

Meeting title:	Public Trust Board	Public Trust Board paper D			
Date of the meeting:	13 April 2023				
Title:	Integrated Performance Report – Executive Summary				
Report presented by:	Sarah Taylor – Deputy 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: February 2023

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

<p>Emergency Care</p> 	<p>UEC delivery remains challenged, however Ambulance handover delays remain on an improved trajectory. In February, UHL ranked 62nd 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 7th out of 16 trusts in its peer group. The best value out of the Peer Trusts was 76.9% and the worst value was 59.3%.</p> <p>For ambulance handovers we sustained the improvement and LRI ranked 12th 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>Referral to Treatment</p> 	<p>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. There is still risk remaining in the 104 position to get to zero by the end of March, also impacted by industrial action in March. Each patient is being person-marked towards this target. The 78-week wait target remains challenged to achieve zero 78-week waits by the end of March 23. A recovery plan is in place with targeted interventions for those specialities most at risk. The trajectory for 78-week waits was reduced in February to 1934 by the end of March. The ambition is to achieve less than 1000 by the end of March.</p>
<p>Outpatient Transformation</p> 	<p>Continued improvement has been seen in February to address outpatient waiting lists including: Year to date validation of 121k non admitted patients contacted, 5,500 were removed from the waiting list at the patients' request. Overdue f/up 31,738 were contacted and 1,354 taken off, 3,943 converted to PIFU. The offer of PIFU is steadily increasing but we are planning a relaunch from April 2023 with services being encouraged to use the Accurx patient initiated contact module for ease of communication with patients. Advice & Guidance and Referral Triage numbers are also on the rise.</p>
<p>Cancer</p> 	<p>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. 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 affect, and as of 16th March this is now down to 449.</p> <p>Key achievements this month to note include: a continuing reduction in both 104 and 62 day backlog measures, sustained improvements within urology & colorectal, Improvements across the majority of the tumour sites, an improving position relative to peers, positive engagement with the NHSE Improvement Support Team, LLR Cancer Summit arranged for 16th May</p>
<p>Activity</p> 	<p>Elective Admissions between April 2022 and February 2023 were 2,746 under plan (-2.5%); Day Case activity was 3,416 under plan (-3.6%) and Inpatient activity was 670 over plan (4.2%).</p> <p>Non-Elective Admissions between April 2022 and February 2023 were 1,014 over plan (1%); Emergency activity was 586 over plan (0.7%) and Non-Elective activity was 428 over plan (2.2%).</p> <p>Outpatient activity between April 2022 and February 2023 was 33,001 under plan (-3.5%) mainly due to Non-Face-To-Face Follow Up Outpatient appointments being 55,086 under plan (-17.6%).</p>

	Total ED activity between April 2022 and February 2023 was 8,122 under plan (-3.3%); Emergency Department (Type 1) activity was 9,817 under plan (-4.3%) and Eye Casualty (Type 2) activity was 1,695 over plan (10.3%).
Quality 	<p>The HAPU position has stabilized since the significant increase in November and December and is following a downward trajectory. All actions continue from the Trust wide action plan and ongoing work and education is being delivered by the national Tissue Viability Expert.</p> <p>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.</p>
Finance 	<p>The Trust is reporting a year-to-date deficit at Month 11 of £16.6m which is £17.2m adverse to plan. The Trust is committed to delivering a year end deficit of £12.6m, following additional non-recurrent income from the Integrated Care System (ICS). There are risks to delivery of this, the principle of which is pressure of the emergency pathway and costs to ensure this is delivered safely. The Trust has reported a year-to-date CIP delivery including productivity of £33.1m against a £30m CIP target.</p> <p>Capital expenditure in M11 was £12.4m and year-to-date expenditure is £53.3m, which was £2.4m ahead of forecast. The Trust needs to commit a further £42.2m in the last month of the year to achieve CDEL.</p>
Workforce 	<p>The Trust is reporting an improved vacancy position overall of 10.5% down from 10.76 % in January with vacancies increasing very slightly across adult nursing and midwifery as we anticipate the next arrival of international nurses in March. Adult nursing ward vacancies are 8.6% and vacancies remain high in midwifery 13.7%. Children's nursing vacancies have decreased from 9% to 8.8% and HCSW at 16.6% are a slight deterioration on the previous month.</p> <p>Sickness rates have decreased in month to 5.63% and Covid related absences have declined.</p> <p>Statutory and mandatory training compliance has deteriorated in month to 92% from 93%. Appraisal rates have improved from 78.6% to 79.39%.</p> <p>Both are below the target of 95%.</p>

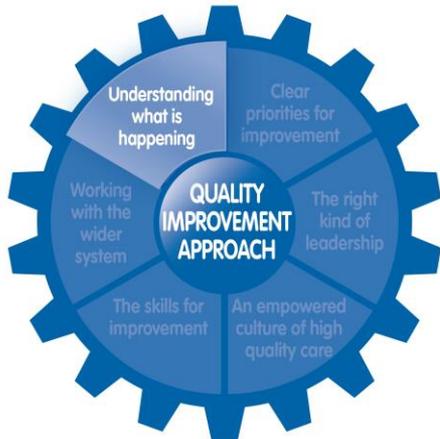
Supporting documentation

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



Integrated Performance Report

February 2023



Operational Delivery Unit

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- Performance Overview
- Exception Reports
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- Trust Overview
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Trust Overview (Year to Date)

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

Key

Failing Target

Achieving Target

Target TBC

Trust Overview (Current Month)

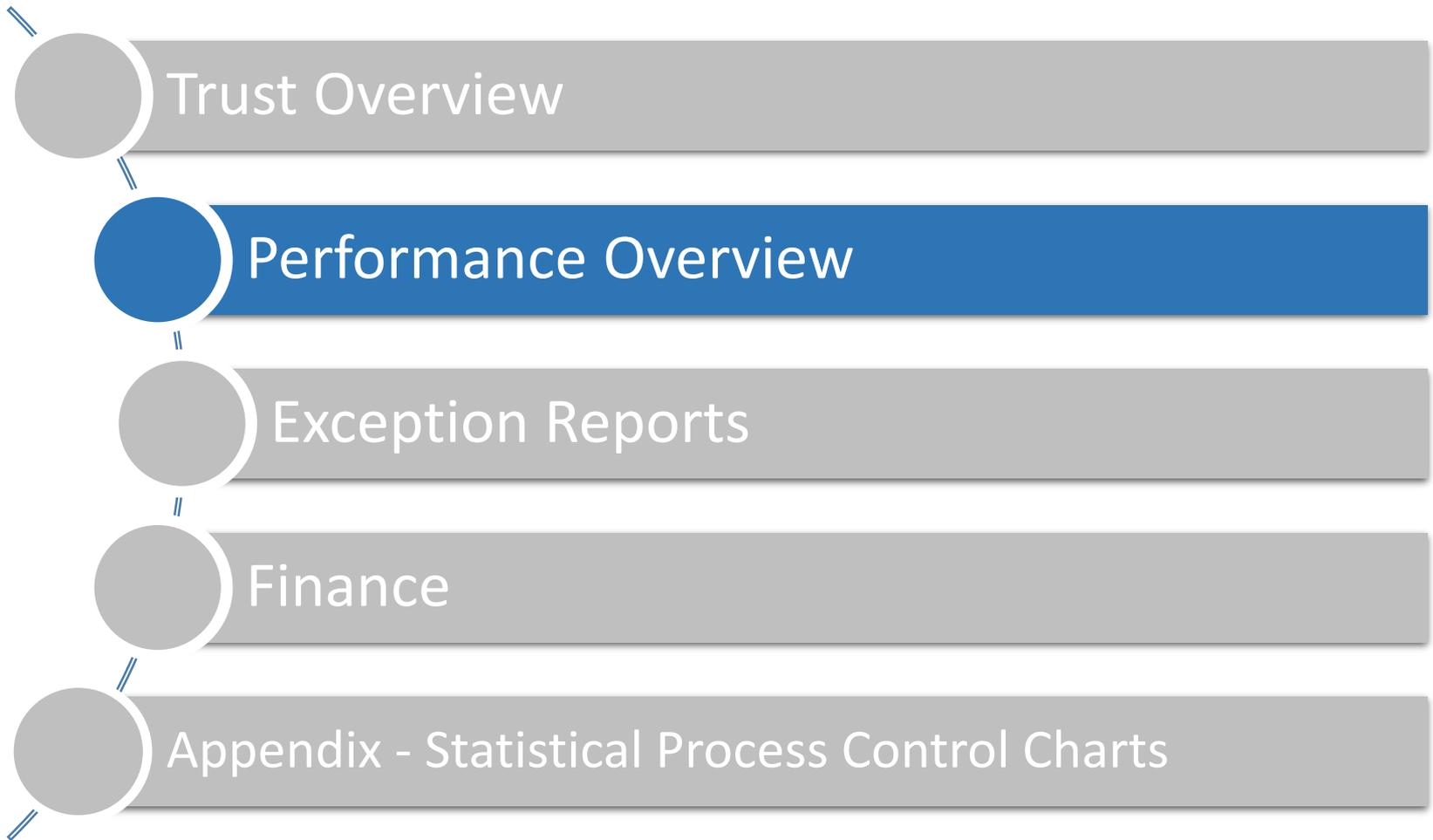
Safe	Caring	Well Led	Effective	Responsive Emergency Care	Responsive Elective Care	Responsive Cancer Care
Never Events	Inpatient and Day Case F&F Test % Positive	Staff Survey Recommend for Treatment	Mortality Published SHMI	ED 4 Hour Waits Acute Footprint	Long Stay Patients > 21 days	2WW
% of all Adults VTE Risk Assessment on Admission	A&E F&F Test % Positive	Staff Survey % Recommend as Place to Work	Mortality 12 months HSMR	Mean Time to Initial Assessment	RTT Incompletes	62 Day Backlog
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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



Performance Overview (Safe)

Domain	Key Performance Indicator	Target	Dec-22	Jan-23	Feb-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Safe	Never events	0	0	1	0	7				Nov-22	MD
	% of all adults Venous Thromboembolism Risk Assessment on Admission	95%	97.2%	97.2%	97.1%	97.8%				Oct-21	MD
	% of 3rd & 4th Degree Perineal Tears	3.5%	4.1%	4.7%	3.1%	3.4%				Aug-22	CN
	Clostridium Difficile per 100,000 Bed Days		13.8	18.4	10.2	16.0				Jun-21	CN
	Methicillin Resistant Staphylococcus Aureus Total	0	1	1	0	4				Jun-21	CN
	E. Coli Bacteraemias Acute	198	15	22	15	164				Jun-21	CN
	Methicillin-susceptible Staphylococcus Aureus Acute*	40	8	3	2	61				Jun-21	CN

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

Comments

Rating

Performance Overview (Safe)

Domain	Key Performance Indicator	Target	Dec-22	Jan-23	Feb-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Safe	COVID-19 Hospital-onset, probable, 8-14 days after admission		14.9%	17.9%	10.5%	11.8%				Oct-20	CN
	COVID-19 Hospital-onset, healthcare-acquired, 15 or more days after admission		13.7%	12.6%	16.2%	12.0%				Oct-20	CN
	All falls reported per 1000 bed days	5.5	3.6	3.4		3.7				Aug-22	CN
	Rate of Moderate harm and above Falls Patient Safety Incidents with finally approved status per 1,000 bed days	0.18	0.05	0.05		0.08				Aug-22	CN
	Hospital Acquired Pressure Ulcers - All categories	372	178	162	145	1066				Jun-21	CN

Comments

The HAPU position has stabilized since the significant increase in November and December and is following a downward trajectory. All actions continue from the Trust wide action plan and ongoing work and education is being delivered by the national Tissue Viability Expert. These sessions have captured hundreds of staff and are ongoing over the next few weeks. The telehealth pilot has been launched across 4 wards in Medicine with a good response.

Rating



Performance Overview (Caring)

Domain	Key Performance Indicator	Target	Dec-22	Jan-23	Feb-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Caring	Single Sex Breaches		0	0	6	46	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%	69%	85%	78%	77%				Jul-22	CN
	Maternity Friends & Family Test % Positive*	91%	98%	97%	97%	96%				Jul-22	CN
	Outpatient Friends & Family Test % Positive	94%	94%	95%	94%	94%				Jul-22	CN
	% Complaints Responded to in Agreed Timeframe - 10 Working days		65%	71%	67%	53%				N/A	CN
	% Complaints Responded to in Agreed Timeframe - 25 Working days		46%	50%		45%				N/A	CN
	% Complaints Responded to in Agreed Timeframe - 45/60 Working days		100%			44%				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
Inpatient and outpatient Friends and Family test results and return rates remain stable. The A&E Friends and Family significant spike in % positive in January was also observed nationally, rather than a UHL anomaly, and is back to the 'normal' variation in February.	

Performance Overview (Well Led)

Domain	Key Performance Indicator	Target	Dec-22	Jan-23	Feb-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%	9.2%	9.1%	9.0%	9.0%				Aug-22	CPO	
	Sickness Absence (Excludes Estates & Facilities staff)	3%	6.7%	5.6%		5.6%				Mar-21	CPO	
	% of Staff with Annual Appraisal (Includes Estates & Facilities staff from May 21)	95%	78.7%	78.6%	79.4%	79.4%				Mar-21	CPO	
	Statutory and Mandatory Training	95%	93%	92%	92%	92%				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 have improved. Sickness levels have improved in January compared to December and Covid absence is less. The Trust has amended its approach to sickness absence management providing a more supportive approach and a focused person centred approach to support. There will be a revision of the sickness absence policy using feedback from staff and managers for launch in July 2023.. Appraisal rates have shown a slight improvement this month and statutory and mandatory training rates of compliance have deteriorated slightly. Each area is below target as rates are impacted by high levels of absenteeism and operational pressures in our services.

