

UNITED LINCOLNSHIRE HOSPITALS TRUST
PERFORMANCE & TARGETS
PERIOD TO 30th JUNE 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: 2nd August 2016

Purpose of the Report:

To update the Board on the performance of the Trust for the period ending 30th June 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.

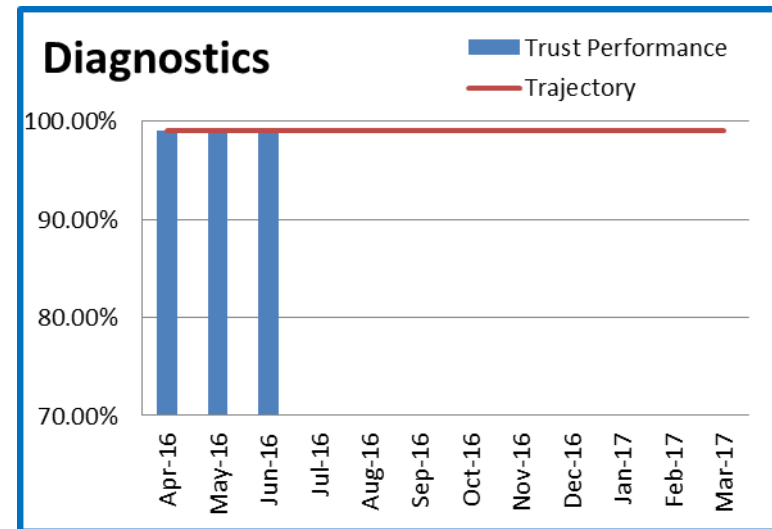
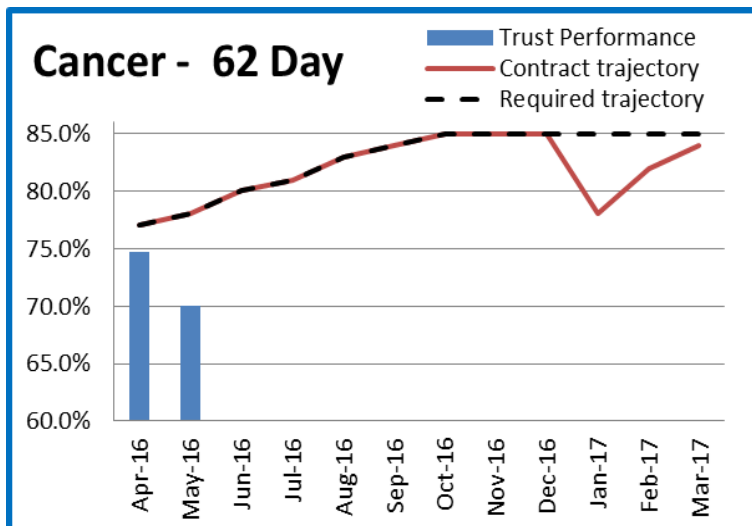
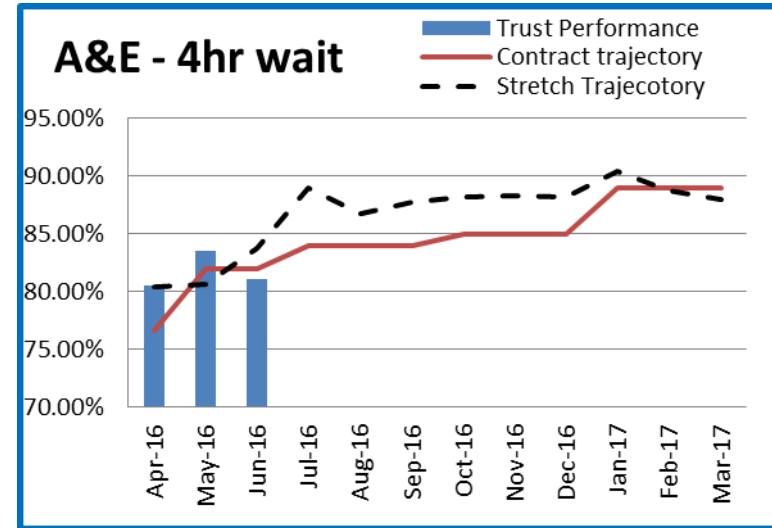
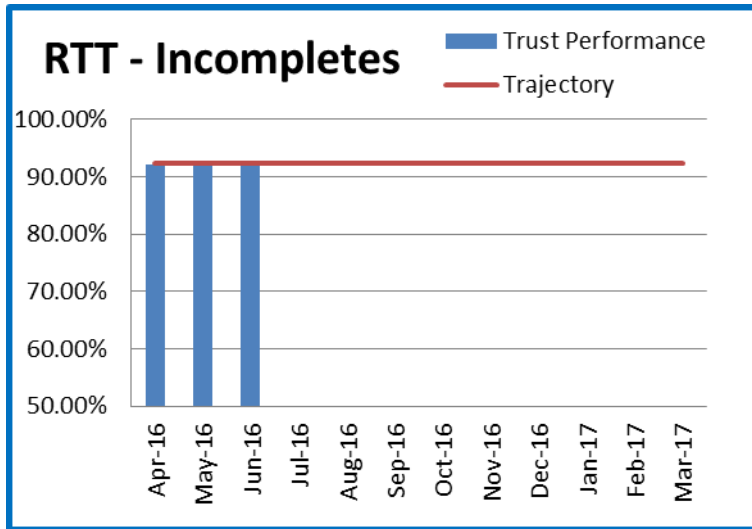
This is an evolving report and the committee are invited to make suggestions as we continue to develop it.

