NLG(17)450

DATE OF MEETING	**28 November 2017**
REPORT FOR	**Trust Board of Directors –Public**
REPORT FROM	**Richard Sunley, Deputy Chief Executive**
CONTACT OFFICER	**Pam Clipson**
SUBJECT	**Integrated Performance Report, October 2017**
BACKGROUND DOCUMENT (IF ANY)	**Previous Performance Reports Received by Trust Board**
PURPOSE OF THE PAPER:	**For Assurance and Information**
EXECUTIVE SUMMARY **(PLEASE INCLUDE A BRIEF SUMMARY OF THE PAPER, KEY POINTS & ANY RISK ISSUES AND MITIGATING ACTIONS WHERE APPROPRIATE)**	This report contains those areas the Finance, Information and Performance Committee has agreed to focus upon. These are the activity, responsive and financial domains and the impact performance has both in terms of Trust services and its relationship with NHS Improvement, Single Oversight Framework. This report begins to develop the links through to the Improving Together Programme. Note : Quality and Safety and Workforce sub committees will focus upon the Safe, Caring, Well led domains and the impact performance has both in terms of Trust services and its relationship with CQC. Trust Board will bring together all aspects of performance.
HAVE STAFF SIDE BEEN CONSULTED ON THE PROPOSALS?	**NOT APPLICABLE**
HAVE THE RELEVANT SERVICE USERS/CARERS BEEN CONSULTED ON THE PROPOSALS?	**NOT APPLICABLE**
ARE THERE ANY FINANCIAL CONSEQUENCES ARISING FROM THE RECOMMENDATIONS?	**NO**
IF YES, HAVE THESE BEEN AGREED WITH THE RELEVANT BUDGET HOLDER AND DIRECTOR OF FINANCE, AND HAVE ANY FUNDING ISSUES BEEN RESOLVED?	**NOT APPLICABLE**

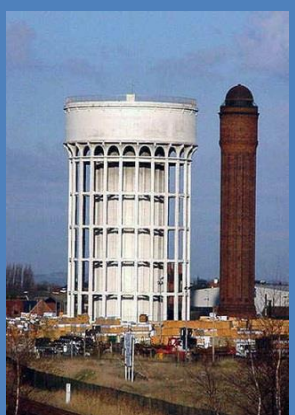
ARE THERE ANY LEGAL IMPLICATIONS ARISING FROM THIS PAPER THAT THE BOARD NEED TO BE MADE AWARE OF?	**NOT APPLICABLE**
WHERE RELEVANT, HAS PROPER CONSIDERATION BEEN GIVEN TO THE NHS CONSTITUTION IN ANY DECISIONS OR ACTIONS PROPOSED?	**NOT APPLICABLE**
WHERE RELEVANT, HAS PROPER CONSIDERATION BEEN GIVEN TO SUSTAINABILITY IMPLICATIONS (QUALITY & FINANCIAL) & CLIMATE CHANGE?	**NOT APPLICABLE**
THE PROPOPSALS OR ARRANGEMNTS OUTLINED IN THIS PAPER SUPPORT THE ACHIEVEMENT OF THE TRUST OBJECTIVE(S)	**Yes the Performance Measures identify where the Trust is in relation to the refreshed Strategic Objectives also contained within the document**
THE PROPOSAL OR ARRANGEMENTS OUTLINED IN THIS PAPER ENSRE COMPLIANCE WITH THE REGULATORY OR GOVERNANCE REQUIREMENTS LISTED	**Yes**
THE PROPOSALS OR ARRAGEMENTS OUTLINED IN THIS PAPER TAKE ACCOUNT OF REQUIREMENTS IN RESPECT OF EQUALITY & DIVERSITY	**NOT APPLICABLE**
ACTION REQUIRED BY THE BOARD	**The Board is asked to confirm and challenge** **1) the format of this evolving Integrated Board Report and** **2) the progress in delivering against the indicators contained** **3) the impact the delivery is having on the Trusts' strategic objectives**

Northern Lincolnshire and Goole NHS
NHS Foundation Trust

Integrated Performance Report

For the period 1st April – 31st October2017

(unless otherwise stated)



Executive Summary for the period 1st April – 31st October 2017 *(unless otherwise stated)*

Unplanned Care

Static A&E demand, Improvement in A&E performance and Winter Plan

When comparing April-October 2016 to April-October 2017 attendances across our main A&E units have remained static whilst the service delivered from the Goole site (on behalf of CHCP) has seen attendances reduce by 16% (1,683 attendances)

The National expectation is that the Trust must deliver aggregate performance of 90% for both quarters 3 and 4. This is as a result of being designated a category 4 system.

