

UNITED LINCOLNSHIRE HOSPITALS NHS TRUST

INTEGRATED PERFORMANCE REPORT

PERIOD TO 31 OCTOBER 2018

Excellence in rural healthcare

| | |
|----------------------------|--|
| To: | Trust Board |
| From: | Paul Matthew, Acting Director of Finance & Procurement |
| Date: | 30 th November 2018 |
| Healthcare standard | All healthcare standard domains |

| | | | |
|--|--|--|-------------|
| Title: | Integrated Performance Report for October 2018 | | |
| Author/Responsible Director: Paul Matthew, Acting Director of Finance & Procurement | | | |
| Purpose of the report: To update the Board on the performance of the Trust for the period ended 31 st October 2018, provide analysis to support decisions, action or initiate change and set out proposed plans and trajectories for performance improvement. | | | |
| The report is provided to the Board for: | | | |
| Decision | | ✓ | Discussion |
| | | | ✓ |
| Assurance | | ✓ | Information |
| | | | |
| Summary/key points: Executive Summary for identifies highlighted performance with sections on key Successes and Challenges facing the Trust. | | | |
| Recommendations: The Board is asked to note the current performance and future performance projections. The Board is asked to approve action to be taken where performance is below the expected target. | | | |
| Strategic risk register New risks that affect performance or performance that creates new risks to be identified on the Risk Register. | | Performance KPIs year to date As detailed in the report. | |
| Resource implications (e.g. Financial, HR) None | | | |
| Assurance implications The report is a central element of the Performance Management Framework | | | |
| Patient and Public Involvement (PPI) implications None | | | |
| Equality impact None | | | |
| Information exempt from disclosure None | | | |
| Requirement for further review? None | | | |

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EXECUTIVE SUMMARY

Executive Summary for period of 31st October 2018

- ☒ 4 hour waiting time target – performance of 67.32% in October 2018
- ☒ 4 of the 9 national cancer targets were achieved in September 2018
- ☒ 18wk RTT Incomplete performance in September 2018 was 82.03%
- ☒ 6wk Diagnostic Standard –October 2018 performance was 98.02%

Hotspots

Planned Care

Elective activity YTD remains under plan, with Orthopaedics activity accounting for 33% of the underperformance. Whilst Orthopaedic activity across all sites continues to perform below plan in October the actual delivery in month improved by 45 compared with September driven by the Grantham pilot which continues to grow. The trial is intended to bring performance back to 94% of contract. The reconfiguration of Orthopaedic services is now completed and the Trust is starting to see increased levels of activity through Grantham and reductions in the levels of cancellations across the T&O service. The new model was developed with support from the national GIRFT team, and the service is currently discussing the maximisation of benefits from the new model with the national team.

Other specialties impacting on elective underperformance include:

- Urology – a review of recovery plans is being supported by the senior Trust leadership team.
- Head and Neck services – demand and capacity review completed and revised recovery plans are now being finalised.

Divisional leadership triumvirates' are taking the lead on delivering performance improvements across clinical service areas.

Cancer 62 Day performance in September achieved 78.4%, a slight reduction on the August performance but still above the national average of 78.2% (ULH Quarter 2 performance was 78.1%). There remains fragility in a number of cancer services and ULHT continue to work with the individual services, the CCGs and the East Midlands Cancer Alliance to ensure optimal models of service delivery and sustainability.

There is a continued focus on monitoring cancer service delivery across the full treatment pathway and the Trust continues to actively support services in delivering against core standards (Inc. two week wait, diagnostic and 62 day) within a context of challenges across a number of services (including breast, oncology and urology) for whom active recovery plans are agreed.

Other specialties impacting on elective underperformance are Urology, ENT, OMF and Gynaecology, stretch schemes are being developed to address the remaining shortfall.

Finance

The financial position is £9.5m adverse to plan this is inclusive of a number of factors;

The Trust is currently £1.8m behind on elective activity against plan YTD, with the largest proportion of this being in Orthopaedics and ENT. It is anticipated that the Orthopaedic position should continue to improve as the new service delivery model is implemented. Outpatients are over performance YTD, the month 7 activity for both firsts and follow ups were at their highest levels in the first seven months of the financial year.

So far in 2018/19 the Trust has received £1.2m of fines, Cancer £652k all but £42k of which relates to 2 week wait, Cancelled operations not rescheduled within 28 days (£316k), Duty of Candour compliance (£167k) and MRSA and C-Diff (£10k). This information will be shared with Divisions at the monthly performance review meetings.

FEP delivery is £5.7m behind plan and remains a concern and is being impacted on by under performance against elective activity and increased staff costs driven by agency spend, when the financial plan was inclusive of reductions in this type of premium spend. Pay trends on non-premium staffing are in part driven by contracted WTE numbers which had been falling since December 2017 and in August 2018 fell to their lowest level since October 2016. However, whilst staff numbers increased by 85wte in September and a further 14wte in October, this increase has been mainly driven by nursing recruitment which has not yet fed through to reduce temporary costs as a large proportion will initially be supernumerary whilst they complete their inductions.

Workforce

Appraisals are slowly increasing month on month, however, there is a 5% reduction compared to October 2017. Hot spot areas are flagged to HRBPs, ER team and relevant Directors.

Bank / Agency / Overtime Usage

Comparing October percentages with the previous month saw an increase in agency spend across all areas. There was a decrease in bank costs for Nursing and Others. There was an overall increase in costs from September to October of £196,075.

During October we saw some encouraging appointments to medical posts and further development of the 'plan for every post' approach. As work continues with this we should see a reduction in the bank/agency/overtime usage in future months.

Turnover excluding retirements is 5.9% for October. Leavers and starters excluding retirements equates to 59 leavers /19.51 FTE and 124 starters/ 93.07 FTE in October 2018.

20 Longest Employed Agency Locums

The current list, as at 4 November 2018, comprises 6 x consultants, 5 x ST3, 9 x ST1-2. The holders of the 'top two' positions are locum consultants who have now been with ULHT for 24 months, both providing 'vacancy' cover. The engagement reason for all top 20 long term locums remains 'vacancy'. At this time we have 14 Medical and Dental posts advertised on NHS Jobs, 10 are consultant posts.

The current highest hourly rate is £133.66, for a Consultant Oncologist. The lowest rate hourly rate is £49.31 for an ST1-2 Trauma and Orthopaedics (highlighted above and the only post currently advertised on NHS Jobs). From 1 July 2018 NHSI required executive approval for anything over £100 and 50% above NHSI caps, however current market pay rate conditions make this challenging.

Current long term locums are employed by the divisions as follows:

Medicine x 10

Surgery x 5

Clinical Support Services x 3
Women and Children x 2

Quality

HSMR is within normal limits however SHMI is outside the normal limits. The Trust has had a teleconference with NHSI to discuss the work streams we have implemented to reduce the SHMI.

Harm Free care for September 2018 was 98.8% which is better than the national average of 97.9%.

The Trust is below the national average of all falls and falls with harm.

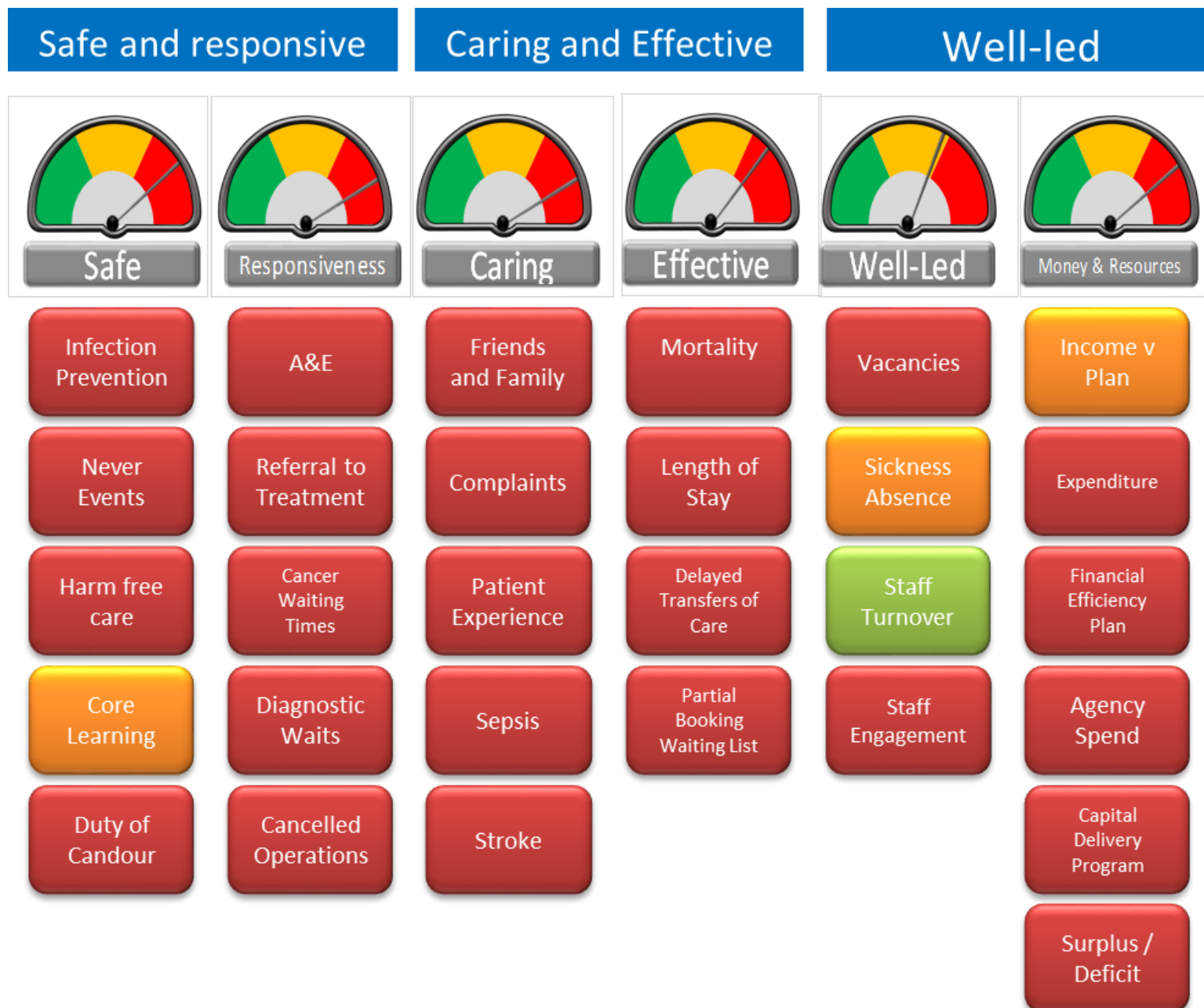
The Trust is above trajectory for category 3 & 4 pressure ulcers.

Paul Matthew
Acting Director of Finance & Procurement
November 2018

TRUST PERFORMANCE OVERVIEW – OCTOBER 2018



TRUST PERFORMANCE OVERVIEW – YEAR TO DATE



TRUST PERFORMANCE OVERVIEW – NATIONAL INDICATORS

| Indicator | Measure | Standard | Current Data Month | Month Actual | YTD | Trend | Direction of Travel | Source |
|-------------------------|--|----------|--------------------|--------------|---------|-------|---------------------|---------------------|
| Infection Control | Clostrum Difficile (post 3 days) | 5 | October-2018 | 5 | 37 | | ↑ A | Datix |
| | MRSA bacteraemia (post 3 days) | 0 | October-2018 | 0 | 1 | | → G | Datix |
| Never Events | Number of Never Events | 0 | September-2018 | 0 | 4 | | → G | Datix |
| No New Harms | New Harm Free Care % | 98% | September-2018 | 98.80% | 98.83% | | ↓ A | Quality |
| | Pressure Ulcers 3/4 | 0 | September-2018 | 11 | 45 | | ↑ R | Quality |
| Friends and Family Test | Inpatient (Response Rate) | 26% | September-2018 | 20.00% | 19.33% | | ↑ A | Envoy Messenger |
| | Inpatient (Recommend) | 96% | September-2018 | 90.00% | 91.00% | | ↓ R | Envoy Messenger |
| | Emergency Care (Response Rate) | 14% | September-2018 | 22.00% | 22.17% | | ↓ A | Envoy Messenger |
| | Emergency Care (Recommend) | 87% | September-2018 | 83.00% | 83.33% | | ↓ R | Envoy Messenger |
| | Maternity (Response Rate) | 23% | September-2018 | 7.00% | 16.00% | | ↓ R | Envoy Messenger |
| | Maternity (Recommend) | 97% | September-2018 | 100.00% | 99.67% | | → G | Envoy Messenger |
| | Outpatients (Response Rate) | 14% | September-2018 | 5.00% | 5.67% | | → A | Envoy Messenger |
| | Outpatients (Recommend) | 94% | September-2018 | 93.00% | 93.17% | | → A | Envoy Messenger |
| Inpatient Experience | Mixed Sex Accommodation | 0 | September-2018 | 0 | 1 | | → G | Datix |
| Stroke | Patients with 90% of stay in Stroke Unit | 80% | August-2018 | 79.50% | 83.69% | | ↓ R | SSNAP |
| | Swallowing assessment < 4hrs | 80% | August-2018 | 79.50% | 76.20% | | ↑ A | SSNAP |
| | Scanned < 1 hrs | 50% | August-2018 | 63.10% | 56.22% | | ↑ G | SSNAP |
| | Scanned < 12 hrs | 100% | August-2018 | 97.60% | 98.90% | | ↑ A | SSNAP |
| | Admitted to Stroke < 4 hrs | 90% | August-2018 | 79.50% | 66.88% | | ↑ A | SSNAP |
| | Patient death in Stroke | 17% | August-2018 | 10.80% | 9.64% | | ↑ A | SSNAP |
| A&E | 4hrs or less in A&E Dept | 84% | October-2018 | 67.32% | 71.52% | | ↓ R | Medway |
| | 12+ Trolley waits | 0 | October-2018 | 1 | 2 | | → R | Medway |
| | %Triage Achieved under 15 mins | 98% | October-2018 | 70.76% | 65.88% | | ↑ A | Medway |
| RTT | 52 Week Waiters | 0 | September-2018 | 20 | 93 | | → A | Medway |
| | 18 week incompletes | 87.0% | September-2018 | 82.03% | 83.40% | | ↓ R | Medway |
| Cancer | 62 day classic | 85% | September-2018 | 78.50% | 76.90% | | ↓ R | Somerset |
| | 2 week wait suspect | 93% | September-2018 | 84.50% | 81.33% | | ↓ R | Somerset |
| | 2 week wait breast symptomatic | 93% | September-2018 | 66.30% | 41.03% | | ↑ A | Somerset |
| | 31 day first treatment | 96% | September-2018 | 97.40% | 98.17% | | ↑ G | Somerset |
| | 31 day subsequent drug treatments | 98% | September-2018 | 98.90% | 99.67% | | ↓ A | Somerset |
| | 31 day subsequent surgery treatments | 94% | September-2018 | 87.80% | 84.87% | | ↓ R | Somerset |
| | 31 day subsequent radiotherapy treatments | 94% | September-2018 | 98.20% | 97.65% | | ↑ G | Somerset |
| | 62 day screening | 90% | September-2018 | 90.30% | 87.32% | | ↓ A | Somerset |
| | 62 day consultant upgrade | 85% | September-2018 | 81.60% | 86.87% | | ↓ R | Somerset |
| Diagnostic Waits | diagnostics achieved | 99% | October-2018 | 98.02% | 98.02% | | ↑ A | Medway |
| Cancelled Operations | Cancelled Operations on the day (non clinical) | 0.80% | September-2018 | 3.15% | 3.25% | | ↑ R | Medway |
| | Not treated within 28 days. (Breach) | 5% | September-2018 | 11.18% | 8.46% | | ↑ R | Medway |
| Mortality | SHMI | 100.00 | Q2 2018/19 | 100.78 | 102.06 | | ↓ A | Dr Foster |
| | Hospital-level Mortality Indicator | 100.00 | Q2 2018/19 | 115.44 | 114.55 | | ↑ R | Dr Foster |
| Surplus / Deficit | Surplus / Deficit | -4,503 | October-2018 | -3,370 | -44,148 | | ↑ G | FPIC Finance Report |
| Sepsis | Sepsis Bundle compliance in A&E | 90% | September-2018 | 72.00% | 73.00% | | → A | Quality |
| | IVAB within 1 hour for sepsis in A&E | 90% | September-2018 | 100.00% | 92.65% | | ↑ G | Quality |
| | Sepsis screening compliance in inpatients | 90% | September-2018 | 70.00% | 64.00% | | ↓ R | Quality |
| | IVAB within 1 hour for sepsis in inpatients | 90% | September-2018 | 88.80% | 88.07% | | ↓ R | Quality |

TRUST PERFORMANCE OVERVIEW – LOCAL INDICATORS

| Indicator | Measure | Standard | Current Data Month | Month Actual | YTD | Trend | | | Source |
|------------------------------|--|----------|--------------------|--------------|----------|-------|--|---|-----------------------|
| Infection Control | MSSA | 2 | October-2018 | 3 | 7 | | | A | Datix |
| | ECOLI | 8 | October-2018 | 5 | 35 | | | G | Datix |
| No New Harms | Serious Incidents reported (unvalidated) | 0 | September-2018 | 21 | 113 | | | A | Datix |
| | Harm Free Care % | 95% | September-2018 | 94.00% | 92.87% | | | A | Quality |
| | Catheter & New UTIs | 1 | September-2018 | 0 | 6 | | | G | Quality |
| | Falls | 3.90 | September-2018 | 5.46 | 5.71 | | | A | Datix |
| | Medication errors | 0 | September-2018 | 112 | 725 | | | A | Datix |
| | Medication errors (mod, severe or death) | 0 | September-2018 | 16 | 101 | | | A | Datix |
| | VTE Risk Assessment | 95% | October-2018 | 95.05% | 96.79% | | | A | Information Services |
| Core Learning | Overall percentage of completed mandatory training | 95% | October-2018 | 90.42% | 91.31% | | | R | ESR |
| Complaints | No of Complaints received | 70 | September-2018 | 56 | 335 | | | A | Datix |
| | No of Pals | 0 | September-2018 | 421 | 2461 | | | A | Datix |
| eDD | eDD | 95% | September-2018 | 89.99% | 88.96% | | | A | EDD |
| Fracture Neck of Femur | #NOF 24 | 70% | October-2018 | 63.83% | 64.08% | | | R | Quality |
| | #NOF 48 hrs | 95% | October-2018 | 94.68% | 94.47% | | | A | Quality |
| Dementia | Dementia Screening | 90% | September-2018 | 92.97% | 91.76% | | | A | Information Services |
| | Dementia risk assessment | 90% | September-2018 | 98.80% | 99.23% | | | G | Information Services |
| | Dementia referral for Specialist treatment | 90% | September-2018 | 90.91% | 83.43% | | | G | Information Services |
| Ambulance Handovers | EMAS Conveyances to ULHT | | October-2018 | 4779 | 32913 | | | R | EMAS |
| | EMAS Conveyances Delayed >59 mins | 47.79 | October-2018 | 419 | 3026 | | | A | EMAS |
| Triage | % Triage Data Not Recorded | 0% | October-2018 | 5.49% | 11.25% | | | A | Medway |
| Cancer | 104+ Day Waiters | 0 | October-2018 | 14 | 65 | | | R | Somerset |
| Length of Stay | Average LoS - Elective (not including Daycase) | 2.80 | October-2018 | 3.26 | 2.97 | | | R | Medway / Slam |
| | Average LoS - Non Elective | 3.80 | October-2018 | 4.71 | 4.64 | | | R | Medway / Slam |
| Delayed Transfers of Care | Delayed Transfers of Care | 3.5% | September-2018 | 5.15% | 4.18% | | | A | Bed managers |
| Partial Booking Waiting List | Partial Booking Waiting List | 0 | October-2018 | 6910 | 7597 | | | A | Medway |
| Vacancies | Number of Vacancies | 5% | October-2018 | 12.92% | 13.81% | | | A | ESR |
| Sickness Absence | All days lost as a percentage of those available | 4.5% | October-2018 | 4.67% | 4.71% | | | R | ESR |
| Staff Turnover | Staff Turnover | 6% | October-2018 | 5.90% | 5.99% | | | G | ESR |
| Staff Engagement | Staff Appraisals | 90% | October-2018 | 73.16% | 73.57% | | | A | ESR |
| Income | Income | 37,843 | October-2018 | 38,059 | 257,293 | | | G | Board Report Master |
| Expenditure | Expenditure | -42,346 | October-2018 | -41,429 | -301,441 | | | G | Board Report Master |
| Efficiency Delivery | Efficiency Delivery | 2,554 | October-2018 | 1,470 | 4,789 | | | A | FIMS report |
| Capital Delivery Program | Capital Delivery Program | 4,599 | October-2018 | 2,757 | 9,376 | | | A | FPIC Finance Report |
| Agency Spend | Agency Spend | -2,073 | October-2018 | -3,222 | -19,764 | | | R | Agency Staff Analysis |

CLINICAL DIRECTORATES DASHBOARD

| Indicator | Measure | Grantham | Women & Children | Clinical Support Services | Lincoln Urgent Care | Lincoln Acute Medicine | Haematology & Oncology | Cardiology | Lincoln Surgery & Urology | Lincoln TACC | Pilgrim TACC | Pilgrim Surgery | Head & Neck | Pilgrim Acute Medicine | Orthopaedics (Lincoln) | Orthopaedics (Pilgrim) | Orthopaedics |
|------------------------------|--|----------|------------------|---------------------------|---------------------|------------------------|------------------------|------------|---------------------------|--------------|--------------|-----------------|-------------|------------------------|------------------------|------------------------|--------------|
| Infection Control | Clostridium Difficile (post 3 days) | R | G | G | G | R | G | G | R | R | G | G | G | G | G | G | G |
| | MRSA bacteraemia (post 3 days) | G | G | G | G | G | G | G | G | G | G | G | G | G | G | G | G |
| | MSSA | G | G | G | G | G | G | G | G | G | G | G | G | G | G | G | G |
| | ECOLI | G | G | G | G | G | R | G | A | G | G | G | G | G | G | G | G |
| Never Events | Number of Never Events | G | G | G | G | G | G | G | G | G | G | G | G | G | G | G | G |
| No New Harms | Serious Incidents reported (unvalidated) | R | G | G | R | R | G | R | G | G | R | G | G | R | G | R | R |
| | New Harm Free Care % | G | G | G | G | G | G | G | G | G | R | G | G | G | G | A | A |
| | Falls | R | R | G | R | R | R | R | R | R | R | R | R | R | R | R | R |
| | Medication errors (mod, severe or death) | A | R | R | A | R | A | R | R | R | R | R | G | R | R | R | R |
| | Pressure Ulcers (PUNT) 3/4 | R | G | G | G | R | R | G | A | G | R | A | A | R | R | R | R |
| | Sepsis Bundle compliance in A&E | R | | G | R | | | | | | | | | R | | | |
| Core Learning | Overall percentage of completed mandatory training | R | R | G | R | R | A | A | A | A | R | R | A | R | R | A | R |
| Friends and Family Test | Inpatient (Response Rate) | G | R | | R | G | R | R | R | G | R | R | R | G | R | G | R |
| | Inpatient (Recommend) | G | R | A | R | A | G | R | R | R | R | R | A | | R | R | R |
| | Emergency Care (Response Rate) | G | | | G | G | | | | | | | | G | | | |
| | Emergency Care (Recommend) | G | | | R | G | | | | | | | | R | | | |
| | Maternity (Response Rate) | | R | | | | | | | | | | | | | | |
| | Maternity (Recommend) | | G | | | | | | | | | | | | | | |
| | Outpatients (Response Rate) | R | R | | | R | R | | | | R | R | G | | | R | R |
| | Outpatients (Recommend) | G | R | R | | R | R | | | | R | R | G | | | R | R |
| Complaints | No of Complaints received | A | A | A | G | R | G | G | A | G | G | A | A | A | A | A | A |
| Inpatient Experience | Mixed Sex Accommodation | | | | | | | | | | | | | | | | |
| Stroke | Patients with 90% of stay in Stroke Unit | | | | | R | | | | | | | | G | | | |
| | Swallowing assessment < 4hrs | | | | | G | | | | | | | | R | | | |
| | Scanned < 1hrs | | | | | G | | | | | | | | R | | | |
| | Scanned < 12 hrs | | | | | | | | | | | | | R | | | |
| | Admitted to Stroke < 4 hrs | | | | | R | | | | | | | | R | | | |
| | Patient death in Stroke | | | | | R | | | | | | | | R | | | |
| Indicator | Measure | Grantham | Women & Children | Clinical Support Services | Lincoln Urgent Care | Lincoln Acute Medicine | Haematology & Oncology | Cardiology | Lincoln Surgery & Urology | Lincoln TACC | Pilgrim TACC | Pilgrim Surgery | Head & Neck | Pilgrim Acute Medicine | Orthopaedics (Lincoln) | Orthopaedics (Pilgrim) | Orthopaedics |
| A&E | 4hrs or less in A&E Dept | A | | | R | | | | | | | | | R | | | |
| | 12+ Trolley waits | G | | | R | | | | | | | | | G | | | |
| | EMAS Conveyances to ULHT | R | | | R | | | | | | | | | R | | | |
| | % Triage Data Not Recorded | A | | | R | | | | | | | | | R | | | |
| | %Triage Achieved under 15 mins | R | | | R | | | | | | | | | R | | | |
| | EMAS Conveyances Delayed > 59 mins | R | | | R | | | | | | | | | R | | | |
| RTT | 52 week Waiters | | | | | | | | | | | | | | | | |
| RTT | 18 week incompletes | G | G | R | | G | G | G | G | G | G | G | G | G | G | G | G |
| Cancer | 62 day classic | R | | | | | | | R | | | G | R | | | | |
| | 2 week wait suspect | R | G | | | R | G | | R | | | R | R | A | | | |
| | 2 week wait breast symptomatic | | | | | | | | | | | R | | | | | |
| | 31 day first treatment | R | | | | | | | G | | | G | R | | | | |
| | 31 day subsequent drug treatments | | | | | | | | | | | | | | | | |
| | 31 day subsequent surgery treatments | G | | | | | | | R | | | G | | | | | |
| | 31 day subsequent radiotherapy treatments | | | | | | | | | | | | | | | | |
| | 62 day screening | R | | | | | | | R | | | R | | | | | |
| Diagnostic Waits | diagnostics achieved | | | A | | | | R | | | | | | | | | |
| Partial Booking Waiting List | Partial Booking Waiting List | R | R | | | R | | R | R | | G | R | R | R | R | R | R |
| Vacancies | Number of Vacancies | | R | R | R | R | R | R | R | A | G | R | R | R | R | R | R |
| Sickness Absence | All days lost as a percentage of those available | R | R | G | G | R | G | G | R | R | R | G | R | R | R | R | R |
| Staff Turnover | Staff Turnover | | G | R | R | G | G | G | G | G | G | G | G | G | R | G | G |
| Staff Engagement | Staff Appraisals | R | R | R | R | R | R | R | R | R | R | R | R | R | R | R | R |

QUALITY

Reduction of Harm Associated with Mortality

R

Lead: Neill Hepburn, Medical Director

Timescale: Q1 2018/19

Hospital Standardised Mortality Ratio – HSMR

ULHT's HSMR is within expected limits at 100.37, this is the lowest the Trusts HSMR has been for 4 years. Lincoln site remains outside of expected limits despite having a lower crude mortality than Pilgrim site; Lincoln's HSMR has reduced significantly from previous reporting rolling years.

Alerts: The trust is alerting for Other Perinatal Conditions, there is a Quality and Safety Improvement Programme to address the improvements required. At site level Lincoln County are alerting for Secondary Malignancies and Septicemia. Secondary Malignancies is the first month of alerting with 10 deaths over the predicted Dr Foster data. Septicemia was alerting for the Trust but this is now only alerting at Lincoln; this diagnosis is part of the Mortality Reduction Strategy and Mortality Quality and Safety Improvement Programme. Pilgrim site are alerting for Aortic peripheral and visceral artery aneurysms; there is an in-depth review underway and this has been highlighted to the Trust by Imperial College Dr Foster Unit.

| Trust/Site | ULHT HSMR Aug 17-Jul 18 12 month | ULHT HSMR Apr 18-Jul 18 FYTD | ULHT HSMR Jul-18 | ULHT SHMI Apr 17-Mar 18 | Trust Crude Mortality Internal source Oct 17-Sep 18 |
|------------|--|------------------------------------|---------------------|----------------------------|---|
| Trust | 100.78 | 86.00 | 84.20 | 115.44 | 1.83% |
| LCH | 114.62 | 95.87 | 94.06 | 117.48 | 1.85% |
| PHB | 93.27 | 82.92 | 76.55 | 118.15 | 2.08% |
| GDH | 62.27 | 45.03 | 61.70 | 94.26 | 0.87% |

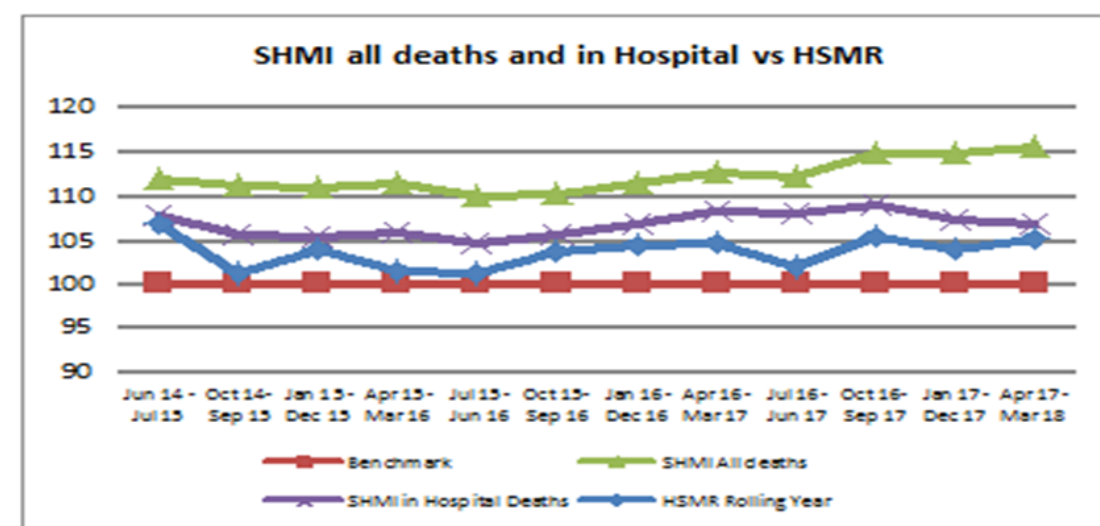
Summary-level Hospital Mortality Index-SHMI

ULHT remain within Band 1 outside of expected limits with a score of 115.44. Driven by Lincoln and Pilgrim sites. Pilgrim is not alerting within HSMR, however has the highest SHMI. SHMI includes both death in-hospital and within 30 days of discharge. This data is reflective to March 2018.

Alerts: Septicemia (except in labour), Pneumonia, Acute cerebrovascular disease, Chronic obstructive pulmonary disease and bronchiectasis, Secondary malignancies, Acute bronchitis, Fracture of neck of femur (hip), Other gastrointestinal disorders, Other lower respiratory disease, Aortic peripheral and visceral artery aneurysms, Complications of surgical procedures or medical care, Syncope are alerting.

In-hospital deaths are only alerting for Septicemia.

In-depth reviews are underway for Sepsis deaths and Aortic Peripheral and visceral artery aneurysms. The Trust are partaking in the National audits for SSNAP (Stroke), COPD (BTS), NOF and PROMS. Within this time period of April 2017-March 2018; HSMR was alerting for Other gastrointestinal disorders, Other Lower respiratory disease and syncope. All have had in-depth reviews completed, which showed no significant issues in care. A review will be initiated for Complications of surgical procedures or medical care to understand what this consists of.



QUALITY

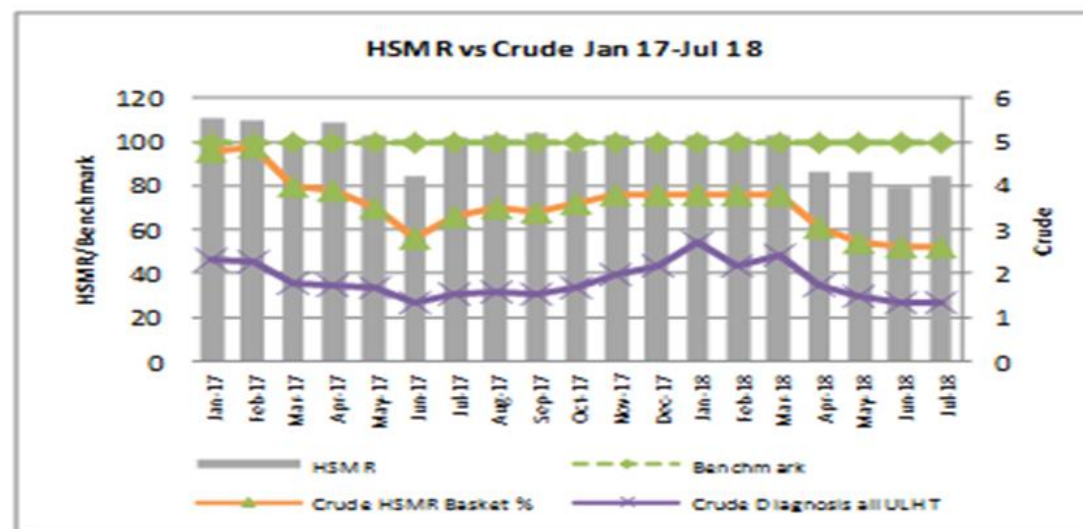
Mortality Strategy Reduction Key Actions:

To contribute to achievement of Mortality Reduction Strategy and reduce HSMR and SHMI the Trust are taking actions to address the key issues:

- In-depth reviews on-going are Sepsis, Acute MI, Aortic peripheral and visceral artery aneurysms.
- Work streams have been developed for Sepsis and further work streams are currently being developed for monitoring Pneumonia; these are the Trust's top diagnosis groups.
- The NHS England 7 days services audit is being reviewed nationally for this Autumn; Quality Governance are undertaking an audit to ensure the Trust remain sighted on compliance on Consultant ward rounds and first senior review. This will be completed by November 2018.
- A Quality Improvement Programme targeting improvement on the Emergency Assessment Units to drive improvement and engagement in accurate completion of the main condition treated, comorbidities, significant history and confirmed test results are accurately captured. First data analysis will be produced by November 2018.
- The Lead Medical Examiner commenced in post in October 2018; the remaining posts recruited to will hopefully be fully in post by March 2019. This will ensure the initial screen of all patient death is completed and any concerns in care are addressed and escalated to the correct forums.
- Mortality is a work stream within the Quality and Safety Improvement Programme (QSIP). This underpins the Mortality Reduction Strategy and sets deliverable milestones for each key issue identified including; Clinician Engagement, Medical Examiner Role, Perinatal Mortality, Documentation and accurate coding, Sepsis, Pneumonia and COPD.
- The Trust are reviewing the mortality surveillance group's (MoRAG) functionality; MoRAG will be required to have a different programme of work due to the escalation process changing with the introduction of the Medical Examiner.

Crude Mortality

The crude mortality has increased slightly in September 18 to 1.60% and in rolling year October 17-September 18 the crude is 1.83%. Pilgrim has the highest crude mortality with 2.08% in September 18. The crude for HSMR basket is demonstrating a reduction.



