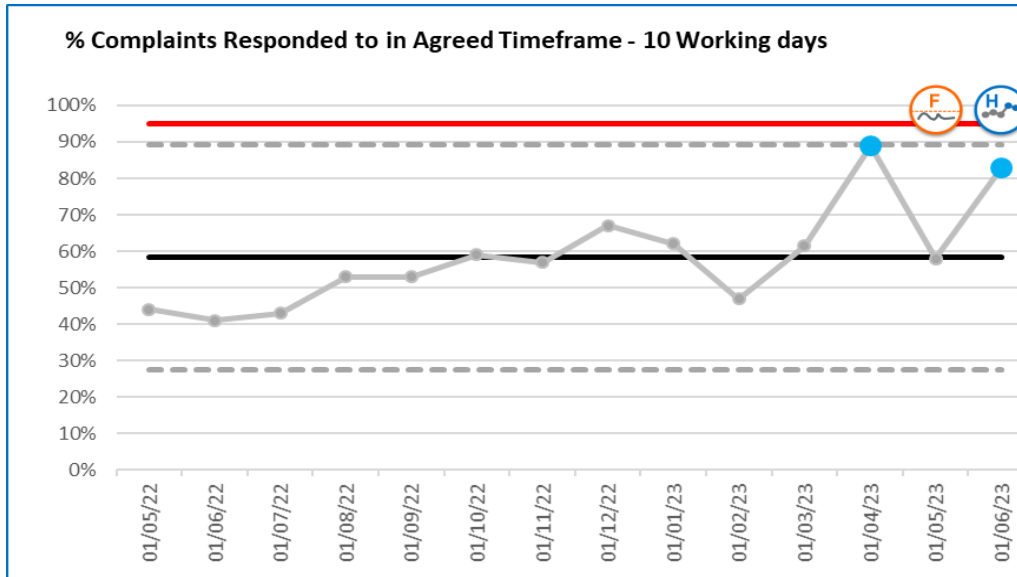


Current Performance			Three Month Forecast		
Jun 23	YTD	Target	Jul 23	Aug 23	Sep 23
12	34	129			

National Position & Overview	
UHL 100,000 Bed Days (HOHA) 2023/24 : 23.78	
National Average: 23.98	
National Highest: 145.18	
National Lowest: 0	

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> Numbers of hospital-onset, hospital-acquired (HOHA) cases are determined by two main factors – patient case mix and clinical practice. 	<ul style="list-style-type: none"> The UHL Infection Prevention team is embarking on a case-control study of HOHA E coli bloodstream infections in order to identify risk factors for infection, especially those factors which may be modifiable and so help lead to a sustainable reduction in infection numbers Surgical Site Infection Surveillance in Hepatobiliary Patients began on 1st June 2023 	<ul style="list-style-type: none"> Case Control Study to commence 1st July 2023 Hepatobiliary SSI commenced 1st June Both data sets will run for a three month period with some early findings after this time period

Caring – % Complaints Responded to in Agreed Timeframe – 10 Working days

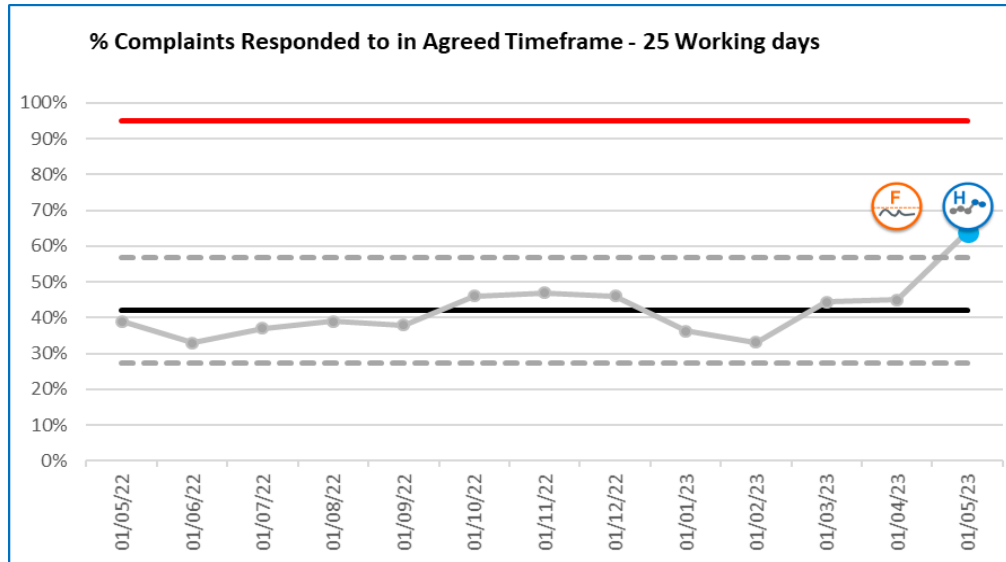


Current Performance			Three Month Forecast		
Jun 23	YTD	Target	Jul 23	Aug 23	Sep 23
83.0%	77.0%	95%	55%	60%	65%

National Position & Overview

Root Cause	Actions	Impact/Timescale
Volume of formal complaints (The Corporate Patient Safety team are still on the Trust Risk Register ID 3755 at score of 12)	<ul style="list-style-type: none"> Early Resolution Service pilot with an aim of reducing the escalation of those concerns to formal complaints. 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 	<ul style="list-style-type: none"> Ongoing – Due to be completed November 2023 Due for completion end of July 2023 August 2023 September 2023
Delays in receiving responses from CMGs	<ul style="list-style-type: none"> Weekly reminder report initiated Timeliness of complaints response incorporated into PRM pack 	<ul style="list-style-type: none"> Ongoing

Caring – % Complaints Responded to in Agreed Timeframe – 25 Working days

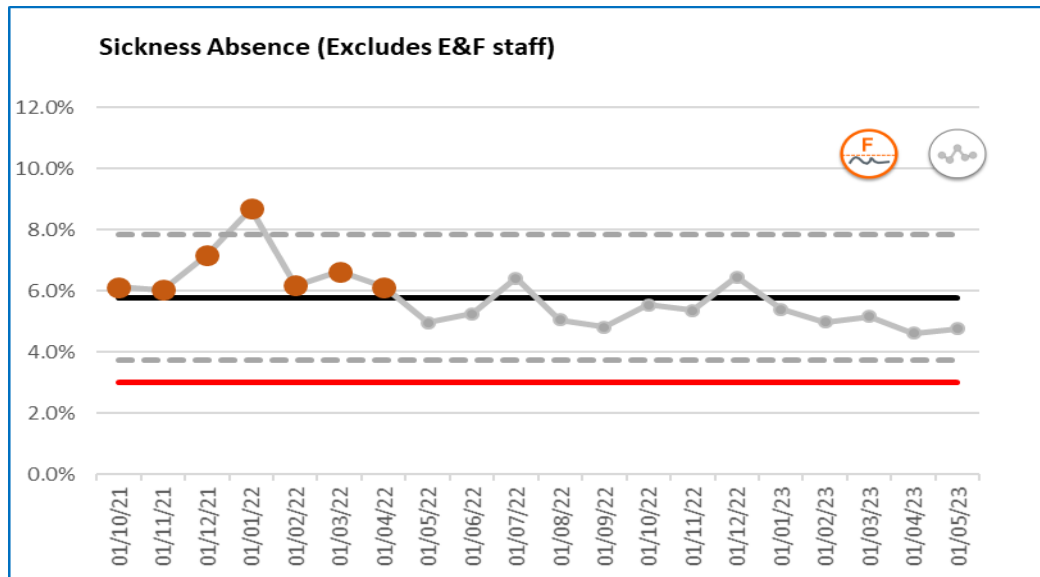


Current Performance			Three Month Forecast		
May 23	YTD	Target	Jun 23	Jul 23	Aug 23
64.0%	55.0%	95%	55%	60%	65%

National Position & Overview

Root Cause	Actions	Impact/Timescale
Volume of formal complaints (The Corporate Patient Safety team are still on the Trust Risk Register ID 3755 at score of 12)	<ul style="list-style-type: none"> Early Resolution Service pilot with an aim of reducing the escalation of those concerns to formal complaints. 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 	<ul style="list-style-type: none"> Ongoing – Due to be completed November 2023 Due for completion end of July 2023 August 2023 September 2023
Delays in receiving responses from CMGs	<ul style="list-style-type: none"> Weekly reminder report initiated Timeliness of complaints response incorporated into PRM pack 	<ul style="list-style-type: none"> Ongoing

Well Led – Sickness

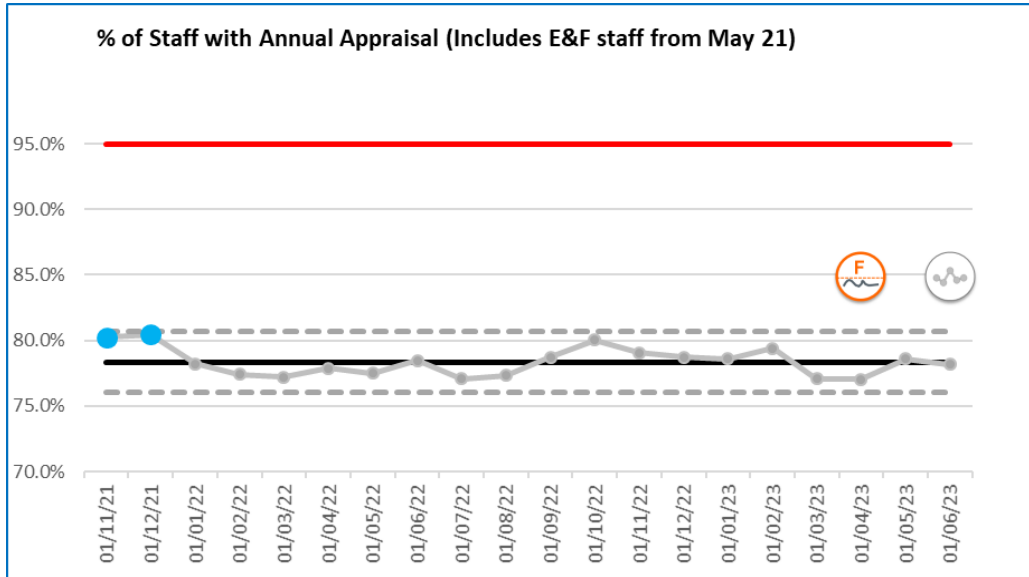


Current Performance			Three Month Forecast		
May 23	YTD	Target	Jun 23	Jul 23	Aug 23
4.6%	4.7%	3%	4.5%	4.38%	4.25%

National Position & Overview
Data Excludes Estates and Facilities staff. Peer data not currently available.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> In April 2023 we reported 4.67% sickness absence, and there has been a 0.05 % decrease in overall sickness absence. In the Clinical CMG's sickness absence has increased by 0.15% from 4.82% to 4.97 and sickness absence in the Corporate Directorates remains below the Trust target at 2.8%. The top three reasons for sickness absence for year to date are 'other known causes' (22.46%), 'stress anxiety depression' (18.59%), and 'Cough, cold, flu' (8.14%). 'Covid-19 / infection precaution' absences have reduced further from 4.42% in March to 2.58 % in May 2023. 	<ul style="list-style-type: none"> 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). 	<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 impact of industrial action across health services and other sectors

Well Led – Appraisals

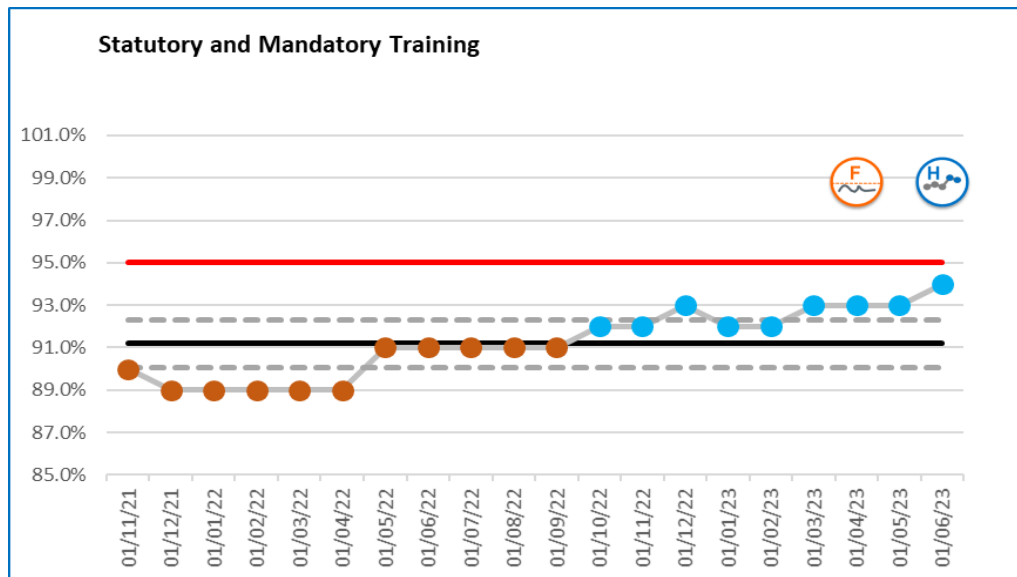


Current Performance			Three Month Forecast		
Jun 23	YTD	Target	Jul 23	Aug 23	Sep 23
78.2%	78.2%	95%	78%	79%	80%

National Position & Overview
Peer data not currently available.