The Trust has recently received notification that the formal Emergency Care Improvement Programme (ECIP) support will be withdrawn with immediate effect. This is a National directive aimed at ensuring this valuable resource is utilised to maximum effect. The regional team will, however, be providing individuals to support us through the winter period.

Trust performance for the month of October delivered 91.6%, a fabulous achievement by all staff across the Trust. November performance to date is showing 92.6% resulting in quarter 3 to date performance of 91.9%.

The key drivers to delivering this improvement are;-

- Increased number of patients through ambulatory care service
- More on site presence from community, social work and therapy teams at both main hospital sites
- More timely access for inpatient diagnostics, most notably in radiology
- Standardised process driven through the operational centres and wider system winter room.

Underlying indicators that evidence changes in the system are reduced lengths of stay, most notably in emergency medicine, reduced number of escalation beds open and the ability to deliver with a reduction of 10 beds at the SGH site as a result of staffing shortages.

The Trust will continue to improve over the coming months by

- Further increasing the care it can provide on a short stay basis with its surgical ambulatory care facility opening at Grimsby in November and Scunthorpe in January.
- Implementing the Emergency Department safety checklist later in November which will provide assurance on the safety of patients as demand increases through the winter.
- Ensuring the internal surge and escalation policy and process is clear in times of heightened or surges in demand.

4% Increase in Non elective Demand

Non elective activity has increased compared to the same time period 2016/17 however lower than contractually forecast.

Planned Care

1.4% fall in Outpatient Referral Demand

Outpatient referral demand continues to reduce in comparison to April-October 2016. The Trust has received 89,607 outpatient referrals year to date. This is 1.4% (1,372 referrals) below forecast.

Both North and North East Lincolnshire referrals remain within 2016-17 volumes adhering to the Aligned Incentive Contract parameter. Referrals from East Riding of Yorkshire continue below 2016-17 levels showing a 7.7% drop compared to months 1-7 2016/17. Referral volumes through September from Lincolnshire are in line with forecast levels.

12.8% (591 cases) Reduction in Elective Care

Planned Inpatient care has seen a material reduction in throughput resulting from;-

- Urology reduction in activity is driven by a significant drop in external referrals

- Haematology patients are now cared for on a day case basis where clinically appropriate resulting in a shift from elective to day case care.

- the Cardiology service has experienced workforce challenges which have resulted in an increase in patients waiting for cardiac care both across inpatient and outpatient services.

Efficiency improvements through theatres continue to be a challenge within the Trust. Scunthorpe theatres in particular are facing additional strain with Theatre D under refurbishment. The Improving Together programme has appointed dedicated resources to support all teams to increase the efficiencies within the theatre setting.

1.2% (2,627 attendances) Increase in Outpatient Care, reducing overdue follow up patients

Outpatient activity delivered overall year to date in comparison to 2016/17 is higher however this is driven by the focus placed on follow up care. The following areas are driving increased follow up activity;-

- The Ophthalmology team has delivered a material shift in capacity to ensure patients waiting follow up care were treated in a timely manner. This saw the ophthalmology follow up waiting volumes reduce significantly and bringing the waiting time for patients on par, if not better, than neighboring acute providers. News ways of working within the team will ensure sustainability as they come into being throughout the remainder of 2017-18.

- The strengthened process in place to assess patients at potential risk of harm resulting from long waiting times. October has seen the introduction of the Trusts in house built COBRA system designed to identify and track patients at greatest risk ensuring action can be taken promptly.

Reducing longest waiters for Cancer care

The teams have focused primarily on reducing the number of patients, not yet diagnosed, who have been waiting over 104 days. The number of patients currently waiting is 18. This is a significant reduction from 42 patients waiting at the start of September. For patients who have received a diagnosis and are waiting in excess of 104 days, 32 patients are currently waiting compared to 44 in September.

