Agenda Item: 9.1 (1)



UNITED LINCOLNSHIRE HOSPITALS TRUST INTEGRATED PERFORMANCE REPORT

PERIOD TO 29th FEBRUARY 2016

Document management

Title: Integrated Performance Report

To: Trust Board

From: Mark Brassington, Chief Operating Officer

Author: Katherine Hensby, Planning & Performance Manager

Date: 5th April 2016

Purpose of the Report:

To update the Board on the performance of the Trust for the period ended 29th February 2016, and set out the plans and trajectories for performance improvement.

The Report is provided to the Board for:

Decision		Discussion
Assurance	х	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.

Strategic Risk Register	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 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 May 2016 reflecting performance to 31st March 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 29th February 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 deficit of £55.8m for the period 29th February 2016 is reported. The in-month deficit was £0.8m as opposed to £5m in January, £5.4m in December. £5.0m in November, £5.625m in October, £6.525m in September, £5.664m in August, £4.140m in July, £4.993m in June, £6.255m in May and £6.291m in April

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 February 2016 (81.07%)
- ▼ The 18 week referral to treatment incomplete target was achieved in February (93.14%)
- 4 out of the 9 Cancer targets were achieved in January 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 February monthly sickness rate is currently 4.84%
- The percentage of agency staff used within the Trust is currently 5.29% for February 2016
- The Trust appraisal rate is below target at 65%

Monitor Compliance Framework:

Governance Risk Rating:

3.0

Mark Brassington Chief Operating Officer April 2016

2. TRUST PAAG

2. KEY MEASURES: PERFORMANCE AT A GLANCE February 2016

	Indi	cators	Standard	National Position	Current Month	Month Actual	YTD	Site Achievement (month)	Forecast Next Month
		Serious Events			February	2	76	CL L P G	
		Never Events	0	0	February	0	2	CL L P G	✓
		Harm Free Care	95.00%		February	92.41%		CL L P G	
		VTE Risk Assessment	95.00%		Quarter 3	95.10%		CL L	
	SAFETY	Overdue CAS alerts	0		February	o		CL L P G	1
	SAF	(Safety Thermometer) Catheter-Acquired Infection	0.5%		February	0.20%		Cl L P G	√
		MRSA Bacteraemia (Post 48 Hours)	0	0	February	0	1	CL L P G	✓
		Clostridium difficile (Post 72 Hours)	59		February	6	51	CL L P G	√
		MSSA	24		February	2	24	CL L P G	
		E-Coli	96		February	3	61	CL L P G	
		SHMI	100	100	Jul 14- Jun 15	111.86		CL L P G	
IENTS		HSMR	100	100	Dec 14 - Nov 15	101.35		CL L P G	
JF PAT		EDD	90%		February	74.65%		CL L P G	
SNOIL	ESS	PPCI Call to Balloon in <150 mins	68%		Qtr 3	85.80%		P _L	
MEETING THE HIGHEST EXPECTATIONS OF PATIENTS	EFFECTIVENESS		24 Hours 70%		February	76.67%		PLG	
HEST E	848	Fractured neck of femur	48 Hours 95%		February	93.33%		PL	
		Dementia Screening	90%		February	87.02%		CL L P G	
TINGT		Dementia Risk Assessment	90%		February	92.78%		CL L P G	
ME		Dementia Referral for Specialist Treatment	90%		February	66.13%		CL L P G	
		No. complaints received			February	72		CL L P G	
		No. complaints still open			February	4	12		
		No. complaints ongiong			February	12			
	RIENCE	Friends & Family test : Inpatient and A&E Admission % recommended	70%		February		nt, 83% A&E commend	CL L P G	
	PATIENT EXPERIENCE	Friends & Family test: Inpatient and A&E Admission Combined(Response Rate)	20%		February		oatients A&E	CL L P G	
	. A	Mixed sex accommodation	0		February	12	77	CL L P G	
		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			

