

Meeting title:	Public Trust Board Public Trust Board paper E				
Date of the meeting:	14 September 2023				
Title:	Integrated Performance Report – Executive Summary				
Report presented by:	Jon Melbourne – Chief Operating Officer				
Report written by:	James Palmer and Joanne Haigh (Business Intelligence Officers)				
Action – this paper is for:	Decision/Approval		Assurance	x	Update
Where this report has been discussed previously					

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

Impact assessment

Acronyms used

Purpose of the Report

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

Recommendation

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

Summary





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





Main report detail

Key headlines in performance are summarised below:

Summary of UHL Performance: July 2023

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

Emergency Care 	<p>In July, UHL ranked 59th out of 124 Acute Trusts for 4 hour performance. The National average in England was 74.0 %. 44 out of the 124 Acute Trusts achieved the target. UHL ranked 7th out of 18 trusts in its peer group. The best value out of the Peer Trusts was 81.8% and the worst value was 59.7%.</p> <p>12 hour performance remains challenged and will be the key focus. In July, UHL ranked 112th out of 122 Major A&E NHS Trusts. 18 out of the 122 Trusts achieved the target. The best value nationally was 0 and the worst value was 1,254. UHL ranked 13th out of 18 trusts in its peer group.</p> <p>Ambulance Handovers remain strong, LRI ranked 8th out of 23 sites last month (source EMAS monthly report).</p>
Referral to Treatment 	<p>The overall picture for Elective Care is challenged, however we continue to progress the reduction of those patients waiting longest for definitive treatment. We have now achieved zero patients waiting over 104 weeks as at the end July and are confident that position can be maintained. The 78-week position continues to reduce, with our trajectory for achieving zero now amended to September 23, primarily due to the cumulative impact of ongoing Industrial Action. We monitor the long waiter position on a daily basis, including actively monitoring our 65 ww March 24 cohort and working closely with the specialties who have the biggest challenge. UHL is part of the NHSE 'Further Faster' programme, taking part in the challenge of improving the elective recovery position sooner than the March 25 ambition of zero 52-week waiters.</p>
Outpatient Transformation 	<p>Work with 10 priority specialties is now underway and progressing, most specialties have identified actions in a plan on a page and we are working with them to be clear on the timescales and likely impact of those actions. Current trajectories are showing that we are on track to deliver the 65-week target.</p> <p>We are also part of the GIRFT Further Faster pilot and have in general had good clinical engagement in the specialty meetings associated with the pilot. The handbooks written by the GIRFT have now started to be issued which contain several best practice checklists, we are sharing these with specialties and asking them to complete them and identify any support we need. As part of the pilot there is an opportunity for £80k revenue to support this week. A bid for this was submitted on 16th August, to support a number of initiatives focused on: Extending the Health Inequality DNA work, running super clinics to support delivery of the ambition that everyone in the 65w cohort will have had their first OP appointment by the end of October and also continuing to innovate with Accurx.</p> <p>In general, the outpatient lead metrics are going in the right direction. The area for focus needs to be PIFU. We have not seen the increases that we wish to and therefore the plan is being re-looked at to see what changes need to be made over the coming weeks.</p>
Cancer 	<p>The overall picture for Cancer Care is also challenged, however we continue to progress the reduction of those patients waiting longest for definitive treatment. The reduction in the speed of improvement is directly related to the repeated incidents of Industrial Action.</p> <p>We had 500 patients waiting over 62 days as at the end July and are confident that position can be reduced further in order to deliver our 'fair share' target of 309 patients by 31/03/24. The 104 day position continues to hold at around 180 patients. We monitor the 62 day+ position on a daily basis.</p>

	<p>28 day Faster Diagnosis Standard shows month on month improvement, although again disrupted by IA. UHL is close to the England average, with half of our tumour sites (7/14) ahead of their tumour site average.</p> <p>62 day and 31 day treatments will remain low whilst we are in a backlog clearance position.</p>
Activity 	<p>Elective Admissions between April 2023 and July 2023 were 401 over plan (1.0%); Day Case activity was 745 over plan (2.1%) and Inpatient activity was 343 under plan (-5.4%). Non-Elective Admissions between April 2023 and July 2023 were 364 over plan (0.9%); Emergency activity was 526 over plan (1.7%) and Non-Elective activity was 162 under plan (-2.1%).</p> <p>Outpatient activity between April 2023 and July 2023 was 12,441 under plan (-3.6%). Total ED activity between April 2023 and July 2023 was 922 over plan (1.1%); Emergency Department (Type 1) activity was 366 over plan (0.5%) and Eye Casualty (Type 2) activity was 556 over plan (8.2%).</p>
Quality 	<p>In July we saw two rounds of industrial action causing significant operational disruption across the organisation. Overall, our performance in month remains strong for the majority of our key performance indicators. We continue our quality improvement programmes to reduce hospital acquired infection and hospital acquired pressure ulcers. Timely response to complaints continues to improve for the formal 25 and 60 day response times. 10-day responses have declined in month due to the temporary pause of the new PALS service; this will resume imminently.</p>
Finance 	<p>The Trust is reporting a year-to-date deficit at Month 4 of £28.4m which is £11.9m adverse to plan. The Trust has reported a year-to-date cash releasing CIP delivery of £7.9m against a £8.6m CIP target.</p> <p>The Trust has incurred capital expenditure of £10.4m at the end of July, which was £13.0m lower than plan.</p> <p>The cash position at the end of July was £65m, representing a reduction of £16.5m in the month, mainly due to the payment made for Tax/NI associated with the pay award in July.</p>
Workforce 	<p>There have been a number of changes to our vacancy position across the past month, but the changes are not significant or of concern. Adult nursing vacancies have reduced by a further 1.7% and at 6.8% remain under the target. Paediatric nursing vacancies have also seen a decrease and but at 14.4% remain outside of the KPI. Health Care Assistants vacancy levels have increased slightly but there are no concerns to flag.</p> <p>Retention remains a priority with key workstreams underway across the organisation which focus on elements linked to our Staff Survey priority areas (recognition, inclusivity, support and equipped).</p> <p>The Trust's turnover rate for July 2023 has remained static at 8% for a further month, falling 0.5% from the start of the financial year and sitting within the Trusts target of 10%. The percentage of staff who have received an annual appraisal has increased slightly by 0.6% 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 mandatory training topics has remained static and is sitting at 94% of the 95% target. This is encouraging against a backdrop of continued industrial action. KPIs continue to be monitored through Trust Performance Review meetings.</p>

Supporting documentation

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

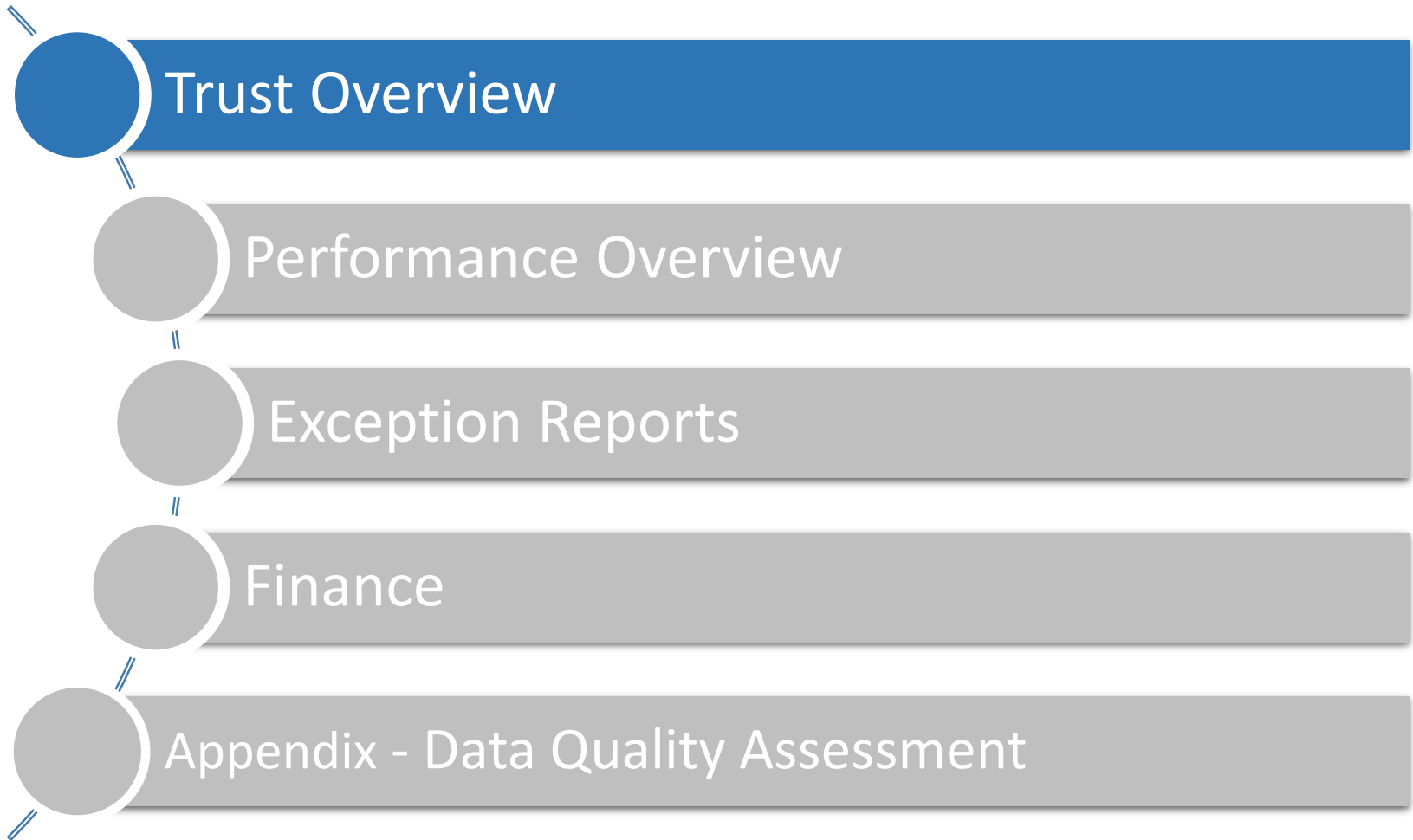
Integrated Performance Report

July 2023

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- Performance Overview
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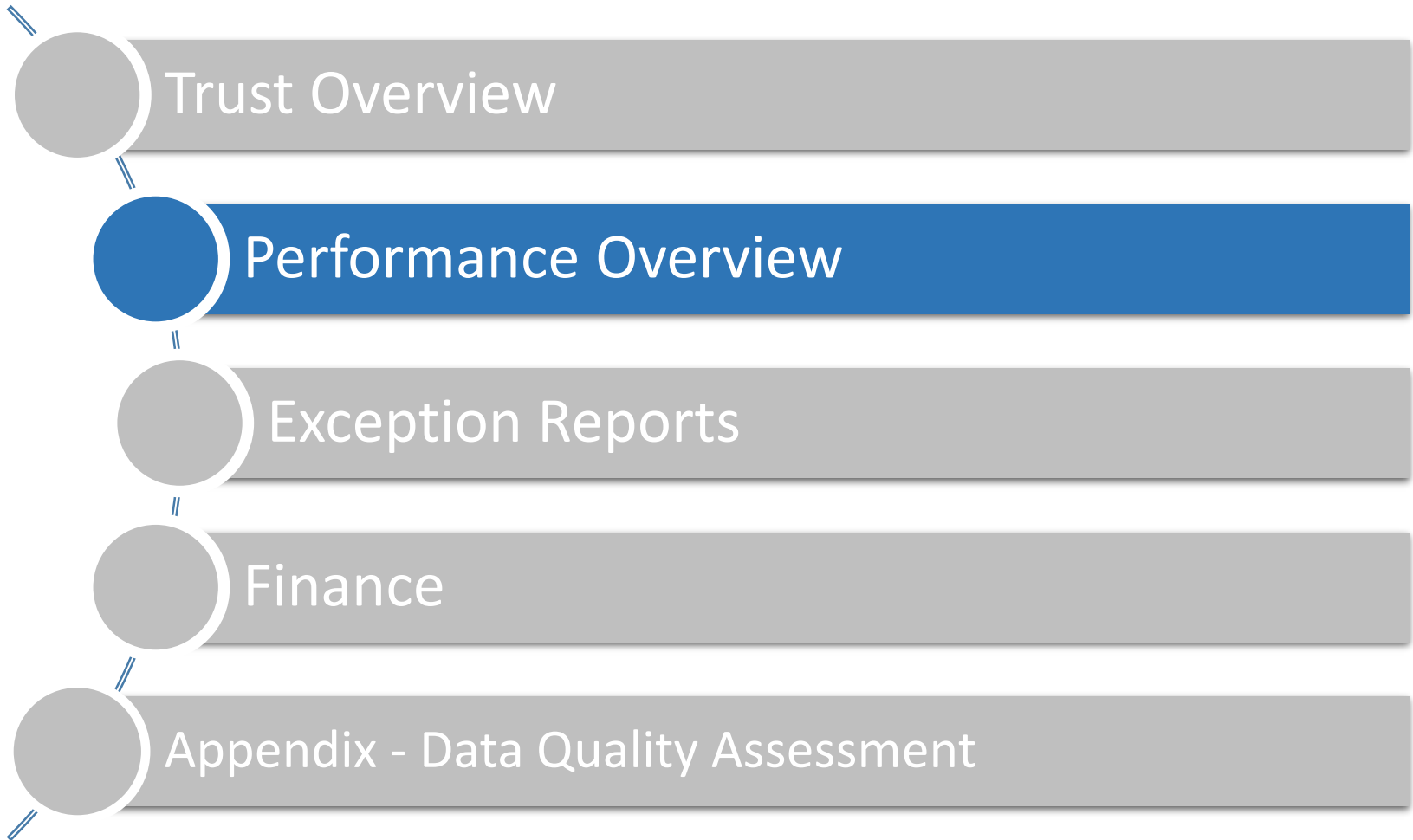


Trust Overview (Year to Date)

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 Acute 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		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		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		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			

Trust Overview (Current Month)











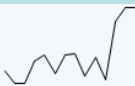
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				P1 & P2 Patients Waiting >24 Hrs for Discharge			
				Trust Bed Occupancy			
				Long Stay Patients > 21 days			





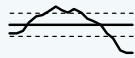


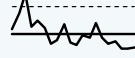


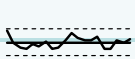


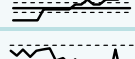











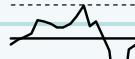


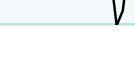
Performance Overview (Safe)

Domain	Key Performance Indicator	Target	May-23	Jun-23	Jul-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Local or National Target?	Exec Lead
Safe	Never events	0	0	1	0	1				Nov-22	National	Chief Nurse and Medical Director
	Clostridium Difficile per 100,000 Bed Days	92 cases per year	30.3	20.1	28.1	26.0				Jun-21	Local	Chief Nurse and Medical Director
	Methicillin Resistant Staphylococcus Aureus Total	0	0	0	0	0				Jun-21	Local	Chief Nurse and Medical Director
	Methicillin-susceptible Staphylococcus Aureus Acute	40	1	3	5	12				Jun-21	Local	Chief Nurse and Medical Director
	All falls reported per 1000 bed days	5.5	3.1	3.4		3.2				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	0.07	0.06		0.07				Aug-22	Local	Chief Nurse and Medical Director
	Hospital Acquired Pressure Ulcers - All categories per 1000 bed days		3.2	2.1	2.3	2.5				Jun-21	Local	Chief Nurse and Medical Director
	% of all adults Venous Thromboembolism Risk Assessment on Admission	95%	97.1%	97.3%	97.3%	97.2%				Oct-21	Local	Chief Nurse and Medical Director