Rating

Performance Overview (Well Led)

Domain	Key Performance Indicator	Target	Dec-22	Jan-23	Feb-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Well Led	Adult Nursing Vacancies	10%	9.3%	7.9%	8.6%	8.6%				Oct-22	CPO
	Paed Nursing Vacancies	10%	10.2%	9.0%	8.8%	8.8%				Oct-22	CPO
	Midwives Vacancies	10%	14.2%	13.1%	13.7%	13.7%				Oct-22	CPO
	Health Care Assistants and Support Workers - excluding Maternity	10%	17.7%	16.0%	16.6%	16.6%				Oct-22	CPO
	Health Care Assistants and Support Workers - Maternity	5%	7.2%	8.8%	4.1%	4.1%				Oct-22	CPO

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

Comments

Adult nursing vacancies remain above target and have deteriorated very slightly in February with ward based vacancies at 8.6%. Children's vacancies have improved in month. Healthcare Support Worker vacancies are below target and showed a 0.6% deterioration on the previous months. Over the months the increase in vacancies is driven by increases in establishment which are set to increase next year. There remain risks in respect of retention, particularly within the first 6 months of employment with a number of actions in place to mitigate these risks: senior nurses are conducting one to ones, more nurse educator posts have been put in place to deliver teaching and pastoral support, the career framework has been launched incorporating a fast track Nursing Associate programme and stay interviews have been commissioned via an external provider. Significant numbers will commence in March with 138 due to be interviewed. Midwifery have shown a deteriorating position this month but continue to progress international recruitment with 4 midwives due to commence March and further newly qualified and return to practice midwives due to commence in March April May. A large number of workstreams are in place to support retention focused on flexible working, stay interviews, staff engagement.

Rating

Performance Overview (Effective)

Domain	Key Performance Indicator	Target	Dec-22	Jan-23	Feb-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Effective	Published Summary Hospital-level Mortality Indicator (SHMI)	100	104	104		104 Oct 21 to Sep 22				May-21	MD
	12 months Hospital Standardised Mortality Ratio (HSMR)	100	100	100		100 Nov 21 to Oct 22				May-21	MD
	Crude Mortality Rate	No Target	1.8%	1.6%	1.2%	1.3%				May-21	MD

Comments

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.

Rating



Performance Overview (Responsive Emergency Care)

Domain	Key Performance Indicator	Target	Dec-22	Jan-23	Feb-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Responsive (Emergency Care)	Emergency Department 4 hour waits Acute Footprint	95%	63.0%	72.4%	71.2%	68.6%				Mar-23	COO
	Mean Time to Initial Assessment	15	56.9	29.3	26.4	39.0				Nov-22	COO
	12 hour trolley waits in Emergency Department	0	1299	880	919	10,761				Mar-23	COO
	Number of 12 hour waits in the Emergency Department	0	3,603	2,136	2,437	29,371				TBC	COO
	Time Clinically Ready to Proceed	60	308	267	251	260				Nov-22	COO
	Number of Ambulance Handovers		4,088	4,327	4,038	47,982				Data sourced externally	COO
	Number of Ambulance Handovers >60 Mins		1,565	404	250	13,961				Data sourced externally	COO
	Ambulance handover >60mins	0%	38.3%	9.3%	6.2%	29.1%				Data sourced externally	COO
	Long Stay Patients (21+ days) as a % of G&A Bed Occupancy	12%	16.1%	17.1%	15.0%	15.0%				Sep-20	COO

Comments

In February, UHL ranked 62nd 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 7th out of 16 trusts in its peer group. The best value out of the Peer Trusts was 76.9% and the worst value was 59.3%.

For ambulance handovers we sustained the improvement and LRI ranked 12th out of 23 sites last month (source EMAS monthly report) and saw a significant improvement in the percentage of handovers over 60 minutes.

UHL recorded the fifth highest number of handovers over 60 minutes last month, 250, and had the second highest number of arrivals, 4,038 (source EMAS monthly report).

Rating

Performance Overview (Responsive Elective Care)

Responsive (Elective Care)

Domain	Key Performance Indicator	Target	Dec-22	Jan-23	Feb-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
	Referral to Treatment Incompletes	103,403	129,672	124,226	118,488	118,488				Oct-22	COO
	Referral to Treatment 52+ weeks	0	18,441	16,234	13,984	13,984				Oct-22	COO
	Referral to Treatment 104+ weeks	0	113	85	53	53				Oct-22	COO
	6 Week Diagnostic Test Waiting Times	1.0%	57.0%	54.3%	45.3%	45.3%				Nov-19	COO
	% Operations Cancelled On the Day	1.0%	1.9%	1.2%	0.9%	1.4%				Apr-21	COO
	% Outpatient Did Not Attend rate	5%	8.8%	8.3%	8.4%	8.2%				Feb-20	COO
	% Outpatient Non Face to Face	45%	34.0%	32.0%	29.6%	33.5%				Feb-20	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 for January has continued into February and we are on track to deliver against our RTT long waiter targets for the end of March.

A route to zero has been developed for the longest waiters with a forecast of having zero 104 breaches by the end of March 23. During this time there is also the national requirement to get to zero 78 weeks plus breaches by the end of March 23. Our current forecast position for 78 week plus breaches agreed with NHSE is 1,041 by the end of March 23 and a route to zero by the end of Q1 23/24.

All viable options of Independent Sector support have been utilised (note: some of this activity is via sub-contract and therefore remains on UHL PTL).

Rating



Performance Overview (Responsive Cancer)

Domain	Key Performance Indicator	Target	Dec-22	Jan-23	Feb-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Responsive (Cancer)	2 Week Wait	93%	86.8%	79.9%		84.6%				Feb-23	COO
	62 Day Backlog	0	788	733	586	586				Feb-23	COO
	Cancer 62 Day	85%	44.6%	33.8%		43.1%				Feb-23	COO

Comments

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.

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 affect, and as of 16th March this is now down to 449.

Key achievements this month to note include:

- A continuing reduction in both 104 and 62 day backlog measures
- Sustained improvements within urology & colorectal
- Improvements across the majority of the tumour sites
- An improving position relative to peers
- Positive engagement with the NHSE Improvement Support Team
- LLR Cancer Summit arranged for 16th May

Rating



Performance Overview (Finance)

Domain	Key Performance Indicator	Target YTD	Dec-22	Jan-23	Feb-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Finance	Trust level control level performance	£0.6m	-£2.2m	-£4.4m	-0.8m	-£16.6m				Jun-22	CFO
	Capital expenditure against plan	£49.3m	£8.4m	£5.4m	£12.4m	£53.3m				Jun-22	CFO
	Cost Improvement (Includes Productivity)	£30m	£2.2m	£2.9m	£5.4m	£33.1m				Sep-22	DQTEI
	Cashflow	No Target	-£11.4m	-£0.9m	-£0.9m	£71.1m				Jun-22	CFO

Comments

Rating

The Trust is reporting a year-to-date deficit at Month 11 of £16.6m which is £17.2m adverse to plan. The key drivers for this are:

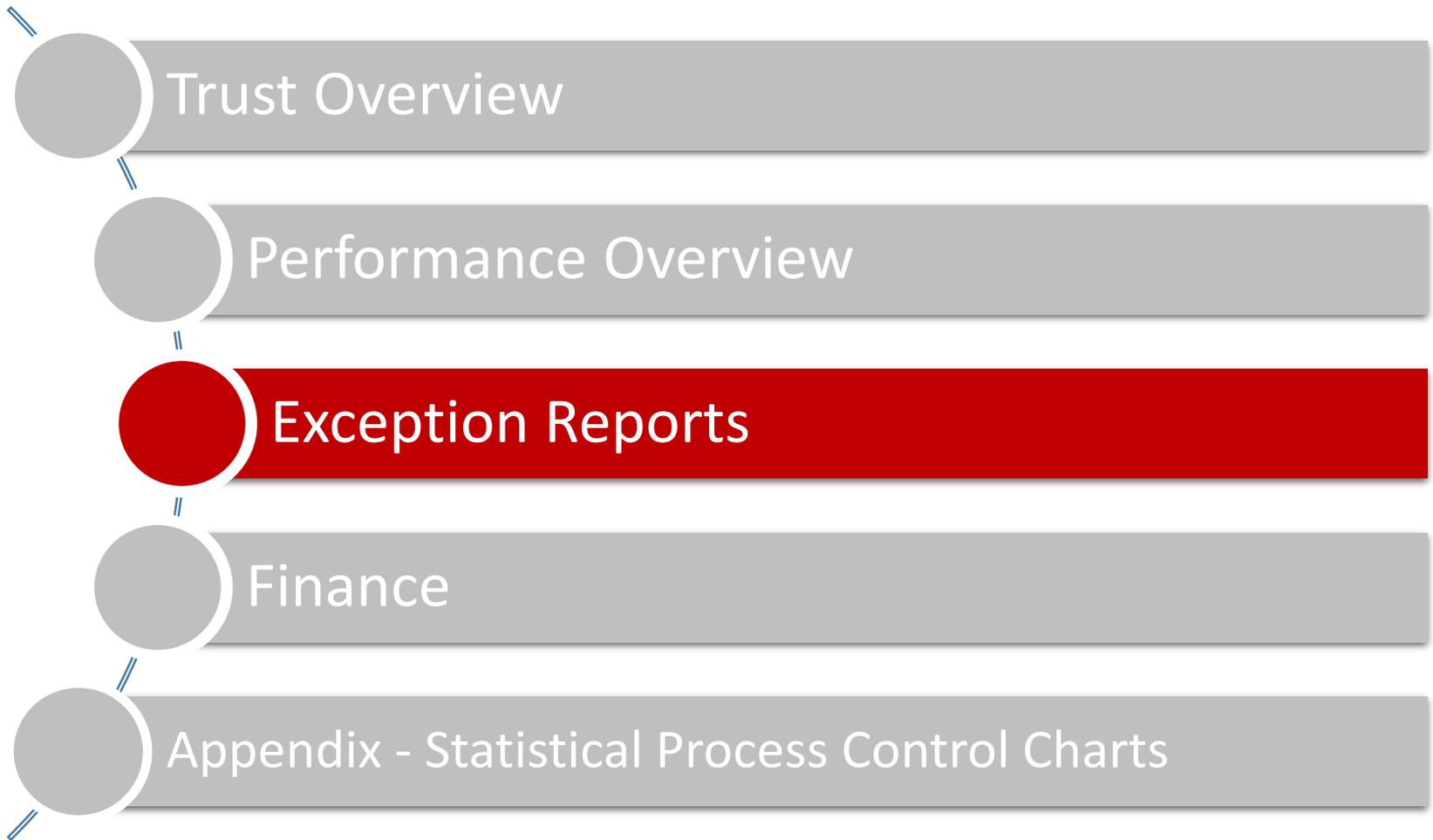
- Additional emergency capacity above plan £10mA
- Additional elective capacity to support waiting list reduction £3mA
- Excess inflation £2.1mA
- Block drugs linked to activity £2.4mA
- Overseas/Private Patients/ Catering/Car Parking Income £0.4mF
- Other £0.1mA

The Trust is committed to delivering a year end deficit of £12.6m, which has reduced from £17.7m due to the receipt of £5.1m additional non-recurrent income from the Integrated Care System (ICS).

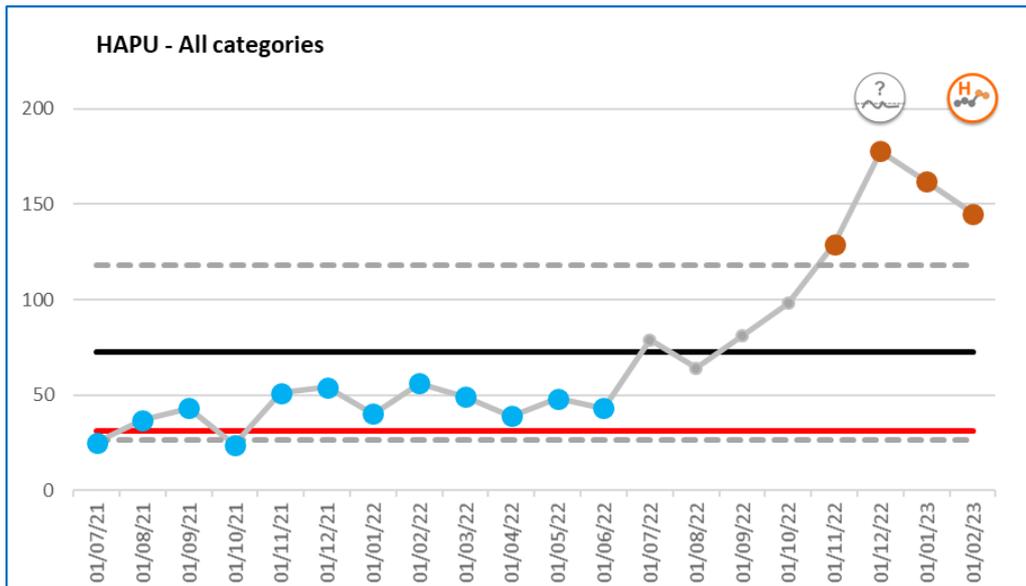
The Trust has reported a year-to-date CIP delivery including productivity of £33.1m against a £30m CIP target.

The Trust incurred capital expenditure of £12.4m in M11 and year-to-date expenditure of £53.3m, which was £2.4m ahead of forecast (set at M7). The Trust needs to commit a further £42.2m in the last month of the year to achieve CDEL.

The cash position at the end of February was £71.1m, representing a reduction of £9.2m in the month and £7.5m below forecast. An acceleration of revenue and capital payments was the main driver for this reduction in cash.



