

Meeting title:	Public Trust Board Public Trust Board paper F				
Date of the meeting:	9 February 2023				
Title:	Integrated Performance Report – Executive Summary				
Report presented by:	Siobhan Favier, Deputy Chief Operating Officer				
Report written by:	James Palmer and Joanne Haigh (Business Intelligence Specialists)				
Action – this paper is for:	Decision/Approval		Assurance	x	Update
Where this report has been discussed previously					

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

Impact assessment
N/A

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

Purpose of the Report

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

Recommendation

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

Summary

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

Main report detail

Key headlines in performance are summarised below:

Urgent and Emergency Care - ambulance 60+ minutes handovers were 38.3% of arrivals in December 2022, however ambulance handover delays continue to see a reduction from mid December 2022 into January 2023. The escalation facility outside of ED is having a significantly beneficial impact on handover times in the 6 weeks since implementation. In line with the planning guidance, we will continue to focus attention on the 4 hour wait standards which is at a year to date performance of 67%.

104 week wait – the December 104 week wait position was 113 patients. As of 30/01/22, the unvalidated position is 91 patients. The total cohort of 104 week wait patients to the end of March of 355 - which we have plans get to zero by the end of March 2023.

78 week wait – the cohort of 78 week waiter patients to the end of March 2023 continues to reduce, and as of as at 08/01/23 was 8,852, and on 30/01/23 was 6,551 (unvalidated).

Diagnostics - Diagnostic 6+ week wait was 57.0% against a target of 1% in December. The Trust has not delivered on the <1% target for 6+ week wait diagnostic tests since February 2020. UHL currently have the largest diagnostic waiting list and volume of patients waiting over 6 weeks and 13 weeks for the fifteen DM01 tests. At the end of December against the 1% standard, 57% (22,000) of patients were waiting over 6 weeks of which 13,300 are over 13 weeks. The top 5 modalities are:

- Non-Obstetric Ultrasound – 48% (improving position)
- DEXA – 12% (static)
- MRI – 8% (improving position)
- ECHO – 7% (expect improvement in January)
- Gastroscopy – 7% (expect improvement from February)

Cancer - Cancer Two Week Wait was 88.3% in November against a target of 93%. Cancer 62 day treatment was 35.1% in November against a target of 85%. The cancer 62 day backlog was 788 patients at the end of December. This was down from a peak of 952 patients on 09/11/22 and is on an improving trajectory into January. Against the Faster Diagnosis Standard of 75% of patients diagnosed within 28 days of referral UHL compares well with peers, having delivered for four months out of the last eight. UHL consistently holds at over 70% with November's figure at 72.8%.

Quality - December was an extremely challenged month from a patient flow perspective and whilst the opening of escalation areas has reduced the number patients delayed on ambulances the risk distribution has impacted on the quality of care for patients. There are a number of exceptions within the safety and caring domain indicators, however hospital acquired pressure ulcers remains of concern. This has been reviewed by an external expert and the quality committee has full oversight of our plans to address this evolving concern.

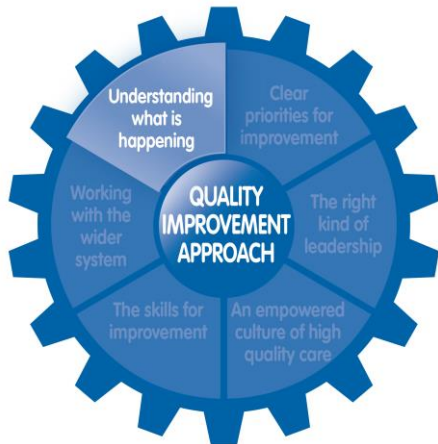
Finance - The Trust is forecasting a £17.7m deficit in this financial year, as a result of continued emergency capacity (£11.6m), costs to reduce waiting times for elective care and diagnostics (£3.3m), inflation costs and covid costs (£2.8m). The greatest risk to delivery of this is the cost of the emergency pathway, including ensuring sustained improvement in ambulance handover times and costs incurred during ongoing strikes. These costs have risen further than expected in December and work continues on potential mitigations Trust wide.

Supporting documentation - Please read the full integrated performance report for more detail including exception reports of indicators which are not currently achieving targets.



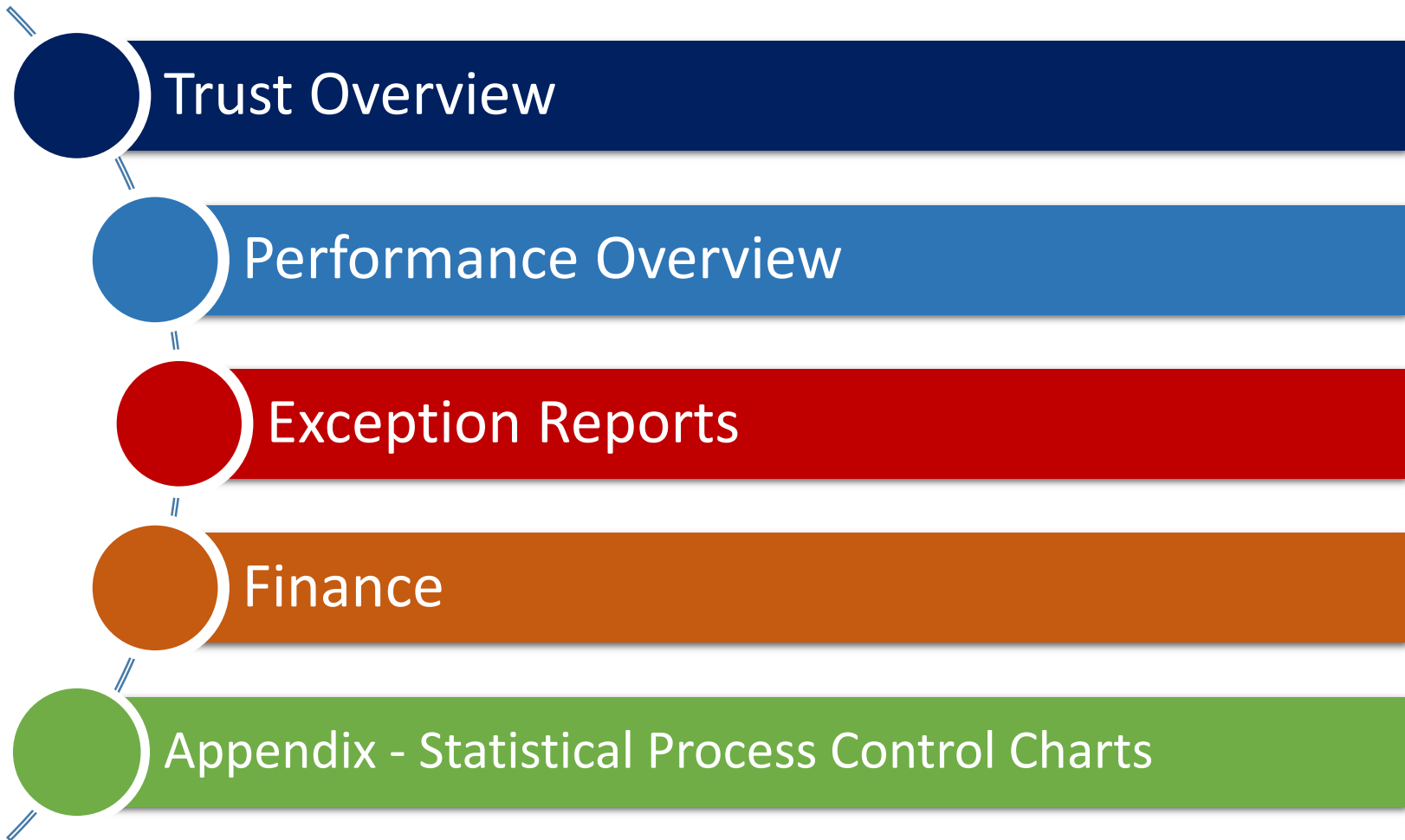
Integrated Performance Report

December 2022

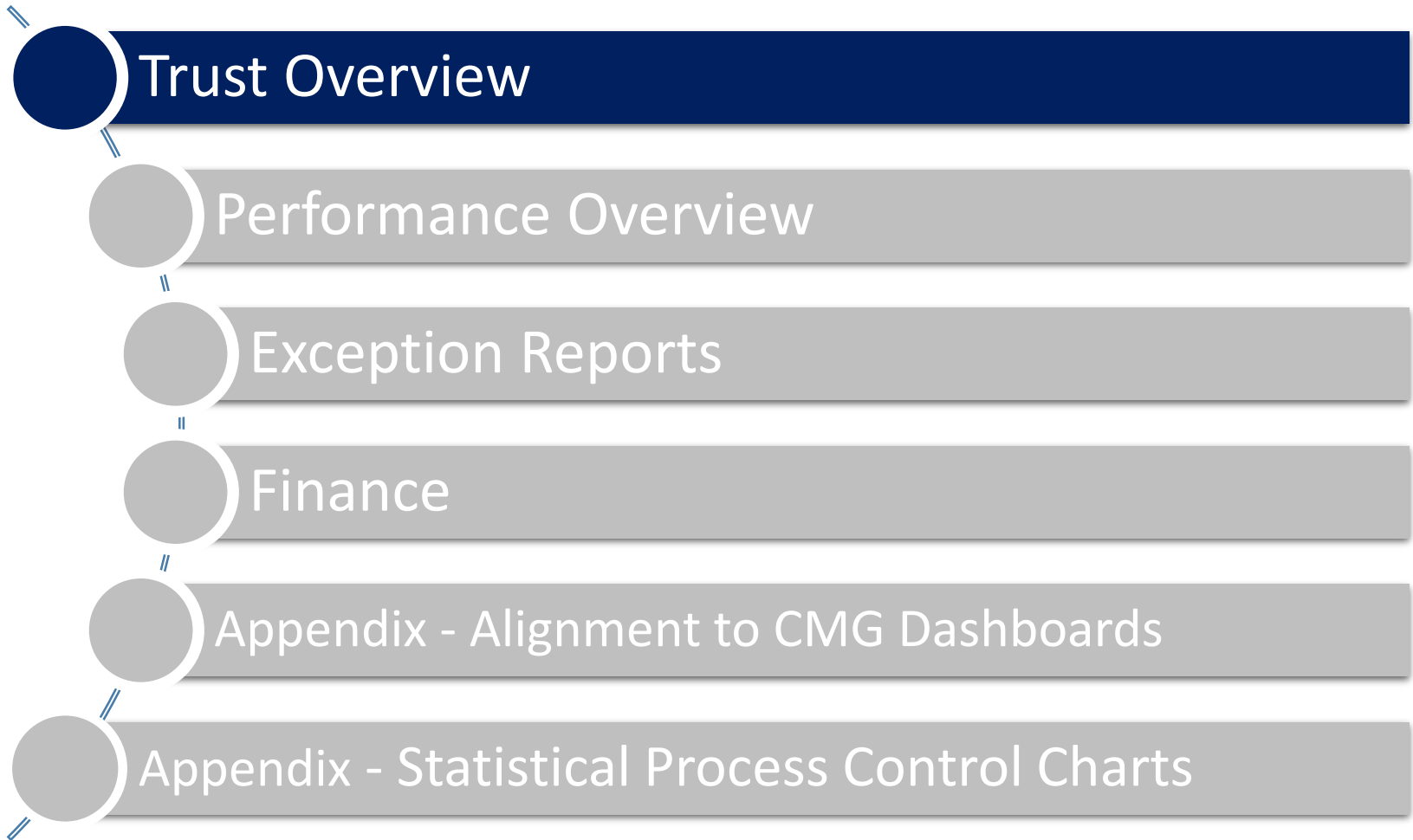


Operational Delivery Unit

Contents



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



Trust Overview (Year to Date)

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

Key

Failing Target

Achieving Target

Target TBC

Trust Overview (Current Month)

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

Key

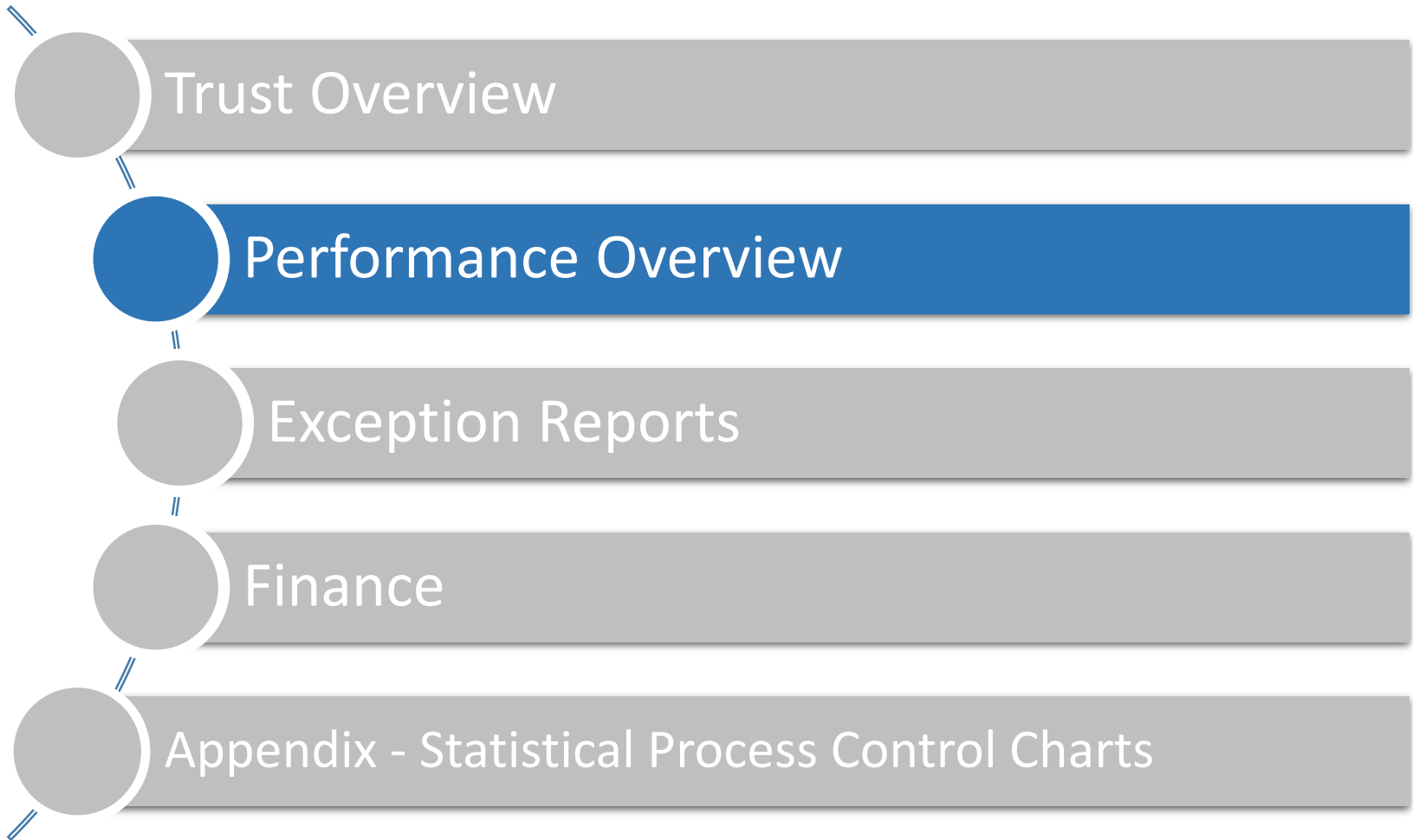
Failing Target

Achieving Target



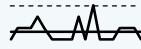








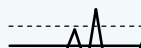


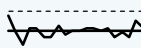



Target TBC

Trust Overview (Current Month)

Domain	Overview , Risks and Actions	Lead
Overview		CEO
Safe (exception reports pages 19-22)	December was an extremely challenged month from a patient flow perspective and whilst the opening of escalation areas has reduced ambulance handover delays these have impacted on the quality of care for patients at UHL. There are a number of exceptions within the safety domain indicators, however the most concerning one is hospital acquired pressure ulcers. The quality committee has full oversight of our plans to reduce these.	Andrew Furlong / Julie Hogg
Caring (exception report page 23)	The friends and family test recommendation rate remains strong across maternity, inpatients and outpatients. The recommendation rate within the Emergency Department has deteriorated and this is likely to be as a result of the significant pressures and in line with the national picture. We continue to recover our complaint response timeliness and have reintroduced this metric for board oversight.	Julie Hogg
Well Led (exception reports pages 24-30)	Sickness levels decreased between October and November 2022 from 5.63% (after retrospective adjustments) to 5.5%, due to Covid related absence reduction. There is a risk of further increase in December with the impact of seasonal fluctuations and any impact of industrial action. The top causes continue to be 'other known causes', stress, anxiety and depression and Covid infection/ precaution. Over winter there has been a shift in approach to support colleagues and encourage managers to take a person centred approach. Appraisal and Statutory and mandatory training compliance is also impacted by both Covid rates and operational pressures with shortened courses in place to mitigate against the time pressure. During winter there will be a focus on improving rates in corporate areas. Paediatric nursing vacancies have decreased slightly largely as a result of the arrival of newly qualified children's nurses and the completion of OSCEs by international nurses. Mitigating actions to prevent any further increase in vacancies include supporting retention through robust preceptorship and early engagement with final year students qualifying Sept 23. Midwifery vacancies increased between November and December. The vacancy position is in line with national trends. Vacancies for healthcare support workers have improved slightly this month although remain high. Retention of new starters new to care is an issue particularly in the first 6 to 12 months of employment- this being the result of operational pressures and the need for flexibility. This being mitigated through a focus on increased pastoral care and CPD enabled by increased clinical educator roles. In addition there is support for exit interviews and clarifying expectations of the role at recruitment.	Clare Teeney
Effective	The Trust's Summary Hospital-level Mortality Indicator (SHMI) & Hospital Standardised Mortality Ratios (HSMR) are within expected. There are no specific concerns to bring to the Board's attention at this time.	Andrew Furlong
Responsive – Emergency (exception reports pages 31-37)	In December, UHL ranked 65rd out of 112 Acute Trusts. The National average in England was 65.0%. Only 1 out of the 112 Acute Trusts achieved the target. UHL ranked 9th out of 16 trusts in its peer group. The best value out of the Peer Trusts was 74.4% and the worst value was 51.6%. Ambulance handover delays at the beginning of December were challenged with the opening of the BUS/POD this has seen a significant improvement reducing the average time to 42 mins from over an hour	Jon Melbourne
Responsive – Elective (exception reports pages 38-44)	The overall picture for Elective Care remains significantly challenged, UHL being a national and regional outlier for elective performance having one of the largest elective backlogs in the country. However, whilst the challenge remains significant there is continued good progress on the reduction of those patients waiting longest for definitive treatment. There is still risk remaining in the 104 position to get to zero by the end of March- each patient is being person-marked towards this target. The 78 week wait target remains challenged to achieve zero 78 week waits by the end of March 23. A recovery plan is in place with targeted interventions for those specialities most at risk. The trajectory for 78week waits is 2764 by the end of March.	Jon Melbourne
Responsive – Cancer (exception reports pages 45-47)	UHL remains above the national average for both 2ww and FDS measures of access to cancer services. There is some pressure on access whilst key services work through their 62 day backlog position. Noticeable interventions are the expanded Lower GI pathway and the Non Site Specific Symptoms pathway, both of which went live on 04/01/23. In addition UHL is an early adopter of an Artificial Intelligence based teledermatology solution. The 62 day backlog position peaked in early November at 952 patients waiting on 08/11/22. As of 20/01/23 there are now 723 patients waiting longer than 62 days, accounting for 17.2% of the waiting list. Our trajectory is planned to reduce to 548 patients by 31/03/23 with further progress within 23/24. 88% of the backlog sits within LOGI, Skin and Urology. LOGI and Skin pressures are recognised nationally, whilst Urology is a more UHL specific issue. The Cancer 62 day Target will remain challenged whilst the 62 day backlog position is recovering	Jon Melbourne
Financial Improvement	The Trust is reporting a year-to-date deficit at Month 9 of £11.3m which is £6.8m adverse to plan. Year-to-date CIP delivery including productivity is £24.9m against a £20.4m CIP target. The Trust incurred capital expenditure of £6.4m in M9, year-to-date expenditure stands at £35.5m which is £2.0m ahead of forecast. The cash position at the end of December was £81.3m, representing a reduction of £11.4m in the month, but in line with expectations and forecast.	Lorraine Hooper




