

<b>Meeting title:</b>	Trust Board	<b>Paper D</b>			
<b>Date of the meeting:</b>	8 August 2024				
<b>Title:</b>	Integrated Performance Report and Executive Summary				
<b>Report presented by:</b>	Lead Executive Directors: Chief Operating Officer, Chief Nurse, Medical Director, Chief Financial Officer, Chief People Officer				
<b>Report written by:</b>	Sarah Taylor, Deputy COO Emergency Care and Kully Kaur, Assistant Director of BI and Information				
<b>Action – this paper is for:</b>	Decision/Approval		Assurance	X	Update
<b>Where this report has been discussed previously</b>					

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

<b>Impact assessment</b>

Acronyms used
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**Purpose of the Report**

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

The executive summary is split into 3 parts

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

**Recommendation**

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

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

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

**Summary**


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


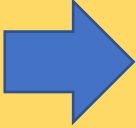
**Main report detail**




Key headlines in performance are summarised below:

**Summary of UHL Performance: JUNE 2024**

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

<p><b>Urgent &amp; Emergency Care</b></p> <p><b>Updates on Flow in Flow through Flow out</b></p> 	<p>Emergency department activity in June 2024 saw an increase of 1659 attendances compared to June 2023 and an overperformance v’s plan of 1283 attendances. Year to date ED have received 5599 more attendances than plan.</p> <p>Eye Casualty activity in June 2024 saw an increase v’s. June 23 of 126 attendances and an overperformance v’s plan of 81 attendances. Year to date Eye Casualty have received 307 more attendances than plan.</p> <p>4-hour performance for UHL was 59.8% below the trajectory (61.1%) submitted as part of planning. LLR performance was 74.0%.</p> <p>12-hour performance has improved overall although June saw a slight deterioration for both decisions to admit and total time in department</p> <p>In June 2024, LRI monthly ambulance handovers over 60 minutes were at 13.1% (661 handovers) compared to May 2024 at 6.19% (319 handovers) and April 2024 at 17.47% (861 handovers).</p> <p>Emergency admissions in June 2024 saw an increase v’s. June 23 of 1148 attendances. A decrease of 356 attendances compared to May 2024 and an overperformance in plan of 888 attendances. Year to date we have admitted 3382 more patients than plan.</p> <p>Non-Elective admissions were below plan with 1846 admitted v’s a plan of 1893.</p> <p>The number of discharges in June was 9,793 from 10,202 in May, this is partly due to the increased number of admissions over plan noting there was a decrease from May 24, but also due to the improvements being made.</p> <p>Actions in place for improvement.</p> <ul style="list-style-type: none"> <li>• Implementation of single point of access and bed bureau pathways to avoid patients attending ED Urology now onboarded and Gynaecology pathway agreed.</li> <li>• Establish City UTC – Steering group established, and the short form business case is in development.</li> <li>• Maximise SDEC redirection from ED and direct referrals including the launch of pharmacy first in ED.</li> </ul>
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	<ul style="list-style-type: none"> <li>• Implement live flow boards in preparation for E-beds.</li> <li>• Discharge improvement plans for P0 patients.</li> <li>• Continued roll out of Criteria led discharge.</li> <li>• Focus on 7+, 14+ and 21 + days to reduce LoS</li> </ul> <p>Mobilise new transport provider from July</p>
<p><b>Elective Care</b></p> <p><b>Referrals and Outpatient performance</b></p> <p><b>Elective activity</b></p> <p><b>Pathway Improvements</b></p> 	<p>The overall waiting list continues to grow- with the majority of this growth being in patients between 0-18weeks wait. Analysis is being undertaken to understand the reasons for the growth and expected to report back at the end of July joint system access meeting with UHN.</p> <p>The longest waiters continue to reduce albeit not at the levels planned due to the impact of Industrial Action, complexity of the case mix and some patient choice within the longest waits (78weeks plus). The expectation is to end July with 5 patients waiting over 78 weeks, reaching zero by August.</p> <p>Regionally, UHL continues to perform well for the number of 65-week waits and 52-week waits.</p> <p>Trust forecasting for 65-week waits indicate that the majority of specialities will achieve zero 65 weeks by the end of September, with the exception of spinal surgery that shows 35 admitted pathways remaining at 30/09/24.</p> <p>Trust forecasting for 52-week waits indicate that we are likely to achieve zero non-admitted 52-week wait pathways by 17/03/24 and have circa 500 admitted 52-week wait pathways remaining at the end of March across three specialities; Paediatric ENT (464), Maxillofacial Surgery (9) and Vascular Surgery (21). Paediatric ENT is impacted by the challenges of the paediatric bed base. The speciality is developing plans to implement a paediatric theatres arrival area and 23-hour unit by 31st July.</p>
<p><b>Cancer</b></p> <p><b>Referrals</b></p> <p><b>2 week wait</b></p> <p><b>Faster Diagnosis Standard</b></p> <p><b>62-day referral to treatment</b></p> 	<p>Referrals year to date are 3.7% above previous year. FDS delivered 81.5% in May against a standard of 77% a ninth consecutive month of delivery.</p> <p>62 performance will remain challenged whilst focus continues on clinical prioritisation and those patients waiting the longest alongside utilisation of capacity.</p> <p>31 day performance is significantly constrained within radiotherapy. Mitigations include an expansion of capacity at the end of the year, in the meantime we require mutual aid and where possible to increase capacity within existing resource to support. Changes to prostate treatment will support later in the year.</p> <p>There has been progress on reducing the number of patients waiting greater than 104 days, however the Trust is behind plan for patients waiting over 62 days. Recovery and performance actions are discussed with services to support a return to trajectory. The backlog trajectory has been built to support delivery of 70% 62 day performance by March 25.</p>

<p><b>Quality</b></p> 	<p>Quality metrics show stability overall, despite ongoing pressures. Specific exceptions for MSSA and C. diff remain, but we continue to work through our agreed evidence based plans to address these issues. Timely response to complaints is improving overall but has experienced a dip in month for 25-day responses. This month marks the first inclusion of PSIRF metrics, indicating the adoption of the new process. The increased reporting of incidents reflects a positive reporting culture, with harm levels remaining stable. Operationally, we remain busy, with all winter capacity in place to manage the increased demand.</p>
<p><b>Finance</b></p> 	<p>The Month 3 year to date position for the Trust is a deficit of £32.9m which is £5.2m worse than plan. This is mainly driven by UEC pathway costs greater than plan by £3.7mA and unfunded industrial action of £1.3mA.</p> <p>The emergency pathway continues to experience increasing activity pressures, with combined Emergency/Non elective inpatients 11% above planned levels and combined ED/Eye Casualty attendances 8% above plan.</p> <p>CIP delivery is behind plan, the Trust has transacted £9m against a plan of £12.8m although there are benefits within the overall position linked to CIP that is offsetting this transacted under-delivery.</p> <p>The Trust committed YTD gross expenditure of £6.9m to 30 June 2024, which nets down to £6.6m, after deducting charitable donations/capital grants and the net book value of assets disposed/transferred. Against the YTD plan there was an underspend of £4.7m due to rephasing of schemes.</p> <p>The cash position at the end of June was £10.7m, representing a reduction of £8.5m on previous month and £6.3m below forecast.</p>
<p><b>Workforce</b></p> 	<p>Our turnover has reduced from 6.6% in May to 6.4% in June, against the 10% target.</p> <p>Registered Nursing and Midwifery vacancies appear to have increased, and in Children's it is explained by an uplift in establishment and for Midwifery an increase in the establishment aligned to the Birthrate Plus recommendations. An exercise is underway during July to understand the true vacancy position across each CMG.</p> <p>Sickness absence data is captured a month in arrears, and we have seen a reduction from 4.6% in April to 4.5% in May. The 3 CMGs with the highest sickness absence levels in the last 12 months are W&amp;C (5.57%), CHUGGS (5.41%) and CSI (5.03%). Focused attention is in place via professional / operational leads with People Services support for the areas with the highest absence levels and support for staff wellbeing. Wellbeing information is shared through corporate and local induction; the 560 HWB Ambassadors; monthly restaurant stands and weekly and monthly newsletters.</p> <p>We have seen a reduction in appraisal performance over the last two months, where we are at 84% in June, against the 95% target Trust wide. Appraisal performance is impacted in part by the HCSW strike action, alongside timely reporting. However, ITAPS, MSS and RRCV are all above 90%, and Finance and Procurement at 96%.</p>

	<p>Statutory and mandatory training compliance saw a reduction over the last two months due to the Trust wide update of our Moving and Handling Training; requiring a refresher at 12 months and the introduction of Level 2 training for patient handlers. In June we have seen performance increase to 93%.</p> <p>An amber rating remains in place.</p>
<p><b>Transformation &amp; Productivity</b></p> <p><b>Key Overview</b></p> <p>e.g Urgent and Emergency Care, Elective, digital, Estates etc</p>	<p><u>Elective Care</u></p> <p>Theatres:</p> <ul style="list-style-type: none"> <li>• Communications sent out to all CMGs on the 19<sup>th</sup> June to default to day case for all patients who are identified as having an expected day case rate of &gt;70% according to the British Association of Day case Surgery (BADS).</li> <li>• Started the implementation of the Federated Data Platform (FDP) module for theatres. The aim will be that this will support theatre scheduling and support increased theatre utilisation.</li> </ul> <p>Outpatients:</p> <ul style="list-style-type: none"> <li>• PIFU has increased this month to 4.4% but still remains below the national and Trust target.</li> <li>• Individual speciality meetings continue to take place with speciality clinical and management teams lead by the DCOO, DMD and Head of Transformational Improvement</li> <li>• The introduction of automated appointment reminders continues to support the drive to reduce DNA rates.</li> <li>• To support “Was Not Brought” rates the booking center will start making outbound calls to ‘Health Inequalities’ cohort to include Paediatrics.</li> </ul> <p><u>UEC</u></p> <p>To support reducing ED admissions the following actions for improvement are in place</p> <ul style="list-style-type: none"> <li>• A plan agreed with all SDEC areas to work towards meeting national standards with next steps and aspirations.</li> <li>• Metrics agreed to increase SDEC throughput</li> <li>• Multiple initiatives on-going with services to increase capacity.</li> <li>• An increase in specialities receiving direct admissions through Clinical Bed Bureau.</li> <li>• UTC programme has commenced to work up the provision of a City UTC working with all system partners</li> </ul> <p>Other areas of work:</p> <p>The new non - emergency patient transport provider commenced on the 1<sup>st</sup> July</p>

**Supporting documentation**

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

The key changes to the IPR are:

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

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

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

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

# Integrated Performance Report

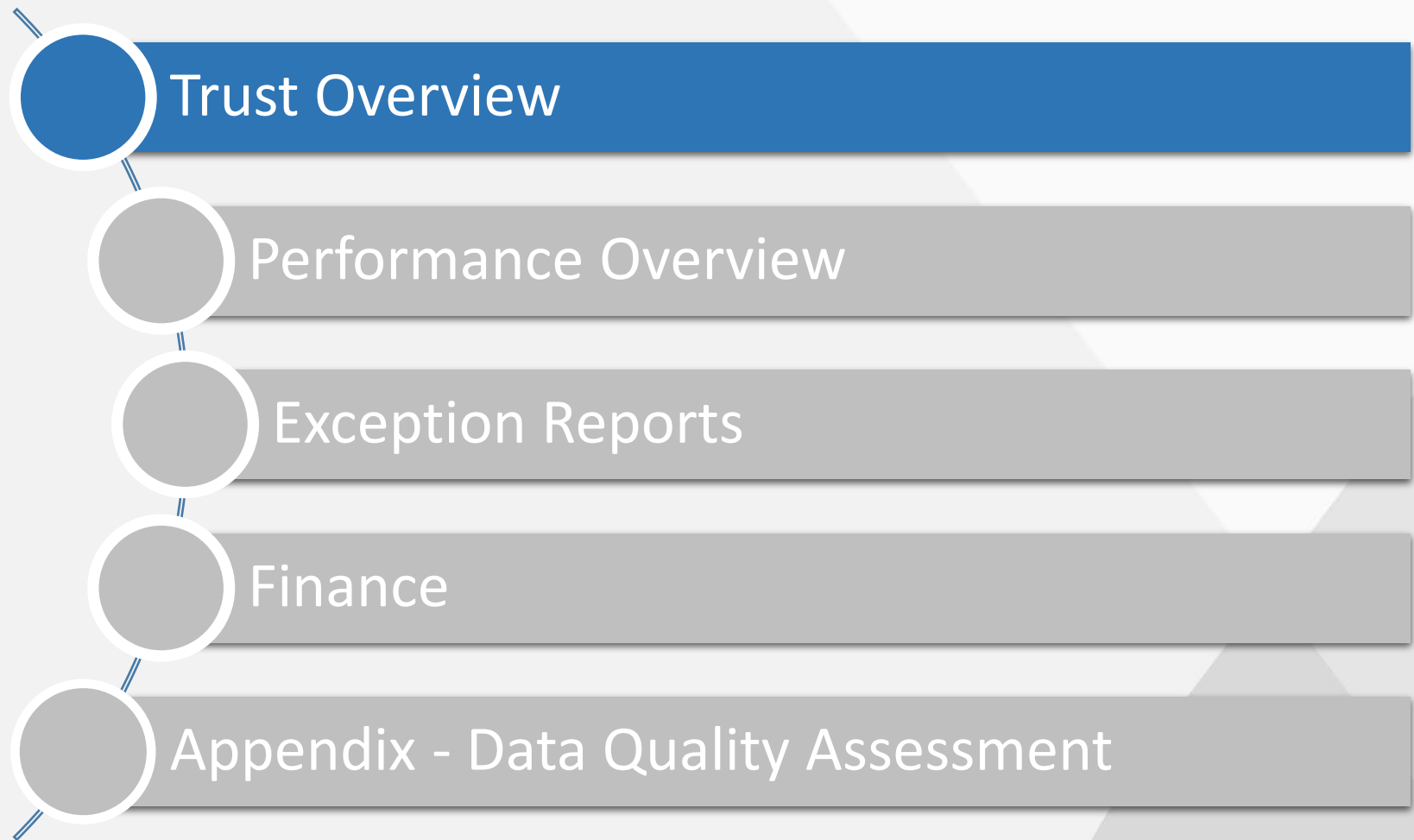
June 2024

# Contents



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





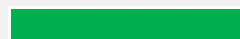
# Trust Overview (Year to Date)

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

Key



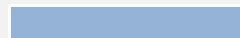
Failing Target



Achieving Target



No Target



No YTD reported, monthly snapshots only

# Trust Overview (Current Month)

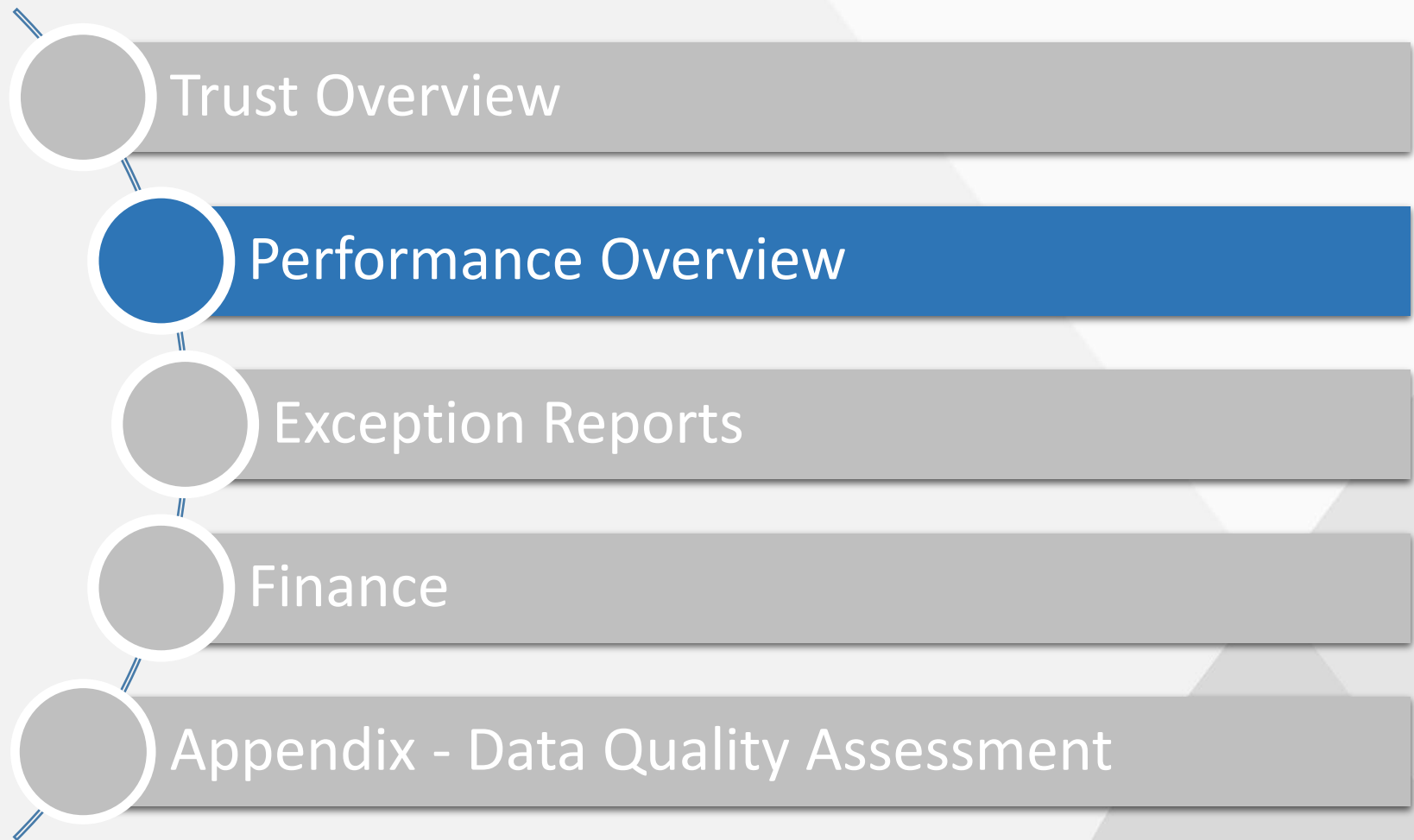
Safe	Caring	Well Led	Effective	Responsive Emergency Care	Responsive Elective Care	Responsive Cancer Care	Finance
Never Events	Single Sex Breaches	Turnover Rate	Mortality Published SHMI	ED 4 Hour Waits LLR	RTT Incompletes	28 Day FDS	Trust level control level performance
Clostridium Difficile	Inpatient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

