

Meeting title:	Public Trust Board Public Trust Board paper E (updated)				
Date of the meeting:	9 March 2023				
Title:	Integrated Performance Report – Executive Summary				
Report presented by:	Jon Melbourne – Chief Operating Officer				
Report written by:	James Palmer and Joanne Haigh (Business Intelligence Officers)				
Action – this paper is for:	Decision/Approval		Assurance	x	Update
Where this report has been discussed previously					

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

Impact assessment

Acronyms used

Purpose of the Report

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

Recommendation

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

Summary







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

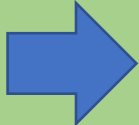

Main report detail

Key headlines in performance are summarised below:

Summary of UHL Performance: January 2023

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

Emergency Care 	<p>January has seen a significant improvement in ambulance handover delays. LRI monthly ambulance handovers over 60 minutes were at 9.3% (404 out of 4,327 handovers) and the overall rate for April 22 to January 22 was 31.8% compared to 19.8% for the same period. 4 hour performance remains challenged however, 4-hour performance for January 2022 was 72.4% (ranked 58th out of 112), a noticeable improvement from 63.0% the previous month (ranked 65th out of 112). Work is progressing against the UEC action plan and specifically with the development of the new cohorting facilities at the LRI and GH to support ambulance handovers.</p>
Referral to Treatment 	<p>104ww position remains on track to deliver zero 104s by the end of March. 91% of patients have their next step booked. 78ww forecast has been further reduced to 2,024 by the end of March 23 (2,121 for LLR). Achievement of the trajectory remains challenging however, actions in place are progressing well. There has been a 96% reduction since 11/01 in patients within the 78w cohort without a decision to admit not having an appointment and a 73% reduction in patients with a decision to admit not having a TCI date.</p>
Outpatient Transformation 	<p>Continued improvement has been seen in January to address outpatients including: Year to date validation of 76,515 non admitted patients contacted 4,200 were removed from the waiting list at the patients request. Overdue f/up 31,738 were contacted and 1,354 taken off 3,943 converted to PIFU. The offer of PIFU has continued to increase from 1516 in December to 2069 in January 23. Advice and Guidance has increase from December to January with January a total of 2577 A&G contacts made which is 0.5% on from December 22.</p>
Cancer 	<p>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 in January and impact is beginning to be seen. 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 15/02/23 there are now 568 patients waiting longer than 62 days, accounting for 13.2% of the waiting list. Our trajectory is planned to reduce to 548 patients by 31/03/23 with further progress within 23/24. 85% 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.</p>
Activity 	<p>Elective Admissions between April 2022 and January 2023 were 2,966 under plan (-3%); Day Case activity was 3,546 under plan (-4.2%) and Inpatient activity was 581 over plan (4%). Non-Elective Admissions between April 2022 and January 2023 were 867 over plan (0.9%); Emergency activity was 467 over plan (0.6%) and Non-Elective activity was 400 over plan (2.2%). Outpatient activity between April 2022 and January 2023 was 37,447 under plan (-4.4%) mainly due to Non-Face-To-Face Follow Up Outpatient appointments being 52,359 under plan (-18.3%). Total ED activity between April 2022 and January 2023 was 6,820 under plan (-3.1%); Emergency Department (Type 1) activity was 8,277 under plan (-4%) and Eye Casualty (Type 2) activity was 1,457 over plan (9.7%).</p>
Quality 	<p>In January we saw some easing of operational pressures, and this has had a positive impact on the quality and safety of care. We have had one never event</p>

	<p>which occurred despite care being in line with the policy; the investigation is ongoing. Hospital acquired pressure ulcers remain of concern although the position has stabilised in-month.</p> <p>We have seen improvement in all most caring domains In-month. We continue to work with clinical teams improve the friends and family response rates and complaint response timeliness.</p>
Finance 	<p>The Trust is reporting a year-to-date deficit at Month 10 of £15.7m which is £12.4m adverse to plan. The Trust is committed to delivering a year end deficit of £17.7m, which has been shared with NHSEI and the System. There are risks to delivery of this, the principle of which is pressure of the emergency pathway and costs to ensure this is delivered safely. The Trust has reported a year-to-date CIP delivery including productivity of £27.8m against a £25.2m CIP target.</p> <p>The Trust incurred capital expenditure of £5.4m in M10 and year-to-date expenditure of £40.9m, which was £0.2m behind forecast. The Trust needs to commit a further £46.8m in the remaining 2 months of the year (over 50% of the programme). The cash position at the end of January was £80.3m, representing a reduction of £0.9m in the month, and £8.3m below forecast.</p>
Workforce 	<p>The Trust is reporting an improved vacancy position overall of 10.76% with improvement across all nursing groups. Adult nursing ward vacancies are 7.9% and Children's ward vacancies 9%. Vacancies remain high in midwifery 13.1% and HCSW at 16% but are an improvement on the previous month.</p> <p>Sickness rates have increased in month to 6.7% although Covid related absences have declined.</p> <p>Appraisal and statutory and mandatory training compliance have both deteriorated in month and are below the target of 95% (78.6% and 92% respectively).</p>

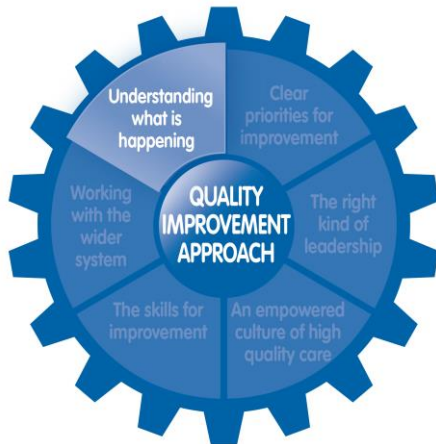
Supporting documentation

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



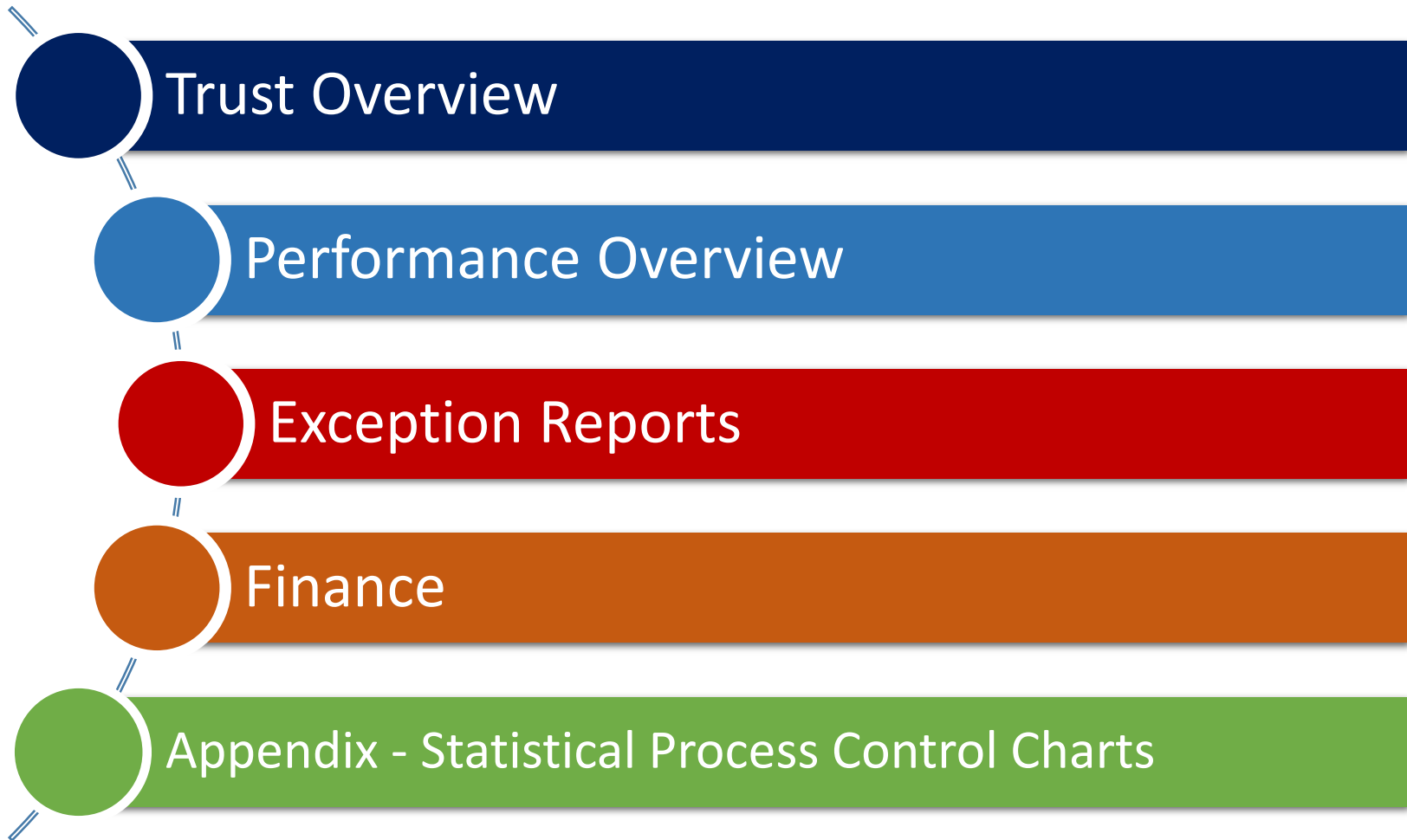
Integrated Performance Report

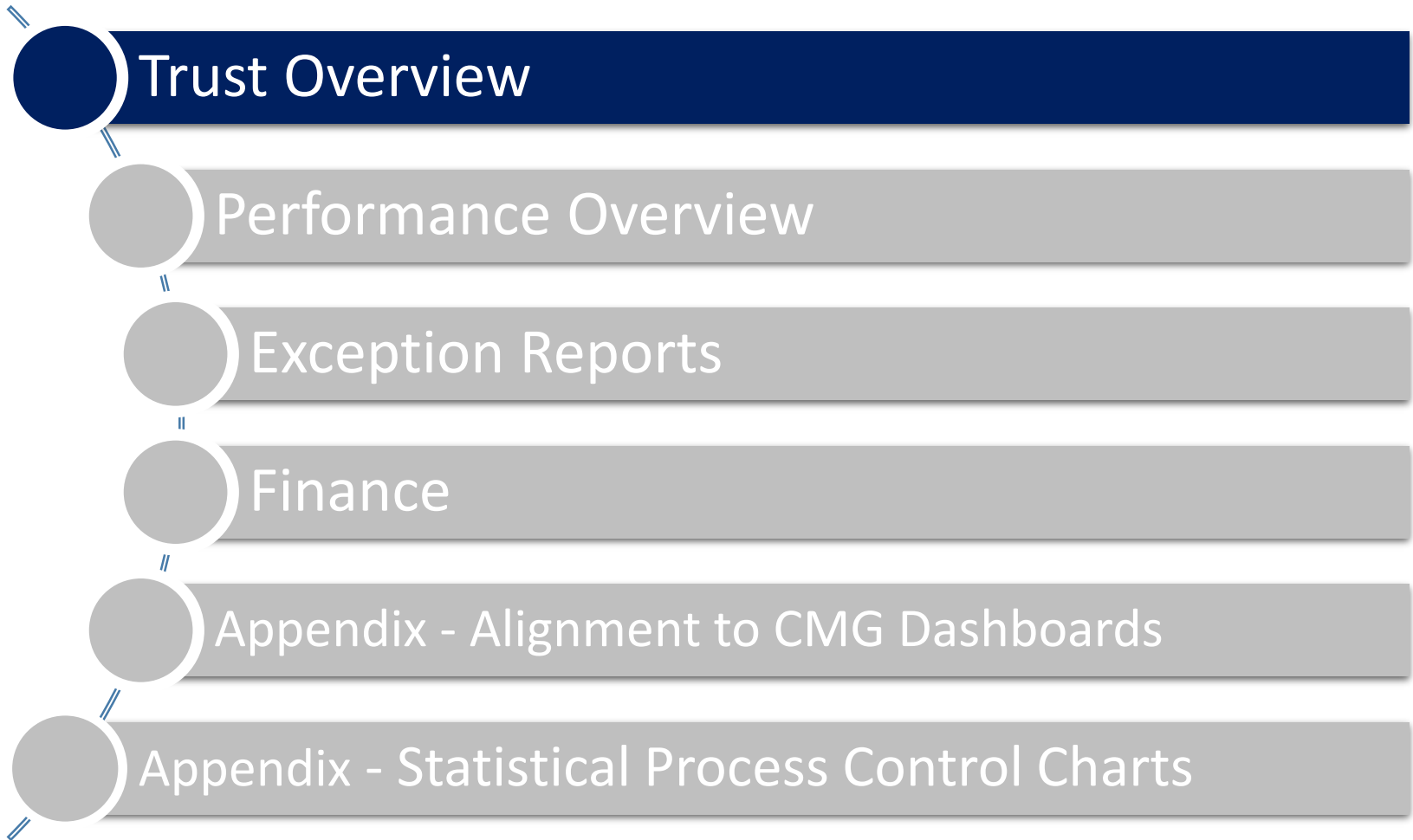
January 2023



Operational Delivery Unit

Contents





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
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HAPU - All categories						

Key

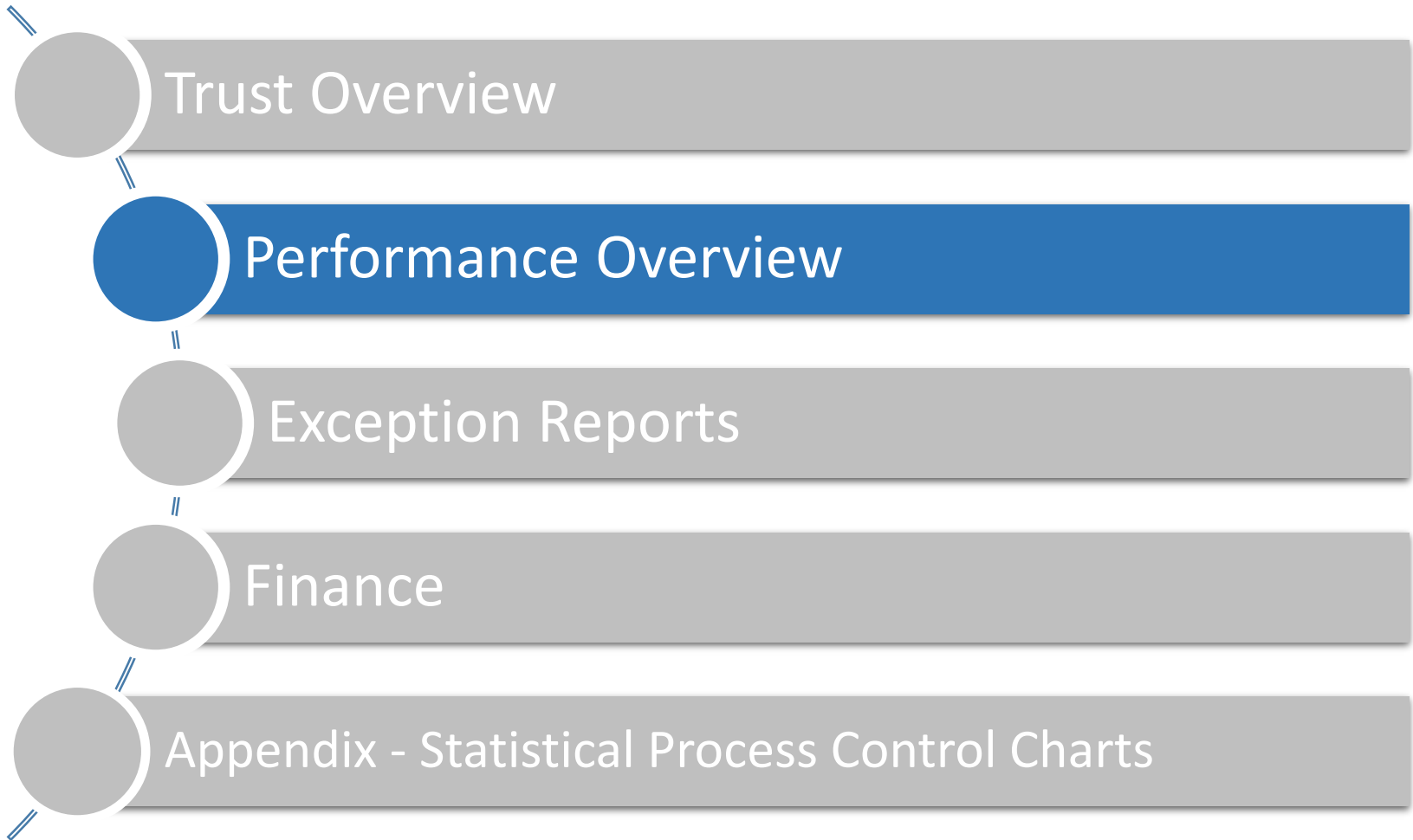
Failing Target

Achieving Target



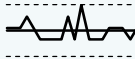





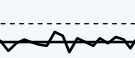


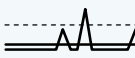


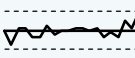



Target TBC

Trust Overview (Current Month)

