

UNITED LINCOLNSHIRE HOSPITALS NHS TRUST

INTEGRATED PERFORMANCE REPORT

PERIOD TO 31 AUGUST 2018

Excellence in rural healthcare

To:	Trust Board
From:	Karen Brown, Director of Finance, Procurement & Corporate Affairs
Date:	28 th September 2018
Healthcare standard	All healthcare standard domains

Title:	Integrated Performance Report for August 2018										
Author/Responsible Director:	Karen Brown, Director of Finance										
Purpose of the report:	To update the Board on the performance of the Trust for the period ended 31 st August 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:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Decision</td> <td style="width: 10%; text-align: center; padding: 5px;">√</td> <td style="width: 50%; padding: 5px;">Discussion</td> <td style="width: 10%; text-align: center; padding: 5px;">√</td> </tr> <tr> <td style="padding: 5px;">Assurance</td> <td style="text-align: center; padding: 5px;">√</td> <td style="padding: 5px;">Information</td> <td style="padding: 5px;"></td> </tr> </table>			Decision	√	Discussion	√	Assurance	√	Information	
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 Committee is asked to approve action to be taken where performance is below the expected target. This is an evolving report and the Board are invited to make suggestions as we continue to develop it										
Strategic risk register	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">New risks that affect performance or performance that creates new risks to be identified on the Risk Register.</td> <td style="width: 50%; padding: 5px;">Performance KPIs year to date As detailed in the report.</td> </tr> </table>			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.						
New risks that affect performance or performance that creates new risks to be identified on the Risk Register.	Performance KPIs year to date As detailed in the report.										
Resource implications (eg Financial, HR)	None										
Assurance implications	The report is a central element of the Performance Management Framework										
Patient and Public Involvement (PPI) implications	None										
Equality impact	None										
Information exempt from disclosure	None										
Requirement for further review?	None										

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EXECUTIVE SUMMARY

Executive Summary for period of 31st August 2018

- ☒ 4 hour waiting time target – performance of 72.76% in August 2018
- ☒ 4 of the 9 national cancer targets were achieved in July 2018
- ☒ 18wk RTT Incomplete performance in July 2018 was 83.83%
- ☒ 6wk Diagnostic Standard –August 2018 performance was 98.37%

Hotspots

Planned Care

Head & Neck specialties continue to have the biggest impact on the Trust's RTT having the largest increases on the 18 week waiting list. Head & Neck has the biggest risk in terms of service delivery and sustainability in cancer. This has contributed to elective underperformance in ENT and Max-Facs of £212k, non-elective underperformance of £122k and £333k underperformance against activity.

Head & Neck have a large consultant vacancy across the Trust and the service is largely run by locums and agency which can be seen in the increasing cost of agency in August.

In months 1-4 there have been 830 cancellations on the day, 185 of which were in Orthopaedics and 535 cancellations the day before, 157 of which were in Orthopaedics, and there have been further significant cancellations in August.

Cancer accounts for over half of the fines allocated to the Trust so far in 18/19 with the majority of these allocated to 2ww and 2ww breast symptomatic performance, this is largely due to lack of capacity within the service and lack of breast radiologists. Recruitment is ongoing and support is currently being provided by radiologists from Kettering, polling ranges for first appointments have now fallen below 14 days in September.

Finance

The financial position is £5.0m adverse to plan this is inclusive of a number of factors;

The Trust is currently £1.2m 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 improve as the new service delivery model is implemented. NEL activity is broadly aligned to plan. Day cases and outpatients across a wide number of specialities are over performing against plan which has improved the income position.

So far in 2018/19 the Trust has received £881k of fines, Cancer (as mentioned above) £466k all but £30k of which relates to 2 week wait, Cancelled operations not rescheduled within 28 days (£245k), Duty of Candour compliance (£157k) and MRSA and C-Diff (£13k). This information will be shared with Divisions at the monthly performance review meetings.

FEP delivery is £3m 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 falling since December 2017, and in August 2018 they fell to their lowest level since October 2016.

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The Trust is also managing a number of other financial risks to date including contract challenges (£693k) and Paediatric service changes (£675k) both of which were highlighted to NHSI and are part of the financial plan, however they need to be contained within the envelopes provided for.

Workforce

Overall Medical vacancies have increased to 18.25% an increase of 4% on the previous month, however, the previous month's figures are artificially lower as it covers the cross-over period for the new cycle of doctor's rotation. It is 2% higher than 12 months ago.

In terms of service delivery the vacancy problem is highlighted in the following areas:

- ENT Boston Vacancy rate 21%
- ENT Lincoln Vacancy rate 38%
- Breast Surgery Boston Vacancy rate 19%
- Breast Surgery Lincoln Vacancy rate 15.6%

However, we are aware that four other Medical staff have tendered their resignation and will be leaving the Trust in the next few months.

- Community Paediatrics Boston Vacancy rate 23.68%
- Paediatrics Boston Vacancy rate 45.5%

Some of these are covered by Locums and the Trust is looking to strengthen its recruitment services and adopt Direct Partnering Agreements with specific Recruitment Agencies in an attempt to alleviate these difficulties.

Quality

There have been 4 reported Never Events so far this year, 2 of these were in relation to incorrect administration of Midazolam and happened within a short space of time on two different sites. Work is in place to improve communication and learning to ensure as a Trust we are more proactive in alerting these events and sharing lessons learned.

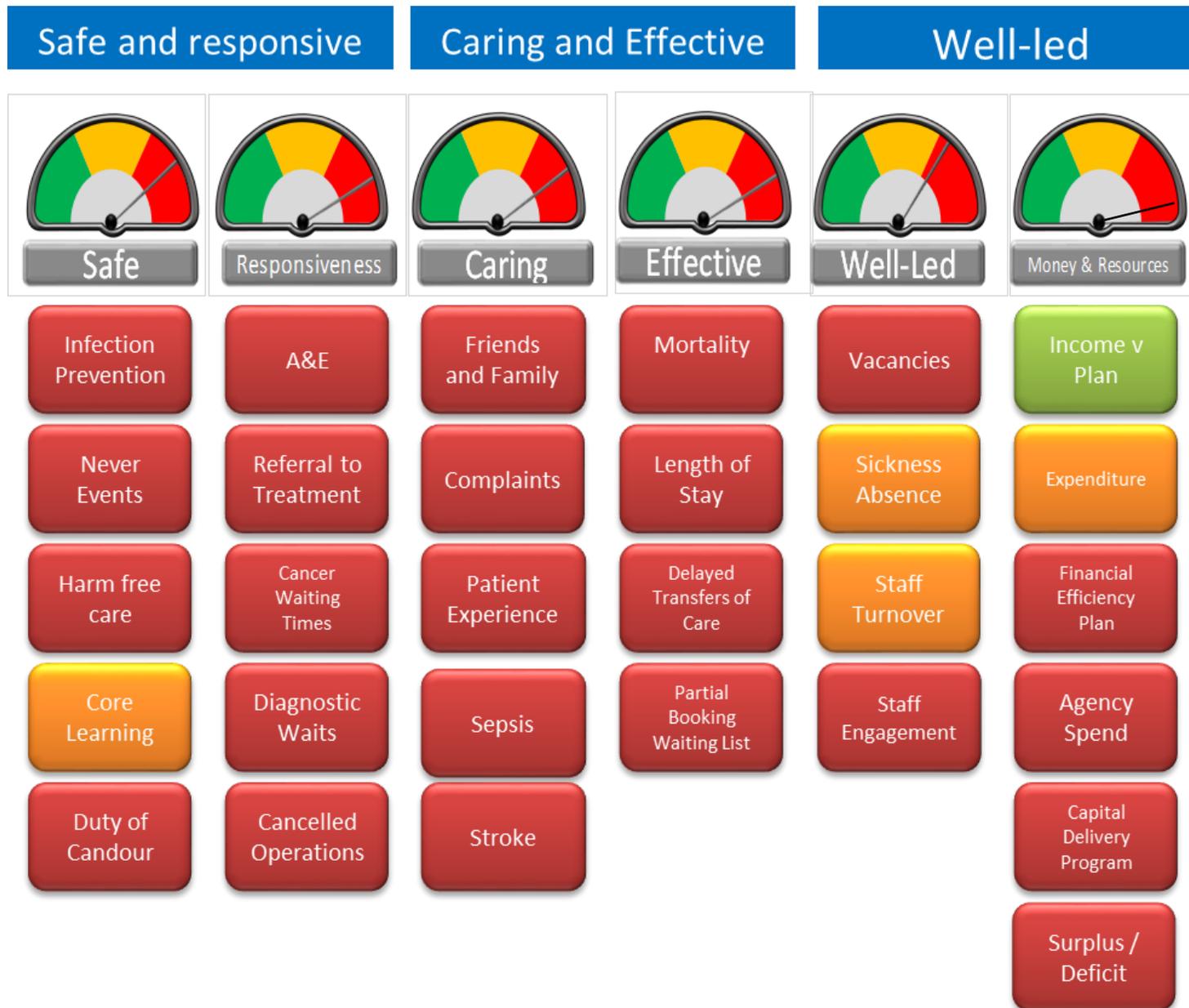
Duty of Candour has shown an improvement against internal trajectory, however, the Commissioners are measuring us against 100% compliance and there are also peaks and troughs in our performance. As above the Trust need to ensure the level of fines being attributed is being addressed with specialties and this will be done through the monthly performance review meeting process.

SHMI remains to be an outlier (includes within 30 days of discharge) against HSMR which is within normal limits, a teleconference has been arranged with NHSI to discuss our strategy for improving our mortality rates.

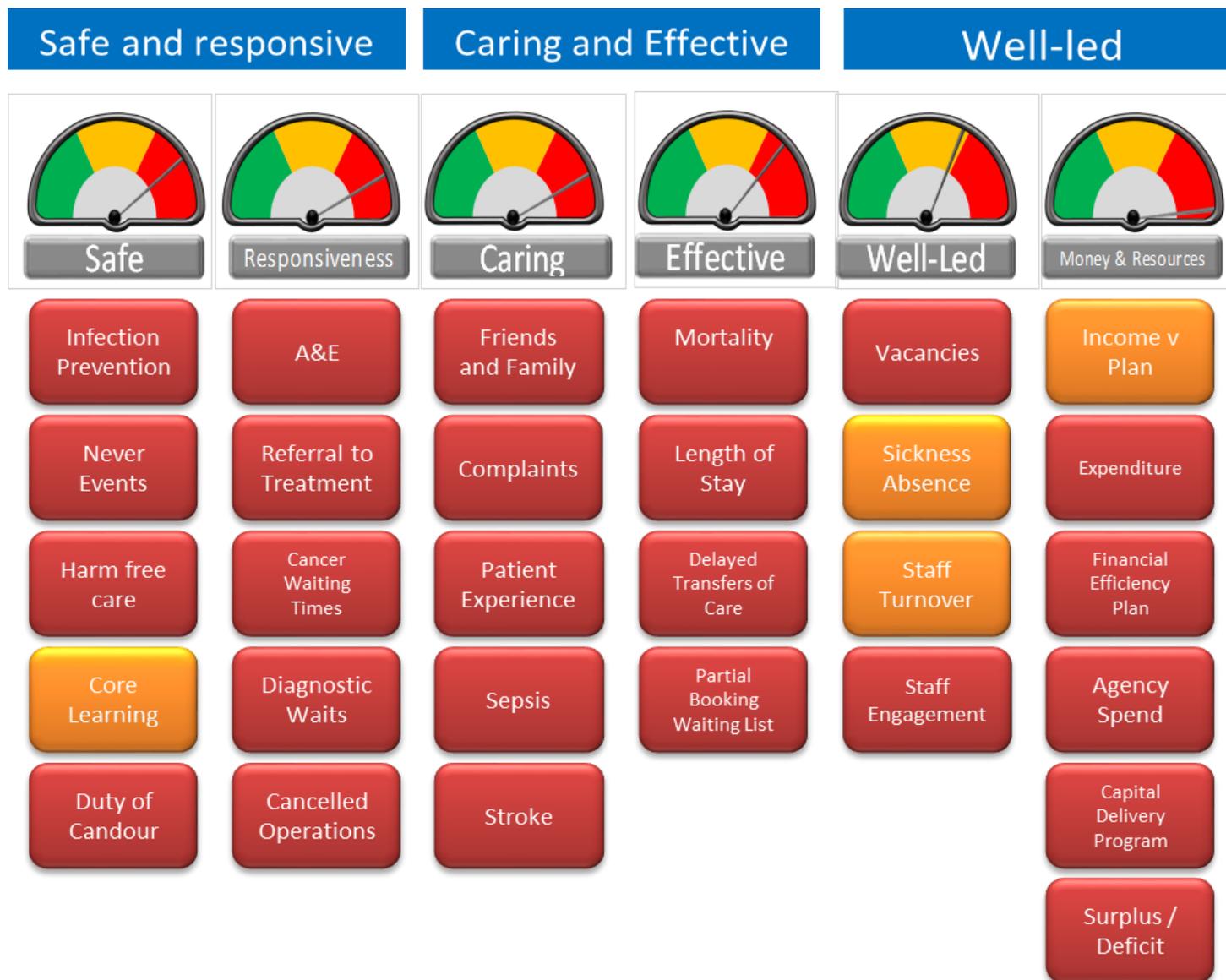
Falls and falls with harm continue to be below the national average, however category 3 and 4 pressure ulcers are a concern and detailed analysis is underway to understand hotspot areas.

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

TRUST PERFORMANCE OVERVIEW – AUGUST 2018



TRUST PERFORMANCE OVERVIEW – YEAR TO DATE



TRUST PERFORMANCE OVERVIEW – NATIONAL INDICATORS

Indicator	Measure	Measure	Standard	Current Data Month	Month Actual	YTD	Trend	Direction of Travel	Source
Infection Control	Clostrum Difficile (post 3 days)	Clostrum Difficile (post 3 days)	5	August-2018	6	28		R	Datix
	MRSA bacteraemia (post 3 days)	MRSA bacteraemia (post 3 days)	0	August-2018	0	1		G	Datix
Never Events	Number of Never Events	Number of Never Events	0	July-2018	1	4		A	Datix
No New Harms	New Harm Free Care %	New Harm Free Care %	98%	July-2018	98.70%	98.72%		G	Quality
	Pressure Ulcers (PUNT) 3/4	Pressure Ulcers (PUNT) 3/4	0	July-2018	9	30		R	Quality
Friends and Family Test	Inpatient (Response Rate)	Inpatient (Response Rate)	26%	August-2018	18.00%	19.20%		R	Envoy Messenger
	Inpatient (Recommend)	Inpatient (Recommend)	96%	August-2018	91.00%	91.20%		A	Envoy Messenger
	Emergency Care (Response Rate)	Emergency Care (Response Rate)	14%	August-2018	23.00%	22.20%		G	Envoy Messenger
	Emergency Care (Recommend)	Emergency Care (Recommend)	87%	August-2018	85.00%	83.40%		G	Envoy Messenger
	Maternity (Reponse Rate)	Maternity (Reponse Rate)	23%	August-2018	15.00%	17.80%		A	Envoy Messenger
	Maternity (Recommend)	Maternity (Recommend)	97%	August-2018	100.00%	99.60%		G	Envoy Messenger
	Outpatients (Reponse Rate)	Outpatients (Reponse Rate)	14%	August-2018	5.00%	5.80%		R	Envoy Messenger
	Outpatients (Recommend)	Outpatients (Recommend)	94%	August-2018	93.00%	93.20%		G	Envoy Messenger
Inpatient Experience	Mixed Sex Accommodation	Mixed Sex Accommodation	0	July-2018	0	1		G	Datix
Stroke	Patients with 90% of stay in Stroke Unit	Patients with 90% of stay in Stroke Unit	80%	April-2018	82.14%	82.14%		A	SSNAP
	Sallowing assessment < 4hrs	Sallowing assessment < 4hrs	80%	April-2018	74.60%	74.60%		A	SSNAP
	Scanned < 1 hrs	Scanned < 1 hrs	50%	April-2018	43.80%	43.80%		R	SSNAP
	Scanned < 12 hrs	Scanned < 12 hrs	100%	April-2018	100.00%	100.00%		G	SSNAP
	Admitted to Stroke < 4 hrs	Admitted to Stroke < 4 hrs	90%	April-2018	57.80%	57.80%		A	SSNAP
A&E	Patient death in Stroke	Patient death in Stroke	17%	April-2018	16.10%	16.10%		A	SSNAP
	4hrs or less in A&E Dept	4hrs or less in A&E Dept	81%	August-2018	72.26%	72.77%		A	Medway
	12+ Trolley waits	12+ Trolley waits	0	August-2018	0	0		G	Medway
RTT	%Triage Achieved under 15 mins	%Triage Achieved under 15 mins	98%	August-2018	65.54%	64.55%		A	Medway
	52 Week Waiters	52 Week Waiters	0	July-2018	13	53		A	Medway
Cancer	18 week incompletes	18 week incompletes	87.0%	July-2018	83.83%	83.78%		R	Medway
	62 day classic	62 day classic	85%	July-2018	74.00%	75.23%		G	Somerset
	2 week wait suspect	2 week wait suspect	93%	July-2018	84.60%	79.68%		A	Somerset
	2 week wait breast symptomatic	2 week wait breast symptomatic	93%	July-2018	42.40%	35.18%		A	Somerset
	31 day first treatment	31 day first treatment	96%	July-2018	98.00%	98.58%		A	Somerset
	31 day subsequent drug treatments	31 day subsequent drug treatments	98%	July-2018	100.00%	100.00%		G	Somerset
	31 day subsequent surgery treatments	31 day subsequent surgery treatments	94%	July-2018	84.40%	83.33%		R	Somerset
	31 day subsequent radiotherapy treatments	31 day subsequent radiotherapy treatments	94%	July-2018	95.90%	97.48%		A	Somerset
	62 day screening	62 day screening	90%	July-2018	80.00%	85.60%		R	Somerset
62 day consultant upgrade	62 day consultant upgrade	85%	July-2018	93.50%	88.48%		G	Somerset	
Diagnostic Waits	diagnostics achieved	diagnostics achieved	99%	August-2018	98.37%	98.18%		R	Medway
Cancelled Operations	Cancelled Operations on the day (non clinical)	Cancelled Operations on the day (non clinical)	0.80%	July-2018	4.31%	3.31%		R	Medway
	Not treated within 28 days. (Breach)	Not treated within 28 days. (Breach)	5%	July-2018	5.11%	8.48%		R	Medway
Mortality	SHMI	SHMI	100.00	Q1 2018/19	114.90	114.25		A	Dr Foster
	Hospital-Level Mortality Indicator	Hospital-Level Mortality Indicator	100.00	Q1 2018/19	103.27	102.63		G	Dr Foster
Surplus / Deficit	Surplus / Deficit	Surplus / Deficit	-6,430	August-2018	-7,501	-35,936		R	FPIC Finance Report
Sepsis	Sepsis Bundle compliance in A&E	Sepsis Bundle compliance in A&E	90%	July-2018	76.00%	73.50%		R	Quality
	IVAB within 1 hour for sepsis in A&E	IVAB within 1 hour for sepsis in A&E	90%	July-2018	86.30%	91.93%		R	Quality
	Sepsis screening compliance in inpatients	Sepsis screening compliance in inpatients	90%	July-2018	58.00%	59.50%		R	Quality
	IVAB within 1 hour for sepsis in inpatients	IVAB within 1 hour for sepsis in inpatients	90%	July-2018	90.00%	84.90%		G	Quality

TRUST PERFORMANCE OVERVIEW – LOCAL INDICATORS

Indicator	Measure	Standard	Current Data Month	Month Actual	YTD	Trend			Source
Infection Control	MSSA	2	August-2018	0	1		→	G	Datix
	ECOLI	8	August-2018	6	25		→	G	Datix
No New Harms	Serious Incidents reported (unvalidated)	0	July-2018	14	69		↓	A	Datix
	Harm Free Care %	95%	July-2018	92.80%	92.89%		↑	G	Quality
	Catheter & New UTIs	1	July-2018	2	6		↑	R	Quality
	Falls	3.90	July-2018	0.06	4.18		↓	G	Datix
	Medication errors	0	July-2018	134	489		↓	A	Datix
	Medication errors (mod, severe or death)	0	July-2018	15	68		↓	A	Datix
	VTE Risk Assessment	95%	July-2018	97.30%	97.21%		↓	A	Information Services
Core Learning	Overall percentage of completed mandatory training	95%	August-2018	91.33%	91.64%		↓	A	ESR
Complaints	No of Complaints received	70	July-2018	63	232		↑	A	Datix
	No of Pals		July-2018	419	1588		↑	A	Datix
eDD	eDD	95%	July-2018	86.71%	89.84%		↓	R	EDD
Fracture Neck of Femur	#NOF 24	70%	August-2018	63.89%	63.02%		→	A	Quality
	#NOF 48 hrs	95%	August-2018	94.44%	94.75%		→	G	Quality
Dementia	Dementia Screening	90%	July-2018	93.15%	91.03%		↑	G	Information Services
	Dementia risk assessment	90%	July-2018	97.87%	99.47%		↓	A	Information Services
	Dementia referral for Specialist treatment	90%	July-2018	85.71%	81.76%		↑	A	Information Services
Ambulance Handovers	EMAS Conveyances to ULHT		August-2018	4701	23628		↓	A	EMAS
	EMAS Conveyances Delayed >59 mins	47.01	August-2018	291	2185		↓	A	EMAS
Triage	% Triage Data Not Recorded	0%	August-2018	11.43%	12.56%		↑	R	Medway
Cancer	104+ Day Waiters	0	August-2018	7	39		→	A	Somerset
Length of Stay	Average LoS - Elective (not including Daycase)	2.80	August-2018	2.89	2.92		↓	G	Medway / Slam
	Average LoS - Non Elective	3.80	August-2018	4.49	4.64		↓	A	Medway / Slam
Delayed Transfers of Care	Delayed Transfers of Care	3.5%	July-2018	4.75%	3.69%		↓	A	Bed managers
Partial Booking Waiting List	Partial Booking Waiting List	0	August-2018	7923	7726		↑	R	Medway
Vacancies	Number of Vacancies	5%	July-2018	14.23%	13.69%		↑	R	ESR
Sickness Absence	All days lost as a percentage of those available	4.5%	August-2018	4.69%	4.72%		↓	G	ESR
Staff Turnover	Staff Turnover	6%	August-2018	6.11%	5.98%		↓	G	ESR
Staff Engagement	Staff Appraisals	90%	August-2018	70.08%	74.42%		↓	R	ESR
Income	Income	36,510	August-2018	38,370	182,169		↑	G	Board Report Master
Expenditure	Expenditure	-42,940	August-2018	-43,543	-212,164		↓	A	Board Report Master
Efficiency Delivery	Efficiency Delivery	1,556	August-2018	619	2,747		↑	A	FIMS report
Capital Delivery Program	Capital Delivery Program	1,785	August-2018	-1,695	-5,249		↑	A	FPIC Finance Report
Agency Spend	Agency Spend	-1,970	August-2018	-2,948	-13,720		↑	A	Agency Staff Analysis

CLINICAL DIRECTORATES DASHBOARD

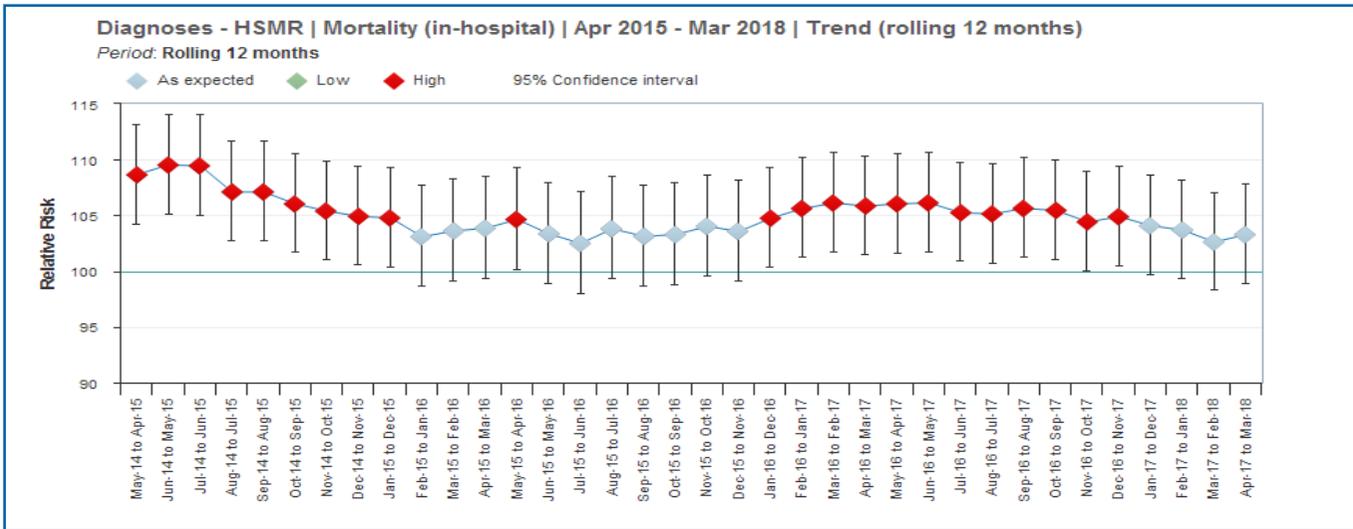
Indicator	Measure	Grantham	Women & Children	Clinical Support Services	Lincoln Urgent Care	Lincoln Acute Medicine	Haematology & Oncology	Cardiology	Lincoln Surgery & Urology	Lincoln TACC	Pilgrim TACC	Pilgrim Surgery	Head & Neck	Pilgrim Acute Medicine	Orthopaedics (Lincoln)	Orthopaedics (Pilgrim)	Orthopaedics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

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QUALITY

Reduction of Harm Associated with Mortality

R



The Trust's HSMR has slightly increased within the rolling year April 2017 to March 2018 and remains within expected limits. Lincoln site remains outside of expected limits, the Trust continues to investigate the underlying reason for this. Depth of coding has been highlighted as an issue. The Trust continues to drive improvement through audit and Quality Improvement programmes and engaging with Clinicians and Junior Doctors through the weekly teaching. Alerting diagnosis, once a diagnosis has alerted for 3 months an in-depth review is undertaken. In-depth reviews currently underway are Sepsis, Other Perinatal Conditions and Aortic peripheral and visceral artery aneurysms.

