

**Trust Board paper F**

<b>Meeting title:</b>	Public Trust Board				
<b>Date of the meeting:</b>	14 December 2023				
<b>Title:</b>	<b>Integrated Performance Report and Executive Summary</b>				
<b>Report presented by:</b>	Jon Melbourne Chief Operating Officer, Andrew Furlong Medical Director, Julie Hogg Chief Nurse, Clare Teeney Chief People Officer				
<b>Report written by:</b>	Sarah Taylor, Deputy COO Emergency Care and Kully Kaur, Assistant Director of BI and Information				
<b>Action – this paper is for:</b>	Decision/Approval		Assurance	X	Update
<b>Where this report has been discussed previously</b>					

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

<b>Impact assessment</b>

Acronyms used
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## **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.

The executive summary is split into 3 parts

1. Pathways updates for Urgent and Emergency Care, Elective, Cancer, and Maternity
2. Updates on Quality, Finance and Workforce
3. Update on transformation and productivity

## **Recommendation**

The full IPR, encompassing all exception reports will be created for public access. A streamlined version of this report will be provided to the Board for the purpose of oversight after confirmation from Exec leads.

Any forthcoming changes to the IPR can be integrated using the change control process.

There have been discussions on presenting pathway analysis to Board to highlight the dependencies across metrics to deliver the pathway, this approach will be piloted with the emergency care pathway.

## 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: OCTOBER 2023

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

<p><b>Urgent &amp; Emergency Care</b></p> <p><b>Updates on Flow in Flow through Flow out</b></p> 	<p>October 2023 has seen an increase in overall ED attendances (Types 1 &amp; 3) with 1,572 more attendances than the previous month. All Types of ED attendances have seen an increase with the largest in Type 3 attendances. UHL's performance was 54.7% in October with an overall year to date of 57.9%</p> <p>In October 2023, LRI monthly ambulance handovers over 60 minutes were at 20.21% (954 out of 4,720 handovers) which is a significant deterioration compared to September 2023 when LRI was 5.12% (241 out of 4,710 handovers) &amp; August 2023 when it was 3.39% (156 out of 4,608 handovers).</p> <p>Emergency admissions were 8% higher and this is impacting on 12 hour waits in ED which remains challenged. An action plan is in place, and this is being monitored through UEC Steering Group. The key actions around this are the additional capacity and discharge improvements which will result in improved flow. We continue to look at internal improvements and have set up a task and finish group to review waiting times for diagnostics and develop an action plan to address this. We are also developing our same day emergency care pathways to ensure patients can access the right care in the right place.</p> <p>Improvement in discharge pathways is progressing, LLR continues to be ranked high in terms of discharge metrics. The higher rankings are against the % of adult beds occupied by patients who do not meet criteria to reside (CTR), and 7-, 14- and 21-day Length of Stay (LOS). A key focus remains the utilisation of the additional capacity in the system and community beds.</p> <p>Actions in place include:-          Senior daily oversight of all planned complex discharges          Physical space set up for Integrated Discharge Team (IDT) on site model at the LRI and Glenfield sites to facilitate face to face reviews of patients rather than decision making using paper referrals.          Root cause analyses for all patients who do not leave as planned and lessons shared with relevant leads.          Real-time reporting of simple and complex discharges through Nerve Centre to facilitate better tactical responses when numbers are lower than planned</p>
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<p><b>Elective Care</b></p> <p><b>Referrals and Outpatient performance</b></p> <p><b>Elective activity</b></p> <p><b>Pathway Improvements</b></p> 	<p>The 78 week wait position improved but at a slower pace for October than planned and has deteriorated in November. The causes for this are the cumulative impact of repeated Industrial Action, this is most impactful on the admitted pathways where the capacity lost cannot be re-created. This is disproportionately impacting on those specialities with a large cancer backlog, where capacity is first being given to date cancer patients, thereby impacting on the ability to date elective long waiters. Furthermore, in October winter pressures have started to impact and there has been a growing increase in cancellations, particularly within paediatrics. Therefore, the trajectory to get to zero for 78-week waits has deteriorated from a forecasted zero position by the end of December to zero by February 24.</p> <p>Modelling suggests that UHL 65-week position remains ahead of the national target for most specialities, despite the deterioration in those patients waiting over 78 weeks. The Trust wide forecast shows that there will be a total of 155 patients outstanding at the end of March. However, these are relatively small numbers spread across 5 specialities. Remedial actions are being put in place.</p> <p>The total waiting list continues to resist the national trend showing a reduction in overall waiting list size, making a significant improvement in October due to a few focused interventions. Such as, the focus on the first OPAs by 31st October for patients within the 65week wait cohort; new 12-week validation cycle to enable text messaging every two weeks to commencing 2nd October, the first cycle resulted in circa 1,600 patients being removed from the waiting list; technical validation exercise commenced 4th October addressing data quality errors in lower waiting pathways.</p> <p>Further work continues on improving PIFU performance. There have been several initiatives instigated in October through to November to improve utilisation, such as additional admin training, clinician engagement events and the introduction of a daily performance monitoring report with speciality specific stretch targets based on GIRFT best practice.</p>
<p><b>Cancer</b></p> <p><b>Referrals</b></p> <p><b>2 week wait</b></p> <p><b>Faster Diagnosis Standard</b></p> <p><b>62-day referral to treatment</b></p> 	<p>Sustained improvement in the &gt;62 day. 61% reduction from its peak last November. 62 day backlog is still on track to deliver the Trust's fair share commitment of no more than 309 patients waiting by March 24</p> <p>2ww referrals remain 8% YTD above 2022. 1st appointments offered within 7 days has increased by 2%.</p> <p>28 days Faster Diagnosis Standard achieved in September and is forecast to deliver in October and is on track to deliver by March 24.</p> <p>Recovery plans focus on time to first seen, FDS and 62 day backlog reductions. Whilst focus on backlog continues 62 day performance will be constrained.</p> <p>Note: From October the 10 constitutional standards for cancer will reduce to three; 28 Day Faster Diagnosis Standard (FDS), 62 Day Combined (to include Upgrades and Screening) and 31 Day Combined.</p>

<b>Quality</b>  	<p>Focus continues on the Harm Free Care agenda to reduce Hospital Acquired Pressure Ulcers and Hospital Acquired Infections.</p> <p>Quality Assurance visits have been carried out across the trust with a focus on Maternity, paediatrics and areas that have not previously been assessed with the Assessment and Accreditation process. This is supporting our programme of work to improve the CQC safe rating from requires improvement to good.</p> <p>The Patient Advice and Liaison Service (PALS) commenced in October, this is supporting improvements in timely resolution of concerns and formal complaints.</p>
<b>Finance</b>  	<p>The Trust is reporting an in month deficit of £2.7m for October, which is £1.8m worse than plan. Year to date, the Trust has a deficit of £44.5m which is £22.7m than plan.</p> <p>CIP delivery is currently behind plan, YTD the Trust has delivered £19.3m against a plan of £23.3m. Of this delivery, £10.3m is recurrent and £9m non recurrent.</p> <p>Capital expenditure accelerated by £11.6m in M7. At Month 7, expenditure committed was £32.2m (Net CDEL) against a year-to-date forecast of £32.2m (£1.3m above forecast).</p> <p>The cash position at the end of October was £36.1m, representing an increase of £2.3m in the month</p>
<b>Workforce</b>  	<p>Our turnover rate continues to decline and has reduced by a further 0.4% this month to 6.7%. Our vacancy levels across nursing and healthcare assistant posts (maternity and non-maternity) remains static and whilst there is some variation in the % levels reported, this is due to reporting cycles and standard starter and leaver activity.</p> <p>The percentage of staff who have received an annual appraisal has increased slightly by 1.5% and remains an improved position from April 2023. This is below the agreed KPI levels but is being worked through with CMGs.</p> <p>Staff compliant with statutory and mandatory training has decreased slightly but this is not considered to be significant and is a known consequence of recent operational pressures.</p> <p>An amber rating remains in place and KPIs continue to be monitored through Trust Performance Review meetings.</p>
<b>Transformation &amp; Productivity</b>  <b>Key Overview</b>  e.g Urgent and Emergency Care, Elective, digital, Estates etc	<p><b>Elective Care</b></p> <p>The below interventions are to support increased capacity in both outpatients and theatres to see an increase in new outpatient appointments, decrease follow ups by 25%, deliver 3.5% PIFU, increase day case utilisation and reduce On The Day Cancellations to 5%.</p> <ul style="list-style-type: none"> <li>Supporting administrative validation: <ul style="list-style-type: none"> <li>Over 200,000 patients have now been digitally contacted via SMS messaging to validate patients waiting with over 20,000 being removed from the waiting list</li> <li>Consolidation of Text reminders to one provider and improving our overall performance in outpatients and inpatients</li> </ul> </li> <li>Reducing on the day cancellations (OTDC)</li> </ul>

	<ul style="list-style-type: none"> <li>○ Pre-Operative digital Questionnaires have been introduced to improve OTDC and so far the pilot is showing positive results</li> <li>• Reducing Did Not Attends/Did not bring <ul style="list-style-type: none"> <li>○ DNA Florey's providing a quantitative view of reasons for DNA with a plan to tackle 23% of DNAs due to not knowing about appointments and improve our overall DNA rate</li> </ul> </li> <li>• Support increase in PIFU rates</li> </ul> <p>October saw a focus on PIFU and included Administrative Masterclasses everyday across all three sites and a Consultant Event combined with Accurx. This has led to an improved position of 3.2%</p>
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### **Supporting documentation**

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

The key changed to the IPR are:

- Removed executive highlight report this will be covered in the front sheet
- Removed highlight reports from metric pages
- Updated metrics to reflect changes requested
- Added in activity position (page 15)
- Highlight reports removed 3 month forecasting
- Highlight reports will only be required for those off track
- Removed explanation of SPC charts at the end

In the IPR there is a combination of national and locally agreed targets. For the locally agreed targets we will document the rationale for future reference.

The following metrics are part of the National KPIs that we do not report in the IPR. We are in the process of seeking clarification from Exec leads regarding where these metrics are reported or if there is a need to incorporate them within the IPR.

No.	NHS Oversight Framework national mandated KPIs
1	Proportion of patients discharged from hospital to their usual place of residence
2	Available virtual ward capacity per 100k head of population
3	National Patient Safety Alerts not completed by deadline
4	Potential under-reporting of patient safety incidents
5	Overall CQC rating
6	Performance against relevant metrics for the target population cohort and five key clinical areas of health inequalities
7	Proportion of acute or maternity inpatient settings offering smoking cessation services
8	Proportion of patients who have a first consultation in a post-covid service within six weeks of referral
9	Proportion of people over 65 receiving a seasonal flu vaccination
10	Acting to improve safety - safety culture theme in the NHS staff survey
11	CQC well-led rating
12	Aggregate score for NHS staff survey questions that measure perception of leadership culture
13	Staff survey engagement theme score
14	Staff survey bullying and harassment score
15	Proportion of staff in senior leadership roles who are from a) a BME background or b) are women

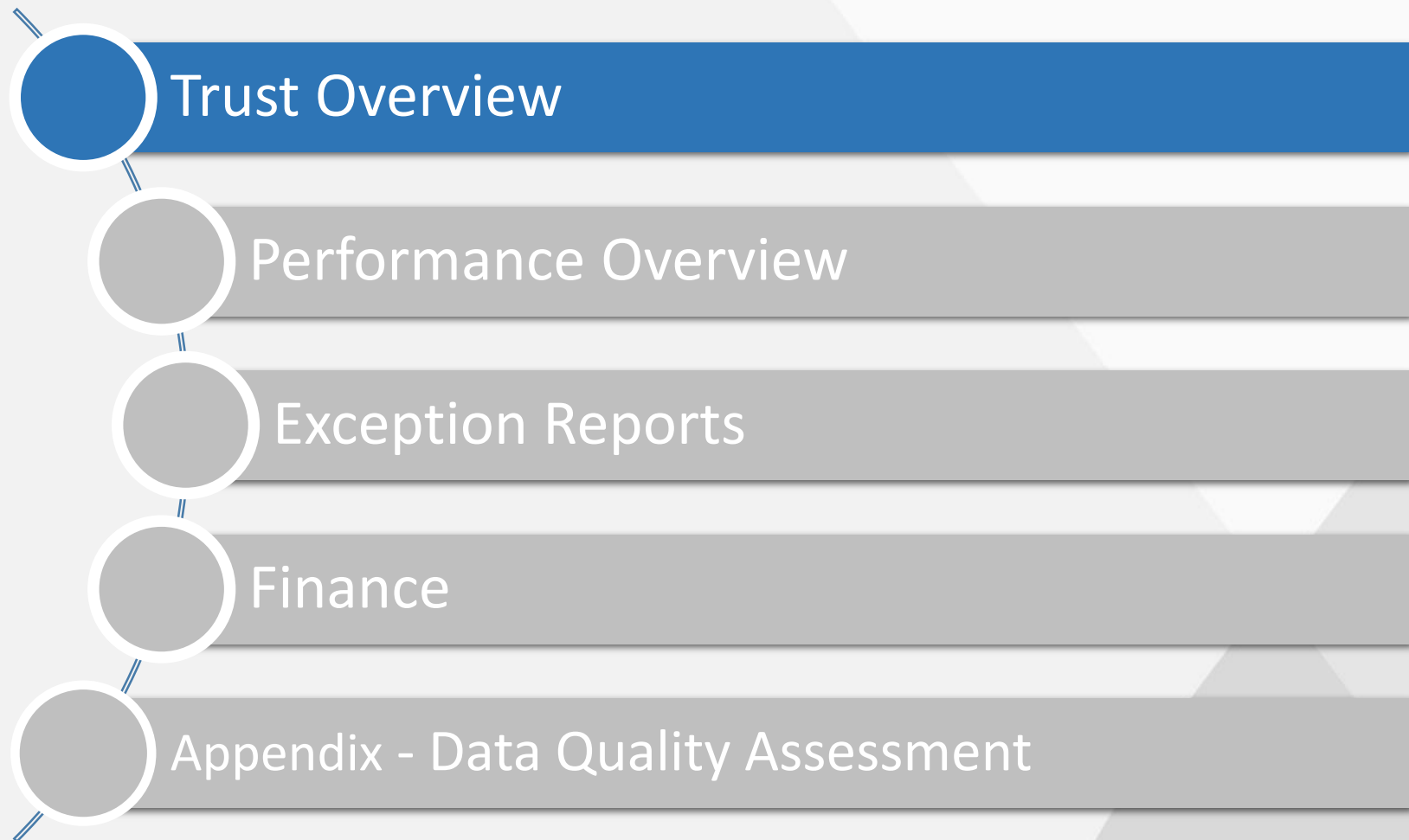
# **Integrated Performance Report**

**October 2023**

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- Trust Overview
- Performance Overview
- Exception Reports
- Finance
- Appendix - Data Quality Assessment





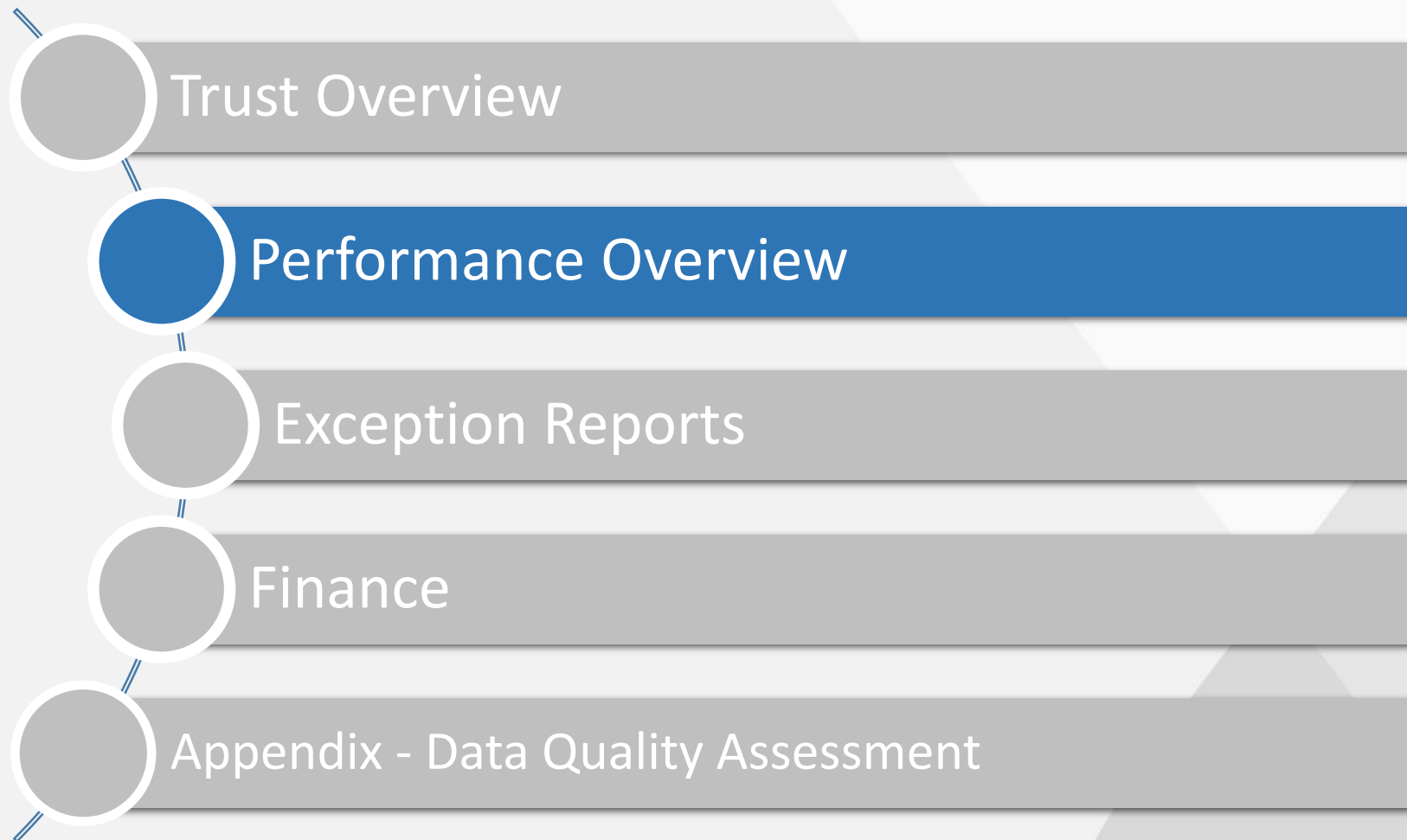
# Trust Overview (Year to Date)