Key

Failing Target

Achieving Target





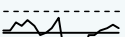





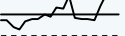


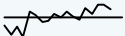
No Target



# Performance Overview (Safe)

Domain	Key Performance Indicator	Target	Apr-24	May-24	Jun-24	YTD	Assurance	Variation	Trend	Data Quality Assessment	Local or National Target?	Exec Lead
Safe	Never events	0	0	0	0	0				Nov-22	National	Chief Nurse and Medical Director
	Clostridium Difficile per 100,000 Bed Days	TBC	15.6	21.6	15.6	17.6				Mar-24	Local	Chief Nurse and Medical Director
	Methicillin Resistant Staphylococcus Aureus Total	0	0	0	0	0				Mar-24	Local	Chief Nurse and Medical Director
	Methicillin-susceptible Staphylococcus Aureus Acute	40	2	7	5	14				Mar-24	Local	Chief Nurse and Medical Director
	All falls reported per 1000 bed days	4.5	3.3	2.7		3.0				Aug-22	Local	Chief Nurse and Medical Director
	Rate of Moderate harm and above Falls Patient Safety Incidents with finally approved status per 1,000 bed days	0.19	0.09	0.05		0.07				Aug-22	Local	Chief Nurse and Medical Director
	Hospital Acquired Pressure Ulcers - All categories per 1000 bed days	1.9	1.6	1.8	1.9	1.8				Jun-21	Local	Chief Nurse and Medical Director
	% of all adults Venous Thromboembolism Risk Assessment on Admission	95%	98.1%	98.4%	98.3%	98.3%				Oct-21	National	Chief Nurse and Medical Director
	Number of Patient Safety Incidents commissioned		0	2	1	3	Awaiting more data for assurance and variance			TBC	Local	Chief Nurse and Medical Director
	Number of reported Patient Safety Incidents		2127	2261	2333	6721				TBC	Local	Chief Nurse and Medical Director
	Rate of reported Patient Safety Incidents (per 1000 inpatient, outpatient and ED attendances)		16.0	16.8	18.1	17.0				TBC	Local	Chief Nurse and Medical Director

# Performance Overview (Caring)

Domain	Key Performance Indicator	Target	Apr-24	May-24	Jun-24	YTD	Assurance	Variation	Trend	Data Quality Assessment	Local or National Target?	Exec Lead
Caring	Single Sex Breaches		35	0	3	38				Jul-22	Local	Chief Nurse and Medical Director
	Inpatient and Day Case Friends & Family Test % Positive	95%	98%	98%	98%	98%				Jul-22	Local	Chief Nurse and Medical Director
	A&E Friends & Family Test % Positive	80%	84%	80%	82%	82%				Jul-22	Local	Chief Nurse and Medical Director
	% Complaints Responded to in Agreed Timeframe - 25 Working days	95%	83.0%	77.7%		73%				Jul-23	Local	Chief Nurse and Medical Director
	% Complaints Responded to in Agreed Timeframe - 60 Working days	95%	88%			88%				Jul-23	Local	Chief Nurse and Medical Director

# Performance Overview (Well Led)

Domain	Key Performance Indicator	Target	Apr-24	May-24	Jun-24	YTD	Assurance	Variation	Trend	Data Quality Assessment	Local or National Target?	Exec Lead
Well Led	Turnover Rate	10%	6.5%	6.6%	6.4%					Aug-22	Local	Chief People Officer
	Sickness Absence	3%	4.6%	4.5%		4.5%				Feb-24	Local	Chief People Officer
	% of Staff with Annual Appraisal	95%	85.5%	84.9%	84.0%					Feb-24	Local	Chief People Officer
	Statutory and Mandatory Training	95%	90%	91%	93%					Dec-22	Local	Chief People Officer
	Adult Nursing Vacancies	7%	6.9%	4.8%	6.1%					Dec-23	Local	Chief People Officer
	Paed Nursing Vacancies	10%	15.6%	16.2%	17.2%					Dec-23	Local	Chief People Officer
	Midwives Vacancies	7%	5.8%	5.8%	9.6%					Dec-23	Local	Chief People Officer
	Health Care Assistants and Support Workers Vacancies - excluding Maternity	7%	12.9%	13.4%	12.5%					Dec-23	Local	Chief People Officer
	Health Care Assistants and Support Workers Vacancies - Maternity	5%	-0.3%	2.1%	3.8%					Dec-23	Local	Chief People Officer

# Performance Overview (Effective)

Domain	Key Performance Indicator	Target	Apr-24	May-24	Jun-24	YTD	Assurance	Variation	Trend	Data Quality Assessment	Local or National Target?	Exec Lead
Effective	Published Summary Hospital-level Mortality Indicator (SHMI)	100	101	101	100	100 (Feb 23 to Jan 24)	Assurance and variance not applicable			May-21	National	Chief Nurse and Medical Director
	12 months Hospital Standardised Mortality Ratio (HSMR)	100	99	98	99	99 (Jan 23 to Dec 23)	Assurance and variance not applicable			May-21	National	Chief Nurse and Medical Director
	Crude Mortality Rate		1.0%	0.9%	0.8%	0.9%				May-21	Local	Chief Nurse and Medical Director
	DNA Rate - IMD Deciles 1 and 2	5%	8.9%	9.2%	9.2%	9.1%				Feb-24	Local	Director of Health Inequality and Inclusion
	DNA Rate - IMD Deciles 3 - 10	5%	5.7%	5.6%	5.8%	5.6%				Feb-24	Local	Director of Health Inequality and Inclusion
	Gestation at Booking 71+ days, IMD Deciles 1 and 2		43.5%	44.3%		43.4%				TBC	Local	Director of Health Inequality and Inclusion
	Gestation at Booking 71+ days, IMD Deciles 9 and 10		27.5%	22.8%		24.8%				TBC	Local	Director of Health Inequality and Inclusion
	Gestation at Booking 71+ days, White British		26.0%	24.2%		25.3%				TBC	Local	Director of Health Inequality and Inclusion
	Gestation at Booking 71+ days, Black African or Black Caribbean		40.0%	57.1%		41.9%				TBC	Local	Director of Health Inequality and Inclusion
	Gestation at Booking 71+ days, Asian Indian, Bangladeshi or Pakistani		36.7%	50.0%		37.4%				TBC	Local	Director of Health Inequality and Inclusion



# Performance Overview (Responsive Emergency Care)









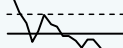


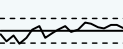
Domain	Key Performance Indicator	Target	Apr-24	May-24	Jun-24	YTD	Assurance	Variation	Trend	Data Quality Assessment	Local or National Target?	Exec Lead
Responsive (Emergency Care)	Emergency Department 4 hour waits LLR	78%	75.3%	75.0%	74.0%	74.8%				Mar-23	National	Chief Operating Officer
	Emergency Department 4 hour waits UHL	78%	61.5%	61.3%	59.8%	60.9%				Mar-23	National	Chief Operating Officer
	Mean Time to Initial Assessment	15	27.2	22.4	27.1	25.5				Nov-22	National	Chief Operating Officer
	12 hour trolley waits in Emergency Department (DTA)	0	839	520	647	2,006				Mar-23	National	Chief Operating Officer
	Number of 12 hour waits in the Emergency Department	0	2,396	1,821	2,085	6,302				Mar-23	National	Chief Operating Officer
	Number of Ambulance Handovers		4,928	5,156	5,040	15,124				Data sourced externally	Local	Chief Operating Officer
	Number of Ambulance Handovers >60 Mins	48	862	319	661	1842				Data sourced externally	Local	Chief Operating Officer
	Percentage of Ambulance Handovers >60 Mins	1%	17.5%	6.2%	13.1%	12.2%				Data sourced externally	Local	Chief Operating Officer
	Total lost Ambulance Hours	40 per day	2412	1188	1903	5504				Data sourced externally	Local	Chief Operating Officer
	Number of patients waiting greater than 24 hours for discharge P1, P2	60	59	54	56		Awaiting more data for assurance and variance			Data sourced externally	Local	Chief Operating Officer
	Trust Bed Occupancy	92.0%	90.8%	92.0%	89.5%					Dec-23	National	Chief Operating Officer
	Long Stay Patients (21+ days) as a % of G&A Bed Occupancy	12%	12.2%	13.5%	12.9%					Apr-23	Local	Chief Operating Officer

# Performance Overview (Responsive Elective Care)

Domain	Key Performance Indicator	Target	Apr-24	May-24	Jun-24	YTD	Assurance	Variation	Trend	Data Quality Assessment	Local or National Target?	Exec Lead
Responsive (Elective Care)	Referral to Treatment Incompletes	99,985	111,500	111,054	112,661					Jun-23	Local	Chief Operating Officer
	Referral to Treatment 52+ weeks	0 by Mar25	2,458	2,397	2,176					Jun-23	National	Chief Operating Officer
	Referral to Treatment 65+ weeks	0 by Sep 24	230	206	199					Jun-23	National	Chief Operating Officer
	Referral to Treatment 78+ weeks	0	12	6	10					Jun-23	National	Chief Operating Officer
	6 Week Diagnostic Test Waiting Times	8%	24.8%	20.0%	19.2%					Jul-23	National	Chief Operating Officer
	Theatre Utilisation	85.0%	75.5%	76.8%	76.9%	76.3%				Dec-23	National	Chief Operating Officer
	Patient Initiated Follow Up	5.2%	4.2%	4.2%	4.4%	4.3%				Oct-23	Local	Chief Operating Officer
	% Outpatient Did Not Attend rate	4.9%	6.4%	6.5%	6.7%	6.6%				Apr-23	Local	Chief Operating Officer
	% Outpatient Non Face to Face	25%	28.3%	26.2%	26.6%	26.4%				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	Apr-24	May-24	Jun-24	YTD	Assurance	Variation	Trend	Data Quality Assessment	Local or National Target?	Exec Lead
Responsive (Cancer)	28 Day Faster Diagnosis Standard	77%	77.8%	81.5%		79.6%				May-24	National	Chief Operating Officer
	Cancer 31 Day Combined	96%	77.3%	82.8%		80.0%				May-24	National	Chief Operating Officer
	62 Day Backlog Combined	228 (by Mar25)	424	428	440					TBC	Local	Chief Operating Officer
	Cancer 62 Day Combined	70%	57.9%	55.0%		56.5%				May-24	National	Chief Operating Officer

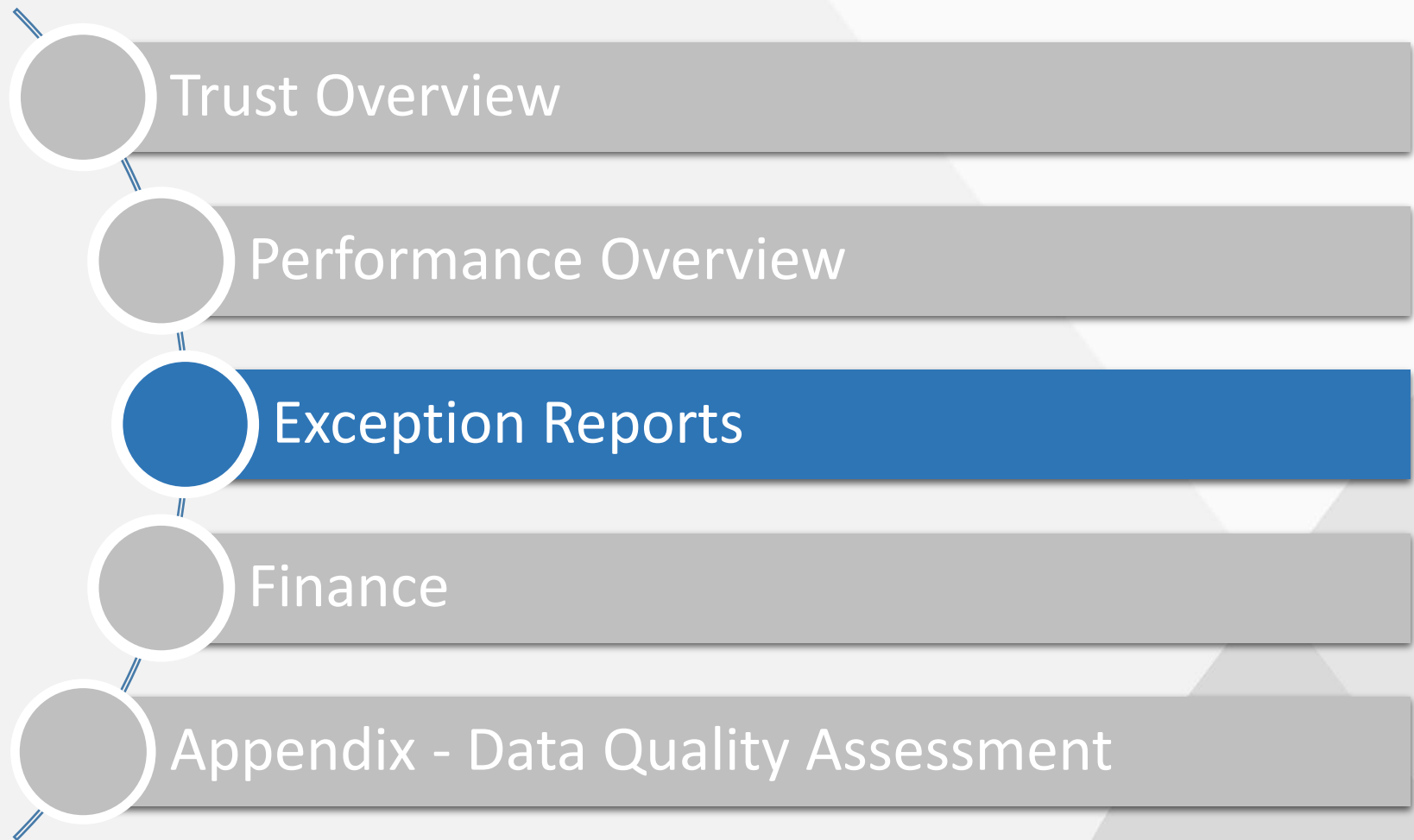
# Performance Overview (Finance)

Domain	Key Performance Indicator	Target YTD	Apr-24	May-24	Jun-24	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Finance	Trust level control level performance	-£27.7m	- £11.2m	-£9.4m	- £12.3m	-£32.9m				Jun-22	Chief Financial Officer
	Capital expenditure against plan	£11.7m	£1.3m	£3m	£1.8m	£6.6m				Jun-22	Chief Financial Officer
	Cost Improvement (Includes Productivity)	£12.8m	£0.65m	£3.2m	£5.1m	£9m				Dec-23	Chief Financial Officer
	Cashflow	No Target	- £20.2m	-£0.4m	- £8.5m	£10.7m				Jun-22	Chief Financial Officer
	Aged Debt	No Target	£15.3m	£15m	£14.4m	£14.4m				Feb-24	Chief Financial Officer
	Invoices paid within 30 days (value)	95%	97%	90%	95%					Feb-24	Chief Financial Officer
	Invoices paid within 30 days (volume)	95%	95%	94%	91%					Feb-24	Chief Financial Officer

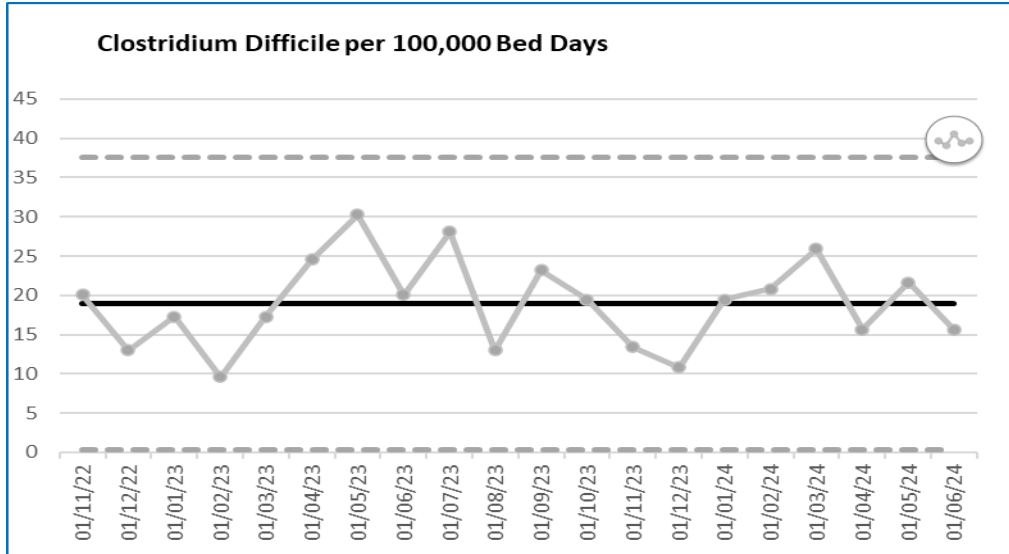
# Performance Overview (Activity)

Domain	Activity Type	Plan 24/25	Plan in Month (M3)	Activity In Month (M3)	Variance In Month (M3)	Plan YTD	Actual YTD	Variance YTD	YTD Variance to 19/20
Activity	New Outpatients (inc. NFTF)	256,177	21,153	20,840	-314	61,390	63,189	1,799	-3,811
	Follow Up Outpatients (inc. NFTF)	565,665	46,873	46,173	-700	136,787	143,157	6,370	-5,150
	Outpatient Procedures	175,368	14,369	15,576	1,207	42,570	47,665	5,095	9,885
	Daycase	126,216	9,990	9,315	-675	29,472	29,637	165	2,585
	Inpatient	19,216	1,653	1,676	23	4,820	5,423	603	393
	Emergency	102,386	8,451	9,339	888	25,178	28,525	3,347	3,694
	Non Elective	22,901	1,893	1,846	-47	5,792	5,777	-15	430
	Emergency Department (inc. Eye Casualty)	267,119	23,124	24,488	1,364	66,997	72,599	5,602	7,047
	Diagnostic Imaging	179,712	14,791	15,184	393	41,550	46,180	4,630	5,082
	Other	11,751,792	957,682	990,507	32,825	2,797,146	3,072,716	275,569	848,398
	<b>TOTAL</b>	<b>13,466,552</b>	<b>1,099,978</b>	<b>1,134,943</b>	<b>34,965</b>	<b>3,211,702</b>	<b>3,514,867</b>	<b>303,164</b>	<b>868,552</b>

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



# Safe – Clostridium Difficile



Cases			Cases per 100,000 Bed Days		
Jun 24	YTD	Target	Jun 24	YTD	Target
12	43	TBC	15.63	17.62	NA

### National Position & Overview

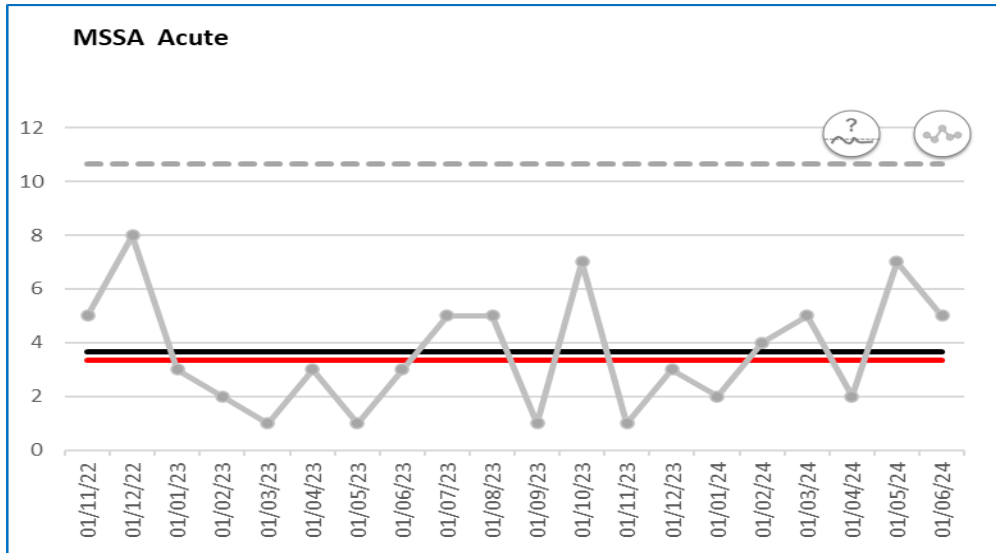
HOHA cases YTD = 24  
 COHA cases YTD = 19  
 (HOHA & COHA) 24/25 = 43

