

UNITED LINCOLNSHIRE HOSPITALS TRUST
PERFORMANCE & TARGETS
PERIOD TO 31st DECEMBER 2015

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Title: Performance & Targets Report

To: Trust Board

From: Mark Brassington, Director of Performance Improvement.

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Date: 2nd February 2016

Purpose of the Report:

To update the Board on the performance of the Trust for the period ending 31st December 2015, and set out the plans and trajectories for performance improvement.

The Report is provided to the Board for:

Decision	Discussion
Assurance x	Endorsement

Recommendations:

The Board are asked to note the current performance and future projections for improvement.

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

Strategic Risk Register	Performance KPIs year to date As detailed in the report
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Resource Implications (e.g. Financial, HR) None
Assurance Implications: The report is a central element of the Board Assurance Framework
Patient and Public Involvement (PPI) Implications None
Equality Impact None
Information exempt from Disclosure None
Requirement for further review? The report will be updated in March 2016 reflecting performance to 31 st January 2016.

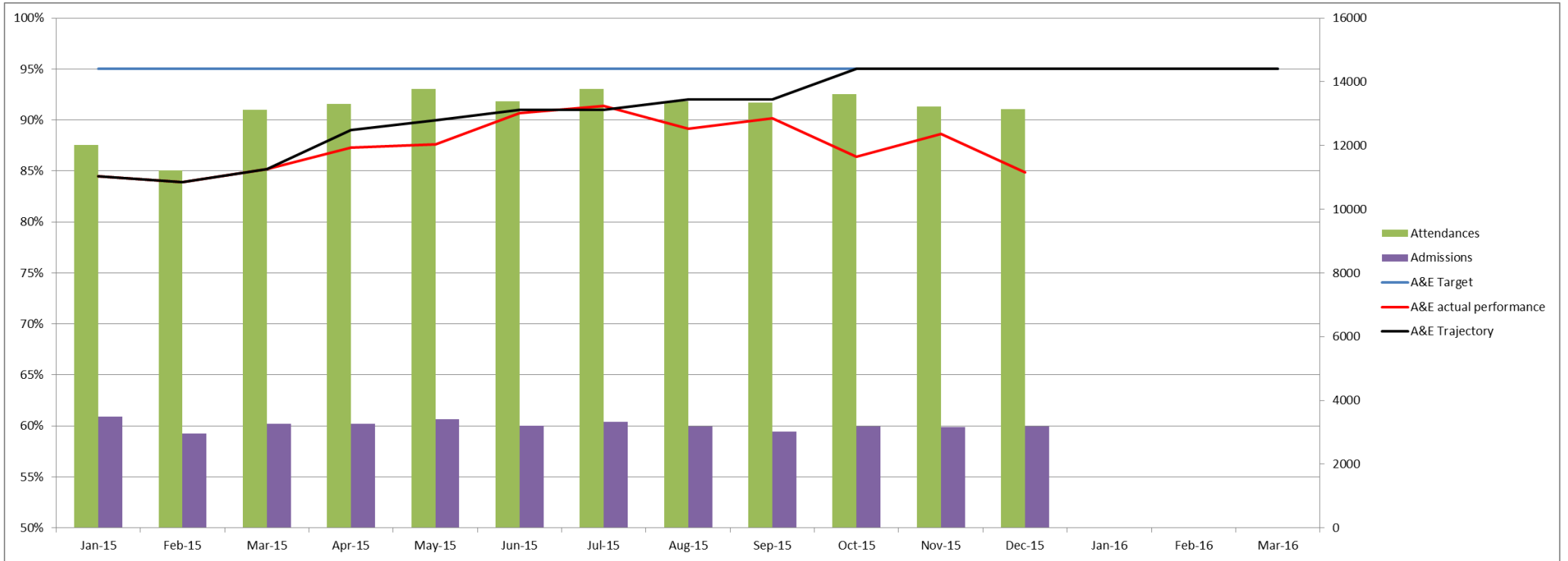
1. A&E 4 hour wait

	4 hour standard for total time in A&E	Standard	Trust		Lincoln		Pilgrim		Grantham	
			Dec-15	YTD	Dec-15	YTD	Dec-15	YTD	Dec-15	YTD
	Lead Director: Mark Brassington; Chief Operating Officer	95%	84.88%	88.25%	81.60%	89.17%	84.64%	82.89%	92.29%	95.27%

