United Lincolnshire Hospitals NHS
NHS Trust

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UNITED LINCOLNSHIRE HOSPITALS TRUST

INTEGRATED PERFORMANCE REPORT

PERIOD TO 30 SEPTEMBER 2016

Document management

Title: Integrated Performance Report

To: Trust Board

From: Rachel Harvey, Head of Planning & Performance

Author: Kat Etoria, Planning & Performance Manager

Date: 1st November 2016

Purpose of the Report:

To update the committee on the performance of the Trust for the period ended 30th September 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 30th September 2016

Contents:

1. Executive Summary for period of 30th September 2016

September headlines:

- ☒ 4 hour waiting time target – performance of 78.40% in September 2016 (an improvement from the August position)
- ☒ 4 of the 9 national cancer targets were achieved in August 2016
- ☒ 18wk RTT Incomplete Standard – the current unvalidated performance for September 2016 is 88.6% a verbal update will be given at the meeting
- ☒ 6wk Diagnostic Standard – September performance was 98.42%
- ☑ Agency Spend – on target
- ☑ Financial Improvement Plans delivering within tolerances in month

Successes:

The Trust's financial situation still reflects some positives including control over agency and our expenditure against plan. Work with RSM continues to strengthen our financial improvement plan. Infection control continues to perform. Whilst performance against RTT has been challenged in September, there has been a continued reduction in our PBWL. Finally, in cancer, the Trust has successfully implemented the new Somerset system which will allow more robust patient tracking.

Challenges:

The Trust has seen challenged performance against:

- RTT
- Diagnostics
- A&E
- Cancer

In A&E, there has been continued demand pressures with the subsequent impact on the reliance on escalation beds and cancelled operations. The Trust is focusing its efforts on three key areas – SAFER, meeting ward discharge volumes and stabilisation of the minors stream and performance. Furthermore, the Trust has brought in temporary dedicated "turnaround" expertise to Pilgrim and Lincoln sites to help improve performance and safety. Externally, the demand into the Trust continues to restrict delivery therefore this is being addressed with commissioners through the contracting route.

RTT performance remains under the standard. The Trust is focusing recovery against six specialties – ENT, General Surgery, Trauma & Orthopaedics, Cardiology, Gastroenterology and Neurology. Specialties have been required to submit a remedial action plan and these went through a confirm and challenge process on the 18th October 2016. Externally, the Trust is having targeted discussions with commissioners about demand into some specialties and where actions are required in the community. The issue of Neurology capacity is being formally addressed again through the contracting route.

The Trust continues to work towards its cancer recovery plan and has successfully implemented the Somerset system which allows more detailed patient tracking. To complement this, the Trust is also investing in additional cancer trackers to support this monitoring and to avoid breaches where possible. Finally, in Diagnostics, plans are in place to address breaches in TOES and Neurophysiology to ensure diagnostic performance in October improves from its September position.

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.

There is significant focus on our delivery against the 4 STP performance trajectories and supporting work-streams. Fundamental to this is ensuring the actions attached to improvement are achieved so we can see noted improvement in October including recovery in Diagnostics. Moving forwards, the Trust is currently completing its capacity modelling for 2017-19. It is therefore important to ensure capacity can deliver performance and will be a feature of confirm and challenge meetings with business unit leads.

Mark Brassington
Chief Operating Officer
October 2016

2. Integrated Performance Report

Integrated Performance Report - Headlines

United Lincolnshire Hospitals NHS Trust

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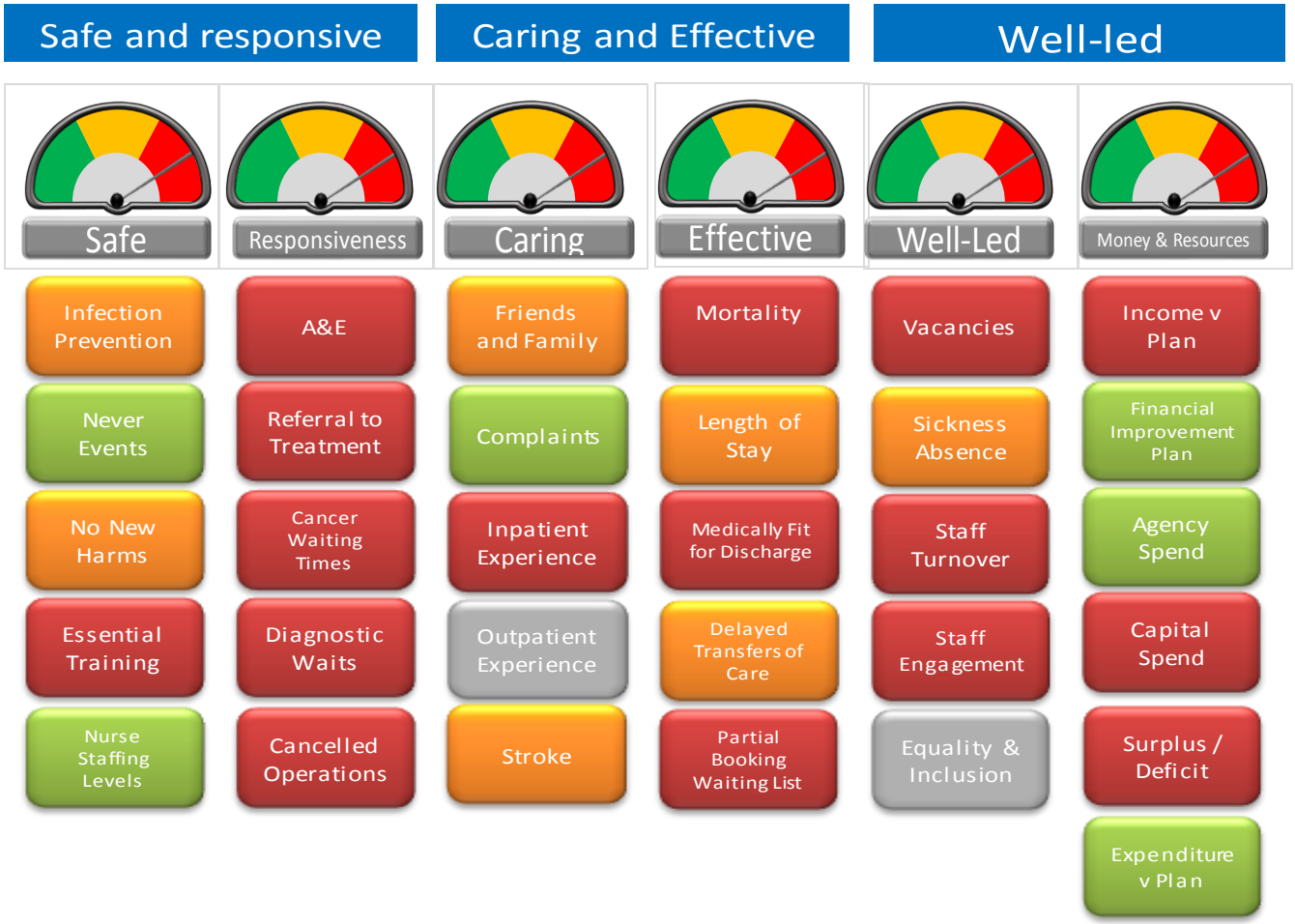
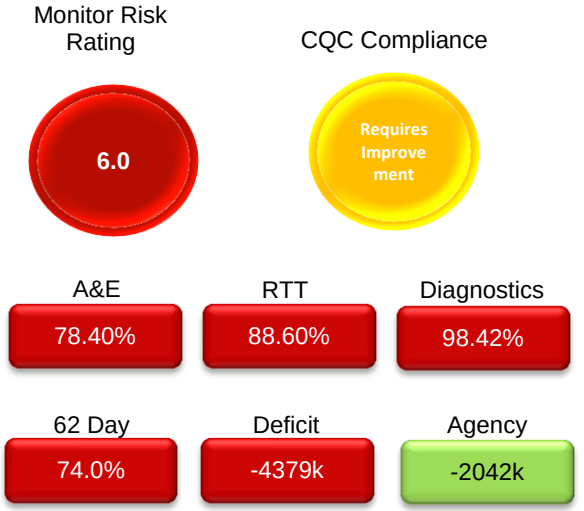
The dashboard shows the Trust's current performance against the chosen standards and indicators as a measure of overall Trust performance. The box to the right highlights key changes to performance during the period with priority actions. Further detail follows this summary at Business Unit and Speciality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





Most improved:

Domain: **Safe**
Staff appraisals – 4% increase on August's position (69%)

Domain: **Caring**
Complaints – at the time of writing this report there are no overdue complaints. There is a reduction in complaints received of 16 since April

Most deteriorated:

Domain: **Responsive**
A&E 4 hour wait with continuing risk,(-5.6% against trajectory)
RTT with continuing risk (unvalidated position -4.62% against trajectory)
Diagnostics with continuing risk (-0.68% against trajectory)

Domain: **Money & Resources**
Income is -2417k against plan

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	29	6	3			
MRSA bacteraemia (post 3 days)	0	0	0	0			
MSSA	2	12	2	1			
ECOLI	8	31	8	2			
Never Events	0	1	0	0			
No New Harms							
Serious Incidents reported (unvalidated)	TBC	22	2	0			
Harm Free Care %	95%	91.46%	88.91%	92.14%			
New Harm Free Care %	98%	96.98%	96.77%	98.00%			
Catheter & New UTIs	2.00	1	1	1			
Falls	3.9%	4.16%	4.67%	3.81%			
Medication errors	0	706	123	109			
Medication errors (mod, severe or death)	0	76	15	13			
Pressure Ulcers (PUNT) 3/4							
VTE Risk Assessment	95%	93.28%	96.35%	95.58%			
Overdue CAS alerts							
SQD %							
Essential training	85%	77.20%	63.22%	83.00%			
Nurse Staffing Levels							
Nurse to bed day ratio			1.93	1.93			

	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%	26.83%	24.00%	24.00%			
Inpatient (Recommend)	96%	88.17%	86.00%	89.00%			
A&E (Response Rate)	14%	21.17%	23.00%	20.00%			
A&E (Recommend)	87%	79.33%	78.00%	78.00%			
% of staff who would recommend care							
% of staff who would recommend work							
Complaints							
No of Complaints received	70	359	56	60			
No of Complaints still Open	0	2124	289	320			
No of Complaints ongoing	0	274	4	40			
Inpatient Experience							
Mixed Sex Accommodation	0	18	2	0			
eDD	95%	76.97%	79.65%	80.22%			
PPCI 90 hrs	100%	0.00%	97.33%	97.33%			
PPCI 150 hr	100%	0.00%	85.33%	85.33%			
#NOF 24	70%	60.70%	59.70%	50.85%			
#NOF 48 hrs	95%	92.35%	91.04%	92.75%			
Dementia Screening	90%	88.04%	45.83%	96.64%			
Dementia risk assessment	90%	93.09%	96.08%	95.17%			
Dementia referral for Specialist treatment	90%	31.73%	66.67%	39.34%			
Stroke							
Patients with 90% of stay in Stroke Unit	80%	86.10%	79.40%	84.80%			
Sallowing assessment < 4hrs	80%	75.60%	91.40%	72.50%			
Scanned < 1 hrs	50%	64.11%	59.50%	72.50%			
Scanned < 24 hrs	100%	96.19%	98.80%	98.80%			
Admitted to Stroke < 4 hrs	90%	68.34%	65.50%	72.50%			
Patient death in Stroke	17%	12.02%	5.90%	15.20%			
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%	80.05%	78.40%	77.80%			
12+ Trolley waits	0	0	0	0			
RTT							
52 Week Waiters	1						
18 week incompletes	92.4%	90.56%	88.60%	89.19%			
Cancer - Other Targets							
62 day classic	85%	72.53%	74.00%	75.60%			
2 week wait suspect	93%	87.31%	81.10%	82.70%			
2 week wait breast symptomatic	93%	67.18%	26.30%	24.80%			
31 day first treatment	96%	96.76%	96.60%	97.60%			
31 day subsequent drug treatments	98%	95.48%	98.80%	98.00%			
31 day subsequent surgery treatments	94%	91.96%	97.80%	95.80%			
31 day subsequent radiotherapy treatments	94%	89.26%	84.60%	89.90%			
62 day screening	90%	86.62%	78.90%	90.90%			
62 day consultant upgrade	85%	81.68%	90.00%	73.50%			
Diagnostic Waits							
diagnostics achieved	99.1%	98.87%	98.42%	98.67%			
diagnostics Failed	0.9%	1.13%	1.58%	1.33%			
Cancelled Operations							
Cancelled Operations on the day (non clinical)	92.4%						
Not treated within 28 days. (Breach)	89%						