QUALITY

Primary Diagnosis outside Dr Foster Confidence Intervals-Rolling Year –December 2016 to November 2017

| Diagnosis Group | No. of Deaths | Deaths > predicted | Months alerting | Alert Action Progress | Trust/ Site |
|---|---------------|--------------------|-----------------|---|-------------|
| Septicaemia (except in labour) | 400 | 38.99 | 4 | Sepsis task and finish group have implemented harm reviews and sepsis practitioner sends ward compliance monthly. Each ward has to complete a proforma for non-compliance. Quarterly reports are submitted to PSC. The sepsis nurse and Associate Medical Director are reviewing all deaths, to confirm the diagnosis of sepsis. Weekly compliance sent to wards. | Trust |
| Other perinatal conditions | 18 | 13.48 | 7 | Action underway- Overview has been completed and sent to Interim Risk Lead meeting to be rearranged to progress improvement. Perinatal is now part of QSIP-awaiting action plan. | Trust |
| Aortic peripheral and visceral artery aneurysms | 28 | 10.75 | 5 | Review underway, this has been highlighted by Imperial Dr Foster Unit as a mortality outlier. | Trust |
| Acute myocardial infarction | 52 | 14.60 | 2 | This is no longer alerting for LCH. It was requested at PSC that an in-depth review is to be undertaken. Notes have been sent to the Head of Service to co-ordinate the review. | LCH |

SHMI In-hospital Alerting Diagnosis

| Diagnosis Group | No. of Deaths | Deaths > predicted | SHMI (In-hospital) | Alert Action Progress | Trust/ Site |
|--------------------------------|---------------|--------------------|--------------------|---|-------------|
| Septicaemia (except in labour) | 341 | 41.16 | 113.73 | Sepsis task and finish group have implemented harm reviews and sepsis practitioner sends ward compliance monthly. Each ward has to complete a proforma for non-compliance. Quarterly reports are submitted to PSC. The Sepsis Practitioner and Associate Medical Director are reviewing all deaths, to confirm primary diagnosis of sepsis. | Trust |
| Pneumonia | 394 | 48.59 | 114.07 | In-depth review underway against Pneumonia cases and compliance against the care bundle. This is not a current HSMR alerting diagnosis. | Trust |

QUALITY

Mortality Reviews– Deaths in Scope

Deaths reported to Jul-18 to allow for 4 week deadline completion of initial mortality

| Measure | Description | Month Jul-18 | Rolling Year Aug 17-Jul 18 | Narrative |
|-------------------|--|---|--|---|
| Deaths in Scope | <ul style="list-style-type: none"> Total Deaths in scope Number inpatient deaths Number of A&E Deaths | 164 146 18 | 2719 2397 322 | All deaths as reported, in Month and rolling year. |
| Initial Review | <ul style="list-style-type: none"> Must Do's for Review % of reviews complete | 55 44% | 876 57% | The Trust has a 70% trajectory to complete reviews—including all MUST DO's: SI, Coroner, mental health, learning disabilities, inappropriate admissions, Family Concern, ICU, Haem & Onc, Surgery, Complaints and Post mortem. |
| Await Completion | <ul style="list-style-type: none"> Total with Consultant % of total with Consultant % of total awaiting | 56 34% 71% | 631 23% 10% | Awaiting completion are those cases where Quality Governance sent notes for review. The total awaiting allocation are those notes that are in department or awaiting notes to send for review. |
| Reviews completed | <ul style="list-style-type: none"> Reviews completed % Review compliance | 73 44% | 1597 59% | Total reviews completed / reviews compliance by Consultant |
| Grading | <ul style="list-style-type: none"> Grade 0 (N/%) Grade 1 (N/%) Grade 2 (N/%) Grade 3 (N/%) | 60/92% 8/12% 2/3% 0/0% 3/5% | 1333/83% 141/9% 34/2% 3/0.2% 86/5% | <p>The number of deaths and percentage of mortality reviews completed by Grade.</p> <p>Grade 0-No Suboptimal Care</p> <p>Grade 1– Suboptimal Care—no change to outcome</p> <p>Grade 2– Suboptimal Care-Might have changed outcome</p> <p>Grade 3-Suboptimal Care-Possibly avoidable</p> |

QUALITY

| Measure | Description | Month Jul-18 | Rolling Year Aug 17-Jul 18 | Narrative |
|---------------------|--|-----------------|-------------------------------|---|
| Escalated Reviews | <ul style="list-style-type: none"> Reviews identified For MoRAG / Collaborative % of deaths identified % of reviews completed | 6 8% 16% | 217 16% 20% | All cases identified for review escalation from mortality review to MoRAG or the Lincolnshire Mortality Collaborative and reviews completed compliance |
| Learning Disability | <ul style="list-style-type: none"> Total Deaths in scope Submitted to LeDeR % reviews completed | 0 0 N/A | 16 16 100% | These include all Learning Disability deaths as identified by the information support team using code F819 as advised by the NHS Quality Board. Lincolnshire only became part of review process in |
| Severe MH | <ul style="list-style-type: none"> Total Deaths in scope Number Reviews completed % review compliance | 0 0 N/A | 36 26 72% | Severe Mental Health Codes./Diagnosis as advised by NHSI they advise to include schizophrenia, bipolar disorder, delusional disorder, unipolar depressive psychosis and schizoaffective disorder. |
| SI— Severity 1 | <ul style="list-style-type: none"> Total Deaths in scope Number Reviews completed % review compliance | 2 1 50% | 28 15 54% | Deaths identified on datix with a severity 1 Death. The Number of reviews completed and Review Compliance against the SI's reviewed. Either at mortality review or MoRAG. Includes cases requested for MoRAG from risk team that have not had an original mortality review. |

QUALITY

Mortality Review— Key Themes, Actions and Learning

Key themes and actions derived from Mortality, MoRAG and Lincolnshire Collaborative reviews.

| No | Key Themes identified from reviews | Actions |
|----|---|---|
| 1 | <p><u>Failure to act and escalate—Management & Results</u></p> <p>The majority of cases referred to MoRAG have issues with failure to act on test results, recognition of OBs and escalation to ensure the patient receives the correct management.</p> <p>Where there has been cross-specialty management, it is unclear in some referrals to MoRAG a patient has had missed treatment/ management due to unclear management plans.</p> | <ul style="list-style-type: none"> • 2 x MoRAG thematic case note briefing circulated to the Trust. • MoRAG are monitoring cases that are referred for these issues and action taken with the relevant clinical team. • Care bundles are being audited for compliance and action plans developed. This is a work stream within the Mortality QSIP. |
| 2 | <p><u>Fluid Balance Management</u></p> <p>19% of cases referred to MoRAG and Lincolnshire Collaborative have had fluid balance management issues.</p> | <ul style="list-style-type: none"> • MoRAG thematic case note briefing circulated to the Trust. • Trust policy re-circulated to the Trust • NICE guidelines re-circulated to the Trust. • E-learning package on ESR. This has gone to the core learning panel to get on the mandatory learning programme |
| 3 | <p><u>Recognition of a end of life/deteriorating patient</u></p> <p>From cases reviewed a theme is the late recognition of end of life and the deteriorating patient.</p> | <ul style="list-style-type: none"> • Mortality Matters Briefing circulated to the Trust of thematic cases. • The Trust participates in the National end of life audit. • The Trust is monitoring this and an action plan has been developed through QSIP. |
| 4 | <p><u>Appropriate discharges from Acute Care</u></p> <p>Several cases have been referred to the collaborative by LCHS of inappropriate discharges from Hospital decisions have been made to transfer a patient to the community and the patient has passed away within 12 hours of discharge and deceased patients have had to be repatriated back to the Trust for completion of deceased documentation.</p> | <ul style="list-style-type: none"> • Mortality Matters Briefing circulated to the Trust of thematic cases. • The collaborative continues to monitor all community transfers where death occurs within 12 hours. |
| 5 | <p><u>Senior Review within 14 hours</u></p> <p>Reviews show that not all patients are having a review within 14 hours of admission.</p> | <ul style="list-style-type: none"> • National 7 day service audit. • A Trust Audit will be undertaken in November 18 to monitor Consultant ward rounds and senior review. |

| | | |
|---|--|---|
| 7 | <p><u>Advance care planning within the community</u></p> <p>Highlighted from cases referred the Lincolnshire Mortality Collaborative that there are a number of cases that should have had advance care planning in the community.</p> | <ul style="list-style-type: none"> • CCG have completed an audit on the end of life registers with GP's • ReSPECT tool is being developed with roll out early next year. • CCG's are working with the community to ensure appropriateness of referrals to acute care. • Prompt developed on eDD for consideration of the GSF to the GP. |
| 8 | <p><u>Case notes/Documentation Issues</u></p> <p>The state of case notes within the Trust are constantly being highlighted in mortality reviews. The patients stay is not always clearly documented and filed.</p> | <ul style="list-style-type: none"> • 2 cycles of audit has been completed on accurate completion of clerking <u>proforma</u>. • QIP is currently underway on EAU's to increase compliance • Coding department are undertaking an on-going audit of accurate completion of documentation. |

Mortality Reduction Strategy Summary Overview

| Measure | Source | Baseline | 18/19 QTR 1 | 18/19 QTR 2 | 18/19 QTR 3 | 18/19 QTR 4 | 2021 Target |
|--|--------------|----------|----------------|----------------|----------------|----------------|-------------|
| HSMR- QTR Reported June, Sept, Dec, Mar | Dr Foster | 102.65 | 101.50 | | | | <=90 |
| SHMI- QTR Reported June, Sept, Dec, Mar | Dr Foster | 112.22 | 114.90 | | | | <=100 |
| Crude non-elective depth of coding | Dr Foster | 3.8 | 3.8 | | | | <6.40% |
| Palliative care coding | Dr Foster | 31.80 | 31.78 | | | | >43.45% |
| Sepsis screening within 1 hour | Sepsis audit | 71.33% | 60% | 70.67% | | | >=90% |
| Sepsis IVAB within 1 hour | Sepsis audit | 92% | 83% | 92.22% | | | >=90% |
| Monthly Physiological observations -NEWS | WebV | 80.72% | 83.55% | 84.38% | | | >=95% |
| Cardiac Arrest Reduction | Resus | 59 | 50/15% | 30/51% | | | 30% (40) |
| Reduce patient spells with 0 comorbidity score | Dr Foster | 1.39% | 1.43% | | | | <=1.19% |
| Daily Senior Review (Bi-annually) | 7DS audit | 70% | 79% (TBC) | N/A | N/A | N/A | 100% |
| Reduction mortalities in Septicaemia | Dr Foster | 380 | 373 | | | | < expected |
| Reduction mortalities in COPD & Bronchiectasis | Dr Foster | 78 | 71 | | | | < expected |
| SI-Reduce 10% reduction yearly for moderate to death | Risk | 48 | 46/4% | 56/-15% | | | 30% (32) |

QUALITY

National Comparison

| Metric | National Acute (Non specialist) | ULHT Aug 17-Jul 18 |
|---|------------------------------------|-----------------------|
| HSMR (Aug 17-Jul 18) | 98.70 | 100.78 |
| SHMI (Apr 17-Mar 18) | 100.36 | 115.44 |
| Crude rate % (HSMR) | 3.60% | 3.63% |
| Elective Crude Rate % | 0.10% | 0.11% |
| Non elective Crude Rate % | 6.30% | 6.80% |
| % All Spells coded as Palliative Care | 1.08% | 1.03% |
| Emergency Spells % coded as Palliative Care | 2.47% | 2.52% |
| % Mortalities coded as Palliative Care | 30.45% | 19.86% |
| Comorbidity 0 score per observed Deaths % | 18.48% | 19.73% |
| Comorbidity 0 score per Spells % | 66.01% | 66.18% |
| Emergency Comorbidity Score 0 Spells %=>75 years of age | 38.55% | 43.88% |
| Weekend % of observed | 26.02% | 20.42% |
| Weekday % of observed | 73.98% | 79.58% |
| Spells Readmissions 28 days % | 6.41% | 5.81% |
| Residual Coding % of all spells (Uncoded episodes) | 1.87% | 1.47% |
| R00-R99 Signs and symptoms % of spells | 10.99% | 9.65% |
| LOS short stay 0-2 days Observed % | 17.63% | 18.62% |
| LOS 3+ Observed % | 83.37% | 81.38% |

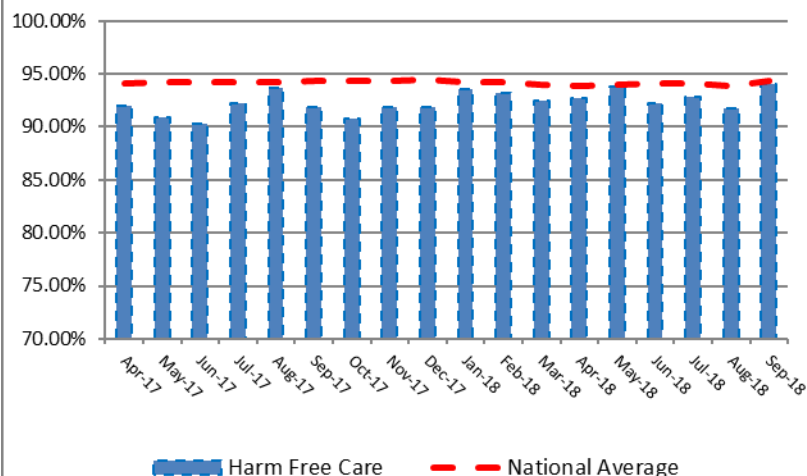
The table above compares ULHT against national comparison for key metrics.

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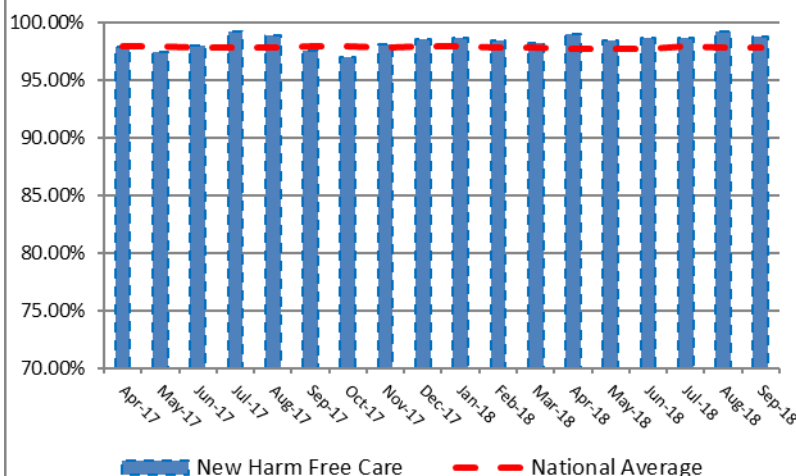
New Harm Free Care (Safety Thermometer)

G

Harm Free Care (Old & New)



New Harm Free Care



SUMMARY for September 2018

| | ULHT |
|-----------------------|-------|
| Harm Free Care | 94% |
| New Harm Free Care | 98.8% |
| Pressure Ulcers - New | 7 |
| Falls with Harm | 2 |
| Catheter & New UTI | 0 |
| New VTEs | 1 |
| Patients | 861 |

Lead: Michelle Rhodes, Director of Nursing

Timescale: September 2018

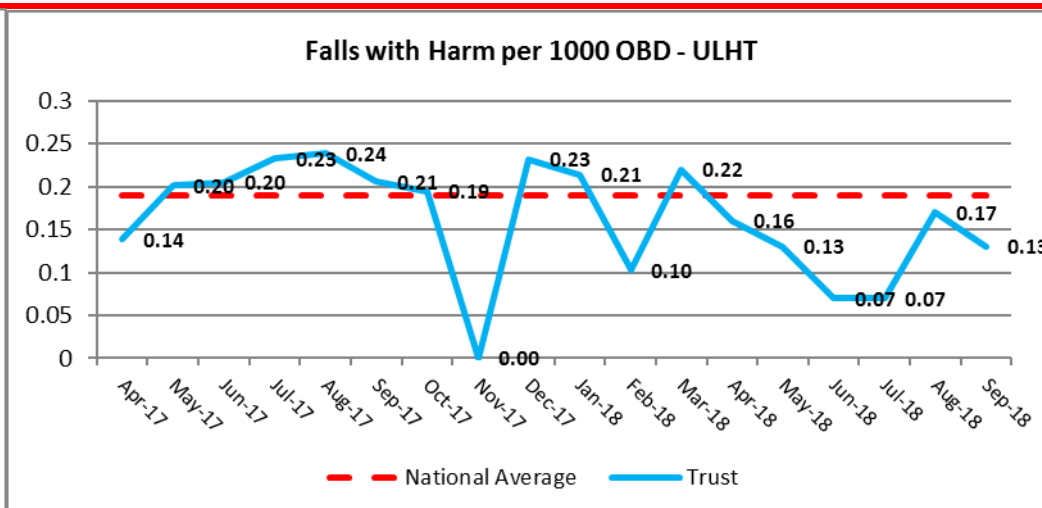
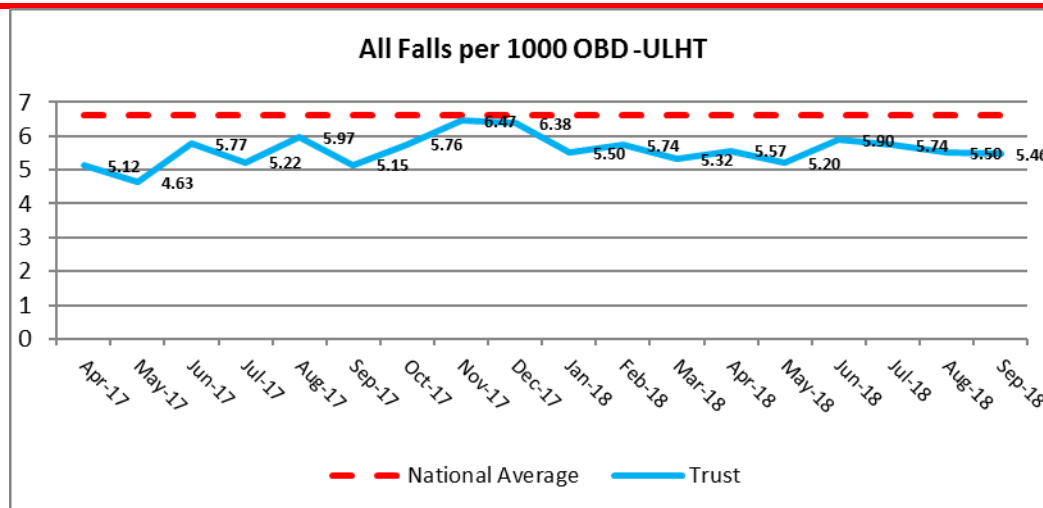
Key Issues:

- The Trust achieved 94% for Harm Free care which is worse than the national average of 94.3%
- The Trust achieved 98.8% for New Harm Free Care which is better than the national average of 97.9%
- The Trust achieved 0.8% for New Pressure Ulcers which is better than the national average of 0.9%
- The Trust achieved 0.2% for falls with harm which is better than the national average of 0.5%
- The Trust achieved 0.8% for CAUTI which is worse than the national average of 0.7% (this is all CAUTI new and old). This is an improving picture.
- The Trust achieved 0.1% for new VTE which is better than the national average of 0.5%
- A monthly report is disseminated to all wards and managers detailing the harms for each ward and individual ward compliance with harm free care.
- The in-depth analysis for falls, pressure ulcers and CAUTI are detailed within the relevant section in the report.

QUALITY

Falls

R



Lead: Michelle Rhodes, Director of Nursing

Timescale: September 2018

Key Issues:

- All falls per 1000 OBDs for the Trust in August 2018 is 5.50 which is better than the national average of 6.63 (National average is taken from the National Audit of Inpatient Falls, RCP 2015).
- Falls with harm per 1000 OBD for the Trust in August 2018 is 0.17 which is better than the national average of 0.19 (National average is taken from the National Audit of Inpatient Falls, RCP 2015).
- The Trust submits data as part of the safety thermometer which is a 72 hour point prevalence survey. This data is used in the calculation of the Trusts Harm Free Care percentage and is included for monitoring through the model hospital. When comparing all falls, ULHT was 1.4% which is better than the national average of 1.6% in September 2018. When comparing falls with harm, ULHT was 0.2% which is better than the national average of 0.5% in September 2018.

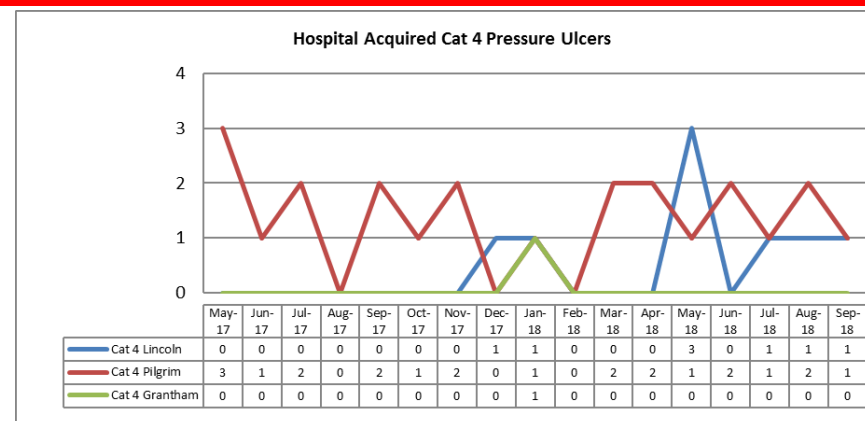
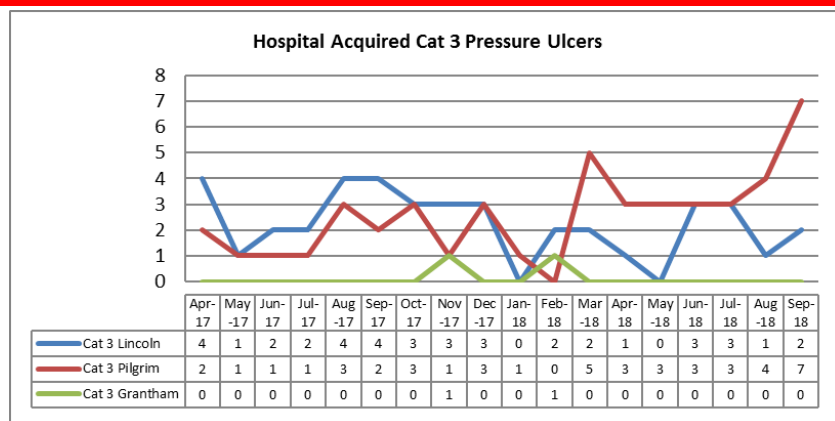
Key Actions:

- Inaugural meetings for the Falls ambassador took place on the 11th Oct (Pilgrim) and 23rd Oct (Lincoln). Unfortunately only one ward from each site sent representation (Stroke at Pilgrim and Frailty Unit at Lincoln).
- Subsequent dates are currently being identified to attempt to capture as many wards as possible to ensure that the ambassadors are given fundamental training in falls prevention to enable them to conduct their roles. This will be additional to the bi-monthly meeting already arranged.
- Next Trust Wide Falls group meeting booked for 22nd November

QUALITY

Pressure Damage

R



Timescale: September 2018

Lead: Michelle Rhodes, Director of Nursing

Key Issues:

- Improvement in performance was seen in September. 24 category 2 pressure ulcers were reported in September 2018 compared to 40 in September 2017. Performance at Lincoln and Pilgrim has shown a reduction in the number of category 2 pressure ulcers reported. During the month of September The Tissue Viability Team have validated all category 2 pressure ulcers reported and have undertaken work with link nurses to improve correct categorisation of degree and type of harm. In addition to the ward leaders completing the short form investigation tool introduced in August.
- The Trust set a 30% reduction trajectory for avoidable category 3 pressure ulcers for 2018/9. Trajectory was achieved in April and May, however, it was not in June and July. The scrutiny panel has been reviewed and is chaired by Deputy Chief Nurse and all serious incidents have been reviewed or within the agreed timeframe for completion of the RCA. Pilgrim have continued to show a further deterioration, ITU have reported 3 incidents, 3B two incidents and one incident on 5B & 6A. Three of the seven incidents reported were device related. Grantham continue to report no category 3 pressure ulcers for 7 months. Lincoln has shown a slight deterioration. All appropriate actions have been taken and the hotspot areas remain under close scrutiny of the specialist Tissue Viability Team and Deputy Chief Nurse.
- The Trust has set a 30% reduction trajectory for avoidable category 4 pressure ulcers for 2018/19. This was not achieved in the first quarter however was achieved in July. Performance at Pilgrim has shown improvement in September and Lincoln remains stable. Grantham have reported no category 4 pressure ulcers for 8 months.

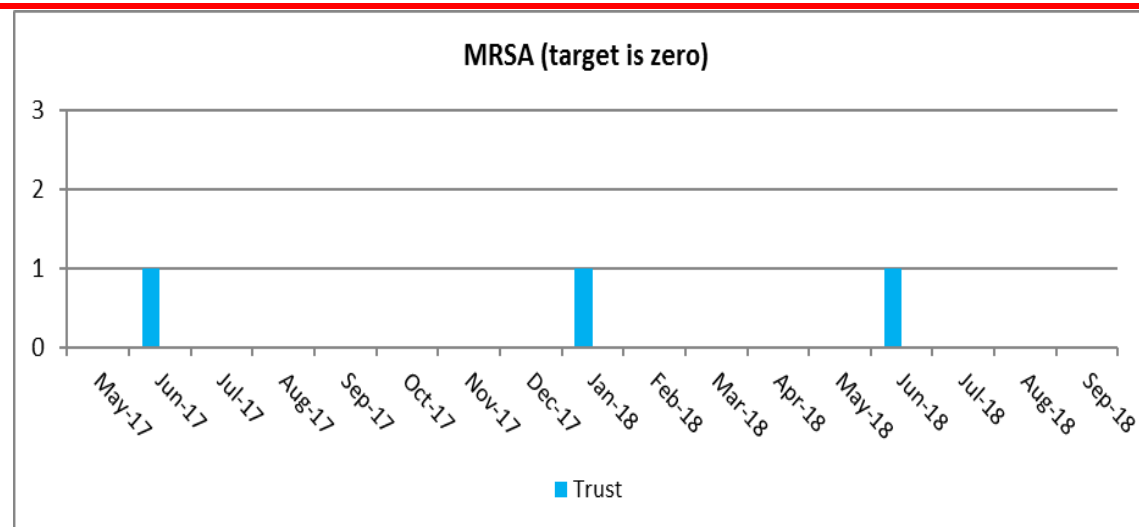
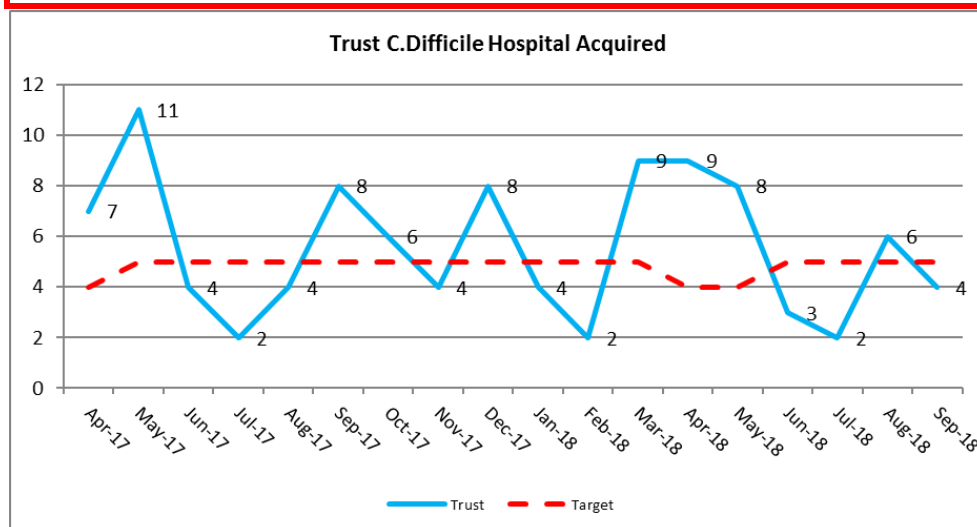
Key Actions:

- The Tissue Team have validated all hospital acquired category 2 pressure ulcers during the month of September which may have assisted the reduction in the number of hospital acquired incidents reported.
- All ward leaders will continue to investigate hospital acquired category 2 pressure ulcers using the short form investigation tool, identifying lessons learnt and encouraged to share with their teams.
- Scrutiny Panels now take place weekly and all clinical areas are required to investigate incidences collaboratively and not in isolation.
- The Tissue Viability team have increased the support they provide to the clinical teams on ITU and 3B at Pilgrim. ITU & 3B have developed action plans and the pressure ulcers caused by the devices were from oxygen tubing, catheter and tracheostomy site.
- A Tissue Viability Link Nurse Study Day took place on 1st November to support the NHSi recommendations on Pressure Ulcer definition and management, outlining implications and proposals for the future management of pressure ulcers in ULHT.
- It has identified that education is required, particularly regarding the management of moisture damage, skin care pocket guides have been developed and distributed to the wards, along with educational sessions by 3M – this was supported in the link nurse study.

QUALITY

Infection Prevention

R



Lead: Michelle Rhodes, Director of Nursing

Timescale: September 2018

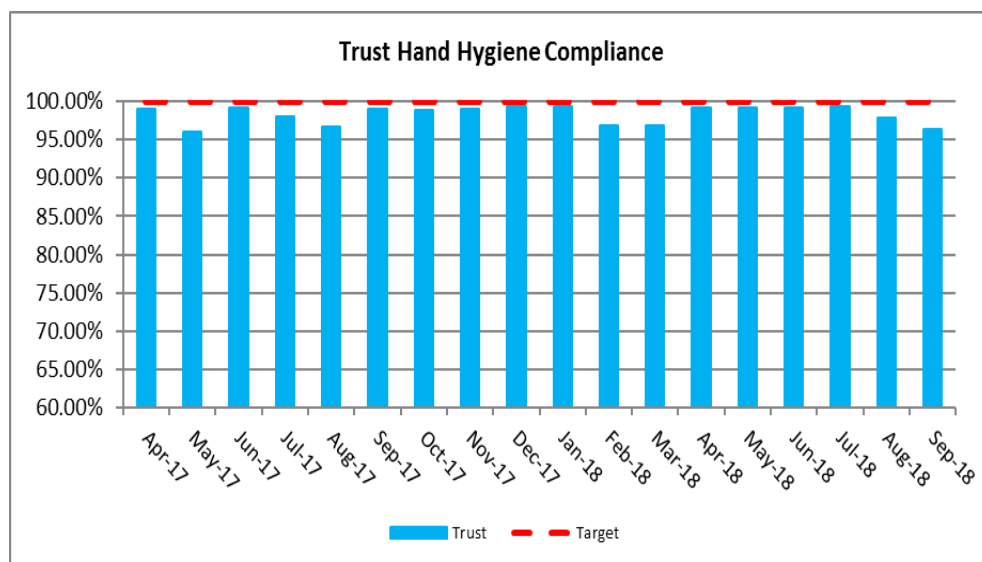
Key Issues:

- The Trust 2017/18 position for C.difficile was 69 against a trajectory of 59. The trajectory threshold for 2018/19 has been set at 58 cases. There were 4 cases in August against a trajectory of 5 cases. There is a continued pattern of recovery against trajectory with current progress meaning that the trust has improved from a position of +9 cases over trajectory in May to +4 cases over trajectory in September. There are similar infections patterns for the previous 3 years with early spring peaks which settle by summer.
- Following an analysis of the investigations, the findings showed that cross-contamination was unlikely to be a key factor as there appeared to be no similar ribotypes on one particular area. A common theme that did emerge related to antibiotic prescribing and as a result regular ward visits are conducted by Microbiologists, Antimicrobial Pharmacists and IP&C team. These visits ensured that high risk patients are managed properly and as a result cases of C.diff have started to decrease.
- There was 1 case of MRSA bloodstream infection reported in June. Lapses in care have been identified and an action plan has been produced in response to the investigation. The Trust had 2 cases of MRSA in 2017/18 against a threshold of 0. In 2018/19 new guidance takes effect in that only outlier acute trusts and CCGs will need to complete the national PIR process. Both ULHT and the Lincolnshire CCGs are NOT considered outliers and will therefore no longer be required to manage MRSA blood stream infections using PIR.
- Hand Hygiene compliance audits show a positive rate of compliance with hand hygiene across all Trust sites and areas. The audit detail and process is being modified in order to produce a more accurate picture of hand hygiene compliance. This will support the infection prevention and control team to better focus their efforts. It is expected that the revised audit tool will be piloted in January 2019 with a view to being fully established for April 2019. Trust performance for 2017/18 was 98%. September showed trust compliance rates at 96.31%

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Key Actions:

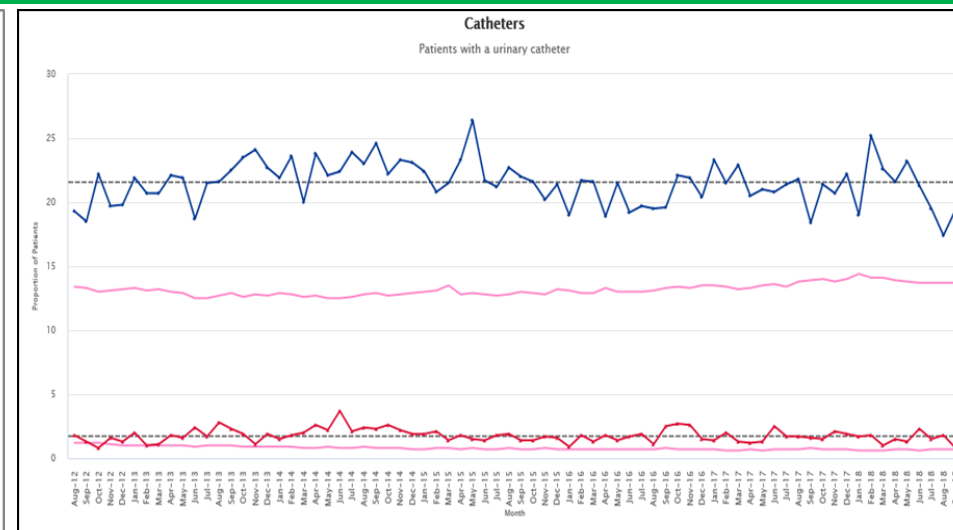
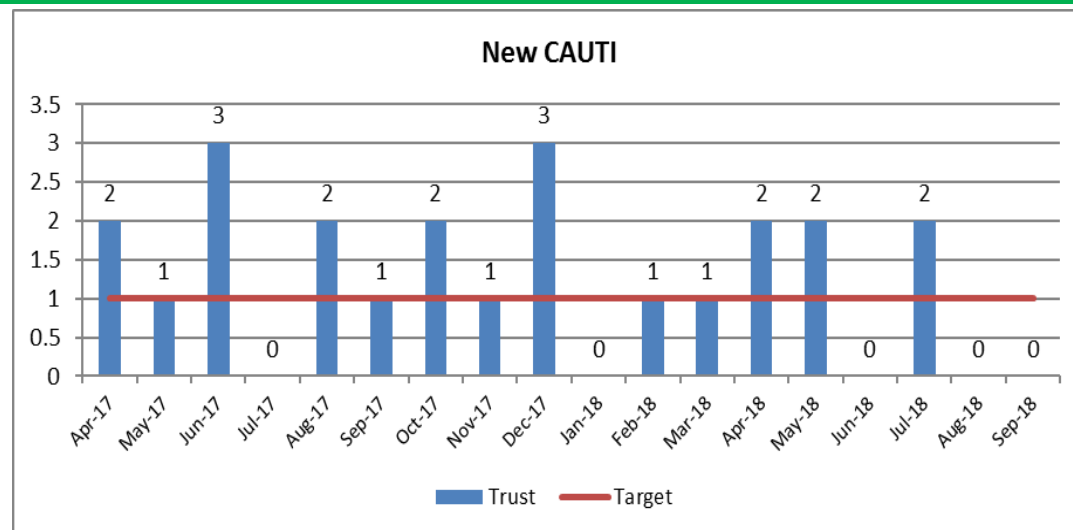
- Following the external visit by NHS Improvement on the 7th November, ULHT achieved a second GREEN (GREEN also achieved in the May visit). This has shown the progress of improvement over the last year and that the trust is in a far better position and NHSI have confirmed they will no longer be making regular visits. Full compliance to the hygiene code has increased from 64% to 96%. There is still much work to be done however and continued efforts to further improve IP&C in ULHT must be maintained.
- Robust work is taking place around the management of C.diff cases especially regarding the prescribing of high risk antibiotics as we recognise the rate of cases is above trajectory and although it is early in the financial year, the trust is in a recovery position. Programmes are progressing with a review of the prescribing formulary and an education pack for prescribers. There has also been an enhanced programme of visits to ward areas where C.diff and GDH patients have been placed in order to scrutinise prescribing and IP&C management. This is routinely undertaken by an IP&C Nurse, Antimicrobial Pharmacist and a Microbiologist.
- The Lead Nurse post has been appointed to substantively. The IP&C team is also going through training and development to strengthen their ability to support the trustwide teams. The IP&C Nurses are progressing through the comprehensive IP&C competency framework while the Nurse Specialists are undertaking leadership programmes. The infection prevention and control team have changed their approach to better support clinical colleagues and improve patient safety, including: all clinical areas to have a specific IPC link, themed audits and focused incremental improvements.



QUALITY

Catheter Associated Urinary Tract Infection (CAUTI)

G



Lead: Michelle Rhodes, Director of Nursing

Key Issues:

- ULHT had no new CAUTI on the safety thermometer data for September 2018 against a trajectory of 1.
- In September 2018 the Trust catheterisation rate increased to 19.4% against a national average of 13.7%.
- In September 2018 the Trust catheter with UTI (CAUTI) was 0.8% which is higher than the national average for September of 0.7%. This data includes old and new.

Key Actions:

- Urethral catheterisation guidelines and intermittent catheterisation guidelines has been reviewed and submitted for approval at the CESC meeting in November 2018.
- Teaching sessions arranged for the wards on all sites in October for nurses and doctors. The objectives of these sessions are:
 - Raise awareness regarding the catheter insertion and subsequently CAUTI rate in ULHT. Safety thermometer data shows that our trust is an outlier for both metrics.
 - Increase knowledge regarding risks associated with indwelling catheters
 - Reduce catheters insertion rate by considering different alternatives to the catheters and ensuring catheters are removed in a timely manner
 - Raise awareness around HOUDINI the new catheter care bundle

The teaching sessions have been received very well by all health care professionals who attended, despite the limitations imposed by staff shortage across the trust, and expressed their interest in having further catheter management training.

