

**UNITED LINCOLNSHIRE HOSPITALS TRUST**

**INTEGRATED PERFORMANCE REPORT**

**PERIOD TO 31<sup>st</sup> MARCH 2016**

## Document management

**Title:** Integrated Performance Report  
**To:** Trust Board  
**From:** Mark Brassington, Chief Operating Officer  
**Author:** Katherine Hensby, Planning & Performance Manager  
**Date:** 3<sup>rd</sup> May 2016

### Purpose of the Report:

To update the Board on the performance of the Trust for the period ended 31<sup>st</sup> March 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.

<b>Strategic Risk Register</b>	<b>Performance KPIs year to date</b>  <b>As detailed in the report</b>
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<b>Resource Implications (e.g. Financial, HR)</b> None
<b>Assurance Implications:</b> The report is a central element of the Board Assurance Framework
<b>Patient and Public Involvement (PPI) Implications</b> None
<b>Equality Impact</b> None
<b>Information exempt from Disclosure</b> None
<b>Requirement for further review?</b> The report will be updated in June 2016 reflecting performance to 30 <sup>th</sup> April 2016.

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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 31<sup>st</sup> March 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.**

A year-end financial position of £56.9m is reported for 2015/16 with an in month deficit of £1m following the inclusion of additional income and other technical adjustments, however, the underlying in-month deficit is £5.4m.

#### **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 March 2016 (80.22%)
- ✔ The 18 week referral to treatment incomplete target was achieved in March (92.24%)
- ✘ 4 out of the 9 Cancer targets were achieved in February 2016
- ✘ The Trust has had 1 case of MRSA during 2015/16 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 March monthly sickness rate is currently 5.01%
- ✘ The percentage of agency staff used within the Trust is currently 4.90% for March 2016
- ✘ The Trust appraisal rate is below target at 65%

Monitor Compliance Framework:

Governance Risk Rating:

**3.0**

**Mark Brassington**  
**Chief Operating Officer**  
**May 2016**

## 2. TRUST PAAG

### 2. KEY MEASURES: PERFORMANCE AT A GLANCE March 2016

Indicators		Standard	National Position	Current Month	Month Actual	YTD	Site Achievement (month)	Forecast Next Month
SAFETY	Serious Events			March	2	76		
	Never Events	0	0	March	0	2		✓
	Harm Free Care	95.00%		March	92.41%			
	VTE Risk Assessment	95.00%		Quarter 3				
	Overdue CAS alerts	0		March	0			✓
	(Safety Thermometer) Catheter-Acquired Infection	0.5%		March	0.11%			✓
	MRSA Bacteraemia (Post 48 Hours)	0	0	March	0	1		✓
	Clostridium difficile (Post 72 Hours)	59		March	7	58		✓
	MSSA	24		March	3	27		
	E-Coli	96		March	6	67		
EFFECTIVENESS	SHMI	100	100	Oct 14- Sep 15	111.21			
	HSMR	100	100	Jan 15- Dec 15	101.26			
	EDD	90%		March	73.92%			
	PPCI Call to Balloon in <150 mins	68%		Qtr 4	88.70%			
	Fractured neck of femur	24 Hours 70%		March	74.24%			
		48 Hours 95%		March	96.97%			
	Dementia Screening	90%		February	87.03%			
	Dementia Risk Assessment	90%		February	92.78%			
	Dementia Referral for Specialist Treatment	90%		February	66.13%			
	PATIENT EXPERIENCE	No. complaints received			March	52		
No. complaints still open				March	394			
No. complaints ongoing				March	10			
Friends & Family test: Inpatient and A&E Admission % recommended		70%		March	85% Inpatient, 81% A&E would recommend			
Friends & Family test: Inpatient and A&E Admission Combined (Response Rate)		20%		March	28% Inpatients 21% A&E			
Mixed sex accommodation		0		March	21	98		
Staff FFT: % of staff who would recommend the trust if they needed care				Qtr 3	n/a			
Staff FFT: % of staff who would recommend the trust to friends & family as a place to work			Qtr 3	n/a				

KEY	Under Performance	Under Review	Achieved	Not Applicable	G: Grantham Site	L: Lincoln Site	CL: Louth Site	P: Pilgrim Site	Standard is forecast to be achieved the following month	Standard is forecast not to be achieved the following month

