

UNITED LINCOLNSHIRE HOSPITALS TRUST

INTEGRATED PERFORMANCE REPORT

PERIOD TO 30 APRIL 2018

Excellence in rural healthcare

To:	FSID
From:	Karen Brown, Director of Finance, Procurement & Corporate Affairs
Date:	21 st May 2018
Healthcare standard	All healthcare standard domains

Title:	Integrated Performance Report for April 2018						
Author/Responsible Director: Karen Brown, Director of Finance							
Purpose of the report: To update the Board on the performance of the Trust for the period ended 30 th April 2018, 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		√	Discussion				
Assurance		√	Information				
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Summary/key points: Executive Summary for identifies highlighted performance with sections on key Successes and Challenges facing the Trust.							
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 identified on the Risk Register.		Performance KPIs year to date As detailed in the report.					
Resource implications (eg 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							
Information exempt from disclosure							
Requirement for further review?							

EXECUTIVE SUMMARY

Section	Page
Executive Summary	4
Trust Performance Overview	6
Clinical Directorate Overview	10
Trust Performance Report by Exception	11
Quality	11
- Reduction of Harm Associated with Mortality	11
- Safety Thermometer (Harm Free Care)	11
- Falls	12
- Pressure Damage	12
- Medication Incidents	13
- Infection Prevention	13
- CAUTI	14
- Sepsis	14
Workforce	15
- Vacancy Rates	15
- Voluntary Turnover	15
- Core Learning	16
- Sickness Absence	16
- Appraisal Rates	17
- Agency Spend	17
Finance	18
- Financial Position	18
- Efficiency	18
- Agency	19
- Capital	19
Operational Performance	20
- Referral to Treatment (18 weeks)	20
- Diagnostic Waits (6 weeks)	20
- 4 Hour Standard	21
- EMAS Conveyances	21
- Cancer Waiting Times 62 Day	22
Deep dive – Cancer 62 Day	23
Appendix 1: Glossary	26

Excellence in rural healthcare

Executive Summary for period of 30th April 2018

- ☒ 4 hour waiting time target – performance of 70.23% in April 2018
- ☒ 4 of the 9 national cancer targets were achieved in March 2018
- ☒ 18wk RTT Incomplete performance in March 2018 was 84.68%, the current unvalidated position for April 2018 as at the 17th May is 82.9%. The final April performance will be submitted on 25th May and is forecast at 84.5-85%
- ☒ 6wk Diagnostic Standard –April 2018 performance was 96.74%

Hotspots

- **Quality** - issues continue with falls and pressure ulcers – root cause analyses are taking place to identify causes and trends. Reviews and RCAs have been completed for the 68 C Difficile cases in 17/18 and a number are going through the 'no lapse in care' process.
- **Finance** - The in-month and year to date position in April was a deficit of £8.8m (before technical adjustments), which is £1.4m adverse to the planned in-month deficit of £7.4m
- **Performance** - March saw a deterioration in the Trust's RTT performance following winter pressure cancellations. Highest 18 week incompletes are in ENT, General Surgery and T&O. Final performance expected for April is 84.5-85% but data will not be submitted until 25th May. As at 4th May, there were 2335 patients on the open referrals list waiting over 12 weeks for their first appointment. Whilst this represents a significant deterioration from January, it is ahead of January 2017 when 2820 patients were waiting.

Challenges:

The Theatres and Outpatient Improvement Programmes are expected to deliver continued improvement in 18/19 and are expected to reduce the incomplete backlog at Trust level by c 1000 FYE.

The Trust's Neurology service re-opened to routine referrals on 16th April and includes the provision of an Advice and Guidance service which will hopefully help to manage demand.

In April, the Trust's diagnostic performance improved by 3.1% to 96.74% of patients receiving their diagnostic test within 6 weeks of referral.

A&E performance remains low at 70.23%, however this exceeds the improvement trajectory target of 69.69% and the further expansion of GP streaming to include xray diagnostics in May may help to improve this achievement. The closure of the walk-in centre lead to continued increases in attendances at the Lincoln site.

The Trust's performance for March against the 62 day classic standard was 75.5%. This is the first time since 2014 that the Trust has delivered performance for four consecutive months in excess of 75%.

Looking forward:

Paper referrals have now been switched off in 7 specialties, heralding the move to fully Electronic Referrals by July 2018. A further tranche of specialties will follow during May. Advice and Guidance is also now being offered in 5 specialties which will hopefully support a reduction in inappropriate referrals, with further specialties to go live in Q1.

Excellence in rural healthcare

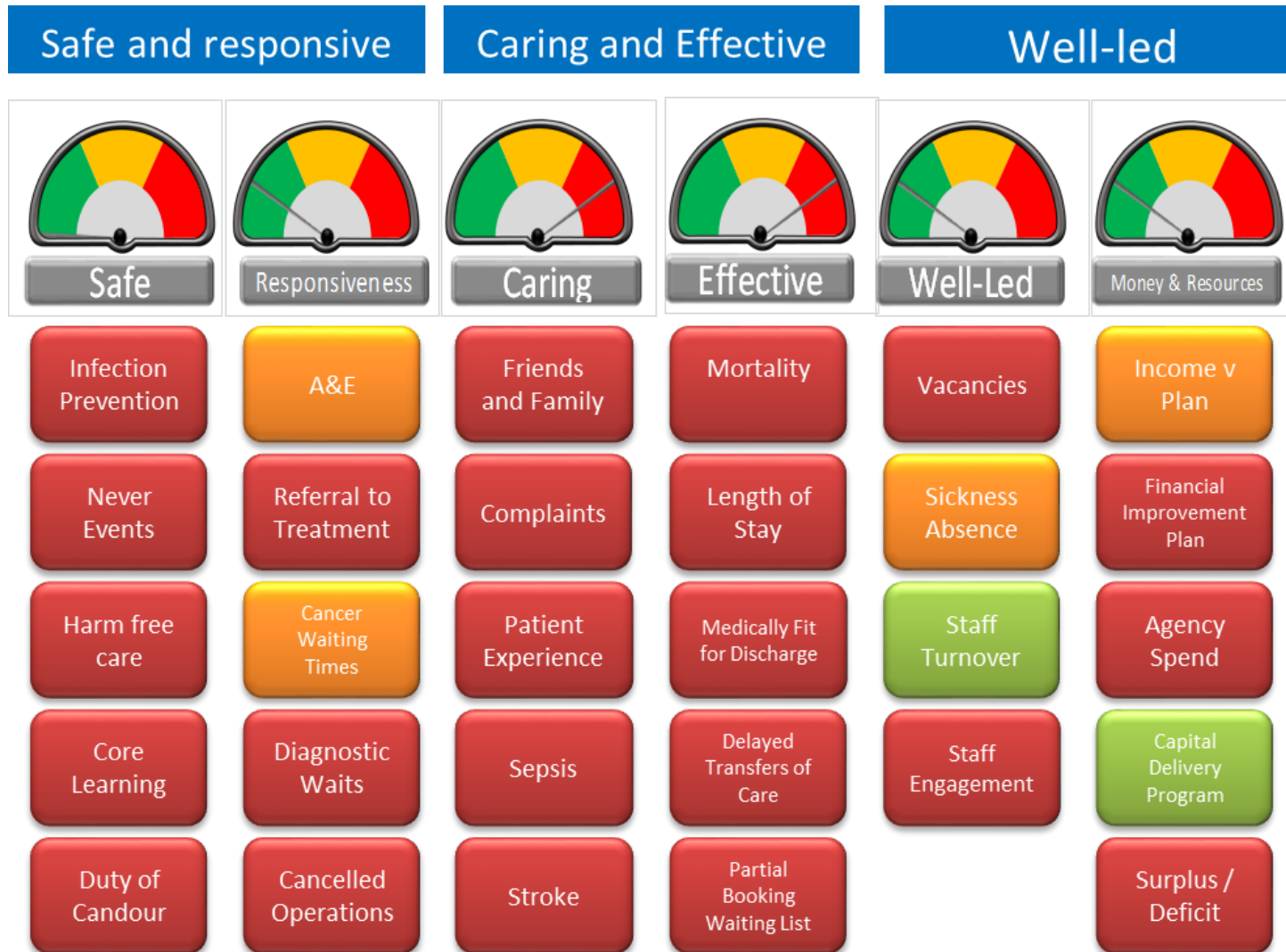
For Diagnostic performance, the Echo service are providing additional capacity during May in order to reduce the backlog position and the Endoscopy service continue to use Medinet capacity to manage demand whilst recruitment processes are completed.

To improve A&E performance in the longer term a plan is being presented to the trust which outlines the key improvements and investments in operational capacity and delivery required for the year ahead. This plan includes the 5 work streams previously described: Ambulance Handovers and Conveyances; Streaming to services co-locating or outside of the Emergency Department; Pilgrim and Lincoln Emergency Department Staffing and Emergency Department Processes; Admissions areas and flow management and Large Scale Trust Bed Re-configuration.