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. Strike action in the month of June 2023 would have impacted on appraisal rates. Notably there are 7 days of planned industrial action in the month of July 2023 	<ul style="list-style-type: none"> 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. The 3 month trajectory reflects the 7 days of industrial action in July and peak annual leave periods

Well Led – Statutory and Mandatory Training

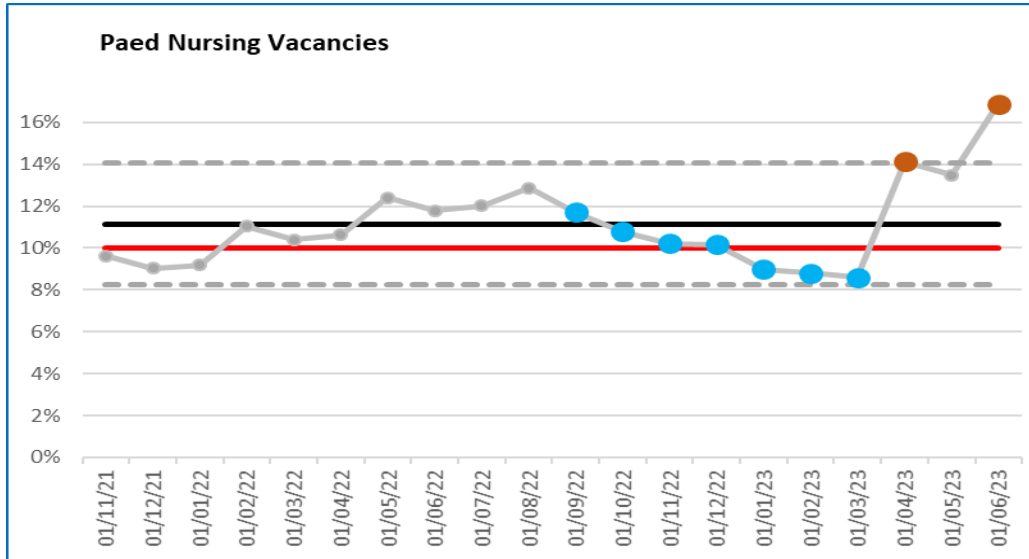


Current Performance			Three Month Forecast		
Jun 23	YTD	Target	Jul 23	Aug 23	Sep 23
94%	94%	95%	94%	94%	95%

National Position & Overview
Peer data not available.

Root Cause	Actions	Impact/Timescale
<p>It is recognised that performance has been, and is still being, affected by:</p> <ul style="list-style-type: none"> Covid-19, Flu & related Staff Absence Levels Operational pressures Operational demand Seasonal absences, annual leave and demands 	<p>Performance against trajectories is being monitored via Executive Corporate and CMG Performance Reviews. This is complimented by access to compliance reports, direct emailed snapshot reports to over 2000 relevant staff & around 10,000 direct emails per month to non-compliant staff.</p> <p>New question based eLearning modules now on HELM for Fire Safety, Infection Prevention and Cyber Security training.</p> <p>People Services Colleagues continue to support managers with improving their compliance.</p>	<p>Reviewed through the Making it All Happen reviews chaired by CMG / Directorate leadership teams with support from HR. This is a meeting with each line manager to review sickness, appraisals and S&MT compliance.</p> <p>Drive towards improving the overall percentage of UHL during Q4 of the financial year has been implemented with renewed chasing on non-compliance and organisational support.</p> <p>Review of ESR and HELM data alignment is ongoing.</p>

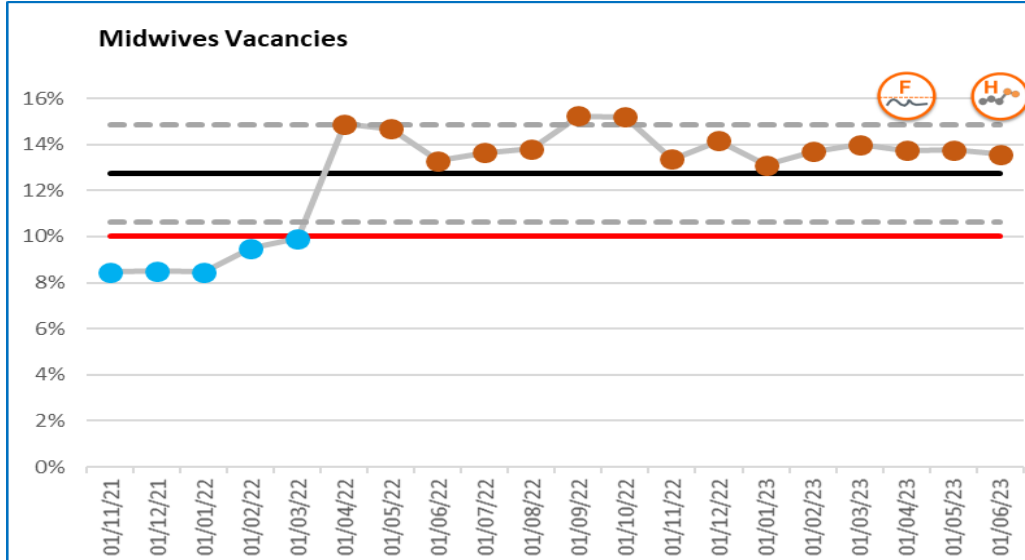
Well Led – Paed Nursing Vacancies



Current Performance			Three Month Forecast		
Jun 23	YTD	Target	Jul 23	Aug 23	Sep 23
16.9%	16.9%	10%			
National Position & Overview					
<p>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).</p>					

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> There has been an uplift in 2023-2024 budgeted nursing establishment in the Childrens Hospital (+15.18wte) and Paediatric ED(PED) (+5.03wte) as part of 3-year investment plan. Underlying RN vacancies in both PED (17.26wte) and Childrens Hospital (28.5wte) remain stable with robust recruitment plans in place. ED have a higher proportion of Band 6 vacancies as opposed to Band 5 nurses 	<ul style="list-style-type: none"> Innovative recruitment advertisement across social media platforms to increase 'reach' Joint 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 to support new starters Enhanced focus on flexible working offer 	<p><u>July to November 2023</u></p> <p>Childrens Hospital have around 25 Newly Qualified Nurses with conditional offers due to start in the next few months .</p> <p>Six out of the 13 planned Internationally Educated nurses commenced in June e.</p> <p>It is anticipated that vacancy rates will reduce at the end of Quarter 2 2023 following successful recruitment of Registered Nurses currently in the pipeline.</p>

Well Led – Midwives Vacancies



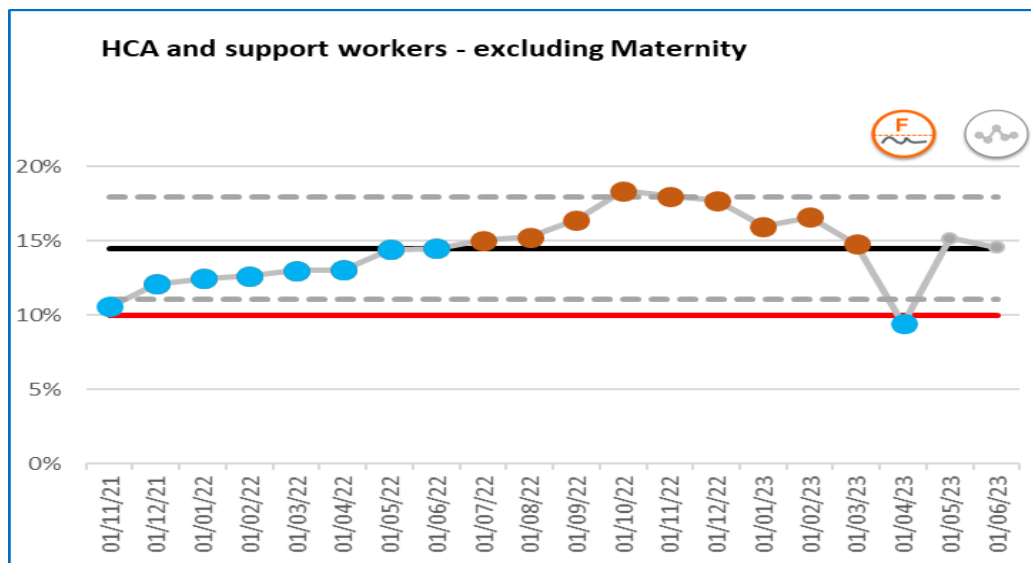
Current Performance			Three Month Forecast		
Jun 23	YTD	Target	Jul 23	Aug 23	Sep 23
13.6%	13.6%	10%			

Vacancy rate remains relatively static since November 2022, 9 midwives have left the service in past 3 months with 5 agency staff converting to substantive, 9 International Midwives secured, and 20 newly qualified midwives expected to commence Autumn 2023

Midwife to Birth Ratio 1: 27.5 (below target for actual v's funded establishment)

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> Establishment funding increase April 2022 as part of Ockenden funding and establishment review Ongoing staffing challenges persist within maternity with vacancy c.13.5% In the last 3 months, 3 RMs have relocated, 2 have resigned but accepted bank contracts due to improved finances, 1 has redeployed to community, 2 have retired. 1 RM has left the profession, reasons not given 	<ul style="list-style-type: none"> Rolling midwife advert continues every 4 weeks with interviews conducted following. Separate advertisements are tailored to appeal to UK and international midwives. Recruitment, Retention, and Pastoral (RRP) Midwives x3 in post, leading exit & stay interview intelligence alongside pastoral support Pilot of self rostering due to begin in September 2023, with evaluation of impact on staff wellbeing Maternity & Neonatal Workforce Plan currently in consultation with staff and universities (due for approval August 2023 MAC) 	<ul style="list-style-type: none"> 3 International Recruits (IMW) arrive July 2023 and due to commence this month as B3s whilst OSCE processes and PIN applied for 5 IMWs arrive in September 2023 1 IMW arrives in November 2023 5 existing agency staff have converted to long term contracts Between September and November, 20 newly qualified midwives are due to commence posts, induction / preceptorship package in development 2 Consultant Midwife posts are out to advert Additional Band 7 Maternity Services Coordinator advert live

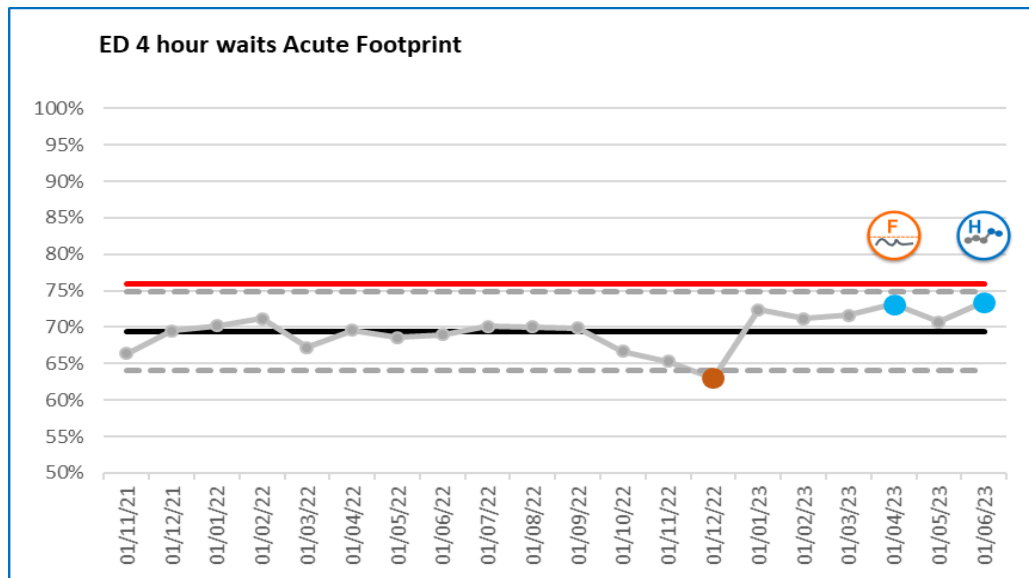
Well Led – HCA and Support Workers Vacancies – excluding Maternity



