

Meeting title:	Public Trust Board Public Trust Board paper E				
Date of the meeting:	13 July 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



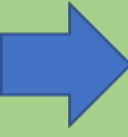

This report provides a high level summary of the Trust's performance against the key quality and performance metrics, together with a brief commentary where appropriate.

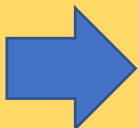



Main report detail

Key headlines in performance are summarised below:

Summary of UHL Performance: May 2023

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

Emergency Care 	<p>May 2023 has seen an increase in overall ED attendances (Types 1 to 3) with 4,069 more attendances than the previous month. Type 1 & Type 3 attendances saw the largest proportional increase (+13%) with Type 2 & seeing a slightly lower increase (+11%), 4 hour performance UHL ranked 80th out of 111 Acute Trusts. The National average in England was 74.0 %. Only 1 out of the 111 Acute Trusts achieved the target. UHL ranked 10th out of 16 trusts in its peer group. The best value out of the Peer Trusts was 79.9% and the worst value was 67.7%. , LRI monthly ambulance handovers over 60 minutes were at 5.8% (279 out of 4,792 handovers) which is a slight deterioration compared to April 2023 when LRI was 4.6% (202 out of 4,369 handovers).</p>
Referral to Treatment 	<p>Elective recovery remains challenged and total waiting list is large, but our focus remains on achieving the best possible position for 78 weeks plus breaches by the end of June 23. Our revised forecast position agreed with NHSE, taking into account the impact of June industrial action is 166. Whilst this is not at zero, there continues to be a month-on-month reduction in the longest waiters.</p> <p>We are actively monitoring our 65 ww March 24 cohort and working closely with the specialties who have the biggest challenge. This month UHL has joined 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> <p>Improving productivity across the board in both theatres and outpatients remains a key priority and are starting to see some green shoots in improvement.</p>
Outpatient Transformation 	<p>The Outpatients Board in June 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.</p> <p>The Outpatient follow up reduction will be driven by:</p> <ul style="list-style-type: none"> • Increase in PIFU: a relaunch with specialties is underway with support from the transformation team to reinvigorate the approach and share best practice • Digital solutions to overdue follow ups, validating the list and moving patients to PIFU where possible – which has already removed over 10,500 pathways • The introduction of GPSIs in the Gynae pathways, to move more activity to primary care and other pathway and triage approaches to increase the rate of discharge at first appointment.
Cancer 	<p>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 interspersed around Easter and Bank holidays which has been seen across multiple providers, both regionally and nationally. UHL is starting to see a recovery in the >62 days metric, our key lead measure. 28 day FDS and other measures are expected to follow the pattern seen within >62ds through April & May with improvements being tracked within June. A key focus on our now fortnightly meetings with NHSE/I has been the 62 day backlog position, with the Trust reaching 952 patients waiting at the beginning of November. 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 529 from a second lesser peak of 598 on 25th May. June Industrial Action is expected to impact our cancer performance to a lesser degree, due to the absence of other special causes within the immediate vicinity, although risk remains.</p>

Activity 	<p>Elective Admissions between April 2023 and May 2023 were 622 over plan (3.2%); Day Case activity was 775 over plan (4.8%) and Inpatient activity was 153 under plan (-4.9%). Non-Elective Admissions between April 2023 and May 2023 were 74 over plan (0.4%); Emergency activity was 239 over plan (1.5%) and Non-Elective activity was 165 under plan (-4.4%).</p> <p>Outpatient activity between April 2023 and May 2023 was 7,067 under plan (-4.2%). Total ED activity between April 2023 and May 2023 was 636 under plan (-1.5%); Emergency Department (Type 1) activity was 841 under plan (-2.1%) and Eye Casualty (Type 2) activity was 205 over plan (5.9%).</p>
Quality 	<p>Overall, our performance in month remains strong for the majority of our key performance indicators. We continue our quality improvement programmes to reduce hospital acquired infection, perineal trauma and hospital acquired pressure ulcers.</p> <p>Timely response to complaints reported has also been re-introduced this month; this demonstrates a need to improve responsiveness. Our plans to achieve this are detailed in the exception report and will be overseen by the Quality Committee.</p>
Finance 	<p>The Trust is reporting a year-to-date deficit at Month 2 of £15.3m which is £5.2m adverse to plan. Year-to-date CIP delivery, including productivity, is £3.3m against a £2.9m CIP target.</p> <p>The Trust has incurred YTD capital expenditure of £5.1m in M2, which was £1.7m lower than the M2 year to date plan of £6.8m, as a result of the Elective Care Centre expenditure profile and IFRS 16.</p> <p>The cash position at the end of May was £71.5m, representing a reduction of £14.5m in the month, which was £8.3m lower than forecast, mainly due to the timings of Patient Care Income payment not received (£2.4m), now received in June and £2m VAT refund that was forecast to be received in May.</p>
Workforce 	<p>There is an improved vacancy position for the majority of our KPIs. The exception is midwifery but the change from February to March is minimal.</p> <p>Recruitment and retention continues to be a key focus across all areas of the Trust and recruitment approaches and activities are being tailored to support the needs of the Trust, our services and the local community. Traditional recruitment activities are now complemented with large scale recruitment campaigns and events and a range of in reach activities which are tailored to the needs of local communities. Over the previous months events have focused on catering, pharmacy and healthcare support workers.</p> <p>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).</p> <p>The Trust's turnover rate for May 2023 has de-created by 0.4% and within the Trusts target of 10%. Staff absence has also shown a decrease of 0.5%, however is above the Trust target of 3%.</p> <p>The percentage of staff who have received an annual appraisal has increased by 1.6% and staff compliant with mandatory training topics has remained static outside of the 95% target.</p> <p>KPIs continue to be monitored through Trust Performance Review meetings.</p>

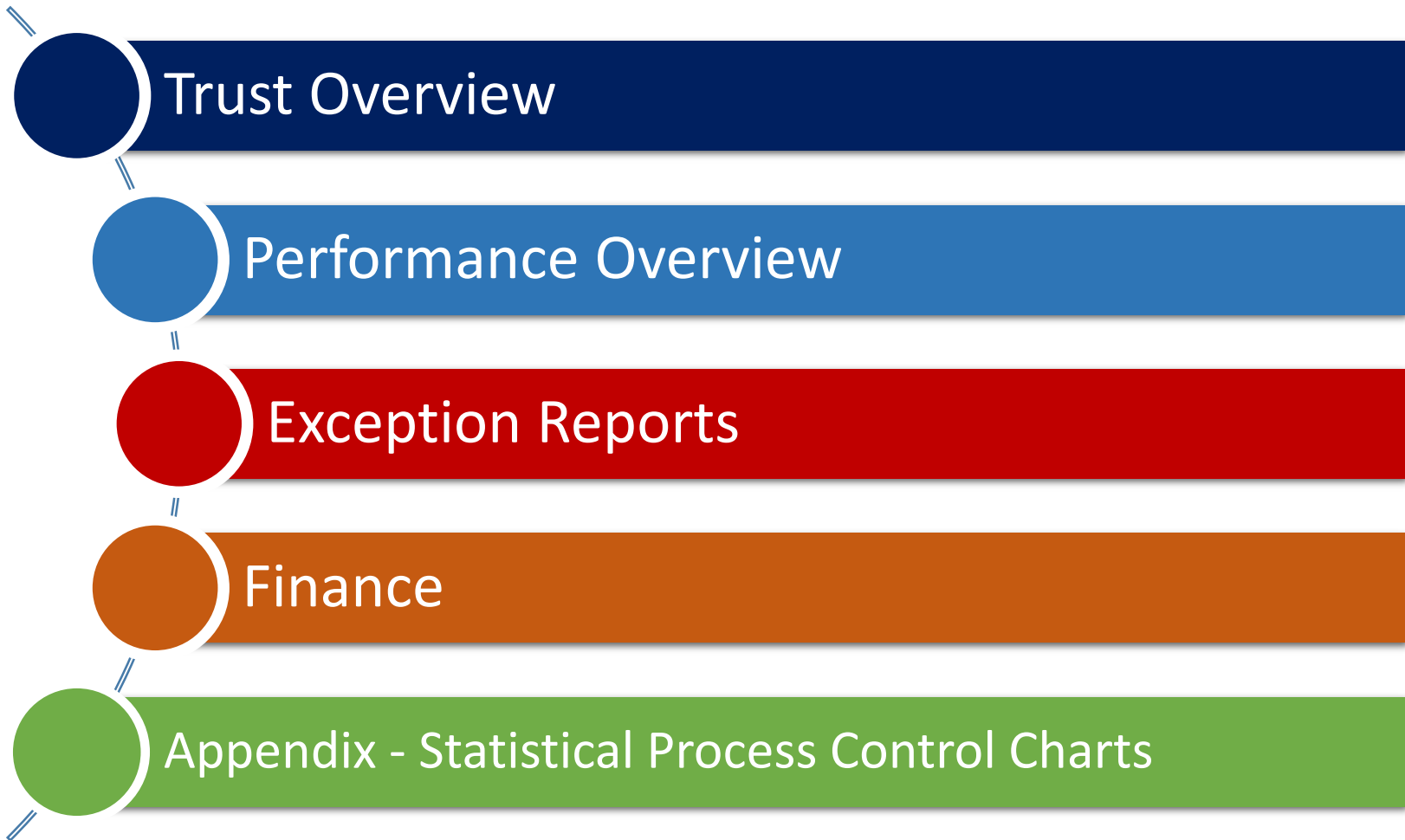
Supporting documentation

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

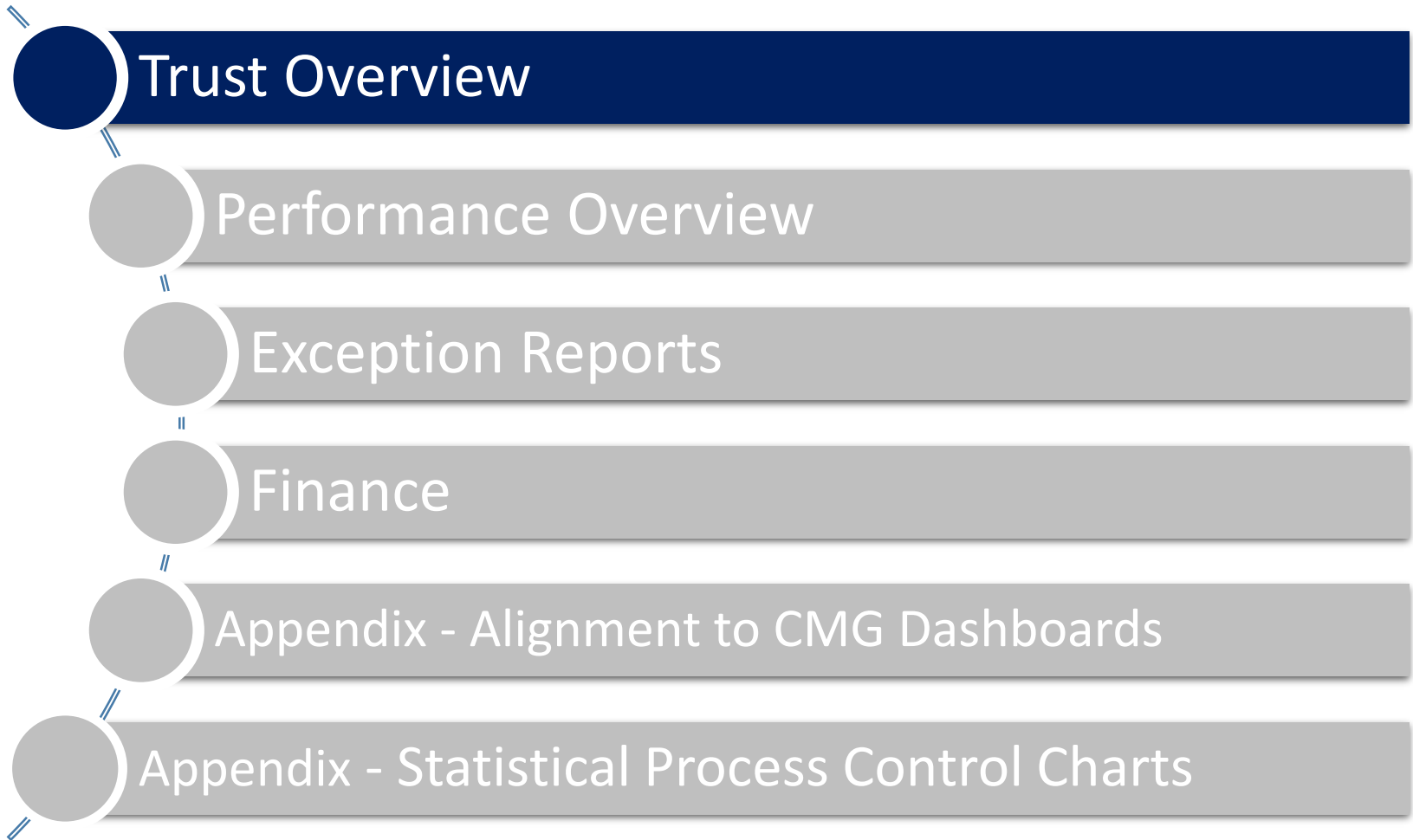
Integrated Performance Report

May 2023

Contents



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



Trust Overview (Year to Date)

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

Key

Failing Target

Achieving Target

Target TBC

Trust Overview (Current Month)

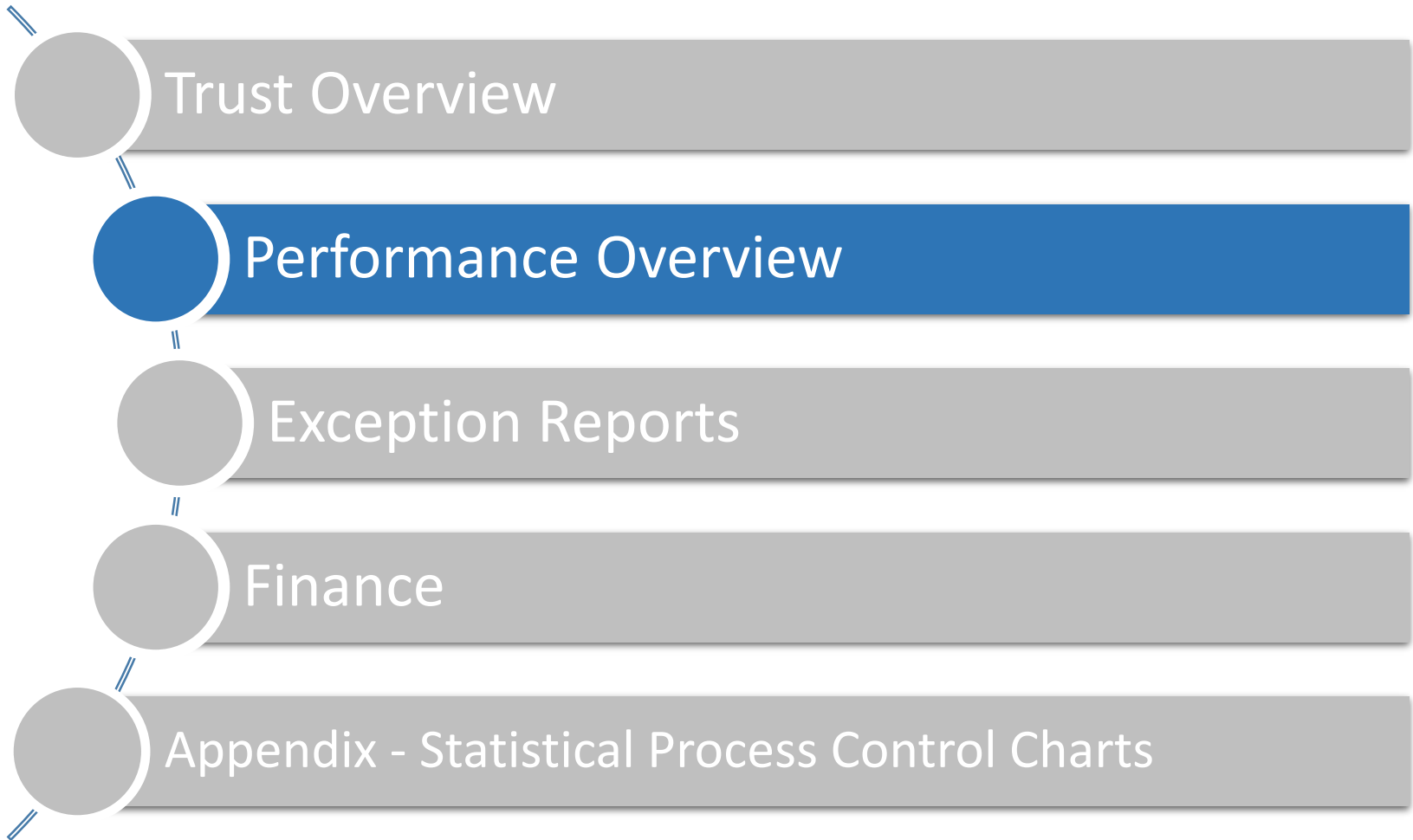
Safe	Caring	Well Led	Effective	Responsive Emergency Care	Responsive Elective Care	Responsive Cancer Care
Never Events	Inpatient and Day Case F&F Test % Positive	Staff Survey Recommend for Treatment	Mortality Published SHMI	ED 4 Hour Waits Acute Footprint	Long Stay Patients > 21 days	2WW
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HAPU - All categories						

Key

Failing Target

Achieving Target

Target TBC



Performance Overview (Safe)

Safe

Domain	Key Performance Indicator	Target	Mar-23	Apr-23	May-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Safe	Never events	0	1	0	0	0				Nov-22	MD
	% of all adults Venous Thromboembolism Risk Assessment on Admission	95%	97.3%	97.1%	97.1%	97.1%				Oct-21	MD
	% of 3rd & 4th Degree Perineal Tears	3.5%	2.5%	3.2%	3.7%	3.5%				Aug-22	CN
	Clostridium Difficile per 100,000 Bed Days		17.3	24.6	30.3	27.0				Jun-21	CN
	Methicillin Resistant Staphylococcus Aureus Total	0	0	0	0	0				Jun-21	CN
	E. Coli Bacteraemias Acute	129	16	14	19	33				Jun-21	CN
	Methicillin-susceptible Staphylococcus Aureus Acute*	40	1	2	2	4				Jun-21	CN

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

Comments

Performance in month for most the KPI's relating to safe remains strong. 3rd and 4th degree are above the locally agreed threshold but remain within normal variation. The team continue their quality improvement program to reduce perineal trauma.

