United Lincolnshire Hospitals NHS
NHS Trust

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UNITED LINCOLNSHIRE HOSPITALS TRUST

INTEGRATED PERFORMANCE REPORT

PERIOD TO 31 JULY 2016

Document management

Title:	Integrated Performance Report
To:	Finance, Service Delivery and Improvement Assurance Committee
From:	Angie Ashcroft, Assistant Director Commissioning and Performance
Author:	Rachel Harvey, Head of Planning and Performance / Kat Hensby, Planning & Performance Manager
Date:	30th August 2016

Purpose of the Report:

To update the committee on the performance of the Trust for the period ended 31st July 2016, provide analysis to support decisions, action or initiate change and set out proposed plans and trajectories for performance improvement.

The Report is provided to the Board for:

Decision		Discussion	
Assurance	x	Endorsement	

Recommendations:

The Board is asked to note the current performance and future performance projections. The Board is asked to approve action to be taken where performance is below the expected target.

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

Strategic Risk Register **New risks that affect performance or performance that creates new risks to be inserted here.**	**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 Performance Management Framework
Patient and Public Involvement (PPI) Implications None
Equality Impact None
Information exempt from Disclosure None
Requirement for further review? The Integrated performance dashboard will be updated on a monthly basis.

Integrated Performance Report for the Period to 31 July 2016

Contents:

1. Executive Summary for period of 31st July 2016

July headlines:

- ☒ 4 hour waiting time target – performance of 78.56% in July 2016
- ☒ 5 of the 9 national cancer targets were achieved in June 2016
- ☒ 18wk RTT Incomplete Standard – the Trust achieved 91.35% in July 2016
- ☒ 6wk Diagnostic Standard – June's performance was 98.92%
- ☒ Agency Spend – on target
- ☒ Deficit / Surplus - improving

July narrative:

Successes:

- ☑ Whilst Cancer performance is still a key concern, the number of standards achieved in June (five) has increased from the three met in May.
- ☑ Improvements in cancer pathways are being made with changes to the Urology MDTs and a focus on diagnostic waiting times. The Trust is currently working with commissioners to submit a bid for targeted funding for diagnostics to support cancer delivery.
- ☑ Emergency Department Projects are beginning to have an impact on performance as discharges are being better managed and an integrated approach to improving patient flow is a priority for all areas of the Trust.

Challenges:

- ☒ Diagnostic performance has fallen under the 99% standard and needs to ensure a quick recovery
- ☒ A&E performance has deteriorated further
- ☒ Implementing new ways of working and improvement whilst maintaining operational performance.
- ☒ Ensuring our plans at all levels and in all areas deliver the expected performance levels.
- ☒ Recovery plans that are realistic, achievable and performance driven around patient care.

Looking forward:

July has been a difficult month in terms of performance and income against contract plan. The key areas of performance concern are a further deterioration in A&E and under-delivery in RTT and Diagnostics - that have previously been meeting national standards. It is therefore vital the Trust puts in place immediate remedial actions to ensure RTT and Diagnostic performance is swiftly moved above standard and sustained moving forwards. Further investigation into early increases in RTT performance need to be carried out to remove unnecessary validation around the submission date.

Whilst cancer performance has improved in terms of five standards being achieved, at tumour site, breast continues to be an area of particular concern. This is linked to continued referrals over capacity and staffing levels. A system-wide response, in partnership with local commissioners, will be vital in ensuring access within two weeks is restored as soon as possible.

In terms of income, month 4 has seen a deviance from contract plan which is largely related to elective activity. Analysis at specialty level has been completed and progressed through August Business Reviews to understand the reasons for this with updated financial improvement projections to continue to monitor progress.

Staffing levels continue to be challenging in relation to safe care and delivering activity and performance. Strategies around attracting staff to critical areas such as Radiography which impacts on Trust wide performance are helping to reduce risk and improve performance but plans need to be made sustainable.

Angie Ashcroft, Assistant Director of Commissioning and Performance /
Rachel Harvey, Head of Planning and Performance
August 2016

2. Integrated Performance Report

Integrated Performance Report - Headlines

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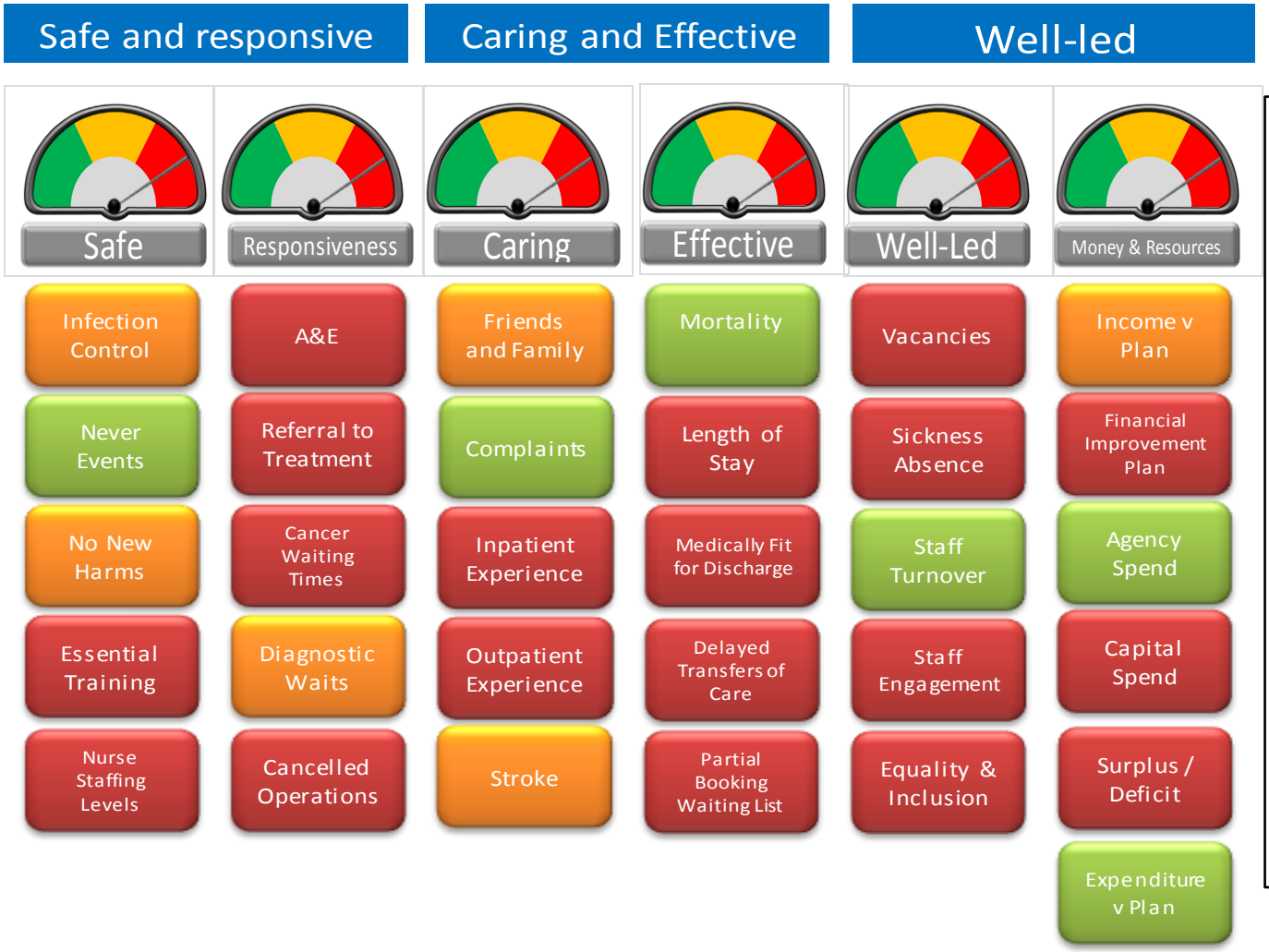
The dashboard shows the Trust's current performance against the chosen standards and indicators as a measure of overall Trust performance. The box to the right highlights key changes to performance during the period with priority actions. Further detail follows this summary at Business Unit and Speciality level. Action plans should focus on resolving performance issues or delivering improved performance where required.



Most improved:

Domain: **Safe**
Harm free and new harm free care.

Domain: **Money and Resources**
Income and deficit reduction

Most deteriorated:

Domain: **Responsive**
Cancer (62 day consultant upgrade)
RTT with continuing risk
Diagnostics with continuing risk

Domain: **Money and Resources**
Capital Spend (accepted variance)

Actions:

Exception Reports highlight areas that need addressing with specific actions with owners, however, some system-wide issues exist that impact across performance, for example attracting key staff to the Trust and the impact this has on the Trusts ability to progress patient care pathways. FSID and Trust Board are asked to consider prioritising areas which have the most impact Trust and ensure actions and owners understand their responsibilities in delivering improvement.

3. Trust Board Performance Dashboard

Integrated Performance Report - Detailed

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	Target	YTD	Current Month	Last Month	Expected performance for next month	Expected month of recovery	Trend
Safe							
Infection Control							
Clostrum Difficile (post 3 days)	5	0	6	5			
MRSA bacteraemia (post 3 days)	0	0	0	0			
MSSA	2	9	0	2			
ECOLI	8	21	4	3			
Never Events	0	0	0	0			
No New Harms							
Serious Incidents reported (unvalidated)	0	0	2	5			
Harm Free Care %	95%	91.75%	96.15%	87.88%			
New Harm Free Care %	98%	97.51%	98.72%	94.95%			
Catheter & New UTIs	2.00	1.00	2.00	2.00			
Falls	3.9%	3.26%	4.99%	4.22%			
Medication errors	0	108	23	14			
Medication errors (mod, severe or death)	0	12	1	0			
Pressure Ulcers (PUNT) 3/4	0	0		0			
VTE Risk Assessment	95%	96.73%	94.96%	96.07%			
Overdue CAS alerts							
SQD %							
Essential training			82.08%	79.58%			
Nurse Staffing Levels							
Nurse to bed day ratio			1.96	1.99			

	Target	YTD	Current Month	Last Month	Expected performance for next month	Expected month of recovery	Trend
Caring							
Friends and Family Test							
Inpatient (Response Rate)		0.00%	29.00%	28.00%			
Inpatient (Recommend)	96%	88.00%	89.00%	89.00%			
A&E (Response Rate)		0.00%	21.00%	21.00%			
A&E (Recommend)	87%	81.00%	78.00%	79.00%			
% of staff who would recommend care							
% of staff who would recommend work							
Complaints							
No of Complaints received	70	72	45	63			
No of Complaints still Open							
No of Complaints ongoing							
Inpatient Experience							
Mixed Sex Accommodation	0	10	1	3			
eDD	95%	74.02%	70.39%	71.68%			
PPCI 90 hrs	100%	0.00%	97.33%	97.33%			
PPCI 150 hr	100%	0.00%	85.33%	85.33%			
#NOF 24	70%	63.16%	61.64%	57.14%			
#NOF 48 hrs	95%	93.23%	94.52%	88.89%			
Dementia Screening	90%	85.05%	92.99%	71.46%			
Dementia risk assessment	90%	92.49%	94.34%	86.70%			
Dementia referral for Specialist treatment	90%	29.26%	35.71%	11.11%			
Stroke							
Patients with 90% of stay in Stroke Unit	80%		93.30%	83.30%			
Sallowing assessment < 4hrs	80%		74.70%	65.80%			
Scanned < 1 hrs	50%		71.40%	64.30%			
Scanned < 24 hrs	100%		95.40%	90.80%			
Admitted to Stroke < 4 hrs	90%		77.00%	62.70%			
Patient death in Stroke	17%		21.70%	3.30%			
Assesments within Deadline							
Thromb < 1hr							
Outpatient Experience							
Standard							
Performance							

