

Trust Board Paper F

Meeting title:	Trust Leadership Team				
Date of the meeting:	11 July 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.


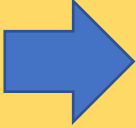
Main report detail



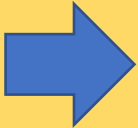
Key headlines in performance are summarised below:

Summary of UHL Performance: MAY 2024

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

<p>Urgent & Emergency Care</p> <p>Updates on Flow in Flow through Flow out</p> 	<p>Emergency department activity in May 2024 we saw an increase of 2040 attendances compared to May 2023 and an overperformance v’s plan of 1659 attendances. Compared to April 24 we saw a decrease of 100 attendances.</p> <p>Eye Casualty in May 2024 we saw an increase vs. April 24 of 120 attendances. An increase of 111 attendances compared to May 2023 and an overperformance in plan of 229 attendances.</p> <p>4-hour performance for UHL was 61.3% above the trajectory submitted as part of planning. LLR performance was 75%.</p> <p>12-hour performance has improved in May for both decision to admit and total time in department</p> <p>In May 2024, LRI monthly ambulance handovers over 60 minutes were at 6.19% (319 out of 5,156 handovers) compared to April 2024 when LRI was 17.47% (861 out of 4,928 handovers) and March 2024 when LRI was 20.36% (990 out of 4,862 handovers).</p> <p>In May 2024 there were 73 trusts which had a higher percentage of ambulance handovers greater than 60 minutes than UHL compared to 26 in April 2024 and 21 in March 2024.</p> <p>Emergency admissions in May 2024 saw an increase vs. April 24 of 222 attendances. An increase of 1591 attendances compared to May 2023 and an overperformance in plan of 1165 attendances.</p> <p>Non-Elective admissions were on plan with 1986 admissions compared to 2002.</p> <p>The number of discharges has increased in May to 12,263 from 8,516 in May, this is partly due to the increased number of admissions but also due to the improvement being made. An example of this is incomplete discharges has fallen to 277 in May 2024 from 423 in May 2023.</p> <p>Actions in place for improvement.</p> <ul style="list-style-type: none"> • Development of single point of access and bed bureau pathways to avoid patients attending ED Urology now onboarded • Establish City UTC – Steering group established • Maximise SDEC redirection from ED and direct referrals • Develop medical daycase to free up capacity in inpatient beds.
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	<ul style="list-style-type: none"> • Implement live flow boards in preparation for E-beds. • Discharge improvement plans for P0 patients. • Implement Criteria led discharge. • Focus on 7+, 14+ and 21 + days to reduce LoS
<p>Elective Care</p> <p>Referrals and Outpatient performance</p> <p>Elective activity Pathway Improvements</p> 	<p>The number of people waiting in excess of 78 weeks decreased from 12 at the end of April-24, to 6 at the end of May-24. Although this figure is above the forecast expected of 2 waiting 78 weeks plus. UHL is ranked fifth out of eleven Trusts in the region. Of the 78+ week waiters there were 0 104+ week waiters reported. Of the 6 78ww plus patients at the end of May all were very complex, in terms of procedure and/or patient comorbidities. The expectation with the number of patients rolling into 78 weeks during June and the Industrial Action planned at the end of the month, that this position will deteriorate further, with an expected end of June position of 11 patients. However, most of these patients are dated beginning of July and the expectation is to achieve zero 78ww plus patients by mid-July and be able to sustain this position.</p> <p>The validated end of May-24 position for 65-week waits was 230 patients (improved by 24 patients from the previous month), with a significant number of specialities reaching zero. This was a deteriorated position, however, from the previous forecast of 183. UHL is ranked second regionally for 65 week performance. Forecasting remains positive for achievement of zero 65 weeks wait by the end of September. Specialities with the biggest risk of non-achievement are Spinal Surgery, Paediatric ENT and General Surgery (admitted cohorts).</p> <p>The 52-week position remains positive with performance currently better than the operational plan and with continued improvement forecast based on current activity levels.</p> <p>The total waiting list has increased for the second month in a row, this is consistent with the national trend, which is concerning when compared with the relative stability achieved around 108/109k since October 23. A number of actions are being undertaken to establish the cause and will report back to the monthly system access joint meeting with UHN in 4 weeks time.</p>
<p>Cancer</p> <p>Referrals</p> <p>2 week wait</p> <p>Faster Diagnosis Standard</p> <p>62-day referral to treatment</p> 	<p>Demand continues to rise. YTD there has been an 11.7% compared with the same period (Apr-May) in 23/24.</p> <p>FDS continues to meet the standard of 77%, with the internal ambition to drive improvements to more than 80%.</p> <p>62 and 31 day performance remain challenged whilst focus continues on clinical prioritisation and those patients waiting the longest. 31 day performance is particularly constrained within radiotherapy. Mitigations are in progress to reduce waits over the next year, expand capacity and utilise available mutual aid support.</p> <p>There has been progress on reducing the number of patients waiting greater than 104 days, however the Trust is behind plan for patients waiting over 62</p>

	<p>days. Recovery and performance actions are discussed with services 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>Quality</p> 	<p>Quality outcomes remain stable with renewed focus on infection prevention and control. The new antimicrobial stewardship committee is being established and the #saferUHL campaign has launched in month. We have also secured funding to invest in cleaning technology.</p> <p>Timely response to complaints continues to improve as the PALS service embeds reducing the overall volume of formal complaints. The team are moving their focus to quality of complaint responses with the adoption of an empathic approach, improved patient engagement and use of digital technology.</p>
<p>Finance</p> 	<p>The Month 2 year to date position for the Trust is a deficit of £20.6m which is £2.2m worse than plan. This is due to UEC pathway costs greater than plan (-£4.3m offset by £1m of additional funding in reserves) reduced by one -off benefits from utilities credits.</p> <p>The emergency pathway continues to experience increasing activity pressures, with combined Emergency/Non elective inpatients 12% above planned levels and combined ED/Eye Casualty attendances 10% above plan.</p> <p>Cash releasing CIP delivery, as per the tracker, is currently behind plan, YTD the Trust has delivered £3.8m against a plan of £8.6m. Of this delivery, £2.5m is recurrent and £1.4m non recurrent. There are benefits within the position that is offsetting this under-delivery which will be reflected on the tracker from M3.</p> <p>The Trust committed year to date gross expenditure of £4.8m to 31 May, which nets down to £4.7m, after deducting charitable donations and the net book value of assets disposed/transferred. Against the plan there was an underspend of £1.4m, the programme is behind the original profiled plan, mainly due to VAT recovery on IM&T and Estates schemes.</p> <p>The cash position at the end of May was £19.2m, representing a reduction of £0.4m on the previous month, but £2.7m ahead of the M1 forecast. The Trust is projecting a cash balance of £16.9m for Q1 24/25, noting this includes £15.5m PDC revenue support in Q1 (of which £5m to be drawn down in June).</p>
<p>Workforce</p> 	<p>Our turnover has seen a small increase from 6.5% 6.6% in May, against the 10% target.</p> <p>Adult nursing vacancies have reduced from 6.9% to 4.8%, and midwife vacancies have remained stable at 5.8% against the revised 7% target. Paediatric nursing is indicating a month on month increase in vacancies over the last three months and currently sits at 16.2% against the 10% target.</p> <p>Health Care Support vacancies are at 2.1% against the 5% target.</p>

	<p>Registered and unregistered nursing and midwifery vacancies are currently being reviewed with c95 applicants who have been interviewed and await allocations, and c70 bank workers who have submitted expressions of interest for substantive positions at UHL as we reduce the reliance on bank and agency workers.</p> <p>Sickness absence data is captured a month in arrears and has remained static at 4.6% in April. The 3 CMGs with the highest sickness absence levels in the last 12 months are CHUGGS (5.50%), W&C (5.50%) and CSI (5.06%). 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.</p> <p>Statutory and mandatory has seen a reduction in compliance from 93% to 91% in April due to a Trust wide update of our Moving and Handling Training; requiring a refresher at 12 months and the introduction of Level 2 training for patient handlers.</p> <p>Last month we reported a marked improvement in appraisal performance from 81.8% to 85.5% against the 95% target. In May there has been a 0.6% drop, and in part this will be impacted by the HCSW strike action, alongside timely reporting.</p> <p>An amber rating remains in place.</p>
<p>Transformation & Productivity</p> <p>Key Overview</p> <p>e.g Urgent and Emergency Care, Elective, digital, Estates etc</p>	<p><u>Elective Care</u></p> <p>Theatres:</p> <ul style="list-style-type: none"> Standardised Daycase criteria across whole of signed off and now active - the implementation of this is being monitored through the weekly theatre productivity meetings and monthly board Daycase postcard for all patients to receive at the beginning of pathway now in use and is designed to change mindset and culture for both staff and patients Since the launch of the new daycase programme and the target for each speciality to reach 85% of daycase for their top 5 procedures we have seen in the month of May the top 5 daycases increase from 43.3% at the end of 23/24 to 49.56% OTDC remain static, one new initiative to tackle this is to set a standard criterion for list order which means lists can be optimised with the correct patients allowing the appropriate care and time resulting in the reduction of OTDC. The impact of this should start being seen late June/July <p>Outpatients:</p> <ul style="list-style-type: none"> PIFU has remained static at 4.2% individual speciality meetings are being held with the DCOO and DMD DNA rates continue to drop through the introduction of Accurx we are at the lowest DNA rate for the past few years with a YTD of 6.4%

	<p><u>UEC</u></p> <ul style="list-style-type: none"> • The SDEC Programme and Single Point of Access have gained momentum with metrics agreed to show increase in SDEC through put and up to 16 specialties receiving direct admissions through Clinical Bed Bureau • The UTC programme has commenced to work up the provision of a City UTC working with all system partners <p>Other areas of work:</p> <p>The new non emergency patient transport provider is due to commence on the 1st July which should support increased flow out of UHL in a timely way</p> <p>Accrux continues to be rolled out with now a focus on endoscopy, Imaging and Breast screening to go live with reminders and cancellation options in the month of June</p>
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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

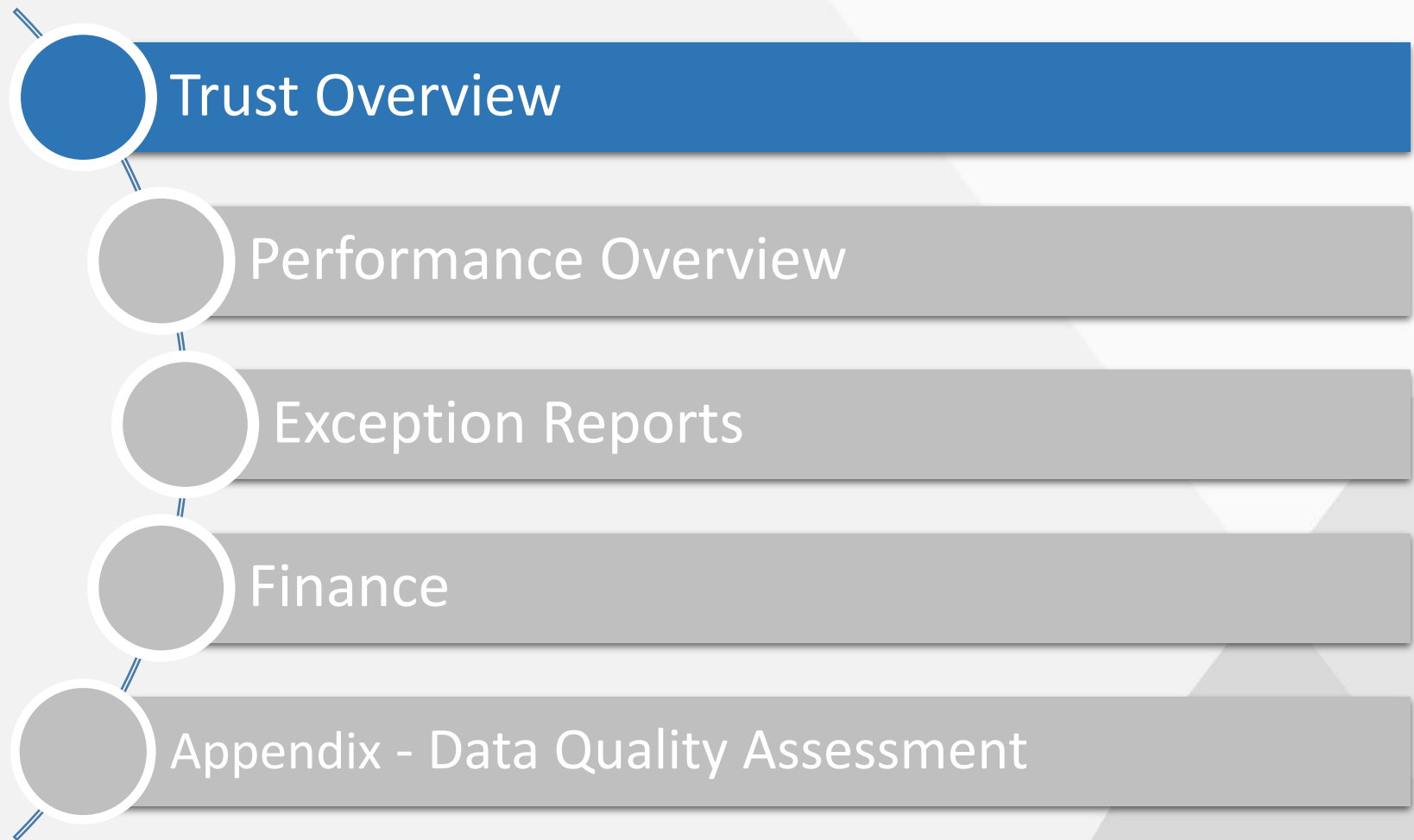
Integrated Performance Report

May 2024

Contents



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

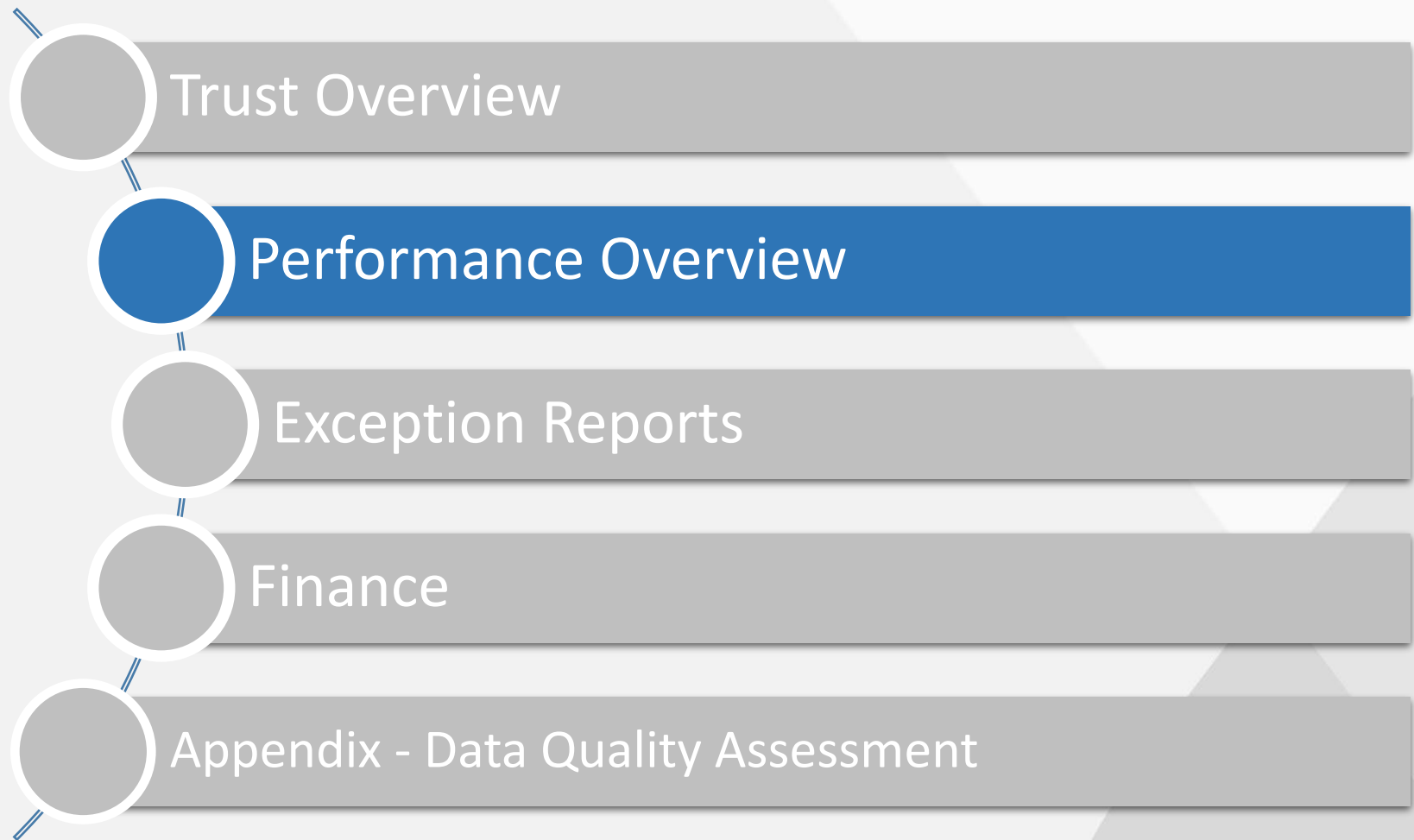


Trust Overview (Year to Date)