Lead: Neill Hepburn, Medical Director

Timescale: Q1 2018/19

QUALITY

Hospital Standardised Mortality Ratio – HSMR

ULHT’s HSMR is within expected limits. Lincoln site remains outside of expected limits despite having a lower crude mortality than Pilgrim site. Through 2 cycles of audits the outcomes show it is evident that not all comorbidities are being captured.

Actions:

The clinical coding team are currently completing an audit on clerking proforma for those that are non-compliant with accurately completing the clerking proforma. A Quality Improvement Programme commenced on the 1st August 2018, targeting improvement on the Emergency Assessment Units to drive improvement in accurate completion of the main condition treated, comorbidities, significant history and confirmed test results are accurately captured. There are currently 3 ongoing in-depth reviews for alerting diagnosis, AAA, Sepsis and Other Perinatal Conditions to further understand the data driving the alerts outside of expected limited. The Medical Examiner process will be rolled out in October 2018 which will help identify themes.

Trust/Site	ULHT HSMR Apr 17-Mar 18 12 month	ULHT HSMR Apr 17-Mar 18 FYTD	ULHT HSMR Mar-18	ULHT SHMI Oct 16-Sep 17	Trust Crude Mortality Internal source Aug 17-Jul 18
Trust	103.27	103.27	109.09	114.90	1.84%
LCH	118.29	118.29	116.32	117.26	1.84%
PHB	94.41	94.41	110.59	115.49	2.10%
GDH	64.64	64.64	61.23	98.44	0.92%

Summary-level Hospital Mortality Index-SHMI

ULHT’s SHMI is outside of expected, Pilgrim and Lincoln Sites are also outside expected limits. Not all data to update the SHMI is available on Dr Foster, however the SHMI has been published on NHS Digital for the time period of Jan 17-Dec 17 which is reporting that ULHT remain within Band 1 outside of expected limits with a score of 114.87. ULHT remain below the national average for both Elective and Non-Elective depth of coding which is a key driver that can affect the SHMI.

Actions:

The Quality Improvement Programme outlined above will help increase the SHMI, however with the time-lapse on 6 months, the improvements will not be evident within the SHMI until March 2019. However the HSMR will be an indicator for the SHMI. The coding department are increasing headcount and changing processes to include Clinical Coding Triangles to engage within specialties to ensure coding of the patients spells are accurate. Not only does this affect the Trust’s mortality but will affect the income received for the patients spell. The Lincolnshire Mortality Collaborative ongoing work with the community to try to reduce avoidable admissions, working with care homes and General Practitioners on advance care plans.

Crude Mortality

The crude mortality has decreased further in July 18 to 1.32% and a rolling year August 17-July 18 of 1.84%. Pilgrim has the highest crude mortality with 1.46% in July 18. In comparison to previous year the crude is the lowest it has been within 2 years in comparative months. There has been a decrease in inpatient admissions within this year.

Mortality Reduction

The mortality reduction strategy has been ratified and published. The performance metrics are will be monitored within the Trust Mortality report. The strategy covers all factors that will drive improvement in mortality; monitoring aspects of Clinical documentation and coding, Palliative Care, Seven day services, ward accreditation, care bundles ultimately improving and embedding a safety culture within the Trust.

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
Septicemia (except in labour)	400	41.31	2	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. BG to take alerts back the Sepsis Task and Finish Group-Feedback to PSC.	Trust
Other perinatal conditions	19	14.23	5	Action underway- Overview has been completed and sent to Interim Risk Lead meeting to be rearranged to progress improvement. Perinatal will be added to the QSIP.	Trust
Aortic peripheral and visceral artery aneurysms	28	12.76	4	Review underway-awaiting date of completion	Trust
Other gastrointestinal disorders	16	7.28	2	No action	LCH
Acute myocardial infarction	52	14.60	2	No action	LCH
Senility and organic mental disorders	16	7.63	5	In-depth review completed- Presented at June 18 Patient Safety Committee. CS to take to CCG to discuss community issues and feedback to PSC in September 18	LCH
Syncope	5	3.53	2	No action	PHB

QUALITY

Comparison of ULHT with national metrics

Metric	National Acute (Non specialist)	ULHT
HSMR	97.80	103.27
SHMI (Oct 16-Sept 17)	100.50	114.90
Elective Crude Rate %	0.10%	0.10%
Non elective Crude Rate %	6.40%	7.10%
% observed mortalities in hospital	3.50%	3.78%
% observed palliative coding	29.78%	18.11%
% Spells Palliative coding	2.41%	2.11%
Avg comorb 0 score per observed %	16.23%	19.35%
Avg comorb 0 score spells %	48.63%	49.63%
Weekend % of observed	26.06%	26.32%
Weekday % of observed	73.94%	73.68%
Crude rate %	3.60%	3.80%
Spells Readmissions 28 days %	8.07%	7.47%
Residual Coding % of all spells (uncoded episodes)	0.17%	1.25%
R00-R99 Signs and symptoms % of spells	13.15%	12.09%
LOS short stay 0-2 days Observed %	17.71%	19.54%
LOS 3+ Observed %	82.29%	80.46%

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

QUALITY

HSMR – top 10 observed diagnosis groups

Rank	Diagnosis group	Spells	Actual deaths	Actual % of all deaths	Expected deaths	Actual-Expected	Crude (%)	ULHT HSMR	National Average
1	Septicemia (except in labour)	2030	400	19%	358.69	41.31	19.70	111.52	99.40
2	Pneumonia	2355	340	16%	361.12	-21.12	14.44	94.15	97.20
3	Acute cerebrovascular disease	1106	170	8%	169.43	0.57	15.37	100.33	99.60
4	Congestive heart failure nonhypertensive	966	116	5%	107.68	8.32	12.01	107.72	99.20
5	Acute and unspecified renal failure	757	77	4%	84.53	-7.53	10.17	91.10	95.90
6	Chronic obstructive pulmonary disease and	1640	74	4%	73.95	0.05	4.51	100.06	93.80
7	Aspiration pneumonitis food/vomitus	197	65	3%	58.53	6.47	32.99	111.05	101.20
8	Acute myocardial infarction	887	61	3%	51.46	9.54	6.88	118.54	96.80
9	Secondary malignancies	2284	53	3%	44.54	8.46	2.32	119.00	92.90
10	Cardiac arrest and ventricular fibrillation	90	51	2%	47.15	3.85	56.67	108.16	99.70

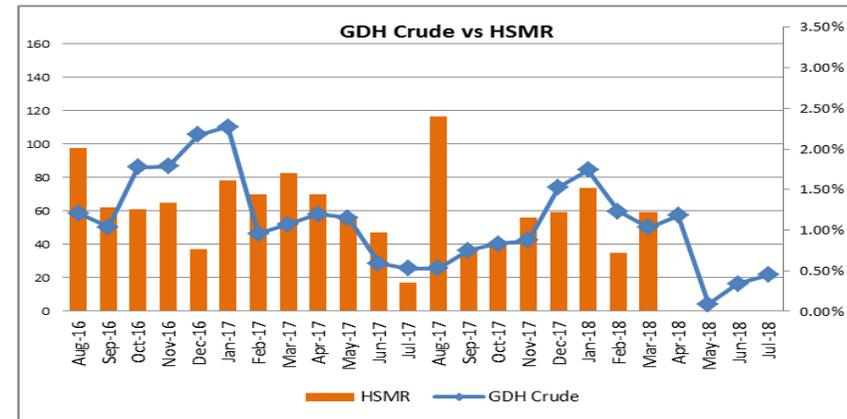
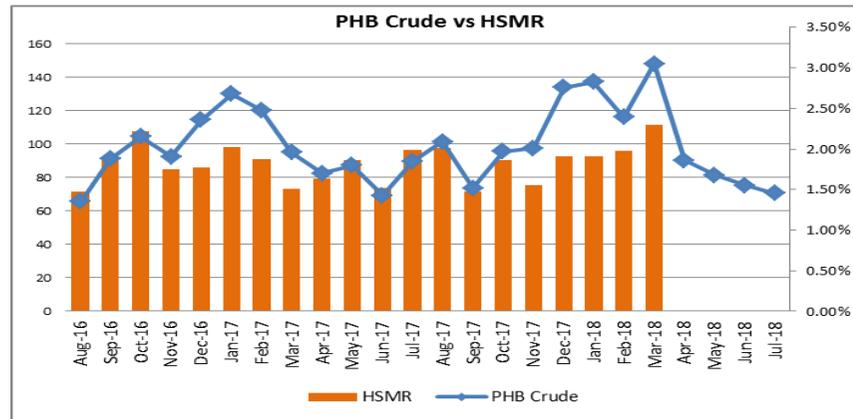
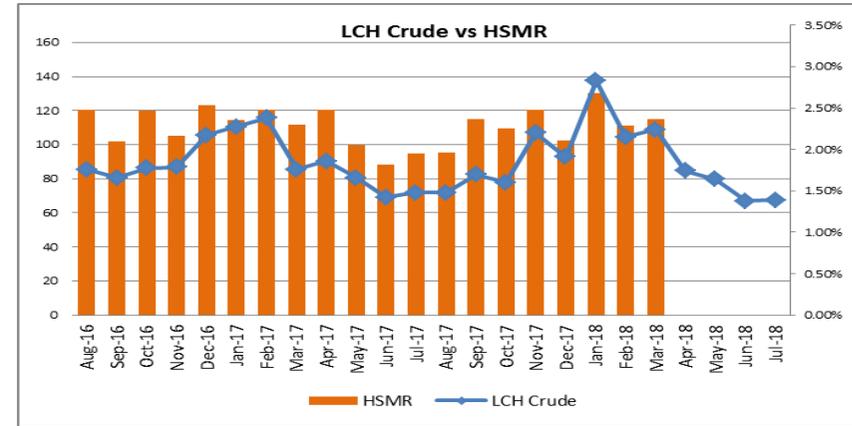
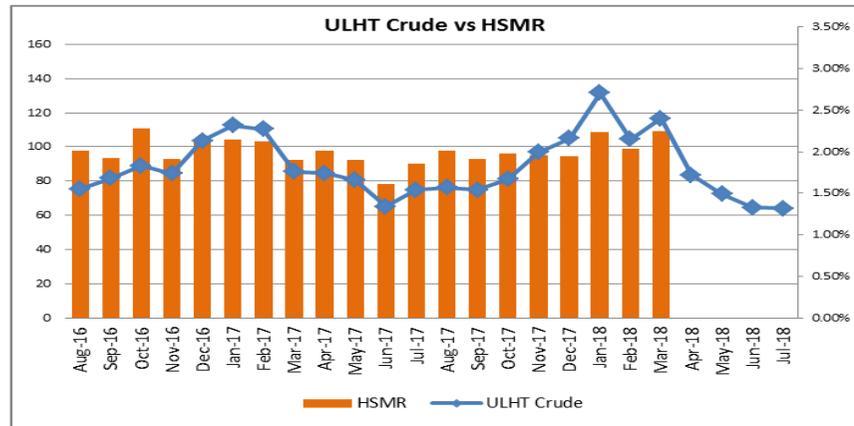
SHMI - top 10 observed diagnosis groups

Rank	Diagnosis Group	Total SHMI– All Deaths						SHMI- In Hospital				SHMI- Community		
		SHMI Spells	SHMI	Actual Deaths	% of deaths	Expected Deaths	Actual-Expected	SHMI	Actual Deaths	Expected Deaths	Actual-Expected	Deaths	Expected	Actual-Expected
	Trust	81233	114.90	3706	100%	3225.38	480.62	108.91	2487	2283.63	203.37	1219	941.75	277.25
1	Pneumonia	2516	116.03	541	15%	466.26	74.74	115.26	430	373.07	56.93	111	93.19	17.81
2	Septicemia (except in labour)	1442	121.48	351	9%	288.94	62.06	115.87	269	232.16	36.84	82	56.78	25.22
3	Acute cerebrovascular disease	1186	111.42	218	6%	195.65	22.35	100.38	169	168.36	0.64	49	27.29	21.71
4	Congestive heart failure,	929	100.86	136	4%	134.84	1.16	99.47	106	106.56	-0.56	30	28.28	1.72
5	Acute and unspecified renal failure	731	111.63	129	3%	115.56	13.44	102.09	86	84.24	1.76	43	31.32	11.68
6	Urinary tract infections	2009	119.88	134	4%	111.78	22.22	115.05	74	64.32	9.68	60	47.46	12.54
7	Secondary malignancies	499	112.24	120	3%	106.92	13.08	112.69	56	49.69	6.31	64	57.23	6.77
8	Chronic obstructive pulmonary disease	1622	117.90	123	3%	104.33	18.67	114.06	84	73.64	10.36	39	30.69	8.31
9	Aspiration pneumonitis, food/vomitus	207	105.43	88	2%	83.47	4.53	108.33	68	62.77	5.23	20	20.7	-0.7
10	Cancer of bronchus, lung	243	101.31	81	2%	79.95	1.05	77.71	38	48.9	-10.9	43	31.05	11.95

QUALITY

Crude Mortality

Trust Site	Dr Foster Crude Avg-All diag Apr 17-Mar 17	ULHT Crude Average Apr 17-Mar 17	ULHT data Crude mortality Aug 17-Jul 18	ULHT data Crude Mortality Jul 18
Trust	1.72%	1.87%	1.84%	1.32%
LCH	1.80%	1.88%	1.86%	1.39%
PHB	1.96%	2.12%	2.10%	1.46%
GDH	1.05%	1.00%	0.88%	0.45%



QUALITY

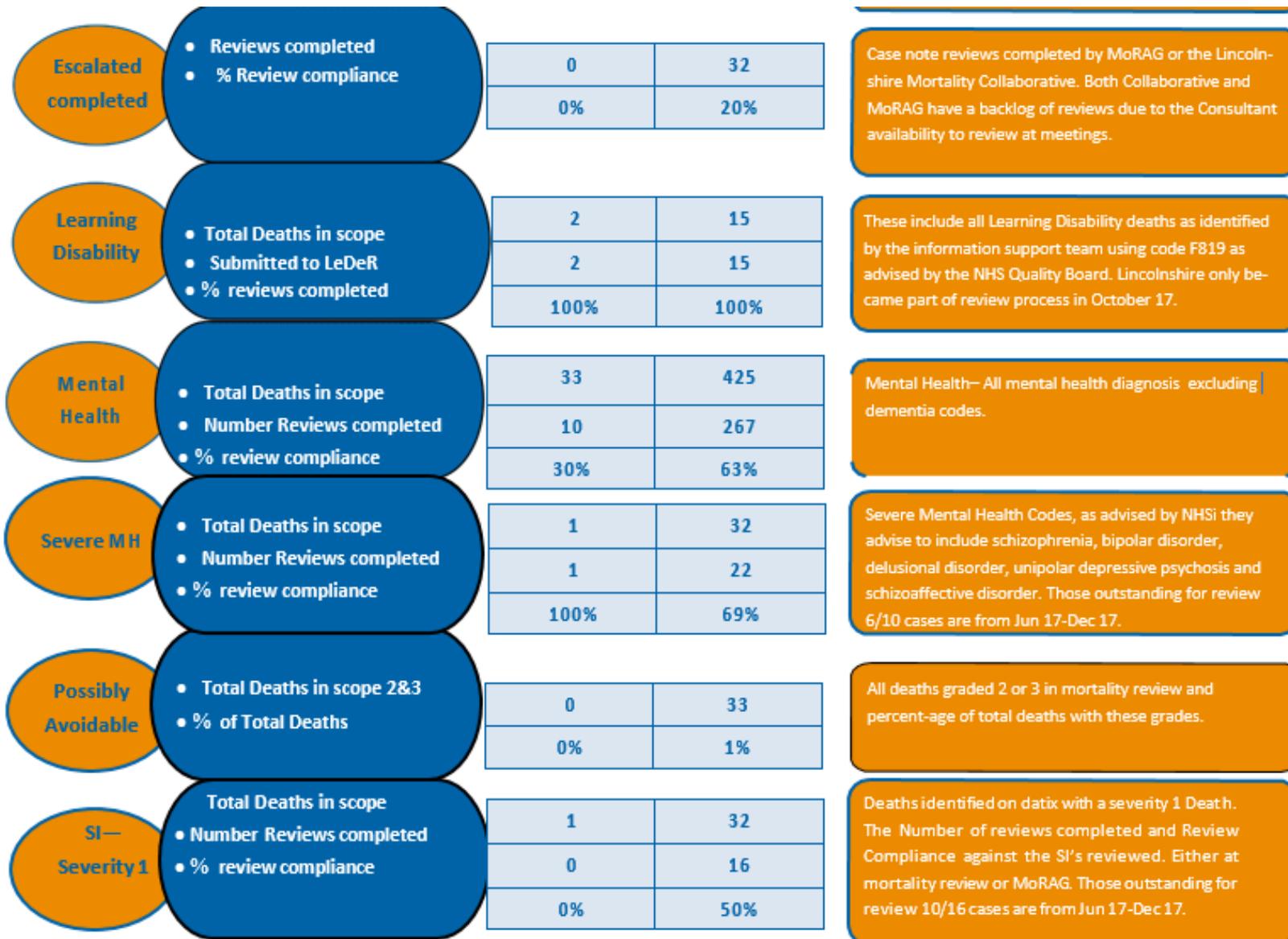
Deaths in Scope

Deaths reported to May-18 to allow for 4 week deadline completion of initial mortality review.

Measure	Description	Month May 18	Rolling Year June 17 – May 18	Narrative
Deaths in Scope	• Total Deaths in scope	194	2786	All deaths as reported, in Month and rolling year.
	• Number inpatient deaths	168	2467	
	• Number of A&E Deaths	26	319	
Initial Review	• Must Do's for Review	76	724	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.
	• % of reviews complete	24%	52%	
Await Completion	• Total with Consultant	87	291	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
	• % of total with Consultant	52%	22%	
	• % of total awaiting allocation	20%	10%	
Escalated Reviews	• Reviews identified For MoRAG / Collaborative	7	160	All cases identified for review escalation from mortality review to MoRAG or the Lincolnshire Mortality Collaborative.
	• % of deaths identified	4%	6%	

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Mortality Reduction strategy overview Metrics

Measure	Source	17/18	18/19	18/19	18/19	18/19	2021 Target
HSMR– QTR Reported June. Sept. Dec. Mar	Dr Foster	102.65	102.13				<=90
SHMI– QTR Reported June. Sept. Dec. Mar	Dr Foster	112.22	114.90				<=100
Crude non-elective	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%				>=90%
Sepsis IVAB within 1 hour	Sepsis audit	92%	83%				>=90%
Monthly Physiological observations-NEWS	WebV	80.72%	83.55%				>=95%
Cardiac Arrest Reduction	Resus	59	50				30%
Reduce patient spells with 0 comorbidity score	Dr Foster	1.39%	1.43%				<=1.19%
Daily Senior Review (Bi-annually)	7DS audit	70%	79%	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	45				30%

Mortality Reduction Action Plan

- Continue to review mortality cases and escalate to mortality surveillance groups
- In-depth reviews for alerting diagnosis over 3 months for Trust and Site, reports produced and assurance given to Operation Governance meeting.
- Continue to produce and disseminate mortality learning briefings
- Expanding the Clinical Coding Team
- Coding Team working with Specialties and having coding triangles.
- Chronic co-morbidities and significant history recorded from previous episodes can now be carried forward –implemented July 2018– this will reflect in the Depth of coding release in line with

SHMI publication in December 2018.

