

**Trust Board Paper F**

<b>Meeting title:</b>	Trust Board				
<b>Date of the meeting:</b>	10 October 2024				
<b>Title:</b>	Integrated Performance Report and Executive Summary				
<b>Report presented by:</b>	Jon Melbourne, Chief Operating Officer				
<b>Report written by:</b>	Sarah Taylor, Deputy COO Emergency Care and Kully Kaur, Assistant Director of BI and Information				
<b>Action – this paper is for:</b>	Decision/Approval		Assurance	X	Update
<b>Where this report has been discussed previously</b>					

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

<b>Impact assessment</b>

Acronyms used
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**Purpose of the Report**

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

The executive summary is split into 3 parts

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

**Recommendation**

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

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

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

**Summary**


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



**Main report detail**




Key headlines in performance are summarised below:

**Summary of UHL Performance: AUGUST 2024**

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

<p><b>Urgent &amp; Emergency Care</b></p> <p><b>Updates on Flow in Flow through Flow out</b></p> 	<p>August 2024 saw an increase of 1722 ED attendances compared to August 2023 and an overperformance v’s plan of 733 attendances. Compared to July 2024 we saw a decrease of 750 attendances. Eye Casualty saw an increase vs August 23 of 20 attendances. A decrease of 167 attendances compared to July 2024 and an overperformance v’s plan of 85 attendances.</p> <p>4-hour performance in August showed an improvement of 0.62% v’s July 2023 and a 1.40 variance against trajectory</p> <p>In August 2024, LRI monthly ambulance handovers over 60 minutes were at 16.27% (832 out of 5,114 handovers) compared to July 2024 when LRI was 21.54% (1,091 out of 5,065 handovers) and June 2024 when LRI was 13.06% (658 out of 5,040 handovers).</p> <p>Any ambulance wait is unacceptable but excessive waits, those over 8 hours will be reported each month. In August we had 0 ambulance reach 8 hours and none reach 10 hours.</p> <p>The 12-hour performance (total time in dept) for August 2024 was 90.22%. In August UHL had 12 patients waiting over 48 hrs mainly due to side room availability</p> <p>Emergency admissions for August 2024 saw an increase vs August 2023 of 524 admissions. A decrease of 341 admissions compared to July 2024 and an overperformance in plan of 764 admissions.</p> <p>The new transport contract with EMED was mobilised in July and challenges were noted in August, actions are in place with the ICB to improve this.</p> <p>Actions in place for improvement.</p> <ul style="list-style-type: none"> <li>• Ongoing implementation of single point of access and bed bureau pathways to avoid patients attending ED.</li> <li>• Establish City UTC – Steering group established, and the short form business case is in development. Workshop being held in August to confirmed location at LRI. Design works will commence in October.</li> <li>• Maximise SDEC redirection from ED and direct referrals including the launch of pharmacy first in ED. Pilot of EMAS direct to SDEC to be undertaken in September</li> <li>• Discharge improvement plans for P0 patients.</li> </ul>
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	<ul style="list-style-type: none"> <li>Continued roll out of Criteria led discharge.</li> <li>Focus on 7+, 14+ and 21 + days to reduce LoS.</li> <li>Pilot frailty SDEC in October</li> <li>Pilot weekend discharges taking learning from strikes in September.</li> </ul> <p>The winter plan is in development and will be shared in October.</p>
<p><b>Elective Care</b></p> <p><b>Referrals and Outpatient performance</b></p> <p><b>Elective activity</b></p> <p><b>Pathway Improvements</b></p> 	<p>The number of people waiting more than 78 weeks increased from the 2 originally forecast to 3 at the end of August and from zero at the end of September to 5.</p> <p>The validated end of August-24 position for 65-week waits was 161 patients. As of 19/09 there are 177 patients within the 65-week cohort for the end of September. 116 of these patients are on admitted pathways with 79% of them booked (92) by the end of September. 61 patients are on non-admitted pathways. The majority of patients breaching 65-weeks at the end of September admitted pathways, with the majority within ENT and Paediatric ENT.</p> <p>The 52-week performance is currently better than the operational plan, with continued improvement forecast based on current activity levels.</p> <p>Work is on-going to understand the drivers behind the increase in the total waiting list size, with a small working group established including clinicians from both primary and secondary care. Various actions have been agreed with system partners to take forward with the aim of improving elective pathways and reducing referrals into secondary care.</p>
<p><b>Cancer</b></p> <p><b>Referrals</b></p> <p><b>2 week wait</b></p> <p><b>Faster Diagnosis Standard</b></p> <p><b>62-day referral to treatment</b></p> 	<p>Referrals year to date are 3.5% above previous year. FDS delivered for the eleventh consecutive month with 79.7% in July against a standard of 77%.</p> <p>62 day performance remains challenged whilst focus continues on clinical prioritisation and those patients waiting the longest alongside utilisation of capacity. The Trust enters Tier 2 for cancer in September with delivery less than 60% triggering against a standard of 70% with additional support to be provided by NHS England. PTL management includes a review from day 42 and 95% of all patients are tracked within 7 days.</p> <p>31 day performance is significantly constrained within radiotherapy. Mitigations include an expansion of capacity at the end of the year with a 5<sup>th</sup> linac. Mutual aid is required in the meantime with support being provided from UHN and start dates for other providers being agreed. Changes to prostate treatment has commenced with a gradual roll out to patients.</p> <p>Progress has slowed against plan for long waiting patients over 104 and 62 days due to patient availability and complexity. Four specialities drive the variance from plan. Recovery and performance actions are in place to support a return to trajectory. The backlog trajectory has been built to support delivery of 70% 62 day performance by March 25.</p>

<p><b>Quality</b></p> 	<p>Quality metrics remain stable. Exceptions for MSSA and C. Diff remain but there are clear actions against these. There was a slight decrease this month in C. Diff per 100,000 bed days. Other quality metrics are within parameters with some significant improvements in metrics for HAPUs per 1000 bed days. There continues to be a focus on complaints performance with some targeted actions. Operational challenges and demands continue</p>
<p><b>Finance</b></p> 	<p>The Month 5 year to date position for the Trust is a deficit of £49.3m which is £10.3m worse than plan. This is mainly driven by UEC pathway costs greater than plan by £6.5mA and unfunded industrial action of £2.2mA.</p> <p>The emergency pathway continues to experience increasing activity pressures, with combined Emergency/Non elective inpatients 10.5% above planned levels and combined ED/Eye Casualty attendances 7.4% above plan.</p> <p>CIP delivery is ahead of plan by £6.9m at M5. The Trust has transacted £35.5m.</p> <p>The Trust committed YTD gross capital expenditure of £18.0m to 31 August 2024 (£11.7m last month), which nets down to £17.4m, after deducting charitable donations/capital grants and the net book value of assets disposed/transferred.</p> <p>The cash position at the end of August was £15.6m, representing an increase of £1.8m on the previous month and £1.8m above forecast.</p>
<p><b>Workforce</b></p> 	<p>Adult Nursing vacancies are at 5.2% against the 7% target. Whilst Paediatric Nursing Registered Nursing vacancies are at 16.8% and Midwifery at 8.8%, we have seen a decline in both areas over the last month. The vacancy levels in Paediatrics and Midwifery also take account of the uplift in establishment and the Birthrate Plus recommendations.</p> <p>HCSW vacancies are being reviewed in line with the budgeted establishments and substantive recruitment continues to reduce the reliance on bank and agency workers.</p> <p>A Registered Nurse and HCSW recruitment event was held on 14 September 2024, where 38 RN's and 29 HCA's were successful at interview and allocations and employment offers will be progressed.</p> <p>Sickness absence is reported a month in arrears and in July we saw an increase from 4.8% in June to 5% in July. The 3 CMGs with the highest sickness absence levels in the last 12 months are W&amp;C (5.70%), CHUGGS (5.16%) and CSI (5.02%). Sickness Absence in the Corporate Directorates has reduced from 4.36% in June to 3.78% in July. Focused attention is in place via professional / operational leads with People Services support for the areas with the highest absence levels and support for staff wellbeing. Wellbeing information is shared through corporate and local induction; the 560 HWB Ambassadors; monthly restaurant stands and weekly and monthly newsletters. In addition, the single point of access to OH, Amica and Health and Wellbeing has been implemented.</p>

	<p>Appraisal performance has declined in August from 84.4% to 83.8%. Appraisal performance is impacted in part by the HCSW strike action in August, alongside peak holiday period and timely reporting. However, ITAPS and RRCV are maintaining performance above 93%.</p> <p>Statutory and mandatory training has remained at 93%. Performance is being monitored through CMG and Trust performance review meetings, with direct email reminders also being sent each month. To support compliance, booklets are being updated for certain staff groups including E&amp;F. The Workforce, Training and Education Steering Group are looking into Mandatory and Essential training.</p> <p>An amber rating remains in place.</p>
<p><b>Transformation &amp; Productivity</b></p> <p><b>Key Overview</b></p> <p>e.g Urgent and Emergency Care, Elective, digital, Estates etc</p>	<p><u>Elective Care</u></p> <p>Theatres: Continuous improvement within capped theatre utilisation, with the w/c 26/09/24 achieving an overall Trust value of <b>80.0%</b>.</p> <p>Further work :</p> <ul style="list-style-type: none"> <li>• Decrease OTDC below 5% (8.66%)</li> <li>• Late starts (30.4%)</li> <li>• Under-booked lists (average 46mins)</li> </ul> <p>Outpatients:</p> <ul style="list-style-type: none"> <li>• PIFU has remained this month at 4.4% but still remains below the national and Trust target.</li> <li>• Individual speciality meetings continue to take place to support outpatient recovery and transformation plans.</li> <li>• The introduction of automated appointment reminders continues to support the drive to reduce DNA rates.</li> <li>• Appointment reminders have now been rolled out for all Imaging Services and endoscopy. The next area will be all of Therapies</li> <li>• The DNA florey has been extended to include endoscopy</li> </ul> <p>UEC</p> <p>To support reducing ED admissions the following actions for improvement are in place:</p> <ul style="list-style-type: none"> <li>• Pilot of Text Messaging for patients to reduce follow up appointments agreed, To support increasing capacity in SDEC</li> <li>• Criteria reviewed for EMAS Direct to GPAU. This has been re communicated and now live</li> <li>• Frailty SDEC pilot funding agreed at UEC Steering. Plans to impliment through October</li> <li>• Push on comms prewinter. All SDEC leads to attend primary care webinar to present on SDEC options available and previous missed opportunities to support ED avoidance.</li> </ul>

	<ul style="list-style-type: none"> <li>GAU/Clinical Bed Bureau (CBB) pilot to start in September. Increased direct streaming to avoid ED attendance.</li> <li>Communications plan developed with ICB to ensure all of Primary care are aware of the direct access to SDEC</li> </ul>
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**Supporting documentation**

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

The key changes to the IPR are:

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

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

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

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

# Integrated Performance Report

August 2024

# Contents



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

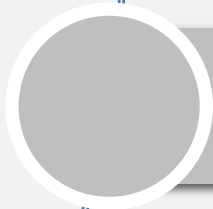




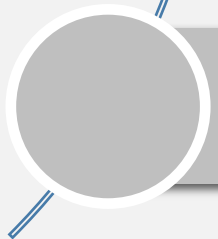
Performance Overview



Exception Reports



Finance



Appendix - Data Quality Assessment

# Performance Overview (Safe)

Domain	Key Performance Indicator	Target	Jun-24	Jul-24	Aug-24	YTD	Assurance	Variation	Trend	Data Quality Assessment	Local or National Target?	Exec Lead
Safe	Never events	0	0	0	0	0				Nov-22	National	Chief Nurse and Medical Director
	Clostridium Difficile per 100,000 Bed Days	167 Cases	15.6	35.5	30.3	23.5				Mar-24	Local	Chief Nurse and Medical Director
	Methicillin Resistant Staphylococcus Aureus Total	0	0	1	0	1				Mar-24	Local	Chief Nurse and Medical Director
	Methicillin-susceptible Staphylococcus Aureus Acute	40	5	4	2	18				Mar-24	Local	Chief Nurse and Medical Director
	All falls reported per 1000 bed days	4.5	3.1	3.0		3.1				Aug-22	Local	Chief Nurse and Medical Director
	Rate of Moderate harm and above Falls Patient Safety Incidents with finally approved status per 1,000 bed days	0.19	0.11	0.09		0.09				Aug-22	Local	Chief Nurse and Medical Director
	Hospital Acquired Pressure Ulcers - All categories per 1000 bed days	1.9	1.9	1.7	1.3	1.7				Jun-21	Local	Chief Nurse and Medical Director
	% of all adults Venous Thromboembolism Risk Assessment on Admission	95%	98.3%	98.2%	98.2%	98.2%				Oct-21	National	Chief Nurse and Medical Director
	Number of Patient Safety Incidents commissioned		1	1	1	5	Awaiting more data for assurance and variance			TBC	Local	Chief Nurse and Medical Director
	Number of reported Patient Safety Incidents		2333	2399	2409	11529				TBC	Local	Chief Nurse and Medical Director
Rate of reported Patient Safety Incidents (per 1000 inpatient, outpatient and ED attendances)		18.1	17.8	19.3	17.6				TBC	Local	Chief Nurse and Medical Director	





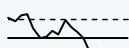


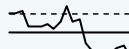



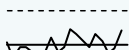






# Performance Overview (Caring)

Domain	Key Performance Indicator	Target	Jun-24	Jul-24	Aug-24	YTD	Assurance	Variation	Trend	Data Quality Assessment	Local or National Target?	Exec Lead
Caring	Single Sex Breaches		3	20	3	61				Jul-22	Local	Chief Nurse and Medical Director
	Inpatient and Day Case Friends & Family Test % Positive	95%	98%	98%	98%	98%				Jul-22	Local	Chief Nurse and Medical Director
	A&E Friends & Family Test % Positive	80%	82%	83%	86%	83%				Jul-22	Local	Chief Nurse and Medical Director
	% Complaints Responded to in Agreed Timeframe - 25 Working days	95%	56.4%	79.8%		60%				Jul-23	Local	Chief Nurse and Medical Director
	% Complaints Responded to in Agreed Timeframe - 60 Working days	95%	100%			86%				Jul-23	Local	Chief Nurse and Medical Director

# Performance Overview (Well Led)

Domain	Key Performance Indicator	Target	Jun-24	Jul-24	Aug-24	YTD	Assurance	Variation	Trend	Data Quality Assessment	Local or National Target?	Exec Lead
Well Led	Turnover Rate	10%	6.4%	6.5%	6.4%					Aug-22	Local	Chief People Officer
	Sickness Absence	3%	4.8%	5.0%		4.7%				Feb-24	Local	Chief People Officer
	% of Staff with Annual Appraisal	95%	84.0%	84.4%	83.8%					Feb-24	Local	Chief People Officer
	Statutory and Mandatory Training	95%	93%	93%	93%					Dec-22	Local	Chief People Officer
	Adult Nursing Vacancies	7%	6.1%	5.1%	5.2%					Dec-23	Local	Chief People Officer
	Paed Nursing Vacancies	10%	17.2%	17.6%	16.8%					Dec-23	Local	Chief People Officer
	Midwives Vacancies	7%	9.6%	8.6%	8.8%					Dec-23	Local	Chief People Officer
	Health Care Assistants and Support Workers Vacancies - excluding Maternity	7%	12.5%	13.2%	12.9%					Dec-23	Local	Chief People Officer
	Health Care Assistants and Support Workers Vacancies - Maternity	5%	3.8%	4.3%	3.0%					Dec-23	Local	Chief People Officer

# Performance Overview (Effective)

Domain	Key Performance Indicator	Target	Jun-24	Jul-24	Aug-24	YTD	Assurance	Variation	Trend	Data Quality Assessment	Local or National Target?	Exec Lead
Effective	Published Summary Hospital-level Mortality Indicator (SHMI)	100	100	99	98	98 (Apr 23 to Mar 24)	Assurance and variance not applicable			May-21	National	Chief Nurse and Medical Director
	12 months Hospital Standardised Mortality Ratio (HSMR)	100	99	100	100	100 (May 23 to Apr 24)	Assurance and variance not applicable			May-21	National	Chief Nurse and Medical Director
	Crude Mortality Rate		0.8%	0.9%	0.9%	0.9%				May-21	Local	Chief Nurse and Medical Director
	DNA Rate - IMD Deciles 1 and 2	5%	9.2%	9.6%	9.3%	9.2%				Feb-24	Local	Director of Health Inequality and Inclusion
	DNA Rate - IMD Deciles 3 - 10	5%	5.8%	5.9%	5.5%	5.6%				Feb-24	Local	Director of Health Inequality and Inclusion
	Gestation at Booking 71+ days, IMD Deciles 1 and 2		44.4%	41.7%		42.8%				TBC	Local	Director of Health Inequality and Inclusion
	Gestation at Booking 71+ days, IMD Deciles 9 and 10		24.5%	31.8%		26.5%				TBC	Local	Director of Health Inequality and Inclusion
	Gestation at Booking 71+ days, White British		24.9%	28.6%		25.5%				TBC	Local	Director of Health Inequality and Inclusion
	Gestation at Booking 71+ days, Black African or Black Caribbean		47.9%	45.0%		47.5%				TBC	Local	Director of Health Inequality and Inclusion
	Gestation at Booking 71+ days, Asian Indian, Bangladeshi or Pakistani		35.9%	32.8%		34.3%				TBC	Local	Director of Health Inequality and Inclusion

# Performance Overview (Responsive Emergency Care)

Domain	Key Performance Indicator	Target	Jun-24	Jul-24	Aug-24	YTD	Assurance	Variation	Trend	Data Quality Assessment	Local or National Target?	Exec Lead
Responsive (Emergency Care)	Emergency Department 4 hour waits LLR	78%	74.0%	75.6%	76.4%	75.2%				Mar-23	National	Chief Operating Officer
	Emergency Department 4 hour waits UHL	78%	59.8%	62.0%	62.5%	61.4%				Mar-23	National	Chief Operating Officer
	Mean Time to Initial Assessment	15	27.1	29.2	24.0	25.9				Nov-22	National	Chief Operating Officer
	12 hour trolley waits in Emergency Department (DTA)	0	647	895	662	3,563				Mar-23	National	Chief Operating Officer
	Number of 12 hour waits in the Emergency Department	0	2,085	2,309	1,982	10,647				Mar-23	National	Chief Operating Officer
	Number of Ambulance Handovers		5,040	5,065	5,114	25,303				Data sourced externally	Local	Chief Operating Officer
	Number of Ambulance Handovers >60 Mins	48	661	1091	835	3768				Data sourced externally	Local	Chief Operating Officer
	Percentage of Ambulance Handovers >60 Mins	1%	13.1%	21.5%	16.3%	14.9%				Data sourced externally	Local	Chief Operating Officer
	Total lost Ambulance Hours	40 per day	1903	2825	2398	10728				Data sourced externally	Local	Chief Operating Officer
	Number of patients waiting greater than 24 hours for discharge P1, P2	60	56	54	75		Awaiting more data for assurance and variance			Data sourced externally	Local	Chief Operating Officer
	Trust Bed Occupancy	92.0%	89.5%	90.1%	88.3%					Dec-23	National	Chief Operating Officer
	Long Stay Patients (21+ days) as a % of G&A Bed Occupancy	12%	12.9%	13.7%	15.1%					Apr-23	Local	Chief Operating Officer