	Nat. Target	YTD	Current Month	Last Month	Expected performance for next month	Expected month of recovery	Trend
Responsiveness							
A&E							
4hrs or less in A&E Dept	84.0%	80.96%	78.56%	81.18%			
12+ Trolley waits	0	0	0	0			
RTT							
52 Week Waiters	0	0	2	4			
18 week incompletes	92.4%	91.97%	91.35%	92.02%			
Cancer - Other Targets							
62 day classic	85%	71.00%	68.90%	70.00%			
2 week wait suspect	93%	90.81%	92.10%	92.60%			
2 week wait breast symptomatic	93%	94.80%	93.00%	96.60%			
31 day first treatment	96%	96.56%	98.70%	95.00%			
31 day subsequent drug treatments	98%	93.90%	100.00%	97.70%			
31 day subsequent surgery treatments	94%	88.46%	95.00%	90.90%			
31 day subsequent radiotherapy treatments	94%	89.88%	92.80%	94.00%			
62 day screening	90%	87.22%	96.20%	86.20%			
62 day consultant upgrade	85%	81.47%	73.90%	87.80%			
Diagnostic Waits							
diagnostics achieved	99.1%	99.04%	98.92%	99.08%			
diagnostics Failed	0.9%	0.96%	1.08%	0.92%			
Cancelled Operations							
Cancelled Operations on the day (non clinical)	1.1%	1.77%	1.67%	1.58%			
Not treated within 28 days. (Breach)	0%	20.79%	14.29%	8.65%			

	Target	YTD	Current Month	Last Month	Expected performance for next month	Expected month of recovery	Trend
Effective							
Mortality							
SHMI	100	111.21	104.78	111.21			
Hospital-level Mortality Indicator	100	99.54	76.55	101.26			
Length of Stay							
Average LoS - Elective	2.8		2.81	2.86			
Average LoS - Non Elective	3.8		4.36	4.28			
Medically Fit for Discharge	60		985	824			
Delayed Transfers of Care	3.5%	5.02%	7.16%	4.23%			
Partial Booking Waiting List	0		9691	9989			

	Target	YTD	Current Month	Last Month	Expected performance for next month	Expected month of recovery	Trend
Well Led							
Vacancies	5.0%		9.80%	10.25%			
Sickness Absence	4.0%		4.65%	4.68%			
Staff Turnover	2.4%		2.06%	2.06%			
Staff Engagement							
Staff Appraisals	95.0%		65.00%	67.00%			
Equality and Inclusion							

	Target	YTD	Current Month	Last Month	Expected performance for next month	Expected month of recovery	Trend
Money & Resources							
Income v Plan	38077	147084	36319	37262			
Expenditure v Plan	-40591	-158600	-39482	-40211			
Efficiency Plans	1143	3711	805	909			
Surplus / Deficit	-3957	-16899	-4506	-4358			
Capital Program Spend	2022	2450	908	640			
Agency Spend	2523	-9489	2223	2477			

4. “Priority deliverables” – RTT Incompletes

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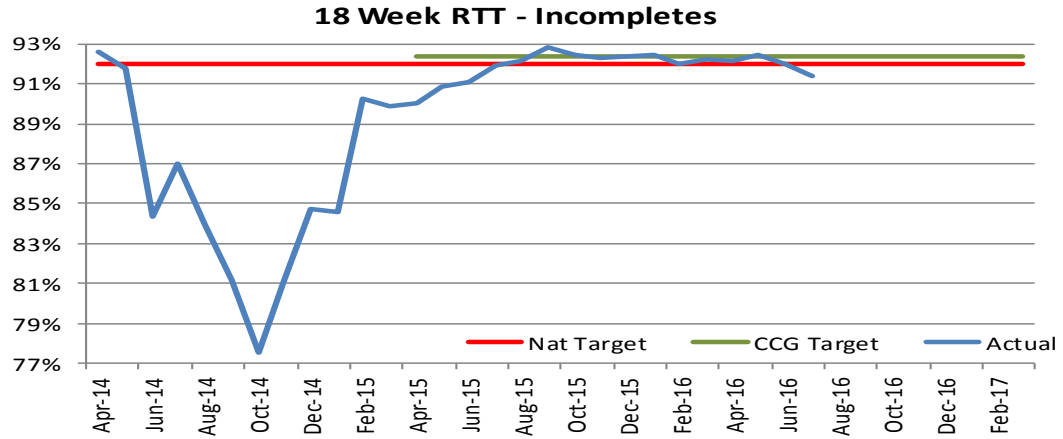
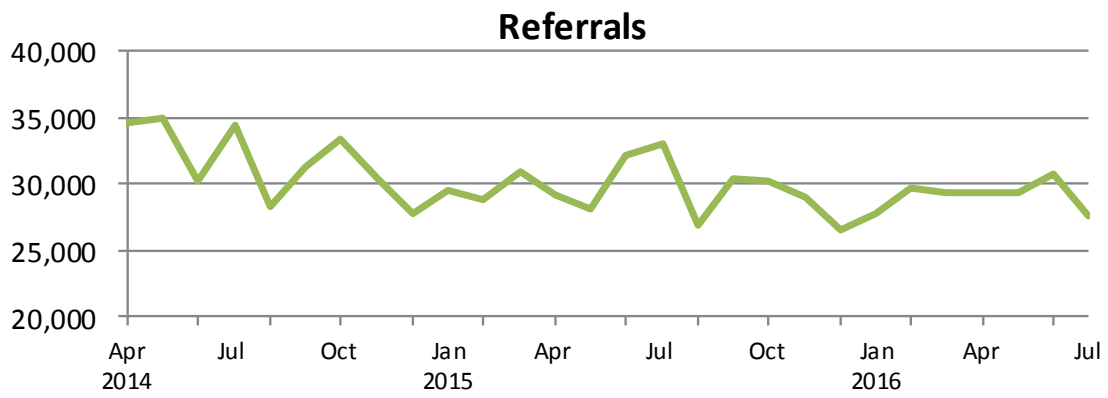
KPI:	Referral to Treatment	Owner:	Chief Operating Officer
Domain:	Responsive	Responsible Officer:	Deputy Director of Operational Performance
Date:	30th August 2016	Reporting Period:	July 2016

Exception Details (provide an overview explanation / cause of the variance to performance and the consequences)	The Trust have achieved the 92% national standard for 11 months in a row. This is against a position where the aggregated national performance hasn’t achieved 92% in six of the last seven months. One week prior to the final submission for July the performance level was 90%. We are expecting improvements over the coming months once the external review of processes takes place and the validation team produce standard operating procedural documents for validation purposes by the end of September. 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.
Forward Trajectory	

Variance Analysis (SPC Chart)	
What action is being taken to recover performance?	Recent successful recruitment within Orthopaedics has increased capacity in this speciality. Agreement has been reached to sub-contract 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, however there are risks to this scheme due to staffing vacancies. The Business Units are exploring the possibilities of sub-contracting arrangements for low complexity hernia cases. Both Orthopaedics and General Surgery continue to experience difficulties linked to high rates of cancelled operations, with shortages in theatre staffing contributing significantly to this issue. Cardiology have devised a short and long term plan which was reviewed at July's FSID. There has been a delay in recruiting the locum Gastro Consultant at Lincoln. This post will now be filled from October. This introduces a delay in the recovery of performance within this speciality. The Business Units are working together to ensure that waiting times within Respiratory across the Trust equalised. There are currently 2 consultant vacancies across the Trust within this speciality, which have proved extremely difficult to recruit to. Activity within Dermatology is above contracted levels, and pressures within the cancer pathway are resulting in longer waiting times for patients on non-cancer pathways. The Dermatology service is in discussions around sub-contract arrangements to assist with the management of these increased referrals. The neurology service continues to receive a higher level of referrals than it has the capacity to treat. Over the last 2 years the Trust have requested that the CCGs develop alternative pathways/services within neurology in order to ensure that appropriate community services are available for patients, which would also reduce the capacity pressures on this service. Work led by the CCGs is ongoing in this area. The above factors are key in explaining the increasing 'live' 18 week+ PTL position, and why there is an

	increasing risk of the Trust failing to achieve the 92% standard in July, and then into August and September.
What is the recovery date?	September
Who is responsible for the action? (Provide the role and name of the lead)	Neil Ellis – Deputy Director of Operational Performance

4. “Priority deliverables” – Diagnostic 6wk Standard

United Lincolnshire Hospitals NHS Trust

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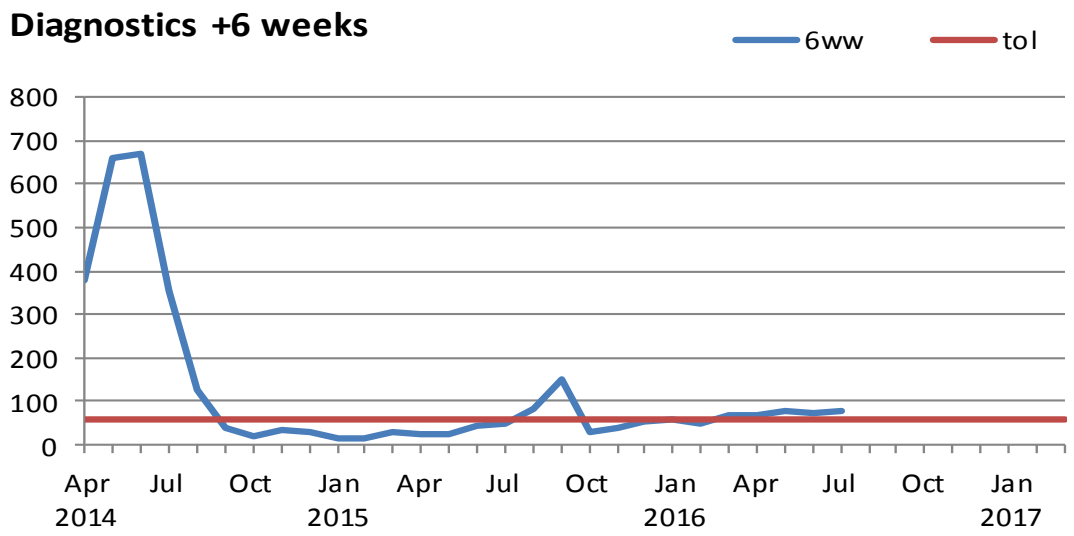
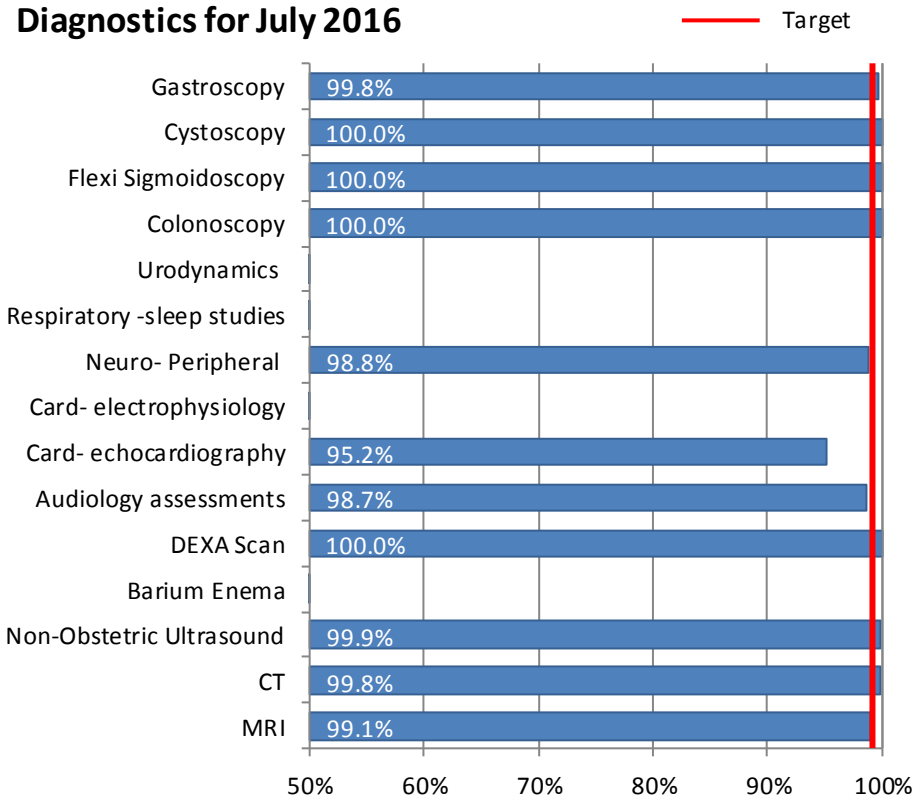
KPI:	Diagnostic Waits	Owner:	Chief Operating Officer
Domain:	Responsive	Responsible Officer:	Deputy Director of Operational Performance
Date:	30th August 2016	Reporting Period:	July 2016

