University Hospitals of Leicester NHS
NHS Trust

Trust Board Paper E

Meeting title:	Public Trust Board					
Date of the meeting:	14 November 2024					
Title:	Integrated Performance Report and Executive Summary					
Report presented by:	Jon Melbourne, Chief Operating 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: SEPTEMBER 2024

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

Urgent & Emergency Care **Updates on** **Flow in** **Flow through** **Flow out** 	September 2024 saw an increase of 470 attendances compared to September 2023 and an underperformance v's plan of 43 attendances. Year to date there has been 7270 more attendances than plan. Paediatrics ED in the first 6 months of this year, we have seen an increase of 2763 attendances compared to the same periods last year. Eye Casualty in September 2024 saw an increase vs September 23 of 289 attendances. An increase of 148 attendances compared to August 2024 and an overperformance v's plan of 108 attendances. 4-hour performance in September showed an improvement of 3.3% v's September 2023 and a 1.20 variance against trajectory. Note this methodology applies the planning uplift. LRI monthly ambulance handovers over 60 minutes were at 21.89% (1,074 out of 4,906 handovers) compared to August 2024 when LRI was 16.27% (832 out of 5,114 handovers) and July 2024 when LRI was 21.54% (1,091 out of 5,065 handovers). There were 27 trusts that had a higher percentage of ambulance handovers greater than 60 minutes than UHL compared to 20 in August 2024 and 23 in July 2024. Any ambulance wait is unacceptable but excessive waits, on the 24th September there was 1 x 8 hour breach. The 12-hour performance (total time in dept) for September 2024 was 89.06%. and UHL had 7 patients waiting over 48 hrs mainly due to side room availability and 1 patient waited over 72 hours due to requiring a mental health bed. Emergency admissions for September 2024 saw an increase vs September 2023 of 566 admissions. An increase of 171 admissions compared to August 2024 and an overperformance in plan of 595 admissions. The new transport contract with EMED was mobilised in July and challenges are still being noted actions are in place with the ICB to improve this. Actions in place for improvement. • Ongoing implementation of single point of access and bed bureau pathways to avoid patients attending ED. • Establish City UTC – Steering group established, and the short form business case is in development. • Maximise SDEC redirection from ED and direct referrals including the launch of pharmacy first in ED. Pilot of EMAS direct to SDEC to be underway in September • Discharge improvement plans for P0 patients. • Continued roll out of Criteria led discharge.

	• Focus on 7+, 14+ and 21 + days to reduce LoS. • Pilot frailty SDEC in January • Pilot weekend discharges taking learning from strikes in September. The winter plan is now completed.
Elective Care **Referrals and Outpatient performance** **Elective activity** **Pathway Improvements** 	Long waiters continue to reduce but the less than 18 weeks waiting list continues to increase and volumes are higher compared with the same period last year. Robust validation processes are in place to assure data quality of the total waiting list. A small working group with system partners has been formed to understand the reasons for the rise and come up with measures to address the areas of increased demand. Ended September with 66 patients waiting at or over 65 weeks RTT of which 3 Patients were waiting 78 weeks or more. LLR had the second best performance in the region. The aim is now to get to zero as soon as possible. October is planned to see an improvement and UHL is currently forecast to reach zero by the end of the calendar year. However, this is reliant on still being able to maintain current levels of elective activity through the winter months. We are currently off track to deliver zero 52 week waits by the end of March 2025. Specialties with identified risks to that ambition as per forecasts are developing action plans to mitigate. (Gynaecology, Paediatric ENT/ENT hold the majority of the risk).
Cancer **Referrals** **2 week wait** **Faster Diagnosis Standard** **62-day referral to treatment** 	Referrals year to date are currently 1.9% above the previous year. FDS delivered for the twelfth consecutive month 76%, although this fell below the internal ambition to deliver 77% throughout the year. 77% is required to be delivered by March 2025. 62 performance remains challenged whilst focus continues on clinical prioritisation and those patients waiting the longest alongside utilisation of capacity. Five specialities are behind plan with the number of patients waiting beyond 62 days for treatment. Additional actions are place to try to support return to plan, which if delivered would support a return to 70% 62 day performance by March 25. 31 day performance is significantly constrained within radiotherapy. Mitigations include mutual aid are in progression and changes to prostate fractionations have commenced. A 5th linac will be clinical by the end of March 25 which is essential to the recovery of radiotherapy waits, affecting category 2 breast and prostate patients. The Trust entered into Tier 2 for cancer in September with delivery less than 60% with additional support provided by NHS England.

Quality 	Quality outcomes remain robust, reflecting our commitment to patient safety and high standards of care. However, Clostridium difficile (C. difficile) remains an area of ongoing concern, prompting the initiation of multidisciplinary team (MDT) reviews to address and mitigate associated risks. We continue to adopt the Patient Safety Incident Response Framework (PSIRF), which has resulted in an increase in incident reporting and improved transparency across the organisation. Although one never event was reported this month, it resulted in no harm, and we remain vigilant in our efforts to maintain and further reduce never events through continuous quality improvement initiatives.
Finance 	The Trust received funding for its deficit plan in M6, resulting in a revised breakeven plan. In addition, £1.8m funding of industrial actions costs has been recognised at M6. The M6 year to date plan is therefore breakeven and the actual position is a deficit of £15.4m. This is mainly driven by UEC pathway costs greater than plan by £7.4mA and net pay pressures of £9.3mA. The emergency pathway continues to experience increasing activity pressures, with combined Emergency/Non elective inpatients 9.3% above planned levels and combined ED/Eye Casualty attendances 6.1% above plan. Year to date CIP delivery is breakeven at M6. There has a been a reassessment of some income CIP transacted that has reduced the overperformance reported last month. The Trust committed YTD gross capital expenditure of £24.2m to 30 September 2024 (£18.0m last month), which nets down to £23.8m, after deducting charitable donations/capital grants and the net book value of assets disposed/transferred. The cash position at the end of September was £18.9m, representing an increase of £3.4m on the previous month and £9.0m above forecast.
Workforce 	Our turnover rate remains at 6.4%, against the 10% target. Adult Nursing vacancies remain stable at 5.4% against the 7% target. Whilst Paediatric Nursing Registered Nursing vacancies are at 15.6%, we have seen a decline in the last month. Over the last three months we have seen a month on month 0.20% increase in midwifery vacancies which are currently at 9%. Paediatrics and Midwifery vacancies take account of the uplift in establishment and the Birthrate Plus recommendations. HCSW vacancies are being reviewed in line with the budgeted establishments and substantive recruitment continues to support the reduction of bank and agency workers. Sickness absence is reported a month in arrears and in August we saw a 0.30% reduction from the previous month, taking us to 4.7%. CMG sickness has reduced from 5.12% to 4.77% with CHUGGS at 3.71%. Sickness absence in the Corporate Directorates has reduced to 4.20%. The key focus over the coming months will be 'winter wellbeing' support including COVID and Flu vaccines and wellbeing hubs. The Attendance and Wellbeing Policy is being finalised with Staff Side by December.

	Appraisal performance has improved by 0.4% to 84.1%. Appraisal reporting / inputting continues to be a contributory factor and CMG and cost centre data is provided to ensure local oversight and reporting. Statutory and mandatory training has remained at 93%. Performance is being monitored through CMG and Trust performance review meetings, with direct email reminders also being sent each month. To support compliance, booklets are being updated for certain staff groups including E&F. The workforce performance is reviewed through CMG Performance Review meetings, CMG Boards, Senior Leadership Teams and Specialty Reviews. An amber rating remains in place.
Tranformation & Productivity **Key Overview** **e.g Urgent and Emergency Care, Elective, digital, Estates etc**	<u>Elective Care</u> Theatres: Continuous improvement within capped theatre utilisation, with the w/c 26/09/24 achieving an overall Trust value of 80.0%. Overall utilisation in September is 79.1% with 3/5 sites achieving over 80% Further work: Decrease OTDC below 5% (8.25%) - Standby patient SOP to be signed off in October 24 Reduce late starts (33.9%) - Criteria for listing patients and Golden Patient guidance document to be signed off in October 24 Improve Under-booked lists (average 50mins) - Consultant utilisation report to go live from November sharing individual consultants data Outpatients: - PIFU numbers and % performance remain below plan although continue to show improvement each month. September's performance of 4.9% is our best achievement to date. - Outbound Calls have been rolled out to all patients (adults and Paediatric) that fall within IMD1/2 cohort receive a reminder call 2 weeks before their outpatient appointment. September 24 performance shows an improvement in the Was Not Brought and DNA % for no contact made vs. contacted patients - Individual speciality meetings continue to take place to support outpatient recovery and transformation with a focus on key metrics. <u>UEC</u> To support reducing ED admissions the following actions for improvement are in place: - Communications with Primary Care on the use of Clinical Bed Bureau to avoid ED attendances - Increased direct pathways for clinical bed bureau including all SDEC offers - Increasing direct conveyancing for EMAS to SDEC including Cardio Respiratory

	- GAU/Clinical Bed Bureau (CBB) pilot has commenced and working well - Improvement work to allow all HCPs to access CBB to improve the HCP 4 hour EMAS conveyance - Pilot to commence offering extended imaging at Loughborough UTC

Supporting documentation

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

The key changed 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

September 2024

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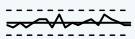
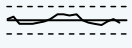
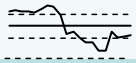
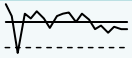
Performance Overview (Safe)

Domain	Key Performance Indicator	Target	Jul-24	Aug-24	Sep-24	YTD	Assurance	Variation	Trend	Data Quality Assessment	Local or National Target?	Exec Lead
Safe	Never events	0	0	0	1	1	?			Nov-22	National	Chief Nurse and Medical Director
	Clostridium Difficile per 100,000 Bed Days	167 Cases	35.5	30.3	40.2	26.3	?			Mar-24	Local	Chief Nurse and Medical Director
	Methicillin Resistant Staphylococcus Aureus Total	0	1	0	0	1	?			Mar-24	Local	Chief Nurse and Medical Director
	Methicillin-susceptible Staphylococcus Aureus Acute	40	4	2	2	22	?			Mar-24	Local	Chief Nurse and Medical Director
	All falls reported per 1000 bed days	4.5	3.0	3.5		3.2	P			Aug-22	Local	Chief Nurse and Medical Director
	Rate of Moderate harm and above Falls Patient Saftey Incidents with finally approved status per 1,000 bed days	0.19	0.09	0.09		0.09	P			Aug-22	Local	Chief Nurse and Medical Director
	Hospital Acquired Pressure Ulcers - All categories per 1000 bed days	1.9	1.7	1.3	1.6	1.7	?	L		Jun-21	Local	Chief Nurse and Medical Director
	% of all adults Venous Thromboembolism Risk Assessment on Admission	95%	98.2%	98.2%	98.0%	98.2%	P	H		Oct-21	National	Chief Nurse and Medical Director
	Number of Patient Safety Incident Investigations (PSIIs) commissioned		1	1	2	7	Awating more data for assurance and variance			TBC	Local	Chief Nurse and Medical Director
	Number of reported Patient Safety Incidents		2399	2409	2298	13827				TBC	Local	Chief Nurse and Medical Director
	Rate of reported Patient Safety Incidents (per 1000 inpatient, outpatient and ED attendances)		17.8	19.3	17.5	17.6				TBC	Local	Chief Nurse and Medical Director

Performance Overview (Caring)

Domain	Key Performance Indicator	Target	Jul-24	Aug-24	Sep-24	YTD	Assurance	Variation	Trend	Data Quality Assessment	Local or National Target?	Exec Lead
Caring	Single Sex Breaches		20	3	6	67				Jul-22	Local	Chief Nurse and Medical Director
	Inpatient and Day Case Friends & Family Test % Positive	95%	98%	98%	98%	98%	P			Jul-22	Local	Chief Nurse and Medical Director
	A&E Friends & Family Test % Positive	80%	83%	86%	82%	83%	?			Jul-22	Local	Chief Nurse and Medical Director
	% Complaints Responded to in Agreed Timeframe - 25 Working days	95%	79.8%	75.6%		66%	F	H		Jul-23	Local	Chief Nurse and Medical Director
	% Complaints Responded to in Agreed Timeframe - 60 Working days	95%	90%			86%	?			Jul-23	Local	Chief Nurse and Medical Director

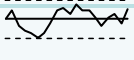
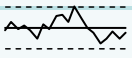
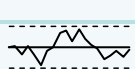
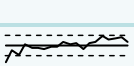
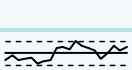
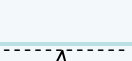
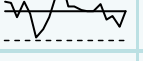
Performance Overview (Well Led)

Domain	Key Performance Indicator	Target	Jul-24	Aug-24	Sep-24	YTD	Assurance	Variation	Trend	Data Quality Assessment	Local or National Target?	Exec Lead
Well Led	Turnover Rate	10%	6.5%	6.4%	6.4%		P	L		Aug-22	Local	Chief People Officer
	Sickness Absence	3%	5.0%	4.7%		4.7%	F			Feb-24	Local	Chief People Officer
	% of Staff with Annual Appraisal	95%	84.4%	83.8%	84.1%		F	H		Feb-24	Local	Chief People Officer
	Statutory and Mandatory Training	95%	93%	93%	93%		F			Dec-22	Local	Chief People Officer
	Adult Nursing Vacancies	7%	5.1%	5.2%	5.4%		?			Dec-23	Local	Chief People Officer
	Paed Nursing Vacancies	10%	17.6%	16.8%	15.6%		F	H		Dec-23	Local	Chief People Officer
	Midwives Vacancies	7%	8.6%	8.8%	9.0%		F	L		Dec-23	Local	Chief People Officer
	Health Care Assistants and Support Workers Vacancies - excluding Maternity	7%	13.2%	12.9%	12.8%		F	L		Dec-23	Local	Chief People Officer
	Health Care Assistants and Support Workers Vacancies - Maternity	5%	4.3%	3.0%	1.1%		?			Dec-23	Local	Chief People Officer

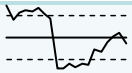
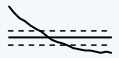
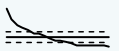
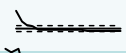
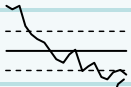
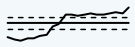
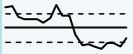
Performance Overview (Effective)

Domain	Key Performance Indicator	Target	Jul-24	Aug-24	Sep-24	YTD	Assurance	Variation	Trend	Data Quality Assessment	Local or National Target?	Exec Lead
Effective	Published Summary Hospital-level Mortality Indicator (SHMI)	100	99	98	98	98 (Jun 23 to May 24)	Assurance and variance not applicable			May-21	National	Chief Nurse and Medical Director
	12 months Hospital Standardised Mortality Ratio (HSMR)	100	100	100	100	100 (Jul 23 to Jun 24)	Assurance and variance not applicable			May-21	National	Chief Nurse and Medical Director
	Crude Mortality Rate		0.9%	0.9%	0.9%	0.9%		L		May-21	Local	Chief Nurse and Medical Director
	DNA Rate - IMD Deciles 1 and 2	5%	9.6%	9.3%	8.6%	9.1%	F	L		Feb-24	Local	Director of Health Inequality and Inclusion
	DNA Rate - IMD Deciles 3 - 10	5%	5.9%	5.5%	6.0%	5.6%	F	L		Feb-24	Local	Director of Health Inequality and Inclusion
	Gestation at Booking 71+ days, IMD Deciles 1 and 2		41.7%	41.6%		40.6%				TBC	Local	Director of Health Inequality and Inclusion
	Gestation at Booking 71+ days, IMD Deciles 9 and 10		31.8%	22.7%		26.6%				TBC	Local	Director of Health Inequality and Inclusion
	Gestation at Booking 71+ days, White British		28.6%	23.1%		24.8%				TBC	Local	Director of Health Inequality and Inclusion
	Gestation at Booking 71+ days, Black African or Black Caribbean		45.0%	46.4%		48.2%				TBC	Local	Director of Health Inequality and Inclusion
	Gestation at Booking 71+ days, Asian Indian, Bangladeshi or Pakistani		32.8%	37.3%		35.7%				TBC	Local	Director of Health Inequality and Inclusion

Performance Overview (Responsive Emergency Care)

Domain	Key Performance Indicator	Target	Jul-24	Aug-24	Sep-24	YTD	Assurance	Variation	Trend	Data Quality Assessment	Local or National Target?	Exec Lead
Responsive (Emergency Care)	Emergency Department 4 hour waits LLR	78%	75.6%	76.4%	73.3%	74.9%	F	H		Mar-23	National	Chief Operating Officer
	Emergency Department 4 hour waits UHL	78%	62.0%	62.5%	58.9%	61.0%	F	H		Mar-23	National	Chief Operating Officer
	Mean Time to Initial Assessment	15	29.2	24.0	31.8	26.9	F			Nov-22	National	Chief Operating Officer
	12 hour trolley waits in Emergency Department (DTA)	0	895	662	840	4,403	F	L		Mar-23	National	Chief Operating Officer
	Number of 12 hour waits in the Emergency Department	0	2,309	1,982	2,324	12,971	F	L		Mar-23	National	Chief Operating Officer
	Number of Ambulance Handovers		5,065	5,114	4,906	30,209		H		Data sourced externally	Local	Chief Operating Officer
	Number of Ambulance Handovers >60 Mins	48	1091	835	1077	4845	?			Data sourced externally	Local	Chief Operating Officer
	Percentage of Ambulance Handovers >60 Mins	1%	21.5%	16.3%	22.0%	16.0%	?			Data sourced externally	Local	Chief Operating Officer
	Total lost Ambulance Hours	40 per day	2825	2398	3120	13849	?			Data sourced externally	Local	Chief Operating Officer
	Number of patients waiting greater than 24 hours for discharge P1, P2	60	54	75	70		Awating more data for assurance and variance			Data sourced externally	Local	Chief Operating Officer
	Trust Bed Occupancy	92.0%	90.1%	88.3%	90.8%		?			Dec-23	National	Chief Operating Officer
	Long Stay Patients (21+ days) as a % of G&A Bed Occupancy	12%	13.8%	15.3%	14.9%		?			Apr-23	Local	Chief Operating Officer