	Target	YTD	Current Month	Last Month	Expected performance for next month	Expected month of recovery	Trend
Effective							
Mortality							
SHMI	100	111.21	110.99	110.99			
Hospital-level Mortality Indicator	100	99.54	101.31	101.76			
Length of Stay							
Average LoS - Elective	2.8	2.90	2.74	3.17			
Average LoS - Non Elective	3.8	4.42	4.56	4.31			
Medically Fit for Discharge	60	122.33	67.00	112.00			
Delayed Transfers of Care	3.5%	4.65%	3.61%	4.20%			
Partial Booking Waiting List	0	5079	4220	4428			

	Target	YTD	Current Month	Last Month	Expected performance for next month	Expected month of recovery	Trend
Well Led							
Vacancies	5.0%	9.88%	10.54%	11.75%			
Sickness Absence	4.0%	4.72%	4.12%	4.77%			
Staff Turnover	2.4%	2.12%	2.73%	2.06%			
Staff Engagement							
Staff Appraisals	95.0%	66.00%	69.00%	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	37863	218993	35446	36463			
Expenditure v Plan	-40578	-233293	-35435	-39259			
Efficiency Plans	1140	8006	1796	2499			
Surplus / Deficit	-3881	-25464	-4379	-4186			
Capital Program Spend	803	5194	520	2224			
Agency Spend	2390	-13672	2042	2141			

4. "Priority deliverables" – RTT Incompletes

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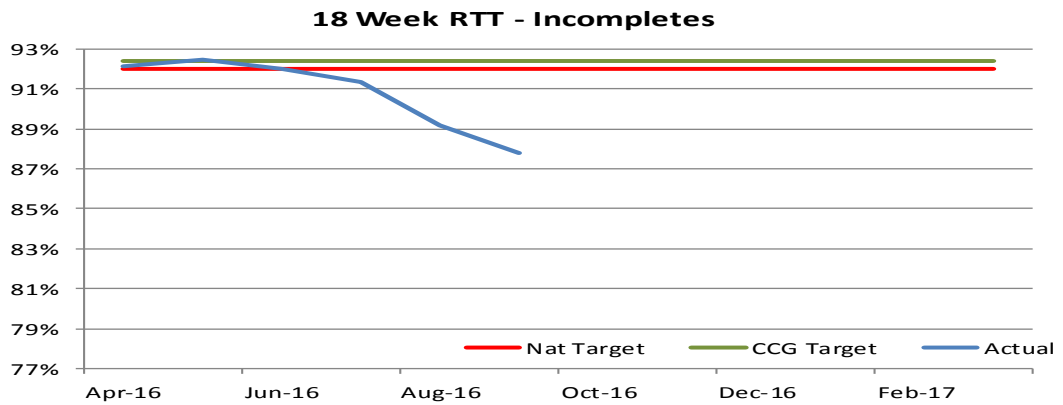
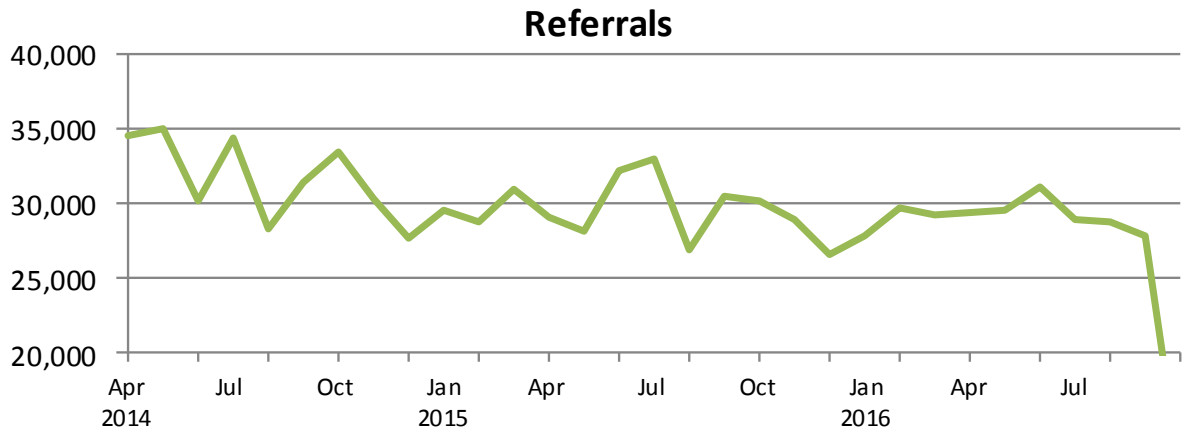
KPI:	Referral to Treatment	Owner:	Chief Operating Officer
Domain:	Responsive	Responsible Officer:	Deputy Director of Operational Performance
Date:	1st November 2016	Reporting Period:	September 2016

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% for the last six months. However, ULHT's performance in July and August did not achieve the standard, with the Trust position declining significantly in August to 89.2%. Prior to the final submission for September the performance level was 88.6%. It is expected that performance will improve prior to the final submission, but it is highly unlikely that the 92% standard will be achieved. There are 3 significant factors which had an impact on performance across a range of specialities: • Junior Doctor Industrial Action – During the two periods of industrial action in April alone there were 1335 outpatient appointments cancelled as a direct consequence of the Trust needing to maintain patient safety during this action. In addition there was a significant reduction in surgical activity during these periods. • Grantham Fire – As a result of the fire which occurred at Grantham in April there were c.300 outpatient cancellations and 25 elective cancellations. • Partial Booking Waiting List – The number of patients overdue over 6 weeks past their target date has reduced by c.1800 patients between the end of June and the end of September. This reduction in the size of the partial booking waiting list will have reduced the capacity available to treat patients on incomplete pathways. At a speciality level General Surgery, Neurology and Orthopaedics continue to be particularly challenged. In recent months performance within Cardiology, ENT 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?	The following 8 specialities have each produced recovery action plans which set out short term actions to improve speciality level performance – General Surgery, Orthopaedics, ENT, Gastro, Respiratory, Dermatology, Cardiology, Neurology. Key actions contained within these plans include increasing internal capacity through additional outpatient and theatre sessions from our existing workforce and utilisation of additional locum capacity. The Business Units are all also exploring the opportunities to extend sub-contracting relationships with independent sector providers. The different sites are working together in order to equalise waits across the Trust within speciality areas, and to ensure that capacity is fully utilised. Where activity levels are significantly above the contract level the CCGs are being asked to initiate actions to support the Trust by controlling referral rates into these specialities.

	The speciality action plans have been through an initial confirm and challenge process with the Chief Operating Officer, and will continue to be reviewed and updated over the coming weeks. Additional validation resource commenced within the Trust on 26th September for a six week period.
What is the recovery date?	Significant risk to recovery in October
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
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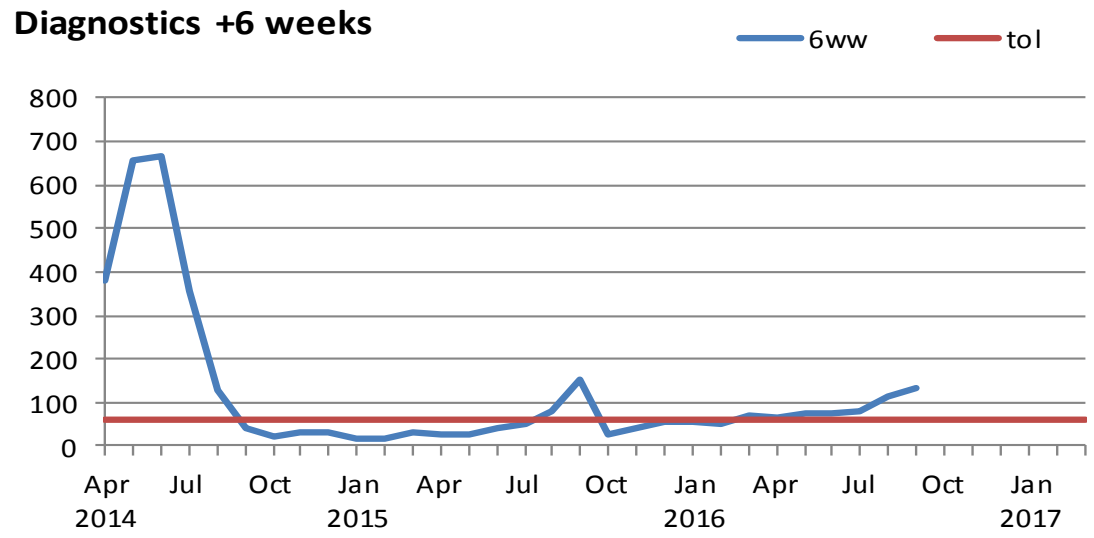
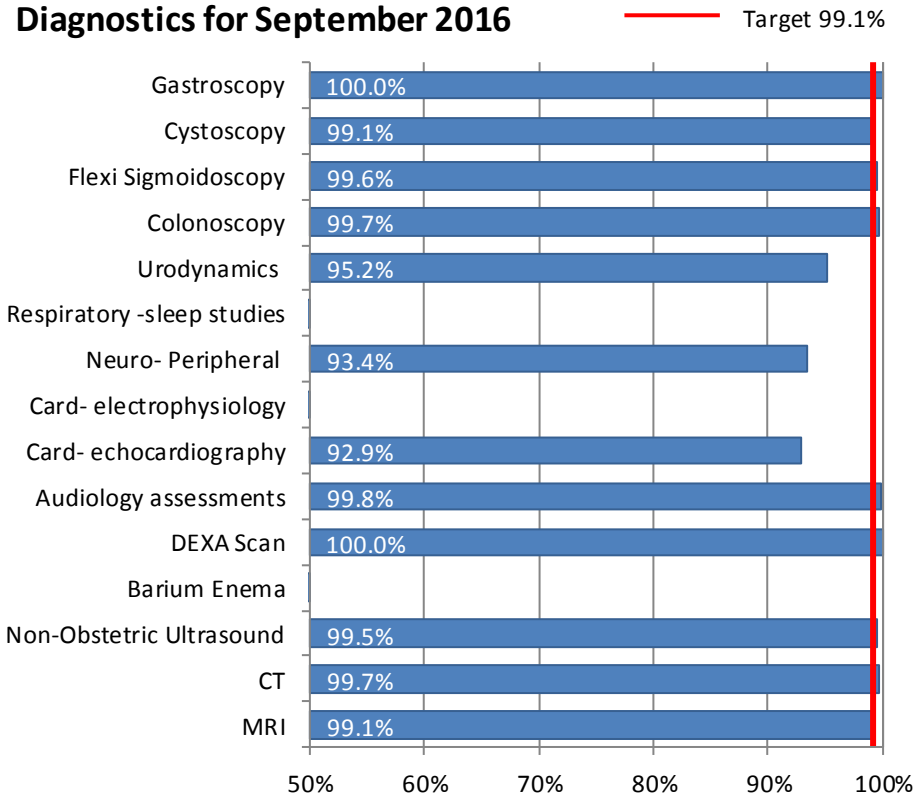
KPI:	**Diagnostic Waits**	**Owner:**	Chief Operating Officer
Domain:	**Responsive**	**Responsible Officer:**	Deputy Director of Operational Performance
Date:	**1st November 2016**	**Reporting Period:**	September 2016