Domain	Overview , Risks and Actions	Lead
Overview		CEO
Safe (exception reports pages 19-23)	In January we saw some easing of operational pressures and this has had a positive impact on the quality and safety of care. We have had one never event which occurred despite care being in line with the policy; the investigation is ongoing. Hospital acquired pressure ulcers remain of concern although the position has stabilised in-month.	Andrew Furlong / Julie Hogg
Caring	We have seen improvement in all most caring domains In-month. We continue to work with clinical teams improve the friends and family response rates and complaint response timeliness.	Julie Hogg
Well Led (exception reports pages 24-29)	Sickness levels increased between November and December 2022 from 5.44% (after retrospective adjustments) to 6.7%. The trajectory has been adjusted to reflect the impact of seasonal fluctuations and industrial action. The top causes continue to be 'other known causes', stress, anxiety and depression and Covid infection/ precaution. Covid related absences have reduced in December. The focus over the next few months will be to support colleagues with long term sickness. Appraisal and Statutory and mandatory training compliance is also impacted by both Covid rates and operational pressures with both showing a deteriorated performance in January. It is recognised appraisal rates are unlikely to hit the required 95% compliance. To mitigate statutory and mandatory training compliance, shortened courses are in place. A 1% reduction in HCSW vacancies (excluding maternity) has been achieved in January. There remain risks in respect of retention, particularly within the first 6 months of employment. To mitigate these risks, senior nurses are conducting one to ones, more nurses educator posts have been put in place to deliver teaching and pastoral support, the career framework is being reviewed and exit interviews have been commissioned via an external provider. In January over 200 applications were received. Midwifery vacancies have reduced slightly in month largely as a result of international recruitment	Clare Teeney
Effective		Andrew Furlong
Responsive – Emergency (exception reports pages 30-36)	In January 2023, LRI monthly ambulance handovers over 60 minutes were at 9.3% (404 out of 4,327 handovers) and the overall rate for April 22 to January 22 was 31.8% compared to 19.8% for the same period last year showing significant improvement in performance. Work continues through February to sustain this improvement.	Jon Melbourne
Responsive – Elective (exception reports pages 37-43)	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 has been reduced from 2764 reported last month to 2,024 by the end of March.	Jon Melbourne
Responsive – Cancer (exception reports pages 44-46)	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 in January and impact is beginning to be seen. 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 15/02/23 there are now 568 patients waiting longer than 62 days, accounting for 13.2% of the waiting list. Our trajectory is planned to reduce to 548 patients by 31/03/23 with further progress within 23/24. 85% 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	<p>The Trust is reporting a year-to-date deficit at Month 10 of £15.7m which is £12.4m adverse to plan. The Trust is committed to delivering a year end deficit of £17.7m, which has been shared with NHSEI and the System. There are risks to delivery of this, the principle of which is pressure of the emergency pathway and costs to ensure this is delivered safely. The Trust has reported a year-to-date CIP delivery including productivity of £27.8m against a £25.2m CIP target.</p> <p>The Trust incurred capital expenditure of £5.4m in M10 and year-to-date expenditure of £40.9m, which was £0.2m behind forecast. The Trust needs to commit a further £46.8m in the remaining 2 months of the year (over 50% of the programme). The cash position at the end of January was £80.3m, representing a reduction of £0.9m in the month, and £8.3m below forecast.</p>	Lorraine Hooper



Performance Overview (Safe)

Domain	Key Performance Indicator	Target	Nov-22	Dec-22	Jan-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Safe	Never events	0	1	0	1	7				Nov-22	MD
	% of all adults Venous Thromboembolism Risk Assessment on Admission	95%	97.5%	97.2%	97.2%	97.9%				Oct-21	MD
	% of 3rd & 4th Degree Perineal Tears	3.5%	2.3%	4.1%	4.7%	3.5%				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	1	1	4				Jun-21	CN
	E. Coli Bacteraemias Acute	198	18	15	22	149				Jun-21	CN
	Methicillin-susceptible Staphylococcus Aureus Acute*	40	5	8	3	59				Jun-21	CN

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


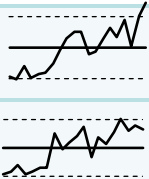

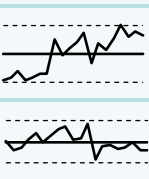


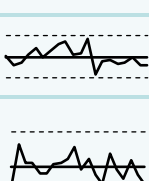


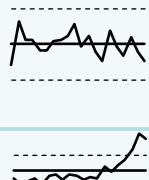


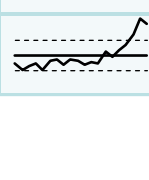
Comments

In January we saw some easing of operational pressures and this has had a positive impact on the quality and safety of care. We have had one never event which occurred despite care being in line with the policy; the investigation is ongoing.

We had one community onset health associated case of MRSA bloodstream infection which is under review by the ICB team.

Rating

Performance Overview (Safe)






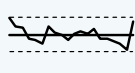






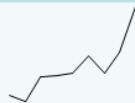


Domain	Key Performance Indicator	Target	Nov-22	Dec-22	Jan-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Safe	COVID-19 Hospital-onset, probable, 8-14 days after admission		8.7%	14.9%	17.9%	11.9%				Oct-20	CN
	COVID-19 Hospital-onset, healthcare-acquired, 15 or more days after admission		12.4%	13.7%	12.6%	11.7%				Oct-20	CN
	All falls reported per 1000 bed days	5.5	3.5	3.6		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	0.06	0.02		0.07				Aug-22	CN
	Hospital Acquired Pressure Ulcers - All categories	372	129	178	162	921				Jun-21	CN

Comments

Hospital acquired pressure ulcers (HAPU) remain of concern although the position has stabilised in-month with a small reduction. The quality committee has oversight of the planned actions to reduce HAPU's by the end of the year.

Rating



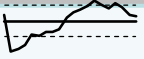





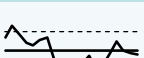



Performance Overview (Caring)

Domain	Key Performance Indicator	Target	Nov-22	Dec-22	Jan-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead	
Caring	Single Sex Breaches		4	0	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%	72%	69%	85%	77%				Jul-22	CN	
	Maternity Friends & Family Test % Positive*	91%	96%	98%	97%	96%				Jul-22	CN	
	Outpatient Friends & Family Test % Positive	94%	94%	94%	95%	94%				Jul-22	CN	
	% Complaints Responded to in Agreed Timeframe - 10 Working days		53%	65%	90%	54%					N/A	CN
	% Complaints Responded to in Agreed Timeframe - 25 Working days		49%	47%		43%					N/A	CN
	% Complaints Responded to in Agreed Timeframe - 45/60 Working days		87%			48%					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
We have seen improvement in all most caring domains In-month. We continue to work with clinical teams improve the friends and family response rates and complaint response timeliness.	

Performance Overview (Well Led)

Domain	Key Performance Indicator	Target	Nov-22	Dec-22	Jan-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Well Led	Staff Survey % Recommend as Place to Work	Reporting will commence once national reporting resumes								Data sourced externally	CPO
	Staff Survey % Recommend as Place for Treatment	Reporting will commence once national reporting resumes								Data sourced externally	CPO
	Turnover Rate	10%	9.4%	9.2%	9.1%	9.3%				Aug-22	CPO
	Sickness Absence (Excludes Estates & Facilities staff)	3%	5.4%	6.7%		5.6%				Mar-21	CPO
	% of Staff with Annual Appraisal (Includes Estates & Facilities staff from May 21)	95%	79.1%	78.7%	78.6%	78.6%				Mar-21	CPO
	Statutory and Mandatory Training	95%	92%	93%	92%	92%				Dec-22	CPO






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

Comments

Turnover rates have increased although this is largely driven by the TUPE transfer of estates and facilities staff. Sickness levels have deteriorated in December compared to November although Covid absence is less. The Trust has amended its approach to sickness absence management providing a more supportive approach and a focused person centred approach to support. There will be a particular programme of support for staff on long term sickness absence in forthcoming months. Appraisal rates have shown a slight deterioration this month as have statutory and mandatory training rates of compliance. 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	Nov-22	Dec-22	Jan-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Well Led	Adult Nursing Vacancies	10%	8.7%	9.3%	7.9%	7.9%				Oct-22	CPO
	Paed Nursing Vacancies	10%	10.2%	10.2%	9.0%	9.0%				Oct-22	CPO
	Midwives Vacancies	10%	13.4%	14.2%	13.1%	13.1%				Oct-22	CPO
	Health Care Assistants and Support Workers - excluding Maternity	10%	18.0%	17.7%	16.0%	16.0%				Oct-22	CPO
	Health Care Assistants and Support Workers - Maternity	5%	13.2%	7.2%	8.8%	8.8%				Oct-22	CPO



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

Comments

Rating



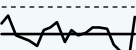








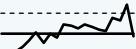












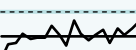
Adult nursing vacancies remain above target and have improved in January with ward based vacancies at 7.9%. Children's vacancies have also improved in month. Healthcare Support Worker vacancies are below target but showed a 1% improvement on the previous months with intensive actions to support retention having an impact and large cohorts of new recruits joining the organisation. Midwifery have shown an improved position this month largely as a result of international recruitment.

Performance Overview (Effective)

Domain	Key Performance Indicator	Target	Nov-22	Dec-22	Jan-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Effective	Published Summary Hospital-level Mortality Indicator (SHMI)	100	104	104	104	104 Oct 21 to Sep 22				May-21	MD
	12 months Hospital Standardised Mortality Ratio (HSMR)	100	100	100	100	100 Nov 21 to Oct 22				May-21	MD
	Crude Mortality Rate	No Target	1.1%	1.8%	1.6%	1.3%				May-21	MD

Comments	Rating

Performance Overview (Responsive Emergency Care)






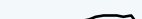





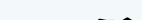


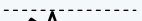






Domain	Key Performance Indicator	Target	Nov-22	Dec-22	Jan-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Responsive (Emergency Care)	Emergency Department 4 hour waits Acute Footprint	95%	65.4%	63.0%	72.4%	68.3%				Data sourced externally	COO
	Mean Time to Initial Assessment	15	42.4	56.9	29.3	40.1				Nov-22	COO
	12 hour trolley waits in Emergency Department	0	1110	1299	880	9,842				Mar-20	COO
	Number of 12 hour waits in the Emergency Department	0	2,899	3,603	2,136	26,934				TBC	COO
	Time Clinically Ready to Proceed	60	257	308	267	260				Nov-22	COO
	Number of Ambulance Handovers		4,609	4,088	4,327	43,944				Data sourced externally	COO
	Number of Ambulance Handovers >60 Mins		1,564	1,565	404	13,711				Data sourced externally	COO
	Ambulance handover >60mins	0%	33.9%	38.3%	9.3%	31.2%				Data sourced externally	COO
	Long Stay Patients (21+ days) as a % of G&A Bed Occupancy	12%	15.3%	16.1%	17.1%	17.1%				Sep-20	COO

Comments

Rating

In January 2023, LRI monthly ambulance handovers over 60 minutes were at 9.3% (404 out of 4,327 handovers) and the overall rate for April 22 to January 22 was 31.8% compared to 19.8% for the same period last year showing significant improvement in performance.

Performance Overview (Responsive Elective Care)

Domain	Key Performance Indicator	Target	Nov-22	Dec-22	Jan-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Responsive (Elective Care)	Referral to Treatment Incompletes	103,403	129,960	129,672	124,226	124,226				Oct-22	COO
	Referral to Treatment 52+ weeks	0	18,318	18,441	16,234	16,234				Oct-22	COO
	Referral to Treatment 104+ weeks	0	135	113	85	85				Oct-22	COO
	6 Week Diagnostic Test Waiting Times	1.0%	54.5%	57.0%	54.3%	54.3%				Nov-19	COO
	% Operations Cancelled On the Day	1.0%	1.8%	1.9%	1.2%	1.5%				Apr-21	COO
	% Outpatient Did Not Attend rate	5%	7.9%	8.7%	8.4%	8.2%				Feb-20	COO
	% Outpatient Non Face to Face	45%	32.6%	34.0%	30.7%	33.7%				Feb-20	COO

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






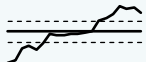


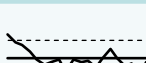
Comments

The overall picture for Elective Care remains significantly challenged, 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 has been reduced from 2764 reported last month to 2,024 by the end of March.

Rating



Performance Overview (Responsive Cancer)

Domain	Key Performance Indicator	Target	Nov-22	Dec-22	Jan-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Responsive (Cancer)	2 Week Wait	93%	88.3%	86.8%		85.1%				Feb-23	COO
	62 Day Backlog	0	772	788	733	733				Feb-23	COO
	Cancer 62 Day	85%	35.1%	44.6%		44.3%				Feb-23	COO

Comments

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 in January and impact is beginning to be seen. 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 15/02/23 there are now 568 patients waiting longer than 62 days, accounting for 13.2% of the waiting list. Our trajectory is planned to reduce to 548 patients by 31/03/23 with further progress within 23/24. 85% 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

Rating

Performance Overview (Finance)

Domain	Key Performance Indicator	Target YTD	Nov-22	Dec-22	Jan-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Finance	Trust level control level performance	-£5.4m	-£2.8m	-£2.2m	-£4.4m	-£15.7m				Jun-22	CFO
	Capital expenditure against plan	£41.1m	£5.3m	£8.4m	£5.4m	£40.3m				Jun-22	CFO
	Cost Improvement (Includes Productivity)	£25.2m	£3.4m	£2.2m	£2.9m	£27.8m				Sep-22	DQTEI
	Cashflow	No Target	£19.2m	-£11.4m	-£0.9m	£80.3m				Jun-22	CFO

Comments

Rating

The Trust is reporting a year-to-date deficit at Month 10 of £15.7m which is £12.4m adverse to plan. The key drivers for this are:

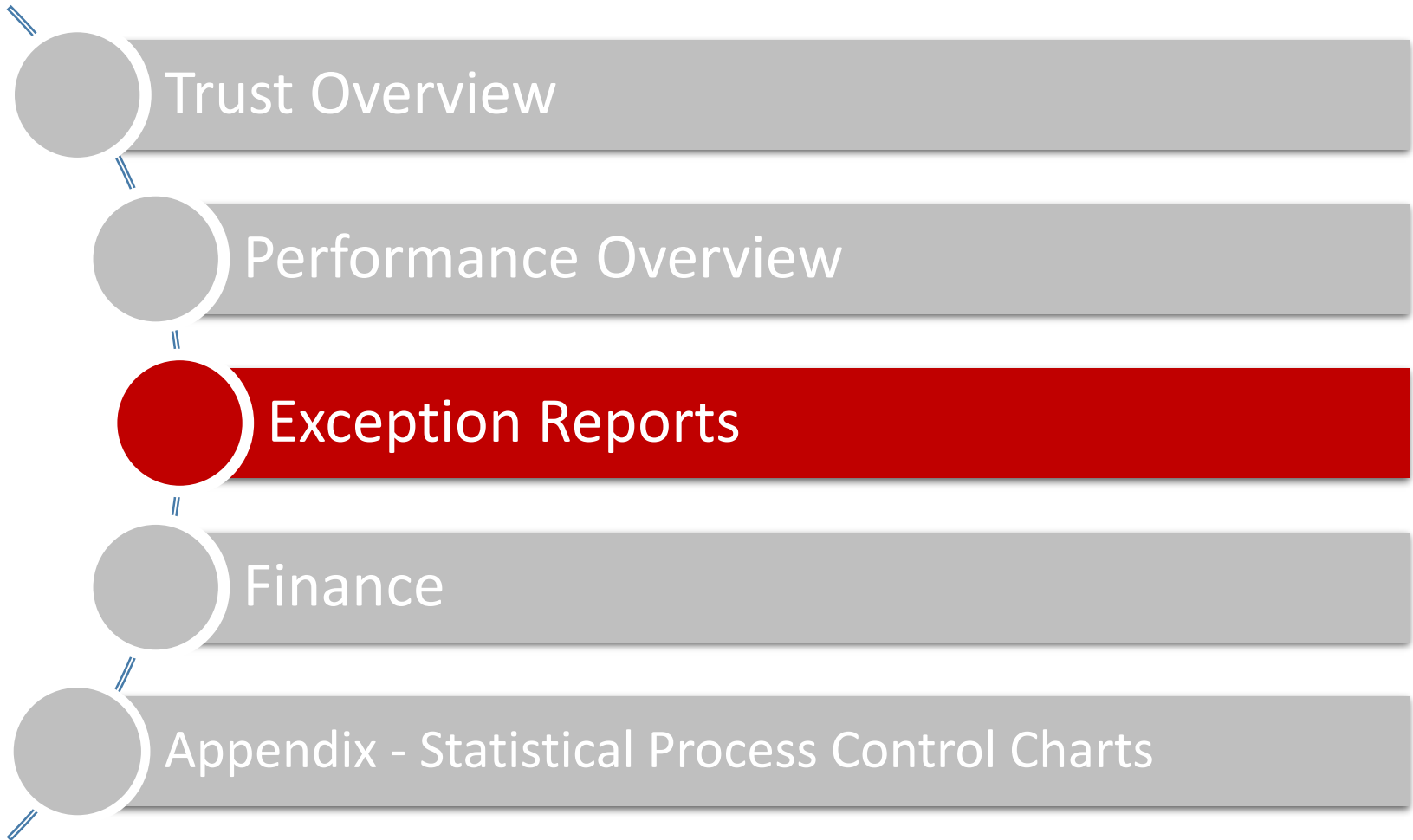
- Additional emergency capacity above plan £10.8mA
- Overseas/Private Patients/ Catering/Car Parking Income £2.7mF
- Education and training income £3.1mF
- Excess inflation £1.8mA
- Increased Emergency pathway expenditure £1.1mA
- Improved fill £2mA
- Additional elective capacity to support waiting list reduction £2.4mA
- Other £0.1mA

The Trust is committed to delivering a year end deficit of £17.7m, which has been shared with NHSEI and the System. There are risks to delivery of this, the principle of which is pressure of the emergency pathway and costs to ensure this is delivered safely.