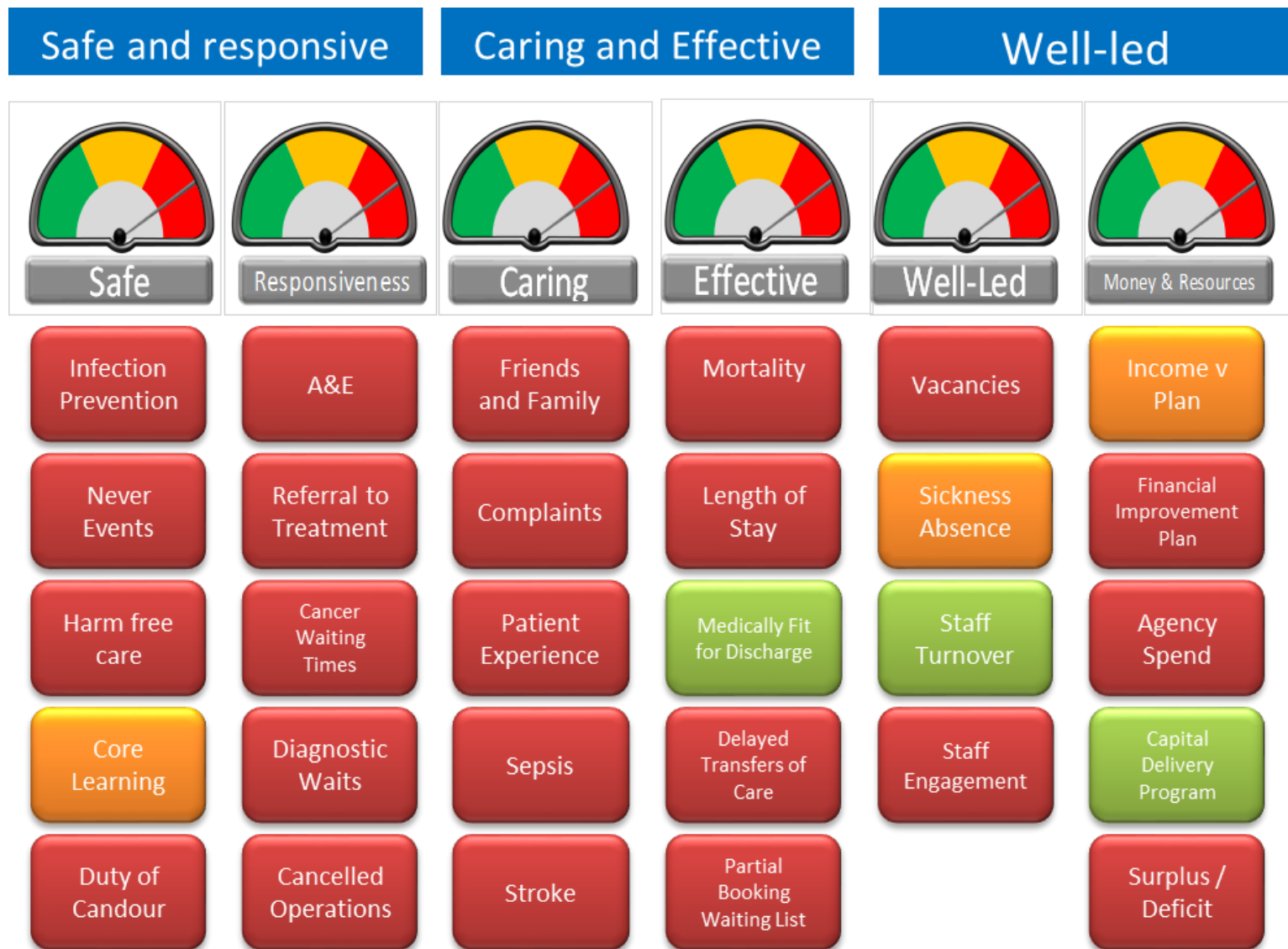
Cancer performance is at risk going forward due to increases in breast referrals, as at 4th May, the Breast Service was polling at 23 days for triple assessment appointments, however there was the risk that this would increase further during May if additional capacity can't be provided. The service has baseline capacity for c.110 triple assessments per week, however during the 15 weeks from 8th January the Trust received an average of 135 referrals per week. A request has gone out to the CCGs in the South of the county to use alternative providers.

Karen Brown
Director of Finance, Procurement & Corporate Affairs
May 2018

TRUST PERFORMANCE OVERVIEW – APRIL 2018



TRUST PERFORMANCE OVERVIEW – YEAR TO DATE



TRUST PERFORMANCE OVERVIEW – NATIONAL INDICATORS

Indicator	Measure	Standard	Current Data Month	Month Actual	YTD	Trend	Direction of Travel	Source
Infection Control	Clostrum Difficile (post 3 days)	5	April-2018	9	78		→ A	Datix
	MRSA bacteraemia (post 3 days)	0	April-2018	0	2		→ G	Datix
Never Events	Number of Never Events	0	March-2018	0	3		→ G	Datix
No New Harms	New Harm Free Care %	98%	March-2018	98.30%	98.21%		↓ A	Quality
	Pressure Ulcers (PUNT) 3/4	0	March-2018	9	83		↑ R	Quality
Friends and Family Test	Inpatient (Response Rate)	26%	April-2018	22.00%	22.38%		→ A	Envoy Messenger
	Inpatient (Recommend)	96%	April-2018	91.00%	90.38%		↑ A	Envoy Messenger
	Emergency Care (Response Rate)	14%	April-2018	22.00%	20.62%		↓ A	Envoy Messenger
	Emergency Care (Recommend)	87%	April-2018	82.00%	81.08%		↑ A	Envoy Messenger
	Maternity (Reponse Rate)	23%	April-2018	25.00%	9.23%		↑ G	Envoy Messenger
	Maternity (Recommend)	97%	April-2018	98.00%	95.15%		↑ G	Envoy Messenger
	Outpatients (Reponse Rate)	14%	April-2018	5.00%	11.54%		↓ R	Envoy Messenger
	Outpatients (Recommend)	94%	April-2018	93.00%	92.46%		↑ G	Envoy Messenger
Inpatient Experience	Mixed Sex Accommodation	0	March-2018	0	11		↓ G	Datix
Stroke	Patients with 90% of stay in Stroke Unit	80%	March-2018	88.00%	81.86%		↑ G	SSNAP
	Sallowing assessment < 4hrs	80%	March-2018	74.00%	72.03%		↑ A	SSNAP
	Scanned < 1 hrs	50%	March-2018	78.60%	59.82%		↑ G	SSNAP
	Scanned < 12 hrs	100%	March-2018	97.40%	96.65%		↑ A	SSNAP
	Admitted to Stroke < 4 hrs	90%	March-2018	57.70%	61.89%		↓ R	SSNAP
A&E	Patient death in Stroke	17%	March-2018	9.30%	12.81%		↑ A	SSNAP
	4hrs or less in A&E Dept	70%	April-2018	70.23%	74.70%		↑ G	Medway
	12+ Trolley waits	0	April-2018	0	3		→ G	Medway
RTT	52 Week Waiters	0	April-2018		85		↑ R	Medway
	18 week incompletes	86.8%	April-2018	81.70%	87.27%		↓ R	Medway
Cancer	62 day classic	80%	March-2018	75.50%	71.46%		↑ G	Somerset
	2 week wait suspect	93%	March-2018	77.90%	88.19%		↓ R	Somerset
	2 week wait breast symptomatic	93%	March-2018	24.10%	77.67%		↓ R	Somerset
	31 day first treatment	96%	March-2018	97.10%	96.43%		↑ G	Somerset
	31 day subsequent drug treatments	98%	March-2018	100.00%	99.14%		→ G	Somerset
	31 day subsequent surgery treatments	94%	March-2018	87.00%	92.48%		↓ R	Somerset
	31 day subsequent radiotherapy treatments	94%	March-2018	97.80%	96.88%		↓ A	Somerset
	62 day screening	90%	March-2018	94.70%	87.70%		↑ G	Somerset
62 day consultant upgrade	85%	March-2018	80.90%	86.15%		↓ R	Somerset	
Diagnostic Waits	diagnostics achieved	99%	April-2018	96.73%	97.64%		↑ A	Medway
Cancelled Operations	Cancelled Operations on the day (non clinical)	0.80%	April-2018	2.88%	4.25%		↓ A	Medway
	Not treated within 28 days. (Breach)	0%	April-2018	14.04%	7.83%		↑ R	Medway
Mortality	SHMI	100.00	Q3 2017/18	112.22	112.00		→ A	Dr Foster
	Hospital-level Mortality Indicator	100.00	Q3 2017/19	102.65	102.94		↑ A	Dr Foster
Surplus / Deficit	Surplus / Deficit	-7,403	April-2018	-8,762	-109,395		↑ A	FPIC Finance Report

Excellence in rural healthcare

TRUST PERFORMANCE OVERVIEW – LOCAL INDICATORS

Indicator	Measure	Standard	Current Data Month	Month Actual	YTD	Trend			Source	
Infection Control	MSSA	2	March-2018	2	17			G	Datix	
	ECOLI	8	March-2018	4	41			G	Datix	
No New Harms	Serious Incidents reported (unvalidated)	0	March-2018	10	242			R	Datix	
	Harm Free Care %	95%	March-2018	92.51%	92.09%			A	Quality	
	Catheter & New UTIs	1	March-2018	1	17			G	Quality	
	Falls	3.90	March-2018	5.72	4.92			A	Datix	
	Medication errors	0	March-2018	131	1620			A	Datix	
	Medication errors (mod, severe or death)	0	March-2018	20	225			R	Datix	
	VTE Risk Assessment	95%	March-2018	97.18%	97.05%			A	Information Services	
	Core Learning	Overall percentage of completed mandatory training	95%	April-2018	83.42%	89.84%			R	ESR
Complaints	No of Complaints received	70	March-2018	56	742			G	Datix	
	No of Complaints still Open		April-2018	243	3202			A	Datix	
	No of Complaints ongoing		April-2018	19	478			A	Datix	
	No of Pals	0	March-2018	385	3516			R	Datix	
	eDD	95%	March-2018	93.84%	85.14%			G	EDD	
	#NOF 24	70%	April-2018	57.63%	55.23%			A	Quality	
	#NOF 48 hrs	95%	April-2018	93.22%	90.99%			G	Quality	
	Dementia Screening	90%	April-2018	92.50%	89.23%			A	Information Services	
	Dementia risk assessment	90%	April-2018	93.10%	95.79%			A	Information Services	
	Dementia referral for Specialist treatment	90%	April-2018	96.00%	86.91%			G	Information Services	
	Ambulance Handovers	EMAS Conveyances to ULHT	0	April-2018	4570	60435			A	EMAS
		EMAS Conveyances Delayed >59 mins	0	April-2018	646	8151			A	EMAS
104+ Day Waiters		0	March-2018	12	165			A	Somerset	
Length of Stay	Average LoS - Elective	2.80	April-2018	2.99	2.70			R	Medway / Slam	
	Average LoS - Non Elective	3.80	April-2018	4.75	4.53			A	Medway / Slam	
Medically Fit for Discharge	Number of patients Medically Fit for Discharge	60	April-2018	58.00	57.15			G	Bed managers	
Delayed Transfers of Care	Delayed Transfers of Care	3.5%	April-2018		4.32%			G	Bed managers	
Partial Booking Waiting List	Partial Booking Waiting List	0	April-2018	7279	5635			R	Medway	
Vacancies	Number of Vacancies	5%	April-2018	12.57%	10.80%			R	ESR	
Sickness Absence	All days lost as a percentage of those available	4.5%	April-2018	4.75%	4.73%			G	ESR	
Staff Turnover	Staff Turnover	8%	April-2018	5.98%	5.68%			A	ESR	
Staff Engagement	Staff Appraisals	95%	April-2018	80.00%	79.31%			A	ESR	
Income	Income	35,776	April-2018	34,127	463,722			A	Board Report Master	
Expenditure	Expenditure	-43,179	April-2018	-41,520	-539,474			G	Board Report Master	
Efficiency Delivery	Efficiency Delivery	718	April-2018	0	9,079			A	FIMS report	
Capital Delivery Program	Capital Delivery Program	-3,083	April-2018	-137	-7,231			A	FPIC Finance Report	
Agency Spend	Agency Spend	-2,305	April-2018	-2,278	-31,308			A	Agency Staff Analysis	