	Indicators	Standard	Current Month	Month Actual	YTD
	Turnover	n/a	February	2.10%	8.97% (as at end of March 2015)
	Vacancy Rate	n/a	February	7.04%	n/a
	Appraisal Rate	95%	February	65%	n/a
	Sickness Rate	4%	February	4.84%	(rolling year) 4.51%
	WTE (worked versus plan)	n/a	February	96.11%	n/a
	Use of Agency Staff	n/a	February	5.29%	n/a
TAFF	Core Learning (Fire)	85%	February	n/a	(Rolling Year) 66%
DEVELOPING & SUPPORTING OUR STAFF	Core Learning (Infection Control)	85%	February	n/a	(Rolling Year) 70%
RTING	Core Learning (Equality & Diversity)	85%	February	n/a	(Rolling Year) 71%
UPPO	Core Learning (Information Governance)	85%	February	n/a	(Rolling Year) 74%
NG & S	Core Learning (Safeguarding Children Level 1)	85%	February	n/a	(Rolling Year) 84%
/ELOPII	Core Learning (Safeguarding Adults Level 1)	85%	February	n/a	(Rolling Year) 83%
DE	Core Learning (Health & Safety)	85%	February	n/a	(Rolling Year) 88%
	Core Learning (Slips)	85%	February	n/a	(Rolling Year) 89%
	Core Learning (Manual Handling)	85%	February	n/a	(Rolling Year) 87%
	Core Learning (Risk Awareness)	85%	February	n/a	(Rolling Year) 83%
	Core Learning (Fraud)	85%	February	n/a	(Rolling Year) 76%
	Nurse to bed day ratio (Midwife /Nurse/ Registered Nurse)	n/a	February	1.66	n/a

Indicators		Standard	Current Month	Month Actual	YTD
	EBITDA Margin	n/a	February	1.80%	-10.40%
G SERVICES :	EBITDA Achieved	n/a	February	710	(39,808)
TRANSFORMING & IMPROVING SERVICES FOR OUR PATIENTS: FINANCE	Liquidity Ratio (days)	n/a	February		N/A
MING 8 OR OU	CIP actual	n/a	February	875	10,179
AANSFORI F	Capex forecast	n/a	February	2,614	14,663
	Agency Spend (% of pay)	n/a	February	10.50%	10.50%

^{**} Figures are part of an ongiong evaluation

Total time in A&E: 4 hou or less	95% 90%	February February	81.07%	87.11%	4	4	
RTT: Admitted		February			G	×	n/a
	05%		65.08%	73.03%	CL L	n/a	
RTT: Non-Admitted	9578	February	88.00%	88.51%	CL L P G	n/a	
RTT: Incompletes	92%	February	93.14%	91.94%	CL L P G	✓	
Waiting times for diagnostic tests	99%	February	99.33%	99.25%	CL L P G	1	
52 week waiters	0	February	0	12	CL L P G	✓	
13 week waiting standar	d 0.03%	February	not avail	not avail	CL L P G	×	n/a
Waiting times for diagnostic tests 52 week waiters 13 week waiting standar Appointment Slot issues (ASI's)		(Snapshot at month end) February	487		CL L	n/a	n/a
Cancelled Operations of the day of the operation	1.10%	February	2.25%	1.95%	CL L P G	n/a	n/a
(Cancelled ops) Not treated within 28 days. (Breach)	0.00%	February	6.36%	14.05%	CL L P G	n/a	n/a
Delayed transfers of car	e 3.50%	February	7.01%	6.18%	CL L	×	
2 week wait suspect cancer	93%	January	93.2%	91.5%	CL P G	n/a	n/a
2 week wait breast symptomatic	93%	January	93.8%	84.1%	E G	n/a	n/a
Appointment Slot issues (ASI's) Cancelled Operations of the day of the operation (Cancelled ops) Not treated within 28 days. (Breach) Delayed transfers of car 2 week wait suspect cancer 2 week wait breast symptomatic 31 day first treatment	96%	January	96.1%	97.3%	CL L	n/a	n/a
31 day subsequent drug treatments 31 day subsequent surgery treatments 31 day subsequent surgery treatments 31 day subsequent	98%	January	83.3%	97.1%	CL L	n/a	n/a
31 day subsequent surgery treatments	94%	January	87.8%	93.9%	CL L	n/a	n/a
31 day subsequent radiotherapy treatments	94%	January	73.5%	88.5%		n/a	n/a
62 day Classic	85%	January	72.8%	75.6%	CL L P G	n/a	n/a
62 day screening	90%	January	84.8%	86.1%	CL L P G	n/a	n/a
62 day consultant upgra	de 85%	January	90.5%	91.8%	CL L	n/a	n/a