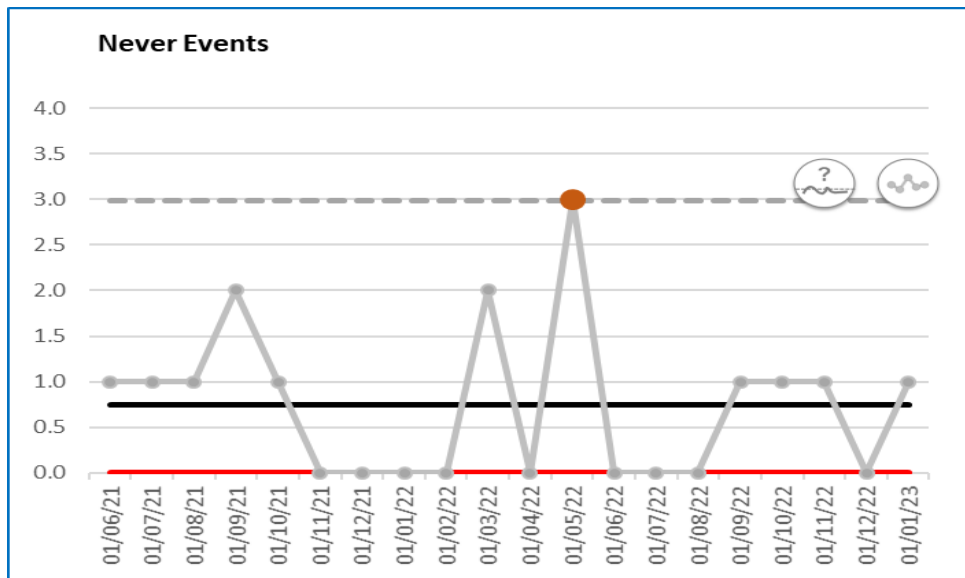
The Trust has reported a year-to-date CIP delivery including productivity of £27.8m against a £25.2m CIP target.

The Trust incurred capital expenditure of £5.4m in M10 and year-to-date expenditure of £40.9m, which was £0.2m behind forecast. The Trust needs to commit a further £46.8m in the remaining 2 months of the year (over 50% of the programme).

The cash position at the end of January was £80.3m, representing a reduction of £0.9m in the month, and £8.3m below forecast.



Safe – Never Events



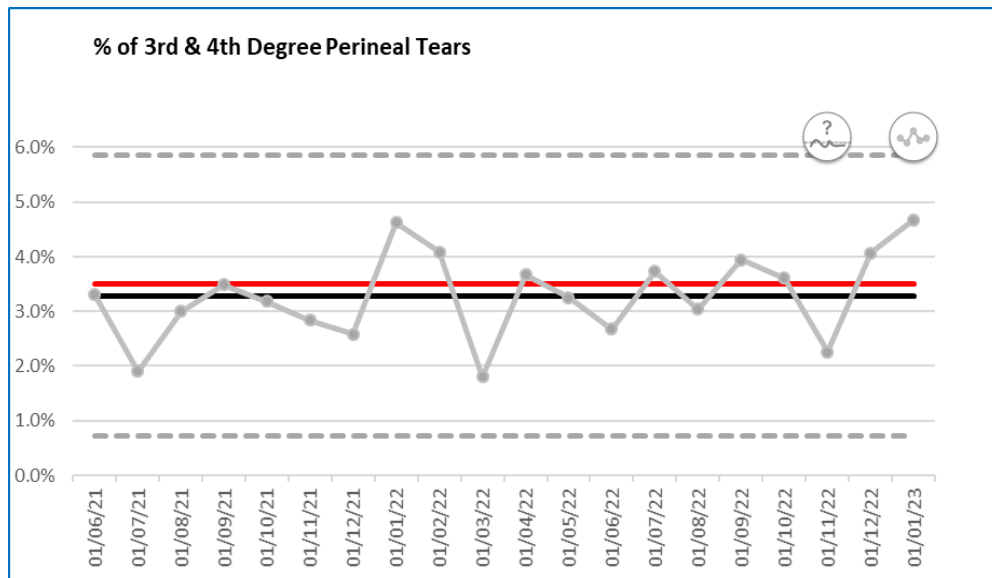
Current Performance			Three Month Forecast		
Jan 23	YTD	Target	Feb 23	Mar 23	Apr 23
1	7		0	0	0

National Position & Overview

UHL reported 9 Never Events in 2021/2022.
In 2020/2021 UHL reported 7 Never Events and in 2019/2020 UHL reported 2 Never Events.

Root Cause	Actions	Impact/Timescale
NEVER EVENT Misplaced NG tube	Immediate actions taken <ul style="list-style-type: none"> The safety and care needs of the patient were immediately assessed and addressed. Appropriate investigations performed Family was informed of the misplaced NG tube verbally by the team in attendance. Review of current policy for both adults and children against national guidance. Full Duty of Candour requirements met 	<ul style="list-style-type: none"> Complete Complete Complete Complete Complete

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

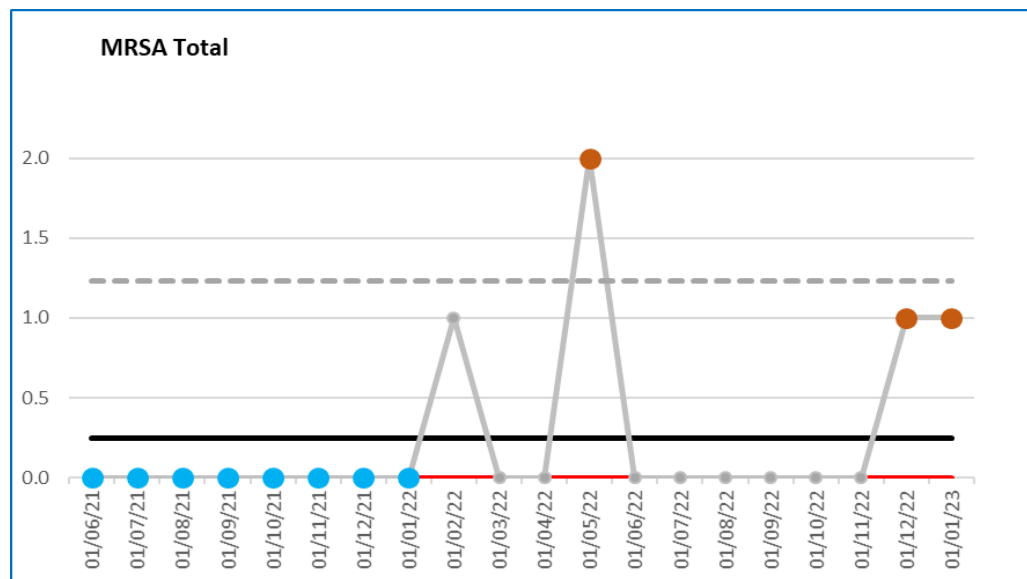


Current Performance			Three Month Forecast		
Jan 23	YTD	Target	Feb 23	Mar 23	Apr 23
4.7%	3.5%	3.5%			

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

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 Readmission rates for women postnatal remain low (positive indicator of improved detection of perineal trauma)) 	<ul style="list-style-type: none"> Learning and progress shared at Maternity Safety Conference, 13 February 2023 Positive impact of zero tolerance to the use of lithotomy for spontaneous vaginal births (none of the relevant women in lithotomy in December 2022) 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. A number of support tools in development – CardMedic & the Janam App 	<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% Results and actions from January audit will be updated in next report

Safe – Methicillin Resistant Staphylococcus Aureus (MRSA)



Current Performance			Three Month Forecast		
Jan 23	YTD	Target	Feb 23	Mar 23	Apr 23
1	4	0	0	0	0

National Position & Overview

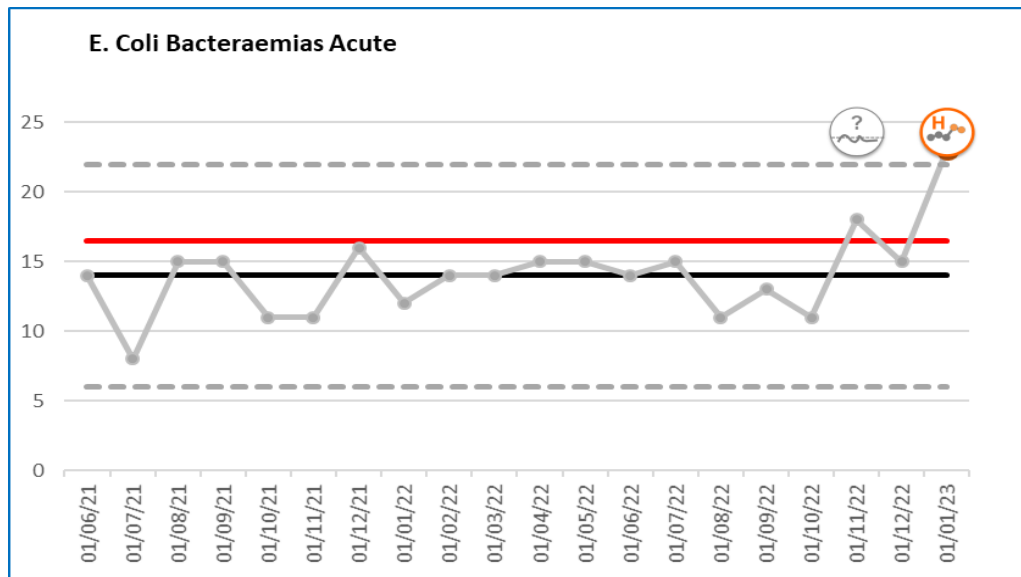
0 **Hospital Onset Healthcare Associated (HOHA)** cases have been reported during Q4 commencing January 2023. The case indicated above is **Community Onset Healthcare Associated (COHA)** - see actions section below.

UHL position Jan 2023 compared with those reporting NHS Trusts Regionally/Nationally based on 100,000 bed day rate. **UHL 0.00**

Regionally Lowest 4.39 Regional Highest 10.23
Nationally Lowest 1.84 National Highest 16.17

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> <p>There have been no direct hospital associated MRSA BSI infection (HOHA) during Jan 23.</p>	<ul style="list-style-type: none"> The case indicated above for January is a COHA case. The patient has had healthcare association within UHL within the last 28 days. UKHSA therefore deem these cases will be attributed within the Acute Trust figures. The case will be the subject of a community infection review led by the ICB and UHL will contribute to this MRSA BSI thematic report planned to be shared in late 2022 and discussed at IP cell with CMGs has been delayed due to critical pressures across UHL. This has been postponed to a dedicated meeting during March 2023. UHL MRSA management policy will be reviewed during March acknowledging recent changes to policy to support patient flow and outliers. 	<ul style="list-style-type: none"> An TIPOG (formerly 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 – E. Coli Bacteraemias Acute

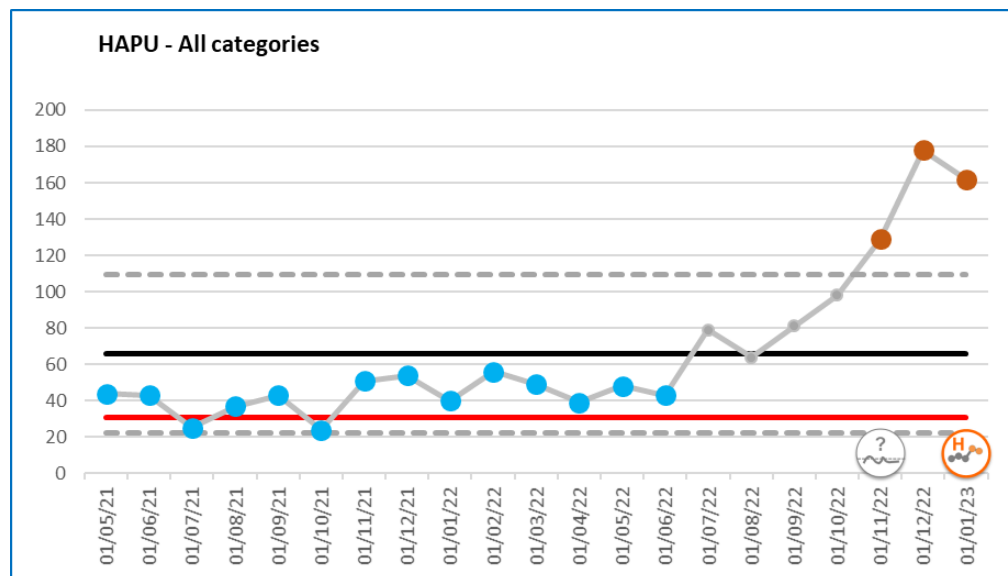


Current Performance			Three Month Forecast		
Jan 23	YTD	Target	Feb 23	Mar 23	Apr 23
23	150	136	12	12	12

National Position & Overview
<p>National ambition to reduce Gram Negative Blood Stream Infections including E Coli 50% by 2024/2025.</p> <p>UHL position Jan 2023 compared with those reporting NHS Trusts Regionally/Nationally based on 100,000 bed day rate. UHL 25.24</p> <p>Regionally Lowest 5.54 Regional Highest 60.17</p> <p>Nationally Lowest 3.55 National Highest 102.92</p>

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> The data for E-coli Blood Stream Infection (e-coli BSI) has been reviewed at a high level to explore correlation between Catheter Associated Urinary Tract Infections (CAUTI) and E-coli BSI - no correlation has been identified The current spike in cases at this time warrants further review, however in the absence of a reliable tool / data set this has been escalated to the regional team Evidence available nationally shows a correlation between hydration and E-Coli BSI 	<ul style="list-style-type: none"> An end of year review of HCAI 2022/2023 out turn including E Coli to establish the priority of surveillance for 2023/2024 within the UHL IP Programme IPN engaging in the NHSE/I GNBSI regional catheter work. NHSE/I National and Regional resources will be reviewed to support the direction of travel for the IP programme of work 2023/2024. LLR GNBSI system overview is outstanding . To be picked up in ICB system. Review of hydration across UHL 	<ul style="list-style-type: none"> The E Coli trajectory has been reduced 2022/2023 by approx 30% despite the pandemic from 198 to 136 cases. The chart demonstrates a current spike for this reporting month which will be monitored.

Safe – Hospital Acquired Pressure Ulcers All Categories



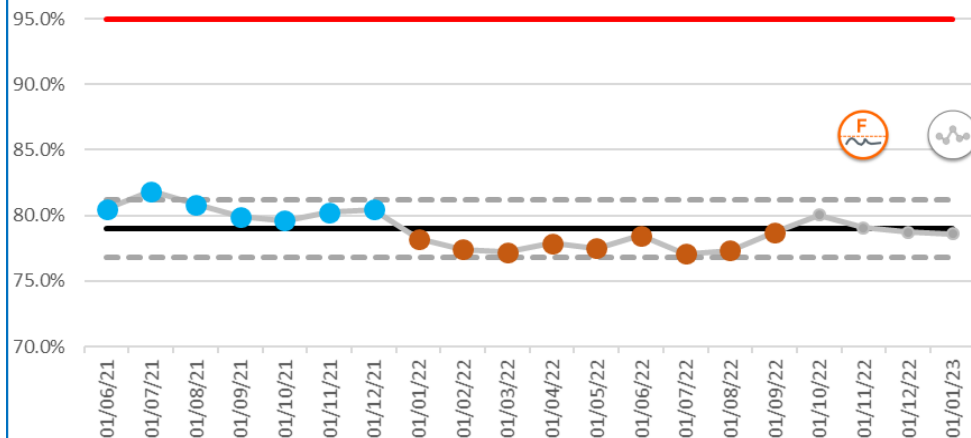
Current Performance			Three Month Forecast		
Jan 23	YTD	Target	Feb 23	Mar 23	Apr 23
162	921	372	150	130	100

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"> Ongoing work continues to identify the possible causative factors for the significant increase in the data over the past few months and a clinically led thematic review of all the HAPUS validated for the month of December is being undertaken currently. This is being led by the Head of Patient Safety and supported by an external expert. Some of the causative factors already identified are: <ul style="list-style-type: none"> Education and support for the new product when the new Mattresses were introduced. Lack of slide sheet usage across the trust Poor knowledge around categorisation of HAPUS Validation of HAPUS not occurring in a timely manner 	<ul style="list-style-type: none"> Ongoing action plan progression continues following external review by a national expert. Ongoing support continues from the Nurse consultant 3 month telehealth (Pioneer) pilot has commenced on 4 wards within SM Additional recruitment process ongoing to expand the TV team Monthly trust wide harm free care study days with focus on HAPUS have commenced and will run throughout 2023 Task and Finish group weekly meetings throughout February with Contracts and Medstrom to explore increase in HAPUS and to review ongoing equipment training strategy 	<ul style="list-style-type: none"> Monthly review meeting for progress updates Commenced 13th February 2023 Interviews 17th February 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

Well Led – Appraisals

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



Current Performance

Jan 23	YTD	Target	Three Month Forecast		
78.6%	78.6%	95%	Feb 23	Mar 23	Apr 23
			79%	80%	81%

National Position & Overview

Peer data not currently available.