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 September. The performance level was 1.58%. Having achieved the national standard of less than 1% of patients waiting over 6 weeks for a diagnostic appointment for 7 months in a row in late 2015/16 and early 2016/17, the Trust has now failed to achieve the standard for 3 months in a row. At modality level performance of <1% was achieved in all modalities except for neurophysiology and Echocardiography. The level of breaches within Echocardiography was the most significant cause of the Trust’s overall failure of this standard, contributing to over 60% of the overall breaches. The service have reported increased inpatient demand, as well as workforce capacity issues which have contributed to an increasing backlog of referrals over 6 weeks. TOEs make up the majority of the breaches reported within Echocardiography. The neurophysiology service relies on 2 external providers to cover a Consultant gap which has been present for over 2 years. Annual leave during the summer period led to a reduction in capacity within the service. The service returned to full capacity during September, but a backlog over 6 weeks still remained at the end of the month. MRI (15 breaches) and NOUS (10 breaches) were the only other two areas with significant levels of breaches, although at modality level they were within the 1% standard. Technical issues relating to EMRAD, and a difficulty with NUH clinicians viewing and vetting paediatric referrals led to increased breaches within these areas.

Forward Trajectory	
Variance Analysis (SPC Chart)	

What action is being taken to recover performance?	The Lincoln Medicine Business Unit have refreshed the Echo recovery plan. Additional sessions for TOEs and Stress Echos have been scheduled for October and November. If all of the scheduled additional sessions are completed it is expected that the Echo performance will improve in October and be within 1% by the end of November. The neurophysiology service has been at full capacity during the majority of September and October, and it is expected that as a result there will be minimal, if any, breaches within this speciality at the end of October. 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. The EMRAD vetting issues have been resolved.
What is the recovery date?	October with high risk, particularly around Echo performance.
Who is responsible for the action?	Neil Ellis – Deputy Director of Operational Performance

4. "Priority deliverables" – Cancer 62 Day Standard

United Lincolnshire Hospitals NHS
NHS Trust

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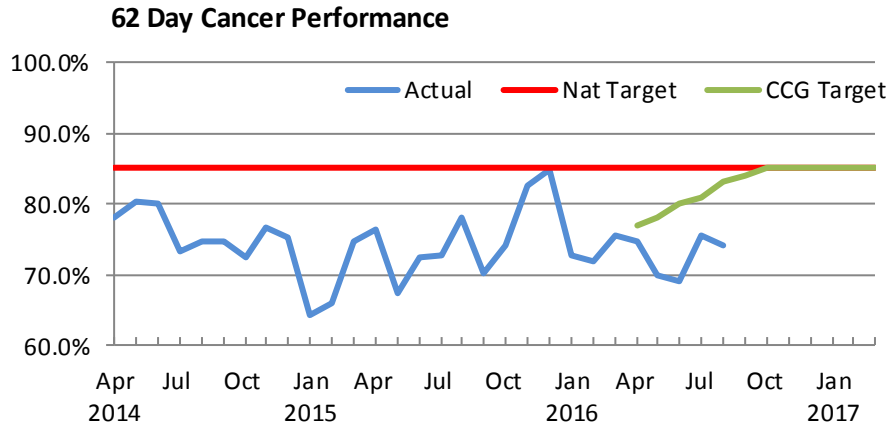
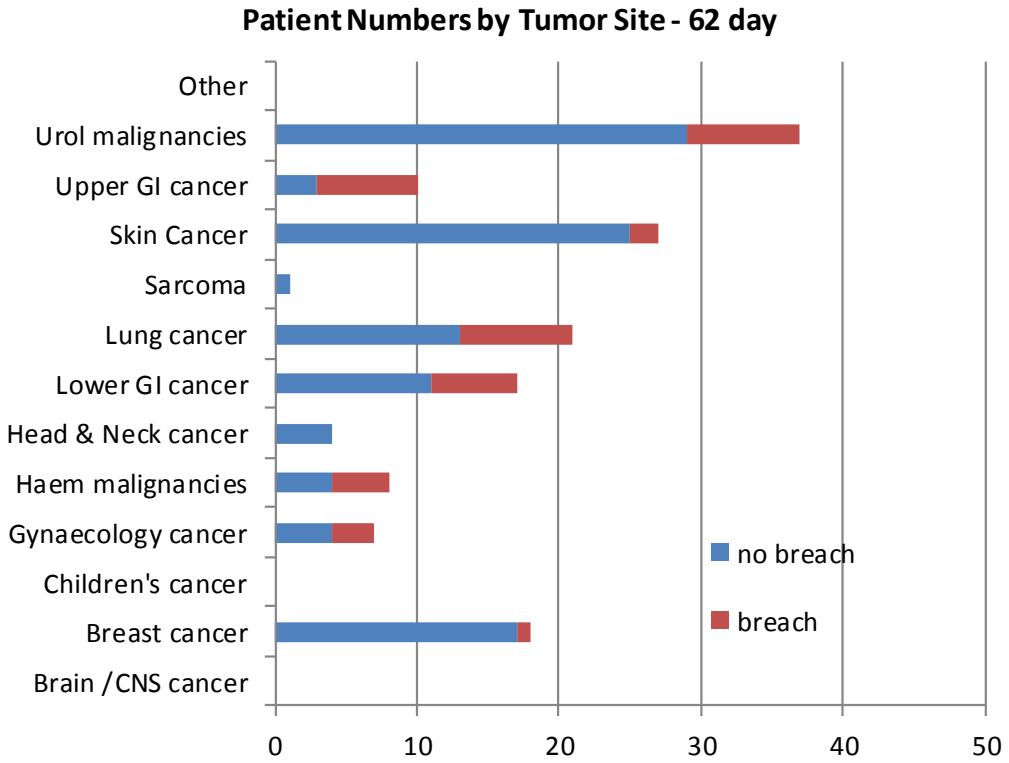
KPI:	**Cancer Waiting Times (62 Day)**	**Owner:**	Chief Operating Officer
Domain:	**Responsive**	**Responsible Officer:**	Deputy Director of Operational Performance
Date:	**1st November 2016**	**Reporting Period:**	August 2016

Exception Details (provide an overview explanation / cause of the variance to performance and the consequences)	The Trust achieved a performance of 74.0% against the 62 day classic standard. Demand is continuing at unprecedented levels and the increased number of referrals coming into the Trust, and hence demand on all diagnostics is delaying diagnosis and putting additional pressures to treat the patients within a smaller window before they breach. Though significant effort has been made in all areas on 62 Day performance improvement work, a lot of this effort has been absorbed by the higher levels of patients being referred in on a suspect cancer pathway. The 62 Day Classic standard continues to remain the most challenged standard and work continues 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 the pathways for patients going to other Trusts for diagnostic tests and/or treatments. The Trust also holds a fortnightly 62 Day Trajectory meeting, chaired by a Deputy Director, for all tumour sites to report against agreed Action Plan, with attendance from the CCGs, East Midlands Clinical Network and the Trust's Planning & Performance Directorate. Specific risks to performance levels: •Breast Radiology Service, which already had significant workforce vacancy levels, will be depleted further leading to significant risks for 14 day breast pathways. The Trust is exploring all options to address this issue. •The change over to the new EMRAD PACS system has led to significant difficulties in getting images displayed for the Breast service as well as delays in Radiological reporting, extending the diagnostic elements of pathways. The Trust are outsourcing routine reports in order to prioritize reporting on cancer cases and we now have 63% of radiology diagnostics completed and reported in 14 days. There are still the further issues of workforce and machine capacity affecting throughput. •From January 2017 there is the potential of two Oncologist posts becoming vacant.

Forward Trajectory	
Variance Analysis (SPC Chart)	
What action is being taken to recover performance?	The 7 Day Horizon (potentially cuts a week out of pathway by making the First Appointment within 7 days of referral as opposed to 14 days) has been deployed in all but two areas that are appropriate. The areas that due to operational reasons will not be able to cross over (Brain, Breast, Sarcoma and Dermatology), will