Current Performance			Three Month Forecast		
Jun 23	YTD	Target	Jul 23	Aug 23	Sep 23
14.6%	14.6%	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									
<ul style="list-style-type: none"> The underlying number of HCA vacancies remain stable, but ESR data is not accurate Trainee Nursing Associates cannot be separated in the finance ledger leading to a higher number of vacancies being reported Uplifts to HCA establishments increasing number of new vacancies The number of HCA starters and leavers in June has reduced compared to May and a downward trend of leavers is maintained 	<ul style="list-style-type: none"> a) Review of ESR data / occupational codes alongside financial data and establishment uplifts to check accuracy of data reporting a) Continue with bi-monthly recruitment a) Create additional training capacity to increase recruitment to uplifted establishments 	<ul style="list-style-type: none"> Initial manual vacancy count undertaken by corporate nursing confirming circa 175wte HCA vacancies. Further validation of establishments needs to be undertaken during July so this number may increase slightly. Manual vacancy count will continue until ESR data is correct •48 offers made at HCA interviews on 15th July • <i>In addition</i> - 81 HCA recruits commencing in current future/months • <i>In addition</i> - 27 HCA recruits from Bulk and 24 from ED awaiting completion of pre-employment checks • Training Capacity increased to 800+ per year 									
<table> <tr> <th></th><th>May</th><th>June</th></tr> <tr> <td>Starters</td><td>28</td><td>64</td></tr> <tr> <td>Leavers</td><td>13</td><td>9</td></tr> </table>		May	June	Starters	28	64	Leavers	13	9		
	May	June									
Starters	28	64									
Leavers	13	9									

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

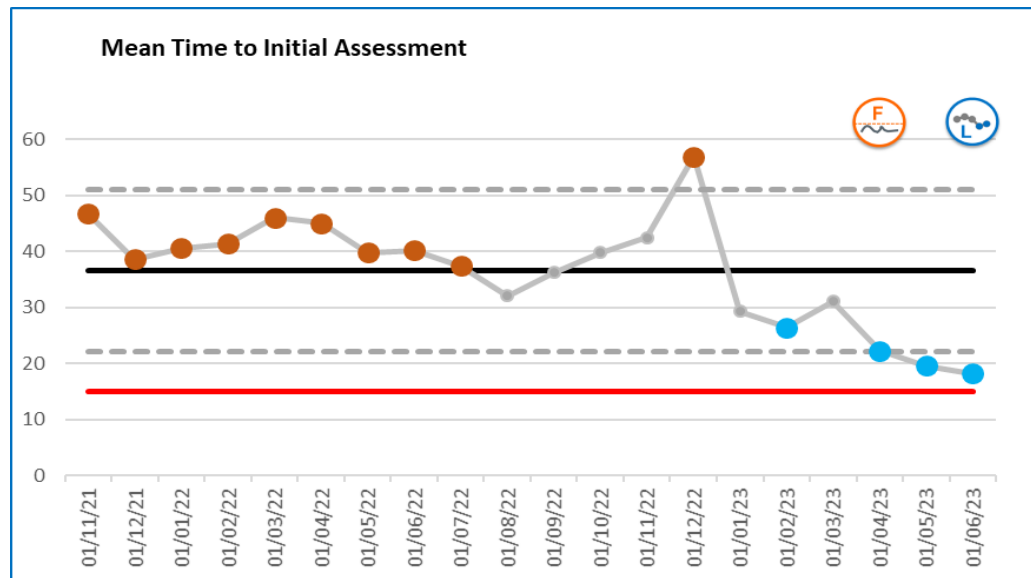


Current Performance			Three Month Forecast		
Jun 23	YTD	Target	Jul 23	Aug 23	Sep 23
73.4%	72.4%	76%			

National Position & Overview
<p>In June, UHL ranked 62nd out of 125 Acute Trusts (based on the mapped acute footprint of each trust). The National average in England was 73.3 %. 62 out of the 111 Acute Trusts achieved the target. UHL ranked 10th out of 18 trusts in its peer group. The best value out of the Peer Trusts was 80.8% and the worst value was 60.1%.</p>

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> Crowding in ED 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 From June 2023 July 2023 Commenced and will complete October 23 November 2023

Responsive (Emergency Care) – Mean Time to Initial Assessment

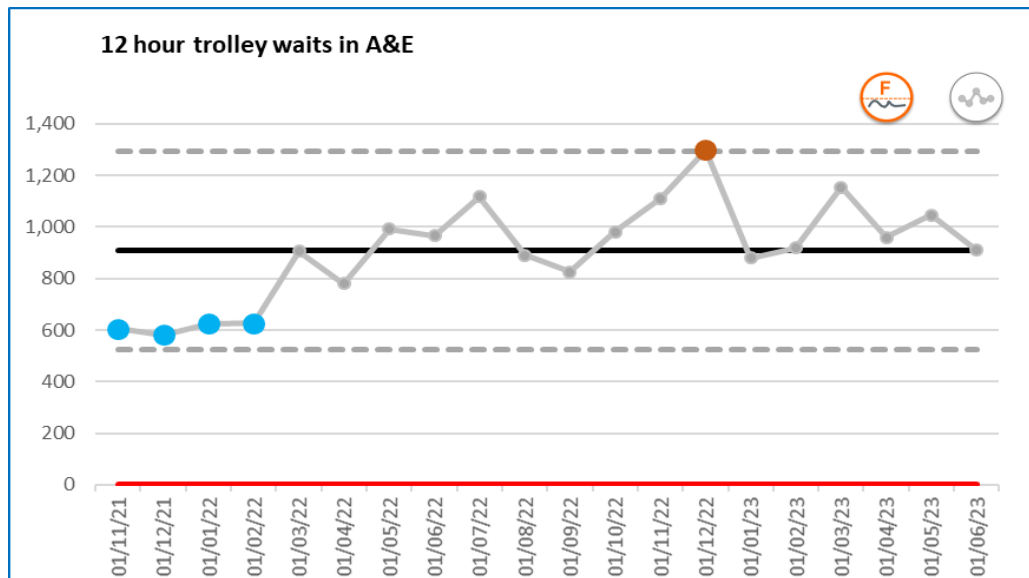


Current Performance			Three Month Forecast		
Jun 23	YTD	Target	Jul 23	Aug 23	Sep 23
18.2	20.5	15			

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

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> 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

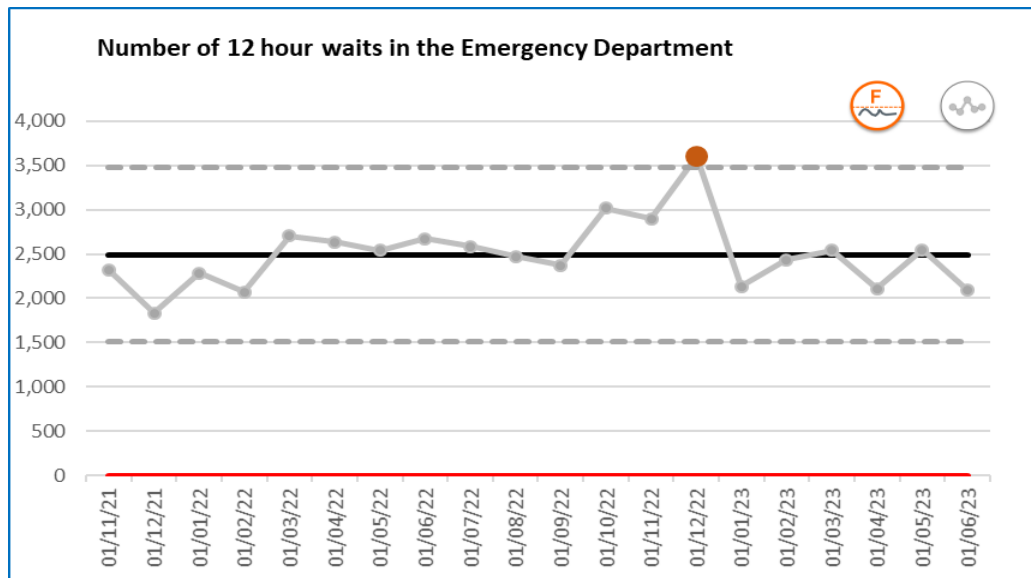


Current Performance			Three Month Forecast		
Jun 23	YTD	Target	Jul 23	Aug 23	Sep 23
910	2,916	0			

National Position & Overview
<p>In June, UHL ranked 119th out of 123 Major A&E NHS Trusts. 22 out of the 123 Trusts achieved the target. The best value nationally was 0 and the worst value was 1,143. UHL ranked 16th 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

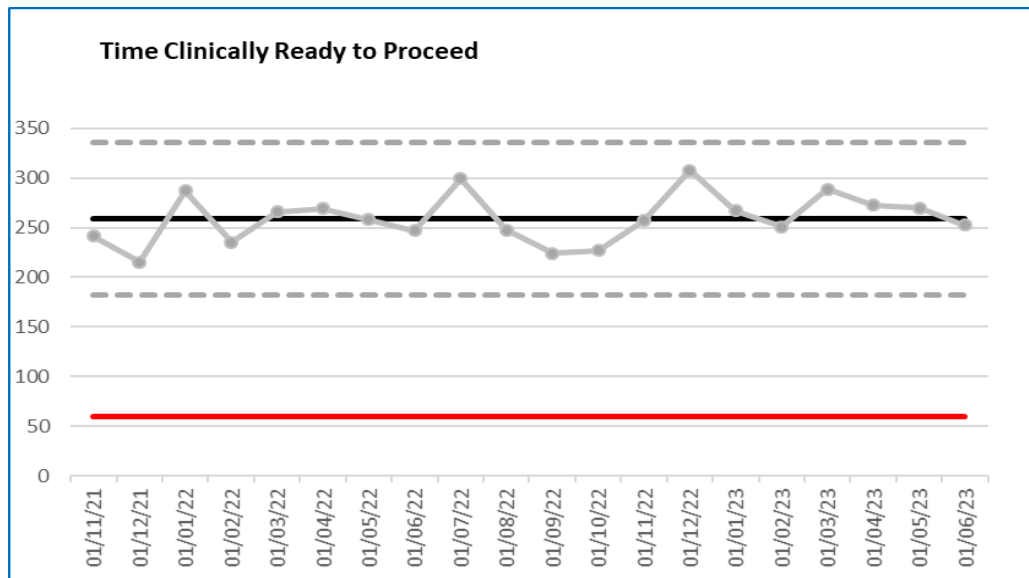


Current Performance			Three Month Forecast		
Jun 23	YTD	Target	Jul 23	Aug 23	Sep 23
2,088	6,740	0			

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 New wards at GH 	<ul style="list-style-type: none"> In place In place Opened pre-transfer hub February 2024 / Summer 2024

Responsive (Emergency Care) – Time Clinically Ready to Proceed

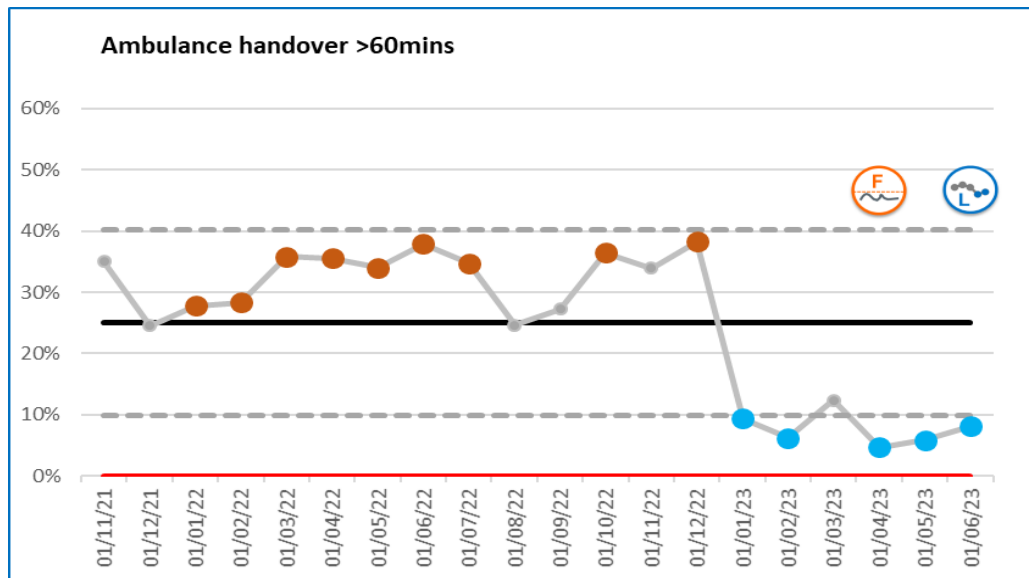


Current Performance			Three Month Forecast		
Jun 23	YTD	Target	Jul 23	Aug 23	Sep 23
252	265	60			

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

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> Bed occupancy > 90% 	<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

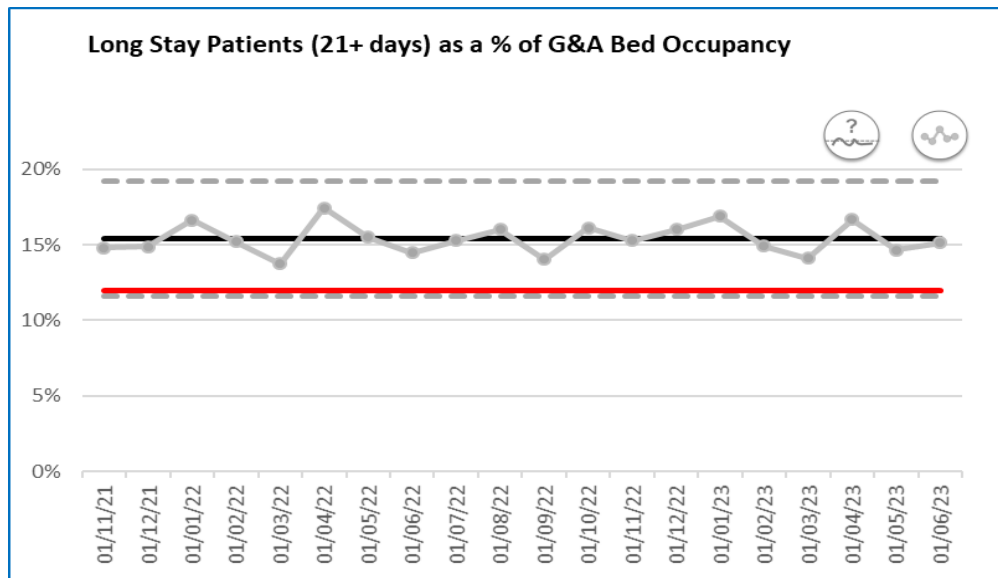


Current Performance			Three Month Forecast		
Jun 23	YTD	Target	Jul 23	Aug 23	Sep 23
8.1%	6.2%	0%			

National Position & Overview
LRI ranked 17 th out of 23 sites last month (source EMAS monthly report).

