United Lincolnshire Hospitals NHS
NHS Trust

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UNITED LINCOLNSHIRE HOSPITALS TRUST

INTEGRATED PERFORMANCE REPORT

PERIOD TO 31 AUGUST 2016

Document management

Title: Integrated Performance Report

To: Trust Board

From: Rachel Harvey, Head of Planning & Performance

Author: Kat Etoria, Planning & Performance Manager

Date: 4th October 2016

Purpose of the Report:

To update the committee on the performance of the Trust for the period ended 31st August 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	x	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 31st August 2016

Contents:

1. Executive Summary for period of 31st August 2016

August headlines:

- ☒ 4 hour waiting time target – performance of 77.80% in August 2016
- ☒ 3 of the 9 national cancer targets were achieved in July 2016
- ☒ 18wk RTT Incomplete Standard – performance for August 2016 is 89.19
- ☒ 6wk Diagnostic Standard – August's performance was 98.67%
- ☑ Agency Spend – on target
- ☑ Deficit / Surplus – improving
- ☑ Financial Improvement Plans delivering within tolerances in month

August narrative:

In August 10 out of 31 KPIs are green - an improvement of four areas. Eight KPIs are amber but three have moved from a red rating from last month to amber (RTT, Inpatient Experience and Cancelled Operations) which suggests an improving position.

Last month 19 KPIs were red compared to 11 in August.

Successes:

Deficit reduction and Financial Improvement Plans reflect a positive picture this month for our financial situation. This will be further strengthened by the introduction of the Finance Improvement support provided by RSM. Infection control has improved overall. Mortality has remained green for the last two months.

Challenges:

Continued urgent care pressures and the subsequent impact (i.e. reliance on escalation beds and cancelled operations) are challenging our capacity to deliver priority areas for example RTT. There have also been capacity pressures in diagnostics and cancer which has shown a continued under-performance in delivery into August although remedial actions are in place. Urgent care continues to be challenged by our key issues are around demand, flow and staffing levels. This issue is particularly challenging where temporary staff and locums are being employed who do not have time to familiarise themselves with standard operating procedures relevant to ULHT.

Diagnostics is trending downwards over a four month period but largely confined to a small number of key tests which have plans in place to improve performance in September. Performance in RTT also continues to be a challenge linked to reduced capacity (linked to urgent care impact and redistributing capacity to meet PBWL reductions).

Our staff appraisal position is still of concern and is a key area affecting performance across the trust. All operational managers have been provided with information on appraisal hotspots in order to improve the Trust wide position and with time constraints named as the main reason for current performance this remains a focus for organisational development.

Our National position on Friends and Family has deteriorated.

Looking forward:

Exception Reports need to identify future milestones to recovery, particularly where KPIs have been red or amber for three consecutive months or where there is a trending decline in performance, even if the indicator is rated green.

Action plans for improving performance are not delivering the required results in some areas. The number of patients waiting to be treated is growing based on our current capacity constraints: increasing demand (including external factors affecting A&E such as GPs not available and transport issues); staffing levels and recruitment issues etc. Mitigating actions have been established but will need to be continuously monitored to ensure delivery.

Operationally the Trust needs to focus attention on the priority areas in order to be assured of performance recovery and to ensure access to Sustainable Transformation Funding to support deficit reduction. Exception Reports are identifying month by month performance status and not looking far enough ahead for recovery. Short to medium term plans over a longer period need developing that will enable sustainable performance by working across departments and concentrating on Trust wide service delivery rather than site based specialities.

Rachel Harvey, Head of Planning and Performance
October 2016

2. Integrated Performance Report
Integrated Performance Report - Headlines

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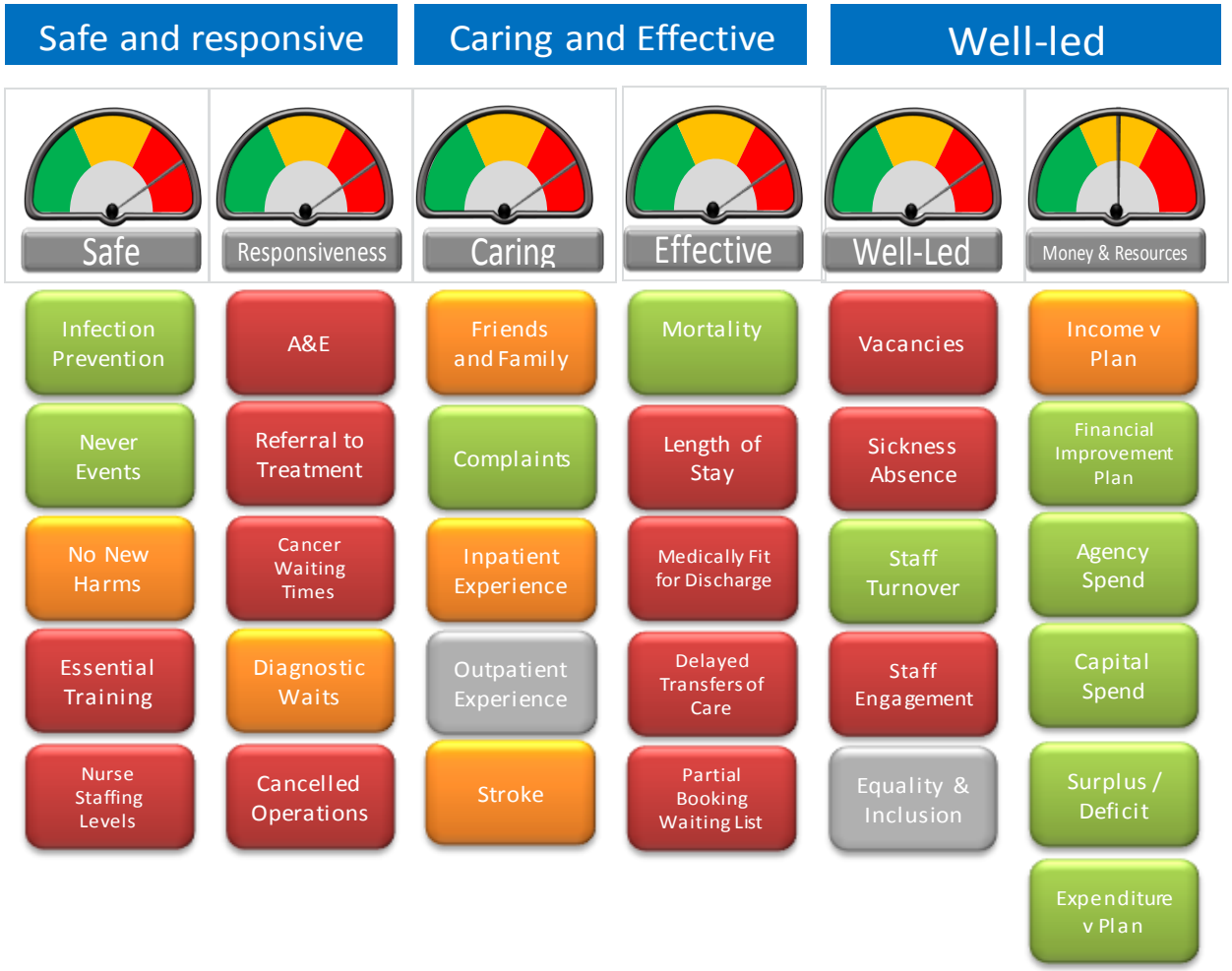
The dashboard shows the Trust's current performance against the chosen standards and indicators as a measure of overall Trust performance. The box to the right highlights key changes to performance during the period with priority actions. Further detail follows this summary at Business Unit and Speciality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



