

Meeting title:	Public Trust Board Public Trust Board paper E				
Date of the meeting:	11 May 2023				
Title:	Integrated Performance Report – Executive Summary				
Report presented by:	Jon Melbourne – Chief Operating Officer				
Report written by:	James Palmer and Joanne Haigh (Business Intelligence Officers)				
Action – this paper is for:	Decision/Approval		Assurance	x	Update
Where this report has been discussed previously					

To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which
Yes please refer to BAF

Impact assessment

Acronyms used

Purpose of the Report

This report complements the full Integrated Performance Report (IPR) and the exception reports within that which are triggered automatically when identified thresholds are met. The exception reports contain the full detail of recovery actions and trajectories where applicable.

Recommendation

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

Summary






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

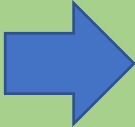


Main report detail

Key headlines in performance are summarised below:

Summary of UHL Performance: March 2023

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

Emergency Care 	<p>In March, UHL ranked 56th out of 112 Acute Trusts for 4-hour performance . The National average in England was 71.5%. Only 1 out of the 112 Acute Trusts achieved the target. UHL ranked 6th out of 16 trusts in its peer group. The best value out of the Peer Trusts was 76.3% and the worst value was 62.9%. An action plan has been developed by the ED to address this and will be monitored via the UEC steering group</p> <p>In relation to ambulance handovers LRI ranked 16th out of 23 sites last month (source EMAS monthly report) and saw a significant improvement in the percentage of handovers over 60 minutes. Actions are in place to maintain this improvement</p> <p>12-hour trolley delays for March, UHL ranked 120th out of 124 Major A&E NHS Trusts. 17 out of the 124 Trusts achieved the target. The best value nationally was 0 and the worst value was 1,422. UHL ranked 15th out of 18 trusts in its peer group.</p>
Referral to Treatment 	<p>The overall picture for Elective Care remains significantly challenged. However, whilst the challenge remains significant there is continued good progress on the reduction of those patients waiting longest for definitive treatment. In the majority of the indicators above the improved performance this year has continued into March and we delivered against our RTT long waiter targets for the end of March.</p> <p>A route to zero was developed for the longest waiters with a forecast of having zero 104 breaches by the end of March 23. During this time there was also the national requirement to get to zero 78 weeks plus breaches by the end of March 23. Our forecast position agreed with NHSE for end March was 2 x 104 week waiters and 1,041 x 78 week plus breaches. We successfully achieved the 104 position and exceeded the 78 target with an actual figure of 832. We are on track to achieve the April target of 550 in spite of extended holidays over Easter weekend and the industrial action in mid April. Our ambition is reach zero 78 week waiters by the end of Q1 23/24 to enable us to focus on the reduction in our 65 week waiters over 23/24 in line with national targets of zero by end March 24.</p>
Outpatient Transformation 	
Cancer 	<p>Although UHL is not delivering on the national cancer waiting time targets, for the latest publish national targets (February) UHL saw improvements in all the nationally reported standards. In addition the Trust achieved the 2ww target for Breast symptomatic referrals.</p> <p>A key focus on our weekly meetings with NHSE/I has been the 62 day backlog position, with the Trust reaching 952 patients waiting at the beginning of November. As tumour site recovery plans, centred around daily monitoring of backlog levels, have taken effect, significant reductions are being tracked and as of 5th April this is now down to 441 patients waiting longer than 62 days.</p>
Activity 	<p>Elective Admissions between April 2022 and March 2023 were 2738 under plan (-2.3%); Day Case activity was 3,507 under plan (-3.4%) and Inpatient activity was 769 over plan (4.4%).</p> <p>Non-Elective Admissions between April 2022 and March 2023 were 1,558 over plan (1.4%); Emergency activity was 1,024 over plan (1.1%) and Non-Elective activity was 534 over plan (2.5%).</p>

	<p>Outpatient activity between April 2022 and March 2023 was 31,353 under plan (-3.1%) mainly due to Non-Face-To-Face Follow Up Outpatient appointments being 60,059 under plan (-17.5%).</p> <p>Total ED activity between April 2022 and March 2023 was 8,589 under plan (-3.2%); Emergency Department (Type 1) activity was 10,674 under plan (-4.3%) and Eye Casualty (Type 2) activity was 2,085 over plan (11.6%).</p>
Quality 	<p>The quality of care remains strong despite operational pressures and industrial action. Pressure ulcers remain a significant concern although we are beginning to see an improvement as we make changes to clinical practice. We have concluded the year with 8 never events, this is a small improvement on 2022/23.</p> <p>We have a clear focus on the reduction of hospital acquired harm alongside improving the patient experience to ensure UHL is a better place to receive care in 2023/24.</p>
Finance 	<p>The Trust is reporting a year end deficit of £12.5m, in line with the forecast shared with the System and NHSEI (this position is subject to audit). CIP delivery for the year, including productivity, was £39m against a £35m CIP target.</p> <p>The Trust incurred capital expenditure of £43.3m in M12 and year-to-date expenditure of £96.5m. The Trust achieved a small underspend of £0.8m against its CDEL target. The cash position at the end of March was £103.3m, representing an increase of £32.2m in the month, and £2.7m better than forecast.</p>
Workforce 	<p>Vacancy figures are continuing to decrease with the latest data showing a Trust position of 9.5%. Midwifery vacancies have remained static and adult nursing vacancies have seen a slight increase to 8.6%. The vacancy rate for Health Care Assistants and Support Workers in Maternity have seen a significant shift from 8.8% to 4.1% and is now sitting below the 5% target.</p> <p>Sickness rates have increased in month to 6.89%, some of which is related to COVID related absence. The focus continues to be on wellbeing rather than targets and People Services remain committed to the development of a revised person-centred policy with an implementation date in Qtr. 3 of 2023 / 24.</p> <p>Whilst Statutory and mandatory training remains below the Trust target, the March position has increased by 1% and is now back to the December 2022 position.</p>

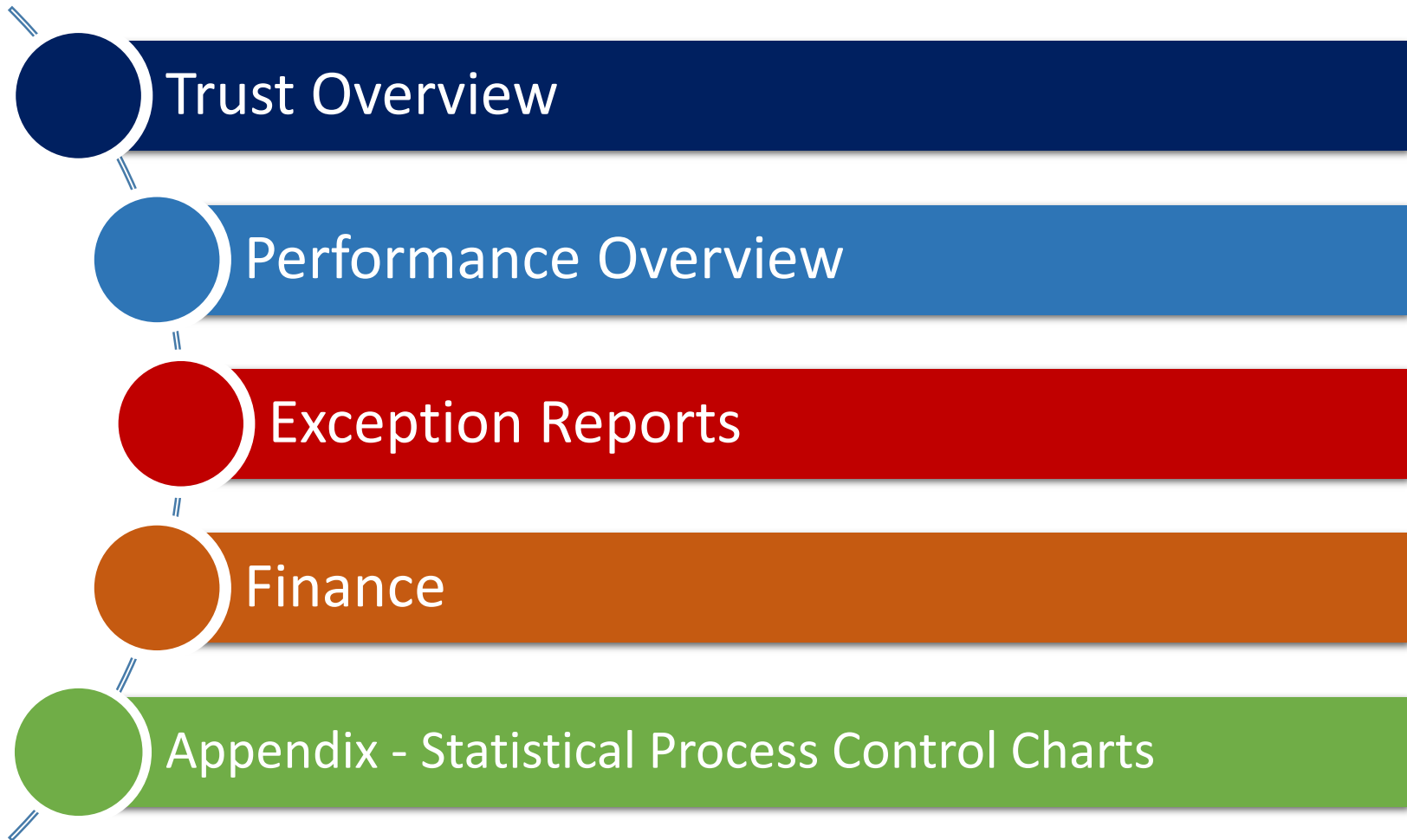
Supporting documentation

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

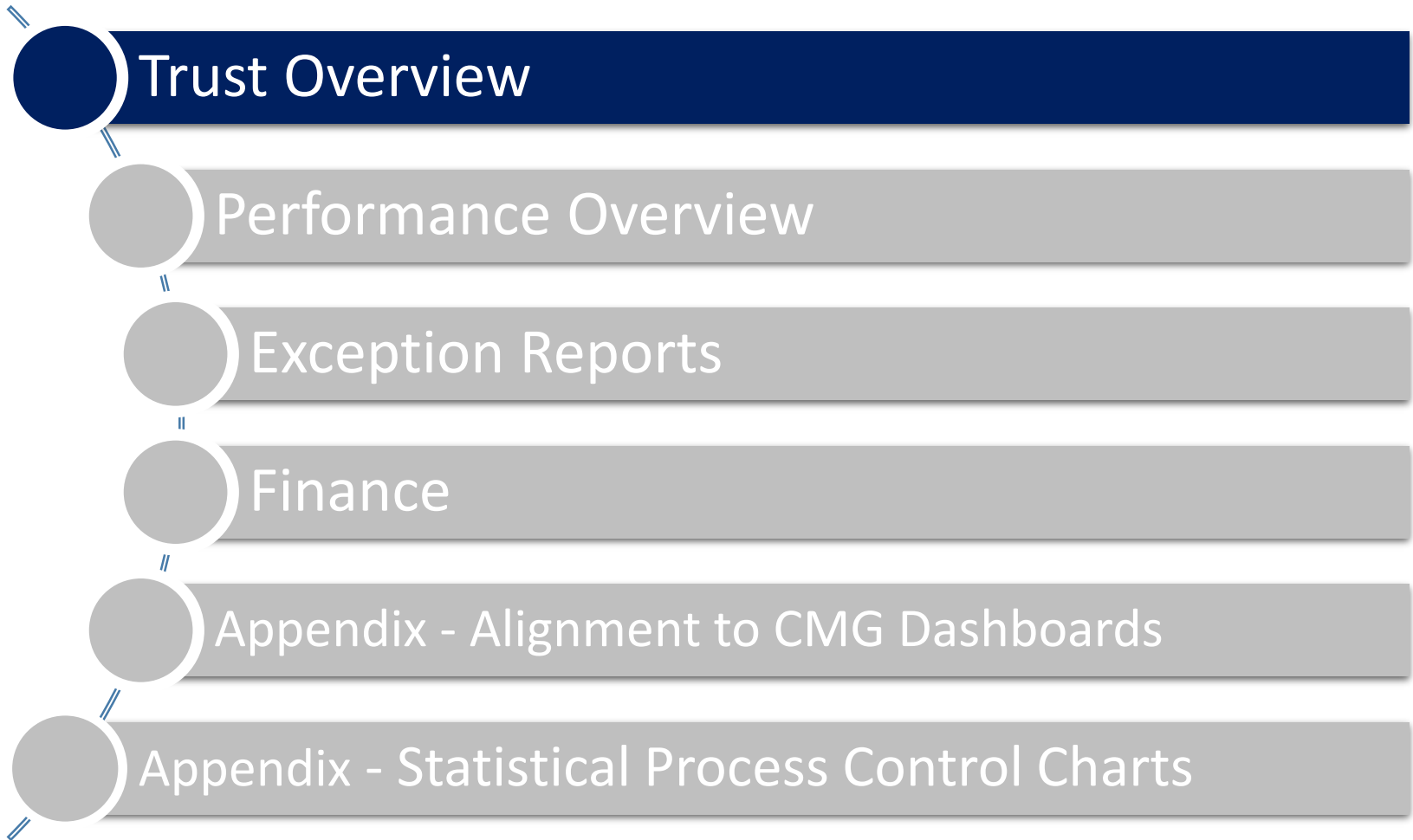
Integrated Performance Report

March 2023

Contents



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



Trust Overview (Year to Date)

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

Key

Failing Target

Achieving Target

Target TBC

Trust Overview (Current Month)

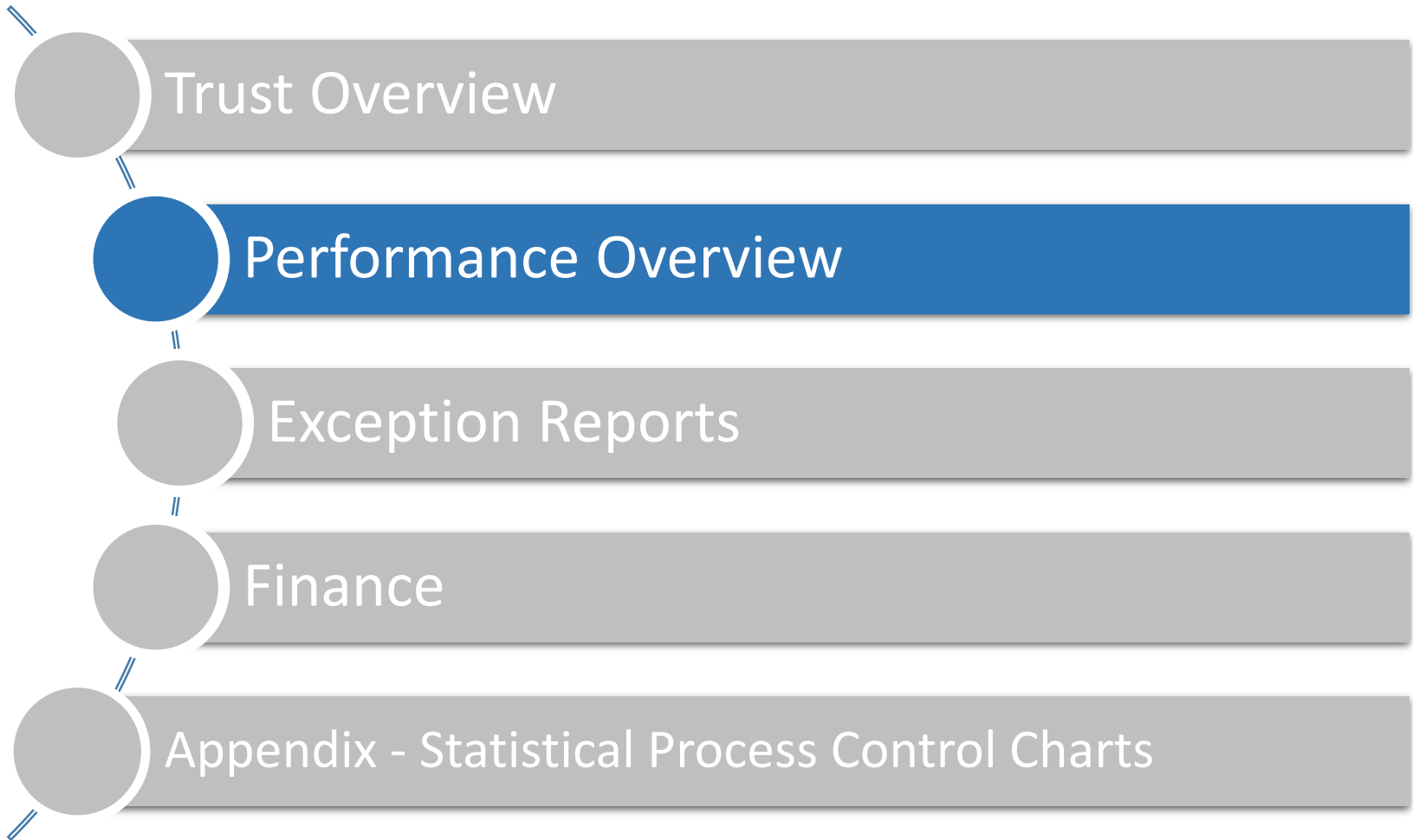
Safe	Caring	Well Led	Effective	Responsive Emergency Care	Responsive Elective Care	Responsive Cancer Care
Never Events	Inpatient and Day Case F&F Test % Positive	Staff Survey Recommend for Treatment	Mortality Published SHMI	ED 4 Hour Waits Acute Footprint	Long Stay Patients > 21 days	2WW
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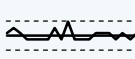


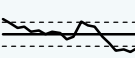





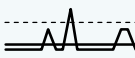






Failing Target

Achieving Target

Target TBC



Performance Overview (Safe)

Domain	Key Performance Indicator	Target	Jan-23	Feb-23	Mar-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Safe	Never events	0	1	0	1	8				Nov-22	MD
	% of all adults Venous Thromboembolism Risk Assessment on Admission	95%	97.2%	97.1%	97.3%	97.8%				Oct-21	MD
	% of 3rd & 4th Degree Perineal Tears	3.5%	4.7%	3.1%	2.7%	3.4%				Aug-22	CN
	Clostridium Difficile per 100,000 Bed Days		18.4	10.2	17.3	17.0				Jun-21	CN
	Methicillin Resistant Staphylococcus Aureus Total	0	1	0	0	4				Jun-21	CN
	E. Coli Bacteraemias Acute	198	22	15	16	180				Jun-21	CN
	Methicillin-susceptible Staphylococcus Aureus Acute*	40	3	2	1	63				Jun-21	CN

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

Comments


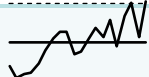

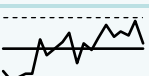


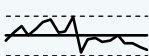






We have concluded the financial year and in an acceptable position from a safety perspective with just four metrics breaching the planned trajectories. Whilst we need to improve these in the next financial year, we are not an outlier when comparing with regional and national colleagues.

