Meeting title:	Trust Board	Public Trust Board paper D1
Date of the meeting:	12 January 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 Specialists)	
Action – this paper is for:	Decision/Approval	Assurance	x	Update	
Where this report has been discussed previously		

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

Impact assessment

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

Purpose of the Report

This report complements the full Integrated Performance Report (IPR) and the exception reports within that which are triggered automatically when identified thresholds are met. The exception reports contain the full detail of recovery actions and trajectories where applicable. Note that the definition of "Good News" and "Performance Challenges" is for headline reporting purposes only and the full IPR should be consulted when determining any action required in response.

Recommendation

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

Summary

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

Main report detail

Good News:

• Mortality – the latest published SHMI (period July 2021 to June 2022) is 104 but remains within the expected range.

• VTE – compliant at 97.5% in November.

Performance Challenges:

• 1 Never event reported in November.

• C DIFF – 14 cases reported this month.

• ED 4 hour performance (including LLR UCCs) – 65.4% reported in November.

• 12 hour trolley wait – 1,110 breaches reported.

• Ambulance Handover 60+ minutes (CAD) – performance at 33.9%.

• Cancer Two Week Wait was 87.5% in October against a target of 93%.

• Cancer 62 day backlog was 772 patients at the end of November.

• Cancer 62 day treatment was 43.8% in October 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 130,845 patients at the end of October.

• 52+ weeks wait – 18,584 breaches reported at the end of October.

• Diagnostic 6 week wait was 54.8% against a target of 1% in October.

• Statutory and Mandatory Training is at 92%.

• Annual Appraisal is at 79.1%.

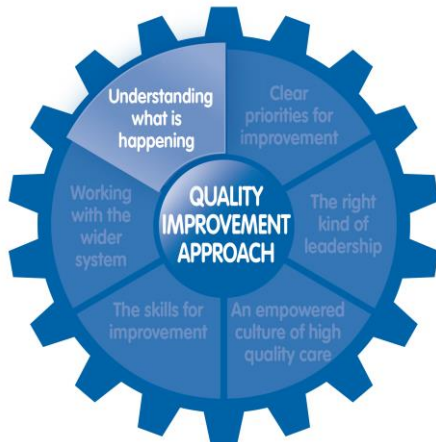• Cancelled operations OTD – 1.8% reported in November.

Supporting documentation

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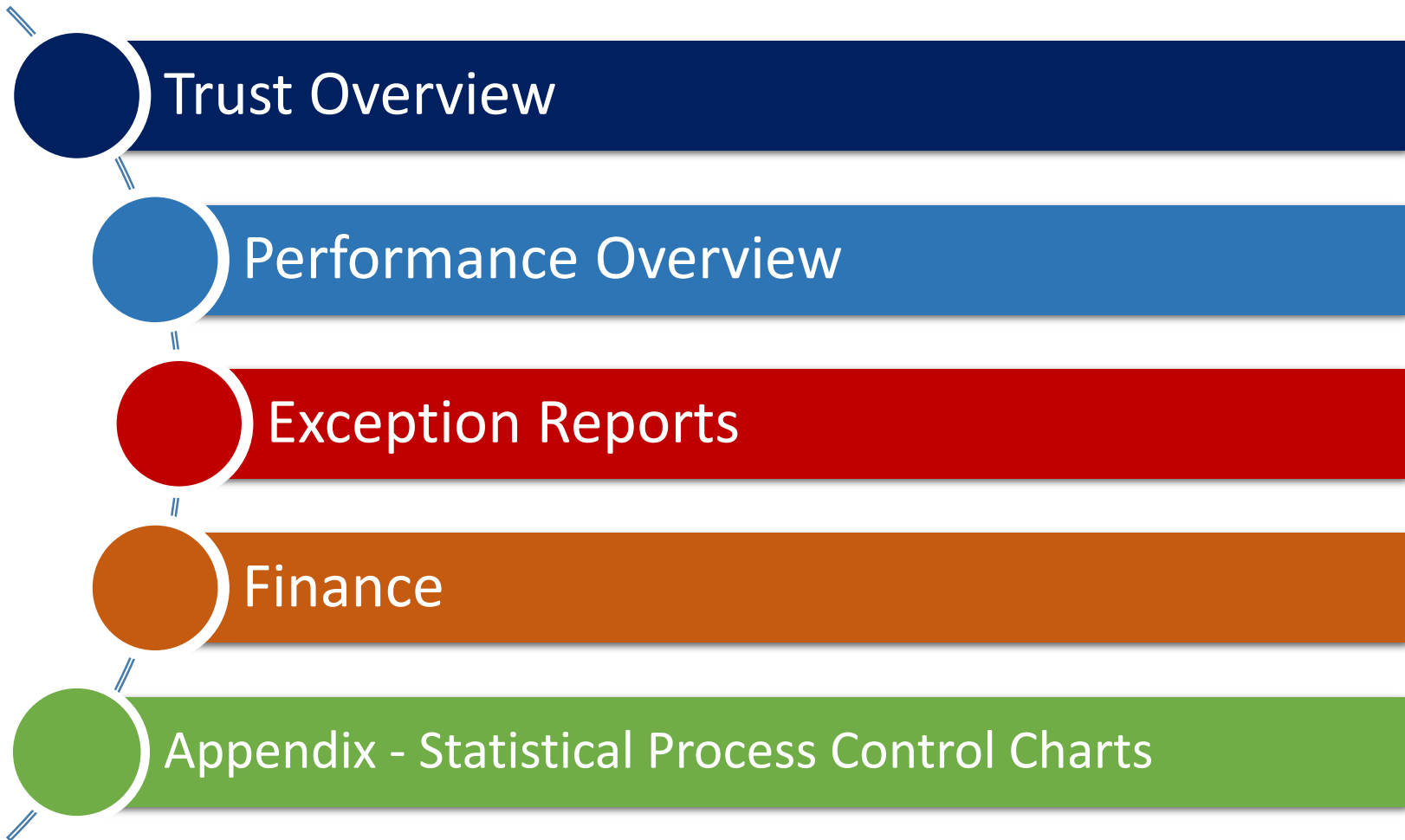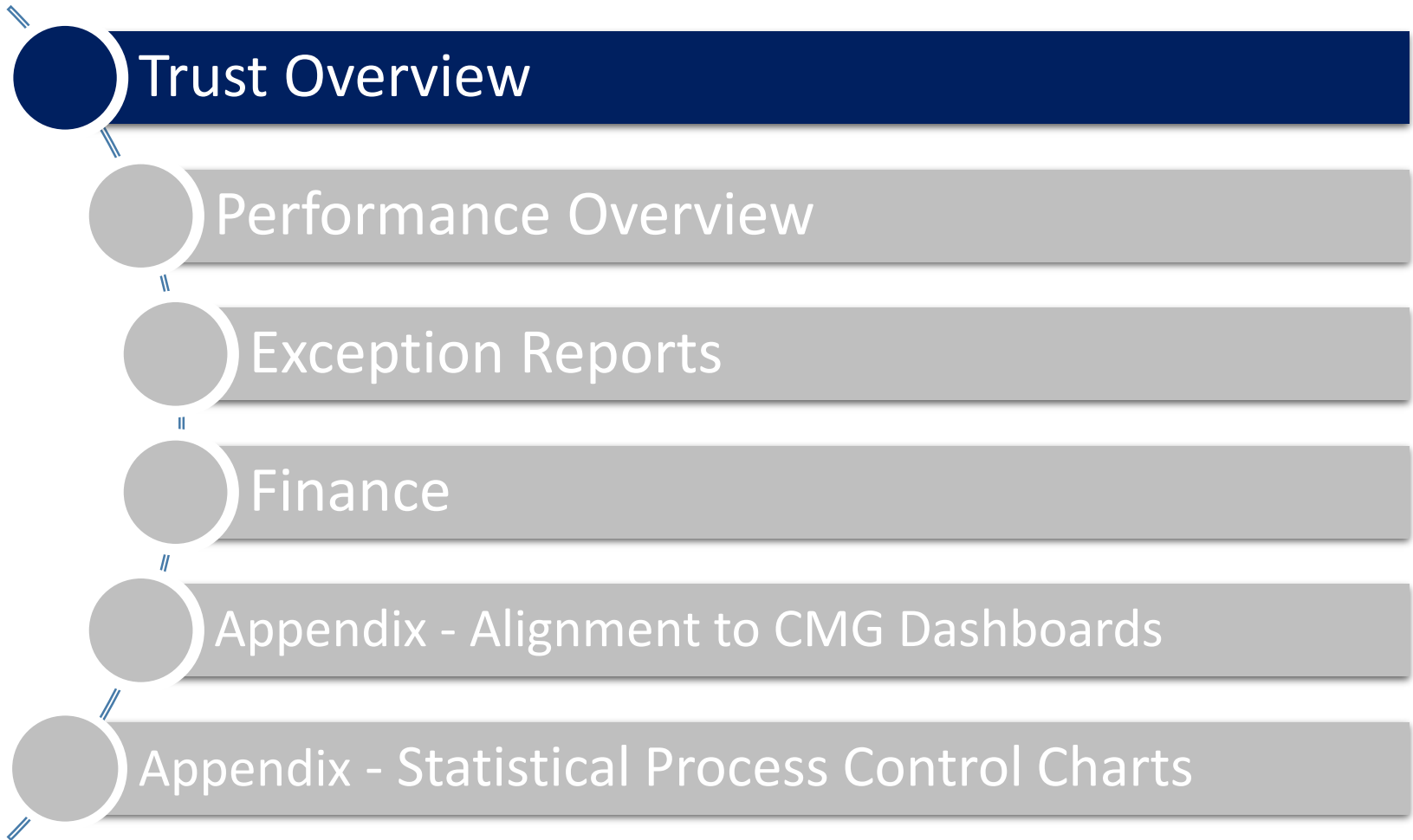
Integrated Performance Report

November 2022

Operational Delivery Unit

Contents

Trust Overview

Performance Overview

Exception Reports

Finance

Appendix - Alignment to CMG Dashboards

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 (red)	Achieving Target (green)	Target TBC (grey)

Trust Overview (Current Month)

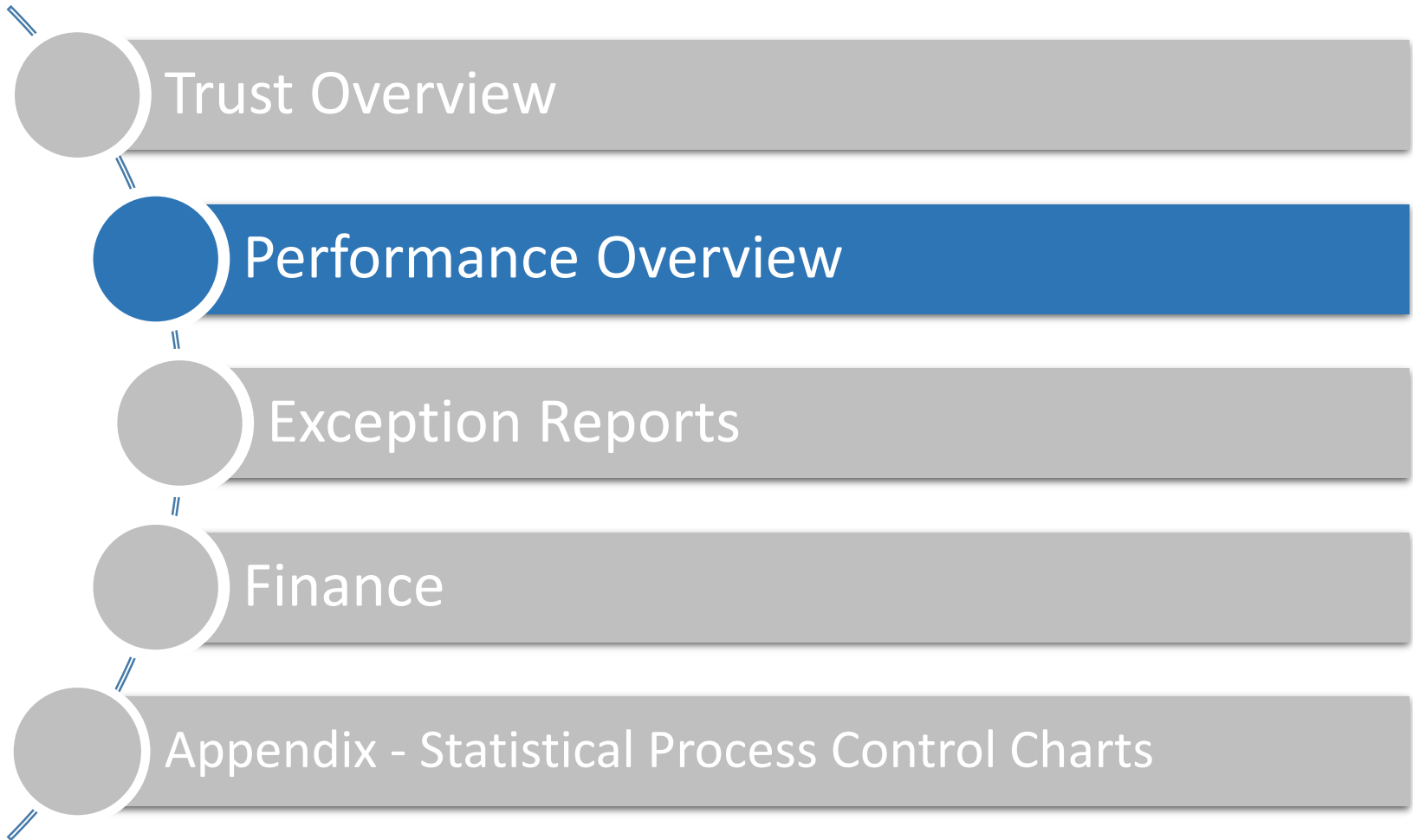| Safe	Caring	Well Led	Effective	Responsive Emergency Care	Responsive Elective Care	Responsive Cancer Care
Never Events	Inpatient and Day Case F&F Test % Positive	Staff Survey Recommend for Treatment	Mortality Published SHMI	ED 4 Hour Waits Acute Footprint	Long Stay Patients > 21 days	2WW
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No. 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	
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Key

Failing Target   Achieving Target   Target TBC
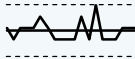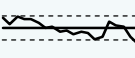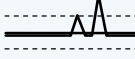
Trust Overview (Current Month)

Domain	Overview , Risks and Actions	Lead
Overview		CEO
Safe (exception reports pages 19-23)	The Trust had a Never Event in September and has now had 6 Never Events to date. All appropriate immediate actions have been undertaken and full investigations to identify further learning have been completed or are in train. A thematic review of NE's has been completed and the NE action plan has been updated to reflect learning from this – progress against this was reviewed at the Trust Board Quality Committee in November.	Andrew Furlong / Julie Hogg
Caring (exception report page 24)	Performance for the friends and family test remains strong all areas except for the emergency department where we are seeing a continued decline. This is attributable to the increased pressures in this area; the team continue to focus on improving communication and timely treatment. Complaints performance is improving with alongside the backlog reducing. We will recommence reporting next month.	Julie Hogg
Well Led (exception reports pages 25-31)	During September and October we started to see seasonal increases in absence levels. The indicative trajectory has been revised and will be kept under review to take account of the prevalence of COVID 19, seasonal fluctuations and the impact of industrial action across health and other sectors. Weekly oversight and reporting is in place for regular monitoring and review. The focus remains on supporting colleagues and empowering managers to make person-centred approaches in a compassionate and inclusive way. Similarly appraisal rates remain challenged and continued to be reviewed through regular line management with oversight through PRM's, it is acknowledged that given operational pressures these are unlikely to reach full compliance over the next couple of months. Statutory and Mandatory remains at 92% compliance with ongoing monitoring and trajectory management. Vacancy challenges remain a key priority with focused and targeted actions in place, particularly around HCSW's where significant work in in train, this includes a combined virtual and face to face programme for those HCSW who have care experience but no care certificate. Plans for approx. 120 new HCA's in January along with targeted recruitment and retention support and an established task and finish group to review HCSW recruitment and retention W/C 19th December and fortnightly thereafter.	Clare Teeney
Effective	The Trust's Summary Hospital-level Mortality Indicator (SHMI) & Hospital Standardised Mortality Ratios (HSMR) are within expected. There are no specific concerns to bring to the Board's attention at this time.	Andrew Furlong
Responsive – Emergency (exception reports pages 32-38)	In November, UHL ranked 73rd out of 112 Acute Trusts. The National average in England was 68.9%. Only 1 out of the 112 Acute Trusts achieved the target. UHL ranked 10th out of 16 trusts in its peer group. The best value out of the Peer Trusts was 77.6% and the worst value was 53.2%. LRI ranked 23rd out of 23 sites last month (source EMAS monthly report) and had the second highest number of arrivals (4,609). UHL is an outlier in Ambulance handover performance and recorded the highest number of handovers over 60 minutes last month, 1,564 (source EMAS monthly report).	Jon Melbourne
Responsive – Elective (exception reports pages 39-40)	The overall picture for Elective Care remains significantly challenged, UHL being a national and regional outlier for elective performance having one of the largest elective backlogs in the country. However, whilst the challenge remains significant there is continued good progress on the reduction of those patients waiting longest for definitive treatment (104 + position).	Jon Melbourne
Responsive – Cancer (exception reports pages 41-43)	In October, UHL ranked 58th out of 132 Acute Trusts for 2ww and 117th out of 134 Acute Trusts for 62 day performance The 62 day backlog is reducing from a previous high of 958 patients waiting (on the 62 day classic) through the implementation of tumour site level trajectories built around the reinforced Recovery Action Plan meetings	Jon Melbourne
Financial Improvement	The Trust is reporting a year to date deficit at Month 8 of £9.2m which is £3.8m adverse to plan. The key drivers for this are unfunded and winter capacity £4.3mA, increased drug costs £1.3mA, inflation pressures £1.5mA, Covid costs of £1.1mA offset by CIP cash over delivery £1.4mF, private and overseas patient income £1.2mF and other smaller variances aggregating to £1.2mF The Trust incurred capital expenditure of £5.5m in M8, with the year-to-date expenditure of £29.1m incurred which was £6.1m behind plan (£5.6m underspend on the prior month). The cash position at the end of November was £92.7m, an increase of £19.1m in the month. The Trust identified through planning and early Q1 forecasting risk of £46.0m to delivery of a breakeven plan. Work to month 8 reporting has reduced this to £13.4m driven by £10m for capacity pressures, £2m of inflation pressures and £1.4m for cost associated with general covid circulation. A further £4.9m of risk has been identified for costs to be incurred to improve ambulance handover times and further improve diagnostic and elective wait times. The total risk to delivery of a breakeven plan is therefore £18.3m. Comprehensive work has been undertaken with all clinical management groups and corporate areas to identify actions that have reduced the forecast risk. All recovery actions have been assessed to ensure there is no adverse impact on patient safety. The remaining risk of £18.3m does not have a mitigation. The Trust is working with both the ICS and NHSE in relation to this.	Lorraine Hooper