Exception Details (provide an overview explanation / cause of the variance to performance and the consequences)	The Trust didn’t achieve the 6 week diagnostic standard for July. The performance level was 1.08%. This is the first time in nine months that the Trust hasn’t achieved the national standard of less than 1% of patients waiting over 6 weeks for a diagnostic appointment. However, the Trust continues to perform significantly ahead of the aggregated national average for this standard. At modality level performance of <1% was achieved in all modalities except for Urodynamics, neurophysiology and Echocardiography. The level of breaches within Echocardiography was the most significant cause of the Trust’s overall failure of this standard, contributing to 62% of the overall breaches
Forward Trajectory	

Variance Analysis (SPC Chart)	
What action is being taken to recover performance?	Additional capacity is being provided for TOES investigations within the Echo service from August which will bring improvements to performance in this service area. Details of the plans within Cardiac Physiology are included within the Cardiology plan was submitted to July's FSID for consideration. The Clinical Support Service and Lincoln Surgery Business Units are working together to identify additional sessions which can be support by a Urologist to complete specialist video Urodynamic testing, as this is where the backlog of patients exists within this service. Although neurophysiology only failed the standard by 0.2% in July, there is a significant risk of increased breaches in this area in August. There has been a consultant vacancy within this service for the last 2 years, with additional capacity provided by two external providers. Due to restricted availability from these external providers during August it is expected that breach numbers within this speciality will escalate in August, reducing again in September.
What is the recovery date?	High risk to recovery in September, with a more likely recovery date of October
Who is responsible for the action? (Provide the role and name of the lead)	Neil Ellis – Deputy Director of Operational Performance

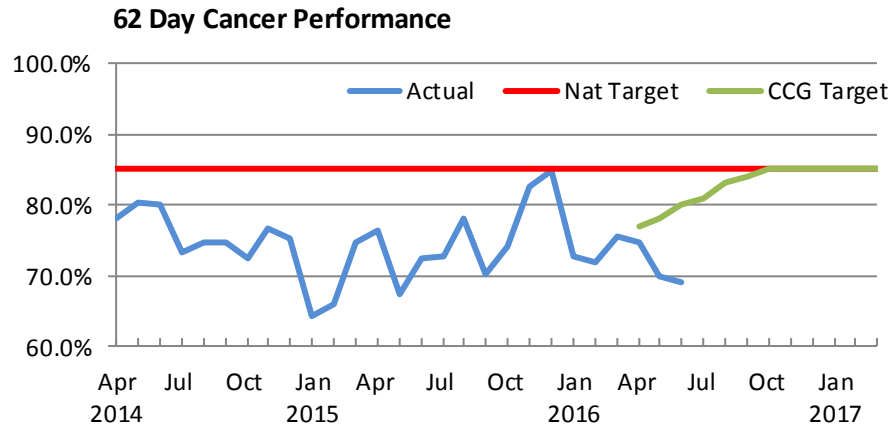
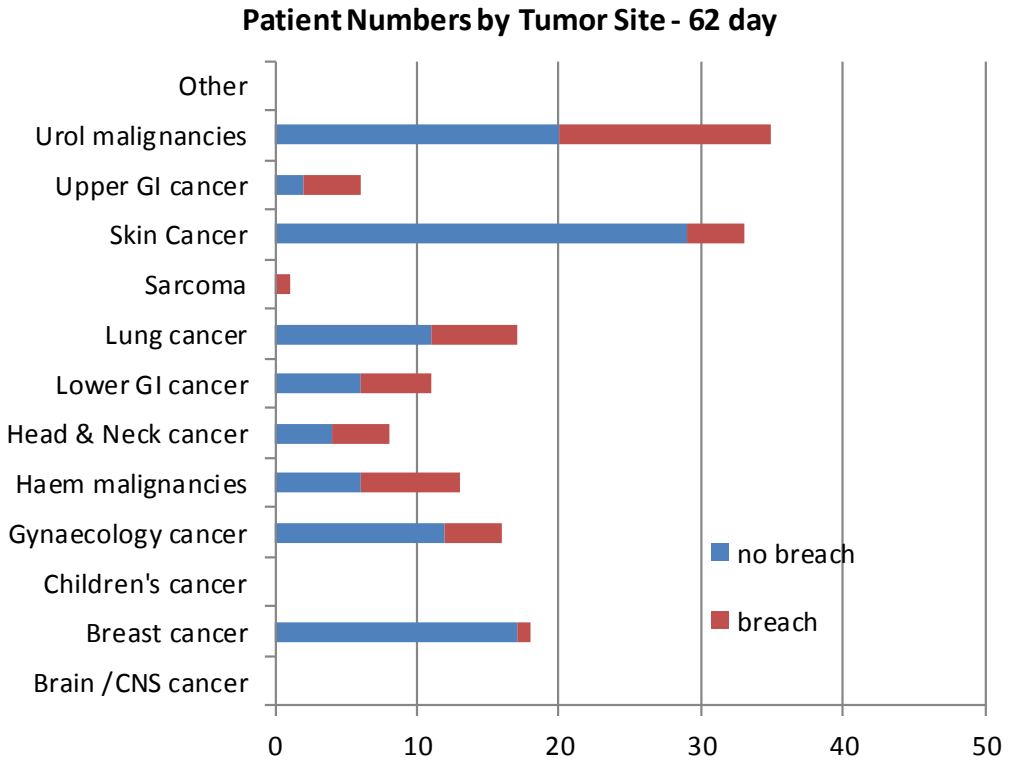
4. "Priority deliverables" – Cancer 62 Day Standard

United Lincolnshire Hospitals NHS
NHS Trust

CARING FOR YOU

KPI:	**Cancer Waiting Times (62 Day)**	**Owner:**	Chief Operating Officer
Domain:	**Responsive**	**Responsible Officer:**	Deputy Director of Operational Performance
Date:	**30th August 2016**	**Reporting Period:**	June 2016

Exception Details (provide an overview explanation / cause of the variance to performance and the consequences)	The Trust achieved a performance of 68.9% against the 62 day classic standard. Demand is continuing at unprecedented levels with June recording the highest number of referrals that the Trust has ever received into its cancer services. Performance in June was below 60% in the following tumour sites – haematology, head and neck, lower GI, upper GI and Urology. Urology is the highest volume speciality, and has been actively managing their longer waiting patients within their PTL, and were expecting a reduction in performance as these patients were treated in May and June. Performance in Urology during July is showing improvements as a result. There are Consultant vacancies gastroenterology and there has been reduced consultant capacity within head and neck which has caused capacity constraints within these services. Cancellations of operations for patients on cancer pathways are avoided wherever possible, however capacity issues within theatres and HDU facilities mean that cancellations do occur adversely impacting upon performance. Delays within diagnostic testing both within the Trust and for tests requested from outside of the Trust are a significant factor in increasing the length of 62 day pathways in these areas. The most significant aspect of the delays in diagnostics is linked to the new EMRAD PACS system which has been introduced. The Trust are currently experiencing increased waiting times for MRI and CT reports which adversely impacts upon cancer pathways

Forward Trajectory	
Variance Analysis (SPC Chart)	
What action is being taken to recover performance?	The Cancer action plan was presented to FSID in June, and is being actively managed with the Business Units through fortnightly meetings.

	Key actions being completed include: •Moving the Urology MDT from a Friday to a Thursday, enabling MDT follow-up clinics to take place on Friday's, therefore reducing the length of the Urology pathway. •A Business Case has been approved to increase theatre capacity at Pilgrim within Breast and General Surgery services. •Lincoln and Pilgrim sites are developing/implementing schemes to increase level 1 capacity on these sites. •Issues with the EMRAD PACS system continue to be managed through the EMRAD project team. •The Service Improvement Team are working with the diagnostics service in order to optimise the diagnostic elements of cancer pathways. •The Business Units are actively managing capacity in order to reduce variation in activity levels throughout the year, and work towards target activity levels for each month. •Recruitment of Consultants in key speciality areas such as Radiology, lung and gastro continues to be a key focus. •Straight to test access within endoscopy is being increased. •Approval has been given for 4 additional members of staff within the cancer centre in order to assist with tracking of cancer patients.
What is the recovery date?	To be confirmed.
Who is responsible for the action? (Provide the role and name of the lead)	Neil Ellis – Deputy Director of Operational Performance

4. "Priority deliverables" – A&E 4hr Standard

United Lincolnshire Hospitals NHS Trust

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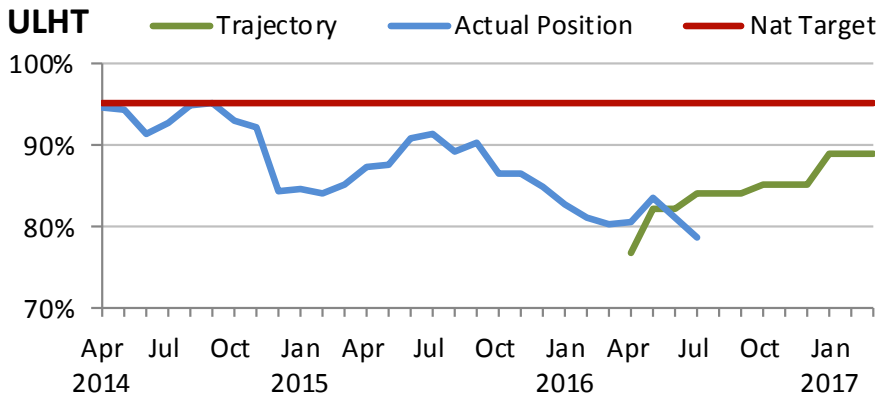
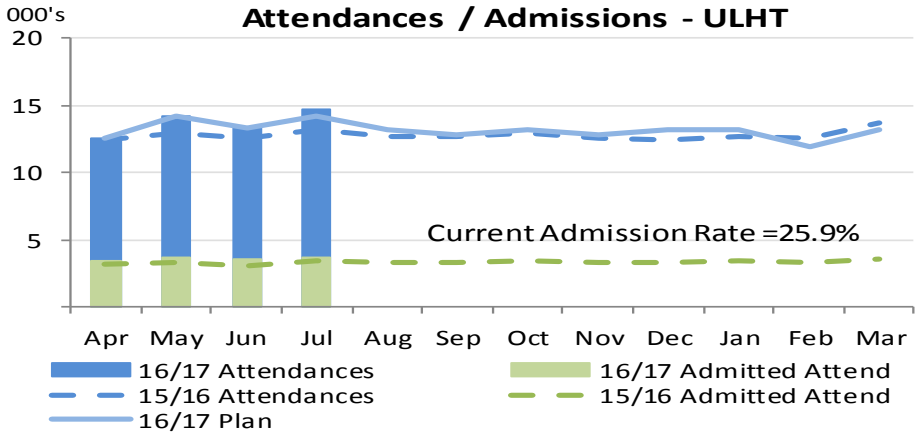
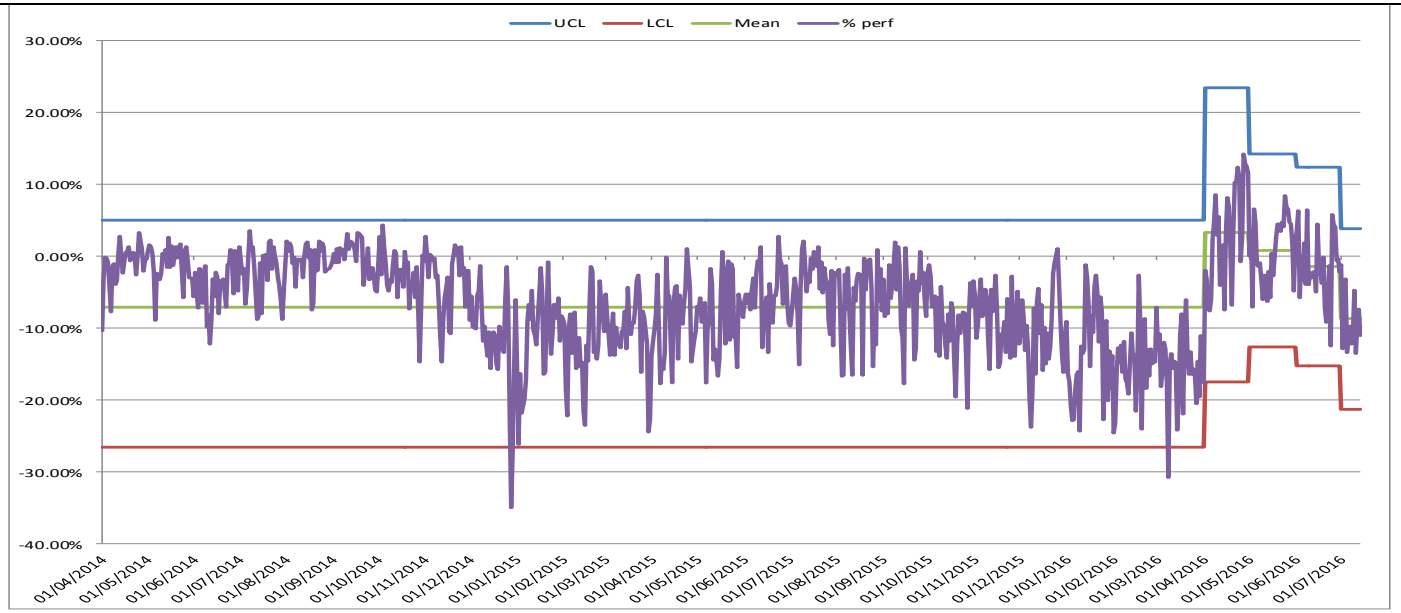
KPI:	**4 Hour Wait (A&E)**	**Owner:**	Chief Operating Officer
Domain:	**Responsive**	**Responsible Officer:**	Deputy Director of Operations, Emergency Care Deputy Director of Operations, Pilgrim Interim Head of Nursing, Grantham
Date:	**30th July 2016**	**Reporting Period:**	July 2016