Improved internal turnaround times for diagnostics, particularly endoscopy, histology and CT imaging are supporting the reduction in patients waiting. Challenges resulting from insufficient oncologist availability from our Tertiary Centre are being escalated as a constraint to delivery.

Once all of the patients waiting greater than 104days have been seen, the focus will move to patients waiting over 62days, diagnosed and undiagnosed.

Only once both of the above have been addressed, will the Trust be able to deliver against the 85% National Standard. There is however pressure within the wider system cancer pathway which may impact upon the Trusts ability to deliver. The wider system cancer pathway is showing a 50% increase in 2 week wait referrals for colorectal patients, this increase in demand does not correlate with an increase in cancer diagnosis as the incidents have remained static over a 4 year period.

Reducing longest waiters for RTT patients

The number of patients waiting over 52wks and 40wks has reduced since last month. The most notable is within ophthalmology and cardiology services.

Strengthening the patient admin processes in these areas ensuring the patients waiting are in need of acute care has driven the improvement.

The CCGs are joining the Trusts Ophthalmology transformation board to enable the current improvements to be sustained.

Diagnostics care challenges

The endoscopy service has been focusing on delivering for those patients in most need, those referred on the 2ww pathway. There has been a material reduction with only 4 patients now waiting.

The impact of improving for this cohort is being felt by those waiting to be seen within the 6 week window. As the 2ww numbers are now minimal the team will work to sustain this and reduce those on the 6 week wait pathway. Delivery of this will be hampered as capacity within the Scunthorpe service is significant reduced resulting from the Goole unit being out of action through equipment failure. The Goole service is essential to provide the capacity to meet demand however recruiting into the workforce to deliver this capacity is the largest challenge and will take the coming months at least.

The Trusts MRI and CT imaging capacity are under significant strain as a result of aging scanners. During September two of the CT machines have been identified as reaching end of life effective March 2018 with again no guarantee of repair in case of breakdowns. We are already experiencing significant down time. During October 2017, Grimsby Hospital lost 66 hours of CT scanning time resulting in the loss of 160 patient scanning slots.

Grimsby MRI scanner reached the end of its useful life in 2015 and there is no guarantee of repair should the scanner breakdown. This scanner is now experiencing imaging quality issues to the extent that the type of scan is being restricted and patients are being transferred from Grimsby to Scunthorpe for their scans. We are transferring approximately 7-10 patients every day. Whilst this is a significant logistic task for our operational teams, the patients are currently being seen within the timescales.

The Trust Management Board has secured the funding to replace the Grimsby CT scanner as soon as is physically able. The Trust is awaiting the outcome, expected 22nd November, of a wider STP diagnostic bid submitted earlier in the year which encompasses Grimsby MRI.

Refreshing Capacity and Demand process

Each specialty understanding its core available capacity to meet the demand is critical to its smooth running. The Trust utilises the Intensive Support Team methodology and models to understand its capacity position in relation to demand.

It is recognised by the Trust Board that the first run of these models in March 2017 had some significant flaws resulting from the patient administrative data input challenges. Alongside an external data validation team, the waiting lists have now been validated. The front line services are in the midst of refreshing the capacity and demand models, led by the clinical leads for each specialty.

The priority 8 specialties to be completed by the end of November with the outcome fed into the December Planned Care Board are

Urology	Colorectal
ENT	Cardiology
Neurology	Gastroenterology
Ophthalmology	Respiratory

All other specialties will roll out from December.

In month deterioration in Financial Position

At the end of month 7 the Trust deficit is £27.0m, following an in month deficit of £3.94m. The Trust submitted a plan for 2017/18 in December 2016 which was consistent with its control total deficit of £13.29m. The month 7 position is currently running £19.50m adrift of this plan.

