

Meeting title:	Trust Board – public Paper E				
Date of the meeting:	6 October 2022				
Title:	Integrated Performance Report – Executive Summary				
Report presented by:	Jon Melbourne - Chief Operating Officer				
Report written by:	James Palmer and Joanne Haigh (Business Intelligence Specialists)				
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

Impact assessment

<p>Acronyms used: SHMI - Summary Hospital-level Mortality Indicator, VTE - Venous Thromboembolism, C DIFF - Clostridium Difficile, CAD - Computer Aided Dispatch, LLR UCCs - Leicester, Leicestershire & Rutland Urgent Care Centres.</p>
--

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. Note that the definition of “Good News” and “Performance Challenges” is for headline reporting purposes only and the full IPR should be consulted when determining any action required in response.

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

Good News:

- Mortality – the latest published SHMI (period April 2021 to March 2022) is 104 but remains within the expected range.
- VTE – compliant at 98.4% in August.

Performance Challenges:

- C DIFF – 16 cases reported this month.
- ED 4 hour performance (including LLR UCCs) – 70.0% reported in August.
- 12 hour trolley wait – 890 breaches reported.
- Ambulance Handover 60+ minutes (CAD) – performance at 24.6%.
- Cancer Two Week Wait was 86.2% in July against a target of 93%.
- Cancer 62 day backlog was 681 patients at the end of August.
- Cancer 62 day treatment was 54.9% in July against a target of 85%.
- Referral to treatment – the number on the waiting list (now the primary performance measure) was above the target and was 127,608 patients at the end of August.
- 52+ weeks wait – 18,422 breaches reported at the end of August.
- Diagnostic 6 week wait was 56.0% against a target of 1% in August.
- Statutory and Mandatory Training is at 91%.
- Annual Appraisal is at 77.3%.
- Cancelled operations OTD – 1.4% reported in August.

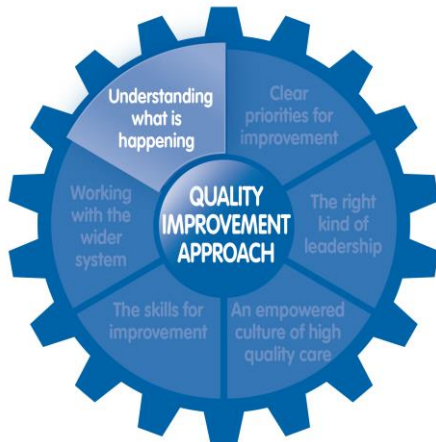
Supporting documentation

Please read the full integrated performance report for more detail including exception reports of indicators which are not currently achieving targets.



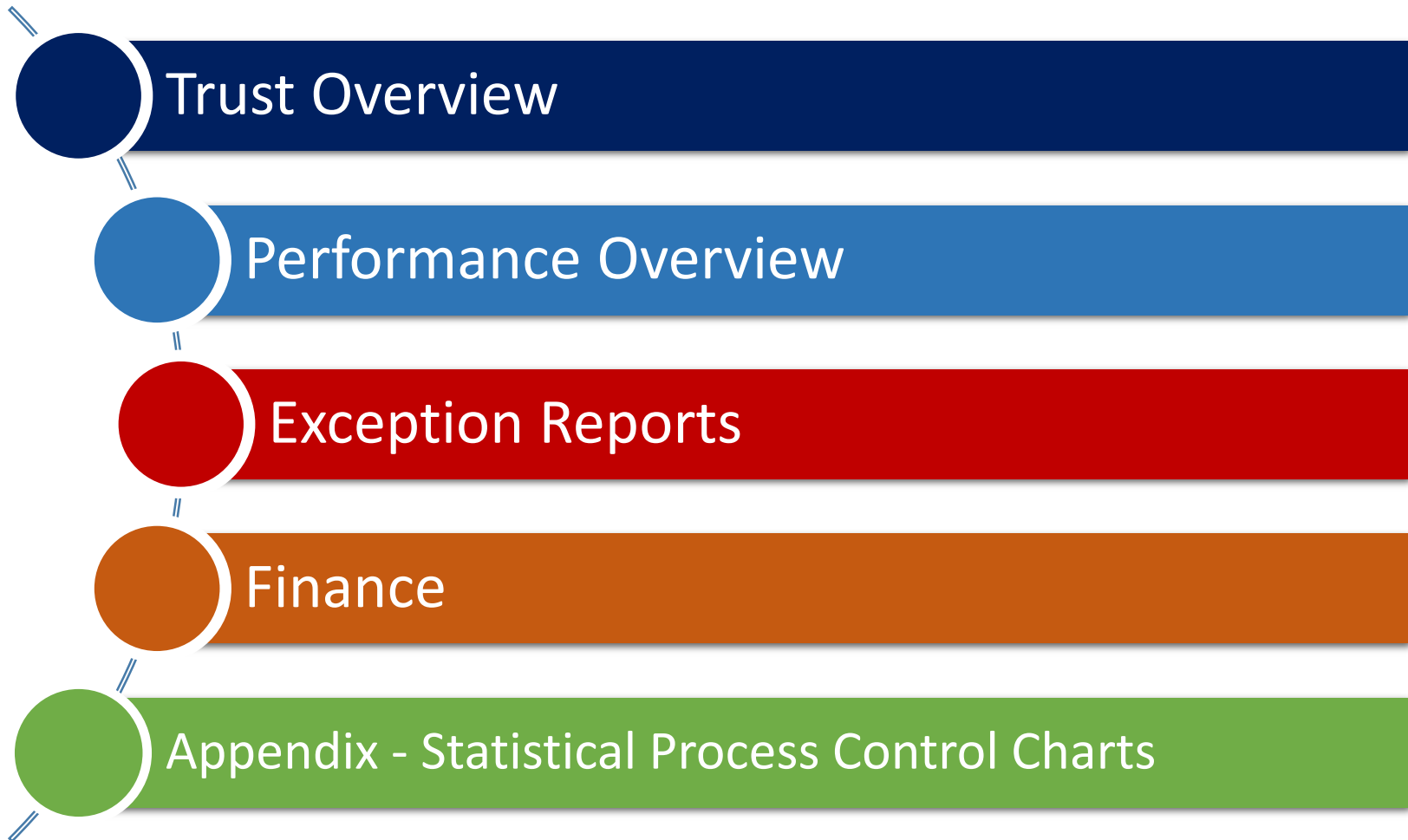
Integrated Performance Report

August 2022

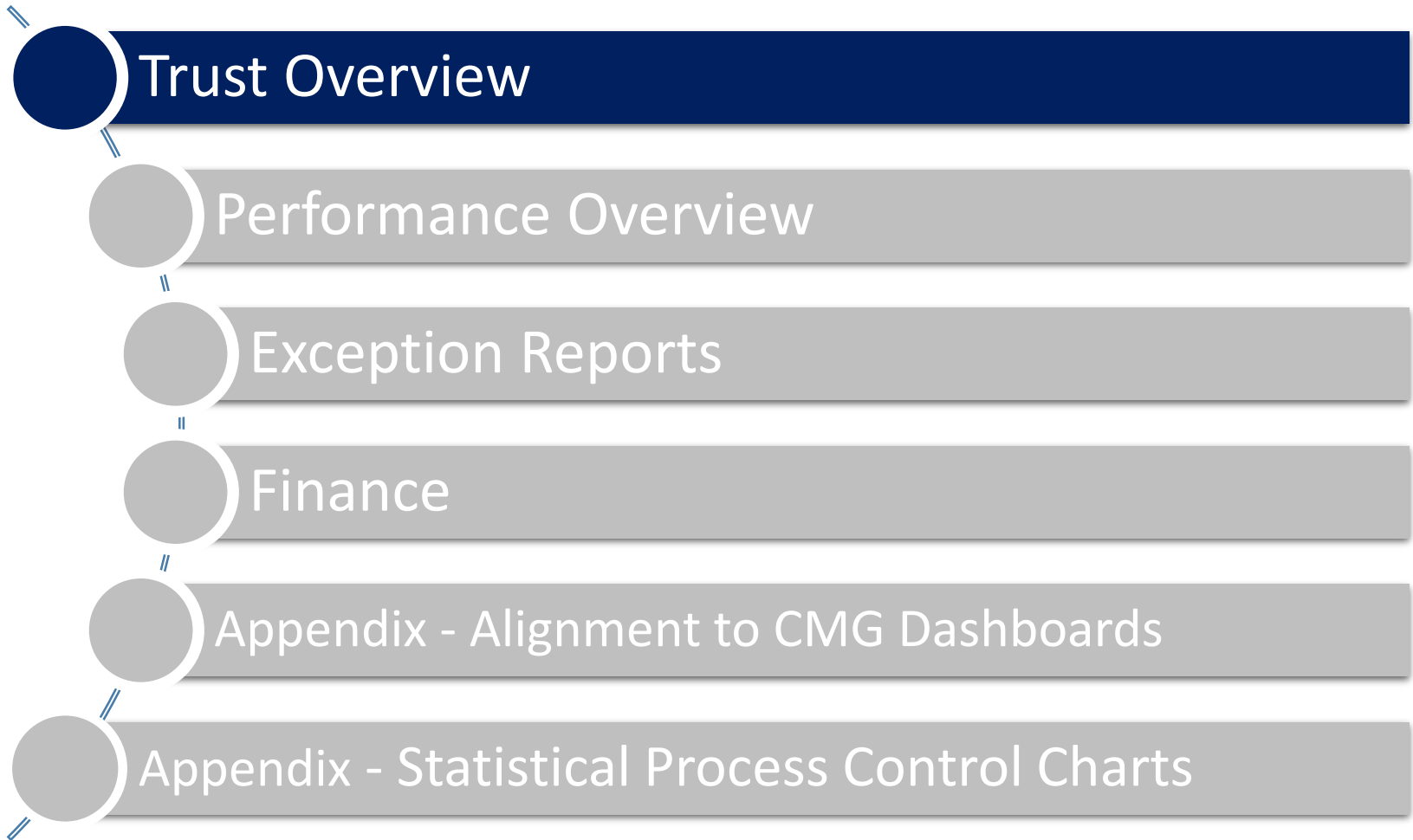


Operational Delivery Unit

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
% 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

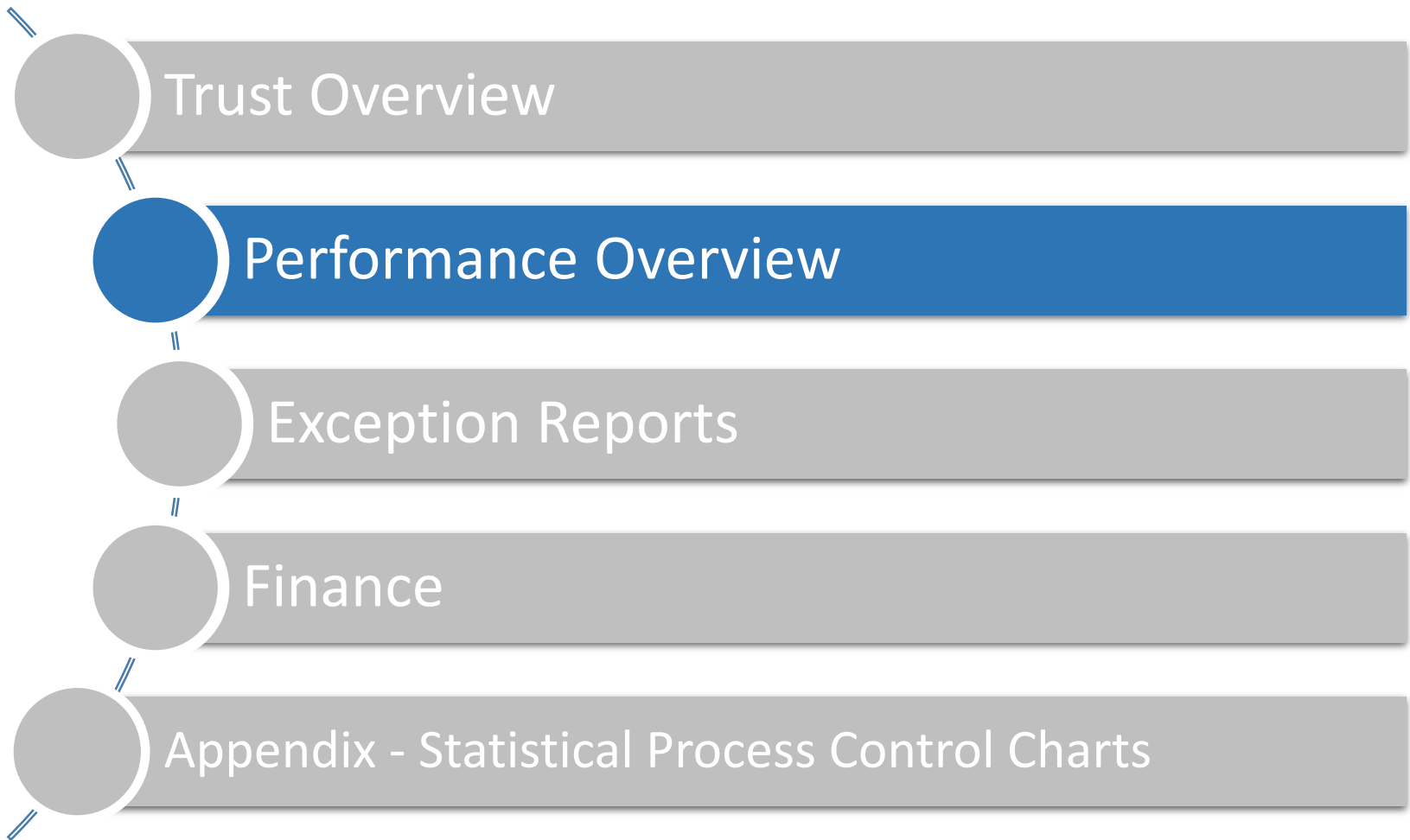
Failing Target

Achieving Target












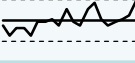


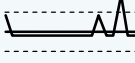






Target TBC

Trust Overview (Current Month)

Domain	Overview , Risks and Actions	Lead
Overview		CEO
Safe (exception reports pages 19-21)	The Trust has had 3 Never Events to date . All appropriate immediate actions have been undertaken. Full investigations are in train to identify further learning. The MD & CN have met with their respective patient safety leads to further review the NE reduction plan. A thematic review of NE's has been completed and the NE action plan is being updated to reflect learning from this – this was reviewed & discussed at the Trust Board Quality Committee in August. In August there has been an increase in CDT correlating with the high bed occupancy with strategies that remain in place. Senior leadership oversight continues for the monitoring of HAPUs as these remain to be an area of concern although numbers have reduced from last month. HAPU themes continue to be the same and an external review is being commissioned to commence before the end of November 22.	Andrew Furlong / Julie Hogg
Caring (exception report page 22)	Whilst Inpatient, maternity and outpatient Friends and Family test results remain high, the A&E friends and family has dropped in August to below the target of 75%. There are multiple initiatives to improve this including the opening of ward 22 and the introduction of the modified UHL Rapid Flow Policy, which encompasses processes and principles from the North Bristol ambulance improvement model. The aim being that the reduction in wait times and a clear focus on quality will improve the satisfaction scores.	Julie Hogg
Well Led (exception reports pages 23-30)	Sickness levels increased in June and July have increased mainly as a result of Covid related absence. Absences are predominantly in clinical areas. Paid special leave for Covid related absence ceased on 7 July 2022 and a transition period for long Covid moving to normal sickness commenced. Covid related absences will be removed from triggers until March 2023. From August 2022 we are seeing Covid related absence reduce and our sickness absence rates are expected to reduce to 6% by October 2022. Appraisal rates continue to be impacted by Covid and technical challenges with reporting . Process changes have been made to ensure more accurate recording and mitigate the risks arising from IT issues. Appraisal compliance trajectory levels are being developed. Statutory and mandatory training compliance is also impacted by both Covid rates and operational pressures with shortened courses in place to mitigate against the time pressure. Adult nursing vacancies have increased slightly this month largely as a result of average leavers without a corresponding intake. A large intake of international nurses (67) is planned for September and new Heads of Recruitment Retention and Pastoral support have been created to reduce vacancies. A further intake of 70 international nurses is planned for November. Paediatric nursing vacancies have increased slightly. Locally trained Paediatric nurses are expected to join the Trust between Oct 22 and Jan 23. Long term plans are in place to increase Registered Nursing Associates on Children's wards. Midwifery vacancies have remained static and further recruitment has been undertaken including a bespoke community midwifery campaign (8 candidates) Appointed applicants are expected to join between October and December. 5 further international midwives are scheduled to join the Trust and separate recruitment is taking place for community midwives. Vacancies for healthcare support workers have deteriorated by 0.1% in month (5 WTE) Plans are in place to fill induction programmes in Sept/Oct/Nov and 30 candidates are commencing direct bank entry with a bespoke part time induction. Maternity HCSW and Support worker vacancy position has remained static. Funding has been made available to support improvement of support workers in the community and a development pathway is planned to be in place by March 2023.	Clare Teeney
Effective	The Trust's Summary Hospital-level Mortality Indicator (SHMI) & Hospital Standardised Mortality Ratios (HSMR) are within expected. There are no specific concerns to bring to the Board's attention at this time.	Andrew Furlong
Responsive – Emergency (exception reports pages 31-37)	In August, UHL ranked 65th out of 112 Acute Trusts. The National average in England was 71.4%. Only 3 out of the 111 Acute Trusts achieved the target. UHL ranked 8th out of 16 trusts in its peer group. The best value out of the Peer Trusts was 80.3% and the worst value was 60.1%.	Jon Melbourne
Responsive – Elective (exception reports pages 39-44)	August 2022 has seen an improvement in patients who have breached 104+ weeks, with the 104+ positions reduced by 98 patients with the main challenge remaining in General Surgery. Overall waiting list numbers have increased which is been experienced nationally but the Accurix validation program carries on to be rolled out further patient contact validation. Elective capacity remains a challenge due to staff vacancies and sickness, particularly for anaesthetists and admin booking teams. GIRFT continues to support Mutual Aid with mutual aid team job roles being developed as part of the transition of the GIRFT team support reducing Technical validation for the whole waiting list is ongoing with the RTT team fully established as outlined w. The RTT improvement lead role interviews are to take place in September to support the IS and Mutual Aid transfers. Performance reported in DM01 has improved with a reduction in the overall waiting list but the performance of the percentage of patients seen within 6 weeks remains very challenged. Individual modality recovery plans have been developed to unscannable recovery to the 95% target by March 2024. Two credible private providers, providing ultrasound elsewhere nationally, are being engaged to potentially offer much-needed additional capacity.	Jon Melbourne
Responsive – Cancer (exception reports pages 45-47)	In July improvements continued in 8 of the 10 standards. Performance in 2ww is 86.2% and 62 day 54.9%. The 62-day backlog is 645 (19/09/22) an increase of 52 from last month (excluding screening and upgrades). 245 patients are waiting more than 104 days, an increase of 8 from last month. The LLR over 62 day backlog, at approx. 13.2% of the PTL, is better than the regional average of 14.2%. Referrals remain high and above pre pandemic levels, with increases Colorectal and Dermatology in July. Capacity and workforce pressures are continuing to be the biggest constraint. Theatre workforce has improved in July. The 2WW demand and backlogs continue to directly impact on performance. 1st appointment wait times and time to decision to treat are key area of focus to support 62-day performance. It is important to note that whilst backlog clearance continues this will adversely affect 62-day performance. A demand and capacity review is underway with all tumour sites to support updated recovery action plans. These include where mutual aid and collaborative working with partners is necessary to support improvements in recovery and performance. A diagnostic bid of £9 million for endoscopy, imaging and pathology equipment submitted to NHSE/I in September. Urology backlog and 62-day position remains the most significant concern. EMCA and NHSE are supporting. The additional outsourced capacity identified to support Urology diagnostics in August (funded by EMCA) was successful and saw 110 patients having Template biopsies through the unit.	Jon Melbourne
Financial Improvement	The Trust is reporting a year to date deficit at month 5 of £4.3m which is £1.5m favourable to plan. The key drivers of this underspend are; lower than planned Elective recovery £1.2mF, CIP cash over delivery £1.3mF, unfunded inflation £0.5mA, increased drugs £0.4mA, increased Covid-19 spend compared to plan of £0.4mA, other small variances £0.2mF. The Trust has reported a year to date CIP delivery including productivity of £11.3m against a £7.4m CIP target. The Trust capital expenditure year to date is £15.0m which is £6.5m behind plan. This relates to timing and scheme delivery will recover later in the year. The cash position at the end of August was £93.2m, an increase of £28.3m in month, as the Trust benefited from contract payments received from Health Education England and retrospective payment by commissioners.	Lorraine Hooper



Performance Overview (Safe)

Domain	Key Performance Indicator	Target	Jun-22	Jul-22	Aug-22	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Safe	Never events	0	0	0	0	3				Jan-20	MD
	% of all adults Venous Thromboembolism Risk Assessment on Admission	95%	97.9%	98.6%	98.4%	98.1%				Oct-21	MD
	% of 3rd & 4th Degree Perineal Tears	3.5%	2.7%	3.7%	3.0%	3.3%				Aug-22	CN
	Clostridium Difficile	93	10	11	16	54				Jun-21	CN
	Methicillin Resistant Staphylococcus Aureus Total	0	0	0	0	2				Jun-21	CN
	E. Coli Bacteraemias Acute	198	14	15	11	70				Jun-21	CN
	Methicillin-susceptible Staphylococcus Aureus Acute*	40	4	5	7	29				Jun-21	CN














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

Comments

The Trust has had 3 Never Events to date. All appropriate immediate actions have been undertaken. Full investigations are in train to identify further learning. The MD & CN have met with their respective patient safety leads to further review the NE reduction plan. A thematic review of NE's has been completed and the NE action plan is being updated to reflect learning from this – this was reviewed & discussed at the Trust Board Quality Committee in August. The Safer Surgery Quality Assurance programme has commenced.