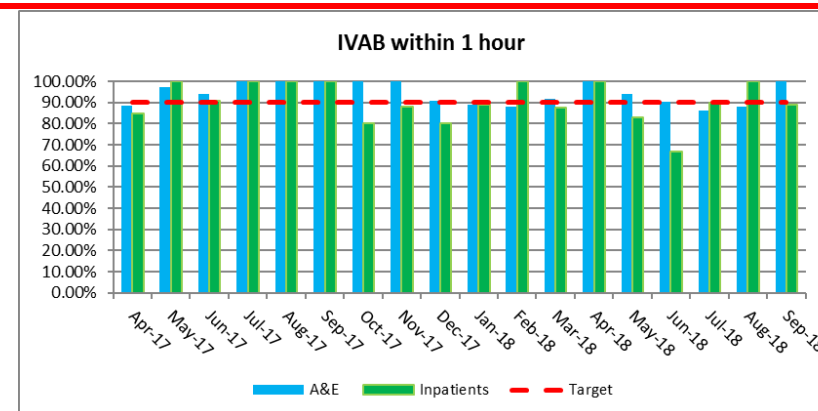
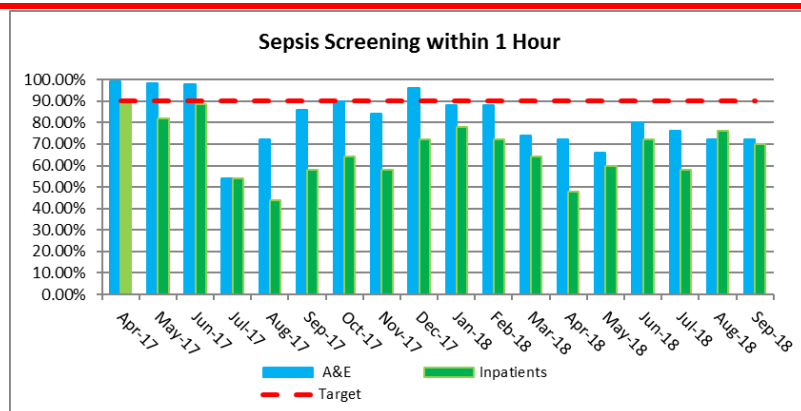
- Revisit and relaunch prevention of CAUTI steering group and learning forum to ensure appropriate representation from Directorates, sites and professional groups to support the corporate work programme for the prevention and reduction of CAUTI. As a result of this initiative we have requested nomination from Directorates, reviewed TOR and circulate within the new group CAUTI meetings dates and venue booked for this year.
- Root cause analysis tool for the wards to investigate CAUTI being developed, planned to be discussed at the CAUTI meeting 13.11.2018
- Review the e-referral criteria for TWOC to ensure reduction of inappropriate referrals and increase capacity of TWOC clinics

Timescale: September 2018

QUALITY

Sepsis

R



Timescale: September 2018

Lead: Michelle Rhodes, Director of Nursing

Key Issues:

- Sepsis screening within 1 hour for both A&E and Inpatients appears to have remain constant. Sepsis Practitioners continue to receive e-mail alerts when a patient NEWS ≥ 5 enabling sepsis practitioners to assist and support when necessary and appropriate. Additional sepsis practitioner commenced in post 13th August which should aid compliance across all sites. Step by step guides are present in each clinical area and readily available on the staff intranet page. Sepsis practitioners continue to attend preceptorship study days for newly qualified nurses/ Midwives and Dr inductions. E learning currently being developed for Oncology services. New sepsis bundle due to be introduced 1st of November which is predicted to improve screening compliance.
- The percentage of IV antibiotics given within 1 hour has improved in both A&E and inpatients areas in September with A&E achieving 100% which is exceeding the target for the CQUIN. Further bundle training given to ward areas along with the introduction of the 'tea trolley teaching' style. Sepsis practitioners present on Dr inductions to highlight importance of timely treatment. Medical leads allocated for all A&E and inpatient areas across, adult, paediatric and maternity and teaching sessions for junior Drs arranged.

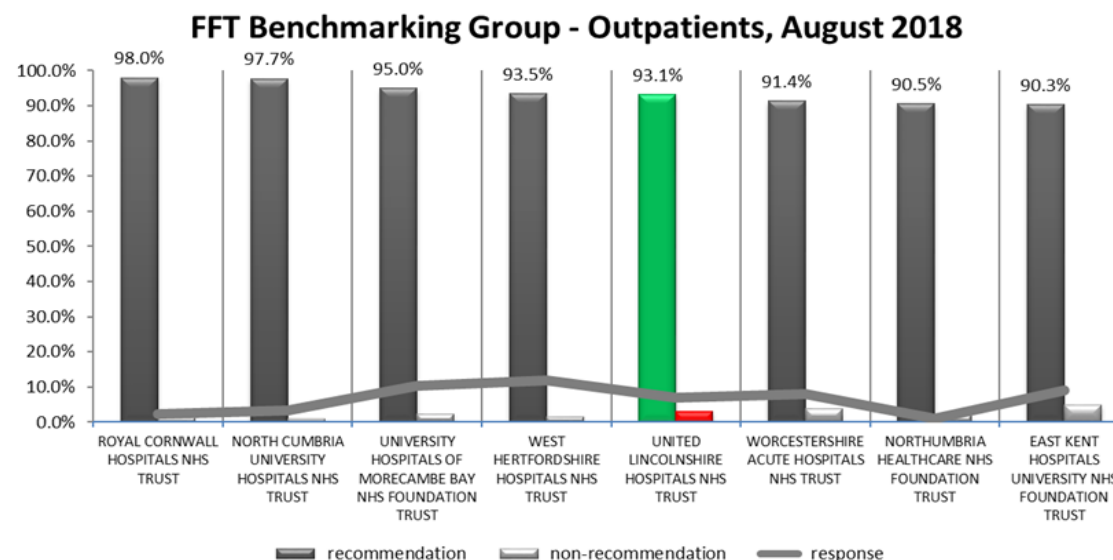
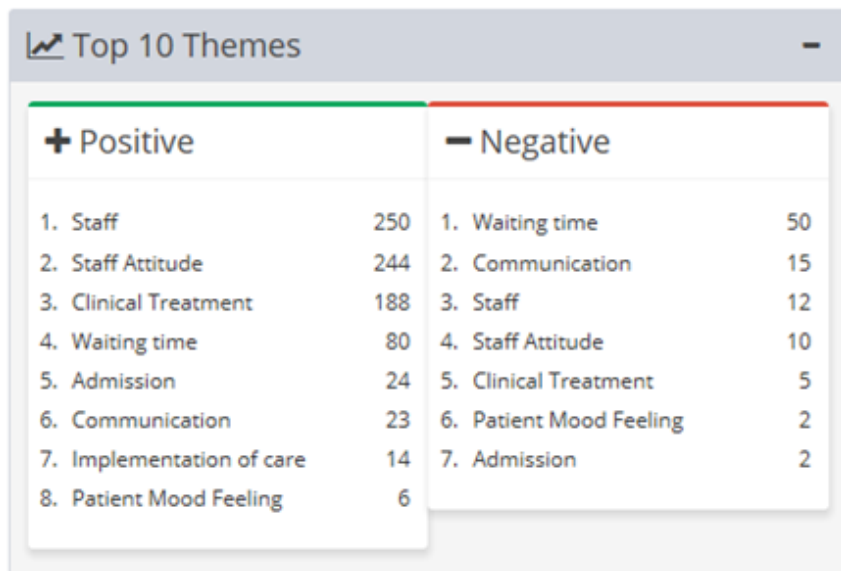
Key Actions:

- Monthly review templates for non-compliance – to be returned on the 20th of each month. A Trust thematic analysis is produced identifying key issues.
- Sepsis e-learning extended to include paediatric and maternity module
- Increased Sepsis Link Nurse engagement across sites supported by Ward Accreditation domain
- A&E medical leads identified for Lincoln, Pilgrim and Grantham sites, Inpatient medical leads identified for Lincoln, Pilgrim and Grantham Sites, Maternity medical lead identified for Pilgrim, Paediatric medical leads identified for both Lincoln and Pilgrim sites.
- Bundle to be updated to fall in line with the sepsis trust, training schedule currently being developed along with updating training material, delayed roll out from the 8th October to the 1st November.
- Sepsis screening expected to be on the staff Ipods, date to be confirmed
- Sepsis practitioner secondment for Pilgrim Hospital commenced in post on 13th August.
- Medical lead for maternity inpatients remains in discussion.
- Sepsis e-learning compliance 89.49% (target 90%) the drop to below 90% could be linked to many newly qualified nurses joining the trust.

PATIENT EXPERIENCE

Friends and Family Test / PALS / Complaints

R



Lead: Martin Rayson, Director of HR &OD **Timescale:** September 2018

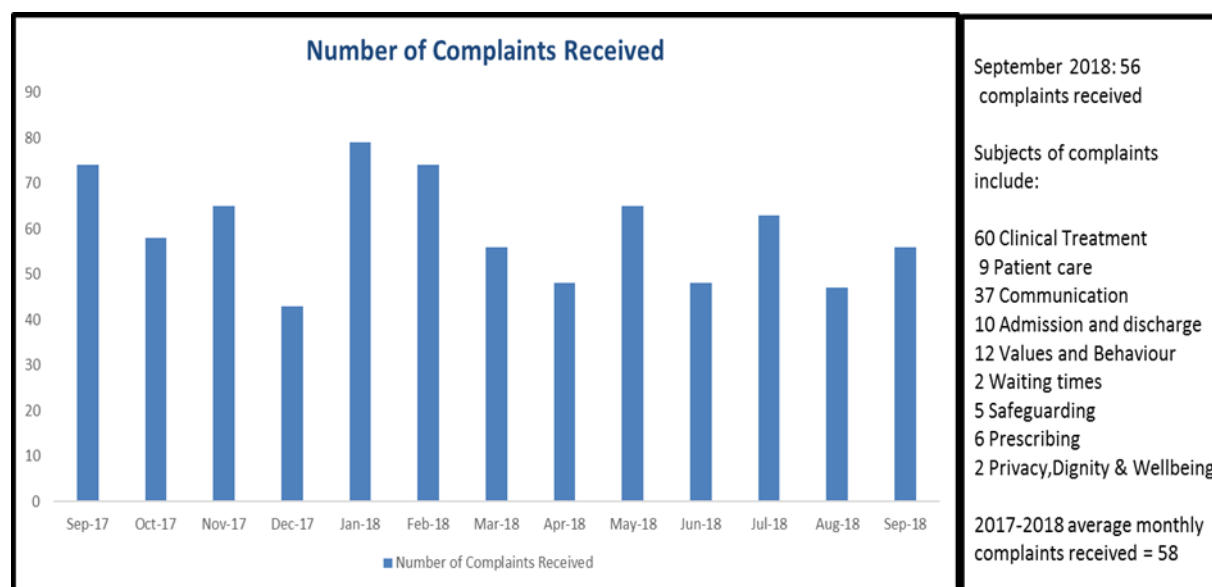
Key Issues:

- FFT performance has dropped across all streams.
 - Targeted support visits planned for hot spot areas.
 - ED main theme is long waits to be seen or receive treatment.
- During September, there were 56 formal complaints, 439 PALS enquiries and 51 Care Opinion stories.
- The top 3 themes for complaints for September were: Clinical Treatment, Communication and Values and Behaviours
- PALS concerns continue to rise. 441 concerns were taken to PALS during September. 223 for Lincoln and Louth, 35 for Grantham, 165 for Pilgrim and the remainder for community hospitals.
- The Patient Experience Support Officer retired in October and will not be replaced until the new financial year due to the current recruitment restrictions. In light of this all of the current routine patient experience reporting provided to services and directorates has been reviewed.

PATIENT EXPERIENCE

Key Actions:

- A meeting is scheduled for the 14th November with the new Managing Directors and the performance team to explore patient experience data and metrics and to scope and agree how they wish *their* data and information to be provided to enable *their* business units and services to be accountable for *their* patients experiences. There is the added opportunity with the commencement in post of the HEE funded Patient Experience Data Analyst and the plan is to re-boot and re-design all patient experience reporting and monitoring processes and systems. Monitoring will be driven through the Performance Review Meetings and assurance to the refreshed Patient Experience Committee and thence upwardly to Quality Governance Committee.
- Introduction of FAB Experience Champions
- Complaints handling, performance and lessons learned processes are now being incorporated within the new Governance Directorate.
- Communication when broken down largely refers to communication about appointments or test results; the Hybrid Mail project should hopefully address the first and improvements begin to be shown within PALS enquiries.
- Targeted visits to FFT hot spot areas.
- Review of patient experience reporting



PATIENT EXPERIENCE

| Theme | Action | Timescale |
|--|--|---------------|
| Directorate and operational engagement & ownership | Meet with Managing Directors to: <ul style="list-style-type: none"> • Determine data & reporting preferences • Secure PEC membership • Promote FAB Experience Champions nominations | November 2018 |
| | <ul style="list-style-type: none"> • Recruit FAB Experience Champions. • Fortnightly nudges to specialties who have not nominated. • Aim for all areas to have either nominated or linked champion by end January 2019. | January 2019 |
| | Complete redesign of patient experience reporting | January 2019 |
| FFT hot spots | Targeted visits to hot spot areas to discuss actions and support. | December 2019 |
| Communication First training | Draw themes from reflective accounts following Communication First training to identify impact of learning. | March 2019 |
| Values and behaviours & Patient Care | Identify patient stories from across PALS, complaints, Care Opinion and (where possible) FFT that demonstrate positive and negative experiences and use in a monthly 'PX Message of the Month' for sharing with staff. | January 2019 |
| | Cascade Trust Board stories | November 2018 |
| Appointments and waiting times | Discuss with service managers, schedulers and communications re: messages and information to patients on current work. | December 2018 |
| | Explore 'traffic bulletin' initiative in ED's | December 2018 |

WORKFORCE

| KPI Performance Overview | | | | | |
|---|---|---------------------------------|-------------------------------|------------------------------------|-----------------------------------|
| KPI | 2018/19 Target | October 2018 Performance | Last Month Performance | Performance in October 2017 | 6th Month Trend |
| Vacancy Rate - Medical | Medical – 13.5% | 18.68% | 18.75% | 15.42% | ↑ |
| Vacancy Rate – Registered Nurses | Registered Nursing 12.5% | 15.38% | 16.02% | 13.28% | ↓ |
| Vacancy Rate – AHP's | 10% | 16.61% | 17.5% | 8.39% | ↑ |
| Voluntary Turnover | 6%, with no group of staff more than 20% above the overall target | 5.90% | 6.14% | 5.37% | ↓ |
| Quarterly Engagement Index | 10% improvement in average score during 2017/18 | 3.3 (Sep'17) | 3.4 (Jun'17) | 3.3 | ↓ |
| Quality of Leadership/Management Index | 10% improvement in average score during 2017/18 | 2.6 (Sep'17) | 2.8 (Jun'17) | 2.6 | ↓ |
| Core Learning Completion | Overall target (2017/18) 95%. | 90.42% | 90.61% | 89.17% | ↓ |
| Sickness Absence (12 month rolling average) | Overall target of 4.5% + no team over 25% above target | 4.67% (Sep '18) | 4.67% (Aug '18) | 4.73% (Aug 17) | ↓ |
| Appraisals - Medical | Medical – 95% | 95% | 95% | 95% | ↓ |
| Appraisals – Non Medical | Non-medical – 90% | 73% | 69.75% | 78% | ↓ |
| Agency Spend | £25.4m (£) | £3.179m | £2.863m | £2.546m | ↑ |

Note: KPIs are being reviewed with the Workforce and OD Committee. The KPIs will change and therefore targets have not been set for 2018/19 for these indicators as they may change.

WORKFORCE

Commentary

Both turnover and vacancy rates have reduced in October. In four out of the last five weeks we have had more starters than leavers in the Trust. This reflects some recent successes in terms of both medical and other appointments. Sickness remains at 4.67%. These improvements have yet to flow through however into a reduction in agency spend.

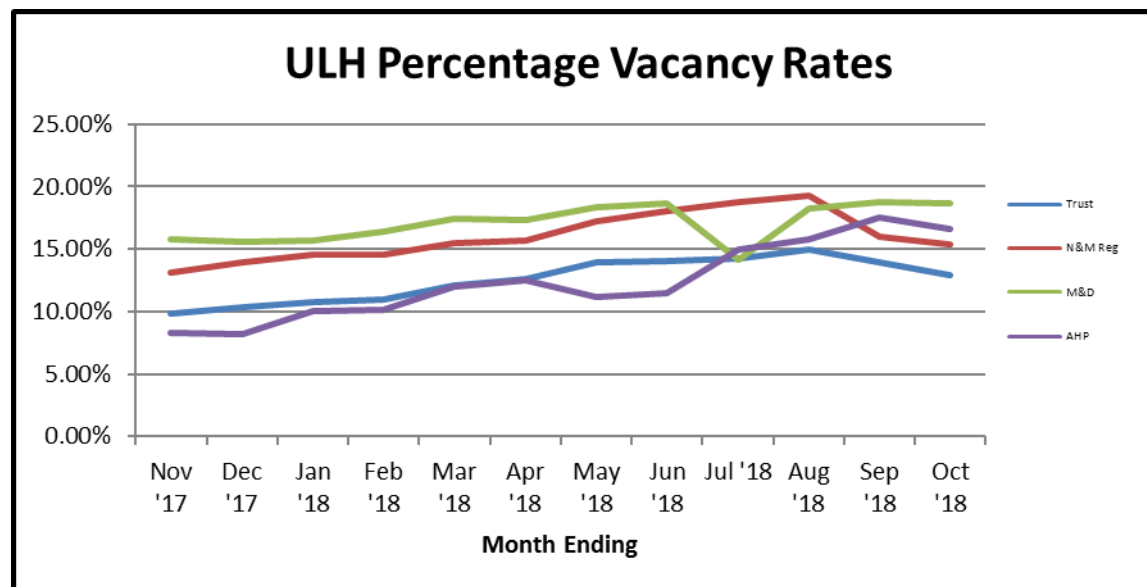
We continue to take forward as a priority those projects which should reduce agency spend. We are working to establish greater control over governance and price around agency assignments. Fundamentally though we must look at ways in which we can reduce demand and the work on new workforce models and improving recruitment success rates is crucial in that respect. We were not initially successful in procuring a recruitment agency with whom we might work. We remain in dialogue with the market around a potential solution and are also looking at the steps we might make to tackle the problem ourselves. Clearly this data shows that there is scope to improve the speed with which we recruit.

Performance on appraisal and core learning completion remains disappointing and there is a strong focus on this at the monthly Divisional Performance Review Meetings.

WORKFORCE

Vacancy Rates

R



Lead: Martin Rayson, Director of HR &OD

Timescale: October 2018

Key Issues:

- The October figures show that the percentage of vacancies has decreased for N&M by 0.64%, AHP has decreased by 0.98% and Medical has decreased by 0.07%.
- All three staff groups are still above target. The text at the beginning highlights the challenges in terms of medical vacancies in fragile services. The Registered Nursing vacancy rate at Pilgrim is 22.25% and AHPs, 20.58%
- The overall Trust vacancy rate for October is 12.9%, which is an overall improvement of just over 1%

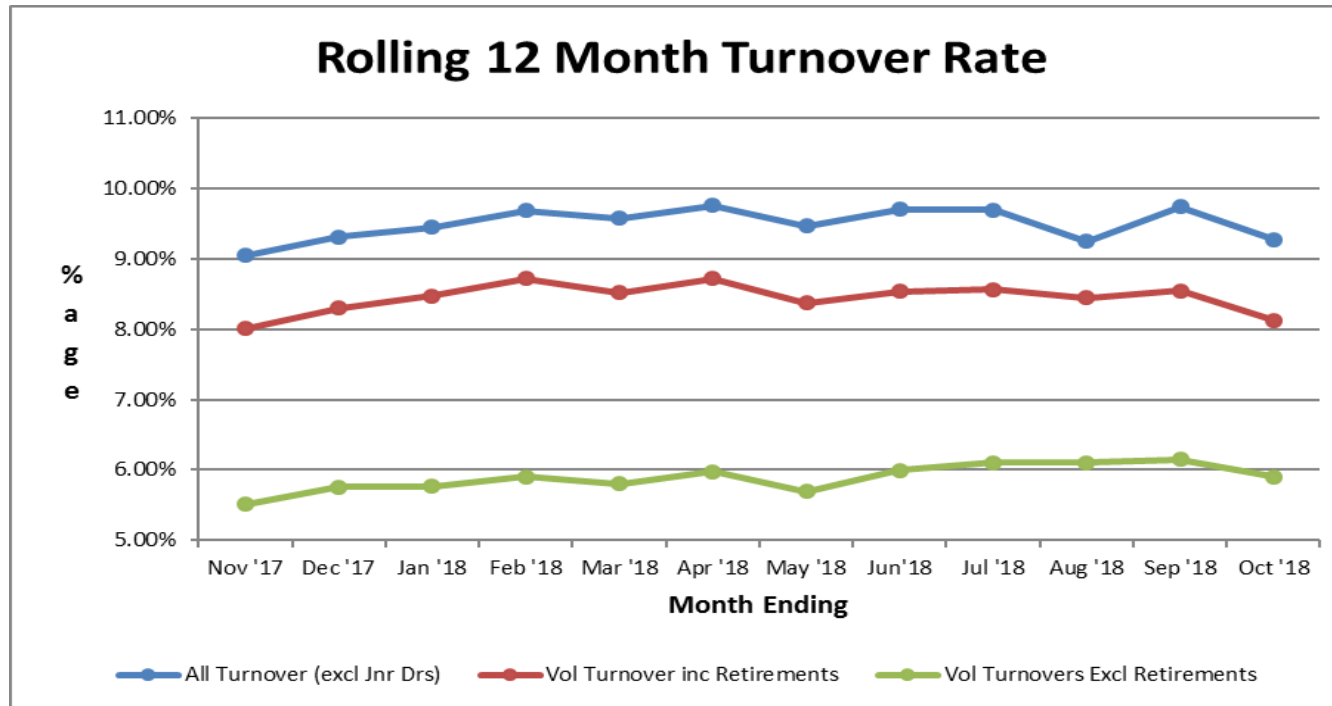
Key Actions:

- Business case to work with Paragona (alternative route to employment for international medical staff) approved.
- Further development of 'plan for every post' for medical posts
- New agency approaches being assessed
- Working with fellow Lincolnshire based NHS Trusts to implement a county wide Attraction Strategy.
- New partners for international nursing being evaluated.

WORKFORCE

Voluntary Turnover

G



Lead: Martin Rayson, Director of HR &OD

Timescale: October 2018

Key Issues:

- The Target has been met this month. Voluntary turnover (retirements) also a reduction from last month.

Key Actions:

- Second draft of exit questionnaire circulated for comment. All favourable to date
- World café event for nursing career pathway development held. Well attended by staff from student nurses to matrons
- Group of senior professionals identified who will hold the itchy feet conversations
- Discussions for similar word café event for medics being planned for December
- Recruitment to B7 fixed term post to focus exclusively on retention including retire and return

WORKFORCE

Core Learning

A

| Compliance by topic Sept 18 | Equality, Diversity and Human Rights - 3 Years | Fire Safety - 1 Year | Fraud Awareness - 3 years | Health and Safety - 3 Years | Infection Control - 1 Year | Information Governance - 1 Year | Major Incidents - 1 Year | Moving & Handling for Inanimate Load Handlers - 3 Years | Resuscitation (BLS) - 1 Year | Safeguarding Adults Level 1 - 3 Years | Safeguarding Children Level 1 - 3 Years | Slips, Trips & Falls - 3 year | Overall Compliance % |
|-----------------------------|--|----------------------|---------------------------|-----------------------------|----------------------------|---------------------------------|--------------------------|---|------------------------------|---------------------------------------|---|-------------------------------|----------------------|
| Sep | 95.51% | 86.94% | 91.32% | 95.69% | 89.31% | 89.19% | 82.28% | 94.27% | 83.26% | 92.06% | 92.04% | 95.42% | 90.61% |
| Oct | 95.46% | 86.90% | 92.28% | 96.09% | 89.61% | 86.20% | 83.30% | 94.76% | 82.82% | 90.89% | 90.87% | 95.88% | 90.42% |

| Assignment Count | Divisional Directorate | Overall Compliance % |
|------------------|-----------------------------|----------------------|
| 600 | Corporate | 92.28% |
| 762 | Women & Childrens Pan Trust | 92.17% |
| 1867 | Clinical Support Services | 91.73% |
| 702 | Director of Estates & Facil | 91.67% |
| 1731 | Surgery | 89.09% |
| 1498 | Medicine | 88.11% |

| Assignment Count | Divisional Directorate | Fire Safety - 1 Year |
|------------------|-----------------------------|----------------------|
| 600 | Corporate | 92.00% |
| 702 | Director of Estates & Facil | 89.89% |
| 1867 | Clinical Support Services | 88.54% |
| 762 | Women & Childrens Pan Trust | 87.01% |
| 1498 | Medicine | 84.58% |
| 1731 | Surgery | 84.11% |

| Assignment Count | Divisional Directorate | Information Governance - 1 Year |
|------------------|-----------------------------|---------------------------------|
| 1867 | Clinical Support Services | 89.77% |
| 600 | Corporate | 89.00% |
| 762 | Women & Childrens Pan Trust | 87.66% |
| 702 | Director of Estates & Facil | 86.04% |
| 1731 | Surgery | 85.15% |
| 1498 | Medicine | 81.17% |

| Assignment Count | Divisional Directorate | Safeguarding Children Level 1 - 3 Years |
|------------------|-----------------------------|---|
| 702 | Director of Estates & Facil | 92.74% |
| 762 | Women & Childrens Pan Trust | 92.65% |
| 600 | Corporate | 92.00% |
| 1731 | Surgery | 90.81% |
| 1867 | Clinical Support Services | 90.41% |
| 1498 | Medicine | 89.25% |

Lead: Martin Rayson, Director of HR &OD

Timescale: October 2018

Key Issues:

- There has been a significant increase in the core learning compliance rate since 2016. Overall compliance has fallen again this month by 0.19% to 90.42%. The biggest fall in compliance this month is Information Governance which has dropped 2.99%. Safeguarding Level 1 has also fallen by 1.17%. Both are now lower than they were in April. Major Incident has started to pick up, improving 1.02%. However Fire still shows no improvement.
- Individual league tables by the new Divisional Directorates for Fire and the two topics falling by more than 1% - Information Governance and Safeguarding Level 1, along with overall compliance, are provided above. This shows that Medicine and Surgery feature at the bottom or towards the bottom of all tables.

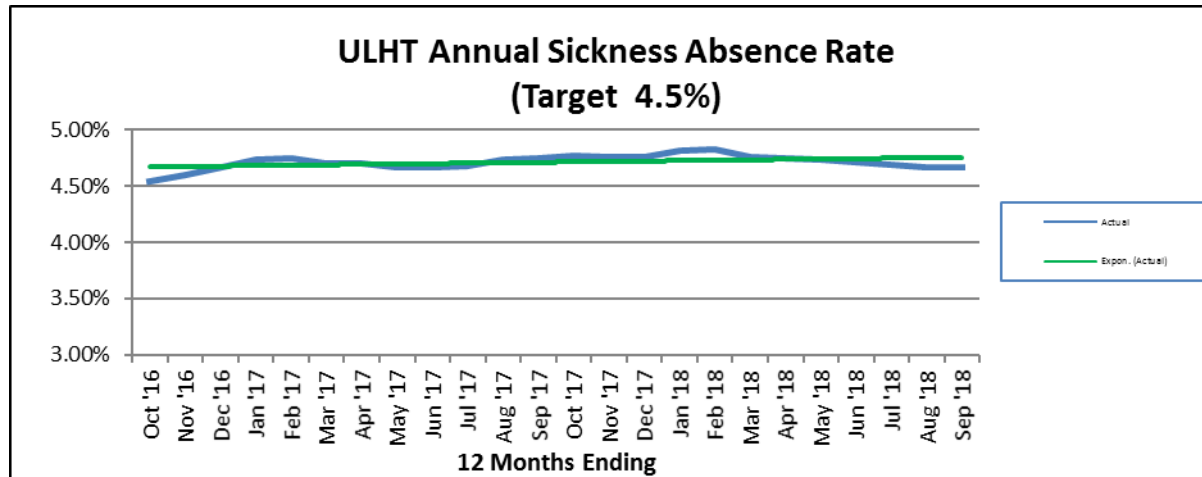
Key Actions:

- Rates of completion are reported on a monthly basis to each Directorate and there are follow-up discussions at Performance Review Meetings.
- Compliance information is also made available to topic specialists each month.
- Further communication exercise to promote the importance of 100% compliance and to understand the reasons why it is not possible for many staff to achieve that level of compliance.
- Strategic HR Business Partners to support identification & escalation of service areas with poor compliance rates.

WORKFORCE

Sickness Absence

A



Lead: Martin Rayson, Director of HR &OD

Timescale: September 2018

Key Issues:

- Trust sickness remains the same from August to September, slightly above target by 0.17%

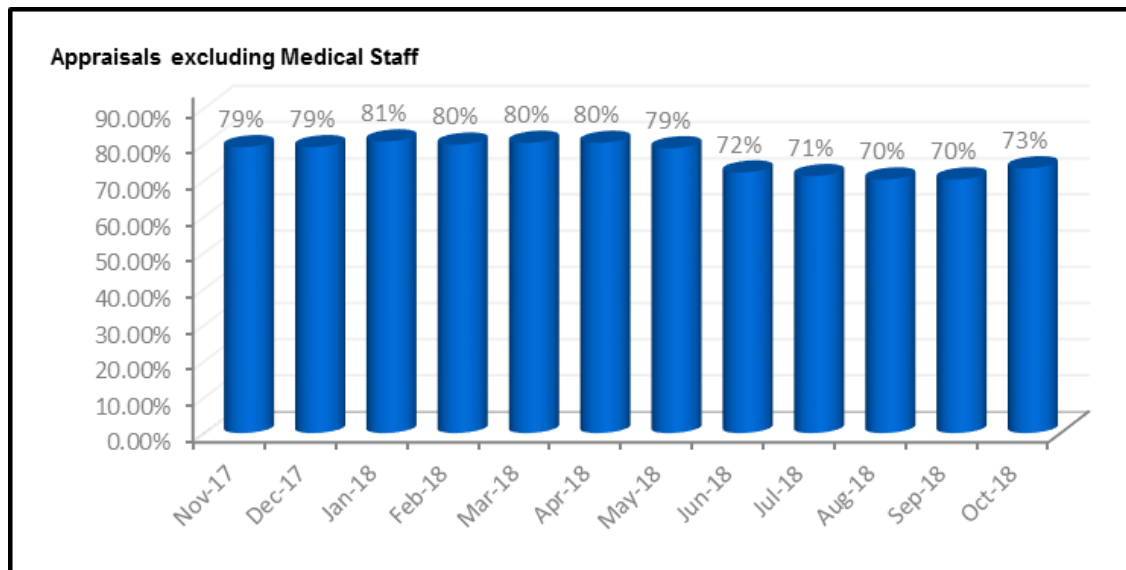
Key Actions:

- Sickness absence line introduced from 5th November 2018.
- ER Advisors supported HR Ops to set up outstanding panels for capability ill health hearings.
- OH sickness meetings rescheduled to optimise attendance for ER Team.
- ER advisors realigned to new divisions to support management of absence
- ER Advisors handing over cases following divisional realignment.
- Additional HR Ops support to schedule ill health capability hearings.
- Additional HR Ops support for administration of Occupational Health reports.
- ER Advisors to promote flu jabs.
- Ongoing promotion by ER Advisors of OT self-referral inc. families.
- ER advisors to continue to ensure that an absence reason is entered and that "other" is not the reason.
- ER advisors to explore utilising more case conferences to reduce length of long term absence.

WORKFORCE

APPRAISAL RATES (Non-Medical)

R



Lead: Martin Rayson, Director of HR &OD

Timescale: October 2018

Key Issues:

- Agenda for Change Staff/Non-Medical Appraisal compliance has increased by 3%. This has started to increase once again following a significant drop in the summer. There is though significant progress that needs to be made before the Trust target of 90% is met. There is real focus on this at the Divisional Performance Review meetings, but there needs to be some consequence if targets are not met.

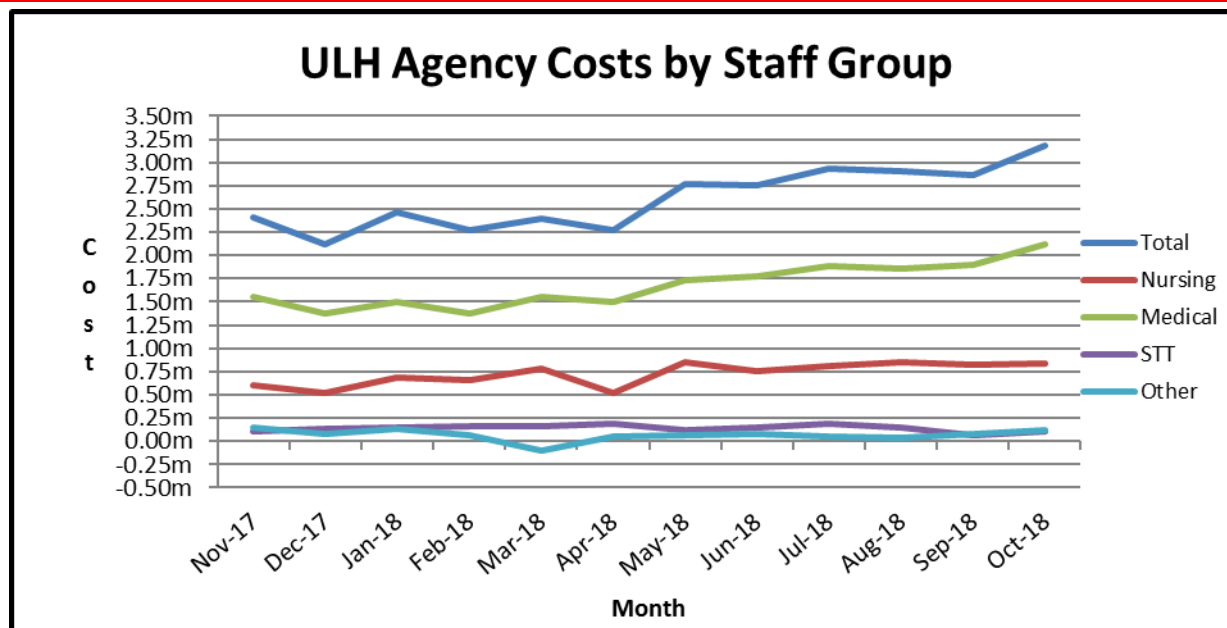
Key Actions:

- Bespoke staff training taken place to support implementation
- Hot spot areas flagged to HRBPs, ER team and relevant Directors
- Further training to support implementation of new Individual Performance Management process.
- Appraisals now part of Divisional Performance Management regime
- Strategic HR Business Partners to identify service areas with poor appraisal rates and escalate.

WORKFORCE

AGENCY SPEND

R



Lead: Martin Rayson, Director of HR &OD

Timescale: October 2018

Key Issues:

- Spend continues to be above target.
- In October the Agency spend increased across all areas.
- The focus of ULHT is on both reducing the overall reliance on temporary staff and, within that, the proportion that is accounted for by agency staff. This is explored in more detail below.

Key Actions:

- The Trust has developed and is implementing an agency cost reduction plan. This focuses on five themes: 1) Planning a realistic level of temporary staffing; 2) Reducing unplanned temporary staffing by reducing the number of unfilled posts, reducing, improving attendance and improving rostering practices; 3) Improving the ratio of bank to agency staffing mix; 4) Reducing the proportionate cost of Agency staffing and 5) Ensuring greater grip and control around temporary staffing spend.
- Developed costed agency cost reduction plan.
- Project Manager in post to develop and lead the a new central agency booking team
- Divisional Confirm and Challenge meetings
- Further actions to increase nurse bank usage – e.g. premium bank rates. Extension of bank to other groups of staff. Medical bank in place
- Further work to seek to reduce agency rates. Challenge high-cost agency – turn to permanent where possible.