We marginally fell short of the anticipated trajectory for 79% for January 2023. In part this may be due to increased staff absences and operational demands.

Root Cause

- 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 decline in the Corporate Directorate where appraisal performance has reduced by 1% to 73.7%; CMG performance has remained static at 79.7%.

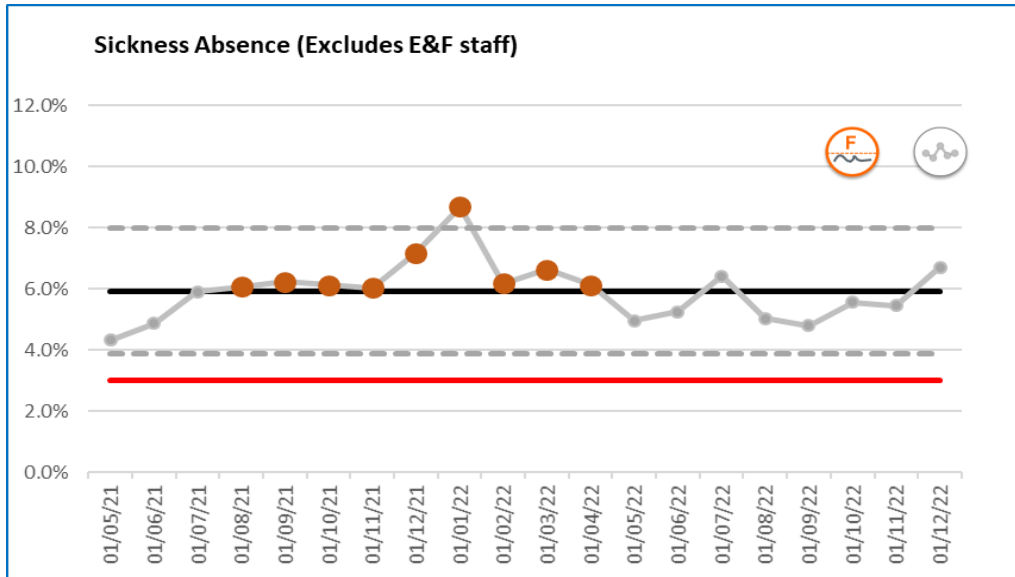
Actions

- It was acknowledged in recent exception reports that we would be unlikely to reach full compliance of 95% in the short term.
- From February 2023 CMG reports are provided highlighting performance and areas of focus, to enable targeted support and action.
- 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.

Impact/Timescale

- 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 – Sickness

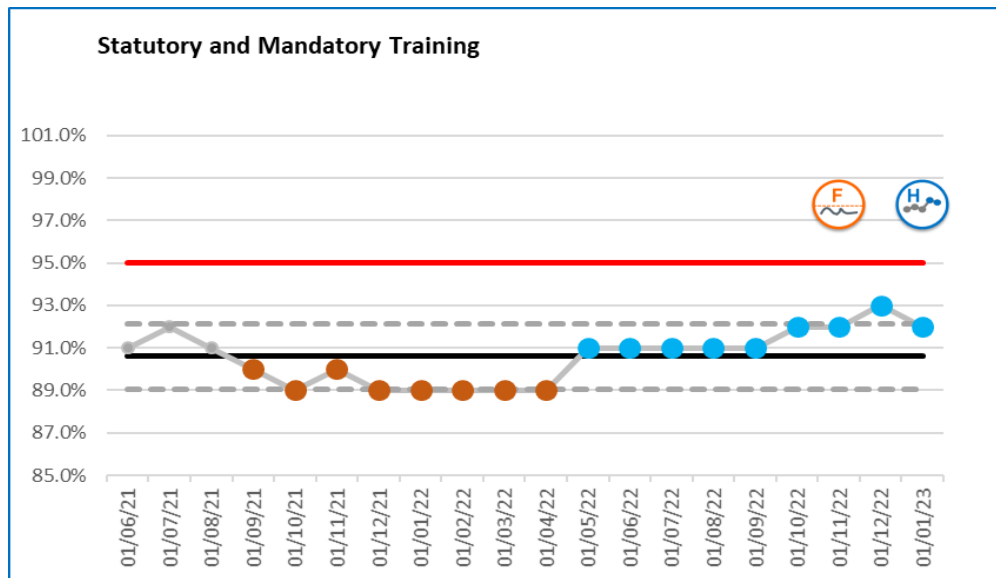


Current Performance			Three Month Forecast		
Dec 22	YTD	Target	Jan 23	Feb 23	Mar 23
6.7%	5.6%	3%	6.5%	6.0%	5.8%

National Position & Overview
Data Excludes Estates and Facilities staff. Peer data not currently available.
Last month we reported November's sickness absence at 5.8% and with retrospective changes it has reduced to 5.44%. We anticipated an increase in sickness absence in December, but has been higher than the forecast by 0.5%.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> The absences in December 2022 for our Clinical CMG's have seen an increase in sickness absence to 6.17%, and Corporate areas a reduction to 4.02%. It is also noted, that Corporate roles also have increased opportunities for remote working The top three reasons for sickness absence for year to date are 'other known causes' (26.11%), 'stress anxiety depression' (17.63%), and 'covid-19 / infection precaution' (8.28%). We have seen a reduction in Covid-19 related absences in December. 	<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 (10+ and 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 – Statutory and Mandatory Training

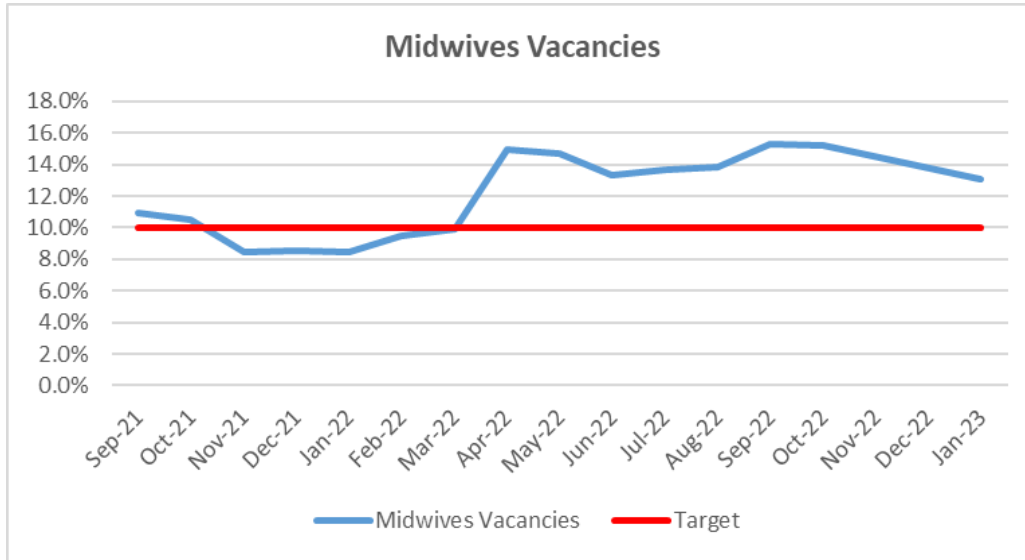


Current Performance			Three Month Forecast		
Jan 23	YTD	Target	Feb 23	Mar 23	Apr 23
92%	92%	95%	93%	93%	94%

National Position & Overview
Peer data not available.

Root Cause	Actions	Impact/Timescale
<p>It is recognised that performance has been, and is still being, affected by:</p> <ul style="list-style-type: none"> Covid-19 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 – Midwives Vacancies

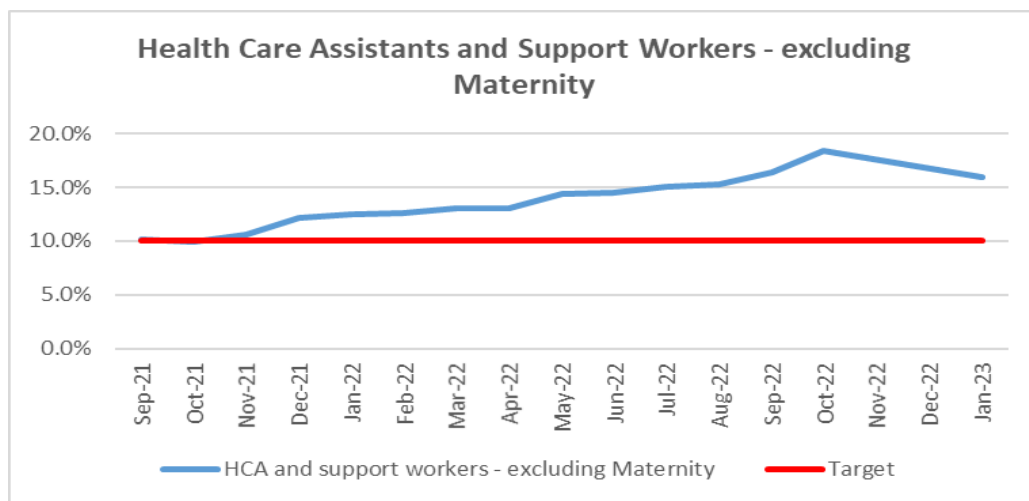


Current Performance			Three Month Forecast		
Jan 23	YTD	Target	Feb 23	Mar 23	Apr 23
13.1%	13.1%	10%			

National Position & Overview					

Root Cause	Actions	Impact/Timescale

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



Current Performance			Three Month Forecast		
Jan 23	YTD	Target	Feb 23	Mar 23	Apr 23
16.0%	16.0%	10%			

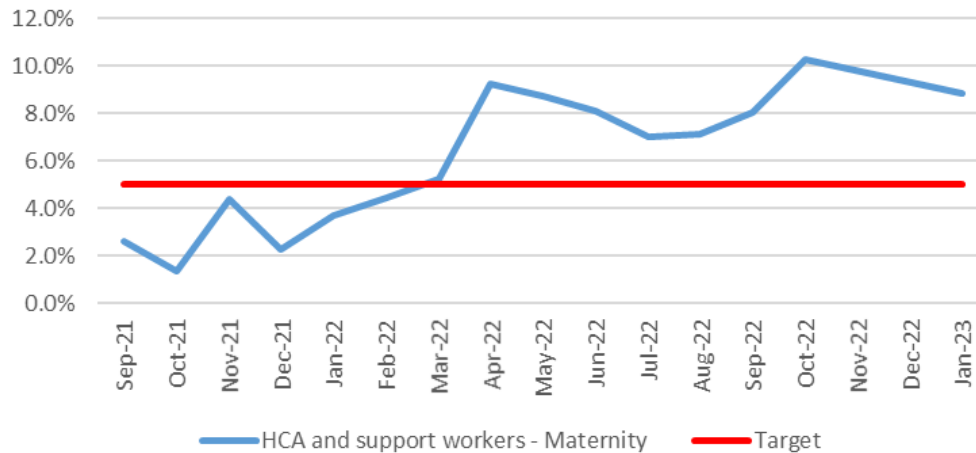
National Position & Overview

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"> 1% reduction in vacancy rate achieved Jan '23 Retention of new HCAs new to care with a high turnover within the first 6-12 months of employment. UHL remains an attractive employer (200+applicants interviewed 19 January) 	<ul style="list-style-type: none"> 3-month T&F group focusing on retention of 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 commenced and proving successful in identifying early resolutions to workplace or flexibility issues minimising leavers All postholders are in post and delivering teaching / delivering pastoral support to large cohorts until end March '23 External company commissioned - no feedback as yet Videos on HCA training / roles in practice have been developed and ready to launch New process being monitored – no issues New pathways being launched at LLR careers event 11 March

Well Led – Health Care Assistants and Support Workers - Maternity

Health Care Assistants and Support Workers - Maternity



Current Performance

Three Month Forecast

Jan 23	YTD	Target	Feb 23	Mar 23	Apr 23
8.8%	8.8%	5%			

National Position & Overview

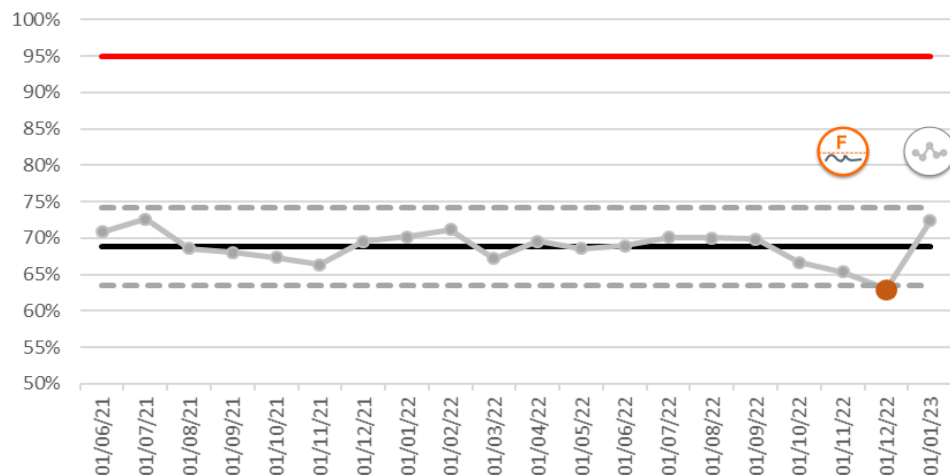
Root Cause

Actions

Impact/Timescale

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

ED 4 hour waits Acute Footprint



Current Performance

Jan 23	YTD	Target	Three Month Forecast		
72.4%	68.3%	95%	Feb 23	Mar 23	Apr 23

National Position & Overview

In January, UHL ranked 58th out of 112 Acute Trusts. The National average in England was 72.4%. Only 1 out of the 112 Acute Trusts achieved the target. UHL ranked 7th out of 16 trusts in its peer group. The best value out of the Peer Trusts was 79.0% and the worst value was 60.4%.