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	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	Crude Mortality Rate	Mean Time to Initial Assessment	RTT 65+ Weeks	62 Day Backlog Combined	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			

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	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	Crude Mortality Rate	Mean Time to Initial Assessment	RTT 65+ Weeks	62 Day Backlog Combined	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			



Performance Overview (Safe)

Domain	Key Performance Indicator	Target	Mar-24	Apr-24	May-24	YTD	Assurance	Variation	Trend	Data Quality Assessment	Local or National Target?	Exec Lead
Safe	Never events	0	1	0	0	0				Nov-22	National	Chief Nurse and Medical Director
	Clostridium Difficile per 100,000 Bed Days	TBC	25.9	15.6	21.6	18.6				Mar-24	Local	Chief Nurse and Medical Director
	Methicillin Resistant Staphylococcus Aureus Total*	0	0	0	0	0				Mar-24	Local	Chief Nurse and Medical Director
	Methicillin-susceptible Staphylococcus Aureus Acute*	40	5	2	7	9				Mar-24	Local	Chief Nurse and Medical Director
	All falls reported per 1000 bed days	4.5	3.2	3.5		3.5				Aug-22	Local	Chief Nurse and Medical Director
	Rate of Moderate harm and above Falls Patient Safety Incidents with finally approved status per 1,000 bed days	0.19	0.07	0.09		0.09				Aug-22	Local	Chief Nurse and Medical Director
	Hospital Acquired Pressure Ulcers - All categories per 1000 bed days	1.9	1.7	1.6	1.8	1.7				Jun-21	Local	Chief Nurse and Medical Director
	% of all adults Venous Thromboembolism Risk Assessment on Admission	95%	96.2%	96.9%	98.4%	98.4%				Oct-21	National	Chief Nurse and Medical Director
	Number of PSIs commissioned			0	2	2	Awaiting more data for assurance and variance			TBC	Local	Chief Nurse and Medical Director
	Number of reported Patient Safety Incidents		2349	2127	2261	4388				TBC	Local	Chief Nurse and Medical Director
Rate of reported Patient Safety Incidents (per 1000 inpatient, outpatient and ED attendances)		18.5	16.0	16.8	16.4				TBC	Local	Chief Nurse and Medical Director	

Performance Overview (Caring)

Domain	Key Performance Indicator	Target	Mar-24	Apr-24	May-24	YTD	Assurance	Variation	Trend	Data Quality Assessment	Local or National Target?	Exec Lead
Caring	Single Sex Breaches		9	35	0	35				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*	77%	78%	84%	80%	82%				Jul-22	Local	Chief Nurse and Medical Director
	% Complaints Responded to in Agreed Timeframe - 25 Working days*	95%	67.0%	83.0%		83%				Jul-23	Local	Chief Nurse and Medical Director
	% Complaints Responded to in Agreed Timeframe - 60 Working days*	95%	100%			63%				Jul-23	Local	Chief Nurse and Medical Director

Performance Overview (Well Led)

Domain	Key Performance Indicator	Target	Mar-24	Apr-24	May-24	YTD	Assurance	Variation	Trend	Data Quality Assessment	Local or National Target?	Exec Lead
Well Led	Turnover Rate	10%	6.5%	6.5%	6.6%					Aug-22	Local	Chief People Officer
	Sickness Absence	3%	4.6%	4.6%		4.6%				Feb-24	Local	Chief People Officer
	% of Staff with Annual Appraisal	95%	81.8%	85.5%	84.9%					Feb-24	Local	Chief People Officer
	Statutory and Mandatory Training	95%	93%	90%	91%					Dec-22	Local	Chief People Officer
	Adult Nursing Vacancies	7%	3.3%	6.9%	4.8%					Dec-23	Local	Chief People Officer
	Paed Nursing Vacancies	10%	13.6%	15.6%	16.2%					Dec-23	Local	Chief People Officer
	Midwives Vacancies	7%	7.6%	5.8%	5.8%					Dec-23	Local	Chief People Officer
	Health Care Assistants and Support Workers Vacancies - excluding Maternity	7%	14.4%	12.9%	13.4%					Dec-23	Local	Chief People Officer
	Health Care Assistants and Support Workers Vacancies - Maternity	5%	-1.8%	-0.3%	2.1%					Dec-23	Local	Chief People Officer

Performance Overview (Effective)

Effective

Domain	Key Performance Indicator	Target	Mar-24	Apr-24	May-24	YTD	Assurance	Variation	Trend	Data Quality Assessment	Local or National Target?	Exec Lead
Effective	Published Summary Hospital-level Mortality Indicator (SHMI)	100	102	101	101	101 (Jan 23 to Dec 23)	Assurance and variance not applicable			May-21	National	Chief Nurse and Medical Director
	12 months Hospital Standardised Mortality Ratio (HSMR)	100	98	99	98	98 (Jan 23 to Dec 23)	Assurance and variance not applicable			May-21	National	Chief Nurse and Medical Director
	Crude Mortality Rate		1.0%	1.0%	0.9%	0.9%				May-21	Local	Chief Nurse and Medical Director
	DNA Rate - IMD Deciles 1 and 2*	5%	9.8%	8.9%	9.2%	9.0%				Feb-24	Local	Director of Health Inequality and Inclusion
	DNA Rate - IMD Deciles 3 - 10*	5%	5.6%	5.7%	5.6%	5.6%				Feb-24	Local	Director of Health Inequality and Inclusion
	Gestation at Booking 71+ days, IMD Deciles 1 and 2*					35.3%				TBC	Local	Director of Health Inequality and Inclusion
	Gestation at Booking 71+ days, IMD Deciles 9 and 10*					26.1%				TBC	Local	Director of Health Inequality and Inclusion
	Gestation at Booking 71+ days, White British*					23.6%				TBC	Local	Director of Health Inequality and Inclusion
	Gestation at Booking 71+ days, Black African or Black Caribbean*					51.1%				TBC	Local	Director of Health Inequality and Inclusion
	Gestation at Booking 71+ days, Asian Indian, Bangladeshi or Pakistani*					32.3%				TBC	Local	Director of Health Inequality and Inclusion

Performance Overview (Responsive Emergency Care)

Responsive (Emergency Care)

Domain	Key Performance Indicator	Target	Mar-24	Apr-24	May-24	YTD	Assurance	Variation	Trend	Data Quality Assessment	Local or National Target?	Exec Lead
Responsive (Emergency Care)	Emergency Department 4 hour waits LLR	78%	74.7%	75.3%	75.0%	75.1%				Mar-23	National	Chief Operating Officer
	Emergency Department 4 hour waits UHL	78%	58.4%	61.5%	61.3%	61.4%				Mar-23	National	Chief Operating Officer
	Mean Time to Initial Assessment	15	31.1	27.2	22.4	24.7				Nov-22	National	Chief Operating Officer
	12 hour trolley waits in Emergency Department (DTA)	0	982	839	520	1,359				Mar-23	National	Chief Operating Officer
	Number of 12 hour waits in the Emergency Department	0	2,607	2,396	1,821	4,217				Mar-23	National	Chief Operating Officer
	Number of Ambulance Handovers		4,862	4,928	5,156	10,084				Data sourced externally	Local	Chief Operating Officer
	Number of Ambulance Handovers >60 Mins	48	992	862	319	1181				Data sourced externally	Local	Chief Operating Officer
	Percentage of Ambulance Handovers >60 Mins	1%	20.4%	17.5%	6.2%	11.7%				Data sourced externally	Local	Chief Operating Officer
	Total lost Ambulance Hours	40 per day	2903	2412	1188	3601				Data sourced externally	Local	Chief Operating Officer
	Number of patients waiting greater than 24 hours for discharge P1, P2	60	75	59	54		Awaiting more data for assurance and variance			Data sourced externally	Local	Chief Operating Officer
	Trust Bed Occupancy	92.0%	90.8%	90.8%	92.0%					Dec-23	National	Chief Operating Officer
	Long Stay Patients (21+ days) as a % of G&A Bed Occupancy	12%	13.9%	12.3%	13.6%					Apr-23	Local	Chief Operating Officer






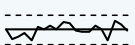


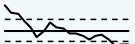


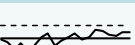
Performance Overview (Responsive Elective Care)

Responsive (Elective Care)

Domain	Key Performance Indicator	Target	Mar-24	Apr-24	May-24	YTD	Assurance	Variation	Trend	Data Quality Assessment	Local or National Target?	Exec Lead
Responsive (Elective Care)	Referral to Treatment Incompletes	99,985	109,027	111,500	111,054					Jun-23	Local	Chief Operating Officer
	Referral to Treatment 52+ weeks	0 by Mar25	2,736	2,458	2,397					Jun-23	National	Chief Operating Officer
	Referral to Treatment 65+ weeks	0 by Sep 24	259	230	206					Jun-23	National	Chief Operating Officer
	Referral to Treatment 78+ weeks	0	18	12	6					Jun-23	National	Chief Operating Officer
	6 Week Diagnostic Test Waiting Times	8%	23.7%	24.8%	20.0%					Jul-23	National	Chief Operating Officer
	Theatre Utilisation	85.0%	74.4%	75.5%	76.8%	76.1%				Dec-23	National	Chief Operating Officer
	PIFU	5.2%	4.3%	4.2%	4.2%	4.2%				Oct-23	Local	Chief Operating Officer
	% Outpatient Did Not Attend rate	4.9%	6.5%	6.4%	6.5%	6.4%				Apr-23	Local	Chief Operating Officer
	% Outpatient Non Face to Face	25%	27.2%	28.3%	26.2%	27.3%				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	Mar-24	Apr-24	May-24	YTD	Assurance	Variation	Trend	Data Quality Assessment	Local or National Target?	Exec Lead
Responsive (Cancer)	28 Day Faster Diagnosis Standard	77%	83.0%	77.8%		77.8%				May-24	National	Chief Operating Officer
	Cancer 31 Day Combined	96%	81.3%	77.3%		78.9%				May-24	National	Chief Operating Officer
	62 Day Backlog Combined	228 (by Mar25)	397	424	428					TBC	Local	Chief Operating Officer
	Cancer 62 Day Combined	70%	57.8%	57.9%		54.9%				May-24	National	Chief Operating Officer

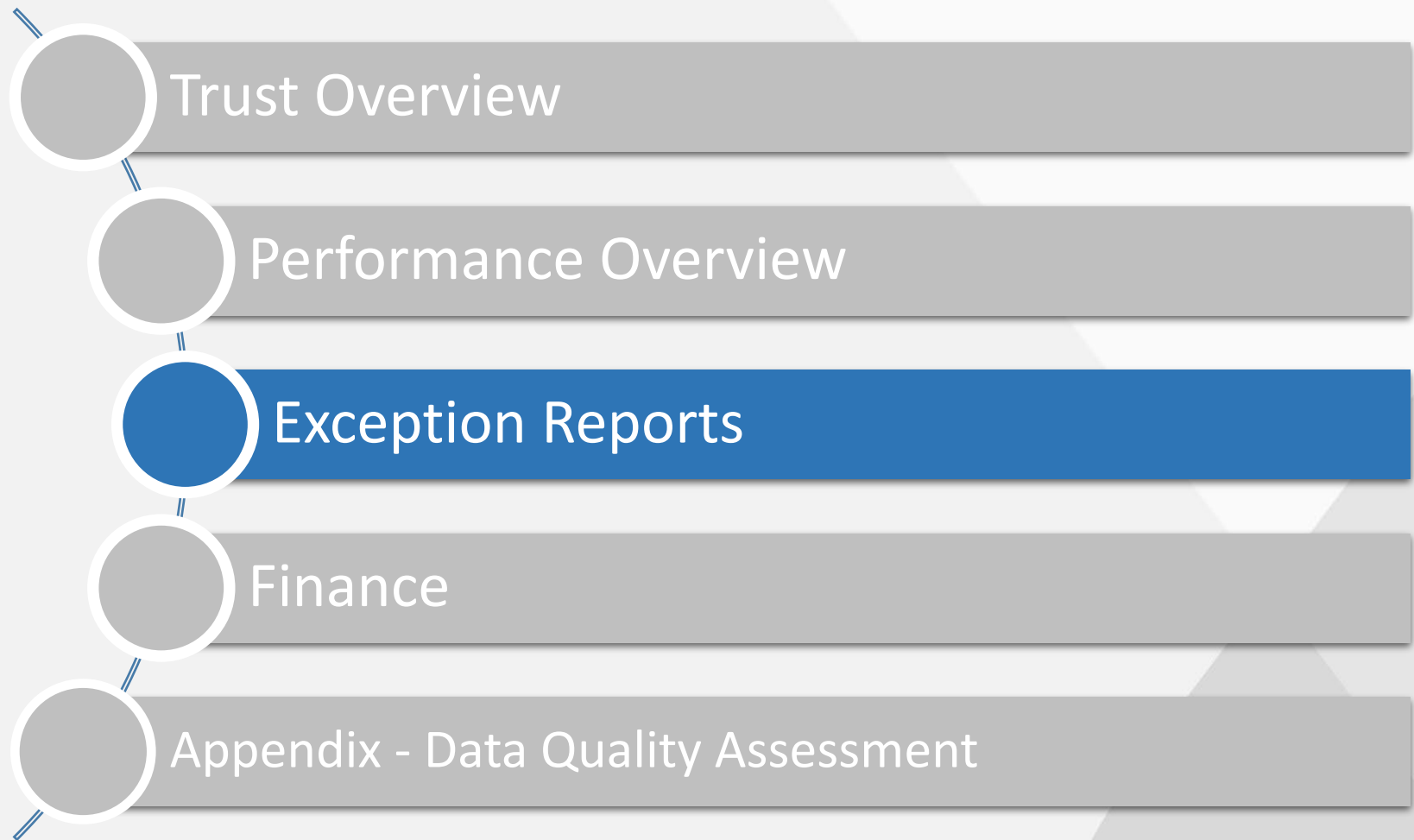
Performance Overview (Finance)

Domain	Key Performance Indicator	Target YTD	Mar-24	Apr-24	May-24	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Finance	Trust level control level performance	-£18.5m	-£7.2m	- £11.2m	-£9.4m	-£20.6m				Jun-22	Chief Financial Officer
	Capital expenditure against plan	£6.2m	£40.5m	£1.3m	£3m	£4.4m				Jun-22	Chief Financial Officer
	Cost Improvement (Includes Productivity)	£8.6m	£11.7m	£0.65m	£3.2m	£3.8m				Dec-23	Chief Financial Officer
	Cashflow	No Target	-23.4m	- £20.2m	-£0.4m	£19.2m				Jun-22	Chief Financial Officer
	Aged Debt	No Target	£19.2m	£15.3m	£15m	£15m				Feb-24	Chief Financial Officer
	Invoices paid within 30 days (value)	95%	94%	97%	90%					Feb-24	Chief Financial Officer
	Invoices paid within 30 days (volume)	95%	98%	95%	94%					Feb-24	Chief Financial Officer

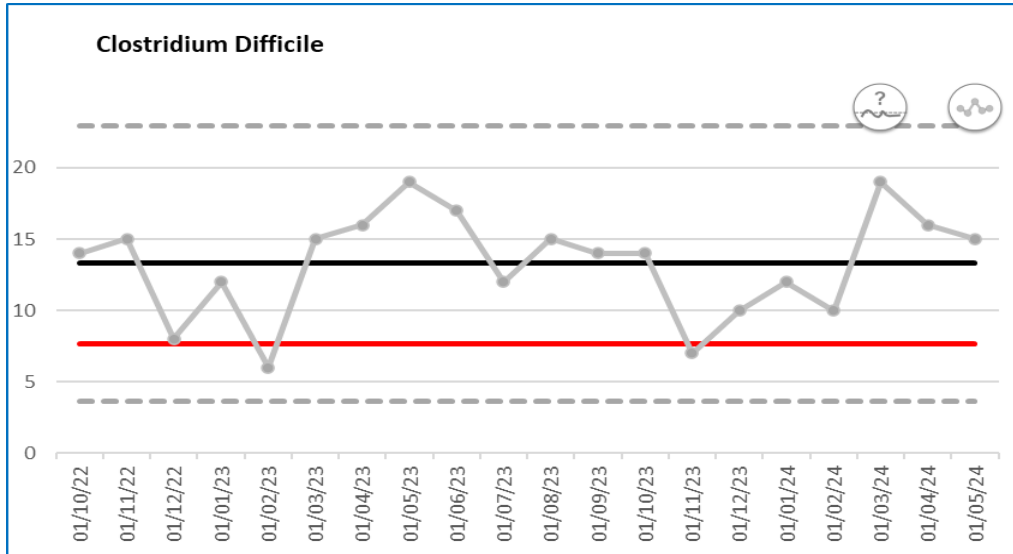
Performance Overview (Activity)

Domain	Activity Type	Plan 24/25	Plan in Month (M2)	Activity In Month (M2)	Variance In Month (M2)	Plan YTD	Actual YTD	Variance YTD	YTD Variance to 19/20
Activity	New Outpatients (inc. NFTF)	256,170	20,853	21,612	758	40,236	42,349	2,113	-2,448
	Follow Up Outpatients (inc. NFTF)	565,395	46,743	48,094	1,350	89,914	96,984	7,070	-2,816
	Outpatient Procedures	175,053	14,459	17,133	2,674	28,201	32,089	3,888	6,781
	Daycase	126,216	9,943	10,260	317	19,482	20,322	840	2,129
	Inpatient	19,216	1,645	1,935	290	3,168	3,747	579	347
	Emergency	102,386	8,543	9,700	1,157	16,728	19,186	2,458	2,312
	Non Elective	22,901	2,002	1,792	-210	3,899	3,931	32	383
	Emergency Department (inc. Eye Casualty)	267,119	23,192	23,051	-141	43,874	48,111	4,237	3,847
	Diagnostic Imaging	179,712	13,920	11,997	-1,923	26,758	30,996	4,238	3,279
	Other	11,751,789	963,732	1,204,565	240,833	1,839,464	2,082,208	242,744	593,703
TOTAL	13,465,957	1,105,033	1,350,139	245,105	2,111,724	2,379,923	268,199	607,518	