Monitor Risk Rating

5.0

CQC Compliance

Requires Improvement

A&E	RTT	Diagnostics
77.80%	89.19%	98.67%

62 Day	Deficit	Agency
75.6%	2224k	-432k

Most improved:

Domain: **Safe**
Falls (1.18% improvement) and VTE Risk Assessment (0.62% improvement)

Domain: **Money and Resources**
Financial Improvement Plan(+1,694k), Agency Spend (-82k compared to July) and Surplus/Deficit (-320k compared to July)

Most deteriorated:

Domain: **Responsive**
A&E 4 hour wait with continuing risk (-0.76% against July, -6.2% against trajectory)
RTT with continuing risk (unvalidated position -3.52% against trajectory)
Diagnostics with continuing risk (-0.43% against trajectory)

Domain: **Effective**
Elective Length of Stay (-0.36 days compared to July)

Actions:
See Exception Reports for all amber and red rated Key Performance Indicators.

3. Trust Board Performance Dashboard

Integrated Performance Report - Detailed

United Lincolnshire Hospitals NHS Trust

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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	3	3	6			
MRSA bacteraemia (post 3 days)	0	0	0	0			
MSSA	2	10	1	0			
ECOLI	8	23	2	4			
Never Events	0	1	0	0			
No New Harms							
Serious Incidents reported (unvalidated)	0	20	0	2			
Harm Free Care %	95%	91.96%	92.14%	96.15%			
New Harm Free Care %	98%	97.02%	98.00%	98.72%			
Catheter & New UTIs	2.00	1.00	2.00	3.00			
Falls	3.9%	4.05%	3.81%	4.99%			
Medication errors	0	583	109	134			
Medication errors (mod, severe or death)	0	61	13	12			
Pressure Ulcers (PUNT) 3/4							
VTE Risk Assessment	95%	92.67%	95.58%	94.96%			
Overdue CAS alerts							
SQD %							
Essential training	85%	80.00%	83.00%	82.00%			
Nurse Staffing Levels							
Nurse to bed day ratio			1.93	1.96			

	Target	YTD	Current Month	Last Month	Expected performance for next month	Expected month of recovery	Trend
Caring							
Friends and Family Test							
Inpatient (Response Rate)	26%	27.40%	24.00%	29.00%			
Inpatient (Recommend)	96%	88.60%	89.00%	89.00%			
A&E (Response Rate)	14%	20.80%	20.00%	21.00%			
A&E (Recommend)	87%	79.60%	78.00%	78.00%			
% of staff who would recommend care							
% of staff who would recommend work							
Complaints							
No of Complaints received	70	303	60	45			
No of Complaints still Open							
No of Complaints ongoing							
Inpatient Experience							
Mixed Sex Accommodation	0	16	0	1			
eDD	95%	76.44%	80.22%	70.39%			
PPCI 90 hrs	100%	0.00%	97.33%	97.33%			
PPCI 150 hr	100%	0.00%	85.33%	85.33%			
#NOF 24	70%	60.92%	50.85%	61.64%			
#NOF 48 hrs	95%	92.62%	92.75%	94.52%			
Dementia Screening	90%	88.04%	96.64%	92.99%			
Dementia risk assessment	90%	93.09%	95.17%	94.34%			
Dementia referral for Specialist treatment	90%	31.73%	39.34%	35.71%			
Stroke							
Patients with 90% of stay in Stroke Unit	80%	87.77%	84.80%	93.30%			
Sallowing assessment < 4hrs	80%	71.65%	72.50%	74.70%			
Scanned < 1 hrs	50%	65.26%	72.50%	71.40%			
Scanned < 24 hrs	100%	95.54%	98.80%	95.40%			
Admitted to Stroke < 4 hrs	90%	69.05%	72.50%	77.00%			
Patient death in Stroke	17%	13.55%	15.20%	21.70%			
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%	80.35%	77.80%	78.56%			
12+ Trolley waits	0	0	0	0			
RTT							
52 Week Waiters	0	0	4	2			
18 week incompletes	92.4%	91.97%	89.19%	91.35%			
Cancer - Other Targets							
62 day classic	85%	72.15%	75.60%	68.90%			
2 week wait suspect	93%	88.91%	82.70%	92.10%			
2 week wait breast symptomatic	93%	79.26%	24.80%	93.00%			
31 day first treatment	96%	96.80%	97.60%	98.70%			
31 day subsequent drug treatments	98%	94.84%	98.00%	100.00%			
31 day subsequent surgery treatments	94%	90.44%	95.80%	95.00%			
31 day subsequent radiotherapy treatments	94%	89.88%	89.90%	92.80%			
62 day screening	90%	87.97%	90.90%	96.20%			
62 day consultant upgrade	85%	80.17%	73.50%	73.90%			
Diagnostic Waits							
diagnostics achieved	99.1%	98.96%	98.67%	98.92%			
diagnostics Failed	0.9%	1.04%	1.33%	1.08%			
Cancelled Operations							
Cancelled Operations on the day (non clinical)	1.1%	1.75%	1.70%	1.67%			
Not treated within 28 days. (Breach)	0%	23.08%	11.34%	14.29%			

	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	2.93	3.17	2.81			
Average LoS - Non Elective	3.8	4.39	4.31	4.36			
Medically Fit for Discharge	60	934	855	985			
Delayed Transfers of Care	3.5%	4.86%	4.20%	7.16%			
Partial Booking Waiting List	0	5251	4428	5168			

	Target	YTD	Current Month	Last Month	Expected performance for next month	Expected month of recovery	Trend
Well Led							
Vacancies	5.0%	9.75%	11.75%	9.80%			
Sickness Absence	4.0%	4.84%	4.77%	4.65%			
Staff Turnover	2.4%	1.99%	2.06%	2.06%			
Staff Engagement							
Staff Appraisals	95.0%	65.40%	65.00%	65.00%			
Equality and Inclusion							

	Target	YTD	Current Month	Last Month	Expected performance for next month	Expected month of recovery	Trend
Money & Resources							
Income v Plan	37061	183547	36463	36319			
Expenditure v Plan	-40479	-197859	-39259	-39482			
Efficiency Plans	1139	6210	2499	805			
Surplus / Deficit	-4594	-21085	-4186	-4506			
Capital Program Spend	862	4674	2224	908			
Agency Spend	2573	-11630	2141	2223			