The E-Coli numbers bloodstream infections have also increased in-month. The UHL Infection Prevention team is embarking on a case-control study of 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. We continue to focus on the fundamental of good infection prevention practice and will share the findings of this study as they become available.

We are working with regional colleagues to agree a threshold for CDiff cases per 100,000 bed days. TIPAC is reviewing our compliance with the national standards to reduce this infection in July.

Rating

Performance Overview (Safe)

Domain	Key Performance Indicator	Target	Mar-23	Apr-23	May-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Safe	COVID-19 Hospital-onset, probable, 8-14 days after admission		18.1%	19.4%	16.5%	18.5%				May-23	CN
	COVID-19 Hospital-onset, healthcare-acquired, 15 or more days after admission		10.7%	11.0%	21.1%	14.3%				May-23	CN
	All falls reported per 1000 bed days	5.5	3.2	3.7		3.7				Aug-22	CN
	Rate of Moderate harm and above Falls Patient Safety Incidents with finally approved status per 1,000 bed days	0.18	0.11	0.10		0.10				Aug-22	CN
	Hospital Acquired Pressure Ulcers - All categories	130	135	130	176	306				Jun-21	CN

Comments

We have seen an increase in hospital acquired pressure ulcers in month, this is largely driven by specialist medicine following a period of sustained reduction. Intense support has been deployed to specialist medicine and further detail is provided in the exception report. A detailed report and update on our plans is due to Quality Committee in July.

Rating

Performance Overview (Caring)

Domain	Key Performance Indicator	Target	Mar-23	Apr-23	May-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Caring	Single Sex Breaches		17	6	18	24				Jul-22	CN
	Inpatient and Day Case Friends & Family Test % Positive*	95%	98%	98%	97%	98%				Jul-22	CN
	A&E Friends & Family Test % Positive**	77%	79%	86%	79%	82%				Jul-22	CN
	Maternity Friends & Family Test % Positive*	91%	93%	96%	95%	96%				Jul-22	CN
	Outpatient Friends & Family Test % Positive	95%	94%	94%	94%	94%				Jul-22	CN
	% Complaints Responded to in Agreed Timeframe - 10 Working days	95%	61.5%	68.4%	47.4%	57.9%				N/A	CN
	% Complaints Responded to in Agreed Timeframe - 25 Working days	95%	44.4%	33.6%		33.6%				N/A	CN
	% Complaints Responded to in Agreed Timeframe - 60 Working days	95%	83.3%			38.0%				N/A	CN

Comments

Timely response to complaint reporting has been reinstated this month. In line with our patient experience strategy development we are recruiting a Head of Patient Experience to improve the responsiveness of this service. The exception report details our plan to improve this position at pace.

Rating

Performance Overview (Well Led)

Domain	Key Performance Indicator	Target	Mar-23	Apr-23	May-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%	8.7%	8.5%	8.1%	8.1%				Aug-22	CPO
	Sickness Absence (Excludes Estates & Facilities staff)	3%	5.2%	4.7%		4.7%				Mar-21	CPO
	% of Staff with Annual Appraisal (Includes Estates & Facilities staff from May 21)	95%	77.1%	77.0%	78.6%	78.6%				Mar-21	CPO
	Statutory and Mandatory Training	95%	93%	93%	93%	93%				Dec-22	CPO

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

Comments












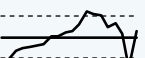


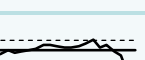
The Trust's turnover rate for May 2023 has de-created by 0.4% and within the Trusts target of 10%. Staff absence has also shown a decrease of 0.5%, however is above the Trust target of 3%.

The percentage of staff who have received an annual appraisal has increased by 1.6% and staff compliant with mandatory training topics has remained static outside of the 95% target.

KPIs continue to be monitored through Trust Performance Review meetings.

Rating

Performance Overview (Well Led)


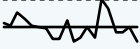
Domain	Key Performance Indicator	Target	Mar-23	Apr-23	May-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Well Led	Adult Nursing Vacancies	10%	7.1%	12.8%	8.1%	8.1%				Oct-22	CPO
	Paed Nursing Vacancies	10%	8.6%	14.1%	13.5%	13.5%				Oct-22	CPO
	Midwives Vacancies	10%	14.0%	13.7%	13.8%	13.8%				Oct-22	CPO
	Health Care Assistants and Support Workers - excluding Maternity	10%	14.8%	9.4%	15.2%	15.2%				Oct-22	CPO
	Health Care Assistants and Support Workers - Maternity	5%	0.3%	-16.8%	-12.7%	-12.7%				Oct-22	CPO

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

Comments



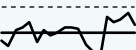











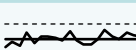

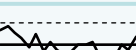




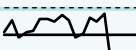



Rating

Performance Overview (Effective)

Domain	Key Performance Indicator	Target	Mar-23	Apr-23	May-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Effective	Published Summary Hospital-level Mortality Indicator (SHMI)	100	104	103	103	103 Jan 21 to Dec 22				May-21	MD
	12 months Hospital Standardised Mortality Ratio (HSMR)	100	100	101	100	100 Mar 22 to Feb 23				May-21	MD
	Crude Mortality Rate	No Target	1.2%	1.3%	1.0%	1.1%				May-21	MD

Comments	Rating

Performance Overview (Responsive Emergency Care)






















Domain	Key Performance Indicator	Target	Mar-23	Apr-23	May-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Responsive (Emergency Care)	Emergency Department 4 hour waits Acute Footprint	95%	71.6%	73.2%	70.7%	71.9%				Mar-23	COO
	Mean Time to Initial Assessment	15	31.1	22.2	19.6	20.5				Nov-22	COO
	12 hour trolley waits in Emergency Department	0	1,155	960	1,046	2,006				Mar-23	COO
	Number of 12 hour waits in the Emergency Department	0	2,540	2,107	2,545	4,652				TBC	COO
	Time Clinically Ready to Proceed	60	289	273	270	271				Nov-22	COO
	Number of Ambulance Handovers		4,554	4,369	4,792	9,161				Data sourced externally	COO
	Number of Ambulance Handovers >60 Mins		562	204	279	483				Data sourced externally	COO
	Ambulance handover >60mins	0%	12.3%	4.7%	5.8%	5.3%				Data sourced externally	COO
	Long Stay Patients (21+ days) as a % of G&A Bed Occupancy	12%	14.1%	16.7%	14.7%	14.7%				Apr-23	COO

Comments

Rating

May 2023 has seen an increase in overall ED attendances (Types 1 to 3) with 4,069 more attendances than the previous month. Type 1 & Type 3 attendances saw the largest proportional increase (+13%) with Type 2 & seeing a slightly lower increase (+11%), 4 hour performance UHL ranked 80th out of 111 Acute Trusts. The National average in England was 74.0 %. Only 1 out of the 111 Acute Trusts achieved the target. UHL ranked 10th out of 16 trusts in its peer group. The best value out of the Peer Trusts was 79.9% and the worst value was 67.7%. , LRI monthly ambulance handovers over 60 minutes were at 5.8% (279 out of 4,792 handovers) which is a slight deterioration compared to April 2023 when LRI was 4.6% (202 out of 4,369 handovers).

Performance Overview (Responsive Elective Care)

Domain	Key Performance Indicator	Target	Mar-23	Apr-23	May-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Responsive (Elective Care)	Referral to Treatment Incompletes	103,403	116,195	117,318	117,809	117,809				Jun-23	COO
	Referral to Treatment 52+ weeks	0	12,433	10,916	10,096	10,096				Jun-23	COO
	Referral to Treatment 104+ weeks	0	2	7	3	3				Jun-23	COO
	6 Week Diagnostic Test Waiting Times	1.0%	44.0%	45.4%	38.0%	38.0%				Nov-19	COO
	% Operations Cancelled On the Day	1.0%	1.7%	1.3%	1.2%	1.2%				Apr-21	COO
	% Outpatient Did Not Attend rate	5%	8.3%	7.9%	7.9%	7.9%				Apr-23	COO
	% Outpatient Non Face to Face	45%	31.5%	31.0%	28.4%	29.7%				Apr-23	COO

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

Comments



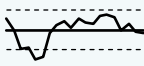






The overall picture for Elective Care remains challenged, however there is continued progress on the reduction of those patients waiting longest for definitive treatment. We are proactively monitoring the 104 and 78 week wait position on a daily basis. Our focus remains on achieving the best possible position for 78 weeks plus breaches by the end of June 23. Our revised forecast position agreed with NHSE, taking into account the impact of June industrial action is 166. We are actively monitoring our 65 ww March 24 cohort and working closely with the specialties who have the biggest challenge. This month UHL has joined 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 have an agreed 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.

Rating



Performance Overview (Responsive Cancer)

Domain	Key Performance Indicator	Target	Mar-23	Apr-23	May-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Responsive (Cancer)	2 Week Wait	93%	79.6%	79.1%		79.1%				Feb-23	COO
	62 Day Backlog	0	423	466	563	563				Feb-23	COO
	Cancer 62 Day	85%	44.7%	44.3%		44.3%				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 interspersed around Easter and Bank holidays which has been seen across multiple providers, both regionally and nationally.

UHL is starting to see a recovery in the >62 days metric, our key lead measure. 28 day FDS and other measures are expected to follow the pattern seen within >62ds through April & May with improvements being tracked within June.

A key focus on our now fortnightly meetings with NHSE/I has been the 62 day backlog position, with the Trust reaching 952 patients waiting at the beginning of November. As tumour site recovery plans, centered around daily monitoring of backlog levels, have taken affect, and as of 16th June this is now down to 529 from a second lesser peak of 598 on 25th May.

June Industrial Action is expected to impact our cancer performance to a lesser degree, due to the absence of other special causes within the immediate vicinity, although risk remains.

Performance Overview (Finance)

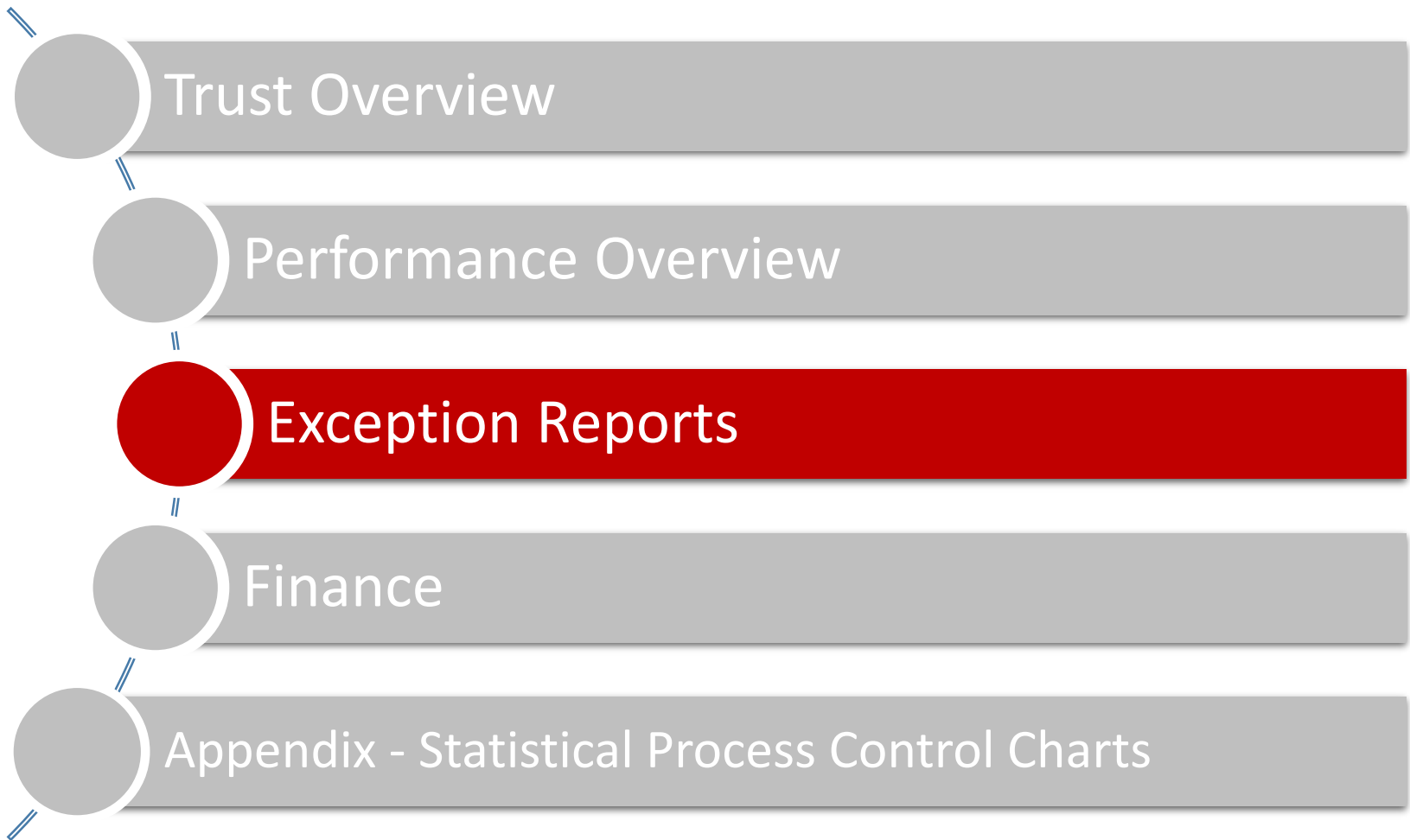
Domain	Key Performance Indicator	Target YTD	Mar-23	Apr-23	May-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Finance	Trust level control level performance	-£10.1m	£7.1m	-£9.4m	-£6m	-£15.3m				Jun-22	CFO
	Capital expenditure against plan	£6.8m	£43.3m	£2.0m	£3.2m	£5.1m				Jun-22	CFO
	Cost Improvement (Includes Productivity)	£2.9m	£5.9m	£2.3m	£0.6m	£3.0m				Sep-22	DQTEI
	Cashflow	No Target	£32.2m	£-17.4m	£-14.5m	£71.5m				Jun-22	CFO

Comments

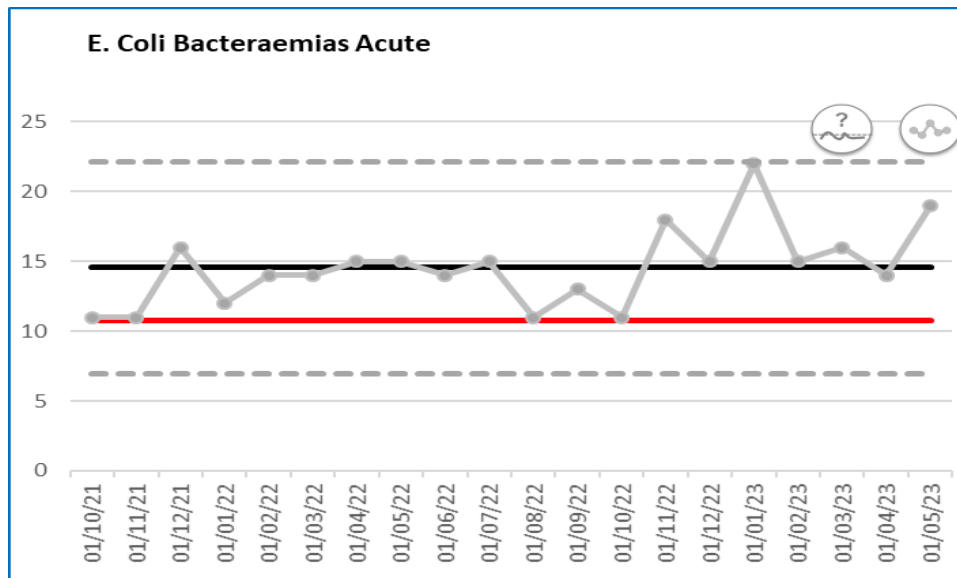
Rating

The Trust is reporting a year-to-date deficit at Month 2 of £15.3m which is £5.2m adverse to plan. The key drivers for this are:

- Lower activity £1.3mA, primarily due to the industrial action
- Impact of the industrial action £1.2mA
- High use of agency £1.6mA, primarily within the emergency pathway
- Inflation above plan £0.9mA
- Other £0.2mA
- The Trust has reported a year-to-date CIP delivery including productivity of £3.3m against a £2.9m CIP target.
- The Trust has incurred YTD capital expenditure of £5.1m in M2, which was £1.7m lower than the M2 year to date plan of £6.8m, as a result of the Elective Care Centre expenditure profile and IFRS 16.
- The cash position at the end of May was £71.5m, representing a reduction of £14.5m in the month, which was £8.3m lower than forecast, mainly due to the timings of Patient Care Income payment not received (£2.4m), now received in June and £2m VAT refund that was forecast to be received in May.