Trust Overview

Performance Overview

Exception Reports

Finance

Appendix - Statistical Process Control Charts

Performance Overview (Safe)

Domain	Key Performance Indicator	Target	Sep-22	Oct-22	Nov-22	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Safe	Never events	0	1	1	1	6	?	(variation)	(trend)	Nov-22	MD
	% of all adults Venous Thromboembolism Risk Assessment on Admission	95%	98.3%	97.8%	97.5%	98.0%	P	L	(trend)	Oct-21	MD
	% of 3rd & 4th Degree Perineal Tears	3.5%	3.9%	3.6%	2.3%	3.3%	?	(variation)	(trend)	Aug-22	CN
	Clostridium Difficile	93	11	14	14	93	?	(variation)	(trend)	Jun-21	CN
	Methicillin Resistant Staphylococcus Aureus Total	0	0	0	0	2	?	(variation)	(trend)	Jun-21	CN
	E. Coli Bacteraemias Acute	198	13	11	18	112	?	(variation)	(trend)	Jun-21	CN
	Methicillin-susceptible Staphylococcus Aureus Acute*	40	7	6	5	48	?	(variation)	(trend)	Jun-21	CN
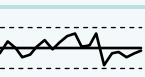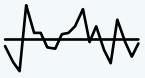
* quality improvement ambition 2.5% reduction of 19/20 numbers

Comments	Rating
The Trust had a Never Event in September and has now had 6 Never Events to date. All appropriate immediate actions have been undertaken and full investigations to identify further learning have been completed or are in train. A thematic review of NE's has been completed and the NE action plan has been updated to reflect learning from this – progress against this was reviewed at the Trust Board Quality Committee in November.	

Performance Overview (Safe)

Domain	Key Performance Indicator	Target	Sep-22	Oct-22	Nov-22	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Safe	COVID-19 Hospital-onset, probable, 8-14 days after admission		10.4%	14.3%	8.7%	10.7%		H		Oct-20	CN
	COVID-19 Hospital-onset, healthcare-acquired, 15 or more days after admission		12.3%	15.2%	12.4%	11.3%		H		Oct-20	CN
	All falls reported per 1000 bed days	5.5	3.7	3.9		3.7	P			Aug-22	CN
	Rate of Moderate harm and above Falls Patient Saftey Incidents with finally approved status per 1,000 bed days	0.18	0.04	0.07		0.07	?			Aug-22	CN
	Hospital Acquired Pressure Ulcers - All categories	372	81	98	129	581	?	H		Jun-21	CN

Comments	Rating

Performance Overview (Caring)

Domain	Key Performance Indicator	Target	Sep-22	Oct-22	Nov-22	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Caring	Single Sex Breaches		4	10	4	34	National Reporting resumed from Oct 21.			Jul-22	CN
	Inpatient and Day Case Friends & Family Test % Positive*	95%	97%	98%	98%	98%	P			Jul-22	CN
	A&E Friends & Family Test % Positive**	77%	75%	74%	72%	77%	?			Jul-22	CN
	Maternity Friends & Family Test % Positive*	91%	97%	94%	96%	96%	?			Jul-22	CN
	Outpatient Friends & Family Test % Positive	94%	94%	94%	94%	94%	?			Jul-22	CN
	% of Complaints Responded to in Agreed Timeframe	Reporting will commence 2022. This is due to ongoing work to reduce backlog as a result of COVID-19.								N/A	CN

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

Comments	Rating
Performance for the friends and family test remains strong all areas except for the emergency department where we are seeing a continued decline. This is attributable to the increased pressures in this area; the team continue to focus on improving communication and timely treatment. Complaints performance is improving with alongside the backlog reducing. We will recommence reporting next month.	

Performance Overview (Well Led)

Domain	Key Performance Indicator	Target	Sep-22	Oct-22	Nov-22	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Well Led	Staff Survey % Recommend as Place to Work	Reporting will commence once national reporting resumes								Data sourced externally	CPO
	Staff Survey % Recommend as Place for Treatment	Reporting will commence once national reporting resumes								Data sourced externally	CPO
	Turnover Rate	10%	9.4%	11.1%	11.2%	11.2%	P	H		Aug-22	CPO
	Sickness Absence (Excludes Estates & Facilities staff)	3%	4.9%	5.8%		5.5%	F			Mar-21	CPO
	% of Staff with Annual Appraisal (Includes Estates & Facilities staff from May 21)	95%	78.7%	80.0%	79.1%	79.1%	F			Mar-21	CPO
	Statutory and Mandatory Training	95%	91%	92%	92%	92%	F	H		Dec-22	CPO

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

Comments	Rating
During September and October we started to see seasonal increases in absence levels. The indicative trajectory has been revised and will be kept under review to take account of the prevalence of COVID 19, seasonal fluctuations and the impact of industrial action across health and other sectors. Weekly oversight and reporting is in place for regular monitoring and review. The focus remains on supporting colleagues and empowering managers to make person-centred approaches in a compassionate and inclusive way. Similarly appraisal rates remain challenged and continued to be reviewed through regular line management with oversight through PRM's, it is acknowledged that given operational pressures these are unlikely to reach full compliance over the next couple of months. Statutory and Mandatory remains at 92% compliance with ongoing monitoring and trajectory management.	

Performance Overview (Well Led)

Domain	Key Performance Indicator	Target	Sep-22	Oct-22	Nov-22	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Well Led	Adult Nursing Vacancies	10%	10.3%	11.0%	8.7%	8.7%				Oct-22	CPO
	Paed Nursing Vacancies	10%	11.7%	10.8%	10.2%	10.2%				Oct-22	CPO
	Midwives Vacancies	10%	15.2%	15.2%	13.4%	13.4%				Oct-22	CPO
	Health Care Assistants and Support Workers - excluding Maternity	10%	16.4%	18.4%	18.0%	18.0%				Oct-22	CPO
	Health Care Assistants and Support Workers - Maternity	5%	8.0%	10.3%	13.2%	13.2%				Oct-22	CPO

Vacancies are based on a snapshot hence YTD performance is the same as the latest month
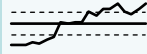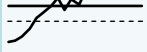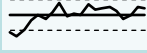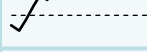
Comments	Rating
Vacancy challenges remain a key priority with focussed and targeted actions in place, particularly around HCSW's where significant work in in train, this includes a combined virtual and face to face programme for those HCSW who have care experience but no care certificate. Plans for approx. 120 new HCA's in January along with targeted recruitment and retention support and an established task and finish group to review HCSW recruitment and retention W/C 19th December and fortnightly thereafter.	

Performance Overview (Effective)

Domain	Key Performance Indicator	Target	Sep-22	Oct-22	Nov-22	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Effective	Published Summary Hospital-level Mortality Indicator (SHMI)	100	105	104		104 Jul 21 to Jun 22)				May-21	MD
	12 months Hospital Standardised Mortality Ratio (HSMR)	100	101	102		102 Aug 21 to Jul 22				May-21	MD
	Crude Mortality Rate	No Target	1.1%	1.3%	1.1%	1.2%		(variation icon)	(trend chart)	May-21	MD

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

Performance Overview (Responsive Emergency Care)

Domain	Key Performance Indicator	Target	Sep-22	Oct-22	Nov-22	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Responsive (Emergency Care)	Emergency Department 4 hour waits Acute Footprint	95%	69.9%	66.7%	65.4%	68.6%	F	(variation)	(trend)	Data sourced externally	COO
	Mean Time to Initial Assessment	15	36.2	39.8	42.4	39.2	F	(variation)	(trend)	Nov-22	COO
	12 hour trolley waits in Emergency Department	0	825	981	1,110	7,663	F	H	(trend)	Mar-20	COO
	Number of 12 hour waits in the Emergency Department	0	2,370	3,019	2,899	21,195	F	H	(trend)	TBC	COO
	Time Clinically Ready to Proceed	60	224	227	257	254	F	H	(trend)	Nov-22	COO
	Number of Ambulance Handovers		4,547	4,549	4,609	35,529		L	(trend)	Data sourced externally	COO
	Number of Ambulance Handovers >60 Mins		1,240	1,658	1,564	11,742		(variation)	(trend)	Data sourced externally	COO
	Ambulance handover >60mins	0%	27.3%	36.4%	33.9%	33.0%	F	(variation)	(trend)	Data sourced externally	COO
	Long Stay Patients (21+ days) as a % of G&A Bed Occupancy	12%	14.0%	16.1%	15.2%	15.2%	?	(variation)	(trend)	Sep-20	COO
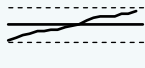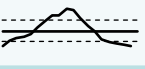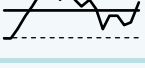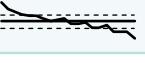
Comments	Rating
In November, UHL ranked 73rd out of 112 Acute Trusts. The National average in England was 68.9%. Only 1 out of the 112 Acute Trusts achieved the target. UHL ranked 10th out of 16 trusts in its peer group. The best value out of the Peer Trusts was 77.6% and the worst value was 53.2%. LRI ranked 23rd out of 23 sites last month (source EMAS monthly report) and had the second highest number of arrivals (4,609). UHL is an outlier in Ambulance handover performance and recorded the highest number of handovers over 60 minutes last month, 1,564 (source EMAS monthly report).	

Performance Overview (Responsive Elective Care)

Domain	Key Performance Indicator	Target	Sep-22	Oct-22	Nov-22	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Responsive (Elective Care)	Referral to Treatment Incompletes	103,403	127,909	130,845		130,845	F	H		Oct-22	COO
	Referral to Treatment 52+ weeks	0	18,586	18,584		18,584	F	H		Oct-22	COO
	Referral to Treatment 104+ weeks	0	228	190		190	F	L		Oct-22	COO
	6 Week Diagnostic Test Waiting Times	1.0%	55.4%	54.8%		54.5%	F	H		Nov-19	COO
	% Operations Cancelled On the Day	1.0%	1.1%	1.2%	1.8%	1.4%	?	~		Apr-21	COO
	% Outpatient Did Not Attend rate	5%	8.2%	8.2%	8.0%	8.1%	F	H		Feb-20	COO
	% Outpatient Non Face to Face	45%	32.9%	32.9%	30.4%	33.8%	F	L		Feb-20	COO

RTT and Diagnostics performance is based on a snapshot hence YTD performance is the same as the latest month
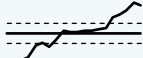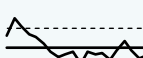
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The overall picture for Elective Care remains significantly challenged, UHL being a national and regional outlier for elective performance having one of the largest elective backlogs in the country. However, whilst the challenge remains significant there is continued good progress on the reduction of those patients waiting longest for definitive treatment (104 + position).	
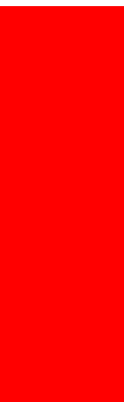
Performance Overview (Responsive Cancer)

Domain	Key Performance Indicator	Target	Sep-22	Oct-22	Nov-22	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Responsive (Cancer)	2 Week Wait	93%	83.5%	87.5%		84.4%	?	H		Mar-22	COO
	62 Day Backlog	0	726	808	772	772	F	H		Mar-22	COO
	Cancer 62 Day	85%	41.2%	43.8%		45.7%	F			Mar-22	COO

Comments	Rating
In October, UHL ranked 58th out of 132 Acute Trusts for 2ww. The National average was 77.8%. 34 out of the 132 Acute Trusts achieved the target. UHL ranked 7th out of the 18 UHL Peer Trusts. The best value within our peer group was 96.2%, the worst value was 40.5% and the median value was 79.2%. UHL continues to hold a positive relative position for 2ww/FDS when compared to peer group. In October, UHL ranked 117th out of 134 Acute Trusts for 62 day %performance. The National average was 60.3%. 9 out of the 134 Acute Trusts achieved the target. UHL ranked 14th out of the 18 UHL Peer Trusts. The best value within our peer group was 71.4%, the worst value was 29.6% and the median value was 46.4%. The 62-day backlog has decreased since November. As of 9/12/22 the backlog is 787 patients waiting over 62 days (18.5% of PTL) with 88% of the backlog sitting within LOGI, Skin and Urology. LOGI and Skin pressures are recognised nationally, whilst Urology is a more UHL specific issue. Skin has a six week recovery plan to bring the tumour site back to trajectory.	

Performance Overview (Finance)

Domain	Key Performance Indicator	Target YTD	Sep-22	Oct-22	Nov-22	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Finance	Trust level control level performance	-£5.4m	-£2.4m	£0.4m	-£2.8m	-£9.2m				Jun-22	CFO
	Capital expenditure against plan	£35.2m	£5.2m	£3.4m	£5.3m	£28.6m				Jun-22	CFO
	Cost Improvement (Includes Productivity)	£16.9m	£4.7m	£3.2m	£3.4m	£22.6m				Sep-22	DQTEI
	Cashflow	No Target	-£7.4m	-£12.4m	£19.2m	£92.7m				Jun-22	CFO

Comments	Rating
The Trust is reporting a year to date deficit at Month 8 of £9.2m which is £3.8m adverse to plan. The key drivers for this are unfunded and winter capacity £4.3mA, increased drug costs £1.3mA, inflation pressures £1.5mA, Covid costs of £1.1mA offset by CIP cash over delivery £1.4mF, private and overseas patient income £1.2mF and other smaller variances aggregating to £1.2mF The Trust incurred capital expenditure of £5.5m in M8, with the year-to-date expenditure of £29.1m incurred which was £6.1m behind plan (£5.6m underspend on the prior month). The cash position at the end of November was £92.7m, an increase of £19.1m in the month. The Trust identified through planning and early Q1 forecasting risk of £46.0m to delivery of a breakeven plan. Work to month 8 reporting has reduced this to £13.4m driven by £10m for capacity pressures, £2m of inflation pressures and £1.4m for cost associated with general covid circulation. A further £4.9m of risk has been identified for costs to be incurred to improve ambulance handover times and further improve diagnostic and elective wait times. The total risk to delivery of a breakeven plan is therefore £18.3m. Comprehensive work has been undertaken with all clinical management groups and corporate areas to identify actions that have reduced the forecast risk. All recovery actions have been assessed to ensure there is no adverse impact on patient safety. The remaining risk of £18.3m does not have a mitigation. The Trust is working with both the ICS and NHSE in relation to this.	