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



Safe – Clostridium Difficile



Cases			Cases per 100,000 Bed Days		
May 24	YTD	Target	May 24	YTD	Target
15	31	TBC	21.6	18.6	

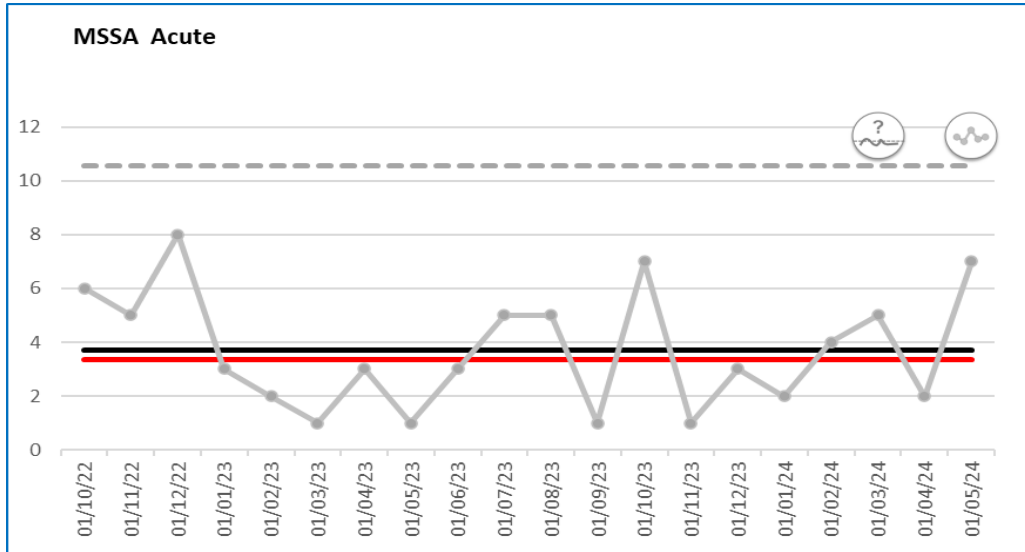
National Position & Overview

HOHA cases YTD = 17
 COHA cases YTD = 14
 (HOHA & COHA) 24/25 = 31

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

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> There are no new themes to report with regard to the Root Cause of acquisition of CDI. A deterioration in Antimicrobial stewardship is observed. 2 wards across 2 sites have been identified with 1 or more cases. Ribotyping and investigation is underway to understand whether transmission has occurred 	<ul style="list-style-type: none"> A proposal for a new Antimicrobial Stewardship committee (AMSC) is progressing Focused action by CMG Operational Infection Prevention Groups to review and monitor monthly CDT data. An MDT meeting is in progress to discuss the recent cases, the PSRIF framework and SEIPs approach will be used, findings and any identified actions will be supported by the Infection prevention team and shared at TIPOG for wider learning. 	<ul style="list-style-type: none"> On-going focus within CMG Operational Groups Progress towards establishing an AMSC will now be during Q2 A date for the MDT meetings will be arranged for the week commencing 1st July 2024.

Safe – Methicillin-susceptible Staphylococcus Aureus Acute



Current Performance			Cases per 100,000 Bed Days		
May	YTD	Target	May 24	YTD	Target
7	9	40	14.22	9.21	

National Position & Overview

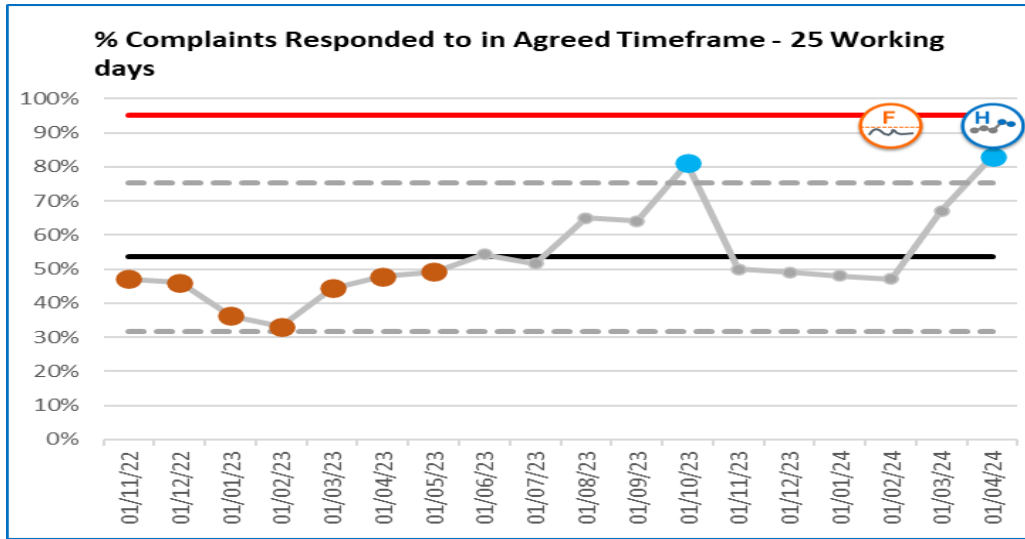
There are no thresholds set for MSSA by NHSE, the threshold is set by UHL to monitor the number of cases.

HOHA cases YTD = 9
 COHA cases YTD = 2
 (HOHA & COHA) 23/24 = 11

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

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> Peripheral and Central line infections of the bloodstream Surgical Site Infections Increased attendance of high acuity patients through the Emergency and Specialist medicine departments No new National emerging themes . 	<ul style="list-style-type: none"> A review of how post infection reviews and undertaken using the PSRIF framework and SEIPs approach Baseline data has been shared with CMGs, in TIPOG actions required will be monitored through TIPOG and supported by the IP team and the ANTT programme across UHL which commenced March 2024. ITAPs surveillance assistant that was undertaking the ICCQUIP surveillance has left, recruitment is underway to replace. 	<ul style="list-style-type: none"> 2023/2024 end of year report of the blood culture data will be ready for TIPAC Q1 2024/2025 ICCQUIP data collection to re commence within 4 months if successful with recruitment

Caring – % Complaints Responded to in Agreed Timeframes

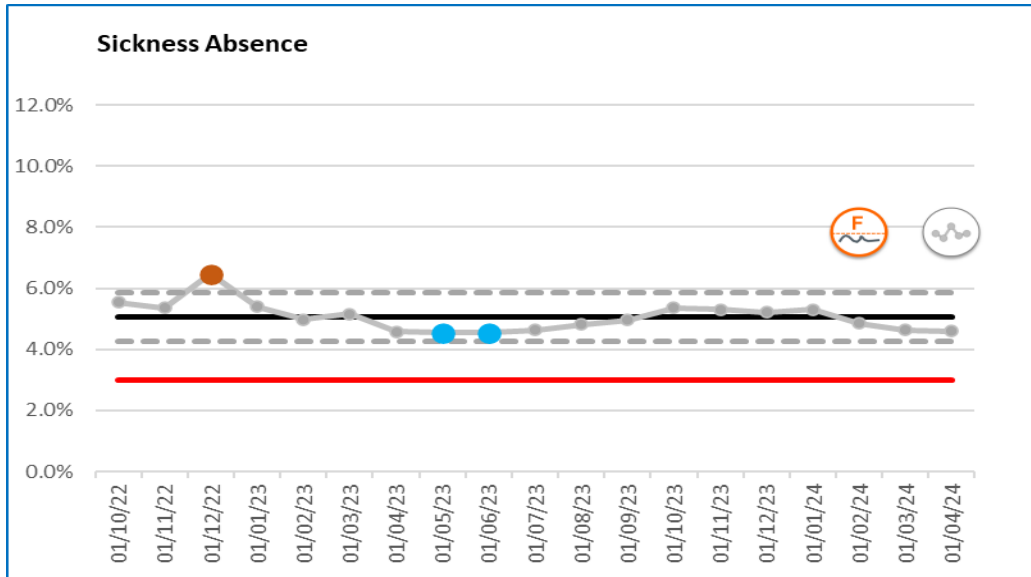


25 Working Days			60 Working Days		
Apr 24	YTD	Target	Mar 24	YTD	Target
83%	83%	95%	100%	76%	95%

National Position & Overview

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> Significant improvement in complaint response times since February 2024, due to PALS launch, allowing the Complaints team to focus on formal complaints only 100% target reached in March for 60 working day timescales 	<ul style="list-style-type: none"> Changes in the way the Complaints team drafted responses following review by Complaints Lead 	<ul style="list-style-type: none"> The internal process change in the Complaints team has improved the timeliness of complaint responses

Well Led – Sickness Absence



Current Performance		
Apr 24	YTD	Target
4.6%	4.6%	3%

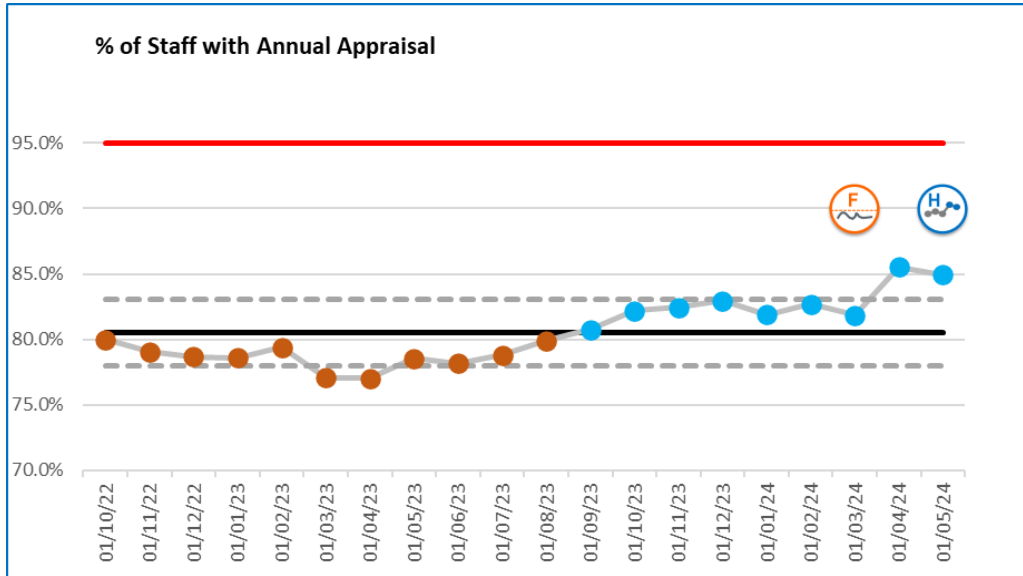
National Position & Overview

Peer data not available.

The sickness absence data now includes Estates and Facilities. Last month (for March 2024) we reported 4.60% sickness absence and in April 2024 is at 4.59%.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> The data now includes Estates and Facilities who are at 5.30% for the year, and 5.48% in April 2024. CMG sickness absence is above 4% in all areas with W&C at 5.51% in April. The 3 CMGs with the highest sickness absence levels in the last 12 months are CHUGGS (5.50%), W&C (5.50%) and CSI (5.06%). The top 3 reasons for sickness absence are anxiety/stress/depression (18.14%), Unknown causes (14.33%), Other known reasons (13.94%), and cough/cold/flu (9.34%). 	<ul style="list-style-type: none"> 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 information is shared through corporate and local induction, the 560 HWB Ambassadors, monthly restaurant stands and weekly and monthly newsletters. Sickness absence data is reviewed regularly in People Services to ensure robust support and management is in place, with particular focus on absences over 3, 6 and 10 months. Focused support and attention is in place to manage the CMG's with the highest levels of sickness absence, including increased management accountability and oversight, reinstating Making it All Happen meetings and focus on top 3 departments / specialties. For long standing and complex cases, case conferences with OH are now in place. CSI absence is being impacted by some significant ER cases and colleagues are being supported in their wellbeing and return to modified duties / roles where appropriate to do so. Planned transition to Health Roster / ESR via Manager Self Serve for more timely and accurate absence reporting. The ER and Health and Wellbeing intranet site covers all aspects of support, training, information, TALK toolkit for wellbeing conversations, template documents etc. 	<ul style="list-style-type: none"> The new attendance policy should be implemented in the coming months. This will be supported with e-learning and in person training, template letters and toolkit/guidance. The Trust is working alongside other Trusts regarding benchmarking and sharing best practice. 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		
May 24	YTD	Target
84.9%	-	95%

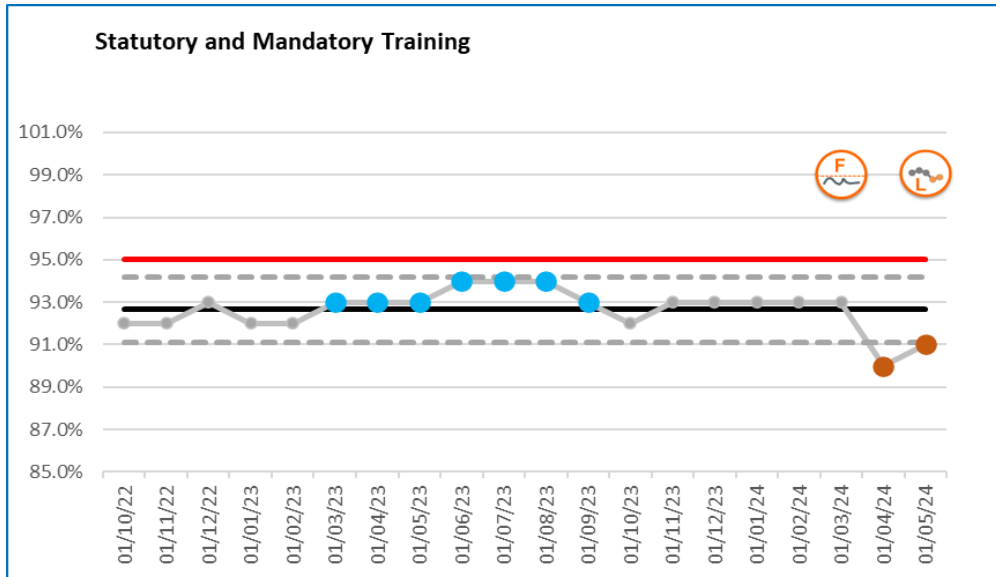
National Position & Overview

Peer data not available.

There has been a drop in the Appraisal compliance position of 0.6% on last months figures. We are 10.1% away from the Trust target of 95%.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> 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. Appraisal reporting is a contributing factor. 	<ul style="list-style-type: none"> It was acknowledged in recent exception reports that we would be unlikely to reach full compliance of 95% in the short term. From 2023, CMG reports are provided, highlighting performance and areas of focus, to enable targeted support and action. In month, the appraisal average for CMGs has reduced from 88.36% to 88.12%. Corporate Directorates have seen a 2.1% reduction, from 74.5% to 72.4%. ITAPS have achieved the target at 95.2%; MSS and RRCV are both over 91%. The improvement of 2% in ESM is noted. Regular meetings with line managers are taking place at CMG level to review appraisal performance and any additional support required. Appraisal paperwork has been updated to reflect the new Trust Values 	<ul style="list-style-type: none"> In the last year we have seen a 6.3% improvement in appraisal performance. In May 2023 we were at 78.6%. Appraisals are reviewed through regular line management and Board oversight meetings. Appraisals are also monitored through the PRM monthly meetings. 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'.