Performance Overview (Responsive Elective Care)

Domain	Key Performance Indicator	Target	Jul-24	Aug-24	Sep-24	YTD	Assurance	Variation	Trend	Data Quality Assessment	Local or National Target?	Exec Lead
Responsive (Elective Care)	Referral to Treatment Incompletes	99,985	113,525	114,088	112,512		F			Jun-23	Local	Chief Operating Officer
	Referral to Treatment 52+ weeks	0 by Mar25	1,998	2,170	2,045		F	L		Jun-23	National	Chief Operating Officer
	Referral to Treatment 65+ weeks	0 by Sep 24	161	161	66		F	L		Jun-23	National	Chief Operating Officer
	Referral to Treatment 78+ weeks	0	5	3	2		F			Jun-23	National	Chief Operating Officer
	6 Week Diagnostic Test Waiting Times	8%	21.4%	22.5%	20.8%		F	L		Jul-23	National	Chief Operating Officer
	Theatre Utilisation	85.0%	77.3%	78.7%	79.1%	77.4%	F	L		Dec-23	National	Chief Operating Officer
	Patient Initiated Follow Up	5.2%	4.4%	4.4%	4.9%	4.4%	F	H		Oct-23	Local	Chief Operating Officer
	% Outpatient Did Not Attend rate	4.9%	6.5%	6.4%	6.8%	6.5%	F	L		Apr-23	Local	Chief Operating Officer
	% Outpatient Non Face to Face	25%	28.6%	27.7%	25.8%	28.0%	P	L		Apr-23	National	Chief Operating Officer

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

Performance Overview (Responsive Cancer)

Domain	Key Performance Indicator	Target	Jul-24	Aug-24	Sep-24	YTD	Assurance	Variation	Trend	Data Quality Assessment	Local or National Target?	Exec Lead
Responsive (Cancer)	28 Day Faster Diagnosis Standard	77%	79.7%	76.0%		79.4%	?	H		May-24	National	Chief Operating Officer
	Cancer 31 Day Combined	96%	81.5%	79.8%		80.6%	F			May-24	National	Chief Operating Officer
	62 Day Backlog Combined	228 (by Mar25)	429	410	434		F	L		TBC	Local	Chief Operating Officer
	Cancer 62 Day Combined	70%	52.9%	59.7%		56.7%	F			May-24	National	Chief Operating Officer

Performance Overview (Finance)

Domain	Key Performance Indicator	Target YTD	Jul-24	Aug-24	Sep-24	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Finance	Trust level control level performance	£0m	-£5.7m	-£10.6	-£15.4m	-£15.4m				Jun-22	Chief Financial Officer
	Capital expenditure against plan	£27.1m	£5.1m	£5.7m	£6.1m	£23.8m				Jun-22	Chief Financial Officer
	Cost Improvement (Includes Productivity)	£37.6m	£16.3m	£10.3	£2.1m	£37.6m				Dec-23	Chief Financial Officer
	Cashflow	No Target	£3.1m	£1.8m	£3.4m	£18.9m				Jun-22	Chief Financial Officer
	Aged Debt	No Target	£14.9m	£15m	£14.1m					Feb-24	Chief Financial Officer
	Invoices paid within 30 days (value)	95%	95%	94%	94%					Feb-24	Chief Financial Officer
	Invoices paid within 30 days (volume)	95%	91%	87%	86%					Feb-24	Chief Financial Officer

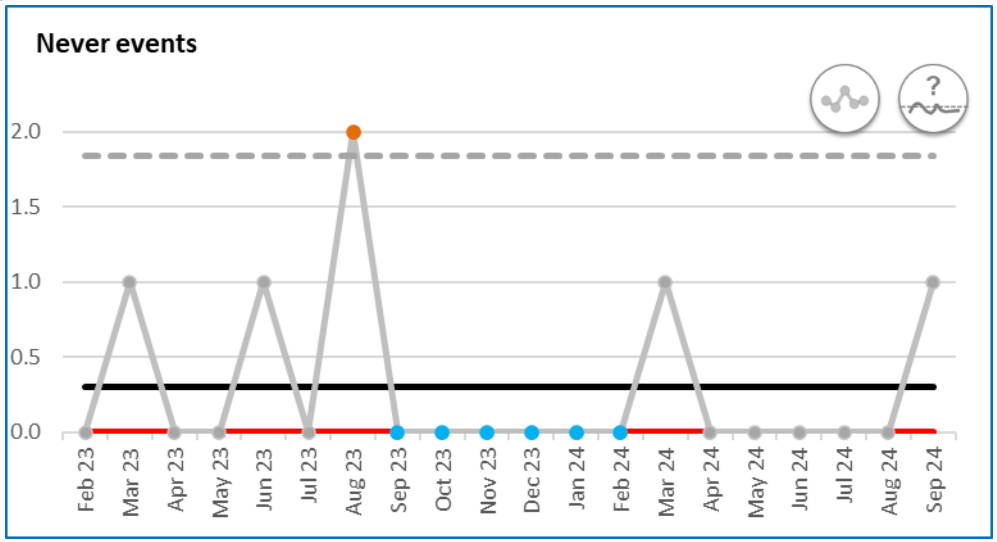
Performance Overview (Activity)

Domain	Activity Type	Plan 24/25	Plan in Month (M6)	Activity In Month (M6)	Variance In Month (M6)	Plan YTD	Actual YTD	Variance YTD	YTD Variance to 19/20
Activity	New Outpatients (inc. NFTF)	256,177	21,344	21,839	495	124,798	126,263	1,465	-8,737
	Follow Up Outpatients (inc. NFTF)	565,665	47,706	47,100	-606	277,928	285,888	7,961	-11,997
	Outpatient Procedures	178,368	15,120	17,428	2,309	85,478	98,813	13,335	22,659
	Daycase	126,216	10,192	9,739	-453	59,954	59,311	-643	4,830
	Inpatient	19,314	1,648	1,761	113	9,859	10,836	977	859
	Emergency	102,386	8,520	9,115	595	50,099	55,920	5,821	6,926
	Non Elective	22,901	1,942	1,712	-230	11,580	11,494	-86	536
	Emergency Department (inc. Eye Casualty)	267,119	23,229	23,205	-24	132,871	140,923	8,052	10,573
	Diagnostic Imaging	179,712	14,736	16,099	1,363	85,746	93,076	7,330	10,405
	Other	11,746,637	1,008,404	997,361	-11,043	5,770,616	6,216,214	445,598	1,779,725
	TOTAL	13,464,495	1,152,841	1,145,360	-7,481	6,608,929	7,098,740	489,810	1,815,779

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

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

Safe – Never Event



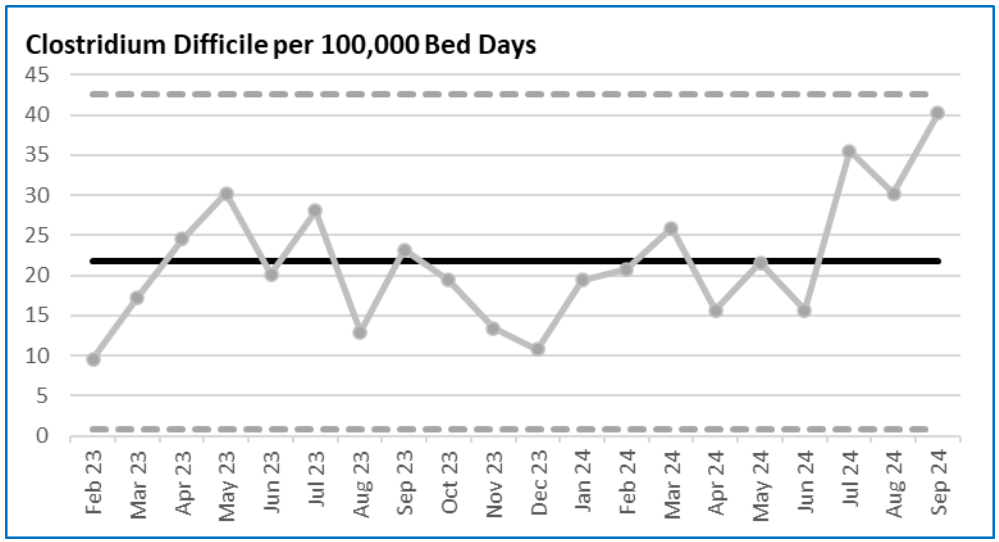
Current Performance		
Sep 24	YTD	Target
1	1	0

National Position & Overview

Never Events are defined as Serious Incidents that are wholly preventable because guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers.
The Trust had reported 1 Never Event this financial year compared to four the same time last year.

Root Cause	Actions	Impact/Timescale
The Never event meets the criteria of 1. wrong site surgery -An invasive procedure performed at the wrong site. The Patient Safety Incident Investigation has commenced using the implemented Patient Safety Response Framework and a multifactorial systems approach will be used to identify the learning and improvements.	Actions will be agreed following completion of the incident review	The aim is for the review of the incident to be finished by the end of December with the caveat of the patient's agreement.

Safe – Clostridium Difficile



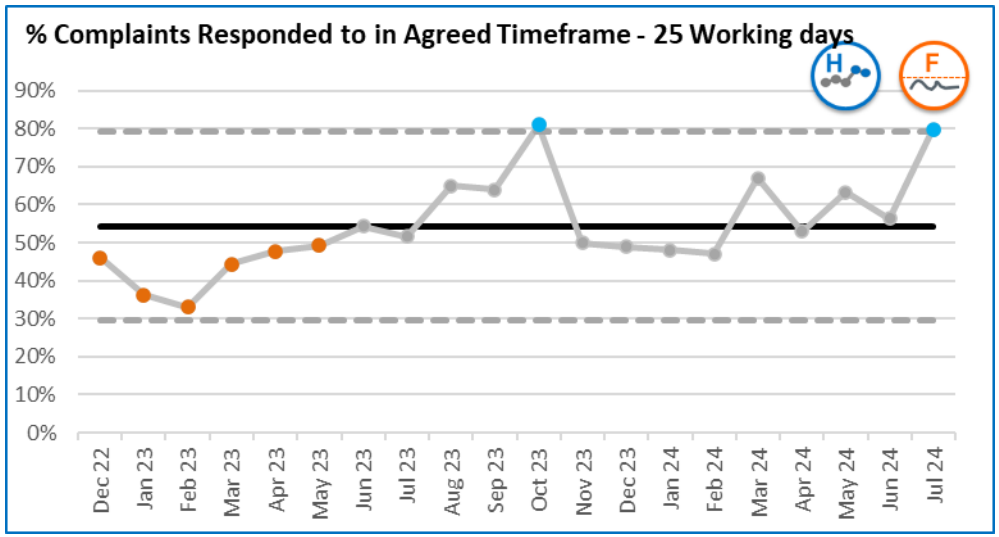
Cases (HOHA and COHA)			Cases per 100,000 Bed Days (HOHA)		
Sep 24	YTD	Target	Sep 24	YTD	
25	110	167	40.20	26.32	

National Position & Overview September 2024

* Actual Infections (HOHA)24/25	18
* Actual Infections (COHA) 24/25	7
* Actual Infections Total (HOHA & COHA) 24/25	25
UHL 100,000 Bed Days (HOHA) 23/24	40.2
National Average	25.27
National Highest	126.27
National Lowest	0
HOHA = Hospital Onset Healthcare Associated COHA = Community Onset Healthcare Associated	

Root Cause	Actions	Impact/Timescale
• There are no new themes to report with regard to the acquisition of CDI. Key areas of focus: • Vancomycin as 1st line treatment not metronidazole • Consideration of use for PPIs and Anti diarrhoea medication • Inappropriate screening, and re screening • Completion of bowel charts and patient monitoring • Lack of knowledge around UHL and National guidance on CDI management	• CDI specialist nurse to focus on the key themes over the next 6 months. Actions will include visibility, education and advise aimed directly at ward level with MDT. • A post infection review of cases in line with the PSIRF framework has commenced October 2024. • The plan of proposed actions will be discussed in TIPOG on the 7th November 2024	• Antimicrobial Stewardship committee (AMSC) first meeting has now taken place • Detailed action plan focussing on key themes to be discussed at TIPOG on the 7th November 2024 • Actions will continue to be discussed and monitored through TIPOG

Caring – % Complaints Responded to in Agreed Timeframes



25 Working Days		
Aug 24	YTD	Target
75.6%	66%	95%

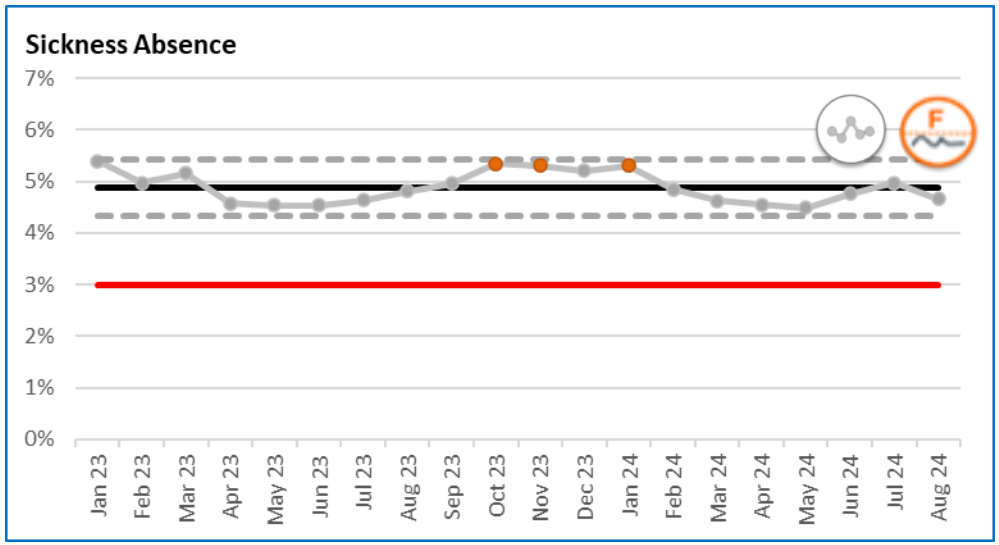
60 Working Days		
Jul 24	YTD	Target
90%	86%	95%

National Position & Overview

The total number of all reported written complaints in the NHS in 2023-24 was 241,922, an increase of 12,464 (5.4%) from 2022-23 (229,458)

Root Cause	Actions	Impact/Timescale
• Improvements in complaint response times from June - August 2024 • YTD % complaints responded to in 25 working days is 66%, below the target of 95%	• Commencing improvement work in the PALS concerns process is anticipated to reduce the number of formal complaints and consequently, improve the % response times • Currently recruiting to the PALS team, which will improve PALS concerns response times and reduce formal complaints	• Ongoing, but anticipate an improvement in Q4

Well Led – Sickness Absence



Current Performance		
Aug 24	YTD	Target
4.7%	4.7%	3%

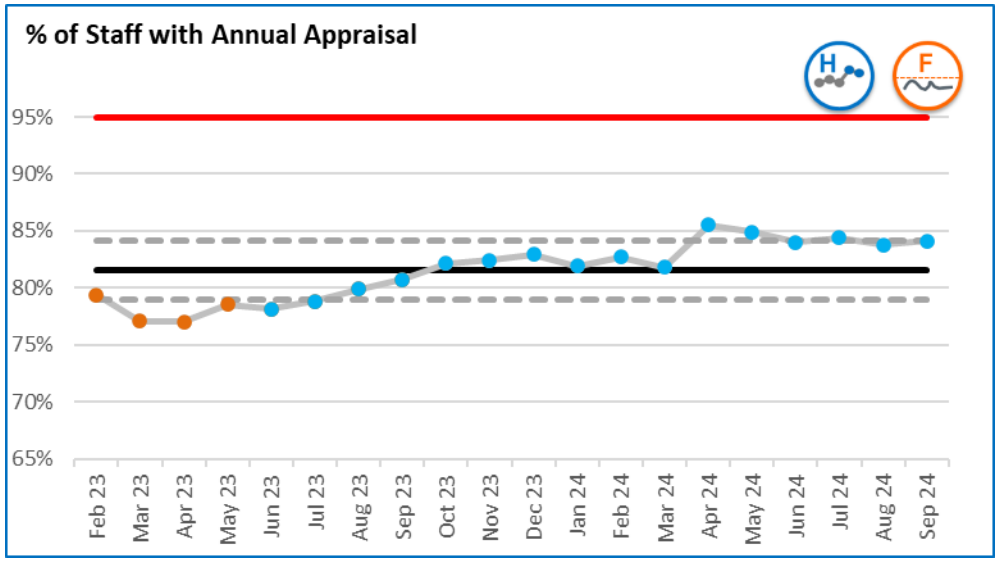
National Position & Overview

Peer data not available.