Rating

Performance Overview (Safe)

Domain	Key Performance Indicator	Target	Jun-22	Jul-22	Aug-22	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Safe	COVID-19 Hospital-onset, probable, 8-14 days after admission		7.5%	10.3%	12.4%	10.2%				Oct-20	CN
	COVID-19 Hospital-onset, healthcare-acquired, 15 or more days after admission		6.1%	10.8%	9.3%	10.1%				Oct-20	CN
	All falls reported per 1000 bed days	5.5	3.7	3.7		3.8				Aug-22	CN
	Rate of Moderate harm and above Falls Patient Safety Incidents with finally approved status per 1,000 bed days	0.18	0.02	0.10		0.06				Aug-22	CN
	Hospital Acquired Pressure Ulcers - All categories	372	43	79	64	273				Jun-21	CN









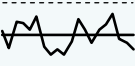


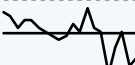
Comments

Rating

Although the number of HAPUs are slightly lower than last month, HAPUs still continue to be an area of concern. There is senior leadership and oversight via the Deputy Chief Nurse in attending the 'Care Review and Learning' meetings and providing additional confirm and challenge to the process. The common themes from the Root Cause Analysis (RCA) meetings are related to inconsistency in the timeliness and accuracy of assessment of risk, equipment delays (or inappropriate use of); device related care issues and staff knowledge gaps regarding prevention of HAPUs.

An external review of UHL Tissue Viability and HAPUs is being commissioned with a national Tissue Viability Consultant Nurse who is considered to be an expert in their field, to help support the team and review all the policies and processes and education packages. A third PU collaborative event was held in September with good engagement and feedback from the clinical teams.

Performance Overview (Caring)

Domain	Key Performance Indicator	Target	Jun-22	Jul-22	Aug-22	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Caring	Single Sex Breaches		0	2	6	16	National Reporting resumed from Oct 21.			Jul-22	CN
	Inpatient and Day Case Friends & Family Test % Positive*	95%	98%	98%	98%	98%				Jul-22	CN
	A&E Friends & Family Test % Positive**	77%	78%	81%	75%	78%				Jul-22	CN
	Maternity Friends & Family Test % Positive*	91%	96%	95%	95%	96%				Jul-22	CN
	Outpatient Friends & Family Test % Positive	94%	94%	93%	94%	94%				Jul-22	CN
	% of Complaints Responded to in Agreed Timeframe	Reporting will commence 2022. This is due to ongoing work to reduce backlog as a result of COVID-19.								N/A	CN












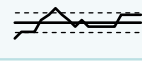
* Targets are based on national averages between December 2020 and August 2021 ** Targets are based on national averages between October 2021 and March 2022

Comments

Rating

The August F&F has dipped for the first time since last March despite the work that has been undertaken in relation to the reduction of ambulance handover delays (noting that patient experience is significantly affected by extended bed waits and waits on ambulances). The UHL Rapid Flow Policy, which encompasses processes and principles from the North Bristol ambulance improvement model is being implemented this month and impact will be closely monitored






Performance Overview (Well Led)

Domain	Key Performance Indicator	Target	Jun-22	Jul-22	Aug-22	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Well Led	Staff Survey % Recommend as Place to Work	Reporting will commence once national reporting resumes								Data sourced externally	CPO
	Staff Survey % Recommend as Place for Treatment	Reporting will commence once national reporting resumes								Data sourced externally	CPO
	Turnover Rate	10%	9.4%	9.6%	9.4%	9.4%				Aug-22	CPO
	Sickness Absence (Excludes Estates & Facilities staff)	3%	5.4%	6.8%		5.8%				Mar-21	CPO
	% of Staff with Annual Appraisal (Includes Estates & Facilities staff from May 21)	95%	78.5%	77.1%	77.3%	77.3%				Mar-21	CPO
	Statutory and Mandatory Training	95%	91%	91%	91%	91%				Feb-20	CPO

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

Comments	Rating
<p>Turnover remains stable although there is a recognition it is under reported when staff switch from substantive and bank to bank only. Sickness levels have increased as a result of Covid related absence although early indications are that these are starting to reduce in August. There have been national changes to terms and conditions such that staff who have been off sick with long covid since 7th July will resume normal contractual sickness entitlement with effect from Sept 1st. Staff will continue to be supported if they are absent as a result of Covid with absence not counting towards triggers (with some case by case review) and bank staff receiving payment for pre booked shifts – this will remain in place until March 31st 2023. Our sickness trajectory is to achieve 6% by October 2022. Both appraisal (non medical) and statutory and mandatory are below target and recovery trajectories largely as a result of the impact of rising Covid rates and continued operational pressures. Forms for capturing appraisals have been updated to improve levels of appraisal compliance.</p>	

Performance Overview (Well Led)

Domain	Key Performance Indicator	Target	Jun-22	Jul-22	Aug-22	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Well Led	Adult Nursing Vacancies	10%	12.9%	10.8%	11.3%	11.3%				Dec-19	CPO
	Paed Nursing Vacancies	10%	11.8%	12.0%	12.9%	12.9%				Dec-19	CPO
	Midwives Vacancies	10%	13.3%	13.6%	13.8%	13.8%				Dec-19	CPO
	Health Care Assistants and Support Workers - excluding Maternity	10%	14.5%	15.1%	15.2%	15.2%				Dec-19	CPO
	Health Care Assistants and Support Workers - Maternity	5%	8.1%	7.0%	7.1%	7.1%				Dec-19	CPO



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

Comments

Adult nursing vacancies have increased slightly to 11.3% as we await the intake of 67 international nurses in September. Plans are on track for the recruitment of a further 70 international nurses prior to December 2022, this is running alongside further national and local recruitment campaigns. In addition, People Partners are working with nursing colleagues on retention plans to reduce increased leavers rates and new Heads of Nursing roles for Recruitment Retention and Pastoral support have been created. There has been small increases in the numbers of Paediatric Nursing vacancies and HCSW. A number of Paediatric Nurses are expected to be recruited from local training providers and through national recruitment campaigns between October 22 and January 23. There has also been a small intake of Internationally Educated Children's Nurses. Long term plans are in place to increase the number of registered Nursing Associate roles on wards. Midwifery vacancies have remained static. A bespoke community midwifery recruitment campaign has led to the appointment of 8 midwives and 28 new midwives are expected to commence to support the two acute units. Listening events are being held to support an improvement in retention. Healthcare support worker vacancies have increased slightly and induction events planned for September October and November are expected to be filled. Maternity HCSW and Support worker vacancy position has remained static with a review of apprenticeship schemes at Band 2 and 3 and funding available to support recruitment and retention. A new development pathway is planned to be in place for March 2023.






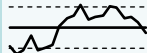





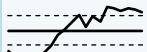


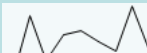

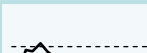

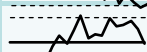


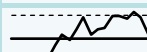



Rating

Performance Overview (Effective)

Domain	Key Performance Indicator	Target	Jun-22	Jul-22	Aug-22	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Effective	Published Summary Hospital-level Mortality Indicator (SHMI)	100	104	104	104	104 Apr 21 to Mar 22				May-21	MD
	12 months Hospital Standardised Mortality Ratio (HSMR)	100	97	98	101	101 Apr 21 to Mar 22				May-21	MD
	Crude Mortality Rate	No Target	1.1%	1.4%	1.0%	1.2%				May-21	MD

Comments	Rating
The Trust's Summary Hospital-level Mortality Indicator (SHMI) & Hospital Standardised Mortality Ratios (HSMR) are within expected. There are no specific concerns to bring to the Board's attention at this time.	

Performance Overview (Responsive Emergency Care)

Domain	Key Performance Indicator	Target	Jun-22	Jul-22	Aug-22	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Responsive (Emergency Care)	Emergency Department 4 hour waits Acute Footprint	95%	69.0%	70.1%	70.0%	69.4%				Data sourced externally	COO
	Mean Time to Initial Assessment	15	40.2	37.4	32.0	38.9				TBC	COO
	12 hour trolley waits in Emergency Department	0	967	1117	890	4,747				Mar-20	COO
	Number of 12 hour waits in the Emergency Department	0	2,673	2,584	2,475	12,907				TBC	COO
	Time Clinically Ready to Proceed	60	247	299	247	264				TBC	COO
	Number of Ambulance Handovers		4,374	4,178	4,319	21,824				Data sourced externally	COO
	Number of Ambulance Handovers >60 Mins		1,658	1,450	1,062	7,280				Data sourced externally	COO
	Ambulance handover >60mins	0%	37.9%	34.7%	24.6%	33.4%				Data sourced externally	COO
	Long Stay Patients (21+ days) as a % of G&A Bed Occupancy	12%	14.5%	15.3%	16.3%	15.7%				Sep-20	COO

Comments

Rating

In August, UHL ranked 65th out of 112 Acute Trusts. The National average in England was 71.4%. Only 3 out of the 111 Acute Trusts achieved the target. UHL ranked 8th out of 16 trusts in its peer group. The best value out of the Peer Trusts was 80.3% and the worst value was 60.1%.

Ambulance delays LRI ranked 18th out of 23 sites last month (source EMAS monthly report) and had the second highest number of arrivals (4,319). UHL is an outlier in Ambulance handover performance and recorded the highest number of handovers over 60 minutes last month, 1,046 (source EMAS monthly report).

Performance Overview (Responsive Elective Care)

Domain	Key Performance Indicator	Target	Jun-22	Jul-22	Aug-22	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Responsive (Elective Care)	Referral to Treatment Incompletes	103,403	123,196	124,467	127,608	127,608				Nov-21	COO
	Referral to Treatment 52+ weeks	0	17,559	18,218	18,422	18,422				Nov-21	COO
	Referral to Treatment 104+ weeks	0	508	363	265	265				Nov-21	COO
	6 Week Diagnostic Test Waiting Times	1.0%	48.8%	51.2%	56.0%	56.0%				Nov-19	COO
	% Operations Cancelled On the Day	1.0%	1.0%	1.4%	1.4%	1.5%				Apr-21	COO
	% Outpatient Did Not Attend rate	5%	8.0%	9.0%	8.2%	8.2%				Feb-20	COO
	% Outpatient Non Face to Face	45%	34.6%	35.2%	30.8%	34.3%				Feb-20	COO

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

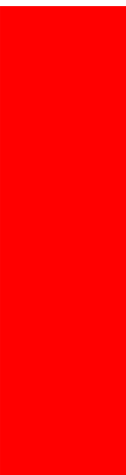
Comments

August 2022 has seen an improvement in patients who have breached 104+ weeks, with the 104+ positions reduced by 98 patients with the main challenge remaining in General Surgery. Overall waiting list numbers have increased which has been experienced nationally but the Accurix validation program carries on to be rolled out further patient contact validation. Elective capacity remains a challenge due to staff vacancies and sickness, particularly for anaesthetists and admin booking teams. GIRFT continues to support Mutual Aid with mutual aid team job roles being developed as part of the transition of the GIRFT team support reducing. The QI Collaborative starting work with Urology to look at their theatre productivity and nine Elective Recovery Interventions will be managed as programmes of work, arranging calls with IST to agree support required.



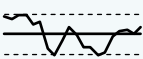


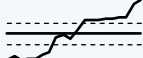


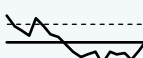
Technical validation for the whole waiting list is ongoing with the RTT team fully established as outlined w. The RTT improvement lead role interviews are to take place in September to support the IS and Mutual Aid transfers.

Performance reported in DM01 has improved with a reduction in the overall waiting list but the performance of the percentage of patients seen within 6 weeks remains very challenged. Individual modality recovery plans have been developed to unscannable recovery to the 95% target by March 2024. Two credible private providers, providing ultrasound elsewhere nationally, are being engaged to potentially offer much-needed additional capacity.

Rating



Performance Overview (Responsive Cancer)

Domain	Key Performance Indicator	Target	Jun-22	Jul-22	Aug-22	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Responsive (Cancer)	2 Week Wait	93%	81.3%	86.2%		83.9%				Mar-22	COO
	62 Day Backlog	0	533	644	681	681				Mar-22	COO
	Cancer 62 Day	85%	47.8%	54.9%		46.8%				Mar-22	COO

Comments

Rating

In July improvements continued in 8 of the 10 standards. Performance in 2ww is 86.2% and 62 day 54.9%. The 62-day backlog is 645 (19/09/22) an increase of 52 from last month (excluding screening and upgrades). 245 patients are waiting more than 104 days, an increase of 8 from last month. The LLR over 62 day backlog, at approx. 13.2% of the PTL, is better than the regional average of 14.2%.

Referrals remain high and above pre pandemic levels, with increases Colorectal and Dermatology in July. Capacity and workforce pressures are continuing to be the biggest constraint. Theatre workforce has improved in July. The 2WW demand and backlogs continue to directly impact on performance. 1st appointment wait times and time to decision to treat are key area of focus to support 62-day performance. It is important to note that whilst backlog clearance continues this will adversely affect 62-day performance.

A demand and capacity review is underway with all tumour sites to support updated recovery action plans. These include where mutual aid and collaborative working with partners is necessary to support improvements in recovery and performance. A diagnostic bid of £9 million for endoscopy, imaging and pathology equipment submitted to NHSE/I in September.

Urology backlog and 62-day position remains the most significant concern. EMCA and NHSE are supporting. The additional outsourced capacity identified to support Urology diagnostics in August (funded by EMCA) was successful and saw 110 patients having Template biopsies through the unit.

Performance Overview (Finance)

Domain	Key Performance Indicator	Target YTD	Jun-22	Jul-22	Aug-22	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Finance	Trust level control level performance	-£5.8m Plan	£6.5m	-£0.7m	-£2.8m	-£4.3m				Jun-22	CFO
	Capital expenditure against plan	£21.5m	£2.3m	£3.1m	£3.6m	£15.0m				Jun-22	CFO
	Cost Improvement (Includes Productivity)	£7.4m	£2.4m	£2.2m	£4.5m	£11.3m				Sep-22	DQTEI
	Cashflow	No Target	-£13.2m	-£54k	£28.3 m	£93m				Jun-22	CFO

Comments

Rating

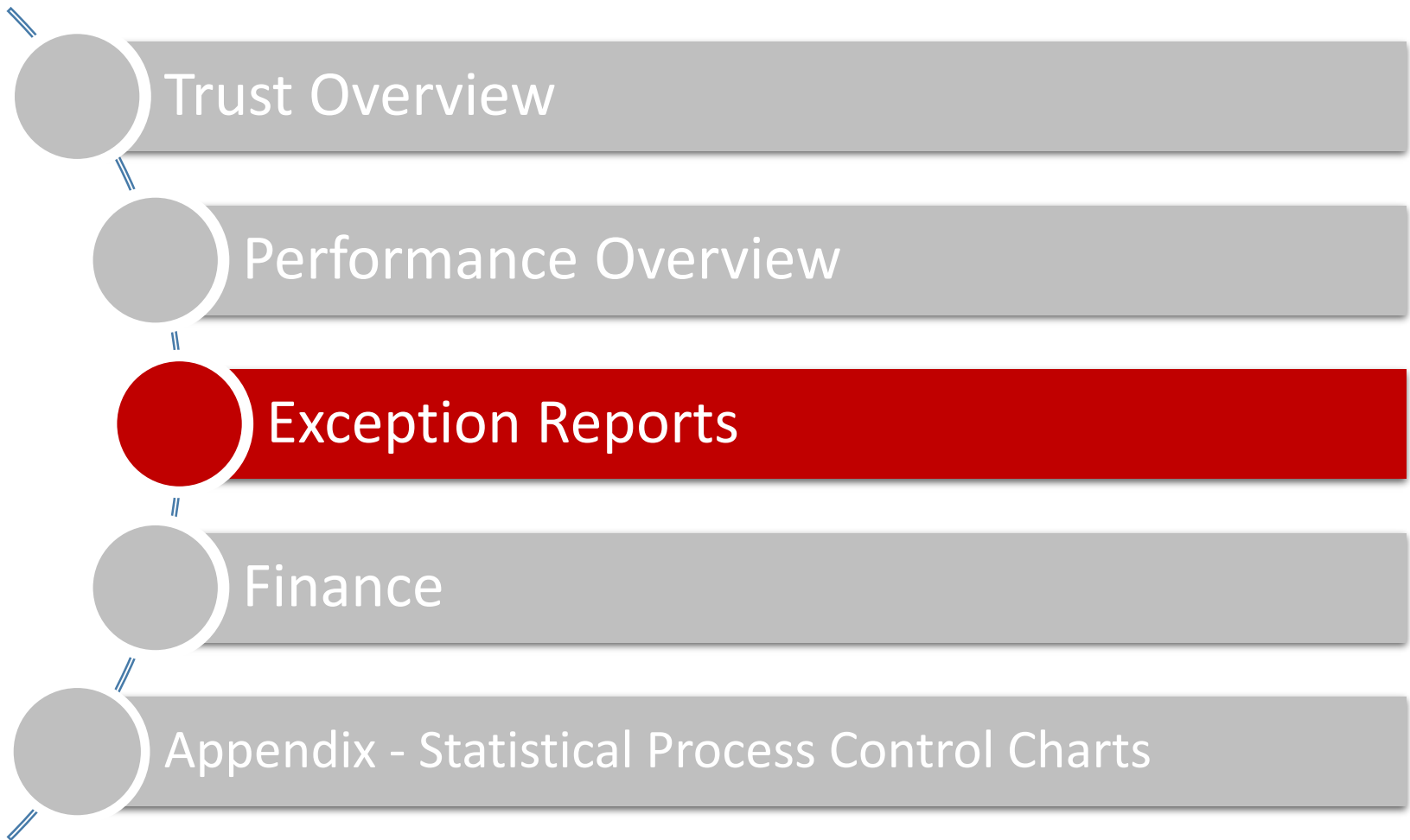
The Trust is reporting a year to date deficit at month 5 of £4.3m which is £1.5m favourable to plan. The key drivers of this underspend are:

- Lower than planned Elective recovery £1.2mF
- CIP cash over delivery £1.3mF
- Unfunded inflation £0.5mA
- Increased drugs £0.4mA
- Increased Covid-19 spend compared to plan of £0.4mA
- Other small variances £0.2mF

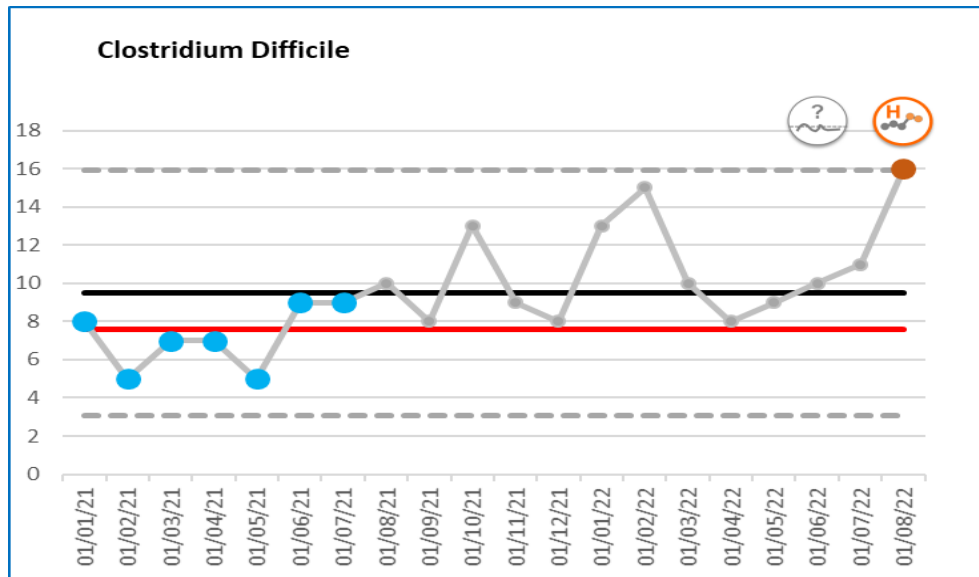
The Trust has reported a year to date CIP delivery including productivity of £11.3m against a £7.4m CIP target.

The Trust capital expenditure year to date is £15.0m which is £6.5m behind plan. This relates to timing and scheme delivery will recover later in the year.

The cash position at the end of August was £93.2m, an increase of £28.3m in month, as the Trust benefited from contract payments received from Health Education England and retrospective payment by commissioners.



Safe – Clostridium Difficile



Current Performance			Three Month Forecast		
Aug 22	YTD	Target	Sep 22	Oct 22	Nov 22
16	54	93	8	8	8

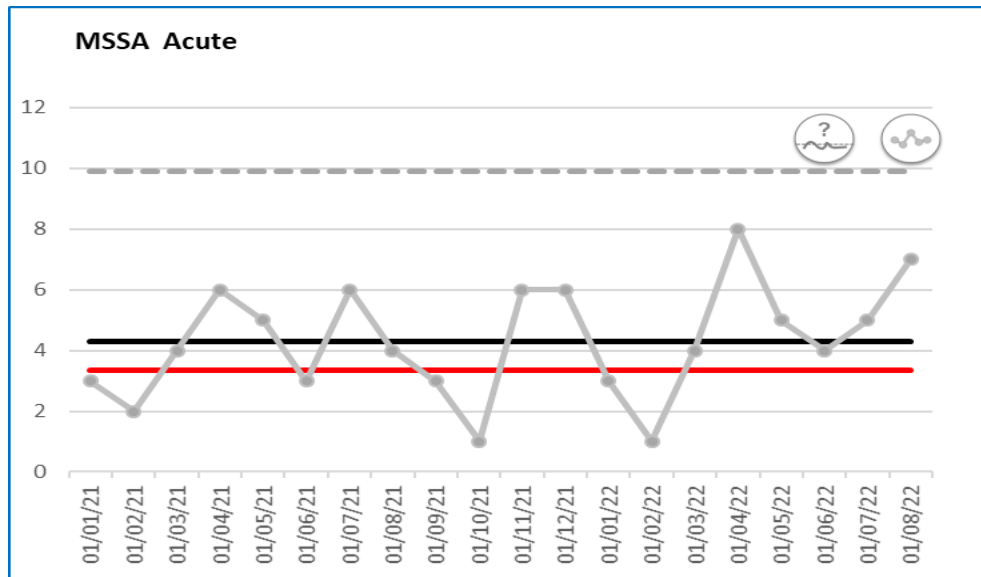
National Position & Overview

The rate of *C. Difficile* infection counts of hospital onset-healthcare associated cases per 100,000 bed days are significantly lower for UHL (14.5) compared with the national average (18.9) for last 12 months of published data (May 21 – Apr 22). UHL ranked 48 out of 138 trusts that submitted data and 3rd out of it's 18 peers. Source fingertips.phe.org.uk

This continues to be the latest available national data with no further national update

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> High bed occupancy is a significant risk factor for increased <i>C.difficile</i> infections. Antibiotic prescribing is high and whilst the reasons are multifactorial the COVID-19 Pandemic has undoubtedly contributed to this. Ribotyping has demonstrated no evidence of transmission Rate per 100,000 bed days remains significantly lower than national average. Absolute number increase is driven by increased bed base. 	<ul style="list-style-type: none"> Implementation of 2021 cleaning standards RCA of every CDT case Focused attention on antimicrobial prescribing practice via the antimicrobial working part Development of a CDT reduction plan across the trust Review of all patients with CDT weekly to ensure appropriate management Continued ribotyping of all cases Request a system review of CDT 	<ul style="list-style-type: none"> The official trajectory for 2022/23 for <i>C.difficile</i> infections is 93.

Safe – MSSA



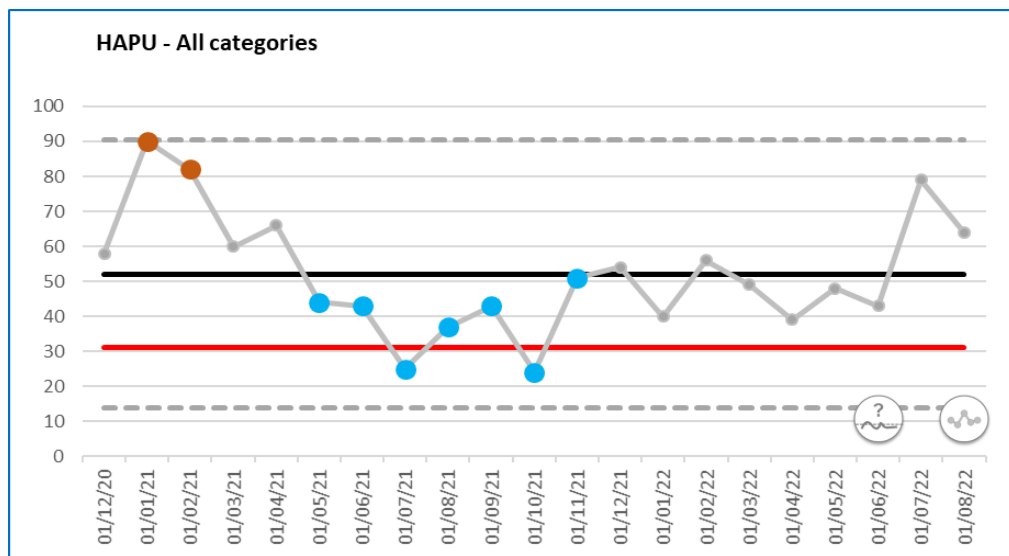
Current Performance			Three Month Forecast		
Aug 22	YTD	Target	Sep 22	Oct 22	Nov 22
7	29	40	3	3	3

National Position & Overview

There is no national mandated trajectory for MSSA however internally UHL have applied a 2.5% reduction target to the final outturn numbers of the year ending 22/23. The trajectory therefore is 40 cases.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> Peripheral and Central line infections of the bloodstream Surgical Site Infections Vascular access practice Blood culture sampling practice Urinary catheter practice 	<ul style="list-style-type: none"> Continue thematic review of MSSA cases IP improvement campaigns to be developed and launched for: <ul style="list-style-type: none"> Vascular access practice Blood culture sampling Urinary catheter us Launch of surgical site surveillance programme Review Denominator data for blood cultures taken in comparison to MSSA positive cultures 	<ul style="list-style-type: none"> The chart demonstrates occasional spikes of a similar level, this will be monitored and reviewed

Safe – Hospital Acquired Pressure Ulcers All Categories

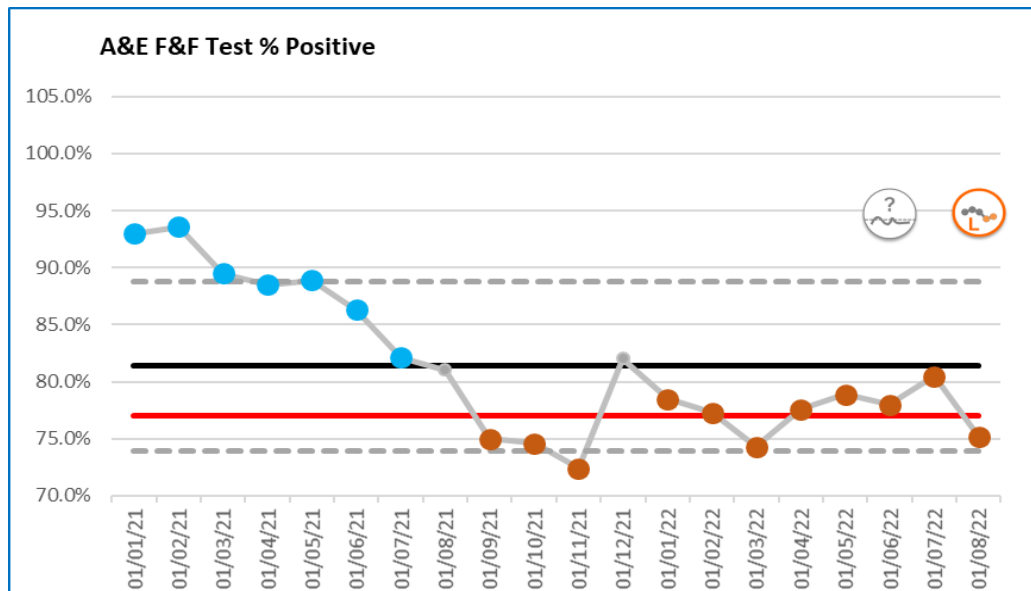


Current Performance			Three Month Forecast		
Aug 22	YTD	Target	Sep 22	Oct 22	Nov 22
64	273	372			

National Position & Overview
Currently no national benchmarking or reporting is available to provide comparative data.
UHL are one of six organisations working with national experts and NHSEI quality team to review the national mechanisms of capturing Pressure Ulcer data via the coding systems.
The Trust Target of 372 HAPUs (30% reduction) for 2022-23 is an internal quality improvement stretch target.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> Themes from the care review and learning meetings – inconsistency in the timeliness and accuracy of assessment of risk, equipment delays or inappropriate use; device related care issues and staff knowledge gaps regarding prevention. Inconsistent evidence from clinical areas regarding the provision of pressure area care and management of identified patients risks factors One contributing factor noted is the reduced staffing and decreased care hours per patient day in some areas 	<ul style="list-style-type: none"> Harms relating to staffing shortages, including HAPUs are noted in the safer staffing monthly report Training needs identified and additional training package in development HON / DHoNs to provide monthly thematic review of learning 3rd Pressure Ulcer collaborative event completed in September 2022. Masterclasses focused on aSSKING care bundle and themes from HAPU care review and learning outcomes Non clinical faculty members providing QI support via a series of teaching events Clinical Faculty supporting QI at ward level External review planned hopefully by the end of November Creation of inhouse short education videos to share with staff about prevention of HAPU 	<ul style="list-style-type: none"> We continue to aim to reduce hospital acquired pressure ulcers during 2022/2023 by 30% Raising awareness through a data driven collaborative with area specific quality Improvement projects over the next 3 months External review planned for within next 3 months

Caring – A&E Friends & Family Test % Positive

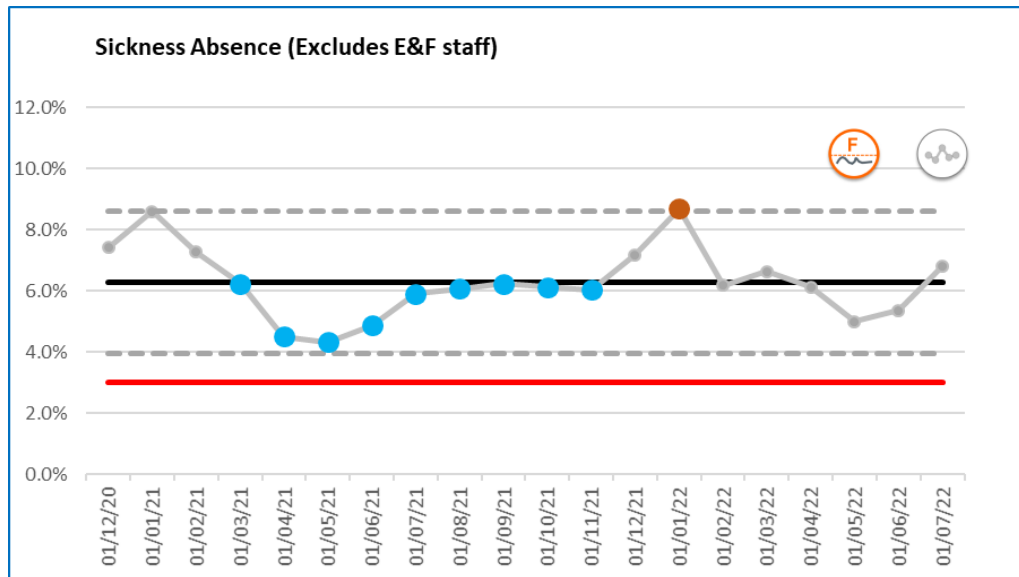


Current Performance			Three Month Forecast		
Aug 22	YTD	Target	Sep 22	Oct 22	Nov 22
75%	78%	77%	77%	78%	80%

National Position & Overview
<p>In July UHL ranked 3rd out of 16 trusts in its peer group. The highest performing trust of the peer group achieved 85% while the lowest performance of the peer group was 58%. The median performance of the peer group was 75%</p>

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> Continuing increased attendances and longer wait times for patients have continued which mirrors the national figure within the performance reports 	<ul style="list-style-type: none"> To ask CMGs to explore their own feedback in detail and respond to the Trust position Improvements to ambulance handover process Planning the introduction of the North Bristol Model to support patient flow from ED Working with Eye Casualty to improve response numbers to previous levels Thematic review to be undertaken to inform ongoing improvement project Additional ward with reablement beds opened at LGH to help flow Plans for a new Band 7 Sister/ charge Nurse to be recruited for ED to support QI work and monitoring of standards of care Review of housekeeper provision across the emergency floor to be undertaken 	<ul style="list-style-type: none"> With reduction in wait times and focus on Quality, improvement in satisfaction scores will be demonstrated

Well Led – Sickness

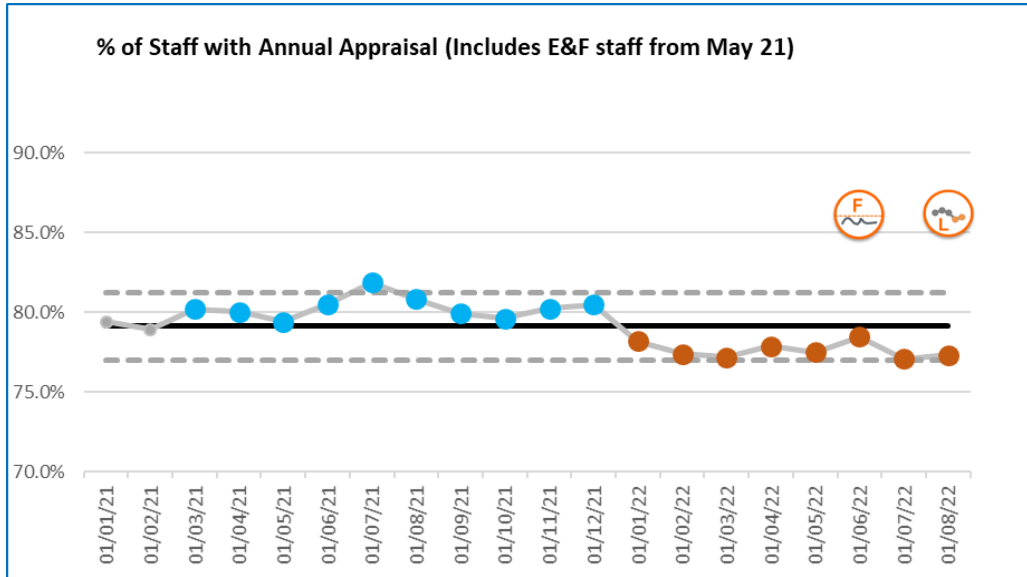


Current Performance			Three Month Forecast		
Jul 22	YTD	Target	Aug 22	Sep 22	Oct 22
6.8%	5.8%	3%	6.5%	6.2%	6.0%

National Position & Overview
Data Excludes Estates and Facilities staff. Peer data not currently available.
Staff Sickness absences have increased in July aligned to the prevalence of COVID-19 cases in our hospitals and the community.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> During June and July 2022, we saw an increase in covid-related absences, with daily reporting over 9% and moving the organisation to Level 3 COVID-19 escalation The absences are predominantly in our clinical areas; 7.08% within clinical management groups and 4.44% in corporate areas (where there will be increased opportunity for remote working) The top three reasons for sickness absence for year to date are 'other known causes' (23.97%), 'stress anxiety depression' (17.68%), and 'covid-19 / infection precaution' (13.68%) 	<ul style="list-style-type: none"> 7 July 2022, saw the removal of paid special leave for new COVID-19 related absences, and the start of the transition period for long covid absences moving to 'normal' sickness absence from 1 September. Trust clarification and comms have been issued in relation to COVID-19 related absences, to actively explore remote working opportunities when colleagues need to isolate. To further support colleagues and services users in managing the infection prevention risks, covid-related absences will be excluded from triggers and targets to 31 March 2022, and bank staff will continue to be paid for pre-booked shifts. Making it Happen meetings are continuing to support and advise managers, with case management discussions with Occupational Health and EDI where appropriate. 	<ul style="list-style-type: none"> As infection rates in the community and our hospitals reduce, we are seeing a corresponding reduction in sickness absence from August 2022. The indicative trajectory has been revised, and will be kept under review to take account of the change to COVID-19 related sick pay, and prevalence of COVID-19.