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

The Trajectories for 2024-25 are still awaited from NHSE

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> <li>There are no new themes to report with regard to the Root Cause of acquisition of CDI.</li> <li>A deterioration in Antimicrobial stewardship is observed.</li> <li>2 wards across 2 sites have been identified with 1 or more cases. Ribotyping and investigation is underway to understand whether transmission has occurred</li> </ul>	<ul style="list-style-type: none"> <li>The first meeting of the new Antimicrobial Stewardship committee (AMSC) is scheduled for 14/08/2024</li> <li>Focused action by CMG Operational Infection Prevention Groups to review and monitor monthly CDI data continues</li> <li>The infection prevention team continue to review all cases alongside the CDI MDT and act on any necessary identified issues.</li> <li>The infection prevention team continue to embed the PSRIF framework and SEIPs approach to investigations and shared at TIPOG for wider learning.</li> </ul>	<ul style="list-style-type: none"> <li>CMGs continue to discuss and follow up actions in their individual IPOG groups</li> <li>Progress towards establishing an AMSC will now be during Q2</li> <li>A new date for the MDT meetings is in progress and will be arranged for the end of July 2024</li> </ul>

# Safe – Methicillin-susceptible Staphylococcus Aureus Acute



Current Performance			Cases per 100,000 Bed Days		
Jun 24	YTD	Target	Jun 24	YTD	Target
5	16	TBC	10.49	9.64	NA

**National Position & Overview**

HOHA cases YTD = 14  
 COHA cases YTD = 2  
 (HOHA & COHA) 24/25 =16

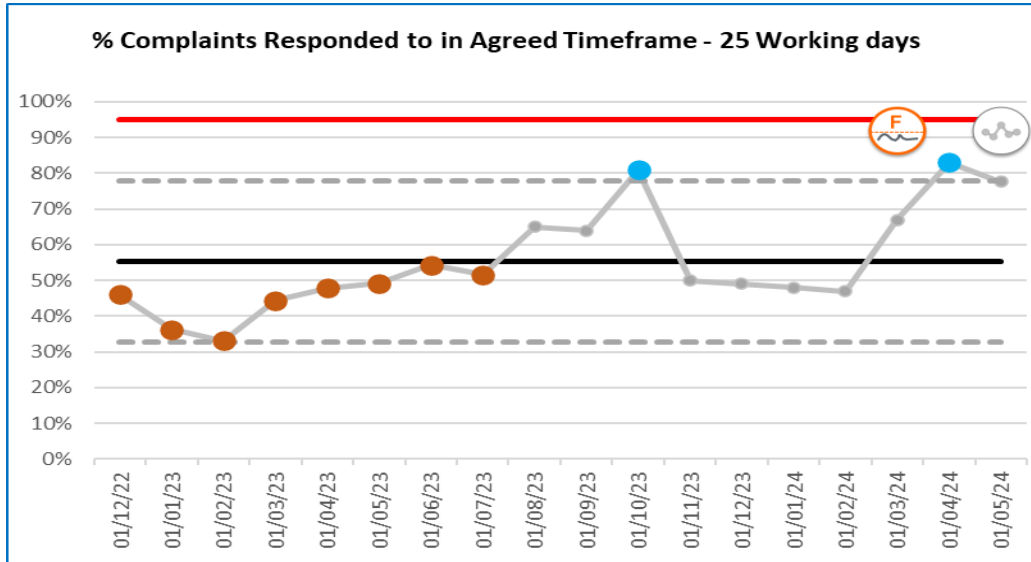
*\*Note: 100,000 bed days data source: UKHSA*

The Trajectories for 2024-25 are still awaited from NHSE

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



# Caring – % Complaints Responded to in Agreed Timeframes

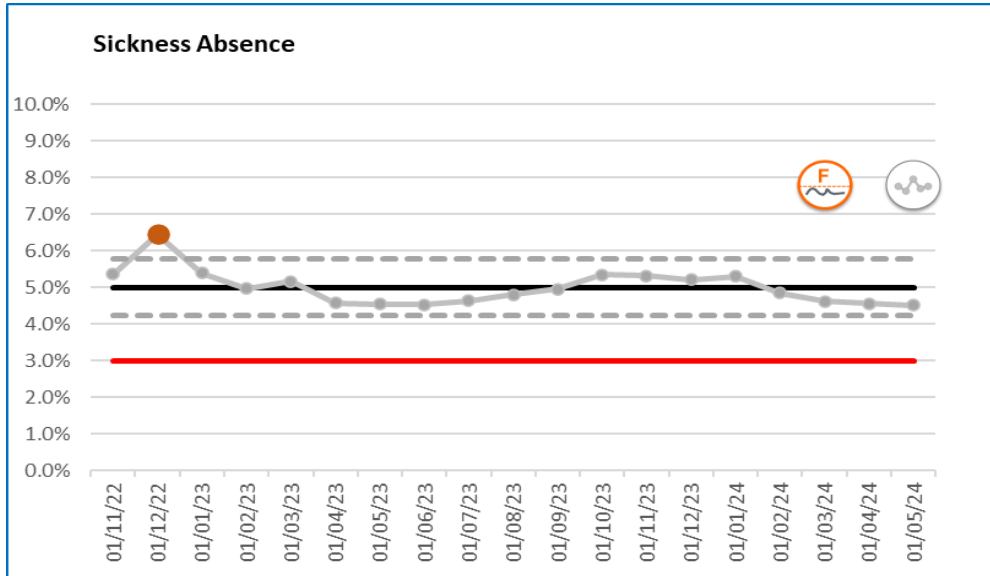


25 Working Days			60 Working Days		
May 24	YTD	Target	Apr 24	YTD	Target
78%	73%	95%	88%	88%	95%

National Position & Overview

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> <li>25 working day KPI dropped slightly from April to May 24</li> <li>YTD target is improving over time</li> </ul>	<ul style="list-style-type: none"> <li>To monitor KPI's and earlier interventions with CMG's to ensure we meet target dates</li> </ul>	<ul style="list-style-type: none"> <li>Monitor monthly to identify trends / themes</li> </ul>

# Well Led – Sickness Absence



Current Performance		
May 24	YTD	Target
4.5%	4.5%	3%

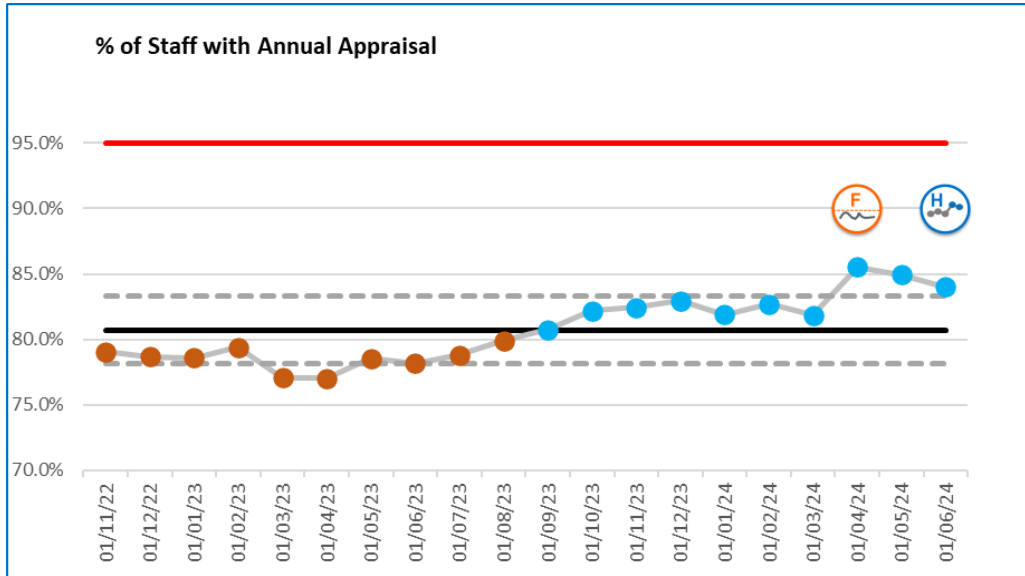
**National Position & Overview**

Peer data not available.

The sickness absence data now includes Estates and Facilities. Last month (for April 2024) we reported 4.59% and with recent updates has been changed updated to 4.56%. In May 2024, sickness absence has reduced by 0.04% to 4.52%.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> <li>The data now includes Estates and Facilities who are at 5.27% for the year, and 4.76% in May 2024.</li> <li>CMG sickness absence is above 4% in all areas with W&amp;C at 6.05% in May.</li> <li>The 3 CMGs with the highest sickness absence levels in the last 12 months are W&amp;C (5.57%), CHUGGS (5.41%) and CSI (5.03%).</li> <li>The top 3 reasons for sickness absence are anxiety/stress/depression (18.19%), Unknown causes (14.51%), Other known reasons (114.35%), and cough/cold/flu (9.70%).</li> <li>Spike in measles cases</li> </ul>	<ul style="list-style-type: none"> <li>The person-centred 'Just and Restorative' approach to attendance and wellbeing was implemented in December 2022, and remains in place whilst the updated policy is finalized.</li> <li>Wellbeing information is shared through corporate and local induction, the 560 HWB Ambassadors, monthly restaurant stands and weekly and monthly newsletters.</li> <li>Sickness absence data is reviewed regularly in People Services to ensure robust support and management is in place, with particular focus on absences over 3, 6 and 10 months.</li> <li>Focused support and attention is in place to manage the CMG's with the highest levels of sickness absence, including increased management accountability and oversight, re-instating Making it All Happen meetings and focus on top 3 departments / specialties.</li> <li>For long standing and complex cases, case conferences with OH are now in place.</li> <li>CSI absence is being impacted by some significant ER cases and colleagues are being supported in their wellbeing and return to modified duties / roles where appropriate to do so.</li> <li>Planned transition to Health Roster / ESR via Manager Self Serve for more timely and accurate absence reporting.</li> <li>Amica support through enhanced outreach, group work, training, digital platforms to improve accessibility, management support and client feedback for continuous improvement.</li> <li>The ER and Health and Wellbeing intranet site covers all aspects of support, training, information, TALK toolkit for wellbeing conversations, template documents etc.</li> </ul>	<ul style="list-style-type: none"> <li>The new attendance policy should be implemented in the coming months.</li> <li>This will be supported with e-learning and in person training, template letters and toolkit/guidance.</li> <li>The Trust is working alongside other Trusts regarding benchmarking and sharing best practice.</li> <li>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".</li> </ul>

# Well Led – % of Staff with Annual Appraisal



Current Performance		
Jun 24	YTD	Target
<b>84.0%</b>	-	<b>95%</b>

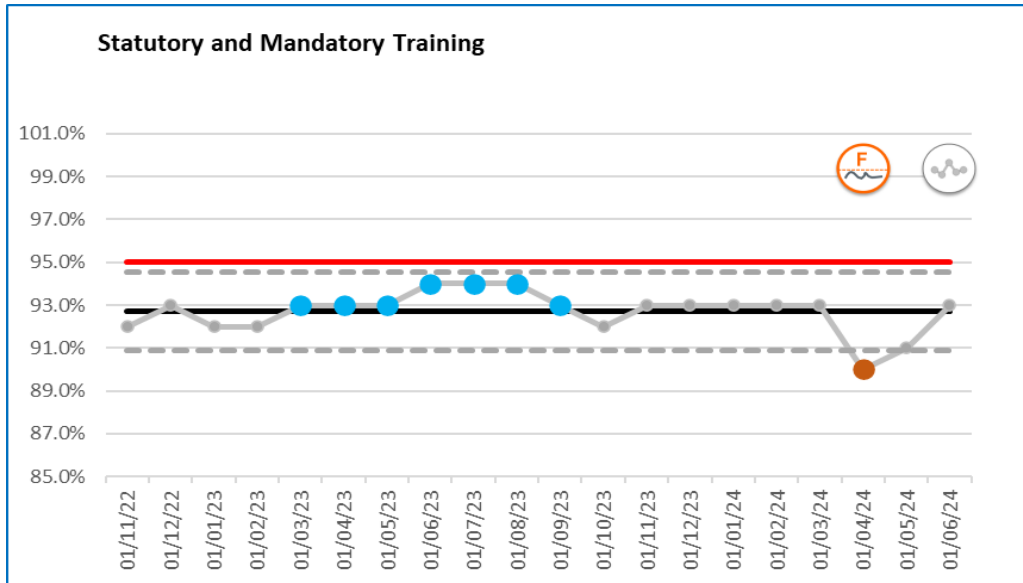
### National Position & Overview

Peer data not available.

There has been a drop in the Appraisal compliance position of 0.9% on last months figures. We are 11% away from the Trust target of 95%.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> <li>A number of colleagues have had appraisals within the last 12 months, outside the reporting/ incremental date and therefore show as non-compliant.</li> <li>Over the last year strike action will have impacted management time and the ability to undertake appraisals.</li> <li>Appraisal reporting/ inputting is a contributing factor.</li> <li>In month, the appraisal average for Trust has dropped by 0.9% to 84%.</li> <li>ITAPS, MSS and RRCV are above 90%; Finance and Procurement have achieved 96.0% .</li> </ul>	<ul style="list-style-type: none"> <li>It was acknowledged in recent exception reports that we would be unlikely to reach full compliance of 95% in the short term.</li> <li>From 2023, CMG reports are provided, highlighting performance and areas of focus, to enable targeted support and action.</li> <li>The roll out of Manager Self Serve over the coming year should see improvements in appraisal performance.</li> <li>Regular meetings with line managers are taking place at CMG level to review appraisal performance and any additional support required.</li> <li>Appraisal paperwork has been updated to reflect the new Trust Values</li> </ul>	<ul style="list-style-type: none"> <li>In June 2023 Appraisal performance was at 78.2%</li> <li>Appraisals are reviewed through regular line management and Board oversight meetings.</li> <li>Appraisals are also monitored through the PRM monthly meetings.</li> <li>The staff survey is an important measure of the effectiveness of an appraisal. In 2023 UHL saw an improvement in the People Promise theme 'We are always learning'.</li> </ul>

# Well Led – Statutory and Mandatory Training

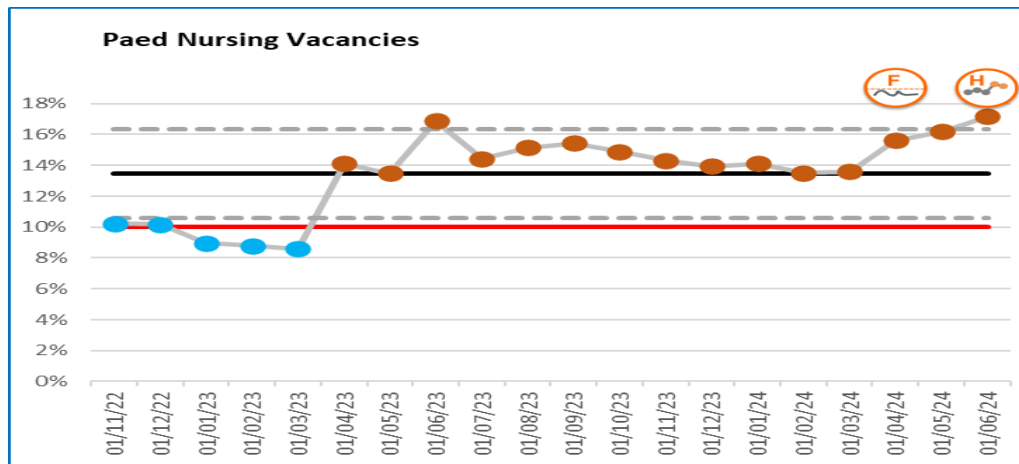


Current Performance		
Jun 24	YTD	Target
93%	-	95%

National Position & Overview
Peer data not available.

Root Cause	Actions	Impact/Timescale
<p>It is recognised that performance has been, and is being, affected by:</p> <ul style="list-style-type: none"> <li>• Covid-19, Flu &amp; related Staff Absence Levels</li> <li>• Operational pressures</li> <li>• Operational demand</li> <li>• Staffing Levels</li> </ul>	<p>Performance against trajectories is being monitored via Trustwide Performance Reviews. Access to compliance data, emailed reports to 2800 staff &amp; 10,000+ direct emails per month.</p> <p>Booklets being updated for certain staff, including Estates and Facilities Colleagues.</p> <p>Workforce, Training and Education Steering Group has started looking into Mandatory and Essential Training.</p>	<p>Reviewed through the Making it All Happen reviews chaired by CMG / Directorate leadership teams with support from HR. This is a meeting with each line manager to review sickness, appraisals and S&amp;MT compliance.</p> <p>Drive towards improving the overall percentage of UHL during the financial year has been implemented with renewed chasing on non-compliant with organisational support.</p> <p>Review of ESR and HELM data alignment is ongoing. Challenges to this data alignment are under consistent scrutiny.</p>

# Well Led – Paed Nursing Vacancies

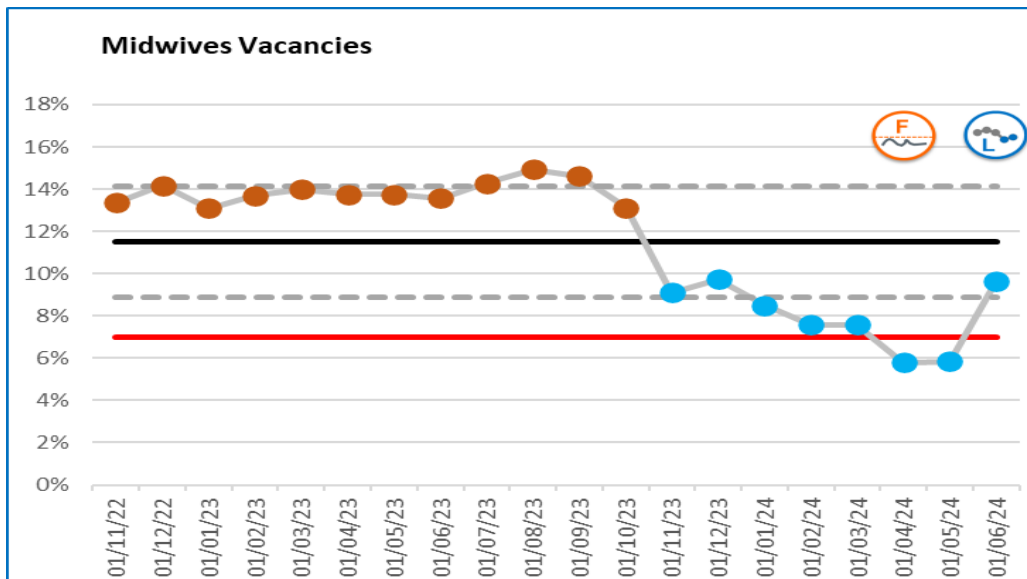


Current Performance		
Jun 24	YTD	Target
17.2%	-	10%

National Position & Overview
<p>Midlands registered nurse (RN) vacancy rate has decreased to 7.9% in March '24, national rate is 9%.</p> <ul style="list-style-type: none"> <li>• Childrens Hospital has highest number of Registered Nurses Child (RNC) at 72WTE</li> <li>• Neonates has reduced vacancies in June (13% to 11%)</li> <li>• ED has reduced vacancies in June (29% to 28%)</li> </ul>