NURSING WORKFORCE

Safer Staffing: Summary by Site – All Specialities

Oct-18

| Hospital | CHPPD Rates for Staffing | | | | | |
|----------|--------------------------|--------------|---------------|--------------|-------------------------|--------------|
| | Registered | | Unregistered | | Total (Includes Others) | |
| | Planned CHPPD | Actual CHPPD | Planned CHPPD | Actual CHPPD | Planned CHPPD | Actual CHPPD |
| Grantham | 5.3 | 4.8 | 3.2 | 3.1 | 8.5 | 8.0 |
| Lincoln | 4.6 | 4.4 | 2.5 | 2.4 | 7.2 | 6.9 |
| Pilgrim | 5.4 | 4.5 | 3.1 | 2.8 | 8.6 | 7.4 |
| Trust | 4.9 | 4.4 | 2.7 | 2.6 | 7.8 | 7.2 |

Safer Staffing: Summary by Site - General Nursing

Oct-18

| Hospital | CHPPD Rates for Staffing | | | | | |
|----------|--------------------------|--------------|---------------|--------------|-------------------------|--------------|
| | Registered | | Unregistered | | Total (Includes Others) | |
| | Planned CHPPD | Actual CHPPD | Planned CHPPD | Actual CHPPD | Planned CHPPD | Actual CHPPD |
| Grantham | 5.3 | 4.8 | 3.2 | 3.1 | 8.5 | 8.0 |
| Lincoln | 4.8 | 4.5 | 2.5 | 2.5 | 7.4 | 7.0 |
| Pilgrim | 4.6 | 3.9 | 2.8 | 2.7 | 7.5 | 6.6 |
| Trust | 4.8 | 4.3 | 2.7 | 2.6 | 7.5 | 7.0 |

Safer Staffing: Summary by Site - Children

Oct-18

| Hospital | CHPPD Rates for Staffing | | | | | |
|----------|--------------------------|--------------|---------------|--------------|-------------------------|--------------|
| | Registered | | Unregistered | | Total (Includes Others) | |
| | Planned CHPPD | Actual CHPPD | Planned CHPPD | Actual CHPPD | Planned CHPPD | Actual CHPPD |
| Grantham | n/a | n/a | n/a | n/a | n/a | n/a |
| Lincoln | 7.1 | 8.1 | 3.1 | 2.7 | 10.3 | 10.8 |
| Pilgrim | 20.1 | 15.2 | 11.3 | 6.7 | 32.6 | 22.6 |
| Trust | 10.4 | 9.9 | 5.2 | 3.7 | 15.9 | 13.8 |

NURSING WORKFORCE

Safer Staffing: Summary by Site – Midwifery

Oct-18

| Hospital | CHPPD Rates for Staffing | | | | | |
|----------|--------------------------|--------------|---------------|--------------|-------------------------|--------------|
| | Registered | | Unregistered | | Total (Includes Others) | |
| | Planned CHPPD | Actual CHPPD | Planned CHPPD | Actual CHPPD | Planned CHPPD | Actual CHPPD |
| Grantham | n/a | n/a | n/a | n/a | n/a | n/a |
| Lincoln | 1.7 | 1.7 | 2.0 | 1.8 | 3.7 | 3.5 |
| Pilgrim | 25.4 | 23.5 | 5.0 | 4.2 | 30.4 | 27.7 |
| Trust | 3.8 | 3.6 | 2.2 | 2.0 | 6.1 | 5.6 |

| Safe Staffing Performance Dashboard - October 18 | | | | | | | | | | | |
|--|--------------------------|--------------|---------------|--------------|---------------|--------------|--|------------------------------------|--|------------------------------------|--|
| SITE/Ward | CHPPD Rates for Staffing | | | | | | Fill Rates | | | | Exception report |
| | Registered | | Unregistered | | Total | | Total Day | | Total Night | | |
| | Planned CHPPD | Actual CHPPD | Planned CHPPD | Actual CHPPD | Planned CHPPD | Actual CHPPD | Average fill rate - registered nurses/midwives (%) | Average fill rate - care staff (%) | Average fill rate - registered nurses/midwives (%) | Average fill rate - care staff (%) | |
| SITE/Ward | | | | | | | | | | | |
| GRANTHAM HOSPITAL | | | | | | | | | | | |
| Ward 1 | 3.17 | 3.42 | 2.71 | 3.01 | 5.88 | 6.43 | 115.1% | 112.9% | 98.3% | 106.8% | Escalation beds open |
| Ward 2 | 9.92 | 6.43 | 6.94 | 3.80 | 16.86 | 10.46 | 60.7% | 56.8% | 71.0% | 51.6% | Activity reduced as service reconfigurations ongoing |
| Ward 6 | 4.45 | 4.28 | 3.97 | 4.17 | 8.41 | 8.63 | 91.6% | 108.7% | 104.2% | 100.0% | |
| EAU | 4.69 | 4.18 | 2.35 | 2.97 | 7.04 | 7.28 | 82.5% | 137.6% | 101.8% | 113.0% | |
| Acute Care Unit | 11.77 | 10.80 | 1.16 | 0.83 | 12.93 | 11.63 | 93.1% | 71.4% | 90.2% | - | |
| LINCOLN COUNTY HOSPITAL | | | | | | | | | | | |
| Ashby | 3.46 | 3.22 | 2.69 | 3.50 | 6.15 | 6.72 | 89.2% | 116.4% | 100.0% | 146.4% | High numbers of enhanced care |
| Bardney | 5.60 | 5.55 | 4.44 | 4.08 | 10.05 | 9.63 | 96.4% | 89.4% | 103.6% | 94.6% | |
| Branston | 5.00 | 4.79 | 1.96 | 1.78 | 6.96 | 6.63 | 93.8% | 99.9% | 100.0% | 77.8% | |
| Burton | 3.19 | 3.09 | 2.59 | 2.69 | 5.78 | 5.78 | 95.1% | 107.7% | 100.1% | 99.3% | |
| Carlton Coleby | 3.48 | 3.44 | 2.18 | 2.14 | 5.66 | 5.58 | 86.8% | 101.4% | 121.5% | 93.5% | Temporary uplift to template on nights |

NURSING WORKFORCE

| SITE/Ward | CHPPD Rates for Staffing | | | | | | Fill Rates | | | | Exception report |
|-------------------------|--------------------------|--------------|---------------|--------------|---------------|--------------|--|------------------------------------|--|------------------------------------|---|
| | Registered | | Unregistered | | Total | | Total Day | | Total Night | | |
| | Planned CHPPD | Actual CHPPD | Planned CHPPD | Actual CHPPD | Planned CHPPD | Actual CHPPD | Average fill rate - registered nurses/midwives (%) | Average fill rate - care staff (%) | Average fill rate - registered nurses/midwives (%) | Average fill rate - care staff (%) | |
| Clayton | 4.10 | 3.85 | 1.78 | 1.69 | 6.00 | 5.54 | 89.1% | 94.8% | 99.9% | 96.4% | |
| Dixon | 2.65 | 2.89 | 2.42 | 2.79 | 5.07 | 5.69 | 113.8% | 106.1% | 103.3% | 133.8% | Temporary uplift to template for RN dayts and HCSW nights |
| Frailty Assessment Unit | 3.69 | 3.17 | 3.10 | 3.40 | 7.03 | 7.06 | 78.5% | 116.8% | 101.1% | 97.8% | |
| Greetwell | 3.23 | 3.05 | 1.95 | 2.01 | 5.18 | 5.09 | 91.6% | 102.9% | 99.0% | 103.2% | |
| Hatton | 4.92 | 5.02 | 3.48 | 3.22 | 8.40 | 8.23 | 102.5% | 91.3% | 101.2% | 93.9% | |
| ICU | 26.23 | 24.27 | 3.03 | 1.81 | 32.54 | 28.11 | 93.1% | 65.5% | 91.9% | 48.4% | Reflective of vacancies |
| Johnson | 9.61 | 9.15 | 3.32 | 3.68 | 12.93 | 12.87 | 92.7% | 109.9% | 98.7% | 112.9% | |
| Lancaster | 2.95 | 2.72 | 2.93 | 2.92 | 5.88 | 5.68 | 88.0% | 96.2% | 99.0% | 105.7% | |
| MEAU | 5.62 | 5.02 | 2.47 | 2.46 | 8.10 | 7.49 | 90.8% | 87.3% | 86.6% | 121.8% | High numbers of enhanced care and dependency |
| Navenby | 3.02 | 3.03 | 2.29 | 2.16 | 5.31 | 5.19 | 99.2% | 91.3% | 101.3% | 98.5% | |
| Nettleham | 0.61 | 0.58 | 1.28 | 1.15 | 1.89 | 1.73 | 102.1% | 90.9% | 87.2% | 88.2% | |
| Neonatal (SCBU) | 8.82 | 8.44 | 4.01 | 2.88 | 12.84 | 11.32 | 110.8% | 64.3% | 82.3% | 96.0% | |
| Neustadt Welton | 3.18 | 2.81 | 2.56 | 2.36 | 5.74 | 5.19 | 84.7% | 97.1% | 94.5% | 86.3% | |
| Rainforest | 5.81 | 7.82 | 2.46 | 2.55 | 8.26 | 10.37 | 132.6% | 100.0% | 138.0% | 112.8% | Reflective of change in model of care |
| Scampton | 3.27 | 3.00 | 3.00 | 2.96 | 6.27 | 5.97 | 88.3% | 94.9% | 98.7% | 105.8% | |
| SEAU | 5.09 | 4.56 | 2.26 | 2.09 | 7.35 | 6.65 | 88.1% | 90.0% | 91.6% | 96.5% | |
| Shuttleworth | 4.14 | 3.82 | 2.47 | 2.48 | 6.61 | 6.33 | 89.0% | 93.1% | 96.8% | 115.1% | |
| Stroke Unit | 4.51 | 4.20 | 2.42 | 2.19 | 6.93 | 6.39 | 92.4% | 86.7% | 94.6% | 98.5% | |
| Waddington Unit | 4.64 | 4.32 | 1.97 | 1.81 | 6.60 | 6.14 | 87.7% | 88.2% | 101.6% | 105.1% | |

NURSING WORKFORCE

| SITE/Ward | CHPPD Rates for Staffing | | | | | | Fill Rates | | | | Exception report |
|--------------------------|--------------------------|--------------|---------------|--------------|---------------|--------------|--|------------------------------------|--|------------------------------------|--|
| | Registered | | Unregistered | | Total | | Total Day | | Total Night | | |
| | Planned CHPPD | Actual CHPPD | Planned CHPPD | Actual CHPPD | Planned CHPPD | Actual CHPPD | Average fill rate - registered nurses/midwives (%) | Average fill rate - care staff (%) | Average fill rate - registered nurses/midwives (%) | Average fill rate - care staff (%) | |
| PILGRIM HOSPITAL, BOSTON | | | | | | | | | | | |
| Acute Medical Unit | 4.77 | 3.10 | 3.83 | 2.74 | 8.60 | 5.84 | 49.9% | 73.8% | 96.9% | 67.9% | Change to model of care on site |
| 4A | 21.60 | 15.75 | 16.29 | 8.52 | 39.02 | 24.85 | 60.7% | 60.2% | 98.8% | 32.3% | Reflective of current service restrictions |
| Acute Cardiac Unit | 5.40 | 4.25 | 2.33 | 2.14 | 7.74 | 6.39 | 71.4% | 93.4% | 89.1% | 88.0% | Change to model of care on site |
| ICU | 25.29 | 21.83 | 0.00 | 0.00 | 25.96 | 21.83 | 82.0% | 39.1% | 92.6% | - | |
| Labour Ward | 25.38 | 23.46 | 5.04 | 4.21 | 30.42 | 27.67 | 91.0% | 71.3% | 94.1% | 97.5% | |
| Neonatal (SCBU) | 18.28 | 14.55 | 5.53 | 4.66 | 25.14 | 20.08 | 78.4% | 81.0% | 81.3% | 87.7% | |
| Stroke Unit | 4.04 | 3.54 | 2.70 | 2.96 | 7.11 | 6.66 | 88.4% | 110.3% | 86.3% | 108.4% | |
| Bevan Ward | 6.82 | 5.19 | 5.38 | 2.28 | 12.26 | 7.66 | 63.4% | 39.0% | 103.0% | 50.0% | Change to model of care on site |
| 3B | 3.35 | 2.95 | 2.33 | 2.32 | 5.69 | 5.26 | 82.4% | 96.9% | 97.8% | 104.4% | |
| 5A | 3.23 | 3.23 | 2.58 | 2.58 | 5.81 | 5.81 | 101.9% | 104.4% | 97.5% | 89.9% | |
| 5B | 3.96 | 3.10 | 2.45 | 2.98 | 6.41 | 6.20 | 73.5% | 118.9% | 87.4% | 126.8% | Using different skill mix where appropriate |
| 6A | 3.75 | 2.85 | 3.07 | 3.01 | 6.82 | 5.96 | 67.5% | 101.1% | 93.6% | 93.6% | |
| 6B | 3.85 | 3.53 | 3.11 | 3.32 | 6.96 | 6.84 | 87.8% | 110.8% | 99.2% | 100.9% | High levels of enhanced care and dependency |
| 7A | 3.42 | 2.67 | 2.00 | 2.38 | 5.42 | 5.04 | 68.3% | 117.5% | 100.0% | 122.0% | Reflective of RN vacancies and using skill mix differently where appropriate |
| 7B | 3.83 | 3.06 | 2.76 | 2.69 | 7.05 | 6.13 | 70.3% | 97.4% | 99.9% | 98.4% | Reflective of RN vacancies |
| 8A | 3.48 | 3.05 | 3.10 | 3.34 | 6.58 | 6.39 | 79.2% | 102.3% | 105.4% | 116.3% | Reflective of RN vacancies |
| 1B | 6.87 | 6.17 | 3.13 | 2.69 | 10.19 | 9.06 | 84.8% | 89.9% | 99.9% | 79.6% | |

FINANCE

Finance and Use of Resources Metric

| | R | |
|--|----------|----------|
| Year to date | Forecast | |
| Capital service cover rating | 4 | 4 |
| Liquidity rating | 4 | 4 |
| I&E margin rating | 4 | 4 |
| I&E margin: distance from plan | 4 | 1 |
| Agency rating | 3 | 2 |
| Overall Risk rating after overrides | 4 | 4 |

The Finance and Use of Resources metric is made up of 5 component elements with equal weighting and a range of 1 (good) - 4 (poor).

The Trust is unlikely to improve from a rating of 4 until such time as it is able to deliver sustained financial balance and agrees a long term funding solution to cover historic debt.

(Surplus)/Deficit

| | Plan | Actual | Variance | Forecast |
|-----------------|----------|----------|----------|----------|
| In Month £k | (5,043) | (7,111) | (2,068) | |
| Year to Date £k | (41,038) | (50,577) | (9,539) | (87,300) |

The in-month position is a deficit of £7.1m (or £2.1m to plan), and the YTD position is a deficit of £50.6m (or £9.5m adverse to plan).

Lower than planned Efficiency savings delivery accounts for £5.7m of the £9.5m YTD adverse movement to plan. Actions are being taken to support increasing the pace and delivery of schemes, including additional resource to focus on delivery.

The adverse movement to plan in the YTD position also includes £0.9m in relation to underachievement of CQUIN and £2.4m in relation to contractual provisions - the contractual provision includes £1,148k for fines and penalties and £1,278k for contract challenges.

Operating Income is £2.0m lower than planned and Operating Expenditure is £14m lower than planned if we exclude the impact of slower than planned efficiency savings delivery, CQUIN underperformance, contractual provisions, the excess cost and funding of the A4C pay award and the impact of the catering commercial review/TUPE.

The underperformance to plan in Operating Income is despite continued strong performance to plan in Radiology and A&E, and stronger performance in-month in terms of Daycases, Non Electives, Outpatients, Critical Care, Maternity and Pass-through. Elective activity remains the key area of concern, with underperformance now £1.9m YTD, despite Elective Orthopaedic activity at Grantham having improved in October. Whilst lower than planned Operating Income would be expected to be offset in lower than planned Operating Expenditure, the underspend is only £0.6m despite the release in June of £0.5m of prior year non pay accruals and accrual in September of a one-off VAT benefit of £0.6m. However, the overall position does also include reduced income and additional costs in terms of Paediatrics and increased investment in turnaround support. The position does not yet, though, reflect the full impact of agreed investment in operational and transformational capacity.

The in-month position for October includes a net benefit of £0.7m in relation to Injury Cost Recovery and a net benefit of £0.3m in relation to the pay award for Medical and Dental staff. Without these items, the in-month position would have been £1.0m worse or a deficit of £8.1m.

Cash

| | Plan | Actual | Variance |
|----------------------|-------|--------|----------|
| Year to Date £k | 3,102 | 3,784 | 682 |
| Year End Forecast £k | 6,153 | 6,153 | 0 |

The cash balance at 31 October 2018 was £3.8m. This includes revenue cash loans drawn in April - October of £45.3m. Total revenue and capital borrowings at 31 October were £255.2m and are forecast to rise to £306.2m by the end of 2018/19. As a consequence of this borrowing costs are anticipated to be £6.6m in I&E terms, and in cash terms £5.5m.

The financial plan assumed that from August all new and existing borrowing rates at 6% would be revised to 3.5%. In practice, whilst rates on new loans have reduced to 3.5% earlier than planned in May, existing borrowing rates have remained unchanged.

Although the operating deficit is £9.5m worse than plan, the impact upon cash and the ability of the Trust to pay suppliers has thus far been limited due to the relative slow progress with the Capital Programme.

It is important therefore that the revenue position is recovered since this will ultimately translate into a cash issue as the year progresses and the capital programme picks up momentum.

Income

| | Plan | Actual | Variance |
|-----------------|---------|---------|----------|
| In Month £k | 37,843 | 38,062 | 219 |
| Year to Date £k | 259,115 | 257,295 | (1,820) |

Overall, Operating Income year to date is £1.8m adverse to plan, despite the reported position including additional income of £2.9m to fund the excess cost of the A4C pay award over and above that funded within the tariff and £1.2m higher than planned delivery of efficiency savings delivery in relation to Income.

The adverse movement to plan in the YTD position includes £0.9m in relation to underachievement of CQUIN and £2.4m in relation to contractual provisions (comprising of £1.1m for fines and penalties and £1.3m for contract challenges).

Operating Income is £2.0m lower than planned if we exclude the impact of higher than planned efficiency savings delivery, CQUIN underperformance, contractual provisions, the excess cost and funding of the A4C pay award and the impact of the catering commercial review/TUPE.

The underperformance to plan in Operating Income is despite continued strong performance to plan in Radiology and A&E, and stronger performance in-month in terms of Daycases, Non-Electives, Outpatients, Critical Care, Maternity and Pass-through. Elective activity remains the key area of concern, with underperformance now £1.9m YTD, despite Elective Orthopaedic activity at Grantham having improved in October.

Income is expected to improve as efficiency savings delivery increases.

Operating Expenditure

| | Plan | Actual | Variance |
|-----------------|-----------|-----------|----------|
| In Month £k | (41,327) | (43,729) | (2,402) |
| Year to Date £k | (290,543) | (297,965) | (7,422) |

Overall, Operating Expenditure year to date is £7.4m adverse to plan, including £2.9m of additional pay costs in relation to the excess cost of the pay award over and above that funded within the tariff (to cover which the Trust has received additional funding).

Slower than planned Efficiency savings delivery has also adversely impacted Operating Expenditure YTD by £6.2m: £3.3m in relation to Pay and £2.2m in relation to Non Pay. Actions are being taken to support increasing the pace and delivery of schemes, including additional resource to focus on delivery.

Operating Expenditure is £14m lower than planned if we exclude the impact of slower than planned efficiency savings delivery, the excess cost of the A4C pay award and the impact of the catering commercial review/TUPE.

Whilst lower than planned Operating Expenditure should be expected as a consequence of lower than planned Operating Income, this £14m underspend in Operating Expenditure includes the release in June of £0.5m of prior year non pay accruals, the accrual in September of a one-off VAT benefit of £0.6m and release of £0.3m of Medical and Dental pay award accruals in October. In part, this reflects the fact that expenditure on temporary staffing in general and agency staffing in particular remains higher than planned. It also reflects the maturation of risk, for example in relation to Paediatrics, and actions are being taken to both mitigate the impact of risk upon the financial position. Finally, it reflects investment in additional resource to support service transformation and savings delivery.

Operating Expenditure, though, does not yet reflect the full impact of agreed investment in operational and transformational capacity.

Capital

| | Plan | Actual | Variance |
|----------------------|--------|--------|----------|
| Year to Date £k | 18,410 | 9,375 | 9,035 |
| Year End Forecast £k | 41,094 | 41,094 | 0 |

The capital spend to date is £9.1m behind plan.

This is inclusive of variances in IT £0.7m: Continued development Secondary ICT server Rm Pilgrim £0.2m, replacement Desktop PC's new clinical desktop environment £0.2m, LAN - obsolete Core Switch Supervisor upgrades £0.3m, Bleep system modernisation £0.1m, slightly offset by Cyber security measures £(0.3)m.

Fire schemes behind plan by £6.3m, consisting of Fire Works - package 1, 2 & 3 at Lincoln £3.0m and package 1 at Pilgrim £0.7m, Emergency lighting at Lincoln £1.0m. Ward 8B (Stroke) fire enabling scheme slippage of £1.1m, due to commence in August.

Facilities variance of £1.3m: Theatre Infrastructure Review £0.6m, Maternity Wing drainage £0.1m.

Service development is ahead of schedule by £(1.2)m: Bardney ward family room £(0.4)m, Pilgrim tower block clinical reconfiguration £(0.3)m.

Diagnostic capacity £0.4m variance is due to 1.5 MRI scanner installation not yet taking place £0.3m.

Medical devices £0.8m variance is due to underspend in Endoscopy scopes £0.4m and X-ray room £0.2m.

Variances are being escalated through CRIB and the Estates, IT and MDG sub committees to ensure plans to bring back on line in the coming months are provided.

FINANCE

Financial Efficiency Plan (FEP)

| | R | | |
|-----------------|--------|--------|----------|
| | Plan | Actual | Variance |
| Year to Date £k | 10,476 | 4,789 | (5,687) |

The financial plan for 2018/19 includes an efficiency programme of £25.0m.

The structure of Turnaround has 5 arms: Grip being established through new Divisional model and external appointment of Divisional Managing Directors; national commercial recruiter to be engaged to support Trust to reduce high vacancy levels; introduction of centralised bank to unify and enhance control of temporary staffing expenditure; development of elective capacity in 2018/19 through reconfiguration of Grantham site; and establishment of Master PMO to review pre-existing savings schemes and drive delivery.

In-Year value of savings are currently anticipated to be c£17m.

With actuals savings delivery year to date of £4.8m compared to savings delivery year to date in the financial plan of £10.5m, the Trust year to date is £5.7m adverse to plan.

The year to date plan assumed delivery of £0.7m of savings in relation to gains from the disposal of assets, and timing delays in the realisation of these benefits have impacted year to date savings delivery.

The assessment of financial efficiency savings delivery year to date includes a non-recurrent receipt of £0.5m in relation to the outcome of the Pilgrim fire claim. It also includes a further £2.9m of benefit in relation to income schemes, including £1.5m in relation to CHKS, £0.7m in relation to Outpatients productivity and £0.2m in relation to peripheral services.

The shortfall in FEP delivery is in relation to Expenditure related schemes, including slower than planned progress in relation to workforce savings and non-pay savings across a variety of schemes e.g. service transformation, procurement, pharmacy and pathology. The Month 7 FEP position does include, though, an estimate of £79k in relation to the non-clinical vacancy freeze in place.

Pay bill

| | R | | | |
|------------------------|---------|---------|----------|----------|
| | Plan | Actual | Variance | Forecast |
| Year to Date £k | | | | |
| Substantive | 161,985 | 162,043 | (58) | 279,745 |
| Bank | 11,135 | 13,566 | (2,431) | 20,785 |
| Agency | 15,878 | 19,764 | (3,886) | 27,452 |
| Apprenticeship Levy | 714 | 741 | (27) | 1,241 |
| Less Capitalised costs | 0 | (379) | 379 | (245) |
| | 189,712 | 195,735 | (6,023) | 328,978 |

Pay year to date is £6.0m adverse to plan. Whilst the Trust has received additional income of £2.9m to fund the excess of the pay award over and above that funded within the tariff, this was agreed too late to be included within the financial plan for 2018/19. Excluding the excess cost of the pay award, employee expenses are £3.1m higher than planned.

Lower than planned Efficiency savings delivery in relation to Pay has adversely impacted the YTD Pay position by £3.9m. Actions are being taken to support increasing the pace and delivery of schemes, including additional resource to focus on delivery.

Excluding the impact of the national A4C pay award, pay was largely flat until September, when expenditure rose by £275k compared to August. The majority of this movement was within substantive Nursing expenditure, which coincides with the intake of newly qualified nurses. However, expenditure has risen by a further £50k in Month 7, despite the in-month position including a benefit of £0.3m as a result of the Medical and Dental pay award transacted in October - whilst the actual award was higher than the award of 1% accrued for, it was not backdated to April as expected. Were it not for the release of the accrual for the Medical and Dental pay award for prior months, then the October pay position would have increased by £0.4m compared to September.

Expenditure on temporary staffing in general and agency staffing in particular remains higher than planned, and rose from £13.3m in quarter 1 to £14.8m in quarter 2. Expenditure on Agency staffing increased by £0.3m in October compared to the previous month and if expenditure on temporary staffing were to continue at the levels in October then spend in quarter 3 would be £15.5m. The Trust is seeking to reduce expenditure on temporary staffing through enhanced grip and control within the Divisions, introduction of a centralised bank for all staff, and increased focus upon recruitment.

Agency Cap

| | R | | |
|-----------------|---------|--------|----------|
| | Ceiling | Actual | Variance |
| Year to Date £k | 13,316 | 19,764 | (6,448) |

The Trust has an agency ceiling of £20,977k for 2018/19, and year to date the Trust is £6,448k above its agency ceiling (with actual expenditure of £19,764k compared to a ceiling of £13,316k).

Of the £19.8m spend to date, £12.8m (65%) is on Medical Staffing, £5.3m (27%) is Nurse Staffing and £1.7m (8%) is on Other Staffing. Expenditure on agency staffing increased in-month by £0.3m from £2.9m in September to £3.2m in October; expenditure on agency staffing in October is higher than in any of the preceding months in 2018/19.

The majority of the in-month increase in expenditure on agency staffing is in relation to Medical staff. Whilst medical workforce contracted wte numbers have been relatively stable since April 2017, expenditure on medical agency staffing has risen from a low of £1.3m in July 2017 to a high of £2.1m in October 2018. Whilst the number of nurses and midwives increased by 71wte in September 2018 and a further 8wte in October 2018, this in the main reflects the recruitment of newly qualified nurses, and as such will not impact agency spend until the newly qualified nurses have completed their preceptorships.

On a straight-line projection, the year to date spend would project forward to an outturn of £33,881k or £12,904k above the Trust's agency ceiling. However, if spend were to continue at October levels, then the year to date spend would project forward to an outturn of £35,874k or £14,897k (71%) above the Trust's agency ceiling.

The Trust is seeking to reduce Agency expenditure through enhanced grip and control within the Divisions, introduction of a centralised bank for all staff, and increased focus upon recruitment including engagement of a national commercial recruiter to support Trust to reduce high vacancy levels.

FINANCE

Income & Expenditure Summary 2018/19

£50.6m deficit year to date against a planned deficit of £41.0m. All figures exclude STF.

| 2018/19 | Current Month | | | Year to Date | | |
|-----------------------------|---------------|--------------|----------------|--------------|--------------|----------------|
| | Budget £k | Actual £k | Variance £k | Budget £k | Actual £k | Variance £k |
| Income | 37,843 | 38,063 | 220 | 259,115 | 257,295 | (1,820) |
| Expenditure | (41,327) | (43,729) | (2,402) | (290,543) | (297,965) | (7,422) |
| EBITDA | (3,484) | (5,666) | (2,182) | (31,428) | (40,670) | (9,242) |
| Depn/Interest | (1,566) | 1,769 | 3,335 | (9,659) | (6,734) | 2,925 |
| Surplus/(Deficit) excl. STF | (5,050) | (3,897) | 1,153 | (41,087) | (47,404) | (6,317) |
| Technical adjustments | 7 | (3,214) | (3,221) | 49 | (3,173) | (3,222) |
| Surplus/(Deficit) excl. STF | (5,043) | (7,111) | (2,068) | (41,038) | (50,577) | (9,539) |
| EBITDA % Income | -9.2% | -14.9% | -5.7% | -12.1% | -15.8% | -3.7% |
| FEPs | 2,554 | 1,470 | (1,084) | 10,476 | 4,789 | (5,687) |

Overall YTD financial performance is £50.6m deficit, or £9.5m adverse to the planned £41.0m deficit.

EBITDA for the year to date is £40.7m deficit (-15.8% of Income).

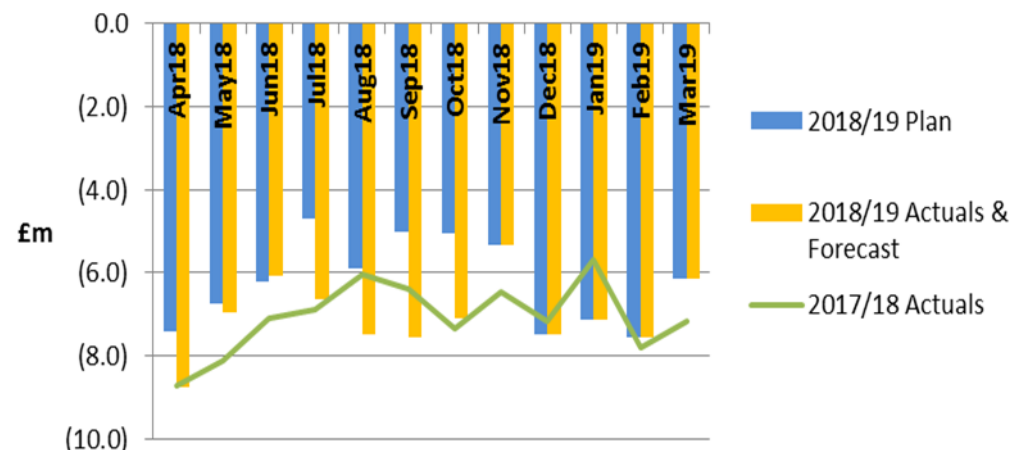
Income is £1.8m below plan YTD, despite the inclusion of £2.9m of pay award funding. This reflects the impact of lower than planned elective activity, provision for contract fines and challenges, and other under performance.

Expenditure is £7.4m above plan YTD, including £2.9m of excess pay award costs, and a favourable in-month movement of £3.3m in relation to the reversal of impairments - the I&E impact of the reversal of impairments is removed as a technical adjustment.

The main drivers are:

- Higher than planned expenditure on temporary staffing.
- Lower than planned expenditure in relation to inpatient activity.
- Delay in the receipt of £0.7m from sale of assets assumed in July & September.
- Slower than planned FEP delivery

Actual & Forecast Net Surplus/(Deficit) run rate £m



FINANCE

Income & Expenditure Run Rate 2018/19

| Total Trust (Excluding passthrough drugs and devices) | Actual M1 | Actual M2 | Actual M3 | Actual M4 | Actual M5 | Actual M6 | Actual M7 | Plan M8 | Plan M9 | Plan M10 | Plan M11 | Plan M12 | In Month | | | Full Year | | |
|--|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|----------------|------------------|--------------------|----------------|
| | | | | | | | | | | | | | Plan | Actuals | Variance | Plan | Forecast | |
| | | | | | | | | | | | | | M7 | M7 | | Full Year | Actuals YTD + Plan | Variance |
| Income | | | | | | | | | | | | | | | | | | |
| NHS Clinical Income | 27,501 | 30,174 | 30,098 | 30,206 | 30,702 | 29,154 | 29,760 | 30,151 | 28,315 | 29,274 | 28,144 | 30,201 | 30,654 | 29,760 | (895) | 354,885 | 353,673 | (1,206) |
| Non NHS Clinical Income | 47 | 23 | 40 | 78 | 42 | 15 | 98 | 60 | 58 | 60 | 60 | 60 | 60 | 98 | 38 | 715 | 641 | (74) |
| Other Income | 2,752 | 2,613 | 2,987 | 3,072 | 3,446 | 2,639 | 3,832 | 3,054 | 3,050 | 3,526 | 3,053 | 3,055 | 3,054 | 3,832 | 778 | 37,113 | 37,139 | 26 |
| Total Income | 30,300 | 32,810 | 33,125 | 33,356 | 34,190 | 31,868 | 33,690 | 33,265 | 31,423 | 32,860 | 31,257 | 33,316 | 33,768 | 33,690 | (79) | 392,713 | 391,453 | (1,254) |
| Expenditure | | | | | | | | | | | | | | | | | | |
| Pay | (27,464) | (27,387) | (27,433) | (27,321) | (29,126) | (28,179) | (28,225) | (26,996) | (26,983) | (27,318) | (27,318) | (26,957) | (26,903) | (28,225) | (1,322) | (325,283) | (331,307) | (6,024) |
| Drugs | (442) | (649) | (417) | (410) | (555) | (513) | (650) | (562) | (300) | (425) | (240) | (571) | (646) | (650) | (3) | (5,900) | (5,733) | 167 |
| Clinical Supplies and Services | (4,408) | (5,080) | (4,714) | (4,982) | (5,101) | (4,460) | (5,031) | (4,170) | (4,053) | (4,183) | (3,708) | (4,281) | (4,401) | (5,031) | (630) | (51,746) | (54,171) | (2,425) |
| Other Non pay | (5,379) | (5,264) | (5,274) | (5,187) | (5,464) | (4,844) | (5,450) | (5,644) | (5,904) | (5,918) | (5,896) | (5,949) | (5,302) | (5,450) | (148) | (66,466) | (66,173) | 293 |
| Total Expenditure | (37,693) | (38,380) | (37,838) | (38,500) | (40,246) | (37,996) | (39,356) | (37,372) | (37,240) | (37,844) | (37,162) | (37,758) | (37,252) | (39,356) | (2,103) | (443,395) | (457,384) | (7,989) |
| Finance & Depreciation costs | (1,363) | (1,416) | (1,398) | (1,432) | (1,445) | (1,443) | 1,763 | (1,245) | (1,672) | (1,696) | (1,657) | (1,701) | (1,566) | 1,763 | 3,335 | (17,630) | (14,705) | 2,925 |
| I&E - Deficit | (8,762) | (6,986) | (6,111) | (6,576) | (7,501) | (7,571) | (3,897) | (5,352) | (7,489) | (6,680) | (7,562) | (6,143) | (5,050) | (3,897) | 1,153 | (74,312) | (80,630) | (6,318) |
| Impairments/Revaluations Adjustment | 0 | 0 | 0 | 0 | 0 | 0 | (3,234) | 0 | 0 | 0 | 0 | 0 | 0 | (3,234) | (3,234) | 0 | (3,234) | (3,234) |
| Donated/Govern't grant Asset Adjustment | 20 | 19 | 20 | (57) | 20 | 19 | 20 | 7 | 7 | (465) | 7 | 7 | 7 | 20 | 13 | (388) | (376) | 12 |
| Adjusted Surplus/(Deficit) | (8,742) | (6,967) | (6,091) | (6,633) | (7,481) | (7,552) | (7,111) | (5,345) | (7,482) | (7,145) | (7,555) | (6,136) | (5,043) | (7,111) | (2,068) | (74,700) | (84,240) | (9,540) |

Total Trust (including passthrough)

| | | | | | | | | | | | | | | | | | | |
|---|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|-----------------|-----------------|----------------|
| Total Income | 34,127 | 37,147 | 36,950 | 37,576 | 38,370 | 35,062 | 38,063 | 37,340 | 35,498 | 36,935 | 35,332 | 37,391 | 37,843 | 38,063 | 220 | 441,611 | 439,791 | (1,820) |
| Total Expenditure | (41,520) | (42,717) | (41,663) | (42,720) | (44,426) | (41,190) | (43,723) | (41,447) | (41,315) | (41,919) | (41,237) | (41,833) | (41,327) | (43,729) | (2,402) | (498,293) | (505,716) | (7,423) |
| Finance & Depreciation costs | (1,363) | (1,416) | (1,398) | (1,432) | (1,445) | (1,443) | 1,763 | (1,245) | (1,672) | (1,696) | (1,657) | (1,701) | (1,566) | 1,763 | 3,335 | (17,630) | (14,705) | 2,925 |
| I&E - Deficit | (8,762) | (6,986) | (6,111) | (6,576) | (7,501) | (7,571) | (3,897) | (5,352) | (7,489) | (6,680) | (7,562) | (6,143) | (5,050) | (3,897) | 1,153 | (74,312) | (80,630) | (6,318) |
| Impairments/Revaluations Adjustment | 0 | 0 | 0 | 0 | 0 | 0 | (3,234) | 0 | 0 | 0 | 0 | 0 | 0 | (3,234) | (3,234) | 0 | (3,234) | (3,234) |
| Donated/Govern't grant Asset Adjustment | 20 | 19 | 20 | (57) | 20 | 19 | 20 | 7 | 7 | (465) | 7 | 7 | 7 | 20 | 13 | (388) | (376) | 12 |
| Adjusted Surplus/(Deficit) | (8,742) | (6,967) | (6,091) | (6,633) | (7,481) | (7,552) | (7,111) | (5,345) | (7,482) | (7,145) | (7,555) | (6,136) | (5,043) | (7,111) | (2,068) | (74,700) | (84,240) | (9,540) |

Adjustments to derive underlying deficit

| | | | | | | | | | | | | | | | | | | |
|--|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|--|--|--|-----------------|-----------------|----------------|
| Loan Interest | 388 | 439 | 430 | 480 | 496 | 498 | 534 | 576 | 653 | 671 | 627 | 721 | | | | 6,636 | 6,514 | (122) |
| External Support | 350 | 282 | 315 | 462 | 357 | 355 | 353 | 350 | 350 | 350 | 350 | 350 | | | | 4,000 | 4,230 | 230 |
| Turnaround team, Project Jackson & Other Support | 28 | 27 | 36 | 74 | 164 | 201 | 251 | 624 | 694 | 694 | 644 | 594 | | | | 1,000 | 4,031 | 3,031 |
| Prior Year Income & Challenges | 155 | 0 | (736) | 211 | 0 | 26 | 497 | 0 | 0 | 0 | 0 | 0 | | | | 0 | 153 | 153 |
| Profit on Disposals | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (503) | 0 | 0 | 0 | (210) | | | | (963) | (713) | 250 |
| Accruals Adjustment | 80 | (218) | (604) | 0 | (547) | (592) | 0 | 0 | 0 | 0 | 0 | 0 | | | | 0 | (1,881) | (1,881) |
| Income timing adjustment | 1,075 | (545) | 506 | (421) | (704) | (333) | 423 | 0 | 0 | 0 | 0 | 0 | | | | 0 | (0) | (0) |
| Underlying Surplus/(Deficit) | (6,667) | (6,982) | (6,143) | (5,827) | (7,714) | (7,398) | (5,047) | (4,298) | (5,785) | (5,430) | (5,934) | (4,681) | | | | (64,027) | (71,906) | (7,879) |

The Trust revised its financial plan to a deficit of £74.7m, and as at the end of October the Trust is £7.5m adverse to plan.

The average run rate to date is a deficit of £7,225k per month, with an average underlying of £6,540k.

The full year run rate shows the requirement to deliver a £9.5m improvement to recover the YTD variance and achieve the plan of £74.7m. This is also contingent on delivery of the plan for the remaining 5 months of the year. A step change in income performance and reduction in pay costs are required to achieve this, with delivery of the Financial Efficiency Programme being a major component.

To achieve the planned deficit, the Trust requires to improve its overall run rate by an average of £2.4m per month in future months i.e. to deliver the planned deficit the Trust requires an average deficit of £4.8m per month in the remaining months of 2018/19. If any further risk materialise these will require a further improvement in the run rate to mitigate their impact.

