

# Integrated Performance Report

Paper D

## Executive Summary from CEO

### Purpose of report:

This paper is for:	Description	Select (X)
Decision	To formally receive a report and approve its recommendations OR a particular course of action	
Discussion	To discuss, in depth, a report noting its implications without formally approving a recommendation or action	X
Assurance	To assure the Board that systems and processes are in place, or to advise a gap along with treatment plan	X
Noting	For noting without the need for discussion	

### Previous consideration:

Meeting	Date	Please clarify the purpose of the paper to that meeting using the categories above
CMG Board (specify which CMG)		
Executive Board		Discussion and Assurance
Trust Board Committee		Discussion and Assurance

## Context

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. This complements the full Integrated Performance Report 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. The full IPR should also be consulted to monitor the initial impact of COVID-19 and the national restrictions on activity and social distancing.

## Question

1. What is the Trust performance against the key quality and performance metrics.

## Conclusion

### Good News:

- **Mortality** – the latest published SHMI (period January 2021 to December 2022) is 104 but remains within the expected range.
- **VTE** – compliant at 98.0% in April.

**Performance Challenges:**

- **C DIFF** – 8 cases reported this month.
- **ED 4 hour performance (including LLR UCCs)** – 69.6% reported in April.
- **12 hour trolley wait** - 781 breaches reported.
- **Ambulance Handover 60+ minutes (CAD)** – performance at 35.5%.
- **Cancer Two Week Wait** was 79.0% in March against a target of 93%.
- **Cancer 62 day backlog** was 514 patients at the end of April.
- **Cancer 62 day treatment** was 44.8% in March 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 122,516 patients at the end of April.
- **52+ weeks wait** – 16,936 breaches reported at the end of April.
- **Diagnostic 6 week wait** was 47.5% against a target of 1% in April.
- **Cancelled operations OTD** – 1.9% reported in April.
- **Statutory and Mandatory Training** is at 89%.
- **Annual Appraisal** is at 77.9%.

**Input Sought**

I recommend that the Committee:

- Commends the positive achievements noted under Good News
- Note the areas of Performance Challenges and consider by reference to the IPR and topic-specific reports if the actions being taken are sufficient.

***For Reference:***

**This report relates to the following UHL quality and supporting priorities:**

**1. Quality priorities**

Safe, surgery and procedures	[Yes / <del>No</del> /Not applicable]
Safely and timely discharge	[Yes / <del>No</del> /Not applicable]
Improved Cancer pathways	[Yes / <del>No</del> /Not applicable]
Streamlined emergency care	[Yes / <del>No</del> /Not applicable]
Better care pathways	[Yes / <del>No</del> /Not applicable]
Ward accreditation	[Yes / <del>No</del> /Not applicable]

**2. Supporting priorities:**

People strategy implementation	[Yes / <del>No</del> /Not applicable]
Estate investment and reconfiguration	[Yes / <del>No</del> /Not applicable]
e-Hospital	[Yes / <del>No</del> /Not applicable]
More embedded research	[Yes / <del>No</del> /Not applicable]
Better corporate services	[Yes / <del>No</del> /Not applicable]
Quality strategy development	[Yes / <del>No</del> /Not applicable]

**3. Equality Impact Assessment and Patient and Public Involvement considerations:**

- What was the outcome of your Equality Impact Assessment (EIA)?  
**Not applicable as purely data reporting.**
- Briefly describe the Patient and Public Involvement (PPI) activities undertaken in relation to this report, or confirm that none were required  
**Not applicable as purely data reporting. What to measure is determined nationally or through priorities.**
- How did the outcome of the EIA influence your Patient and Public Involvement ?  
**N/A**
- If an EIA was not carried out, what was the rationale for this decision?  
**As above.**

#### 4. Risk and Assurance

##### Risk Reference:

Does this paper reference a risk event?	Select (X)	Risk Description:
<b>Strategic:</b> Does this link to a <i>Principal Risk</i> on the BAF?	X	Failure to deliver key performance standards for emergency, planned and cancer care.
<b>Organisational:</b> Does this link to an <i>Operational/Corporate Risk</i> on Datix Register		
<b>New Risk</b> identified in paper: What <i>type</i> and <i>description</i> ?		
<b>None</b>		

5. Scheduled date for the **next paper** on this topic: 7<sup>th</sup> July 2022
6. Executive Summaries should not exceed **5 sides** My paper does comply



