

**NLG(18)078**

DATE OF MEETING	27 <sup>th</sup> February 2018
REPORT FOR	Trust Board of Directors –Public
REPORT FROM	Richard Sunley, DCEO/Director of Operations
CONTACT OFFICER	Pam Clipson, Director of Strategy, Planning & Performance
SUBJECT	Integrated Performance Report
BACKGROUND DOCUMENT (IF ANY)	N/A
PURPOSE OF THE PAPER:	For Information
EXECUTIVE SUMMARY (PLEASE INCLUDE A BRIEF SUMMARY OF THE PAPER, KEY POINTS & ANY RISK ISSUES AND MITIGATING ACTIONS WHERE APPROPRIATE)	<p>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.</p> <p>This report begins to develop the links through to the Improving Together Programme.</p> <p>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.</p>
HAVE STAFF SIDE BEEN CONSULTED ON THE PROPOSALS?	YES
HAVE THE RELEVANT SERVICE USERS/CARERS BEEN CONSULTED ON THE PROPOSALS?	YES
ARE THERE ANY FINANCIAL CONSEQUENCES ARISING FROM THE RECOMMENDATIONS?	STILL TO BE IDENTIFIED
IF YES, HAVE THESE BEEN AGREED WITH THE RELEVANT BUDGET HOLDER AND DIRECTOR OF FINANCE, AND HAVE ANY FUNDING ISSUES BEEN RESOLVED?	STILL TO BE IDENTIFIED
ARE THERE ANY LEGAL IMPLICATIONS ARISING FROM THIS PAPER THAT THE BOARD NEED TO BE MADE AWARE OF?	NO
WHERE RELEVANT, HAS PROPER CONSIDERATION BEEN GIVEN TO THE NHS CONSTITUTION IN ANY DECISIONS OR ACTIONS PROPOSED?	N/A
WHERE RELEVANT, HAS PROPER CONSIDERATION BEEN GIVEN TO SUSTAINABILITY IMPLICATIONS (QUALITY & FINANCIAL) & CLIMATE CHANGE?	N/A

<p>THE PROPOSALS OR ARRANGEMENTS OUTLINED IN THIS PAPER SUPPORT THE ACHIEVEMENT OF THE TRUST OBJECTIVE(S)</p>	<p><b>YES</b></p>
<p>THE PROPOSAL OR ARRANGEMENTS OUTLINED IN THIS PAPER ENSURE COMPLIANCE WITH THE REGULATORY OR GOVERNANCE REQUIREMENTS LISTED</p>	<p><b>YES</b></p>
<p>THE PROPOSALS OR ARRANGEMENTS OUTLINED IN THIS PAPER TAKE ACCOUNT OF REQUIREMENTS IN RESPECT OF EQUALITY &amp; DIVERSITY</p>	<p><b>YES</b></p>
<p>ACTION REQUIRED BY THE BOARD</p>	<p><b>The Board is asked to acknowledge the contents of this paper for information</b></p>

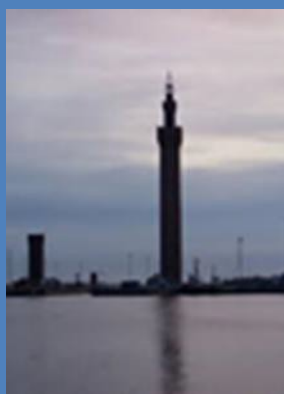
**Item 4**

<b>DATE OF MEETING</b>	22 <sup>nd</sup> February 2018
<b>REPORT FOR</b>	<b>Finance and Performance Committee</b>
<b>REPORT FROM</b>	Pam Clipson, Director of Strategy, Planning & Performance
<b>SUBJECT</b>	<b>Integrated Performance Report : Finance and Performance Committee Focus</b>
<b>CONTACT OFFICERS</b>	Maria Wingham, Head of Performance
<b>OTHER GROUPS WHO HAVE CONSIDERED PAPER (Where applicable)</b>	The Key performance indicators contained within this report have been considered at the appropriate group eg A&E Delivery Board, Planned Care Board
<b>EXECUTIVE COMMENT (including key issues of note or, where relevant, concerns that the committee need to be made aware of)</b>	<p>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.</p> <p>This report begins to develop the links through to the Improving Together Programme.</p> <p>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.</p>
<b>FINANCE &amp; PERFORMANCE COMMITTEE ACTION REQUIRED</b>	<p>The Finance &amp; Performance Committee is asked to confirm and challenge;-</p> <ul style="list-style-type: none"> <li>• The impact the extended focus on urgent and emergency care is having on planned care measures in particular the increase in patients waiting in excess of 52 weeks</li> <li>• To note that as the services continue to treat those cancer patients that are waiting the longest, performance will deteriorate before it improves. This will continue into March at least as the services tackle the long waits.</li> <li>• The in month deterioration of the 6week diagnostic waiting time resulting from previously raised MRI and CT challenges but the in month shift in gastroscopy.</li> </ul>

# Integrated Performance Report

For the period 1<sup>st</sup> April – 31<sup>st</sup> January 2018

(unless otherwise stated)



## **Executive Summary for the period 1<sup>st</sup> April – 31<sup>st</sup> January 2018 (*unless otherwise stated*)**

### **Unplanned Care**

#### **Static A&E demand, deterioration in A&E performance**

When comparing April-January 2017 to April-January 2018 attendances across our main A&E units have remained static. January 2018 saw 541 attendances more than January 2017, higher demand across both main sites.

The Trust needs to deliver 90% of patients seen within hours during quarter 4 to meet expected standards. As at 19<sup>th</sup> February, quarterly performance to date stands at 85.8%.

### **Planned Care**

The Trust has continued to take actions to deliver safe, prompt care for urgent patients. This has continued to impact adversely upon planned care patients during January as waiting times lengthen further.

#### **Material Reduction in Planned Care activity**

The NHS National Emergency Pressures Panel published their recommendations to support hospitals to best handle the winter pressures by activating the Winter Pressures Protocol. These recommendations to include, but not limited to,

- Deferral of all non-urgent inpatient elective to free up capacity for our most critically ill patients. The panel have reiterated that cancer operations and time-critical procedures should go ahead as planned
- Day case procedures and routine outpatient appointments should be deferred where this will release clinical time for non-elective care

To ensure safe, prompt care for those patients in most need during heightened activity volumes, the Trust took the decision to continue to stand down elective care and routine outpatient care through to mid February especially considering the Trust vacancy factor and sickness levels.