Well Led – Statutory and Mandatory Training

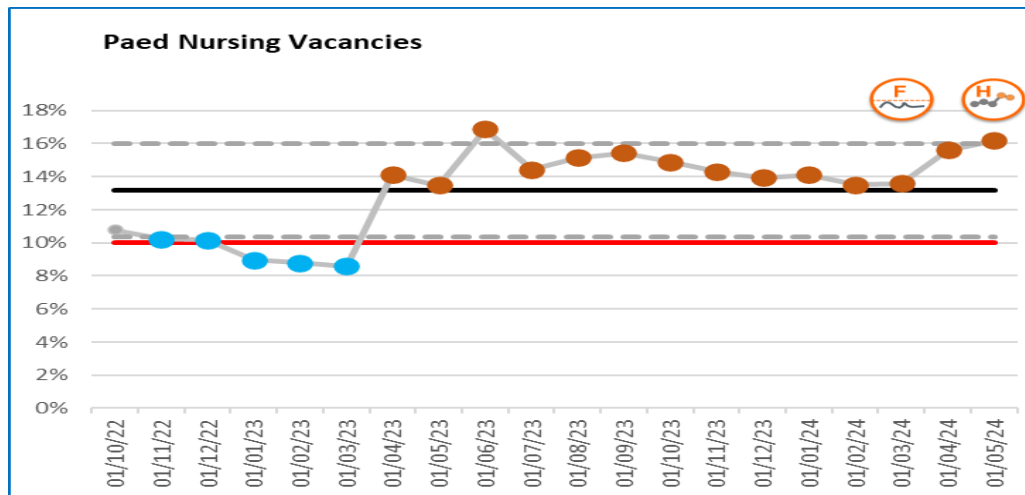


Current Performance		
May 24	YTD	Target
91%	-	95%

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"> • Covid-19, Flu & related Staff Absence Levels • Operational pressures • Operational demand • Staffing Levels • Seasonal absences and demands <p>Drop in compliance from 93% to 91% has been caused by a Trustwide update to our Moving and Handling Training. Which included the reduction of the refresher period from 24 months to 12 months and the introduction of a Level 2 training for patient handlers.</p>	<p>Performance against trajectories is being monitored via Trustwide Performance Reviews. Access to compliance data, emailed reports to 2400 staff & 10,000+ direct emails per month.</p> <p>Booklets being updated for certain staff, including Estates and Facilities Colleagues.</p> <p>Workforce Educational and Training Steering Group has started looking into Mandatory and Essential Training.</p> <p>Support for completion of Moving and Handling Training, since 01/04/24 update.</p>	<p>Reviewed through the Making it All Happen reviews chaired by CMG / Directorate leadership teams with support from HR. This is a meeting with each line manager to review sickness, appraisals and S&MT compliance.</p> <p>Drive towards improving the overall percentage of UHL during 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. Challenges to this data alignment are under consistent scrutiny.</p>

Well Led – Paed Nursing Vacancies



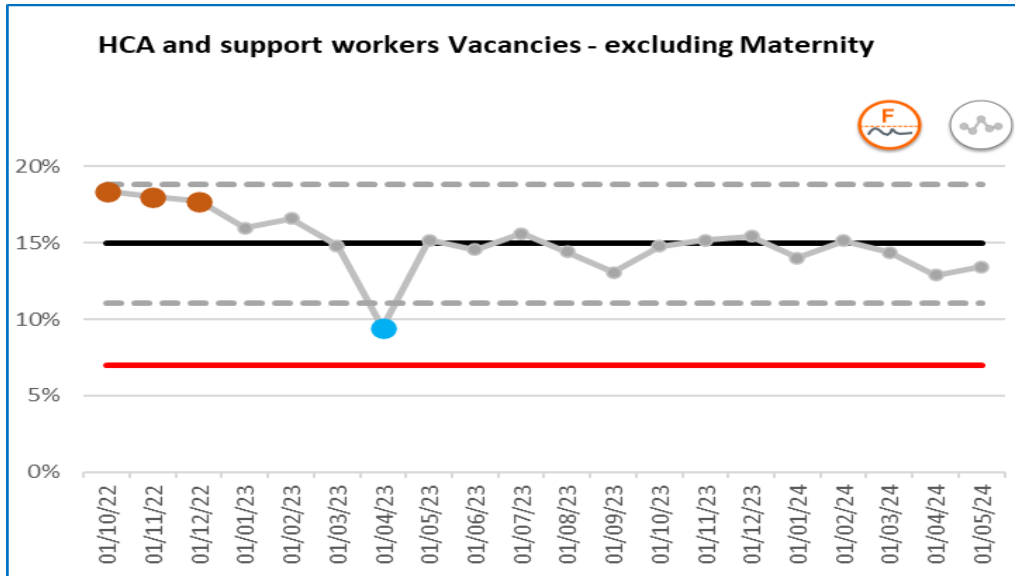
Current Performance		
May 24	YTD	Target
16.2%	-	10%

National Position & Overview

Midlands registered nurse (RN) vacancy rate has decreased to 7.9% in March '24, national rate is 9%.

Root Cause	Actions	Impact/Timescale
<p>Neonates</p> <ul style="list-style-type: none"> 13% RN vacancy rate. Majority of vacancies posts are band 6 Qualification in Specialty (QIS) <p>Children's Hospital</p> <ul style="list-style-type: none"> Vacancies have increased to 66 WTE with establishment uplift from April 2024 Attrition rate in the Children's Hospital is 6.78% and remains slightly higher than the Trust average of 6.48%. <p>Paediatric Emergency Department (PED)</p> <ul style="list-style-type: none"> Underlying RN vacancies in PED (20.95wte). This is a 29% vacancy rate. PED have a higher proportion of Band 6 vacancies as opposed to Band 5 nurses. High paternity leave across RN staff group 	<p>Neonates</p> <ul style="list-style-type: none"> Discussion with De Montfort University to increase training capacity for QIS courses Detailed recruitment and retention plan to include attrition rate and reduction of temporary workforce across a 3 year period. Pathway for progression & recognition for Adult registered nurses to be reviewed <p>Children's Hospital and PED</p> <ul style="list-style-type: none"> Collaborative recruitment initiatives with Childrens Hospital and joint recruitment day planned for 29th June '24 Meetings with every Ward Leader across the Children's Hospital to confirm current budgeted establishments, vacancies and ongoing recruitment plans. Gaps in PED safely mitigated with rotation of nurses from adult Department 	<p>Neonates</p> <ul style="list-style-type: none"> Currently QIS = 53% QIS once the nurses who have completed QIS receive their ratified results. There are 6.6WTE Band 5 nurses undergoing pre-employment checks Trajectory to meet British Association of Perinatal Medicine (BAPM) standards of QIS by Sept 2027 NNU Education post to be recruited by Summer <p>Childrens Hospital and PED</p> <ul style="list-style-type: none"> Thematic review of leavers confirms leaver reasons as retirement, internal transfer x 2 and work/life balance Interviews taking place in June for September's cohort of Newly Qualified Nurses (approximately 41 wte).

Well Led – HCA and Support Workers Vacancies – excluding Maternity



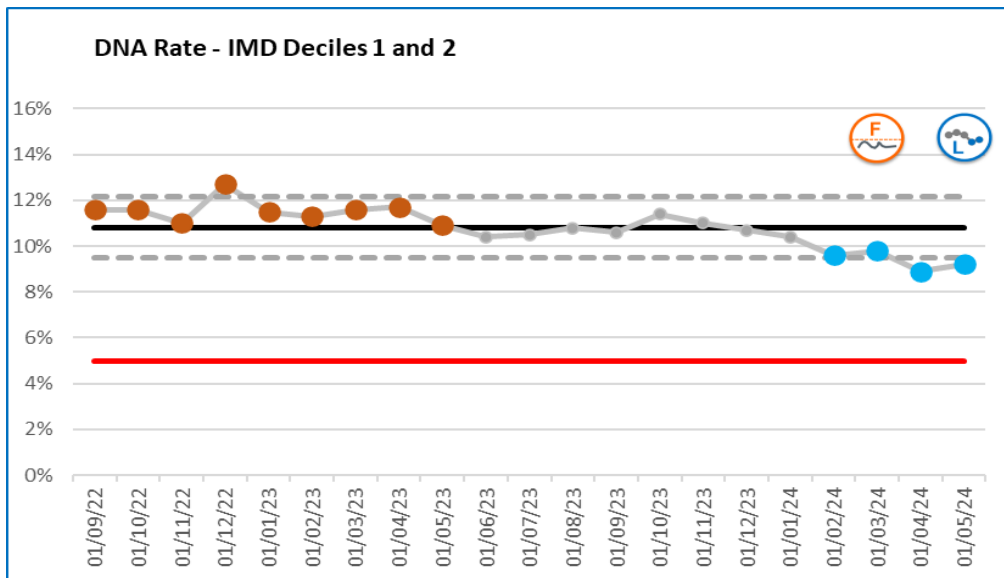
Current Performance		
May 24	YTD	Target
13.4%	-	10%

National Position & Overview

The vacancies have increased slightly due to an establishment uplift in Healthcare Support Workers from April 2024. UHL continues to work towards a zero percent vacancy in line with the continued national direction.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> Minimal number of leavers in month Healthcare Support Workers (HCSW) vacancies have increased by approximately 50WTE in month due to the additional Year 2 and 3 investment in HCSW posts as part of the establishment review recommendations in 2022/23 Vacancy data needs to be validated by corporate nursing because of the establishment uplift and the need to realign budgets before they are locked in June 	<ul style="list-style-type: none"> External HCSW recruitment has been paused until the validation exercise has been completed by 1st July. We have a healthy pipeline of recruits and do not want to exceed budgeted establishment By July 1st to confirm HCSW external recruitment events for the remainder of 2024/25 New process developed to support bank only HCSW to move to substantive HCSW vacancies given the need to reduce bank usage. 	<ul style="list-style-type: none"> 55 HCSW (headcount) in the recruitment pipeline. Approximately 50 bank only HCSW have expressed an interest in applying for substantive HCSW positions and these are currently being reviewed

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



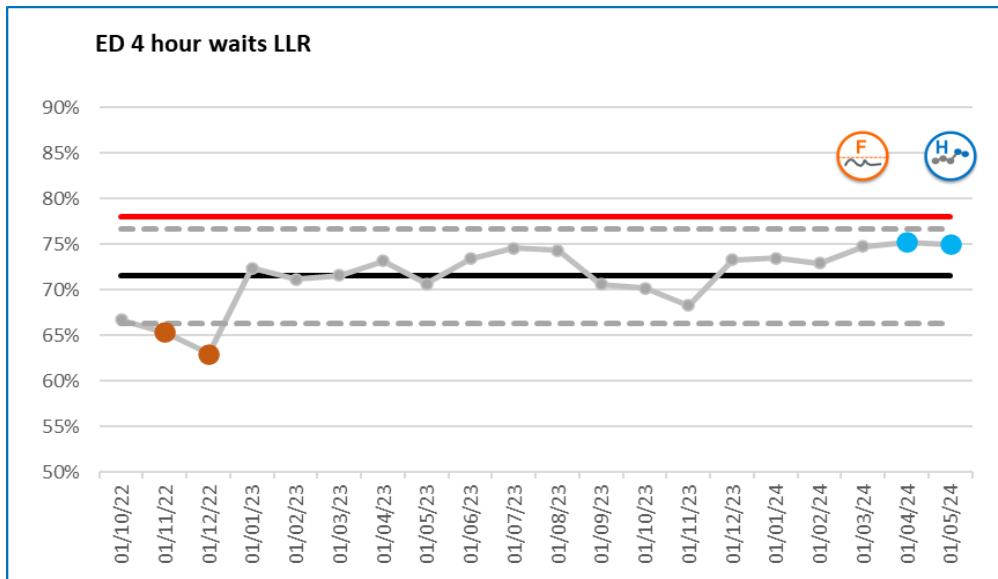
DNA Rate – IMD Deciles 1-2			DNA Rate – IMD Deciles 3-10		
May 24	YTD	Target	May 24	YTD	Target
9.2%	9.0%	5%	5.6%	5.6%	5%

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	Actions	Impact/Timescale
<ul style="list-style-type: none"> The latest DNA survey was successfully delivered via SMS to 4333 patients, and received 1730 responses (40%). Patients in the most deprived IMD quartile accounts for 28.1% of DNAs, compared with 21% from the least deprived quartile. The response rate is lower in the most deprived quartile (35% vs. 44%). Some key disparities identified include: <ul style="list-style-type: none"> Of the patients who said they could not attend due to a medical condition or mobility issue 29% of patients were in the most deprived quartile compared to 18% in the least deprived quartile. Of the patients who said they could not attend due to transport issues 29% were in the most deprived quartile, compared to 16% in the least deprived quartile. Of the patients who said that they did not attend as they were anxious about their appointment, 50% were in the most deprived quartile, compared to 11% in the least deprived quartile. 18% of all respondents reported that they did not know that they had an appointment. 	<ul style="list-style-type: none"> All patients from IMD1 and IMD2 are called two weeks prior to their appointment. Text appointment reminders are sent 7, 5 and 1 day before. DNA rate data is available for each CMG to identify specific 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. 	<p>IMDs 1 & 2 have experienced an increase of 0.3% from 8.9% to 9.2% between April and May 2024. The May breakdowns are as follows:</p> <p>IMD1 April: Patients successfully contacted DNA rate – 5.54% (42) Patients not contacted DNA rate – 12.5% (71)</p> <p>IMD2 April: Patients successfully contacted DNA rate – 5.3% (29) Patients not contacted DNA rate – 11.8% (53)</p> <p>Inclusion Healthcare: DNA rate for those successfully contacted – 7.69% (1) DNA rate for those not contacted – 60% (7)</p>

Responsive (Emergency Care) – ED 4 Hour Waits



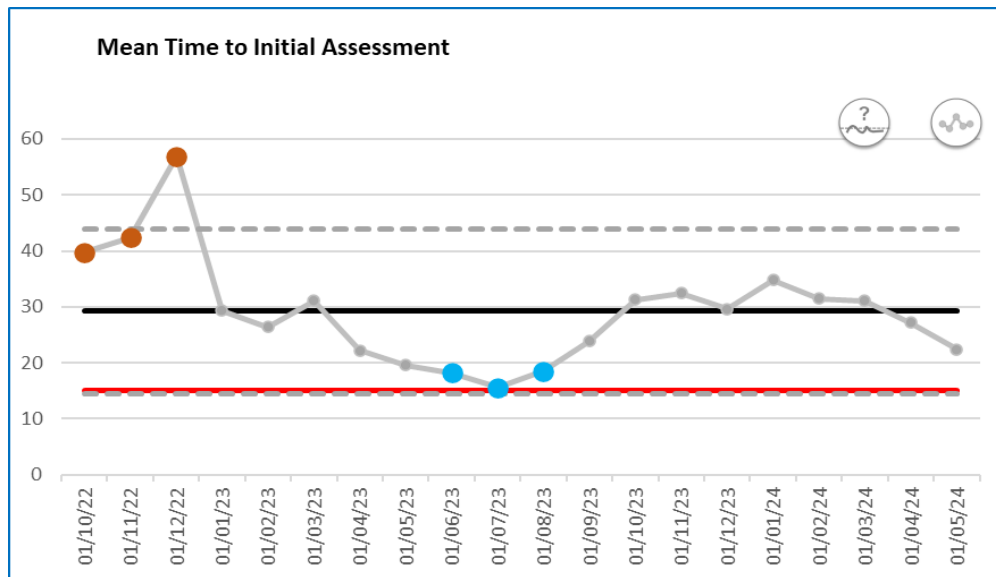
LLR Performance			UHL Performance		
May 24	YTD	Target	May 24	YTD	Target
75.0%	75.1%	78%	61.3%	61.4%	78%

National Position & Overview

In May, UHL ranked 52nd out of 124 Acute Trusts based on its acute footprint. The National average in England was 74.0%. 27 out of the 124 Acute Trusts achieved the target. UHL ranked 7th out of 17 trusts in its peer group.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Completed – will be monitored through Performance Review Meetings In place - currently impacted by bed waits Case being worked up In place Oadby and Merlin Vaz redirection remains in place albeit winter capacity has been stood down

Responsive (Emergency Care) – Mean Time to Initial Assessment



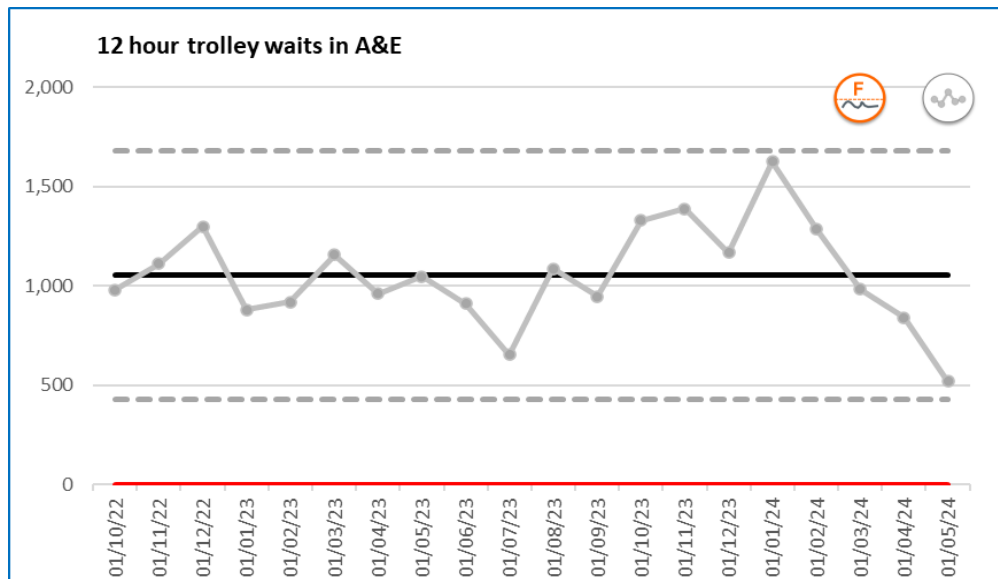
Current Performance		
May 24	YTD	Target
22.4	24.7	15

National Position & Overview

National data not currently available for reporting.

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

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



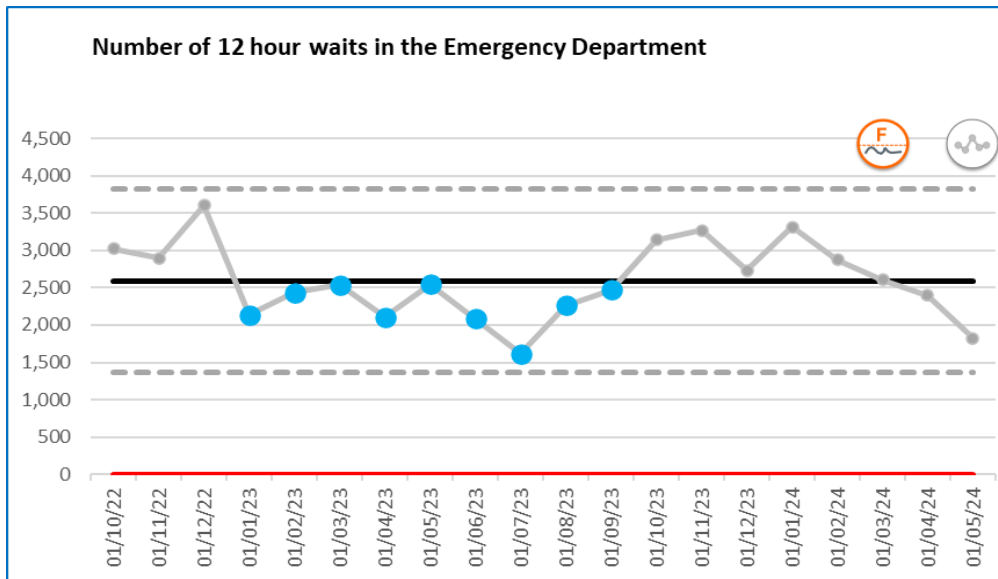
Current Performance		
May 24	YTD	Target
520	1,359	0

National Position & Overview

In May, UHL ranked 86th out of 122 Major A&E NHS Trusts. 6 out of the 122 Trusts achieved the target. The best value nationally was 0 and the worst value was 2,190. UHL ranked 10th out of 18 trusts in its peer group.