Root Cause

- 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

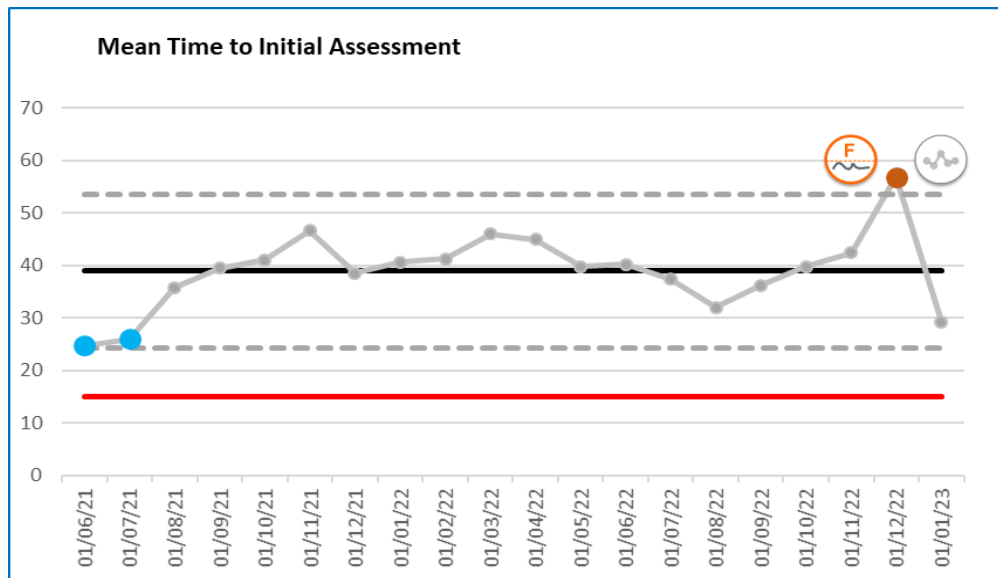
Actions

- Overnight consultant in ED rota in place and continued increase in uptake of shifts noted
- MlaMI extended opening times 8am to 12pm and additional GP in place
- Emergency flow action plan focus on reduction in non-admitted breaches and adherence to new Inter Professional Standards
- Opened pre-transfer unit at LRI
- Extension of discharge lounge at LRI (move of physio therapy)
- Extension of GPAU (Dermatology move)

Impact/Timescale

- In place
- In place
- Monitored via CMG PRM's
- January 2023
- May 2023
- June 2023

Responsive (Emergency Care) – Mean Time to Initial Assessment

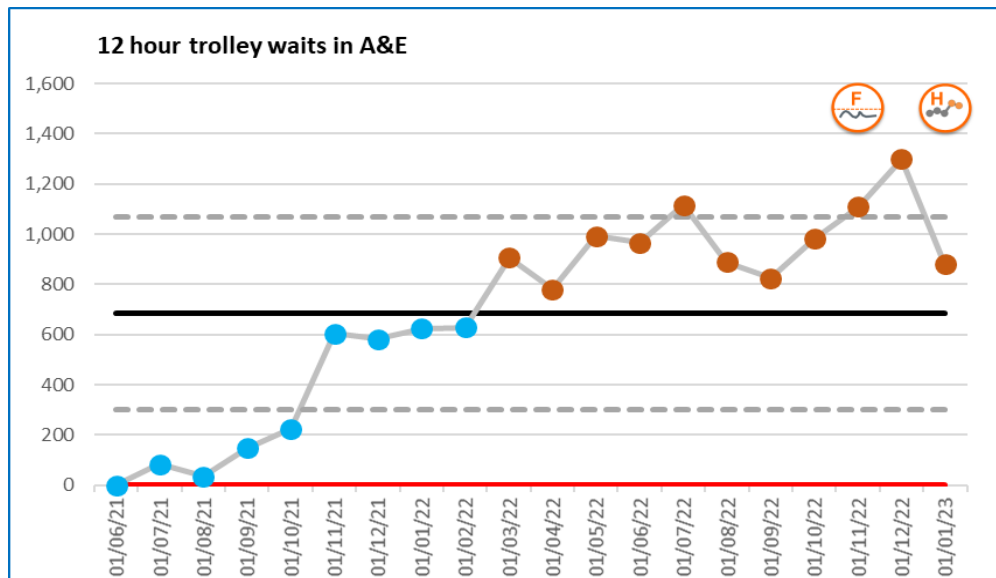


Current Performance			Three Month Forecast		
Jan 23	YTD	Target	Feb 23	Mar 23	Apr 23
29.3	40.1	15			

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



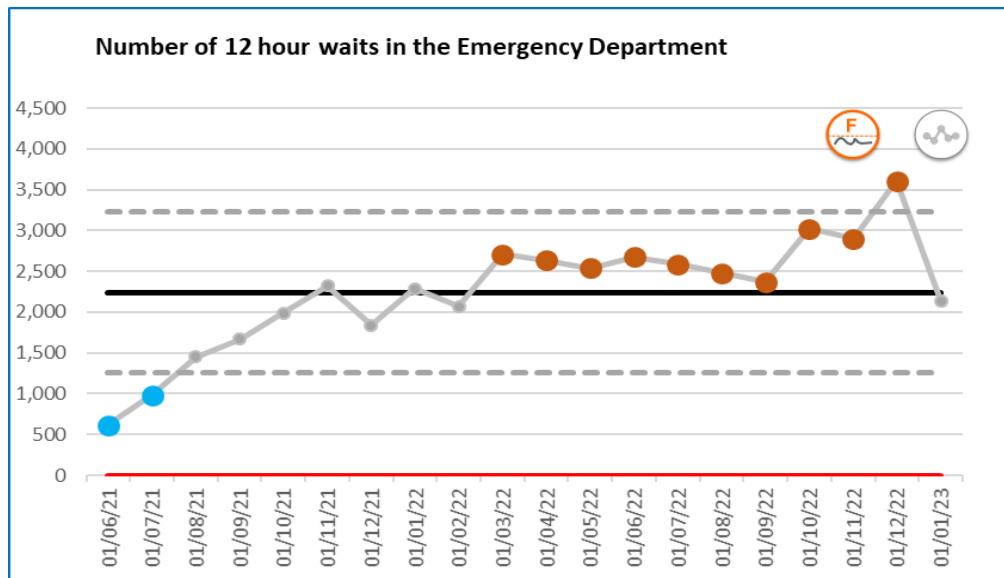
Current Performance			Three Month Forecast		
Jan 23	YTD	Target	Feb 23	Mar 23	Apr 23
880	9,842	0			

National Position & Overview

In January, UHL ranked 114th 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 1,493. UHL ranked 14th out of 18 trusts in its peer group.

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

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

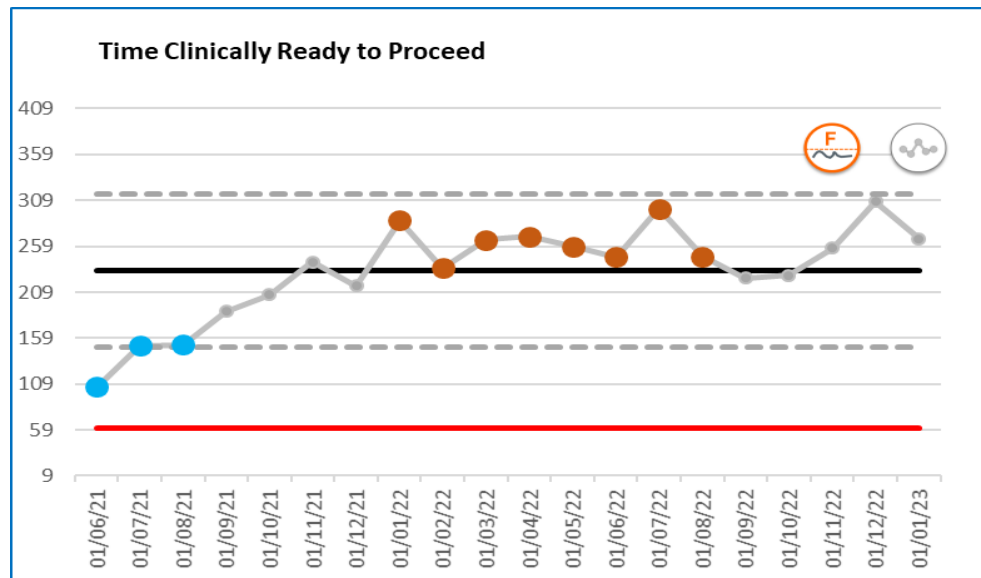


Current Performance			Three Month Forecast		
Jan 23	YTD	Target	Feb 23	Mar 23	Apr 23
2,136	26,934	0			

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

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

Responsive (Emergency Care) – Time Clinically Ready to Proceed

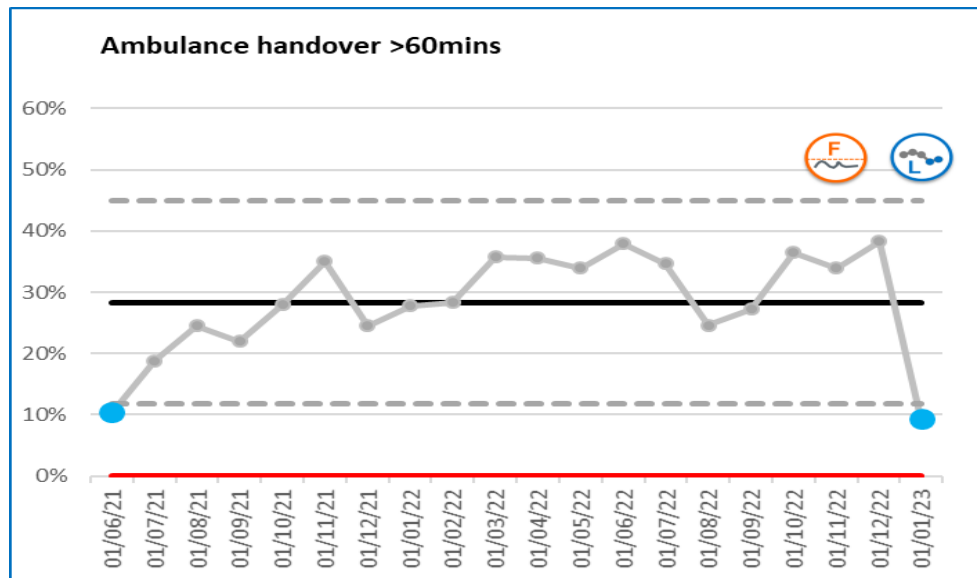


Current Performance			Three Month Forecast		
Jan 23	YTD	Target	Feb 23	Mar 23	Apr 23
267	260	60			

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



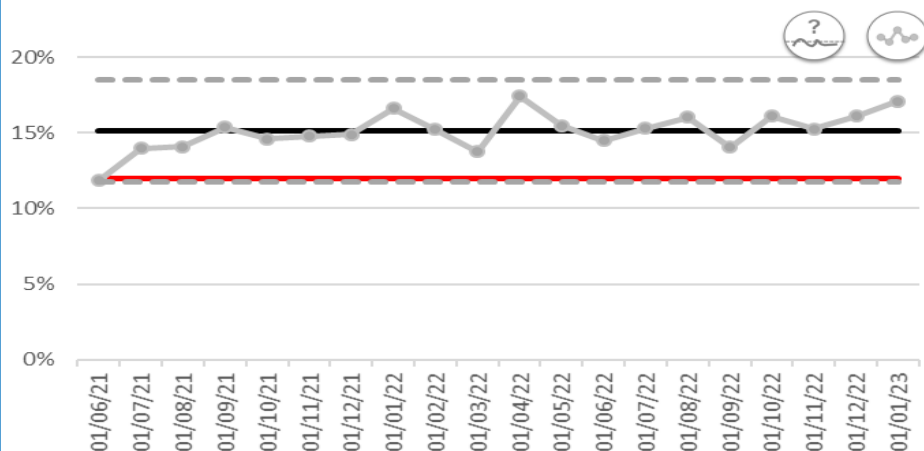
Current Performance			Three Month Forecast		
Jan 23	YTD	Target	Feb 23	Mar 23	Apr 23
9.3%	31.2%	0%			

National Position & Overview
<p>LRI ranked 10th out of 23 sites last month (source EMAS monthly report) and saw a significant improvement in the percentage of handovers over 60 minutes.</p> <p>UHL recorded the second highest number of handovers over 60 minutes last month, 404, and had the second highest number of arrivals, 4,327 (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 Develop permanent cohorting facility at LRI Develop permanent cohorting facility at GH 	<ul style="list-style-type: none"> In place January 2023 In place Ongoing – daily / weekly monitoring Ongoing November 2022 - ongoing December 2022 – ongoing December 2022 April 2023 April 2023

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

Long Stay Patients (21+ days) as a % of G&A Bed Occupancy



Current Performance

Jan 23	YTD	Target	Three Month Forecast		
Feb 23	Mar 23	Apr 23			
17.1%	17.1%	12%	16	16	15

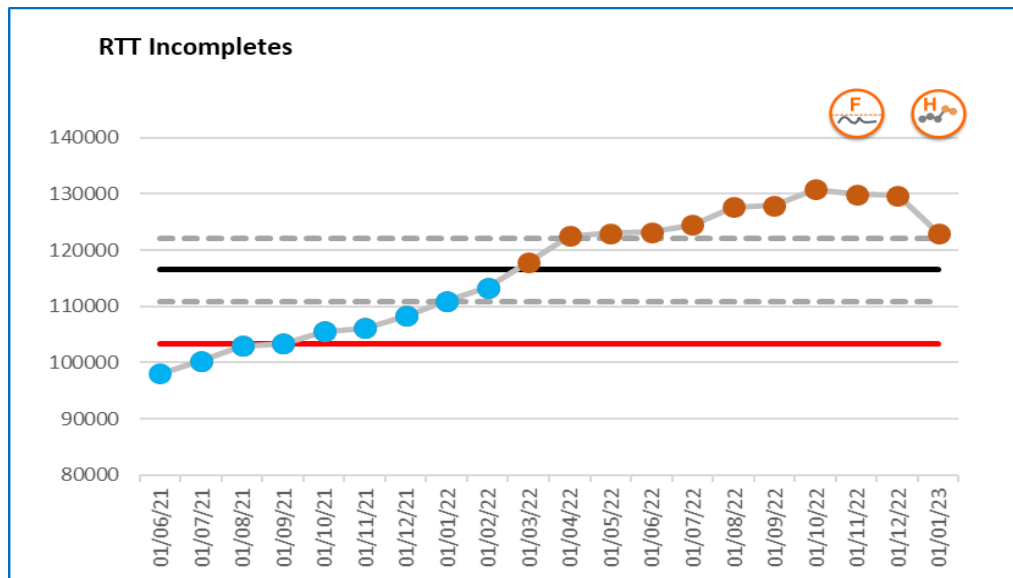
National Position & Overview

UHL is ranked 11th out of 20 trusts in the Midlands for the % beds occupied by Long Stay (21+ Day) patients (for the w/c 30/01/23).

- 47 (273) 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.
- 67 Patients (25%) are medically optimised for discharge with no acute medical reason to stay .

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> • Circa 156 Complex Medically optimised for discharge patients of which 67 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 February to:</p> <ul style="list-style-type: none"> • Launch the pilot of 'Night Care' services. • Continue work to increase Pathway 1 referrals. • Further refine processes for the high dependency Residential care cohort. <p>Work with CMG's to:</p> <ul style="list-style-type: none"> • Reduce 'lost' discharge outcomes • Embed the therapy led approach to filling therapy led capacity and reducing P2 allocations 	<ul style="list-style-type: none"> • Aim to reduce number of MOFD patients waiting for discharge in UHL beds. • Reduce daily 'lost discharges' • Reduce patients discharged on a Pathway 2.

Responsive (Elective Care) – RTT Incompletes

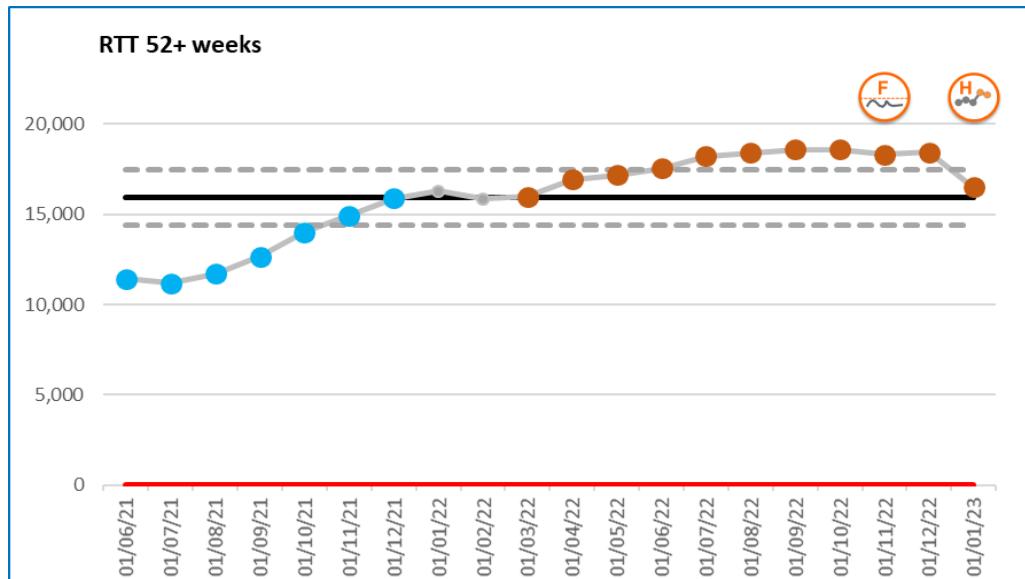


Current Performance			Three Month Forecast		
Jan 23	YTD	Target	Feb 23	Mar 23	Apr 23
124,226	124,226	103,403			

National Position & Overview
<p>At the end of December, UHL ranked 15th out of 17 trusts in its peer group with a total waiting list size of 129,654 patients. The best value out of the 18 Peer Trusts was 68,769, the worst value was 154,662 and the median value was 80,060.</p>

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



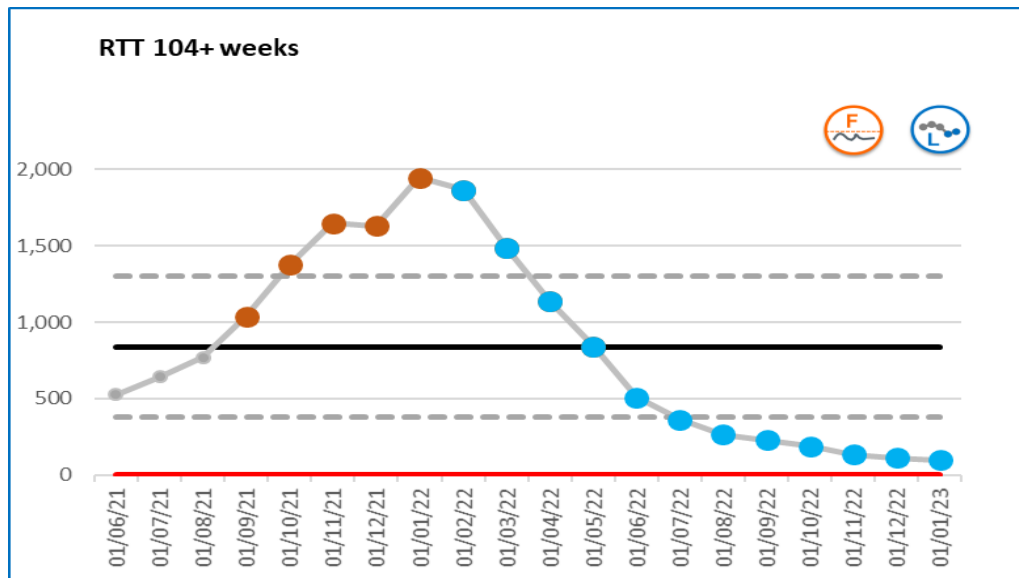
Current Performance			Three Month Forecast		
Jan 23	YTD	Target	Feb 23	Mar 23	Apr 23
16,234	16,234	0			

National Position & Overview

At the end of December, UHL ranked 16th out of 17 trusts in its peer group with 18,443 patients waiting over 52+ weeks. The best value out of the 18 Peer Trusts was 634, the worst value was 25,974 and the median value was 4,423.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> Impact of COVID-19 on planned activity capacity led to a growing backlog Significant operational pressures due to the emergency demand impacting upon elective activity Challenged Cancer position and urgent priority patients requiring treatment Workforce challenges in anaesthetics leading to cancellations of theatre lists Admin workforce challenges across a range of posts, particularly band 2 impacting on ability to book patients 	<ol style="list-style-type: none"> Increase numbers sent to Nuffield IS provider and BMI Park Establish future mutual aid requirements to get to 78-week position and then 65 weeks for March 24. Mutual aid requests to be submitted on DMAS (Digital Mutual Aid System) Contract in place with Trentcliffs IS provider for General Surgery, Bariatric and Urology. Recruitment plan in place for ITAPS Admin workforce plan in development. Agreement with IS providers to transfer whole pathway (from first OPA to surgery) Validation plan 	<ol style="list-style-type: none"> Fortnightly meeting in place to monitor performance. Reduction in elective backlog. 3.6 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- over 500 patients have been sent to the IS since December. Ensuring clean waiting list. 98% of patients waiting over 52 weeks have been validated within the last 12 weeks. Impact shown in reduction of those waiting over 52 weeks.