Site	Underperformance exception report	Actions taken to achieve the standard
Lincoln	<p>Attendances in December were 5896 with an average daily attendance of 190 patients. Admissions through A&E in December were 1,462 (24.80%)</p> <p>High level performance review</p> <p>- 89.1% year to date (-1.8% compared to same YTD period last year)</p> <p>- 55,026 year to date A&E attendances (-0.6% compared to same YTD period last year)</p> <p>- A&E admissions +1.9% (compared to same YTD period last year)</p> <p>- GP admissions +3.4% (compared to same YTD period last year)</p>	<p>The site continues to work towards the recovery plan. In December, the highest number of attendances on one day was 215, on 6th December, performance on that day was 74.2%. There were 56 4 hour breaches on that day and 31.2% of patients were admitted.</p> <p>Key actions include:</p> <ul style="list-style-type: none"> • December's A&E Performance against the 95% standard was 81.6% - significantly worse than any other month this financial year. • One of the key reasons for this deterioration in performance was the impact of widespread norovirus amongst the medical wards, which at its peak, had 11 wards closed and required the relocation of MEAU. This significantly impacted on the ability to admit patients into hospital and caused considerable cubicle blockages within the ED further impacting on the see and treat streams. • However, December saw the introduction of many work stream improvements that we anticipate to aid performance in the coming months. These include; alterations to the medical on call rota providing increased medical cover at weekends (formal change to the rota template – no additional cost) which matches weekend staffing to weekday levels. • Ambulance Screens have been installed now within ED and training will be completed by the end of January to support ambulance handovers. • The department continue to have significant issues with the POD system (the system used to transport bloods from A&E to the Haematology lab) and repeated breakdowns are leading to repeat bloods needing to be requested for patients. Consideration needs to be given to a longer-term solution.

Pilgrim	<p>Attendances in December were 4511 with an average daily attendance of 145 patients. Admissions through A&E in December were 1430 (31.7%)</p> <p>Pilgrim site did not meet the 4 hour performance target during December with month end performance at 84.64% which is an improvement of 8.6% against November performance of 76.03%. YTD performance has risen by 0.21% to 82.89%.</p> <p>The hospital's bed occupancy was 97.6% in December, with Ambulatory Emergency Care (AEC) remaining closed for 3 weeks in December, which was a huge achievement. The closure of this department overnight as an escalation area, enabled the clinicians to actively manage patients that presented as ambulatory patients within the Accident and Emergency department, by being able to 'pull' specific patients to this ambulatory area for treatment; subsequently allowing the pressure to be relieved within A&E.</p>	<p>The site continues to work towards the recovery plan. In December, the highest number of attendances on one day was 170, on 28th December, performance on that day was 84.7%. There were 27 4 hour breaches on that day and 29.8% of patients were admitted.</p> <p>The operational 'flow' across the hospital was managed through the re-opening of 23 escalation beds; the staffing of these areas was addressed through the nurse bank and agency. Nurse vacancies remained high across the hospital as a whole, with 90.47 WTE registered nurse vacancies and 17.36 WTE Health Care Support Worker (HCSW) vacancies reported in month.</p> <p>The medical workforce staffing remains problematic, with high sickness rates reported amongst middle-grade Doctors. Although the department has been successful in recruiting a fifth A&E Consultant; this post is filled by an Agency Locum (not an NHS Locum) and therefore the cover provided to the department is variable within week.</p> <p>The Lincolnshire Community Health Services (LCHS) A&E Navigator for the hospital's 'front door' has not been successfully recruited to by LCHS, due to large vacancy gaps within LCHS and recruitment problems. This has had an effect on Pilgrim's A&E performance, as it is proven that an LCHS Navigator can effectively navigate up to 30% of patients presented to the hospital's A&E department away to alternative and more appropriate services for treatment.</p> <p>The amount of Delayed Transfers of Care (DTOCs) / Medically Fit patients within the hospital in month averaged approximately 25 external delays and 10 internal delays. Despite the 'push' from CCGs to increase the amount of Independent Living Team (ILT) support and Domiciliary Care within the community, DTOCs remain high.</p> <p>Problems have been experienced with the Trust's transport provider, NSL, within month which had an impact on A&E performance, due to poor response times to patients that were discharged from A&E within the 4 hour window, but were waiting for long periods for stretcher transport / transport home. These delays have been addressed via the contracting and CCG route and continue to be monitored.</p> <p>Progress against the 30 day plan The plan has largely been achieved through the deployment of:</p> <ul style="list-style-type: none"> • An additional middle-grade Physician within A&E (started mid-December) • An additional middle-grade Physician within the Acute Medical Unit (AMU); started late December) • An additional middle-grade Surgeon within A&E (started late December) • Deployment of a Respiratory Nurse to the A&E department (started late December) • Deployment of a Frailty Consultant, an SHO and a Band 6 Nurse within the Emergency Department (ED) • Protecting 2 beds within the Bostonian for Surgical Specialities to access (Gynae; ENT and Orthopaedic patients) • Commissioning 2 level 1 beds within HDU, for colorectal patients on a 2 week pathway. • Additional Portering across the hospital (x3 WTE) • Additional Housekeeping across the hospital (x3WTE) <p>The hospital's Length of Stay (LOS) programme continues to progress well; the hospital is now in the national upper quartile for LOS for both Medicine and Surgery. The hospital successfully achieved its target of reducing bed-days by 0.7 in October.</p> <p>The hospital undertook its first 'Perfect day' on the 8th December, with the aim of increasing the number of daily discharges from wards.</p>
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Trust Actual Position