Trust Overview

Performance Overview

Exception Reports

Finance

Appendix - Statistical Process Control Charts

Never Events

Current Performance			Three Month Forecast		
Nov 22	**YTD**	**Target**	**Dec 22**	**Jan 23**	**Feb 23**
1	**6**	**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:** • Apology and duty of candour • A team debrief was carried out **Wider trustwide action update from the Safe Surgery and Procedures programme:** • Learning from recent thematic review to be circulated trust wide in the form of an infographic. • The theme of checking integrity of accountable items has emerged and learning will be circulated. • A "if you cut it, count it" campaign will reinforce the need to properly count and check accountable items. • The Quality Assurance and Accreditation programme is now well underway with nine visits undertaken • A Never Event Collaborative has been formed in the Midland region led by UHL, first meeting held in October. • Listen to lived experience of staff – facilitated focus groups • Positive Patient Identification campaign to reinforce need for three point identity checks and other good practice points • Devise team training opportunities using simulation	• Complete • In progress • In progress • In progress • In progress • In progress • In progress • In progress • In progress

Safe – Clostridium Difficile

Clostridium Difficile
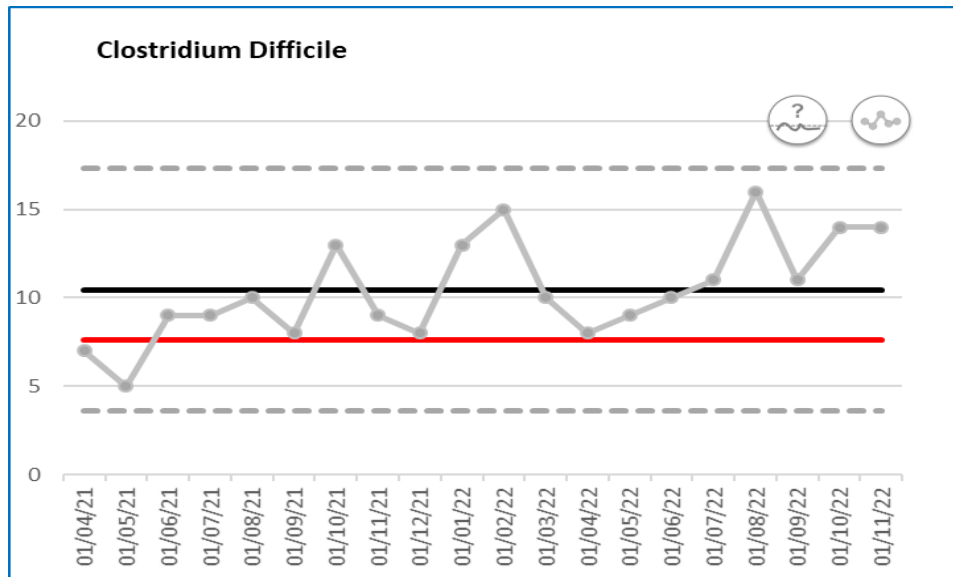
Current Performance			Three Month Forecast		
Nov 22	**YTD**	**Target**	**Dec 22**	**Jan 23**	**Feb 23**
14	**93**	**93**	8	8	8

National Position & Overview

UHL remains under the National average for the rate of C. Difficile infection counts of hospital onset-healthcare associated cases per 100,000 bed days. National average rate for Q3 1st October to date (14.44) and UHL Q3 1st October to date (13.14).

Root Cause	Actions	Impact/Timescale
• High bed occupancy is a significant risk factor for increased *C.difficile* infections. • Antibiotic prescribing is high and whilst the reasons are multifactorial the COVID-19 Pandemic has undoubtedly contributed to this. • Ribotyping has demonstrated no evidence of transmission • Absolute number increase is driven by increased bed base.	• RCA continue of every CDT case undertaken by CDT Specialist Nurse • CDT Nurse attends the regional NHSE/I education and resource meeting. • A meeting has been arranged to review the findings and discuss the CDT reduction plan for 2023/2024. • Waiting an update from the ICB IP team in regards to an LLR system review of CDT.	• The official trajectory for 2022/23 for *C.difficile* infections is 93.

Safe – MSSA Bacteraemias

MSSA Acute
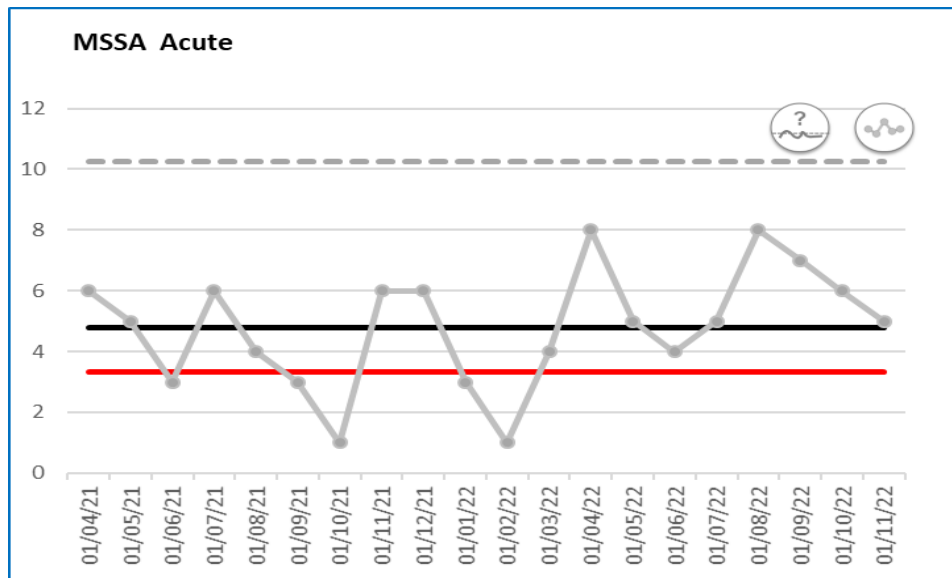
Current Performance			Three Month Forecast		
Nov 22	**YTD**	**Target**	**Dec 22**	**Jan 23**	**Feb 23**
5	**47**	**40**	4	4	4

National Position & Overview

There is no national mandated trajectory for MSSA however internally UHL will be applying a 2.5% reduction. Therefore the trajectory for 2022/2023 will be 40.
National average rate for Q3 1st October to date (7.24) and UHL Q3 1st October to date (6.18).
November 5 MSSA BSI cases identified against 2811 blood cultures taken across UHL.

Root Cause	Actions	Impact/Timescale
• Peripheral and Central line infections of the bloodstream • Surgical Site Infections • Vascular access practice • Blood culture sampling practice • Urinary catheter practice	• IP improvement campaigns to be developed once scoping carried out for 2023/2024 • Scoping of current surveillance and audits undertaken at UHL will be done in the next 3 months • A Peer review to be undertaken Jan 2023. • Staff have been appointed into the infection prevention surveillance team • Review Denominator data for blood cultures taken in comparison to MSSA positive cultures	• The chart demonstrates occasional spikes of a similar level, this will be monitored and reviewed

E. Coli Bacteraemias Acute
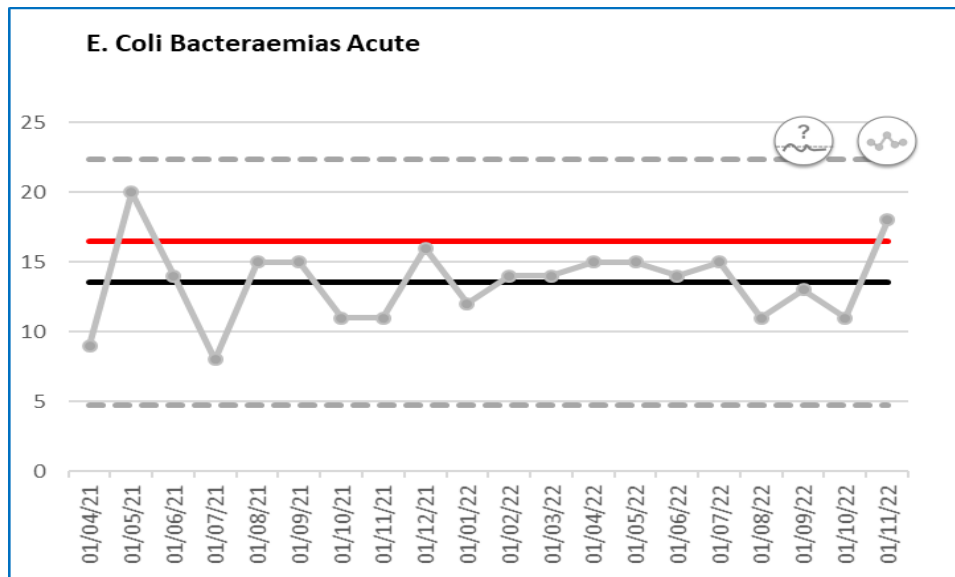
Current Performance			Three Month Forecast		
Nov 22	**YTD**	**Target**	**Dec 22**	**Jan 23**	**Feb 23**
18	**112**	**136**	12	12	12

National Position & Overview

- National ambition to reduce Gram Negative Blood Stream Infections including E Coli 50% by 2024/2025. No current surveillance is undertaken across LLR to understand the local prevalence of community and hospital associated GNBSI including E.Coli.
- National average rate for Q3 1st October to date (15.21) and UHL Q3 1st October to date (10.82).

Root Cause	Actions	Impact/Timescale
- High bed occupancy increasing the number of cases for Nov 2022. - Underlying cause potentially urine and intestinal infections.	- An end of year review of HCAI 2022/2023 out turn including E Coli to establish the priority of surveillance for 2023/2024. - Induct new surveillance assistants into UHL IP Team. - IPN is a member of UHL hydration and nutrition harm free group. - NHSE/I National and Regional resources will be reviewed to support the direction of travel for the IP programme of work 2023/2024. - LLR GNBSI system overview is outstanding . To be picked up in ICB system.	- The E Coli trajectory has been reduced 2022/2023 by aprox 30% despite the pandemic from 198 to 136 cases. - No significant concern raised for this month - The chart demonstrates a current spike for this reporting month this which will be monitored and reviewed.

Safe – Hospital Acquired Pressure Ulcers All Categories

HAPU - All categories
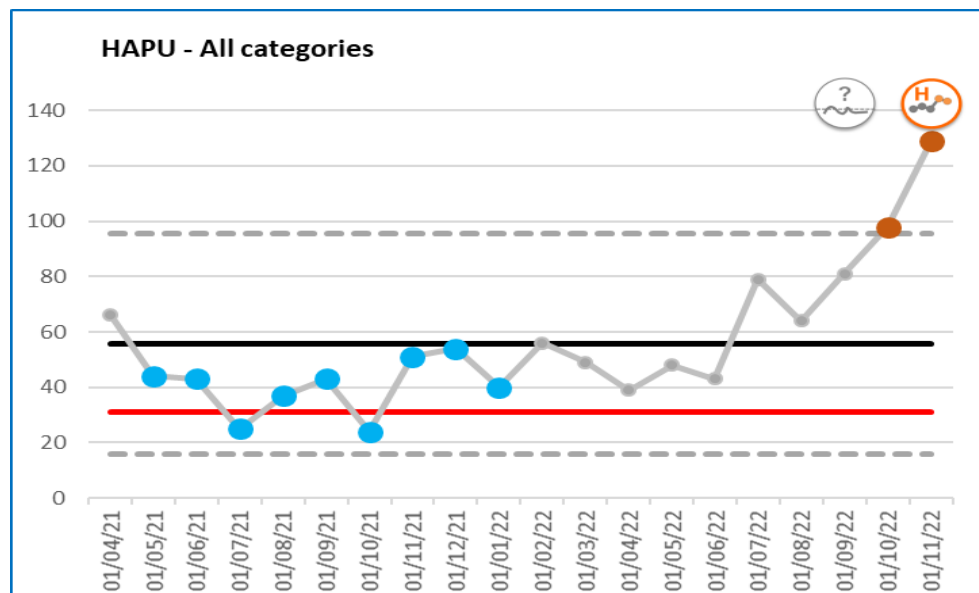
Current Performance			Three Month Forecast		
Nov 22	**YTD**	**Target**	**Dec 22**	**Jan 23**	**Feb 23**
129	**581**	**372**	90	80	70

National Position & Overview

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

UHL are one of six organisations working with national experts and NHSEI quality team to review the national mechanisms of capturing Pressure Ulcer data via the coding systems.

The Trust Target of 372 HAPUSs (30% reduction) for 2022-23 is an internal quality improvement stretch target.

Root Cause	Actions	Impact/Timescale

• Identified themes from the root cause review –
   • Inconsistency in the timeliness accuracy of assessment of risk
   • Device related care
   • Knowledge gaps
• Themes are all in line with external TV report which made recommendations regarding the process and structure regarding validations and support
• Contributing factor relating to reduced staffing and decreased care hours per patient day in some areas
• Difficulty recruiting into Lead Tissue Viability Nurse post
	• Trust wide improvement plan developed following external service review
	
	• Revised RCA process in pilot in RRCV and MSS
	• Recruitment of a Lead Tissue Viability Nurse
	• Pressure Ulcer Collaborative summit supported by QI team
	• Harm Free Care study days in development for all appropriate staff groups with a significant focus on HAPUs
	• CMG specific Care Review and Learning meetings undertaken monthly. Learning identified and shared through Pressure Ulcer Steering Group and included in education programme
		• Short, medium and long term actions included in improvement plan. Commenced November 22
		• January 23
		• February 23
		• February 23
		
		• 12 month programme to commence January 2023
		
		• December 22

Caring – A&E Friends & Family Test % Positive

A&E F&F Test % Positive
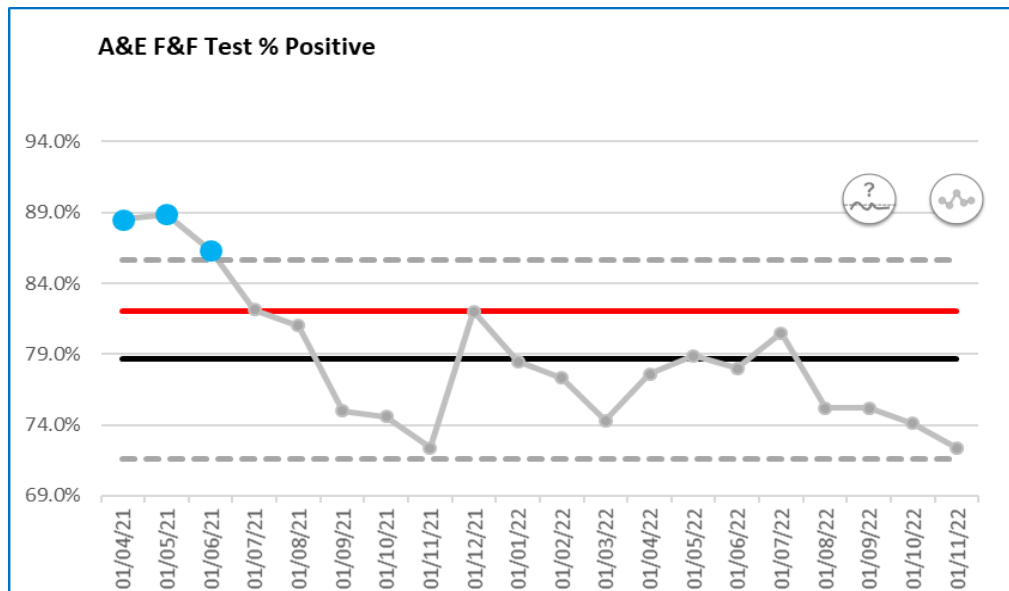
Current Performance			Three Month Forecast		
Nov 22	**YTD**	**Target**	**Dec 22**	**Jan 23**	**Feb 23**
72%	**77%**	**77%**	74%	76%	77%

National Position & Overview

In October 2022 UHL was ranked 7th out of 18 trusts within its peer group. The highest performing trust of the peer group achieved 86%, the lowest was 59%. The median performance of the peer group was 74%.

Root Cause	Actions	Impact/Timescale
Altered patient experience due to • Surge in attendance of self presenting patients resulting in increased wait to be seen times • Delayed ambulance handovers resulting in patients having to wait on ambulance for capacity to be created in ED • Prolonged waits in ED for patients awaiting admissions	• Implementation of revised rapid flow policy • Temporary increase in capacity on emergency floor and base wards (boarding) to support flow from ED • Improved communication with patients via Trust letter to provide explanation of current pressures • Themed patient satisfaction comments feedback to Ed to inform local improvements • Opening of Pre- transfer hub • Development of a ambulance handover area • Planning for additional capacity downstream • Working with external partners to reduced avoidable delays in transfers of care • Increase opening times for MiaMi & SDECs	• Completed (September 2022) • Ongoing • Completed (November 2022) • On going • December 2022 • On going • On going • November 2022

Well Led – Sickness

Sickness Absence (Excludes E&F staff)
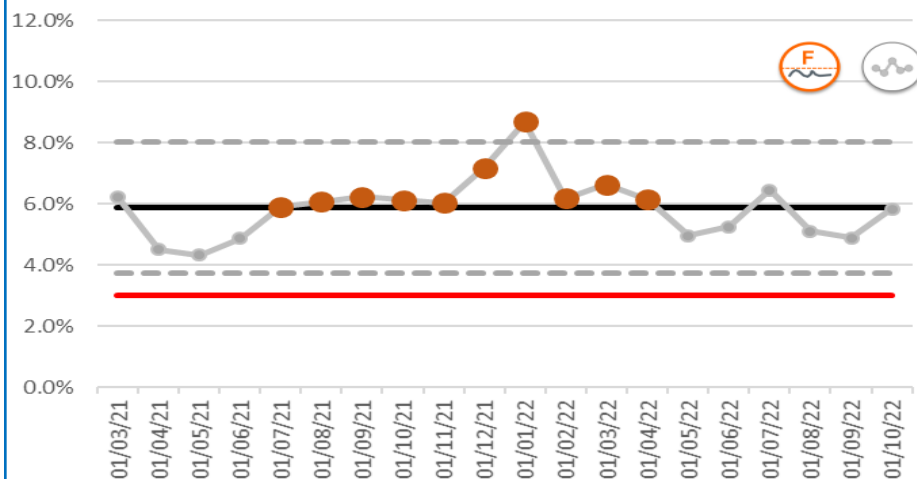
Current Performance			Three Month Forecast		
Oct 22	**YTD**	**Target**	**Nov 22**	**Dec 22**	**Jan 23**
5.8%	**5.5%**	**3%**	6.0%	6.2%	6.5%

National Position & Overview

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

We started to see an increase in COVID-19 absences from August 2022, with the September absence levels exceeding the 5% trajectory.