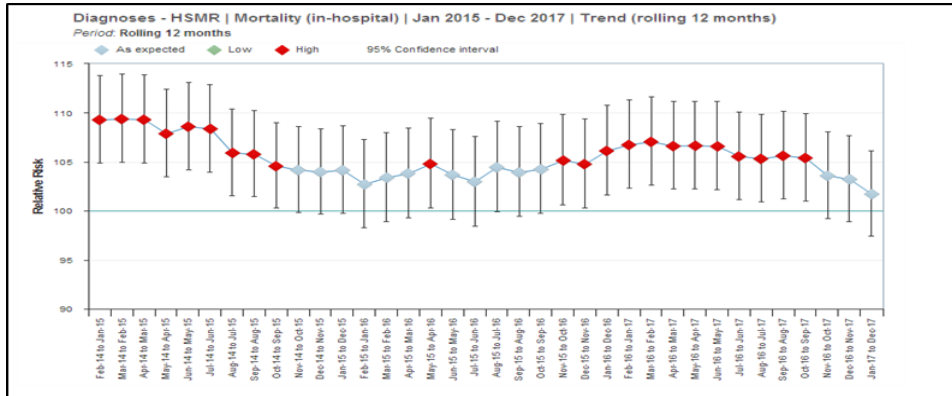
CLINICAL DIRECTORATES DASHBOARD

Indicator	Measure	Grantham	Women & Children	Clinical Support Services	Lincoln Urgent Care	Lincoln Acute Medicine	Haematology & Oncology	Cardiology	Lincoln Surgery & Urology	Lincoln TACC	Orthopaedics	Pilgrim TACC	Pilgrim Surgery	Head & Neck	Pilgrim Acute Medicine
Infection Control	Clostrum Difficile (post 3 days)														
	MRSA bacteraemia (post 3 days)														
	MSSA														
	ECOLI														
Never Events	Number of Never Events														
No New Harms	Serious Incidents reported (unvalidated)														
	New Harm Free Care %														
	Falls														
	Medication errors (mod, severe or death)														
	Pressure Ulcers (PUNT) 3/4														
	Sepsis screening <60mins														
	Core Learning	Overall percentage of completed mandatory training													
Friends and Family Test	Inpatient (Response Rate)														
	Inpatient (Recommend)														
	Emergency Care (Response Rate)														
	Emergency Care (Recommend)														
	Maternity (Reponse Rate)														
	Maternity (Recommend)														
	Outpatients (Reponse Rate)														
	Outpatients (Recommend)														
Complaints	No of Complaints received														
Inpatient Experience	Mixed Sex Accommodation														
Stroke	Patients with 90% of stay in Stroke Unit														
	Sallowing assessment < 4hrs														
	Scanned < 1 hrs														
	Scanned < 12 hrs														
	Admitted to Stroke < 4 hrs														
	Patient death in Stroke														
Indicator	Measure	Grantham	Women & Children	Clinical Support Services	Lincoln Urgent Care	Lincoln Acute Medicine	Haematology & Oncology	Cardiology	Lincoln Surgery & Urology	Lincoln TACC	Orthopaedics	Pilgrim TACC	Pilgrim Surgery	Head & Neck	Pilgrim Acute Medicine
A&E	4hrs or less in A&E Dept														
	12+ Trolley waits														
	EMAS Conveyances Delayed >59 mins														
RTT	52 Week Waiters														
	18 week incompletes														
Cancer	62 day classic														
	2 week wait suspect														
	2 week wait breast symptomatic														
	31 day first treatment														
	31 day subsequent drug treatments														
	31 day subsequent surgery treatments														
	31 day subsequent radiotherapy treatments														
	62 day screening														
Diagnostic Waits	diagnostics achieved														
Partial Booking Waiting List	Partial Booking Waiting List														
Vacancies	Number of Vacancies														
Sickness Absence	All days lost as a percentage of those available														
Staff Turnover	Staff Turnover														
Staff Engagement	Staff Appraisals														
Income	Income														
Expenditure	Expenditure														
Efficiency Delivery	Efficiency Delivery														
Agency Spend	Agency Spend														

QUALITY

Reduction of Harm Associated with Mortality

R



Lead: Neill Hepburn, Medical Director

Timescale: Q3 2017/18

Key Issues:

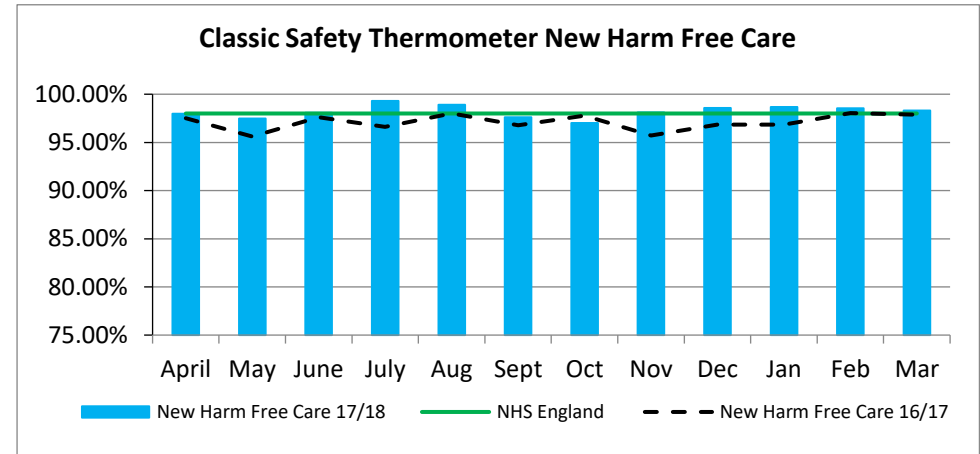
- 40/487 (8%) of reviews were deemed inappropriate admissions where the patient was in a Nursing home but there was no advanced care package in place.
- 15/487 (3%) of cases were deemed inappropriate admissions where the patient was hospice appropriate but no availability.
- The Lincolnshire Mortality Collaborative are working together with GP and Nursing homes to reduced inappropriate admissions to acute care
- 61/487 (13%) of cases have been escalated to MoRAG
- 17/61 (28%) of cases escalated to MoRAG were excluded as it was agreed they should be dealt for Specialty Governance learning and some escalation reasons did not warrant a MoRAG review. Leaving 44 cases for MoRAG review.

Key Actions:

- 20/44 (45.5%) have been completed. MoRAG action and learning is as follows:
- 2/20 (10%) have been upgraded
- 6/20 (30%) have been downgraded
- 3/20 (15%) have been referred to the Collaborative
- 1/20 (5%) SI submitted as an outcome from review
- 7/20 (35%) of cases have been sent to Specialty Governance for specialty learning

Harm Free Care (Safety Thermometer)

G



Lead: Michelle Rhodes, Director of Nursing

Timescale: March 2018

Key Issues:

The catheters and UTI encompasses old and new as the GEM & Arden report for March 2018 is not yet available.

- ULHT average of Catheter with UTI (old & new) for March 2018 is 1.3% which is worse than the national average (0.6%). No data available for new CAUTI comparison.
- ULHT average of catheters in situ for March 2018 is 22.8% which is worse than the national average of 13.9%
- ULHT average of new VTE for March 2018 is 0.9% and is worse than the national average of 0.4%.

QUALITY

Falls

R

Falls with Harm													
Trust	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Grand Total
Total number Incidents	11	10	10	16	16	16	9	2	10	7	4	9	120
Incidents per 1000 beddays	0.38	0.34	0.34	0.53	0.55	0.55	0.29	0.07	0.33	0.21	0.14	0.28	0.34

Lead: Michelle Rhodes, Director of Nursing

Timescale: March 2018

Key Issues:

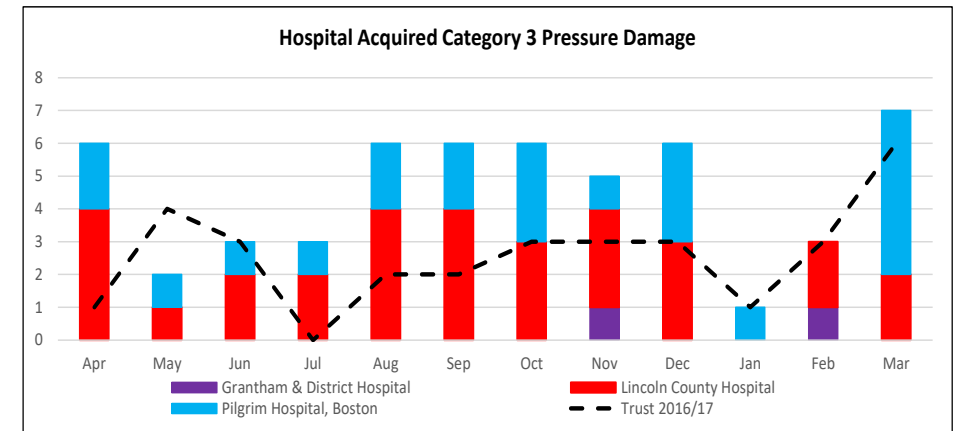
- Falls with harm per 1000 OBD for the Trust in March is 0.28 which is worse than the national average of 0.19
- The Trust performance for April 2-17-March 2018 is 0.34 which is worse than the national average
- The number of falls with harm remains a concern. There was 1 fall in March on ward 5A at Pilgrim which was recorded as resulting in death. This case was referred to the Coroner and PM identified the cause of death as pancreatitis and was not a result of the fall. 2 falls resulted in severe harm (fractures) and are subject to root cause analysis investigations to identify learning (Clayton and Scampton wards).