Safe – Hospital Acquired Pressure Ulcers All Categories



Current Performance			Three Month Forecast		
Feb 23	YTD	Target	Mar 23	Apr 23	May 23
145	1066	372	130	110	90

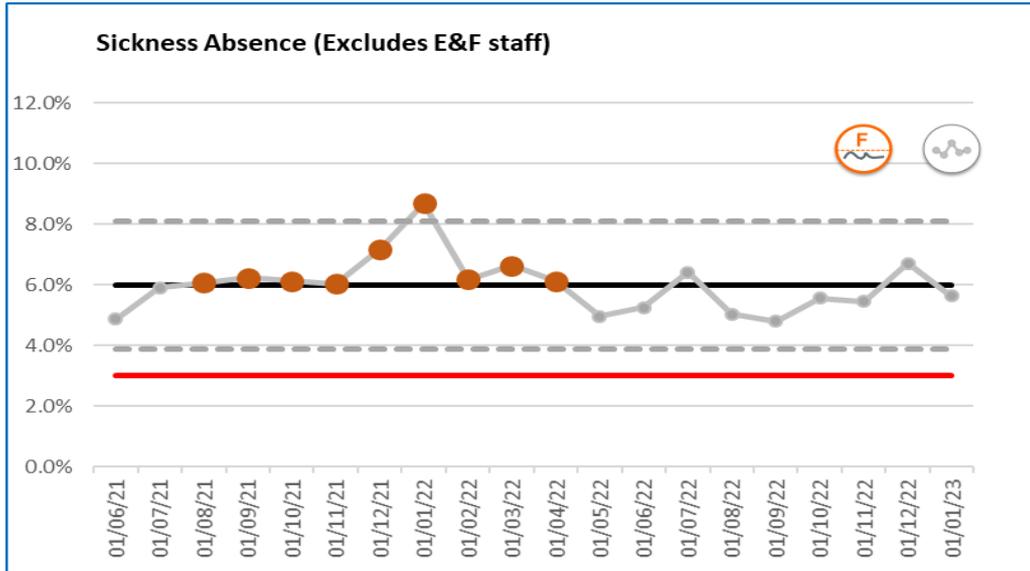
National Position & Overview

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. A review is currently being undertaken to determine the target for 2023-24. The trust figure has stabilised and is on a downward trajectory. This is being monitored closely.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> Work continues to address the possible 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 February 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"> Ongoing action plan progression continues with the support of the national expert commissioned for this work 3 month telehealth (Pioneer) pilot has commenced on 4 wards within SM Additional recruitment process continues to expand the TV team Roll out of tubular slide sheets firstly in SM and then across the trust. Weekly HAPU reduction meetings continue with the Medstrom team and SM and Chuggs HoN chaired by the Deputy Chief Nurse or Assistant Chief nurse Additional training on use of Aria Flex mattresses supported by Medstrom 	<ul style="list-style-type: none"> Bi- weekly review meeting for progress updates Pioneer pilot commenced 13th February 2023 Interviews 27th March 2023 for Band 7 role, 1 Band 6 commenced, additional Band 6 role out to advert Ongoing roll out from 21st March 2023 Weekly HAPU reduction meetings continue – commenced in January 2023 Multiple dates throughout March and April including ‘Train the trainer sessions

Well Led – Sickness



Current Performance			Three Month Forecast		
Jan 23	YTD	Target	Feb 23	Mar 23	Apr 23
5.6%	5.6%	3%	5.5%	5.4%	5.3%

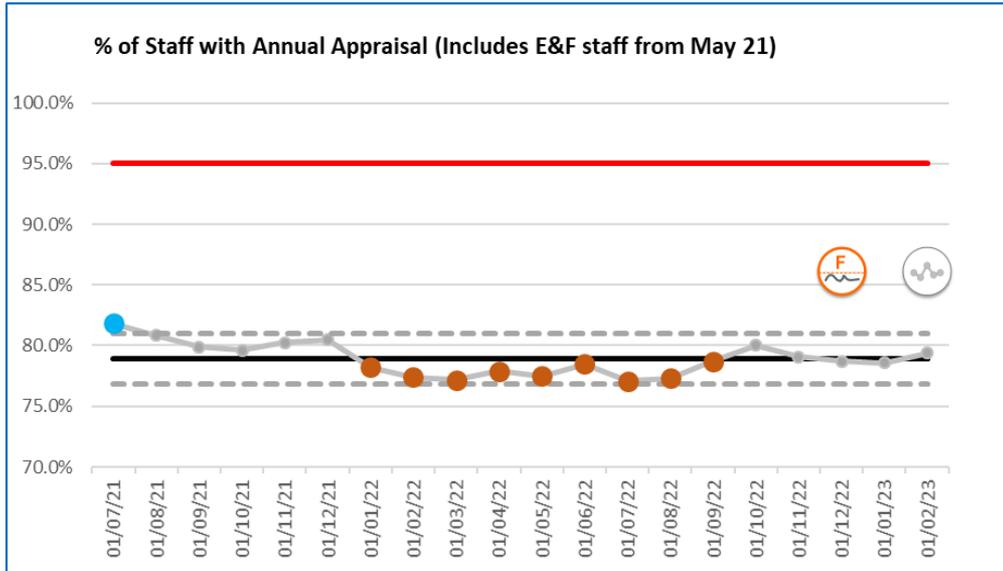
National Position & Overview

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

Last month we reported December’s sickness absence at 6.7% and in January 2023, we have seen a reduction in sickness absence of 1.1%.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> In January 2023, we have seen a reduction in sickness absence in our Clinical CMG’s from 6.77% to 5.81%, and in the Corporate Directorates from 4.70% to 4.03% The top three reasons for sickness absence for year to date are ‘other known causes’ (29.94%), ‘stress anxiety depression’ (17.58%), and ‘Musculo skeletal problems’ (7.22%). ‘Covid-19 / infection precaution’ absences have reduced from 8.28% in December 2022 to 6.58% in January 2023. 	<ul style="list-style-type: none"> Over winter the approach to managing sickness absence 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. Feedback has been sought from key stakeholders on the Trust approach to Sickness Absence managements, and will shape the new policy from July 2023. The focus over the coming months will be to review and support 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, seasonal fluctuations and the impact of industrial action across health services and other sectors.

Well Led – Appraisals



Current Performance			Three Month Forecast		
Feb 23	YTD	Target	Mar 23	Apr 23	May 23
79.4%	79.4%	95%	80%	81%	82%

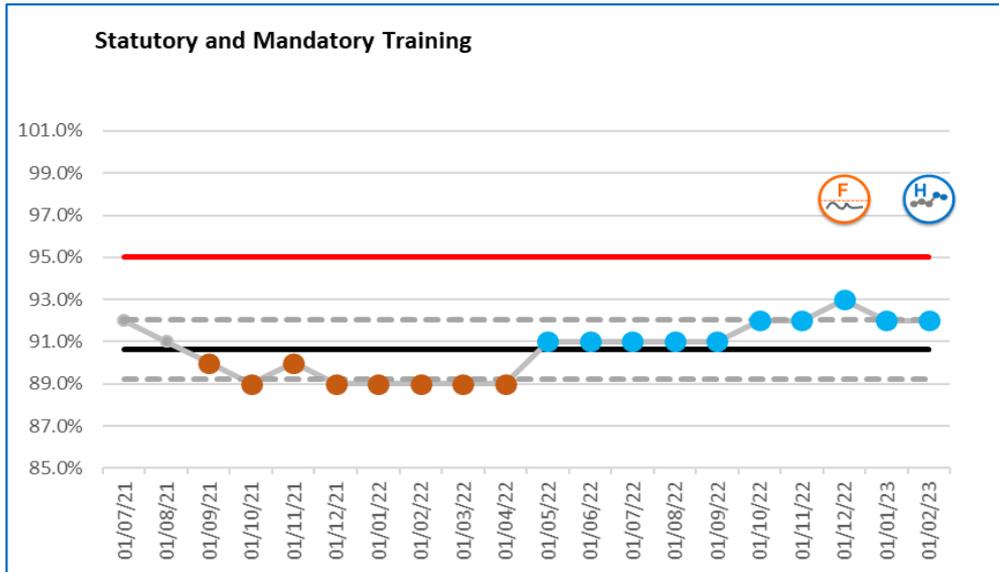
National Position & Overview

Peer data not currently available.

We have accurately predicted performance for February 2023 and which takes account of increased staff absences and operational demands.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> There is some data discrepancy between CMG and ESR Appraisal Performance. A number of colleagues have had appraisals within the last 12 months, outside the reporting/ incremental date and therefore show as non-compliant. It is recognised that performance this month continues to be impacted by the seasonal increases in staff absences and operational demands. 	<ul style="list-style-type: none"> A review of UHL data capture in comparison to other organisations is being carried out, to resolve the issue of the recording discrepancy It was acknowledged in recent exception reports that we would be unlikely to reach full compliance of 95% in the short term. From February 2023 CMG reports are provided highlighting performance and areas of focus, to enable targeted support and action. Regular team meetings with relevant line managers are taking place to review appraisal performance and any additional support required. 	<ul style="list-style-type: none"> Appraisals are reviewed through regular line management and Board oversight meetings. Appraisals are also monitored through the PRM monthly. 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

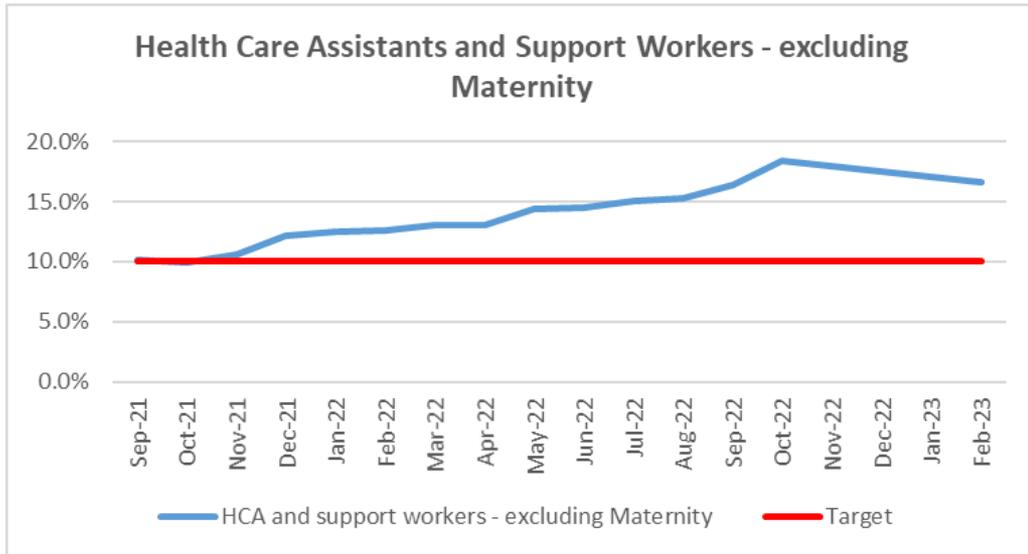


Current Performance			Three Month Forecast		
Feb 23	YTD	Target	Mar 23	Apr 23	May 23
92%	92%	95%	93%	93%	94%

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>New question based eLearning modules now on HELM for Fire Safety, Infection Prevention and Cyber Security training.</p> <p>People Services Colleagues continue to support managers with improving their compliance. 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> <p>Drive towards improving the overall percentage of UHL during Q4 of the financial year has been implemented with renewed chasing on non-compliance and organisational support.</p>

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



Current Performance			Three Month Forecast		
Feb 23	YTD	Target	Mar 23	Apr 23	May 23
16.6%	16.6%	10%			

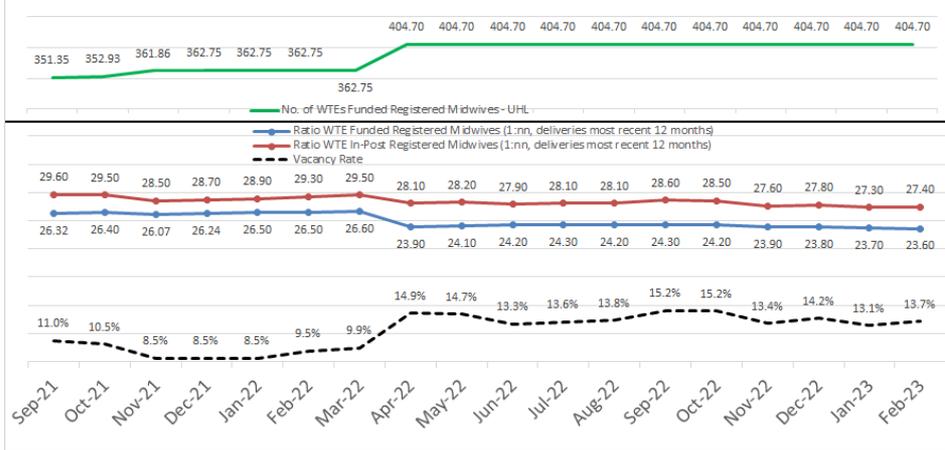
National Position & Overview

There is no national vacancy data available for healthcare assistants / support workers but the number of vacant healthcare support worker posts remains high with UHL as 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. UHL remains an attractive employer with every advert attracting 150-200 candidates who are shortlisted 	<ul style="list-style-type: none"> 3-month T&F group focusing on retention of new HCAs: <ol style="list-style-type: none"> 1-1 catch ups between all new HCAs and CMG senior nurses External support with HCA exit interviews To develop online videos / tours of departments, work experience, taster days to show insight into HCA role To enable HCA applicants with no care experience to join the bank and receive payment for 3-week training To review the career progression framework to support retention 	<p>3-month action plan to complete all actions</p> <ul style="list-style-type: none"> Process commenced and proving successful External company commissioned by ICB Videos on HCA roles now on microsite & CMGs developing bespoke recruitment events 65 bank HCAs shortlisted for interview (March) New pathways launched at LLR careers event 11 March – attracted significant interest for the fast track trainee Nursing Associate Programme <p>Recruitment Pipeline January – 143 recruited (69 commenced March / 33 April / 22 outstanding employment checks) February – 138 applicants to be interviewed 19 March</p>

Well Led – Midwives Vacancies

UHL Funded WTE Midwives, Midwife to Birth Ratio (1:n:n) and Vacancy Rate
N.B Additional Posts Funded from Apr 2022



Current Performance			Three Month Forecast		
Feb 23	YTD	Target	Mar 23	Apr 23	May 23
13.7%	14.0%	10%	13%	12%	11%