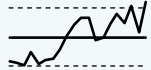

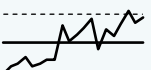


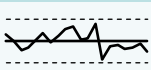





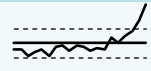
Performance Overview (Safe)

Domain	Key Performance Indicator	Target	Oct-22	Nov-22	Dec-22	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Safe	Never events	0	1	1	0	6				Nov-22	MD
	% of all adults Venous Thromboembolism Risk Assessment on Admission	95%	97.8%	97.5%	97.2%	97.9%				Oct-21	MD
	% of 3rd & 4th Degree Perineal Tears	3.5%	3.6%	2.3%	4.1%	3.3%				Aug-22	CN
	Clostridium Difficile per 100,000 Bed Days			21.3	11.5	16.0				Jun-21	CN
	Methicillin Resistant Staphylococcus Aureus Total	0	0	0	1	3				Jun-21	CN
	E. Coli Bacteraemias Acute	198	11	18	15	127				Jun-21	CN
	Methicillin-susceptible Staphylococcus Aureus Acute*	40	6	5	8	56				Jun-21	CN

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

Comments	Rating

Performance Overview (Safe)












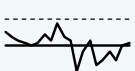



Domain	Key Performance Indicator	Target	Oct-22	Nov-22	Dec-22	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Safe	COVID-19 Hospital-onset, probable, 8-14 days after admission		14.3%	8.7%	14.9%	11.3%				Oct-20	CN
	COVID-19 Hospital-onset, healthcare-acquired, 15 or more days after admission		15.2%	12.4%	13.7%	11.6%				Oct-20	CN
	All falls reported per 1000 bed days	5.5	3.9	3.5		3.7				Aug-22	CN
	Rate of Moderate harm and above Falls Patient Safety Incidents with finally approved status per 1,000 bed days	0.18	0.09	0.06		0.07				Aug-22	CN
	Hospital Acquired Pressure Ulcers - All categories	372	98	129	178	759				Jun-21	CN

Comments

December was an extremely challenged month from a patient flow perspective and whilst the opening of escalation areas has reduced ambulance handover delays these have impacted on the quality of care for patients at UHL. There are a number of exceptions within the safety domain indicators, however the most concerning one is hospital acquired pressure ulcers. The quality committee has full oversight of our plans to reduce these.

Rating






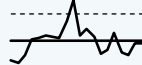





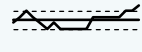
Performance Overview (Caring)

Domain	Key Performance Indicator	Target	Oct-22	Nov-22	Dec-22	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead	
Caring	Single Sex Breaches		10	4	0	34	National Reporting resumed from Oct 21.			Jul-22	CN	
	Inpatient and Day Case Friends & Family Test % Positive*	95%	98%	98%	98%	98%				Jul-22	CN	
	A&E Friends & Family Test % Positive**	77%	74%	72%	69%	76%				Jul-22	CN	
	Maternity Friends & Family Test % Positive*	91%	94%	96%	98%	96%				Jul-22	CN	
	Outpatient Friends & Family Test % Positive	94%	94%	94%	94%	94%				Jul-22	CN	
	% Complaints Responded to in Agreed Timeframe - 10 Working days		63%	59%	80%	52%					N/A	CN
	% Complaints Responded to in Agreed Timeframe - 25 Working days		48%	50%		44%					N/A	CN
	% Complaints Responded to in Agreed Timeframe - 45/60 Working days		90%			50%					N/A	CN

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

Comments	Rating
The friends and family test recommendation rate remains strong across maternity, inpatients and outpatients. The recommendation rate within the Emergency Department has deteriorated and this is likely to be as a result of the significant pressures and in line with the national picture. We continue to recover our complaint response timeliness and have reintroduced this metric for board oversight.	

Performance Overview (Well Led)

Domain	Key Performance Indicator	Target	Oct-22	Nov-22	Dec-22	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Well Led	Staff Survey % Recommend as Place to Work	Reporting will commence once national reporting resumes								Data sourced externally	CPO
	Staff Survey % Recommend as Place for Treatment	Reporting will commence once national reporting resumes								Data sourced externally	CPO
	Turnover Rate	10%	11.1%	11.2%	11.0%	11.0%				Aug-22	CPO
	Sickness Absence (Excludes Estates & Facilities staff)	3%	5.6%	5.6%		5.5%				Mar-21	CPO
	% of Staff with Annual Appraisal (Includes Estates & Facilities staff from May 21)	95%	80.0%	79.1%	78.7%	78.7%				Mar-21	CPO
	Statutory and Mandatory Training	95%	92%	92%	93%	93%				Dec-22	CPO






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

Comments

Turnover rates have increased although this is largely driven by the TUPE transfer of estates and facilities staff. Sickness levels have improved in November compared to October mainly as a result of reductions in Covid although early indications are that Covid related sickness is increasing for December. The Trust has amended its approach to sickness absence management providing a more supportive approach and a focused person centred approach to support. Appraisal rates have shown a slight deterioration this month and statutory and mandatory training has improved slightly. Each area is below target as rates are impacted by high levels of absenteeism and operational pressures in our services.

Rating

Performance Overview (Well Led)

Domain	Key Performance Indicator	Target	Oct-22	Nov-22	Dec-22	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Well Led	Adult Nursing Vacancies	10%	11.0%	8.7%	9.3%	9.3%				Oct-22	CPO
	Paed Nursing Vacancies	10%	10.8%	10.2%	10.2%	10.2%				Oct-22	CPO
	Midwives Vacancies	10%	15.2%	13.4%	14.2%	14.2%				Oct-22	CPO
	Health Care Assistants and Support Workers - excluding Maternity	10%	18.4%	18.0%	17.7%	17.7%				Oct-22	CPO
	Health Care Assistants and Support Workers - Maternity	5%	10.3%	13.2%	7.2%	7.2%				Oct-22	CPO


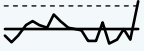
Vacancies are based on a snapshot hence YTD performance is the same as the latest month

Comments

Adult nursing vacancies showed a slight deterioration this month but remain above target. Vacancies are expected to remain static as further intakes of international nurses are planned. There was a slight improvement in paediatric vacancy levels largely driven by newly qualified intake and OSCE pass rates for international nurses. Midwifery have shown a deteriorating position. HCSW vacancies have reduced slightly as we continue to attract new recruits. There is significant focus on retention in the first 6-12 months of employment. To support pastoral care and CPD, increased capacity for clinical educators has been put in place.






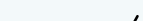


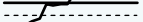












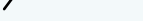



Rating

Performance Overview (Effective)

Domain	Key Performance Indicator	Target	Oct-22	Nov-22	Dec-22	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Effective	Published Summary Hospital-level Mortality Indicator (SHMI)	100	104	104	104	104 Sep 21 to Aug 22)				May-21	MD
	12 months Hospital Standardised Mortality Ratio (HSMR)	100	102	100	100	100 Oct 21 to Sep 22				May-21	MD
	Crude Mortality Rate	No Target	1.3%	1.1%	1.8%	1.2%				May-21	MD

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

Performance Overview (Responsive Emergency Care)

Domain	Key Performance Indicator	Target	Oct-22	Nov-22	Dec-22	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Responsive (Emergency Care)	Emergency Department 4 hour waits Acute Footprint	95%	66.7%	65.4%	63.0%	67.9%				Data sourced externally	COO
	Mean Time to Initial Assessment	15	39.8	42.4	56.9	41.3				Nov-22	COO
	12 hour trolley waits in Emergency Department	0	981	1110	1,299	8,962				Mar-20	COO
	Number of 12 hour waits in the Emergency Department	0	3,019	2,899	3,603	24,798				TBC	COO
	Time Clinically Ready to Proceed	60	227	257	308	260				Nov-22	COO
	Number of Ambulance Handovers		4,549	4,609	4,088	39,617				Data sourced externally	COO
	Number of Ambulance Handovers >60 Mins		1,658	1,564	1,565	13,307				Data sourced externally	COO
	Ambulance handover >60mins	0%	36.4%	33.9%	38.3%	33.6%				Data sourced externally	COO
	Long Stay Patients (21+ days) as a % of G&A Bed Occupancy	12%	16.1%	15.3%	16.1%	16.1%				Sep-20	COO






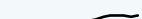















Comments

Rating

In December, UHL ranked 65rd out of 112 Acute Trusts. The National average in England was 65.0%. Only 1 out of the 112 Acute Trusts achieved the target. UHL ranked 9th out of 16 trusts in its peer group. The best value out of the Peer Trusts was 74.4% and the worst value was 51.6%.

Ambulance handover delays at the beginning of December were challenged with the opening of the BUS/POD this has seen a significant improvement reducing the average time to 42 mins from over an hour

Performance Overview (Responsive Elective Care)

Domain	Key Performance Indicator	Target	Oct-22	Nov-22	Dec-22	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Responsive (Elective Care)	Referral to Treatment Incompletes	103,403	130,845	129,960	129,672	129,672				Oct-22	COO
	Referral to Treatment 52+ weeks	0	18,584	18,318	18,441	18,441				Oct-22	COO
	Referral to Treatment 104+ weeks	0	190	135	113	113				Oct-22	COO
	6 Week Diagnostic Test Waiting Times	1.0%	54.8%	54.5%	57.0%	57.0%				Nov-19	COO
	% Operations Cancelled On the Day	1.0%	1.2%	1.8%	1.9%	1.5%				Apr-21	COO
	% Outpatient Did Not Attend rate	5%	8.2%	7.9%	8.8%	8.2%				Feb-20	COO
	% Outpatient Non Face to Face	45%	33.0%	32.5%	32.1%	33.9%				Feb-20	COO

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






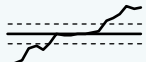



Comments

The overall picture for Elective Care remains significantly challenged. However, whilst the challenge remains significant there is continued good progress on the reduction of those patients waiting longest for definitive treatment. A route to zero has been developed for the longest waiters with a forecast of having zero 104 breaches by the end of March 23. During this time there is also the national requirement to get to zero 78 weeks plus breaches by the end of March 23. To achieve this continued mutual aid and independent sector support is required. In addition to internally focused actions within UHL such as increasing productivity and improving validation processes.

Rating



Performance Overview (Responsive Cancer)

Domain	Key Performance Indicator	Target	Oct-22	Nov-22	Dec-22	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Responsive (Cancer)	2 Week Wait	93%	87.5%	88.3%		84.9%				Mar-22	COO
	62 Day Backlog	0	808	772	788	788				Mar-22	COO
	Cancer 62 Day	85%	44.0%	35.1%		44.3%				Mar-22	COO

Comments

Rating

UHL remains above the national average for both 2ww and FDS measures of access to cancer services. There is some pressure on access whilst key services work through their 62 day backlog position.

Noticeable interventions are the expanded Lower GI pathway and the Non Site Specific Symptoms pathway, both of which went live on 04/01/23. In addition UHL is an early adopter of an Artificial Intelligence based teledermatology solution.

The 62 day backlog position peaked in early November at 952 patients waiting on 08/11/22. As of 20/01/23 there are now 723 patients waiting longer than 62 days, accounting for 17.2% of the waiting list. Our trajectory is planned to reduce to 548 patients by 31/03/23 with further progress within 23/24. 88% of the backlog sits within LOGI, Skin and Urology. LOGI and Skin pressures are recognised nationally, whilst Urology is a more UHL specific issue.

The Cancer 62 day Target will remain challenged whilst the 62 day backlog position is recovering

Performance Overview (Finance)

Domain	Key Performance Indicator	Target YTD	Oct-22	Nov-22	Dec-22	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Finance	Trust level control level performance	-£5.4m	£0.4m	-£2.8m	-£2.2m	-£11.3m				Jun-22	CFO
	Capital expenditure against plan	£32.9m	£3.4m	£5.3m	£8.4m	£35m				Jun-22	CFO
	Cost Improvement (Includes Productivity)	£20.4m	£3.2m	£3.4m	£4.5m	£24.9m				Sep-22	DQTEI
	Cashflow	No Target	- £12.4m	£19.2m	- £11.4m	£81.2m				Jun-22	CFO

Comments

Rating

The Trust is reporting a year-to-date deficit at Month 9 of £11.3m which is £6.8m adverse to plan. The key drivers for this are:

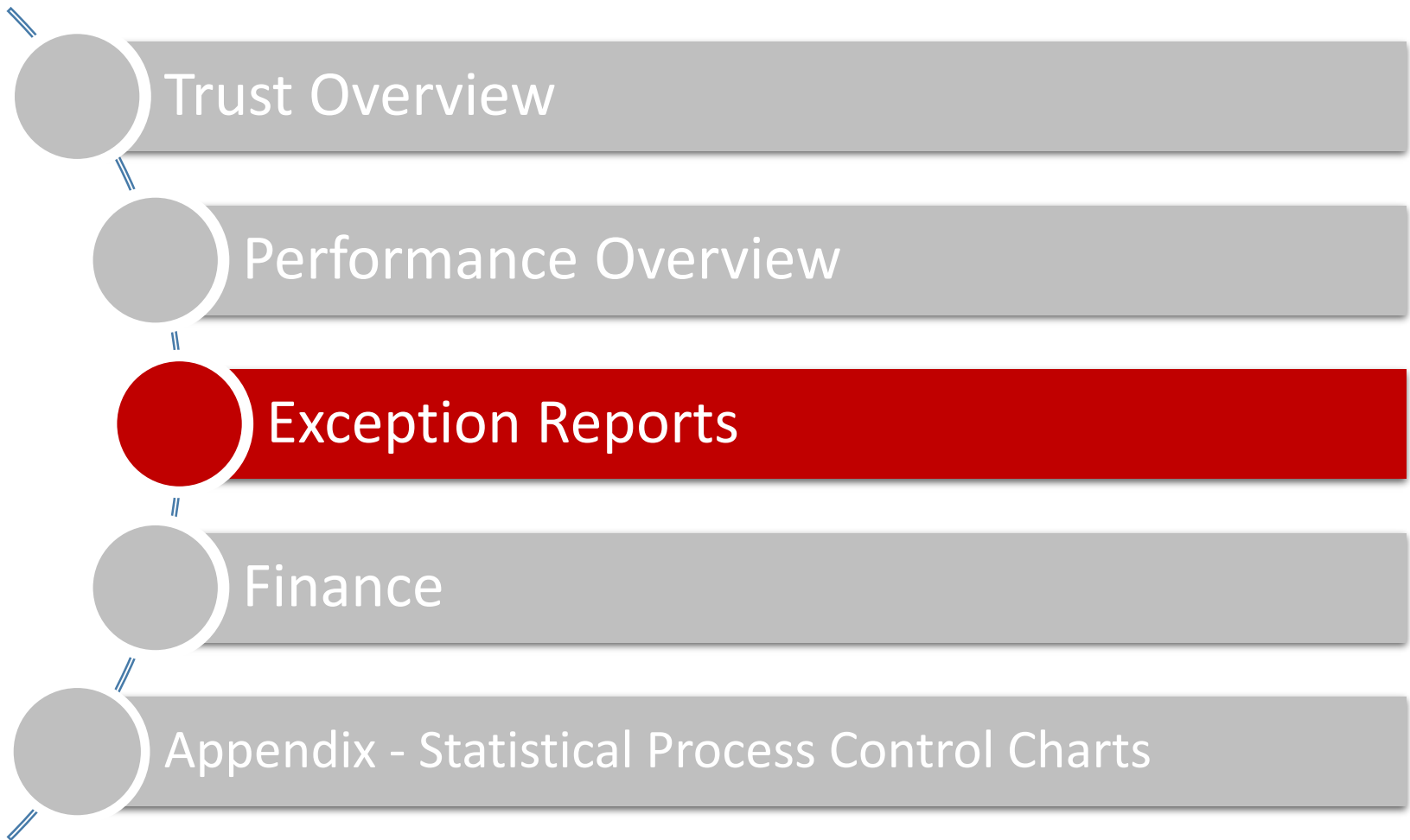
- Additional emergency capacity above plan £7.4mA
- Overseas/Private Patients/ Catering/Car Parking Income £2.6mF
- Education and training income £1.9mF
- Excess inflation £1.5mA
- Additional elective capacity to support waiting list reduction £2.4mA

The Trust is committed to delivering a deficit of £17.7m, which is made up of:

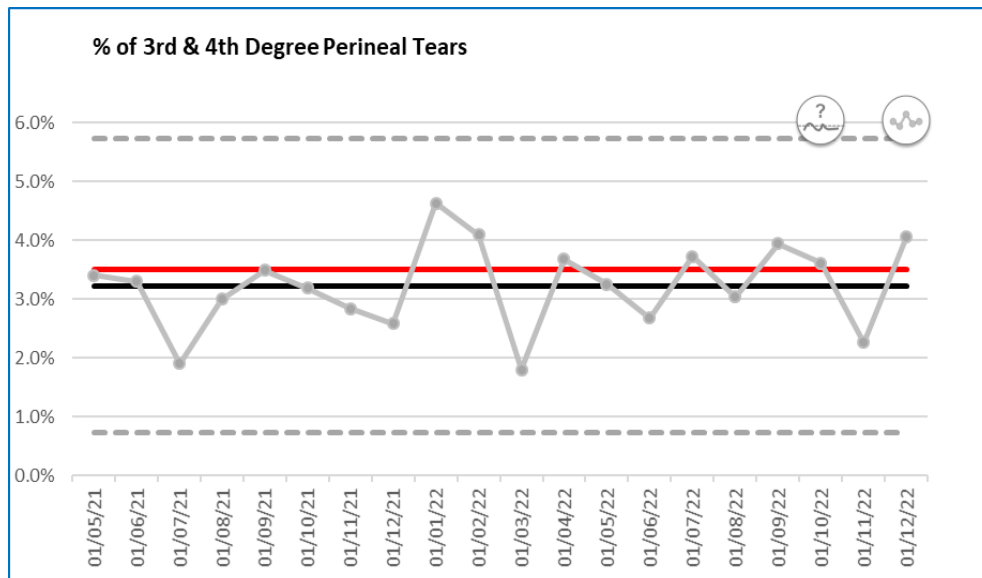
- £10m emergency pathway reduction in spend not delivered
- £2m unfunded inflation pressures
- £4.9m Q4 schemes for recovery and capacity
- £0.8m other

There are risks to delivery of this the principle of which is pressure of the emergency pathway and costs to ensure this is delivered safely. To help mitigate this, CMGs have been issued control totals to facilitate the year end delivery and are formulating recovery actions to manage this risk. The Trust has reported a year-to-date CIP delivery including productivity of £24.9m against a £20.4m CIP target.

The Trust incurred capital expenditure of £6.4m in M9, with the year-to-date expenditure of £35.5m incurred which was £2.0m ahead of forecast. The cash position at the end of December was £81.3m, representing a reduction of £11.4m in the month, but in line with expectations and forecast.