Key Actions:

- The scrutiny panel process has been strengthened from April 2018 to improve accountability and assurance processes, and timely learning from incidents.
- Pilot work planned on FAU to ensure staff identify, assess and manage risk of falls in patients with dementia and/or acute delirium who have been admitted following a fall.
- Detailed paper for Quality Governance Committee in May 2018 outlining improvement trajectory for the Trust, performance management strategy and quality improvement plan to support the Trust's ambition to improve harm free care. Key Performance Indicators will be determined in conjunction with this strategy.
- The data and narrative is being reviewed to present a clearer picture of trends and hot spots for future reporting

Pressure Damage

R



Lead: Michelle Rhodes, Director of Nursing

Timescale: March 2018

Key Issues:

From April 2017 – March 2018 the Trust has reported 55 category 3 pressure ulcers which is 23 more than in the same period for 2016/17.

From April 2017 – March 2018:

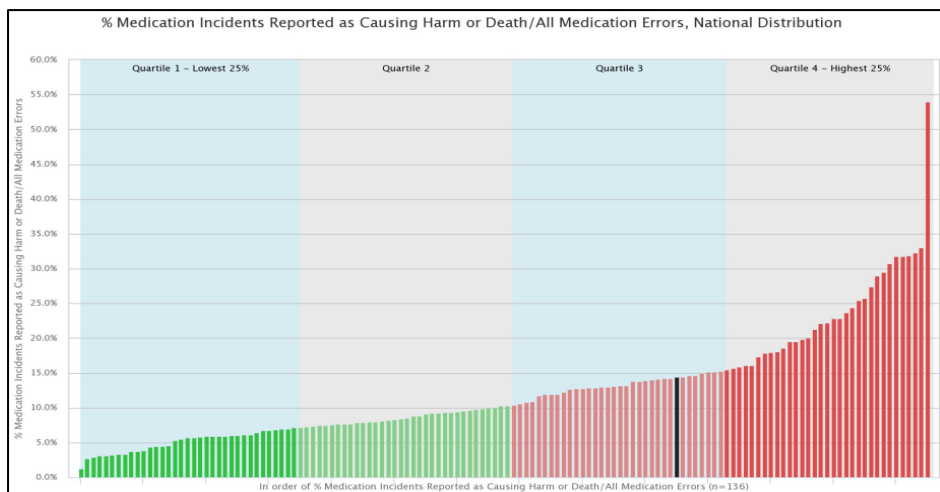
- 40 hospital acquired Category 3 pressure ulcers were deemed avoidable (73%)
- 10 deemed unavoidable (18%)
- 5 pending Scrutiny Panel decision (9%)

Key Actions:

- 2 category 4 pressure ulcers were reported in March (wards 8A and 3A) and root cause analysis investigations are being undertaken. 8A has presented the investigation report to scrutiny panel and the outcome was deemed avoidable. A ward improvement plan has been requested.
- Of the 7 category 3 pressure ulcers reported, 3 were identified in Pilgrim A&E and may be attributed to the Trust as a result of delays in assessments and limited evidence of care and repositioning. Target work is being undertaken by the TV Team with staff in A&E departments, a tissue viability care plan has been incorporated into the A&E CAS card and pressure relieving mattresses have been ordered for the trollies.

QUALITY

Medication Incidents R



Lead: Michelle Rhodes, Director of Nursing

Timescale: March 2018

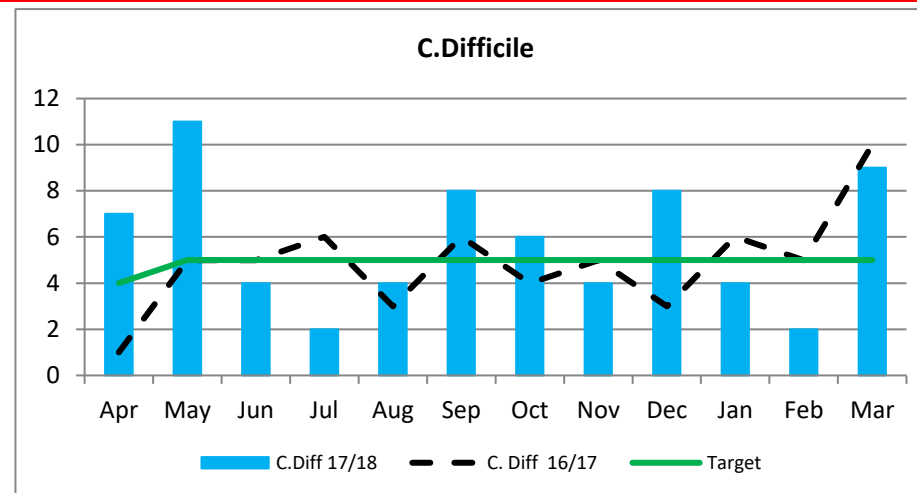
Key Issues:

- ULHT Serious Incident's % remains higher than the national median due to the under reporting of medication incidents, in general, which amplifies this percentage of total incidents reported

Key Actions:

- Pharmacy continue to implements recommendations from NHS Improvement deep-dive in our clinical service
- There were zero reported medication-related severe incidents in March 2018; however due to the low reporting rate, in general, those causing harm may appear higher proportionately.
- There is a need to increase reporting of near misses and non-serious incidents to promote learning across disciplines.

Infection Prevention R



Lead: Michelle Rhodes, Director of Nursing

Timescale: March 2018

Key Issues:

- From April 2017 – March 2018 the Trust had 69 cases of C.Difficile against a trajectory of 59. This is against a national picture of increasing cases.
- The Trust has had 2 cases of MRSA in 2017/18 against a threshold of 0. MRSA is now considered a relatively rare event for the Trust.

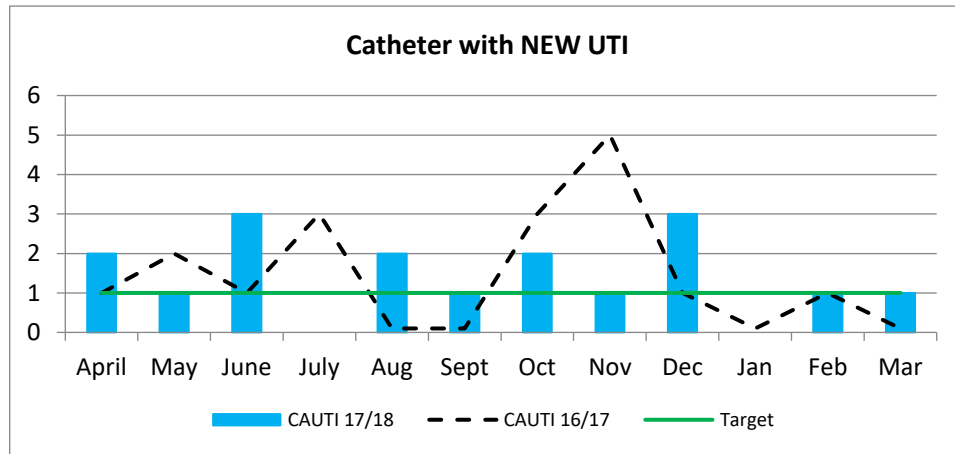
Key Actions:

- The infection prevention and control team are refining the 'lapse in care' appeals process whereby cases of C.Difficile can be removed from performance figures if it can be demonstrated that there was no lapse in the patients care. Currently 5 cases are being considered.
- Overall performance with infection prevention and control appears to be improving supported through a greater understanding and alignment of issues captured within the risk register and an improvement in factors captured through the Hygiene Code gap analysis. Robust work is taking place around the management of C.diff cases.

QUALITY

CAUTI

G



Lead: Michelle Rhodes, Director of Nursing

Timescale: March 2018

Key Issues:

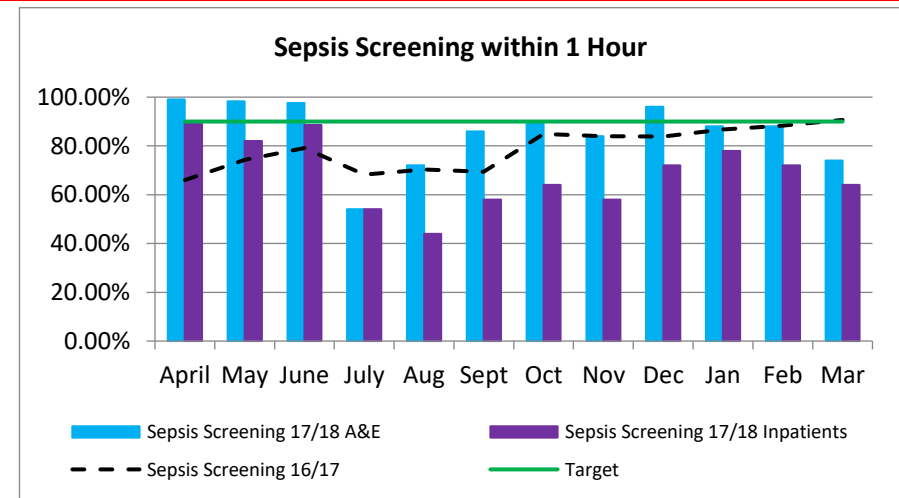
- In March 2018 the Trust had 201 catheters (22.8%) in situ during the point prevalence safety thermometer audit which is worse than the national average for March 2018 of 13.9%.