We have seen a 0.30% reduction in sickness absence between July and August 2024.

Root Cause	Actions	Impact/Timescale
• CMG sickness has reduced from 5.12% to 4.77% with CHUGGS at 3.71% • Sickness absence in the Corporate Directorates has reduced to 4.20%. • The 3 CMGs with the highest sickness absence levels in August are W&C (5.57%), RRCV (4.99%) and MSS (4.92%). • The top 3 reasons for sickness absence are anxiety/stress/depression (19.53%), Other known reasons (16.13%), Unknown causes (12.81%), and cough/cold/flu (10.37%).	• The person-centred 'Just and Restorative Learning' approach to attendance and wellbeing was implemented in December 2022 and remains in place. • The Attendance Management Policy is being updated in consultation with Staff Side. • Wellbeing information is shared through corporate and local induction, HWB Ambassadors, monthly restaurant stands and weekly and monthly newsletters. • Key focus over the coming months will be 'winter wellbeing' support including COVID and Flu vaccines, wellbeing hubs (148 attended) and hot chocolate stands. • Sickness absence data is reviewed regularly in People Services, through PRM, Board and Specialty Meetings, and local 'Making if all happen / Health and Wellbeing' reviews. • For longstanding and complex cases, case conferences with OH are now in place. • For areas with the highest levels of sickness absence, CMG leads are reviewing absences through 'Making it all happen / Health and Wellbeing' reviews to offer support and guidance. • The ER and Health and Wellbeing UHL Connect site covers all aspects of support, training, information, TALK toolkit for wellbeing conversations, template documents etc.	• CHUGGS has had a specific focus on long term sickness absence and seen a reduction below 4% for the first time in the last year. • Quarterly 'Making it all happen / Health and Wellbeing ' reviews continue to provide ongoing advice and support. • The staff survey is an indicator of the effectiveness of the 'winter wellbeing' approach implemented in 2022. UHL has improved in the People Promise Theme "We are safe and healthy".

Well Led – % of Staff with Annual Appraisal



Current Performance		
Sep 24	YTD	Target
84.1%	-	95%

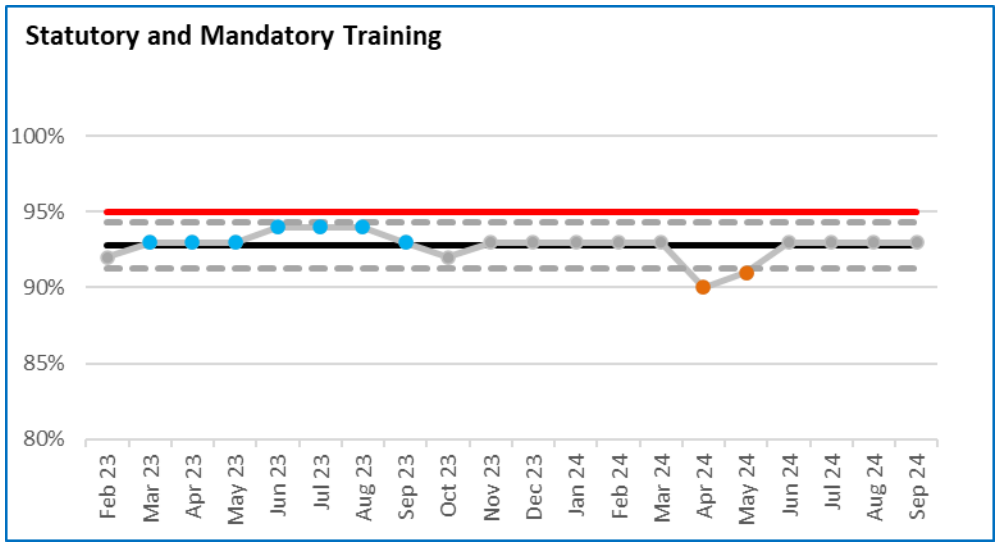
National Position & Overview

Peer data not available.

There has been an increase in the Appraisal compliance position on last month's figures. We are 10.9% away from the Trust target of 95%.

Root Cause	Actions	Impact/Timescale
• A number of colleagues have had appraisals within the last 12 months, outside the reporting/ incremental date and therefore show as non-compliant. • Appraisal reporting/ inputting is a contributing factor. • In month, the appraisal average for UHL has increased by 0.4%. • ITAPS have met the target at 96. 1% with RRCV at 92.8%; Transformation have maintained compliance at 95.2%; Finance, Strategy and Research are all above 92%	• It was acknowledged in recent exception reports that we would be unlikely to reach full compliance of 95% in the short term. • CMG reports are provided, highlighting performance and areas of focus, to enable targeted support and action. • The roll out of Managers Self-Serve over the coming year should see improvements in appraisal performance and reporting. • Regular meetings with line managers are taking place at CMG level to review appraisal performance and any additional support required. • Further management guidance will be developed in the coming month.	• In September 2023 Appraisal performance was at 80.75% • 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'. • CMG/ Directorate leadership focus on quality appraisals is essential to the employee experience.

Well Led – Statutory and Mandatory Training



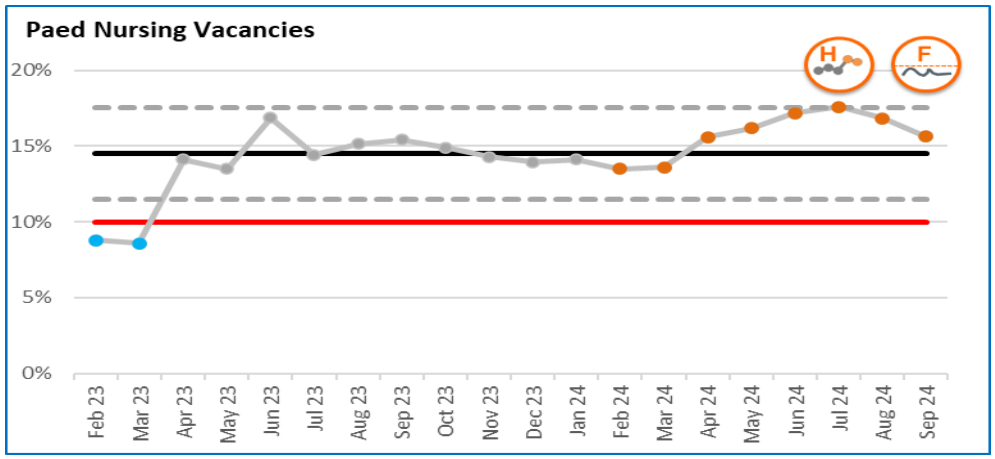
Current Performance		
Sep 24	YTD	Target
93%	-	95%

National Position & Overview

Peer data not available.

Root Cause	Actions	Impact/Timescale
It is recognised that performance has been, and is being, affected by: • Operational pressures • Operational demand • Staffing Levels • Changes in requirements for Manual Handling It should be noted that the compliance of 93% is higher than many other NHS organisations nationally and is not an immediate risk, however the target of 95% is desirable. This is a figure previously set by the NHSLA and used by other organisations. e.g. Guys and Thomas.	Performance against trajectories is being monitored via Trustwide Performance Reviews. Access to compliance data, emailed reports to 2800 staff & 10,000+ direct emails per month. Booklets being updated for certain staff, including Estates and Facilities Colleagues. Workforce, Training and Education Steering Group has started looking into Mandatory and Essential Training. There is a national review led by NHS England on Mandatory Training; topics, frequency and audience which could impact on compliance in the medium term.	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. UHL have seen a 33% increase since April 2024 following the large scale changes to manual handling requirements. Drive towards improving the overall percentage of UHL during the financial year has been implemented with renewed chasing on non-compliant with organisational support. Review of ESR and HELM data alignment is ongoing as business as usual. Ad hoc Challenges to this data alignment are under consistent scrutiny.

Well Led – Paed Nursing Vacancies



Current Performance		
Sep 24	YTD	Target
15.6%	-	10%

National Position & Overview

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

Root Cause

Children's Hospital
- Total Registered Nurse Child (RNC) vacancies at 20% (65 WTE) across CH- includes the uplift in establishment at Q1 so slight decrease from last month

Neonatal Units (NNU)
- The nurse budgeted establishment is not at the correct level with 4.24 WTE, and the skill mix RN/NN is lower than expected.
- There is currently a 9 % vacancy rate of RN's against the budgeted establishment.
- The Number of nurses who are Qualified in Service (QIS) is only at 53% against a recommended 70% QIS
- To note that the planned staffing levels for the Neonatal units in Leicester are compliant with the Recommended 1:1 Ratio for ITU care, 1:2 Ratio for HDU care, and 1:4 ratio for SC care.
- To note that turnover of staff has incrementally and significantly reduced over the last 8 months (LRI NNU - 12.2% Jan 24 to 5.7% Aug 24, LGH NNU 10% Jan 24 to 3.5% Aug 24).

Children's Emergency Department (CED)
- Underlying vacancy rate in CED 13.26 WTE (including conditional offers). This equates to a 19.4% vacancy rate.
- Currently 2.44 WTE Band 7 vacancy, 13.05 Band 6 WTE vacancy.
- High maternity across registered nurses including Band 6 and Band 7's, total of 4.33 WTE.

Actions

Childrens Hospital
- Continue to align budgeted establishment to the 3-year recruitment, retention & investment plan.
- Rolling programme of Band 5 RN/ RNC adverts planned throughout the year
- Interviews for 8 RNC and in November
- Monthly Roster Review and Reflect meetings & Key Performance Indicators (KPIs) such as fill rates, additionally created duties and agency usage to provide guidance and support in maintaining safe, efficient and fair rosters.

Neonates
- Close surveillance on planned versus actual hours worked both at clinical management group (CMG) and corporate level in addition to 6 monthly workforce establishment reviews led by the Chief Nurse.
- To support 13 nurses currently undertaking the QIS course and an ongoing pipeline for 16 places per year going forward. The trajectory to meet BAPM standards for QIS staffing is Oct 27.
- To plan investment in clinical nurse leadership for the NNUs to support retention.
- Introduction of matron of the day role for on site support CMG wide for staff and patient support.

Children's Emergency Department (CED)
- 1 x Adult Band 7 RN 12 month rotation in CED to support with staffing and management of team
- Continue rotation of Band 6 s from adult ED into CED to mitigate gaps.
- Band 7 interviews for CSSU early Nov
- Continue to focus on supporting senior Band 5's in the coordination of CED to develop leadership skills.

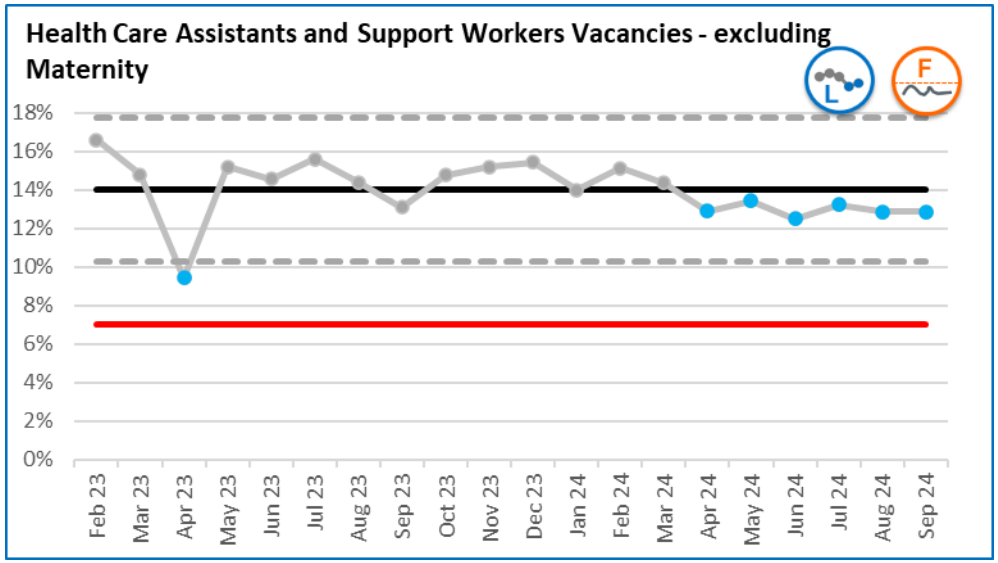
Impact/Timescale

Childrens Hospital
- Pipeline for new starters allocated to areas during Q3/Q4 is 39, with an additional 5 to be allocated in December for start date Feb/March

Neonatal Units
- Neonatal acuity Review in Oct to review establishment against BAPM.
- Trajectory to achieve BAPM of QIS staffing to be reviewed following this.

Children's Emergency Department (CED)
- Awaiting start date of 7 NQN
- 1 x external Band 6 to start early 2025 – previously worked with us in CED as a Band 5.
- 1 x Adult Band 7 RN 12 month rotation to start Dec

Well Led – HCA and Support Workers Vacancies – excluding Maternity



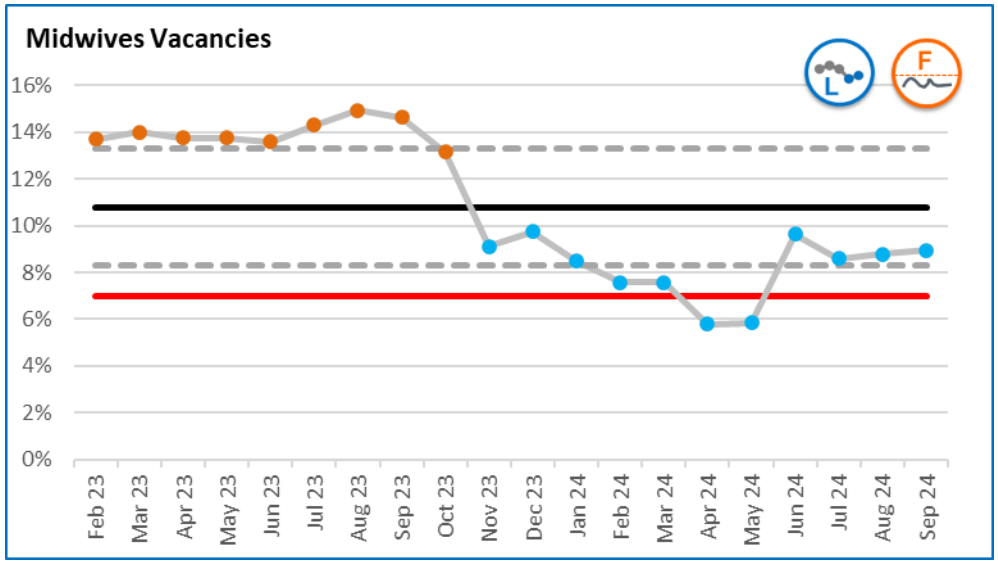
Current Performance		
Sep 24	YTD	Target
12.8%	-	10%

National Position & Overview

The HCSW vacancies remain fairly static with a slight variance this month. UHL still aspires to have a zero percent vacancy in line with NHS England plan.

Root Cause	Actions	Impact/Timescale
• We have seen a slight increase in staff moving from substantive to bank positions in month. • Overall leaver numbers remain static and minimal in number.	• HCSW recruitment event planned for the 9th November. • HCSW bank to substantive work is now completed and circa 150 staff expressed interest and have been moved into permanent positions • Continuous professional development (CPD) sessions continue.	• Planning to recruit into the HCSW vacancies as soon as possible • CPD sessions are over subscribed so will continue indefinitely.