Exception Details (provide an overview explanation / cause of the variance to performance and the consequences)	Grantham performance has been variable in early part of July however the last of week in July saw a significant improvement in performance. Senior leadership has been improved with the appointment of a new second long term NHS locum consultant to the department. Flow across the Grantham site has continued to be challenging in July with the 16 escalation beds that have been consistently open for the first 6 months of the year finally being closed at the end of the month however escalation still required to maintain flow on a regular basis. EMAS have been experiencing significant pressures and have not always been able to support the site with the clinical transfers in a timely manner. 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. Fill rate % on the Middle Grade rota is proving to be a big concern, whilst we have a similar requirement for agency, we are seeing more and more shifts going unfilled which is impacting greatly on performance and safety. Pilgrim continues to work towards the recovery plan. July's performance was 76.44% for the month; the highest number of attendances on one day was 186 on 12th July performance on that day was 72.04%. There were 52 4 hour breaches on that day; a significant number of patients breached within 30 minutes of the 4 hour standard due to the volume and acuity of patients within the department. Pilgrim is continuing to experience difficulties in shifts being filled at middle-grade level and continues to be reliant upon locum staff which has impacted on time to assessment, including late clinical decision making, with more patients now waiting between 2 and 4 hours at busy times. Agency caps are also impacting on staffing levels at Pilgrim as surrounding Trusts have offered locums higher rates.

Forward Trajectory	
Variance Analysis (SPC Chart)	



This graph shows the variance against Target in an SPC Chart, using daily performance from 1st Apr 2014 to current date. Control limits are based on mean ± 3 standard deviation with a maximum on the Upper Control Limit of 100% The current year has been stepped up as we are unable to compare like for like, due to the target movements.

What action is being taken to recover performance?	At Grantham "Team working" has been implemented within the department to ensure that there is a clear focus on patients being seen in a timely way and the in the correct order. This supports the flow of patients and improves earlier decision making. "Time2Talk" has been implemented to ensure all staff are aware of current performance on a number of topics and action required. Work is under way to adopt a single clerking proforma to ensure medical teams are not repeating work and associated with this is the plan to introduce Nursing order sets to ensure patients are diagnosed rapidly. There is now a focus on improving Triage rates and ensuring Triage is done within the 15 minute standard to promote early diagnosis and treatment and enhance patient safety. At Lincoln the non-clinical co-ordinator is now in post and proving successful. The changes in working patterns highlighted in last month's exception report continue to be implemented and whilst some teething problems have arisen in embedding these systems we are working on ways to push forward with clinical teams. Middle Grade posts at Lincoln have been out to advert without success so different options are being looked at to make the posts more appealing. A job role has been devised that includes funding and time to gain qualifications such as MSc of PHD and another that includes secondments to aid in working towards Article 14. At Pilgrim, 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 Band 7 'Floor Director' who controls the A&E department's flow. A see and treat model is currently being piloted in triage, and triage facilities have been placed in the A&E reception area, providing oversight of the area, and ensuring safety whilst patients wait treatments. Patient allocation and streaming within the department has also been changed so clinicians have allocated areas to manage, reporting up to the Floor Director at any point in time. Work areas such as minors and resus now have an allocated nurse and clinical assistant to form a small team, 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. Pilgrim also continues with its major improvement plan 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.
What is the recovery date?	Grantham forecast recovery to get back on trajectory by mid-August once the changes in working have been embedded within the department. Without significant improvements in the medical workforce it will be difficult for Lincoln to recover the position. The internal improvements and improvements in flow should return performance to the April/May levels of 80-85%, however, given the decrease in fill %, this improvement could be offset if we cannot recruit to our vacancies. The recovery of the 4 hour urgent care standard also needs to be considered with a system view. The significant schemes and impacts expected from partner organisations have not yet delivered. As a result this has not redirected bed occupancy across the hospital site.
Who is responsible for the action? (Provide the role and name of the lead)	Andrew Prydderch – Deputy Director of Operations, Emergency Care Tina White – Deputy Director of Operations, Pilgrim Hospital John Boulton – Interim Head of Nursing, Grantham Hospital

4. "Priority deliverables" – Money & Resources

United Lincolnshire Hospitals NHS Trust

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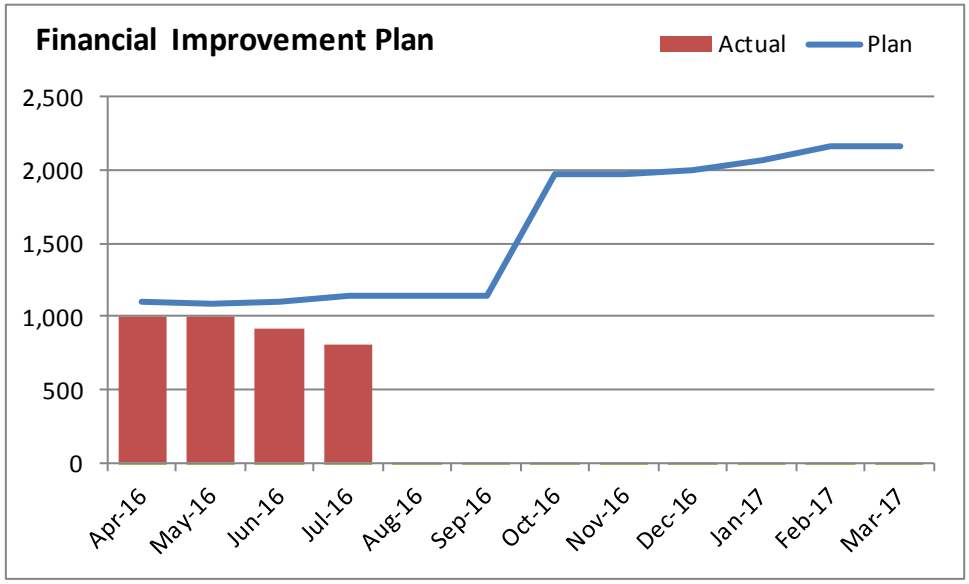
KPI:	Financial Improvement Plan	Owner:	Director of Finance
Domain:	Money & Resources	Responsible Officer:	Deputy Director of Finance
Date:	30th August 2016	Reporting Period:	July 2016

Exception Details (provide an overview explanation / cause of the variance to performance and the consequences)	Underperformance across a number of schemes, both Business Unit and Corporate schemes, offset by central savings on pay, cost of capital and other non pay one off underspends
Forward Trajectory	
Variance Analysis (SPC Chart)	Financial improvement programmes are not fully worked up in all Business Units therefore variance analysis proves difficult.

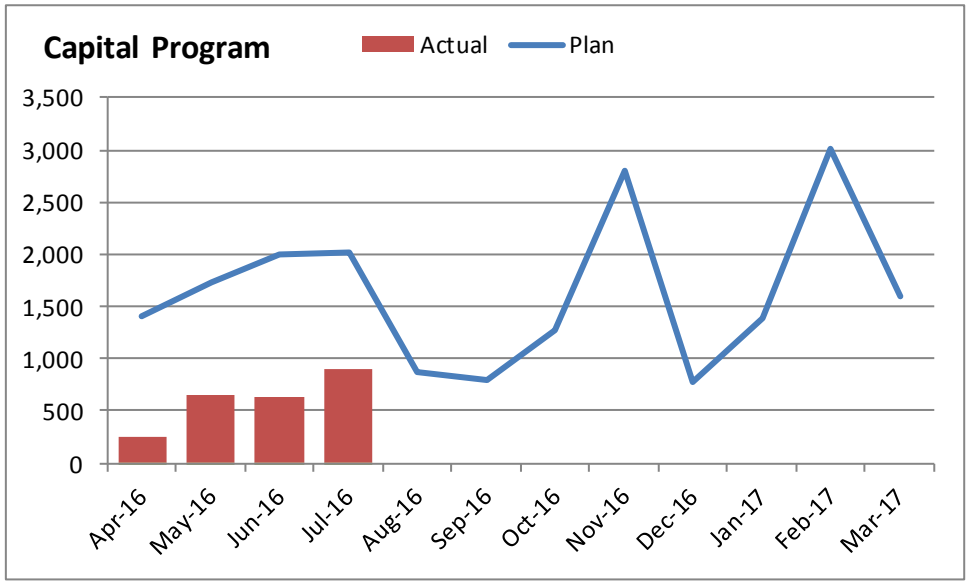
What action is being taken to recover performance?	Efficiency included as part of Business Unit reviews. Additional schemes have been worked up to take total to £24.5m against a budget requirement of £19m. Additional resource brought in to speed up the work to validate schemes and drive efficiency.
What is the recovery date?	To be confirmed.
Who is responsible for the action? (Provide the role and name of the lead)	Maria Wilde lead for efficiency but Clinical Directorates lead for delivery

4. "Priority deliverables" – Money & Resources

United Lincolnshire Hospitals NHS Trust

CARING FOR YOU

KPI:	**Capital Spend**	**Owner:**	Director of Finance
Domain:	**Money & Resources**	**Responsible Officer:**	Deputy Director of Finance
Date:	**30th August 2016**	**Reporting Period:**	July 2016

Exception Details (provide an overview explanation / cause of the variance to performance and the consequences)	Underperformance across a couple of schemes. Neonates and Specialist Rehabs schemes will be phased later in the year while the Trust undertakes value for money tests, plus slippage on a number of IT schemes in quarter 1 that will be delivered before the end of quarter 2 instead.
Forward Trajectory	Forecast is still to deliver the Capital Resource Limit for the year, which is £16.7m
Variance Analysis (SPC Chart)	
What action is being taken to	Projects have slipped due to positive actions taken to delay expenditure to ensure value for money. Plan will

recover performance?	be delivered this year as actions are in place to spend against the slipped schemes.
What is the recovery date?	Variances are acceptable.
Who is responsible for the action? (Provide the role and name of the lead)	Chris Farrah, Assistant Director of Estates and Capital Plans

4. "Priority deliverables" – Money & Resources

United Lincolnshire Hospitals NHS Trust

CARING FOR YOU

KPI:	**Surplus/Deficit**	**Owner:**	Director of Finance
Domain:	**Money & Resources**	**Responsible Officer:**	Deputy Director of Finance
Date:	**30th August 2016**	**Reporting Period:**	July 2016

Exception Details (provide an overview explanation / cause of the variance to performance and the consequences)	As at the end of July (Month 4) the Trust financial performance is £0.2m behind plan. The adverse variance is driven by income performance to date, with a significant deterioration in income performance in July, where in month income is adverse to plan by £1.8m.
Forward Trajectory	Forecast is to deliver the budget deficit of £47.9m, with a reduction of £470k in the STF funding that relates to underperformance against the Cancer target being offset by additional efficiency/underspends across the Trust.
Variance Analysis (SPC Chart)	See Full Finance Report for FSID.
What action is being taken to recover performance?	Income and activity delivery paper being discussed at Executive Team and activity performance to be challenged at Business Unit performance meetings.
What is the recovery date?	To be confirmed.
Who is responsible for the action? (Provide the role and name of the lead)	All Clinical Directors