Key Actions:

- Compliance audit of current catheter bundle to be undertaken in May prior to launch of revised HOUDINI catheter care bundle in June which will encourage both timely and nurse initiated removal of catheters.
- Collaborative work with LCHS commenced April to address catheter management and management of recurrent UTIs.
- Executive and senior leaders to attend NHS Improvement Urinary Tract Infection/Catheter Associated Urinary Tract Infection (CAUTI) masterclass on 1st May 2018.

Sepsis

R



Lead: Michelle Rhodes, Director of Nursing

Timescale: March 2018

Key Issues:

- We have seen a worsening picture in March 2018 for Sepsis Screening within 60 minutes. This was predicted to happen as Lincoln A&E have gone live.

Key Actions:

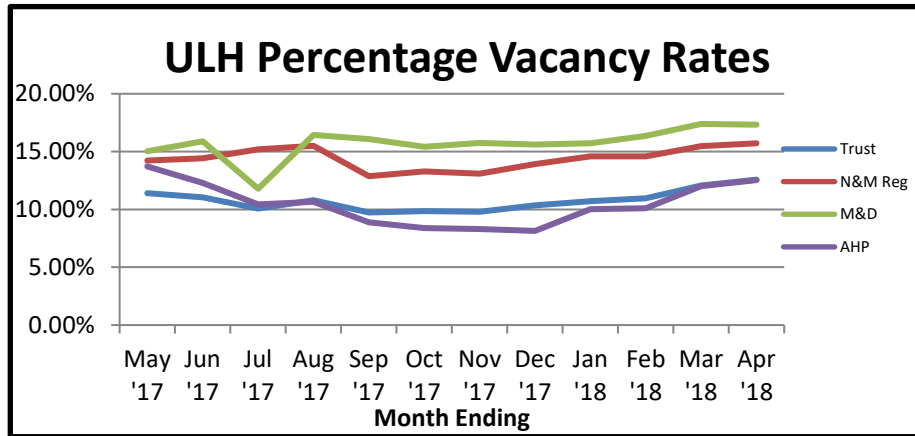
- A Trust thematic analysis is produced identifying key issues
- Sepsis e-learning extended to include Paediatric module with maternity module in development.
- Increased Sepsis Link Nurse engagement across sites supported by Ward Accreditation domain
- Adult Sepsis Bundle is compliant with revised NICE guidance

WORKFORCE

VACANCY RATES

R

Note: Due to the unavailability of April '18 establishment figures as new year budgets are not yet in the ledger, vacancies have been calculated by comparing staff inpost as at 30th April '18 to the latest available establishments (31st March '18). As such vacancy rates this month should be treated with caution.



Lead: Martin Rayson, Director of HR &OD

Timescale: April 2018

Key issues:

- Registered Nursing and Allied Health Professional vacancy rates increased compared to the previous month with Medical & Dental seeing a slight decrease
- The overall Trust vacancy rate for April is 12.57% which is an increase compared to 11.14% rate in April 2017.

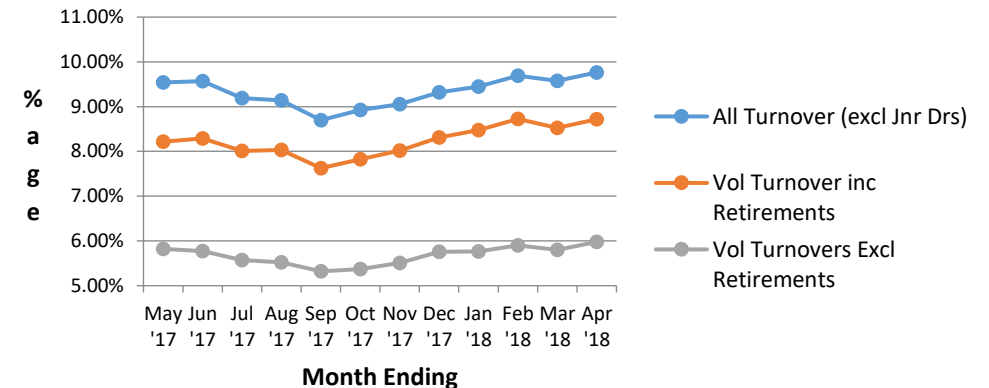
Key Actions:

- Improvements to recruitment website and documentation underway
- Focus on “plan for every post” to understand action being taken to fill vacancies
- Fundamental review of recruitment approach underway in preparation for deep dive at next System Improvement Board
- Reviewed nursing recruitment – plan for second cohort exercise (based on site/specialties) and plan for additional resources to support

VOLUNTARY TURNOVER

G

Rolling 12 Month Turnover Rate



Lead: Martin Rayson, Director of HR &OD

Timescale: April 2018

Key Issues:

- Whilst turnover rates remain below the average for acute trusts, we are putting particular emphasis on retention projects, to seek to ensure they do not rise further.

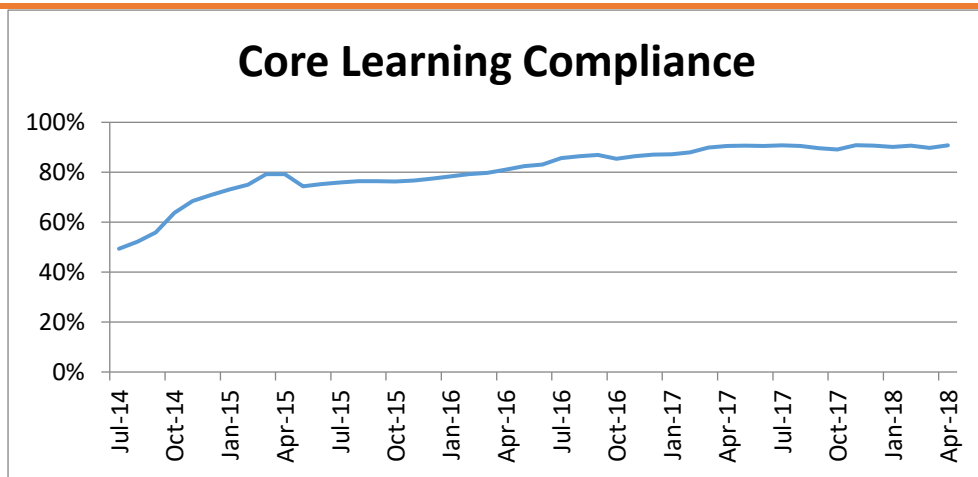
Key Actions:

- Intention to introduce an “itchy feet” interview process, whereby we can intervene where people are thinking about leaving;
- Focus on junior doctor experience (partly in response to the findings of the Guardians of Safe Working Practice and the GMC survey) – project with project manager underway involving key stakeholders.
- Review of benefits underway – focus on extending benefits offer, reflecting on it from an age differentiation perspective and how we promote our offer

WORKFORCE

CORE LEARNING

A



Lead: Martin Rayson, Director of HR &OD

Timescale: April 2018

Key issues:

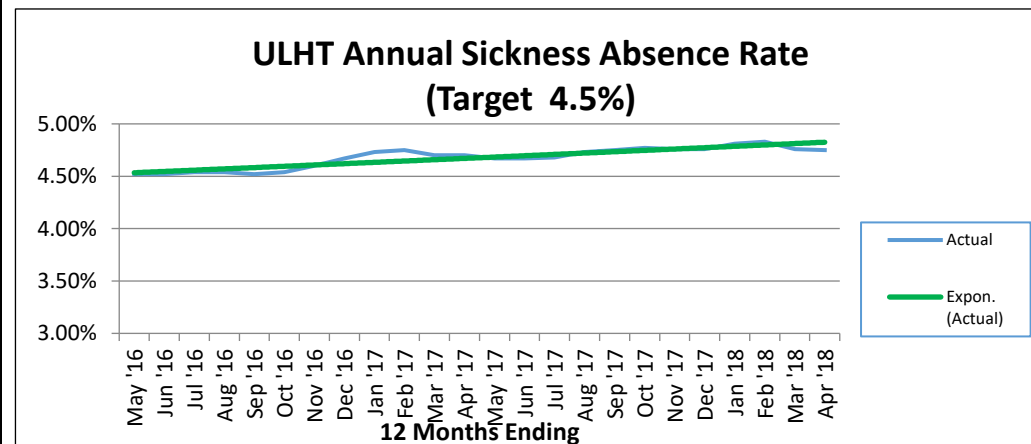
- This month the focus is on Basic Life Support which is currently 83.73%, the lowest compliance rate although higher than April 2017 when it was 75%.
- BLS was introduced into core learning compliance figures in October 2016 after the 6 month introductory period from April 16 when it was 24%. This topic is delivered annually via e-learning for non-clinical staff and via a face to face assessment for Clinical Staff.

Key Actions:

- We have, through monthly performance meetings, asked Directorates to report back on how they will improve compliance in core learning in the next month.
- 'Hotspots' are any areas in the red i.e. with less than 70% compliance with any number of staff. Following work by the Core Learning Lead, 9 areas have come off the hotspot list this month.
- The Resuscitation Services department monitor non-compliance and chase up on a monthly basis.

SICKNESS ABSENCE

A



Lead: Martin Rayson, Director of HR &OD

Timescale: April 2018

Key issues:

- In order to make a significant difference to this absence rate, we need to tackle the underlying causes of sickness. Given a very large proportion of sickness is attributed to stress and pressure, we must seek to deal with those things that cause stress. This is a particular focus of our OD and health and well-being work. The quality of leadership is a focus for the Trust in 2018/19 and in our health and well-being strategy we continue to invest in mindfulness and mental first aid training. Improving staffing levels and reducing pressures will assist though as these are the fundamental cause of stress.