	Dec-15	YTD
Number of A&E attendances	13,132	120,929
Number of emergency admissions	3187	28,941
% conversion rate	24.27%	25.69%
Number of Escalation beds open	70	44 (monthly average)
Non-elective Length of Stay	4.55	4.52
Delayed Transfers of Care	3.49%	5.70%
Medically Fit For Discharge	2077	16723

Access to Services: Referral to Treatment

Access to Services: Lead Director: Michelle Rhodes; Director of Operations	Standard	Trust		Lincoln		Pilgrim		Grantham		Louth	
		Dec-15	YTD	Dec-15	YTD	Dec-15	YTD	Dec-15	YTD	Dec-15	YTD
Referral to Treatment - Incompletes Total	92%	92.40%	91.76%	92.04%	90.29%	92.54%	93.41%	92.20%	91.42%	93.65%	92.24%
Referral to Treatment - Incompletes Admitted		84.77%	84.83%	77.70%	76.67%	86.63%	90.78%	84.33%	84.09%	89.62%	87.51%
Referral to Treatment - Incompletes Non-Admitted		94.12%	92.91%	94.47%	92.11%	93.70%	93.79%	93.44%	92.48%	94.81%	93.88%
Referral to Treatment Admitted Pathway	90%	69.33%	74.58%	68.41%	71.79%	71.51%	79.55%	68.98%	71.77%	70.26%	73.61%
Referral to Treatment - Non-Admitted	95%	89.02%	88.72%	88.48%	87.37%	89.37%	91.37%	88.45%	87.07%	86.59%	85.47%

Context

During August ULHT achieved the RTT incompletes standard for the first time since April 2014, and the Trust has now achieved this standard for 4 consecutive months.

Areas that are driving the underperformance

Although performance has achieved for four consecutive months at a Trust level Key specialty areas are still underperforming, these include: General Surgery, Urology, T&O, and Neurology. Training and process to improve data quality also remain vital to improvement of performance. Particular challenges to performance in December included the cancellation of c.350 outpatient appointments linked to the proposed junior doctor strike in early December; and the cancellation of elective operations prior to Christmas in response to both the noro-virus outbreak at Lincoln County and NHS England's request to ensure 20% of beds were empty by Christmas Eve.

Actions to address the underperformance

Outsourcing of Orthopaedic and Ophthalmology patients to independent sector providers commenced in June and continued until the end of December. Additionally outsourcing has also been complete in Urology over the last three months. A proportion of the allocated outsourcing funds have been approved to support additional clinics and theatre sessions provided by an agency ENT locum consultant, which has contributed to a significant improvement in speciality level performance, with achievement over 92% in October and November.

As part of the Trust's plan for managing the risks to elective waiting lists over winter, the Trust has proposed to utilise outsourcing resources to secure further independent sector capacity within Orthopaedics in January.

