

UNITED LINCOLNSHIRE HOSPITALS TRUST

PERFORMANCE & TARGETS

PERIOD TO 31st MAY 2016

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Title: Performance & Targets Report
To: Trust Board
From: Mark Brassington, Chief Operating Officer
Author: Katherine Hensby, Planning & Performance Manager
Date: 5th July 2016

Purpose of the Report:

To update the Board on the performance of the Trust for the period ending 31st May 2016, and set out the plans and trajectories for performance improvement.

The Report is provided to the Board for:

Decision	Discussion
Assurance x	Endorsement

Recommendations:

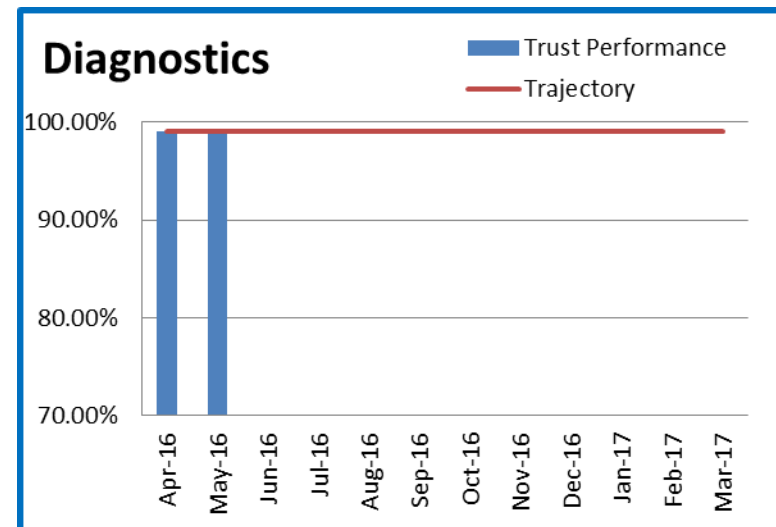
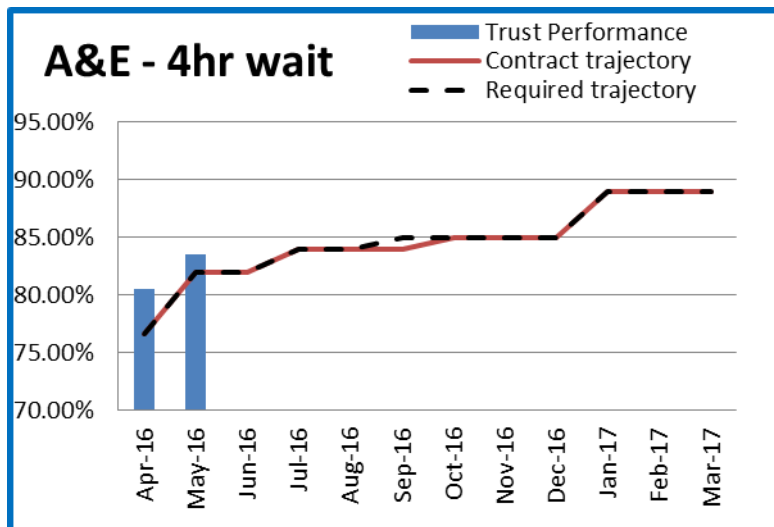
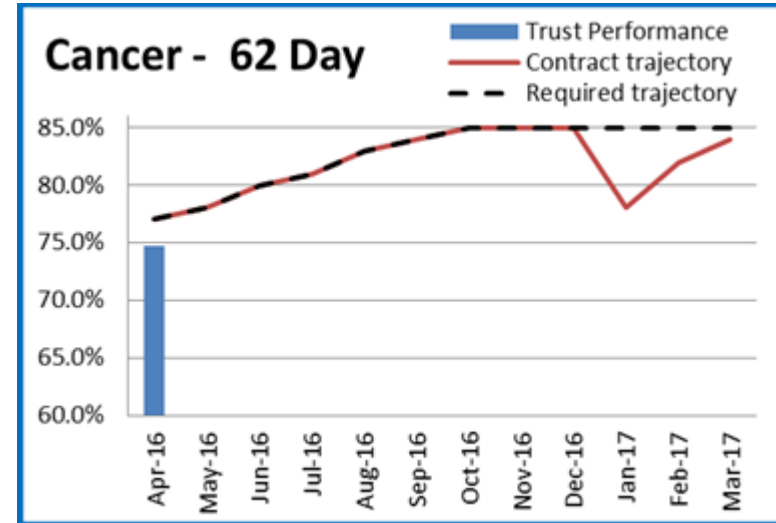
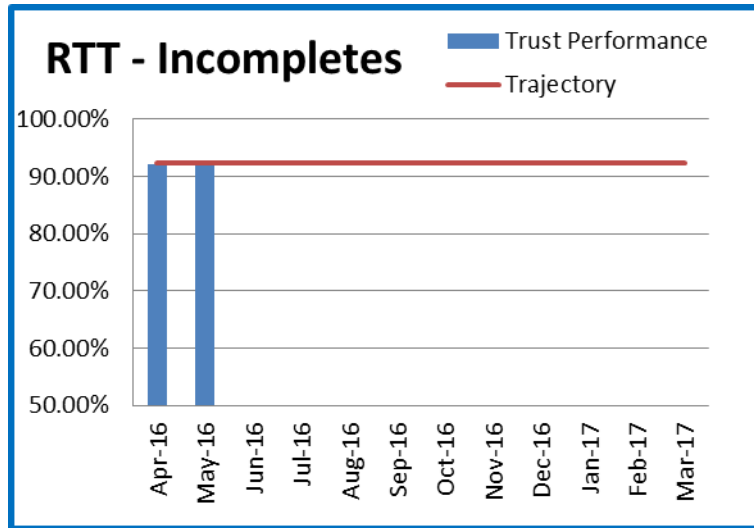
The Board are asked to note the current performance and future projections for improvement.
This is an evolving report and the committee are invited to make suggestions as we continue to develop it.