The results of these actions can be seen in the continued material reduction of planned care activity levels during January 2018.

#### **Increasing longest waiters for Cancer care**

With a focus on treating those patients waiting the longest, performance against the 62day measure has deteriorated in month.

There are 9 patients with a confirmed diagnosis currently waiting 104+days, 5 of which exceed 125 days. 13 patients were waiting at the end of December.

There are 24 patients without a confirmed diagnosis currently waiting 104+ days

Given the position, appendix A to this report shows a greater depth of detail including what the above 33 patients are waiting for and the actions being taken. 29 patients were waiting at the end of December.

#### **Deterioration 6 week diagnostic wait performance with continued imaging challenges**

Diagnostic 6 week wait performance deteriorated during January as a result of the pressures highlighted above coupled with the daily strain of managing the poor state of both the MRI and CT scanners.

The state of the MRI scanner is resulting in the service being unable to improve the number of patients waiting longer than 6 weeks. Urgent and emergency patients continue to be scanned as a priority however

this is resulting in routine patients waiting longer.

The CT scanner on the Grimsby site is currently in the process of being replaced. During this period the Trust is reliant upon a mobile scanner which incurred a fault during January. 55 patient slots were lost as a result. This capacity is being replaced during Feb and Mar through use of a CT scanner located with a partner organisation in Grimsby.

Lack of consultant capacity during January has seen a adverse movement in the number of patients waiting over 6 weeks for a gastroscopy. High sickness within the team on top of annual leave resulted in this position.

### **Continued deterioration in RTT performance and 52week waiters**

The continued focus on the emergency and cancer pathways is resulting in a continued deterioration in planned care waiting times.

The measures demonstrate that we are treating more cancer patients and that we continue to increase the number of patients referred to us as urgent indicating that we continue to prioritise those patients in most clinical need. However a consequence of this is the sharp rise in the number of patients waiting in excess of 52 weeks for their planned care. January saw the numbers double in comparison to December. For each week the Trust continues to stand down elective and outpatient care, approximately 25 patients will move into the 52 week plus waiting band. A weekly meeting is in place to ensure that these patients can be prioritised as we exit February.

The Trust has adopted the new NHS Intensive Support Team demand and capacity model which builds in waiting lists and lost slots. These are being worked through by the specialties and will form the agenda for the next confirm and challenge session planned for 21<sup>st</sup> March. The outcome of this session will support the construction of the planned care measures contained within the recently published planning guidance.

### **Continued fall in Outpatient Referral Demand**

Outpatient referral demand saw a material reduction of 11.6% (1,192 referrals) referrals compared to December 2016. The Trust has received 115,732 outpatient referrals year to date, 5,124 referrals fewer than the same period last year. The reductions are across the majority of specialties.

## **Quality**

### **Safety Thermometer:**

A focused review is underway to improve all aspects of the safety thermometer.

### **VTE**

A review of existing process for assessing and monitoring is underway. Pathways, governance and oversight arrangements associated with the delivery of VTE standard to ensure that patients are treated in accordance with national guidance is being reviewed. We need to ensure that the trust has a robust recovery plan to deliver VTE and that this is embedded and sustained. 2017/18 has shown little in the way of sustained improvement. Therefore reviews have been conducted at specialty/ward level to identify specialty-level gaps and ensure that opportunities identified are acted upon. The information systems supporting operational delivery are being refined to meet the needs of users and to ensure they are sufficiently robust to ensure accurate reporting and robust data quality.

### **Nutrition and Hydration**

The Improving Together Programme is developing a work stream to focus on nutrition and hydration, to improve the use of the MUST Tool and improve Fluid Balance recording. The Assistant Director of Nursing is leading a review of support needs in relation to Nutrition.

### **Pressure Ulcers**

The trusts 'new' pressure ulcer performance within the Safety Thermometer point prevalence survey indicates that the Trust is below the National Benchmarked average. Pressure ulcers have been identified as a theme within the SI reports so a deep dive has been requested for reporting to the Quality & safety Committee. A focused piece of work is underway to review the staffing levels of the Tissue Viability team to ensure robust support can be provided across the Trust.

### **Mortality**

The Mortality Oversight Meeting planned for 15 February was cancelled due to serious operational pressures and is currently being rearranged. The group will focus on key priority themes including deteriorating patient and sepsis and reviewing and learning from mortality case reviews.

### **Midwife to Birth Ratio**

Midwife to birth ratios continue to improve on both sites but are just outside the 1:28 at DPOW.

### **Serious Incidents**

18 SIs uploaded In January 2018, 15 of which were due to potential harm to patients as a result of delay in ambulance handover, 1 due to mislabelling of bloods and discharged in error, 1 due to patients receiving scalp cooling treatment which contravenes national guidelines and 1 due to delay in diagnosis of cancer and 1 SI was uploaded in January 2018 due to bladder injury during a category 2 C- section.

### **Financial Position**

At the end of month 10 the Trust deficit is £37.0m, following an in month deficit of £4.3m. The in month position includes £0.4m of technical accounting changes, so the underlying deficit in month was £4.7m. This is a sharp deterioration in run rate compared to recent months, and is a significant setback to the Trust's financial recovery process.

The headline forecast for the full year has deteriorated by £0.6m to £44.5m.

# TRUST ACTIVITY & DEMAND

Summary Position - as at 31st January 2018

Month	10
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The table below provides a high level summary position of current demand and activity.

DEMAND	2012/13	2013/14	2014/15	2015/16	2016/17	YTD Mth10	YTD Mth10	YTD Mth10	Variance	2017-18		FYI 2017/18	
	Actual	Actual	Actual	Actual	Actual	Apr-Jan17	Apr-Jan17	Apr-Jan18		Full Year Forecast		Annual Plan	YTD Plan
A&E Attendances	136,575	137,804	144,992	150,290	151,660	127,422	127,422	126,522	(900)	151,705	Amber	156,386	130,426
Non Elective Admissions	46,566	47,499	47,841	48,713	45,275	38,297	38,297	38,981	684	46,740	Amber	46,649	38,906
Outpatient Referrals	131,253	139,594	141,884	143,514	145,073	120,506	118,548	104,009	(14,539)	124,711	Green	143,405	119,600
<b>SEEN</b>													
Outpatient New	116,355	123,807	118,264	117,938	122,904	105,503	103,935	101,739	(2,196)	121,989	Red	126,732	105,694
Outpatient Review	251,112	258,376	258,404	251,505	250,862	216,800	207,957	205,942	(2,015)	246,933	Red	236,865	197,548
Elective	9,273	8,491	7,653	6,938	7,395	6,188	6,188	5,486	(702)	6,578	Red	8,456	6,573
Day Case	46,618	52,822	49,513	52,125	51,198	43,296	43,296	44,594	1,298	53,470	Green	54,512	45,941