Safe – % of 3rd & 4th Degree Perineal Tears

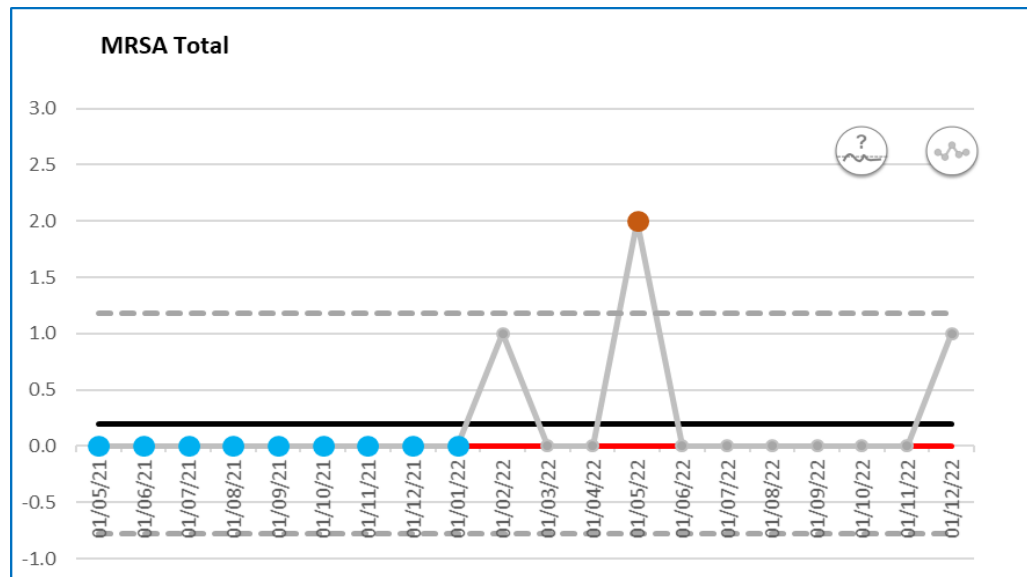


Current Performance			Three Month Forecast		
Dec 22	YTD	Target	Jan 23	Feb 23	Mar 23
4.1%	3.3%	3.5%			

National Position & Overview
Improvements were noted in November 2022 however there was a spike in the number of cases during December

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> Audit completed for cases between April-September 2021 with 28 criteria element reviewed Higher rates of 3rd degree tears associated with Asian ethnicity, lithotomy position (unassisted births), length 2nd stage <1hour (unassisted births), and where English is not the preferred language 	<ul style="list-style-type: none"> Communication to staff with additional support from ward leaders and coordinators to ensure a zero tolerance to the use of lithotomy for spontaneous vaginal births Training and Awareness to be included within the OASI care bundle as part of annual essential-to-job role training Reinforce the need for an interpreter to discuss and supporting coaching techniques for the 2nd stage of labour 	<ul style="list-style-type: none"> Future reports to ensure inclusion of benchmarking intelligence On-going review of 3rd and 4th degree tear rates via the maternity dashboard. YTD in Jan 2023 3.3% Full re-audit planned for January 2023

Safe – Methicillin Resistant Staphylococcus Aureus BSI (MRSA)

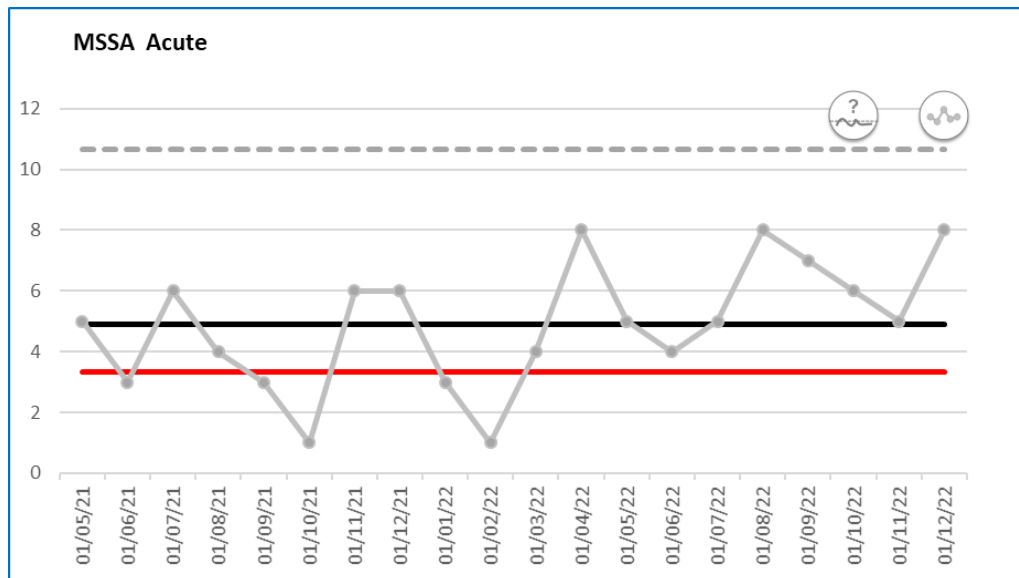


Current Performance			Three Month Forecast		
Dec 22	YTD	Target	Jan 23	Feb 23	Mar 23
1	3	0			

National Position & Overview	
<p>The national trajectory for MRSA is zero cases. 2 Hospital Onset Hospital attributed MRSA have been reported in May 2022. These cases were identified on F27, RSCB and Ward F33.</p> <p>Q3 UHL position compared with those reporting NHS Trusts Regionally/Nationally based on 100,000 bed day rate. UHL 2.29</p> <p>Regionally Lowest 2.29 Regional Highest 19.84</p> <p>Nationally Lowest 1.97 National Highest 19.84</p>	

Root Cause	Actions	Impact/Timescale
<p>The Department of Health guidance to support commissioners and providers of care to deliver zero tolerance on MRSA bloodstream infections, is set out in the planning guidance <i>Everyone counts: Planning for Patients 2013/14</i>.</p> <p>UHL uses this guidance in order to comply with the formal DH investigation process and a Post Infection Review (PIR) meeting is held for any identified cases.</p> <ul style="list-style-type: none"> Initial investigation into the Dec case has identified that the patient was admitted with an MRSA BSI (blood stream infection) this did not respond to treatment. 	<ul style="list-style-type: none"> MRSA BSI thematic report was planned to be shared and discussed at IP cell with CMGs however due to critical pressures across UHL this has been postponed. UHL MRSA management policy needs to be reviewed acknowledging recent derogations from policy to support patient flow and outliers. PIR of the MRSA BSI reported in Dec 2022 is underway. Due to the national reporting requirements this case has been ascribed to UHL as sample taken 14 days after initial result. UKHSA consider this a 'new case'. UHL is to appeal to UKHSA to have this removed from the UHL numbers as this organism is unusual and has a significant level of drug resistance, hence failure to respond to treatment 	<ul style="list-style-type: none"> An IP cell will be dedicated to discussing MRSA BSI following UHL HCAI meeting which is to be arranged before 27.02.2023 A review of the policy to coincide with UHL HCAI meeting before 27.02.2023 Waiting for a further LLR system meeting date. LLR system HCAI data was postponed due to critical pressures and strike actions across LLR.

Safe – MSSA Blood Stream Infections

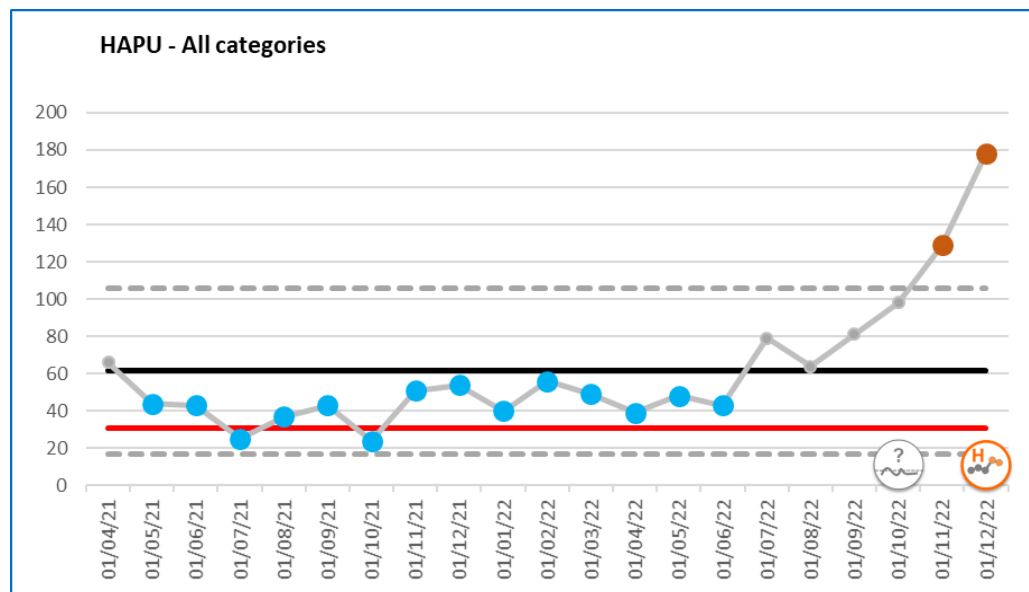


Current Performance			Three Month Forecast		
Dec 22	YTD	Target	Jan 23	Feb 23	Mar 23
8	56	40			

National Position & Overview	
<p>There is no national mandated trajectory for MSSA BSI however internally UHL will be applying a 2.5% reduction stretched reduction target to the final outturn numbers of the year ending 20/21. This was 41 cases. The trajectory therefore is 40 cases.</p> <p>Q3 UHL position compared with those reporting NHS Trusts Regionally/Nationally based on 100,000 bed day rate. UHL 32.50</p> <p>Regionally Lowest 8.60 Regional Highest 72.59</p> <p>Nationally Lowest 7.54 National Highest 275.16</p>	

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> Peripheral and Central line infections of the bloodstream Surgical Site Infections Increased attendance of high acuity patients through the Emergency and Specialist medicine departments 	<ul style="list-style-type: none"> MSSA BSI PIR undertaken. A thematic review of PIRs to be done for end of year outturn. A meeting will be organised to review the outturn of 2022/2023 UHL case numbers. Included in this review meeting will Denominator data for blood cultures taken in comparison to MSSA positive cultures Continue raising awareness, monitoring infection prevention practice through UHL IP networks and forums. Due to strike actions and critical levels LLR System meeting to discuss LLR HCAI data including MSSA BSI was proposed. 	<ul style="list-style-type: none"> UHL HCAI meeting to be arranged before 27.02.2023 Thematic review of MSSA PIR to be undertaken by 27.02.2023

Safe – Hospital Acquired Pressure Ulcers All Categories

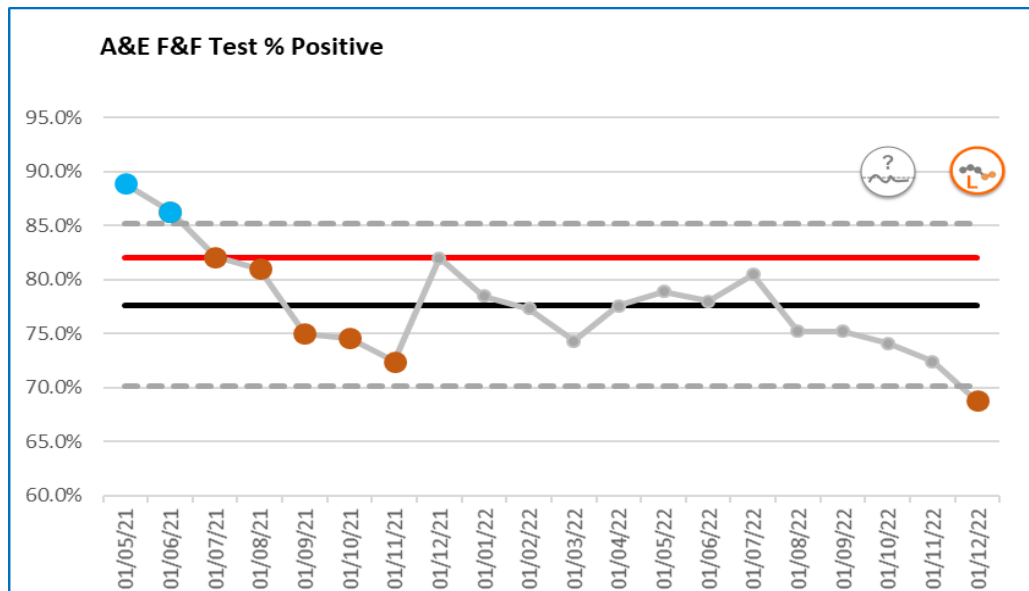


Current Performance			Three Month Forecast		
Dec 22	YTD	Target	Jan 23	Feb 23	Mar 23
178	759	372	120	100	80

National Position & Overview
<p>Currently no national benchmarking or reporting is available to provide comparative data.</p> <p>UHL are one of six organisations working with national experts and NHSEI quality team to review the national mechanisms of capturing Pressure Ulcer data via the coding systems.</p> <p>The Trust Target of 372 HAPUSs (30% reduction) for 2022-23 is an internal quality improvement stretch target.</p>

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> We are currently reviewing possible causative factors for the significant increase in the data over the past three months. The Chief Nurse has commissioned a clinically led thematic review of all the HAPUS validated for the month of December. This is being led by the Head of Patient Safety and supported by an external expert. 	<ul style="list-style-type: none"> Ongoing action plan progression continues following external review by a national expert. Ongoing support continues with the Nurse consultant Recruitment of lead tissue viability post progressed Additional recruitment process commenced to expand the TV team Extraordinary meeting led by the Chief Nurse with all the HoNs to identify CMG level improvements Monthly trust wide harm free care study days with focus on HAPUs commence January 26th An extraordinary Meeting with Medstrom has been held in January to explore increase in HAPUs and to review ongoing equipment training strategy 	<ul style="list-style-type: none"> Commenced November 2022 monthly review meeting for progress updates Interview Jan 31st 2023 March 2023 Completed 16th Jan 2023 First session 26th Jan 2023 and monthly thereafter Meeting completed 18/01/2023 and actions circulated. Robust monitoring of Medstrom training to support mattress roll out to be linked with HELM. Monthly reporting via NMAPS

Caring – A&E Friends & Family Test % Positive

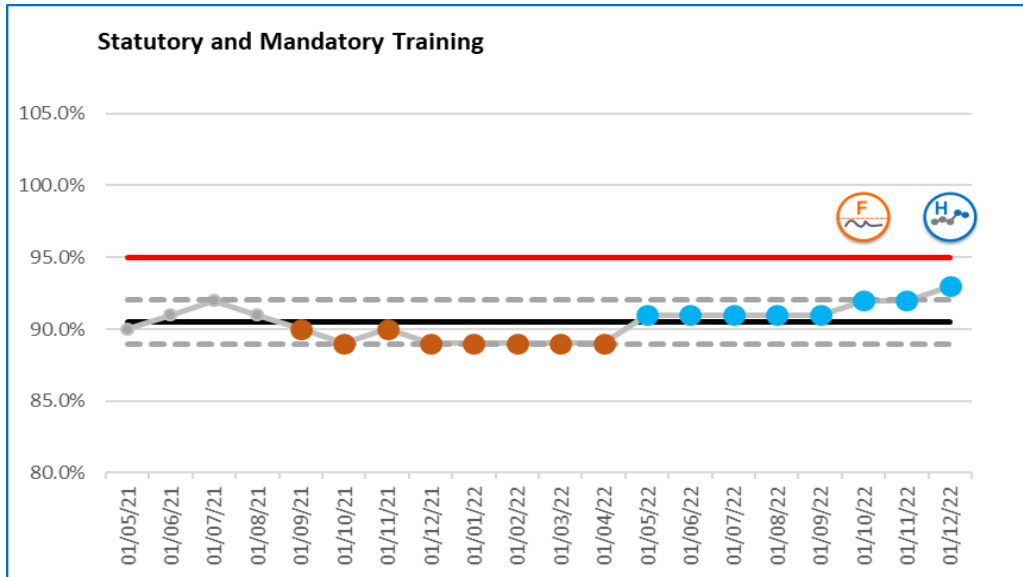


Current Performance			Three Month Forecast		
Dec 22	YTD	Target	Jan 23	Feb 23	Mar 23
69%	76%	77%	72%	75%	76%

National Position & Overview
<p>In November UHL ranked 9th out of 18 trusts in its peer group. The highest performing trust of the peer group achieved 87% while the lowest performance of the peer group was 60%. The median performance of the peer group was 72%.</p>

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> Overcrowding and long wait times in ED continued throughout December which correlates with the peer group results Delayed ambulance handover times and waits in ED for beds significantly impacts the patient experience A surge in admissions in December for children with respiratory symptoms led to high numbers of attendees in Childrens ED 	<ul style="list-style-type: none"> Opening of escalation ambulance assessment areas to reduce ambulance waits Increased capacity in GPAU to support reducing wait to be seen and better patient experience Opening of bedded escalation areas to support reducing bed placement delays Additional senior nursing in place overnight Explore how volunteers can be used to support the ED team 	<ul style="list-style-type: none"> Complete Complete Complete Ongoing March 2023

Well Led – Statutory and Mandatory Training

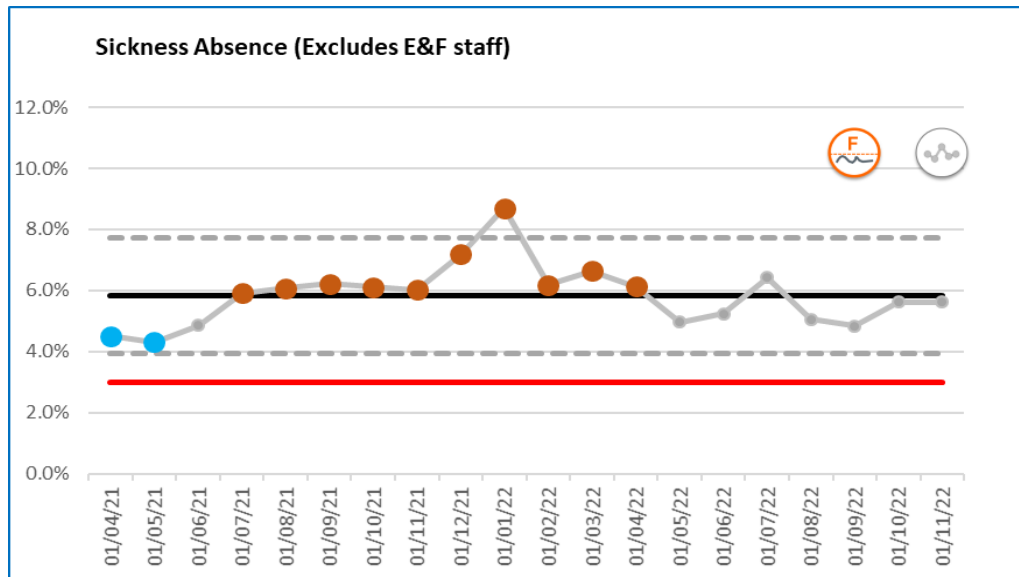


Current Performance			Three Month Forecast		
Dec 22	YTD	Target	Jan 23	Feb 23	Mar 23
93%	93%	95%	93%	93%	94%

National Position & Overview
Peer data not available.