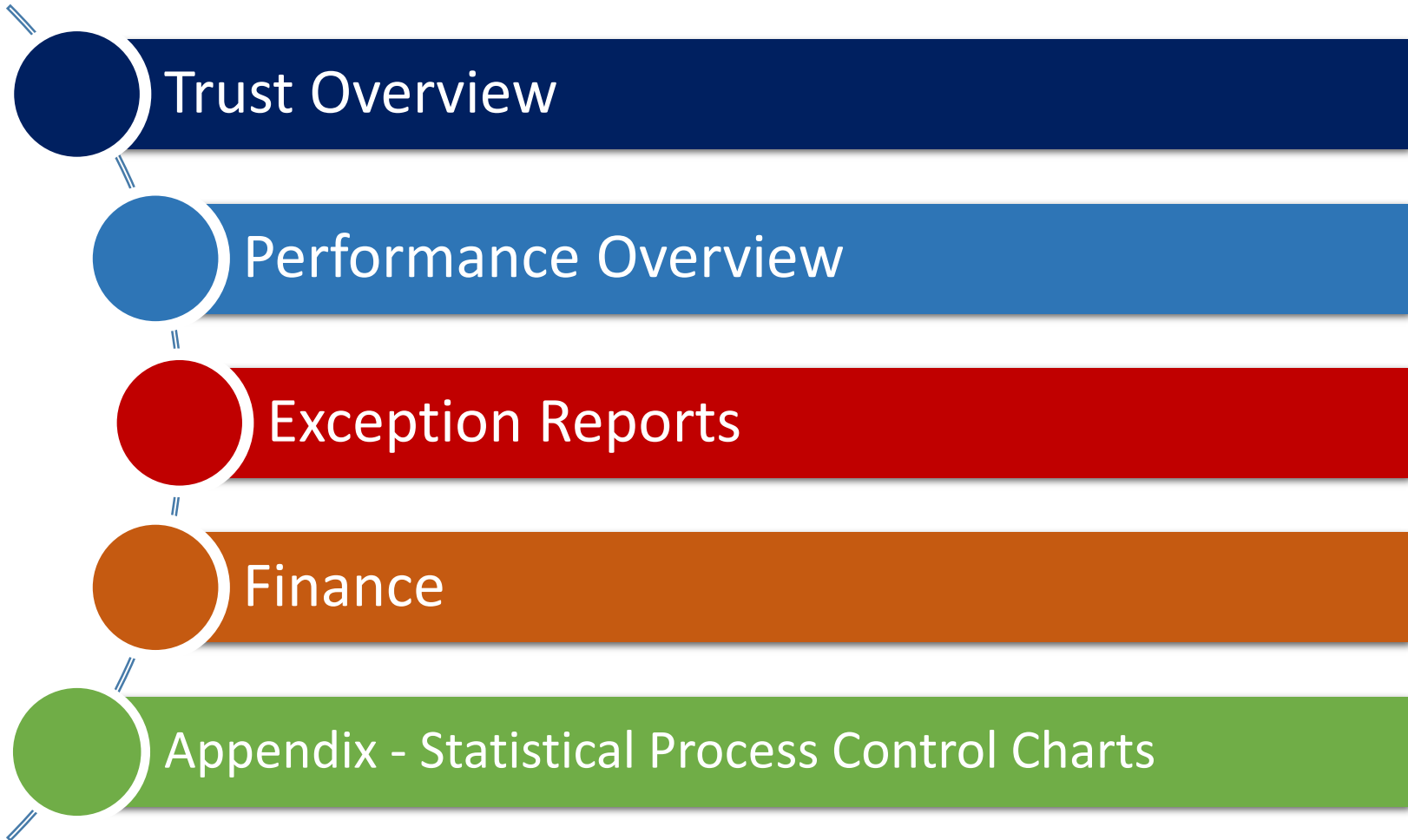
# Integrated Performance Report

April 2022

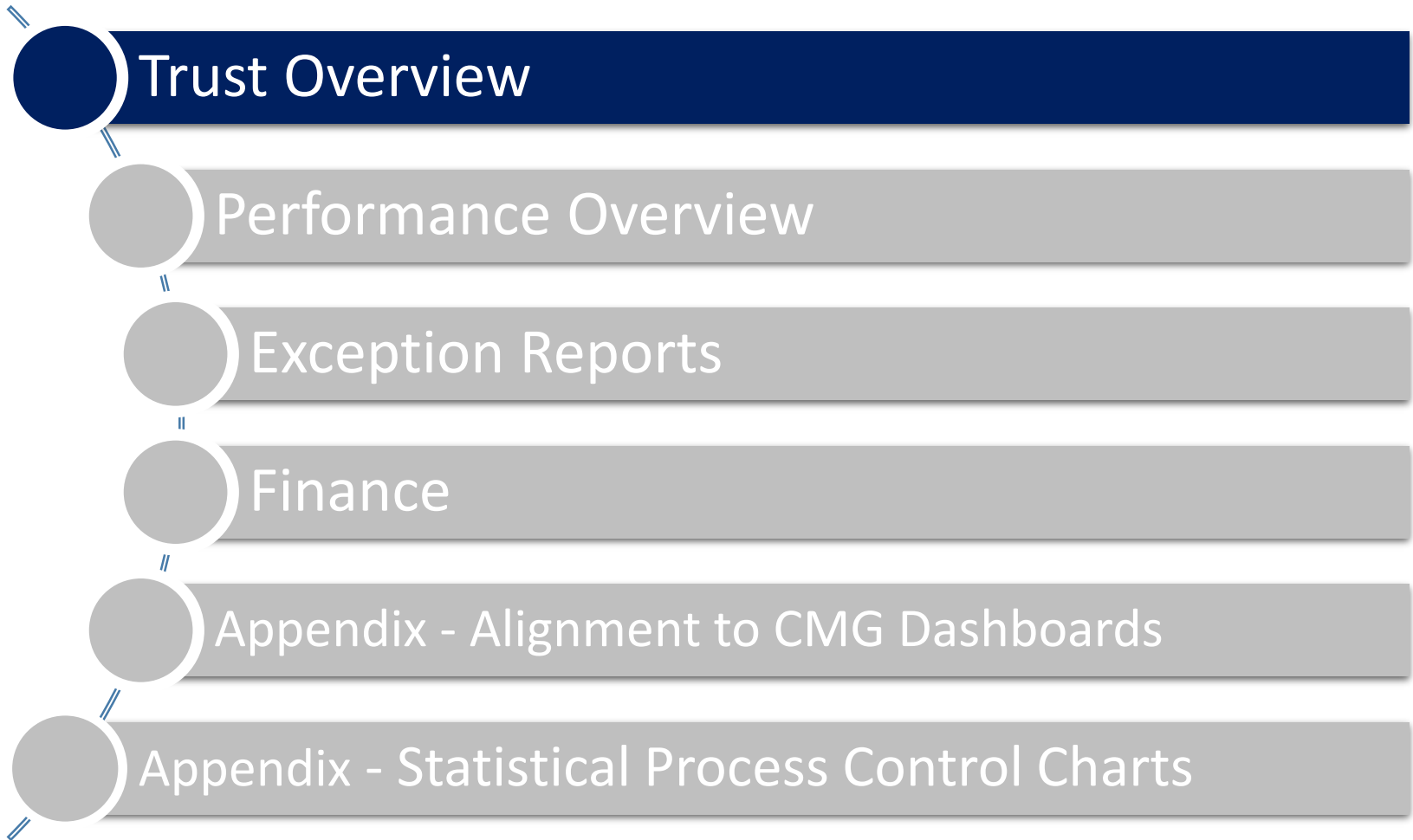


Operational Delivery Unit

# 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
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Key

Failing Target

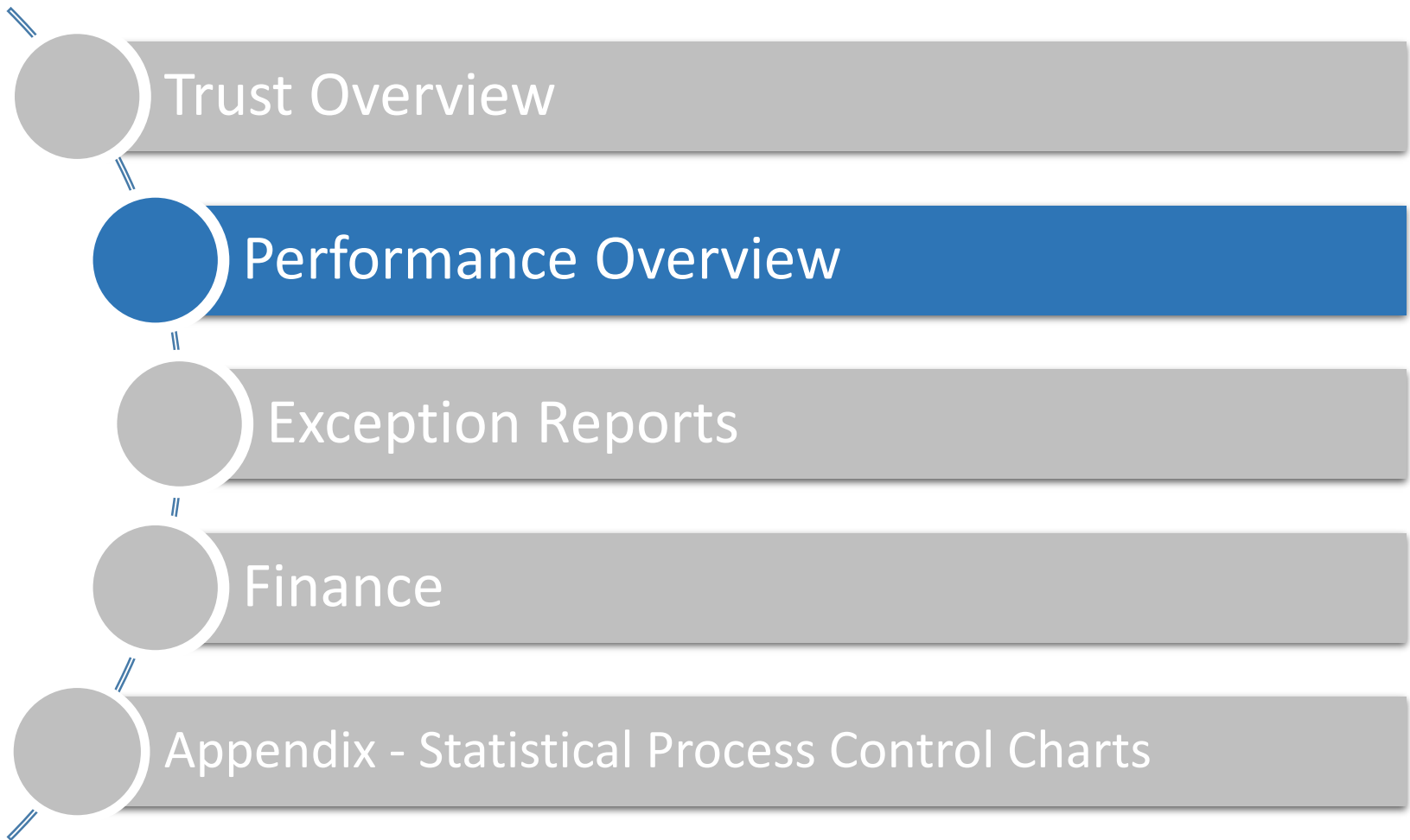
Achieving Target

Target TBC



# Trust Overview (Current Month)

Domain	Overview , Risks and Actions	Lead
<b>Overview</b>		CEO
<b>Safe</b> (exception reports pages 19-22)	<p>UHL had 9 Never Events in total for the financial year 2021-22. Full investigations to identify learning have ben completed/are in train. We worked with LLR System Patient Safety Specialists and Imperial Healthcare to develop a Never Event reduction plan – this is tracked through the Trust Board Quality Committee.</p> <p>The Clostridium difficile monthly rate has remained the same in the last 2 months , this year's nationally set target remains the same as last year at 93. High bed occupancy and high antibiotic usage are factors affecting an increase in Clostridium difficile rates, both are being addressed in the CMGs. Methicillin Sensitive Staphylococcus Aureus incidents have increased this month, reviews are underway through the CMG and IP meetings, UHL continues to set an internal improvement reduction target. The internal improvement target has been re-set to 30% reduction in Hospital Acquired Pressure Ulcers for 2022/23 the PU collaborative is in place alongside a programme of prevention and recognition training. The assessment and accreditation programme monitors compliance with care processes for the prevention of pressure ulcers.</p>	Andrew Furlong / Julie Hogg
<b>Caring</b> (exception reports page 23)	The overall outpatient FFT has fallen below the national target, this is the first instance in many months – monitoring of this result will take place in the CMGs and if a sustained reduction a deep dive will take place via the Patient Experience team and the CMGs	Julie Hogg
<b>Well Led</b> (exception reports pages 24-31)	Sickness rates are still below target and have shown a slight deterioration in March as a result of increased Covid absence arising from changes in IP procedures. There are risks of further deterioration following these measures although early signs are of an improvement in May. Sickness is still closely monitored and staff support mechanisms are promoted and responsive to the needs of teams. Appraisal rates have improved slightly on March 2022 but remain below the target of 95%. To avoid the risk of an impact on pay progression, further extension to automatic pay progression is being sought. Teams encouraged to have robust conversations if full appraisal s are not feasible. Statutory and mandatory training compliance remains static but below the performance target of 95%. Compliance is being targeted through regular email reminders and Making it Happen discussions. Nursing and Midwifery vacancies have increased across adult nursing children's nursing , midwifery and HCAs. This is due to higher numbers of leavers particularly retirees which was predicted. Detailed meetings have been held with all Heads of Nursing to review vacancy positions and understand plans for recruitment and retention to mitigate risks. Newly qualified adult and children's nursing will commence in May together with a 56 cohort of international nurses.. A large open day for HCAs is planned in May to increase monthly intakes to 60.	Clare Teeney
<b>Effective</b>	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
<b>Responsive – Emergency</b> (exception reports pages 32-38)	April 2022 has seen a reduction in ED attendances from the previous month in both total numbers and average/day (2,097 attendances lower = average 47 fewer/day). UHL 4-hour performance for April 2022 was 56.0%, combined with the rest of LLR increased to 69.6%. UHL's national ranking for April 2022 was 69th out of 112 which is an improvement of 10 places from the previous month and is significantly better than the April 21 position of 104th out of 114. Action plans exist for all metrics, with a revised governance agenda.	Jon Melbourne
<b>Responsive – Elective</b> (exception reports pages 39-45)	April 2022 has seen aa significant improvement in patients who have breach 104+ weeks, with the 104+ position reducing by 24% to 1138 patients but we are has still experience significant challenges in overall waiting list growth. Elective capacity remains challenging through staff vacancies and sickness but through the introduction of a number of ERF schemes we have been able to bridge some of this gap. New Agreements with IS providers have been put in place to support the 104+ positions and GIRFT have supported on successfully agreeing further metal aid with Grantham to support Orthopaedics and Urology. Performance reported in DM01 has improved with a reduction in overall waiting list put the performance of the percentage of patients seen within 6 weeks remains very challenged but individual modality recovery plans have been developed to ensure we are able to recover to the 95% target by March 2024 with new capacity coming online with May for CT and DEXA.	Jon Melbourne
<b>Responsive – Cancer</b> (exception reports pages 46-48)	In March improvements continued in 6 of the 12 standards, achieving all 3 of the FDS standards. Performance in 2ww is 79% and 62 day 43.5 %. The 62 day backlog is 561 (16/0522) an increase of 50 from last month, remaining below the peak of 565 week ending the 7th January 2022. 224 patients are waiting in excess of 104 days; this is an increase of 29 patients from last month. Referrals remain high and remain above pre pandemic levels, with significant increase in Haematology, Head and Neck & Upper / Lower GI. Capacity pressures along with workforce issues (vacancies and sickness) are presenting particular challenges. The 2WW demand and backlogs, particularly in Breast and ENT, continue to directly impact on performance for 2WW and 62 day, although both are improving with breast booking with 14 days and are expecting to achieve 93% in April. Specific actions are in place; with further improvements predicted in March mainly in 2ww and FDS. These include new pathways in the community, utilisation of the independent sector, insourcing, F2F GP appointments, recruitment to locums and waiting list initiatives. Urology backlog and 62 day position remains a significant concern; EMCA are supporting regional Urology meetings with a view to further mutual aid and Cancer Centre resources are supporting streamlining of the Urology pathway.	Jon Melbourne
<b>Financial Improvement</b> (exception reports)	The Trust is reporting Month 1 deficit of £3.8m. This is £0.6m adverse to the April plan of a deficit of £3.2m. The main driver of this adverse position is non-pay which is £807k over spent against plan. The group maintained a strong cash position at the end of April with £103.6m, representing a reduction of £6.4m on March's closing position. Receipts and outgoings in April were comparable with March, with the exception that the Trust paid the second annual installment of PDC Dividend in April (£9.4m). The Trust has a capital programme of £50.3m, of which expenditure of £3.9m was committed in M1, which represents a underspend of £950k against the year to date profiled capital plan.	Lorraine Hooper



# Performance Overview (Safe)

Domain	Key Performance Indicator	Target	Feb-22	Mar-22	Apr-22	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Safe	Never events	0	0	2	0	0				Jan-20	MD
	% of all adults Venous Thromboembolism Risk Assessment on Admission	95%	98.0%	98.1%	98.0%	98.0%				Oct-20	MD
	% of 3rd & 4th Degree Perineal Tears	3.5%	4.1%	1.8%	3.7%	3.7%				N/A	CN
	Clostridium Difficile	93	15	10	8	8				Jun-21	CN
	Methicillin Resistant Staphylococcus Aureus Total	0	1	0	0	0				Jun-21	CN
	E. Coli Bacteraemias Acute	198	14	14	16	16				Jun-21	CN
	Methicillin-susceptible Staphylococcus Aureus Acute*	40	1	4	8	8				Jun-21	CN

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

## Comments










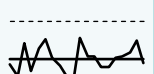



## Rating

UHL had 9 Never Events in total for the financial year 2021-22. Full investigations to identify learning have been completed/are in train. We worked with LLR System Patient Safety Specialists and Imperial Healthcare to develop a Never Event reduction plan – this is tracked through the Trust Board Quality Committee

The C difficile monthly rate has seen a continued decrease; however, this is above the annual target trajectory, each incident is reviewed by the specialist team in conjunction with IP and work is ongoing with anti-microbial prescribing – ribotyping results are awaited to determine if any cross infection has taken place.

MSSA awareness, prevention and intervention continues with plans over the next 18 months to introduce a surgical site infection surveillance team which will support the reduction in MSSA.

# Performance Overview (Safe)



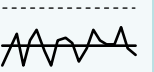









Domain	Key Performance Indicator	Target	Feb-22	Mar-22	Apr-22	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Safe	COVID-19 Hospital-onset, probable, 8-14 days after admission		10.3%	11.6%	11.8%	11.8%				Oct-20	CN
	COVID-19 Hospital-onset, healthcare-acquired, 15 or more days after admission		8.2%	9.5%	11.2%	11.2%				Oct-20	CN
	All falls reported per 1000 bed days	5.5	4.1	4.1		4.1				Oct-20	CN
	Rate of Moderate harm and above Falls Patient Safety Incidents with finally approved status per 1,000 bed days	0.18	0.17	0.08		0.08				Oct-20	CN
	Hospital Acquired Pressure Ulcers - All categories	366	56	49	39	39				Jun-21	CN

## Comments

The monthly rate of total HAPUs has fallen over the last 3 months (although remains over target trajectory). The 2nd Trust wide collaborative event took place in April with wards presenting their QI projects and sharing what has worked well. Further awareness, training and the recommencement of face-to-face link nurse training by the Tissue Viability Team will also assist in the improvement work.

## Rating

# Performance Overview (Caring)

Domain	Key Performance Indicator	Target	Feb-22	Mar-22	Apr-22	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Caring	Single Sex Breaches		0	3	8	8	National Reporting resumed from Oct 21.			Mar-20	CN
	Inpatient and Day Case Friends & Family Test % Positive*	95%	99%	98%	98%	98%				Mar-20	CN
	A&E Friends & Family Test % Positive**	77%	77%	74%	78%	78%				Mar-20	CN
	Maternity Friends & Family Test % Positive*	91%	95%	96%	97%	97%				Mar-20	CN
	Outpatient Friends & Family Test % Positive	94%	94%	94%	93%	93%				Mar-20	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 overall outpatient FFT has fallen below the national target, this is the first instance in many months – monitoring of this result will take place in the CMGs and if a sustained reduction a deep dive will take place via the Patient Experience team and the CMGs

# Performance Overview (Well Led)

Domain	Key Performance Indicator	Target	Feb-22	Mar-22	Apr-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%	8.7%	9.1%	9.2%	9.2%				Nov-19	CPO
	Sickness Absence (Excludes Estates & Facilities staff)	3%	6.2%	6.8%		6.1%				Mar-21	CPO
	% of Staff with Annual Appraisal (Includes Estates & Facilities staff from May 21)	95%	77.4%	77.2%	77.9%	77.9%				Mar-21	CPO
	Statutory and Mandatory Training	95%	89%	89%	89%	89%				Feb-20	CPO

## Comments

## Rating






Turnover rates are stable but there is an expectation there will be an increase this year partially due to a technical change in the capturing leavers who retain a bank assignment. We are seeing higher levels of turnover for nursing and midwifery and additional clinical services which includes healthcare assistants. New People Promise Manager will review retention strategies to improve turnover rates – commences in June 2022 as part of National Programme of Exemplar sites.

From a sharp drop in sickness in Feb 2022, there has been a 0.4% in March related to the changes in IP guidance and increased numbers of staff absent due to Covid. This is being monitored through continued daily reporting to track the impact. The improvement trajectory reflects falling sickness rates in May. There continues to be a strong focus on supporting staff well being and close monitoring of attendance levels. Work is ongoing to improve the Smart sickness reporting system and data quality.

Appraisal performance is slightly improved on March 2022 (0.7%) although the Trust is unlikely to meet its May trajectory. Work continues to encourage timely completion of appraisals. Further approval is being sought to allow automatic pay progression. Full appraisals are encouraged but where this is not possible, robust conversations need to take place.

Statutory and mandatory training compliance is stable but below the performance target of 95%. There is a renewed focus on achieving compliance in Q1 with regular reminders from the HELM system and via teams in Making it Happen meetings.

# Performance Overview (Well Led)



Domain	Key Performance Indicator	Target	Feb-22	Mar-22	Apr-22	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Well Led	Adult Nursing Vacancies	10%	12.6%	11.5%	12.5%	12.5%				Dec-19	CPO
	Paed Nursing Vacancies	10%	11.0%	10.4%	10.6%	10.6%				Dec-19	CPO
	Midwives Vacancies	10%	9.5%	9.9%	10.0%	10.0%				Dec-19	CPO
	Health Care Assistants and Support Workers - excluding Maternity	10%	12.6%	13.0%	13.1%	13.1%				Dec-19	CPO
	Health Care Assistants and Support Workers - Maternity	5%	4.4%	5.2%	9.2%	9.2%				Dec-19	CPO

## Comments

Nursing and Midwifery vacancies have increased across Adult Nursing, Children's, Midwifery and Healthcare Assistants. An increase is expected next month as revised establishments for 22/23 are confirmed. The increase in vacancies has largely been driven by an increase in leavers, particularly retirees on March 31st and during April. For HCAs both locally and nationally there is a decreased future supply of workforce driven by a buoyant labour market. During the first quarter of 22/23 41 newly qualified adult nurses are scheduled to join the organisation and 13 children's nurses. International nursing is continuing and 56 nurses arrived in May 2022 and further cohorts of 64 and 60 nurses are expected in July and September respectively. A large RN open day is planned for May 21st and locally CMGs are holding recruitment events including one for Children's and Paediatric ED on June 18th. There are circa 90 Healthcare Assistants in the recruitment pipeline and a large recruitment open day is planned for Health Care Assistants on May 21st. In June and July intakes of 60 HCAs are planned assuming there is sufficient supply.

## Rating

# Performance Overview (Effective)

Domain	Key Performance Indicator	Target	Feb-22	Mar-22	Apr-22	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Effective	Published Summary Hospital-level Mortality Indicator (SHMI)	100	104	103	104	104 (Jan 21 to Dec 22)				May-21	MD
	12 months Hospital Standardised Mortality Ratio (HSMR)	100	101	99	96	96 Feb 21 to Jan 22				May-21	MD
	Crude Mortality Rate	No Target	1.3%	1.3%	1.2%	1.2%				May-21	MD

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



# Performance Overview (Responsive Emergency Care)









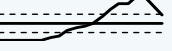


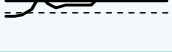









Domain	Key Performance Indicator	Target	Feb-22	Mar-22	Apr-22	YTD	Assurance	Variation	Trend
Responsive (Emergency Care)	Emergency Department 4 hour waits Acute Footprint	95%	71.2%	67.2%	69.6%	69.6%			
	Mean Time to Initial Assessment	15	41.3	46.0	45.0	45.0			
	12 hour trolley waits in Emergency Department	0	628	906	781	781			
	Number of 12 hour waits in the Emergency Department	0	2,071	2,707	2,634	2,634			
	Time Clinically Ready to Proceed	60	235.2	265.9	269.5	269.5			
	Number of Ambulance Handovers		4,462	4,916	4,318	4,318			
	Number of Ambulance Handovers >60 Mins		1,263	1,759	1,535	1,535			
	Ambulance handover >60mins	0%	28.3%	35.8%	35.5%	35.5%			
	Long Stay Patients (21+ days) as a % of G&A Bed Occupancy	12%	15.2%	13.8%	18.1%	18.1%			

## Comments

April 2022 has seen a reduction in ED attendances from the previous month in both total numbers and average/day (2,097 attendances lower = average 47 fewer/day). UHL 4-hour performance for April 2022 was 56.0%, combined with the rest of LLR increased to 69.6%. UHL's national ranking for April 2022 was 69th out of 112 which is an improvement of 10 places from the previous month and is significantly better than the April 21 position of 104th out of 114. Action plans exist for all metrics, with a revised governance agenda.

## Rating

# Performance Overview (Responsive Elective Care)

Domain	Key Performance Indicator	Target	Feb-22	Mar-22	Apr-22	YTD	Assurance	Variation	Trend
Responsive (Elective Care)	Referral to Treatment Incomplete	103,403	113,373	117,857	122,516	122,516			
	Referral to Treatment 52+ weeks	0	15,842	15,994	16,936	16,936			
	Referral to Treatment 104+ weeks	0	1,867	1,485	1,138	1,138			
	6 Week Diagnostic Test Waiting Times	1.0%	44.2%	43.6%	47.5%	47.5%			
	% Operations Cancelled On the Day	1.0%	1.9%	1.7%	1.9%	1.9%			
	% Outpatient Did Not Attend rate	5%	7.5%	8.0%	7.8%	7.8%			
	% Outpatient Non Face to Face	45%	36.1%	35.9%	33.6%	33.6%			

## Comments

## Rating

April 2022 UHL has seen an improvement in the volume of long waiting patients but has still seen a growth in overall waiting list size. The volume of patients who will breach 104+ weeks by June 30th has continued to reduce week on week and the actual 104+ breaches has reduced by 24%.






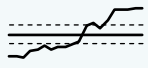


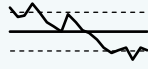
All patients above 104+ weeks have been contacted through a letter to identify any patients that are willing to travel outside of LLR. Additional activity has been secured through mutual aid at Kettering/NGH and Grantham hospitals with further hospitals to be identified for patient whom are willing to travel outside of LLR.

Planning for a day case unit at the LGH has started with the aim to support the long term ambitions for elective performance by increasing overall elective capacity.

Technical validation for whole waiting list is on-going with external teams contract to be extended till 30th June 22. All new members of the RTT are to start with April.

The overall DM01 diagnostic waiting times trajectories are been developed further to ensure a full analysis of capacity against expected demand to achieve the ambition of 95% of diagnostic are delivered within 6 weeks by 2025.

# Performance Overview (Responsive Cancer)

Domain	Key Performance Indicator	Target	Feb-22	Mar-22	Apr-22	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Responsive (Cancer)	2 Week Wait	93%	66.8%	79.0%		75.9%				Mar-22	COO
	62 Day Backlog	0	502	515	514	514				Mar-22	COO
	Cancer 62 Day	85%	46.9%	44.8%		51.3%				Mar-22	COO

## Comments

## Rating

In March improvements continued in 6 of the 12 standards, achieving all 3 of the FDS standards. Performance in 2ww is 79% and 62 day 43.5 %. The 62 day backlog is 561 (16/0522) an increase of 50 from last month, remaining below the peak of 565 week ending the 7th January 2022. 224 patients are waiting in excess of 104 days; this is an increase of 29 patients from last month.

Referrals remain high and remain above pre pandemic levels, with significant increase in Haematology, Head and Neck & Upper /Lower GI. Capacity pressures along with workforce issues (vacancies and sickness) are presenting particular challenges. The 2WW demand and backlogs, particularly in Breast and ENT, continue to directly impact on performance for 2WW and 62 day, although both are improving with breast booking with 14 days and are expecting to achieve 93% in April.

Specific actions are in place; with further improvements predicted in March mainly in 2ww and FDS. These include new pathways in the community, utilisation of the independent sector, insourcing, F2F GP appointments, recruitment to locums and waiting list initiatives. Urology backlog and 62 day position remains a significant concern; EMCA are supporting regional Urology meetings with a view to further mutual aid and Cancer Centre resources are supporting streamlining of the Urology pathway.