FINANCE

NHS Patient Care Income & Activity 2018/19

2018/19 Clinical Income Summary: YTD Month 7

| Total Trust | Activity: In-Month | | | | Income: In-Month | | | | Activity: Year-To-Date | | | | Income: Year-To-Date | | | |
|---|--------------------|----------------|----------------|--------------|-------------------|-------------------|-------------------|------------------|------------------------|------------------|------------------|---------------|----------------------|--------------------|--------------------|--------------------|
| | 2017/18 Oct | 2018/19 Oct | 2018/19 Oct | 2018/19 Oct | 2017/18 Oct | 2018/19 Oct | 2018/19 Oct | 2018/19 Oct | 2017/18 Apr-Oct | 2018/19 Oct | 2018/19 Oct | 2018/19 Oct | 2017/18 Apr-Oct | 2018/19 Oct | 2018/19 Oct | 2018/19 Oct |
| | Actual | Plan | Actual | Variance | Actual | Plan | Actual | Variance | Actual | Activity Plan | Actual | Variance | Actual | Plan | Actual | Variance |
| Accident & Emergency | 12,451 | 11,302 | 12,325 | 1,023 | 1,746,800 | 1,687,132 | 1,788,204 | 101,072 | 89,923 | 80,023 | 88,130 | 8,107 | 12,303,838 | 11,950,665 | 12,768,710 | 818,045 |
| Accident & Emergency Streaming | 74 | 0 | 896 | 896 | 36,922 | 0 | 0 | 0 | 1,042 | 1,258 | 8,403 | 7,145 | 42,894 | 73,972 | 67,726 | (6,246) |
| Daycases | 5,277 | 5,349 | 5,702 | 353 | 2,838,185 | 2,829,232 | 3,032,626 | 203,394 | 36,805 | 36,790 | 38,091 | 1,301 | 19,260,538 | 19,410,574 | 19,823,579 | 413,005 |
| Elective Spells | 819 | 945 | 784 | (161) | 1,960,797 | 2,268,585 | 2,022,647 | (245,938) | 5,808 | 6,238 | 5,295 | (943) | 14,248,097 | 15,271,130 | 13,458,676 | (1,812,453) |
| Elective Spells WIP | 0 | 0 | 0 | 0 | 0 | 0 | (176,795) | (176,795) | 0 | 0 | 0 | 0 | 0 | 0 | (75,749) | (75,749) |
| Non Elective Spells | 5,928 | 6,169 | 6,013 | (156) | 10,095,514 | 10,726,337 | 11,174,363 | 448,026 | 41,832 | 42,533 | 41,173 | (1,360) | 68,909,739 | 73,296,510 | 73,021,779 | (274,731) |
| Non Elective Spells WIP | 0 | 0 | 0 | 0 | 0 | 0 | (176,584) | (176,584) | 0 | 0 | 0 | 0 | 0 | 0 | (140,839) | (140,839) |
| Non Elective Excess Bed Days | 1,738 | 1,504 | 2,371 | 867 | 357,888 | 366,123 | 394,975 | 28,852 | 10,647 | 10,529 | 12,091 | 1,562 | 2,606,212 | 2,562,864 | 2,730,413 | 167,549 |
| Non Elective Excess Bed Days WIP | 0 | 0 | 0 | 0 | 0 | 0 | (128,744) | (128,744) | 0 | 0 | 0 | 0 | 0 | 0 | (37,089) | (37,089) |
| Elective Excess Bed Days | 309 | 169 | 378 | 209 | 50,912 | 41,275 | 88,264 | 46,989 | 1,215 | 1,183 | 1,145 | (38) | 297,058 | 288,926 | 278,752 | (10,174) |
| Elective Excess Bed Days WIP | 0 | 0 | 0 | 0 | 0 | 0 | (7,294) | (7,294) | 0 | 0 | 0 | 0 | 0 | 0 | 7,472 | 7,472 |
| Outpatient Firsts | 24,587 | 25,375 | 26,565 | 1,190 | 3,333,600 | 3,321,095 | 3,544,499 | 223,404 | 168,946 | 172,159 | 173,997 | 1,837 | 22,724,236 | 22,499,438 | 23,156,849 | 657,411 |
| Outpatient Follow Ups | 33,897 | 33,786 | 35,105 | 1,318 | 2,893,590 | 2,824,549 | 2,952,324 | 127,775 | 227,112 | 229,212 | 227,039 | (2,174) | 19,126,131 | 19,059,007 | 19,221,534 | 162,527 |
| Critical Care | 1,437 | 1,394 | 1,834 | 440 | 1,296,507 | 1,158,105 | 1,561,890 | 403,786 | 4,976 | 9,591 | 10,747 | 1,156 | 5,658,098 | 7,903,705 | 8,484,953 | 581,249 |
| Critical Care WIP | 0 | 0 | 0 | 0 | 0 | 0 | (240,142) | (240,142) | 0 | 0 | 0 | 0 | 0 | 0 | (241,866) | (241,866) |
| Maternity | 940 | 981 | 1,015 | 34 | 898,163 | 879,469 | 873,932 | (5,537) | 6,947 | 6,869 | 7,076 | 207 | 6,032,055 | 6,156,283 | 5,906,244 | (250,039) |
| Audiology | 1,733 | 1,317 | 1,588 | 271 | 119,163 | 92,021 | 113,023 | 21,002 | 14,258 | 8,415 | 10,891 | 2,476 | 946,928 | 588,135 | 773,458 | 185,323 |
| Block | - | - | - | - | 847,498 | 828,281 | 828,281 | 0 | 0 | 810 | 810 | (0) | 5,932,484 | 5,822,955 | 5,822,954 | (1) |
| Chemotherapy | 2,615 | 3,025 | 3,018 | (7) | 383,312 | 397,877 | 385,430 | (12,447) | 19,335 | 20,496 | 21,412 | 916 | 2,491,318 | 2,599,454 | 2,730,842 | 131,387 |
| Radiology | 14,823 | 16,659 | 18,880 | 2,221 | 917,245 | 925,780 | 1,126,475 | 200,696 | 106,917 | 106,503 | 120,312 | 13,809 | 5,337,429 | 5,329,996 | 7,093,525 | 1,763,529 |
| Gainshare & Admin Fee | - | - | - | - | 91,128 | 75,836 | 83,176 | 7,340 | 0 | 530,851 | 559,799 | 28,948 | 662,876 | 530,851 | 559,799 | 28,948 |
| Paediatric Cystic Fibrosis | 0 | 0 | 31 | 31 | 0 | 0 | 13,166 | 13,166 | 0 | 0 | 211 | 211 | 0 | 0 | 87,755 | 87,755 |
| Radiotherapy | 2,445 | 2,385 | 2,214 | (171) | 444,002 | 434,114 | 409,252 | (24,862) | 15,644 | 16,696 | 15,213 | (1,483) | 2,891,495 | 3,038,801 | 2,801,675 | (237,126) |
| Screening | 6,540 | 6,144 | 7,276 | 1,132 | 417,559 | 450,872 | 421,650 | (29,222) | 41,824 | 42,670 | 49,772 | 7,102 | 2,768,670 | 3,022,656 | 2,934,185 | (88,472) |
| Specialised Rehab | 190 | 520 | 467 | (53) | 271,814 | 227,508 | 214,769 | (12,739) | 2,331 | 3,641 | 3,588 | (53) | 998,449 | 1,592,556 | 1,629,626 | 37,070 |
| Specialised Rehab WIP | 0 | 0 | 0 | 0 | 0 | 0 | (130,236) | (130,236) | 0 | 0 | 0 | 0 | 0 | 0 | (24,420) | (24,420) |
| Therapies | 6,203 | 6,455 | 6,127 | (329) | 234,892 | 234,159 | 224,321 | (9,839) | 43,217 | 41,257 | 41,781 | 524 | 1,556,539 | 1,496,584 | 1,527,132 | 30,547 |
| Other - non PbR etc | 0 | 0 | 0 | 0 | 141,322 | 161,182 | 166,879 | 5,697 | 0 | 0 | 0 | 0 | 3,553,941 | 1,191,838 | 1,196,253 | 4,415 |
| Activity sub total | 122,006 | 123,481 | 132,588 | 9,107 | 29,376,814 | 29,929,534 | 30,560,352 | 630,818 | 838,778 | 1,367,725 | 1,436,974 | 69,249 | 198,949,025 | 204,286,902 | 205,563,948 | 1,277,046 |
| Passthrough | | | | | 3,469,836 | 4,074,837 | 4,270,540 | 195,702 | | | | 0 | 26,861,310 | 28,523,859 | 27,957,615 | (566,245) |
| Readmissions | | | | | (180,772) | (255,334) | (255,334) | 0 | | | | | (1,265,401) | (1,760,933) | (1,760,933) | 0 |
| MRET | | | | | (356,404) | (247,241) | (408,427) | (161,186) | | | | | (1,774,737) | (1,701,931) | (2,249,806) | (547,875) |
| System Resilience | | | | | 383,475 | 192,121 | 192,121 | 0 | | | | | 383,475 | 1,344,849 | 1,344,849 | (0) |
| COUIN | | | | | 569,434 | 701,010 | 592,064 | (108,945) | | | | | 3,856,276 | 4,800,829 | 3,918,546 | (882,283) |
| Fines | | | | | (15,255) | 0 | (155,687) | (155,687) | | | | | (287,685) | 0 | (1,146,256) | (1,146,256) |
| Fines Reinvested | | | | | 0 | 0 | 0 | 0 | | | | | 0 | 0 | 0 | 0 |
| AIV Challenges | | | | | 0 | 0 | (34,583) | (34,583) | | | | | 0 | 0 | (293,409) | (293,409) |
| PLCV Challenges | | | | | 0 | 0 | (100,000) | (100,000) | | | | | 0 | 0 | (700,000) | (700,000) |
| Endoscopy BPT | | | | | 0 | 0 | (40,600) | (40,600) | | | | | 0 | 0 | (284,200) | (284,200) |
| Prior Year - Invoiced | | | | | 0 | 0 | (2,431) | (2,431) | | | | | (759,171) | 0 | 543,862 | 543,862 |
| Prior Year - Fines and Challenges | | | | | 0 | 0 | (494,676) | (494,676) | | | | | 318,892 | 0 | (636,703) | (636,703) |
| Total Cost/Volume PODs (Non Passthrough) | | | | | 29,777,293 | 30,320,089 | 29,852,799 | (467,290) | | | | | 199,420,673 | 206,969,716 | 204,239,899 | (2,729,818) |
| Passthrough | | | | | 3,469,836 | 4,074,837 | 4,270,540 | 195,702 | | | | | 26,861,310 | 28,523,859 | 27,957,615 | (566,245) |
| Total (Inc Passthrough) | | | | | 33,247,129 | 34,394,926 | 34,123,339 | (271,587) | | | | | 226,281,983 | 235,493,576 | 232,197,513 | (3,296,062) |

FINANCE

The plan includes the outpatient FEP scheme (£1.5m FYE) and CHKS FEP (£2.6m FYE).

A&E streaming activity is reducing due to changes in recording. This is not charged as ULH activity (from 1st May 2018) and therefore does not impact on the Trust financial position.

Outpatient attendances have increased to the highest levels of activity seen this year following the material reduction in September. YTD overperformance in relation to outpatients is £820k with firsts overperforming and follow ups underperforming.

Elective activity is underperforming ytd by 943 spells (£1.8m)

Of this YTD T&O elective activity across all sites is underperforming by 311 spells ytd (21% of the activity plan, which equates to £1.3m). By site T&O elective activity is 128 spells above plan at Grantham (£720k), 199 spells below at Lincoln (£808k).

Elective orthopaedic activity at Grantham continues to increase and additional activity has been back-posted into Sept (the back-post may distort the monthly breakdown of work in progress as this can only be assessed at the time activity data has been pulled from Medway)

Grantham T&O elective activity was an average of 45 spells in M1-4, 73 M5, 101 M6 and 131 M7 however whilst T&O Elective activity overall has increased (average spells across all sites M1-6 169, October EL spells all sites 182) this area continues to underperform against plan.

The Grantham orthopaedics trial is intended to bring performance back to 94% of contract and stretch schemes are being developed to address the remaining shortfall.

Other main elective YTD underperformance areas are Urology (131 spells, £282k), ENT (157 spells £202k), OMF (57 spells £74k), Gynae (78 spells, £138k)

Plans are being developed to address the shortfalls in other specialties. Capacity has been lost in gynaecology as a result of fire works, refurbishment of theatres, lack of theatre staff and hot weeks not being covered at Lincoln.

£542k has been credited to Commissioners in 2018-19 in respect of 2017-18 challenges resolved, an equal amount has been released into non-pay from year end provisions.

Fines are now £1.2m ytd, detail is included on tab 8

FINANCE

Income & Activity Run Rate - Activity 2018/19

| Activity | Activity Units | | | | | | | | | | | | | | |
|---|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|------------------------------|------------------|--------------|
| | Actual | Actual | Actual | Actual | Actual | Actual | Actual | Plan | Plan | Plan | Plan | Plan | FOT Activity (ytd + Plan) | Full Year Plan | Variance |
| | M1 | M2 | M3 | M4 | M5 | M6 | M7 | M8 | M9 | M10 | M11 | M12 | | | |
| Accident & Emergency | 12,231 | 12,963 | 12,696 | 13,452 | 12,429 | 12,034 | 12,325 | 10,768 | 11,011 | 10,813 | 10,214 | 11,568 | 142,504 | 134,397 | 8,107 |
| Accident & Emergency Streaming | 1,060 | 1,305 | 1,178 | 1,243 | 1,355 | 1,366 | 896 | 0 | 0 | 0 | 0 | 0 | 8,403 | 1,258 | 7,145 |
| Daycases | 5,422 | 5,512 | 5,474 | 5,607 | 5,460 | 4,914 | 5,702 | 5,419 | 4,974 | 5,394 | 5,135 | 5,549 | 64,561 | 63,260 | 1,301 |
| Elective Spells | 727 | 793 | 860 | 728 | 726 | 677 | 784 | 915 | 789 | 683 | 778 | 872 | 9,332 | 10,275 | -943 |
| Elective Spells WIP | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Non Elective Spells | 5,678 | 6,020 | 5,760 | 5,979 | 5,969 | 5,754 | 6,013 | 5,875 | 5,965 | 5,944 | 5,499 | 6,025 | 70,481 | 71,841 | -1,360 |
| Non Elective Spells WIP | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Non Elective Excess Bed Days | 1,677 | 1,647 | 1,435 | 1,729 | 1,438 | 1,794 | 2,371 | 1,504 | 1,504 | 1,504 | 1,504 | 1,504 | 19,612 | 18,051 | 1,562 |
| Non Elective Excess Bed Days WIP | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Elective Excess Bed Days | 79 | 184 | 90 | 110 | 178 | 126 | 378 | 169 | 169 | 169 | 169 | 169 | 1,990 | 2,028 | -38 |
| Elective Excess Bed Days WIP | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Outpatient Firsts | 23,352 | 25,648 | 24,645 | 26,018 | 24,443 | 23,326 | 26,565 | 25,577 | 22,255 | 24,669 | 23,509 | 24,965 | 294,972 | 293,135 | 1,837 |
| Outpatient Follow Ups | 31,734 | 33,260 | 32,143 | 33,356 | 31,432 | 30,009 | 35,105 | 34,146 | 29,828 | 33,021 | 31,287 | 33,505 | 388,826 | 417,274 | -28,448 |
| Critical Care | 771 | 709 | 686 | 743 | 884 | 626 | 1,004 | 1,394 | 1,328 | 1,382 | 1,358 | 1,382 | 12,268 | 16,436 | -4,168 |
| Critical Care WIP | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Maternity | 1,032 | 1,013 | 1,000 | 1,033 | 975 | 1,008 | 1,015 | 981 | 981 | 981 | 981 | 981 | 11,982 | 11,776 | 207 |
| Audiology | 1,633 | 1,598 | 1,532 | 1,531 | 1,574 | 1,435 | 1,588 | 1,317 | 1,002 | 1,259 | 1,145 | 1,259 | 16,873 | 14,397 | 2,476 |
| Block | - | - | - | - | - | - | - | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Chemotherapy | 2,945 | 3,127 | 2,983 | 3,173 | 3,236 | 2,930 | 3,018 | 3,025 | 2,758 | 2,977 | 2,879 | 2,977 | 36,028 | 35,113 | 916 |
| Radiology | 16,857 | 17,794 | 16,843 | 17,026 | 16,612 | 16,300 | 18,880 | 16,659 | 12,687 | 15,937 | 14,493 | 15,937 | 196,025 | 182,216 | 13,809 |
| Gainshare & Admin Fee | - | - | - | - | - | - | - | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Paediatric Cystic Fibrosis | 31 | 31 | 31 | 31 | 28 | 28 | 31 | 28 | 28 | 28 | 28 | 28 | 351 | 0 | 351 |
| Radiotherapy | 1,998 | 2,341 | 2,302 | 2,065 | 2,208 | 2,085 | 2,214 | 2,385 | 2,385 | 2,385 | 2,385 | 2,385 | 27,138 | 28,622 | -1,483 |
| Screening | 7,785 | 7,198 | 6,860 | 7,693 | 6,766 | 6,194 | 7,276 | 6,193 | 6,189 | 6,202 | 6,198 | 6,225 | 80,779 | 73,677 | 7,102 |
| Specialised Rehab | 554 | 36 | 810 | 812 | 321 | 588 | 467 | 520 | 520 | 520 | 520 | 520 | 6,188 | 6,241 | -53 |
| Specialised Rehab WIP | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Therapies | 5,510 | 6,662 | 6,216 | 6,196 | 5,513 | 5,557 | 6,127 | 6,455 | 4,912 | 6,175 | 5,613 | 6,175 | 71,110 | 70,586 | 524 |
| Other - non PbR etc | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Volumes accrued at first month end: | | | | | | | | | | | | | | | |
| Uncoded inpatients | 3,429 | 7,576 | 4,930 | 4,467 | 4,653 | 4,827 | 3,078 | 0 | 0 | 0 | 0 | 0 | 32,960 | 0 | 32,960 |
| Missing outcomes | 8,372 | 8,884 | 4,000 | 3,540 | 1,989 | 4,695 | 4,140 | 0 | 0 | 0 | 0 | 0 | 35,620 | 0 | 35,620 |
| Pending admissions | 175 | 110 | 69 | 81 | 132 | 227 | 482 | 0 | 0 | 0 | 0 | 0 | 1,276 | 0 | 1,276 |
| Total Cost/Volume PODs (Non Passthrough) | 121,076 | 127,841 | 123,544 | 128,525 | 121,547 | 116,751 | 131,763 | 123,330 | 109,286 | 120,044 | 113,696 | 122,025 | 1,459,422 | 1,450,580 | 8,842 |
| Passthrough | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Board Report Position | 121,076 | 127,841 | 123,544 | 128,525 | 121,547 | 116,751 | 131,764 | 123,330 | 109,286 | 120,044 | 113,696 | 122,025 | 1,459,422 | 1,450,580 | 8,842 |

FINANCE

Income & Activity Run Rate - £ 2018/19

| Income | (£k) | | | | | | | | | | | | | | |
|--|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|--------------------|----------------|------------|
| | Actual M1 | Actual M2 | Actual M3 | Actual M4 | Actual M5 | Actual M6 | Actual M7 | Plan M8 | Plan M9 | Plan M10 | Plan M11 | Plan M12 | FOT E (ytd + Plan) | Full Year Plan | Variance |
| Accident & Emergency | 1,744,515 | 1,881,934 | 1,830,707 | 1,950,413 | 1,818,583 | 1,754,353 | 1,788,204 | 1,608,803 | 1,645,889 | 1,616,809 | 1,529,395 | 1,726,957 | 20,896,562 | 20,078,517 | 818,045 |
| Accident & Emergency Streaming | 67,726 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 67,726 | 73,972 | -6,246 |
| Daycases | 2,759,235 | 2,869,584 | 2,779,079 | 2,995,316 | 2,798,835 | 2,588,905 | 3,032,626 | 2,905,045 | 2,608,664 | 2,851,044 | 2,727,608 | 2,947,592 | 33,863,531 | 33,450,526 | 413,005 |
| Elective Spells | 1,860,822 | 1,988,350 | 2,019,219 | 1,985,267 | 1,898,752 | 1,683,620 | 2,022,647 | 2,260,830 | 1,940,591 | 1,585,006 | 1,914,629 | 2,124,018 | 23,283,751 | 25,096,204 | -1,812,453 |
| Elective Spells WIP | 0 | 0 | 320,121 | 201,331 | -672,586 | 252,180 | -176,795 | 0 | 0 | 0 | 0 | 0 | -75,749 | 0 | -75,749 |
| Non Elective Spells | 10,137,839 | 10,599,584 | 10,196,605 | 10,604,891 | 10,489,443 | 9,819,056 | 11,174,363 | 10,103,556 | 10,347,443 | 10,433,958 | 9,623,092 | 10,552,062 | 124,081,891 | 124,356,622 | -274,731 |
| Non Elective Spells WIP | 0 | 0 | 290,837 | -442,441 | -121,854 | 309,204 | -176,584 | 0 | 0 | 0 | 0 | 0 | -140,839 | 0 | -140,839 |
| Non Elective Excess Bed Days | 391,316 | 398,672 | 348,492 | 431,541 | 342,211 | 423,206 | 394,975 | 366,123 | 366,123 | 366,123 | 366,123 | 366,123 | 4,561,030 | 4,393,481 | 167,549 |
| Non Elective Excess Bed Days WIP | 0 | 0 | 198,596 | -218,298 | 38,698 | 72,678 | -128,744 | 0 | 0 | 0 | 0 | 0 | -37,069 | 0 | -37,069 |
| Elective Excess Bed Days | 22,741 | 42,487 | 22,230 | 26,256 | 47,283 | 29,491 | 88,264 | 41,275 | 41,275 | 41,275 | 41,275 | 41,275 | 485,128 | 495,303 | -10,174 |
| Elective Excess Bed Days WIP | 0 | 0 | -14,875 | -2,109 | 3,884 | 27,865 | -7,294 | 0 | 0 | 0 | 0 | 0 | 7,472 | 0 | 7,472 |
| Outpatient Firsts | 3,090,096 | 3,397,744 | 3,257,922 | 3,484,266 | 3,225,252 | 3,157,070 | 3,544,499 | 3,354,590 | 2,901,088 | 3,223,737 | 3,069,574 | 3,257,800 | 38,963,638 | 38,306,227 | 657,411 |
| Outpatient Follow Ups | 2,689,562 | 2,827,202 | 2,710,312 | 2,816,891 | 2,669,023 | 2,556,219 | 2,952,324 | 2,868,881 | 2,481,472 | 2,778,549 | 2,631,950 | 2,803,896 | 32,786,283 | 33,176,272 | -389,990 |
| Critical Care | 1,331,970 | 1,054,991 | 1,128,557 | 1,181,599 | 1,362,218 | 863,728 | 1,561,890 | 1,158,105 | 1,078,343 | 1,143,603 | 1,114,599 | 1,143,603 | 14,123,205 | 13,541,957 | 581,249 |
| Critical Care WIP | 0 | 0 | -44,023 | 19,315 | -319,131 | 342,114 | -240,142 | 0 | 0 | 0 | 0 | 0 | -241,866 | 0 | -241,866 |
| Maternity | 845,117 | 893,407 | 883,273 | 813,226 | 801,567 | 795,721 | 873,932 | 879,469 | 879,469 | 879,469 | 879,469 | 879,469 | 10,303,589 | 10,553,628 | -250,039 |
| Audiology | 117,096 | 113,537 | 108,435 | 108,891 | 111,239 | 101,238 | 113,023 | 92,021 | 70,016 | 88,020 | 80,018 | 88,020 | 1,191,555 | 1,006,232 | 185,323 |
| Block | 853,267 | 828,281 | 828,281 | 828,281 | 828,281 | 828,281 | 828,281 | 828,281 | 828,281 | 828,281 | 828,281 | 828,281 | 9,964,361 | 9,964,361 | -1 |
| Chemotherapy | 372,602 | 391,528 | 392,159 | 406,488 | 408,825 | 373,809 | 385,430 | 397,877 | 324,929 | 384,614 | 358,087 | 384,614 | 4,580,963 | 4,449,576 | 131,387 |
| Radiology | 962,858 | 1,016,076 | 978,192 | 1,010,265 | 991,408 | 1,008,250 | 1,126,475 | 925,780 | 709,527 | 886,461 | 807,824 | 886,461 | 11,309,577 | 10,146,049 | 1,163,529 |
| Gainshare & Admin Fee | 73,688 | 81,785 | 73,820 | 80,717 | 93,349 | 73,265 | 83,176 | 75,836 | 75,836 | 75,836 | 75,836 | 75,836 | 938,978 | 910,030 | 28,948 |
| Paediatric Cystic Fibrosis | 13,166 | 13,166 | 13,166 | 13,166 | 10,963 | 10,963 | 13,166 | 12,432 | 12,432 | 12,432 | 12,432 | 12,432 | 149,913 | 0 | 149,913 |
| Radiotherapy | 380,821 | 432,105 | 414,832 | 383,722 | 392,093 | 388,850 | 409,252 | 434,114 | 434,114 | 434,114 | 434,114 | 434,114 | 4,972,247 | 5,209,373 | -237,126 |
| Screening | 463,594 | 414,751 | 411,236 | 434,116 | 426,767 | 362,071 | 421,650 | 470,218 | 468,639 | 473,772 | 472,192 | 482,852 | 5,301,858 | 5,390,329 | -88,472 |
| Specialised Rehab | 231,303 | 16,121 | 396,885 | 363,906 | 152,354 | 254,289 | 214,769 | 227,508 | 227,508 | 227,508 | 227,508 | 227,508 | 2,767,166 | 2,730,096 | 37,070 |
| Specialised Rehab WIP | 0 | 0 | 0 | 48,097 | 97,873 | -40,155 | -130,236 | 0 | 0 | 0 | 0 | 0 | -24,420 | 0 | -24,420 |
| Therapies | 201,485 | 246,650 | 224,627 | 223,569 | 200,054 | 206,425 | 224,321 | 234,159 | 178,165 | 223,979 | 203,617 | 223,979 | 2,591,030 | 2,560,482 | 30,547 |
| Other - non Pbr etc | 163,837 | 177,083 | 163,742 | 175,347 | 170,287 | 179,078 | 166,879 | 162,787 | 183,073 | 180,355 | 202,806 | 157,206 | 2,082,480 | 1,587,706 | 494,774 |
| Activity sub total | 28,774,655 | 29,685,038 | 29,932,428 | 29,924,031 | 28,265,672 | 28,421,773 | 30,560,352 | 29,407,691 | 27,802,878 | 28,734,945 | 27,600,429 | 29,644,098 | 348,753,990 | 347,476,944 | 1,277,046 |
| Readmissions | -243,862 | -250,014 | -250,495 | -259,620 | -253,096 | -248,512 | -255,334 | -242,453 | -247,365 | -246,839 | -230,020 | -249,282 | -2,976,892 | -2,976,892 | 0 |
| MRET | -283,989 | -389,182 | -253,893 | -385,316 | -319,122 | -209,876 | -408,427 | -233,213 | -238,563 | -237,989 | -219,672 | -240,650 | -3,419,893 | -2,872,018 | -547,875 |
| System Resilience | 192,121 | 192,121 | 192,121 | 192,121 | 192,121 | 192,121 | 192,121 | 192,121 | 192,121 | 192,121 | 192,121 | 192,121 | 2,305,456 | 2,305,456 | 0 |
| COQUIN | 556,721 | 572,018 | 564,076 | 568,200 | 547,004 | 518,463 | 592,064 | 688,633 | 649,366 | 667,164 | 640,208 | 689,999 | 7,253,916 | 8,136,199 | -882,283 |
| Fines | -106,646 | -92,763 | -359,664 | -138,815 | -140,348 | -152,333 | -155,687 | 0 | 0 | 0 | 0 | 0 | -1,146,256 | 0 | -1,146,256 |
| Fines Reinvested | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| AIV Challenges | -60,516 | -50,210 | -42,396 | -36,537 | -34,583 | -34,583 | -34,583 | 0 | 0 | 0 | 0 | 0 | -293,409 | 0 | -293,409 |
| PLCV Challenges | -100,000 | -100,000 | -100,000 | -100,000 | -100,000 | -100,000 | -100,000 | 0 | 0 | 0 | 0 | 0 | -700,000 | 0 | -700,000 |
| Endoscopy BPT | -40,600 | -40,600 | -40,600 | -40,600 | -40,600 | -40,600 | -40,600 | 0 | 0 | 0 | 0 | 0 | -284,200 | 0 | -284,200 |
| Prior Year - Invoiced | 0 | 0 | 782,801 | -210,758 | 0 | -25,750 | -2,431 | 0 | 0 | 0 | 0 | 0 | 543,862 | 0 | 543,862 |
| Prior Year - Fines and Challenges | -154,903 | 0 | -47,125 | 0 | 0 | 0 | -494,676 | 0 | 0 | 0 | 0 | 0 | -696,703 | 0 | -696,703 |
| Total Cost/Volume PODs (Non Passthrough) | 28,532,981 | 29,526,409 | 30,377,253 | 29,512,708 | 28,117,048 | 28,320,701 | 29,852,799 | 29,812,779 | 28,158,438 | 29,109,402 | 27,983,067 | 30,036,286 | 349,339,871 | 352,069,689 | -2,729,818 |
| Passthrough | 3,827,224 | 4,361,161 | 3,968,860 | 4,012,522 | 4,292,378 | 3,224,930 | 4,270,540 | 4,074,837 | 4,074,837 | 4,074,837 | 4,074,837 | 4,074,837 | 48,331,800 | 48,898,045 | -566,245 |
| Board Report Position | 32,360,205 | 33,887,569 | 34,346,113 | 33,525,230 | 32,409,426 | 31,545,631 | 34,123,339 | 33,887,616 | 32,233,275 | 33,184,239 | 32,057,904 | 34,111,123 | 397,671,671 | 400,967,733 | -3,296,062 |

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Fines and Penalties update 2018/19

| Type | Item | YTD £k |
|---------------|--|----------------|
| Cancer | 2ww breast symptomatic | - 205 |
| Cancer | 2ww suspect cancer | - 405 |
| Cancer | 31 first treatment - first definitive within 1 mth | - |
| Cancer | 31 sub - drug | - |
| Cancer | 31 sub - rt | - |
| Cancer | 31 sub - surgery | - 35 |
| Cancer | 62 day - consultant upgrade | - |
| Cancer | 62 day - screening referrals | - 7 |
| Cancelled ops | Cancelled operations not reschedule within 28 days | - 317 |
| MRSA, C Diff | Clostridium Difficile | - |
| Fines | Completion of valid NHS number in A&E SUS feeds | - |
| Fines | Completion of valid NHS number in acute SUS feeds | - |
| Fines | Duty of Candour | - 167 |
| Mixed sex | Mixed Sex Accommodation | - 0 |
| MRSA, C Diff | MRSA | - 10 |
| Fines | Remedial action plans | - |
| Total | | - 1,146 |

The performance leading to the application of these fines and penalties is detailed in the Performance section of this report along with the with actions being taken to improve performance in future months.

Negotiations with the commissioners for the non-application of a number of these fines eg Cancer performance are ongoing with support from NHS Improvement.

FINANCE

Income Summary & Run Rate 2018/19

| 2018/19 Other Income Summary: YTD Month 07 | | | | | | | | |
|--|--------------------------------|-------------------|--------------------------------|-----------------------|--------------------------------------|-------------------|--------------------------------|-----------------------|
| Other Income | Other Income: In-Month | | | | Other Income: Year-To-Date | | | |
| | 2017/18 Oct £k Actual | Oct £k Plan | 2018/19 Oct £k Actual | Oct £k Variance | 2017/18 Apr - Oct £k Actual | Oct £k Plan | 2018/19 Oct £k Actual | Oct £k Variance |
| NHS Patient Care Income | 32,155 | 34,829 | 34,229 | (600) | 226,213 | 238,024 | 236,214 | (1,810) |
| Non NHS Private Patients | 46 | 32 | 18 | (14) | 249 | 225 | 132 | (93) |
| Overseas Visitors | 50 | 28 | 78 | 50 | 180 | 192 | 211 | 19 |
| Injury Cost Recovery Scheme | 161 | 131 | 1,057 | 926 | 840 | 918 | 1,331 | 413 |
| Patient Care Income Total | 32,412 | 35,020 | 35,382 | 362 | 227,482 | 239,359 | 237,888 | (1,471) |
| Other Income | | | | | | | | |
| Research & Development | 112 | 94 | 114 | 20 | 783 | 660 | 708 | 48 |
| Education & Training | 1,309 | 1,374 | 1,304 | (70) | 9,178 | 9,619 | 9,239 | (380) |
| Non patient services to other bodies | 528 | 573 | 521 | (52) | 3,737 | 4,014 | 3,983 | (31) |
| STF | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Car parking income | 235 | 247 | 218 | (29) | 1,485 | 1,729 | 1,624 | (105) |
| Catering income | 189 | 172 | 90 | (82) | 1,227 | 1,200 | 541 | (659) |
| Other Income | 436 | 363 | 433 | 70 | 2,783 | 2,534 | 3,312 | 778 |
| Other Income Total | 2,809 | 2,823 | 2,680 | (143) | 19,193 | 19,756 | 19,407 | (349) |
| Total Income | 35,221 | 37,843 | 38,062 | 219 | 246,675 | 259,115 | 257,295 | (1,820) |

In addition to the adverse movement on NHS Patient Care Income, other notable areas of adverse movements to plan includes, education & training, car parking and catering. Injury Cost Recovery income has improved in-month reflecting a catch up in the year to date position.

Some of the adverse movement in the YTD Income position is attributable to one off issues which have impacted income, such as issues in relation to car park barriers. However, some of the adverse movement is recurrent in nature and of these the most notable is the reduction in catering income. This is as a result of the commercial catering review and the reduction in income is offset in expenditure by the TUPE of staff to an external provider.

The year to date income position also includes £2,870k of funding in relation to the national Agenda for Change pay award over and above tariff - the funding relates to the payment of the pay award made from July, with arrears for April to June paid in August.

The attached run rate analysis is based upon year to date actuals and plan for future months. This shows the improvement required just to achieve plan in future months, in addition to which the Trust requires to recover the YTD movement to plan. Excluding pay award funding, income to date has averaged £36.3m per month, but to achieve the income plan income in future months needs to improve by £0.2m per month.