Safe – E. Coli Bacteraemias Acute

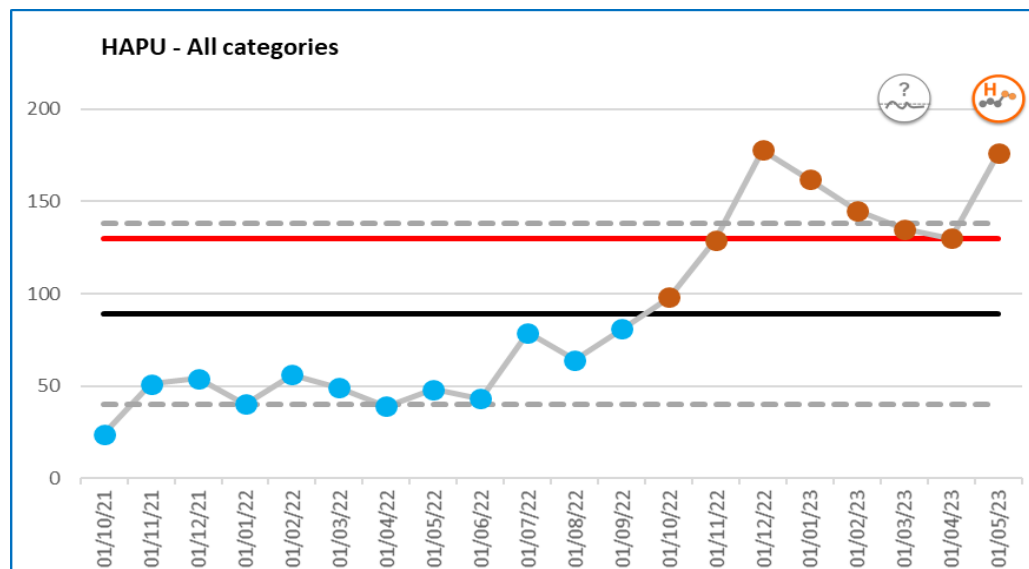


Current Performance			Three Month Forecast		
May 23	YTD	Target	Jun 23	Jul 23	Aug 23
19	34	129	11	11	11

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"> Escherichia coli is the commonest cause of bacterial blood stream infection in the UK. E coli is a bacterium normally found in the large bowel. It commonly causes urinary tract, intra-abdominal and hepatobiliary infections but infections at other sites are also frequent, especially in secondary care and all carry the risk of bloodstream infections. Consequently, understanding the causes of E coli bloodstream infections requires detailed investigation of each case. However, broadly speaking, numbers of hospital-onset, hospital-acquired (HOHA) cases are determined by two main factors – patient case mix and clinical practice. UHL currently sees an average of 15 cases per month versus a trajectory of 11, that is, the trajectory aspires to a 26% reduction. 	<ul style="list-style-type: none"> A reduction of this scale will need to be based on a good understanding of the causes of infection, especially those causes linked to clinical practice. While root cause analysis (RCA) is often promoted as a tool for identifying the cause of an adverse event, the lack of any control in RCA means that it is ill-suited to discovering novel information or identifying the relative importance of assumed causal factors. Instead, for a meaningful analysis, the appropriate investigation is a case-control study. This entails reviewing the rate of potential causal factors in both patients who have had E coli bloodstream infection and patients who have not had this infection. 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

Safe – Hospital Acquired Pressure Ulcers All Categories



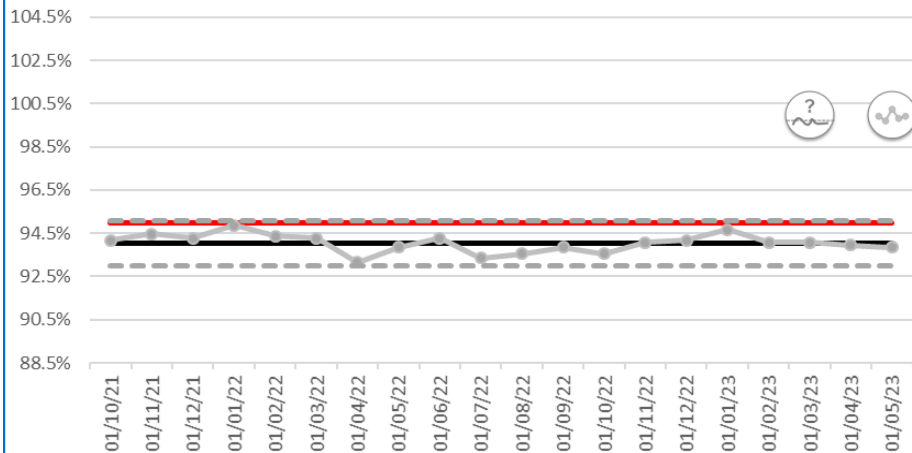
Current Performance			Three Month Forecast		
May 23	YTD	Target	Jun 23	Jul 23	Aug 23
176	306	130	120	110	100

National Position & Overview
<p>Currently no national benchmarking or reporting is available to provide comparative data.</p> <p>UHL are one of six organisations working with national experts and NHSE quality team to review the national mechanisms of capturing Pressure Ulcer data via the coding systems</p>

Root Cause	Actions	Impact/Timescale
<p>Causative factors identified for the increase in May:</p> <ul style="list-style-type: none"> Timeliness of the validation of HAPUs Inconsistent evidence regarding the identification of risk factors and provision of pressure prevention care Some delays in the timely delivery of pressure relieving mattresses Air Supply Units (ASUs) for Aria Pro mattresses currently not meeting the current demand Reduced manual handling provision to support trust wide roll out of tubular slide sheets 	<ul style="list-style-type: none"> Extraordinary meeting with HoNs chaired by Chief Nurse – Additional actions undertaken by DCN team regarding metrics and quality rounds with a focus on strengthened governance and oversight from CM, corporate and DCN teams Extension of Pioneer telehealth expert support from 4 to 10 wards over 5 CMGs Additional HAPU categorisation training with external TV consultant Harm Free care Training continues throughout 2023 Additional Duo Mattresses obtained for GGH Audit of availability of ASUs for Aria Flex beds and additional ASUs put into system. Review of workload of Manual handling team to allow additional slide sheet training 	<ul style="list-style-type: none"> June 23 - completed Second phase roll out commences July 23 Commencing July 23 Ongoing monthly June 23 – completed June 23 - completed June 2023

Caring – Outpatients Friends & Family Test

Outpatient F&F Test % Positive



Current Performance

May 23	YTD	Target
94%	94%	95%

Three Month Forecast

Jun 23	Jul 23	Aug 23
95%	95%	95%

National Position & Overview

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

Currently the February National FFT results are still the latest available - NHS England reports this delay is due to unforeseen technical issues.

A decision was taken in April to introduce a stretch target of 95% for OPD FFT % positive. This is an increase from the previous target of 95%

Root Cause

- CHUGGS, ITAPS, SM, MSS, and Childrens CMGs did not achieve the 95% target
- CSI, RRCV, Women's and Alliance achieved the 95% target

Top negative themes from Patient Feedback:

- Waiting times
- Inadequate communication- information written/verbal
- Felt rushed / not listened to/Unable to ask questions
- Doctor not seem/ different to expected/lack of confidence in medical staff
- Tel OPD: No call received/not suitable/not convenient/no pre warning/too late

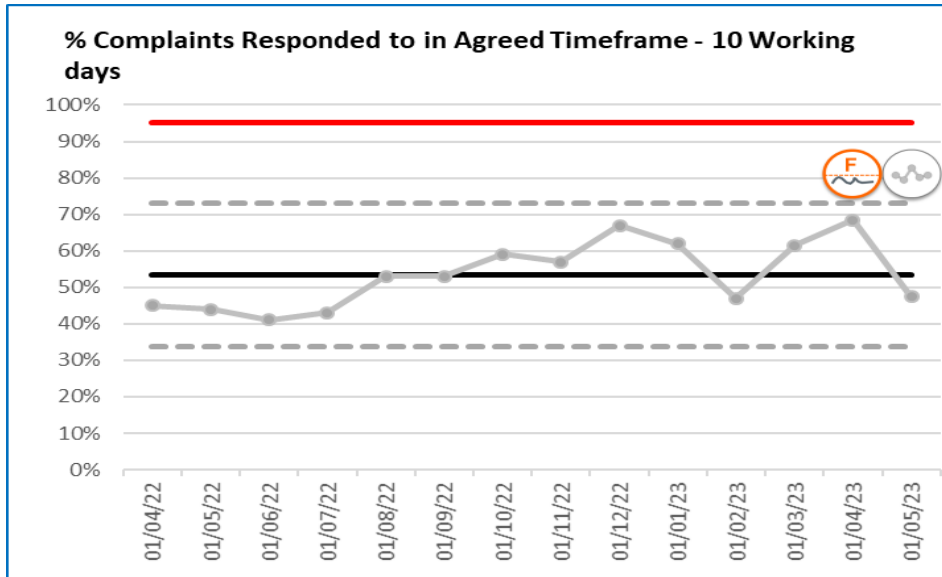
Actions

- Implemented new SMS Text wording to drive up survey uptake
- Provided FFT target performance tracker to CMGs
- Launched Alliance OPD SMS 1st June to increase coverage
- FFT theming exercise for CMGs has been undertaken and the results are being discussed with each CMG HoN – Individual actions to be tracked through PIPEAC

Impact/Timescale

- June 2023
- June 2023
- June 2023
- July 2023

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

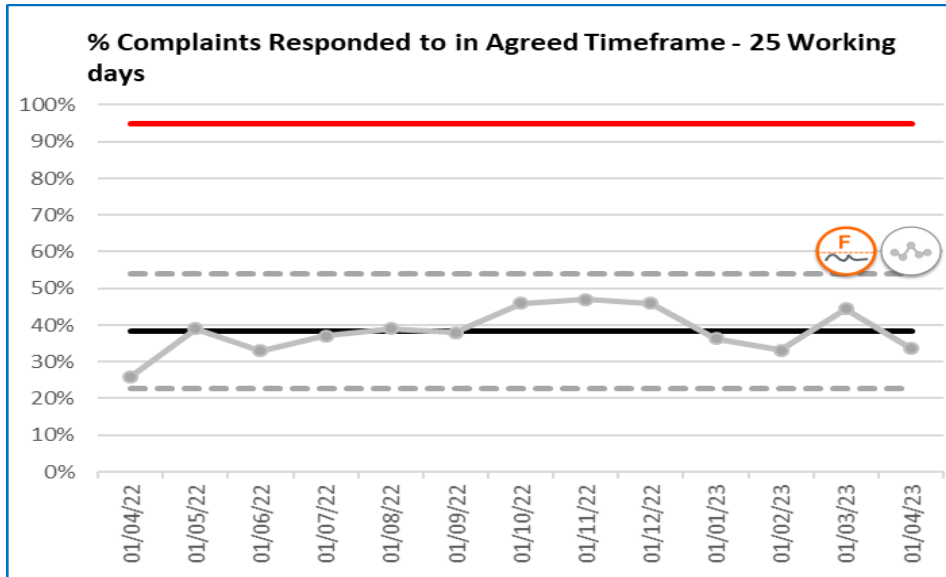


Current Performance			Three Month Forecast		
May 23	YTD	Target	Jun 23	Jul 23	Aug 23
47.4%	57.9%	95%	50%	55%	60%

National Position & Overview

Root Cause	Actions	Impact/Timescale
<p>Volume of formal complaints (The Corporate Patient Safety team are still on the Trust Risk Register ID 3755 at score of 12)</p>	<ul style="list-style-type: none"> The existing PILS service are launching an 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. An interim agency Complaints Lead will provide the 'fresh eyes' review of the current 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
<p>Delays in receiving responses from CMGs</p>	<ul style="list-style-type: none"> Weekly reminder report initiated Timeliness of complaints response incorporated into PRM pack 	<ul style="list-style-type: none"> Due for completion end of June 2023 August 2023 September 2023 Ongoing

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

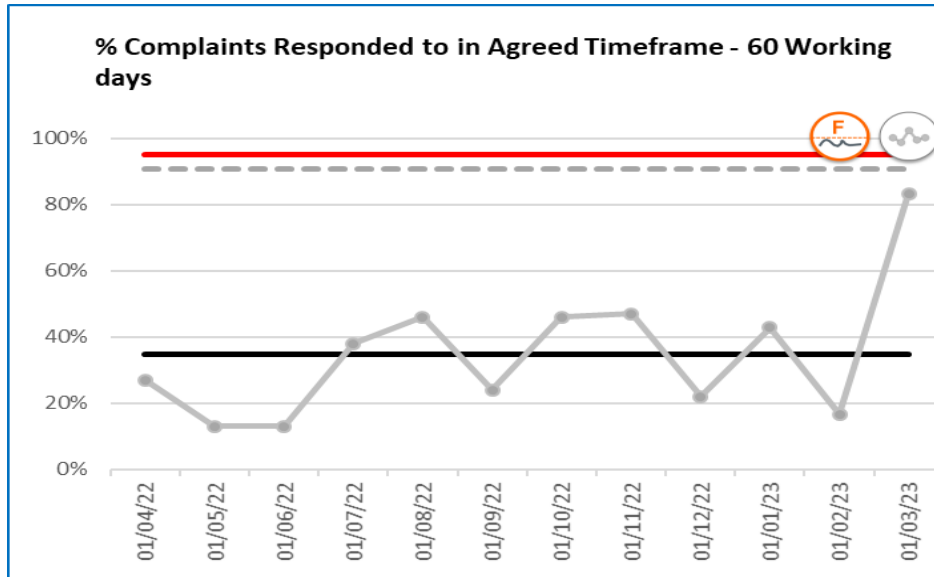


Current Performance			Three Month Forecast		
Apr 23	YTD	Target	May 23	Jun 23	Jul 23
33.6%	33.6%	95%	50%	55%	60%

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"> The existing PILS service are launching an 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. An interim agency Complaints Lead will provide the 'fresh eyes' review of the current 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 June 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 – 60 Working days

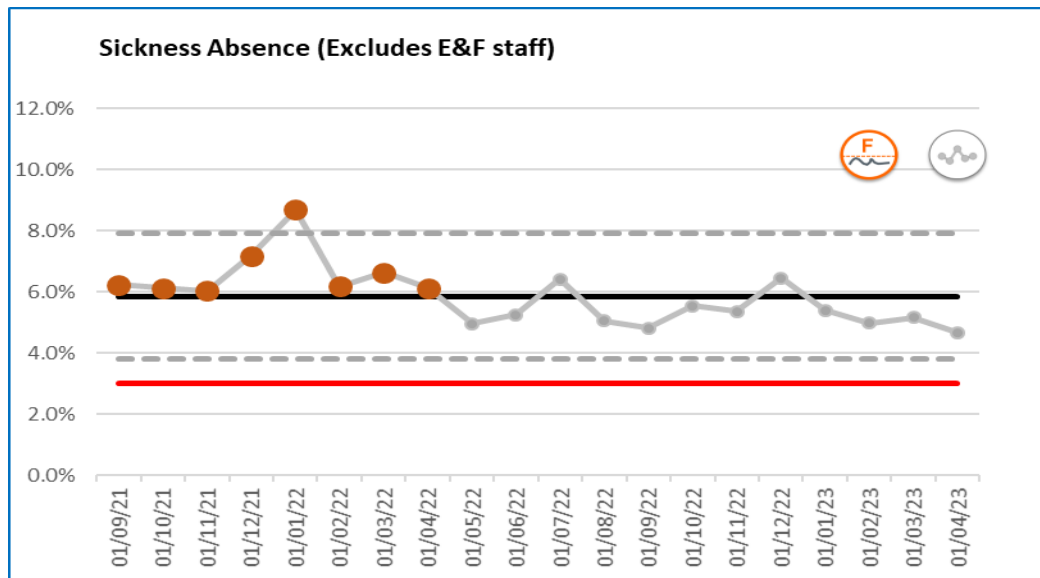


Current Performance			Three Month Forecast		
Mar 23	YTD	Target	Apr 23	May 23	Jun 23
83.3%	38.0%	95%	50%	55%	60%

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"> The existing PILS service are launching an 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. An interim agency Complaints Lead will provide the 'fresh eyes' review of the current 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 June 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

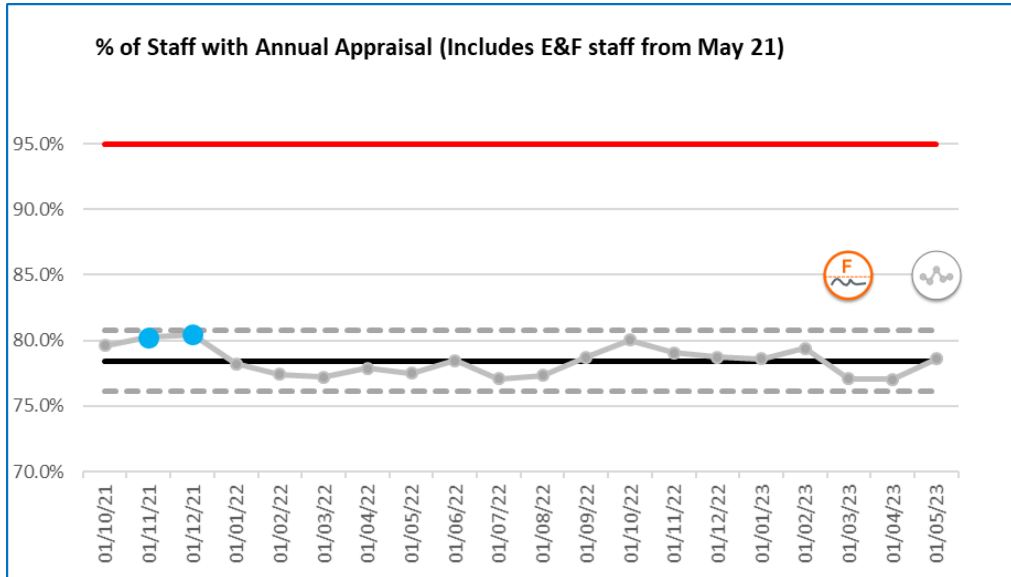


Current Performance			Three Month Forecast		
Apr 23	YTD	Target	May 23	Jun 23	Jul 23
4.67%	4.67%	3%	4.62%	4.5%	4.38%

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, there has been a 0.33pp decrease in overall sickness absence from 5% to 4.67%. In the Clinical CMG's sickness absence has decreased by 0.34pp from 5.21% to 4.87%, and sickness absence in the Corporate Directorates is below the Trust target at 2.8%. The top three reasons for sickness absence for year to date are 'other known causes' (24.02%), 'stress anxiety depression' (17.7%), and 'Cough, cold, flu' (8.52%). 'Covid-19 / infection precaution' absences have reduced further from 4.42% in March to 3.38% in April 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 30 June 2023 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 and will shape the new policy from July 2023. The focus remains on reviewing and supporting colleagues on long term sickness absence (10+ and 6+ months). 	<ul style="list-style-type: none"> The focus on supporting colleagues with Long Covid related, has seen a reduction in these absences. The indicative trajectory has been revised, and will be kept under review to take account of the impact of industrial action across health services and other sectors.