Root Cause	Actions	Impact/Timescale
<p>It is recognised that performance has been, and is still being, affected by:</p> <ul style="list-style-type: none"> • Covid-19 and related Staff Absence Levels • Flu and related Staff Absence Levels • Operational pressures • Operational demand • Seasonal absences and demands 	<p>Performance against trajectories is being monitored via Executive Corporate and CMG Performance Reviews. This is complimented by access to compliance reports, direct emailed snapshot reports to over 2000 relevant staff & more than 10,000 direct emails per month to non-compliant staff.</p> <p>New question based eLearning modules are live 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 will continue.</p>	<p>Reviewed through the Making it All Happen reviews chaired by CMG / Directorate leadership teams with support from HR. This is a meeting with each line manager to review sickness, appraisals and S&MT compliance.</p> <p>Drive towards improving the overall percentage of UHL during Q4 of the financial year has been implemented with renewed chasing on non-compliance and organisational support.</p>

Well Led – Sickness

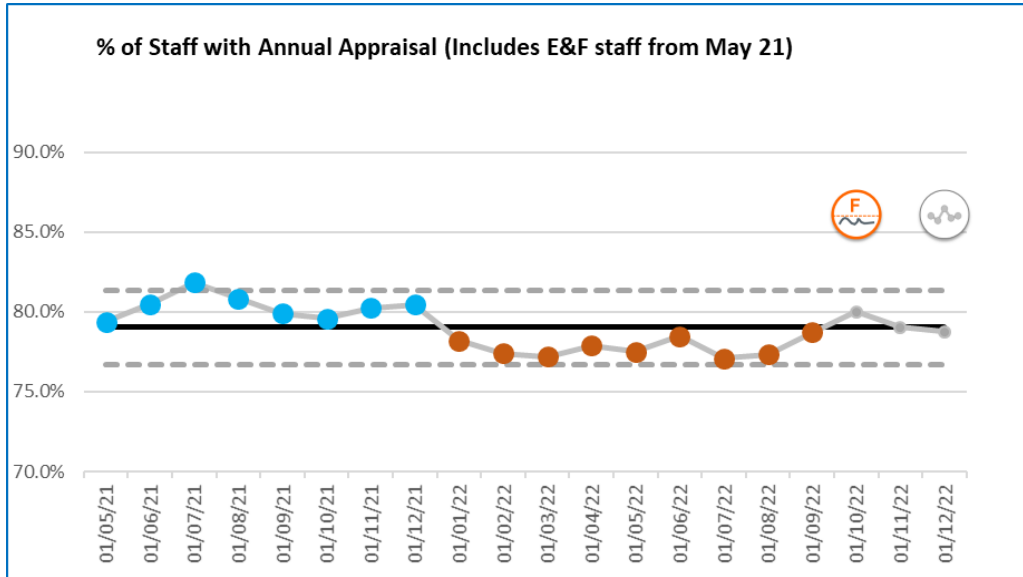


Current Performance			Three Month Forecast		
Nov 22	YTD	Target	Dec 22	Jan 23	Feb 23
5.6%	5.5%	3%	6.0%	5.8%	5.6%

National Position & Overview
Data Excludes Estates and Facilities staff. Peer data not currently available.
Last month we reported October's sickness absence at 5.8% and with retrospective changes it has reduced to 5.63%. We anticipated an increase in sickness absence in November, but has remained static in line with the information reported.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> The absences in November 2022 for our Clinical CMG's are 5.78%, and for Corporate areas 4.23%. Corporate roles also have increased opportunities for remote working The top three reasons for sickness absence for year to date are 'other known causes' (26.36%), 'stress anxiety depression' (17.89%), and 'covid-19 / infection precaution' (9.83%). We are seeing a reduction in Covid-19 related absences in November. 	<ul style="list-style-type: none"> Over winter the approach to managing sickness absence has changed to support colleagues' wellbeing and empower managers to make person-centred decisions, in a compassionate and inclusive way. The focus over the coming months will be to review and support colleagues on long term sickness absence (6+ months). Individual discussions have taken place with colleagues off with 'long covid' to facilitate a return to work wherever possible. 	<ul style="list-style-type: none"> The indicative trajectory has been revised, and will be kept under review to take account of the prevalence of COVID-19, seasonal fluctuations and the impact of industrial action across health services and other sectors.

Well Led – Appraisals

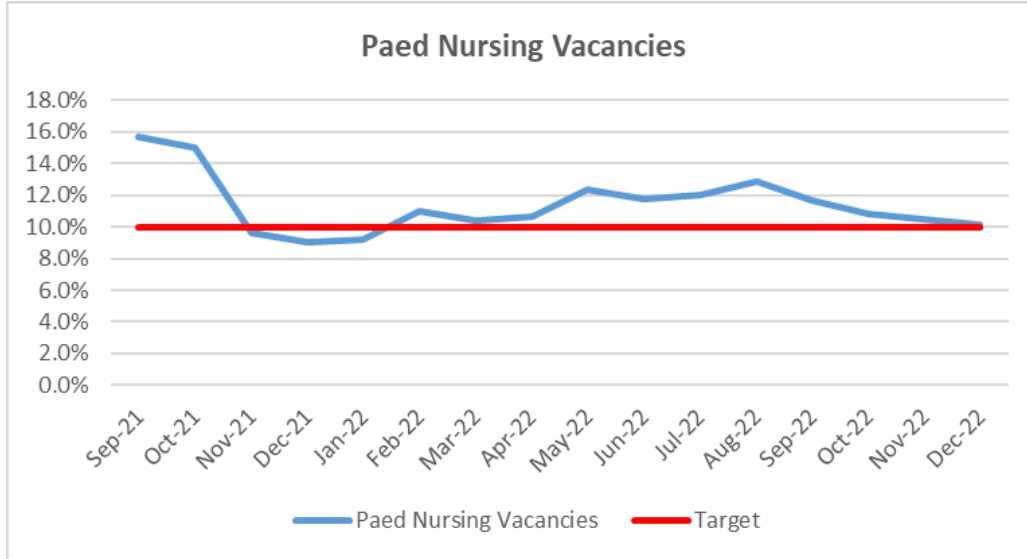


Current Performance			Three Month Forecast		
Dec 22	YTD	Target	Jan 23	Feb 23	Mar 23
78.7%	78.7%	95%	79%	80%	81%

National Position & Overview
Peer data not currently available.
The anticipated trajectory for 80% for December 2022, has not been achieved. In part this may be due to increased staff absences and operational demands.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> It is recognised that performance this month is impacted by the seasonal increases in staff absences and operational demands. A number of colleagues have had appraisals within the last 12 months, outside the reporting/ incremental date and therefore show as non-compliant We have seen a small increase in the Corporate Directorate with an overall rate of 74.7% compared to the overall CMG performance of 79.7% 	<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. Each CMG has been requested to provide a realistic trajectory at the PRM forums for the next 12 months. Regular team meetings with relevant line managers are taking place to review appraisal performance and any additional support required. We are proposing a focus on the Corporate Directorates over the winter months. 	<ul style="list-style-type: none"> Appraisals are reviewed through regular line management and Board oversight meetings. Appraisals are also monitored through the PRM monthly. Over the coming months we could see a further impact on our performance with the impending industrial action in healthcare and other sectors

Well Led – Paed Nursing Vacancies



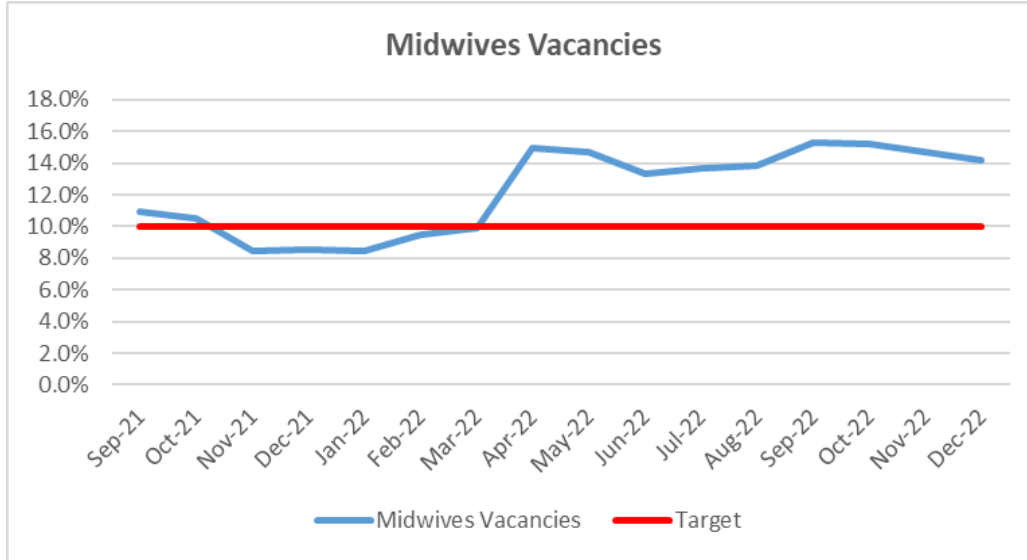
Current Performance			Three Month Forecast		
Dec 22	YTD	Target	Jan 23	Feb 23	Mar 23
10.2%	10.2%	10%			

National Position & Overview

The latest data from NHS England show a vacancy rate of 11.9% as at 30 September 2022 within the Registered Nursing staff group (47,496 vacancies). This is an increase from the same period the previous year when the vacancy rate was 10.5% (39,931 vacancies). This data was only published in December 2022 with no more recent data available

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> Improving position linked to recruitment of newly qualified nurses from local universities who are now all in post and Internationally educated nurses who have completed Childrens OSCE and registered with the NMC 	<ul style="list-style-type: none"> To ensure robust preceptorship programme and period of support to support retention To commence recruitment processes for 3rd year student nurses from local universities who qualify in Sept-23 (and plan same process for Sept 2024) to ensure we have a guaranteed pipeline of graduates To continue to review internationally educated nurses with Childrens experience to follow OSCE pathway leading to RNC qualification / registration with the NMC To explore optimising national supply of experienced paed nurses 	<ul style="list-style-type: none"> Completed To commence Jan-23 and then on-going for future cohorts Ongoing – we have experienced paed nurses in the recruitment pipeline and have to 100% OSCE pass rate so confident this will be a guaranteed route to secure small numbers of nurses in the future Ongoing

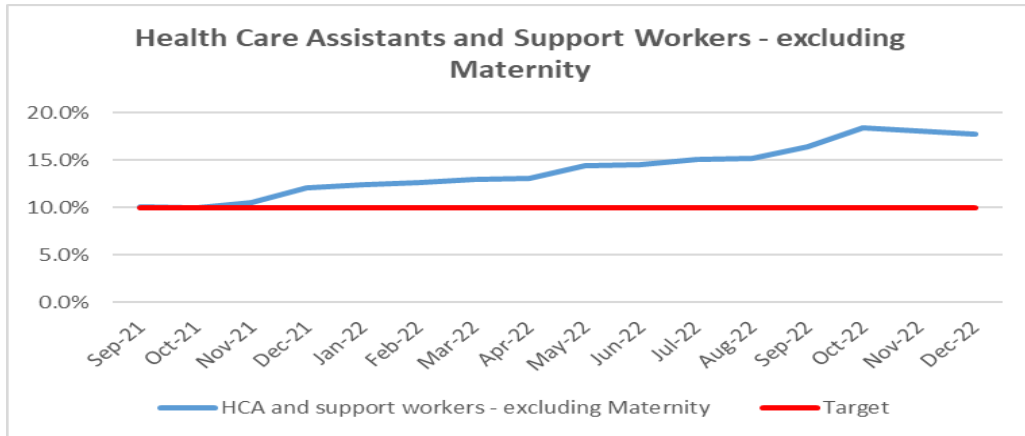
Well Led – Midwives Vacancies



Current Performance			Three Month Forecast		
Dec 22	YTD	Target	Jan 23	Feb 23	Mar 23
14.2%	14.2%	10%			
National Position & Overview					

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> Vacancy rate remains static since April 22 14 new midwives commenced in post Further 2 band 5 midwives appointed 4 international Midwives in post, 3 completed supernumerary period 1 further international Midwife commenced employment 2 international Nurses have commenced employment. 1 RN allocated to each hospital site and will work in Maternity due to previous obstetric experience Limited exit interview information available to review reasons for leaving 	<ul style="list-style-type: none"> Rolling advert continues every 4 weeks for both UK and International Midwives Review of preceptorship package being undertaken with national funding Empowering voices programme completed at LRI. LGH have undertaken 1:1 interviews and are in the middle of the away days. Community and Antenatal services will follow. Empowering voices action tracker stage 3 has commenced in December 22 to implement actions highlighted by staff to improve working environment, culture and work life balance Retention surveys sent out to staff – theme of working patterns and off duty reported. Flexible working is offered on both sites. Off duty roster completion changes have been made 	<ul style="list-style-type: none"> Empowering voices action tracker LRI has commenced in Dec 22 Empowering voices at LGH commenced on the 14th Nov due to complete Jan 23 when stage 3 action tracker will follow Community Empowering voices programme to commence Feb/Mar 23 5 international Midwives arriving March 23 Staff already reporting improvements within work environment following empowering voices work

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



Current Performance			Three Month Forecast		
Dec 22	YTD	Target	Jan 23	Feb 23	Mar 23
17.7%	17.7%	10%			

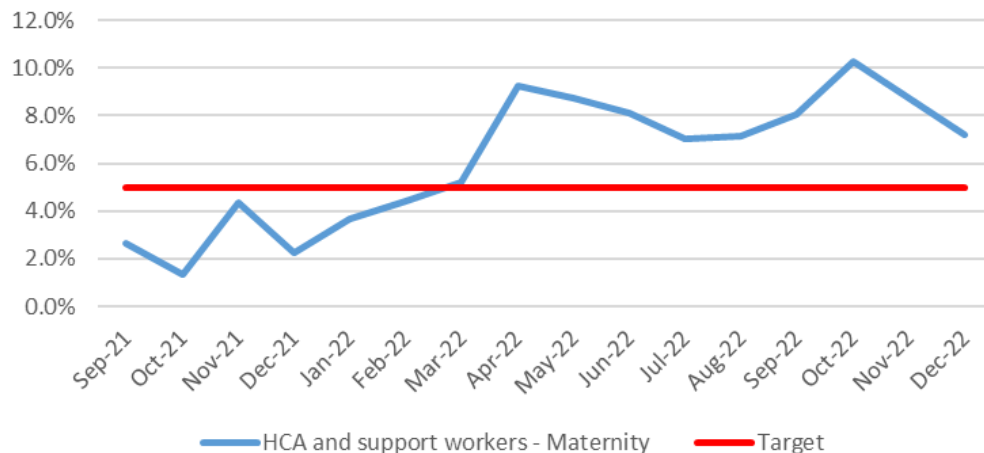
National Position & Overview

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

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> Retention of new HCAs new to care with a high turnover within the first 6-12 months of employment. New HCAs do not always receive the support they need in the clinical area when faced with increasing clinical pressures, overall increase in learners who need support and lack of flexibility in working hours <p>UHL remains an attractive employer and we continue to recruit large cohorts of new HCAs 4-6 weekly with monthly cohorts of starters</p> <p>We have introduced some virtual learning to enable larger cohorts to run safely and have a dedicated team of HCA educators to support new starters.</p>	<ul style="list-style-type: none"> 3-month Task & Finish group led by DCN focusing on retention of all new HCAs for first 12-months including: <ol style="list-style-type: none"> 1-1 catch ups between all new HCAs and CMG senior nurses in weeks 1-4 and thereafter, bi-monthly NHSE funding for additional clinical educator roles at band 3 / 4 / 5 to support pastoral care & CPD in first 12-months External support with exit interviews with HCAs to understand reasons for leaving To develop opportunities for applicants to fully understand the HCA role (i.e. intensity & physical aspects of the role) to ensure expectations of the job are realistic, so development of more online videos / tours of departments, work experience, taster days. To enable HCA applicants with no care experience to join the bank and receive payment for 3-week training programme in line with other Trusts To review the career progression framework to support retention 	<p>3-month action plan to complete all actions</p> <ul style="list-style-type: none"> Process agreed with CMGs to commence Jan-23 All posts recruited by Jan-23 and work plan agreed External company commissioned by ICB with NHSE funding Feb-23 New N&M microsite to launch end Jan-23 and external support with development of new videos for all CMGs Payment mechanisms agreed with CMGs and Bank Office to commence process immediately approx 40 bank HCA applicants to be interviewed in Jan-23

Well Led – Health Care Assistants and Support Workers - Maternity

Health Care Assistants and Support Workers - Maternity



Current Performance

Three Month Forecast

Dec 22	YTD	Target	Jan 23	Feb 23	Mar 23
7.2%	7.2%	5%			

National Position & Overview

Root Cause

- Vacancy rate of MCAs/MSWs decreased by 3.1 % since October 22
- Recruitment day for support staff was a success
- Lack of development opportunities from band 2

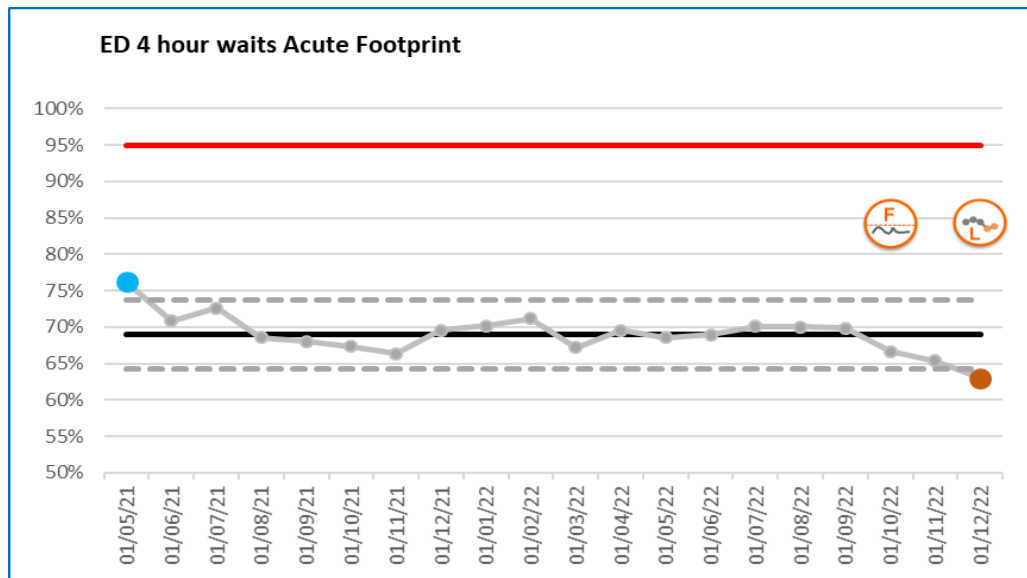
Actions

- Review apprenticeship pathways for Band 2 to 3 development being led by education team
- Commencing TNA programme for existing MSWs-applications have opened
- Completed empowering voices programme at LRI, now at LGH and will be followed into Community. Voices heard from MCAs/MSWs and actions generated on action tracker to enhance support
- National funding received to introduce retention & pastoral MSW role into education team

Impact/Timescale

- Development programme due to be complete by March 23
- TNA programme commencing May 23
- Empowering voices action tracker stage LRI commenced Dec 22
- Retention & pastoral MSW role now recruited into education team-start date to be agreed