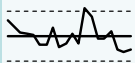
Performance Overview (Caring)

Domain	Key Performance Indicator	Target	May-23	Jun-23	Jul-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Local or National Target?	Exec Lead
Caring	Single Sex Breaches		18	10	14	48				Jul-22	Local	Chief Nurse and Medical Director
	Inpatient and Day Case Friends & Family Test % Positive*	95%	97%	98%	98%	98%				Jul-22	Local	Chief Nurse and Medical Director
	A&E Friends & Family Test % Positive**	77%	79%	83%	86%	83%				Jul-22	Local	Chief Nurse and Medical Director
	% Complaints Responded to in Agreed Timeframe - 10 Working days	95%	58.0%	83.0%	56.5%	72.0%	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%	64.0%	87.1%		87.1%	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%	100%			100%	Awaiting more data for assurance and variance			Jul-23	Local	Chief Nurse and Medical Director

Performance Overview (Well Led)

Domain	Key Performance Indicator	Target	May-23	Jun-23	Jul-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Local or National Target?	Exec Lead
Well Led	Turnover Rate	10%	8.1%	8.0%	8.0%					Aug-22	Local	Chief People Officer
	Sickness Absence (Excludes Estates & Facilities staff)	3%	4.6%	4.6%		4.6%				Mar-21	Local	Chief People Officer
	% of Staff with Annual Appraisal	95%	78.6%	78.2%	78.8%					Mar-21	Local	Chief People Officer
	Statutory and Mandatory Training	95%	93%	94%	94%					Dec-22	Local	Chief People Officer
	Adult Nursing Vacancies	10%	8.1%	8.5%	6.8%					Oct-22	Local	Chief People Officer
	Paed Nursing Vacancies	10%	13.5%	16.9%	14.4%					Oct-22	Local	Chief People Officer
	Midwives Vacancies	10%	13.8%	13.6%	14.3%					Oct-22	Local	Chief People Officer
	Health Care Assistants and Support Workers Vacancies - excluding Maternity	10%	15.2%	14.6%	15.6%					Oct-22	Local	Chief People Officer
	Health Care Assistants and Support Workers Vacancies - Maternity	5%	-12.7%	0.8%	2.1%					Oct-22	Local	Chief People Officer

Performance Overview (Effective)

Domain	Key Performance Indicator	Target	May-23	Jun-23	Jul-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Local or National Target?	Exec Lead
Effective	Published Summary Hospital-level Mortality Indicator (SHMI)	100	103	103	104	104 Feb 22 to Jan 23)	Assurance and variance not applicable			May-21	Local	Chief Nurse and Medical Director
	12 months Hospital Standardised Mortality Ratio (HSMR)	100	100	100	99	99 Apr 22 to Mar 23	Assurance and variance not applicable			May-21	Local	Chief Nurse and Medical Director
	Crude Mortality Rate		1.0%	0.9%	1.0%	1.0%				May-21	Local	Chief Nurse and Medical Director

Note: Health Inequality KPIs agreed to be included in future reports:
























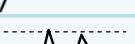



- DNAs by ethnicity and deprivation
- Referrals to the smoking cessation service (patients and workforce, separated)

Performance Overview (Responsive Emergency Care)

Responsive (Emergency Care)













Domain	Key Performance Indicator	Target	May-23	Jun-23	Jul-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Local or National Target?	Exec Lead
Responsive (Emergency Care)	Emergency Department 4 hour waits LLR	76%	70.7%	73.4%	74.6%	72.9%				Mar-23	National	Chief Operating Officer
	Emergency Department 4 hour waits UHL	76%	54.9%	59.5%	61.1%	58.5%				TBC	National	Chief Operating Officer
	Mean Time to Initial Assessment	15	19.6	18.2	15.6	19.3				Nov-22	National	Chief Operating Officer
	12 hour trolley waits in Emergency Department (DTA)	0	1,046	910	654	3570				Mar-23	National	Chief Operating Officer
	Number of 12 hour waits in the Emergency Department	0	2,545	2,088	1,612	8352				Mar-23	National	Chief Operating Officer
	Number of Ambulance Handovers		4,792	4,660	4,656	18,477				Data sourced externally	Local	Chief Operating Officer
	Number of Ambulance Handovers >60 Mins	48	279	376	23	882				Data sourced externally	Local	Chief Operating Officer
	Percentage of Ambulance Handovers >60 Mins	1%	5.8%	8.1%	0.5%	4.8%				Data sourced externally	Local	Chief Operating Officer
	Total lost Ambulance Hours	40 per day	1094	1236	516	3666				Data sourced externally	Local	Chief Operating Officer
	Number of patients waiting greater than 24 hours for discharge P1, P2		55	49	56		Awaiting more data for assurance and variance			TBC	Local	Chief Operating Officer
	Trust Bed Occupancy	92%	93.0%	86.0%	90.9%					TBC	National	Chief Operating Officer
	Long Stay Patients (21+ days) as a % of G&A Bed Occupancy	12%	14.7%	15.0%	14.7%					Apr-23	Local	Chief Operating Officer

Performance Overview (Responsive Elective Care)

Domain	Key Performance Indicator	Target	May-23	Jun-23	Jul-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Local or National Target?	Exec Lead
Responsive (Elective Care)	Referral to Treatment Incompletes	103,733	117,809	117,507	118,125					Jun-23	Local	Chief Operating Officer
	Referral to Treatment 52+ weeks	0 by Mar25	10,096	8,855	7,953					Jun-23	National	Chief Operating Officer
	Referral to Treatment 65+ weeks	0 by Mar24	2,996	2,535	2,103					Jun-23	National	Chief Operating Officer
	Referral to Treatment 78+ weeks	0	381	116	74					Jun-23	National	Chief Operating Officer
	6 Week Diagnostic Test Waiting Times	15%	38.0%	35.0%	33.4%					Jul-23	National	Chief Operating Officer
	Theatre Utilisation	85.0%	75.6%	76.2%	75.2%	75.6%				TBC	National	Chief Operating Officer
	PIFU	3.5%	2.1%	2.1%	2.3%	2.1%				Jul-23	Local	Chief Operating Officer
	% Outpatient Did Not Attend rate	5%	7.7%	7.6%	7.7%	7.7%				Apr-23	Local	Chief Operating Officer
	% Outpatient Non Face to Face	25%	30.7%	29.6%	29.4%	30.0%				Apr-23	National	Chief Operating Officer

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

Performance Overview (Responsive Cancer)

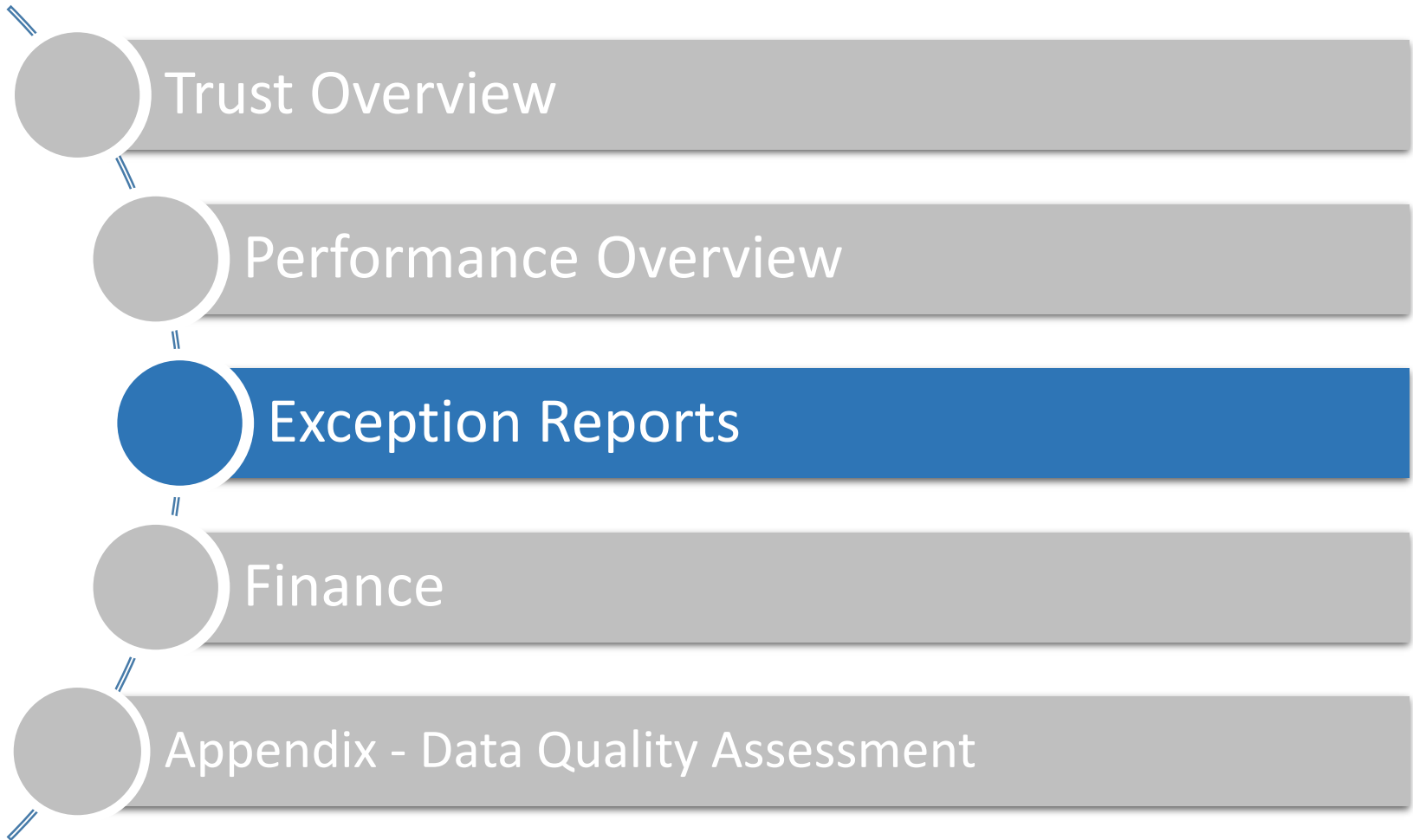
Domain	Key Performance Indicator	Target	May-23	Jun-23	Jul-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Local or National Target?	Exec Lead
Responsive (Cancer)	2 Week Wait	93%	82.1%	82.8%		81.4%				Feb-23	National	Chief Operating Officer
	28 Day Faster Diagnosis Standard	75%	72.1%	72.8%		71.7%				TBC	National	Chief Operating Officer
	62 Day Backlog	309	550	482	469					Feb-23	Local	Chief Operating Officer
	Cancer 62 Day	85%	36.3%	41.4%		40.5%				Feb-23	National	Chief Operating Officer

Performance Overview (Finance)

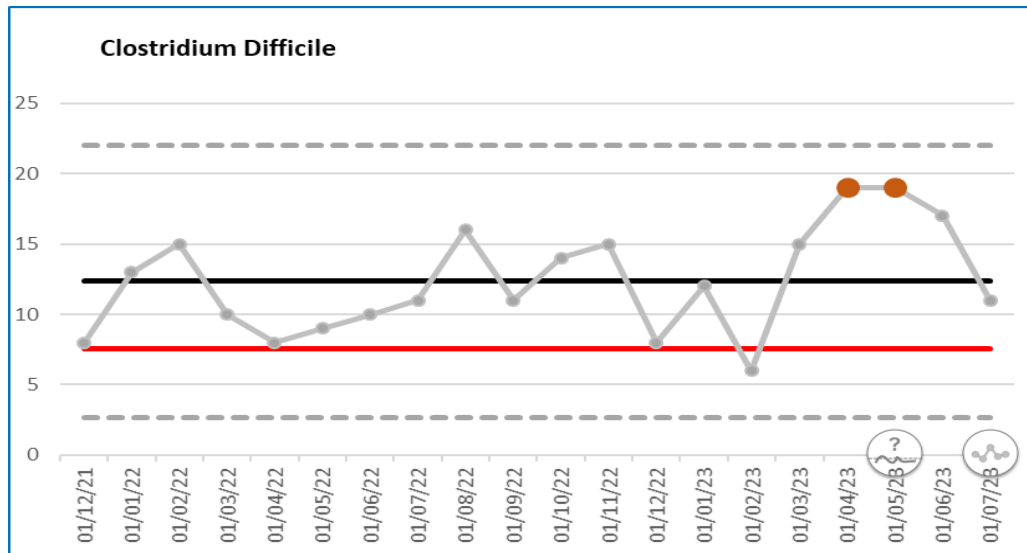
Domain	Key Performance Indicator	Target YTD	May-23	Jun-23	Jul-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Finance	Trust level control level performance	-£28.4m	-£6m	-£6.6m	-£6.5m	-£28.4m				Jun-22	Chief Financial Officer
	Capital expenditure against plan	£13.0m	£3.2m	£4.0m	£1.0m	£13.0m				Jun-22	Chief Financial Officer
	Cost Improvement (Includes Productivity)	£1.3m	-£0.4m	£1.4m	-£0.9m	£1.3m				Sep-22	Chief Financial Officer
	Cashflow	No Target	£14.5m	£10.3m	-£16.5m	£65m				Jun-22	Chief Financial Officer
	Aged Debt	No Target	£21.7m	£15.9m	£16.9m						Chief Financial Officer
	Invoices paid within 30 days (value)	95%			96%						Chief Financial Officer
	Invoices paid within 30 days (volume)	95%			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	21,369	20,509	-860	84,854	80,760	-4,094	-10,011
	Follow Up Outpatients (inc. NFTF)	638,301	52,677	50,323	-2,354	209,221	198,569	-10,652	-1,674
	Outpatient Procedures	154,229	13,031	12,799	-232	49,719	49,154	-565	-1,745
	Daycase	106,871	9,099	8,298	-801	34,657	34,562	-95	-2,030
	Inpatient	19,625	1,644	1,384	-260	6,408	5,982	-426	-750
	Emergency	95,618	7,940	7,646	-294	31,670	31,704	34	-1,263
	Non Elective	22,578	1,915	1,905	-10	7,542	7,342	-200	215
	Emergency Department (inc. Eye Casualty)	259,693	21,300	22,453	1,154	86,220	88,364	2,145	1,080
	Diagnostic Imaging	161,689	13,358	14,680	1,322	53,489	58,848	5,359	3,201
	Other	11,573,486	963,255	973,339	10,084	3,843,687	3,809,659	-34,027	806,049
	TOTAL	13,283,639	1,105,587	1,113,337	7,749	4,407,467	4,364,944	-42,523	793,071



Safe – Clostridium Difficile



Cases			Cases per 100,000 Bed Days		
Jul 23	YTD	Target	Jul 23	YTD	Target
12	64	92	28.1	26.0	