Strategic Risk Register	Performance KPIs year to date As detailed in the report
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Resource Implications (e.g. Financial, HR) None
Assurance Implications: The report is a central element of the Board Assurance Framework
Patient and Public Involvement (PPI) Implications None
Equality Impact None
Information exempt from Disclosure None
Requirement for further review? The report will be updated in August 2016 reflecting performance to 30 th June 2016.

1. Priority Deliverables – STF Trajectories

These graphs show the Trusts performance against the four areas that were submitted as priority deliverables as part of the Sustainable Transformation Fund. All STF Trajectories are provided at the end of the report. Cancer and A&E have both contractual trajectories and also a required trajectory which was in light of recent dialogue with NHS Improvement.



2. A&E 4 hour wait

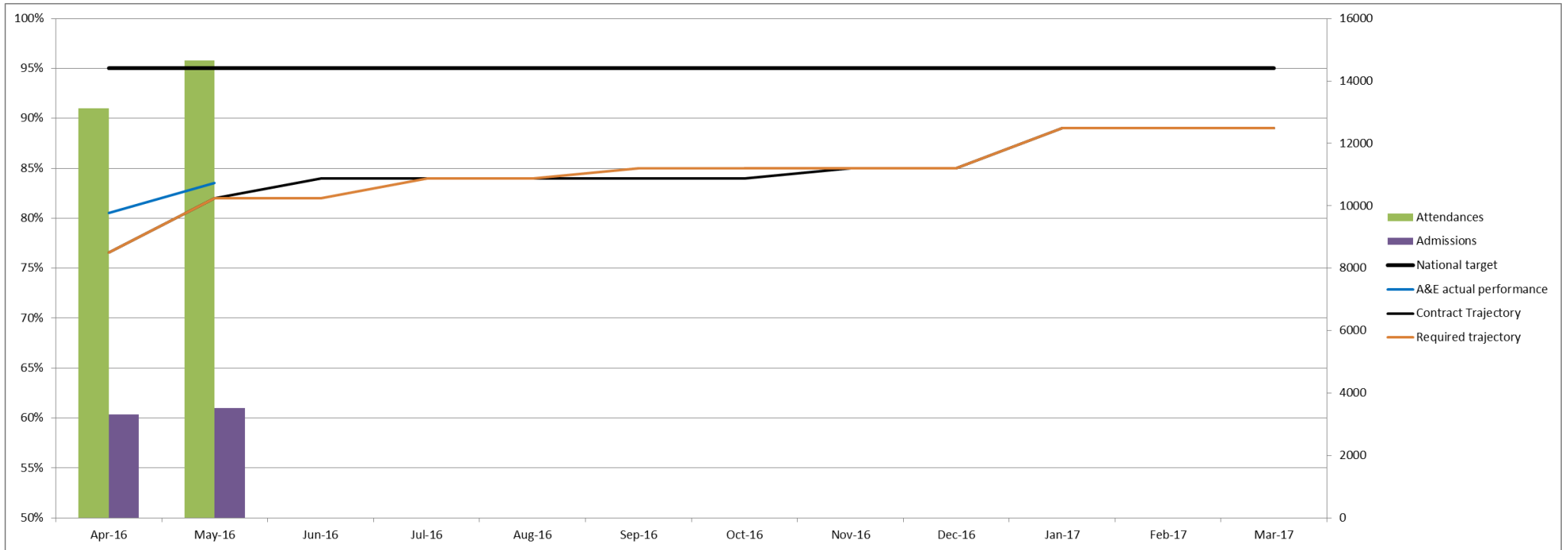
	4 hour standard for total time in A&E	Standard	Trust		Lincoln		Pilgrim		Grantham	
			May-16	YTD	May-16	YTD	May-16	YTD	May-16	YTD
	Lead Director: Mark Brassington; Chief Operating Officer	95%	83.52%	82.11%	85.10%	82.17%	78.87%	77.55%	88.02%	89.88%