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 Open new wards at GH 	<ul style="list-style-type: none"> In place In place Ongoing – daily / weekly monitoring Opened September 2023 February 2024 / Summary 2024

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



Current Performance			Three Month Forecast		
Jun 23	YTD	Target	Jul 23	Aug 23	Sep 23
15.1%	15.1%	12%	14	14	13

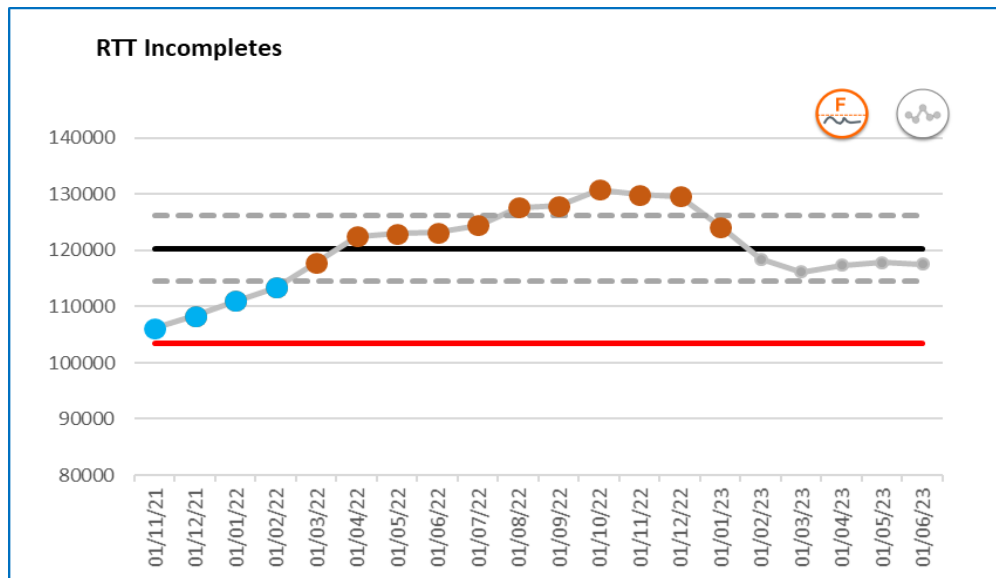
National Position & Overview

UHL is ranked 8th out of 20 trusts in the Midlands for the % beds occupied by Long Stay (21+ Day) patients (for the w/c 26/06/23).

- 43 (219) Patients (20%) are receiving appropriate care/treatment on a neuro rehabilitation or brain injury pathway or on an Intensive care Unit or Infectious Diseases Unit.
- 61 Patients (28%) are medically optimised for discharge with no acute medical reason to stay .

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> • Circa 149 Complex Medically optimised for discharge patients of which 61 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 July to:</p> <ul style="list-style-type: none"> • Expand the 'HART' and 'City' reablement pilots to cover both GH and LRI sites • Maximise occupancy of the therapy led and LPT Charnwood beds <p>Work with CMG's to:</p> <ul style="list-style-type: none"> • Reduce the number of 'lost' discharge outcomes and identify themes for improvement • Improve High dependency patient cohort identification through enhanced training. 	<ul style="list-style-type: none"> • Aim to reduce number of MOFD patients waiting for discharge in UHL beds. • Increase numbers of patients discharged on a Pathway 1. • Reduce daily 'lost discharges'

Responsive (Elective Care) – RTT Incompletes



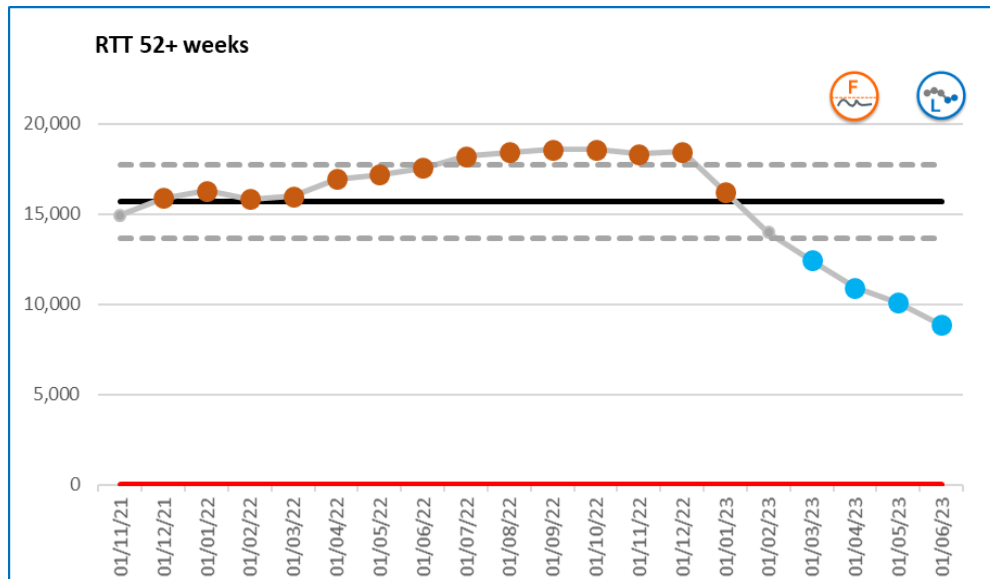
Current Performance			Three Month Forecast		
Jun 23	YTD	Target	Jul 23	Aug 23	Sep 23
117,507	N/A	103,403	116,657	116,299	115,941

National Position & Overview

At the end of May, UHL ranked 15th out of 18 trusts in its peer group with a total waiting list size of 117,798 patients. The best value out of the 18 Peer Trusts was 68,450, the worst value was 202,521 and the median value was 86,910. (Source: NHSE published monthly report)

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 nearly 15,000 pathways by the end of June 23. Pathways closed using AccuRX technology have also resulted in the closure of a further 20,000 pathways since November 22. D&C refreshed report currently being reviewed. Policy signed off by requisite governance groups with launch w/c 10 July 23 with Comms support. Consistent application of waiting times management

Responsive (Elective Care) – RTT 52+ Weeks



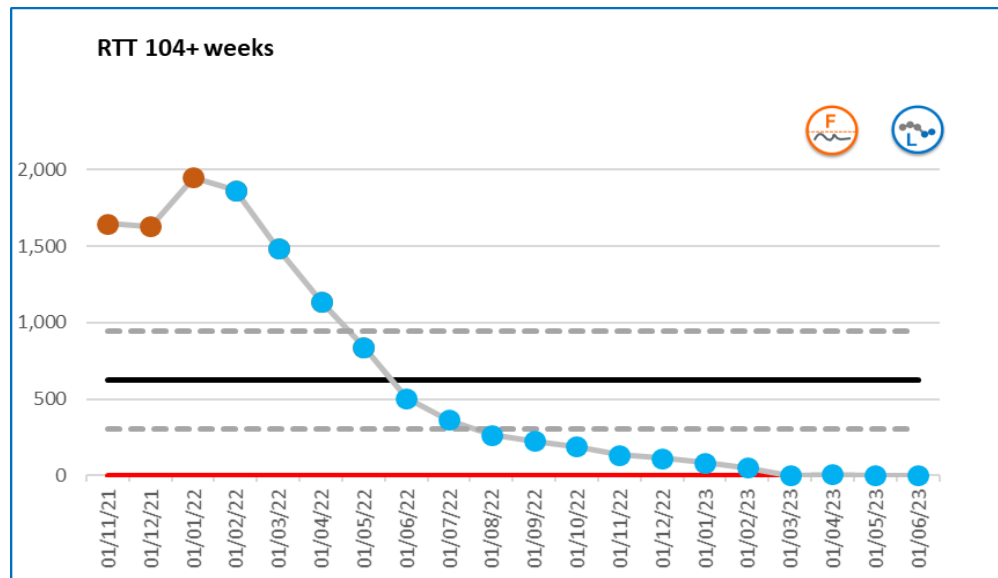
Current Performance			Three Month Forecast		
Jun 23	YTD	Target	Jul 23	Aug 23	Sep 23
8,855	N/A	0	7,534	6,334	5,134

National Position & Overview

At the end of May, UHL ranked 15th out of 18 trusts in its peer group with 10,094 patients waiting over 52+ weeks. The best value out of the 18 Peer Trusts was 924, the worst value was 28,828 and the median value was 4,006. (Source: NHSE published monthly report)

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 wait cohorts UHL in NHSE 'Further Faster' programme –aim of achieving zero 52-week waiters sooner than the March 25 national ambition. 	<ul style="list-style-type: none"> Fortnightly meeting in place to monitor performance. Reduction in elective backlog. 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



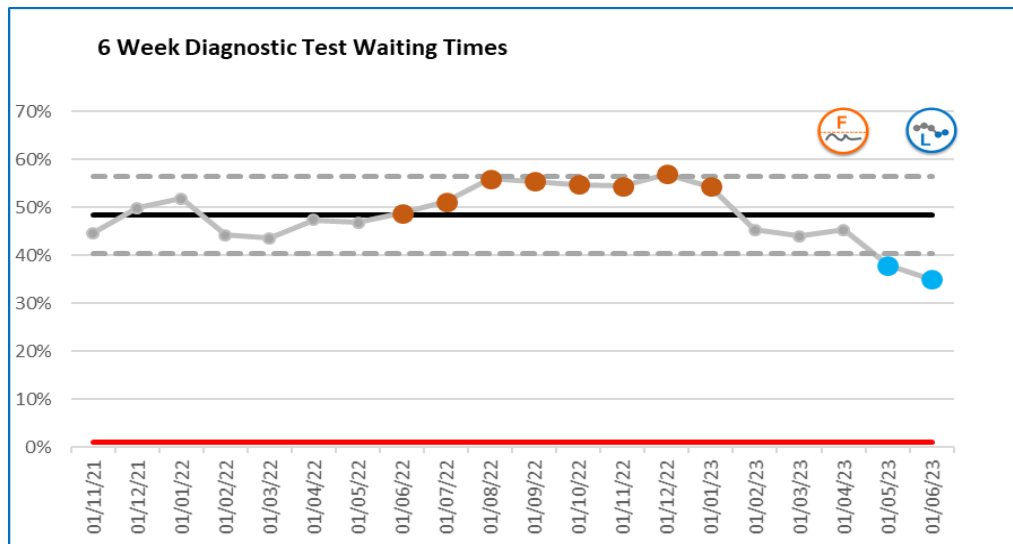
Current Performance			Three Month Forecast		
Jun 23	YTD	Target	Jul 23	Aug 23	Sep 23
2	2	0	0	0	0

National Position & Overview

At the end of May, UHL ranked 11th out of 18 trusts in its peer group with 3 patients waiting 104+ weeks. The best value out of the 18 Peer Trusts was 0, the worst value was 36 and the median value was 2. (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. Daily monitoring of long waiters on PTL RCAs and Clinical Harm Reviews are completed for each 104 week wait. 	<ul style="list-style-type: none"> At the end of June there were 2 104 breaches - one was a Spire patient and one was a long waiter for Interventional Radiology identified as a pathway error through data quality checking. Both patients have now been treated and as at mid July no patients are waiting over 104 weeks. This position is expected to be able to be maintained. 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) – 6 Week Diagnostic Test Waiting Times