We saw 8 never events in comparison to 9 last year; we continue to work through our detailed plan to reduce never events. In addition, we will adopt the new patient safety incident response framework which will place a greater emphasis on learning and system learning.

Our infection prevention team will launch the gloves off campaign and in the Spring, we hope this alongside our refreshed approach to aseptic non touch technique and antimicrobial stewardship will reduce gram negative bacteremia's.

Rating

Performance Overview (Safe)

Domain	Key Performance Indicator	Target	Jan-23	Feb-23	Mar-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Safe	COVID-19 Hospital-onset, probable, 8-14 days after admission		17.9%	10.5%	18.1%	12.2%				Oct-20	CN
	COVID-19 Hospital-onset, healthcare-acquired, 15 or more days after admission		12.6%	16.2%	10.7%	11.9%				Oct-20	CN
	All falls reported per 1000 bed days	5.5	3.4	3.3		3.6				Aug-22	CN
	Rate of Moderate harm and above Falls Patient Safety Incidents with finally approved status per 1,000 bed days	0.18	0.07	0.08		0.08				Aug-22	CN
	Hospital Acquired Pressure Ulcers - All categories	372	162	145	135	1201				Jun-21	CN












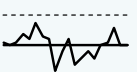
Comments

Rating

Hospital acquired pressure ulcers remain of significant concern although we are seeing the benefits of the comprehensive programme put in place following the external review.

We have launched the Harm free care group and will continue to oversee the implementation of this plan alongside the wider hospital acquired harm reduction work.

Performance Overview (Caring)

Domain	Key Performance Indicator	Target	Jan-23	Feb-23	Mar-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Caring	Single Sex Breaches		0	6	17	57	National Reporting resumed from Oct 21.			Jul-22	CN
	Inpatient and Day Case Friends & Family Test % Positive*	95%	98%	98%	98%	98%				Jul-22	CN
	A&E Friends & Family Test % Positive**	77%	85%	78%	79%	77%				Jul-22	CN
	Maternity Friends & Family Test % Positive*	91%	97%	97%	93%	96%				Jul-22	CN
	Outpatient Friends & Family Test % Positive	94%	95%	94%	94%	94%				Jul-22	CN
	% Complaints Responded to in Agreed Timeframe - 10 Working days		68%	47%	84%	55%				N/A	CN
	% Complaints Responded to in Agreed Timeframe - 25 Working days		37%	41%		38%				N/A	CN
	% Complaints Responded to in Agreed Timeframe - 45/60 Working days		86%			48%				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

Performance Overview (Well Led)

Domain	Key Performance Indicator	Target	Jan-23	Feb-23	Mar-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Well Led	Staff Survey % Recommend as Place to Work	Reporting will commence once national reporting resumes								Data sourced externally	CPO
	Staff Survey % Recommend as Place for Treatment	Reporting will commence once national reporting resumes								Data sourced externally	CPO
	Turnover Rate	10%	9.1%	9.0%	8.7%	8.7%				Aug-22	CPO
	Sickness Absence (Excludes Estates & Facilities staff)	3%	5.4%	5.1%		5.5%				Mar-21	CPO
	% of Staff with Annual Appraisal (Includes Estates & Facilities staff from May 21)	95%	78.6%	79.4%	77.1%	77.1%				Mar-21	CPO
	Statutory and Mandatory Training	95%	92%	92%	93%	93%				Dec-22	CPO

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






Comments

Turnover rates continue to sit below the 10% Trust target, and we have seen a month-on-month decline throughout quarter 4 of 2022 / 23. The appraisal rate has declined slightly from last month, but this can be attributed to operational pressures in our services with a focus on the provision of patient care.

Whilst statutory and mandatory training remains below the Trust target, the March position has increased by 1% and is now back to the December 2022 position. People Partners continue to work in collaboration with Clinical Management Groups to identify the relevant support and actions to increase KPI performance.

Rating

Performance Overview (Well Led)

Domain	Key Performance Indicator	Target	Jan-23	Feb-23	Mar-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Well Led	Adult Nursing Vacancies	10%	7.9%	8.6%	7.1%	8.6%				Oct-22	CPO
	Paed Nursing Vacancies	10%	9.0%	8.8%	8.6%	8.8%				Oct-22	CPO
	Midwives Vacancies	10%	13.1%	13.7%	14.0%	13.7%				Oct-22	CPO
	Health Care Assistants and Support Workers - excluding Maternity	10%	16.0%	16.6%	14.8%	16.6%				Oct-22	CPO
	Health Care Assistants and Support Workers - Maternity	5%	8.8%	4.1%	0.3%	4.1%				Oct-22	CPO

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

Comments



Rating

As reported last month, there is a decreased vacancy position for Adult and Paediatric nursing and there has also been a slight decrease in the position relating to Midwives and Health Care Assistants and Support Workers (excluding Maternity) which sits at 16.6% against a target of 10%. Of interest this month is the favorable vacancy rate for Health Care Assistants and Support Workers in Maternity as we have seen a significant shift from 8.8% to 4.1% with the rate now sitting below the 5% target.

Recruitment and retention continues to be a key focus across all areas of the Trust and recruitment approaches and activities are being tailored to support the needs of the Trust, our services and the local community. Traditional recruitment activities are now complemented with large scale recruitment campaigns and events and a range of in reach activities which are tailored to the needs of local communities. Retention remains a priority with key workstreams underway across the organisation which focus on elements linked to our Staff Survey priority areas (recognition, inclusivity, support and equipped).



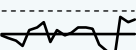





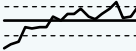





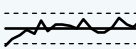

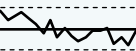

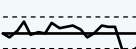





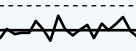
People and Culture Committee are due to receive an assurance report in July to explore turnover statistics and the insight gleamed from exit interviews.

Performance Overview (Effective)

Domain	Key Performance Indicator	Target	Jan-23	Feb-23	Mar-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Effective	Published Summary Hospital-level Mortality Indicator (SHMI)	100	104	104	104	104 Nov 21 to Oct 22				May-21	MD
	12 months Hospital Standardised Mortality Ratio (HSMR)	100	100	100	100	100 Jan 22 to Dec 22				May-21	MD
	Crude Mortality Rate	No Target	1.6%	1.2%	1.2%	1.3%				May-21	MD

Comments	Rating

Performance Overview (Responsive Emergency Care)

Domain	Key Performance Indicator	Target	Jan-23	Feb-23	Mar-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Responsive (Emergency Care)	Emergency Department 4 hour waits Acute Footprint	95%	72.4%	71.2%	71.6%	68.9%				Mar-23	COO
	Mean Time to Initial Assessment	15	29.3	26.4	31.1	38.3				Nov-22	COO
	12 hour trolley waits in Emergency Department	0	880	919	1,155	11,916				Mar-23	COO
	Number of 12 hour waits in the Emergency Department	0	2,136	2,437	2,540	31,911				TBC	COO
	Time Clinically Ready to Proceed	60	267	251	289	262				Nov-22	COO
	Number of Ambulance Handovers		4,327	4,038	4,554	52,536				Data sourced externally	COO
	Number of Ambulance Handovers >60 Mins		404	250	562	14,523				Data sourced externally	COO
	Ambulance handover >60mins	0%	9.3%	6.2%	12.3%	27.6%				Data sourced externally	COO
	Long Stay Patients (21+ days) as a % of G&A Bed Occupancy	12%	17.1%	15.0%	14.3%	14.3%				Apr-23	COO

Comments









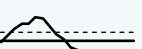











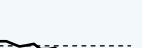
Rating

In March, UHL ranked 56th out of 112 Acute Trusts for 4-hour performance . The National average in England was 71.5%. Only 1 out of the 112 Acute Trusts achieved the target. UHL ranked 6th out of 16 trusts in its peer group. The best value out of the Peer Trusts was 76.3% and the worst value was 62.9%.

In relation to ambulance handovers LRI ranked 16th out of 23 sites last month (source EMAS monthly report) and saw a significant improvement in the percentage of handovers over 60 minutes.

12-hour trolley delays for March, UHL ranked 120th out of 124 Major A&E NHS Trusts. 17 out of the 124 Trusts achieved the target. The best value nationally was 0 and the worst value was 1,422. UHL ranked 15th out of 18 trusts in its peer group.

Performance Overview (Responsive Elective Care)

Domain	Key Performance Indicator	Target	Jan-23	Feb-23	Mar-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Responsive (Elective Care)	Referral to Treatment Incompletes	103,403	124,226	118,488	116,195	116,195				Oct-22	COO
	Referral to Treatment 52+ weeks	0	16,234	13,984	12,433	12,425				Oct-22	COO
	Referral to Treatment 104+ weeks	0	85	53	2	2				Oct-22	COO
	6 Week Diagnostic Test Waiting Times	1.0%	54.3%	45.3%	44.0%	44.0%				Nov-19	COO
	% Operations Cancelled On the Day	1.0%	1.2%	0.9%	1.7%	1.4%				Apr-21	COO
	% Outpatient Did Not Attend rate	5%	8.3%	8.2%	8.4%	8.2%				Apr-23	COO
	% Outpatient Non Face to Face	45%	32.4%	31.4%	30.1%	33.4%				Apr-23	COO

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

Comments



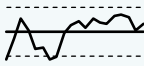


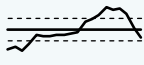



The overall picture for Elective Care remains significantly challenged. However, whilst the challenge remains significant there is continued good progress on the reduction of those patients waiting longest for definitive treatment. In the majority of the indicators above the improved performance this year has continued into March and we delivered against our RTT long waiter targets for the end of March.

A route to zero was developed for the longest waiters with a forecast of having zero 104 breaches by the end of March 23. During this time there was also the national requirement to get to zero 78 weeks plus breaches by the end of March 23. Our forecast position agreed with NHSE for end March was 2 x 104 week waiters and 1,041 x 78 week plus breaches. We successfully achieved the 104 position and exceeded the 78 target with an actual figure of 832. We are on track to achieve the April target of 550 in spite of extended holidays over Easter weekend and the industrial action in mid April. Our ambition is reach zero 78 week waiters by the end of Q1 23/24 to enable us to focus on the reduction in our 65 week waiters over 23/24 in line with national targets of zero by end March 24.

Rating



Performance Overview (Responsive Cancer)

Domain	Key Performance Indicator	Target	Jan-23	Feb-23	Mar-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Responsive (Cancer)	2 Week Wait	93%	79.9%	83.8%		84.5%				Feb-23	COO
	62 Day Backlog	0	733	586	478	478				Feb-23	COO
	Cancer 62 Day	85%	33.8%	36.5%		42.5%				Feb-23	COO

Comments

Rating

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

February 2023 saw improvements in all the nationally reported standards, with the achievement of one of the standards (14 Day Breast Symptomatic).

UHL started 2022/23 at 524 patients within the 62 day backlog and now has a favourable exit point to 2022/23 of 423 patients waiting longer than 62 days with an improving position relative to regional peers

There has been a reduction in our overall waiting list to 4,340 (05/04/23) from a high of 4,856 (21/11/22)

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

Performance Overview (Finance)

Domain	Key Performance Indicator	Target YTD	Jan-23	Feb-23	Mar-23	YTD
Finance	Trust level control level performance	£0m	£-4.4m	£-0.8m	£-0.3m	£-12.5m
	Capital expenditure against plan	£96.8m	£5.4m	£12.4m	£43.3m	£96.5m
	Cost Improvement (Includes Productivity)	£35m	£2.9m	£5.4m	£5.9m	£39m
	Cashflow	No Target	£-0.9m	£-0.9m	£32.2m	£103.3m

Comments

Rating

The Trust is reporting a year end deficit of £12.5m, in line with the forecast shared with the System and NHSEI (this position is subject to audit). The key drivers for this are:

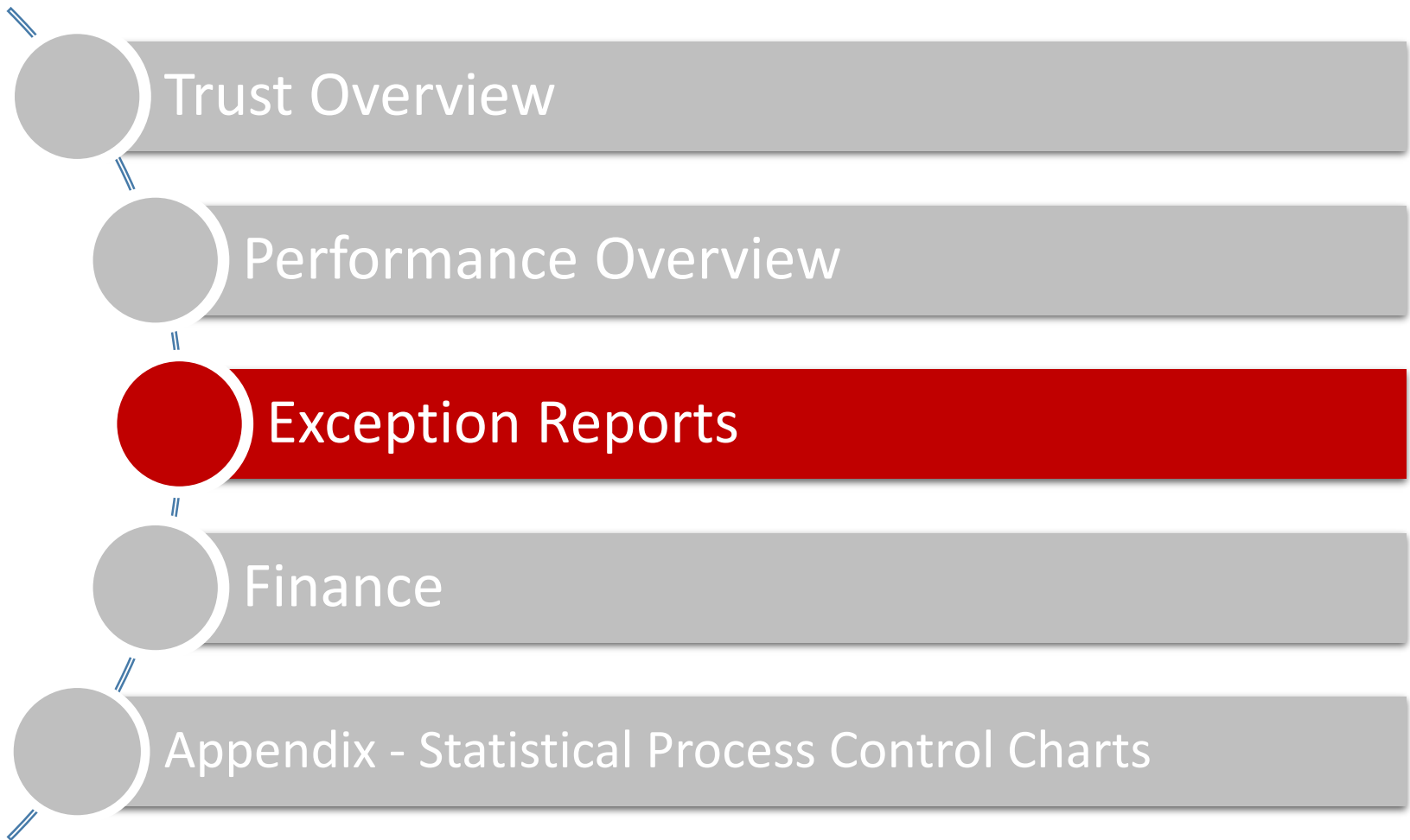
Additional emergency capacity above plan £10mA
 Excess inflation £2.1mA
 Other £0.4mA

It is estimated that the cost of industrial action in March was c. £0.9m.

