Meeting title:	Public Trust Board				**Public Trust Board paper E**	
Date of the meeting:	11 April 2024					
Title:	Integrated Performance Report and Executive Summary					
Report presented by:	Lead Executive Directors: Chief Operating Officer, Chief Nurse, Medical Director, Chief Financial Officer, Chief People Officer					
Report written by:	Sarah Taylor, Deputy COO Emergency Care and Kully Kaur, Assistant Director of BI and Information					
Action – this paper is for:	Decision/Approval		Assurance	X	Update	
Where this report has been discussed previously						

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

Impact assessment

Acronyms used

Purpose of the Report

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

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: FEBRUARY 2024

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

Urgent & Emergency Care **Updates on** **Flow in** **Flow through** **Flow out** 	In February, UHL only ED 4-hour performance was 56.8% with an LLR performance of 72.9% this meant that UHL ranked 47th out of 124 Acute Trusts based on it's acute footprint. The National average in England was 70.9%. 23 out of the 124 Acute Trusts achieved the target. UHL ranked 7th out of 17 trusts in its peer group. The best value out of the Peer Trusts was 80.6% and the worst value was 55.8%. In February, UHL ranked 121st out of 122 Major A&E NHS Trusts. 8 out of the 122 Trusts achieved the target. The best value nationally was 0 and the worst value was 1,792. UHL ranked 17th out of 18 trusts in its peer group. Ambulance performance saw a loss of 1101 hrs over 60 minutes at LRI ranked 19th out of 24 sites in the East Midlands Admissions in February saw a 21% increase 8892 compared to 7356 in February 2023. Actions remain in place for March:- • Opening of additional community capacity in Loughborough and Coalville – 34 beds • Additional UTC capacity in Oadby and Merlin Vaz • Block booking of ambulances to increase capacity and prevent re-beds • Consistent allocation to one over beds in LPT
Elective Care **Referrals and Outpatient performance** **Elective activity** **Pathway Improvements** 	The end of February position was better than forecast with a validated position of 40 patients waiting 78 weeks or more for treatment/discharge, despite the impact of Industrial Action that took place at the end of February. **78 week plus route to zero position by speciality:** There has been a deterioration of the end of March position from 10 patients at the end of the month to 19 and 2 patients at the end of April. This is primarily due to the urgent and emergency care pressures leading to cancellations, particularly at the Leicester Royal Infirmary site, impacting predominately upon adult complex general surgery and both adults and paediatric ENT. Due to the complexity of the patients and the procedures, it makes it very difficult to re-date, especially with the cancer backlog in these specialties also.

	65 week position The Trust wide forecast shows that there will be a total of 178 patients outstanding at the end of March. The majority are within paediatric ENT, Gynaecology and admitted orthopaedics. 10 out of the top 12 specialities are forecasting <20 pathways remaining waiting over 65 weeks at the end of March. Forecasting shows that the expected delivery date will be May 2024. This is ahead of the expected relaxing of the 65-week achievement expected in the planning guidance, where we are anticipating a target of September to get to zero. **Outpatients** The DNA rate has continued to reduce and expecting a further reduction in March which is positive. PIFU has also started to improve from being relatively stable over the last couple of months and is expected to hit 5% by the end of March.
Cancer **Referrals** **2 week wait** **Faster Diagnosis Standard** **62-day referral to treatment** 	>62 day backlog is ahead of trajectory and on track to deliver the Trust's fair share commitment of no more than 309 patients waiting by March 24. Referrals remain 7% YTD above 2022. 28 days Faster Diagnosis Standard continues to achieve and is forecast to deliver the standard by March 24. 62 and 31 day performance deteriorated in January as a result of further industrial action, and whilst focus remains on clinical prioritisation and longest waiters. Recovery plans are targeted to reduce time to first seen, improve FDS and reduce patients waiting over 62 days. 31 day performance is constrained particularly within radiotherapy. Mitigations are in place to reduce the waits in over the next year and ongoing work to review opportunities in Oncology to best utilise capacity, working with Trusts in the East Midlands to review mutual aid and workforce sustainability.
Quality 	Significant and sustained operational pressures continued across the emergency care pathway along with industrial action. Whilst we recognise the poor experience caused by overcrowding the performance across key metrics remains stable. Our adoption of PSIRF remains on plan and our electronic oversight of safety checks (my kit check) roll out has commenced. We continue to focus on the fundamentals of care including good infection control practice and the reduction of hospital associated pressure damage. Timely response to complaints continues to improve with the introduction of the new PALS service
Finance 	For February (M11), the Trust is reporting an in month surplus of £11.3m, which is £2.9m worse than the NHSE trajectory adjusted for industrial action. Year to date, the Trust has a deficit of £45.7m which is £8.8m worse than forecast which is mainly due to UEC pathway (£5.1mA), IA costs not funded £2mA, loss of NHSE income for PDC/Depn £2.3mA and other small variances of £0.6mF. The Trust received £10m deficit funding and £6.7m for IA, although the costs incurred for amount to £8.6m.

	CIP delivery is currently behind plan, YTD the Trust has delivered £52.5m against a plan of £53.7m. Of this delivery, £21.8m is recurrent and £30.7m non recurrent. The Trust incurred gross expenditure of £80.5m in the year to 29th February, which nets down to £74.4m, after deducting charitable donations and the net book value of assets disposed, which was £13.7m lower than the M11 year to date plan of £94.2m, and £8.7m above forecast. The cash position at the end of February was £63.1m, representing an increase on the previous month. The Trust is projecting a cash surplus of +£45.8m for 31 2024, based on delivery of the forecast I&E deficit.
Workforce 	Our turnover remains stable at 6.5% against the 10% target. Registered Nursing and Midwifery vacancies have continued to reduce, with Adult Nursing down to 3.2%, Midwives at 5.1% and Paediatric Nursing at 13.5% (from 14.1% in January). HCSW vacancies are showing an increase at 15.1%, but with the recent re-banding exercise and review of skill mix, this will be further reviewed and is anticipated to be lower than reported. Sickness absence is reported a month in arrears and in January we saw an increase from 5.2% to 5.3%, which in part is explained by seasonal fluctuations, in addition to ongoing industrial action and impact on workforce fatigue. The year to date position is at 4.9% against the 3% target. Statutory and mandatory training compliance has remained at 93% for the last 3 months. Appraisal performance has seen an increase to 82.7% against the 95% target, and an area requiring further focus in Corporate areas in particular. An amber rating remains in place and KPIs continue to be monitored through Trust Performance Review meetings.
Tranformation & Productivity **Key Overview** **e.g Urgent and Emergency Care, Elective, digital, Estates etc**	<u>Elective Care</u> • Work continues to deliver PIFU across the Trust with a sustained improvement to now 4.3% against the national target of 5% and exceeding our local target of 3.5%. Increased uptake on digital PIFU remains the focus across all specialties. The focus for the next two months will be targeted work with specialties that could offer more PIFU to reach 5% • The rollout of Accurx for two way text messaging is nearing its completion with only three areas left to switch. The DNA rate is showing a further improvement for February • Standardised validation process is now embedded as BAU and UHL are almost at the national target

	• New ways in preparing patients for appointments and diagnostic procedures is in pilot stages to avoid OTDC and DNAs • Improved delivery of Daycase procedure in multiple areas and a launch of a daycase plan UEC • Established SDEC Steering Group and improved offerings in multiple specialties as well as integration with Clinical Bed Bureau

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

February 2024

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- Finance
- Appendix - Data Quality Assessment

Trust Overview (Year to Date)

Safe	Caring	Well Led	Effective	Responsive Emergency Care	Responsive Elective Care	Responsive Cancer Care	Finance
Never Events	Single Sex Breaches	Turnover Rate	Mortality Published SHMI	ED 4 Hour Waits LLR	RTT Incompletes	28 Day FDS	Trust level control level performance
Clostridium Difficile	Inpatient and Day Case F&F Test % Positive	Sickness Absence (Excludes E&F staff)	Mortality 12 months HSMR	ED 4 Hour Waits UHL	RTT 52+ Weeks	31 Day Combined	Capital expenditure against plan
MRSA Total	A&E F&F Test % Positive	% of Staff with Annual Appraisal (Excludes E&F staff)	Crude Mortality Rate	Mean Time to Initial Assessment	RTT 65+ Weeks	62 Day Backlog	Cost Improvement (Includes Productivity)
MSSA Acute	% Complaints - 25 Days	Statutory and Mandatory Training	DNA Rate - IMD Deciles 1 and 2	12 Hour Trolley Waits in A&E	RTT 78+ Weeks	62 Day Combined	Cashflow
All Falls Reported per 1000 Bed Days	% Complaints - 60 Days	Adult Nursing Vacancies	DNA Rate - IMD Deciles 3 and 10	12 Hour Waits in Department	6 Week Diagnostic		Aged Debt
Moderate Harm and Above per 1000 Bed Days		Paed Nursing Vacancies	Gestation at Booking 71+ days, IMD Deciles 1 and 2	Ambulance Handovers	Theatre Utilisation		Invoices paid within 30 days (value)
HAPU - All categories per 1000 bed days		Midwives Vacancies	Gestation at Booking 71+ days, IMD Deciles 9 and 10	Ambulance Handover > 60 mins	PIFU		Invoices paid within 30 days (volume)
VTE Assessment		HCA Vacancies - excluding Maternity	Gestation at Booking 71+ days, White British	% Ambulance Handover > 60 mins	% Outpatient DNA Rate		
		HCA Vacancies - Maternity	Gestation at Booking 71+ days, Black African or Black Caribbean	Total Lost Ambulance Hours	% Outpatient Non Face to Face		
			Gestation at Booking 71+ days, Asian Indian, Bangladeshi or Pakistani	P1 & P2 Patients Waiting >24 Hrs for Discharge			
				Trust Bed Occupancy			
				Long Stay Patients > 21 days			

University Hospitals Leicester

Trust Overview (Current Month)

Safe	Caring	Well Led	Effective	Responsive Emergency Care	Responsive Elective Care	Responsive Cancer Care	Finance
Never Events	Single Sex Breaches	Turnover Rate	Mortality Published SHMI	ED 4 Hour Waits LLR	RTT Incompletes	28 Day FDS	Trust level control level performance
Clostridium Difficile	Inpatient and Day Case F&F Test % Positive	Sickness Absence (Excludes E&F staff)	Mortality 12 months HSMR	ED 4 Hour Waits UHL	RTT 52+ Weeks	31 Day Combined	Capital expenditure against plan
MRSA Total	A&E F&F Test % Positive	% of Staff with Annual Appraisal (Excludes E&F staff)	Crude Mortality Rate	Mean Time to Initial Assessment	RTT 65+ Weeks	62 Day Backlog	Cost Improvement (Includes Productivity)
MSSA Acute	% Complaints - 25 Days	Statutory and Mandatory Training	DNA Rate - IMD Deciles 1 and 2	12 Hour Trolley Waits in A&E	RTT 78+ Weeks	62 Day Combined	Cashflow
All Falls Reported per 1000 Bed Days	% Complaints - 60 Days	Adult Nursing Vacancies	DNA Rate - IMD Deciles 3 and 10	12 Hour Waits in Department	6 Week Diagnostic		Aged Debt
Moderate Harm and Above per 1000 Bed Days		Paed Nursing Vacancies	Gestation at Booking 71+ days, IMD Deciles 1 and 2	Ambulance Handovers	Theatre Utilisation		Invoices paid within 30 days (value)
HAPU - All categories per 1000 bed days		Midwives Vacancies	Gestation at Booking 71+ days, IMD Deciles 9 and 10	Ambulance Handover > 60 mins	PIFU		Invoices paid within 30 days (volume)
VTE Assessment		HCA Vacancies - excluding Maternity	Gestation at Booking 71+ days, White British	% Ambulance Handover > 60 mins	% Outpatient DNA Rate		
		HCA Vacancies - Maternity	Gestation at Booking 71+ days, Black African or Black Caribbean	Total Lost Ambulance Hours	% Outpatient Non Face to Face		
			Gestation at Booking 71+ days, Asian Indian, Bangladeshi or Pakistani	P1 & P2 Patients Waiting >24 Hrs for Discharge			
				Trust Bed Occupancy			
				Long Stay Patients > 21 days			

University Hospitals Leicester

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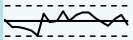
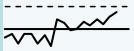
Performance Overview (Safe)

Domain	Key Performance Indicator	Target	Dec-23	Jan-24	Feb-24	YTD	Assurance	Variation	Trend	Data Quality Assessment	Local or National Target?	Exec Lead
Safe	Never events	0	0	0	0	3				Nov-22	National	Chief Nurse and Medical Director
	Clostridium Difficile per 100,000 Bed Days	92 cases per year	10.8	19.5	20.8	20.0				Mar-24	Local	Chief Nurse and Medical Director
	Methicillin Resistant Staphylococcus Aureus Total	0	2	0	0	5				Mar-24	Local	Chief Nurse and Medical Director
	Methicillin-susceptible Staphylococcus Aureus Acute	40	3	2	4	35				Mar-24	Local	Chief Nurse and Medical Director
	All falls reported per 1000 bed days	5.5	2.8	2.9		3.0	P			Aug-22	Local	Chief Nurse and Medical Director
	Rate of Moderate harm and above Falls Patient Saftey Incidents with finally approved status per 1,000 bed days	0.19	0.04	0.04		0.06	P	L		Aug-22	Local	Chief Nurse and Medical Director
	Hospital Acquired Pressure Ulcers - All categories per 1000 bed days	1.9	2.4	2.2	2.6	2.5				Jun-21	Local	Chief Nurse and Medical Director
	% of all adults Venous Thromboembolism Risk Assessment on Admission	95%	96.8%	97.0%	96.2%	96.9%	P	L		Oct-21	National	Chief Nurse and Medical Director

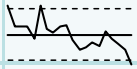
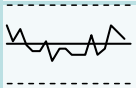
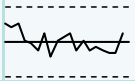
Performance Overview (Caring)

Domain	Key Performance Indicator	Target	Dec-23	Jan-24	Feb-24	YTD	Assurance	Variation	Trend	Data Quality Assessment	Local or National Target?	Exec Lead
Caring	Single Sex Breaches		32	21	27	176				Jul-22	Local	Chief Nurse and Medical Director
	Inpatient and Day Case Friends & Family Test % Positive*	95%	96%	97%	97%	97%				Jul-22	Local	Chief Nurse and Medical Director
	A&E Friends & Family Test % Positive**	77%	81%	83%	76%	81%				Jul-22	Local	Chief Nurse and Medical Director
	% Complaints Responded to in Agreed Timeframe - 25 Working days	95%	65.5%	85.2%		63%				Jul-23	Local	Chief Nurse and Medical Director
	% Complaints Responded to in Agreed Timeframe - 60 Working days	95%	100%			74%				Jul-23	Local	Chief Nurse and Medical Director

Performance Overview (Well Led)

Domain	Key Performance Indicator	Target	Dec-23	Jan-24	Feb-24	YTD	Assurance	Variation	Trend	Data Quality Assessment	Local or National Target?	Exec Lead
Well Led	Turnover Rate	10%	6.6%	6.5%	6.5%		P	L		Aug-22	Local	Chief People Officer
	Sickness Absence (Excludes Estates & Facilities staff)	3%	5.2%	5.3%		4.9%	F			Feb-24	Local	Chief People Officer
	% of Staff with Annual Appraisal	95%	83.0%	81.9%	82.7%		F	H		Feb-24	Local	Chief People Officer
	Statutory and Mandatory Training	95%	93%	93%	93%		F			Dec-22	Local	Chief People Officer
	Adult Nursing Vacancies	10%	5.1%	2.7%	3.2%		?	L		Dec-23	Local	Chief People Officer
	Paed Nursing Vacancies	10%	13.9%	14.1%	13.5%		?	H		Dec-23	Local	Chief People Officer
	Midwives Vacancies	10%	9.7%	8.5%			F	L		Dec-23	Local	Chief People Officer
	Health Care Assistants and Support Workers Vacancies - excluding Maternity	10%	15.4%	14.0%	15.1%		F			Dec-23	Local	Chief People Officer
	Health Care Assistants and Support Workers Vacancies - Maternity	5%	4.3%	0.7%	-1.5%		?			Dec-23	Local	Chief People Officer

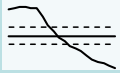
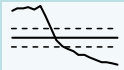
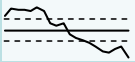
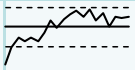
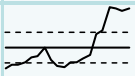
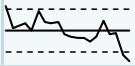
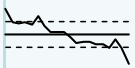
Performance Overview (Effective)