Well Led – Midwives Vacancies

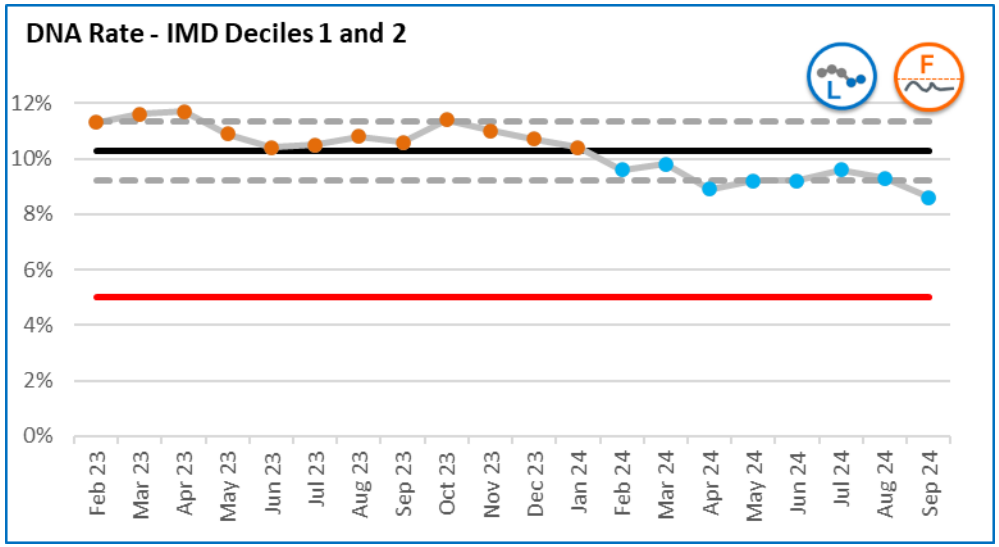


Current Performance		
Sep 24	YTD	Target
9.0%	-	7%

National Position & Overview

Root Cause	Actions	Impact/Timescale
• Increase in Midwifery Vacancies due to increased establishment through Birthrate plus© review and associated business case.	• Midwifery turnover rate has declined, 7.28% April 2024 (previously 10% April 2023) with a focus on retention amdn culture continuing. • Midwifery sickness rate is currently 5.7% for 2023/2024 which is a reduction from 6.95% 2022/2023 with a focus on wellbeing to continue. • Continued active recruitment of Midwives. • RRP Midwives in post for preceptorship support to improve retention. • Matron of the Day implementation of senior visible support in place across the CMG. • Ongoing work with local universities to improve student experience • Empowering voices work and actions ongoing. • Staff survey completion being encouraged with improved uptake for staff feedback to enable improvements to be planned.	38.5 WTE Midwives in the Pipeline to start. Across the three sites between now and Nov

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



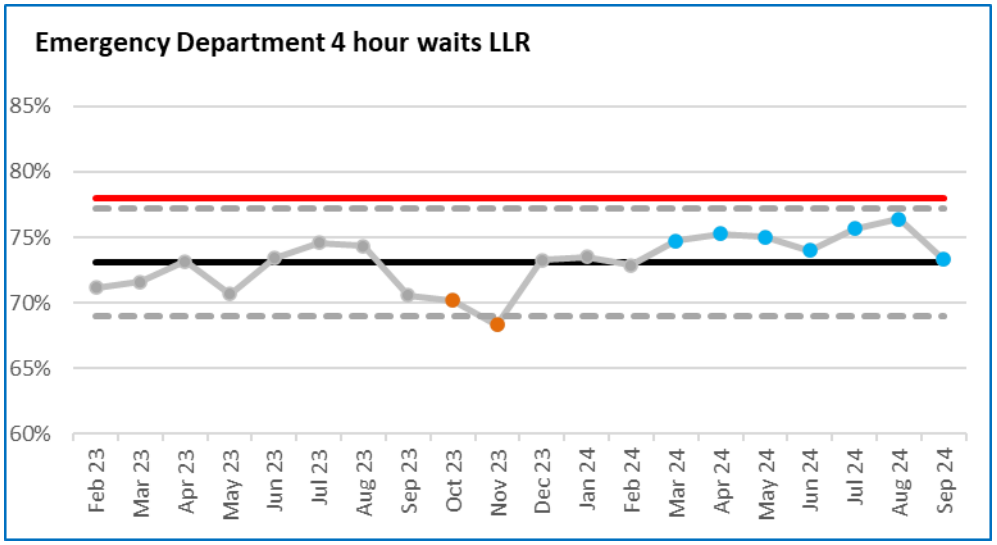
DNA Rate – IMD Deciles 1-2			DNA Rate – IMD Deciles 3-10		
Sept 24	YTD	Target	Sept 24	YTD	Target
8.6%	9.1%	5%	6.0%	5.6%	5%

National Position & Overview

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

Root Cause	Actions	Impact/Timescale
• 5215 patients did not attend their outpatient appointment in Sept. • 4516 DNA florey questionnaires were delivered, with a response rate of 40% (1804). • 26% of DNAs are in the most deprived quartile, compared with 23% from the least deprived quartile. • The most common reasons for DNA across all 4 IMD quartiles are 'I did not know I had an appointment' and 'I forgot I had an appointment'. • Health/mobility reasons represents a higher proportion of the reasons in the more deprived IMD deciles.	• All patients from IMD1 and IMD2 are called two weeks prior to their appointment. • Text appointment reminders are sent to all patients 7, 5 and 1 day before. • Calls to parents/carers of paediatric OP. • DNA rate data is available for each CMG to identify specific areas of inequality. • Inclusion Healthcare patients are contacted, and a further contact is made with Inclusion Healthcare to enable enhanced support; multi-agency MDT established. • DNA rates will be included in PRM packs and WAM discussions moving forwards. • DNA Florey and engagement with communities to explore barriers to access.	IMDs 1 & 2 have an average DNA rate of 8.6% for Sept 24. **IMD1:** • Patients contacted DNA rate – 6.1% (52) • Patients not contacted DNA rate – 16.1% (97) **IMD2:** • Patients contacted DNA rate – 4.2% (25) • Patients not contacted DNA rate – 14.6% (62) **Inclusion Healthcare:** • DNA rate for those contacted – 35.7% (5) • DNA rate for those not contacted – 47.8% (11) **Paediatric Outpatients** • WNB rate contacted – 5.4% (13) • WNB rate not contacted – 11% (20)

Responsive (Emergency Care) – ED 4 Hour Waits



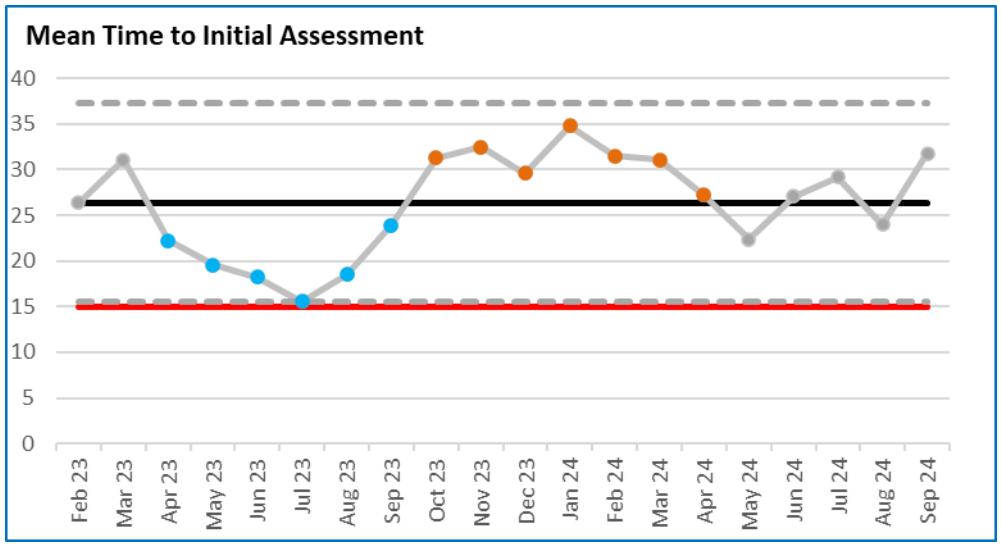
LLR Performance			UHL Performance		
Sep 24	YTD	Target	Sep 24	YTD	Target
73.3%	74.9%	78%	58.9%	61.0%	78%

National Position & Overview

In September, UHL ranked 68th out of 124 Acute Trusts based on it's acute footprint. The National average in England was 74.2%. 27 out of the 124 Acute Trusts achieved the target. UHL ranked 11th out of 17 trusts in its peer group. The best value out of the Peer Trusts was 84.9% and the worst value was 66.9%.

Root Cause	Actions	Impact/Timescale
• High attendances to ED resulting in overcrowding in ED and the inability to assess and treat patients in a timely manner • 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	• Interprofessional standards audits, and improvement plans in place with individual specialities • Increase in SDEC (GPAU) activity with straight to SDEC for ED and EMAS • Deflection of minor illness patients to reduce numbers waiting in ED to DHU sites • Daily breach validation • Additional UTC capacity in community • Increase redirection and streaming	• Monitored through Performance Review Meetings and UEC Steering Group • Improvement plan in place and activity is increasing • In place • Oadby and Merlin Vaz redirection remains in place

Responsive (Emergency Care) – Mean Time to Initial Assessment



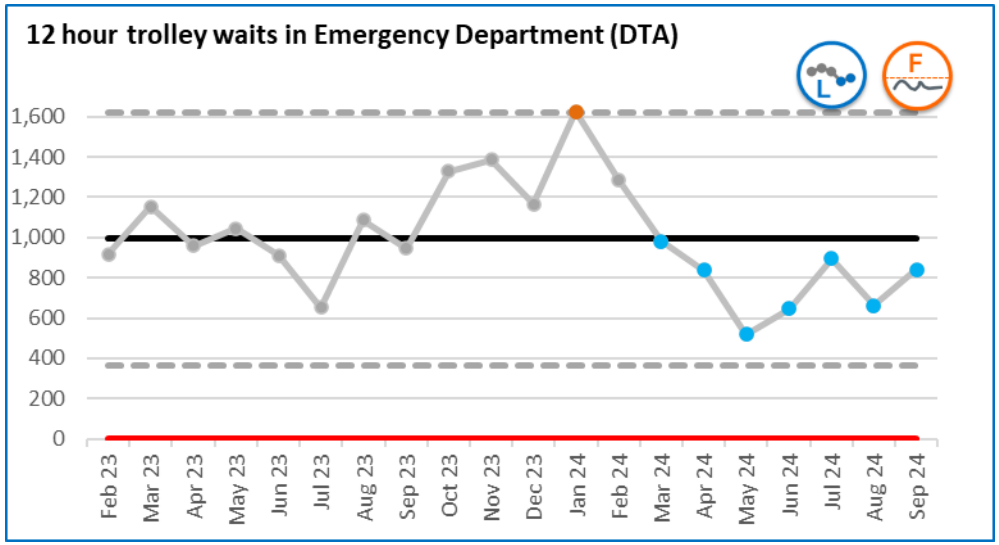
Current Performance		
Sep 24	YTD	Target
31.8	26.9	15

National Position & Overview

National data not currently available for reporting.

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

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



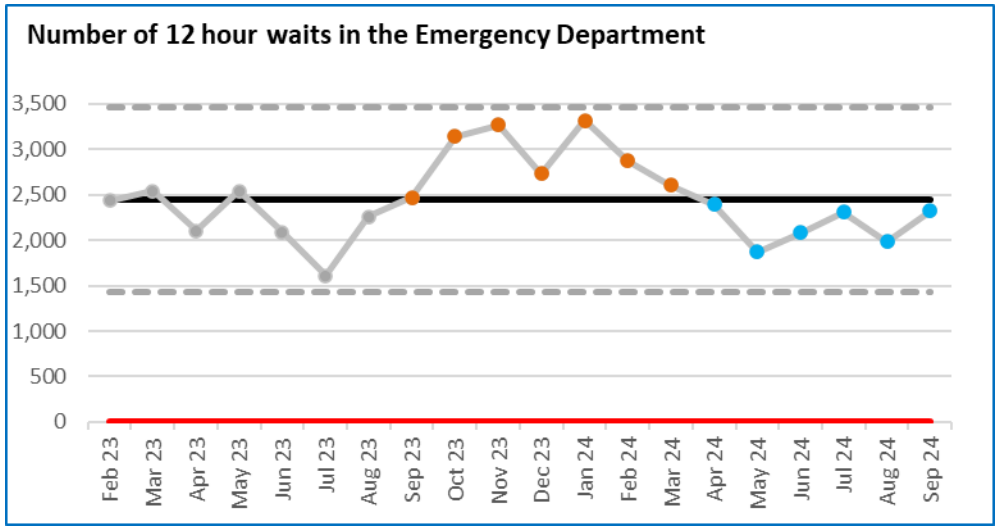
Current Performance		
Sep 24	YTD	Target
840	4,403	0

National Position & Overview

In September, UHL ranked 114th out of 122 Major A&E NHS Trusts. 10 out of the 122 Trusts achieved the target. The best value nationally was 0 and the worst value was 1,995. UHL ranked 14th out of 18 trusts in its peer group.

Root Cause	Actions	Impact/Timescale
• Poor outflow across the emergency care pathway	• Additional capacity in Ward 20 for medicine	• Opened
	• Retain Ward 15 in medicine post CRO works completing	• In place
• Inability to create early capacity across the emergency care pathway due to lack of early discharges / using the discharge lounge overnight	• Expansion of capacity for Oncology (AMU south)	• Opens 2nd November
	• Weekly reporting of performance to increase awareness and focus	• In place
	• Frailty patients to be reviewed by FES	• In place
	• Strengthen specialty in-reach	• In place
	• Daily breach validation	• In place
	• Pilot weekend discharge	• September 2024
	• Pilot frailty SDEC	• January 2024

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



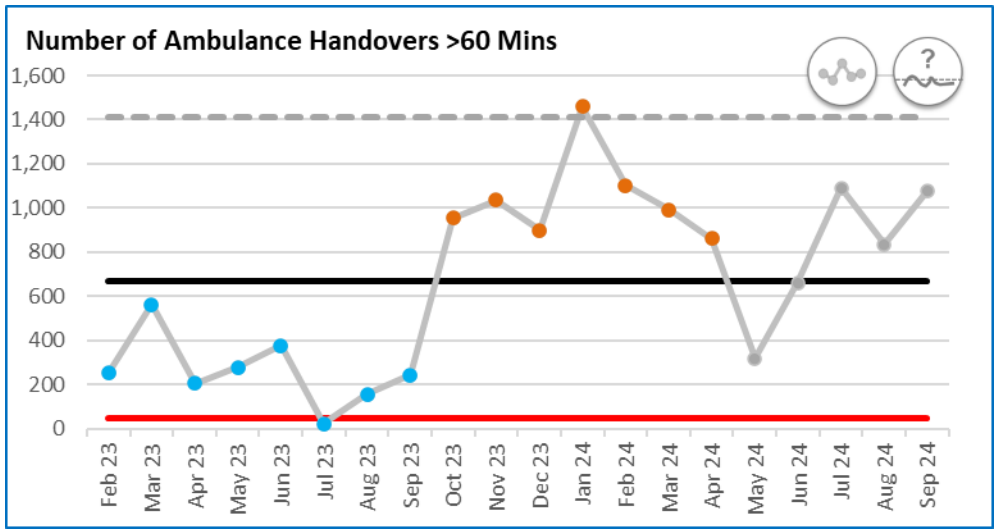
Current Performance		
Sep 24	YTD	Target
2,324	12,971	0

National Position & Overview

National data not currently available for reporting.

Root Cause	Actions	Impact/Timescale
• Poor outflow across the emergency care pathway • Inability to create early capacity across the emergency care pathway due to lack of early discharges / using the discharge lounge overnight	• Additional capacity in Ward 20 for medicine • Retain Ward 15 in medicine post CRO works completing • Expansion of capacity for Oncology (AMU south) • Weekly reporting of performance to increase awareness and focus • Frailty patients to be reviewed by FES • Strengthen specialty in-reach • Daily breach validation • Pilot weekend discharge • Pilot frailty SDEC	• Opened • In place • Opens 2nd November • In place • In place • In place • In place • September 2024 • January 2024

Responsive (Emergency Care) – Ambulance Handovers > 60 Minutes



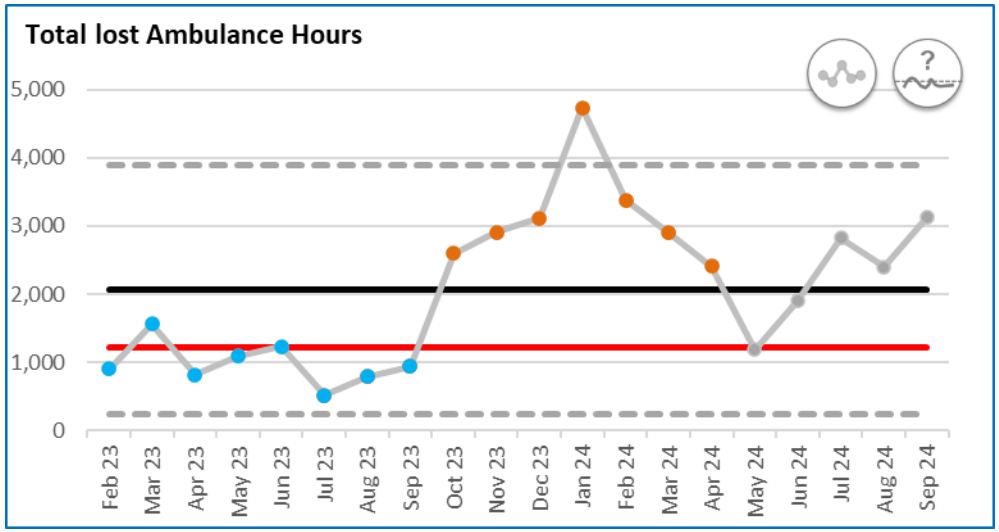
Number of Handovers >60 Mins			% of Handovers >60 Mins		
Sep 24	YTD	Target	Sep 24	YTD	Target
1,077	4,845	48	22.0%	16.0%	1%

National Position & Overview

LRI ranked 18th out of 23 sites in the East Midlands and reported the highest number of handovers in September (source EMAS monthly handover report).