## Reconciliation : Main dataset to Contract Position

### Unplanned Care

Main dataset A&E Attendances above	127,422	126,522
- Goole MIU, sub contracted to CHCP from 1Apr17	15,622	13,674
Standard contract position	111,800	112,848
Main dataset Non Elective Admissions plus births above	38,297	38,981
- well babies	-2,106	-1,937
Standard contract position	36,191	37,044

### Planned Care

2016/17 YTD Outpatient Referrals	120,506	
- Orthodontic care moved to primary care setting	395	
- Dermatology, North East Lincolnshire now provided by Virgin	1,563	
2017/18 Comparable Position	118,548	104,009
2016/17 Main dataset New Outpatient Attendances above	105,503	
- Orthodontic care moved to primary care setting	345	
- Dermatology, North East Lincolnshire now provided by Virgin	1,223	
2017/18 Comparable Position	103,935	101,739
2016/17 Main dataset Review Outpatient Attendances above	216,800	
- Orthodontic care moved to primary care setting	3,119	
- Dermatology, North East Lincolnshire now provided by Virgin	5,724	
2017/18 Comparable Position	207,957	205,942



## RESPONSIVE ACCESS & FLOW : Unplanned Care

Executive Lead: Richard Sunley

PERFORMANCE INDICATOR		Threshold	Apr-17	May-17	Jun-17	QTR 1	Jul-17	Aug-17	Sep-17	QTR2	Oct-17	Nov-17	Dec-17	QTR3 YTD	Jan-18
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%	78.80%	85.20%	82.80%		83.80%	89.20%	87.40%		91.60%	92.40%	87.90%		86.22%
Non Elective length of stay (Days, Peer average)		4.7	5.2	5.1	5.1		4.9	4.7	4.7		4.7	4.4	4.4		4.8
Non Elective length of stay <b>Medicine</b>	Trust	4.7	7.8	7.7	7.6		7.0	6.9	6.6		6.3	6.2	5.8		5.9
	DPoW	4.7	9.4	10.0	9.5		8.5	8.4	7.4		7.1	7.2	6.4		6.5
	SGH	4.7	6.2	5.8	5.7		5.4	5.4	5.2		5.3	5.0	5.0		5.0
Bed occupancy	Midday	85%	90.0%	87.0%	88.0%		87.0%	84.0%	89.0%		90.00%	86.00%	87.00%		92.00%
	Midnight	85%	83.0%	80.0%	81.0%		81.0%	78.0%	82.0%		83.00%	79.00%	81.00%		86.00%
<b>SERVICE CHANGES DELIVERING PERFORMANCE IMPROVEMENT</b>															
Number of patients admitted to Medical Ambulatory Care	Trust		159	171	189		173	165	285		408	402	469		470
	DPoW		n/a	n/a	n/a		n/a	6	112		206	186	232		223
	SGH		159	171	189		173	159	164		202	216	237		247

## RESPONSIVE ACCESS & FLOW : Planned Care

Executive Lead: Richard Sunley

PERFORMANCE INDICATOR	Threshold	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18
<b>Cancer Care</b>											
2 Week Wait - Urgent GP referrals	93%	95.30%	97.20%	95.70%	95.50%	97.42%	96.10%	97.50%	97.48%	96.81%	94.50%
2 Week Wait - Urgent symptomatic breast referrals	93%	90.70%	94.90%	95.30%	94.90%	96.12%	88.10%	96.90%	95.96%	96.20%	86.27%
Patient waiting <31days from diagnosis to first definitive treatment	96%	99.20%	98.00%	99.20%	99.30%	100.00%	97.90%	99.30%	100%	100%	98.00%
Patient waiting <31days for subsequent treatment (surgery)	94%	100%	100%	100%	86.70%	100%	100%	100%	88.89%	100%	86.67%
Patient waiting <31days for subsequent treatment (anti-cancer drug regiment)	98%	100%	97.50%	100%	100%	100%	100%	100%	100%	100%	100%
Patient waiting <62days from urgent GP referral to first definitive treatment POST	85%	72.70%	70.50%	57.10%	77.90%	62.16%	54.40%	63.10%	71.43%	73.55%	64.60%
Patient waiting <62days referral from an NHS screening service to first definitive treatment	90%	77.80%	57.10%	86.70%	83.30%	100%	88.20%	77.80%	71.43%	71.43%	82.35%
<b>Patient Waiting Times</b>											
Cancelled Patients not offered another date within 28 days	0	4	3	0	14	6	2	2	2	5	Qrtly return
Patients on incomplete RTT pathways waiting <18 weeks from Referral	92%	77.10%	77.40%	75.88%	74.81%	73.98%	72.83%	73.30%	73.15%	70.52%	69.09%
- Number of patients on incomplete PTL		28,568	29,094	29,319	29,638	30,114	30,008	29,963	29,759	29,494	29,273
RTT waits over 52 weeks for incomplete pathways	0	87	111	85	99	99	96	76	82	75	148
- Number of patients over 40 weeks, spot point end of month		565	681	693	801	817	889	816	979	1162	1309
Cardiology		40	83	116	206	233	212	156	166	194	179
Colorectal		85	122	104	131	113	128	145	190	199	226
ENT		78	85	97	87	75	83	91	100	111	129
Gastroenterology		47	77	64	40	19	26	26	36	39	40
Neurology		2	8	7	5	15	45	64	43	58	72
Ophthalmology		92	105	130	149	148	176	130	178	225	281
Respiratory		12	11	17	18	25	28	14	16	25	23
Urology		9	12	9	6	7	3	2	13	7	18
% 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%	94.7%	92.59%	90.52%
Number of follow up outpatients overdue		27,745	28,137	28,126	28,356	28,915	29,236	28,327	21,334	23,845	24,134
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	2.3	2.5	2.7
30 day emergency readmissions at or below national benchmark rate	7%	5.00%	6.40%	5.00%	5.50%	5.70%	5.50%	5.40%	5.20%	6.90%	6.80%

## 2ww and Urgent Referrals

The table below shows the percentage of patients that have been referred to the Trust as Urgent or 2WW that have attended an outpatient appointment within 6 weeks - Split by the site which the referral was made too. This is a new reporting stream with data validation in progress however given the increases in waiting times, it is vital that the Trust Board has early sight of waiting times for patients referred into our services as a 2ww or urgent referral. The updated data will be available in mid-March.