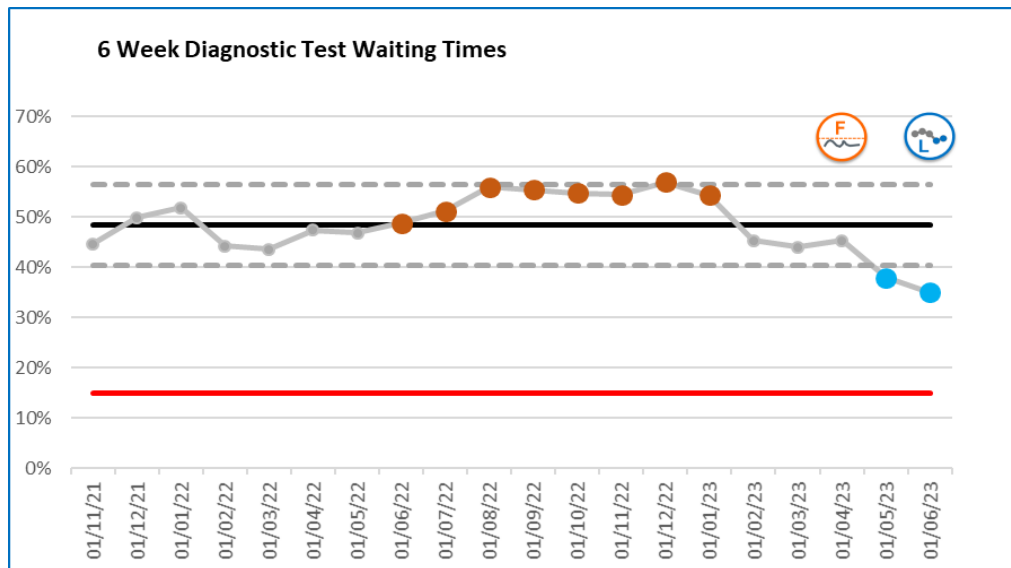


Current Performance			Three Month Forecast		
Jun 23	YTD	Target	Jul 23	Aug 23	Sep 23
35.0%	35.0%	15%	N/A	N/A	N/A

National Position & Overview
<p>Published National data at the end of May 23 shows 1.6m patients on the diagnostic waiting list. UHL with 26,460 are ranked as the 6th highest waiting list (were highest in October 22). Performance has improved from a peak in December 22 of 57% of patients waiting over 6 weeks to just under 35% as at the end of June. 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.</p>

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 on site – July 2023 Productivity: Concurrent running of Echo rooms for inpatient scanning in place. Endoscopy booking outsourcing model in place in July 2023 Productivity plan to be established <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.

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

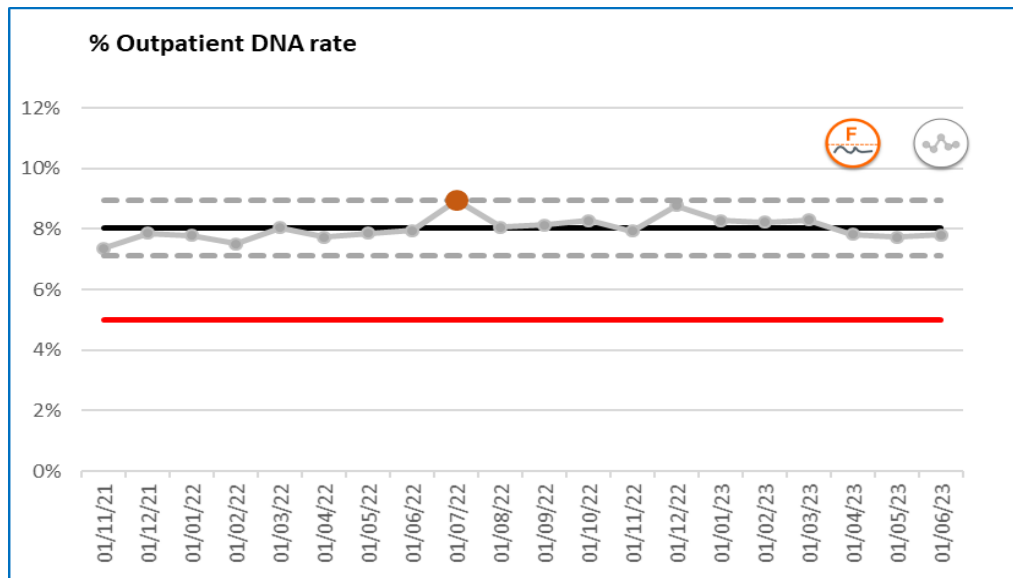


Current Performance			Three Month Forecast		
Jun 23	YTD	Target	Jul 23	Aug 23	Sep 23
35.0%	35.0%	15%	N/A	N/A	N/A

National Position & Overview
<p>Published National data at the end of May 23 shows 1.6m patients on the diagnostic waiting list. UHL with 26,460 are ranked as the 6th highest waiting list (were highest in October 22). Performance has improved from a peak in December 22 of 57% of patients waiting over 6 weeks to just under 35% as at the end of June. 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.</p>

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 on site – July 2023 Productivity: Concurrent running of Echo rooms for inpatient scanning in place. Endoscopy booking outsourcing model in place in July 2023 Productivity plan to be established <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.

Responsive (Elective Care) – Outpatient DNA Rate



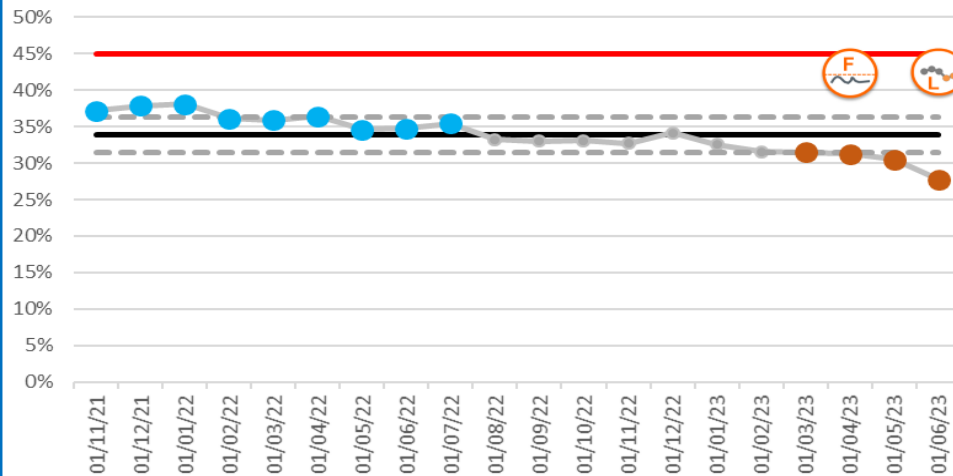
Current Performance			Three Month Forecast		
Jun 23	YTD	Target	Jul 23	Aug 23	Sep 23
7.8%	7.8%	5.0%	7.7%	7.6%	7.5%

National Position & Overview
UHL compares better than its peers for the previous 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 services are using the DNA outcome for VIR clinics as well as for the diagnostic (therefore double counting) 	<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 AccuRx to send additional reminders to patients. Booking Centre are making additional calls to 'Health Inequalities' cohort DNA florey is being sent to patients who DNA so further analysis can be done around the reasons for DNA Ask services to offer choice of video or telephone consultation, and stop recording DNAs on VIR clinics 	<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

Jun 23	YTD	Target	Three Month Forecast		
Jul 23	Aug 23	Sep 23			
27.8%	27.8%	45.0%	27.9%	28.0%	28.1%

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

1. Not all Outpatient rooms and consultant offices are set up for video consultation
2. 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
3. Poor experience with One Consultation has made rollout of video consultation more challenging
4. There are DQ issues and admin staff are not always changing the appointment types on HISS therefore our appointment type data is not accurate

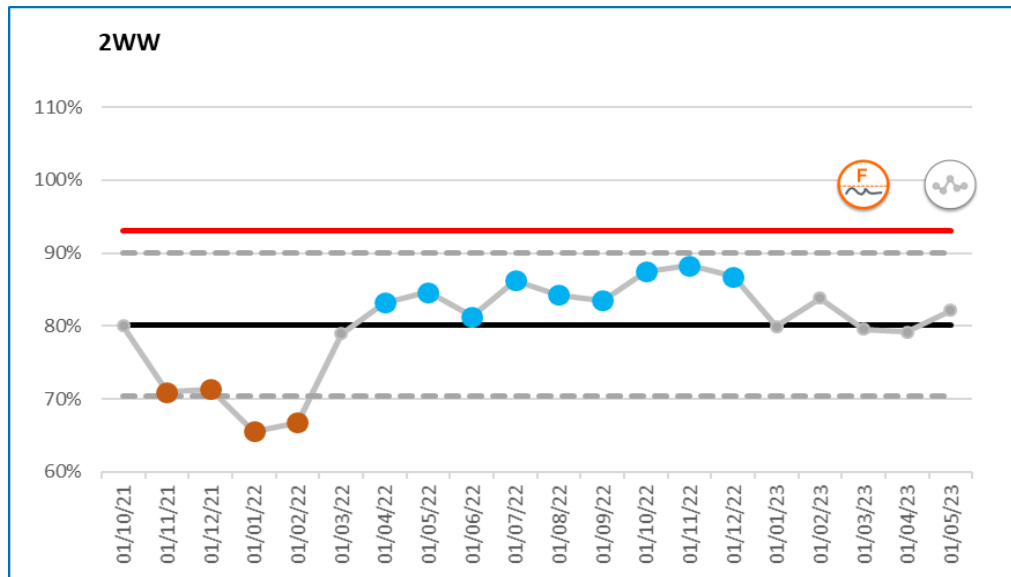
Actions

1. All of central outpatient rooms have now been provided with webcams, 2nd screens and headsets. Other OP areas have been asked what they need.
2. Services are being encouraged to run blended clinics (part F2F/part non F2F) so the room will still be needed. Transformation Leads are working with services offering more F2F then non F2F.
3. Attend Anywhere and AccuRx demos are being carried out and kit is being supplied to encourage video consultation as an alternative. Improve comms around the benefits of video consultation and reducing DNAs

Impact/Timescale

- 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		
May 23	YTD	Target	Jun 23	Jul 23	Aug 23
82.1%	80.7%	93%	83%	84%	84%

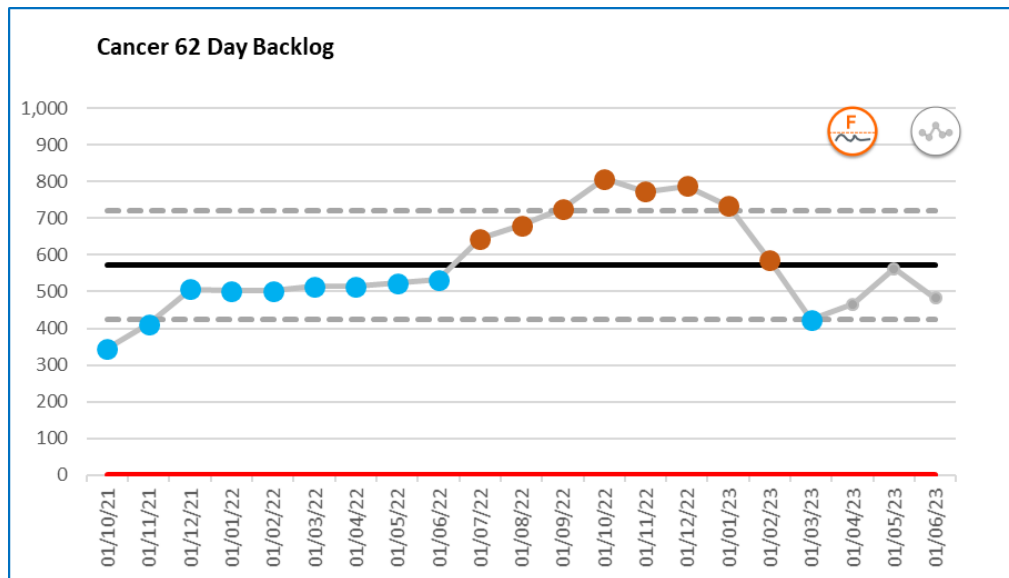
National Position & Overview

May showed an improvement on April's position

In May, UHL ranked 80th out of 134 Acute Trusts. The National average was 80.8%. 39 out of the 134 Acute Trusts achieved the target. UHL ranked 8th out of the 18 UHL Peer Trusts. The best value within our peer group was 97.1%, the worst value was 54.0% and the median value was 81.7%.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> In May 2WW demand was 4.9% 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. Industrial Action has reduced 2ww capacity 2ww capacity unable to meet demand for ENT & Urology 	<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"> H1 – significant reduction in LOGI referrals evidenced immediate – increase in 2ww capacity June – Increase in FDS capacity May – Additional Urology 2ww capacity