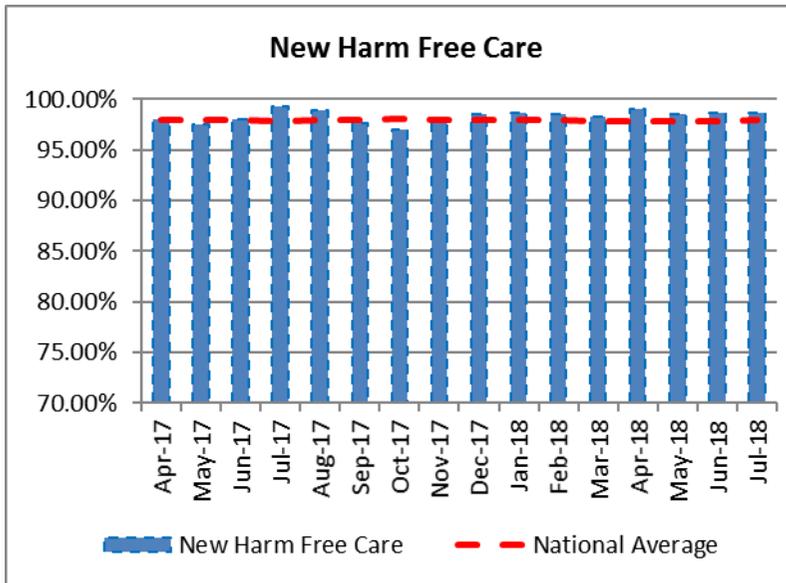
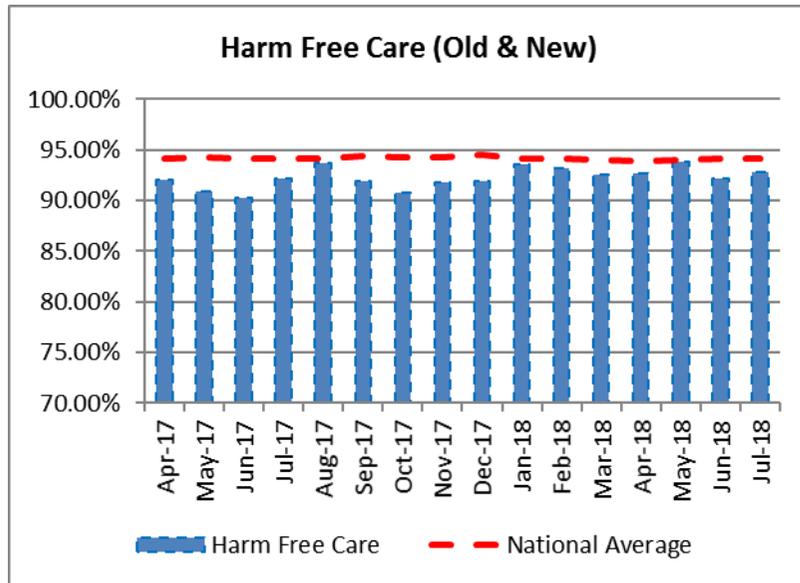
- Other Perinatal– a meeting is to be held to understand the data and produce action plan, originally booked for the 12th July, due to unforeseen circumstances this has been moved to middle of August.
- QIP on all sites Emergency Assessment Units; Doctors have been nominated to drive the improvement on compliance in accurate completion of the clerking proforma.
- Medical Examiner– on-going recruitment and training to commence in September 18. Process to roll out in October 18.
- Engagement in Mortality in the Clinical Management Board (CMB).

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Harm Free Care (Safety Thermometer)

G



SUMMARY for July 2018

	ULHT
Harm Free Care	92.8%
New Harm Free Care	98.7%
Pressure Ulcers - New	4
Falls with Harm	3
Catheter & New UTI	2
New VTEs	2
Patients	869

Lead: Michelle Rhodes, Director of Nursing

Timescale: July 2018

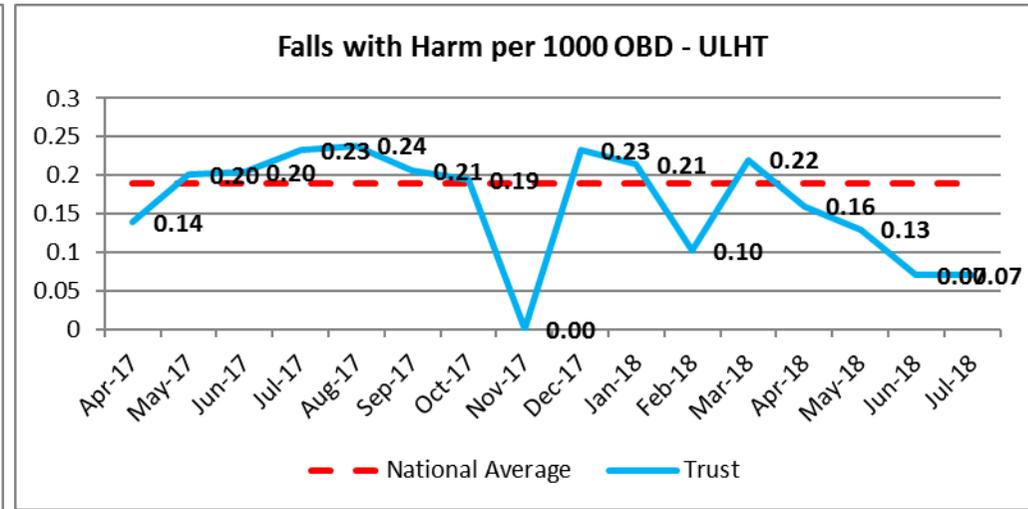
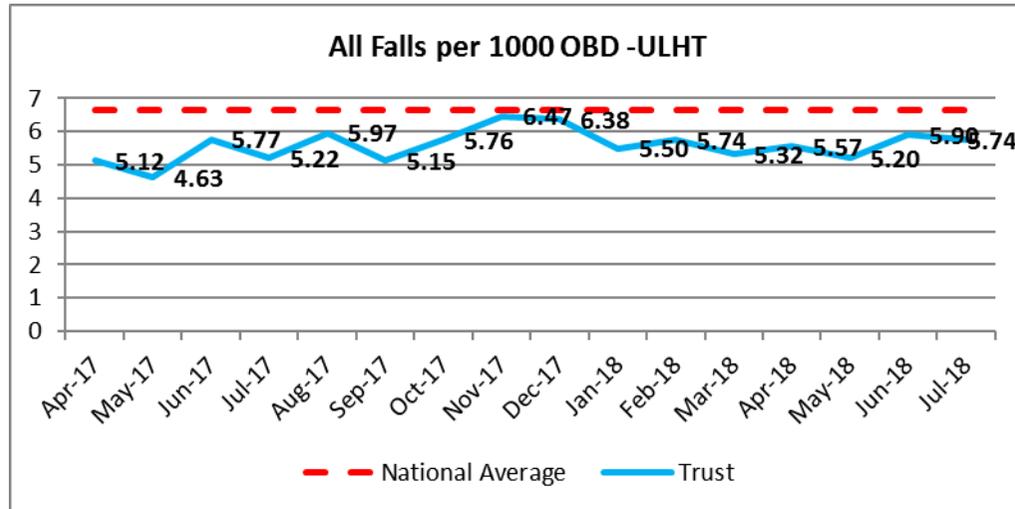
Key Issues:

- The Trust achieved 92.8% for Harm Free care which is lower than the national average of 94%
- The Trust achieved 98.7% for New Harm Free Care which is higher than the national average of 98%
- The Trust achieved 0.5% for New Pressure Ulcers which is lower than the national average of 0.9%
- The Trust achieved 0.4% for falls with harm which is lower than the national average of 0.6%
- The Trust achieved 1.5% for CAUTI which is worse than the national average of 0.7% (this is all CAUTI new and old)
- The Trust achieved 0.2% for new VTE which is better than the national average of 0.4%
- A monthly report is disseminated to all wards and managers detailing the harms for each ward and individual ward compliance with harm free care.

QUALITY

Falls

G



Lead: Michelle Rhodes, Director of Nursing

Timescale: July 2018

Key Issues:

- All falls per 1000 OBDs for the Trust in July 2018 is 5.74 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 July 2018 is 0.07 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 2.3% which is worse than the national average of 1.6% in July 2018. When comparing falls with harm, ULHT was 0.4% which is better than the national average of 0.6% in July 2018.

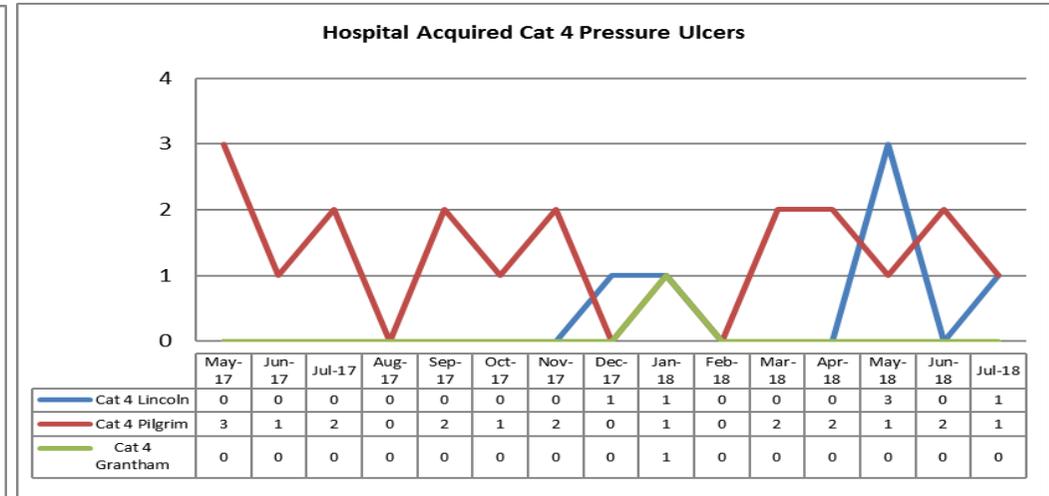
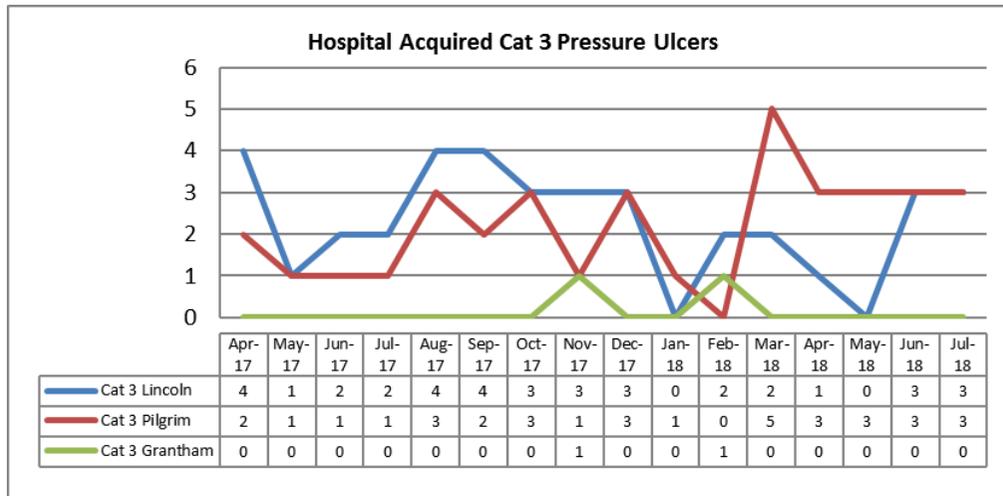
Key Actions:

- Trust Falls group due to meet in September to continue to work on the falls improvement plan
- Agenda currently being reviewed for the inaugural falls ambassadors meeting to be held in October. Aim to use the group to assist with addressing the themes from the thematic review of falls with harm recently undertaken

QUALITY

Pressure Damage

R



Lead: Michelle Rhodes, Director of Nursing

Timescale: July 2018

Key Issues:

- The Trust continues to report category 3 pressure ulcers and has set a 30% reduction trajectory for avoidable category 3 pressure ulcers for 2018/9. Trajectory has been achieved in April and May. Scrutiny panel results for June and July are pending. Grantham have reported no category 3 pressure ulcers for 5 months. Performance at Lincoln and Pilgrim shows no improvement with 3 category 3 pressure ulcers reported on both sites in July. 1 of the pressure ulcers reported (Clinic 11 LCH) was device related. All will be investigated and reviewed through the scrutiny panel process.
- The Trust has set a 30% reduction trajectory for avoidable category 4 pressure ulcers for 2018/19. This has not been achieved in Quarter 1. There were 2 category 4 pressure ulcers reported in July on Greetwell ward (deterioration of a community acquired category 3) and Stroke Unit Pilgrim (device related). Both are pending scrutiny panel review. Grantham have reported no category 4 pressure ulcers for 6 months.

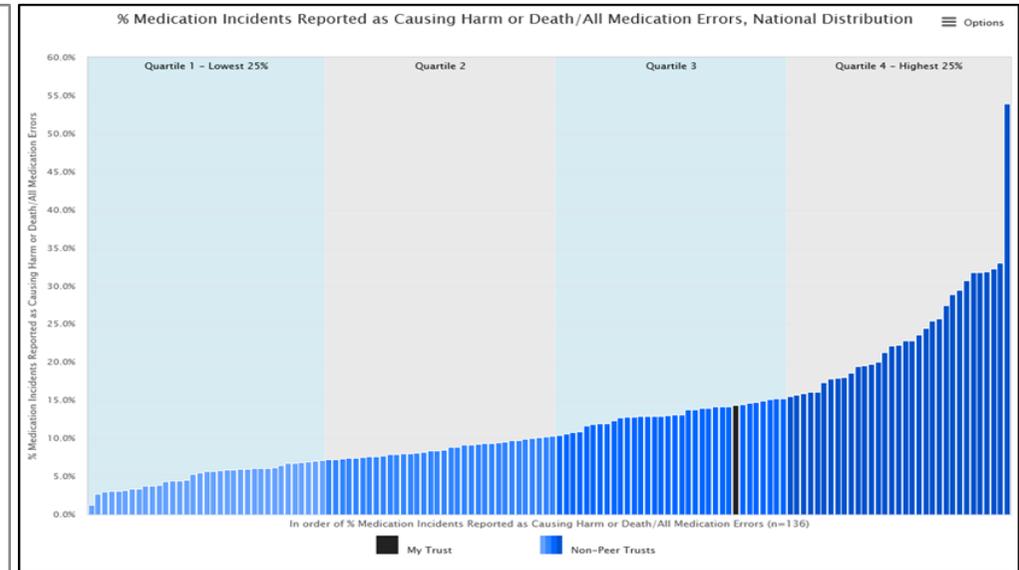
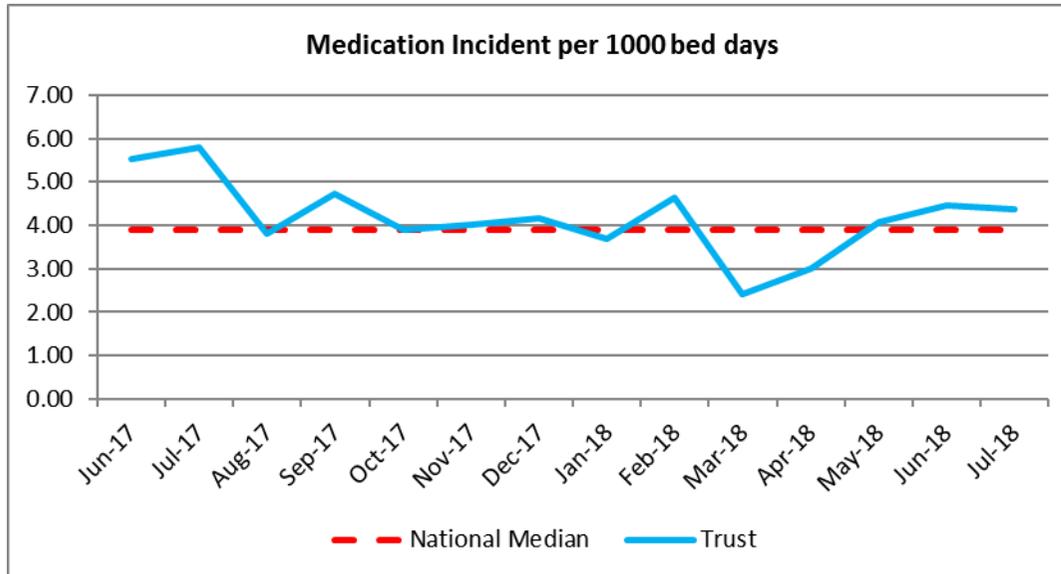
Key Actions:

- NHSI have published a consensus document on Pressure Ulcer definition and management. A paper will be presented to PSC and QCG in September outlining implications and proposals for the future management of pressure ulcers in ULHT.
- A thematic analysis of 42 avoidable pressure ulcers from 2017/18 has been undertaken. Failure to evidence assessment of skin integrity, and to plan and evaluate care is the overarching theme from the review. This theme continue to be identified from current incidents and the following recommendations are made:
- Introduction of mandatory pressure ulcer prevention training for nursing and support staff
- Priority is given to skin assessment and care planning in assessment units as this is standard practice on EAU at Grantham and it is considered that this has contributed to the improved and sustained performance on this site
- TV team to continue to audit practice and work closely with Pilgrim A&E staff, and audits to be introduced in Lincoln A&E
- Wards to stop current practice of undertaking SI investigations in isolation – create capacity for representatives from all wards involved to review and 'confirm and challenge' care once timeline completed prior to scrutiny panel
- Prioritise reintroduction of category 2 investigation tool to ensure appropriate interventions are in place to minimise the risk of deterioration

QUALITY

Medication Incidents

R



Timescale: July 2018

Lead: Michelle Rhodes, Director of Nursing

Key Issues:

- The graph shows the medication incidents reporting rate per 1,000 bed days. The national average is 3.9. The rate at ULH during July was 4.4. ULH have been steadily in line with the national average over the past quarter. This shows that ULH have consistency in their reporting culture. The national average for the % Medication Incidents Reported as Causing Harm or Death (as reported against all reported medication errors) is 10.3%.
- The most commonly reported medication error category is an omitted medicine/ingredient - 42% during July. Omitted medication has consistently been the most commonly reported medication related incident in the trust over the past year. Therefore, we continue to look at the breakdown of which stage that the omission occurred through the use of Datix. Omitted and delayed medication is also audited on alternate months by the pharmacy.
- Through the use of both the medication incident report and audit; we are able to provide clear identification of where the cause of the omissions lie so that these issues can be addressed.

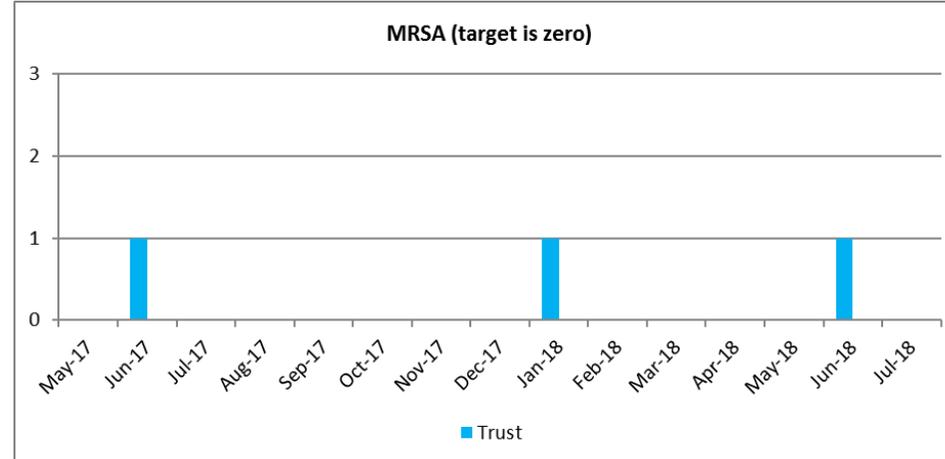
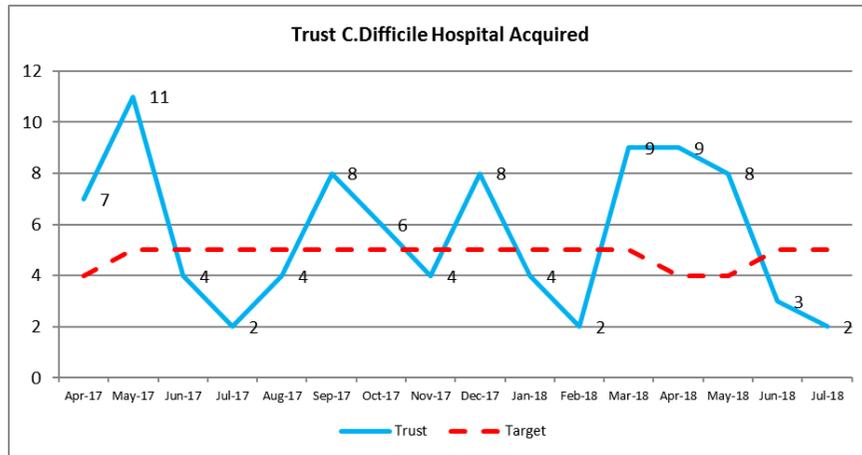
Key Actions:

- Pharmacy has submitted its multidisciplinary and started to implement recommendations from NHSI through QSIP.
- Although the Omitted Medicines continue to be the most reported medication related event, there are signs of improvements.
- Controlled drugs audits show a slight improvement by actions targeted at specific areas on each site to improve compliance.
- There were zero reported medication-related severe incidents or deaths in July 2018, which is reassuring and shows improvement.
- There is an increase in reporting of near misses and non-serious incidents to promote learning across disciplines.

QUALITY

Infection Prevention

R



Timescale: July 2018

Lead: Michelle Rhodes, Director of Nursing

Key Issues:

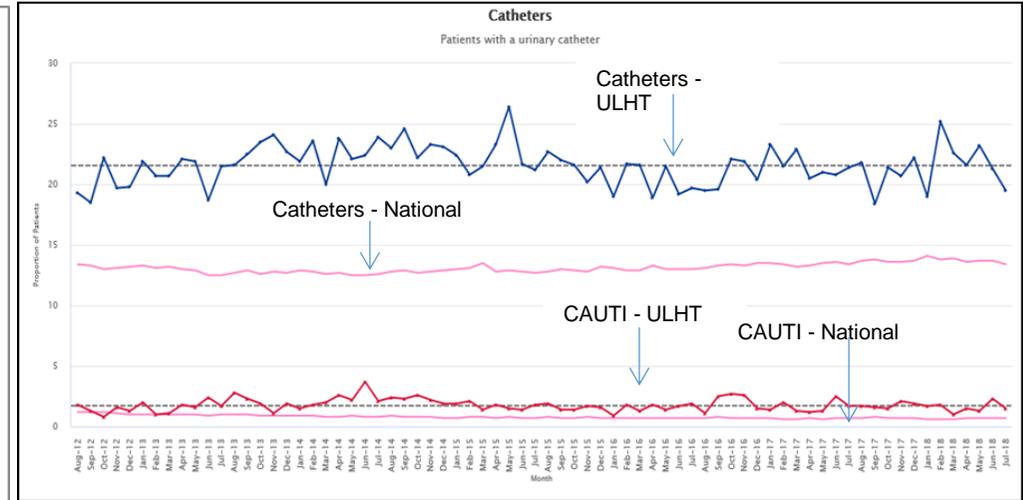
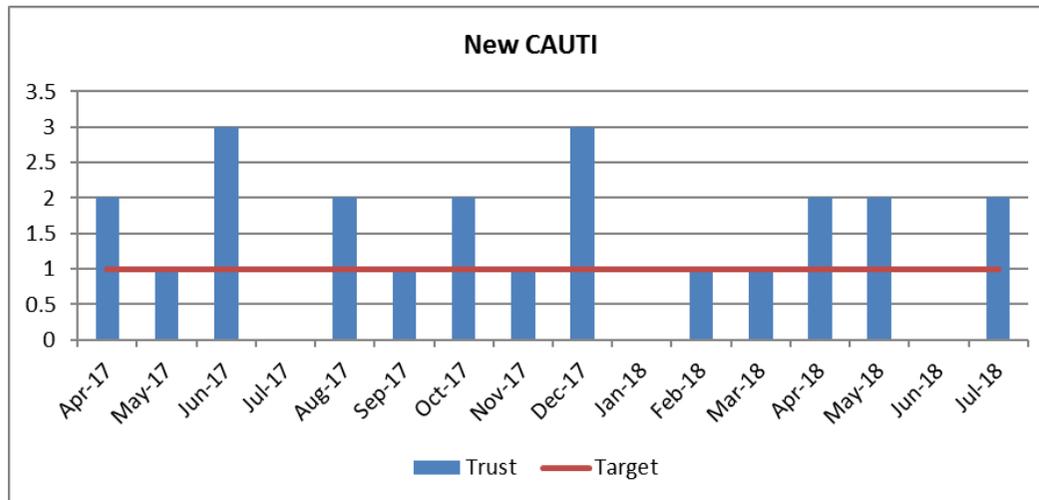
- The Trust 2017/18 position for C.difficile was 69 against a trajectory of 59. The trajectory threshold for 2018/19 has been set at 58 cases. There were 2 cases in July against a trajectory of 5 cases. This shows a continued pattern of recovery against trajectory. There are similar infections patterns 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 work especially at the Boston site where rates are significantly higher (13 out of 20 trust wide cases).
- 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.