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

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

The central 18 week team continue to lead training of relevant staff groups to improve data quality. The external validation team have now been secured until the end of March, as a result of funding from NHS England.

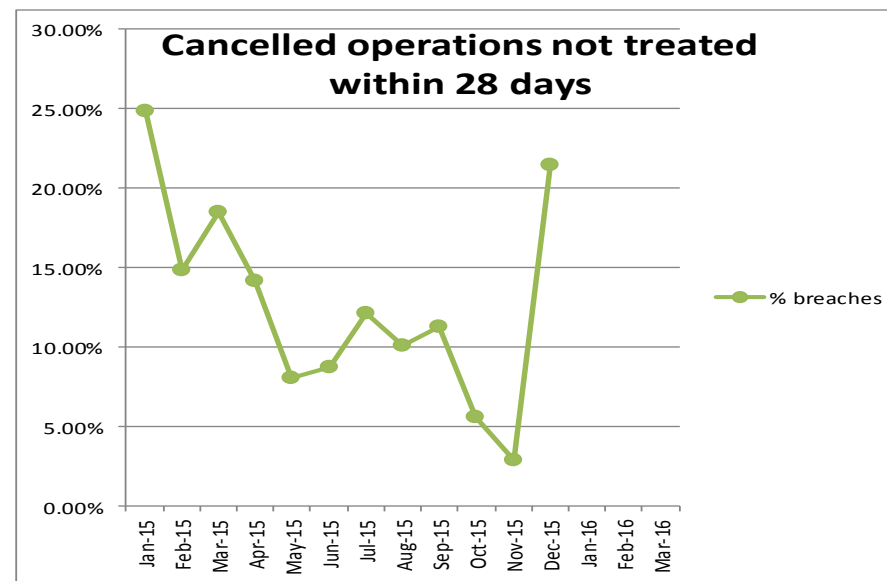
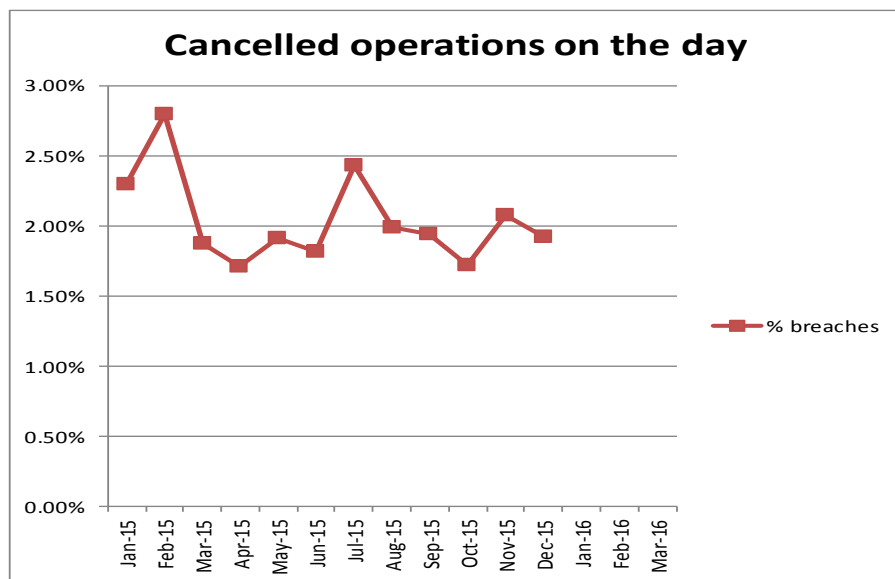
3. Cancelled Operations

The total number of cancelled operations on the day for non-clinical reasons in December 2015 was 110 (1.92%). 27 patients were not admitted within 28 days of their cancellation. The national benchmarking demonstrates a cancellation rate average of 1.1%. The total number of cancelled operations on the day before for non-clinical reasons was 86 (1.50%).