Safe	Caring	Well Led	Effective	Responsive Emergency Care	Responsive Elective Care	Responsive Cancer Care	Finance		
Never Events	Single Sex Breaches	Turnover Rate	Mortality Published SHMI	ED 4 Hour Waits LLR	RTT Incompletes	2WW	Trust level control level performance		
Clostridium Difficile	Inpatient and Day Case F&F Test % Positive	Sickness Absence (Excludes E&F staff)	Mortality 12 months HSMR	ED 4 Hour Waits UHL	RTT 52+ Weeks	28 Day FDS	Capital expenditure against plan		
MRSA Total	A&E F&F Test % Positive	% of Staff with Annual Appraisal (Excludes E&F staff)	Crude Mortality Rate	Mean Time to Initial Assessment	RTT 65+ Weeks	62 Day Backlog	Cost Improvement (Includes Productivity)		
MSSA Acute	% Complaints - 10 Days	Statutory and Mandatory Training	DNA Rate - IMD Deciles 1 and 2	12 Hour Trolley Waits in A&E	RTT 78+ Weeks	62 Day	Cashflow		
All Falls Reported per 1000 Bed Days	% Complaints - 25 Days	Adult Nursing Vacancies	DNA Rate - IMD Deciles 3 and 10	12 Hour Waits in Department	6 Week Diagnostic		Aged Debt		
Moderate Harm and Above per 1000 Bed Days	% Complaints - 60 Days	Paed Nursing Vacancies		Ambulance Handovers	Theatre Utilisation		Invoices paid within 30 days (value)		
HAPU - All categories per 1000 bed days		Midwives Vacancies		Ambulance Handover > 60 mins	PIFU		Invoices paid within 30 days (volume)		
VTE Assessment		HCA Vacancies - excluding Maternity		% Ambulance Handover > 60 mins	% Outpatient DNA Rate				
		HCA Vacancies - Maternity		Total Lost Ambulance Hours	% Outpatient Non Face to Face				
				P1 & P2 Patients Waiting >24 Hrs for Discharge					
				Trust Bed Occupancy					
				Long Stay Patients > 21 days					

























University Hospitals Leicester

# Trust Overview (Current Month)

Safe	Caring	Well Led	Effective	Responsive Emergency Care	Responsive Elective Care	Responsive Cancer Care	Finance
Never Events	Single Sex Breaches	Turnover Rate	Mortality Published SHMI	ED 4 Hour Waits LLR	RTT Incompletes	2WW	Trust level control level performance
Clostridium Difficile	Inpatient and Day Case F&F Test % Positive	Sickness Absence (Excludes E&F staff)	Mortality 12 months HSMR	ED 4 Hour Waits UHL	RTT 52+ Weeks	28 Day FDS	Capital expenditure against plan
MRSA Total	A&E F&F Test % Positive	% of Staff with Annual Appraisal (Excludes E&F staff)	Crude Mortality Rate	Mean Time to Initial Assessment	RTT 65+ Weeks	62 Day Backlog	Cost Improvement (Includes Productivity)
MSSA Acute	% Complaints - 10 Days	Statutory and Mandatory Training	DNA Rate - IMD Deciles 1 and 2	12 Hour Trolley Waits in A&E	RTT 78+ Weeks	62 Day	Cashflow
All Falls Reported per 1000 Bed Days	% Complaints - 25 Days	Adult Nursing Vacancies	DNA Rate - IMD Deciles 3 and 10	12 Hour Waits in Department	6 Week Diagnostic		Aged Debt
Moderate Harm and Above per 1000 Bed Days	% Complaints - 60 Days	Paed Nursing Vacancies		Ambulance Handovers	Theatre Utilisation		Invoices paid within 30 days (value)
HAPU - All categories per 1000 bed days		Midwives Vacancies		Ambulance Handover > 60 mins	PIFU		Invoices paid within 30 days (volume)
VTE Assessment		HCA Vacancies - excluding Maternity		% Ambulance Handover > 60 mins	% Outpatient DNA Rate		
		HCA Vacancies - Maternity		Total Lost Ambulance Hours	% Outpatient Non Face to Face		
				P1 & P2 Patients Waiting >24 Hrs for Discharge			
				Trust Bed Occupancy			
				Long Stay Patients > 21 days			



# Performance Overview (Safe)

Domain	Key Performance Indicator	Target	Aug-23	Sep-23	Oct-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Local or National Target?	Exec Lead
Safe	Never events	0	2	0	0	3				Nov-22	National	Chief Nurse and Medical Director
	Clostridium Difficile per 100,000 Bed Days	92 cases per year	13.0	23.2	19.5	22.7				Jun-21	Local	Chief Nurse and Medical Director
	Methicillin Resistant Staphylococcus Aureus Total	0	0	0	1	1				Jun-21	Local	Chief Nurse and Medical Director
	Methicillin-susceptible Staphylococcus Aureus Acute	40	5	1	7	25				Jun-21	Local	Chief Nurse and Medical Director
	All falls reported per 1000 bed days	5.5	3.5	3.6		3.1				Aug-22	Local	Chief Nurse and Medical Director
	Rate of Moderate harm and above Falls Patient Safety Incidents with finally approved status per 1,000 bed days	0.19	0.04	0.06		0.07				Aug-22	Local	Chief Nurse and Medical Director
	Hospital Acquired Pressure Ulcers - All categories per 1000 bed days	1.9	2.7	2.8	2.3	2.6				Jun-21	Local	Chief Nurse and Medical Director
	% of all adults Venous Thromboembolism Risk Assessment on Admission	95%	97.2%	96.9%	96.3%	97.1%				Oct-21	National	Chief Nurse and Medical Director

# Performance Overview (Caring)

Domain	Key Performance Indicator	Target	Aug-23	Sep-23	Oct-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Local or National Target?	Exec Lead
Caring	Single Sex Breaches		0	5	3	56				Jul-22	Local	Chief Nurse and Medical Director
	Inpatient and Day Case Friends & Family Test % Positive*	95%	98%	96%	97%	98%				Jul-22	Local	Chief Nurse and Medical Director
	A&E Friends & Family Test % Positive**	77%	85%	81%	78%	83%				Jul-22	Local	Chief Nurse and Medical Director
	% Complaints Responded to in Agreed Timeframe - 10 Working days	95%	66.7%	67.0%	75.0%	66.9%	Awaiting more data for assurance and variance			Jul-23	Local	Chief Nurse and Medical Director
	% Complaints Responded to in Agreed Timeframe - 25 Working days	95%	65.0%	80.0%		58.0%	Awaiting more data for assurance and variance			Jul-23	Local	Chief Nurse and Medical Director
	% Complaints Responded to in Agreed Timeframe - 60 Working days	95%	83.0%			69.1%	Awaiting more data for assurance and variance			Jul-23	Local	Chief Nurse and Medical Director







# Performance Overview (Well Led)

Well Led

Domain	Key Performance Indicator	Target	Aug-23	Sep-23	Oct-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Local or National Target?	Exec Lead
Well Led	Turnover Rate	10%	7.3%	7.1%	6.7%					Aug-22	Local	Chief People Officer
	Sickness Absence (Excludes Estates & Facilities staff)	3%	4.9%	5.1%		4.7%				Mar-21	Local	Chief People Officer
	% of Staff with Annual Appraisal	95%	79.9%	80.7%	82.2%					Mar-21	Local	Chief People Officer
	Statutory and Mandatory Training	95%	94%	93%	92%					Dec-22	Local	Chief People Officer
	Adult Nursing Vacancies	10%	7.1%	5.3%	6.6%					Oct-22	Local	Chief People Officer
	Paed Nursing Vacancies	10%	15.2%	15.4%	14.9%					Oct-22	Local	Chief People Officer
	Midwives Vacancies	10%	14.9%	14.6%	13.1%					Oct-22	Local	Chief People Officer
	Health Care Assistants and Support Workers Vacancies - excluding Maternity	10%	14.4%	13.1%	14.8%					Oct-22	Local	Chief People Officer
	Health Care Assistants and Support Workers Vacancies - Maternity	5%	-0.1%	-1.1%	3.7%					Oct-22	Local	Chief People Officer

# Performance Overview (Effective)

Effective

Domain	Key Performance Indicator	Target	Aug-23	Sep-23	Oct-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Local or National Target?	Exec Lead
Effective	Published Summary Hospital-level Mortality Indicator (SHMI)	100	104	104	103	103 Jun 22 to May 23)	Assurance and variance not applicable			May-21	Local	Chief Nurse and Medical Director
	12 months Hospital Standardised Mortality Ratio (HSMR)	100	99	99	99	99 Aug 22 to Jul 23	Assurance and variance not applicable			May-21	Local	Chief Nurse and Medical Director
	Crude Mortality Rate		1.0%	0.9%	1.0%	1.2%				May-21	Local	Chief Nurse and Medical Director
	DNA Rate - IMD Deciles 1 and 2	5%	10.8%	10.6%	11.4%	10.9%				TBC	Local	Director of Health Inequality and Inclusion
	DNA Rate - IMD Deciles 3 - 10	5%	6.5%	6.8%	7.4%	6.7%				TBC	Local	Director of Health Inequality and Inclusion















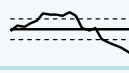











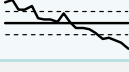
# Performance Overview (Responsive Emergency Care)

## Responsive (Emergency Care)

Domain	Key Performance Indicator	Target	Aug-23	Sep-23	Oct-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Local or National Target?	Exec Lead
Responsive (Emergency Care)	Emergency Department 4 hour waits LLR	76%	74.3%	70.6%	70.2%	72.4%				Mar-23	National	Chief Operating Officer
	Emergency Department 4 hour waits UHL	76%	60.9%	55.9%	54.7%	57.9%				Apr-23	National	Chief Operating Officer
	Mean Time to Initial Assessment	15	18.5	23.9	31.3	21.7				Nov-22	National	Chief Operating Officer
	12 hour trolley waits in Emergency Department (DTA)	0	1,087	946	1,330	6,933				Mar-23	National	Chief Operating Officer
	Number of 12 hour waits in the Emergency Department	0	2,262	2,474	3,143	16,231				Mar-23	National	Chief Operating Officer
	Number of Ambulance Handovers		4,608	4,710	4,720	32,515				Data sourced externally	Local	Chief Operating Officer
	Number of Ambulance Handovers >60 Mins	48	156	242	954	2234				Data sourced externally	Local	Chief Operating Officer
	Percentage of Ambulance Handovers >60 Mins	1%	3.4%	5.1%	20.2%	6.9%				Data sourced externally	Local	Chief Operating Officer
	Total lost Ambulance Hours	40 per day	786	944	2600	5397				Data sourced externally	Local	Chief Operating Officer
	Number of patients waiting greater than 24 hours for discharge P1, P2		63	70	64		Awaiting more data for assurance and variance			Data sourced externally	Local	Chief Operating Officer
	Trust Bed Occupancy	92%	87.9%	89.8%	93.0%					TBC	National	Chief Operating Officer
	Long Stay Patients (21+ days) as a % of G&A Bed Occupancy	12%	13.9%	15.9%	14.6%					Apr-23	Local	Chief Operating Officer



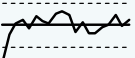


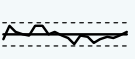








# Performance Overview (Responsive Elective Care)

Domain	Key Performance Indicator	Target	Aug-23	Sep-23	Oct-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Local or National Target?	Exec Lead
Responsive (Elective Care)	Referral to Treatment Incompletes	103,733	117,215	116,331	108,545					Jun-23	Local	Chief Operating Officer
	Referral to Treatment 52+ weeks	0 by Mar25	7,320	6,326	5,245					Jun-23	National	Chief Operating Officer
	Referral to Treatment 65+ weeks	0 by Mar24	1,982	1,719	1,252					Jun-23	National	Chief Operating Officer
	Referral to Treatment 78+ weeks	0	119	143	92					Jun-23	National	Chief Operating Officer
	6 Week Diagnostic Test Waiting Times	15%	32.4%	29.3%	25.9%					Jul-23	National	Chief Operating Officer
	Theatre Utilisation	85.0%	76.4%	74.7%	75.9%	75.4%				TBC	National	Chief Operating Officer
	PIFU	3.5%	2.4%	3.2%	3.3%	2.4%				Oct-23	Local	Chief Operating Officer
	% Outpatient Did Not Attend rate	5%	7.5%	7.7%	8.4%	7.7%				Apr-23	Local	Chief Operating Officer
	% Outpatient Non Face to Face	25%	29.5%	29.0%	28.1%	29.6%				Apr-23	National	Chief Operating Officer

Note: RTT long waiter indicators are RAG rated based on trajectories

# Performance Overview (Responsive Cancer)

Domain	Key Performance Indicator	Target	Aug-23	Sep-23	Oct-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Local or National Target?	Exec Lead
Responsive (Cancer)	2 Week Wait	93%	82.6%	85.0%		83.3%				Feb-23	National	Chief Operating Officer
	28 Day Faster Diagnosis Standard	75%	73.1%	75.2%		72.2%				TBC	National	Chief Operating Officer
	62 Day Backlog	309	440	440	392					Feb-23	Local	Chief Operating Officer
	Cancer 62 Day	85%	50.0%	44.3%		44.7%				Feb-23	National	Chief Operating Officer

# Performance Overview (Finance)

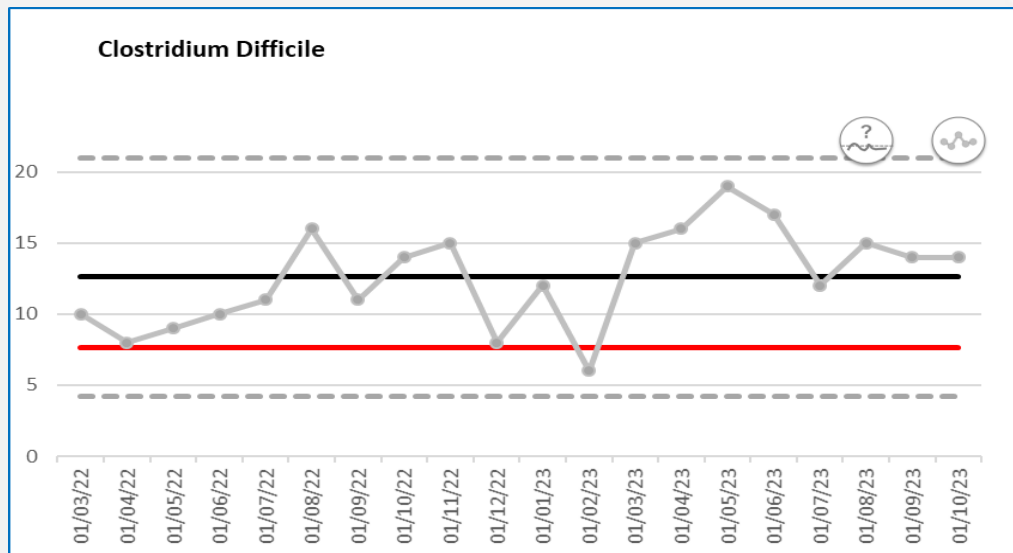
Domain	Key Performance Indicator	Target YTD	Aug-23	Sep-23	Oct-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Finance	Trust level control level performance	-£21.9m	-£7.7m	-£5.8m	-£2.7m	-£44.5m				Jun-22	Chief Financial Officer
	Capital expenditure against plan	£43.9m	£5.5m	£9.5m	£11.6m	£32.6m				Jun-22	Chief Financial Officer
	Cost Improvement (Includes Productivity)	£23.3m	£4.4m	£2.5m	£4.6m	£19.4m				Sep-22	Chief Financial Officer
	Cashflow	No Target	-£13.8m	-£17.4m	£2.3m	£36.1m				Jun-22	Chief Financial Officer
	Aged Debt	No Target	£16.4m	£16m	£16.1m	£16.1m					Chief Financial Officer
	Invoices paid within 30 days (value)	95%	95%	96%	96%						Chief Financial Officer
	Invoices paid within 30 days (volume)	95%	96%	96%	96%						Chief Financial Officer

# Performance Overview (Activity)

Domain	Activity Type	Plan 23/24	Plan in Month	Activity In Month	Variance in month	Plan YTD	Actual YTD	Variance YTD	YTD Variance to 19/20
Activity	New Outpatients (inc. NFTF)	251,549	21,051	22,630	1,578	148,852	145,529	-3,323	-14,377
	Follow Up Outpatients (inc. NFTF)	638,301	53,946	46,463	-7,482	373,496	306,375	-67,121	-47,072
	Outpatient Procedures	154,229	13,259	13,989	730	89,959	89,860	-99	-1,089
	Daycase	106,871	9,613	9,820	207	62,673	64,245	1,572	250
	Inpatient	19,625	1,668	1,578	-90	11,485	10,765	-720	-1,073
	Emergency	95,618	7,992	8,433	441	55,164	57,491	2,327	66
	Non Elective	22,578	1,921	1,879	-43	13,238	12,924	-314	-61
	Emergency Department (inc. Eye Casualty)	259,693	21,552	23,201	1,649	150,334	153,560	3,226	1,474
	Diagnostic Imaging	161,689	14,084	14,501	417	95,017	101,269	6,252	4,020
	Other	11,573,486	970,233	1,005,357	35,124	6,749,569	6,817,814	68,245	1,581,939
	TOTAL	13,283,639	1,115,320	1,147,851	32,531	7,749,788	7,759,832	10,044	1,524,077



# Safe – Clostridium Difficile



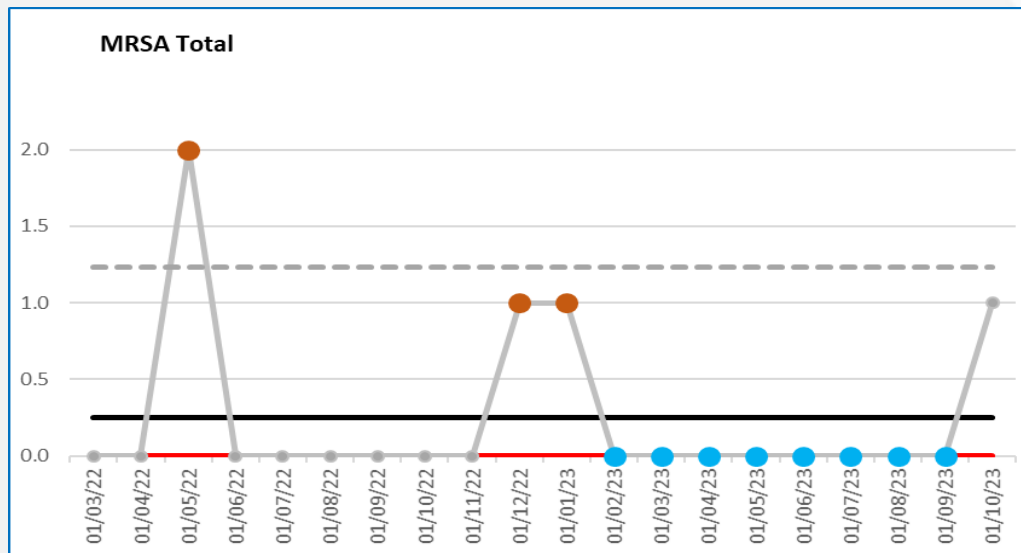
Cases			Cases per 100,000 Bed Days		
Oct 23	YTD	Target	Oct 23	YTD	Target
14	106	92	19.5	22.7	

## National Position & Overview

HOHA cases YTD = 68  
 COHA cases YTD = 38  
 Actual Infections (HOHA & COHA) 23/24 = 106  
 National Average 100,00 bed days = 21.78  
 National Highest 100,000 bed days = 85.23  
 UHL 100,000 bed days = 19.45

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> <li>There are no new themes to report with regard to the Root Cause of acquisition of CDI</li> </ul>	<ul style="list-style-type: none"> <li>Focused attention on antimicrobial prescribing practice is on-going with one of the main focus being avoidance of broad spectrum antibiotic use except where necessary.</li> <li>Review of where the current CMG Antibiotic Consumption reports are disseminated and whether action plans have been developed to address any exceptions identified</li> <li>Focused action by CMG Operational Infection Prevention Groups to review and monitor monthly CDT data. Where required develop a CDT reduction action plan</li> </ul>	<ul style="list-style-type: none"> <li>On-going focus and work stream within CMG Operational Groups</li> </ul>