Domain	Key Performance Indicator	Target	Dec-23	Jan-24	Feb-24	YTD	Assurance	Variation	Trend	Data Quality Assessment	Local or National Target?	Exec Lead
Effective	Published Summary Hospital-level Mortality Indicator (SHMI)	100	102	102	102	102 Oct 22 to Sep 23)	Assurance and variance not applicable			May-21	Local	Chief Nurse and Medical Director
	12 months Hospital Standardised Mortality Ratio (HSMR)	100	98	98	100	Dec 22 to Nov 23	Assurance and variance not applicable			May-21	Local	Chief Nurse and Medical Director
	Crude Mortality Rate		1.3%	1.2%	0.9%	1.0%				May-21	Local	Chief Nurse and Medical Director
	DNA Rate - IMD Deciles 1 and 2	5%	10.7%	10.4%	9.6%	10.7%				TBC	Local	Director of Health Inequality and Inclusion
	DNA Rate - IMD Deciles 3 - 10	5%	6.9%	6.0%	5.7%	6.6%				TBC	Local	Director of Health Inequality and Inclusion
	Gestation at Booking 71+ days, IMD Deciles 1 and 2		37.0%	34.0%		35.3%				TBC	Local	Director of Health Inequality and Inclusion
	Gestation at Booking 71+ days, IMD Deciles 9 and 10		30.0%	28.0%		26.1%				TBC	Local	Director of Health Inequality and Inclusion
	Gestation at Booking 71+ days, White British		21.0%	27.0%		23.6%				TBC	Local	Director of Health Inequality and Inclusion
	Gestation at Booking 71+ days, Black African or Black Caribbean		56.0%	57.0%		51.1%				TBC	Local	Director of Health Inequality and Inclusion
	Gestation at Booking 71+ days, Asian Indian, Bangladeshi or Pakistani		29.0%	39.0%		32.3%				TBC	Local	Director of Health Inequality and Inclusion

Performance Overview (Responsive Emergency Care)

Domain	Key Performance Indicator	Target	Dec-23	Jan-24	Feb-24	YTD	Assurance	Variation	Trend	Data Quality Assessment	Local or National Target?	Exec Lead
Responsive (Emergency Care)	Emergency Department 4 hour waits LLR	76%	73.3%	73.5%	72.9%	72.2%	?			Mar-23	National	Chief Operating Officer
	Emergency Department 4 hour waits UHL	76%	57.7%	56.8%	56.1%	57.0%	F			Apr-23	National	Chief Operating Officer
	Mean Time to Initial Assessment	15	29.6	34.8	31.5	25.8	F			Nov-22	National	Chief Operating Officer
	12 hour trolley waits in Emergency Department (DTA)	0	1,167	1,625	1,285	12,397	F			Mar-23	National	Chief Operating Officer
	Number of 12 hour waits in the Emergency Department	0	2,734	3,316	2,873	28,423	F			Mar-23	National	Chief Operating Officer
	Number of Ambulance Handovers		4,836	4,889	4,613	51,796		H		Data sourced externally	Local	Chief Operating Officer
	Number of Ambulance Handovers >60 Mins	48	899	1460	1101	6728	?			Data sourced externally	Local	Chief Operating Officer
	Percentage of Ambulance Handovers >60 Mins	1%	18.6%	29.9%	23.9%	13.0%	?			Data sourced externally	Local	Chief Operating Officer
	Total lost Ambulance Hours	40 per day	3114	4732	3377	22133	?			Data sourced externally	Local	Chief Operating Officer
	Number of patients waiting greater than 24 hours for discharge P1, P2		79	65	81		Awating more data for assurance and variance			Data sourced externally	Local	Chief Operating Officer
	Trust Bed Occupancy	92%	91.5%	91.5%	91.0%		?	?		Dec-23	National	Chief Operating Officer
	Long Stay Patients (21+ days) as a % of G&A Bed Occupancy	12%	14.5%	14.7%	15.0%		F	?		Apr-23	Local	Chief Operating Officer

Performance Overview (Responsive Elective Care)

Domain	Key Performance Indicator	Target	Dec-23	Jan-24	Feb-24	YTD	Assurance	Variation	Trend	Data Quality Assessment	Local or National Target?	Exec Lead
Responsive (Elective Care)	Referral to Treatment Incompletes	103,733	109,275	108,646	109,288		F	L		Jun-23	Local	Chief Operating Officer
	Referral to Treatment 52+ weeks	0 by Mar25	4,286	3,743	3,070		F	L		Jun-23	National	Chief Operating Officer
	Referral to Treatment 65+ weeks	0 by Mar24	954	802	578		F	L		Jun-23	National	Chief Operating Officer
	Referral to Treatment 78+ weeks	0	65	63	40		F	L		Jun-23	National	Chief Operating Officer
	6 Week Diagnostic Test Waiting Times	15%	27.8%	29.8%	21.9%		F	L		Jul-23	National	Chief Operating Officer
	Theatre Utilisation	85.0%	75.2%	75.0%	75.2%	75.2%	F			Dec-23	National	Chief Operating Officer
	PIFU	3.5%	4.2%	4.1%	4.2%	3.1%	F	H		Oct-23	Local	Chief Operating Officer
	% Outpatient Did Not Attend rate	5%	7.8%	6.9%	6.7%	7.6%	F	L		Apr-23	Local	Chief Operating Officer
	% Outpatient Non Face to Face	25%	30.2%	28.7%	26.0%	29.4%	P	L		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	Dec-23	Jan-24	Feb-24	YTD	Assurance	Variation	Trend	Data Quality Assessment	Local or National Target?	Exec Lead
Responsive (Cancer)	28 Day Faster Diagnosis Standard	75%	80.8%	75.2%		74.3%	?			Feb-23	National	Chief Operating Officer
	Cancer 31 Day Combined	96%	77.7%	70.8%		78.1%	F			TBC	National	Chief Operating Officer
	62 Day Backlog	309	376	351	307		F	L		Feb-23	Local	Chief Operating Officer
	Cancer 62 Day Combined	85%	58.6%	55.6%		54.6%	F			Feb-23	National	Chief Operating Officer

Performance Overview (Finance)

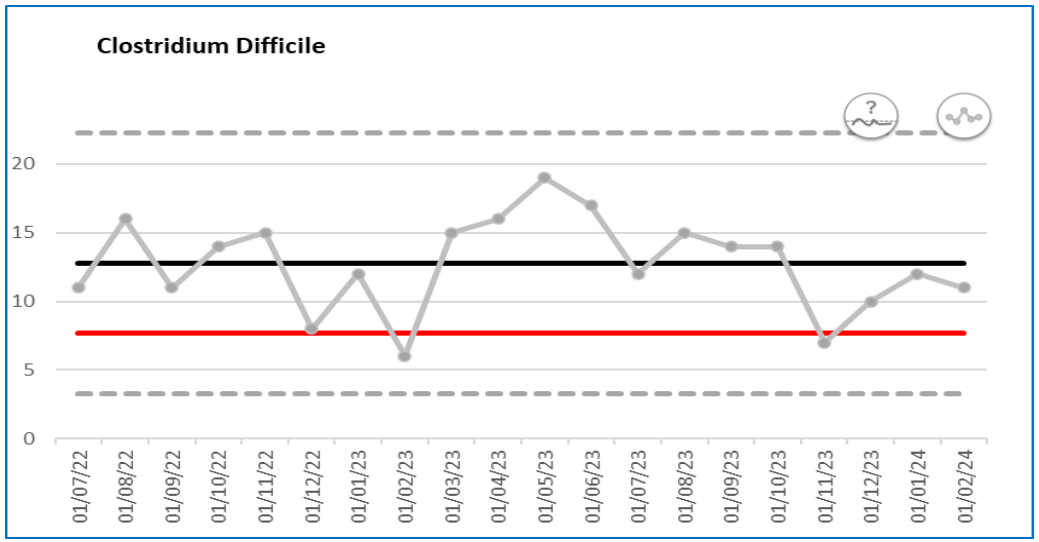
Domain	Key Performance Indicator	Target YTD	Dec-23	Jan-24	Feb-24	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Finance	Trust level control level performance	-£36.9m	-£6.5m	-£9.7m	-£11.3m	-£45.7m				Jun-22	Chief Financial Officer
	Capital expenditure against plan	£88.7m	£9.1m	£6.9m	£16.3m	£74.4m				Jun-22	Chief Financial Officer
	Cost Improvement (Includes Productivity)	£53.7m	£5.1m	£10.7m	£11.2m	£52.5m				Dec-23	Chief Financial Officer
	Cashflow	No Target	-£4.2m	£3.4m	£40m	£63.1m				Jun-22	Chief Financial Officer
	Aged Debt	No Target	£16.8	£16.6m	£17.7m	£17.7m				Feb-24	Chief Financial Officer
	Invoices paid within 30 days (value)	95%	95%	94%	93%					Feb-24	Chief Financial Officer
	Invoices paid within 30 days (volume)	95%	96%	94%	94%					Feb-24	Chief Financial Officer

Performance Overview (Activity)

Domain	Activity Type	Plan 23/24	Plan in Month (M11)	Activity In Month (M11)	Variance In Month (M11)	Plan YTD	Actual YTD	Variance YTD	YTD Variance to 19/20
Activity	New Outpatients (inc. NFTF)	365,686	20,322	20,949	627	230,383	227,457	-2,926	-19,928
	Follow Up Outpatients (inc. NFTF)	329,270	52,180	57,159	4,979	584,714	505,868	-78,846	-49,130
	Outpatient Procedures	349,214	12,008	17,099	5,091	140,959	150,370	9,411	6,664
	Daycase	108,635	11,523	9,598	-1,925	102,101	102,823	722	3,399
	Inpatient	19,625	1,618	1,893	275	18,027	17,590	-437	-515
	Emergency	95,618	7,884	8,782	898	87,417	92,805	5,388	2,155
	Non Elective	22,578	1,733	1,841	108	20,661	20,648	-12	338
	Emergency Department (inc. Eye Casualty)	259,693	20,771	21,821	1,050	237,582	243,665	6,083	6,199
	Diagnostic Imaging	161,689	34,060	20,576	-13,484	169,422	165,402	-4,020	13,622
	Other	11,573,486	978,083	1,007,490	29,407	10,624,367	10,617,881	-6,485	2,582,819
	TOTAL	13,285,493	1,140,182	1,167,208	27,026	12,215,632	12,144,510	-71,123	2,545,623

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

Safe – Clostridium Difficile



Cases			Cases per 100,000 Bed Days		
Feb 24	YTD	Target	Feb 24	YTD	Target
10	146	92	20.79	19.96	NA

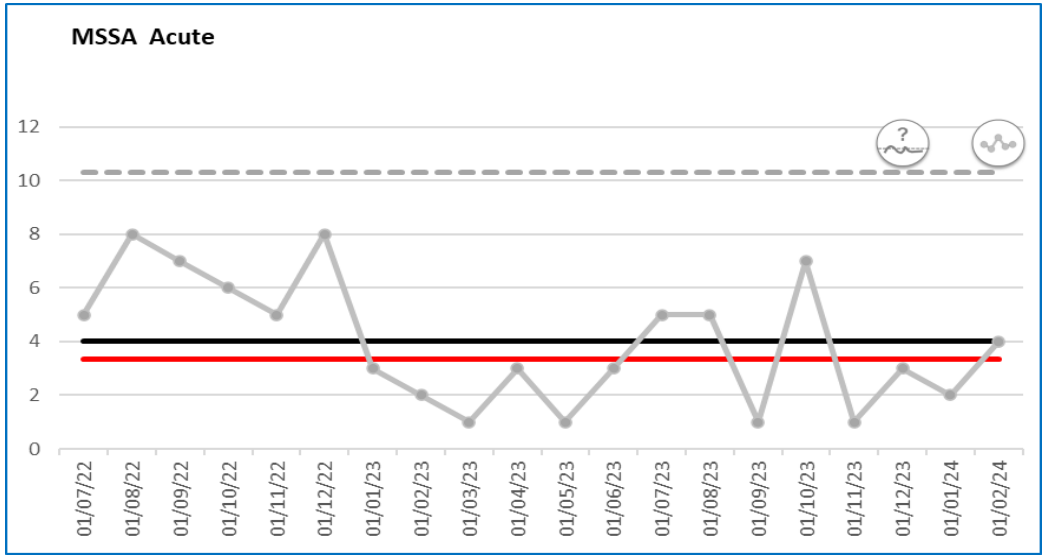
National Position & Overview

HOHA cases YTD = 97
COHA cases YTD = 49
(HOHA & COHA) 23/24 = 146

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

Root Cause	Actions	Impact/Timescale
• There are no new themes to report with regard to the Root Cause of acquisition of CDI	• Focused attention on antimicrobial prescribing practice is on-going with one of the main focus being avoidance of broad spectrum antibiotic use except where necessary. • A proposal for a new stewardship committee with CMG medical attendance. • Focused action by CMG Operational Infection Prevention Groups to review and monitor monthly CDT data. Where required develop a CDT reduction action plan. • Ribotyping severe cases of CDI or any increased incidents in a clinic area to rule out the emerging strain 955. • CDI specialist to work with NHSE midlands on training package	• On-going focus within CMG Operational Groups • The training package is almost due for release. Once released CDI specialist will adopt what is relevant for UHL.

Safe – Methicillin-susceptible Staphylococcus Aureus Acute



Current Performance			Cases per 100,000 Bed Days		
Feb 24	YTD	Target	Feb 24	YTD	Target
4	56	0	8.68	6.53	NA

National Position & Overview

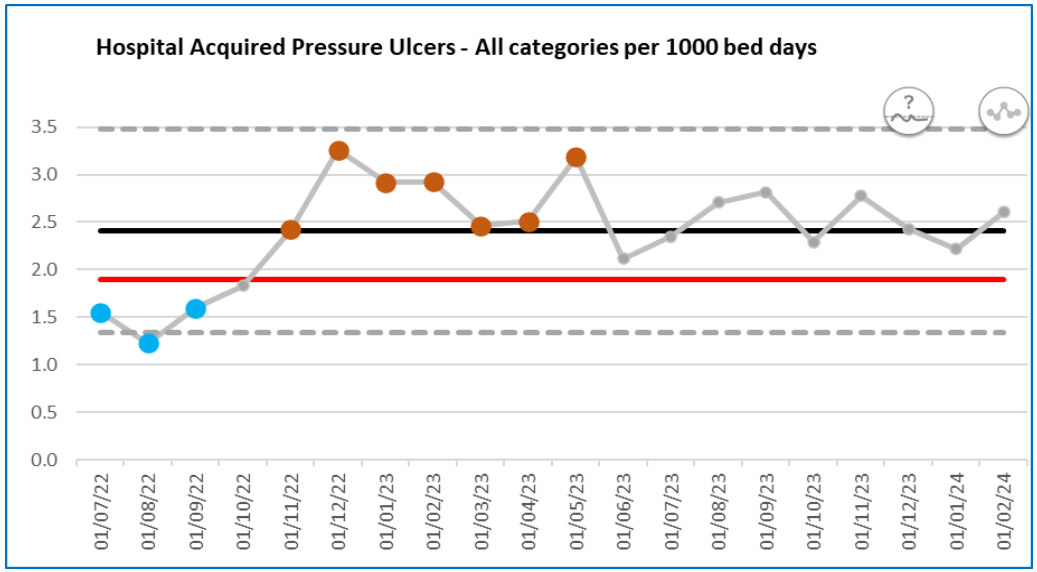
There are no thresholds set for MSSA by NHSE, the threshold is set by UHL to monitor the number of cases.

HOHA cases YTD = 35
COHA cases YTD = 21
(HOHA & COHA) 23/24 = 56

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

Root Cause	Actions	Impact/Timescale
• Peripheral and Central line infections of the bloodstream • Surgical Site Infections • Increased attendance of high acuity patients through the Emergency and Specialist medicine departments	• A PIR review of each MSSA case is currently undertaken. PIRs are to be discussed in line with changes to PSIRF • A yearly ANTT programme across UHL has commenced March 2024. Baseline data is currently been reviewed • 2023/2024 Denominator data for blood cultures taken in comparison to MSSA positive cultures is currently been collected and will be reviewed once all submissions have been authorised. • A thematic review of the years cases will be undertaken to identify any consistent themes	• 2023/2024 end of year report of the blood culture data will be ready for TIPAC Q1 2024/2025 • ANTT baseline data to be presented at TIPOG 11th April 2024.

