United Lincolnshire Hospitals NHS
NHS Trust

UNITED LINCOLNSHIRE HOSPITALS TRUST

PERFORMANCE & TARGETS

PERIOD TO 31st JANUARY 2016

Contents

Title: Performance & Targets Report

To: Trust Board

From: Mark Brassington, Director of Performance Improvement.

Author: Katherine Hensby, Planning & Performance Manager

Date: 1st March 2016

Purpose of the Report:

To update the Board on the performance of the Trust for the period ending 31st January 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**

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 April 2016 reflecting performance to 29th February 2016.

1. A&E 4 hour wait

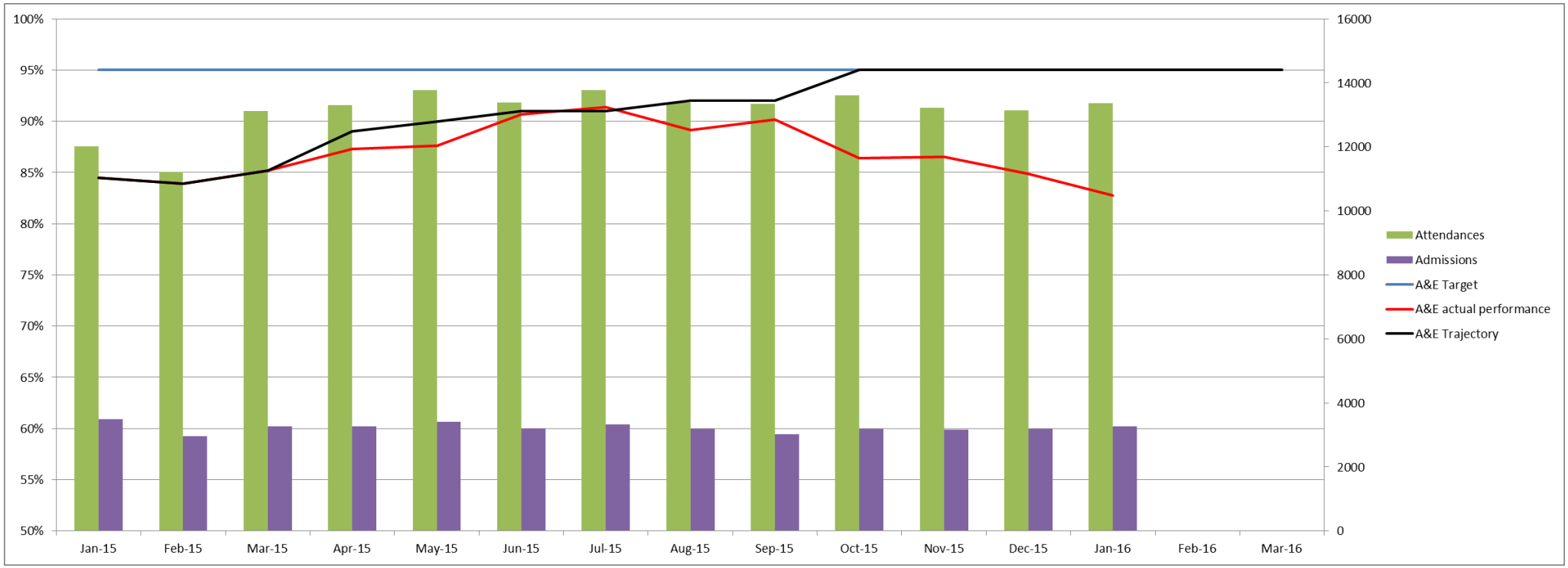
	4 hour standard for total time in A&E	Standard	Trust		Lincoln		Pilgrim		Grantham	
			Jan-16	YTD	Jan-16	YTD	Jan-16	YTD	Jan-16	YTD
	Lead Director: Mark Brassington; Chief Operationg Officer	95%	82.73%	87.70%	87.00%	88.95%	72.87%	81.89%	90.05%	94.76%