4. "Priority deliverables" – Money & Resources

United Lincolnshire Hospitals NHS
NHS Trust

CARING FOR YOU

KPI:	**Income**	**Owner:**	Director of Finance
Domain:	**Money & Resources**	**Responsible Officer:**	Deputy Director of Finance
Date:	**30th August 2016**	**Reporting Period:**	July 2016

Exception Details (provide an overview explanation / cause of the variance to performance and the consequences)	As at the end of July (Month 4) the Trust income is £1.8m behind plan. The adverse variance is driven by a significant deterioration in inpatient activity, particularly in Trauma & Orthopaedics.
Forward Trajectory	Forecast is to deliver the budget deficit of £47.9m, with a reduction of £470k in the STF funding that relates to underperformance against the Cancer target being offset by additional efficiency/underspends across the Trust. Therefore, any shortfall in income with be offset by savings/efficiencies in costs.
Variance Analysis (SPC Chart)	See full Financial Report.
What action is being taken to recover performance?	Income and activity delivery paper being discussed at Executive Team and activity performance to be challenged at Business Unit performance meetings. This is being followed up by a deep dive into Trauma & Orthopaedics.
What is the recovery date?	To be confirmed.
Who is responsible for the action? (Provide the role and name of the lead)	All Clinical Directors

4. Exception Report: Caring

United Lincolnshire Hospitals NHS Trust

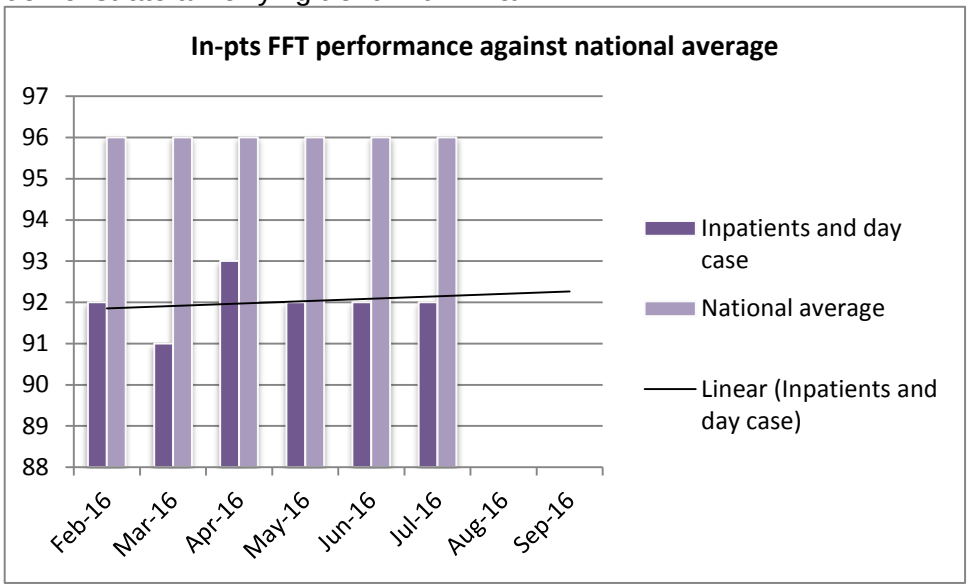
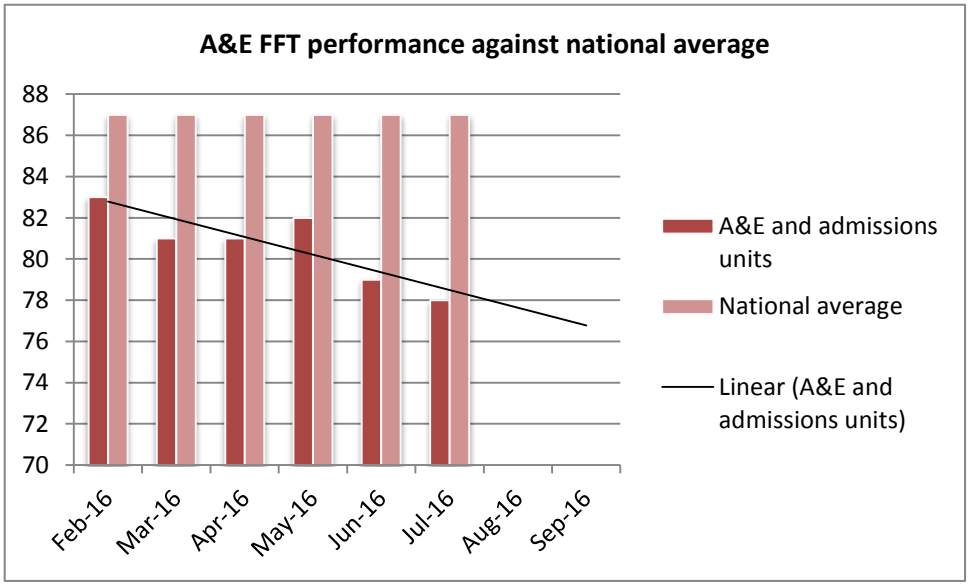
CARING FOR YOU

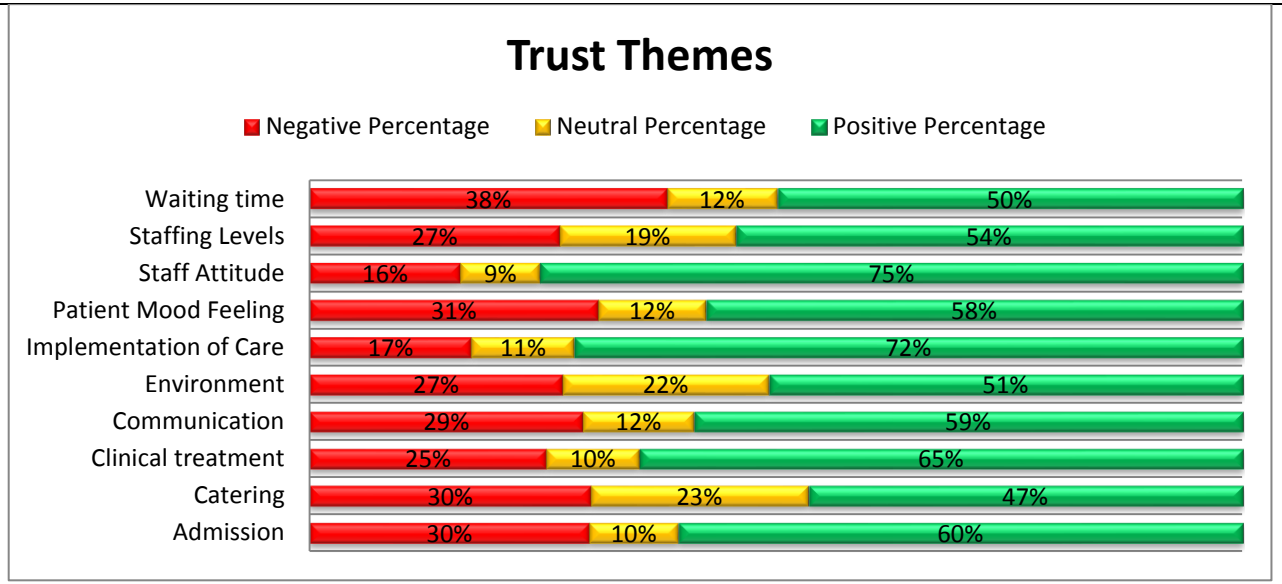
KPI:	**Friends & Family**	**Owner:**	Director of Nursing
Domain:	**Caring**	**Responsible Officer:**	Deputy Director of Nursing (Patient Experience)
Date:	**30th August 2016**	**Reporting Period:**	July 2016

Exception Details (provide an overview explanation / cause of the variance to performance and the consequences)	During July the Trust received 11,817 FFT ratings and 10,251 comments; response rates overall are good and within national averages; however the Trust remains within the 20% of lowest performing Trusts in terms of percentage recommends. Outpatients and maternity are overall within expected ranges; the exceptions are for inpatients and A&E. • All services receive monthly reports with detail of their performance and many have been given access to interrogate the real time Envoy dashboard. • There is still some misguided focus on response rates – we are performing well with our responses and the focus has to be on the reasons why a patient has chosen the score they have; it is this feedback that can direct improvements. • The service monthly reports include every comment received against the score the patient gave; therefore the data is readily available for staff to understand why a patient chose not to recommend or conversely why they did. • FFT is also included within performance dashboards, SQD and ward health checks. • The patient experience team have provided support and advice to teams on actions that could be taken to make a difference. • The main assumption for the downward trend in A&E is that this is reflective of the significant pressure the departments are under, the lack of substantive staff and the waiting times within the department and this is largely supported within the thematic analysis as shown below.
Forward Trajectory	Targets have been set to achieve national averages **Recommendation targets**

	National average 2015/2016*		
Inpatients and day case	96%	95%	96%
A&E	87%	86%	87%
Outpatients, inc. therapies and radiology	92%	91%	92%
Maternity - Antenatal	95%	94%	95%
Maternity - Birth	97%	96%	97%
Maternity - postnatal ward	94%	93%	94%
Maternity - postnatal community	98%	97%	98%

** Based on National data from April 2015 to February 2016 inclusive*

Variance Analysis (SPC Chart)	The charts below show inpatients and A&E performance against the above national averages and demonstrate a worrying trend within A&E.  

	
What action is being taken to recover performance?	•Teams receive their reports and have been asked to consider local actions they can take to effect improvements. •The patient experience team are preparing a 'Top 10 FFT 'fixes' that teams can consider using in their local action plans. •An expectation that every area uses their You Said – We Did posters and to keep them up to date; patients can then see that we are listening and that their feedback is making a difference.
What is the recovery date?	This needs to be locally set against local actions.
Who is responsible for the action? (Provide the role and name of the lead)	Team leaders, ward leaders, matrons.

4. Exception Report: Caring

United Lincolnshire Hospitals NHS Trust

CARING FOR YOU

KPI:	Inpatient Experience	Owner:	Director of Nursing
Domain:	Caring	Responsible Officer:	Deputy Director of Nursing (Patient Experience)
Date:	30th August 2016	Reporting Period:	July 2016

Exception Details (provide an overview explanation / cause of the variance to performance and the consequences)

The National CQC patient survey programme has reported on Inpatients and Cancer Care.
Action plans are being finalised and will be presented to Patient Experience Committee in September.

Forward Trajectory

Variance Analysis (SPC Chart)

Inpatient Survey:

Question	2014	2015	Comments
length of time on waiting list	↓	↓	5% fall
admission date being changed	↓	↓	2% fall
Wait for bed on ward	↓	↓	4% fall
shared sleeping area with opposite sex	↑	↓	1% fall
Feel threatened by other patients	↑	↓	1% fall (10 respondents)
amount of information given about condition or treatment	↑	↓	3% fall
staff explained what would happen during procedure	↑	↓	1% fall
discharge was delayed on the day	↓	↓	8% fall
Reasons for delay Waiting medicines		↔	8% improvement
Waiting doctor		↑	1% worse
Waiting transport		↓	
other		↓	6% worse
family were given all information they needed	↑	↓	2% fall
asked to give views on quality of care – during hospital stay	↓	↓	1% fall

Cancer Survey

Question	2015 result	National Average	High level action

	Q17 Patient given the name of the CNS who would support them through their treatment	**85%**	**90%**	• Improvement on last year (83%) • Better utilisation of resource available/ reduced variation across sites • Patient focus group work to establish high impact contact points • Shared learning from performing tumour sites
	Q20 Hospital staff gave information about support groups	**75%**	**83%**	• Deterioration on last year (80%) • Supportive care package being developed across health system • Developing website in partnership with Healthwatch / Lincolnshire Patient and Carers Forum
	Q29 Patient had confidence and trust in all doctors treating them	**80%**	**84%**	• Feedback through CD's and development of detailed action plans to be monitored through Cancer Management Committee (CMC) and tumour site governance
	Q38 Given clear written information about what should/ should not do post discharge	**81%**	**84%**	• Deterioration on last year (84%) • Review core and tumour site Trust wide written information and cascade process
	Q41 Patient was able to discuss worries and fears with staff during visit	**65%**	**70%**	• Feedback through tumour site governance and action plan monitoring
	Q42 Doctor had the right notes and other documentation with them	**94%**	**96%**	• Tumour site analysis and shared learning through governance
	Q49 Hospital staff gave family or someone close all information needed to help with care at home	**53%**	**58%**	• Deterioration on last year (57%) • Macmillan Information service outreach development • Shared learning from performing tumour sites
	Q55 Patient given a care plan	**28%**	**33%**	• Improvement on last year (21%) • Developing "next steps" initiative • Increased use of technology available
	Q56 Overall the administration of the care was very good / good	**85%**	**89%**	• Shared learning and focus on lower performing tumour sites
	Q59 Patients average rating of care scored from very poor to very good	**8.5**	**8.7**	• MDT lead feedback and monitoring of action plan through CMC
What action is being taken to recover performance?	•Actions plans being finalised and will be circulated for teams to implement locally. •Reporting and monitoring against action plans via Patient Experience Committee.			
What is the recovery date?	Surveys will be undertaken under the national programme in the Autumn and report in February / March 2017.			