# Safe – Methicillin Resistant Staphylococcus Aureus Total

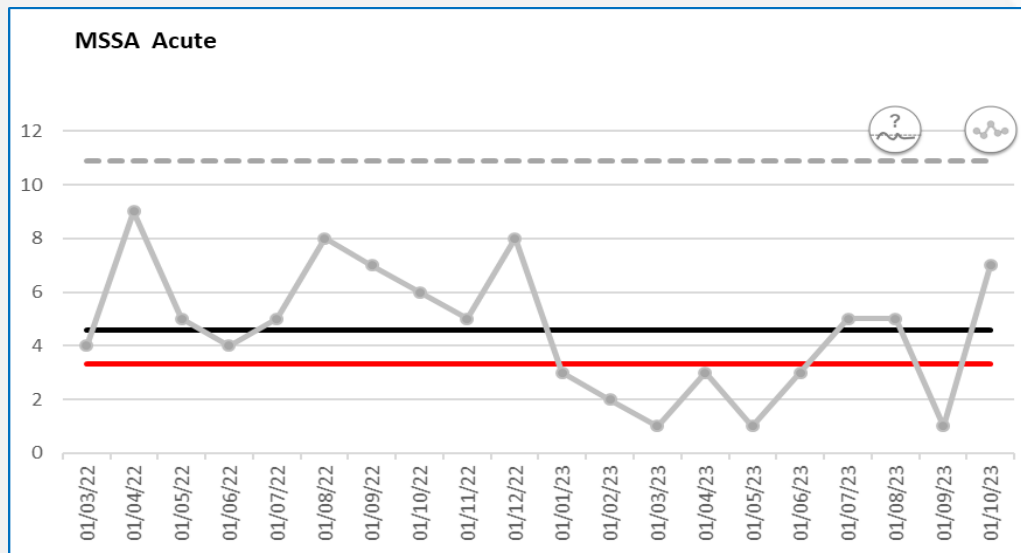


Current Performance			Cases per 100,000 Bed Days		
Oct 23	YTD	Target	Oct 23	YTD	Target
1	1	0	2.0	0.3	

National Position & Overview
<p>HOHA cases YTD = 1</p> <p>COHA cases YTD = 0</p> <p>Actual Infections (HOHA &amp; COHA) 23/24 = 1</p> <p>National Average 100,00 bed days = 0.85</p> <p>National Highest 100,000 bed days = 19.48</p> <p>UHL 100,000 bed days = 2.03</p>

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> <li>• Patient Screened &lt;48 hours following admission</li> <li>• Date of incident 30/10/2023</li> <li>• Patient had surgery 20 years ago on the left hip and suffered complications of MRSA on that leg.</li> <li>• This patient was admitted to the ED with similar pain and MRSA colonisation and infection identified</li> </ul>	<ul style="list-style-type: none"> <li>• Post Infection Review (PIR) completed</li> <li>• This was deemed to be an unavoidable MRSA bacteraemia with no lapses in care identified</li> </ul>	

# Safe – Methicillin-susceptible Staphylococcus Aureus Acute



Current Performance			Cases per 100,000 Bed Days		
Oct 23	YTD	Target	Oct 23	YTD	Target
7	37	40	14.2	7.6	

## National Position & Overview

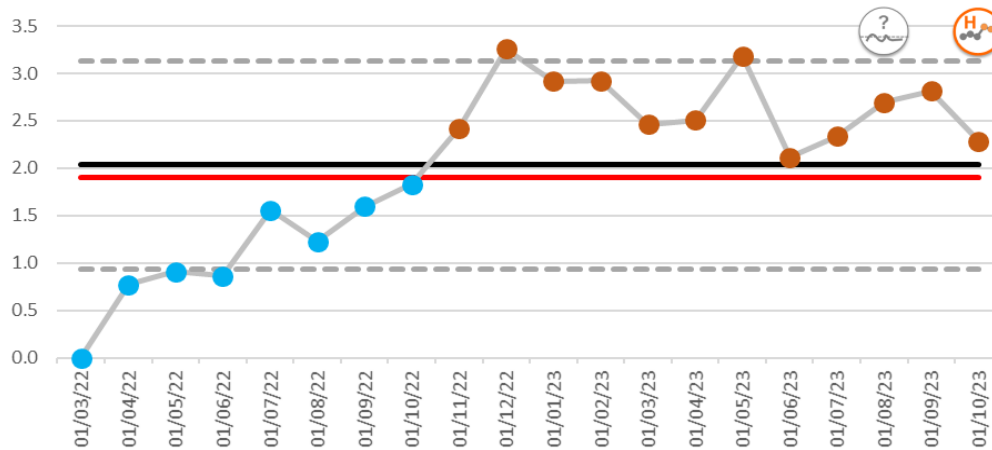
HOHA cases YTD = 25  
 COHA cases YTD = 12  
 Actual Infections (HOHA & COHA) 23/24 = 37  
 National Average 100,00 bed days = 10.67  
 National Highest 100,000 bed days = 55.56  
 UHL 100,000 bed days = 14.22

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> <li>Peripheral and Central line infections of the bloodstream</li> <li>Surgical Site Infections</li> <li>Increased attendance of high acuity patients through the Emergency and Specialist medicine departments</li> </ul>	<ul style="list-style-type: none"> <li>Thematic review of each MSSA case is undertaken</li> <li>Continue raising awareness, monitoring infection prevention practice</li> <li>Review Denominator data for blood cultures taken in comparison to MSSA positive cultures</li> </ul>	<ul style="list-style-type: none"> <li>Monitoring and review continues</li> </ul>



# Safe – Pressure Ulcers per 1,000 Bed days

Hospital Acquired Pressure Ulcers - All categories per 1000 bed days



## Current Performance

Oct 23	YTD	Target
2.3	2.6	1.9

## National Position & Overview

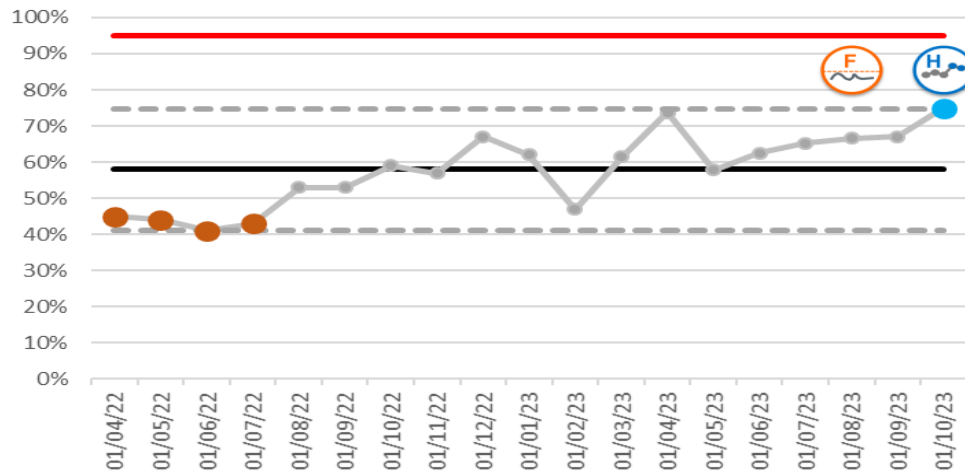
No national benchmarking or reporting available therefore no national comparative data. Although we have linked with other trusts to try and benchmark our current position and asked for a national overview regarding our position from Professor Mike Clarke at Birmingham City University.

This month there is a decline in the total number of HAPUs and HAPUs per 1000 bed days. No category 3 or 4 HAPUs were escalated in Q2. One cat 4 was reported in October.

Root Cause	Actions	Impact/Timescale
<p>Monthly care review and learning meetings and weekly validation meetings held by the Deputy Chief Nurse and Assistant Chief Nurse suggest contributing factors to pressure damage occurring in hospital continue to be:</p> <ul style="list-style-type: none"> <li>Recognition of patient's risk</li> <li>Timely provision of care for patients</li> <li>Inconsistent approach to care processes</li> </ul> <p>These continue to be the key themes however the general position is improved this month.</p>	<ul style="list-style-type: none"> <li>New video launched to demonstrate the working between UHL and Pioneer</li> <li>Breakdown of the Pressure Area metrics question for CMGs to identify gaps and specific actions required.</li> <li>QI team working with 2 wards in RRCV to understand some of the contributing factors</li> <li>New quality catch ups and support planned with HoNS on an individual basis with the DCN</li> <li>Meet with Leeds Teaching hospital to discuss their early adoption PSIRF plan of Moisture Associated Skin Damage deterioration to category 2</li> <li>Long lie protocol being written for the emergency department</li> </ul>	<ul style="list-style-type: none"> <li>Launched on stop the pressure week</li> <li>Given to the CMG teams to explore further for September metrics</li> <li>Analysis has commenced and ongoing feedback is awaited.</li> <li>Commencing in November</li> <li>Meeting on 22<sup>nd</sup> November</li> <li>Launch date planned for December</li> </ul>

# Caring – % Complaints Responded to in Agreed Timeframes

**% Complaints Responded to in Agreed Timeframe - 10 Working days**



## 10 Working Days

Oct 23	YTD	Target
75.0%	66.9%	95%

## 25 Working Days

Sep 23	YTD	Target
80.0%	58.0%	95%

## 60 Working Days

Aug 23	YTD	Target
83.0%	69.1%	95%

## National Position & Overview

### Root Cause

Volume of formal complaints - Improvement seen since launch of PALS on the 16<sup>th</sup> October

Delays in receiving responses from CMGs

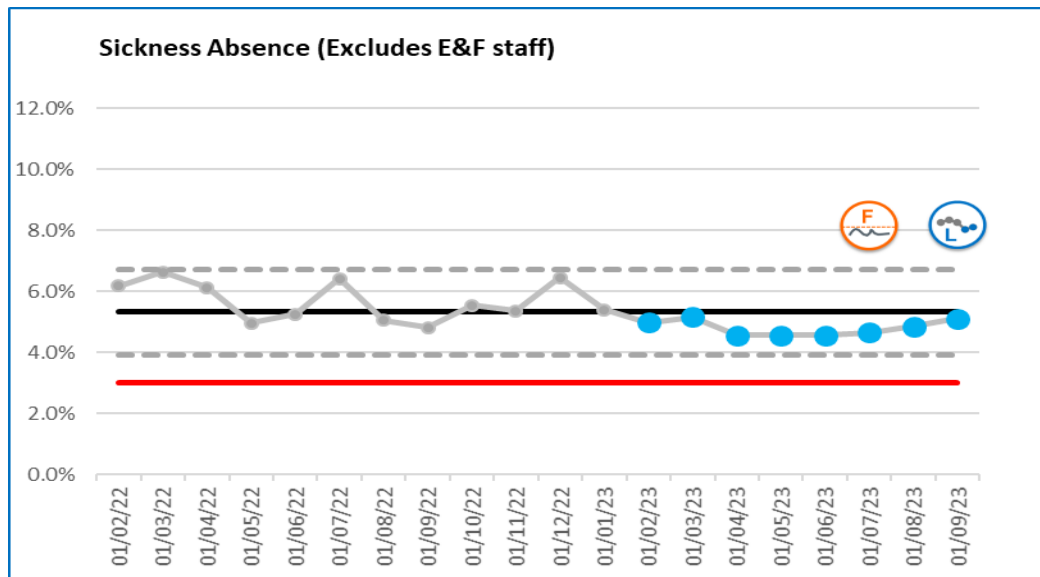
### Actions

- External review of end to end complaints process
- Corporate function for safety and complaints has now split
- Women and children's complaints have transitioned to the corporate team, the backlog is currently being cleared
- Refresh of policy aligned to best practice
- Implementation of asking complainant if they want to assist the trust in service improvement once complaint is resolved
- Implementation of PALS module on Datix as will enable formal reporting of PALS concerns

### Impact/Timescale

- 13/11/2023
- Completed
- Completed: backlog still in progress
- December 2023
- December 2023
- November 2023

# Well Led – Sickness Absence (Excludes Estates & Facilities staff)



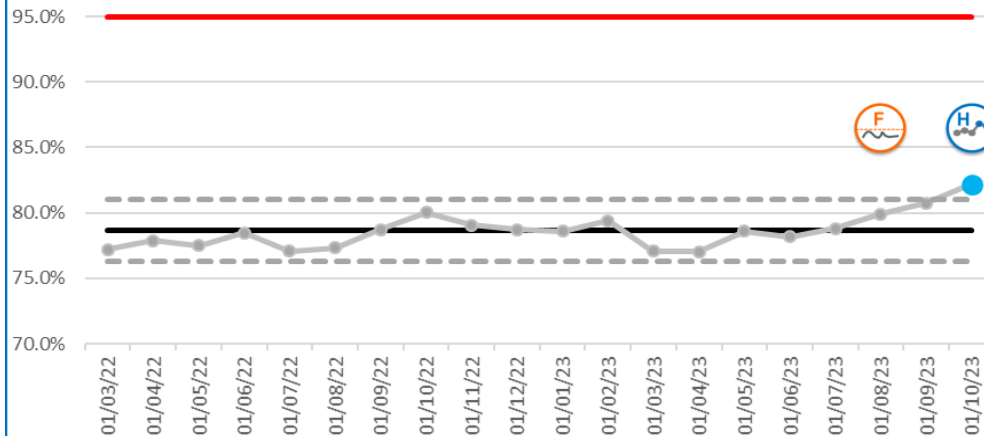
Current Performance		
Sep 23	YTD	Target
5.1%	4.7%	95%

National Position & Overview
<p>NHS Digital has not published any information regarding NHS Sickness Absence Rates since Sept 23 (data is a review of May 23 data.)</p> <p>Data reviewing the national picture is expected on Jan 4<sup>th</sup> 2024.</p>

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> <li>There has been an minor increase in sickness absence in September to 5.1% (resulting in 3<sup>rd</sup> monthly increase).</li> <li>The Trust YTD target of 95% is still within range however requires close monitoring as sickness levels have increased since the summer.</li> <li>The highest absence reason is now 'stress/anxiety/depression' followed by 'unknown'.</li> <li>Covid absences have also continued to rise.</li> <li>The impact of the strikes is continuing to have an impact on staff absence and fatigue levels.</li> </ul>	<ul style="list-style-type: none"> <li>The winter approach to sickness remains in place but consultation with OH and staffside, OH, AMICA and HWB are underway regarding the new policy.</li> <li>New training (HELM and in-person) are also in development.</li> <li>SMART reports are reviewed regularly in HR to ensure robust action plans are in place.</li> <li>Furthermore, CMGs with high levels of absence and those with long-term sickness cases over 10months are being met with on a monthly basis.</li> </ul>	<ul style="list-style-type: none"> <li>The new policy should be in place at the start of the new year.</li> <li>This will be supported with training, template letters and toolkit/guidance.</li> <li>The Trust is working alongside another other Trusts regarding benchmarking and sharing best practice.</li> </ul>

# Well Led – % of Staff with Annual Appraisal

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



## Current Performance

Oct 23	YTD	Target
82.2%	-	95%

## National Position & Overview

Peer data not available.

There has been a 1.5% improvement in the Trust wide Appraisal performance. We are 12.8% away from the Trust target of 95%.

## Root Cause

- A number of colleagues have had appraisals within the last 12 months, outside the reporting/incremental date and therefore show as non-compliant.
- Strike action in the month of October 2023 would have continued to impact on appraisal rates. Notably there were 4 strike days of planned industrial action in the month of October 2023

## Actions

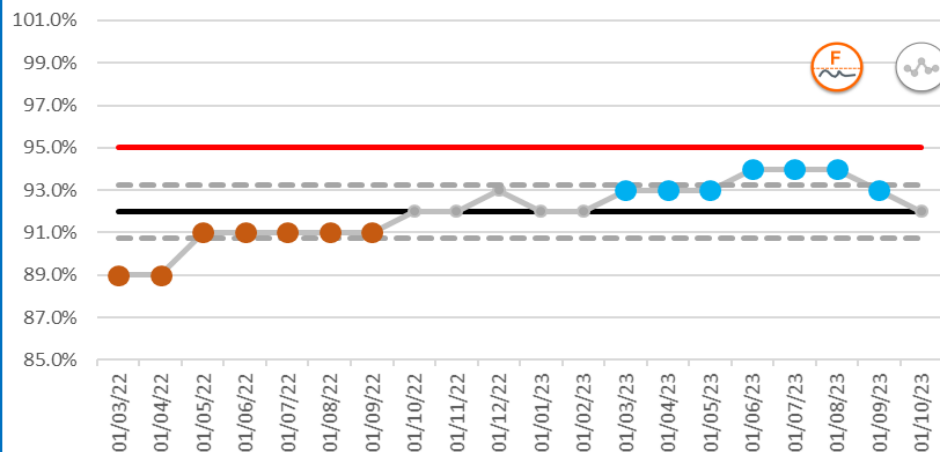
- It was acknowledged in recent exception reports that we would be unlikely to reach full compliance of 95% in the short term.
- From earlier this year, CMG reports are provided, highlighting performance and areas of focus, to enable targeted support and action.
- In month, we have seen 2 CMGs and 8 Corporate Directorates appraisal performance decline.
- We have seen a notable improvement in ESM by 5.6% and MSS by 4.6%. Additionally ITAPS are the first CMG to achieve the Trust Target and are currently at 96.3%.
- In Corporate areas, improvements have been seen in F&P by 11.6% and Nursing by 8.8%.
- Regular meetings with relevant line managers are taking place at CMG level to review appraisal performance and any additional support required.

## Impact/Timescale

- Appraisals are reviewed through regular line management and Board oversight meetings.
- Appraisals are also monitored through the PRM monthly meetings.

# Well Led – Statutory and Mandatory Training

Statutory and Mandatory Training



## Current Performance

Oct 23	YTD	Target
92%	-	95%

## National Position & Overview

Peer data not available.

## Root Cause

It is recognised that performance has been, and is being, affected by:

- Covid-19, Flu & related Staff Absence Levels
- Operational pressures
- Operational demand
- Staffing Levels
- Seasonal absences and demands

## Actions

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 2400 relevant staff & around 9,000 direct emails per month.

Question based eLearning modules now on HELM for Fire Safety, Infection Prevention and Cyber Security training.

People Services Colleagues continue to support managers with improving their compliance.

Booklets being updated and developed for certain staff, including Estates and Facilities Colleagues.

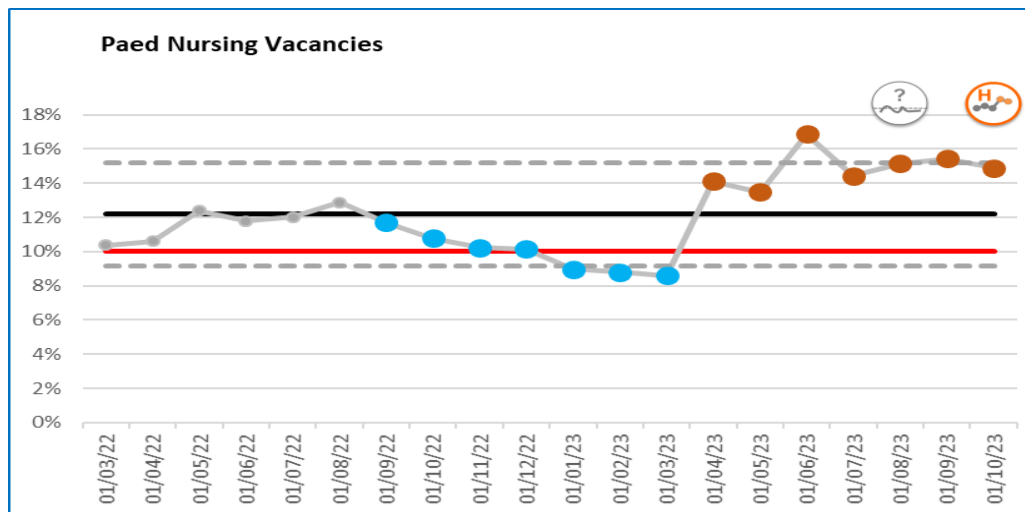
## Impact/Timescale

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 the financial year has been implemented with renewed chasing on non-compliant with organisational support.