Root Cause	Actions	Impact/Timescale
• Poor outflow across the emergency care pathway. • High inflow of walk-in patients competing with ambulance patients for trolley space • Sick patients walking in due to inability to get an ambulance	• Utilisation of pre-transfer unit at LRI • Utilisation of GPAU for bed waits • Utilisation of EDU for bed waits • Rapid flow and Boarding • Embed PTCDA and Urgent Care Co-ordination hub • Development of system winter plan • Development of UHL winter plan	• In place • In place • In place • In place • Ongoing – daily / weekly monitoring • October 2024 • In place

Responsive (Emergency Care) – Total Lost Ambulance Hours



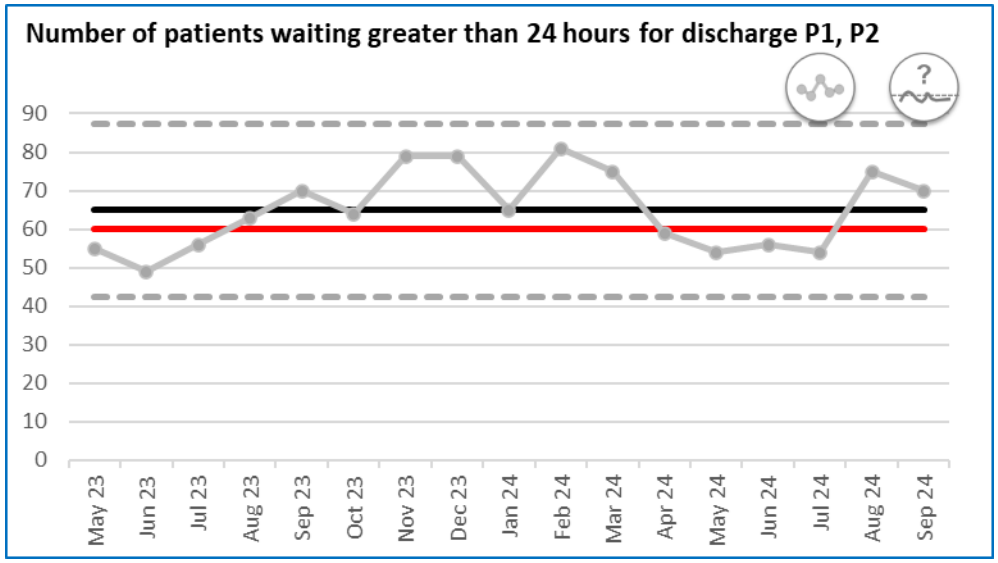
Current Performance		
Sep 24	YTD	Target
3,210	13,849	40 per day

National Position & Overview

National data not currently available for reporting.

Root Cause	Actions	Impact/Timescale
• Poor outflow across the emergency care pathway. • High inflow of walk-in patients competing with ambulance patients for trolley space • Sick patients walking in due to inability to get an ambulance	• Utilisation of pre-transfer unit at LRI • Utilisation of GPAU for bed waits • Utilisation of EDU for bed waits • Rapid flow and Boarding • Embed PTCDA and Urgent Care Co-ordination hub • Development of system winter plan • Development of UHL winter plan	• In place • In place • In place • In place • Ongoing – daily / weekly monitoring • October 2024 • In place

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



Current Performance		
Sep 24	YTD	Target
70	-	60

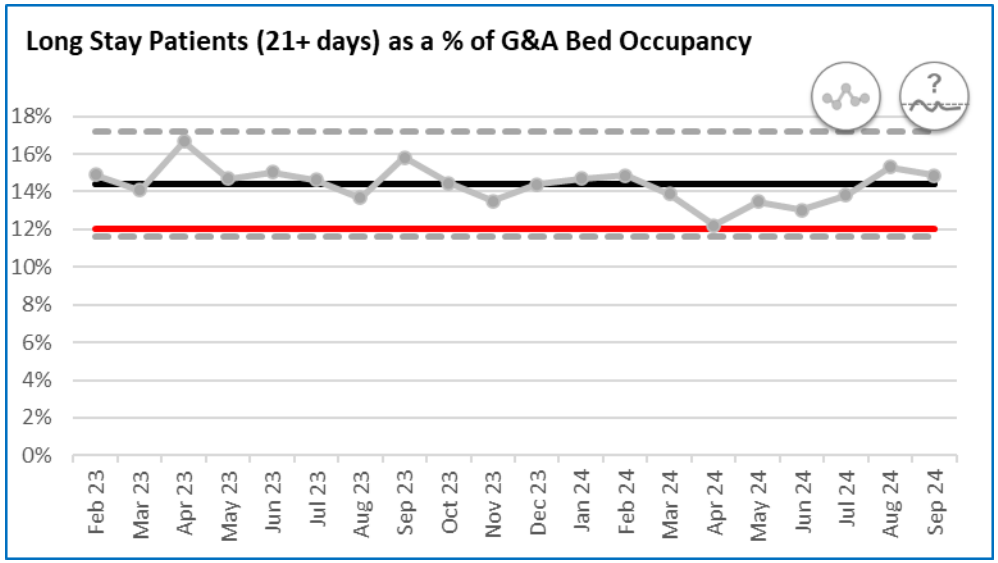
National Position & Overview

Circa :

- 79% of Medically Optimised for Discharge (MOFD) Patients have been waiting >24 hours for a P1-2 outcome
- 41% of same day MOFD Patients do not leave hospital on the planned day of discharge.
- 27% of Patients do not leave due to an internal UHL reason .

Root Cause	Actions	Impact/Timescale
• **Insufficient P1-2 Capacity within LLR** • **Incomplete Discharges :**Suboptimal /inconsistent Discharge Coordination: Over investigation, lack of family /carer involvement/Patient choice, preparing TTO / Transport for the patient in advance of discharge.	Continue to work with Health and social care system partners to: • Agree P1-2 capacity model. • Pre-allocate patients to LPT beds • Relaunch Temporary Health Conditions pathway during October Work with CMG's to reduce the number of incomplete discharges: • Launch programs of staff awareness campaigns ' When am I going home – It's okay to ask'/ Where Best next? during October 24 • Continue to promote early preparation for Discharge • Embed MADE events across the CMG's	Aim to: • Reduce the number of MOFD patients waiting for discharge in UHL hospitals • Reduce time to discharge from MOFD identification • Staff feel better equipped to manage and coordinate the safe and timely discharge and transfer of patients.

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



Current Performance		
Sep 24	YTD	Target
14.9%	-	12%

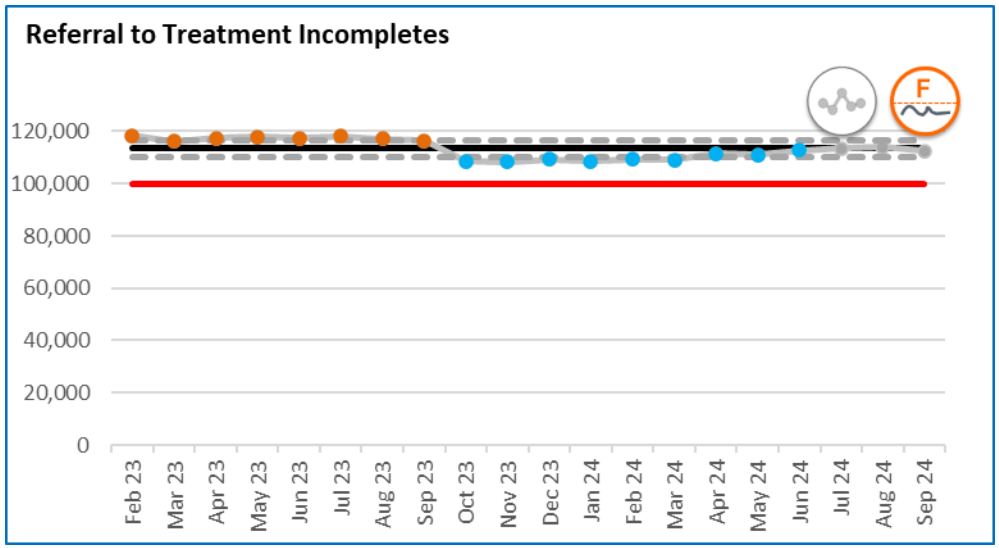
National Position & Overview

UHL is ranked 14th out of 23 trusts in the Midlands for the % beds occupied by Long Stay (21+ Day) patients (for the w/c 30/09/24).

- 47 (235) Patients (20%) are receiving appropriate care/ treatment on a neuro rehabilitation or brain injury pathway or on an Intensive Care Unit or Infectious Diseases Unit or in UHL at Ashton.
- 43 Patients (18%) are medically optimised complex patients awaiting discharge with no reason to stay in an Acute Trust.

Root Cause	Actions	Impact/Timescale
• Circa 65 Complex Medically optimised for discharge patients with a LOS >21 days either awaiting a discharge outcome from the LLR discharge coordination hub or an internal UHL action. • Suboptimal /inconsistent Discharge Coordination: Over investigation, family /carer involvement, board rounds , red2green principles, preparing the patient in advance of discharge. In addition to impacts of long stays in ED, extra capacity wards, outlying and boarding of patients.	Continue to work with health and social care system partners during October 2024 to: Maximise the use of P1/ P2 capacity in LLR. Work with CMG's to: • Refer patients to the discharge hub prior to being MOFD. (Currently static at 20% deteriorated from 31% in July) • Continue to embed MADE events across the Trust CMG's/ sites with a focus on LLOS • Plan for a system wide 'Good Discharge Show' to promote discharge practices to wider clinical teams (10th Oct) • Launch program of staff awareness campaigns: Where best next ? Mid October	• Aim to reduce number of MOFD patients waiting for discharge in UHL beds. • Increase numbers of patients discharged on a Pathway 1. • Reduce time to discharge from MOFD identification. • Staff feel better equipped to manage and coordinate the safe discharge and transfer of Patients

Responsive (Elective Care) – RTT Incompletes



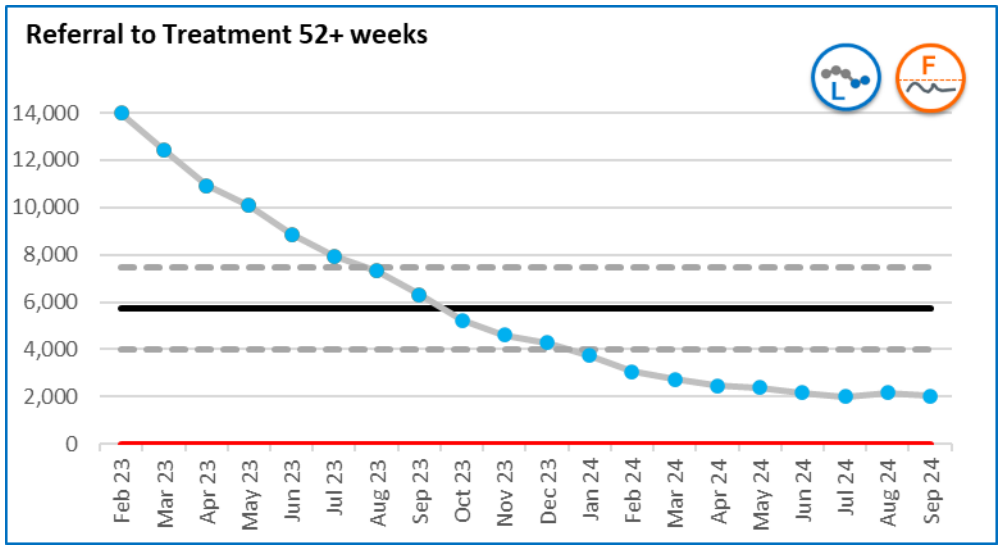
Current Performance		
Sep 24	YTD	Target
112,512	-	99,985

National Position & Overview

At the end of August, UHL ranked 14th out of 18 trusts in its peer group with a total waiting list size of 114,060 patients. The best value out of the 18 Peer Trusts was 71,952 the worst value was 192,692 and the median value was 92,922. (Source: NHSE published monthly report)

Root Cause	Actions	Impact/Timescale
• 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 specialties particularly challenged.	• 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.	• Fortnightly texting cycle embedded leading to sustained 12ww validation performance of over 85%. • Clean waiting list- ensuring those on the waiting list do want to be seen/have treatment • Rightsizing capacity to meet demand • Total waiting list size stabilised over last 12 months and not reducing at required rate. Senior Elective Leadership report through Planned Care Partnership Board on increases in demand, root cause and progress on improvement actions. • Training strategy continues to be developed

Responsive (Elective Care) – RTT Long Waiters



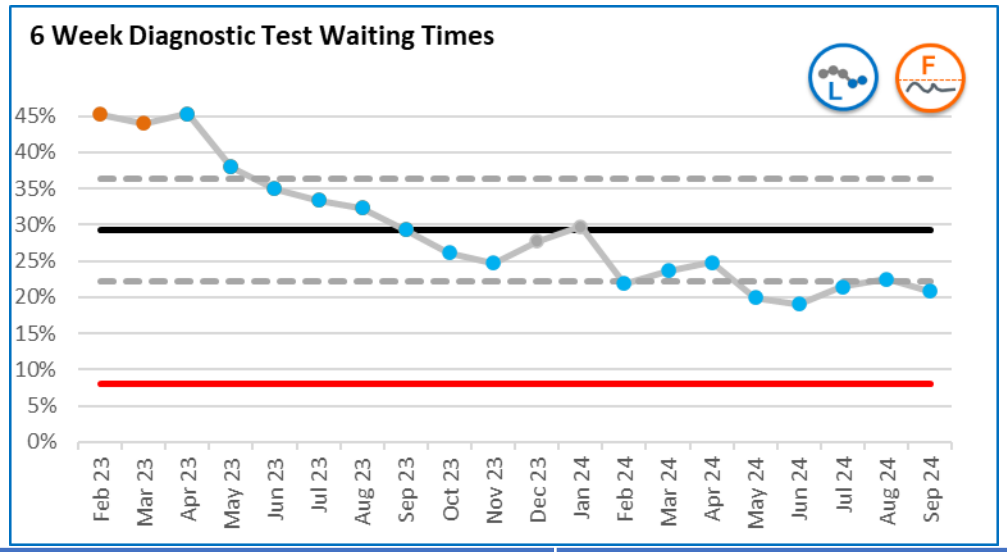
Current Performance – Sep 24		
52+ Weeks	65+ Weeks	78+ Weeks
2,045 (Target 0 by March 25)	66 (Target 0 by Sep 24)	2 (Target 0 by March 23)

National Position & Overview

At the end of August, UHL ranked 1st out of 18 trusts in its peer group with 1.9% of patients on the waiting list waiting over 52+ weeks. The worst value was 8.1% and the median value was 4.3%. (Source: NHSE published monthly report)

Root Cause	Actions	Impact/Timescale
• Impact of COVID-19 on planned activity capacity led to a growing backlog • Significant operational pressures due to the emergency demand impacting upon elective activity • Challenged Cancer position and urgent priority patients requiring treatment • Workforce challenges in anaesthetics leading to cancellations of theatre lists • Admin workforce challenges across a range of posts, particularly band 2/3 impacting on ability to book patients • Cumulative impact of regular industrial action leading to loss of activity • Emergency pressures are resulting in elective cancellations, with paediatric specialties particularly challenged.	• Focus on all patients from 65-week cohort to have first OPA as soon as possible to support overall zero 65 ww by revised national target date of September 24. • Using ERF to fund insourcing in particularly challenged specialities to increase predominately outpatient capacity e.g. ENT, Gastro, Maxfac, Ophthalmology • Super-clinics planned to increase capacity to see new outpatients • Continued roll-out and focus on PIFU and DNA processes to increase capacity for new patients • Focus on productivity to increase capacity and reduce waits. • 52 week March 25 cohort forecasts produced fortnightly, shared with CMGs. • Standard Operating Procedures developed linked to the access policy, improving data quality.	• **104 week waits** – 0 reported at end September. • **78 week waits** – September performance was 2 78ww v. forecast 1. Currently forecasting 1 potentially into 2025 - orthopaedic surgery awaiting specialist equipment. • **65 week waits –** Continued, but slowed downward trend on 65 weeks. September zero ambition not achieved. Current forecast 50 in October and 33 in November – emergency pressures/elective cancellations are impacting. • **52 week waits -** Continued positive downward trend on March 25 52 week cohort. Specialties with an identified risk of breach according to forecasts have plans to mitigate. Our peer benchmarked position at end August 24 of only 1.9% 52ww as % of the total WL is excellent, as is our national benchmarked position.

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



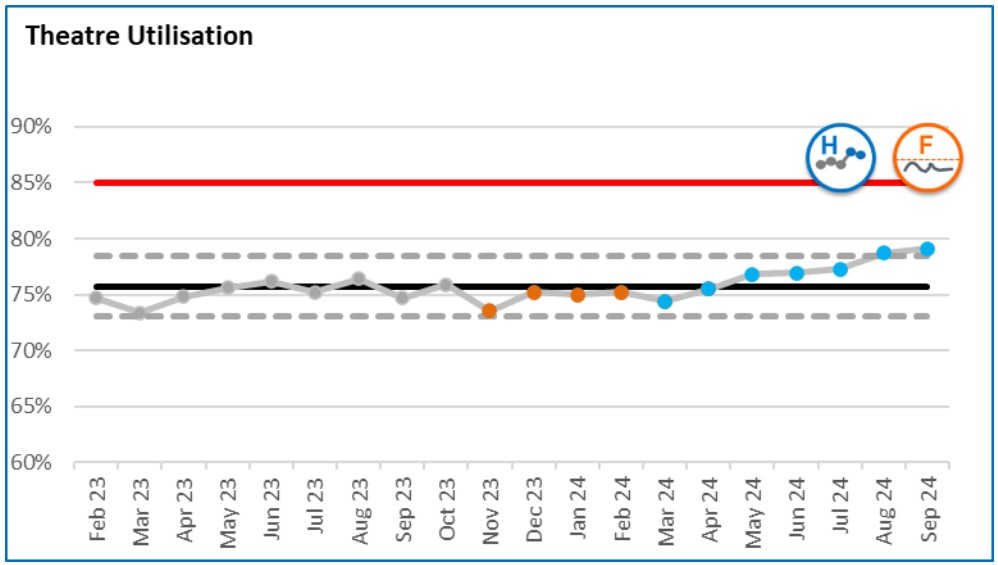
Current Performance		
Sep 24	YTD	Target
20.8%	-	8.0%

National Position & Overview

Published National data at the end of August 24 shows 1.56m patients on the diagnostic waiting list with 23.9 % waiting over 6 weeks. For September 24, UHL with 26,471 patients would comparatively rank as the 6th highest waiting list. The 6-week trajectory for July was set to deliver 17%, the actual was 20.8% (a decrease of 1.7%). There were 5,505 patients waiting >6 weeks. Over 68% are within Imaging notably MRI.