National Position & Overview

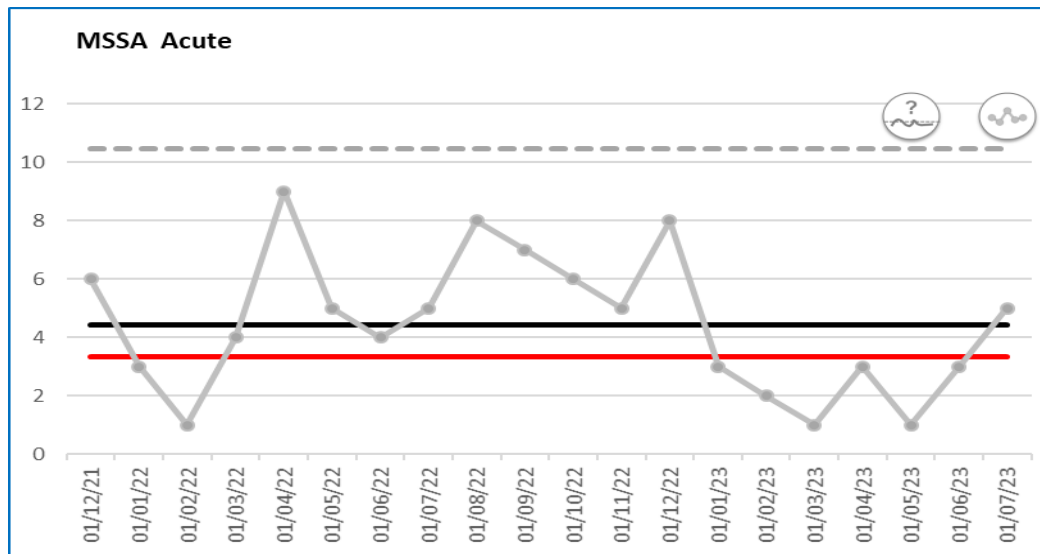
The number C. Diff cases per 100,000 bed days (HOHA) reported in July was 28.1 for UHL against a national average of 22.39

C.Diff cases reported YTD is a total of 64 as per the following breakdown:

Hospital onset Healthcare Associated (HOHA) – 43
Community onset Healthcare Associated (HOHA) – 21

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> There are no new themes to report with regard to the Root Cause of acquisition of CDI cases this month. 	<ul style="list-style-type: none"> Q1 data and thematic report was presented at TIPAC July 2023. Infection prevention newsletter will highlight the need to focus attention on recording bowel output daily using the Bristol Stool Chart to facilitate accurate and timely assessment of altered bowel output. Ongoing reviews of side rooms to facilitate isolation capacity to ensure the patients are isolated in a timely manner. 	<ul style="list-style-type: none"> July IP newsletter to raise awareness

Safe – Methicillin-susceptible Staphylococcus Aureus Acute



Current Performance

Jul 23	YTD	Target
5	12	40

National Position & Overview

The number of MSSA cases per 100,000 bed days (HOHA) reported in July was 10.16 for UHL against a national average of 10.93

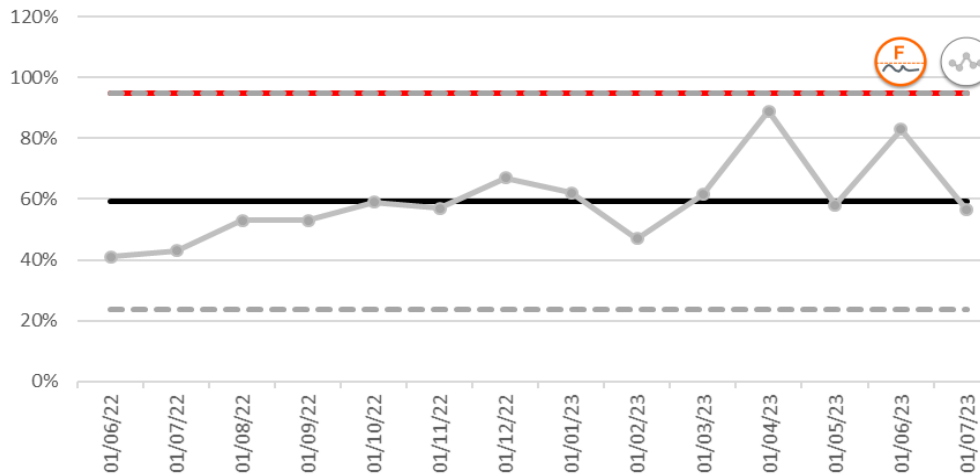
MSSA cases reported YTD is a total of 22 as per the following breakdown:

Hospital onset Healthcare Associated (HOHA) – 12
Community onset Healthcare Associated (HOHA) – 10

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> Peripheral and Central line infections of the bloodstream Poor compliance with line managements and adherence to care bundles 	<ul style="list-style-type: none"> To progress the workstream to include device management on NC. To raise issues in Vascular Access group Review ANTT training and policy across UHL 	<ul style="list-style-type: none"> The chart demonstrates occasional spikes of a similar level, this will be monitored and reviewed

Caring – % Complaints Responded to in Agreed Timeframe – 10 Working days

% Complaints Responded to in Agreed Timeframe - 10 Working days



Current Performance

Jul 23	YTD	Target
56.5%	72.0%	95%

National Position & Overview

Root Cause

Volume of formal complaints and vacancies
(The Corporate Patient Safety team are still on the Trust Risk Register ID 3755 at score of 12)

Delays in receiving responses from CMGs

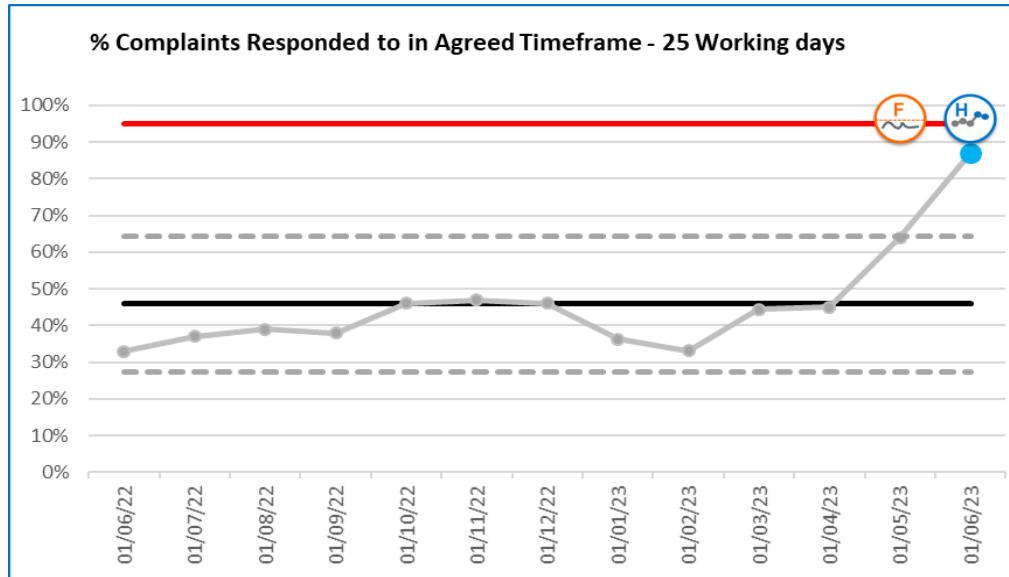
Actions

- The existing PILS service are launching an Early Resolution Service pilot with an aim of reducing the escalation of those concerns to formal complaints.
- External review of end-to-end complaint process.
- Transition the corporate into two separate functions – Complaints and Patient Safety
- Recruitment into dedicated new Complaints and PILS Lead post
- Weekly reminder report initiated
- Timeliness of complaints response incorporated into PRM pack and in new Q&S Performance Report to PSC/QC

Impact/Timescale

- Ongoing with use of improvement cycle
- Completed for presentation to PSC in September 2023
- September 2023
- Recruited , start date to be confirmed
- Ongoing

Caring – % Complaints Responded to in Agreed Timeframe – 25 Working days

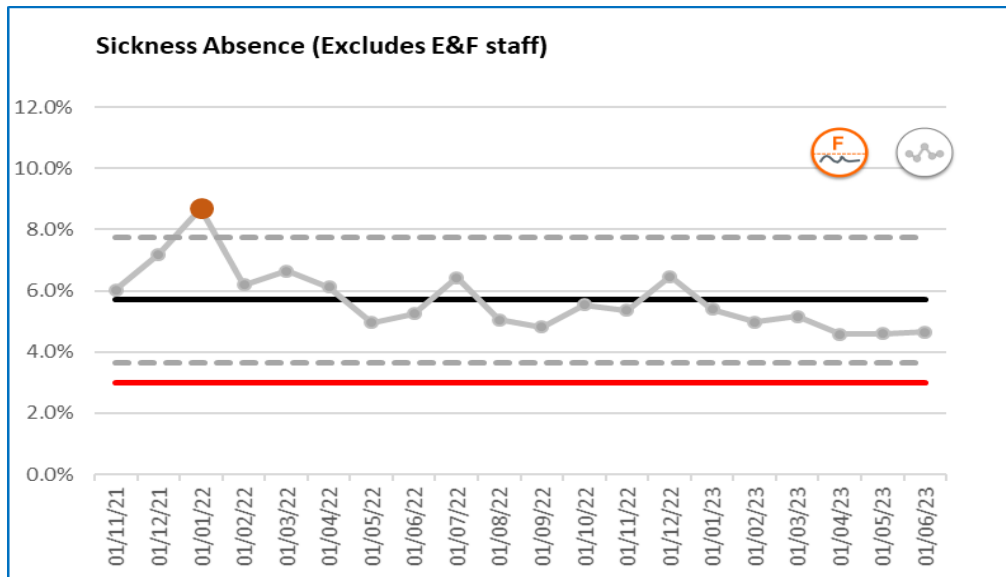


Current Performance		
Jun 23	YTD	Target
87.1%	87.1%	95%

National Position & Overview

Root Cause	Actions	Impact/Timescale
Volume of formal complaints and vacancies (The Corporate Patient Safety team are still on the Trust Risk Register ID 3755 at score of 12)	<ul style="list-style-type: none"> The existing PILS service are launching an Early Resolution Service pilot with an aim of reducing the escalation of those concerns to formal complaints. External review of end-to-end complaint process. Transition the corporate into two separate functions – Complaints and Patient Safety Recruitment into dedicated new Complaints and PILS Lead post 	<ul style="list-style-type: none"> Ongoing with use of improvement cycle
Delays in receiving responses from CMGs	<ul style="list-style-type: none"> Weekly reminder report initiated Timeliness of complaints response incorporated into PRM pack and in new Q&S Performance Report to PSC/QC 	<ul style="list-style-type: none"> Completed for presentation to PSC in September 2023 September 2023 Recruited , start date to be confirmed Ongoing

Well Led – Sickness Absence (Excludes E&F Staff)

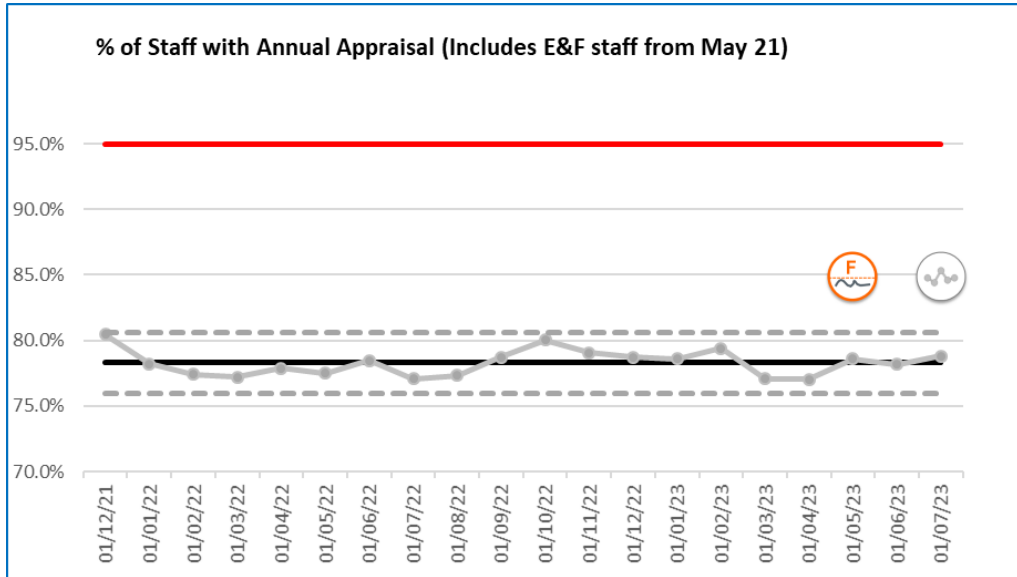


Current Performance		
Jun 23	YTD	Target
4.6%	4.6%	3%

National Position & Overview
Data Excludes Estates and Facilities staff. Peer data not currently available.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> In May 2023 we reported 4.60% sickness absence, and there has been a 0.04% increase in June to 4.64%. The cumulative sickness in overall sickness absence. In the Clinical CMG's sickness absence has reduced to 4.82% (taking account of retrospective reporting). The Corporate Directorates have seen an increase in sickness absence from 2.8% to 3.05%. The top three reasons for sickness absence for year to date are 'other known causes' (21.98%), 'stress anxiety depression' (18.29%), and 'Cough, cold, flu' (8.16%). 'Covid-19 / infection precaution' absences have seen a small increase from 2.58% in May to 2.61% in June 2023, and this is the position nationally too. 	<ul style="list-style-type: none"> The winter approach to managing sickness absence supporting colleagues' wellbeing aligned to a 'just and restorative' approach, and empowering managers to make person-centered decisions, in a compassionate and inclusive way has been extended to align with a current review of the Trust's attendance policy. Feedback has been sought from key stakeholders on the Trust approach to Sickness Absence management which will shape the new policy. The focus remains on reviewing and supporting colleagues on long term sickness absence (10+ and 6+ months). 	<ul style="list-style-type: none"> The indicative trajectory has been revised, and will be kept under review to take account of the impact of industrial action across health services and other sectors, as well as COVID-19.

Well Led – % of Staff with Annual Appraisals



Current Performance

Jul 23	YTD	Target
78.8%	-	95%

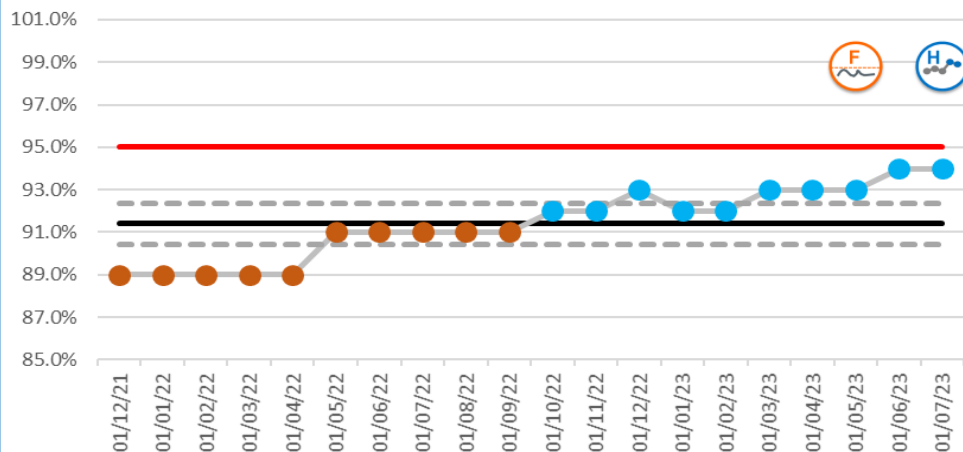
National Position & Overview

Peer data not currently available.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> There is some data discrepancy between CMG and ESR Appraisal Performance. A number of colleagues have had appraisals within the last 12 months, outside the reporting/ incremental date and therefore show as non-compliant. Strike action in the month of July 2023 would have impacted on appraisal rates. Notably there are 7 days of planned industrial action in the month of August 2023 	<ul style="list-style-type: none"> It was acknowledged in recent exception reports that we would be unlikely to reach full compliance of 95% in the short term. From February 2023 CMG reports are provided, highlighting performance and areas of focus, to enable targeted support and action. Regular team meetings with relevant line managers are taking place to review appraisal performance and any additional support required. 	<ul style="list-style-type: none"> Appraisals are reviewed through regular line management and Board oversight meetings. Appraisals are also monitored through the PRM monthly meetings. The 3 month trajectory reflects the 7 days of industrial action in August and peak annual leave periods

Well Led – Statutory and Mandatory Training

Statutory and Mandatory Training



Current Performance

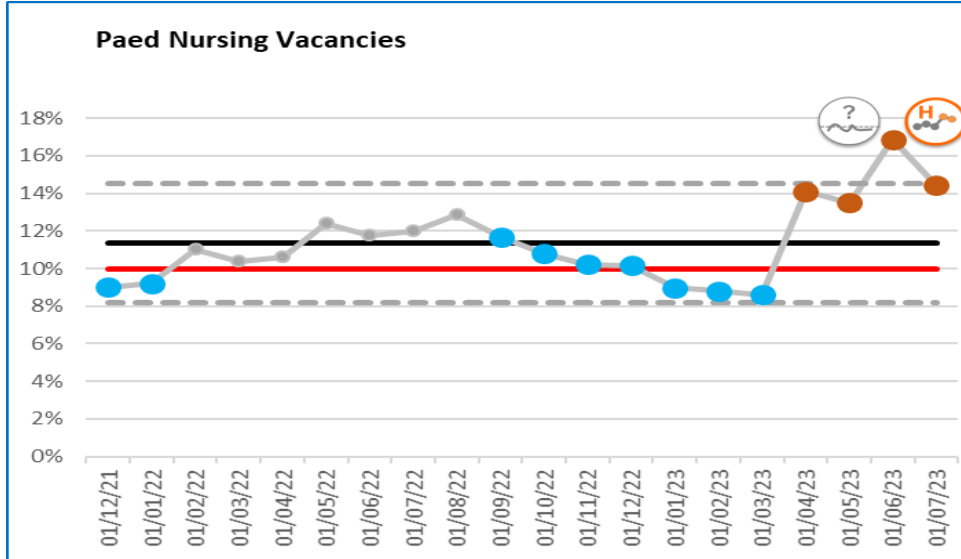
Jul 23	YTD	Target
94%	-	95%

National Position & Overview

Peer data not available.