# Performance Overview (Responsive Elective Care)

Domain	Key Performance Indicator	Target	Jun-24	Jul-24	Aug-24	YTD	Assurance	Variation	Trend	Data Quality Assessment	Local or National Target?	Exec Lead
Responsive (Elective Care)	Referral to Treatment Incompletes	99,985	112,661	113,525	114,088					Jun-23	Local	Chief Operating Officer
	Referral to Treatment 52+ weeks	0 by Mar25	2,176	1,998	2,170					Jun-23	National	Chief Operating Officer
	Referral to Treatment 65+ weeks	0 by Sep 24	199	161	161					Jun-23	National	Chief Operating Officer
	Referral to Treatment 78+ weeks	0	10	5	3					Jun-23	National	Chief Operating Officer
	6 Week Diagnostic Test Waiting Times	8%	19.0%	21.4%	0.0%					Jul-23	National	Chief Operating Officer
	Theatre Utilisation	85.0%	76.9%	77.3%	78.7%	77.1%				Dec-23	National	Chief Operating Officer
	Patient Initiated Follow Up	5.2%	4.4%	4.4%	4.4%	4.3%				Oct-23	Local	Chief Operating Officer
	% Outpatient Did Not Attend rate	4.9%	6.5%	6.6%	6.5%	6.4%				Apr-23	Local	Chief Operating Officer
	% Outpatient Non Face to Face	25%	28.0%	28.4%	26.0%	28.1%				Apr-23	National	Chief Operating Officer

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

# Performance Overview (Responsive Cancer)

Domain	Key Performance Indicator	Target	Jun-24	Jul-24	Aug-24	YTD	Assurance	Variation	Trend	Data Quality Assessment	Local or National Target?	Exec Lead
Responsive (Cancer)	28 Day Faster Diagnosis Standard	77%	82.4%	79.7%		80.3%				May-24	National	Chief Operating Officer
	Cancer 31 Day Combined	96%	81.5%	81.5%		80.7%				May-24	National	Chief Operating Officer
	62 Day Backlog Combined	228 (by Mar25)	419	429	410					TBC	Local	Chief Operating Officer
	Cancer 62 Day Combined	70%	58.1%	52.9%		56.0%				May-24	National	Chief Operating Officer



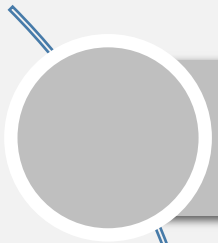
# Performance Overview (Finance)

Domain	Key Performance Indicator	Target YTD	Jun-24	Jul-24	Aug-24	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Finance	Trust level control level performance	-£39m	- £12.3m	-£5.7m	-£10.6	-£49.3m				Jun-22	Chief Financial Officer
	Capital expenditure against plan	£21.2m	£1.8m	£5.1m	£5.7m	£17.4m				Jun-22	Chief Financial Officer
	Cost Improvement (Includes Productivity)	£28.6m	£5.1m	£16.3m	£10.3	£35.5m				Dec-23	Chief Financial Officer
	Cashflow	No Target	- £8.5m	£3.1m	£1.8m	£15.6m				Jun-22	Chief Financial Officer
	Aged Debt	No Target	£14.4m	£14.9m	£15m	£15m				Feb-24	Chief Financial Officer
	Invoices paid within 30 days (value)	95%	95%	95%	94%					Feb-24	Chief Financial Officer
	Invoices paid within 30 days (volume)	95%	91%	91%	87%					Feb-24	Chief Financial Officer

# Performance Overview (Activity)

Domain	Activity Type	Plan 24/25	Plan in Month (M5)	Activity In Month (M5)	Variance In Month (M5)	Plan YTD	Actual YTD	Variance YTD	YTD Variance to 19/20
Activity	New Outpatients (inc. NFTF)	256,177	21,361	18,639	-2,722	103,454	104,424	970	-7,898
	Follow Up Outpatients (inc. NFTF)	565,665	47,299	45,650	-1,648	230,221	238,788	8,567	-8,981
	Outpatient Procedures	175,368	14,133	16,423	2,290	70,358	81,385	11,027	18,239
	Daycase	126,216	10,105	9,770	-335	49,763	49,572	-191	3,930
	Inpatient	19,314	1,703	1,832	129	8,211	9,075	864	681
	Emergency	102,386	8,180	8,944	764	41,579	46,805	5,226	5,756
	Non Elective	22,901	2,001	2,033	32	9,638	9,782	145	776
	Emergency Department (inc. Eye Casualty)	267,119	21,288	22,099	811	109,641	117,718	8,077	9,150
	Diagnostic Imaging	179,712	14,313	15,040	727	71,011	76,977	5,966	7,792
	Other	11,746,637	964,139	1,002,628	38,488	4,762,212	5,218,854	456,641	1,488,479
	<b>TOTAL</b>	<b>13,461,495</b>	<b>1,104,522</b>	<b>1,143,058</b>	<b>38,536</b>	<b>5,456,088</b>	<b>5,953,379</b>	<b>497,291</b>	<b>1,517,924</b>

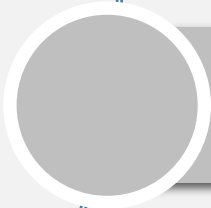
\*Source Early Cut and Forecasting File, the 24/25 plan is yet to be finalised



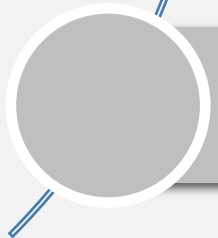
Performance Overview



Exception Reports



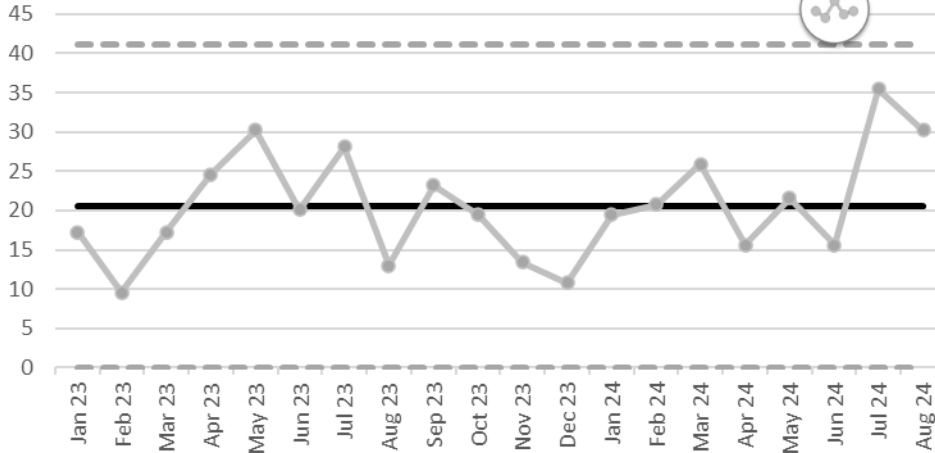
Finance



Appendix - Data Quality Assessment

# Safe – Clostridium Difficile

Clostridium Difficile per 100,000 Bed Days



Cases			Cases per 100,000 Bed Days		
Aug 24	YTD	Target	Aug 24	YTD	Target
17	82	167	30.26	23.54	

## National Position & Overview

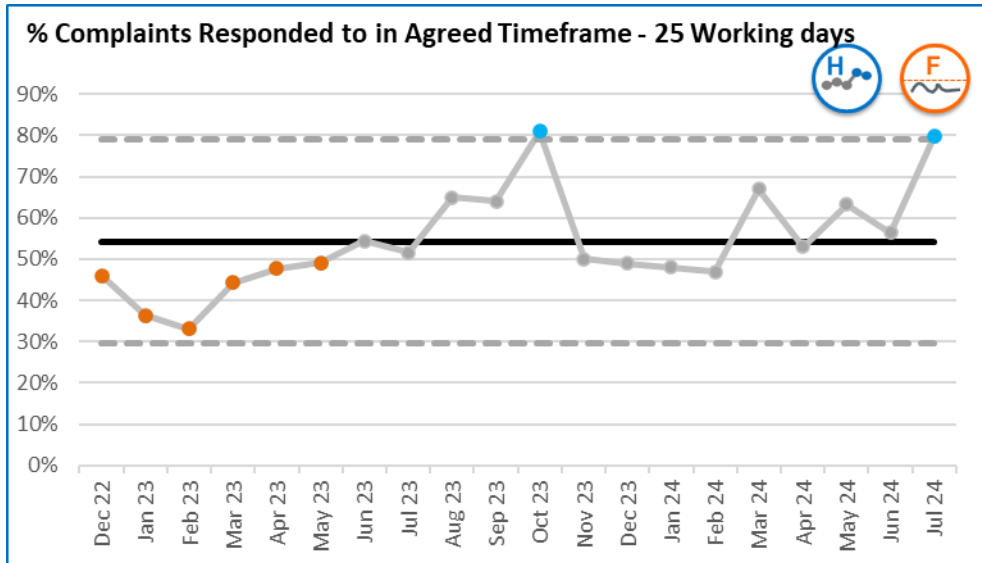
Actual Infections (HOHA) 24/25 = 54  
 Actual Infections (COHA) 24/25 = 31

*\*Note: 100,000 bed days data source: UKHSA*

The Trajectories for 2024-25 have been received from NHSE

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> <li>There are no new themes to report with regard to the acquisition of CDI.</li> </ul> <p>Key areas of focus:</p> <ul style="list-style-type: none"> <li>Vancomycin as 1<sup>st</sup> line treatment not metronidazole</li> <li>Consideration of use for PPIs and Anti diarrhoea medication</li> <li>Inappropriate screening, and re screening</li> <li>Completion of bowel charts and patient monitoring</li> <li>Lack of knowledge around UHL and National guidance on CDI management</li> </ul>	<ul style="list-style-type: none"> <li>The first meeting of the new Antimicrobial Stewardship committee (AMSC) was scheduled for 14/08/2024</li> <li>The IP team have reviewed current workload around CDI case management in order to free up the CDI specialist to focus on the key themes over the next 6 months. Actions will include visibility, education and advise aimed directly at ward level with MDT.</li> <li>A post infection review of cases in line with the PSIRF framework will commence Oct 2024.</li> <li>The plan of proposed actions will be discussed in TIPOG.</li> </ul>	<ul style="list-style-type: none"> <li>Progress towards establishing an AMSC will now be during Q2</li> <li>Detailed action plan focussing on key themes to be presented to TIPOG on the 26<sup>th</sup> September. With a view of commencing from the 1<sup>st</sup> October.</li> <li>CMGs will continue to receive numbers of CDI cases but the thematic review will be stood down as themes are well understood and actions through the proposed plan are now required.</li> </ul>

# Caring – % Complaints Responded to in Agreed Timeframes



25 Working Days			60 Working Days		
Jul 24	YTD	Target	Jun 24	YTD	Target
79.8%	60%	95%	100%	86%	95%

**National Position & Overview**

National position (latest data available 2022-23)

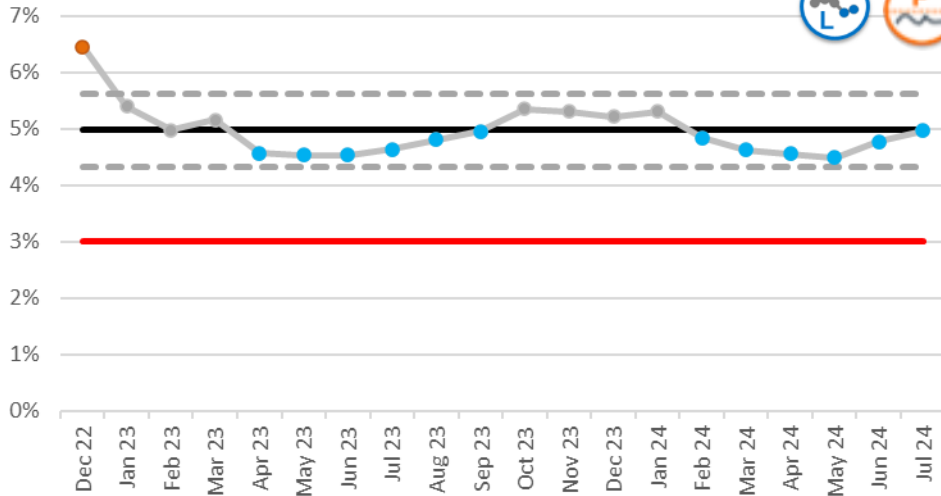
**Hospital and Community Health Services (HCHS)**

- Within HCHS there were 103,874 complaints in 2022-23, a decrease of 1,632 (1.5%) from 2021-22 (105,506)
- The proportion of complaints being fully upheld was 27.6%
- The largest proportion of new complaints received by individual subject area was Communications with 16.6%.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> <li>• Backlog in drafting complaint responses between April and June 2024</li> <li>• Delays in organising complaint meetings, due to staff availability (60 working days)</li> </ul>	<ul style="list-style-type: none"> <li>• Reprioritisation of workload to focus on drafting in a timely manner</li> <li>• Focus on GIRFT in identifying the right staff at the right place for complaint meetings</li> </ul>	<ul style="list-style-type: none"> <li>• Significant improvement in response timeframes between June &amp; July 2024</li> <li>• 100% 60 working day complaints responses achieved in July 2024</li> </ul>

# Well Led – Sickness Absence

## Sickness Absence



### Current Performance

Jul 24	YTD	Target
5.0%	4.7%	3%

### National Position & Overview

Peer data not available.

With retrospective updates, we have seen an increase in sickness absence for UHL over the last two reporting periods – June and July 2024. July is reporting 4.97%, with the 12-month average at 4.92%.

### Root Cause

- CMG sickness absence is above 4% in all areas with W&C at 5.99% in July. This is an increase from July 2023 when sickness absence was at 4.73%.
- The 3 CMGs with the highest sickness absence levels in the last 12 months are W&C (5.70%), CHUGGS (5.16%) and CSI (5.02%).
- Sickness Absence in the Corporate Directorates has reduced from 4.36% in June to 3.78% in July.
- The top 3 reasons for sickness absence are anxiety/stress/depression (18.94%), Other known reasons (15.47%), Unknown causes (13.87%), and cough/cold/flu (10.44%).

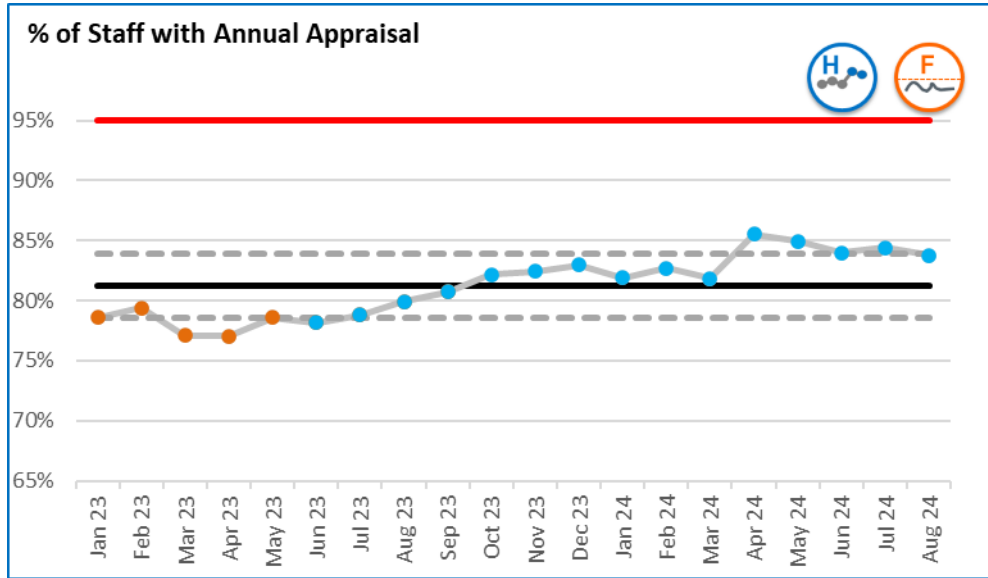
### Actions

- The person-centred 'Just and Restorative Learning' approach to attendance and wellbeing was implemented in December 2022 and remains in place.
- The Attendance Management Policy is being updated in consultation with Staff Side.
- Wellbeing information is shared through corporate and local induction, HWB Ambassadors, monthly restaurant stands and weekly and monthly newsletters.
- The Health SPA has been launched and provides a single point of access to OH, Amica and Wellbeing initiatives.
- Sickness absence data is reviewed regularly in People Services, through PRM, Board and Specialty Meetings, and local 'Making it all happen' reviews.
- For longstanding and complex cases, case conferences with OH are now in place. For areas with the highest levels of sickness absence, CMG leads are reviewing absences through 'Making it all happen' reviews to offer support and guidance.
- The ER and Health and Wellbeing UHL Connect site covers all aspects of support, training, information, TALK toolkit for wellbeing conversations, template documents etc.
- Refreshed management guidance to clarify the J&RL approach to sickness absence

### Impact/Timescale

- The Trust is working alongside other Trusts regarding benchmarking and sharing best practice.
- Quarterly 'Making it all happen' reviews continue to provide ongoing advice and support.
- The staff survey is an indicator of the effectiveness of the 'winter wellbeing' approach implemented in 2022. UHL has improved in the People Promise Theme "We are safe and healthy".