4. "Priority deliverables" – RTT Incompletes

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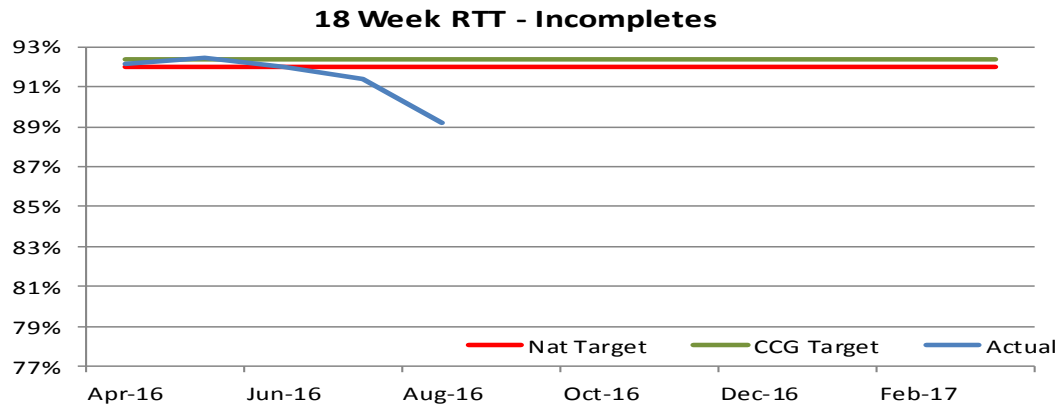
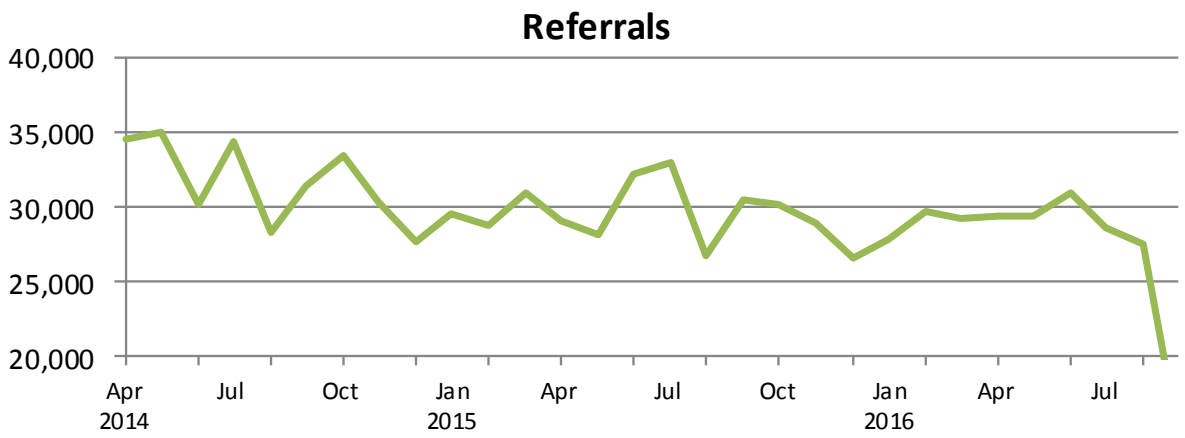
KPI:	Referral to Treatment	Owner:	Chief Operating Officer
Domain:	Responsive	Responsible Officer:	Deputy Director of Operational Performance
Date:	27th September 2016	Reporting Period:	August 2016

Exception Details (provide an overview explanation / cause of the variance to performance and the consequences)	The Trust achieved the 92% national standard for 11 months in a row between August 2015 and June 2016. This is against a position where the aggregated national performance hasn't achieved 92% in seven of the last eight months. However, performance in July did not achieve the standard, with a Trust position of 91.35%. One week prior to the final submission for August the performance level was 88.5%. It is expected that performance will improve prior to the final submission, but it is highly unlikely that the 92% standard will be achieved. General Surgery, Neurology 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. In addition, unprecedented referral rates into Dermatology have caused significant performance issues within this speciality.
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 contracts have been agreed with two private providers. 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 ongoing 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, which is being partly mitigated by additional sessions from substantive consultants. 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. Analysis is currently being undertaken to look at referral levels and the business units are working on action plans to recover performance. 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?	Significant risk to recovery in 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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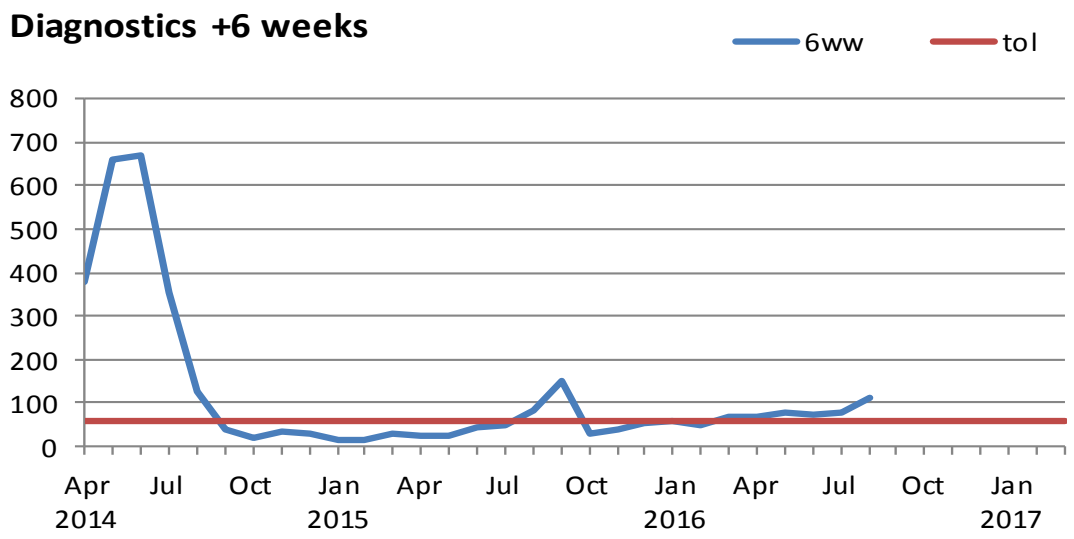
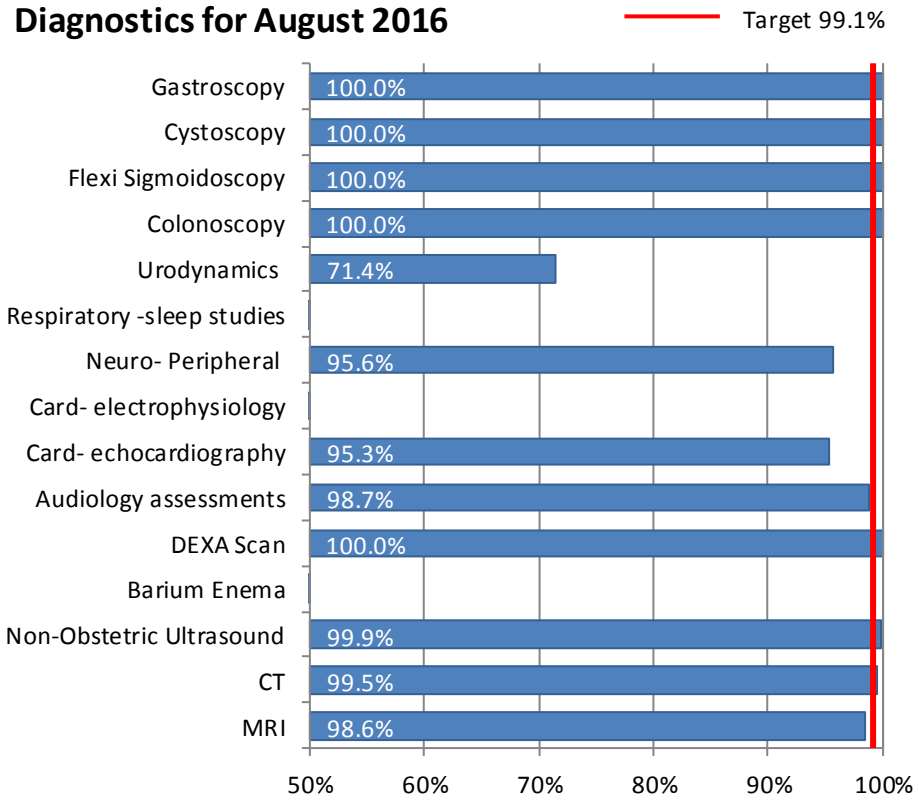
KPI:	**Diagnostic Waits**	**Owner:**	Chief Operating Officer
Domain:	**Responsive**	**Responsible Officer:**	Deputy Director of Operational Performance
Date:	**27th September 2016**	**Reporting Period:**	August 2016