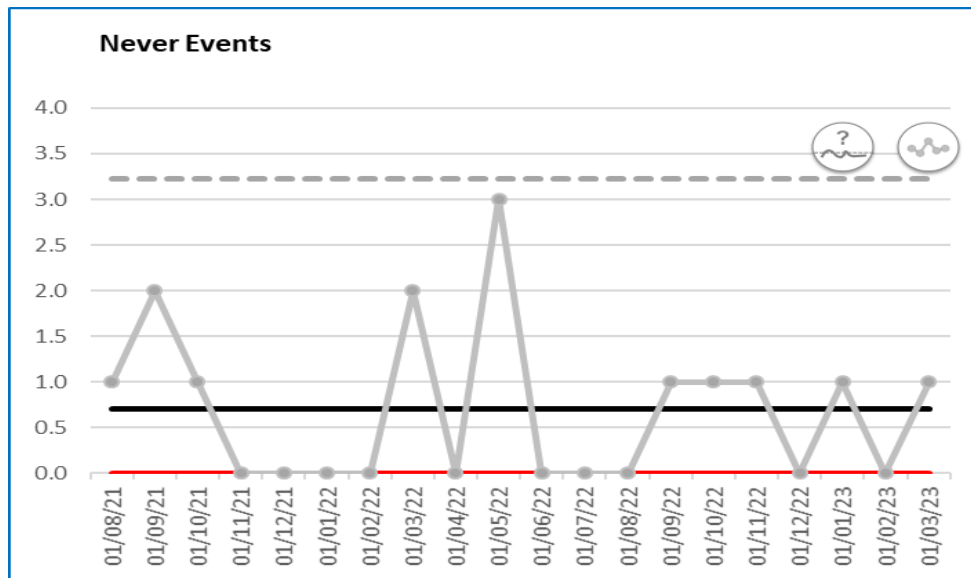
CIP delivery for the year, including productivity, was £39m against a £35m CIP target.

The Trust incurred capital expenditure of £43.3m in M12 and year-to-date expenditure of £96.5m. The Trust achieved a small underspend of £0.8m against its CDEL target.

The cash position at the end of March was £103.3m, representing an increase of £32.2m in the month, and £2.7m better than forecast.



Safe – Never Events



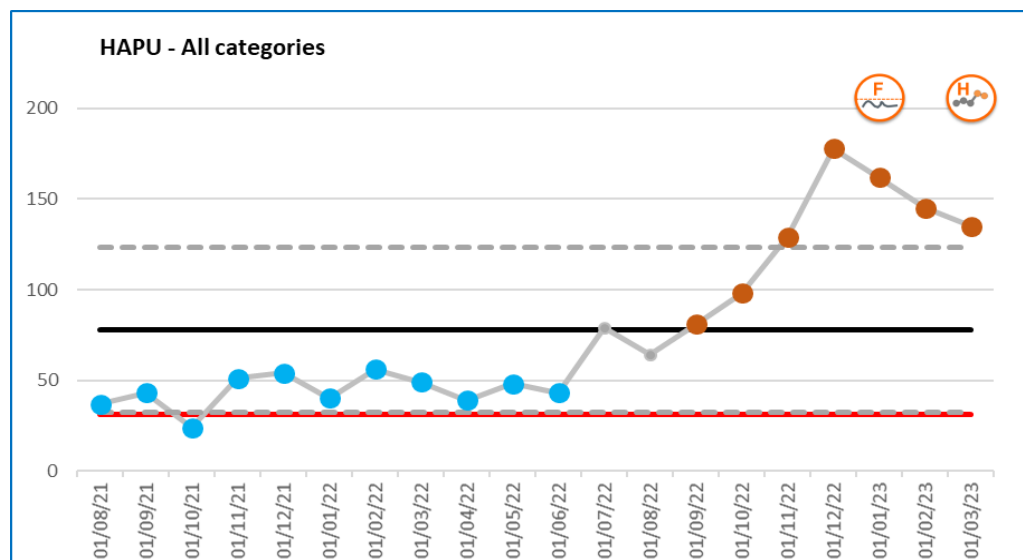
Current Performance			Three Month Forecast		
Mar 23	YTD	Target	Apr 23	May 23	Jun 23
1	8	0	0	0	0

National Position & Overview

UHL reported 9 Never Events in 2021/2022.
In 2020/2021 UHL reported 7 Never Events and in 2019/2020 UHL reported 2 Never Events.

Root Cause	Actions	Impact/Timescale
NEVER EVENT Wrong site surgery	Immediate actions taken <ul style="list-style-type: none"> Ensuring the required treatment for the correct patient was immediately addressed. Confirmation the patient was fully aware of the error as soon as reported and verbal apology provided. Full Duty of Candour requirements met. All staff involved have been informed of the incident and supported. Continue UHL safe surgery accreditation programme 	<ul style="list-style-type: none"> Complete Complete Complete Ongoing

Safe – Hospital Acquired Pressure Ulcers All Categories



Current Performance			Three Month Forecast		
Mar 23	YTD	Target	Apr 23	May 23	Jun 23
135	1208	372	140	130	120

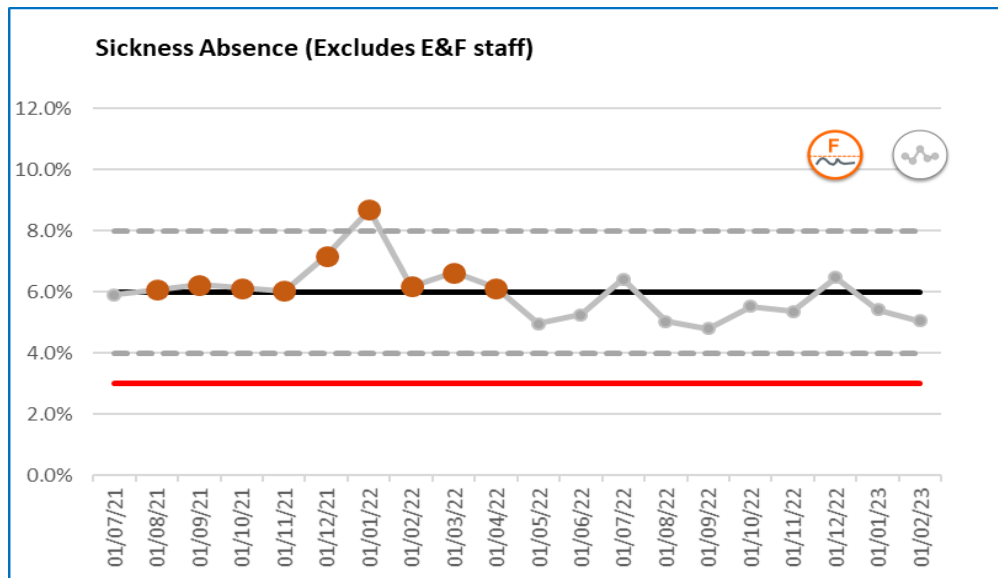
National Position & Overview

Currently no national benchmarking or reporting is available to provide comparative data.

The Trust Target of 372 HAPUSs (30% reduction) for 2022-23 is an internal quality improvement stretch target. A review has been undertaken to determine the target for 2023-24 - to be agreed at NMAHPs in April 23. The trust figure has stabilised following the peak in December and is on a downward trajectory. This is being monitored very closely.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> Work continues to address the causative factors for the significant increase in the data over the winter and a clinically led thematic review of all the HAPUS validated for the month of March is being undertaken . Causative factors for some of the increase in numbers already identified are: <ul style="list-style-type: none"> Education and support during the introduction of the new Mattresses Lack of slide sheet usage across the trust Poor knowledge around categorisation of HAPUS 	<ul style="list-style-type: none"> Improvement plan progression continues with the support of the national expert commissioned for this work 3 month external telehealth pilot (Pioneer) on 4 wards with SM ongoing with additional training sessions planned in April Revised SOP for HAPU validation Urinary catheter and continence working group to support skin integrity Additional recruitment process continues to expand the TV team Cascade training on use of Aria Flex mattresses supported by Medstrom continues 	<ul style="list-style-type: none"> Bi Weekly review for progress updates Evaluation of pilot May 2023 Launched following validation at Harm Free Care Group 5th April 23 Inaugural meeting 18th April 23 Interviews in April for additional B6 role, new clinical Band 4 role in development. B7 recruited, B4 A&C commenced in post Ongoing roll out from 21st March 2023

Well Led – Sickness



Current Performance			Three Month Forecast		
Feb 23	YTD	Target	Mar 23	Apr 23	May 23
5.1%	5.5%	3%	5.2%	5.1%	5.1%

National Position & Overview

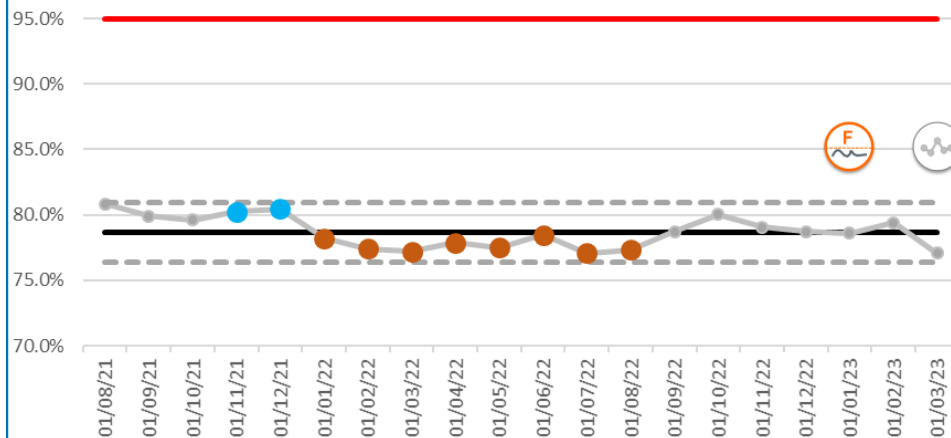
Data Excludes Estates and Facilities staff. Peer data not currently available.

Insight from the CMGs and regional and national trends has provided assurance that the UHL position is in line with what is happening elsewhere.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> There is a slight increase in COVID absence (COVID-19 related open absences have increased by 38 to 141 episodes. 0.82% of headcount) which will impact on this month's position. 	<ul style="list-style-type: none"> The winter the approach to managing sickness absence, whereby has changed to supporting colleagues' wellbeing aligned to a 'just and restorative' approach, and empowering managers to make person-centred decisions, in a compassionate and inclusive way has been extended to 30 June 2023. Feedback has been sought from key stakeholders on the Trust approach to Sickness Absence management and will shape the new policy from July 2023. The focus remains on reviewing and supporting colleagues on long term sickness absence (10+ and 6+ months). 	<ul style="list-style-type: none"> The focus on supporting colleagues with Long Covid related, has seen a reduction in these absences. The indicative trajectory has been revised, and will be kept under review to take account of the prevalence of COVID-19 and the impact of industrial action across health services and other sectors.

Well Led – Appraisals

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



Current Performance

Mar 23	YTD	Target	Three Month Forecast		
Mar 23	YTD	Target	Apr 23	May 23	Jun 23
77.1%	77.1%	95%	75%	76%	77%

National Position & Overview

Peer data not currently available.

We have seen a decline in Appraisal performance as outlined under 'root causes'. The month of April has been impacted by industrial action and bank holidays, therefore a further decline in performance may be seen.

Root Cause

- There is some data discrepancy between CMG and ESR Appraisal Performance.
- A number of colleagues have had appraisals within the last 12 months, outside the reporting/incremental date and therefore show as non-compliant.
- It is recognised that performance this month may be impacted by industrial action and the need to reduce management time and the usual increase in annual leave at the year end.

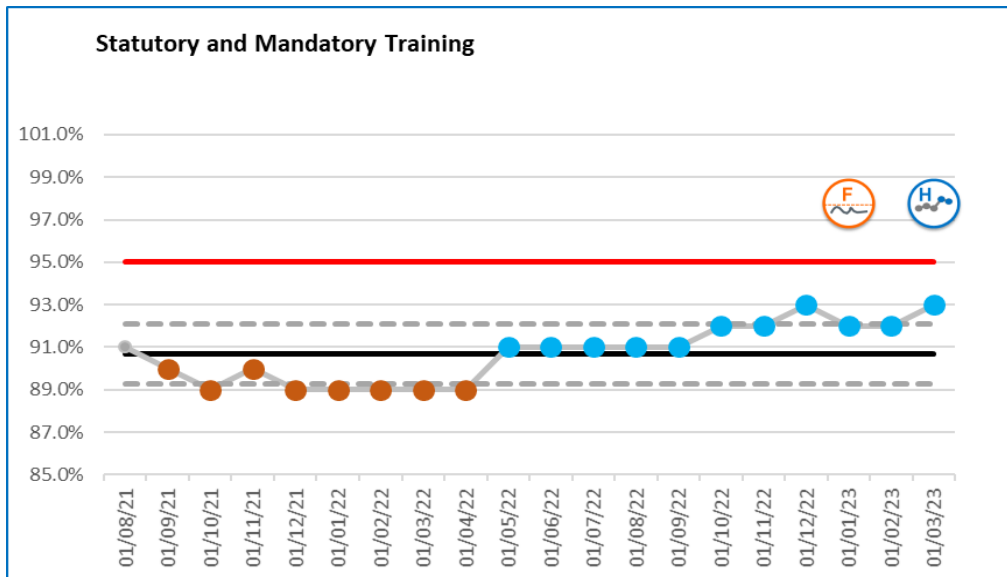
Actions

- A review of UHL data capture in comparison to other organisations is being carried out, to resolve the issue of the recording discrepancy
- It was acknowledged in recent exception reports that we would be unlikely to reach full compliance of 95% in the short term.
- From February 2023 CMG reports are provided highlighting performance and areas of focus, to enable targeted support and action.
- Regular team meetings with relevant line managers are taking place to review appraisal performance and any additional support required.

Impact/Timescale

- Appraisals are reviewed through regular line management and Board oversight meetings.
- Appraisals are also monitored through the PRM monthly. Over the coming months we could see a further impact on our performance with the confirmed industrial action in healthcare and other sectors.

Well Led – Statutory and Mandatory Training

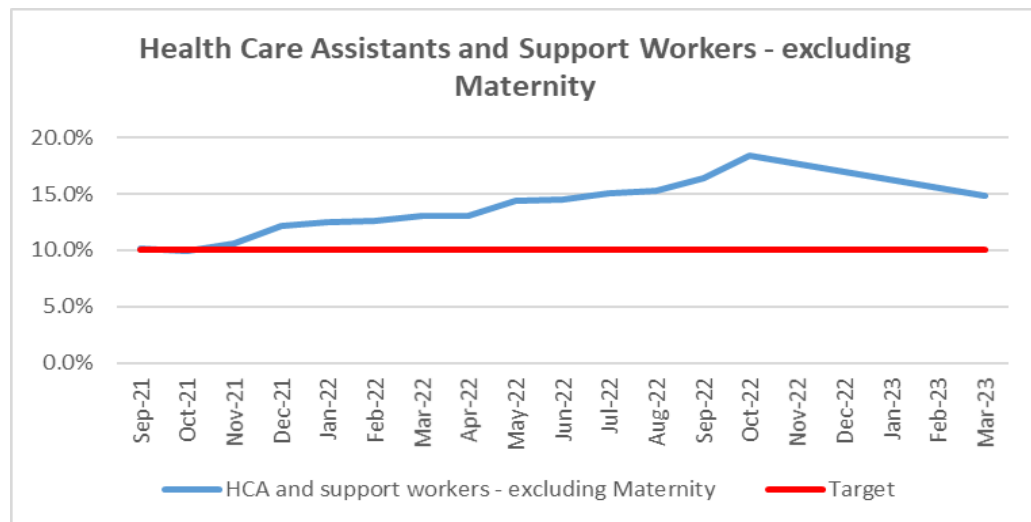


Current Performance			Three Month Forecast		
Mar 23	YTD	Target	Apr 23	May 23	Jun 23
93%	93%	95%	93%	93%	94%

National Position & Overview
Peer data not available.