Root Cause	Actions	Impact/Timescale
Diagnostics pressure areas are in the main: • Endoscopy • MRI • Sleep Studies • ECHO **Root cause** • Clinical workforce gaps • Admin recruitment • Reporting and coding errors • 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. • Return of Community Referrals to UHL	• QLIK WLMDS dashboard in place - training 29/10/24 • Review existing protocols to reduce repeated investigations. • Fully utilise the Cardiac enabled CT at the LGH. • Open the dedicated endoscopy unit at the LGH – August 25. • Open Hinckley Community Diagnostics Centre - delayed until March 25 • Clinical decision support tool (i-Refer) implemented for MRI, CT & NOUS October 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	• Trajectories for 14/15 managed monthly via the Diagnostic Board. Sleep requires investigation due to missing OPD codes in DM01 return. • Ad-hoc issues such as machine breakdown are managed via the CMG with support given if mutual aid required. • Early recruitment for the CDC has commenced. Prior to opening will support reduced bank/agency costs. • Endoscopy - Waiver awaiting sign off to support capacity gap until new build. Review of capital requirements to end vanguard and bring into new build from August. • Weekly diagnostic long wait meetings to include patients rolling in without plans and support required (visibility now on QLIK).

Responsive (Elective Care) – Theatre Utilisation



Current Performance		
Sep 24	YTD	Target
79.1%	77.4%	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

Continuous improvement within capped theatre utilisation

Further work :

- OTDC below 5% (8.25%)
- Late starts (33.9% -average 21 minutes)
- Under-booked lists

Site	% Utilisation	% late starts over 15-mins	OTDC %
Community	81.0% ↑	43.6%	6.27%
EMPCC	86.8% ↓	3.3%	4.78%
GGH	85.7% ↑	15.1%	7.10%
LGH	79.9% ↑	24.4%	6.49%
LRI	73.6% ↓	50.8%	10.87%

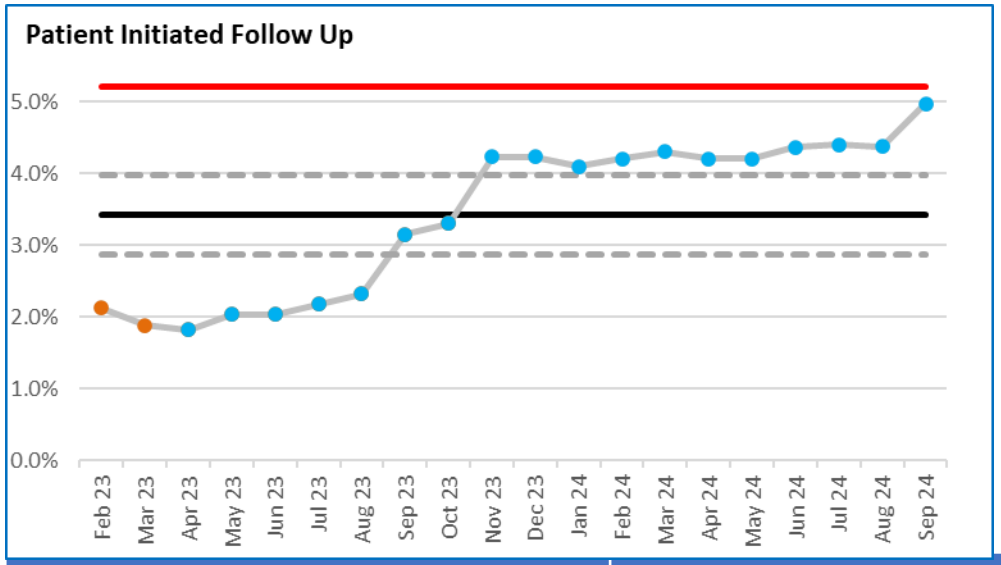
Actions

1. Working with BAIN to optimise POA capacity to satisfy theatre demand (achieve the ACPL targets/activity plans) and provide a patient pool to back fill late notice cancellations.
2. Patient not listed/dated for surgery until passed fit by POA. A 'push' method is being employed for long-waiters to be triaged before POA.
3. Strengthening the monthly 'check and challenge' meeting with POA staff to review all clinical OTDCs and postponements
4. Morning walk rounds to identify root causes for late starts and providing more information on ORMIS to strengthen reporting on late starts
5. Roll out FDP CSS inpatient

Impact/Timescale

1. Enable the trust to have a list of patients who have been passed as fit by pre-operative assessment to fill short notice cancellations (e.g., 5-0 days before the list) or additional lists to maintain high theatre utilisation
2. This will ensure patients are only be given a date to come in for surgery after being confirmed as fit or ready for surgery – Oct 24.
3. MyPreOP provides visibility to identify missed opportunities and issues with pre-assessment, new reporting tool goes live Oct 24.
4. ITAPS supporting adult ENT and Plastics LRI site (48.2% of lists started late, average of 26 minutes) Oct 24.
5. Phase 1 planned for Oct and to be fully implemented by Jan 25.

Responsive (Elective Care) – Patient Initiated Follow Up



Current Performance		
Sep 24	YTD	Target
4.9%	4.4%	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 August 24 University Hospitals Of Leicester NHS Trust ranked 5th out of 133 (1st in the region) for episodes moved to PIFU and 23rd out of 144 (8th in the region) for % of episodes moved to PIFU with the national median performance at 2.0%.

Root Cause

- 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
- 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.
- Concern that there will be a higher demand for follow ups if patients are offered PIFU and admin burden

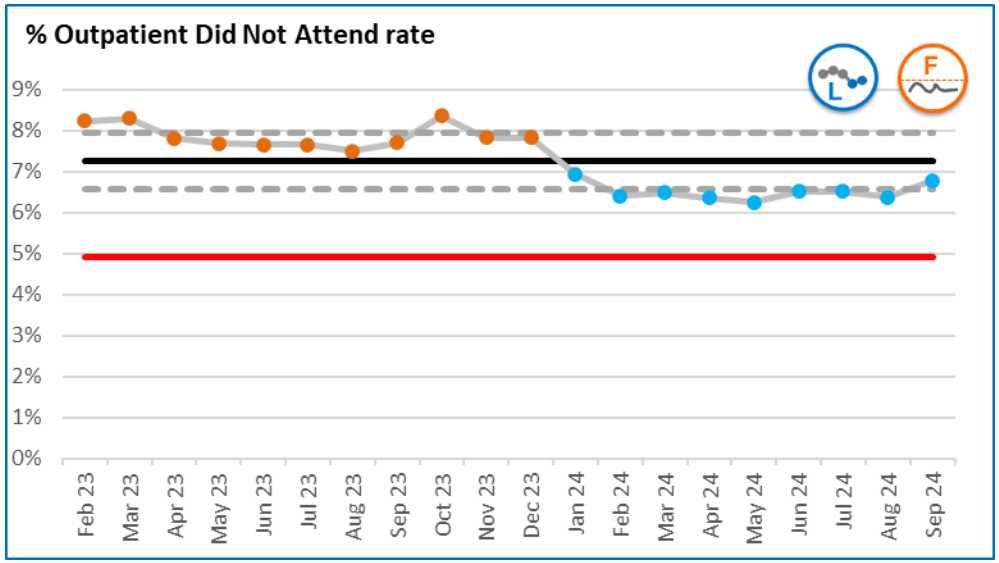
Actions

- Targets for each specialty have been agreed by the CMG and specialty leadership team. Where specialties are currently achieving above the national benchmark a stretched target has been set.
- October will be PIFU focus month at Outpatient Board
- PIFU focused specialty meetings will continue through October and November (specialties below target)
- Continuous monitoring of PIFU performance for all specialties via the weekly report.
- Continue to share Further Faster and GIRFT benchmarking and resources
- Appropriate recording of helplines as PIFU alongside a planned routine reviews. This agreement is needed by specialties offering helplines. This work is on-going with EMCHC to go live wc 21st October.
- Reporting of PIFU Initiation rates at specialty level – to be available by the end of October.
- Continue to promote and implement Digital PIFU via Accurx. This will assist with triage for patient requests to avoid admin time

Impact/Timescale

- Continuous monitoring of PIFU performance via the Monthly Outpatient Transformation Board , fortnightly speciality meetings and at level 2/3 access performance meetings .
- Regular updates , and links to admin resources to be provided to wider organisation through UHL operational briefings
- New Clinic Outcome form to be launched in October 24 to support the capturing of PIFU outcomes accurately.

Responsive (Elective Care) – Outpatient DNA Rate

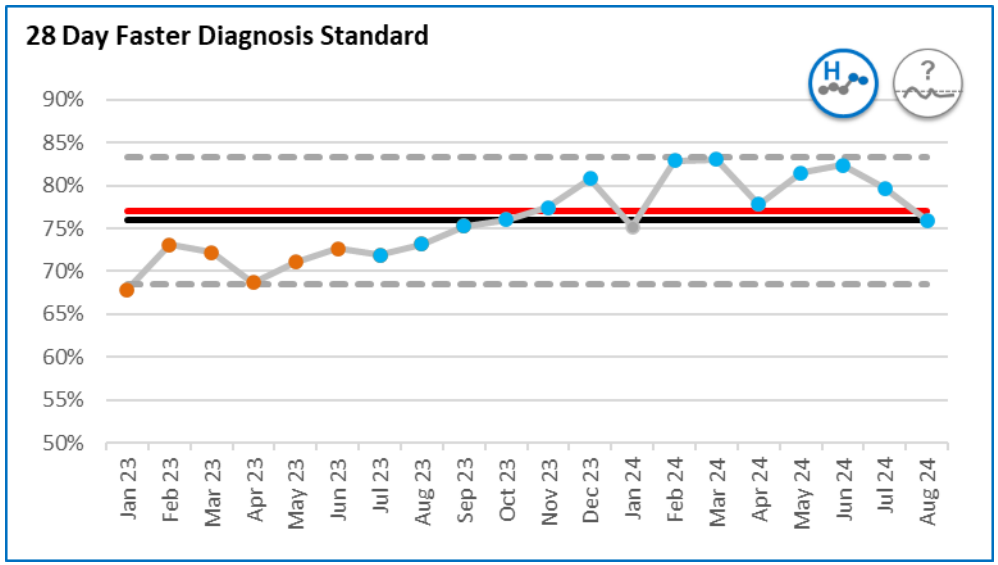


Current Performance		
Sep 24	YTD	Target
6.8%	6.5%	4.9%

National Position & Overview

Root Cause	Actions	Impact/Timescale
1. For virtual consultations, demographic information often isn't being checked with the patient then updated on HISS so some patients aren't receiving appointment letters 2. Late cancellations/rebooks often mean patients do not receive their appointment letters on time so unaware of appointment 3. Due to lack of admin staff, patients unable to get through to department to let them know they're unable to attend, or admin are not actioning cancel/rebook requests in Accurx. 4. Recent issue with Maxfax reminders being deleted by a member of staff who has now left	1. Remind services of the need to check the patients details are correct and up to date at every contact 2. Booking Centre are making additional calls to 'Health Inequalities' cohort now including Paediatrics. 3. DNA florey is being sent to patients who DNA and further analysis is being done around the reasons for DNA. 4. Accurx automated clinic appointment reminders have gone live in the majority of services. Clinic lists are also available in Accurx for most services. Now live in Imaging and will go live with Therapies second week in October 5. Maxfax reminders have now been turned back on	• 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 – 28 Day Faster Diagnosis Standard



Current Performance		
Aug 24	YTD	Target
76.0%	79.4%	77%

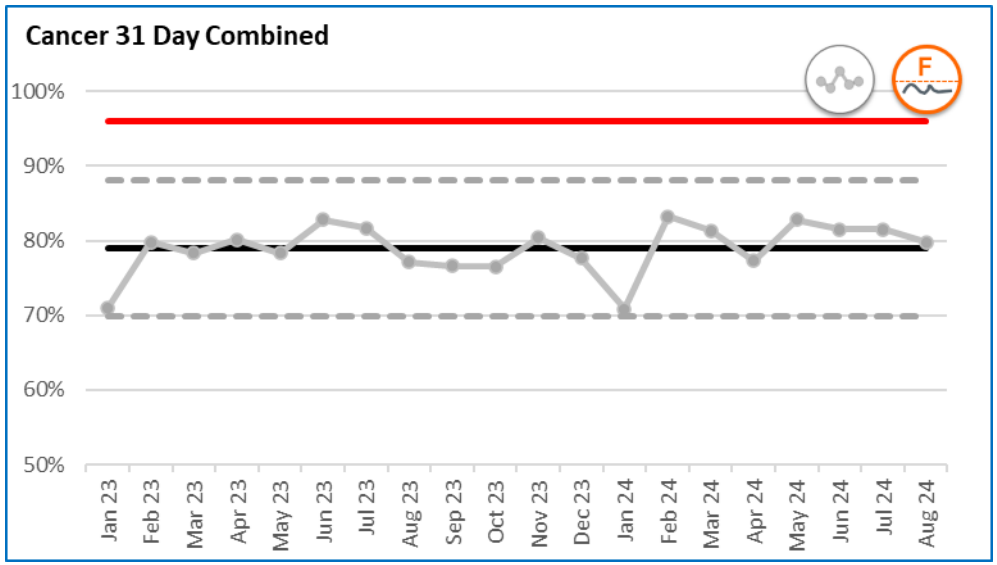
National Position & Overview

In August, UHL ranked 84 out of 141 Acute Trusts. The National average was 75.5%. 70 out of the 141 Acute Trusts achieved the target. UHL ranked 8 out of the 18 UHL Peer Trusts. The best value within our peer group was 84.8%, the worst value was 58.6% and the median value was 75.5%.

The 77% Target is a requirement by March 2025. 75% is the national requirement until then and was achieved in August.

Root Cause	Actions	Impact/Timescale
• Delivered National target of FDS of 75%, however fell below internal target of 77%. • National target is to meet 77% by March 2025. • August performance deteriorated in Breast and Skin. • Breast due to unplanned leave • Skin due to change in administrative software to support letter completion.	• All specialties asked to complete outstanding letters • Review by specialty of activity and performance with action recovery plans and focus into October • Internal stretch targets in place	• Expect improvement in October

Responsive Cancer – Cancer 31 Day Combined



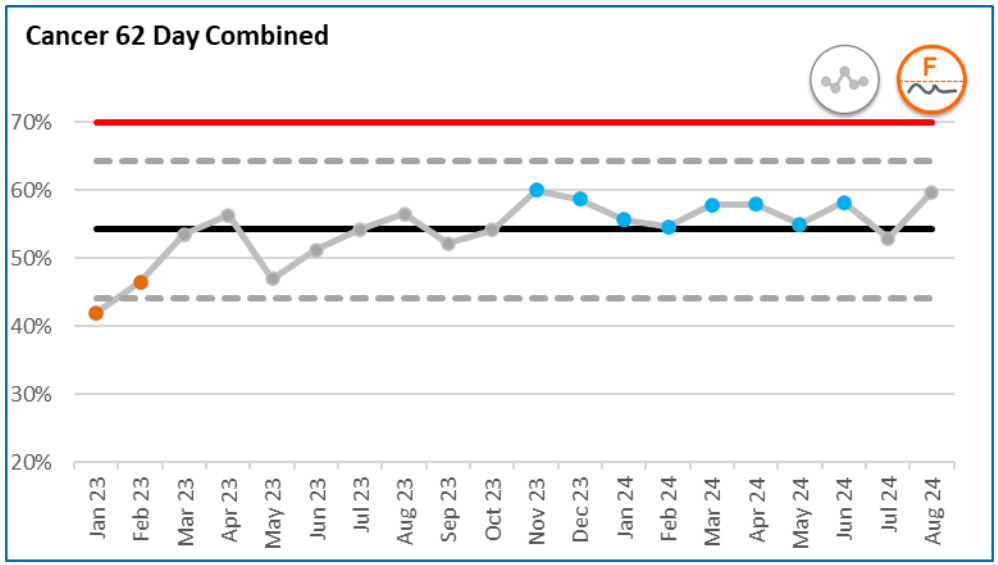
Current Performance		
Aug 24	YTD	Target
79.8%	80.6%	96%

National Position & Overview

In August, UHL ranked 139 out of 141 Acute Trusts. The National average was 91.7%. 66 out of the 141 Acute Trusts achieved the target. UHL ranked 17 out of the 18 UHL Peer Trusts. The best value within our peer group was 97.4%, the worst value was 75.1% and the median value was 90.8%.