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

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



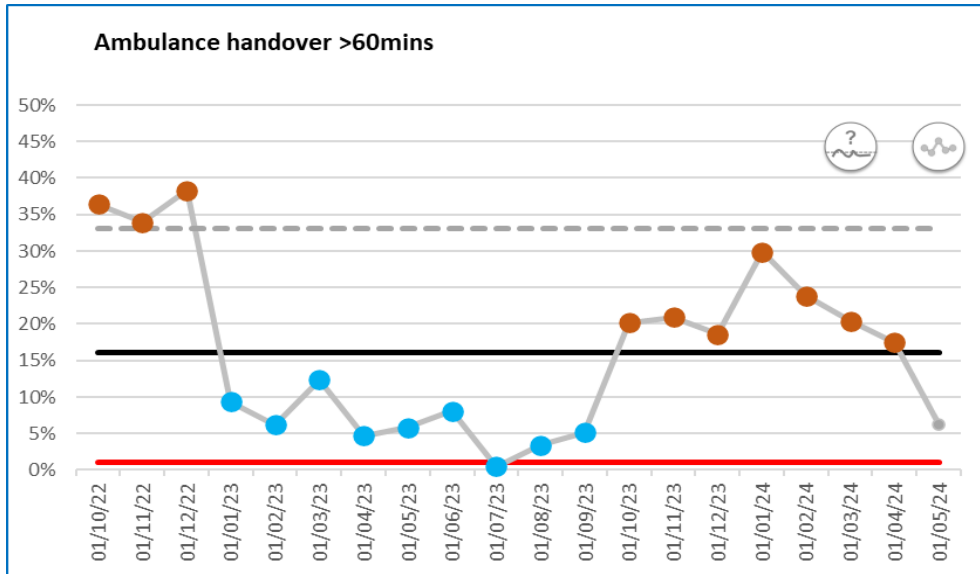
Current Performance		
May 24	YTD	Target
1,821	4,217	0

National Position & Overview

National data not currently available for reporting.

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

Responsive (Emergency Care) – Ambulance Handovers > 60 Minutes



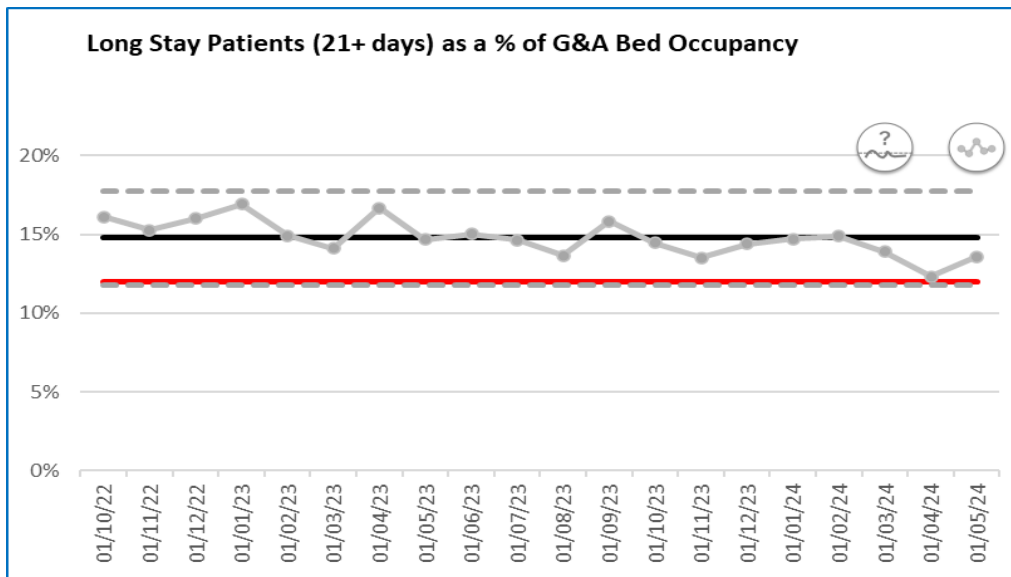
Number of Handovers >60 Mins			% of Handovers >60 Mins		
May 24	YTD	Target	May 24	YTD	Target
319	1,181	48	6.2%	11.7%	1%

National Position & Overview

LRI ranked 9th out of 23 sites in the East Midlands and reported the highest number of handovers in May (source EMAS monthly handover report).

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

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



Current Performance		
May 24	YTD	Target
13.6%	-	12%

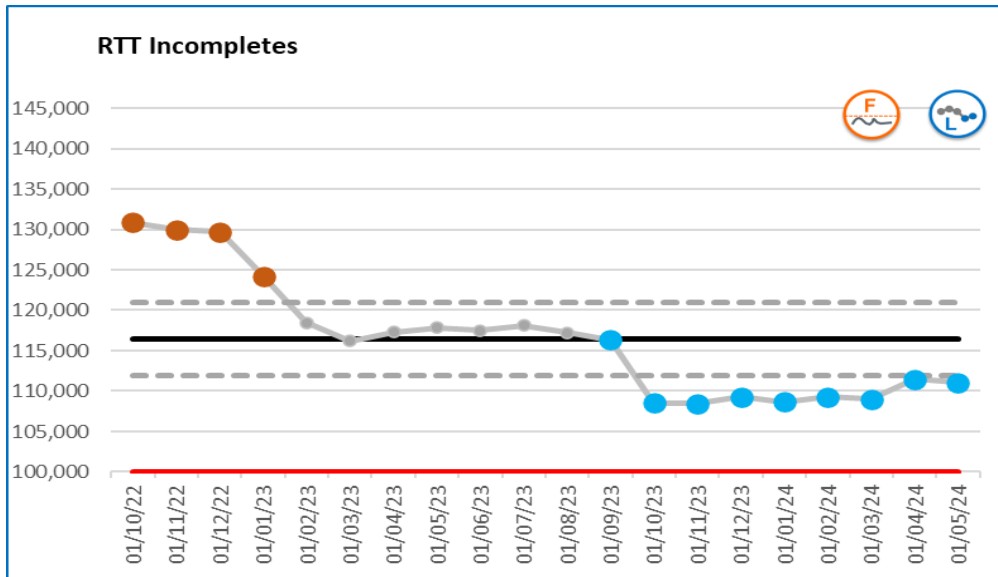
National Position & Overview

UHL is ranked 13th out of 23 trusts in the Midlands for the % beds occupied by Long Stay (21+ Day) patients (for the w/c 03/06/24).

- 35 (207) Patients (17 %) are receiving appropriate care/ treatment on a neuro rehabilitation or brain injury pathway or on an Intensive Care Unit or Infectious Diseases Unit.
- 50 Patients (24%) are medically optimised for discharge with no reason to stay in an Acute Trust.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> Circa 150 Complex Medically optimised for discharge patients of which 50 patients have a LLOS and are awaiting a discharge outcome from the LLR discharge coordination hub. Suboptimal /inconsistent Discharge Coordination: Over investigation, family /carer involvement, board rounds , red2green principles, preparing the patient in advance of discharge. In addition to impacts of long stays in ED, extra capacity wards, outlying and boarding of patients. 	<p>Continue to work with health and social care system partners during June 2024 to: Optimise the use of P1/ P2 capacity in LLR. Work with CMG's to:</p> <ul style="list-style-type: none"> Understand barriers to earlier referral of patients to the discharge hub prior to being MOFD. (Currently at 21% reduced from 23%) Launch Criteria led discharge in GPAU. Review LLOS patients and identify themes for improvement. Continue to embed board rounds on 42/43 and sustain practice. Review Out of Area Patient referral processes to understand delays. 	<ul style="list-style-type: none"> Aim to reduce number of MOFD patients waiting for discharge in UHL beds. Increase numbers of patients discharged on a Pathway 1. Reduce daily '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



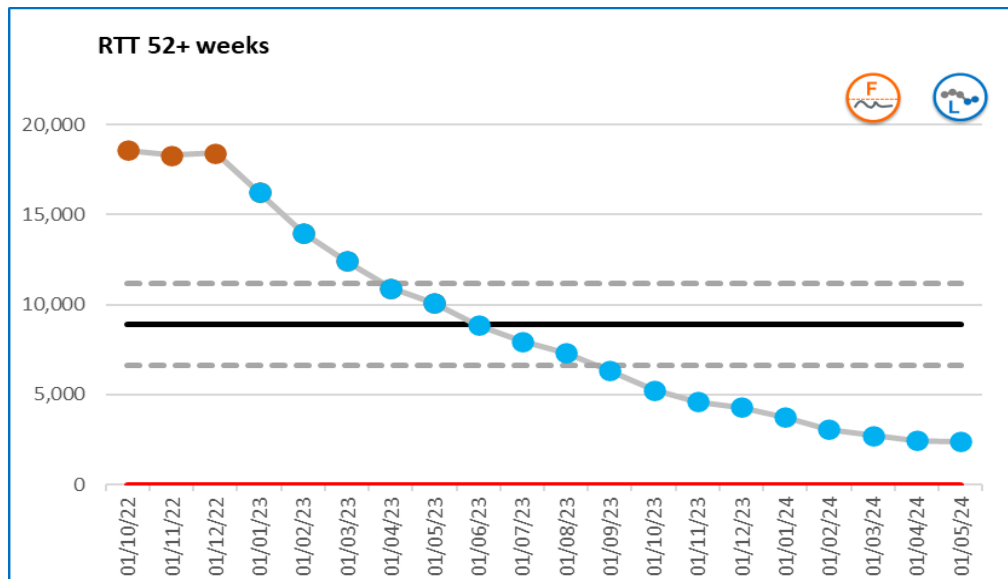
Current Performance		
May 24	YTD	Target
111,054	-	99,985

National Position & Overview

At the end of April, UHL ranked 14th out of 18 trusts in its peer group with a total waiting list size of 111,482 patients. The best value out of the 18 Peer Trusts was 70,343 the worst value was 188,827 and the median value was 92,476. (Source: NHSE published monthly report)

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> Impact of reduced outpatients and Inpatient activity during Covid, which built up a significant backlog. Continued growth in demand against a 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 pressures resulting in elective cancellations, with paediatric specialities particularly challenged. 	<ul style="list-style-type: none"> 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. Planned additional data quality validation each month to support overall reduction of WL and achieving March 25 <100k target. Demand and Capacity modelling to support future planning. Plan to assess demand for elective treatment by specialty to understand why the total wait list is currently not reducing as required. Further 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 and revised Standard Operating Procedures. 	<ul style="list-style-type: none"> Fortnightly texting cycle embedded leading to improved 12ww validation performance of over 86%. Clean waiting list- ensuring those on the waiting list do want to be seen/have treatment Rightsizing capacity to meet demand Senior Elective Leadership team to report through Planned Care Partnership Board on increases in demand and root cause by end Q1. Training strategy continues to be developed E-triage approved to be rolled out across all specialities before October 24- aim is to work with specialities to reduce number of consultants triaging referrals to improve consistency and reduce referrals into the Trust.

Responsive (Elective Care) – RTT Long Waiters



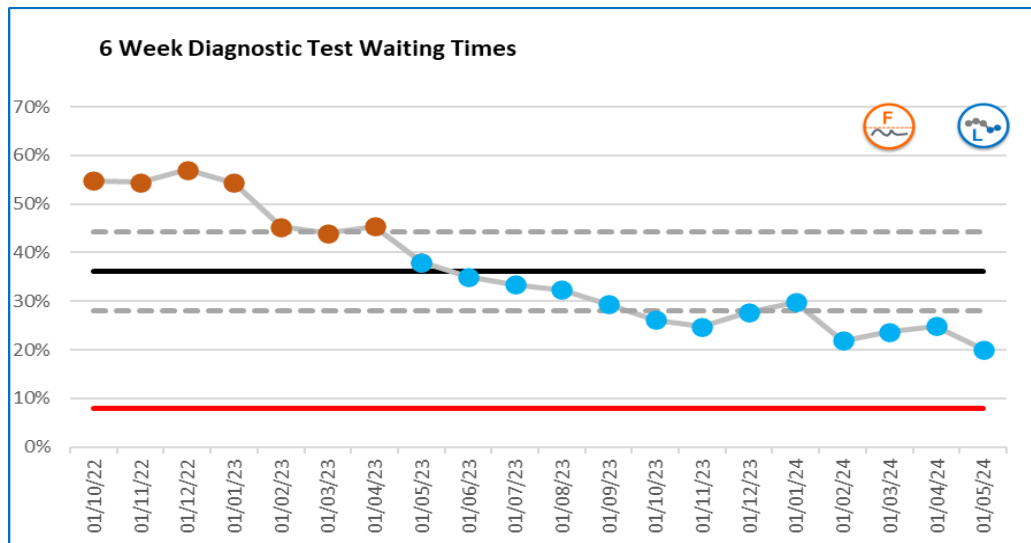
Current Performance – May 24		
52+ Weeks	65+ Weeks	78+ Weeks
2,397 (Target 0 by March 25)	206 (Target 0 by Sep 24)	6 (Target 0 by March 23)

National Position & Overview

At the end of April, UHL ranked 1st out of 18 trusts in its peer group with 2.2% of patients on the waiting list waiting over 52+ weeks. The worst value was 7.7% and the median value was 4.2%. (Source: NHSE published monthly report)

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> Impact of COVID-19 on planned activity capacity led to a growing backlog Significant operational pressures due to the emergency demand impacting upon elective activity Challenged Cancer position and urgent priority patients requiring treatment Workforce challenges in anaesthetics leading to cancellations of theatre lists Admin workforce challenges across a range of posts, particularly band 2/3 impacting on ability to book patients Cumulative impact of regular industrial action leading to loss of activity Emergency/winter pressures are resulting in elective cancellations, with paediatric specialties particularly challenged. Reduction in pre-op capacity within CHUGGS specialties due to long-term absence and struggles to recruit into gaps. 	<ul style="list-style-type: none"> 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. Using ERF to fund insourcing in particularly challenged specialties 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 Focus on productivity to increase capacity and reduce waits. 65 and 52 week September 24 cohort forecasts produced fortnightly, shared with CMGs. Standard Operating Procedures developed linked to the access policy, improving data quality. Trust pre-op lead working closely with CHUGGS CMG, action plan in place. 	<ul style="list-style-type: none"> 104 week waits – 0 reported at end May. 78 week waits – May performance was 6 78ww v. forecast 6. Emergency pressures combined with strike action in second half of 23/24 impacted our route to zero. Currently forecasting zero in June, which could be affected by end June junior doctor industrial action. 65 week waits - Continued downward trend on 65 weeks but has slowed. Revised national ambition as per 24/25 planning guidance is to eliminate 65+ by end September 2024. Specialties with an identified risk of breach according to forecasts have plans to mitigate. 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 2.2% 52ww as % of the total WL is excellent, and still improving.

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



Current Performance		
May 24	YTD	Target
20%	-	8.0%

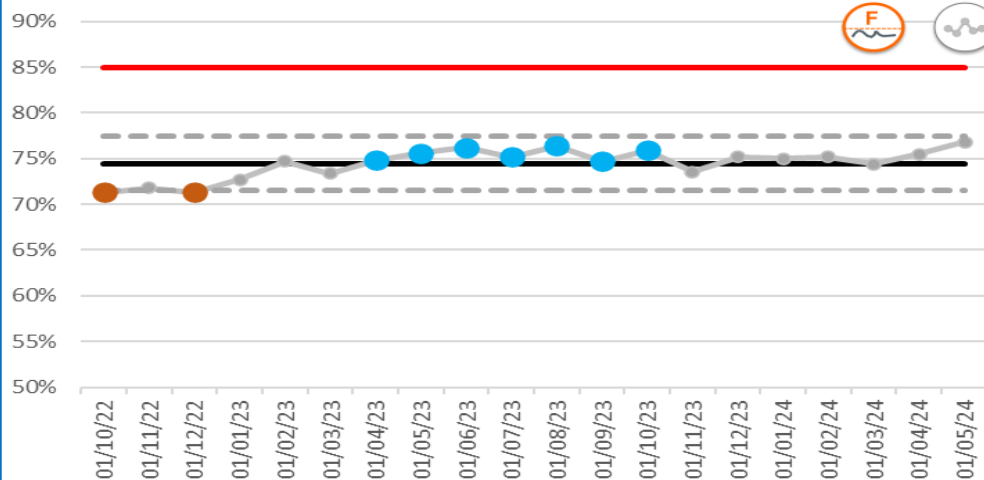
National Position & Overview

Published National data at the end of April 24 shows 1.65m patients on the diagnostic waiting list with 23% waiting over 6 weeks. For May 24, UHL with 25,627 patients would comparatively rank as the 8th highest waiting list. The 6-week trajectory for May was set to deliver 21%, the actual was 20%. There were 5,112 patients waiting >6 weeks against a plan of 5,183. Over 60% are within Imaging notably MRI.