Root Cause	Actions	Impact/Timescale
<p>It is recognised that performance has been, and is still being, affected by:</p> <ul style="list-style-type: none"> • Covid-19, Flu & related Staff Absence Levels • Operational pressures • Operational demand • Seasonal absences and demands 	<p>Performance against trajectories is being monitored via Executive Corporate and CMG Performance Reviews. This is complimented by access to compliance reports, direct emailed snapshot reports to over 2000 relevant staff & around 10,000 direct emails per month to non-compliant staff.</p> <p>People Services Colleagues continue to support managers with improving their compliance. Targeted reminders to specific areas and CMGs will continue.</p>	<p>Reviewed through the Making it All Happen reviews chaired by CMG / Directorate leadership teams with support from HR. This is a meeting with each line manager to review sickness, appraisals and S&MT compliance.</p>

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



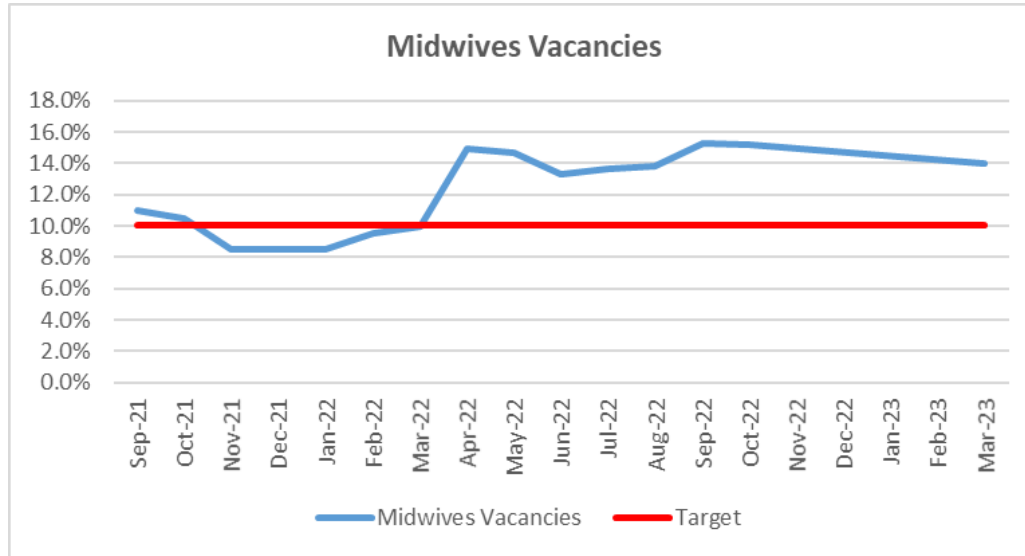
Current Performance			Three Month Forecast		
Mar 23	YTD	Target	Apr 23	May 23	Jun 23
14.8%	14.8%	10%	13	12	11

National Position & Overview

There is no national vacancy data available for healthcare assistants / support workers but the number of vacant healthcare support worker posts remains high with UHL remaining an outlier. National focus to reduce HCSW vacancies to achieve 'close to zero vacancies as possible' for healthcare support worker roles.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> Retention of new HCAs new to care with a high turnover within the first 6-12 months of employment. <p><u>Band 2 vacancies:</u> Feb 16.6% / 284 wte March 14% / 251 wte</p>	<ul style="list-style-type: none"> T&F HCA retention group closed all actions completed with exception of: <ol style="list-style-type: none"> External support with exit interviews Bespoke HCA open days for CMGs. Continue with bi-monthly recruitment Official launch of the nursing and midwifery microsite w/c 8th May to raise the profile of HCA Review of HCA role & responsibilities for every ward / dept 	<ul style="list-style-type: none"> No actions from external company so escalated to ICB who have commissioned Commencing bespoke days from May Next HCA Open Day 22nd April Next advert Monday 24th April 2023 Number of HCAs commencing in future months <ul style="list-style-type: none"> 17.04.2023 - 33 (Adult) and 7 Children 09.05.2023 - 33 (Adult) 05.06.2023 - 32 (Adult) 32 candidates awaiting pre employment checks from interviews held in March 2023 Receiving good feedback about microsite & enquiries for HCA roles so formal launch will increase visibility This work will launch in April and commence May with aim of enhancing clinical team working

Well Led – Midwives Vacancies



Current Performance			Three Month Forecast		
Mar 23	YTD	Target	Apr 23	May 23	Jun 23
14.0%	14.0%	10%			

National Position & Overview

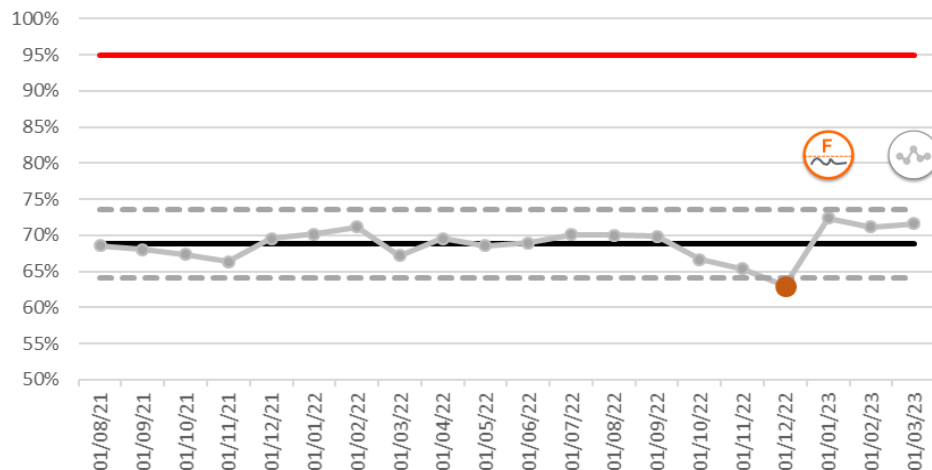
Vacancy rate improvements since October 2022

Actual In Post Midwife to Birth Ratio 1: 27.5 (fewer midwives per birth than target for actual v's funded establishment). Based on NHS Workforce Statistics (December 2022) UHL have fewer midwives to births than the national ratio of 1:26

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> Ongoing challenges across maternity services due to previous underinvestment in workforce. Previous use of safe staffing tools to understand and meet establishment requirements UHL themes: reasons for leaving include relocation, promotion, adult dependents / child dependents (flexible working) 	<ul style="list-style-type: none"> Rolling Advert (4weekly) with interviews scheduled for April Launch of Recruitment / Career Nursing, Midwifery, Support Worker Microsite (Mar 2023) 9 International midwives now in post (5 with NMC pin and 4 on the OSCE pathway) Recruitment, Retention, and Pastoral Team (x 3 Midwives) in post Targeted work and promotion of flexible working & stay interviews BirthRate Plus Workforce Assessment commenced (anticipated timeline 2 months for completion) 'Stay' interviews Targeted recruitment underway – Maternity Services Coordinators, Telephone Triage, Advanced Clinical Practitioners, Quality Improvement Midwives Strengthened midwifery leadership to support development opportunities of midwives Attendance at Midlands Midwifery Festival May 2023 Newly formed MW/MSW Workforce Planning Working Group established, meeting fortnightly 	<ul style="list-style-type: none"> 4 additional International Recruits due to start July 2023 with 2 pending for September 10 Interviews scheduled for April 2023 To agree priorities and develop workforce plan for 2023/2024 (Draft Plan expected June 2023) Midwife commencing via HEE return to midwifery scheme

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

ED 4 hour waits Acute Footprint



Current Performance

Mar 23	YTD	Target
71.6%	68.9%	95%

Three Month Forecast

Apr 23	May 23	Jun 23

National Position & Overview

In March, UHL ranked 56th out of 112 Acute Trusts. The National average in England was 71.5%. Only 1 out of the 112 Acute Trusts achieved the target. UHL ranked 6th out of 16 trusts in its peer group. The best value out of the Peer Trusts was 76.3% and the worst value was 62.9%.

Root Cause

- Crowding in ED due to chronic and sustained lack of flow
- High Inflow of particularly in walk-in impacting on ambulance arrivals
- UHL bed occupancy >90%
- 14% less G&A beds than average

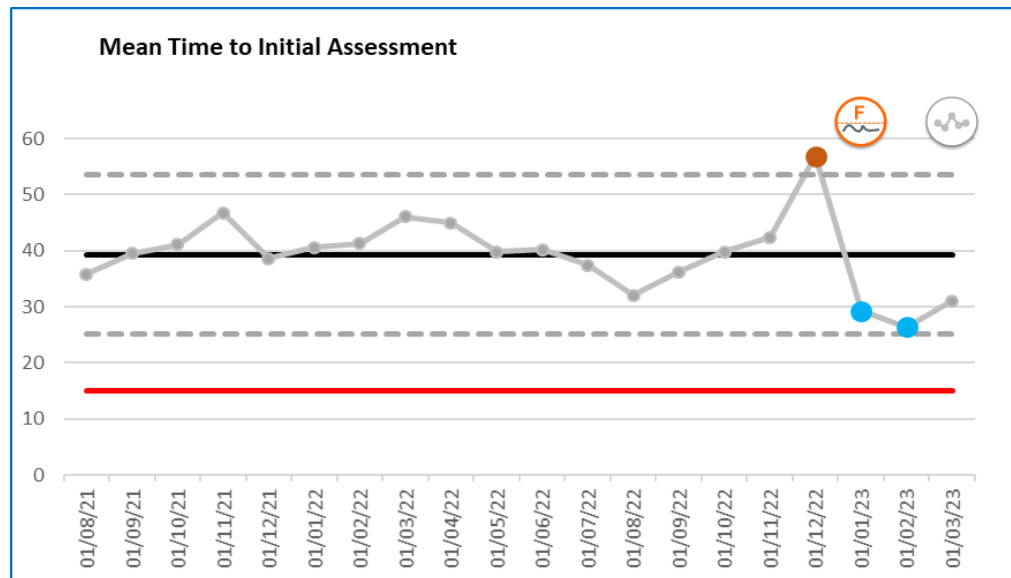
Actions

- Overnight consultant in ED rota in place and continued increase in uptake of shifts noted
- MlaMI extended opening times 8am to 12pm and additional GP in place
- Emergency flow action plan focus on reduction in non-admitted breaches and adherence to new Inter Professional Standards
- Opened pre-transfer unit at LRI
- Extension of discharge lounge at LRI (move of physio therapy)
- Extension of GPAU (Dermatology move)
- Separate action plan in development

Impact/Timescale

- In place
- In place
- Monitored via CMG PRM's
- Completed
- Commenced and will complete October 23
- September 2023
- Completed March 2023 next review May 2023

Responsive (Emergency Care) – Mean Time to Initial Assessment

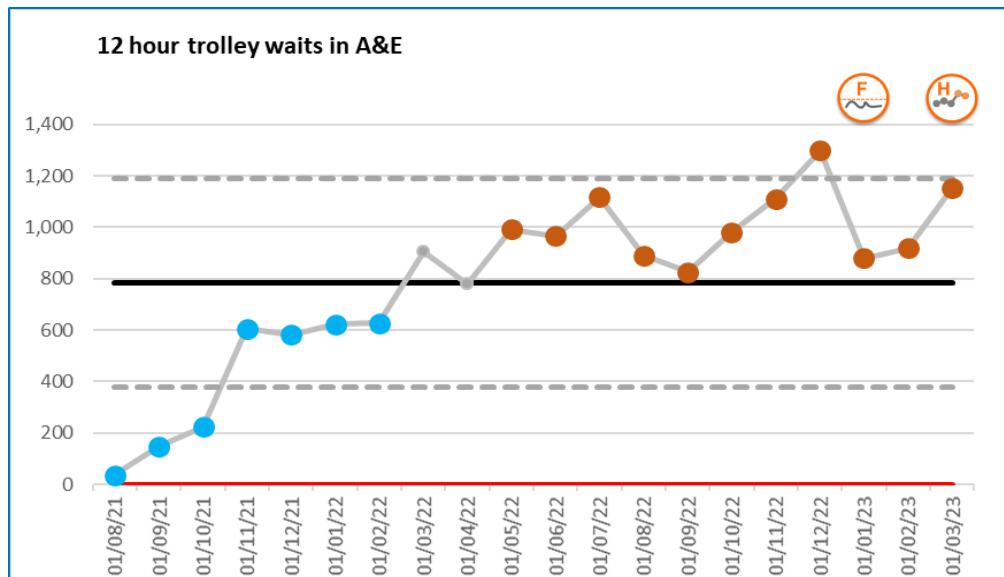


Current Performance			Three Month Forecast		
Mar 23	YTD	Target	Apr 23	May 23	Jun 23
31.1	38.3	15			

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

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

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



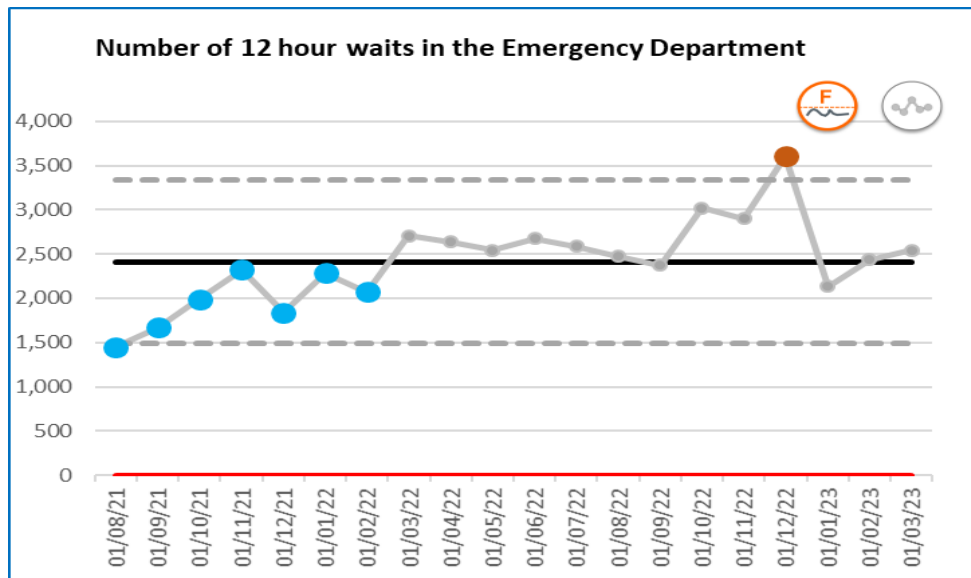
Current Performance			Three Month Forecast		
Mar 23	YTD	Target	Apr 23	May 23	Jun 23
1,155	11,916	0			

National Position & Overview

In March, UHL ranked 120th out of 124 Major A&E NHS Trusts. 17 out of the 124 Trusts achieved the target. The best value nationally was 0 and the worst value was 1,422. UHL ranked 15th out of 18 trusts in its peer group.

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

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

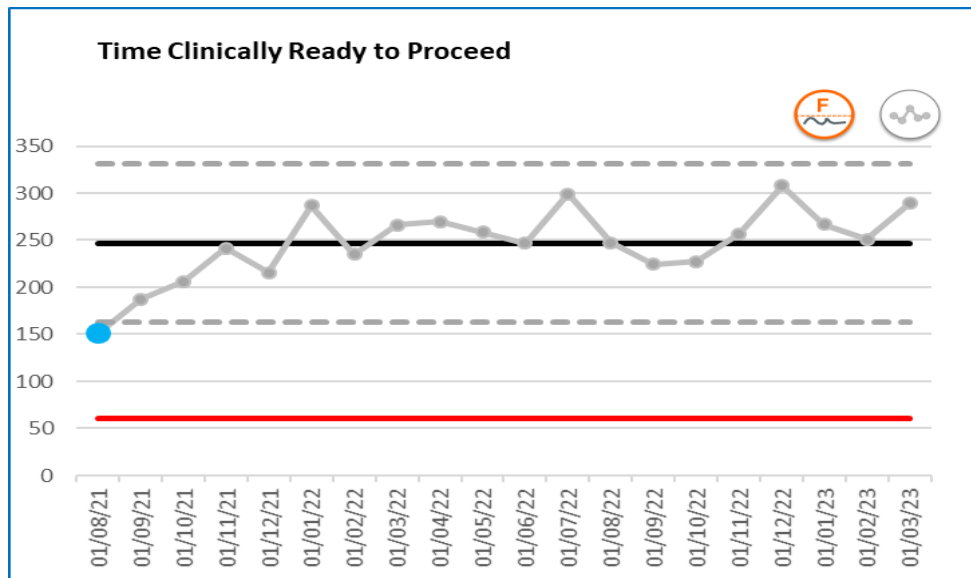


Current Performance			Three Month Forecast		
Mar 23	YTD	Target	Apr 23	May 23	Jun 23
2,540	31,911	0			

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

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

Responsive (Emergency Care) – Time Clinically Ready to Proceed

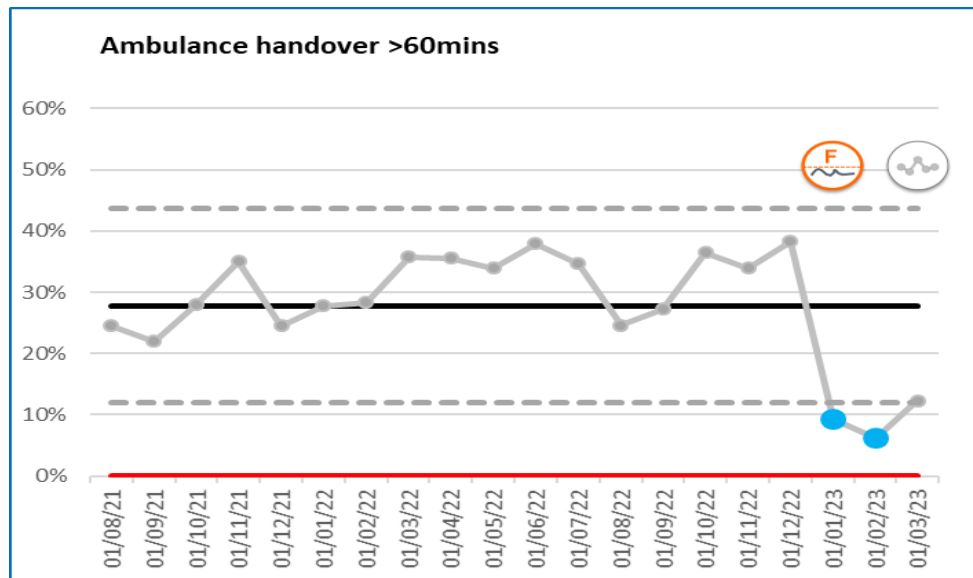


Current Performance			Three Month Forecast		
Mar 23	YTD	Target	Apr 23	May 23	Jun 23
289	262	60			

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

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

Responsive (Emergency Care) – Ambulance Handovers >60 Mins

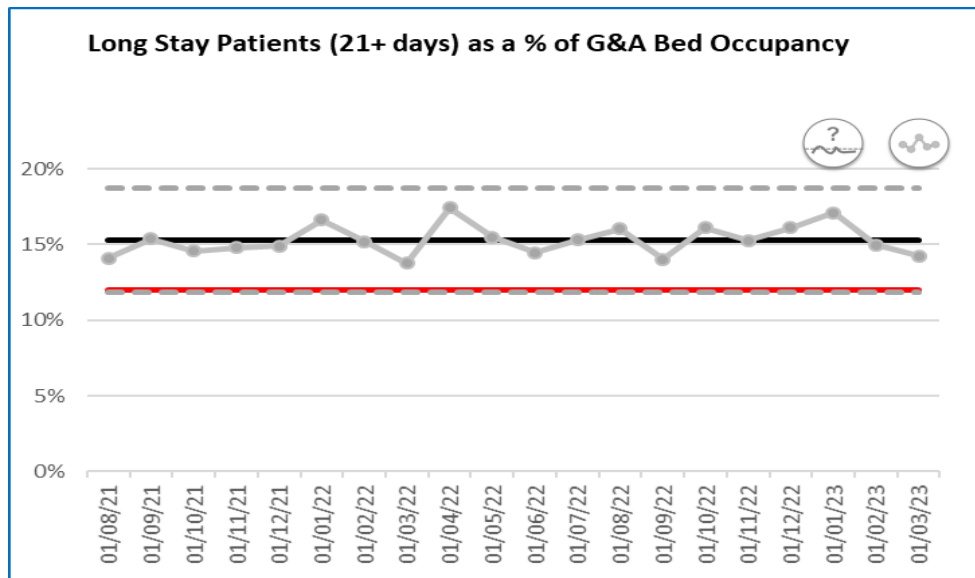


Current Performance			Three Month Forecast		
Mar 23	YTD	Target	Apr 23	May 23	Jun 23
12.3%	27.6%	0%			