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 September 2016 reflecting performance to 31 st July 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.



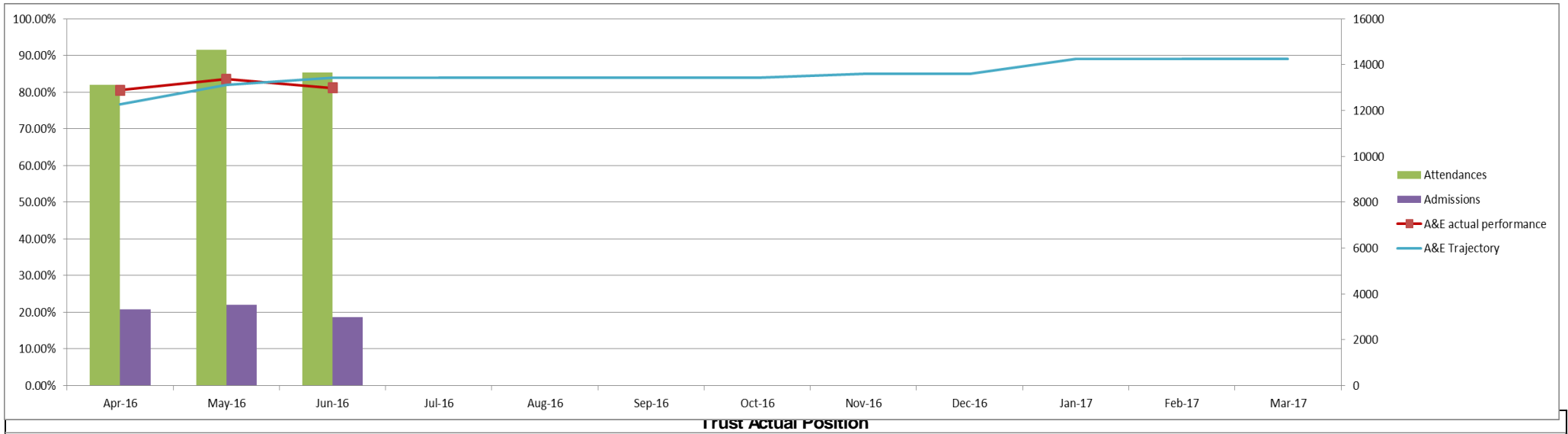
2. A&E 4 hour wait

4 hour standard for total time in A&E	Standard	Trust		Lincoln		Pilgrim		Grantham	
		Jun-16	YTD	Jun-16	YTD	Jun-16	YTD	Jun-16	YTD
Lead Director: Mark Brassington; Chief Operating Officer	95%	81.12%	80.62%	77.12%	78.80%	82.91%	78.23%	86.49%	88.80%