Root Cause	Actions	Impact/Timescale
<p><b>Neonates (NNU)</b></p> <ul style="list-style-type: none"> <li>• 11% RN vacancy rate. Majority of vacancies are band 6 Qualification in Specialty (QIS).</li> </ul> <p><b>Children's Hospital (CH)</b></p> <ul style="list-style-type: none"> <li>• Increase in RNC vacancies following uplift in establishment (30 wte) as part of 3-year trajectory</li> <li>• 71.86 RNC vacancies - 13.82WTE leavers this quarter</li> </ul> <p><b>Paediatric Emergency Department (PED)</b></p> <ul style="list-style-type: none"> <li>• Underlying RNC vacancies in PED (20.41wte). A 28% vacancy rate.</li> <li>• High proportion of Band 6 vacancies.</li> <li>• High maternity leave</li> </ul>	<p><b>Neonates</b></p> <ul style="list-style-type: none"> <li>• 16 QIS training places across 2 providers</li> <li>• Recruitment &amp; retention plan to reduce attrition, reduce temporary workforce</li> <li>• Competency pack for band 5 non-QIS nurses.</li> <li>• University support for adult students on NNU placements.</li> </ul> <p><b>Children's Hospital</b></p> <ul style="list-style-type: none"> <li>• 23 WTE nurses in recruitment pipeline for Q3</li> <li>• Job offers to students due to complete Sept'24</li> <li>• Alignment of budgets with the 3yr CH recruitment plan</li> <li>• Monthly Roster Review and Reflect meetings to maintain safe, efficient and fair rosters.</li> </ul> <p><b>Paediatric Emergency Department (PED)</b></p> <ul style="list-style-type: none"> <li>• Gaps in PED safely mitigated with rotation of nurses from adult Department</li> <li>• Review of roster template to ensure skill mix on shift</li> <li>• Collaborative work with the Childrens Hospital,</li> <li>• Increase student nurse allocation to PED</li> </ul>	<p><b>Neonates</b></p> <ul style="list-style-type: none"> <li>• Currently QIS = 53% 6.6WTE Band 5 nurses undergoing pre-employment checks.</li> <li>• Trajectory to meet British Association of Perinatal Medicine standards for QIS by 2027</li> <li>• NNU Education post recruited by Summer '24</li> </ul> <p><b>Childrens Hospital</b></p> <ul style="list-style-type: none"> <li>• Monthly review and analysis of retention and recruitment RNC vacancies</li> <li>• Pipeline recruitment to take place from end of Q3 into post for NQN</li> <li>• 3 new starters in July (External in pipeline for Oncology/ Haematology).</li> </ul> <p><b>Paediatric Emergency Department (PED)</b></p> <ul style="list-style-type: none"> <li>• Positive outcome of recruitment event on the 29<sup>th</sup> June. Three RNC applications and one rotational post (PED / CH rotation)</li> <li>• Five RNC awaiting start date</li> </ul>

# Well Led – Midwives Vacancies



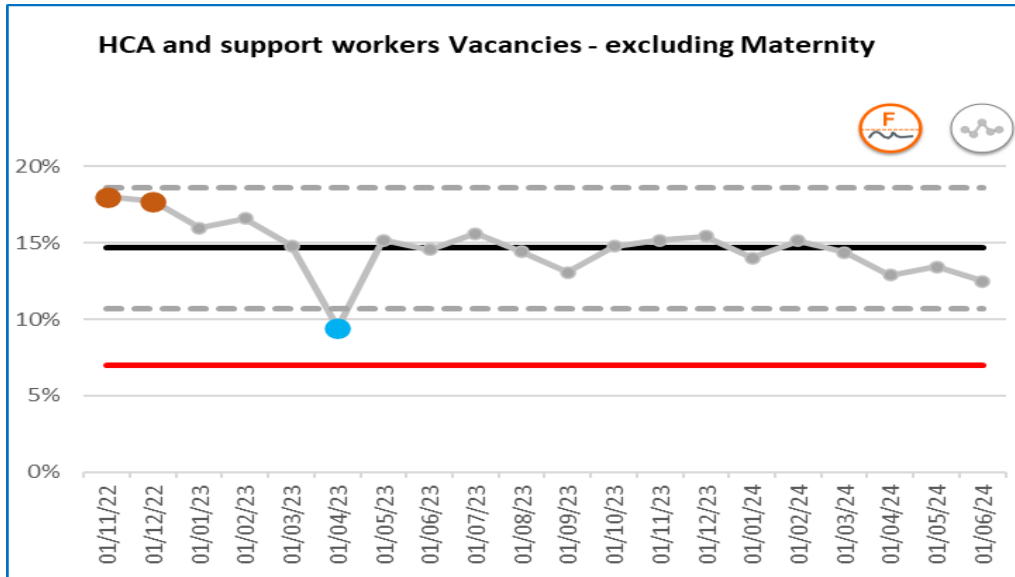
Current Performance		
Jun 24	YTD	Target
9.6%	-	7%

**National Position & Overview**

Midwifery Vacancies have been reducing month on month over the last year. These have reduced by 10%. The increased seen in June relates to an increased establishment through the work in aligning establishments with Birthrate Plus recommendations.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> <li>Increase in midwifery establishment through the work in aligning establishments with Birthrate Plus recommendations.</li> </ul>	<ul style="list-style-type: none"> <li>Continued active recruitment of Midwives.</li> <li>RRP Midwives in post for preceptorship support to improve retention.</li> <li>Matron of the Day implementation of senior visible support in place across the CMG.</li> <li>Ongoing with local universities to improve student experience.</li> <li>Midwifery apprenticeship programme with UoB to commence in September.</li> <li>Empathy training for staff through the summer.</li> <li>Empowering voices work and actions ongoing.</li> </ul>	<ul style="list-style-type: none"> <li>54 Midwives recruited and waiting to start over the next 4 months once they have completed their training.</li> <li>Improved conversion rate of Midwifery students getting jobs following training at the two local universities.</li> <li>Two Midwifery apprentices awaiting to start the programme in Sept 24.</li> </ul>

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



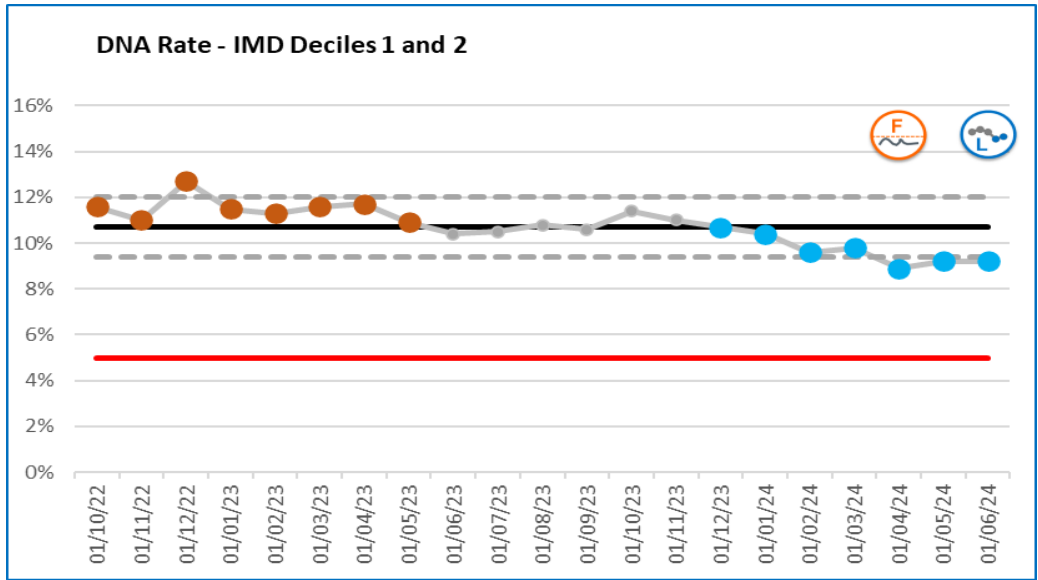
Current Performance		
Jun 24	YTD	Target
12.5%	-	10%

**National Position & Overview**

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

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> <li>Minimal number of leavers in month</li> <li>Healthcare Support Workers (HCSW) vacancies have decreased due to new starters in month that were in the existing recruitment pipeline</li> <li>Vacancy data continues to be validated by corporate nursing because of the establishment uplift</li> </ul>	<ul style="list-style-type: none"> <li>External HCSW recruitment has been paused until Sept 2024. New external recruitment events for the remainder of 2024/25 have been confirmed</li> <li>New process developed to support bank only HCSW to move to substantive HCSW vacancies given the need to reduce bank usage.</li> <li>Continuous Professional Development (CPD) sessions continue to support retention</li> </ul>	<ul style="list-style-type: none"> <li>Approximately 100 bank only HCSW have submitted expression of interest to have a substantive role in UHL. This may equate to circa 60WTE posts if positions are accepted</li> <li>CPD sessions over-subscribed and additional sessions delivered</li> </ul>

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



DNA Rate – IMD Deciles 1-2			DNA Rate – IMD Deciles 3-10		
Jun 24	YTD	Target	Jun 24	YTD	Target
9.2%	9.1%	5%	5.8%	5.6%	5%

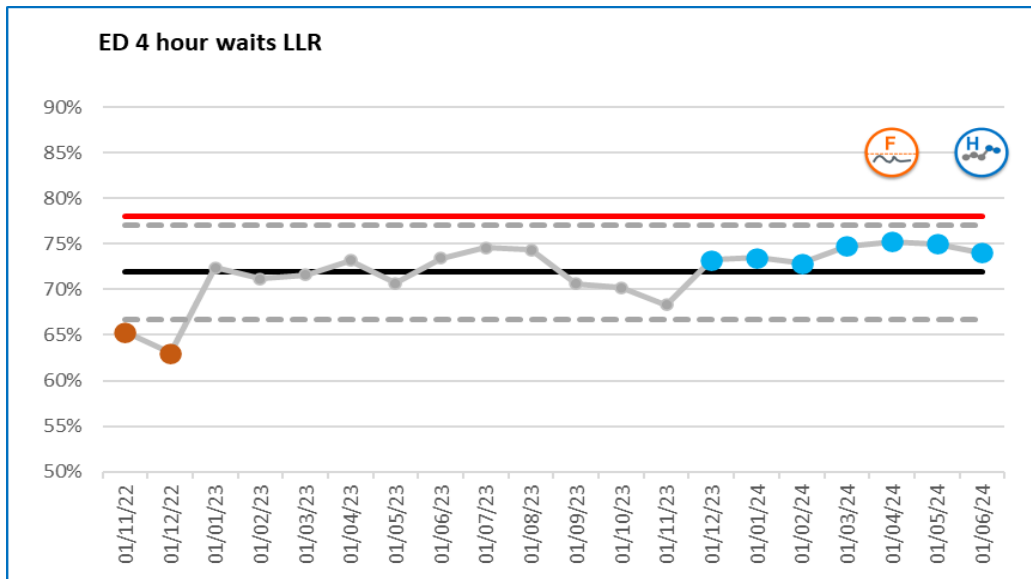
### National Position & Overview

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

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> <li>A total of 4935 patients DNA'd their appointment in June 2024. 4648 were sent the DNA Florey, with 4182 confirmed as 'Delivered'. 1709 Responses were received - 41% Overall Response Rate</li> <li>Patients in the most deprived IMD quartile account for 28% of DNAs compared with 22% from the least deprived quartile (Unknown IMD quartile/decile removed).</li> <li>No significant difference across the quartiles in terms of having mobile device capable of receiving/responding via accurx SMS, but the response rate is lower in the most deprived quartile (39% v. 45%).</li> <li>Response rate from the 2 least deprived quartiles is 44%, whereas response rate from the 2 most deprived is 37%.</li> <li>Of patients who said they did not know about their appointment, 29% were from the least deprived quartile, compared to 23% from the most deprived.</li> <li>However, of those who said that they couldn't attend due to a medical condition or mobility issue, 20% were from the least deprived quartile compared to 35% from the most deprived quartile.</li> <li>Those who didn't attend as they were unable to take time of work were more likely to be from the most deprived quartile (26% vs. 15% respectively).</li> </ul>	<ul style="list-style-type: none"> <li>All patients from IMD1 and IMD2 are called two weeks prior to their appointment.</li> <li>Text appointment reminders are sent to all patients 7, 5 and 1 day before.</li> <li>DNA rate data is available for each CMG to identify specific areas of inequality within different areas of the Trust.</li> <li>Patients from Inclusion Healthcare are contacted and a further contact is made with Inclusion Healthcare to enable enhanced support to attend where needed.</li> <li>DNA rates will be included in PRM packs and WAM discussions moving forwards.</li> <li>Focus group work with communities to explore barriers to access and sharing insights across the system.</li> </ul>	<p>IMDs 1 &amp; 2 have an average DNA rate of 6.9% for June 24.</p> <p><b>IMD1 June:</b> Patients contacted DNA rate – 7% (62) Patients not contacted DNA rate – 16.5% (75)</p> <p><b>IMD2 June:</b> Patients contacted DNA rate – 6.8% (48) Patients not contacted DNA rate – 17.5% (64)</p> <p><b>Inclusion Healthcare:</b> DNA rate for those contacted – 29% (5) DNA rate for those not contacted – 71% (5)</p>



# Responsive (Emergency Care) – ED 4 Hour Waits



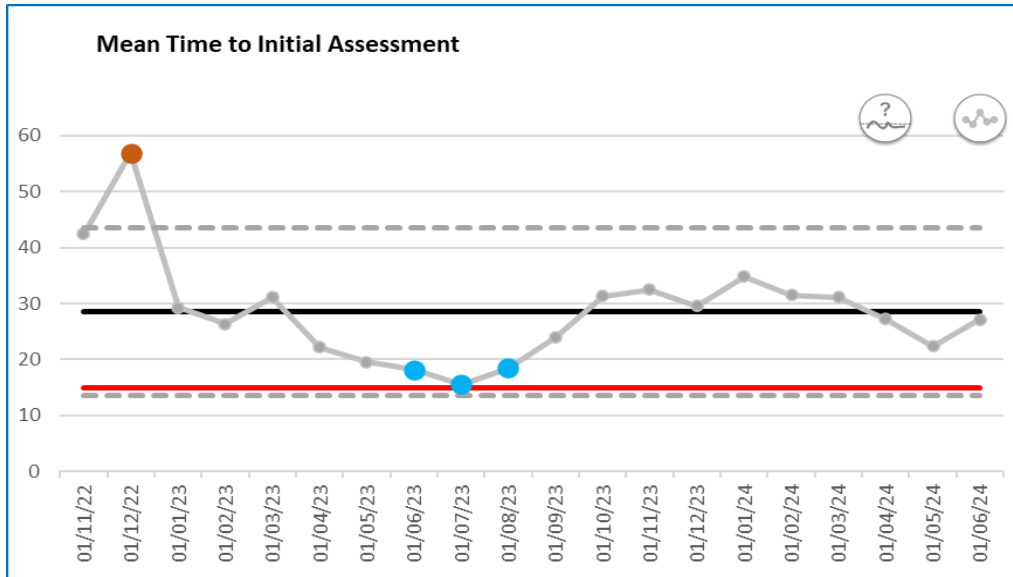
LLR Performance			UHL Performance		
Jun 24	YTD	Target	Jun 24	YTD	Target
74.0%	74.8%	78%	59.8%	60.9%	78%

**National Position & Overview**

In June, UHL ranked 62<sup>nd</sup> out of 124 Acute Trusts based on its acute footprint. The National average in England was 74.6%. 29 out of the 124 Acute Trusts achieved the target. UHL ranked 9<sup>th</sup> out of 17 trusts in its peer group. The best value out of the Peer Trusts was 82.3% and the worst value was 67.7%.

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

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



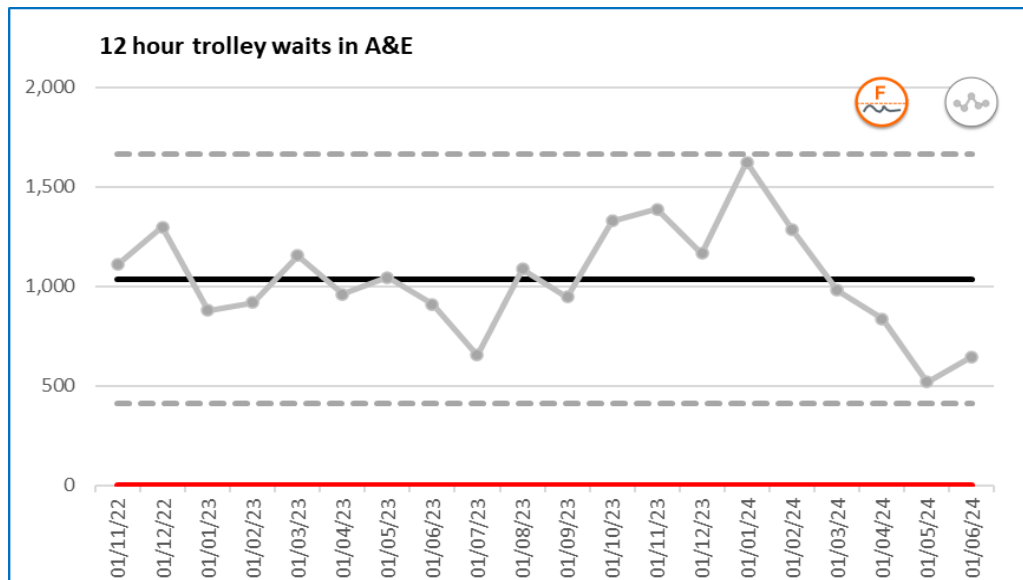
Current Performance		
Jun 24	YTD	Target
27.1	25.5	15

**National Position & Overview**

National data not currently available for reporting.

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

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



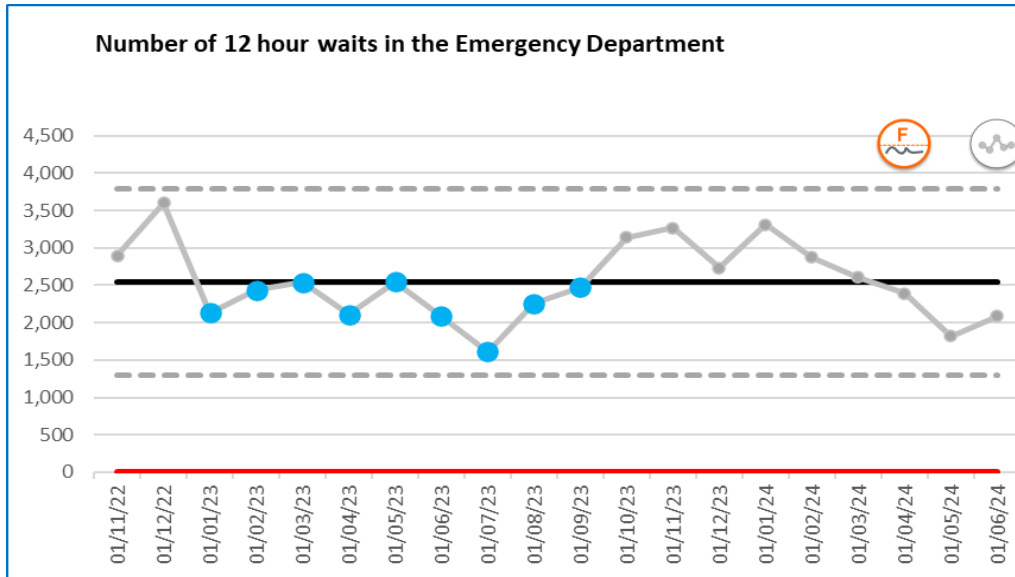
Current Performance		
Jun 24	YTD	Target
647	2,006	0

**National Position & Overview**

In June, UHL ranked 100<sup>th</sup> out of 122 Major A&E NHS Trusts. 12 out of the 122 Trusts achieved the target. The best value nationally was 0 and the worst value was 1,775. UHL ranked 10<sup>th</sup> out of 18 trusts in its peer group.