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 August. The performance level was 1.33%. This is only the second time in ten 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, Audiology, MRI and Echocardiography. The level of breaches within Echocardiography was the most significant cause of the Trust’s overall failure of this standard, contributing to 55% of the overall breaches.
Forward Trajectory	

Variance Analysis (SPC Chart)	
What action is being taken to recover performance?	Additional capacity has been provided for TOES investigations within the Echo service since early August which will bring improvements to performance in this service area during September. 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. There has been a consultant vacancy within neurophysiology for the last 2 years, with additional capacity provided by two external providers. Due to restricted availability from these external providers during August it was expected that breach numbers within this speciality would escalate in August. However, it is also expected that these will reduce again in September. Paediatric MRI's contribute to a significant proportion of the breaches in this modality. Radiology are actively collaborating with the anaesthetic departments across the Trust to increase the capacity in this area.
What is the recovery date?	High risk to recovery in September, particularly around Echo performance, with a more likely recovery date of October
Who is responsible for the action?	Neil Ellis – Deputy Director of Operational Performance

4. "Priority deliverables" – Cancer 62 Day Standard

United Lincolnshire Hospitals NHS Trust

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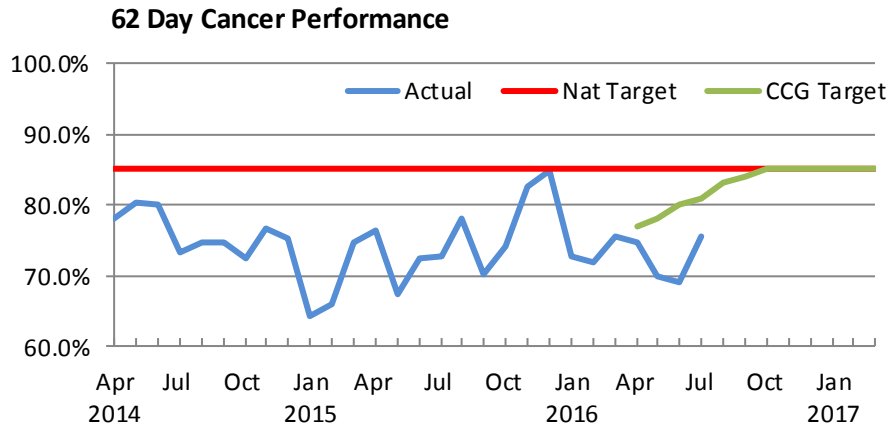
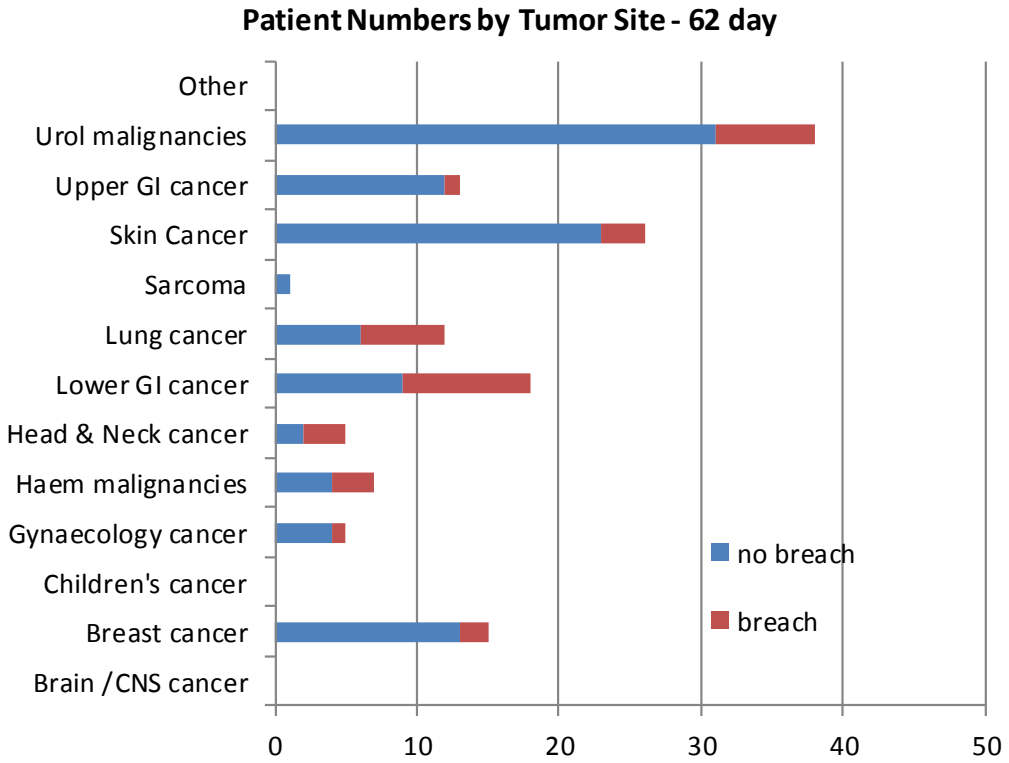
KPI:	**Cancer Waiting Times (62 Day)**	**Owner:**	Chief Operating Officer
Domain:	**Responsive**	**Responsible Officer:**	Deputy Director of Operational Performance
Date:	**27th September 2016**	**Reporting Period:**	July 2016