Well Led – Appraisals

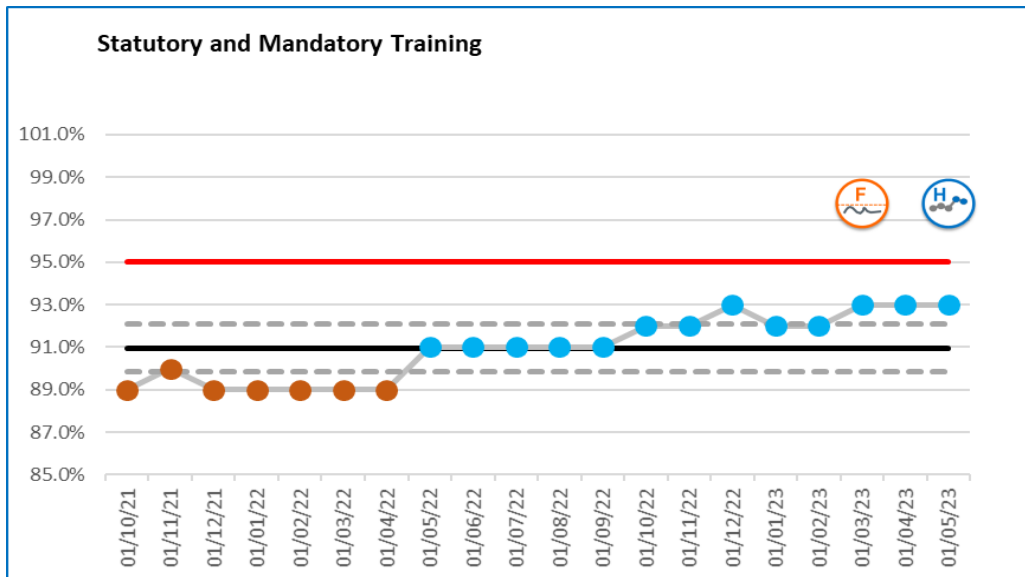


Current Performance			Three Month Forecast		
May 23	YTD	Target	Jun 23	Jul 23	Aug 23
78.6%	78.6%	95%	79%	80%	81%

National Position & Overview
Peer data not currently available.
The month of May has seen an improvement in compliance.

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. Notably there is planned strike action in the month of June 2023 which may negatively impact on appraisal rates 	<ul style="list-style-type: none"> A review of UHL data capture in comparison to other organisations is being carried out, to resolve the issue of the recording discrepancy It was acknowledged in recent exception reports that we would be unlikely to reach full compliance of 95% in the short term. From February 2023 CMG reports are provided, highlighting performance and areas of focus, to enable targeted support and action. Regular team meetings with relevant line managers are taking place to review appraisal performance and any additional support required. 	<ul style="list-style-type: none"> Appraisals are reviewed through regular line management and Board oversight meetings. Appraisals are also monitored through the PRM monthly meetings.

Well Led – Statutory and Mandatory Training

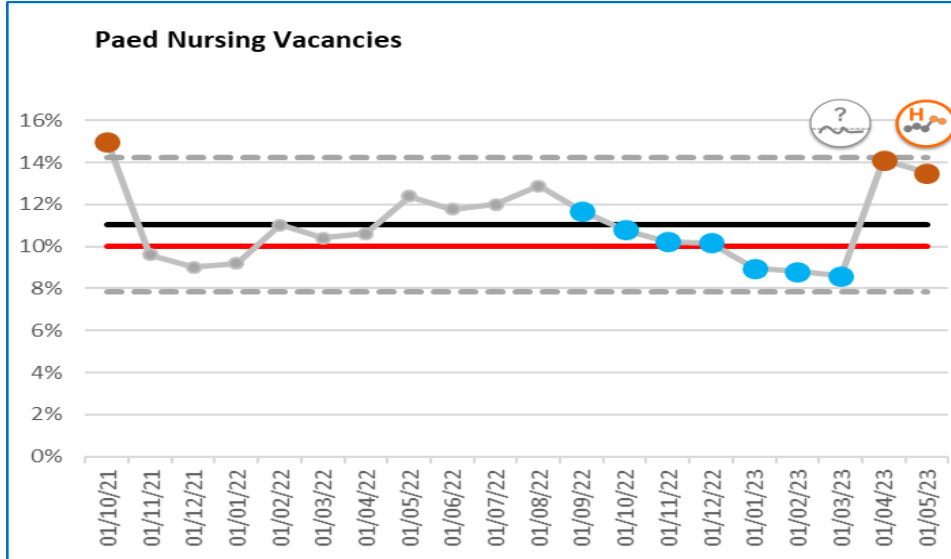


Current Performance			Three Month Forecast		
May 23	YTD	Target	Jun 23	Jul 23	Aug 23
93%	93%	95%	93%	94%	94%

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 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>We have been monitoring data alignment between with HELM and ESR accounts</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



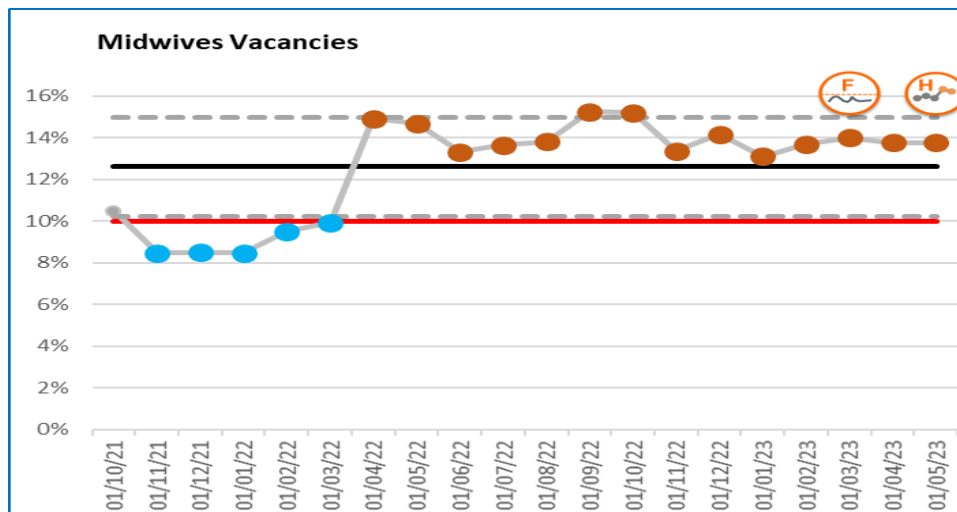
Current Performance			Three Month Forecast		
May 23	YTD	Target	Jun 23	Jul 23	Aug 23
13.5%	13.5%	10%			

National Position & Overview

Between April 2022 and March 2023, the number of children's nurses has grown from 42,321 to 46,677 demonstrating an increase of 3% (NMC, 2023).

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> Uplift in 2023-2024 budgeted nursing establishment as part of 3 year trajectory. The number of RN (child) vacancies increased as a result of the approved business case to 29.83 WTE end of May 2023 Focus continues on recruitment and retention with 13 Internationally Educated Nurses (child) in recruitment pipeline for September 2023. 	<ul style="list-style-type: none"> Innovative recruitment advertisement across social media platforms to increase reach Six month rotation placements offered across the Childrens' Hospital, Paediatric Emergency Department and NNU Increased focus on recruitment to medical, surgical and cardiac ward. Clinical skills facilitators recruited to the majority of areas to support new starters Enhanced focus on flexible working offers Rolling programme of monthly interviews and job offers to students due to complete programme in September 2023 	<ul style="list-style-type: none"> Continued monthly review and analysis of retention and recruitment RN child vacancies July to November 2023

Well Led – Midwives Vacancies



Current Performance			Three Month Forecast		
May 23	YTD	Target	Jun 23	Jul 23	Aug 23
13.8%	13.8%	10%			

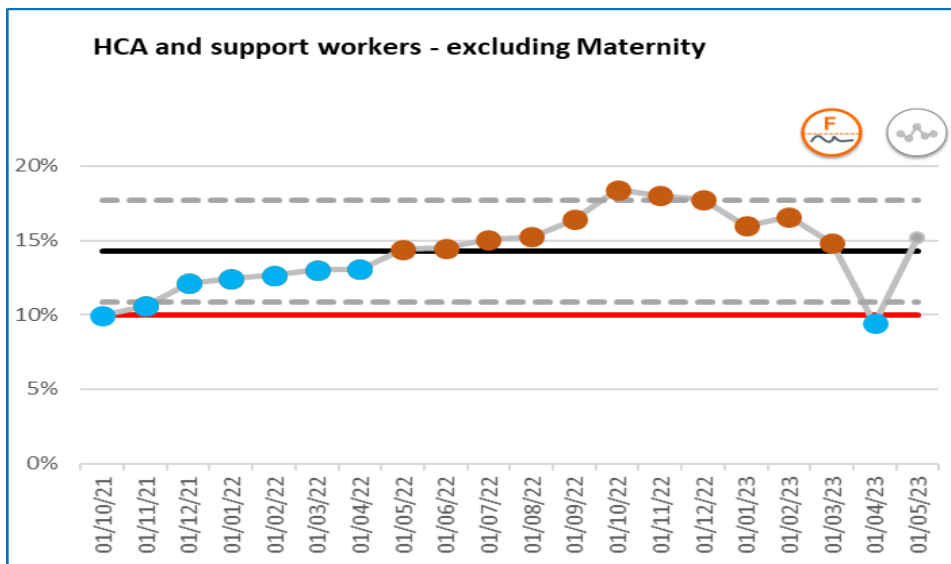
National Position & Overview

Vacancy rate remains relatively static since November 2022

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

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> •Increase in funded establishment April '22 due to Ockenden funding •Ongoing staffing challenges persist within maternity •Commons themes have emerged for staff departures, including length of commute and clinical conflict. 	<ul style="list-style-type: none"> •The regular rolling midwife advert continues every 4 weeks with interviews conducted following. Separate advertisements are tailored for UK and international midwives to attract suitable candidates in addition to specific core positions such as Single Point of Contact (SPOC)/Telephone Triage adverts. •There are 11 international midwives due to commence between now and September '23. •To address recruitment, retention, and overall staff well-being, a team of three midwives have been recruited. They are implementing strategies such as promoting flexible working, conducting "Stay" interviews, and facilitating "Value Your Views" interviews. •A pilot is currently being launched to trial self-rostering following staff feedback and successful results in other organisations •A Birth Rate Plus Workforce Assessment has commenced and is expected to be completed within two months. This assessment will provide valuable insights into the workforce dynamics. •Targeted recruitment efforts are underway for Advanced Clinical Practitioners •Ongoing focus on strengthening midwifery leadership to support professional development opportunities and career pathways for midwives across all bands. •A new MW/MSW (Midwife/Maternity Support Worker) Workforce Planning Group continues to meet fortnightly to address workforce planning and related matters. •Safe staffing Summit planned for 23rd June to review workforce plan 	<ul style="list-style-type: none"> •3 International Midwives due to start July 2023 with 6 pending for September •3 RMs interviewed in June and offered posts •Telephone Triage posts to support the Single Point of Contact SPOC advert closed – Participation in the Midlands Midwifery Festival in May 2023 was successful, with a recruitment stand and positive interactions with students. Two interviews for bank midwives were scheduled as a result.

Well Led – HCA and Support Workers Vacancies – excluding Maternity



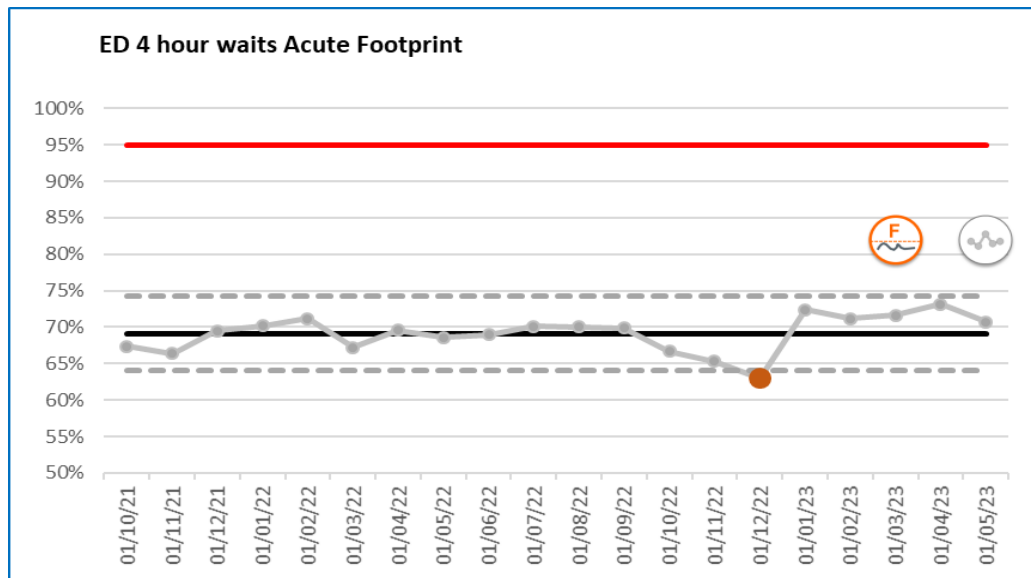
Current Performance			Three Month Forecast		
May 23	YTD	Target	Jun 23	Jul 23	Aug 23
15.2%	15.2%	10%			

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 number of HCA starters and leavers in April and May does not reflect the vacancy data above. Number of leavers is between 9 - 17 over the last 6-months <table> <tr> <td></td><td>April</td><td>May</td></tr> <tr> <td>Starters</td><td>41</td><td>28</td></tr> <tr> <td>Leavers</td><td>9</td><td>13</td></tr> </table> <ul style="list-style-type: none"> Uplift in 2023-2024 budgeted nursing establishment as part of 3-year trajectory. 		April	May	Starters	41	28	Leavers	9	13	<ul style="list-style-type: none"> a) Continue with bi-monthly recruitment a) Create additional training capacity to increase recruitment to uplifted establishments c) Review of ESR data / occupational codes alongside financial data to check accuracy of data reporting 	<ul style="list-style-type: none"> Next advert goes live 19th June Number of HCAs commencing in the current and future months- 88 Number of HCAs awaiting confirmation of start date - 10 Number of HCAs awaiting completion of employment-105 Additional capacity to train 800+ new HCAs between January and December 2023 (double 2022/23 recruitment activity) Work ongoing should be completed 1st July 2023
	April	May									
Starters	41	28									
Leavers	9	13									

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

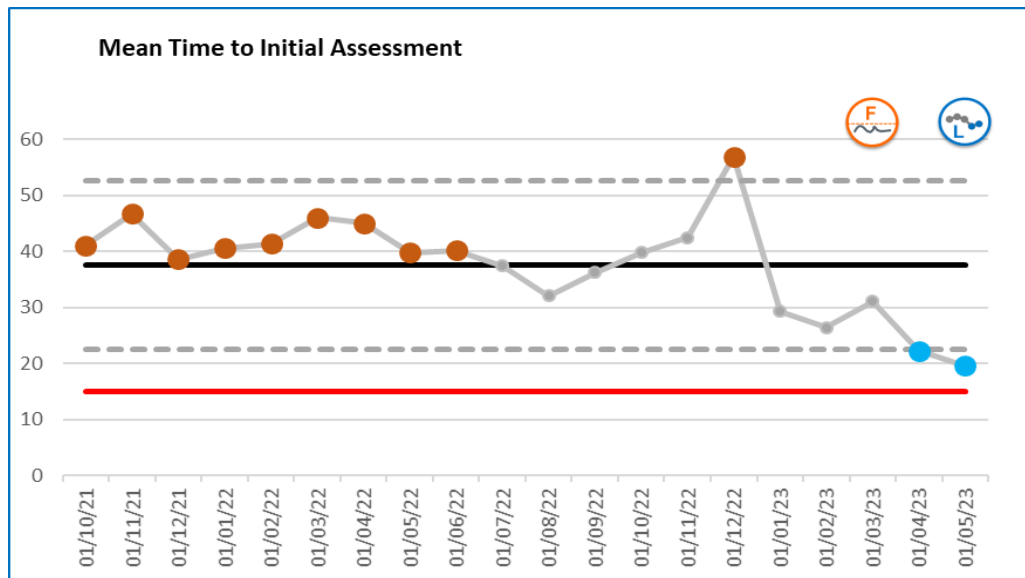


Current Performance			Three Month Forecast		
May 23	YTD	Target	Jun 23	Jul 23	Aug 23
70.7%	71.9%	95%			

National Position & Overview
<p>In May, UHL ranked 80th out of 111 Acute Trusts. The National average in England was 74.0 %. Only 1 out of the 111 Acute Trusts achieved the target. UHL ranked 10th out of 16 trusts in its peer group. The best value out of the Peer Trusts was 79.9% and the worst value was 67.7%.</p>

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

Responsive (Emergency Care) – Mean Time to Initial Assessment

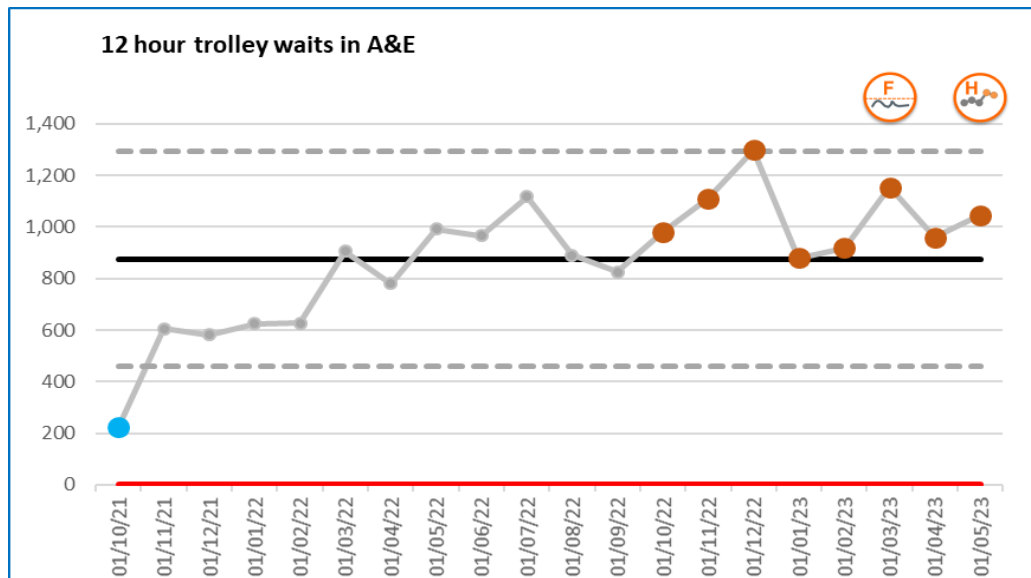


Current Performance			Three Month Forecast		
May 23	YTD	Target	Jun 23	Jul 23	Aug 23
19.6	20.5	15			