2018/19 Other Income Run Rate

| | £k | | | | | | | | | | | | | | |
|--------------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-----------|--------------------|----------|
| | Actual | Actual | Actual | Actual | Actual | Actual | Actual | Plan | Plan | Plan | Plan | Plan | Full Year | FOT £ | |
| | M1 | M2 | M3 | M4 | M5 | M6 | M7 | M8 | M9 | M10 | M11 | M12 | Plan | ytd actuals + Plan | Variance |
| NHS Patient Care Income | 31,421 | 34,603 | 34,017 | 34,525 | 34,992 | 32,425 | 34,231 | 34,326 | 32,490 | 33,449 | 32,318 | 34,376 | 404,983 | 403,173 | (1,810) |
| Non NHS Private Patients | 14 | 19 | 18 | 24 | 25 | 13 | 19 | 32 | 32 | 32 | 32 | 32 | 385 | 292 | (93) |
| Overseas Visitors | 33 | 4 | 22 | 54 | 17 | 2 | 79 | 28 | 26 | 28 | 28 | 28 | 330 | 349 | 19 |
| Injury Cost Recovery Scheme | 76 | (23) | 40 | 83 | 80 | 18 | 1,057 | 131 | 131 | 131 | 131 | 131 | 1,573 | 1,986 | 413 |
| Patient Care Income Total | 31,544 | 34,603 | 34,097 | 34,686 | 35,114 | 32,458 | 35,386 | 34,517 | 32,679 | 33,640 | 32,509 | 34,567 | 407,271 | 405,800 | (1,471) |
| | | | | | | | | | | | | | | | |
| Other Income | | | | | | | | | | | | | | | |
| Research & Development | 96 | 97 | 94 | 116 | 94 | 97 | 114 | 94 | 95 | 94 | 94 | 94 | 1,131 | 1,179 | 48 |
| Education & Training | 1,306 | 1,330 | 1,337 | 1,323 | 1,322 | 1,318 | 1,303 | 1,374 | 1,374 | 1,374 | 1,374 | 1,374 | 16,489 | 16,109 | (380) |
| Non patient services to other bodies | 515 | 473 | 803 | 580 | 537 | 554 | 521 | 573 | 574 | 573 | 573 | 574 | 6,881 | 6,850 | (31) |
| STF | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Car parking income | 220 | 248 | 211 | 248 | 247 | 232 | 218 | 247 | 247 | 247 | 247 | 247 | 2,964 | 2,859 | (105) |
| Catering income | 70 | 80 | 73 | 81 | 73 | 75 | 89 | 172 | 170 | 172 | 172 | 172 | 2,058 | 1,399 | (659) |
| Other Income | 376 | 316 | 335 | 542 | 983 | 328 | 432 | 363 | 359 | 835 | 363 | 363 | 4,817 | 5,595 | 778 |
| Other Income Total | 2,583 | 2,544 | 2,853 | 2,890 | 3,256 | 2,604 | 2,677 | 2,823 | 2,819 | 3,295 | 2,823 | 2,824 | 34,340 | 33,991 | (349) |
| | | | | | | | | | | | | | | | |
| Total Income | 34,127 | 37,147 | 36,950 | 37,576 | 38,370 | 35,062 | 38,063 | 37,340 | 35,498 | 36,935 | 35,332 | 37,391 | 441,611 | 439,791 | (1,820) |

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Pay Summary 2018/19

2018/19 Pay Summary: YTD Month 07

| Staff Groups | WTE: In-Month | | | Pay: In-Month | | | | WTE: Year-To-Date | | | Pay: Year-To-Date | | | |
|--|-----------------|-----------------|------------------|---------------|---------------|---------------|-----------------|-------------------|--------------------|------------------|---------------------|----------------|----------------|-----------------|
| | 2018/19 | | | 2017/18 | 2018/19 | | | 2018/19 | | | 2017/18 | 2018/19 | | |
| | Oct WTE Plan | Oct WTE Actual | Oct WTE Variance | Oct £k Actual | Oct £k Plan | Oct £k Actual | Oct £k Variance | Oct WTE Ave Plan | Oct WTE Ave Actual | Oct WTE Variance | Apr - Oct £k Actual | Oct £k Plan | Oct £k Actual | Oct £k Variance |
| Substantive: | | | | | | | | | | | | | | |
| Registered Nursing, Midwifery and Health visiting staff | 1,965.98 | 1,937.25 | 28.73 | 6,987 | 7,165 | 7,028 | 137 | 1,965.98 | 1,916.27 | 49.71 | 49,379 | 49,887 | 48,677 | 1,210 |
| Health Care Scientists and Scientific, Therapeutic and Technical | 619.66 | 679.95 | (60.29) | 2,477 | 2,508 | 2,532 | (24) | 695.77 | 676.25 | 19.53 | 17,350 | 17,560 | 17,661 | (101) |
| Qualified Ambulance Service staff | 0.00 | 0.00 | 0.00 | 0 | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0 | 0 | 0 | 0 |
| Support to clinical staff | 2,167.36 | 2,193.97 | (26.61) | 4,436 | 4,429 | 4,594 | (165) | 2,167.36 | 2,172.21 | (4.85) | 30,940 | 31,071 | 32,270 | (1,199) |
| Medical and Dental Staff | 772.84 | 789.72 | (16.88) | 6,568 | 6,703 | 6,290 | 413 | 774.72 | 779.34 | (4.62) | 45,650 | 46,617 | 45,503 | 1,114 |
| Non-Medical - Non-Clinical Staff | 846.96 | 889.84 | (42.88) | 2,148 | 2,333 | 2,576 | (243) | 904.67 | 887.55 | 17.12 | 17,096 | 16,850 | 17,932 | (1,082) |
| Bank: | | | | | | | | | | | | | | |
| Registered Nursing, Midwifery and Health visiting staff | 111.26 | 126.04 | (14.77) | 402 | 333 | 423 | (90) | 111.26 | 124.78 | (13.51) | 1,836 | 2,334 | 3,288 | (954) |
| Health Care Scientists and Scientific, Therapeutic and Technical | 9.76 | 13.10 | (3.34) | 31 | 30 | 46 | (16) | 9.76 | 10.97 | (1.21) | 192 | 211 | 302 | (91) |
| Qualified Ambulance Service staff | 0.00 | 0.00 | 0.00 | 0 | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0 | 0 | 0 | 0 |
| Support to clinical staff | 131.39 | 157.40 | (26.01) | 326 | 311 | 340 | (29) | 131.39 | 153.75 | (22.36) | 2,162 | 2,174 | 2,641 | (467) |
| Medical and Dental Staff | 57.33 | 63.34 | (6.01) | 703 | 737 | 824 | (87) | 57.33 | 65.82 | (8.49) | 5,164 | 5,165 | 5,822 | (657) |
| Non-Medical - Non-Clinical Staff | 77.62 | 108.52 | (30.90) | 148 | 179 | 298 | (119) | 77.62 | 88.87 | (11.25) | 1,032 | 1,251 | 1,514 | (263) |
| Agency: | | | | | | | | | | | | | | |
| Registered Nursing, Midwifery and Health visiting staff | 63.10 | 145.12 | (82.02) | 664 | 481 | 830 | (349) | 86.89 | 132.49 | (45.60) | 4,919 | 4,006 | 5,304 | (1,298) |
| Health Care Scientists and Scientific, Therapeutic and Technical | 26.50 | 21.52 | 4.98 | 65 | 74 | 109 | (35) | 26.50 | 27.10 | (0.60) | 1,074 | 751 | 944 | (193) |
| Qualified Ambulance Service staff | 0.00 | 0.00 | 0.00 | 0 | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0 | 0 | 0 | 0 |
| Support to clinical staff | 0.21 | 0.21 | 0.00 | 0 | 1 | 1 | 0 | 0.65 | 0.65 | 0.00 | 1 | 5 | 15 | (10) |
| Medical and Dental Staff | 124.30 | 148.55 | (24.25) | 1,696 | 1,422 | 2,123 | (701) | 118.59 | 131.18 | (12.60) | 10,552 | 10,361 | 12,770 | (2,409) |
| Non-Medical - Non-Clinical Staff | 30.50 | 35.14 | (4.64) | 175 | 95 | 159 | (64) | 30.50 | 21.65 | 8.85 | 1,141 | 755 | 730 | 25 |
| Apprentice levy | | | | 97 | 102 | 106 | (4) | | | | 699 | 713 | 741 | (28) |
| Capitalised staff | | | | 360 | 0 | (54) | 54 | | | | 0 | 0 | (379) | 379 |
| Total Pay | 7,004.79 | 7,309.67 | (304.89) | 27,283 | 26,903 | 28,225 | (1,322) | 7,159.00 | 7,188.87 | (29.87) | 189,187 | 189,711 | 195,735 | (6,024) |

Whilst Pay year to date is £6.0m adverse to plan, this includes the impact of the A4C pay award. The Trust has year to date received £2.9m of additional income to fund the excess of the pay award over and above that funded within the tariff. Excluding the excess cost of the pay award Pay is £3.1m adverse to plan.

Contracted wte numbers having risen by 85wte in September, mainly as a result of the intake of newly qualified nurses, rose by a further 14wte in October. Expenditure on temporary staffing is also increasing, particularly in relation to medical staffing, and has risen as a proportion of overall pay spend from 16.1% in April to 17.4% in September. This equates to an increase of £1.5m from £13.3m in quarter 1 to £14.8m in quarter 2. If spend on temporary staffing were to continue at the levels in October, then spend in quarter 3 would be £15.5m.

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Pay Run Rate - £ 2018/19

| Staff Groups | (£k) | | | | | | | | | | | | Full Year Plan £000s | YTD actuals + Plan £000s | Variance £000s |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|---------------------|---------------------|----------------------|----------------------|----------------------|-------------------------|--------------------------------|-------------------|
| | Actual M1 £000s | Actual M2 £000s | Actual M3 £000s | Actual M4 £000s | Actual M5 £000s | Actual M6 £000s | Actual M7 £000s | Plan M8 £000s | Plan M9 £000s | Plan M10 £000s | Plan M11 £000s | Plan M12 £000s | | | |
| Substantive: | | | | | | | | | | | | | | | |
| Registered Nursing, Midwifery and Health visiting | 6,991 | 6,895 | 6,856 | 6,812 | 7,092 | 7,002 | 7,028 | 7,270 | 7,271 | 7,270 | 7,270 | 7,160 | 86,128 | 84,918 | 1,210 |
| Health Care Scientists and Scientific, Therapeutic | 2,478 | 2,499 | 2,499 | 2,505 | 2,606 | 2,543 | 2,532 | 2,538 | 2,536 | 2,536 | 2,536 | 2,498 | 30,204 | 30,305 | (101) |
| Qualified Ambulance Service staff | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Support to clinical staff | 4,460 | 4,429 | 4,484 | 4,600 | 5,092 | 4,612 | 4,594 | 4,475 | 4,474 | 4,474 | 4,474 | 4,405 | 53,373 | 54,572 | (1,199) |
| Medical and Dental Staff | 6,442 | 6,620 | 6,608 | 6,470 | 6,554 | 6,519 | 6,290 | 6,806 | 6,805 | 6,806 | 6,806 | 6,702 | 80,542 | 79,428 | 1,114 |
| Non-Medical - Non-Clinical Staff | 2,557 | 2,445 | 2,505 | 2,535 | 2,730 | 2,583 | 2,576 | 2,305 | 2,303 | 2,635 | 2,635 | 2,595 | 29,323 | 30,405 | (1,082) |
| Bank: | | | | | | | | | | | | | | | |
| Registered Nursing, Midwifery and Health visiting | 582 | 451 | 442 | 463 | 461 | 466 | 423 | 333 | 334 | 333 | 333 | 334 | 4,001 | 4,955 | (954) |
| Health Care Scientists and Scientific, Therapeutic | 55 | 39 | 40 | 40 | 40 | 40 | 46 | 30 | 30 | 30 | 30 | 30 | 361 | 452 | (91) |
| Qualified Ambulance Service staff | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Support to clinical staff | 407 | 324 | 326 | 369 | 497 | 377 | 340 | 311 | 309 | 311 | 311 | 311 | 3,727 | 4,194 | (467) |
| Medical and Dental Staff | 907 | 759 | 806 | 781 | 930 | 815 | 824 | 737 | 739 | 737 | 737 | 738 | 8,853 | 9,510 | (657) |
| Non-Medical - Non-Clinical Staff | 219 | 156 | 123 | 200 | 236 | 282 | 298 | 179 | 178 | 179 | 179 | 178 | 2,144 | 2,407 | (263) |
| Agency: | | | | | | | | | | | | | | | |
| Registered Nursing, Midwifery and Health visiting | 494 | 755 | 751 | 804 | 851 | 820 | 830 | 425 | 423 | 423 | 423 | 423 | 6,123 | 7,421 | (1,298) |
| Health Care Scientists and Scientific, Therapeutic | 193 | 118 | 127 | 185 | 145 | 68 | 109 | 54 | 52 | 54 | 54 | 54 | 1,019 | 1,212 | (193) |
| Qualified Ambulance Service staff | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Support to clinical staff | 1 | 1 | 7 | 3 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 10 | 20 | (10) |
| Medical and Dental Staff | 1,506 | 1,736 | 1,761 | 1,881 | 1,863 | 1,900 | 2,123 | 1,342 | 1,339 | 1,339 | 1,339 | 1,339 | 17,059 | 19,468 | (2,409) |
| Non-Medical - Non-Clinical Staff | 69 | 82 | 95 | 114 | 88 | 124 | 159 | 88 | 87 | 88 | 88 | 87 | 1,193 | 1,168 | 25 |
| Apprentice levy | 103 | 103 | 104 | 105 | 113 | 107 | 106 | 102 | 102 | 102 | 102 | 102 | 1,223 | 1,251 | (28) |
| Capitalised staff | 0 | (12) | (51) | (11) | (171) | (80) | (54) | 0 | 0 | 0 | 0 | 0 | 0 | (379) | 379 |
| Items included in Non pay: | | | | | | | | | | | | | | | |
| Operating expenses: research and development | (115) | (112) | (105) | (117) | (121) | (113) | (110) | (120) | (120) | (120) | (120) | (120) | (1,440) | (1,393) | (47) |
| Operating expenses: education and training | (131) | (114) | (118) | (123) | (118) | (115) | (114) | (145) | (145) | (145) | (145) | (145) | (1,740) | (1,558) | (182) |
| Operating expenses: redundancy | (61) | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (58) | 58 |
| Operating expenses: Other | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Cost £ | 27,463 | 27,400 | 27,483 | 27,857 | 29,128 | 28,179 | 28,225 | 26,996 | 26,983 | 27,318 | 27,318 | 26,957 | 325,283 | 331,307 | (6,024) |

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Non Pay Summary 2018/19

2018/19 Non Pay Summary: YTD Month 07

| Non Pay | Non Pay: In-Month | | | | Non Pay: Year-To-Date | | | |
|------------------------------|---------------------|-------------------|---------------------|-----------------------|---------------------------|-------------------|---------------------|-----------------------|
| | 2017/18 | 2018/19 | | | 2017/18 | 2018/19 | | |
| | Oct £k Actual | Oct £k Plan | Oct £k Actual | Oct £k Variance | Apr - Oct £k Actual | Oct £k Plan | Oct £k Actual | Oct £k Variance |
| Ambulance Services | 164 | 171 | 168 | 3 | 748 | 1,167 | 843 | 324 |
| Clinical Supplies & Services | 4,866 | 4,574 | 5,200 | (626) | 23,637 | 32,534 | 35,346 | (2,812) |
| Drugs | 1,136 | 646 | 650 | (3) | 6,452 | 11,951 | 11,202 | 749 |
| Drugs Pass through | 3,027 | 4,075 | 4,373 | (299) | 15,338 | 20,374 | 20,390 | (16) |
| Establishment Expenditure | 367 | 397 | 544 | (147) | 1,872 | 2,760 | 3,844 | (1,084) |
| General Supplies & Services | 793 | 577 | 1,246 | (669) | 3,467 | 4,315 | 7,363 | (3,048) |
| Other | 307 | 556 | (178) | 734 | 2,527 | 3,843 | 1,050 | 2,793 |
| Premises & Fixed Plant | 1,508 | 1,647 | 1,734 | (87) | 7,703 | 11,499 | 9,775 | 1,724 |
| Clinical Negligence | 1,824 | 1,781 | 1,770 | 11 | 9,118 | 12,388 | 12,417 | (29) |
| Capital charges | 1,032 | 1,019 | (2,300) | 3,319 | 5,084 | 7,020 | 3,476 | 3,544 |
| Total Non Pay | 15,024 | 15,443 | 13,207 | 2,236 | 75,946 | 107,851 | 105,706 | 2,145 |

Whilst Non Pay YTD is £2.2m favourable to plan, this includes a £3.3m benefit as a result of the reversal of impairments, excluding which Non Pay would be £1.1m adverse to plan.

However, the YTD position also includes the release of £0.5m of prior year accruals and a VAT adjustment of £0.6m, without which the adverse variance to plan would be £1.1m worse.

From the run rate analysis, non pay to date has averaged £15.6m per month to date.

To stay within the planned level of non pay expenditure in future months, the Trust requires to improve its current non pay run rate by £0.1m whilst increasing average monthly income by £0.2m per month.

Non Pay Run Rate 2018/19

| Non Pay | £k | | | | | | | | | | | | | | |
|------------------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|-----------------------|----------------|--------------|
| | Actual | Actual | Actual | Actual | Actual | Actual | Actual | Plan | Plan | Plan | Plan | Plan | FOT £ | | |
| | M1 | M2 | M3 | M4 | M5 | M6 | M7 | M8 | M9 | M10 | M11 | M12 | ytd actuals + Plan | Plan | Variance |
| Ambulance Services | 55 | 80 | 58 | 84 | 221 | 176 | 169 | 169 | 159 | 163 | 157 | 168 | 1,659 | 1,983 | 324 |
| Clinical Supplies & Services | 4,667 | 5,352 | 5,043 | 5,187 | 5,178 | 4,720 | 5,199 | 4,333 | 4,213 | 4,348 | 3,866 | 4,449 | 56,555 | 53,743 | (2,812) |
| Drugs | 442 | 649 | 417 | 410 | 555 | 513 | 650 | 562 | 300 | 425 | 240 | 571 | 5,733 | 5,900 | 167 |
| Drugs Pass through | 3,827 | 4,337 | 3,825 | 4,220 | 4,180 | 3,194 | 4,373 | 4,075 | 4,075 | 4,075 | 4,075 | 4,075 | 48,332 | 48,898 | 566 |
| Establishment Expenditure | 420 | 440 | 790 | 551 | 560 | 539 | 544 | 395 | 399 | 399 | 399 | 396 | 5,832 | 4,748 | (1,084) |
| General Supplies & Services | 603 | 1,272 | 996 | 1,092 | 1,145 | 1,010 | 1,245 | 468 | 524 | 542 | 513 | 541 | 9,951 | 6,903 | (3,048) |
| Other | 700 | (191) | 163 | 171 | 255 | 133 | (181) | 1,013 | 1,226 | 1,213 | 1,233 | 1,248 | 6,983 | 9,776 | 2,793 |
| Premises & Fixed Plant | 1,568 | 1,616 | 1,164 | 1,309 | 1,432 | 951 | 1,735 | 1,655 | 1,654 | 1,655 | 1,655 | 1,647 | 18,041 | 19,765 | 1,724 |
| Clinical Negligence | 1,774 | 1,775 | 1,774 | 1,775 | 1,774 | 1,775 | 1,770 | 1,781 | 1,782 | 1,781 | 1,781 | 1,781 | 21,323 | 21,294 | (29) |
| Capital charges | 981 | 981 | 968 | 952 | 950 | 944 | (2,300) | 1,019 | 1,019 | 1,025 | 1,030 | 980 | 8,549 | 12,093 | 3,544 |
| Total Non Pay | 15,037 | 16,311 | 15,198 | 15,751 | 16,250 | 13,955 | 13,204 | 15,470 | 15,351 | 15,626 | 14,949 | 15,856 | 182,958 | 185,103 | 2,145 |

FINANCE

Finance Efficiency Programme (FEP) Summary 2018/19

Financial Efficiency Programme Report

Reporting Month : Oct 2018

Trust Summary Position

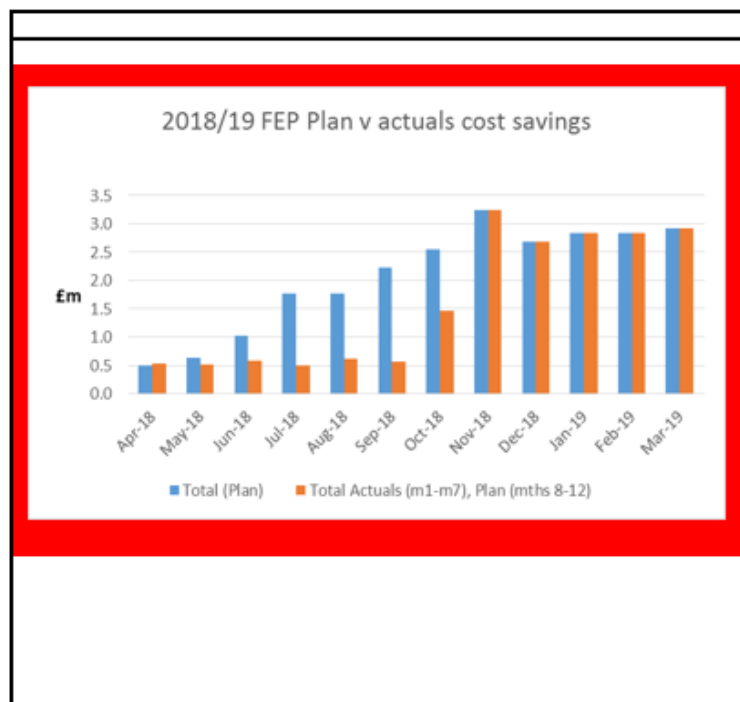
Financial Actuals & RAG Rating

M07

Finance Position

Financial Commentary – Month 07 Position

| | In Month | | | YTD | | | |
|-----|------------|--------------|----------|------------|--------------|----------|-----|
| | Plan £k | Actual £k | ce £k | Plan £k | Actual £k | ce £k | RAG |
| FEP | 2,554 | 1,470 | (1,084) | 10,476 | 4,789 | (5,687) | R |



| | YTD ACTUAL | FORECAST |
|--------------|--------------|---------------|
| | £k | £k |
| Recurrent | 3,973 | 15,238 |
| Non Recurrer | 816 | 1,715 |
| TOTAL | 4,789 | 16,953 |

The financial plan for 2018/19 includes an efficiency programme of £25.0m.

The structure of Turnaround has 5 arms: establishment of a new Divisional model and external appointment of Divisional Managing Directors; engagement of a national commercial recruiter; introduction of a centralised bank; development of elective capacity; and establishment of a Master PMO.

In-Year value of savings are currently anticipated to be c£17m. However, with actuals savings delivery year to date of £4.8m compared to savings delivery year to date in the financial plan of £10.5m, the Trust year to date is £5.7m adverse to plan.

Delays in the realisation of £0.7m of savings in relation to gains from the disposal of assets have impacted year to date savings delivery. However, delivery year to date does include a non-recurrent receipt of £0.5m in relation to the outcome of the Pilgrim fire claim and a further £2.9m of benefit in relation to Income schemes, such that the shortfall in FEP delivery is mainly in relation to Expenditure related schemes. This includes slower than planned progress in relation to workforce savings and non-pay savings across a variety of schemes e.g. service transformation.

| Forecast Outturn RAG | |
|-----------------------|---------------|
| | £k |
| Stretch Schemes | 0 |
| Red Schemes | 4,381 |
| Amber Schemes | 5,205 |
| Green Schemes | 2,839 |
| Blue Schemes | 4,528 |
| Total Forecast | 16,953 |

FINANCE

Statement of Comprehensive Income Outturn 2017/18 and Plan 2018/19

| | Outturn 2017/18 £k | Plan 2018/19 £k |
|---|-----------------------|--------------------|
| Operating Revenue | | |
| Revenue from Patient Care Activities | 394,512 | 407,271 |
| Other Operating Revenue | 38,649 | 34,340 |
| Total Operating Revenue | 433,161 | 441,611 |
| Operating Expenses | | |
| Employee Benefits | 322,737 | 325,283 |
| Operating Expenses | 175,216 | 173,010 |
| Total - Operating Expenses | 497,953 | 498,293 |
| Operating Deficit | (64,792) | (56,682) |
| Non-Operating Expenses | | |
| Depreciation/Impairment Total | 29,250 | 12,093 |
| Interest Payable | 3,148 | 6,600 |
| Gains on Asset Disposal | (109) | (1,063) |
| Total - Non-Operating Expenses | 32,289 | 17,630 |
| Retained Deficit | (97,081) | (74,312) |
| Allowable adjustments against control total | 12,277 | (388) |
| total | (84,804) | (74,700) |

FINANCE

Statement of Financial Position October 2018

| | Year end | | Year to date | | | Monthly Actual 2018/19 | | | | | | Plan Outturn | | |
|---|------------------|------------------|------------------|------------------|-----------------|------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|--------------|
| | 31 March 2018 | | 31 October 2018 | | | 30-Apr-18 | 31-May-18 | 30-Jun-18 | 31-Jul-18 | 31-Aug-18 | 30-Sep-18 | 31 March 2019 | | |
| | Actual | Plan | Actual | Plan | Variance | Actual | Actual | Actual | Actual | Actual | Actual | Actual | Plan | Variance |
| | Month 12 | | | | | Month 1 | Month 2 | Month 3 | Month 4 | Month 5 | Month 6 | | | |
| | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 |
| Non-current assets | | | | | | | | | | | | | | |
| Intangible assets | 6,148 | 3,759 | 5,228 | 6,038 | (810) | 6,016 | 5,884 | 5,752 | 5,621 | 5,489 | 5,357 | 5,274 | 5,488 | (214) |
| Property, plant and equipment: on-SoFP IFRIC 12 assets | 22,843 | 22,492 | 27,064 | 22,640 | 4,424 | 22,814 | 22,788 | 22,760 | 22,731 | 22,703 | 22,675 | 26,912 | 22,495 | 4,417 |
| Property, plant and equipment: other | 184,708 | 205,628 | 188,566 | 201,012 | (12,446) | 184,025 | 184,010 | 183,989 | 185,097 | 186,000 | 186,615 | 215,523 | 213,599 | 1,924 |
| Trade and other receivables: due from non-NHS/DHSC group bodies | 1,828 | 1,477 | 1,515 | 1,828 | (313) | 1,085 | 1,160 | 1,144 | 1,137 | 1,102 | 1,153 | 1,828 | 1,828 | 0 |
| Total non-current assets | 215,527 | 233,356 | 222,373 | 231,518 | (9,145) | 213,940 | 213,842 | 213,645 | 214,586 | 215,294 | 215,800 | 249,537 | 243,410 | 6,127 |
| Current assets | | | | | | | | | | | | | | |
| Inventories | 6,799 | 7,430 | 7,282 | 6,799 | 483 | 6,919 | 6,997 | 6,878 | 7,023 | 6,902 | 6,923 | 6,799 | 6,799 | 0 |
| Trade and other receivables: due from NHS and DHSC group bodies | 19,737 | 12,876 | 19,377 | 17,664 | 1,713 | 17,379 | 15,862 | 20,002 | 18,722 | 19,855 | 17,992 | 17,664 | 17,664 | 0 |
| Trade and other receivables: Due from non-NHS/DHSC group bodies | 5,656 | 8,000 | 8,473 | 4,903 | 3,570 | 8,041 | 9,281 | 9,405 | 10,153 | 9,731 | 7,817 | 4,848 | 4,848 | 0 |
| Assets held for sale and assets in disposal groups | 1,225 | 0 | 1,225 | 150 | 1,075 | 1,225 | 1,225 | 1,225 | 1,225 | 1,225 | 1,225 | 150 | 0 | 150 |
| Cash and cash equivalents: GBS/NLF | 10,523 | 1,078 | 3,773 | 3,093 | 680 | 6,317 | 2,790 | 1,626 | 1,242 | 1,234 | 1,528 | 6,143 | 6,143 | 0 |
| Cash and cash equivalents: commercial / in hand / other | 10 | 0 | 10 | 10 | 0 | 9 | 9 | 9 | 9 | 10 | 9 | 10 | 10 | 0 |
| Total current assets | 43,950 | 29,384 | 40,140 | 32,619 | 7,521 | 39,890 | 36,164 | 39,145 | 38,374 | 38,957 | 35,494 | 35,614 | 35,464 | 150 |
| Current liabilities | | | | | | | | | | | | | | |
| Trade and other payables: capital | (11,727) | (3,314) | (4,897) | (4,592) | (305) | (6,105) | (3,689) | (3,445) | (3,666) | (3,671) | (3,329) | (11,593) | (4,723) | (6,870) |
| Trade and other payables: non-capital | (41,754) | (37,108) | (45,211) | (36,286) | (8,925) | (44,901) | (44,171) | (44,126) | (43,294) | (44,356) | (41,323) | (31,198) | (38,039) | 6,841 |
| Borrowings | (36,157) | (1,093) | (36,320) | (1,589) | (34,731) | (36,142) | (36,455) | (36,440) | (36,425) | (36,410) | (36,335) | (77,359) | (77,359) | 0 |
| Provisions | (735) | (843) | (684) | (735) | 51 | (732) | (690) | (690) | (656) | (679) | (640) | (684) | (735) | 51 |
| Other liabilities: deferred income | (2,707) | (2,331) | (1,555) | (2,707) | 1,152 | (1,140) | (1,020) | (977) | (1,184) | (983) | (1,115) | (2,707) | (2,707) | 0 |
| Other liabilities: other | (503) | (503) | (503) | (503) | 0 | (503) | (503) | (503) | (503) | (503) | (503) | (503) | (503) | 0 |
| Total current liabilities | (93,583) | (45,192) | (89,170) | (46,412) | (42,758) | (89,523) | (86,528) | (86,181) | (85,728) | (86,602) | (83,245) | (124,044) | (124,066) | 22 |
| Net Current liabilities | (49,633) | (15,808) | (49,030) | (13,793) | (35,237) | (49,633) | (50,364) | (47,036) | (47,354) | (47,645) | (47,751) | (88,430) | (88,602) | 172 |
| Total assets less current liabilities | 165,894 | 217,548 | 173,343 | 217,725 | (44,382) | 164,307 | 163,478 | 166,609 | 167,232 | 167,649 | 168,049 | 161,107 | 154,808 | 6,299 |
| Non-current liabilities | | | | | | | | | | | | | | |
| Borrowings | (165,075) | (156,058) | (218,926) | (258,270) | 39,344 | (172,291) | (178,405) | (187,740) | (194,918) | (202,860) | (210,872) | (228,888) | (228,888) | 0 |
| Provisions | (2,994) | (2,413) | (3,108) | (3,011) | (97) | (2,994) | (3,091) | (3,091) | (3,091) | (3,108) | (3,108) | (2,933) | (2,911) | (22) |
| Other liabilities: other | (13,584) | (13,583) | (13,291) | (13,290) | (1) | (13,543) | (13,501) | (13,459) | (13,417) | (13,375) | (13,333) | (13,081) | (13,081) | 0 |
| Total non-current liabilities | (181,653) | (172,054) | (235,325) | (274,571) | 39,246 | (188,828) | (194,997) | (204,290) | (211,426) | (219,343) | (227,313) | (244,902) | (244,880) | (22) |
| Total net assets employed | (15,759) | 45,494 | (61,982) | (56,846) | (5,136) | (24,521) | (31,519) | (37,681) | (44,194) | (51,694) | (59,264) | (83,795) | (90,072) | 6,277 |
| Financed by | | | | | | | | | | | | | | |
| Public dividend capital | 257,563 | 256,746 | 257,563 | 257,563 | 0 | 257,563 | 257,563 | 257,563 | 257,563 | 257,563 | 257,563 | 259,422 | 257,563 | 1,859 |
| Revaluation reserve | 35,284 | 42,448 | 35,972 | 34,788 | 1,184 | 35,215 | 35,143 | 35,072 | 35,001 | 34,931 | 34,860 | 35,638 | 34,455 | 1,183 |
| Other reserves | 190 | 190 | 190 | 190 | 0 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 0 |
| Income and expenditure reserve | (308,796) | (253,890) | (355,707) | (349,387) | (6,320) | (317,489) | (324,415) | (330,506) | (336,948) | (344,378) | (351,877) | (379,045) | (382,280) | 3,235 |
| Total taxpayers' and others' equity | (15,759) | 45,494 | (61,982) | (56,846) | (5,136) | (24,521) | (31,519) | (37,681) | (44,194) | (51,694) | (59,264) | (83,795) | (90,072) | 6,277 |

FINANCE

| | | | | | | | | | | | | | |
|--|------------------|------------------|------------------|----------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| BORROWINGS | | | | | | | | | | | | | |
| Current | | | | | | | | | | | | | |
| Borrowings: finance leases | (152) | 0 | (46) | 47 | (93) | (137) | (122) | (107) | (92) | (77) | (62) | 0 | 0 |
| Borrowings: DHSC capital loans | (328) | (635) | (656) | 1,542 | (2,198) | (328) | (656) | (656) | (656) | (656) | (656) | (2,429) | (2,429) |
| Borrowings: DHSC working capital / revenue support loans | (35,618) | 0 | (35,618) | 0 | (35,618) | (35,618) | (35,618) | (35,618) | (35,618) | (35,618) | (35,618) | (74,930) | (74,930) |
| Borrowings: DHSC revolving working capital facilities | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Borrowings: other (non-DHSC) | (59) | (458) | 0 | 0 | 0 | (59) | (59) | (59) | (59) | (59) | 0 | 0 | 0 |
| Total current borrowings | (36,157) | (1,093) | (36,320) | 1,589 | (37,909) | (36,142) | (36,455) | (36,440) | (36,425) | (36,410) | (36,336) | (77,359) | (77,359) |
| Non-current | | | | | | | | | | | | | |
| Borrowings: DHSC capital loans | (9,172) | (2,542) | (17,732) | 21,458 | (39,190) | (9,172) | (8,845) | (8,845) | (8,845) | (11,745) | (14,721) | (33,343) | (33,343) |
| Borrowings: DHSC working capital / revenue support loans | (155,903) | (99,915) | (201,194) | 236,812 | (438,006) | (163,119) | (169,560) | (178,895) | (186,073) | (191,115) | (196,151) | (195,545) | (195,545) |
| Borrowings: DHSC revolving working capital facilities | 0 | (52,000) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Borrowings: other (non-DHSC) | 0 | (1,601) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total non-current borrowings | (165,075) | (156,058) | (218,926) | 258,270 | (477,196) | (172,291) | (178,405) | (187,740) | (194,918) | (202,860) | (210,872) | (228,888) | (228,888) |

Excellence in rural healthcare

FINANCE

Cash Report 2018/19 Month 7

The cash balance at 31 October 2018 was £3.7m. This includes revenue cash loans drawn in April – October of £45.3m. The balance at 31 March 2018 (£10.5m) was unusually high as a result of the high level of capital creditors outstanding at that point. In the subsequent months the Trust has reduced the level of capital creditors from £11.7m to £4.9m. The 2018/19 capital programme is substantially behind plan, as a consequence, although the Trust I&E deficit is at 9.5m after taking account of technical adjustments, the impact on the ability to pay suppliers has thus far been limited. As the capital programme picks up momentum this position is likely to reverse. Total revenue and capital borrowings at 31 October were £255.2m and are forecast to rise to £306.2m by the end of 2018/19. As a consequence of this borrowing costs are anticipated to be £6.6m in I&E terms, and in cash terms £5.4m. The financial plan assumed that from August all new and existing borrowing rates at 6% would be revised to 3.5%. In practice, whilst rates on new loans have reduced to 3.5% earlier than planned in May, existing borrowing rates have remained unchanged.

| Year to date | Plan £k | Actual £k | Variance £k |
|--------------|------------|--------------|----------------|
| Cash balance | 3,102 | 3,784 | 682 |

| Year End Plan | Plan £k | Actual £k | Variance £k |
|---------------|------------|--------------|----------------|
| Cash balance | 6,153 | 6,153 | 0 |

| Year to date | Plan £k | Actual £k | Variance £k |
|--|-----------------|-----------------|----------------|
| Operating Surplus | (38,448) | (44,148) | (5,700) |
| Depreciation | 7,020 | 6,710 | (310) |
| Other Non Cash I&E Items | (70) | (3,311) | (3,241) |
| Movement in Working Capital | (3,551) | (1,857) | 1,694 |
| Provisions | 17 | 60 | 43 |
| Cashflow from Operations | (35,032) | (42,546) | (7,514) |
| Interest received | 14 | 62 | 48 |
| Capital Expenditure | (30,076) | (16,207) | 13,869 |
| Cash receipt from asset sales | 1,788 | 10 | (1,778) |
| Cash from / (used in) investing act | (28,274) | (16,135) | 12,139 |
| PDC Received | 0 | 0 | 0 |
| PDC Repaid | 0 | 0 | 0 |
| Dividends Paid | 0 | 677 | 677 |
| Interest on Loans, PFI and leases | (2,757) | (2,759) | (2) |
| Capital element of leases | (100) | (105) | (5) |
| Draw down on debt – Revenue | 45,291 | 45,291 | 0 |
| Draw down on debt – Capital | 13,500 | 8,887 | (4,613) |
| Repayment of debt | (59) | (59) | 0 |
| Cashflow from financing | 55,875 | 51,932 | (3,943) |
| Net Cash Inflow / (Outflow) | (7,431) | (6,749) | 682 |
| Opening cash balance | 10,533 | 10,533 | 0 |
| Closing Cash balance | 3,102 | 3,784 | 682 |

| Year End Plan | Plan £k | Actual £k | Variance £k |
|--|-----------------|-----------------|----------------|
| Operating Surplus | (68,775) | (65,252) | 3,523 |
| Depreciation | 12,093 | 12,093 | 0 |
| Other Non Cash I&E Items | (532) | (3,826) | (3,294) |
| Movement in Working Capital | (2,437) | (10,028) | (7,591) |
| Provisions | (83) | (112) | (29) |
| Cashflow from Operations | (59,854) | (67,125) | (7,271) |
| Interest received | 24 | 84 | 60 |
| Capital Expenditure | (46,388) | (41,228) | 5,160 |
| Cash receipt from asset sales | 2,288 | 1,798 | (490) |
| Cash from / (used in) investing act | (44,076) | (39,346) | 4,730 |
| PDC Received | 0 | 1,859 | 1,859 |
| PDC Repaid | 0 | 0 | 0 |
| Dividends Paid | 0 | 677 | 677 |
| Interest on Loans, PFI and leases | (5,470) | (5,465) | 5 |
| Capital element of leases | (147) | (147) | 0 |
| Draw down on debt – Revenue | 78,954 | 78,954 | 0 |
| Draw down on debt – Capital | 26,600 | 26,600 | 0 |
| Repayment of debt | (387) | (387) | 0 |
| Cashflow from financing | 99,550 | 102,091 | 2,541 |
| Net Cash Inflow / (Outflow) | (4,380) | (4,380) | 0 |
| Opening cash balance | 10,533 | 10,533 | 0 |
| Closing Cash balance | 6,153 | 6,153 | 0 |

The cash balance of £3.8m at 31 October reflects the reduction in capital creditors from the year end high of £11.7m. The 2018/19 capital programme is however significantly behind plan and this in turn has impacted upon the level of capital cash utilised (plan £30.1m : actual £16.2m). As a consequence the Trust has to date drawn only £8.9m against the approved capital loan of £26.6m for Fire Safety works in 2018/19. Revenue loans of £45.3m have been drawn in the first seven months. Although the operating deficit is £5.7m worse than plan, the impact upon cash and the ability of the Trust to pay suppliers has thus far been limited due to the relative slow progress with the Capital Programme.

The cash forecast position assumes that the Trust will achieve its planned income and expenditure position and that the delays on capital programme will be recovered. The plan and therefore actual cash forecast assumes capital borrowing of £26.6m and revenue borrowing in 2018/19 at £79.0m (£74.8m: 2018/19 deficit support; plus £4.2m 2017/18 deficit support). It is critically important that the current revenue position is recovered since this will ultimately translate into a cash issue as the year progresses and the capital programme picks up momentum.