Site	Underperformance exception report	Actions taken to achieve the standard
Lincoln	Attendances in January were 6,133 with an average daily attendance of 198 patients. Admissions through A&E in January were 1,551 (25.29%) High level performance review - 88.95% year to date (-1.38% compared to same YTD period last year) - 61,161 year to date A&E attendances (+1% compared to same YTD period last year) - A&E admissions +0.32% (compared to same YTD period last year) - GP admissions -1.02% (compared to same YTD period last year)	The site continues to work towards the recovery plan. In January, the highest number of attendances on one day was 222, on 28th January, performance on that day was 89.1%. There were 24 4 hour breaches on that day and 23.9% of patients were admitted. The key issues impacting the Lincoln site's performance are: • Staffing – despite increasing attendances in A&E, typically around 200 per day, we have had to reduce beds due to lack of staffing and a high agency usage reducing skill mix. In turn this leads to reduced flow. • Paediatrics staffing issues are particularly acute leading to bed closures which can leave paediatric patients in A&E. • A&E runs with 7 consultant posts. Of these only three are substantive, the others are NHS Locum and registrars acting up etc. As a result some of these can be slow at making clinical decisions and we have seen a small increase in breaches due to delays in decision making. • Heightened demand resulting in reliance on escalation beds required from October. Lincoln has had 21 escalation beds in its core bed stock and up to 15 further beds opened in areas such as Ambulatory Care and Surgical Admissions Lounge. Due to staffing we have reduced 8 more beds on Dixon Ward and have been working to close escalation beds where possible. Key actions to improve A&E performance at Lincoln include: • 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 • 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 • Continuing the "Perfect Week" project with a further week planned for March, noting lessons learned and implementing new processes as a result

Pilgrim	Attendances in January were 4,611 with an average daily attendance of 148 patients. Admissions through A&E in January were 1,405 (30.47%) High level performance review - 81.89% year to date (-9.86% compared to same YTD period last year) - 46,112 year to date A&E attendances (+1.01% compared to same YTD period last year) - A&E admissions +0.59% (compared to same YTD period last year) - GP admissions +1.30% (compared to same YTD period last year) .	The site continues to work towards the recovery plan. In January, the highest number of attendances on one day was 181 on 25th January, performance on that day was 55.2%. There were 82 4 hour breaches on that day and 31.5% of patients were admitted. 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: • Increased pressure resulting in a bed occupancy of 98.6% and reliance on AEC remaining open for the majority of the month; • Continued issues with delayed transfers of care/medically fit for discharge patients which averaged approximately 28 external delays and 8 internal delays; • A number of delays due to waits for NSL transport which continues to be escalated via the commissioning route; • Vacancy of the A&E Navigator post which has the potential to navigate up to 30% of patients away from A&E. Key actions to improve A&E performance at Pilgrim include: Winter plan • Additional middle-grade staffing across AMU and surgery; • Deployment of a Respiratory Nurse to the A&E department; • Deployment of a Frailty Consultant, an SHO and a Band 6 Nurse within the Emergency Department (ED); • Protecting 2 beds within the Bostonian for Surgical Specialities to access (Gynae; ENT and Orthopaedic patients); • Commissioning additional level 1 beds within HDU, for colorectal patients on a 2 week pathway; • Additional Portering and Housekeeping across the hospital. In addition to the Winter Plan: • HON for Integrated Medicine deployed to the department to provide internal leadership; • Deputy Director of Operational Improvement commenced in post in January, to review the future model for A&E, aligned to LHAC and Clinical Strategy; • Additional SDM deployed to assist A&E from 16.00hrs – 24.00hrs on Monday and Tuesday evenings during the month of January, to provide leadership and support to staff.