### Number of Urgent and 2WW Patients Referred to the Trust Seen Within 6 Weeks - Split by Site and Referral Month

Site	2017									Grand Total
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
DPOW	788	937	951	884	893	879	926	897	756	7911
SGH	474	600	568	517	561	572	627	624	416	4959
GDH	83	108	85	94	98	77	88	73	85	791
<b>Grand Total</b>	<b>1345</b>	<b>1645</b>	<b>1604</b>	<b>1495</b>	<b>1552</b>	<b>1528</b>	<b>1641</b>	<b>1594</b>	<b>1257</b>	<b>13661</b>

### Summary by Site of Percentage of Urgent and 2WW Patients Seen Within 6 Weeks - Split by Referral Month

The table below shows the percentage of patients that have been referred to the Trust as Urgent or 2WW that have attended an outpatient appointment within 6 weeks - Split by the site which the referral was made too

Site	2017									Grand Total
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
DPOW	90.4%	90.7%	90.2%	89.0%	88.0%	91.2%	93.6%	92.4%	97.5%	91.3%
SGH	80.9%	85.8%	83.5%	83.1%	86.8%	88.1%	89.7%	90.4%	92.9%	86.7%
GDH	72.2%	83.7%	70.2%	69.1%	78.4%	78.6%	80.0%	76.0%	95.5%	77.6%
<b>Grand Total</b>	<b>85.5%</b>	<b>88.4%</b>	<b>86.5%</b>	<b>85.4%</b>	<b>86.9%</b>	<b>89.3%</b>	<b>91.3%</b>	<b>90.7%</b>	<b>95.8%</b>	<b>88.7%</b>

## Cancer Waits

Appendix A provides an updated position on the patients waiting for treatment. The number of patients waiting between 62 and 83 days is showing a reduction and the number of patients waiting >104 days without a diagnosis has also reduced. Whilst performance in the >62 day position has deteriorated in January this is due to the increased number of patients treated in January as a result of capacity being available through routine cases being cancelled due to winter pressures.

## Diagnostic Waits

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.

Largest, in month, adverse movement can be seen in the number of patients waiting longer than 6weeks for a magnetic resonance Imaging (MRI). Unfortunately capacity was reduced during January to accommodate CT as works to install a new static CT Scanner on the Grimsby site commenced. Mobile MRI capacity has reduced on site in order to increase mobile CT capacity during the replacement of the static CT scanner to support unplanned care and cancer cases.

### Diagnostic Waits @ 31 January 2018

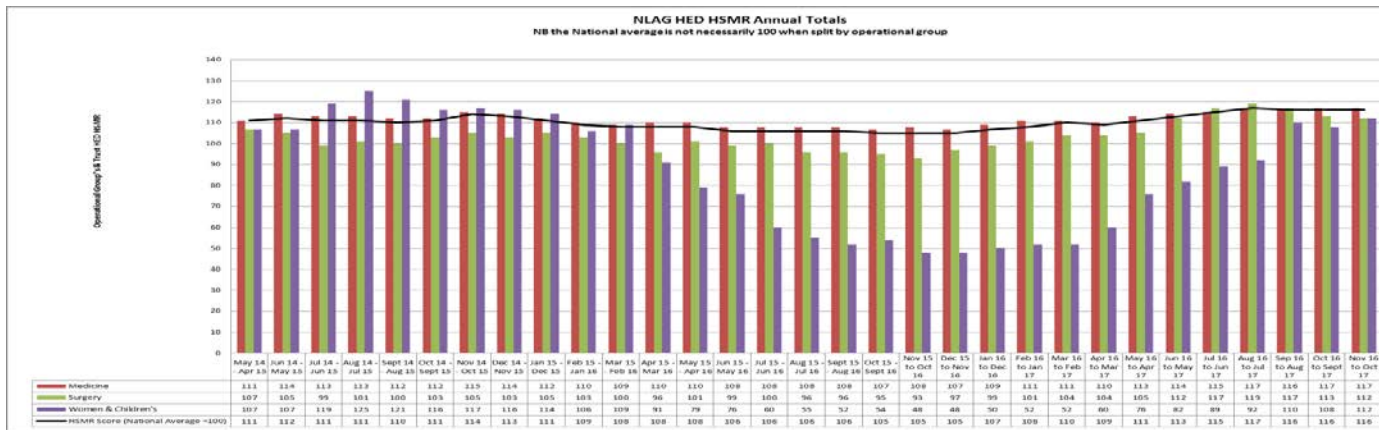
	2017		Oct Total	Nov		Nov Total	Dec		Dec Total	2018		Jan Total	Grand Total
	Oct	>6		<6	>6		<6	>6		Jan	>6		
	<6	>6	<6	>6	<6	>6	<6	>6					
Colonoscopy	265	116	381	237	126	363	202	130	332	150	152	302	1378
Computed Tomography	2697	304	3001	2892	315	3207	2286	121	2407	2043	118	2161	10776
Cystoscopy	111	57	168	150	13	163	147	41	188	134	42	176	695
Flexi sigmoidoscopy	91	61	152	73	53	126	63	43	106	42	32	74	458
Gastroscopy	316	93	409	291	46	337	245	46	291	259	105	364	1401
Magnetic Resonance Imaging	3414	14	3428	3470	53	3523	2696	298	2994	2825	457	3282	13227
Non-Obstetric Ultrasound	3403	299	3702	3305	54	3359	2659	94	2753	2818	94	2912	12726
<b>Grand Total</b>	<b>10297</b>	<b>944</b>	<b>11241</b>	<b>10418</b>	<b>660</b>	<b>11078</b>	<b>8298</b>	<b>773</b>	<b>9071</b>	<b>8271</b>	<b>1000</b>	<b>9271</b>	<b>40661</b>