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

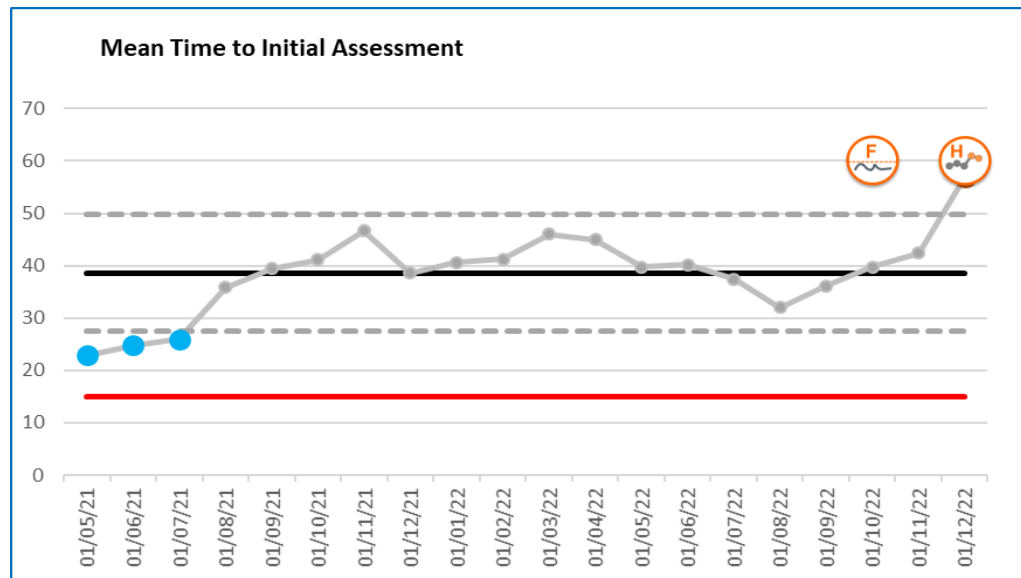


Current Performance			Three Month Forecast		
Dec 22	YTD	Target	Jan 23	Feb 23	Mar 23
63.0%	67.9%	95%			

National Position & Overview
<p>In December, UHL ranked 65rd out of 112 Acute Trusts. The National average in England was 65.0%. Only 1 out of the 112 Acute Trusts achieved the target. UHL ranked 9th out of 16 trusts in its peer group. The best value out of the Peer Trusts was 74.4% and the worst value was 51.6%.</p>

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> Crowding in ED due to chronic and sustained lack of flow High Inflow of particularly in walk-in impacting on ambulance arrivals UHL bed occupancy >90% 14% less G&A beds than average 	<ul style="list-style-type: none"> Overnight consultant in ED rota in place and continued increase in uptake of shifts noted MlaMI extended opening times 8am to 12pm Emergency flow action plan focus on reduction in non-admitted breaches and adherence to new Inter Professional Standards Implementation of pre-transfer unit at LRI Extension of discharge lounge at LRI (move of physio therapy) 	<ul style="list-style-type: none"> In place In place Monitored via CMG PRM's January 2023 May 2023

Responsive (Emergency Care) – Mean Time to Initial Assessment

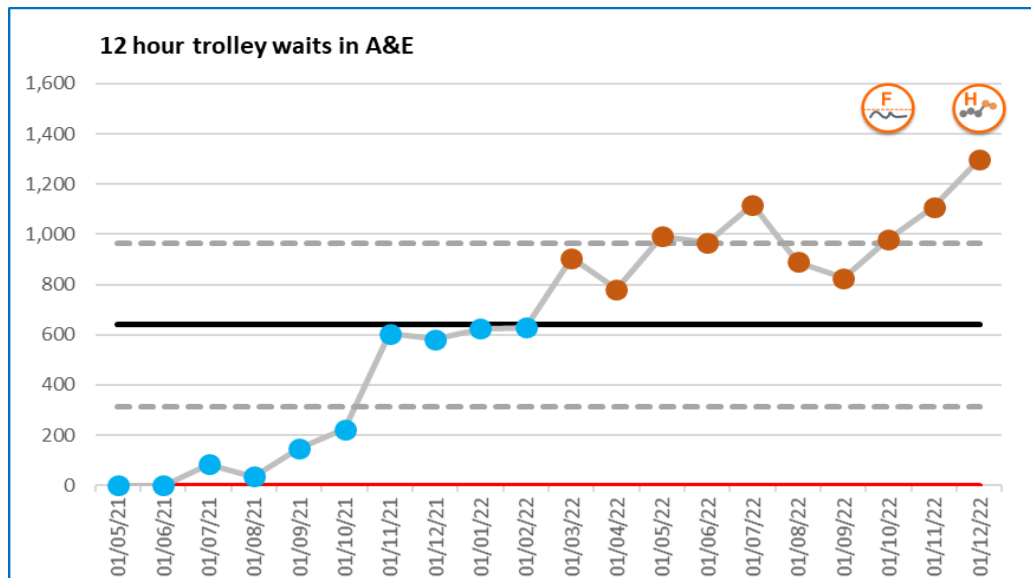


Current Performance			Three Month Forecast		
Dec 22	YTD	Target	Jan 23	Feb 23	Mar 23
56.9	41.3	15			

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

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> Insufficient workforce to manage sustained walk in demand of in excess of 40 – 50 patients per hour. 	<ul style="list-style-type: none"> Redirect patients to UTC and SDEC's Redirect patients to Walk in Centres ED consultant deployed to front desk STAT clinician allocated to front door for each shift Stream patients to injuries Extended MIaMI opening Oadby Walk re direction 	<ul style="list-style-type: none"> In place In place In place In place In place In place December 2022 - ongoing

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

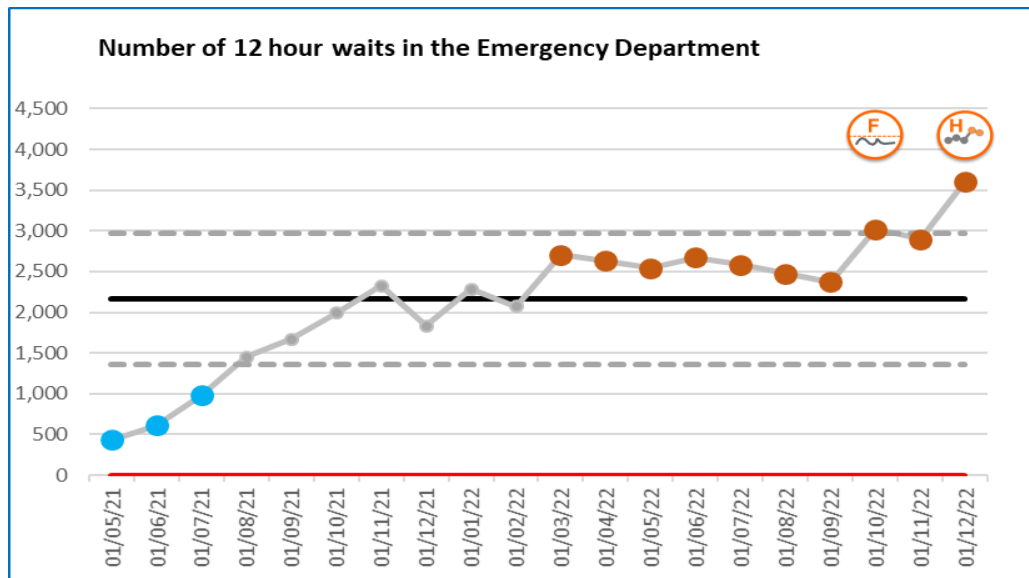


Current Performance			Three Month Forecast		
Dec 22	YTD	Target	Jan 23	Feb 23	Mar 23
1,299	8,962	0			

National Position & Overview
<p>In December, UHL ranked 121st out of 124 Major A&E NHS Trusts. 11 out of the 124 Trusts achieved the target. The best value nationally was 0 and the worst value was 1,830. UHL ranked 17th out of 18 trusts in its peer group.</p>

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> Poor outflow across the emergency care pathway Insufficient discharges from the base wards to meet demand Inability to create early capacity across the emergency care pathway due to lack of early discharges / using the discharge lounge overnight 	<ul style="list-style-type: none"> Medical in reach in place 24/7 Focused work on flow through the hospital to include board rounds, criteria led discharge, TTO's further review required as impact of schemes is not resulting in improving performance 	<ul style="list-style-type: none"> In place November 2022 Commence feasibility on wards at GH – January – March 2023

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

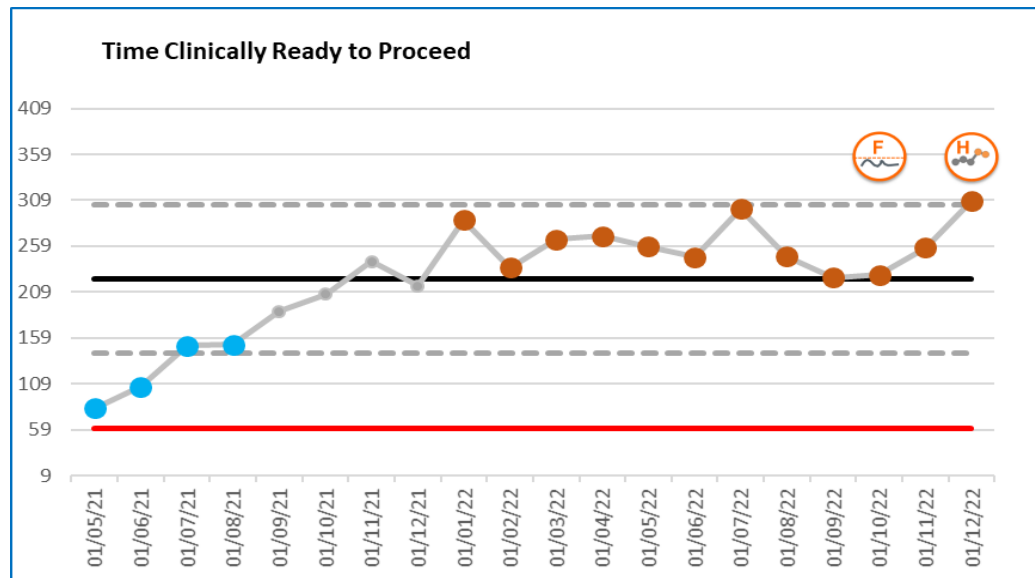


Current Performance			Three Month Forecast		
Dec 22	YTD	Target	Jan 23	Feb 23	Mar 23
3,603	24,798	0			

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

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> Poor outflow across the emergency care pathway Overcrowding in ED result in long waits to see a doctor 	<ul style="list-style-type: none"> Medical in reach in place 24/7 Focused work on flow through the hospital to include board rounds, criteria led discharge, TTO's further review required as impact of schemes is not resulting in improving performance 	<ul style="list-style-type: none"> In place In place Open pre-transfer hub – January 2023 Commence feasibility on wards at GH – January – March 2023

Responsive (Emergency Care) – Time Clinically Ready to Proceed

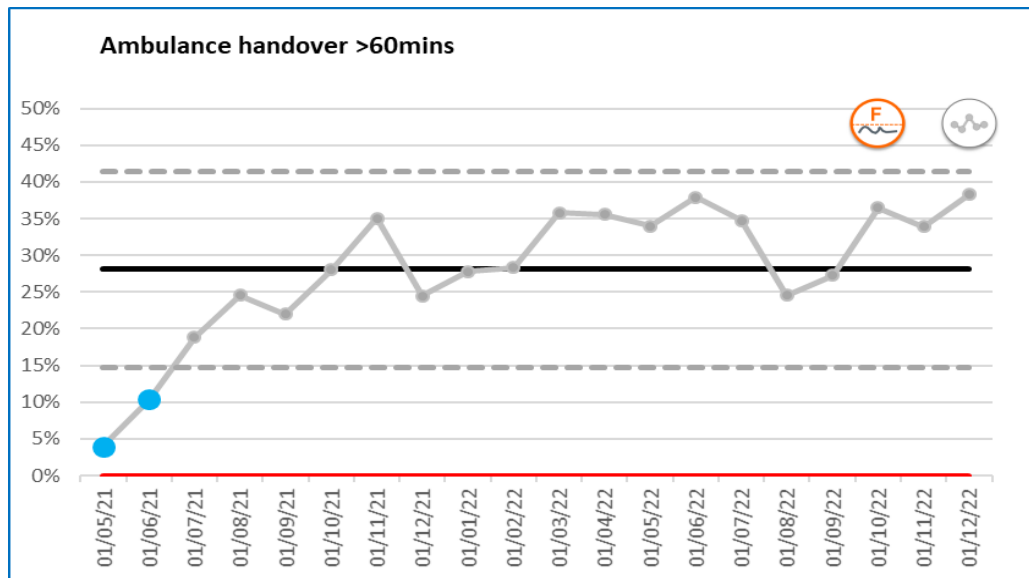


Current Performance			Three Month Forecast		
Dec 22	YTD	Target	Jan 23	Feb 23	Mar 23
308	260	60			

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

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

Responsive (Emergency Care) – Ambulance Handovers >60 Mins

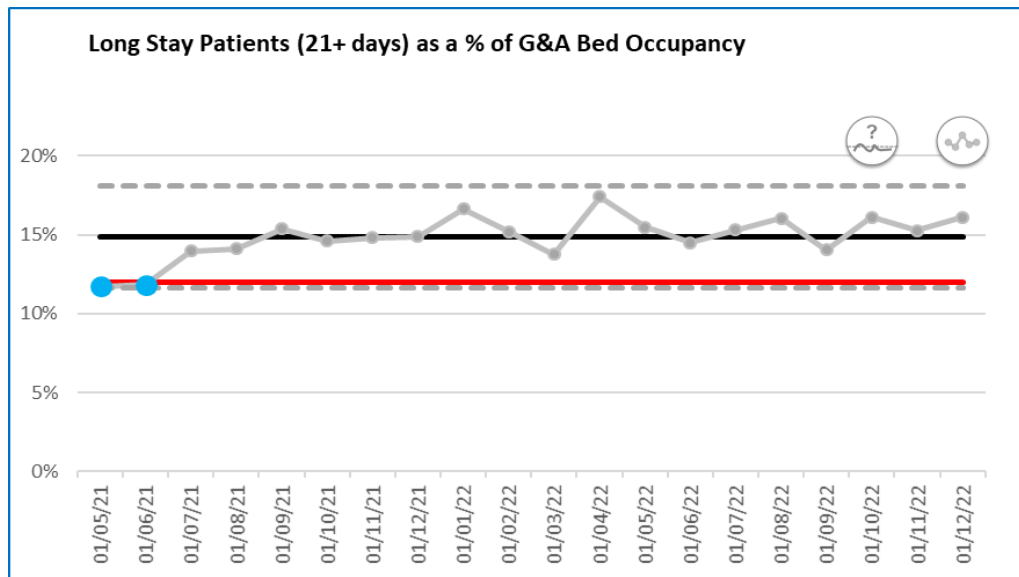


Current Performance			Three Month Forecast		
Dec 22	YTD	Target	Jan 23	Feb 23	Mar 23
38.3%	33.6%	0%			

National Position & Overview
<p>LRI ranked 14th out of 23 sites last month (source EMAS monthly report) and had the second highest number of arrivals (4,088).</p> <p>UHL is an outlier in Ambulance handover performance and recorded the second highest number of handovers over 60 minutes last month, 1,446 (source EMAS monthly report).</p>

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

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



Current Performance			Three Month Forecast		
Dec 22	YTD	Target	Jan 23	Feb 23	Mar 23
16.1%	16.1%	12%	16%	16%	15%

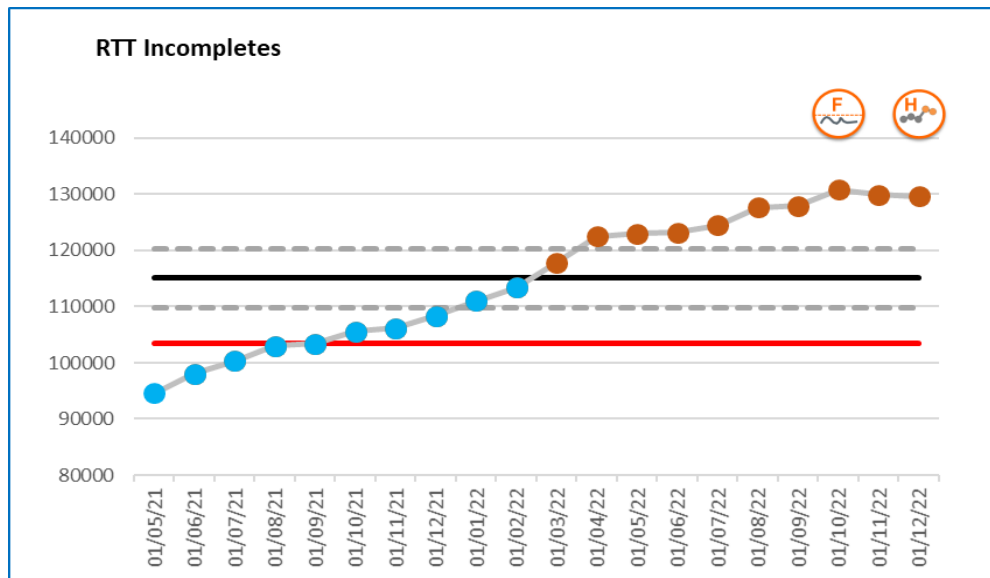
National Position & Overview

UHL is ranked 6th out of 20 trusts in the Midlands for the % beds occupied by Long Stay (21+ Day) patients (for the w/c 26/12/22).

- 42 (244) 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.
- 52 Patients (21%) are medically optimised for discharge with no acute medical reason to stay .

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> • Circa 137 Complex Medically optimised for discharge patients of which 52 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 January to:</p> <ul style="list-style-type: none"> • Embed the new shortened referral /transfer process for patients transferring from UHL- LPT • Change administrative process for processing Home First Forms <p>Work with CMG's to:</p> <ul style="list-style-type: none"> • Continue to raise the awareness of the impacts of hospitalised deconditioning and promote the National reconditioning games. • Track patients with a discharge outcome today/ in the future to reduce lost discharges • Develop the therapy led approach to filling therapy led capacity and reducing P2 allocations 	<ul style="list-style-type: none"> • Aim to reduce number of MOFD patients waiting for discharge in UHL beds. • Reduce hospitalised deconditioning. • Reduce daily 'lost discharges' • Reduce patients discharged on a Pathway 2.

Responsive (Elective Care) – RTT Incompletes



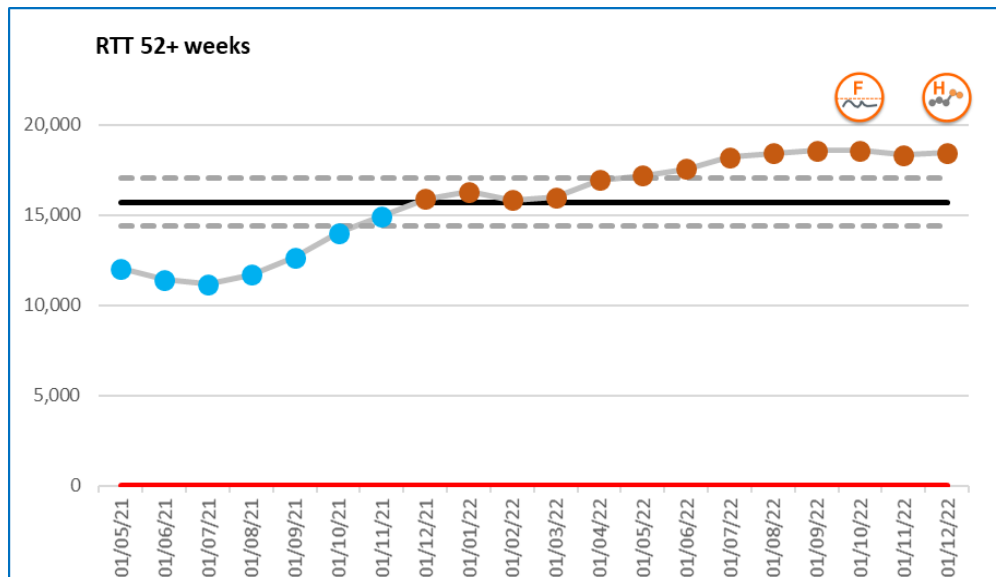
Current Performance			Three Month Forecast		
Dec 22	YTD	Target	Jan 23	Feb 23	Mar 23
129,672	129,672	103,403			

National Position & Overview

At the end of November, UHL ranked 15th out of 17 trusts in its peer group with a total waiting list size of 129,944 patients. The best value out of the 18 Peer Trusts was 69,002, the worst value was 156,806 and the median value was 80,254.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> Impact of reduced outpatients and Inpatient activity. Due to COVID-19 and the introduction of social distancing and infection prevention measures. Continued growth in demand against significant number of specialities Continued workforce challenges within ITAPPS reducing theatre capacity Estate- lack of theatre capacity and outpatient capacity to increase sessions Significant productivity challenges across elective care 	<ul style="list-style-type: none"> Elective Care Strategy developed with eight key Elective Recovery Interventions aligned to the National Elective Recovery Framework. Validation plan has been developed and is underway to ensure a 'clean waiting' list is in place. Demand and Capacity modelling being commissioned to support future planning. 	<ul style="list-style-type: none"> Various actions as part of eight interventions. Key for UHL include a programme on: Productivity and releasing constraints, Validation and Use of the Independent Sector. Key deliverables are identified in year 1, 2 and 3 of the programme. D&C due to report end of Feb 23.