Site	Underperformance exception report	Actions taken to achieve the standard
Lincoln	<p>Attendances in June were 6015 with an average daily attendance of 200 patients. Admissions through A&E in June were 1573 (25.99%)</p> <p>High level performance review</p> <p>- 80.54% year to date (-8.87% compared to same YTD period last year)</p> <p>- 18632 year to date A&E attendances (+1.37% compared to same YTD period last year)</p> <p>- A&E admissions +2.68% (compared to same YTD period last year)</p>	<p>The site continues to work towards the recovery plan. In June, the highest number of attendances on one day was 211, on 21st June, performance on that day was 65.9%. There were 72 4 hour breaches and 23.7% of patients were admitted.</p> <p>What is driving underperformance: Lincoln are continuing to experience difficulties in shifts being filled and have seen an increase in the reliance on locum staff which has impacted on time to assessment with more patients now waiting between 2 and 5 hours at busy times. Agency caps are also impacting on staffing levels at Lincoln as surrounding Trusts have offered two regular locums higher rates.</p> <p>What actions are being taken to recover: At Lincoln it is unlikely that substantive appointments will be made in the near future so in order to improve internal performance the department is developing new ways of working. These are being piloted 'PDSA' style and include the introduction of a non-clinical co-ordinator post for control flow within the department, chase results and ensure clinicians have support. Allocation of patients is also being changed so clinicians are being allocated areas to work such as minors or resus and given an allocated nurse and clinical assistant to form a small team and creating ownership of the area. These schemes will bring about improvements but the longer term plan has to be to secure staffing at the required level.</p> <p>Month of forecast recovery: Without significant improvements in the medical workforce it will be difficult for Lincoln to recover the position. The internal improvements and improvements in flow will return performance to the April/May levels of 80-85% however focus needs to be on appointing to vacant posts and improvements in locum quality.</p>