Responsive Cancer – Cancer 62 Day Backlog

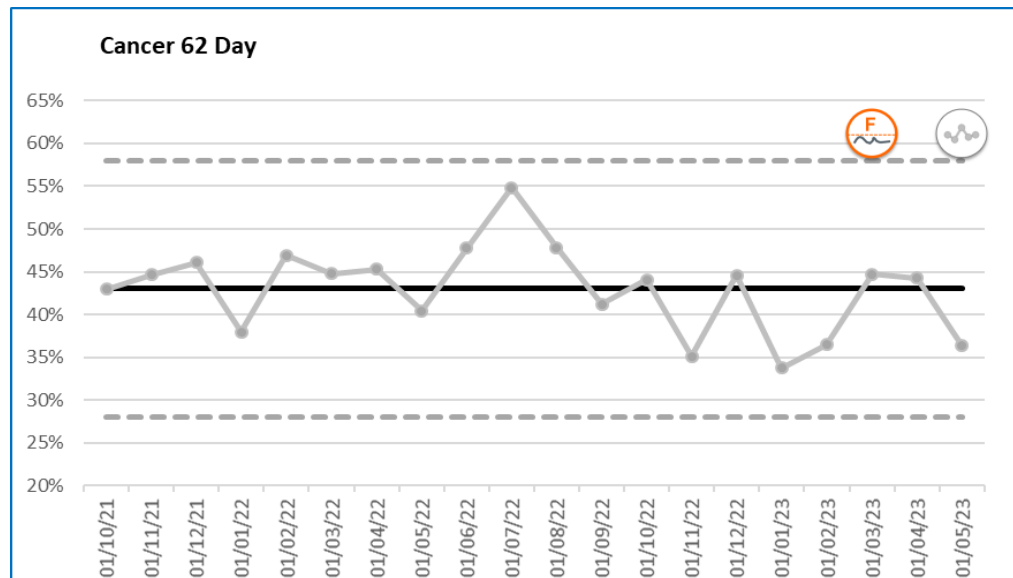


Current Performance			Three Month Forecast		
Jun 23	YTD	Target	Jul 23	Aug 23	Sep 23
482	482	0	508	462	420

National Position & Overview
UHL is a tier I trust) for 62 day backlog by volume, based on 22/23 levels.
UHL is the 22 nd worst trust when distance from 'fair share' target for year end (March 24) position. This is an improving position.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> 62 day and 104 day backlogs have been impacted by industrial action 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 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 	<ul style="list-style-type: none"> Updated action plans by tumour site in progress 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

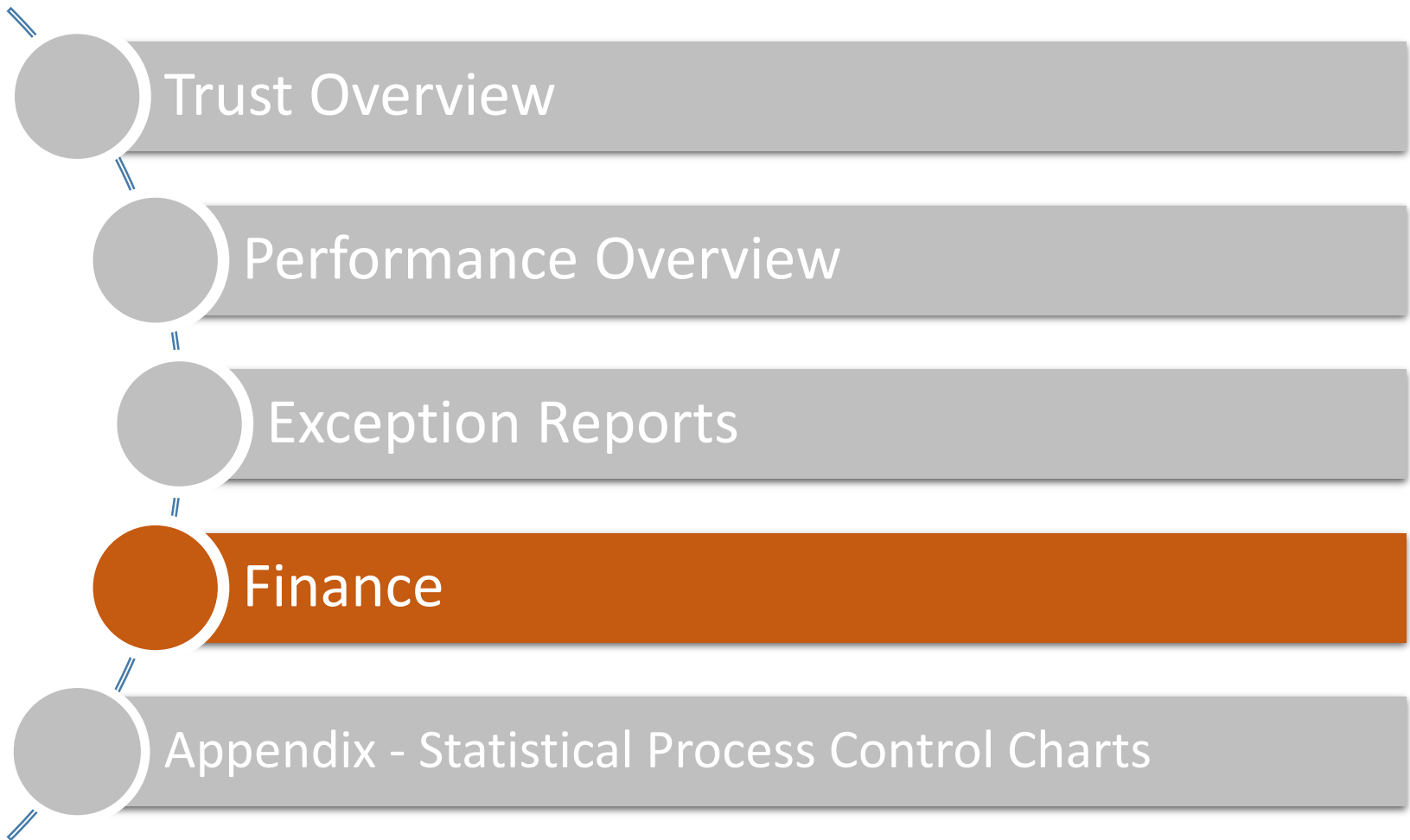


Current Performance			Three Month Forecast		
May 23	YTD	Target	Jun 23	Jul 23	Aug 23
36.3%	40.0%	85%	38%	39%	40%

National Position & Overview

In May, UHL ranked 126th out of 133 Acute Trusts. The National average was 58.7%. 8 out of the 133 Acute Trusts achieved the target. UHL ranked 16th out of the 18 UHL Peer Trusts. The best value within our peer group was 65.5%, the worst value was 34.4% and the median value was 54.0%.

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 IS to be engaged to assist with skin backlog 	<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 3 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	M3 YTD Plan of £-14.6m	M3	-£21.9m	-£6.6m		CFO
		Capital expenditure against plan	M3 YTD Plan of £15.6m	M3	£16m	£9.2m		CFO

Summary Financial Position

	I&E YTD			Annual Plan
	Plan	Actual	Variance to Plan	
	£'000	£'000	£'000	£'000
NHS Patient-Rel Income	327,870	331,205	3,336	1,317,031
Other Operating Income	36,968	36,179	(789)	154,107
Total Income	364,837	367,384	2,547	1,471,138
Pay	(225,653)	(228,805)	(3,152)	(888,377)
Agency Pay	(6,471)	(9,379)	(2,908)	(25,213)
Non Pay	(129,175)	(133,439)	(4,264)	(494,892)
Total Costs	(361,299)	(371,623)	(10,324)	(1,408,482)
EBITDA	3,538	(4,239)	(7,777)	62,656
Non Operating Costs	(18,376)	(17,909)	467	(73,494)
Retained Surplus/(Deficit)	(14,838)	(22,147)	(7,309)	(10,838)
Donated Assets	210	257	47	836
Reported Control Total Surplus/(Deficit)	(14,628)	(21,890)	(7,262)	(10,002)

Comments – YTD Variance to Plan

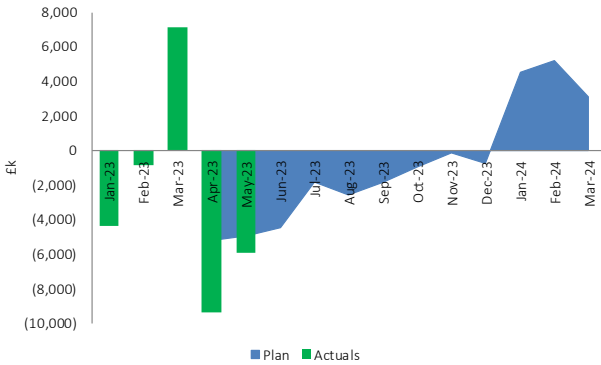
Total Income: £2.5mF: driven by £3.3mF excluded drugs and devices offset in non-pay pay and R&D £0.8mA linked to the timing of receiving commercial trials income.

Pay and Agency: £6.1mA includes £2.9mA due industrial action and increased agency spend £2.9mA mainly relating to specialising patients in ESM/MSS and filling additional establishment for acuity.

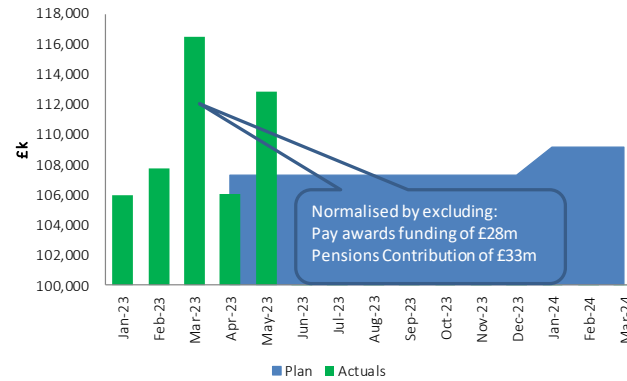
Non Pay: £4.3mA driven by inflation costs above plan £2.3mA, excluded drugs and devices of £3.3mA (matched by additional income), CIP over delivery £0.6mF and other £0.8mF mainly from reduced activity consumables.

Month 2 I&E Dashboards

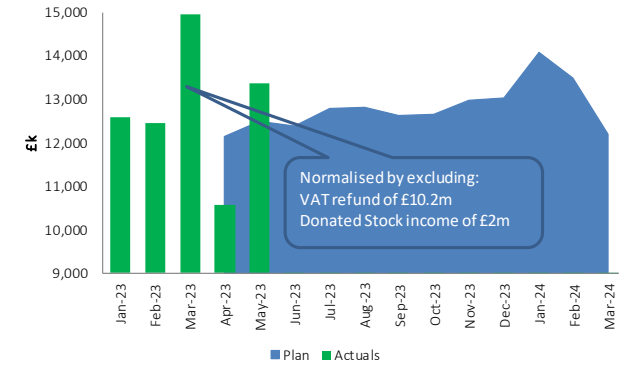
Monthly Surplus/(Deficit)