Site	Underperformance exception report	Actions taken to achieve the standard
Lincoln	<p>Attendances in May were 6515 with an average daily attendance of 210 patients. Admissions through A&E in May were 1565 (24.02%)</p> <p>High level performance review</p> <p>- 82.17% year to date (-7.27% compared to same YTD period last year)</p> <p>- 12617 year to date A&E attendances (+0.02% compared to same YTD period last year)</p> <p>- A&E admissions -0.45% (compared to same YTD period last year)</p> <p>- GP admissions +29.4% (compared to same YTD period last year)</p>	<p>The site continues to work towards the recovery plan. In May, the highest number of attendances on one day was 236, on 8th May, performance on that day was 92.4%. There were 18 4 hour breaches and 19.5% of patients were admitted.</p> <p>The key issues impacting on Lincoln's site performance are:</p> <ul style="list-style-type: none"> • Continued high attendances into the site – regularly in excess of 200 per day; • Staffing issues linked to covering A&E consultant posts, nursing shifts – this has led to a reliance on locum and agency cover; • Heightened demand resulting in reliance on escalation beds required including using areas such as Ambulatory Care and Surgical Admissions Lounge. These issues continue to persist into May. <p>Hatton (27 beds) has been closed for approximately 2 weeks due to C. Diff. outbreak. There are 2 side rooms closed on MEAU (due to flooding a year ago) that remain closed and a further side room on Dixon has been closed for building works. 30 medical beds closed has had a significant “exit block” in A&E.</p> <p>Key actions to improve A&E performance at Lincoln include:</p> <ul style="list-style-type: none"> • Reduced length of stay – down 0.5 days since April through the work being done in the discharge hub and through the use of the SAFER bundle. Work on this is continuing. • New processes for transferring patients out of assessment units within a set timeframe • Adopting some of the ECIP documentation from the perfect week has increased early discharges – 33% typically on week days now, instead of 18% previously • Looking at different staffing models – ward liaison officers to free up nursing time, pharmacists working in A&E etc. • Implementing a process to review “Stranded Patients” • Looking to “Right Size” bed numbers to reduce occupancy at Lincoln and Pilgrim next year and to mainstream some of the winter plans as it costs the same to staff (e.g.) pharmacy with substantive staff to run a 7 day service all year as it does to pay for locums for winter surge. <p>Developing full A&E improvement action plan in line with the Emergency Care Delivery Group</p> <p>Senior consultant in A&E is “performance managing” volumes of work undertaken by colleagues</p>