Grantham	Attendances in January were 2,623 with an average daily attendance of 85 patients. Admissions through A&E in January were 302 (11.51%) High level performance review - 94.76% year to date (-0.6% compared to same YTD period last year) - 27,023 year to date A&E attendances (-0.99% compared to same YTD period last year) - A&E admissions +1.04% (compared to same YTD period last year) - GP admissions +/-0% (compared to same YTD period last year)	The site continues to work towards the recovery plan. In January, the highest number of attendances on one day was 101 on 25th January, performance on that day was 85.1%. There were 16 4 hour breaches on that day and 20.8% of patients were admitted. 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: • Delayed transfer of care – which is especially an issue at the Grantham site. There can be up to 29 patients who are medically fit for discharge (10-18 on average per day); • Sickness of A&E Band 7 leader (this is being addressed with a temporary secondment); • Nursing vacancies (currently 4.51wte vacant); • Receptionist vacancies (2.4wte vacant); • Medical vacancies (4 junior doctor gaps and no substantive consultant) resulting in high usage of medical agency, resulting in lack of continuity of care; • Heightened demand resulting in reliance on escalation beds required from December. Key actions to improve A&E performance at Grantham include: • Targeted nursing meeting with A&E nurses to determine immediate priorities; • Introduction of a medical co-ordinator to support the nurse co-ordinator in A&E every shift; • Handover / communication process being reviewed and refined; • Mandatory training for all band 7 and 6 sisters commences February – being led be Emergency Planning Team; • A relaunched weekly Operations Meeting to focus on wider performance issues.

Trust Actual Position



		Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16
Medically Fit For Discharge		529	785	1048	1049	1040	1035	1245	1288	900	920
Number of A&E attendances		13298	13772	13384	13768	13395	13353	13610	13217	13132	13367
Number of emergency admissions		3257	3405	3202	3333	3184	3024	3191	3158	3187	3258
% conversion rate		24.49%	24.72%	23.92%	24.21%	23.77%	22.65%	23.45%	23.89%	24.27%	24.37%
Number of escalation beds open (peak)		53	44	26	22	20	46	58	59	70	62
Non-Elective Length of Stay		3.9	4.5	4.5	2.4	2.6	3.3	2.9	3.4	4.0	4.5
Delayed Transfers of Care		5.27%	5.48%	5.09%	5.59%	8.36%	3.76%	7.67%	6.59%	5.78%	7.60%

Access to Services: Referral to Treatment

Access to Services: Lead Director: Mark Brassington; Chief Operationg Officer	Standard	Trust		Lincoln		Pilgrim		Grantham		Louth	
		Jan-16	YTD	Jan-16	YTD	Jan-16	YTD	Jan-16	YTD	Jan-16	YTD
Referral to Treatment - Incompletes Total	92%	92.48%	91.83%	91.95%	90.50%	92.79%	93.40%	92.66%	91.62%	93.34%	92.96%
Referral to Treatment - Incompletes Admitted		84.69%	84.95%	77.69%	76.97%	88.31%	90.47%	83.55%	84.10%	88.30%	87.78%
Referral to Treatment - Incompletes Non-Admitted		94.40%	93.28%	94.52%	92.60%	93.81%	93.93%	94.16%	92.82%	94.83%	94.25%
Referral to Treatment Admitted Pathway	90%	68.72%	73.86%	70.33%	71.55%	68.81%	78.43%	62.32%	70.31%	70.62%	73.19%
Referral to Treatment - Non-Admitted	95%	87.75%	88.56%	87.97%	87.32%	87.76%	90.89%	86.20%	86.90%	86.38%	85.57%

Context

During August ULHT achieved the RTT incompletes standard for the first time since April 2014, and the Trust has now achieved this standard for 6 consecutive months.

Areas that are driving the underperformance

Although performance has achieved for five consecutive months at a Trust level key specialty areas are still underperforming, these include: General Surgery, Urology, T&O, and Neurology. Training and process to improve data quality also remain vital to improvement of performance. Particular challenges to performance in January included the cancellation of c.250 outpatient appointments linked to the junior doctor strike, and the cancellation of elective operations over the Christmas period in response to both the noro-virus outbreak at Lincoln County, NHS England's request to ensure 20% of beds were empty by Christmas Eve and Urgent care pressures experienced during January.

Actions to address the underperformance

During January and early February outsourcing of admitted Orthopaedic patients continued at pace, with 145 patients being transferred to independent sector organisations.

Business Units are providing additional clinical sessions in all key specialty areas and working to ensure current capacity is fully utilised.

The Trust continue to highlight capacity challenges within Neurology to the CCGs, as the Trust is performing significantly over agreed contract levels in this area.

The central 18 week team continue to lead training of relevant staff groups to improve data quality. The external validation team have now been secured until the end of March, as a result of funding from NHS England. In addition an internal validation team is now in place and are working alongside the external validators over the next two months, and will fully take over their work from the beginning of April.