# SAFE, COMPASSIONATE CARE

Executive Lead : Tara Filby

Performance Metric	Threshold	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18
Number of Never Events in Month	0	0	2	0	0	0	1	0	0	0	0
Breaches of Duty of Candour	0	0	0	0	0	0	0	0	0	0	0
Serious Incidents submitted in month	0	3	10	9	6	5	6	10	6	8	19
Complaints received in month		31	36	39	48	44	39	51	37	26	47
SHMI - Rolling 12 Month Performance	95			112			114			119	
HSMR- Rolling 12 Month Performance	95	109	110	109	111	113	115	117	116	115	116
Safety Thermometer - Acute Sector	95%	89.60%	88.90%	89.50%	88.90%	89.60%	87.30%	85.60%	89.23%	92.32%	90.87%
Safety Thermometer - Community Sector	95%	98.30%	96.90%	96.60%	95.10%	98.30%	96.70%	96.00%	95.58%	98.19%	95.71%
MRSA	0	0	0	0	0	0	0	1	0	0	0
Clostridium Difficile (Monthly)		0	1	3	7	1	4	5	3	3	2
Clostridium Difficile lapse in care (Monthly)	21	0	0	0	2	0	1	0	1	1	Pending 2 PIRs
Gram Negative blood stream infections		4	5	7	2	3	7	8	6	3	1
VTE	95%	93.90%	95.00%	94.30%	94.30%	93.10%	92.70%	92.89%	93.72%	92.31%	93.78%
Ratio of midwives to births - DPOW	1.28	1:30.37	1:30.28	1:30.50	1:29.70	1:29.91	1:30.35	1:29:37	1:29.47	1:29.47	1:28.70
Ratio of midwives to births - SGH	1.28	1:27.39	1:27.23	1:26.47	1:25.05	1:23.68	1:24.54	1:22.90	1:23.40	1:23.40	1:23.85
Safer staffing fill rates – Registered staff	>80.0%	93.20%	91.80%	93.40%	93.90%	93.90%	94.10%	96.10%	97.85%	95.07%	95.83%
Safer staffing fill rates – Carer staff	>80.0%	104.60%	103.90%	102.70%	101.90%	101.54%	102.90%	101.80%	102.50%	96.61%	98.38%
Pressure Ulcers per 1000 bed day		2.15	2.06	2.08	2.13	2.20	2.15	2.01	2.29	2.21	
Falls per 1000 bed days		0.21	0.20	0.20	0.21	0.22	0.21	0.20	0.22	0.22	

## Mortality Focus



The Trusts Current Position in HSMR is 116 against a target of 95. The Mortality Oversight Meeting planned for 15 February was cancelled due to serious operational pressures and is currently being rearranged. The group will focus on key priority themes including deteriorating patient and sepsis and reviewing and learning from mortality case reviews.

## ORGANISATIONAL DEVELOPMENT & CULTURE

Executive Lead : Jayne Adamson

Performance Metric	Threshold	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18
Staff Turnover FTE		42.50	43.14	37.31	97.04	46.09	34.00	37.19	34.36	40.88	38.69
% Vacancy factor		8.18%	8.53%	9.03%	9.28%	9.85%	9.06%	8.95%	9.14%	9.68%	9.50%
% Turnover rate		0.87%	0.88%	0.76%	1.98%	0.93%	0.70%	0.76%	0.72%	0.83%	0.77%
Sickness levels	4%	4.00%	4.20%	4.20%	4.30%	4.40%	4.26%	4.43%	4.60%	4.83%	
% Trust wide mandatory training compliance	95% 85% from Dec 17	88.30%	88.50%	88.90%	85.10%	88.00%	87.40%	84.40%	84.00%	87.00%	87.00%
Total Agency expenditure (£M)	£0.47	£1,727	£2,014	£2,089	£2,621	£2,654	£2,482	£2,475	£2,333	£2,098	
Distance from Providers cap (cumulative)	0.00%		3.50%	7.90%	18.50%	26.50%	30.80%	37.40%	41.70%	43.50%	45.80%
NHS Survey Overall Engagement	3.8	3.68									
NHS Survey, "I would recommend my organisation as a place to work"	63.00%	52.00%									
Staff Friends & Family Test % recommended care	80.00%	97.5%	97.2%	94.8%	95.3%	94.2%	91.1%	90.2%	89.20%		
Proportion of Temporary staff	TBC	9.02%	9.07%	8.99%	8.90%	9.30%	8.45%	8.62%	8.67%	8.92%	9.02%

## 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 10 headline position

	YTD Actual	Variance from Plan
	£mil	£mil
Income (excluding STF)	285.28	(0.72)
STF	0.00	0.00
Expenditure – Pay, Clinical	(172.21)	(0.75)
Expenditure – Pay, Other	(43.04)	(0.18)
Expenditure – Non Pay, Clinical	(55.05)	(0.59)
Expenditure – Non Pay, Other	(46.27)	(1.14)
Technical Savings Programme	2.95	1.46
<b>EBITDA</b>	<b>(28.35)</b>	<b>(1.19)</b>
Post EBITDA Items	(8.61)	0.21
<b>Trading Surplus/(Deficit)</b>	<b>(36.96)</b>	<b>(1.71)</b>
Exceptional Items	0.00	0.00

At the end of month 10 the Trust deficit is £37.0m, following an in month deficit of £4.3m. The in month position includes £0.4m of technical accounting changes, so the underlying deficit in month was £4.7m. This is a sharp deterioration in run rate compared to recent months, and is a significant setback to the Trust's financial recovery process.

The key YTD variances from the revised plan target are:

- 1) Winter planning funds are not built in to the YTD position, given uncertainty over receipt (£0.54m);
- 2) Downward movement in PbR based contracts, due to planned care reductions (£0.45m);
- 3) A shortfall on savings delivery on clinical staffing, with net cost pressures in some areas (£0.75m);
- 4) Additional consultancy costs linked to double special measures recovery (£0.47m);
- 5) Savings delivery shortfalls against core savings and stretch targets (£1.43m) ;
- 6) A positive contribution from technical savings measures – (£1.46m better than plan).

### Year End Forecast

The variation seen in month has had a significant impact in potential run rate forecasts also – given the evidence from January that there are significant difficulties in converting key elements of the Financial Recovery Plan into net expenditure reductions. The headline forecast for the full year has deteriorated by £0.6m to £44.5m.