Review of ESR and HELM data alignment is ongoing. Challenges to this data alignment are under consistent scrutiny.

# Well Led – Paed Nursing Vacancies



## Current Performance

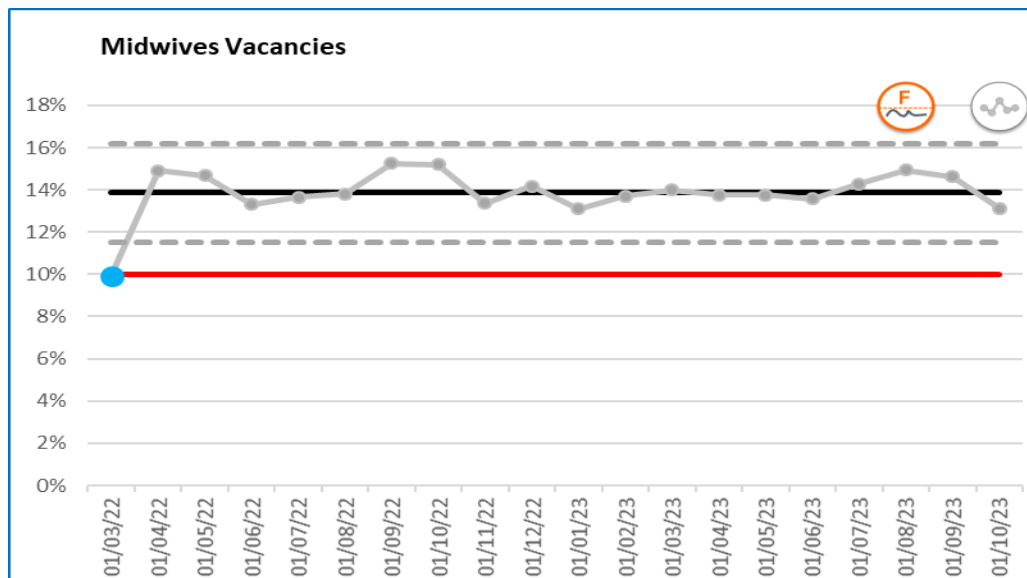
Oct 23	YTD	Target
14.9%	-	10%

## National Position & Overview

In Q1 (June 2023), NHS Digital reported a national vacancy rate of 10.6% within the Registered Nursing staff group.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> <li>There has been an uplift in 2023-2024 budgeted nursing establishment</li> <li>Underlying RN vacancies in Paediatric Emergency Department (PED) (28.29wte). This remains stable with robust recruitment plans in place.</li> <li>PED have a higher proportion of Band 6 vacancies as opposed to Band 5 nurses.</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing &amp; innovative recruitment advertisement across social media platforms to increase 'reach' and attendance at national recruitment fairs</li> <li>Six-month rotation placements offered across the Childrens' Hospital, Paediatric Emergency Department and NNU</li> <li>Enhanced focus on flexible working offer</li> <li>Childrens ED is being supported by band 5/6 experienced nurses on rotation from Adult ED which we are looking to increase as the vacancies reduce in Adult ED</li> <li>Regular agency staff also are working in CED to support safe staffing levels.</li> <li>Focus on retention of staff through excellent training and development opportunities.</li> </ul>	<p><b>Paediatric ED</b></p> <ul style="list-style-type: none"> <li>Childrens ED have 4 Newly Qualified Nurses due to start in Nov 23 and one in Jan 24.</li> <li>Four internationally nurses have commenced one currently on the OSCE programme, three have recently passed their OSCE and are awaiting PIN numbers, two of these are RNC's.</li> <li>Two further RNC's have been interviewed 22 Nov with start dates possibly Jan 2024.</li> <li>One Nursing Associate has just completed conversion to RNC.</li> </ul> <p><b>Childrens Hospital</b></p> <ul style="list-style-type: none"> <li>Reduction in vacancies to 19.18 WTE RN</li> <li>21 nurses should be starting over Q4 and Q1 2024</li> <li>Internal rotational posts progressing</li> <li>IEN: 3 nurses on OSCE training</li> <li>Bi-annual establishment review recommends increase for 3 inpatient areas.</li> </ul>

# Well Led – Midwives Vacancies



## Current Performance

Oct 23	YTD	Target
13.1%	-	10%

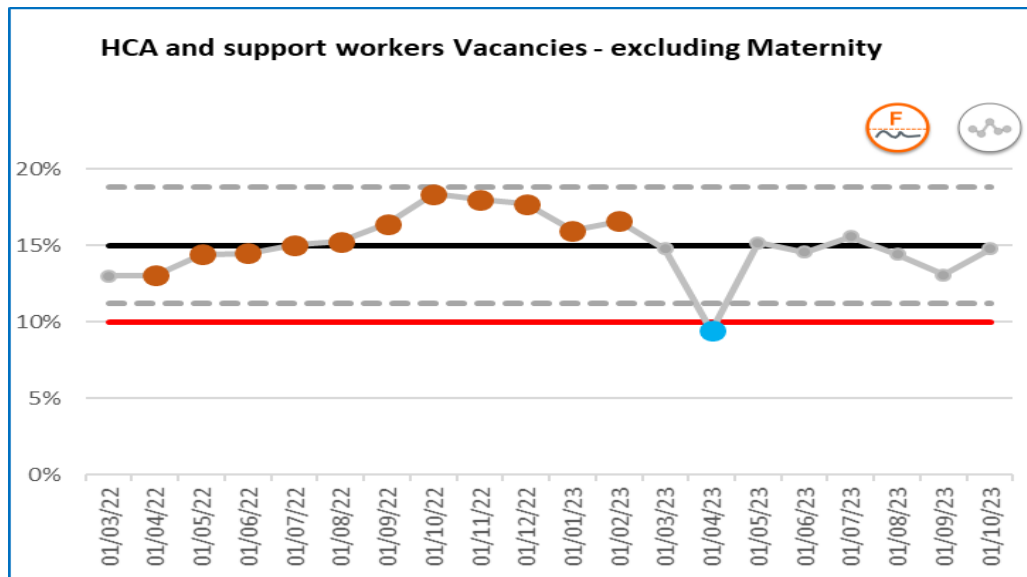
## National Position & Overview

Vacancy rate improved by 1.5% in October in line with onboarding of new recruits. With the continued planned onboarding of new midwives in November this is likely to decrease below target by end of the year.

Midwife to Birth Ratio 1: 27.5 (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
<ul style="list-style-type: none"> <li>Improved position for October compared to previous months,</li> <li>Target remains above target however active recruitment plan aims to address</li> <li>Ambition to achieve target was stretched following establishment reviews and additional investment (April 2022)</li> <li>Retention of midwives remains below national average</li> </ul>	<ul style="list-style-type: none"> <li>Regular engagement with UoL and DMU students has seen increase in conversion of NQMs</li> <li>Rolling band 5 &amp; 6 advert continues</li> <li>16 International midwives in post, 8 holding an NMC PIN, 5 have successfully passed OSCE and awaiting NMC PIN and 3 midwives remain on OSCE pathway</li> <li>5 additional international midwives in pipeline</li> <li>Roll out of self rostering supporting retention</li> <li>Continue to conduct stay conversations and act on feedback</li> <li>Recruitment, Retention, and Pastoral (RRP) midwives undertaking strengths-based recruitment training to support improved recruitment process</li> </ul>	<ul style="list-style-type: none"> <li>22 new band 5 Midwives due to commence in November</li> <li>Additional 6.92 WTE new midwives interviewed and due to commence between March &amp; May '24</li> <li>5 international midwives expected to join in November '23</li> <li>Planned total pipeline currently expected for 2024 equates to around 15WTE</li> </ul>

# Well Led – HCA and Support Workers Vacancies – excluding Maternity



## Current Performance

Oct 23	YTD	Target
14.8%	-	10%

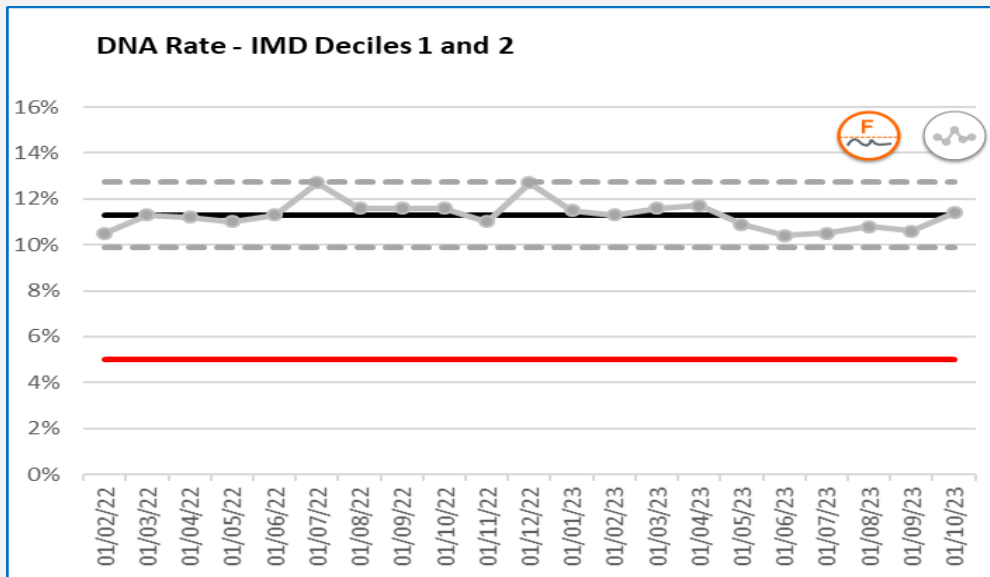
## National Position & Overview

There is no national vacancy data available for healthcare assistants / support workers. There continues to be a national focus on reducing HCSW vacancies to achieve 'close to zero vacancies as possible' for healthcare support worker roles.

Root Cause	Actions	Impact/Timescale
<p>Underlying number of HCA vacancies remain stable, recruitment pipeline is robust. The number of leavers for October (9) does not correlate with an increase in vacancies</p> <ul style="list-style-type: none"> <li>HCSW vacancies reported to NHSE as 281.76wte. Turnover 7.41% Oct (7.51 in Sept)</li> <li>Establishment data in the financial ledger data is not aligned / accurate so vacancies are manually counted</li> <li>Uplifts to HCA establishments increasing number of new vacancies</li> </ul> <p><u>Oct Headcount</u></p> <p>HCSW Starters 56 (50.65wte)</p> <p>HCSW Leavers 9 (6.68wte)</p>	<p>a) NHSE data analysts to review UHL HCSW data collection methodology</p> <p>b) Continue with bi-monthly recruitment piloting the NHSE shortened application form</p>	<ul style="list-style-type: none"> <li><b>103 new starters to commence Dec to Jan</b></li> <li><b>Next HCA recruitment day 18<sup>th</sup> November for which:</b> <ul style="list-style-type: none"> <li>135 shortlisted and interviewed.</li> <li>54 offered substantive posts.</li> </ul> </li> </ul>



# Effective – DNA Rate (IMD Deciles 1-2 & IMD Deciles 3-10)



DNA Rate – IMD Deciles 1-2			DNA Rate – IMD Deciles 3-10		
Oct 23	YTD	Target	Oct 23	YTD	Target
11.4%	10.9%	5%	7.4%	6.7%	5%

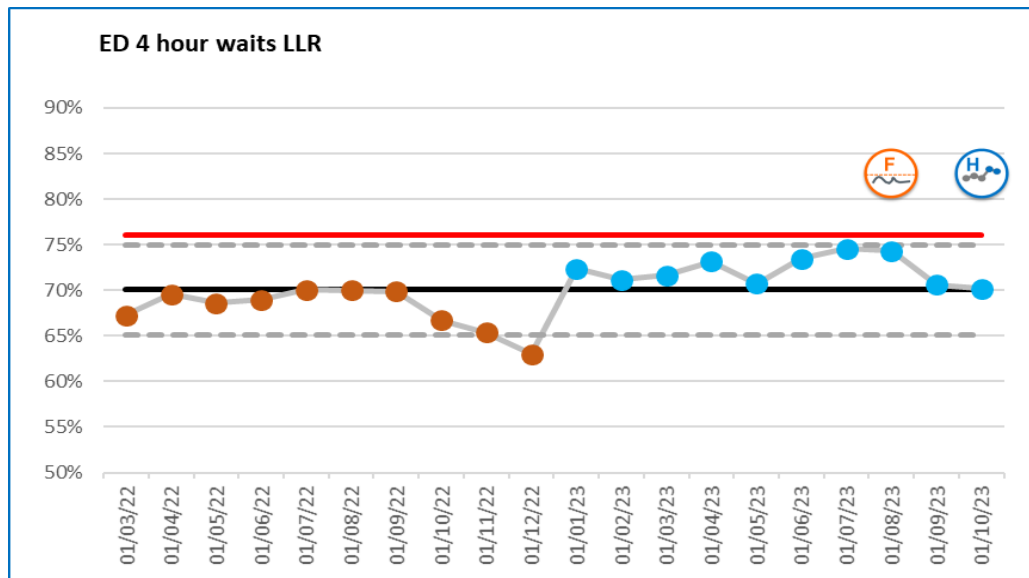
## National Position & Overview

There is no national target for DNA rates, but tackling DNA rates is important to support the Theatre Utilisation and Outpatients Transformation programmes, broader trust targets on productivity and the Trust's aim of embedding health equality and inclusion in all we do.

The outpatients strategy set a DNA target rate for UHL of 4.9% by March 2024.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> <li>The latest DNA survey was sent to 6909 patients and had 2578 responses. When asked why they were unable to attend the appointment, some of the reasons given were:</li> <li>25% didn't know they had an appointment.</li> <li>11.5% said that they forgot.</li> <li>11% said that they had a medical or mobility issue preventing attendance.</li> <li>9% tried to cancel but could not get through.</li> </ul>	<ul style="list-style-type: none"> <li>All patients from IMD1 and IMD2 are called two weeks prior to their appointment.</li> <li>Patients from Inclusion Healthcare are contacted and a further contact is made with Inclusion Healthcare to enable enhanced support to attend where needed.</li> <li>DNA rates will be included in PRM packs and WAM discussions moving forwards</li> <li>We are working with specialties to use Accurx for appointment reminders – TLT have agreed a proposal to consolidate text messaging systems to ensure a consistent approach</li> <li>Accurx have also conducted a deep dive with 5 specialties to look at DNA rates and identify some ways forward</li> <li>Focus group work with communities to explore barriers to access and sharing insights across the system.</li> </ul>	<p>The DNA rate is improving and monitored by the Outpatient Board. Evidence to date shows that:</p> <p><b>IMD1 October:</b></p> <ul style="list-style-type: none"> <li>patients called DNA rate – 7.56%</li> <li>patients not contacted DNA rate – 18.13%</li> </ul> <p><b>IMD2 October:</b></p> <ul style="list-style-type: none"> <li>patients called DNA rate – 5.95%</li> <li>patients not contacted DNA rate – 18.75%</li> </ul> <p><b>Inclusion Healthcare:</b></p> <ul style="list-style-type: none"> <li>DNA rate for those called – 42%</li> <li>Rate for those not called – 50%</li> </ul>

# Responsive (Emergency Care) – ED 4 Hour Waits

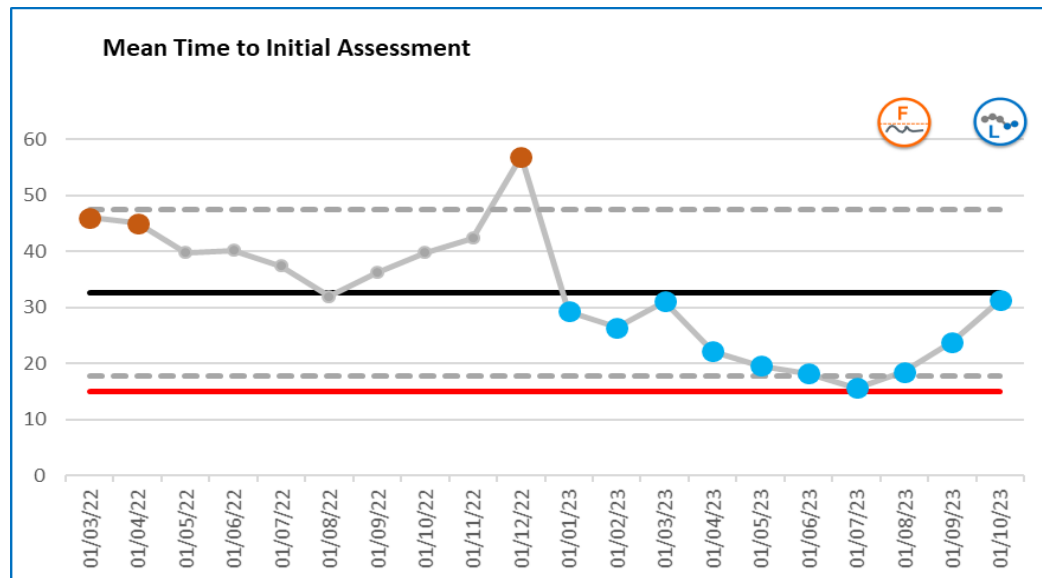


LLR Performance			UHL Performance		
Oct 23	YTD	Target	Oct 23	YTD	Target
70.2%	72.4%	76%	54.7%	57.9%	76%

National Position & Overview
<p>In October, UHL ranked 62<sup>th</sup> out of 124 Acute Trusts based on its acute footprint. The National average in England was 70.2%. 20 out of the 124 Acute Trusts achieved the target. UHL ranked 9<sup>th</sup> out of 18 trusts in its peer group. The best value out of the Peer Trusts was 79.1% and the worst value was 53.0%.</p>

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> <li>High attendances to ED resulting in overcrowding in ED</li> <li>High periods of inflow particularly in walk-in impacting on ambulance arrivals</li> <li>UHL bed occupancy &gt;92% resulting in an inability for patients to move out of ED</li> </ul>	<ul style="list-style-type: none"> <li>Reiterate 30-minute rule for speciality review</li> <li>Increase in SDEC (GPAU)</li> <li>Deflection of Injuries patients to reduce numbers waiting in ED</li> <li>Daily breach validation</li> </ul>	<ul style="list-style-type: none"> <li>Completed – will be monitored through Performance Review Meetings</li> <li>November 2023</li> <li>November 2023</li> <li>October 2023</li> </ul>

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



## Current Performance

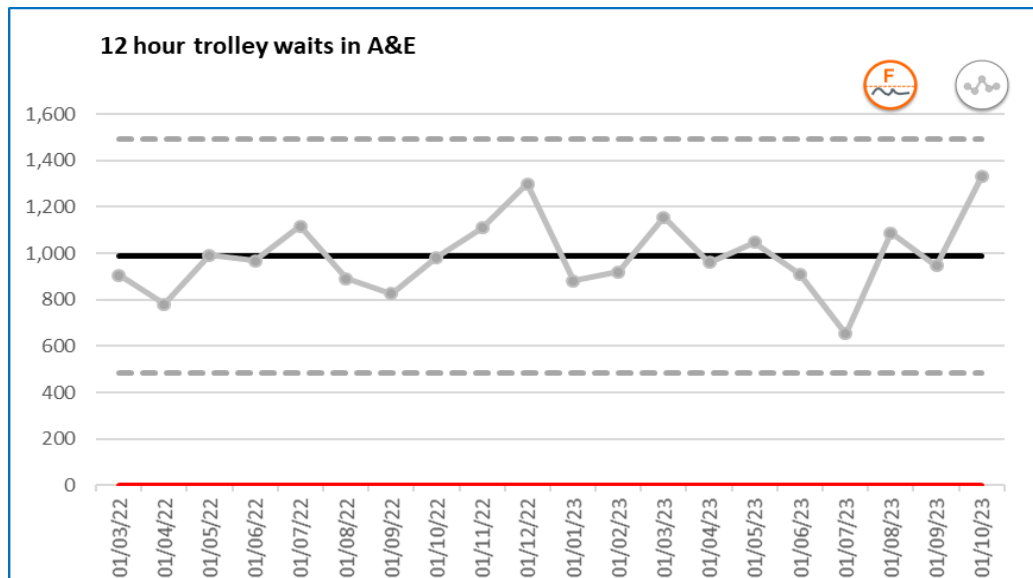
Oct 23	YTD	Target
31.3	21.7	15

## National Position & Overview

National data not currently available for reporting.