Exception Details (provide an overview explanation / cause of the variance to performance and the consequences)	The Trust achieved a performance of 75.6% against the 62 day classic standard, an increase of 6.7% compared to June. Demand is continuing at unprecedented levels during 2016 with the Trust recording the highest number of referrals that it has ever received into its cancer services. Performance in July was below 60% in the following tumour sites – haemotology, head and neck, lower GI, and lung. Urology is the highest volume specialty, 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 showed significant improvements as a result (81.6%). There are Consultant vacancies gastroenterology and lung, 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. This commenced in September. •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. A rapid improvement event commenced on 12th September. •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. •The MDT leads met during August to share best practice •The Trust submitted a bid for additional funding to support diagnostic aspects of cancer pathways.
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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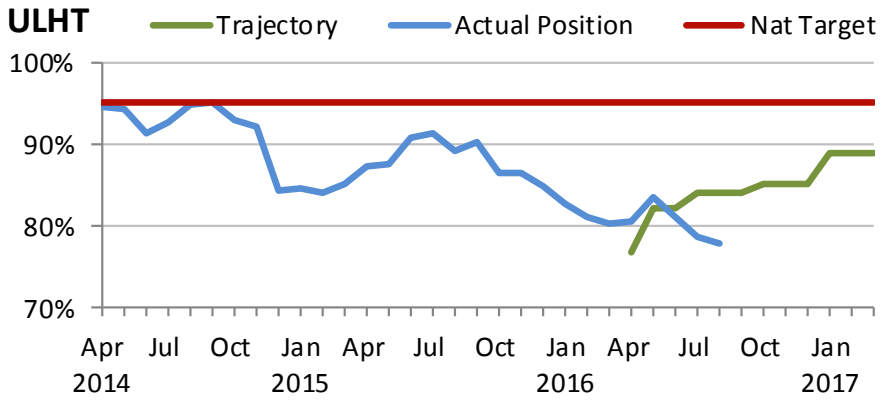
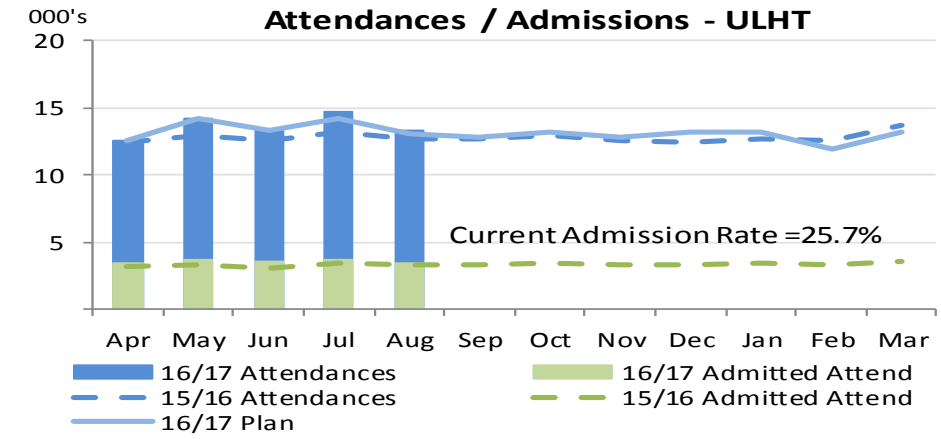
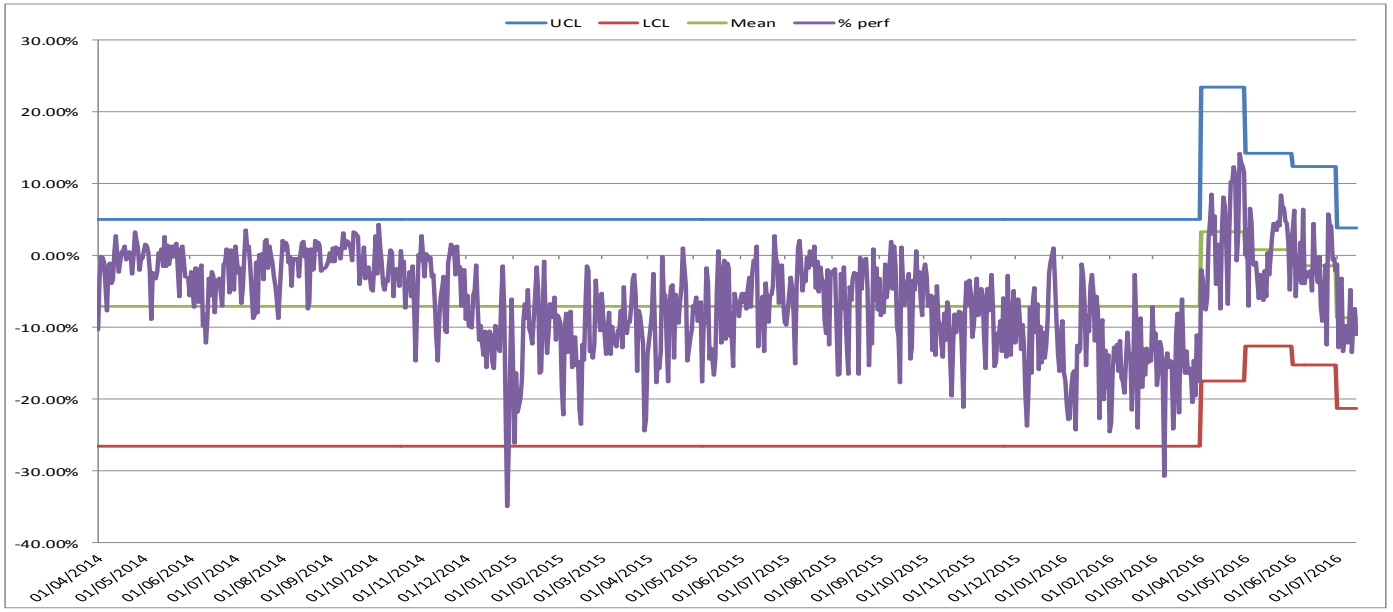
KPI:	**4 Hour Wait (A&E)**	**Owner:**	Chief Operating Officer
Domain:	**Responsive**	**Responsible Officer:**	Deputy Director of Operations, Emergency Care Deputy Director of Operations, Pilgrim Interim Head of Nursing, Grantham
Date:	**27th September 2016**	**Reporting Period:**	August 2016

Exception Details (provide an overview explanation / cause of the variance to performance and the consequences)	August A&E performance at Lincoln remains under the trajectory. Issues contributing to this under-delivery include a continuation of locum staffing issues however there is now more stability in the consultant tier. There has been a noted increase in the number of breaches and delays in first assessment occurring overnight. This is linked to a higher dependence on locums overnight and new starters who were unfamiliar with the department. Bed pressures earlier in the week are starting to become a problem with reduced discharges over the weekends due to a lack of community support – as an example patients declared medically fit have an average length of staff of around 6 days on a Monday and 4 days on a Friday. Changes in opening hours at Grantham A&E department led to a change in the arrival times for patients. Moved from open 24/7 to open from 09:00 to 18:30 7 days per week. Spike in activity moved from 18:00 to 14:00 in the day. This led to breaches of triage and first assessment. At Pilgrim problems are still being experienced with the timely discharge of patients due to delays in the provision of transport by NSL. This has impacted on the number of patients breaching 4 hours and continues to be escalated to the CCGs. The highest number of breaches are occurring at night and a review of the rota has been undertaken to ensure an additional middle-grade doctor is on duty overnight.
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 Lincoln middle grade new job roles out to advert with good interest with interviews scheduled for September. The site will also benefit from increased middle grade staffing as a result of the temporary Grantham overnight closure. Actions to create flow on site are in place and working including targeted

	actions to reduce ambulance handover delays (with the introduction of a dedicated cubicle). The Trust is also participating in a National AEC Cohort to share best practice, look at optimising ambulatory care to improve urgent care performance and patient experience. Issues to address night time breaches are being discussed with consultants at an A&E "risk summit" to tackle some of the cultural issues and rota problems. Finally, the Trust has completed its Winter Plan to look at the required actions to meet the predicted surge in demand. At Grantham staffing has been reviewed and additional members of staff have been rostered to cover the 12 to 21:00 period. Team working has been implemented in full and dedicated triage has been put in place. There are signs of improvement in September in triage and patients being treated within 60 minutes. At Pilgrim a deep dive of patients who are GP attenders/admissions from the edge of the catchment area has been undertaken and has found that 50% of patients tried to contact their GP prior to attending A&E without success. These results have been discussed with GPs and an action plan is currently being drafted to try and mitigate the number of attenders. The protocols for out of hours patients have been updated and are being shared with staff in the coming weeks. The ED risk tool has now gone live and has been incorporated into the department so staff can see the pressure on the department and shows the number of crews waiting, number of patients in the department and the time to first assessment.
What is the recovery date?	As stated before, 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 percentages, this improvement could be offset if we cannot recruit to our vacancies. For Grantham in September 2016 the trajectory is 92.3% with performance of 96.84% for delivery. Plan to be able to pull back Grantham A&E 2nd quarter trajectory of 95.1% (performance for second quarter currently at 92.45%. For Pilgrim 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