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

Cancelled Ops Number of patients whose operation was cancelled, by the hospital, for non clinical reasons, on the day of or after admission	Standard	Trust		Lincoln		Pilgrim		Grantham		Louth	
		Dec-15	YTD	Dec-15	YTD	Dec-15	YTD	Dec-15	YTD	Dec-15	YTD
	1.1%	1.92%	1.95%	2.28%	2.33%	1.75%	1.84%	1.23%	1.17%	1.30%	1.35%

Cancelled Ops Not treated within 28 days. (Breach)	Standard	Trust		Lincoln		Pilgrim		Grantham		Louth	
		Dec-15	YTD	Dec-15	YTD	Dec-15	YTD	Dec-15	YTD	Dec-15	YTD
	0%	21.43%	10.16%	8.45%	9.33%	42.86%	12.24%	0.00%	3.09%	0.00%	1.01%



4. Cancer

CANCER PERFORMANCE 2015/16

	Std	Apr 15 Valid'd Actual	May 15 Valid'd Actual	June 15 Valid'd Actual	July 15 Valid'd Actual	Aug 15 Valid'd Actual	Sept 15 Valid'd Actual	Oct 15 Valid'd Actual	Nov 15 Valid'd Actual	Dec 15 Forecast
14 day cancer	93%	81.9%	91.4%	91.9%	92.7%	92.7%	88.9%	91.8%	95.7%	93.9%
14 day breast	93%	44.3%	87.0%	88.5%	83.4%	85.8%	81.8%	87.8%	93.8%	94.2%
31 day first	96%	99.6%	96.0%	95.2%	97.4%	93.6%	98.4%	99.1%	99.0%	97.3%
31 day subs:										
drug	98%	98.9%	100%	96.5%	99.2%	98.9%	98.4%	100%	98.8%	91.5%
radiotherapy	94%	80.9%	75.3%	83.0%	96.0%	93.1%	95.1%	94.9%	98.0%	98.5%
surgery	94%	91.7%	97.4%	91.9%	95.3%	96.7%	91.3%	97.1%	94.4%	100%
62 day classic	85%	76.5%	67.3%	72.4%	72.7%	78.2%	70.3%	74.1%	82.6%	82.4%
62 day screening	90%	91.3%	85.7%	77.8%	100%	73.9%	84.2%	87.5%	92.5%	84.2%
62 Day Upgrade	n/a	100%	100%	100%	100%	88.2%	100%	96.4%	87.9%	80.6%

CANCER PERFORMANCE 2015/16

	Std	Q1 Valid'd Actual	Q2 Valid'd Actual	Q3	Q4	Year End Valid'd Actual
14 day cancer	93%	88.5%	91.4%			89.9%
14 day breast	93%	73.3%	83.7%			78.2%
31 day first	96%	96.8%	96.6%			96.7%
31 day subs:						
drug	98%	98.4%	98.8%			98.6%
radiotherapy	94%	80.1%	94.8%			87.4%
surgery	94%	93.8%	94.1%			93.9%
62 day classic	85%	72.0%	73.6%			72.8%
62 day screening	90%	85.0%	86.8%			86.0%
62 Day Upgrade	n/a	100%	97.7%			97.9%

Context:

November has proven to be the most successful Cancer performance the Trust has had in two years, with seven of the eight standards achieved and only 4 breaches from gaining the eighth one.

Against this, demand continues to cause challenges to diagnose all patients by day 41. This increased number of referrals and hence demand on diagnostics, such as Breast diagnostics (mammograms and ultrasound), MRI and CT, is delaying diagnosis and putting additional pressures to treat patients within a smaller window before they breach.

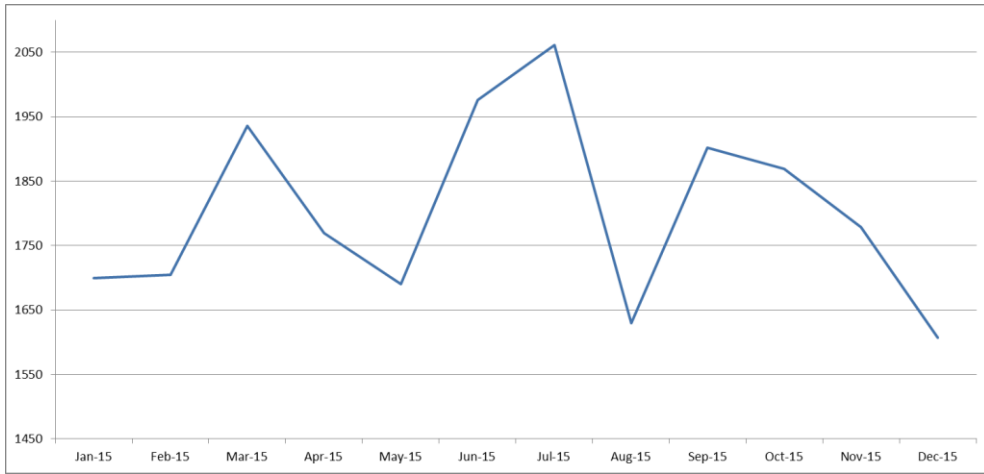
Following the 2ww success of the Lincoln Lung pilot, the 7 Day Horizon has continued to be deployed into other tumour sites. To date it is being utilized within Lincoln, Louth & Grantham Head & Neck, Lincoln Lower GI and Grantham Lower GI, with the next cohort to start moving across at the beginning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