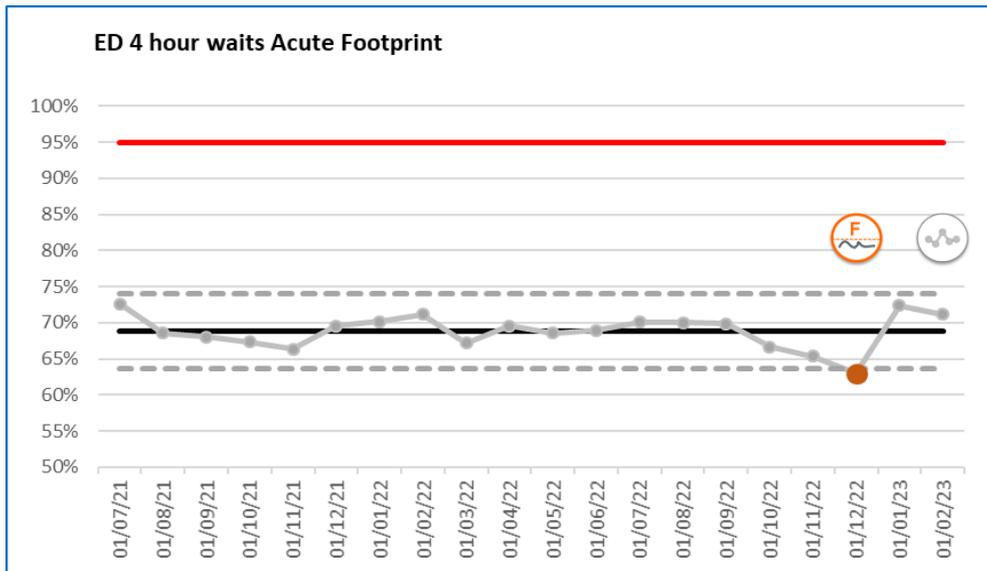
National Position & Overview

Vacancy rate improvements since October 2022

Funded Midwife to Birth Ratio 1: 27.4 (below target for actual v's funded establishment). Based on NHS Workforce Statistics (December 2022) UHL are below national trend of 1:26

Root Cause	Actions	Impact/Timescale
<p>Ongoing challenges across maternity services due to previous underinvestment in workforce. Previous use of safe staffing tools to understand and meet establishment requirements.</p> <p>UHL themes: reasons for leaving include relocation, promotion, adult dependents / child dependents (flexible working)</p>	<ul style="list-style-type: none"> Rolling Advert (4weekly) Launch of Recruitment / Career Nursing, Midwifery, Support Worker Microsite (Mar 2023) 5 International midwives now in post with NMC PIN and a further 4 commenced Mar 2023 on the OSCE pathway Recruitment, Retention, and Pastoral Team (x 3 Midwives) now in post Targeted work and promotion of flexible working arrangements Bi-Annual Establishment Review to be undertaken shortly for establishment setting for 23/24 'Stay' interviews to be progressed 	<ul style="list-style-type: none"> Empowering Voices Programme <ul style="list-style-type: none"> Cohort 1 (LRI) Action Tracker (Dec 2022) Cohort 2 (LGH) Action to be launched (Mar 2023) Cohort 3 (Community) 1:1 interviews commenced (Mar 2023) Cohort 4 (Antenatal Services / Specialist Team) in planning stage (Summer 2023) 3 International (IR) midwives (MW) to start in July, 1 IR MW arrived in the UK passed OSCE waiting for start date, next interview date April '23 4 Midwives in pipeline and due to commenced March, April, and May (newly qualified and return to practice) Newly formed MW/MSW Workforce Planning Working Group established, meeting fortnightly, working with People Partner to agree priorities and develop workforce plan for 2023/2024 (Draft Plan expected Q1) Increasing capacity of B7 Coordinators out of hours to increase leadership support BirthRate Plus® Intrapartum Acuity tool noting incremental changes in staffing factors in relation to staff redeployment: LRI Dec-Feb: 67 (Sep-Nov: 80). LGH Dec-Feb: 17 (Sep-Nov: 20)

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



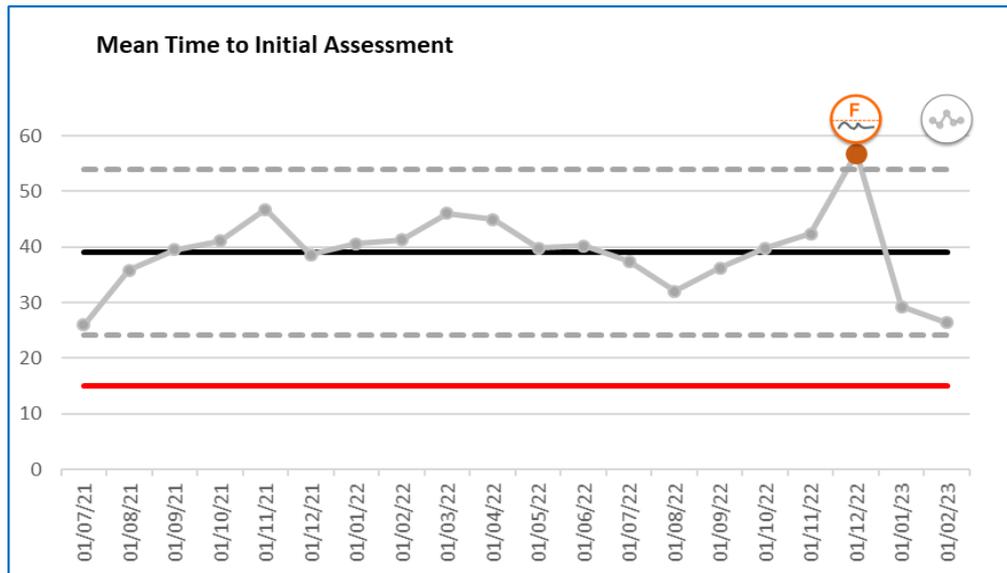
Current Performance			Three Month Forecast		
Feb 23	YTD	Target	Mar 23	Apr 23	May 23
71.2%	68.6%	95%			

National Position & Overview

In February, UHL ranked 62nd 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 7th out of 16 trusts in its peer group. The best value out of the Peer Trusts was 76.9% and the worst value was 59.3%.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> • Crowding in ED due to chronic and sustained lack of flow • High Inflow of particularly in walk-in impacting on ambulance arrivals • UHL bed occupancy >90% • 14% less G&A beds than average 	<ul style="list-style-type: none"> • Overnight consultant in ED rota in place and continued increase in uptake of shifts noted • MIaMI 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 	<ul style="list-style-type: none"> • In place • In place • Monitored via CMG PRM's • January 2023 • May 2023 • June 2023 • April 2023

Responsive (Emergency Care) – Mean Time to Initial Assessment



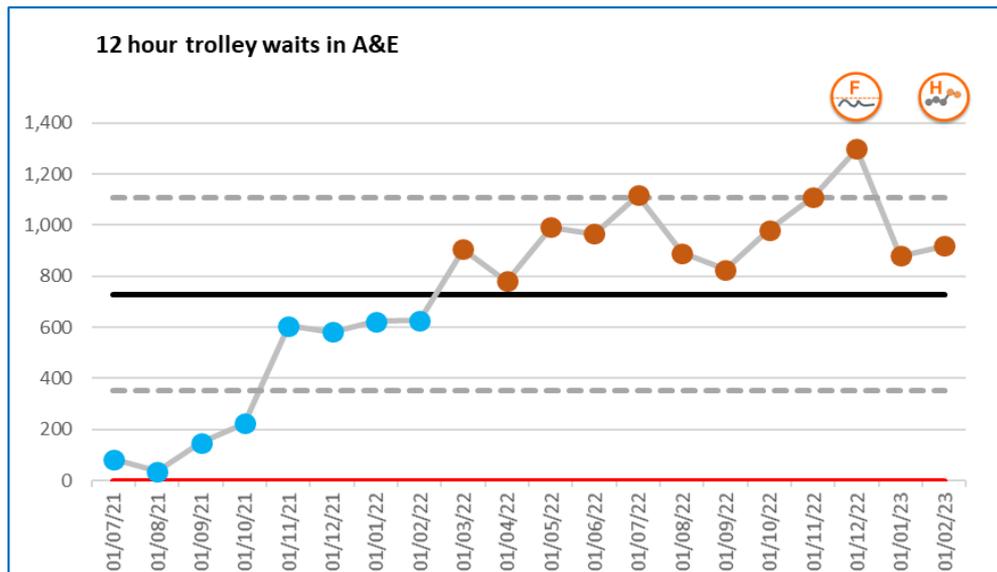
Current Performance			Three Month Forecast		
Feb 23	YTD	Target	Mar 23	Apr 23	May 23
26.4	39.0	15			

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 Oadby Walk re direction 	<ul style="list-style-type: none"> In place December 2022 - ongoing

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



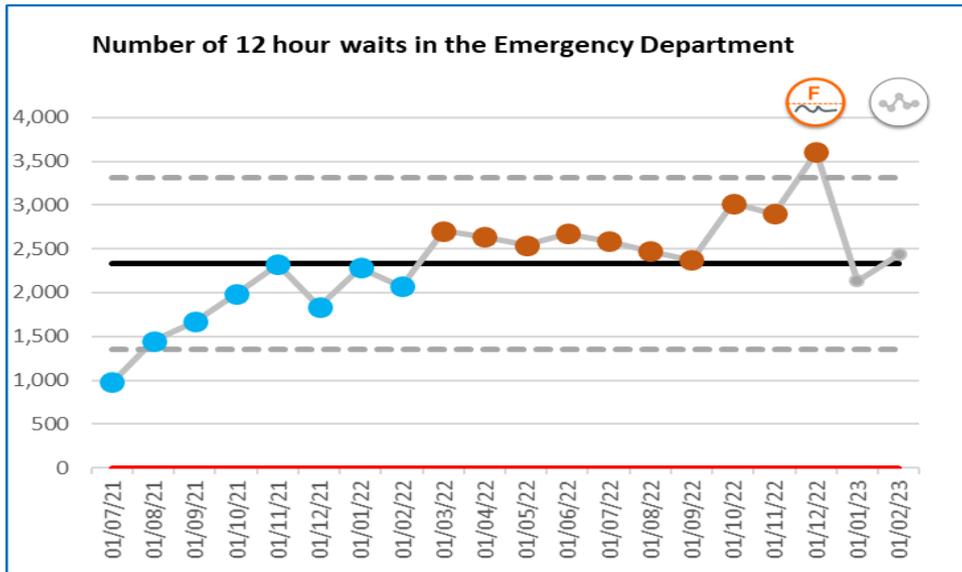
Current Performance			Three Month Forecast		
Feb 23	YTD	Target	Mar 23	Apr 23	May 23
919	10,761	0			

National Position & Overview

In February, UHL ranked 120th 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 1,279. 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 March 2023 Commence feasibility on wards at GH – January – March 2023

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

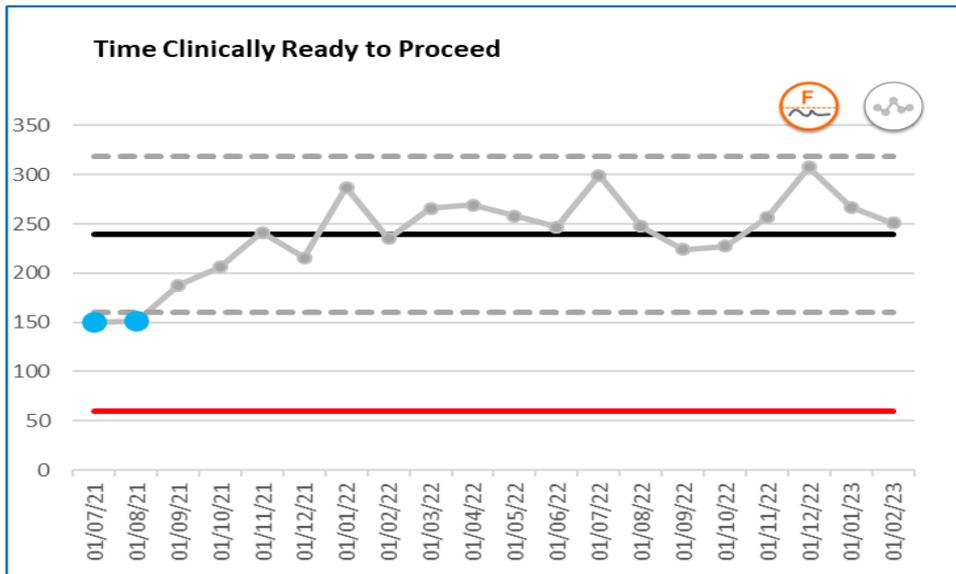


Current Performance			Three Month Forecast		
Feb 23	YTD	Target	Mar 23	Apr 23	May 23
2,437	29,371	0			

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 Commence feasibility on wards at GH – January – March 2023

Responsive (Emergency Care) – Time Clinically Ready to Proceed

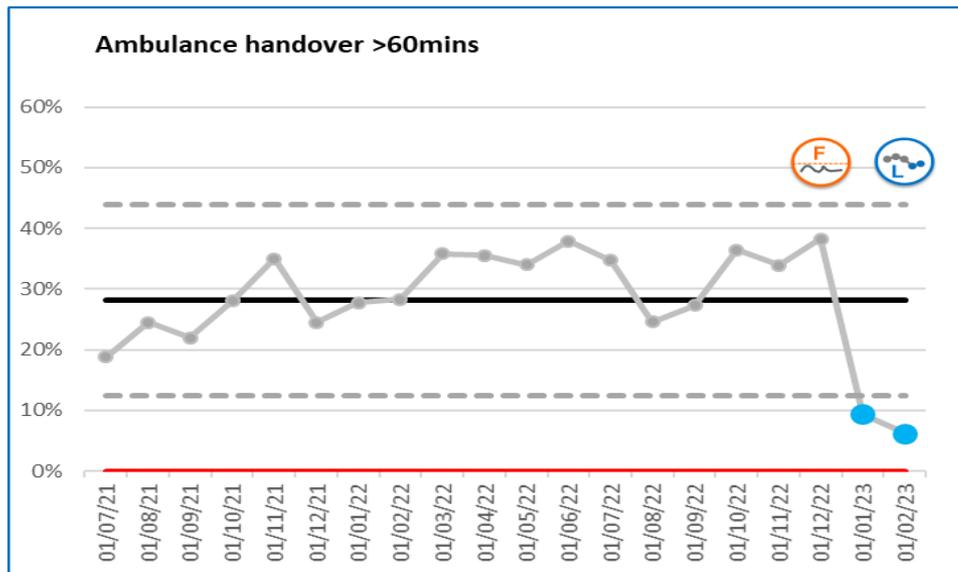


Current Performance			Three Month Forecast		
Feb 23	YTD	Target	Mar 23	Apr 23	May 23
251	260	60			