# Performance Overview (Finance)

Domain	Key Performance Indicator	Target YTD	Feb-22	Mar-22	Apr-22	YTD	Assurance	Variation	Trend
Finance	Trust level control level performance	£3.2m Plan	- £0.9m	£4.5m	-£3.8m	-£3.8m			
	Capital expenditure against plan	£4.9m	£9.7m	£30.3m	£3.9m	£3.9m			
	Cost Improvement	£873k	£1.3m	£1.7m	£570k	£570k			
	Cashflow	No Target	£17m	-£17m	-£6.4m	£103.6m			

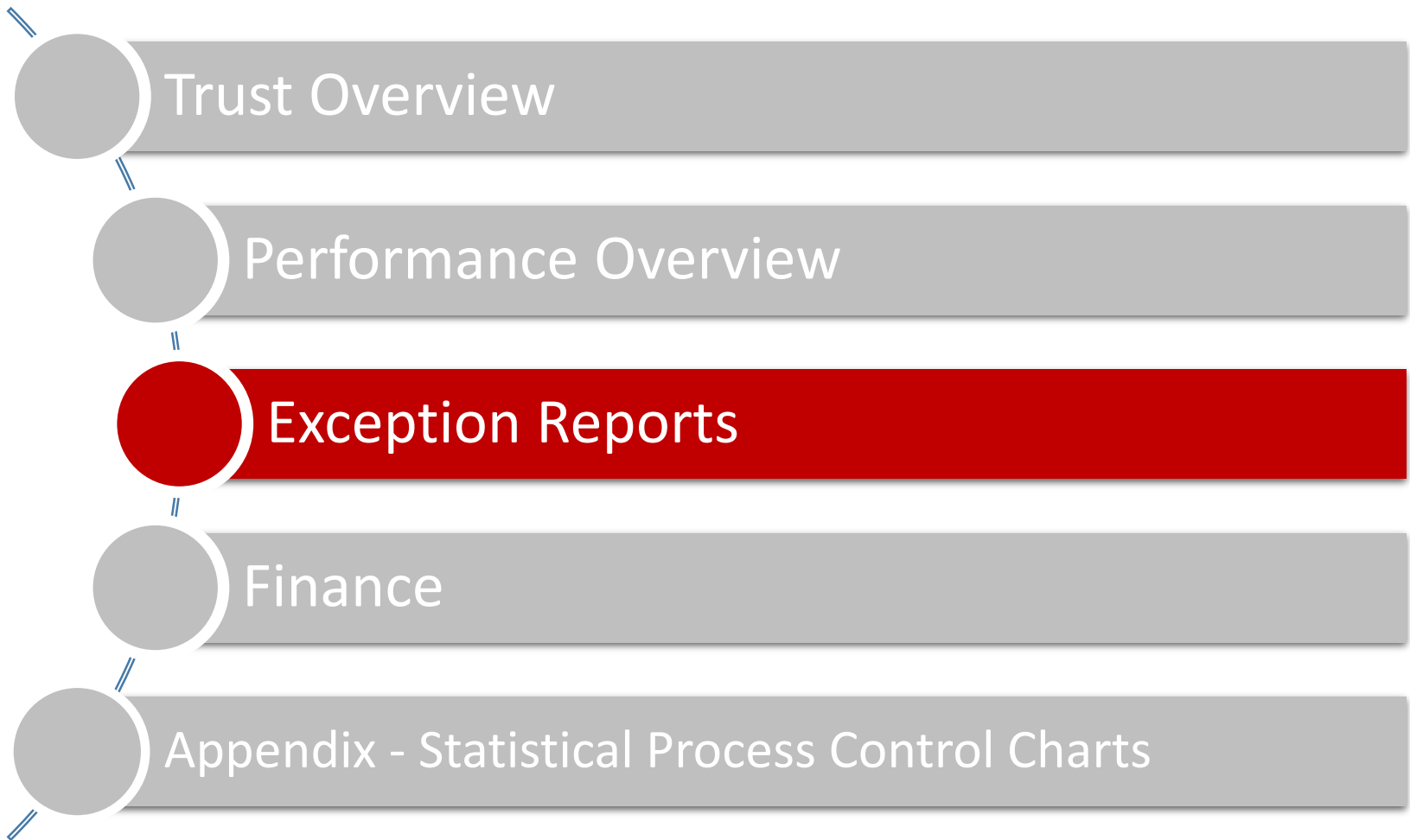
## Comments

## Rating

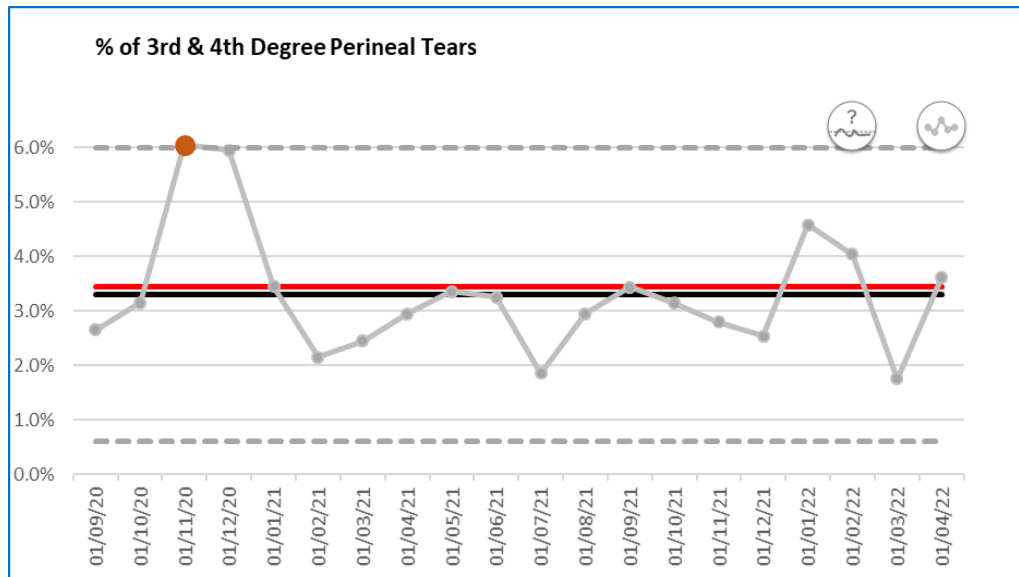
The Trust is reporting Month 1 deficit of £3.8m. This is £0.6m adverse to the April plan of a deficit of £3.2m. The main driver of this adverse position is non-pay which is £807k over spent against plan.

The group maintained a strong cash position at the end of April with £103.6m, representing a reduction of £6.4m on March's closing position. Receipts and outgoings in April were comparable with March, with the exception that the Trust paid the second annual installment of PDC Dividend in April (£9.4m)

The Trust has a capital programme of £50.3m, of which expenditure of £3.9m was committed in M1, which represents a underspend of £950k against the year to date profiled capital plan.



# Safe – % of 3rd & 4th Degree Perineal Tears

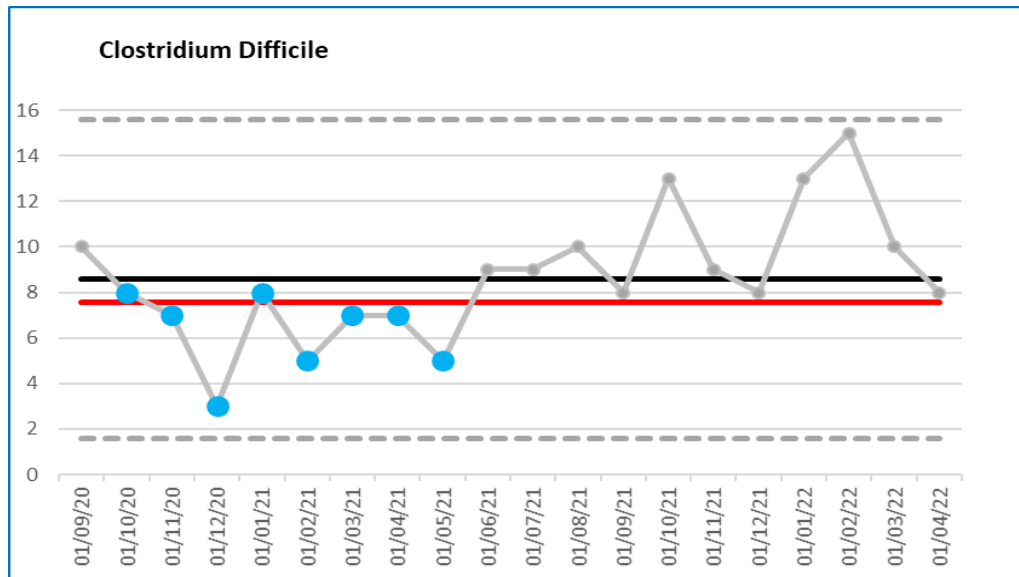


Current Performance			Three Month Forecast		
Apr 22	YTD	Target	May 22	Jun 22	Jul 22
3.7%	3.7%	3.5%			

National Position & Overview
National average 2.5%

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> <li>Perineal trauma at delivery</li> </ul>	<ul style="list-style-type: none"> <li>Audit of all 3<sup>rd</sup> and 4<sup>th</sup> degree tears complete</li> <li>Action plan to share the learning, a number of common themes identified</li> <li>Consultant midwife will roll out education and findings site by site During June 2022</li> <li>Monitoring in place monthly on dashboard</li> <li>Further deep dive after QI initiatives embedded</li> </ul>	<ul style="list-style-type: none"> <li>Consistent improvement in rates</li> <li>Reduction of morbidity to women</li> </ul>

# Safe – Clostridium Difficile



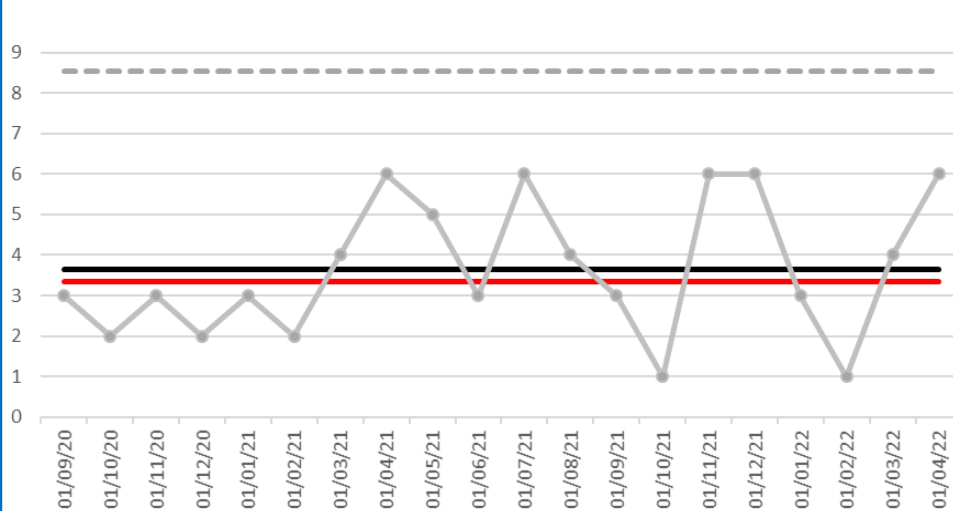
Current Performance			Three Month Forecast		
Apr 22	YTD	Target	May 22	Jun 22	Jul 22
8	8	93	7	7	8

National Position & Overview
The official trajectories for 2022/23 for <i>C.difficile</i> infections is 93 .

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> <li>High bed occupancy is a significant risk factor for increased <i>C.difficile</i> infections.</li> <li>Antibiotic prescribing is high and whilst the reasons are multifactorial the COVID-19 Pandemic has undoubtedly contributed to this.</li> </ul> <p>Of note: These cases are ascribed as 7 = Hospital onset healthcare associated (HOHA) 1 = Community onset healthcare associated (COHA) UHL is required to report all cases using these criteria noting that the COHA have been in-patients within 28 days of a positive faecal sample.</p>	<ul style="list-style-type: none"> <li>Focused attention on antimicrobial prescribing practice is required with one of the main focus being avoidance of broad spectrum antibiotic use except where necessary.</li> <li>Review of where the current CMG Antibiotic Consumption reports are disseminated and whether action plans have been developed to address any exceptions identified</li> <li>Focused action by CMG Operational Infection Prevention Groups to review and monitor monthly CDT data. Where required develop a CDT reduction action plan</li> </ul>	<ul style="list-style-type: none"> <li>The official trajectories for 2022/23 for <i>C.difficile</i> infections is 93 .</li> </ul>

# Safe – MSSA

MSSA Acute



## Current Performance

Apr 22	YTD	Target	Three Month Forecast		
May 22	Jun 22	Jul 22			
8	8	40	3	3	3

## National Position & Overview

The trajectory for MSSA cases for 2022/2023 is 40.

## Root Cause

- Peripheral and Central line infections of the bloodstream
- Surgical Site Infections
- Increased attendance of high acuity patients through the Emergency and Specialist medicine departments

Of note:

These cases are ascribed as

6 = Hospital onset healthcare associated (HOHA)

2 = Community onset healthcare associated (COHA)

UHL is required to report all cases using these criteria noting that the COHA have been in-patients within 28 days of a positive sample.

## Actions

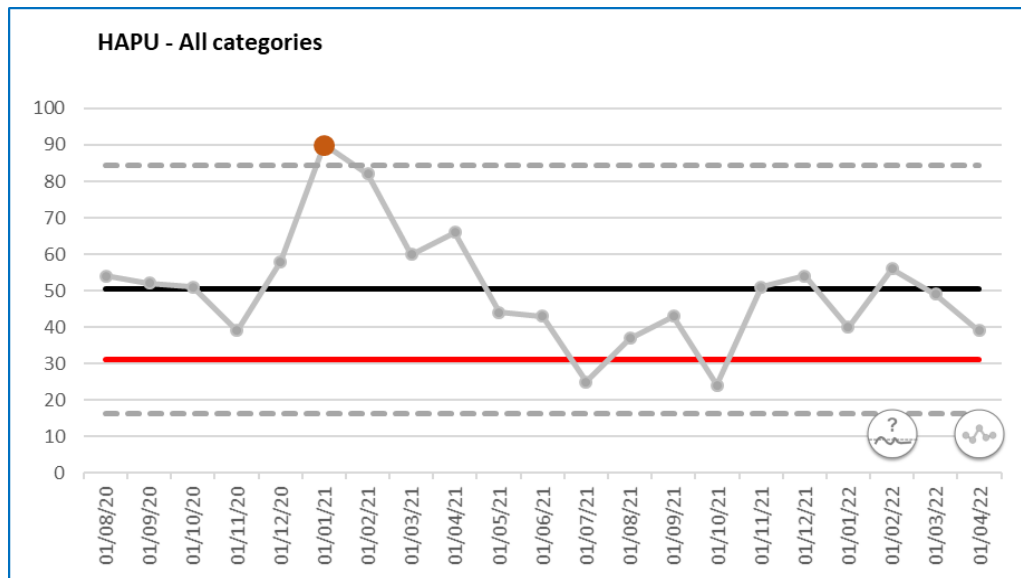
- Thematic review of MSSA cases
- Continue raising awareness, monitoring infection prevention practice
- Review Denominator data for blood cultures taken in comparison to MSSA positive cultures

## Impact/Timescale

- The chart demonstrates occasional spikes of a similar level, this will be monitored and reviewed



# Safe – Hospital Acquired Pressure Ulcers All Categories

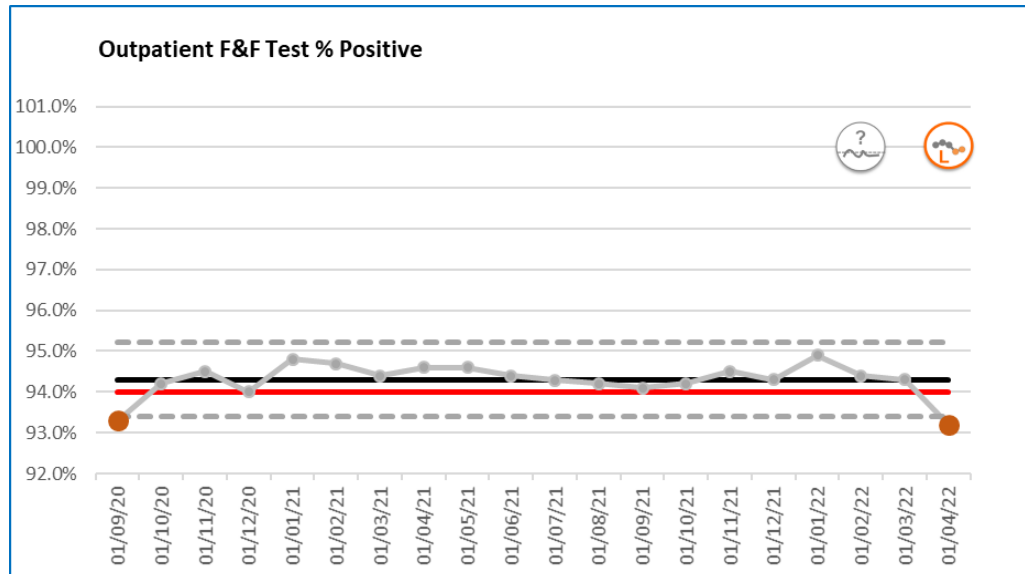


Current Performance			Three Month Forecast		
Apr 22	YTD	Target	May 22	Jun 22	Jul 22
39	39	366	31	31	31

National Position & Overview	
Currently no national benchmarking or reporting is available to provide comparative data.	
UHL are one of six organizations working with national experts and NHSEI quality team to review the national mechanism of capturing Pressure Ulcer data via the coding system.	
The Trust target of 366 HAPUs (30% reduction) for 2022-2023 is an internal quality improvement stretch target.	

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> <li>Increased frailty and acuity of patients throughout the pandemic and whilst in restoration/recovery phase</li> <li>Contributing factor relating to reduced staffing and decreased care hours per patient day</li> <li>Improvements inconsistent across all CMGs</li> </ul>	<ul style="list-style-type: none"> <li>Monthly improvement trajectory for each CMG</li> <li>Monthly HAPU Care, Review and Learn meetings chaired by CMGs HON plus Tissue Viability Lead</li> <li>Pressure Ulcer collaborative second leaning session planned May 2022</li> <li>Non clinical faculty members providing QI support via a series of teaching events</li> <li>Harms relating to staffing shortages, including HAPUs, via the safer staffing monthly report</li> <li>CMG specific Harm Free Care study days</li> </ul>	<ul style="list-style-type: none"> <li>There has been a 28% reduction in Hospital Acquired Pressure Ulcers in 2021/22 when compared to 2020/21</li> <li>We aim to continue to reduce hospital acquired pressure ulcers during 2022/2023 by 30%</li> <li>Raising awareness through a data driven collaborative with area specific quality Improvement projects over the next 7 months</li> </ul>

# Caring – Outpatients Friends & Family Test



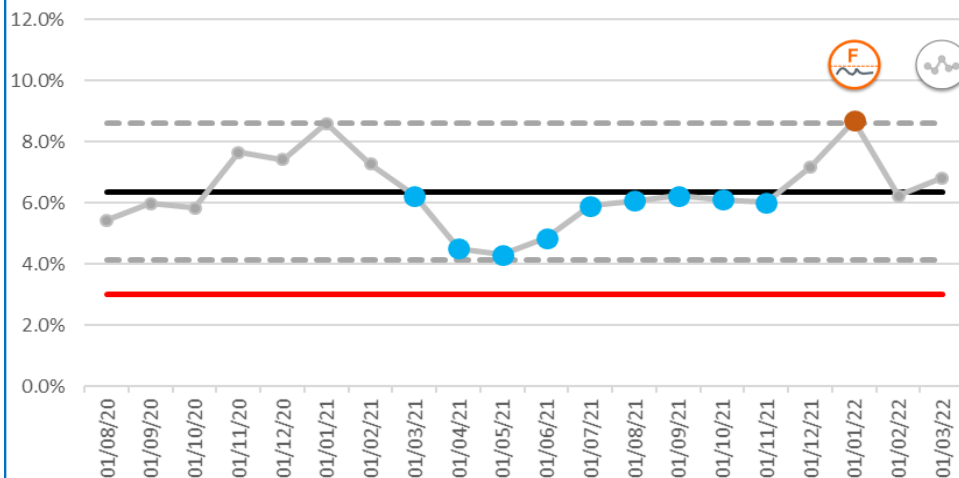
Current Performance			Three Month Forecast		
Apr 22	YTD	Target	May 22	Jun 22	Jul 22
93%	93%	94%	94%	95%	95%

National Position & Overview
<p>UHL performance has deteriorated significantly in April 22.</p> <p>National performance in April was 93%, UHL ranked 6 out of 17 in its peer group. The highest performing trust in UHL's peer group achieved 97% and the lowest performing trust achieved 86%.</p>

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> <li>MSS, SM and CHUGGS have all decreased in score in April 2022 whilst increasing coverage- together these represent 62% of all OPD feedback</li> </ul>	<ul style="list-style-type: none"> <li>Highlight report to individual CMGs to highlight reduced patient satisfaction</li> <li>To ask CMGs to explore their own feedback and respond to the Trust position</li> <li>Include OPD Patient Experience reports for bed holding CMGs to Patient Involvement Patient Experience Action Committee (PIPEAC)</li> </ul>	<ul style="list-style-type: none"> <li>Increased awareness of OPD Patient Experience feedback within CMGs</li> <li>Monitor to review if this is a one off result or a developing trend</li> </ul>

# Well Led – Sickness

Sickness Absence (Excludes E&F staff)



## Current Performance

Mar 22	YTD	Target
6.8%	6.1%	3%

## Three Month Forecast

Apr 22	May 22	Jun 22
6.0%	5.5%	5%

## National Position & Overview

Data Excludes Estates and Facilities staff. Peer data not currently available.

