Agenda Item: 9.1 (1)



UNITED LINCOLNSHIRE HOSPITALS TRUST

INTEGRATED PERFORMANCE REPORT

PERIOD TO 30th APRIL 2016

Document management

Title:	Integrated Performance Report
То:	Trust Board
From:	Mark Brassington, Chief Operating Officer
Author:	Katherine Hensby, Planning & Performance Manager
Date:	7 th June 2016

Purpose of the Report:

To update the Board on the performance of the Trust for the period ended 30th April 2016, and set out the plans and trajectories for performance improvement.

The Report is provided to the Board for:

Decision		Discussion
Assurance	x	Endorsement

Recommendations:

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

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

As detailed in the report R) None
entral element of the Board Assurance Framework
lications None
e
e report will be updated in July 2016 reflecting

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1. Executive Summary

The purpose of this report is to update the Board on the performance of the Trust for the period ending 30th April 2016. The report provides an integrated summary of indicators that have been aligned to the Trust's goals and objectives. This includes measures on quality, workforce, transformation, finance, contractual and service delivery.

Performance against the Trust's goals & objectives:

Transforming and Improving Services for our Patients..... Making them sustainable, affordable and accessible within Lincolnshire and treating patients in the most appropriate care setting.

Meeting the Highest Expectations of Patients..... Delivering consistently safe, effective and reliable care to satisfied patients

- The Trust did not achieve the 4 hour waiting time target in A&E in April 2016 (80.54%) but did achieve the STF trajectory (76.60%)
- The 18 week referral to treatment incomplete target was achieved in April (92.11%)
- 2 out of the 9 Cancer targets were achieved in March 2016
- ✓ The Trust has had 0 cases of MRSA during 2016/17 to date.
- The latest mortality position is 101.69 for Sep 2014- Aug 2015 (HSMR)

Developing and Supporting our Workforce..... Delivering skilled, compassionate and efficient care to our patients

- The April monthly sickness rate is currently 5.38%
- The percentage of agency staff used within the Trust is currently 3.97% for April 2016
- The Trust appraisal rate is below target at 64%

Monitor Compliance Framework:

Governance Risk Rating:



Mark Brassington Chief Operating Officer June 2016

2. TRUST PAAG

2. KEY MEASURES: PERFORMANCE AT A GLANCE April 2016

Forecast Next Site Month Nationa Current YTD Indicators Standard Achieveme Month Positior Actual (month) Month rious Events April 1 1 CL L P G \checkmark Never Events 0 0 April CL L P G Harm Free Care 95.00% April 91 75% CL L P G VTE Risk Assessment 95.00% Quarter 4 96.73% CL L P G \checkmark 0 SAFETY Overdue CAS alerts April (Safety Thermometer) \checkmark Catheter-Acquired 0.5% April Infection CL L P G \checkmark MRSA Bacteraemia (Post 48 Hours) 0 0 April CL L P G \checkmark Clostridium difficile (Post 59 April 72 Hours) CL L P G MSSA 24 April E-Coli 96 April ING & SUP CL L P G Oct 14- Sep SHMI 100 100 111.21 15 MEETING THE HIGHEST EXPECTATIONS OF PATIENTS CL L P G HSMR 100 100 Feb 15-Jan 1 99.54 CL L P G EDD 90% April 72.53% P L G PPCI Call to Balloon in **EFFECTIVENESS** 68% Qtr 4 <150 mins 24 Hours P L G April 70% ractured neck of femur \bigcirc 48 Hour April 95% CL L P G 90% March ementia Screening CL L P G Dementia Risk 90% March 86.46% Assessment Dementia Referral for CL L P G 90% March 50.94% Specialist Treatment CL L P G No. complaints received April 72 No. complaints still open April 403 No. complaints ongiong April 69 Friends & Family test : CL L P G APRIL NOT YET AVAILABLE Inpatient and A&E Admission % PATIENT EXPERIENCE 70% April recommended Friends & Family test: CL L P G Inpatient and A&E APRIL NOT YET AVAILABLE 20% Admission April Combined(Response Rate) CL L P G Mixed sex 10 0 April commodation Staff FFT: % of staff who would recommend the trust if they needed care Q4 62% Staff FFT: % of staff who would recommend the trust to friends & family as Q4 54% a place to work

	Under Performance	G: Grantham Site	Standard is forecast to be achieved
KEV	Under Review	α ι L: Lincoln Site	the following month
NET	Achieved	P G Cl: Louth Site	Standard is forecast not to be
	Not Applicable	P: Pilgrim Site	achieved the following month