Pilgrim	<p>Attendances in May were 5126 with an average daily attendance of 165 patients. Admissions through A&E in May were 1574 (30.71%)</p> <p>High level performance review</p> <p>- 77.55% year to date (-2.63% compared to same YTD period last year)</p> <p>- 9618 year to date A&E attendances (+0.02% compared to same YTD period last year)</p> <p>- A&E admissions +2.42% (compared to same YTD period last year)</p> <p>- GP admissions +17.9% (compared to same YTD period last year)</p> <p>.</p>	<p>The site continues to work towards the recovery plan. In May, the highest number of attendances on one day was 190 on 29th May performance on that day was 83.2%. There were 32 4 hour breaches on that day and 28.4% of patients were admitted.</p> <p>Pilgrim narrative will be included by exception (i.e. for months under the 95% standard). Aside from general heightened demand over the winter months, the key issues impacting the site's performance are:</p> <ul style="list-style-type: none"> • Increased pressure resulting in continued high bed occupancy and reliance on escalation beds • Continued issues with delayed transfers of care/medically fit for discharge patients • A number of delays due to waits for NSL transport which continues to be escalated via the commissioning route; • Nurse vacancies remain high across the hospital as a whole <p>Key actions to improve A&E performance at Pilgrim during May include a focus on those identified as part of the 30 day action plan which was funded through winter resilience funding. These included:</p> <ul style="list-style-type: none"> • Recruitment of Newly qualified and overseas nurses to help fill vacancies • Introduction of weekly stranded patient review meetings to facilitate earlier discharges • Early planning stages commenced to look at short stay bed configuration with the aim to improve patient flow through the site • Continued implementation of the Safer Bundle
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<p>Grantham</p>	<p>Attendances in May were 3005 with an average daily attendance of 97 patients. Admissions through A&E in May were 387 (12.88%)</p> <p>High level performance review</p> <ul style="list-style-type: none"> - 89.88% year to date (-5.73% compared to same YTD period last year) - 5541 year to date A&E attendances (-0.02% compared to same YTD period last year) - A&E admissions +0.88% (compared to same YTD period last year) - GP admissions +47.7% (compared to same YTD period last year) 	<p>The site continues to work towards the recovery plan. In May, the highest number of attendances on one day was 122 on 9th May, performance on that day was 75.4%. There were 30 4 hour breaches on that day and 13.9% of patients were admitted.</p> <p>Grantham narrative will be included by exception (i.e. for months under the 95% standard). Aside from general heightened demand over the winter months, the key issues impacting the site's performance are:</p> <ul style="list-style-type: none"> • The Grantham hospital has experienced extreme pressures this month with up to 16 escalation beds open. • A&E attendances have increased significantly (up to 19%) • Elective orthopaedic and general surgery has been cancelled due to emergency care demand and lack of capacity and bed availability. • Staffing the wards with Nursing staff has been difficult on occasions due to inability to staff wards to agreed template due to vacancies, bank availability and sickness, this has been compounded by the need to staff escalation beds • Nursing vacancies remain high (approx. 24 wte) • CCU has two beds currently closed due to inability to provide a consistent staff template (due to sickness, vacancies etc.) • Delayed transfers of care remain high averaging 20+ MFFD patients with assessment beds being the main concern • Tragically this month one of our Junior Drs was killed in an RTA on the way to work which has had a huge effect on the department. <p>Key actions to improve A&E performance at Grantham include:</p> <ul style="list-style-type: none"> • HON, Matrons, and Business manager involved continually throughout the day managing operational flow and A&E • Nursing vacancies – have had recruitment for CCU, waiting HR process and 10 possible recruits from Philippines. Matron from this site going to Philippines in May to join recruitment team • Most nursing posts in A&E recruited to all of which start by September • Urgent care improvement group has been set up on site that includes all stakeholders in the Urgent Care Pathway. This meeting will feed into the Execs Operational Emergency Group • Medical and nurse co-ordinator now in place to provide guidance to the team in A&E • HON has led three successful site sisters training sessions in conjunction with the Emergency Planning Team to address gaps in skills and knowledge of the bronze level responsibility • We are in the process of creating an Urgent care operational lead (band 7) that will manage the flow more pro-actively • Weekly Operational meeting underway in A&E that supports and acts on weekly issues to improve performance
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Trust Actual Position



3. Access to Services: Referral to Treatment

Access to Services: Lead Director: Mark Brassington; Chief Operating Officer	Standard	Trust		Lincoln		Pilgrim		Grantham		Louth	
		May-16	YTD	May-16	YTD	May-16	YTD	May-16	YTD	May-16	YTD
Referral to Treatment - Incompletes Total	92%	92.45%	92.28%	93.05%	92.79%	92.22%	92.10%	90.63%	90.75%	92.71%	92.44%
Referral to Treatment - Incompletes Admitted		83.99%	82.97%	78.17%	77.15%	85.74%	84.80%	87.19%	85.37%	85.47%	83.63%
Referral to Treatment - Incompletes Non-Admitted		94.41%	94.42%	95.52%	95.38%	93.64%	93.73%	91.19%	91.59%	95.19%	95.26%

May Performance Overview

The Trust achieved 92.45% in May which was the tenth month in a row that the Trust have achieved the RTT standard. This level of performance is particularly positive against a national position where RTT performance continues to deteriorate, with the country as a whole not achieving the 92% standard during March and April.

The central 18 week team continue to lead training of relevant staff groups to improve data quality. An internal validation team is now in place.

Key specialities where performance has been challenged during May include Orthopaedics, General Surgery and Cardiology. Performance within General Surgery and Orthopaedics has remained relatively static over recent months, additional capacity is being provided in the short term in these areas whilst the Business Units implement longer term sustainable improvement strategies. The reduced level of performance in Cardiology occurred within March and continued into April, the Business Units are currently devising recovering plans for this speciality however the primary driving factor is Consultant vacancies.

4. Cancelled Operations

The total number of cancelled operations on the day for non-clinical reasons in May 2016 was (%). patients were not admitted within 28 days of their cancellation. The national benchmarking demonstrates a cancellation rate average of 1.1%

The total number of cancelled operations on the day before for non-clinical reasons was (%).