Root Cause	Actions	Impact/Timescale
<p>It is recognised that performance has been, and is still being, affected by:</p> <ul style="list-style-type: none"> • Covid-19, Flu & related Staff Absence Levels • Operational pressures • Operational demand • Seasonal absences, annual leave and demands 	<p>Performance against trajectories is being monitored via Executive Corporate and CMG Performance Reviews. This is complimented by access to compliance reports, direct emailed snapshot reports to over 2000 relevant staff & around 10,000 direct emails per month to non-compliant staff.</p> <p>New question based eLearning modules now on HELM for Fire Safety, Infection Prevention and Cyber Security training.</p> <p>People Services Colleagues continue to support managers with improving their compliance. Targeted reminders to specific areas and CMGs will continue.</p>	<p>Reviewed through the Making it All Happen reviews chaired by CMG / Directorate leadership teams with support from HR. This is a meeting with each line manager to review sickness, appraisals and S&MT compliance.</p> <p>Drive towards improving the overall percentage of UHL during Q2 of the financial year has been implemented with renewed chasing on non-compliance and organisational support.</p> <p>Review of ESR and HELM data alignment is ongoing.</p>

Well Led – Paed Nursing Vacancies

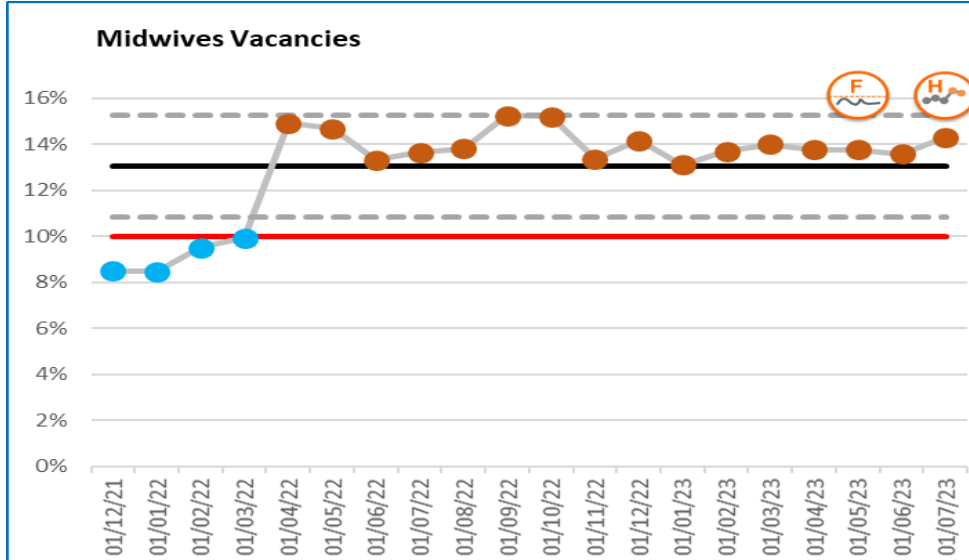


Current Performance		
Jul 23	YTD	Target
14.4%	-	10%

National Position & Overview
<p>In May 2023, NHS Digital reported a national vacancy rate of 9.9% on 31 March 2023 within the Registered Nursing staff group (40,096 vacancies). This is a slight decrease from the same period the previous year when the vacancy rate was 10.0% (38,972 vacancies).</p>

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> There has been an uplift in 2023-2024 budgeted nursing establishment in the Childrens Hospital (+15.18wte) and Paediatric ED(PED) (+5.03wte) as part of 3-year investment plan. Underlying RN vacancies in both PED (currently 10.76wte but this has reduced from June) and Childrens Hospital (currently 28.5wte and no change from June) remain stable with robust recruitment plans in place. ED have a higher proportion of Band 6 vacancies (18.97) as opposed to Band 5 nurses (10.76) 	<ul style="list-style-type: none"> Innovative recruitment advertisement across social media platforms to increase 'reach' Joint recruitment fairs between Childrens Hospital and PED Six-month rotation placements offered across the Childrens' Hospital, Paediatric Emergency Department and NNU Increased focus on recruitment to medical, surgical and cardiac wards. Clinical skills facilitators recruited to the majority of wards within the Childrens Hospital to support new starters Enhanced focus on flexible working offer 	<p><u>August to November 2023</u></p> <p>Childrens Hospital have around 28 Newly Qualified Nurses with conditional offers due to start in the next few months .</p> <p>Childrens ED have 14 nurses due to commence in the next couple of months</p> <p>It is anticipated that vacancy rates will reduce at the end of Quarter 2 2023 following successful recruitment of Registered Nurses currently in the pipeline.</p>

Well Led – Midwives Vacancies



Current Performance

Jul 23	YTD	Target
14.3%	-	10%

National Position & Overview

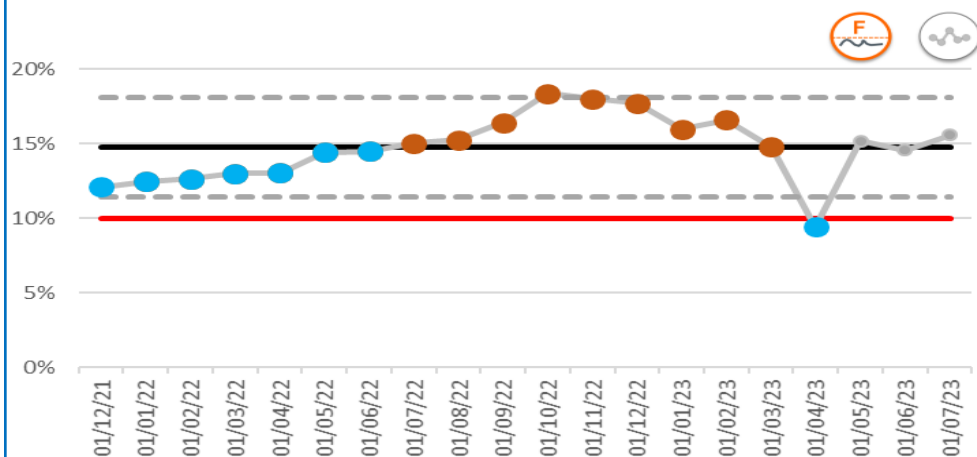
Vacancy rate has increased slightly this month but continues to remain static overall. The forecast of Midwives commencing in Trust over next 4 months will improve the overall position.

Midwife to Birth Ratio 1: 27.5 (below target for actual v's funded establishment). Based on NHS Workforce Statistics (December 2022) UHL are above national average of 1:26

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> • Increase in funded establishment April '22 due to Ockenden funding • Ongoing challenges persist within maternity services due to historical underinvestment in the workforce. To better understand and fulfill establishment requirements, safe staffing tools have been utilised in the past. • Commons themes have emerged for staff departures, including length of commute and practice environment. 	<ul style="list-style-type: none"> • The regular rolling midwife advert continues every 4 weeks tailored for UK and international midwives to attract suitable candidates • Currently, there are 13 international midwives in post, and a further 4 due to commence September '23. • A self rostering pilot at LRI has been launched following staff feedback and successful results other organisations • A Birth Rate Plus Workforce Assessment expected to be completed by the end of August 2023 • A new MW/MSW (Midwife/Maternity Support Worker) Workforce Planning Working Group continues to meet fortnightly to address workforce planning and related matters. • Pastoral meetings were arranged at both sites for staff to discuss issues and concerns as well as feedback with the RRP midwives and Matron for safe staffing. Further sessions arranged via MS Teams 	<ul style="list-style-type: none"> • 4 international midwives commencing in September and further 14 international midwives to be interviewed for 6 places available for November • 22 band 5 midwives are due to commence in November 2023 in hospital, 3 band 5 midwives due to commence in Community August 2023, 1 band 6 midwife due to commence in September 2023 in Telephone Triage • Stretch targets identified in workforce plan to improve current position within 12 months. • A working party of clinical staff is to be convened to help disseminate and share 4 high level actions from workforce plan to support ownership of change required

Well Led – HCA and Support Workers Vacancies – excluding Maternity

HCA and support workers Vacancies - excluding Maternity



Current Performance

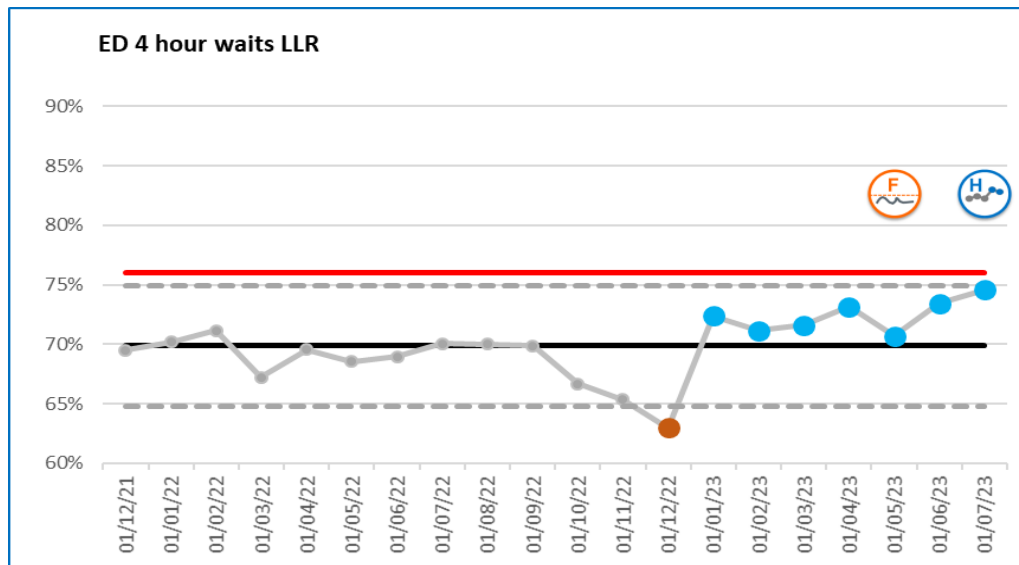
Jul 23	YTD	Target
15.6%	-	10%

National Position & Overview

The number of vacancies for health care support workers remains high. There has been a slight increase in the percentage vacancy in the month of July. We expect to see this reduce in August. The national focus on recruitment into these posts continues and reducing the vacancy rate in HCSW is a priority. We aim to be as 'close to zero vacancies as possible for the health care support worker role.

Root Cause	Actions	Impact/Timescale									
<ul style="list-style-type: none">The underlying number of HCA vacancies remain stable, but ESR data is not accurateTrainee Nursing Associates cannot be separated in the finance ledger leading to a higher number of vacancies being reportedUplifts to HCA establishments increasing number of new vacanciesThe number of HCA starters and leavers in July has reduced compared to June and a downward trend of leavers is maintained <table><tr><td></td><td><u>June</u></td><td><u>July</u></td></tr><tr><td>Starters</td><td>64</td><td>22</td></tr><tr><td>Leavers</td><td>13</td><td>12</td></tr></table>		<u>June</u>	<u>July</u>	Starters	64	22	Leavers	13	12	<ul style="list-style-type: none">Continued review of ESR data / occupational codes alongside financial data cleansing and establishment uplifts to check accuracy of data reportingContinue with bi-monthly recruitmentTaking part in the NHS e pilot for HCA recruitmentCreate additional training capacity to increase recruitment to uplifted establishments	<ul style="list-style-type: none">Initial manual vacancy count undertaken by corporate nursing confirming circa 175wte HCA vacancies. This number has increased slightly in July but anticipate a reduction in August. Manual vacancy count will continue until ESR data is correct•48 offers made at HCA interviews on 15th July• <i>In addition</i> - 100 HCA recruits commencing in current future/months•<i>In addition</i> - 38 HCA recruits from Bulk recruitment awaiting completion of pre-employment checks•Training Capacity increased to 800+ per year
	<u>June</u>	<u>July</u>									
Starters	64	22									
Leavers	13	12									

Responsive (Emergency Care) – ED 4 Hour Waits



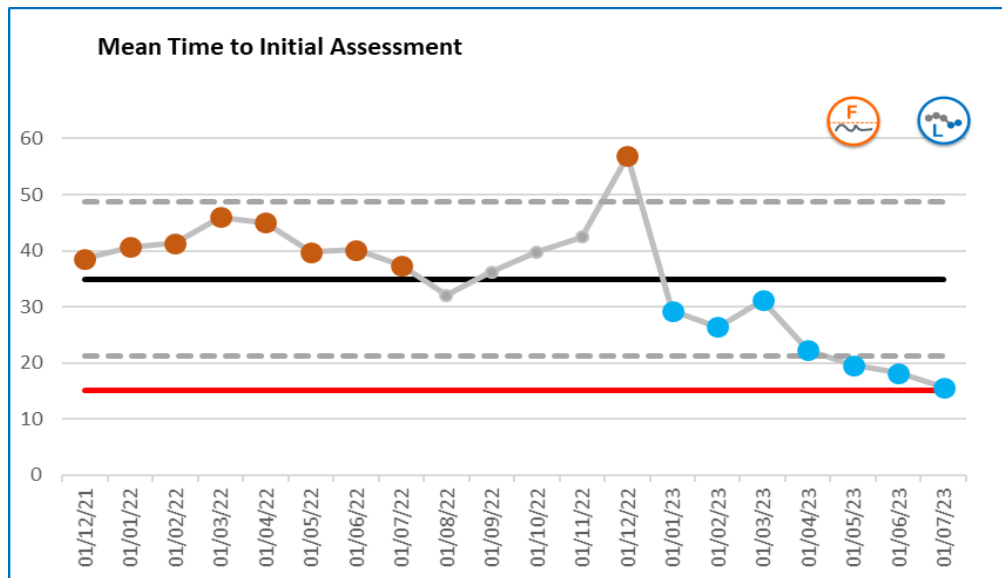
LLR Performance			UHL Performance		
Jul 23	YTD	Target	Jul 23	YTD	Target
74.6%	72.9%	76%	61.1%	58.5%	76%