FINANCE

Capital Report 2018/19 Month 07

The capital spend to date is £9.0m behind plan. This is inclusive of variances in IT: Continued development Secondary ICT server Rm Pilgrim £0.2m, replacement Desktop PC's new clinical desktop environment £0.2m, LAN - obsolete Core Switch Supervisor upgrades £0.3m, Bleep system modernisation £0.1m, slightly offset by Cyber security measures £(0.3)m. Fire schemes behind plan by £6.9m, consisting of Fire Works - package 1, 2 & 3 at Lincoln £3.0m and package 1 at Pilgrim £0.7m, Emergency lighting at Lincoln £1.0m. Ward 8B (Stoke) Fire enabling scheme has slippage of £1.1m due to commence in August. Facilities variance of £1.3m: Theatre Infrastructure Review £0.6m, Maternity Wing drainage £0.1m. Service development is ahead of schedule by £(1.2)m: Bardney ward family room £(0.4)m, Pilgrim tower block clinical reconfiguration £(0.9)m. Diagnostic capacity £0.4m variance is due to MRI scanner installation not yet taking place £0.3m. Medical devices £0.8m variance is due to underspends in Endoscopy scopes £0.4m and X-ray room £0.2m. Variances are being escalated through CRIG and the Estates, IT and MDG sub committees to ensure plans to bring back on line in the coming months are provided.

| Year to date | Plan | Actual | Variance |
|-----------------|--------|--------|----------|
| | £k | £k | £k |
| Capital Balance | 18,410 | 9,375 | 9,035 |

| Year End Forecast | Plan | Actual | Variance |
|-------------------|--------|--------|----------|
| | £k | £k | £k |
| Capital Balance | 41,094 | 41,094 | 0 |

| Year to date | Plan | Actual | Variance |
|--------------------------------------|---------------|--------------|--------------|
| | £k | £k | £k |
| Medical Equipment replacement | 1,105 | 338 | 767 |
| Prior Year | 0 | 72 | -72 |
| ICT | 2,241 | 1,557 | 684 |
| Estates - Backlog | 1,390 | 60 | 1,330 |
| Estates - Fire | 11,429 | 4,524 | 6,905 |
| Service developments | 1,611 | 2,774 | -1,163 |
| Diagnostic capacity & sustainability | 400 | 6 | 394 |
| Elective capacity | 67 | 8 | 59 |
| Quality | 167 | 36 | 131 |
| Total | 18,410 | 9,375 | 9,035 |

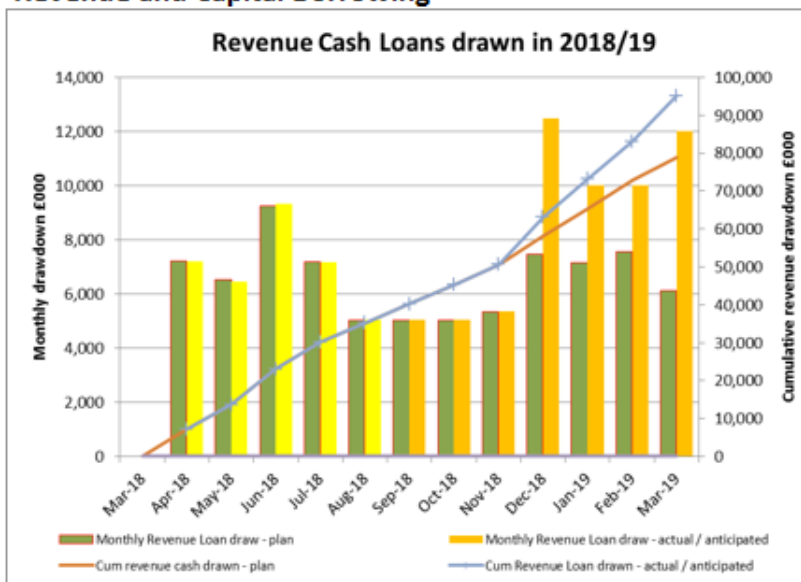
| Year End Forecast | Plan | Actual | Variance |
|--------------------------------------|---------------|---------------|----------|
| | £k | £k | £k |
| Medical Equipment replacement | 2,000 | 2,000 | 0 |
| Prior Year | 0 | 72 | -72 |
| ICT | 2,575 | 2,575 | 0 |
| Estates - Backlog | 2,000 | 1,928 | 72 |
| Estates - Fire | 26,908 | 26,908 | 0 |
| Service developments | 4,611 | 4,611 | 0 |
| Diagnostic capacity & sustainability | 1,000 | 1,000 | 0 |
| Elective capacity | 1,000 | 1,000 | 0 |
| Quality | 1,000 | 1,000 | 0 |
| Total | 41,094 | 41,094 | 0 |

Risks

Whilst profiled the Trust has a significant capital requirement to be spent in the remaining 5 months of the financial year, the majority of which relates to fire where £16.7m has been contractually committed or spent to date. IT, Estates and MDG have risk based plans to deliver the spend. The Diagnostic service developments and diagnostic envelopes are fully allocated. Elective and Quality related investments are being prioritised.

FINANCE

Revenue and Capital Borrowing

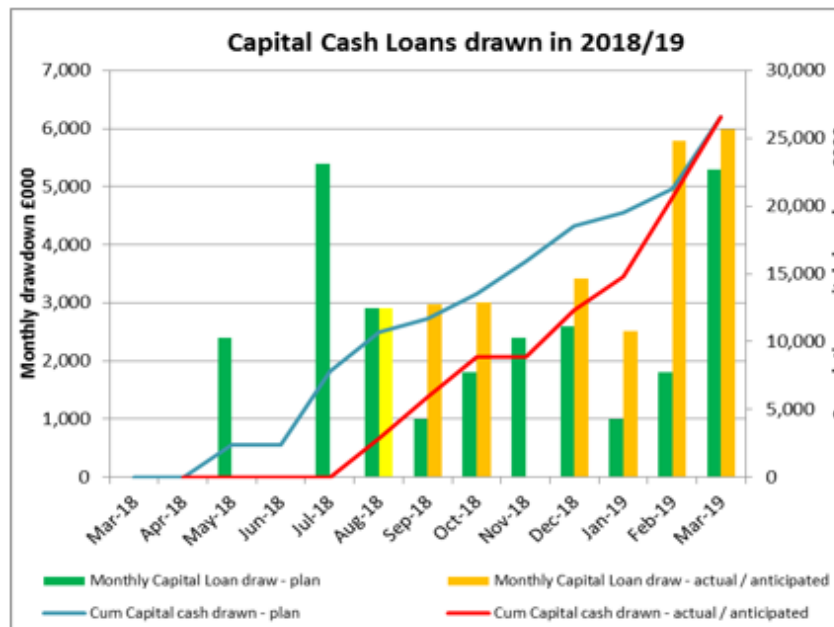


Revenue Borrowing

Against the planned deficit of £74.7m the Trust has drawn cash loans of £45.3m in the seven months to October 2018. This includes £4.3m deficit support relating to 2017/18. Total planned revenue related borrowing in 2018/19 is £79.0m.

The I&E deficit at the end of October is £9.5m. At this point the impact upon the Trust to pay creditors has largely been mitigated by capital cash, available due to delays in the capital programme. As the capital programme picks up momentum this mitigation will reduce. The Trust will therefore seek additional cash support to ensure suppliers and payroll obligations continue to be met.

Borrowing rates for new loans were reduced from 6% to 3.5% in May 2018.



Capital Borrowing

A £26.6m capital loan was agreed in relation to the Fire Safety Capital scheme. Against this £8.9m has been drawn to the end of October 2018.

The Board approved at its September meeting the drawing of £3.415m in November. Due to the project not progressing at the rate anticipated this was initially deferred until December. Based upon current projections no additional cash will be now be required in December.

Future drawings have been re-profiled in line with the expected delivery of the project.

Process and approval of new borrowing:

In accordance with Trust Standing Financial Instructions (para 22.1.7):

All long term borrowing must be consistent with the plans outlined in the current financial plan as reported to the Department of Health, and be approved by the Trust Board.

In addition, before processing any loan request, NHSI stipulate all requests must be supported by:

- a daily cashflow covering the next 3 months
- a Board resolution signed by the Trust CEO and Chairman.
- a separate loan agreement signed by the Director of Finance.

FPEC Committee routinely receive and scrutinise the cash position and proposed future borrowings before passing recommendation to the Board for formal approval.

The Board has at its October 2018 meeting approved borrowings for December (Revenue £12.482m and Capital £3.011m).

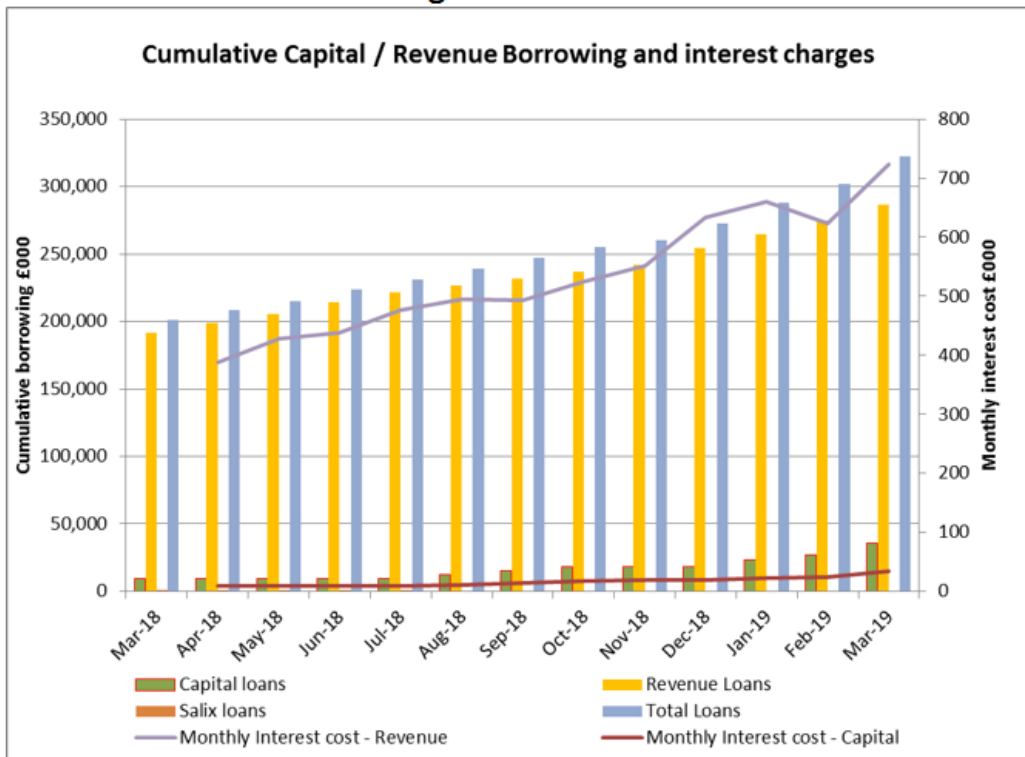
The Board is now requested to approve borrowing for January 2019:

Revenue £10.0m

Capital £5.3m (superseding the December approval)

FINANCE

Cumulative Trust Borrowing



Borrowings and Interest

At 31 October 2018 total 'repayable' borrowings were £255.2m, capital (£18.4m) and revenue (£236.8m). The Trust also has outstanding finance leases of £0.05m.

Borrowings are anticipated to increase to £306.2m by the 31 March 2019.

Existing loans are held at a variety of interest rates, Capital 1.1% (£9.5m) & 1.37% (£8.9m), Revenue 1.5% (£155.3m), 3.5% (£38.1m) & 6.0% (£43.4m)

Future borrowings are anticipated to be at 1.37% for capital and 3.5% for revenue.

Associated interest costs for 2018/19 are forecast to be £6.6m (Revenue £6.4m / Capital £0.2m).

Repayments

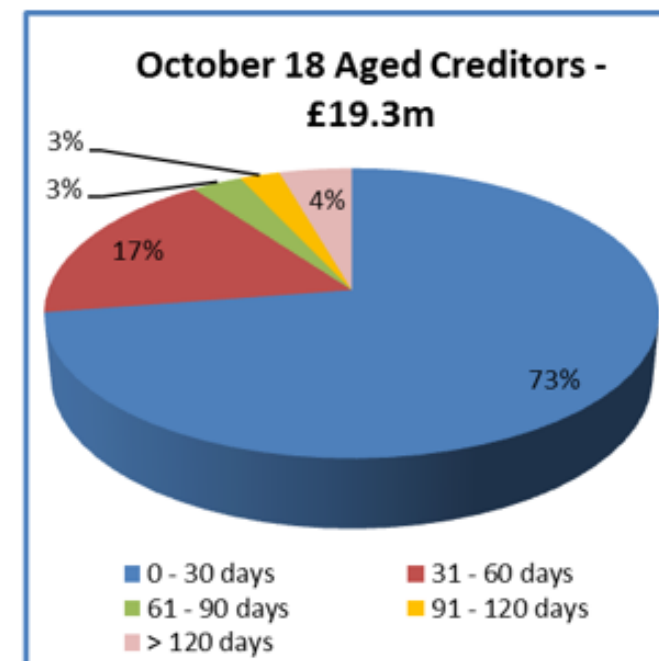
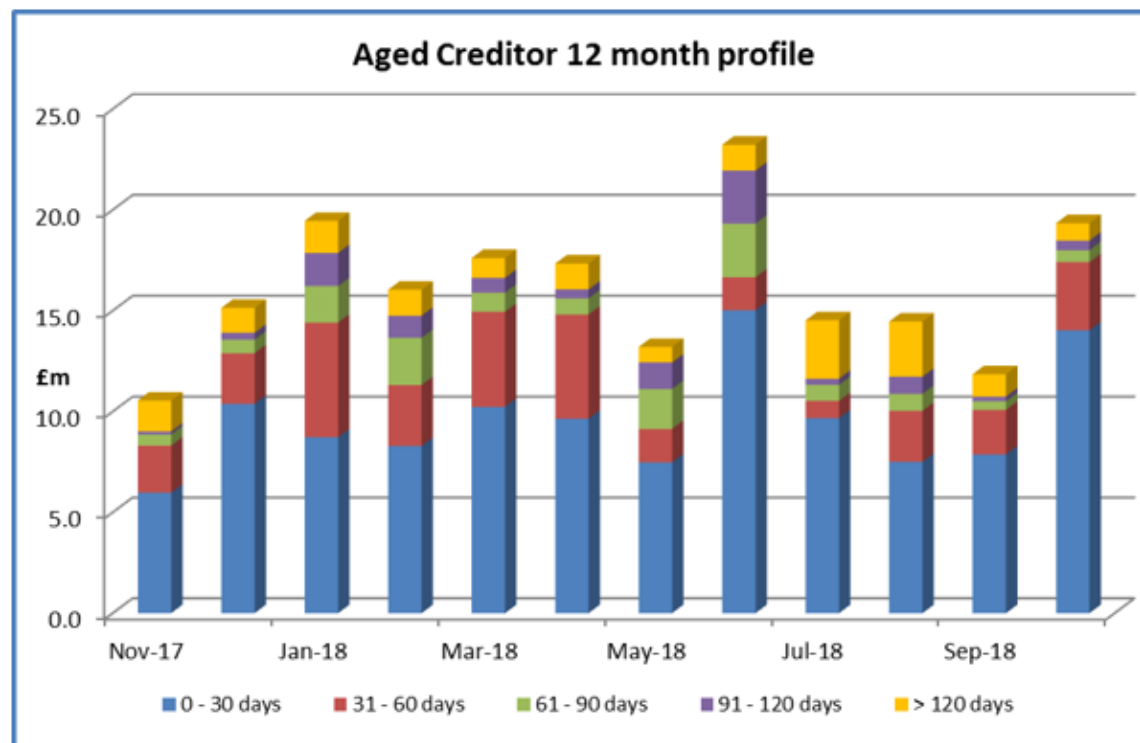
The tables below show when the Trust is due to make repayments against existing loans:

| Type | Loan £m | Final repayment | Repayment Terms |
|---------|---------|-----------------|---|
| Capital | 9.5 | Nov-32 | Repayments commencing Nov 2018 thereafter every 6 months. Annual repayment £0.7m. |
| Capital | 5.9 | 01/18/2033 | Repayments commencing Aug 2019 thereafter every 6 months. Annual repayment £0.4m. |

| Type | Loan £m | Repayment | Loan £m | Repayment | Repayment Terms |
|---------|---------|-----------|---------|-----------|--|
| Revenue | 35.6 | Nov-18 | 6.6 | Oct-20 | The terms of each loan state that there is to be a single one off repayment in full. It is anticipated however that some form of re-financing will take place. The means by which this might be transacted is uncertain at this stage. |
| | 4.6 | Nov-19 | 6.2 | Nov-20 | |
| | 2.5 | Dec-19 | 6.0 | Dec-20 | |
| | 52.0 | Jan-20 | 6.0 | Jan-21 | |
| | 4.1 | Jan-20 | 6.0 | Feb-21 | |
| | 4.2 | Feb-20 | 5.4 | Mar-21 | |
| | 7.6 | Mar-20 | 7.2 | Apr-21 | |
| | 6.2 | Apr-20 | 6.4 | May-21 | |
| | 5.8 | May-20 | 9.3 | Jun-21 | |
| | 5.5 | Jun-20 | 7.2 | Jul-21 | |
| | 11.0 | Jul-20 | 5.0 | Aug-21 | |
| | 7.0 | Aug-20 | 5.0 | Sep-21 | |
| | 9.3 | Sep-20 | 5.0 | Oct-21 | |

FINANCE

Creditor Payments



Creditors

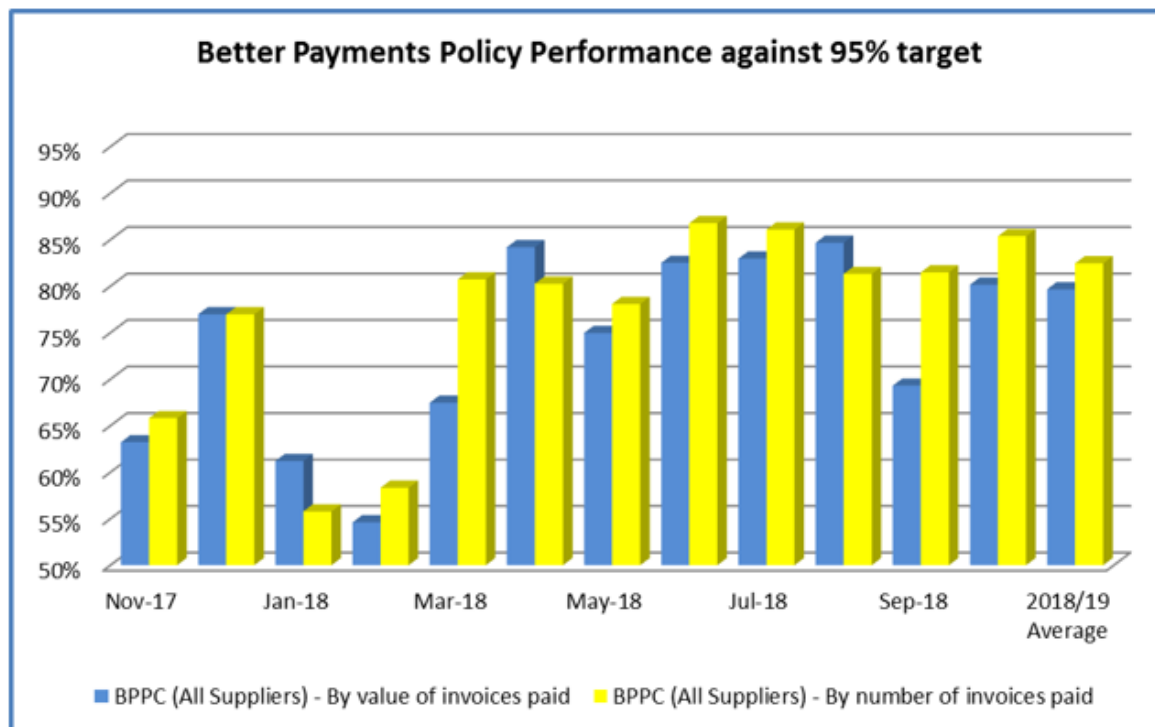
Total Creditors were £19.3m at 31 October 2018, of which £5.3m were over 30 days (£1.3m > 90 days). Focusing further upon those invoices over 30 days, £2.2m had been authorised and were ready to pay at month end. Of the remaining 3.1m, 71% (£2.2m) is focussed on just ten suppliers. The reasons for delays in payment to these suppliers has been investigated and in each case the Trust is taking action where appropriate / working with the supplier to resolve issues.

The Finance and Procurement Teams continue to enforce the policy of requiring suppliers to provide a purchase order before payment is made. At 31 October there were 154 separate invoices (£0.4m) spread across 79 suppliers where payment is delayed awaiting a purchase order.

During the first week of October £1.0m of the overdue 'top ten' (> 30 days) has been paid / authorised.

FINANCE

Performance against the Better Payments Target



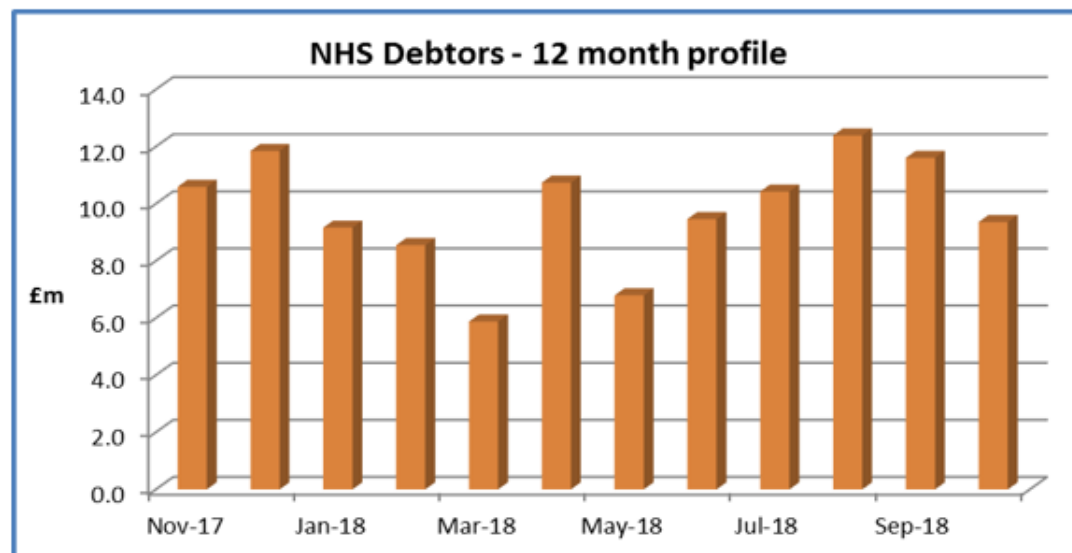
The Better Payment Practice Code (BPPC) requires the Trust to aim to pay all valid invoices by the due date or within 30 days (whichever is the latter).

The year to date and October 2018 performance are shown in the following table

| 2018/ 19 Year to date | NHS | | Non-NHS | |
|---------------------------------------|---------------------|-------------------|---------------------|-------------------|
| | By volume Number | By Value £000s | By volume Number | By Value £000s |
| Total bills paid in the year | 1395 | 27,942 | 73,077 | 110,967 |
| Total bills paid within target | 912 | 23,200 | 60,496 | 87,468 |
| % of bills paid within target YTD | 65.38% | 83.03% | 82.78% | 78.82% |
| % of bills paid within September 2018 | 71.23% | 92.53% | 85.57% | 77.82% |

FINANCE

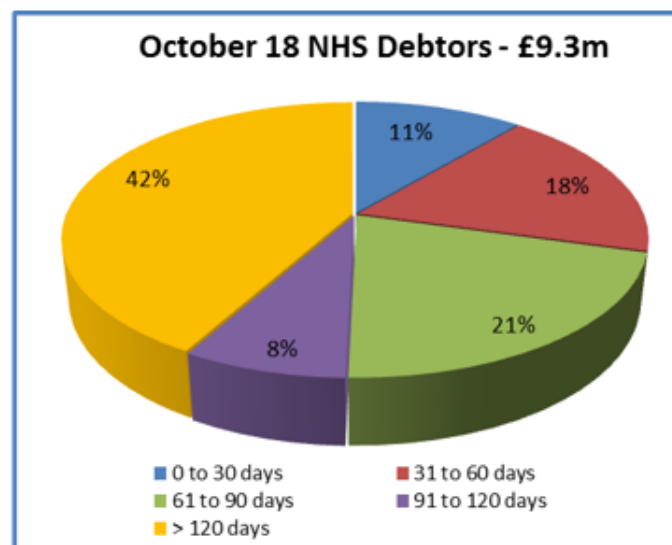
NHS Receivables



| Totals shown in £000 | 0 - 30 days | 31 - 60 days | 61 - 90 days | 91 - 120 days | 120 + days | Grand Total | 90+ days |
|-----------------------|--------------|--------------|--------------|---------------|--------------|--------------|--------------|
| CCGs - Lincolnshire | (78) | 1,035 | 1,392 | 511 | 3,710 | 6,570 | 4,221 |
| CCGs - Other | 361 | 279 | 84 | 81 | 178 | 983 | 259 |
| Trusts - Lincolnshire | 419 | 41 | 3 | 15 | 59 | 537 | 74 |
| Trusts - Other | 418 | 194 | 13 | 96 | 239 | 960 | 335 |
| Other NHS | (70) | 149 | 479 | 18 | (261) | 315 | -243 |
| Total | 1,050 | 1,698 | 1,971 | 721 | 3,925 | 9,365 | 4,646 |

The largest single element remaining unpaid and overdue relates to prior year reconciliation invoices raised to each of the Lincolnshire CCGs. These account for £2.9m of the debt > 90 days. Agreement was reached in early October for credits to be raised against £0.5m of this debt and for the CCGs to pay the balance. It is expected that the majority of this debt will be cleared by mid November.

In volume terms there are 282 invoices > 90 days at 31 October 2018. The combined value of these excluding the agreed prior year reconciliation invoices are £1.9m. The largest individual elements being: AQP & 18/19 reconciliation invoices £0.7m and NCAs £0.4m.

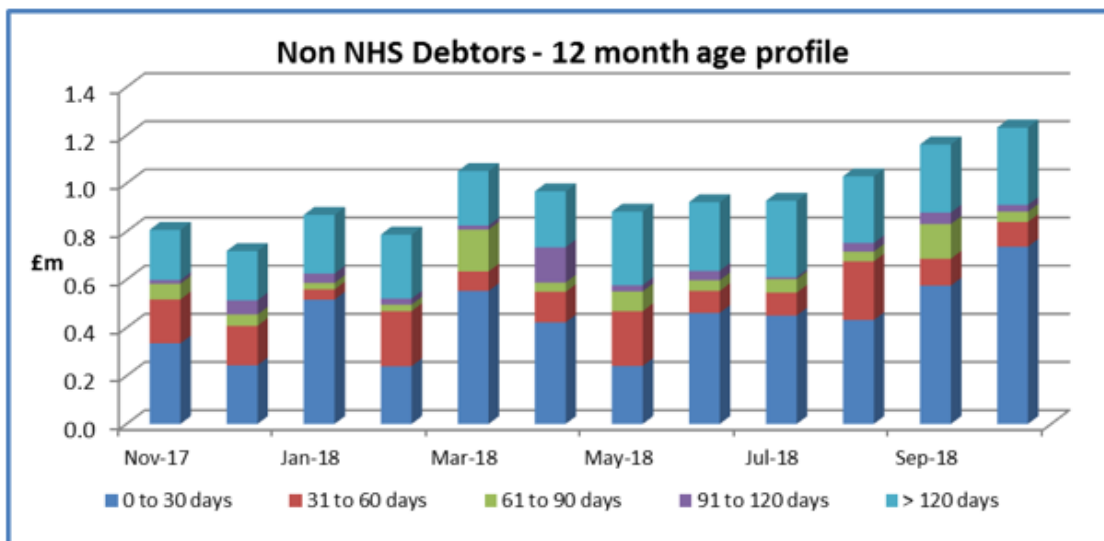


The level of NHS debt over the last 12 months is shown in the table above, while the table left focuses upon the aged split at 31 October 2018.

The majority of debt relates to the four Lincolnshire CCGs. The split between organisational categories is shown below.

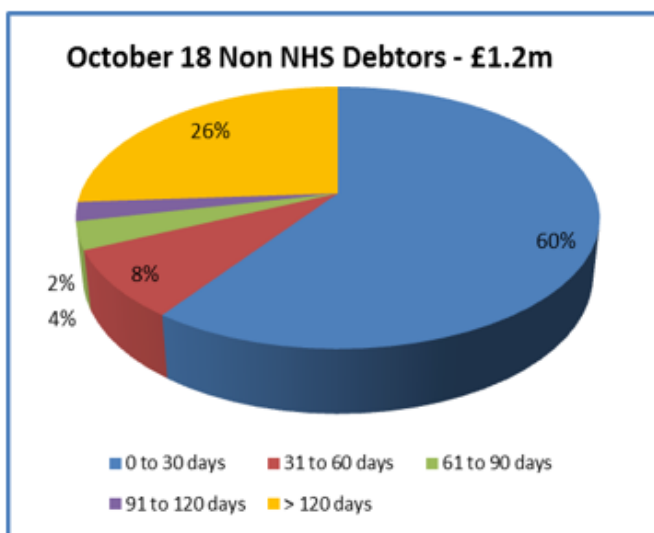
FINANCE

Non-NHS Receivables



| Description | Totals outstanding debt £ | | | | | | 90+ days |
|----------------------------|---------------------------|--------------|--------------|---------------|------------|-------------|----------|
| | 0 - 30 days | 31 - 60 days | 61 - 90 days | 91 - 120 days | 120 + days | Grand Total | |
| Overseas Visitors | 40,777 | 3,842 | 4,246 | 14,303 | 164,305 | 227,474 | 178,608 |
| Debt Collection - Overseas | | 513 | 5,615 | | 67,905 | 74,034 | 67,905 |
| NHS Non English | 6,258 | 5,415 | 9,749 | 6,411 | 13,158 | 40,992 | 19,569 |
| Misc | 626,032 | 78,993 | 9,942 | 1,469 | 9,883 | 726,319 | 11,352 |
| Salary Overpayments | 48,454 | 10,787 | 8,829 | 1,382 | 14,713 | 84,166 | 16,096 |
| Private Patients | 8,512 | | | 2,636 | | 11,148 | 2,636 |
| Debt Collection - General | 485 | | | (19) | 38,608 | 39,074 | 38,588 |
| Agreed Installment Plans | | | 90 | | 10,272 | 10,362 | 10,272 |
| Grand Total | 730,519 | 99,550 | 38,472 | 26,182 | 318,845 | 1,213,568 | 345,027 |

The balance over 90 days (£0.3m) comprises relatively high volume (249) low value invoices. Of this total £0.1m is being actively managed by the Trust Debt collection agency.



The level of Non-NHS debt over the last 12 months is shown in the table above, while the table left focuses upon the aged split at 31 October 2018.

The breakdown of debt across general category headings is shown below.

FINANCE

External Financing Limit and Capital Resource Limits

EFL

The Trust External Financing limit is set by the DHSC. This is a cash limit on net external financing and it is one of the controls used by the DHSC to keep cash expenditure of the NHS as a whole within the level agreed by Parliament in the public expenditure control totals.

Trusts must not exceed the EFL target, which effectively determines how much more (or less) cash a Trust can spend over that which it generated from its activities.

This target translates in simple terms to the Trust holding a minimum cash balance at year end. of £6.2m

CRL

The Trust is allocated a CRL target based upon its planned internally generated resources - depreciation and asset sale proceeds plus agreed net additional developments funded by loans / PDC.

Trusts are not permitted to exceed the CRL.

Position as at 30 September 2018

| External Financing Limit Target (EFL) | Forecast £000s | Performance against Capital Resource Limit (CRL) Target | Forecast £000s |
|--|-------------------|---|-------------------|
| Anticipated EFL at Plan | 109,400 | Anticipated CRL at Plan | 38,159 |
| Opening EFL allocated to Trust | | Opening CRL allocated to Trust | |
| April 18 Plan movement in cash balances | 8,404 | Depreciation | 12093 |
| Capital element of Finance leases - repayments | -147 | Fire safety loan repayments | -778 |
| | | Salix Loan repayment | -59 |
| Initial EFL | 8,257 | Capital element of Finance leases - repayments | -147 |
| | | Initial CRL | 11,109 |
| Confirmed / actioned adjustments | | Confirmed / actioned adjustments | |
| Interim revenue support loan: deficit financing | 41,037 | | |
| 2017/18 additional deficit financing | 4,254 | Fire safety loan repayments | 450 |
| Adjustment to closing cash: Plan resubmission June 18 | -4,024 | Fire safety - Loan drawdown | 8,887 |
| Fire safety - Loan drawdown | 8,887 | Places of Safety in Emergency Depts - PDC allocation | 72 |
| Places of Safety in Emergency Depts - PDC allocation | 72 | Urgent & Emergency Care - Winter Fund - PDC allocation | 1,787 |
| Urgent & Emergency Care - Winter Fund - PDC allocation | 1,787 | | |
| Salix Loan repayment | -59 | Current Notified CRL | 22,305 |
| Current Notified EFL | 60,211 | | |
| Fire safety - Loan | 17,713 | Fire safety - Loan | 17,713 |
| Fire safety loan repayments | -328 | Fire safety loan repayments | |
| Interim revenue support loan: deficit financing | 33,663 | | |
| Anticipated EFL | 111,259 | Current Anticipated CRL | 40,018 |
| | | Forecast Capital expenditure | 41,687 |
| | | Less Capital funded via Charitable Donations | -592 |
| | | Less Net book value of disposed assets | -1077 |
| | | Charge against CRL (Over) / Under shoot against CRL target | 40,018 |
| | | | 0 |

FINANCE

Trust Dashboard Financial Performance

| In Month Plan | April | May | June | July | August | September | October | November | December | January | February | March |
|---------------------------|---------|---------|---------|---------|---------|-----------|---------|----------|----------|---------|----------|---------|
| Operating Income | 35,776 | 36,639 | 37,291 | 37,943 | 36,627 | 36,996 | 37,843 | 37,340 | 35,498 | 36,935 | 35,332 | 37,391 |
| Operating Expenditure | -42,777 | -42,940 | -43,083 | -42,434 | -42,019 | -41,964 | -42,346 | -42,466 | -42,334 | -42,944 | -42,267 | -42,813 |
| Efficiency | 502 | 642 | 1,020 | 1,775 | 1,762 | 2,221 | 2,554 | 3,238 | 2,683 | 2,838 | 2,839 | 2,926 |
| Agency | -2,305 | -2,233 | -2,433 | -2,386 | -2,225 | -2,223 | -2,073 | -1,910 | -1,902 | -1,905 | -1,905 | -1,904 |
| Capital | 84 | 805 | 1,908 | 2,969 | 4,141 | 3,905 | 4,599 | 4,457 | 4,202 | 4,031 | 3,872 | 3,962 |
| Operating Surplus/Deficit | -7,001 | -6,301 | -5,792 | -4,491 | -5,392 | -4,968 | -4,503 | -5,126 | -6,836 | -6,009 | -6,935 | -5,422 |

| Cumulative Plan | April | May | June | July | August | September | October | November | December | January | February | March |
|---------------------------|---------|---------|----------|----------|----------|-----------|----------|----------|----------|----------|----------|----------|
| Operating Income | 35,776 | 72,415 | 109,706 | 147,649 | 184,276 | 221,272 | 259,115 | 296,455 | 331,953 | 368,888 | 404,220 | 441,611 |
| Operating Expenditure | -42,777 | -85,717 | -128,800 | -171,234 | -213,253 | -255,217 | -297,562 | -340,028 | -382,362 | -425,306 | -467,573 | -510,386 |
| Efficiency | 502 | 1,144 | 2,164 | 3,939 | 5,701 | 7,922 | 10,476 | 13,714 | 16,397 | 19,235 | 22,074 | 25,000 |
| Agency | -2,305 | -4,538 | -6,971 | -9,357 | -11,582 | -13,805 | -15,878 | -17,788 | -19,690 | -21,595 | -23,500 | -25,404 |
| Capital | 84 | 889 | 2,797 | 5,766 | 9,906 | 13,811 | 18,410 | 22,867 | 27,069 | 31,100 | 34,971 | 38,934 |
| Operating Surplus/Deficit | -7,001 | -13,302 | -19,094 | -23,585 | -28,977 | -33,945 | -38,447 | -43,573 | -50,409 | -56,418 | -63,353 | -68,775 |

| In Month Actual | April | May | June | July | August | September | October | November | December | January | February | March |
|---------------------------|---------|---------|---------|---------|---------|-----------|---------|----------|----------|---------|----------|-------|
| Operating Income | 34,127 | 37,147 | 36,949 | 37,577 | 38,370 | 35,064 | 38,059 | | | | | |
| Operating Expenditure | -42,501 | -43,710 | -42,682 | -43,609 | -45,376 | -42,134 | -41,429 | | | | | |
| Efficiency | 534 | 515 | 580 | 501 | 617 | 572 | 1,470 | | | | | |
| Agency | -2,262 | -2,692 | -2,741 | -2,987 | -2,948 | -2,912 | -3,222 | | | | | |
| Capital | 84 | 764 | 785 | 1,881 | 1,735 | 1,370 | 2,757 | | | | | |
| Operating Surplus/Deficit | -8,374 | -6,563 | -5,733 | -6,032 | -7,006 | -7,070 | -3,370 | | | | | |

| Cumulative Actual | April | May | June | July | August | September | October | November | December | January | February | March |
|---------------------------|---------|---------|----------|----------|----------|-----------|----------|----------|----------|----------|----------|----------|
| Operating Income | 34,127 | 71,274 | 108,223 | 145,800 | 184,170 | 219,234 | 257,293 | 257,293 | 257,293 | 257,293 | 257,293 | 257,293 |
| Operating Expenditure | -42,501 | -86,211 | -128,893 | -172,502 | -217,878 | -260,012 | -301,441 | -301,441 | -301,441 | -301,441 | -301,441 | -301,441 |
| Efficiency | 534 | 1,049 | 1,629 | 2,130 | 2,747 | 3,319 | 4,789 | 4,789 | 4,789 | 4,789 | 4,789 | 4,789 |
| Agency | -2,262 | -4,954 | -7,695 | -10,682 | -13,630 | -16,542 | -19,764 | -19,764 | -19,764 | -19,764 | -19,764 | -19,764 |
| Capital | 84 | 847 | 1,633 | 3,513 | 5,248 | 6,618 | 9,375 | 9,375 | 9,375 | 9,375 | 9,375 | 9,375 |
| Operating Surplus/Deficit | -8,374 | -14,937 | -20,670 | -26,702 | -33,708 | -40,778 | -44,148 | -44,148 | -44,148 | -44,148 | -44,148 | -44,148 |