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

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

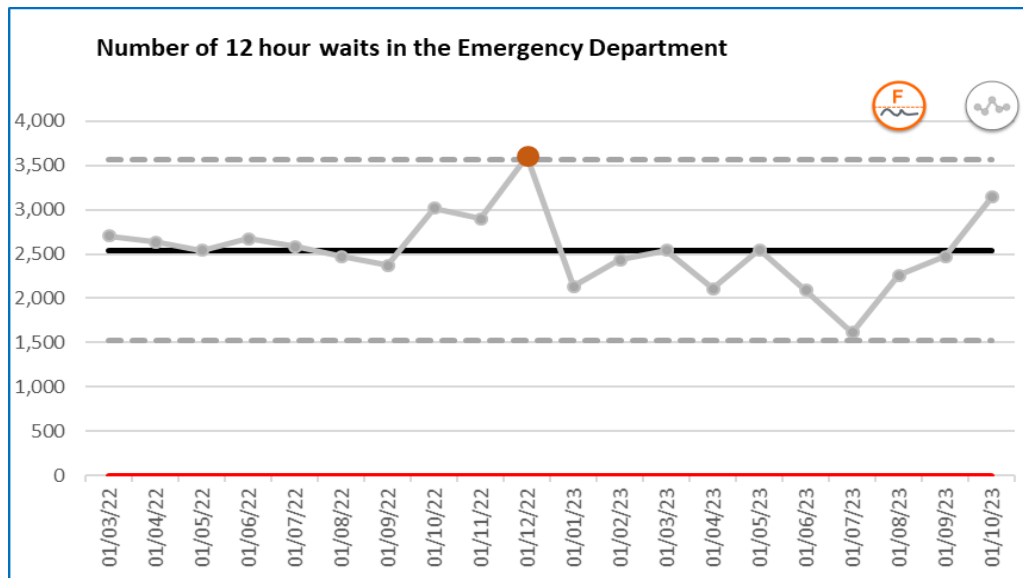


Current Performance		
Oct 23	YTD	Target
1,330	6,933	0

National Position & Overview
<p>In October, UHL ranked 120<sup>th</sup> out of 122 Major A&amp;E NHS Trusts. 12 out of the 122 Trusts achieved the target. The best value nationally was 0 and the worst value was 2,343. UHL ranked 17<sup>th</sup> out of 18 trusts in its peer group.</p>

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> <li>Poor outflow across the emergency care pathway</li> <li>Inability to create early capacity across the emergency care pathway due to lack of early discharges / using the discharge lounge overnight</li> </ul>	<ul style="list-style-type: none"> <li>Create additional bedded capacity to increase flow out of department</li> <li>Additional capacity in discharge lounge</li> <li>Weekly reporting of performance to increase awareness and focus</li> <li>Frailty patients to be reviewed by FES</li> <li>Strengthen specialty in-reach</li> <li>Daily breach validation</li> </ul>	<ul style="list-style-type: none"> <li>February 2024</li> <li>October 2023</li> <li>In place</li> <li>October 2023</li> <li>November 2023</li> <li>In place</li> </ul>

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



## Current Performance

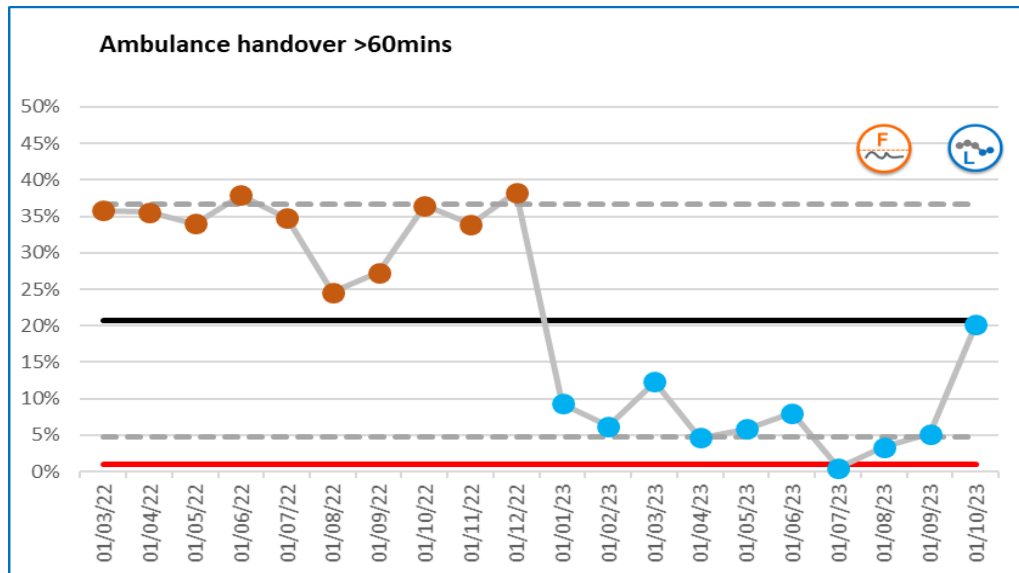
Oct 23	YTD	Target
3,143	16,231	0

## National Position & Overview

National data not currently available for reporting.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> <li>Poor outflow across the emergency care pathway</li> <li>Inability to create early capacity across the emergency care pathway due to lack of early discharges / using the discharge lounge overnight</li> </ul>	<ul style="list-style-type: none"> <li>Create additional bedded capacity to increase flow out of department</li> <li>Additional capacity in discharge lounge</li> <li>Weekly reporting of performance to increase awareness and focus</li> <li>Frailty patients to be reviewed by FES</li> <li>Strengthen specialty in-reach</li> <li>Daily breach validation</li> </ul>	<ul style="list-style-type: none"> <li>February 2024</li> <li>October 2023</li> <li>In place</li> <li>October 2023</li> <li>November 2023</li> <li>In place</li> </ul>

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



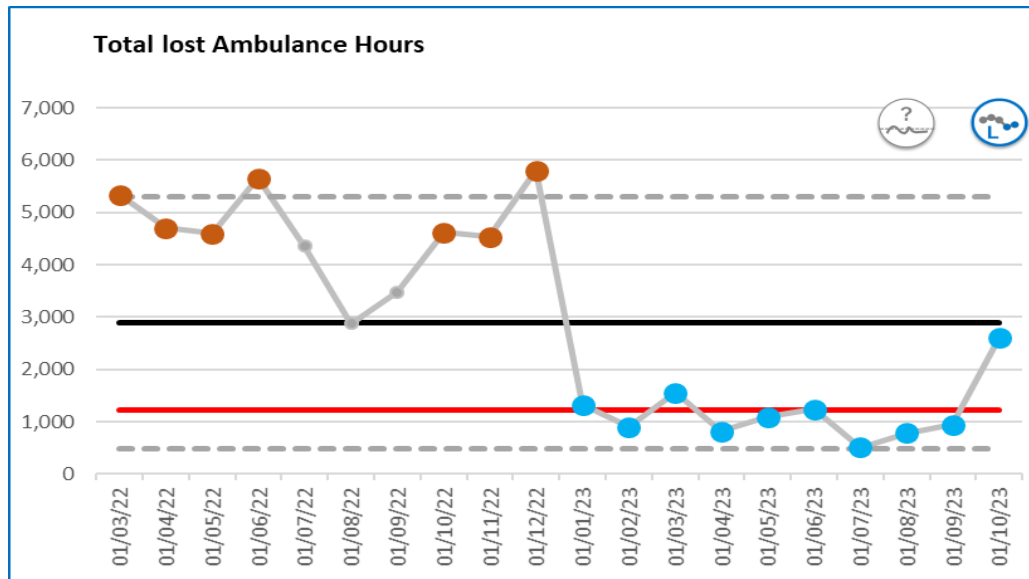
Number of Handovers >60 Mins			% of Handovers >60 Mins		
Oct 23	YTD	Target	Oct 23	YTD	Target
954	2,234	48	20.2%	6.9%	1%

## National Position & Overview

LRI ranked 19<sup>th</sup> out of 24 sites in the East Midlands and reported the 2<sup>nd</sup> highest number of handovers in October (source EMAS monthly handover report).

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> <li>Poor outflow across the emergency care pathway.</li> <li>High inflow of walk-in patients competing with ambulance patients for trolley space</li> <li>Sick patients walking in due to inability to get an ambulance</li> </ul>	<ul style="list-style-type: none"> <li>Utilisation of pre-transfer unit at LRI</li> <li>Embed PTCDA and Urgent Care Co-ordination hub</li> <li>Ensure utilisation of UHL beds in Care Home</li> <li>Open permanent cohorting facility at LRI</li> <li>Open permanent cohorting facility at GH</li> <li>Open new wards at GH</li> <li>Development of winter plan / actions to support surges in activity during winter</li> </ul>	<ul style="list-style-type: none"> <li>In place</li> <li>In place</li> <li>Ongoing – daily / weekly monitoring</li> <li>Opened</li> <li>October 2023</li> <li>February 2024 / Summary 2024</li> <li>October 2023</li> </ul>

# Responsive (Emergency Care) – Total Lost Ambulance Hours



## Current Performance

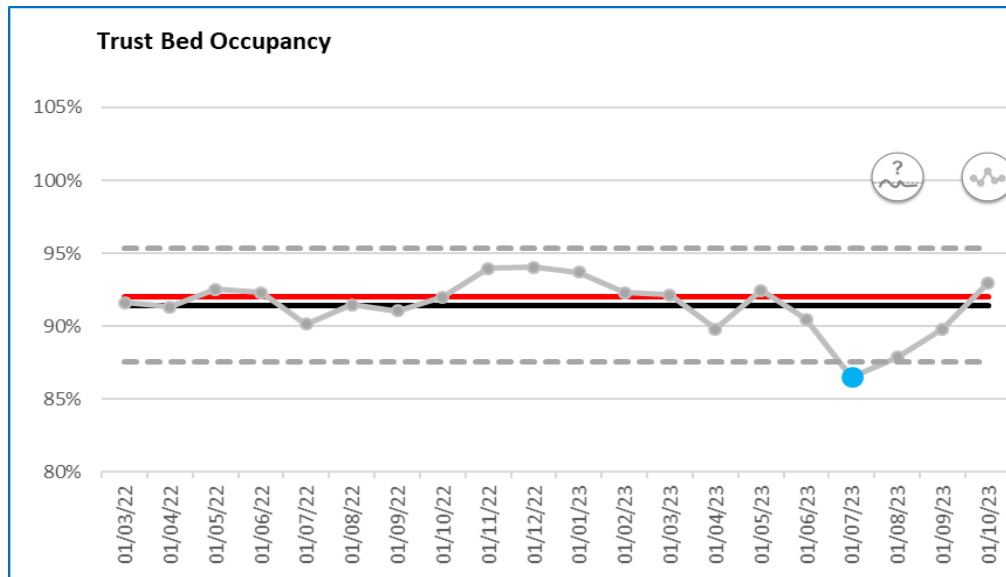
Oct 23	YTD	Target
2600	5397	92%

## National Position & Overview

National data not currently available for reporting.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> <li>Poor outflow across the emergency care pathway.</li> <li>High inflow of walk-in patients competing with ambulance patients for trolley space</li> <li>Sick patients walking in due to inability to get an ambulance</li> </ul>	<ul style="list-style-type: none"> <li>Utilisation of pre-transfer unit at LRI</li> <li>Embed PTCDA and Urgent Care Co-ordination hub</li> <li>Ensure utilisation of UHL beds in Care Home</li> <li>Open permanent cohorting facility at LRI</li> <li>Open permanent cohorting facility at GH</li> <li>Open new wards at GH</li> <li>Development of winter plan / actions to support surges in activity during winter</li> </ul>	<ul style="list-style-type: none"> <li>In place</li> <li>In place</li> <li>Ongoing – daily / weekly monitoring</li> <li>Opened</li> <li>October 2023</li> <li>February 2024 / Summary 2024</li> <li>October 2023</li> </ul>

# Responsive (Emergency Care) – Trust Bed Occupancy



## Current Performance

Oct 23	YTD	Target
93.0%	-	92%

## National Position & Overview

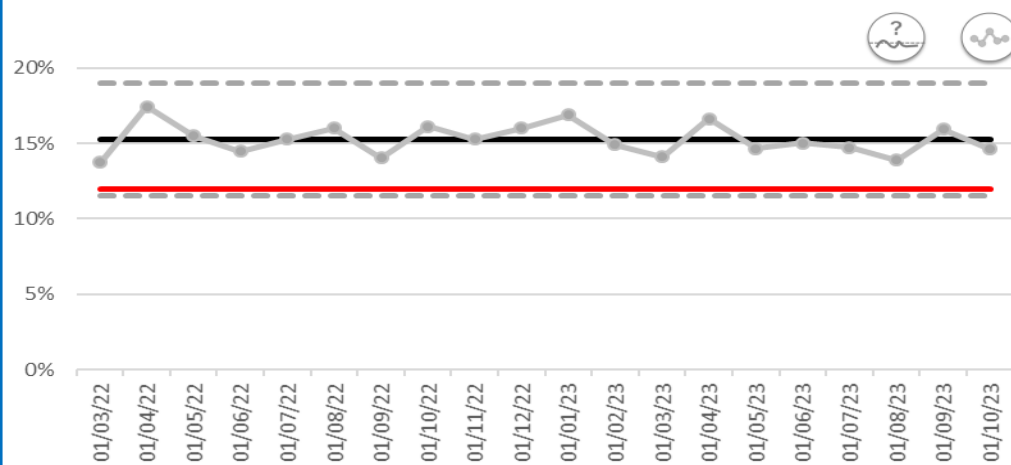
National data not currently available for reporting.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> <li>• Increase in admission</li> <li>• Increase in LoS</li> <li>• Discharge delays</li> </ul>	<ul style="list-style-type: none"> <li>• Utilisation of pre-transfer unit at LRI</li> <li>• Embed PTCDA and Urgent Care Co-ordination hub</li> <li>• Ensure utilisation of UHL beds in Care Home</li> <li>• Open permanent cohorting facility at LRI</li> <li>• Open permanent cohorting facility at GH</li> <li>• Open new wards at GH</li> <li>• Development of winter plan / actions to support surges in activity during winter</li> </ul>	<ul style="list-style-type: none"> <li>• In place</li> <li>• In place</li> <li>• Ongoing – daily / weekly monitoring</li> <li>• Opened</li> <li>• October 2023</li> <li>• February 2024 / Summary 2024</li> <li>• October 2023</li> </ul>



# 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

Oct 23	YTD	Target
14.6%	-	12%

## National Position & Overview

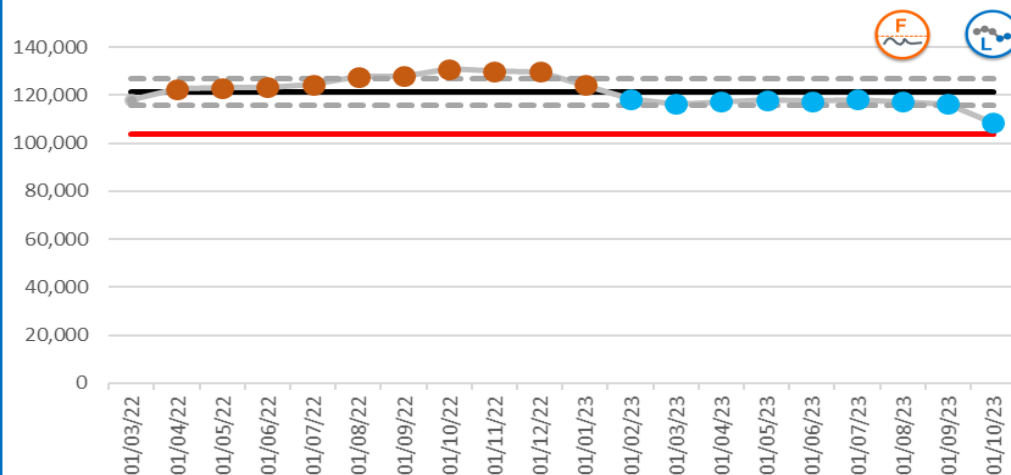
UHL is ranked 10th out of 20 trusts in the Midlands for the % beds occupied by Long Stay (21+ Day) patients (for the w/c 30/10/23).

- 40 (232) 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.
- 42 Patients (18%) are medically optimised for discharge with no acute medical reason to stay .