Root Cause	Actions	Impact/Timescale
• 7 July 2022, saw the removal of paid special leave for new COVID-19 related absences , and the start of the transition period for long covid absences moving to 'normal' sickness absence from 1 September. • The absences in September 2022 are predominantly in our clinical areas, and Corporate Services / roles will have increased opportunity for remote working • The top three reasons for sickness absence for year to date are 'other known causes' (25.05%), 'stress anxiety depression' (18.25%), and 'covid-19 / infection precaution' (11.75%)	• Individual discussions have taken place with colleagues off with 'long covid' to facilitate a return to work wherever possible. • To further support colleagues and services users in managing the infection prevention risks, the decision was taken from 1 September 2022 to exclude covid-related absences from triggers and targets to 31 March 2022, and bank staff will continue to be paid for pre-booked shifts. • Over winter the approach to managing sickness absence has changed to support colleagues' wellbeing and empower managers to make person-centred decisions, in a compassionate and inclusive way. • The focus over the coming months will be to support colleagues on long term sickness absence.	• As infection rates in the community and our hospitals reduced, we saw a corresponding reduction in sickness absence in August 2022, although during September and October we starting to see seasonal increases in absence levels. • The indicative trajectory has been revised, and will be kept under review to take account of the prevalence of COVID-19, seasonal fluctuations 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)
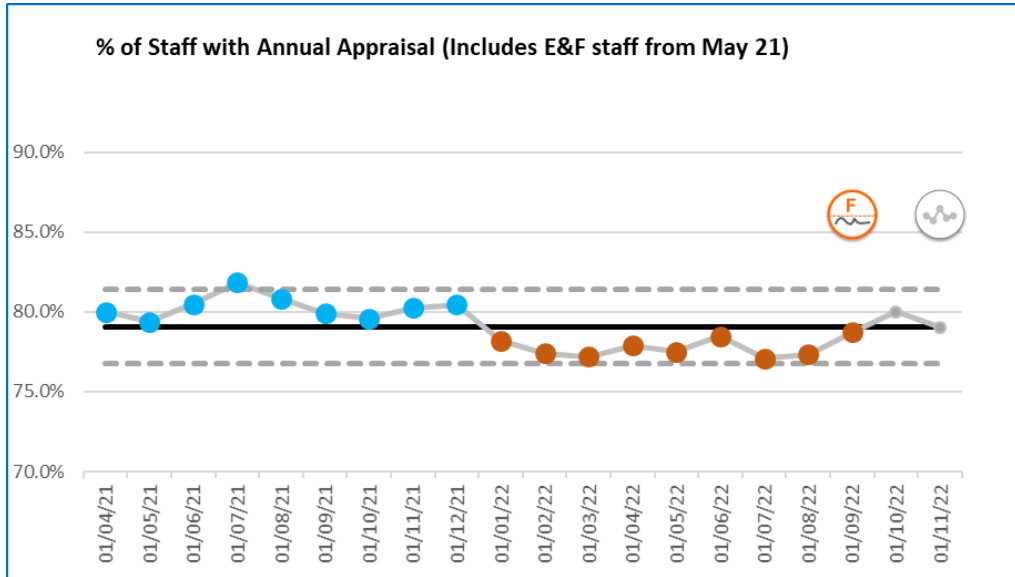
Current Performance			Three Month Forecast		
Nov 22	**YTD**	**Target**	**Dec 22**	**Jan 23**	**Feb 23**
79.1%	**79.1%**	**95%**	80%	80%	80%

National Position & Overview

Peer data not currently available.

The anticipated trajectory of 82% for November 2022 has not been achieved. In part this may be due to increased staff absences and operational demands.

Root Cause	Actions	Impact/Timescale
• It is recognised that performance this month is impacted by the seasonal increases in staff absences and operational demands. • A number of colleagues have had appraisals within the last 12 months, outside the reporting/ incremental date and therefore show as non-compliant • We have seen a marked decrease in some areas of the Corporate Directorate with an overall rate of 72.9% compared to the overall CMG performance of 80.5%	• It was acknowledged in recent exception reports that we would be unlikely to reach full compliance of 95% in the short term. • Each CMG has been requested to provide a realistic trajectory at the PRM forums for the next 12 months. • Regular team meetings with relevant line managers are taking place to review appraisal performance and any additional support required. • We are proposing a focus on the Corporate Directorates over the winter months.	• 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 impending industrial action in health care and other sectors.

Well Led – Statutory and Mandatory Training

Statutory and Mandatory Training
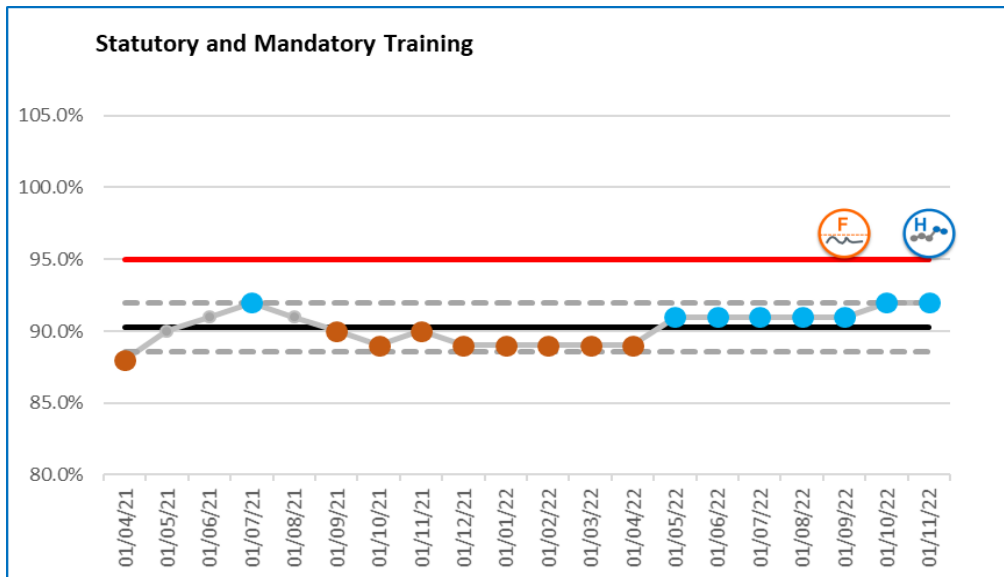
Current Performance			Three Month Forecast		
Nov 22	**YTD**	**Target**	**Dec 22**	**Jan 23**	**Feb 23**
92%	**92%**	**95%**	93%	93%	93%

National Position & Overview
Peer data not available.

Root Cause	Actions	Impact/Timescale
It is recognised that performance has been, and is still being, affected by: • Covid-19 and related Staff Absence Levels • Operational pressures • Operational demand • Seasonal Absences	Performance against trajectories is being monitored via Executive Corporate and CMG Performance Reviews. This is complimented by access to compliance reports, direct emailed snapshot reports to over 2000 relevant staff & more than 10,000 direct emails per month to non-compliant staff. New question based eLearning modules are live on HELM for Fire Safety, Infection Prevention and Cyber Security training. People Services Colleagues continue to support managers with improving their compliance. Targeted reminders to specific areas will continue.	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. Drive towards improving the overall percentage of UHL during Q4 of the financial year has been implemented with renewed chasing on non-compliance and organisational support.

Well Led – Paed Nursing Vacancies

Paed Nursing Vacancies
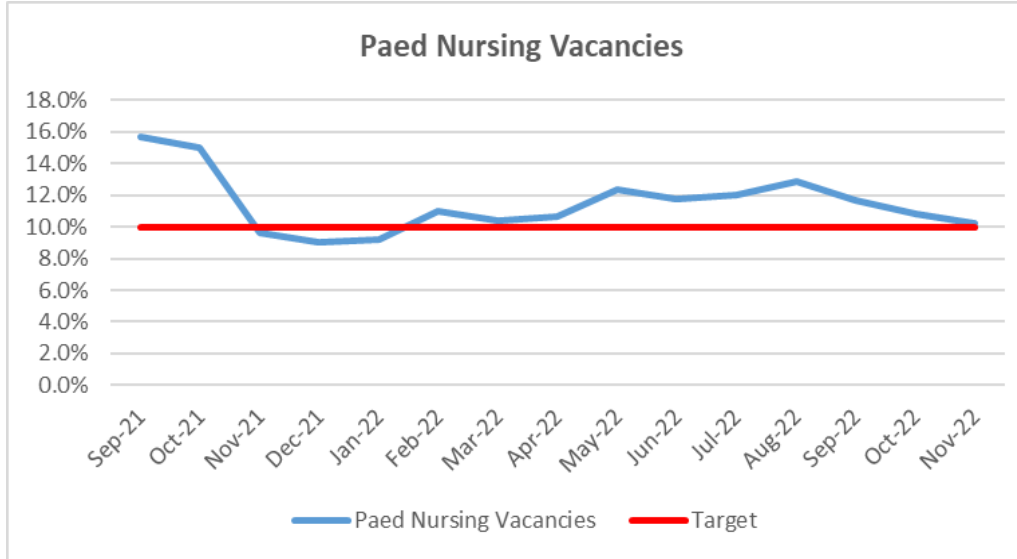
	Current Performance			Three Month Forecast		
	Nov 22	**YTD**	**Target**	**Dec 22**	**Jan 23**	**Feb 23**
	10.2%	**10.2%**	**10%**			

National Position & Overview

NHS Digital data published in October 2022 for NHS England and NHS Improvement shows a vacancy rate for Nursing & Midwifery registrants of 10.5% at 30 September 2022 (Midlands is 11.1%, Acute sector 10.2 %). Next data is expected January 2023.

Root Cause	Actions	Impact/Timescale
• New graduate Childrens nurses commenced in November 2023 reducing vacancy position	• Focused work to ensure newly qualified nurses are supported during current surge of respiratory illness	• Immediate actions being taken to support newly qualified nurses transition into a registrant in terms of clinical coaching and preceptorship

Well Led – Midwives Vacancies

Midwives Vacancies chart (Sep-21 to Nov-22) with Midwives Vacancies line and Target line at 10.0%
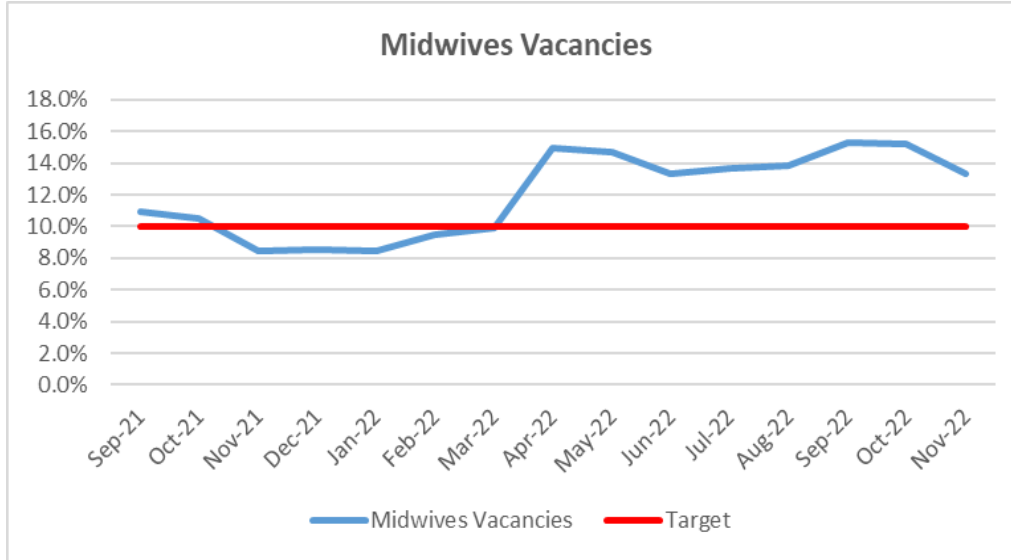
Current Performance			Three Month Forecast		
Nov 22	**YTD**	**Target**	**Dec 22**	**Jan 23**	**Feb 23**
13.4%	**13.4%**	**10%**			

National Position & Overview

Root Cause	Actions	Impact/Timescale
• There has been a 1.8% reduction in midwifery vacancies. • 5 Newly qualified midwives due in January plus 2 external band 5 and 1 band 6 • 5 more international midwives recruited in December. • Limited exit interview information available to review reasons for leaving	• Rolling advert every month (restricted due to open adverts shortest time available) • New role for Recruitment, retention and pastoral care for community midwifery recruited. • Empowering voices has commenced at LGH • Empowering voices action tracker stage 3 due to commence in December 22 to implement actions highlighted by staff to improve working environment, culture and work life balance – Flexible working agreements reviewed, working party set up	• 2 International midwives will be included in the staffing numbers in December as their 3 month supernumerary period has successfully been completed. • 14 newly qualified midwives started in November. • Empowering voices action tracker commenced in December • Empowering voices at LGH commencing 14th Nov due to complete Jan 23 when stage 3 action tracker will follow • Community Empowering voices programme to commence Feb/Mar 23

Health Care Assistants and Support Workers - excluding Maternity
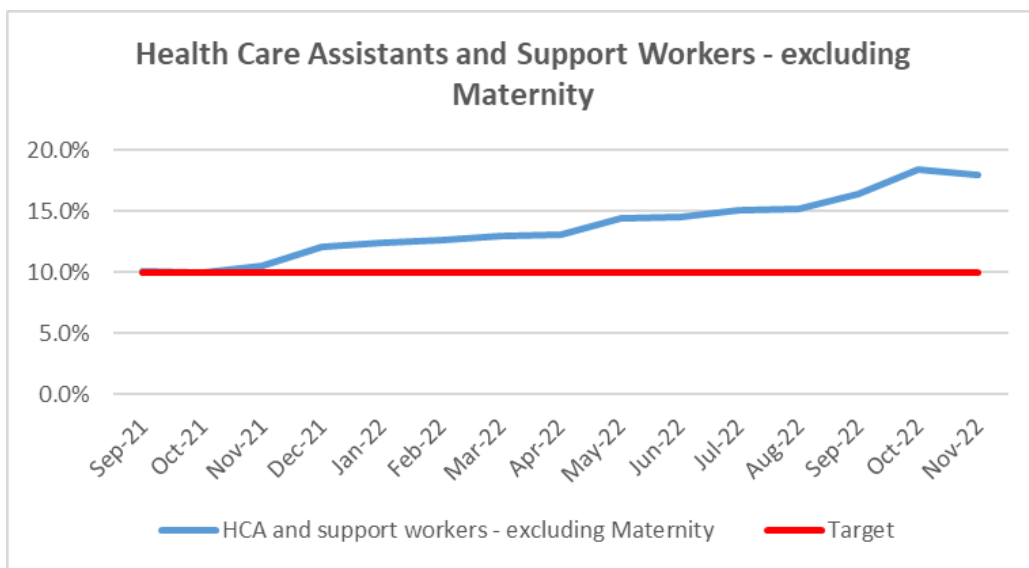
Current Performance			Three Month Forecast		
Nov 22	YTD	Target	Dec 22	Jan 23	Feb 23
18.0%	18.0%	10%			

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

Root Cause	Actions	Impact/Timescale
• Slight reduction in vacancies noted due to latest cohorts commencing employment in UHL	• In an effort to get all of our pipeline of HCSW's started as soon as possible, we are running a combined virtual / face to face programme for those HCSW's who have care experience but no care certificate. • Task and finish group to review HCSW recruitment and retention to be held w/c 19th December and fortnightly thereafter (chaired by HoN for recruitment and retention)	• This will involve the delivery of a care certificate to approx. 120 new HCAs in January 2023

Health Care Assistants and Support Workers - Maternity (chart showing HCA and support workers - Maternity vs Target from Sep-21 to Nov-22)
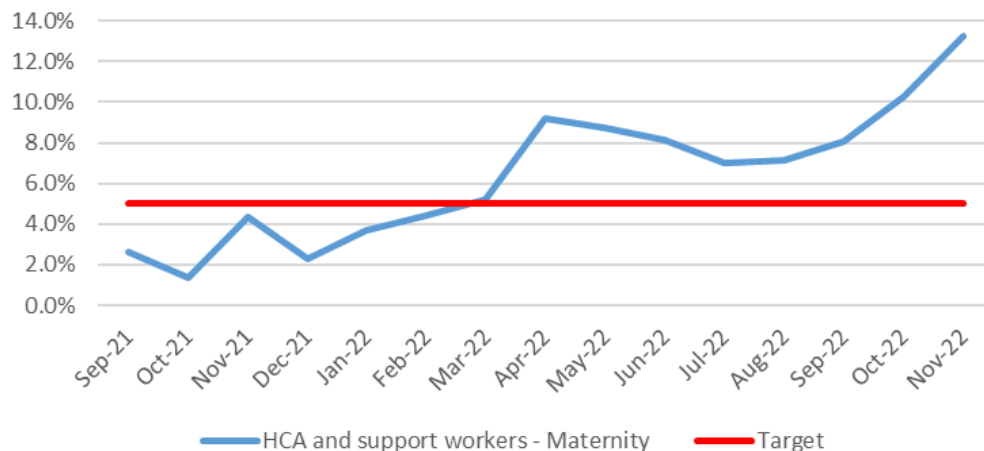
	Current Performance			Three Month Forecast		
Nov 22	**YTD**	**Target**	**Dec 22**	**Jan 23**	**Feb 22**
13.2%	**13.2%**	**5%**			

