

**NLG(18)297**

DATE OF MEETING	<b>28 August 2018</b>
REPORT FOR	<b>Trust Board of Directors – Public</b>
REPORT FROM	<b>Shaun Stacey, Chief Operating Officer</b>
CONTACT OFFICER	<b>Shaun Stacey, Chief Operating Officer Pam Clipson, Director of Strategy, Planning &amp; Performance Alex Bell, Acting Information Services Manager</b>
SUBJECT	<b>Integrated Performance Report</b>
BACKGROUND DOCUMENT (IF ANY)	
PURPOSE OF THE REPORT:	<b>To note performance against key indicators and to receive assurance about the actions being taken to recover areas of exception to expected performance.</b>
EXECUTIVE SUMMARY	<p>The IPR is in its refreshed format and provides 'deep dives' into those areas where additional focus is needed given performance delivery. The new format is still undergoing development and feedback is welcomed.</p> <p>There is deterioration in the ED position in July with a significant increase in Ambulance and walk in patients compared to July 2017. These increased pressures have seen a knock on in August, compounded by vacancy, sickness and a high volume of annual leave. This has also affected the number of beds the Trust can safely staff. The Q2 performance trajectory is at risk due to the July position.</p> <p>All RTT waiting lists sizes for the live waiting lists, those patients waiting over 52 weeks and overdue follow ups are on trajectory or below at the end of July. Balancing the requirements of cancer patients' live RTT patients and overdue follow ups will be the continuing challenge.</p> <p>There was a notably increase in all forms of activity in July having a positive impact on income.</p>
TRUST BOARD ACTION REQUIRED	<b>The Board is asked to note the performance contained within the report and refer to other parts of the Trust Board agenda.</b>

# DRAFT : Integrated Performance Report

Aug-18

Performance for: **July-2018**



## Trust Summary

		Scorecard																	
Page	Ref	Key Performance Indicator	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Last 12 Months	Current FY		
Safe		C.Diff: Overall infection rate	2	0	1	0	1	1	0	1	0	0	1	0	1				
		MRSA (hospital acquired)	0	0	0	0	1	0	0	0	0	0	0	0	0				
		Pressure Ulcers Grade 4	0	0	0	0	0	0	0	0	2	0	0	0	0				
		Patients Falls Causing moderate, major or catastrophic harm	0	2	3	0	2	1	4	0	4	1	2	1	0				
		Serious Incidents - Raised in Month	0	6	5	6	10	6	8	19	7	14	8	9	5	13			
		SHMI				114			119			119			119				
		HSMR		111	113	115	117	116	116	117	118	118	117	117	115				
Caring		FFT Score - Inpatients	97.4%	97.9%	96.6%	98.4%	98.1%	97.7%	97.8%	97.5%	99.0%	98.1%	97.5%	96.9%	97.4%				
		FFT Score - Outpatients	100.0%	100.0%	100.0%	100.0%	96.0%	95.7%	100.0%	100.0%	96.3%	100.0%	98.7%	100.0%	100.0%				
		FFT Score - A&E	75.6%	79.5%	79.6%	79.6%	79.5%	83.4%	79.9%	79.3%	74.0%	80.6%	80.5%	76.2%	75.1%				
		FFT Score - Community	99.7%	98.7%	98.2%	98.7%	99.2%	98.6%	97.2%	99.1%	99.7%	98.6%	100.0%	100.0%	100.0%				
		Complaints Received	46	39	41	51	36	25	43	37	42	35	63	43	50				
Responsiveness and Activity		Inpatients Activity (Non-Elective, Elective and Day-Case)	9,168	8,874	9,190	9,772	9,551	8,627	8,990	8,211	9,308	8,946	9,836	9,406	9,915				
		Outpatients Activity	32,130	32,066	31,848	34,024	33,428	26,164	31,642	28,638	30,776	29,507	31,651	30,937	32,344				
		ED Attendances	11,622	11,036	11,159	11,376	10,824	11,252	11,364	9,976	11,722	11,435	12,312	12,235	12,839				
		A&E 4 Hours - Type 1 (excluding Goole)	90%	81.5%	87.8%	85.9%	90.6%	91.6%	86.7%	84.9%	81.6%	77.6%	85.3%	88.3%	88.1%	84.0%			
		A&E 4 Hours - ALL (including Goole)	90%	83.8%	89.2%	87.4%	91.6%	92.4%	87.9%	86.2%	83.4%	79.5%	86.6%	89.4%	89.2%	85.6%			
		RTT: % Incomplete Waiting less than 18 weeks	92%	74.8%	74.0%	72.8%	73.7%	73.2%	70.5%	69.1%	68.1%	66.2%	67.6%	70.2%	70.7%	71.0%			
		RTT: Current Incomplete List Size	0	29,638	30,114	30,008	29,957	29,759	29,494	29,273	29,073	29,396	29,723	30,107	30,153	29,366			
		RTT: Number of patients waiting more than 52 weeks	< 320	99	99	96	76	82	75	148	235	320	312	322	312	294			
		Overdue FUP: Number of patients overdue their outpatient FUP		26,281	26,747	26,977	26,367	26,182	28,451	29,844	30,570	31,569	31,908	32,134	31,433	31,410			
		Cancer: Urgent GP referrals seen in 2 weeks	93%	95.5%	97.4%	96.1%	97.5%	97.5%	96.8%	94.6%	97.1%	96.4%	97.1%	96.0%	96.4%	96.2%			
		Cancer: Treatment Started within 62 days of urgent GP referral	85%	77.9%	74.3%	61.4%	72.0%	74.6%	80.3%	69.2%	81.8%	72.6%	72.5%	69.1%	73.0%	73.3%			
		Number of Elective Cancelled Procedures	0			19			9			35			28				
Well-led		Vacancies - Doctors	23.2%	25.7%	23.5%	22.4%	23.4%	24.0%	24.3%	23.5%	23.6%	21.9%	21.9%	21.9%	21.1%				
		Vacancies - Nursing	11.5%	12.1%	11.2%	8.7%	8.9%	9.2%	9.3%	9.2%	9.8%	10.2%	10.4%	10.6%	11.2%				
		Turnover	2.0%	0.9%	0.7%	0.8%	0.7%	0.8%	0.8%	0.8%	0.6%	0.9%	1.2%	0.6%	0.5%	0.8%			
		Staff FFT - % of Staff that would recommend NLAG as a place to work	95.3%	94.2%	91.1%	90.2%	89.2%												