Indicators	Standard	Current Month	Month Actual	YTD
Turnover	n/a	April	1.89%	1.89%
Vacancy Rate	n/a	April	6.79%	n/a
Appraisal Rate	95%	April	64%	n/a
Sickness Rate	4%	April	5.38%	(rolling year) 4.54%
WTE (worked versus plan)	n/a	April	96.89%	n/a
Use of Agency Staff	n/a	April	3.97%	n/a
Core Learning (Fire)	85%	April	n/a	(Rolling Year) 68%
Core Learning (Infection Control)	85%	April	n/a	(Rolling Year) 69%
Core Learning (Equality & Diversity)	85%	April	n/a	(Rolling Year) 75%
Core Learning (Information Governance)	85%	April	n/a	(Rolling Year) 75%
Core Learning (Safeguarding Children Level 1)	85%	April	n/a	(Rolling Year) 87%
Core Learning (Safeguarding Adults Level 1)	85%	April	n/a	(Rolling Year) 86%
Core Learning (Health & Safety)	85%	April	n/a	(Rolling Year) 89%
Core Learning (Slips)	85%	April	n/a	(Rolling Year) 91%
Core Learning (Manual Handling)	85%	April	n/a	(Rolling Year) 88%
Core Learning (Risk Awareness)	85%	April	n/a	(Rolling Year) 85%
Core Learning (Fraud)	85%	April	n/a	(Rolling Year) 81%
Coe Learning (Basic Life Saving)	85%	April	n/a	(Rolling Year) 24%
Nurse to bed day ratio (Midwife /Nurse/ Registered Nurse)	n/a	April	1.72	n/a

Indicators		ors		Standard	Current Month	Month Actual	YTD
S	(0		EBITDA Margin	n/a	April	7.20%	7.20%
TRANSFORMING & IMPROVING SERVICES FOR OUR PATIENTS:			EBITDA Achieved	n/a	April	(2,627)	(2,627)
	FOR OUR PATIENTS:	FINANCE	Liquidity Ratio (days)	n/a	April		N/A
ING & I	ING & II R OUR	FIN	CIP actual	n/a	April	Not available at present	Not available at present
ANSFORMI	Ĩ		Capex forecast	n/a	April	Not available at present	Not available at present
TR			Agency Spend (% of pay)	n/a	April	7.90%	7.90%

	In	dicators	Standard	Current Month	Month Actual	YTD	Site Achievement (month)	Forecast Next Month	Expected Delivery Date
	A&E	Total time in A&E: 4 hours or less	95%	April	80.54%	80.54%	P L G	×	n/a
		RTT: Admitted	90%	April	65.35%	65.35%	CL L P G	n/a	
		RTT: Non-Admitted	95%	April	88.32%	88.32%	CL L P G	n/a	
		RTT: Incompletes	92%	April	92.11%	92.11%	<u>ل</u> ال	\checkmark	
	IMENT	Waiting times for diagnostic tests	99%	April	99.10%	99.10%	CL L P G	<	
Ś	TREAT	52 week waiters	0	April		0	CL L P G	\checkmark	
ATIENT	AL TO	13 week waiting standard	0.03%	April	not avail	not avail	CL L P G	×	n/a
OUR P/	REFERRAL TO TREATMENT	Appointment Slot issues (ASI's)		(Snapshot at month end) April	551			n/a	n/a
NS OF		Cancelled Operations on the day of the operation	1.10%	April	2.12%	2.12%	CL L P G	n/a	n/a
IATION		(Cancelled ops) Not treated within 28 days. (Breach)	0.00%	April	7.55%	7.55%	CL P G	n/a	n/a
EXPEC		Delayed transfers of care	3.50%	April	4.01%	4.01%	PG	×	
GHEST		2 week wait suspect cancer	93%	March	92.5%	91.9%	CL G	n/a	n/a
		2 week wait breast symptomatic	93%	March	90.6%	85.2%	L g	n/a	n/a
MEETING THE HIGHEST EXPECTATIONS OF OUR PATIENTS		31 day first treatment	96%	March	96.7%	97.2%	CL L P G	n/a	n/a
M	CANCER TARGETS	31 day subsequent drug treatments	98%	March	91.6%	96.8%	CL L P G	n/a	n/a
	NCER T	31 day subsequent surgery treatments	94%	March	92.1%	93.6%	CL L G	n/a	n/a
	CAI	31 day subsequent radiotherapy treatments	94%	March	90.7%	88.8%		n/a	n/a
		62 day Classic	85%	March	75.6%	75.3%	CL L P G	n/a	n/a
		62 day screening	90%	March	92.1%	86.9%	PG	n/a	n/a
		62 day consultant upgrade	85%	March	69.2%	85.6%		n/a	n/a

Indicators			Standard	Current Month	Month Actual	YTD
INS OF		Formal Contract Performance Notices (as per new Contract Management Clauses)	0	April	0	4*
XPECTATIO		Formal Performance Notices	0	April	0	0**
MEETING THE HIGHEST EXPECTATIONS OF OUR PATIENTS	DELIVERY OF CONTRACT	Contract Fines / Penalties	0	April	Fine for A& Day Cano Diagnosti waived linh STF trajecto Trust will co moni performance s against national si and fi	er and tics are ced to the pries. The pontinue to tor e/sanction all other tandards

** Figures are part of an ongiong evaluation

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*There are no new Contract Performance Notices but notices raised in 2015/16 have been "rolled over" into 2016/17.