	continue under the IST Capacity & Demand 85th percentile system. 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 when 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. There is now a weekly Radiotherapy PTL meeting held within the department so that they have visibility of all patients waiting for RT treatment and their target dates. Another recent development is the successful implementation of the Somerset Cancer Registry, which has taken over from the Infoflex cancer management system. The change was necessary due to the increasing cost and complexity of the Infoflex software that was limiting the options of making it a Trust-wide system. With go-live only being the start of October, as well as the Cancer Centre team the Business Units are already utilising the new program and a pilot has begun for CNS access prior to full roll-out to them during November. Inclusion of clinician access is expected before the end of the year and this will support those MDTs that have national cancer audits that need completing as well. 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. • 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. • 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.
What is the recovery date?	There are fundamental issues, particularly within diagnostics, which need to be resolved prior to being in a position to achieve this standard.
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
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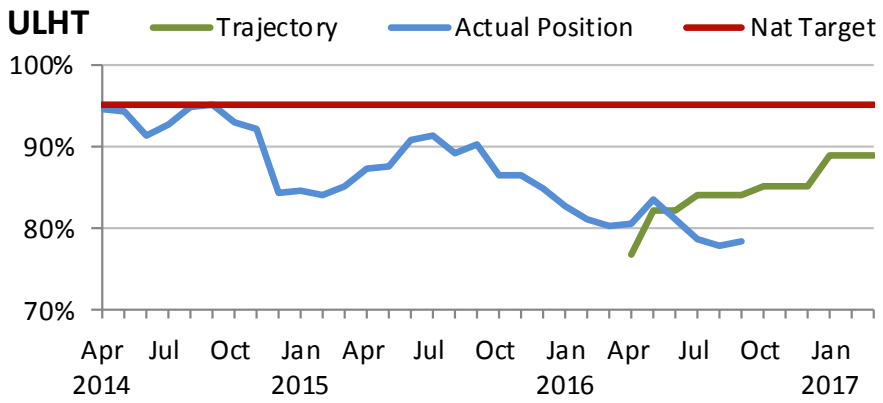
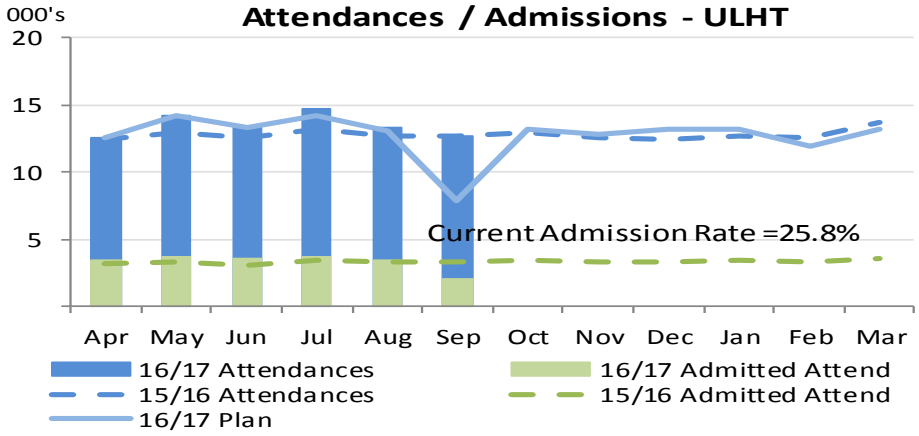
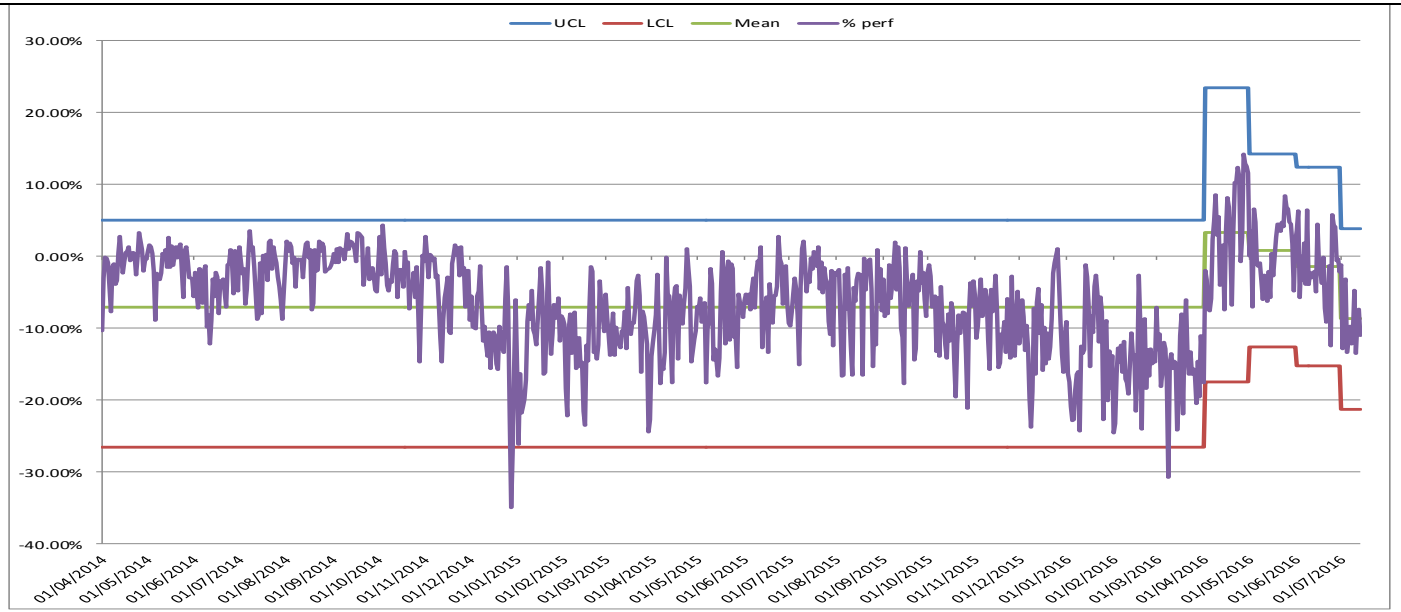
KPI:	**4 Hour Wait (A&E)**	**Owner:**	Chief Operating Officer
Domain:	**Responsive**	**Responsible Officer:**	Deputy Director of Operations, Emergency Care Deputy Director of Operations, Pilgrim Interim Head of Nursing, Grantham
Date:	**1st November 2016**	**Reporting Period:**	September 2016

Exception Details (provide an overview explanation / cause of the variance to performance and the consequences)	Performance for Lincoln for September remains poor at 74.75% against a trajectory of 88.70%. Reliance on locum staffing, particularly for night shifts has seen increased numbers of breaches throughout the night continuing. Following the poor performance during recent months an internal A&E risk summit was arranged on 23rd September including the Associate Medical Director, Clinical Director, clinicians and members of the business unit. Some of the many actions are mentioned below. Since the agreed actions the department has shown some signs of early, albeit fragile, improvement. Week to date position (11th October) is 81.37%, whilst month to date for October is at 79.33% against a trajectory for October of 89.3%. Performance over the last week has been in the mid 80%'s for 6 out of 7 days. Grantham September performance improved to 97.14% (4.84% over trajectory). Quarter three performance of site 92.73% (2.37% under trajectory). Poor performance in July and August was too great for the department to be able to pull back in third month. Issues in July over numbers of attendances and August in change of opening hours affecting staff performance. Problems continue to be experienced at Pilgrim with the bulk of breaches occurring within the 4 hour target at night. In order to address this, a review of the Doctors rota has been undertaken, and an additional Doctor has been placed on the rota overnight. League tables have been developed, to highlight trends in breaching aligned to personnel on duty. Breaches have continued, despite continued best efforts to mitigate them; this is thought to be due to the fact that Pilgrim A&E relies on a significant amount of Agency Locum Doctors to staff its department. In order to mitigate this, action has been taken within operations together with the Business Unit Leads to ensure that the A&E Doctor Team is led at night by a substantive member of the medical team, who can provide both effective leadership and support to our agency locum Doctors.

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?	Improvement in quality of consultant locum staffing allowed option of moving 2 associate specialists who were acting up back to middle grade rota to support Grantham middle grades now supporting the rota Additional middle grade is being put on in evenings / nights on busy days (Fri – Tuesday) where possible A&E Risk tool is now live and Operations Centre are monitoring and sourcing additional doctors from wards to support A&E when required MEAU consultants reviewing medical patients remaining in A&E first thing in the mornings. Grantham performance improved due to changes in working practices. Team working now fully embedded, triage within 15 minutes improving and first assessment due to creation of dedicated see and treat room next to triage room. Weekly team meeting to review performance and progress of actions improving team leadership and responsibility. Workforce re-organisation is taking place at Pilgrim and the ways in which the nursing and medical workforce work together in the A&E department is currently being reviewed. Areas are being re-organised such that 'streaming' in the department is more effective, and both Doctors and nurses have been identified to take control if designated departmental 'zones'. The Band 7 (Sister) Nurse in Charge role has been reviewed, with adjustments made to the role, so that the overall leadership has been enhanced in the department. The Consultant in charge is now more visible, easily identified through named uniform, and is

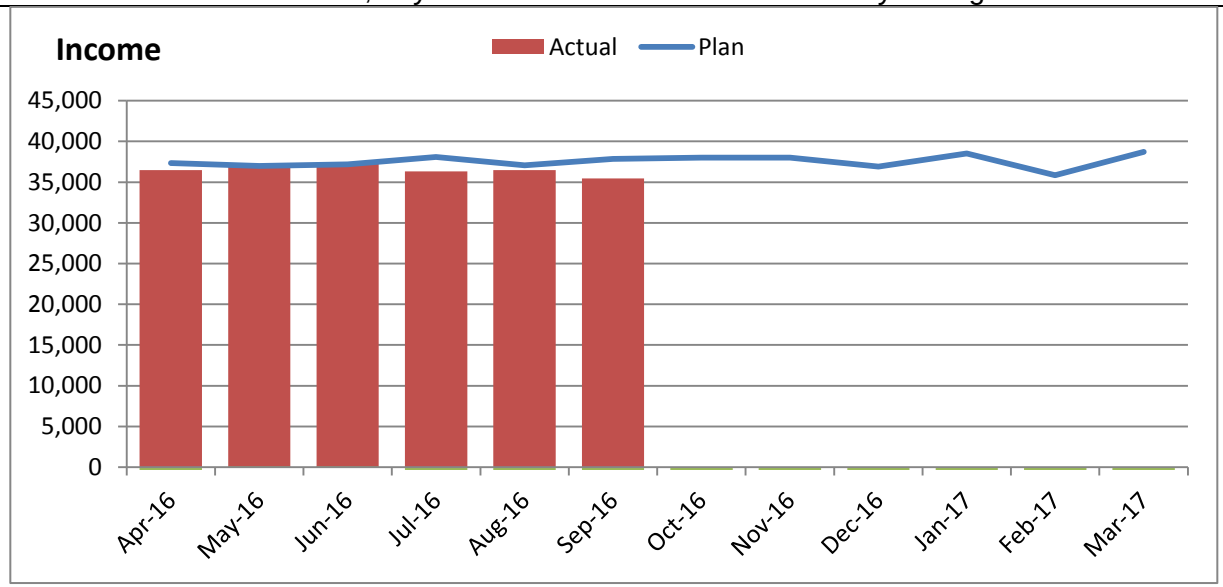
	working closely with the Band 7 lead. The A&E department has a major improvement plan in progress to secure the necessary changes to improve performance and quality. The programme has two facets (a) Access and (b) Flow. The programme of work has a strict governance and accountability framework for actions and reports through the Chief Operating Officer to the Trust's Chief Executive.
What is the recovery date?	At Lincoln some success with recent adverts to fill middle grade roles will mean a more sustainable rota and the trajectory presented as part of the STP – based mainly on improving flow – will be back in place. With current improvements the performance should be sustained and a return to the STP trajectory is achievable for November. Grantham plans to achieve over trajectory for quarter three and quarter four to pull back year-end trajectory. Year to date 90.69% (3.31% under trajectory for year).
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 v Plan**	**Owner:**	Director of Finance
Domain:	**Responsive**	**Responsible Officer:**	Deputy Director of Finance
Date:	**1st November 2016**	**Reporting Period:**	September 2016

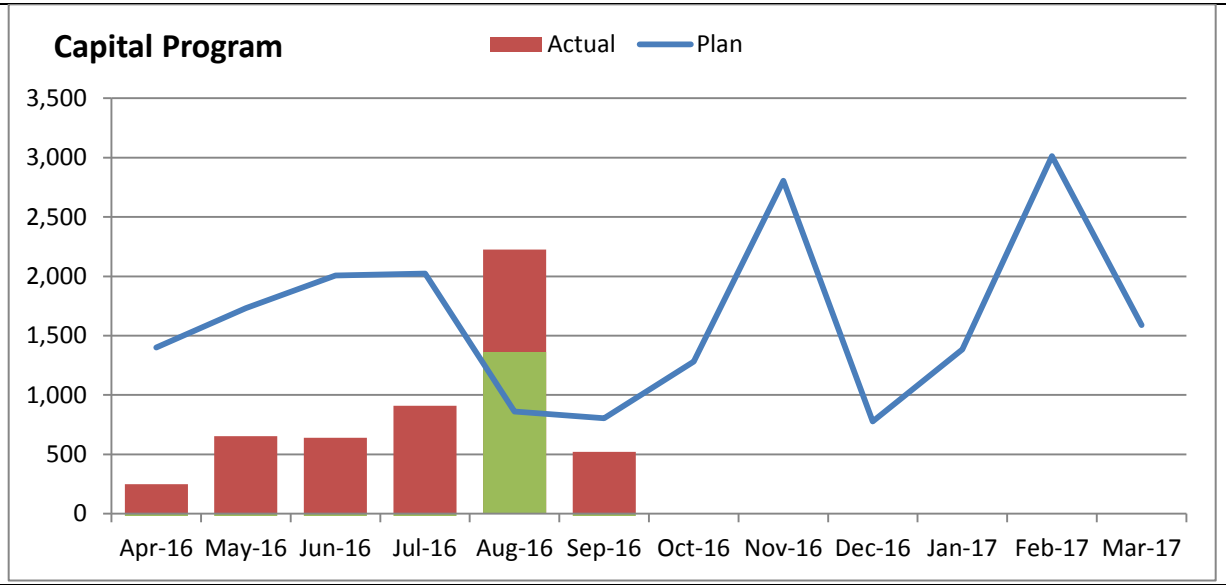
Exception Details (provide an overview explanation / cause of the variance to performance and the consequences)	As at the end of September (Month 6) the Trust income is £6.1m behind plan. The adverse variance is driven by a significant deterioration in inpatient activity, particularly in Trauma & Orthopaedics, together with a £3.1m non delivery of income related efficiency schemes.
Forward Trajectory	Forecast is to deliver the budget deficit of £47.9m, with a reduction of £2.6m 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?	All Clinical Directors