Well Led – Appraisals

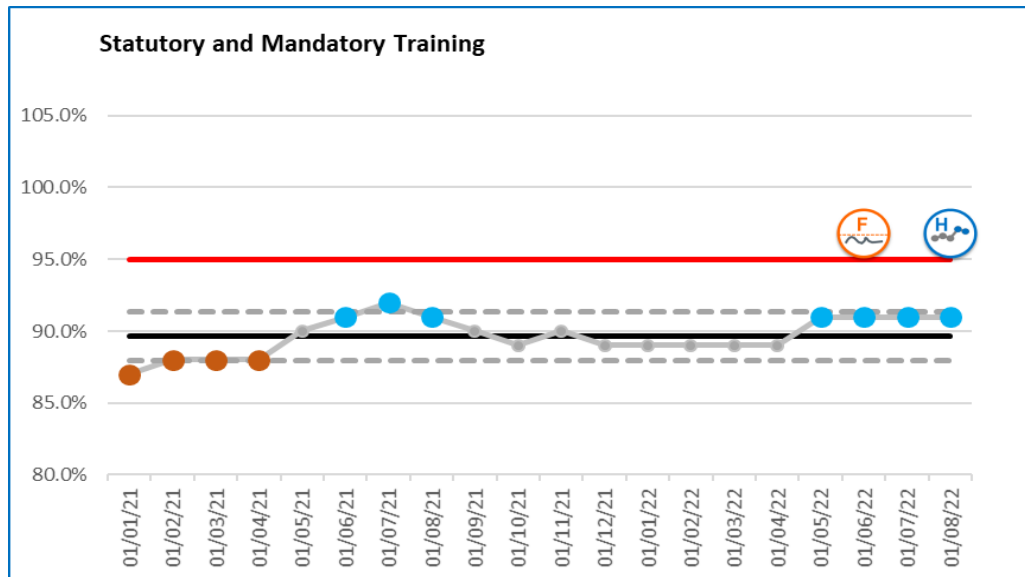


Current Performance			Three Month Forecast		
Aug 22	YTD	Target	Sep 22	Oct 22	Nov 22
77.3%	77.3%	95%	79%	80%	82%

National Position & Overview
Peer data not currently available.
Performance has been impacted in the first half of the year by increased COVID rates and migration to MS 365.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> It is recognised that performance continues to be impacted by Covid-19 resulting in staff absences especially considering the increased cases seen over this period A further concern in recent months is the move to MS 365 and issues with ESR access for local inputters and macro enabled forms A number of colleagues have had appraisals within the last 12 months, outside the reporting/ incremental date and therefore show as non-compliant 	<ul style="list-style-type: none"> It was acknowledged in recent exception reports that we would be unlikely to reach full compliance of 95% in the short term. Each CMG has been requested to provide a realistic trajectory at the PRM forums for the next 12 months. Appraisal data capture Forms have been updated to remove macros to allow accurate recording. People Services are assisting to resolve ESR Access issues that have impacted on reporting. 	<ul style="list-style-type: none"> Appraisals are reviewed through the Making it All Happen reviews chaired by CMG / Directorate leadership teams with support from HR. This is a meeting with each line manager to review Sickness, Appraisals and S&MT compliance. Appraisals are also monitored through the PRM monthly.

Well Led – Statutory and Mandatory Training

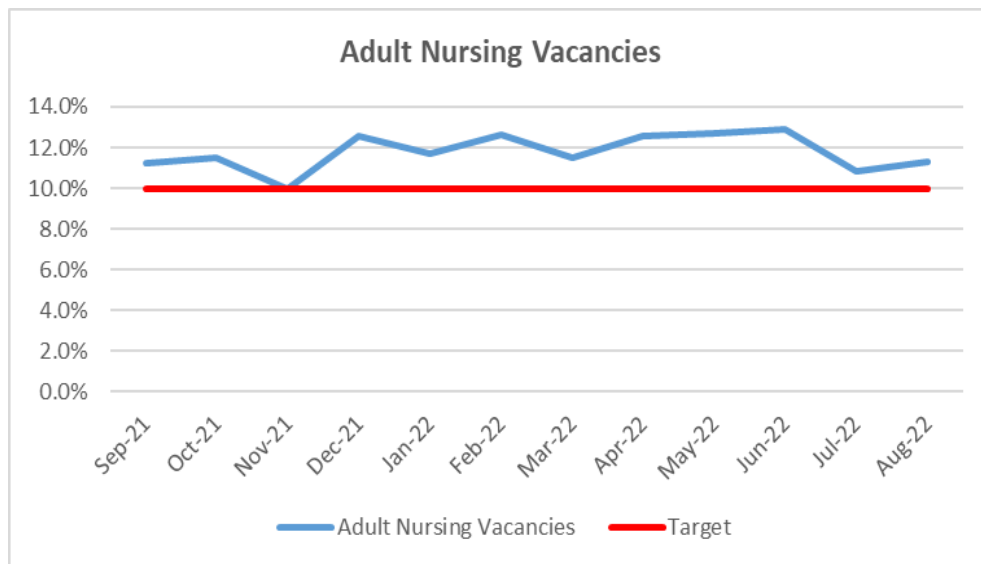


Current Performance			Three Month Forecast		
Aug 22	YTD	Target	Sep 22	Oct 22	Nov 22
91%	91%	95%	92%	92%	92%

National Position & Overview
Peer data not available.

Root Cause	Actions	Impact/Timescale
<p>It is recognised that performance has been affected by:</p> <ul style="list-style-type: none"> • Covid-19 and related Staff Absence Levels • Operational pressures • Operational demand • Annual Leave / School Holiday related Leave 	<p>People Services Colleagues continue to support managers with improving their compliance.</p> <p>Performance against trajectories is being monitored via Executive Corporate and CMG Performance Reviews. This is complimented by access to compliance reports, direct emailed snapshot reports to over 2000 relevant staff & more than 13,000 direct emails per month to non-compliant staff.</p> <p>New question based eLearning modules are live on HELM for Fire Safety, Infection Prevention and Cyber Security training.</p>	<p>Reviewed through the Making it All Happen reviews chaired by CMG / Directorate leadership teams with support from HR. This is a meeting with each line manager to review sickness, appraisals and S&MT compliance.</p> <p>Drive towards improving the overall percentage of UHL during Q1 of the financial year has been implemented with renewed chasing on non-compliance and organisational support. Drive through Q2 should lead to further increase.</p>

Well Led – Adult Nursing Vacancies

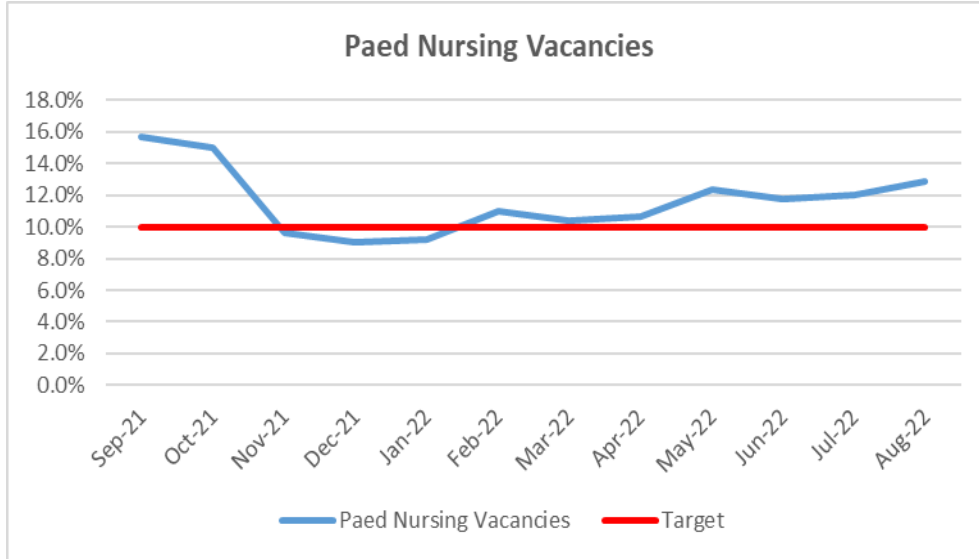


Current Performance			Three Month Forecast		
Aug 22	YTD	Target	Sep 22	Oct 22	Nov 22
11.3%	11.3%	10%	10%	10.5%	9%
National Position & Overview					

NHS Digital data published in May 2022 for NHS England and NHS Improvement shows a vacancy rate for Nursing & Midwifery registrants of 10.0% at 31 March 2022 (Midlands is 10.8%). Next data is expected Sept 2022.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> The UHL 2020/21 vacancy rate for Nursing registrants has deteriorated by 0.5% (equating to 17WTE) from July'22. The increased leavers trend continues (no deterioration) with an average of 18WTE per month (this includes retirees). Graduate cohorts for NQN from UK universities now entering practice. 	<ul style="list-style-type: none"> Recruitment agencies interviews continue to take place weekly to maintain a pipeline of international nurses to arrive bi-monthly; 320 plan for 22/23 on trajectory. Targeted interviews of international nurses for areas with high vacancies. Head of Recruitment reviewing 'trac' data for forecasting non bulk recruitment. Working with people partners on an action plan for retention at UHL. New Head of Nursing roles for Recruitment, Retention & Pastoral Support to support UHL recruitment planning and delivery to increase domestic recruitment 	<ul style="list-style-type: none"> Internationally educated nurses will arrive in following months: Sept – 67 arrivals Confirmed Nov – 70 arrivals planned Jan – 70 planned March – 50-70 planned depending on year totals Domestic recruitment NQN Circa 35 start Oct / through to Dec'22

Well Led – Paed Nursing Vacancies

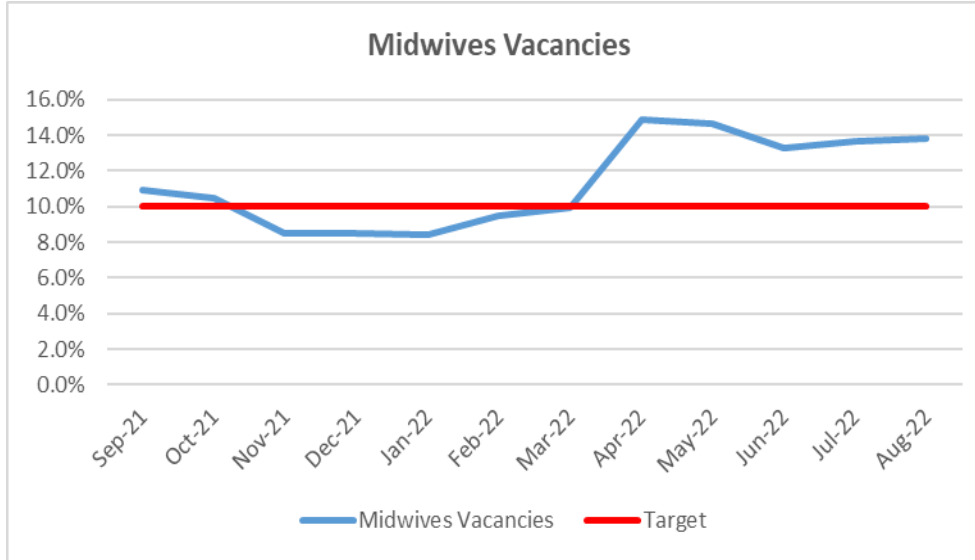


Current Performance			Three Month Forecast		
Aug 22	YTD	Target	Sep 22	Oct 22	Nov 22
12.9%	12.9%	10%	12.2%	11.9%	10.9%

National Position & Overview

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> Small supply of registered children's nurses There is a deteriorated vacancy position by 0.9% in month (this equates to 4.0WTE). 	<ul style="list-style-type: none"> Daily senior nurse oversight with nursing staff moves to mitigate gaps and maintain safety and achieve nurse to child ratio's. Continuing to identify Internationally Educated Children's Nurses (IECN) who can register with the NMC as a Children's Nurse Future international nurses panel planned following a request to agency suppliers for Paeds and Paeds ED areas. Establishment reviews identified increasing adult nurses into Childrens nursing areas where safe ratio's can accommodate. Long term plans to increase Registered Nursing Associate into Childrens wards. 	<ul style="list-style-type: none"> September – additional allocations of IECN's in progress who will commence into post between Nov '22 and Jan 23. Locally trained graduate Registered Children's Nurses will commence employment from October '22 to January '23. 24 job offers in place with 19 candidates likely to commence post in October to Dec '22. 5 candidates likely to have a start date in Jan/ Feb '23 with 9 further interviews to be completed.

Well Led – Midwives Vacancies



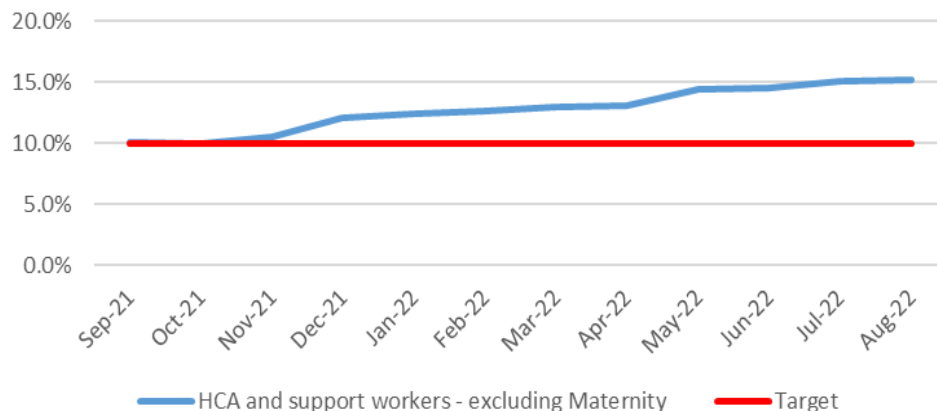
Current Performance			Three Month Forecast		
Aug 22	YTD	Target	Sep 22	Oct 22	Nov 22
13.8%	13.8%	10%			

National Position & Overview

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> The vacancy position remains fairly static for midwives as new midwives not yet in post We have appointed 3 international midwives, to date 2 have passed their OSCE. Vacancy position overall in line with national picture of midwife numbers 	<ul style="list-style-type: none"> Rolling advert continues every 2 weeks Recruited 12 new midwives in September totalling 28 new midwives for the 2 acute units. Community undertaking separate recruitment for their area and have appointed 8 new midwives (4 of which are NQMs or external candidates) R&R midwives remain in post and working with existing staff to improve retention by holding listening events R&R midwives to liaise with HoN for R&R to ensure staff voices are heard at corporate level to initiate change 	<ul style="list-style-type: none"> Newly qualified midwives will be in post by October/Nov If successful community midwives should be in post by December Overall vacancy rate will improve by the end of the year

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

Health Care Assistants and Support Workers - excluding Maternity



Current Performance

Aug 22	YTD	Target	Sep 22	Oct 22	Nov 22
15.2%	15.2%	10%	13.4%	14.2%	12.4%

Three Month Forecast

National Position & Overview

Nationally the number of vacant healthcare support worker posts remains high acknowledging UHL is an outlier. The national drive from Nov 2020 is ongoing in 2022 and remains a national focus on achieving 'close to zero vacancies as possible' for healthcare support worker roles that support registered nurses by the bedside i.e. Healthcare Support Worker (HCSW).

Root Cause

- The position has deteriorated with a 0.1% increase in vacancies month equating to 5WTE.
- There continues to be HCA leavers and staff moving from substantive posts to bank posts impacting on substantive headcount.
- The supply of HCSW's is decreasing aligned to regionally and nationally team as a similar picture across England.
- Increasing number of applicants seeking Visa Support alongside requesting part time hours and flexible working.

Actions

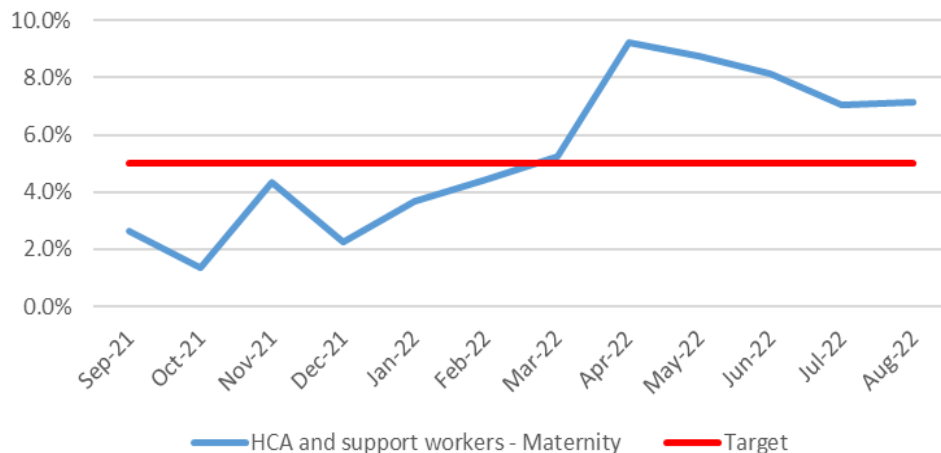
- Recruitment events / interviews every 8 weeks in 2022 with 3-5 weekly cohorts of new HCAs for induction
- Induction and training plans ready in preparation for Oct, Nov, Dec, Jan '23 supply with increase flexibility of training capacity if supply and allocations increase.
- Additional financial resources from NHSI have been provided to UHL to increase support in Recruitment and Education team to increase capacity of cohorts as required.
- Recruitment Lead reviewing recruitment process, visa regulations alongside working hours, data presentation dashboard and KPI's

Impact/Timescale

- Planned to fill all allocated inductions Sept (50) / October (52) / November (50), headcount.
- Additional pipeline of 107 with job offers to be allocated into Dec/ January inductions.
- Circa 30 candidates for the bank / flexible working to be allocated to a bespoke part time induction in October / November blended induction.
- Continued intakes planned but doubling numbers to 60 per cohort to ensure that we see UHL achieve target of 10% by January 2023.