CARING FOR YOU

KPI:	Income	Owner:	Director of Finance
Domain:	Responsive	Responsible Officer:	Deputy Director of Finance
Date:	4th October 2016	Reporting Period:	August 2016

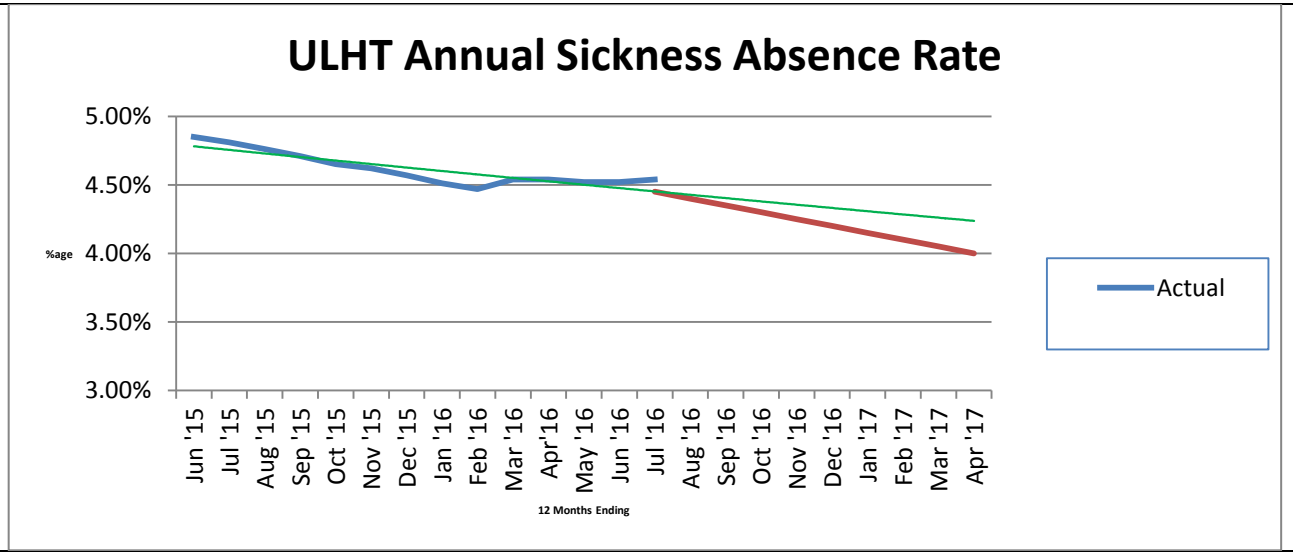
Exception Details (provide an overview explanation / cause of the variance to performance and the consequences)	As at the end of August (Month 5) the Trust income is £3.4m behind plan. The adverse variance is driven by a significant deterioration in inpatient activity, particularly in Trauma & Orthopaedics, together with a non delivery of income related efficiency schemes..
Forward Trajectory	Forecast is to deliver the budget deficit of £47.9m, with a reduction of £0.8m in the STF funding that relates to underperformance against the performance 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)	
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?	
Who is responsible for the action? (Provide the role and name of the lead)	All Clinical Directors

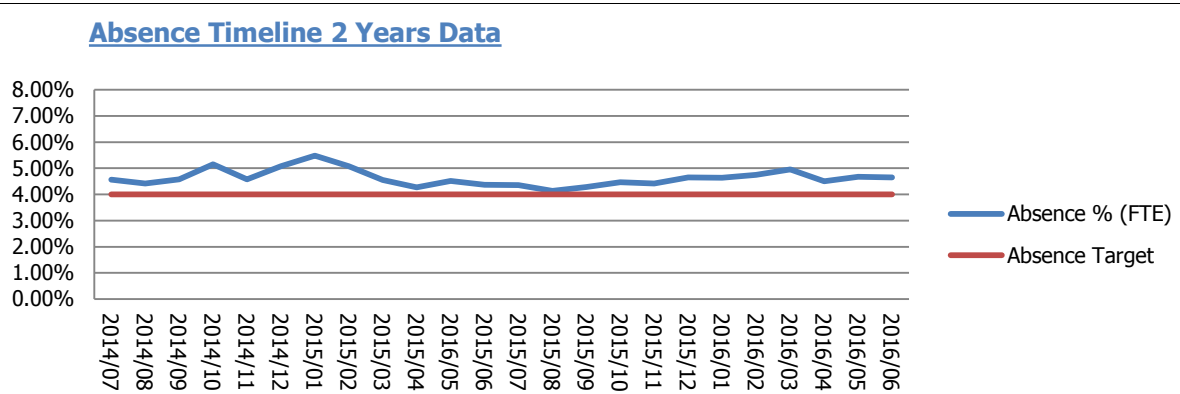
4. Exception Report: Well-led

United Lincolnshire Hospitals NHS Trust

CARING FOR YOU

KPI:	Sickness Absence	Owner:	Director of Human Resources
Domain:	Well-led	Responsible Officer:	Assistant Director of Human Resources
Date:	27th September 2016	Reporting Period:	August 2016

Exception Details (provide an overview explanation / cause of the variance to performance and the consequences)	Annual sickness rate has decreased by 0.27% in comparison to July 2015 figures. The annual cost of sickness (excluding any backfill costs) has decreased by £417,629 compared to 12 months ago. Monthly sickness rate for July 2016 is 4.77%. The June 2016 monthly sickness rate has now decreased from 4.65% to 4.60%. During the 12 months ending July '16, Anxiety/Stress/Depression and other Psychological illness was the top reason for time lost due to sickness at 21.26% of all absence. Of this figure 1.71% was work related and 19.55% non-work related. Estates & Ancillary had the highest sickness rate during the 12 months at 6.44% followed by Additional Clinical Services at 6.31% (Unregistered Nurses 6.89%), and Nursing & Midwifery Registered at 5.05%. 60.60% of OH Appointment requested are offered within 0-10 days from referral, a further 14.49% is offered within 11-15 days. 28% of the referrals are relates to Anxiety/depression/other psychiatric illness and other MSK and back problems are 18% and 12% respectively. 36.90% of the referrals resulted in 'Fit for Work – with reasonable adjustments' and 14.11% 'Fit for normal duties' as recommendations
Forward Trajectory	

Variance Analysis (SPC Chart)	
What action is being taken to recover performance?	• All sickness information entered into ESR via either ESR self-service or monthly interface from the HealthRoster System •Sickness Action Plan (across all Services/Sites) are being updated to reflect key milestones and assurance to Trust Board and NHSi. •Monthly HR/Manger and OH meetings on Sites •Assurance meetings •Flu Vaccination - We are awaiting the final delivery date for flu vaccines and we are planning to have them on site for the 1st week in October and commence vaccinations that week. •Counselling Course - The ULHT Occupational Health & Health & Wellbeing Service CPCAB Level 2 Award In Introduction To Counselling Skills course commences in October 2016. •Mental health First Aid MHFA - MHFA training will commence in September 2016 MHFA is a two day course with external trainer support, for up to 18 minimum employees •Mindfulness for Wellbeing – A rolling programme will commence from October 2016 (this is a generic approach with view to developing more specialist bespoke courses for departments /services at a later date).
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 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:	**27th September 2016**	**Reporting Period:**	August 2016

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

There is currently a vacancy rate of 11.75% across the trust, this is an increase on last month, by 1.95%, however this affected by the junior Doctors rotation.