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		
Feb 23	YTD	Target	Mar 23	Apr 23	May 23
6.2%	29.1%	0%			

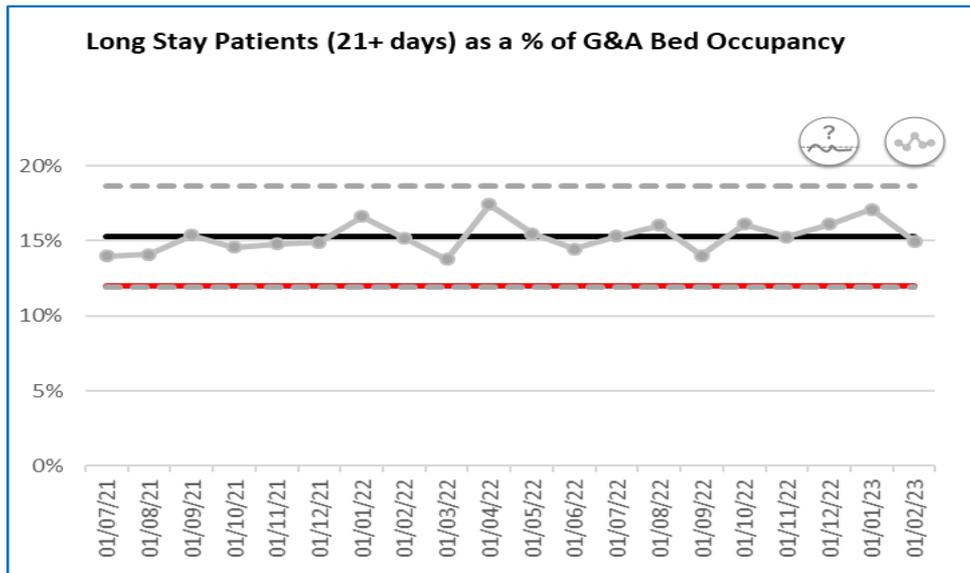
National Position & Overview

LRI ranked 12th out of 23 sites last month (source EMAS monthly report) and saw a significant improvement in the percentage of handovers over 60 minutes.

UHL recorded the fifth highest number of handovers over 60 minutes last month, 250, and had the second highest number of arrivals, 4,038 (source EMAS monthly report).

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> Poor outflow across the emergency care pathway. High inflow of walk-in patients competing with ambulance patients for trolley space Sick patients walking in due to inability to get an ambulance 	<ul style="list-style-type: none"> Medical in reach in place 24/7 Development 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 Open ambulance handover BUS/POD Develop permanent cohorting facility at LRI Develop permanent cohorting facility at GH 	<ul style="list-style-type: none"> In place January 2023 In place Ongoing – daily / weekly monitoring Ongoing November 2022 - ongoing December 2022 – ongoing December 2022 April 2023 April 2023

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



Current Performance			Three Month Forecast		
Feb 23	YTD	Target	Mar 23	Apr 23	May 23
15.0%	15.0%	12%	14	14	13

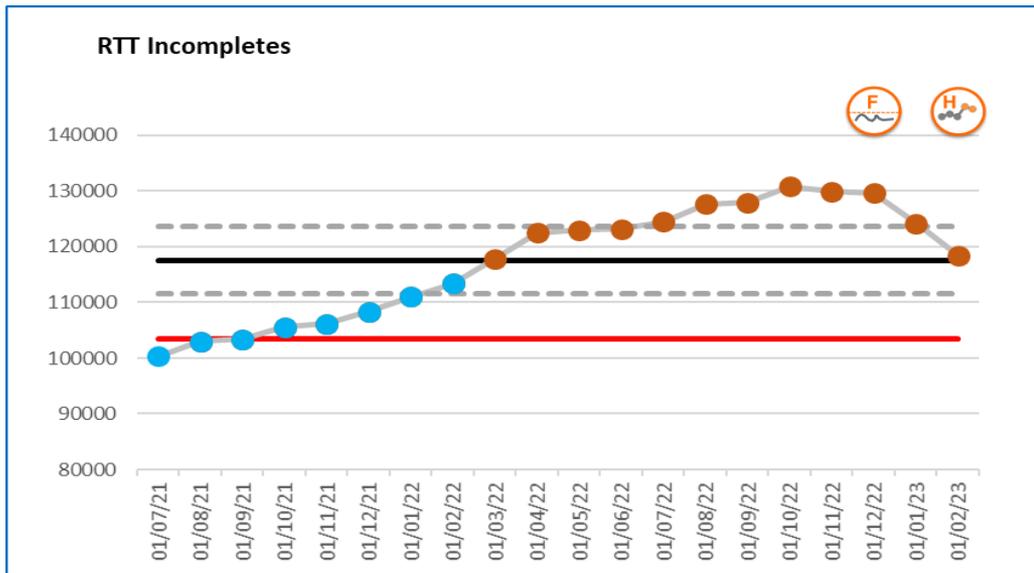
National Position & Overview

UHL is ranked 6th out of 20 trusts in the Midlands for the % beds occupied by Long Stay (21+ Day) patients (for the w/c 27/02/23).

- 39 (237) Patients (16%) are receiving appropriate care/ treatment on a neuro rehabilitation or brain injury pathway or on an Intensive care Unit or Infectious Diseases Unit.
- 60 Patients (22%) are medically optimised for discharge with no acute medical reason to stay.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> • Circa 165 Complex Medically optimized 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, outlying and boarding of patients. 	<p>Continue to work with health and social care system partners during March to:</p> <ul style="list-style-type: none"> • Evaluate the pilot of ‘Night Care’ services. • Continue review pathway 2 discharges, to increase Pathway 1 referrals. • Further refine processes for the high dependency Residential care cohort. • Continue with the UHL-LPT trusted assessment discharge pathway <p>Work with CMG’s to:</p> <ul style="list-style-type: none"> • Reduce ‘lost’ discharge outcomes • Embed the therapy led approach to filling therapy led capacity and reducing P2 allocations • Promote patient/ family “supporting to leave hospital booklet” and choice letters 	<ul style="list-style-type: none"> • Aim to reduce number of MOFD patients waiting for discharge in UHL beds. • Reduce daily ‘lost discharges’ • Reduce patients discharged on a Pathway 2.

Responsive (Elective Care) – RTT Incompletes



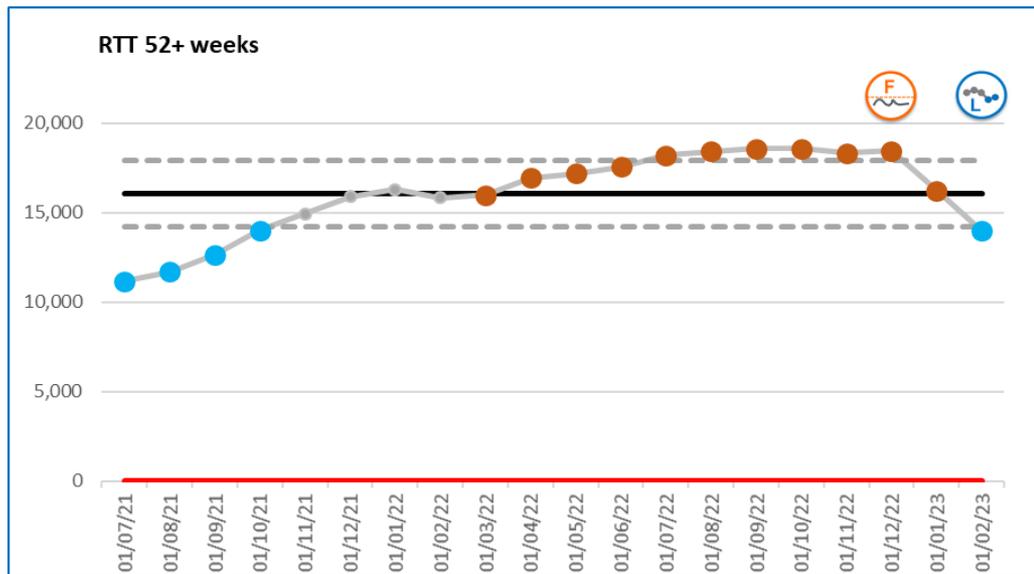
Current Performance			Three Month Forecast		
Feb 23	YTD	Target	Mar 23	Apr 23	May 23
118,488	118,488	103,403			

National Position & Overview

At the end of January, UHL ranked 15th out of 18 trusts in its peer group with a total waiting list size of 124,211 patients. The best value out of the 18 Peer Trusts was 67,192, the worst value was 211,847 and the median value was 83,845.

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 ITAPPS 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. 	<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 10,000 pathways by the end of Feb 23. Pathways closed using AccuRX technology have also resulted in the closure of a further 10,000 plus pathways. D&C due to report end of March 23.

Responsive (Elective Care) – RTT 52+ Weeks



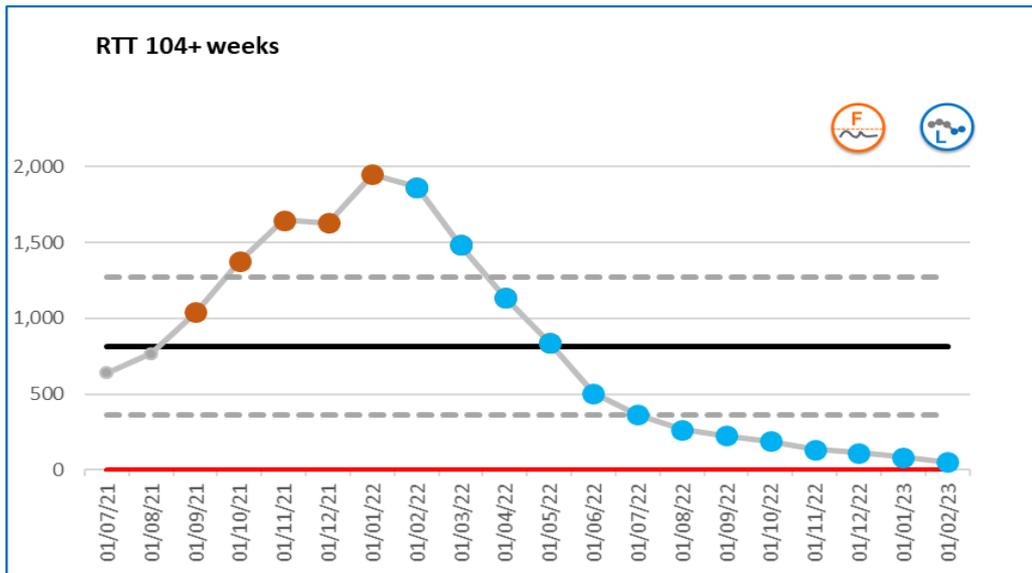
Current Performance			Three Month Forecast		
Feb 23	YTD	Target	Mar 23	Apr 23	May 23
13,984	13,984	0			

National Position & Overview

At the end of January, UHL ranked 16th out of 18 trusts in its peer group with 16,237 patients waiting over 52+ weeks. The best value out of the 18 Peer Trusts was 690, the worst value was 27,988 and the median value was 4,605.

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 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. 6 patients have been uploaded onto DMAS. 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



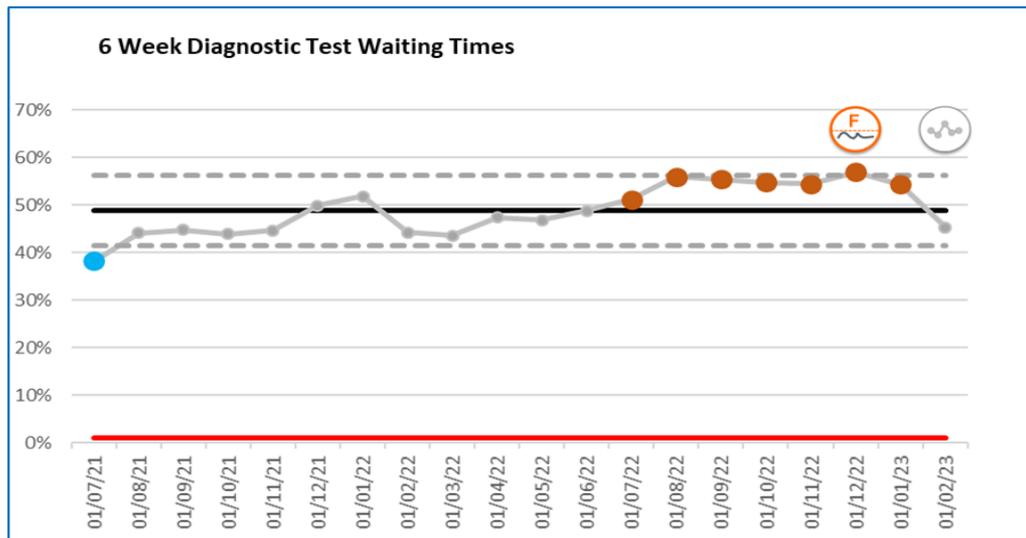
Current Performance			Three Month Forecast		
Feb 23	YTD	Target	Mar 23	Apr 23	May 23
53	53	0			

National Position & Overview

At the end of January, UHL ranked 18th out of 18 trusts in its peer group with 85 patients waiting 104+ weeks. The best value out of the 18 Peer Trusts was 0 and the median value was 10.

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. February target of ≤ 54 achieved.