Root Cause	Actions	Impact/Timescale
• 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	• Radiotherapy 5th linac required • Radiotherapy mutual aid required • Radiotherapy weekend working • Radiotherapy changes to prostate fraction for low risk patients • Surgical D&C gap analysis • Oncology SACT and efficiency including weekend working. Increasing SACT chairs later in the year. • Oncology OPD review • EMAP - Oncology regional review of mutual aid and workforce opportunities (East Midlands Acute Providers).	• Radiotherapy 5th linac - Mar 25 • Radiotherapy mutual aid – weekend working limited. • Mutual aid with NGH, Stoke and Lincoln awaiting contract. • Prostate fraction change rolling out • Surgical D&C review completed for Breast, Skin, LOGI and Urology. • Oncology efficiency programme in progress. Additional SACT nurses and weekends in place, an additional 6 chairs opening mid October.

Responsive Cancer – Cancer 62 Day Combined



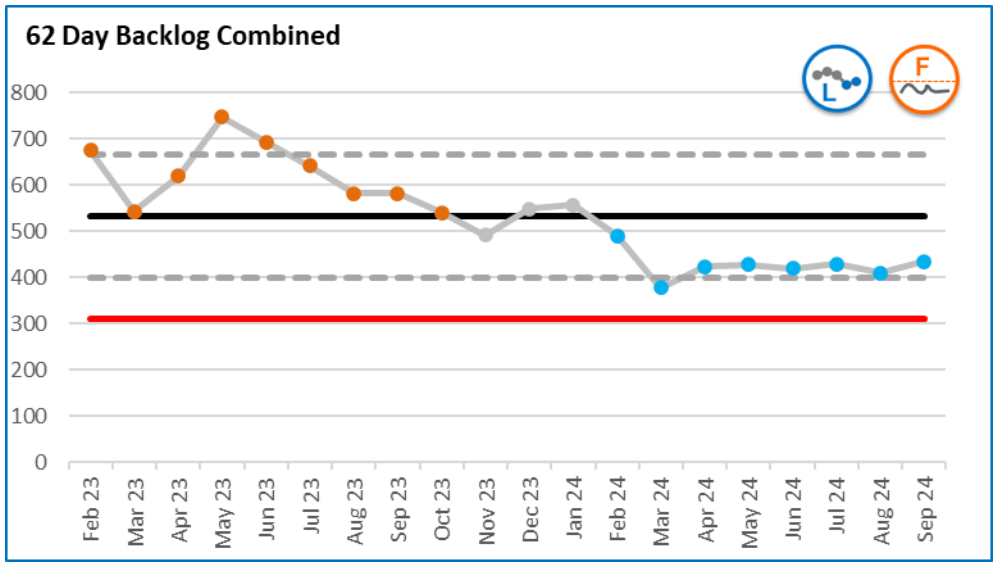
Current Performance		
Aug 24	YTD	Target
59.7%	56.7%	70%

National Position & Overview

In August, UHL ranked 125 out of 149 Acute Trusts. The National average was 69.2%. 91 out of the 149 Acute Trusts achieved the target. UHL ranked 14 out of the 18 UHL Peer Trusts. The best value within our peer group was 76.4%, the worst value was 53.3% and the median value was 62.6%.

Root Cause	Actions	Impact/Timescale
• 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 contribute to longer wait times	• Clinical prioritisation of patients. • Weekly PTL reviews and clinical review of >104day patients. Next step review and escalated to services. • Recovery & Performance (RAP) in place – frequency dependent on performance. • Review of pathways in line with Best Practice Timed Pathways (BPTP). Pathway analyser tool to be used to review opportunities • Independent sector in place for skin and urology • EMCA 24.25 identified a further 1.7m has been provided totalling £5.9m. • Pre-diagnosis nursing team attending PTLs to support patient engagement	• Focus on time to 1st appointment, FDS, reducing backlogs and improved utilisation across all pathways. • BPTP audit in progress in HPB • Audit of Breast pathway breaches completed. • Additional oncologists recruited • Additional capacity in breast, skin and urology continuing. • Report for 62% performance being used in RAPs from this month • Additional EMCA schemes allocated. • Skin review of one-stop punch biopsy planned for next month. • Opportunity for joint onc/urology clinics being scoped

Responsive Cancer – Cancer 62 Day Backlog



Current Performance		
Sep 24	YTD	Target
434	-	228 (by Mar25)

National Position & Overview

Regionally – Backlog trend is similar for urgent suspected cancers (classic).
Combined backlog not reported nationally.
> 62 day behind plan by 120 patients (Sep plan 314).
> 104 day behind plan by 23 patients (Sep plan 100).
UPGI, Lung, Urology, Skin and breast driving variation from plan. Additional meetings held to prioritise actions.

Root Cause	Actions	Impact/Timescale
• 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 workforce. • Increase in diagnostic tests required and patient factors impacting. • Oncology OPD capacity and waits contribute • Risk of further industrial action	• 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. • Digital solutions to support pathway progression	• Recovery and performance action plans in place with increased frequency for those behind plan. • Additional capacity in place for Breast, skin and urology. • Oncology to revise structure of OPD and opportunities to use PSFU to support efficiency gains and release of capacity to reduce waits. • PT review from day 42+ now in place • Additional oncologists commenced

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

Executive Summary

- The Trust received funding for its deficit plan in M6, resulting in a revised breakeven plan. In addition, £1.8m funding of industrial actions costs has been recognised at M6. The M6 year to date plan is therefore breakeven and the actual position is a deficit of £15.4m. This is mainly driven by UEC pathway costs greater than plan by £7.4mA and net pay pressures of £9.3mA.

- The emergency pathway continues to experience increasing activity pressures, with combined Emergency/Non elective inpatients 9.3% above planned levels and combined ED/Eye Casualty attendances 6.1% above plan.

- Year to date CIP delivery is breakeven at M6. There has a been a reassessment of some income CIP transacted that has reduced the overperformance reported last month.

- The Trust committed YTD gross capital expenditure of £24.2m to 30 September 2024 (£18.0m last month), which nets down to £23.8m, after deducting charitable donations/capital grants and the net book value of assets disposed/transferred.

- The cash position at the end of September was £18.9m, representing an increase of £3.4m on the previous month and £9.0m above forecast.

Summary Financial Position – YTD M6

I&E		Aug YTD I&E Plan £'000	Aug YTD I&E Actual £'000	Variance to Plan £'000
	NHS Patient-Rel Income *	736,332	759,470	23,139
	Other Operating Income	82,205	79,670	(2,534)
	Total Income	**818,536**	**839,140**	**20,604**
	Pay	(490,374)	(510,276)	(19,902)
	Agency Pay	(7,079)	(6,944)	134
	Non Pay	(279,088)	(296,419)	(17,331)
	Total Costs	**(776,541)**	**(813,640)**	**(37,098)**
	EBITDA	**41,995**	**25,501**	**(16,494)**
	Non Operating Costs	(40,181)	(41,074)	(893)
	Retained Surplus/(Deficit)	**1,814**	**(15,573)**	**(17,387)**
	Donated Assets	(1,811)	174	1,985
	Net Total Surplus/(Deficit)	**3**	**(15,398)**	**(15,402)**
	Less Capital Impairment		0	0
	Control Total Surplus/(Deficit)	**3**	**(15,398)**	**(15,402)**

** Adjusted for income CIP*

Comments – Variance to Plan

Total Income: £20.6mF:
- Over-recovery of **patient care income** mainly due to elective care £11.1mF, prior year EDD £2.8mF, consultant pay award £1.9mF (offset in pay), IA funding £1.8mF, EMCA funding £1.7mF and other contract adjustments of £1.8m.
- Higher passthrough **excluded drugs and devices** than planned £13.7mF, matched by expenditure.

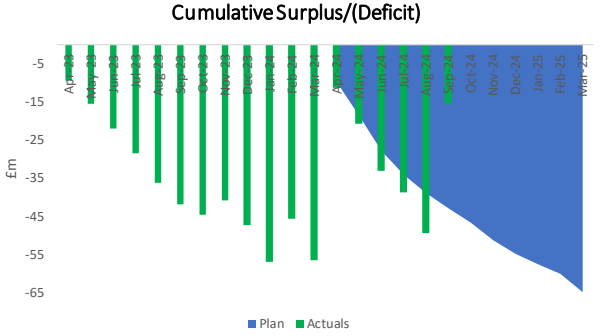
Pay: £19.8mA:
- Medical and dental overspend (£7.9m) driven by pay awards not in budgets £1.9mA (offset in Income), industrial action £1.7mA and £4.3mA additional medical usage mainly in W&C and ITAPS locum usage. W&C mainly relate to rota gaps within gynaecology and paediatric specialties. ITAPS currently have 12 consultant vacancies and 5 junior grade vacancies.
- Nursing, midwife and health visitor staffing (£3.1mA) is £7mA from UEC activity offset by vacancies
- Other clinical (£3.8mA) is linked to activity overperformance mainly CSI pathology, pharmacy and diagnostic imaging
- Non clinical (£4.9mA) is mainly driven by Estates and Facilities £3mA this relates to additional bank use in domestics, portering and catering

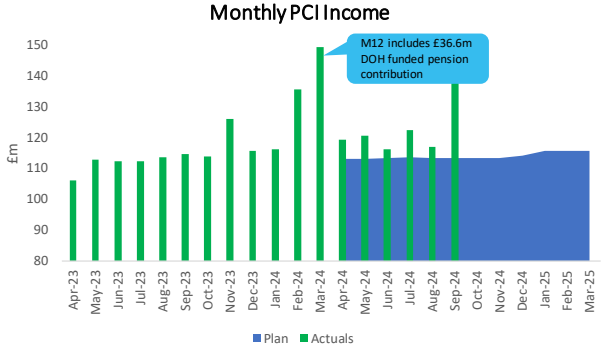
Non-Pay: £17.3mA:
- Clinical supplies and services is mainly driven by activity over performance of £7.1mA (offset by income above) across RRCV, CSI, MSS and CHUGGS. CIP non delivery amounts to £3.3mA.
- Drugs include undelivered CIP £1.5mA with the balance driven by activity
- Excluded drugs and devices overspend is matched by additional income

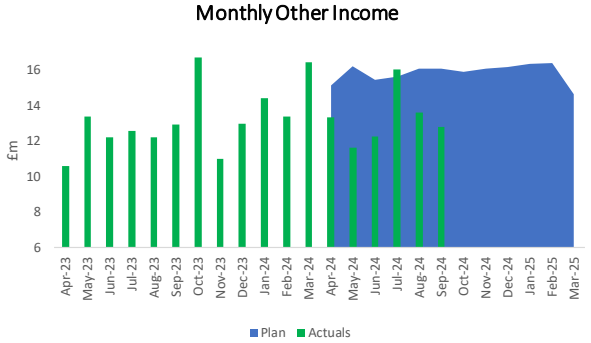
Non Operating Costs £0.9mA relate to reduced interest receivable compared to plan £0.4mA and loss on disposals of £0.1mA

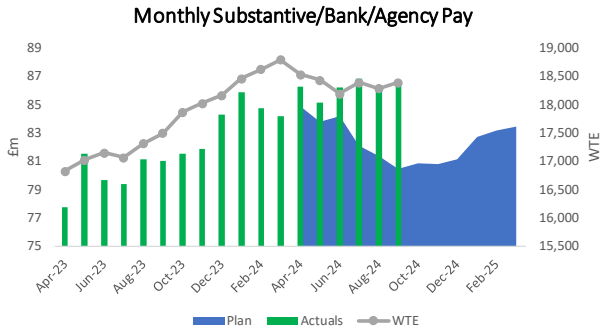
Donated assets variance is driven by lower donations than planned