Safe – Pressure Ulcers per 1,000 Bed days



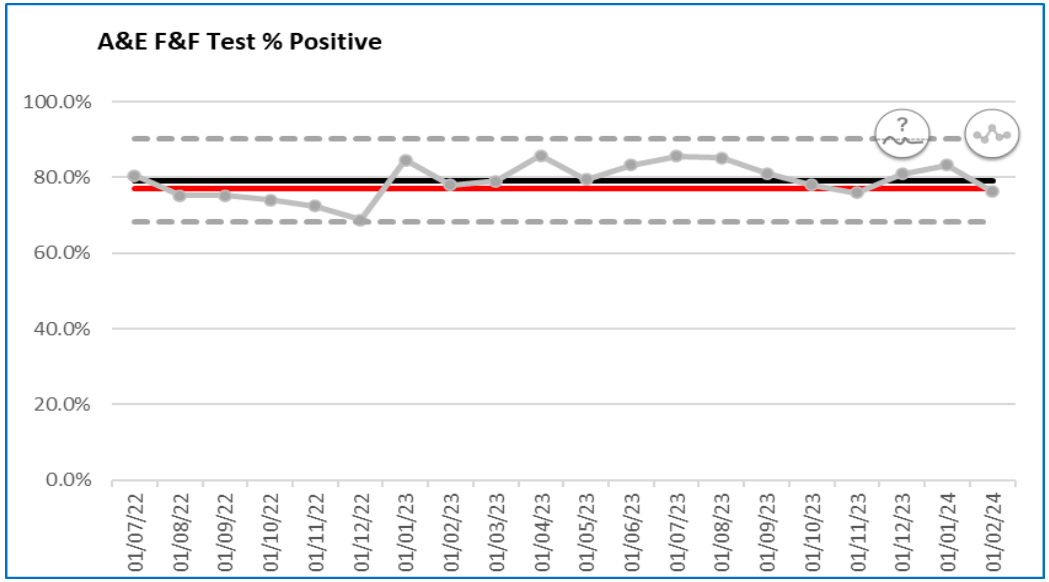
Current Performance		
Feb 24	YTD	Target
2.6	2.5	1.9

National Position & Overview

Informal benchmarking across other organisations shows a similar picture in regard to numbers and trends. Leicester continues to report a low number of moderate or serious harms.
This month 1 x cat 4 and 1 x cat 3 were escalated
The most common areas for hospital damage continue to be Buttocks, sacrum and heels
Analysis of data suggests an increased trend in ITAPs and EM with further work being undertaken to understand these increases

Root Cause	Actions	Impact/Timescale
Contributing factors continue to be: - categorization of wounds	Further educational sessions to be delivered by Prof Jenni Macdonald and team	Training sessions to commence in April 24 to be offered out to all clinical teams
- Recognition of risk and appropriate measures being put into place	DCN to meet with Hons for EM and ITAPs to understand increases in those CMGs	Meetings and analysis of data to take place in March 24 to form action plans for each CMG
- Timely provision of care including repositioning	Pioneer phase 3 commenced on 1st March which includes unstageable wound advice	Monitoring going forward over the next months for Pioneer wards
	Ongoing work with Medstrom regarding suitable surfaces for patients	Feedback expected in April from ongoing investigations

Caring – A&E Friends and Family Test - % Positive



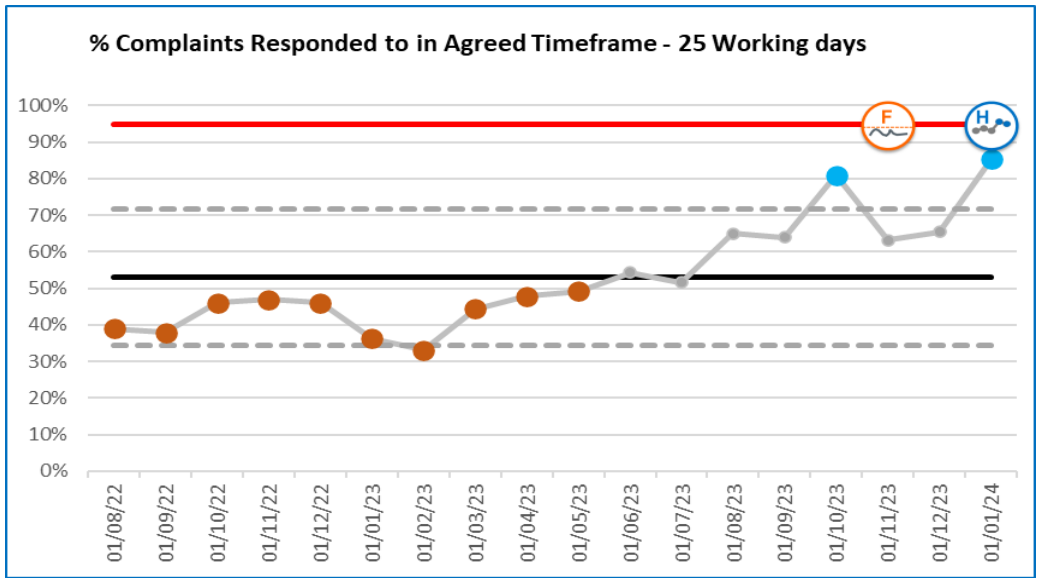
Current Performance		
Feb 24	YTD	Target
76%	81%	95%

National Position & Overview

UHL performance has declined slightly over the past month but remains within expected ranges.
National performance in December was 78%, UHL ranked 42 out of 122 acute trusts and 3 out of 18 in its peer group. The highest performing trust in UHL's peer group achieved 85% and the lowest performing trust achieved 60%.

Root Cause	Actions	Impact/Timescale
• Continuing increased attendances and longer wait times for patients which mirrors the national picture.	• Increased HCA's at the front door completing observations/ ECGs to support triage. • Increased food provision to include a greater menu choice for patients. • Free hot drinks machine in place. • Housekeepers continue to provide set drinks rounds in bay areas and injuries. • Wait times now displayed in injuries. • Awaiting implementation of patient information board in ED Reception. • Replacement of ED trolley mattresses 70% complete. This is to improve comfort and pressure relief. • Patients are offered a hospital bed whilst waiting admission. • Open visiting is supported across the whole ED.	With reduction in wait times and focus on Quality, improvement in satisfaction scores has been demonstrated by comparison to this time last year, and will continue to improve.

Caring – % Complaints Responded to in Agreed Timeframes



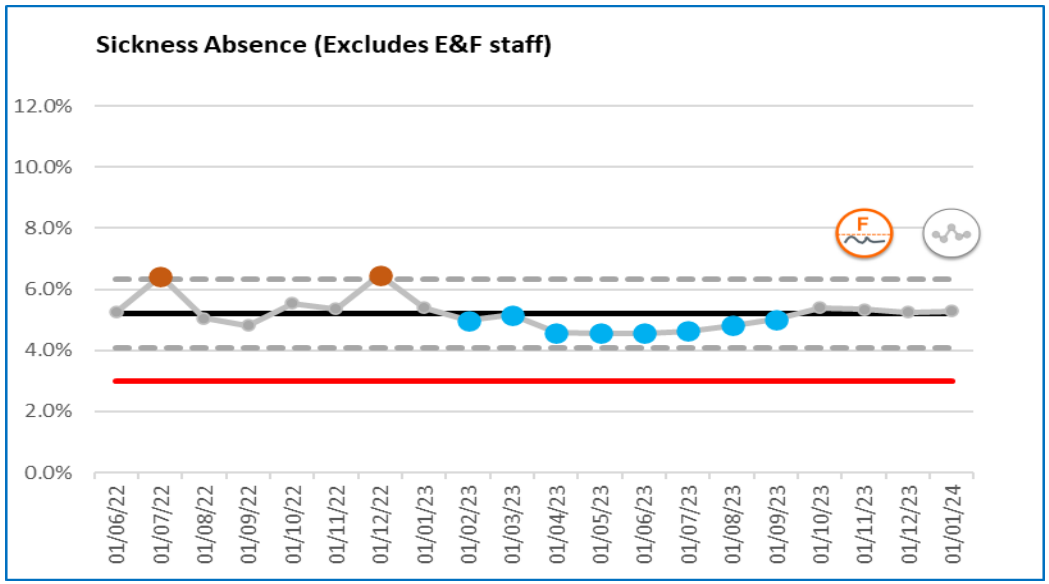
25 Working Days		
Jan 24	YTD	Target
85%	63%	95%

60 Working Days		
Dec 23	YTD	Target
100%	74%	95%

National Position & Overview

Root Cause	Actions	Impact/Timescale
• Improvement by 6% from December 2023 in number of 25 working day complaint responses achieving the deadlines • Timeliness of the complaint process has improved following a change in the way the Complaints team work • PALS continues to expand to support the complaints process	• Complaints process mapping has commenced which will improve the quality and timeliness of the Trust's complaint responses • Increase in PALS capacity	• It is anticipated that the 25 & 60 working day targets will improve • Reduction in formal complaint numbers due to PALS

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



Current Performance		
Jan 24	YTD	Target
5.3%	4.9%	3%

National Position & Overview

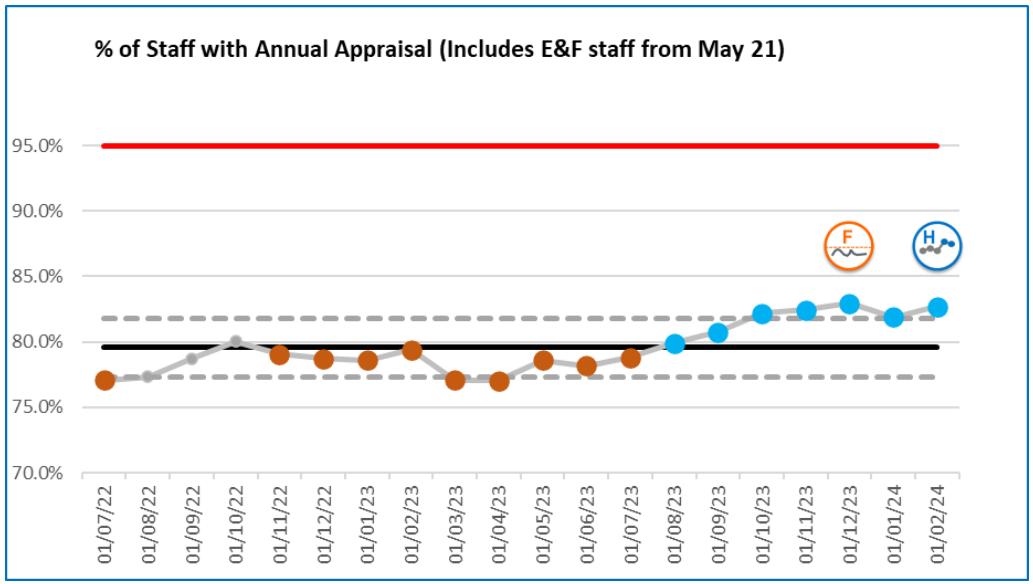
Peer data not available.

Sickness absence levels have been maintained at 5.3% in November and December 2023.

Estates and Facilities absence will be captured through ESR in the coming months.

Root Cause	Actions	Impact/Timescale
• The top 3 reasons for sickness absence are anxiety/stress/depression (18.69%), Other known reasons (15.71%), unknown causes (9.30%) and cough/cold/flu (9.06%). • We expected to see increased seasonal cold, flu, COVID-19 and measles impacts during the January. • Strike action is continuing to have an impact on staff absence and fatigue levels, with 6 days in January 2024 and a further 4 in February 2024.	• The person-centred 'Just and Restorative' approach to attendance and wellbeing was implemented in December 2022, and remains in place whilst the updated policy is finalized. • Wellbeing conversations are encouraged to support colleagues alongside a number other wellbeing initiatives communicated through the Wellbeing Wednesday updates. These include the Amica Service, Inner Wellness Webinars, focused support on national and international days e.g. No Smoking Day, International Womens Day. Support for the Health and Wellbeing of our doctors, menopause support, activities for colleagues to access for their wellbeing e.g. theatre tickets, singing, physical activities etc. • SMART absence reports are reviewed regularly in People Services to ensure robust action plans are in place, with particular focus on absences over 3, 6 and 10 months. • The COVID-19 and Flu vaccinations have been promoted during December and January 2024. • Advice and guidance has been provided on the management of measles.	• The new policy should be in the coming months. • This will be supported with training, template letters and toolkit/guidance. • The Trust is working alongside other Trusts regarding benchmarking and sharing best practice. • The staff survey will be an indicator of the effectiveness of the 'winter wellbeing' approach implemented in 2023.

Well Led – % of Staff with Annual Appraisal



Current Performance		
Feb 24	YTD	Target
82.7%	-	95%

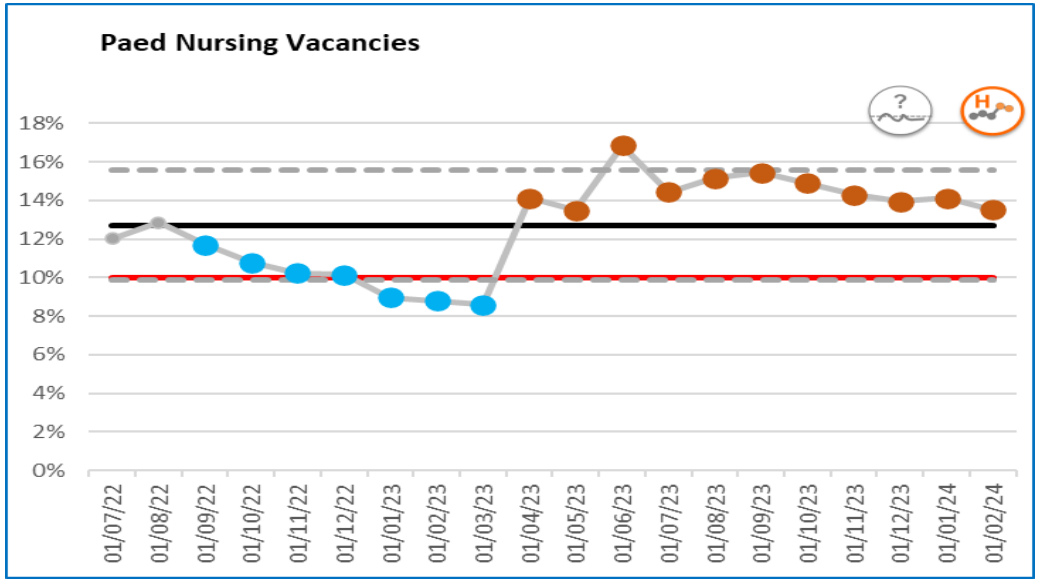
National Position & Overview

Peer data not available.

There has been a slight improvement of 0.8% in the Trust wide Appraisal performance. We are 12.3% away from the Trust target of 95%.

Root Cause	Actions	Impact/Timescale
• A number of colleagues have had appraisals within the last 12 months, outside the reporting/ incremental date and therefore show as non-compliant. • Over the last year strike action will have impacted management time and the ability to undertake appraisals.	• It was acknowledged in recent exception reports that we would be unlikely to reach full compliance of 95% in the short term. • From 2023, CMG reports are provided, highlighting performance and areas of focus, to enable targeted support and action. • In month, the appraisal average for CMGs is 85.4% , an improvement of 0.5% and for Corporate Directorates, 71.9%, with an improvement of 2.1%. • ITAPS is exceeding the Trust target and is currently at 95.4%; closely followed by RRCV at 93.4% • Regular meetings with line managers are taking place at CMG level to review appraisal performance and any additional support required.	• Appraisals are reviewed through regular line management and Board oversight meetings. • Appraisals are also monitored through the PRM monthly meetings.