Key Actions:

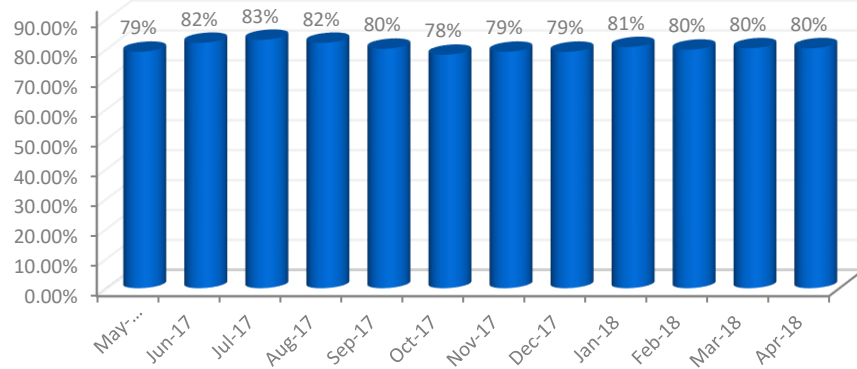
- ER managers will be managing complex absence cases and those with absence history alongside those with long term conditions
- ER team are contacting managers to request the amendment of 'unknown' and 'other' recordings in ESR.
- ER Team are focusing on analysis of lack of RTW and sharing this information with Managers

WORKFORCE

APPRAISAL RATES

A

Appraisals excluding Medical Staff



Lead: Martin Rayson, Director of HR &OD

Timescale: April 2018

Key issues:

- Non-Medical Appraisal compliance rate for April is 80.44%. This is a slight increase of 0.25% from the previous month. This is a significantly better position than last year, but below the target (which was 85% this year, stepping up to 90% in 18/19).

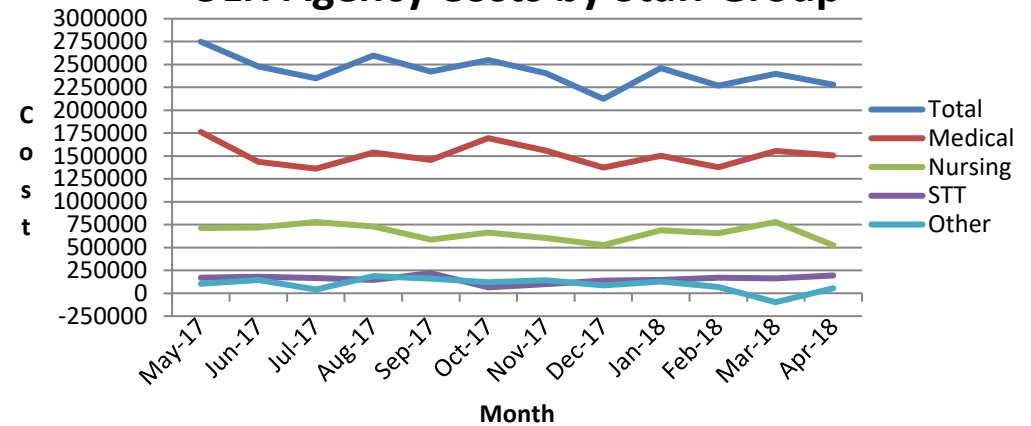
Key Actions:

- New Individual Performance Management process launched which includes bi-monthly check-ins
- Staff training taken place to support implementation
- Further training to support implementation of new Individual Performance Management process.

AGENCY SPEND

R

ULH Agency Costs by Staff Group



Lead: Martin Rayson, Director of HR &OD

Timescale: April 2018

Key issues:

- Spend continues to be above target however it decreased by £121,900 in April compared to the previous month. Spend has also decreased by £85,182 when compared to £2,363m in April 2017
- We are in the process of developing an Agency Cost Reduction Plan against the FEP target of £22.9m in 2018/19 and a stretch target of £21m

Key Actions:

- Finalisation of the plan for 18/19 using East & North Herts as a best practice model
- Review of workforce model in key areas where use of agency and overtime remains high
- Extension of nursing bank to cover “other” roles.
- Focus on the “plan for every medical post

FINANCE

Financial Position

R

	Current Month April 2018			Year to Date April 2018		
	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000
Operating income from patient care activities	32,953	31,544	-1,409	32,953	31,544	-1,409
Other operating income	2,823	2,584	-239	2,823	2,584	-239
Employee expenses	-27,190	-27,463	-273	-27,190	-27,463	-273
Operating expenses excluding employee expenses	-15,587	-15,038	549	-15,587	-15,038	549
OPERATING SURPLUS / (DEFICIT)	-7,001	-8,373	-1,372	-7,001	-8,373	-1,372
FINANCE COSTS				0	0	0
NET FINANCE COSTS	-402	-388	14	-402	-388	14
SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR	-7,403	-8,762	-1,358	-7,403	-8,762	-1,358
Adjusted financial performance surplus/(deficit)	-7,396	-8,724	-1,327	-7,396	-8,724	-1,327

Lead: Karen Brown, Director of Finance, Procurement & Corporate Affairs

Timescale: April 2018

Key Issues:

- The in-month and year to date position in April was a deficit of £8.8m (before technical adjustments), which is £1.4m adverse to the planned in-month deficit of £7.4m
- Underachievement of Income of £0.5m e.g. RTA income, Car Parking, Catering, Education & Training
- Slippage against the planned FEP profile of £0.5m
- Non-achievement of CQUIN, Fines and Challenges of £0.4m

Key actions:

- The Financial Plan for 2018/19 includes anticipated borrowing costs of £5.9m based upon interest rates of 6% until August, before reverting back to 3.5%.
- In early May however the Trust received e-mail notification that rates would reduce from May. On the assumption that this is applied to both existing loans at 6% and new loans, this will potentially reduce borrowing costs to £5.5m.

Efficiency

R

Lead: Karen Brown, Director of Finance, Procurement & Corporate Affairs

Timescale: April 2018

Key Issues:

- The financial plan for 2017/18 included an efficiency programme of £19.7m and assumed delivery of £0.5m of the efficiency programme would be in Month 1
- No efficiency delivery has been reported in Month 1, such that we are therefore £0.5m adverse to plan
- However, whilst delivery to date is less than planned, the ambition in 2018/19 is to deliver £30m of FEP savings

FINANCE

Agency R

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Lead: Karen Brown, Director of Finance, Procurement & Corporate Affairs **Timescale:** April 2018

Key Issues:

- The Trust spent £29.4m on agency staffing in 2017/18, or £8.4m more than our agency cap of £21m.
- The financial plan for 2018/19 includes agency staffing expenditure of £22.9m.
- Whilst agency expenditure to date of £2.3m is in line with plan, it is noted that the plan phasing assumed a reduction of £2.7m in the second half of the year compared to the first half of the year.

Capital G

Scheme	2018/19 £m
Medical Equipment	3.4
IM&T	2.6
Estates	3.0
Fire Compliance (includes £26.5m external support)	28.6
Contingency	1.3
Grand Total	38.9

Lead: Karen Brown, Director of Finance, Procurement & Corporate Affairs **Timescale:** April 2018

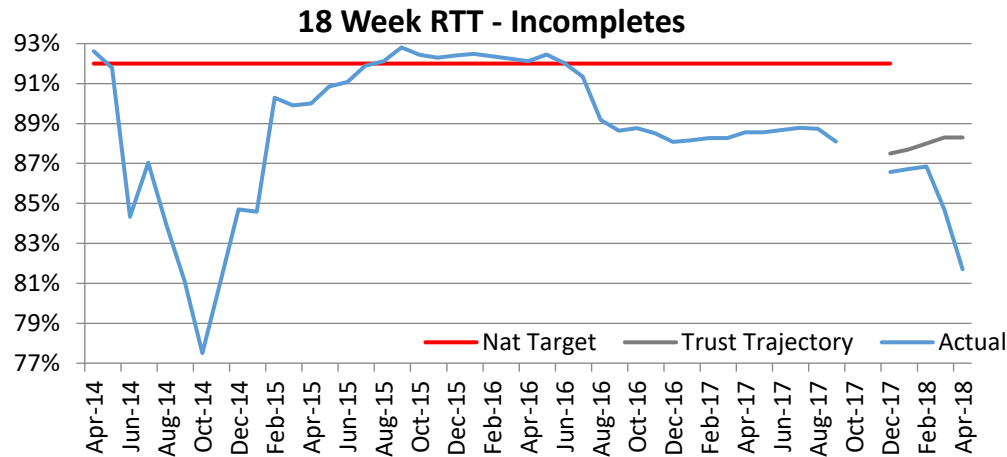
Key Issues:

- The high level 2018/19 capital programme is set out in the table below, this is inclusive of the £26.6m external capital loan for fire
- The contingency is inclusive of planned sales of £1.2m in 2018/19 that cannot be committed against spend until assurance of the capital receipt is confirmed.