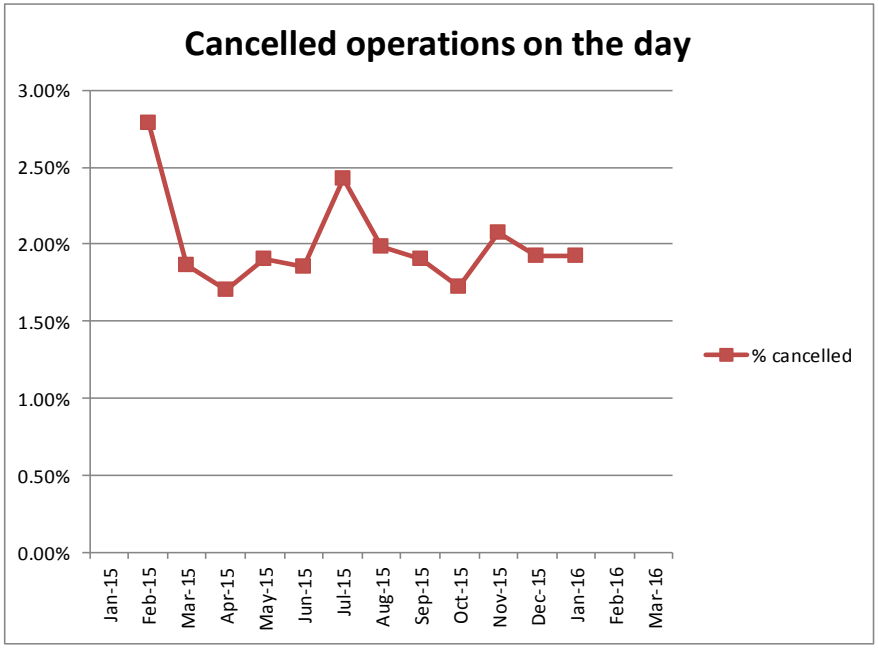
3. Cancelled Operations

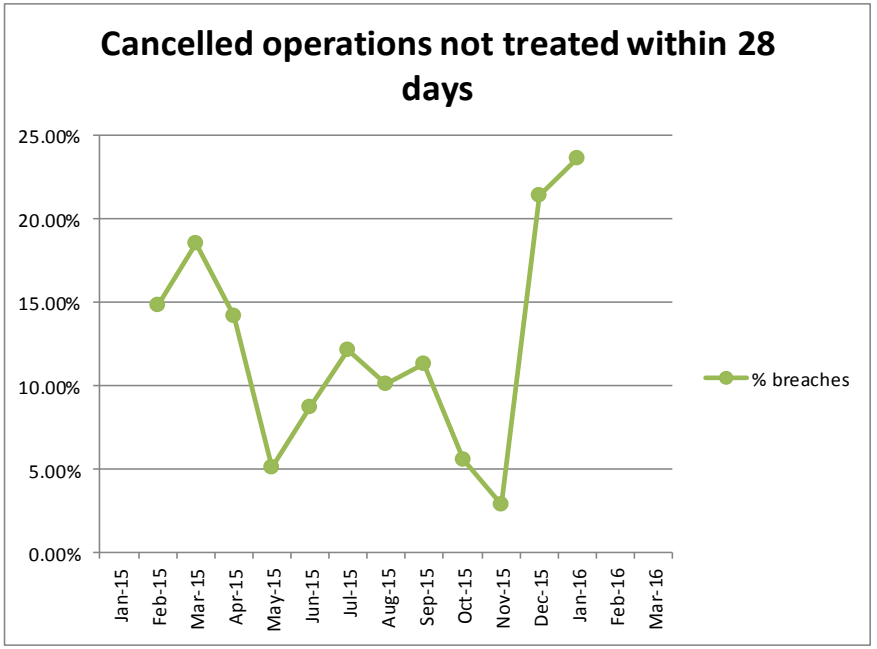
The total number of cancelled operations on the day for non-clinical reasons in January 2016 was 110 (1.93%). 26 patients were not admitted within 28 days of their cancellation. The national benchmarking demonstrates a cancellation rate average of 1.1%
The total number of cancelled operations on the day before for non-clinical reasons was 65 (1.14%).