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

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> Insufficient workforce to manage sustained walk in demand of in excess of 40 – 50 patients per hour. 	<ul style="list-style-type: none"> Redirect patients to UTC and SDEC's Redirect patients to Walk in Centres ED consultant deployed to front desk STAT clinician allocated to front door for each shift Stream patients to injuries Extended MIaMI opening Development of UTC slots at Oadby, Merlin Vaz and Westcotes 	<ul style="list-style-type: none"> In place In place In place In place In place In place In place and under review in terms of utilisation and plans for Winter 23/24

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

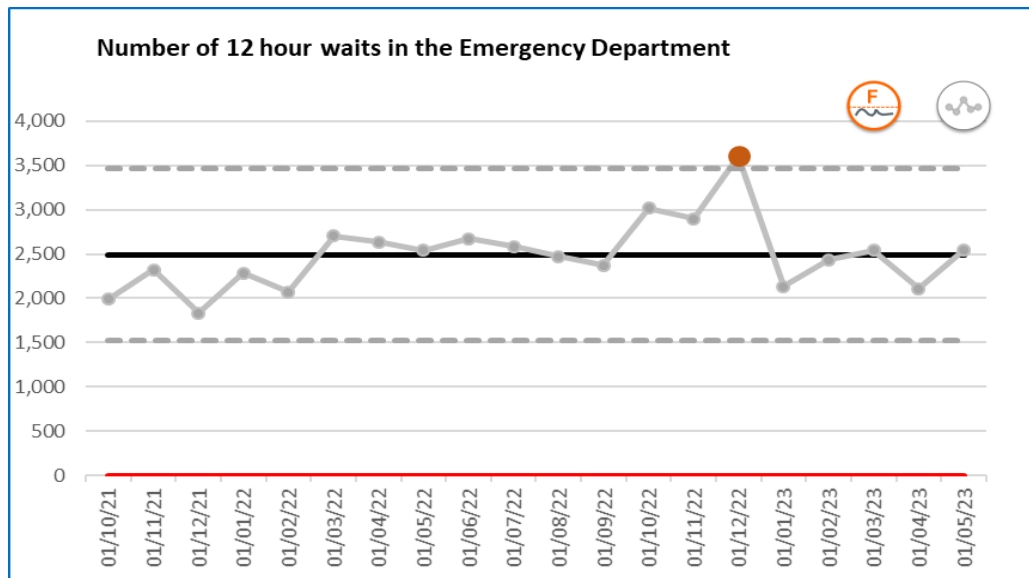


Current Performance			Three Month Forecast		
May 23	YTD	Target	Jun 23	Jul 23	Aug 23
1,046	2,006	0			

National Position & Overview
<p>In May, UHL ranked 120th out of 123 Major A&E NHS Trusts. 18 out of the 123 Trusts achieved the target. The best value nationally was 0 and the worst value was 1,136. UHL ranked 17th out of 18 trusts in its peer group.</p>

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> Poor outflow across the emergency care pathway Insufficient discharges from the base wards to meet demand Inability to create early capacity across the emergency care pathway due to lack of early discharges / using the discharge lounge overnight 	<ul style="list-style-type: none"> Medical in reach in place 24/7 Focused work on flow through the hospital to include board rounds, criteria led discharge, TTO's further review required as impact of schemes is not resulting in improving performance ED 	<ul style="list-style-type: none"> In place June 2023 Commence surveys and design on wards at GH – January – April and May 2023

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

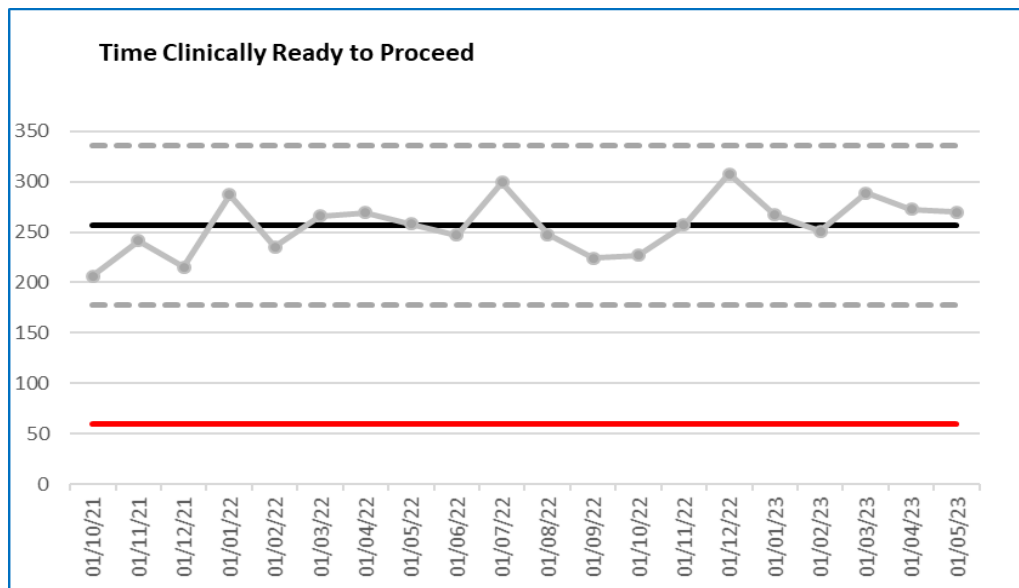


Current Performance			Three Month Forecast		
May 23	YTD	Target	Jun 23	Jul 23	Aug 23
2,545	2,545	0			

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

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

Responsive (Emergency Care) – Time Clinically Ready to Proceed

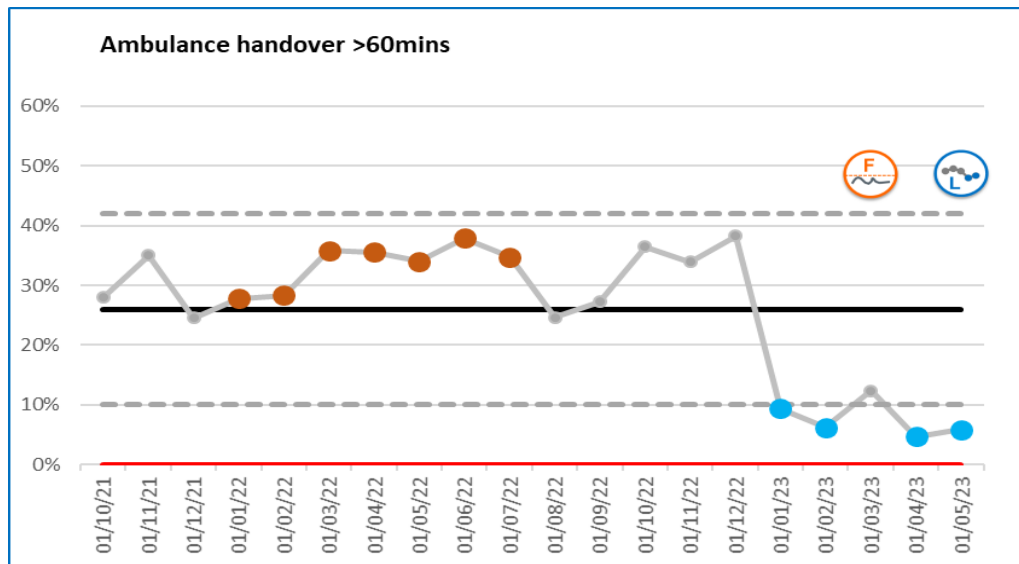


Current Performance			Three Month Forecast		
May 23	YTD	Target	Jun 23	Jul 23	Aug 23
270	271	60			

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

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

Responsive (Emergency Care) – Ambulance Handovers >60 Mins



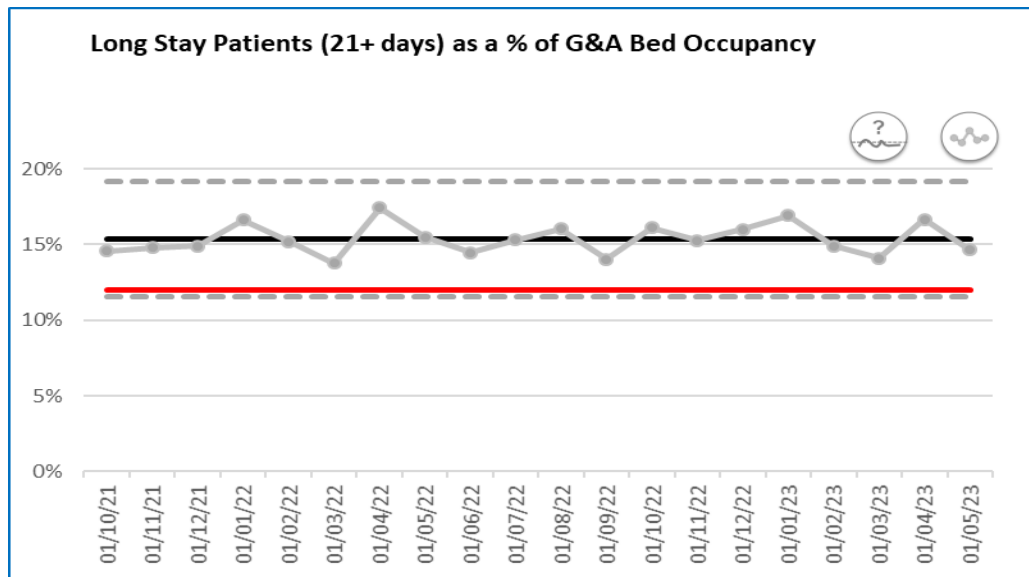
Current Performance			Three Month Forecast		
May 23	YTD	Target	Jun 23	Jul 23	Aug 23
5.8%	5.3%	0%			

National Position & Overview

LRI ranked 14th 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 Complete business case for new wards at GH 	<ul style="list-style-type: none"> In place In place Ongoing – daily / weekly monitoring April 2023 June 2023 May 2023

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

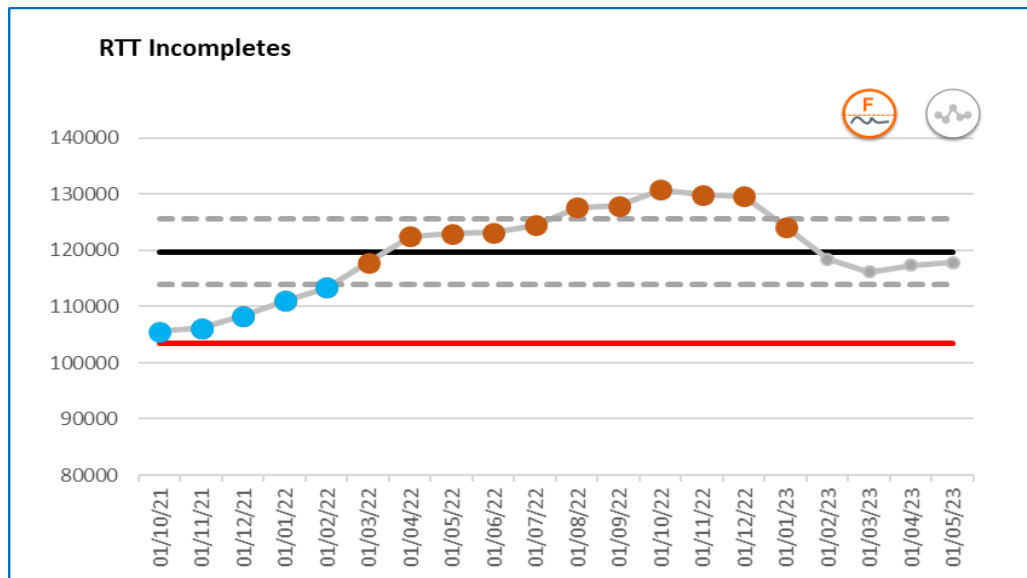


Current Performance			Three Month Forecast		
May 23	YTD	Target	Jun 23	Jul 23	Aug 23
14.7%	14.7%	12%	14%	14%	13%

National Position & Overview
<p>UHL is ranked 10th out of 20 trusts in the Midlands for the % beds occupied by Long Stay (21+ Day) patients (for the w/c 29/05/23).</p> <p>45 (228) 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.</p> <p>•71 Patients (31%) are medically optimised for discharge with no acute medical reason to stay .</p>

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> • Circa 141 Complex Medically optimized for discharge patients of which 71 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 June to:</p> <ul style="list-style-type: none"> • Embedding the pre-booking of UHL to LPT Community hospital transfers. • Continue with the expansion of 'HART and 'City' pilots converting P2 to P1 discharges. • Maximise occupancy of the therapy led beds <p>Work with CMG's to:</p> <ul style="list-style-type: none"> • Reduce 'lost' discharge outcomes. • Continue to establish IDT hub and partnership weekly face to face huddles 	<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

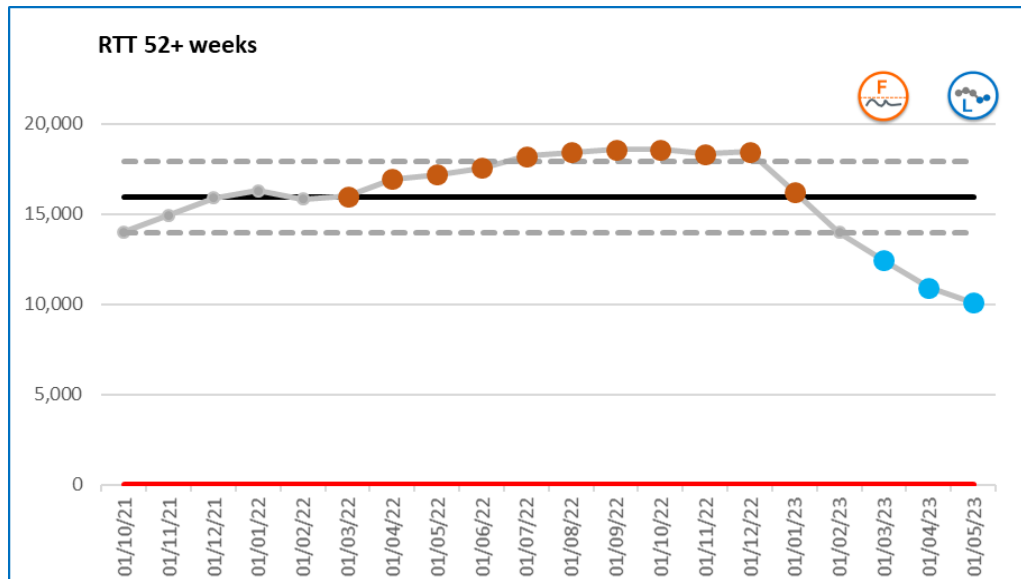


Current Performance			Three Month Forecast		
May 23	YTD	Target	Jun 23	Jul 23	Aug 23
117,809	117,809	103,403	116,000	115,638	115,276

National Position & Overview
<p>At the end of April, UHL ranked 15th out of 18 trusts in its peer group with a total waiting list size of 117,306 patients. The best value out of the 18 Peer Trusts was 68,016, the worst value was 204,846 and the median value was 85,084. (Source: NHSE published monthly report)</p>

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> Impact of reduced outpatients and Inpatient activity. Due to COVID-19 and the introduction of social distancing and infection prevention measures. Continued growth in demand against significant number of specialities Continued workforce challenges within ITAPS reducing theatre capacity Estate- lack of theatre capacity and outpatient capacity to increase sessions Significant productivity challenges across elective care 	<ul style="list-style-type: none"> Elective Care Strategy developed with eight key Elective Recovery Interventions aligned to the National Elective Recovery Framework. Validation plan has been developed and is underway to ensure a 'clean waiting' list is in place. Demand and Capacity modelling being commissioned to support future planning. Plan to assess demand for elective treatment to understand why the total wait list is currently not reducing as required. Refresh of the elective Access policy in line with national guidance Drafting of new training strategy and comms to support understanding and application of revised policy. 	<ul style="list-style-type: none"> Various actions as part of eight interventions. Key for UHL include a programme on: Productivity and releasing constraints, Validation and Use of the Independent Sector. Key deliverables are identified in year 1, 2 and 3 of the programme. RTT team had closed nearly 14,000 pathways by the end of May 23. Pathways closed using AccuRX technology have also resulted in the closure of a further 15,000 pathways. D&C refreshed report currently being reviewed. First draft completed and signed off by requisite governance groups end April/early May 23. Policy launch w/c 10 July 23 with Comms support. Consistent application of waiting times management

Responsive (Elective Care) – RTT 52+ Weeks



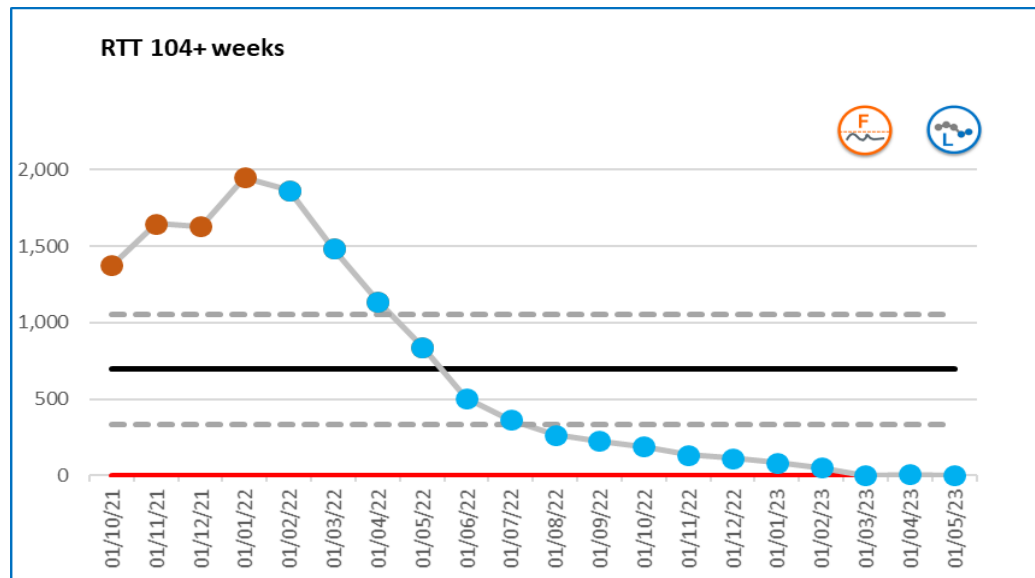
Current Performance			Three Month Forecast		
May 23	YTD	Target	Jun 23	Jul 23	Aug 23
10,096	10,096	0	9,296	8,496	7,696