Staff Sickness absences has started to reduce in May 2022, and daily information indicates c40% over-reporting which is retrospectively adjusted following absence closure.

## Root Cause

- We have seen an increase in sickness absence in March by 0.4%.
- Reporting identifies a 2 month time lag for accurate capture and change of up to 4% retrospectively on data figures.
- In March 2022, we also saw COVID absence exceed 4% through daily reporting from the average of 2-2.5%)
- On 1 April 2022 we saw the changes to the national Covid IP guidance; removing PCR testing and an increased list of covid symptoms that has the potential of further increased absence levels in April.

## Actions

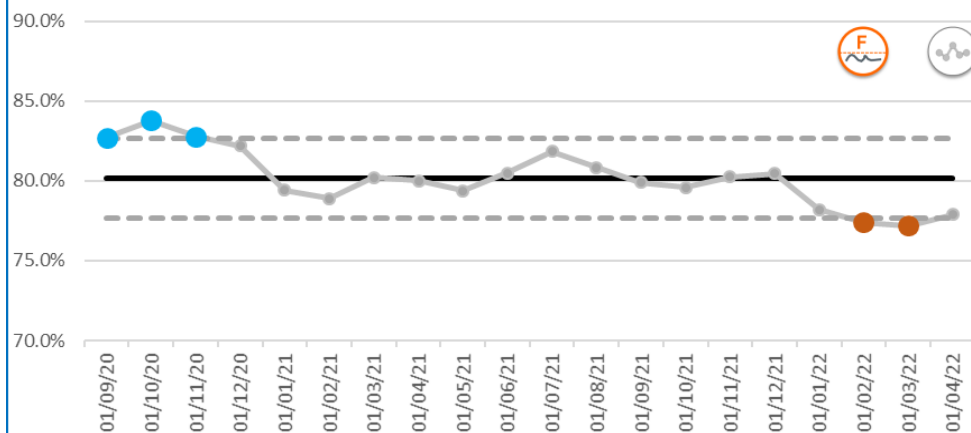
- CMG's have been more closely reviewing sickness absences to ensure robust support and management.
- The People Services team review Smart reports and support managers, and are reviewing CMG alignment to ensure consistent support for all areas.
- Continued focus on updating and closing absences to ensure accurate reporting and timely support for staff.
- Making it Happen meetings are continuing to support and advise managers, with case management discussions with Occupational Health and EDI where appropriate.
- Review of current Smart reporting processes and data.
- Continuing to promote staff wellbeing and

## Impact/Timescale

- The change in national guidance runs the risk of increased covid-related absences that could impact particularly on maintaining safe staffing. Line manager guidance has been issued with further FAQ's to clarify reporting and categorisation from 9 May 2022.
- We saw a significant increase in sickness absence in the first quarter due to the omicron variant and seasonal fluctuation, and saw this continue in April 2022.
- In May 2022 are starting to see a reduction in sickness absence through daily reporting.
- The indicative trajectory has been revised, and will be kept under review to take account of further national guidance.
- Over the next few months, actions to be reviewed to minimise absences, ensure

# Well Led – Appraisals

% of Staff with Annual Appraisal (Includes E&F staff from May 21)



## Current Performance

Apr 22	YTD	Target
77.9%	77.9%	95%

## Three Month Forecast

May 22	Jun 22	Jul 22
80%	82%	85%

## National Position & Overview

Peer data not currently available.

- In the first month of quarter one we have seen a marginal increase, to date, this has been hindered by staffing and operational demand
- The appraisal and pay progression paper, outlining the approach from 1st November 2021 was approved by Strategic on 8<sup>th</sup> November 2021; see additional changes in 'Actions'.
- A further review of the data and Tactical feedback will determine next steps in relation to automatic pay progression which is due to end on the 31 May 2022. Please also see 'Actions' below

## Root Cause

- It is recognised that performance continues to be impacted by Covid-19 resulting in staff absences
- Additionally operational demand while in Covid -19 Escalation Level 2 have hindered appraisal performance.

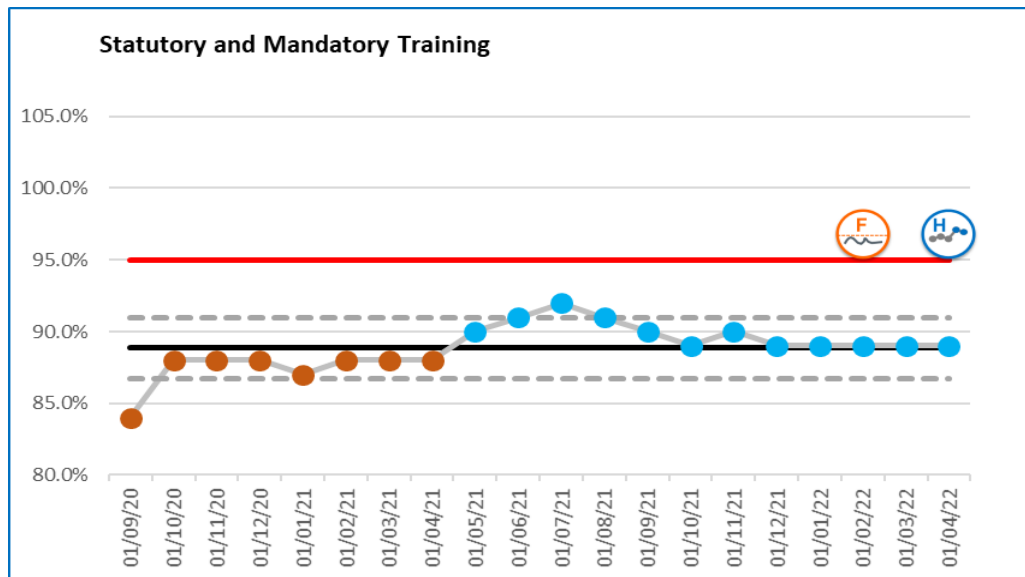
## Actions

- As we remain in Covid 19 Escalation Level 2 the need to remind services of the importance of appraisal discussions continues to be made however services are unlikely to reach full compliance by 31 May 2022.
- Automatic pay progression has been extended from 31 March to 31 May 2022.
- Appraisal and automatic pay progression data will again be taken through Tactical to determine any further actions and mitigations.
- Full appraisals should be undertaken wherever possible. As a minimum, a robust discussion must take place. Both to be recorded through the normal data capture processes.
- We will continue with aligned appraisal and pay step reporting processes; the current increment / pay step arrangements continue for bank workers.

## Impact/Timescale

- CMG's / Directorates feedback will be sought through Tactical Group in relation to automatic pay progression and the 95% appraisal performance target.
- 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.
- Also to be monitored via PRM monthly.

# Well Led – Statutory and Mandatory Training

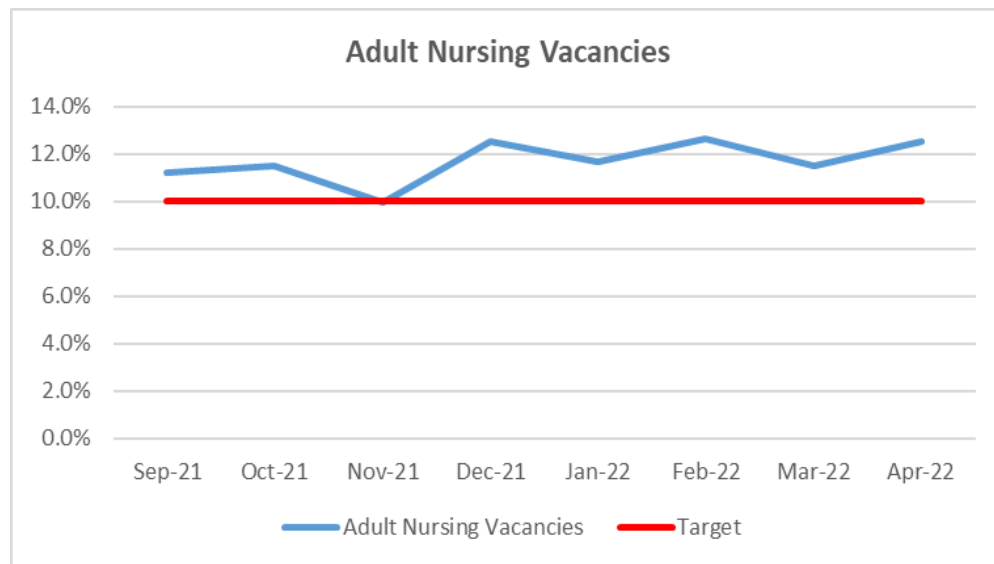


Current Performance			Three Month Forecast		
Apr 22	YTD	Target	May 22	Jun 22	Jul 22
89%	89%	95%	90%	91%	92%

National Position & Overview
<p>Peer data not available.</p> <p>Approx. 4 CMG's / corporate areas at 95% target, other areas have maintained a broadly static position, where below, targeted actions for improvement in place.</p>

Root Cause	Actions	Impact/Timescale
<p>It is recognised that performance has been impacted on by:</p> <ul style="list-style-type: none"> <li>• Covid-19 and related Staff Absence Levels</li> <li>• Operational pressures</li> <li>• Operational demand</li> </ul>	<p>People Services Colleagues continue to communicate performance and 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 &amp; more than 10,000 direct emails per month to non-compliant staff.</p> <p>This supports local level prioritising of release for training completions.</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&amp;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.</p>

# Well Led – Adult Nursing Vacancies



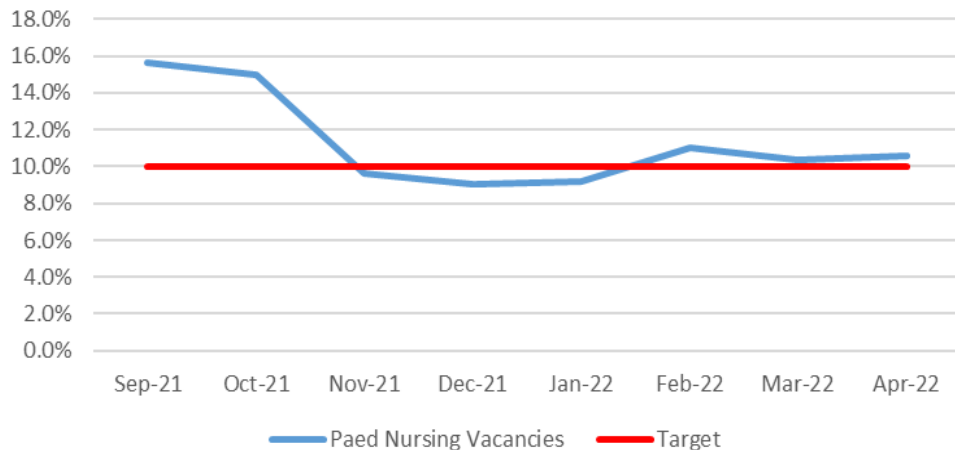
Current Performance			Three Month Forecast		
Apr 22	YTD	Target	May 22	Jun 22	Jul 22
12.5%	12.5%	10%	11.0%	11.7	10.5
National Position & Overview					

NHS Digital data published in March 2022 for NHS England and NHS Improvement and show a vacancy rate for Nursing & Midwifery registrants of 10.3% at 31 December 2021 (Midlands is 11.0%). Next data is expected 26<sup>th</sup> May 2022.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> <li>The UHL 2020/21 vacancy rate for Nursing registrants has deteriorated in month by 1.0% from Mar '22 (this equates to 24 WTE leavers).</li> <li>The leavers trend has increased to circa 30 per month compared to circa 15 previously reported. This includes the retirees which was predicted to peak in March and April 2022 at circa 25 from forecasting reported.</li> </ul>	<ul style="list-style-type: none"> <li>Marketing Campaign and adverts to promote UHL as an employer of choice.</li> <li>CMG workforce bridging meetings held throughout April, developing CMG and corporate recruitment &amp; retention plans.</li> <li>Recruitment agencies interviews will continue fortnightly for international nurses to arrive bi-monthly in 2022: 320 planned within financial year.</li> <li>Targeted interviews with international nurses for areas with high vacancies including theatres, renal dialysis units.</li> <li>Bi Monthly trust wide/CMG &amp; specialty adverts for all RN posts.</li> <li>Open day 21<sup>st</sup> May 2022 for RN</li> </ul>	<ul style="list-style-type: none"> <li>Continue to work to the arrival dates below for International Nurse Recruitment - no anticipated delays</li> <li>May -56 arrivals</li> <li>July – 64 arrivals</li> <li>Sept – 60 arrivals</li> <li>41 wte Newly qualified graduates for adult nursing to commence into post from late April and throughout May/June '22.</li> </ul>

# Well Led – Paed Nursing Vacancies

Paed Nursing Vacancies



## Current Performance

## Three Month Forecast

Apr 22	YTD	Target	May 22	Jun 22	Jul 22
10.6%	10.6%	10%	10.0%	10.2%	10.3%

## National Position & Overview

### Root Cause

- There is a slight deterioration in vacancy position by 0.2% in month, wte compared to Feb '22 (this equates to 1.7WTE).

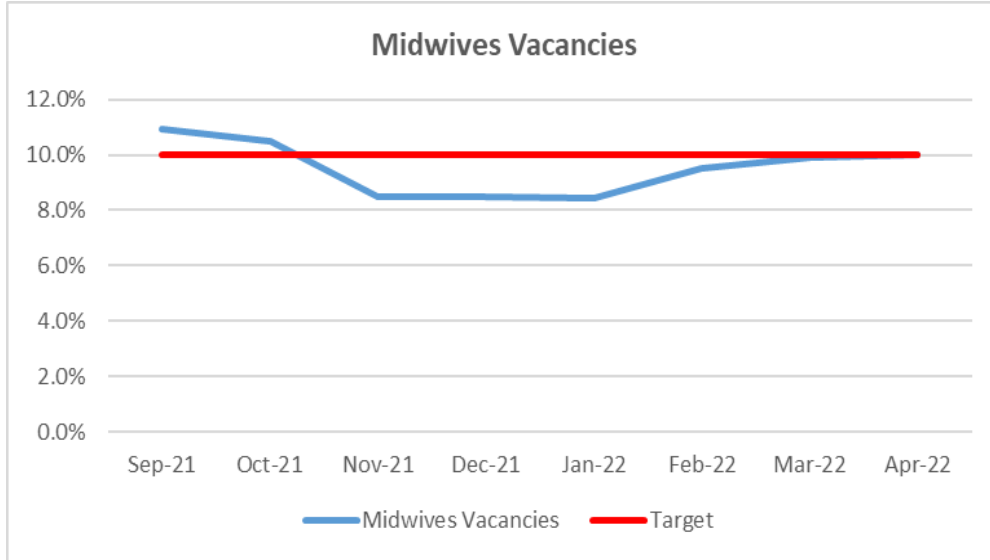
### Actions

- Daily senior nurse oversight with nursing staff moves to mitigate gaps and maintain safety and achieve nurse to child ratio's.
- The recruitment lead has attended regional / national recruitment events to interview and recruit for the children's hospital. Increasing interest from students from outside LLR to work in UHL.
- The Head of Nursing for Childrens is developing a workforce / recruitment & retention plan for 2022.
- Childrens and Paed ED recruitment event / open day June 18<sup>th</sup> 2022
- Support for the international nurses who are undergoing their OSCE training and ensuring smooth transition into their clinical role.

### Impact/Timescale

- Continue to seek international nurses who possess paediatric critical care and ED experience and who have applied on the children's NMC pathway to interview and offer positions at UHL.
- The 13 wte Newly qualified graduate children's nurses will be commencing into post by May '22.