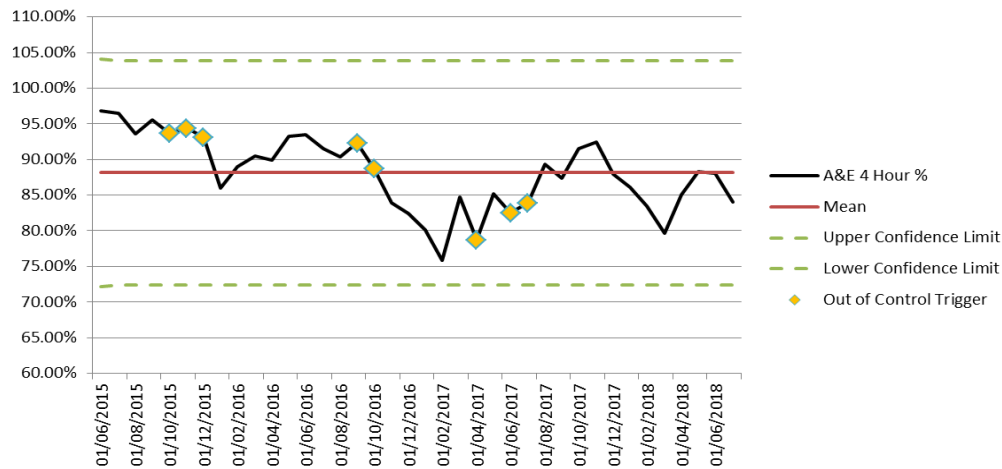
## Trust A&E Performance

Trust A&E Performance																		
Ref	Key Performance Indicator		Group By	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Last 12 Months	Current FY
<b>Demand &amp; Activity</b>																		
A1	A&E Attendances (SGH & DPOW)		Trust	11,622	11,036	11,159	11,376	10,824	11,252	11,364	9,976	11,722	11,435	12,312	12,235	12,839		
A2	Non Elective Admissions		Trust	3,939	3,920	4,061	4,350	4,129	4,331	4,530	3,940	4,481	4,133	4,362	4,196	4,413		
A3	Non Elective Length of Stay		Trust	4.90	4.70	4.70	4.70	4.40	4.40	4.50	4.90	4.90	4.90	4.90	4.70	4.70		
A4	Bed Occupancy (all)		Midday	87.0%	84.0%	89.0%	90.0%	86.0%	87.0%	92.0%	81.8%	92.6%	89.5%	90.2%	88.7%	90.7%		
			Midnight	81.0%	78.0%	82.0%	83.0%	79.0%	81.0%	86.0%	76.6%	86.3%	82.3%	82.8%	80.5%	83.2%		
A5	Number of Patients Admitted to Medical Ambulatory Care		Trust	172	165	289	411	402	469	472	374	435	414	448	419	447		
A6	Number of Patients Admitted to Surgical Ambulatory Care		Trust					39	80	112	98	69	99	124	126	141		
A7	Number of Stranded Patients (based on the 9am position at month end) - 7+ days		Trust	335	313	372	316	309	361	341	369	377	378	359	319	346		
A8	Number of Stranded Patients (based on the 9am position at month end) - 21+ days		Trust				73	81	80	84	100	104	119	104	100	93		
A9	Trust wide elective Length of Stay		Trust	2.70	2.60	2.60	2.70	2.30	2.50	2.70	2.40	1.87	3.64	2.68	2.21	2.32		
A10	30 day emergency readmissions at/below national benchmark		Trust	5.5%	6.9%	6.7%	6.6%	6.2%	7.6%	7.5%	7.2%	6.3%	6.7%	6.7%	6.4%	5.6%		
<b>Performance</b>																		
A11	A&E maximum waiting time of four hours from arrival to admission/ transfer/ discharge - Type 1	90%	Trust	81.5%	87.8%	85.9%	90.6%	91.6%	86.7%	84.9%	81.6%	77.6%	85.3%	88.3%	88.1%	84.0%		
			Trajectory											85.6%	86.7%	85.8%	84.7%	
A12	A&E maximum waiting time of four hours from arrival to admission/ transfer/ discharge - ALL (including GDH)	90%	Trust	83.8%	89.2%	87.4%	91.6%	92.4%	87.9%	86.2%	83.4%	79.5%	86.6%	89.4%	89.2%	85.6%		
			Trajectory											87.0%	88.0%	88.0%	87.0%	

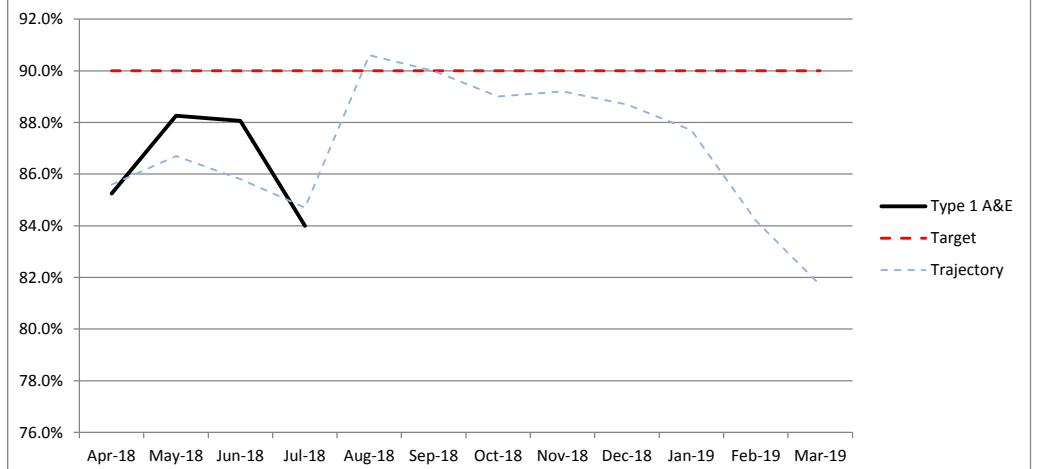
## A&E Deep Dive

A&E Deep Dive																				
Ref	Key Performance Indicator	Group By	Last 13 Months with Current Month														Q1 1819	Last Quarter	Last 12 Months	Current FY
			Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18				
<b>Indicator Area</b>																				
A&E % Within 4 Hours	v	Trust (all)	82.5%	83.9%	89.3%	87.4%	91.5%	92.5%	87.9%	86.2%	83.4%	79.5%	86.6%	89.4%	89.2%	85.6%				
		DPW	73.1%	74.8%	86.6%	84.2%	89.5%	90.3%	83.2%	83.4%	75.9%	72.6%	82.3%	84.7%	84.6%	82.4%				
		SGH	87.5%	88.8%	89.4%	87.5%	91.4%	92.9%	90.1%	86.3%	87.2%	82.5%	88.2%	91.8%	91.4%	85.6%				
		GDH	99.7%	99.9%	100.0%	99.9%	99.9%	100.0%	99.6%	99.7%	99.9%	99.9%	99.9%	99.6%	99.8%	99.6%	99.8%			

**A&E 4 Hour Attendances - Trust**



**A&E Performance vs Trajectory**



**Position**

A&E 4 hour performance has been consistent in June with May's performance (88.9% versus 89.4%) Current performance for July to date is 86.2%, mainly due to the large drop in performance at Scunthorpe (from 91.4% to 85.9% to date)  
 The number of attendances for SGH and DPOW was 12839 in July 18 and 11622 in July 17. A 10.2% increase. We have also treated 10779 patients within 4 hours more than 9470 in July 17.

**Actions being taken**

A&E performance dropped within the month due to a large increase in activity caused by the hot weather. This trend was seen throughout the country. The trust also experienced an increase in the elderly, and medical admissions within this time increasing the waits within A&E.  
 Significant staffing issues, in particular Nursing in ED and the Trusts have significantly exacerbated the position. The combined impact of vacancies, sickness levels and a large volume of annual leave is making the position challenging. A reduction in bed numbers at DPOW and SGH is also contributing to reduced flow. This is also due to staffing

## Trust Cancer Performance

Scorecard																			
Ref	Key Performance Indicator		Group By	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18		Jul-18	Last 12 Months	Current FY
<b>Demand</b>																			
C1	2 Week Waits - Urgent GP Referrals	93%	Trust	95.5%	97.4%	96.1%	97.5%	97.5%	96.8%	94.6%	97.1%	96.4%	97.1%	96.0%	96.4%		96.2%		
C2	2 Week Waits - Urgent symptomatic breast referrals	93%	Trust	94.9%	96.1%	88.1%	96.9%	96.0%	96.2%	86.2%	88.5%	94.3%	94.0%	88.8%	89.7%		85.4%		
<b>Performance</b>																			
C3	Patient waiting < 31 days from diagnosis to first definitive treatment	96%	Trust	99.3%	100.0%	97.9%	99.3%	100.0%	100.0%	94.6%	98.5%	98.7%	100.0%	99.3%	97.9%		97.9%		
C4	Patient waiting < 31 days for subsequent treatment (surgery)	94%	Trust	86.7%	100.0%	100.0%	100.0%	92.3%	100.0%	82.4%	100.0%	100.0%	100.0%	95.2%	100.0%		93.7%		
C5	Patient waiting < 31 days for subsequent treatment (anti-cancer drug)	98%	Trust	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	97.5%	100.0%	100.0%	97.9%		97.9%		
C6	Patient waiting < 62 days from urgent GP referral to first definitive treatment	85%	Trust	77.9%	74.3%	61.4%	72.0%	74.6%	80.3%	69.2%	81.8%	72.6%	72.5%	69.1%	73.0%		73.3%		
			Trajectory											71.8%	68.8%	72.4%		73.3%	
C7	Patient waiting < 62 days referral from an NHS screening service to first definitive treatment	90%	Trust	83.3%	100.0%	88.2%	77.8%	75.0%	71.4%	82.4%	80.0%	93.3%	100.0%	77.8%	77.8%		88.9%		

Validated up to June 2018

## Cancer Deep Dive

Cancer Deep Dive																				
Ref	Key Performance Indicator	Group By	Last 13 Months with Current Month														Same Q Last Year	Last Quarter	Last 12 Months	Current FY
			Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18				
<b>Indicator Area</b>																				
	All Cancers - Maximum 62 day wait for first treatment	> 85.0%	Trust	57.1%	77.9%	74.3%	61.4%	72.0%	74.6%	80.3%	69.2%	81.8%	72.6%	72.5%	69.1%	73.0%	73.3%			

Quarter 2 (2018) (to-date, as of 13/08)	Total Treatments	Accountable breaches to be uploaded (NLAG)	NLAG current % to be uploaded	Accountable breaches following breach re-allocation (more than day 38)	Total accountable breaches after breach re-allocation	Total forecast % after breach re-allocation
Breast	28	2	92.86%	0	2	92.86%
Colorectal	20.5	11.5	43.90%	2.5	14	31.71%
CUP	0	0		0	0	
Gynaecology	7.5	1	86.67%	1	2	73.33
Haematology	3	0	100.00%	0	0	100.00%
Head & Neck	4	1	75.00%	1	2	50.00%
Lung	12.5	3	76.00%	2	5	60.00%
Other (surgery)	0	0		0	0	
Sarcoma	0	0		0	0	
Skin	3.5	0	100.00%	0	0	100.00%
Upper GI	7.5	2.5	53.33%	2.5	5	20.00%
Urology	22	9	59.09%	2	11	50.00%
Trust	108.5	30	72.35%	11	41	62.21%