**FINANCIAL SINGLE OVERSIGHT FRAMEWORK MATRIX**

Area	Metric	Weighting	Jul			Aug			Sept			Oct			Nov			Dec			Jan		
			2	4	Total	3	4	Total	3	4	Total	3	4	Total	3	4	Total	3	4	Total	3	4	Total
<b>Financial Sustainability</b>	Capital Service Capacity	0.2		✓			✓			✓			✓			✓							✓
	Liquidity (days)	0.2		✓			✓			✓			✓			✓							✓
<b>Financial Efficiency</b>	I&E Margin	0.2		✓			✓			✓			✓			✓							✓
<b>Financial Controls</b>	Distance from Plan	0.2		✓			✓			✓			✓			✓							✓
	Agency Spend	0.2	✓				✓			✓			✓			✓							✓
<b>Overall Use of Resources (pre override)</b>				4			4			4			4			4							4
<b>Overall Use of Resources (post override)</b>				4			4			4			4			4							4



## **Appendix A**

### **Overview of Cancer Position**

## Appendix B

### Update on Weekly Waiting List Position



February Waiting List  
Weekly Report 05.02.1

# Northern Lincolnshire & Goole NHS Foundation Trust

## Cancer Performance and Backlog >62 days

Denise Gale  
16 February 2018

This presentation includes :

- Last 12 months performance (by quarter), validated and uploaded to Open Exeter for December and Q3, and forecast position for January, and Q4.
- Performance – standards not met
- Backlog position (>62 days) and the 42-62 days cohort
- 62 day draft trajectory to meet compliance by end June 18 (with caveats)
- 62 day improvement plan – key themes/issues

# Cancer Performance 1

The table below sets out the validated and uploaded position for December, and Q3, together with the forecast position for January, and Q4 to date.

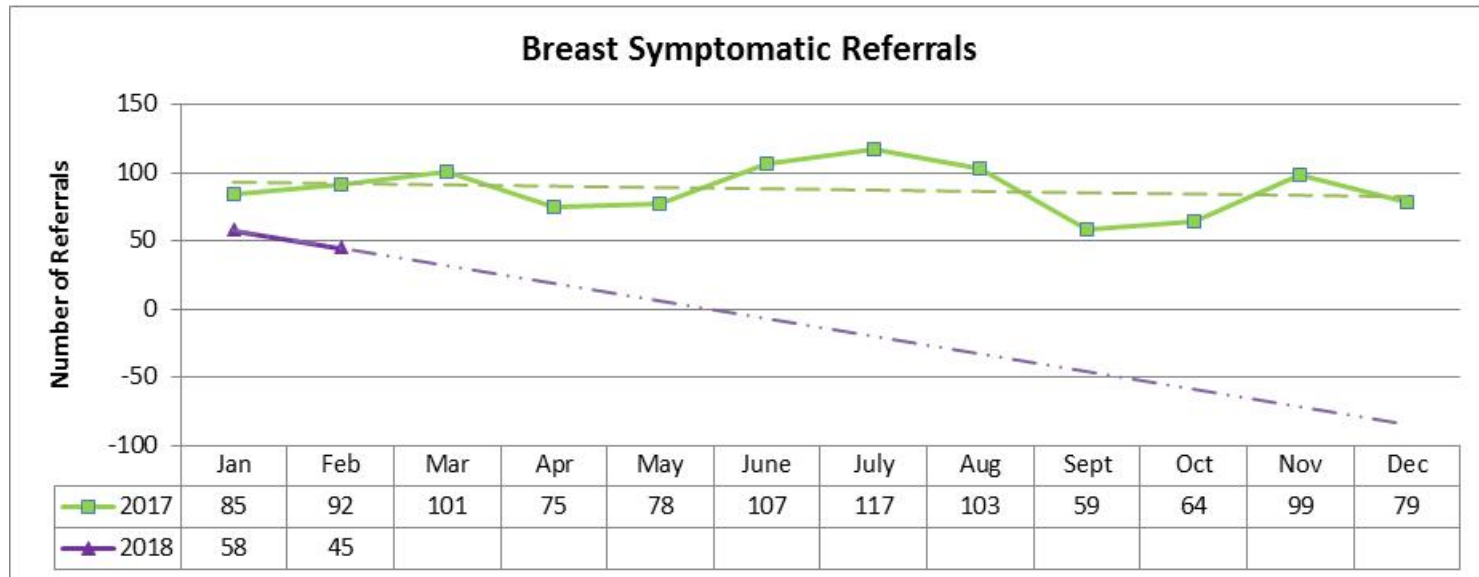
The deadline for upload to Open Exeter for January performance is 5<sup>th</sup> March 2018 – figures are always unvalidated/provisional until final upload has taken place

2ww Breast Symptomatic (93%) - this is currently forecast to 'fail' the standard in January; all breaches have been validated. The Trust received a low number of referrals in January 2018 (58) compared to January 2017 (85). A reduction of -33% referrals compared to the previous year.

TRUST CANCER PERFORMANCE POSITION AS OF 04/02/18	Q3 (2016)	Q4 (16/17)	Q1 (2017)	Q2 (2017)	Oct-17	Nov-17	Dec 17*	Q3 2017*	Jan 18*	Feb 18*	Q4 17/18*
<b>Cancer 2 Week Waits</b>											
2 week wait referral to treatment - 93%	96.46%	96.56%	96.10%	96.33%	96.94%	97.48%	96.81%	97.08%	94.59%	94.76%	94.63%
2 week wait breast symptomatic - 93%	98.04%	95.68%	93.82%	93.93%	96.88%	95.96%	96.20%	96.28%	87.72%	85.71%	86.96%
<b>Cancer 62 Day</b>											
62 day wait urgent GP referral to treatment - 85%	83.06%	77.00%	71.82%	72.99%	72.02%	74.57%	80.31%	75.42%	66.67%		66.67%
62 day wait consultant screening service - 90%	95.00%	96.30%	65.88%	88.57%	77.78%	75.00%	71.43%	75.00%	81.25%		81.25%
62 day wait following consultant decision to upgrade patient priority - 85% <b>(Local target only)</b>	100.00%	59.10%	73.68%	85.71%	100.00%	100.00%	100.00%	100.00%	100.00%		100.00%
<b>Cancer 31 Day</b>											
31 day diagnosis to treatment - 96%	99.55%	99.55%	98.76%	99.02%	99.30%	100.00%	100.00%	99.76%	97.66%	100.00%	97.67%
31 day subsequent treatment surgery - 94%	100.00%	100.00%	100.00%	95.83%	100.00%	92.31%	100.00%	97.83%	75.00%		75.00%
31 day subsequent treatment drugs - 98%	100.00%	99.48%	99.28%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

# Cancer Performance 2

**2ww Breast Symptomatic (93%)** : all breaches have been validated – there are a large number of patient choice breaches, most of which it is not clear that the GP has explained the ‘urgency’ of referrals to their patients prior to referral. This impacts on the patient willingness to attend outpatient appointments/tests in a timely manner. The Trust received a low number of referrals in January 2018 (58) compared to January 2017 (85), and currently looks set to receive a lower number again in February 2018. A reduction of -33% referrals compared to the previous year.