OPERATIONAL PERFORMANCE

Referral to Treatment – 18 weeks

R



Lead: Mark Brassington, Chief Operating Officer

Timescale: March 2018

Key Issues:

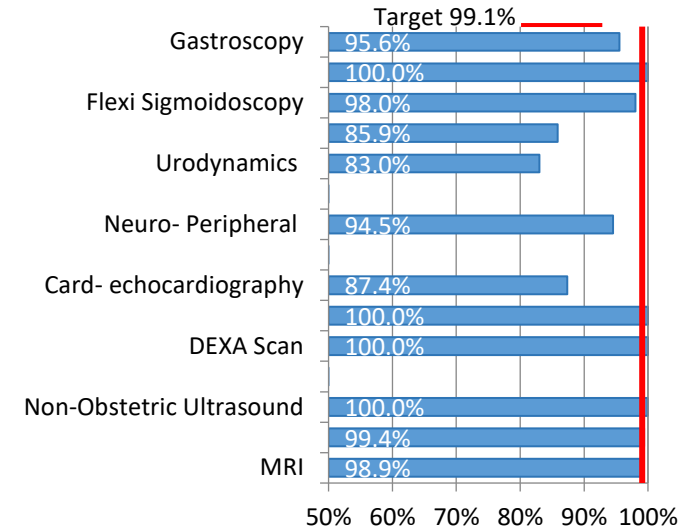
- ENT – 1341 patients over 18 weeks, the specialty has 151 patients waiting over 40 weeks, leading to increasing numbers of 52 week breaches
- General Surgery – accounted for c.11% of the Trusts 18 week+ incompletes at the end of March
- T&O – deteriorated by 2.5% during January, primarily as a result of reduced electives increasing the admitted backlog by 82 patients

Key Actions:

- Plans are in place for the Theatres and Outpatients Improvement Programmes to deliver improved efficiency in 18/19 which are anticipated to enable reduction of the incomplete backlog at Trust level by c.1000 FYE
- The Trust 'switched off' paper referrals within seven specialties during April as part of the eRS roll out programme
- In line with national planning guidance the Trust is planning to maintain performance at March 2018 levels through to March 2019

Diagnostic Wait – 6 week

R



Lead: Mark Brassington, Chief Operating Officer

Timescale: April 2018

Key Issues:

- There were 44 more breaches in Echo at the end of April. This related to the continued impact of the lost capacity at the beginning of March relating to adverse weather, and a reduction in capacity due to three locum consultants leaving the Trust in April and the Clinical Directorate not able to replace this capacity

Key Actions:

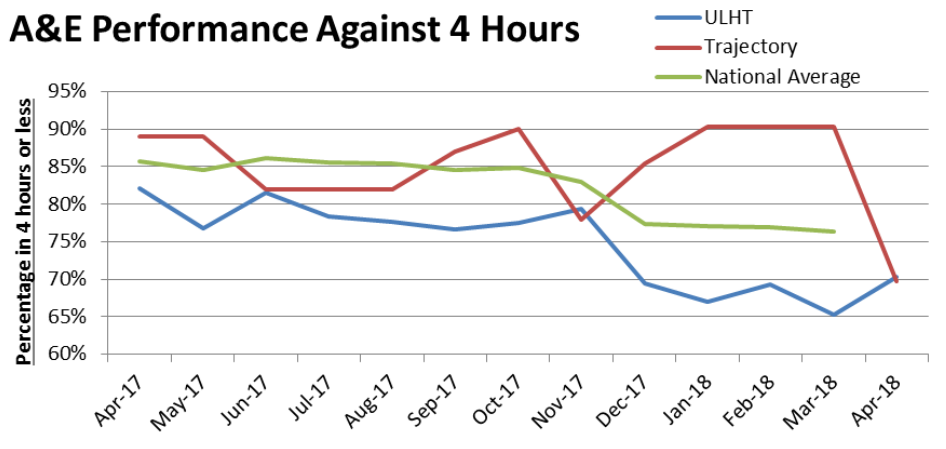
- The Echo Service are providing additional capacity during May in order to reduce the backlog position which is currently anticipated to reduce the number of breaches to below 50
- The Endoscopy Service continue to utilise Medinet capacity in-week and at weekends in order to supplement existing capacity
- Additional short-term support has been agreed for the administrative teams

OPERATIONAL PERFORMANCE

4 Hour Standard

R

A&E Performance Against 4 Hours



Lead: Mark Brassington, Chief Operating Officer

Timescale: April 2018

Key Issues:

- Primary care streaming performance remained below the target of 35% despite changes to the protocol, including LCHS staff at reception providing the streaming function.
- The notable increase in attendances observed at Lincoln County Hospital in March, following the closure of the Walk in Centre continued in April. Average numbers for March were 214, increasing to 224 in April with only a handful of days seeing less than the 200 mark

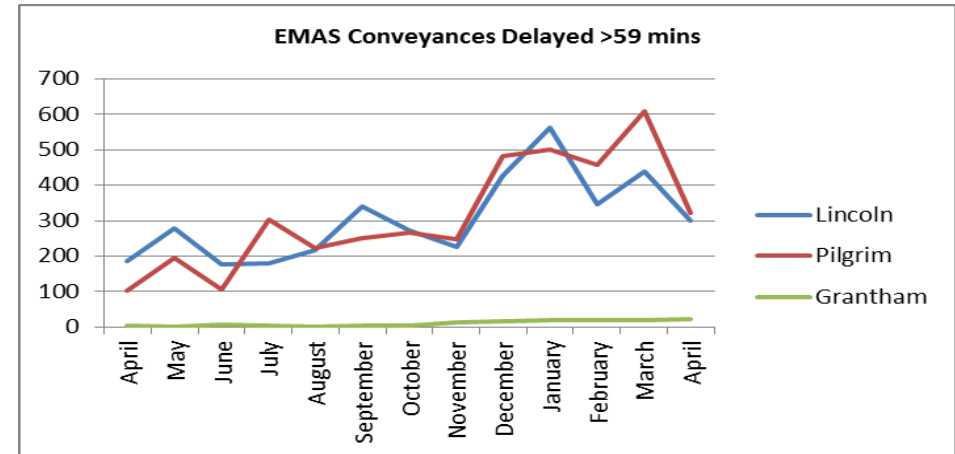
Key Actions:

- Lincoln County Hospital has appointed 1 substantive consultant who will commence in summer 2018.
- At Pilgrim plans are now in place to cease using AEC as escalation. This will enable more patients to go through an ambulatory pathway and be seen and discharged the same day. The site has also seen improved recruitment with the middle grade tier bolstered with the appointment of 2 LAS F2 posts initially, moving to speciality Dr posts following IELTS.
- A further 2 agency doctors are in process and 10 offers have been sent out via international recruitment.

EMAS Conveyances

R

EMAS Conveyances Delayed >59 mins



Lead: Mark Brassington, Chief Operating Officer

Timescale: April 2018

Key Issues:

- The trust is undertaking work with ADPRAC at Pilgrim Hospital – an agency specialising in non-medical clinicians to Emergency and Urgent Care Centres – and SSG at Lincoln and Pilgrim Hospitals, who specialise in process design and have experience working with EMAS in handover turnaround. ADPRAC are providing Pre Hospital Handover Practitioners who are taking handovers from paramedics enabling them to be released in faster times

Key Actions:

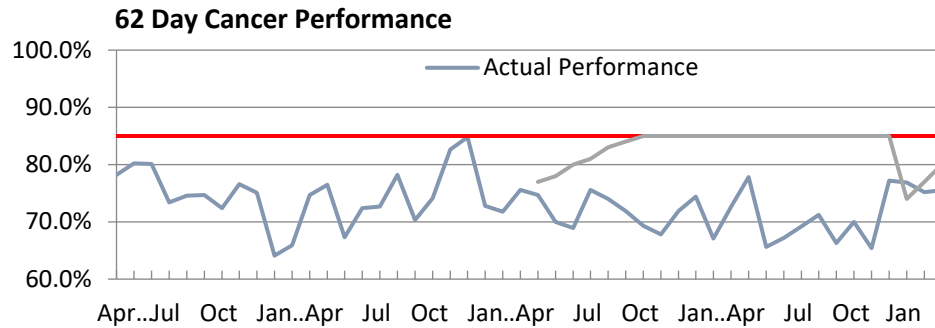
- SSG are working with the trust until 31st July and are introducing and embedding improved processes within the departments as well as challenging the data quality issues with EMAS during handover.
- The trust is looking at how to make the PHAP role substantive and introducing it to Lincoln County Hospital.

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OPERATIONAL PERFORMANCE

Cancer Waiting Times – 62 Day

R



Lead: Mark Brassington, Chief Operating Officer

Timescale: March 2018

Key Issues:

- As at 4th May the Breast Service was polling at 23 days for triple assessment appointments, however there was the risk this would increase further during May if additional capacity can't be provided. The service has baseline capacity for c.110 triple assessments per week, however during the 15 weeks from 8th January the Trust received on average 135 referrals per week
- NUH's Head & Neck service is particularly vulnerable at present. From 19th May the Trust will have one ENT consultant, against an establishment of four. At this stage the impact on ULHT is unclear, however there is a risk of both future increases in 2ww referrals and potential delays in tertiary treatments

Key Actions:

- Targeted backlog reduction approaches within Urology and Lower GI
- Capacity/demand review across segments within pathways for key tumour sites
- Introduction of pathway facilitators for lung and Lincoln Surgery
- Cross site scheduling to optimise cancer theatre delivery
- Introduce Advice & Guidance for Breast referrals
- Deliver further Pathology improvement through contracting processes and collaborative working with Pathlinks

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DEEP DIVE - CANCER 62 DAY PERFORMANCE

The Trust's performance for March against the 62 day classic standard was 75.5%. This is the first time since 2014 that the Trust has delivered performance for four consecutive months in excess of 75%.

The Trust achieved 4 out of the 9 cancer standards in March. Three of the four 31-day standards were achieved during March; with 31-day surgery failing primarily due to the impact of cancellations at the end of February/beginning of March as a result of the adverse weather conditions. The 62-day screening standard was achieved for the fourth month out of the last seven

The Trust's 14 day Breast Symptomatic performance in March was 24%, due to a combination of increased referrals into the service (an average of 135 referrals per week between 8th January and mid-April, against a baseline capacity of 110 triple assessment slots) and a reduction in Radiology capacity and a reduction in the ability to provide additional ad hoc sessions at weekends. The performance level within the Breast tumour site had a significant impact upon the 14 day suspect cancer performance for February, where the Trust recorded 77.9%.

Improved performance at a Trust level over the last four months has coincided with Urology performance being above 65% for four months in a row for the first time in two years. Lower GI performance has only exceeded 60% once in the last 11 months, and remains the lowest performing tumour site.