National Position & Overview

In July, UHL ranked 59th out of 124 Acute Trusts based on its acute footprint. The National average in England was 74.0 %. 44 out of the 124 Acute Trusts achieved the target. UHL ranked 7th out of 18 trusts in its peer group. The best value out of the Peer Trusts was 81.8% and the worst value was 59.7%.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> Crowding in ED High Inflow of particularly in walk-in impacting on ambulance arrivals UHL bed occupancy >92% 	<ul style="list-style-type: none"> Review of imaging delays Extension of discharge lounge at LRI (move of physio therapy) Extension of GPAU (Dermatology move) Ensure redirection and streaming into alternative care pathways 	<ul style="list-style-type: none"> July 2023 Commenced and will complete October 23 November 2023 August 2023

Responsive (Emergency Care) – Mean Time to Initial Assessment



Current Performance

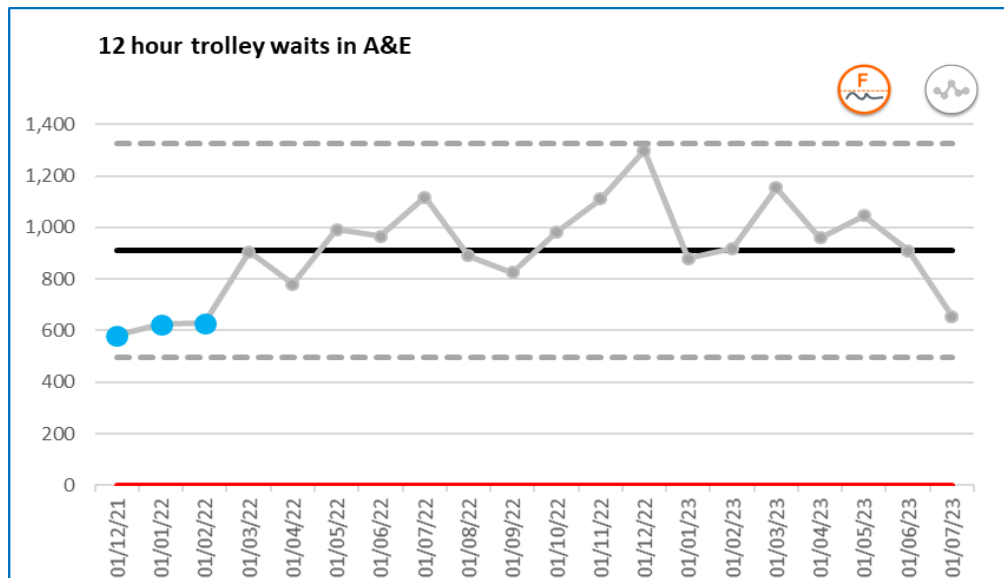
Jul 23	YTD	Target
15.6	19.3	15

National Position & Overview

National data not currently available for reporting.

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

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



Current Performance

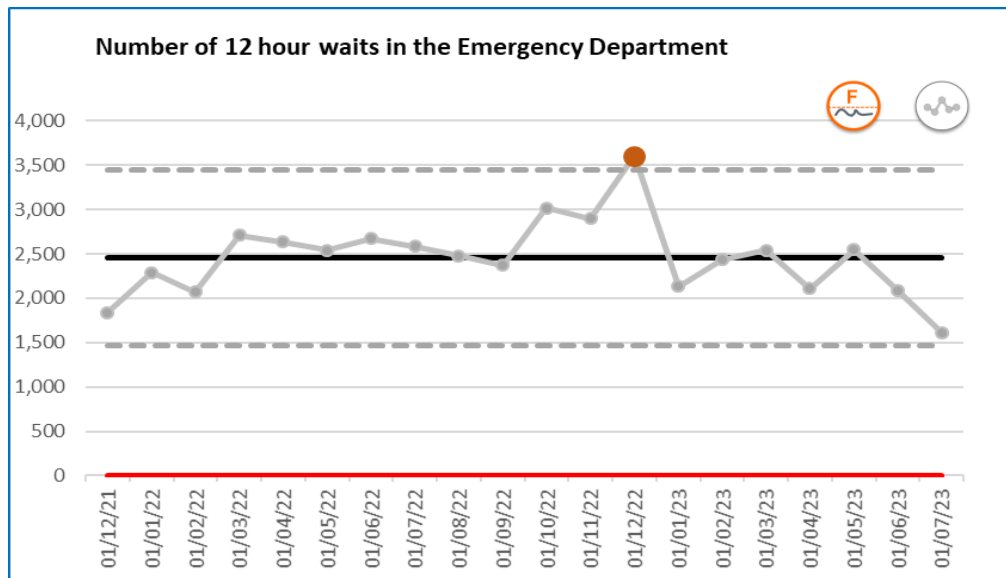
Jul 23	YTD	Target
654	3,570	0

National Position & Overview

In July, UHL ranked 112th out of 122 Major A&E NHS Trusts. 18 out of the 122 Trusts achieved the target. The best value nationally was 0 and the worst value was 1,254. UHL ranked 13th out of 18 trusts in its peer group.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> Poor outflow across the emergency care pathway Insufficient discharges from the base wards to meet demand Inability to create early capacity across the emergency care pathway due to lack of early discharges / using the discharge lounge overnight 	<ul style="list-style-type: none"> Medical in reach in place 24/7 Focused work on flow through the hospital to include board rounds, criteria led discharge, TTO's further review required as impact of schemes is not resulting in improving performance New wards at GH Additional capacity in discharge lounge Weekly reporting of performance to increase awareness and focus Dedicated action plan in development 	<ul style="list-style-type: none"> In place June – September 2023 February 204 October 2023 August 2023 August 2023

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



Current Performance

Jul 23	YTD	Target
1,612	8,352	0

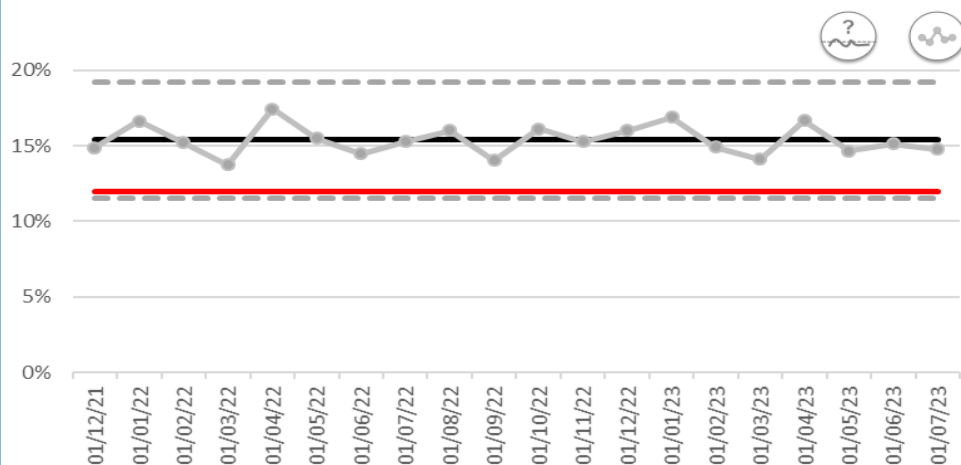
National Position & Overview

National data not currently available for reporting.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> Poor outflow across the emergency care pathway Insufficient discharges from the base wards to meet demand Inability to create early capacity across the emergency care pathway due to lack of early discharges / using the discharge lounge overnight 	<ul style="list-style-type: none"> Medical in reach in place 24/7 Focused work on flow through the hospital to include board rounds, criteria led discharge, TTO's further review required as impact of schemes is not resulting in improving performance New wards at GH Additional capacity in discharge lounge Weekly reporting of performance to increase awareness and focus Dedicated action plan in development 	<ul style="list-style-type: none"> In place June – September 2023 February 204 October 2023 August 2023 August 2023

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

Jul 23	YTD	Target
14.8%	14.8%	12%

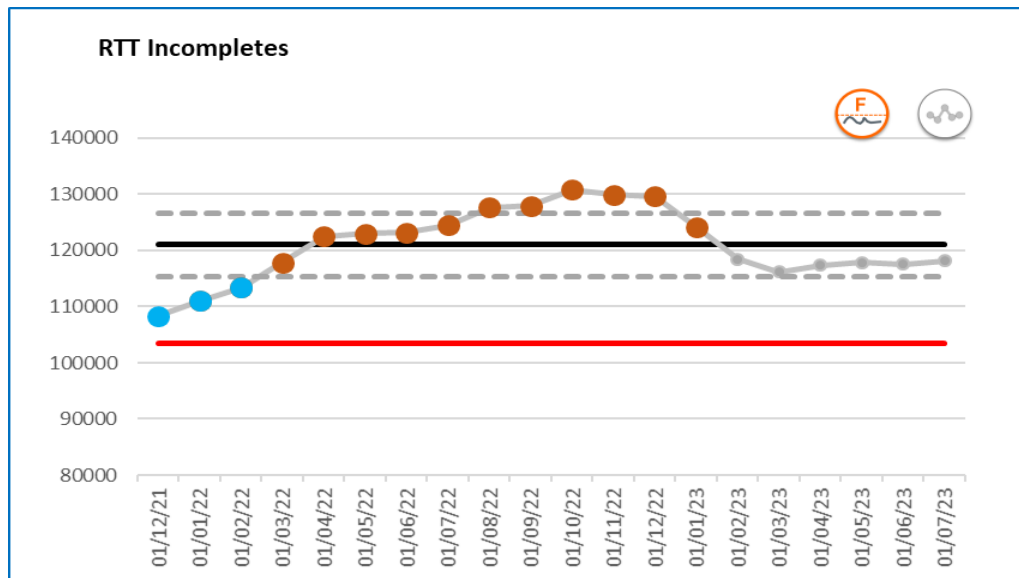
National Position & Overview

UHL is ranked 7th out of 20 trusts in the Midlands for the % beds occupied by Long Stay (21+ Day) patients (for the w/c 31/07/23).

- 41 (233) Patients (18%) are receiving appropriate care/ treatment on a neuro rehabilitation or brain injury pathway or on an Intensive care Unit or Infectious Diseases Unit.
- 59 Patients (25%) are medically optimised for discharge with no acute medical reason to stay .

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> • Circa 149 Complex Medically optimised for discharge patients of which 59 have a LLOS and are awaiting a discharge outcome from the LLR discharge coordination hub. • Suboptimal /inconsistent Discharge Coordination: Over investigation, family /carer involvement, board rounds , red2green principles, preparing the patient in advance of discharge. In addition to impacts of long stays in ED, extra capacity wards, outlying and boarding of patients. 	<p>Continue to work with health and social care system partners during August to:</p> <ul style="list-style-type: none"> • Continue to expand the 'HART and 'City' reablement pilots to cover both GH, LRI and LGH sites • Maximise referrals to the LLR hub before 3pm <p>Work with CMG's to:</p> <ul style="list-style-type: none"> • Understand the 'missed opportunities' from the daily 'lost' discharge outcomes and identify themes for improvement. • Embed High dependency patient cohort identification and processes • Review the Temporary Health Condition pathway. 	<ul style="list-style-type: none"> • Aim to reduce number of MOFD patients waiting for discharge in UHL beds. • Increase numbers of patients discharged on a Pathway 1. • Reduce daily 'lost discharges'

Responsive (Elective Care) – RTT Incompletes



Current Performance

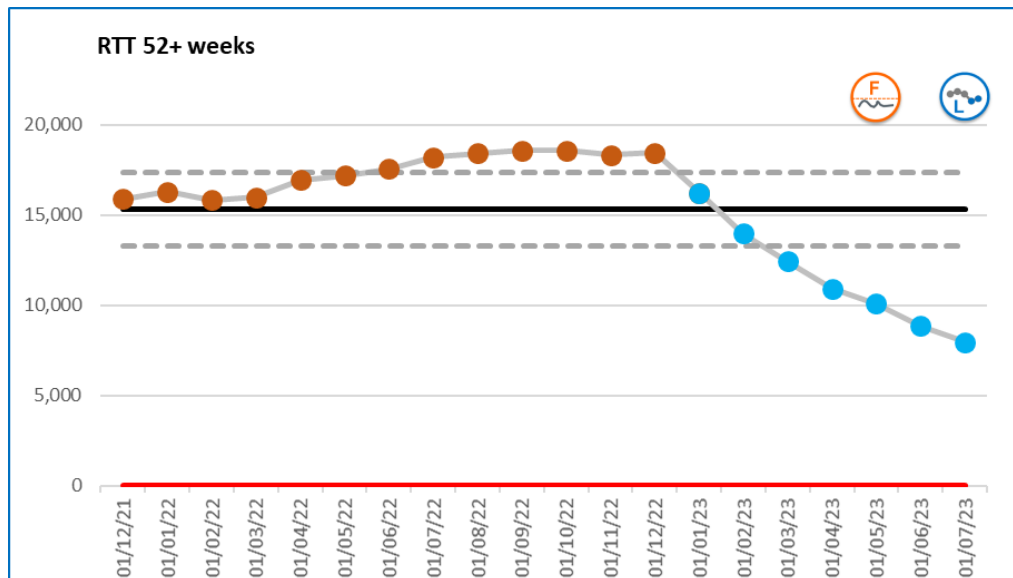
Jul 23	YTD	Target
118,125	-	103,733

National Position & Overview

At the end of June, UHL ranked 14th out of 18 trusts in its peer group with a total waiting list size of 117,494 patients. The best value out of the 18 Peer Trusts was 69,558, the worst value was 199,186 and the median value was 88,435. (Source: NHSE published monthly report)

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> Impact of reduced outpatients and Inpatient activity. Due to COVID-19 and the introduction of social distancing and infection prevention measures. Continued growth in demand against significant number of specialities Continued workforce challenges within ITAPS reducing theatre capacity Estate- lack of theatre capacity and outpatient capacity to increase sessions Significant productivity challenges across elective care 	<ul style="list-style-type: none"> Elective Care Strategy developed with eight key Elective Recovery Interventions aligned to the National Elective Recovery Framework. Validation plan has been developed and is underway to ensure a 'clean waiting' list is in place. Demand and Capacity modelling commissioned to support future planning. Plan to assess demand for elective treatment to understand why the total wait list is currently not reducing as required. Refresh of the elective Access policy in line with national guidance Drafting of new training strategy and comms to support understanding and application of revised policy. 	<ul style="list-style-type: none"> Various actions as part of eight interventions. Key for UHL include a programme on: Productivity and releasing constraints, Validation and Use of the Independent Sector. Key deliverables are identified in year 1, 2 and 3 of the programme. RTT team had closed over 15,500 pathways by the end of July 23. Pathways closed using AccuRX technology have also resulted in the closure of a further 20,000 pathways since November 22. D&C refreshed report currently being reviewed. Access Policy launched w/c 10 July which supports consistent application of waiting time management Training strategy continues to be developed – systematic rollout intended from Autumn 2023 onwards.