# Well Led – % of Staff with Annual Appraisal



Current Performance		
Aug 24	YTD	Target
<b>83.8%</b>	-	<b>95%</b>

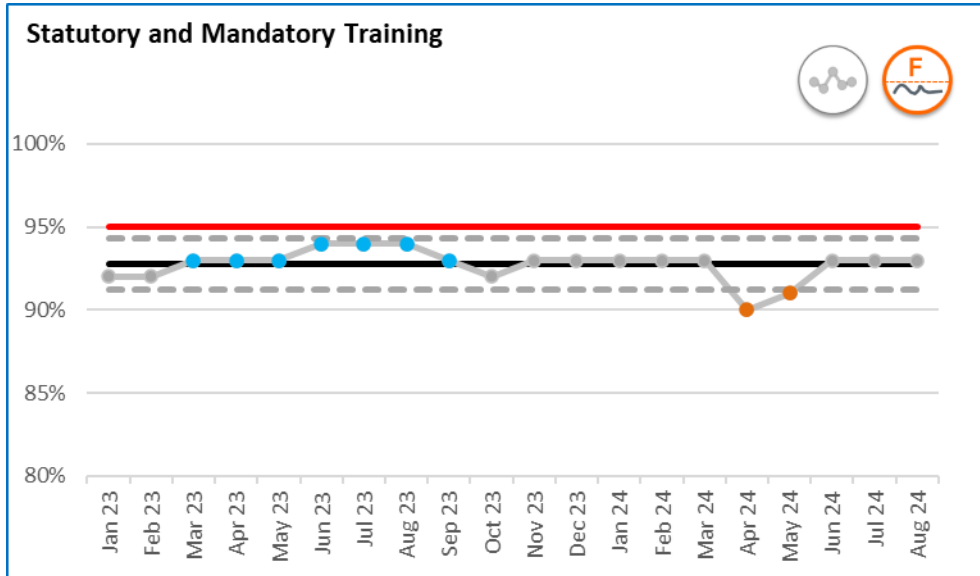
**National Position & Overview**

Peer data not available.

There has been an decrease in the Appraisal compliance position of 0.6% on last month's figures. We are 11.2% away from the Trust target of 95%.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> <li>A number of colleagues have had appraisals within the last 12 months, outside the reporting/ incremental date and therefore show as non-compliant.</li> <li>In August HCSW strike action and peak leave periods will have impacted management time and the ability to undertake appraisals.</li> <li>Appraisal reporting/ inputting is a contributing factor.</li> <li>In month, the appraisal average for UHL has decreased by 0.61%.</li> <li>ITAPS and RRCV are both above 93% compliance. Finance and Procurement, and Transformation teams have all achieved the 95.0% target.</li> </ul>	<ul style="list-style-type: none"> <li>It was acknowledged in recent exception reports that we would be unlikely to reach full compliance of 95% in the short term.</li> <li>CMG reports are provided, highlighting performance and areas of focus, to enable targeted support and action.</li> <li>The roll out of Managers Self-Serve over the coming year should see improvements in appraisal performance.</li> <li>Regular meetings with line managers are taking place at CMG level to review appraisal performance and any additional support required.</li> <li>Management guidance will be developing in the coming month.</li> </ul>	<ul style="list-style-type: none"> <li>In August 2023 Appraisal performance was at 79.9%</li> <li>Appraisals are reviewed through regular line management and Board oversight meetings.</li> <li>Appraisals are also monitored through the PRM monthly meetings.</li> <li>The staff survey is an important measure of the effectiveness of an appraisal. In 2023 UHL saw an improvement in the People Promise theme 'We are always learning'.</li> <li>CMG/ Directorate leadership focus on quality appraisals is essential to the employee experience</li> </ul>

# Well Led – Statutory and Mandatory Training



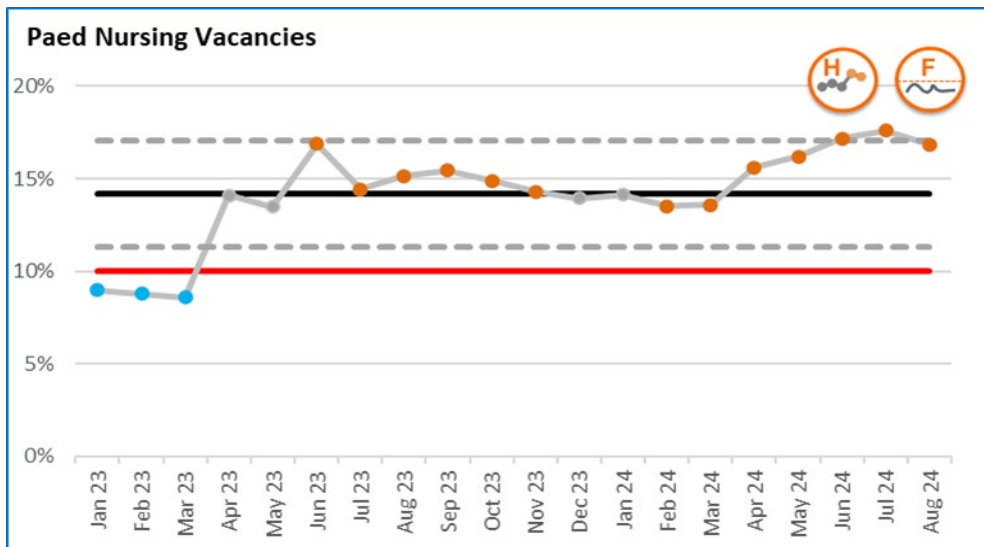
Current Performance		
Aug 24	YTD	Target
93%	-	95%

National Position & Overview
Peer data not available.

Root Cause	Actions	Impact/Timescale
<p>It is recognised that performance has been, and is being, affected by:</p> <ul style="list-style-type: none"> <li>Operational pressures</li> <li>Operational demand</li> <li>Staffing Levels</li> <li>Changes in requirements for Manual Handling</li> </ul> <p>It should be noted that the compliance of 93% is higher than many other NHS organisations nationally and is not an immediate risk, however the target of 95% is desirable. This is a figure previously set by the NHSLA and used by other organisations. e.g. Guys and Thomas.</p>	<p>Performance against trajectories is being monitored via Trustwide Performance Reviews. Access to compliance data, emailed reports to 2800 staff &amp; 10,000+ direct emails per month.</p> <p>Booklets being updated for certain staff, including Estates and Facilities Colleagues.</p> <p>Workforce, Training and Education Steering Group has started looking into Mandatory and Essential Training.</p> <p>There is a national review led by NHS England on Mandatory Training; topics, frequency and audience which could impact on compliance in the medium term.</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&amp;MT compliance.</p> <p>UHL have seen a 33% increase since April 2024 following the large scale changes to manual handling requirements. Drive towards improving the overall percentage of UHL during the financial year has been implemented with renewed chasing on non-compliant with organisational support.</p> <p>Review of ESR and HELM data alignment is ongoing as business as usual. Ad hoc Challenges to this data alignment are under consistent scrutiny.</p>



# Well Led – Paed Nursing Vacancies



Current Performance		
Aug 24	YTD	Target
16.8%	-	10%

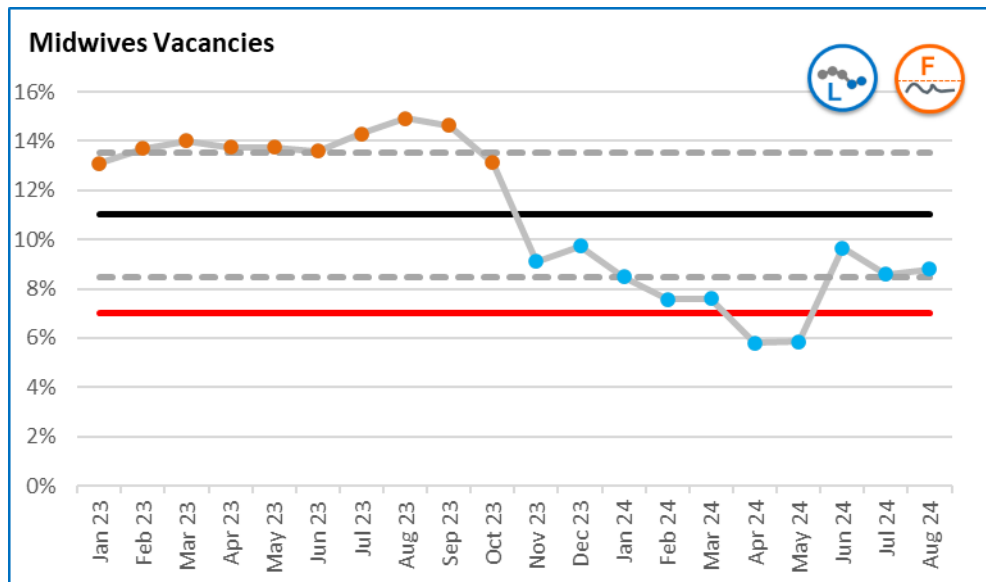
**National Position & Overview**

In June 2024, NHS Digital reported a national vacancy rate of 7.8% for England within the overall Registered Nursing staff group (all providers). This is a slight decrease from the March reporting period (9.9%).

The regional nurse vacancy for acute Trusts (adult / child) in June 2024 is 6.4%. There is no national vacancy report for Childrens nurses

Root Cause	Actions	Impact/Timescale
<p><b>Children’s Hospital</b></p> <ul style="list-style-type: none"> <li>Work continues to align budgeted establishment to the 3year recruitment and retention investment plan. Total RN vacancies at 21% (70.95 WTE) across CH- includes the uplift in establishment</li> <li>Increase from last month, robust recruitment plans in place across Q3 and Q4</li> </ul> <p><b>Children's Emergency Department (CED)</b></p> <ul style="list-style-type: none"> <li>Underlying vacancy rate in CED 14.45 WTE (including conditional offers). This equates to a 21% vacancy rate.</li> <li>CED have vacancies within the Band 6 and 7 budget as opposed to Band 5</li> <li>High maternity leave across Band 5's and including Band 6 and Band 7's.</li> </ul>	<p><b>Children’s Hospital</b></p> <ul style="list-style-type: none"> <li>Ongoing advertisement across social media</li> <li>Direct to offer for Newly Qualified Nurses (NQN)</li> <li>Representation at national recruitment fairs</li> <li>Six-month rotation placements offered across the Childrens’ Hospital, CED and NNU</li> <li>Increased focus on recruitment to cardiac speciality ward &amp; intensive care, &amp; medical wards.</li> <li>Clinical educators working with preceptors &amp; to enhance support for new starters</li> <li>Focus on flexible working offer and career development pathways</li> </ul> <p><b>Children's Emergency Department (CED)</b></p> <ul style="list-style-type: none"> <li>Rotation of Band 6 &amp; 7 nurses from adult ED into CED to mitigate gaps. Support Band 6 &amp; RN's to work 1 shift a week in CED following rotation</li> <li>Increase of NQN into CED in September cohort</li> <li>Representation at University and National Open Days</li> <li>Focus on CED Educator working alongside staff in the coordination of CED to develop leadership skills</li> </ul>	<p><u>July to November 2023</u></p> <p>Childrens Hospital have around 25 Newly Qualified Nurses with conditional offers due to start in the next quarter. Nine out of the 13 planned Internationally Educated nurses have commenced. It is anticipated that vacancy rates will reduce to 11% by Q4 following successful recruitment of NQN currently in the pipeline. This takes into account pipeline to date and leavers.</p> <p><b>Children's Emergency Department (CED)</b></p> <ul style="list-style-type: none"> <li>Awaiting start date of 7 NQN &amp; 2 Band 5's with previous experience</li> <li>3 x successful promotion to Band 6, starting in September.</li> <li>1 x external Band 6 to start early 2025</li> </ul>

# Well Led – Midwives Vacancies



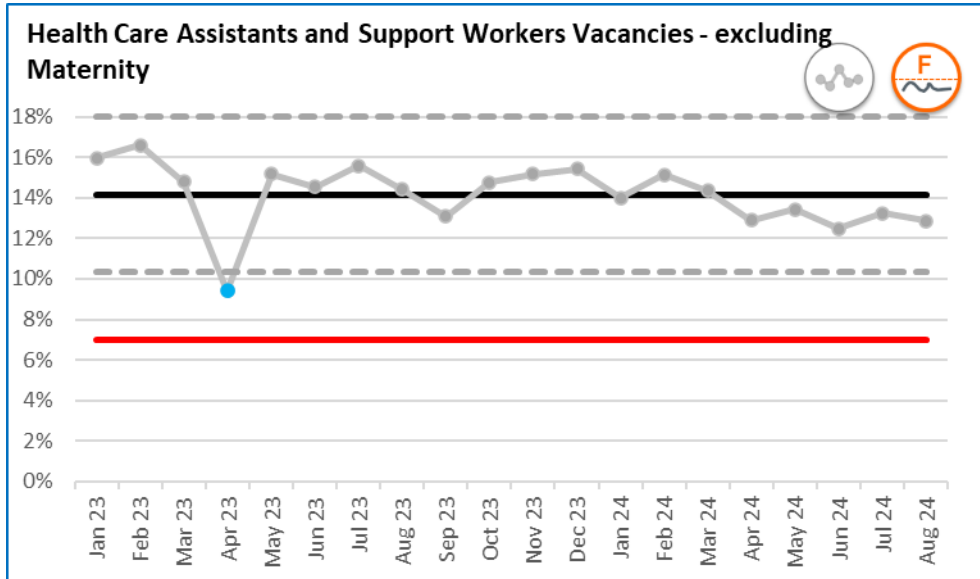
Current Performance		
Aug 24	YTD	Target
8.8%	-	7%

**National Position & Overview**

Midwifery Vacancies have been reducing month on month over the last year. The increased seen in June relates to an increased establishment through the work in aligning establishments with Birthrate Plus recommendations. Recruitment has commenced to fill the vacancies following the increase in establishment.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> <li>Increase in vacancies as a result of the Birthrate plus establishment increase.</li> </ul>	<ul style="list-style-type: none"> <li>Continued active recruitment of Midwives.</li> <li>RRP Midwives in post for preceptorship and pastoral support to improve retention</li> <li>Safe staffing Matron in post</li> <li>Roster clinics performed prior to release of an off duty for fairness and flexible working consideration.</li> <li>Matron of the Day implementation of senior visible support in place across the CMG.</li> <li>Ongoing work with local universities to improve student experience</li> <li>Empathy training for staff continuing</li> <li>Empowering voices work and actions ongoing.</li> </ul>	<ul style="list-style-type: none"> <li>Current position at the end of August shows a 38.01wte pipeline of Midwives to be fully in post by November 2024.</li> </ul>

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



Current Performance		
Aug 24	YTD	Target
<b>12.9%</b>	-	<b>10%</b>

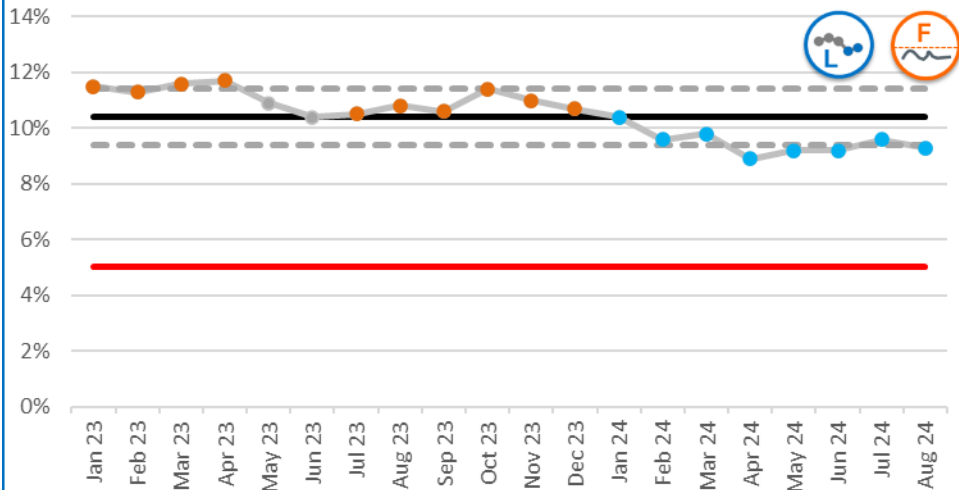
**National Position & Overview**

The Healthcare Support Workers establishment has increased overall due to an establishment uplift from April 2024. UHL continues to work towards a zero percent vacancy in line with the national aspiration.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> <li>Minimal number of leavers in month</li> <li>Healthcare Support Workers (HCSW) vacancies have decreased in August due to bank only HCSW transitioning to substantive HCSW roles across all CMGs</li> <li>Vacancy data continues to be validated by corporate nursing because of the establishment uplift</li> </ul>	<ul style="list-style-type: none"> <li>External HCSW recruitment has been paused until Sept 2024 with the exception of HCSW to support the East Midlands Planned Care Centre (EMPCC).</li> <li>The new process developed to support bank only HCSW to move to substantive HCSW vacancies has supported 90 HCSW to transition into substantive posts</li> <li>Continuous Professional Development (CPD) sessions continue to support retention</li> </ul>	<ul style="list-style-type: none"> <li>CPD sessions continue to be over-subscribed with additional sessions planned</li> </ul>

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

DNA Rate - IMD Deciles 1 and 2



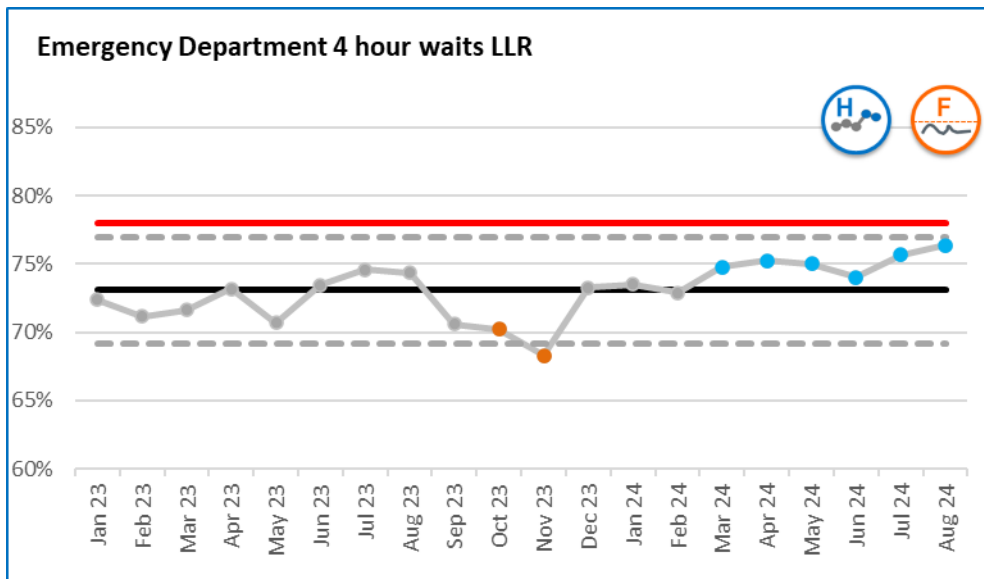
DNA Rate – IMD Deciles 1-2			DNA Rate – IMD Deciles 3-10		
Aug 24	YTD	Target	Aug 24	YTD	Target
9.3%	9.2%	5%	5.5%	5.6%	5%