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



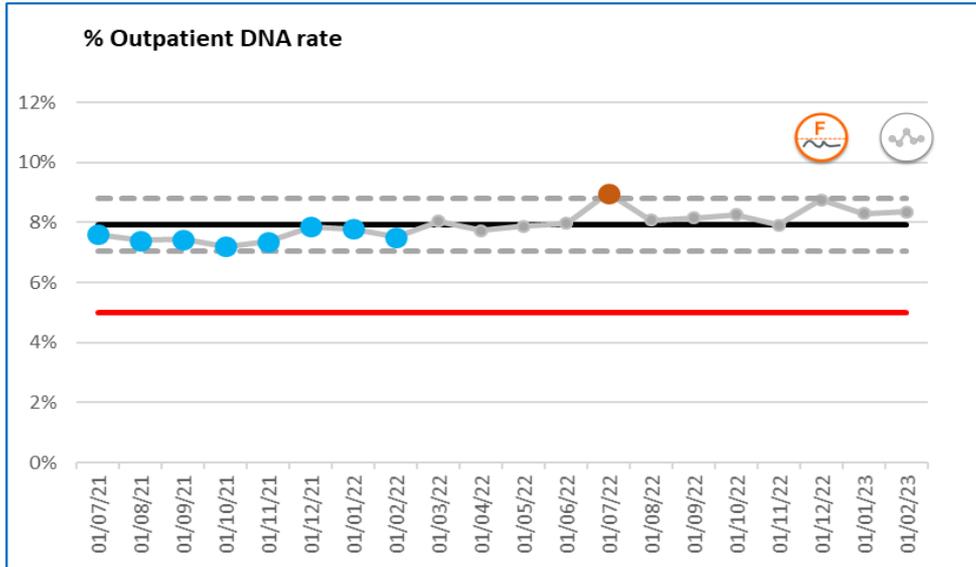
Current Performance			Three Month Forecast		
Feb 23	YTD	Target	Mar 23	Apr 23	May 23
45.3%	45.3%	1.0%			

National Position & Overview

Published National data at the end of January 23 shows 1.6m on the diagnostic waiting list. UHL with 37,500 are ranked 3rd highest. For 6+ weeks UHL ranks 2nd highest and for 13+ the highest. Performance has improved from a peak in October to the end of February with a 10% reduction in the overall waiting list and a c.25% reduction for both 6+ and 13+ week. Improvement delivered by additional insourcing, increasing productivity and validation of the waiting list in Radiology, ECHO and Endoscopy.

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 to EPFB 28/03/23 and FIC 31/03/23 <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.

Responsive (Elective Care) – Outpatient DNA Rate



Current Performance			Three Month Forecast		
Feb 23	YTD	Target	Mar 23	Apr 23	May 23
8.4%	8.2%	5.0%	8.2%	8.0%	7.8%

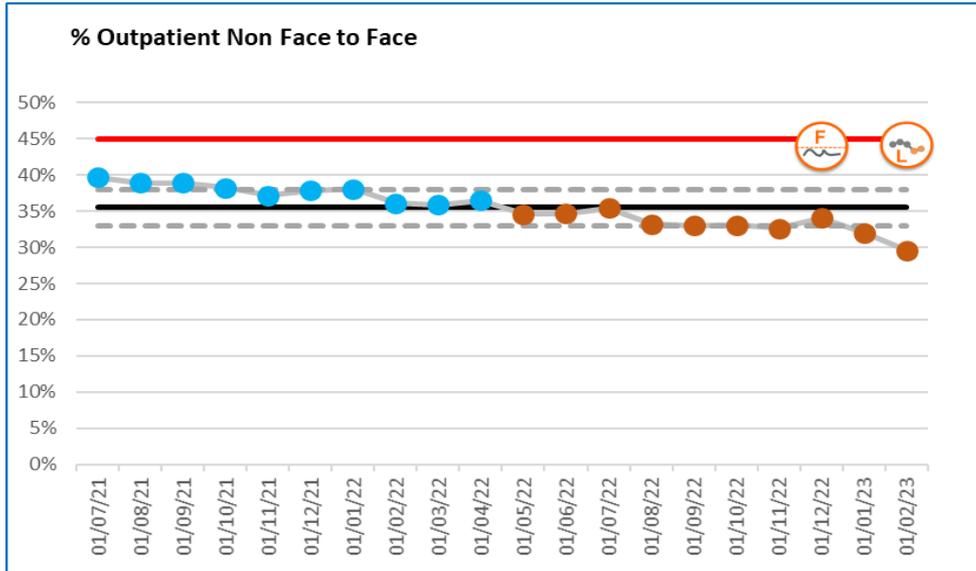
National Position & Overview

UHL compares better than its peers for the current financial year, 8.0% compared to 8.6% (data for April 22 to December 22, 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



Current Performance			Three Month Forecast		
Feb 23	YTD	Target	Mar 23	Apr 23	May 23
29.6%	33.5%	45.0%	30.6%	31.6%	32.6%

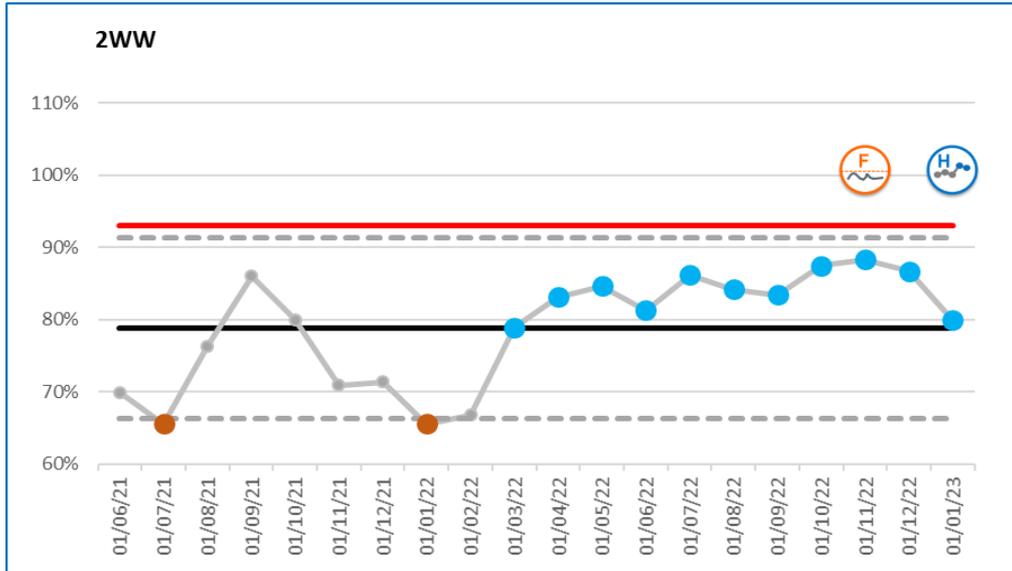
National Position & Overview

Peer data not currently available.

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

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



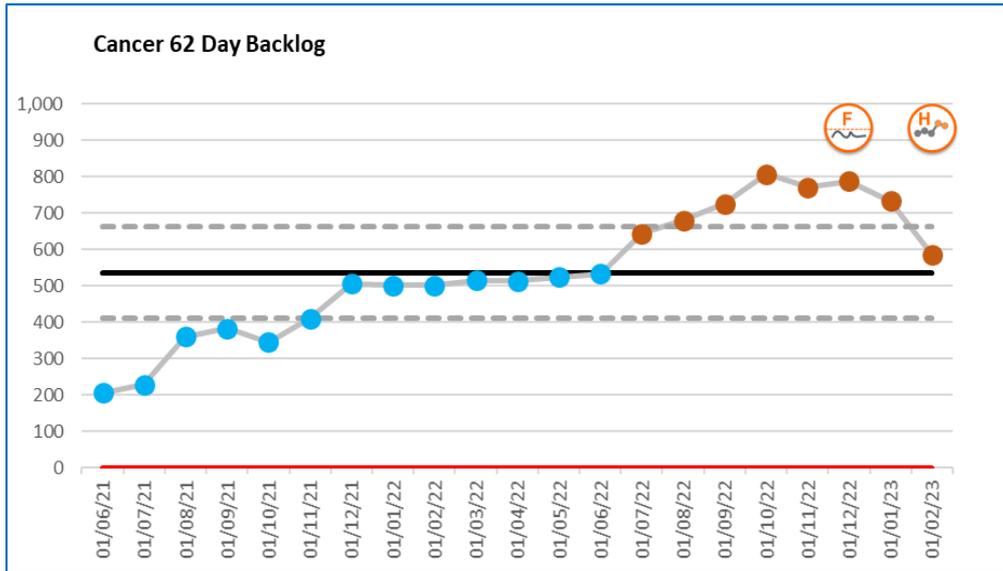
Current Performance			Three Month Forecast		
Jan 23	YTD	Target	Feb 23	Mar 23	Apr 23
79.9%	84.6%	93%			

National Position & Overview

In January, UHL ranked 95th out of 136 Acute Trusts. The National average was 81.8%. 38 out of the 136 Acute Trusts achieved the target. UHL ranked 13th out of the 18 UHL Peer Trusts. The best value within our peer group was 97.6%, the worst value was 67.0% and the median value was 85.8%.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> In January 2WW demand remained over 30% above pre-COVID 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. Historically January and August are the lowest performing months of the year, due to increased bank holidays. 	<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 immediate – increase in 2ww capacity

Responsive Cancer – Cancer 62 Day Backlog



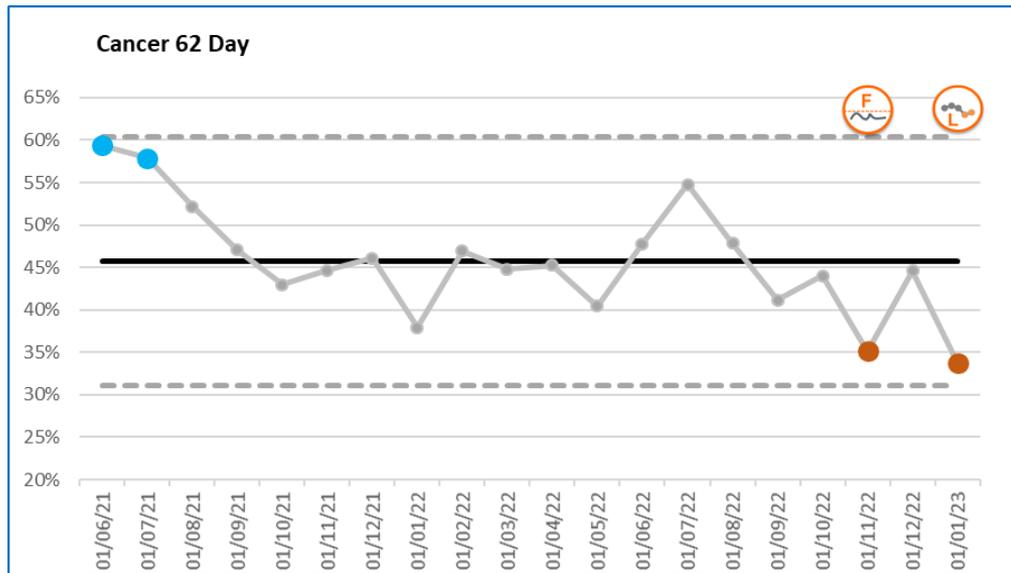
Current Performance			Three Month Forecast		
Feb 23	YTD	Target	Mar 23	Apr 23	May 23
586	586	0	440		

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

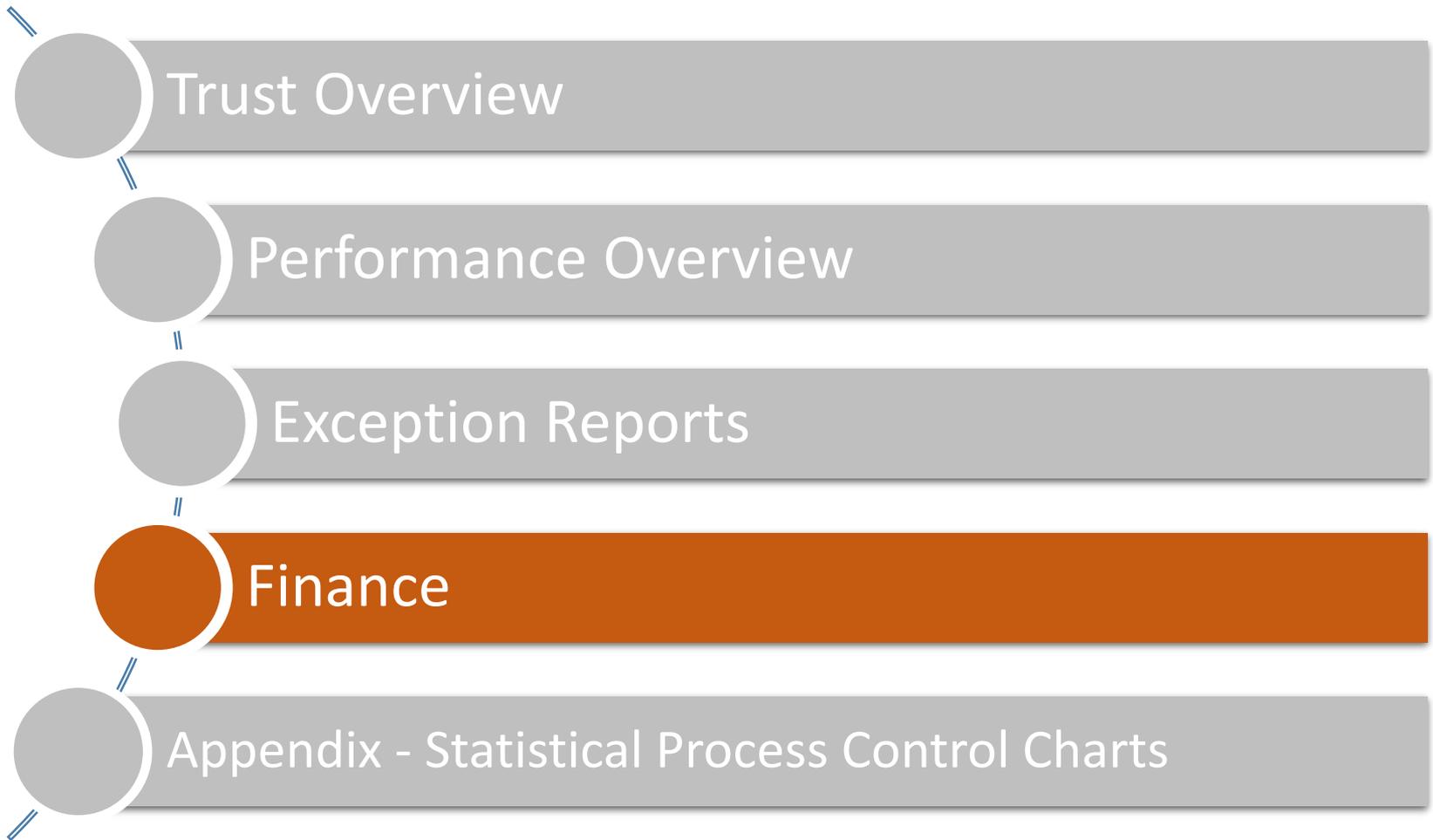


Current Performance			Three Month Forecast		
Jan 23	YTD	Target	Feb 23	Mar 23	Apr 23
33.8%	43.1%	85%			

National Position & Overview

In January, UHL ranked 123rd out of 135 Acute Trusts. The National average was 54.4%. 5 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 68.4%, the worst value was 33.6% and the median value was 49.4%.