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

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



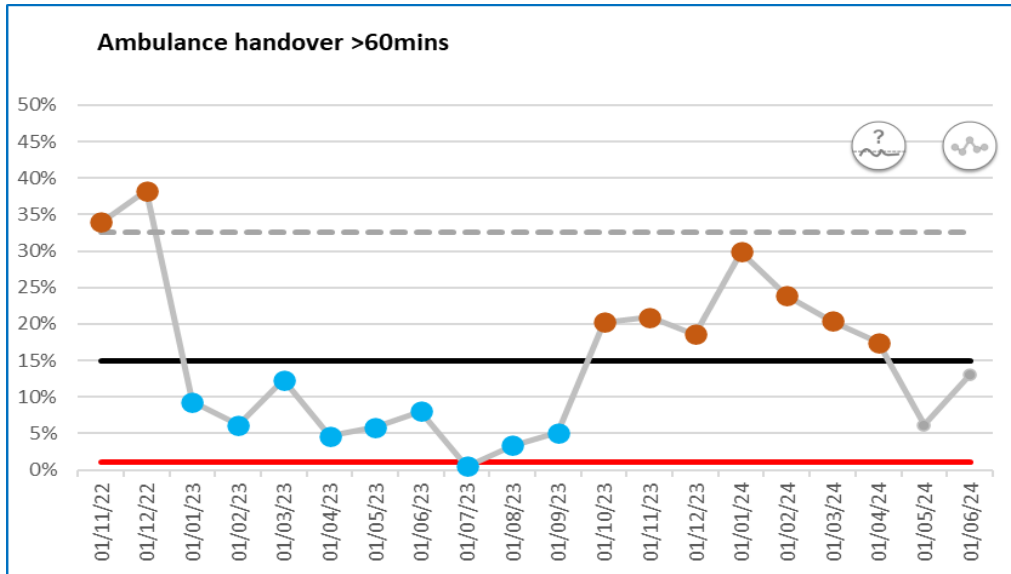
Current Performance		
Jun 24	YTD	Target
2,085	6,302	0

**National Position & Overview**

National data not currently available for reporting.

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

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



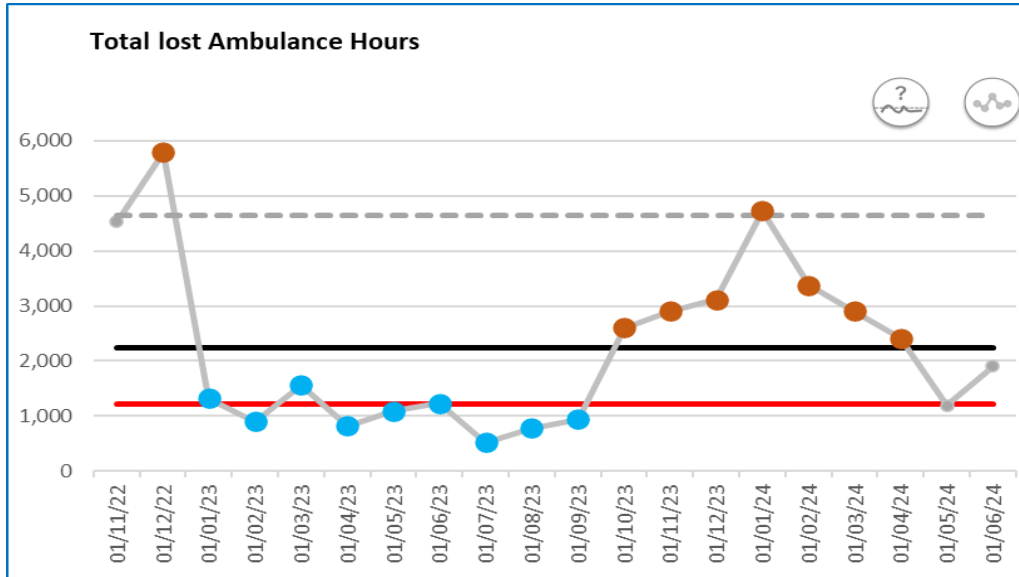
Number of Handovers >60 Mins			% of Handovers >60 Mins		
Jun 24	YTD	Target	Jun 24	YTD	Target
661	1,842	48	13.1%	12.2%	1%

**National Position & Overview**

LRI ranked 17<sup>th</sup> out of 24 sites in the East Midlands and reported the highest number of handovers in June (source EMAS monthly handover report).

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

# Responsive (Emergency Care) – Total Lost Ambulance Hours



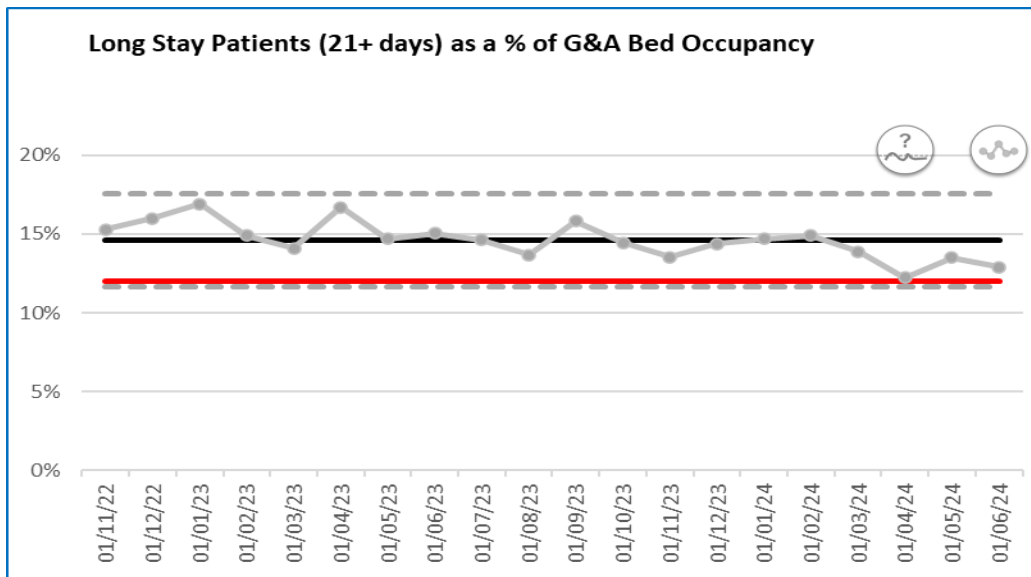
Current Performance		
Jun 24	YTD	Target
1,903	5,504	40 per day

**National Position & Overview**

National data not currently available for reporting.

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

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



Current Performance		
Jun 24	YTD	Target
12.9%	-	12%

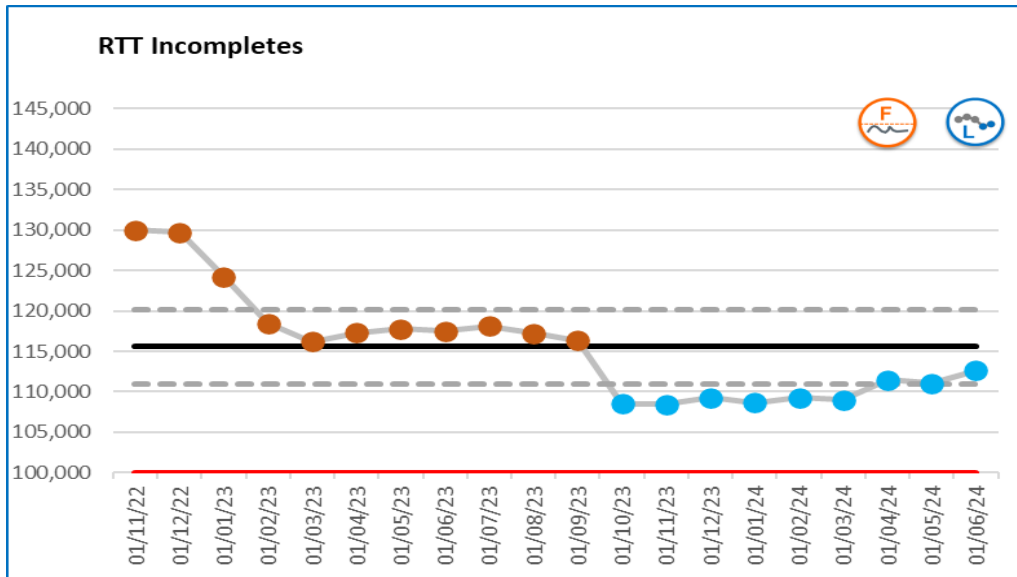
**National Position & Overview**

UHL is ranked 9th out of 23 trusts in the Midlands for the % beds occupied by Long Stay (21+ Day) patients (for the w/c 01/07/24).

- 38 (200) Patients (19 %) are receiving appropriate care/ treatment on a neuro rehabilitation or brain injury pathway or on an Intensive Care Unit or Infectious Diseases Unit.
- 31 Patients (16%) are medically optimised complex patients awaiting discharge with no reason to stay in an Acute Trust.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> <li>• Circa 60 Complex Medically optimised for discharge patients with a LOS &gt;21 days either awaiting a discharge outcome from the LLR discharge coordination hub or an internal UHL action.</li> <li>• Suboptimal /inconsistent Discharge Coordination: Over investigation, family /carer involvement, board rounds , red2green principles, preparing the patient in advance of discharge. In addition to impacts of long stays in ED, extra capacity wards, outlying and boarding of patients.</li> </ul>	<p>Continue to work with health and social care system partners during July 2024 to: Maximise the use of P1/ P2 capacity in LLR. Work with CMG's to:</p> <ul style="list-style-type: none"> <li>• Promote early referral of patients to the discharge hub prior to being MOFD. (Currently at 22% reduced from 23%)</li> <li>• Continue to review LLOS patients and identify themes for improvement.</li> <li>• Finalise and promote Cardiac Surgery CLD pathways</li> <li>• Review and strengthen Out of Area Patient escalation processes</li> <li>• Undertake review of patients with bariatric care needs and impact on LLOS</li> </ul>	<ul style="list-style-type: none"> <li>• Aim to reduce number of MOFD patients waiting for discharge in UHL beds.</li> <li>• Increase numbers of patients discharged on a Pathway 1.</li> <li>• Reduce time to discharge from MOFD identification.</li> <li>• Increase number of patients on a criteria led discharge pathway.</li> </ul>

# Responsive (Elective Care) – RTT Incompletes



Current Performance		
Jun 24	YTD	Target
112,661	-	99,985

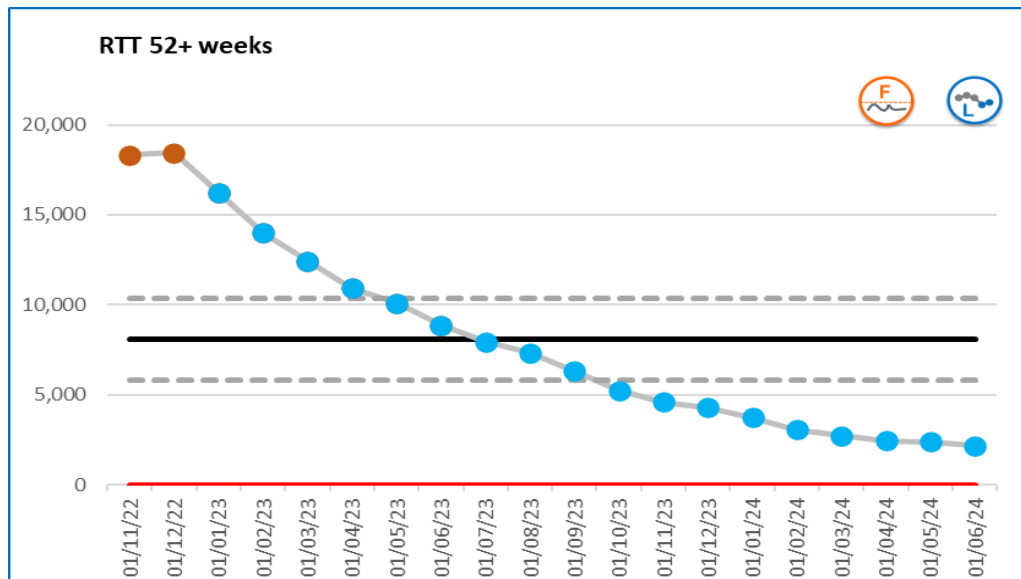
**National Position & Overview**

At the end of May, UHL ranked 14th out of 18 trusts in its peer group with a total waiting list size of 111,037 patients. The best value out of the 18 Peer Trusts was 71,078 the worst value was 188,8986 and the median value was 93,125. (Source: NHSE published monthly report)

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> <li>Impact of reduced outpatients and Inpatient activity during Covid, which built up a significant backlog.</li> <li>Continued growth in demand against a significant number of specialities</li> <li>Continued workforce challenges within ITAPS reducing theatre capacity</li> <li>Estate- lack of theatre capacity and outpatient capacity to increase sessions</li> <li>Significant productivity challenges across elective care</li> <li>Cumulative impact of regular industrial action leading to loss of activity</li> <li>Emergency pressures resulting in elective cancellations, with paediatric specialities particularly challenged.</li> </ul>	<ul style="list-style-type: none"> <li>Validation actions to respond to national ambition of 90% of patients who have been waiting over 12 weeks to be validated within the last 12 weeks.</li> <li>Planned additional data quality validation each month to support overall reduction of WL and achieving March 25 &lt;100k target.</li> <li>Demand and Capacity modelling to support future planning.</li> <li>Plan to assess demand for elective treatment by specialty to understand why the total wait list is currently not reducing as required.</li> <li>New training strategy and comms to support understanding and application of revised policy.</li> <li>Elective Care Access Policy Masterclasses and revised Standard Operating Procedures.</li> <li>Schemes to improve elective performance put forward with funding available through ERF board</li> </ul>	<ul style="list-style-type: none"> <li>Fortnightly texting cycle embedded leading to improved 12ww validation performance of over 86%.</li> <li>Clean waiting list- ensuring those on the waiting list do want to be seen/have treatment</li> <li>Rightsizing capacity to meet demand</li> <li>Total waiting list size stabilised over last 12 months and not reducing at required rate. Senior Elective Leadership team to report through Planned Care Partnership Board on increases in demand and root cause in Q2.</li> <li>Training strategy continues to be developed</li> <li>Pilot of clinic standardisation template in general surgery to start in July, wider Trust roll out planned from October.</li> <li>ERF board runs fortnightly with opportunity for specialities to propose schemes to support elective recovery.</li> </ul>



# Responsive (Elective Care) – RTT Long Waiters



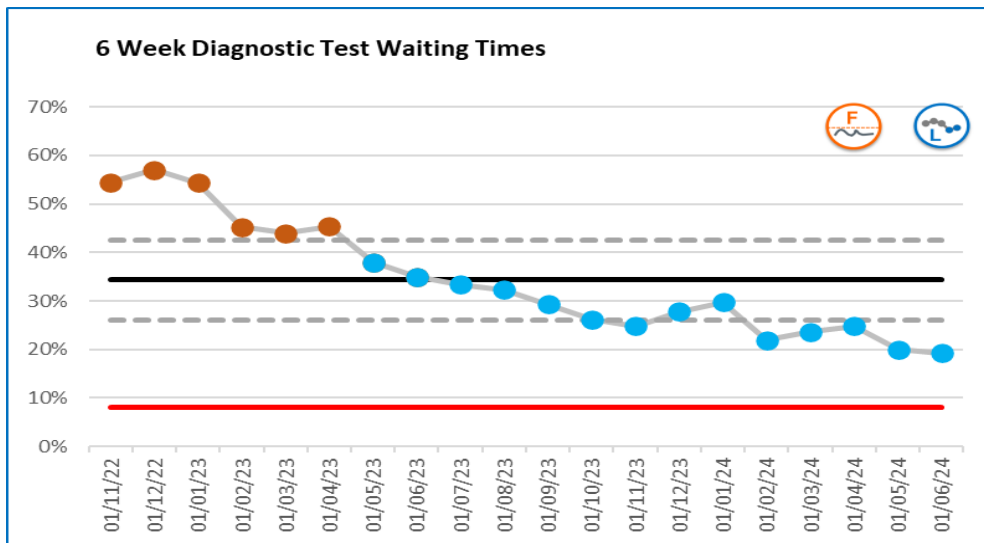
Current Performance – Jun 24		
52+ Weeks	65+ Weeks	78+ Weeks
2,176 (Target 0 by March 25)	199 (Target 0 by Sep 24)	10 (Target 0 by March 23)

**National Position & Overview**

At the end of May, UHL ranked 1<sup>st</sup> out of 18 trusts in its peer group with 2.2% of patients on the waiting list waiting over 52+ weeks. The worst value was 7.8% and the median value was 4.4%. (Source: NHSE published monthly report)

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> <li>Impact of COVID-19 on planned activity capacity led to a growing backlog</li> <li>Significant operational pressures due to the emergency demand impacting upon elective activity</li> <li>Challenged Cancer position and urgent priority patients requiring treatment</li> <li>Workforce challenges in anaesthetics leading to cancellations of theatre lists</li> <li>Admin workforce challenges across a range of posts, particularly band 2/3 impacting on ability to book patients</li> <li>Cumulative impact of regular industrial action leading to loss of activity</li> <li>Emergency pressures are resulting in elective cancellations, with paediatric specialities particularly challenged.</li> </ul>	<ul style="list-style-type: none"> <li>Focus on all patients from 65-week cohort to have first OPA as soon as possible to support overall zero 65 ww by revised national target date of September 24.</li> <li>Using ERF to fund insourcing in particularly challenged specialities to increase predominately outpatient capacity e.g. ENT, Gastro, Maxfac, Ophthalmology</li> <li>Super-clinics planned to increase capacity to see new outpatients</li> <li>Continued roll-out and focus on PIFU and DNA processes to increase capacity for new patients</li> <li>Focus on productivity to increase capacity and reduce waits.</li> <li>65 and 52 week September 24/March 25 cohort forecasts produced fortnightly, shared with CMGs.</li> <li>Standard Operating Procedures developed linked to the access policy, improving data quality.</li> </ul>	<ul style="list-style-type: none"> <li><b>104 week waits</b> – 0 reported at end June.</li> <li><b>78 week waits</b> – June performance was 10 78ww v. forecast 0. This was particularly an impact of the June junior doctor industrial action. Currently forecasting 5 in July, and zero in August.</li> <li><b>65 week waits</b> - Continued downward trend on 65 weeks but has slowed. Revised national ambition as per 24/25 planning guidance is to eliminate 65+ by end September 2024. Specialties (Spinal surgery) with an identified risk of breach according to forecasts have plans to mitigate.</li> <li><b>52 week waits</b> - Continued positive downward trend on 52 weeks. Specialties (Paediatric ENT) with an identified risk of breach according to forecasts have plans to mitigate. Our peer benchmarked position of only 2.2% 52ww as % of the total WL is excellent, and still improving.</li> </ul>

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



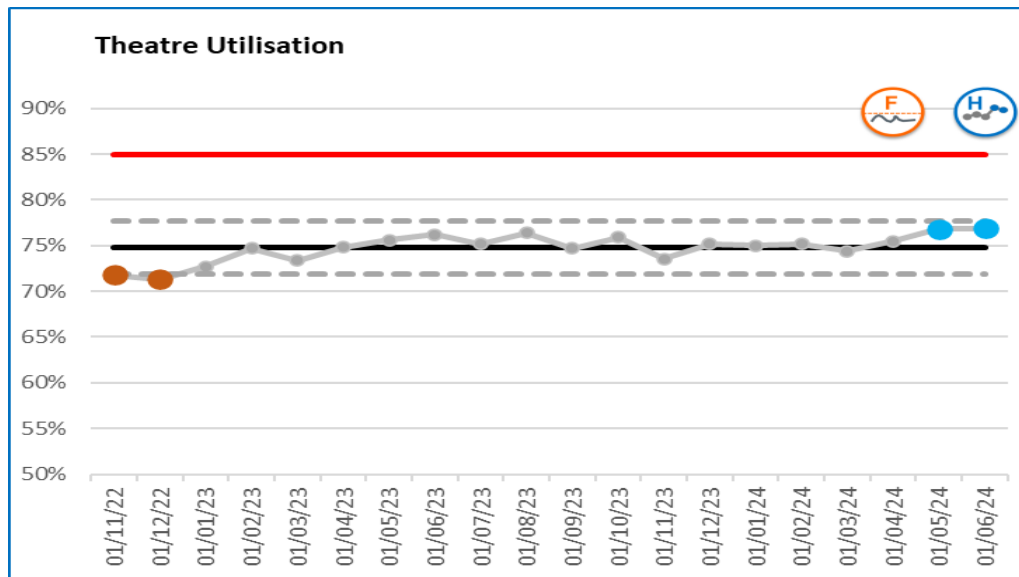
Current Performance		
Jun 24	YTD	Target
19.2%	-	8.0%

**National Position & Overview**

Published National data at the end of May 24 shows 1.65m patients on the diagnostic waiting list with 22.1 % waiting over 6 weeks. For June 24, UHL with 23,616 patients would comparatively rank as the 8th highest waiting list. The 6-week trajectory for June was set to deliver 20%, the actual was 19.2%. There were 4,543 patients waiting >6 weeks against a plan of 4,794. Over 68% are within Imaging notably MRI.