Root Cause	Actions	Impact/Timescale
<p>Diagnostics pressure areas are in the main:</p> <ul style="list-style-type: none"> Endoscopy (incl Cystoscopy) MRI <p>Root cause</p> <ul style="list-style-type: none"> Clinical workforce gaps Admin recruitment Pressures from cancer pathways Emergency demand impacting on elective capacity Overall MRI waiting list continues to grow, compounded by some unplanned down time across sites. 	<ul style="list-style-type: none"> Introduce a productivity dashboard by August 24. Review existing protocols to reduce repeated investigations. Fully utilise the Cardiac enabled CT at the LGH. Open the dedicated endoscopy unit at the LGH – now delayed from Feb 25 to Jun 25. Open Hinckley Community Diagnostics Centre – Jan 25 Implement the clinical decision support tool (i-Refer) by August 24 to improve appropriateness of referrals. Expand diagnostics within primary care networks (PCN's). Ensure strong recovery trajectories and activity plans are in place and deliverable 	<ul style="list-style-type: none"> Trajectories have been agreed with 12/15 modalities and will be managed monthly via the Diagnostic Board. Ad-hoc issues such as machine breakdown are managed via the CMG with support given if mutual aid required. There was a reduction of down time in May for MRI, supporting a slight reduction in >6week and >13 week waits. Early recruitment for the CDC has commenced. The benefit of having additional staff pre-opening will be on reduced bank / agency costs. Endoscopy working on plan to reduce capacity gap to support change in endoscopy new build times – recommendations for TLT approval end of June.

Responsive (Elective Care) – Theatre Utilisation

Theatre Utilisation



Current Performance

May 24	YTD	Target
76.8%	76.1%	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

Under-booked theatre lists
Pre-operative assessment capacity
Not adding standby patients
High OTDC rates
Beds/Flow within paediatric’s in particular

Site	% Utilisation	% late starts over 15-mins	OTDC %
LRI	70.9% ↑	45.8%	10.14%
GGH	84.7% ↑	15.4%	8.59%
LGH	78.3% ↑	24.3%	6.49%
EMPCC	73.0% ↑	24.0%	10.14%
Community	79.1% ↑	35.5%	6.19%

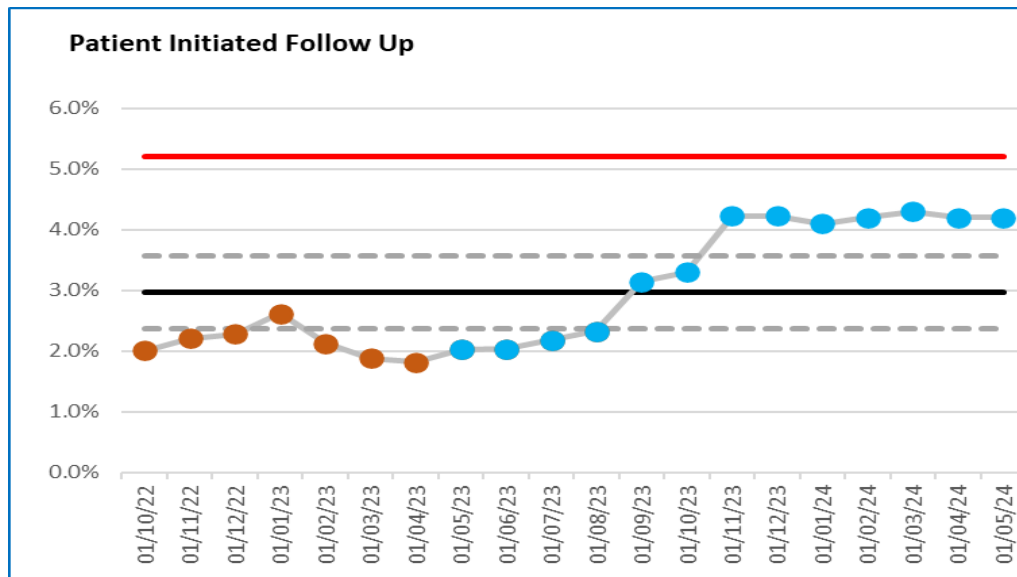
Actions

- Launched in May the look forward report to strengthen scheduling and challenge under booked lists.
- Provide ongoing support in CHUGGS to cover vacant clinics and booking teams need to book patients in a timely manor prior to TCI to complete all the relevant investigations and tests.
- High OTDC rates – To add a standby patient to every list to ensure lists are fully utilised when there is a OTD cancellation
- Paediatric limited bed availability impacts the number of cases scheduled. Service is currently looking at ‘double bedding’ on the 10-12 day case beds and ring fencing 6 inpatient beds. Emergency flow will dictate the use of the inpatient beds.

Impact/Timescale

- Visual report to monitor booked v’s actual utilisation to ensure lists are fully utilised and provides opportunity challenge.
- Sessions taken down in May to ensure lists they do run are condensed & fully booked. ITAPS and CHUGGS matrons supporting in POA clinics and secondment opportunity recruited to
- Monitored through scheduling – services to backfill any short notice cancellations and add standby patients to mitigate OTDC. New TP report to be launched July 24, designed to focus on avoidable OTDC and actions taken.
- Paediatric day case meeting set up for July 24. Consideration between MSS & W+C during scheduling allows the services to book into the beds available

Responsive (Elective Care) – Patient Initiated Follow Up



Current Performance		
May 24	YTD	Target
4.2%	4.2%	5.2%

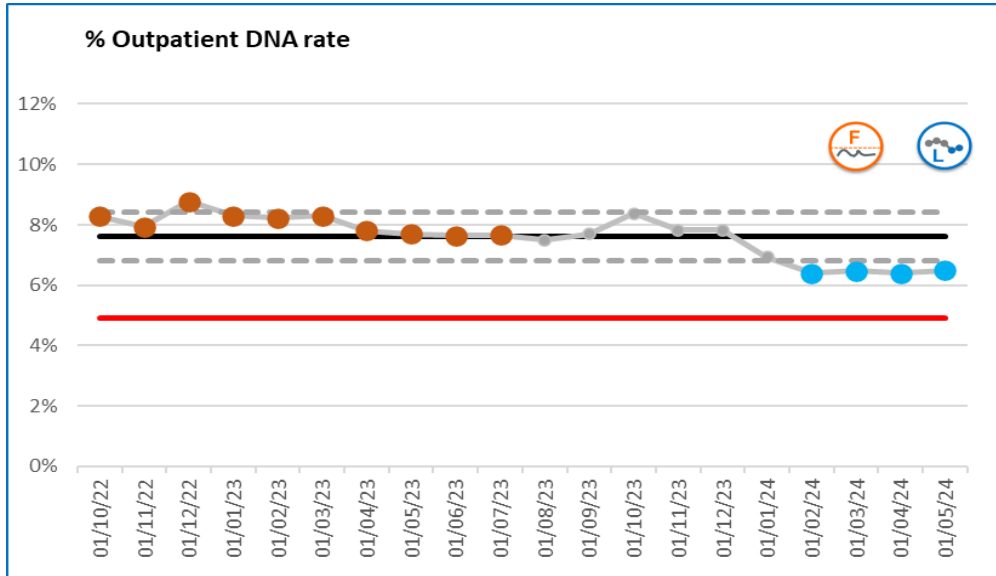
National Position & Overview

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 April 24 University Hospitals Of Leicester NHS Trust ranked 5th out of 128 for episodes moved to PIFU, and 24th out of 143 for % of episodes moved to PIFU.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> Clinical support of rolling out PIFU within individual specialties and identifying appropriate cohorts of patients Clear Communication about PIFU with clinical, nursing and administration teams Concern that there will be a higher demand for follow ups if patients are offered PIFU and admin burden 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. 	<ul style="list-style-type: none"> Individual support is being provided to each of the 17 GIRFT specialties identified that could effectively use PIFU for their patients. Targets for each specialty have been sent out to CMG Head of Operations and Clinical directors to agree. Where specialties are currently achieving above the national benchmark a stretched target has been set. Deputy Medical Director, Deputy Chief Operating officer or Head of Transformational Improvement to attend specialty consultant meetings where required. Gastroenterology consultant meeting was attended in May. Continue to promote Digital PIFU via Accurx. This will act as a safety net for the patient as well as triage for patient requests to avoid admin time Continuous monitoring of PIFU performance via the weekly report, and fortnightly meetings with high outpatient volume specialties. Appropriate recording of helplines as PIFU alongside a planned routine reviews. This agreement is needed by specialties offering helplines. 	<ul style="list-style-type: none"> Action plans and agreed targets/trajectories based upon national benchmarking per specialty to be established and agreed (for all specialties). Continuous monitoring and updates of PIFU performance via the Monthly Outpatient Transformation Board and fortnightly speciality meetings. Quarterly updates and links to admin resources to be provided to wider organisation through UHL operational briefings. New Clinic Outcome form to be launched in July 24 to support the capturing of PIFU outcomes accurately.

Responsive (Elective Care) – Outpatient DNA Rate

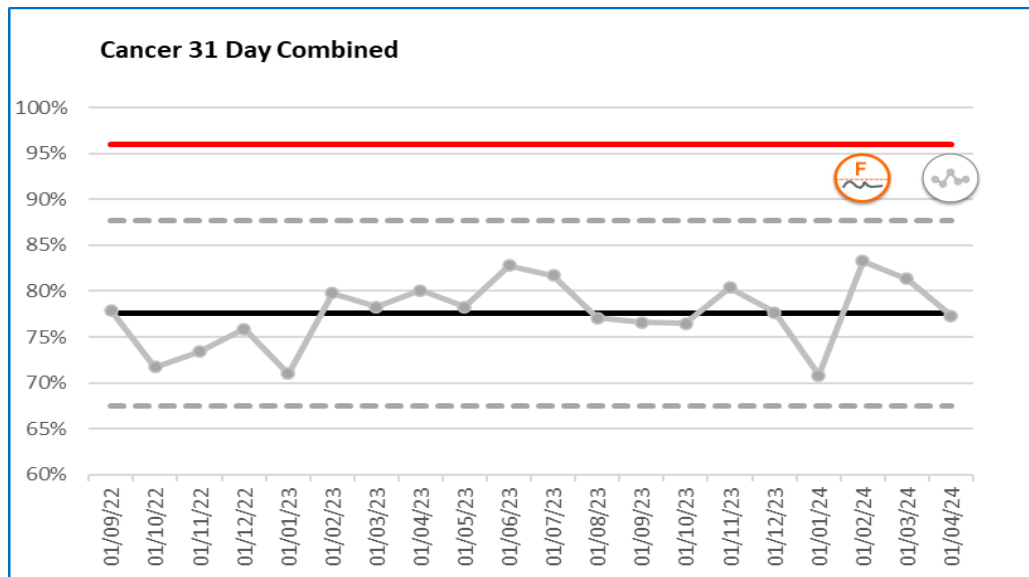


Current Performance		
May 24	YTD	Target
6.5%	6.4%	4.9%

National Position & Overview

Root Cause	Actions	Impact/Timescale
<ol style="list-style-type: none"> For virtual consultations, demographic information often isn't being checked with the patient then updated on HISS so some patients aren't receiving appointment letters Late cancellations/rebooks often mean patients do not receive their appointment letters on time so unaware of appointment Due to lack of admin staff, patients unable to get through to department to let them know they're unable to attend, or admin are not actioning cancel/rebook requests in Accurx. Some services are using the DNA outcome for VIR clinics as well as for the diagnostic (therefore double counting) 	<ol style="list-style-type: none"> Remind services of the need to check the patients details are correct and up to date at every contact Booking Centre are making additional calls to 'Health Inequalities' cohort now including Paediatrics. DNA florey is being sent to patients who DNA and further analysis is being done around the reasons for DNA. Accurx automated clinic appointment reminders have gone live in the majority of services. Clinic lists are also available in Accurx for most services. Ask services to offer choice of video or telephone consultation, and stop recording DNAs on VIR clinics 	<ul style="list-style-type: none"> All actions, plus many others, are happening imminently to help reduce the number of DNAs. An improvement in the DNA rate should continue over the next 3 months providing the actions are carried out.

Responsive Cancer – Cancer 31 Day Combined



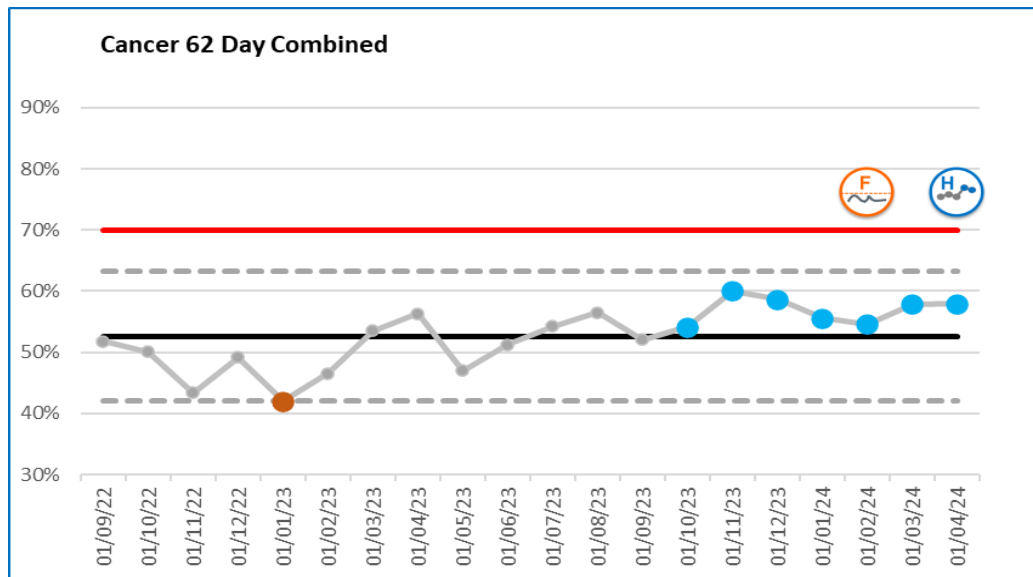
Current Performance		
Apr 24	YTD	Target
77.3%	77.3%	96%

National Position & Overview

In April, UHL ranked 133rd out of 139 Acute Trusts. The National average was 89.2%. 40 out of the 139 Acute Trusts achieved the target. UHL ranked 16th out of the 18 UHL Peer Trusts. The best value within our peer group was 96.4%, the worst value was 72.3% and the median value was 88.0%.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> Insufficient capacity within surgery, chemotherapy and radiotherapy to meet current demand within 31 day timescale Radiotherapy demand has exceeded capacity – affecting prostate and breast patients Patient readiness to proceed with surgery impacting in addition to capacity constraints (physical and workforce including case mix) 31 day anti-cancer drug regimes capacity is constrained on the SACT delivery suite due to cyclical treatments 	<ul style="list-style-type: none"> Radiotherapy D&C review undertaken – 5th linac capital approved. Mutual Aid required for Radiotherapy in addition to weekend working and changes to prostate fraction for low risk patients. Surgical D&C review required Oncology SACT D&C review to include new case talk capacity Oncology efficiency review programme Oncology regional review of mutual aid and workforce opportunities (East Midlands Acute Providers – EMAP) 	<ul style="list-style-type: none"> Radiotherapy business case for 5th linac awaiting revenue sign off. Mutual Aid – weekend working being scoped. NGH to take prostate patients in June. Lincoln start date to be confirmed. Stoke have taken 5 patients. Prostate fraction change due end of June (delayed). Surgical D&C review for theatres in progress. Opportunities identified in some areas. Further work required to assess capacity gap at sub-speciality level – Aug 24. Oncology D&C review. Efficiency programme in progress. Additional SACT nurses and weekends in place.