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

Cancelled Ops Number of patients whose operation was cancelled, by the hospital, for non clinical reasons, on the day of or after admission	Standard	Trust		Lincoln		Pilgrim		Grantham		Louth	
		Jan-16	YTD	Jan-16	YTD	Jan-16	YTD	Jan-16	YTD	Jan-16	YTD
	1.1%	1.93%	1.93%	2.00%	2.33%	1.69%	1.69%	2.54%	1.16%	1.41%	1.35%

Cancelled Ops Not treated within 28 days. (Breach)	Standard	Trust		Lincoln		Pilgrim		Grantham		Louth	
		Jan-16	YTD	Jan-16	YTD	Jan-16	YTD	Jan-16	YTD	Jan-16	YTD
	0%	23.64%	10.80%	21.31%	10.46%	28.57%	13.38%	25.00%	6.02%	20.00%	4.00%





4. Cancer

CANCER PERFORMANCE 2015/16

	Std	Apr 15 Valid'd Actual	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 Forecast
14 day cancer	93%	81.9%	91.4%	91.9%	92.7%	92.7%	88.9%	91.8%	95.7%	95.5%	93.0%
14 day breast	93%	44.3%	87.0%	88.5%	83.4%	85.8%	81.8%	87.8%	93.8%	94.3%	93.8%
31 day first	96%	99.6%	96.0%	95.2%	97.4%	93.6%	98.4%	99.1%	99.0%	98.1%	96.0%
31 day subs:											
drug	98%	98.9%	100%	96.5%	99.2%	98.9%	98.4%	100%	98.8%	94.0%	86.0%
radiotherapy	94%	80.9%	75.3%	83.0%	96.0%	93.1%	95.1%	94.9%	98.0%	97.4%	75.0%
surgery	94%	91.7%	97.4%	91.9%	95.3%	96.7%	91.3%	97.1%	94.4%	97.1%	94.3%
62 day classic	85%	76.5%	67.3%	72.4%	72.7%	78.2%	70.3%	74.1%	82.6%	84.8%	70.0%
62 day screening	90%	91.3%	85.7%	77.8%	100%	73.9%	84.2%	87.5%	92.5%	81.2%	87.5%
62 Day Upgrade	85%	100%	100%	100%	100%	88.2%	100%	96.4%	87.9%	85.2%	92.7%

CANCER PERFORMANCE 2015/16

	Std	Q1 Valid'd Actual	Q2 Valid'd Actual	Q3 Valid'd Actual	Q4	Year End Valid'd Acutal
14 day cancer	93%	88.5%	91.4%	94.3%		91.4%
14 day breast	93%	73.3%	83.7%	91.9%		83.0%
31 day first	96%	96.8%	96.6%	98.8%		97.4%
31 day subs:						
drug	98%	98.4%	98.8%	97.9%		98.4%
radiotherapy	94%	80.1%	94.8%	96.9%		90.3%
surgery	94%	93.8%	94.1%	96.2%		94.6%
62 day classic	85%	72.0%	73.6%	80.1%		75.5%
62 day screening	90%	85.0%	86.8%	87.3%		86.5%
62 Day Upgrade	85%	100%	97.7%	89.9%		92.7%

Context:
Following November proving to be the most successful Cancer performance the Trust has had in two years, with eight of the nine standards achieved and only 4 breaches from gaining the ninth one, December has maintained this level with the one key exception of the Subsequent Drug standard. The most significant aspect to highlight is that the 62 Day Classic was only one breach away from achievement.

Against this, demand continues to cause challenges to diagnose all patients by day 41. This increased number of referrals and hence demand on diagnostics, such as 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.