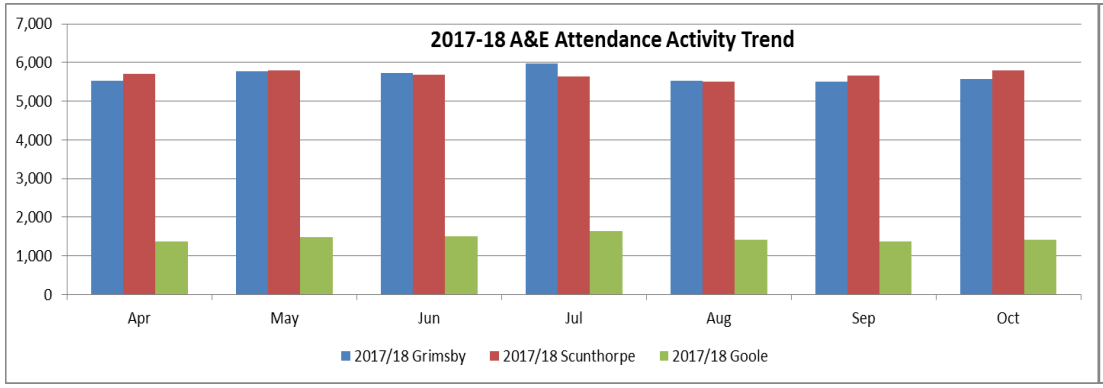
The Trust's end of year forecast remains provisional, but has not significantly altered form the position at M06. Current year end forecast of £49.6m deficit prior to FRP action, after draft FRP impact: £43.3m deficit.

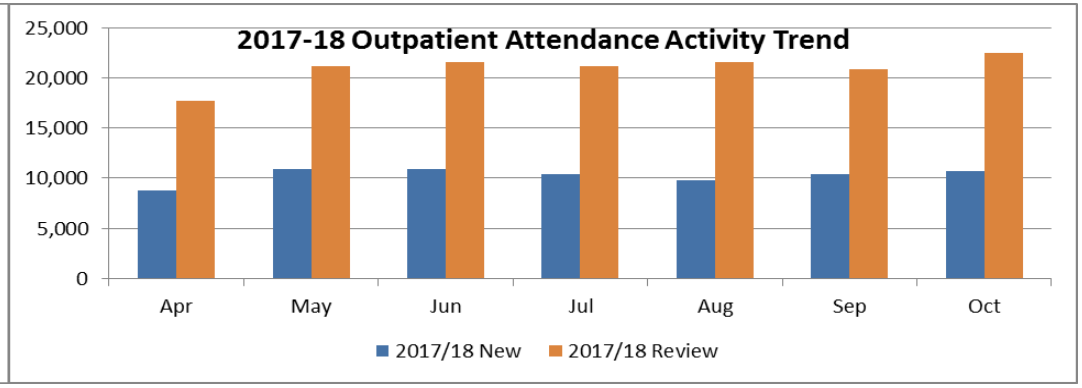
TRUST ACTIVITY & DEMAND

Summary Position - as at 31st October 2017

DEMAND	2012/13 Actual	2013/14 Actual	2014/15 Actual	2015/16 Actual	2016/17 Actual	YTD Month 7 Apr-Oct 2016 Actual	YTD Month 7 Apr-Oct 2017 Actual	Variance		2017-18 Full Year Forecast		FYI 2017/18 Annual Plan	FYI 2017/18 YTD Plan
A&E Attendances	136,575	137,804	144,992	150,290	151,660	91,584	89,607	(1,977)	↓	152,913	↑	*156,386*	*90,860*
Non Elective Admissions	46,566	47,499	47,841	48,713	45,275	25,473	26,610	1,137	↑	45,800	↑	*46,649*	*27,103*
Outpatient Referrals	131,253	139,594	141,884	143,514	145,073	83,780	82,408	(1,372)	↓	141,838	↓	*143,405*	*83,318*
SEEN													
Outpatient New	116,355	123,807	118,264	117,938	122,904	72,569	71,790	(779)	↓	123,563	↑	*126,732*	*73,672*
Outpatient Review	251,112	258,376	258,404	251,505	250,862	143,147	146,553	3,406	↑	252,243	↑	*236,865*	*137,621*
Elective	9,273	8,491	7,653	6,938	7,395	4,600	4,009	(591)	↓	6,900	↓	*8,456*	*4,579*
Day Case	46,618	52,822	49,513	52,125	51,198	30,557	31,900	1,343	↑	54,905	↑	*54,512*	*32,005*

The largest variances are within A&E and outpatient care, the monthly activity volumes are depicted below