Well Led – Paed Nursing Vacancies



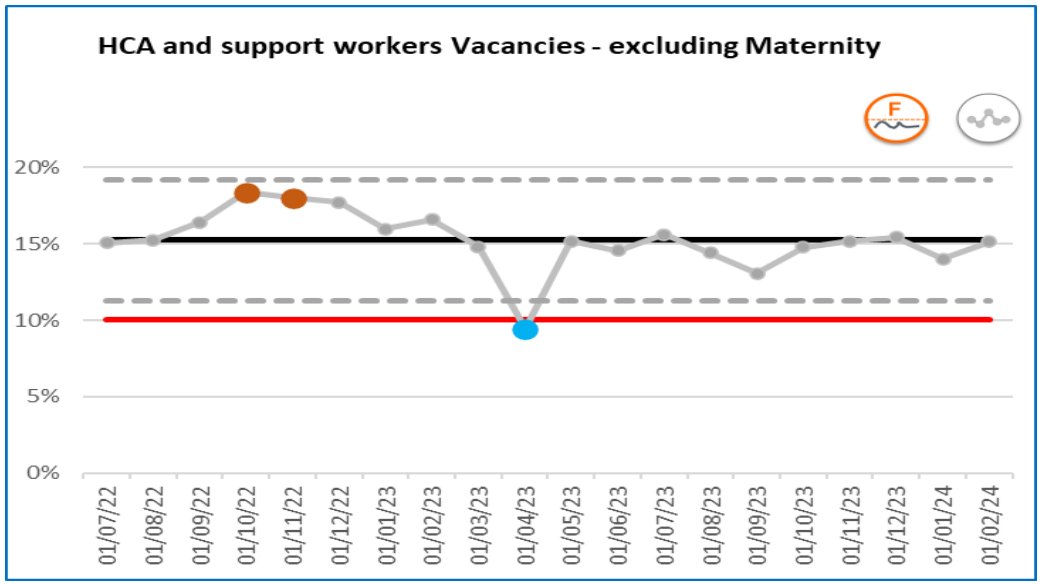
Current Performance		
Feb 24	YTD	Target
13.5%	-	10%

National Position & Overview

In June 2023 NHS Digital reported a national vacancy rate of 10.6% within the Registered Nursing staff group (Next data update Feb 2024)

Root Cause	Actions	Impact/Timescale
• Underlying RN vacancies in Paediatric Emergency Department (PED) of 22.48wte which has decreased since last month but noting this is a 31% vacancy rate. • PED have a higher proportion of Band 6 vacancies as opposed to Band 5 nurses. • Retention of experienced nurses continues to be an area of focus in the children's hospital but no significant areas of concern in terms of the number of leavers increasing • Acuity continues to rise in the children's hospital and establishment modelling requires ongoing review in response to capacity and demand	• Childrens ED is supported by band 5/6 experienced nurses on rotation from Adult ED, and looking to increase this initiative as the vacancies reduce in Adult ED. • The Childrens Hospital are working with Adult Intensive Care to review opportunities for rotation to Paediatric intensive care • Local university finalist students (children's nurses) are now guaranteed a Band 5 Registered Nurse post without interview (subject to successful completion and Nursing and Midwifery Council registration)	**Paediatric ED** One Registered nurse commenced in PED on a 9-month rotational post in Childrens Hospital. Two additional Registered Childrens Nurses commenced in the PED February Two successful international band 6 nurses commenced in February. **Children's Hospital** Reduction in RN overall vacancies to 20.wte (vacancies currently 27.76wte) Five registered children's nurses due to commence in Q4 Nine registered nurses due to commence April / May and 20 registered nurse positions have been offered for autumn 24 start dates

Well Led – HCA and Support Workers Vacancies – excluding Maternity



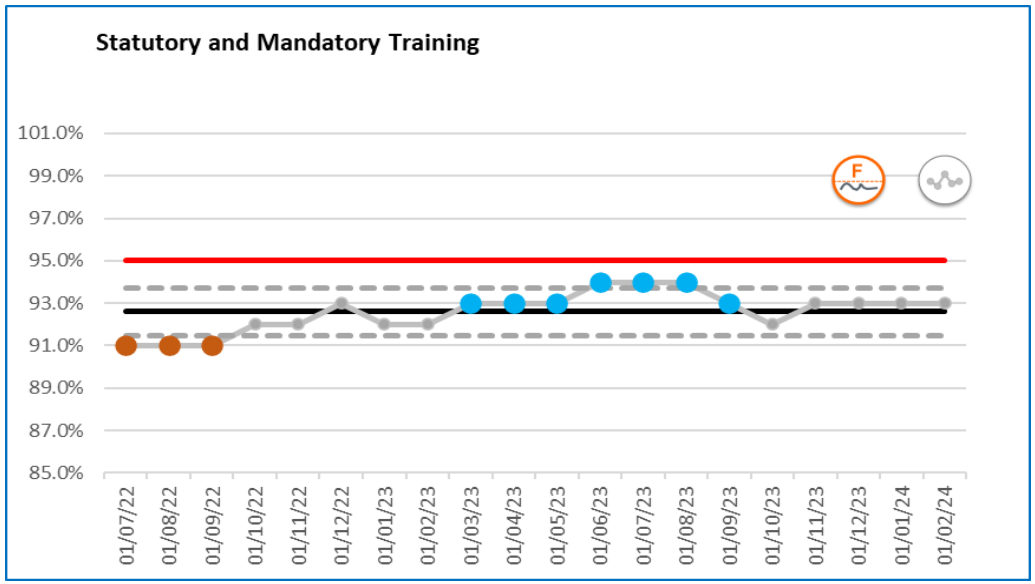
Current Performance		
Feb 24	YTD	Target
15.1%	-	10%

National Position & Overview

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

Root Cause	Actions	Impact/Timescale
• HCSW vacancies circa 260 WTE in month • Vacancies remain stable with minimal variance in leavers this month • We are now seeing a small shift in bank only healthcare support workers (HCSW) moving back to substantive positions. • Some increase in vacancies can be explained due to existing HCSW moving into Trainee Nursing Associate (tNA) roles for the January 2024 tNA intake	• Bi-monthly HCSW recruitment continues • Encouraging flexible working as business as usual to promote retention and reduce attrition to the nurse bank.	• 37 HCSW Waiting to start in the next month (March 2024) • Continuous Professional Development masterclasses continues to roll out throughout 2024 to support HCSW professional development • Re - banding of substantive HCSW from band 2 to 3 continues which will support retention and career progression. Process will complete on 1 March 2024. • We are seeing more HCSW moving from bank to substantive this month

Well Led – Statutory and Mandatory Training



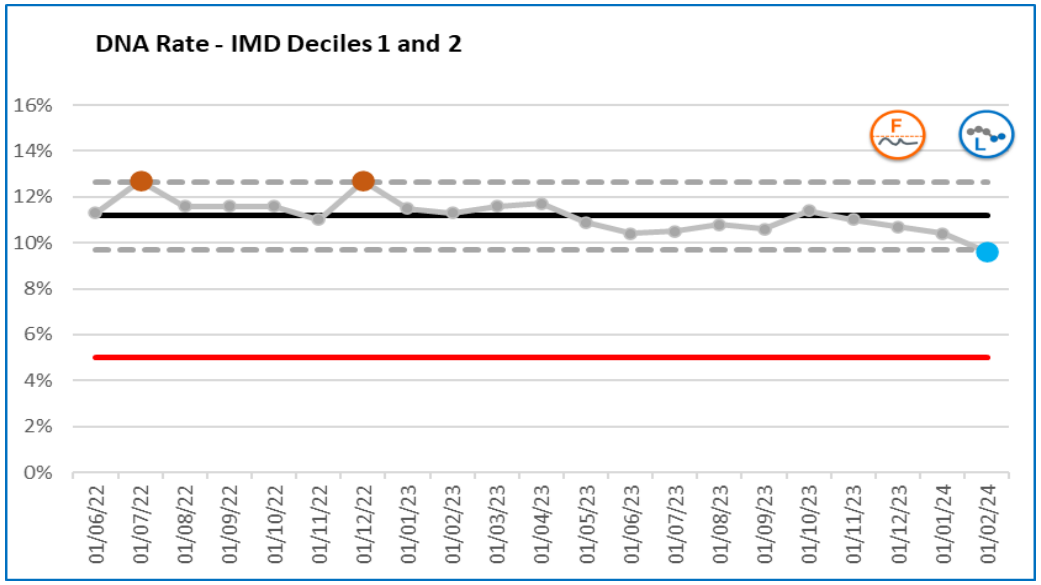
Current Performance		
Feb 24	YTD	Target
93%	-	95%

National Position & Overview

Peer data not available.

Root Cause	Actions	Impact/Timescale
It is recognised that performance has been, and is being, affected by: • Covid-19, Flu & related Staff Absence Levels • Operational pressures • Operational demand • Staffing Levels • Seasonal absences and demands	Performance against trajectories is being monitored via Executive, Corporate and CMG Performance Reviews. This is complimented by access to compliance reports, direct emailed snapshot reports to over 2400 relevant staff & more than 9,000 direct emails per month. Question based eLearning modules now on HELM for Fire Safety and Cyber Security. Booklets being updated and developed for certain staff, including Estates and Facilities Colleagues. Educational Review has started looking into the amount and quality of Mandatory and Essential Training. 1st Meeting in March.	Reviewed through the Making it All Happen reviews chaired by CMG / Directorate leadership teams with support from HR. This is a meeting with each line manager to review sickness, appraisals and S&MT compliance. Drive towards improving the overall percentage of UHL during the financial year has been implemented with renewed chasing on non-compliant with organisational support. Review of ESR and HELM data alignment is ongoing. Challenges to this data alignment are under consistent scrutiny.

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



DNA Rate – IMD Deciles 1-2			DNA Rate – IMD Deciles 3-10		
Feb 24	YTD	Target	Feb 24	YTD	Target
9.6%	10.7%	5%	5.7%	6.5%	5%

National Position & Overview

There is no national target for DNA rates, but understanding the role inequity plays in rates of non-attendance is a key foundational pillar of UHLs attempts to improve Theatre and Outpatients utilisation. 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 DNA target rate for UHL of 4.9% by March 2024.

Root Cause

- The latest DNA survey was successfully delivered via SMS to 3735 patients, and received 1463 responses (39%).
- Patients in the most deprived IMD quartile account for 28% of DNAs, compared to 23% from the least deprived quartile.
- Although a higher percentage of most deprived vs. least deprived are textable (94% vs. 92%), the response rate is lower in the most deprived quartile (35% vs. 44%).
- Response rate from the 2 least deprived quartiles is 43%, compared to the 2 most deprived quartiles at 36%.
- Some key disparities in reasons include:
  - Of those who forgot the time/date of their appointment, 36% were from the most deprived quartile, compared with 18% from the least deprived quartile. (14% of the most deprived quartile vs. 7% of the least deprived).
  - 63% of those who couldn't take the time off work were from the 2 most deprived quartiles, and 37% from the 2 least deprived quartiles.

Actions

- All patients from IMD1 and IMD2 are called two weeks prior to their appointment.
- Accurx is used to send appointment reminders. Accurx have also conducted a deep dive with 5 specialties to review DNA rates and identify potential actions to improve rates.
- DNA rate data is also being analysed for each CMG individually to identify any areas of inequality within different areas of the Trust.
- Patients from Inclusion Healthcare are contacted and a further contact is made with Inclusion Healthcare to enable enhanced support to attend where needed.
- DNA rates will be included in PRM packs and WAM discussions moving forwards.
- Focus group work with communities to explore barriers to access and sharing insights across the system.

Impact/Timescale

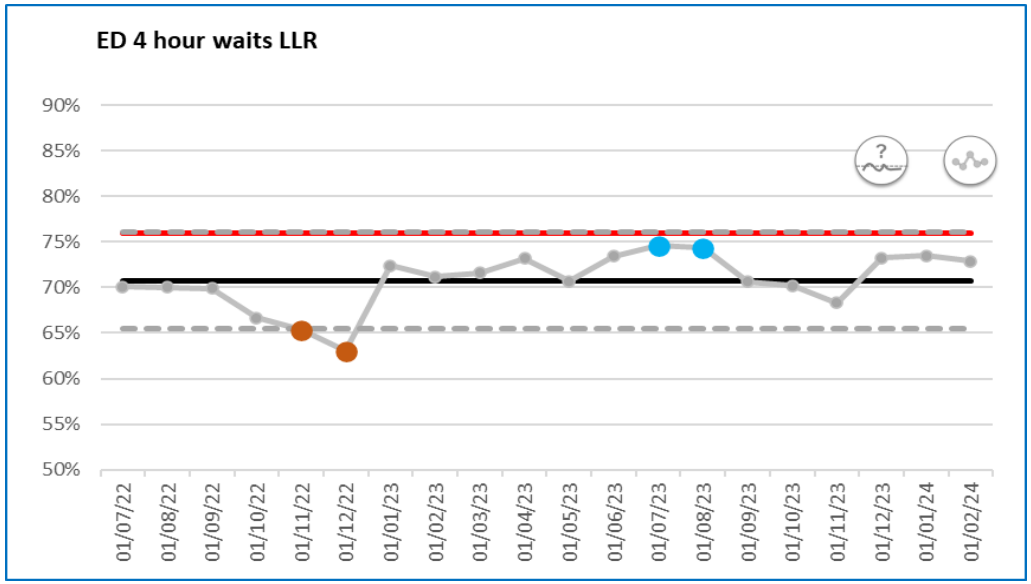
The UHL DNA rate is improving further on previous months, and progress is being monitored by the Outpatient Board. Evidence to date shows that:

IMD1 February:
Patients called DNA rate – 4.58% (721)
Patients not contacted DNA rate – 12.61% (587)

IMD2 February:
Patients called DNA rate – 5.75% (522)
Patients not contacted DNA rate – 11.88% (446)

Inclusion Healthcare:
DNA rate for those called – 50% (2)
DNA rate for those not called – 50% (20)

Responsive (Emergency Care) – ED 4 Hour Waits



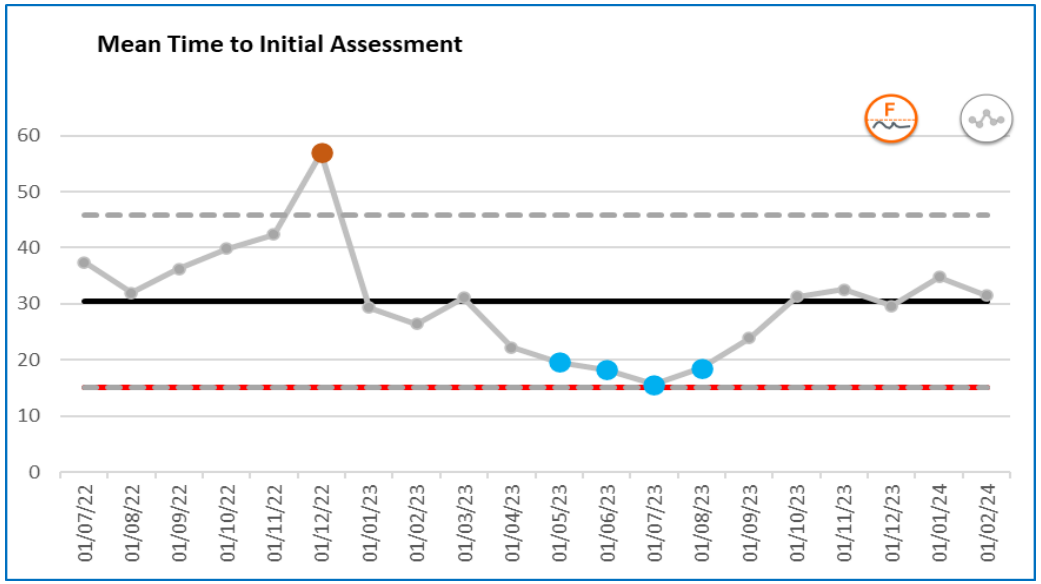
UHL Performance			LLR Performance		
Feb 24	YTD	Target	Feb 24	YTD	Target
56.1%	57.0%	76%	72.9%	72.2%	76%

National Position & Overview

In February, UHL ranked 47th out of 124 Acute Trusts based on it's acute footprint. The National average in England was 70.9%. 23 out of the 124 Acute Trusts achieved the target. UHL ranked 7th out of 17 trusts in its peer group. The best value out of the Peer Trusts was 80.6% and the worst value was 55.8%.

Root Cause	Actions	Impact/Timescale
• High attendances to ED resulting in overcrowding in ED • High periods of inflow particularly in walk-in impacting on ambulance arrivals • UHL bed occupancy >92% resulting in an inability for patients to move out of ED	• Reiterate 30-minute rule for speciality review • Increase in SDEC (GPAU) activity • Deflection of Injuries patients to reduce numbers waiting in ED • Daily breach validation • Additional UTC capacity	• Completed – will be monitored through Performance Review Meetings • In place - currently impacted by bed waits • January 2023 • October 2023 – in place • Oadby and Merlin Vaz additional slots in place until April 24

Responsive (Emergency Care) – Mean Time to Initial Assessment



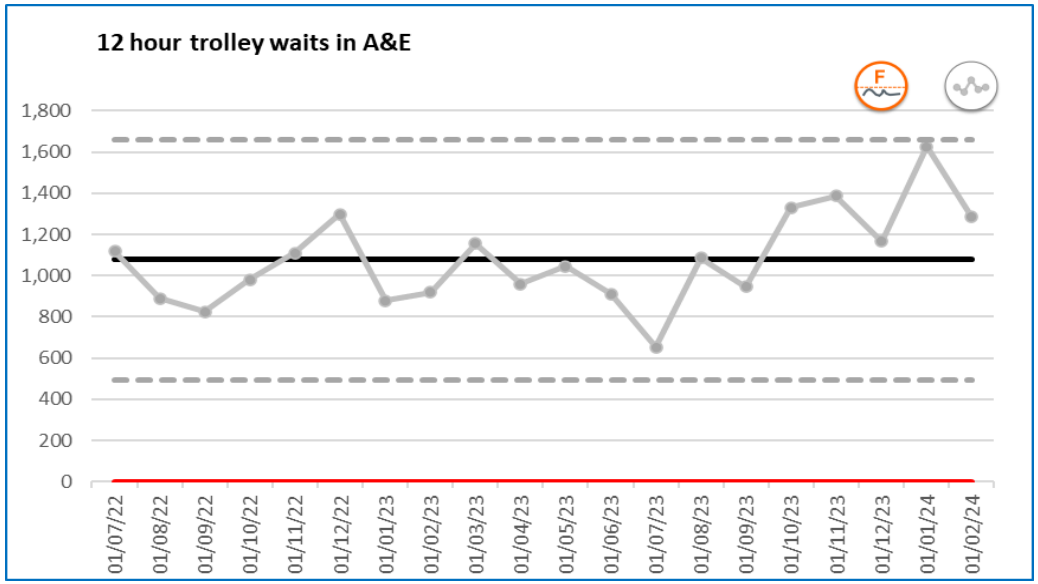
Current Performance		
Feb 24	YTD	Target
31.5	25.8	15

National Position & Overview

National data not currently available for reporting.