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> <li>• Circa 146 Complex Medically optimised for discharge patients of which 42 have a LLOS and are awaiting a discharge outcome from the LLR discharge coordination hub.</li> <li>• 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.</li> </ul>	<p>Continue to work with health and social care system partners during November to:</p> <ul style="list-style-type: none"> <li>• Rollout the new Pathway 2 bed offer across the system.</li> <li>• Work with County Adult social partners to minimise the delays to patient discharge arising from the panel process.</li> </ul> <p>Work with CMG's to:</p> <ul style="list-style-type: none"> <li>• Develop processes for understanding LLOS patient cohorts.</li> <li>• Understand opportunities for earlier discharge /decision making in the patients journey</li> </ul>	<ul style="list-style-type: none"> <li>• Aim to reduce number of MOFD patients waiting for discharge in UHL beds.</li> <li>• Increase numbers of patients discharged on a Pathway 1.</li> <li>• Reduce daily 'Incomplete discharges'</li> <li>• Reduce time to discharge from MOFD identification</li> </ul>

# Responsive (Elective Care) – RTT Incompletes

RTT Incompletes



## Current Performance

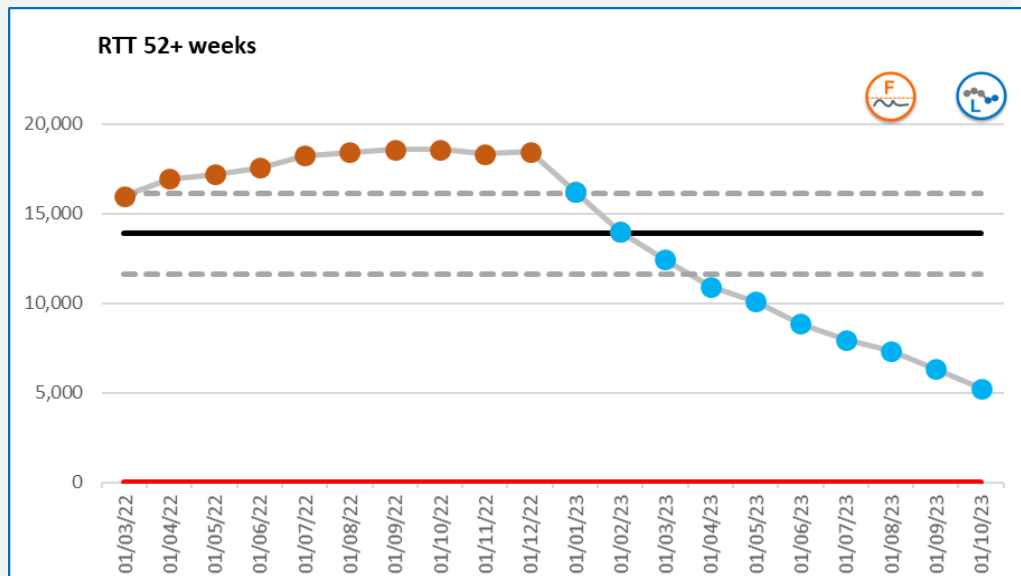
Oct 23	YTD	Target
108,545	-	103,733

## National Position & Overview

At the end of September, UHL ranked 14th out of 18 trusts in its peer group with a total waiting list size of 116,318 patients. The best value out of the 18 Peer Trusts was 71,574, the worst value was 183,790 and the median value was 92,830. (Source: NHSE published monthly report)

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> <li>Impact of reduced outpatients and Inpatient activity. Due to COVID-19 and the introduction of social distancing and infection prevention measures.</li> <li>Continued growth in demand against significant number of specialities</li> <li>Continued workforce challenges within ITAPS reducing theatre capacity</li> <li>Estate- lack of theatre capacity and outpatient capacity to increase sessions</li> <li>Significant productivity challenges across elective care</li> <li>Cumulative impact of regular industrial action leading to loss of activity</li> <li>Emergency/winter pressures are resulting in elective cancellations, with paediatric specialties particularly challenged.</li> </ul>	<ul style="list-style-type: none"> <li>Validation action plan created to respond to national ambition of 90% of patients who have been waiting over 12 weeks to be validated within the last 12 weeks by the end of October</li> <li>Planned additional data quality validation each month to support overall reduction of WL and achieving March 24 103,733 target</li> <li>Demand and Capacity modelling commissioned to support future planning.</li> <li>Plan to assess demand for elective treatment to understand why the total wait list is currently not reducing as required.</li> <li>Refresh of the elective Access policy in line with national guidance</li> <li>Drafting of new training strategy and comms to support understanding and application of revised policy.</li> </ul>	<ul style="list-style-type: none"> <li>New texting cycle commenced Monday 25th September with more frequency and patients of lower waits. 12ww validation performance improved from c25% to 78% by the end of October.</li> <li>Increased frequency of Accurx cycle and DQ validation work has resulted in a significant reduction in overall WL (c.6,000 patients removed) with total WL at end October at 108,545.</li> <li>Clean waiting list- ensuring those on the waiting list do want to be seen/have treatment</li> <li>Rightsizing capacity to meet demand</li> <li>Training strategy continues to be developed – systematic rollout intended from Autumn 2023 onwards.</li> </ul>

# Responsive (Elective Care) – RTT Long Waiters



## Current Performance – October 23

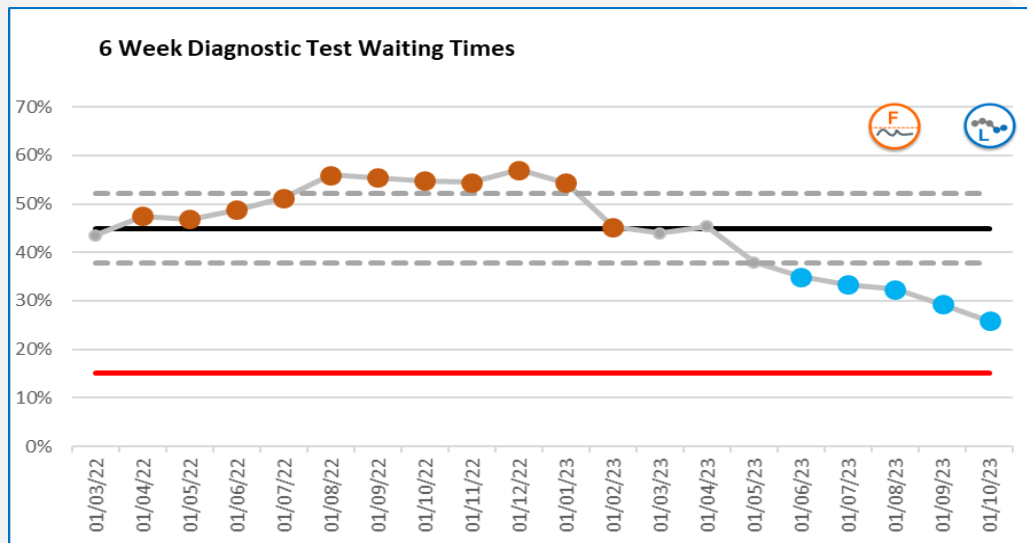
52+ Weeks	65+ Weeks	78+ Weeks
5,245 (Target 0 by March 25)	1,252 (Target 0 by March 24)	92 (Target 0 by March 23)

## National Position & Overview

At the end of September, UHL ranked 13th out of 18 trusts in its peer group with 6,324 patients waiting over 52+ weeks. The best value out of the 18 Peer Trusts was 1,504, the worst value was 22,680 and the median value was 4,676. (Source: NHSE published monthly report)

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> <li>Impact of COVID-19 on planned activity capacity led to a growing backlog</li> <li>Significant operational pressures due to the emergency demand impacting upon elective activity</li> <li>Challenged Cancer position and urgent priority patients requiring treatment</li> <li>Workforce challenges in anaesthetics leading to cancellations of theatre lists</li> <li>Admin workforce challenges across a range of posts, particularly band 2/3 impacting on ability to book patients</li> <li>Cumulative impact of regular industrial action leading to loss of activity</li> <li>Emergency/winter pressures are resulting in elective cancellations, with paediatric specialties particularly challenged.</li> </ul>	<ul style="list-style-type: none"> <li>Focus on all patients from 65-week cohort to have first OPA as soon as possible to support overall zero 65 ww by March 24 ambition.</li> <li>Using ERF to fund insourcing in particularly challenged specialties to increase predominately outpatient capacity e.g. ENT, Gastro, Maxfac, Ophthalmology</li> <li>Super-clinics planned to increase capacity to see new outpatients</li> <li>Continued roll-out and focus on PIFU to increase capacity for new patients</li> <li>65 and 52 week cohort forecasts produced weekly, shared with CMGs.</li> <li>Standard Operating Procedures developed linked to the access policy, improving data quality</li> </ul>	<ul style="list-style-type: none"> <li>104 week waits – none reported in October</li> <li>78 week waits – October performance was 92 78ww v. forecast 89. Currently forecasting 83 end November, and 56 end December due to sustained impact of IA and current emergency pressures.</li> <li>65 week waits - Continued positive downward trend on 65 weeks. Specialties with an identified risk of breach according to weekly forecasts have plans to mitigate. Current forecasts are showing 155 breaches at end March 24.</li> <li>52 week waits - Continued positive downward trend on 52 weeks. Currently no identified risk to achievement of zero 52 ww by end March 25.</li> </ul>

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



## Current Performance

Oct 23	YTD	Target
25.9%	-	15.0%

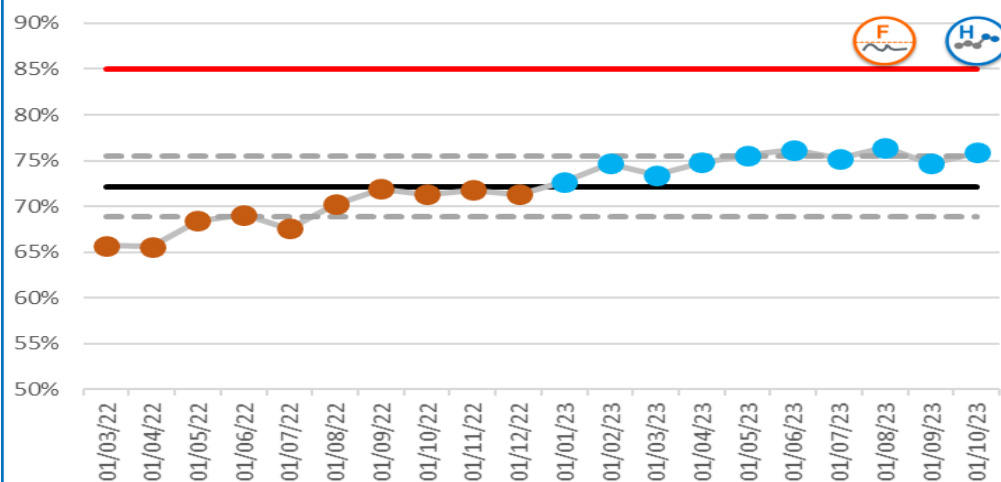
## National Position & Overview

Published National data at the end of September 23 shows 1.58m patients on the diagnostic waiting list with 26.3% waiting over 6 weeks. For October UHL with 24,411 would comparatively rank as the 7th highest waiting list (were highest in Oct 22). Performance has improved from a peak in December 22 of 57% of patients waiting over 6 weeks to 25.9%. Improvement has been delivered by additional insourcing, increasing productivity and validation of the waiting lists.

Root Cause	Actions	Impact/Timescale
<p><b>Diagnostics pressure areas are in the main:</b></p> <ul style="list-style-type: none"> <li>Endoscopy (incl Cystoscopy)</li> <li>CT / MRI</li> </ul> <p><b>Root cause</b></p> <ul style="list-style-type: none"> <li>Clinical workforce – national shortage</li> <li>Admin recruitment</li> <li>Pressures from cancer pathways</li> <li>Emergency demand impacting on elective capacity</li> </ul>	<p><b>Insourcing:</b></p> <ul style="list-style-type: none"> <li>ECHO and NOUs in January. In place</li> <li>Modular Endoscopy unit. In place</li> </ul> <p><b>Productivity:</b></p> <ul style="list-style-type: none"> <li>Endoscopy booking model in place from July 2023</li> <li>Productivity lead appointed – starts Jan 24</li> </ul> <p><b>Validation:</b></p> <ul style="list-style-type: none"> <li>All – weekly validation report circulated to review and update waiting list entry</li> <li>ECHO – clinical validation in place.</li> <li>NOUS – 5% removal rate using AccuRX. Rolled out to DEXA.</li> </ul>	<ul style="list-style-type: none"> <li>The key actions as set out in late December 22 early January 23 continue into 23/24.</li> <li>Significant reduction in long waits evidenced in NOUS, Echo and DEXA.</li> <li>Risk remains around complex imaging and Endoscopy.</li> <li>Overall, on track to deliver Regional 23/24 recovery trajectories as set with NHSE in January 23.</li> <li>For the 23/24 operational plan - expect c.80% for all DM01 activity against an interim standard of 85% by end of March 24. Currently ahead of overall trajectory noting high risk areas – CT / MRI / Colonoscopy. Endoscopy recovery is key.</li> </ul>

# Responsive (Elective Care) – Theatre Utilisation

**Theatre Utilisation**



## Current Performance

Oct 23	YTD	Target
75.9%	75.4%	85%

## National Position & Overview

GIRFT has set a target for Integrated Care Systems and providers to achieve 85% theatre touch time (capped) utilisation by 2024/25. This supports the aims of NHS England's 2022/ 23 priorities and operational planning guidance to secure sustainable elective recovery.

## Root Cause

**OTDC** – 9.3% (Oct 23)  
**Top 5 reasons** - Out of session time (61) Ward bed Unavailability (61) Patient Unit (61) Patient unwell (37) Patient Does not want their operation (35)

**Late starts** – 39% (Trust average %) of lists started late (>15 mins), sites needing further support - LRI (47%) and Alliance (67%)

**Industrial action** (IA) Oct saw 72 hours of continuous strikes by Junior doctors and consultants

**Infrastructure** – Paediatric services, lack of access to day case beds and theatre arrivals area decreases overall Trust utilisation by 2%

## Actions

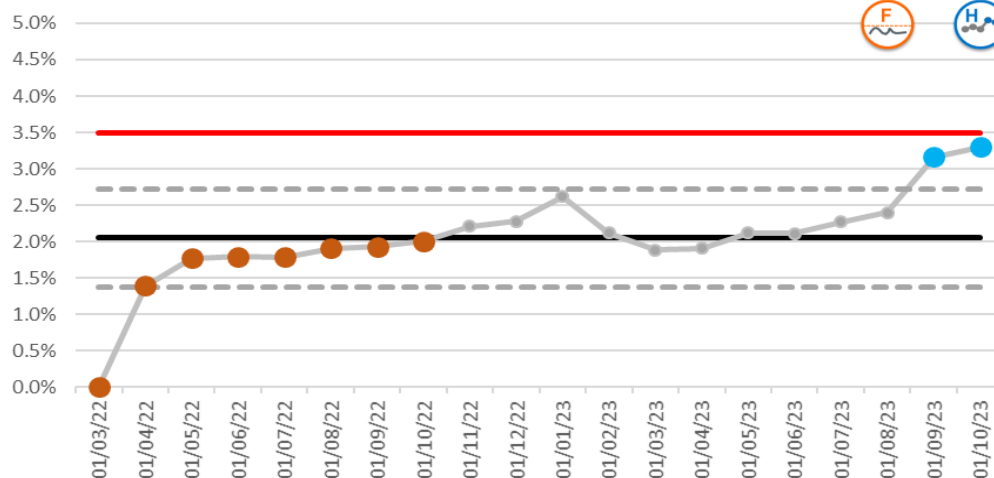
- Site level actions to improve theatre productivity, monitored and tracked through ITAPS action plans.
- Clinical cancellations to be validated monthly to understand if these were avoidable or unavoidable. Secondary learning and actions managed through the review meetings.
- 2 way text messaging reminder in place between 5-7 days prior admission
- Opening of TAA for orthopedics patients, to reduce late starts/OTDC and improve turnaround time
- DNA Florey questionnaires to understand the root cause for patients not attending for surgery.
- On-going review and monitoring of list order changes
- Increase HVLC and day case rates in winter to reduce dependency on inpatient beds.
- Late starts, Identify Golden Patient and auto sending first on the list to ensure a timely start.
- Paediatric - Development of a 12 bedded surgical day case unit and theatre arrivals area within the current footprint.
- Paediatric and ITAPPS meeting with specific action plan to improve utilisation.

## Impact/Timescale

- Reduce overall cancellation to the 5% target by December 23
- Roll out of 'My Pre-Op' which is live in all HVLC services, further work in progress to increase time between POA and TCI to allow time for optimisation by Dec 23.
- Roll out of Pre-surgery questionnaire which confirms no changes in Medical/social status since POA, all services by Dec 23.
- Day Case lead Anesthetist supporting development of surgical pathways to achieve the 85% target.
- Reduce late starts to <5% by December 23
- Paediatric TAA and Day Case go live delayed possibly end of Dec 23, this will when implemented support the elective and emergency split, ensures surgical activity can continue in time of escalation and surge.

# Responsive (Elective Care) – PIFU

Patient Initiated Follow Up



## Current Performance

Oct 23	YTD	Target
3.3%	2.4%	3.5%

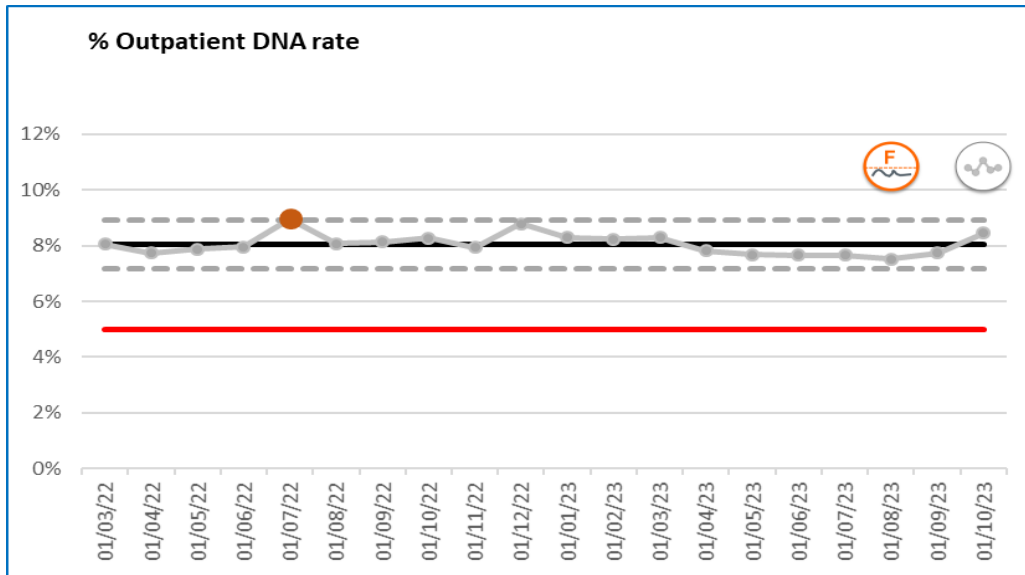
## National Position & Overview

The national expectation is a performance of 5% PIFU however UHL proposed a 3% PIFU achievement within the operational plan with a stretch to 3.5%

There has been sustained improvement

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> <li>Clinical support of rolling out PIFU within individual specialties and identifying appropriate cohorts of patients</li> <li>Clear Communication about PIFU with clinical and administration teams</li> <li>Concern that there will be a higher demand for follow ups if patients are offered PIFU and admin burden</li> <li>Review of all types of contact with patients such as helplines to be recorded as PIFU. This is a nationally recognised approach</li> </ul>	<ul style="list-style-type: none"> <li>Individual support is being provided to each of the 17 GIRFT specialties identified that could effectively use PIFU for their patients.</li> <li>Individual specialty targets have been set and shared with each CMG. These will be reported against monthly and in PRMs</li> <li>Event undertaken with over 50 clinicians on the use of PIFU and Digital PIFU undertaken – further actions came from this event</li> <li>Admin master classes held throughout the whole of October across all 3 sites. Attendance from every specialty and this can be seen in performance and recording</li> <li>The rollout of Digital PIFU via Accurx is proving successful which is acting as a safety net for the patient as well as triage for patient request avoid admin time</li> <li>A review of nationally recognized PIFU recording undertaken and now reflected in UHL performance</li> </ul>	<ul style="list-style-type: none"> <li>An improvement within October is evident following Admin training and specialty reviews</li> <li>Action plans and agreed stretch targets based upon national benchmarking per specialty to be established and agreed ( for all specialties)</li> <li>Launch of a daily PIFU report to support each specialty monitor performance.</li> <li>Admin masterclasses across October and November to secure accurate recording</li> <li>Clinical Engagement Event set for early November</li> </ul>

# Responsive (Elective Care) – Outpatient DNA Rate



## Current Performance

Oct 23	YTD	Target
8.4%	7.7%	5.0%

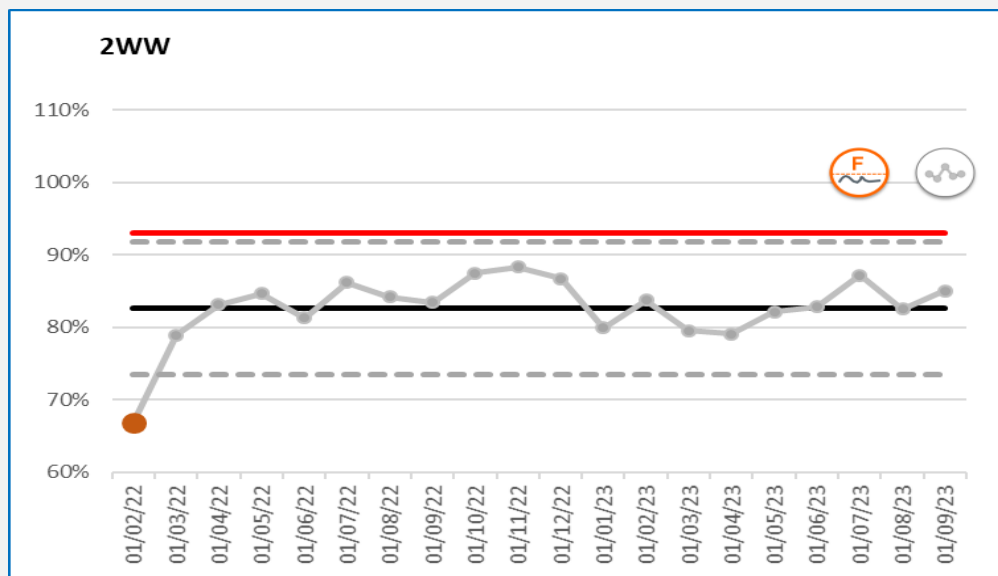
## National Position & Overview

UHL compares better than its peers for the previous financial year, 8.1% compared to 8.5% (data for April 22 to March 23, source CHKS).