Responsive Cancer – Cancer 62 Day Combined



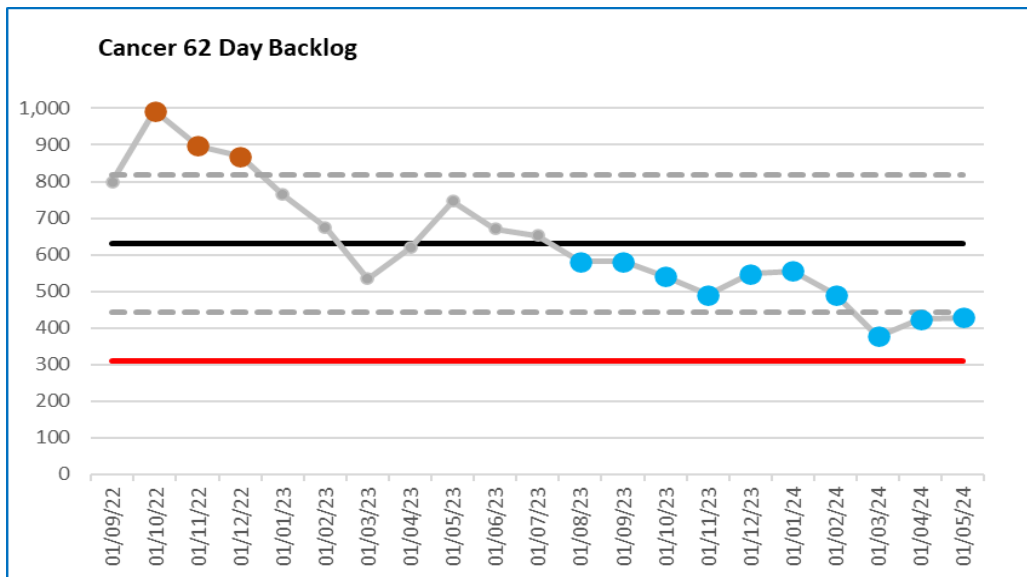
Current Performance		
Apr 24	YTD	Target
57.9%	57.9%	70%

National Position & Overview

In April, UHL ranked 122nd out of 145 Acute Trusts. The National average was 66.6%. 70 out of the 145 Acute Trusts achieved the target. UHL ranked 12th out of the 18 UHL Peer Trusts. The best value within our peer group was 78.8%, the worst value was 44.1% and the median value was 61.2%.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> Capacity constraints across various points of the pathways Focus on treating patients in order of clinical priority and longest waits impact performance Increase in diagnostic tests required and patient factors impacting. Oncology OPD and radiotherapy capacity with high wait times contribute 	<ul style="list-style-type: none"> 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 tool to be used to review opportunities Independent sector support in place for dermatology and urology EMCA 24.25 funding identified £4.2m Pre-diagnosis nursing team attending PTLs to support patient engagement 	<ul style="list-style-type: none"> Focus on time to 1st appointment, FDS, reducing backlogs and improved utilisation across all pathways. BPTP programme planned across sites throughout 24.25. Prostate repeated and bladder in progress. Opportunities captured in RAP meetings. Urology OPD restructure commenced. Additional capacity in breast, skin and urology continuing. Urology and Endoscopy dating has improved. New Case Talk waits reduced.

Responsive Cancer – Cancer 62 Day Backlog Combined



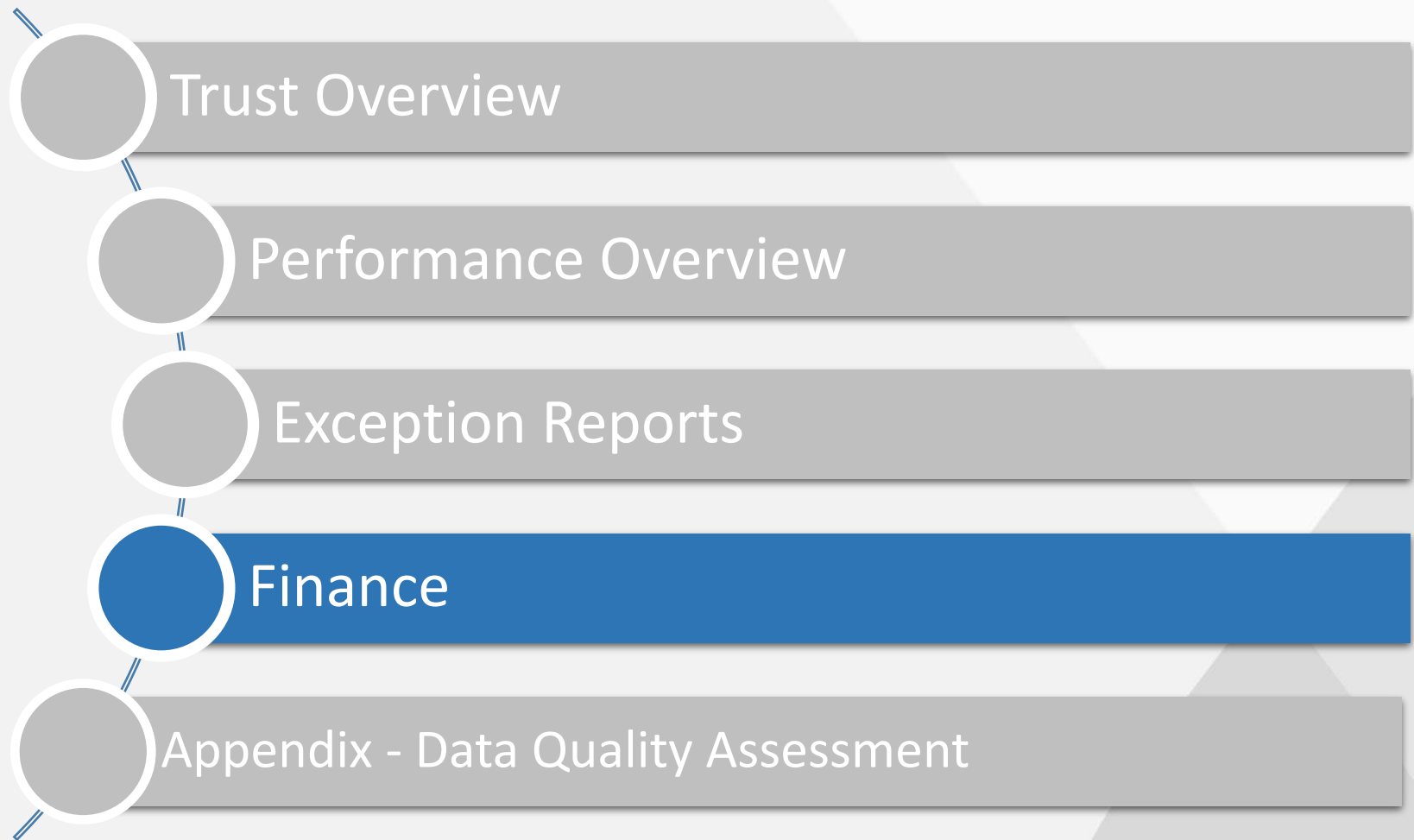
Current Performance		
May 24	YTD	Target
428	-	228 (by Mar25)

National Position & Overview

Combined backlog not reported nationally.
 > 62 day behind internal plan by 43 patients (plan 385).
 > 104 day ahead of plan by 6 patients (plan 139).

Breast screening, Haematology, H&N and Lung driving variation from plan.
 LOGI and Urology ahead of trajectory.

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



Executive Summary

- The Month 2 year to date position for the Trust is a deficit of £20.6m which is £2.2m worse than plan. This is due to UEC pathway costs greater than plan (-£4.3m offset by £1m of additional funding in reserves) reduced by one -off benefits from utilities credits.
- The emergency pathway continues to experience increasing activity pressures, with combined Emergency/Non elective inpatients 12% above planned levels and combined ED/Eye Casualty attendances 10% above plan.
- Cash releasing CIP delivery, as per the tracker, is currently behind plan, YTD the Trust has delivered £3.8m against a plan of £8.6m. Of this delivery, £2.5m is recurrent and £1.4m non recurrent. There are benefits within the position that is offsetting this under-delivery which will be reflected on the tracker from M3.
- The Trust committed year to date gross expenditure of £4.8m to 31 May, which nets down to £4.7m, after deducting charitable donations and the net book value of assets disposed/transferred. Against the plan there was an underspend of £1.4m, the programme is behind the original profiled plan, mainly due to VAT recovery on IM&T and Estates schemes.
- The cash position at the end of May was £19.2m, representing a reduction of £0.4m on the previous month, but £2.7m ahead of the M1 forecast. The Trust is projecting a cash balance of £16.9m for Q1 24/25, noting this includes £15.5m PDC revenue support in Q1 (of which £5m to be drawn down in June).

Summary Financial Position – YTD M2

	I&E YTD		
	Plan	Actual	Variance to Plan
	£'000	£'000	£'000
NHS Patient-Rel Income	226,316	239,824	13,509
Other Operating Income	31,399	24,946	(6,453)
Total Income	257,715	264,771	7,056
Pay	(164,638)	(168,739)	(4,101)
Agency Pay	(4,000)	(2,695)	1,305
Non Pay	(93,543)	(100,571)	(7,028)
Total Costs	(262,181)	(272,005)	(9,824)
EBITDA	(4,466)	(7,234)	(2,768)
Non Operating Costs	(13,394)	(13,688)	(295)
Retained Surplus/(Deficit)	(17,860)	(20,922)	(3,062)
Donated Assets	(604)	275	879
Control Total Surplus/(Deficit)	(18,463)	(20,647)	(2,184)

Comments – Variance to Forecast

Total Income: £7.1mF:

- Over-recovery of patient care income mainly due to elective activity £3.2mF, diagnostic, direct access and outpatients, EMCA £2.5mF, other patient care income £1.3m.
- Non delivery of CIP income within other operating income £3.4mA, Non delivery of non-recurrent income assumed in the plan £2.7mA
- Higher passthrough drugs and devices than planned £6.6mF, matched by expenditure.

Pay and Agency: £2.8mA:

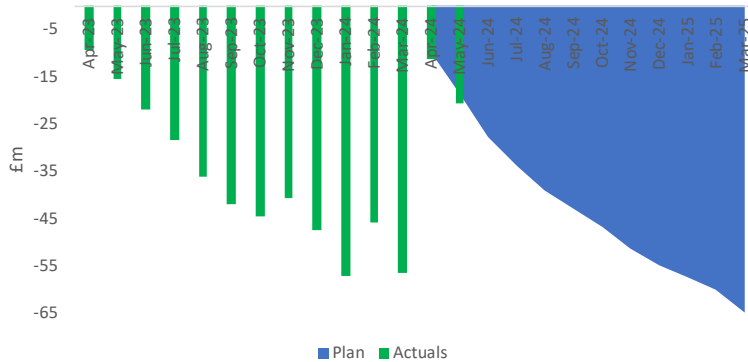
Predominantly driven by activity overperformance which is offset by patient care income. Nursing, midwife and health visitor staffing is £3.7mA from UEC activity offset by vacancies.

Non-Pay: £7mA:

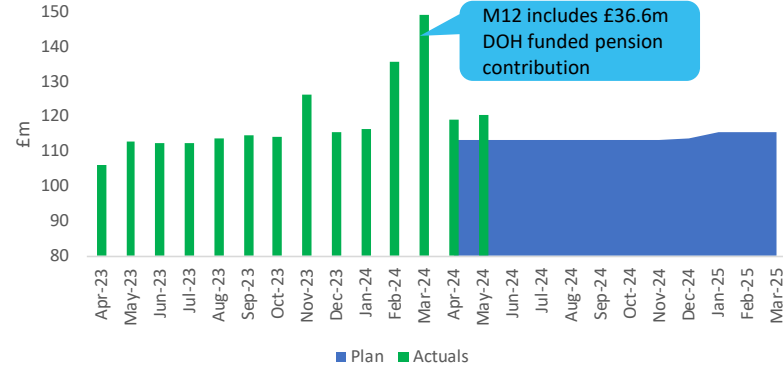
- Predominantly driven by excluded drugs and devices of £6.6mA which is matched by additional income and UEC drugs spend of £0.6mA.

Month 2 I&E Dashboards

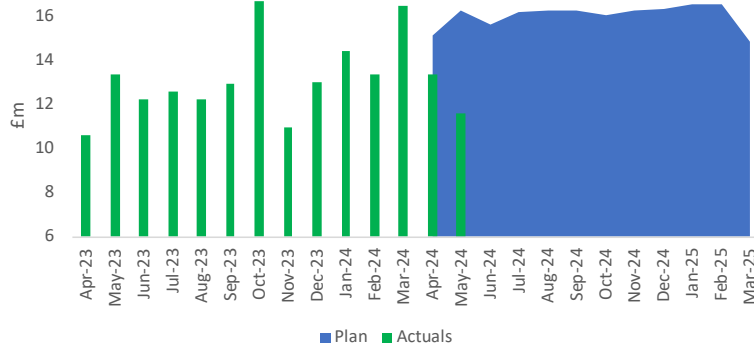
Cumulative Surplus/(Deficit)



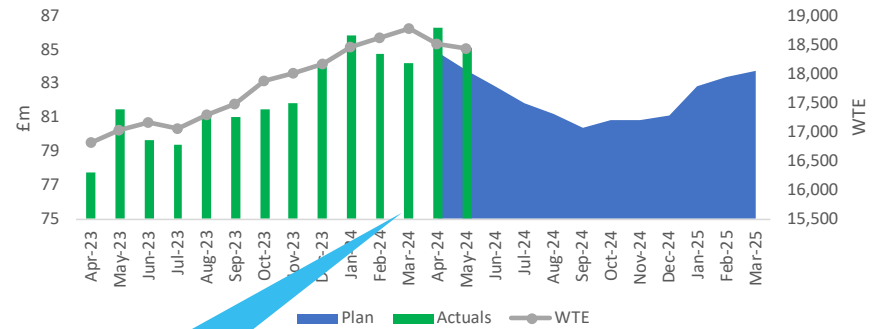
Monthly PCI Income



Monthly Other Income

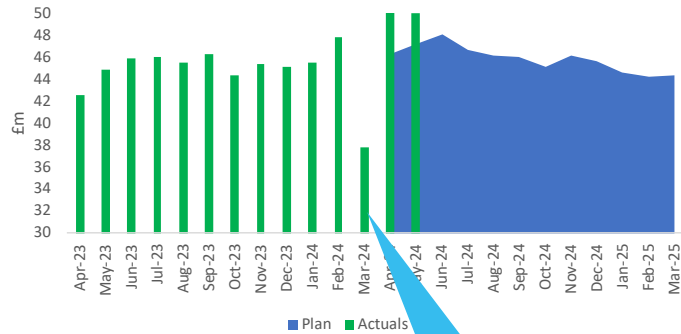


Monthly Substantive/Bank/Agency Pay



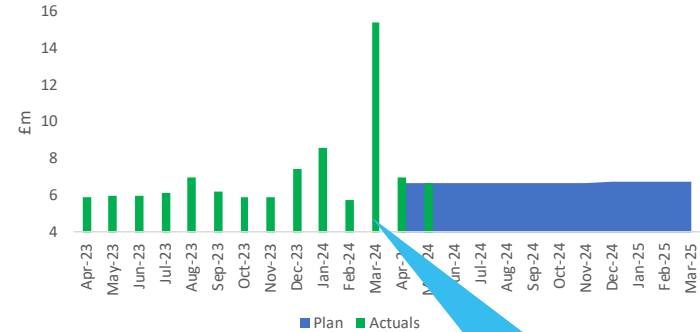
Month 2 I&E Dashboards

Monthly Non Pay



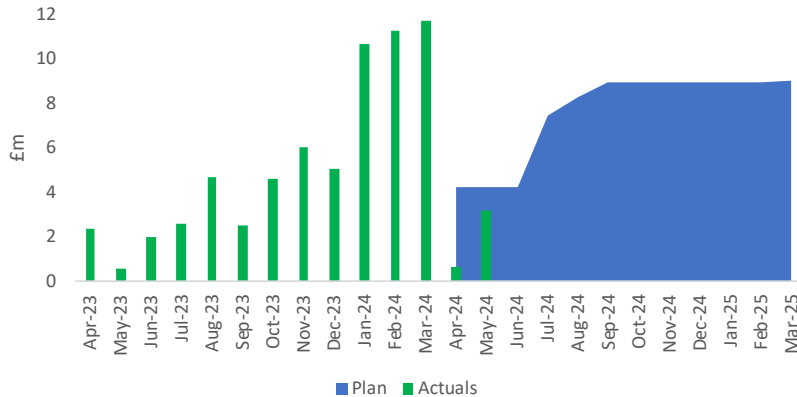
Planned release of provisions and balance sheet items