Responsive (Elective Care) – RTT 104+ Weeks



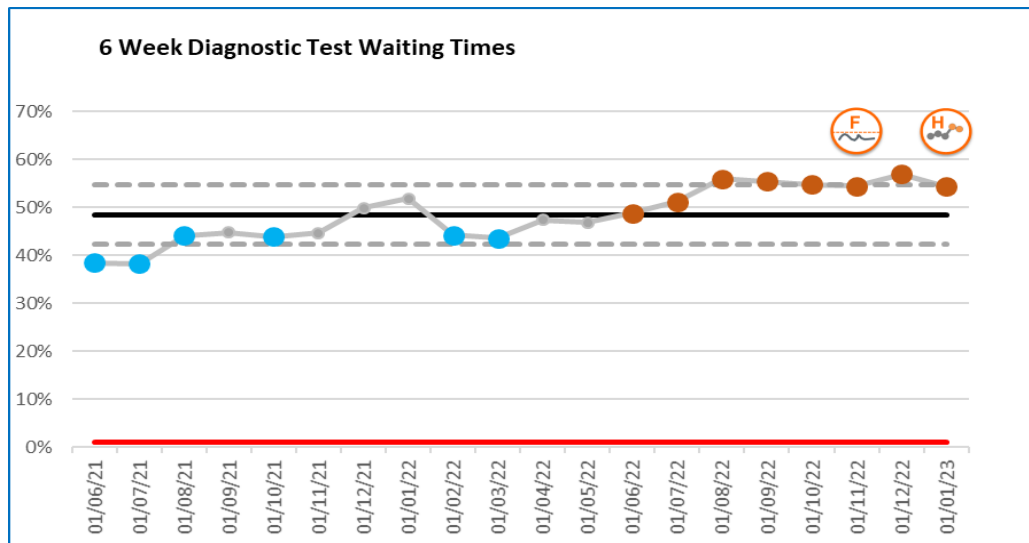
Current Performance			Three Month Forecast		
Jan 23	YTD	Target	Feb 23	Mar 23	Apr 23
85	85	0			

National Position & Overview

At the end of December, UHL ranked 17th out of 17 trusts in its peer group with 112 patients waiting 104+ weeks. The best value out of the 18 Peer Trusts was 0 and the median value was 6.

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 February is 64.

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

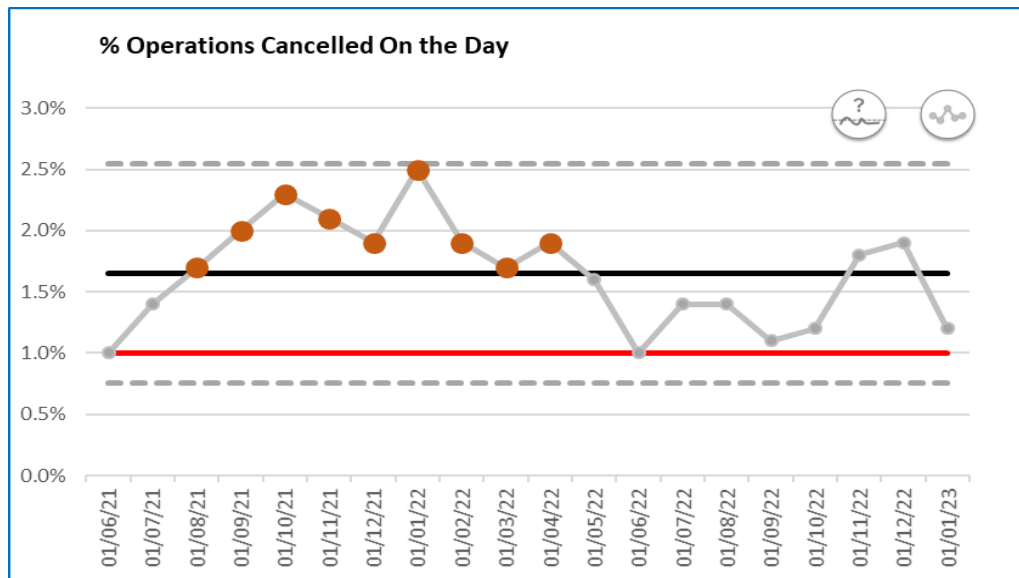


Current Performance			Three Month Forecast		
Jan 23	YTD	Target	Feb 23	Mar 23	Apr 23
54.3%	54.3%	1.0%			

National Position & Overview
<p>National average performance for December was 31.3%. UHL ranked 17th out of 17 trusts in its peer group with performance of 57.0% in December. The best value out of the 18 Peer Trusts was 2.7% and the median value was 27.0%.</p>

Root Cause	Actions	Impact/Timescale

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

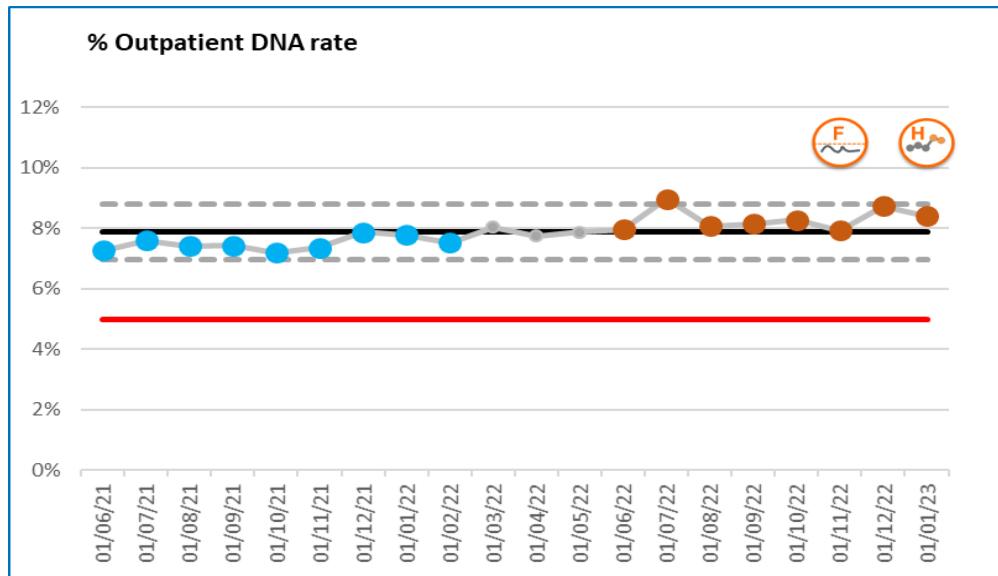


Current Performance			Three Month Forecast		
Jan 23	YTD	Target	Feb 23	Mar 23	Apr 23
1.2%	1.5%	1%	1.2	1.2	1.0

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

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> 63 patients did not attend their surgery in January 23 (60 adults, 2 paediatric and 1 patients in the Alliance) 43 out of the 60 adult patients that DNA their appointment are from 2 specialities: Pain Management Services (11 patients) and Ophthalmology (32 patients). On the day cancellations continue to remain high in Ophthalmology 94 (26% of all OTDC recorded for Jan 23) 7 (11.9%) patients stated they did not receive an appointment letter in January. 	<ul style="list-style-type: none"> Patient Cancellations continue to make up 25% of all cancellations recorded in January Improvement Lead will feed back results to CMG's and collectively identify specific actions for improvement, this will be evidenced through TPB and PRM meetings. Ophthalmology engagement with Improvement Leads to help address high cancellation rates within the service. AccuRX trial within Ophthalmology delayed until end of February, the service would send a text to patients 5 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 at the end of February for 3 months, a 1 month pilot would not provide sufficient evidence of improvement. A targeted embedded approach to reduce cancellations for 2 months within Ophthalmology and Pain Management to ensure Trust target of 1.0% is achieved. Re-enforce the message across these two key services, that reducing their DNA rates through active communication could result in more patients (in month) being treated.

Responsive (Elective Care) – Outpatient DNA Rate



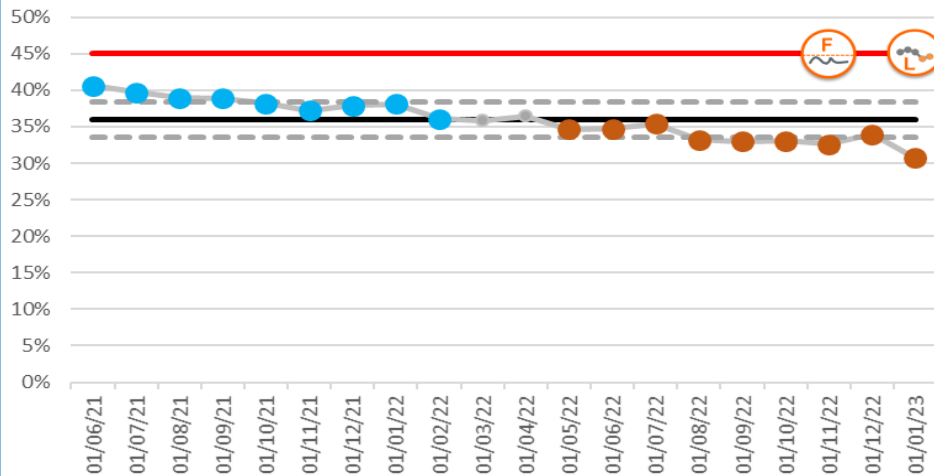
Current Performance			Three Month Forecast		
Jan 23	YTD	Target	Feb 23.	Mar 23	Apr 23
8.4%	8.2%	5.0%	8.0%	7.6%	7.2%

National Position & Overview
UHL compares better than its peers for the current financial year, 8.0% compared to 8.6% (data for April 22 to November 22, source CHKS).
The DNA rate has increased significantly in recent months and is currently worse than performance before the COVID-19 pandemic, performance in 19/20 was 7.0%.

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

Responsive (Elective Care) – Outpatient Non Face to Face

% Outpatient Non Face to Face



Current Performance

Jan 23	YTD	Target	Three Month Forecast		
Feb 23	Mar 23	Apr 23			
30.7%	33.7%	45.0%	32%	33%	28%

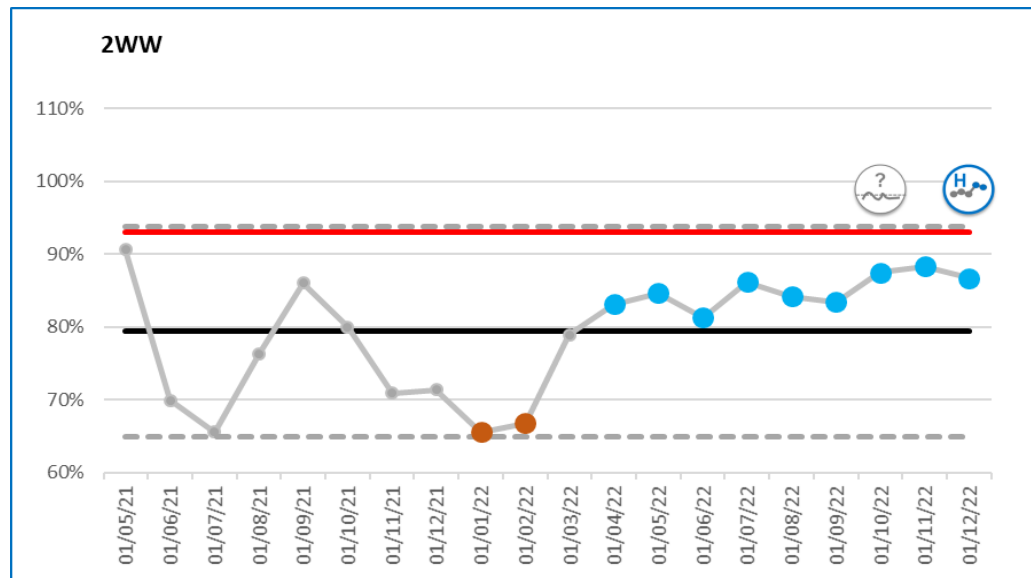
National Position & Overview

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. Historically virtual notes reviews have been recorded and submitted as Non F2F activity – we will no longer be submitting virtual notes review activity as it will be classed as remote monitoring and this will reduce the Non Face to Face data even further from April 23.

Responsive Cancer – 2 Week Wait

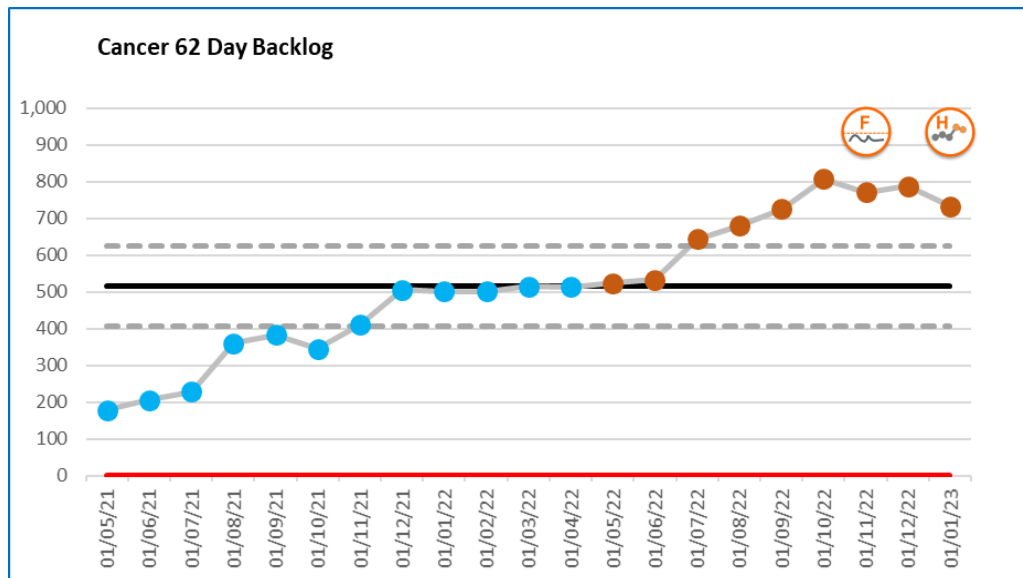


Current Performance			Three Month Forecast		
Dec 22	YTD	Target	Jan 23	Feb 23	Mar 23
86.8%	85.1%	93%	80.0%	85.0%	90.0%

National Position & Overview
<p>In December, UHL ranked 66th out of 136 Acute Trusts. The National average was 80.3%. 38 out of the 136 Acute Trusts achieved the target. UHL ranked 8th out of the 18 UHL Peer Trusts. The best value within our peer group was 97.5%, the worst value was 51.5% and the median value was 84.4%.</p>