National Position & Overview

At the end of April, UHL ranked 15th out of 18 trusts in its peer group with 10,914 patients waiting over 52+ weeks. The best value out of the 18 Peer Trusts was 865, the worst value was 28,393 and the median value was 3,914. (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 waiter 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. 99% 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



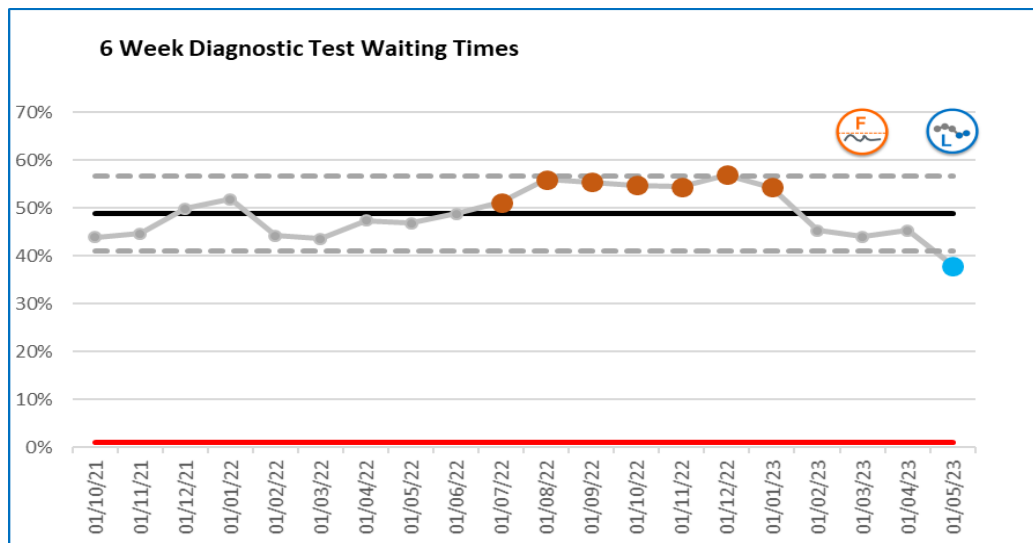
Current Performance			Three Month Forecast		
May 23	YTD	Target	Jun 23	Jul 23	Aug 23
3	3	0	0	0	0

National Position & Overview

At the end of April, UHL ranked 14th out of 18 trusts in its peer group with 7 patients waiting 104+ weeks. The best value out of the 18 Peer Trusts was 0, the worst value was 51 and the median value was 3. (Source: NHSE published monthly report)

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> Impact of COVID-19 on elective backlog and increasing demand. Significant operational pressures due to the emergency demand ,UHL consistently at OPEL 4 impacting on elective operating Theatre capacity which has been available has been used for clinical priority, cancer patients, and P2's Workforce challenges in anaesthetics leading to cancellations of theatre lists Admin workforce challenges across a range of posts, particularly band 2 impacting on ability to book patients 	<ul style="list-style-type: none"> Weekly meetings in place with CMGs to go through individual plans for those patients at risk of being/or at 104, to ensure route to zero by the end of March. Daily monitoring of long waiters on PTL Twice weekly updates and request for prioritised attention sent to CMGs throughout April. RCAs and Clinical Harm Reviews are completed for each 104 week wait. 	<ul style="list-style-type: none"> At the end of April there were 7 104 breaches – these were a combination of complex, patient choice and unwell patients. Forecast for end of May was 1 patient, which then increased to 3 at month end, again a combination of complex and choice patients. Close monitoring of the 104 position remains in place to ensure minimal breaches. Completion of RCA and Clinical Harm Reviews ensures learning to prevent future breaches and that patient safety is actively assessed and monitored.

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

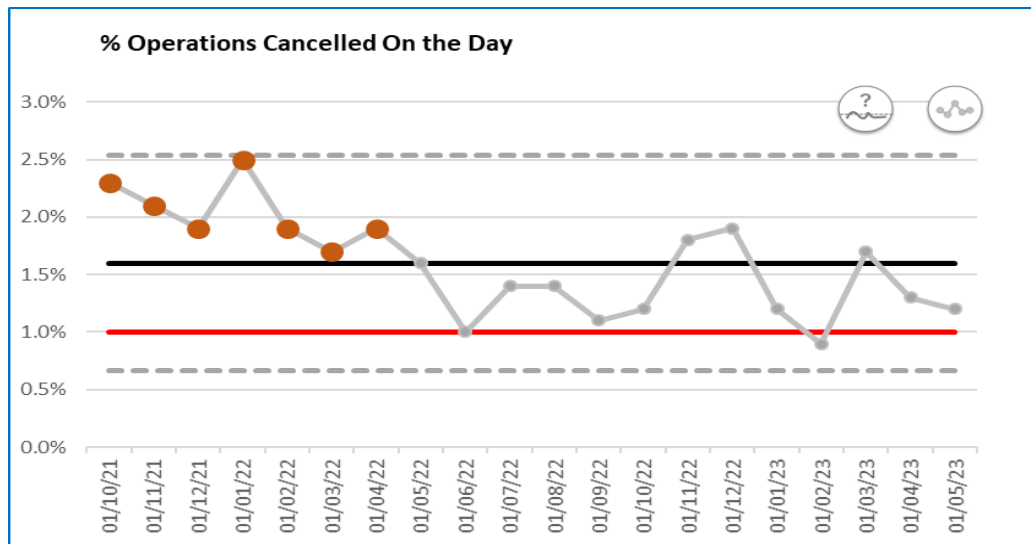


Current Performance			Three Month Forecast		
May 23	YTD	Target	Jun 23	Jul 23	Aug 23
38.0%	38.0%	1.0%	Not currently available		

National Position & Overview	
<p>National average performance for April was 27.6%. UHL ranked 16th out of 18 trusts in its peer group with performance of 45.3%. The best value out of the 18 Peer Trusts was 2.5%, the worst value was 50.7% and the median value was 25.6%. (Source: NHSE published monthly report)</p> <p>Performance has improved from a peak in December 21 to the end of May position of 46.8%. 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 case approved by FIC March 23. Contract to be issued by 01/06/2023 <p>Productivity:</p> <ul style="list-style-type: none"> Concurrent running of Echo rooms for inpatient scanning in place. Endoscopy booking outsourcing model expect patients to be booked from 05/06 Productivity plan to be established over next 8 weeks <p>Validation:</p> <ul style="list-style-type: none"> Endoscopy – clinical validation in place. 20% removal rate. ECHO – clinical validation in place. NOUS – 5% removal rate using AccuRX . Rolled out to DEXA. 	<ul style="list-style-type: none"> The key actions that were set out in late December early January have been actioned and will continue into 23/24. Significant reduction in long waits evidenced in NOUS, Echo and DEXA. Risk remains around complex imaging(MRI and CT) however overall, on track to deliver Tier 1 23/24 recovery trajectories as set with NHSE in January 23. For 23/24 expect c.76% for all DM01 activity against an interim standard of 85% by end of March 24. 6/7 modalities will deliver based on the assumptions made. Nous achieves 70% based on current interventions.

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

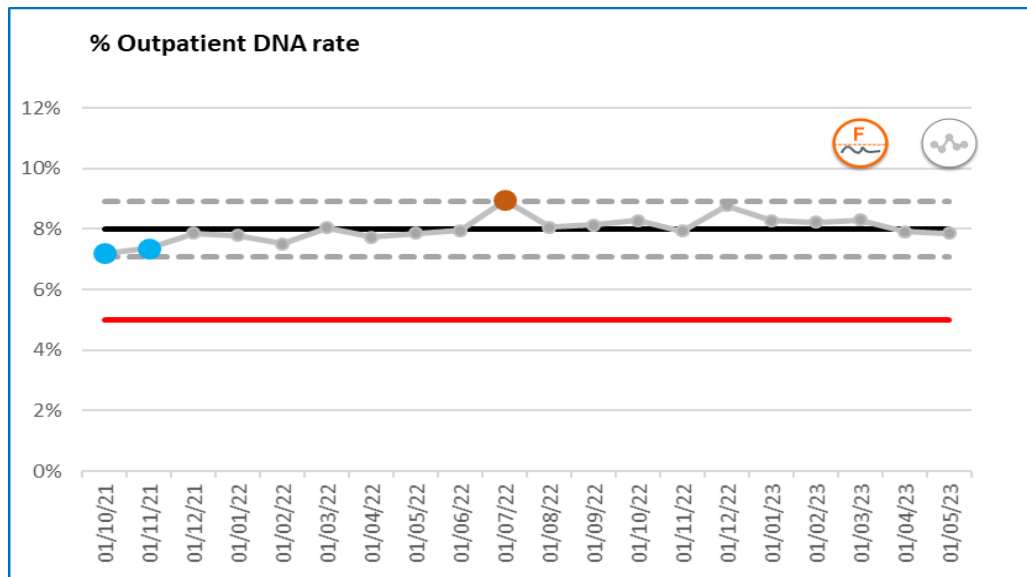


Current Performance			Three Month Forecast		
May 23	YTD	Target	Jun 23	Jul 23	Aug 23
1.2%	1.2%	1.0%	Not currently available		

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

Root Cause	Actions	Impact/Timescale
<p>Clinical Cancellations. 40% of all the OTD cancellations were due to clinical reasons in May 23.</p> <ul style="list-style-type: none"> 'Patient unfit' remains the biggest reason for clinical cancellations at 14.5%, Pre-operative assessment related = 3%, medication not stopped; or patient not starved. Diabetes related = 3% <p>Non-Clinical (Hospital) cancellations. 42% of the cancellations recorded for May 23 where due to hospital reasons. Target work needed to address late starts and list order changes.</p> <p>Patient Cancellations. Patient Did Not Attend remains the biggest reason for patient's cancellations (12%). Accrux text message system is place for 45% of services</p>	<ul style="list-style-type: none"> Extended SAS: Theatre Productivity weekly meeting to 1 hour each week to ensure theatre metrics are being tracked and monitored. The pilot of 'My Pre-Op' has been successfully completed within Gynaecology – Meetings throughout June with all Paediatric services, Urology and GS for next phase of roll out. Trial of Pre-procedure questionnaire sent via Accrux, went live in General Surgery 3rd June to identify if there has been any changes to their health since the POA or personal situation which might impact their ability to attend the procedure ERF funding approved to trial Pre-procedure phone call within Orthopaedics 48 hours prior to admission to confirm no changes in medical status, currently being operationalised within the service and awaiting a 'Go live date'. 	<ul style="list-style-type: none"> OTDC Actions on best practice principles tracked through SAS: Theatre Productivity. POA standardisation monthly meeting went live - June 23, Actions feed directly to Theatre Productivity Board. Validation of clinical cancellations by POA to determine if these were avoidable or unavoidable. To be picked up within the fortnightly POA meetings, starting June 2023 The EPOA board have agreed to roll 'My Pre-op' out to other services over the next 12-18 months, to mitigate against the length of time Identified 7 services that would benefit from the pre-procedure questionnaires, training in-progress with a 'Go live' date July 23. Diabetic funding approved within the POA Business case, awaiting recruitment for band 7 diabetic lead in POA.

Responsive (Elective Care) – Outpatient DNA Rate



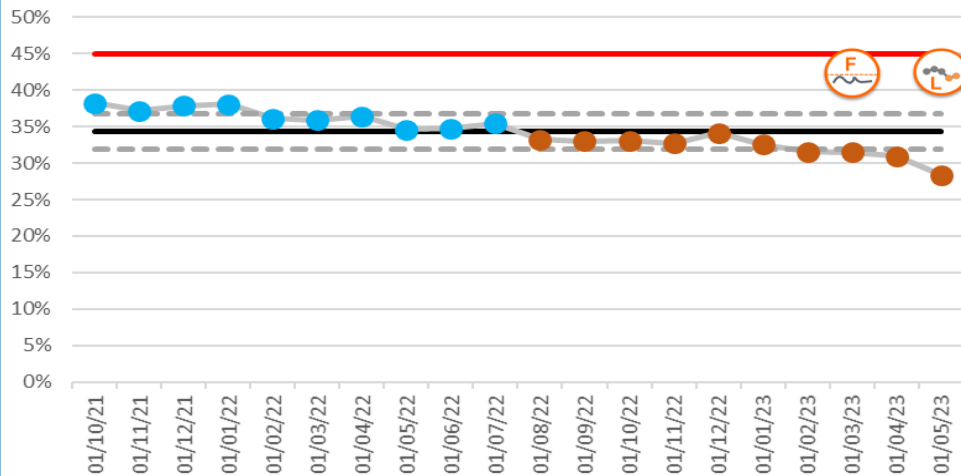
Current Performance			Three Month Forecast		
May 23	YTD	Target	Jun 23	Jul 23	Aug 23
7.9%	7.9%	5.0%	7.8	7.7	7.6

National Position & Overview
<p>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).</p> <p>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%.</p>

Root Cause	Actions	Impact/Timescale
<ol style="list-style-type: none"> For virtual consultations, demographic information often isn't being checked with the patient then updated on HISS so some patients aren't receiving appointment letters Late cancellations/rebooks often mean patients do not receive their appointment letters on time so unaware of appointment Due to lack of admin staff, patients unable to get through to department to let them know they're unable to attend Some patients are still afraid to come in to hospital 	<ol style="list-style-type: none"> Remind services of the need to check the patients details are correct and up to date at every contact Services are being encouraged to use the OP QlikSense dashboard, plus AccuRx to send additional reminders to patients. Booking Centre are making additional calls to 'Health Inequalities' cohort Working on increasing numbers on the admin bank and getting them upskilled Ask services to offer choice of video consultation 	<ul style="list-style-type: none"> All actions, plus many others, are happening imminently to help reduce the number of DNAs. An improvement in the DNA rate should be visible within the next 3 months.

Responsive (Elective Care) – Outpatient Non Face to Face

% Outpatient Non Face to Face



Current Performance

May 23	YTD	Target	Three Month Forecast		
May 23	YTD	Target	Jun 23	Jul 23	Aug 23
28.4%	29.7%	45.0%	28.6	28.8	29.0

Three Month Forecast

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 eg no webcam or 2nd screen, and not all rooms have phones in them
2. There is a fear of losing consulting rooms amongst clinicians therefore they are bringing patients in F2F
3. Some clinicians and patients do prefer F2F over non F2F
4. Poor experience with One Consultation has made rollout of Attend Anywhere more challenging

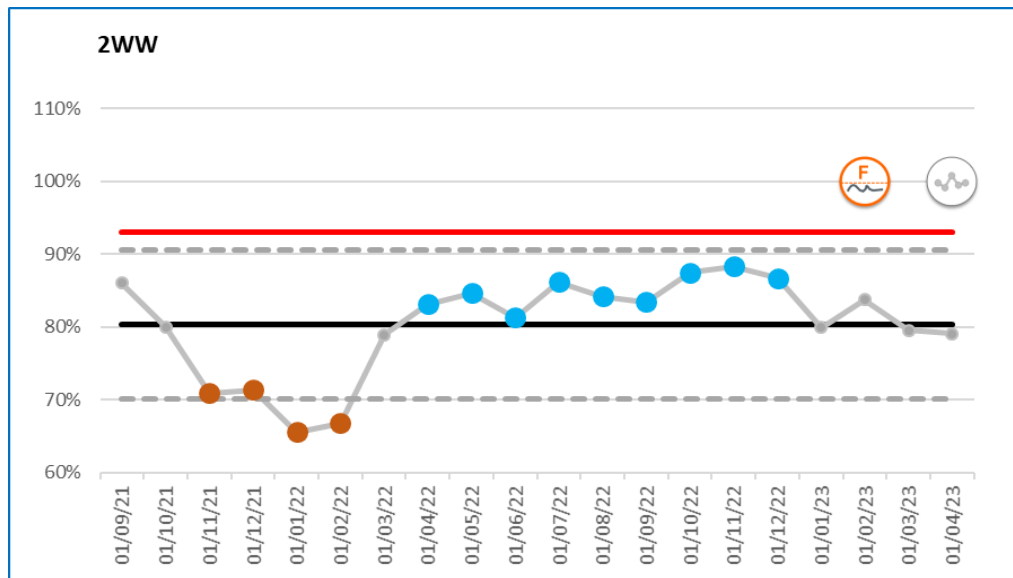
Actions

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.