Root Cause	Actions	Impact/Timescale
<p><b>Diagnostics pressure areas are in the main:</b></p> <ul style="list-style-type: none"> <li>Endoscopy (incl Cystoscopy)</li> <li>MRI</li> <li>Sleep Studies</li> <li>Urodynamics</li> </ul> <p><b>Root cause</b></p> <ul style="list-style-type: none"> <li>Clinical workforce gaps</li> <li>Admin recruitment</li> <li>Pressures from cancer pathways</li> <li>Emergency demand impacting on elective capacity</li> <li>Overall MRI waiting list continues to grow, compounded by some unplanned down time across sites.</li> </ul>	<ul style="list-style-type: none"> <li>Introduce a productivity dashboard by August 24 (WLMDS Dashboard now live)</li> <li>Review existing protocols to reduce repeated investigations.</li> <li>Fully utilise the Cardiac enabled CT at the LGH.</li> <li>Open the dedicated endoscopy unit at the LGH – now delayed from Feb 25 to July 25.</li> <li>Open Hinckley Community Diagnostics Centre – Jan 25</li> <li>Implement the clinical decision support tool (i-Refer) by August 24 to improve appropriateness of referrals.</li> <li>Expand diagnostics within primary care networks (PCN's).</li> <li>Ensure strong recovery trajectories and activity plans are in place and deliverable</li> </ul>	<ul style="list-style-type: none"> <li>Trajectories for 12/15 managed monthly via the Diagnostic Board. Remaining three are being worked up.</li> <li>Ad-hoc issues such as machine breakdown are managed via the CMG with support given if mutual aid required. There was a reduction of down time in May for MRI, supporting a slight reduction in &gt;6week and &gt;13 week waits.</li> <li>Early recruitment for the CDC has commenced. The benefit of having additional staff pre-opening will be on reduced bank / agency costs.</li> <li>Endoscopy working on plan to reduce capacity gap to support change in endoscopy new build times – insourcing approved at TLT. Submitted on DMAS 17/07/2024</li> <li>Weekly diagnostic long wait meetings to include patients rolling in without plans and support required.</li> </ul>

# Responsive (Elective Care) – Theatre Utilisation



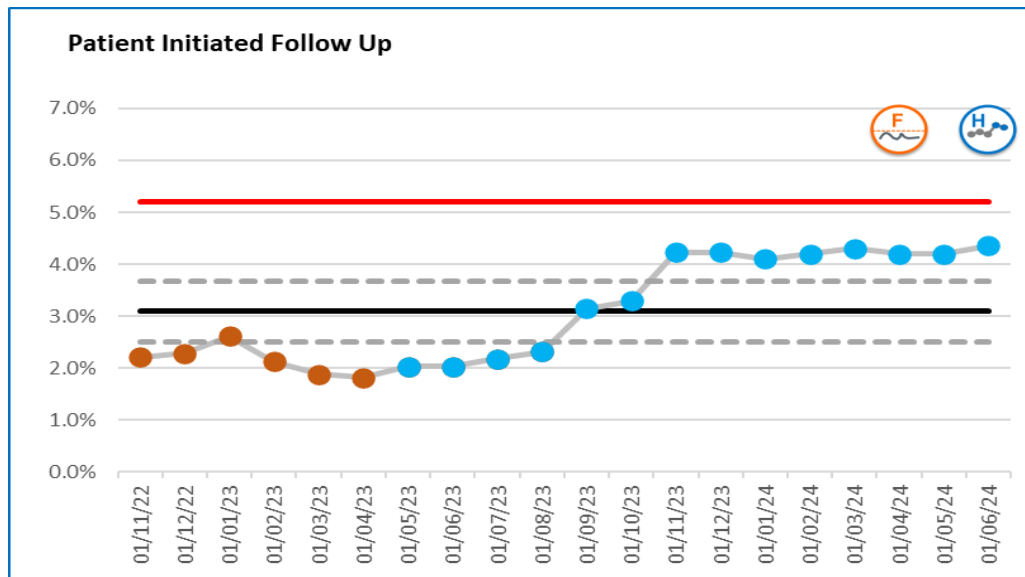
Current Performance		
Jun 24	YTD	Target
76.9%	76.3%	85%

**National Position & Overview**

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

Root Cause				Actions		Impact/Timescale	
Reduced number of sessions due to Junior dr’s strikes Under-booked theatre lists High OTDC rates (358 patients) Lack of standby patients POA capacity				<b>Under booked list</b> – Services need to fully populate list prior to week 2 during scheduling meeting. New look back report developed, which will aid services to identify key issues. <b>Stand-by patients</b> – Services to add standby patients to most list to mitigate against an OTDC, some services are struggling to add standby with gaps in admin or POA. Urology trialing a health screening questionnaire for Local anaesthetic as these patients don’t need a POA. <b>OTDC</b> – 33% (107 patient) of all OTDC are due to clinical reasons. Roll out of the early screening and optimisation pathways went live in Gynae 1 <sup>st</sup> July. POA matron; strengthening the monthly confirm and challenging OTDC meeting, with a view to report back to CMGs with actions.		<b>Under booked list</b> –New look back reporting template goes live 17 <sup>th</sup> July to identifying where challenges are in their theatre pathway and allow targeted solutions. <b>Stand-by patients</b> – Urology to trial standby questionnaire in July 24 once patients have been health screened. Gynaecology from 1 <sup>st</sup> July have gone live with their early screening programme which will help support building a pool of waiting well patients to use as standby. <b>OTDC</b> - Webinar invitation 22nd July shared for the New Perioperative Care Data Fields in the National Dataset: focusing on health screening and optimisation, with actions taken to ensure patients are fit for surgery prior to offering TCI will reduce clinical cancellations on the day.	
Site	% Utilisation	% late starts over 15-mins	OTDC %				
LRI	74.3% <span style="color: green;">↑</span>	40.8%	9.16%				
GGH	81.2% <span style="color: orange;">↓</span>	15.2%	7.95%				
LGH	76.7% <span style="color: orange;">↓</span>	19.9%	7.15%				
EMPCC	75.5% <span style="color: green;">↑</span>	8.3%	9.57%				
Community	77.0% <span style="color: orange;">↓</span>	38.1%	6.64%				

# Responsive (Elective Care) – Patient Initiated Follow Up



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

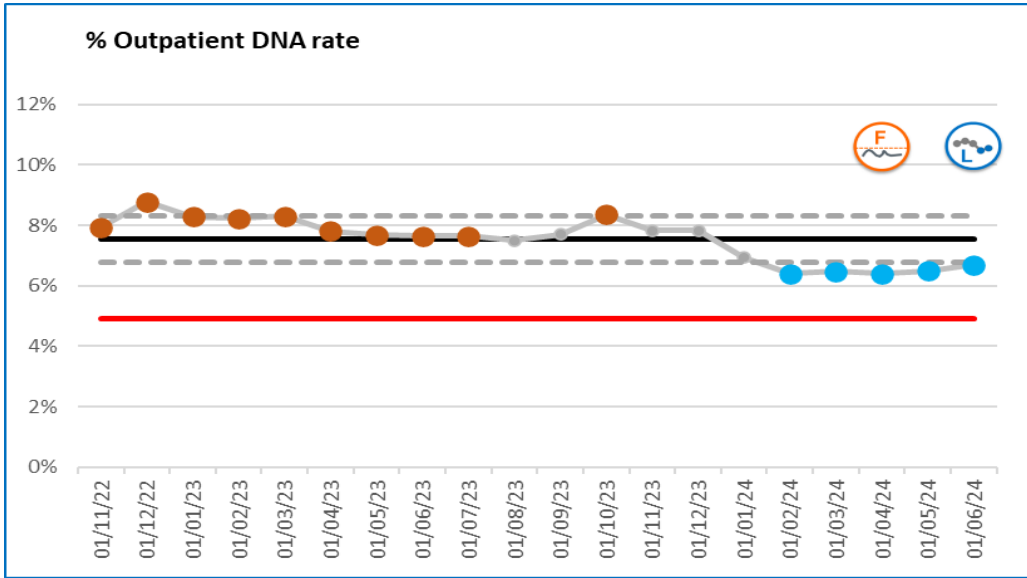
**National Position & Overview**

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

Nationally in May 24 University Hospitals Of Leicester NHS Trust ranked 7th out of 130 for episodes moved to PIFU, and 22<sup>nd</sup> out of 143 for % of episodes moved to PIFU ( Data source Provider E-ROC)

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> <li>Clinical support of rolling out PIFU within individual specialties and identifying appropriate cohorts of patients</li> <li>Clear Communication about PIFU with clinical, nursing and administration teams</li> <li>Concern that there will be a higher demand for follow ups if patients are offered PIFU and admin burden</li> <li>Review of all types of contact with patients such as helplines, shared care agreements to be recorded as PIFU. This is a nationally recognised approach.</li> </ul>	<ul style="list-style-type: none"> <li>Deputy Medical Director, Deputy Chief Operating officer or Head of Transformational Improvement to attend specialty consultant meetings where required. This month this included meeting with the Renal, transplant and pain management clinical team.</li> <li>Outpatient metrics focus at July's outpatient board was PIFU. Each CMG presented performance against target , opportunities and challenges</li> <li>Continue to promote Digital PIFU via Accurx.</li> <li>Continuous monitoring of PIFU performance via the weekly report, and fortnightly meetings with high outpatient volume specialties.</li> <li>Work with the Cancer Centre to capture and improve PSFU rates</li> <li>Appropriate recording of helplines as PIFU alongside a planned routine reviews. This agreement is needed by specialties offering helplines.</li> </ul>	<ul style="list-style-type: none"> <li>Action plans and agreed targets/trajectories based upon national benchmarking per specialty are being established and agreed ( for all specialities).</li> <li>New weekly PIFU report with agreed targets to be launched in July 24.</li> <li>Continuous monitoring and updates of PIFU performance via the Monthly Outpatient Transformation Board and fortnightly speciality meetings.</li> <li>Quarterly updates and links to admin resources to be provided to wider organisation through UHL operational briefings.</li> <li>New Clinic Outcome form to be launched in August 24 to support the capturing of PIFU outcomes accurately and minimise data quality.</li> </ul>

# Responsive (Elective Care) – Outpatient DNA Rate

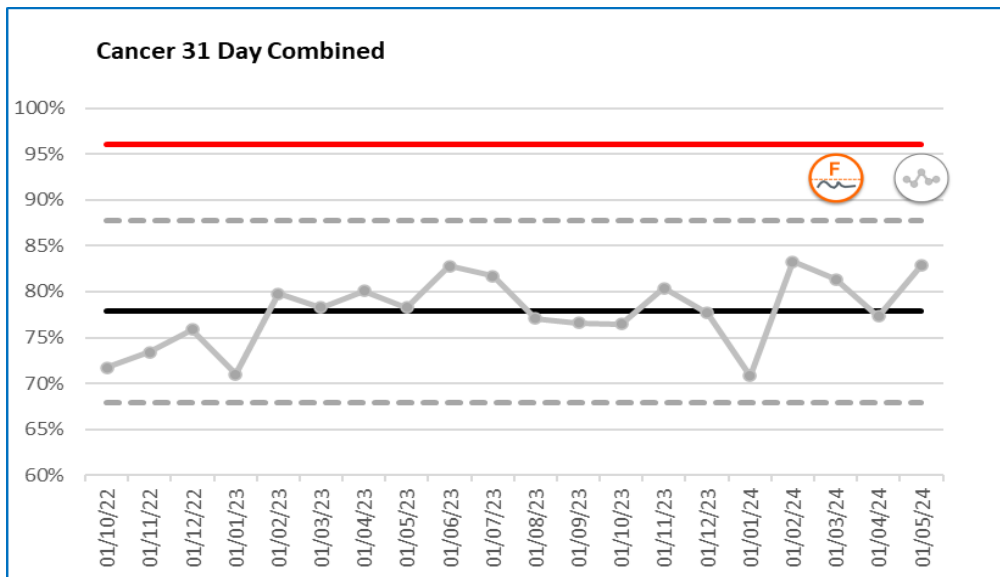


Current Performance		
Jun 24	YTD	Target
6.7%	6.6%	4.9%

National Position & Overview

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

# Responsive Cancer – Cancer 31 Day Combined



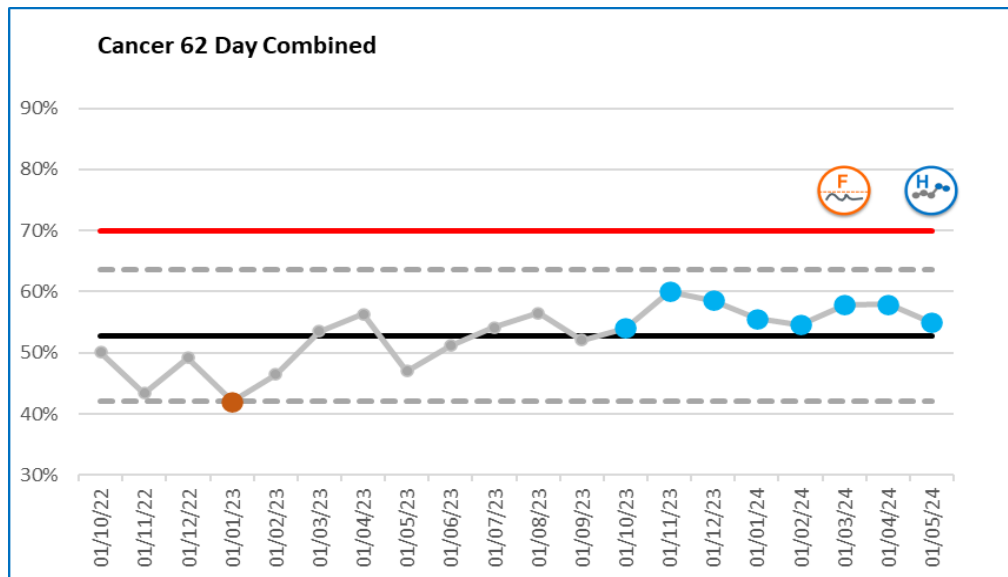
Current Performance		
May 24	YTD	Target
82.8%	80.0%	96%

**National Position & Overview**

In May, UHL ranked 136<sup>th</sup> out of 141 Acute Trusts. The National average was 91.8%. 63 out of the 141 Acute Trusts achieved the target. UHL ranked 16<sup>th</sup> out of the 18 UHL Peer Trusts. The best value within our peer group was 97.1%, the worst value was 78.7% and the median value was 90.3%.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> <li>Insufficient capacity within surgery, chemotherapy and radiotherapy to meet current demand within 31 day timescale</li> <li>Radiotherapy demand has exceeded capacity – affecting prostate and breast patients</li> <li>Patient readiness to proceed with surgery impacting in addition to capacity constraints (physical and workforce including case mix)</li> <li>31 day anti-cancer drug regimes capacity is constrained on the SACT delivery suite due to cyclical treatments</li> </ul>	<ul style="list-style-type: none"> <li>Radiotherapy 5<sup>th</sup> linac required</li> <li>Radiotherapy mutual aid required</li> <li>Radiotherapy weekend working</li> <li>Radiotherapy changes to prostate fraction for low risk patients</li> <li>Surgical D&amp;C gap analysis</li> <li>Oncology SACT and efficiency including weekend working.</li> <li>Oncology OPD review</li> <li>EMAP - Oncology regional review of mutual aid and workforce opportunities (East Midlands Acute Providers).</li> </ul>	<ul style="list-style-type: none"> <li>Radiotherapy business case for 5<sup>th</sup> linac awaiting revenue sign off – July 24 with start date for clinical use March 25.</li> <li>Radiotherapy mutual aid – weekend working limited due to staff availability. NGH supporting with 2 patients per week for prostate – commenced in July. Stoke have taken 5 patients, scoping ability to take more, Lincoln start date tbc.</li> <li>Prostate fraction change commencing in July (delay in proctol sign off).</li> <li>Surgical D&amp;C review in progress. Opportunities identified. Further work required at sub-speciality level – Aug 24.</li> <li>Oncology efficiency programme in progress. Additional SACT nurses and weekends in place.</li> </ul>

# Responsive Cancer – Cancer 62 Day Combined



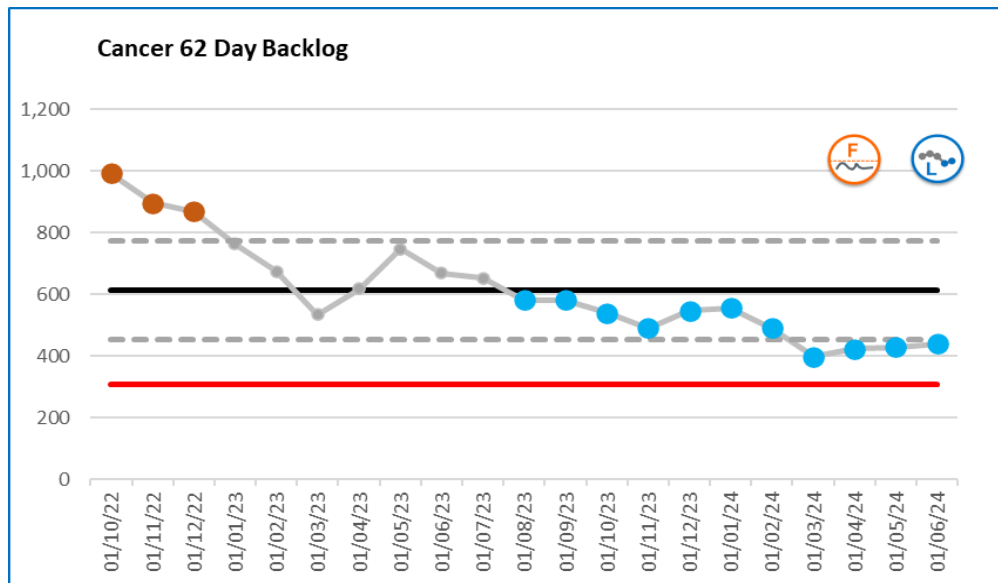
Current Performance		
May 24	YTD	Target
55.0%	56.5%	70%

**National Position & Overview**

In May, UHL ranked 127<sup>th</sup> out of 149 Acute Trusts. The National average was 65.8%. 64 out of the 149 Acute Trusts achieved the target. UHL ranked 15<sup>th</sup> out of the 18 UHL Peer Trusts. The best value within our peer group was 74.9%, the worst value was 45.9% and the median value was 60.5%.