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> Referral rates continue to be significantly above pre-pandemic levels with Jan 23 being 10.6% higher than the 2022 equivalent 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"> LOGI 50+FIT pathway implemented Non Site Specific Symptoms pathway 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"> January – significant reduction in LOGI referrals expected January – diversion of other tumour site referrals expected immediate – increase in 2ww capacity immediate – increase in 2ww capacity

Responsive Cancer – Cancer 62 Day Backlog

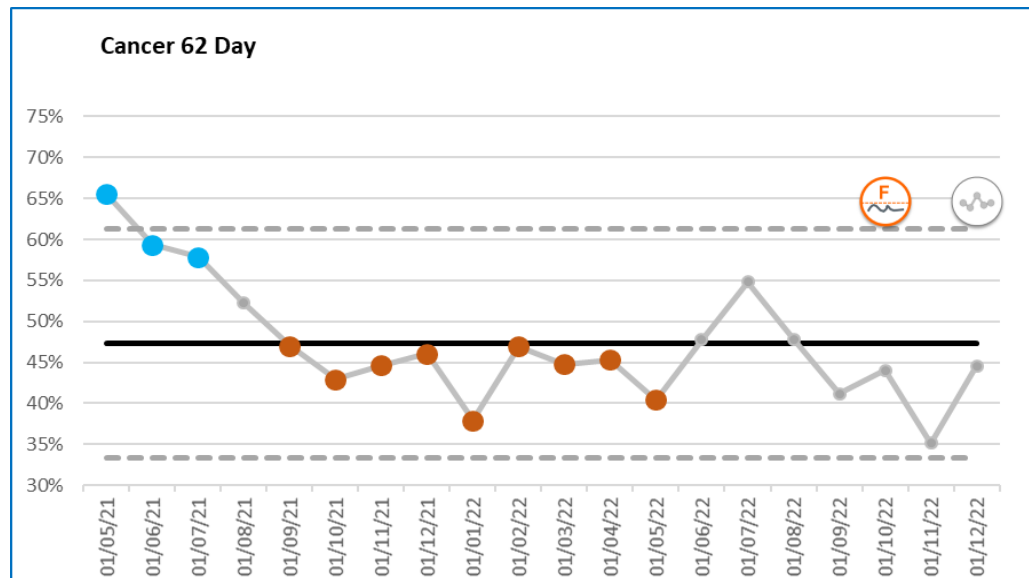


Current Performance			Three Month Forecast		
Jan 23	YTD	Target	Feb 23	Mar 23	Apr 23
733	733	0			

National Position & Overview
<p>National data not currently available for reporting.</p> <p>UHL recognised by NHSE as the third most improved tier I/II Trust for our 62 day backlog reduction</p> <p>The 62-day backlog has decreased since early November.</p> <p>As of 15/02/23 the backlog is 568 patients waiting over 62 days (13.2% of PTL) with 85% of the backlog sitting within LOGI, Skin and Urology. LOGI and Skin pressures are recognised nationally, whilst Urology is a more UHL specific issue.</p>

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 . Shared 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 ongoing IST support from 01/03/23 NSS/Pre-diagnosis CNS supporting patient engagement across all PTLs Urology is now ahead of trajectory, with plans for Skin to continue to improve. Colorectal has a longer term plan for delivery.

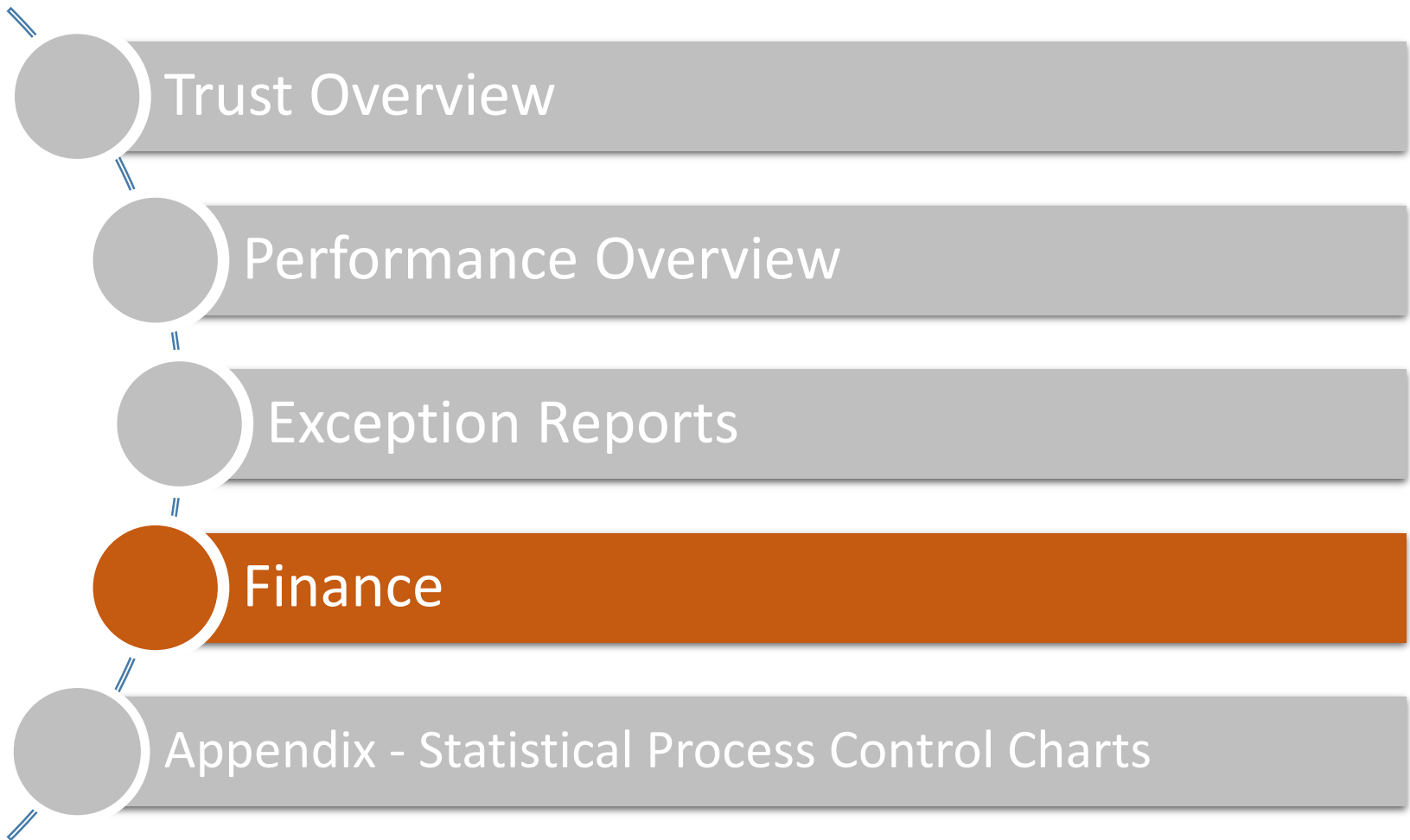
Responsive Cancer – Cancer 62 Day



Current Performance			Three Month Forecast		
Dec 22	YTD	Target	Jan 23	Feb 23	Mar 23
44.6%	44.3%	85%			

National Position & Overview
<p>In December, UHL ranked 124th out of 134 Acute Trusts. The National average was 61.8%. 14 out of the 134 Acute Trusts achieved the target. UHL ranked 15th out of the 18 UHL Peer Trusts. The best value within our peer group was 76.4%, the worst value was 35.3% and the median value was 51.3%.</p>

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 data shows good FDS turnaround but delays in Decision to Treat and treatment timescales across multiple tumour sites. Recruitment for Onc/Radth investment in progress



Single Oversight Framework – Month 10 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	M10 YTD Plan of -£3.3m	M10	-£15.7m	-£4.4m		CFO
		Capital expenditure against plan	M10 YTD Plan of £41.1m	M10	£40.3m	£5.4m		CFO

Summary Financial Position

	I&E YTD			Forecast			
	Plan	Actual	Variance to Plan	Full Year Plan	Full Year Forecast	Variance to Plan	
	£'000	£'000	£'000	£'000	£'000	£'000	
I&E	NHS Patient-Rel Income	1,003,622	1,037,063	33,441	1,207,175	1,247,380	40,206
	Other Operating Income	113,090	125,108	12,017	136,180	149,490	13,311
	Total Income	1,116,712	1,162,171	45,459	1,343,354	1,396,871	53,516
	Pay	(657,619)	(682,572)	(24,953)	(788,248)	(823,078)	(34,831)
	Agency Pay	(18,136)	(21,572)	(3,436)	(22,106)	(25,931)	(3,824)
	Non Pay	(392,234)	(421,829)	(29,595)	(470,113)	(502,897)	(32,784)
	Total Costs	(1,067,990)	(1,125,973)	(57,983)	(1,280,467)	(1,351,905)	(71,439)
	EBITDA	48,722	36,198	(12,524)	62,888	44,965	(17,922)
	Non Operating Costs	(52,823)	(52,541)	281	(63,861)	(63,466)	395
	Retained Surplus/(Deficit)	(4,100)	(16,343)	(12,243)	(973)	(18,501)	(17,527)
Donated Assets	794	621	(173)	973	801	(172)	
Net Total Surplus/(Deficit)	(3,306)	(15,722)	(12,416)	(0)	(17,700)	(17,700)	

Comments – YTD Variance to Plan

Total Income: £45.5mF: driven by additional income for pay awards £15.3mF, Income for the LPT contract, offset in expenditure £4.2mF, excluded drugs and devices which are offset in non-pay £6.9mF, funding for the community diagnostic hub (CDH) offset by expenditure £2.7mF, ambulance handover income of £3.3mF offset by expenditure, research grant income of £2mF offset by expenditure, training and education income £3.1mF, car parking/catering income £1.4mF, additional patient related income relating to East Midlands Cancer Alliance £2mF, CIP £1mF, frontline digitisation £0.8mF, other patient care related income of £3.8mF and private/overseas patient income across various CMGs £1.3mF and other income of £2.3mA mainly relating to reduction in employer national insurance contributions offset in pay.

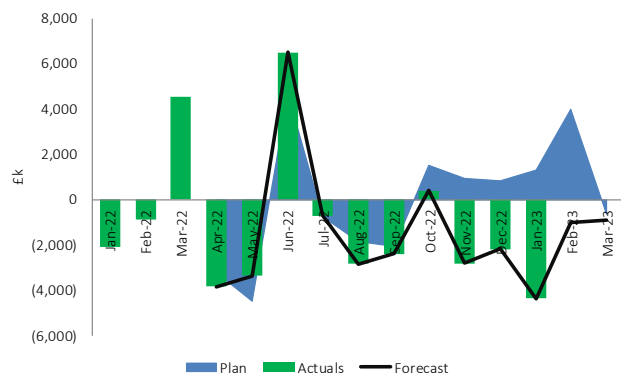
Pay and Agency: £28.4mA is driven by a pay awards of £14.6mA, LPT contract pay costs of £2.6mA, Emergency pathway £5.1mA, £2.4mA ambulance handover, increased medical locum spend £2.9mA, CDH £0.6mA, employer national insurance contributions £1.9mF offset by income and £4.2mF cash releasing pay CIP which is offset by improved vacancy recruitments and increased fill.

Non Pay: £29.6mA includes £6.9mA pass through drugs, £1.5mA LTP costs both offset within income, £5.9mA cash releasing CIP, £1.6mA emergency pathway, £2.1mA on CDH offset by income, £0.9mA ambulance handover plan offset by income, research expenditure of £2.2mA offset by income, £1.5mA bad debt provision, £2.4mA insourcing, £1.3mA excess inflation above plan, ESM unfunded beds £1.9mA, catering and retail £0.4mA, £0.3mA additional January spend relating to continued use of bus/pod and £0.3mA.

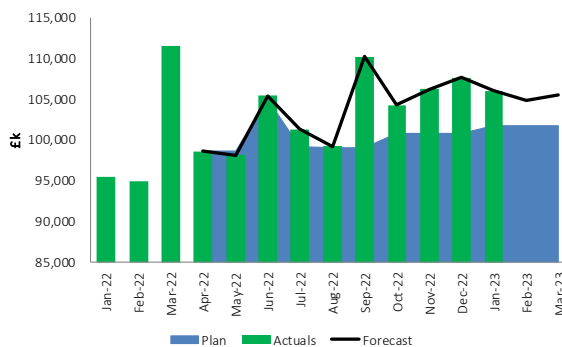
The Trust is committed to delivering a year end deficit of £17.7m, which has been shared with NHSEI and the System.

Month 10 Dashboards

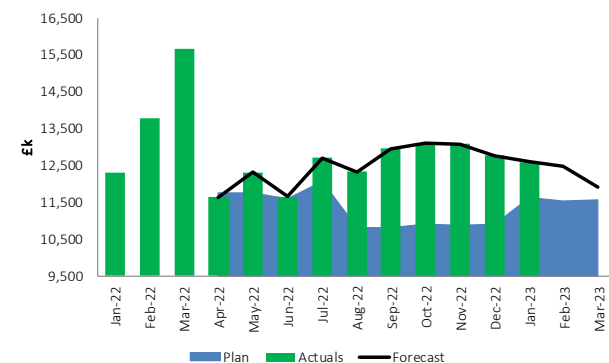
Monthly Surplus/(Deficit)



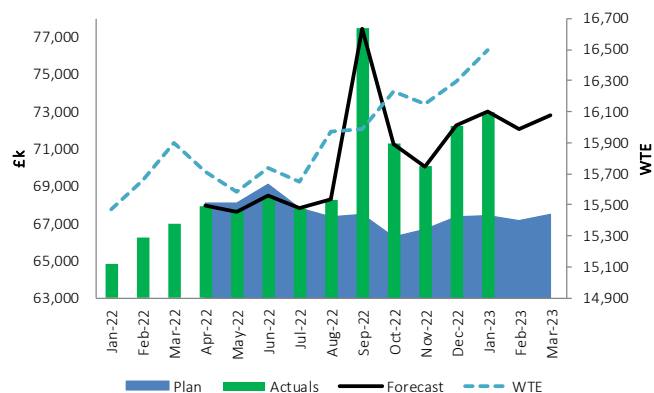
Monthly PCI Income



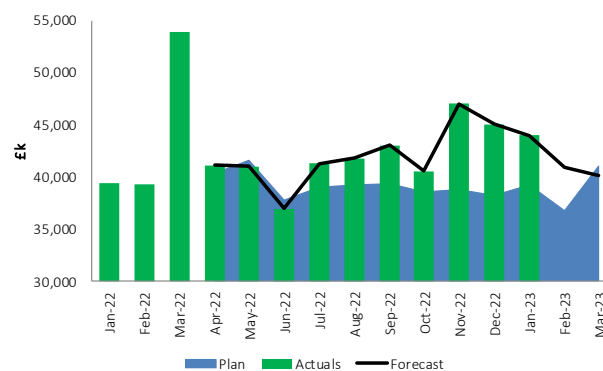
Monthly Other Income



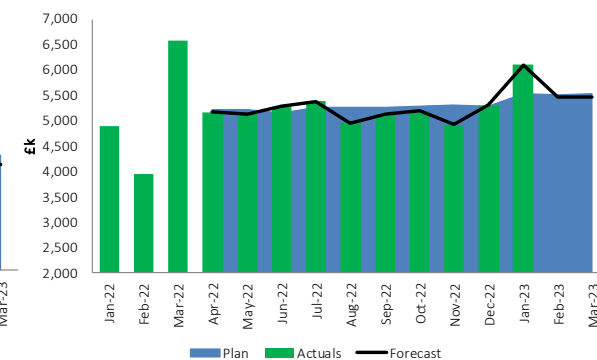
Monthly Substantive/Bank/Agency Pay



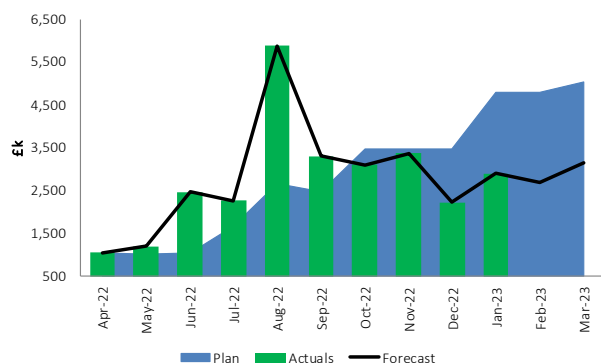
Monthly Non Pay



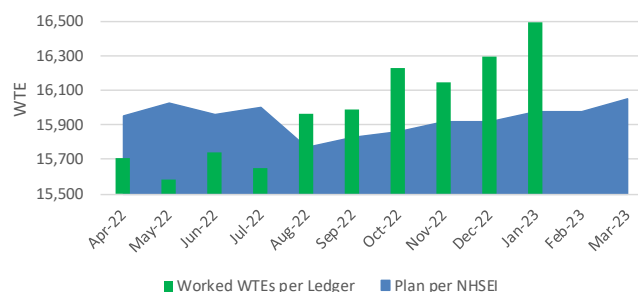
Monthly Non Ops



CIP Performance Inc Productivity



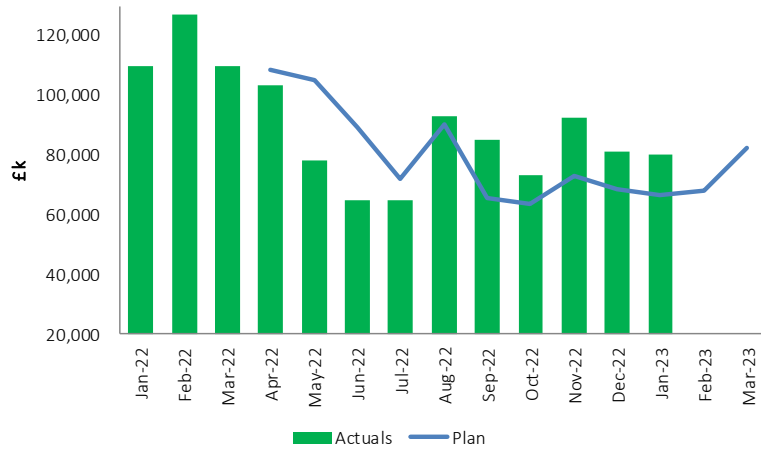
Worked WTEs vs NHSEI Workforce Plan



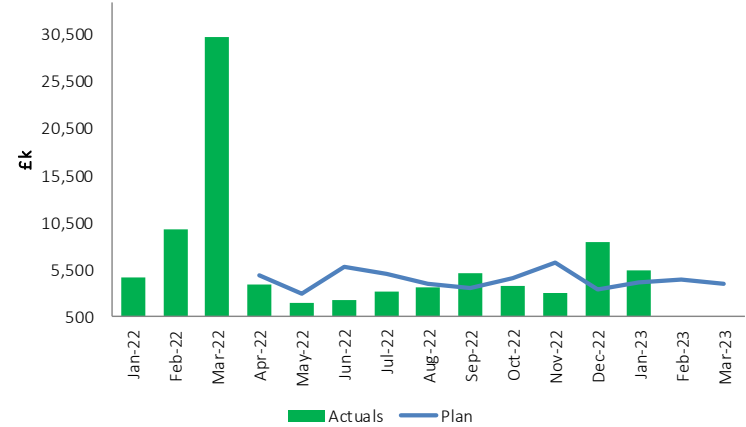
	In Month NHSEI Plan	In Month Worked	Increase in WTE
Substantive	14,806	14,951	144
Bank	829	1,080	251
Agency	342	470	128
Total WTE	15,978	16,501	523