Month	Trust
Aug '15	8.83%
Sep '15	6.87%
Oct '15	6.72%
Nov '15	7.05%
Dec '15	7.44%
Jan '16	7.09%
Feb '16	7.04%
Mar '16	6.23%
Apr '16	6.79%
May '16	10.17%
Jun '16	10.25%
Jul '16	9.80%
Aug '16	11.75%

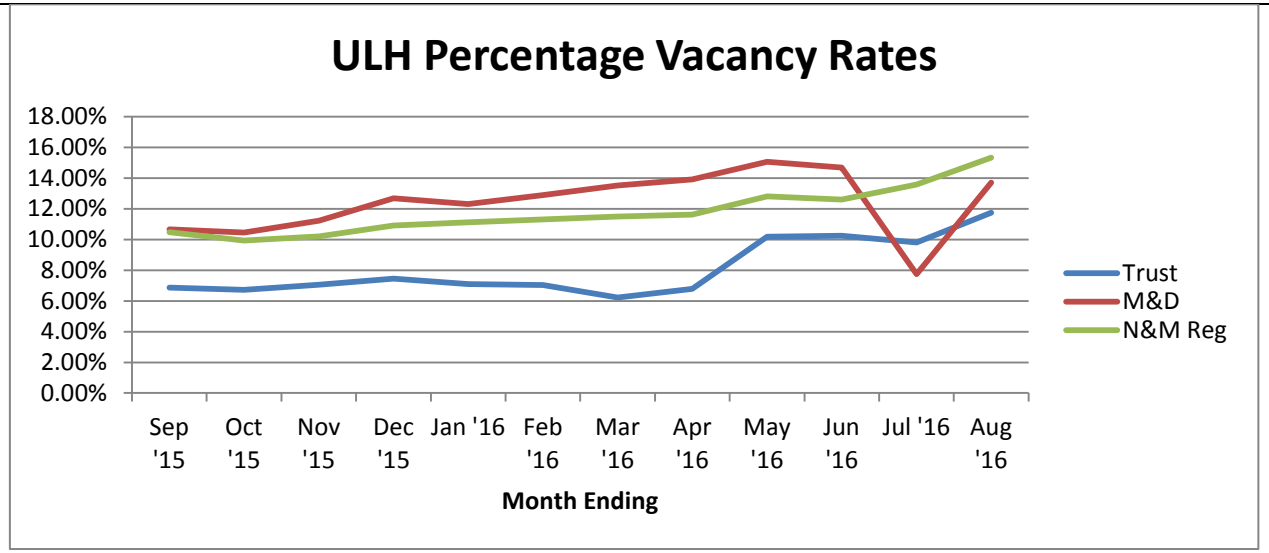
Note: Vacancy rate is now based on Finance establishment FTE compared to Finance contracted FTE.

Medical: 13.70%

•Slight increase in number of Medical Staff FTEs in post over past 12 months.
•Number of Staff in-post 01.09.15 = 802.24 FTEs and 833 Headcount
•Vacancy rate has increased by 5.96% as a result of the fluctuation in number due to junior doctors' rotation. The vacancy rate prior to junior doctor rotation was 14.67%

Nursing: 15.33%

•Number of Band 5 N&M staff in-post at 01.09.15 = 1039.93 FTEs and 1244 Headcount
•The vacancy rate increased from 13.57% at the previous month end to 15.33%. This is linked to the increase of 29.62 Fte in funded establishment due to additional funding in A&E and escalation beds made permanent. In addition the

	number of registered N&M staff in-post reduced by 14.07 Fte during the month. •Net increase of 40 headcount Band 5 Nursing staff over the last 12 months •71 wte new starters for September •A total of 61 Band 5 N&M staff have been promoted within last 12 months (career progression/ retention of skills/staff)
Forward Trajectory	Trajectory currently being reviewed in line with anticipated start dates for Filipino Nurses
Variance Analysis (SPC Chart)	
What action is being taken to recover performance?	•A&E Recruitment Plan identified across all 3 sites (some appointments have been made) •International Nurse Recruitment and Newly qualified recruitment drives •23 wte Filipino nurses currently expected between now and February 2017. •Review learning from staff survey and pulse checks to inform actions •Corporate Retention Strategy agreed
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:	**27th September 2016**	**Reporting Period:**	August 2016

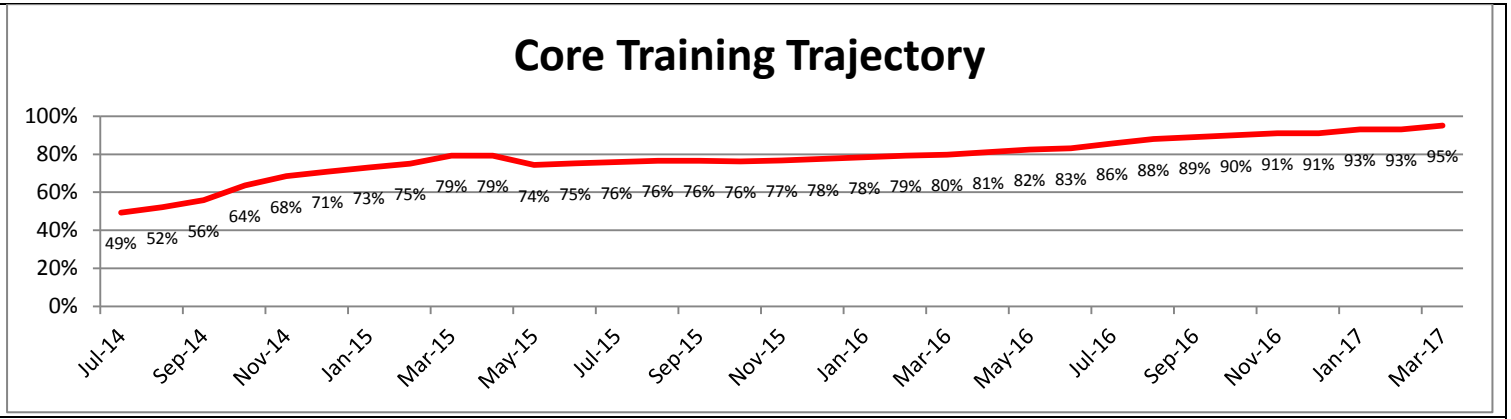
Exception Details (provide an overview explanation / cause of the variance to performance and the consequences)

The Trusts compliance/performance this month remains the same.