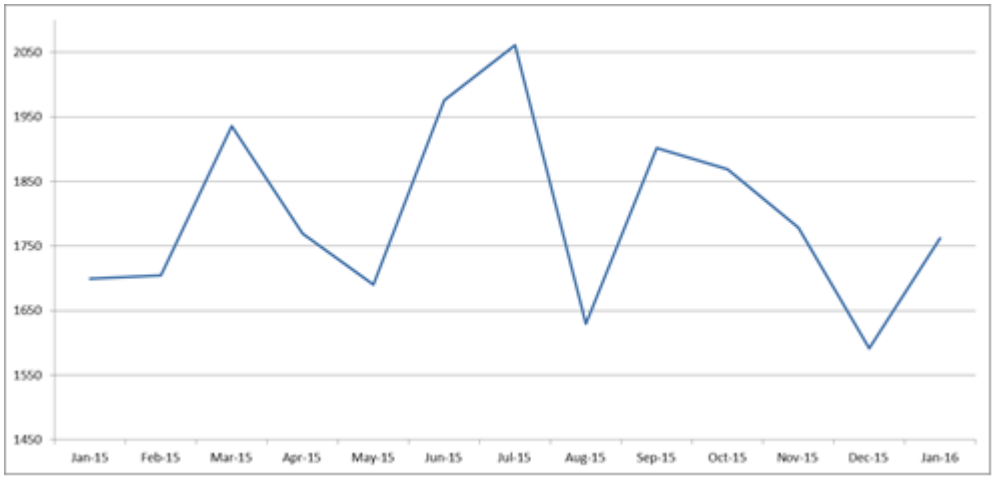
Following the 2ww success of the Lincoln Lung pilot, the 7 Day Horizon has continued to be deployed into other tumour sites. To date it is being utilised within Lincoln, Louth & Grantham Head & Neck, Lincoln Lower GI and Grantham Lower GI, with the next cohort to start moving across at the beginning of February for Pilgrim Lung and Lower GI, pan-Trust Upper GI and pan-Trust Gynaecology. Those tumour sites not following the 7 Day Horizon plan 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.

The continued success of both 14 Day standards in December demonstrates the effectiveness of the weekly operational meetings that continue for all departments involved in First Appointment (One-stop) for the Breast pathways, ensuring that capacity is maximized and matching the current demand. February performance against both standards will be severely challenged due to the combination of a retirement, a departure and a sickness absence of key Breast Radiology staff and every effort is being made to mitigate the effects of this where possible.

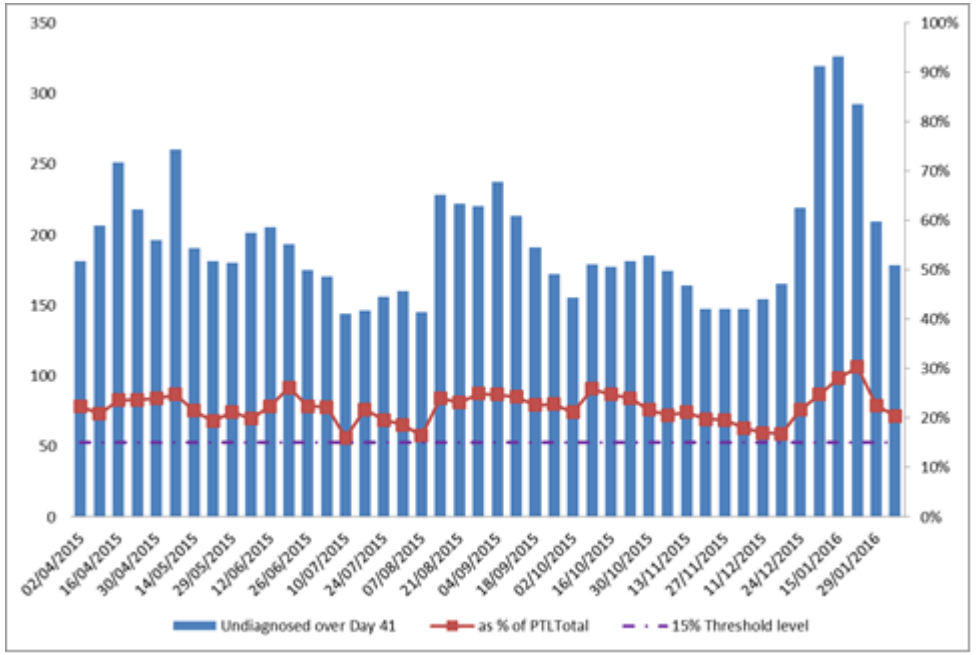
The focus that has been put on the achievement of the 31 Day Standards has been successful and the effort now is to ensure this recovery is sustainable. However, the Subsequent Drug standard is under severe risk until April due to staffing resource (maternity) and the Subsequent Radiotherapy due to machine breakdowns (in January all three LINAC were down due to power issues).