Pilgrim	<p>Attendances in June were 4750 with an average daily attendance of 158 patients. Admissions through A&E in June were 1452 (30.52%)</p> <p>High level performance review</p> <p>- 79.32% year to date (-3.75% compared to same YTD period last year)</p> <p>- 14368 year to date A&E attendances (+2.64% compared to same YTD period last year)</p> <p>- A&E admissions +3.24% (compared to same YTD period last year)</p>	<p>The site continues to work towards the recovery plan. In June, the highest number of attendances on one day was 183 on 27th June performance on that day was 85.3%. There were 27 4 hour breaches on that day and 24.6% of patients were admitted.</p> <p><u>What is driving underperformance:</u></p> <p>Pilgrim continues to experience problems recruiting to the LCHS A&E navigator post for the 'front door'. A pilot showed that this role has the capability of navigating up to 30% of patients away from the A&E department. There are also ongoing difficulties with the timely provision of transport for discharged patients which has impacted on the number of patients breaching the 4 hour standard.</p> <p><u>What actions are being taken to recover:</u></p> <p>Pilgrim has a major improvement plan in progress to secure the necessary changes to improve performance and quality. The programme has two facets; access and flow. The programme of work has a strict governance and accountability framework for actions and reports through the Chief Operating Officer and to the Trust's Chief Executive.</p>
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<p>Grantham</p>	<p>Attendances in June were 2895 with an average daily attendance of 97 patients. Admissions through A&E in June were 409 (14.13%)</p> <p>High level performance review</p> <ul style="list-style-type: none"> - 88.72%% year to date (-7.19% compared to same YTD period last year) - 8436 year to date A&E attendances (+4.4% compared to same YTD period last year) - A&E admissions +2.62% (compared to same YTD period last year) 	<p>The site continues to work towards the recovery plan. In June, the highest number of attendances on one day was 107 on 11th June, performance on that day was 80.0%. There were 21 4 hour breaches on that day and 17% of patients were admitted.</p> <p><u>What is driving underperformance:</u></p> <ul style="list-style-type: none"> - Increase in activity with a growth in attendances of 2% since April. Department has seen some peak attendance levels of 120 per day at times when the average is 70 to 80 per day for department. - Increase in attendances at Grantham site with surges in activity affected by the surrounding areas (when Leicester, Peterborough and Nottingham go to black alert there is an increase in attendances and subsequent admissions from CCG's outside our area). - Night time attendances have been an issue and OOH cover, run by LCHS which operates next to A&E, has not been consistent with regular closures of the OOH service on the Grantham site in the last couple of months due to the inability to fill the GP rota. - A&E Nurse vacancies have been high however recruitment in place and actively seeking new staff. Current vacancies for registered nurses down to 2 wte. - EMAS capacity has also impacted on the ability of the department to transfer patients out to other acute sites for treatment (paediatrics, Gynaecology, Maxfax, and general surgery) with delays of up to 8 hours awaiting an urgent transfer. - Flow across the site has been challenging with 16 escalation beds open on the site consistently for the first half of the year. (Managed to close them the week of the 11th July. This has been influenced also by high numbers of MFFD patients with peaks of 24 patients medically fit on site awaiting either packages of care or assessment beds in the community. - A new Locum consultant is joining the team in Mid-July. <p><u>What actions are being taken to recover:</u></p> <ul style="list-style-type: none"> - Team working being implemented within the department from the 25th July to ensure that there is a clear focus on ensuring patients are seen in a timely way and in the correct order. This supports the flow of patients and improves earlier decision making - There is a full review of the rotas currently, both medical and nursing, to ensure periods of peak activity have the correct level of staff able to ensure flow is maintained. This will require a review of rotas and changes in start and finish times for all staff up to Consultant grade. - Clear guidance given to the medical, surgical and orthopaedic teams on their response times and the patient pathway through and out of the department for patients referred for specialist opinion. This includes a review of the usage of Ambulatory Assessment Unit. - A seated cubicle will be implemented end of July (chairs currently on order) to ensure that ambulance handover is not delayed and to manage capacity within the department. - The implementation of Rapid Assessment and treatment RATs' being assessed by the medical and nursing teams and a plan of implementation being drawn up. Requires the development of Nurse Led Order sets - Opening and closing times of ambulatory care being reviewed to ensure it matches times of peak demand. <p><u>Month of forecast recovery:</u></p> <p>Mid-august plan to get back on to trajectory once changes implemented and embedded in the department.</p>
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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	
		Jun-16	YTD	Jun-16	YTD	Jun-16	YTD	Jun-16	YTD	Jun-16	YTD
Referral to Treatment - Incompletes Total	92%	92.02%	92.23%	92.58%	92.81%	91.90%	92.06%	89.95%	90.28%	92.24%	92.47%
Referral to Treatment - Incompletes Admitted		84.00%	83.99%	79.38%	78.79%	83.82%	84.77%	86.47%	86.83%	87.09%	86.29%
Referral to Treatment - Incompletes Non-Admitted		93.90%	94.15%	94.76%	95.13%	93.70%	93.67%	90.47%	90.82%	94.03%	94.61%

June Performance Overview

The Trust have achieved the 92% national standard for 10 months in a row. This is against a position where the aggregated national performance hasn't achieved 92% in four of the last five months. The final June performance for the Trust was 92.02%.

General Surgery and Orthopaedics continue to be particularly challenged specialities. In recent months performance within Cardiology, respiratory medicine and gastroenterology have all deteriorated as a result of consultant vacancies, which adds increased risk to the overall Trust position.

Recent successful recruitment within Orthopaedics has increased capacity in this speciality. Agreement has been reached to outsource a cohort of Orthopaedic patients, and longer term plans around utilisation of Louth continue to be developed.

A Business Case has recently been approved which will increase theatre capacity within General Surgery at Pilgrim which once implemented will improve the admitted backlog in this area. Both Orthopaedics and General Surgery continue to experience difficulties linked to high rates of cancelled operations.

Cardiology have devised a short and long term plan which will be reviewed at July's FSID.

A new locum Gastro Consultant commences in post in Lincoln at the beginning of August. This will address capacity gaps within this speciality.

The Business Units are working together to ensure that waiting times within Respiratory across the Trust equalised.