Responsive (Elective Care) – RTT Long Waiters



Current Performance – July 23

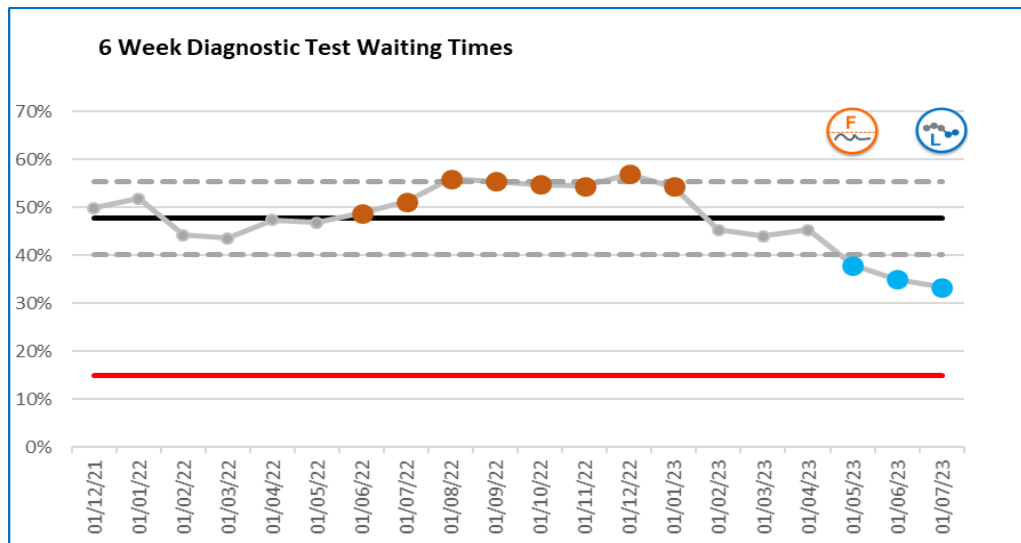
52+ Weeks	65+ Weeks	78+ Weeks
7,953 (Target 0 by March 25)	2,103 (Target 0 by March 24)	74 (Target 0 by March 23)

National Position & Overview

At the end of June, UHL ranked 15th out of 18 trusts in its peer group with 8,853 patients waiting over 52+ weeks. The best value out of the 18 Peer Trusts was 950, the worst value was 27,886 and the median value was 4,038. (Source: NHSE published monthly report)

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> Impact of COVID-19 on planned activity capacity led to a growing backlog Significant operational pressures due to the emergency demand impacting upon elective activity Challenged Cancer position and urgent priority patients requiring treatment Workforce challenges in anaesthetics leading to cancellations of theatre lists Admin workforce challenges across a range of posts, particularly band 2/3 impacting on ability to book patients 	<ul style="list-style-type: none"> Increase numbers sent to Nuffield IS provider and BMI Park Establish future mutual aid requirements to get to 78-week position and then 65 weeks for March 24. Mutual aid requests to be submitted on DMAS (Digital Mutual Aid System) Contract in place with Trentcliffs IS provider for General Surgery, Bariatric and Urology. Recruitment plan in place for ITAPS Admin workforce plan in development. Agreement with IS providers to transfer whole pathway (from first OPA to surgery) Validation plan Focus on 65 and 52 week waiter cohorts UHL in NHSE 'Further Faster' programme –aim of achieving zero 52-week waiters sooner than the March 25 national ambition. 	<ul style="list-style-type: none"> Fortnightly meeting in place to monitor performance. Reduction in elective backlog. Ongoing improving position from December 22. Reduction in admin vacancies. Impact is improved administrative processes leading to improved o/p and theatre productivity, reduced patient DNAs and OTDCs. Reducing backlog - over 500 patients have been sent to the IS since December. Ensuring clean waiting list. Over 98% of patients waiting over 52 weeks have been validated within the last 12 weeks. Impact shown in reduction of those waiting over 52 weeks, faster than 23/24 Operational Plan ambition and despite impact of prolonged industrial action in Q1 and Q2.

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



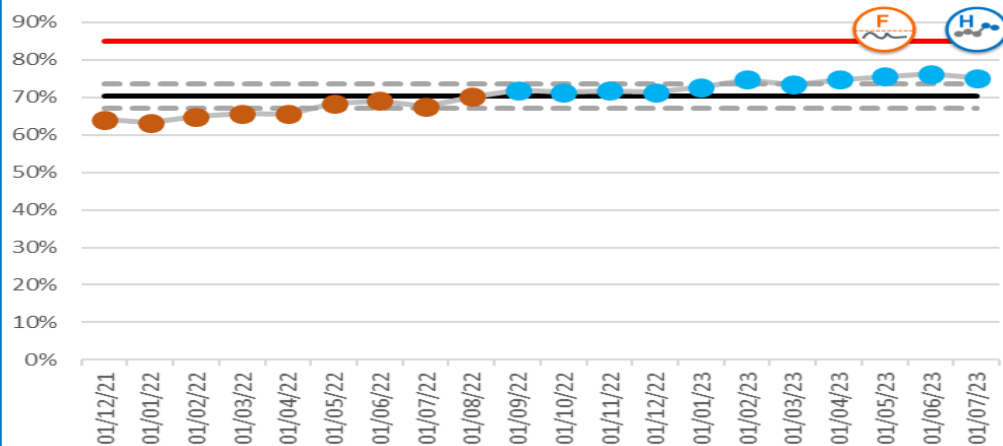
Current Performance		
Jul 23	YTD	Target
33.4%	-	15.0%

National Position & Overview
<p>Published National data at the end of June 23 shows 1.6m patients on the diagnostic waiting list. UHL with 24,860 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 33% as at the end of July. The National average for June was 25.2%. Improvement has been delivered by additional insourcing, increasing productivity and validation of the waiting lists.</p>

Root Cause	Actions	Impact/Timescale
<p>Diagnostics pressure areas are in the main:</p> <ul style="list-style-type: none"> Endoscopy (incl Cystoscopy) CT / MRI NOUS <p>Root cause</p> <ul style="list-style-type: none"> Clinical workforce – national shortage Admin recruitment Pressures from cancer pathways Emergency demand impacting on elective capacity 	<p>Insourcing:</p> <ul style="list-style-type: none"> ECHO and NOUs in January. In place Modular Endoscopy on site – July 2023 <p>Productivity:</p> <ul style="list-style-type: none"> Endoscopy booking outsourcing model in place in July 2023 “Focus on” plan to be established for October – National ask. <p>Validation:</p> <ul style="list-style-type: none"> Endoscopy – clinical validation in place. 20% removal rate. ECHO – clinical validation in place. NOUS – 5% removal rate using AccuRX. Rolled out to DEXA. 	<ul style="list-style-type: none"> The key actions that were set out in late December early January have been actioned and will continue into 23/24. Significant reduction in long waits evidenced in NOUS, Echo and DEXA. Risk remains around complex imaging(MRI and CT) Overall, on track to deliver Tier 1 23/24 recovery trajectories as set with NHSE in January 23. For 23/24 expect c.76% for all DM01 activity against an interim standard of 85% by end of March 24. Currently ahead of trajectory noting high risk areas – MRI / Colonoscopy and Gastroscopy.

Responsive (Elective Care) – Theatre Utilisation

Theatre Utilisation



Current Performance

Jul 23	YTD	Target
75.2%	75.6%	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.

Capped utilisation for Elective care for July 23 is 75.2%.

Root Cause

It is acknowledged that poor utilisation is contributed to by high OTDC rates, late starts, under-booked list and current infrastructure:

- Paediatric services – lack of access to day case beds and no theatre arrivals area, impacts overall utilisation by 2%.
- EMPCC – One theatre operational the other serving as the recovery facility limiting what activity can be carried out within the facility.
- OTDC 8.43% – high levels of on the day cancellations and unable to back fill short notice cancellation slots.
- Late Starts – changes in list order
- ACPL – historic booking and scheduling practices.

Actions

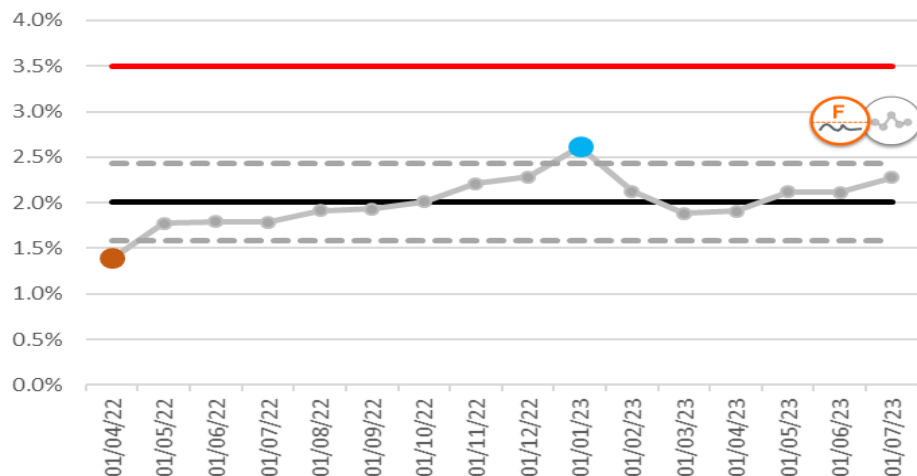
- All theatre metrics are monitored weekly, with surgical services providing the narrative around the metrics with actions taken to reduce common themes or poor performance. This feeds into the monthly Theatre Productivity Board chaired by the Medical Director.
- Paediatric - Development of a 12 bedded surgical day case unit and theatre arrivals area within the current footprint.
 - EMPCC – change in timetable starting from 5th September.
 - OTDC- Calling all patients to book TCI and reminder text 7-5 days prior to admission to confirm attendance and no changes in medical status as BAU.
 - Late starts –Identify Gold Patient and auto sending first on the list to ensure a timely start.
 - ACPL – Booking to National targets and review of current templates. Review of OPS codes alongside booked utilisation vs actual utilisation.

Impact/Timescale

- Paediatric TAA and Day Case go live November 23, supports the elective and emergency split, ensures day case activity can continue in time of escalation and employ best practice working from the off set.
- EMPCC – Oct 23, increasing trust Day surgery rates and reviewing what additional activity can be done.
- Drop in OTDC since Jan 23 by 2%, mitigated further by introducing standby Patients for short notice cancellations & OTDC. Roll out of My Pre-Op which aims to drive down clinical cancellations and pre-surgery texts.
- Late starts dropped from 49% Jan 23, further work to introduce daily huddle at LGH in Sept 23 between whole pathway teams to prepare for upcoming surgeries.
- ACPL increased from 1.79 Jan 23 to 1.93 July 23 – booking to GIRFT recommendations and confirm/challenge at weekly scheduling meetings.

Responsive (Elective Care) – Patient Initiated Follow Up

Patient Initiated Follow Up



Current Performance

Jul 23	YTD	Target
2.3%	2.1%	3.5%

National Position & Overview

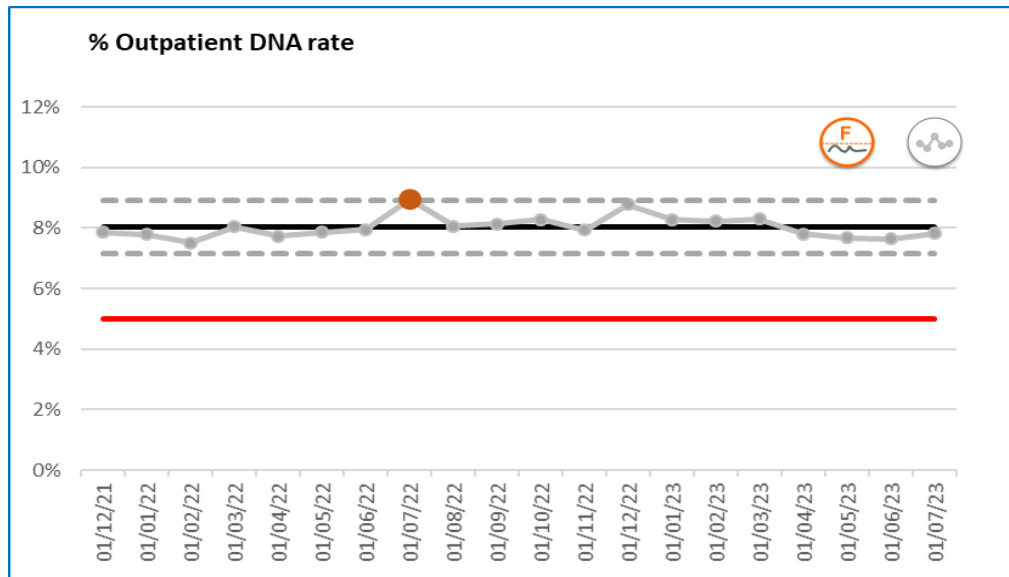
Nationally as of June 2023, University Hospitals Of Leicester NHS Trust ranks 76th out of 136 acute providers for PIFU utilisation.

It is anticipated that this position has improved slightly since the last national snapshot

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%

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> Clinical support of rolling out PIFU within individual specialties and identifying appropriate cohorts of patients Clear Communication about PIFU with clinical teams Concern that there will be a higher demand for follow ups if patients are offered PFU and admin burden Review of all types of contact with patients such as helplines to be recorded as PIFU. This is a nationally recognised approach 	<ul style="list-style-type: none"> Individual support is being provided to each of the 17 GIRFT specialties identified that could effectively use PIFU for their patients. Plans are being agreed with the HoS and General Manager A communication plan to reach all clinicians of the potential of PIFU 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 Appropriate recording of helplines as PIFU alongside a planned routine drug review. This agreement is needed per speciality offering helplines 	<ul style="list-style-type: none"> Action plans and agreed stretch % based upon national benchmarking per specialty to be established over the first part of September Update to wider organisation through Friday Focus and UHL Trust leadership Huddle Helpline review and transition to PIFU throughout September