# Cancer Performance 3

## 62 day First Definitive Treatment (85%) continued :

- The **volume of patients treated in January 2018 is higher than anticipated** (currently at 89 patients treated); 16 x 104+ day patients were treated in January as we continue to drive a reduction in the backlog >62 days, which is reflected in the forecast January % achievement of 66.7% for the 62 day standard.
- **104+ days (confirmed cancer)**: There are 9 x confirmed cancer patients >104 days (5 x >125 days), 5 with treatment dates, and 4 without treatment date, 1 x awaiting Radiotherapy date from Sheffield, 3 x no TCI. See tables below
- **104+ days (suspected cancer)** : There are 24 x suspected cancer patients >104 days (incl >125 days) with suspected cancer, 8 with treatment dates, 16 without treatment dates (5 x query remove, 11 still undergoing investigations).

### >125 days - confirmed cancer (5 patients)

HospitalN	CancerSite	Current position at 11th February
S424212	Haematology	from Lung 26/1. Tests scheduled, OPA 28/2
S444126	Head and Neck	TCI 26/2 @ HEY
G874054	Lung	OPA 7/2 ? Surgery - no TCI
A146114	Skin	TCI 5/3 @ CHH
A003355	Upper GI - HPB	Treated 12/2 (Chemo - TACE) TCI 5/3 @ HEY

### 104-124 days - confirmed cancer (4 patients)

HospitalN	CancerSite	Current position at 11th February
E981801	Urology	Chemo start date 22/2
A123844	Urology	Surgery TCI 11/3 @ CHH
A160893	Breast	Pt does not want surgery, Oncology OPA 19/2
A273041	Head & Neck	Awaiting Radiotherapy Date from Weston Park (Sheffield)

# Cancer Performance 4

## 62 day First Definitive Treatment (85%) continued :

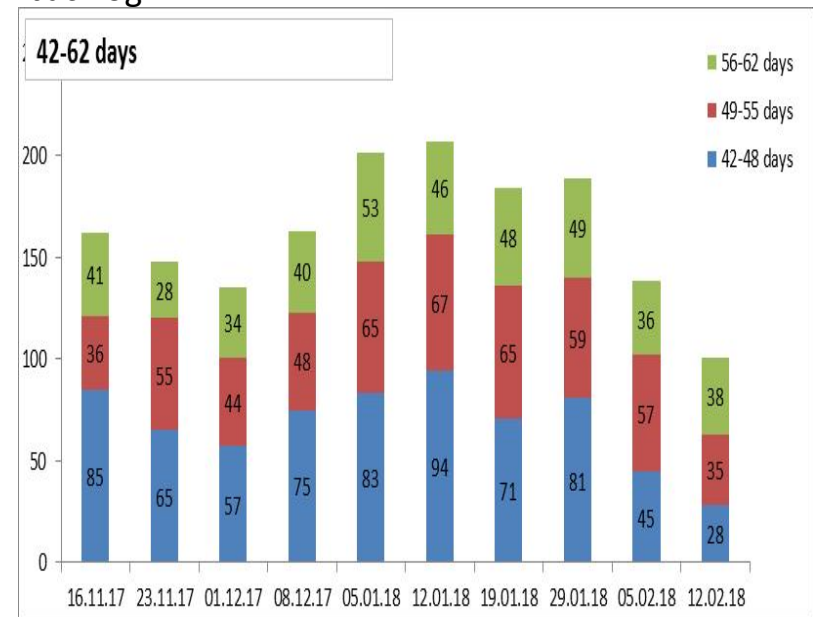
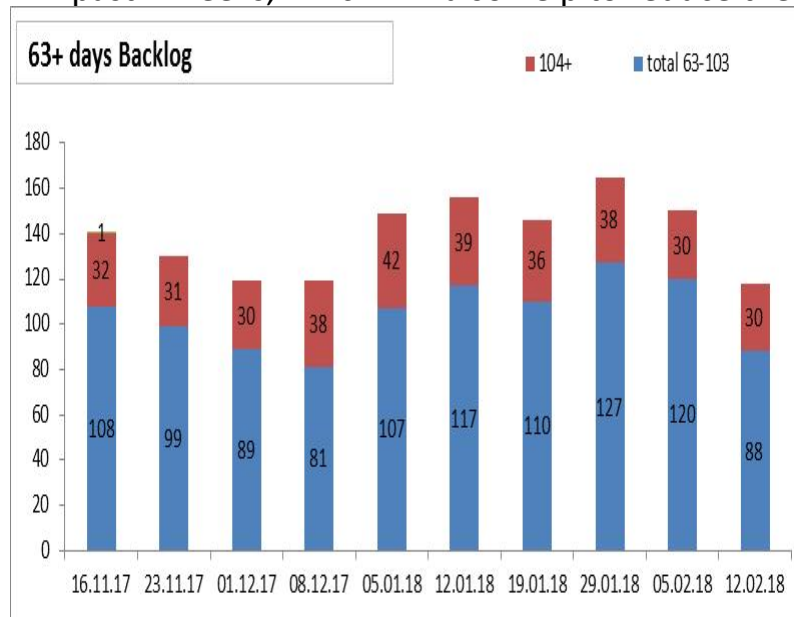
- **63-103 days (confirmed cancer)** : There are 20 x confirmed cancer patients in this cohort, 13 have treatment dates, and 7 without TCI. All have next steps in the pathway booked.
- **63-103 days (suspected cancer)** : There are 65 patients in this cohort who do not have a definitive diagnosis. 14 have treatment dates, which will be confirmed breaches of the 62 day standard, if histology post treatment confirms cancer; 51 are still undergoing diagnostic tests.
- The **total cohort of patients >62 days** has reduced from 254 post Xmas to 138. There is still a considerable way to go to clear the backlog >62 days.
- The volume of patients currently on the PTL 'without diagnosis' has an adverse impact on the quality and efficiency of the tracking.