The Trust is implementing recommendations from a recent Internal Audit with regards to Cancelled Operations. This includes a revision of the standards – to align to the NHS Contract and national benchmarking

5. Cancer

CANCER PERFORMANCE 2016/17

	Std	May 15 Valid'd Actual	June 15 Valid'd Actual	July 15 Valid'd Actual	Aug 15 Valid'd Actual	Sept 15 Valid'd Actual	Oct 15 Valid'd Actual	Nov 15 Valid'd Actual	Dec 15 Valid'd Actual	Jan 16 Valid'd Actual	Feb 16 Valid'd Actual	Mar 16 Valid'd Actual	Apr 16 Valid'd Actual	May 16 Forecast
14 day cancer	93%	91.4%	91.9%	92.7%	92.7%	88.9%	91.8%	95.7%	95.5%	93.2%	94.9%	92.5%	87.8%	92.6%
14 day breast	93%	87.0%	88.5%	83.4%	85.8%	81.8%	87.8%	93.8%	94.3%	93.8%	95.9%	90.6%	94.6%	96.7%
31 day first	96%	96.0%	95.2%	97.4%	93.6%	98.4%	99.1%	99.0%	98.1%	96.1%	97.2%	96.7%	95.8%	95.2%
31 day subs:														
drug	98%	100%	96.5%	99.2%	98.9%	98.4%	100%	98.8%	94.0%	83.3%	98.9%	91.6%	84.6%	97.6%
radiotherapy	94%	75.3%	83.0%	96.0%	93.1%	95.1%	94.9%	98.0%	97.4%	73.5%	88.9%	90.7%	84.0%	93.3%
surgery	94%	97.4%	91.9%	95.3%	96.7%	91.3%	97.1%	94.4%	97.1%	87.8%	92.2%	92.1%	80.4%	90.5%
62 day classic	85%	67.3%	72.4%	72.7%	78.2%	70.3%	74.1%	82.6%	84.8%	72.8%	71.8%	75.6%	74.7%	70.2%
62 day screening	90%	85.7%	77.8%	100%	73.9%	84.2%	87.5%	92.5%	81.2%	84.8%	88.9%	92.1%	80.6%	85.5%
62 Day Upgrade	85%	100%	100%	100%	88.2%	100%	96.4%	87.9%	85.2%	90.5%	68.4%	69.2%	85.0%	81.5%

CANCER PERFORMANCE 2015/16

	Std	Q1 Valid'd Actual	Q2 Valid'd Actual	Q3 Valid'd Actual	Q4 Valid'd Actual	Year End Valid'd Actual
14 day cancer	93%	88.5%	91.4%	94.3%	93.6%	91.9%
14 day breast	93%	73.3%	83.7%	91.9%	93.5%	85.2%
31 day first	96%	96.8%	96.6%	98.8%	96.6%	97.2%
31 day subs:						
drug	98%	98.4%	98.8%	97.9%	91.5%	96.8%
radiotherapy	94%	80.1%	94.8%	96.9%	85.2%	88.8%
surgery	94%	93.8%	94.1%	96.2%	90.8%	93.5%
62 day classic	85%	72.0%	73.6%	80.1%	73.3%	74.9%
62 day screening	90%	85.0%	86.8%	87.3%	88.8%	87.1%
62 Day Upgrade	85%	100%	97.7%	89.9%	74.9%	85.6%

Context:**Context:**

Demand is continuing at unprecedented levels, as can be seen in the graphs below, giving challenges to diagnose all patients by day 41 (please note: the Government intention is to bring this down to day 28). This increased number of referrals and hence demand on all diagnostics, including Breast diagnostics (mammograms and ultrasound), MRI and CT, is delaying diagnosis and putting additional pressures to treat the patients within a smaller window before they breach. To support the development of these areas, a review of the tumour sites able to provide a One-Stop-Shop First Appointment is to be completed along with extending the Straight to Test triage service that has been piloted in Lower GI at Lincoln.

Following the 2ww success of the Lincoln Lung pilot, the 7 Day Horizon has continued to be deployed into other tumour sites. To date it is being utilised within Lincoln, Louth & Grantham Head & Neck, Lincoln Lower GI, Grantham Lower GI and pan-Trust Gynae, with the next cohort to start moving across being Pilgrim Lung and Lower GI, and pan-Trust Upper GI. For those tumour sites not following the 7 Day Horizon plan, a refresh of the IST Capacity & Demand Modelling is underway and those Business Units will ensure their First Appointment capacity matches the 85th percentile of their expected referral rates, including an expected increase of 10 – 20%. For the latter system it must be noted that there will likely be a knock-on effect on 18 Week performance as a number of these slots will need to be reverted to Routine/Urgent at short notice when not required for 2ww patients. This is monitored under a PDSA cycle to establish most appropriate levels to satisfy both 2ww and 18 Week patient needs.

Chemotherapy performance had a significant dip in performance due staffing problems around trained chemo nurses, closure of Pilgrim Pharmacy for upgrade, the new e-Prescribing system being implemented and an increase in total number of patients within the Chemotherapy system (more patients having more treatments over longer period). To overcome these challenges the following are being implemented: fast-track chemo training plan, redesign of pharmacy chemo pathway, options appraisal on chemotherapy location/environment and further rollout of the Mobile Chemotherapy Unit.