Key Actions:

- Robust work is taking place around the management of C.diff cases especially regarding the prescribing of high risk antibiotics as we recognised 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.
- The Lead Nurse post is going through the recruitment process to ensure stable leadership is in place prior to winter pressures. The IP&C team is also going through training and development to strengthen their ability to support the trusts directorates. 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, focused incremental improvements.

QUALITY

Catheter Associated Urinary Tract Infection (CAUTI) R



Lead: Michelle Rhodes, Director of Nursing

Timescale: July 2018

Key Issues:

- ULHT had 2 new CAUTI on the safety thermometer data for July 2018 against a trajectory of 1.
- In July 2018 the Trust catheterisation rate has continued to decrease 17.4% (June 2018 19.5%) during the point prevalence safety thermometer audit however still higher than the national average for June 2018 of 13.5%.
- In July 2018 the Trust catheter with UTI (CAUTI) was 1.8% which is higher than the national average for July of 0.6%. This data includes old and new CAUTIs.

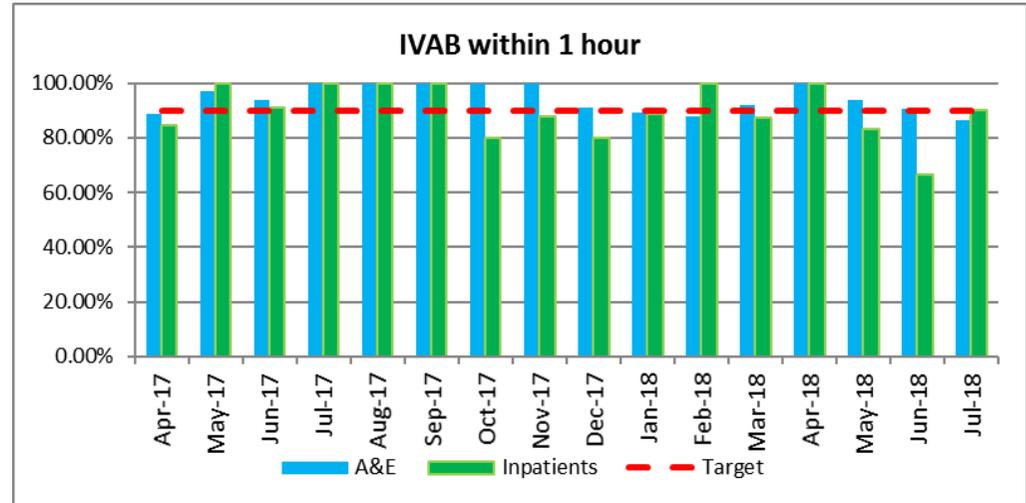
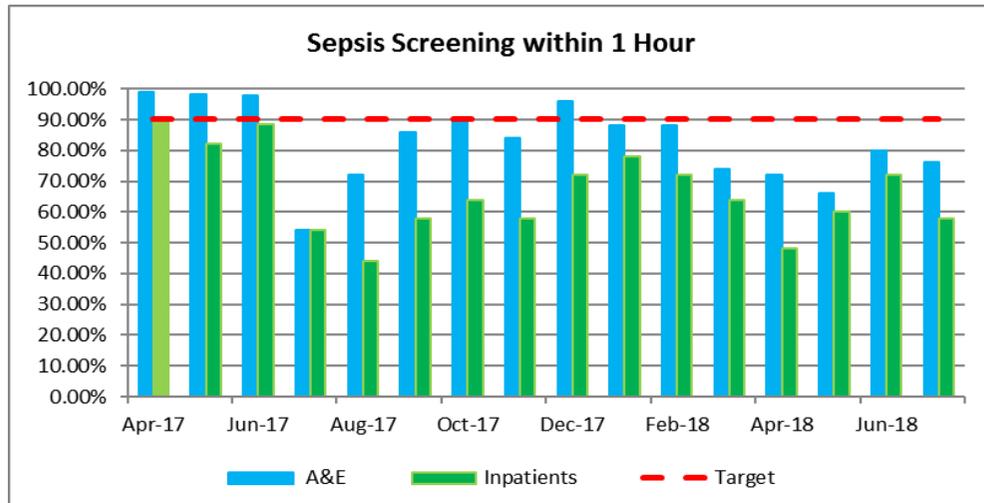
Key Actions:

- HOUDINI catheter care bundle has been added to the Prevention of Infection Associated with Indwelling Urethral Catheters ULHT guideline which has been ratified at the CESC meeting on 06.08.2018. Training regarding the new care plan will be provided as a part catheter teaching programme in October 2018.
- Collaborative work with LCHS underway to address catheter management and management of recurrent UTIs. Project identified the potential for patients who have had indwelling catheters inserted for low risk reasons to be discharged to the community for catheter removal, preventing CAUTI. Pilot of this initiative commenced on June 2018 for 8 weeks the outcome will be reviewed at CAUTI meeting in September 2018.
- Design an educational plan around: Nurse driven algorithm, documentation catheter care. The education programme is planned to roll out in September and October (Catheter management teaching week 15-19.10.2018).
- Undertake a baseline of catheter care in ULHT to identify areas of weakness and help to target the teaching programme. The audit questionnaire has been agreed with the help of Urology CNSs and is planned to be undertaken in August 2018. The results will be discussed at the CAUTI meeting in September 2018.

QUALITY

Sepsis

R



Lead: Michelle Rhodes, Director of Nursing

Timescale: July 2018

Key Issues:

- Sepsis screening within 1 hour has declined this month for both A&E and inpatients. Sepsis Practitioners continue to receive e-mail alerts when a patient NEWS ≥ 5 enabling sepsis practitioners to assist and support. Decline can be linked to visibility of sepsis practitioners, throughout the month of July there was only one sepsis practitioner present for the trust, additional sepsis practitioner commenced in post 13th August, improvement is predicted now in post. Step by step guides are present in each clinical area and readily available on the staff intranet page. NEWS training video now available to all staff and maternity e learning module available for midwives. Sepsis practitioners to attend preceptorship study days for newly qualified nurses.
- The percentage of IV antibiotics given within 1 hour has declined in A&E however improved in inpatient areas this month. Inpatient areas have improved and are achieving 90% which is at target for the CQUIN target, A&E areas have declined. Further bundle training given to ward areas. Sepsis practitioners present on Dr inductions to highlight importance of timely treatment. Medical leads allocated for A&E and inpatient areas at pilgrim other area medical leads currently in discussion.

Key Actions:

- Robust process for monitoring and reporting performance to support continued and sustained patient safety: Trust wide CQUIN Audit and utilisation of trust wide electronic screening data to review any missed screens.
- Monthly review templates for non-compliance – updated to ensure prompt return. A Trust thematic analysis is produced identifying key issues.
- Sepsis e-learning extended to include paediatric module with a maternity module developed and available for completion.
- Increased Sepsis Link Nurse engagement across sites supported by Ward Accreditation domain
- A&E medical leads identified for Lincoln and pilgrim sites.
- First 2 questions from online sepsis bundle (identifying criteria and likely infection) expected to be on the staff IPods, date to be confirmed.
- Bundle to be updated to fall in line with the sepsis trust, training schedule currently being developed along with updating training material.
- Medical leads for inpatient and maternity areas currently being discussed, (Inpatient lead identified for pilgrim sites)

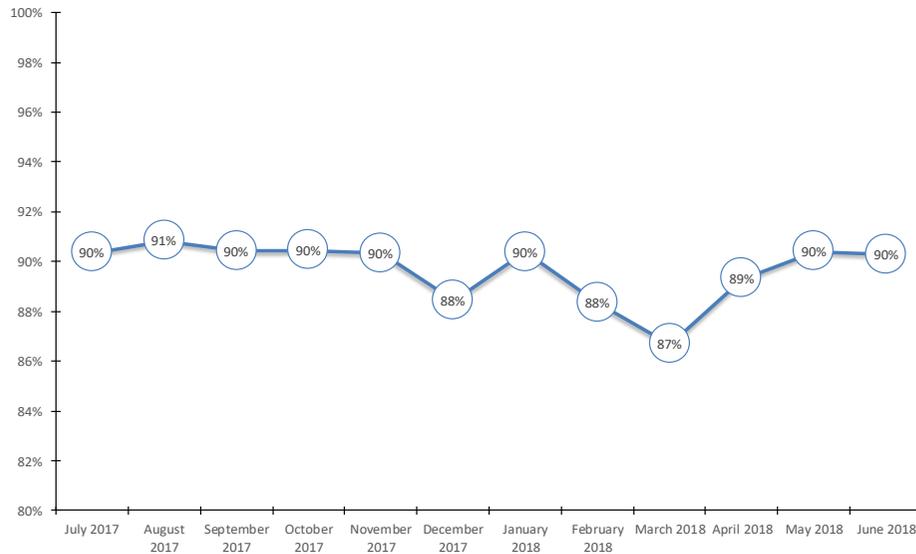
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PATIENT EXPERIENCE

Friends & Family Test

R

Overall Trust FFT recommendation



Group	Target	ULHT current position (YTD)
Inpatients & Day case	97%	93%
Emergency Care	87%	83%
Outpatients*	94%	93%
Maternity Antenatal	97%	100%
Maternity Birth	97%	99%
Maternity Postnatal ward	95%	98%
Maternity postnatal community	98%	98%

Lead: Martin Rayson, Director of HR &OD

Timescale: July 2018

Key Issues:

- Hot spot services for poorest inpatient FFT recommendation rates:
- Dixon (76%) and 8A (79%) by their specialty will always struggle and this is borne out nationally; however the teams continue to be engaged
- Navenby (80%) has recently appointed a new Sister who is driving improvements
- All matrons and Sisters are engaged and have local action plans

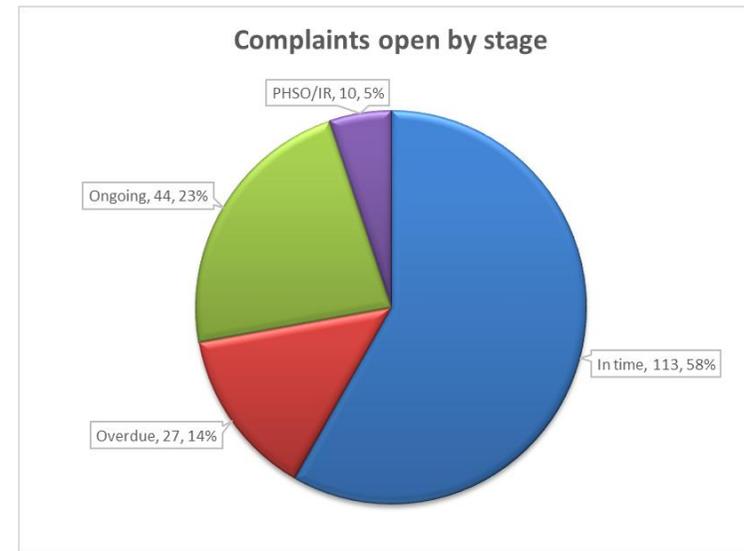
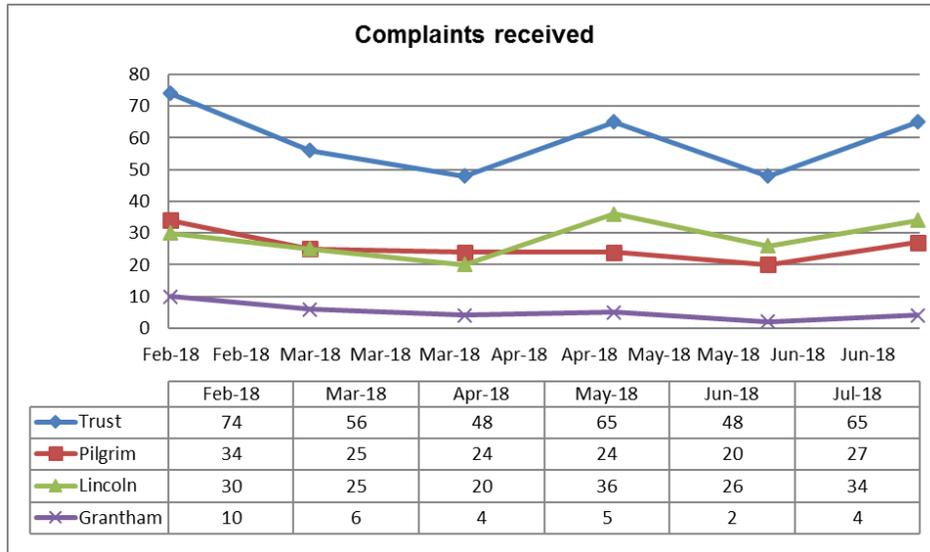
Key Actions:

- Reports circulated to all areas
- Planned re-refresh and relaunch of PEC requiring attendance and upward reporting
- Inclusion of Patient Experience metrics in the Integrated Board Report will add gravitas
- New 'using patient feedback' module within Leadership Development programme; first session 10th August
- FAB Experience Champions launch in September and will drive local improvements

PATIENT EXPERIENCE

Complaints

G



Timescale: July 2018

Lead: Martin Rayson, Director of HR &OD

Key Issues:

- Responses within timescales continue to be a concern with just 52% achievement in July.
- Majority of delays sits with medical staff who state they do not have sufficient time to complete. New role proposed to provide further support to staff undertaking investigations and prevent breaches
- Some delays are directly attributed to delays within the Duty of Candour process; specifically letters following the investigations. If these are late being completed or the quality challenged there is then a subsequent setback in a final complaint response

Key Actions:

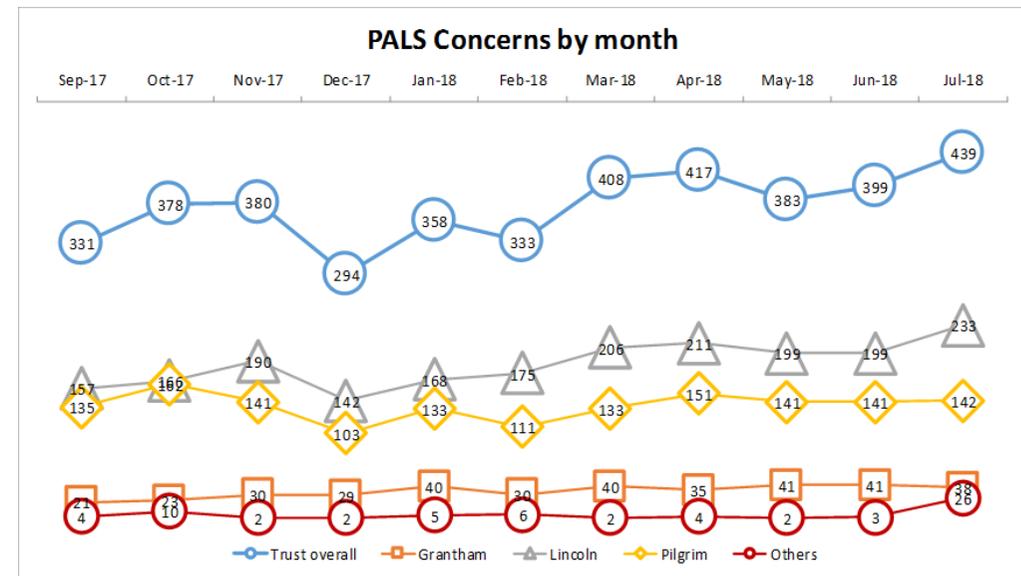
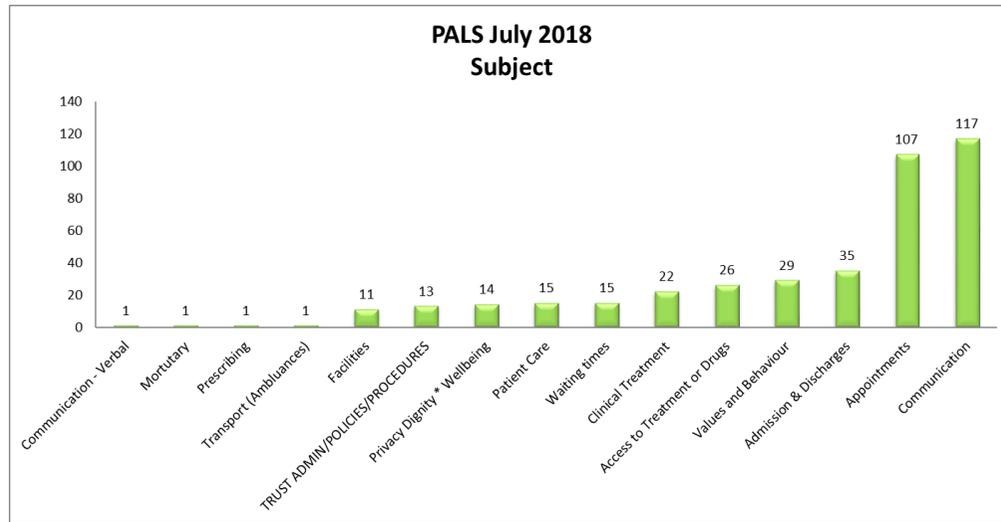
- Awaiting decision for approval of Band 5 Complaints Officer using existing vacant roles to support the complaints team. They will be responsible for new cases and preventing complaints breaching the timescales and this addition would support having a team dedicated to PHSO and Ongoing cases and reviewing how these are managed in a timely manner.
- Discussion with Medical Director; SPA's are included within consultants job plans but will be made more explicit in the current review. Complaints team to meet with Risk team to tie these up together
- Complaints manager to attend SI training and align the principles and stages with the complaints investigation process
- Lessons Learned Forum to restart in October
- Commencing October Communication First training to include a reflective task before receipt of certificate
- Work ongoing whereby if complaints come in about a named member of staff we are able to identify whether they have attended Communication First training and to see this at directorate level. The plan is that a report would be available that states for example 'specialty x had 3 complaints in the last quarter that relate to poor communication skills of members of staff; of these one had already attended the training, two had not and are not as yet booked on'

Excellence in rural healthcare

PATIENT EXPERIENCE

PALs

R



Timescale: July 2018

Lead: Martin Rayson, Director of HR &OD

Key Issues:

- The teams continue to be very busy with a month on month increase since September 2017 and July 2018 saw the highest number of concerns received. The resolution rate alongside the low conversion to formal complaints demonstrates how PALS 'rescue' and settle concerns swiftly; 'putting things right' is the first step in our See it My Way complaints process and is important for our patients and their families
- Communication continues to be a significant feature of concerns

Key Actions:

- The actions outlined above for complaints will incorporate PALs issues as well; whilst these are not addressed within the formal process the volume demands they are considered under the same actions
- With touching almost 450 PALs enquiries per month, a focused and proportionate approach will be taken when implementing some of the complaint actions
- PALs data is also being included within the Performance Reports and the Integrated Board Report
- Process to commence in August whereby if PALs concerns come in about a named member of staff we are able to identify whether they have attended Communication First training and to see this at directorate level. The plan is that a quarterly report would be available that states for example 'specialty x had 3 concerns in the last quarter that relate to poor communication skills of members of staff; of these one had already attended the training, two had not and are not as yet booked on'
- PALs data relating to response times by ward/department/directorate will be reported from September

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WORKFORCE

KPI	2018/19 Target	August 2018 Performance	Last Month Performance	Performance in August 2017	6 th Month Trend
Vacancy Rate - Medical	Medical – 13.5%	18.25%	14.13%	16.43%	↑
Vacancy Rate – Registered Nurses	Registered Nursing 12.5%	19.30%	18.77%	15.50%	↑
Vacancy Rate – AHP's	10%	15.82%	15.01%	10.64%	↑
Voluntary Turnover	6%, with no group of staff more than 20% above the overall target	6.12%	6.11%	5.52%	↑
Quarterly Engagement Index	10% improvement in average score during 2017/18	3.4	3.3 (Sep'17)	3.35	↑
Quality of Leadership/Management Index	10% improvement in average score during 2017/18	N/A	2.6 (Sep'17)	2.8	N/A
Core Learning Completion	Overall target (2017/18) 95%.	91.33%	92.12%	90.58%	↓
Sickness Absence (12 month rolling average)	Overall target of 4.5% + no team over 25% above target	4.69% (Jul '18)	4.71% (Jun 18)	4.67% (Jul 17)	↓
Appraisals - Medical	Medical – 95%	96%	96%	95%	↓
Appraisals – Non Medical	Non-medical – 90%	70.08%	70.92%	82.24%	↑
Agency Spend	£25.4m (£)	£2.902m	£2.928m	£2.597m	↑

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.

Commentary

Obviously the continued increase in vacancy rates, driving up overall pay costs, is the biggest area of concern. The key actions to address this are:

- 1). The review of the Trust Workforce Model, to develop a new model at lower cost and to which we have a greater chance of recruiting;.
- 2). We are procuring a recruitment partner to work with us to improve the recruitment success rate;
- 3). We have reviewed the process for booking agency staff and put in new control points (Medical Agency Panel and central booking team);
- 4). In Nursing we are reviewing the workforce around the patient and developing agency reduction action plans for each ward;
- 5). We continue to take forward the NHSI Nurse Retention Project.