# 62 day pathway : Backlog position

## 62 day First Definitive Treatment (85%) continued :

- The total volume of the backlog > 62 days is reducing, which will impact on a reduction in the 104+ cohort.
- There has been significant reduction in the volume of patients in the 42-62 day category over the past 2 weeks, which will also help to reduce the 62+ backlog



# Cancer Performance 4

## 62 day Screening standard :

- This standard remains below the national standard although there has been an improvement in performance from Dec 17 (75%) to January 18 (81.25%).
- There have been 2 breaches of the standard, 1 x Breast and 1 x Bowel screening – both patients were shared breaches between HEY/NLAG (2 x 0.5 accountable breaches) but due to the small number of treatments in this standard has a larger impact on % achievement.
- The breast patient was delayed due to medical fitness for treatment; the bowel screening patient had a complex diagnostic pathway involving referral to Leeds for potential liver resection.

## 31 day subsequent surgery standard (94%):

- There were 3 breaches of the sub surgery standard, 1 x skin, 2 x colorectal which has reduced compliance below the national standard.
- All 3 were surgical patients and was due to capacity.

# 62 day performance against trajectory

Scenario C : To achieve compliance with 62 day standard in June 18 (data upload)															
Trust Total	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
No. of treatments	75.0	73.0	76.0	74.0	73.0	75.0	74.0	78.0	80.0	78.0	76.0	74.0	68.5	69.0	70.0
No. of breaches	24.0	22.0	18.0	15.0	12.0	10.0	9.0	10.0	11.5	11.0	10.5	10.0	9.0	9.5	9.0
% achievement	68.0%	69.9%	76.3%	79.7%	83.6%	86.7%	87.8%	87.2%	85.6%	85.9%	86.2%	86.5%	86.9%	86.2%	87.1%
Assumes treatments are greater than rolling average, but continue to decrease throughout 2018-19 financial year.															
Assumes breaches are reduced to less than half that of current levels and rolling average															

**January performance is currently forecast at 66.7% which is consistent with the January anticipated position in the trajectory.**

The number of treatments for January 2018 is currently 89 (which is above that anticipated)

The number of breaches for January 2018 is currently 27.5 accountable breaches which is greater than anticipated; this includes 16 x 104+ patients treated during January.

A similar position will be expected for February 2018 as we continue to focus on clearing the backlog.

# 62 day improvement plan: Key Themes 1

Tumour site / issue	Actions
62 day improvement trajectory	The trustwide trajectory is in place, however further work is needed to split this to tumour site level.
<p>Reduction in 104+ backlog (confirmed cancer and suspected cancer)</p> <p>Reduction in 63+ days backlog (confirmed cancer and suspected cancer)</p>	<p>The Trust continues to work towards</p> <ul style="list-style-type: none"> <li>a) all confirmed cancer patients, where the treatment is undertaken at NLaG, to have confirmed treatment dates; this has been to some extent exacerbated by patients choosing to wait until March for surgery</li> <li>b) that all suspected cancer patients, where the diagnostic pathway is undertaken at NLaG, will have a definitive diagnosis (the clinical teams are working towards achieving this aim).</li> <li>c) Work with tertiary providers to ensure these patients have a treatment date as quickly as possible (confirmed cancer) and reach definitive diagnosis (undiagnosed).</li> </ul>
Incorrect priority on test request/histology samples	<ul style="list-style-type: none"> <li>a) The histology team have supported the cancer team in identifying samples not marked appropriately to be expedited and reported. Further work is taking place to develop a process where sample request forms can be checked, either in clinic or in endoscopy.</li> </ul>

# 62 day improvement plan: Key Themes 2

Tumour site / issue	Actions
OPA and surgical capacity	Plans are being developed internally to address capacity shortfalls.
Colorectal Straight to Test pathway	The Royal Marsden Partners Vanguard work on the STT colorectal pathway has been shared internally. A national document from the Clinical Expert Advisory Group also advocated 'straight to test' for colorectal. This document has been shared to influence the pathway development work.
Delays in clinical decision making	Most of the delayed decision making patients have now been cleared from the PTL and local internal standards are being developed to ensure quick turnaround for decision making.
Risk stratified follow up pathways	To be developed to support capacity improvements – to be included in pathway development work.
MDT discussions	Multiple MDT discussions/differential practice between SGH and DPOW; particularly when test results are 'non-diagnostic'.
Histology reporting capacity	The implementation of the daily histology PTL has made a significant improvement. Histology reporting marked 2ww (31/62) is now below 14 days.
Diagnostic capacity	There remain challenges with capacity at SGH for Colonoscopy, CT Colonography and Upper GI Endoscopy.

# 62 day improvement plan: Key Themes 3

Tumour site / issue	Actions
Diagnostic- repeat tests	There are a number of specialties where repeat tests occur when the result is 'non-diagnostic'.
Cancer Weekly PTL	Review of PTL processes, actions and escalations. Working with NHSI (IST) team to improve effectiveness of PTL.
Cancer reporting	Work is ongoing to ensure that the information team support the cancer team with weekly, monthly reporting and dashboard development to give the Executive Team greater transparency.
CWT data validation	Discussions are continuing within the Trust to develop a central team who will support cancer waiting times (and SACT - Systemic Anti Cancer Therapy) data validation and submission.
CWT training	Development of a training programme in awareness of CWT rules – aimed at administrative teams who record CWT data, MDT clinical leads, Cancer Nurse Specialists. This is part of a programme of work with NHS Improvement.
Clinical Harm Reviews >104 days	The cancer team are currently uploading RCAs for those patients treated in January 18.
Clinical Harm Reviews – Backlog (April to December)	The backlog of Clinical Harm Reviews (to April 17) have been uploaded to the COBRA system, of which only 10 remain to be assigned to the appropriate clinician.

# Other Cancer Workstreams

Workstream	Actions
Management of CSC team	The consultation paper is yet to be completed. The Cancer Management team have met with the Co-ordinator teams at both sites and have outlined the proposal.
Haematology/chemotherapy QST (formerly peer review)	The hospital received a visit from the national QST team in December. A number of immediate risks and serious concerns were raised and the Trust is developing an action plan to address these issues. This will be led by the Corporate QST lead with support from the Cancer Team.
SACT (Systemic Anti Cancer Therapy) data	A draft report has been extracted from the Varian system and is being checked for accuracy. Deadline for achieving this has been set at 31 <sup>st</sup> March 2018.
Cancer Board	A date has been set for the inaugural meeting in March. Draft terms of reference have been produced.
Review of CSC workforce	The CSC team will be completing the IST workload tracker tool during weeks 19 <sup>th</sup> and 26 <sup>th</sup> February.
Planned Care Board	Development of cancer work programme is in progress which will be monitored at the internal planned care board.