Responsive (Elective Care) – RTT 52+ Weeks



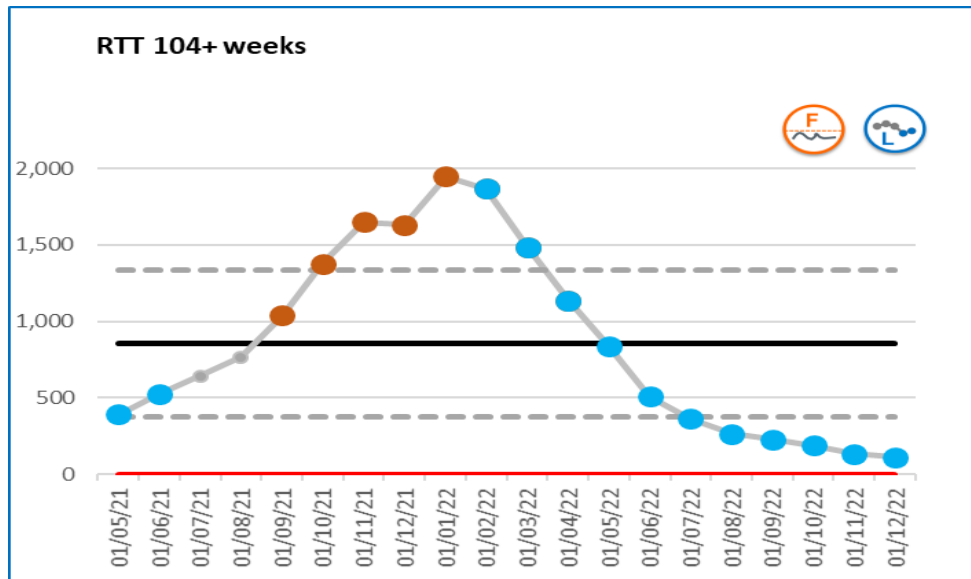
Current Performance			Three Month Forecast		
Dec 22	YTD	Target	Jan 23	Feb 23	Mar 23
18,441	18,441	0			

National Position & Overview

At the end of November, UHL ranked 16th out of 17 trusts in its peer group with 18,318 patients waiting over 52+ weeks. The best value out of the 18 Peer Trusts was 645, the worst value was 28,066 and the median value was 4,443.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> Impact of COVID-19 on planned activity capacity led to a growing backlog Significant operational pressures due to the emergency demand impacting upon elective activity Challenged Cancer position and urgent priority patients requiring treatment Workforce challenges in anaesthetics leading to cancellations of theatre lists Admin workforce challenges across a range of posts, particularly band 2 impacting on ability to book patients 	<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 	<ul style="list-style-type: none"> Fortnightly meeting in place to monitor performance. Reduction in elective backlog. 6 patients have been uploaded onto DMAS. On-going- improving position from December 12/11/22. Reduction in admin vacancies. Impact is improved administrative processes leading to improved o/p and theatre productivity, reduced patient DNAs and OTDCs. Reducing backlog Ensuring clean waiting list. Plan to be developed by end of Nov.

Responsive (Elective Care) – RTT 104+ Weeks



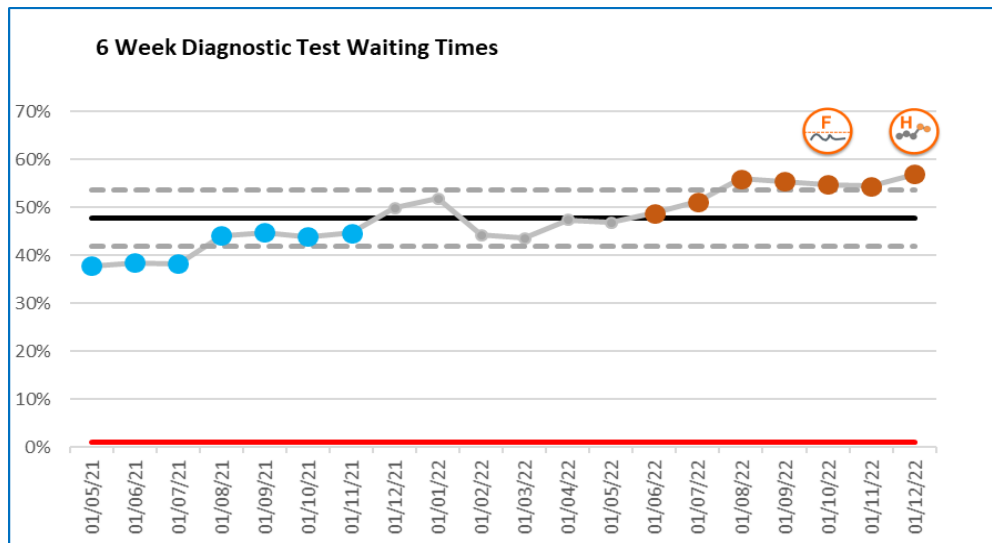
Current Performance			Three Month Forecast		
Dec 22	YTD	Target	Jan 23	Feb 23	Mar 23
113	113	0			

National Position & Overview

At the end of November, UHL ranked 17th out of 17 trusts in its peer group with 135 patients waiting 104+ weeks. The best value out of the 18 Peer Trusts was 0 and the median value was 7.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> Impact of COVID-19 on elective backlog and increasing demand. Significant operational pressures due to the emergency demand ,UHL consistently at OPEL 4 impacting on elective operating Theatre capacity which has been available has been used for clinical priority, cancer patients, and P2's Workforce challenges in anaesthetics leading to cancellations of theatre lists Admin workforce challenges across a range of posts, particularly band 2 impacting on ability to book patients 	<ul style="list-style-type: none"> Weekly meetings in place with CMGs to go through individual plans for those patients at risk of being/or at 104, to ensure route to zero by the end of March. 	<ul style="list-style-type: none"> Plan to be at zero 104 weeks by end of March. Trajectory for January is 78.

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

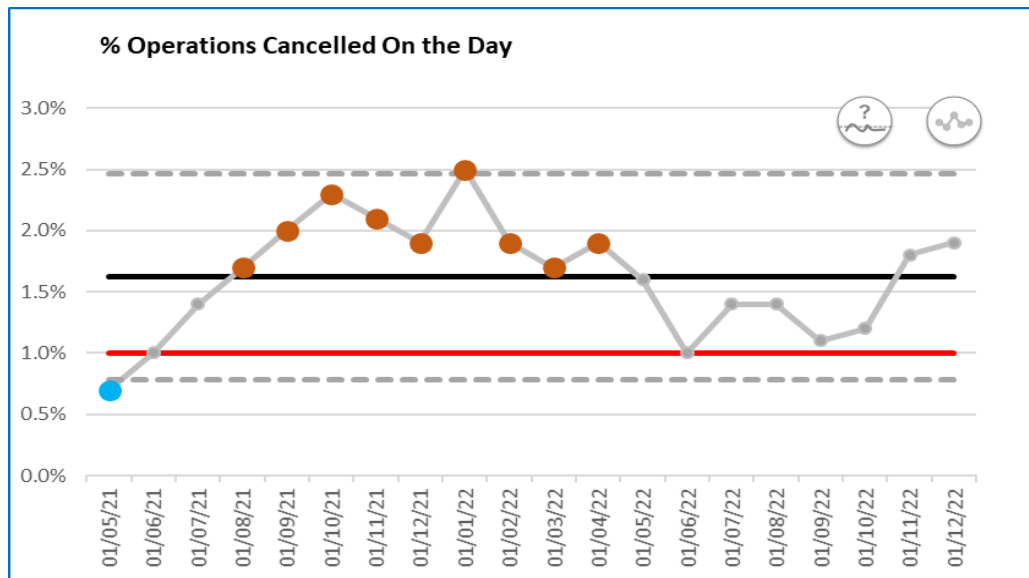


Current Performance			Three Month Forecast		
Dec 22	YTD	Target	Jan 23	Feb 23	Mar 23
57.0%	57.0%	1.0%			

National Position & Overview
<p>National average performance for November was 26.9%. UHL ranked 17th out of 17 trusts in its peer group with performance of 54.5% in November. The best value out of the 18 Peer Trusts was 1.7% and the median value was 23.1%.</p>

Root Cause	Actions	Impact/Timescale
<p>As at the end of December the Trust reported just under 22,000 patients waiting over 6 weeks for their diagnostic test as per the DM01 return. The top 5 modalities that make up the backlog are:</p> <p>Non-Obstetric Ultrasound – 48% (improving position) DEXA – 12% (static) MRI – 8% (improving position) ECHO – 7% (expect improvement in January) Gastroscopy – 7% (expect improvement from February)</p>	<ul style="list-style-type: none"> Planned improvements are being evidenced within MRI and Ultrasound. The insourcing solution for NOUS and ECHO are in place and delivering additional activity in January. 	<ul style="list-style-type: none"> A forecast based on known interventions (insourcing / productivity and validation) has been established to the end of March 23 and March 24 Current interventions deliver a 30% reduction in 13+ waits and is c2,500 tests short of delivering the aim of a 50% reduction by March 23.

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

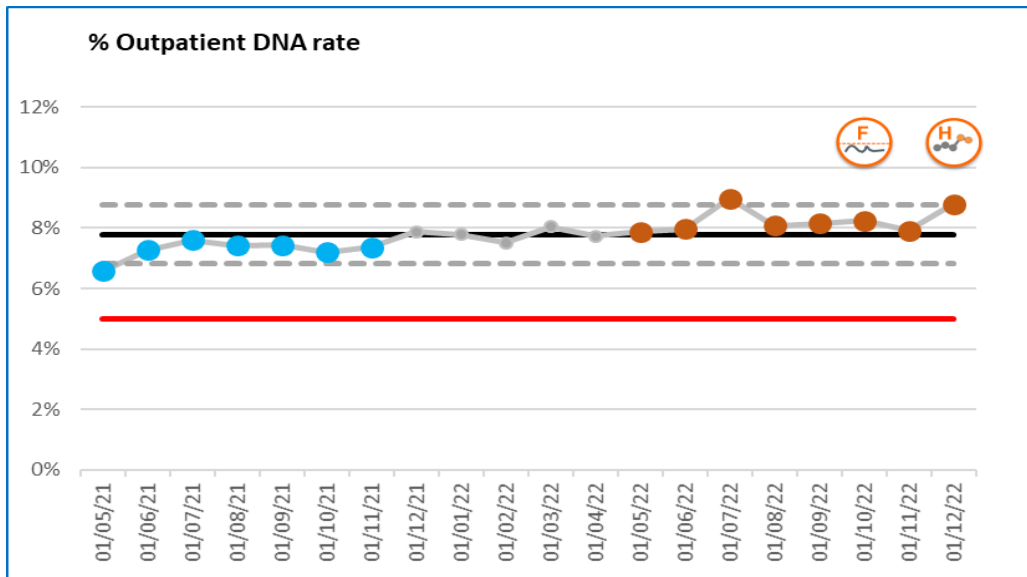


Current Performance			Three Month Forecast		
Dec 22	YTD	Target	Jan 23	Feb 23	Mar 23
1.9%	1.5%	1%			

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

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> 60 patient Did Not Attend for their surgery in December 22 (58 adults, 1 Paediatric and 1 patient in the Alliance) 40 out of the 58 adults patients that DNA (69%) their appointment are from 2 specialities: Pain Management Service (19 patients) and Ophthalmology (21 patients). 7 (12%) patients stated they did not receive an appointment letter 	<ul style="list-style-type: none"> Patient cancellations make up 33% of all cancellations recorded in December 22. DNA = 13% Improvement lead to feed results back to the CMG Transformation Leads and service. Other forms of communication need to be explored within Pain and Ophthalmology to notify patients of their upcoming appointment. accuRX trial to start with ophthalmology mid January to text the patient 7 days before their operation to provide a reminder of their TCI date. 	<ul style="list-style-type: none"> Trial of accuRX within Ophthalmology to start Monday 16th January for 1 month. Review DNA results post trial period – aiming to reduce DNA by half. Improvement lead to check in with pain service to check they are sending txt message reminders – training provided during December 22. If these services could reduce their DNA results by 50%; 20 more patients could be operated on.

Responsive (Elective Care) – Outpatient DNA Rate



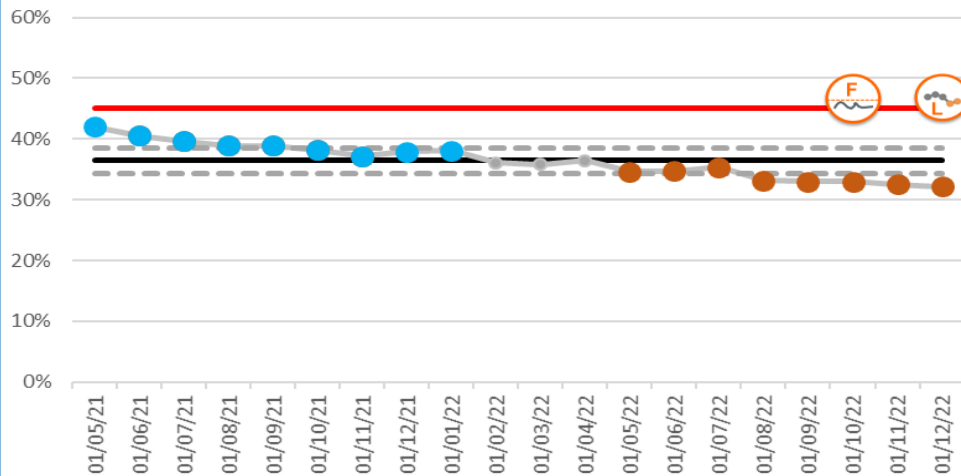
Current Performance			Three Month Forecast		
Dec 22	YTD	Target	Jan 23	Feb 23	Mar 23
8.8%	8.2%	5.0%	8.4%	8.0%	7.6%

National Position & Overview
<p>UHL compares better than its peers for the current financial year, 8.0% compared to 8.7% (data for April 22 to September 22, source CHKS).</p> <p>The DNA rate has increased significantly in recent months and is currently worse than performance before the COVID-19 pandemic, performance in 19/20 was 7.0%.</p>

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

Responsive (Elective Care) – Outpatient Non Face to Face

% Outpatient Non Face to Face



Current Performance

Dec 22	YTD	Target
32.1%	33.9%	45.0%

Three Month Forecast

Jan 23	Feb 23	Mar 23
34%	36%	38%

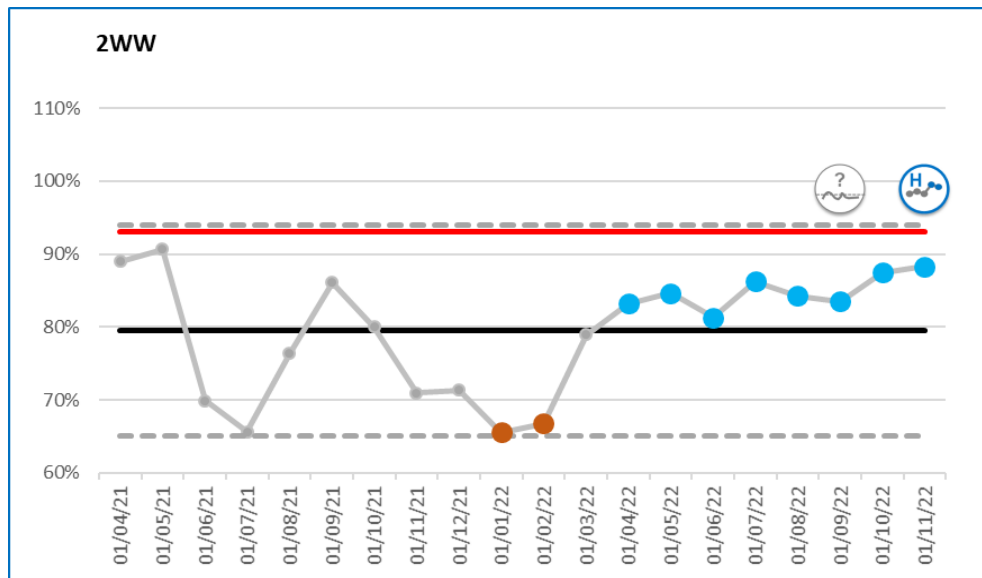
National Position & Overview

Peer data not currently available.

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

Root Cause	Actions	Impact/Timescale
<ol style="list-style-type: none"> Not all Outpatient rooms and consultant offices are set up for video consultation eg no webcam or 2nd screen, and not all rooms have phones in them There is a fear of losing consulting rooms amongst clinicians therefore they are bringing patients in F2F Some clinicians and patients do prefer F2F over non F2F Poor experience with One Consultation has made rollout of Attend Anywhere more challenging 	<ol style="list-style-type: none"> All of central outpatient rooms have now been provided with webcams, 2nd screens and headsets. Other OP areas have been asked what they need. Services are being encouraged to run blended clinics (part F2F/part non F2F) so the room will still be needed. Transformation Leads are working with services offering more F2F then non F2F. Attend Anywhere and AccuRx demos are being carried out and kit is being supplied to encourage video consultation as an alternative. Improve comms around the benefits of video consultation. 	<ul style="list-style-type: none"> All actions, plus others, are happening imminently to help increase the number of non F2F appointments. An improvement in the non F2F rate should be visible within the next 3 months. Historically virtual notes reviews have been recorded and submitted as Non F2F activity – we will no longer be submitting virtual notes review activity as it will be classed as remote monitoring.