Month 10 Dashboards

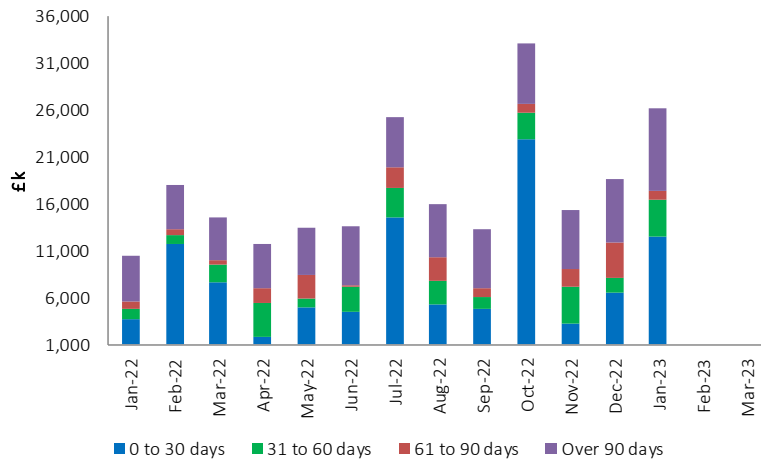
Cash



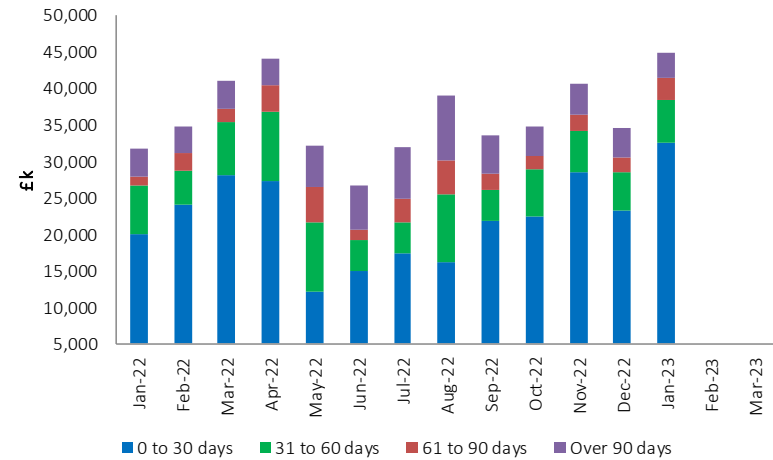
Capital



Ageing Debtor



Ageing Creditor



Statement of Financial Position

Statement of Financial Position	M10 YTD				
	31-Mar-22	31-Dec-22	31-Jan-23	In month Movement	YTD Movement
Non current assets	£000	£000	£000		
Intangible assets	15,441	12,963	12,619	(344)	(2,822)
Property, plant and equipment	659,617	674,872	675,799	927	16,182
Other non-current assets	3,445	3,399	3,333	(66)	(112)
Total non-current assets	678,503	691,233	691,751	517	13,248
Current assets					
Inventories	21,126	22,704	23,196	492	2,070
Trade and other receivables	33,738	49,714	63,227	13,513	29,489
Cash and cash equivalents	109,960	81,268	80,351	(916)	(29,609)
Total current assets	164,824	153,686	166,774	13,088	1,950
Current liabilities					
Trade and other payables	(128,361)	(102,428)	(114,460)	(12,032)	13,901
Borrowings / leases	(7,659)	(8,606)	(5,177)	3,430	2,483
Accruals	(22,367)	(28,984)	(27,978)	1,006	(5,611)
Deferred income	(3,799)	(20,137)	(26,931)	(6,794)	(23,132)
Dividend payable	(0)	(5,051)	(6,594)	(1,542)	(6,594)
Provisions < 1 year	(15,434)	(15,686)	(15,819)	(133)	(385)
Total current liabilities	(177,620)	(180,893)	(196,958)	(16,065)	(19,337)
Net current assets / (liabilities)	(12,796)	(27,207)	(30,184)	(2,977)	(17,388)
Non-current liabilities					
Borrowings / leases	(12,585)	(22,768)	(23,660)	(892)	(11,076)
Provisions for liabilities & charges	(4,903)	(4,903)	(4,903)	0	0
Total non-current liabilities	(17,487)	(27,671)	(28,563)	(892)	(11,076)
Total assets employed	648,220	636,355	633,004	(3,352)	(15,216)
Public dividend capital	760,831	760,831	761,959	1,128	1,128
Revaluation reserve	190,073	190,073	190,073	0	0
Income and expenditure reserve	(302,685)	(314,549)	(319,028)	(4,479)	(16,343)
Total taxpayers equity	648,220	636,355	633,004	(3,352)	(15,216)

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

- **Non-Current Assets** - PPE and intangibles increased by £0.6m, as capex of £5.4m was offset by depreciation of £4.8m.
- **Trade and other receivables** increased by £13.5m, driven by a combination of; the Health Education England LDA SLA (£9m); Quarterly VAT reclaim (£3m); and additional income accruals (£3m), largely associated with provision of additional the patient activity; offset by £1m reduction in Althea and CNST prepayment values
- **Cash Balances** – Cash balances reduced by £0.9m.
- **Trade and other payables and accruals** increased by a £11m, largely associated with; AP System purchase ledger payables pending payment (£4m); receipt of the CNST invoice of (£3.9m) and an increase in GRNIs of (£3.9m). These payables will translate into payments in M11.
- **PDC Dividends** – increased in line with the accrual of January's PDC dividend liability (£1.5m).
- **Borrowings** – Reduced by £2.5m in relation to the payment of the capital and interest element of Finance leases.
- **Deferred Income** – increased by £6.8m, of which £5.5m relates to the deferment of LDA income which was invoiced in advance of application (see receivables above).
- **Income and Expenditure Reserve** – The I&E reserve deteriorated in the line with the reported income and expenditure position by £4.5m.

Capital Programme

Area	Annual Plan	Ytd Forecast (Based at M7)	Ytd Actual	Under / (Over) Spend Against Forecast
	£000s	£000s	£000s	£000s
Reconfiguration	4,626	3,937	3,629	308
MEE	3,485	1,614	1,265	349
MES	5,244	499	205	294
MES Enabling	2,440	614	942	(328)
IM&T	7,794	4,584	3,281	1,303
Estates and Facilities	15,298	13,516	12,110	1,406
Contingency/Corporate/Data Ce	52	-	0	(0)
Schemes funded from Donations/External Donations/Grants	947	523	947	(424)
Leases inc eQuip	13,187	5,708	6,650	(942)
Linacc	4,444	2,451	2,353	98
Health Education England	900	-	185	(185)
PDC Funded - elective Hub	16,490	7,375	5,881	1,494
PDC Funded - Pre Transfer	1,200	275	1,911	(1,636)
PDC Funded - Mammo	439	-	-	-
Healthier Future Fund	-	-	-	-
ICS Over Commitment	(1,063)	-	-	-
PDC - Digitisation	5,000	-	1,522	(1,522)
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	-	6	(6)
PDC - Endoscopy (TNE)	358	-	-	-
PDC - Endoscopy (Gastroscopes)	580	-	-	-
PDC - 1 EUS stack, 3 linear scope	750	-	-	-
PDC - Telephony System & 5 SOL	55	-	-	-
PDC - Discharge Unit Capital Fun	1,500	-	-	-
Hep C Funding - Cepheid & Fibre	148	-	-	-
Total Gross Expenditure	87,696	41,096	40,888	208
Donated Income	(947)	-	(606)	606
Total Net Expenditure (CDEL)	86,749	41,096	40,282	814

	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	87,696	40,888	87,696
Less: Book value of asset disposals			
Less: Capital grants received			
Less: Capital donations received	(947)	(606)	(947)
Charge against the Capital Resource Limit (CRL) incl IFRS impact	86,749	40,282	86,749
Capital Resource Limit (CRL) incl IFRS impact	86,749	41,096	86,749
Under/(over) spend against CRL	0	814	0

The Trust has a current capital programme of £87.7m. This includes additional PDC funding of £31.8m (refer cash slide), including;

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

MOUs are yet to be received for Diagnostics - Modular CT, Discharge Unit and Ambulance Pods.

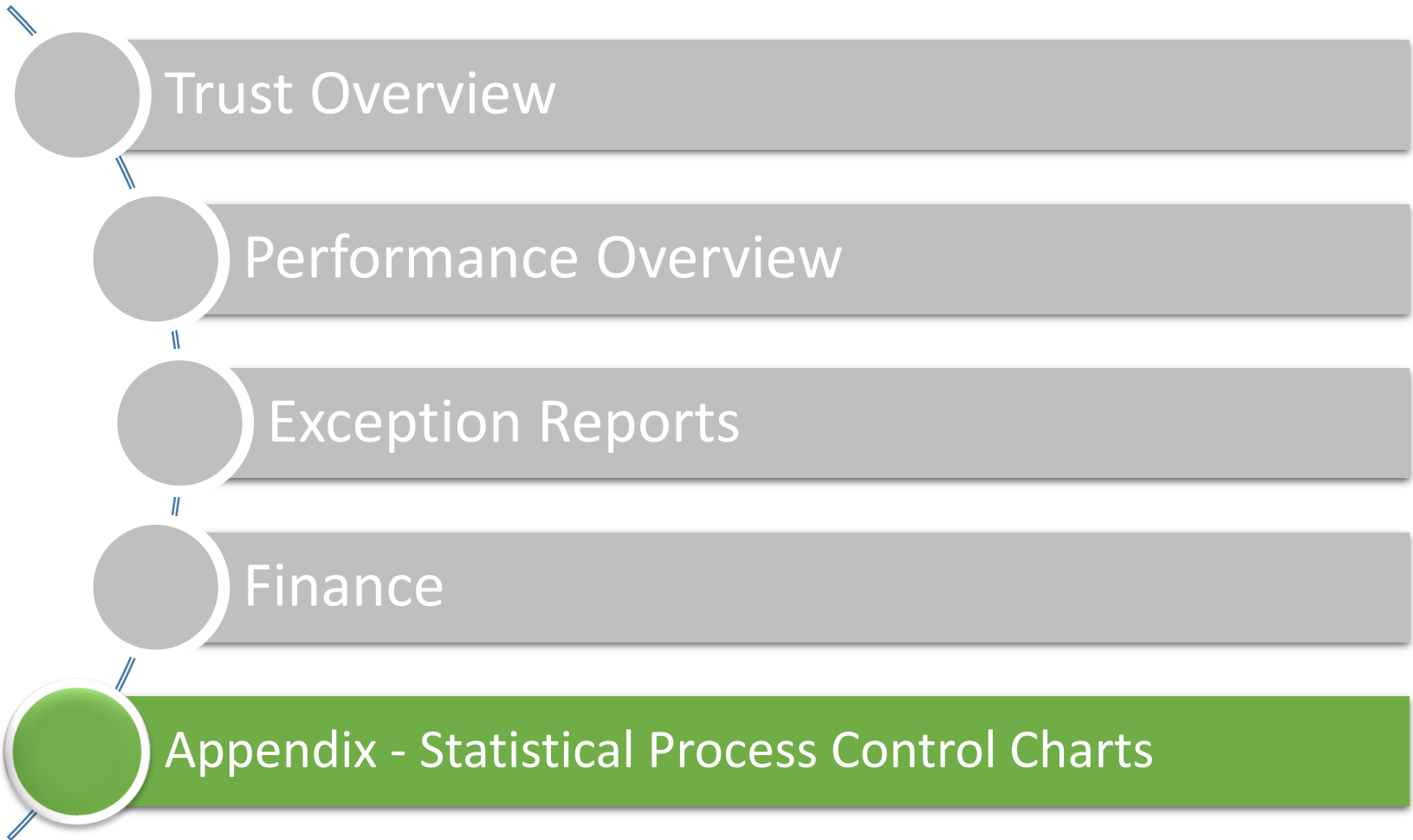
Gross capital expenditure reported at M10 was £40.9m which was slightly behind forecast by £0.2m. This includes donated income of £0.6m. The Trust is forecasting to deliver its capital plan of £87.7m.

At month 10, the Trust still needs to deliver in excess of 50% of the programme in the last 2 months of the year. Of this, almost £18m (20%) relates to PDC funding that has been allocated by NHSE/I in the last month and the remainder requires commitment by the various Capital sub-groups. Programme leads and managers are working closely with the Capital Finance Team to ensure orders are progressing and the programme is on target to deliver at year end.

Sub-group leads have also been working with the capital team to develop their three year capital plan. The draft plan will be submitted to Trust Board for approval as part of 23/24 Annual Financial Plan. This is the subject of separate paper.

RSP - Key risks: February 2023

Ref	Risk	RAG October 2022	RAG November 2022	RAG December 2022	RAG January 2023	RAG February 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 field work of the 2021/22 accounts is drawing to a close and will be completed in February 23, which will be followed by KPMG audit file review to inform the audit opinion. March Audit Committee will recommend adoption of the Accounts to the Trust Board at its April 23 meeting.	(SRO) Lorraine Hooper (AO) Simon Linthwaite	Adoption of the Accounts by Trust Board April 2023
3	Medium Term Financial Plan The MTFP is a complex and significant programme of work for UHL. There is a risk there is 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	A	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 NHSEI.	(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).

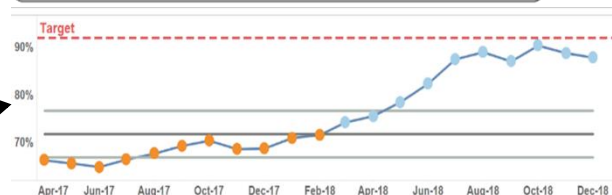
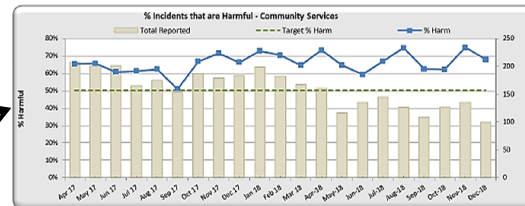
Any data points on the line graph outside these limits, are 'extreme values' and is not within the expected 'normal variation'.

- 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.

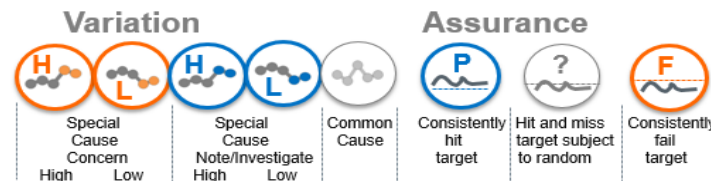
Within an SPC chart there are three different patterns to identify:

- **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

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



Data Quality Assessment

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

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

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