Well Led – Health Care Assistants and Support Workers - Maternity

Health Care Assistants and Support Workers - Maternity



Current Performance

Three Month Forecast

Aug 22	YTD	Target	Sep 22	Oct 22	Nov 22
7.1%	7.1%	5%			

National Position & Overview

Root Cause

- Vacancy rate of MCAs/MSWs remain static
- Funding received to support improvement of support workers in the community
- Recent MCAs have left due to expectation of Job and a perceived lack of development pathway
- Inconsistencies of role in different areas

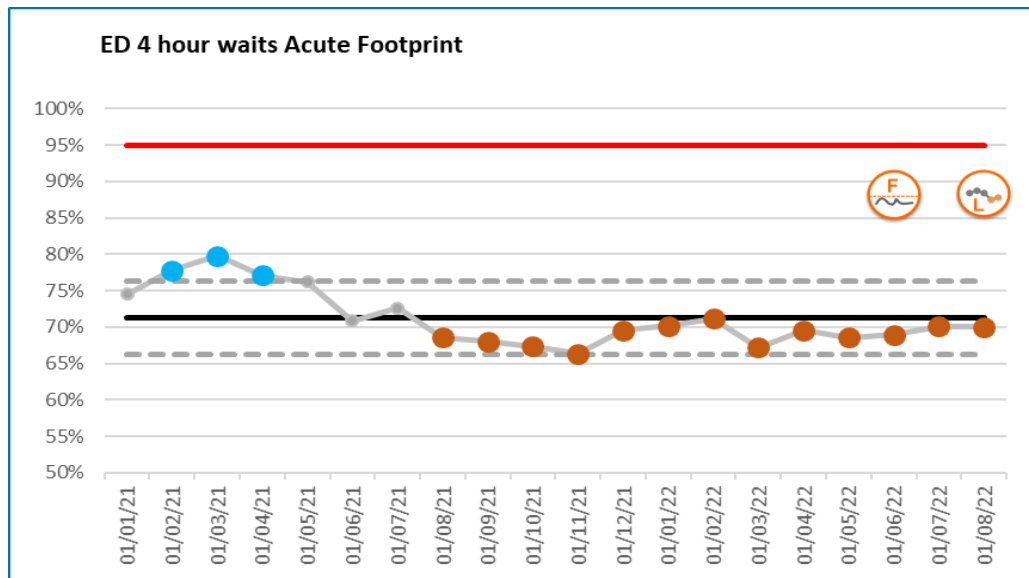
Actions

- Role requirement being discussed in detail with applicants by interviewers
- Review in place of support staff workforce
- Review apprenticeship pathways for Band 2 to 3 development being led by education team
- Regional recruitment process available to assist with recruiting support staff

Impact/Timescale

- Development pathway planned to be in place by March 2023
- Work with regional team and indeed to improve recruitment of support staff expected in September

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

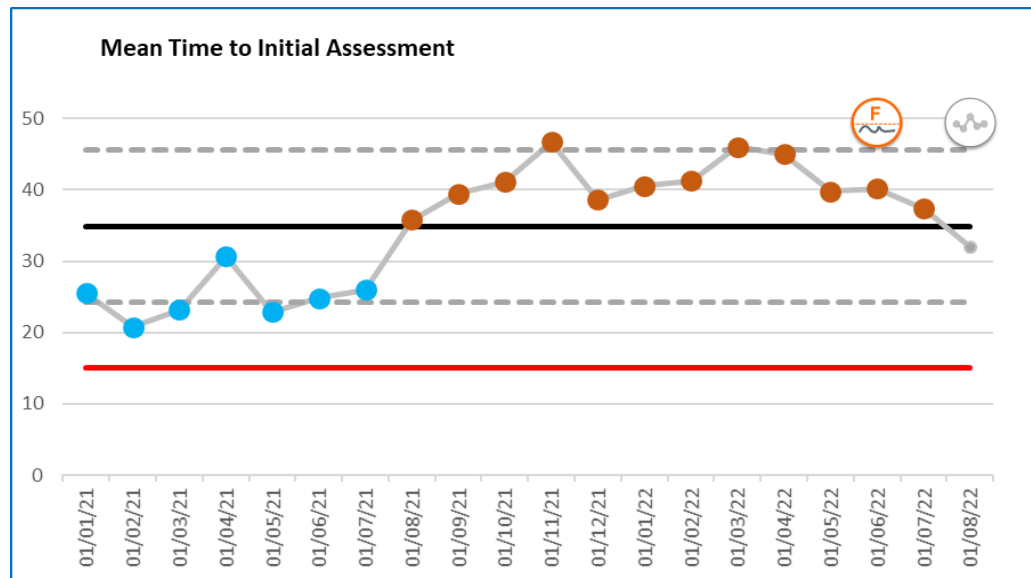


Current Performance			Three Month Forecast		
Aug 22	YTD	Target	Sep 22	Oct 22	Nov 22
70.0%	69.4%	95%	71%	72%	72%

National Position & Overview
<p>In August, UHL ranked 65th out of 112 Acute Trusts. The National average in England was 71.4%. Only 3 out of the 111 Acute Trusts achieved the target. UHL ranked 8th out of 16 trusts in its peer group. The best value out of the Peer Trusts was 80.3% and the worst value was 60.1%.</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 both walk-in and ambulance arrivals UHL bed occupancy >85% 	<ul style="list-style-type: none"> Overnight consultant in ED rota in place and increase uptake in shifts noted MlaMI agreement to extend opening times from Mid September. Recruitment underway Emergency flow action plan focus on reduction in non-admitted breaches and adherence to new Inter Professional Standards 	<ul style="list-style-type: none"> Improve time to senior decision making – from August. Increased attendance from September 2022 Monitored via CMG PRM's

Responsive (Emergency Care) – Mean Time to Initial Assessment

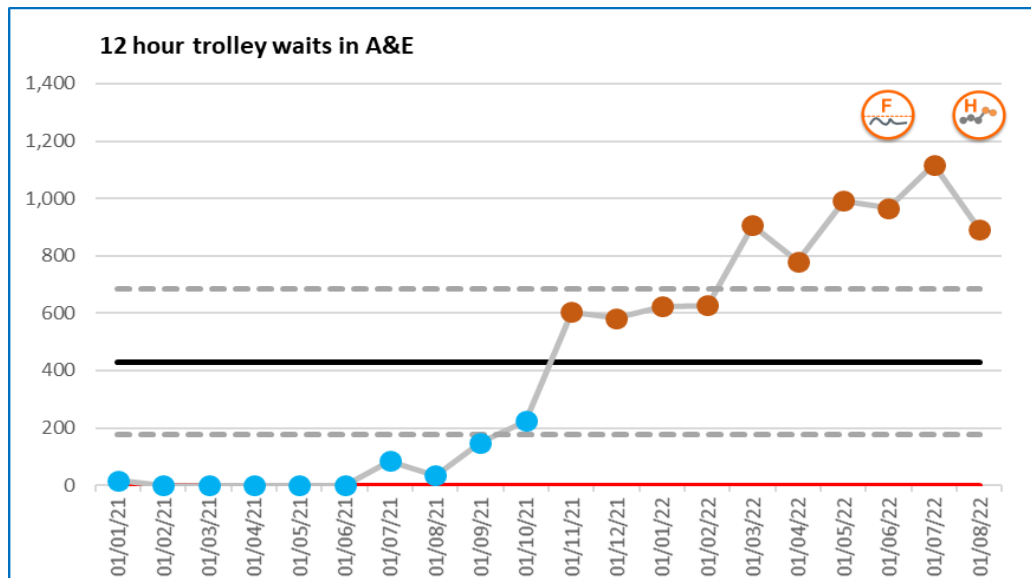


Current Performance			Three Month Forecast		
Aug 22	YTD	Target	Sep 22	Oct 22	Nov 22
32.0	38.9	15	30	28	26

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

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

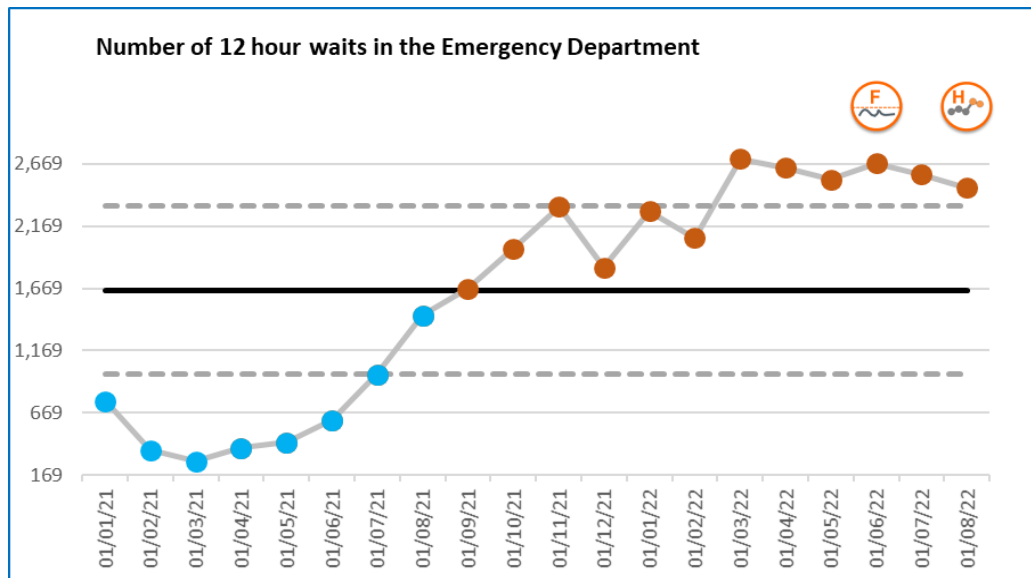


Current Performance			Three Month Forecast		
Aug 22	YTD	Target	Sep 22	Oct 22	Nov 22
890	4,747	0			

National Position & Overview
<p>In August, UHL ranked 120th out of 124 Major A&E NHS Trusts. 22 out of the 124 Trusts achieved the target. The best value nationally was 0 and the worst value was 1,088. UHL ranked 16th out of 18 trusts in its peer group.</p>

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> Poor outflow across the emergency care pathway Insufficient discharges from the base wards to meet demand Inability to create early capacity across the emergency care pathway due to lack of early discharges / using the discharge lounge overnight 	<ul style="list-style-type: none"> Medical in reach in place 24/7 Cardiology in reach in place 9 – 5 Mon to Friday and 9 – 12 Sat – Sun pilot for 3 months and review Focused work on flow through the hospital to include board rounds, criteria led discharge, TTO's Avoid using discharge lounge overnight for additional capacity – progressing well being monitored at present Open UHL capacity in Care Home – Opened 12th August Open reablement ward at LGH 	<ul style="list-style-type: none"> In place September 2022 August 2022 In place Additional 24 beds in August 2022 14th September 2022

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

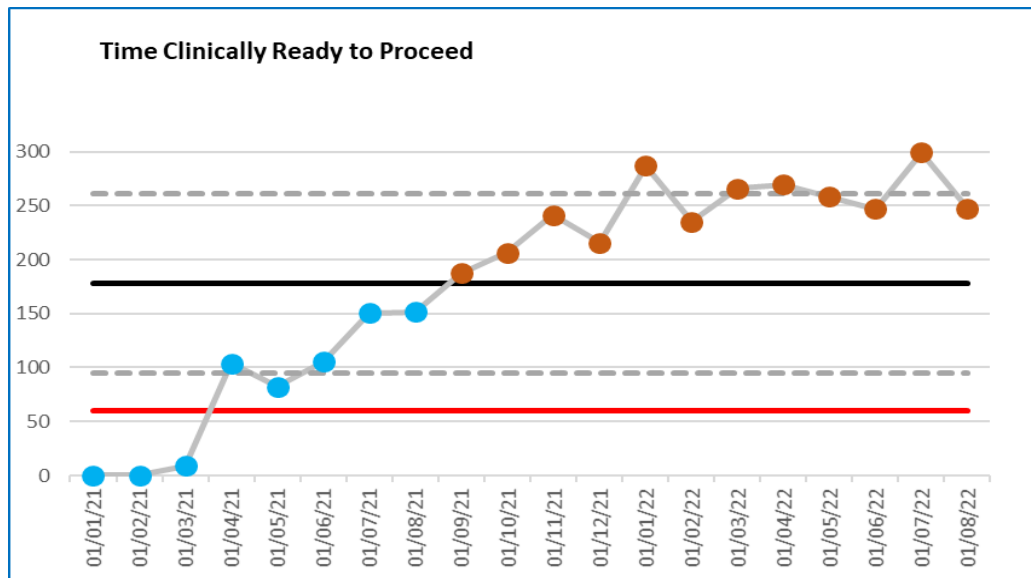


Current Performance			Three Month Forecast		
Aug 22	YTD	Target	Sep 22	Oct 22	Nov 22
2,475	12,907	0			

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"> Agreement to extend opening times from mid September Medical in reach in place 24/7 Cardiology in reach in place 9 – 5 Mon to Friday and 9 – 12 Sat – Sun pilot for 3 months Open Ward 22 LGH 	<ul style="list-style-type: none"> Increased numbers from September 2022 In place September 2022 14th September 2022

Responsive (Emergency Care) – Time Clinically Ready to Proceed

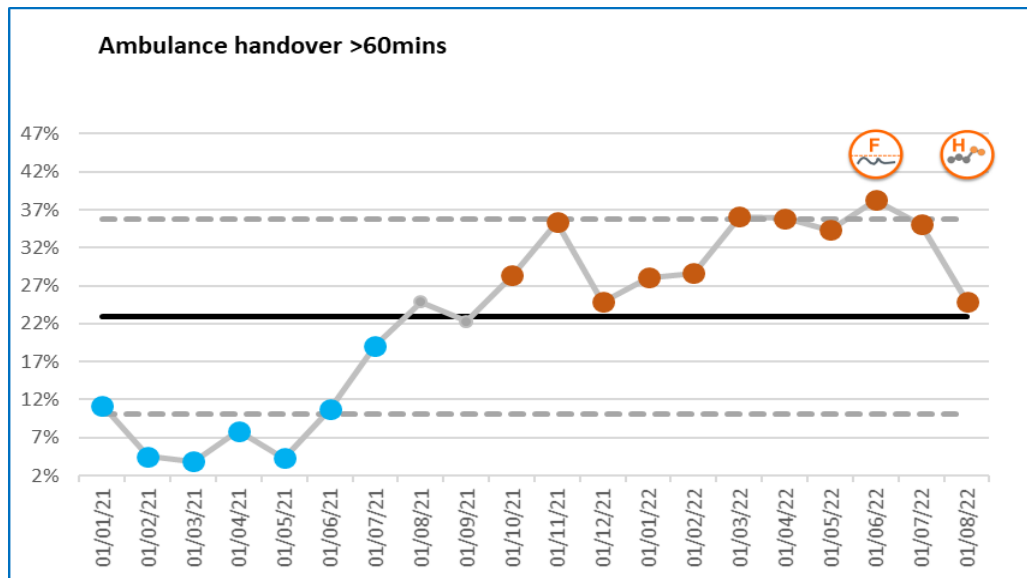


Current Performance			Three Month Forecast		
Aug 22	YTD	Target	Sep 22	Oct 22	Nov 22
247	264	60			

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

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> Bed occupancy > 85% 	<ul style="list-style-type: none"> Embed E-Referrals Embed Interprofessional standards 	<ul style="list-style-type: none"> Full action plan in place commencing June to September 2022

Responsive (Emergency Care) – Ambulance Handovers >60 Mins



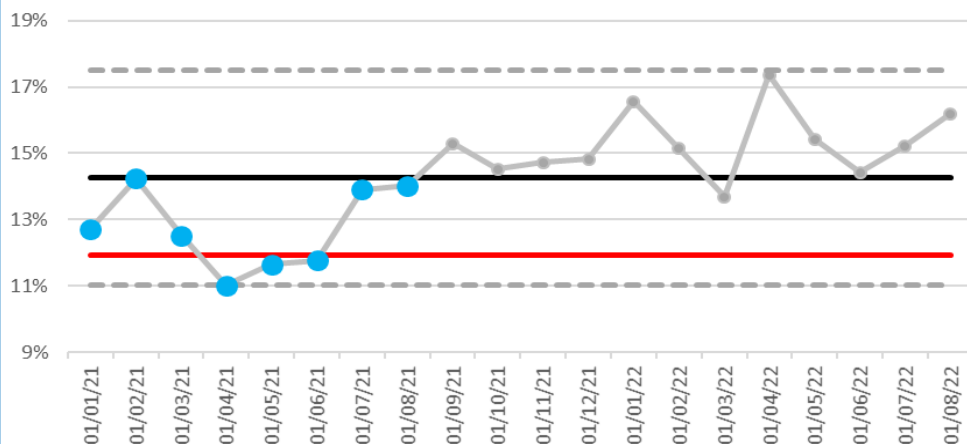
Current Performance			Three Month Forecast		
Aug 22	YTD	Target	Sep 22	Oct 22	Nov 22
24.6%	33.4%	0%			

National Position & Overview
<p>LRI ranked 18th out of 23 sites last month (source EMAS monthly report) and had the second highest number of arrivals (4,319).</p> <p>UHL is an outlier in Ambulance handover performance and recorded the highest number of handovers over 60 minutes last month, 1,046 (source EMAS monthly report).</p>

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"> Medical in reach in place 24/7 Cardiology in reach in place 9 – 5 Mon to Friday and 9 – 12 Sat – Sun. Pilot for 3 months Ensure full utilisation of LGH Medical beds Focused work on flow through the hospital to include board rounds, criteria led discharge, TTO's Avoid using discharge lounge overnight for additional capacity Embed Urgent Care Co-ordination hub Open Ward 22 LGH Plan for additional UHL beds in Care Home Develop and embed Rapid Flow Policy in line with North Bristol 	<ul style="list-style-type: none"> In place September 2022 June 2022 - ongoing August 2022 In place In place from August 2022 14th September 2022 Open 12th August 2022 26th September 2022

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

Long Stay Patients (21+ days) as a % of G&A Bed Occupancy



Current Performance

Aug 22	YTD	Target
16.3%	16.3%	12%

Three Month Forecast

Sep 22	Oct 22	Nov 22
16%	15.5%	15%

National Position & Overview

UHL is ranked 5th out of 20 trusts in the Midlands for the % beds occupied by Long Stay (21+ Day) patients (for the w/c 29/08/22).

- 39 (241) Patients (16%) are receiving appropriate care/ treatment on a neuro rehabilitation or brain injury pathway or on an Intensive care Unit or Infectious Diseases Unit.
- 90 Patients (37 %) are medically optimised for discharge with no acute medical reason to stay .

Root Cause

- Circa 165 Complex Medically optimised for discharge patients of which 60 have a LLOS and are awaiting a discharge outcome from the LLR discharge coordination Hub.
- Suboptimal /inconsistent Discharge Coordination: Over investigation, family /carer involvement, board rounds , red2green principles, preparing the patient in advance of discharge. In addition to impacts of extra capacity wards and outlying.

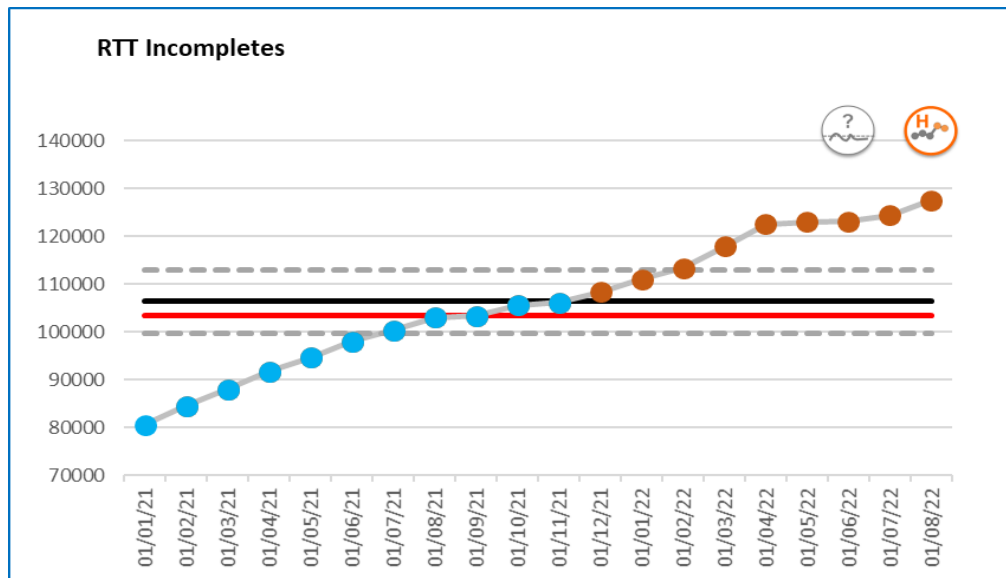
Actions

- Continue to work with health and social care system partners during September to:
- Refine the UHL- LPT Trusted assessment discharge pathway.
 - Commence pilot of bariatric care home beds
 - Further refine High dependency D2A patient pathway.
- Work with CMG's to:
- Embed the discharge specialist teams into working within the CMG's
 - Continue with inflow and outflow actions with a focus on TTO's ,board rounds, Patient /Family engagement.
 - Promote revised Patient/family 'Supporting you to leave hospital booklet'

Impact/Timescale

- Aim to reduce number of MOFD patients waiting for discharge in UHL beds.
- Aim to improve /embed SAFER patient flow best practice principles.
- Reduce the number of patients awaiting 'next steps' /LLOS.