More detail can be found in the relevant sections below

The sickness rate for the month of July was 4.69% which is a slight decrease from the previous month. We have set a new target, as part of financial recovery, to achieve a rate of 3.5%

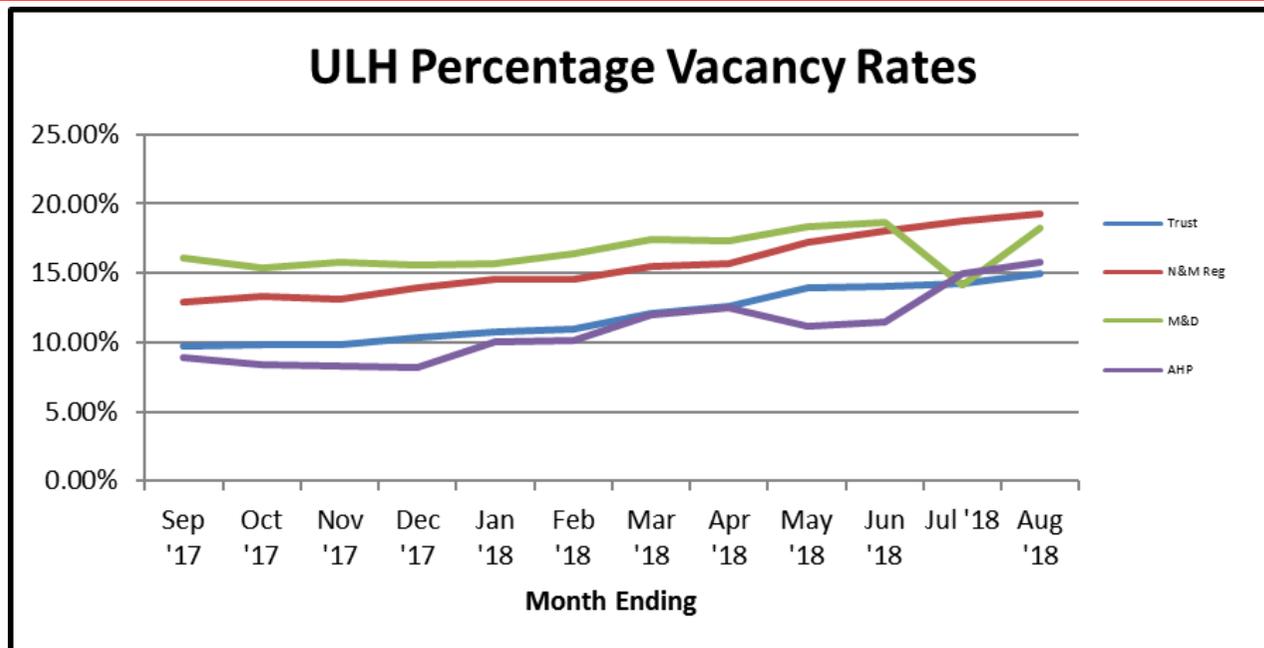
The non-medical appraisal rate is extremely disappointing. We have highlighted the unacceptable level of appraisal rates at our Senior Leadership Forum and the CEX has indicated that he is personally seeking assurance that action is being taken to ensure all appraisals are held and are recorded.

Information on the growth in establishment, highlighted at the last Board, will be reported to the next Board meeting.

WORKFORCE

VACANCY RATES

R



Lead: Martin Rayson, Director of HR &OD

Timescale: August 2018

Key issues:

- The percentage of vacancies has increased across all 3 staff groups.
- Registered Nursing and Allied Health Professional vacancy rates also increased when compared to the previous month. All three staff groups are still above target. The overall Trust vacancy rate for August is 15.01%.

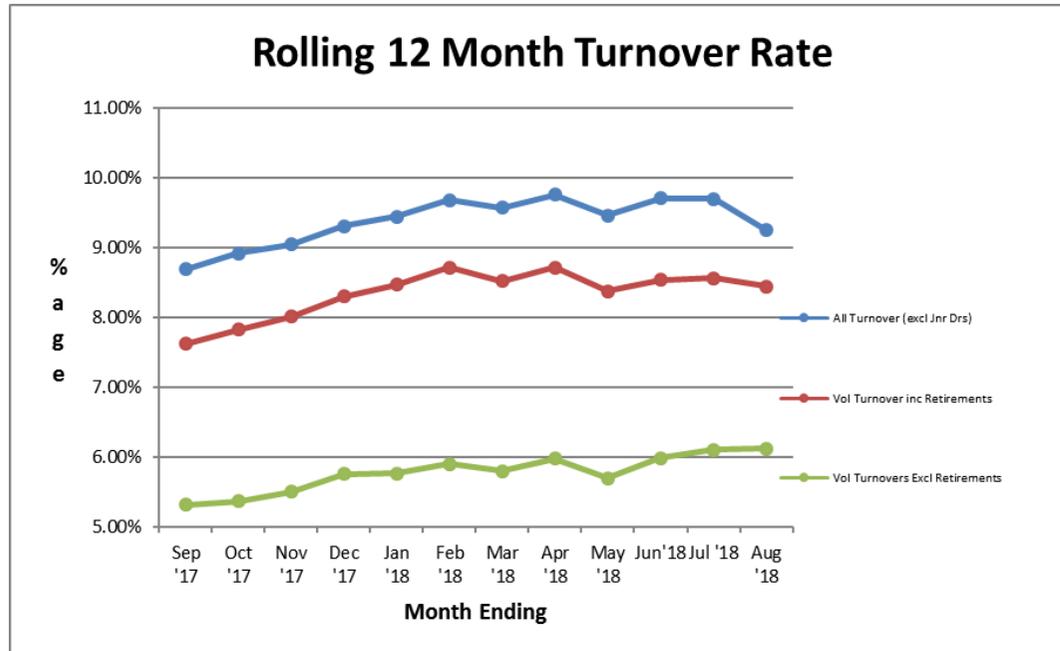
Key Actions:

- TRAC system now in place – delays in sending offer letters will be minimised but delays in implementing this improvement delayed due to requirements of Doctor’s rotation.
- TRAC will also facilitate more accurate reporting of the recruitment process & first reports from this will be available within the next month.
- Working with fellow Lincolnshire based NHS Trusts to implement a county wide Attraction Strategy.
- Seeking to appoint by the end of September a recruitment partner to support a fundamental change in approach
- Offers made to over 20 Nurse Cadets and over 20 Registered and Non-Registered Nurses as a result of cohort recruitment exercises
- Newly qualified nurses started in September
- Recruitment “hold” in place for posts not involved in hands on patient care

WORKFORCE

VOLUNTARY TURNOVER

A



Lead: Martin Rayson, Director of HR &OD

Timescale: August 2018

Key Issues:

- This month the Trust has narrowly missed its target for voluntary staff turnover. Rates have steadily risen since September 2017
- Based on the latest (April 2018) benchmarking data available from NHS Digital for other Large Acute Hospitals (x 35 Trusts) the current Trust turnover rate (excl. junior doctors) of 9.70% ranks it 15th lowest out of the 35 Trusts which have a turnover rate ranging from 7.05% to 15.03%.

Key Actions:

- Project Leads assigned to NHSI 4 key projects and work underway on delivery

WORKFORCE

CORE LEARNING

A

Compliance by topic	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 %
Trust	96.35%	89.16%	91.57%	95.36%	89.39%	90.03%	84.12%	93.93%	84.41%	93.30%	93.25%	95.11%	91.33%

Staff Group Overall Compliance by Topic	Aug-18	Jul-18	Variance
Healthcare Scientists	94.85%	94.92%	-0.08%
Administrative and Clerical	92.96%	93.70%	-0.74%
Nursing and Midwifery Registered	92.30%	93.11%	-0.81%
Allied Health Professionals	91.77%	94.83%	-3.06%
Additional Clinical Services	91.57%	92.12%	-0.56%
Estates and Ancillary	89.64%	89.38%	0.26%
Students	89.58%	89.58%	0.00%
Add Prof Scientific and Technic	89.54%	91.78%	-2.25%
Medical and Dental	84.39%	85.42%	-1.03%

Staff Group Fire Compliance	Aug-18	Jul-18	Variance
Students	100.00%	100.00%	0.00%
Healthcare Scientists	93.64%	92.73%	0.91%
Administrative and Clerical	91.96%	92.47%	-0.52%
Nursing and Midwifery Registered	90.56%	91.49%	-0.93%
Allied Health Professionals	90.18%	92.93%	-2.75%
Additional Clinical Services	89.54%	90.02%	-0.47%
Medical and Dental	84.04%	85.47%	-1.43%
Estates and Ancillary	83.76%	85.76%	-2.01%
Add Prof Scientific and Technic	82.65%	87.50%	-4.85%

Lead: Martin Rayson, Director of HR &OD

Timescale: August 2018

Key issues:

- There has been a significant increase in the core learning compliance rate since 2016. This month overall compliance has fallen 0.86% to 91.33%. The biggest fall in compliance is with Major Incident awareness that has dropped 9.67% from 93.79% to 84.12%. This can be attributed to the fact that it was introduced in August 2017 and has reached its 1 year refresher period. It is important that training is refreshed prior to expiry to maintain compliance

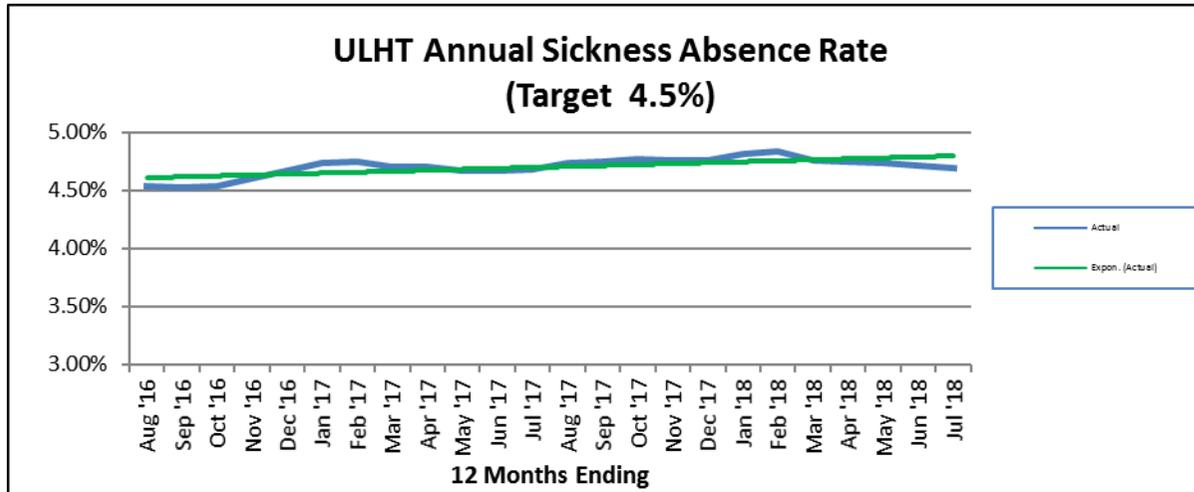
Key Actions:

- Rates of completion are reported on a monthly basis to each Directorate and there are follow-up discussions at Performance Review Meetings
- Hotspot areas continue to be followed up and supported by the Core Learning Lead
- 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.
- A new Local Fire Procedures Declaration (e-learning package) was introduced as core learning on 22 August 2018 with a 6 week completion deadline communicated by the Fire Safety Advisor. Trust compliance for this at the end of August was 22.48%.

WORKFORCE

SICKNESS ABSENCE

A



Lead: Martin Rayson, Director of HR &OD

Timescale: August 2018

Key issues:

- Sickness is reported a month in arrears due to current month information being unavailable at the time of producing the report. This is due to the timing of the monthly interface from the Healthroster system.
- The July Trust annual rolling 12 month sickness rate is 4.69%, above our target of 4.50%. Sickness has increased slightly from 4.67% as at July 2017. The latest benchmarking data as at March 2018, from NHS Digital shows that the average sickness rate across all 35 Large Acute Trusts (including ULHT) is 4.32%.

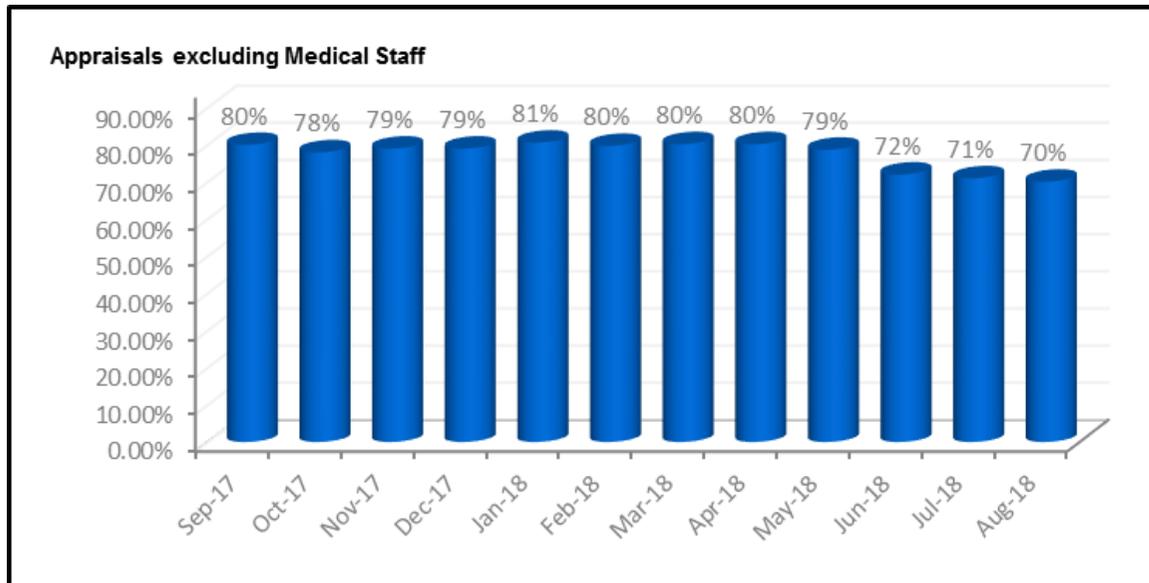
Key Actions:

- ER Advisors completing regular 1:1 meetings with managers within work areas to maintain continuing full support with absence management.
- ER Advisors attending Matron's One to Ones to ensure/escalate absence management process is being followed.
- Line Managers to complete the Cohort Training being rolled out by Occupational Health to support referrals being completed in a timelier manner.
- ER Advisors to analyse short frequent absence and share with line managers
- Work being completed on the introduction of First Line Reporting
- ER Advisors to contact OH to gain data on numbers of attendees to Mindfulness Course and staff groups to then cross reference to absence report to highlight any correlations.
- ER Advisors to cross reference moving and handling training to staff who are absent with back and MSK problems to highlight any correlations
- ER Advisors to complete a cross reference of any staff absent anxiety and stress linked to investigations to ensure that a Welfare Link Person is appointed to them to ensure they are receiving support.
- ER Advisors to ensure that an absence reason is entered and that other is not the reason.
- ER Advisors to promote the attendance of the OH Health and Well-Being Day.
- Working on the implementation of a first call for absence in partnership with OH

WORKFORCE

APPRAISAL RATES

R



Lead: Martin Rayson, Director of HR &OD

Timescale: August 2018

Key issues:

- The graph shows that the Agenda for Change Staff/Non-Medical Appraisal compliance rate for August is 70.08%. This is a decrease of 0.84% from the previous month and 12.16% lower than August 2017.

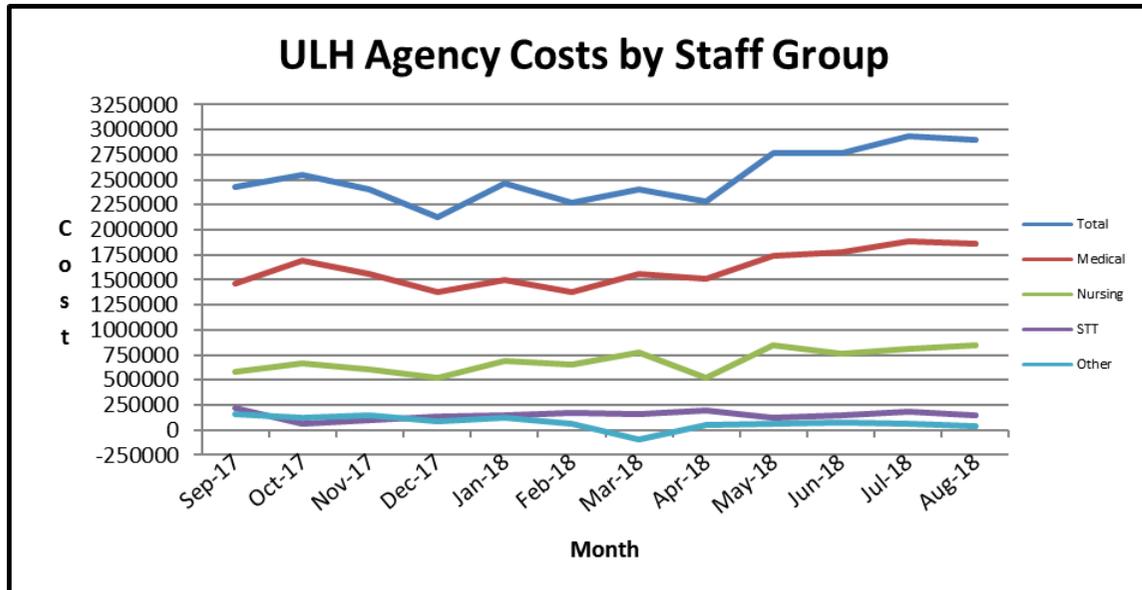
Key Actions:

- 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.
- Review process for recording appraisal data on ESR to make it quicker and easier
- Appraisals now part of Divisional Performance Management regime
- Focus on reduction in appraisal rate presented at Senior Leadership Forum by CEO along with Directorate league table

WORKFORCE

AGENCY SPEND

R



Lead: Martin Rayson, Director of HR &OD

Timescale: August 2018

Key issues:

- Spend continues to be above target.
- In August the total Agency spend decreased by 0.96% compared to July. The main reductions were in STT and Medical.
- 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.

Key Actions:

- Medical bank via Holt implemented from 31 May 2018 – assessing impact
- Implementation plan for central booking team developed
- New medical agency panel to meet weekly to challenge agency usage
- Process reviewed and amendments to be made to increase challenge and control
- Nursing workforce around the patient reviews underway
- Nursing agency plan for each ward being developed

NURSING WORKFORCE

Safer Staffing TRUST TOTAL

Aug-18

Hospital	Total % Registered Day	Total % Unregistered Day	Total % Registered Night	Total % Unregistered Night	Totals	CHPPD (Care Hours Per Patient Day)		
						Registered	Unregistered	Total
Grantham	85.38%	97.82%	92.21%	96.83%	91.68%	5.5	3.7	9.2
Lincoln	88.02%	96.73%	95.37%	103.51%	93.91%	4.4	2.6	7.0
Pilgrim	78.84%	87.20%	94.42%	96.37%	86.72%	4.3	2.9	7.2
Trust	84.16%	92.77%	94.76%	100.15%	90.90%	4.5	2.8	7.2

Safer Staffing: Summary by Site - General Nursing

Aug-18

Hospital	Total % Registered Day	Total % Unregistered Day	Total % Registered Night	Total % Unregistered Night	Totals	CHPPD (Care Hours Per Patient Day)		
						Registered	Unregistered	Total
Grantham	85.38%	97.82%	92.21%	96.83%	91.68%	5.5	3.8	9.3
Lincoln	85.50%	98.44%	94.52%	104.19%	93.09%	4.4	2.6	7.0
Pilgrim	78.89%	90.49%	95.39%	99.87%	88.31%	3.7	2.9	6.6
Trust	83.00%	95.00%	94.58%	101.77%	91.15%	4.2	2.8	7.0

Safer Staffing: Summary by Site – Children’s nursing

Aug 18

Hospital	Total % Registered Day	Total % Unregistered Day	Total % Registered Night	Total % Unregistered Night	Totals	CHPPD (Care Hours Per Patient Day)		
						Registered	Unregistered	Total
Grantham	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Lincoln	116.24%	79.03%	101.50%	106.37%	102.30%	9.6	3.9	13.5
Pilgrim	70.73%	55.64%	87.24%	61.26%	69.76%	25.1	18.3	43.4
Trust	91.66%	66.58%	95.39%	79.31%	85.59%	12.8	6.9	19.7

NURSING WORKFORCE

Safer Staffing: Summary by Site – Midwifery

Aug 18

Hospital	Total % Registered Day	Total % Unregistered Day	Total % Registered Night	Total % Unregistered Night	Totals	CHPPD (Care Hours Per Patient Day)		
						Registered	Unregistered	Total
Grantham	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Lincoln	96.77%	93.68%	101.66%	95.38%	96.46%	1.9	2.2	4.1
Pilgrim	93.09%	94.40%	93.88%	100.85%	94.13%	25.5	5.6	31.1
Trust	94.68%	93.83%	96.80%	96.51%	95.41%	4.1	2.5	6.6

Safe Staffing Performance Dashboard - August 18					
Ward Level Staffing - Average Fill Rates for month August 2018					
SITE/ Ward	Actual Fill Rates for Staffing				Staffing Levels Vs Activity/Acuity
	Day		Night		
	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	
Exception report					
GRANTHAM DISTRICT HOSPITAL					
Ward 1	95.7%	104.3%	96.4%	108.1%	
Ward 2	74.8%	74.0%	75.0%	81.9%	Low RN fill rates as TNA's are counted in the numbers
Ward 6	87.1%	104.2%	100.1%	98.9%	
EAU	84.2%	113.6%	101.5%	98.5%	High fill rates correspond to HCSW shifts being extended due to patient dependency.
Acute Care Unit	85.5%	91.9%	90.7%	-	Un registered Staff are not required at night.
LINCOLN COUNTY HOSPITAL					
Ashby	79.6%	133.0%	100.0%	146.8%	High fill rates correspond to dependency and enhanced care @ Night and Skill Mix during the day.
Bardney	93.5%	98.9%	101.2%	91.2%	
Branston	88.6%	79.8%	100.3%	77.3%	Un registered Shifts sent to bank but unfilled

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Burton	83.6%	113.9%	96.8%	113.6%	High fill rates correspond to dependency and enhanced care
Carlton Coleby	82.7%	103.5%	122.5%	107.8%	High fill rates correspond to dependency and enhanced care
Clayton	85.7%	93.6%	93.0%	102.7%	
Dixon	110.2%	95.1%	93.7%	107.4%	High fill rates correspond to dependency and enhanced care
Frailty Assessment Unit	72.3%	107.9%	93.3%	98.4%	Registered day shifts sent to Bank/Agency but unfilled.
Greetwell	85.7%	95.8%	99.1%	94.7%	
Hatton	96.0%	96.2%	102.5%	91.0%	
ICU	82.7%	54.8%	80.2%	40.8%	Not routinely requesting HCSW – discussed at ward establishment review
Johnson	84.8%	110.2%	92.0%	132.3%	High HCSW fill rates as using alternative skill mix to cover vacant posts
Lancaster	78.3%	102.8%	98.7%	104.0%	Registered Shifts not sent to bank as TNA's providing support.
Navenby	90.8%	104.6%	102.5%	120.9%	High fill rates @ night corresponds to dependency and enhanced care
Nettleham	106.7%	88.8%	102.6%	99.5%	
Neustadt Welton	88.4%	93.4%	102.2%	87.4%	
Nocton	99.0%	61.8%	82.6%	77.0%	Nursery Nurse day shifts and Registered Night shifts not sent to bank
Rainforest	131.7%	103.3%	133.0%	135.7%	Temporary uplift to template
Scampton	79.1%	97.9%	100.4%	110.6%	High HCSW fill due to enhanced care needs
Shuttleworth	80.6%	97.1%	97.2%	116.9%	High HCSW fill due to enhanced care needs
Stroke Unit	88.8%	99.4%	97.7%	111.4%	High HCSW fill due to enhanced care needs
Waddington Unit	90.7%	93.0%	101.9%	100.3%	
MEAU	85.0%	89.5%	90.6%	95.2%	

Excellence in rural healthcare

SEAU	84.4%	94.5%	89.8%	96.6%	
PILGRIM HOSPITAL, BOSTON					
Acute Cardiac Unit	80.4%	73.5%	77.0%	105.1%	Shifts sent to bank / Agency but not taken up.
Labour Ward	93.1%	94.4%	93.9%	100.9%	
Neonatal	75.4%	69.4%	77.6%	96.6%	fill rates reflective of number of cots open and vacancies within the service
Stroke Unit	89.1%	94.9%	84.5%	100.6%	
3A	88.2%	46.3%	116.9%	65.4%	Temporary uplift to template to account for medical patients although not always filled
3B	82.9%	95.5%	100.8%	107.4%	
4A	67.5%	52.7%	96.9%	43.5%	Fill rates reflective of vacancies
5A	110.1%	92.5%	102.1%	99.7%	High fill rate corresponds to dependency and enhanced care
5B	70.8%	120.4%	88.4%	107.1%	High unreg fill rates as changed skill mix
6A	72.3%	108.4%	91.4%	105.2%	High vacancies. Shifts sent to bank / Agency but not taken up.
6B	80.8%	110.7%	95.6%	107.4%	High fill rate corresponds to dependency and enhanced care & skill mix.
7A	68.9%	110.5%	95.2%	158.5%	Low RN fill rate as using this to fund tNA, high HCSW fill rate due to enhanced care needs
7B	68.4%	98.0%	96.8%	96.9%	High vacancies. Registered shifts supported by AP consequently shifts not sent to bank/agency.
8A	76.8%	99.1%	97.5%	107.1%	Registered shifts sent to bank/agency but not filled
1B	78.3%	98.7%	100.0%	100.1%	Registered shifts sent to bank/agency but not filled
AMU	81.0%	96.1%	133.7%	82.3%	Escalation beds open over night
Bostonian	77.1%	85.2%	97.0%	106.2%	Staffing template under review as part of establishment review
ICU	72.5%	30.2%	84.6%	-	Not routinely requesting HCSW – discussed at ward establishment review. Registered shifts not sent to bank.