Completion of RCAs for each 62-day breach in March found that the most frequent breach reasons were as follows (in order of occurrence):

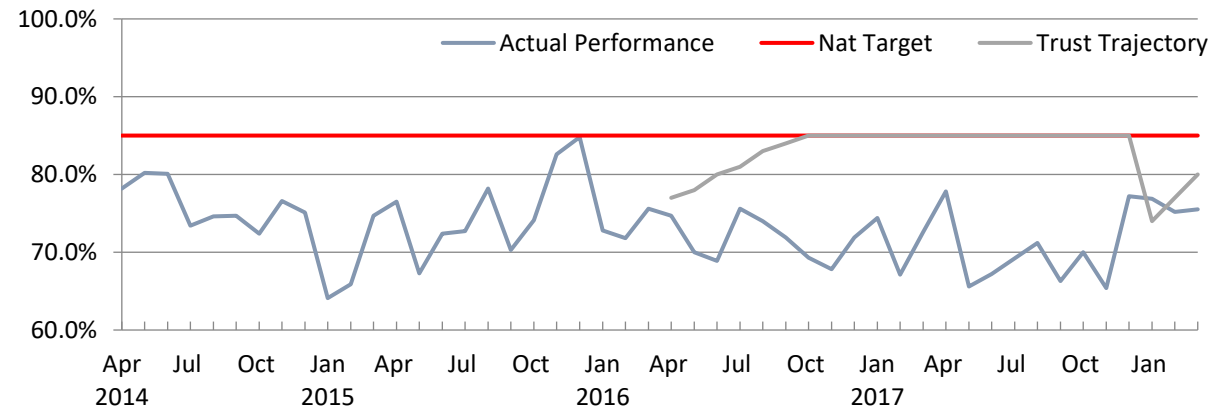
- Endoscopy capacity (linked to unscheduled closure of Grantham unit during the building works, and impact of adverse weather conditions)
- Pathology delays
- CT capacity
- Patient choice and complexity
- U/S capacity, primarily biopsies

As of 3rd May there were 8 pts on or over 104 days without an agreed treatment plan: 3 x colorectal, 2 x Urology, 1 x Gynae, 1 x Haem, 1 x Lung.

The Trust treated 15 patients at 104 days or over during March, completing RCAs for all 15 patients. Due to the length of these pathways these patients had multiple reasons for delays in their pathways, as follows:

- 8 cases included patient choice delays

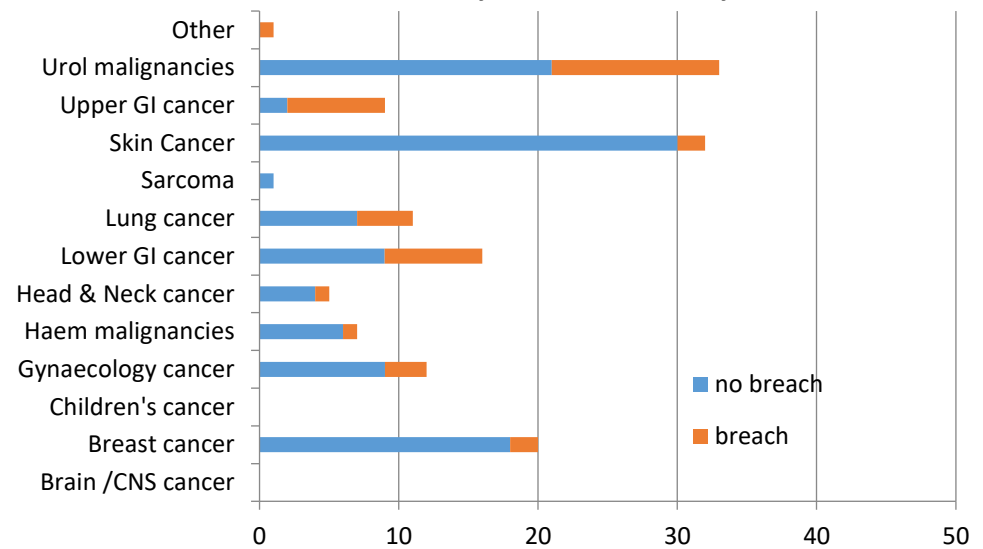
62 Day Cancer Performance



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- 7 cases included delays relating to Endoscopy capacity
- 6 cases included ultrasound delays, primarily relating to biopsies
- 5 cases included pathology delays
- 4 cases included CT delays
- 3 cases included theatre capacity restrictions
- 3 cases included MDT process delays
- 3 cases included administrative delays
- 2 cases included delays relating to adverse weather conditions
- 2 cases included delays relating to MRI capacity
- 2 cases included HDU capacity issues
- 2 cases included complexity or procedural factors
- 2 cases included tertiary treatment delays
- 2 cases included patient fitness factors
- 1 case included primary care delays
- 1 case included tertiary diagnostic delays
- 1 cases included Outpatient capacity issues
- 1 case included other Radiology capacity delays
- 1 case included delays related to Outpatient capacity
- 1 case included delays relating to Oncology capacity
- 1 case included delays relating to Chemo capacity

Patient Numbers by Tumor Site - 62 day



The Trust completes a full review of any potential harm related to excessive waits for cancer treatment (104 + Day Waits and patients who waited over 21 days for first appointment on a suspect cancer pathway who were subsequently diagnosed with cancer): 16 Harm Reviews have been issued for February. As at 8th May, 12 have had been returned, with 11 reporting no harm and 1 reporting low harm. The remaining 4 harm reviews are with the relevant lead clinician for completion.

As at 8th May, April's 62-day performance position was 76%, however further treatments are likely to be recorded over the next 4 weeks prior to submission of April's data and are likely to improve this position further.

Risks

- As at 4th May the Breast Service was polling at 23 days for triple assessment appointments, however there was the risk that this would increase further during May if additional capacity can't be provided. The service has baseline capacity for c.110 triple assessments per week, however during the 15 weeks from 8th January the Trust received an average of 135 referrals per week.
- Breast 62-day performance for April is currently forecast to be in excess of 85%, however there is a risk that it could reduce to c.80-85% during May. Data analysis suggests that the risk of deterioration against the 62-day standard increases once polling reaches 22 days, however the Service will attempt to mitigate this risk through optimisation of capacity within the treatment phase for patients with a confirmed cancer diagnosis.

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- The CCGs have produced communication messages to make GP practices aware of this issue, and to take this into account when patient choice discussions are undertaken. The Trust have secured additional Breast Radiology capacity from late May, which will enable increased capacity to be delivered in order to reduce the backlog of patients waiting over 14 days.
- NUH's Head and Neck service is particularly vulnerable at present. From 19th May the Trust will have one ENT Consultant, against an establishment of four. They are working with other Trusts/Commissioners to develop interim plans as they continue to attempt to recruit further Consultants. At this stage the impact upon ULHT is unclear, however there is a risk of both future increases in 2WW referrals and potential delays in tertiary treatments for Head and Neck cancer cases.

As at 8th May there were 64 patients over 62 days on the cancer PTL, with the ambition to reduce this down to 40 patients as quickly as possible during May. Priority actions being undertaken include:

- Endoscopy delivered 91% request to scope within 10 days at the end of April. Continued use of insourcing capacity to maintain this level of performance whilst recruitment processes linked to business case are completed
- Radiology delivered 67% request to report within 7 days during April. Complete recruitment processes and commence roll out of 7-day CT and MRI.
- Pilot for nurse led triage within Urology pathway ongoing March – May.
- Targeted backlog reduction approaches within Urology and Lower GI
- Capacity/demand review across segments within pathways for key tumour sites
- Introduction of pathway facilitators for lung and Lincoln Surgery
- Cross site scheduling to optimise cancer theatre delivery
- Work with CCGs to implement East Midlands Cancer Alliance pathway priorities
- Introduce advice and guidance for Breast referrals
- Develop business case for breast 6-day service
- Deliver further Pathology improvement through contracting processes and collaborative working with Path Links to improve Pathology pathways

APPENDIX 1: GLOSSARY

Indicator	Definition
#NOF 24hrs	Fracture neck of femur time to theatre within 24 hours
#NOF 48hrs	Fracture neck of femur time to theatre within 48 hours
A&E 4 hour wait	Percentage of all A&E attendances where the patient spends four hours of less in A&E from arrival to transfer, admission or discharge
A&E 12 hour trolley wait	Total number of patients who have waited over 12 hours in A&E from decision to admit to admission
52 Week Wait	The number of incomplete pathways greater than 52 weeks for patients on incomplete pathways at the end of the period
RTT - 18 week referral to treatment	The percentage of patients on incomplete pathways within 18 weeks against the total number of patients on an incomplete pathway as at the end of the calendar month
Cancer 2ww	Two weeks from urgent GP referral for suspected cancer to first appointment.
Cancer 2ww Breast Symptomatic	Two weeks from referral for breast symptoms to first appointment.
Cancer 62 Day classic	62 days from urgent GP referral for suspected cancer to first treatment.
Cancer 62 day screening	62 days from urgent referral from NHS Cancer Screening Programme to first treatment.
Cancer 62 day upgrade	62 days from a consultant's decision to upgrade the urgency of a patient due to a suspicion of cancer to first treatment.
Cancer 31 day first	31 days from diagnosis to first treatment for all cancers.
Cancer 31 day subsequent treatment (drug)	31 days from decision to treat/earliest clinically appropriate date to second/subsequent treatment (drug).
Cancer 31 day subsequent treatment (surgery)	31 days from decision to treat/earliest clinically appropriate date to second/subsequent treatment (surgery).
Cancer 31 day subsequent treatment (radiotherapy)	31 days from decision to treat/earliest clinically appropriate date to second/subsequent treatment (radiotherapy).
SHMI – Summary Hospital level Mortality Indicator	The ratio between the actual number of patients who die following hospitalisation at the Trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there
HSMR – Hospital Standardised Mortality Ratio	The ratio of the observed to expected deaths, multiplied by 100, with expected deaths derived from statistical models that adjust for available case mix factors such as age and comorbidity
MFFD - Medically fit for discharge	Average number of patients discharged before 12 noon who have been declared as medically fit for 72hours
DTOC - Delayed transfers of care	Total number of delayed transfers of care (delayed days) per 100,000 population (attributable to either NHS, social care or both)