Responsive (Elective Care) – Outpatient DNA Rate



Current Performance

Jul 23	YTD	Target
7.7%	7.7%	5.0%

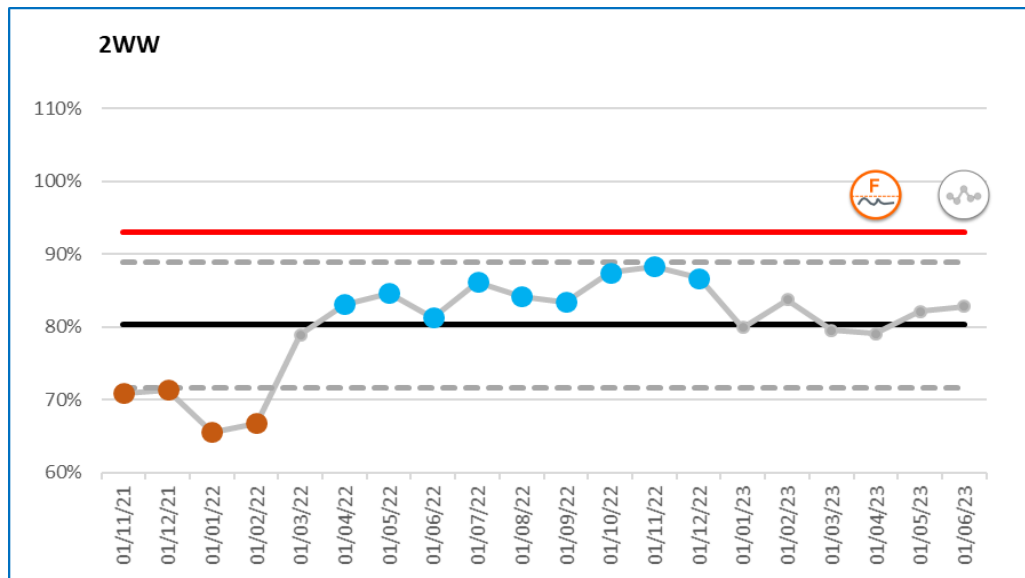
National Position & Overview

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

Responsive Cancer – 2 Week Wait



Current Performance

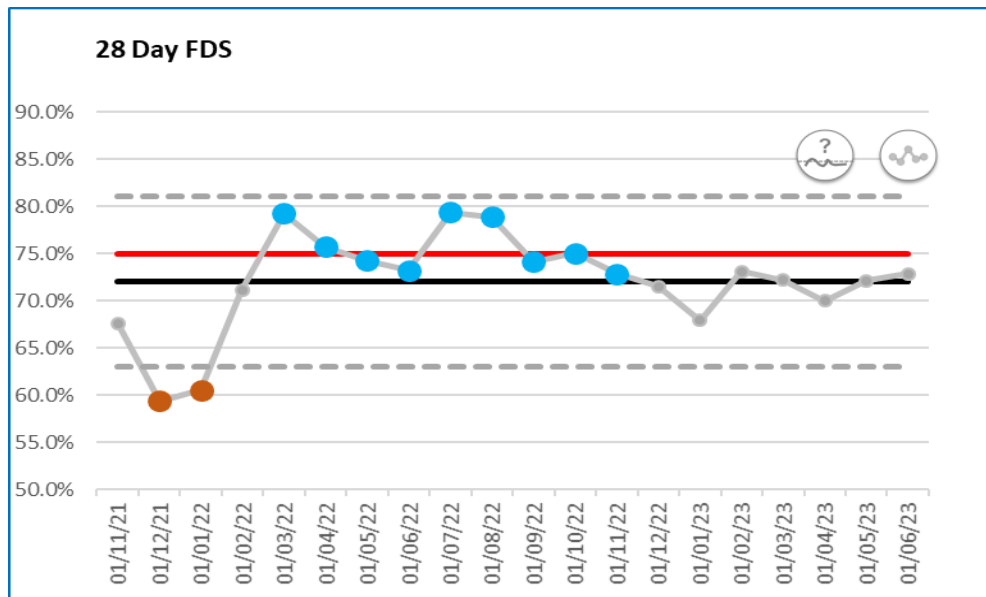
Jun 23	YTD	Target
82.8%	81.4%	93%

National Position & Overview

In June, UHL ranked 82nd out of 140 Acute Trusts. The National average was 80.5%. 42 out of the 140 Acute Trusts achieved the target. UHL ranked 9th out of the 18 UHL Peer Trusts. The best value within our peer group was 96.6%, the worst value was 52.5% and the median value was 81.3%.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> In June 2WW demand was 24% over 2022 equivalent level, driven by skin seasonality hitting a month early. Despite the pathway improvements the 2WW standard remains at risk due to the sustained increase in demand, predominately in out-patients and endoscopy and workforce challenges in both admin and clinical areas. Industrial Action has reduced 2ww capacity Underlying 2ww capacity unable to meet demand for Urology 	<ul style="list-style-type: none"> LOGI 50+FIT pathway implemented 04/01/23 Non Site Specific Symptoms pathway implemented 04/01/23 Continuation of Breast pain pathway & insourcing of under 35s Continuation of AI teledermatology provider into 23/24 Recruitment to Endoscopy booking team vacancies Expand prostate CNS triage service Use of Independent Sector for 2ww Urology appointments 	<ul style="list-style-type: none"> H1 – significant reduction in LOGI referrals evidenced immediate – increase in 2ww capacity August - Increase in Skin FDS capacity May – Additional Urology 2ww capacity

Responsive Cancer – 28 Day Faster Diagnosis Standard



Current Performance

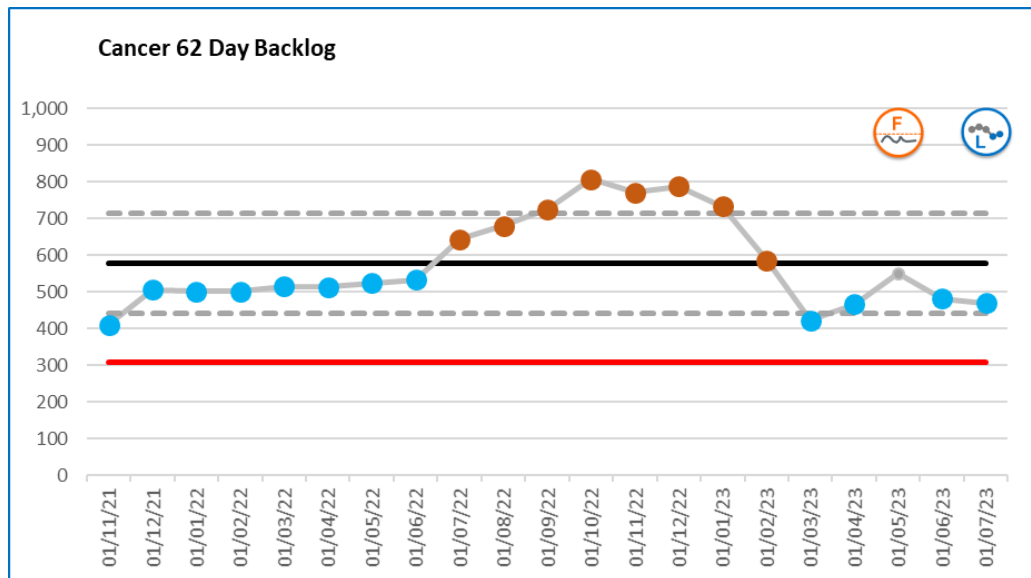
Jul 23	YTD	Target
72.8%	71.7%	75%

National Position & Overview

UHL is ranked 9th in peer group of 18 trusts and 79 out of 135 Acute Trusts, a drop of 8 places since last month. 63 Acute Trusts achieved the target. The National average was 73.5% (an increase of 2.2% since last month). July is forecast to have the most tumour sites compliant within 2023. When comparing against tumour site specific national averages, improvement is being seen across most tumour sites. Breast, Upper GI and Gynae consistently overdeliver against peers and significant improvement has also been evidenced within Screening tumour sites and Urology. Urology is expected to be above the tumour site England average within July.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> Post Christmas recovery affected by repeated industrial action. Deterioration in skin FDS driven by AI telederm implementation not having matched first follow up capacity Industrial Action has reduced 2ww capacity which has pushed out FDS compliance Underlying 2ww capacity unable to meet demand for Urology 	<ul style="list-style-type: none"> Share dynamic backlog report tool, including next steps, to support focused actions for recovery. Demand & Capacity work completed within skin, with routine/community routine slots converted to cancer EMCA funded Insourced Independent Provider assisting with backlog clearance. Outsourced Independent Provider assisting with in week capacity. 	<ul style="list-style-type: none"> Post IA recovery to 75% predicted 28 day FDS compliance. Additional Skin capacity in place September Independent Sector engaged from mid August Independent Sector engaged from early August. Urology FDS predicted at 6x% against a national tumour site average of 54%

Responsive Cancer – Cancer 62 Day Backlog



Current Performance

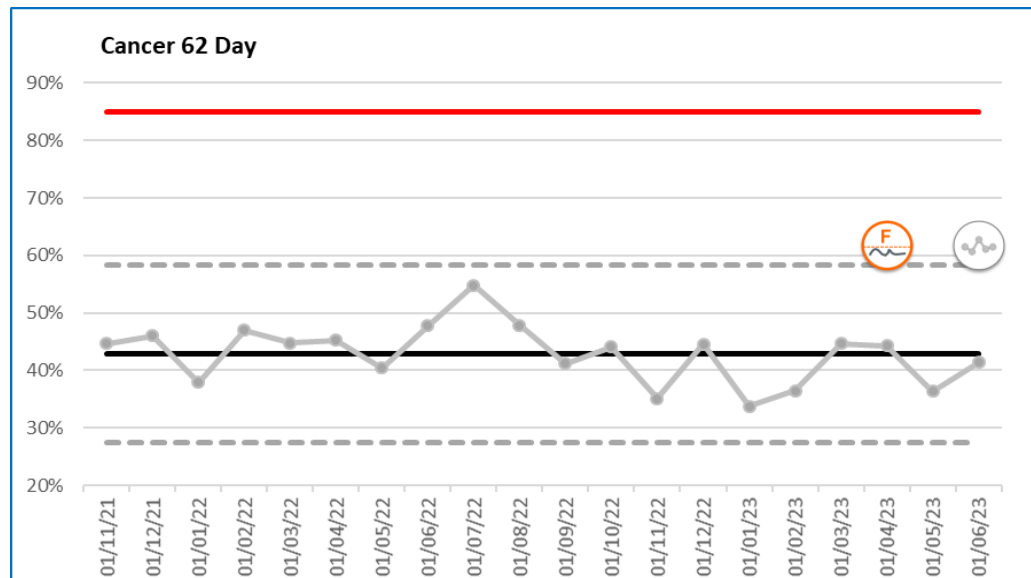
Jul 23	YTD	Target
469	-	309

National Position & Overview

On 06/08 UHL was 26th worst in distance by volume from reaching fair share target. This is an improvement of 9 places.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> 62 day and 104 day backlogs have been impacted by industrial action Urology has caught up to with LOGI and Skin as the next largest. Constraints include capacity, specifically outpatient, diagnostic and clinical administrative time, in addition to workforce to deliver additional capacity. 	<ul style="list-style-type: none"> Clinically prioritise all cancer patients Clinical review of PTL to support Urology and Colorectal Implement in week additional capacity for prostate biopsies Share dynamic backlog report tool, including next steps, to support focused actions for recovery. Continued validation of PTLs and cancer data NSS/Pre-diagnosis CNS commenced to support patient engagement IS now engaged to assist with skin backlog 	<ul style="list-style-type: none"> Updated action plans by tumour site agreed IST support completed – report due NSS/Pre-diagnosis CNS supporting patient engagement across all PTLs Key tumour sites ahead of trajectory.

Responsive Cancer – Cancer 62 Day



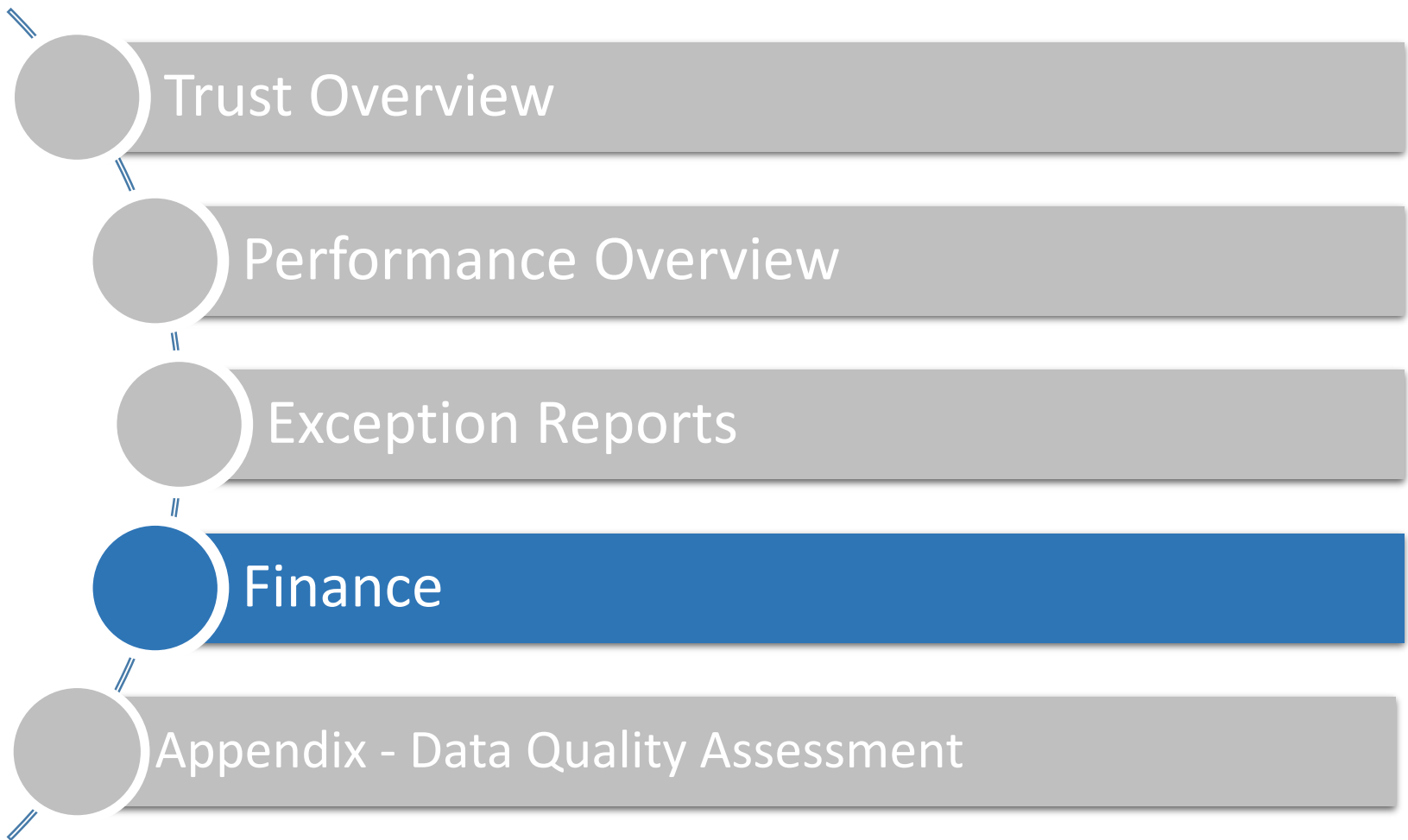
Current Performance

Jun 23	YTD	Target
41.4%	40.5%	85%

National Position & Overview

In June, UHL ranked 123rd out of 136 Acute Trusts. The National average was 59.2%. 6 out of the 136 Acute Trusts achieved the target. UHL ranked 15th out of the 18 UHL Peer Trusts. The best value within our peer group was 68.0%, the worst value was 33.1% and the median value was 54.2%.

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



Summary Financial Position

	I&E YTD		
	Plan	Actual	Variance to Plan
	£'000	£'000	£'000
NHS Patient-Rel Income	437,095	443,512	6,418
Other Operating Income	49,758	48,756	(1,002)
Total Income	486,853	492,268	5,415
Pay	(298,861)	(305,092)	(6,231)
Agency Pay	(8,491)	(12,084)	(3,593)
Non Pay	(171,774)	(179,497)	(7,723)
Total Costs	(479,126)	(496,674)	(17,548)
EBITDA	7,727	(4,405)	(12,132)
Non Operating Costs	(24,503)	(24,084)	420
Retained Surplus/(Deficit)	(16,776)	(28,489)	(11,713)
Donated Assets	280	135	(145)
Reported Control Total Surplus/(Deficit)	(16,496)	(28,354)	(11,858)

Comments – YTD Variance to Plan

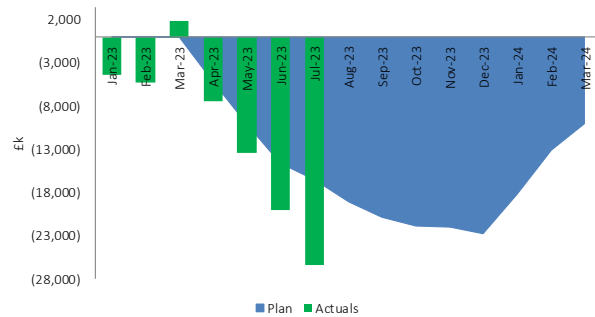
Total Income: £5.4mF: driven by £4.6mF excluded drugs and devices offset in non-pay, £1.6mF variable activity income offset as per guidance from NHSEI, offset by £0.4mA R&I income linked to the timing of receiving commercial trials income.

Pay and Agency: £9.8mA includes £4.5mA due to industrial action, £2.9mA relating to specialising patients in ESM/MSS/CHUGGS, £0.7mA CIP under delivery and agency spend of £3.6mA offset by vacancies of £1.9mF.

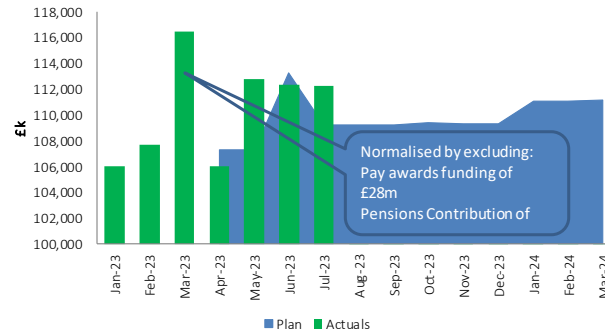
Non Pay: £7.7mA driven by inflation costs above plan £3.4mA, excluded drugs and devices of £4.6mA matched by additional income and other £0.3mF.