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

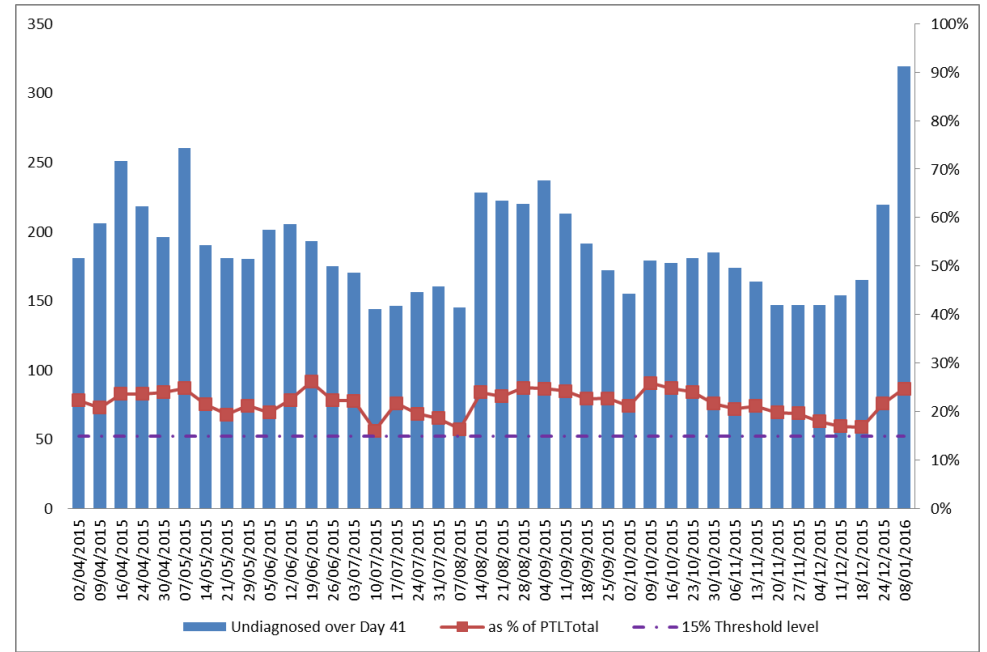
The focus that has been put on the achievement of the 31 day standards has been successful and the effort now is to ensure this recovery is sustainable.

The 62 day classic standard continues to remain the most challenged standard and work continues with CCG, SCN & IST colleagues to improve the quality of the patient journey on the understanding that improvements in this will work directly towards achievement of this standard. Additional projects have begun internally to focus on the Urology, Lower GI and Lung pathways as well as what other improvements can be made around the diagnostic phase of the patient journey. Work has also begun with tertiary colleagues to improve pathways for patients going to other Trusts for diagnostic tests and/or treatments.