4. "Priority deliverables" – Money & Resources

United Lincolnshire Hospitals NHS Trust

CARING FOR YOU

KPI:	Capital Program	Owner:	Director of Finance
Domain:	Responsive	Responsible Officer:	Deputy Director of Finance
Date:	1st November 2016	Reporting Period:	September 2016

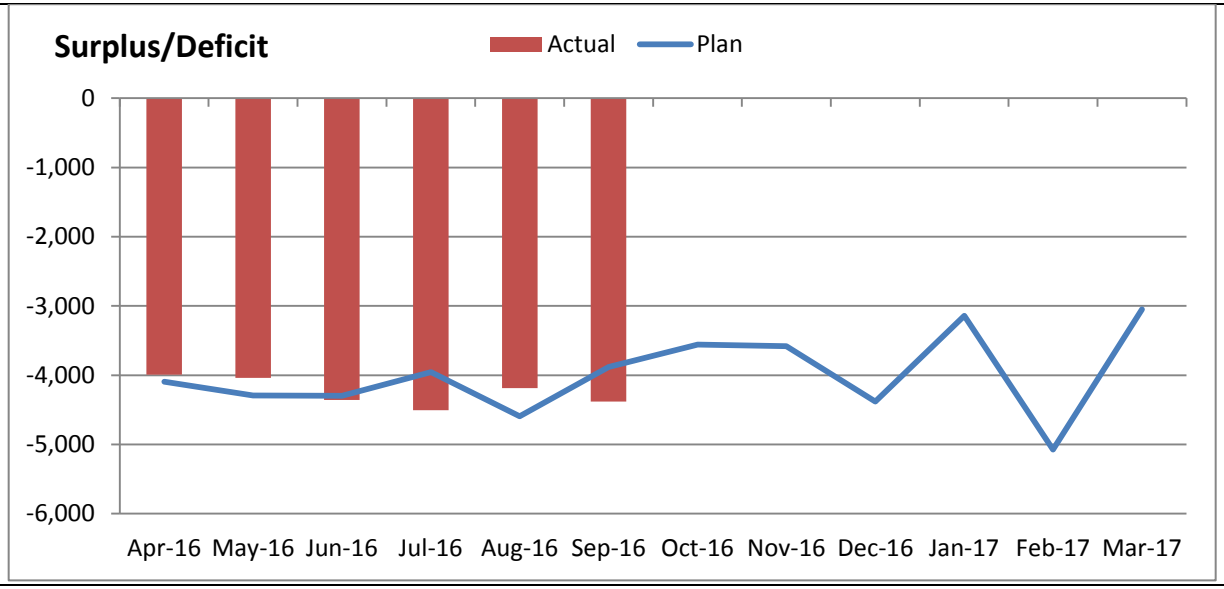
Exception Details (provide an overview explanation / cause of the variance to performance and the consequences)	Underperformance across a couple of schemes. Neonates and Specialist Rehabs schemes will be phased later in the year while the Trust undertakes value for money tests.
Forward Trajectory	Forecast is still to deliver the Capital Resource Limit for the year, which is £16.7m
Variance Analysis (SPC Chart)	
What action is being taken to recover performance?	Projects have slipped due to positive actions taken to delay expenditure to ensure value for money. Plan will be delivered this year as actions are in place to spend against the slipped schemes.
What is the recovery date?	
Who is responsible for the action? (Provide the role and name of the lead)	Chris Farrah, Assistant Director of Estates and Capital Plans

4. "Priority deliverables" – Money & Resources

United Lincolnshire Hospitals NHS Trust

CARING FOR YOU

KPI:	**Surplus/Deficit**	**Owner:**	Director of Finance
Domain:	**Responsive**	**Responsible Officer:**	Deputy Director of Finance
Date:	**1st November 2016**	**Reporting Period:**	September 2016

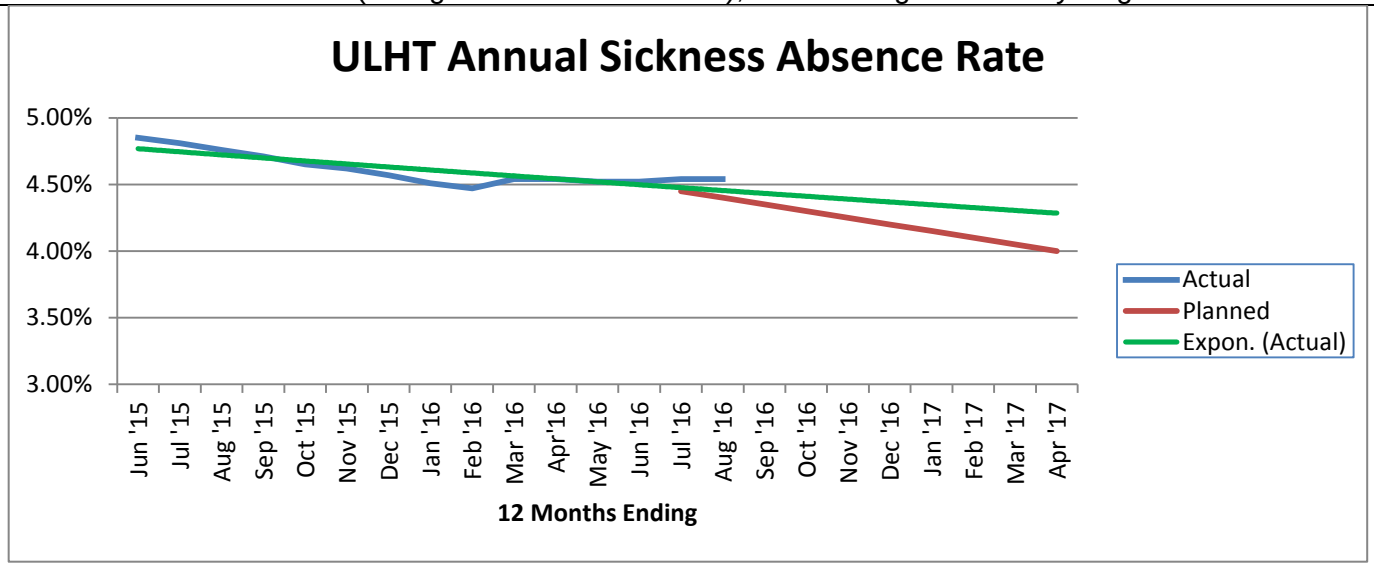
Exception Details (provide an overview explanation / cause of the variance to performance and the consequences)	As at the end of September (Month 6) the Trust financial performance is £0.3m behind plan. The adverse variance is driven by income performance to date, with a significant underperformance against efficiency schemes in September, together with recognising that the Trust is failing on the other performance measures so will not receive the Sustainability and Transformation Funding for quarter 2 of £1.2m.
Forward Trajectory	Forecast is to deliver the budget deficit of £47.9m, with a reduction of £2.6m in the STF funding that relates to underperformance against all the target being offset by additional efficiency/underspends across the Trust.
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.
What is the recovery date?	
Who is responsible for the action? (Provide the role and name of the lead)	All Clinical Directors

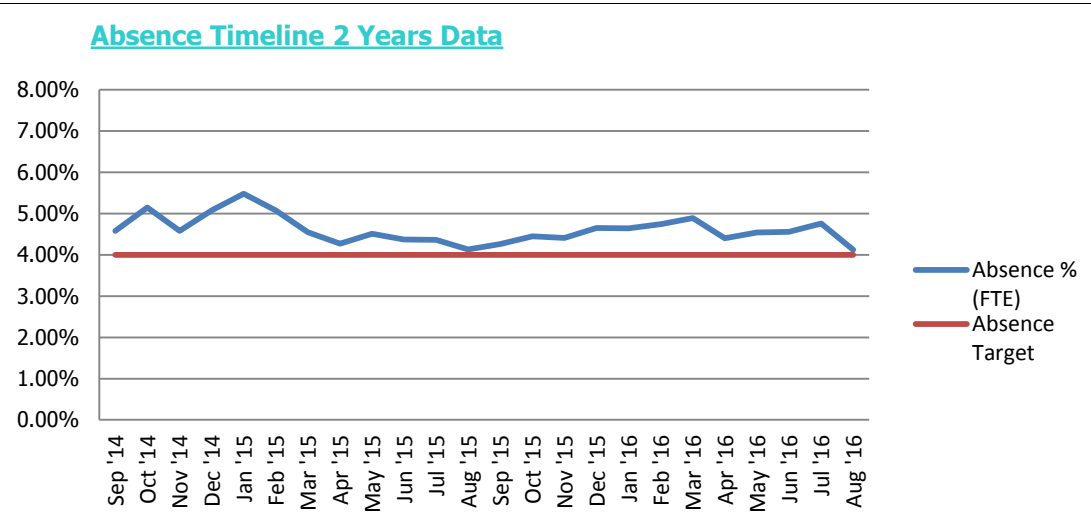
4. Exception Report: Well-led

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:	**1st November 2016**	**Reporting Period:**	September 2016

Exception Details (provide an overview explanation / cause of the variance to performance and the consequences)	Monthly sickness rate for August 2016 is 4.12%. The July 2016 monthly sickness rate has now decreased from 4.77% to 4.76%. Annual sickness rate has decreased by 0.22% in comparison to August 2015 figures. The annual cost of sickness (excluding any backfill costs) has decreased by £358,035 compared to 12 months ago. During the 12 months ending August '16, Anxiety/Stress/Depression and other Psychological illness was the top reason for time lost due to sickness at 20.92% of all absence. Of this figure 1.53% was work related and 19.39% non-work related. Estates & Ancillary had the highest sickness rate during the 12 months at 6.41% followed by Additional Clinical Services at 6.36% (Unregistered Nurses 6.99%), and Nursing & Midwifery Registered at 5.01%.
Forward Trajectory	

Variance Analysis (SPC Chart)	
What action is being taken to recover performance?	• Data disseminated from Matrons to all their teams with a focus on 'hot spot' areas • Monthly Confirm and Challenge Meetings held to ensure any areas of concern have clear actions set to address these concerns which are then challenged at the next meeting to ensure full compliance and that completion targets rates are met. • Further meetings are held with managers to help support addressing these issues in between the Confirm and Challenge meetings • HRBPs are working on clear Action Plans that will be adopted across all sites to ensure consistency. • Training Managers in supporting the management of sickness.
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:	**1st November 2016**	**Reporting Period:**	September 2016