# Well Led – Midwives Vacancies



Current Performance			Three Month Forecast		
Apr 22	YTD	Target	May 22	Jun 22	Jul 22
14.9%	14.9%	10%	14.2%	13.7%	13.7%

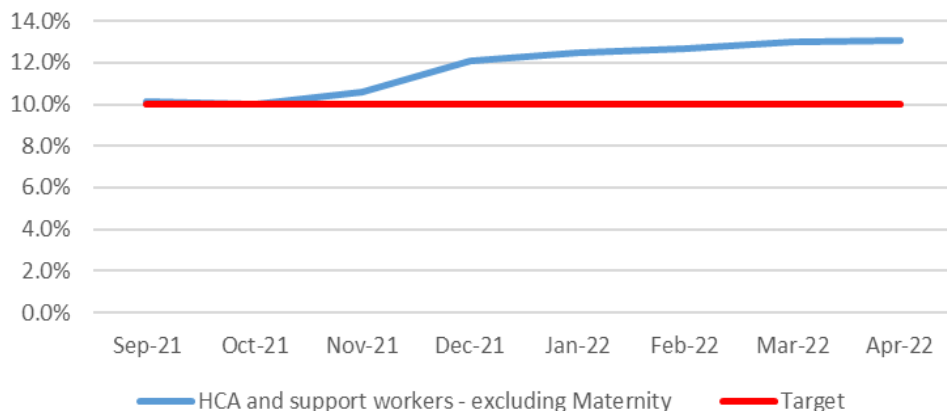
## National Position & Overview

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> <li>There is a slight deterioration in vacancy position by 0.2% in month, WTE compared to Feb '22 (this equates to 1.7WTE).</li> <li>Vacancy position overall continues to be due to the limited supply of NQM.</li> <li>Number of retire and return midwives</li> </ul>	<ul style="list-style-type: none"> <li>Midwifery open day 11<sup>th</sup> June, support from exec team on the day, recruitment on the day</li> <li>Rolling advert now increased to 2 weeks open advert 2 weeks closed for shortlisting</li> <li>Appointment of education midwife to support international recruitment</li> <li>Raised awareness of shortened course midwifery with financial support</li> <li>Both recruitment retention and pastoral care midwives in post</li> </ul>	<ul style="list-style-type: none"> <li>Hoping to attract local newly qualified, newly qualified from other universities and external Band 6 midwives</li> <li>New starters from Jan-March outturn just commencing in post</li> <li>One international has commenced two more in Jul'22 who will following OSCE take up clinical posts in Nov '22</li> <li>7 Nurses put forward for shortened course midwifery</li> </ul>



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

Health Care Assistants and Support Workers - excluding Maternity



## Current Performance

## Three Month Forecast

Apr 22	YTD	Target	May 22	Jun 22	Jul 22
13.1%	13.1%	10%	12.5%	11.5%	10%

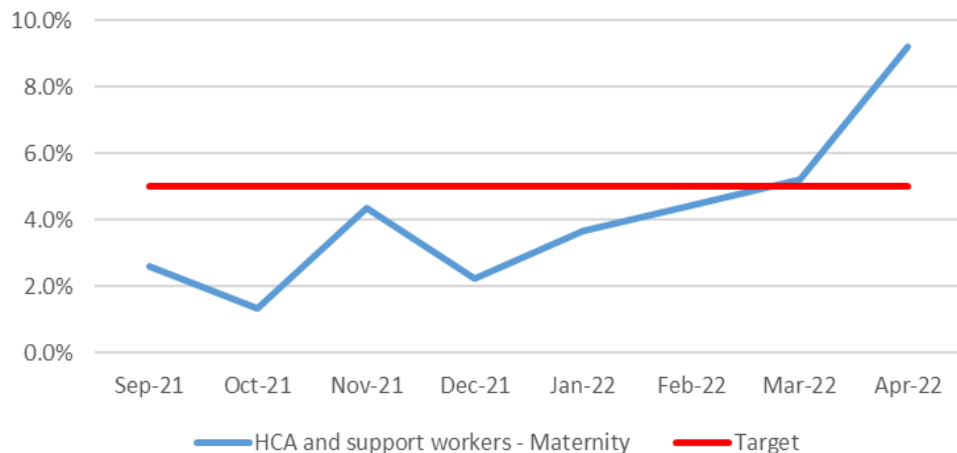
## National Position & Overview

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 April 2022 and remains a national focus on achieving 'close to zero vacancies as possible' for healthcare support roles that support registered nurses by the bedside i.e. Healthcare Assistants (HCAs).

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> <li>The position is aligned to Mar'22 establishments demonstrating 0.1% increase in vacancies month equating to 2wte leavers.</li> <li>There continues to be HCA leavers and staff moving from substantive posts to bank posts both impacting on the substantive headcount.</li> <li>The supply of HCSW's is decreasing, noted with the regional and national team as a similar picture across England.</li> </ul>	<ul style="list-style-type: none"> <li>Recruitment events every 8 weeks in 2022, 113 applicants have booked into May interviews.</li> <li>Interview day includes all assessments and initial ID checks to expedite time to recruit</li> <li>UHL working with NHSI Direct Support / 'Indeed' with an Open Day with meet the team, career pathway conversations and interviews on the day. 64 have booked in to attend with expected drop ins to.</li> <li>Recruitment huddle weekly to monitor and ensure pipeline progression to start dates.</li> <li>Blended Face to face / virtual induction and training plan ready in preparation for June July if supply increases.</li> </ul>	<ul style="list-style-type: none"> <li>43 applicants with Jun'22 start dates and 45 job offers in pipeline for June/ July Start.</li> <li>May 21<sup>ST</sup> open day.</li> <li>June/ July intakes double to 60 to ensure that we see UHL achieve July '22 target of 10%.</li> </ul>

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

Health Care Assistants and Support Workers - Maternity



## Current Performance

## Three Month Forecast

Apr 22	YTD	Target	May 22	Jun 22	Jul 22
9.2%	9.2%	5%	9.2%	5%	5%

## National Position & Overview

### Root Cause

- The attrition in MSW is due to a perceived lack of development in their roles with no progression
- Support workers particularly in delivery suite areas are not using their skills to support women as much as in the ward areas

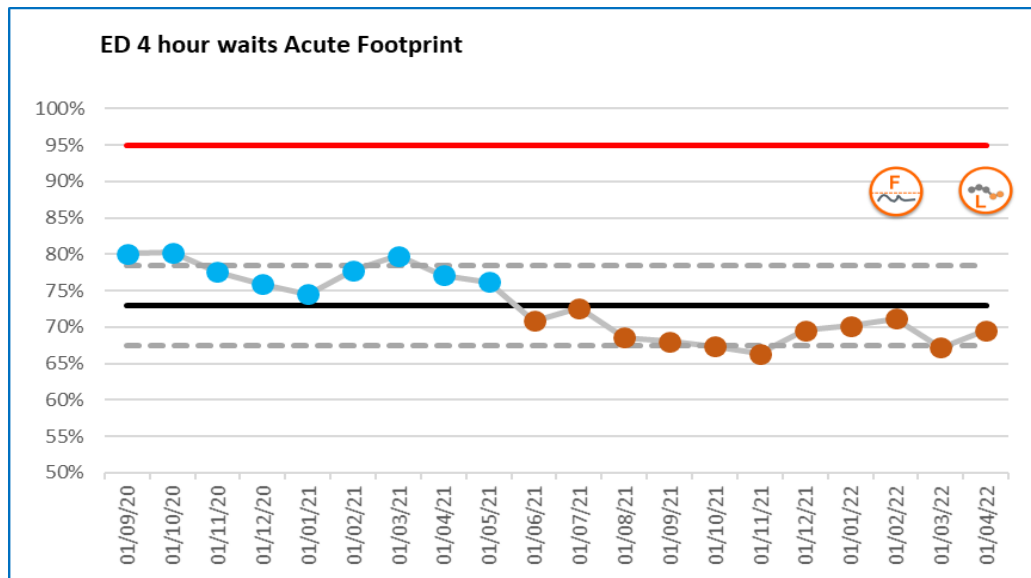
### Actions

- We have progressed the Band 2 MSW to Band 3 if they have the skills and qualifications following assessment by the education team and involvement in the national Programme to develop these staff.
- Remaining Band 2's offered to opportunity to work towards a Band 3
- Reassess required workforce increasing the Band 2 housekeeper role in the delivery suite areas as it more suitable to this environment
- Work with apprentice team for Band 2 to 3 development package

### Impact/Timescale

- Review the structure of support workers over next 6 months
- Prepare business case if there is financial impact and to reflect shortfall identified in Birth rate plus in next 3 months

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

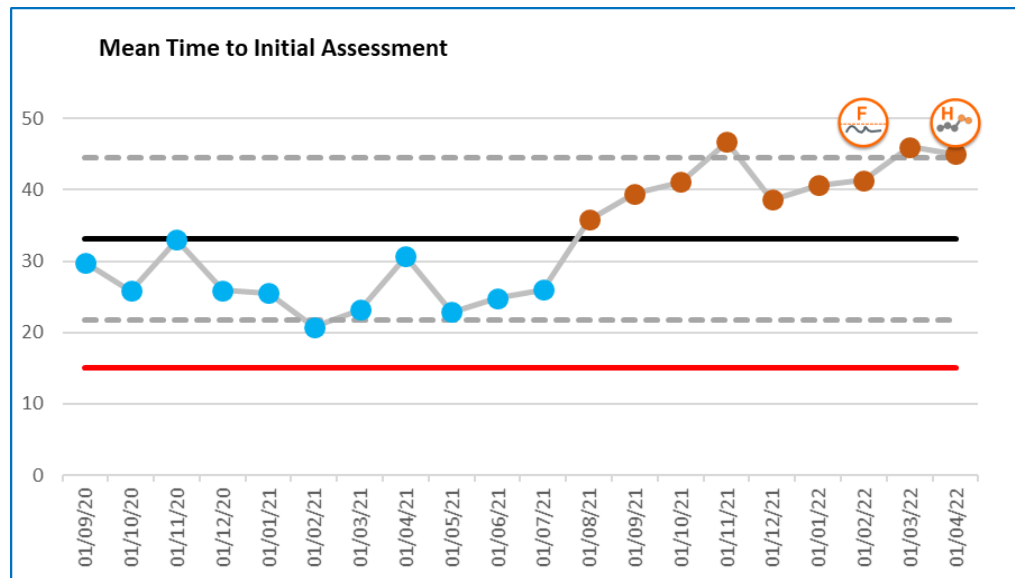


Current Performance			Three Month Forecast		
Apr 22	YTD	Target	May 22	Jun 22	Jul 22
69.6%	69.6%	95%	68.5%	69.8%	67.8%

National Position & Overview	
<p>In April, UHL ranked 69 out of 112 Acute Trusts. The National average in England was 72.3%. Only 1 out of the 112 Acute Trusts achieved the target. UHL ranked 10th out of 16 trusts in its peer group. The best out of the Peer Trusts was 82.5% and the worst value was 61.4%.</p>	

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> <li>Crowding in ED due to chronic and sustained lack of outflow</li> <li>High inflow of both walk-in and ambulance arrivals</li> <li>UHL bed occupancy &gt;85%</li> </ul>	<ul style="list-style-type: none"> <li>Trust investment process confirmed for additional funding of overnight ED consultant shift; rota being discussed with consultant body.</li> <li>Mobile UTC on LRI site working well to support deflection of patients away from ED front door. Extended until 8 June.</li> <li>Emergency medicine flow action plan in place to focus on reduction in non-admitted breaches and adherence to new UEC standards.</li> </ul>	<ul style="list-style-type: none"> <li>Improve time to senior decision making/Ongoing</li> <li>Treat patients in a timely manner and reduce patient numbers in ED</li> <li>Urgent care provision away from ED thereby reducing crowding/January 2022</li> <li>Reduce non-admitted breaches/May 2022</li> </ul>

# Responsive (Emergency Care) – Mean Time to Initial Assessment

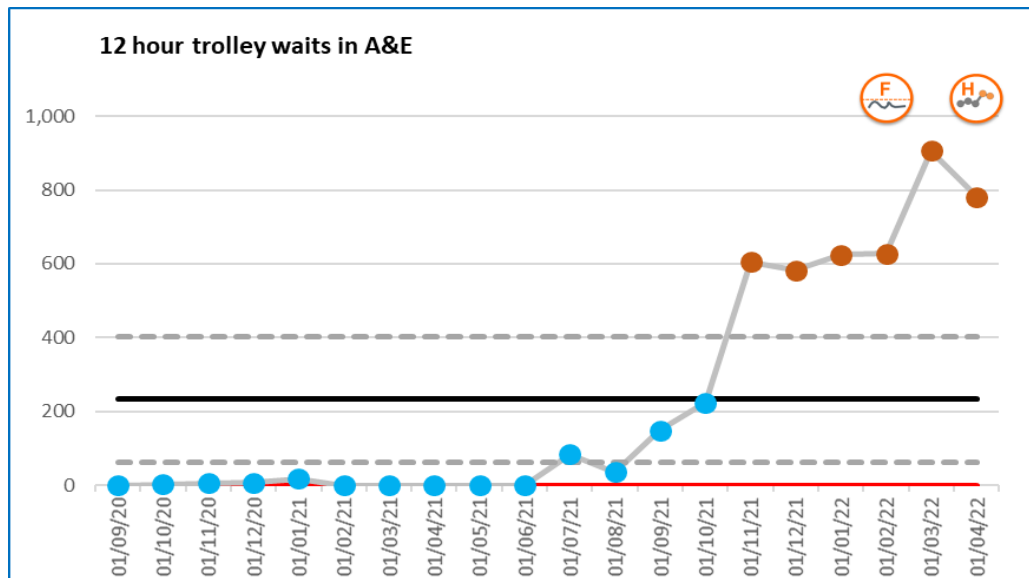


Current Performance			Three Month Forecast		
Apr 22	YTD	Target	May 22	Jun 22	Jul 22
45.0	45.0	15	38	32	28

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

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> <li>Insufficient workforce to manage sustained walk in demand of in excess of 40 -50 patients per hour</li> </ul>	<ul style="list-style-type: none"> <li>Redirecting appropriate patients to Westcotes/hub appointments, UTC, GAU and GPAU</li> <li>ED consultant deployed to sit on front desk to redirect patients to alternative settings (when workforce allows)</li> <li>STAT clinician allocated to front door for each shift</li> <li>Trial planned for May to stream patients directly to injuries for triage and assessment.</li> </ul>	<ul style="list-style-type: none"> <li>In place and ongoing</li> <li>Senior decision maker able to deflect pre-triage/in place when staffing allows</li> <li>More patients assessed within 15minutes of arrival in the department/June 2022</li> </ul>

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



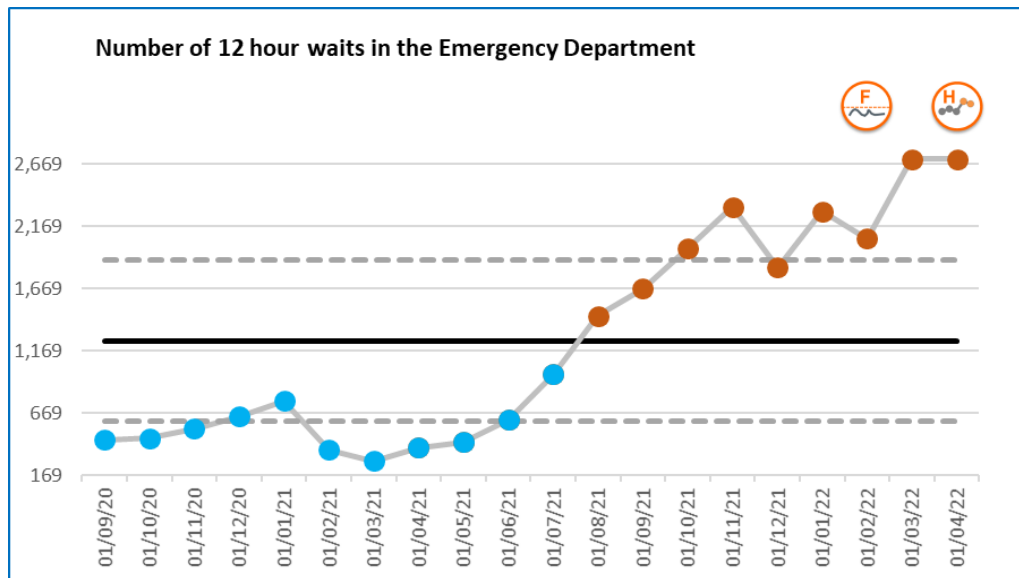
Current Performance			Three Month Forecast		
Apr 22	YTD	Target	May 22	Jun 22	Jul 22
781	781	0	825	780	750

## National Position & Overview

In April, UHL ranked 121 out of 124 Major A&E NHS Trusts. 24 out of the 124 Trusts achieved the target. The best value nationally was 0 and the worst value was 928. UHL ranked 17th out of 18 trusts in its peer group.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> <li>Poor outflow across the emergency care pathway</li> <li>Insufficient discharges from the base wards to meet demand</li> <li>Inability to create early capacity across the emergency care pathway due to lack of early discharges.</li> </ul>	<ul style="list-style-type: none"> <li>Medical in-reach to ED in place to review overnight bed list and clerk/discharge patients.</li> <li>Additional medical ward open at LGH.</li> <li>Work ongoing with pharmacy team to review pre-packs – some added to list to increase speed of discharge as no need to wait for TTO.</li> <li>Focused discharge work with team on AMU South, including 3 board rounds per day and increasing use of discharge lounge.</li> <li>Senior level discussions ongoing about developing adult single front door approach for medicine through ED</li> </ul>	<ul style="list-style-type: none"> <li>Only those patients that need a medical bed are admitted/Ongoing</li> <li>Support national standard of all medical patients being seen by a medical doctor within 14 hours of arrival/Ongoing</li> <li>Increase daily discharges/June 2022</li> <li>Senior review and ownership in ED/TBC</li> </ul>

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

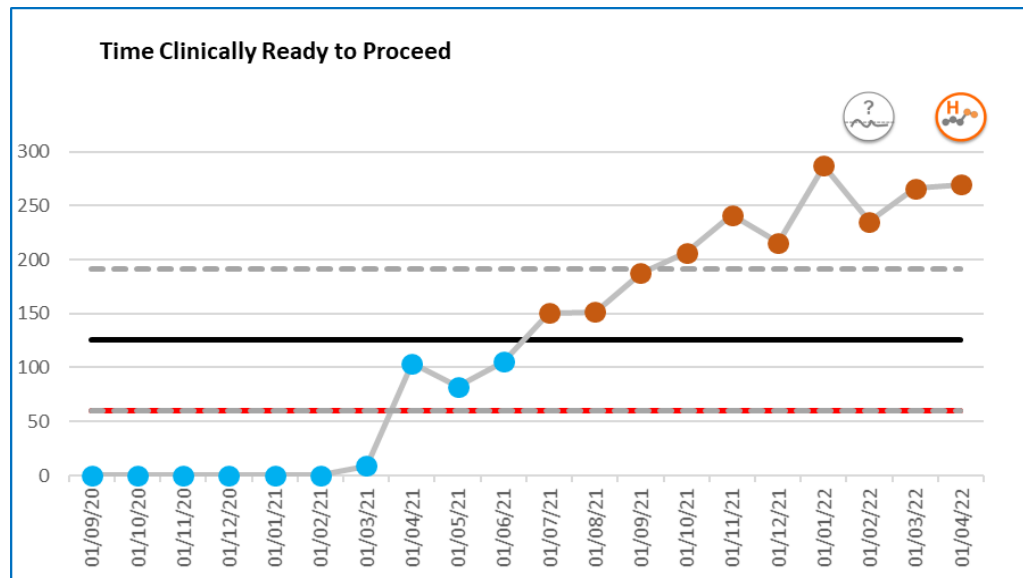


Current Performance			Three Month Forecast		
Apr 22	YTD	Target	May 22	Jun 22	Jul 22
2,634	2,634	0	2,800	2,750	2,700