The 62 Day Classic standard continues to remain the most challenged standard and work continues with CCG, SCN & IST colleagues 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.

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)

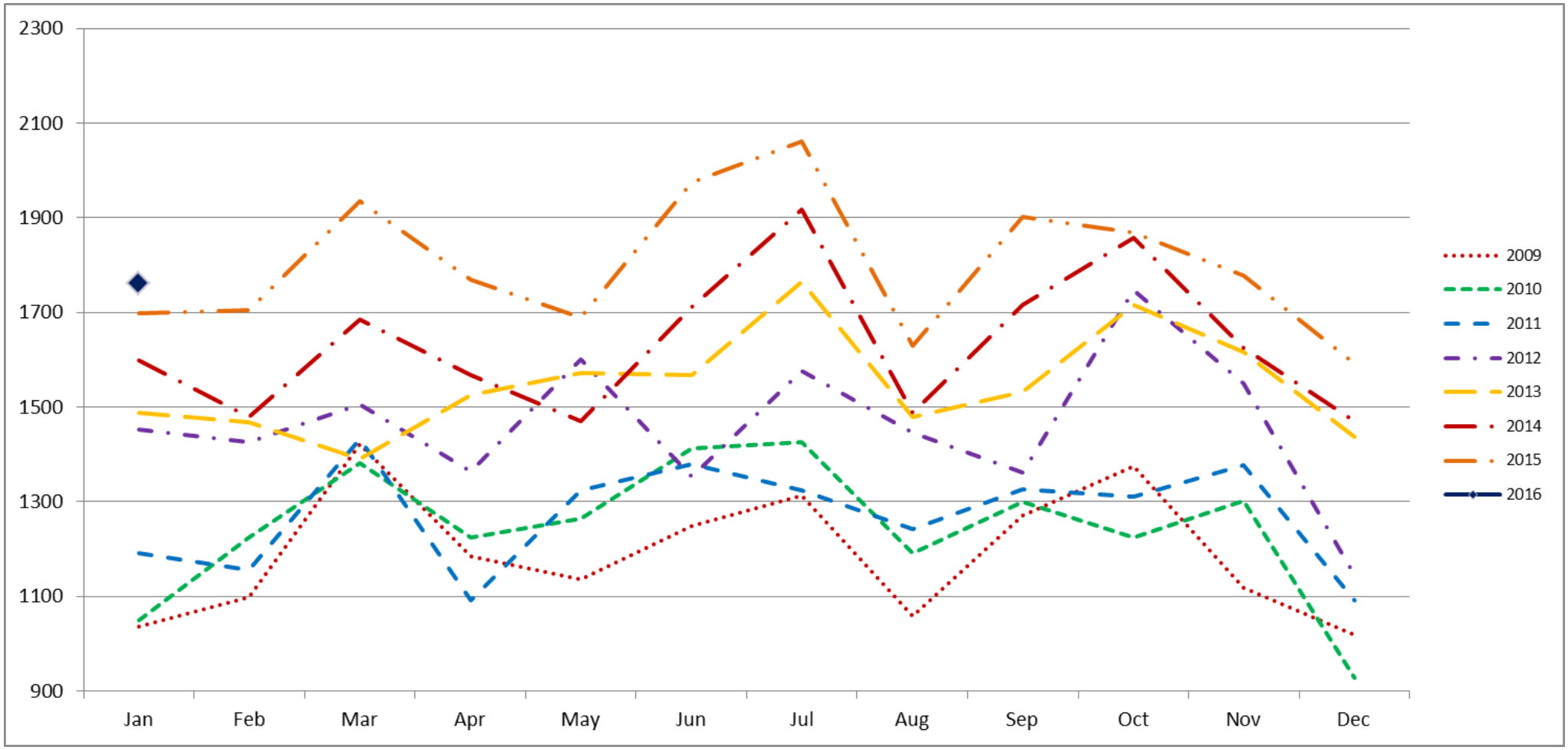
	31 Day Subsequent Treatment - Drug	Standard	Trust		Lincoln		Pilgrim		Grantham		Louth	
			Dec-15	YTD	Dec-15	YTD	Dec-15	YTD	Dec-15	YTD	Dec-15	YTD
		98%	94.0%	98.39%	91.5%	97.77%	100%	99.64%	100%	60%	100%	100%