Quarter 2 (to-date, as of 13/08) position against 62 day Referral to Treatment standard of 85% and based on day 38 breach allocation (forecasted but awaiting Cancer Waiting Times guidance clarification)

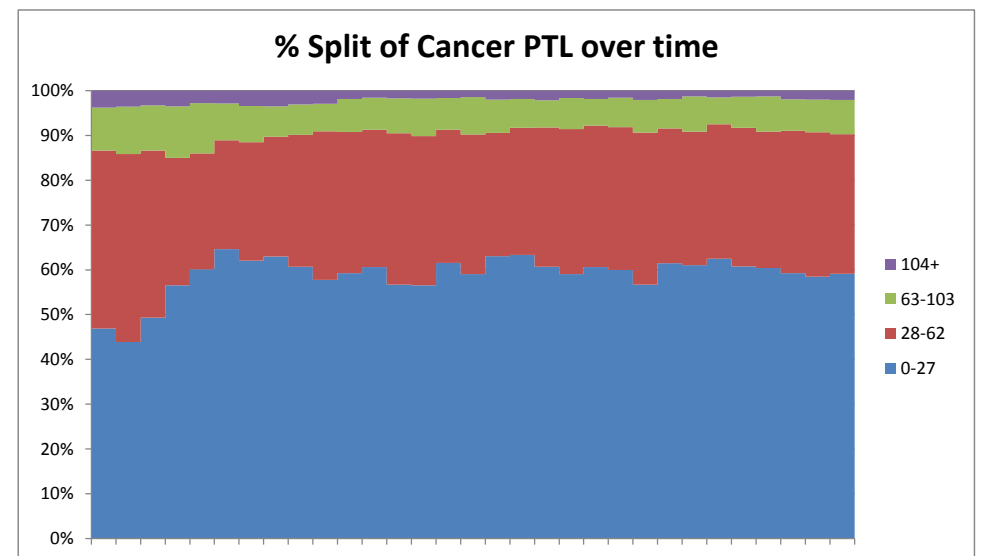
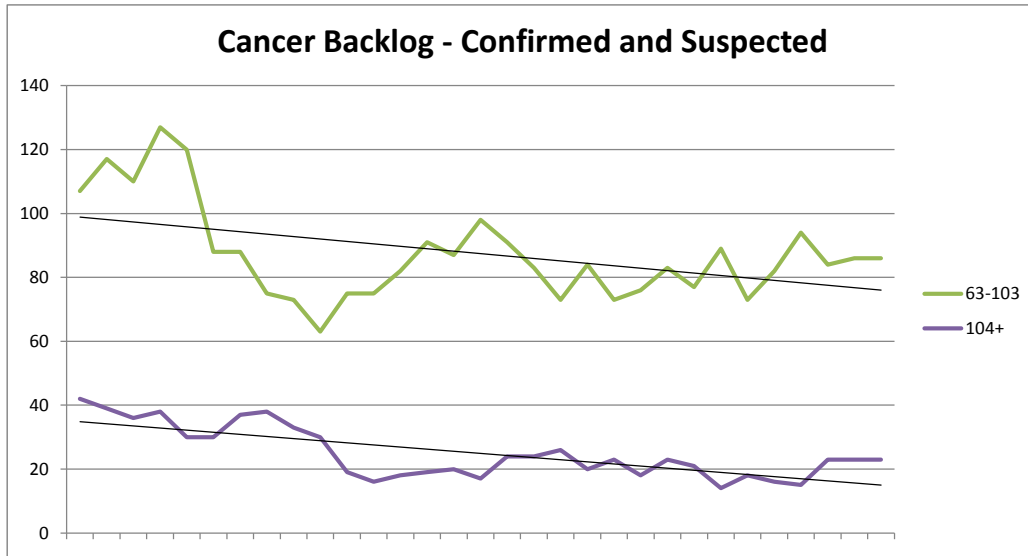
IPT Breach reallocation in the table assumes the following:

- This is a forecast position until after upload to Open Exeter and the breach/treatment re-allocation is confirmed
- Any IPT (for treatment) after Day 38 will be a full breach for NLAG (currently 0.5 shared)
- Treatment reallocation has not yet been confirmed by NHSE and is therefore not factored in at the current time
- IPTS > Day 38 treatment > Day 62 remain shared treatments
- Performance has been adjusted to take account of the above

## Cancer Deep Dive

### Cancer Deep Dive - 104 Day Patients

104+	Number of Patients	TCI in July	TCI in Aug	Treated/TCI Total	Without TCI at 30/07	OPA	In Diagnostics	Awaiting TCI from Tertiary Provider	Awaiting TCI at NLAG	Awaiting Decision
Confirmed	8	1	1	2	5	0	3	1	0	1
Suspected	15	0	4	4	12	4	4	1	0	3
<b>Total</b>	<b>23</b>	<b>1</b>	<b>5</b>	<b>6</b>	<b>17</b>	<b>4</b>	<b>7</b>	<b>2</b>	<b>0</b>	<b>4</b>



The overall number of patients on the backlog of 104+ days had reduced to 14 (03/07) but had started to increase again, it is currently at 23 (as of 13/08). There are now 7 patients waiting longer than 125 days (2 with treatment dates), and 16 patients between 104-124 days, (4 who have been treated or have TCI date), leaving 12 patients who at this time did not have a TCI.

Wait Band	03/04/2018	09/04/2018	17/04/2018	23/04/2018	30/04/2018	15/05/2018	21/05/2018	29/05/2018	04/06/2018	11/06/2018	18/06/2018	25/06/2018	03/07/2018	09/07/2018	16/07/2018	23/07/2018	30/07/2018	06/08/2018	13/08/2018
0-27	597	616	756	696	771	816	732	716	746	691	642	713	687	759	719	720	713	686	663
28-62	356	363	365	368	337	366	375	392	389	367	384	349	335	365	366	363	383	378	349
63-103	82	91	87	98	91	83	73	84	73	76	83	77	89	73	82	94	84	86	86
104+	18	19	20	17	24	24	26	20	23	18	23	21	14	18	16	15	23	23	23



## Trust Waiting List Performance

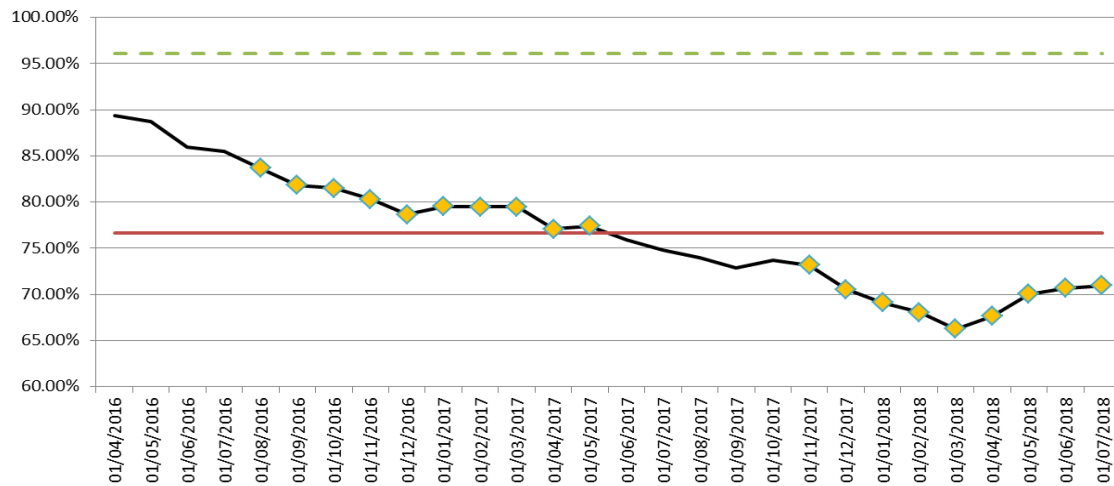
Scorecard																		
Ref	Key Performance Indicator	Target	Group By	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Last 12 Months	Current FY
<b>Demand</b>																		
R1	Outpatient Referrals	TBD	Trust	11,850	11,558	11,462	12,176	12,220	9,694	11,894	10,982	11,976	11,716	12,526	11,932	11,808		
R2	Outpatient New	TBD	Trust	10,575	9,946	10,550	10,918	10,883	8,688	10,839	9,775	10,140	9,940	10,622	10,265	10,886		
R3	Outpatient Review	TBD	Trust	21,555	22,120	21,298	23,106	22,545	17,476	20,803	18,863	20,636	19,567	21,029	20,672	21,458		
R4	Elective	TBD	Trust	559	545	593	622	607	451	410	444	435	444	625	609	590		
R5	Day Case	TBD	Trust	4,670	4,409	4,536	4,800	4,815	3,845	4,050	3,827	4,392	4,369	4,849	4,601	4,912		
R6	Outpatients Utilisation %	TBD	Trust	83.8%	85.0%	84.3%	83.0%	83.4%	82.2%	81.4%	82.2%	83.0%	84.8%	86.5%	87.2%	86.3%		
R7	Elective Theatre Utilisation %	TBD	Trust	76.1%	75.9%	76.0%	72.7%	77.3%	69.6%	69.3%	71.3%	71.8%	75.1%	74.7%	77.3%	75.3%		
R8	Number of Review Outpatient Appointments Overdue	TBD	Trust	26,281	26,747	26,977	26,367	26,182	28,451	29,844	30,570	31,569	31,908	32,134	31,433	31,410		
R9	Patients on an Incomplete RTT Pathway		Trust	29,638	30,114	30,008	29,957	29,759	29,494	29,273	29,073	29,396	29,723	30,107	30,153	29,366		
R10	Patients on an Incomplete RTT Pathway waiting > 18 Weeks		Trust	7,465	7,836	8,152	7,871	7,990	8,694	9,049	9,285	9,928	9,618	8,982	8,846	8,525		
R11	Patients on an Incomplete RTT Pathway waiting > 40 Weeks		Trust	801	817	889	816	979	1,162	1,309	1,455	1,570	1,452	1,464	1,439	1,399		
R12	Patients on an Incomplete RTT Pathway waiting > 52 Weeks	< 320	Trust	99	99	96	76	82	75	148	235	320	312	322	312	294		
			Trajectory											316	322	315	309	