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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 overall	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		R		
	Plan	Actual	Variance	Forecast
In Month £k	(5,899)	(7,481)	(1,582)	
Year to Date £k	(30,959)	(35,914)	(4,955)	(79,656)

The Trust's overall year to date position is £5.0m adverse from plan.

Although the reported run rate deteriorated in-month by £0.9m compared to Month 4, the position would have been £1.3m worse (or £8.8m deficit) if it were not for the following in-month benefits: £629k of additional NHS Patient Care income compared to Month 4 estimates, the accrual of £547k in relation to the settlement of the pilgrim fire claim, and the accrual for recovery of £117k in relation overcharging by Medinet.

Excluding the excess cost of the pay award, operating expenditure is £2.7m adverse to plan. £1.6m of the movement relates to higher than planned expenditure on pay in general and temporary staffing in particular. However, the pay position does not yet reflect the full impact of agreed investment in operational delivery capacity and transformational capacity. Furthermore, the year to date position would be worse if it were not for the release in June of £0.5m of prior year non pay accruals.

Efficiency savings delivery YTD is lower than planned and this will have contributed to the overall adverse movement to plan. Actions are being taken to support increasing the pace and delivery of schemes, including additional resource to focus on delivery.

Cash		A		
	Plan	Actual	Variance	
Year to Date £k	3,563	1,243	(2,320)	
Year End Forecast £k	6,153	6,153	0	

The cash balance at 31 August 2018 was £1.2m. This includes revenue cash loans drawn in April - August of £35.2m. Total revenue and capital borrowings at 31 August were £239.2m 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.

Income		R		
	Plan	Actual	Variance	Forecast
In Month £k	36,627	38,370	1,743	
Year to Date £k	184,276	184,170	(106)	441,505

Overall, operating income to date is £0.1m adverse to plan, despite the reported position including £3.0m of additional income: £2.1m re A4C pay award; £547k re Pilgrim fire claim, and £370k of Prior year income.

The YTD position has been adversely impacted by elective under performance of £1,173k, provision of £88k for fines and penalties, underachievement of CQUIN of £647k, and provision of £693k for contract challenges - the on-going PLCV audit from 2017/18 could further deteriorate the position (c£1m).

Other notable areas of adverse movements to plan include injury cost recovery, private and overseas patients, education & training, catering and car parking.

Operating Expenditure		R		
	Plan	Actual	Variance	Forecast
In Month £k	(41,004)	(44,426)	(3,422)	-
Year to Date £k	(208,271)	(213,046)	(4,775)	(503,069)

Whilst Operating Expenditure year to date is £4.8m adverse to plan, if we exclude the excess cost of the pay award then it is £2.7m adverse to plan.

£1.6m of the movement relates to higher than planned expenditure on pay in general and temporary staffing [bank and agency] in particular - whilst the overall underlying pay position remains largely flat, expenditure on temporary staffing is increasing in both totality and as a proportion of overall pay spend. The other £1.1m movement to plan relates to non pay, despite the position including the release of £0.5m of prior year accruals, and reflects in part the lower than planned levels of elective activity.

Efficiency savings delivery YTD is lower than planned and this will have contributed to the overall adverse movement to plan.

Capital		A		
	Plan	Actual	Variance	
Year to Date £k	9,907	5,194	(4,713)	
Year End Forecast £k	38,231	38,231	0	

The capital spend to date is £4.7m behind plan. This is inclusive of variances in IT: Cyber security measures £0.3m and LAN - obsolete Core Switch Supervisor upgrades £0.3m. Fire schemes are behind plan by £3.4m, consisting of Fire Works - package 1, 2 and 3 at Lincoln £1.7m and package 1 at Pilgrim £0.6m, Emergency lighting at Lincoln £0.8m. Facilities: Theatre Infrastructure Review £0.5m. 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.

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Financial Efficiency Plan (FEP)

	R		
	Plan	Actual	Variance
Year to Date £k	5,701	2,747	(2,954)

Whilst the ambition this financial year is to deliver £30m of efficiency savings, the financial plan for 2018/19 includes an efficiency programme of £25.0m, and assumed efficiency savings delivery to date of £5.7m.

FEP delivery YTD is estimated to be £2.7m, or £3.0m adverse to plan.

The Trust's new Turnaround Director commenced on 28th June. He is undertaking a review of all FEP schemes and the Grip & Control of the organisation. As a result a number of rapid changes will be made to support increasing the pace and delivery of schemes including additional resource to focus on delivery improvements.

Pay bill

	R			
	Plan	Actual	Variance	Forecast
Year to Date £k				
Substantive	115,590	115,765	(175)	279,745
Bank	7,954	9,653	(1,699)	20,785
Agency	11,582	13,630	(2,048)	27,452
Apprenticeship Levy	510	528	(18)	1,241
Less Capitalised costs	0	(245)	245	(245)
	135,636	139,331	(3,695)	328,978

Whilst Pay year to date is £3.7m adverse to plan, this includes the impact of the A4C pay award, for which the Trust received additional income of £2,050k to fund the excess of the pay award over and above that funded within the tariff. Excluding the excess cost of the pay award, employee expenses have been largely flat in 2018/19.

Contracted wte numbers fell in August 2018 to their lowest level since October 2016. Whilst pay is largely flat, expenditure on temporary staffing has risen as a proportion of overall pay spend from 16.1% in April to 17.5% in August, from an average of £4,444k per month in quarter 1 to an average of £4,976k per month in quarter 2.

While Medical staffing contracted wte numbers increased in-month by 5wte, overall expenditure on medical staffing increased in-month by £216k, despite the increase in contracted wte and the reduction in activity and income from patient care activities.

Agency Cap

	R			
	Ceiling	Actual	Variance	Forecast
Year to Date £k	9,837	13,630	(3,793)	

The Trust has an agency ceiling of £20.977m for 2018/19. With a ceiling year to date of £9.8m and actual expenditure of £13.6m, the Trust to date is £3.8m above its ceiling. On a straight-line projection, the year to date spend would project forward to an outturn of £32.7m, or £11.7m adverse to the ceiling.

Average monthly agency expenditure in the second quarter has increased by £0.4m compared to average monthly expenditure in the first quarter. Of this increase, £205k (51%) relates to Medical Staffing, £161k (40%) relates to Nurse Staffing and £38k (9%) relates to Other Agency.

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.

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Income & Expenditure Summary 2018/19

£35.9m deficit year to date against a planned deficit of £31.0m. All figures exclude STF.

2018/19	Current Month			Year to Date			Forecast		
	Budget £k	Actual £k	Variance £k	Budget £k	Actual £k	Variance £k	Budget £k	Actual £k	Variance £k
Income	36,627	38,370	1,743	184,276	184,170	(106)	441,611	441,505	(106)
Expenditure	(41,004)	(44,426)	(3,422)	(208,271)	(213,046)	(4,775)	(498,293)	(503,069)	(4,776)
EBITDA	(4,377)	(6,056)	(1,679)	(23,995)	(28,876)	(4,881)	(56,682)	(61,564)	(4,882)
Depn/Interest	(1,529)	(1,445)	84	(6,999)	(7,060)	(61)	(17,630)	(17,691)	(61)
Surplus/(Deficit) excl. STF	(5,906)	(7,501)	(1,595)	(30,994)	(35,936)	(4,942)	(74,312)	(79,255)	(4,943)
Technical adjustments	7	20	13	35	22	(13)	(388)	(401)	(13)
Surplus/(Deficit) excl. STF	(5,899)	(7,481)	(1,582)	(30,959)	(35,914)	(4,955)	(74,700)	(79,656)	(4,956)
EBITDA % Income	-12.0%	-15.8%	-3.8%	-13.0%	-15.7%	-2.7%	-12.8%	-13.9%	-1.1%
FEPs	1,762	619	(1,143)	5,701	2,747	(2,954)	25,000	17,310	(7,690)

Overall YTD financial performance is £35.9m deficit, or £5.0m adverse to the planned £31.0m deficit.

EBITDA for the year to date is £28.9m deficit (-15.7% of Income).

Income is £0.1m below plan YTD, despite the inclusion of £2.1m of pay award funding, £0.5m in relation to the pilgrim fire claim, and £0.4m of prior year income. This reflects the impact of lower than planned elective activity, provision for contract fines and challenges, and other under performance e.g. car parking, catering, CRU, private and overseas patients.

Operating Expenses is £4.8m above plan YTD including £2.1m of excess pay award costs.

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 £0.3m from sale of assets assumed in July.
- * FEP delivery is £3.0m below plan YTD.

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Income & Expenditure Run Rate 2018/19

Total Trust (Excluding passthrough drugs and devices)	Actual M1	Actual M2	Actual M3	Actual M4	Actual M5	Plan M6	Plan M7	Plan M8	Plan M9	Plan M10	Plan M11	Plan M12	In Month			Full Year			
													Plan M5	Actuals M5	Variance	Plan Full Year	Forecast YTD + Plan	Variance	
Income																			
NHS Clinical Income	27,501	30,174	30,098	30,206	30,702	29,811	30,654	30,151	28,315	29,274	28,144	30,201	29,439	30,702	1,263	354,885	355,231	346	
Non NHS Clinical Income	47	23	40	78	42	58	60	60	58	60	60	60	60	42	(18)	715	646	(69)	
Other Income	2,752	2,613	2,987	3,072	3,446	3,052	3,054	3,054	3,050	3,526	3,053	3,055	3,053	3,446	393	37,113	36,714	(399)	
Total Income	30,300	32,810	33,125	33,356	34,190	32,921	33,768	33,265	31,423	32,860	31,257	33,316	32,552	34,190	1,638	392,713	392,591	(122)	
Expenditure																			
Pay	(27,464)	(27,387)	(27,433)	(27,921)	(29,126)	(27,173)	(26,903)	(26,996)	(26,983)	(27,318)	(27,318)	(26,957)	(26,900)	(29,126)	(2,226)	(325,283)	(328,979)	(3,696)	
Drugs	(442)	(649)	(417)	(410)	(555)	(533)	(646)	(562)	(300)	(425)	(240)	(571)	(474)	(555)	(81)	(5,900)	(5,750)	150	
Clinical Supplies and Services	(4,408)	(5,080)	(4,714)	(4,982)	(5,101)	(4,120)	(4,401)	(4,170)	(4,053)	(4,183)	(3,708)	(4,281)	(4,241)	(5,101)	(860)	(51,746)	(53,201)	(1,455)	
Other Non pay	(5,379)	(5,264)	(5,274)	(5,187)	(5,464)	(5,044)	(5,302)	(5,644)	(5,904)	(5,918)	(5,896)	(5,949)	(5,314)	(5,464)	(150)	(66,466)	(66,225)	241	
Total Expenditure	(37,693)	(38,380)	(37,838)	(38,500)	(40,246)	(36,870)	(37,252)	(37,372)	(37,240)	(37,844)	(37,162)	(37,758)	(36,929)	(40,246)	(3,317)	(449,395)	(454,155)	(4,760)	
Finance & Depreciation costs	(1,369)	(1,416)	(1,398)	(1,432)	(1,445)	(1,094)	(1,566)	(1,245)	(1,672)	(1,696)	(1,657)	(1,701)	(1,529)	(1,445)	84	(17,630)	(17,691)	(61)	
I&E - Deficit	(8,762)	(6,986)	(6,111)	(6,576)	(7,501)	(5,043)	(5,050)	(5,352)	(7,489)	(6,680)	(7,562)	(6,143)	(5,906)	(7,501)	(1,595)	(74,312)	(79,255)	(4,943)	
Impairments/Revaluations Adjustment	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Donated/Govern't grant Asset Adjustment	20	19	20	(57)	20	7	7	7	7	(465)	7	7	7	20	13	(388)	(401)	(13)	
Adjusted Surplus/(Deficit)	(8,742)	(6,967)	(6,091)	(6,633)	(7,481)	(5,036)	(5,043)	(5,345)	(7,482)	(7,145)	(7,555)	(6,136)	(5,899)	(7,481)	(1,582)	(74,700)	(79,656)	(4,956)	

Total Trust (including passthrough)

Total Income	34,127	37,147	36,950	37,576	38,370	36,996	37,843	37,340	35,498	36,935	35,332	37,391	36,627	38,370	1,743	441,611	441,505	(106)
Total Expenditure	(41,520)	(42,717)	(41,663)	(42,720)	(44,426)	(40,945)	(41,327)	(41,447)	(41,315)	(41,919)	(41,237)	(41,833)	(41,004)	(44,426)	(3,422)	(498,293)	(503,069)	(4,776)
Finance & Depreciation costs	(1,369)	(1,416)	(1,398)	(1,432)	(1,445)	(1,094)	(1,566)	(1,245)	(1,672)	(1,696)	(1,657)	(1,701)	(1,529)	(1,445)	84	(17,630)	(17,691)	(61)
I&E - Deficit	(8,762)	(6,986)	(6,111)	(6,576)	(7,501)	(5,043)	(5,050)	(5,352)	(7,489)	(6,680)	(7,562)	(6,143)	(5,906)	(7,501)	(1,595)	(74,312)	(79,255)	(4,943)
Impairments/Revaluations Adjustment	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Donated/Govern't grant Asset Adjustment	20	19	20	(57)	20	7	7	7	7	(465)	7	7	7	20	13	(388)	(401)	(13)
Adjusted Surplus/(Deficit)	(8,742)	(6,967)	(6,091)	(6,633)	(7,481)	(5,036)	(5,043)	(5,345)	(7,482)	(7,145)	(7,555)	(6,136)	(5,899)	(7,481)	(1,582)	(74,700)	(79,656)	(4,956)
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Adjustments to derive underlying deficit

FSM Loan Interest	388	436	430	477	495	513	547	576	653	671	627	721				6,346	6,534	188
External Support	378	309	351	536	520	330	330	330	312	0	0	0				3,000	3,396	396
Prior Year Income & Challenges	155	0	(736)	211	0	0	0	0	0	0	0	0				0	(370)	(370)
Profit on Disposals	0	0	0	0	0	(713)	0	0	0	0	0	0				(963)	(713)	250
Accruals Adjustment	80	(218)	(604)	0	(547)	0	0	0	0	0	0	0				0	(1,289)	(1,289)
Income timing adjustment	1,106	(525)	533	(486)	(629)	0	0	0	0	0	0	0				0	(0)	(0)
Underlying Surplus/(Deficit)	(6,635)	(6,965)	(6,116)	(5,895)	(7,642)	(4,906)	(4,166)	(4,439)	(6,517)	(6,474)	(6,928)	(5,415)				(66,317)	(72,098)	(5,781)

The Trust revised its financial plan to a deficit of £74.7m, and as at the end of August, the Trust is £5.0m adverse to plan.

The average run rate to date is a deficit of £7.2m per month.

The full year run rate shows the requirement to deliver a £5.0m 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 7 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 of this.

To achieve the planned deficit, the Trust requires to improve its overall run rate by an average of £1.6m per month in future months i.e. to deliver the planned deficit the Trust requires an average deficit of £5.5m 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.

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NHS Patient Care Income & Activity 2018/19

2018/19 Clinical Income Summary: YTD Month 05																	
Total Trust	Activity: In-Month				Income: In-Month				Activity: Year-To-Date				Income: Year-To-Date				
	2017/18 Aug	Aug	2018/19 Aug	Aug	2017/18 Aug	Aug	2018/19 Aug	Aug	2017/18 Apr-Aug	Aug	2018/19 Aug	Aug	2017/18 Apr-Aug	Aug	2018/19 Aug	Aug	
	Actual	Activity Plan	Actual	Variance	Actual	Plan	Actual	Variance	Actual	Activity Plan	Actual	Variance	Actual	Plan	Actual	Variance	
Accident & Emergency	13,593	11,384	12,429	1,045	1,750,899	1,701,949	1,816,246	114,297	65,023	57,547	63,772	6,225	8,833,464	8,595,275	9,228,959	633,684	
Accident & Emergency Streaming	0	0	1,355	1,355	0	0	0	0	0	1,258	6,141	4,883	0	73,972	67,726	(6,246)	
Daycases	5,244	5,184	5,214	30	2,806,430	2,705,885	2,632,721	(73,164)	26,088	26,133	27,224	1,091	13,630,856	13,772,453	14,024,971	252,518	
Elective Spells	867	863	733	(130)	2,040,959	2,132,626	1,813,980	(318,646)	4,176	4,397	3,845	(552)	10,347,298	10,843,505	9,670,373	(1,173,132)	
Non Elective Spells	6,222	6,106	5,918	(188)	9,888,344	10,561,848	10,852,908	291,060	29,649	30,352	29,356	(996)	49,072,112	52,228,773	52,315,674	86,901	
Inpatient WIP	0	0	0	0	0	0	(988,486)	(988,486)	0	0	0	0	0	0	0	(617,645)	(617,645)
Non Elective Excess Bed Days	1,795	1,504	2,171	667	283,125	366,123	333,433	(32,691)	7,390	7,521	8,656	1,135	1,831,609	1,830,617	1,902,069	71,452	
Elective Excess Bed Days	124	169	46	(123)	38,000	41,275	11,527	(29,748)	696	845	509	(336)	168,066	206,376	125,241	(81,135)	
Outpatient Firsts	24,214	22,459	21,625	(834)	3,238,103	2,937,608	3,112,120	174,512	120,515	118,168	118,650	482	16,165,536	15,494,004	16,258,060	764,055	
Outpatient Follow Ups	32,495	30,302	32,677	2,375	2,714,744	2,503,262	2,725,913	222,651	161,032	159,064	163,018	3,954	13,509,622	13,164,627	13,738,670	574,043	
Critical Care	1,235	1,370	1,707	337	939,269	1,129,101	1,404,017	274,916	3,570	6,839	7,909	1,071	4,037,327	5,631,001	6,101,133	470,132	
Maternity	1,093	981	1,015	34	988,380	879,469	873,932	(5,537)	4,964	4,906	5,077	171	4,319,862	4,397,345	4,298,899	(98,446)	
Audiology	1,682	1,202	1,588	386	119,959	84,019	113,023	29,003	10,727	5,953	7,882	1,928	716,306	416,096	560,982	144,886	
Block	-	-	-	-	847,498	828,281	828,281	0	0	579	579	(0)	4,237,489	4,166,392	4,166,391	(1)	
Chemotherapy	2,630	2,928	3,018	90	407,837	371,351	385,430	14,079	13,844	14,592	15,246	655	1,762,153	1,843,490	1,947,904	104,414	
Radiology	15,378	15,215	19,331	4,116	851,977	847,142	998,758	151,615	75,891	75,352	90,270	14,918	4,190,013	4,196,393	4,966,269	769,876	
Gainshare & Admin Fee	-	-	-	-	95,478	75,836	88,095	12,260	0	379,179	399,675	20,496	475,228	379,179	399,675	20,496	
Paediatric Cystic Fibrosis	0	0	31	31	0	0	13,166	13,166	0	0	155	155	0	0	65,830	65,830	
Radiotherapy	2,196	2,385	2,214	(171)	460,639	434,114	409,252	(24,862)	10,859	11,926	10,920	(1,006)	2,010,095	2,170,572	2,020,732	(149,840)	
Screening	6,462	6,112	7,292	1,180	351,293	438,238	435,016	(3,222)	28,875	30,400	36,834	6,434	1,890,806	2,128,019	2,164,678	36,659	
Specialised Rehab	436	520	718	198	96,544	227,508	327,312	99,804	1,551	2,601	2,906	305	648,425	1,137,540	1,324,941	187,401	
Therapies	6,129	5,894	6,127	233	229,348	213,798	224,321	10,523	30,482	29,189	30,699	1,510	1,096,236	1,058,808	1,120,980	62,172	
Other - non PbR etc	0	0	0	0	135,017	180,761	150,793	(29,968)	0	0	0	0	2,741,529	862,162	786,373	(75,789)	
Activity sub total	121,795	114,579	125,209	10,630	28,283,843	28,660,196	28,561,759	(98,437)	595,332	966,800	1,029,323	62,523	141,684,031	144,596,600	146,638,886	2,042,286	
Passthrough					3,824,318	4,074,837	4,128,089	53,252					19,503,934	20,374,185	20,390,006	(15,821)	
Readmissions					(180,772)	(253,096)	(253,096)	0					(903,858)	(1,257,087)	(1,257,087)	0	
MRET					(205,307)	(244,804)	(371,414)	(126,610)					(1,215,102)	(1,214,878)	(1,678,489)	(463,611)	
System Resilience					0	192,121	192,121	(0)					960,607	960,607	960,607	(0)	
CQUIN					545,585	675,047	551,604	(123,443)					2,744,616	3,415,250	2,768,603	(646,647)	
Fines					(7,324)	0	(186,331)	(186,331)					(194,353)	0	(881,436)	(881,436)	
Fines Reinvested					0	0	0	0					0	0	0	0	
AIV Challenges					0	0	(34,583)	(34,583)					0	0	(172,917)	(172,917)	
PLCV Challenges					0	0	(63,500)	(63,500)					0	0	(317,500)	(317,500)	
Endoscopy BPT					0	0	(40,600)	(40,600)					0	0	(203,000)	(203,000)	
Prior Year - Invoiced					0	0	0	0					(759,171)	0	572,043	572,043	
Prior Year - Fines and Challenges					0	0	0	0					318,892	0	(202,027)	(202,027)	
Total Cost/Volume PODs (Non Passthrough)	121,795	114,579	125,209	10,630	28,436,025	29,029,465	28,355,960	(673,505)	595,332	966,800	1,029,323	62,523	141,675,055	146,500,493	146,227,683	(272,810)	
Passthrough	0	0	0	0	3,824,318	4,074,837	4,128,089	53,252	0	0	0	0	19,503,934	20,374,185	20,390,006	15,821	
Total (Inc Passthrough)	121,795	114,579	125,209	10,630	32,260,344	33,104,302	32,484,049	(620,253)	595,332	966,800	1,029,323	62,523	161,178,989	166,874,678	166,617,689	(256,989)	

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Income from NHS activity underperformed by £620k in the month, £257k YTD.