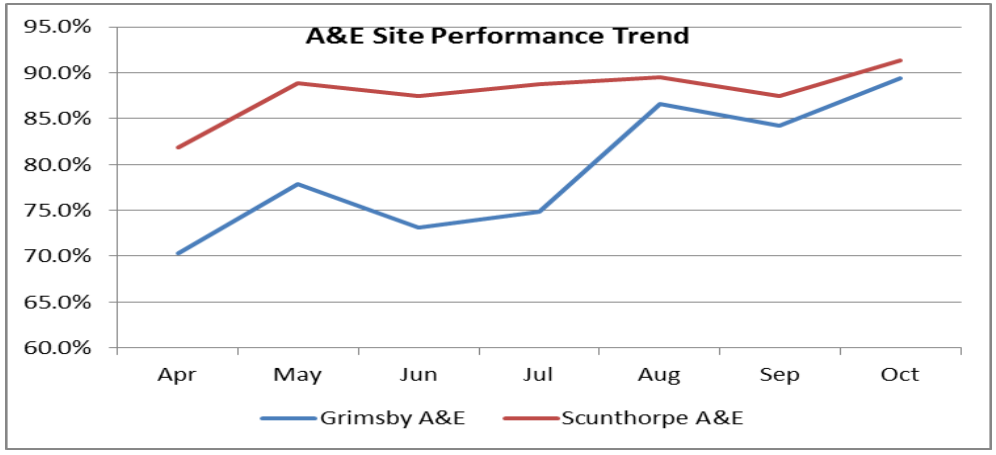




RESPONSIVE ACCESS & FLOW : Unplanned Care

Executive Lead : Richard Sunley

PERFORMANCE INDICATOR		Threshold	Apr17	May17	Jun17	QTR 1	Jul17	Aug17	Sep17	QTR2	Oct17	QTR3 YTD
Patients admitted, transferred or discharged within 4hrs of arrival at A&E		95%	Not yet applicable to NLaG as within a category 4 system									
Patients admitted, transferred or discharged within 4hrs of arrival at A&E		90%	78.8%	85.2%	82.8%		83.8%	89.2%	87.4%		91.60%	
Non Elective length of stay (Days, Peer average)		4.7	5.2	5.1	5.1		4.9	4.7	4.7		4.7	
- Non Elective length of stay, Medicine	Trust		7.8	7.7	7.6		7.0	6.9	6.6		6.3	
	DPoW		9.4	10.0	9.5		8.5	8.4	7.4		7.1	
	SGH		6.2	5.8	5.7		5.4	5.4	5.2		5.3	
Bed occupancy	Midday		90.0%	87.0%	88.0%		87.0%	84.0%	89.0%			
	Midnight		83.0%	80.0%	81.0%		81.0%	78.0%	82.0%			
SERVICE CHANGES DELIVERING PERFORMANCE IMPROVEMENT												
Number of patients admitted to Medical Ambulatory Care	Trust		159	171	189		172	165	285		408	
	DPoW		n/a	n/a	n/a		n/a	6	112		206	
	SGH		159	171	189		172	159	164		202	



RESPONSIVE ACCESS & FLOW : Planned Care

Executive Lead : Richard Sunley

PERFORMANCE INDICATOR	Threshold	Apr17	May17	Jun17	Jul17	Aug17	Sep17	Oct17
Cancer Care								
2 Week Wait - Urgent GP referrals	93%	95.3%	97.2%	95.7%	95.5%	97.42%	96.1%	*97.5%*
2 Week Wait - Urgent symptomatic breast referrals	93%	90.7%	94.9%	95.3%	94.9%	96.12%	88.1%	*96.9%*
Patient waiting <31days from diagnosis to first definitive treatment	96%	99.2%	98.0%	99.2%	99.3%	100.00%	97.9%	*99.3%*
Patient waiting <31days for subsequent treatment (surgery)	94%	100%	100%	100%	86.7%	100%	100%	*100%*
Patient waiting <31days for subsequent treatment (anti-cancer drug regiment)	98%	100%	97.5%	100%	100%	100%	100%	*100%*
Patient waiting <62days from urgent GP referral to first definitive treatment	85%	72.7%	70.5%	57.1%	77.9%	62.16%	54.4%	*63.4%*
Patient waiting <62days referral from an NHS screening service to first definitive treatment	90%	77.8%	57.1%	86.7%	83.3%	100%	88.2%	*77.8%*
Patient Waiting Times								
Cancelled Patients not offered another date within 28 days	0	4	3	0	14	6	2	Qrtly return
Patients on incomplete RTT pathways waiting <18 weeks from Referral	92.0%	77.1%	77.4%	75.7%	74.8%	74.0	72.8%	73.3%
- Number of patients on incomplete PTL		28,568	29,094	29,319	29,638	30,114	30,008	*30,281*
RTT waits over 52 weeks for incomplete pathways	0	87	111	85	99	99	96	79
- Number of patients over 40 weeks, spot point end of month		565	681	693	801	817	889	816
Cardiology		40	83	116	206	233	212	156
Colorectal		85	122	104	131	113	128	145
ENT		78	85	97	87	75	83	91
Gastroenterology		47	77	64	40	19	26	26
Neurology		2	8	7	5	15	45	64
Ophthalmology		92	105	130	149	148	176	130
Respiratory		12	11	17	18	25	28	14
Urology		9	12	9	6	7	3	2