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

Root Cause	Actions	Impact/Timescale
<ol style="list-style-type: none"> <li>For virtual consultations, demographic information often isn't being checked with the patient then updated on HISS so some patients aren't receiving appointment letters</li> <li>Late cancellations/rebooks often mean patients do not receive their appointment letters on time so unaware of appointment</li> <li>Due to lack of admin staff, patients unable to get through to department to let them know they're unable to attend</li> <li>Some services are using the DNA outcome for VIR clinics as well as for the diagnostic (therefore double counting)</li> </ol>	<ol style="list-style-type: none"> <li>Remind services of the need to check the patients details are correct and up to date at every contact</li> <li>Services are being encouraged to use AccuRx to send additional reminders to patients. Booking Centre are making additional calls to 'Health Inequalities' cohort</li> <li>DNA florey is being sent to patients who DNA and further analysis is being done around the reasons for DNA.</li> <li>Automatic clinic reminders has gone live in Sports Medicine. Clinic lists are also available in Accurx for some services</li> <li>Ask services to offer choice of video or telephone consultation, and stop recording DNAs on VIR clinics</li> </ol>	<ul style="list-style-type: none"> <li>All actions, plus many others, are happening imminently to help reduce the number of DNAs.</li> <li>An improvement in the DNA rate should be visible within the next 3 months.</li> </ul>

# Responsive Cancer – 2 Week Wait



## Current Performance

Sep 23	YTD	Target
85.0%	83.3%	93%

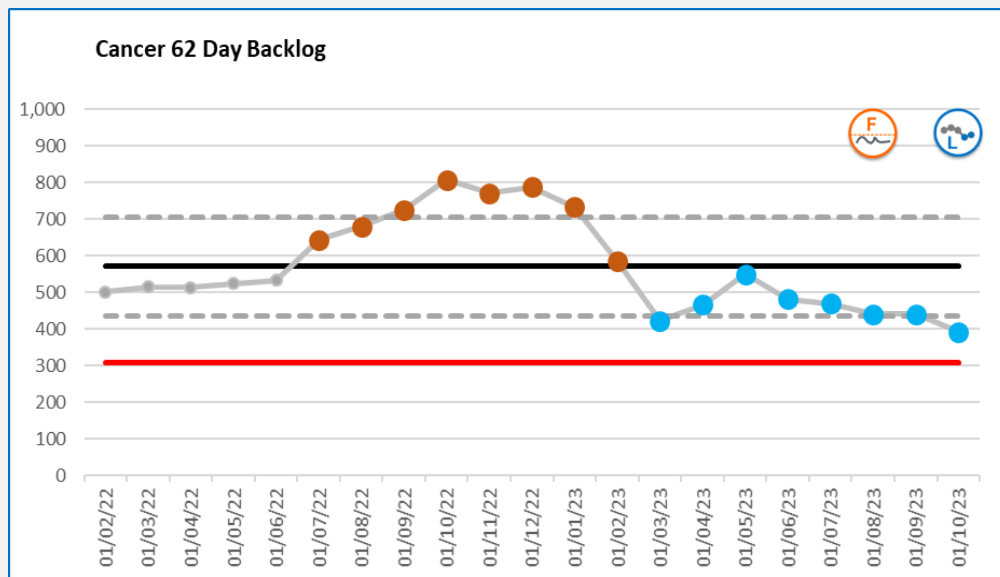
## National Position & Overview

In September, UHL ranked 57<sup>th</sup> out of 134 Acute Trusts. The National average was 74.0%. 27 out of the 134 Acute Trusts achieved the target. UHL ranked 6<sup>th</sup> out of the 18 UHL Peer Trusts. The best value within our peer group was 96.9%, the worst value was 47.9% and the median value was 76.8%.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> <li>September saw a 4% increase in referrals compared to September 2022. There has been an 8% increase in referrals YTD.</li> <li>Increases were seen in Paediatrics, Gynae, H&amp;N, Lung, Skin and UPGI.</li> <li>Ongoing challenge with NSS referrals not having approx 50% of the required tests on referral.</li> <li>Challenges for Breast, Colorectal and H&amp;N to deliver increased appointments within 7 rather than 14 days.</li> </ul> <p>Note from October the national reporting of 2ww will be renamed 'Urgent Suspected Cancer' and no longer reported externally. It will remain part of internal monitoring of pathway performance.</p>	<ul style="list-style-type: none"> <li>To increase the number of 1<sup>st</sup> appointments offered within 7 days. In Oct 27% were offered a 2% increase from Sept.</li> <li>NSS referrals being discussed at Transferring Care Safely Group</li> <li>Additional clinics provided by independent sector to support urology and dermatology</li> <li>Continuation of AI teledermatology provider into 23/24 (supporting a release of 30% demand)</li> <li>Improvement trajectories to increase 7 day appointments</li> </ul>	<ul style="list-style-type: none"> <li>Increase the number of 1<sup>st</sup> appointments offered within 7 days to 40% - included in RAP meetings from November</li> <li>Immediate – additional clinics in Urology and Dermatology (ongoing until March 24).</li> </ul>



# Responsive Cancer – Cancer 62 Day Backlog



## Current Performance

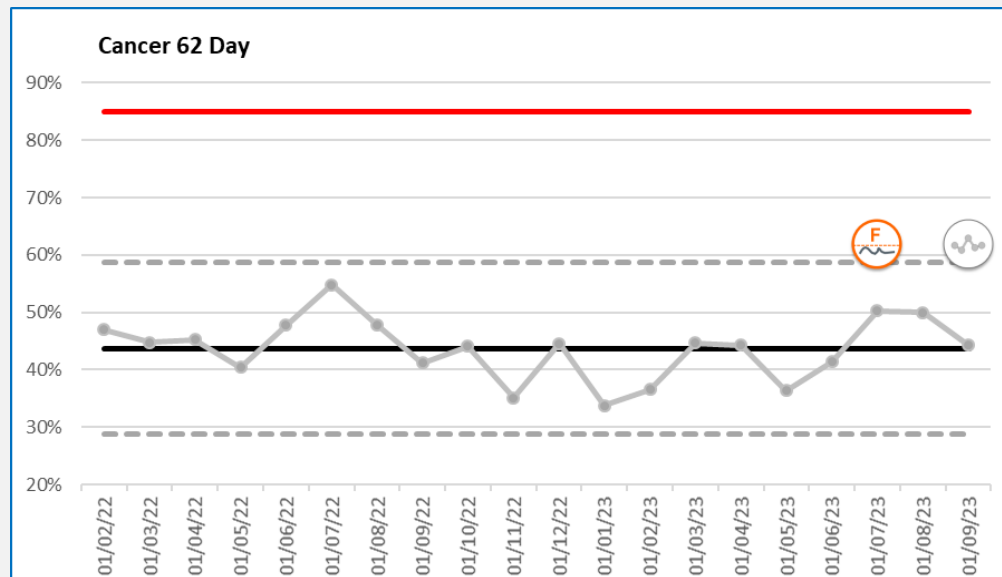
Oct 23	YTD	Target
392	-	309

## National Position & Overview

On 05/11 UHL improved by a further 7 places to 58<sup>th</sup> distance from worst volume of fair share. The 62 Day backlog is decreasing and is now at 61% of our highest point (November 2022). Patients waiting over 62 days accounts for 8.9% of the PTL with 77.5% of the backlog sitting within LOGI, Skin and Urology. Despite the backlog within Skin, it continues to perform better than the England average.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> <li>Backlogs for both 62 and 104 day are decreasing</li> <li>Capacity constraints and patients being ready to treat have impacted the pathway</li> <li>Urology and LOGI hold the majority of the backlog with skin being the third.</li> <li>Constraints include capacity, specifically outpatient, diagnostic and clinical administrative time, in addition to workforce to deliver additional capacity.</li> </ul>	<ul style="list-style-type: none"> <li>Clinically prioritise all cancer patients</li> <li>Clinical review of PTL to support Urology and Colorectal and clinical review of patients over 104 days.</li> <li>Daily backlog report, including next steps, to support focused actions for recovery.</li> <li>Continued validation of PTLs and cancer data</li> <li>LD/Autism and SMI group set up.</li> <li>NSS/Pre-diagnosis CNS commenced to support patient engagement.</li> <li>Independent sector in place to assist with skin backlog and chemotherapy capacity</li> <li>Review of patients ready and able to date for Surgery</li> </ul>	<ul style="list-style-type: none"> <li>Updated action plans by tumour site agreed</li> <li>Weekly recovery &amp; performance in place with Skin, Urology, LOGI and Oncology.</li> <li>NSS/Pre-diagnosis CNS supporting patient engagement across all PTLs</li> <li>Mobile Treatment Centre for chemotherapy commenced two days a week and to be extended to five days (timescales tbc)</li> <li>Additional clinic capacity in skin and urology (ongoing until March 24.</li> <li>LD/Autism and SMI flag now on PTLs to offer additional support where required</li> </ul>

# Responsive Cancer – Cancer 62 Day



## Current Performance

Sep 23	YTD	Target
44.3%	44.7%	85%

## National Position & Overview

In September, UHL ranked 115<sup>th</sup> out of 132 Acute Trusts. The National average was 59.3%. 9 out of the 132 Acute Trusts achieved the target. UHL ranked 15<sup>th</sup> out of the 18 UHL Peer Trusts. The best value within our peer group was 67.5%, the worst value was 28.4% and the median value was 52.1%.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> <li>Capacity constraints across all points of the pathways</li> <li>High backlog levels being treated and clinically prioritised having a direct impact on performance</li> <li>Oncology and radiotherapy capacity continues to be challenged with high wait times</li> <li>Workforce challenges including recruitment and reduction of WLI activity impacting ability to deliver increased activity</li> </ul>	<ul style="list-style-type: none"> <li>Continue to clinically prioritise all patients</li> <li>Weekly PTL reviews and clinical review of 104day patients</li> <li>Weekly Recovery &amp; Performance (RAP) in place for Urology, Oncology, LOGI and Skin.</li> <li>Review of pathways in line with Best Practice Timed Pathways (BPTP) to identify areas for improvement</li> <li>Replacement LINACS for Radiotherapy (x2)</li> <li>Mobile Treatment Centre for chemotherapy</li> <li>Increased Pathology provision</li> <li>Independent Sector support for dermatology and urology</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>1<sup>st</sup> of two LINACS replaced, software upgrade in progress and due to complete in December, 2<sup>nd</sup> LINAC replacement planned for April.</li> <li>UPGI BPTP review (Nov)</li> <li>Mobile Treatment Centre for Chemotherapy commenced two days a week, to expand to five days a week (timescales tbc)</li> </ul>



# Summary Financial Position

	I&E YTD		
	Plan	Actual	Variance to Plan
	£'000	£'000	£'000
NHS Patient-Rel Income	769,909	785,796	15,887
Other Operating Income	88,502	90,614	2,112
<b>Total Income</b>	<b>858,411</b>	<b>876,409</b>	<b>17,998</b>
Pay	(526,031)	(540,726)	(14,695)
Agency Pay	(14,692)	(19,575)	(4,883)
Non Pay	(296,683)	(315,710)	(19,027)
<b>Total Costs</b>	<b>(837,406)</b>	<b>(876,010)</b>	<b>(38,604)</b>
<b>EBITDA</b>	<b>21,005</b>	<b>399</b>	<b>(20,606)</b>
<b>Non Operating Costs</b>	<b>(43,351)</b>	<b>(43,236)</b>	<b>116</b>
<b>Retained Surplus/(Deficit)</b>	<b>(22,346)</b>	<b>(42,837)</b>	<b>(20,490)</b>
Donated Assets	489	(1,697)	(2,186)
<b>Net Total Surplus/(Deficit)</b>	<b>(21,857)</b>	<b>(44,533)</b>	<b>(22,676)</b>

## Comments – YTD Variance to Plan

**Total Income: £18mF:** PCI income £6.7mF driven by total elective overperformance £2.3m, EMCA allocations £1.7m and Covid income now reported as PCI £1m.

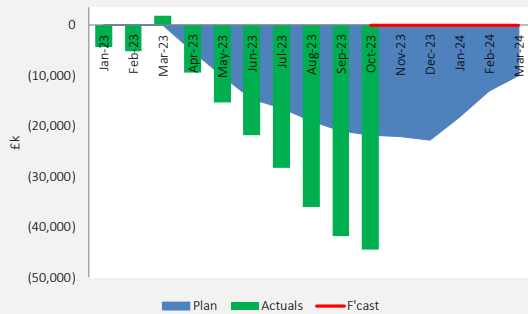
Other income £2.1mF over recovery driven by donated income £1.8mF (offset below against 'Donated Assets') and training income of £1.2mF offset by Covid income now reported as PCI (£1mA)

**Pay and Agency: £19.6mA** includes £7.7mA due to industrial action, £3mA relating to 1:1/specialising patients in ESM/MSS/CHUGGS, £3.5mA CIP under delivery and the balance of £5mA linked to increased fill across nursing.

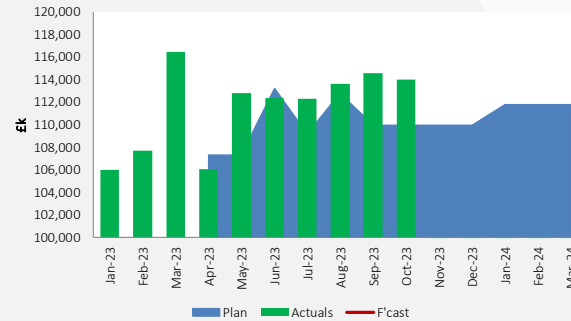
**Non Pay: £14.8mA** driven by inflation costs above plan £6.4mA, excluded drugs and devices of £9.2mA matched by additional income, £2.8mA CIP under delivery other £0.6mA.

# Month 7 I&E Dashboards

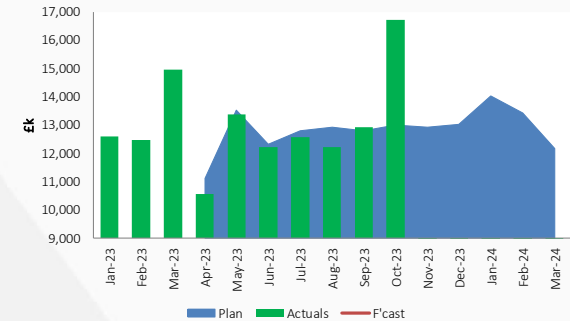
## Cumulative Surplus/(Deficit)



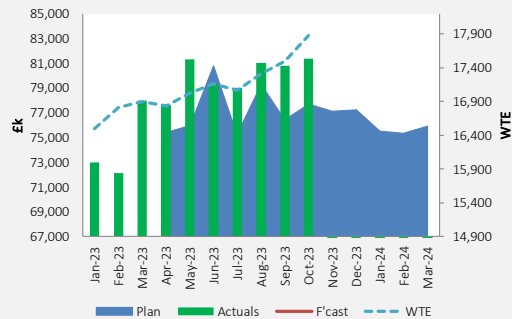
## Monthly PCI Income



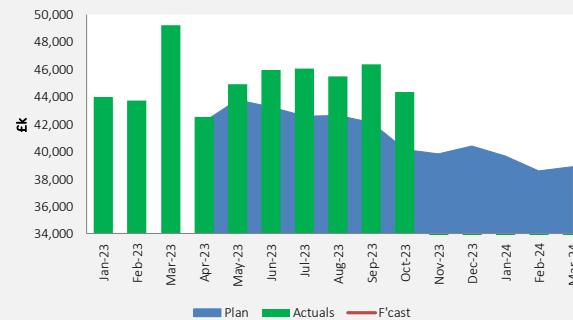
## Monthly Other Income



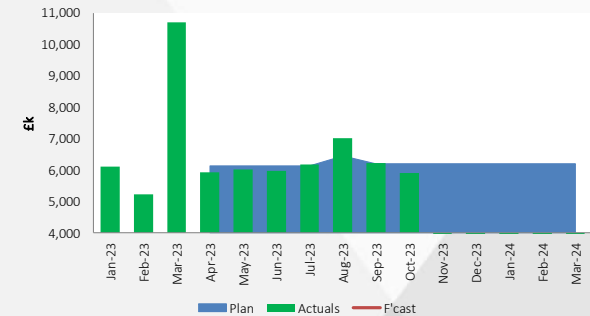
## Monthly Substantive/Bank/Agency Pay



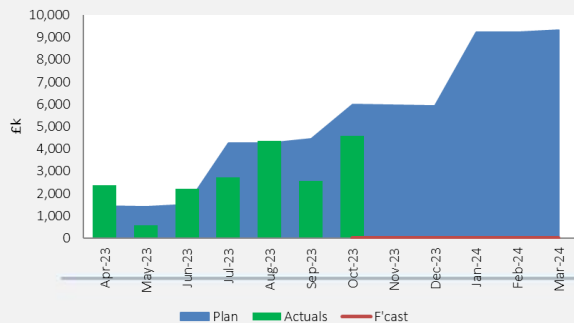
## Monthly Non Pay



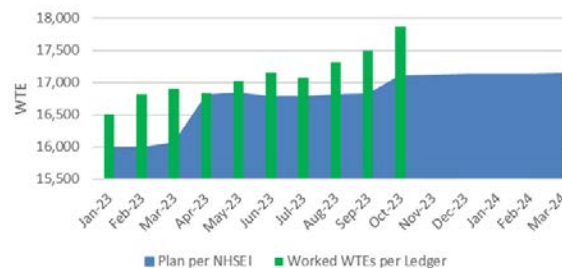
## Monthly Non Ops



## CIP Performance Excl Productivity



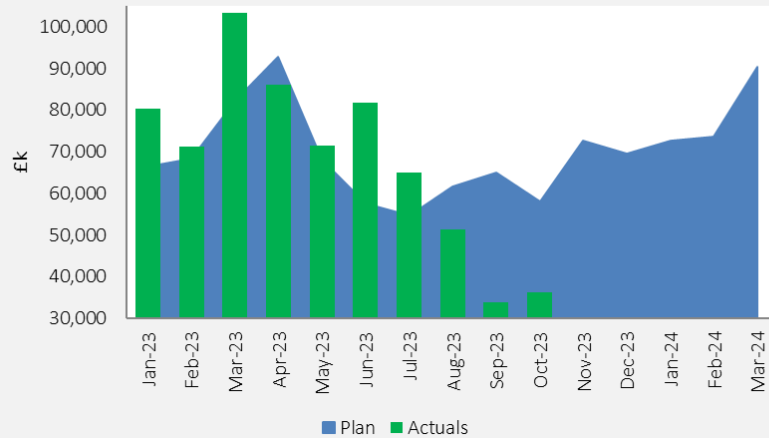
## Worked WTEs vs NHSEI Workforce Plan



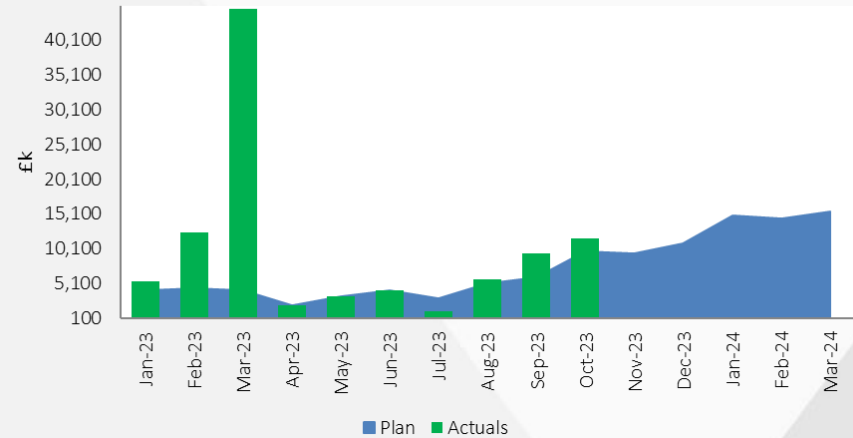
	In Month NHSEI Plan	In Month Worked	Increase in WTE	
Substantive	15,747	15,980	232	1.5%
Bank	917	1,513	596	65.0%
Agency	429	379	(50)	-11.6%
<b>Total WTE</b>	<b>17,093</b>	<b>17,872</b>	<b>779</b>	<b>4.6%</b>