Indicators	Standard	Current Month	Month Actual	YTD
Turnover	n/a	March	1.89%	9.34% (as at end of March 2016)
Vacancy Rate	n/a	March	6.23%	n/a
Appraisal Rate	95%	March	65%	n/a
Sickness Rate	4%	March	5.01%	(rolling year) 4.47%
WTE (worked versus plan)	n/a	March	96.95%	n/a
Use of Agency Staff	n/a	March	4.90%	n/a
Core Learning (Fire)	85%	March	n/a	(Rolling Year) 65%
Core Learning (Infection Control)	85%	March	n/a	(Rolling Year) 67%
Core Learning (Equality & Diversity)	85%	March	n/a	(Rolling Year) 72%
Core Learning (Information Governance)	85%	March	n/a	(Rolling Year) 72%
Core Learning (Safeguarding Children Level 1)	85%	March	n/a	(Rolling Year) 86%
Core Learning (Safeguarding Adults Level 1)	85%	March	n/a	(Rolling Year) 85%
Core Learning (Health & Safety)	85%	March	n/a	(Rolling Year) 89%
Core Learning (Slips)	85%	March	n/a	(Rolling Year) 90%
Core Learning (Manual Handling)	85%	March	n/a	(Rolling Year) 88%
Core Learning (Risk Awareness)	85%	March	n/a	(Rolling Year) 84%
Core Learning (Fraud)	85%	March	n/a	(Rolling Year) 79%
Nurse to bed day ratio (Midwife /Nurse/ Registered Nurse)	n/a	March	1.95	n/a

Indicators	Standard	Current Month	Month Actual	YTD
EBITDA Margin	n/a	March	0.40%	-9.40%
EBITDA Achieved	n/a	March	169	(39,639)
Liquidity Ratio (days)	n/a	March		N/A
CIP actual	n/a	March	0	10,179
Capex forecast	n/a	March	(727)	13,936
Agency Spend (% of pay)	n/a	March	9.90%	10.40%

\*\* Figures are part of an ongoing evaluation

Indicators	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%	March	80.22%	86.50%		✗	n/a
	RTT: Admitted	90%	March	66.12%	70.91%		n/a	
REFERRAL TO TREATMENT	RTT: Non-Admitted	95%	March	88.59%	87.49%		n/a	
	RTT: Incompletes	92%	March	92.24%	91.88%		✓	
	Waiting times for diagnostic tests	99%	March	99.06%	99.23%		✓	
	52 week waiters	0	March	1	14		✓	
	13 week waiting standard	0.03%	March	not avail	not avail		✗	n/a
	Appointment Slot issues (ASIs)		(Snapshot at month end) March	389			n/a	n/a
	Cancelled Operations on the day of the operation	1.10%	March	1.71%	1.89%		n/a	n/a
	(Cancelled ops) Not treated within 28 days. (Breach)	0.00%	March	15.79%	15.49%		n/a	n/a
	Delayed transfers of care	3.50%	March	4.68%	6.05%		✗	
	CANCER TARGETS	2 week wait suspect cancer	93%	February	94.9%	91.8%		n/a
2 week wait breast symptomatic		93%	February	95.9%	84.9%		n/a	n/a
31 day first treatment		96%	February	97.2%	97.3%		n/a	n/a
31 day subsequent drug treatments		98%	February	98.9%	97.2%		n/a	n/a
31 day subsequent surgery treatments		94%	February	92.2%	93.6%		n/a	n/a
31 day subsequent radiotherapy treatments		94%	February	88.9%	88.5%		n/a	n/a
62 day Classic		85%	February	71.8%	75.1%		n/a	n/a
62 day screening		90%	February	88.9%	86.3%		n/a	n/a
62 day consultant upgrade		85%	February	68.4%	87.7%		n/a	n/a

Indicators	Standard	Current Month	Month Actual	YTD	
DELIVERY OF CONTRACT	Formal Contract Performance Notices (as per new Contract Management Clauses)	0	March	5 (but superseding 3 previous notices)	5*
	Formal Performance Notices	0	March	0	0**
	Contract Fines / Penalties	0	March		

\* The 2015/16 NHS Contract has new contract management clauses such as there are no longer Contract Query Notices but instead escalation directly to Contract Performance Notice (CPN). In October, CCGs raised 4 new CPNs; A&E, Cancer, Cancelled Operations & Stroke. NHSE Specialised formally raised a CPN for Neonates replacing the notice originally dating back to Dec 2011.

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

Fines have been calculated based on performance against the constitutional standards. Discussions on-going with commissioners about application and reinvestment for Q1-3. National directive for Q4 application of fines.