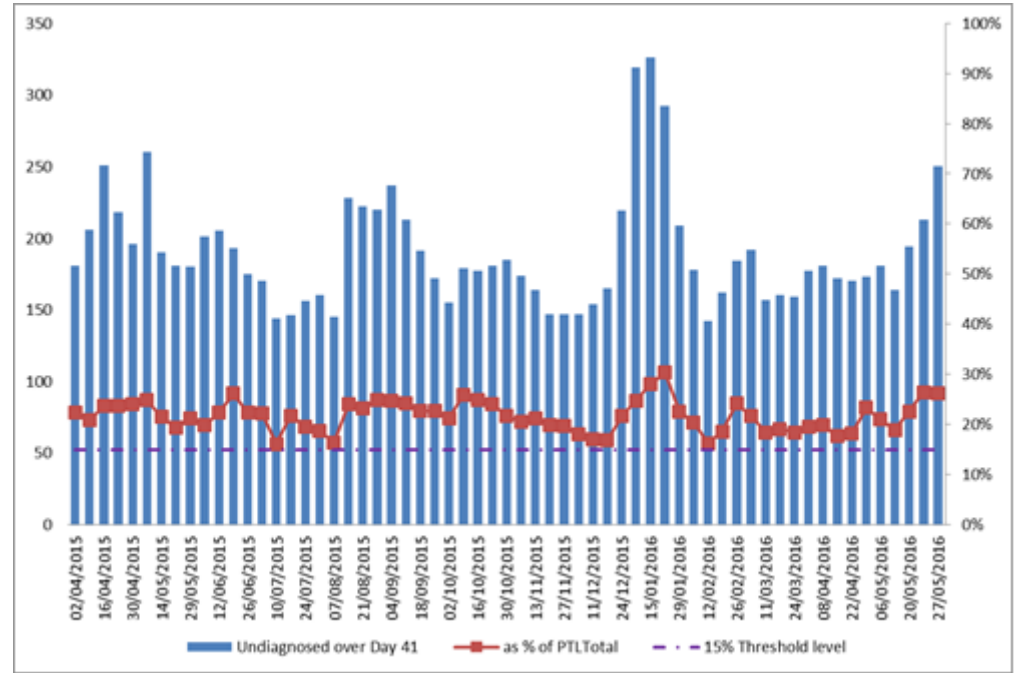
Radiotherapy performance was impacted by the unforeseen breakdown during the commissioning of the new LINAC, the increase in proportion of patients having IMRT requiring more complex planning and a significant lack of Oncologists (particularly having the correct Oncologist for the tumour site). We now have all 12 Oncologists in post and forecast by June/July performance should show an improvement.

The 62 Day Classic standard continues to remain the most challenged standard and work continues to improve the quality of the patient journey on the understanding that improvements in this will work directly towards achievement of this standard. Additional projects have begun internally to focus on the Urology, Lower GI and Lung pathways as well as what other improvements can be made around the diagnostic phase of the patient journey. Work has also begun with tertiary colleagues to improve the pathways for patients going to other Trusts for diagnostic tests and/or treatments. The Trust also holds a weekly 62 Day Trajectory meeting, chaired by a Deputy Director, for all tumour sites to report against agreed Action Plan.

Suspected Cancer and Breast Symptomatic Referrals received



62 day PTL – Number of patients undiagnosed over Day 41



E – Event (one-off), TE – Themed Event (more than one occurrence)

	2 Week Wait Suspect Cancer	Standard	Trust		Lincoln		Pilgrim		Grantham		Louth	
			Apr-16	YTD	Apr-16	YTD	Apr-16	YTD	Apr-16	YTD	Apr-16	YTD
				93%	87.8%	87.8%	86.26%	86.26%	89.97%	89.97%	91.55%	91.55%
<i>Underperformance exception report</i>		<i>Actions taken to achieve the standard</i>					<i>Achievement Forecast</i>					
93 breaches more than tolerance; reasons for breaches were: patient choice (106 patients declined, cancelled or unavailable for appointment inside 14 days); lack of capacity (93 patients: 1 Brain, 3 Breast, 1 Children's, 1 Gynae, 2 Head & Neck, 4 Lower GI, 34 Skin, 9 Upper GI, 38 Urological); Admin delays (largely due to issues around telephone triage for Lower GI)		Revised 2ww capacity & demand reports to include Q4 demand rates to ensure capacity is suitable for these levels of referrals for tumour sites not undertaking 7 Day Horizon booking					May and June are forecast to underperform					