Root Cause	Actions	Impact/Timescale
• Demand higher than capacity	• Redirect patients to UTC and SDEC's • Redirect patients to Walk in Centres • ED consultant deployed to front desk • STAT clinician allocated to front door for each shift • Stream patients to injuries • Extended MIaMI opening • Development of UTC slots at Oadby, Merlin Vaz and Westcotes	• In place • In place • In place • In place • In place • In place • In place and under review in terms of utilisation and plans for Winter 23/24

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



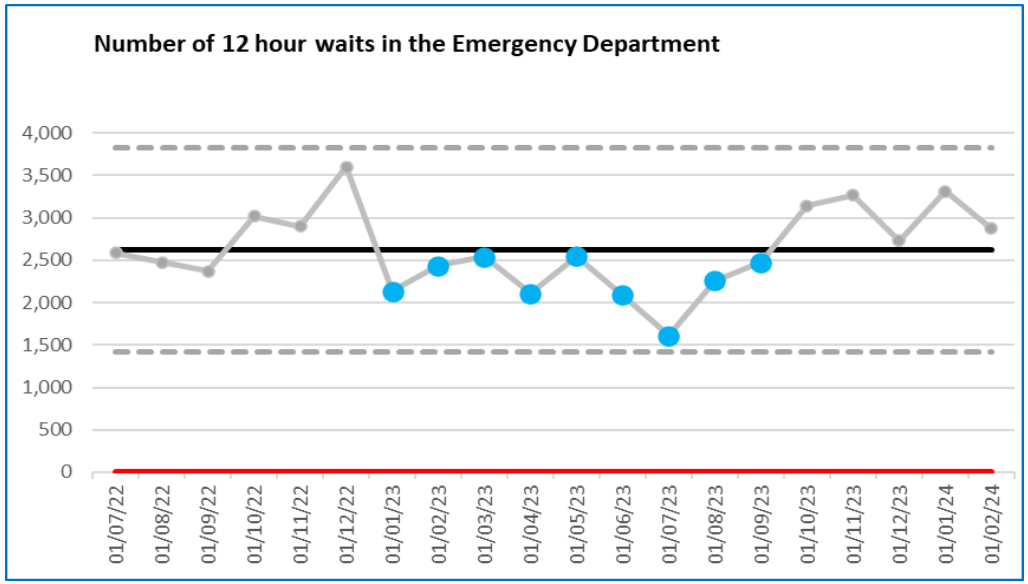
Current Performance		
Feb 24	YTD	Target
1,285	12,397	0

National Position & Overview

In February, UHL ranked 121st out of 122 Major A&E NHS Trusts. 8 out of the 122 Trusts achieved the target. The best value nationally was 0 and the worst value was 1,792. UHL ranked 17th out of 18 trusts in its peer group.

Root Cause	Actions	Impact/Timescale
• Poor outflow across the emergency care pathway	• Create additional bedded capacity to increase flow out of department	• Grace Dieu – January 2024
• Inability to create early capacity across the emergency care pathway due to lack of early discharges / using the discharge lounge overnight	• Additional capacity in discharge lounge	• Coalville Ward 4 – January 2023
	• Weekly reporting of performance to increase awareness and focus	• Opened
	• Frailty patients to be reviewed by FES	• In place
	• Strengthen specialty in-reach	• In place
	• Daily breach validation	• In place

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



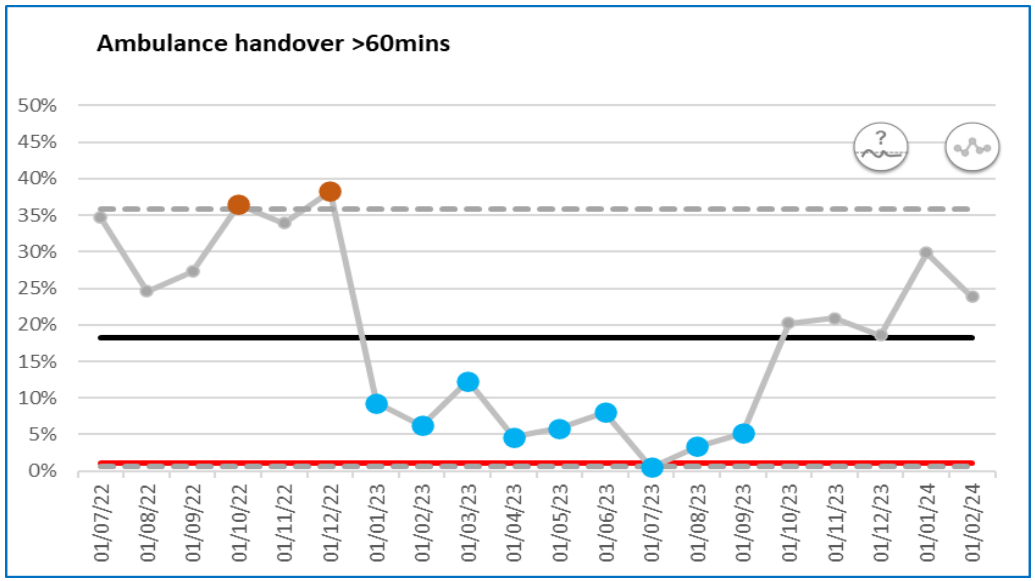
Current Performance		
Feb 24	YTD	Target
2,873	28,423	0

National Position & Overview

National data not currently available for reporting.

Root Cause	Actions	Impact/Timescale
• Poor outflow across the emergency care pathway • Inability to create early capacity across the emergency care pathway due to lack of early discharges / using the discharge lounge overnight	• Create additional bedded capacity to increase flow out of department • Additional capacity in discharge lounge • Weekly reporting of performance to increase awareness and focus • Frailty patients to be reviewed by FES • Strengthen specialty in-reach • Daily breach validation	• January 2024 • Opened October 2023 • In place • In place • In place • In place

Responsive (Emergency Care) – Ambulance Handovers > 60 Minutes



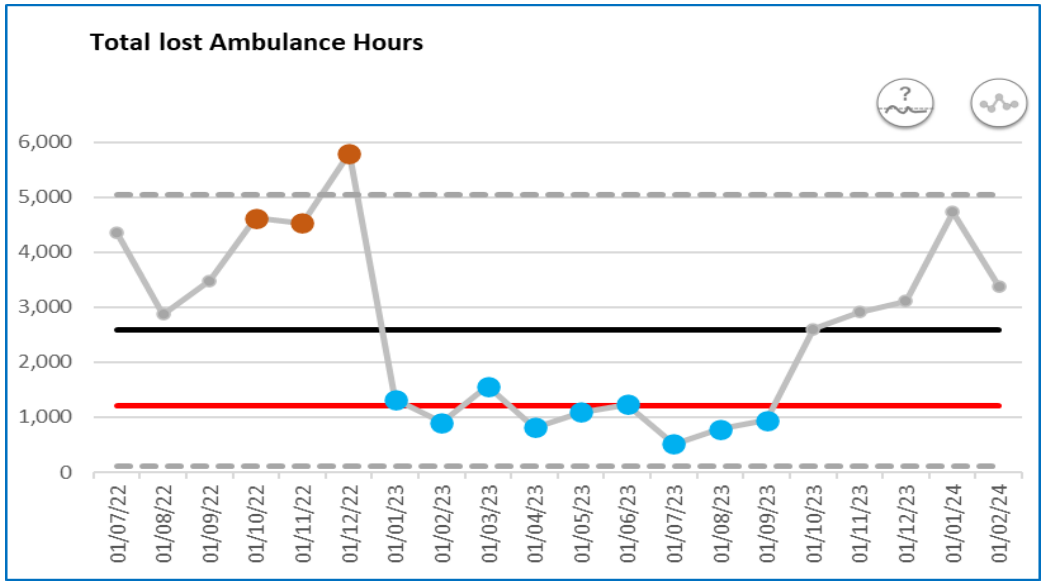
Number of Handovers >60 Mins			% of Handovers >60 Mins		
Feb 24	YTD	Target	Feb 24	YTD	Target
1,101	6,728	48	23.9%	13.0%	1%

National Position & Overview

LRI ranked 19th out of 24 sites in the East Midlands and reported the second highest number of handovers in February (source EMAS monthly handover report).

Root Cause	Actions	Impact/Timescale
• Poor outflow across the emergency care pathway. • High inflow of walk-in patients competing with ambulance patients for trolley space • Sick patients walking in due to inability to get an ambulance	• Utilisation of pre-transfer unit at LRI • Embed PTCDA and Urgent Care Co-ordination hub • Ensure utilisation of UHL beds in Care Home • Open permanent cohorting facility at LRI • Open permanent cohorting facility at GH • Open new wards at GH • Development of winter plan / actions to support surges in activity during winter	• In place • In place • Ongoing – daily / weekly monitoring • Opened • Opened – extending capacity in line with phasing plan • Completed

Responsive (Emergency Care) – Total Lost Ambulance Hours



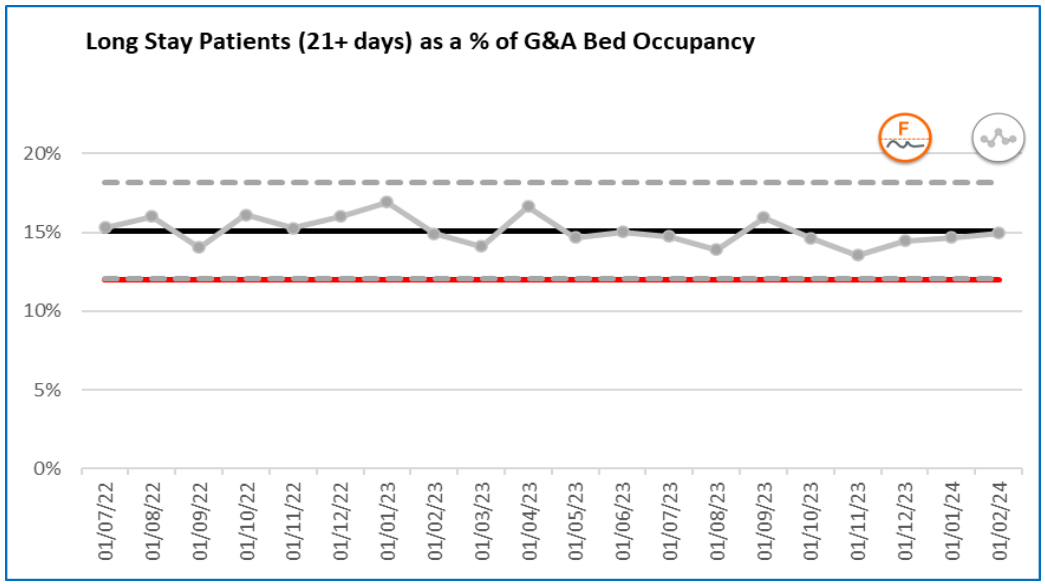
Current Performance		
Feb 24	YTD	Target
3,377	22,133	40 per day

National Position & Overview

National data not currently available for reporting.

Root Cause	Actions	Impact/Timescale
• Poor outflow across the emergency care pathway. • High inflow of walk-in patients competing with ambulance patients for trolley space • Sick patients walking in due to inability to get an ambulance	• Utilisation of pre-transfer unit at LRI • Embed PTCDA and Urgent Care Co-ordination hub • Ensure utilisation of UHL beds in Care Home • Open permanent cohorting facility at LRI • Open permanent cohorting facility at GH • Open new wards at GH • Development of winter plan / actions to support surges in activity during winter	• In place • In place • Ongoing – daily / weekly monitoring • Opened • Opened – extending capacity in line with phasing plan • Completed

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



Current Performance		
Feb 24	YTD	Target
15.0%	-	12%

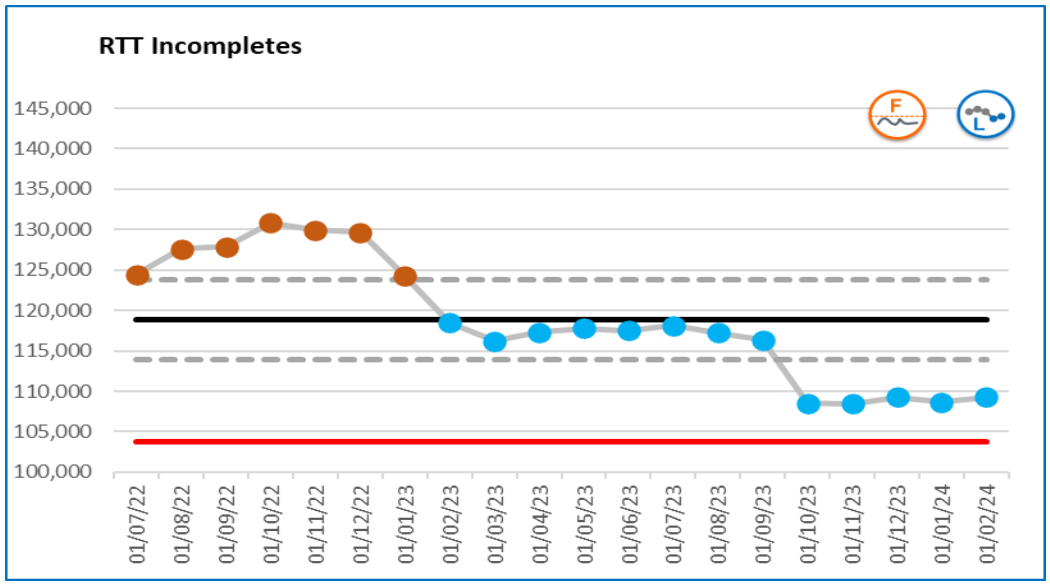
National Position & Overview

UHL is ranked 8th out of 20 trusts in the Midlands for the % beds occupied by Long Stay (21+ Day) patients (for the w/c 12/02/24).