Scorecard																		
Ref	Key Performance Indicator	Target	Group By	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Last 12 Months	Current FY
<b>Performance</b>																		
R13	Maximum time for 18 weeks from point of referral to Treatment (18 weeks RTT) - Incomplete	92%	Trust	74.8%	74.0%	72.8%	73.7%	73.2%	70.5%	69.1%	68.1%	66.2%	67.6%	70.2%	70.7%	71.0%		
			Traj											66.1%	66.8%	70.8%	71.3%	
R14	Maximum 6-week wait for diagnostic procedures	99%	Trust	95.8%	93.1%	93.4%	92.6%	94.7%	92.6%	90.5%	93.3%	91.5%	89.6%	82.9%	85.5%	86.6%		
R15	Dementia assessment and referral: appropriately assess	90%	Trust										90.2%	88.9%	86.8%			
R16	Cancelled Patients not offered another date within 28 days	0	Trust			19			9			35			28			

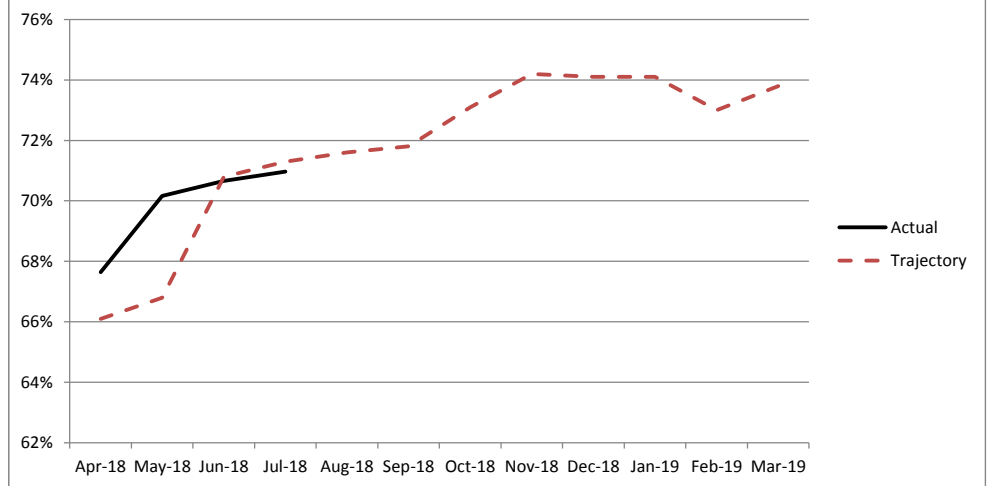
### RTT - Incomplete % Deep Dive

RTT - Incomplete % Deep Dive																				
Ref	Key Performance Indicator	Group By	Last 13 Months with Current Month														Same Q Last Year	Last Quarter	Last 12 Months	Current FY
			May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18				
<b>Indicator Area</b>																				
	Maximum time for 18 weeks from point of referral to Treatment (18 weeks RTT) - Incomplete	Trust	77.40%	75.88%	74.81%	73.98%	72.83%	73.72%	73.15%	70.52%	69.09%	68.06%	66.23%	67.64%	70.04%	70.66%	70.97%			
		DPW	74.30%	72.97%	71.87%	71.93%	70.85%	72.98%	72.29%	69.66%	68.76%	67.87%	65.83%	67.73%	71.00%	71.79%	72.89%			
		SGH	80.38%	78.59%	77.70%	76.31%	74.67%	74.26%	74.44%	71.74%	69.71%	68.43%	66.95%	67.70%	69.25%	69.60%	69.05%			
		GDH	80.11%	78.42%	76.36%	73.46%	74.39%	75.05%	71.65%	69.44%	67.82%	67.38%	64.82%	66.78%	68.53%	69.74%	70.24%			

RTT Incomplete % - Trust



RTT Performance vs Trajectory



**Position**

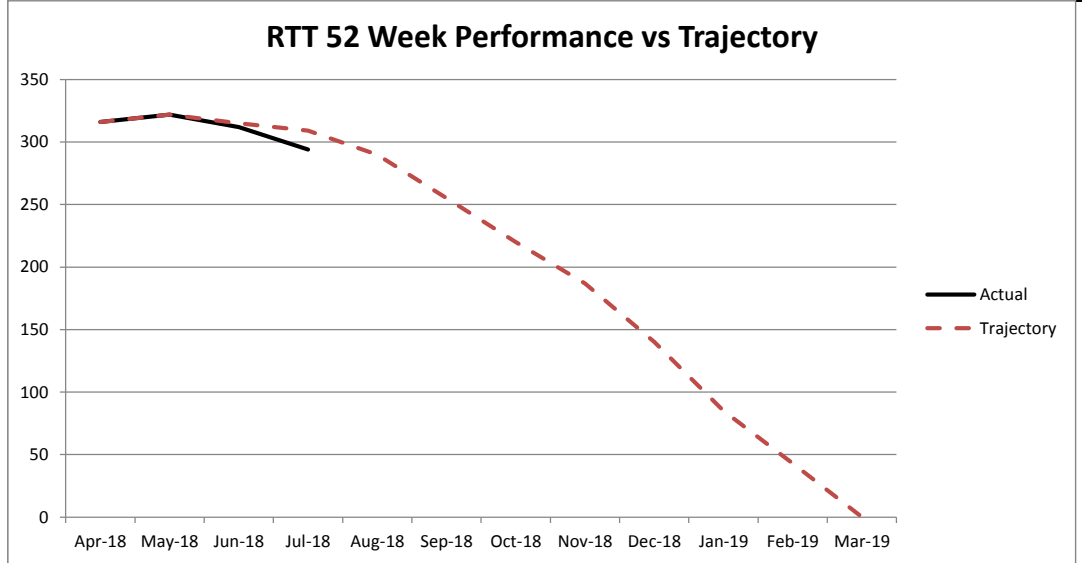
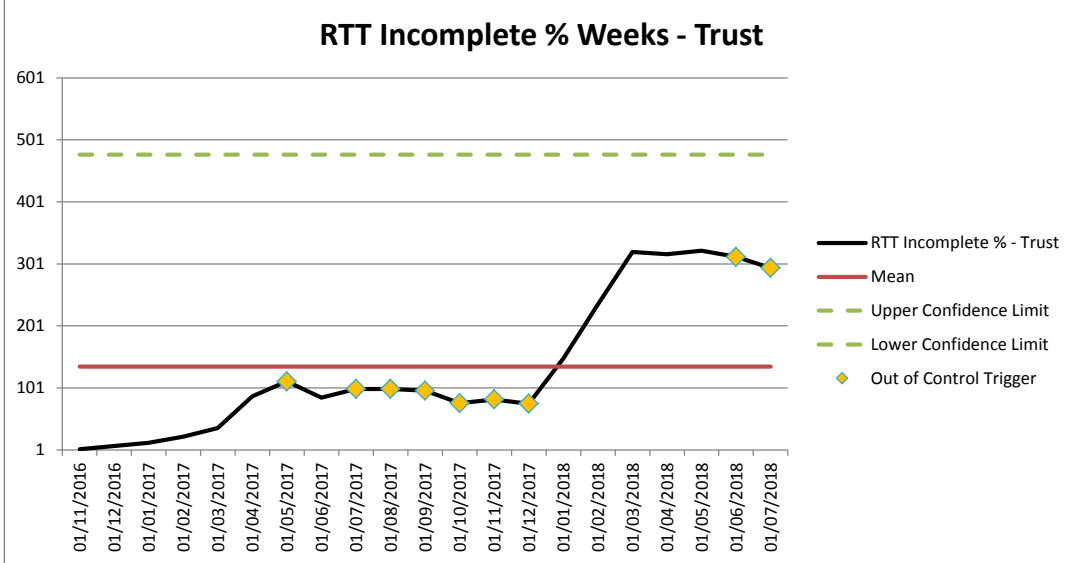
RTT performance dipped to the lowest level in March-18, at 66.2%. This has began to rise to a validated position in July-18 of 70.97%.  
 RTT performance is lowest within the SGHsite, with DPOW greatly increasing their performance from 65.8% to 72.9% in July-18.  
 The Trust also has a requirement to ensure the overall incomplete waiting list size does not grow from the March 2018 position. The number was 29396 in March and is 29366 at the end of July.