Responsive Cancer – 2 Week Wait



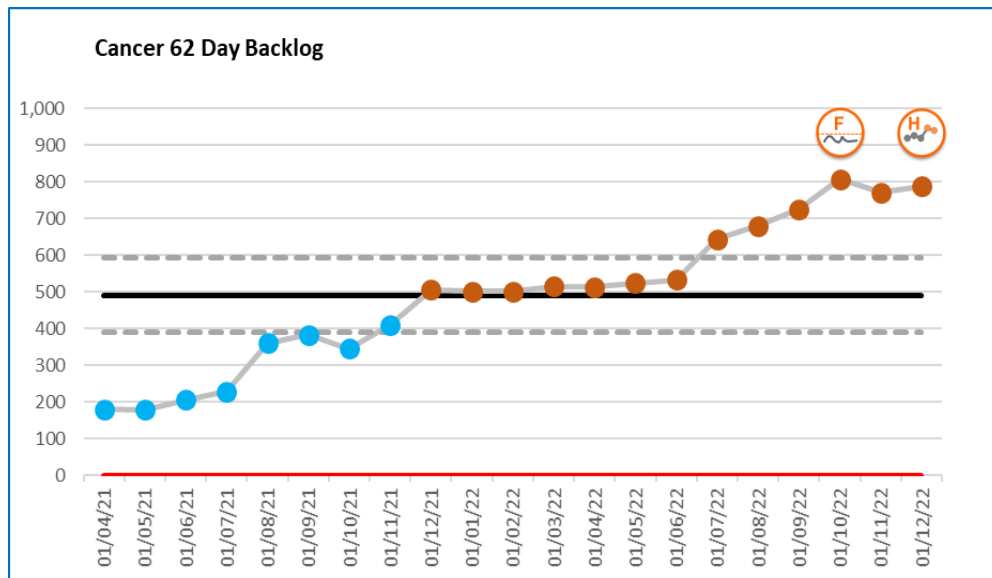
Current Performance			Three Month Forecast		
Nov 22	YTD	Target	Dec 22	Jan 23	Feb 23
88.3%	84.9%	93%	87.0%	86.0%	89.0%

National Position & Overview

In November, UHL ranked 61st out of 136 Acute Trusts. The National average was 78.8%. 41 out of the 136 Acute Trusts achieved the target. UHL ranked 7th out of the 18 UHL Peer Trusts. The best value within our peer group was 96.8%, the worst value was 51.6% and the median value was 83.3%.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> In November 2WW demand remained over 30% above pre-COVID level. Despite the pathway improvements the 2WW standard remains at risk due to the sustained increase in demand, predominately in out-patients and endoscopy and workforce challenges in both admin and clinical areas. 	<ul style="list-style-type: none"> Head & Neck additional capacity introduced 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 	<ul style="list-style-type: none"> immediate – increase in 2ww capacity January – significant reduction in LOGI referrals expected January – significant diversion of other tumour site referrals expected immediate – increase in 2ww capacity immediate – increase in 2ww capacity

Responsive Cancer – Cancer 62 Day Backlog



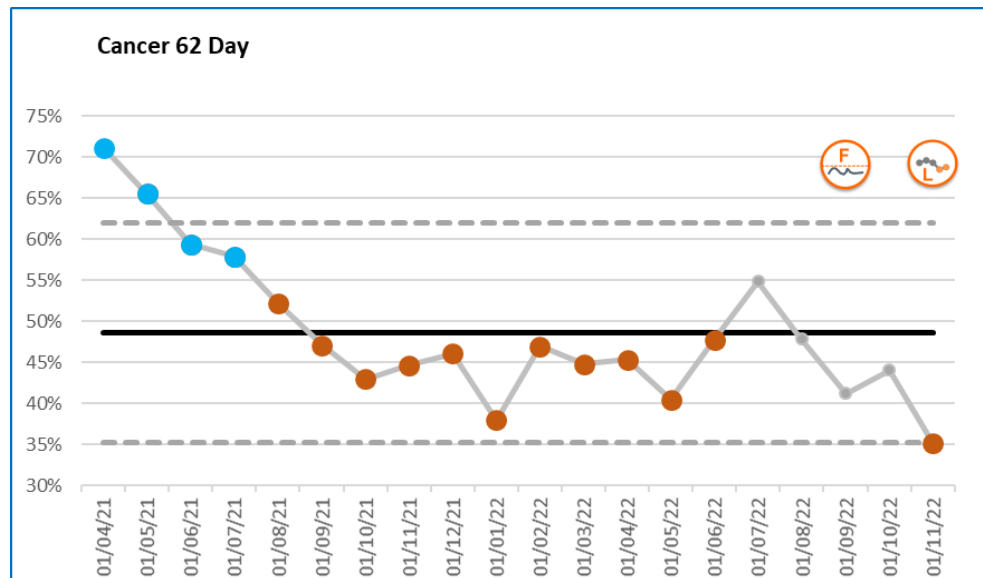
Current Performance			Three Month Forecast		
Dec 22	YTD	Target	Jan 23	Feb 23	Mar 23
788	788	0	703	641	548

National Position & Overview

The 62-day backlog has decreased since early November. As of 20/01/23 the backlog is 723 patients waiting over 62 days (17.2% of PTL) with 88% of the backlog sitting within LOGI, Skin and Urology. LOGI and Skin pressures are recognised nationally, whilst Urology is a more UHL specific issue.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> 62 day and 104 day backlogs remain high as a result of ongoing demand and capacity constraints. Urology remains the key area of concern, with LOGI and Skin as the next largest. Constraints include capacity, specifically outpatient, diagnostic and clinical administrative time, in addition to workforce to deliver additional capacity. Patient choice/engagement remains of concern across several pathways as does fitness to proceed. 	<ul style="list-style-type: none"> Clinically prioritise all cancer patients Weekly PTL review meetings with >104 clinical review Clinical review of PTL to support Urology and Colorectal Review national timed pathways . Share dynamic backlog report tool, including next steps, to support focused actions for recovery. Continued validation of PTLs and cancer data NSS/Pre-diagnosis CNS commenced to support patient engagement 	<ul style="list-style-type: none"> Updated action plans by tumour site in progress IST support from 07/02/23 NSS/Pre-diagnosis CNS supporting patient engagement across all PTLs Urology is now ahead of trajectory, with plans for Skin to improve into the new year. Colorectal has a longer term plan for delivery.

Responsive Cancer – Cancer 62 Day



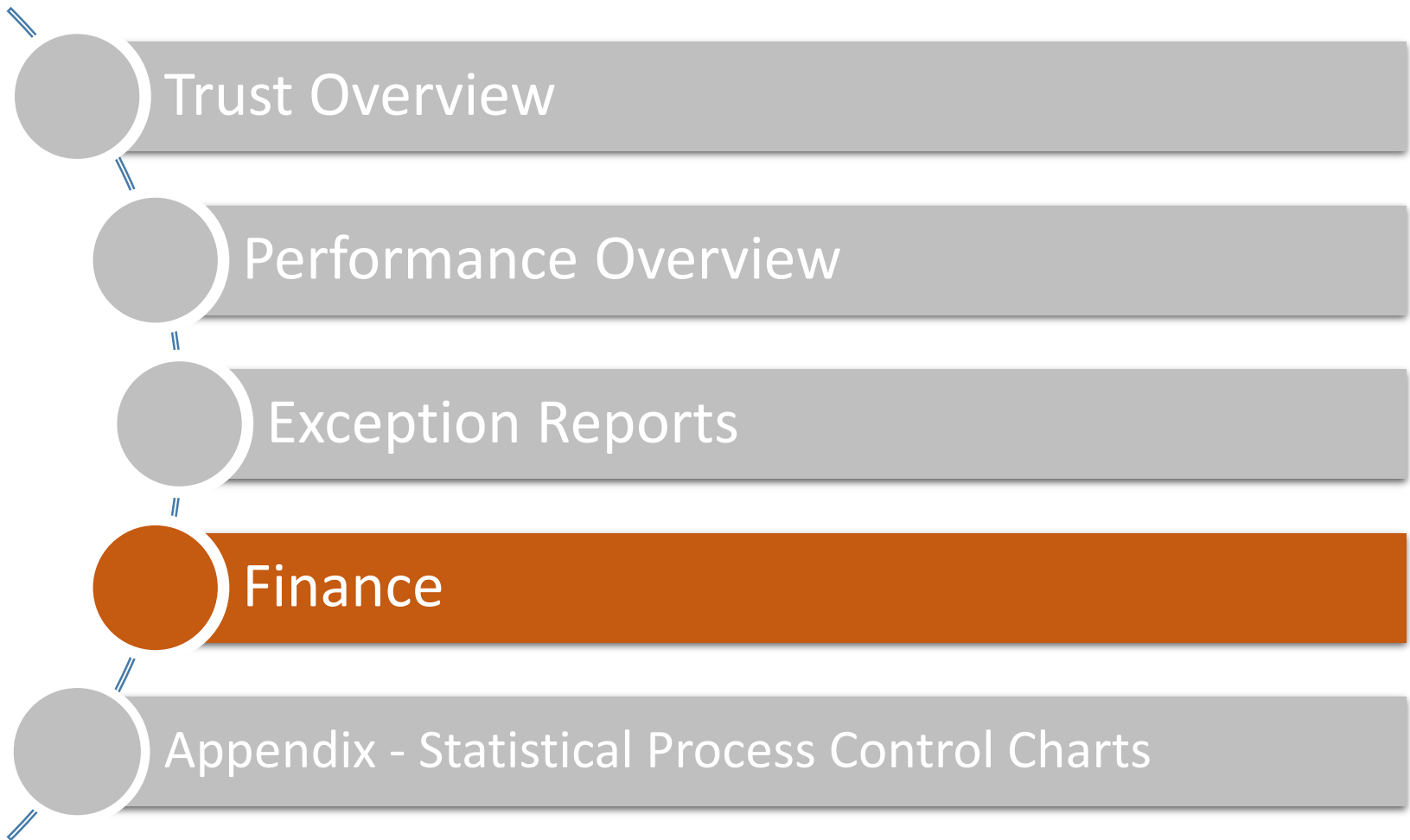
Current Performance			Three Month Forecast		
Nov 22	YTD	Target			
35.1%	44.3%	85%			

National Position & Overview

In November, UHL ranked 130th out of 134 Acute Trusts. The National average was 61.0%. 9 out of the 134 Acute Trusts achieved the target. UHL ranked 18th out of the 18 UHL Peer Trusts. The best value within our peer group was 75.3% and the median value was 52.7%.

This metric will remain challenged whilst 62 day backlog is recovering.

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



Single Oversight Framework – Month 9 Overview

At a Glance		Indicator	Plan / Standard	Period	YTD Actuals	Monthly Actuals	RAG Rating	Executive Director
Best Value Care	Finance	Trust level control total performance against target	M9 YTD Plan of -£4.6m	M9	-£11.3m	-£2.2m		CFO
		Capital expenditure against plan	M9 YTD Plan of £32.9m	M9	£35m	£8.4m		CFO

Summary Financial Position

		I&E YTD			Forecast		
		Plan	Actual	Variance to Plan	Full Year Plan	Forecast	Variance to Plan Total
		£'000	£'000	£'000	£'000	£'000	£'000
I&E	NHS Patient-Rel Income	901,842	931,061	29,218	1,207,175	1,245,328	38,154
	Other Operating Income	101,465	112,517	11,052	136,180	144,356	8,176
	Total Income	1,003,307	1,043,577	40,270	1,343,354	1,389,684	46,330
	Pay	(592,210)	(612,311)	(20,102)	(788,248)	(820,923)	(32,675)
	Agency Pay	(16,115)	(18,851)	(2,737)	(22,106)	(23,440)	(1,334)
	Non Pay	(352,978)	(377,836)	(24,858)	(470,113)	(501,129)	(31,016)
	Total Costs	(961,302)	(1,008,999)	(47,697)	(1,280,467)	(1,345,492)	(65,026)
	EBITDA	42,005	34,578	(7,426)	62,888	44,192	(18,696)
	Non Operating Costs	(47,300)	(46,442)	858	(63,861)	(62,728)	1,133
	Retained Surplus/(Deficit)	(5,295)	(11,864)	(6,569)	(973)	(18,536)	(17,563)
Donated Assets	705	522	(182)	973	836	(137)	
	Net Total Surplus/(Deficit)	(4,591)	(11,342)	(6,751)	(0)	(17,700)	(17,700)

Comments – YTD Variance to Plan

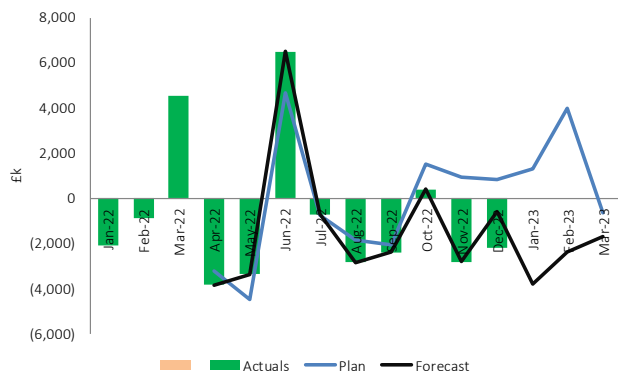
Total Income: £40.3mF: driven by additional income for pay awards £13.8mF, Income for the LPT contract, offset in expenditure £4.2mF, excluded drugs and devices which are offset in non-pay £4.2mF, Homecare drugs income £2mF offset in expenditure, funding for the community diagnostic hub (CDH) offset by expenditure £2.4mF, ambulance handover income of £2.5mF offset by expenditure, research grant income of £2mF offset by expenditure, training and education income £1.9mF, car parking/catering income £1.2mF, additional patient related income relating to East Midlands Cancer Alliance £1mF, CIP, £1mF, frontline digitisation £0.8mF, other project related income of £3.2mF and private/overseas patient income across various CMGs £1.4mF and other income of £1.3mA mainly relating to reduction in employer national insurance contributions offset in pay.

Pay and Agency: £22.8mA is driven by a pay awards of £13.1mA, LPT contract pay costs of £2.6mA, Emergency pathway £3.8mA, £1.8mA ambulance handover, increased emergency medical locum spend £1.4mA, CDH £0.6mA, employer national insurance contributions £0.9mF offset by income and £3.8mF cash releasing pay CIP which is offset by improved vacancy recruitments and increased fill.

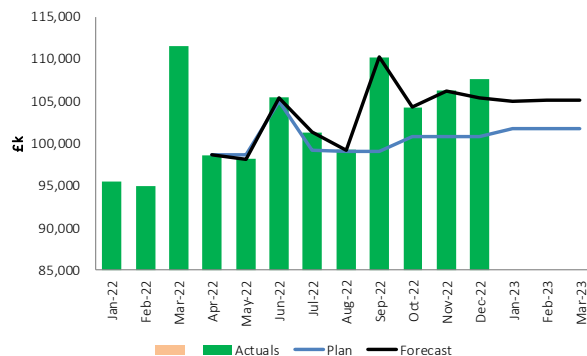
Non Pay: £24.9mA includes £4.2mA pass through drugs, £2mA Homecare drugs, £1.5mA LTP costs both offset within income, £3.9mA cash releasing CIP, £1.2mA emergency pathway, £1.8mA on CDH offset by income, £0.7mA ambulance handover plan offset by income, £0.4mA unfunded inflation above plan, research expenditure of £2mA offset by income, £1.1mA bad debt provision, £2.4mA insourcing, £1.5mA excess inflation, ESM unfunded beds £1mA, catering and retail £0.7mA, £0.3mA additional December spend relating the use of bus/pod and £0.5mA discharge ambulance spend.

Month 9 Dashboards

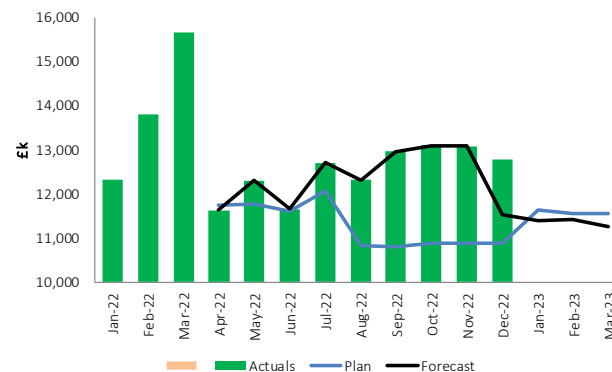
Monthly Surplus/(Deficit)



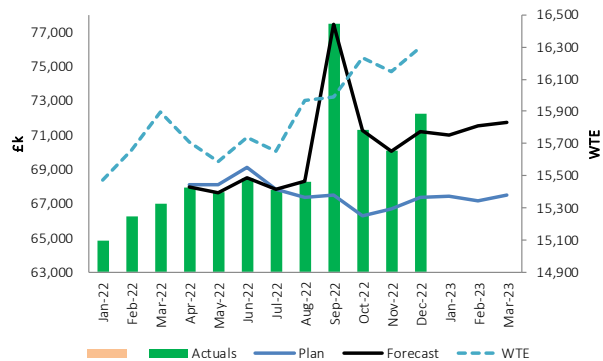
Monthly PCI Income



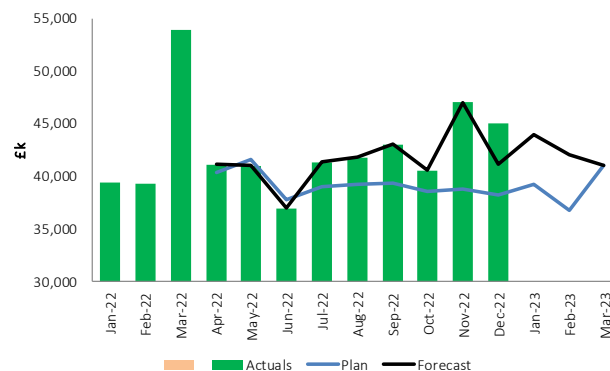
Monthly Other Income



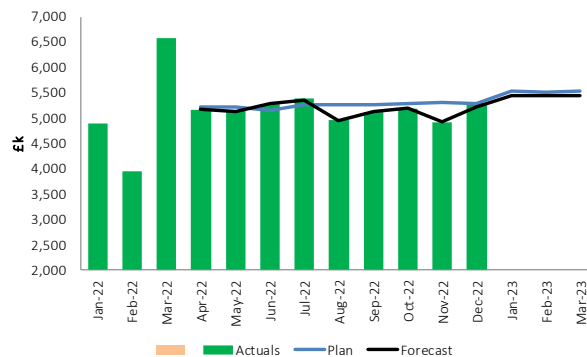
Monthly Substantive/Bank/Agency Pay



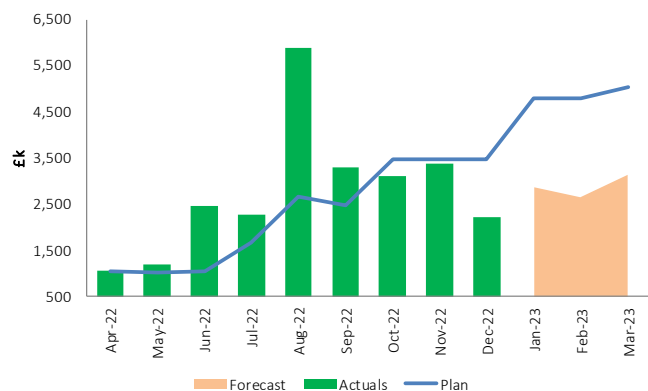
Monthly Non Pay



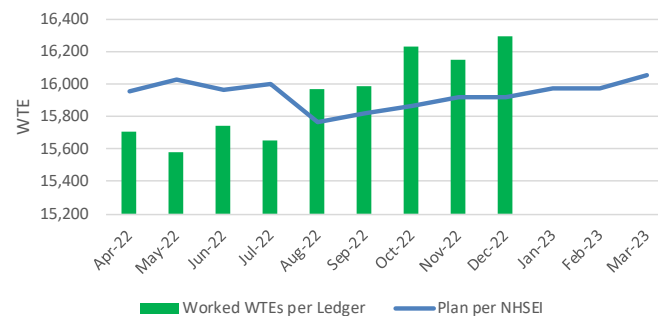
Monthly Non Ops



CIP Performance Inc Productivity



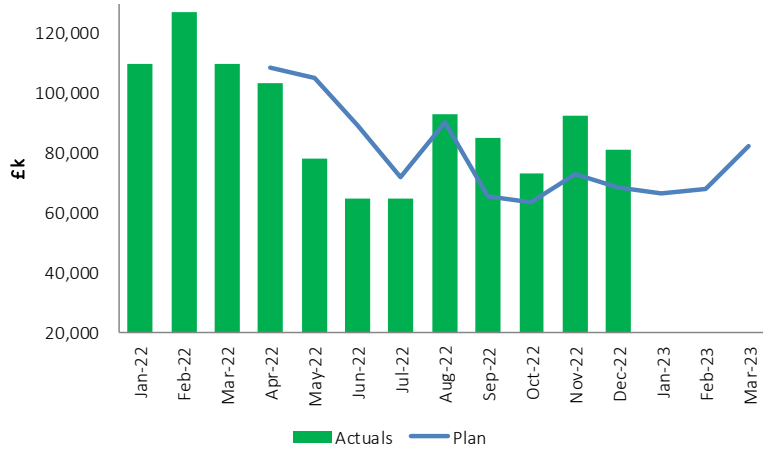
Worked WTEs vs NHSE Workforce Plan



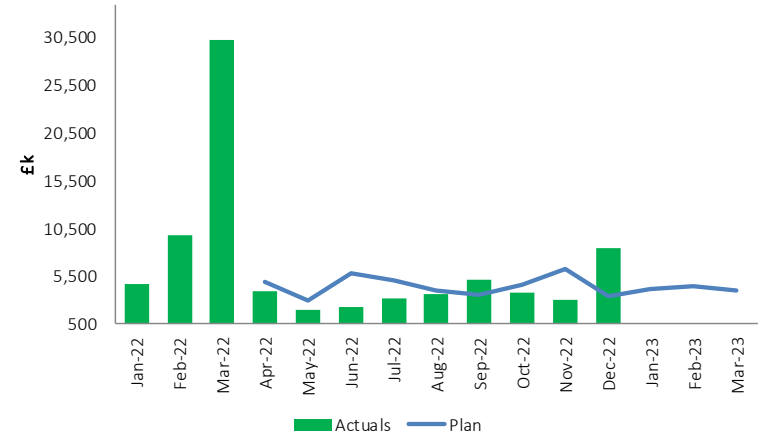
	In Month NHSE Plan	In Month Worked	Increase in WTE
Substantive	14,748	14,848	101
Bank	831	990	159
Agency	343	458	115
Total WTE	15,921	16,296	374