# Month 7 Balance Sheet Dashboards

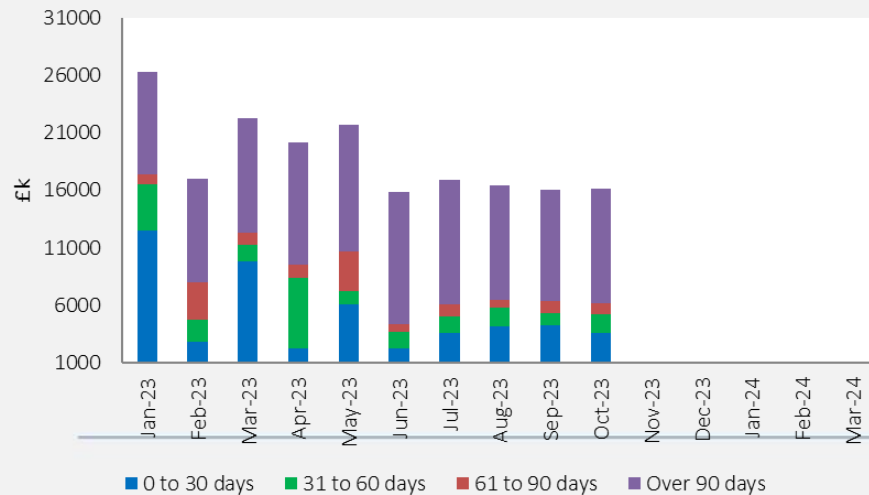
## Cash



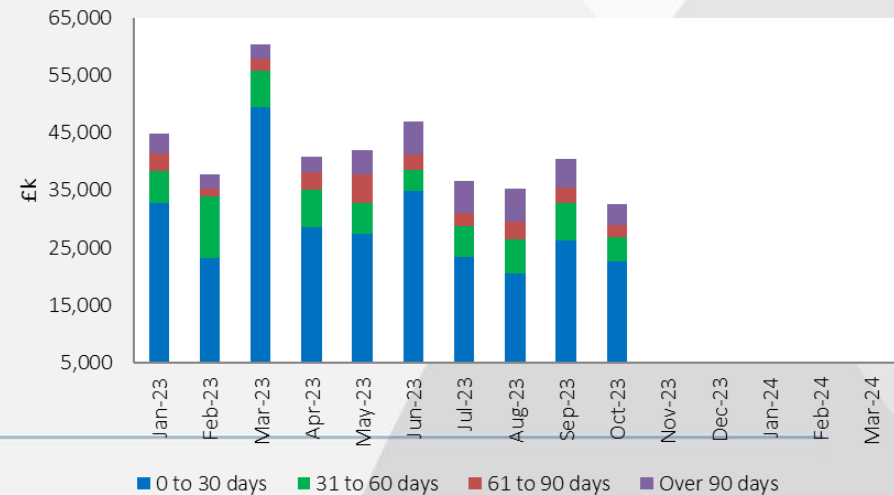
## Capital



## Debtor



## Creditor



# Statement of Financial Position

	2023/24 M7 YTD				
Statement of Financial Position	31-Mar-23	30-Sep-23	31-Oct-23	In Month Movement	YTD Movement
	£000s	£000s	£000s	£000s	£000s
<b>Non current assets</b>					
Intangible assets	15,506	14,079	13,483	(596)	(2,023)
Property, plant and equipment	719,387	716,784	724,384	7,600	4,997
Other non-current assets	3,099	2,829	3,297	468	198
<b>Total non-current assets</b>	<b>737,992</b>	<b>733,692</b>	<b>741,164</b>	<b>7,472</b>	<b>3,172</b>
<b>Current assets</b>					
Inventories	22,663	24,054	24,128	74	1,465
Trade and other receivables	62,691	63,422	67,810	4,388	5,119
Cash and cash equivalents	103,344	33,848	36,133	2,285	(67,212)
<b>Total current assets</b>	<b>188,698</b>	<b>121,324</b>	<b>128,071</b>	<b>6,747</b>	<b>(60,627)</b>
<b>Current liabilities</b>					
Trade and other payables	(163,436)	(117,470)	(112,892)	4,578	50,544
Borrowings / leases	(7,895)	(9,459)	(14,326)	(4,867)	(6,431)
Accruals	(23,066)	(31,506)	(30,708)	797	(7,642)
Deferred income	(4,167)	(13,331)	(26,067)	(12,737)	(21,900)
Dividend payable	(609)	(0)	(1,833)	(1,833)	(1,224)
Provisions < 1 year	(13,014)	(10,799)	(10,686)	113	2,327
<b>Total current liabilities</b>	<b>(212,188)</b>	<b>(182,565)</b>	<b>(196,513)</b>	<b>(13,948)</b>	<b>15,675</b>
<b>Net current assets / (liabilities)</b>	<b>(23,489)</b>	<b>(61,241)</b>	<b>(68,442)</b>	<b>(7,201)</b>	<b>(44,952)</b>
<b>Total Assets less Current Liabilities</b>	<b>714,502</b>	<b>672,451</b>	<b>672,722</b>	<b>271</b>	<b>(41,780)</b>
Borrowings / leases	(33,847)	(33,724)	(31,704)	2,020	2,143
Provisions for liabilities & charges	(4,033)	(4,033)	(4,033)	0	0
<b>Total non-current liabilities</b>	<b>(37,881)</b>	<b>(37,757)</b>	<b>(35,737)</b>	<b>2,020</b>	<b>2,143</b>
<b>Total assets employed</b>	<b>676,622</b>	<b>634,694</b>	<b>636,985</b>	<b>2,291</b>	<b>(39,637)</b>
Public dividend capital	(797,141)	(797,141)	(800,341)	(3,200)	(3,200)
Revaluation reserve	(202,796)	(202,796)	(202,796)	0	0
Income and expenditure reserve	323,316	365,243	366,152	909	42,837
<b>Total taxpayers equity</b>	<b>(676,622)</b>	<b>(634,694)</b>	<b>(636,985)</b>	<b>(2,291)</b>	<b>39,637</b>

The Statement of Financial Position (SOFP) as of 31st October 2023 is presented in the table opposite. The key movements are explained as follows:

**Non-Current Assets** - PPE and intangibles increased by £7.4m, as capex spend of £11.6m was largely offset by in month depreciation (£4.2m).

**Trade and other receivables** - increased by £4.3m mainly as a consequence of increased PCI income (£3.5m) due to increased activity. Other factors relate to an increase in prepayments for CNST, LTPS and PES invoices (£0.7m)

**Cash Balances** – Cash balances increased by £2.3m

**Trade and other payables and accruals** – the reduction in trade payables is due to settlement of aged creditors.

**PDC Dividend** – the balance reflects the PDC due for the month

**Deferred Income** – Increased by £12.7m mainly due to the HEE LDA payment received of £18m for Oct-Jan, which will be released into the period it relates to.

**Finance Lease liabilities** – increased by a net £2.8m due to the recognition of the Renal Peterborough Lease £4.5m, offset by a reduction of £2m as a result of repayments in the month.

**Income and Expenditure Reserve** – The I&E reserve deteriorated in line with the reported income and expenditure position by £3.2.



# Capital Programme

Area	Forecast				Year to Date				
	Original Annual Plan £'000	Revised Plan £'000	Forecast £'000	Variance to Forecast £'000	M7 Plan £'000	M7 Forecast £'000	M7 Actual £'000	Variance to M7 YTD Plan £'000	Variance to YTD M7 Forecast £'000
<b>System Funded</b>									
East Midlands Planned Care Centre inc ICS Reserve	3,723	5,801	5,838	(37)	0	0	151	151	151
Reconfiguration	1,250	1,250	1,250	0	729	177	207	(522)	30
MEE	1,500	1,500	1,500	0	750	750	1,092	342	342
MES	3,729	3,729	3,729	0	2,808	598	572	(2,236)	(26)
MES Enabling	3,425	3,425	3,425	(0)	570	1,848	984	414	(864)
IM&T	10,782	10,782	11,682	(900)	4,844	4,433	4,432	(412)	(1)
Estates and Facilities Backlog	5,000	5,000	5,000	0	2,000	2,116	2,755	755	639
Estates Projects	8,250	8,249	7,740	509	4,678	3,381	2,618	(2,060)	(763)
Linear Accelerator	5,074	5,074	5,910	(836)	3,348	3,381	4,444	1,096	1,063
Health Education England	1,000	1,000	1,000	(0)	581	502	150	(431)	(352)
Surgery Robot - Equipment & Estates	0	640	601	39	0	102	12	12	(90)
Contingency	995	728	0	728	432	0	8	(424)	8
Other Schemes		2,535	2,535	0	0	250	0	0	(250)
VAT Credit		(2,907)	(2,907)	0	0	(2,907)	(3,268)	(3,268)	(361)
<b>Total Schemes funded from System envelope</b>	<b>44,728</b>	<b>46,806</b>	<b>47,302</b>	<b>(497)</b>	<b>20,740</b>	<b>14,631</b>	<b>14,157</b>	<b>(6,583)</b>	<b>(474)</b>
<b>PDC Funded Schemes</b>									
Reconfiguration	1,060	1,060	1,060	0	528	1,060	1,060	532	(0)
East Midlands Planned Care Centre	16,151	13,975	13,975	(0)	9,441	6,823	6,823	(2,618)	(0)
UEC - Wards	24,500	23,997	11,703	12,294	10,744	3,119	4,073	(6,671)	955
UEC - Modular	6,000	0	0	0	3,200	0	0	(3,200)	0
CDC Hinckley	900	1,387	1,387	0	0	0	11	11	11
Endoscopy	0	248	248	0	0	196	220	220	24
Total Cost Model Fees	0	219	219	0	0	0	0	0	0
Enabling Fees		1,701	1,701	0	0	0	0	0	0
New Endoscopy unit - LGH		5,275	5,275	(0)	0	1,167	0	0	(1,167)
Digital Diagnostics Capability - Additional funding for Refer		243	243	0	0	0	0	0	0
<b>Total PDC Funded Schemes</b>	<b>48,611</b>	<b>48,105</b>	<b>35,810</b>	<b>12,294</b>	<b>23,913</b>	<b>12,365</b>	<b>12,187</b>	<b>(11,726)</b>	<b>(178)</b>
Charitable Funds	500	528	528	(0)	294	244	225	(69)	(19)
NHR Grant	936	936	936	0	0	0	0	0	0
Surgery Robot - Charity		1,849	1,849	0	0	0	1,849	1,849	1,849
<b>Total Charitable Funds/Grant</b>	<b>500</b>	<b>3,313</b>	<b>3,313</b>	<b>(0)</b>	<b>294</b>	<b>244</b>	<b>2,074</b>	<b>1,780</b>	<b>1,830</b>
<b>Total Capital Programme</b>	<b>93,839</b>	<b>98,223</b>	<b>86,426</b>	<b>11,797</b>	<b>44,947</b>	<b>27,240</b>	<b>28,418</b>	<b>(16,529)</b>	<b>1,178</b>
Leases IFRS16	10,060	10,060	10,060	(0)	3,844	8,588	8,681	4,837	93
<b>Total Capital Programme inc Leases</b>	<b>103,899</b>	<b>108,283</b>	<b>96,486</b>	<b>11,797</b>	<b>48,791</b>	<b>35,828</b>	<b>37,099</b>	<b>(11,692)</b>	<b>1,271</b>
Donated Income/Grant rec'd	(500)	(2,364)	(2,364)	0	(2,364)	(2,364)	(2,364)	0	0
Less: Book value of asset disposals		(2,505)	(2,505)	(0)	(2,505)	(2,505)	(2,505)	0	0
<b>Net CDEL</b>	<b>103,399</b>	<b>103,414</b>	<b>91,617</b>	<b>11,797</b>	<b>43,922</b>	<b>30,959</b>	<b>32,230</b>	<b>(11,692)</b>	<b>1,271</b>

The Trust has gross annual capital plan of £103.9m, which nets down to a CDEL/CRL target of £103.4m, after adjusting for donated/grant funding.

At Month 7, expenditure committed was £32.2m (Net CDEL) against a year-to-date forecast of £30.9m (£1.3m above forecast), mainly due to MES enabling works and Linear Accelerator equipment and works.

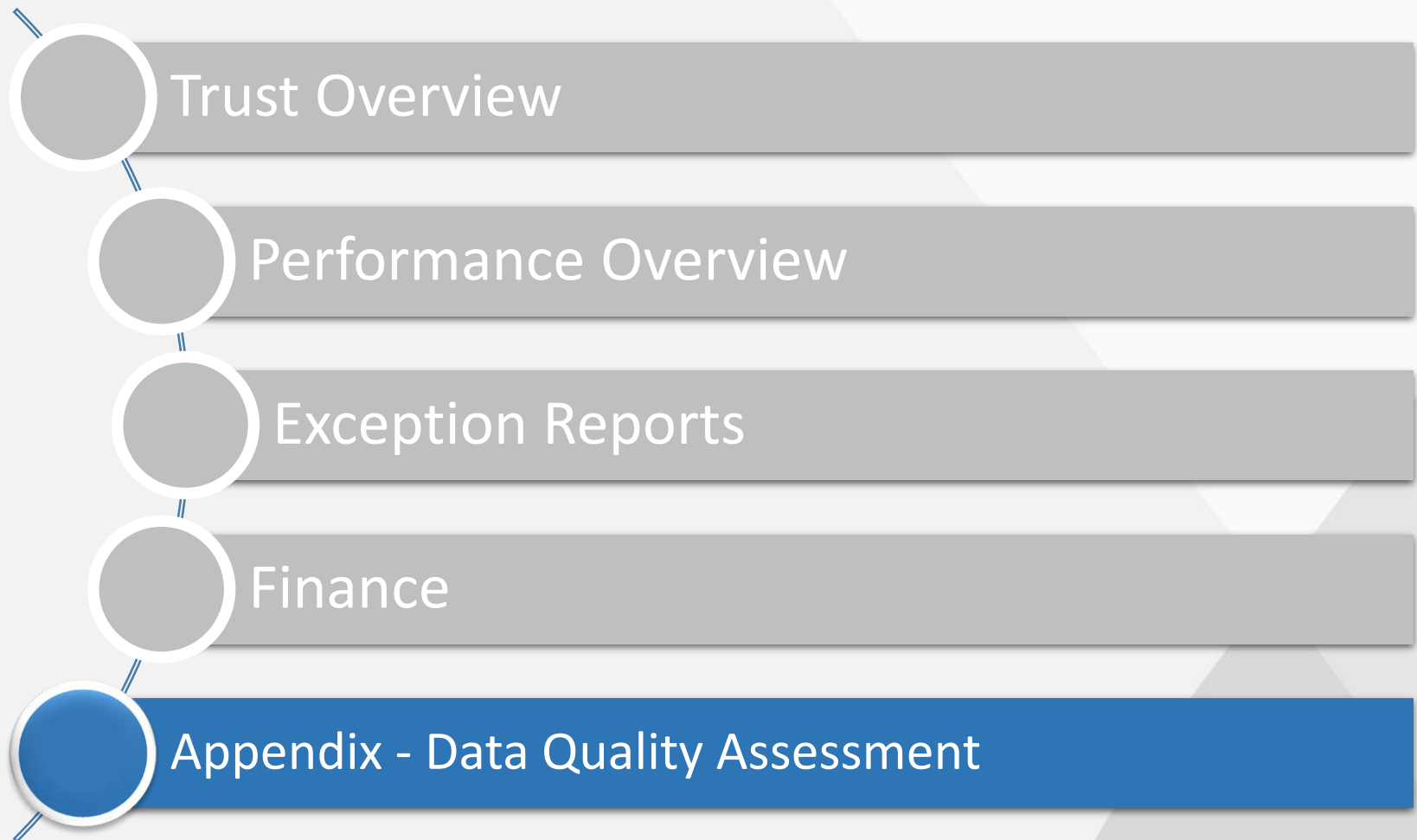
In month, expenditure increased by £11.6m, mainly relating to:

- East Midlands Planned Care Centre - £1.5m
- UEC Wards - £2.1m
- Surgery Robot (Charitable Funds) - £1.8m
- Estates Backlog - £0.7m
- MES Lease additions including enabling works - £0.9m
- Renal New unit at Peterborough - £4.5m
- Medical Equipment - £0.2m

The Trust has received an in year VAT recovery benefit of £3.3m, of which £361k is for IM&T 23/24 costs factored into their forecast. Therefore, £2.9m can be used to fund additional schemes previously approved by CMIC that are unfunded.

The Trust is forecast to deliver its year end forecast CDEL in 2023/24.





# 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.