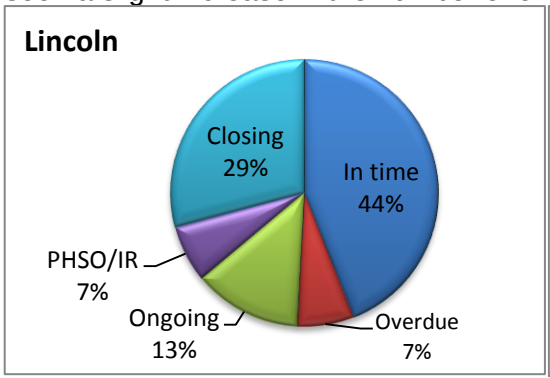
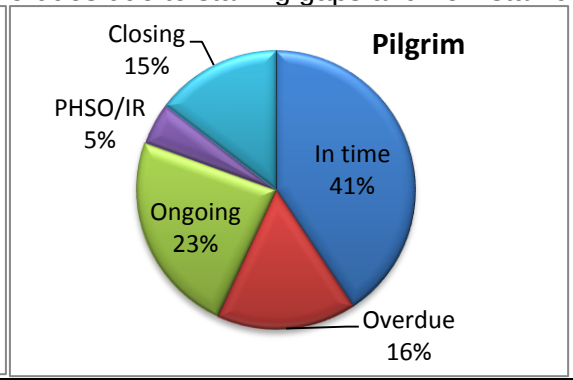
Who is responsible for the action? (Provide the role and name of the lead)	Patient Experience Lead and Lead Nurse for Cancer, Palliative and End of Life Care will prepare the action plans; local leads will be responsible for delivery.

4. Exception Report : Caring

United Lincolnshire Hospitals NHS Trust

CARING FOR YOU

KPI:	**Complaints**	**Owner:**	Director of Nursing
Domain:	**Caring**	**Responsible Officer:**	Deputy Director of Nursing (Patient Experience)
Date:	**30th August 2016**	**Reporting Period:**	July 2016

Exception Details (provide an overview explanation / cause of the variance to performance and the consequences)	Key concerns have been on: • Clearing the significant backlog of overdue complaints, primarily at Lincoln. • Improving the percentage of responses being sent out within agreed timescales.
Forward Trajectory	The target is to have zero overdue complaints and to achieve this through timely investigations and completion with agreed timescales. Realistically there will be unanticipated delays so an internal target of 95% of responses being sent out within agreed timescales has been set. The two concerns above ultimately feed each other; a reduction in overdue complaints is a measure of a timely response.
Variance Analysis (SPC Chart)	The charts below shows current performance. Overdue complaints have reduced significiantly at Lincoln (NB closing refers to complaints that have been responded to but that we do not fully close until 30 days after the letter has been sent). Pilgrim has seen a slight increase in the number of overdues due to staffing gaps and new staff coming on board.  

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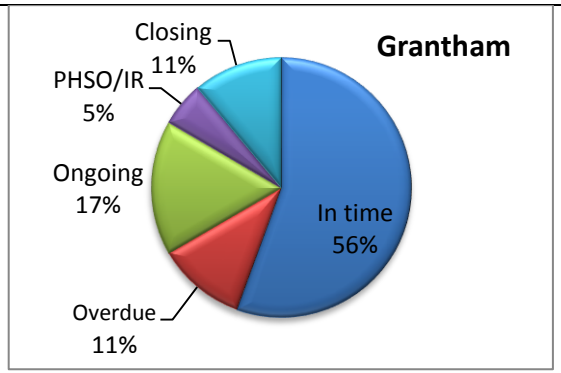
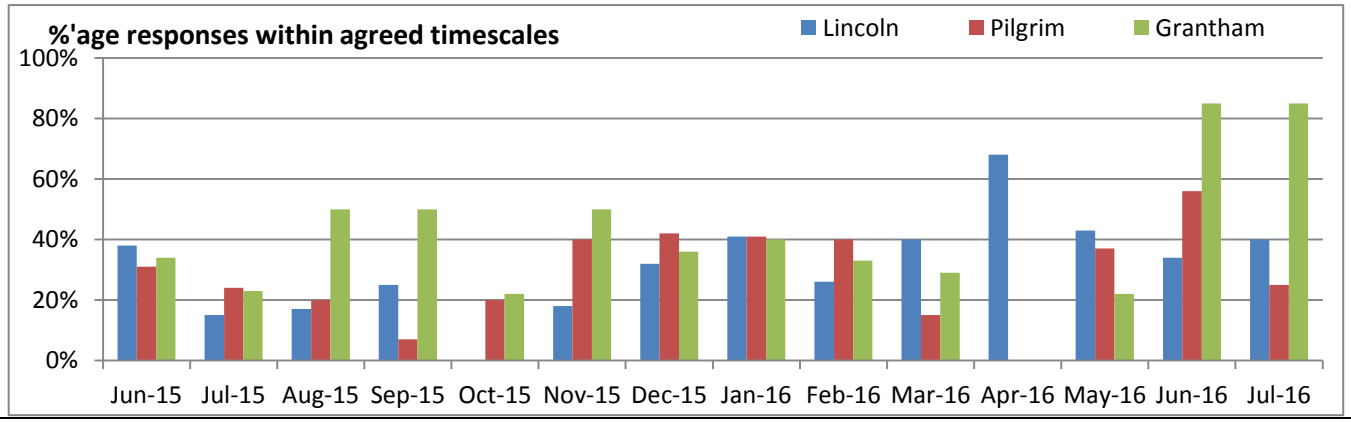
<tr><td></td><td> 

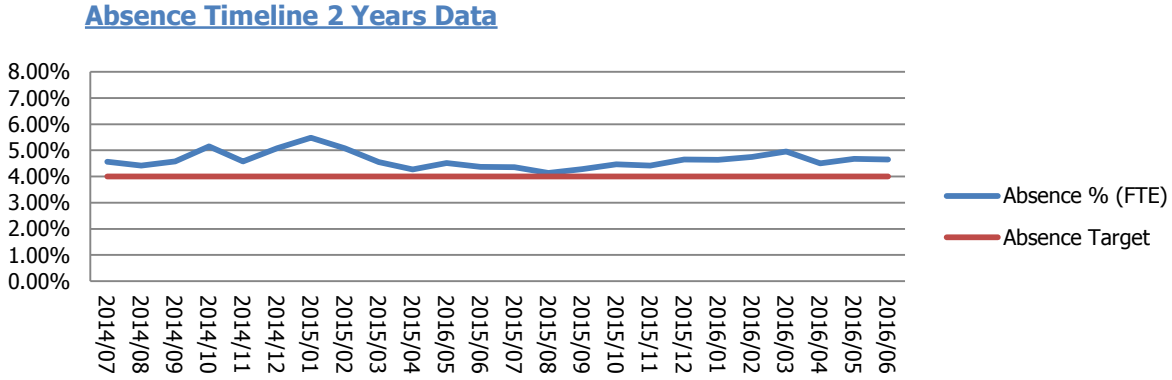

</td></tr>
<tr><td>What action is being taken to recover performance?</td><td>• Continued push to complaints leads, case managers and service managers to complete their investigations and responses within time.
• A new report with a dashboard of where the delays sit has been developed and is circulated for action and focus.
• Additional training.</td></tr>
<tr><td>What is the recovery date?</td><td>All overdues to be cleared by end September.
Achieve 95% response target on all sites by end December.
Maintain 95% response rate for Q4.</td></tr>
<tr><td>Who is responsible for the action? (Provide the role and name of the lead)</td><td>Complaints team
Clinical Directors</td></tr>
</table>

4. Exception Report: Well-led

United Lincolnshire Hospitals NHS
NHS Trust

CARING FOR YOU

KPI:	**Sickness Absence**	**Owner:**	Director of Human Resources
Domain:	**Well-led**	**Responsible Officer:**	Assistant Director of Human Resources
Date:	**30th August 2016**	**Reporting Period:**	July 2016

Exception Details (provide an overview explanation / cause of the variance to performance and the consequences)	The Annual sickness rate has decreased by 0.33% in comparison to June 2015 figures. The annual cost of sickness (excluding any backfill costs) has decreased by £508,367 compared to 12 months ago. Monthly sickness rate for June 2016 is 4.65%. The May 2016 monthly sickness rate has now decreased from 4.68% to 4.42%, this decrease is due to late reporting so it is possible that there will be a similar fluctuation with the June figure. During the 12 months ending June '16, Anxiety/Stress/Depression and other Psychological illness was the top reason for time lost due to sickness at 20.76% of all absence. Of this figure 1.93% was work related and 18.83% non-work related. Additional Clinical Services had the highest sickness rate during the 12 months at 6.30% (Unregistered Nurses 6.89%), followed by Estates & Ancillary at 6.25% and Nursing & Midwifery Registered at 5.03%.
Forward Trajectory	
Variance Analysis (SPC Chart)	

What action is being taken to recover performance?	Monthly HR/Manger and OH meetings on sites Assurance meetings Training on implementation of New absence policy
What is the recovery date?	April 2017
Who is responsible for the action? (Provide the role and name of the lead)	Line managers with support from HR