**Actions being taken**

The governance processes highlighted in the S31 response are in place. A weekly RTT PTL meeting is held with all specialities every week chaired by the Operational Improvement Director or the COO. This is underpinned by the mobilisation of the specialty plans for the 8 most at risk specialties which is starting to be delivered. This will slow down in August due to high amounts of annual leave, increasing sickness rates and difficulties in staffing with bank and agency. In addition the next phase of Capacity and demand is underway with 2 additional confirm and challenge meetings with the specialities in August and September.  
 The transfer of work to Goole will be dependant on the capital works required and nurse recruitment. Plans are being explored to transfer work for pain services and ENT to St Hughes in agreement with the CCG's due to

## RTT - Incomplete 52 Deep Dive

RTT - Incomplete 52 Deep Dive																					
Ref	Key Performance Indicator	Group By	Last 13 Months with Current Month														Same Q Last Year	Last Quarter	Last 12 Months	Current FY	
			May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18					Jul-18
<b>Indicator Area</b>																					
RTT - Number of patients on an incomplete pathway waiting over 52 weeks at month end			Trust	111	85	99	99	96	76	82	75	148	235	320	316	322	312	294			
			DPW	69	43	57	51	45	34	39	28	48	79	113	87	100	88	86			
			SGH	41	40	41	43	45	39	38	41	84	128	166	186	174	182	174			
			GDH	1	2	1	5	6	3	5	6	16	28	41	43	48	42	34			



**Position**

The number of 52 week breaches at month end reached its peak in May, but has been dropped across June and July meeting the Trust's agreed trajectory to remove its backlog.

The number of breaches per site has consistently dropped.

The majority of the breaches are within Surgery and Critical care, however these breaches have also dropped from March-18 (from 320 to 294).

**Actions being taken**

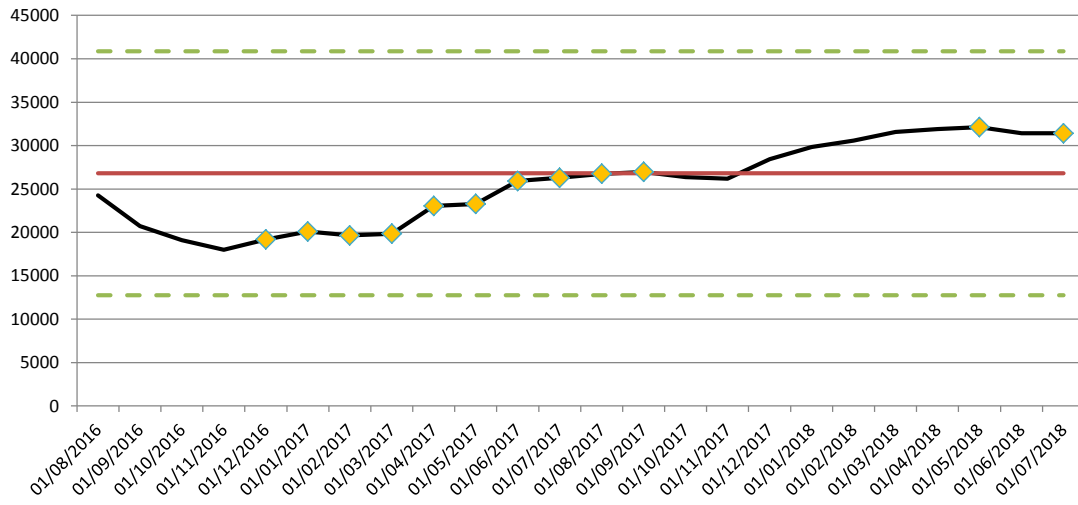
Each specialty has a recovery trajectory as part of the overall RTT improvement required. These are being implemented. There are challenges in Pain services and ENT due to capacity constraints and the Trust is working with an alternative provider to assist in the intervening period.

Orthopaedics issues at SGH will be addressed from September when Job planning changes take place. The position is challenging due to staffing shortages and increasing Consultant sick leave in General Surgery and Anaesthetics. The position is also under pressure due to the increasing cancer referrals for Urology, Lung and Gynaecology in particular.

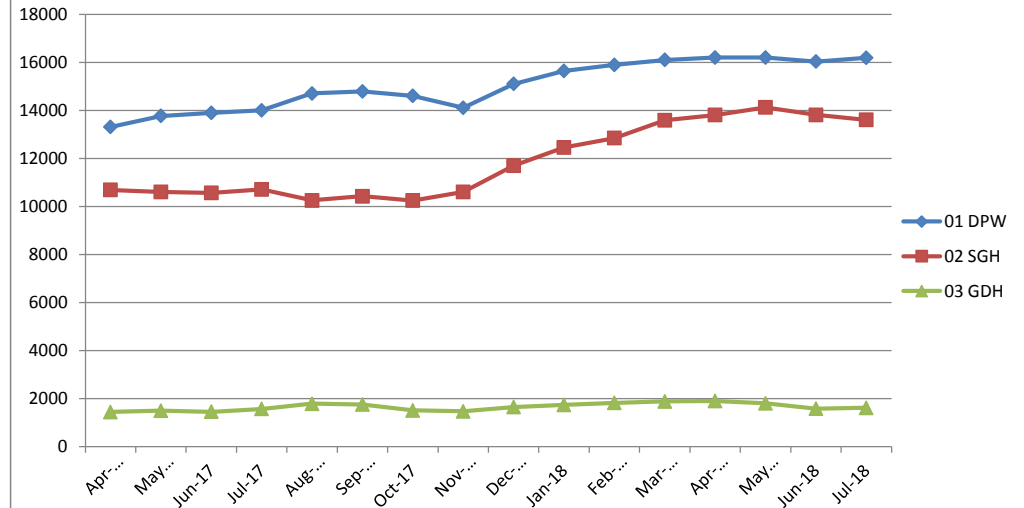
## Outpatient Review Overdue Deep Dive

Outpatient Review Overdue Deep Dive																				
Ref	Key Performance Indicator	Group By	Last 13 Months with Current Month														Same Q Last Year	Last Quarter	Last 12 Months	Current FY
			Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18				
<b>Indicator Area</b>																				
Number of Review Outpatient Appointments Overdue	Trust	25917	26281	26747	26977	26367	26182	28451	29844	30570	31569	31908	32134	31433	31410					
		DPW	13898	14004	14707	14794	14609	14111	15103	15647	15894	16102	16202	16205	16035	16189				
		SGH	10566	10706	10253	10426	10249	10601	11695	12459	12850	13587	13806	14125	13814	13606				
		GDH	1453	1571	1787	1757	1509	1470	1653	1738	1826	1880	1900	1804	1584	1615				

Outpatient Overdue Reviews - Trust



Overdue Outpatient Reviews by Site



**Position**

Outpatient overdue reviews continued to rise until May-18. These have now stabilised across June and July, with DPOW and GDH figures rising. Scunthorpe has however been dropping since May-2018.

**Actions being taken**

The Trust also made the commitment not to allow the OP overdue list to increase from the March 2018 position given the previous position and the untenable position for patients going forward. The same processes are used for this element of waiting list management as that for live RTT. In addition the continuing work on service improvement, using nurses to undertake work that would hitherto be undertaken by Drs and using virtual and telephone clinics is beginning to start. e.g. Urology.