### 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 12 March 2015/16

GOVERNANCE RISK RATINGS: Monitor Compliance Framework 2015/16 - Governance Indicators

Area	Indicator	Threshold	Monitoring Period	Apr-15	May-15	Jun-15	Quarter 1 Actual	Jul-15	Aug-15	Sep-15	Quarter 2 Actual	Oct-15	Nov-15	Dec-15	Quarter 3 Actual	Jan-16	Feb-16	Mar-16	Quarter 4 Forecast	
Access	1	maximum time of 18 weeks frm point of referral to treatment in aggregate - patients on an incomplete pathway	92%	Quarterly	90.00%	90.85%	91.07%		91.90%	92.11%	92.81%		92.44%	92.29%	92.40%		92.48%	92.02%	92.24%	
	2	A&E: maximum waiting time of four hours from arrival to admission/transfer/discharge	95%	Quarterly	87.30%	87.60%	90.67%		91.37%	89.17%	90.17%		86.41%	86.52%	84.88%		82.73%	81.07%	80.22%	
	3	All cancers: 62 day wait for first treatment from: Urgent GP referral for suspected cancer *	85%	Quarterly	74.70%	76.50%	67.30%		72.40%	72.70%	78.20%		70.30%	74.10%	82.60%		84.80%	72.80%	71.80%	
		NHS Cancer Screening Service referral *	90%		74.30%	91.30%	85.70%		77.80%	100.00%	73.90%		84.20%	87.50%	92.50%		81.20%	84.80%	88.90%	
	4	All cancers: 31 day wait for second or subsequent treatment comprising: Surgery *	94%	Quarterly	97.60%	91.70%	97.40%		91.90%	95.30%	96.70%		91.30%	97.10%	94.40%		97.10%	87.80%	92.20%	
		anti cancer drug treatments *	98%		99.10%	98.90%	100.00%		96.50%	99.20%	98.90%		98.40%	100.00%	98.80%		94.00%	83.30%	98.90%	
radiotherapy *		94%	95.30%		80.90%	75.30%		83.00%	96.00%	93.10%		95.10%	94.90%	98.00%		97.40%	73.50%	88.90%		
5	All cancers: 31 day wait from diagnosis to first treatment *	96%	Quarterly	95.50%	99.60%	96.00%		95.20%	97.40%	93.60%		98.40%	99.10%	99.00%		98.10%	96.10%	97.20%		
6	cancer: two week wait from referral to date first seen, comprising: all urgent referrals (cancer suspected) *	93%	Quarterly	87.00%	81.90%	91.40%		91.90%	92.70%	92.70%		88.90%	91.80%	95.70%		95.50%	93.20%	94.90%		
	for symptomatic breast patients (cancer not initially suspected) *	93%		79.10%	44.30%	87.00%		88.50%	83.40%	85.80%		81.80%	87.80%	93.80%		94.30%	93.80%	95.90%		
Outcomes	14	Meeting the C.difficile objective (cumulative)	62	Quarterly	2	3	4		3	5	8		5	2	9		4	6	7	
	15	Meeting the MRSA objective (cumulative)	0	Quarterly	1	0	0		0	0	0		0	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	Compliant		Compliant	Compliant	Compliant		Compliant	Compliant	Compliant	

\* Information is reported a month behind

Risk Rating	6	5	6	7	6	3	6	7	4	3	2	5	3	4	3	3
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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.

#### 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 pathways greater than 18 wks		Number of ASIs		Mean Pathway Length		Past RTT Performance		Incompletes RTT Standard Risk Rating	
Position	Rating	Position	Rating	Position	Rating	Position	Rating	Rating	Risk
0-2%	0	1-10	0	0-5 wks	0	>5 months achieve 92%	0	0	No Risk
2-4%	2	10-20	2	5-7.2 wks	2	3-5 months achieve 92%	2	0-8	
4-6%	4	20-30	4	7.2-9 wks	4	1-3 months achieve 92%	4	8-16	Low Risk
6-8%	6	30-40	6	9-10 wks	6	Previous month performance was between 91-92%	6	16-24	Medium Risk
8-10%	8	40-50	8	10-12 wks	8	Previous month performance was between 90-91%	8	24-32	High Risk
>10%	10	>50	10	>12 wks	10	Previous month performance was less than 90%	10	32-40	

Specialty	RTT Incompletes Risk Rating			Risk Rating Trend	Site Achievement of RTT Incompletes for March 2016							
	Jan-16	Feb-16	Mar-16		Lincoln	Pilgrim	Grantham	Skegness	Louth	Johnson	John C	Holbeach
Nephrology	32	32	40									
Trauma & Orthopaedics	34	32	30									
Nuclear Medicine	30	30	30									
Paediatric Surgery	28	16	28									
Cardiology	18	16	28									
Vascular Surgery	26	26	26									
General Surgery	20	20	24									
Paediatric Trauma & Orthopaedics	8	8	22									
Maxillo-Facial Surgery	20	18	20									
Radiology	14	20	20									

The risk rating applied to each specialty will give an indication as to whether they are at risk of not achieving the RTT incompletes standard in future months.