Indicators			Standard	Current Month	Month Actual	YTD	
VS OF OUR		Formal Contract Performance Notices (as per new Contract Management Clauses)	0	February	5 (but supersedi ng 3 previous notices)	5*	* 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,
KPECTATION NTS	CONTRACT	Formal Performance Notices	0	February	0	0**	Cancer, Cancelled Operations & Stroke. NHSE Specialised formally raised a CPN for Neonates replacing the notice orginally dating back to Dec 2011. ** A Contract Exception Notice is the next
MEETING THE HIGHEST EXPECTATIONS OF OUR PATIENTS	DELIVERY OF CONTRACT	Contract Fines / Penalties	0	February	Fines has calculated performance the constitute of the constitute	based on the against tutional ards. s on-going issioners cation and at for Q1-3. rective for ation of	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.

88.50%

83.40%

81.80%

87.80%

		United L	incolnshire.	Hospitals I	NHS Trust	Monitor	Complian	ce Framew	ork Targe	ts - Mon	th 11 Febr	uary 2015	/16						
/ERNANCE R	IISK RATINGS: Monitor Compliance Framework 2015/1	16 - Governa	nce Indicato	rs															
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	Quar Fore
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%	93.14%		
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%		
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%	86.20%		84.80%	72.80%		
	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%		
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%		
	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%		
	radiotherapy *	94%		95.30%	80.90%	75.30%		83.00%	96.00%	93.10%		95.10%	94.90%	98.00%		97.40%	73.50%		
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%		
	cancer: two week wait from referral to date first seen, comprising: all urgent referrals (cancer	93%	Quarterly	87.00%	81.90%	91.40%		91.90%	92.70%	92.70%		88.90%	91.80%	95.70%		95.50%	93.20%		

* Information is reported a month behind

suspected) *

learning disability

Trust Internal Compliance
Rating
Target Met
Target Not Met

Outcomes

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

for symptomatic breast patients (cancer not initially

Certification against compliance with requirements regarding access to health care for people with a

14 Meeting the C.difficile objective (cumulative)

Meeting the MRSA objective (cumulative)

93%

62

Quarterly

Quarterly

Quarterly

Risk Rating

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

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								
Position	Rating							
0-2%	0							
2-4%	2							
4-6%	4							
6-8%	6							
8-10%	8							
>10%	10							

Number of ASIs							
Position	Rating						
1-10	0						
10-20	2						
20-30	4						
30-40	6						
40-50	8						
>50	10						

Mean Pathway		
Position		
0-5 wks	0	
5-7.2 wks	2	n
7.2-9 wks	4	1
9-10 wks	6	
10-12 wks	8	
>12 wks	10	

Past RTT Performance						
Position	Rating					
>5 months achieve 92%						
3-5 months achieve 92%	2					
1-3 months achieve 92%	4					
Previous month performance was between 91-92%	6					
Previous month performance was between 90-91%	8					
Previous month performance was less than 90%	10					

Incompletes RTT						
Standard Risk I	Standard Risk Rating					
Rating	Risk					
0	No Risk					
0-8						
8-16	Low Risk					
16-24	Medium Risk					
24-32	High Risk					
32-40	TIIGH KISK					

	RTT Incompletes Risk Rating Risk Rating Trend				Site Achievement of RTT Incompletes for February 2016							
Specialty	Dec-15	Jan-16	Feb-16		Lincoln	Pilgrim	Grantham	Skegness	Louth	Johnson	John C	Holbeach
Trauma & Orthopaedics	30	34	34	-								
Nephrology	24	34	34	•								
Nuclear Medicine	24	30	30	•								
Vascular Surgery	26	24	24									
General Surgery	20	20	20	• • • • • • • • • • • • • • • • • • • •								
Maxillo-Facial Surgery	24	18	18	1								
Paediatric Surgery	8	18	18	•								
Dermatology	18	18	18	• • • •								
Cardiology	16	18	18									
Neurology	26	14	14	•								

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.