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%
Aug-16	86%

- Fire compliance remains the same whereas Infection Prevention increased by 2% and Information Governance by 1%. All 3 annual topics are between 3 and 5% 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.
- The DNA 'No Show' rate for August is down 5% to 16% compared to last month which is 5% less than that same 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	Average
Jun-16	72%	73%	78%	78%	88%	87%	89%	91%	89%	86%	85%	83%
Jul-16	74%	74%	96%	79%	89%	87%	90%	91%	89%	86%	86%	86%
Aug-16*	74%	76%	97%	80%	89%	88%	90%	92%	90%	87%	87%	86%
Aug-16**	65%	72%	89%	75%	81%	79%	85%	85%	83%	83%	82%	80%

**Core Learning compliance for AfC Staff*
***Core Learning compliance for Medical & Dental Staff*

What action is being taken to recover performance?

- 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
- New pre-prepared Core Learning Compliance report created and available through ESR Supervisor Self-Service for Managers/Supervisors/Clinical Educators which provides up to date compliance for their areas automatically in 5 clicks. This will help simplify and improve compliance monitoring.
- Senior Managers are notified no later than 4 working days from the classroom session of the names of the individuals who have DNA'd so they can take appropriate action
- With the introduction of ESR Supervisor Self-Service, managers and clinical educators have access to DNA information for their staff.
- Meetings are held with HR and managers on all sites to discuss core learning.
- The Pay Progression Policy is launched on 1.10.16. Non-compliance with core learning may act as a bar to incremental pay progression.
- Local ESR BI (Business Intelligence) reports have been produced to enable managers to easily view both core learning compliance and appraisal completion in areas reporting to them.

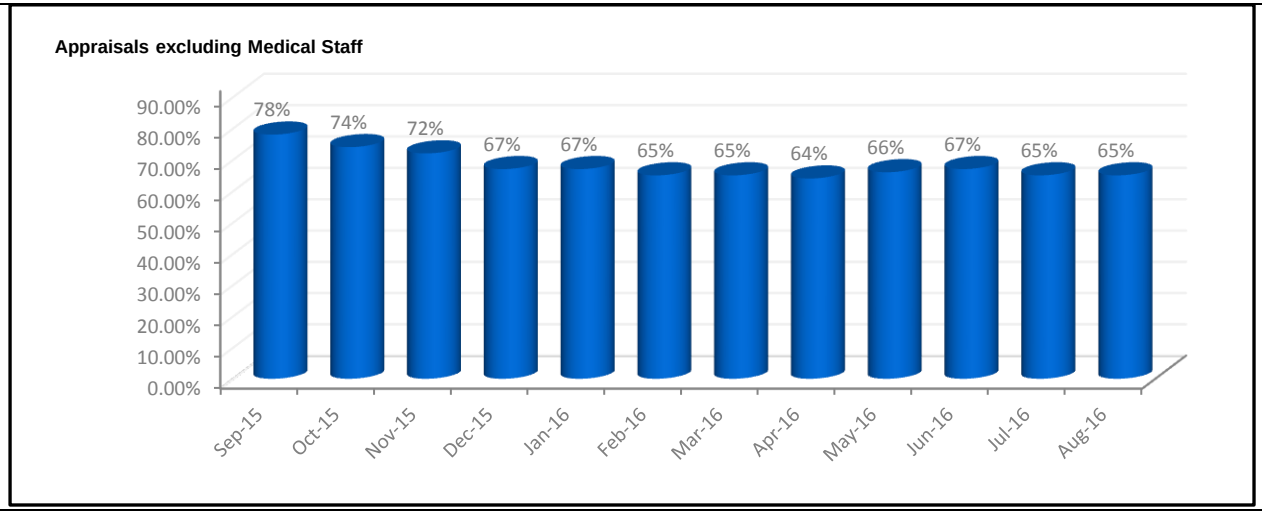
What is the recovery date?	March 2017	**Who is responsible for the action?**	Clinical directorates

4. Exception Report: Safe

United Lincolnshire Hospitals NHS Trust

CARING FOR YOU

KPI:	**Staff Engagement (Staff Appraisals)**	**Owner:**	Director of HR
Domain:	**Safe**	**Responsible Officer:**	Elaine Stasiak, Workforce Intelligence (reports completed by Karen Taylor, Asst Director HR)
Date:	**27th September 2016**	**Reporting Period:**	August 2016

Exception Details (provide an overview explanation / cause of the variance to performance and the consequences)	Agenda for Change Staff Appraisal compliance rate for August is 64.70%. The overall percentage for appraisals has decreased by 0.30% from the previous month. The site with the highest appraisal rate is Louth at 74.60%, which is an increase of 1.52% from the previous month. Lincoln also has an increased appraisal rate at 65.01%, which is an increase of 0.99%. Pilgrim and Grantham appraisal rates have both decreased from the previous month, by 1.35% and 2.94% respectively
Forward Trajectory	
Variance Analysis (SPC Chart)	
What action is being taken to recover performance?	•An Appraisal Milestone Plan have been developed with a particular focus on improving Appraisal rates/compliance for Nursing & Midwifery Staff. •Pay Progression Policy (linked between staff appraisals and salary increments) have been finalised and will 'Go Live' with effect from 1st October 2016. Trust wide communication has taken place in this regard. •Additional HR Training sessions are being arranged to 'train' Managers on how to record appraisals on ESR to ensure accurate recording for monitor and audit purposes.

What is the recovery date?	March 2017
Who is responsible for the action?	Line managers with support from HR SMT

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

United Lincolnshire Hospitals NHS Trust

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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%	89.19%							
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%	98.67%							
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%	75.60%								
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%	77.80%							
Agency Spend £'000s	Plan			2569	2575	2582	2523	2573	2390	1091	1142	1058	772	824	875
	Actual		↑	2213	2576	2477	2223	2141							
Financial Surplus / Deficit	Plan			-4093	-4294	-4299	-3957	-4594	-3881	-3557	-3580	-4381	-3142	-5073	-3052
£'000s	Actual		↑	-3995	-4040	-4358	-4506	-4186							

Appendix 1. Monitor Risk Rating

United Lincolnshire Hospitals NHS
NHS Trust

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Area		Indicator	Threshold	Monitoring Period	Apr-16	May-16	Jun-16	Jul-16	Aug-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%	89.19%
	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%	77.80%
	3	All cancers: 62 day wait for first treatment from: Urgent GP referral for suspected cancer *	85%	Quarterly	75.6%	74.7%	70%	68.9%	75.6%
		NHS Cancer Screening Service referral *	90%		92.1%	80.6%	86.2%	96.2%	90.9%
	4	All cancers: 31 day wait for second or subsequent treatment comprising: Surgery *	94%	Quarterly	92.1%	80.4%	90.9%	95.0%	95.8%
		anti-cancer drug treatments *	98%		91.6%	84.6%	97.7%	100%	98%
		radiotherapy *	94%		90.7%	84.0%	94%	92.8%	90.9%
	5	All cancers: 31 day wait from diagnosis to first treatment *	96%	Quarterly	96.7%	95.8%	95%	98.7%	97.6%
	6	cancer: two week wait from referral to date first seen, comprising: all urgent referrals (cancer suspected) *	93%	Quarterly	92.5%	87.8%	92.6%	92.1%	82.7%
		for symptomatic breast patients (cancer not initially suspected) *	93%		90.6%	94.6%	96.6%	93.0%	24.8%
Outcomes	14	Meeting the C.difficile objective (cumulative)	62	Quarterly	2	5	5	6	3
	15	Meeting the MRSA objective (cumulative)	0	Quarterly	0	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	Compliant

*** Information is reported a month behind**

Risk Rating	4	5	5	5	5

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

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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

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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
NHS Trust

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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