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> <li>Capacity constraints across various points of the pathways</li> <li>Focus on treating patients in order of clinical priority and longest waits impact performance</li> <li>Increase in diagnostic tests required and patient factors impacting.</li> <li>Oncology OPD and radiotherapy capacity contribute to longer wait times</li> </ul>	<ul style="list-style-type: none"> <li>Clinical prioritisation of patients.</li> <li>Weekly PTL reviews and clinical review of &gt;104day patients. Next step review in place for all 104day patients and escalated to services.</li> <li>Recovery &amp; Performance (RAP) in place – frequency dependent on performance.</li> <li>Review of pathways in line with Best Practice Timed Pathways (BPTP) to identify areas for improvement</li> <li>Pathway analyser tool to be used to review opportunities</li> <li>Independent sector support in place for dermatology and urology</li> <li>EMCA 24.25 funding identified £4.2m</li> <li>Pre-diagnosis nursing team attending PTLs to support patient engagement</li> </ul>	<ul style="list-style-type: none"> <li>Focus on time to 1<sup>st</sup> appointment, FDS, reducing backlogs and improved utilisation across all pathways.</li> <li>BPTP programme planned across sites throughout 24.25.</li> <li>Urology OPD redesign for bladder and kidney commenced in July.</li> <li>Additional capacity in breast, skin and urology continuing.</li> <li>Breast imaging review taking place - July</li> <li>New Case Talk waits reduced to support reduction in delays to commence SACT treatment.</li> <li>Oncology OPD review being scoped.</li> </ul>

# Responsive Cancer – Cancer 62 Day Backlog



Current Performance		
Jun 24	YTD	Target
440	-	228 (by Mar25)

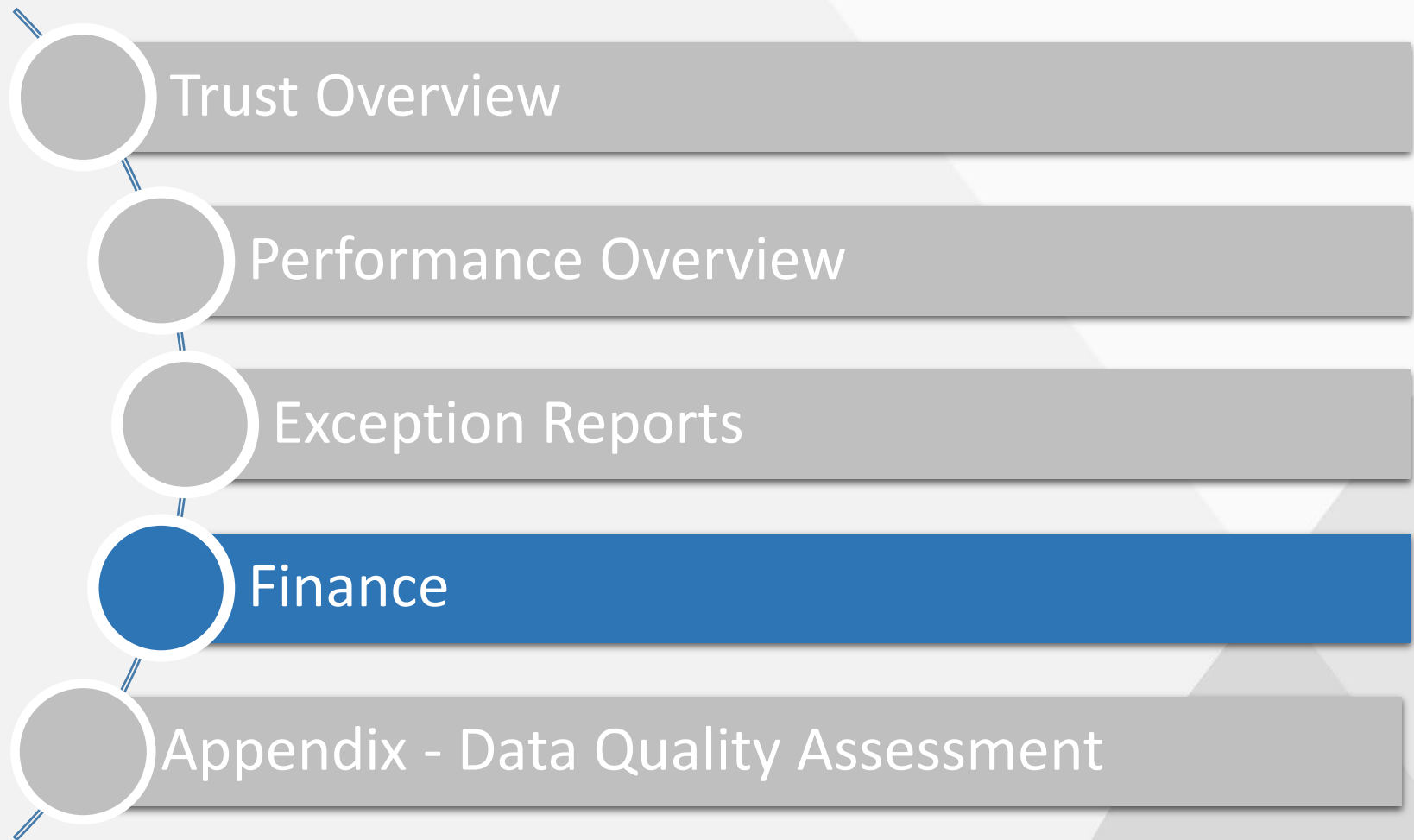
### National Position & Overview

Combined backlog not reported nationally.  
 > 62 day behind internal plan by 73 patients (June plan 365).  
 > 104 day ahead of plan by 11 patients (June plan 130).

UPGI, Lung, Urology driving variation from plan.  
 LOGI, Breast (exc screening) and H&N ahead of trajectory.

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





# Executive Summary

- The Month 3 year to date position for the Trust is a deficit of £32.9m which is £5.2m worse than plan. This is mainly driven by UEC pathway costs greater than plan by £3.7mA and unfunded industrial action of £1.3mA.
- The emergency pathway continues to experience increasing activity pressures, with combined Emergency/Non elective inpatients 11% above planned levels and combined ED/Eye Casualty attendances 8% above plan.
- CIP delivery is behind plan, the Trust has transacted £9m against a plan of £12.8m although there are benefits within the overall position linked to CIP that is offsetting this transacted under-delivery.
- The Trust committed YTD gross expenditure of £6.9m to 30 June 2024, which nets down to £6.6m, after deducting charitable donations/capital grants and the net book value of assets disposed/transferred. Against the YTD plan there was an underspend of £4.7m due to rephasing of schemes.
- The cash position at the end of June was £10.7m, representing a reduction of £8.5m on the previous month and £6.3m below forecast.

# Summary Financial Position – YTD M3

I&E

	I&E YTD		
	Plan	Actual	Variance to Plan
	£'000	£'000	£'000
NHS Patient-Rel Income	339,634	355,919	16,286
Other Operating Income	46,858	37,229	(9,629)
<b>Total Income</b>	<b>386,492</b>	<b>393,149</b>	<b>6,657</b>
Pay	(248,217)	(253,836)	(5,619)
Agency Pay	(4,600)	(3,792)	808
Non Pay	(140,413)	(148,401)	(7,988)
<b>Total Costs</b>	<b>(393,231)</b>	<b>(406,029)</b>	<b>(12,798)</b>
<b>EBITDA</b>	<b>(6,739)</b>	<b>(12,881)</b>	<b>(6,142)</b>
<b>Non Operating Costs</b>	<b>(20,090)</b>	<b>(20,432)</b>	<b>(342)</b>
<b>Retained Surplus/(Deficit)</b>	<b>(26,829)</b>	<b>(33,312)</b>	<b>(6,483)</b>
Donated Assets	(906)	374	1,280
<b>Control Total Surplus/(Deficit)</b>	<b>(27,735)</b>	<b>(32,939)</b>	<b>(5,203)</b>

## Comments – Variance to Plan

### **Total Income: £6.7mF:**

- Over-recovery of patient care income mainly due to elective activity £3.7mF, diagnostic, direct access, day case and outpatients £2.5mF, other patient care income £1.8m. The industrial action impact on activity was £0.4mA.
- Higher passthrough drugs and devices than planned £8.2mF, matched by expenditure.
- Non delivery of CIP income within other operating income £5.2mA, Non delivery of non-recurrent income assumed in the plan £4.7mA

### **Pay and Agency: £4.8mA:**

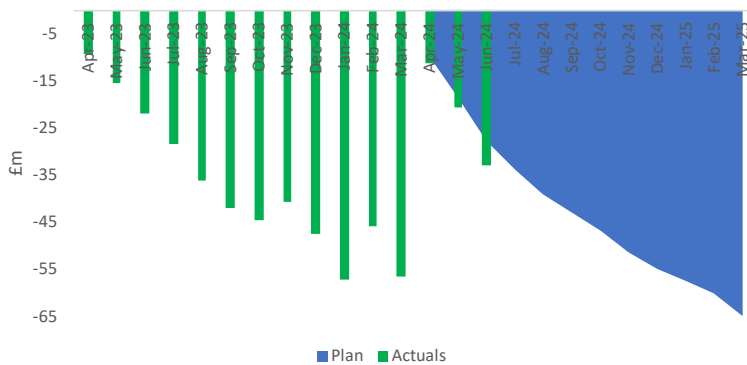
Pay is driven by medical industrial action £0.9mA and £1.9mA additional medical usage in W&C, RRCV and ITAPS due to activity, £3.5mA from UEC activity and other £0.7mF. Agency £0.8mF driven by continued focus on reducing agency usage in nursing and other clinical.

### **Non-Pay: £8mA:**

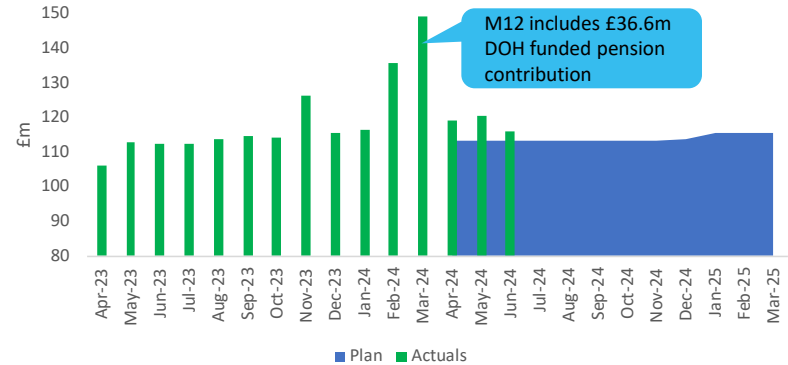
- Predominantly driven by excluded drugs and devices of £8.2mA which is matched by additional income.

# Month 3 I&E Dashboards

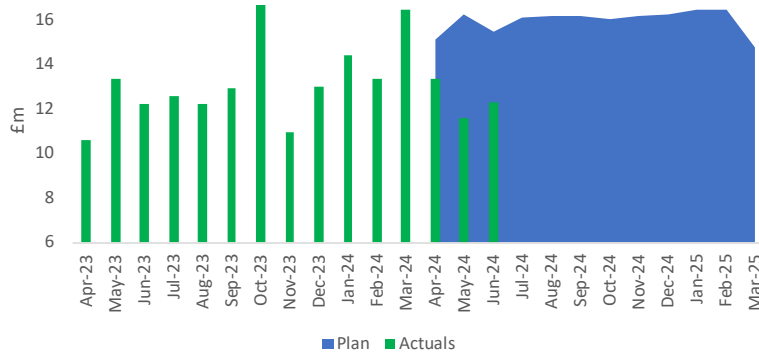
### Cumulative Surplus/(Deficit)



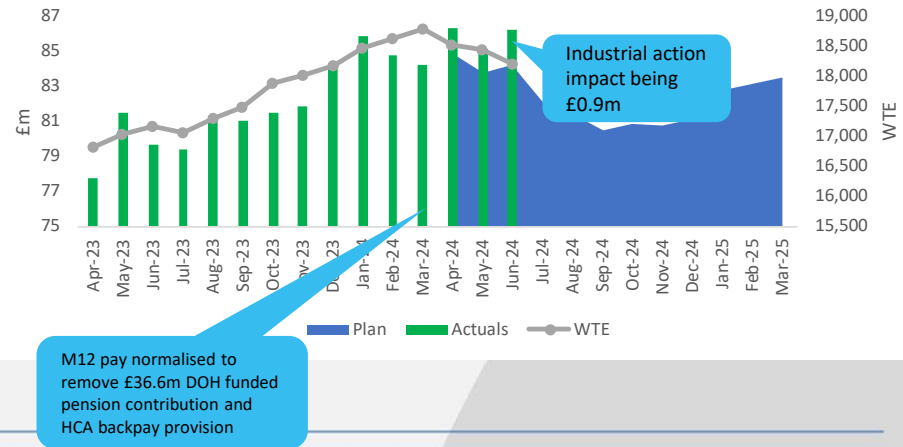
### Monthly PCI Income



### Monthly Other Income

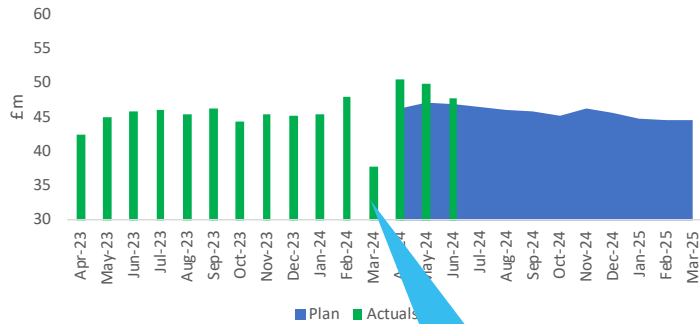


### Monthly Substantive/Bank/Agency Pay



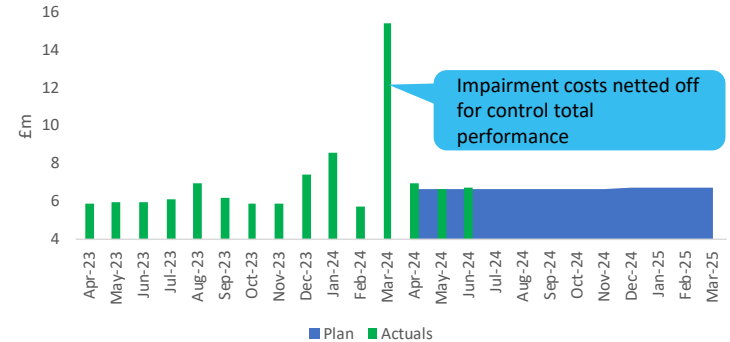
# Month 3 I&E Dashboards

### Monthly Non Pay



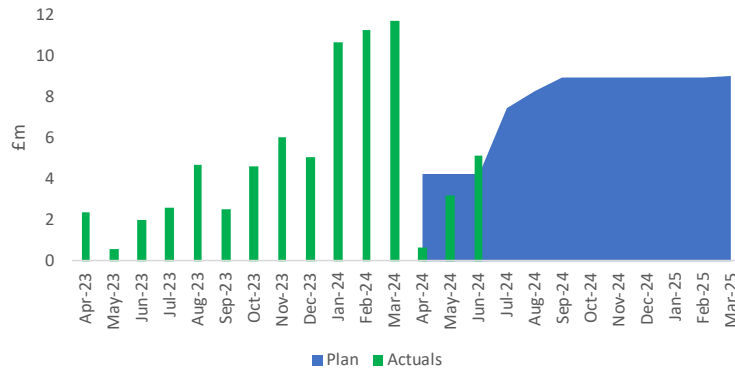
Planned release of provisions and balance sheet items