Underperformance exception report	*Actions taken to achieve the standard*	*Achievement Forecast*
All 5 breaches attributed to lack of capacity	This is considered a sustainable standard	January is forecast to underperform and February is above standard

	62 day waiting time from referral to treatment	Standard	Trust		Lincoln		Pilgrim		Grantham		Louth	
			Dec-15	YTD	Dec-15	YTD	Dec-15	YTD	Dec-15	YTD	Dec-15	YTD
		85%	84.8%	75.82%	82.6%	66.40%	90%	75.69%	100%	82.82%	100%	90.91%

Underperformance exception report	*Actions taken to achieve the standard*	*Achievement Forecast*
1 breach above tolerance. Breaches due to mixture of complex pathways, patient choice, lack of capacity, referrals between Trusts.	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: completing a demand and capacity review for the entire pathway; improving the diagnostic pathway; increasing the radiology support to MDTs.	January is forecast to underperform and February to narrowly underperform due to issues of clinical complexity, patient choice, diagnostic capacity and patient fitness.

Suspected Cancer and Breast Symptomatic Referrals received per month



Cancer Recovery Trajectory

Performance Trajectory													
		Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Cancer 2 week wait	Trajectory	93%	81.9%	88.5%	89.9%	91.0%	92.3%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%
	Actual Performance		81.9%	91.4%	91.9%	92.7%	92.7%	88.9%	91.8%	95.7%	95.5%			
Cancer 2 week wait breast symptomatic	Trajectory	93%	44.3%	83.0%	82.0%	82.9%	83.9%	85.1%	85.1%	85.4%	85.4%	85.4%	85.4%	85.4%
	Actual Performance		44.3%	87.0%	88.5%	83.4%	85.8%	81.8%	87.8%	93.8%	94.3%			
Cancer 31 day wait	Trajectory	96%	99.5%	96.0%	98.3%	98.3%	98.1%	98.1%	98.4%	97.7%	96.4%	96.4%	96.4%	96.4%
	Actual Performance		99.6%	96.0%	95.2%	97.4%	93.6%	98.4%	99.1%	99.0%	98.1%			
Cancer 31 day Subsequent: Surgery	Trajectory	94%	92.0%	94.3%	95.0%	95.0%	94.3%	96.0%	98.0%	94.0%	95.0%	94.0%	94.0%	94.0%
	Actual Performance		91.7%	97.4%	91.9%	95.3%	96.7%	95.1%	97.1%	94.4%	97.1%			
Cancer 31 day Subsequent: Drug	Trajectory	98%	98.2%	98.9%	98.1%	98.1%	98.9%	98.1%	99.1%	98.9%	98.0%	98.0%	98.0%	98.0%
	Actual Performance		98.9%	100.0%	96.5%	99.2%	98.9%	98.4%	100.0%	98.8%	94.0%			
Cancer 31 day Subsequent: Radiotherapy	Trajectory	94%	81.0%	80.0%	91.0%	94.0%	94.4%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%
	Actual Performance		80.9%	75.3%	83.0%	96.0%	93.1%	91.3%	94.9%	94.4%	97.4%			
Cancer 62 day wait	Trajectory	85%	75.5%	74.0%	70.0%	75.0%	74.2%	73.7%	82.1%	82.5%	82.3%	84.0%	85.5%	86.5%
	Actual Performance		76.5%	67.3%	72.4%	72.7%	78.2%	70.3%	74.1%	82.6%	84.8%			
Cancer 62 day wait: screening	Trajectory	90%	84.0%	84.0%	88.0%	92.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%
	Actual Performance		91.3%	85.7%	77.8%	100.0%	73.9%	84.2%	87.5%	92.5%	81.2%			