National Position & Overview
<p>LRI ranked 16th out of 23 sites last month (source EMAS monthly report) and saw a significant improvement in the percentage of handovers over 60 minutes.</p> <p>UHL recorded the highest number of handovers over 60 minutes last month, 562, and had the second highest number of arrivals, 4,554 (source EMAS monthly report).</p>

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> Poor outflow across the emergency care pathway. High inflow of walk-in patients competing with ambulance patients for trolley space Sick patients walking in due to inability to get an ambulance 	<ul style="list-style-type: none"> Medical in reach in place 24/7 Utilisation of pre-transfer unit at LRI Embed Urgent Care Co-ordination hub – Extended hours in place from Ensure utilisation of UHL beds in Care Home Embed Rapid Flow Policy in line with North Bristol Implement boarding on wards Implement escalation SOP at LRI Implement escalation SOP at GH Develop permanent cohorting facility at LRI Develop permanent cohorting facility at GH 	<ul style="list-style-type: none"> In place Completed 2023 In place Ongoing – daily / weekly monitoring Ongoing November 2022 - ongoing December 2022 – ongoing April 2023 April 2023

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



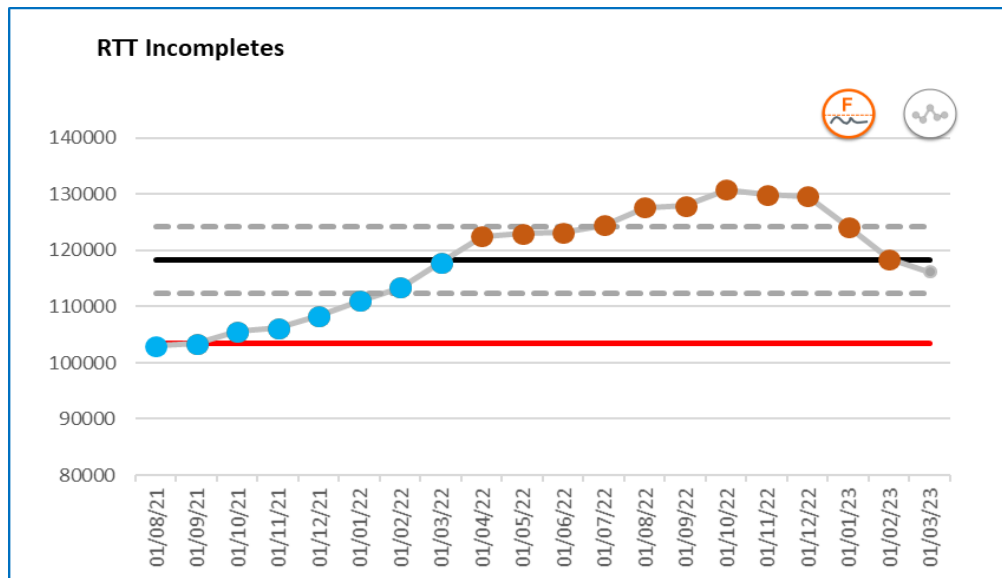
Current Performance			Three Month Forecast		
Mar 23	YTD	Target	Apr 23	May 23	Jun 23
14.3%	14.3%	12%	14	14	13

UHL is ranked 7th out of 20 trusts in the Midlands for the % beds occupied by Long Stay (21+ Day) patients (for the w/c 27/03/23).

- 37 (219) Patients (17%) are receiving appropriate care/ treatment on a neuro rehabilitation or brain injury pathway or on an Intensive care Unit or Infectious Diseases Unit.
- 65 Patients (30%) are medically optimised for discharge with no acute medical reason to stay .

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> • Circa 114 Complex Medically optimized for discharge patients of which 65 have a LLOS and are awaiting a discharge outcome from the LLR discharge coordination hub. • Suboptimal /inconsistent Discharge Coordination: Over investigation, family /carer involvement, board rounds , red2green principles, preparing the patient in advance of discharge. In addition to impacts of long stays in ED, extra capacity wards, outlying and boarding of patients. 	<p>Continue to work with health and social care system partners during April to:</p> <ul style="list-style-type: none"> • Continue to review and convert pathway 2 discharges to Pathway 1. • Work with LPT to pre-book Community hospital transfers. <p>Work with CMG's to:</p> <ul style="list-style-type: none"> • Reduce 'lost' discharge outcomes. • Undertake HART pilot across Specialty Medicine wards at LRI. • Re-establish IDT hub and partnership working environment. 	<ul style="list-style-type: none"> • Aim to reduce number of MOFD patients waiting for discharge in UHL beds. • Reduce daily 'lost discharges' • Increase numbers of patients discharged on a Pathway 1.

Responsive (Elective Care) – RTT Incompletes

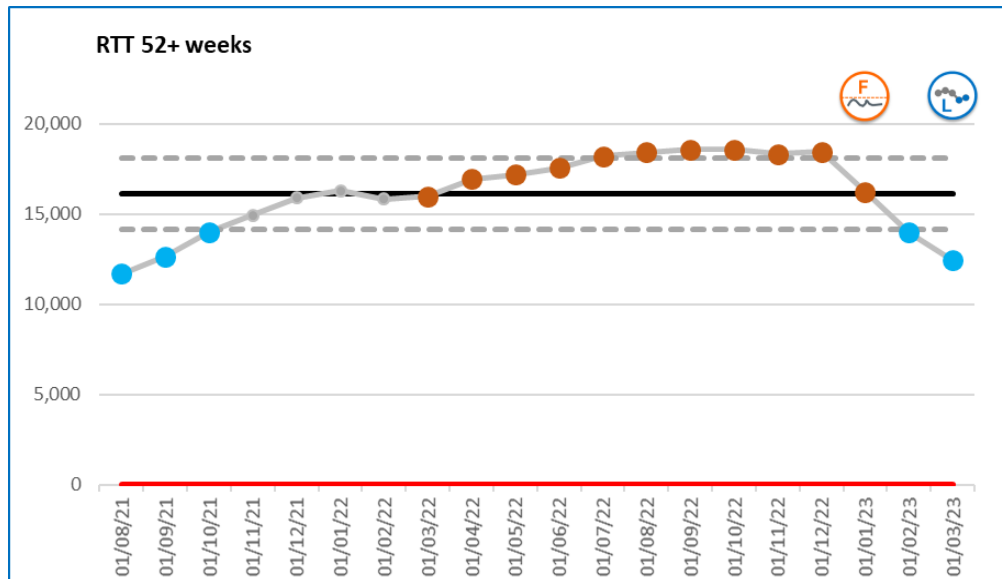


Current Performance			Three Month Forecast		
Mar 23	YTD	Target	Apr 23	May 23	Jun 23
116,195	-	103,403			

National Position & Overview
At the end of February, UHL ranked 15th out of 18 trusts in its peer group with a total waiting list size of 118,475 patients. The best value out of the 18 Peer Trusts was 66,671, the worst value was 204,201 and the median value was 84,872. (Source: NHSE published monthly report)

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> Impact of reduced outpatients and Inpatient activity. Due to COVID-19 and the introduction of social distancing and infection prevention measures. Continued growth in demand against significant number of specialities Continued workforce challenges within ITAPS reducing theatre capacity Estate- lack of theatre capacity and outpatient capacity to increase sessions Significant productivity challenges across elective care 	<ul style="list-style-type: none"> Elective Care Strategy developed with eight key Elective Recovery Interventions aligned to the National Elective Recovery Framework. Validation plan has been developed and is underway to ensure a 'clean waiting' list is in place. Demand and Capacity modelling being commissioned to support future planning. Refresh of the elective Access policy in line with national guidance 	<ul style="list-style-type: none"> Various actions as part of eight interventions. Key for UHL include a programme on: Productivity and releasing constraints, Validation and Use of the Independent Sector. Key deliverables are identified in year 1, 2 and 3 of the programme. RTT team had closed over 11,500 pathways by the end of March 23. Pathways closed using AccuRX technology have also resulted in the closure of a further 11,000 pathways. D&C due to report end of March 23. First draft to be complete by end of April 23. Consistent application of waiting times management

Responsive (Elective Care) – RTT 52+ Weeks



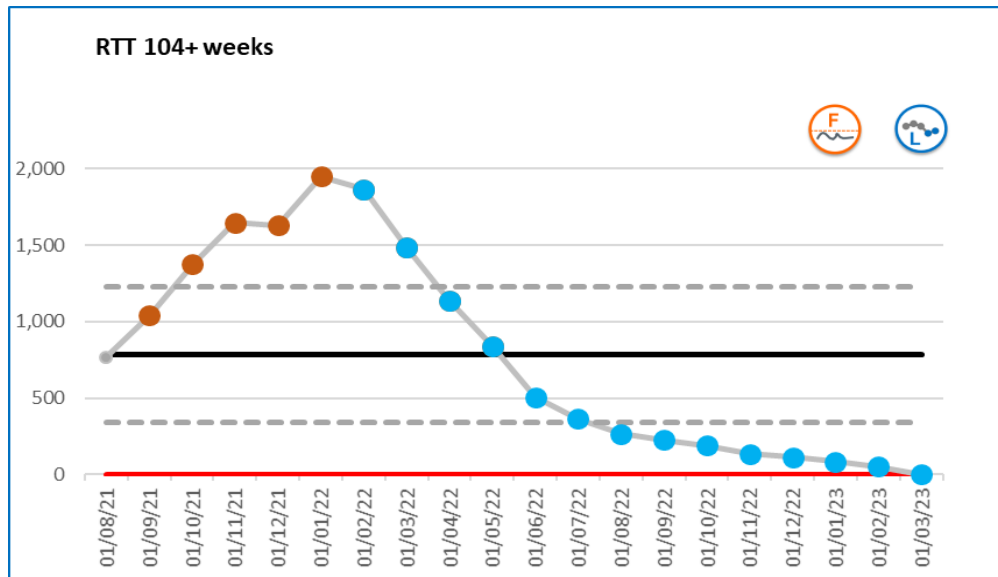
Current Performance			Three Month Forecast		
Mar 23	YTD	Target	Apr 23	May 23	Jun 23
12,425	-	0			

National Position & Overview

At the end of February, UHL ranked 16th out of 18 trusts in its peer group with 13,989 patients waiting over 52+ weeks. The best value out of the 18 Peer Trusts was 747, the worst value was 26,616 and the median value was 4,267. (Source: NHSE published monthly report)

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> Impact of COVID-19 on planned activity capacity led to a growing backlog Significant operational pressures due to the emergency demand impacting upon elective activity Challenged Cancer position and urgent priority patients requiring treatment Workforce challenges in anaesthetics leading to cancellations of theatre lists Admin workforce challenges across a range of posts, particularly band 2/3 impacting on ability to book patients 	<ol style="list-style-type: none"> Increase numbers sent to Nuffield IS provider and BMI Park Establish future mutual aid requirements to get to 78-week position and then 65 weeks for March 24. Mutual aid requests to be submitted on DMAS (Digital Mutual Aid System) Contract in place with Trentcliffs IS provider for General Surgery, Bariatric and Urology. Recruitment plan in place for ITAPS Admin workforce plan in development. Agreement with IS providers to transfer whole pathway (from first OPA to surgery) Validation plan 	<ol style="list-style-type: none"> Fortnightly meeting in place to monitor performance. Reduction in elective backlog. 1 admitted patient, and 4 cohorts of non admitted full pathways have been uploaded onto DMAS. This equates to 231 patients with 75 offers of support made and accepted. Ongoing improving position from December 22. Reduction in admin vacancies. Impact is improved administrative processes leading to improved o/p and theatre productivity, reduced patient DNAs and OTDCs. Reducing backlog - over 500 patients have been sent to the IS since December. Ensuring clean waiting list. 98% of patients waiting over 52 weeks have been validated within the last 12 weeks. Impact shown in reduction of those waiting over 52 weeks.

Responsive (Elective Care) – RTT 104+ Weeks



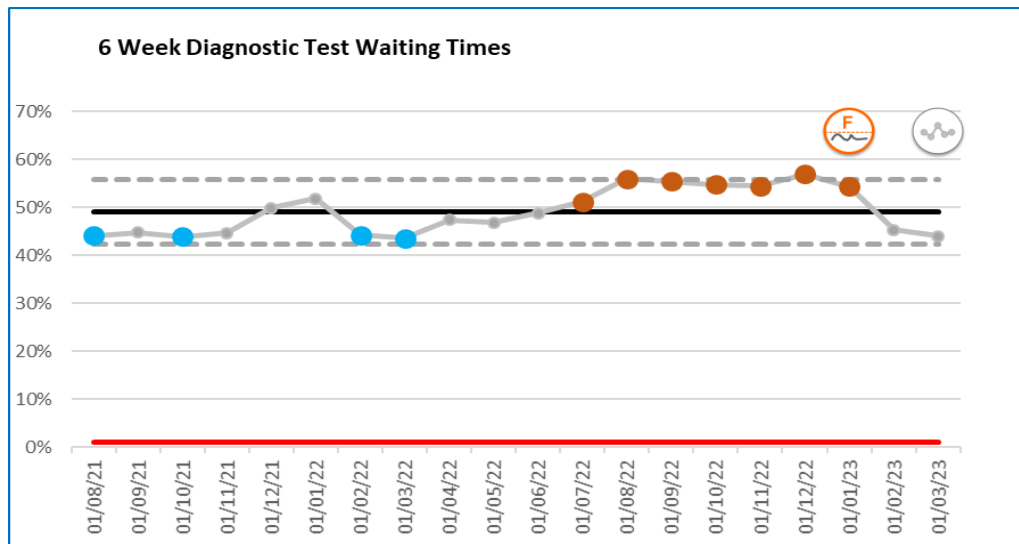
Current Performance			Three Month Forecast		
Mar 23	YTD	Target	Apr 23	May 23	Jun 23
2	-	0			

National Position & Overview

At the end of February, UHL ranked 16th out of 18 trusts in its peer group with 53 patients waiting 104+ weeks. The best value out of the 18 Peer Trusts was 0, the worst value was 78 and the median value was 6. (Source: NHSE published monthly report)

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> Impact of COVID-19 on elective backlog and increasing demand. Significant operational pressures due to the emergency demand ,UHL consistently at OPEL 4 impacting on elective operating Theatre capacity which has been available has been used for clinical priority, cancer patients, and P2's Workforce challenges in anaesthetics leading to cancellations of theatre lists Admin workforce challenges across a range of posts, particularly band 2 impacting on ability to book patients 	<ul style="list-style-type: none"> Weekly meetings in place with CMGs to go through individual plans for those patients at risk of being/or at 104, to ensure route to zero by the end of March. Daily monitoring of long waiters on PTL Twice weekly updates and request for prioritised attention sent to CMGs throughout March 	<ul style="list-style-type: none"> Plan to be at zero 104 weeks by end of March. Forecast 2 waiters at end of March due to impact of March industrial action. Forecast position was achieved. Close monitoring of the 104 position remains in place to ensure zero/minimal breaches.

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

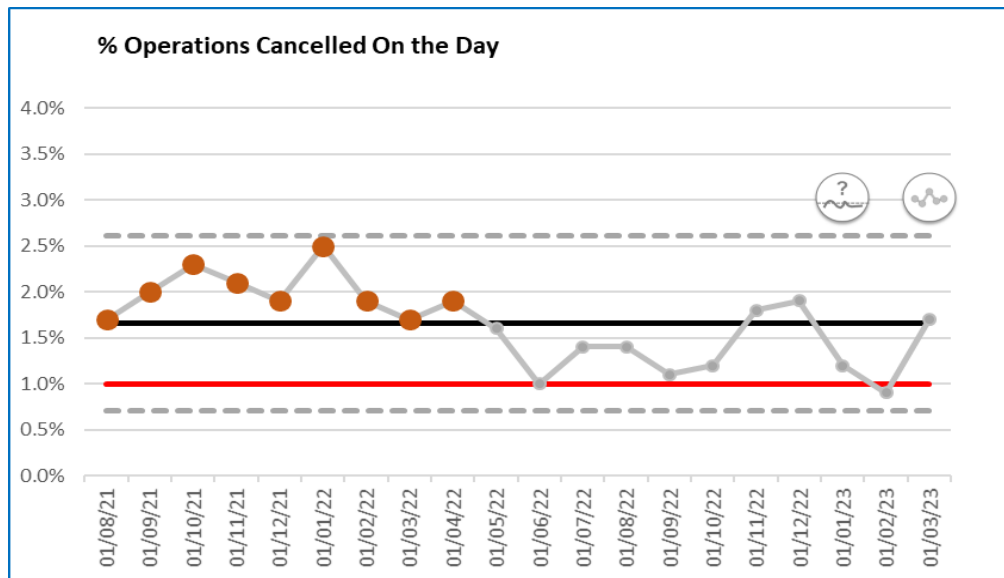


Current Performance			Three Month Forecast		
Mar 23	YTD	Target	Apr 23	May 23	Jun 23
44.0%	44.0%	1.0%	N/A	N/A	N/A

National Position & Overview
<p>Published National data at the end of February 23 shows 1.6m on the diagnostic waiting list. UHL with 37,060 are ranked as the 3rd highest waiting list. Performance has improved from a peak in October to the end of March position which is a 15% reduction in the overall waiting list a c.30% reduction for 6+ week waits and 40% for 13+ waits. Improvement has been delivered by additional insourcing, increasing productivity and validation of the waiting list in Radiology, ECHO and Endoscopy.</p>

Root Cause	Actions	Impact/Timescale
<p>Diagnostics pressure areas are in the main:</p> <ul style="list-style-type: none"> Echo Urodynamics Non-obstetric ultrasound Endoscopy <p>Root cause</p> <ul style="list-style-type: none"> Clinical workforce – national shortage Admin recruitment Pressures from cancer pathways Emergency demand impacting on elective capacity 	<p>Insourcing:</p> <ul style="list-style-type: none"> ECHO from 09/01/23 in place NOUS from 16/01/23 in place Modular Endoscopy case approved by FIC March 23. <p>Productivity:</p> <ul style="list-style-type: none"> Concurrent running of Echo rooms for inpatient scanning from 06/01/23 Endoscopy booking plan. Workforce Bureau support in place and outsourcing model from 03/04/23 <p>Validation:</p> <ul style="list-style-type: none"> Endoscopy – clinical validation in place. 20% removal rate. ECHO – clinical validation in place. NOUS – 5% removal rate using AccuRX . Roll out to DEXA commenced. <p>Other:</p> <ul style="list-style-type: none"> Request for mutual aid. Plans on a page for key modalities to be signed off by 31/03/23 	<ul style="list-style-type: none"> The key actions that were set out in late December early January have been actioned and will continue into 23/24. Significant reduction in long waits evidenced in NOUS, Echo and DEXA. Risk remains around complex imaging however expect to deliver Tier 1 recovery trajectories as set with NHSE in January 23. For 23/24 expect c.76% for all DM01 activity against an interim standard of 85% by end of March 24. 6/7 modalities will deliver based on the assumptions made. Nous achieves 70% based on current interventions. 2 out of 3 plans on a page signed off. Final one to be completed by 28/04.