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



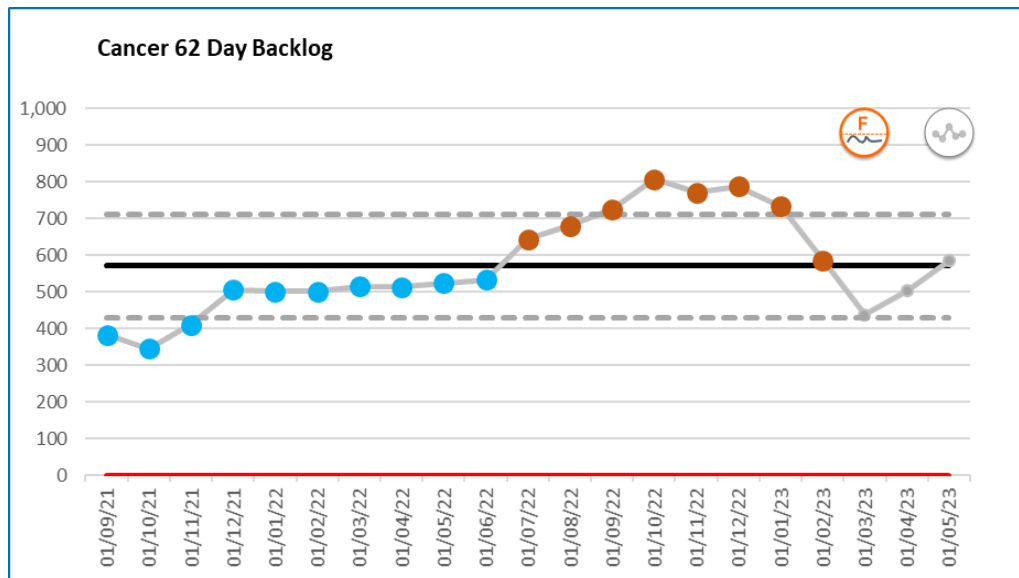
Current Performance			Three Month Forecast		
Apr 23	YTD	Target	May 23	Jun 23	Jul 23
79.1%	79.1%	93%	79.2%	81%	83%

National Position & Overview

In April, UHL ranked 70th out of 135 Acute Trusts. The National average was 77.7%. 25 out of the 135 Acute Trusts achieved the target. UHL ranked 8th out of the 18 UHL Peer Trusts. The best value within our peer group was 95.7%, the worst value was 51.2% and the median value was 78.3%.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> In April 2WW demand was 5.3% 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. 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



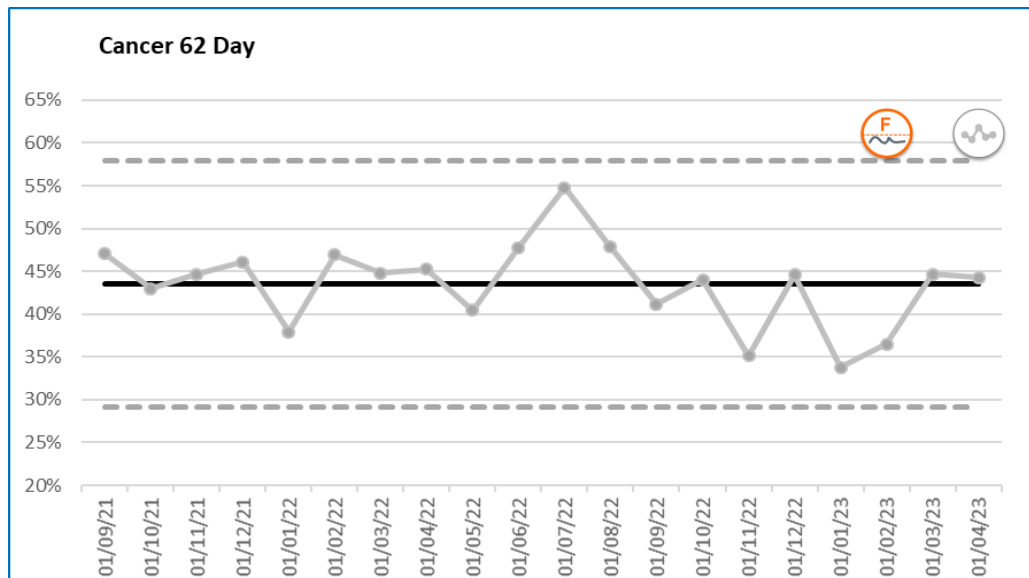
Current Performance			Three Month Forecast		
May 23	YTD	Target	Jun 23	Jul 23	Aug 23
563	563	0	444	425	419

National Position & Overview

National data not currently available for reporting.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> 62 day and 104 day backlogs have stopped reducing as the impact of IA/Easter is felt. Urology remains the key area of concern, with LOGI and Skin as the next largest. Constraints include capacity, specifically outpatient, diagnostic and clinical administrative time, in addition to workforce to deliver additional capacity. 	<ul style="list-style-type: none"> Clinically prioritise all cancer patients 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 to be engaged to assist with skin backlog 	<ul style="list-style-type: none"> Updated action plans by tumour site in progress IST support from 01/03/23 NSS/Pre-diagnosis CNS supporting patient engagement across all PTLs Key tumour sites ahead of trajectory.

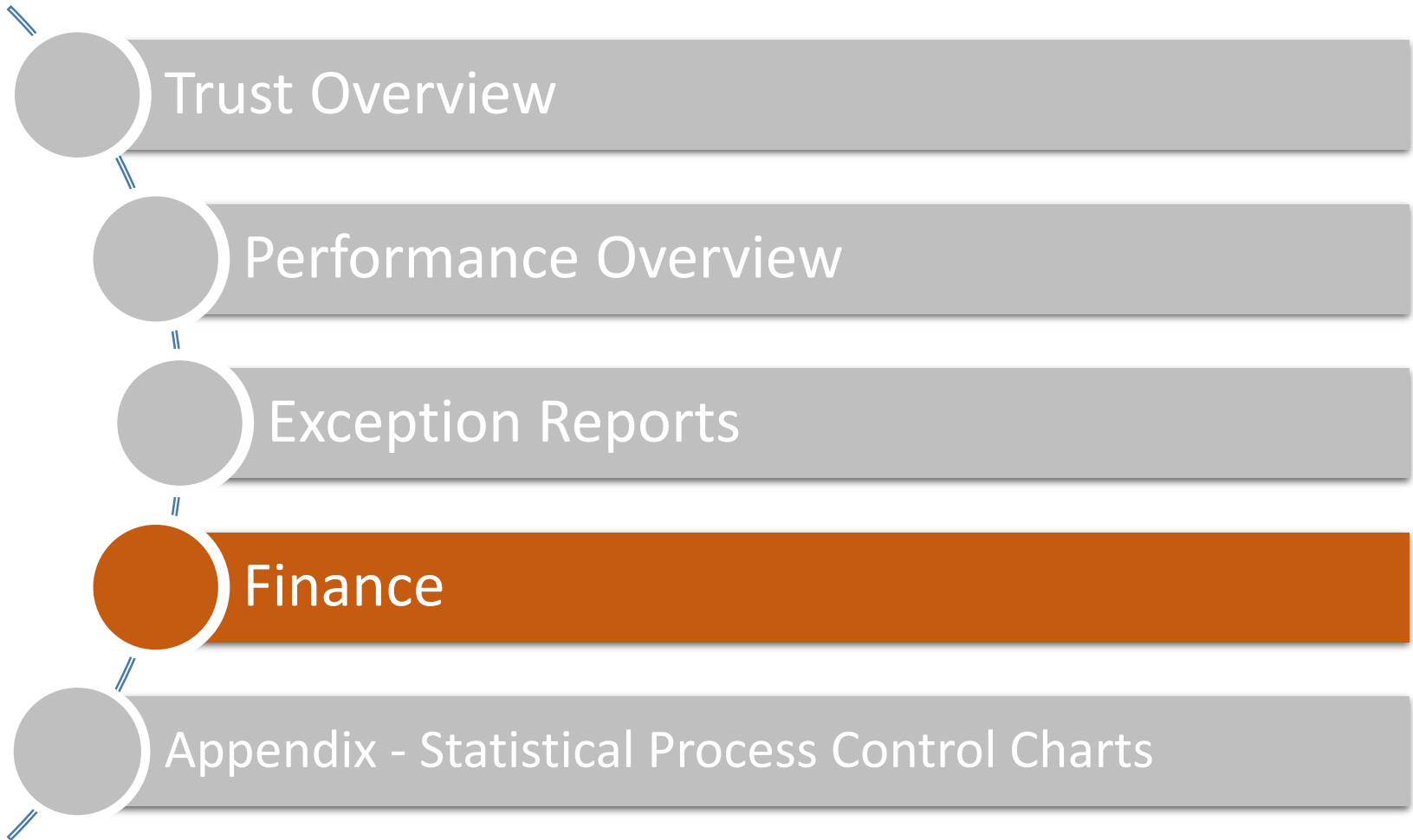
Responsive Cancer – Cancer 62 Day



Current Performance			Three Month Forecast		
Apr 23	YTD	Target	May 23	Jun 23	Jul 23
44.3%	44.3%	85%	44.6%	45.2%	46%

National Position & Overview
<p>In April, UHL ranked 118th out of 134 Acute Trusts. The National average was 61.0%. 8 out of the 134 Acute Trusts achieved the target. UHL ranked 15th out of the 18 UHL Peer Trusts. The best value within our peer group was 69.2%, the worst value was 41.3% and the median value was 58.4%.</p>

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> Capacity constraints across all points of the pathways High backlog levels being treated and prioritised having a direct impact on performance Oncology and radiotherapy capacity continues to be challenged with high wait times Workforce challenges including recruitment and reduction of WLI activity 	<ul style="list-style-type: none"> Continue to clinically prioritise all patients Weekly PTL review including additional support in Urology. Review national timed pathways and identify possible areas for improvement Significant investment to support Onc/Radth/Haem Increased Pathology provision Weekly Oncology Recovery & Performance (RAP) meetings in place Fortnightly Radiotherapy RAPs in place 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 2 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	M2 YTD Plan of £-10.1m	M2	-£15.3m	-£6.0m		CFO
		Capital expenditure against plan	M2 YTD Plan of £6.8m	M2	£5.1m	£3.2m		CFO

Trust Overview (Current Month)

Domain	Overview , Risks and Actions	Lead
Overview		CEO
Safe (exception reports pages 19-23)		Andrew Furlong / Julie Hogg
Caring (exception report page 24)		Julie Hogg
Well Led (exception reports pages 25-31)		Clare Teeney
Effective		Andrew Furlong
Responsive – Emergency (exception reports pages 32-38)		Jon Melbourne
Responsive – Elective (exception reports pages 39-40)		Jon Melbourne
Responsive – Cancer (exception reports pages 41-43)		Jon Melbourne
Financial Improvement	<p>The Trust is reporting a year-to-date deficit at Month 2 of £15.3m which is £5.2m adverse to plan. Year-to-date CIP delivery, including productivity, is £3.3m against a £2.9m CIP target.</p> <p>The Trust has incurred YTD capital expenditure of £5.1m in M2, which was £1.7m lower than the M2 year to date plan of £6.8m, as a result of the Elective Care Centre expenditure profile and IFRS 16.</p> <p>The cash position at the end of May was £71.5m, representing a reduction of £14.5m in the month, which was £8.3m lower than forecast, mainly due to the timings of Patient Care Income payment not received (£2.4m), now received in June and £2m VAT refund that was forecast to be received in May.</p>	Lorraine Hooper

Performance Overview (Finance)

Comments	Rating
<p>The Trust is reporting a year-to-date deficit at Month 2 of £15.3m which is £5.2m adverse to plan. The key drivers for this are:</p> <ul style="list-style-type: none">–Lower activity £1.3mA, primarily due to the industrial action–Impact of the industrial action £1.2mA–High use of agency £1.6mA, primarily within the emergency pathway–Inflation above plan £0.9mA–Other £0.2mA <ul style="list-style-type: none">• The Trust has reported a year-to-date CIP delivery including productivity of £3.3m against a £2.9m CIP target.• The Trust has incurred YTD capital expenditure of £5.1m in M2, which was £1.7m lower than the M2 year to date plan of £6.8m, as a result of the Elective Care Centre expenditure profile and IFRS 16.• The cash position at the end of May was £71.5m, representing a reduction of £14.5m in the month, which was £8.3m lower than forecast, mainly due to the timings of Patient Care Income payment not received (£2.4m), now received in June and £2m VAT refund that was forecast to be received in May.	

Summary Financial Position

	I&E YTD			Annual Plan
	Plan	Actual	Variance to Plan	
	£'000	£'000	£'000	£'000
NHS Patient-Rel Income	214,594	218,844	4,250	1,317,522
Other Operating Income	24,647	23,948	(699)	152,992
Total Income	239,241	242,793	3,552	1,470,514
Pay	(146,795)	(152,751)	(5,956)	(887,130)
Agency Pay	(4,553)	(6,162)	(1,609)	(25,622)
Non Pay	(85,913)	(87,482)	(1,570)	(495,106)
Total Costs	(237,261)	(246,396)	(9,135)	(1,407,858)
EBITDA	1,980	(3,603)	(5,583)	62,656
Non Operating Costs	(12,250)	(11,942)	308	(73,494)
Retained Surplus/(Deficit)	(10,270)	(15,545)	(5,275)	(10,838)
Donated Assets	140	202	62	836
Reported Control Total Surplus/(Deficit)	(10,129)	(15,343)	(5,214)	(10,002)

Comments – YTD Variance to Plan

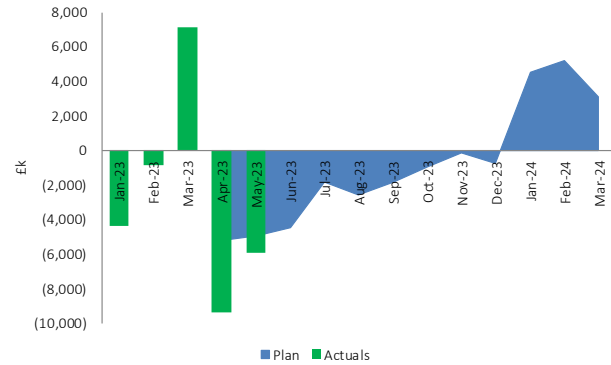
Total Income: £3.6mF: driven by £3.9mF pay award adjustment as advised by NHSEI offset in pay, lower elective activity £1.3mA, excluded drugs and devices £1.6mF offset in non-pay. Other income is driven by CSI income of £0.4mF. Research £0.7mA, CIP underperformance of £0.5mA and other income of £0.2m.

Pay and Agency: £7.6mA is driven by £3.9mA pay award adjustment as advised by NHSEI, April industrial action impact of £1.2mA, ESM specialising patients £0.8mA, £1.1mA medical agency usage mainly across ESM, CHUGGS and MSS and other pay of £0.6mA from vacancy backfill.

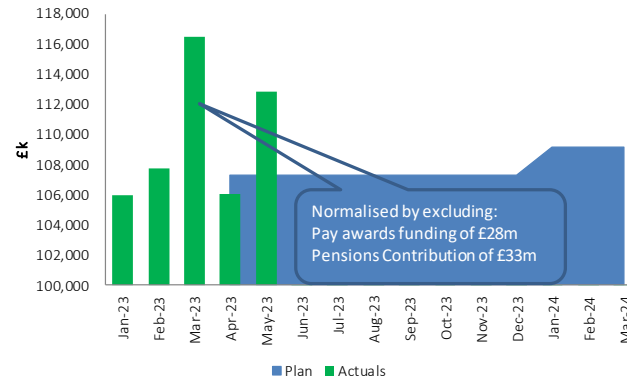
Non Pay: £1.6mA mainly from CIP overperformance of £0.6mF, £0.9mA from inflation costs above plan, excluded drugs and devices of £1.6mA and other £0.3mF mainly from reduced activity consumables.

Month 2 I&E Dashboards

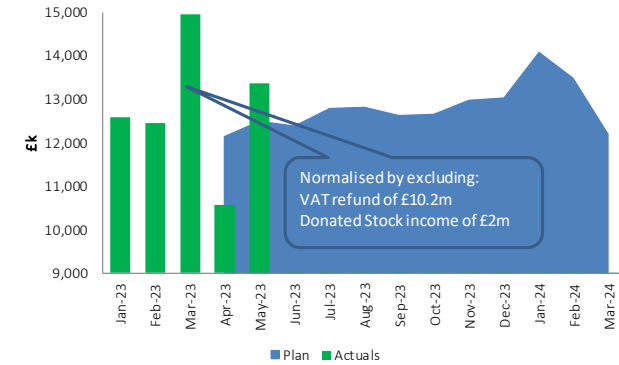
Monthly Surplus/(Deficit)