## Trust Safety Performance

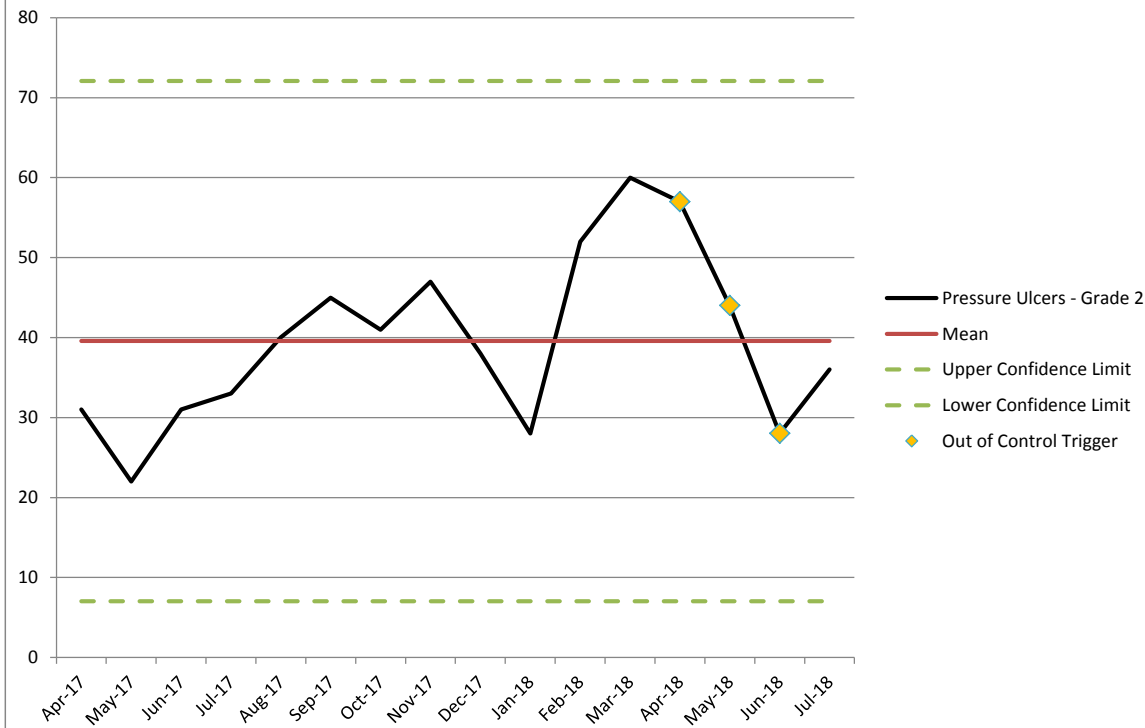
Scorecard																		
Ref	Key Performance Indicator		Group By	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Last 12 Months	Current FY
<b>Performance</b>																		
S1	MRSA (hospital acquired)	TBD	Trust	0	0	0	1	0	0	0	0	0	0	0	0	0		
S2	Full ward closure due to outbreak	TBD	Trust	0	0	0	0	0	3	0	7	3	0	0	0	0		
S3	Patients Falls Causing moderate, major or catastrophic harm	TBD	Trust	2	3	0	2	1	4	0	4	1	2	1	0	0		
S4	Pressure Ulcers (Grade 2 only)	TBD	Trust	33	40	45	41	47	38	28	52	60	57	44	28	36		
S5	Pressure Ulcers Grade 3	TBD	Trust	4	5	7	4	2	4	5	9	9	5	10	1	11		
S6	Pressure Ulcers Grade 4	0	Trust	0	0	0	0	0	0	0	2	0	0	0	0	0		
S7	Pressure Ulcers - Unstageable	TBD	Trust	10	2	5	3	1	1	2	3	3	5	6	6	6		
S8	Medication Errors	TBD	Trust	139	171	113	81	77	67	109	117	96	92	121	68	101		
S9	Serious Incidents - Raised in Month	TBD	Trust	6	5	6	10	6	8	19	7	14	8	9	5	13		
S10	VTE %	95%	Trust	94.3%	93.1%	92.7%	92.9%	73.7%	92.3%	93.8%	93.4%	90.5%	91.7%	91.3%	92.6%	91.7%		
S11	Catheter Associated UTI	TBD	Trust				16	10	17	12	13	23	29	12	20	26		
S12	Number of Never Events	TBD	Trust	0	0	1	0	0	0	0	0	0	0	0	0	0		

Scorecard																		
Ref	Key Performance Indicator		Group By	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Last 12 Months	Current FY
S13	C.Diff plan: Actual versus Plan	TBD	Trust	2	0	1	0	1	1	0	1	0	0	1	0	1		
S14	C.Diff: Overall infection rate	TBD	Trust	7.0	1.0	5.0	0.0	3.0	3.0	2.0	5.0	3.0	2.0	2.0	1.0	2.0		
S15	The Deprivation of Liberty Safeguards (DoLs)									35	28	37	24	11	18	30		
S16	Duty of Candor	TBD	Trust	0	0	0	0	0	0	0	0	1	0	0	0	0		
S17	Complaints Received in Month	TBD	Trust	46	39	41	51	36	25	47	37	45	37	64	43	50		
S18	SHMI - Rolling 12 Month	TBD	Trust			114			119			119			119			
S19	HSMR - Rolling 12 Month	TBD	Trust	111	113	115	117	116	116	117	118	118	117	117	115			
S20	Safety Thermometer - Acute	TBD	Trust	88.9%	89.6%	87.3%	85.6%	89.2%	92.3%	90.9%	92.2%	90.4%	89.3%	90.2%	90.4%	90.8%		
S21	Safety Thermometer - Community	TBD	Trust	95.1%	98.3%	96.7%	96.0%	95.6%	98.2%	95.7%	97.6%	96.2%	93.6%	93.1%	92.0%	92.8%		
S22	Gram Negative blood stream infections	TBD	Trust	3	0	4	8	7	4	2	2	1	11	11	4	7		
S23	Medical Outliers	TBD	Trust	54	110	120	176	160	206	340	311	328	273	265	194	264		

## Pressure Ulcer Deep Dive

Pressure Ulcer Deep Dive																	
Ref	Key Performance Indicator	Group By	Last 13 Months with Current Month													Last 12 Months	Current FY
			Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18		
<b>Indicator Area</b>																	
	Number of Pressure Ulcers	2	33	40	45	41	47	38	28	52	60	57	44	28	36		
		3	4	5	7	4	2	4	5	9	9	5	10	1	11		
		4	0	0	0	0	0	0	0	2	0	0	0	0	0		
		Un	10	2	5	3	1	1	2	3	3	5	6	6	6		

### Pressure Ulcer Grade 2 - Trust



#### Update on Pressure Ulcers

Pressure Ulcers have been an ongoing area of focus for the nursing team during 2018. An internal review of the current trust position has been undertaken and an action plan has been developed to address issues identified with process and procedures, validation and reporting. A further external review of service provision took place on 31/07/2018 support from NHSE wound care colleagues to assess if the TVN provision is appropriately resourced. A report of the review with service and resource recommendations is expected August 2018.

The NHSI newly revised definition and measurement framework was released July 2018, an action plan is in development for implementation. One element of this is no longer reporting of avoidable / unavoidable, and all incidents will be taken to RCA and explored.

The TVN team have been actioned with verification of all category 2,3,4,SDTI, U/S pressure ulcers hospital acquired to gain assurance that there is accuracy of data reporting.

RCA meetings are being held for all Category 3 & 4 and unstageable ulcers to identify lessons learned and omissions in care. A new system of harm free care boards for RCA review is to commence with Deputy Chief Nurse, ward managers with operational matrons to be present with TVN Lead and representative.

Pressure Ulcer training has been suspended for 3 months to concentrate on ward support training. Commencing 20/8/18 a bank B5 in TV service to deliver 4 days weekly ward training of all staff, whilst working alongside. Rotation of this role will take place between 3 sites, with identified outlier wards initially.

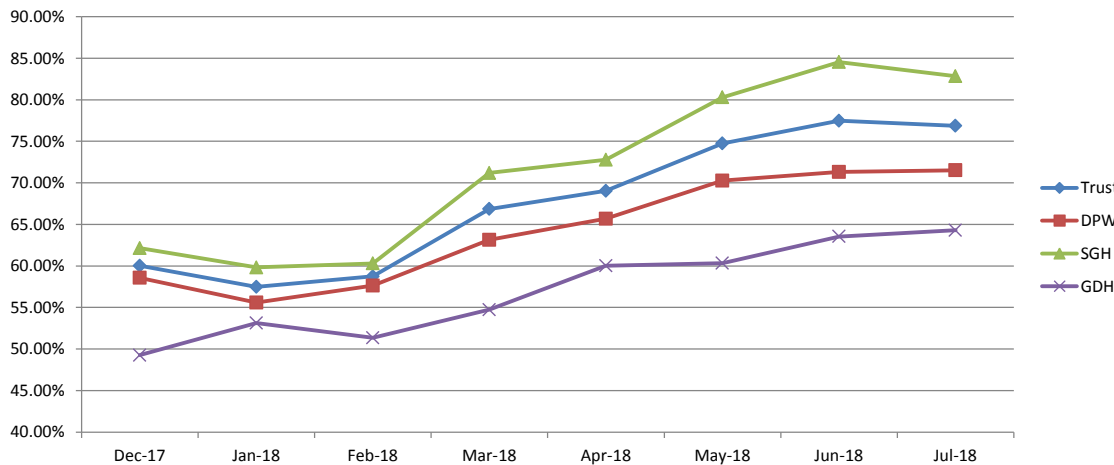
Promotional material is in development for pressure ulcer prevention and PJ paralysis with communications and engagement team ; screen savers React to risk now active; posters in development; certificate created; celebration of 100 days free to be advertised; ward 11 SGH 5 months PU free! Ward 24 had all staff intensive training and has had 2 months free so far.