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

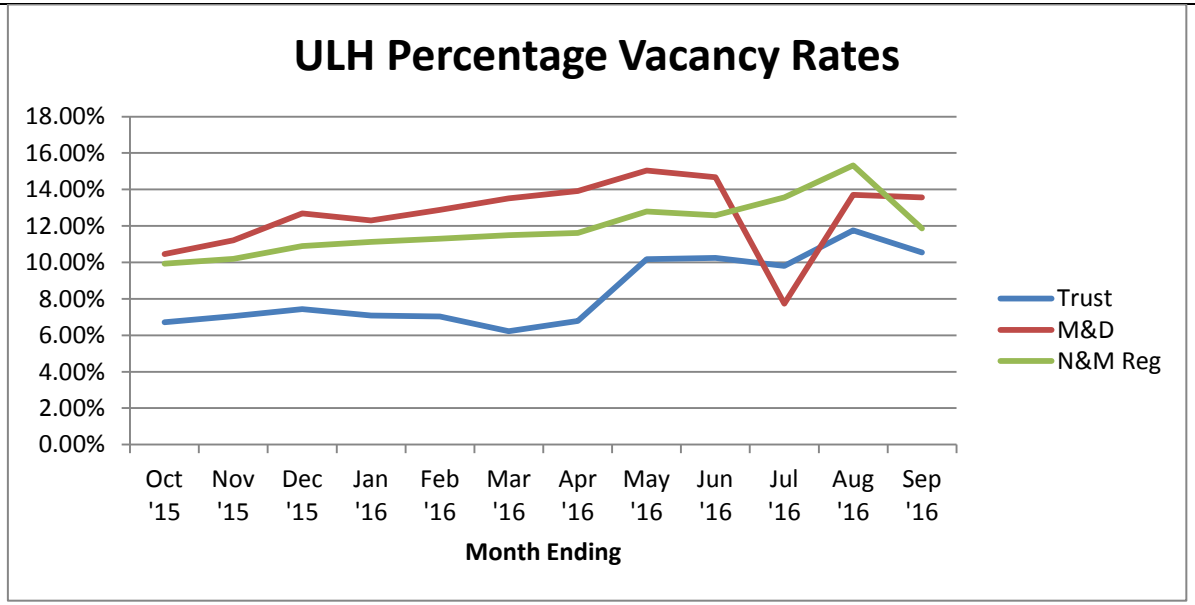
There is currently a vacancy rate of 10.54% across the trust, this is an decrease on last month, by 1.21%, however this affected by the junior Doctors rotation.

Month	Trust
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%
Sep '16	10.54%

Medical: 13.57%

- Slight decrease in number of Medical Staff FTEs in post over past 12 months.
- Number of Staff in-post 01.10.15 = 805.06 FTEs and 834 Headcount
- Vacancy rate has decreased by 0.13% from August.
- X5 – 'difficult to recruit' posts have been filled (Speciality Doctors and Locum Consultants) – x1 PCH and x4 LCH
- X6 – new starters for Medical Workforce (x5 PCH and x1 at LCH)

Nursing: 11.87%

	• Number of Band 5 N&M staff in-post at 01.10.15 = 1111.50 FTEs and 1317 Headcount • The vacancy rate decreased from 15.33% at the previous month end to 11.87%. • 71 wte new starters for September • 18.64 wte leavers to the Trust for September
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) • There are another 75 International Nursing pending their IELTS exams and another 46 not yet booked in for their test and its anticipated that they will arrive in the new year. • Planning meeting arranged for Monday, 17th October to discuss Cohort Nurse Recruitment (Domestic) for Pilgrim Site for Band 2 URN and Band 5 RN • X9 AAC Panels have been arranged over the next three months • There are several recruitment events taking place towards end of October/beginning of November which HR is looking to support where appropriate e.g. Physio, Nursing, RCN, BMJ etc.
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:	**1st November 2016**	**Reporting Period:**	September 2016

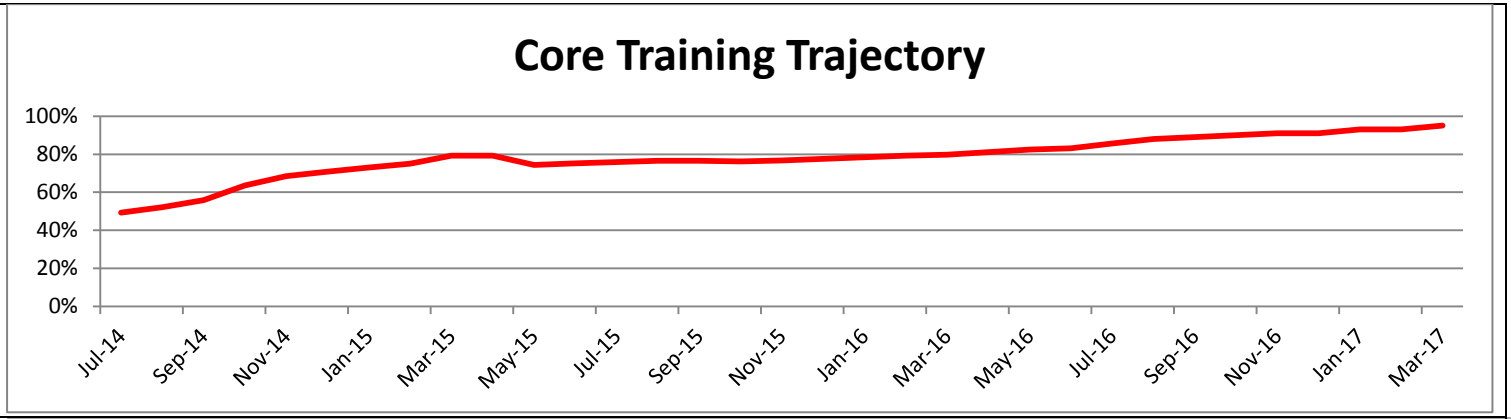
Exception Details (provide an overview explanation / cause of the variance to performance and the consequences)

The Trusts compliance/performance this month increased by 1%.

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%
Sep-16	87%

- Compliance for annual topics - Fire, Infection Prevention and Information Governance increase by 1%. They are also between 3 and 7% higher than this time last year.
- 3 yearly topics either remain the same or show another increase of 1% with Fraud increasing by 2%. Rates are much higher than this time last year.
- The DNA 'No Show' rate for September increases by 7%.
- Basic Life Support compliance will be included in overall compliance rates next month since the 6 month introduction period from April 2016 has come to an end.

Forward Trajectory



Variance Analysis (SPC Chart)

Trust	Fire	IPC	E&D	IG	SGC1	SGA1	H&S	Slips	M&H IL	Risk	Fraud	*Average*
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%*
Sep-16*	75%	77%	97%	81%	90%	89%	91%	92%	90%	88%	89%	*87%*
Sep-16**	67%	73%	89%	76%	83%	84%	80%	85%	86%	83%	81%	*81%*

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

What action is being taken to recover performance?

- Continued advertising of the new pre-prepared '5 Click' Core Learning Compliance report available through ESR Supervisor Self-Service. This provides Managers/Supervisors/Clinical Educators up to date compliance for their areas automatically in 5 clicks. This will help simplify and improve compliance monitoring.
- New DNA report added to the range of '5 Click Reports'. This provides quick and easy access for managers to all DNA information. This replaces the individual e-mail notifications to senior managers which proved to have no noticeable impact on DNA rates.
- The Pay Progression Policy was launched on 1.10.16. Non-compliance with core learning may act as a bar to incremental pay progression.
- Meetings are held with HR and managers on all sites to discuss core learning.

What is the recovery date?

March 2017

Who is responsible for the action?

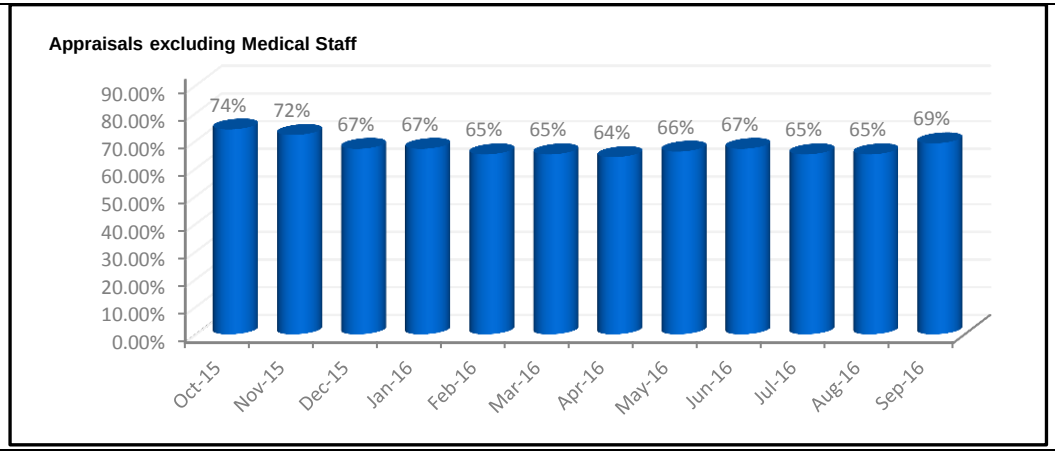
Clinical directorates

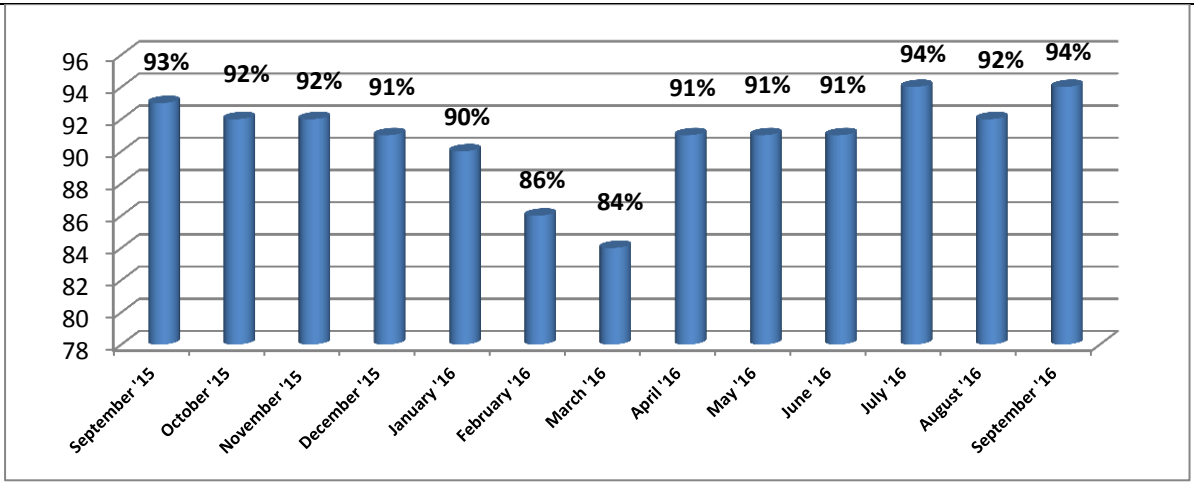
4. Exception Report: Safe

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:	1st November 2016	Reporting Period:	September 2016

Exception Details (provide an overview explanation / cause of the variance to performance and the consequences)	Agenda for Change Staff Appraisal compliance rate for September is 68.66%. The overall percentage for appraisals has increased by 3.96% from the previous month. The site with the highest appraisal rate is Grantham at 75.37%, which is an increase of 4.77% from the previous month. Lincoln has the highest increase in appraisal rate from 65.01% in the previous month to 69.83% in September. Pilgrim and Louth appraisal rates have both increased from the previous month, by 2.70% and 0.40% respectively. Medical Staff (All Consultants and SAS Doctors including Locums) appraisal compliance rate for September is 94%. The rate for locum doctors employed to cover gaps in junior doctor rotas is 73%. This figure excludes 31 doctors in this category with less than 3 months service and who have not worked in the UK previously. The Trust encourages this group of doctors to engage in medical appraisal during their short term contract period which ranges from one month to 12 months. The overall percentage for appraisals has increased by 2% from the previous month and a 1% increase compared with the September 2015 position.
Forward Trajectory	
Variance Analysis (SPC Chart)	