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 11 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	M11 YTD Plan of £0.6m	M11	-£16.6m	-£0.8m		CFO
		Capital expenditure against plan	M11 YTD Plan of £49.3m	M11	£53.3m	£12.4m		CFO

Summary Financial Position

	I&E YTD			Full Year		
	Plan	Actual	Variance to Plan	Plan	Forecast	Variance to Plan
	£'000	£'000	£'000	£'000	£'000	£'000
NHS Patient-Rel Income	1,105,398	1,144,771	39,373	1,207,175	1,256,141	48,966
Other Operating Income	124,630	137,573	12,943	136,180	148,706	12,527
Total Income	1,230,028	1,282,344	52,316	1,343,354	1,404,847	61,493
Pay	(722,782)	(751,588)	(28,806)	(788,248)	(822,056)	(33,809)
Agency Pay	(20,116)	(24,662)	(4,546)	(22,106)	(27,446)	(5,340)
Non Pay	(429,026)	(465,530)	(36,503)	(470,113)	(505,476)	(35,363)
Total Costs	(1,171,925)	(1,241,780)	(69,855)	(1,280,467)	(1,354,978)	(74,511)
EBITDA	58,103	40,564	(17,539)	62,888	49,869	(13,018)
Non Operating Costs	(58,338)	(57,768)	570	(63,861)	(63,202)	659
Retained Surplus/(Deficit)	(234)	(17,204)	(16,969)	(973)	(13,333)	(12,359)
Donated Assets	884	643	(241)	973	733	(240)
Net Total Surplus/(Deficit)	649	(16,561)	(17,210)	(0)	(12,600)	(12,600)

Comments – YTD Variance to Plan

Total Income: £52.3mF: driven by additional income for pay awards £16.9mF, Income for the LPT contract, offset in expenditure £5.5mF, excluded drugs and devices which are offset in non-pay £5.9mF, funding for the community diagnostic hub (CDH) offset by expenditure £3.1mF, ambulance handover income of £4.3mF offset by expenditure, research grant income of £2.1mF offset by expenditure, training and education income £3.8mF, car parking/catering income £1.6mF, CIP £3.9mF, private/overseas patient income across various CMGs £1.6mF, additional patient related income relating to East Midlands Cancer Alliance £2.2mF, frontline digitisation £0.8mF and other income of £0.6mF.

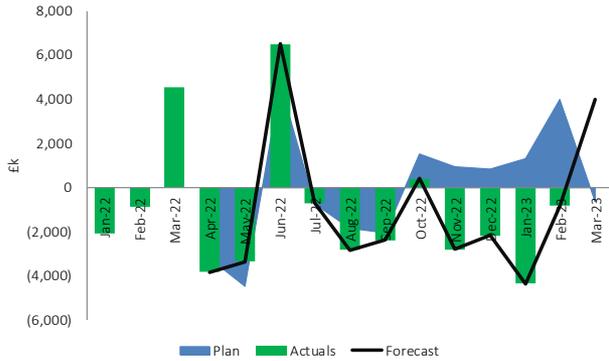
Pay and Agency: £33.4mA is driven by a pay awards of £16.9mA, LPT contract pay costs of £2.6mA, Emergency pathway £6.4mA, £3.2mA ambulance handover, CDH £0.7mA, ESM unfunded beds £0.5mA and £4.4mF cash releasing pay CIP which is offset by improved vacancy recruitments and increased fill across all staffing groups.

Non Pay: £36.5mA includes £5.9mA pass through drugs, £2.8mA LTP costs both offset within income, £8mA cash releasing CIP, £2mA emergency pathway, £2.4mA on CDH offset by income, £1.1mA ambulance handover plan offset by income, research expenditure of £2.1mA offset by income, £1.4mA bad debt provision, £3mA insourcing, £2.4mA block drugs, £2.1mA excess inflation above plan, ESM unfunded beds £1.1mA, £1.7mA car park and security, catering/cleaning £1.1mA and other non-pay £0.6mF.

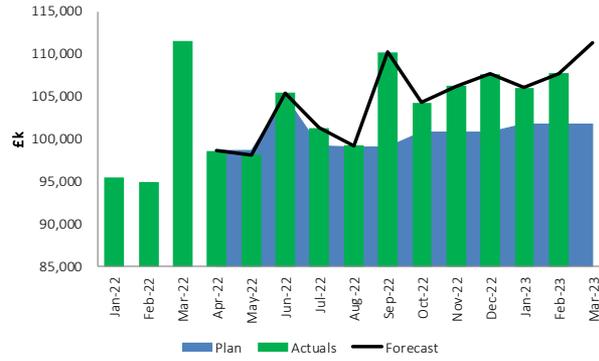
The Trust is committed to delivering a year end deficit of £12.6m.

Month 11 Dashboards

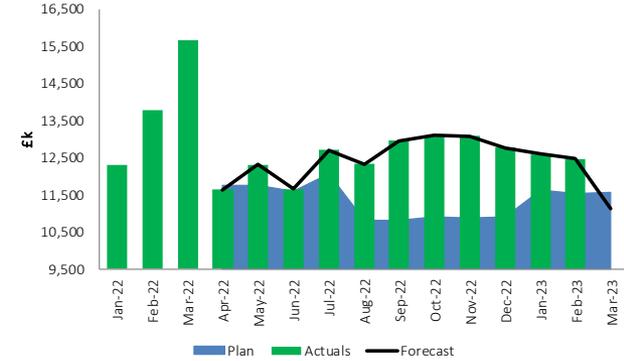
Monthly Surplus/(Deficit)



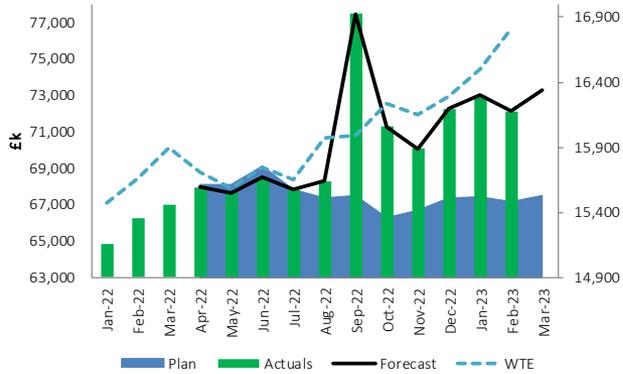
Monthly PCI Income



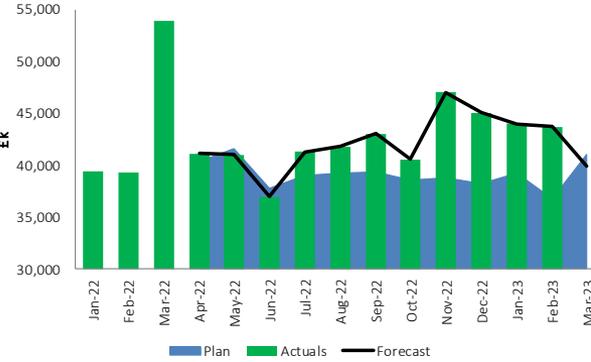
Monthly Other Income



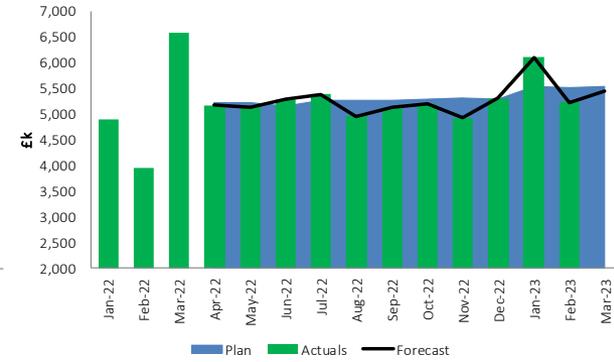
Monthly Substantive/Bank/Agency Pay



Monthly Non Pay



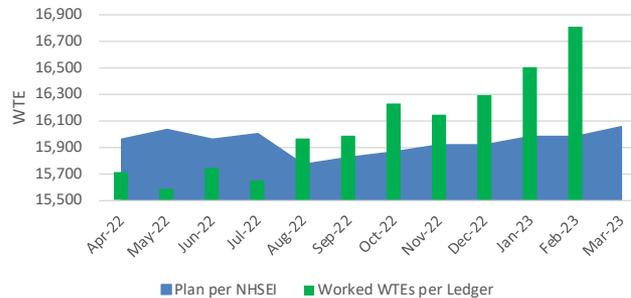
Monthly Non Ops



CIP Performance Inc Productivity



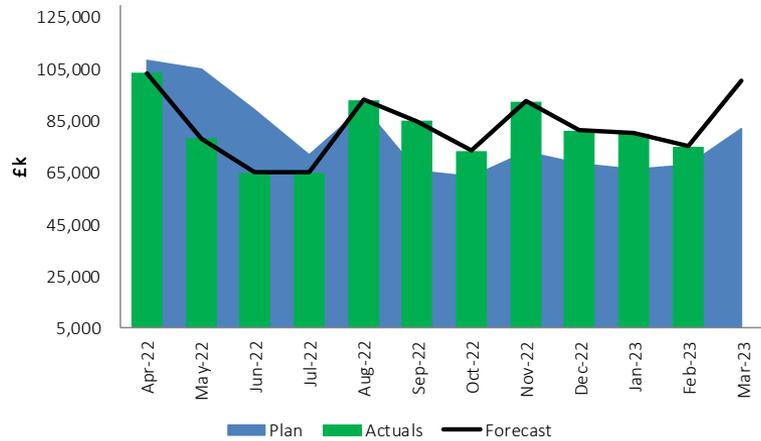
Worked WTEs vs NHSEI Workforce Plan



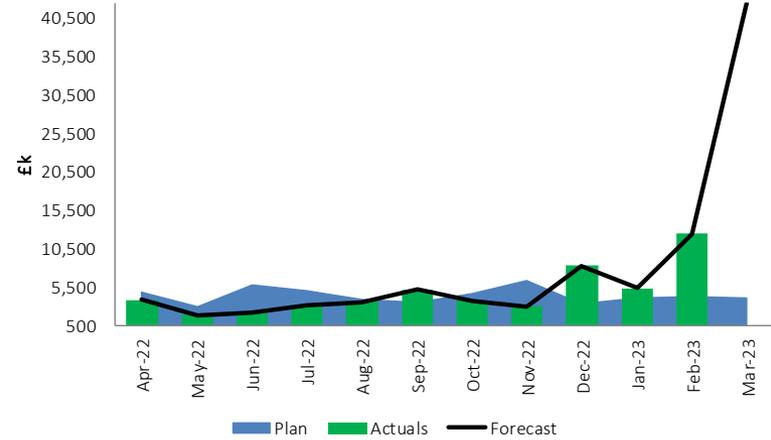
	In Month NHSEI Plan	In Month Worked	Increase in WTE
Substantive	14,809	15,168	358
Bank	827	1,128	301
Agency	342	515	174
Total WTE	15,978	16,810	833