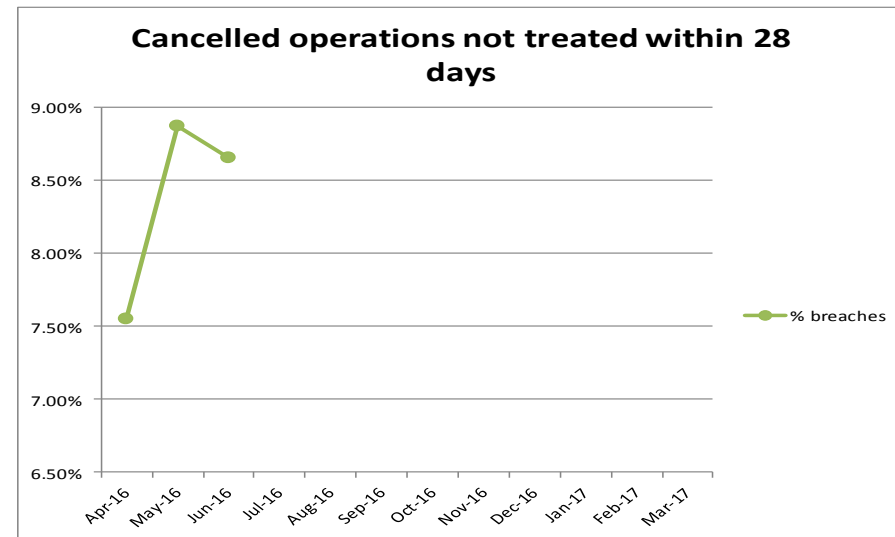
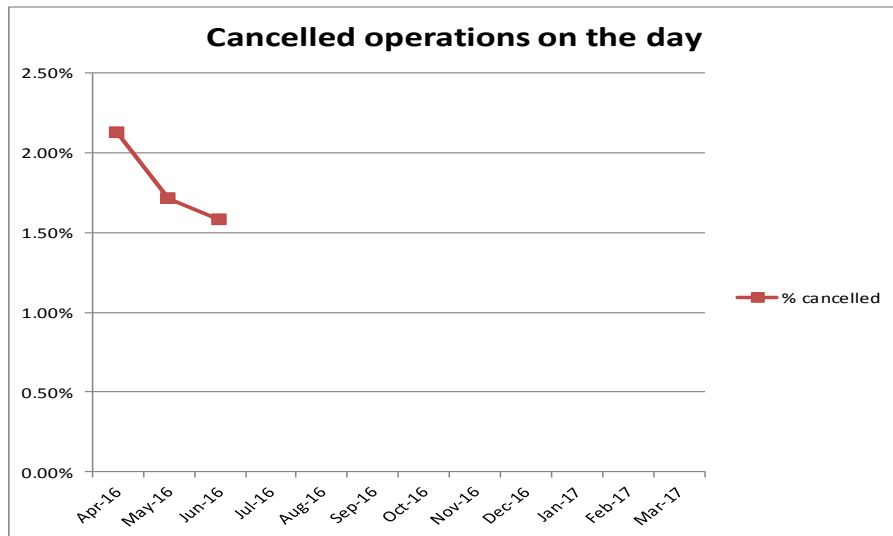
4. Cancelled Operations

The total number of cancelled operations on the day for non-clinical reasons in June 2016 was 98 (1.58%). 9 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 51 (0.82%).

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	
		Jun-16	YTD	Jun-16	YTD	Jun-16	YTD	Jun-16	YTD	Jun-16	YTD
	1.1%	1.58%	1.80%	1.55%	1.96%	0.92%	1.42%	2.95%	2.30%	3.05%	1.48%

Cancelled Ops Not treated within 28 days. (Breach)	Standard	Trust		Lincoln		Pilgrim		Grantham		Louth	
		Jun-16	YTD	Jun-16	YTD	Jun-16	YTD	Jun-16	YTD	Jun-16	YTD
	0%	8.65%	12.28%	11.67%	12.50%	3.45%	7.18%	0.00%	9.68%	50.00%	40.00%



5. Cancer

CANCER PERFORMANCE 2016/17

	Std	Apr 16 Valid'd Actual	May 16 Valid'd Actual	June 16 Forecast
14 day cancer	93%	87.8%	92.6%	90.3%
14 day breast	93%	94.6%	96.6%	91.8%
31 day first	96%	95.8%	95.0%	99.2%
31 day subs:				
drug	98%	84.6%	97.7%	100%
radiotherapy	94%	84.0%	94.0%	90%
surgery	94%	80.4%	90.9%	94.3%
62 day classic	85%	74.7%	70.0%	68.2%
62 day screening	90%	80.6%	86.2%	96.0%
62 Day Upgrade	85%	85.0%	87.5%	69%

CANCER PERFORMANCE 2016/17

	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%					
14 day breast	93%					
31 day first	96%					
31 day subs:						
drug	98%					
radiotherapy	94%					
surgery	94%					
62 day classic	85%					
62 day screening	90%					
62 Day Upgrade	85%					

Context:

Demand is continuing at unprecedented levels with June recording the highest number of referrals the Trust has experienced, as can be seen in the graphs below. 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. Though significant effort has been made in all areas on 62 Day performance improvement work, a lot of this effort has been absorbed by the higher levels of patients being referred in on a suspect cancer pathway.