National Position & Overview

Root Cause	Actions	Impact/Timescale
• MCA retention challenging due to role expectations in some areas – mainly del suite LRI • Culture issues within department led to increased turnover • Lack of development opportunities from band 2	• 6 new MCA's recruited to LGH in November • 5 new MCA's recruited to LRI in November • Review apprenticeship pathways for Band 2 to 3 development being led by education team • Commencing TNA programme for existing MSWs • Completed empowering voices programme at LRI, moving to LGH & community. Voices heard from MCAs/MSWs and actions generated on action tracker to enhance support • National funding received to introduce retention & pastoral MSW role into education team interview date set	• Outstanding posts to be filled in January 2023 • Development programme due to be complete by March 23 • TNA programme commencing May 23 • Empowering voices action tracker stage commencing Dec 22 • MSW retention & pastoral role has gone out advert, interviews in December

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

ED 4 hour waits Acute Footprint
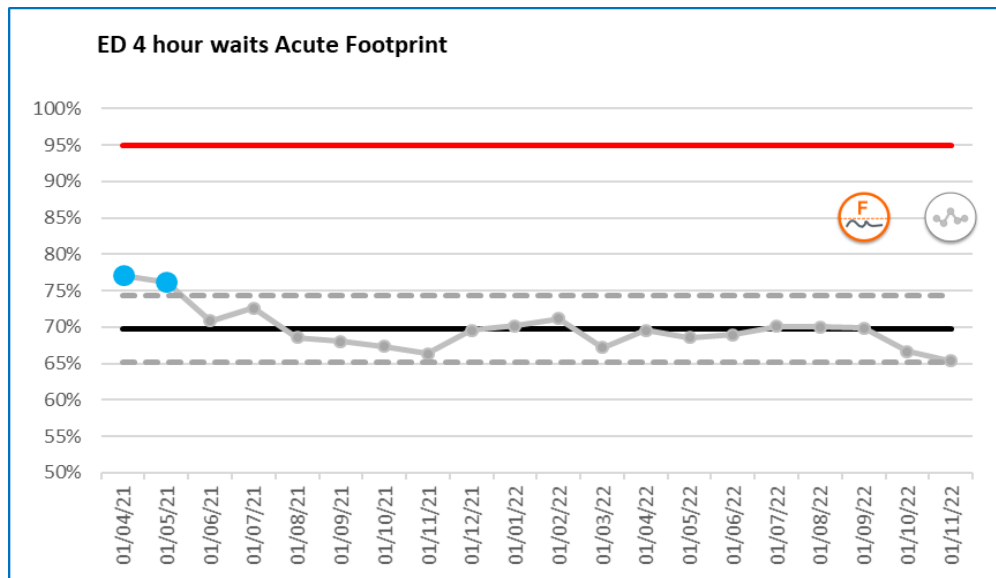
	Current Performance			Three Month Forecast		
	Nov 22	**YTD**	**Target**	**Dec 22**	**Jan 23**	**Feb 23**
	65.4%	**68.6%**	**95%**	69	68	68

National Position & Overview

In November, UHL ranked 73rd out of 112 Acute Trusts. The National average in England was 68.9%. Only 1 out of the 112 Acute Trusts achieved the target. UHL ranked 10th out of 16 trusts in its peer group. The best value out of the Peer Trusts was 77.6% and the worst value was 53.2%.

Root Cause	Actions	Impact/Timescale
• 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	• Overnight consultant in ED rota in place and continued increase in uptake of shifts noted • MIaMI extended opening times 8am to 12pm • Emergency flow action plan focus on reduction in non-admitted breaches and adherence to new Inter Professional Standards • Implementation of pre-transfer unit at LRI • Extension of discharge lounge at LRI (move of physio therapy)	• In place • End of November 2022 • Monitored via CMG PRM's • January 2022 • February 2022

Responsive (Emergency Care) – Mean Time to Initial Assessment

Mean Time to Initial Assessment
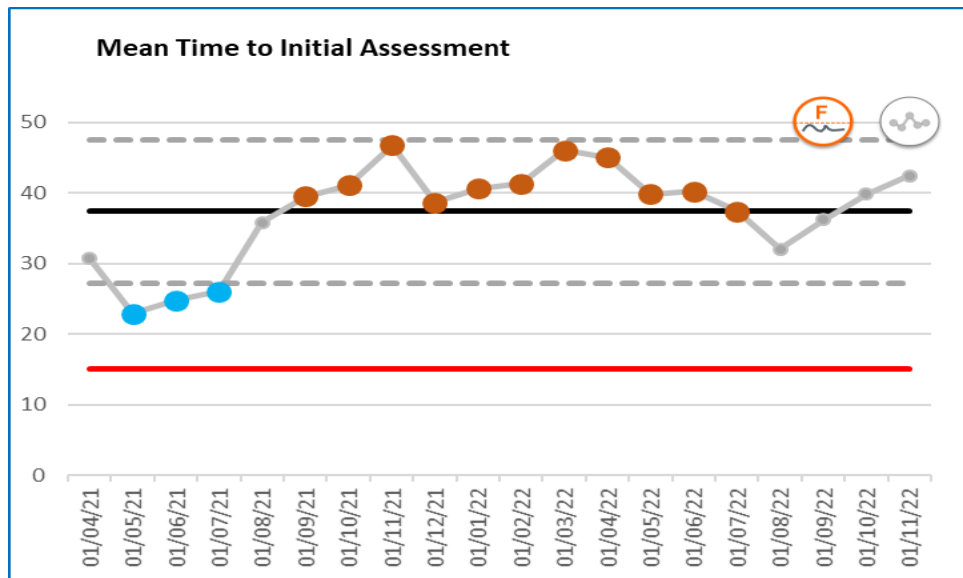
Current Performance			Three Month Forecast		
Nov 22	YTD	Target	Dec 22	Jan 23	Feb 23
42.4	39.2	15	37	37	37

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

Root Cause	Actions	Impact/Timescale
• Insufficient workforce to mange sustained walk in demand of in excess of 40 – 50 patients per hour.	• 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 • Oadby Walk re direction	• In place • In place • In place • In place • In place • In place • December 2022

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

12 hour trolley waits in A&E
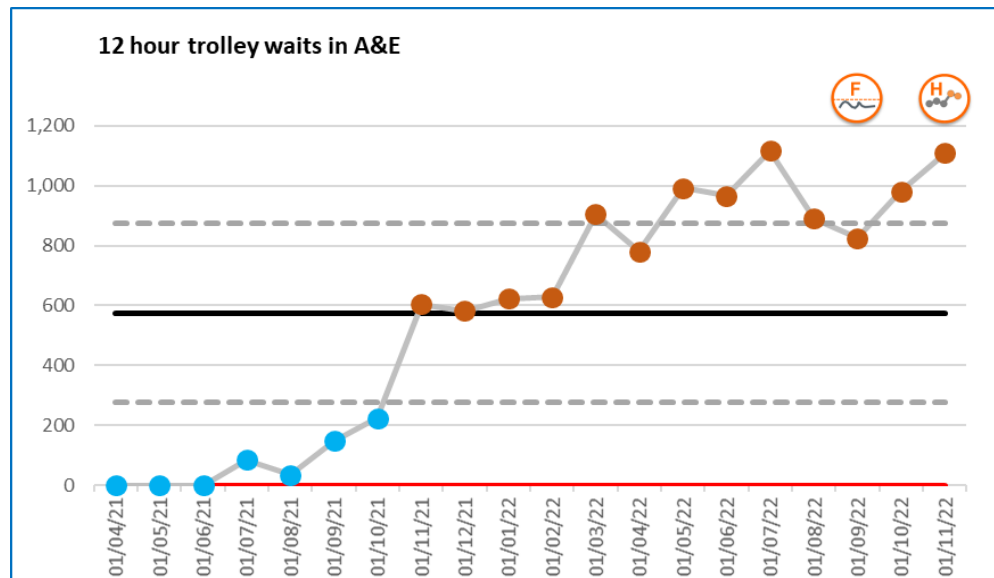
Current Performance			Three Month Forecast		
Nov 22	YTD	Target	Dec 22	Jan 23	Feb 23
1,110	7,663	0			

National Position & Overview

In November, UHL ranked 122nd out of 124 Major A&E NHS Trusts. 16 out of the 124 Trusts achieved the target. The best value nationally was 0 and the worst value was 1,233. UHL ranked 17th out of 18 trusts in its peer group.

Root Cause	Actions	Impact/Timescale
• 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	• 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	• In place • November 2022

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

Number of 12 hour waits in the Emergency Department
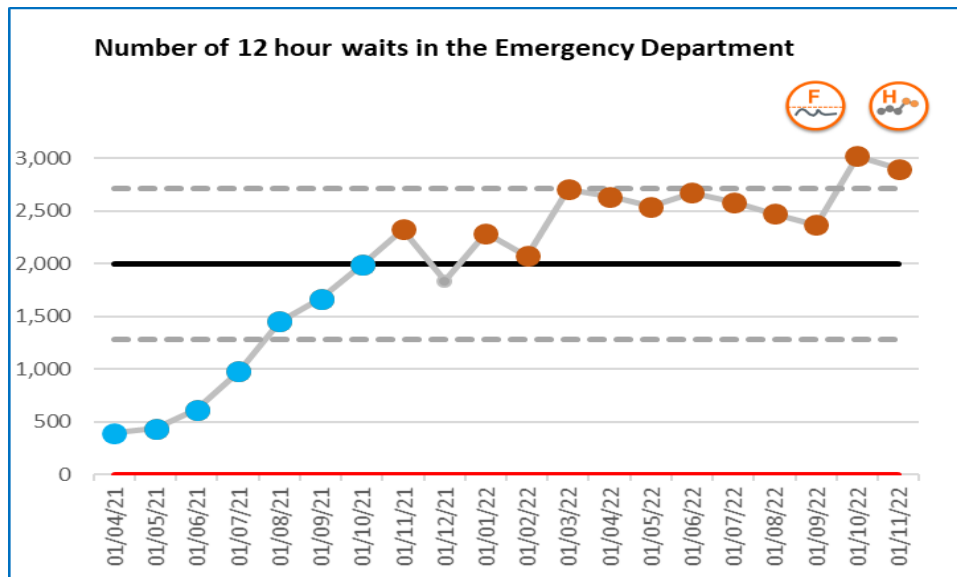
Current Performance			Three Month Forecast		
Nov 22	**YTD**	**Target**	**Dec 22**	**Jan 23**	**Feb 23**
2,899	**21,195**	**0**			

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

Root Cause	Actions	Impact/Timescale
• Poor outflow across the emergency care pathway • Overcrowding in ED result in long waits to see a doctor	• 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	• In place • In place

Responsive (Emergency Care) – Time Clinically Ready to Proceed

Time Clinically Ready to Proceed
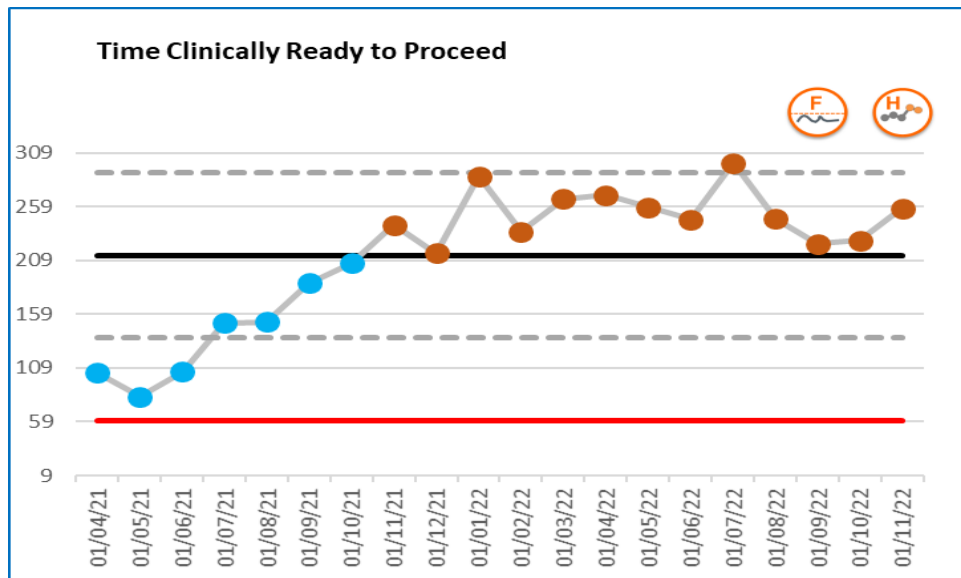
Current Performance			Three Month Forecast		
Nov 22	**YTD**	**Target**	**Dec 22**	**Jan 23**	**Feb 23**
257	**254**	**60**			

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

Root Cause	Actions	Impact/Timescale
• Bed occupancy > 85% • 14% less G&A beds than average	• Embed E-Referrals • Embed Interprofessional standards	• Full action plan in place Monitoring taking place via CMG PRM's

Responsive (Emergency Care) – Ambulance Handovers >60 Mins

Ambulance handover >60mins
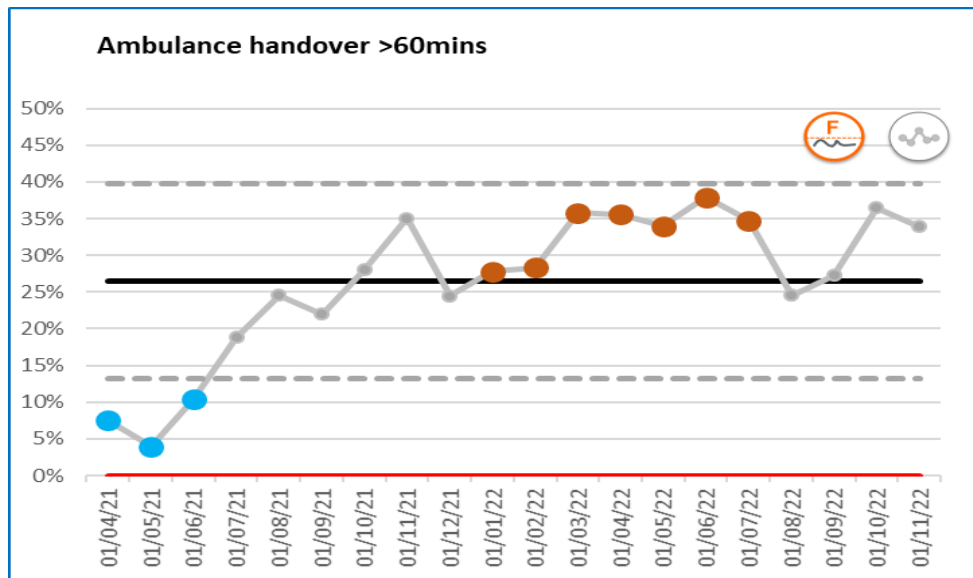
Current Performance			Three Month Forecast		
Nov 22	**YTD**	**Target**	**Dec 22**	**Jan 23**	**Feb 23**
33.9%	**33.0%**	**0%**			

National Position & Overview

LRI ranked 23rd out of 23 sites last month (source EMAS monthly report) and had the second highest number of arrivals (4,609).

UHL is an outlier in Ambulance handover performance and recorded the highest number of handovers over 60 minutes last month, 1,564 (source EMAS monthly report).