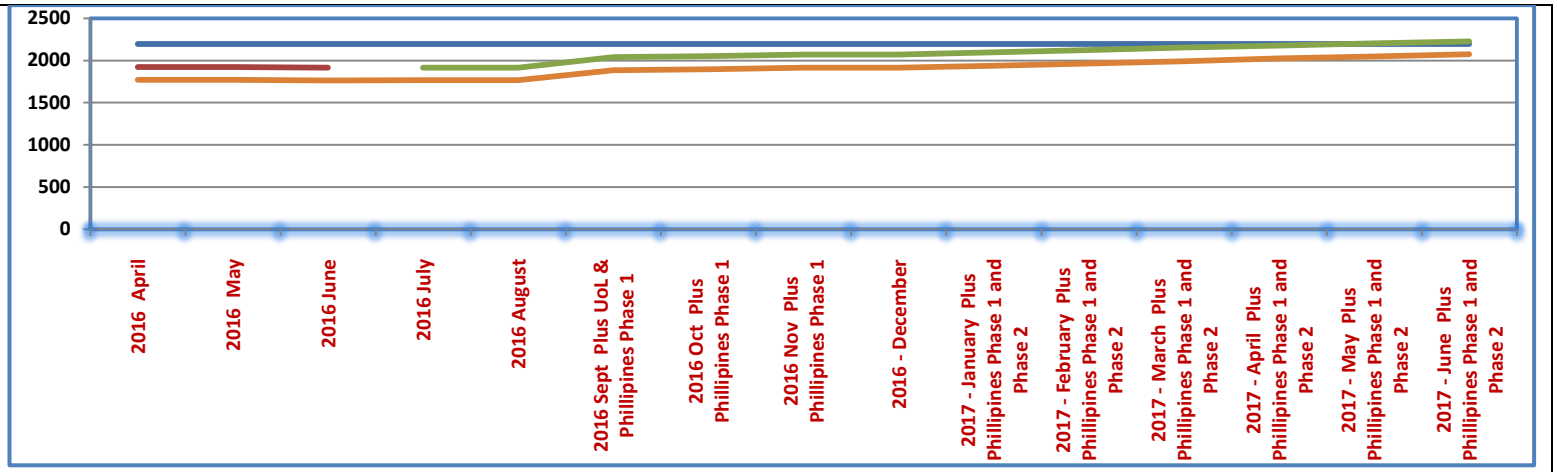
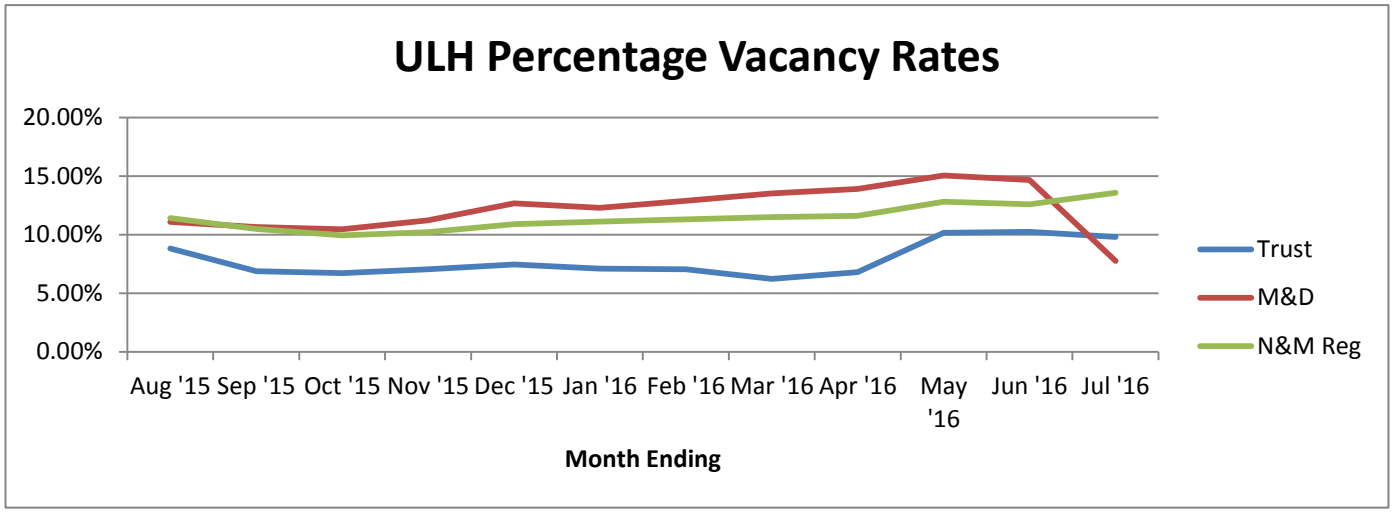
4. Exception Report: Well-led

United Lincolnshire Hospitals NHS
NHS Trust

CARING FOR YOU

KPI:	**Vacancies**	**Owner:**	Director of HR
Domain:	**Well-led**	**Responsible Officer:**	Elaine Stasiak, Workforce Intelligence (reports completed by Karen Taylor, Asst Director HR)
Date:	**18 July 2016**	**Reporting Period:**	July 2016

Exception Details (provide an overview explanation / cause of the variance to performance and the consequences)	There is currently a vacancy rate of 9.80% across the trust, this is an decrease on last month, by 0.45%, however this affected by the junior Doctors commencing. Medical 7.74% • Vacancy rate at the end of July shows a reduction due to new intake of Foundation Year 1 doctors starting last week of July whilst existing Foundation Year 1 doctors not leaving until first week of August (one week crossover). • Number of staff in post 31.07.16 = 856.94 FTEs and 890 Headcount • Vacancy rate has decreased by 6.93% from the previous month • Net decrease of 28 Medical staff over the last 12 months. Nursing 13.97% • Number of Band 5 N&M staff in-post at 01.08.15 = 1056.22 FTEs and 1262 Headcount • Number of Band 5 N&M staff in-post at 30.07.16 = 1054.05 FTEs and 1262 Headcount • Vacancy rate has increased by 0.98% from the previous month. • Net increase of 34 headcount Band 5 Nursing staff over the last 12 months
Forward Trajectory	Graph As below

Variance Analysis (SPC Chart) Establishment Actual in post to June 2016 Estimated monthly total WTE in post to June 2017 Total Staff available to work	  Figures calculated as difference between funded establishment and contracted inpost Fte's expressed as percentage of funded establishment Fte.
What action is being taken to recover performance?	International Nurse Recruitment and Newly qualified recruitment drives Circa 115 wte newly-qualified Band 5 nurses in September and additional 10 wte Filipino nurses, and a further 185 wte Filipino nurses between October 2016 and June 2017 Staff benefits and attraction packages being reviewed
What is the recovery date?	March 2017
Who is responsible for the action? (Provide the role and name of the lead)	Line managers SMT HR

4. Exception Report: Safe

United Lincolnshire Hospitals NHS Trust

CARING FOR YOU

KPI:	**Core Learning**	**Owner:**	Director of HR
Domain:	**Safe**	**Responsible Officer:**	Elaine Stasiak, Workforce Intelligence (reports completed by Karen Taylor, Asst Director HR)
Date:	**18 August 2016**	**Reporting Period:**	July 2016

Exception Details (provide an overview explanation / cause of the variance to performance and the consequences)

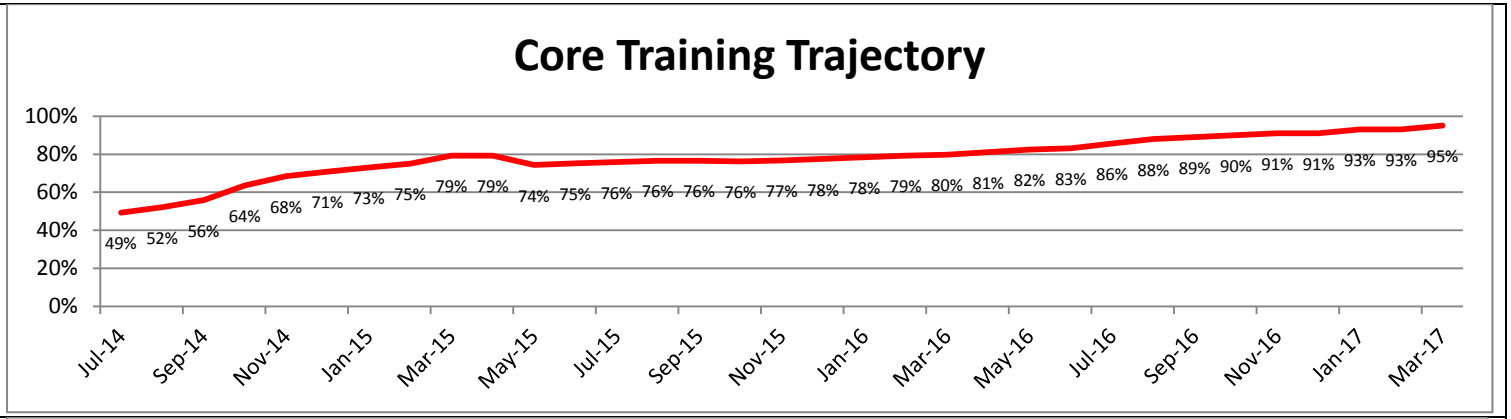
The Trusts performance continues to grow month on month

Nov-15	*77%*
Dec-15	*78%*
Jan-16	*78%*
Feb-16	*79%*
Mar-16	*80%*
Apr-16	*81%*
May-16	*82%*
Jun-16	*83%*
Jul-16	*86%*

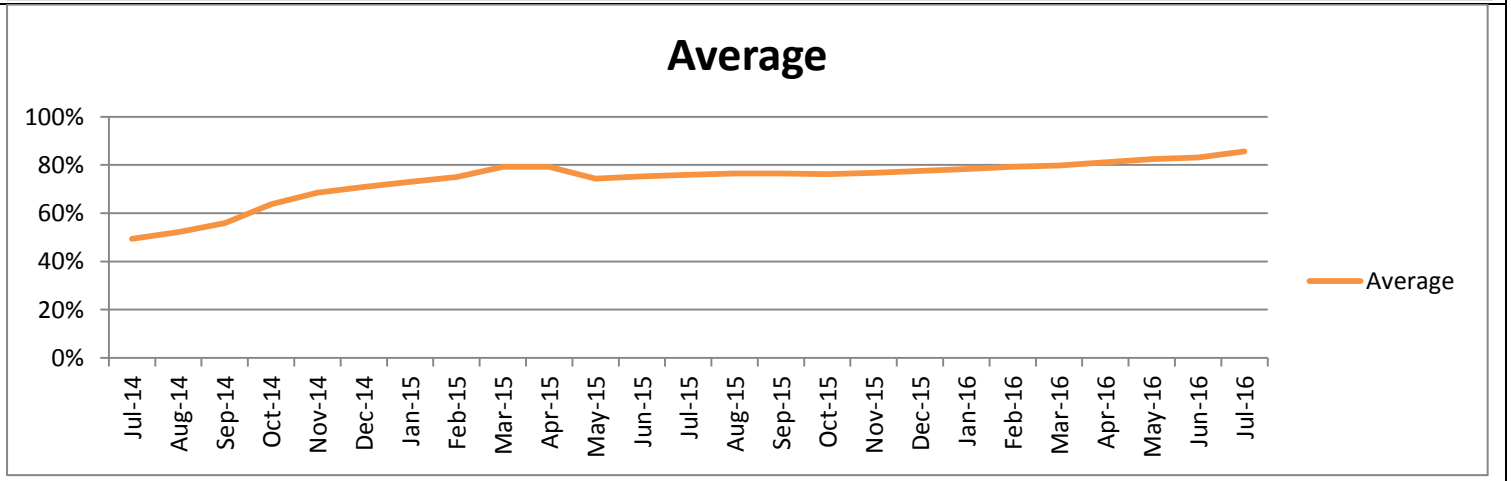
- Basic life support is low at 44% due to this being a later requirement
- A further increase of 3% on overall compliance rate.
- Equality & Diversity is now a 3 yearly rather than a 1 yearly requirement in line with the East Midlands Streamlining Project taking compliance from 78% to 96% and contributing to the 3% overall compliance increase.

- All annual topics show another increase with Infection Prevention and Information Governance up 1% and Fire up 2%. Both Fire and IG are higher than this time last year. 3 yearly topics either remain the same or show another increase of 1%. Rates are much higher than this time last year.

Forward Trajectory



Variance Analysis (SPC Chart)



Trust	Fire	IPC	E&D	IG	SGC1	SGA1	H&S	Slips	M&H IL	Risk	Fraud	A
Jun-16	72%	73%	78%	78%	88%	87%	89%	91%	89%	86%	85%	
Jul-16	74%	74%	96%	79%	89%	87%	90%	91%	89%	86%	86%	

What action is being taken to recover performance?

- Performance managed in BU performance meetings
- Performance data distributed to CD's and BUM
- Hotspot reports continue to be provided to identified managers
- Core learning is part of performance management framework
- Communication gone out to all staff that no study leave will be approved until they have completed or have a booked place on core learning – this message to be reiterated regularly
- The DNA 'No Show' rate for July has increased by 4% to 21% which is the same as this time last year.

What is the recovery date?	March 2017	**Who is responsible for the action?**	Clinical directorates

5. Summary of "Priority deliverables" – Performance against STF Trajectories

United Lincolnshire Hospitals NHS Trust

CARING FOR YOU

The dashboard shows the Trust's current performance against the non-negotiables as set out in the Sustainability and Transformation Fund. Trajectories and performance are based on what has been agreed within the 2016/17 Contract with Lincolnshire Clinical Commissioning Groups and therefore not necessarily to deliver performance at the national constitutional standard (for example A&E).

Further information and remedial actions in relation to the four access standards are illustrated over the following pages. Further information with regards to the agency spend and financial run rate are captured within the Trust Board Finance Report.