Responsive (Elective Care) – RTT Incompletes



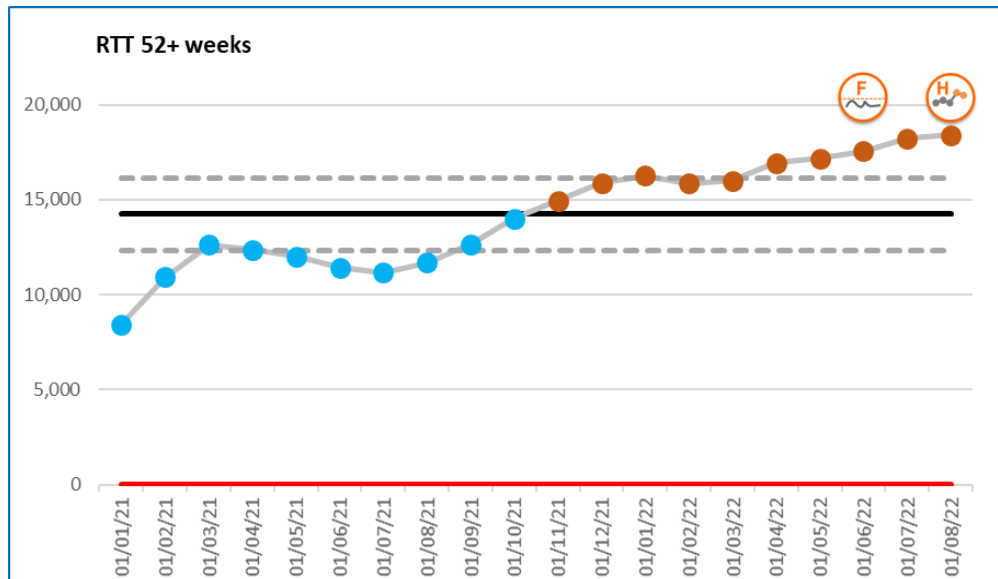
Current Performance			Three Month Forecast		
Aug 22	YTD	Target	Sep 22	Oct 22	Nov 22
127,608	127,608	103,403	126,358	125,654	123,358

National Position & Overview

At the end of July, UHL ranked 15th out of 18 trusts in its peer group with a total waiting list size of 124,451 patients. The best value out of the 18 Peer Trusts was 66,656, the worst value was 174,308 and the median value was 81,821.

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. Reduction in theatre capacity to support ITU resulting in significant growth of the Admitted waiting list. Referrals increasing but still below 19/20 levels Robot Automation of ASIs 	<ul style="list-style-type: none"> Planning underway for Super September initiative- focusing on reducing backlog Nine Elective Recovery Interventions will be managed as programmes of work, arranging call with IST to agree support required Development of Elective Hub on-going – Submission of an OBC for the total cost been developed 	<ul style="list-style-type: none"> 30/09/2022 – Focus on new outpatient appointments of those waiting over 78 weeks 25/09/2022 30/09/2022 - Submission for final approval

Responsive (Elective Care) – RTT 52+ Weeks



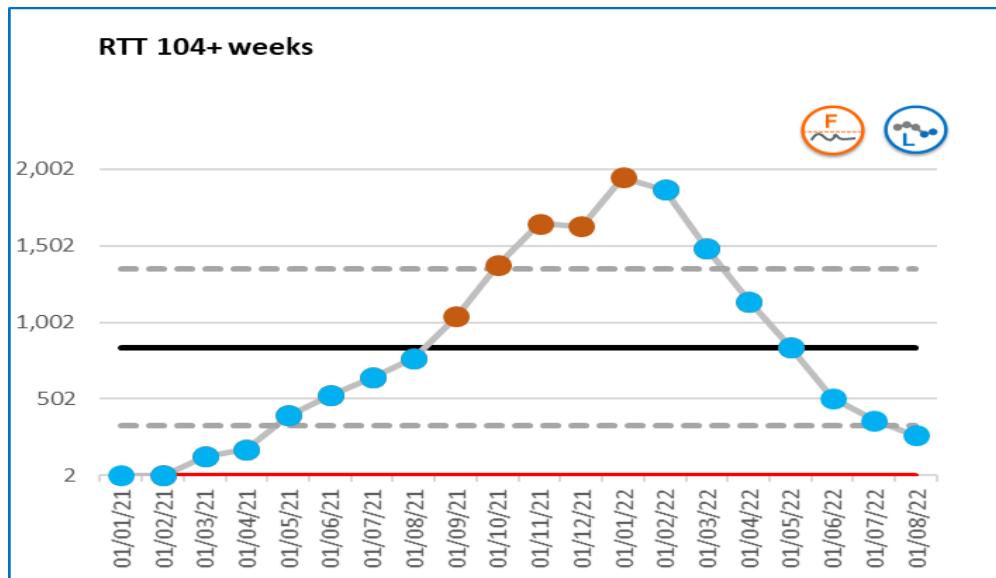
Current Performance			Three Month Forecast		
Aug 22	YTD	Target	Sep 22	Oct 22	Nov 22
18,422	18,422	0	18,354	18,009	17,641

National Position & Overview

At the end of July, UHL ranked 16th out of 18 trusts in its peer group with 18,218 patients waiting over 52+ weeks. The best value out of the 18 Peer Trusts was 809, the worst value was 33,838 and the median value was 4,405.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> Impact of COVID-19 on planned activity capacity Significant operational pressures due to the emergency demand and COVID-19, UHL has reported operational OPEL 4 levels regularly. The requirement to increase ITU Capacity, leading to a reduction in theatre capacity Increase demand for Urgent and Cancer Patients 	<ul style="list-style-type: none"> QI Collaborative starting work with Urology to look at their theatre productivity Continuing to offer Mutual Aid –now looking at those in the September cohort Establish future mutual aid requirements to get to 78-week position. RTT improvement officers interviews to take place Extension to cardiac surgery at the BMI/Circle Nottingham to the end of quarter 2 with sessions in place moving from weekly to bi-weekly 	<ul style="list-style-type: none"> 15/09/2022 increase in throughput to support a reduction in long waits 12/09/2022 21/09/2022 Submission to the national team for further support 21/09/2022 – Support increased volume of patients transferring to the independent sector and mutual aid 30/09/2022 – Carry on to support long waiting patients

Responsive (Elective Care) – RTT 104+ Weeks



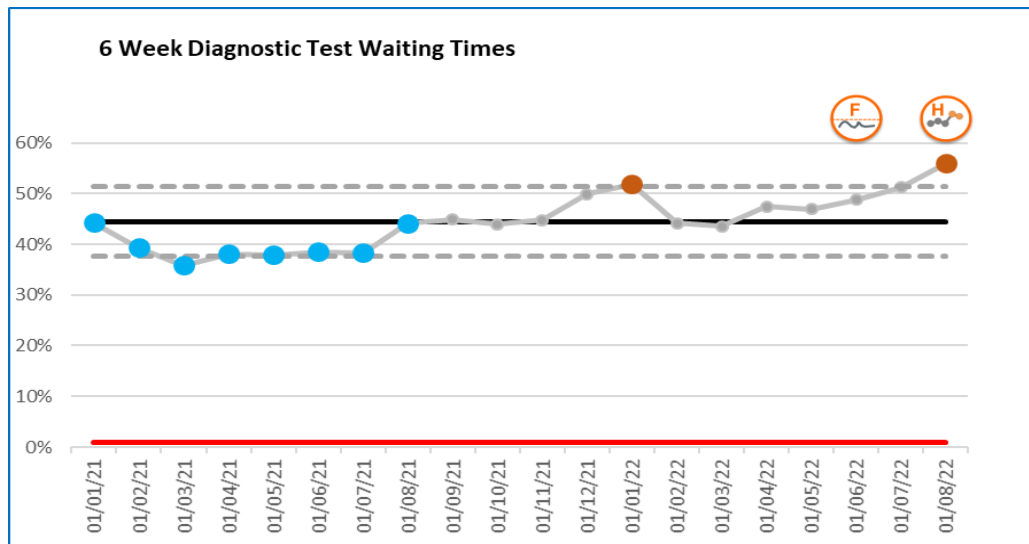
Current Performance			Three Month Forecast		
Aug 22	YTD	Target	Sep 22	Oct 22	Nov 22
265	265	0			

National Position & Overview

At the end of July, UHL ranked 18th out of 18 trusts in its peer group with 363 patients waiting 104+ weeks. The best value out of the 18 Peer Trusts was 0 and the median value was 26.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> Impact of COVID-19 on planned activity capacity Significant operational pressures due to the emergency demand and wave 3, UHL has reported operational OPEL 4 levels regularly The requirement to increase ITU Capacity, leading to a reduction in theatre capacity Theatre capacity which has been available has been used for clinical priority, cancer patients, and P2's 	<ul style="list-style-type: none"> Mutual aid team job roles being developed as part of transition of the GIRFT team support reducing. Meeting with the Nuffield and UHL clinicians to discuss and agree future ENT support-date being arranged. 78+ trajectories meetings taking place with each speciality 	<ul style="list-style-type: none"> 30/09/2022 20/09/2022 – Aim to increase the volume of patients transferred Throughout September – develop a plan to carry with the reduction of long waiters by the end of March

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

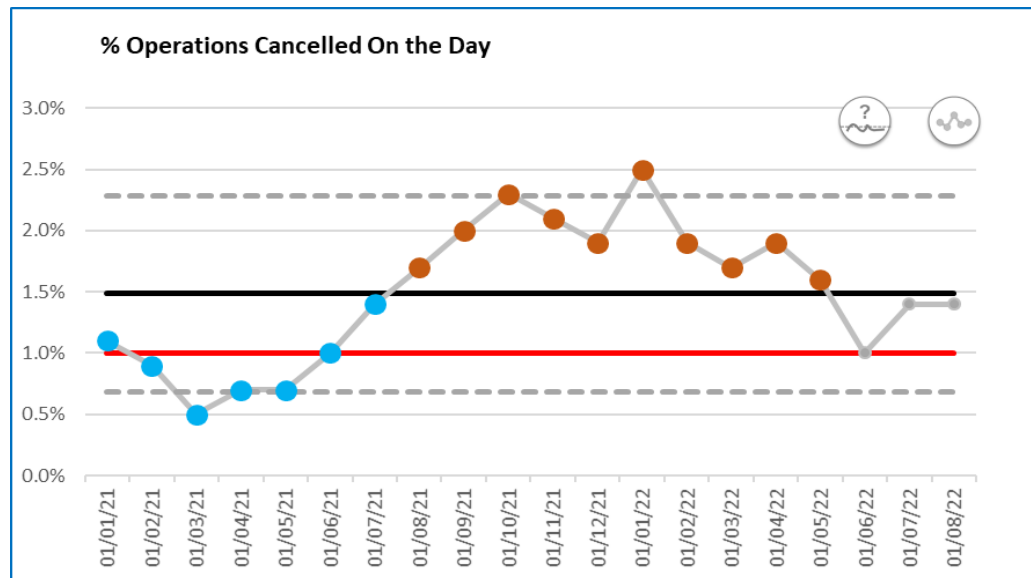


Current Performance			Three Month Forecast		
Aug 22	YTD	Target	Sep 22	Oct 22	Nov 22
56.0%	56.0%	1.0%	54.8%	51.3%	47.1%

National Position & Overview
<p>National average performance for July was 27.9%. UHL ranked 18th out of 18 trusts in its peer group with performance of 51.2% in July. The best value out of the 18 Peer Trusts was 5.1% and the median value was 29.4%.</p>

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> Impact of COVID-19 on planned activity capacity Increased demand for MRI, Non-Obstetric Ultrasound, and Endoscopy. Reduced capacity due to the introduction of social distancing and infection prevention measures. Staff vacancies and high levels of staff sickness. Availability of locums to backfill gaps in staffing. Increase in patient demand 	<ul style="list-style-type: none"> Working with UHL transformation team, an automated texting of the Ultrasound. Two credible private providers, providing ultrasound elsewhere nationally, are being engaged to potentially offer much needed additional capacity. 	<ul style="list-style-type: none"> 10/09/2022 - Early results suggest a 5% removal rate. 23/09/2022 – Additional capacity to support increase in demand

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

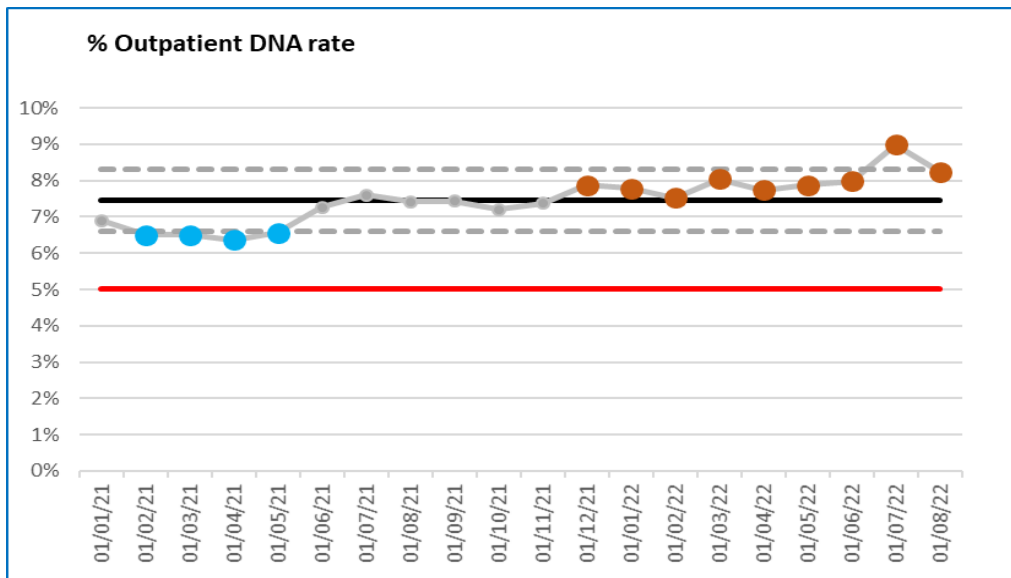


Current Performance			Three Month Forecast		
Aug 22	YTD	Target	Sep 22	Oct 22	Nov 22
1.4%	1.5%	1%	0.9%	0.9%	0.9%

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

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> Significant operational pressures due to the emergency demand and wave 3, UHL has reported operational OPEL 4 levels regularly. Impact of Increase in COVID-19 patients within July 	<ul style="list-style-type: none"> Working with GIRFT team to develop some training packages for scheduling/improving theatre productivity Business care for Centralisation and standardisation of pre-operative assessment to be signed off 	<ul style="list-style-type: none"> 30/09/2022 – Support reduction of overruns and late starts which will support fewer patients cancelled on the day 28/09/2022

Responsive (Elective Care) – Outpatient DNA Rate



Current Performance			Three Month Forecast		
Aug 22	YTD	Target	Sep 22	Oct 22	Nov 22
8.2%	8.2%	5.0%	8.0%	7.6%	7.2%

National Position & Overview

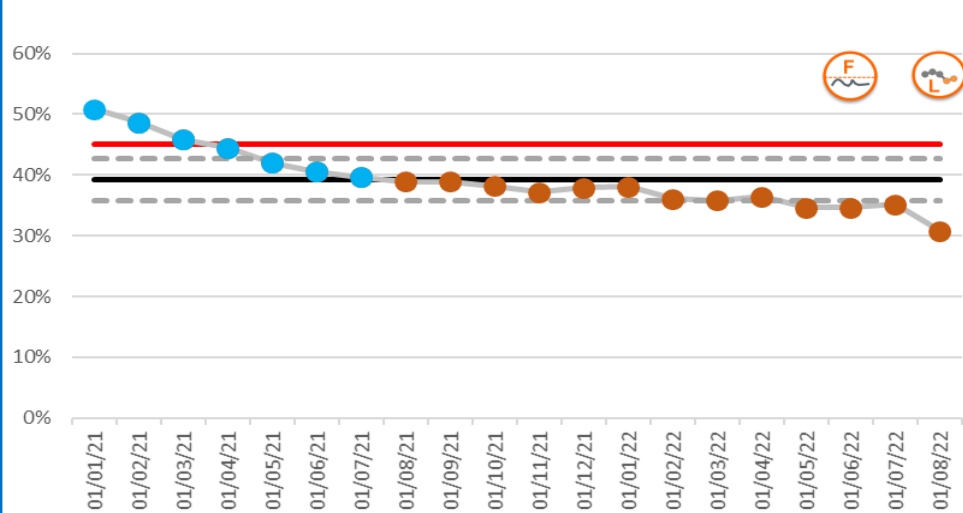
UHL compares better than its peers for the current financial year, 7.7% compared to 8.7% (data for April 22 to June 22, source CHKS).

The DNA rate has increased significantly in recent months and is currently worse than performance before the COVID-19 pandemic, performance in 19/20 was 7.0%.

Root Cause	Actions	Impact/Timescale
<ol style="list-style-type: none"> The limited number of external phone lines continues to be an issue – the clinician thinks the patient is not answering the call therefore DNAs the patient For virtual consultations, demographic information often isn't being checked with the patient then updated on HISS so some patients aren't receiving appointment letters Late cancellations/rebooks often mean patients do not receive their appointment letters on time so unaware of appointment Due to lack of admin staff, patients unable to get through to department to let them know they're unable to attend Some patients are still afraid to come in to hospital 	<ol style="list-style-type: none"> On the Risk register. IT are looking into. Continue to promote the use of Attend Anywhere and AccuRx as an alternative. Remind services of the need to check the patients details are correct and up to date at every contact Services are being encouraged to use the OP QlikSense dashboard, plus AccuRx to send additional reminders to patients Working on increasing numbers on the admin bank and getting them upskilled Ask services to offer choice of video consultation 	<ul style="list-style-type: none"> All actions, plus many others, are happening imminently to help reduce the number of DNAs. An improvement in the DNA rate should be visible within the next 3 months.