% of Patients on Elective Diagnostic Waiting list Exceeding 6 weeks.	99.9%	98.0%	98.2%	96.3%	95.8%	93.1%	93.4%	92.6%
Number of follow up outpatients overdue		27,745	28,137	28,126	28,356	28,915	29,236	28,327
Trust wide Elective Length of stay (Days, Peer average)	3.3	2.7	2.7	2.5	2.7	2.6	2.6	2.7
30 day emergency readmissions at or below national benchmark rate	7%	5.0%	6.4%	5.0%	5.5%	5.7%	5.5%	5.4%

Note : Critical KPIs relating to the Potential Clinical Harm Review process will be included within this report from the COBRA system from next month.

The table below highlights the size of the challenge within our diagnostic services. The Executive Summary section of this report outlines the actions being taken. The impact of the CT scanner breakdown during October can be clearly seen from the table below.

	Patient Volume Waiting by Wait Band											
	30th June 2017				30th September 2017				31st October 2017			
	0-6wks	6-13wks	13wks+	Total	0-6wks	6-13wks	13wks+	Total	0-6wks	6-13wks	13wks+	Total
MRI	3,089	129	0	3,218	3,328	30	0	3,358	3,414	14		3,428
CT	2,548	19	0	2,567	2,515	69	1	2,585	2,697	302	2	3,001
Non-Obs U/S	3,583	174	0	3,757	3,823	359	3	4,185	3,403	293	6	3,702
Endoscopy - Colonoscopy	267	24	2	293	238	72	52	362	265	66	50	381
Endoscopy - Flexible Sigmoidoscopy	81	13	0	94	82	34	23	139	91	34	27	152
Endoscopy - Cystoscopy	171	57	4	232	130	57	9	196	111	46	11	168
Endoscopy - Gastroscopy	465	3	2	470	332	110	7	449	316	69	24	409

SAFE, COMPASSIONATE CARE

Executive Lead : Tara Filby

Performance Metric	Threshold	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17
Number of Never Events in Month	0	0	2	0	0	0	1	0
SHMI - Rolling 12 Month Performance	95			112			114	
HSMR- Rolling 12 Month Performance	95	109	110	109	111	113	115	115
Safety Thermometer - Acute Sector	95%	89.6%	88.9%	89.5%	88.9%	89.6%	87.3%	85.6%
Safety Thermometer - Community Sector	95%	98.3%	96.9%	96.6%	95.1%	98.3%	96.7%	96.0%
MRSA	0	0	0	0	0	0	0	1
Clostridium Difficile (Monthly)		0	1	3	7	1	4	5
Clostridium Difficile lapse in care (Monthly)	21	0	0	0	2	0	1	***pending PIR Reviews***
VTE	95%	93.9%	95.0%	94.3%	94.3%	93.1%	92.7%	***92.7%***
Ratio of midwives to births - DPoW	1.28	1.30	1.29	1.29	1.29	1.30	1.30	1.33
Ratio of midwives to births - SGH	1.28	1.27	1.27	1.27	1.27	1.24	1.25	1.26
Safer staffing fill rates – Registered staff	>80.0%	93.2%	91.8%	93.4%	93.9%	93.9%	94.1%	96.1%
Safer staffing fill rates – Carer staff	>80.0%	104.6%	103.9%	102.7%	101.9%	101.54%	102.9%	101.8%