### Monthly Non Ops

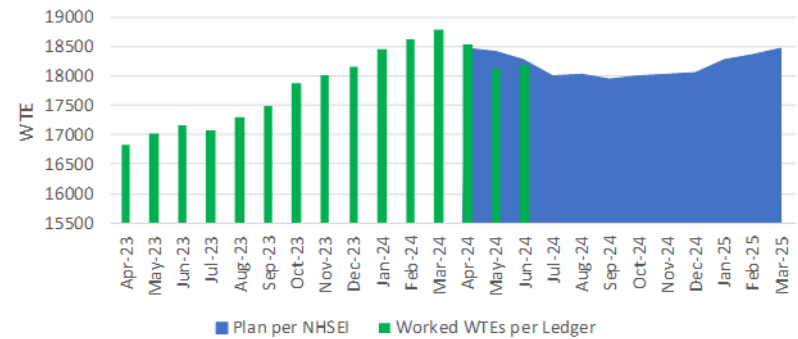


Impairment costs netted off for control total performance

### Cash Releasing CIP

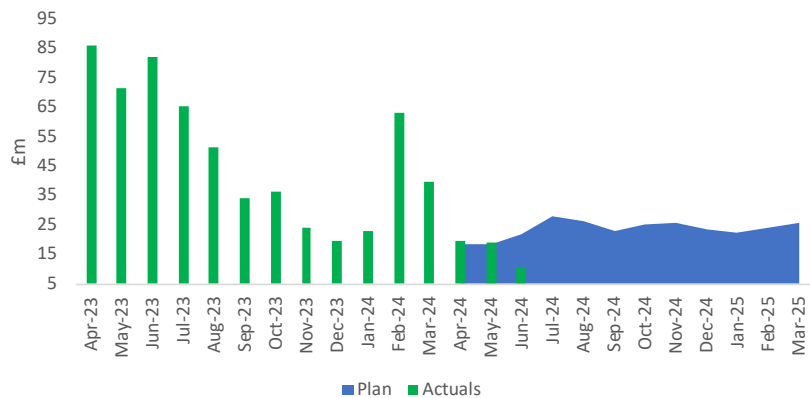


### Worked WTEs vs NHSEI Workforce Plan

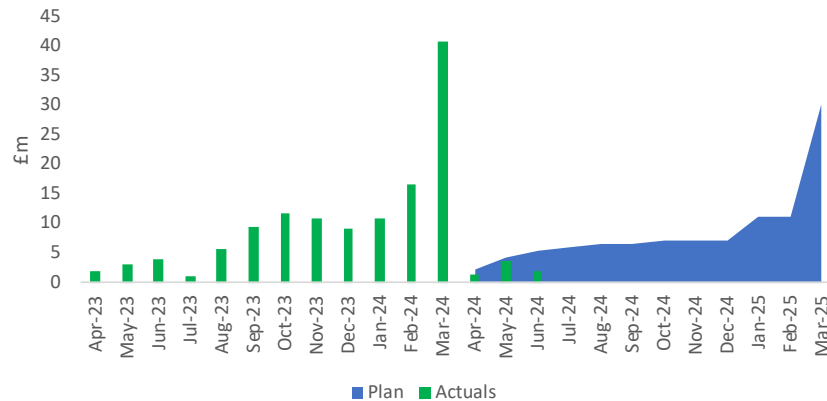


# Month 3 Balance Sheet Dashboards

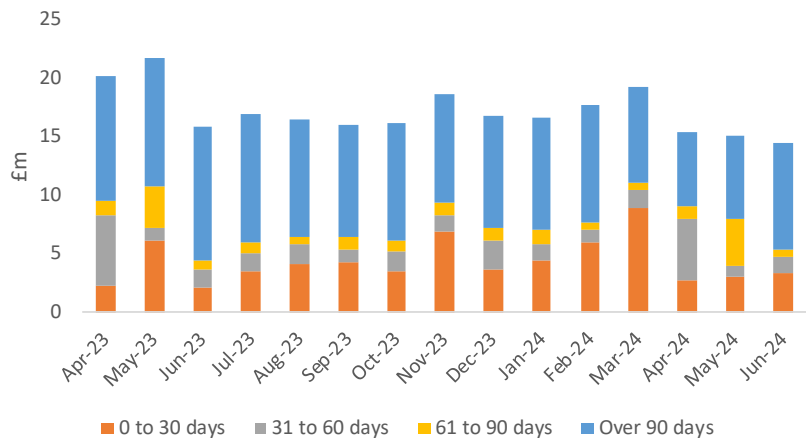
## Cash



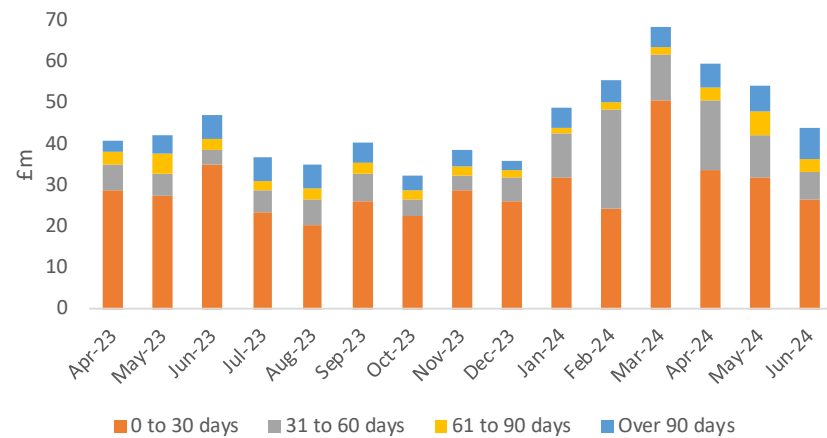
## Capital



## Debtors



## Creditors



# Statement of Financial Position

Statement of Financial Position	2024/25 M3 YTD				
	31-Mar-24	31-May-24	30-Jun-24	In Month Movement	YTD Movement
	£000s	£000s	£000s	£000s	£000s
<b>Non current assets</b>					
Intangible assets	23,449	22,531	22,044	(486)	(1,405)
Property, plant and equipment	776,355	772,346	770,075	(2,272)	(6,280)
Other non-current assets	3,019	4,153	4,271	118	1,252
<b>Total non-current assets</b>	<b>802,823</b>	<b>799,030</b>	<b>796,390</b>	<b>(2,640)</b>	<b>(6,433)</b>
<b>Current assets</b>					
Inventories	27,797	27,713	27,919	207	122
Trade and other receivables	42,791	57,858	64,732	6,874	21,941
Cash and cash equivalents	39,764	19,165	10,677	(8,487)	(29,087)
<b>Total current assets</b>	<b>110,352</b>	<b>104,735</b>	<b>103,329</b>	<b>(1,407)</b>	<b>(7,024)</b>
<b>Current liabilities</b>					
Trade and other payables	(134,512)	(133,093)	(129,890)	3,203	4,623
Borrowings / leases	(8,470)	(7,941)	(7,780)	161	690
Accruals	(34,391)	(22,382)	(28,127)	(5,745)	6,265
Deferred income	(4,813)	(13,607)	(14,254)	(647)	(9,441)
Dividend payable	0	(3,779)	(5,786)	(2,006)	(5,786)
Provisions < 1 year	(12,142)	(12,140)	(10,421)	1,719	1,722
<b>Total current liabilities</b>	<b>(194,329)</b>	<b>(192,942)</b>	<b>(196,257)</b>	<b>(3,315)</b>	<b>(1,928)</b>
<b>Net current assets / (liabilities)</b>	<b>(83,977)</b>	<b>(88,207)</b>	<b>(92,928)</b>	<b>(4,721)</b>	<b>(8,951)</b>
<b>Total Assets less Current Liabilities</b>	<b>718,846</b>	<b>710,823</b>	<b>703,461</b>	<b>(7,362)</b>	<b>(15,385)</b>
Borrowings / leases	(35,337)	(33,747)	(33,775)	(29)	1,561
Provisions for liabilities & charges	(3,596)	(3,596)	(3,596)	0	0
<b>Total non-current liabilities</b>	<b>(38,933)</b>	<b>(37,343)</b>	<b>(37,371)</b>	<b>(29)</b>	<b>1,561</b>
<b>Total assets employed</b>	<b>679,914</b>	<b>673,481</b>	<b>666,090</b>	<b>(7,390)</b>	<b>(13,823)</b>
Public dividend capital	(850,303)	(864,792)	(869,792)	(5,000)	(19,489)
Revaluation reserve	(217,730)	(217,730)	(217,730)	0	0
Income and expenditure reserve	388,119	409,041	421,431	12,390	33,312
<b>Total taxpayers equity</b>	<b>(679,914)</b>	<b>(673,481)</b>	<b>(666,090)</b>	<b>7,390</b>	<b>13,823</b>

- The Statement of Financial Position (SOFP) as at 30<sup>th</sup> June is presented in the table opposite. The key movements are explained as follows:
- **Non-Current Assets** - PPE and intangibles reduced by £2.7m as capex of £2.1m was offset by depreciation of £4.7m.
- **Trade and other receivables** – Increased by £6.9m largely due to an increase in prepayments of £4.9m relating to the timing of payments.
- **Cash Balances** – Cash balances contracted by £8.5m to £10.7m.
- **Trade and other payables and accruals** – Trade payables reduced by £3.2m mainly due to an increase in capital creditors of £3m, offset by the timing expenditure accruals relative to actual commitments.
- **PDC Dividend** – The increase of £2m reflects the accrued PDC dividend provision for Q1 (PDC dividend is paid twice annually in September and March).
- **Deferred Income** – increased by £0.6m mainly related to PCI contract income received relative to activity performance.
- **Provisions** – Reduced by £1.7m as the provision on VAT commercial trials was released, following the agreement reached with HMRC prior to year end, in relation to historic under declared output VAT.
- **Public Dividend Capital** – the movement of £5m is reflective of the PDC revenue support received in June to support cash balances.
- **Income and Expenditure Reserve** – The I&E reserve deteriorated by £12.4m in line with the in year reported income and expenditure position.

University Hospitals Leicester

June 2024

## Cash Flow

£'000	Act	FCT	ACT	Var	FCT	FCT
Cash flow	May-24	Jun-24	Jun-24	Jun-24	Jul	Q2 24/25
Block payments-Other CCG	9,710	10,755	11,060	305	10,453	16,893
Block payments-LLR ICB	90,601	93,775	93,775	0	90,836	164,864
Block payments-NHS England	18,236	15,523	15,532	9	17,069	165,606
Other NHS Income	1,359	1,200	1,023	(177)	1,200	3,600
PDC drawdown - Capital	3,939	3,838	-	(3,838)	4,834	12,001
PDC drawdown - Revenue Support	10,550	5,000	5,000	0	5,000	32,550
Health Education England	-	-	-	0	11,816	11,816
Non NHS Income	7,854	6,063	3,479	(2,584)	5,900	17,700
Research	4,996	5,169	5,230	61	2,200	6,600
Interest Income	224	200	163	(37)	208	608
VAT	7,902	2,800	2,980	180	2,751	8,351
<b>Total receipts</b>	<b>155,371</b>	<b>144,323</b>	<b>138,242</b>	<b>(6,081)</b>	<b>152,267</b>	<b>440,588</b>
Salaries and wages	(84,280)	(85,418)	(83,417)	2,001	(83,810)	(263,985)
Creditor payments	(62,277)	(58,100)	(59,108)	(1,008)	(60,393)	(164,293)
Capital Payments	(8,347)	(2,971)	(4,930)	(1,959)	(1,848)	(6,806)
PDC dividend	0		0	0	0	(11,571)
Net Movement on TGH	(905)		725	725	0	0
<b>Total payments</b>	<b>(155,808)</b>	<b>(146,489)</b>	<b>(146,730)</b>	<b>(241)</b>	<b>(146,051)</b>	<b>(446,655)</b>
Movement in period	(437)	(2,166)	(8,487)	(6,321)	6,217	(6,067)
<b>Balance brought forward</b>	<b>19,601</b>	<b>19,165</b>	<b>19,165</b>		<b>10,677</b>	<b>10,677</b>
<b>Balance carried forward</b>	<b>19,165</b>	<b>16,999</b>	<b>10,677</b>	<b>(6,321)</b>	<b>16,894</b>	<b>4,610</b>

- The Trust cash balance at the end of June was £10.7m, representing an in-month reduction of £8.5m, as cash receipts of £138.2m, were offset by £146.7m of outgoing payments. The cash balance was £6.3m worse than had been forecast at M2 and £11.4m worse than plan (£22m).
- The lower than income received (£6m) was due to reduced non-NHS income (£2.6m) and the timing in PDC capital drawdown (£3.8m) which was received in July.
- Higher than forecast creditor and capital payments in month were offset by a reduction in salaries and wages costs (£2m) due to lower agency payments and tax costs (£1m).
- The cash balance for July is forecast to increase by £7.2m to £16.9m, as a consequence of the anticipated HEE quarterly income of £12.5m and capital PDC of £4.8m.
- The current cash forecast for the Trust for Q2 24/25 is a balance of £4.6m.



# Capital Programme

Sources of Funding	Annual Plan 24/25 £'000	Movement	Revised Plan 24/25 £'000
ICS Envelope (internally generated)	45,240		45,240
PDC - EM Planned Care Centre	9,745		9,745
PDC - Reconfiguration	2,310	(110)	2,200
PDC - CDC Hinckley	3,958		3,958
PDC - Endoscopy	11,181		11,181
Charitable Funds	5,023		5,023
System Capital Allocation Reduction	0	(4,856)	(4,856)
<b>Total Capital Programme - 24/25</b>	<b>77,457</b>	<b>(4,966)</b>	<b>72,491</b>
Operational IFRS16 leases	7,360		7,360
IFRS16 leases - CDC Hinckley	19,314		19,314
<b>Total Capital Programme inc Leases</b>	<b>104,131</b>	<b>(4,966)</b>	<b>99,165</b>

Area	Revised Annual Plan £'000	YTD Plan £'000	M03 Actuals £'000	Variance to M03 YTD Plan £'000
<b>System Funded</b>				
Endoscopy Enabling works (Slippage)	1,300	324	0	(324)
MES Lease	2,733	0	0	0
MES Enabling	2,611	0	153	153
Estates Backlog	5,602	720	1,045	325
Estates Projects	4,121	471	1,991	1,520
EM Planned Care Centre	5,200	1,125	0	(1,125)
IM&T - EPR & Strategic Digitisation - workplace & data	2,000	1,836	1,395	(441)
IM&T - New / Additional / Growth (laptops, PCs, mobile devices)	0	0	0	0
IM&T - Pre Committed - BAU/ Rep'tment / Obsolescence	2,600	455	102	(353)
IM&T - EPR Implementation	3,300	0	301	301
eEquip - IM&T - Lease	0	0	64	64
eEquip - IM&T - Lease Settlement	800	0	0	0
eEquip - IM&T - New Purchases	0	0	(1)	(1)
VAT Recovery - IM&T	0	0	(1,303)	(1,303)
Linear Accelerator	850	171	74	(97)
Medical Equipment	1,945	411	593	182
UEC	8,922	0	254	254
Corporate	987	0	273	273
VAT Recovery Offset	(2,587)	0	(2,587)	(2,587)
		0		
<b>Total System Funded Schemes</b>	<b>40,384</b>	<b>5,613</b>	<b>2,353</b>	<b>(3,160)</b>
<b>PDC Funded Schemes</b>				
Reconfiguration	2,200	559	513	(46)
Endoscopy	11,181	1,118	338	(780)
EM Planned Care Centre	9,745	3,898	3,347	(551)
CDC Hinckley	3,958	0	0	0
<b>Total PDC Funded Schemes</b>	<b>27,084</b>	<b>5,575</b>	<b>4,198</b>	<b>(1,377)</b>
Charitable Schemes	500	126	105	(21)
NiHR External Grant 1 & 2	4,523	432	91	(341)
<b>Total Charity Funded Schemes</b>	<b>5,023</b>	<b>558</b>	<b>196</b>	<b>(362)</b>
<b>Total Capital Programme</b>	<b>72,491</b>	<b>11,646</b>	<b>6,746</b>	<b>(4,900)</b>
Leases IFRS16	26,674	0	159	159
<b>Total Capital Programme inc Leases</b>	<b>99,165</b>	<b>11,646</b>	<b>6,905</b>	<b>(4,741)</b>
Donated Income/Grant rec'd	0	(196)	(196)	0
Less: Book value of asset disposals	0	(70)	(70)	0
<b>Net CDEL</b>	<b>99,165</b>	<b>11,380</b>	<b>6,639</b>	<b>(4,741)</b>

The Trust commenced the year with an agreed annual plan of £104.1m. This has reduced by £4.9m (£5.8m for the LLR System) to £99.2m as a consequence of the Trust and System not submitting a balanced revenue plan for 24/25. It was agreed at the previous FIC, under advisement from CMIC, that this reduction would be accommodated by:

1. £2.6m of VAT credit received in months 1 & 2 (excluding IM&T).
2. £2.3m of MES schemes deferred into 25/26 (Cath Lab & CT). although if further slippage is identified across the rest of the programme, these MES budgets could be reinstated.

Priority schemes have been agreed post submission of the opening plan and included in the plan but for which funding has not yet been identified, including EPR funding shortfall (£1.1m) and the EMPCC TrustMed LGH Refurbishment (£1.2m). There are also further pressures, including end user IT refresh and growth and new or renewals of IFRS16 lease agreements, not included in the original capital plan. Options continue to be explored in order to fund these schemes from slippage across the 24/25 operational capital programme.

At Month 3, net expenditure committed was £6.6m (charge against CDEL) against a year-to-date Plan of £11.4m (£4.7m underspend).

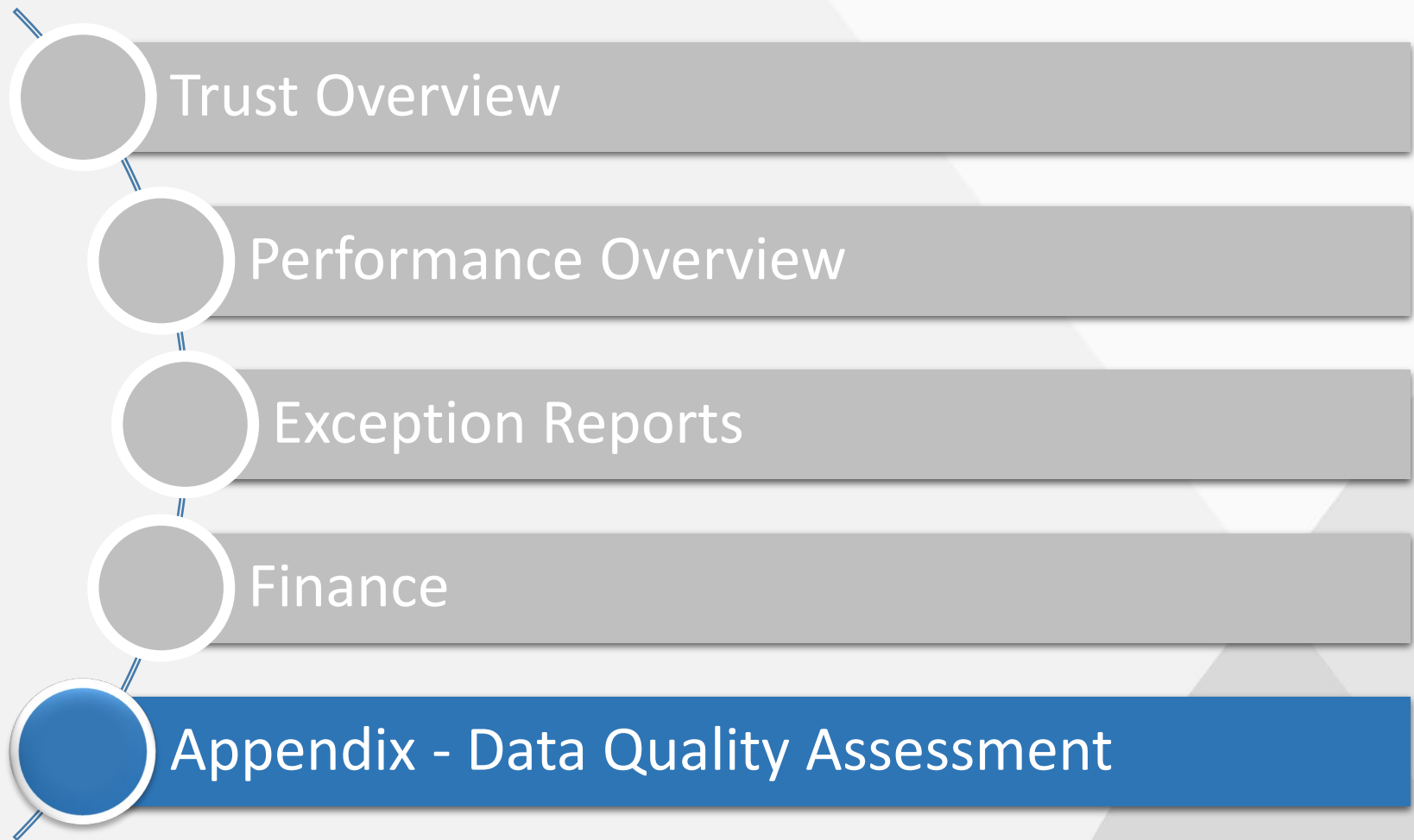
In month, expenditure incurred was £2.1m, mainly relating to the following schemes:

- Estates Projects £1.3m - Maternity CQC Works - £0.6m, CRO Works - £0.5m, TGH Compliance - £0.2m
- NHP Recon Fees - £0.4m
- EMPCC Construction Works - £0.4m

The capital planning for 25/26 and the medium term has commenced. The LLR System has requested the Trust to provide details of what capital plans look like for the next 10 years. This process will be completed in two phases, the first phase being the submission of strategic (indicative plans and values submitted on the 8th of July). The need is to prioritise strategic schemes based on clear linkage to estates/digital/medical equipment strategies. The second phase is the submission of the operational bids to be sent to the System by the 31st of July, noting there is a significant gap between prioritised plans and available capital. Programme leads have been asked to refresh and re-score their scheme schedules to this end. More detail is provided in the M3 Capital position report.

University Hospitals Leicester

June 2024



# Data Quality Assessment

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

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

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