## National Position & Overview

There is no national target for DNA rates, but understanding the role inequity plays in differential rates of non-attendance is vital to UHL’s attempts to improve Theatre and Outpatients utilization, whilst enable high quality care for all. This understanding also plays a broader role in supporting the achievement of targets on productivity and the Trust’s aim of embedding health equality & inclusion in all we do. The Organisational Outpatient strategy set a target average DNA rate for UHL of 4.9% by March 2024.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> <li>4791 patients DNA’d an appointment in July 2024.</li> <li>DNA florey: 1652 Responses were received - 41% Response Rate (lowest in most deprived quartile).</li> <li>27.4% of DNAs were patients in the most deprived IMD quartile compared with 21.4% from the least deprived quartile.</li> <li>The most common reason for non-attendance across IMD quartiles was that patients did not know about their appointment or forgot.</li> <li>Patients who are unable to attend due to a mobility or medical issue are more likely to be from a more deprived quartile.</li> </ul>	<ul style="list-style-type: none"> <li>All patients from IMD1 and IMD2 are called two weeks prior to their appointment.</li> <li>Text appointment reminders are sent to all patients 7, 5 and 1 day before.</li> <li>Calls to parents/carers of paediatric OP.</li> <li>DNA rate data is available for each CMG to identify specific areas of inequality.</li> <li>Inclusion Healthcare patients are contacted, and a further contact is made with Inclusion Healthcare to enable enhanced support; multi-agency MDT established.</li> <li>DNA rates will be included in PRM packs and WAM discussions moving forwards.</li> <li>DNA Florey and engagement with communities to explore barriers to access.</li> </ul>	<p>IMDs 1 &amp; 2 have an average DNA rate of 11% for Aug 24.</p> <p><b>IMD1 Aug:</b></p> <ul style="list-style-type: none"> <li>Patients contacted DNA rate – 6.1% (36)</li> <li>Patients not contacted DNA rate – 15.2% (62)</li> </ul> <p><b>IMD2 Aug:</b></p> <ul style="list-style-type: none"> <li>Patients contacted DNA rate – 5.6% (26)</li> <li>Patients not contacted DNA rate – 14.9% (40)</li> </ul> <p><b>Inclusion Healthcare:</b></p> <ul style="list-style-type: none"> <li>DNA rate for those contacted – 45.5% (5)</li> <li>DNA rate for those not contacted – 70% (7)</li> </ul> <p><b>Paediatric Outpatients</b></p> <ul style="list-style-type: none"> <li>WNB rate contacted – 6.7% (18)</li> <li>WNB rate not contacted – 14.1% (9)</li> </ul>

# Responsive (Emergency Care) – ED 4 Hour Waits



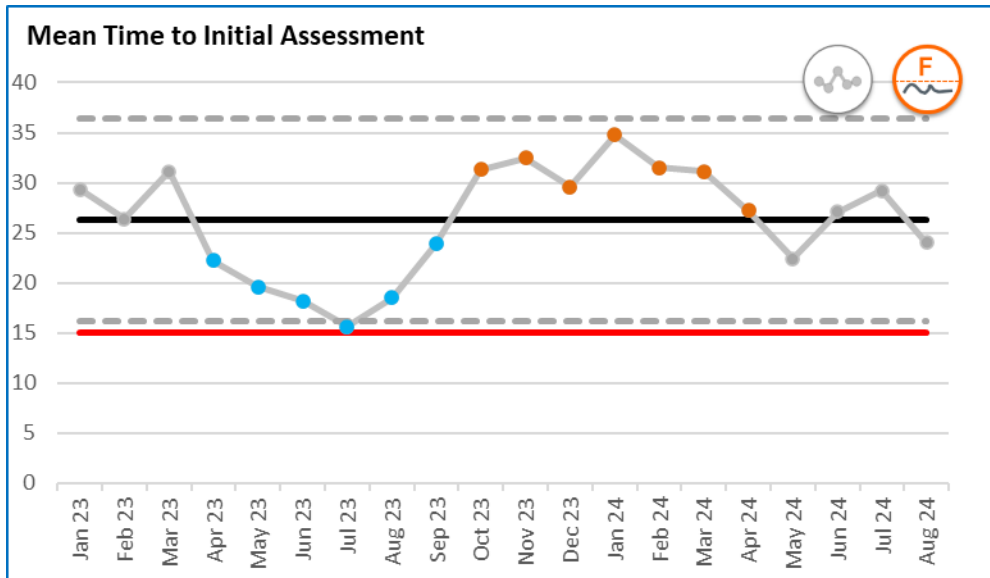
LLR Performance			UHL Performance		
Aug 24	YTD	Target	Aug 24	YTD	Target
76.4%	75.2%	78%	62.5%	61.4%	78%

**National Position & Overview**

In August, UHL ranked 60<sup>th</sup> out of 124 Acute Trusts based on its acute footprint. The National average in England was 76.3%. 42 out of the 124 Acute Trusts achieved the target. UHL ranked 9<sup>th</sup> out of 17 trusts in its peer group. The best value out of the Peer Trusts was 85.4% and the worst value was 68.1%.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> <li>High attendances to ED resulting in overcrowding in ED</li> <li>High periods of inflow particularly in walk-in impacting on ambulance arrivals</li> <li>UHL bed occupancy &gt;92% resulting in an inability for patients to move out of ED</li> </ul>	<ul style="list-style-type: none"> <li>Interprofessional standards audits, and improvement plans in place with individual specialities</li> <li>Increase in SDEC (GPAU) activity with straight to SDEC for EMAS</li> <li>Deflection of Injuries patients to reduce numbers waiting in ED</li> <li>Daily breach validation</li> <li>Additional UTC capacity</li> <li>Increase redirection and streaming</li> </ul>	<ul style="list-style-type: none"> <li>Monitored through Performance Review Meetings and UEC Steering Group</li> <li>Improvement plan in place and activity is increasing</li> <li>In place</li> <li>Oadby and Merlin Vaz redirection remains in place</li> </ul>

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



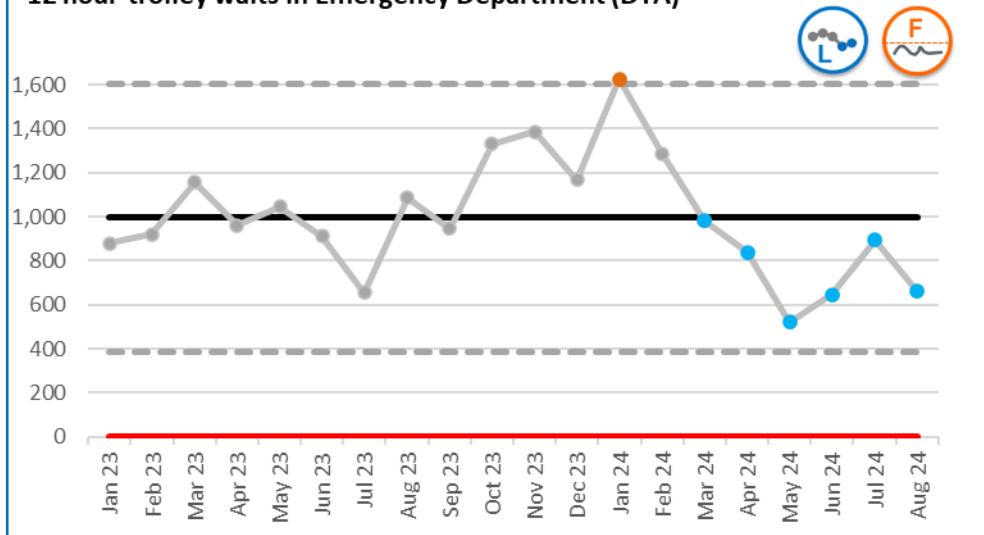
Current Performance		
Aug 24	YTD	Target
24.0	25.9	15

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

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

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

12 hour trolley waits in Emergency Department (DTA)



## Current Performance

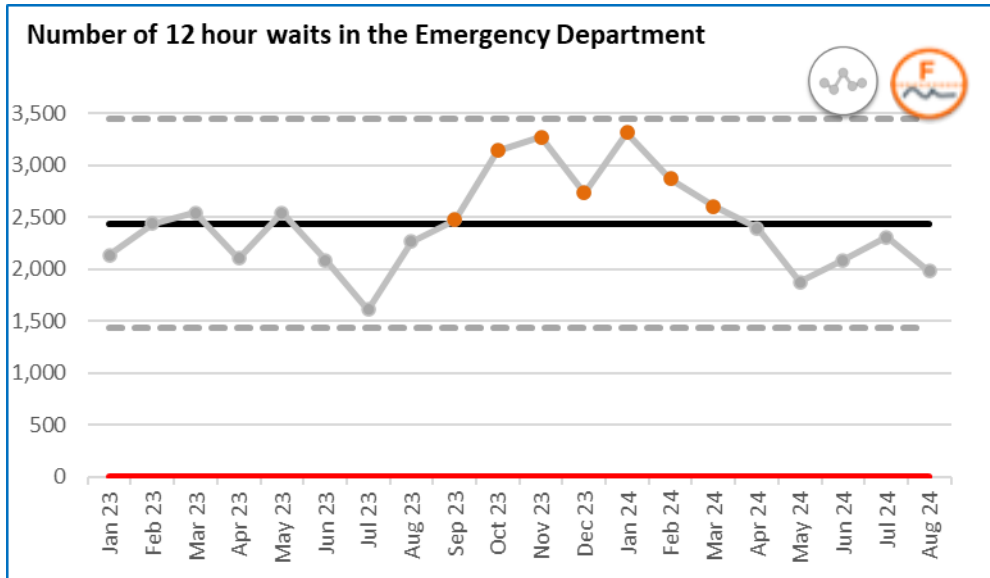
Aug 24	YTD	Target
662	3,563	0

## National Position & Overview

In August, UHL ranked 114<sup>th</sup> out of 122 Major A&E NHS Trusts. 14 out of the 122 Trusts achieved the target. The best value nationally was 0 and the worst value was 1,600. UHL ranked 14<sup>th</sup> out of 18 trusts in its peer group.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> <li>Poor outflow across the emergency care pathway</li> <li>Inability to create early capacity across the emergency care pathway due to lack of early discharges / using the discharge lounge overnight</li> </ul>	<ul style="list-style-type: none"> <li>Additional capacity in Ward 44</li> <li>Additional capacity in Ward 20 for medicine</li> <li>Weekly reporting of performance to increase awareness and focus</li> <li>Frailty patients to be reviewed by FES</li> <li>Strengthen specialty in-reach</li> <li>Daily breach validation</li> <li>Pilot weekend discharge</li> <li>Pilot frailty SDEC</li> </ul>	<ul style="list-style-type: none"> <li>Opened</li> <li>In place</li> <li>In place</li> <li>In place</li> <li>In place</li> <li>September 2024</li> <li>September 2024</li> </ul>

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



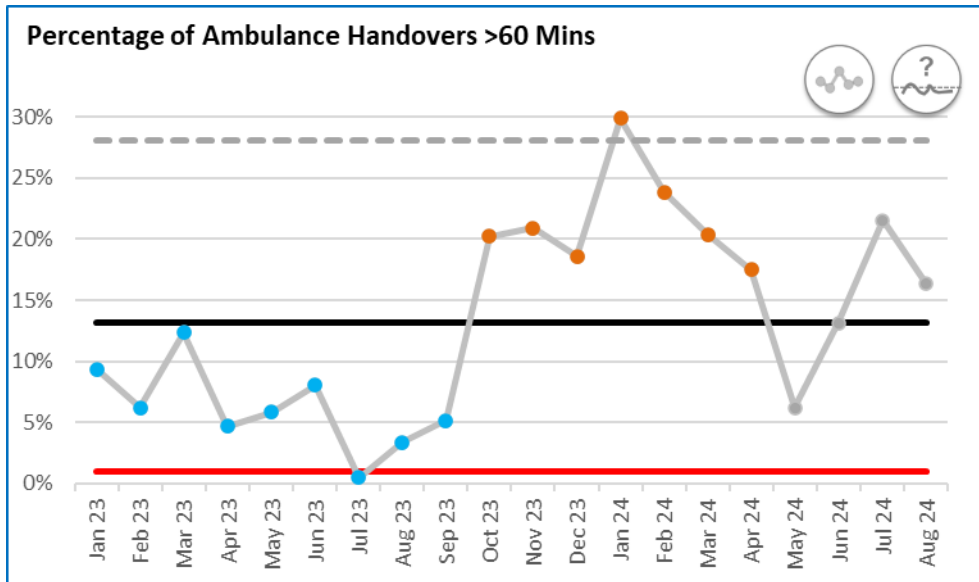
Current Performance		
Aug 24	YTD	Target
1,982	10,647	0

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

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> <li>Poor outflow across the emergency care pathway</li> <li>Inability to create early capacity across the emergency care pathway due to lack of early discharges / using the discharge lounge overnight</li> </ul>	<ul style="list-style-type: none"> <li>Additional capacity in Ward 44</li> <li>Additional capacity in Ward 20 for medicine</li> <li>Weekly reporting of performance to increase awareness and focus</li> <li>Frailty patients to be reviewed by FES</li> <li>Strengthen specialty in-reach</li> <li>Daily breach validation</li> <li>Pilot weekend discharge</li> <li>Pilot frailty SDEC</li> <li>Reorganisation of wards post CRO works</li> </ul>	<ul style="list-style-type: none"> <li>Opened</li> <li>In place</li> <li>In place</li> <li>In place</li> <li>In place</li> <li>September 2024</li> <li>September 2024</li> <li>October 2024</li> </ul>



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



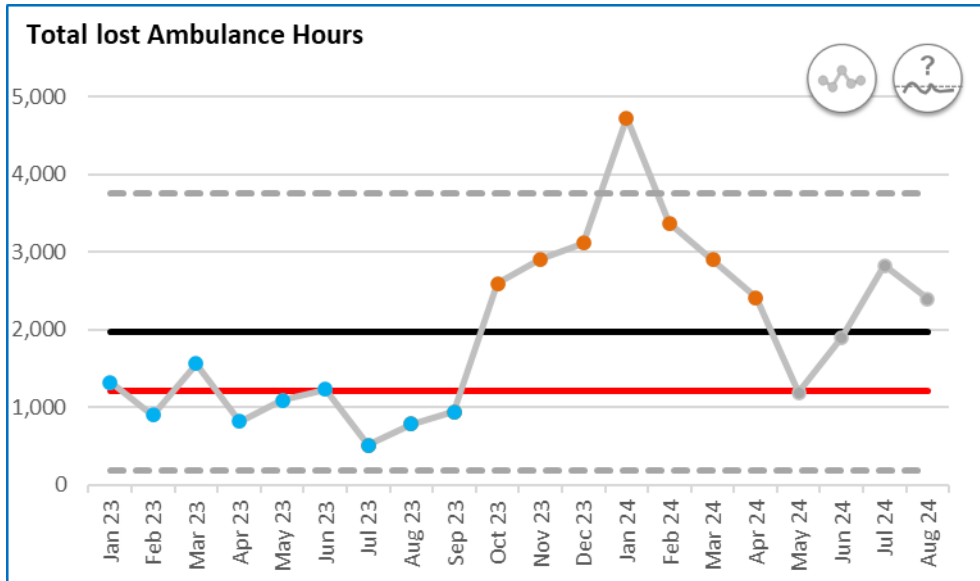
Number of Handovers >60 Mins			% of Handovers >60 Mins		
Aug 24	YTD	Target	Aug 24	YTD	Target
835	3,768	48	16.3%	14.9%	1%

**National Position & Overview**

LRI ranked 21<sup>st</sup> out of 23 sites in the East Midlands and reported the highest number of handovers in August (source EMAS monthly handover report).

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

# Responsive (Emergency Care) – Total Lost Ambulance Hours



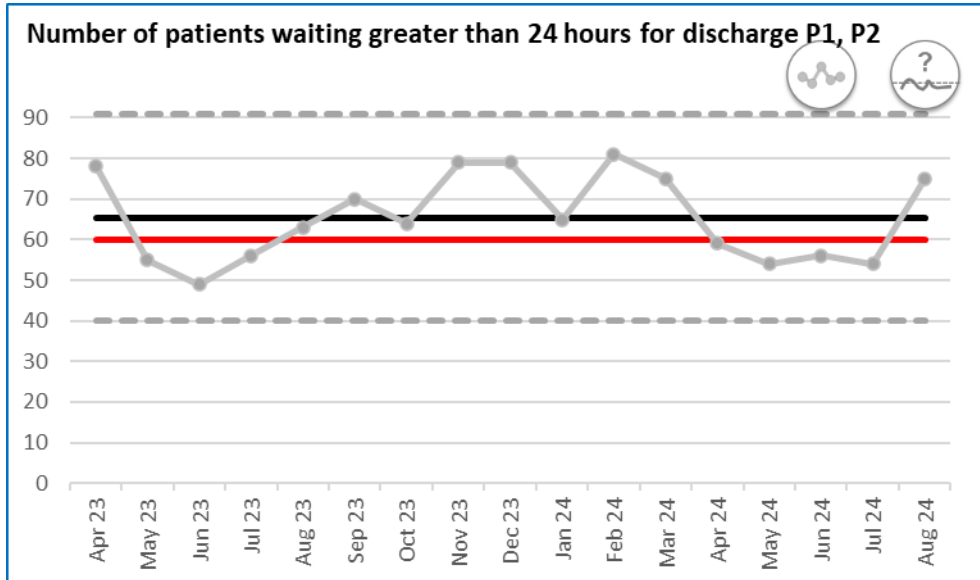
Current Performance		
Aug 24	YTD	Target
2,398	10,728	40 per day

**National Position & Overview**

National data not currently available for reporting.

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

# Responsive (Emergency Care) – Number of patients waiting greater than 24 hours for discharge P1, P2



Current Performance		
Aug 24	YTD	Target
75	-	60

### National Position & Overview

**Local Position:**

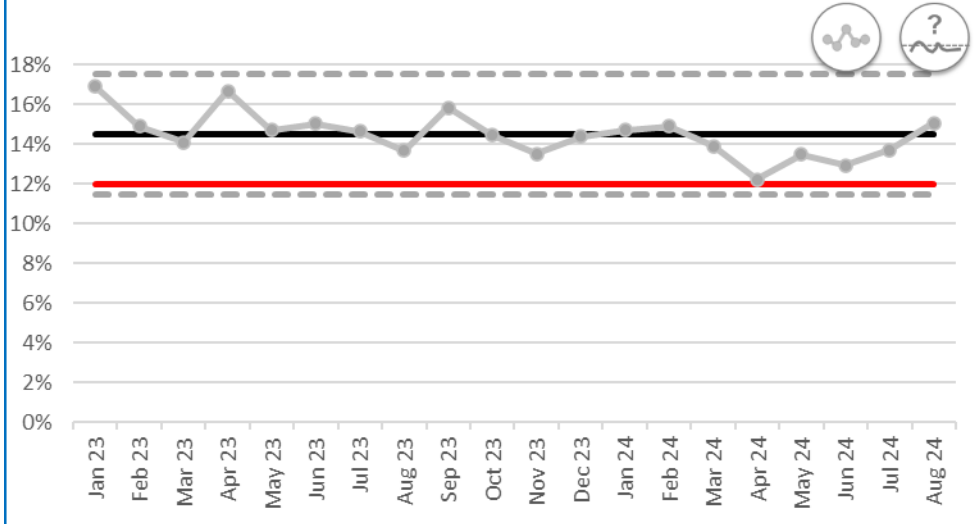
Circa :

- 26% of Complex Medically optimised for discharge Patients do not leave hospital on the planned day of discharge.
- 45% of Patients do not leave due to an internal UHL reason .