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

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> <li>Poor outflow across the emergency care pathway</li> <li>Crowding in ED resulting in long waits to be seen by a doctor</li> </ul>	<ul style="list-style-type: none"> <li>System-wide clinical and operational group set up to implement mobile UTC service off the emergency floor footprint from 8<sup>th</sup> June, to enable increased numbers of patients to utilise service via deflection from ED front door.</li> <li>Elite provided UTC extended until 7 June.</li> <li>Rota for medical in-reach consultant to ED in place.</li> </ul>	<ul style="list-style-type: none"> <li>Decant ED to reduce crowding/ongoing</li> <li>Increase senior decision maker presence/in place (dependent on fill)</li> <li>Appropriate senior clinical review facilitating discharge directly from ED/in place</li> <li>Redirect those patients that can be seen by acute medic team/in place.</li> </ul>

# Responsive (Emergency Care) – Time Clinically Ready to Proceed

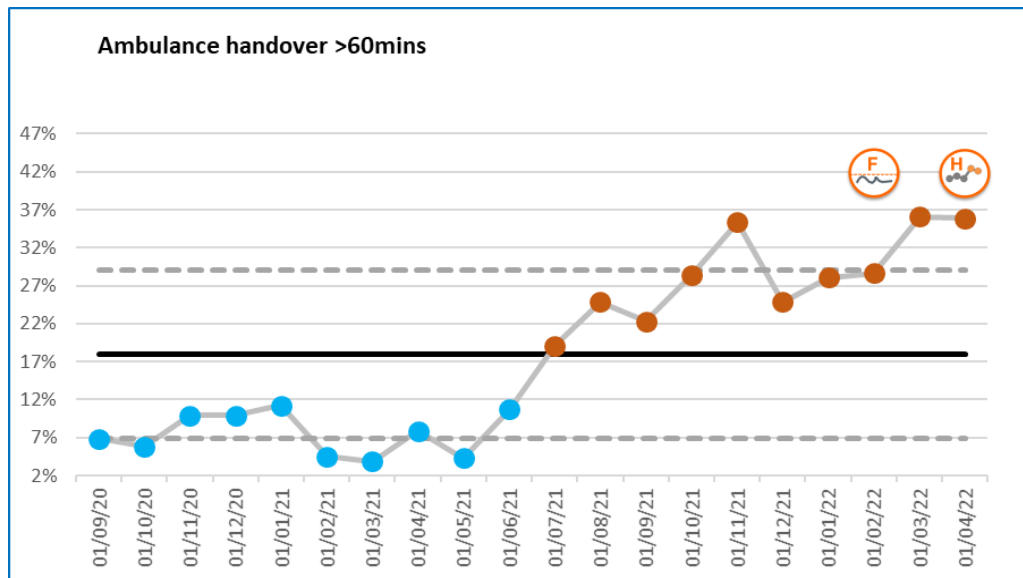


Current Performance			Three Month Forecast		
Apr 22	YTD	Target	May 22	Jun 22	Jul 22
269.5	269.5	60	272	265	265

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

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> <li>Bed occupancy &gt; 85%</li> </ul>	<ul style="list-style-type: none"> <li>Embed further response to Inter-Professional Standards, focusing on specialty in-reach</li> </ul>	<ul style="list-style-type: none"> <li>Change of culture to improve timeliness of response to emergency patients/ongoing.</li> <li>Work with organisation to develop action plan following recommendations in latest NHSI/E missed opportunities audit/to be presented at May Operational Management Group.</li> </ul>

# Responsive (Emergency Care) – Ambulance Handovers >60 Mins



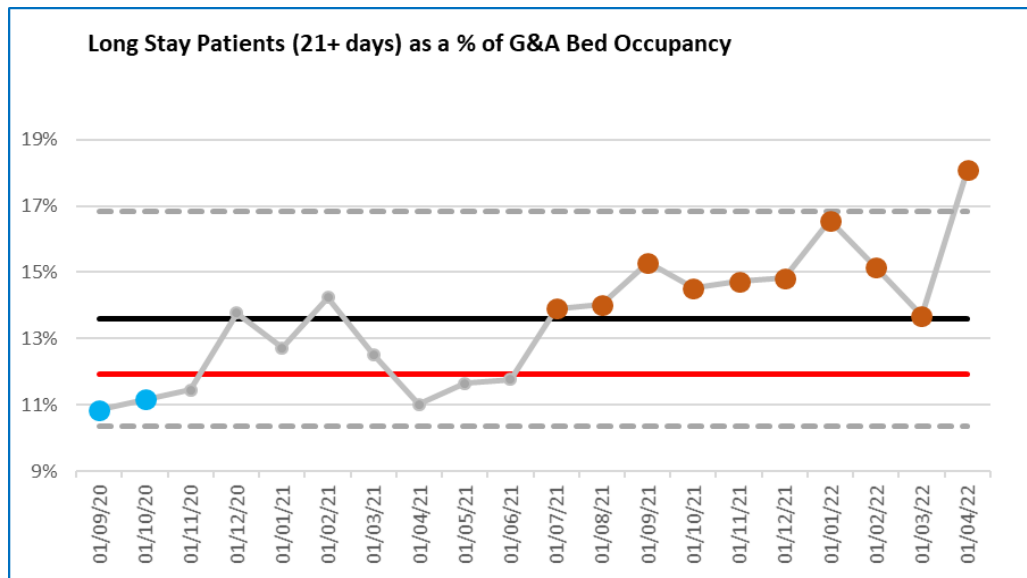
Current Performance			Three Month Forecast		
Apr 22	YTD	Target	May 22	Jun 22	Jul 22
35.5%	35.5%	0%	38%	37%	36%

National Position & Overview
<p>LRI ranked 20 out of 23 sites last month (source EMAS monthly report) and had the second highest number of arrivals (4,318).</p> <p>UHL is an outlier in Ambulance handover performance and recorded the highest number of handovers over 60 minutes last month, 1,535 ( source EMAS monthly report).</p>

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> <li>Poor outflow across the emergency care pathway.</li> <li>High inflow of walk-in patients competing with ambulance patients for trolley space.</li> </ul>	<ul style="list-style-type: none"> <li>Further push with EMAS to implement direct referrals to GPAU.</li> <li>Action plan being developed with EMAS for trial of mandating calls to pre-transfer clinical discussion and assessment service (PTCDA) before conveyance to acute site.</li> <li>Plans in place to re-establish medical wards at LGH as part of Trust reconfiguration.</li> <li>Increased medical team in ED following closure of ward 15 (LRI) as assessment unit.</li> </ul>	<ul style="list-style-type: none"> <li>Reduce ambulance arrivals to ED/ongoing</li> <li>Create capacity for offloading ambulances in ED/in place</li> <li>Admission avoidance/June 2022</li> <li>Loss/reduction of medical capacity/April 2022</li> <li>Increased medical presence in ED for direct review of appropriate patients/June 22</li> </ul>



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

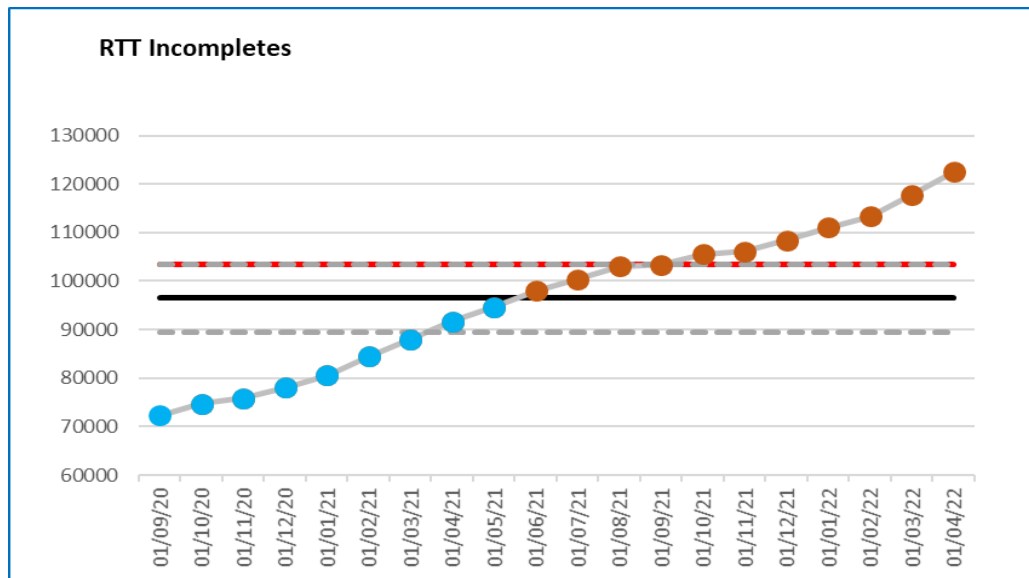


Current Performance			Three Month Forecast		
Apr 22	YTD	Target	May 22	Jun 22	Jul 22
18.1%	18.1%	12%			

National Position & Overview
<p>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 25/04/22).</p> <ul style="list-style-type: none"> <li>38 Patients (15%) are receiving appropriate care/ treatment on a neuro rehabilitation or brain injury pathway or on an Intensive care Unit or Infectious Diseases Unit.</li> <li>101 Patients (39%) are medically optimised for discharge.</li> </ul>

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> <li>Circa 160 Complex Medically optimised for discharge patients of which 101 have a LLOS ( 63%) and are awaiting a discharge outcome from the LLR discharge coordination Hub.</li> <li>Suboptimal 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 , outlying and COVID.</li> </ul>	<p>Continue to work Collaboratively with health and social care system partners during May to:</p> <ul style="list-style-type: none"> <li>Develop pathways for High dependency Residential Home placements.</li> <li>Continue to review patients awaiting discharge destinations to see if alternative solutions exist: RVS, Bridging etc.</li> </ul> <p>Work with CMG's to:</p> <ul style="list-style-type: none"> <li>embed Long length of stay patient reviews in CHUGGs and ESM.</li> <li>explore options for further development of criteria led discharge</li> </ul>	<ul style="list-style-type: none"> <li>Aim to reduce number of MOFD patients waiting for discharge in UHL beds.</li> <li>Aim to improve /embed SAFER patient flow best practice principles.</li> <li>Reduce the number of patients awaiting 'next steps'/LLOS</li> </ul>

# Responsive (Elective Care) – RTT Incompletes

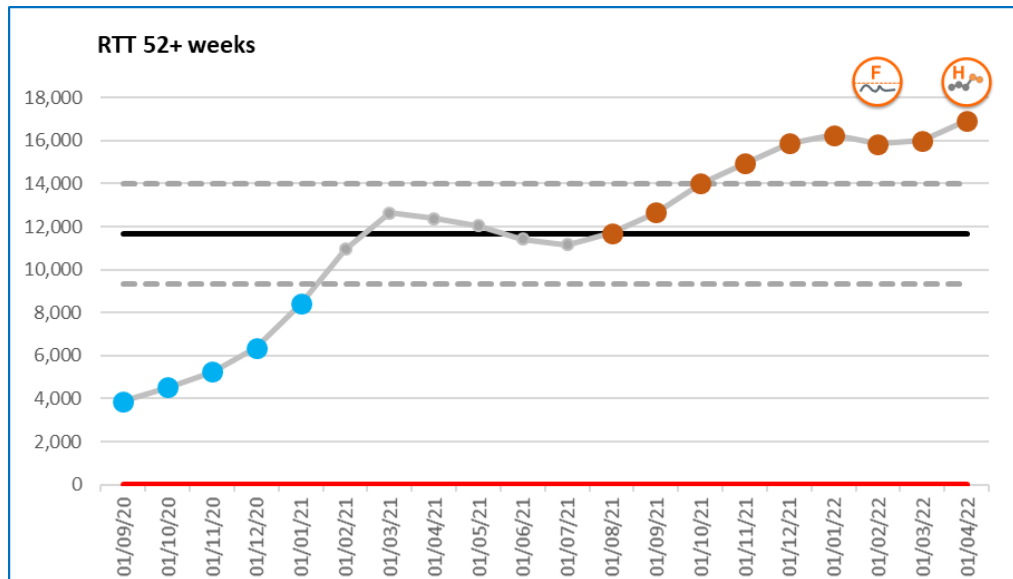


Current Performance			Three Month Forecast		
Apr 22	YTD	Target	May 22	Jun 22	Jul 22
122,516	122,516	103,403	120,089	119,184	118,985

National Position & Overview
<p>At the end of March, UHL ranked 15th out of 18 trusts in its peer group with a total waiting list size of 1117,844 patients. The best value out of the 18 Peer Trusts was 57,466, the worst value was 158,785 and the median value was 76,469.</p>

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> <li>Impact of reduced outpatients and Inpatient activity. Due to COVID-19 and introduction of social distance and infection prevention measures.</li> <li>Reduction in theatre capacity to support ITU resulting in significant growth of the Admitted waiting list.</li> <li>Referrals increasing but still below 19/20 levels</li> </ul>	<ul style="list-style-type: none"> <li>Complete Induction for New RTT validators and along with competencies to ensure we are able to step down the external validation team at end of June</li> <li>Contract to be extended for external validation team to 30<sup>th</sup> June. Funding approved through ERF</li> <li>Booking centre to start contact patients on the non-admitted waiting list, starting with Gynaecology</li> <li>Arrange IST team to run workshops with Specialties to review pathways management</li> </ul>	<ul style="list-style-type: none"> <li>31/05/22 Ensure all new band 3's are competent to be able to support CMG's</li> <li>20/05/22 ensure external validation team can carry on supporting validation of whole waiting list.</li> <li>31/05/22 Ensuring all patients still require to be on the waiting list</li> <li>19/05/22 Ensuring waiting list is been manage4d correct in line with Local RTT policy.</li> </ul>

# Responsive (Elective Care) – RTT 52+ Weeks



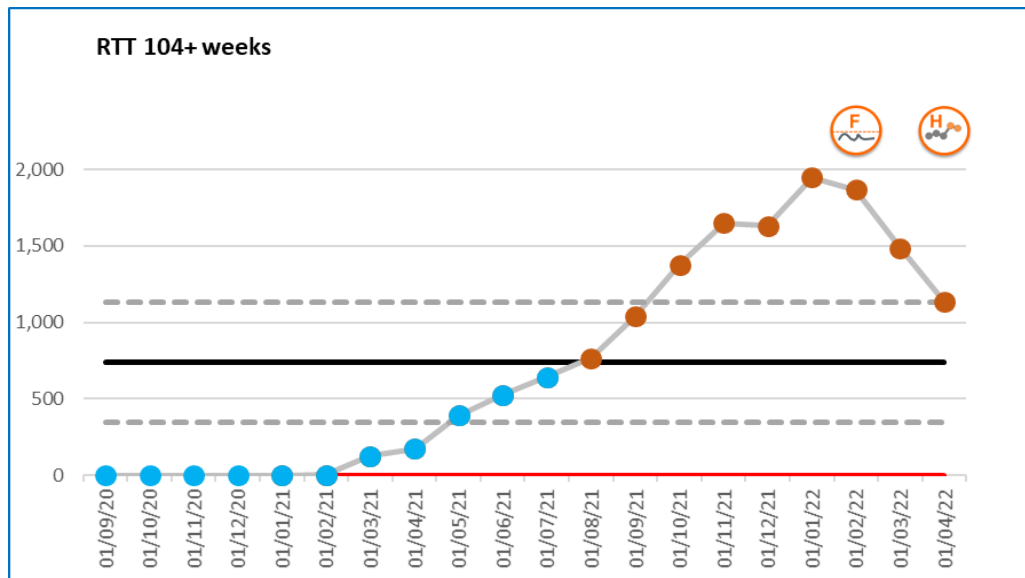
Current Performance			Three Month Forecast		
Apr 22	YTD	Target	May 22	Jun 22	Jul 22
16,936	16,936	0	16,505	16,139	15,832

## National Position & Overview

At the end of March, UHL ranked 17th out of 18 trusts in its peer group with 15,993 patients waiting over 52+ weeks. The best value out of the 18 Peer Trusts was 863, the worst value was 30,361 and the median value was 3,963.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> <li>Impact of COVID-19 on planned activity capacity</li> <li>Significant operational pressures due the emergency demand and COVID-19 current inpatients, UHL has reported operational OPEL 4 levels on a regular basis.</li> <li>The requirement to increase ITU Capacity, leading to a reduction in theatre capacity</li> </ul>	<ul style="list-style-type: none"> <li>Review waiting list from 78+ for patients suitable to transfer to alternative providers. (Grantham, Kettering/Northants and Park BMI)</li> <li>Expected demand model for proposed day case unit at the LGH</li> <li>Operational meetings with Nuffield and Spire to recommence to ensure agreed activity plans are delivered with focus on IPT patients.</li> </ul>	<ul style="list-style-type: none"> <li>21/05/2022 Reduction in patients waiting over 52+ weeks</li> <li>15/05/2022 Ensuring Capacity is built to support reducing long waits to align with national ambitions</li> <li>18/05/2022 Assurance of equity across the system that the longest waiting patients are been treated first.</li> </ul>