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

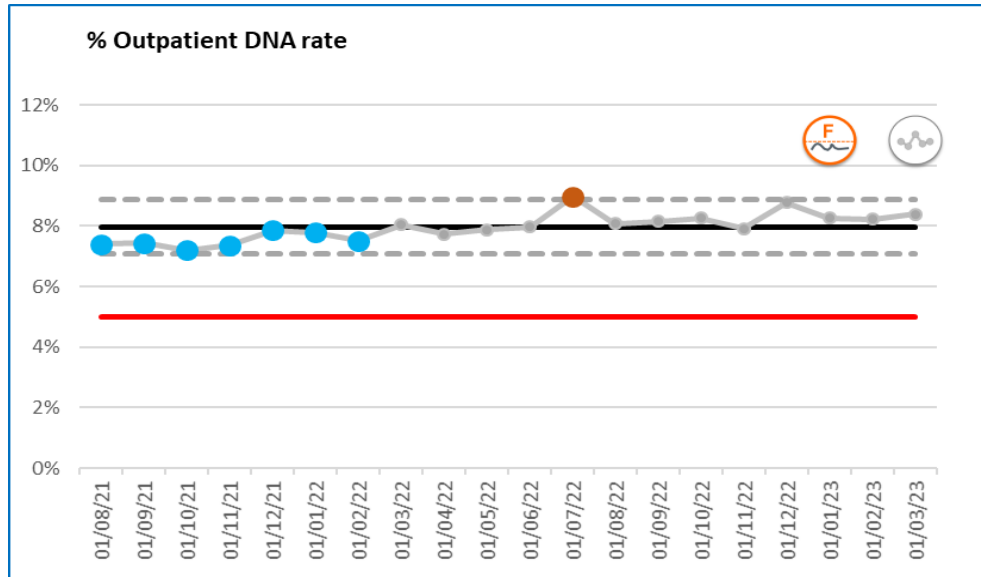


Current Performance			Three Month Forecast		
Mar 23	YTD	Target	Apr 23	May 23	Jun 23
1.7%	1.4%	1%			

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

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> Clinical Cancellations. Patient unfit for operation/procedure remains the biggest reason for clinical cancellations at 17.2% (<i>QlikSense-March 23</i>) Non-Clinical (Hospital) cancellations. Increase in OTDC due to a lack of theatre time, contributed by the bad weather experience in March with most list starting late over that period. Increased admin errors, duplications of bookings and admin vacancies impacted on the compliance with the 6-4-2 process. Lack of surgical flow and emergency demand impacting on elective capacity Patient Cancellations. Patient Did Not Attend remains the biggest reason for patients cancellations (10%). 	<p>Extending the SAS: Theatre Productivity meeting on the 26th April 2023 to focus on OTDC. Drive best practice principles through weekly SAS and feed back into monthly Theatre Productivity Board .</p> <ul style="list-style-type: none"> Validation of waiting lists Calling all patients when booking their TCI date Accurx – 7/5-day text message - to capture any last-minute social or medical problems since Pre-assessment Pre-op phone call (48/24hours before surgery) Clinical oversight of operating list - reviewing list order etc. Introduction of Standby patients <p>Regional POA GIRFT support sourced to mitigate short fall within POA Project Manager Post – Vacancy back out for recruitment.</p>	<ul style="list-style-type: none"> Good practice principles to be presented to services on the 26th April 2023, for agreement on next steps and implementation. Defining a population of patients who are “good to go” in terms of surgery and the implementation of Standby patients by end of April 23. Weekly validation of cancellations to determine if clinical OTDC were avoidable or unavoidable or indeed if any secondary learning such as good practice or areas that could be strengthened in process. To be picked up by the POA lead quality nurse - started in post 17th April 23. OTDC action plan to be produced by the end of April 23 and tracked through SAS and TPAB.

Responsive (Elective Care) – Outpatient DNA Rate



Current Performance			Three Month Forecast		
Mar 23	YTD	Target	Apr 23	May 23	Jun 23
8.4%	8.2%	5.0%	8.3%	8.2%	8.1%

National Position & Overview

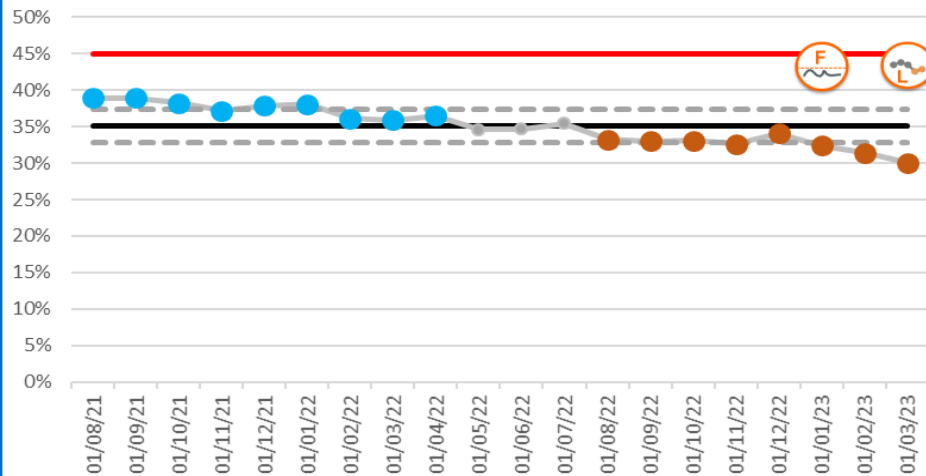
UHL compares better than its peers for the current financial year, 8.1% compared to 8.6% (data for April 22 to January 23, source CHKS).

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

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

Responsive (Elective Care) – Outpatient Non Face to Face

% Outpatient Non Face to Face



Current Performance

Mar 23	YTD	Target	Three Month Forecast		
Mar 23	YTD	Target	Apr 23	May 23	Jun 23
30.1%	33.4%	45.0%	28%	28%	28%

Three Month Forecast

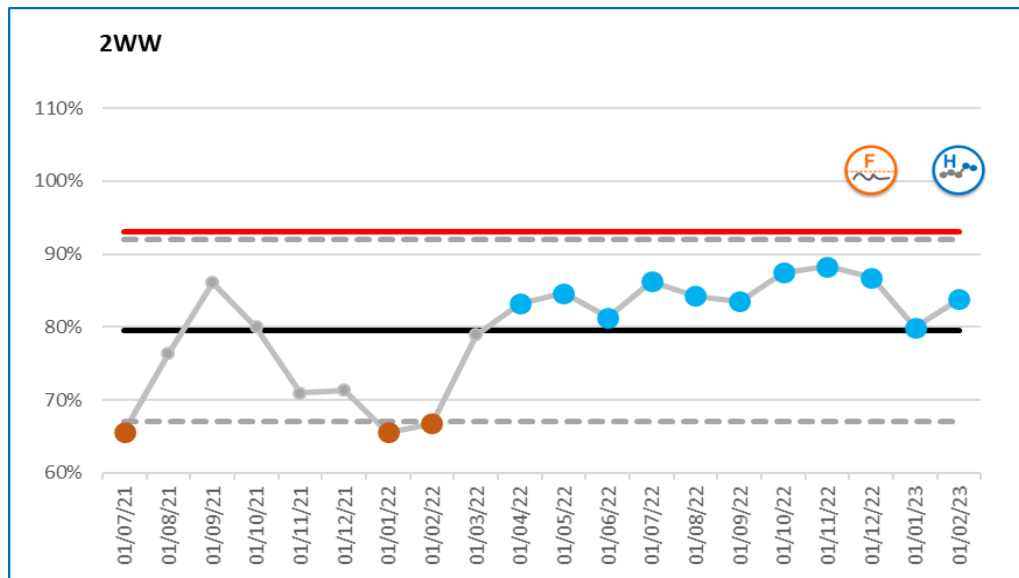
National Position & Overview

Peer data not currently available.

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

Root Cause	Actions	Impact/Timescale
<ol style="list-style-type: none"> Not all Outpatient rooms and consultant offices are set up for video consultation eg no webcam or 2nd screen, and not all rooms have phones in them There is a fear of losing consulting rooms amongst clinicians therefore they are bringing patients in F2F Some clinicians and patients do prefer F2F over non F2F Poor experience with One Consultation has made rollout of Attend Anywhere more challenging 	<ol style="list-style-type: none"> All of central outpatient rooms have now been provided with webcams, 2nd screens and headsets. Other OP areas have been asked what they need. Services are being encouraged to run blended clinics (part F2F/part non F2F) so the room will still be needed. Transformation Leads are working with services offering more F2F then non F2F. Attend Anywhere and AccuRx demos are being carried out and kit is being supplied to encourage video consultation as an alternative. Improve comms around the benefits of video consultation. 	<ul style="list-style-type: none"> All actions, plus others, are happening imminently to help increase the number of non F2F appointments. Historically virtual notes reviews have been recorded and submitted as Non F2F activity – we will no longer be submitting virtual notes review activity as it will be classed as remote monitoring and this will reduce the Non Face to Face data even further from April 23.

Responsive Cancer – 2 Week Wait



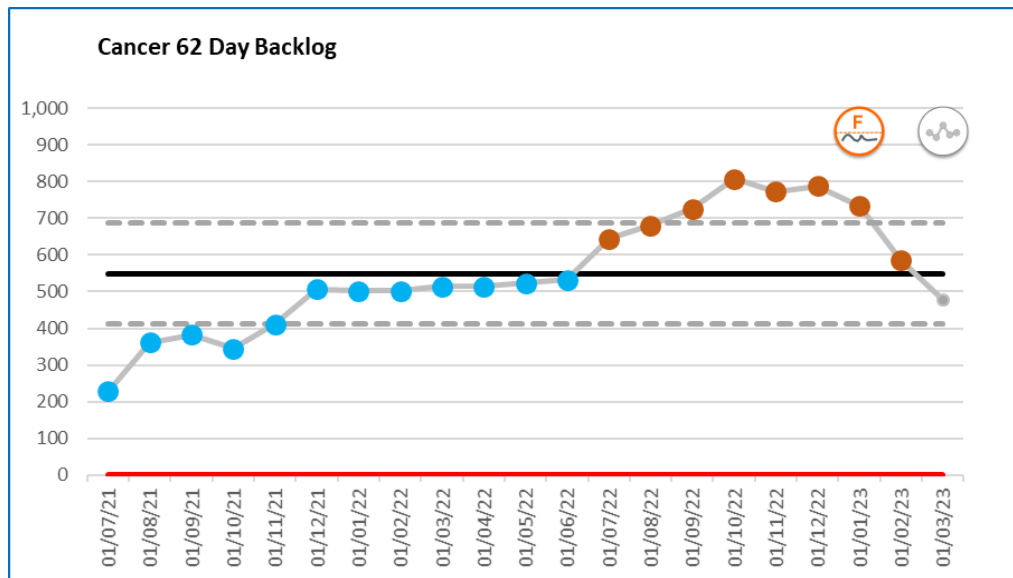
Current Performance			Three Month Forecast		
Feb 23	YTD	Target	Mar 23	Apr 23	May 23
83.8%	84.5%	93%	84%	85%	85%

National Position & Overview

In February, UHL ranked 94th out of 135 Acute Trusts. The National average was 86.1%. 49 out of the 135 Acute Trusts achieved the target. UHL ranked 14th out of the 18 UHL Peer Trusts. The best value within our peer group was 96.7%, the worst value was 63.5% and the median value was 89.4%.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> In February 2WW demand was 6.5% over 2022 equivalent level. Despite the pathway improvements the 2WW standard remains at risk due to the sustained increase in demand, predominately in out-patients and endoscopy and workforce challenges in both admin and clinical areas. 	<ul style="list-style-type: none"> LOGI 50+FIT pathway implemented 04/01/23 Non Site Specific Symptoms pathway implemented 04/01/23 Continuation of Breast pain pathway & insourcing of under 35s Continuation of AI teledermatology provider into 23/24 Recruitment to Endoscopy booking team vacancies Expand prostate CNS triage service 	<ul style="list-style-type: none"> January – significant reduction in LOGI referrals evidenced January – significant diversion of other tumour site referrals expected immediate – increase in 2ww capacity February – Increase in FDS capacity

Responsive Cancer – Cancer 62 Day Backlog



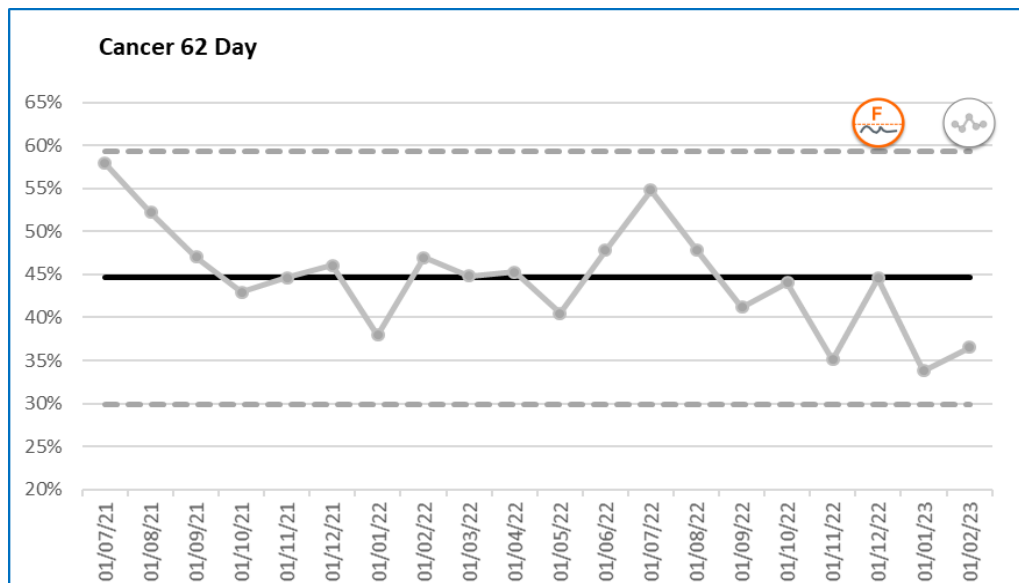
Current Performance			Three Month Forecast		
Mar 23	YTD	Target	Apr 23	May 23	Jun 23
478	478	0	517		

National Position & Overview

National data not currently available for reporting.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> Although reducing 2 day and 104 day backlogs remain high as a result of ongoing demand and capacity constraints. Urology remains the key area of concern, with LOGI and Skin as the next largest. Constraints include capacity, specifically outpatient, diagnostic and clinical administrative time, in addition to workforce to deliver additional capacity. 	<ul style="list-style-type: none"> Clinically prioritise all cancer patients Weekly PTL review meetings with >104 clinical review & adoption of the 'golden patient' Clinical review of PTL to support Urology and Colorectal Implement in week additional capacity for prostate biopsies Share dynamic backlog report tool, including next steps, to support focused actions for recovery. Continued validation of PTLs and cancer data NSS/Pre-diagnosis CNS commenced to support patient engagement 	<ul style="list-style-type: none"> Updated action plans by tumour site in progress IST support from 01/03/23 NSS/Pre-diagnosis CNS supporting patient engagement across all PTLs Key tumour sites ahead of trajectory.