- 41 (229) Patients (18%) are receiving appropriate care/ treatment on a neuro rehabilitation or brain injury pathway or on an Intensive care Unit or Infectious Diseases Unit.
- 51 Patients (22%) are medically optimised for discharge with no acute medical reason to stay (includes 15 GraceDieu ward patients)

Root Cause	Actions	Impact/Timescale
• Circa 180 Complex Medically optimised for discharge patients of which 39 have a LLOS and are awaiting a discharge outcome from the LLR discharge coordination hub. • Suboptimal /inconsistent Discharge Coordination: Over investigation, family /carer involvement, board rounds , red2green principles, preparing the patient in advance of discharge. In addition to impacts of long stays in ED, extra capacity wards, outlying and boarding of patients.	Continue to work with health and social care system partners during March 2024 to: • Launch the revised Temporary Health Conditions Pathway. • Commence a PDSA with LPT colleagues to review UHL patients awaiting community hospital beds and if alternative pathways could be considered. Work with CMG's to: • Continue to promote Criteria led discharge pathways at the LGH site. • Embed new Non emergency transport codes and promote the use of RVS driver service. • Embed the new Referral for Discharge support form and earlier referral of patients.	• Aim to reduce number of MOFD patients waiting for discharge in UHL beds. • Increase numbers of patients discharged on a Pathway 1. • Reduce daily 'Incomplete discharges' • Reduce time to discharge from MOFD identification • Reduce transport delays • Increase number of patients on a criteria led discharge pathway

Responsive (Elective Care) – RTT Incompletes



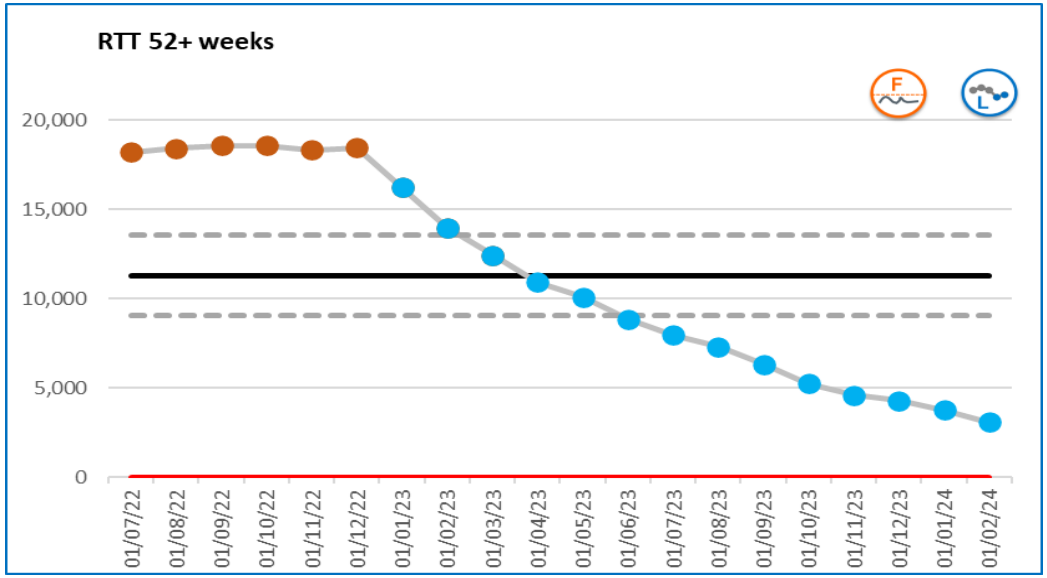
Current Performance		
Feb 24	YTD	Target
109,288	-	103,733

National Position & Overview

At the end of January, UHL ranked 14th out of 18 trusts in its peer group with a total waiting list size of 108,629 patients. The best value out of the 18 Peer Trusts was 71,558 the worst value was 184,578 and the median value was 91,712. (Source: NHSE published monthly report)

Root Cause	Actions	Impact/Timescale
• Impact of reduced outpatients and Inpatient activity. Due to COVID-19 and the introduction of social distancing and infection prevention measures. • Continued growth in demand against significant number of specialities • Continued workforce challenges within ITAPS reducing theatre capacity • Estate- lack of theatre capacity and outpatient capacity to increase sessions • Significant productivity challenges across elective care • Cumulative impact of regular industrial action leading to loss of activity • Emergency/winter pressures are resulting in elective cancellations, with paediatric specialties particularly challenged.	• Validation action plan created to respond to national ambition of 90% of patients who have been waiting over 12 weeks to be validated within the last 12 weeks by the end of March 24. • Planned additional data quality validation each month to support overall reduction of WL and achieving March 24 103,733 target • Demand and Capacity modelling commissioned to support future planning. • Plan to assess demand for elective treatment to understand why the total wait list is currently not reducing as required. • Refresh of the elective Access policy in line with national guidance • New training strategy and comms to support understanding and application of revised policy. • Elective Care Access Policy Masterclasses	• Fortnightly texting cycle commenced Monday 25th September. Improved 12ww validation performance from c25% to over 86% in mid-March. • Increased frequency of Accurx cycle and continued DQ validation work resulted in a significant reduction in overall WL (c.6,000 patients removed) at end October, risen as expected throughout December and new year due to reduced activity (validation and clinical) over holiday period and December/January strike action. • Clean waiting list- ensuring those on the waiting list do want to be seen/have treatment • Rightsizing capacity to meet demand • Training strategy continues to be developed – systematic rollout from Autumn 2023 onwards. • Access Policy masterclasses through Jan and Feb 24 had excellent attendance numbers (348) and attendees reporting an improved understanding of the topic after their session (from 5.5/10 to 8.5/10).

Responsive (Elective Care) – RTT Long Waiters



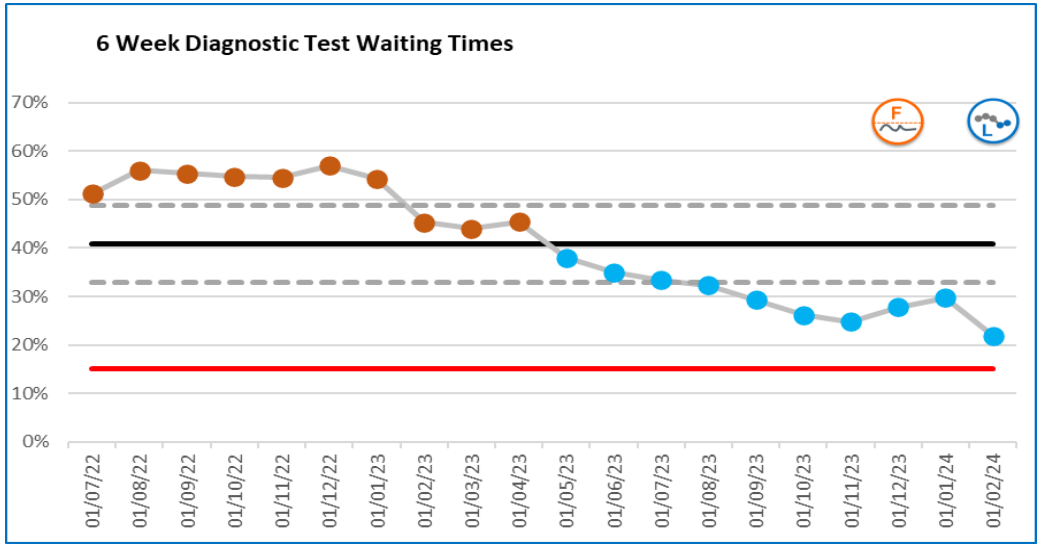
Current Performance – February 24		
52+ Weeks	65+ Weeks	78+ Weeks
3,070 (Target 0 by March 25)	578 (Target 0 by March 24)	40 (Target 0 by March 23)

National Position & Overview

At the end of January, UHL ranked 3rd out of 18 trusts in its peer group with 3.4% of patients on the waiting list waiting over 52+ weeks. The best value out of the 18 Peer Trusts was 2.8%, the worst value was 8.2% and the median value was 4.1%. (Source: NHSE published monthly report)

Root Cause	Actions	Impact/Timescale
• Impact of COVID-19 on planned activity capacity led to a growing backlog • Significant operational pressures due to the emergency demand impacting upon elective activity • Challenged Cancer position and urgent priority patients requiring treatment • Workforce challenges in anaesthetics leading to cancellations of theatre lists • Admin workforce challenges across a range of posts, particularly band 2/3 impacting on ability to book patients • Cumulative impact of regular industrial action leading to loss of activity • Emergency/winter pressures are resulting in elective cancellations, with paediatric specialties particularly challenged.	• Focus on all patients from 65-week cohort to have first OPA as soon as possible to support overall zero 65 ww by March 24 ambition. • Using ERF to fund insourcing in particularly challenged specialities to increase predominately outpatient capacity e.g. ENT, Gastro, Maxfac, Ophthalmology • Super-clinics planned to increase capacity to see new outpatients • Continued roll-out and focus on PIFU to increase capacity for new patients • 65 and 52 week cohort forecasts produced weekly/fortnightly, shared with CMGs. • Standard Operating Procedures developed linked to the access policy, improving data quality	• **104 week waits** – 0 reported at end February. • **78 week waits** – February performance was 40 78ww v. forecast 44. Emergency pressures combined with strike action in December, January and February have impacted our route to zero and we are now forecasting 14 for end March. • **65 week waits** - Continued positive downward trend on 65 weeks. Specialties with an identified risk of breach according to weekly forecasts have plans to mitigate. Current forecasts are showing ~120 breaches at end March 24. • **52 week waits** - Continued positive downward trend on 52 weeks. Currently no identified risk to achievement of zero 52 ww by end March 25. Our peer benchmarked position of only 3.4% 52ww as % of the total WL is good, and improving.

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



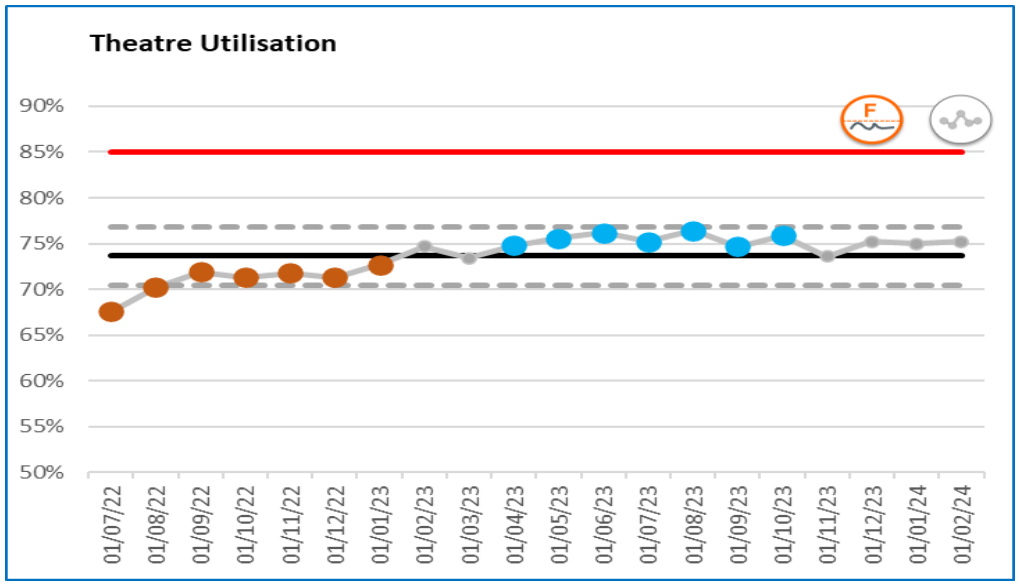
Current Performance		
Feb 24	YTD	Target
21.9%	-	15.0%

National Position & Overview

Published National data at the end of January 24 shows 1.58m patients on the diagnostic waiting list with 26.2% waiting over 6 weeks. For February 24, UHL with 25,210 patients would comparatively rank as the 7th highest waiting list. Performance has improved from a peak in December 22 of 57% of patients waiting over 6 weeks to 21.9%. Improvement has been delivered by insourcing, increasing productivity and validation.

Root Cause	Actions	Impact/Timescale
Diagnostics pressure areas are in the main: • Endoscopy (incl Cystoscopy) • CT / MRI **Root cause** • Clinical workforce – national shortage • Admin recruitment • Pressures from cancer pathways • Emergency demand impacting on elective capacity	**Insourcing:** • Modular Endoscopy unit. In place **Productivity:** • Productivity lead appointed – started Jan 24. A deep dive in Endoscopy will be led by this post has been internally commissioned. **Validation:** • All – weekly validation report circulated to review and update waiting list entry.	• Significant reduction in long waits evidenced in NOUS, Echo and DEXA. • Mid-April for Endoscopy Deep Dive. • Validation report has shown a week on week reduction in very long waits.

Responsive (Elective Care) – Theatre Utilisation



Current Performance		
Feb 24	YTD	Target
75.2%	75.2%	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

Throughout February Paediatric services continued to be in surge, with activity being taken down at 24 hours (39 pts) and OTD (30 pts) due to lack of ward beds. Theatre utilisation excluding the LRI site was **78.8%** in Feb 24. Overall OTDC remain high at 8.54% (436 pts), 17% are due to a lack of ward beds.

Feb 24 Key metric's

Site	% Utilisation	% late starts over 15-mins	OTDC %
LRI	68.5%	48.9%	10.63%
GGH	83.6%	15.3%	9.20%
LGH	75.3%	21.4%	6.25%
EMPCC	88.40%	10.7%	8.37%
Community	75.8%	46.0%	6.57%

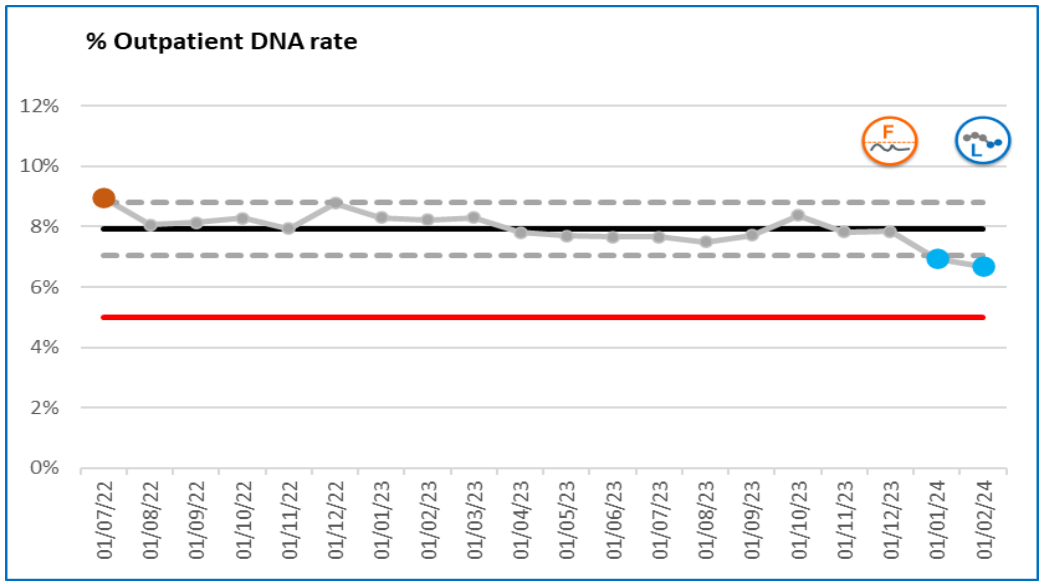
Actions

1. Double walk around (08:30 & 09:00) to collect data on the ground for late start.
2. Reinstate auto-send and golden patient at the LRI, current bed pressures have halted the process throughout winter pressures.
3. Golden patient to be embedded across all the surgical services.
4. GS 'Perfect 2 weeks' commenced 11/3, data not yet available.
5. Challenging under booked lists at scheduling, and standardising scheduling meeting/practice across all site.
6. OTDC due to Surgical flow - Day case patients to be lists first to support the same day discharge.
7. Service/ITAPS focus on turnaround times and under-runs to be challenged through weekly theatre productivity meeting.

Impact/Timescale

1. Identifying the key themes and improving data quality on ORMIS, started at the LRI in March 24.
2. Auto-send/Golden patient restarted in ENT at the LRI, early results for Mar 24 shows a 18% reduction. Aim to repeat process for Maxfax and Plastics however not consistent due to staffing shortage in TAA.
3. Reinstated across GGH – improvement of 13% since Jan 24.
4. Awaiting data – process to be developed into a blue print and replicated across other surgical services.
5. New GIRFT guidance for scheduling published Mar 24, building look-forward report from April 24.
6. Work progressing on DC listing to be discussed at scheduling to support with flow and reduction of OTDC due to lack of ward bed.
7. Reducing turnaround times and under-runs will allows services to add additional case and improves ACPL/% utilisation.