# Responsive (Elective Care) – RTT 104+ Weeks

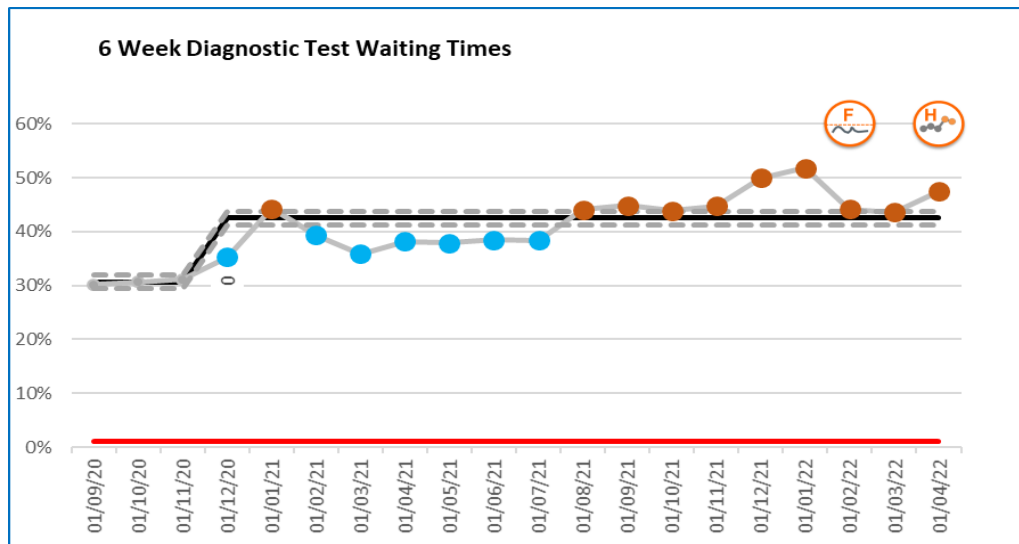


Current Performance			Three Month Forecast		
Apr 22	YTD	Target	May 22	Jun 22	Jul 22
1,138	1,138	0	792	483	179

National Position & Overview
At the end of March, UHL ranked 18th out of 18 trusts in its peer group with 1,485 patients waiting 104+ weeks. The best value out of the 18 Peer Trusts was 2 and the median value was 303.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> <li>Impact of COVID-19 on planned activity capacity</li> <li>Significant operational pressures due the emergency demand and wave 3, UHL has reported operational OPEL 4 levels on a regular basis</li> <li>The requirement to increase ITU Capacity, leading to a reduction in theatre capacity</li> <li>Theatre capacity which has been available been used for clinical priority, cancer patients and P2's</li> </ul>	<ul style="list-style-type: none"> <li>Identify opportunities for further mutual aid to identify capacity for patients willing to travel outside LLR</li> <li>Implement Mutual aid model with Kettering/Northants developed by GIRFT team.</li> <li>IST to support services on long waiters pathways review.</li> <li>Sharing best practice on tracking clinical reprioritisation and the clinical criteria for triggering a harm review from the IST team</li> </ul>	<ul style="list-style-type: none"> <li>31/05/2022 Reduction in long waiters and giving the patients the opportunity to treated quicker.</li> <li>20/05/2022 Faster and smother transfer of patients to alternative provider</li> <li>19/05/2022 Ensuring all long waiting patients pathways are correctly managed. In particular around the application of medical suspensions</li> <li>30/05/2022 to assess if there are any additional steps UHL can take to ensure any clinical risk to long waiting patients is mitigated</li> </ul>

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

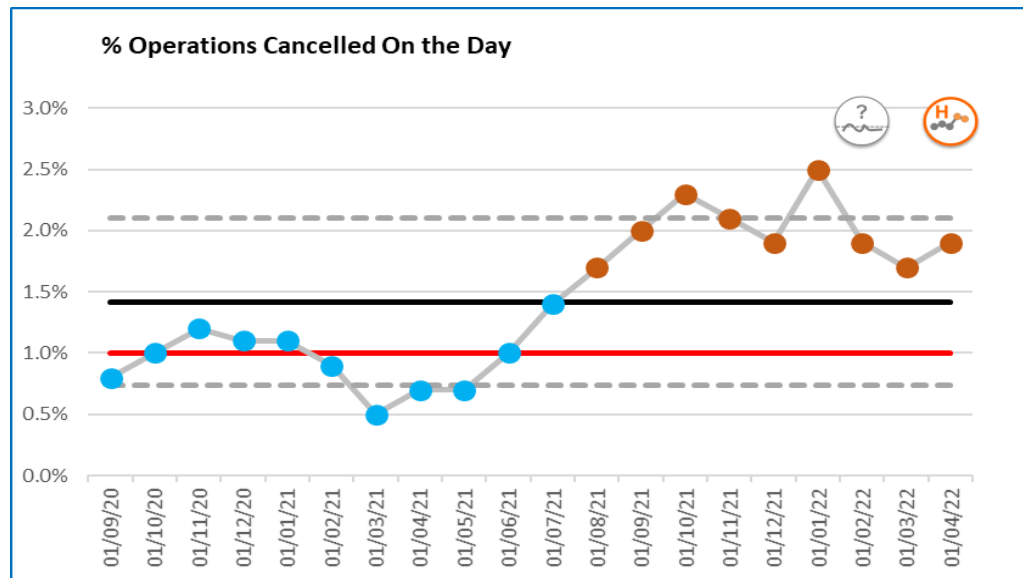


Current Performance			Three Month Forecast		
Apr 22	YTD	Target	May 22	Jun 22	Jul 22
47.5%	47.5%	1.0%	40.2%	39.7%	38.1%

National Position & Overview
<p>National average performance for March was 24.8%. UHL ranked 17th out of 18 trusts in its peer group with a performance of 43.6% in March. The best value out of the 18 Peer Trusts was 4.6%, the worst value was 44.7% and the median value was 26.4%.</p>

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> <li>Impact of COVID-19 on planned activity capacity</li> <li>Increased demand in MRI, Non-Obstetric Ultrasound and Endoscopy.</li> <li>Reduced capacity due to introduction of social distancing and infection prevention measures.</li> <li>Staff vacancies and high levels of staff sickness.</li> <li>Availability of locums to backfill gaps in staffing.</li> <li>Increase in patient demand</li> </ul>	<ul style="list-style-type: none"> <li>New scanners coming on line for CT</li> <li>Additional DEXA scanner to come online</li> <li>RTT Team to support validation of Gastroenterology waiting lists</li> <li>In depth Validation of DEXA</li> </ul>	<ul style="list-style-type: none"> <li>23/05/2022 that will further increase capacity and clear backlog.</li> <li>01/05/2022 that will further increase capacity and clear backlog.</li> <li>Reduction of waiting list by ensuring all patients are DM01 applicable</li> <li>Support the reduction in the total patients waiting</li> </ul>

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

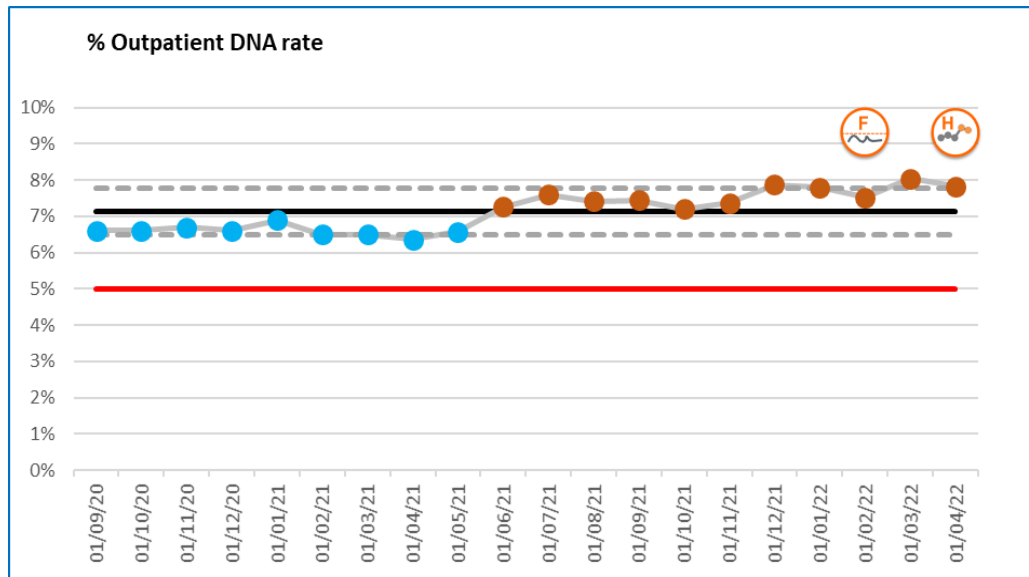


Current Performance			Three Month Forecast		
Apr 22	YTD	Target	May 22	Jun 22	Jul 22
1.9%	1.9%	1%	1.3%	1.1%	1.1%

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

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> <li>Significant operational pressures due the emergency demand and wave 3, UHL has reported operational OPEL 4 levels on a regular basis.</li> <li>Volume of medical outliers increased within September reducing the volume of available beds to supports elective care.</li> </ul>	<ul style="list-style-type: none"> <li>Internal Audit to be concluded within May through patients testing</li> <li>Business care for Centralisation and standardisation of pre-operative assessment to be signed off</li> <li>Ensure all patients are seen in a formal POA clinic that are listed for elective or expedited surgery</li> <li>Identify any potential areas to ring fence elective capacity (e.g. w22 LRI)</li> </ul>	<ul style="list-style-type: none"> <li>31/05/2022 Identify any areas of improvement</li> <li>31/05/2022 Reducing the volume of patients cancelled on the day due to medical reasons through a improved POA process</li> <li>01/05/2022 Ensuring all patients needs are assessed and met correctly</li> <li>20/05/2022 Reduce cancelations through ensuring elective beds are available</li> </ul>

# Responsive (Elective Care) – Outpatient DNA Rate



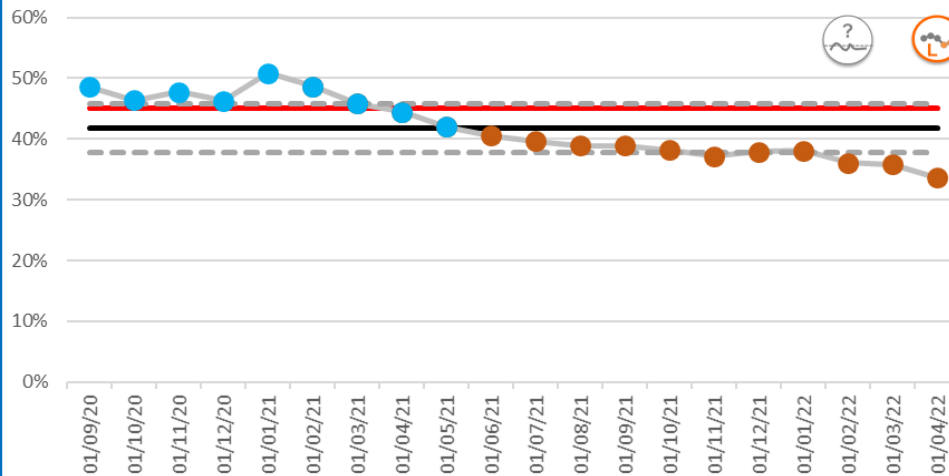
Current Performance			Three Month Forecast		
Apr 22	YTD	Target	May 22	Jun 22	Jul 22
7.8%	7.8%	5.0%	7.3%	6.8%	6.3%

National Position & Overview
<p>UHL compares better than its peers for the previous financial year, 7.2% compared to 8.5% (data up to the end of January, source CHKS).</p> <p>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%.</p>

Root Cause	Actions	Impact/Timescale
<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>Late cancellations/rebooks often mean patients do not receive their appointment letters on time so unaware of appointment</li> <li>Due to lack of admin staff, patients unable to get through to department to let them know they're unable to attend</li> <li>Some patients are still afraid to come in to hospital</li> </ol>	<ol style="list-style-type: none"> <li>On the Risk register. IT are looking into. Continue to promote the use of Attend Anywhere as an alternative.</li> <li>Remind services of the need to check the patients details are correct and up to date at every contact</li> <li>Services are being encouraged to use the OP QlikSense dashboard, plus ENVOY or AccuRx to send reminders to patients</li> <li>Working on increasing numbers on the admin bank and getting them upskilled</li> <li>Ask services to offer choice of video consultation</li> </ol>	<ul style="list-style-type: none"> <li>All actions, plus many others, are happening imminently to help reduce the number of DNAs.</li> <li>An improvement in the DNA rate should be visible within the next 3 months.</li> </ul>

# Responsive (Elective Care) – Outpatient Non Face to Face

% Outpatient Non Face to Face



## Current Performance

Apr 22	YTD	Target
33.6%	33.6%	45.0%

## Three Month Forecast

May 22	Jun 22	Jul 22
36.6	39.6	42.6

## National Position & Overview

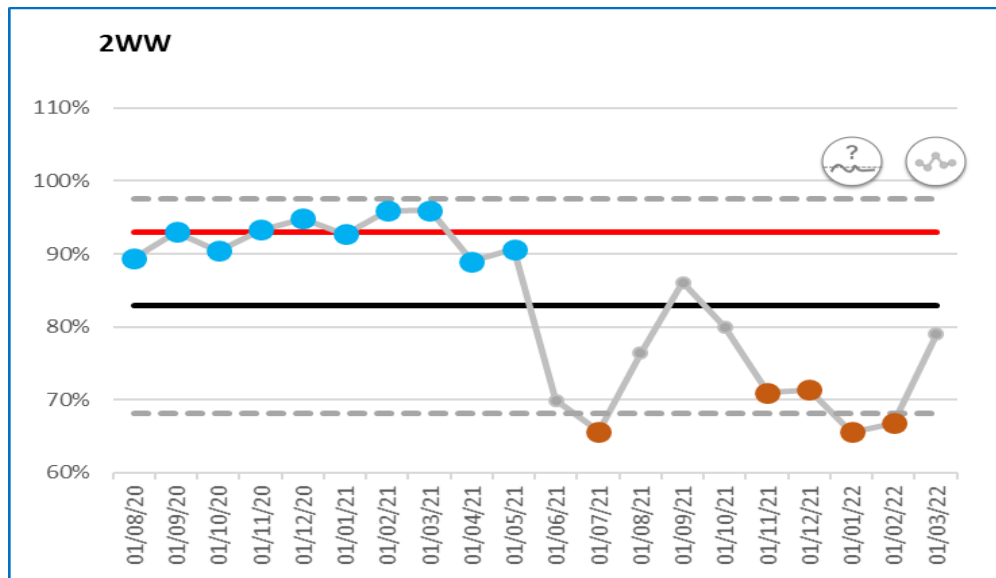
Peer data not currently available.

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



# Responsive Cancer – 2 Week Wait



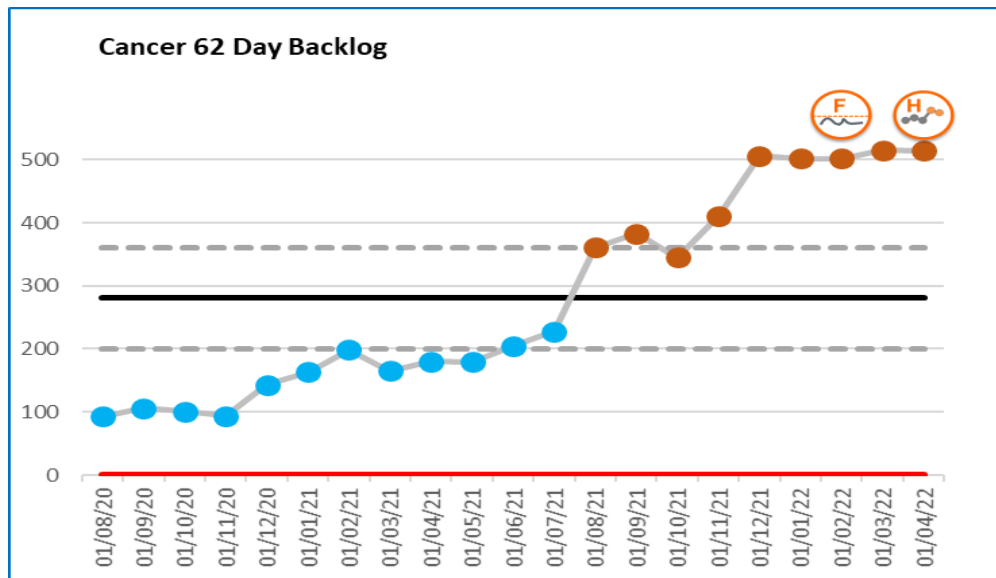
Current Performance			Three Month Forecast		
Mar 22	YTD	Target	Apr 22	May 22	Jun 22
79.0%	75.9%	93%	85%	87%	89%

## National Position & Overview

In March, UHL ranked 83 out of 125 Acute Trusts. The National average was 80.6%. 41 out of the 125 Acute Trusts achieved the target. UHL ranked 8<sup>th</sup> out of the 18 UHL Peer Trusts. The best value within our peer group was 97.4%, the worst value was 50.5% and the median value was 75.7%.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> <li>2WW demand overall remains above pre-COVID levels with H&amp;N (23.5%), Upper (43.9%) &amp; Lower GI (34.4%), Haematology (66%) and Sarcoma (36.4%) showing the largest increases in March</li> <li>Improvements in Breast and Skin 2WW are supporting the improvement with both expected to achieve &gt; 93% in April</li> <li>Despite the improvements the continued increase in demand with both out-patient and diagnostic capacity issues, workforce challenges, puts at risk the delivery of the 2WW standard for the coming months</li> </ul>	<p>Monthly stakeholder recovery action plan meetings held with all tumour sites with clear actions on 2WW recovery identified :-</p> <p><b>Breast</b></p> <ul style="list-style-type: none"> <li>Breast pain &amp; Outsourcing U35s</li> <li>Additional WLI and USS rooms at GGH</li> <li>Insourcing for weekend activity</li> </ul> <p><b>ENT</b></p> <ul style="list-style-type: none"> <li>Mandatory F2F assessment prior to referral</li> <li>Task &amp; Finish group for national timed pathway implementation setup</li> <li>WLI activity and review of I/P for clinic capacity</li> </ul> <p><b>Haematology</b></p> <ul style="list-style-type: none"> <li>Demand and capacity gap – service clinically triaging each referral and appropriately booking</li> <li>Service to consider clinical triage telephone consultations</li> </ul>	<ul style="list-style-type: none"> <li>Breast U35 backlog cleared in February, expected delivery of 2WW performance from April 2022</li> <li>ENT backlog remains a concern, system approach to reviewing 2WW referral appropriateness in planning for April 2022 onwards. Trajectories for 22/23 show improving performance but under achievement forecasted to continue due to capacity gap</li> <li>Haematology continue to manage increased demand by clinically triaging referrals whilst managing non 2WW clinically urgent patients. Trajectories for 22/23 show improving performance but under achievement forecasted to continue due to capacity gap.</li> <li>Overall UHL position for 22/23 reflective of key areas of concern and forecast for under delivery of the standard in these areas.</li> </ul>