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> <li>• <b>Incomplete Discharges</b> :Suboptimal /inconsistent Discharge Coordination: Over investigation, family /carer involvement/choice, board rounds , red2green principles, preparing TTO / Transport for the patient in advance of discharge. In addition to impacts of long stays in ED, extra capacity wards, outlying and boarding of patients.</li> <li>• <b>Insufficient P1-2 Capacity within LLR</b></li> </ul>	<p>Work with CMG’s to reduce the number of incomplete discharges:</p> <ul style="list-style-type: none"> <li>• Refer patients to the discharge hub prior to being MOFD ( Currently at 20% deteriorated from 31% )</li> <li>• Undertake a series of MADE events to understand the constraints within the CMGs/system</li> <li>• Launch programs of staff awareness campaigns ‘ When am I going home – It’s okay to ask’</li> </ul> <p>Continue to work with Health and social care system partners to:</p> <ul style="list-style-type: none"> <li>• agree P1-2 capacity model.</li> <li>• Pre-allocate patients</li> </ul>	<p>Aim to:</p> <ul style="list-style-type: none"> <li>• reduce the number of MOFD patients waiting for discharge in UHL hospitals</li> <li>• Reduce time to discharge from MOFD identification</li> <li>• Staff feel better equipped to manage and coordinate the safe and timely discharge and transfer of patients.</li> </ul>

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

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



Current Performance		
Aug 24	YTD	Target
15.1%	-	12%

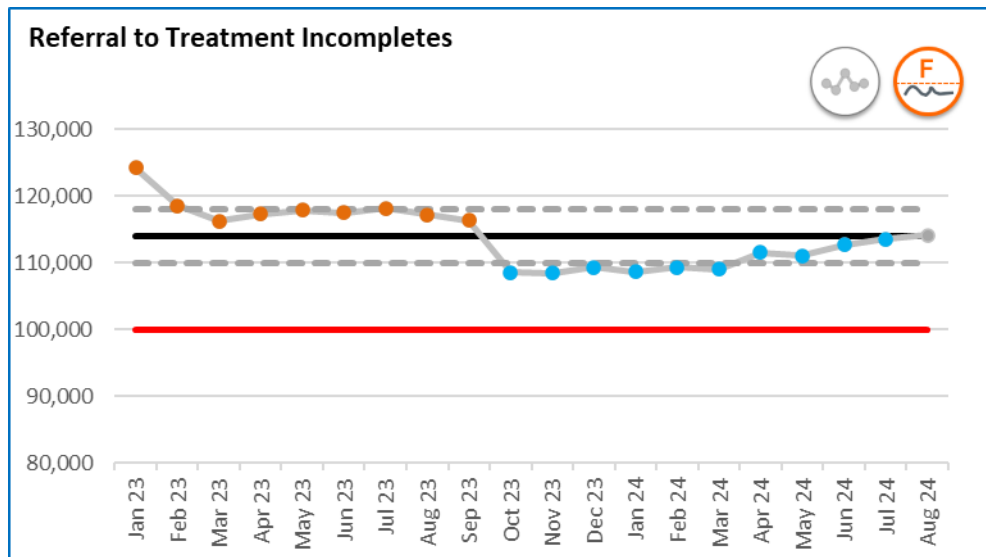
## National Position & Overview

UHL is ranked 12th out of 23 trusts in the Midlands for the % beds occupied by Long Stay (21+ Day) patients (for the w/c 02/09/24).

- 49 (228) Patients (21%) are receiving appropriate care/treatment on a neuro rehabilitation or brain injury pathway or on an Intensive Care Unit or Infectious Diseases Unit.
- 46 Patients (20%) are medically optimised complex patients awaiting discharge with no reason to stay in an Acute Trust.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> <li>• Circa 45 Complex Medically optimised for discharge patients with a LOS &gt;21 days either awaiting a discharge outcome from the LLR discharge coordination hub or an internal UHL action.</li> <li>• Suboptimal /inconsistent Discharge Coordination: Over investigation, family /carer involvement, board rounds , red2green principles, preparing the patient in advance of discharge. In addition to impacts of long stays in ED, extra capacity wards, outlying and boarding of patients.</li> </ul>	<p>Continue to work with health and social care system partners during September 2024 to: Maximise the use of P1/ P2 capacity in LLR. Work with CMG's to:</p> <ul style="list-style-type: none"> <li>• Refer patients to the discharge hub prior to being MOFD. (Currently at 20% deteriorated from 31%)</li> <li>• Continue to undertake a series of MADE events across the Trust CMG's/ sites</li> <li>• Plan for a system wide 'Good Discharge Show' to promote discharge practices to wider clinical teams ( Oct)</li> <li>• Launch programs of staff awareness campaigns: ' When am I going Home – It's okay to ask'</li> </ul>	<ul style="list-style-type: none"> <li>• Aim to reduce number of MOFD patients waiting for discharge in UHL beds.</li> <li>• Increase numbers of patients discharged on a Pathway 1.</li> <li>• Reduce time to discharge from MOFD identification.</li> <li>• Staff feel better equipped to manage and coordinate the safe discharge and transfer of Patients</li> </ul>

# Responsive (Elective Care) – RTT Incompletes



Current Performance		
Aug 24	YTD	Target
114,088	-	99,985

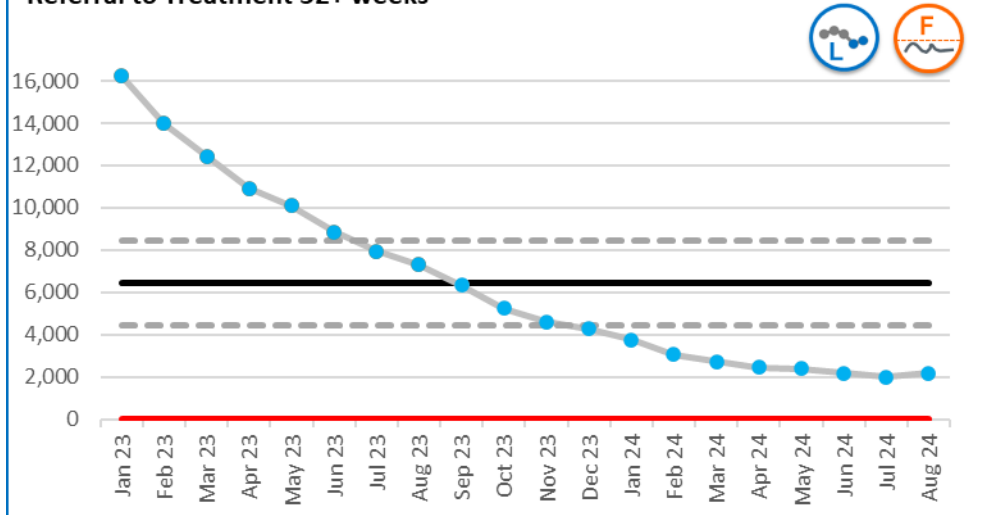
### National Position & Overview

At the end of July, UHL ranked 14th out of 18 trusts in its peer group with a total waiting list size of 113,500 patients. The best value out of the 18 Peer Trusts was 71,776 the worst value was 191,122 and the median value was 91,469. (Source: NHSE published monthly report)

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> <li>Impact of reduced outpatients and Inpatient activity during Covid, which built up a significant backlog.</li> <li>Continued growth in demand against a significant number of specialities</li> <li>Continued workforce challenges within ITAPS reducing theatre capacity</li> <li>Estate- lack of theatre capacity and outpatient capacity to increase sessions</li> <li>Significant productivity challenges across elective care</li> <li>Cumulative impact of regular industrial action leading to loss of activity</li> <li>Emergency pressures resulting in elective cancellations, with paediatric specialities particularly challenged.</li> </ul>	<ul style="list-style-type: none"> <li>Validation actions to respond to national ambition of 90% of patients who have been waiting over 12 weeks to be validated within the last 12 weeks.</li> <li>Planned additional data quality validation each month to support overall reduction of WL and achieving March 25 &lt;100k target.</li> <li>Demand and Capacity modelling to support future planning.</li> <li>Plan to assess demand for elective treatment by specialty to understand why the total wait list is currently not reducing as required.</li> <li>Further refresh of the elective Access policy in line with national guidance</li> <li>New training strategy and comms to support understanding and application of revised policy.</li> <li>Elective Care Access Policy Masterclasses and revised Standard Operating Procedures.</li> </ul>	<ul style="list-style-type: none"> <li>Fortnightly texting cycle embedded leading to improved 12ww validation performance of over 85%.</li> <li>Clean waiting list- ensuring those on the waiting list do want to be seen/have treatment</li> <li>Rightsizing capacity to meet demand</li> <li>Total waiting list size stabilised over last 12 months and not reducing at required rate. Senior Elective Leadership team to report through Planned Care Partnership Board on increases in demand and root cause in Q2.</li> <li>Training strategy continues to be developed</li> </ul>

# Responsive (Elective Care) – RTT Long Waiters

## Referral to Treatment 52+ weeks



## Current Performance – Aug 24

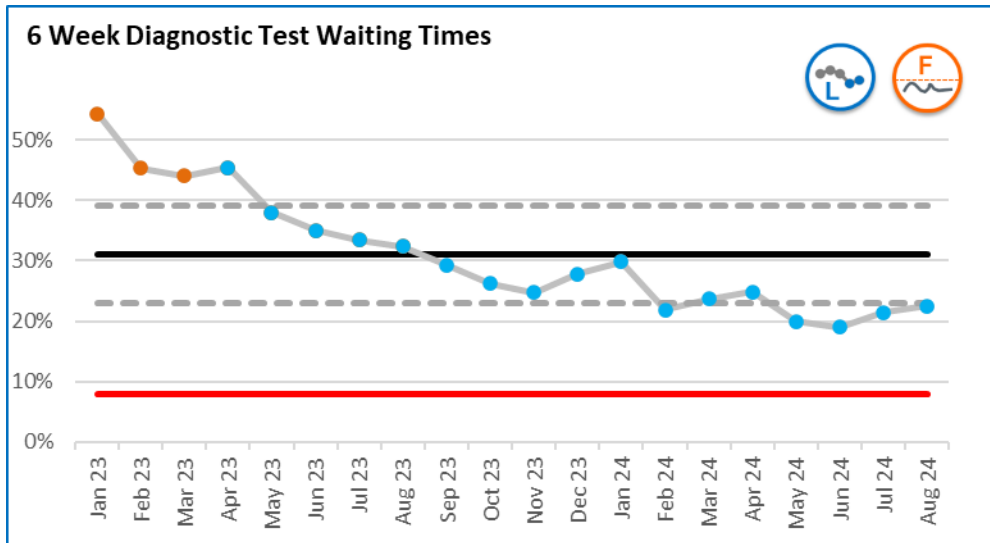
52+ Weeks	65+ Weeks	78+ Weeks
2,170 (Target 0 by March 25)	161 (Target 0 by Sep 24)	3 (Target 0 by March 23)

## National Position & Overview

At the end of July, UHL ranked 1<sup>st</sup> out of 18 trusts in its peer group with 1.8% of patients on the waiting list waiting over 52+ weeks. The worst value was 7.8% and the median value was 4.4%. (Source: NHSE published monthly report)

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> <li>Impact of COVID-19 on planned activity capacity led to a growing backlog</li> <li>Significant operational pressures due to the emergency demand impacting upon elective activity</li> <li>Challenged Cancer position and urgent priority patients requiring treatment</li> <li>Workforce challenges in anaesthetics leading to cancellations of theatre lists</li> <li>Admin workforce challenges across a range of posts, particularly band 2/3 impacting on ability to book patients</li> <li>Cumulative impact of regular industrial action leading to loss of activity</li> <li>Emergency pressures are resulting in elective cancellations, with paediatric specialities particularly challenged.</li> </ul>	<ul style="list-style-type: none"> <li>Focus on all patients from 65-week cohort to have first OPA as soon as possible to support overall zero 65 ww by revised national target date of September 24.</li> <li>Using ERF to fund insourcing in particularly challenged specialities to increase predominately outpatient capacity e.g. ENT, Gastro, Maxfac, Ophthalmology</li> <li>Super-clinics planned to increase capacity to see new outpatients</li> <li>Continued roll-out and focus on PIFU and DNA processes to increase capacity for new patients</li> <li>Focus on productivity to increase capacity and reduce waits.</li> <li>65 and 52 week September 24/March 25 cohort forecasts produced fortnightly, shared with CMGs.</li> <li>Standard Operating Procedures developed linked to the access policy, improving data quality.</li> </ul>	<ul style="list-style-type: none"> <li><b>104 week waits</b> – 0 reported at end August.</li> <li><b>78 week waits</b> – August performance was 3 78ww v. forecast 2. Currently forecasting 1 in September and October, Orthopaedic surgery awaiting specialist equipment.</li> <li><b>65 week waits</b> – Continued, but slowed downward trend on 65 weeks. National ambition as per 24/25 planning guidance is to eliminate 65+ by end September 2024. The biggest specialty with an identified risk of breach according to forecasts is ENT.</li> <li><b>52 week waits</b> - Continued positive downward trend on march 25 52 week cohort. Specialities with an identified risk of breach according to forecasts have plans to mitigate. Our peer benchmarked position at end July 24 of only 1.8% 52ww as % of the total WL is excellent, as is our national benchmarked position.</li> </ul>

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



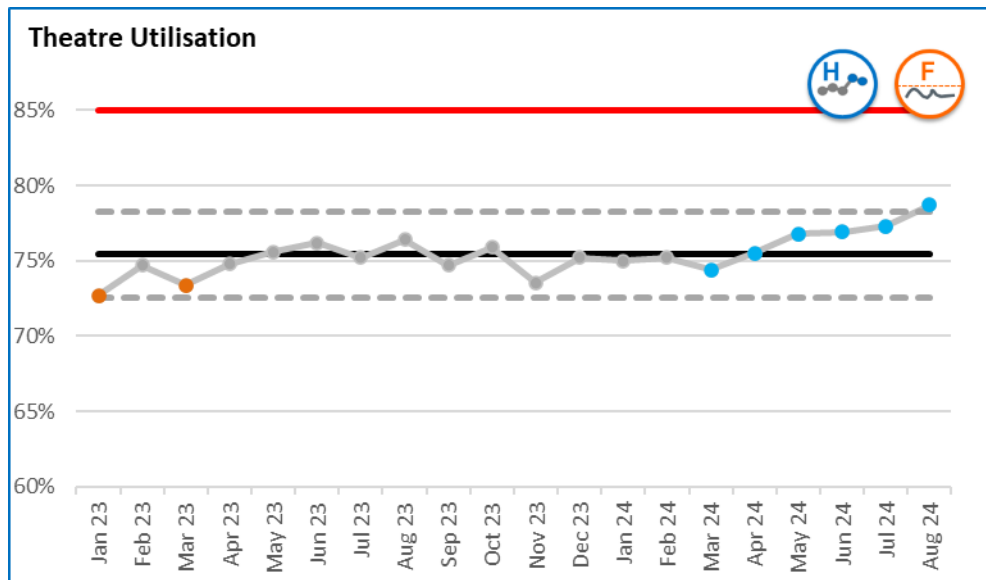
Current Performance		
Aug 24	YTD	Target
22.5%	-	8.0%

**National Position & Overview**

Published National data at the end of July 24 shows 1.63m patients on the diagnostic waiting list with 22.4 % waiting over 6 weeks. For August 24, UHL with 24,093 patients would comparatively rank as the 9th highest waiting list. The 6-week trajectory for August was set to deliver 18%, the actual was 22.5% (an increase of 1.1%). There were 5,415 patients waiting >6 weeks. Over 63% are within Imaging notably MRI.

Root Cause	Actions	Impact/Timescale
<p><b>Diagnostics pressure areas are in the main:</b></p> <ul style="list-style-type: none"> <li>Endoscopy</li> <li>MRI</li> <li>Sleep Studies</li> <li>Urodynamics</li> </ul> <p><b>Root cause</b></p> <ul style="list-style-type: none"> <li>Clinical workforce gaps</li> <li>Admin recruitment</li> <li>Reporting and coding errors</li> <li>Pressures from cancer pathways</li> <li>Emergency demand impacting on elective capacity</li> <li>Overall MRI waiting list continues to grow, compounded by some unplanned down time across sites.</li> </ul>	<ul style="list-style-type: none"> <li>Provide training sessions for services to use QLIK WLMDs dashboard by October 24</li> <li>Review existing protocols to reduce repeated investigations.</li> <li>Fully utilise the Cardiac enabled CT at the LGH.</li> <li>Open the dedicated endoscopy unit at the LGH – August 25.</li> <li>Open Hinckley Community Diagnostics Centre – Jan 25</li> <li>Implement the clinical decision support tool (i-Refer) by August 24 to improve appropriateness of referrals.</li> <li>Expand diagnostics within primary care networks (PCN's).</li> <li>Ensure strong recovery trajectories and activity plans are in place and deliverable</li> </ul>	<ul style="list-style-type: none"> <li>Trajectories for 13/15 managed monthly via the Diagnostic Board. Remaining two are drafted awaiting agreement.</li> <li>Ad-hoc issues such as machine breakdown are managed via the CMG with support given if mutual aid required.</li> <li>Early recruitment for the CDC has commenced. The benefit of having additional staff pre-opening will be on reduced bank / agency costs.</li> <li>Endoscopy working on plan to reduce capacity gap. Waiver completed 13/09 to appoint prior to Framework Procurement.</li> <li>Weekly diagnostic long wait meetings to include patients rolling in without plans and support required.</li> </ul>

# Responsive (Elective Care) – Theatre Utilisation



Current Performance		
Aug 24	YTD	Target
78.7%	77.1%	85%

### National Position & Overview

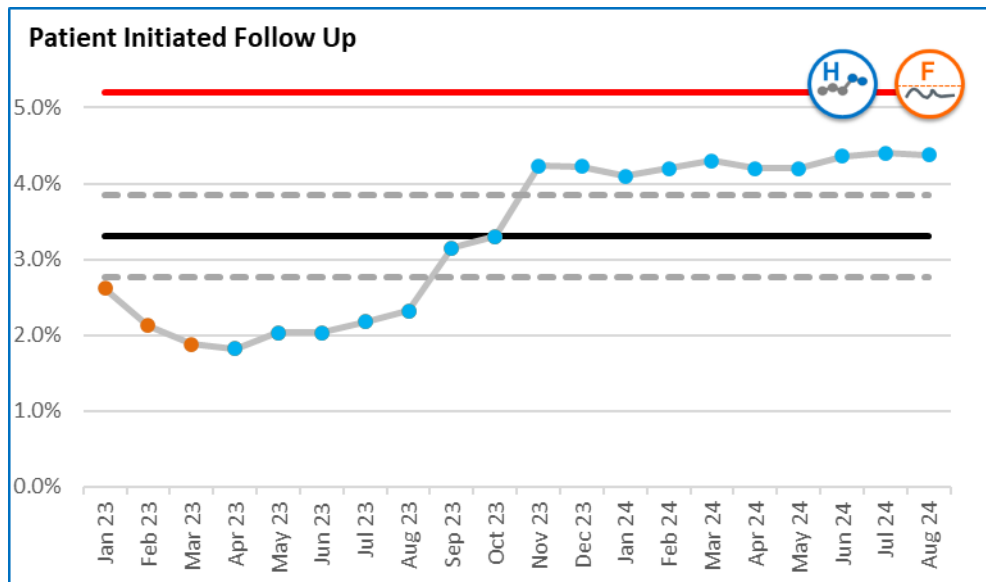
GIRFT has set a target for Integrated Care Systems and providers to achieve 85% theatre touch time (capped) utilisation by 2024/25. This supports the aims of NHS England's 2022/ 23 priorities and operational planning guidance to secure sustainable elective recovery.