FINANCE

| In Month Variance (-) adverse | April | May | June | July | August | September | October | November | December | January | February | March |
|-------------------------------|--------|------|-------|--------|--------|-----------|---------|----------|----------|---------|----------|-------|
| Operating Income | -1,649 | 508 | -342 | -366 | 1,743 | -1,932 | 216 | | | | | |
| Operating Expenditure | 276 | -770 | 401 | -1,175 | -3,357 | -170 | 917 | | | | | |
| Efficiency | 32 | -127 | -440 | -1,274 | -1,145 | -1,649 | -1,084 | | | | | |
| Agency | 43 | -459 | -308 | -601 | -723 | -689 | -1,149 | | | | | |
| Capital | 0 | 42 | 1,122 | 1,088 | 2,406 | 2,535 | 1,842 | | | | | |
| Operating Surplus/Deficit | -1,373 | -262 | 59 | -1,541 | -1,614 | -2,102 | 1,133 | | | | | |

| Cumulative Variance | April | May | June | July | August | September | October | November | December | January | February | March |
|---------------------------|--------|--------|--------|--------|--------|-----------|---------|----------|----------|---------|----------|--------|
| Operating Income | -1,649 | -1,141 | -1,483 | -1,849 | -106 | -2,038 | -1,822 | -1,822 | -1,822 | -1,822 | -1,822 | -1,822 |
| Operating Expenditure | 276 | -494 | -93 | -1,268 | -4,625 | -4,795 | -3,879 | -3,879 | -3,879 | -3,879 | -3,879 | -3,879 |
| Efficiency | 32 | -95 | -535 | -1,809 | -2,954 | -4,603 | -5,687 | -5,687 | -5,687 | -5,687 | -5,687 | -5,687 |
| Agency | 43 | -416 | -724 | -1,325 | -2,048 | -2,737 | -3,886 | -3,886 | -3,886 | -3,886 | -3,886 | -3,886 |
| Capital | 0 | 42 | 1,164 | 2,252 | 4,658 | 7,193 | 9,035 | 9,035 | 9,035 | 9,035 | 9,035 | 9,035 |
| Operating Surplus/Deficit | -1,373 | -1,635 | -1,576 | -3,117 | -4,731 | -6,833 | -5,701 | -5,701 | -5,701 | -5,701 | -5,701 | -5,701 |

| In Month Variance (-) adverse % | April | May | June | July | August | September | October | November | December | January | February | March |
|---------------------------------|---------|---------|---------|---------|---------|-----------|---------|----------|----------|---------|----------|-------|
| Operating Income | -4.61% | 1.39% | -0.92% | -0.96% | 4.76% | -5.22% | 0.57% | | | | | |
| Operating Expenditure | 0.65% | -1.79% | 0.93% | -2.77% | -7.99% | -0.41% | 2.17% | | | | | |
| Efficiency | 6.37% | -19.78% | -43.14% | -71.77% | -64.98% | -74.25% | -42.44% | | | | | |
| Agency | 1.87% | -20.56% | -12.66% | -25.19% | -32.49% | -30.99% | -55.43% | | | | | |
| Capital | 0.00% | 5.17% | 58.82% | 36.66% | 58.10% | 64.92% | 40.05% | | | | | |
| Operating Surplus/Deficit | -19.61% | -4.16% | 1.02% | -34.32% | -29.94% | -42.31% | 25.16% | | | | | |

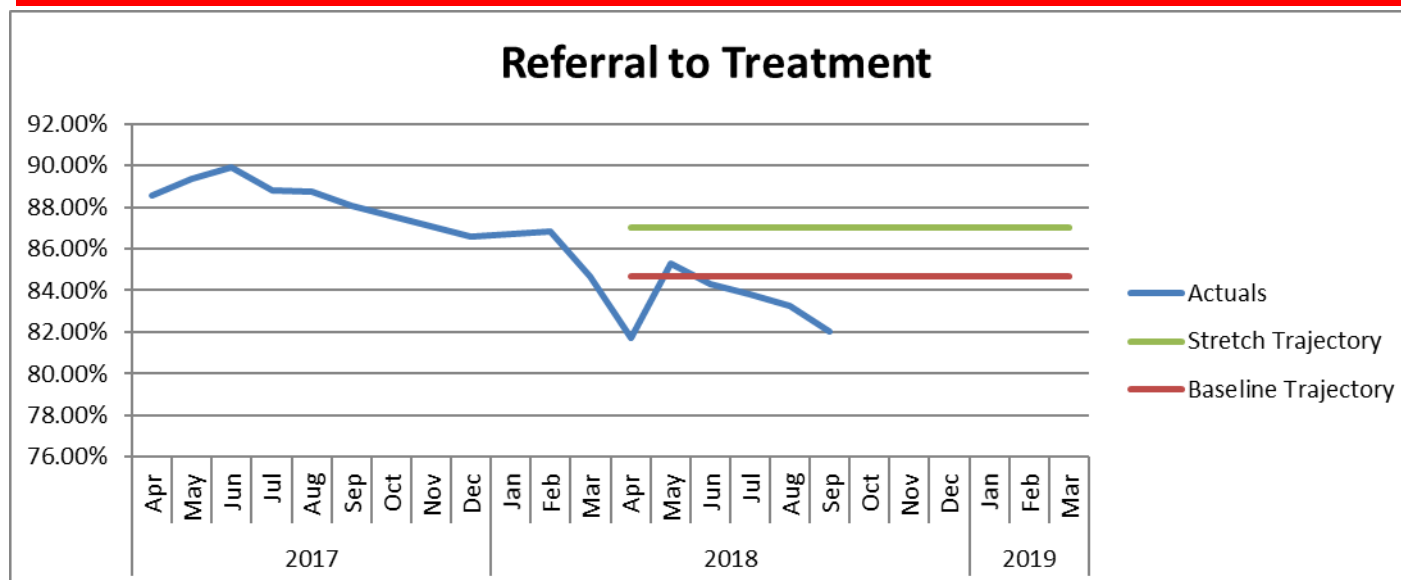
| Cumulative Variance | April | May | June | July | August | September | October | November | December | January | February | March |
|---------------------------|---------|---------|---------|---------|---------|-----------|---------|----------|----------|---------|----------|-------|
| Operating Income | -4.61% | -1.58% | -1.35% | -1.25% | -0.06% | -0.92% | -0.70% | | | | | |
| Operating Expenditure | 0.65% | -0.58% | -0.07% | -0.74% | -2.17% | -1.88% | -1.30% | | | | | |
| Efficiency | 6.37% | -8.30% | -24.72% | -45.93% | -51.82% | -58.10% | -54.29% | | | | | |
| Agency | 1.87% | -9.17% | -10.39% | -14.16% | -17.68% | -19.83% | -24.47% | | | | | |
| Capital | 0.00% | 4.68% | 41.61% | 39.06% | 47.02% | 52.08% | 49.08% | | | | | |
| Operating Surplus/Deficit | -19.61% | -12.29% | -8.26% | -13.22% | -16.33% | -20.13% | -14.83% | | | | | |

| Tolerances | Green | Amber | Red |
|-----------------------|-------------|--------------|--------|
| Income | 0% & >0% | <0% to -1% | <-1% |
| Expenditure | 0% & >0% | <0% to -1% | <-1% |
| Efficiency | 0% & >0% | <0% to -1% | <-1% |
| Agency | 0% & >0% | <0% to -1% | <-1% |
| Capital | 0% to +/-5% | +/-5% to 10% | +/-10% |
| Surplus / Deficit (-) | 0% & >0% | <0% to -1% | <-1% |

OPERATIONAL PERFORMANCE

Referral to Treatment – 18 Weeks

R



Lead: Mark Brassington, Chief Operating Officer

Timescale: September 2018

Trajectory: 87% stretch ambition by March 2019

Key Issues:

- In September there was an increase of 382 in the backlog of 18week+, specialties with the biggest increase in 18week+ backlog were Neurology, Dermatology, Ophthalmology and Trauma and Orthopaedics
- ENT continues to account for the largest percentage of the Trusts overall 18week+ backlog at 4.8%, the Trust's overall position would increase by 2.68% if ENT were to be excluded.
- Speciality total waiting list increases of greater than 60 patients within Neurology, Dermatology, Trauma and Orthopaedics, Gastroenterology and Ophthalmology during September.

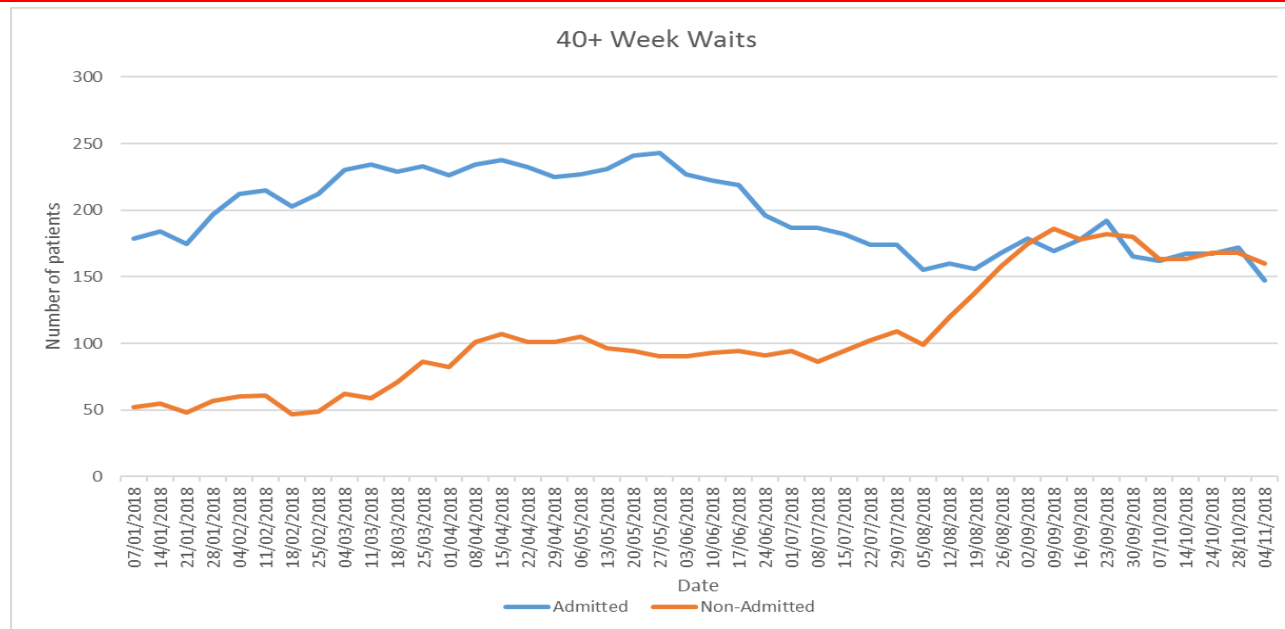
Key Actions:

- ENT – Interim business manager appointed to Head & Neck services. In addition to progressing previously reported actions to deliver service capacity, they are working with the clinical teams to review waiting lists and administrative processes across the service. Initial work suggests that there is sufficient core capacity to meet normal demand but that there need to be revisions to internal processes, clearer application of clinical pathways and a backlog clearance to stabilise RTT performance. Full plans are being finalised within the service during November.
- Dermatology – The service still expects referral rates to continue to reduce as we move away from the summer period. The additional clinical capacity is still being maintained into the autumn to support achievement of target waiting list size (currently behind trajectory and additional actions being developed within the service). The speciality is out to advert for 1 establishment position and 1 additional position, through the operational capacity funding,
- Neurology – Additional capacity retained. Risk Summit (16.11.18) to look at demand management opportunities.

OPERATIONAL PERFORMANCE

Referral to Treatment – 52 Week patients

R



Lead: Mark Brassington, Chief Operating Officer

Timescale: September 2018

Trajectory: 0 by March 2019

Key Issues:

- 20 52 week breaches were declared in September. The main aspect impacting upon the number of patients waiting over 52 weeks on an incomplete pathway is the prevalence of data quality issues within certain specialities, leading to ineffective tracking of patient pathways. The Trust is working with the intensive support team to address this issue.
- 7 Harm Reviews have been completed and returned with no harm, the remaining 6 have not yet been completed
- 6 were in ENT, 2 in General Surgery, 2 in Urology, 2 in Maxillo-facial and 1 in Trauma & Orthopaedics
- 40 week+ backlog increased at the end of Q4 17/18 linked to winter pressures and weather and has created increased pressure on 52 week position.

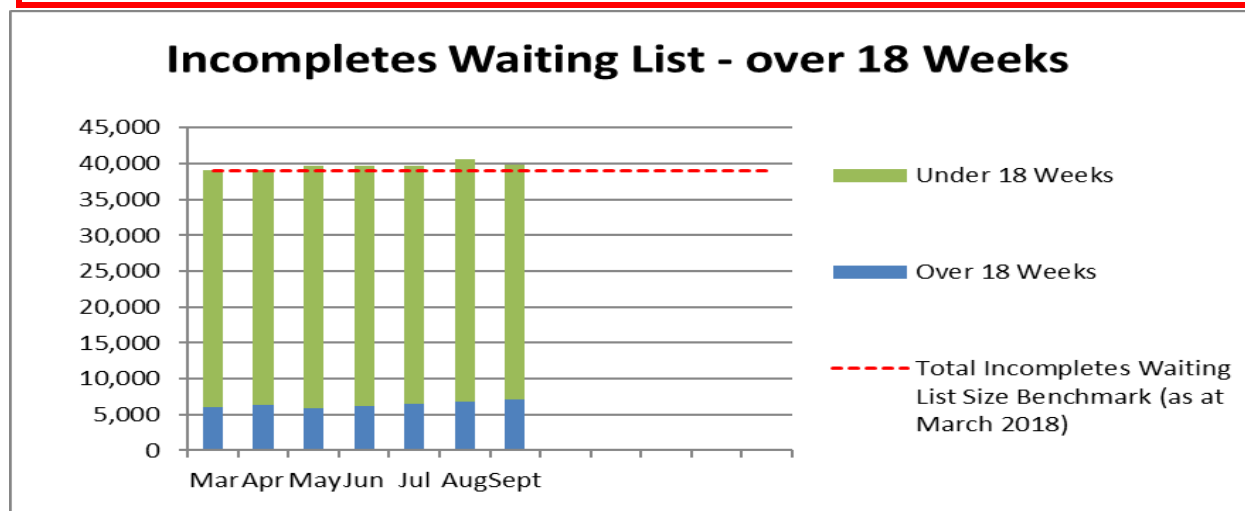
Key Actions:

- The IST visited the Trust on 2nd August for a preliminary review, they undertook a full review in September (reporting in October) and have now commenced supportive work within the Trust to deliver benefits identified within their review process.
- A weekly dashboard tracking 40week+ at specialty level is now being sent out to Divisions. Monitored via PTL and RTT review meetings.
- T&O Reconfiguration complete and expected benefits (predominately on admitted performance) being monitored.
- Focussed speciality reviews being initiated – Urology and Breast initial meetings scheduled for 15 November.

OPERATIONAL PERFORMANCE

Waiting Lists

R



Lead: Mark Brassington, Chief Operating Officer

Timescale: August 2018

Trajectory: By March 2019 maximum total waiting list 39,032 with 5,978 over 18 weeks

Key Issues:

- The total incomplete waiting list decreased by 654 patients during September, and the 18week+ backlog increased by 382 patients. Neurology, Dermatology, Ophthalmology and Trauma and Orthopaedics were the largest increases.
- Trauma & Orthopaedics –66 increase in waiting list size, with the primary factors being the historical impact of elective cancellations (68) and capacity constraints within Paediatric Orthopaedics. Reconfiguration to protect elective capacity and review of paediatric service expected to bring improvements through remainder of 2018/19.
- Ophthalmology – 123 increase in waiting list size.
- Dermatology – 70 patient increase in waiting list size. As previously highlighted, the Dermatology service received 474 more referrals during Q1 of 2018/19 than in the same period in 2017/18. It is expected that seasonal reductions in referrals will enable improvements alongside active recruitment to medical posts.
- Neurology 97 increase in Waiting list size – the service has seen a significant increase in the number of referrals in the current year creating a position where available capacity (even with additional clinics) is insufficient to meet demand. Risk Summit with CCG scheduled for 16 November.
- ENT –59 increase in waiting list size. There is continued pressure in terms of available workforce but active plans are being pursued to secure substantive or locum medics. Interim Business Manager developing revised processes and backlog clearance plans which should stabilise the service and bring the waiting list back into acceptable position.

Key Actions:

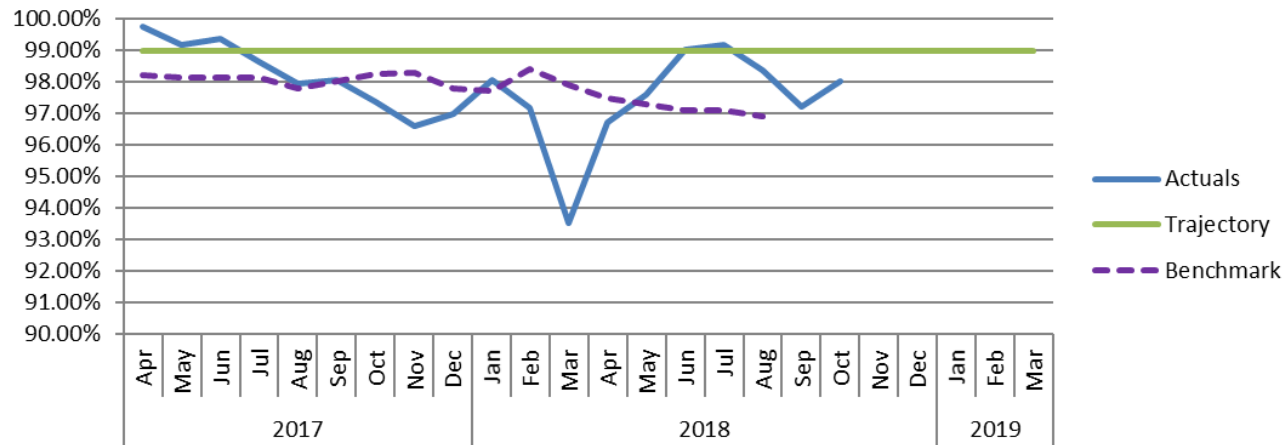
- Outpatient Improvement Programme to deliver increased slot utilisation and standardisation of templates, is assessed as delivering more than 9000 additional slots in Q1/Q2 with similar planned for remainder of the year. Forward look impacts being assessed.
- Trauma & Orthopaedics – On 20th August the service went live with its pilot reconfiguration of service provision, designed to maximise elective provision through the Grantham Hospital site. The impact is forecast to deliver a waiting list position lower than March 2018 by the end of March 2019 and recover the activity position. Reductions in cancellations are now being demonstrated and a review of the new model is currently being discussed with the national GIRFT team (14 November Meeting).
- IST have completed a review of the Trust and have now commenced a programme of work within the organisation to establish best practice in terms of elective working.

OPERATIONAL PERFORMANCE

Diagnostics

R

Diagnostics achieved



Lead: Mark Brassington, Chief Operating Officer

Timescale: October 2018

Recovery Date: November 2018

Key Issues:

- Endoscopy –Decontamination continues to present difficulties at Louth in October, resulting in cancellation of procedures on that site and a significant proportion of these patients not wanting to transfer to another site at short notice. However, overall Endoscopy activity is at some of the highest levels ever recorded, reflecting the efforts of improvement programme in Endoscopy.
- Cystoscopy – Unlike GI Endoscopy, cystoscopy has been disproportionately impacted by cancellations and the urology service has not recovered as well as respiratory, gastroenterology and general surgery to put capacity back in place to offset this loss.
- Echo – From provisional figures show that performance has significantly improved from end of August.
- CT –breaches are all for cardiac CT, capacity for cardiac CT is being expanded and developed, and although improved this still poses a challenge going forward.

Key Actions:

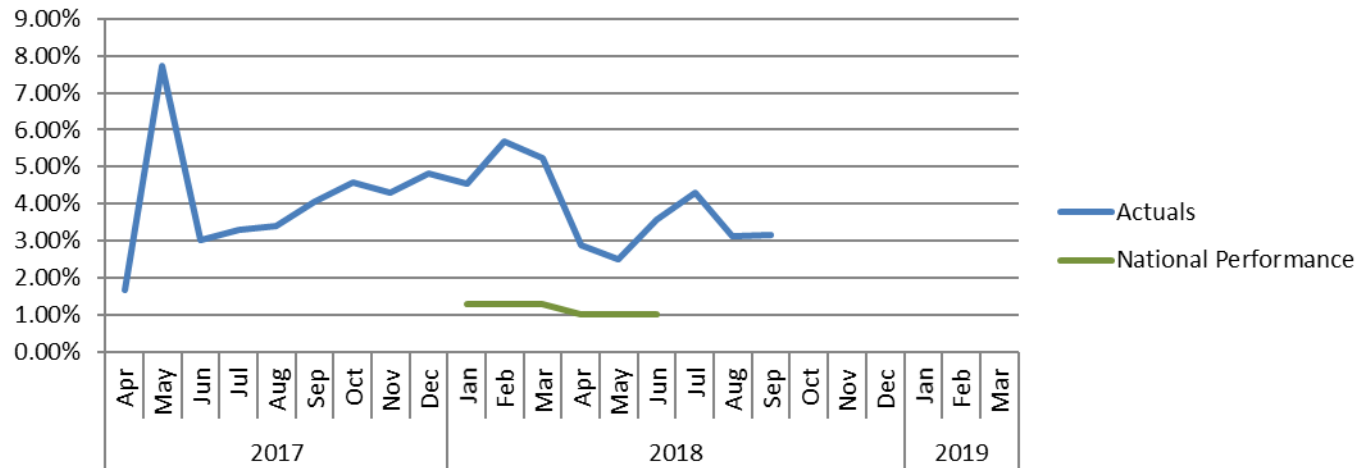
- Endoscopy – Temporary administration staff have started work in Endoscopy and is having a positive impact. Permanent staff to replace are being recruited now to embed the capacity to book the number of session required.
- A specific task and finish group in urology and endoscopy has been launched to put in place measures to build resilience should the contamination pose a further problem.
- Echo. Service is working through the backlog which increased in August due to staffing sickness. Plans to continue to progress additional sessions in October and November.
- CT – Additional CT capacity has been put in place after the failure of PHB CT for 4 days. Capacity for 7 days and longer days on scanners as well as 2 additional mobile scanners, will start in November and maximise in January.

OPERATIONAL PERFORMANCE

Cancelled Operations

R

Cancelled Operations on the day



Lead: Mark Brassington, Chief Operating Officer

Timescale: September 2018

Key Issues:

- In September there were 170 patients that had their operations cancelled on the day and 116 that had their operation cancelled the day before
- Staffing shortfalls in key specialties continue to impact.
- Escalation into Surgical Beds (including day case) for Medical Patients (Non Elective Medicine 10% increase on previous years activity)
- 19 patients breached the 28 day rebooking standard

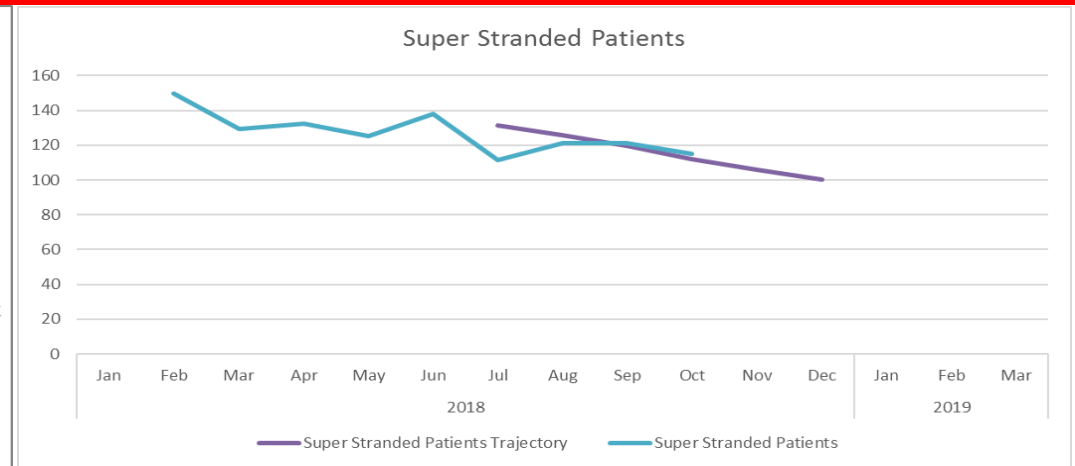
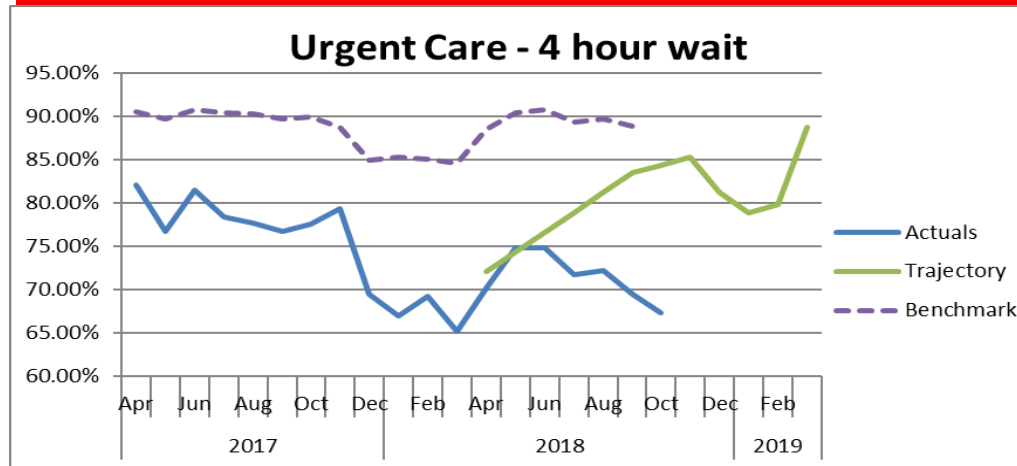
Key Actions:

- Pilgrim Reconfiguration starting to improve access to both Orthopaedic and Surgical Specialty Beds; through improving Length of Stay and increasing zero day stay emergency patients – full implementation delivers at the end of November and confidence is high for full benefits realisation from that date.
- SAU at Lincoln will reduce length of stay in surgery, by increasing access and reducing bed occupancy.
- The Trauma and Orthopaedic Reconfiguration completed and being reviewed, to include GIRFT team, to ensure full benefits realisation.

OPERATIONAL PERFORMANCE

Urgent Care – 4 Hour Standard

R



Lead: Mark Brassington, Chief Operating Officer

Timescale: October 2018

Trajectory Type I and Type III: performance 74.33% May 2018, 83.51% by September 2018, 88.74% by March 2019

Trajectory Type I: 72.03% performance May 2018, 81.41% September 2018, 86.24% March 2019

Key Issues:

- Attendance growth of -1.33% against 2017/18 October actual (5.22% YTD) (Type 1+3)
- Attendance growth of 1.31% against 2018/19 October plan (7.96%YTD) (Type 1 only)
- Primary Care Streaming is at 13.08% against a target of 35% for patients to be streamed away from A&E
- Bed occupancy exceeded target rate of 92% significantly higher at Lincoln and Pilgrim Hospitals
- A&E and non-elective admissions demand exceed capacity as system winter schemes have not yet deployed
- Staffing levels of nursing and medical teams continue to have limited inpatient and A&E capacity, despite the use of agency
- At the end of October the number of Super Stranded Patients in the Trust was 115.3 against a trajectory of 112.1

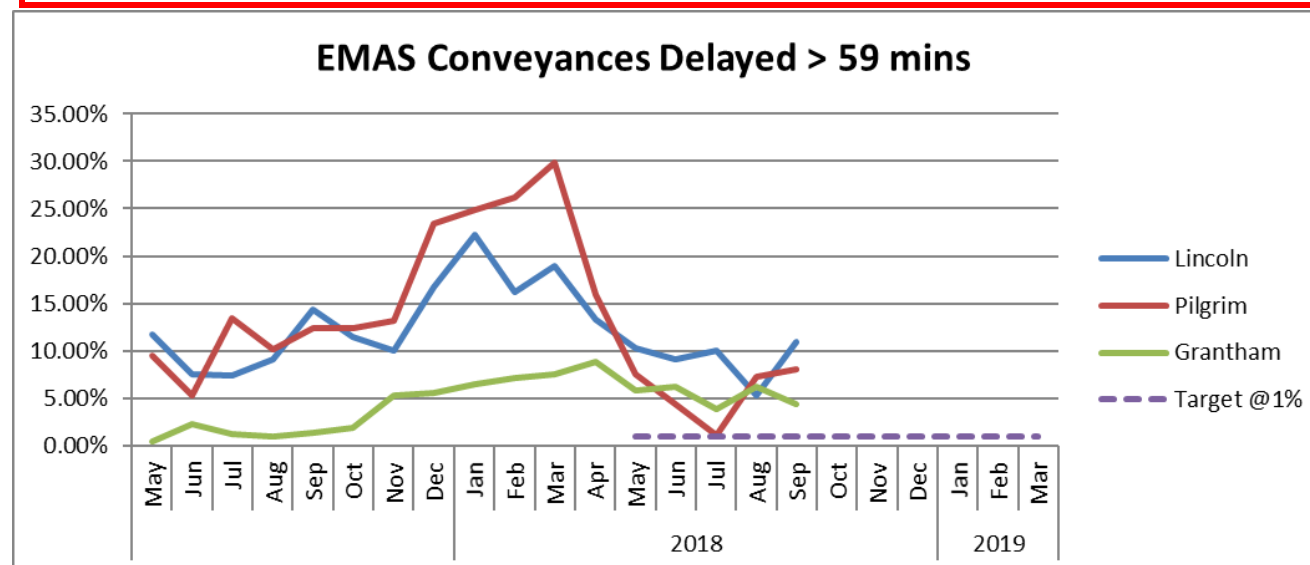
Key Actions:

- Reconfiguration work at PHB is ongoing with phase 1 complete. The next stage will be delayed due to unavoidable estate issues, but will continue during November.
- Clinical Directorates recruiting to posts approved within Operational Capacity and Delivery Plan – medical posts continue to join throughout Sept-Oct
- Urgent care improvement visits have commenced from Emergency Care Intensive Support Team to support with reduction in long LoS and SAFER flow models
- Winter Plan second draft has been developed to reflect an improved bed deficit forecast with extensive mitigating actions in place from December 2018 onwards upwards of 100 bed impact likely to close the bed deficit significantly
- Further work continues on closing the bed deficit entirely with system partners, the winter room and regulators

OPERATIONAL PERFORMANCE

Ambulance Handover

R



- Medical staff in both A&Es will join the trust over Q4 increasing handover capacity and the ability to reliably staff the RAIT (Rapid Assessment Initial Triage) area of the A&E departments with strong decision makers

Lead: Mark Brassington, Chief Operating Officer

Timescale: October 2018

Internal trajectory: <1% 120 minute handover by July 2018, 2nd Quartile performance >60 minute handovers by September 2018

Key Issues:

- Significant impact of hospital occupancy rate >95% on flow and ambulance handover time deteriorating particularly for Lincoln hospital
- Handover double pin entry non-compliance identified and deteriorated in month
- Ambulance arrivals largely within expected parameters, but with peaks that continue to challenge capacity to accept
- Agency that provide staff to support handovers at Pilgrim have improved fill rate, but do not consistently fill 100%, adding additional demand on nursing teams

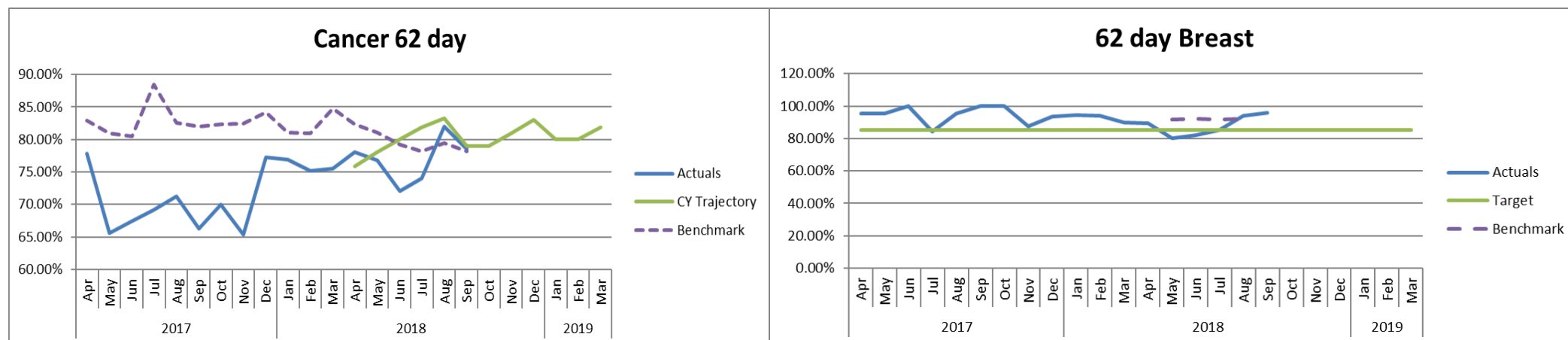
Key Actions:

- New reconfiguration pathways at PHB will be rolled out to enable direct GP admissions bypassing ED and improving handover rate
- Further pathways to surgical assessment unit at Lincoln due to rollout over November
- Conveyance numbers have not reduced, however further work needs to be completed to examine conveyance options used in other regions that could be deployed at ULHT

OPERATIONAL PERFORMANCE

Cancer Waiting Times – 62 Day

A



Lead: Mark Brassington, Chief Operating Officer

Timescale: September 2018

Trajectory: 83% by December

Key Issues:

- Pathology waits remains a key issue in regard to turnaround times.
- Oncology capacity pressures continue, particularly in Urology, Upper GI and Lower GI
- RCA analysis for August 62 day breaches shows key themes
 - Pathology
 - Tertiary diagnosis/treatment
 - Patient choice and complexity
 - Outpatient capacity
 - Theatre capacity
 - Oncology capacity

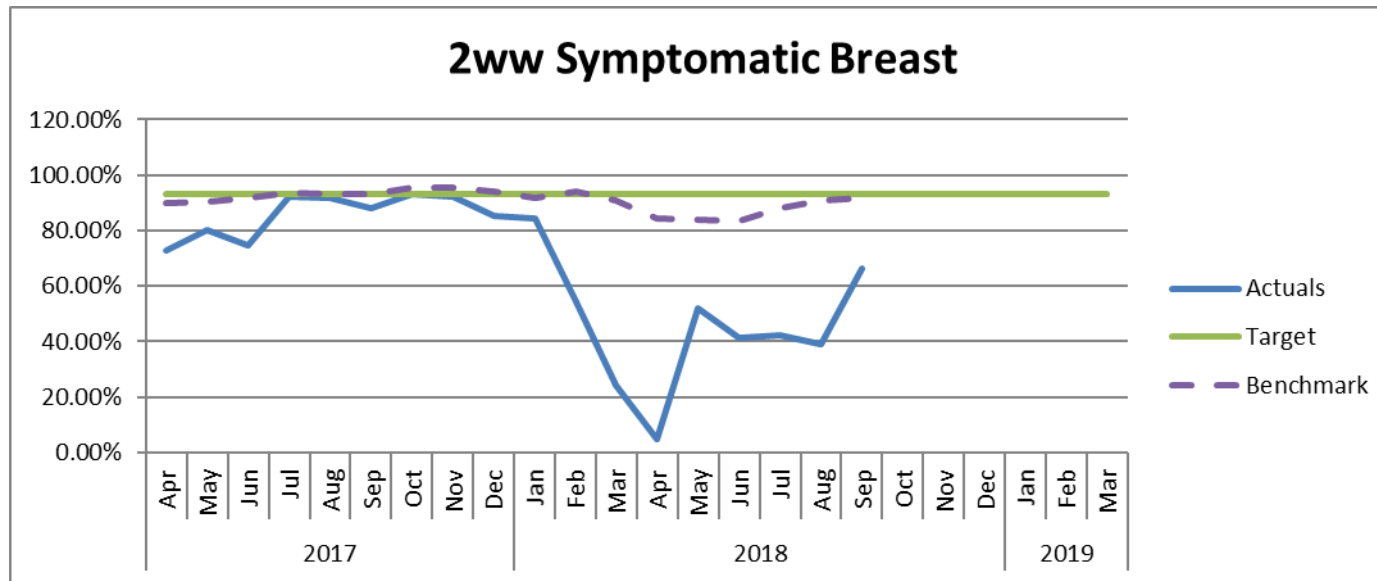
Key Actions:

- The continued pathology turnaround delays is being escalated via PathLinks contract meeting as a performance issue
- Nurse led triage continues to run.
- Oncology risk summit took place on the 1st October. Additional locums are expected to start by 1 December. Neighbouring Trusts are supporting with oncology capacity for Upper GI and Urology patients.
- Locum radiology capacity is in place, however the service remains vulnerable.
- KPMG are continuing to work on development of a visual management system to track cancer pathways
- Task and Finish groups to support additional improvement planning in Urology, Oncology and Breast.

OPERATIONAL PERFORMANCE

Breast 2ww

R



Lead: Mark Brassington, Chief Operating Officer

Timescale: September 2018

Key Issues:

- 20% increase in Breast 2ww referrals during first 4 months of 2018 compared to average referral rates in 2017 continues to create significant pressure.
- Continued difficulties in staffing additional weekend clinical sessions.
- Radiology staff vacancies have continued to create issues in meeting demand across the service. Locum consultant no longer in post.
- The service is currently polling at 17 days

Key Actions:

- The additional Kettering radiologist weekend cover continues.
- Continued diversion of out of county referrals.
- Replacement locum radiologist actively sought.
- External review facilitated by East Midlands Cancer Alliance providing support to the development of new referral pathways and discussions around the provision of advice and guidance with CCGs
- Risk Summit scheduled for 15 November.

APPENDIX 1: GLOSSARY

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