Suspected Cancer and Breast Symptomatic Referrals received



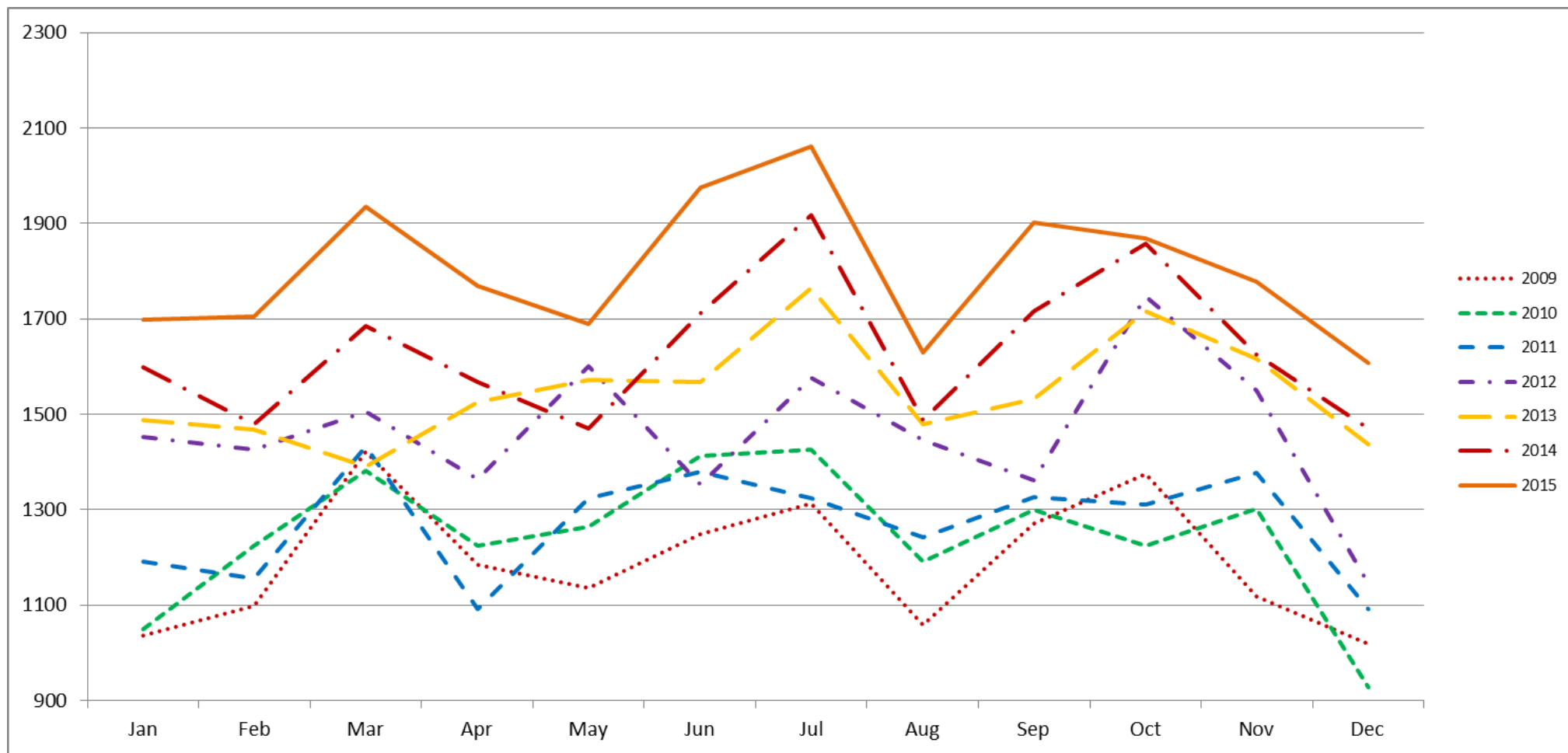
62 day PTL – Number of patients undiagnosed over Day 41



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

	62 day waiting time from referral to treatment	Standard	Trust		Lincoln		Pilgrim		Grantham		Louth	
			Nov-15	YTD	Nov-15	YTD	Nov-15	YTD	Nov-15	YTD	Nov-15	YTD
		85%	82.6%	74.3%	79.0%	63.5%	89.1%	73.5%	90.9%	87.33%	100%	100%
<i>Underperformance exception report</i>		<i>Actions taken to achieve the standard</i>					<i>Achievement Forecast</i>					
5 breaches more than tolerance, with a mixture of lack of capacity, complex pathways, delays due to referral between trusts, patient choice and patient fitness TE		This remains the most challenging of the cancer standards due to multiple issues along the entire cancer pathway. These have been identified in the Cancer Improvement Plan. The key actions include: completing a demand and capacity review for the entire pathway; improving the diagnostic pathway; increasing the radiology support to MDTs					December and January are forecast to narrowly underperform due to issues of clinical complexity, patient choice, diagnostic capacity and patient fitness.					

Suspected Cancer and Breast Symptomatic Referrals received per month



Cancer Recovery Trajectory

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