Responsive (Elective Care) – Outpatient DNA Rate

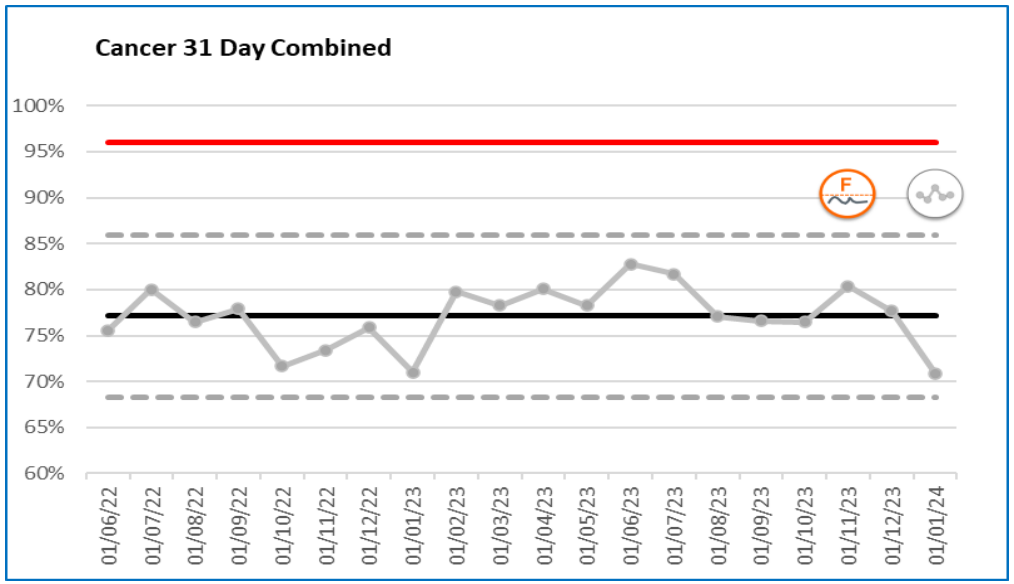


Current Performance		
Feb 24	YTD	Target
6.7%	7.6%	5.0%

National Position & Overview

Root Cause	Actions	Impact/Timescale
1. 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 2. Late cancellations/rebooks often mean patients do not receive their appointment letters on time so unaware of appointment 3. 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. 4. Some services are using the DNA outcome for VIR clinics as well as for the diagnostic (therefore double counting)	1. Remind services of the need to check the patients details are correct and up to date at every contact 2. Booking Centre are making additional calls to 'Health Inequalities' cohort 3. DNA florey is being sent to patients who DNA and further analysis is being done around the reasons for DNA. 4. Accurx automated clinic appointment reminders have gone live in the majority of services. Clinic lists are also available in Accurx for most services. 5. Ask services to offer choice of video or telephone consultation, and stop recording DNAs on VIR clinics	• All actions, plus many others, are happening imminently to help reduce the number of DNAs. • An improvement in the DNA rate should be visible within the next 3 months.

Responsive Cancer – Cancer 31 Day Combined



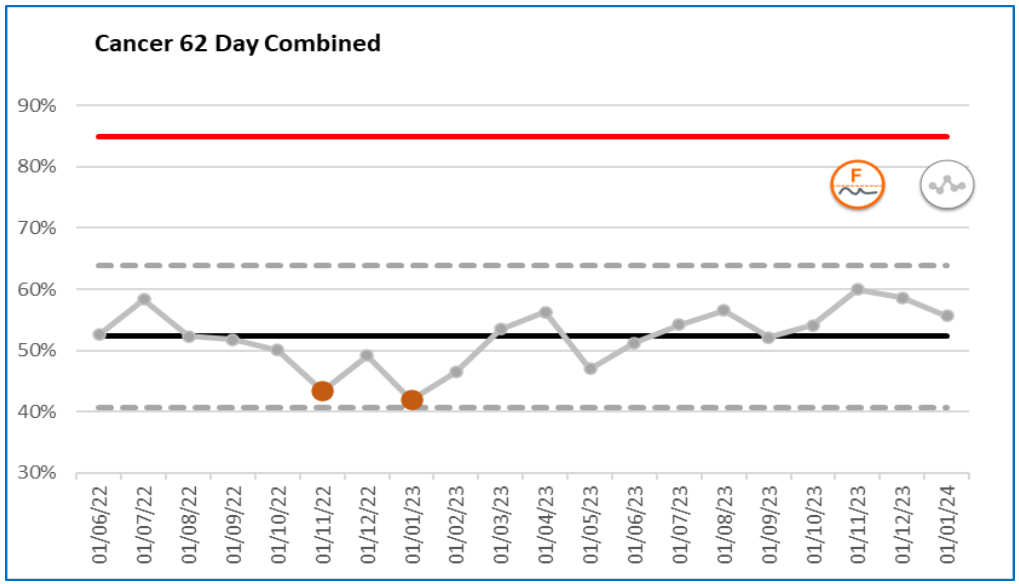
Current Performance		
Jan 24	YTD	Target
70.8%	78.1%	93%

National Position & Overview

In January, UHL ranked 137th out of 138 Acute Trusts. The National average was 87.5%. 33 out of the 138 Acute Trusts achieved the target. UHL ranked 18th out of the 18 UHL Peer Trusts. The best value within our peer group was 96.9%, the worst value was 70.8% and the median value was 83.1%.

Root Cause	Actions	Impact/Timescale
• Insufficient capacity within surgery, chemotherapy and radiotherapy to meet current demand • Surgical capacity remains a constraint (physical and workforce including case mix) • Radiotherapy demand has exceeded capacity – affecting prostate and breast patients • 31 day anti-cancer drug regimes capacity is constrained on the SACT delivery suite due to cyclical treatments	• Radiotherapy D&C review undertaken • Capital case for a 5th Linac submitted • Mitigations to reduce wait times for prostate and breast include temporary weekend working, mutual aid and change to prostate fractions • Surgical D&C review required (particular focus in LOGI/Urology) • Oncology SACT D&C review • Oncology efficiency review programme • Oncology regional review of mutual aid and workforce opportunities (East Midlands Acute Providers – EMAP)	• Radiotherapy business case for 5th linac – approved for purchase. Estates and revenue to await sign off. Weekend working commenced. NGH mutual aid late March. Prostate fraction change in progress. • Surgical D&C review to commence in March (Urology, followed by Skin and LOGI). • Oncology SACT D&C review commenced. Efficiency programme in progress and weekend working. Mobile Treatment Centre extended capacity delayed due to staffing and pharmacy constraints. Additional SACT nurses in place. • EMAP meeting monthly.

Responsive Cancer – Cancer 62 Day Combined



Current Performance		
Jan 24	YTD	Target
55.6%	54.6%	85%

National Position & Overview

In January, UHL ranked 105th out of 138 Acute Trusts (improvement of 5 places). The National average was 62.2%. 13 out of the 138 Acute Trusts achieved the target. UHL ranked 11th out of the 18 UHL Peer Trusts. The best value within our peer group was 78.5%, the worst value was 40.3% and the median value was 55.8%.

Root Cause	Actions	Impact/Timescale
• Capacity constraints across all points of the pathways • Focus on treating patients in order of clinical priority and longest waits impact performance • Oncology and radiotherapy capacity with high wait times contribute • Workforce challenges including reduction of WLI activity have impacted ability to deliver increased activity	• Clinical prioritisation of patients. • Weekly PTL reviews and clinical review of >104day patients. Next step review in place for all 104day patients and escalated to services. • Recovery & Performance (RAP) in place. • Review of pathways in line with Best Practice Timed Pathways (BPTP) to identify areas for improvement • Pathway analyser to review opportunities • Independent sector support for dermatology and urology	• BPTP completed for Prostate, UPGI, Lung and H&N in progress. • Referral to decision to treat times have been reviewed and opportunities to streamline are being looked at in LOGI, Urology and Skin. Pathway analyser re-audit Urology completed, opportunities for reduction in OPA being worked up with service. Review of skin to plastics administrative process due March 24. • Additional capacity in skin and urology to continue into 24/25. • Urology and Endoscopy weekly escalations for timely dating – improving. • Patient engagement supported by NSS/Pre-diagnosis CNS team


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

Executive Summary

- For February (M11), the Trust is reporting an in month surplus of £11.3m, which is £2.9m worse than the NHSE trajectory adjusted for industrial action. This variance is driven primarily by February IA costs of £2.1m, UEC pressures of £1m, additional pressures not included in the M7 trajectory of £1.8m and overperformance of elective activity of £2m. Year to date, the Trust has a deficit of £45.7m which is £8.8m worse than forecast which is mainly due to UEC pathway (£5.1mA), IA costs not funded £2mA, reduced income for PDC/Depn of £2.3mA and other small variances of £0.6mF. The Trust received £10m deficit funding and £6.7m for IA, although the costs incurred for amount to £8.6m.

- CIP delivery is currently behind plan, YTD the Trust has delivered £52.5m against a plan of £53.7m. Of this delivery, £21.8m is recurrent and £30.7m non recurrent.

- The Trust incurred gross expenditure of £80.5m in the year to 29th February, which nets down to £74.4m, after deducting charitable donations and the net book value of assets disposed, which was £13.7m lower than the M11 year to date plan of £94.2m, and £8.7m above forecast.

- The cash position at the end of February was £63.1m, representing an improvement of £40m on the previous month. The Trust is projecting a cash balance of £45.8m for 31 March 2024, based on delivery of the forecast I&E deficit. The Trust will require access to PDC revenue support in Quarter 1 to ensure that it maintains a minimum daily cash balance of at least £1m to 30 June 2024. The Trust Board has approved an application for PDC revenue support of £21.1m to this end.

Summary Financial Position – YTD M11

		February YTD I&E		
		Forecast	Actual	Variance to Forecast
		£'000	£'000	£'000
I&E	NHS Patient-Rel Income	1,260,189	1,279,479	19,290
	Other Operating Income	145,282	142,376	(2,906)
	Total Income	**1,405,471**	**1,421,855**	**16,384**
	Pay	(859,115)	(868,222)	(9,107)
	Agency Pay	(27,994)	(30,622)	(2,628)
	Non Pay	(485,957)	(499,703)	(13,746)
	Total Costs	**(1,373,066)**	**(1,398,547)**	**(25,481)**
	EBITDA	**32,405**	**23,308**	**(9,097)**
	Non Operating Costs	(67,906)	(71,011)	(3,105)
	Retained Surplus/(Deficit)	**(35,501)**	**(47,703)**	**(12,202)**
	Donated Assets	(1,418)	(1,657)	(239)
	Net Total Surplus/(Deficit)	**(36,919)**	**(49,360)**	**(12,441)**
	Less Capital Impairment		3,690	3,690
	Control Total Surplus/(Deficit)	**(36,919)**	**(45,670)**	**(8,751)**

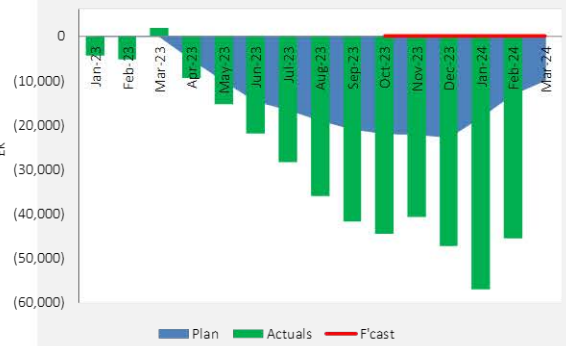
Income over-recovery is mainly driven by more income for EDD pass through and this is offset by the negative variance against non-pay.

The pay variance reflects UEC costs greater than forecast and other pay pressures due to acuity of patients and filling of vacancies. The agency variance results from costs being recoded from non-pay to agency in M10.

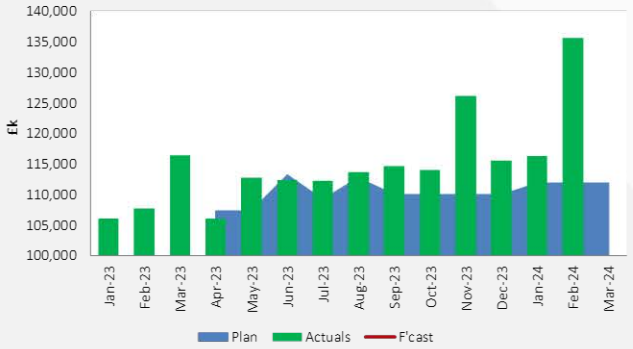
Variance to Forecast	**£m**
IA costs not funded	-2.0
UEC pressures	-5.1
Loss of PDC/Depn income	-2.3
Other	0.6
Total variance against YTD trajectory	**-8.8**

Month 11 I&E Dashboards

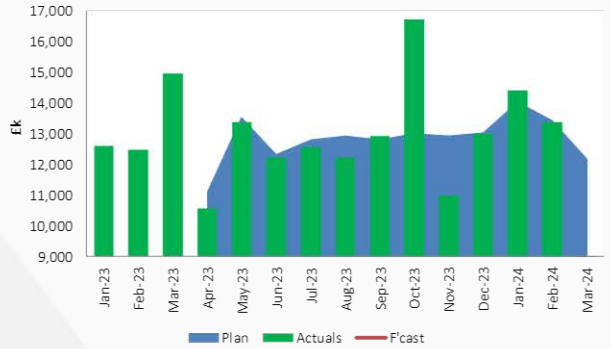
Cumulative Surplus/(Deficit)