A&E is overperforming on all sites YTD and in month at Lincoln and Boston

Admitted Patient Care is underperforming in month and YTD. Work in progress has reduced from last month as patients have been discharged. The main admitted patient care specialties of concern are shown in the box to the right. There are also partially compensating variances in a number of medical specialties - Data recording in this area is being reviewed by the Information Team and Directorates

This is partially offset by over performance in other areas such as radiology and outpatients.

CQUIN achievement is currently being accrued at 80% achievement although investment to improve this is being considered

Fines continue to be a problem particularly in relation to cancer (£466k ytd), cancelled operations not reschedule within 28 days (£244k ytd) and duty of candour (157k ytd)

An accrual is being made for challenges from Commissioners and the potential loss in endoscopy BPT as a result of loss of JAG accreditation.

There is also a risk that the on-going PLCV audit from 2017/18 will further deteriorate to position.

The expectation is that mitigating actions will be developed by the new Divisional Directors to address the issues highlighted, specifically in relation to Elective p

Elective Spell key Variances

Specialty	Activity		Activity Variance	Price		Price Variance
	Activity Plan	Actual		Plan	Actual	
Urology	581	509	(72)	979,892	784,374	- 195,517
Trauma & Orthopaedics	1,086	877	(209)	4,843,111	3,930,785	- 912,326
Ent	330	216	(114)	520,299	369,941	- 150,359
Maxillo-Facial Surgery	89	51	(38)	142,445	81,138	- 61,306
Gynaecology	444	371	(73)	801,375	653,242	- 148,134
	<u>2,530</u>	<u>2,024</u>	<u>(506)</u>	<u>7,287,121</u>	<u>5,819,480</u>	<u>- 1,467,641</u>

Narrative:

Urology: Staffing issues and other operational performance issues have impacted income to date; plan being developed as part of service review to improve performance.

Trauma & Orthopaedics: Grantham trial is intended to bring performance back to 94% of contract, and stretch schemes are being developed to close the remaining shortfall.

Ent: Plan to address shortfall not yet agreed.

Maxillo-Facial Surgery: Plan to address shortfall not yet agreed.

Gynaecology: Capacity has been lost for a number of reasons: the impact of fire works, refurbishment of theatres, the lack of theatre staffing, and hot weeks not being covered at Lincoln.

Excellence in rural healthcare

FINANCE

Income & Activity Run Rate - Activity 2018/19

Activity	Activity Units												FOT Activity (ytd + Plan)	Full Year Plan	Variance
	Actual	Actual	Actual	Actual	Actual	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast				
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12			
Accident & Emergency	12,231	12,963	12,697	13,452	12,429	11,174	11,302	10,768	11,011	10,813	10,214	11,568	140,623	134,397	6,225
Accident & Emergency Streaming	1,060	1,305	1,178	1,243	1,355	0	0	0	0	0	0	0	6,141	1,258	4,883
Daycases	5,422	5,512	5,474	5,602	5,214	5,308	5,349	5,419	4,974	5,394	5,135	5,549	64,351	63,260	1,091
Elective Spells	727	793	860	732	733	895	945	915	789	683	778	872	9,722	10,275	-552
Non Elective Spells	5,678	6,020	5,760	5,980	5,918	6,013	6,169	5,875	5,965	5,944	5,499	6,025	70,845	71,841	-996
Inpatient 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	1,726	2,171	1,504	1,504	1,504	1,504	1,504	1,504	1,504	19,185	18,051	1,135
Elective Excess Bed Days	79	184	90	110	46	169	169	169	169	169	169	169	1,692	2,028	-336
Outpatient Firsts	23,352	25,648	24,646	23,379	21,625	24,768	24,733	24,936	21,614	24,028	22,867	24,323	285,919	285,437	482
Outpatient Follow Ups	31,734	33,260	32,145	33,202	32,677	35,377	35,670	36,030	31,154	34,804	32,867	35,287	404,206	411,119	-6,914
Critical Care	771	709	686	743	877	1,358	1,394	1,394	1,328	1,382	1,358	1,382	13,383	16,436	-3,053
Maternity	1,032	1,013	1,000	1,017	1,015	981	981	981	981	981	981	981	11,946	11,776	171
Audiology	1,633	1,598	1,532	1,531	1,588	1,145	1,317	1,317	1,002	1,259	1,145	1,259	16,325	14,397	1,928
Block	-	-	-	-	-	115	115	115	115	115	115	115	806	0	806
Chemotherapy	2,945	3,127	2,983	3,173	3,018	2,879	3,025	3,025	2,758	2,977	2,879	2,977	35,767	35,113	655
Radiology	16,858	17,794	16,845	19,442	19,331	14,493	16,659	16,659	12,687	15,937	14,493	15,937	197,135	182,216	14,918
Gainshare & Admin Fee	-	-	-	-	-	75,836	75,836	75,836	75,836	75,836	75,836	75,836	530,851	0	530,851
Paediatric Cystic Fibrosis	31	31	31	31	31	0	0	0	0	0	0	0	155	0	155
Radiotherapy	1,998	2,341	2,302	2,065	2,214	2,385	2,385	2,385	2,385	2,385	2,385	2,385	27,616	28,622	-1,006
Screening	7,785	7,198	6,860	7,699	7,292	6,126	6,144	6,193	6,189	6,202	6,198	6,225	80,111	73,677	6,434
Specialised Rehab	554	36	810	788	718	520	520	520	520	520	520	520	6,547	6,241	305
Therapies	5,508	6,659	6,213	6,192	6,127	5,613	6,455	6,455	4,912	6,175	5,613	6,175	72,096	70,586	1,510
Other - non PbR etc	0	0	0	0	0	4,062,638	4,045,286	4,059,322	4,098,016	4,080,237	4,109,381	4,057,088	28,511,968	0	28,511,968
Volumes accrued at first month end:															
Uncoded inpatients	3,429	7,576	4,930	4,467	4,653	0	0	0	0	0	0	0	25,055	0	25,055
Missing outcomes	8,372	8,884	4,000	3,540	1,989	0	0	0	0	0	0	0	26,785	0	26,785
Pending admissions	175	110	69	81	132	0	0	0	0	0	0	0	567	0	567
Total Cost/Volume PODs (Non Passthrough)	121,075	127,838	123,547	128,107	124,378	4,259,297	4,245,960	4,259,818	4,283,909	4,277,345	4,299,938	4,256,176	30,507,389	1,436,727	29,070,662
Passthrough	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Board Report Position	121,075	127,838	123,547	128,107	124,378	4,259,297	4,245,960	4,259,818	4,283,909	4,277,345	4,299,938	4,256,176	30,507,389	1,436,727	29,070,662

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Income & Activity Run Rate - £ 2018/19

Income	Forecast (£k)												FOT £ (ytd + Plan)	Full Year Plan	Variance
	Actual M1	Actual M2	Actual M3	Actual M4	Actual M5	Forecast M6	Forecast M7	Forecast M8	Forecast M9	Forecast M10	Forecast M11	Forecast M12			
Accident & Emergency	1,744,536	1,881,932	1,830,854	1,955,391	1,816,246	1,668,258	1,687,132	1,608,803	1,645,889	1,616,809	1,529,395	1,726,957	20,712,201	20,078,517	633,684
Accident & Emergency Streaming	67,726	0	0	0	0	0	0	0	0	0	0	0	67,726	73,972	-6,246
Daycases	2,759,157	2,867,380	2,779,044	2,986,670	2,632,721	2,757,441	3,097,483	3,101,318	2,470,078	2,987,252	2,739,090	2,982,355	34,159,989	33,450,526	709,463
Elective Spells	1,860,822	1,988,350	2,019,219	1,988,002	1,813,980	1,931,784	2,191,410	2,128,561	1,729,225	2,066,281	1,879,817	2,085,396	23,682,848	25,096,204	-1,413,356
Non Elective Spells	10,137,096	10,599,476	10,196,605	10,529,589	10,852,908	9,822,876	10,952,541	10,932,194	8,924,149	10,590,463	9,777,593	10,567,690	123,883,180	124,356,622	-473,442
Inpatient WIP	0	0	750,000	-379,159	-988,486	0	0	0	0	0	0	0	-617,645	0	-617,645
Non Elective Excess Bed Days	391,316	398,672	348,492	430,156	333,433	366,123	366,123	366,123	366,123	366,123	366,123	366,123	4,464,933	4,393,481	71,452
Elective Excess Bed Days	22,741	42,487	22,230	26,256	11,527	41,275	41,275	41,275	41,275	41,275	41,275	41,275	414,167	495,303	-81,135
Outpatient Firsts	3,089,226	3,396,584	3,258,075	3,402,055	3,112,120	3,247,615	3,248,307	3,281,803	2,828,301	3,150,949	2,996,787	3,185,012	38,196,834	37,432,779	764,055
Outpatient Follow Ups	2,689,464	2,826,814	2,710,624	2,785,856	2,725,913	2,802,369	2,823,038	2,867,370	2,468,226	2,774,905	2,624,038	2,800,252	32,898,869	32,553,352	345,517
Critical Care	1,331,970	1,054,991	1,128,557	1,181,599	1,404,017	1,114,599	1,158,105	1,158,105	1,078,343	1,143,603	1,114,599	1,143,603	14,012,089	13,541,957	470,132
Maternity	845,117	893,407	883,273	803,170	873,932	879,469	879,469	879,469	879,469	879,469	879,469	879,469	10,455,183	10,553,628	-98,446
Audiology	117,096	113,537	108,435	108,891	113,023	80,018	92,021	92,021	70,016	88,020	80,018	88,020	1,151,118	1,006,232	144,886
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	406,185	385,430	358,087	397,877	397,877	324,929	384,614	358,087	384,614	4,553,990	4,449,576	104,414
Radiology	962,973	1,016,076	978,243	1,010,220	998,758	807,824	925,780	925,780	709,527	886,461	807,824	886,461	10,915,925	10,146,049	769,876
Gainshare & Admin Fee	73,688	81,785	73,820	82,287	88,095	75,836	75,836	75,836	75,836	75,836	75,836	75,836	930,526	910,030	20,496
Paediatric Cystic Fibrosis	13,166	13,166	13,166	13,166	13,166	0	0	0	0	0	0	0	65,830	0	65,830
Radiotherapy	380,821	432,105	414,832	383,722	409,252	434,114	434,114	434,114	434,114	434,114	434,114	434,114	5,059,533	5,209,373	-149,840
Screening	463,594	414,751	411,236	440,081	435,016	443,765	450,872	470,218	468,639	473,772	472,192	482,852	5,426,989	5,390,329	36,659
Specialised Rehab	231,303	16,121	396,885	353,321	327,312	227,508	227,508	227,508	227,508	227,508	227,508	227,508	2,917,497	2,730,096	187,401
Therapies	201,546	246,575	224,840	223,698	224,321	203,617	234,159	234,159	178,165	223,979	203,617	223,979	2,622,654	2,560,482	62,172
Other - non PbR etc	148,727	162,360	159,093	165,400	150,793	4,199,366	4,185,653	4,199,689	4,231,711	4,219,391	4,246,109	4,196,242	30,264,534	1,587,706	28,676,828
Activity sub total	28,757,953	29,666,377	29,927,961	29,724,836	28,561,759	32,290,226	34,296,986	34,250,506	29,979,806	33,459,106	31,681,773	33,606,040	376,203,329	345,980,575	30,222,754
Readmissions	-243,862	-250,014	-250,495	-259,620	-253,096	-248,562	-256,163	-241,812	-247,284	-246,698	-227,959	-249,420	-2,974,984	-2,976,892	1,908
MRET	-283,776	-389,172	-253,893	-380,235	-371,414	-239,812	-247,241	-233,213	-238,563	-237,989	-219,672	-240,650	-3,335,630	-2,872,018	-463,611
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
CQUIN	542,465	558,947	549,933	565,654	551,604	684,535	700,956	688,616	649,335	667,134	640,227	689,962	7,489,368	8,136,199	-646,831
Fines	-106,606	-92,724	-359,664	-136,111	-186,331	0	0	0	0	0	0	0	-881,436	0	-881,436
Fines Reinvested	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
AIV Challenges	-34,583	-34,583	-34,583	-34,583	-34,583	0	0	0	0	0	0	0	-172,917	0	-172,917
PLCV Challenges	-63,500	-63,500	-63,500	-63,500	-63,500	0	0	0	0	0	0	0	-317,500	0	-317,500
Endoscopy BPT	-40,600	-40,600	-40,600	-40,600	-40,600	0	0	0	0	0	0	0	-203,000	0	-203,000
Prior Year - Invoiced	0	0	782,801	-210,758	0	0	0	0	0	0	0	0	572,043	0	572,043
Prior Year - Fines and Challenges	-154,903	0	-47,125	0	0	0	0	0	0	0	0	0	-202,027	0	-202,027
Total Cost/Volume PODs (Non Passthrough)	28,564,709	29,546,853	30,402,957	29,357,204	28,355,960	32,678,508	34,686,659	34,656,218	30,335,415	33,833,675	32,066,490	33,998,054	378,482,703	350,573,320	27,909,383
Passthrough	3,827,224	4,361,161	3,970,220	4,103,312	4,128,089	4,078,001	4,078,001	4,078,001	4,078,001	4,078,001	4,078,001	4,078,001	48,936,015	48,898,045	37,970
Board Report Position	32,391,933	33,908,014	34,373,177	33,460,516	32,484,049	36,756,509	38,764,661	38,734,219	34,413,417	37,911,676	36,144,491	38,076,055	427,418,718	399,471,364	27,947,353

FINANCE

Fines and Penalties update 2018/19

Type	Item	M5 YTD £k
Cancer	2ww breast symptomatic	146,667
Cancer	2ww suspect cancer	289,000
Cancer	31 first treatment - first definitive within 1 mth	-
Cancer	31 sub - drug	-
Cancer	31 sub - rt	-
Cancer	31 sub - surgery	25,000
Cancer	62 day - consultant upgrade	-
Cancer	62 day - screening referrals	5,000
Cancelled ops	Cancelled operations not reschedule within 28 days	244,924
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	157,178
Mixed sex	Mixed Sex Accommodation	333
MRSA, C Diff	MRSA	13,333
Fines	Remedial action plans	-
Total		881,436

The performance leading to the application of these fines and penalties is detailed in the performance section of this report.

Cancer accounts for over half of the fines allocated to the Trust so far in 18/19 with the majority of these allocated to 2ww and 2ww breast symptomatic performance, this is largely due to lack of capacity within the service and lack of breast radiologists. A locum radiologist is due to join the Trust on 10th September, additionally Kettering radiologists are now employed on bank contracts and have started providing additional weekend capacity. The Breast service is currently polling at 14 days.

In months 1-4 there have been 830 cancelled operations on the day, 185 of which were in Orthopaedics and 535 cancelled operations the day before, 157 of which were in Orthopaedics. During August the Orthopaedic 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, recover the activity position and reduce the number of cancelled operations. There are other actions being taken in relation to other specialties (e.g. Theatre Productivity)

Duty of Candour has shown an improvement against the internal trajectory, however, the Commissioners are measuring us against 100% compliance. The Trust need to ensure the level of fines being attributed is being addressed with specialties and this will be done through the monthly performance review meeting process.

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

FINANCE

Income Summary & Run Rate 2018/19

2018/19 Other Income Summary: YTD Month 05								
Other Income	Other Income: In-Month				Other Income: Year-To-Date			
	2017/18	2018/19			2017/18	2018/19		
	Aug £k Actual	Aug £k Plan	Aug £k Actual	Aug £k Variance	Apr - Aug £k Actual	Aug £k Plan	Aug £k Actual	Aug £k Variance
NHS Patient Care Income	33,521	33,614	34,992	1,378	160,792	169,209	169,558	349
Non NHS Private Patients	30	32	25	(7)	173	161	100	(61)
Overseas Visitors	1	28	17	(11)	123	138	130	(8)
Injury Cost Recovery Scheme	2	131	80	(51)	552	656	256	(400)
Patient Care Income Total	33,554	33,805	35,114	1,309	161,640	170,164	170,044	(120)
Other Income								
Research & Development	116	94	94	0	564	471	497	26
Education & Training	1,336	1,374	1,323	(51)	6,552	6,871	6,618	(253)
Non patient services to other bodies	612	573	537	(36)	2,665	2,866	2,908	42
STF	0	0	0	0	0	0	0	0
Car parking income	211	247	247	0	1,021	1,235	1,174	(61)
Catering income	174	172	73	(99)	858	858	377	(481)
Other Income	368	362	982	620	1,906	1,811	2,552	741
Other Income Total	2,817	2,822	3,256	434	13,566	14,112	14,126	14
Total Income	36,371	36,627	38,370	1,743	175,206	184,276	184,170	(106)

In addition to the adverse movement on NHS Patient Care Income, other notable areas of adverse movements to plan include private patients, injury cost recovery, education & training, catering and car parking.

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 by the TUPE of staff to an external provider - whilst this should have been reflected in the financial plan, the adjustment was omitted in error.

The year to date income position also includes £2,050k 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 in 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 the pay award funding, income to date has averaged £36.4m per month, but to meet the plan in future months needs to improve by £0.6m (or 1.8%) per month.

2018/19 Other Income Run Rate

	Forecast £k												Full Year Plan	FOT £ ytd actuals + Plan	Variance
	Actual	Actual	Actual	Actual	Actual	Forecast									
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12			
NHS Patient Care Income	31,421	34,603	34,017	34,525	34,992	33,986	34,829	34,326	32,490	33,449	32,318	34,376	404,983	405,332	349
Non NHS Private Patients	14	19	18	24	25	32	32	32	32	32	32	32	385	324	(61)
Overseas Visitors	33	4	22	54	17	26	28	28	26	28	28	28	330	322	(8)
Injury Cost Recovery Scheme	76	(23)	40	83	80	131	131	131	131	131	131	131	1,573	1,173	(400)
Patient Care Income Total	31,544	34,603	34,097	34,686	35,114	34,175	35,020	34,517	32,679	33,640	32,509	34,567	407,271	407,151	(120)
Other Income															
Research & Development	96	97	94	116	94	95	94	94	95	94	94	94	1,131	1,157	26
Education & Training	1,306	1,330	1,337	1,323	1,322	1,374	1,374	1,374	1,374	1,374	1,374	1,374	16,489	16,236	(253)
Non patient services to other bodies	515	473	803	580	537	575	573	573	574	573	573	574	6,881	6,923	42
STF	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Car parking income	220	248	211	248	247	247	247	247	247	247	247	247	2,964	2,903	(61)
Catering income	70	80	73	81	73	170	172	172	170	172	172	172	2,058	1,577	(481)
Other Income	376	316	335	542	983	360	363	363	359	835	363	363	4,817	5,558	741
Other Income Total	2,583	2,544	2,853	2,890	3,256	2,821	2,823	2,823	2,819	3,295	2,823	2,824	34,340	34,354	14
Total Income	34,127	37,147	36,950	37,576	38,370	36,996	37,843	37,340	35,498	36,935	35,332	37,391	441,611	441,505	(106)

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Pay Summary 2018/19

2018/19 Pay Summary: YTD Month 05								
Staff Groups	Pay: In-Month				Pay: Year-To-Date			
	2017/18 Aug £k Actual	2018/19 Aug £k Plan	2018/19 Aug £k Actual	2018/19 Aug £k Variance	2017/18 Apr - Aug £k Actual	2018/19 Aug £k Plan	2018/19 Aug £k Actual	2018/19 Aug £k Variance
Substantive:								
Registered Nursing, Midwifery and Health visiting staff	6,898	7,124	7,092	32	35,374	35,597	34,647	950
Health Care Scientists and Scientific, Therapeutic and Technical staff	2,485	2,501	2,606	(105)	12,413	12,549	12,586	(37)
Qualified Ambulance Service staff	0	0	0	0	0	0	0	0
Support to clinical staff	4,418	4,423	5,092	(669)	22,041	22,219	23,065	(846)
Medical and Dental Staff	6,592	6,661	6,554	107	32,615	33,253	32,694	559
Non-Medical - Non-Clinical Staff	2,447	2,274	2,730	(456)	12,141	11,972	12,773	(801)
Bank:								
Registered Nursing, Midwifery and Health visiting staff	238	333	461	(128)	1,061	1,667	2,398	(731)
Health Care Scientists and Scientific, Therapeutic and Technical staff	23	30	40	(10)	132	151	215	(64)
Qualified Ambulance Service staff	0	0	0	0	0	0	0	0
Support to clinical staff	341	311	497	(186)	1,563	1,554	1,924	(370)
Medical and Dental Staff	762	737	930	(193)	3,747	3,688	4,182	(494)
Non-Medical - Non-Clinical Staff	158	179	236	(57)	720	894	934	(40)
Agency:								
Registered Nursing, Midwifery and Health visiting staff	728	532	851	(319)	3,667	2,992	3,654	(662)
Health Care Scientists and Scientific, Therapeutic and Technical staff	138	94	145	(51)	790	586	768	(182)
Qualified Ambulance Service staff	0	0	0	0	0	0	0	0
Support to clinical staff	0	1	1	(0)	2	4	13	(9)
Medical and Dental Staff	1,546	1,496	1,863	(367)	7,390	7,443	8,747	(1,304)
Non-Medical - Non-Clinical Staff	249	102	88	14	766	557	448	109
Apprentice levy	99	102	113	(11)	498	510	528	(18)
Capitalised staff	0	0	(171)	171	0	0	(245)	245
Total Pay	27,122	26,900	29,128	(2,228)	134,920	135,636	139,331	(3,696)

Whilst Pay year to date is £3.7m adverse to plan, this includes the impact of the A4C pay award. The Trust received additional income of £410k in July and £1,640k in August to fund the excess of the pay award over and above that funded within the tariff. Excluding the cost of the pay award over and above that funded within the tariff, employee expenses have been largely flat in 2018/19.