Root Cause	Actions	Impact/Timescale
• 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	• Medical in reach in place 24/7 • Development of pre-transfer unit at LRI • Avoid using discharge lounge overnight for additional capacity • 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 escalation SOP at LRI • Rapid cycle test of GH escalation SOP	• In place • January 2022 • In place • Ongoing – daily / weekly monitoring • 26th September 2022 – ongoing • November 2022 • 12th 15th December

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

Long Stay Patients (21+ days) as a % of G&A Bed Occupancy
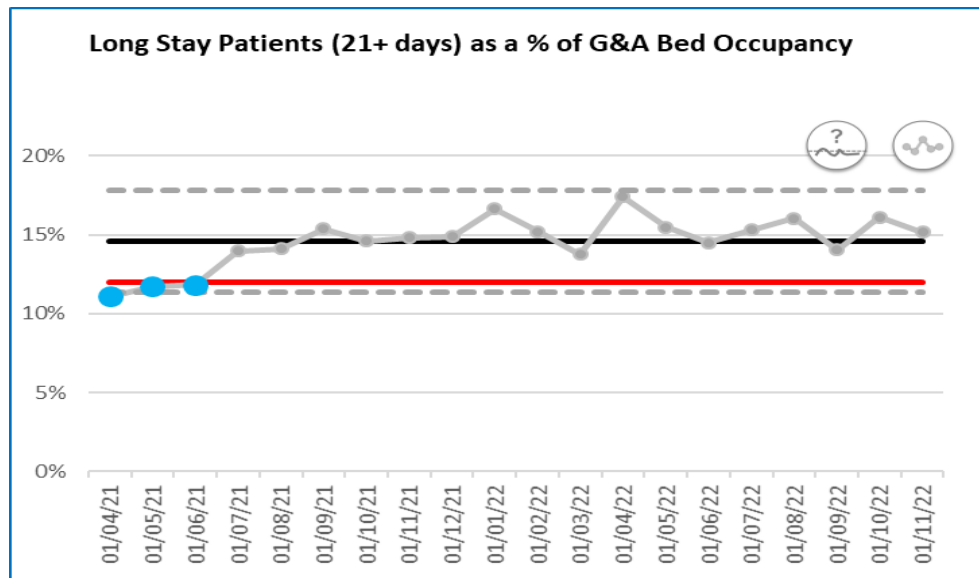
Current Performance			Three Month Forecast		
Nov 22	**YTD**	**Target**	**Dec 22**	**Jan 23**	**Feb 23**
15.2%	**15.2%**	**12%**	15%	14%	12%

National Position & Overview

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 28/11/22).

•38 (221) 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.
•60 Patients (27%) are medically optimised for discharge with no acute medical reason to stay .

Root Cause	Actions	Impact/Timescale
•Circa 138 Complex Medically optimised for discharge patients of which 60 have a LLOS and are awaiting a discharge outcome from the LLR discharge coordination Hub. •Suboptimal /inconsistent Discharge Coordination: Over investigation, family /carer involvement, board rounds , red2green principles, preparing the patient in advance of discharge. In addition to impacts of long stays in ED, extra capacity wards and outlying.	Continue to work with health and social care system partners during December to: • Launch the new shortened referral/transfer process for patients transferring from UHL-LPT • Undertake a number of PDSA's to reduce the number of patients waiting for Pathway 2 placements. Work with CMG's to: • Raise the awareness of the impacts of hospitalised deconditioning and promote the National reconditioning games. • Work to identify areas potentially suitable for Criteria Led Discharge.	• Aim to reduce number of MOFD patients waiting for discharge in UHL beds. • Aim to improve /embed SAFER bundle best practice principles. • Reduce the number of patients awaiting 'next steps'/LLOS.

Responsive (Elective Care) – % Operations Cancelled On the Day
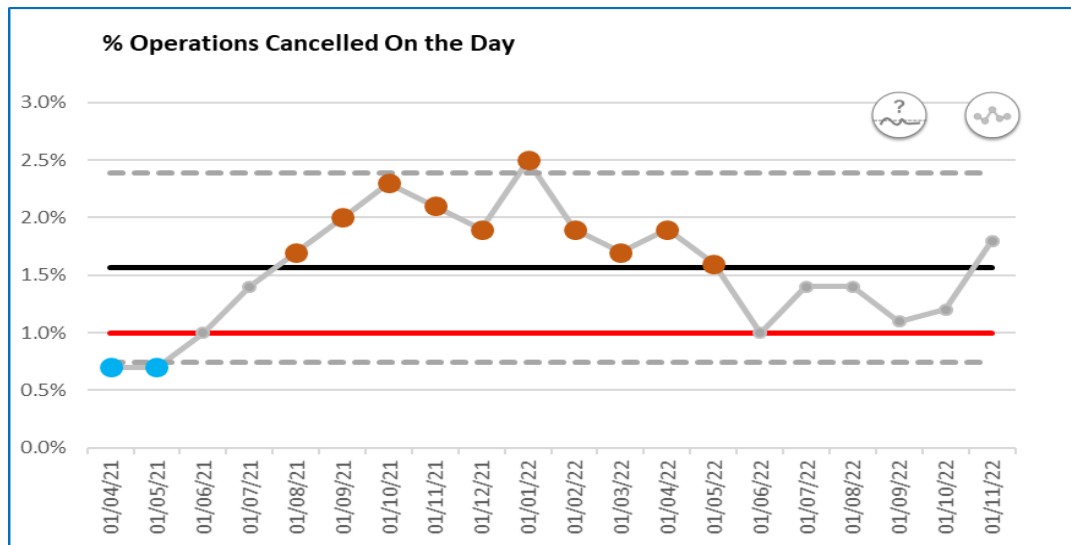
Current Performance			Three Month Forecast		
Nov 22	**YTD**	**Target**	**Dec 22**	**Jan 23**	**Feb 23**
1.8%	**1.4%**	**1%**			

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

Root Cause	Actions	Impact/Timescale
On the day cancellation due to surgical flow (bed pressures) is at 14% - Increase of 3% since October 22.	Increase Day Case activity -Day surgery procedures can continue more or less independently away from inpatient/emergency activity	Model Hospital/Day Case rates for BADS procedures as a system is 68.1% the lowest performing nationally, there is huge amount of scope to increase day surgery activity over the next 12 weeks not only to support surgical flow but can help alleviate pressures on the current waiting lists.
Standardised approach to deal with OTDC -lack of local policies and procedures in place with no standardised robust and agreed escalation process	A guidance document will be produced which sets out the cancellations process (including OTD cancellations), key roles and responsibilities, the escalation process, the cancellation reason codes with explanations / examples of when the reason codes should be used.	This will ensure an efficient and responsive systems in pace to deal with all OTDC. The policy is in the early stages of being developed and aims to go through the Theatre productivity Board March 2023.
47 patients cancelled in November 22 due to a lack of theatre time	Reducing late starts, using auto send for the patient's first on the theatre list will prevent unnecessary delays at the start of the list and enable theatre teams to complete all the cases scheduled.	Reduction in late starts and increase in the average number of cases per session/increasing productivity. Started 28th Nov at LGH- ongoing Start March at Glenfield

Root Cause	Actions	Impact/Timescale
30% OTDC are due to Clinical or Pre-assessment related reasons , common themes such as unstable blood sugars, hypertension and recent infections	Pre-Operative Assessment standardisation and centralisation of services appointed a POA project manager to support with the delivery of the project and POA clinical Nurse post out to advert.	• POA Lead Nurse and POA project manager will help deliver a standardised approach to Pre-Assessment. Within the next 6 months (subject to recruitment) all OTDC relating to clinical/POA reason will be reviewed at clinical level and common themes addressed, Business case for diabetic support in Pre-assessment in development. • April 2024 - Patients should be pre-operatively assessed as soon as possible following the decision to treat. This is an assessment required to ensure the patient is fit to undergo the anaesthetic and that they are listed for the appropriate type of admission (day case, or inpatient care) ITAPS applied for 1PA funding to improve POA services. • The next 12 months increasing the time from Pre-assessment to allow for optimisation of patients and all relevant test and procedures carried out before listing .
74 Patients DNA'd their surgical date in November – the root cause of this problem is multifactual.	• Scheduling – Ensuring waiting list offices are contacting the patient on the phone to offer appointments and not relying on letters • Exploring Day Surgery or less invasive surgery - Help reduce disruption of patients' daily routines, with lower levels of absence from work or problems providing care for others.	• 3 months (3 services)– exploring systems such as accuRX to message the patient 5 days prior to admission to reconfirm attendance and provides the ability to send additional information i.e. Fasting instructions.
OTDC resulting from Surgeon/anaesthetist/Theatre staff unavailability	• Embedded 6-4-2 process	• Embedded process in place, which allow list to be offered out at 4 weeks for other services to use. Prevents list being booked with no allocated staff.

Responsive (Elective Care) – Outpatient DNA Rate

% Outpatient DNA rate

	Current Performance			Three Month Forecast		
	Nov 22	**YTD**	**Target**	**Dec 22**	**Jan 23**	**Feb 23**
	8.0%	**8.1%**	**5.0%**	7.8%	7.6%	7.4%

National Position & Overview

UHL compares better than its peers for the current financial year, 8.0% compared to 8.7% (data for April 22 to September 22, source CHKS).

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

Root Cause	Actions	Impact/Timescale
1. 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 2. Late cancellations/rebooks often mean patients do not receive their appointment letters on time so unaware of appointment 3. Due to lack of admin staff, patients unable to get through to department to let them know they're unable to attend 4. Some patients are still afraid to come in to hospital	1. Remind services of the need to check the patients details are correct and up to date at every contact 2. Services are being encouraged to use the OP Qliksense dashboard, plus AccuRx to send additional reminders to patients 3. Working on increasing numbers on the admin bank and getting them upskilled 4. Ask services to offer choice of video consultation	• 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
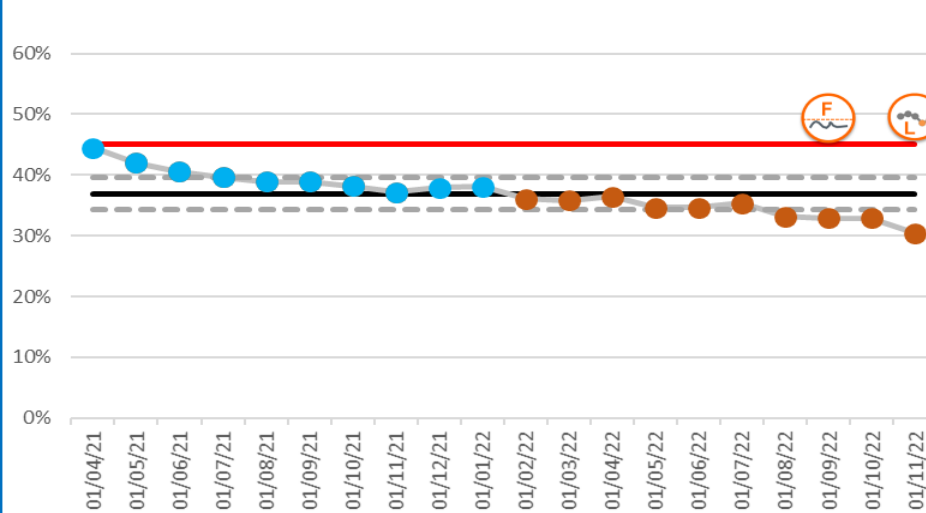
Current Performance			Three Month Forecast		
Nov 22	**YTD**	**Target**	**Dec 22**	**Jan 23**	**Feb 23**
30.4%	**33.8%**	**45.0%**	31.4%	32.4%	33.4%

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
1. Not all Outpatient rooms and consultant offices are set up for video consultation eg no webcam or 2nd screen, and not all rooms have phones in them 2. There is a fear of losing consulting rooms amongst clinicians therefore they are bringing patients in F2F 3. Some clinicians and patients do prefer F2F over non F2F 4. Poor experience with One Consultation has made rollout of Attend Anywhere more challenging	1. All of central outpatient rooms have now been provided with webcams, 2nd screens and headsets. Other OP areas have been asked what they need. 2. Services are being encouraged to run blended clinics (part F2F/part non F2F) so the room will still be needed. Transformation Leads are working with services offering more F2F then non F2F. 3. Attend Anywhere and AccuRx demos are being carried out and kit is being supplied to encourage video consultation as an alternative. Improve comms around the benefits of video consultation.	• All actions, plus others, are happening imminently to help increase the number of non F2F appointments. • An improvement in the non F2F rate should be visible within the next 3 months. • Historically virtual notes reviews have been recorded and submitted as Non F2F activity – we will no longer be submitting virtual notes review activity as it will be classed as remote monitoring.

Responsive Cancer – 2 Week Wait

2WW
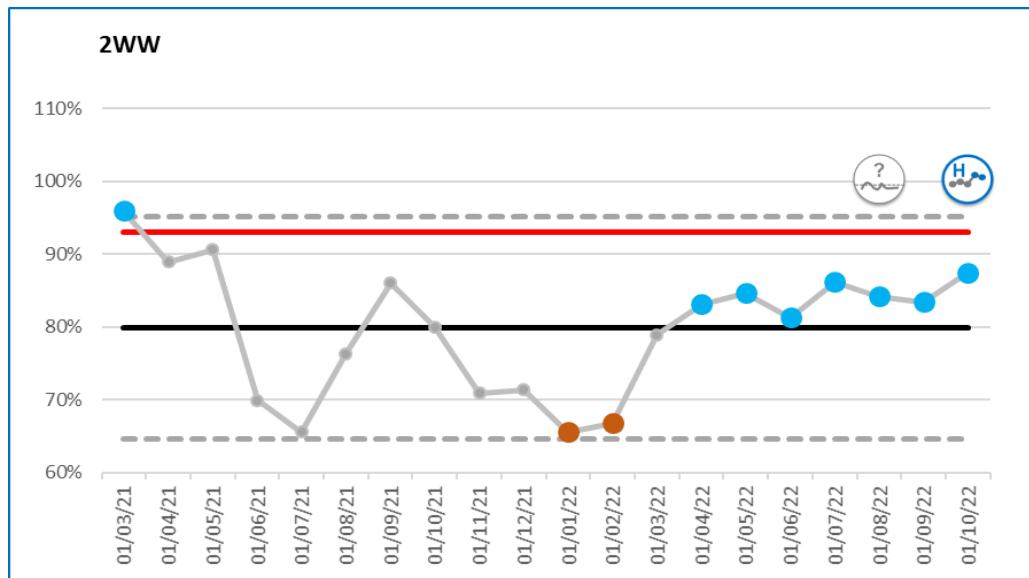
Current Performance			Three Month Forecast		
Oct 22	**YTD**	**Target**	**Nov 22**	**Dec 22**	**Jan 23**
87.5%	**84.4%**	**93%**			

National Position & Overview

In October, UHL ranked 58th out of 132 Acute Trusts. The National average was 77.8%. 34 out of the 132 Acute Trusts achieved the target. UHL ranked 7th out of the 18 UHL Peer Trusts. The best value within our peer group was 96.2%, the worst value was 40.5% and the median value was 79.2%.

Root Cause	Actions	Impact/Timescale
• In October 2WW demand remained over 30% above pre-COVID level. • Upwards trend noted in all tumour sites have struggled to maintain 2WW capacity in September. • 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.	• Head & Neck additional capacity introduced • LOGI 50+FIT pathway to be implemented • Non Site Specific Symptoms pathway to be implemented • Continuation of Breast pain pathway & insourcing of under 35s • Continuation of AI teledermatology provider into 23/24 • Recruitment to Endoscopy booking team vacancies	• immediate – increase in 2ww capacity • January – significant reduction in LOGI referrals expected • January – significant diversion of other tumour site referrals expected • immediate – increase in 2ww capacity • immediate – increase in 2ww capacity • January – more effective capacity management

Responsive Cancer – Cancer 62 Day Backlog

Cancer 62 Day Backlog
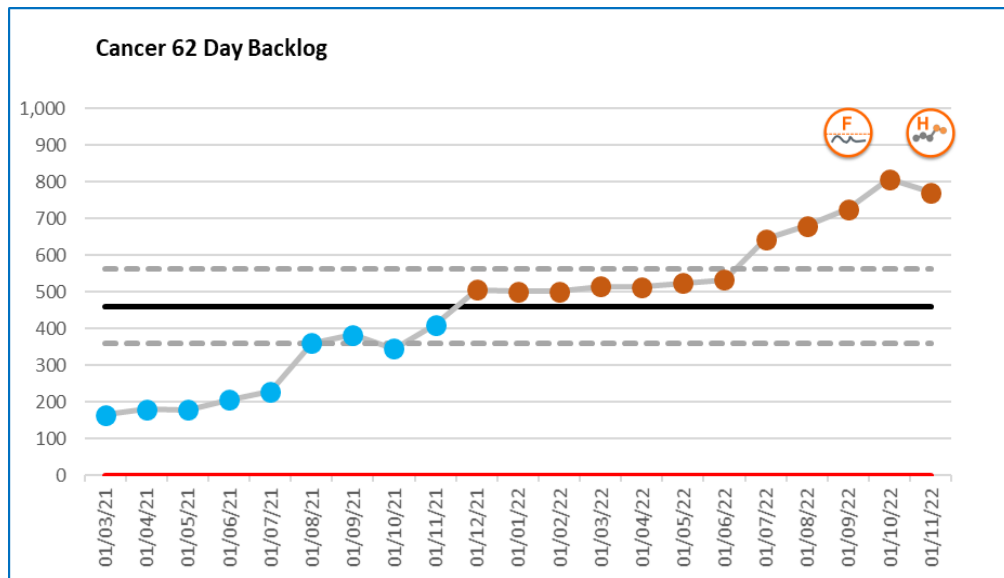
Current Performance			Three Month Forecast		
Nov 22	**YTD**	**Target**	**Dec 22**	**Jan 23**	**Feb 23**
772	**772**	**0**			

National Position & Overview

The 62-day backlog has decreased since November. As of 9/12/22 the backlog is 787 patients waiting over 62 days (18.5% of PTL) with 88% of the backlog sitting within LOGI, Skin and Urology. LOGI and Skin pressures are recognised nationally, whilst Urology is a more UHL specific issue. Skin has a six week recovery plan to bring the tumour site back to trajectory.