	
What action is being taken to recover performance?	• Data disseminated from Matrons to all their teams with a focus on 'hot spot' areas • Monthly Confirm and Challenge Meetings held to ensure any areas of concern have clear actions set to address these concerns which are then challenged at the next meeting to ensure full compliance and that completion targets rates are met. • Further meetings are held with managers to help support addressing these issues in between the Confirm and Challenge meetings. • Increased contact with Doctors 4 months prior to their appraisal due month. Strict adherence to the escalation processes set out in the Medical Appraisal Policy, with particular focus on the allocation of appraiser to appraisee 6 weeks prior to the appraisal due date. • Prompt action by the Revalidation Office if appraisals are not undertaken as planned. The new Allocate e-appraisal system allows the Administrator to track progress with timely completion of appraisal documentation. This enables early intervention and support to both appraisee and appraiser. Ensuring doctors receive continuing support to use the new Allocate system.
What is the recovery date?	March 2017
Who is responsible for the action?	Line managers with support from HR SMT

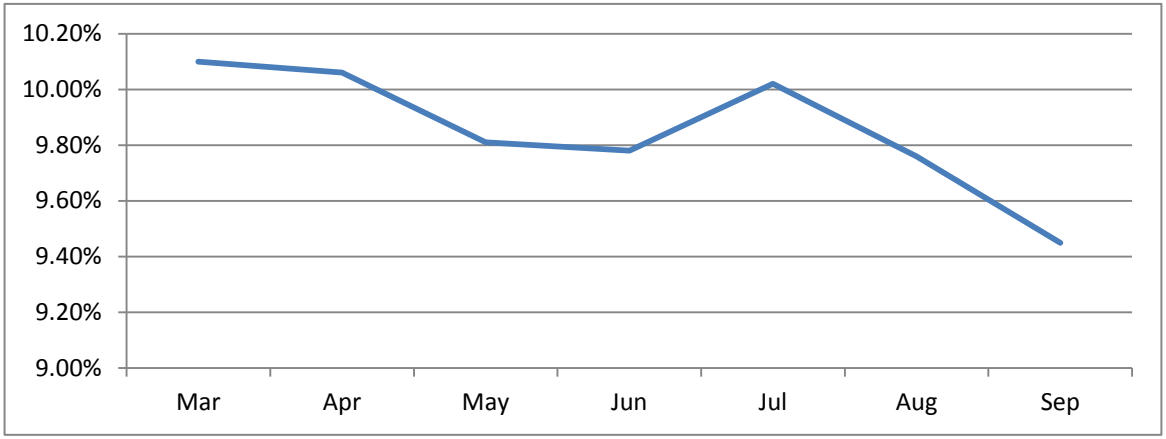
4. Exception Report: Safe

United Lincolnshire Hospitals NHS Trust

CARING FOR YOU

KPI:	**Staff Turnover**	**Owner:**	Director of HR
Domain:	**Safe**	**Responsible Officer:**	Elaine Stasiak, Workforce Intelligence (reports completed by Karen Taylor, Asst Director HR)
Date:	**1st November 2016**	**Reporting Period:**	September 2016

Exception Details (provide an overview explanation / cause of the variance to performance and the consequences)	The Staff Turnover rate for September is 9.45%, which is a decrease of 0.31% on August. Mar 10.10% Apr 10.06% May 9.81% Jun 9.78% Jul 10.02% Aug 9.76% Sep 9.45% Nursing and Midwifery turnover rate has slightly increased in month to 9.88%. This is up from 9.77% in the preceding month. Medical and Dental Staff turnover rate has slightly decreased in month to 14.92%. This is down from 15.25% in the preceding month. The Trust turnover rate of 9.45% is lower than the average of 10.78% for other Large Acute (Non-Teaching) Hospitals based on the July 2016 data from HSCIC (Health and Social Care Information Centre). The turnover rates ranged between 7.08% and 23.11% and the mean is 11.61%. ULHT ranked 10 (lowest) out of 39. <u>Turnover comparisons rates (HSCIC):</u> • Nursing & Midwifery (Registered) - ULHT ranked in the lower percentile with 10.07% (9 out of 39). This is below the mean of 12.40% and average of 11.59%. • Other Non-Medical Clinical Services (usually unregistered) – ULHT ranked in the lower percentile with 10.86% (11 out of 39). This is below the mean of 14.90% and average of 14.16%. • AHP's – ULHT ranked in the lower percentile with 10.64% (7 out of 39). This is below the mean of 14.88% and average of 13.61%.

Forward Trajectory	There is no current Trajectory only plans to close the gap between starters and leavers to ensure stability, please see Vacancy report
Variance Analysis (SPC Chart)	 **Trust Turnover** **Leavers by Month October 15 – September 16**
What action is being taken to recover performance?	• Increased focus on staff engagement. • Focus on retention and recognition • Occupational Health strategies, focusing on Psychological, Physical and Social Wellbeing. • Review of Age/Retirement Profile for ULHT underway with report to ET on 20th October.
What is the recovery date?	Monthly monitoring
Who is responsible for the action?	All line managers Human Resources SMT

Staff Group	Establishment as at 30.09.16	SIP as at 1.10.15	SIP as at 30.09.16	Average SIP	Leavers 1.10.15 - 30.09.16	Turnover SIP	Turnover Leavers against establishment
Nursing & Midwifery	2240.21	1958.19	1974.39	1966.29	194.29	9.88%	8.67%
All Medical	930.73	805.06	804.45	804.76	450.32	55.96%	48.38%
Medical excluding juniors	550.73	462.96	469.84	466.40	69.57	14.92%	12.63%

4. Exception Report: Safe

United Lincolnshire Hospitals NHS Trust

CARING FOR YOU

KPI:	Nurse Staffing Levels	Owner:	Director of Nursing
Domain:	Safe	Responsible Officer:	Debrah Bates Deputy Chief Nurse (workforce)
Date:	1st November 2016	Reporting Period:	September 2016

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

Table 1.0 below shows the UNIFY Fill Rate Indicator, which is the Trust's overall percentage fill rate of Registered Nurses and Support Worker shifts day and night compared to planned numbers for September 2016.

Table 1.0

Day		Night	
Average Fill rate- Registered Nurses/ Midwives (%)	Average fill rate – care staff (%)	Average Fill rate- Registered Nurses/ Midwives (%)	Average fill rate – care staff (%)
88.48 (87.56)	98.52 (99.14)	96.24 (96.81)	98.24 (98.77)

Table 2.0 provides a breakdown of fill rate on each hospital site (excluding Louth as no wards require data submission) with the previous months in brackets.

Site	Day		Night	
	Average Fill rate- Registered Nurses/ Midwives (%)	Average fill rate – care staff (%)	Average Fill rate- Registered Nurses/ Midwives (%)	Average fill rate – care staff (%)
GDH	86.61% (85.44%)	92.46% (96.49%)	95.09% (92.30%)	93.75% (91.15%)
LCH	91.59% (89.19%)	95.85% (97.26%)	95.38% (95.77%)	97.70% (99.22%)
PHB	84.87% (85.91%)	103.18% (102.08%)	98.01% (99.73%)	100.02% (100.06%)

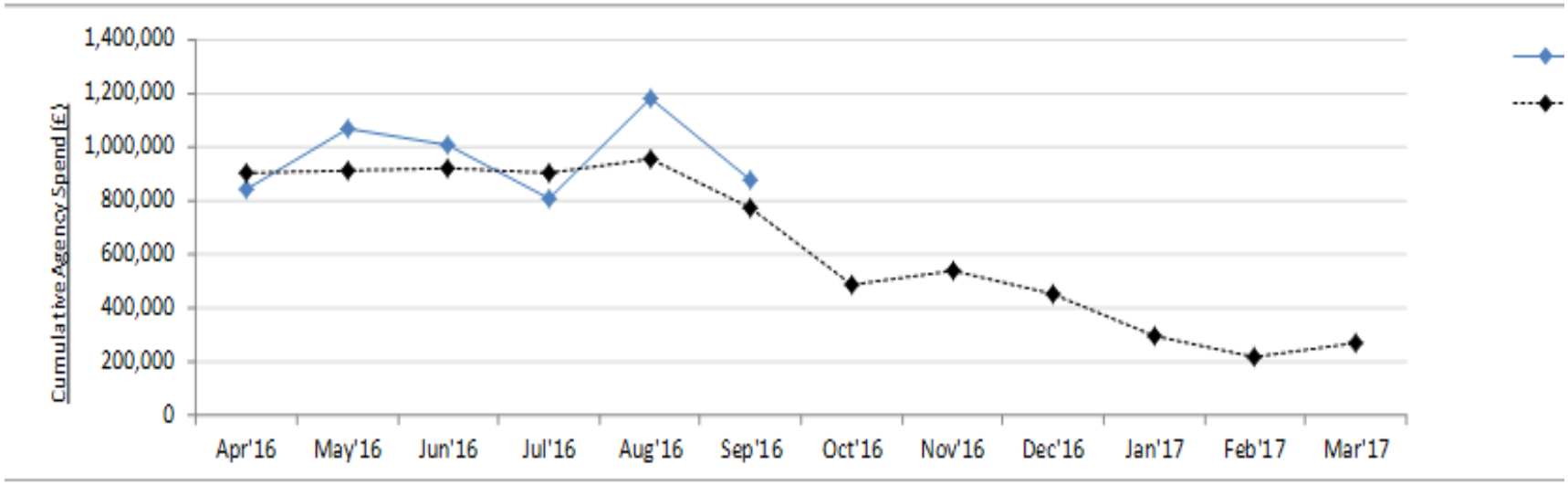
Table2.0: NQB Average Fill Rates for Registered and Unregistered Staff August 2016 by Hospital Site

Variance Analysis (SPC Chart)

Target:	7,629,896
Trajectory Start Month:	Apr '16
Trajectory End Month:	Mar '17

Objective: Actual £ spent to be BELOW the trajectory

Summary	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	J
Agency Usage (£)	845,713	1,070,809	1,006,769	812,842	1,178,267	875,537				
Monthly Trajectory	908,000	914,000	921,000	906,000	957,000	774,000	484,000	535,000	451,000	29
Difference from Trajectory	-62,287	156,809	85,769	-93,158	221,267	101,537	-484,000	-535,000	-451,000	-29



What action is being taken to recover performance?	Further work has been undertaken to identify additional milestones that will assist on recovering the shortfall encountered at the end of Q1, and ensuring that the target savings are delivered. A range of incentive packages to encourage registered staff to join the bank has also being submitted to the Director of Nursing for consideration and is being presented to ET. Along with the booking of unregistered agency shifts, all tier 5 agency use has now stopped and we have been successful in working with our Agency colleagues in supporting them to deliver according to the Agency Framework. The nurse bank office is also working with agencies to look at areas where we can block book staff. This is being encouraged in areas such as A&E and Theatres, although it is noted that block bookings appear to be coming from the Tier 4 agencies. 5 of our Filipino nurses have now arrived in the trust and we have had 16 return to practice students recently start
What is the recovery	March 2017