Month 11 Dashboards

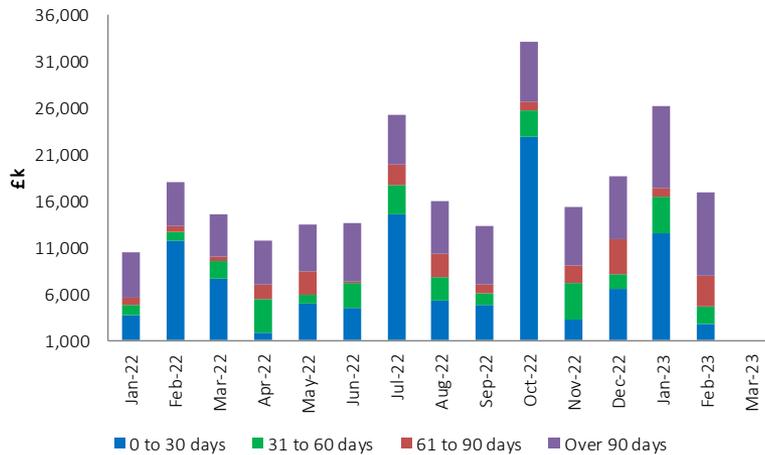
Cash



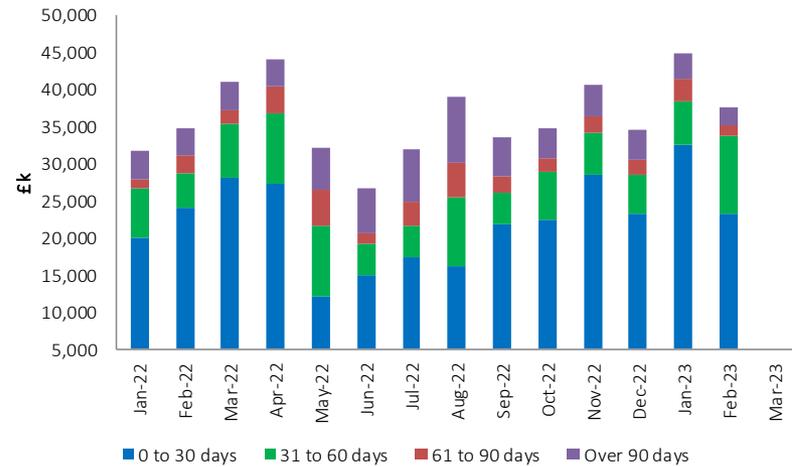
Capital



Ageing Debtor



Ageing Creditor



Statement of Financial Position

Statement of Financial Position	M11 YTD				
	31-Mar-22	31-Jan-23	28-Feb-23	In month Movement	YTD Movement
Non current assets	£000	£000	£000		
Intangible assets	15,441	12,619	12,158	(462)	(3,283)
Property, plant and equipment	659,617	675,799	684,171	8,372	24,554
Other non-current assets	3,445	3,333	3,333	(0)	(112)
Total non-current assets	678,503	691,751	699,662	7,910	21,158
Current assets					
Inventories	21,126	23,196	22,347	(849)	1,221
Trade and other receivables	33,738	63,227	47,761	(15,466)	14,022
Cash and cash equivalents	109,960	80,351	71,149	(9,202)	(38,810)
Total current assets	164,824	166,774	141,257	(25,517)	(23,567)
Current liabilities					
Trade and other payables	(128,361)	(114,460)	(106,493)	7,966	21,868
Borrowings / leases	(7,659)	(5,177)	(6,572)	(1,396)	1,087
Accruals	(22,367)	(27,978)	(25,356)	2,622	(2,989)
Deferred income	(3,799)	(26,931)	(16,731)	10,200	(12,932)
Dividend payable	(0)	(6,594)	(8,136)	(1,542)	(8,136)
Provisions < 1 year	(15,434)	(15,819)	(15,073)	746	361
Total current liabilities	(177,620)	(196,958)	(178,362)	18,596	(741)
Net current assets / (liabilities)	(12,796)	(30,184)	(37,105)	(6,921)	(24,309)
Non-current liabilities					
Borrowings / leases	(12,585)	(23,660)	(26,295)	(2,635)	(13,710)
Provisions for liabilities & charges	(4,903)	(4,903)	(4,118)	785	785
Total non-current liabilities	(17,487)	(28,563)	(30,413)	(1,850)	(12,926)
Total assets employed	648,220	633,004	632,144	(860)	(16,076)
Public dividend capital	760,831	761,959	761,959	0	1,128
Revaluation reserve	190,073	190,073	190,073	0	(0)
Income and expenditure reserve	(302,685)	(319,028)	(319,888)	(860)	(17,203)
Total taxpayers equity	648,220	633,004	632,144	(860)	(16,076)

The Statement of Financial Position (SOFP) as of 28 February 2023 is presented in the table opposite. The key movements were explained as follows:

- **Non-Current Assets** - PPE and intangibles increased by £7.9m, as capex of £12.4m was offset by depreciation of £4.5m.
- **Trade and other receivables** reduced by £15.5m, largely driven by a combination of payment of the Health Education England LDA SLA (£9m) and the timing of the CNST prepayment (£3m).
- **Cash Balances** – Cash balances reduced by £9.2m (refer cash slide).
- **Trade and other payables and accruals** reduced by a £10.6m, largely associated with an acceleration of revenue and capital payments, which increased by £15.8m in M11 compared with M10 and represented the main driver for the reduction in cash balances.
- **PDC Dividends** – increased in line with the accrual of February’s PDC dividend liability (£1.5m).
- **Borrowings** – Increased by £2.6m due to bringing additional finance leases *on balance sheet*, including the Vanguards.
- **Deferred Income** – reduced by £10.2m, of which £5.5m relates to the release of deferred of LDA income and £3.2m relates to the release of PCI for the recognition of M11 related income
- **Income and Expenditure Reserve** – The I&E reserve deteriorated in the line with the reported income and expenditure position by £0.86m.

Capital Programme

Area	Annual Plan	Ytd Forecast (Based at M7)	Ytd Actual	Under / (Over) Spend Against Forecast
	£000s	£000s	£000s	£000s
Reconfiguration	4,626	4,202	3,804	398
MEE	4,035	2,330	2,177	153
MES	5,244	499	205	294
MES Enabling	2,440	1,320	1,064	256
IM&T	8,544	5,497	5,346	151
Estates and Facilities	16,733	14,514	14,162	351
Contingency/Corporate	-	-	(683)	683
Schemes funded from Donations/External Donations/Grants	1,060	593	1,060	(467)
Leases inc eEquip	14,179	7,106	13,095	(5,989)
Linacc	4,444	2,950	3,109	(159)
Health Education England	900	-	485	(485)
PDC Funded - elective Hub	16,490	11,640	7,151	4,489
PDC Funded - Pre Transfer	1,200	275	2,143	(1,867)
PDC Funded - Mammo	439	-	-	-
Healthier Future Fund	-	-	-	-
ICS Over Commitment	(1,063)	-	-	-
PDC - Digitisation	5,000	-	-	-
PDC - CT Scanner and DR	2,100	-	-	-
PDC - Demand and Capacity	1,500	-	-	-
LPT - Demand and Capacity	(500)	-	-	-
PDC - Digital Capability	100	-	-	-
PDC - Cyber	100	-	-	-
PDC - 2 DR Rooms	522	-	10	(10)
PDC - Endoscopy (TNE)	358	-	-	-
PDC - Endoscopy (Gastroscopes)	580	-	-	-
PDC - 1 EUS stack, 3 linear scope	750	-	-	-
PDC - Telephony System & 5 SOL	55	-	-	-
PDC - Discharge Unit Capital Fun	1,500	-	-	-
Hep C Funding - Cepheid & Fibro	148	-	140	(140)
PDC Funded MOU - Ambulance F	4,200	-	11	(11)
PDC Pathology Equipment	40	-	-	-
Total Gross Expenditure	95,724	50,926	53,278	(2,352)
Donated Income	(1,060)	-	(706)	706
Total Net Expenditure (CDEL)	94,664	50,926	52,572	(1,646)

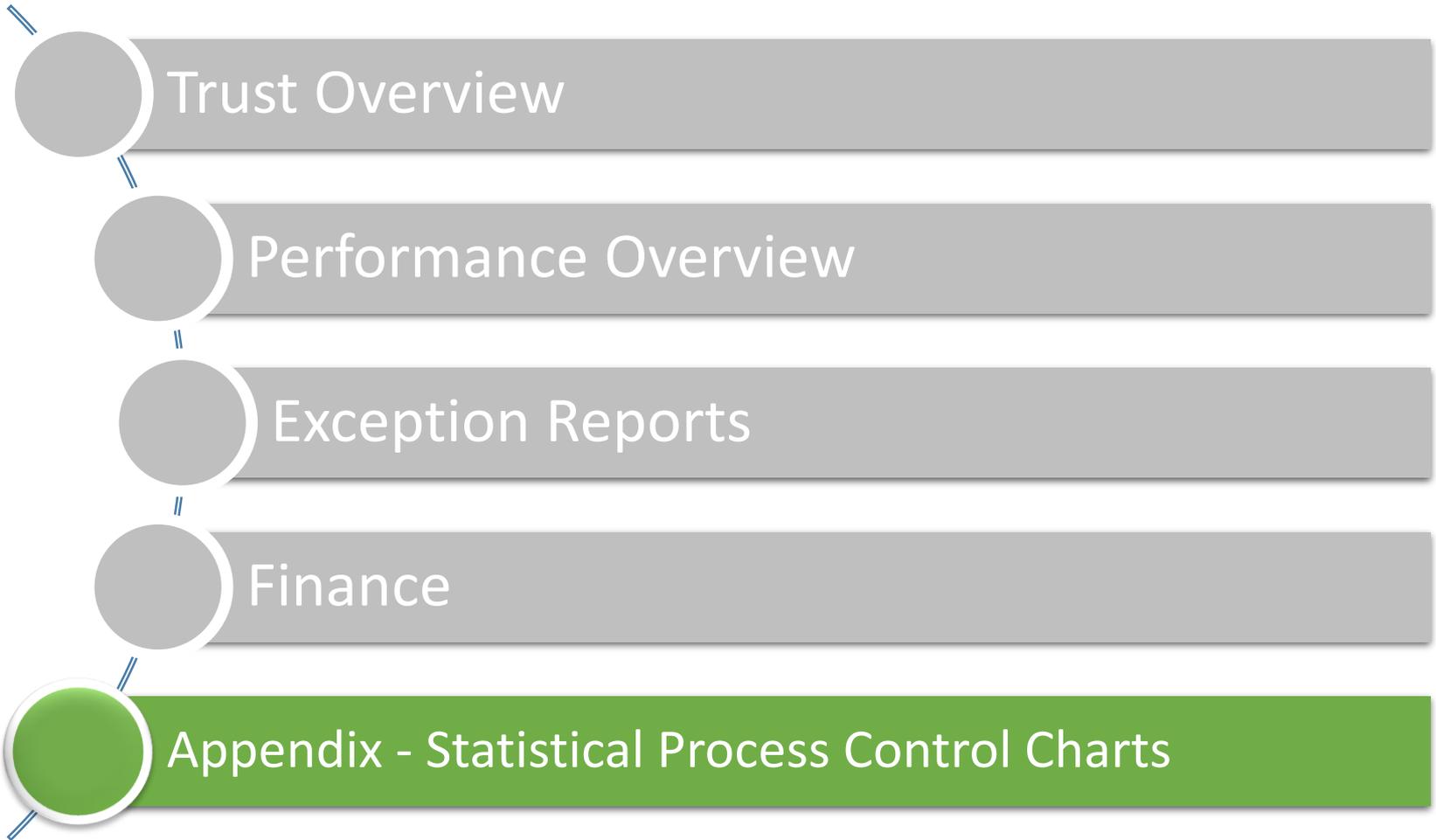
	Plan	Actual	Forecast
	31/03/2023	30/06/2022	31/03/2023
	Year ending	YTD	Year ending
	£'000	£'000	£'000
Gross capital expenditure including IFRS impact	95,724	53,278	95,724
Less: Book value of asset disposals			
Less: Capital grants received			
Less: Capital donations received	(1,060)	(706)	(1,060)
Charge against the Capital Resource Limit (CRL) incl IFRS impact	94,664	52,572	94,664
Capital Resource Limit (CRL) incl IFRS impact	94,664	69,465	94,664
Under/(over) spend against CRL	0	16,893	0

The Trust has a current capital programme of £95.7m. This includes additional PDC funding of £35.1m, including;

- £16.5m for the Elective Hub.
- £5.0m Digitisation.
- £2.2m for Targeted Cancer-related investment to supplement community diagnostics programme (includes DR Rooms).
- £2.1m for the CT Scanner.
- £1.5m for Demand and Capacity, of which £0.5m is for LPT.
- £1.2m for the Pre-Transfer Hub.
- £0.4m for the Mammography unit.
- £0.2m for Cyber Digital Capability.
- £1.5m for the Discharge Unit.
- £148k for Hep C Funding - Cepheid & Fibroscan.
- £55k for Telephony System & 5 SOLUS Image Ports – endoscopy.
- £4.2m for Ambulance Pods
- £40k for Cancer Treatment Programme

Assurance can be provided that the Trust is progressing capital spend in each workstream against the target forecast. Capital expenditure (net of donated income) at M11 was £2.4m ahead of the forecast trajectory, having committed £52.5m (56%) against the forecast profile submitted by subgroup leads of £50.9m. There is a risk of a forecast underspend against the capital plan of £95.7m of up to £2.1m, although action has been taken to mitigate this underspend in the final week of the year, through approval of additional schemes to support operational service delivery, including advancing schemes from future years' plans.

Although there are no material risks to delivery this forecast outturn, the Trust still needs to commit further £42.4m in March (over 40% of the programme) and is clearly reliant on goods being ordered and work being completed to ensure delivery of the forecast before 31 March 2023. Programme leads are being held to account through CMIC to delivering the forecast. Full and active engagement has taken place with key stakeholders in agreeing the forecast position at CMIC with capital workstream/programme leads.



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.

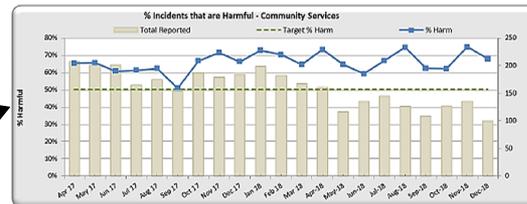
- Two horizontal lines either side of the Mean-(called the upper and lower control limits).

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

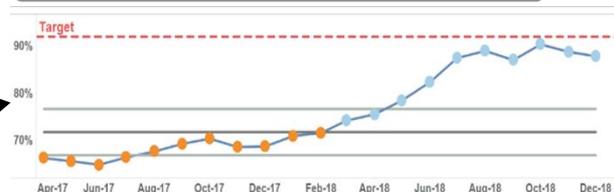
- A horizontal line showing the Target.

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.

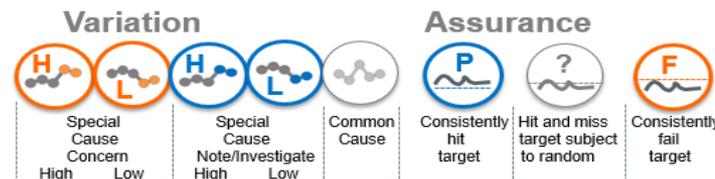
Within an SPC chart there are three different patterns to identify:

- **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

	Jun-18	Target	Variation	Target Capability	Comment
Staff Sickness absence	4.4%	3.5%			Shift change in August 2017 showing increase in sickness - staff survey review indicated.....



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.