	31 Day Frist Treatment	Standard	Trust		Lincoln		Pilgrim		Grantham		Louth	
			Apr-16	YTD	Apr-16	YTD	Apr-16	YTD	Apr-16	YTD	Apr-16	YTD
				96%	95.8%	95.8%	95.03%	95.03%	96.29%	96.29%	76.92%	76.92%
<i>Underperformance exception report</i>		<i>Actions taken to achieve the standard</i>					<i>Achievement Forecast</i>					
11 Breaches in total, 1 above tolerance – 5 due to lack of capacity (2 x Head and Neck, 1 Lung, 1 Skin, 1 GI), 2 patient choice.							May is forecast to underperform, June is forecast above standard					

	31 Day Subsequent Treatment – Drug	Standard	Trust		Lincoln		Pilgrim		Grantham		Louth	
			Apr-16	YTD	Apr-16	YTD	Apr-16	YTD	Apr-16	YTD	Apr-16	YTD
			98%	84.6%	84.6%	81.1%	81.1%	100%	100%	66.7%	66.7%	100%
<i>Underperformance exception report</i>		<i>Actions taken to achieve the standard</i>					<i>Achievement Forecast</i>					
16 Breaches more than tolerance (15 lack of capacity, 2 patient fitness, 1 patient choice)		Fast-track chemo training plan, redesign of pharmacy chemo pathway, options appraisal on chemotherapy location/environment and further rollout of the Mobile Chemotherapy Unit					May is forecast to underperform, June is forecast above standard					

	31 Day Subsequent Treatment – Radiotherapy	Standard	Trust		Lincoln		Pilgrim		Grantham		Louth	
			Apr-16	YTD	Apr-16	YTD	Apr-16	YTD	Apr-16	YTD	Apr-16	YTD
			94%	84.0%	84.0%	84.0%	84.0%	-	-	-	-	-
<i>Underperformance exception report</i>		<i>Actions taken to achieve the standard</i>					<i>Achievement Forecast</i>					
12 Breaches more than tolerance (10 lack of capacity, 8 patient choice, 1 medical reasons)		Mid-May we will have all 12 Oncologists in post and the end June/July performance should show an improvement					May is forecast to underperform, June is forecast above standard					

	31 Day Subsequent Treatment – Surgery	Standard	Trust		Lincoln		Pilgrim		Grantham		Louth	
			Apr-16	YTD	Apr-16	YTD	Apr-16	YTD	Apr-16	YTD	Apr-16	YTD
			94%	80.4%	80.4%	70%	70%	100%	100%	100%	100%	-
<i>Underperformance exception report</i>		<i>Actions taken to achieve the standard</i>					<i>Achievement Forecast</i>					
7 Breaches more than tolerance – 8 capacity breaches (all skin) and 1 patient choice.		An issue arose when a service was repatriated to ULH, creating multiple breaches in April. This has been resolved.					May is forecast to underperform, June is forecast above standard					

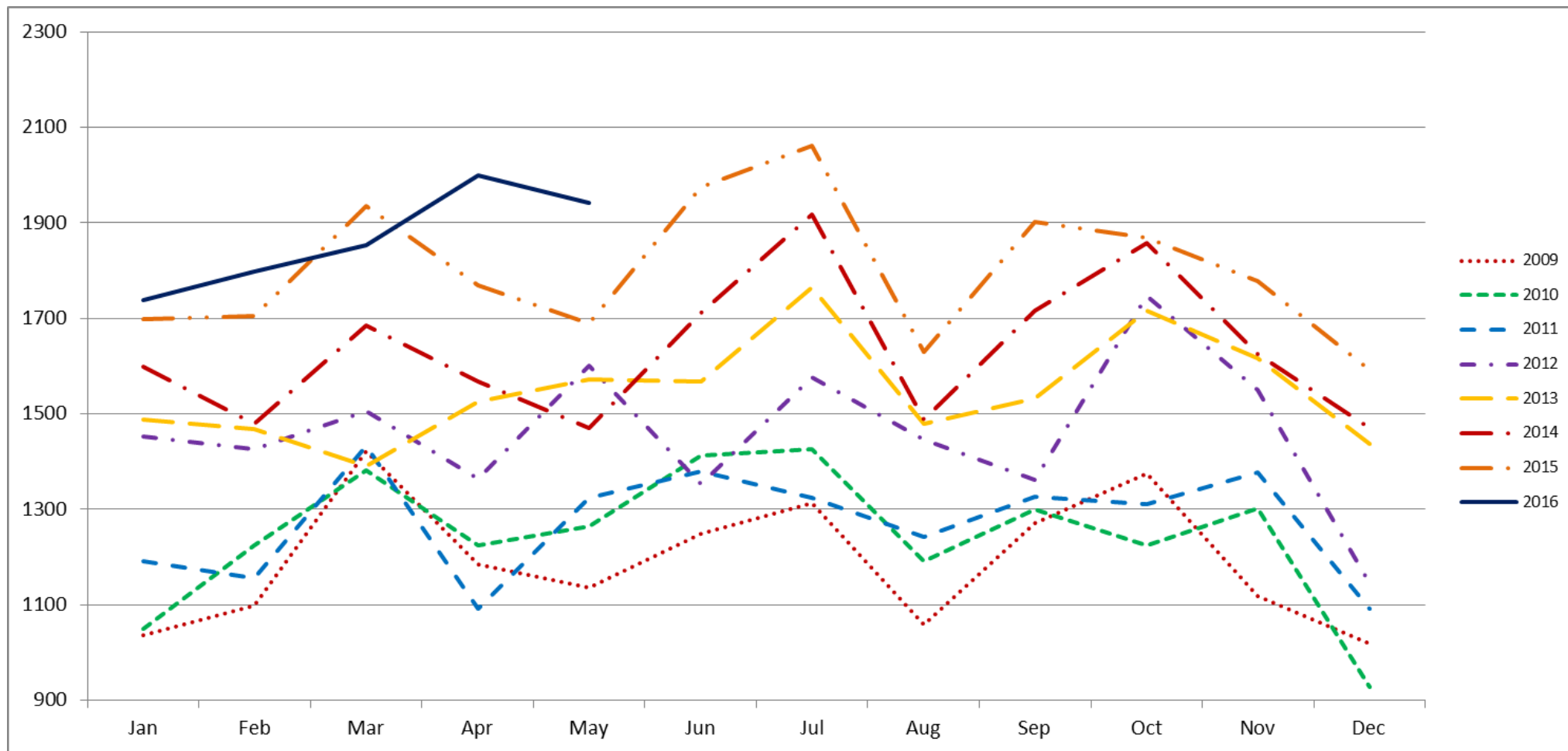
	62 day waiting time from referral to treatment	Standard	Trust		Lincoln		Pilgrim		Grantham		Louth	
			Apr-16	YTD	Apr-16	YTD	Apr-16	YTD	Apr-16	YTD	Apr-16	YTD
			85%	74.7%	74.7%	72.01%	72.01%	85.7%	85.7%	66.67%	66.67%	-