# Responsive Cancer – Cancer 62 Day Backlog



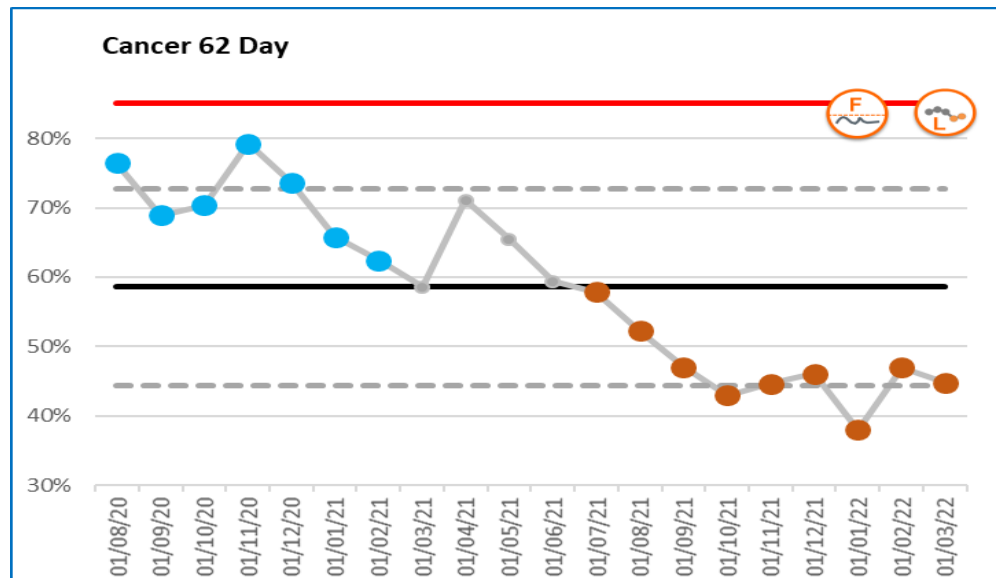
Current Performance			Three Month Forecast		
Apr 22	YTD	Target	May 22	Jun 22	Jul 22
514	514	0			

## National Position & Overview

National data not currently available for reporting.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> <li>Waiting list volumes for 62 day remain high as a result of ongoing demand for 2WW. Urology remains the key area of concern as some improvements are being seen in H&amp;N and Breast</li> <li>Diagnostic capacity constraints, particularly Endoscopy and theatre sessions.</li> <li>Reduced theatre sessions.</li> <li>Patient choice remains of concern across several pathways</li> <li>Emergency bed pressures continue to put pressure on elective capacity including HDU/ICU</li> <li>Workforce issues including sickness impacting on theatre sessions and theatre capacity</li> </ul>	<ul style="list-style-type: none"> <li>Continue to clinically prioritise all patients on a cancer pathway with ongoing focus on ensuring theatre sessions are protected where possible</li> <li>Weekly tumour site PTL review meetings with the Cancer Centre as well as deep dive into all backlog patients</li> <li>Work with EMCA and regional providers to seek mutual aid where possible to support equitable access for all patients</li> <li>Ensure the 2WW actions identified are progressed to support a reduction in the overall PTL and backlog</li> <li>Work with tumour sites to review national timed pathways and identify possible areas for improvement through the RAP meetings</li> <li>Explore opportunities in the IS</li> <li>Develop action plans around RDC with a view to expediting pathways at the front end and prevent pathway delays where possible</li> <li>Skin AI programme (pilot in progress at Loughborough) to release capacity and improve pathway delays</li> </ul>	<ul style="list-style-type: none"> <li>Mutual aid for MaxFax treatments with Derby .</li> <li>Regional support for Urology; including mutual aid</li> <li>Roll out of Skin AI to further sites– pilot site ‘live’ with full roll out by end May 2022</li> <li>RDC/Faster Diagnosis Framework paper submitted and work to commence on national timed pathways by end of Q4 2022</li> <li>Weekly PTL/CAB meetings continue to be prioritised to ensure pathway delays are expedited and accurate CWT rules are applied</li> </ul>

# Responsive Cancer – Cancer 62 Day

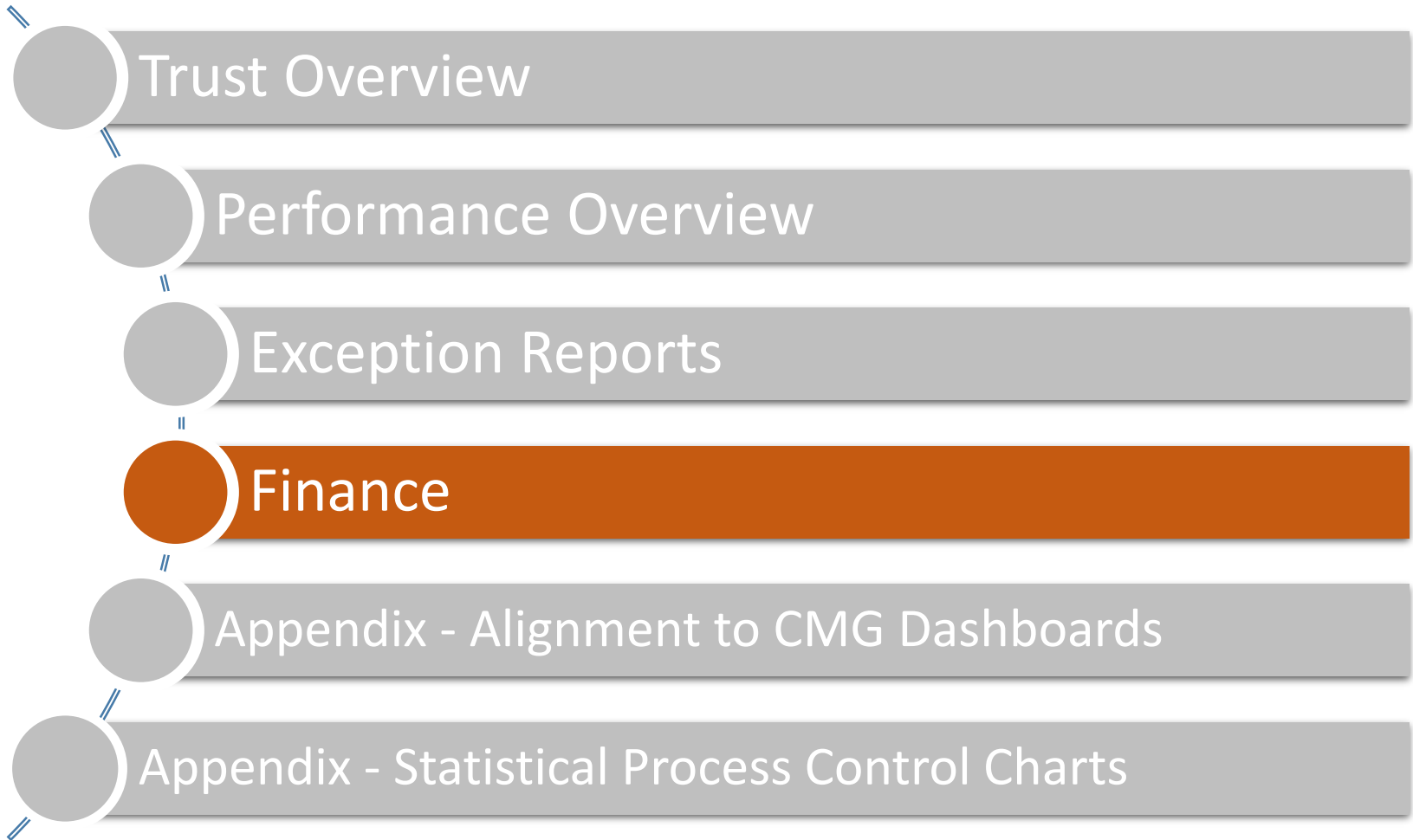


Current Performance			Three Month Forecast		
Mar 22	YTD	Target	Apr 22	May 22	Jun 22
44.8%	51.3%	85%			

## National Position & Overview

In March, UHL ranked 129 out of 135 Acute Trusts. The National average was 67.4%. 16 out of the 135 Acute Trusts achieved the target. UHL ranked 16<sup>th</sup> out of the 18 UHL Peer Trusts. The best value within our peer group was 74.2%, the worst value was 37.7% and the median value was 60.6%.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> <li>Capacity constraints across all points of the pathways</li> <li>High backlog levels being treated and prioritised having a direct impact on performance</li> <li>Theatre capacity remains challenged, particularly where HDU beds are required</li> <li>Emergency operational pressures impacting on elective bed base</li> <li>Workforce challenges including recruitment and lack of WLI activity</li> </ul>	<ul style="list-style-type: none"> <li>Continue to clinically prioritise all patients on a cancer pathway where ready for treatment</li> <li>Weekly tumour site PTL/CAB review meetings with the Cancer Centre</li> <li>Work with EMCA and regional providers to seek mutual aid where possible to support equitable access for all patients</li> <li>Ensure the 2WW/FDS actions identified are progressed to support a reduction in the overall PTL and backlog</li> <li>Work with tumour sites to review national timed pathways and identify possible areas for improvement through the RAP meetings</li> <li>Explore opportunities in the IS</li> </ul>	<ul style="list-style-type: none"> <li>Monthly cancer CMG forum and updated RAPs to gain assurance, oversight and identify opportunities.</li> <li>Continue to explore mutual aid and raise specific tumour site concerns via EMCA weekly regional call</li> <li>Transfer of diagnostics to IS for Urology to commence February 2022 – expected numbers to be confirmed depending on capacity</li> </ul>



## Single Oversight Framework – Month 1 Overview

At a Glance		Indicator	Plan / Standard	Period	YTD Actuals	Monthly Actuals	RAG Rating	Executive Director
Best Value Care	Finance	Trust level control total performance against target	M1 Plan of -£3.2m	M1	-£3.8m	-£3.8m		CFO
		Capital expenditure against plan	M1 Plan of £4.9m	M1	£3.9m	£3.9m		CFO

# Finance – Best Value Care

The Trust is reporting Month 1 deficit of £3.8m. This is £0.6m adverse to the April plan of a deficit of £3.2m.

- Total income is £0.1m unfavourable and reflects lower Pathology income for forensic services
- Net Pay costs are lower than plan by £0.2m. Substantive/Bank was £477k lower than plan due to vacancies but this was partly offset by the cost of agency cover being greater than planned by £300k
- The Non Pay overspend against plan of £807k comprises the following:
  - CHD spend with no budget: £153k
  - Block EDD drugs increases: £455k
  - CIP non delivery: £303k
  - Other variances: -£104k

The Trust maintained a strong cash position at the end of April of £103.6m.

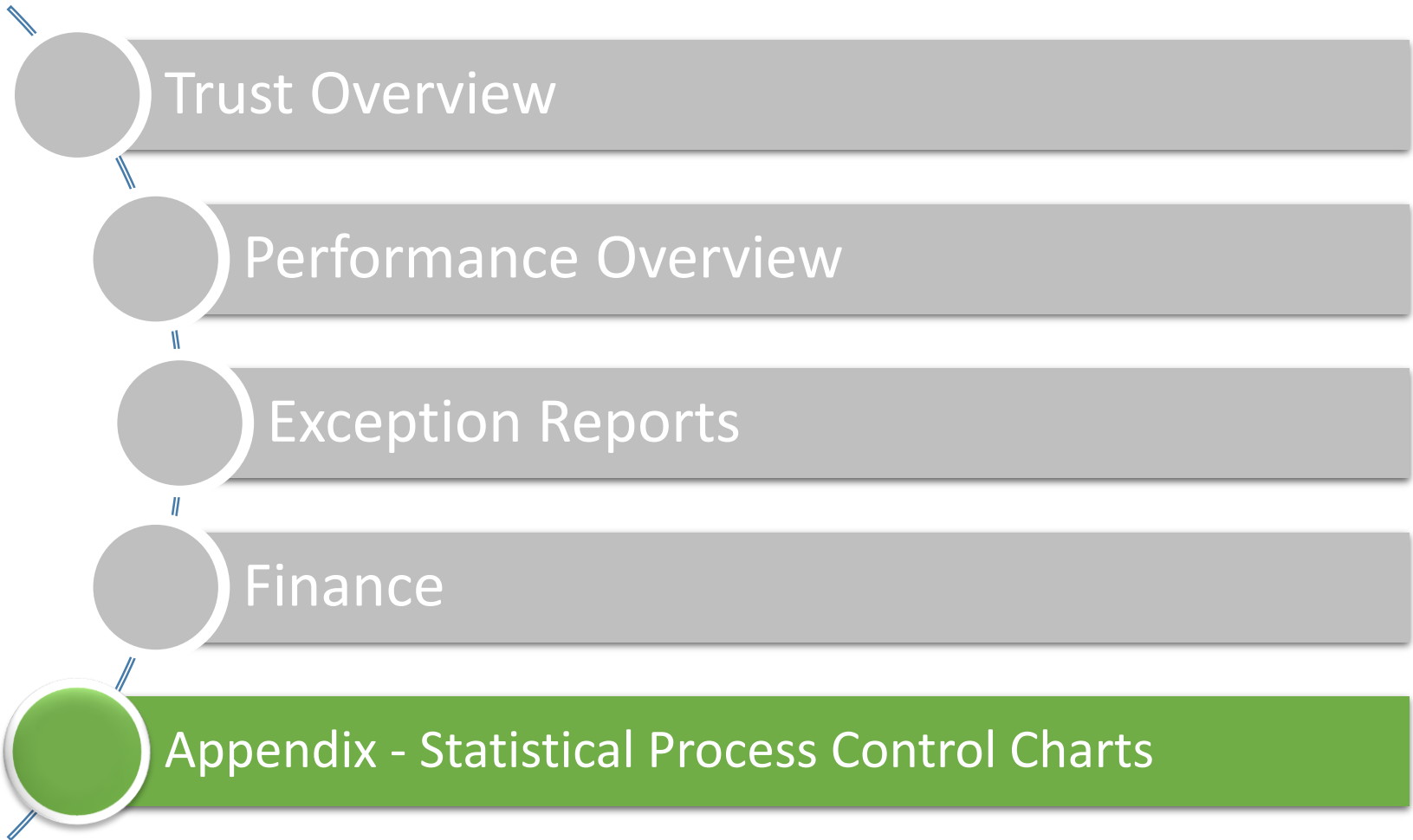
	April - In Month		
	Plan £000	Actual £000	Variance £000
<b>Income:</b>			
Patient Care Income	98,622	98,631	9
Other Income	11,749	11,627	(122)
<b>Total Income</b>	<b>110,371</b>	<b>110,258</b>	<b>(113)</b>
<b>Expenditure:</b>			
Pay - Substantive/Bank	(66,460)	(65,983)	477
Pay - Agency	(1,659)	(1,959)	(300)
<b>Total Pay</b>	<b>(68,119)</b>	<b>(67,942)</b>	<b>177</b>
Non-Pay	(40,306)	(41,112)	(806)
Non-Operating Costs	(5,223)	(5,169)	54
<b>Total Non-Pay</b>	<b>(45,529)</b>	<b>(46,281)</b>	<b>(752)</b>
<b>Total Expenditure</b>	<b>(113,648)</b>	<b>(114,223)</b>	<b>(575)</b>
Donated Assets	38	125	87
Less Profit On Disposal	0	0	0
<b>Control Total Surplus/(Deficit)</b>	<b>(3,239)</b>	<b>(3,840)</b>	<b>(601)</b>

# Finance – Best Value Care

	April - In Month		
	Plan £000	Actual £000	Variance £000
Total Income (Excluding Donated Assets)	110,409	110,383	(26)
Total Expenditure (Excluding Donated Assets)	(113,648)	(114,223)	(575)
<b>Surplus/(Deficit) - Control Total Basis excl. Impairments</b>	<b>(3,239)</b>	<b>(3,840)</b>	<b>(601)</b>
Capex (including donated)	(4,891)	(3,941)	950
Closing Cash	108,363	103,570	(4,793)

The Trust has a capital programme of £50.3m, of which expenditure of £3.9m was committed in M1, which represents a underspend of £950k against the year to date profiled capital plan.

The Trust maintained a strong cash position at the end of March of £103.6m.





# 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.*

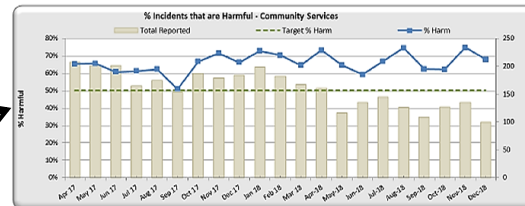
- Two horizontal lines either side of the Mean-(called the upper and lower control limits).

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

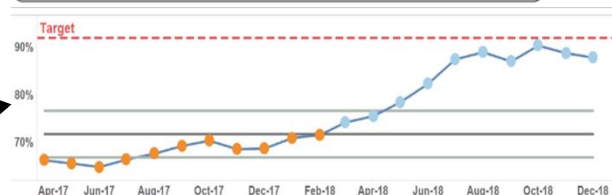
- A horizontal line showing the Target.

*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