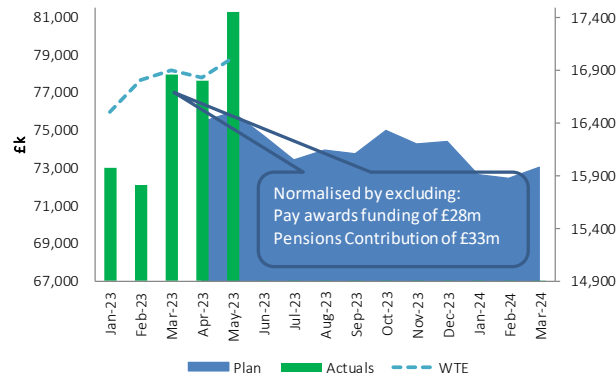
Monthly PCI Income



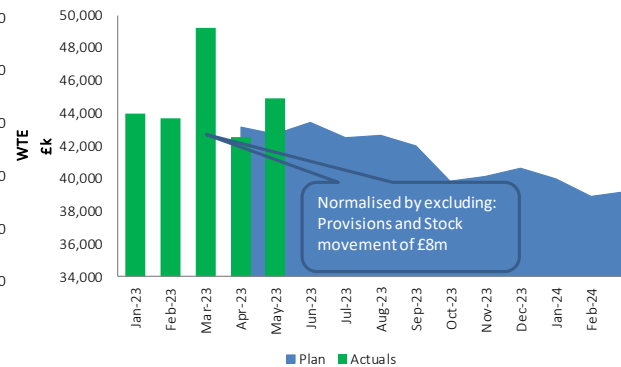
Monthly Other Income



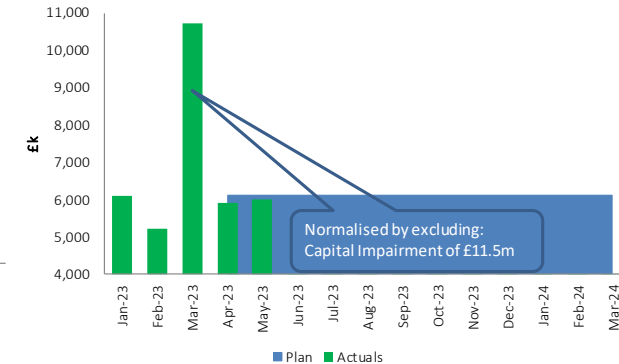
Monthly Substantive/Bank/Agency Pay



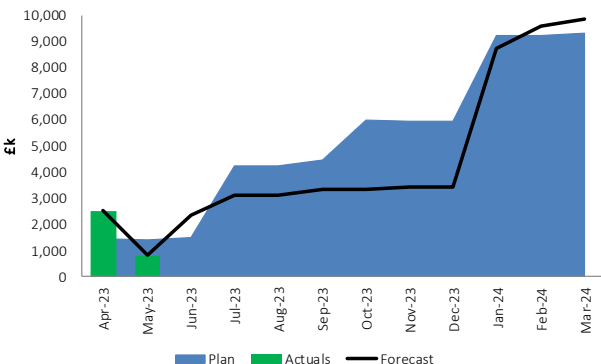
Monthly Non Pay



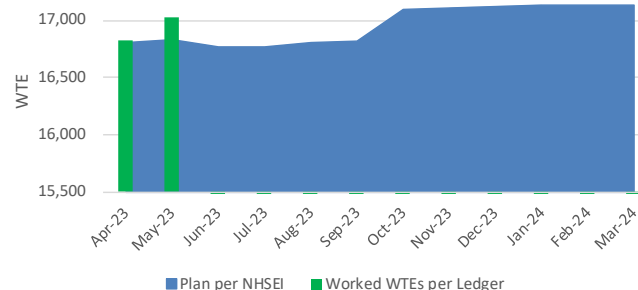
Monthly Non Ops



CIP Performance Inc Productivity



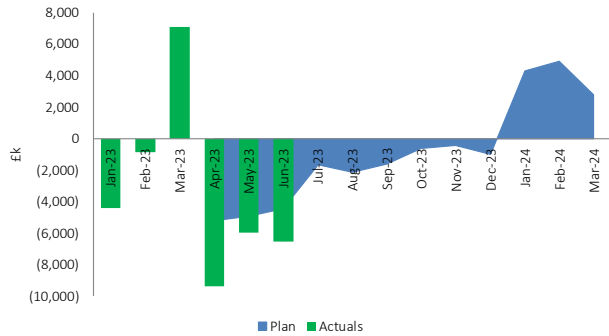
Worked WTEs vs NHSEI Workforce Plan



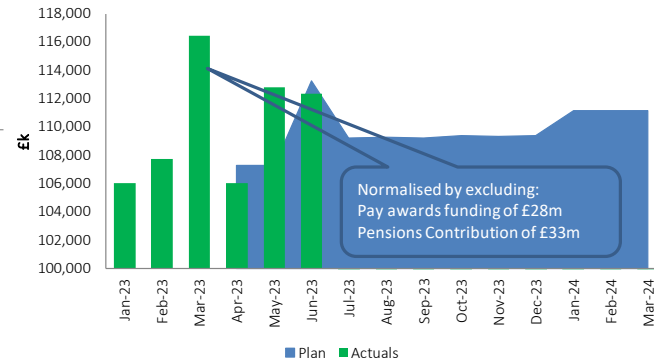
	In Month NHSEI Plan	In Month Worked	Increase in WTE
Substantive	15,565	15,251	(314)
Bank	853	1,180	327
Agency	413	594	181
Total WTE	16,831	17,026	195

Month 3 I&E Dashboards

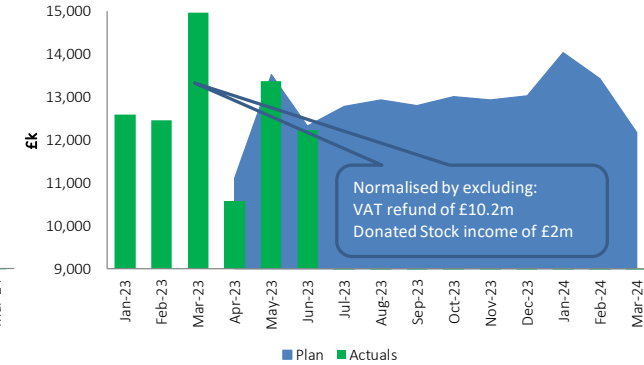
Monthly Surplus/(Deficit)



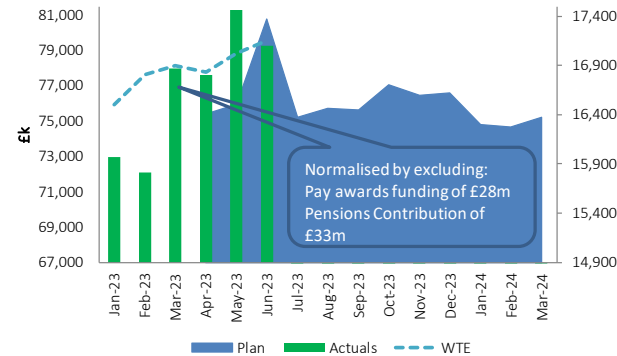
Monthly PCI Income



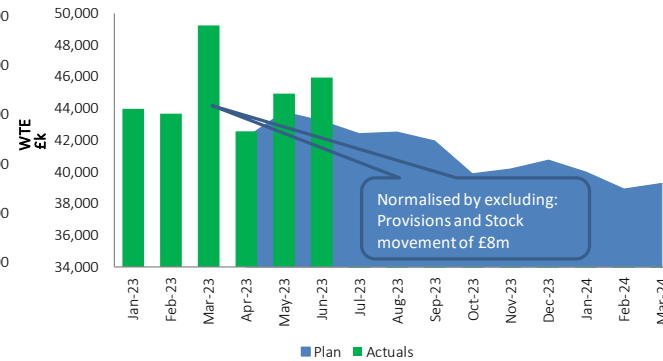
Monthly Other Income



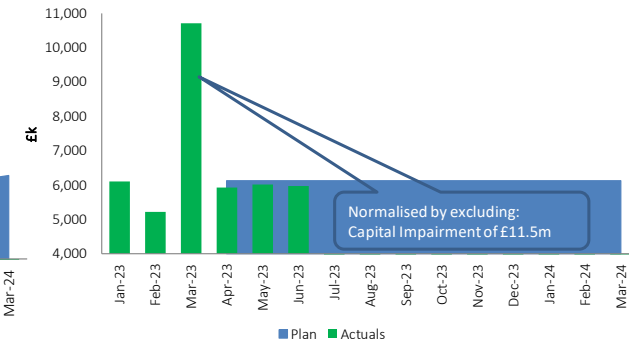
Monthly Substantive/Bank/Agency Pay



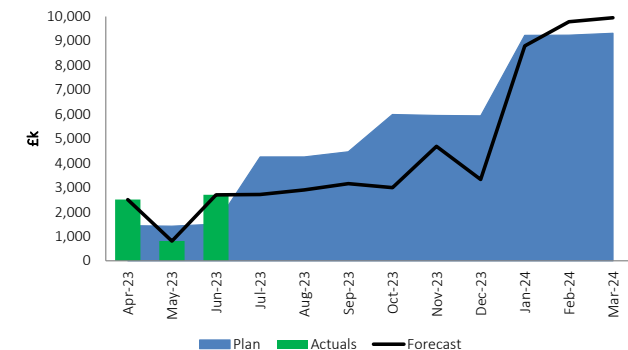
Monthly Non Pay



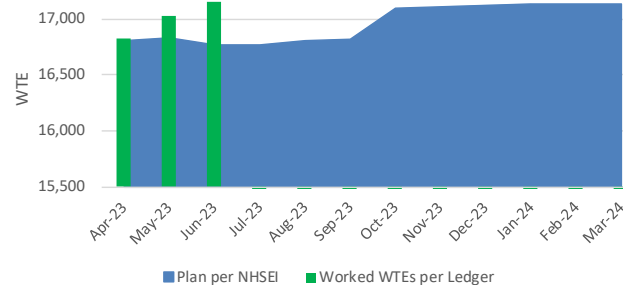
Monthly Non Ops



CIP Performance Inc Productivity



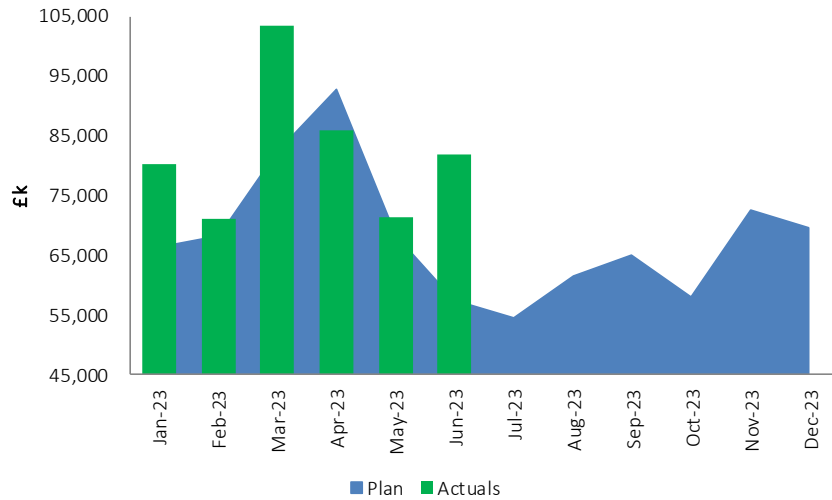
Worked WTEs vs NHSEI Workforce Plan



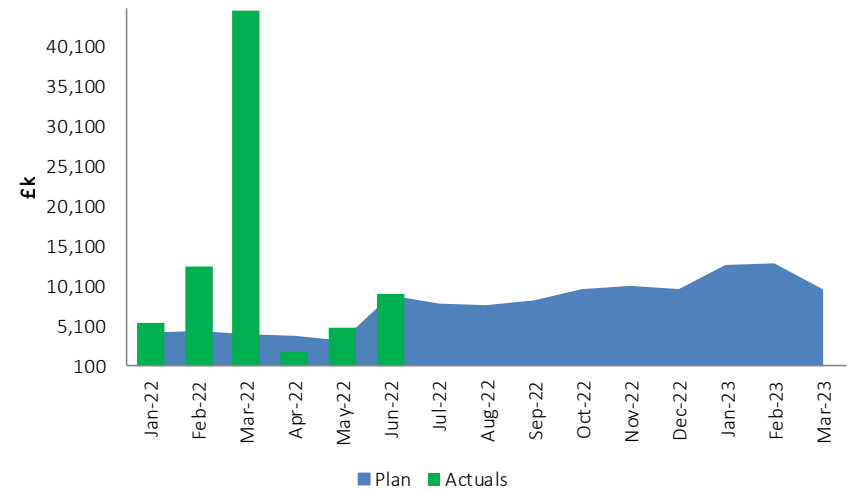
	In Month NHSEI Plan	In Month Worked	Increase in WTE
Substantive	15,507	15,454	(52)
Bank	852	1,170	318
Agency	414	530	117
Total WTE	16,772	17,154	382