** A Contract Exception Notice is the next stage of the Contract Management Clause and normally involves a financial penalty.

3. Monitor Compliance Framework

In June 2015, Monitor reviewed the appropriate reporting requirements in line with changes to relevant policies. Following the removal of admitted and non-admitted referral to treatment targets the Monitor Compliance Framework has been updated to reflect these changes meaning Trusts are only required to report against the incompletes target for 18 Week RTT.

	United Lincolnshire Hospitals NHS Trust: Monitor Compliance Framework Targets - Month 1 April 2016/17																			
OVERN	ANCE RIS	5K RATINGS: Monitor Compliance Framework 2016/1	7 - Governa	nce Indicato	rs				_											
Ar	ea	Indicator	Threshold	Monitoring Period	Apr-16	May-16	Jun-16	Quarter 1 Actual	Jul-16	Aug-16	Sep-16	Quarter 2 Actual	Oct-16	Nov-16	Dec-16	Quarter 3 Actual	Jan-17	Feb-17	Mar-17	Quarte Foreca
	1	maximum time of 18 weeks frm point of referral to treatment in aggregate - patients on an incomplete pathway	92%	Quarterly	92.11%															
	2	A&E: maximum waiting time of four hours from arrival to admission/transfer/discharge	95%	Quarterly	80.54%															
3	3	All cancers: 62 day wait for first treatment from: Urgent GP referral for suspected cancer *	85%	Quarterly	75.60%															
		NHS Cancer Screening Service referral *	90%		92.10%															
Access	4	All cancers: 31 day wait for second or subsequent treatment comprising: Surgery *	94%	Quarterly	92.10%															
		anti cancer drug treatments *	98%		91.60%															
		radiotherapy *	94%		90.70%															
	5	All cancers: 31 day wait from diagnosis to first treatment *	96%	Quarterly	96.70%															
	6	cancer: two week wait from referral to date first seen, comprising: all urgent referrals (cancer suspected) *	93%	Quarterly	92.50%															
		for symptomatic breast patients (cancer not initially suspected) *	93%		90.60%															
es	14	Meeting the C.difficile objective (cumulative)	62	Quarterly	2															
Ē.	15	Meeting the MRSA objective (cumulative)	0	Quarterly	0															<u> </u>
Outcomes	19	Certification against compliance with requirements regarding access to health care for people with a learning disability	n/a	Quarterly	Compliant															
nforma	tion is re	ported a month behind																		
				Risk Rating	4															

Trust Inte	rnal Compliance Rating	Monito Risk Rat	
	Target Met	<1.0	Gre
	Target Not Met	≥1.0	
		<2.0	Am
		≥2.0	0.00
		<4.0	AIII
		≥4.0	Red

Nonitor Governance sk Rating Calculation						
0	Green					
0	Amber/Green					
0	Amber/Green					
0	Amber/Red					
0	Aniber/Reu					
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.

4. Referral to Treatment Assurance Framework

The RTT assurance framework consists of four indicators for the Incompletes RTT Pathway. The indicators look at both the achievement and sustainability of the 92% standard. These indicators along with the risk rating are detailed below:

%. incomplete p greater than 1	Number of ASIs				Mean Pathway L	ength	ength Past RTT Perform		Perform	ance		Incompletes RTT Standard Risk Rating						
Position	Rating	Po	sition	Rating		Position	Rating		Position	n I	Rating		Ratin	ng l	Risk			
0-2%	0	:	1-10 10-20			0-5 wks	0		>5 months ac 92%	hieve				N	o Risk			
2-4%	2	1				5-7.2 wks	2		3-5 months achieve 92%		2		0-8		UNISK			
4-6%	4	20-30		4		7.2-9 wks	4		1-3 months achieve 92%		4		8-16	5 Lov	w Risk			
6-8%	6	30-40		6		9-10 wks	6		Previous month performance was between 91-92%		6		16-24 N		edium Risk			
8-10%	8	40-50		8		10-12 wks	8		Previous month performance was between 90-91%		8		24-32		th Risk			
>10%	10		>50 10			>12 wks	10		Previous month performance was less than 90%		10		32-40		STI TUSK			
		RTT Incompletes Risk Rating		Risk Rating Trend			Site Achievement of RTT Incompletes for April 2016											
Specialty		Feb-16	Mar-16	Apr-16			Linc	oln	Pilgrim	Granth	nam Sł	egness	Louth	Johnsor	n J	ohn C	Holbeach	
Nephrology		32	40	34														
Trauma & Orthopaedics		32	30	32	•													
Cardiology		16	28	30	+													
Nuclear Medicine		30	30	30	+	+ +												
Radiology		20	20	30	•													
Paediatric Surgery		16	28	28	+													
Vascular Surgery		26	26	26	+	• •												
General Medicine		10	8	24	•													
Colorectal Surgery		12	12	24														
Dermatology		16	8	20	•													

The risk rating applied to each

indication as to whether they are at risk of not achieving the RTT incompletes standard in

specialty will give an

future months.