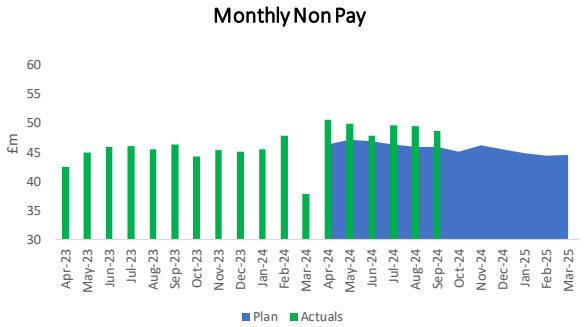
Month 6 I&E Dashboards

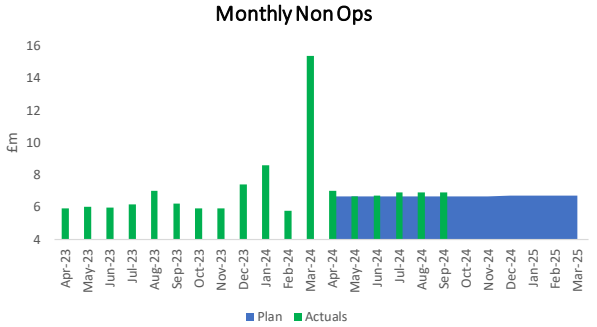


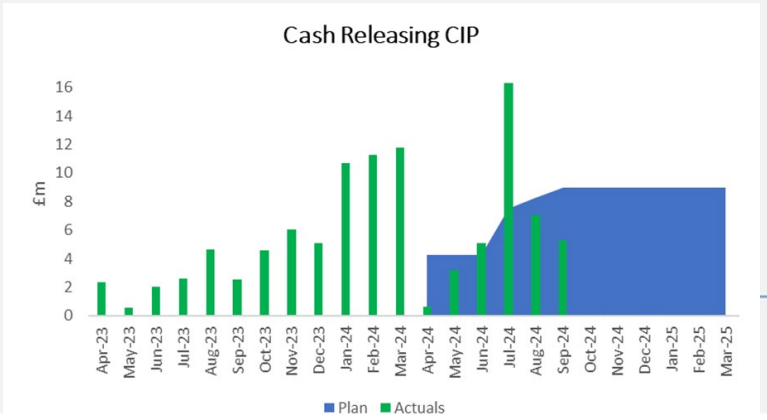


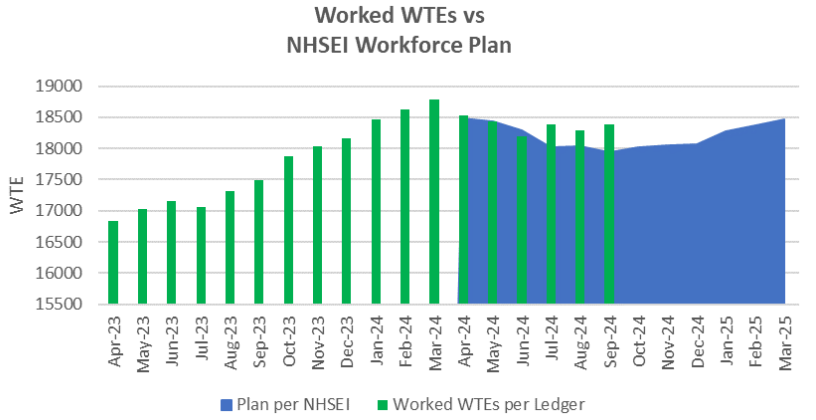




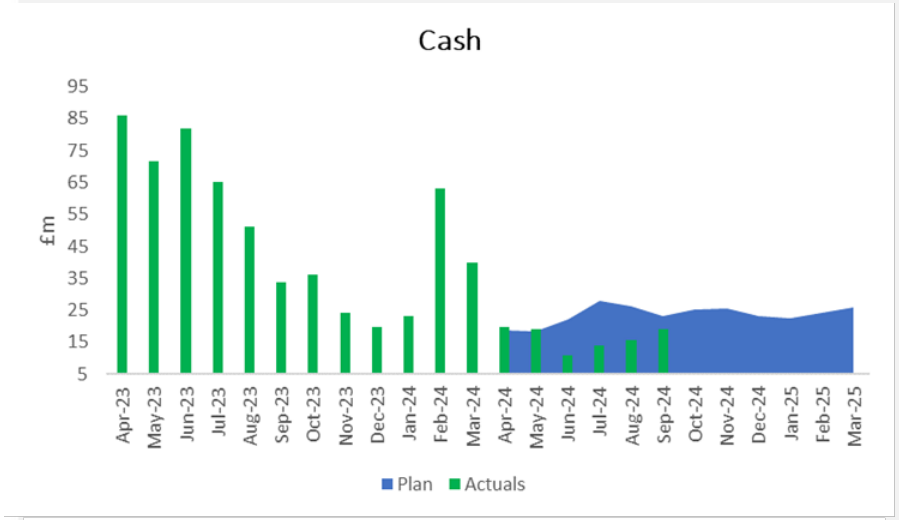


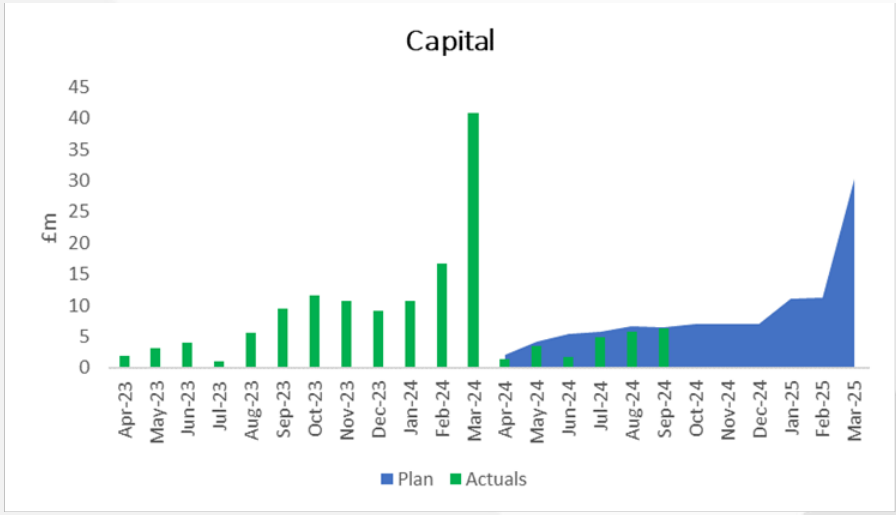


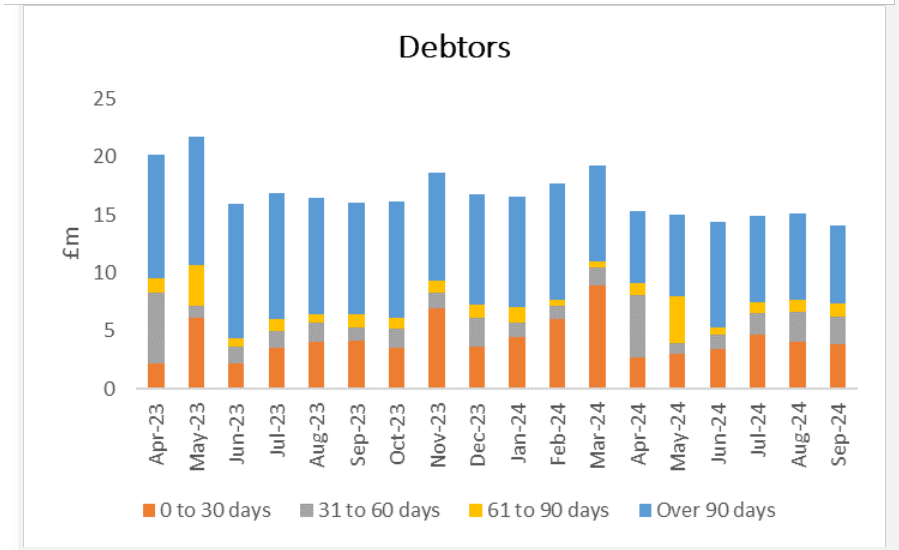


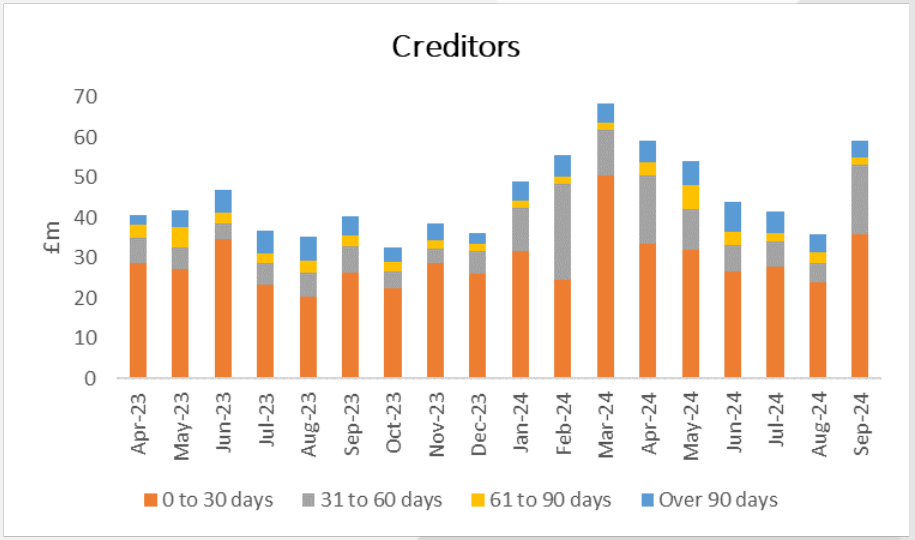


Month 6 Balance Sheet Dashboards









Statement of Financial Position

Statement of Financial Position	2024/25 M6 YTD				
	31-Mar-24	31-Aug-24	30-Sep-24	In Month Movement	YTD Movement
Non current assets	£000s	£000s	£000s	£000s	£000s
Intangible assets	23,449	21,141	23,695	2,554	246
Property, plant and equipment	776,355	772,296	771,134	(1,162)	(5,221)
Other non-current assets	3,019	4,292	4,363	71	1,344
Total non-current assets	**802,823**	**797,729**	**799,191**	**1,462**	**(3,632)**
Current assets					
Inventories	27,797	27,784	27,749	(35)	(48)
Trade and other receivables	42,791	73,214	124,539	51,325	81,748
Cash and cash equivalents	39,764	15,578	18,974	3,396	(20,790)
Total current assets	**110,352**	**116,576**	**171,262**	**54,686**	**60,910**
Current liabilities					
Trade and other payables	(134,512)	(121,845)	(148,423)	(26,578)	(13,911)
Leases < 1 Year	(8,470)	(9,850)	(9,558)	292	(1,088)
Accruals	(34,448)	(30,876)	(32,821)	(1,945)	1,626
Deferred income	(4,813)	(22,906)	(21,595)	1,311	(16,782)
Dividend payable	0	(9,643)	(31)	9,612	(31)
Provisions < 1 year	(12,086)	(11,271)	(11,005)	266	1,081
Total current liabilities	**(194,329)**	**(206,391)**	**(223,433)**	**(17,043)**	**(29,104)**
Net current assets / (liabilities)	**(83,977)**	**(89,815)**	**(52,172)**	**37,643**	**31,805**
Total Assets less Current Liabilities	**718,846**	**707,914**	**747,020**	**39,106**	**28,173**
Leases > 1 Year	(35,337)	(32,466)	(32,387)	80	2,950
Provisions for liabilities & charges	(3,596)	(3,596)	(3,596)	0	0
Total non-current liabilities	**(38,933)**	**(36,062)**	**(35,983)**	**80**	**2,950**
Total assets employed	**679,914**	**671,852**	**711,037**	**39,185**	**31,123**
Public dividend capital	(850,303)	(891,999)	(896,999)	(5,000)	(46,696)
Revaluation reserve	(217,730)	(217,730)	(217,730)	0	0
Income and expenditure reserve	388,119	437,877	403,692	(34,185)	15,573
Total taxpayers equity	**(679,914)**	**(671,852)**	**(711,037)**	**(39,185)**	**(31,123)**

The Statement of Financial Position (SOFP) as at 30th September is presented in the table opposite. The key movements are explained as follows:

- **Non-Current Assets** In month additions of £6.2m, including EMPCC Construction Works £2.6m, Estates projects £1.3m, IMT projects £0.9; Other PDC funded schemes £1.0m; these are offset by depreciation charges in month of £4.8m; resulting in increase in net PPE and Intangible of £1.4m.
- **Trade and other receivables –** increased by £51.3m, primarily due to accrued income (£49.0m) relating to the non recurrent deficit support, which was paid on 15th October. There was also an increase in various prepayments of £2.3m, reflecting the timing of annual maintenance and service agreements.
- **Cash Balances –** Cash balances increased by £3.4m to £19.0m
- **Trade and other payables and accruals –** Trade payables increased by £26.6m mainly due an increase in Non NHS creditors invoices registered (£29m), pending receipt of the non recurrent deficit support in October; offset by a reduction (timing) of GRNIs (£5m).
- **PDC Dividend** – The decrease of £9.6m reflected the payment for the PDC dividend provision, which is paid twice annually in September and March.
- **Deferred Income** – reduced by £1.3m, mainly related the release of HEE income received in July (£4.0m) offset by an increase in PCI income deferred (£2.8m).
- **Provisions** – Reduced by £0.3m due to a partial payment made for the HCA back pay. The remaining payment is to be paid in future months.
- **Public Dividend Capital** – the movement of £5.0m is reflective of the PDC revenue support received in September to support the revenue cash position.
- **Income and Expenditure Reserve –** The I&E reserve improved by £34.2m as a result of the phasing of the non recurrent deficit support for the first 6 months The Trust is reporting a £15.6m deficit on the I&E reserve, consistent with the in year reported income and expenditure position.

Cash Flow

£'000	ACT	ACT	FCT	ACT	VAR	FCT	ACT	FCT	FCT	Total
Cash flow	**Q1 24/25**	**Aug**	**Sept**	**Sept**	**Sept**	**Oct**	**Q2 24/25**	**Q3 24/25**	**Q4 24/25**	**FY 24/25**
Block payments-Other CCG	30,556	11,426	9,904	9,992	88	2,575	**32,500**	**7,421**	**7,270**	**77,747**
Block payments-LLR ICB	256,745	91,854	90,516	90,516	(0)	123,431	**273,206**	**279,497**	**231,654**	**1,041,102**
Block payments-NHS England	65,325	21,231	16,326	16,326	(0)	42,090	**54,626**	**116,777**	**111,889**	**348,616**
Other NHS Income	3,585	1,209	1,200	1,355	155	1,200	**3,876**	**3,600**	**3,600**	**14,661**
PDC drawdown - Capital	3,939	3,373	-	-	0	-	**8,207**	**4,413**	**11,326**	**27,885**
PDC drawdown - Revenue Support	15,550	9,000	5,000	5,000	0	-	**19,000**	**-**	**-**	**34,550**
Health Education England	13,323	-	-	-	0	20,423	**11,816**	**20,423**	**13,015**	**58,577**
Non NHS Income	17,497	4,912	5,900	4,117	(1,783)	5,900	**13,575**	**17,700**	**17,700**	**66,472**
Research	10,931	2,646	2,323	3,865	1,542	2,393	**9,337**	**6,793**	**6,600**	**33,661**
Interest Income	751	183	195	195	0	192	**585**	**797**	**121**	**2,255**
VAT	14,047	2,770	2,800	2,501	(299)	2,800	**8,348**	**8,400**	**8,400**	**39,196**
Total receipts	**432,248**	**148,604**	**134,164**	**133,867**	**(297)**	**201,004**	**435,077**	**465,822**	**411,574**	**1,744,721**
Salaries and wages	(252,409)	(83,958)	(86,927)	(83,211)	3,716	(95,432)	**(250,896)**	**(278,590)**	**(268,781)**	**(1,050,677)**
Creditor payments	(171,967)	(57,955)	(38,976)	(33,511)	5,465	(78,441)	**(151,110)**	**(193,006)**	**(122,700)**	**(638,740)**
Capital Payments	(36,983)	(4,624)	(2,391)	(3,011)	(620)	(2,878)	**(13,505)**	**(8,878)**	**(9,000)**	**(68,366)**
PDC dividend	0	0	(11,540)	(11,540)	0	0	**(11,540)**	**0**	**(11,683)**	**(23,223)**
Net Movement on TGH	(11)	(267)	0	802	802	0	**272**	**0**	**(42)**	**212**
Total payments	**(461,371)**	**(146,804)**	**(139,834)**	**(130,470)**	**9,364**	**(176,750)**	**(426,779)**	**(480,474)**	**(412,206)**	**(1,780,794)**
Movement in period	(29,122)	1,800	(5,670)	3,397	9,067	24,254	**8,297**	**(14,652)**	**(632)**	**(36,074)**
Balance brought forward	**39,764**	**13,778**	**15,578**	**15,578**		**18,974**	**10,677**	**18,974**	**4,323**	**39,764**
Balance carried forward	**10,642**	**15,578**	**9,908**	**18,974**	**9,067**	**43,228**	**18,974**	**4,323**	**3,690**	**3,690**

- The Trust cash balance at the end of September was £18.9m, representing an in-month increase of £3.4m, as cash receipts of £133.9m, were offset by £130.5m of outgoing payments. The cash balance was £9.1m better than had been forecast at M5 and £10.5m worse than plan (£26.1m).
- Income was marginally lower than forecast by £0.3, as reductions in non-NHS income (£1.8m) and VAT reclaims (£0.3m), were offset by increase in research monies £1.5m. Overall payments were £9.4m lower than forecast . HCA back payment of £3.4m was not fully settled in month giving favorable variance of £3.7m on pay against forecast. The payments are being phased in future months. Creditor payments were lower by £5.5m, due to management of the Trust cash position, pending receipt of the non recurrent financial support cash in October. Further detail on the trust's approach to cash management is detailed in the balance sheet review paper.
- The Trust is forecasting an improved cash balance at 31 October of £43.2m, driven by the payment of non recurrent deficit monies.
- Forecast for Q3 and Q4 respectively is £4.3m and £3.7m based on current run rates. The potential requirement to access additional PDC revenue support in Quarter 4 will be dependent on delivering the agreed recovery plan and a reduction in expenditure run rates through Q3 and Q4.

University Hospitals Leicester

Capital Programme

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

Area	Revised Annual Plan £'000	YTD Plan £'000	M06 Actuals YTD £'000	Variance to M06 YTD Plan £'000	M06 Movement £'000	Revised M12 Forecast	Variance to Plan
System Funded							
Endoscopy Enabling works (Slippage)	1,300	648	0	(648)	0	1,300	0
MES Lease	1,888	0	279	279	279	1,888	(0)
MES Enabling	3,306	1,172	347	(825)	64	3,306	0
Estates Backlog	5,602	1,883	2,546	663	934	5,602	0
Estates Projects	4,121	796	4,014	3,218	386	4,121	(0)
EM Planned Care Centre	6,400	1,500	0	(1,500)	0	6,400	0
IM&T - EPR & Strategic Digitisation - workplace & data	2,000	2,508	3,526	1,018	880	5,615	(3,615)
IM&T - New / Additional / Growth (laptops, PCs, mobile devices)	0	200	0	(200)	0	0	0
IM&T - Pre Commited - BAU/ Rep'ment /Obsolescence	2,600	1,292	286	(1,006)	(212)	2,125	475
IM&T - EPR Implementation	3,300	0	685	685	0	660	2,640
eQuip - IM&T - Lease	0	0	42	42	2		0
eQuip - IM&T - Lease Settlement	800	0	0	0	0	800	0
eQuip - IM&T - New Purchases	0	0	0	0	1	1,000	(1,000)
VAT Recovery - IM&T	0	0	(1,737)	(1,737)			0
Linear Accelerator	1,000	681	141	(540)	28	1,000	(0)
Medical Equipment	1,945	806	549	(257)	27	1,946	(1)
UEC	8,922	256	449	193	75	8,922	(0)
Corporate	(213)	201	(428)	(629)	4	(101)	(112)
System Reduction	(4,856)			0			(4,856)
VAT Recovery Offset		0	(2,587)	(2,587)		(4,199)	4,199
MES Cath Lab/CT Offset	2,269	0					2,269
Total System Funded Schemes	**40,384**	**11,943**	**8,113**	**(3,830)**	**2,468**	**40,385**	**(1)**
PDC Funded Schemes							
Reconfiguration	2,200	1,048	1,622	574	508	2,200	0
Endoscopy	11,181	4,472	1,470	(3,002)	520	11,181	0
EM Planned Care Centre	9,745	9,745	9,456	(289)	2,573	9,745	0
CDC Hinckley	3,558	0	92	92	11	3,558	(0)
Frontline Digitisation	1,750			0		1,750	0
Breast Screening	516	0	0	0		516	0
Total PDC Funded Schemes	**28,950**	**15,265**	**12,640**	**(2,625)**	**3,611**	**28,950**	**0**
Charitable Schemes	500	248	308	60	84	500	0
NIHR External Grant 1 & 2	4,523	1,180	270	(910)	70	4,523	0
Total Charity Funded Schemes	**5,023**	**1,428**	**578**	**(850)**	**153**	**5,023**	**0**
Total Capital Programme	**74,357**	**28,636**	**21,331**	**(7,305)**	**6,232**	**74,358**	**(1)**
Leases:IFRS16 (including re-measurement)	15,603	0	2,879	2,879	0	15,603	0
Total Capital Programme inc Leases	**89,960**	**28,636**	**24,210**	**(4,426)**	**6,232**	**89,961**	**(1)**
Disposed equipment	146	0	0	0	0	145	1
Total Capital Programme inc Leases	**90,106**	**28,636**	**24,210**	**(4,426)**	**6,232**	**90,106**	**(0)**
Donated Income/Grant rec'd	(5,024)	(1,428)	(578)	850	(578)	(5,024)	0
Less: Book value of asset disposals	(146)	(126)	(146)	(20)	(146)	(146)	0
Net CDEL	**84,936**	**27,082**	**23,486**	**(3,596)**	**5,508**	**84,936**	**(0)**

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

At Month 6, net expenditure committed was £23.8m (charge against CDEL) against a year-to-date plan of £28.6m (£3.5m underspend).

At month 6, the capital forecast has been reviewed and a realistic forecast produced. The Trust is forecasting it will deliver to plan, but there some risks associated with commitments/capital pressures which require funding, but not included in the plan after applying offsetting central contingency.

The capital planning for 25/26 is in progress and the System had requested a list of strategic schemes to be risk scored through a prioritisation matrix tool. These are at draft stage and require ratification. UHL has pulled together a draft 5 year plan, based on an assumed CDEL funding envelope of £52.6m. At this stage, only priority 5 schemes have been included given resource constraints. All main programme areas have been proportionately reduced in subsequent years to try to accommodate plans within the funding envelope available, although assumed slippage of c£48m has still had to be assumed across the five years to balance the plan. This overcommitment spend will need to be addressed through capital planning process.

University Hospitals Leicester

Performance Overview

Exception Reports

Finance

Appendix - Data Quality Assessment

Data Quality Assessment

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

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

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