<i>Underperformance exception report</i>	<i>Actions taken to achieve the standard</i>	<i>Achievement Forecast</i>
32.5 breaches, 13.5 more than tolerance (13 Health care provider delays (late tertiaries, delays in diagnostics) 7 complex pathways, 4 patient choice, 3 lack of capacity, 3 medical reason delays, 2 admin delays)	This remains the most challenging of the cancer standards due to multiple issues along the entire cancer pathway. These have been identified in the Cancer Improvement Plan. The key actions include: increasing ratio going STT to reduce length at start of pathway; improving the diagnostic pathway; increasing the radiology support to MDTs	May and June are due to underperform due to issues of clinical complexity, patient choice, diagnostic capacity and patient fitness.

	62 day screening	Standard	Trust		Lincoln		Pilgrim		Grantham		Louth	
			Apr-16	YTD	Apr-16	YTD	Apr-16	YTD	Apr-16	YTD	Apr-16	YTD
			90%	80.6%	80.6%	57.89%	57.89%	91.70%	91.70%	-	-	-

<i>Underperformance exception report</i>	<i>Actions taken to achieve the standard</i>	<i>Achievement Forecast</i>
3 breaches more than tolerance (3 patient choice, 2 medical reasons, 1 capacity breach)	These patients are affected by the same issues as the 62 Day Classic but due to the very low volume of patients against this standard the issues have a more significant effect on this standard.	May is forecast to underperform, June is forecast above standard

Suspected Cancer and Breast Symptomatic Referrals received per month



6. Priority Deliverables – STF Trajectories

This table shows the Trusts performance against the four areas that were submitted as priority deliverables as part of the Sustainable Transformation Fund. Please note that performance against the 62 Day Cancer standard will be reported in June as performance is collected two months behind. The diagnostic standard is 99% of patients seen within 6 weeks. Through the submitted STF trajectory, the Trust has signed up to performance of 99.1%

	Standard	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
A&E Submitted Trajectory	95%	76.60%	82.00%	82.00%	84.00%	84.00%	85.00%	85.00%	85.00%	85.00%	89.00%	89.00%	89.00%
A&E Performance		80.54%	83.52%										
RTT Submitted Trajectory	92%	92.40%	92.40%	92.40%	92.40%	92.40%	92.40%	92.40%	92.40%	92.40%	92.40%	92.40%	92.40%
RTT Performance		92.11%											
Diagnostics Submitted Trajectory	0.90%	0.91%	0.91%	0.91%	0.91%	0.91%	0.91%	0.91%	0.91%	0.91%	0.91%	0.91%	0.91%
Diagnostics Performance		0.89%	0.94%										
Cancer 62 Day Submitted Trajectory	85%	77%	78%	80%	81%	83%	84%	85%	85%	85%	78%	82%	84%
Cancer 62 Day Performance		74.7%											