Responsive Cancer – Cancer 62 Day

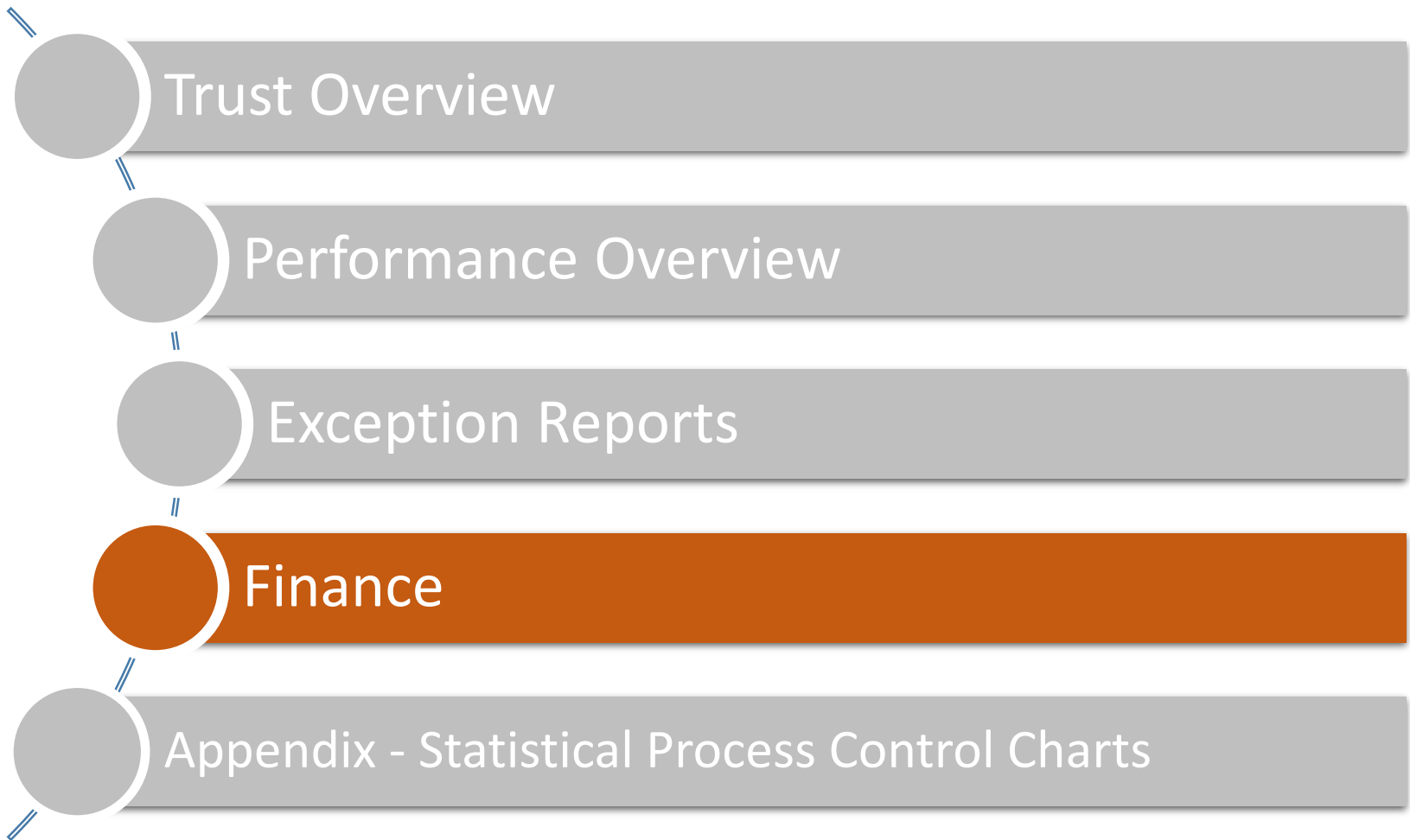


Current Performance			Three Month Forecast		
Feb 23	YTD	Target	Mar 23	Apr 23	May 23
36.5%	42.5%	85%			

National Position & Overview

In February, UHL ranked 130th out of 135 Acute Trusts. The National average was 58.2%. 10 out of the 135 Acute Trusts achieved the target. UHL ranked 18th out of the 18 UHL Peer Trusts. The best value within our peer group was 68.8%, the the median value was 49.5%.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> Capacity constraints across all points of the pathways High backlog levels being treated and prioritised having a direct impact on performance Oncology and radiotherapy capacity continues to be challenged with high wait times Workforce challenges including recruitment and reduction of WLI activity 	<ul style="list-style-type: none"> Continue to clinically prioritise all patients Weekly PTL review including additional support in Urology. Review national timed pathways and identify possible areas for improvement Significant investment to support Onc/Radth/Haem Increased Pathology provision 	<ul style="list-style-type: none"> Individual tumour site review of average time at each stage of the pathway. The initial data shows good FDS turnaround but delays in decision to treat and treatment timescales across multiple tumour sites. Bed capacity impact post reconfiguration has reduced on the day cancellations (particularly in LOGI, UPGI and Urology). Recruitment for Onc/Radth investment in progress



Single Oversight Framework – Month 12 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	M12 YTD Plan of £0	M12	-£12.5m	£7.1m		CFO
		Capital expenditure against plan	M12 YTD Plan of £96.8m	M12	£96.5m	£43.3m		CFO

Summary Financial Position

	I&E YTD				
	Plan	Forecast	Actual	Variance to Plan	Variance to Forecast
	£'000	£'000	£'000	£'000	£'000
NHS Patient-Rel Income	1,207,175	1,256,141	1,321,385	114,210	65,244
Other Operating Income	136,180	148,706	164,840	28,661	16,134
Total Income	1,343,354	1,404,847	1,486,225	142,871	81,378
Pay	(788,248)	(822,056)	(886,544)	(98,296)	(64,488)
Agency Pay	(22,106)	(27,446)	(28,372)	(6,265)	(926)
Non Pay	(470,113)	(505,476)	(525,158)	(55,045)	(19,682)
Total Costs	(1,280,467)	(1,354,978)	(1,440,073)	(159,607)	(85,096)
EBITDA	62,888	49,869	46,152	(16,736)	(3,718)
Non Operating Costs	(63,861)	(63,202)	(80,826)	(16,965)	(17,624)
Retained Surplus/(Deficit)	(973)	(13,333)	(34,675)	(33,701)	(21,342)
Donated Assets	973	733	242	(731)	(491)
Net Total Surplus/(Deficit)	(0)	(12,600)	(34,432)	(34,432)	(21,832)
Prior Period VAT Adjustment	0	0	10,282	10,282	10,282
PPE Stock	0	0	186	186	186
Less Capital Impairment	0	0	11,510	11,510	11,510
Reported Control Total Surplus/(Deficit)	(0)	(12,600)	(12,455)	(12,455)	145

Comments – YTD Variance to Plan

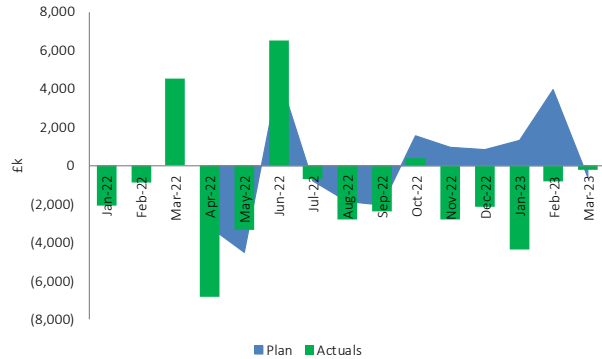
Total Income: £142mF: driven by additional income for pay awards £41.5mF, 6.3% NHSEI pension contribution £32.6mF, Income for LPT contract offset in expenditure £4mF, excluded drugs and devices which are offset in non-pay 10.3mF, funding for the community diagnostic hub (CDH) offset by expenditure £3.5mF, ambulance handover income of £5.2mF offset by expenditure, research grant income of £3.2mF offset by expenditure, training and education income £4.8mF, car parking/catering income £2mF, CIP £6.4mF, private/overseas patient income across various CMGs £1.9mF, additional patient related income relating to 22/23 contract variations £14mF, addition System funding of £6.7mF, recognition of year end PPE stock £2.4mF and other income of £3.5mF.

Pay and Agency: £104.6mA is driven by 22/23 pay award of £41.5mA offset by income, 6.3% NHSEI pension contribution £32.6mA which is offset by income, LPT contract pay costs of £2.6mA, Emergency pathway £7.6mA, £4mA ambulance handover, CDH £0.8mA, ESM unfunded beds £0.6mA and £4.8mF cash releasing pay CIP which is offset by improved vacancy recruitments and increased fill across all staffing groups.

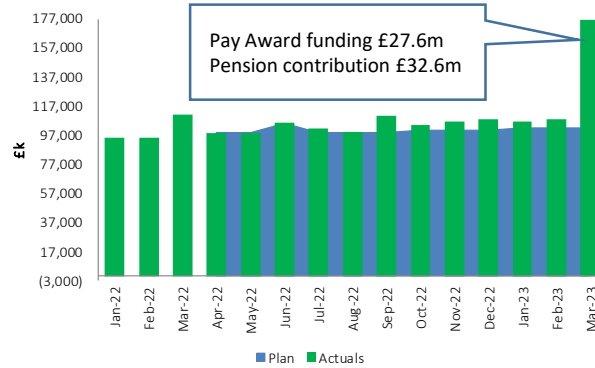
Non Pay: £55mA includes £10.3mA pass through drugs, £1.5mA LTP costs both offset within income, £10mA cash releasing CIP, £2.4mA emergency pathway, £2.7mA on CDH offset by income, £1.3mA ambulance handover plan offset by income, research expenditure of £3.4mA offset by income, £1.6mA bad debt provision, £3mA insourcing, £3.2mA block drugs, £3.2mA excess inflation above plan, £2.5mA opening balance adjustment, ESM unfunded beds £1.1mA, £1.4mA car park and security, maternity clinical negligence provision £1.6mA, catering/cleaning £1.6mA, provisions and liabilities £3mA and other non-pay £1.2mA.

Month 12 Dashboards

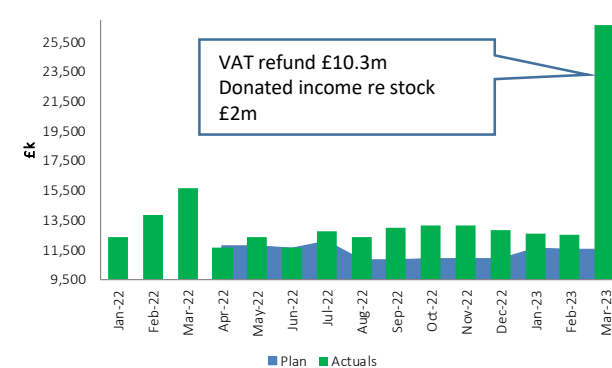
Monthly Surplus/(Deficit)



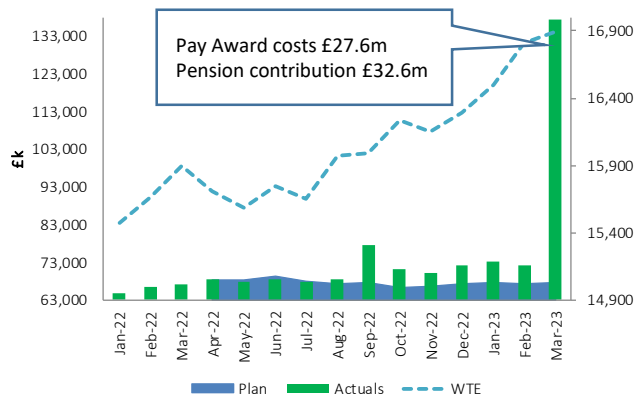
Monthly PCI Income



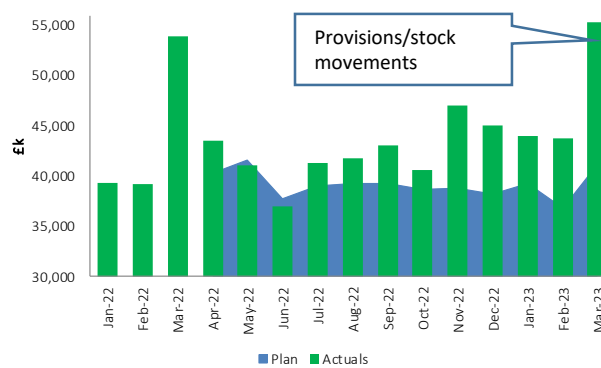
Monthly Other Income



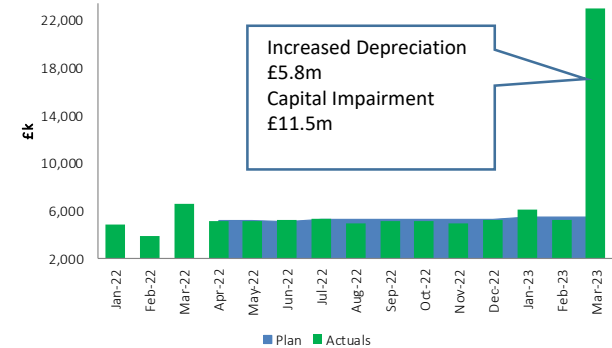
Monthly Substantive/Bank/Agency Pay



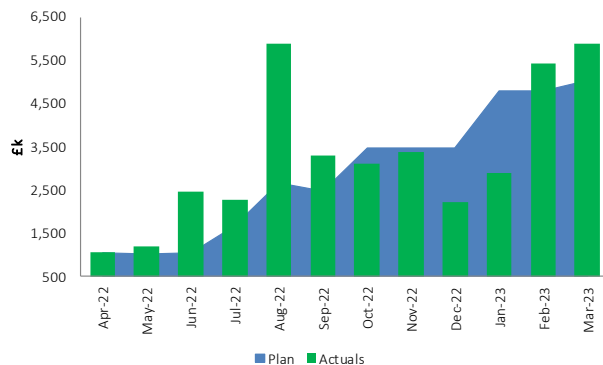
Monthly Non Pay



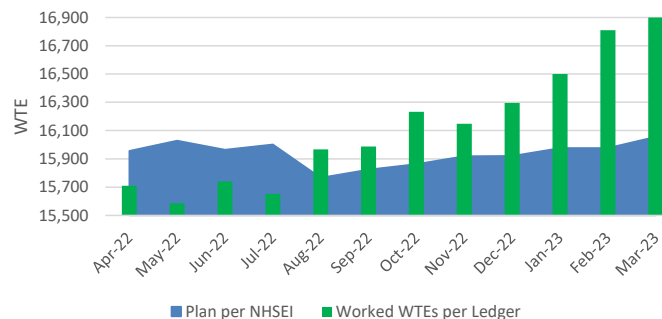
Monthly Non Ops



CIP Performance Inc Productivity



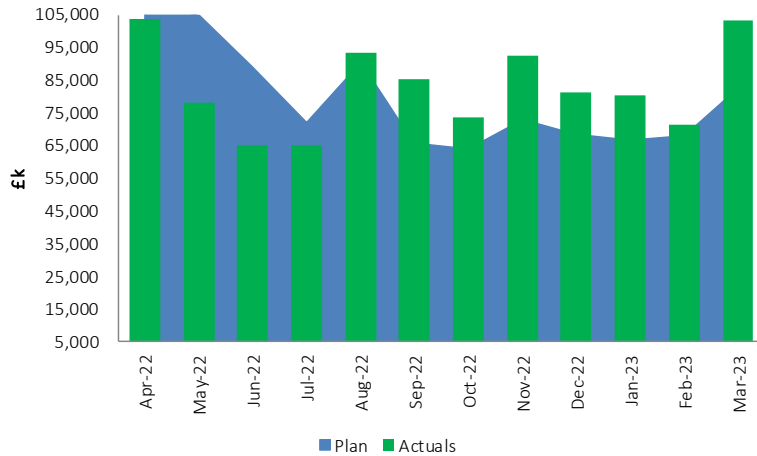
Worked WTEs vs NHSEI Workforce Plan



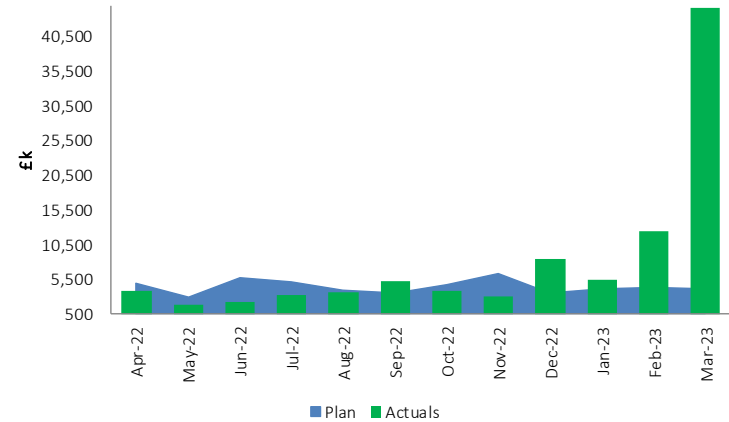
	In Month NHSEI Plan	In Month Worked	Increase in WTE
Substantive	14,889	15,129	241
Bank	826	1,205	378
Agency	341	565	224
Total WTE	16,057	16,900	843