Month 4 I&E Dashboards

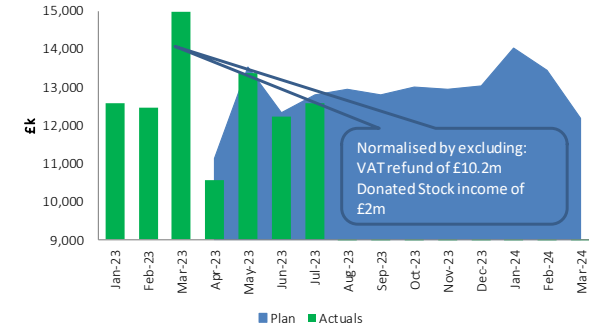
Cumulative Surplus/(Deficit)



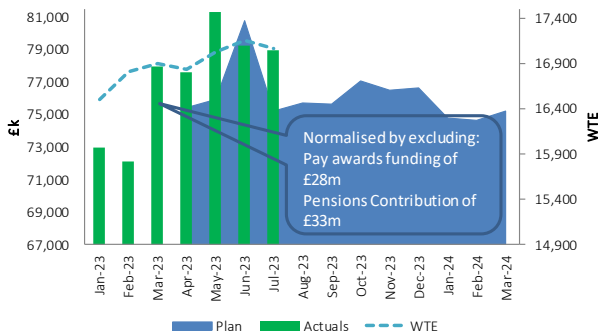
Monthly PCI Income



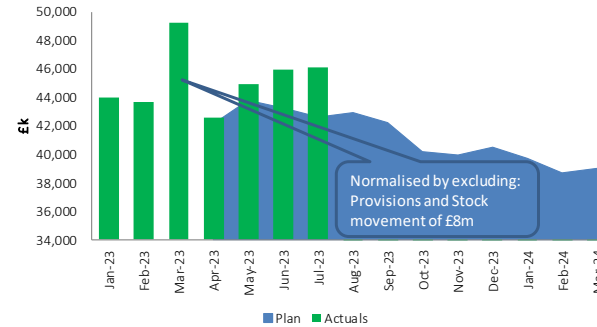
Monthly Other Income



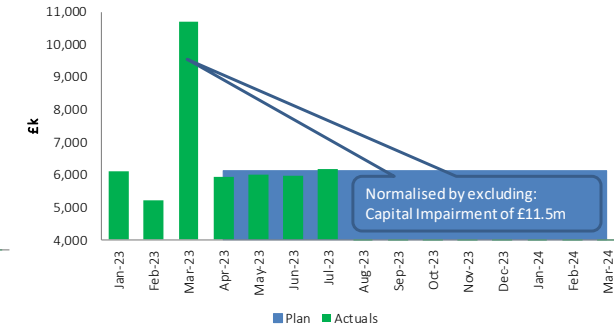
Monthly Substantive/Bank/Agency Pay



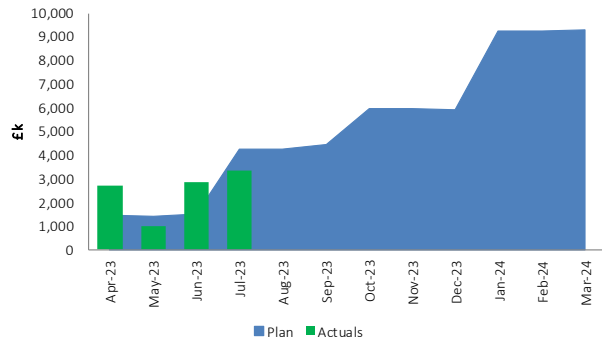
Monthly Non Pay



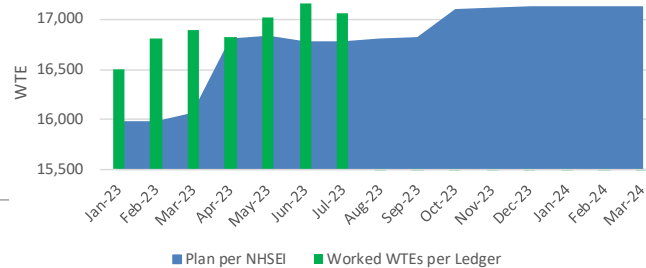
Monthly Non Ops



CIP Performance Inc Productivity



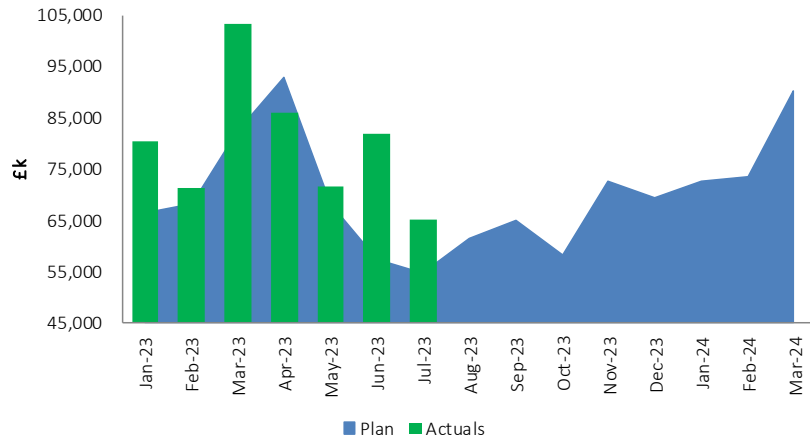
Worked WTEs vs NHSEI Workforce Plan



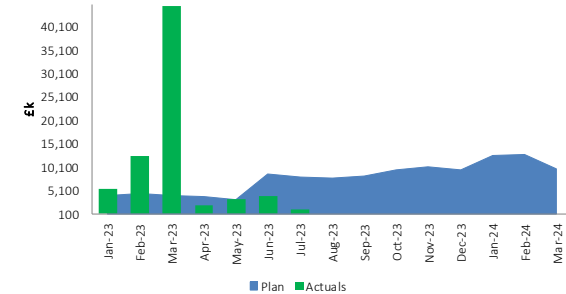
	In Month NHSEI Plan	In Month Worked	Increase in WTE
Substantive	15,511	15,440	(71)
Bank	852	1,204	352
Agency	409	423	13
Total WTE	16,773	17,067	294

Month 4 Balance Sheet Dashboards

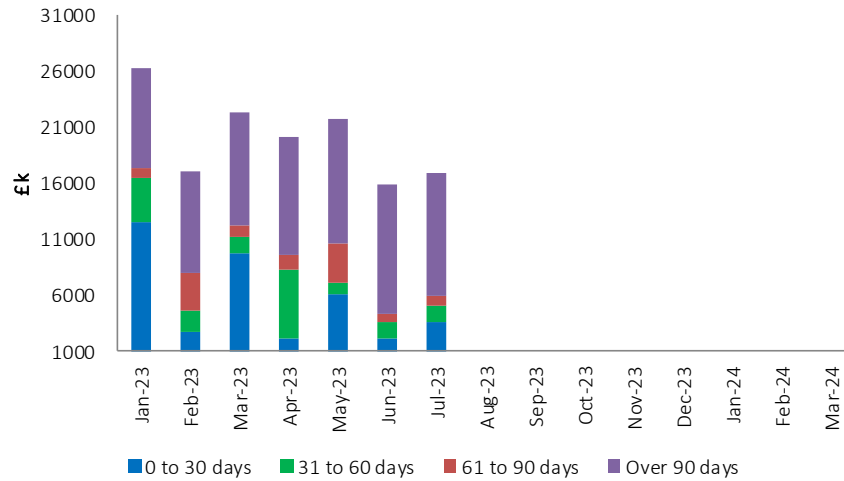
Cash



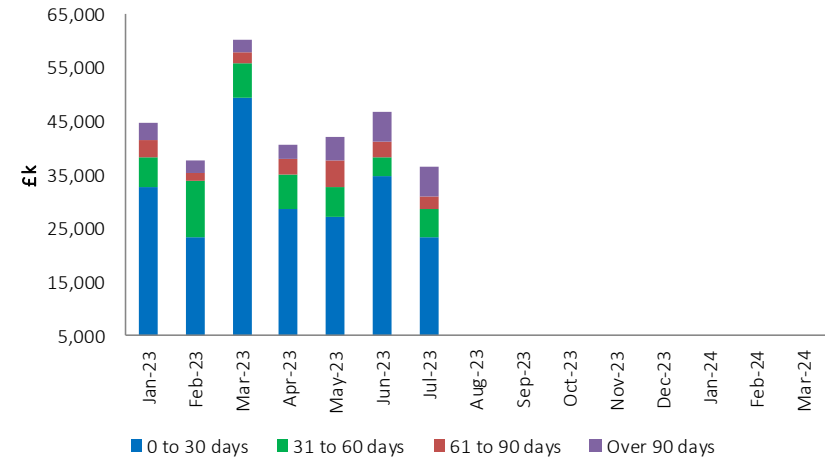
Capital



Ageing Debtor



Ageing Creditor

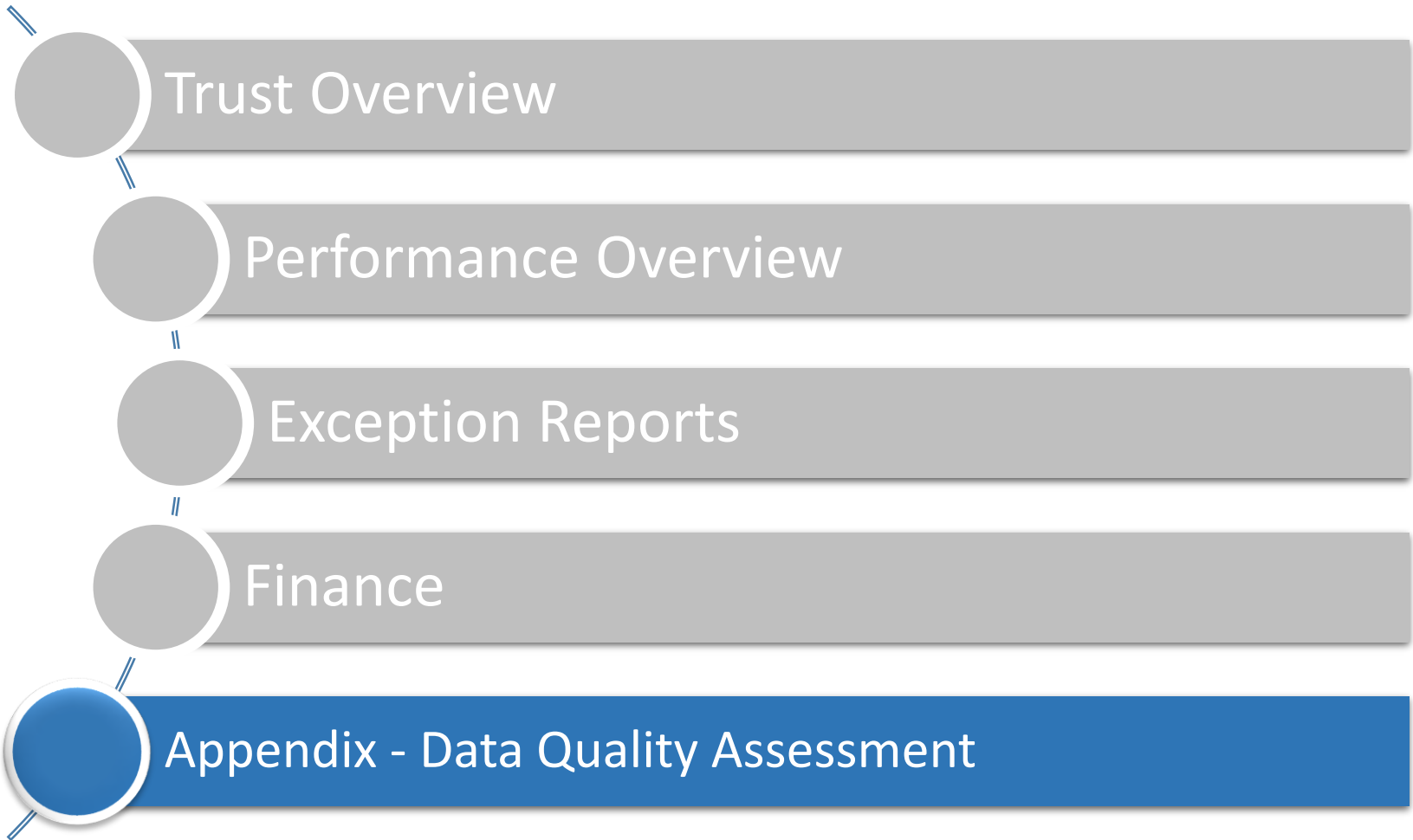


Capital Programme

Area	Annual Plan £'000	Plan £'000	M4 Plan £'000	M4 Forecast	Actual M4 £'000	Variance to Plan £'000	Variance to Forecast £'000
System Funded							
East Midlands Planned Care Centre		3,723	0	0	0	0	0
Reconfiguration		1,250	0	0	0	0	0
MEE	1,500	1,500	300	581	581	281	0
MES	3,729	3,729	272	198	198	(74)	0
MES Enabling	3,425	3,425	170	75	70	(100)	(5)
IM&T	10,782	10,782	2,280	1,114	1,034	(1,246)	(80)
Estates and Facilities Backlog	5,000	5,000	834	887	866	32	(21)
Estates Projects	8,250	8,250	2,478	2,481	1,330	(1,148)	(1,152)
Linear Accelerator	5,074	5,074	2,489	1,519	1,422	(1,067)	(97)
Health Education England	1,000	1,000	332	62	62	(270)	0
Contingency	1,015	995	108	0	0	(108)	0
Total Schemes funded from System envelope	39,775	44,728	9,263	6,917	5,563	(3,700)	(1,354)
PDC Funded Schemes							0
Reconfiguration	2,310	1,060	769	641	547	(222)	(94)
East Midlands Planned Care Centre	19,874	16,151	6,674	3,725	3,504	(3,170)	(221)
UEC - Wards	24,500	23,997	3,901	563	563	(3,338)	0
UEC - Modular	6,000	0	778	0	0	(778)	0
CDC Hinckley	900	900	0	0	0	0	0
Endoscopy	0	248	0	163	163	163	0
Total PDC Funded Schemes	53,584	42,356	12,122	5,092	4,777	(7,345)	(315)
Charitable Funds	480	500	168	94	94	(74)	0
Total Capital Programme	93,839	87,584	21,553	12,104	10,434	(11,118)	(1,669)
Leases:IFRS16	10,060	10,060	1,905	0	0	(1,905)	0
Total Capital Programme inc Leases	103,899	97,644	23,458	12,104	10,434	(13,023)	(1,669)
Donated Income	(480)	(500)	(125)	0	(63)	62	(63)
Less: Book value of asset disposals		0	0	0	(98)	(98)	(98)
Net CDEL	103,419	97,144	23,333	12,104	10,273	(13,060)	(1,830)

The year-to-date underspend against plan of £13.0m (£1.8m against forecast) is mainly due to:

- East Midlands Planned Care Centre (£3.2m) – The plan was based on a standard construction S-curve.
- UEC Wards development (£3.3m) as a result of a change in the scheme expenditure profile compared with plan.
- Linear Accelerator (£1.1m) - Delays to the Linear accelerator Foxton Refurbishment;
- IFRS 16 Finance Leases (£1.9m) - No new additions have been reported but should recover later in the year.



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.