Responsive (Elective Care) – Outpatient Non Face to Face

% Outpatient Non Face to Face



Current Performance

Aug 22	YTD	Target	Three Month Forecast		
Sep 22	Oct 22	Nov 22			
30.8%	34.3%	45.0%	32.8%	34.8%	36.8%

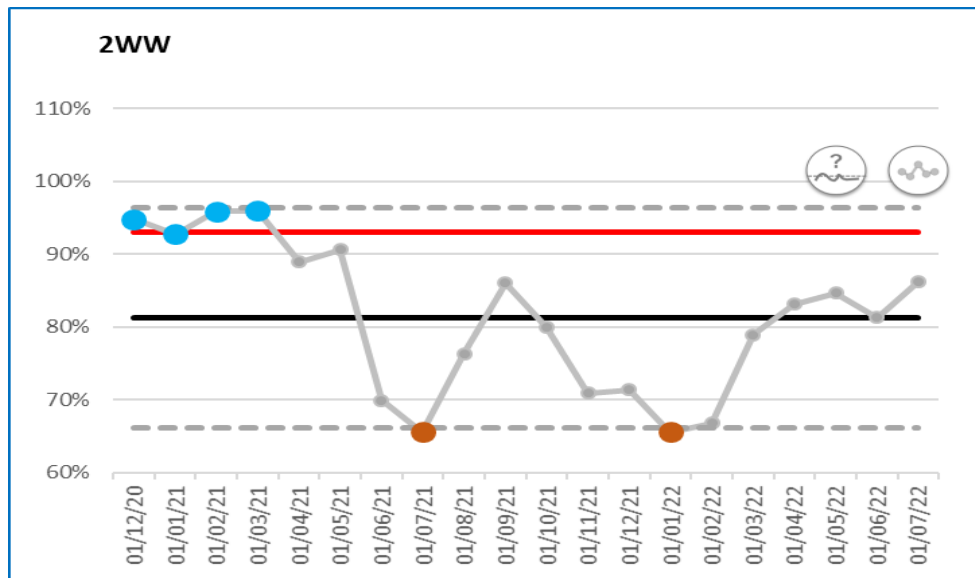
National Position & Overview

Peer data not currently available.

The proportion of non face to face appointments is still significantly higher than before the COVID-19 pandemic, performance in 19/20 was 9.9%.

Root Cause	Actions	Impact/Timescale
<ol style="list-style-type: none"> Not all Outpatient rooms and consultant offices are set up for video consultation eg no webcam or 2nd screen, and not all rooms have phones in them There is a fear of losing consulting rooms amongst clinicians therefore they are bringing patients in F2F Some clinicians and patients do prefer F2F over non F2F Poor experience with One Consultation has made rollout of Attend Anywhere more challenging 	<ol style="list-style-type: none"> All of central outpatient rooms have now been provided with webcams, 2nd screens and headsets. Other OP areas have been asked what they need. Services are being encouraged to run blended clinics (part F2F/part non F2F) so the room will still be needed. Transformation Leads are working with services offering more F2F than non F2F. Attend Anywhere and AccuRx demos are being carried out and kit is being supplied to encourage video consultation as an alternative. Improve comms around the benefits of video consultation. 	<ul style="list-style-type: none"> All actions, plus others, are happening imminently to help increase the number of non F2F appointments. An improvement in the non F2F rate should be visible within the next 3 months. Historically virtual notes reviews have been recorded and submitted as Non F2F activity – we will no longer be submitting virtual notes review activity as it will be classed as remote monitoring.

Responsive Cancer – 2 Week Wait



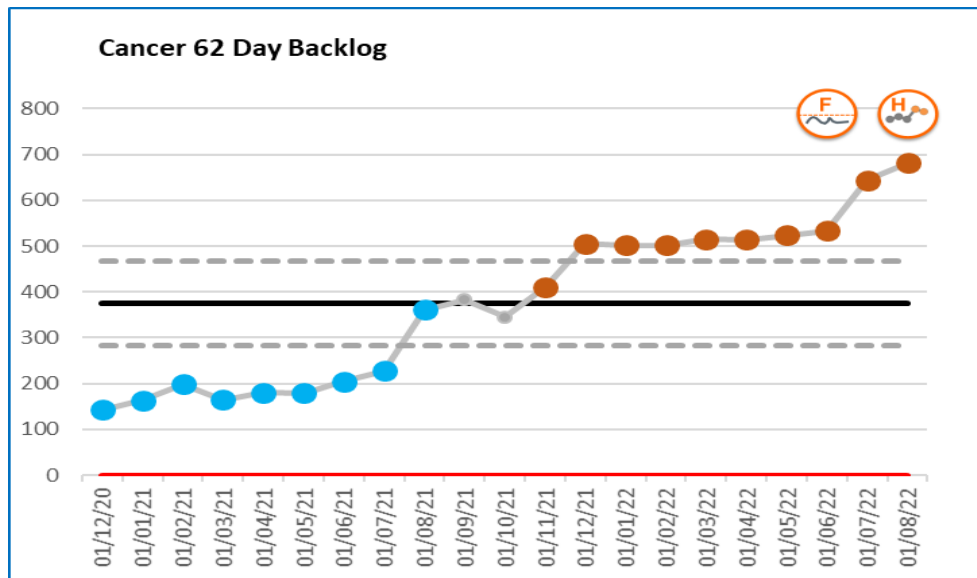
Current Performance			Three Month Forecast		
Jul 22	YTD	Target	Aug 22	Sep 22	Oct 22
86.2%	83.9%	93%			

National Position & Overview

In July, UHL ranked 63 out of 136 Acute Trusts. The National average was 77.8%. 33 out of the 136 Acute Trusts achieved the target. UHL ranked 7th out of the 18 UHL Peer Trusts. The best value within our peer group was 96.6%, the worst value was 44.8% and the median value was 80.0%.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> 2WW demand overall remains above 30% above pre-COVID level. Colorectal and Dermatology saw an increase in July compared to June Improvements in Colorectal and Urology have been seen in July, other services have struggled to maintain 2ww capacity. Despite the pathway improvements the 2WW standard remains at risk due to the sustained increase in demand, predominately in out-patients and endoscopy and workforce challenges in both admin and clinical areas. 	<ul style="list-style-type: none"> Monthly CMG/tumour site recovery action plan meetings held with all tumour sites with clear actions on 2WW recovery identified. Endoscopy are to improve booking processes to support 2ww delivery in LOGI and UPGI (aim to achieve 93% within 14 days). Demand review meetings are being held with all tumour site this month to define further required actions to support demand/capacity and improve performance 	<ul style="list-style-type: none"> Breast continuation of breast pain pathway and insourcing under 35's supporting. 2WW narrowly missed in July (92.3%) ENT backlog is improving due to the increase in clinic capacity; waiting times have improved for >10 weeks to 15/16 days. Haematology pilot aims to support a reduction in inappropriate referrals (date to be confirmed). LOGI endoscopy booking times improving. <p>Overall UHL position for 22/23 reflective of key areas of concern and forecast for under delivery of the standard in these areas.</p>

Responsive Cancer – Cancer 62 Day Backlog



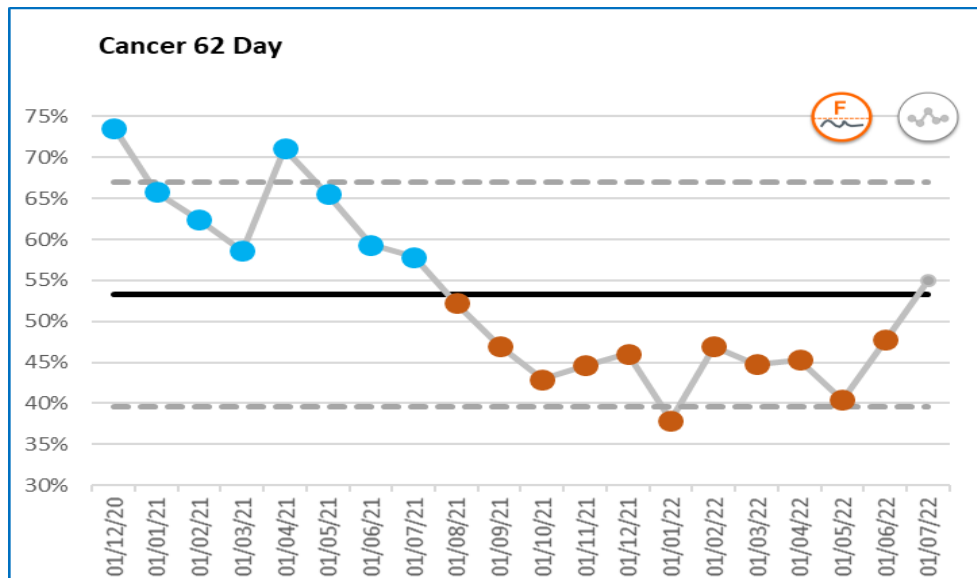
Current Performance			Three Month Forecast		
Aug 22	YTD	Target	Sep 22	Oct 22	Nov 22
681	681	0			

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 remain high as a result of ongoing demand and capacity constraints. Urology remains the key area of concern, with LOGI. Constraints include capacity, specifically outpatient, diagnostic and theatre sessions, in addition to workforce to deliver additional capacity. Patient choice remains of concern across several pathways as does fitness to proceed. 	<ul style="list-style-type: none"> Clinically prioritise all cancer patients Weekly PTL review meetings with >104 clinical review Clinical review of PTL to support Urology Work with EMCA, NHSE and regional providers to seek mutual aid Review national timed pathways . Demand and capacity review being shared with tumour sites Share new backlog report tool this month and next steps to support focused actions for recovery. Continued validation of PTLs and cancer data NSS/Pre-diagnosis CNS commenced to support patient engagement 	<ul style="list-style-type: none"> Regional support for Urology; including mutual aid continue, with escalation of further mutual aid required for Nephrectomies to NHSE. Updated action plans by tumour site in progress CWT training and data quality review being led by Head of Performance. LOGI review of patients re-attending clinic appointments by MDT lead to support backlog. NSS/Pre-diagnosis CNS supporting patient engagement across all PTLs

Responsive Cancer – Cancer 62 Day

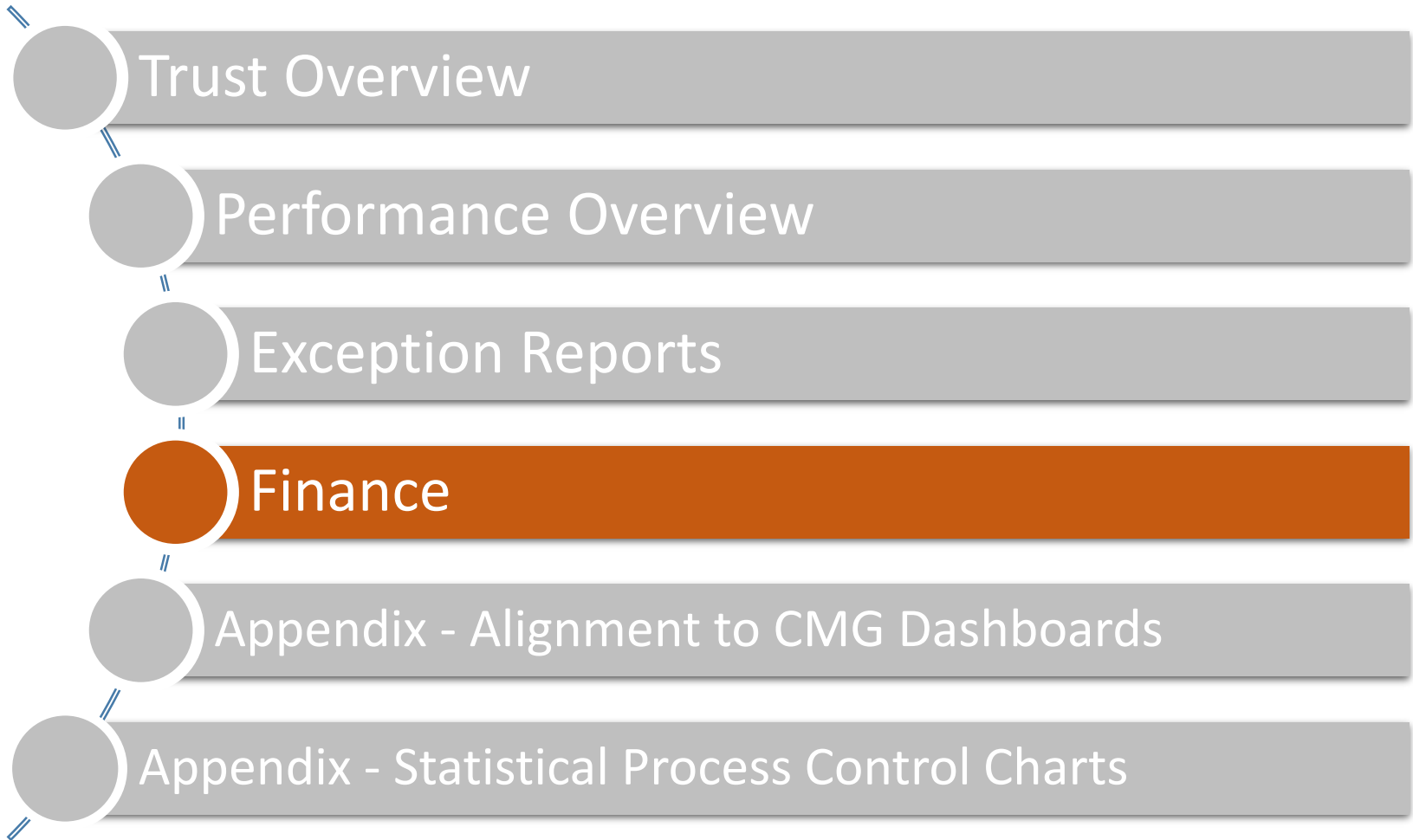


Current Performance			Three Month Forecast		
Jul 22	YTD	Target	Aug 22	Sep 22	Oct 22
54.9%	46.8%	85%			

National Position & Overview

In July, UHL ranked 104 out of 136 Acute Trusts. The National average was 61.6%. 12 out of the 136 Acute Trusts achieved the target. UHL ranked 8th out of the 18 UHL Peer Trusts. The best value within our peer group was 77.2%, the worst value was 35.9% and the median value was 51.3%.

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 lack 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 Demand and capacity data capture complete. To be shared and discussed with each tumour site this month to identify key constraints and solutions. Mutual Aid and insource solutions sought for Urology NHSE investment to support Onc/Radth/Haem Ensure the 2WW/FDS actions identified are progressed to support a reduction in the overall PTL and backlog 	<ul style="list-style-type: none"> Individual tumour site review of average time at each stage of the pathway are in progress. 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 – anticipate impact from Nov. Mutual aid for Urology escalated to NHSE.



Single Oversight Framework – Month 5 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	M5 YTD Plan of -£5.8m	M5	-£4.3m	-£2.8m		CFO
		Capital expenditure against plan	M5 YTD Plan of £21.5m	M5	£15.0m	£3.6m		CFO

Summary Financial Position & CIP Performance

	I&E YTD			Full Year Plan	CIP YTD (Inc Productivity)		
	Plan	Actual	Variance to Plan		CIP Plan	CIP Actual	Variance to Plan
	£'000	£'000	£'000		£'000	£'000	£'000
NHS Patient-Rel Income	500,522	502,743	2,221	1,207,175	0	0	0
Other Operating Income	58,009	60,609	2,600	136,180	157	970	813
Total Income	558,531	563,352	4,821	1,343,354	157	970	813
Pay	(331,446)	(330,434)	1,012	(787,900)	2,563	6,099	3,536
Agency Pay	(8,760)	(9,686)	(926)	(22,106)	0	0	0
Non Pay	(198,303)	(202,171)	(3,868)	(470,461)	4,712	4,250	(463)
Total Costs	(538,509)	(542,291)	(3,782)	(1,280,467)	7,276	10,349	3,073
EBITDA	20,022	21,061	1,039	62,888	7,433	11,319	3,886
Non Operating Costs	(26,144)	(25,913)	231	(63,861)	0	0	0
Retained Surplus/(Deficit)	(6,122)	(4,852)	1,270	(973)	7,433	11,319	3,886
Donated Assets	348	547	199	973	0	0	0
Net Total Surplus/(Deficit)	(5,774)	(4,305)	1,469	(0)	7,433	11,319	3,886
Less Capital Impairment	0	0	0	0	0	0	0
Reported Control Total Surplus/(Deficit)	(5,774)	(4,305)	1,469	(0)	7,433	11,319	3,886

Comments – YTD Variance to Plan

Total Income: £4.8mF driven by £1.9mF excluded drugs and devices which are offset in non-pay, £1.1m of LPT income in E&F related to delayed contract termination (which is offset in expenditure) along car parking and catering income £0.9mF and private/overseas patient income across various CMGs £0.3mF.

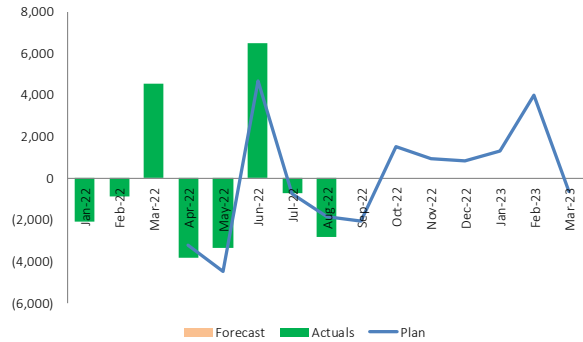
Pay and Agency: £0.1mF is virtually breakeven, driven by a catch-up of ERF spend within M5. Within this position spend on the LPT contract is £0.8mA (matched by income) with this overspend covered vacancies.

Non Pay: £3.9mA includes £1.9mA pass through drugs within Dialysis and Respiratory Medicine (CF) offset within income, circa £1mA medical and surgical spend driven by increased activity across CMGs, £0.4mA on block drugs and £0.3mA on LPT (covered by income).

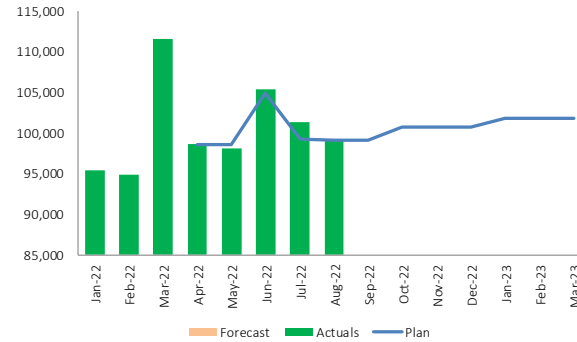
The CIP overperformance of £3.9mF reflects £1.3mF cash releasing CIP and £2.6mF productivity schemes.