Monthly PCI Income



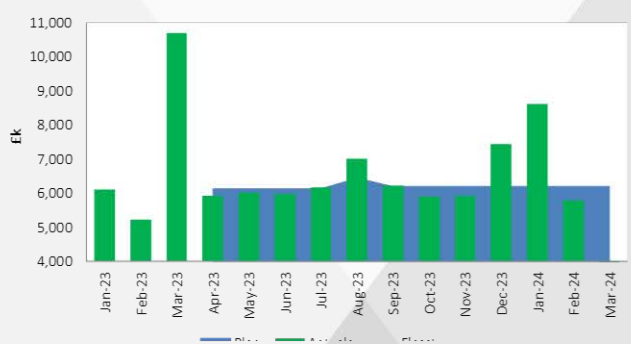
Monthly Other Income



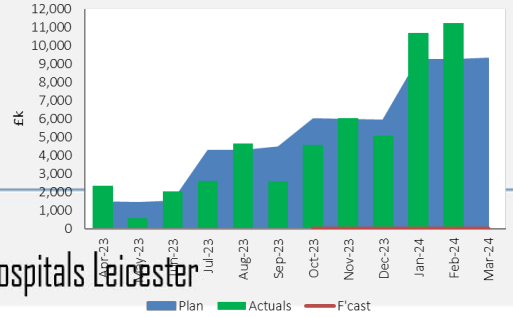
Monthly Substantive/Bank/Agency Pay

Monthly Non Pay

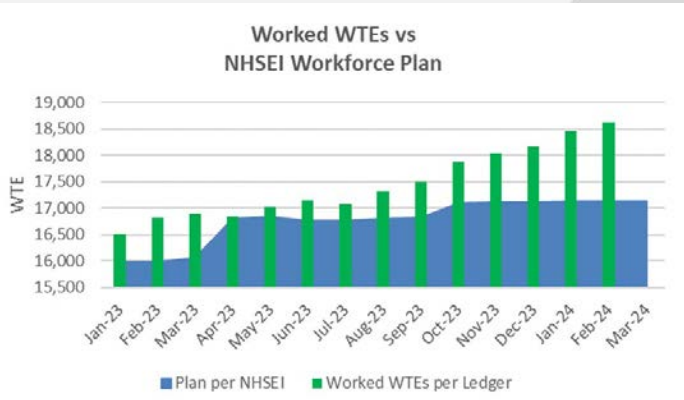
Monthly Non Ops



CIP Performance Excl Productivity

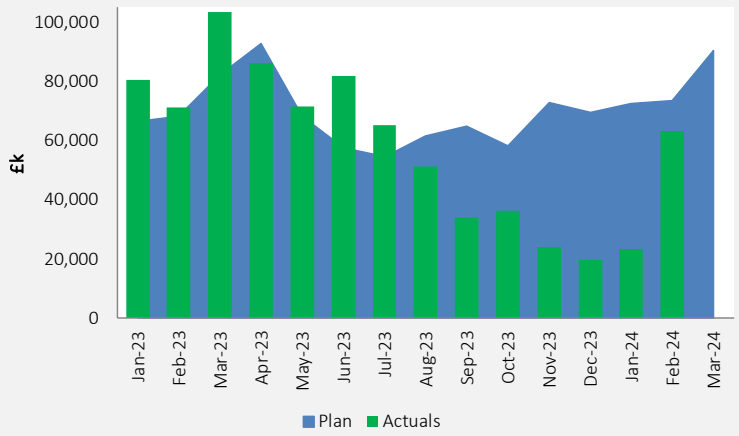


Worked WTEs vs NHSEI Workforce Plan

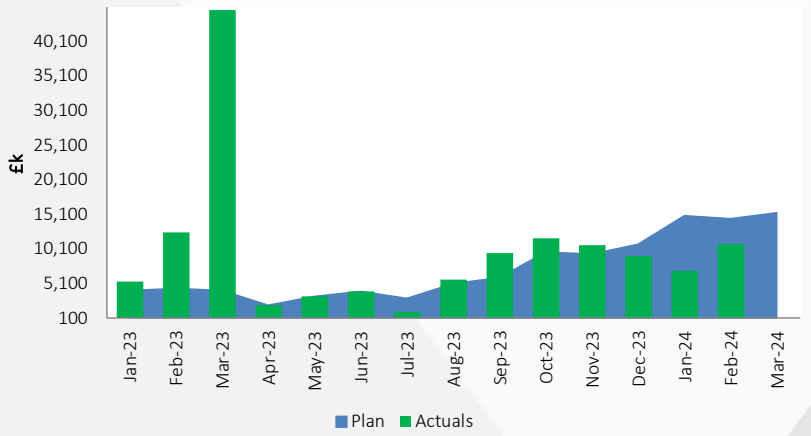


Month 11 Balance Sheet Dashboards

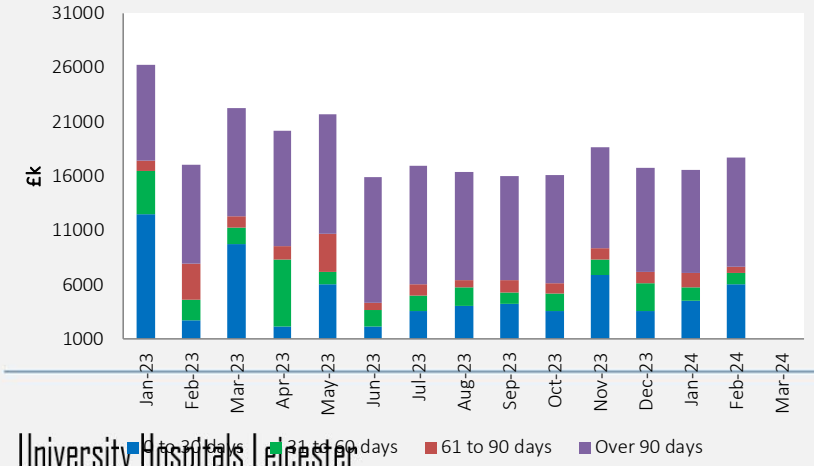
Cash



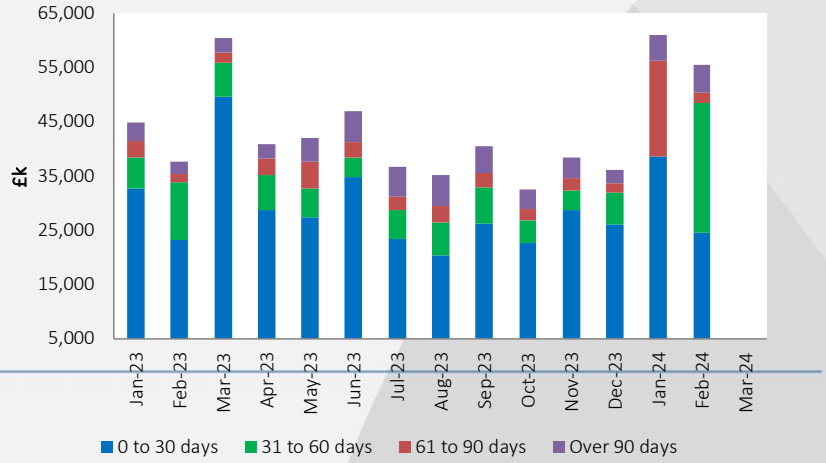
Capital



Debtors



Creditors



Statement of Financial Position

Statement of Financial Position

Statement of Financial Position	2023/24 M11 YTD				
	31-Mar-23	31-Jan-24	29-Feb-24	In Month Movement	YTD Movement
Non current assets	**£000s**	**£000s**	**£000s**	**£000s**	**£000s**
Intangible assets	15,506	10,841	10,661	(180)	(4,845)
Property, plant and equipment	719,387	736,150	748,525	12,375	29,139
Other non-current assets	3,099	3,284	3,283	(0)	184
Total non-current assets	**737,992**	**750,274**	**762,470**	**12,195**	**24,478**
Current assets					
Inventories	22,663	25,296	25,223	(74)	2,560
Trade and other receivables	62,691	72,140	75,631	3,491	12,940
Cash and cash equivalents	103,344	23,165	63,148	39,983	(40,197)
Total current assets	**188,698**	**120,602**	**164,002**	**43,400**	**(24,697)**
Current liabilities					
Trade and other payables	(163,436)	(128,121)	(128,189)	(67)	35,247
Borrowings / leases	(7,895)	(11,703)	(11,189)	514	(3,294)
Accruals	(23,066)	(33,168)	(41,550)	(8,383)	(18,484)
Deferred income	(4,167)	(10,999)	(16,360)	(5,361)	(12,192)
Dividend payable	(609)	(6,121)	(7,833)	(1,712)	(7,224)
Provisions < 1 year	(13,014)	(6,732)	(6,115)	617	6,899
Total current liabilities	**(212,188)**	**(196,844)**	**(211,235)**	**(14,391)**	**952**
Net current assets / (liabilities)	**(23,489)**	**(76,243)**	**(47,234)**	**29,009**	**(23,745)**
Total Assets less Current Liabilities	**714,502**	**674,032**	**715,236**	**41,204**	**733**
Borrowings / leases	(33,847)	(32,361)	(30,866)	1,495	2,982
Provisions for liabilities & charges	(4,033)	(4,033)	(4,033)	0	0
Total non-current liabilities	**(37,881)**	**(36,394)**	**(34,899)**	**1,495**	**2,982**
Total assets employed	**676,622**	**637,638**	**680,337**	**42,699**	**3,715**
Public dividend capital	(797,141)	(816,451)	(848,559)	(32,108)	(51,418)
Revaluation reserve	(202,796)	(202,796)	(202,796)	0	0
Income and expenditure reserve	**323,316**	**381,609**	**371,018**	(10,591)	47,703
Total taxpayers equity	**(676,622)**	**(637,638)**	**(680,337)**	**(42,699)**	**(3,715)**

The Statement of Financial Position (SOFP) as of 29th February 2024 is presented in the table opposite. The key movements are explained as follows:

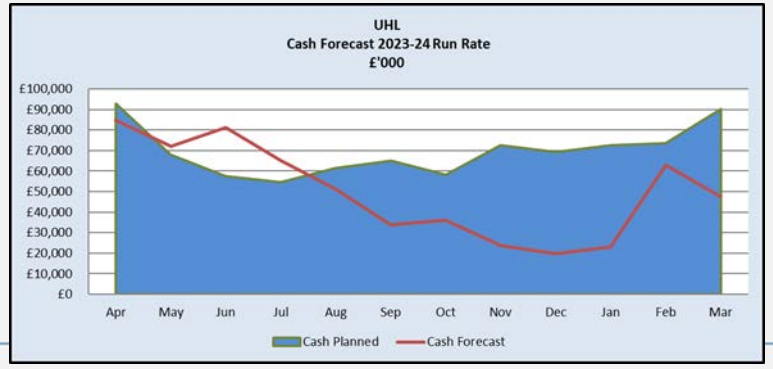
- **Non-Current Assets -** PPE and intangibles increased by £12.2m. Capex of £16.0m was offset by depreciation of £3.8m. There were no impairments in month.
- **Trade and other receivables –** Increased by £3.5m mainly due to additional monies to be received for Industrial Action, offset by reduction in prepayments relating to CNST (10 instalments per year) and lease payments.
- **Cash Balances –** Cash balance improved by £40.0m
- **Trade and other payables and accruals –** Trade payables and accruals increased by £8.4m, mainly relating to accrued expenditure essentially relating to timing of payments (mirrored by the reduction in cash payments), increased capital creditors (0.1m), reduction in Tax and Ni creditor (0.1m), all of which will being transacted in cash terms before year end.
- **PDC Dividend** –the increase of £1.7m reflected the PDC accrued liability for the month of February.
- **Deferred Income** – increased by £5.4m as the Trust invoiced for its contract payment from HEE income in advance of £4.5m, supplemented by additional deferral of patient care activity income of £1.4m.
- **Income and Expenditure Reserve –** The I&E reserve improved by £10.6m in line with the in year reported income and expenditure position.

Cash

The cash position at the end of February was £63.1m, representing an increase of £40m on the previous month. The Trust has applied for additional revenue cash support in March for Quarter 1 24/25 to mitigate a potential cash deficit. This application has been signed off by the Board and application submitted on 13 March.

The current daily cash projection indicates that the Trust will reach a negative cash balance at the end of May. Any PDC revenue support allocated to the Trust would be received in the 3rd week of May; which may mean the Trust would have to manage payments to maintain a minimum cash balance of £1m.

The table opposite sets out the reasons for the reduction in cash of £40.2m since the start of the year, The contraction of the cash position is largely driven by the delivery of the in-year deficit and the capital expenditure incurred at the start of 2023/24 but relating to 22/23 commitments.



STATEMENT OF CASH FLOWS	YTD Actual
	2324 YTD
	£'000's
CASH FLOWS FROM OPERATING ACTIVITIES	
Operating surplus/(-deficit) before interest	(29,377)
Depreciation and Amortisation	48,919
Impairment losses	0
Charitable Donations djustments	(6)
Tax (paid)/received	0
Increase/(Decrease) in Working Capital	0
Inventory	(2,560)
Receivables	(13,124)
Payables	(18,465)
Other Liabilities	12,192
Provisions	(6,899)
Cashflows from operating activities	**(9,319)**
CASH FLOWS FROM INVESTING ACTIVITIES	
Interest Received	3,534
(-Payments) for Property , Plant and Equipment	(71,513)
+ Receipt of cash donations to purchase capital assets	0
(-Payments) for Other Investments	0
(-Payments) for Intangible Assets	0
Proceeds from Disposal of Plant , Property and Equipment	(467)
Proceeds from Disposal of Intangible Assets	0
Net Cash Inflow/(-Outflow) from Investing Activities	**(68,446)**
Net Cash Inflow/(-Outflow) before Financing	**(77,764)**
CASH FLOWS FROM FINANCING ACTIVITIES	
Borrowings	1
Finance Lease	312
Interest Paid	(2,563)
Public Dividend Capital Received	51,418
Public Dividend Capital Repaid	(11,607)
Other Capital Receipts	0
Dividend Paid	0
Net Cash Inflow/(-Outflow) from Financing	**37,561**
Net Increase/(-Decrease) in Cash and Cash Equivalents	**(40,203)**
Cash and Cash Equivalents at the beginning of the period	**103,350**
Cash and Cash Equivalents at the end of the period	**63,147**

Capital Programme

	Year to Date					Forecast			
Area	M11 Plan £'000	M11 Forecast £'000	Actual M11 £'000	Variance to M11 YTD Plan £'000	Variance to YTD M11 Forecast £'000	Original Annual Plan £'000	Revised Plan £'000	Forecast £'000	Variance to Forecast £'000
System Funded									
East Midlands Planned Care Centre inc ICS Reserve	0	1,621	682	682	(939)	3,724	6,481	6,193	288
Reconfiguration	1,146	781	1,881	735	1,100	1,250	1,250	1,250	0
MEE	1,350	1,173	1,763	413	590	1,500	1,173	1,935	(762)
MES	3,729	3,598	3,598	(131)	0	3,729	3,729	3,729	0
MES Enabling	2,606	2,906	3,027	421	121	3,425	3,425	3,425	(0)
IMT - BAU/ Rep'ment /Obsolescence	231	1,393	980	749	(413)	3,292	3,490	1,520	1,970
IMT - Strategic EPR	6,840	6,307	4,511	(2,329)	(1,796)	4,850	5,500	6,880	(1,380)
IMT - Strategic Digitisation - workplace & data	0	149	1,075	1,075	927		860	162	698
IM&T - eQuip - Purchase	0	4,769	4,400	4,400	(369)	2,640	4,403	4,880	(477)
IM&T - eQuip - Lease	2,420	377	(1,912)	(4,332)	(2,289)		377	377	(0)
IM&T - Addition Kit					0			1,000	(1,000)
Estates and Facilities Backlog	4,334	4,336	3,814	(520)	(522)	5,000	5,000	5,000	0
Estates Projects	7,276	5,631	5,918	(1,358)	286	8,249	7,740	7,740	0
Linear Accelerator	4,576	3,212	4,616	40	1,404	5,074	3,699	3,699	0
Research and Education	915	971	866	(49)	(105)	1,000	1,000	1,000	(0)
Surgery Robot - Equipment & Estates	0	239	43	43	(196)	0	601	601	0
Contingency	864	0	0	(864)	0	1,015	0	0	0
Other Schemes	0	1,235	288	288	(947)	0	2,691	2,028	663
VAT Credit	0	(4,613)	0	0	4,613	0	(4,613)	(4,613)	0
Endoscopy	0	0	0	0	0			0	0
LPT IFRS-16	0	0	0	0	0	0	6,000	6,000	0
Total Schemes funded from System envelope	**36287**	**34085**	**35550**	**-737**	**1465**	**0**	**52806**	**52806**	**0**
PDC Funded Schemes									
Reconfiguration	970	1,240	1,060	90	(180)	1,060	1,060	1,060	0
East Midlands Planned Care Centre	17,555	13,703	13,975	(3,580)	272	16,151	13,975	13,975	(0)
UEC - Wards	24,500	8,377	8,275	(16,225)	(102)	24,500	23,997	9,218	14,779
UEC - Modular	6,000	0	0	(6,000)	0	6,000	0	0	0
CDC Hinckley	0	0	2,095	2,095	2,095	900	1,778	1,778	0
Endoscopy	0	248	248	248	0	0	248	248	0
Total Cost Model Fees	0	146	0	0	(146)	0	219	219	0
Enabling Fees	0	0	0	0	0	0	1,701	1,701	0
New Endoscopy unit - LGH	0	2,474	2,346	2,346	(128)	0	5,275	5,275	(0)
Digital Diagnostics Capability - Additional funding for iRefer	0	0	203	203	203	0	243	243	0
Cyber Improvement Programme - Cyber risk reduction	0	0	126	126	126	0	127	127	0
Biopsy Diagnostic System (Breast)	0	0	0	0	0	0	78	78	0
Cepheid/Fibroscan/ Phrobes	0	0	174	174	174	0	187	187	0
Red Blood Cell Exchange Machines	0	0	60	60	60	0	60	60	0
Elective Care Coordination (IECCP)	0	0	0	0	0	0	750	750	0
Frontline Digitisation (EPR)	0	0	0	0	0	0	1,400	1,400	0
AI Diagnostic Fund	0	0	0	0	0	0	320	320	0
LED Lighting	0	0	0	0	0	0	1,744	1,744	0
Slippage schemes b/f	0	686	6,749	6,749	6,063	0	0	13,179	(13,179)
Slippage schemes (not b/f)	0	0	596	596	596	0	0	1,600	(1,600)
Other Schemes Unallocated	0	0	0	0	0	0	660	660	0
Total PDC Funded Schemes	**49,025**	**26,874**	**35,908**	**-13,117**	**9,034**	**48,611**	**53,822**	**53,821**	**0**
Charitable Funds	460	256	430	(30)	174	480	430	430	(0)
NIHR1 Grant	0	0	297	297	297	0	754	754	0
NIHR2 Grant	0	0	0	0	0	0	219	219	(0)
Surgery Robot - Charity	0	1,849	1,849	1,849	0	0	1,849	1,849	0
Total Charitable Funds/Grant	**460**	**2,105**	**2,575**	**2,115**	**471**	**480**	**3,252**	**3,252**	**0**
Total Capital Programme	**85,772**	**63,064**	**74,034**	**-11,739**	**10,969**	**93,839**	**109,880**	**109,880**	**0**
Leases:IFRS16	8,460	5,850	6,514	(1,946)	664	10,060	9,052	9,052	(0)
Total Capital Programme inc Leases	**94,232**	**68,914**	**80,548**	**-13,684**	**11,634**	**103,899**	**118,932**	**118,932**	**0**
Linacc transfer To MES provider	0	2,929	0	0	(2,929)		2,930	2,930	0
Total	**94,232**	**71,843**	**80,548**	**-13,684**	**8,705**	**103,899**	**121,862**	**121,862**	**0**
Donated Income/Grant rec'd	(2,575)	(2,575)	(2,575)	0	0	(500)	(3,252)	(3,252)	0
Less: Book value of asset disposals	(2,930)	(2,930)	(2,930)	0	0		(2,930)	(2,930)	0
De-Recognition of IFRS-16	(660)	(660)	(660)	0	0	0	(660)	(660)	0
Net CDEL	**88,727**	**66,338**	**74,383**	**-13,684**	**8,705**	**103,399**	**115,020**	**115,020**	**0**

The Trust commenced the year with an annual plan of £103.9m, which has now increased by £18m to £121.9m. The plan increased by £8.8m in M11, mainly due to PDC funds received for LED lighting and AI diagnostic fund (£2.1m) and an additional £6.0m has been awarded to the Trust from the LLR System. The Trust committed gross expenditure of £80.5m in the year to 29th February, which nets down to £74.4m, after deducting charitable donations and the net book value of assets disposed/transferred. Against the plan there is an underspend of £13.7m, but the Trust remained ahead of its forecast trajectory by £8.7m.

The Trust are forecasting to deliver break even against CDEL of £121.9m at year end.

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

Data Quality Assessment

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

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

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