Monthly Non Ops

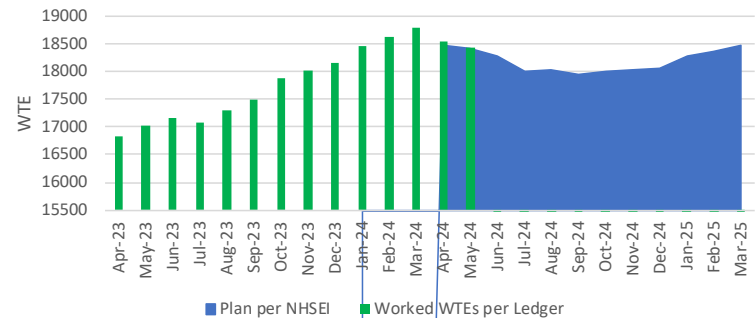


Impairment costs netted off for control total performance

Cash Releasing CIP

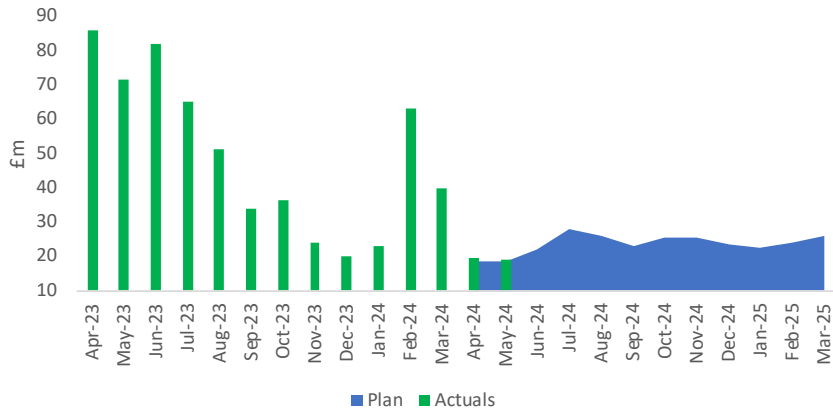


Worked WTEs vs NHSEI Workforce Plan

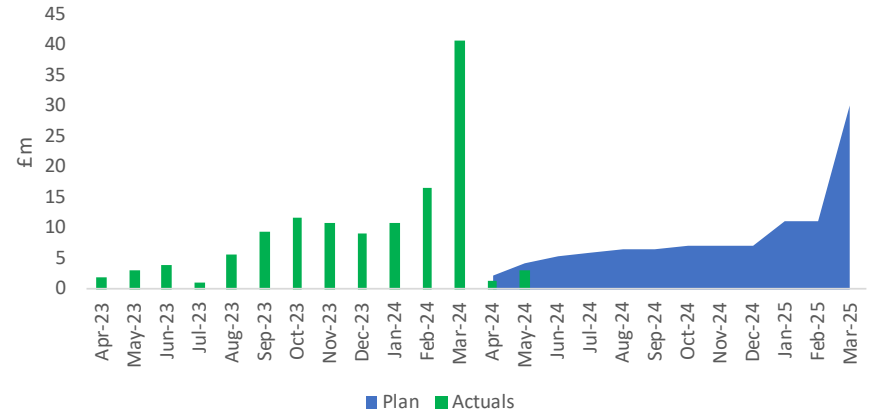


Month 2 Balance Sheet Dashboards

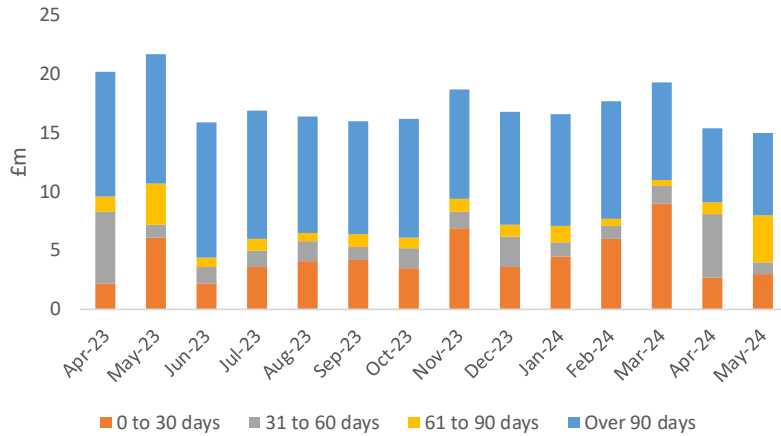
Cash



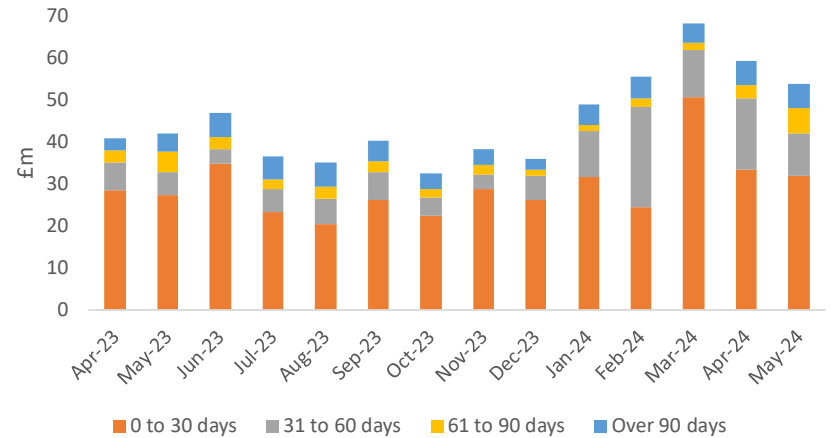
Capital



Debtors



Creditors



Statement of Financial Position

Statement of Financial Position	2024-25 M2 YTD				
	31-Mar-24	30-Apr-24	31-May-24	In Month Movement	YTD Movement
Non current assets	£000s	£000s	£000s	£000s	£000s
Intangible assets	23,449	23,016	22,531	(485)	(918)
Property, plant and equipment	776,355	773,090	772,346	(744)	(4,009)
Other non-current assets	3,019	4,166	4,153	(13)	1,134
Total non-current assets	802,823	800,272	799,030	(1,242)	(3,793)
Current assets					
Inventories	27,797	27,814	27,713	(101)	(85)
Trade and other receivables	42,791	62,368	57,858	(4,510)	15,067
Cash and cash equivalents	39,764	19,597	19,165	(433)	(20,599)
Total current assets	110,352	109,779	104,735	(5,044)	(5,617)
Current liabilities					
Trade and other payables	(134,512)	(152,612)	(150,493)	2,120	(15,981)
Borrowings / leases	(8,470)	(8,124)	(7,941)	183	529
Accruals	(34,391)	(8,130)	(4,982)	3,148	29,409
Deferred income	(4,813)	(20,372)	(13,607)	6,766	(8,794)
Dividend payable	0	(1,851)	(3,779)	(1,929)	(3,779)
Provisions < 1 year	(12,142)	(12,203)	(12,140)	63	2
Total current liabilities	(194,329)	(203,293)	(192,942)	10,351	1,387
Net current assets / (liabilities)	(83,977)	(93,514)	(88,207)	5,308	(4,230)
Total Assets less Current Liabilities	718,846	706,758	710,823	4,065	(8,023)
Borrowings / leases	(35,337)	(34,558)	(33,747)	812	1,590
Provisions for liabilities & charges	(3,596)	(3,596)	(3,596)	0	0
Total non-current liabilities	(38,933)	(38,154)	(37,343)	812	1,590
Total assets employed	679,914	668,604	673,481	4,877	(6,433)
Public dividend capital	(850,303)	(850,303)	(864,792)	(14,489)	(14,489)
Revaluation reserve	(217,730)	(217,730)	(217,730)	0	0
Income and expenditure reserve	388,119	399,429	409,041	9,612	20,922
Total taxpayers equity	(679,914)	(668,604)	(673,481)	(4,877)	6,433

• The Statement of Financial Position (SOFP) as of 31st May is presented in the table opposite. The key movements are explained as follows:

- **Current Assets** - PPE and intangibles reduced by £1.2m. Capex of £3.5m was offset by depreciation of (£4.7m).
- **Trade and other receivables** – Reduced by £4.5m largely due to a reduction of accrued income for patient care activity (£4m) and payment of VAT reclaims (£4.9m); offset by an increase in prepayments of £5m, mainly relating to the Steris contract.
- **Cash Balances** – Cash balance reduced by £0.4m to £19.2m.
- **Trade and other payables and accruals** – Trade payables reduced by (£2.1m); due to reflecting May's consultants pay accrual (compared with 2 months accrual in M1). Accruals reduced by £3.1m as a result of; £0.9m release of old E&F utilities; £0.6m reduction in TGH DRUGS, £0.5M reduction in Steris and £0.3M reduction on synergy consumables.
- **PDC Dividend** –the increase of £1.9m reflects the accrued PDC dividend provision for May .
- **Finance leases** – showed a net reduction of £1m, as principal payments were made against leases entered into in previous reporting periods.
- **Deferred Income** – reduced by £6.8m, with £4.5m relating to 1 months (June) deferral of HEE LDA income, given the income is received quarterly in advance. PCI Income deferral for the month was £2.3m, netting off the patient care activity accrued income, included in receivables.
- **Income and Expenditure Reserve** – The I&E reserve deteriorated improved by £9.6m in line with the in year reported income and expenditure position.

University Hospitals Leicester

May 2024

Cash Flow

£'000	Act	FCT	ACT	Var	FCT	FCT
	Apr-24	May-24	May-24	May-24	Jun-24	Q1 24/25
Cash flow						
Block payments-Other CCG	9,787	3,220	9,710	6,490	10,755	30,251
Block Payments - LLR ICB	72,369	37,944	90,601	52,657	93,775	256,745
Block payments-NHS England	31,557	72,700	18,236	- 54,464	15,523	65,316
Health education payments	13,323	-	-	-	-	13,323
Other NHS income	1,203	1,200	1,359	159	1,200	3,762
Research	704	4,400	4,996	596	5,368	11,068
VAT	3,165	6,800	7,902	1,102	2,800	13,867
PDC Drawdown	-	3,939	3,939	-	3,838	7,777
PDC Revenue Support		10,550	10,550	-	5,000	15,550
Other non-NHS income	6,528	6,070	8,078	2,008	6,063	20,669
Total receipts	138,635	146,823	155,371	8,548	144,323	438,329
Salaries and wages	(84,713)	(87,581)	(84,280)	3,301	(85,418)	(254,410)
Creditor payments	(50,550)	(55,705)	(62,272)	(6,567)	(58,100)	(170,922)
Capital Payments	(23,707)	(6,664)	(8,347)	(1,683)	(2,971)	(35,024)
PDC dividend	0	0	0	0	0	0
Net Movement on TGH	167		(904)	(904)		(737)
Total payments	(158,803)	(149,950)	(155,802)	(5,852)	(146,489)	(461,094)
Movement in period	(20,167)	(3,127)	(431)	2,696	(2,166)	(22,765)
Balance brought forward	39764	19,597	19,597		19,165	39,764
Balance carried forward	19,597	16,470	19,165	2,696	16,999	16,999

- The Trust cash balance at the end of May was £19.2m, representing an in-month reduction of £0.4m, as cash receipts of £155.4m, were offset by £155.8m of outgoing payments. The cash balance was £2.7m better than had been forecast at M1, and £0.8m better than the plan (£18.3M).
- Income received was £8.5m higher than forecast. This was due to increases in block contract income £4.6m. The Trust also received a VAT payment of £1.5m related to a refund for VAT on car parking following an appeal to HMRC.
- Higher than forecast creditor payments in month offset the increase in income received. Salaries and wages were lower than forecast by £3m -. £1m due to lower agency spend than forecast and £2m due to lower Tax payments made in month
- The cash balance for June is forecast to reduce by a further £2.2m to £17m.
- The current cash forecast for the Trust for Q1 24/25 is £17m assuming the Trust receives PDC revenue support in June of an additional £5m. This application has been submitted, consistent with the £21.1m Q1 requests previously approved by the Trust Board.

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		3,958
PDC - Endoscopy	11,181		11,181
Charitable Funds	5,023		5,023
System Capital Allocation Reduction	0	(4,856)	(4,856)
Total Capital Programme - 24/25	77,457	(4,966)	72,491
Operational IFRS16 leases	7,360		7,360
IFRS16 leases - CDC Hinckley	19,314		19,314
Total Capital Programme inc Leases	104,131	(4,966)	99,165

Area	Revised Annual Plan £'000	YTD Plan £'000	M02 Actuals £'000	Variance to M02 YTD Plan £'000
System Funded				
Reconfiguration	1,300	216	34	(182)
MES Lease	3,502	0	(6)	(6)
MES Enabling	4,111	0	86	86
Estates Backlog	5,123	388	748	360
Estates Projects	4,600	406	170	(236)
EM Planned Care Centre	5,200	750	964	214
IM&T - EPR & Strategic Digitisation - workplace & data	2,000	1,199	854	(345)
IM&T - New / Additional / Growth (laptops, PCs, mobile devices)	0	0	0	0
IM&T - Pre Committed - BAU Rep'ment /Obsolescence	2,600	166	108	(58)
IM&T - EPR Implementation	3,300	0	254	254
eEquip - IM&T - Lease	0	0	20	20
eEquip - IM&T - Lease Settlement	800	0	0	0
eEquip - IM&T - New Purchases	0	0	(1)	(1)
Linear Accelerator	850	114	(23)	(137)
Medical Equipment	1,945	249	135	(114)
CDC Hinckley & UEC	8,922	0	40	40
Corporate	987	0	248	248
VAT Recovery	0	0	(1,329)	(1,329)
System Capital Allocation Reduction	(4,856)	0	0	0
Total System Funded Schemes	40,384	3,488	2,301	(1,187)
PDC Funded Schemes				
Reconfiguration	2,200	376	161	(215)
Endoscopy	11,181	0	215	215
EM Planned Care Centre	9,745	1,949	1,949	0
CDC Hinckley	3,958	0	0	0
Total PDC Funded Schemes	27,084	2,325	2,325	0
Charitable Schemes	500	84	94	10
NIHR External Grant 1 & 2	4,523	288	90	(198)
Total Charity Funded Schemes	5,023	372	185	(187)
Total Capital Programme	72,491	6,185	4,811	(1,374)
Leases:IFRS16	26,674	0	(0)	(0)
Total Capital Programme inc Leases	99,165	6,185	4,811	(1,374)
Donated Income/Grant rec'd	0	(95)	(95)	0
Less: Book value of asset disposals	0	(24)	(24)	0
Net CDEL	99,165	6,066	4,692	(1,374)

The Trust commenced the year with an agreed annual plan of £104.1m. This has now been reduced by £4.9k. Options to be considered by CMIC in June as to how this funding shortfall will be addressed, which is as a consequence of the Trust and System not submitting a balanced revenue plan. A proposal will need to be initiated and a solution recommended to FIC and TLT. This will involve consideration of what if any schemes can be 'slipped' into 25/26 (recognising this will add a further pressure in 25/26) and/or a proportionate reduction to all programme areas. This will be a clinically led process (and finance supported). Private Trust Board Colleagues will be kept updated on progress.

At Month 2, net expenditure committed was £4.7m (charge against CDEL) against a year-to-date Plan of 6.1m (£1.4m underspend). The profiled plan was agreed by all projects leads prior to the commencement of the year.

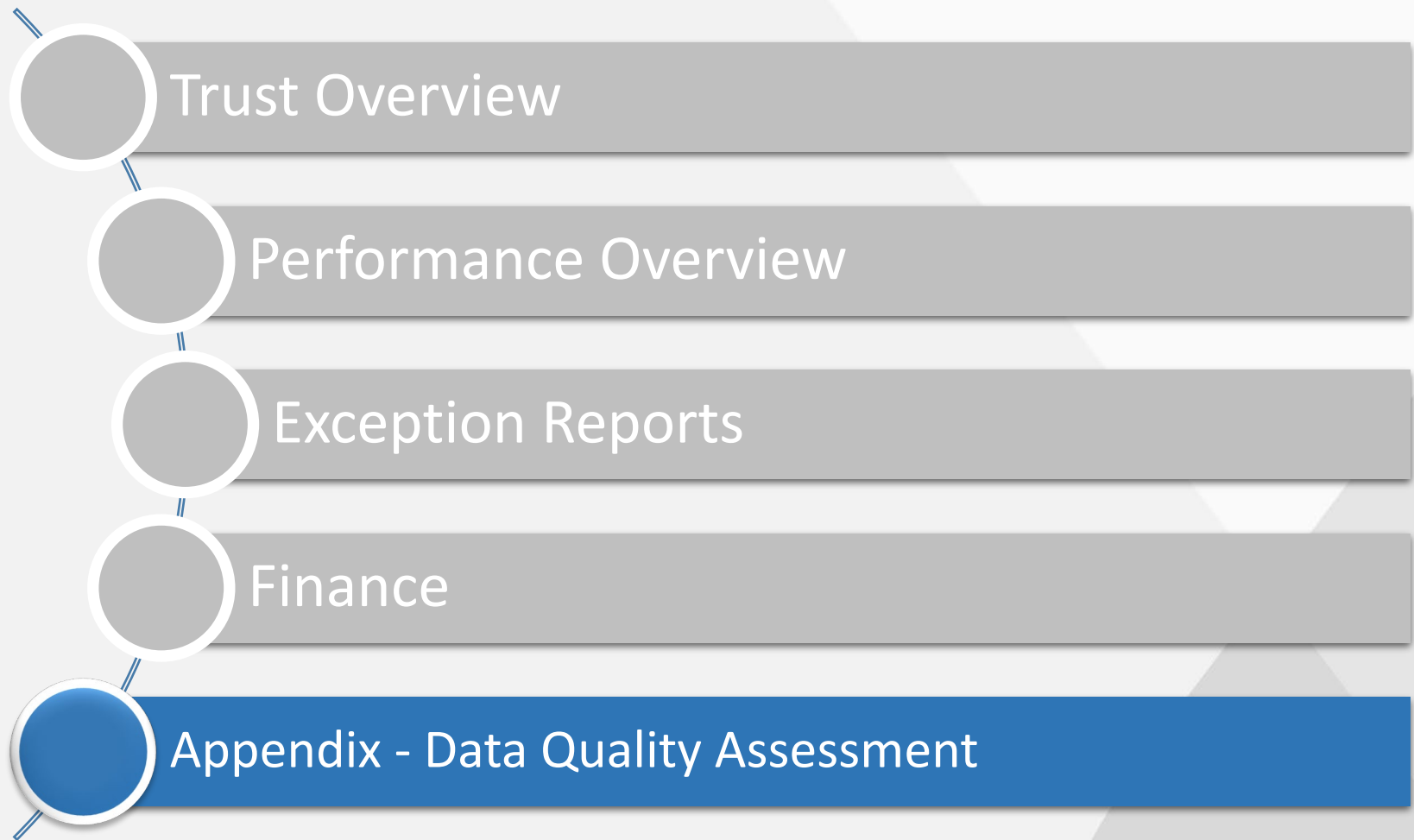
In month, there was £3.5m of expenditure, mainly due to the following schemes:

- EM Planned Care Centre construction works - £2.4m
- EPR programme & Strategic Digitisation - £0.5m
- Estates Backlog - £0.2m (CRO, Ward 14, Cat 3)
- Estates - UEC Capacity (single ward) – £0.4m

The underspend against the M2 plan profile is largely explained by retrospective VAT recovery on scheme costs, following review.

Capital finance have developed a revised forecast for 24/25, specifically with the timelines around the delivery of schemes profiled by month. It should be noted that £8.9m of the plan is ear marked for UEC developments, for which prioritised schemes are currently being worked up. CMIC has also recommended that the EMPCC TGH Pharmacy expansion (£1.2m) is approved for capital funding from slippage/contingency as a critical component of the EMPCC Scheme.

May 2024



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.