Month 12 Dashboards

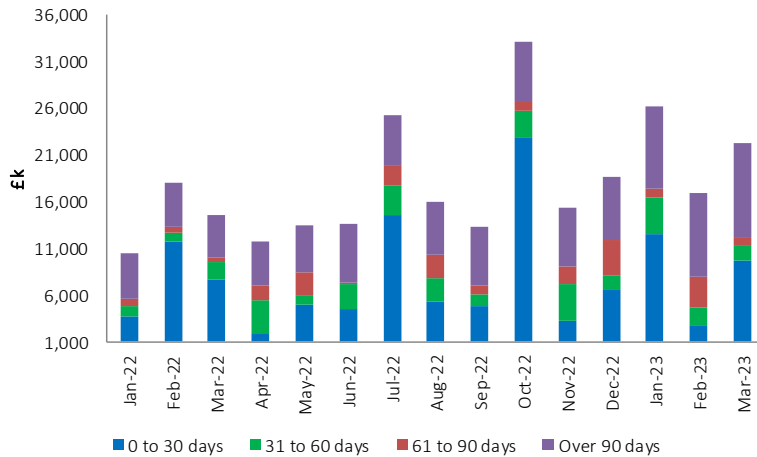
Cash



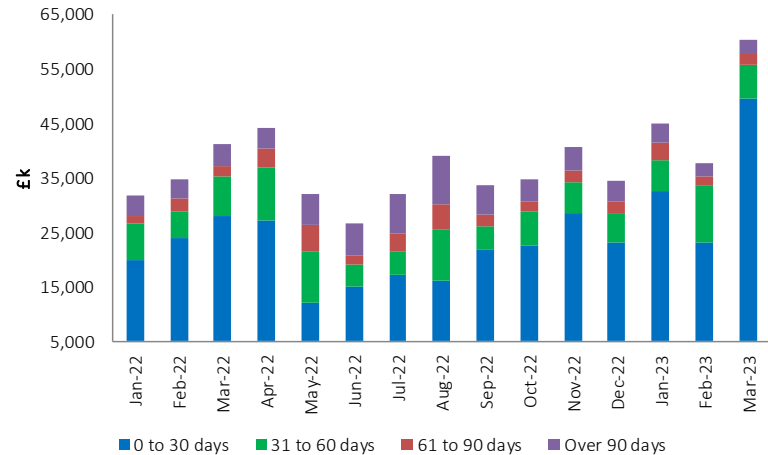
Capital



Ageing Debtor



Ageing Creditor



Statement of Financial Position

Statement of Financial Position	M12 YTD				
	31-Mar-22	28-Feb-23	31-Mar-23	In month Movement	YTD Movement
Non current assets	£000	£000	£000		
Intangible assets	16,121	13,647	15,506	1,860	(615)
Property, plant and equipment	655,057	681,183	719,387	38,204	64,329
Other non-current assets	3,445	3,333	3,099	(234)	(346)
Total non-current assets	674,623	698,162	737,992	39,830	63,369
Current assets					
Inventories	21,126	22,347	22,663	316	1,537
Trade and other receivables	33,738	47,761	64,023	16,262	30,285
Cash and cash equivalents	109,960	71,149	103,344	32,195	(6,615)
Total current assets	164,824	141,257	190,030	48,774	25,206
Current liabilities					
Trade and other payables	(122,976)	(106,493)	(164,678)	(58,184)	(41,701)
Borrowings / leases	(7,659)	(6,572)	(7,895)	(1,323)	(236)
Accruals	(22,367)	(25,356)	(23,370)	1,986	(1,003)
Deferred income	(3,799)	(16,731)	(4,167)	12,564	(368)
Dividend payable	(0)	(8,136)	(391)	7,745	(391)
Provisions < 1 year	(8,152)	(7,792)	(13,014)	(5,222)	(4,861)
Total current liabilities	(164,955)	(171,080)	(213,516)	(42,435)	(48,561)
Net current assets / (liabilities)	(131)	(29,824)	(23,485)	6,339	(23,355)
Non-current liabilities					
Borrowings / leases	(12,585)	(26,295)	(33,847)	(7,552)	(21,263)
Provisions for liabilities & charges	(4,903)	(4,118)	(4,033)	85	869
Total non-current liabilities	(17,487)	(30,413)	(37,881)	(7,468)	(20,393)
Total assets employed	657,005	637,925	676,626	38,701	19,621
Public dividend capital	760,831	761,959	797,141	35,182	36,310
Revaluation reserve	188,573	188,573	201,349	12,776	12,776
Income and expenditure reserve	(292,399)	(312,607)	(321,864)	(9,257)	(29,465)
Total taxpayers equity	657,005	637,925	676,626	38,701	19,621

The year end Statement of Financial Position (SOFP) as of 31 March 2023 is presented in the table opposite. The key movements were explained as follows:

- **Non-Current Assets** - PPE and intangibles increased by £40m, as capex of £46.9m was offset by depreciation of £8.6m and write off on asset disposed of £0.6m.
- **Trade and other receivables** Increased by £16m, largely relating to the end of year patient care income accrual for activity delivered, offset by the reduction in deferred income.
- **Cash Balances** – The Trust achieved a cash balance at the end of March of £103.3m, representing an increase of £32m, which was £2.7m higher than had been forecast, as cash receipts of £174.9m, were offset by £142.7m of outgoing payments. Receipts were overall in line with forecast, with an increase in funding of £2.1m from NHS England; offset by a £2.8m higher payments on creditors and salaries.
- **Trade and other payables and accruals** Increased by a £58.1m, £28m of which is a provision for the 22/23 non-consolidated pay offer. Other factors include a general increase of GRNIs of £6m, reflecting the acceleration of the capital programme in the last month of the year.
- **PDC Dividend** – The reduction of £7.7m reflects the payment of the second of the bi-annual PDC Dividend payments to DHSC.
- **Provisions** – There was an overall increase in provisions of £5m, mainly as a result of new provisions of £2.7m for VAT on COS Heading 14, and CNST provision of £1m
- **Borrowings** – Increased by £7.4m due to the additional finance leases accounted for in March, which formed part of the increased in capex in M12 (refer capital Programme slide).
- **Deferred Income** – reduced by £12.6m, £18m of which is due to reduced PCI Income deferral where we had received income in full and then released over the period that the income related to.
- **Income and Expenditure Reserve** – The I&E reserve improved in the line with the reported income and expenditure position by £0.14m.

Capital Programme

Area	Revised Annual Plan	Actual	Under / (Over) Spend Against Plan
	£000s	£000s	£000s
Reconfiguration	4,291	4,322	(31)
MEE	5,233	5,174	59
MES	5,054	5,073	(19)
MES Enabling	2,440	2,389	52
IM&T	8,344	8,935	(591)
Estates and Facilities	17,880	17,710	170
Contingency/Corporate	170	357	(187)
Schemes funded from Donations/External Donations/Grants	1,358	1,358	0
Leases	15,498	15,498	-
EQuip	2,834	3,066	(232)
Linacc	3,876	3,956	(80)
Health Education England	900	826	74
PDC Funded - elective Hub	11,635	10,800	835
PDC Funded - Pre Transfer	2,800	2,598	202
PDC Funded - Mammo	439	439	0
Healthier Future Fund	-	-	-
ICS Over Commitment	-	-	-
PDC - Digitisation	5,000	5,000	(0)
PDC - CT Scanner and DR	2,100	2,100	(0)
PDC - Demand and Capacity	-	-	-
PDC - Digital Capability	100	100	(0)
PDC - Cyber	100	100	-
PDC - 2 DR Rooms	522	522	(0)
PDC - Endoscopy (TNE)	358	358	-
PDC - Endoscopy (Gastrosopes)	580	580	(0)
PDC - 1 EUS stack, 3 linear scopes and 2 rac	750	750	(0)
PDC - Telephony System & 5 SOLUS Image Po	55	55	-
PDC - Discharge Unit Capital Fund (emailed	-	-	-
Hep C Funding - Cepheid & Fibroscan	148	148	-
PDC Funded MOU - Ambulance Pods	4,200	4,205	(6)
PDC Pathology Equipment	40	97	(57)
Total Gross Expenditure	96,705	96,516	189
Donated Income	(1,061)	(1,061)	-
Less: Book value of asset disposals	-	(622)	622
Total Net Expenditure (CDEL)	95,644	94,833	811

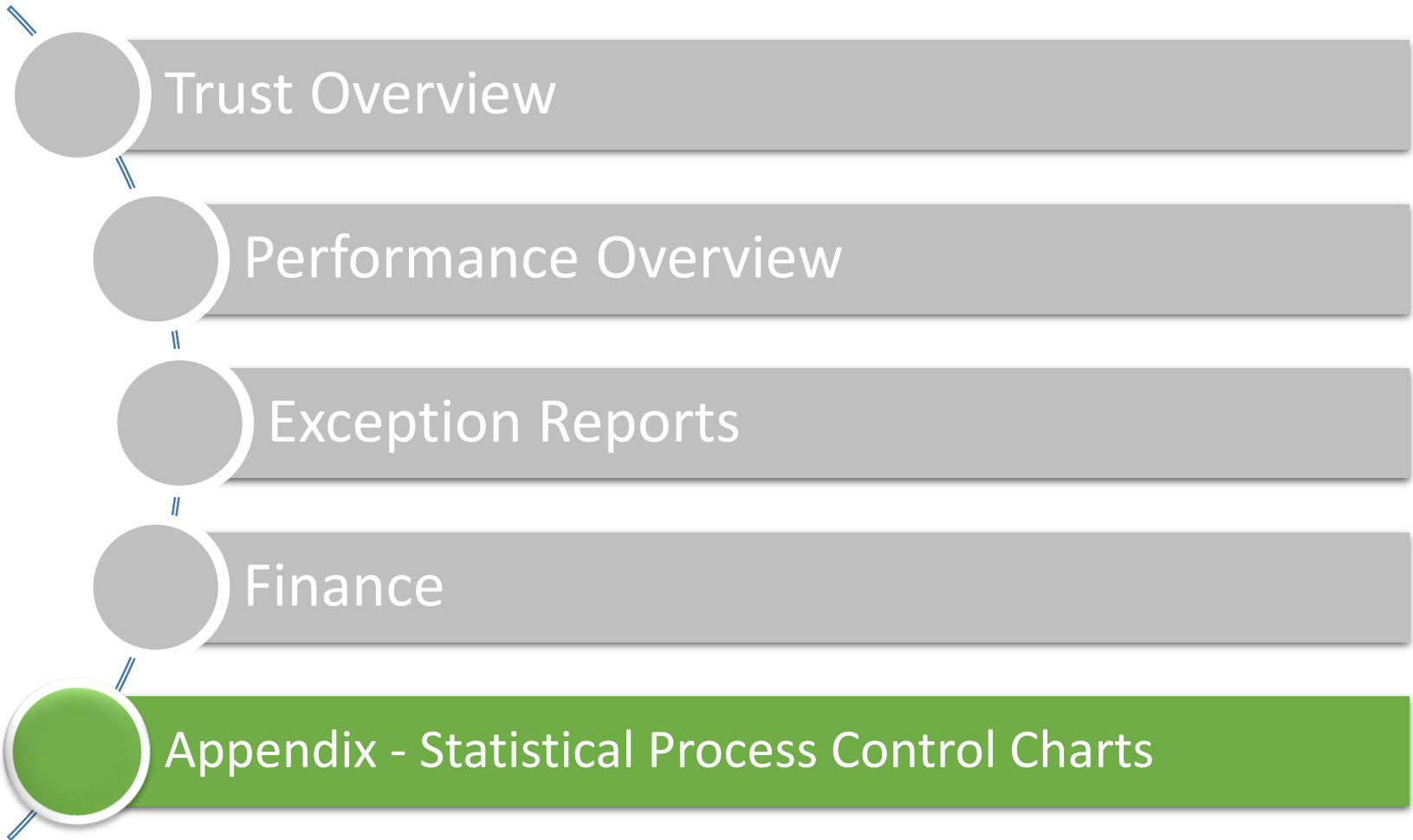
The Trust delivered gross capital expenditure of £96.5m in 2022/23, which after adjusting for the book value of assets disposed of and capital receipts from donations, translated into a small underspend of £0.8m against its capital resource limit (CDEL). This required the Trust to deliver over £40m of capital commitments in March, which represented a significant achievement.

	Actual 31/03/2023
	YTD
	£'000
Gross capital expenditure including IFRS impact	96,516
Less: Book value of asset disposals	(622)
Less: Capital grants received	
Less: Capital donations received	(1,061)
Charge against the Capital Resource Limit (CRL) incl IFRS impact	94,833
Capital Resource Limit (CRL) incl IFRS impact	95,644
Under/(over) spend against CRL	811

There were a number of compensating variances, underpinning this £0.8m underspend, although it should be noted that in order to achieve an overall 'balanced' capital position, a number of the programme leads (for example IT and Medical Equipment) were given approval to commit additional expenditure to plan prior to 31 March 2023, by advancing schemes from future years, when notified that slippage was occurring in other areas of the programme, most notably the Elective Hub scheme.

RSP Risks

Ref	Risk	RAG November 2022	RAG December 2022	RAG January 2023	RAG February 2023	RAG March 2023	RAG April 2023	Mitigation	Owner	Delivery date
2a	2020/21 Accounts CFO/Audit Committee unable to recommend the 2020/21 Accounts to the Board for adoption. Adoption of 2020/21 Accounts not delivered to planned timeline - 1/9/22	G	G	G	G	G	G	Accounts adopted by Board and submitted to NHSI 12 September 2022	(SRO) Lorraine Hooper (AO) Simon Linthwaite	Accounts adopted at 9.9.22 Trust Board
2b	2021/22 Accounts CFO/Audit Committee unable to recommend the 2021/22 Accounts to the Board for adoption. Adoption of 2022/22 Accounts not delivered to planned timeline - 31/12/22	A	A	A	A	A	G	Audited Accounts to be presented at the Extraordinary Audit Committee meeting on the 27 th April 2023 and subsequently at the 11 th May Trust Board meeting for adoption	(SRO) Lorraine Hooper (AO) Simon Linthwaite	Adoption of the Accounts by Trust Board May 2023
3	Medium Term Financial Plan The MTFP is a complex and significant programme of work for UHL. There is a risk there is insufficient progress is made in its development or the scope, resourcing or timeframes are not agreed by all relevant stakeholders.	A	A	A	A	A	A	<ul style="list-style-type: none"> Further work to finalise the CIP plan and schemes for 23/24, to include UEC transformation - April 23 Finalisation of 2023/24 detailed financial plan, in line with operational planning process - May 2023 Development of the 24/25 Financial Plan - June 2023 Update of MTFP to align with approved Trust strategies - July 2023 	(SRO) Lorraine Hooper (AO) Jonathan Shuter	July 2023
5	2022/23 financial plan Revised (breakeven) UHL / system financial plan submitted 20 th June 2022. This plan includes financial risk for the Trust that is not yet fully mitigated.	R	R	R	A	A	G	The Trust has delivered a control total deficit of £12.5m for the 2022/23 financial year which is in line with the forecast position shared with the System and NHSE/I	(SRO) Lorraine Hooper (AO) Jonathan Shuter	March 2023



Statistical Process Control Charts (SPC)

SPC charts look like a traditional run chart but consist of:

- A line graph showing the data across a time series.

The data can be in months, weeks, or days- but it is always best to ensure there are at least 15 data points in order to ensure the accurate identification of patterns, trends, anomalies and random variations.

- A horizontal line showing the Mean.

This is used in determining if there is a statistically significant trend or pattern.

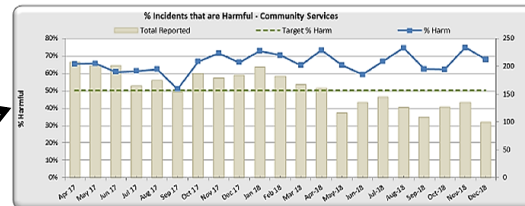
- Two horizontal lines either side of the Mean-(called the upper and lower control limits).

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

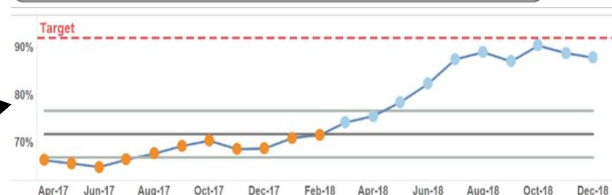
- A horizontal line showing the Target.

In order for this target to be achievable, it should sit within the control limits. Any target set that is not within the control limits will not be reached without dramatic changes to the process involved in reaching the outcomes.

Appreciation of
variance over time



Highlighting special
cause and its nature



Statistical Process Control Charts (SPC)

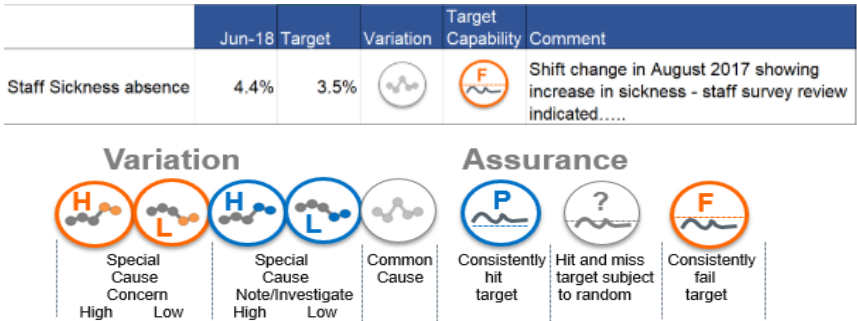
Normal variations in performance across time can occur randomly- without a direct cause, and should not be treated as a concern, or a sign of improvement, and is unlikely to require investigation unless one of the patterns defined below applies.

Within an SPC chart there are three different patterns to identify:

- **Normal variation** – (common cause) fluctuations in data points that sit between the upper and lower control limits
- **Extreme values** – (special cause) any value on the line graph that falls outside of the control limits. These are very unlikely to occur and where they do, it is likely a reason or handful of reasons outside the control of the process behind the extreme value
- **A trend** – may be identified where there are 7 consecutive points in either a pattern that could be; a downward trend, an upward trend, or a string of data points that are all above, or all below the mean. A trend would indicate that there has been a change in process resulting in a change in outcome

Narrative support that supports SPC theory

Summary icons and a top level summary view



Data Quality Assessment

The Data Quality Assurance Group (DQAG) panel is presented with an overview of data collection and processing for each performance indicator in order to gain assurance that it is of suitably high quality. DQAG provides scrutiny and challenge on the quality of data presented, via the attributes of:

- i. Sign off and Validation
- ii. Timeliness and Completeness
- iii. Audit and Accuracy and
- iv. Systems and Data Capture to calculate an assurance rating.

Assurance rates key Green = Reasonable/Substantial Assurance, Amber = Limited Assurance and Red = No Assurance.