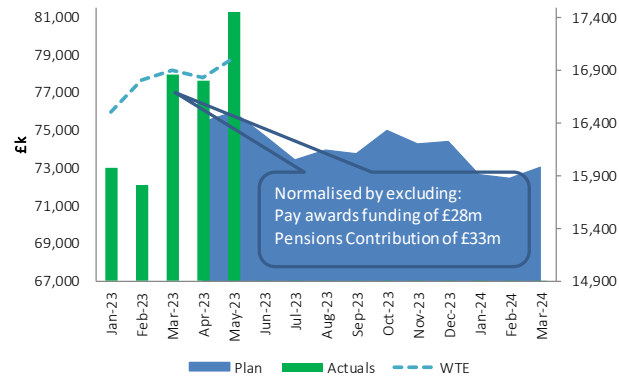
Monthly PCI Income



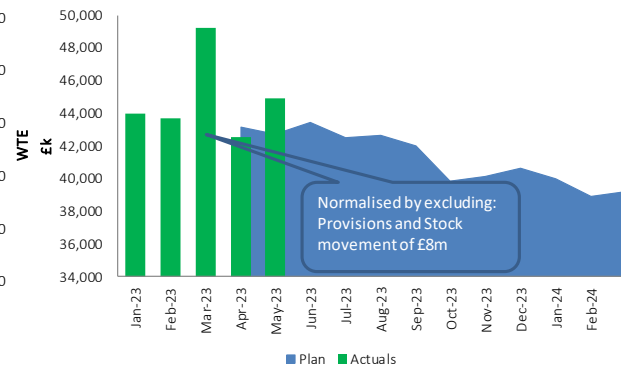
Monthly Other Income



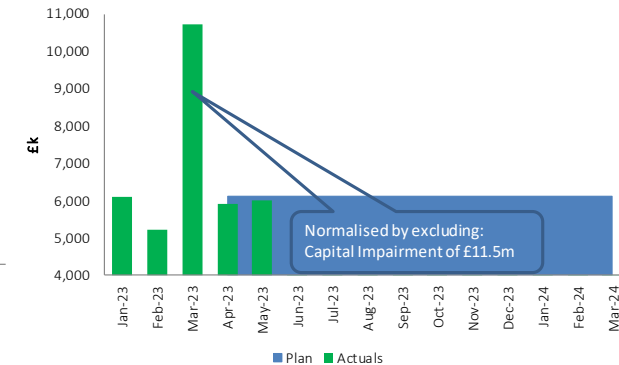
Monthly Substantive/Bank/Agency Pay



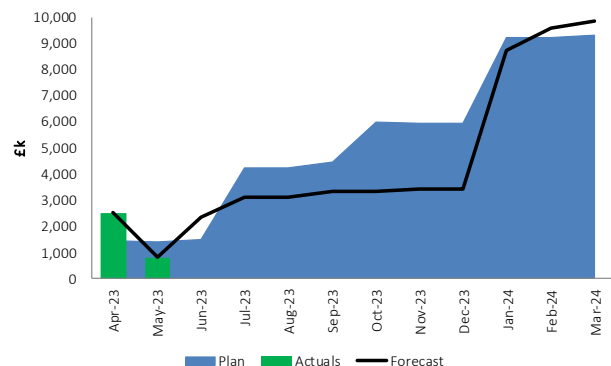
Monthly Non Pay



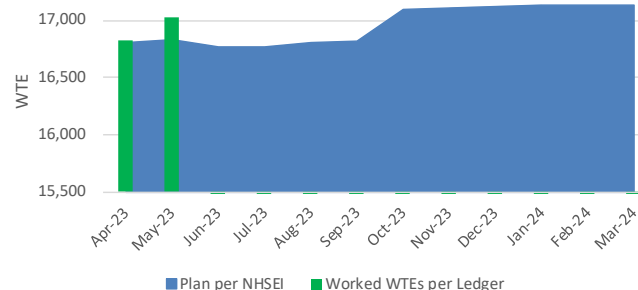
Monthly Non Ops



CIP Performance Inc Productivity

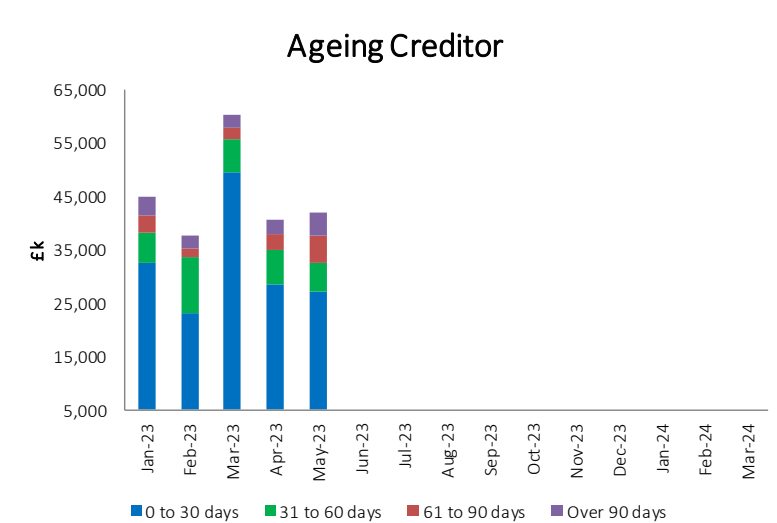
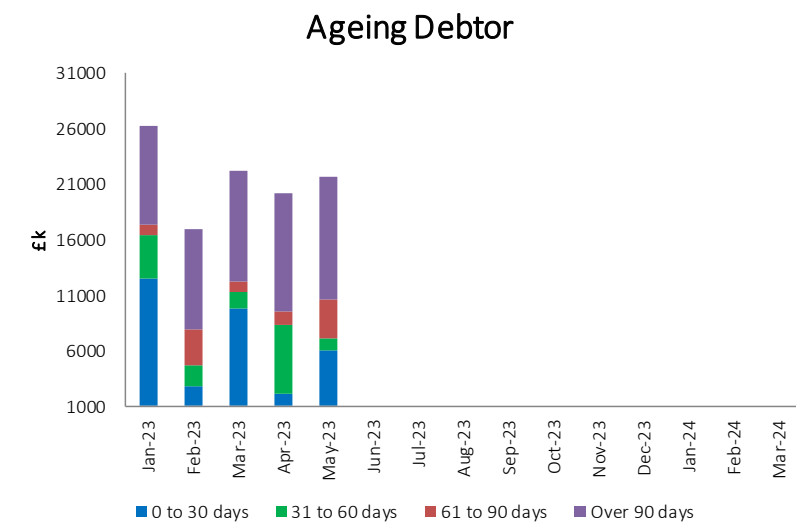
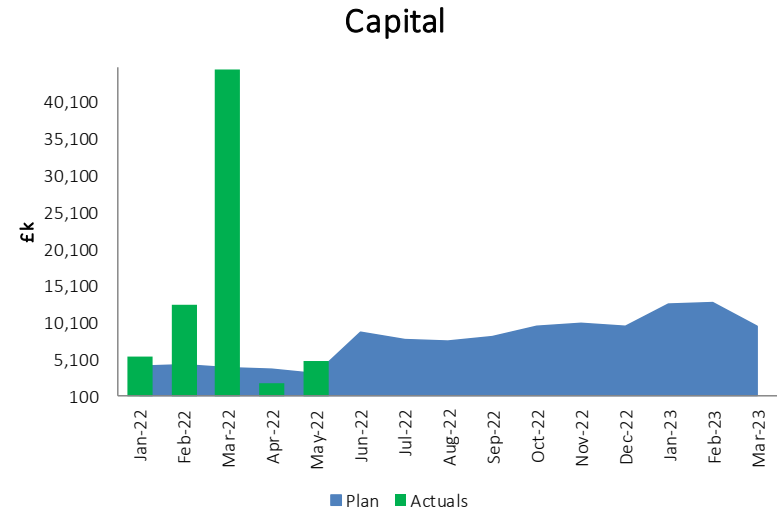
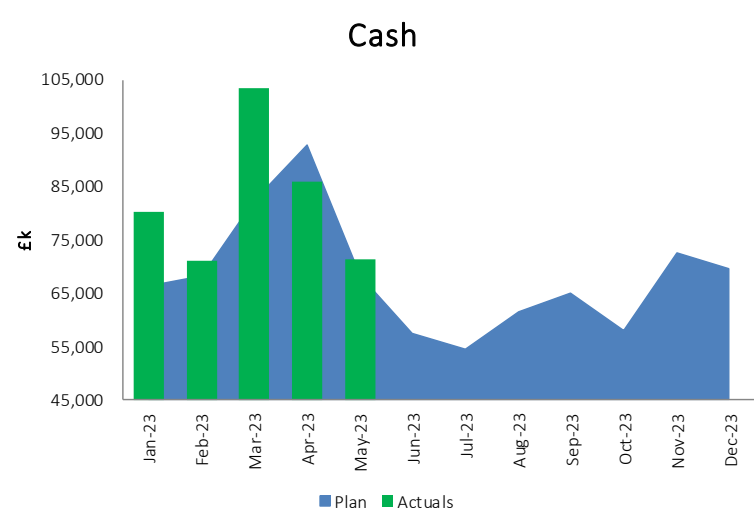


Worked WTEs vs NHSEI Workforce Plan



	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 2 Balance Sheet Dashboards



Statement of Financial Position

Statement of Financial Position	2023/24 M2 YTD				
	31-Mar-23	30-Apr-23	31-May-23	In Month Movement	YTD Movement
Non current assets	£000	£000	£000	£000	£000
Intangible assets	15,506	15,057	14,608	(449)	(898)
Property, plant and equipment	719,387	717,404	716,678	(727)	(2,709)
Other non-current assets	3,099	3,099	3,030	(69)	(69)
Total non-current assets	737,992	735,560	734,315	(1,245)	(3,677)
Current assets					
Inventories	22,663	23,104	23,301	197	638
Trade and other receivables	64,023	65,744	80,961	15,217	16,938
Cash and cash equivalents	103,344	85,948	71,476	(14,472)	(31,869)
Total current assets	190,030	174,795	175,737	942	(14,293)
Current liabilities					
Trade and other payables	(164,678)	(137,126)	(144,634)	(7,508)	20,043
Borrowings / leases	(7,895)	(8,121)	(7,827)	295	69
Accruals	(23,370)	(28,521)	(28,078)	443	(4,708)
Deferred income	(4,167)	(15,977)	(12,416)	3,560	(8,249)
Dividend payable	(391)	(2,900)	(4,733)	(1,833)	(4,342)
Provisions < 1 year	(13,014)	(12,612)	(12,498)	114	516
Total current liabilities	(213,516)	(205,257)	(210,186)	(4,929)	3,329
Net current assets / (liabilities)	(23,485)	(30,462)	(34,449)	(3,987)	(10,964)
Non-current liabilities					
Borrowings / leases	(33,847)	(33,923)	(34,752)	(830)	(905)
Provisions for liabilities & charges	(4,033)	(4,033)	(4,033)	(0)	(0)
Total non-current liabilities	(37,880)	(37,956)	(38,786)	(830)	(905)
Total assets employed	676,626	667,142	661,081	(6,061)	(15,545)
Public dividend capital	797,141	797,141	797,141	0	0
Revaluation reserve	201,349	201,349	201,349	0	0
Income and expenditure reserve	(321,864)	(331,348)	(337,409)	(6,061)	(15,545)
Total taxpayers equity	676,626	667,142	661,081	(6,061)	(15,545)

The Statement of Financial Position (SOFP) as of 31 May 2023 is presented in the table opposite. The key movements are explained as follows:

- **Non-Current Assets** - PPE and intangibles reduced by £1.2m, as capex of £3.2m was more than offset by depreciation of £4.4m.
- **Trade and other receivables** increased by £15m. This was largely due to an increase in
 - PCI income accrual of £9m.
 - VAT receivables of £1.8m as June VAT debtor covers 2 months of returns.
 - Non-NHS prepayments of £1.8m due to corporate prepayments for CNST and accrual for contract renewals for CQC and Locums Nest .
- **Cash Balances** – Cash balances reduced by £14.5m.
- **Trade and other payables and accruals** increased by a net £7.1m, driven by the 23/24 pay accrual for April/May and an increase of £3m in GRNI accruals
- **PDC Dividend** – The increase of £1.8m reflects the accrual of the M2 PDC dividend payment which is in, line with the 23/24 Plan.
- **Deferred Income** – reduced by £3.6m due to release of HEE LDA Income deferral (cash received in April)
- **Income and Expenditure Reserve** – The I&E reserve contracted in line with the reported income and expenditure deficit of £6m.

Capital Programme

	Revised Plan	M2 Plan	M2 Actual	Variance
	£'000	YTD £'000	YTD £'000	YTD £'000
Gross capital expenditure including IFRS impact:	97,396	6,844	5,136	(1,709)
Less: Book value of asset disposals				
Less: Capital grants received				
Less: Capital donations received	(500)	0	(16)	(16)
Charge against the Capital Resource Limit (CRL) incl IFRS impact	96,896	6,844	5,120	(1,724)

Area	Annual Plan £'000	Revised Plan £'000	M2 Plan £'000	Actual M2 £'000	Variance £'000
Reconfiguration	2,310	2,310	384	355	(30)
MEE	1,500	1,500	0	222	222
MES	3,729	3,729	0	198	198
MES Enabling	3,425	3,425	50	(0)	(50)
IM&T in eQuip	10,782	10,782	1,009	802	(207)
Estates and Facilities Backlog	5,000	5,000	334	143	(191)
Estates Projects	8,250	8,250	0	1,006	1,006
East Midlands Planned Care Hub	19,874	19,874	3,793	1,963	(1,830)
Linear Accelerator	5,074	5,074	150	366	216
Health Education England	1,000	1,000	166	57	(109)
Contingency	995	995	0	0	0
Charitable Funds	500	500	84	49	(35)
CDC Hinckley	900	900	0	0	0
UEC - Modular	6,000	0	0	0	0
UEC - Wards	24,500	23,997	0	0	0
Total Capital Programme exc Leases	93,839	87,336	5,970	5,161	(809)
Leases: IFRS16	3,355	3,355	560	(25)	(585)
Leases: Vanguard	6,705	6,705	314	0	(314)
Total Capital Programme inc Leases	103,899	97,396	6,844	5,136	(1,709)
Donated Income	(500)	(500)		(16)	(16)
Net CDEL	103,399	96,896	6,844	5,120	(1,724)

The Trust has approved the 23/24 capital plan at £103.9m. This is funded from £44.7m of internally generated funds, £10.1m of IFRS16 additions, £48.6m of planned PDC funding (Recon £1.1m, Elective Hub £16.2m, CDC Hinckley £900k and £30.5m of UEC modular/wards) and £0.5m of charitable funds. This has subsequently reduced by £6.5m as a consequence of not receiving approval of central PDC Urgent Emergency Care (UEC) funding for the modular ward and a revised cost for the additional two wards.

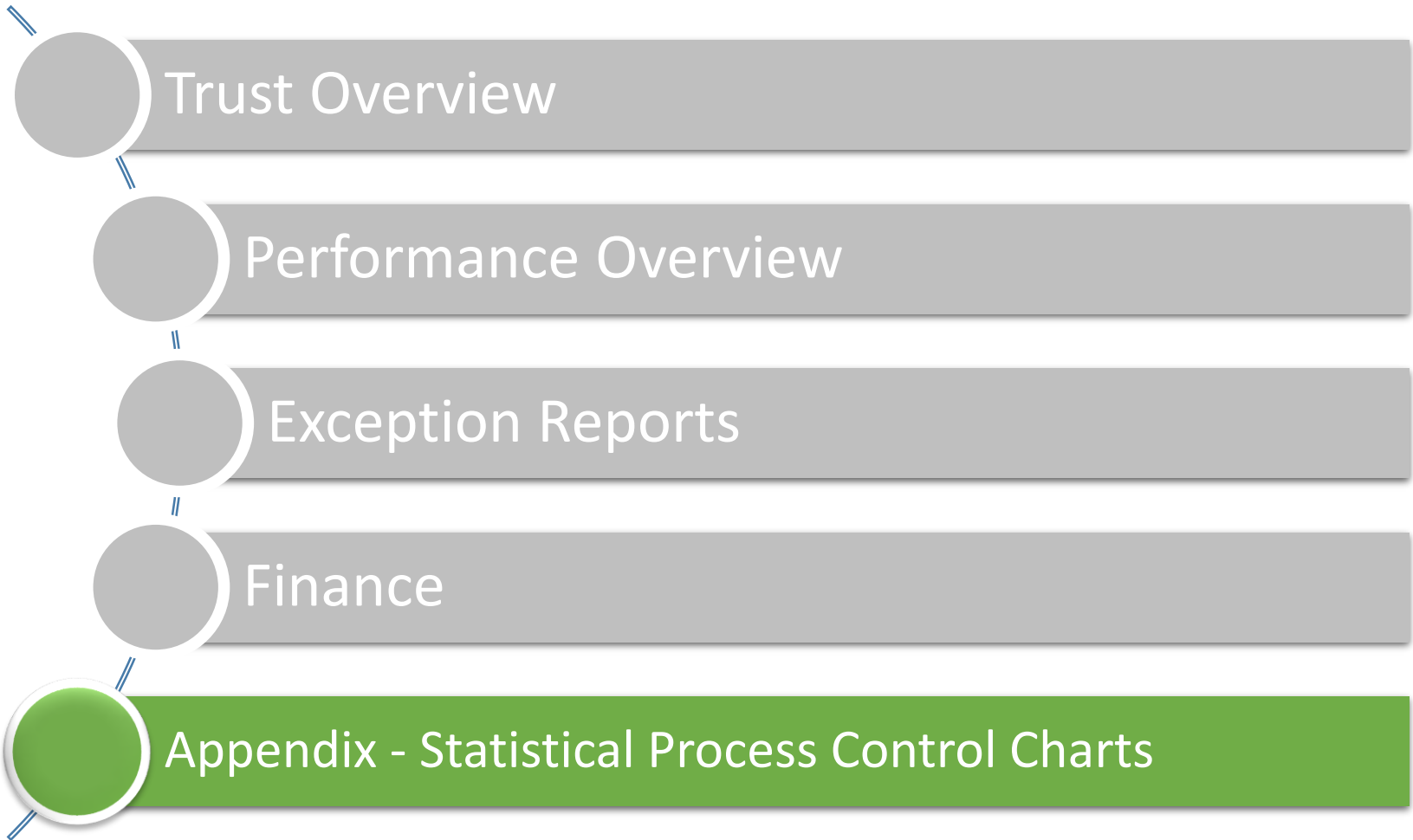
An additional MOU for early fees to support increased room capacity has been agreed for £247k by the Endoscopy Capital Investment Panel. This will be added into the capital plan when it has been formally signed off.

In the month, expenditure incurred was £3.2m, mainly relating to:

- Reconfiguration costs of £0.2m relating to the main programme
- Elective hub costs £1.6m
- IM&T costs including eQUIP £0.2m
- IM&T Datacenter VAT Reclaim – (£0.3m)
- Estates backlog & Winter Works - £1m – Ambulance Pods, Ventilation and Physio Therapy Space

The year-to-date underspend of £1.7m against the agreed plan profile is mainly explained by slippage of the Planned Care Centre scheme and IFRS 16, which should recover in the year.

There is significant risk as a consequence of limited resource and therefore insufficient capital funding is available to address statutory requirements, service continuity and essential equipment and Estates infrastructure (BAF Risk 06). The 2023/24 Capital Plan was prioritised, and risk assessed to mitigate the lack of available funding in 2023/24 and ensure the resource was applied to minimise the service and compliance risk.



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).

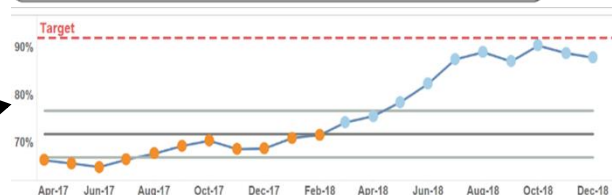
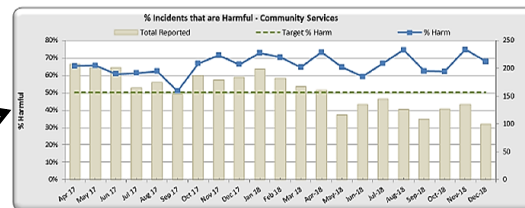
Any data points on the line graph outside these limits, are 'extreme values' and is not within the expected 'normal variation'.

- 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)

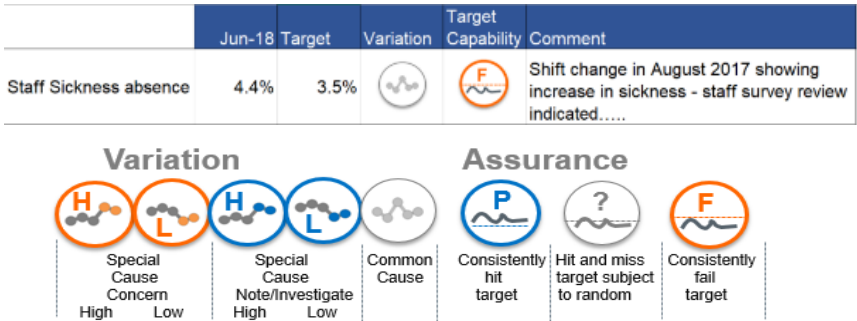
Normal variations in performance across time can occur randomly- without a direct cause, and should not be treated as a concern, or a sign of improvement, and is unlikely to require investigation unless one of the patterns defined below applies.

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.