Root Cause	Actions	Impact/Timescale
• 62 day and 104 day backlogs remain high as a result of ongoing demand and capacity constraints. • Urology remains the key area of concern, with LOGI and Skin as the next largest. • Constraints include capacity, specifically outpatient, diagnostic and clinical administrative time, in addition to workforce to deliver additional capacity. • Patient choice/engagement remains of concern across several pathways as does fitness to proceed.	• Clinically prioritise all cancer patients • Weekly PTL review meetings with >104 clinical review • Clinical review of PTL to support Urology and Colorectal • Review national timed pathways . • 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	• Regional support for Urology; including mutual aid continues, with the addition of Trent Cliffe (Scunthorpe) taking a number of nephrectomies • Updated action plans by tumour site in progress • NSS/Pre-diagnosis CNS supporting patient engagement across all PTLs • Urology is now ahead of trajectory, with plans for Skin to improve into the new year. Colorectal has a longer term plan for delivery.

Responsive Cancer – Cancer 62 Day

Cancer 62 Day
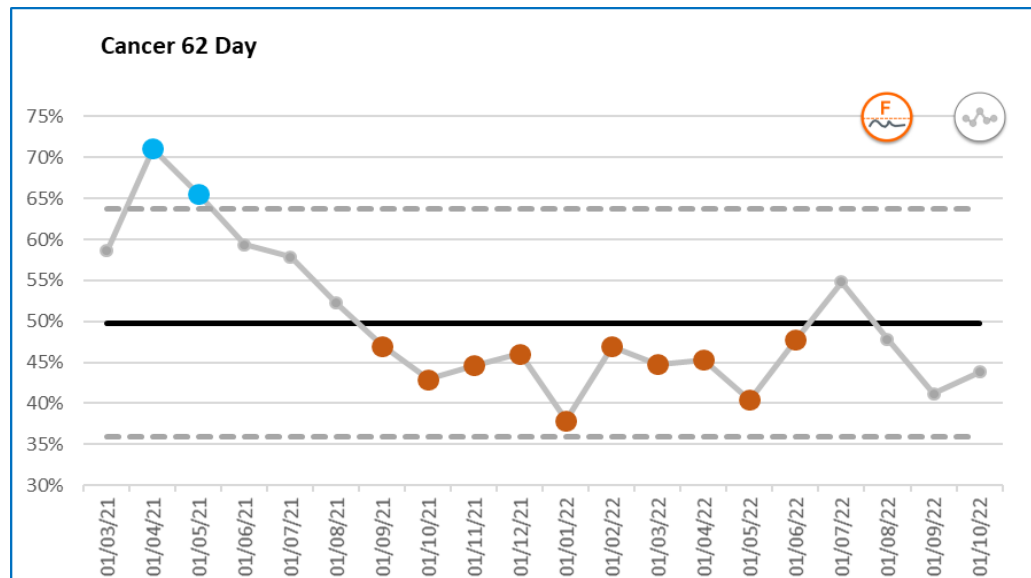
Current Performance			Three Month Forecast		
Oct 22	**YTD**	**Target**	**Nov 22**	**Dec 22**	**Jan 23**
43.8%	**45.7%**	**85%**			

National Position & Overview

In October, UHL ranked 117th out of 134 Acute Trusts. The National average was 60.3%. 9 out of the 134 Acute Trusts achieved the target. UHL ranked 14th out of the 18 UHL Peer Trusts. The best value within our peer group was 71.4%, the worst value was 29.6% and the median value was 46.4%.

Root Cause	Actions	Impact/Timescale
• 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	• Continue to clinically prioritise all patients • Weekly PTL review including additional support in Urology. • Review national timed pathways and identify possible areas for improvement • cNHSE investment to support Onc/Radth/Haem • Increased Pathology provision	• 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

Trust Overview

Performance Overview

Exception Reports

Finance

Appendix - Alignment to CMG Dashboards

Appendix - Statistical Process Control Charts
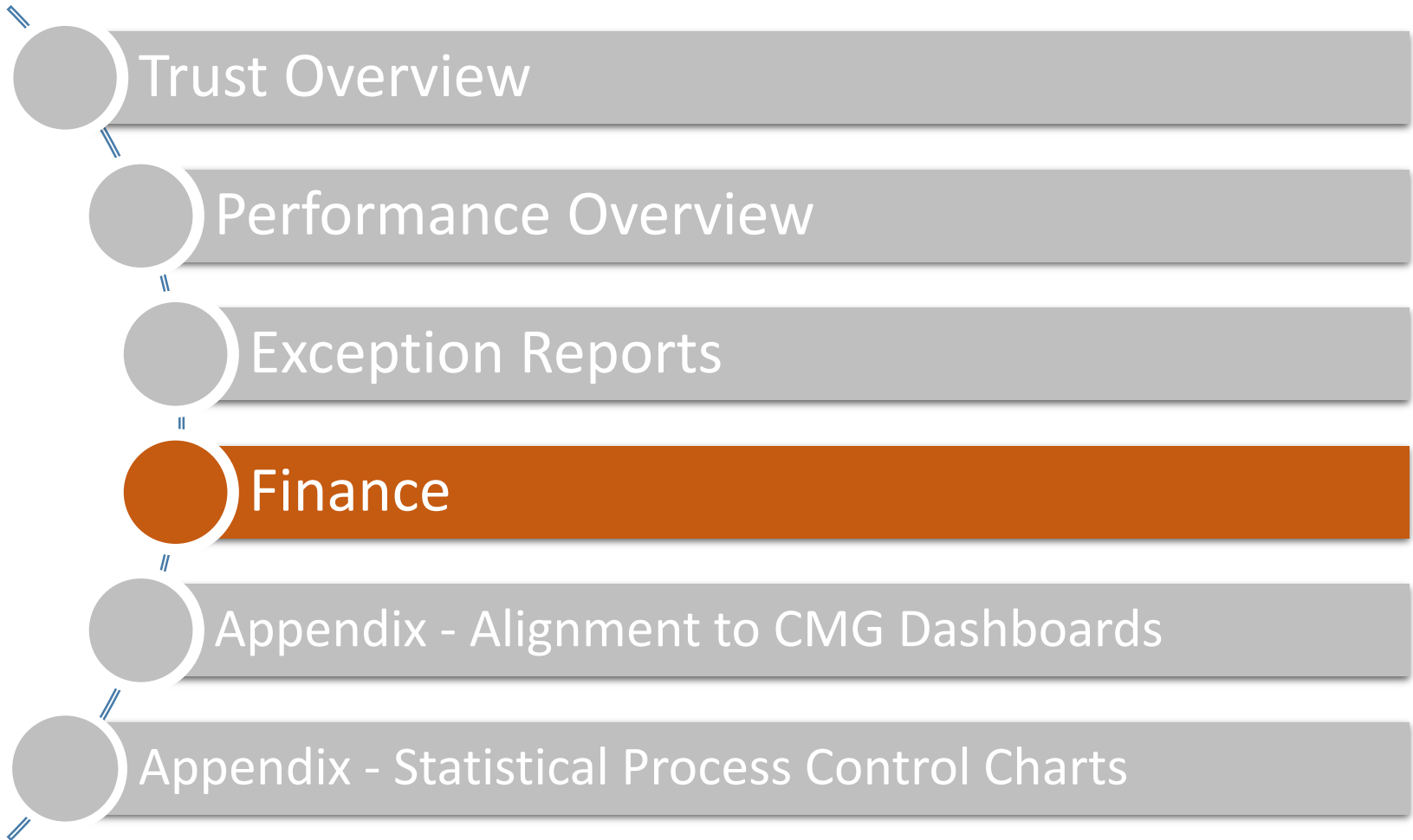
Single Oversight Framework – Month 8 Overview

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	M8 YTD Plan of -£5.4m	M8	-£9.2m	-£2.8m		CFO
		Capital expenditure against plan	M8 YTD Plan of £35.2m	M8	£28.6m	£5.3m		CFO

Summary Financial Position & CIP Performance

	I&E YTD			Full Year Plan	CIP YTD (Inc Productivity)		
	Plan	Actual	Variance to Plan		CIP Plan	CIP Actual	Variance to Plan
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
NHS Patient-Rel Income	801,105	823,439	22,334	1,207,175	0	0	0
Other Operating Income	90,574	99,747	9,173	136,180	257	1,166	909
Total Income	**891,679**	**923,186**	**31,507**	**1,343,354**	**257**	**1,166**	**909**
Pay	(526,803)	(542,159)	(15,356)	(788,248)	3,980	13,175	9,195
Agency Pay	(14,159)	(16,743)	(2,584)	(22,106)	0	0	0
Non Pay	(314,723)	(332,779)	(18,056)	(470,113)	12,647	8,277	(4,370)
Total Costs	**(855,686)**	**(891,681)**	**(35,995)**	**(1,280,467)**	**16,627**	**21,452**	**4,825**
EBITDA	**35,993**	**31,505**	**(4,488)**	**62,888**	**16,884**	**22,618**	**5,734**
Non Operating Costs	(42,005)	(41,144)	861	(63,861)	0	0	0
Retained Surplus/(Deficit)	**(6,011)**	**(9,639)**	**(3,627)**	**(973)**	**16,884**	**22,618**	**5,734**
Donated Assets	616	477	(139)	973	0	0	0
Net Total Surplus/(Deficit)	**(5,395)**	**(9,162)**	**(3,766)**	**(0)**	**16,884**	**22,618**	**5,734**

Comments – YTD Variance to Plan

Total Income: £31.5mF: driven by additional income for pay awards £12.3mF, Income for the LPT contract, offset in expenditure £8mF, excluded drugs and devices which are offset in non-pay £3.4mF, funding for the community diagnostic hub (CDH) offset by expenditure £2mF, ambulance handover income of £1.9mF offset by expenditure, training and education income £1.4mF, car parking/catering income £1mF and private/overseas patient income across various CMGs £1.2mF and other income of £0.3mF.

Pay and Agency: £17.9mA is driven by a pay awards of £12mA and LPT contract pay costs of £5.2mA, £2.5mA additional winter capacity, £1.2mA ambulance handover and £0.5mA CDH, £3.3mF cash releasing pay CIP.

Non Pay: £18.1mA includes £3.4mA pass through drugs, £2.7mA LTP costs both offset within income, £2.8mA cash releasing CIP, £0.8mA additional winter capacity, £1.5mA on CDH offset by income, £0.3mA unfunded inflation above plan, £1.1mA bad debt provision, £2.4mA insourcing, £1.1m car park security, ESM unfunded beds £1mA, catering and retail £0.7mA and the balance of £0.3mA being consumable spend.

The CIP overperformance of £5.7mF reflects £1.4mF cash releasing CIP and £4.3mF productivity schemes.

Month 8 Dashboards

Monthly Surplus/(Deficit) £k
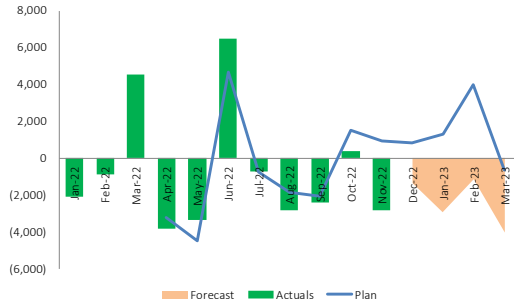
Monthly PCI Income £k
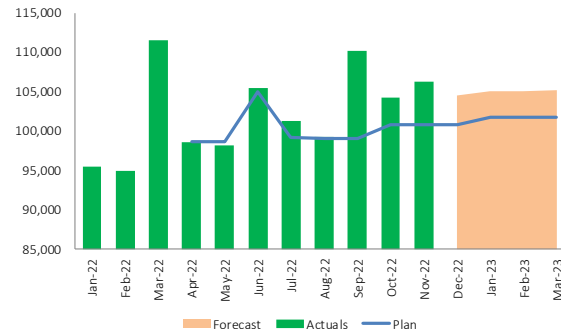
Monthly Other Income £k
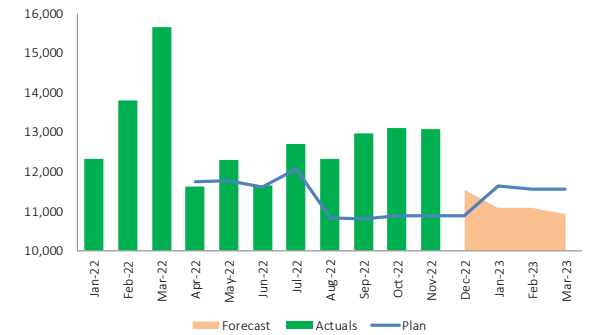
Monthly Substantive/Bank/Agency Pay £k
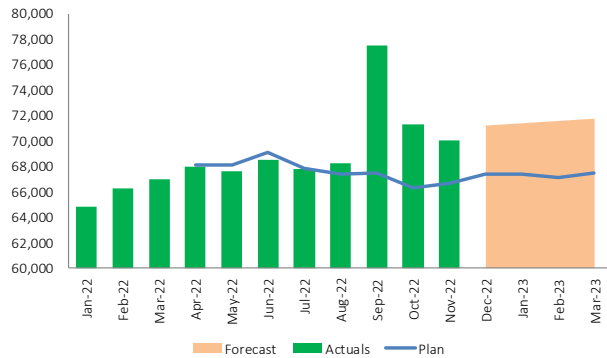
Monthly Non Pay £k
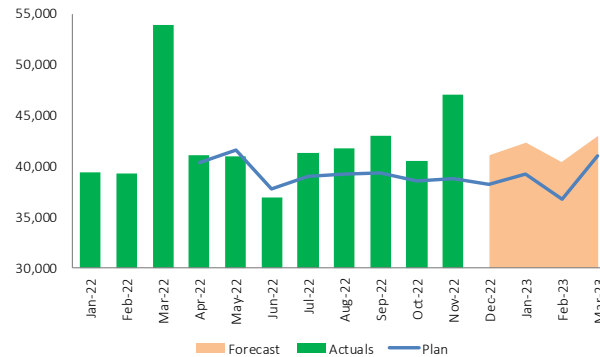
Monthly Non Ops £k
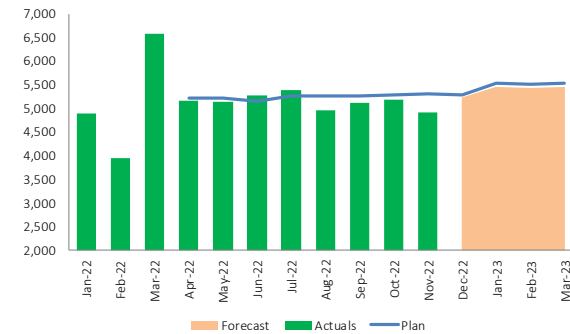
CIP Performance £k Inc Productivity
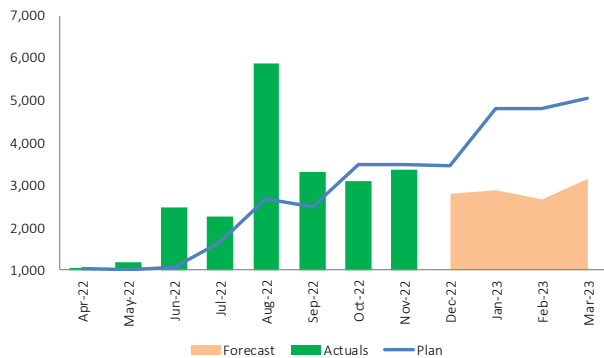
Worked WTEs vs NHSEI Workforce Plan
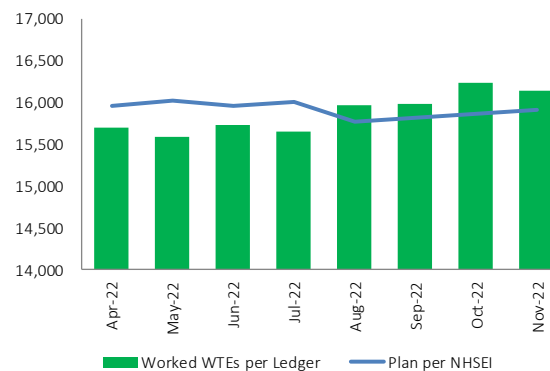
	In Month NHSEI Plan	In Month Worked	Increase in WTE
Substantive	14,744	14,617	(128)
Bank	832	1,050	218
Agency	343	482	139
Total WTE	**15,919**	**16,148**	**229**

Note: 407wte adjusted out from Trust Medical Pharmacy Bank in month 8 actuals due to error.