Root Cause	Actions	Impact/Timescale
<p>Continuous improvement within capped theatre utilisation, with the w/c 26/09/24 achieving an overall Trust value of <b>80.0%</b>.</p> <p><b>Further work :</b></p> <ul style="list-style-type: none"> <li>Decrease OTDC below 5% (8.66%)</li> <li>Late starts (30.4%)</li> <li>Under-booked lists (average 46mins)</li> </ul>	<ol style="list-style-type: none"> <li><b>Stand-by patients</b> – Services to add standby patients to most list to mitigate against a short notice &lt;72hours or OTDC. Challenged through scheduling and weekly TP.</li> <li><b>POA lead</b>, working with services to embed the early screening and optimisation model.</li> <li><b>DNA analysis</b> and OTDC review</li> <li><b>Golden patient</b> and list order considerations – robust scheduling practices</li> <li><b>Scheduling</b> – Booking to 100%, review of delivery through fortnightly theatre productivity meetings</li> </ol>	<ol style="list-style-type: none"> <li>SOP in development to standardise the process – Sign off of process delayed –<b>due Sep 24.</b></li> <li>Shared POA/best practice booking process with services to move towards booking patients TCI for surgery once the patient has been confirmed as fit or ready for surgery. <b>In progress</b></li> <li>DNA monthly review and feed back to services for review and action. <b>Ongoing</b></li> <li>List order considerations for Golden patient and list order SOP developed and shared for feedback. <b>Sign off in Sep 24</b></li> <li>Focus monthly TPAB on those services not achieving 80% utilisation . <b>Sep 24</b></li> </ol>

Site	% Utilisation	% late starts over 15-mins	OTDC %
LRI	75.7% ↑	46.4% ↑	11.12% ↑
GGH	84.2% ↔	14.0% ↑	6.64% ↓
LGH	78.1% ↔	19.2% ↓	6.47% ↓
EMPCC	91.3% ↑	5.6% ↓	10.90% ↑
Community	75.9% ↓	38.5% ↓	5.47% ↓



# Responsive (Elective Care) – Patient Initiated Follow Up



Current Performance		
Aug 24	YTD	Target
4.4%	4.3%	5.2%

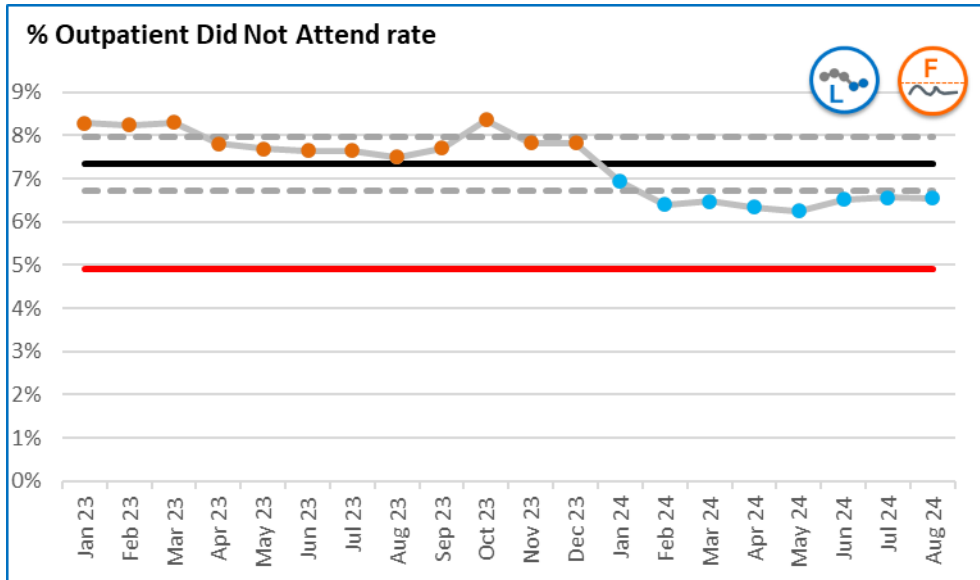
**National Position & Overview**

The national expectation is a performance of 5% PIFU however UHL proposed a 5.2% PIFU achievement within the operational plan with a stretch to 6.5%

Nationally in July 24 University Hospitals Of Leicester NHS Trust ranked 6th out of 127 (1st in the region) for episodes moved to PIFU and 23rd out of 144 for % of episodes moved to PIFU.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> <li>Clinical support of rolling out PIFU within individual specialties and identifying appropriate cohorts of patients</li> <li>Clear Communication about PIFU with clinical, nursing and administration teams</li> <li>Review of all types of contact with patients such as helplines, shared care agreements to be recorded as PIFU. This is a nationally recognised approach.</li> <li>Concern that there will be a higher demand for follow ups if patients are offered PIFU and admin burden</li> </ul>	<ul style="list-style-type: none"> <li>Targets for each specialty have been agreed by the CMG and specialty leadership team. Where specialties are currently achieving above the national benchmark a stretched target has been set.</li> <li>PIFU focused specialty meetings are underway for services not achieving agreed targets.</li> <li>Continue to promote and implement Digital PIFU via Accurx. This will assist with triage for patient requests to avoid admin time</li> <li>Continuous monitoring of PIFU performance via the weekly report, and fortnightly meetings with high outpatient volume specialties.</li> <li>Appropriate recording of helplines as PIFU alongside a planned routine reviews. This agreement is needed by specialties offering helplines. This work is on-going with EMCHC to go live end of September.</li> <li>Development of a PIFU balance scorecard is underway. This will include reporting PIFU Initiation rates at specialty level.</li> </ul>	<ul style="list-style-type: none"> <li>Continuous monitoring of PIFU performance via the Monthly Outpatient Transformation Board, fortnightly specialty meetings and at level 2/3 access performance meetings.</li> <li>Regular updates, and links to admin resources to be provided to wider organisation through UHL operational briefings</li> <li>New Clinic Outcome form to be launched in August 24 to support the capturing of PIFU outcomes accurately.</li> </ul>

# Responsive (Elective Care) – Outpatient DNA Rate

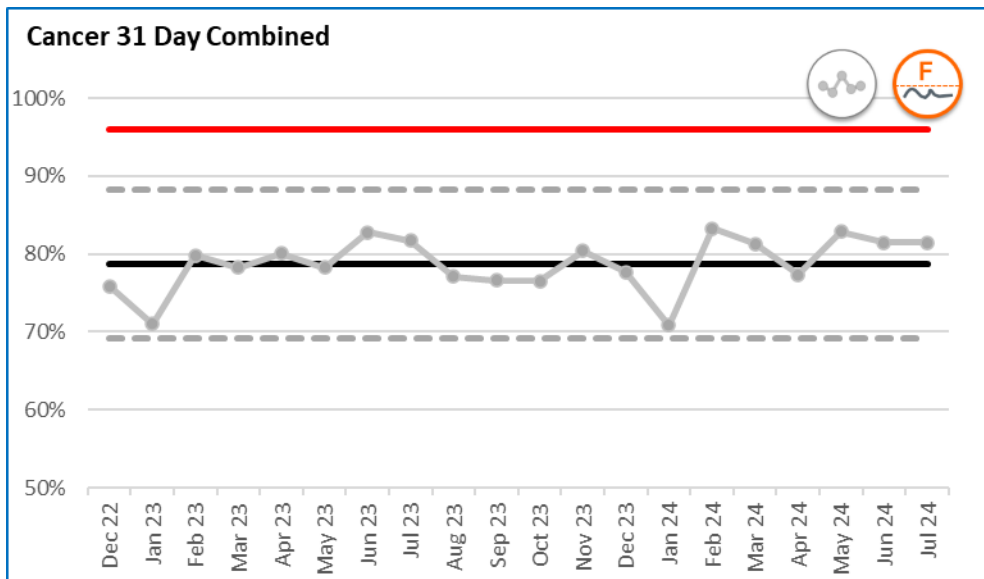


Current Performance		
Aug 24	YTD	Target
6.5%	6.4%	4.9%

National Position & Overview

Root Cause	Actions	Impact/Timescale
<ol style="list-style-type: none"> <li>For virtual consultations, demographic information often isn't being checked with the patient then updated on HISS so some patients aren't receiving appointment letters</li> <li>Late cancellations/rebooks often mean patients do not receive their appointment letters on time so unaware of appointment</li> <li>Due to lack of admin staff, patients unable to get through to department to let them know they're unable to attend, or admin are not actioning cancel/rebook requests in Accurx.</li> <li>Recent issue with Therapies text message reminders through ENVOY not being sent out.</li> </ol>	<ol style="list-style-type: none"> <li>Remind services of the need to check the patients details are correct and up to date at every contact</li> <li>Booking Centre are making additional calls to 'Health Inequalities' cohort now including Paediatrics.</li> <li>DNA florey is being sent to patients who DNA and further analysis is being done around the reasons for DNA.</li> <li>Accurx automated clinic appointment reminders have gone live in the majority of services. Clinic lists are also available in Accurx for most services.</li> <li>Discussion taking place on whether Therapies data can be pulled from TIARA to send to Accurx for automated reminders.</li> </ol>	<ul style="list-style-type: none"> <li>All actions, plus many others, are happening imminently to help reduce the number of DNAs.</li> <li>An improvement in the DNA rate should continue over the next 3 months providing the actions are carried out.</li> </ul>

# Responsive Cancer – Cancer 31 Day Combined



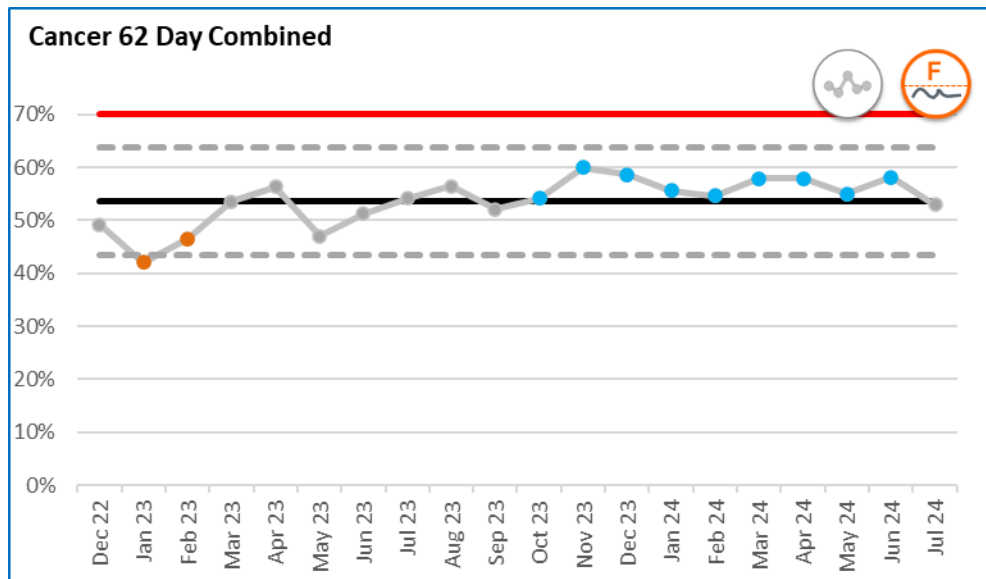
Current Performance		
Jul 24	YTD	Target
81.5%	80.7%	96%

**National Position & Overview**

In July, UHL ranked 133 out of 148 Acute Trusts. The National average was 91.9%. 64 out of the 138 Acute Trusts achieved the target. UHL ranked 17 out of the 18 UHL Peer Trusts. The best value within our peer group was 97.4%, the worst value was 75.0% and the median value was 89.1%.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> <li>Insufficient capacity within surgery, chemotherapy and radiotherapy to meet current demand within 31 day timescale</li> <li>Radiotherapy demand has exceeded capacity – affecting prostate and breast patients</li> <li>Patient readiness to proceed with surgery impacting in addition to capacity constraints (physical and workforce including case mix)</li> <li>31 day anti-cancer drug regimes capacity is constrained on the SACT delivery suite due to cyclical treatments</li> </ul>	<ul style="list-style-type: none"> <li>Radiotherapy 5<sup>th</sup> linac required</li> <li>Radiotherapy mutual aid required</li> <li>Radiotherapy weekend working</li> <li>Radiotherapy changes to prostate fraction for low risk patients</li> <li>Surgical D&amp;C gap analysis</li> <li>Oncology SACT and efficiency including weekend working. Increasing SACT chairs later in the year.</li> <li>Oncology OPD review</li> <li>EMAP - Oncology regional review of mutual aid and workforce opportunities (East Midlands Acute Providers).</li> </ul>	<ul style="list-style-type: none"> <li>Radiotherapy business case for 5<sup>th</sup> linac approved – functional from Mar 25</li> <li>Radiotherapy mutual aid – weekend working limited due to staff availability. NGH taking on ave 2 per week. Lincoln start date tbc. Stoke have offered add capacity start date tbc.</li> <li>Prostate fraction change commenced</li> <li>Surgical D&amp;C review completed for Breast, Skin, LOGI and Urology. Recommendations being picked up in RAP – Urology admin processes being amended.</li> <li>Oncology efficiency programme in progress. Additional SACT nurses and weekends in place.</li> </ul>

# Responsive Cancer – Cancer 62 Day Combined



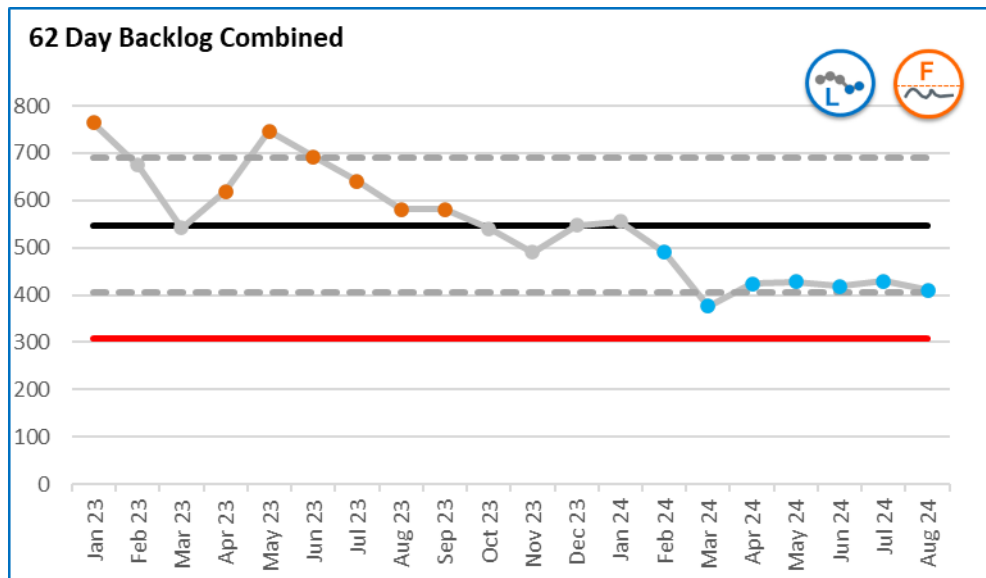
Current Performance		
Jul 24	YTD	Target
52.9%	56.0%	70%

**National Position & Overview**

In July, UHL ranked 138 out of 149 Acute Trusts. The National average was 67.7%. 84 out of the 149 Acute Trusts achieved the target. UHL ranked 16 out of the 18 UHL Peer Trusts. The best value within our peer group was 75.4%, the worst value was 47.0% and the median value was 61.8%.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> <li>Capacity constraints across various points of the pathways</li> <li>Focus on treating patients in order of clinical priority and longest waits impact performance</li> <li>Increase in diagnostic tests required and patient factors impacting.</li> <li>Oncology OPD and radiotherapy capacity contribute to longer wait times</li> </ul>	<ul style="list-style-type: none"> <li>Clinical prioritisation of patients.</li> <li>Weekly PTL reviews and clinical review of &gt;104day patients. Next step review and escalated to services.</li> <li>Recovery &amp; Performance (RAP) in place – frequency dependent on performance.</li> <li>Review of pathways in line with Best Practice Timed Pathways (BPTP). Pathway analyser tool to be used to review opportunities</li> <li>Independent sector in place for skin and urology</li> <li>EMCA 24.25 identified a further 1.7m has been provided totalling £5.9m.</li> <li>Pre-diagnosis nursing team attending PTLs to support patient engagement</li> </ul>	<ul style="list-style-type: none"> <li>Focus on time to 1<sup>st</sup> appointment, FDS, reducing backlogs and improved utilisation across all pathways.</li> <li>BPTP programme planned across 24.25.</li> <li>Urology additional consultants commenced.</li> <li>Additional capacity in breast, skin and urology continuing.</li> <li>Oncology OPD review scoped</li> <li>Review of urology administrative changes commenced in Sept.</li> <li>PT review from day 42+</li> <li>Report for 62% performance to be rolled out in Sept.</li> <li>Additional EMCA schemes identified – challenge to spend by March 25 as non recurrent.</li> </ul>