Month 3 Balance Sheet Dashboards

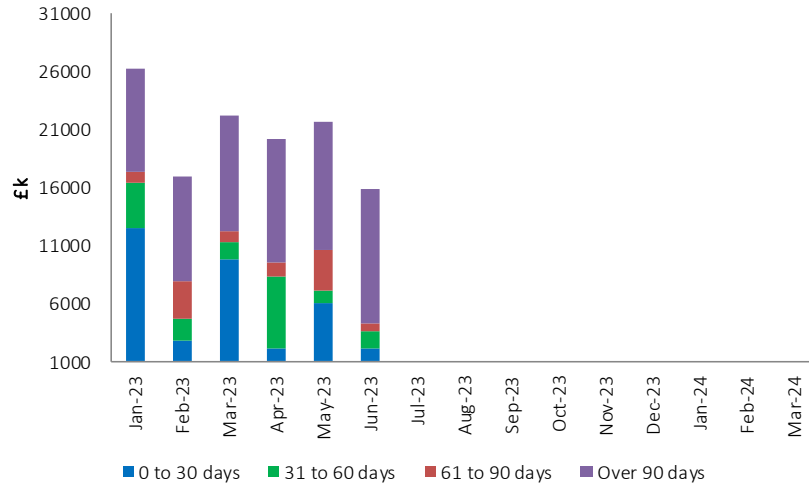
Cash



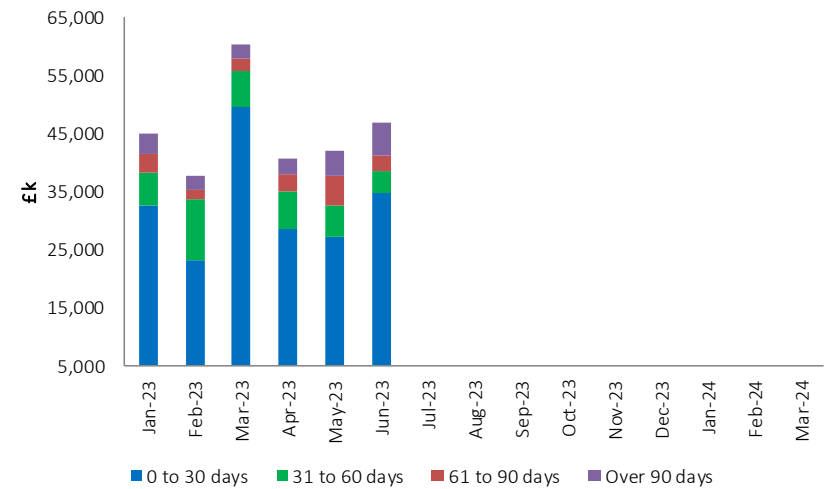
Capital



Ageing Debtor



Ageing Creditor



Statement of Financial Position

Statement of Financial Position	2023/24 M3 YTD				
	31-Mar-23	30-May-23	30-Jun-23	In Month Movement	YTD Movement
Intangible assets	15,506	14,608	14,159	(449)	(1,348)
Property, plant and equipment	719,387	716,678	714,452	(2,226)	(4,935)
Other non-current assets	3,099	3,030	2,981	(48)	(118)
Total non-current assets	737,992	734,315	731,592	(2,723)	(6,400)
Current assets					
Inventories	22,663	23,301	23,494	194	832
Trade and other receivables	64,023	80,961	50,261	(30,700)	(13,762)
Cash and cash equivalents	103,344	71,476	81,768	10,292	(21,577)
Total current assets	190,030	175,737	155,523	(20,214)	(34,507)
Current liabilities					
Trade and other payables	(164,986)	(144,634)	(130,260)	14,375	34,726
Borrowings / leases	(7,895)	(7,827)	(7,697)	130	198
Accruals	(23,066)	(28,078)	(26,623)	1,455	(3,557)
Deferred income	(4,167)	(12,416)	(11,128)	1,288	(6,961)
Dividend payable	(391)	(4,733)	(6,566)	(1,833)	(6,175)
Provisions < 1 year	(13,014)	(12,498)	(12,507)	(9)	507
Total current liabilities	(213,520)	(210,186)	(194,781)	15,405	18,739
Net current assets / (liabilities)	(23,489)	(34,449)	(39,258)	(4,809)	(15,769)
Non-current liabilities	714,502	699,866	692,334	(7,533)	(22,169)
Borrowings / leases	(33,847)	(34,752)	(33,826)	926	21
Provisions for liabilities & charges	(4,033)	(4,033)	(4,033)	0	0
Total non-current liabilities	(37,881)	(38,786)	(37,860)	926	21
Total assets employed	676,622	661,081	654,474	(6,607)	(22,147)
Public dividend capital				0	
Revaluation reserve	(797,141)	(797,141)	(797,141)	0	0
Income and expenditure reserve	(202,796)	(202,796)	(202,796)	0	0
Total taxpayers equity	323,316	338,856	345,463	6,607	22,147
TOTAL TAXPAYERS EQUITY	(676,622)	(661,081)	(654,474)	6,607	22,147

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

- **Non-Current Assets** - PPE and intangibles reduced by £2.7m, additional capex incurred in M3 was more than offset by depreciation.
- **Trade and other receivables** - reduced by £30.7m. This is due to the release of the income accrual related to the 22/23 and YTD 23/24 pay award (£28m) accrual, following receipt of funding from commissioners.
- **Cash Balances** – Cash balances reduced by £10.3m
- **Trade and other payables and accruals** - reduced by £15.8m. This was largely due to the release of the pay award and CEA accruals, offset by the increase in Tax and NI creditors relating to the pay award and acceleration of payments of trade suppliers.
- **PDC Dividend** – The increase of £1.8m reflects the accrual of the M3 PDC dividend payment.
- **Deferred Income** – Reduced by £1.3m in line with release of HEE funding into the I&E position (funding received in advance of the period it relates to).
- **Income and Expenditure Reserve** – The I&E reserve contracted in line with the reported income and expenditure position by £6.6m.

Capital Programme

Sources of Funding	Adjustments		
	Annual Plan 23/24 £'000	not built into Plan £'000	Revised Plan 23/24 £'000
ICS Envelope (internally generated)	39,775	4,953	44,728
IFRS 16 (internally generated)	10,060	0	10,060
PDC - Recon	2,310	-1,250	1,060
PDC - Elective Hub	19,874	-3,723	16,151
PDC - CDC Hinckley	900	0	900
PDC - UEC Modular	6,000	-6,000	0
PDC - UEC Wards	24,500	-503	23,997
PDC - Endoscopy	0	248	248
Charitable Funds	480	20	500
Total Capital Programme - 23-24	103,899	-6,255	97,644

Area	Annual Plan £'000	Revised Plan £'000	M3 Plan £'000	Actual M3 £'000	Variance £'000
System Funded					
East Midlands Planned Care Centre		3,723			
Reconfiguration		1,250			
MEE	1,500	1,500	150	657	507
MES	3,729	3,729	272	198	(74)
MES Enabling	3,425	3,425	80	32	(48)
IM&T	10,782	10,782	1,513	1,820	306
Estates and Facilities Backlog	5,000	5,000	501	511	10
Estates Projects	8,250	8,250	1,680	1,351	(329)
Linear Accelerator	5,074	5,074	2,007	894	(1,113)
Health Education England	1,000	1,000	249	56	(193)
Contingency	1,015	995	0	0	0
Total Schemes funded from System envelope	39,775	44,728	6,452	5,519	(933)
PDC Funded Schemes					
Reconfiguration	2,310	1,060	577	425	(151)
East Midlands Planned Care Centre	19,874	16,151	5,217	3,113	(2,104)
UEC - Wards	24,500	23,997	1,620	0	(1,620)
UEC - Modular	6,000	0	267	0	(267)
CDC Hinckley	900	900	0	0	0
Endoscopy	0	248	0	0	0
Total PDC Funded Schemes	53,584	42,356	7,681	3,538	(4,142)
Charitable Funds	480	500	126	101	(25)
Total Capital Programme	93,839	87,584	14,259	9,158	(5,100)
Leases:IFRS16	10,060	10,060	1,311	0	(1,311)
Total Capital Programme inc Leases	103,899	97,644	15,570	9,158	(6,411)
Donated Income	(480)	(500)	(125)	(68)	57
Net CDEL	103,419	97,144	15,445	9,090	(6,355)

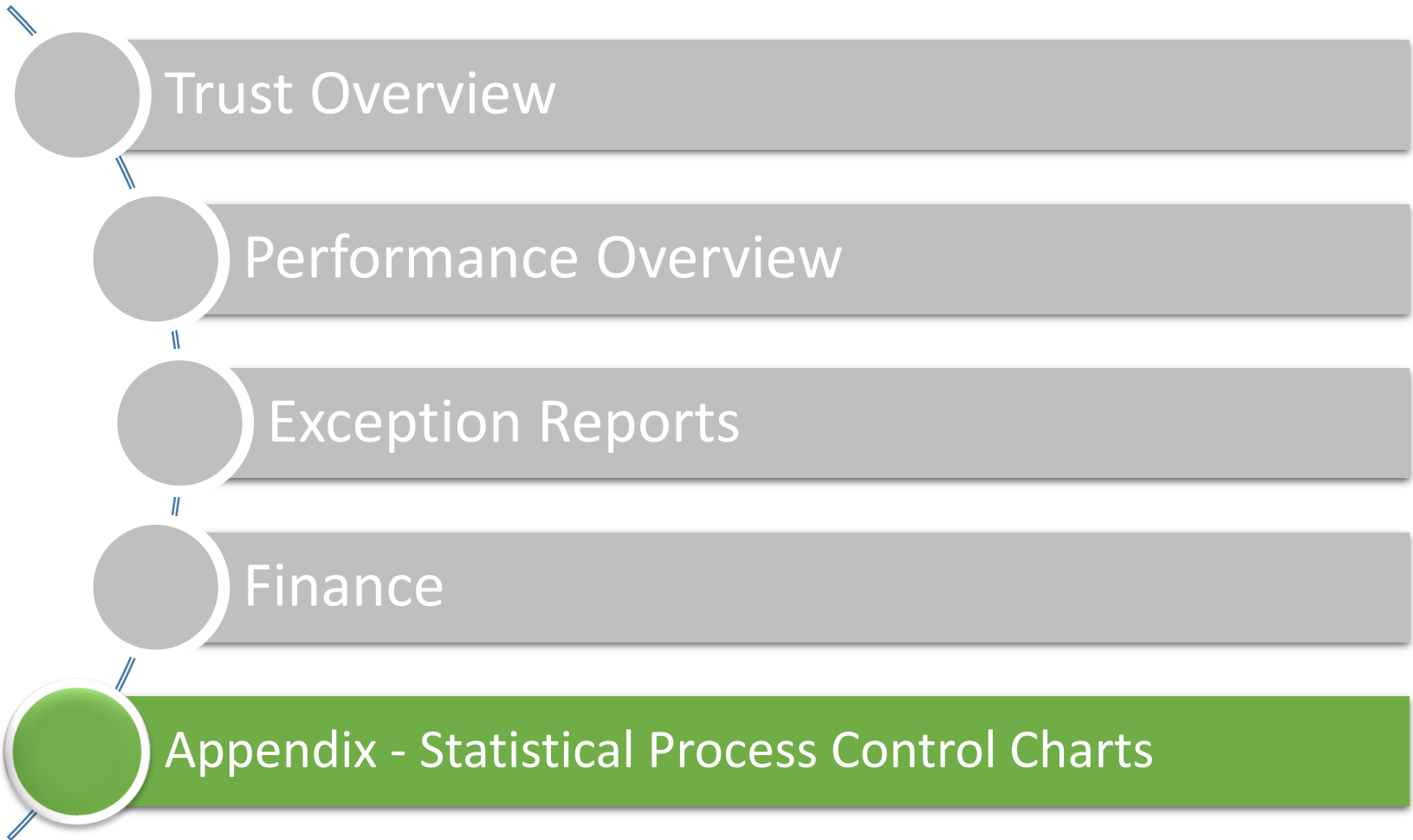
The Trust commenced the year with an annual plan of £103.9m. Since then, the plan has moved by £6.3m as a result of UEC monies not being approved of £6.5m and additional monies received for Endoscopy fees of £0.2m. Therefore, the Trust have agreed the revised capital plan of £97.6m for 23/24.

In the month, expenditure incurred was £4m, mainly relating to:

- East Midlands Planned Care Centre - £1.1m.
- Estates backlog & Winter Works - £1.2m – Physiotherapy Space and GH Multiple Wards Scheme.
- IM&T costs - £1m – eHospital Scheme.

The year-to-date variance of £6.4m against the agreed plan profile is mainly due to:

- East Midlands Planned Care Centre (£2.1m) – The plan was based on a construction S-curve as a cashflow was not forthcoming from the contractors at the time the plan was submitted.
- UEC Wards development (£1.6m) as a result of a change in the scheme expenditure profile compared with plan.
- Linear Accelerator (£1.1m) - Delays to the Linear accelerator Foxton Refurbishment;
- IFRS 16 Finance Leases (£1.3m) - No new additions have been reported but should recover later in the year.



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.

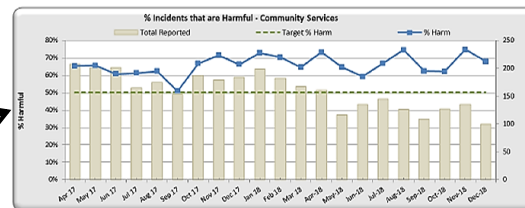
- Two horizontal lines either side of the Mean-(called the upper and lower control limits).

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

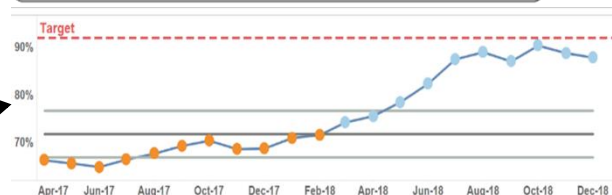
- A horizontal line showing the Target.

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)

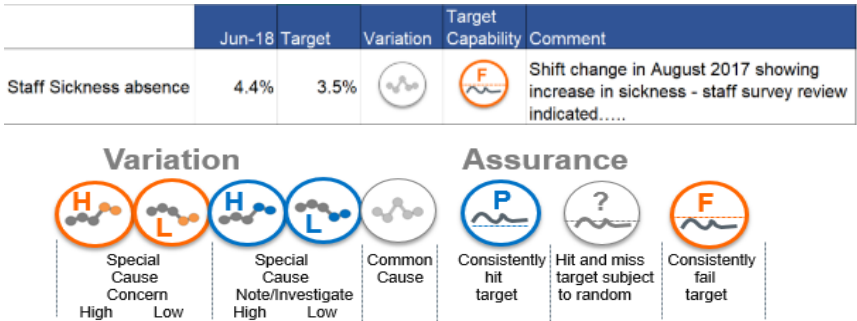
Normal variations in performance across time can occur randomly- without a direct cause, and should not be treated as a concern, or a sign of improvement, and is unlikely to require investigation unless one of the patterns defined below applies.

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.