		Standard	Change in Month	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
RTT Incompletes	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%
	Performance		↓	92.11%	92.45%	92.02%	91.35%								
Diagnostics 6wk Access	Trajectory	0.90%		99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%
	Performance		↑	99.11%	99.06%	99.08%	98.92%								
Cancer 62 Day	Trajectory	85%		77.00%	78.00%	80.00%	81.00%	83.00%	84.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%
	Performance		↓	74.70%	70.00%	68.90%									
A&E 4hr Access	Trajectory	95%		76.60%	82.00%	82.00%	84.00%	84.00%	84.00%	85.00%	85.00%	85.00%	89.00%	89.00%	89.00%
	Performance		↓	80.54%	83.52%	81.18%	78.56%								
Agency Spend £'000s	Plan			2569	2575	2582	2523	2573	2390	1091	1142	1058	772	824	875
	Actual		↑	2213	2576	2477	2223								
Financial Surplus / Deficit £'000s	Plan			-4093	-4294	-4299	-3957	-4594	-3881	-3557	-3580	-4381	-3142	-5073	-3052
	Actual		↓	-3995	-4040	-4358	-4506								

Appendix 1. Monitor Risk Rating

United Lincolnshire Hospitals NHS Trust

CARING FOR YOU

Area		Indicator	Threshold	Monitoring Period	Apr-16	May-16	Jun-16	Jul-16
Access	1	maximum time of 18 weeks from point of referral to treatment in aggregate - patients on an incomplete pathway	92%	Quarterly	92.11%	92.45%	92.02%	91.35%
	2	A&E: maximum waiting time of four hours from arrival to admission/transfer/discharge	95%	Quarterly	80.54%	83.52%	81.12%	78.56%
	3	All cancers: 62 day wait for first treatment from: Urgent GP referral for suspected cancer *	85%	Quarterly	74.70%	70.00%	68.90%	
		NHS Cancer Screening Service referral *	90%		80.60%	86.20%	96.20%	
	4	All cancers: 31 day wait for second or subsequent treatment comprising: Surgery *	94%	Quarterly	80.40%	90.90%	95.00%	
		anti-cancer drug treatments *	98%		84.60%	97.70%	100.00%	
		radiotherapy *	94%		84.00%	94.00%	92.80%	
	5	All cancers: 31 day wait from diagnosis to first treatment *	96%	Quarterly	95.80%	85.00%	98.70%	
	6	cancer: two week wait from referral to date first seen, comprising: all urgent referrals (cancer suspected) *	93%	Quarterly	87.80%	92.60%	92.10%	
		for symptomatic breast patients (cancer not initially suspected) *	93%		94.60%	96.60%	93.00%	
Outcomes	14	Meeting the C.difficile objective (cumulative)	62	Quarterly	2	5	5	6
	15	Meeting the MRSA objective (cumulative)	0	Quarterly	0	0	0	0
	19	Certification against compliance with requirements regarding access to health care for people with a learning disability	n/a	Quarterly	Compliant	Compliant	Compliant	Compliant
				Risk Rating	4	7	5	4

*** Information is reported a month behind**

Trust Internal Compliance Rating	
	Target Met
	Target Not Met

Monitor Governance Risk Rating Calculation	
<1.0	Green
≥1.0	Amber/Green
<2.0	
≥2.0	Amber/Red
<4.0	
≥4.0	Red

GOVERNANCE RISK RATING

Monitor assign a Governance Risk Rating to reflect quality of services at a Trust. Higher levels of governance risk may serve to trigger greater regulatory action.
The Risk Rating is calculated from performance against service indicators.
Each of these indicators is given a weighting and compliance with all indicators would achieve a Risk Rating of 0.
For each non-compliant indicator the weighted score is applied and the total of these formulate the Risk Rating.
The numerical score is RAG rated using the table to the left.
Monitor may apply a red Governance Risk Rating where any indicator with a rating of 1.0 is breached for three successive quarters.
For each of the non-compliant indicators a failure in one month is considered to be a quarterly failure.

Appendix 2. Glossary

United Lincolnshire Hospitals NHS
NHS Trust

CARING FOR YOU

MRSA bacteraemia	Methicillin-resistant Staphylococcus aureus
MSSA	Methicillin Sensitive Staphylococcus aureus
ECOLI	Escherichia coli
UTIs	Urinary tract infection
VTE Risk Assessment	Venous thromboembolism
Overdue CAS alerts	Central alerting system
SQD %	Safety and Quality dashboard
eDD	Electronic discharge document
PPCI	Primary percutaneous coronary intervention
#NOF	Fractured neck of femur
A&E	Accident & Emergency
RTT	Referral to Treatment
SHMI	Summary Hospital level Mortality Indicator
LoS	Length of Stay

Appendix 3. Overview of thresholds for Red, Amber, Green ratings

United Lincolnshire Hospitals NHS
NHS Trust

CARING FOR YOU

Below is an explanation of how the RAG rating for each measure, KPI and Trust Value is calculated.

	Red	Amber	Green
Section 2 – KPIs	The majority of measures in section 3 that make up the KPI fail the target by more than 10% tolerance	The majority of measures in section 3 that make up the KPI fail the target but within the 10% tolerance	All measures in section 3 that make up the KPI achieve the target
Section 2 – Trust Values	Any zero tolerance measures fail the target (e.g. never events) or any priority deliverables fail the target or the majority of KPIs that contribute to the Trust Value fail the target by more than 10% tolerance	The majority of KPIs that fail the target but within the 10% tolerance	All KPIs achieve the target
Section 3 - Measures	Fail the target by more than 10% tolerance	Fail the target but within the 10% tolerance	Achieve the target

Appendix 4. Detailed thresholds for Red, Amber, Green ratings

United Lincolnshire Hospitals NHS Trust

CARING FOR YOU

Metric	Red	Amber	Green
Cdiff Actual	Failed Target by more than 10%	Failed Target but by less than 10%	Achieved Target
C-diff Accum	Failed Target by more than 10%	Failed Target but by less than 10%	Achieved Target
MRSA	More than 0 instances		0 instances
MSSA	Failed Target by more than 10%	Failed Target but by less than 10%	Achieved Target
Ecoli	Failed Target by more than 10%	Failed Target but by less than 10%	Achieved Target
Never Events	More than 0 instances		0 instances
Serious Incidents	Failed Target by more than 10%	Failed Target but by less than 10%	Achieved Target
Harm Free Care	Failed Target by more than 5%	Failed Target but by less than 5%	Achieved Target
New Harm Free Care	Failed Target by more than 5%	Failed Target but by less than 5%	Achieved Target
Catheter & UTIs	Failed Target by more than 10%	Failed Target but by less than 10%	Achieved Target
Falls	Failed Target by more than 5%	Failed Target but by less than 5%	Achieved Target
Medication Errors (Datix)	Failed Target by more than 10%	Failed Target but by less than 10%	Achieved Target
Medication errors (mod, severe or death) (DATIX)	Failed Target by more than 10%	Failed Target but by less than 10%	Achieved Target
Pressure Ulcers (PUNT) 3/4	Failed Target by more than 10%	Failed Target but by less than 10%	Achieved Target
VTE Risk Assessment	Failed Target by more than 2%	Failed Target but by less than 2%	Achieved Target
Core Learning	Failed Target by more than 2%	Failed Target but by less than 2%	Achieved Target
Nurse to Bed Ratio	Deteriorated from last month		Improved from last month
A&E 4 Hr	Missed both National and CCG Targets	Missed National Target but achieved CCG Target	Achieved National Target
A&E 12hr Trolley Wait	More than 0 instances		0 Instances
RTT 52 week wait	More than 0 instances		0 Instances
RTT 18 Week Incompletes	Missed both National and CCG Targets	Achieved National Target but failed CCG Target	Achieved National Target
62 Day Classic	Missed both National and CCG Targets	Missed National Target but achieved CCG Target	Achieved National Target
2 Week Wait	Failed Target by more than 2%	Failed Target but by less than 2%	Achieved Target
2 Week Wait Breast	Failed Target by more than 2%	Failed Target but by less than 2%	Achieved Target
31 day first treatment	Failed Target by more than 2%	Failed Target but by less than 2%	Achieved Target
31 day subsequent drug treatments	Failed Target by more than 2%	Failed Target but by less than 2%	Achieved Target
31 day subsequent surgery treatments	Failed Target by more than 2%	Failed Target but by less than 2%	Achieved Target
31 day subsequent radiotherapy treatments	Failed Target by more than 2%	Failed Target but by less than 2%	Achieved Target
62 day screening	Failed Target by more than 2%	Failed Target but by less than 2%	Achieved Target
62 day consultant upgrade	Failed Target by more than 2%	Failed Target but by less than 2%	Achieved Target
Diagnostics achieved	Failed Target by more than 1%	Failed Target but by less than 1%	Achieved Target
Diagnostics Failed	Failed Target by more than 1%	Failed Target but by less than 1%	Achieved Target
Cancelled Operations –on the day	Failed Target by more than 10%	Failed Target but by less than 10%	Achieved Target
Cancelled Operations -Not treated within 28 days	Failed Target by more than 10%	Failed Target but by less than 10%	Achieved Target
FFT: IP (Response Rate)	Deteriorated from last month	Same as last month	Improved from last month
FFT: IP (Recommend)	Failed Target by more than 3%	Failed Target but by less than 3%	Achieved Target
FFT: A&E (Response Rate)	Deteriorated from last month	Same as last month	Improved from last month
FFT: A&E (Recommend)	Failed Target by more than 3%	Failed Target but by less than 3%	Achieved Target
Complaints	Failed Target by more than 5%	Failed Target but by less than 5%	Achieved Target
Mixed Sex Accommodation	Failed Target by more than 10%	Failed Target but by less than 10%	Achieved Target
EDD	Failed Target by more than 2%	Failed Target but by less than 2%	Achieved Target

PPCI 90 hrs	Failed Target by more than 5%	Failed Target but by less than 5%	Achieved Target
PPCI 150 hrs	Failed Target by more than 5%	Failed Target but by less than 5%	Achieved Target
NOF 24	Failed Target by more than 4%	Failed Target but by less than 4%	Achieved Target
NOF 48	Failed Target by more than 4%	Failed Target but by less than 4%	Achieved Target
Dementia Screening	Failed Target by more than 4%	Failed Target but by less than 4%	Achieved Target
Dementia Risk Assessment	Failed Target by more than 4%	Failed Target but by less than 4%	Achieved Target
Dementia Specialist Referral	Failed Target by more than 4%	Failed Target but by less than 4%	Achieved Target
Stroke 90% attendance	Failed Target by more than 2%	Failed Target but by less than 2%	Achieved Target
Swallowing <4hrs	Failed Target by more than 2%	Failed Target but by less than 2%	Achieved Target
Scan <60mins	Failed Target by more than 2%	Failed Target but by less than 2%	Achieved Target
Scan <24hrs	Failed Target by more than 2%	Failed Target but by less than 2%	Achieved Target
Stroke Admitted < 4hrs	Failed Target by more than 2%	Failed Target but by less than 2%	Achieved Target
Stroke IP dying in dept	Failed Target by more than 2%	Failed Target but by less than 2%	Achieved Target
SHMI	Failed Target by more than 5%	Failed Target but by less than 5%	Achieved Target
Hospital Level Mortality Indicator	Failed Target by more than 5%	Failed Target but by less than 5%	Achieved Target
Elective LOS	Failed Target by more than 5%	Failed Target but by less than 5%	Achieved Target
Non-Elective LOS	Failed Target by more than 5%	Failed Target but by less than 5%	Achieved Target
MFFD	Failed Target by more than 10%	Failed Target but by less than 10%	Achieved Target
DTOC	Failed Target by more than 5%	Failed Target but by less than 5%	Achieved Target
Vacancies	Failed Target by more than 10%	Failed Target but by less than 10%	Achieved Target
Sickness Absence	Failed Target by more than 10%	Failed Target but by less than 10%	Achieved Target
Staff Turnover	Failed Target by more than 5%	Failed Target but by less than 5%	Achieved Target
Staff Appraisals	Failed Target by more than 2%	Failed Target but by less than 2%	Achieved Target
Equality and Diversity	Failed Target by more than 10%	Failed Target but by less than 10%	Achieved Target
Income v Plan	Failed Target by more than 5%	Failed Target but by less than 5%	Achieved Target
Expenditure v Plan	Failed Target by more than 5%	Failed Target but by less than 5%	Achieved Target
Efficiency Plans	Failed Target by more than 5%	Failed Target but by less than 5%	Achieved Target
Surplus / Deficit	Failed Target by more than 5%	Failed Target but by less than 5%	Achieved Target
Capital Program Spend	Failed Target by more than 10%	Failed Target but by less than 10%	Achieved Target
Agency Spend	Failed Target by more than 5%	Failed Target but by less than 5%	Achieved Target
Partial Booking Waiting List	Failed Target		Achieved Target