# Responsive Cancer – Cancer 62 Day Backlog

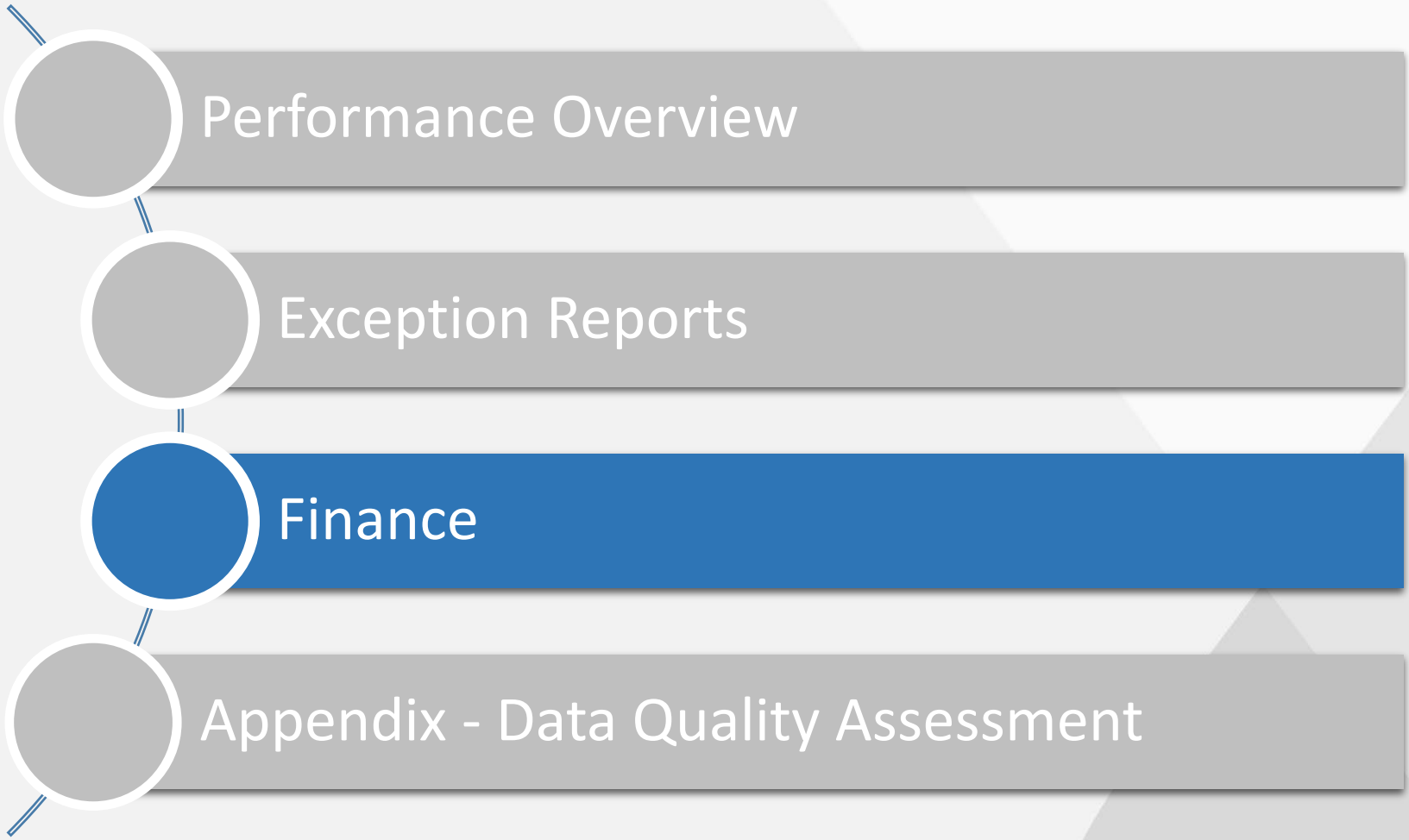


Current Performance		
Aug 24	YTD	Target
<b>410</b>	-	<b>228 (by Mar25)</b>

**National Position & Overview**

Regionally – Backlog trend is similar for urgent suspected cancers (classic).  
 Combined backlog not reported nationally.  
 > 62 day behind plan by 71 patients (Aug plan 339).  
 > 104 day behind plan by 19 patients (Aug plan 110).  
 UPGI, Lung, Urology and Skin driving variation from plan.  
 Additional meetings held to prioritise actions.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> <li>Post pandemic increase in patients waiting more than 62 and 104 days however significant progress seen over last 12 months.</li> <li>Urology and LOGI hold the majority of the backlog with skin being the third.</li> <li>Constraints include capacity, specifically outpatient, diagnostic and workforce.</li> <li>Increase in diagnostic tests required and patient factors impacting.</li> <li>Oncology OPD capacity and waits contribute</li> <li>Risk of further industrial action</li> </ul>	<ul style="list-style-type: none"> <li>Clinical prioritisation of all cancer patients and clinical review of patients over 104 days.</li> <li>Weekly review of 104 day waits by ADO</li> <li>Daily backlog report, including next steps, to support focused actions for recovery.</li> <li>Internal trajectories agreed with services</li> <li>Escalation of next steps process</li> <li>Continued validation of PTLs</li> <li>Training programme for all navigators</li> <li>LD/Autism and SMI flags on PTL</li> <li>Pre-diagnosis nurse support for patient engagement.</li> <li>Digital solutions to support pathway progression</li> </ul>	<ul style="list-style-type: none"> <li>Recovery and performance action plans in place</li> <li>Additional capacity in place for Breast, skin and urology.</li> <li>Focus from services on utilisation of capacity, next steps for patients and review of patients rolling onto the backlog</li> <li>Oncology to revise structure of OPD and opportunities to use PSFU to support efficiency gains and release of capacity to reduce waits.</li> <li>Review of administrative processes in Urology to support booking times – changes with effect from Sept.</li> <li>PT review from day 42+ now in place</li> </ul>



# Executive Summary

- The Month 5 year to date position for the Trust is a deficit of £49.3m which is £10.3m worse than plan. This is mainly driven by UEC pathway costs greater than plan by £6.5mA and unfunded industrial action of £2.2mA.
- The emergency pathway continues to experience increasing activity pressures, with combined Emergency/Non elective inpatients 10.5% above planned levels and combined ED/Eye Casualty attendances 7.4% above plan.
- CIP delivery is ahead of plan by £6.9m at M5. The Trust has transacted £35.5m.
- The Trust committed YTD gross capital expenditure of £18.0m to 31 August 2024 (£11.7m last month), which nets down to £17.4m, after deducting charitable donations/capital grants and the net book value of assets disposed/transferred.
- The cash position at the end of August was £15.6m, representing an increase of £1.8m on the previous month and £1.8m above forecast

# Summary Financial Position – YTD M5

	Aug YTD I&E		
	Plan	Actual	Variance to Plan
	£'000	£'000	£'000
NHS Patient-Rel Income	567,658	596,024	28,366
Other Operating Income	77,915	66,853	(11,062)
<b>Total Income</b>	<b>645,574</b>	<b>662,878</b>	<b>17,304</b>
Pay	(410,203)	(424,911)	(14,708)
Agency Pay	(6,253)	(5,856)	397
Non Pay	(233,070)	(247,659)	(14,589)
<b>Total Costs</b>	<b>(649,526)</b>	<b>(678,426)</b>	<b>(28,900)</b>
<b>EBITDA</b>	<b>(3,952)</b>	<b>(15,549)</b>	<b>(11,596)</b>
<b>Non Operating Costs</b>	<b>(33,484)</b>	<b>(34,209)</b>	<b>(725)</b>
<b>Retained Surplus/(Deficit)</b>	<b>(37,436)</b>	<b>(49,758)</b>	<b>(12,322)</b>
Donated Assets	(1,509)	498	2,007
<b>Net Total Surplus/(Deficit)</b>	<b>(38,945)</b>	<b>(49,260)</b>	<b>(10,314)</b>
Less Capital Impairment	0	0	0
<b>Control Total Surplus/(Deficit)</b>	<b>(38,945)</b>	<b>(49,260)</b>	<b>(10,314)</b>

## Comments – Variance to Plan

### Total Income: £17.3mF:

- Over-recovery of **patient care income** mainly due to elective care £8.7mF, prior year EDD £2.8mF, consultant pay award £1.5mF, EMCA funding £1.4mF and other contract adjustments of £1.4m.
- CIP target for patient care income shown in **other operating income**, this should be netted of patient care income
- Higher passthrough **excluded drugs and devices** than planned £12.5mF, matched by expenditure.

### Pay and Agency: £14.3mA:

- Medical and dental overspend driven by pay awards not in budgets £1.5mA, industrial action £1.7mA and £2.9mA additional medical usage mainly in W&C and ITAPS locum usage. W&C mainly relate to rota gaps within gynaecology and paediatric specialties. ITAPS currently have 12 consultant vacancies and 5 junior grade vacancies.
- Nursing, midwife and health visitor staffing is £6.1mA from UEC activity offset by vacancies
- Other clinical is linked to activity overperformance mainly CSI pathology, pharmacy and diagnostic imaging
- Non clinical is mainly driven by Estates and Facilities £2.3mA this relates to additional bank use in domestics, portering and catering

### Non-Pay: £14.6mA:

- Clinical supplies and services is mainly driven by activity over performance of £5.6mA (offset by income above) across RRCV, CSI, and CHUGGS. CIP non delivery amounts to £2.8mA.
- Drugs relate to undelivered CIP £1mA
- Excluded drugs and devices overspend is matched by additional income

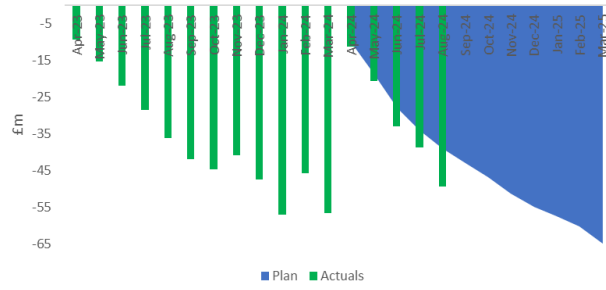
**Non Operating Costs £0.7mA** relate to reduced interest receivable compared to plan £0.4mA and loss on disposals of £0.1mA

**Donated assets** variance is driven by lower donations than planned

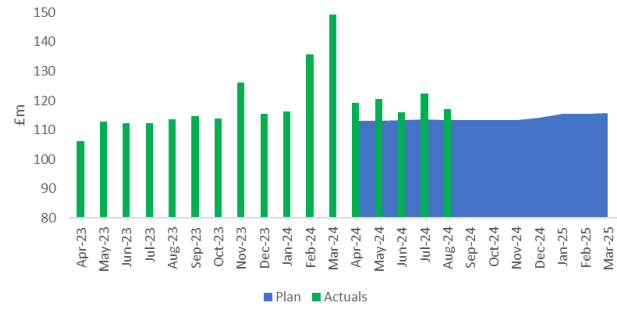


# Month 5 I&E Dashboards

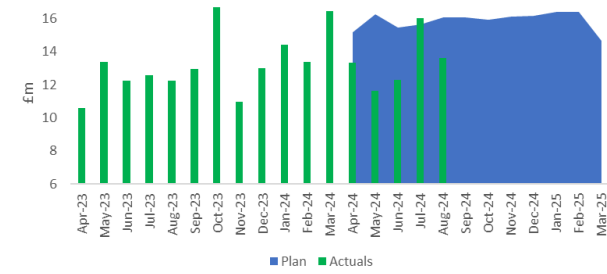
Cumulative Surplus/(Deficit)