Month 5 Dashboards

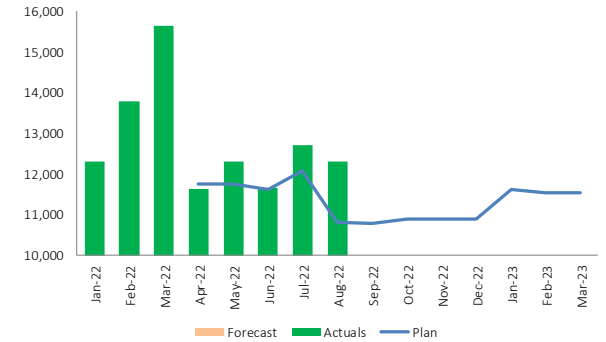
Monthly Surplus/(Deficit) £k



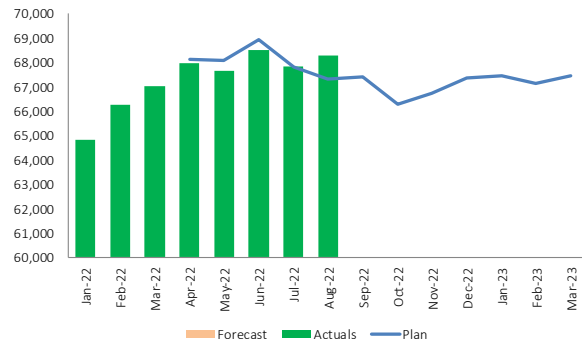
Monthly PCI Income £k



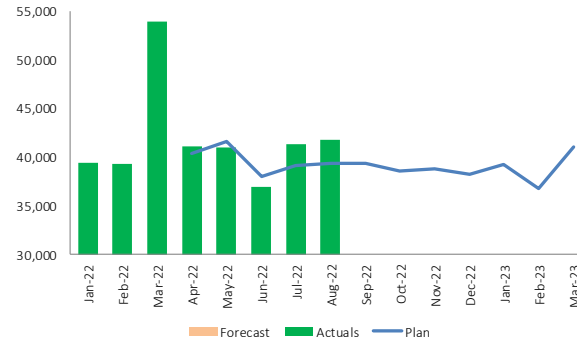
Monthly Other Income £k



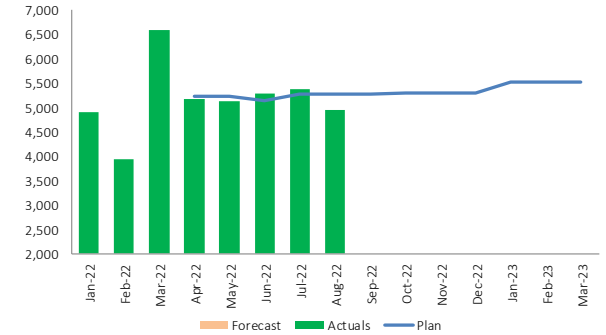
Monthly Substantive/Bank/Agency Pay £k



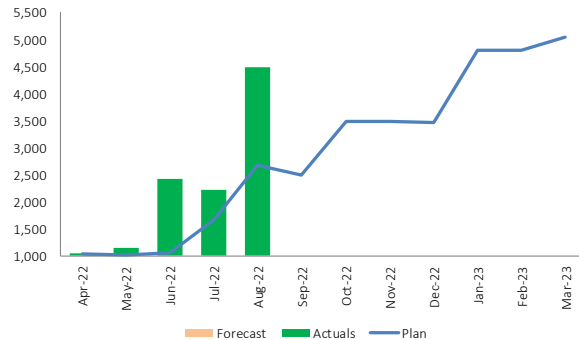
Monthly Non Pay £k



Monthly Non Ops £k



CIP Performance £k Inc Productivity

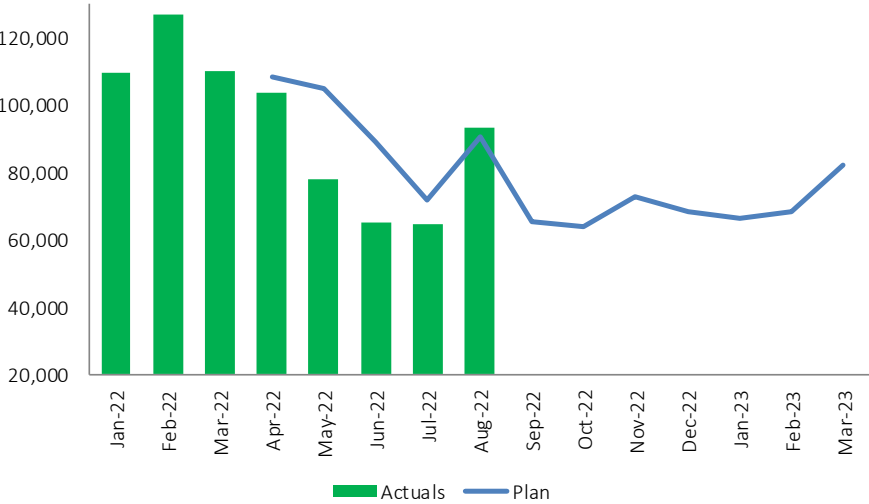


Worked WTE - Workforce Actuals

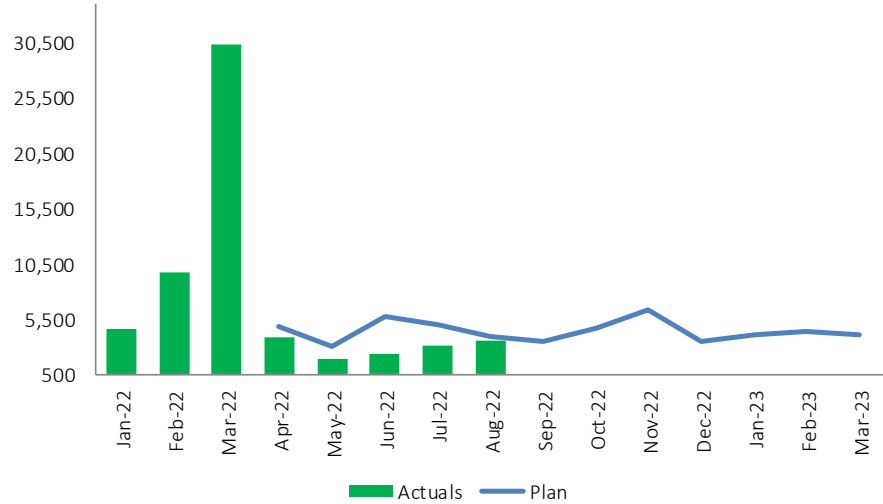
	Actual	Actual	Actual	Actual	Actual	In month		
	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Workforce Plan M5	Actual M5	Variance
Total - Worked WTEs								
Substantive	14,457	14,386	14,472	14,463	14,575	14,586	14,575	(11)
Bank	934	882	945	859	1,023	836	1,023	187
Agency	317	317	324	330	365	345	365	20
Total	15,709	15,585	15,740	15,652	15,963	15,767	15,963	196
Workforce Plan	15,957	16,029	15,966	16,003	15,767			

Month 5 Dashboards

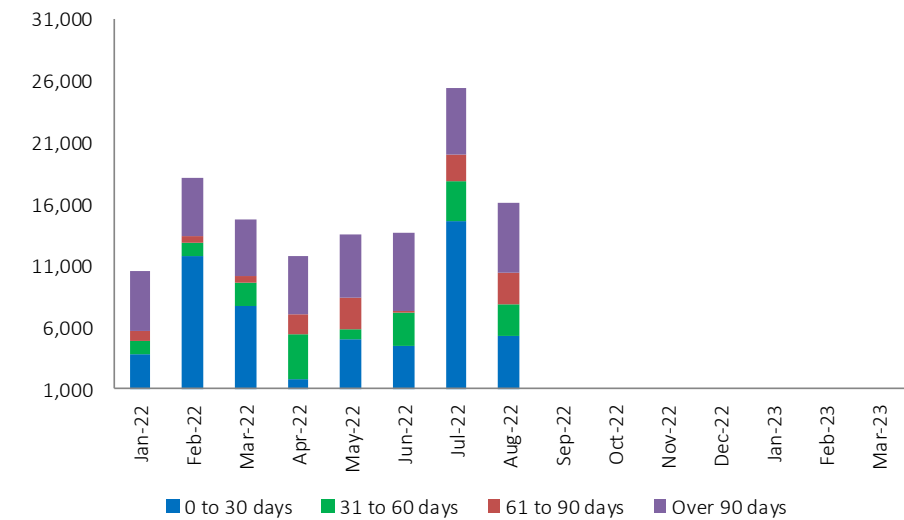
Cash £k



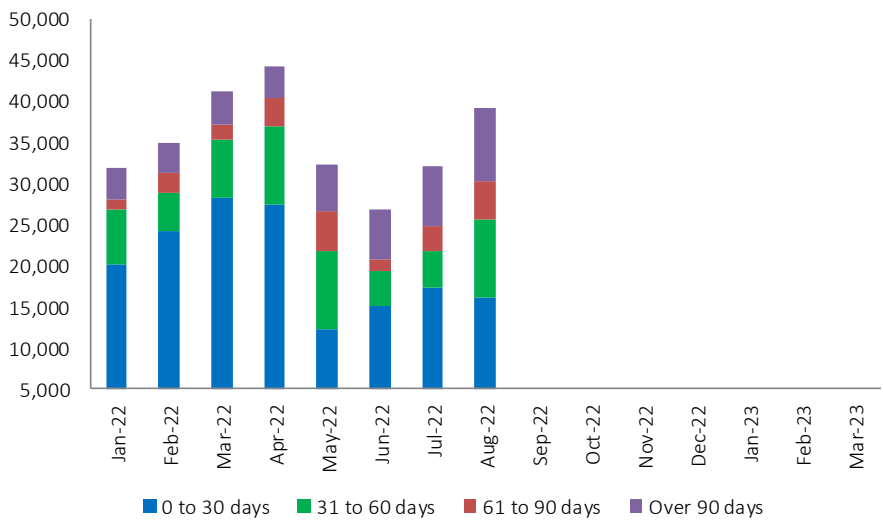
Capital £k



Ageing Debtor £k



Ageing Creditor £k



Statement of Financial Position

The Statement of Financial Position (SOFP) as of 31st August 2022 is presented in the table opposite. The key movements were explained as follows:

Statement of Financial Position	M5 YTD			
	31-Mar-22	31-Jul-22	31-Aug-22	In month Movement
Non current assets	£000	£000	£000	
Intangible assets	6,593	5,496	5,219	(277)
Property, plant and equipment	657,639	666,040	665,837	(202)
Other non-current assets	3,445	3,227	3,189	(39)
Total non-current assets	667,677	674,763	674,245	(1,819)
Current assets				
Inventories	21,126	22,535	22,183	(352)
Trade and other receivables	33,738	73,927	50,702	(23,225)
Cash and cash equivalents	109,960	64,942	93,224	28,281
Total current assets	164,824	161,404	166,109	10,785
Current liabilities				
Trade and other payables	(127,648)	(106,144)	(116,061)	(9,917)
Borrowings / leases	(7,659)	(7,618)	(7,147)	471
Accruals	(22,367)	(24,897)	(23,537)	1,360
Deferred income	(3,799)	(11,066)	(9,064)	2,002
Dividend payable	(0)	(6,124)	(7,655)	(1,531)
Provisions < 1 year	(15,434)	(16,212)	(15,761)	451
Total current liabilities	(176,907)	(172,062)	(179,225)	(9,063)
Net current assets / (liabilities)	(12,083)	(10,657)	(13,116)	1,722
Non-current liabilities				
Borrowings / leases	(12,585)	(22,557)	(22,972)	(415)
Provisions for liabilities & charges	(4,903)	(4,850)	(4,903)	(53)
Total non-current liabilities	(17,487)	(27,407)	(27,875)	(468)
Total assets employed	638,107	636,699	633,254	(3,445)
Public dividend capital	(760,831)	(760,831)	(760,831)	0
Revaluation reserve	(184,878)	(184,878)	(184,878)	0
Income and expenditure reserve	307,603	309,010	312,455	3,445
Total taxpayers equity	(638,107)	(636,699)	(633,254)	3,445

- **Non-Current Assets** - The value of PPE and intangible assets reduced by £0.5m, as in month depreciation of £3.5m offset capex committed of £3.0m.
- **Current Assets**
Trade and other receivables reduced by £23.2m, mainly relating to the July and August SLA payment received of £11.4m from Health Education England (HEE) and retrospective contract payments received from commissioners.
- **Cash Balances** – Cash increased by £28.3m, mainly as a consequence of the reduction in receivables. A more detailed analysis is included in the cash flow slide.
- **Trade and other payables and accruals** increased by £8.6m mainly due to an increase in non-NHS payables. This increase primarily related to unposted Supply Chain Coordination Limited invoices (£3.0m), Althea Ltd invoice accruals (£1.8m) and Moduleco Limited unposted invoices (£1.1m).
- **Dividend payable** – the increase of £1.5m reflects the accrued provision of PDC dividend for month 5.
- **Deferred Income** – reduced by £2.0m, in relation to the release of August HEE LDA contract, invoiced in July and paid in August.
- **Income and Expenditure Reserve** – The deterioration in the income and expenditure reserve of £3.4m reflects the month 5 in month deficit reported through the SOCI.

Capital Programme

Area	Annual Plan	Ytd Plan	YTD Actual	Under / (Over) Spend Against Plan
	£000s	£000s	£000s	£000s
Reconfiguration	4,626	2,951	2,344	607
MEE	1,600	595	151	444
MES	4,244	460	-	460
MES Enabling	2,440	545	99	446
IM&T	6,599	2,153	1,265	888
Estates and Facilities	14,272	7,401	8,512	(1,111)
Corporate	5,450	847	89	758
Schemes funded from Donations/Grants	652	-	-	-
Leases	8,648	4,625	2,216	2,409
Linacc	4,924	1,950	344	1,606
Total	53,455	21,527	15,020	6,507

Sources of Funding	Annual Plan
ICS Envelope (internally generated)	45,818
IFRS 16 (internally generated)	5,857
PDC	1,128
Charity	652
Total	53,455

	Plan	Actual	Forecast
31/03/2023	30/06/2022	31/03/2023	
Year ending	YTD	Year ending	
£'000	£'000	£'000	
Gross capital expenditure including IFRS impact	53,455	14,691	53,455
Less: Book value of asset disposals			
Less: Capital grants received			
Less: Capital donations received	(652)	329	(652)
Charge against the Capital Resource Limit (CRL) incl IFRS impact	52,803	15,020	52,803
Capital Resource Limit (CRL) incl IFRS impact	52,803	21,527	52,803
Under/(over) spend against CRL	0	6,507	0

The Trust has a capital programme of £53.5m.

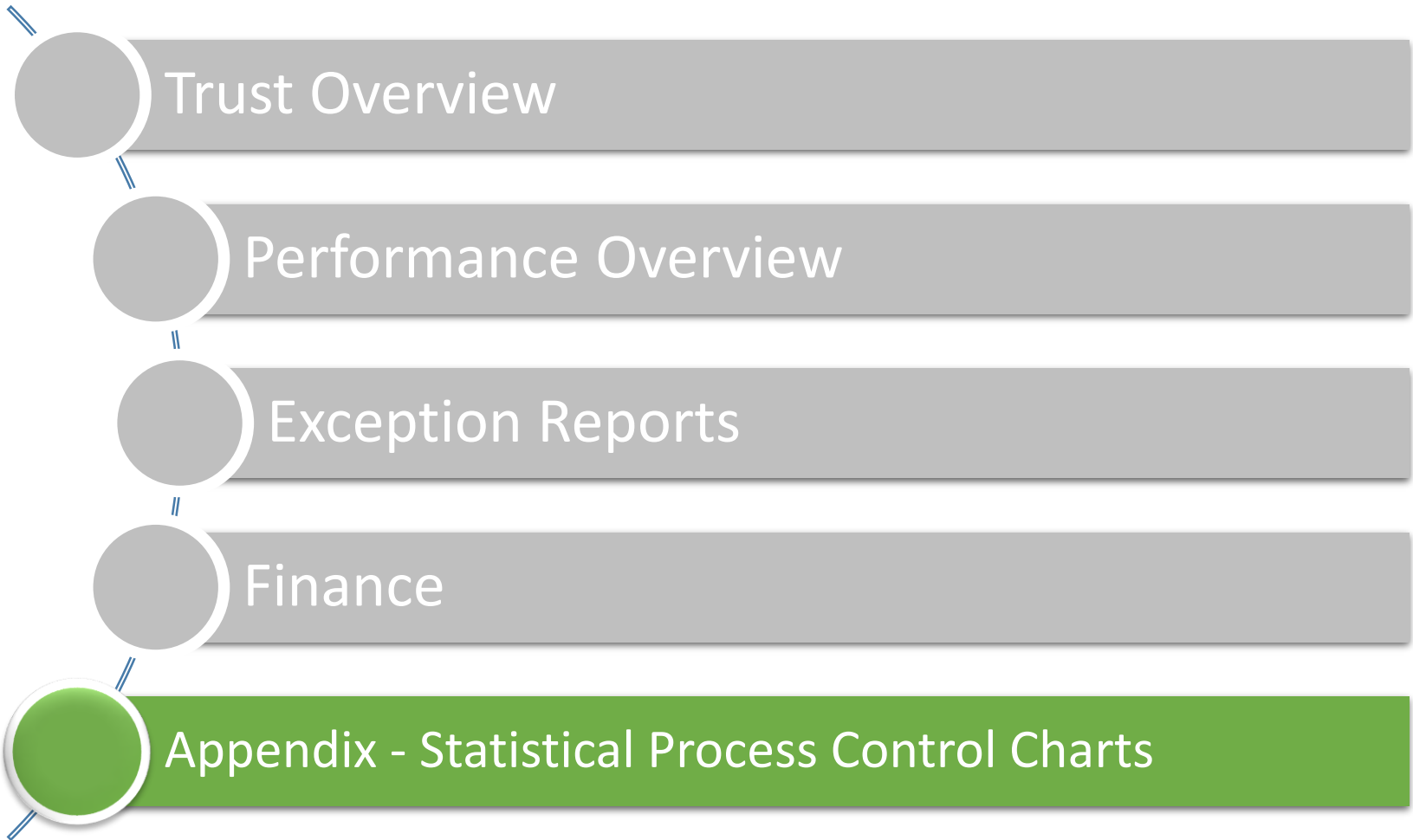
Year-to-date expenditure of £15.0m was incurred at 31st August 2022, which represented an underspend of £6.5m against the YTD capital plan, mainly as a result of slippage against the original plan for Linacc works, Leases, IM&T and Reconfiguration works. However, all these areas are expected to recover in the second half of the year, to ensure the capital plan is delivered.

Programme managers are working closely with the Capital Finance Team to provide updated monthly capital forecasts for each scheme and identify potential areas of slippage or overspend at an early enough stage to allow remedial action to be taken.

In the prior months, contingency was split into Phase 1 and Phase 2. Phase 1 was actioned in the prior month, including re-instatement of £2.2m to sub-committees for top slicing removed at plan stage..

Phase 2 contingency of £5.4m has been allocated against Medical Equipment (£1.8m), Estates (£1.4m) and IM&T (£1.2m). Programme managers have been requested to submit their priorities for utilising this funding at September's CMIC meeting. This release of this contingency is dependent upon confirmation of additional funding becoming available from NHSE/I for the elective hub/pre transfer hub.

Year to date, the elective hub has incurred costs of £1.8m which are currently being absorbed within the existing capital plans. The current forecasted spend for the year is £14.4m for the elective hub, but this is dependent on approval of submissions for capital monies from the TIF capital pot, of which £1.7m has already been approved to set against the cost of fees already incurred. The Trust will not be placing any further capital orders for construction related works until the further funding approvals have been received.



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.

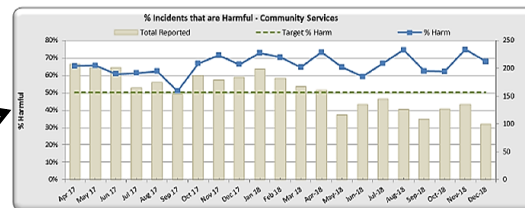
- Two horizontal lines either side of the Mean-(called the upper and lower control limits).

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

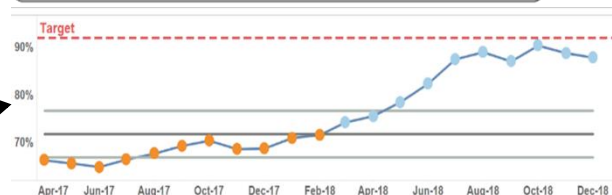
- A horizontal line showing the Target.

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