Month 8 Dashboards

Cash £k
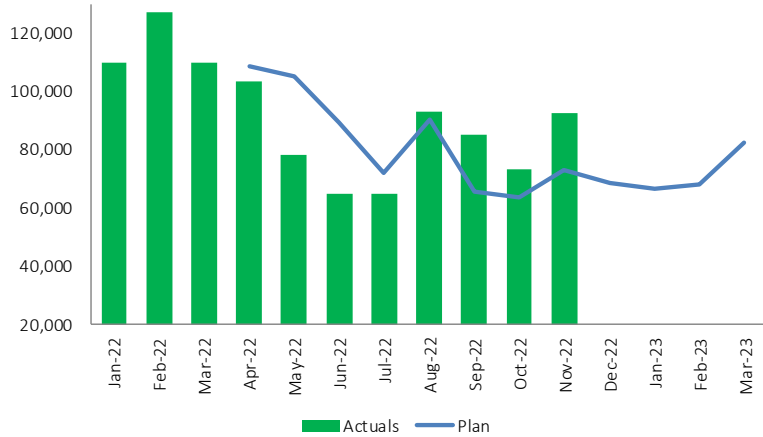
Capital £k

Ageing Debtor £k

Ageing Creditor £k

50

Statement of Financial Position

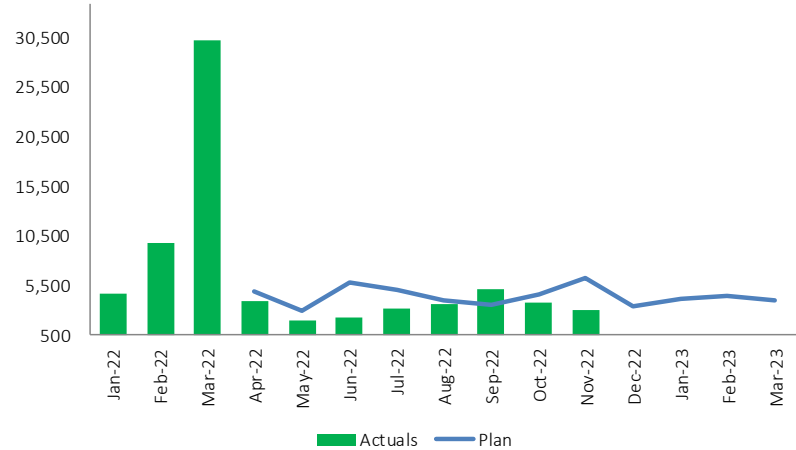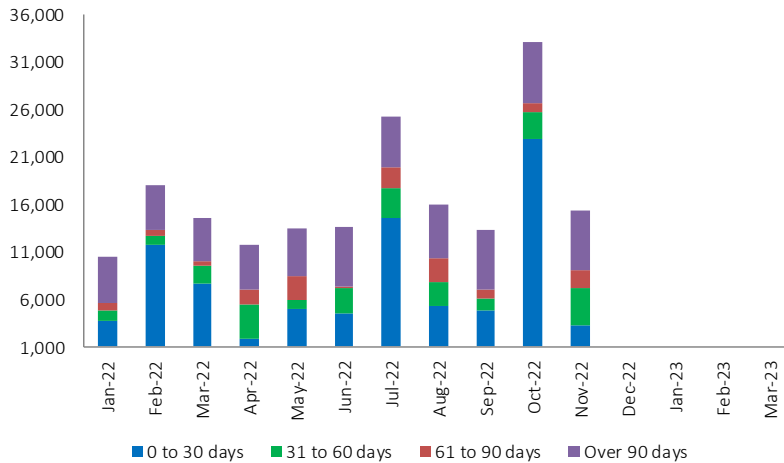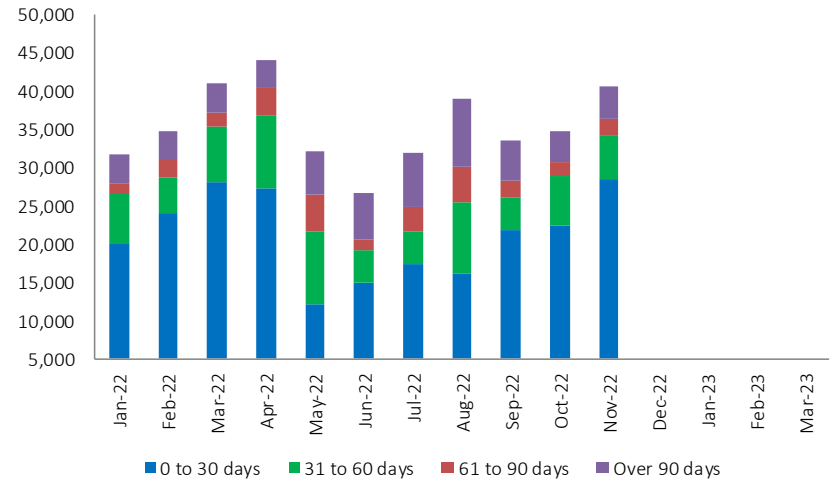| Statement of Financial Position	M8 YTD				
	31-Mar-22	30-Oct-22	30-Nov-22	In month Movement	YTD Movement
Non current assets	£000	£000	£000		
Intangible assets	15,441	13,391	13,115	(276)	(2,326)
Property, plant and equipment	659,617	669,852	672,202	2,350	12,585
Other non-current assets	3,445	3,087	3,121	34	(324)
Total non-current assets	**678,503**	**686,330**	**688,438**	**2,108**	**9,934**
Current assets					
Inventories	21,126	21,948	21,790	(158)	664
Trade and other receivables	33,738	66,740	40,013	(26,727)	6,275
Cash and cash equivalents	109,960	73,466	92,660	19,194	(17,300)
Total current assets	**164,824**	**162,154**	**154,464**	**(7,690)**	**(10,360)**
Current liabilities					
Trade and other payables	(128,361)	(100,796)	(96,709)	4,087	31,652
Borrowings / leases	(7,659)	(6,176)	(7,298)	(1,123)	361
Accruals	(22,367)	(25,217)	(28,734)	(3,517)	(6,367)
Deferred income	(3,799)	(28,314)	(22,878)	5,436	(19,078)
Dividend payable	(0)	(1,989)	(3,475)	(1,486)	(3,475)
Provisions < 1 year	(15,434)	(16,073)	(16,402)	(330)	(969)
Total current liabilities	**(177,620)**	**(178,565)**	**(175,497)**	**3,068**	**2,123**
Net current assets / (liabilities)	**(12,796)**	**(16,410)**	**(21,033)**	**(4,623)**	**(8,237)**
Non-current liabilities					
Borrowings / leases	(12,585)	(23,752)	(23,921)	(169)	(11,336)
Provisions for liabilities & charges	(4,903)	(4,903)	(4,903)	0	0
Total non-current liabilities	**(17,487)**	**(28,655)**	**(28,824)**	**(169)**	**(11,336)**
Total assets employed	**648,220**	**641,265**	**638,581**	**(2,684)**	**(9,639)**
Public dividend capital	760,831	760,831	760,831	0	0
Revaluation reserve	190,073	190,073	190,073	0	0
Income and expenditure reserve	(302,685)	(309,639)	(312,324)	(2,684)	(9,639)
Total taxpayers equity	**648,220**	**641,265**	**638,581**	**(2,684)**	**(9,639)**

The Statement of Financial Position (SOFP) as of 30 November 2022 is presented in the table opposite. The key movements were explained as follows:

- **Non-Current Assets -** PPE and intangibles increased by £2.1m, as capex of £5.5m was offset by depreciation of £3.4m. M8 Capex largely due to IFRS 16 additions in year and estates enabling works.

- **Trade and other receivables** reduced by £26.7m, driven mainly by a payment of £17m for the HEE SLA for October and November, which was paid in cash terms on 1 November. The Trust also received a VAT payment of £3.2m from HMRC.

- **Cash Balances –** Cash balances increased by £19.2m largely relating to income received from HEE.

- **Trade and other payables and accruals** reduced by a net £0.6m, although there were compensating movements as reductions in purchase order payables (£1.1m); capital commitments (£1.8m) and the settlement of impact of pay award arrears on tax, superannuation and NI (£1.8m) were offset by accrued expenditure (£3.5m).

- **Borrowings –** increased by £1.3m, as the Trust accounted for the finance leases associated with car parks and the end lease, in accordance with IFRS16.

- **Deferred Income –** reduced by £5.4m due to the release of HEE income for November.

- **PDC Dividends –** increased in line with the accrual of November's PDC dividend liability.

- **Income and Expenditure Reserve –** The I&E reserve worsened in the line with the reported income and expenditure position by £2.7m.

Capital Programme

Area	Annual Plan	Ytd Plan	Ytd Actual	Under / (Over) Spend Against Plan
	£000s	£000s	£000s	£000s
Reconfiguration	4,626	3,526	2,953	573
MEE	3,485	952	611	341
MES	4,244	3,835	203	3,632
MES Enabling	2,440	1,169	16	1,153
IM&T	7,794	3,249	3,669	(420)
Estates and Facilities	15,642	11,113	10,571	542
Contingency/Corporate/Data Ce	100	1,685	(0)	1,685
Schemes funded from Donations/External Donations/Grants	668	259	668	(409)
Leases	8,648	6,266	4,437	1,829
Linacc	4,444	3,120	1,308	1,812
Health Education England	900	-	-	-
PDC Funded - elective Hub	16,490	-	3,863	(3,863)
PDC Funded - Pre Transfer	1,200		834	(834)
PDC Funded - Mammo	439		-	-
Healthier Future Fund	15	-	-	-
ICS Over Commitment	(1,063)	-	-	-
Total Gross Expenditure	**70,072**	**35,174**	**29,132**	**6,042**
Donated Income	(668)	-	(505)	505
Total Net Expenditure (CDEL)	**69,404**	**35,174**	**28,627**	**6,547**

Sources of Funding	Annual Plan	Adjustments not Built into Plan	Total
ICS Envelope (internally generated)	45,338	-	45,338
ICS Over Commitment	(1,063)	-	(1,063)
IFRS 16 (internally generated)	5,857	-	5,857
PDC	1,128	-	1,128
Charity	668	-	668
PDC - Elective Hub	-	16,490	16,490
PDC Funded - Pre Transfer	-	1,200	1,200
PDC Funded - Mammo	-	439	439
Healthier Future Fund	-	15	15
Total	**51,928**	**18,144**	**70,072**

	Plan 31/03/2023 Year ending £'000	Actual 30/06/2022 YTD £'000	Forecast 31/03/2023 Year ending £'000
Gross capital expenditure including IFRS impact	**70,072**	**29,132**	**70,072**
Less: Book value of asset disposals			
Less: Capital grants received			
Less: Capital donations received	(668)	(505)	(668)
Charge against the Capital Resource Limit (CRL) incl IFRS impact	**69,404**	**28,627**	**69,404**
Capital Resource Limit (CRL) incl IFRS impact	69,404	35,174	69,404
Under/(over) spend against CRL	**0**	**6,547**	**0**

The Trust has a current capital programme of £70.1m. This includes additional PDC funding of £16.5m for the Elective Hub, £1.2m for the Pre-Transfer Hub, £439k for the Mammography unit. In addition, there has been further agreement for £2.1m for the CT Scanner and £1.5m for Demand and Capacity of which £1m is for UHL and £0.5m for LPT. MOUs are yet to be received for these schemes, so are not reflected in the annual plan (and forecast) at this stage.

Gross capital expenditure reported at M8 was £29.1m against a profiled plan of £35.2m, representing an underspend of £6.1m. Donated income was £0.5m year to date. The Trust is forecasting to deliver its capital plan of £70.1m. Programme slippage against the original plan mainly relates to Linacc works, Leases, IM&T and Reconfiguration works.

Programme managers are working closely with the Capital Finance Team to provide updated monthly capital forecasts for each scheme and identify potential areas of slippage or overspend at an early enough stage to allow remedial action to be taken. The current likely forecast is £78.2m, which includes additional PDC funding yet to be received. It should be recognised that funding must be applied for its intended purpose before drawdown of funding can be accessed.

Year to date, the Elective Hub has incurred costs of £3.9m, of which £3.3m is for enabling works and £0.6m is for fees; the Pre-Transfer hub has incurred costs of £834k. Sub group leads have been asked to review their spend for each scheme and ensure that they spend in line with their forecasts to deliver CDEL for 2022/23 in the remaining four months of the year.

Trust Overview

Performance Overview

Exception Reports

Finance

Appendix - Statistical Process Control Charts
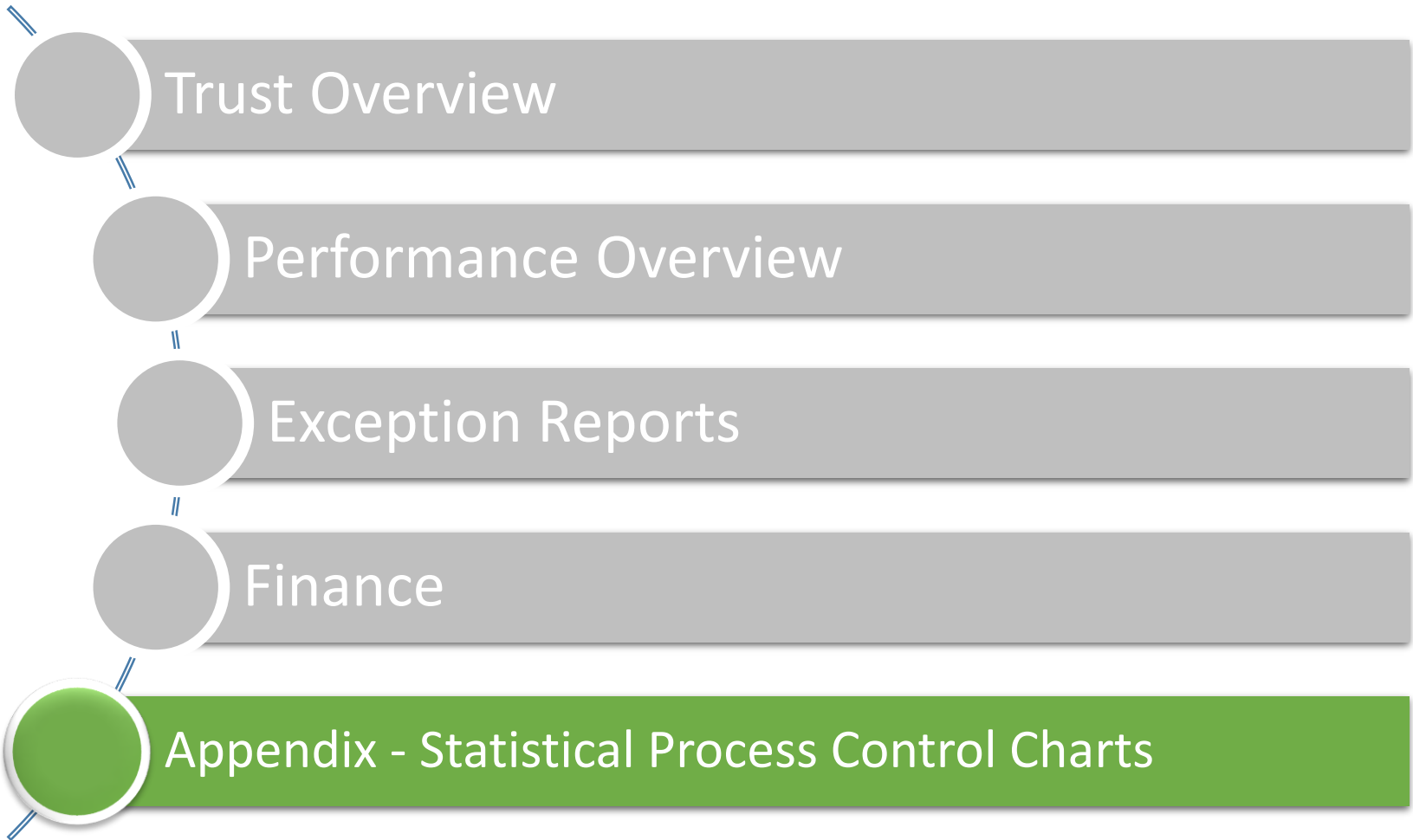
Statistical Process Control Charts (SPC)

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'.
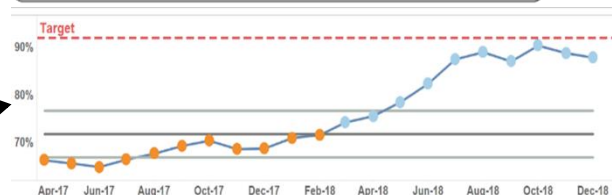
- **A horizontal line showing the Target**.

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
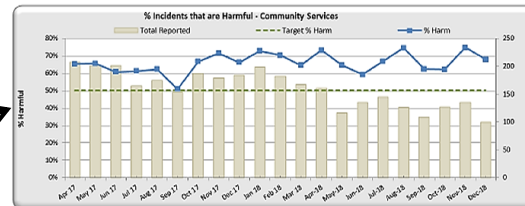
Highlighting special cause and its nature

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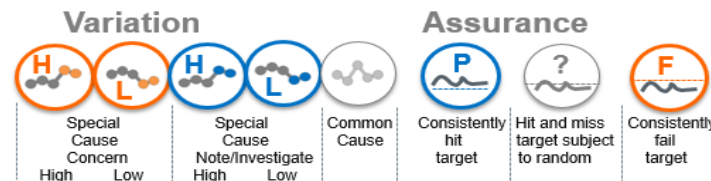
Within an SPC chart there are three different patterns to identify:

• **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

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.