The 7 Day Horizon has continued to be deployed and for those tumour sites not following the 7 Day Horizon plan, a refresh of the IST Capacity & Demand Modelling has been completed with Business Units ensuring their First Appointment capacity matches the 85th percentile of their expected referral rates. 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, which recently began at Skegness.

Radiotherapy performance has been impacted by the increase in proportion of patients having IMRT requiring more complex planning. There is now a weekly Radiotherapy PTL meeting held within the department so that they have visibility of all patients waiting for RT treatment and their target dates.

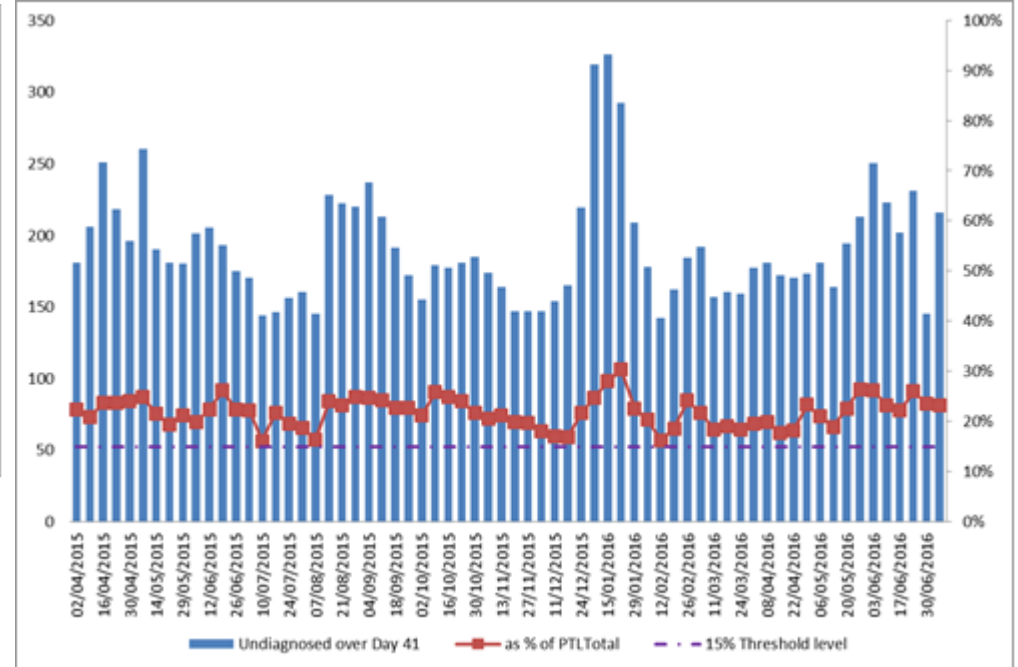
The 62 Day Classic standard continues to remain the most challenged standard and work continues to improve the quality of the patient journey on the understanding that improvements in this will work directly towards achievement of this standard. Additional projects have begun internally to focus on the 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 fortnightly 62 Day Trajectory meeting, chaired by a Deputy Director, for all tumour sites to report against agreed Action Plan, with attendance from the CCGs, East Midlands Clinical Network and the Trust's Planning & Performance Directorate.

There are specific risks to performance levels from July onwards due to two particular issues. Firstly the Breast Radiology Service, which already had significant workforce vacancy levels, will be depleted further leading to significant risks for 14 day breast pathways. The Trust are exploring all options to address this issue. Secondly, the changeover period to the new EMRAD PACS system has led to delays in Radiological reporting, extending the diagnostic elements of pathways. The Trust are outsourcing routine reports in order to prioritize reporting on cancer cases.