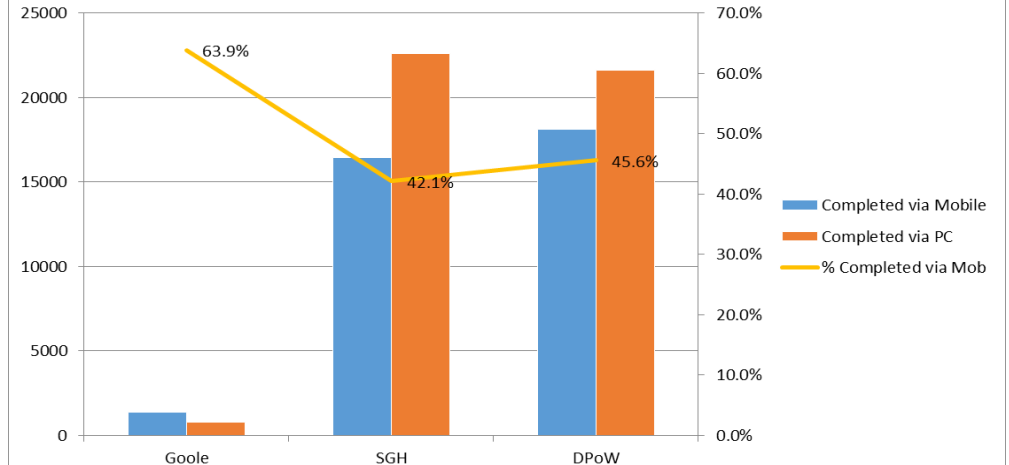
## Deteriorating Patients Deep Dive

Deteriorating Patients Deep Dive																
Ref	Key Performance Indicator	Group By	Last 5 Months with Current Month								Group By	Indicator Area				
			Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18		May-18	Jun-18	Jul-18		
D1	Early Warning Scores - % recorded on time [Site breakdown]	Trust	60.02%	57.48%	58.75%	66.86%	69.05%	74.76%	77.49%	76.87%	D2	Early Warning Scores - % recorded on a mobile device [Site breakdown] - only May 2018 data available	Trust	39.70%	44.40%	45.41%
DPW		58.57%	55.60%	57.64%	63.13%	65.69%	70.26%	71.31%	71.52%	DPW	41.32%		45.60%	47.00%		
SGH		62.14%	59.82%	60.31%	71.20%	72.78%	80.31%	84.54%	82.85%	SGH	37.88%		42.10%	42.30%		
GDH		49.26%	53.14%	51.36%	54.74%	60.03%	60.35%	63.55%	64.29%	GDH	43.09%		63.90%	69.85%		

**EWS - % recorded on time by site**



**EWS Being Recorded via Mobile Devices**



**Position**

Using data available from Web V, recording of Early Warning Scores is now available and being reported at ward level, populating ward based scorecards designed to enable ward level ownership of the data and to support improvement work.

Since monitoring began in December 2017, recording of Early Warning Scores on time, in line with the Trust's policy, across the Trust's 3 sites has increased.

The chart to the right, indicates the number of observations being recorded on mobile devices. Observations recorded on mobile devices are likely to be used at the point of taking observations. Observations not recorded on a mobile device have the increased risk of being entered at a later time, thereby potentially resulting in an under reporting of performance.

**Actions being taken**

Deteriorating patient ward scorecard (includes NEWS, cardiac arrest, mortality, DNACPR, abx) rolled out during April 2018;

Ward level action plans in development now;

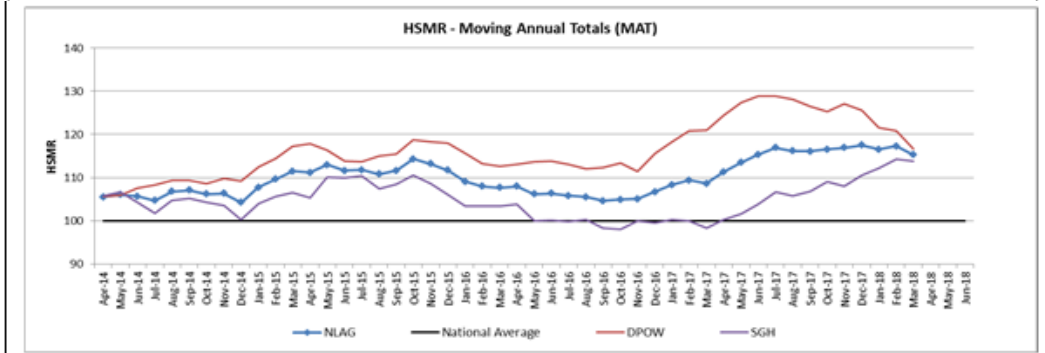
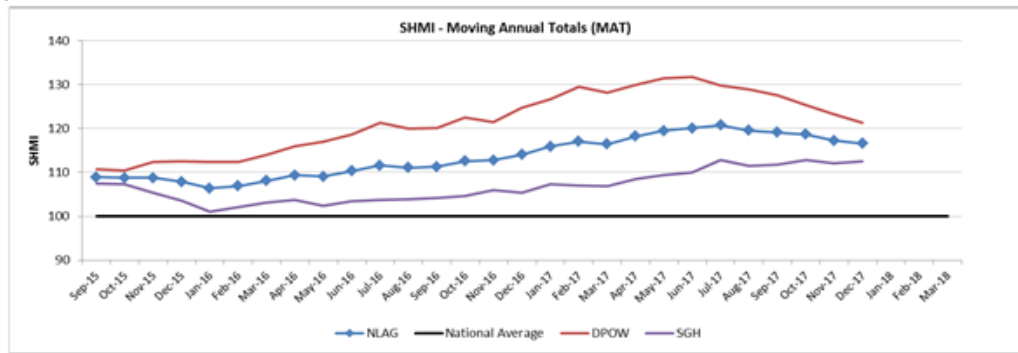
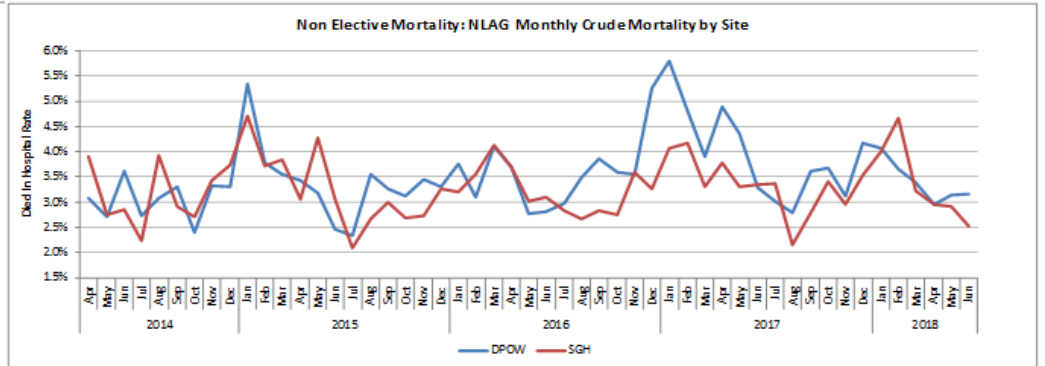
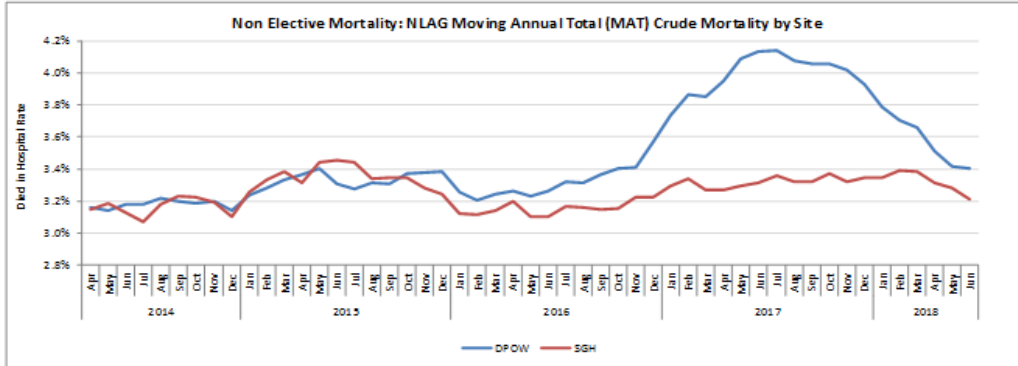
Additional project support to aid wards get the best from this improved reporting;

Handheld devices (all enabled by end of July 18) and monitoring of uptake through WebV;

Use of devices to record sepsis screening from June leading to collation and use of accurate / live / comprehensive data re. sepsis performance (end of July 18).