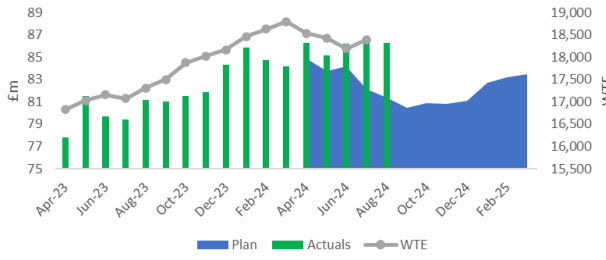
Monthly PCI Income



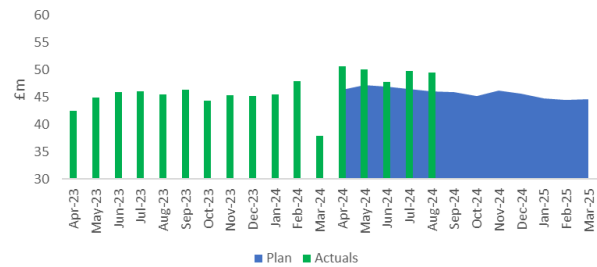
Monthly Other Income



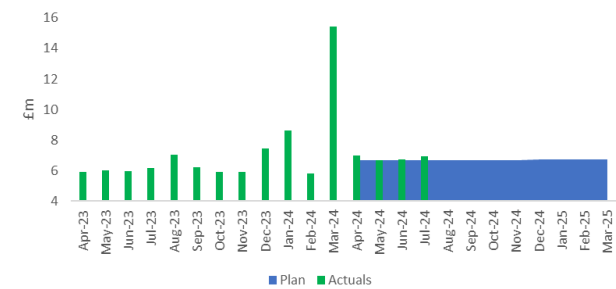
Monthly Substantive/Bank/Agency Pay



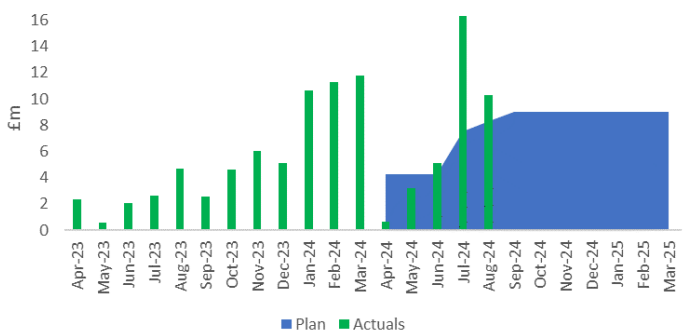
Monthly Non Pay



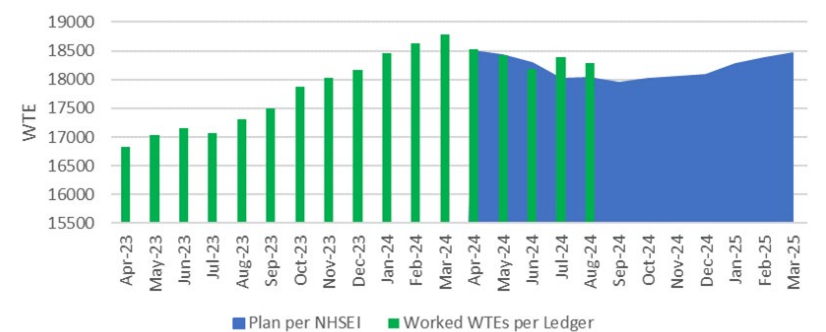
Monthly Non Ops



Cash Releasing CIP

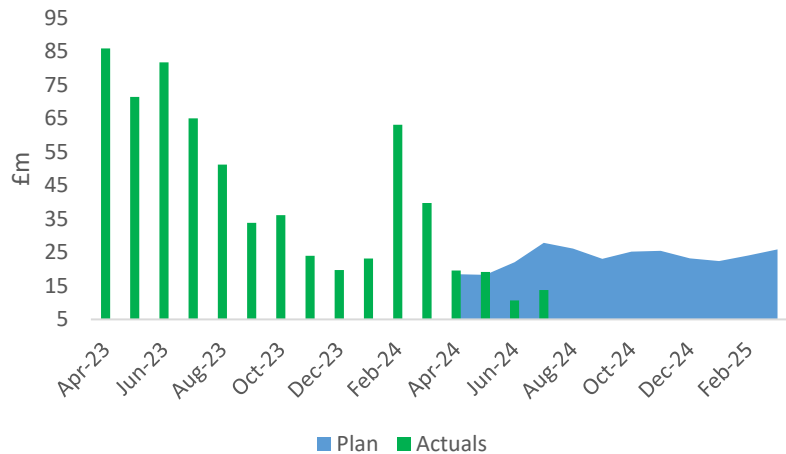


Worked WTEs vs NHSEI Workforce Plan

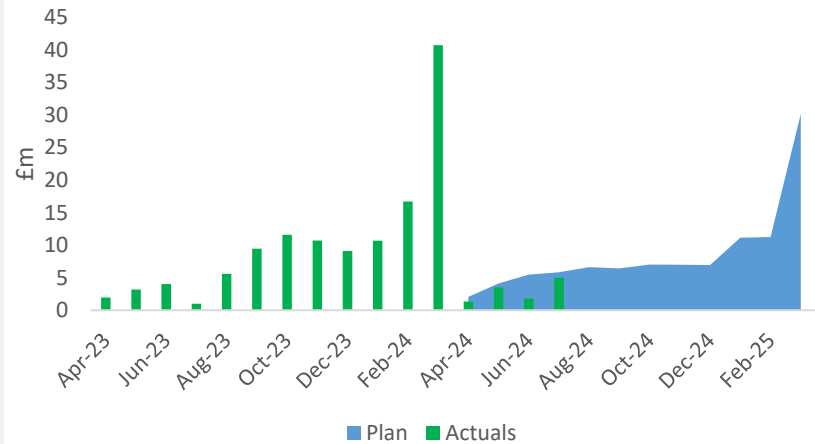


# Month 5 Balance Sheet Dashboards

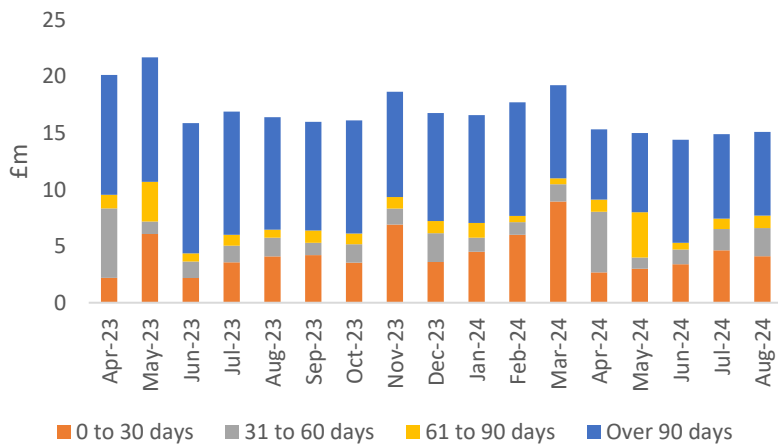
## Cash



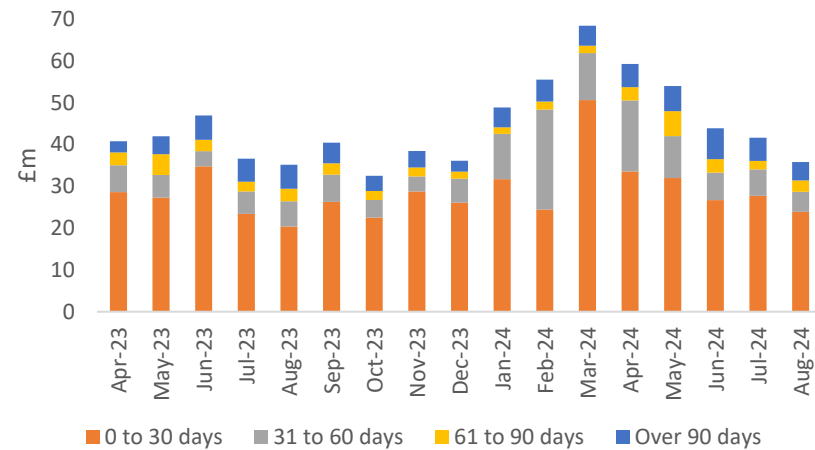
## Capital



## Debtors



## Creditors



# Statement of Financial Position

Statement of Financial Position	2024/25 M5 YTD				
	31-Mar-24	31-Jul-24	31-Aug-24	In Month Movement	YTD Movement
<b>Non current assets</b>	<b>£000s</b>	<b>£000s</b>	<b>£000s</b>	<b>£000s</b>	<b>£000s</b>
Intangible assets	23,449	21,614	21,141	(472)	(2,308)
Property, plant and equipment	776,355	770,765	772,296	1,531	(4,059)
Other non-current assets	3,019	4,178	4,292	114	1,273
<b>Total non-current assets</b>	<b>802,823</b>	<b>796,556</b>	<b>797,729</b>	<b>1,173</b>	<b>(5,094)</b>
<b>Current assets</b>					
Inventories	27,797	27,196	27,784	588	(14)
Trade and other receivables	42,791	76,837	73,214	(3,623)	30,423
Cash and cash equivalents	39,764	13,778	15,578	1,800	(24,186)
<b>Total current assets</b>	<b>110,352</b>	<b>117,811</b>	<b>116,576</b>	<b>(1,235)</b>	<b>6,224</b>
<b>Current liabilities</b>					
Trade and other payables	(134,512)	(148,692)	(140,634)	8,058	(6,122)
Borrowings / leases	(8,470)	(9,218)	(9,850)	(632)	(1,380)
Accruals	(34,448)	(6,931)	(12,087)	(5,156)	22,361
Deferred income	(4,813)	(24,036)	(22,906)	1,129	(18,094)
Dividend payable	0	(7,714)	(9,643)	(1,929)	(9,643)
Provisions < 1 year	(12,086)	(10,281)	(11,271)	(991)	815
<b>Total current liabilities</b>	<b>(194,329)</b>	<b>(206,871)</b>	<b>(206,391)</b>	<b>480</b>	<b>(12,062)</b>
<b>Net current assets / (liabilities)</b>	<b>(83,977)</b>	<b>(89,060)</b>	<b>(89,815)</b>	<b>(755)</b>	<b>(5,838)</b>
<b>Total Assets less Current Liabilities</b>	<b>718,846</b>	<b>707,496</b>	<b>707,914</b>	<b>418</b>	<b>(10,932)</b>
Borrowings / leases	(35,337)	(32,952)	(32,466)	485	2,870
Provisions for liabilities & charges	(3,596)	(3,596)	(3,596)	0	0
<b>Total non-current liabilities</b>	<b>(38,933)</b>	<b>(36,547)</b>	<b>(36,062)</b>	<b>485</b>	<b>2,870</b>
<b>Total assets employed</b>	<b>679,914</b>	<b>670,949</b>	<b>671,852</b>	<b>903</b>	<b>(8,062)</b>
Public dividend capital	(850,303)	(879,626)	(891,999)	(12,373)	(41,696)
Revaluation reserve	(217,730)	(217,730)	(217,730)	0	0
Income and expenditure reserve	388,119	426,407	437,877	11,470	49,758
<b>Total taxpayers equity</b>	<b>(679,914)</b>	<b>(670,949)</b>	<b>(671,852)</b>	<b>(903)</b>	<b>8,062</b>

Statement of Financial Position

The Statement of Financial Position (SOFP) as at 31<sup>st</sup> August is presented in the table opposite. The key movements are explained as follows:

- **Non-Current Assets** In month additions associated of £5.9m, including with EMPC Construction Works - £1.6m; renewal of IFRS16 leases associated with Ashton Care Home - £1.0m and Estates projects £1.6m – Maternity Theatres (£0.4m) TGH Compliance (£0.3m) and CRO (£0.9m); offset by depreciation of £4.8m; resulting in increase in net PPE of £1.1m.
- **Trade and other receivables** – Reduced by £3.6m, mainly due to lower PCI accrued income (£4.5m) the majority being explained by elective performance (£3.4m) and specialised payments received relating to prior year EDD (£2.8m). There was also an increase in various prepayments of £0.9m, reflecting the timing of annual agreements.
- **Cash Balances** – Cash balances increased by £1.8m to £15.6m
- **Trade and other payables and accruals** – Trade payables reduced by £8m mainly due to a reduction (timing) of GRNIs (£3.3m) and processing of unprocessed invoices (£6.4m); offset by an increase in accrued expenditure (£5.1m)
- **PDC Dividend** – The increase of £1.9m reflected the YTD accrued PDC dividend provision, which is paid twice annually in September and March.
- **Deferred Income** – reduced by £1.1m, mainly related the release of HEE income received in August (£4.4m) offset by an increase in PCI income deferred (£3m).
- **Provisions** – increased by £1m as a result of an increase in provision to cover any potential reclaim by HMRC of a VAT refund on car parking as the Brockenhurst case is still subject to appeal to the Supreme Court.
- **Public Dividend Capital** – the movement of £12.7m is reflective of the PDC revenue support received in August to support both revenue cash balances (£9m) and Capital investment (£3.3m).
- **Income and Expenditure Reserve** – The I&E reserve deteriorated by £11.5m in line with the in year reported income and expenditure position.

University Hospitals Leicester

August 2024

## Cash Flow

£'000	Act	FCT	ACT	Var	FCT	FCT	FCT	FCT
Cash flow	Jul	Augt	Augt	Augt	Sept	Q2 24/25	Q3 24/25	Q4 24/25
Block payments-Other CCG	11,082	11,426	11,426	(0)	9,904	32,412	7,329	7,329
Block payments-LLR ICB	90,836	91,854	91,854	0	90,516	273,206	221,432	221,433
Block payments-NHS England	17,069	21,231	21,231	(0)	16,326	54,626	112,081	112,073
Other NHS Income	1,312	1,200	1,209	9	1,200	3,721	3,600	3,600
PDC drawdown - Capital	4,834	3,373	3,373	0	-	8,207	5,103	9,951
PDC drawdown - Revenue Support	5,000	9,000	9,000	0	5,000	19,000	30,616	10,056
Health Education England	11,816	-	-	0	-	11,816	12,474	12,474
Non NHS Income	4,546	4,400	4,912	512	5,900	15,358	17,700	17,700
Research	2,826	2,050	2,646	596	2,323	7,795	6,600	6,600
Interest Income	208	183	183	(0)	195	585	165	44
VAT	3,077	2,800	2,770	(30)	2,800	8,647	8,400	8,400
<b>Total receipts</b>	<b>152,606</b>	<b>147,517</b>	<b>148,604</b>	<b>1,087</b>	<b>134,164</b>	<b>435,373</b>	<b>425,500</b>	<b>409,661</b>
Salaries and wages	(83,727)	(84,233)	(83,958)	275	(86,927)	(254,611)	(285,108)	(261,696)
Creditor payments	(59,831)	(60,300)	(57,797)	2,503	(38,976)	(156,604)	(138,485)	(126,475)
Capital Payments	(5,871)	(3,055)	(4,624)	(1,569)	(2,391)	(12,886)	(8,850)	(9,000)
PDC dividend	0		0	0	(11,540)	(11,540)	0	(11,683)
Net Movement on TGH	(76)		(425)	(425)	0	(501)	0	0
<b>Total payments</b>	<b>(149,505)</b>	<b>(147,588)</b>	<b>(146,804)</b>	<b>784</b>	<b>(139,834)</b>	<b>(436,142)</b>	<b>(432,443)</b>	<b>(408,854)</b>
Movement in period	3,101	(71)	1,800	1,871	(5,670)	(769)	(6,943)	807
<b>Balance brought forward</b>	<b>10,677</b>	<b>13,778</b>	<b>13,778</b>		<b>15,578</b>	<b>10,677</b>	<b>9,908</b>	<b>2,965</b>
<b>Balance carried forward</b>	<b>13,778</b>	<b>13,707</b>	<b>15,578</b>	<b>1,871</b>	<b>9,908</b>	<b>9,908</b>	<b>2,965</b>	<b>3,772</b>

- The Trust cash balance at the end of August was £15.6m, representing an in-month increase of £1.8m, as cash receipts of £148.6m, were offset by £146.8m of outgoing payments. The cash balance was £1.8 better than had been forecast at M4 and £10.5m worse than plan (£26.1m).
- Higher than forecast non-NHS income and research income secured a benefit of £1m. A reduction of £2.5m in revenue payments was offset by higher than forecast capital payments for a net cash benefit for £0.8m. The Trust received £9m PDC revenue support in August.
- The current cash forecast for the Trust for Q2 (30 September) is a balance of £14.8m. The current Q2 forecast includes the allocated PDC Revenue Support of £5m in September.
- The forecast for September also includes £3.4m additional pay costs related to the expected HCA salary banding settlement as well as payment of the pay award, both of which will reduce our cash balance in October.
- Forecast for Q3 and A4 respectively is £2.9m and £3.7m

# Capital Programme

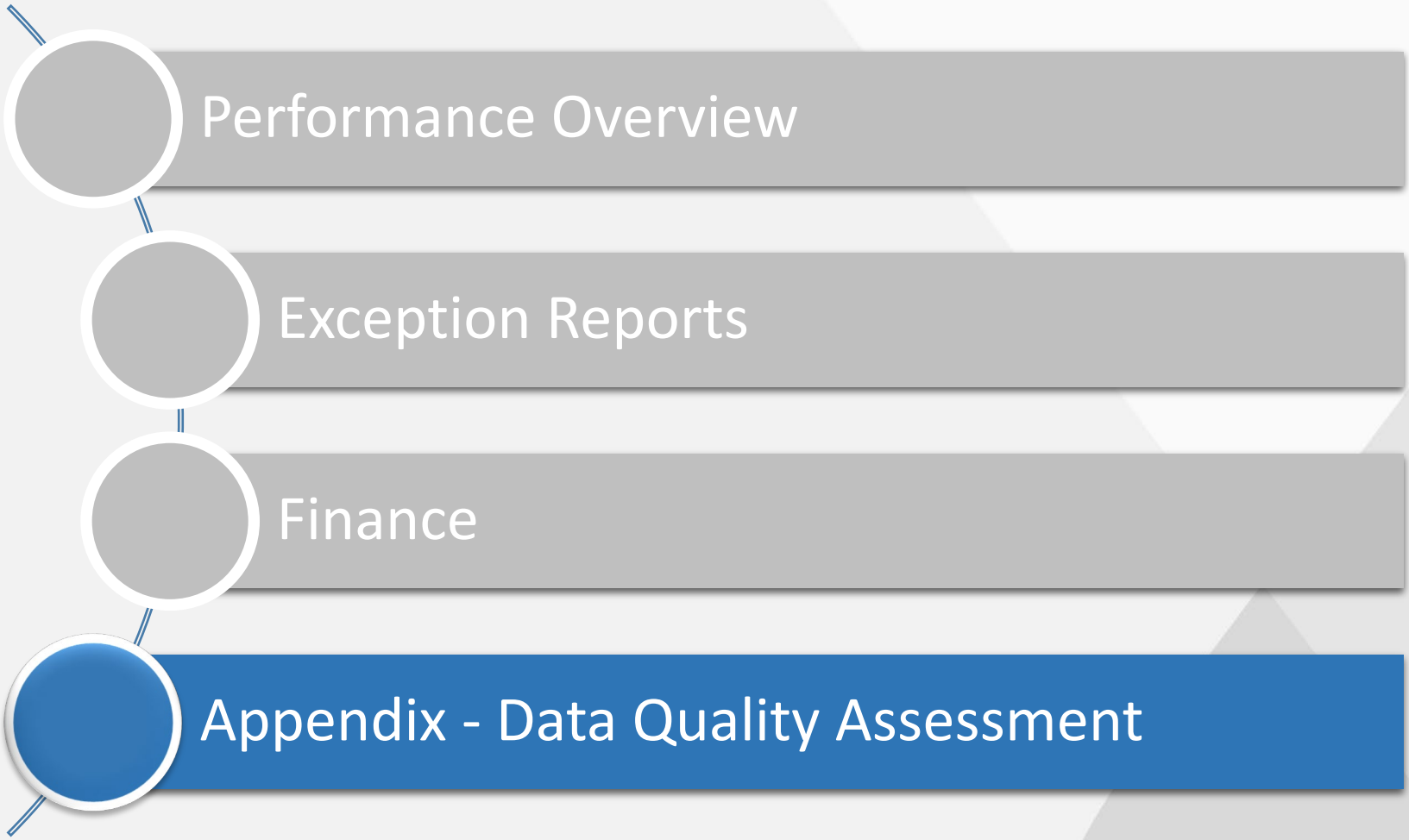
Sources of Funding	Annual Plan 24/25 £'000	Movement	Revised Plan 24/25 £'000
ICS Envelope (internally generated)	45,240		45,240
PDC - EM Planned Care Centre	9,745		9,745
PDC - Reconfiguration	2,310	(110)	2,200
PDC - CDC Hinckley	3,958	(400)	3,558
PDC - Endoscopy	11,181		11,181
PDC - Breast Screening	0	516	516
PDC - Frontline Digitisation		1,750	1,750
Charitable Funds	5,023		5,023
System Capital Allocation Reduction	0	(4,856)	(4,856)
<b>Total Capital Programme - 24/25</b>	<b>77,457</b>	<b>(3,100)</b>	<b>74,357</b>
Operational IFRS16 leases	7,360		7,360
IFRS16 leases - CDC Hinckley	19,314	(11,071)	8,243
<b>Total Capital Programme inc Leases</b>	<b>104,131</b>	<b>(14,171)</b>	<b>89,960</b>
Disposals	0	146	146
<b>Total</b>	<b>104,131</b>	<b>(14,025)</b>	<b>90,106</b>

Area	Revised Annual Plan £'000	YTD Plan £'000	M05 Actuals YTD £'000	Variance to M05 YTD Plan £'000	M05 Actuals £'000
<b>System Funded</b>					
Endoscopy Enabling works (Sipooas)	1,300	540	0	(540)	0
MES Lease	2,733	0	0	0	0
MES Enabling	2,611	586	263	(303)	114
Estates Backlog	5,602	1,550	1,612	62	519
Estates Projects	4,121	583	3,628	3,045	1,600
EM Planned Care Centre	5,200	1,125	0	(1,125)	0
IM&T - EPR & Strategic Digitisation - workplace & data	2,000	1,905	2,630	725	300
IM&T - New / Additional / Growth (laptops, PCs, mobile devices)	0	200	0	(200)	0
IM&T - Pre Committed - BAU Rep/ment /Obsolescence	2,600	967	466	(501)	4
IM&T - EPR Implementation	3,300	0	301	301	0
eEquip - IM&T - Lease	0	0	40	40	0
eEquip - IM&T - Lease Settlement	800	0	0	0	0
eEquip - IM&T - New Purchases	0	0	111	111	0
VAT Recovery - IM&T	0	0	(1,303)	(1,303)	0
Linear Accelerator	850	481	114	(367)	11
Medical Equipment	1,945	636	522	(114)	57
UEC	8,922	256	374	118	89
Corporate	987	134	(432)	(566)	(105)
VAT Recovery Offset	(2,587)	0	(2,587)	(2,587)	0
	0	0	0	0	0
<b>Total System Funded Schemes</b>	<b>40,384</b>	<b>8,963</b>	<b>5,645</b>	<b>(3,318)</b>	<b>2,989</b>
<b>PDC Funded Schemes</b>					
Reconfiguration	2,200	855	1,139	284	289
Endoscopy	11,181	3,354	926	(2,428)	265
EM Planned Care Centre	9,745	8,141	6,883	(1,258)	1,622
CDC Hinckley	3,558	0	82	82	81
Frontline Digitisation	1,750				
Breast Screening	516	0	0	0	
<b>Total PDC Funded Schemes</b>	<b>28,950</b>	<b>12,350</b>	<b>9,029</b>	<b>(3,321)</b>	<b>2,258</b>
Charitable Schemes	500	216	224	8	34
NHR External Grant 1 & 2	4,523	890	202	(688)	18
<b>Total Charity Funded Schemes</b>	<b>5,023</b>	<b>1,106</b>	<b>426</b>	<b>(680)</b>	<b>52</b>
<b>Total Capital Programme</b>	<b>74,357</b>	<b>22,419</b>	<b>15,100</b>	<b>(7,319)</b>	<b>4,899</b>
Leases IFRS16 (including re-measurement)	15,603	0	2,879	2,879	1,007
Disposed equipment	146	0	0	0	0
<b>Total Capital Programme inc Leases</b>	<b>90,106</b>	<b>22,419</b>	<b>17,979</b>	<b>(4,440)</b>	<b>5,906</b>
Donated Income/Grant rec'd	(5,024)	(1,222)	(426)	796	723
Less Book value of asset disposals	(146)	0	(146)	(146)	(7)
<b>Net CDEL</b>	<b>84,936</b>	<b>21,197</b>	<b>17,407</b>	<b>(3,790)</b>	<b>6,621</b>

The Trust commenced the year with an agreed annual plan of £104.1m. This has now been reduced by £4.9m (£5.8m for the LLR System national top slice and £11.1m amendment to the CDC Hinckley lease liability to £90.1m). This forecast is currently in line with the revised plan of £90.1m.

At Month 5, net expenditure committed was £17.4m (charge against CDEL) against a year-to-date plan of £21.2m (£3.8m underspend). In month, expenditure incurred was £5.9m, mainly relating to the renewal of IFRS16 leases associated with Ashton Care Home (£1.0m); EMPCC Construction Works (£1.6m); Estates projects (£1.6m), including Maternity Theatres (£0.4m), TGH compliance (£0.3m) and CRO (£0.9m); Estates backlog £0.5m; IM&T Schemes including EPR rollout (£0.3m); medical equipment & MES (£0.3m); NHP £0.3m; and endoscopy £0.3m.

A system capital stock take meeting with NHSE took place on 26 September. The purpose of the meeting was to discuss the LLR System's 23/24 operational and strategic programme capital position. This included reviewing the System M5 YTD and FOT capital position and understanding any capital risks / pressures and agreeing respective actions to mitigate.



# 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 rating key: Blue = Substantial Assurance, Green = Reasonable Assurance, Amber = Limited Assurance and Red = No Assurance.