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)

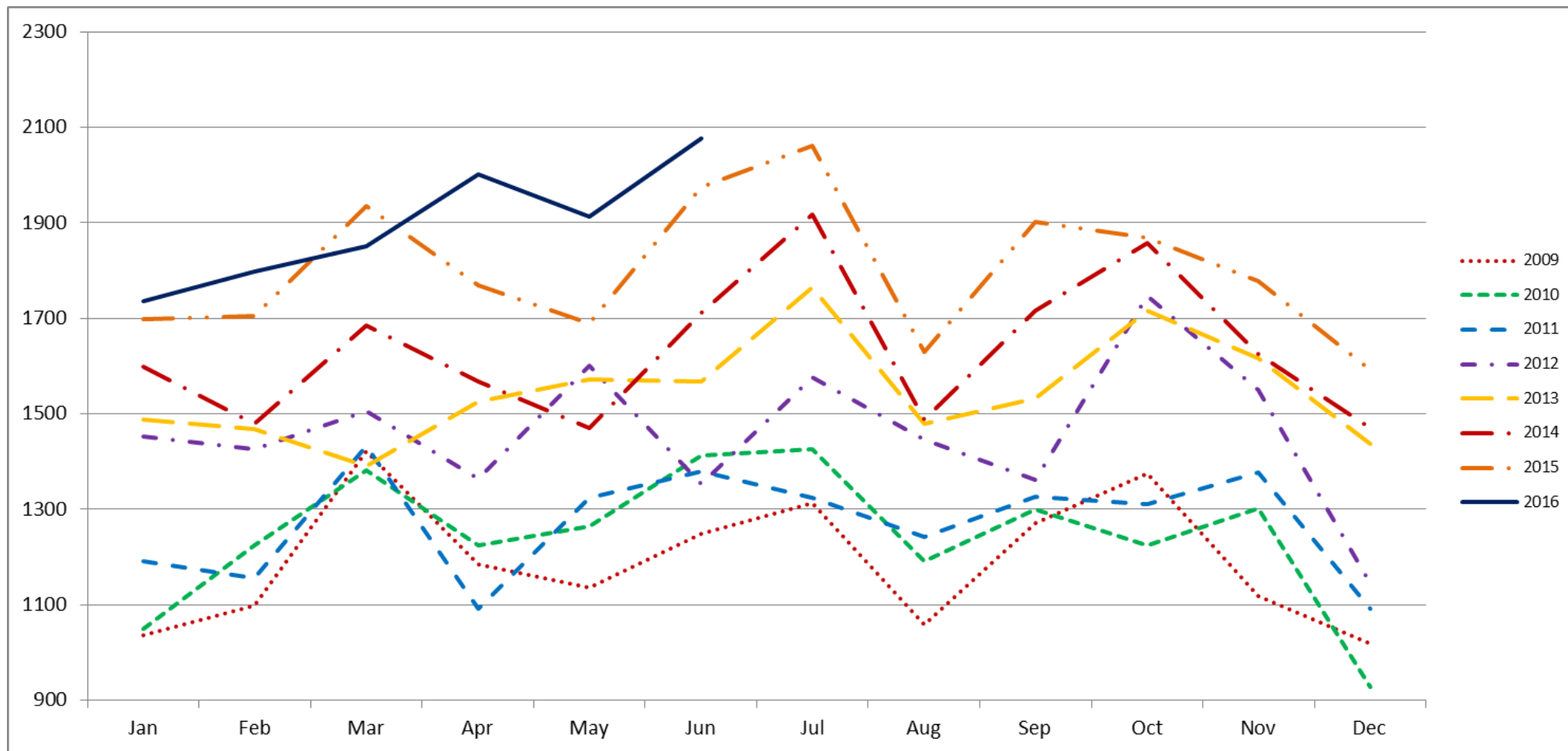
	2 Week Wait Suspect Cancer	Standard	Trust		Lincoln		Pilgrim		Grantham		Louth	
			May-16	YTD	May-16	YTD	May-16	YTD	May-16	YTD	May-16	YTD
				93%	92.6%	90.17%	93.03%	89.63%	91.71%	90.79%	92.73%	92.22%
<i>Underperformance exception report</i>		<i>Actions taken to achieve the standard</i>					<i>Achievement Forecast</i>					
8 breaches more than tolerance – 130 breaches in total (83 patient choice, 12 clinic cancellations, 28 lack of capacity, 7 admin issues)		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					June and July are forecast to underperform					
	31 Day Frist Treatment	Standard	Trust		Lincoln		Pilgrim		Grantham		Louth	
			May-16	YTD	May-16	YTD	May-16	YTD	May-16	YTD	May-16	YTD
				96%	95.0%	95.37%	95.45%	95.25%	95.17%	95.73%	90.01%	84.85%
<i>Underperformance exception report</i>		<i>Actions taken to achieve the standard</i>					<i>Achievement Forecast</i>					
14 Breaches in total – 3 above tolerance. 7 lack of capacity (1 breast, 2 Head & Neck, 1 Lower GI, 1 Skin and 2 Urological), 3 patient choice, 2 medical reasons, 2 other (equipment breakdown and fire at Grantham)		New theatre rotas and introduction of ring fenced cancer lists in theatre, together with list management meeting to manage lists 0-2 weeks forward					June and July are forecast above standard					
	31 Day Subsequent Treatment – Drug	Standard	Trust		Lincoln		Pilgrim		Grantham		Louth	
			May-16	YTD	May-16	YTD	May-16	YTD	May-16	YTD	May-16	YTD
				98%	97.7%	91.5%	96.4%	88.45%	100%	100%	100%	83.33%
<i>Underperformance exception report</i>		<i>Actions taken to achieve the standard</i>					<i>Achievement Forecast</i>					
3 breaches in total – 1 above tolerance – All lack of capacity (TE)		Fast-track chemo training plan, redesign of pharmacy chemo pathway, options appraisal on chemotherapy location/environment and further rollout of the Mobile Chemotherapy Unit					June and July are forecast above standard					