Month 9 Dashboards

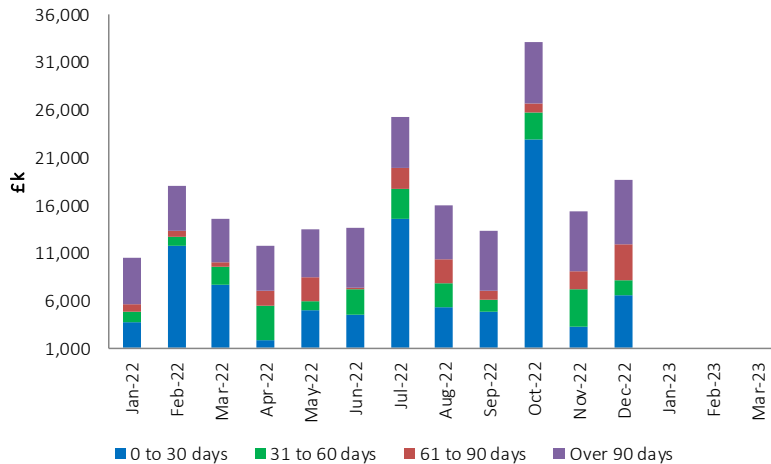
Cash



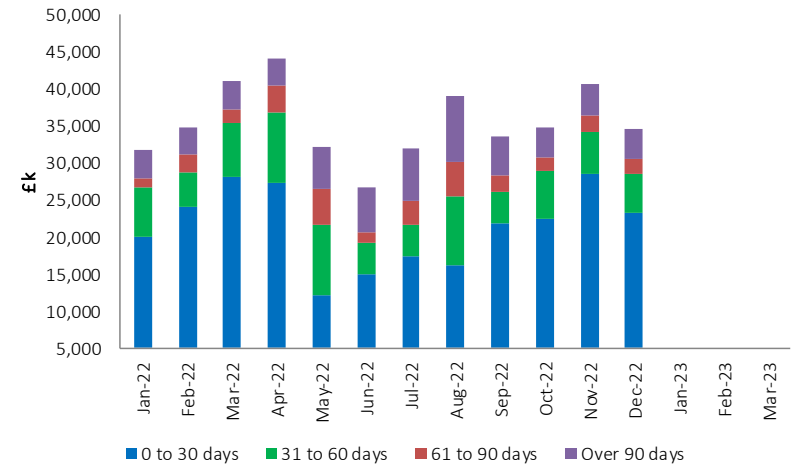
Capital



Ageing Debtor



Ageing Creditor



Statement of Financial Position

Statement of Financial Position	M9 YTD				
	31-Mar-22	30-Nov-22	30-Dec-22	In month Movement	YTD Movement
Non current assets	£000	£000	£000		
Intangible assets	15,441	13,115	12,963	(151)	(2,478)
Property, plant and equipment	659,617	672,202	674,872	2,670	15,254
Other non-current assets	3,445	3,121	3,399	278	(46)
Total non-current assets	678,503	688,438	691,233	2,796	12,730
Current assets					
Inventories	21,126	21,790	22,704	914	1,578
Trade and other receivables	33,738	40,013	49,714	9,701	15,976
Cash and cash equivalents	109,960	92,660	81,268	(11,393)	(28,692)
Total current assets	164,824	154,464	153,686	(778)	(11,138)
Current liabilities					
Trade and other payables	(128,361)	(96,709)	(102,428)	(5,719)	25,933
Borrowings / leases	(7,659)	(7,298)	(8,606)	(1,308)	(947)
Accruals	(22,367)	(28,734)	(28,984)	(250)	(6,617)
Deferred income	(3,799)	(22,878)	(20,137)	2,741	(16,337)
Dividend payable	(0)	(3,475)	(5,051)	(1,576)	(5,051)
Provisions < 1 year	(15,434)	(16,402)	(15,686)	716	(253)
Total current liabilities	(177,620)	(175,497)	(180,893)	(5,396)	(3,272)
Net current assets / (liabilities)	(12,796)	(21,033)	(27,207)	(6,174)	(14,411)
Non-current liabilities					
Borrowings / leases	(12,585)	(23,921)	(22,768)	1,153	(10,184)
Provisions for liabilities & charges	(4,903)	(4,903)	(4,903)	0	0
Total non-current liabilities	(17,487)	(28,824)	(27,671)	1,153	(10,184)
Total assets employed	648,220	638,581	636,355	(2,225)	(11,864)
Public dividend capital	760,831	760,831	760,831	0	0
Revaluation reserve	190,073	190,073	190,073	0	0
Income and expenditure reserve	(302,685)	(312,324)	(314,549)	(2,225)	(11,864)
Total taxpayers equity	648,220	638,581	636,355	(2,225)	(11,864)

The Statement of Financial Position (SOFP) as of 31 December 2022 is presented in the table opposite. The key movements were explained as follows:

- **Non-Current Assets** - PPE and intangibles increased by £2.5m, as capex of £6.4m was offset by depreciation of £3.9m.
- **Trade and other receivables** increased by £9.7m, driven by; LPT invoice raised for £3.4m (refer working capital slide); and the timing of payment of the CNST insurance premium (£3.0m) (paid in 10 installments rather than 12 and therefore requires prepayment); and £3.9m of additional income accruals, largely associated with the patient activity income accrual (£6.3m).
- **Cash Balances** – Cash balances reduced by £11.4m (refer cash slide).
- **Trade and other payables and accruals** increased by a £6m, largely associated with; AP System purchase ledger payables pending payment (£4.1m) and GRNI (£1.7m), which will be reflected in higher cash spend in January.
- **PDC Dividends** – increased in line with the accrual of December's PDC dividend liability (£1.6m).
- **Borrowings** – increased by £1.3m, due to bringing the Da Vinci Robot finance lease *on balance sheet*.
- **Deferred Income** – reduced by £2.7m, as the LDA income received in November was released into the correct accounting period (December).
- **Income and Expenditure Reserve** – The I&E reserve deteriorated in the line with the reported income and expenditure position by £2.2m.

Capital Programme

Area	Annual Plan	Ytd Forecast	Ytd Actual	Under / (Over) Spend Against Plan
	£000s	£000s	£000s	£000s
Reconfiguration	4,626	3,692	3,109	582
MEE	3,485	922	1,022	(100)
MES	4,244	499	203	296
MES Enabling	2,440	(80)	314	(394)
IM&T	7,794	3,739	2,835	905
Estates and Facilities	15,642	12,321	12,362	(41)
Contingency/Corporate/Data Ce	167	-	(0)	0
Schemes funded from Donations/External Donations/Grants	913	523	913	(390)
Leases	8,648	4,311	6,359	(2,048)
Linacc	4,444	1,923	2,119	(196)
Health Education England	900	-	185	(185)
PDC Funded - elective Hub	16,490	4,786	4,308	479
PDC Funded - Pre Transfer	1,200	275	1,804	(1,529)
PDC Funded - Mammo	439	-	-	-
Healthier Future Fund	15	-	-	-
ICS Over Commitment	(1,063)	-	-	-
PDC - Digitisation	5,000	-	-	-
PDC - CT Scanner and DR	2,100	-	-	-
PDC - Demand and Capacity	1,500	-	-	-
LPT - Demand and Capacity	(500)	-	-	-
PDC - Digital Capability	100	-	-	-
PDC - Cyber	100	-	-	-
PDC - 2 DR Rooms	522	-	-	-
PDC - Endoscopy (TNE)	358	-	-	-
PDC - Endoscopy (Gastrosopes)	580	-	-	-
PDC - 1 EUS stack, 3 linear scope	750	-	-	-
Total Gross Expenditure	80,894	32,911	35,533	(2,622)
Donated Income	(913)	-	(582)	582
Total Net Expenditure (CDEL)	79,981	32,911	34,951	(2,040)

	Plan 31/03/2023 Year ending £'000	Actual 30/06/2022 YTD £'000	Forecast 31/03/2023 Year ending £'000
Gross capital expenditure including IFRS impact	80,894	35,533	80,894
Less: Book value of asset disposals			
Less: Capital grants received			
Less: Capital donations received	(913)	(582)	(913)
Charge against the Capital Resource Limit (CRL) incl IFRS impact	79,981	34,951	79,981
Capital Resource Limit (CRL) incl IFRS impact	79,981	32,911	79,981
Under/(over) spend against CRL	0	(2,040)	0

The Trust has a current capital programme of £80.9m. This includes additional PDC funding of;

- £16.5m for the Elective Hub;
- £5.0m Digitisation
- £2.2m for Targeted Cancer-related investment to supplement community diagnostics programme (includes DR Rooms);
- £2.1m for the CT Scanner;
- £1.5m for Demand and Capacity, of which £0.5m is for LPT;
- £1.2m for the Pre-Transfer Hub;
- £0.4m for the Mammography unit; and
- £0.2m for Cyber Digital Capability.

MOUs are yet to be received for Demand and Capacity and the Targeted Cancer related investment.

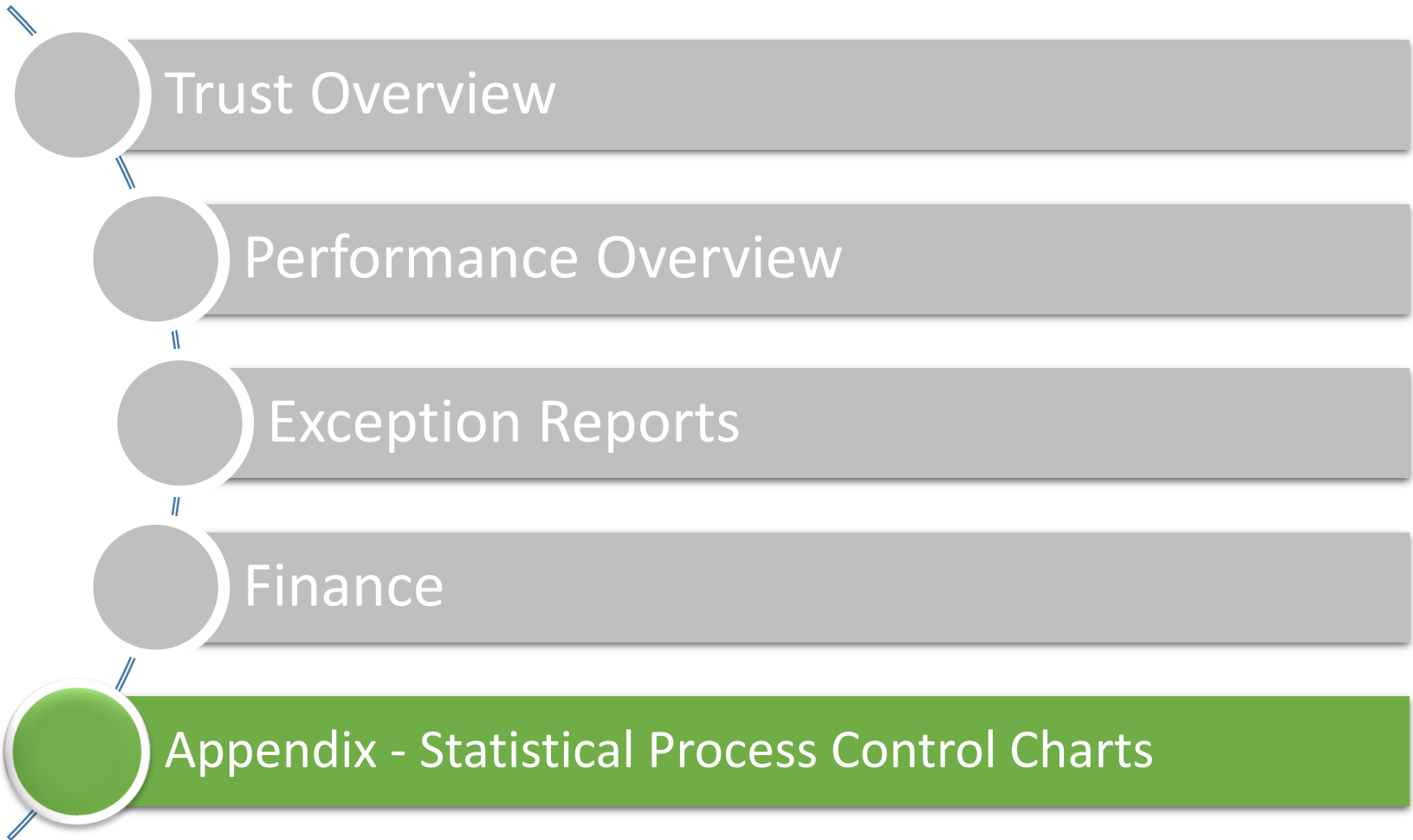
Gross capital expenditure reported at M9 was £34.9m which was ahead of forecast (£32.9m) by £2.0m. This includes donated income of £0.6m. The Trust is forecasting to deliver its capital plan of £80.9m.

Programme leads and managers are working closely with the Capital Finance Team to ensure their programme are on target to deliver within their allocated budgets. They have been asked to review their spend for each scheme and ensure that they spend in line with their forecasts to deliver CDEL for 2022/23 in Quarter 4.

Sub Group leads are also identifying their risks and are working up their three year capital plans. Discussions are being held around the relative priorities with a view to submitting a draft plan to Trust Board for approval as part of 23/24 Annual Financial Plan. This is the subject of separate paper.

RSP Exception Report

Ref	Risk	RAG September 2022	RAG October 2022	RAG November 2022	RAG December 2022	RAG January 2023	Mitigation	Owner	Delivery date
2a	2020/21 Accounts CFO/Audit Committee unable to recommend the 2020/21 Accounts to the Board for adoption. Adoption of 2020/21 Accounts not delivered to planned timeline - 1/9/22	G	G	G	G	G	Accounts adopted by Board and submitted to NHSI 12 September 2022	(SRO) Lorraine Hooper (AO) Simon Linthwaite	Accounts adopted at 9.9.22 Trust Board
2b	2021/22 Accounts CFO/Audit Committee unable to recommend the 2021/22 Accounts to the Board for adoption. Adoption of 2022/22 Accounts not delivered to planned timeline - 31/12/22	A	A	A	A	A	The external audit of the 2021/22 accounts is underway. It is expected that testing will be completed in January 2023, with audit management review and quality processes undertaken in January / February to inform the audit opinion and Trust Board adoption of the Accounts in March 2023	(SRO) Lorraine Hooper (AO) Simon Linthwaite	Adoption of the Accounts by Trust Board March 2023
3	Medium Term Financial Plan The MTFP is a complex and significant programme of work for UHL. There is a risk there is a risk insufficient progress is made in its development or the scope, resourcing or timeframes are not agreed by all relevant stakeholders.	A	A	A	A	A	<ul style="list-style-type: none"> Initial financial modelling of key productivity/savings schemes completed in December 2022. Further work to finalise the CIP plan and schemes for 23/24 in line with planning timetable (March 23) Board development workshop – March 2023 Update of MTFP to align with approved Trust strategies - spring 2023 Development of 2023/24 detailed financial plan, in line with operational planning process - March 2023 Development of three year System financial plan - date tbc 	(SRO) Lorraine Hooper (AO) Jonathan Shuter	April 2023
5	2022/23 financial plan Revised (breakeven) UHL / system financial plan submitted 20 th June 2022. This plan includes financial risk for the Trust that is not yet fully mitigated.	R	R	R	R	R	The financial risks to the Trust's plan have been clearly articulated during the financial year. In December the Trust committed to deliver a forecast deficit of £17.7m, which forms part of the LLR System deficit of £20m agreed with NHSI.	(SRO) Lorraine Hooper (AO) Jonathan Shuter	March 2023



Statistical Process Control Charts (SPC)

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

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

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

- A horizontal line showing the Mean.

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

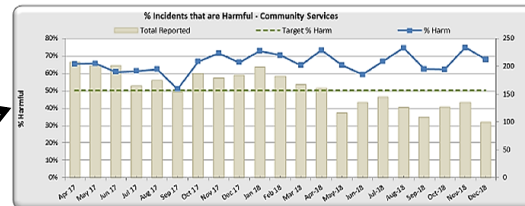
- Two horizontal lines either side of the Mean-(called the upper and lower control limits).

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

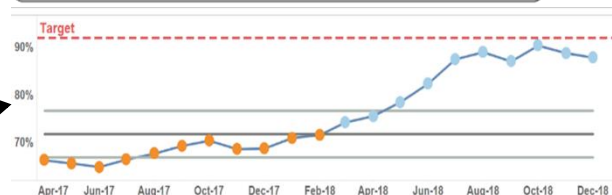
- A horizontal line showing the Target.

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

Appreciation of
variance over time



Highlighting special
cause and its nature



Statistical Process Control Charts (SPC)

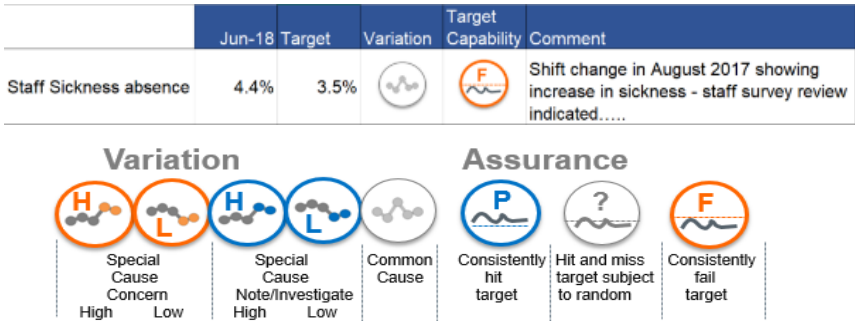
Normal variations in performance across time can occur randomly- without a direct cause, and should not be treated as a concern, or a sign of improvement, and is unlikely to require investigation unless one of the patterns defined below applies.

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

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

Narrative support that supports SPC theory

Summary icons and a top level summary view



Data Quality Assessment

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

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

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