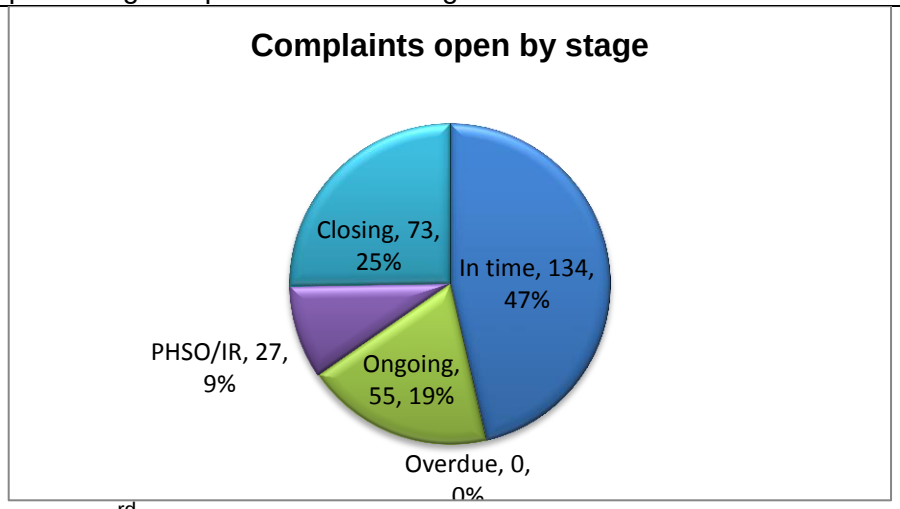
date?	
Who is responsible for the action? (Provide the role and name of the lead)	Debrah Bates, Deputy Chief Nurse (Workforce)

4. Exception Report: Caring

United Lincolnshire Hospitals NHS Trust

CARING FOR YOU

KPI:	**Complaints**	**Owner:**	Director of Nursing
Domain:	**Caring**	**Responsible Officer:**	Deputy Director of Nursing (Patient Experience)
Date:	**25th October 2016**	**Reporting Period:**	September 2016

Exception Details (provide an overview explanation / cause of the variance to performance and the consequences)	Key areas for improvement have been • Clearing the minimal backlog of overdue complaints across the Trust. • Improving the percentage of responses being sent out within agreed timescales.
Forward Trajectory	The target during September was to clear overdue complaints and to thereby effect an improvement in our percentage responded to within agreed timescales.
Variance Analysis (SPC Chart)	 As of 3rd October there were no overdue complaints on any site.

<table>
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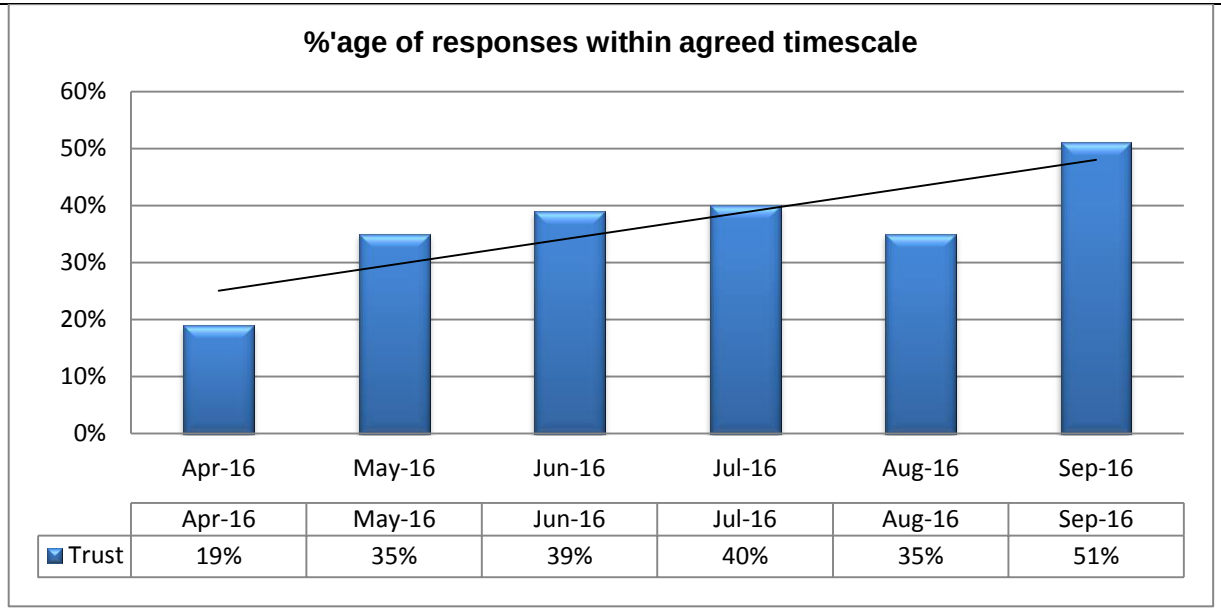


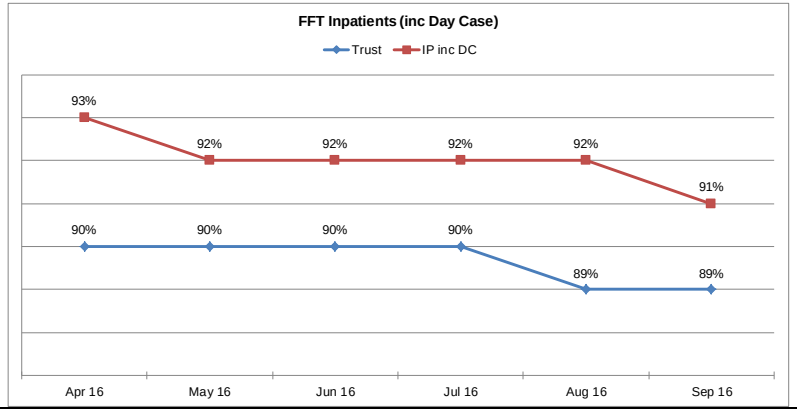
The graph above shows the steady improvement in complaints responded to within time.
Our contractual requirement is to achieve 80% within the agreed timeframe. With an average of 60 complaints per month this would equate to 48 of these being responded to within time ‘allowing’ 12 to be overdue. There will always be some unplanned delays and the key is to keep complainants notified and updated.</td></tr>
<tr><td>What action is being taken to recover performance?</td><td>• Continued push to complaints leads, case managers and service managers to complete their investigations and responses within time.
• Additional case manager training has been advertised.
• New lessons learned forum heightens awareness of impact of complaints.</td></tr>
<tr><td>What is the recovery date?</td><td>All overdues to be cleared by end September. – achieved.
Whilst the contractual target is 80% we would wish to strive for more:
• Achieve 95% response target on all sites by end December.
• Maintain 95% response rate for Q4.</td></tr>
<tr><td>Who is responsible for the action? (Provide the role and name of the lead)</td><td>Complaints team
Clinical Directors</td></tr>
</table>

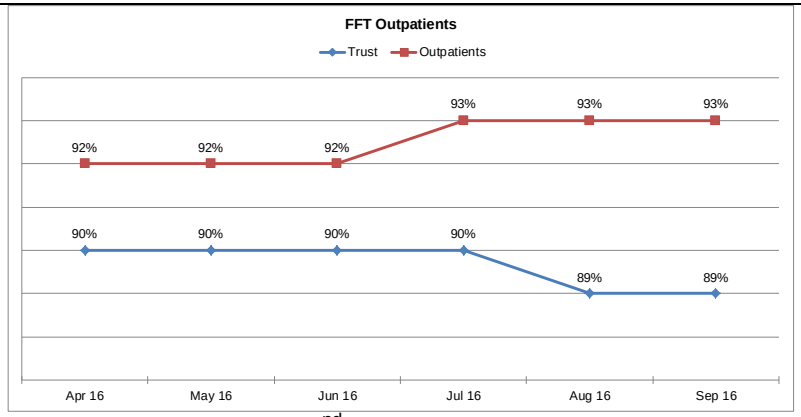
4. Exception Report: Caring

United Lincolnshire Hospitals NHS Trust

CARING FOR YOU

KPI:	**Friends and Family Test**	**Owner:**	Director of Nursing
Domain:	**Caring**	**Responsible Officer:**	Deputy Director of Nursing (Patient Experience)
Date:	**25th October 2016**	**Reporting Period:**	September 2016

Exception Details (provide an overview explanation / cause of the variance to performance and the consequences)	During September the Trust received **11,450** FFT ratings and **9,9,56** comments; response rates overall are good and within national averages; however the Trust is currently within the 10% of lowest performing Trusts in terms of percentage recommends for inpatient and Emergency Care.
Forward Trajectory	Following submission of an action plan to Executive Team the concerns are to be presented to CEC and each service to determine their improvement trajectory. Individual service recovery plans have been requested and a suite of support actions from the patient experience team identified. A stretch improvement trajectory of emerging from and remaining out of the lowest 20% by end March is to be set; this requires a 7% improvement within Emergency Care and a 4% improvement within inpatients. Whilst this does not appear to be a large number it requires improvement actions to be put into place.
Variance Analysis (SPC Chart)	

	 Inpatient & daycase 162nd from 172 Trusts Emergency care 129th from 141 Trusts
What action is being taken to recover performance?	• All business units, wards and departments are required to produce and submit local FFT recovery plans. • Presentation of action plan to Executive Team detailing 6 objectives: 1. To review all recovery plans and identify themes, hot spots and where to focus support. 2. Map out business and governance meetings to enable pt experience team to attend and advise / support. 3. Identify a patient experience ambassador in each business unit. 4. Agree an escalation plan for underachievement 5. Agree a reward plan for consistent high performance 6. Develop a report to evidence service level performance.
What is the recovery date?	To be determined once all recovery plans received.
Who is responsible for the action? (Provide the role and name of the lead)	All clinical, nursing and department managers

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

United Lincolnshire Hospitals NHS Trust

CARING FOR YOU

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%	87.78%						
Diagnostics 6wk Access	Trajectory	99.0%		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%	98.42%						
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%	74.00%							
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%	78.40%						
Agency Spend £'000s	Plan			2569	2575	2582	2523	2573	2390	1091	1142	1058	772	824	875
	Actual		↑	2213	2576	2477	2223	2141	2042						
Financial Surplus / Deficit £'000s	Plan			-4093	-4294	-4299	-3957	-4594	-3881	-3557	-3580	-4381	-3142	-5073	-3052
	Actual		↓	-3995	-4040	-4358	-4506	-4186	-4379						

Appendix 1. Monitor Risk Rating

United Lincolnshire Hospitals NHS Trust

CARING FOR YOU

Area		Indicator	Threshold	Monitoring Period	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep -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%	88.24%
	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%	78.40%
	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%	74.0%
		NHS Cancer Screening Service referral *	90%		92.1%	80.6%	86.2%	96.2%	90.9%	78.9%
	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%	97.8%
		anti-cancer drug treatments *	98%		91.6%	84.6%	97.7%	100%	98%	98.8%
		radiotherapy *	94%		90.7%	84.0%	94%	92.8%	90.9%	84.6%
	5	All cancers: 31 day wait from diagnosis to first treatment *	96%	Quarterly	96.7%	95.8%	95%	98.7%	97.6%	96.6%
	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%	81.1%
		for symptomatic breast patients (cancer not initially suspected) *	93%		90.6%	94.6%	96.6%	93.0%	24.8%	26.3%
Outcomes	14	Meeting the C.difficile objective (cumulative)	62	Quarterly	2	5	5	6	3	6
	15	Meeting the MRSA objective (cumulative)	0	Quarterly	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
				Risk Rating	4	5	5	5	5	6

*** Information is reported a month behind**

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

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 Trust

CARING FOR YOU

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 Trust

CARING FOR YOU

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