	31 Day Subsequent Treatment – Surgery	Standard	Trust		Lincoln		Pilgrim		Grantham		Louth	
			May-16	YTD	May-16	YTD	May-16	YTD	May-16	YTD	May-16	YTD
			94%	90.9%	85.55%	88.0%	78.18%	100%	100%	83.3%	87.48%	
<i>Underperformance exception report</i>		<i>Actions taken to achieve the standard</i>					<i>Achievement Forecast</i>					
2 breaches more than tolerance – 3 lack of capacity (1 Skin (TE), 1 Urological (E), 1 Breast (E)), 1 patient fitness		An issue arose when a service was repatriated to ULH, creating multiple breaches in April and May but this has now been resolved.					June and July are forecast above standard					

	62 day waiting time from referral to treatment	Standard	Trust		Lincoln		Pilgrim		Grantham		Louth	
			May-16	YTD	May-16	YTD	May-16	YTD	May-16	YTD	May-16	YTD
			85%	70.0%	72.14%	65.89%	68.75%	73.54%	80.27%	91.68%	83.34%	100%
<i>Underperformance exception report</i>		<i>Actions taken to achieve the standard</i>					<i>Achievement Forecast</i>					
42 breaches, 21 above tolerance. Mixture of lack of capacity, complex pathways, patient choice etc.		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					June and July are forecast to underperform					

	62 day screening	Standard	Trust		Lincoln		Pilgrim		Grantham		Louth	
			May-16	YTD	May-16	YTD	May-16	YTD	May-16	YTD	May-16	YTD
			90%	86.2%	83.3%	80.95%	70%	100%	95%			
<i>Underperformance exception report</i>		<i>Actions taken to achieve the standard</i>					<i>Achievement Forecast</i>					
4 breaches in total, 2 above tolerance. 2 patient choice, 1 medical delays, 1 complex pathway		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.					June is forecast above standard, July is forecast to underperform					

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%	81.12%									
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%	92.45%	92.02%									
Diagnostics Submitted Trajectory	0.90%	0.90%	0.90%	0.90%	0.90%	0.90%	0.90%	0.90%	0.90%	0.90%	0.90%	0.90%	0.90%
Diagnostics Performance		0.89%	0.94%	0.92%									
Cancer 62 Day Submitted Trajectory	85%	77%	78%	80%	81%	83%	84%	85%	85%	85%	78%	82%	84%
Cancer 62 Day Performance		74.7%	70.0%										