## Mortality Deep Dive

### Mortality Deep Dive



**Position**

Crude mortality (all & non-elective) (Moving Annual Total) above statistically calculated limits, although reduced to ~1.56% (all deaths) and again non-elective has reduced to ~3.48%, the 6th consecutive month this has reduced;

Non-elective mortality (Moving Annual Total) reducing trend over the last 6 months on the DPOW site. Note the gradual increase in crude mortality at SGH;

HED SHMI for the Trust shows 5 month consecutive reduction, HSMR for the Trust shows gradual increasing trend;

Official SHMI release likely to be received later than scheduled, likely to be received no earlier than July 2018; currently in the 'higher than expected' banding.

**Actions being taken**

- Two consultant clinical leads appointed to focus on mortality, at each of the two main hospital sites
- Learning from deaths – priority to clinically review higher proportion of deaths to provide greater assurance (30% by 31 Oct 18)
- Consultant level feedback from learning from death reviews (31 July 18)
- Strengthening of M&M arrangements (30 Sept 18)
- Review and strengthen mortality report going to MIG to include process measures and outcome measures (including KPIs) enabling MIG to oversee/prioritise work streams (31 July 18)
- Strengthening of M&M arrangements (30 Sept 18)

## Trust Caring Performance

Scorecard																		
Ref	Key Performance Indicator		Group By	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Last 12 Months	Current FY
<b>Performance</b>																		
C1	New Complaints	TBD	Trust	46	39	41	51	36	25	43	37	42	35	63	43	50		
C2	Hand Hygiene Audit - Nursing	TBD	Trust	96.0%	97.0%	95.0%	96.0%	95.0%	96.0%	97.0%	96.0%	95.0%	97.0%	96.0%	96.0%	96.0%		
C3	Mixed Sex Accomodation Breaches	TBD	Trust	59	76	64	72	60	52	73	70	73	66	78	65	66		
C4	Safeguarding Level 1 Training (trust)	TBD	Trust	85.0%	86.0%	86.0%	86.0%	85.0%	84.0%	84.0%	84.0%	84.0%	84.0%	84.0%	85.0%			
C5	Safeguarding Level 2 Training (trust)	TBD	Trust	89.0%	89.0%	89.0%	89.0%	89.0%	87.0%	87.0%	87.0%	88.0%	88.0%	88.0%	89.0%			
C6	FFT - Recommendation Rate - Inpatients	TBD	Trust	97.4%	97.9%	96.6%	98.4%	98.1%	97.7%	97.8%	97.5%	99.0%	98.1%	97.5%	96.9%	97.4%		
C7	FFT - Response Rate - Inpatients	TBD	Trust	35.2%	30.2%	25.8%	25.6%	27.4%	22.6%	21.8%	22.2%	18.4%	25.0%	23.0%	23.2%	20.0%		
C8	FFT - Recommendation Rate - A&E	TBD	Trust	75.6%	79.5%	79.6%	79.6%	79.5%	83.4%	79.9%	79.3%	74.0%	80.6%	80.5%	76.2%	75.1%		
C9	FFT - Response Rate - A&E	TBD	Trust	7.6%	4.0%	6.2%	9.2%	7.4%	5.8%	7.0%	6.4%	7.1%	7.5%	7.3%	7.5%	7.1%		
C10	FFT - Recommendation Rate - Maternity	TBD	Trust	100.0%	100.0%	100.0%	100.0%	96.0%	95.7%	100.0%	100.0%	96.3%	100.0%	98.7%	100.0%	100.0%		
C11	FFT - Response Rate - Maternity	TBD	Trust	17.5%	15.2%	14.7%	21.8%	18.5%	15.7%	14.9%	18.2%	20.7%	40.8%	20.2%	20.7%	8.6%		
C12	FFT - Recommendation Rate - Community	TBD	Trust	99.7%	98.7%	98.2%	98.7%	99.2%	98.6%	97.2%	99.1%	99.7%	98.6%	100.0%	100.0%	100.0%		
C13	FFT - Response Rate - Community	TBD	Trust	4.1%	2.6%	2.8%	3.6%	4.1%	2.8%	2.4%	4.1%	5.3%	4.7%	2.5%	3.1%	2.8%		

## Trust Well Led Performance

Scorecard																		
Ref	Key Performance Indicator		Group By	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Last 12 Months	Current FY
<b>Performance</b>																		
P1	Safer Staffing fill rate - Registered Staff	TBD	Trust	93.9%	93.9%	94.1%	96.1%	97.9%	95.1%	95.8%	94.9%	94.5%	95.9%	97.6%	95.0%	95.0%		
P2	Safer Staffing fill rate - Carer Staff	TBD	Trust	101.9%	101.5%	102.9%	101.8%	102.5%	96.6%	98.4%	98.6%	99.6%	102.8%	103.1%	98.3%	96.8%		
P3	Care Hours per Patient per Day (CHPPD)	TBD	Trust	7.5	7.7	7.7	7.5	7.8	7.5	7.3	7.1	7.1	7.4	7.5	7.0			
P4	Staff Turnover FTE	TBD	Trust	97.0	46.1	34.0	37.2	34.4	40.9	38.7	30.5	46.2	57.0	28.5	25.4	39.7		
P5	% Vacancy factor	TBD	Trust	9.3%	9.9%	9.1%	9.0%	9.1%	9.7%	9.5%	9.0%	9.2%	9.5%	9.8%	9.7%	9.2%		
P6	% Turnover rate	TBD	Trust	2.0%	0.9%	0.7%	0.8%	0.7%	0.8%	0.8%	0.6%	0.9%	1.2%	0.6%	0.5%	0.8%		
P7	Sickness levels	TBD	Trust	4.3%	4.4%	4.3%	4.4%	4.6%	4.8%	5.3%	4.9%	4.2%	3.9%	4.0%	4.5%			
P8	% Trust wide mandatory training compliance	TBD	Trust	85.1%	88.0%	87.4%	84.4%	84.0%	87.0%	87.0%	87.0%	88.1%	89.0%	87.0%	83.0%	81.0%		
P9	PADR rate	TBD	Trust	77.0%	79.0%	77.0%	73.0%	70.0%	69.0%	69.0%	70.0%	68.0%	75.0%	75.0%	72.0%	68.0%		
P10	Total Agency expenditure (£000)	TBD	Trust	£2,621	£2,654	£2,482	£2,475	£2,333	£2,098	£2,184	£1,918	£1,652	£1,994	£2,114	£ 1,965	£ 2,265		
P11	Distance from providers gap (cumulative)	TBD	Trust	18.5%	26.5%	30.8%	37.4%	41.7%	43.5%	45.8%	46.2%	45.4%	22.3%	26.3%	28.4%	28.2%		

Scorecard																			
Ref	Key Performance Indicator		Group By	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Last 12 Months	Current FY	
P12	NHS Survey Overall Engagement	TBD	Trust										3.54						
P13	NHS Survey, "I would recommend my organisation as a place to work"	TBD	Trust										43.0%						
P14	Staff Friends & Family Test % recommended care	TBD	Trust	95.3%	94.2%	91.1%	90.2%	89.2%	Not Yet Available										
P15	Proportion of temporary staff	TBD	Trust	8.9%	9.3%	8.5%	8.6%	8.7%	8.9%	9.0%	9.2%	9.4%	9.1%	9.1%	8.4%	7.8%			
P16	Medical staff vacancy	TBD	Trust	23.2%	25.7%	23.5%	22.4%	23.4%	24.0%	24.3%	23.5%	23.6%	21.9%	21.9%	21.9%	21.1%			
P17	Nursing staff vacancy	TBD	Trust	11.5%	12.1%	11.2%	8.7%	8.9%	9.2%	9.3%	9.2%	9.8%	10.2%	10.4%	10.6%	11.2%			
P18	Ratio of midwives to births - DPOW	01:28	Trust	1:29.70	1:29.91	0.00105	1:29:37	1:29.47	1:29.47	1:28.70	01:29.1	01:28.6	01:28.9	01:28.5	01:28.4				
P19	Ratio of midwives to births - SGH	01:28	Trust	1:25.05	1:23.68	1:24.54	1:22.90	1:23.40	1:23.40	1:23.85	01:23.3	01:22.8	01:23.7	01:23.9	01:23.4				