ORGANISATIONAL DEVELOPMENT & CULTURE

Executive Lead : Jayne Adamson

Performance Metric	Threshold	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17
Staff Turnover FTE*		42.5	43.14	37.31	97.04	46.09	34.0	37.2
% Vacancy factor		8.18%	8.53%	9.03%	9.28%	9.85%	9.06%	8.95%
% Turnover rate *		0.87%	0.88%	0.76%	1.99%	0.96%	0.70%	0.76%
Sickness levels	4%	4.0%	4.2%	4.2%	4.3%	4.4%	4.26%	
% Trust wide mandatory training compliance	95%	88.3%	88.5%	88.9%	85.1%	88.0%	87.4%	84.4%
Total Agency expenditure (£m)	£0.47	£1,727	£2,014	£2,089	£2,621	£2,654	£2,482	£2,475
Distance from Providers cap (cumulative)	0.00%		3.5%	7.9%	18.5%	26.5%	30.8%	37.4%
NHS Staff Survery Overall Engagement	3.8		3.68					
NHS Staff Survery, "I would recommend my organisation as a place to work	63.00%		52.0%					
Staff Friends & Family Test % recommended care *	80%	97.5%	97.2%	94.8%	95.3%	94.2%	91.1%	***90.2%***
Proportion of Temporary Staff *	tbc	9.0%	9.1%	9.0%	8.9%	9.3%	8.5%	8.62%

FINANCIAL POSITION	
Executive Lead	Marcus Hassall, Director of Finance

The Committee receives a standalone financial report. The headlines are contained below for purposes of integration.

Month 7 headline position

	YTD Actual £mil	Variance from Plan £mil
Income (excluding STF)	199.2	(6.8)
STF	0.00	(4.6)
Expenditure – Pay	(150.6)	(6.3)
Expenditure – Non Pay	(69.7)	(2.6)
EBITDA	**(21.1)**	**(20.3)**
Post EBITDA Items	(6.0)	0.8
Trading Surplus/(Deficit)	**(27.0)**	**(19.5)**
Exceptional Items	0.00	0.00

At the end of month 7 the Trust deficit is £27.0m, following an in month deficit of £3.94m. The Trust submitted a plan for 2017/18 in December 2016 which was consistent with its control total deficit of £13.29m. The month 7 position is currently running £19.50m adrift of this plan.

The key components of the deficit are:

1) Failure to earn Sustainability and Transformation Fund Income;
2) Shortfalls on income, driven primarily by activity delivery issues;
3) Pressures on clinical staffing costs, including non-delivery of savings targets;
4) Non clinical pay pressures resulting from shortfalls in savings delivery;
5) Expensive agency costs for senior management staff;
6) Additional energy, estates maintenance and IM&T infrastructure costs;
7) Additional non clinical agency/consultancy costs related to the Trust's Special Measures status.

The Trust is currently confirming its FSM Financial Recovery Plan submission. This will create a revised plan trajectory for the Trust.

Year End Forecast

At this stage the Trust's end of year forecast remains provisional, but has not significantly altered form the position at M06, which was used to set out the pre-and post-recovery plan positions for the Trust:

Current Forecast: £49.6m Deficit (prior to FRP action) (after draft FRP impact: £43.3m Deficit)

FINANCIAL SINGLE OVERSIGHT FRAMEWORK MATRIX

Area	Metric	Weighting	Apr			May			Jun			Jul			Aug			Sept			Oct		
			1	4	Total	2	4	Total	2	4	Total	2	4	Total	3	4	Total	3	4	Total	3	4	Total
Financial Sustainability	Capital Service Capacity	0.2		✓			✓			✓			✓			✓			✓			✓	
	Liquidity (days)	0.2		✓			✓			✓			✓			✓			✓			✓	
Financial Efficiency	I&E Margin	0.2		✓			✓			✓			✓			✓			✓			✓	
Financial Controls	Distance from Plan	0.2		✓			✓			✓			✓			✓			✓			✓	
	Agency Spend	0.2	✓			✓			✓			✓			✓			✓			✓		
Overall Use of Resources (pre override)					4			4			4			4			4			4			4
Overall Use of Resources (post override)					4			4			4			4			4			4			4