Contracted wte numbers have generally been reducing since September 2017, and in August 2018 fell to their lowest level since October 2016. Whilst the overall pay position is largely flat, expenditure on temporary staffing has risen as a proportion of overall pay spend from 16.1% in April to 17.5% in August. Whilst expenditure on bank and agency averaged £4.4m per month in quarter 1, expenditure has increased in quarter 2 by an average of £533k per month.

While Medical staffing contracted wte numbers increased in-month by 5wte, overall expenditure on medical staffing increased in-month by £216k. The majority of this increase in medical staffing expenditure was in relation to medical bank staff, and this increase occurred despite the increase in contracted wte and the reduction in activity and income from patient care activities.

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Pay Run Rate - £ 2018/19

Staff Groups	Forecast (£k)												Full Year Plan £000s	Forecast Actual + YTD £000s	Variance £000s	
	Actual M1 £000s	Actual M2 £000s	Actual M3 £000s	Actual M4 £000s	Actual M5 £000s	Plan M6 £000s	Plan M7 £000s	Plan M8 £000s	Plan M9 £000s	Plan M10 £000s	Plan M11 £000s	Plan M12 £000s				
Substantive:																
Registered Nursing, Midwifery and Health visiting staff	6,991	6,895	6,856	6,812	7,092	7,125	7,165	7,270	7,271	7,270	7,270	7,160	86,128	85,178	950	
Health Care Scientists and Scientific, Therapeutic and	2,478	2,499	2,499	2,505	2,606	2,503	2,508	2,538	2,536	2,536	2,536	2,498	30,204	30,241	(37)	
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	4,423	4,429	4,475	4,474	4,474	4,474	4,405	53,373	54,219	(846)	
Medical and Dental Staff	6,442	6,620	6,608	6,470	6,554	6,661	6,703	6,806	6,805	6,806	6,806	6,702	80,542	79,983	559	
Non-Medical - Non-Clinical Staff	2,557	2,445	2,505	2,535	2,730	2,545	2,333	2,305	2,303	2,635	2,635	2,595	29,323	30,124	(801)	
Bank:																
Registered Nursing, Midwifery and Health visiting staff	582	451	441	463	461	334	333	333	334	333	333	334	4,001	4,732	(731)	
Health Care Scientists and Scientific, Therapeutic and	55	39	40	40	40	30	30	30	30	30	30	30	361	425	(64)	
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	370	497	309	311	311	309	311	311	311	3,727	4,097	(370)	
Medical and Dental Staff	907	759	806	781	930	740	737	737	739	737	737	738	8,853	9,347	(494)	
Non-Medical - Non-Clinical Staff	219	156	123	200	236	178	179	179	178	179	179	178	2,144	2,184	(40)	
Agency:																
Registered Nursing, Midwifery and Health visiting staff	494	755	751	804	851	533	481	425	423	423	423	423	6,123	6,785	(662)	
Health Care Scientists and Scientific, Therapeutic and	193	118	127	185	145	91	74	54	52	54	54	54	1,019	1,201	(182)	
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	0	1	1	1	1	1	1	10	19	(9)	
Medical and Dental Staff	1,506	1,736	1,761	1,881	1,863	1,496	1,422	1,342	1,339	1,339	1,339	1,339	17,059	18,363	(1,304)	
Non-Medical - Non-Clinical Staff	69	82	95	114	88	103	95	88	87	88	88	87	1,193	1,084	109	
Apprentice levy	103	103	104	105	113	102	102	102	102	102	102	102	1,223	1,241	(18)	
Capitalised staff	0	(12)	(51)	(11)	(171)	0	0	0	0	0	0	0	0	(245)	245	
Items included in Non pay:																
Operating expenses: research and development	(115)	(112)	(105)	(117)	(121)	(120)	(120)	(120)	(120)	(120)	(120)	(120)	(1,440)	(1,410)	(30)	
Operating expenses: education and training	(131)	(114)	(118)	(123)	(118)	(145)	(145)	(145)	(145)	(145)	(145)	(145)	(1,740)	(1,619)	(121)	
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	27,173	26,903	26,996	26,983	27,318	27,318	26,957	325,283	328,979	(3,696)	

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Non Pay Summary 2018/19

2018/19 Non Pay Summary: YTD Month 05								
Non Pay	Non Pay: In-Month				Non Pay: Year-To-Date			
	2017/18	2018/19			2017/18	2018/19		
	Aug £k Actual	Aug £k Plan	Aug £k Actual	Aug £k Variance	Apr - Aug £k Actual	Aug £k Plan	Aug £k Actual	Aug £k Variance
Ambulance Services	100	164	221	(57)	479	830	498	332
Clinical Supplies & Services	4,841	4,408	5,178	(770)	23,533	23,679	25,427	(1,748)
Drugs	1,136	474	555	(81)	6,452	2,622	2,472	150
Drugs Pass through	3,027	4,075	4,180	(105)	15,338	20,374	20,390	(16)
Establishment Expenditure	464	397	560	(163)	2,267	1,971	2,761	(790)
General Supplies & Services	856	568	1,144	(576)	3,944	3,270	5,108	(1,838)
Other	125	594	253	341	1,617	2,853	1,098	1,755
Premises & Fixed Plant	1,499	1,643	1,431	212	7,784	8,211	7,089	1,122
Clinical Negligence	1,824	1,781	1,774	7	9,118	8,825	8,872	(47)
Capital charges	1,032	1,015	951	64	5,084	4,982	4,832	150
Total Non Pay	14,904	15,119	16,247	(1,128)	75,616	77,617	78,547	(930)

Non Pay YTD is £0.9m adverse to plan.

However, the YTD position includes the release of £0.5m of prior year accruals (including the £0.3m provision in relation to COS heading IR14), without which the adverse variance to plan would be £1.4m.

The Non Pay position will also reflect the lower than planned levels of elective activity.

From the run rate analysis, non pay to date has averaged £15.7m per month to date.

To stay within the planned level of non pay expenditure, the Trust requires to improve its non pay run rate by an average of £0.5m (or 3.1%) per month in future months i.e. non pay expenditure needs to average £15.2m per month in the remaining months of 2018/19.

Non Pay Run Rate 2018/19

Non Pay	Forecast £k												FOT £ ytd actuals + Plan	Plan	Variance
	Actual	Actual	Actual	Actual	Actual	Plan	Plan	Plan	Plan	Plan	Plan				
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12			
Ambulance Services	55	80	58	84	221	166	171	169	159	163	157	168	1,651	1,983	332
Clinical Supplies & Services	4,667	5,352	5,043	5,187	5,178	4,281	4,574	4,333	4,213	4,348	3,866	4,449	55,491	53,743	(1,748)
Drugs	442	649	417	410	555	533	646	562	300	425	240	571	5,750	5,900	150
Drugs Pass through	3,827	4,337	3,825	4,220	4,180	4,075	4,075	4,075	4,075	4,075	4,075	4,075	48,914	48,898	(16)
Establishment Expenditure	420	440	790	551	560	392	397	395	399	399	399	396	5,538	4,748	(790)
General Supplies & Services	603	1,272	996	1,092	1,145	468	577	468	524	542	513	541	8,741	6,903	(1,838)
Other	700	(191)	163	171	255	434	556	1,013	1,226	1,213	1,233	1,248	8,021	9,776	1,755
Premises & Fixed Plant	1,568	1,616	1,164	1,309	1,432	1,641	1,647	1,655	1,654	1,655	1,655	1,647	18,643	19,765	1,122
Clinical Negligence	1,774	1,775	1,774	1,775	1,774	1,782	1,781	1,781	1,782	1,781	1,781	1,781	21,341	21,294	(47)
Capital charges	981	981	968	952	950	1,019	1,019	1,019	1,019	1,025	1,030	980	11,943	12,093	150
Total Non Pay	15,037	16,311	15,198	15,751	16,250	14,791	15,443	15,470	15,351	15,626	14,949	15,856	186,033	185,103	(930)

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Finance Efficiency Programme (FEP) Summary 2018/19

Financial Efficiency Programme Report

Reporting Month : Aug 2018

Trust Summary Position

Financial Actuals & RAG Rating

M05

	In Month			YTD			
	Plan	Actual	Variance	Plan	Actual	Variance	RAG
Workbook Plan	1,762	619	(1,143)	5,701	2,747	(2,954)	R

Finance Position

Financial Commentary - Month 04 Position

	YTD ACTUAL		FORECAST
	£k		£k
Recurrent	2,120	Recurrent	15,957
Non Recurrent	627	Non Recurrent	1,353
TOTAL	2,747	TOTAL	17,310

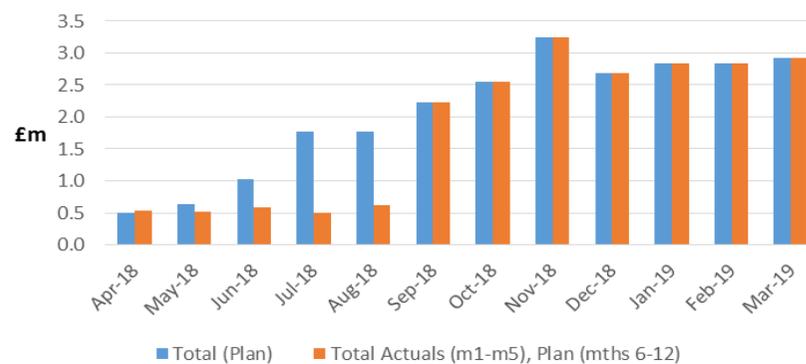
Whilst the ambition this financial year is to deliver £30m of efficiency savings, the financial plan for 2018/19 includes an efficiency programme of £25.0m.

The financial plan assumed efficiency savings delivery to date of £5.7m, such that with delivery YTD estimated to be £2.7m, the position is £3.0m adverse to plan.

The delivery status of the financial efficiency programme is that the schemes now total £17.3m including 4.7m of stretch schemes.

The Trust's new Turnaround Director has been in post since the end of June. He has undertaken a review of all schemes that has resulted in a reduction in the forecast delivery. A 'reset' of the FEP requirement in year has been undertaken and the membership of FTG expanded. The Divisional Managing Directors have been tasked with developing new opportunities to close the gap along with support from KPMG. As a result a number of rapid changes will be made to support increasing the pace and delivery of schemes including additional resource to focus on delivery improvements.

2018/19 FEP Plan v actuals cost savings



Forecast Outturn RAG

	£k
Stretch Schemes	4,679
Blue Schemes	3,251
Green Schemes	2,665
Amber Schemes	3,016
Red Schemes	3,700
Total Forecast	17,310

FINANCE

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

	2017/18 £k	2018/19 £k
<i>Operating Revenue</i>		
Revenue from Patient Care Activities	394,512	407,271
Other Operating Revenue	38,649	34,340
Total Operating Revenue	433,161	441,611
<i>Operating Expenses</i>		
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)
<i>Non-Operating Expenses</i>		
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 Aug 2018

	Year end		Year to date			Monthly Actual 2018/19				Forecast Outturn		
	31 March 2018		31 August 2018			30-Apr-18	31-May-18	30-Jun-18	31-Jul-18	31 March 2019		
	Actual £'000	Plan £'000	Actual £'000	Plan £'000	Variance £'000	Actual £'000	Actual £'000	Actual £'000	Actual £'000	Actual £'000	Plan £'000	Variance £'000
Non-current assets												
Intangible assets	6,148	3,759	5,489	6,018	(529)	6,016	5,884	5,752	5,621	5,488	5,488	0
Property, plant and equipment: on-SoFP IFRIC 12 assets	22,843	22,492	22,703	22,698	5	22,814	22,788	22,760	22,731	22,495	22,495	0
Property, plant and equipment: other	184,708	205,628	186,000	196,070	(10,070)	184,025	184,010	183,989	185,097	213,671	213,599	72
Trade and other receivables: due from non-NHS/DHSC group bodies	1,828	1,477	1,102	1,828	(726)	1,085	1,160	1,144	1,137	1,828	1,828	0
Total non-current assets	215,527	233,356	215,294	226,614	(11,320)	213,940	213,842	213,645	214,586	243,482	243,410	72
Current assets												
Inventories	6,799	7,430	6,902	6,799	103	6,919	6,997	6,878	7,023	6,799	6,799	0
Trade and other receivables: due from NHS and DHSC group bodies	20,413	12,876	19,855	16,987	2,868	17,379	15,862	20,002	18,722	17,664	17,664	0
Trade and other receivables: Due from non-NHS/DHSC group bodies	4,980	8,000	9,731	4,925	4,806	8,041	9,281	9,405	10,153	4,848	4,848	0
Assets held for sale and assets in disposal groups	1,225	0	1,225	450	775	1,225	1,225	1,225	1,225	0	0	0
Cash and cash equivalents: GBS/NLF	10,523	1,078	1,234	3,553	(2,319)	6,317	2,790	1,626	1,242	6,143	6,143	0
Cash and cash equivalents: commercial / in hand / other	10	0	10	10	0	9	9	9	9	10	10	0
Total current assets	43,950	29,384	38,957	32,724	6,233	39,890	36,164	39,145	38,374	35,464	35,464	0
Current liabilities												
Trade and other payables: capital	(11,727)	(3,314)	(3,671)	(2,888)	(783)	(6,105)	(3,689)	(3,445)	(3,666)	(5,654)	(4,723)	(931)
Trade and other payables: non-capital	(41,754)	(37,108)	(44,357)	(35,754)	(8,603)	(44,901)	(44,171)	(44,127)	(43,295)	(37,142)	(38,039)	897
Borrowings	(36,157)	(1,093)	(36,410)	(1,678)	(34,732)	(36,142)	(36,455)	(36,440)	(36,425)	(77,359)	(77,359)	0
Provisions	(735)	(843)	(679)	(735)	56	(732)	(690)	(690)	(656)	(679)	(735)	56
Other liabilities: deferred income	(2,707)	(2,331)	(983)	(2,707)	1,724	(1,140)	(1,020)	(977)	(1,184)	(2,707)	(2,707)	0
Other liabilities: other	(503)	(503)	(503)	(503)	0	(503)	(503)	(503)	(503)	(503)	(503)	0
Total current liabilities	(93,583)	(45,192)	(86,603)	(44,265)	(42,338)	(89,523)	(86,528)	(86,182)	(85,729)	(124,044)	(124,066)	22
Net Current liabilities	(49,633)	(15,808)	(47,646)	(11,541)	(36,105)	(49,633)	(50,364)	(47,037)	(47,355)	(88,580)	(88,602)	22
Total assets less current liabilities	165,894	217,548	167,648	215,073	(47,425)	164,307	163,478	166,608	167,231	154,902	154,808	94
Non-current liabilities												
Borrowings	(165,075)	(156,058)	(202,860)	(245,391)	42,531	(172,291)	(178,405)	(187,740)	(194,918)	(228,888)	(228,888)	0
Provisions	(2,994)	(2,413)	(3,108)	(3,061)	(47)	(2,994)	(3,091)	(3,091)	(3,091)	(2,933)	(2,911)	(22)
Other liabilities: other	(13,584)	(13,583)	(13,375)	(13,374)	(1)	(13,543)	(13,501)	(13,459)	(13,417)	(13,081)	(13,081)	0
Total non-current liabilities	(181,653)	(172,054)	(219,343)	(261,826)	42,483	(188,828)	(194,997)	(204,290)	(211,426)	(244,902)	(244,880)	(22)
Total net assets employed	(15,759)	45,494	(51,695)	(46,753)	(4,942)	(24,521)	(31,519)	(37,682)	(44,195)	(90,000)	(90,072)	72
Financed by												
Public dividend capital	257,563	256,746	257,563	257,563	0	257,563	257,563	257,563	257,563	257,635	257,563	72
Revaluation reserve	35,284	42,448	34,931	34,930	1	35,215	35,143	35,072	35,001	34,455	34,455	0
Other reserves	190	190	190	190	0	190	190	190	190	190	190	0
Income and expenditure reserve	(308,796)	(253,890)	(344,379)	(339,436)	(4,943)	(317,489)	(324,415)	(330,506)	(336,948)	(382,280)	(382,280)	0
Total taxpayers' and others' equity	(15,759)	45,494	(51,695)	(46,753)	(4,942)	(24,521)	(31,519)	(37,681)	(44,194)	(90,000)	(90,072)	72

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Cash Report 2018/19 Month 5

The cash balance at 31 August 2018 was £1.2m. This includes revenue cash loans drawn in April - August of £35.2m.

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 £3.7m.

Total revenue and capital borrowings at 31 August were £239.2m 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	Actual	Variance
	£k	£k	£k
Cash balance	3,563	1,244	(2,319)

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

Year to date	Plan	Actual	Variance
	£k	£k	£k
Operating Surplus	(28,977)	(33,708)	(4,731)
Depreciation	4,982	4,832	(150)
Other Non Cash I&E Items	(50)	(77)	(27)
Movement in Working Capital	(3,039)	(6,696)	(3,657)
Provisions	67	55	(12)
Cashflow from Operations	(27,017)	(35,594)	(8,577)
Interest received	10	48	38
Capital Expenditure	(24,858)	(10,469)	14,389
Cash receipt from asset sales	1,050	6	(1,044)
Cash from / (used in) investing activities	(23,798)	(10,415)	13,383
PDC Received	0	0	0
Dividends Paid	0	677	677
Interest on Loans, PFI and leases	(1,997)	(1,999)	(2)
Capital element of leases	(70)	(70)	0
Drawdown on debt - Revenue	35,212	35,212	0
Drawdown on debt - Capital	10,700	2,900	(7,800)
Repayment of debt	0	0	0
Cashflow from financing	43,845	36,720	(7,125)
Net Cash Inflow / (Outflow)	(6,970)	(9,289)	(2,319)
Opening cash balance	10,533	10,533	0
Closing Cash balance	3,563	1,244	(2,319)

Year End Forecast	Plan	Actual	Variance
	£k	£k	£k
Operating Surplus	(68,775)	(68,833)	(58)
Depreciation	12,093	12,093	0
Other Non Cash I&E Items	(592)	(592)	0
Movement in Working Capital	(2,497)	(2,133)	364
Provisions	(83)	(117)	(34)
Cashflow from Operations	(59,854)	(59,582)	272
Interest received	24	84	60
Capital Expenditure	(46,388)	(47,480)	(1,092)
Cash receipt from asset sales	2,288	2,294	6
Cash from / (used in) investing activities	(44,076)	(45,102)	(1,026)
PDC Received	0	72	72
Dividends Paid	0	677	677
Interest on Loans, PFI and leases	(5,470)	(5,465)	5
Capital element of leases	(147)	(147)	0
Drawdown on debt - Revenue	78,954	78,954	0
Drawdown on debt - Capital	26,600	26,600	0
Repayment of debt	(387)	(387)	0
Cashflow from financing	99,550	100,304	754
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 £1.2m at 31 August reflects the reduction in capital creditors from the year end high of £11.7m. The 2018/19 capital programme is however behind plan and this in turn has impacted upon the level of capital cash utilised (plan £24.9m : actual £10.5m). As a consequence the Trust has to date drawn only £2.9m against the approved capital loan of £26.6m for Fire Safety works in 2018/19. Revenue loans of £35.2m have been drawn in the first five months.

The cash forecast position assumes that the Trust will achieve its planned income and expenditure position. The only material movement results from PDC dividend refund £0.7m from 2017/18. The plan and therefore actual cash forecast assumes capital borrowing of £26.6m in 2018/19. The revised plan has Revenue borrowing in 2018/19 at £79.0m (£74.8m: 2018/19 deficit support; plus £4.2m 2017/18 deficit support).

FINANCE

Capital Report 2018/19 Month 05

The capital spend to date is £4.7m behind plan. This is inclusive of variances in IT: Cyber security measures £0.3m and LAN - obsolete Core Switch Supervisor upgrades £0.3m. Fire schemes are behind plan by £3.4m, consisting of Fire Works - package 1, 2 and 3 at Lincoln £1.7m and package 1 at Pilgrim £0.6m, Emergency lighting at Lincoln £0.8m. Facilities: Theatre Infrastructure Review £0.5m . 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.

Year to date	Plan	Actual	Variance
	£k	£k	£k
Capital Balance	9,907	5,194	4,713

Year End Forecast	Plan	Actual	Variance
	£k	£k	£k
Capital Balance	38,935	38,935	0

Year to date	Plan	Actual	Variance
	£k	£k	£k
Medical Equipment replacement	735	195	540
Prior Year	0	0	0
ICT	1,393	615	778
Estates - Backlog	715	32	683
Estates - Fire	5,918	2,548	3,370
Service developments	1,146	1,804	-658
Diagnostic capacity & sustainability	0	0	0
Elective capacity	0	0	0
Quality	0	0	0
Total	9,907	5,194	4,713

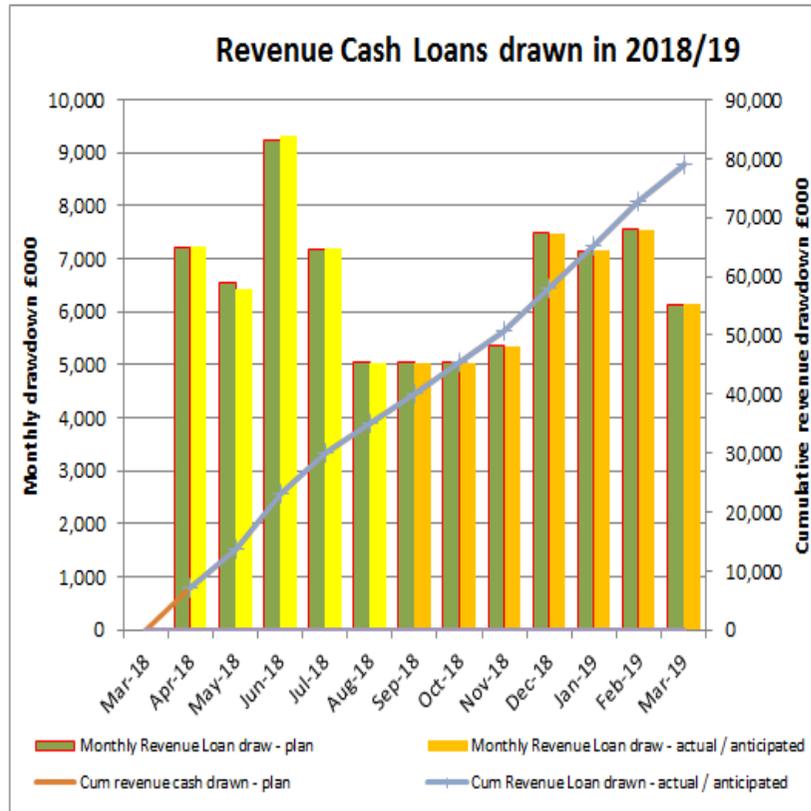
Year End Forecast	Plan	Actual	Variance
	£k	£k	£k
Medical Equipment replacement	2,000	2,000	0
Prior Year	0	0	0
ICT	2,575	2,575	0
Estates - Backlog	2,000	2,000	0
Estates - Fire	26,908	26,908	0
Service developments	1,748	1,748	0
Diagnostic capacity & sustainability	1,000	1,000	0
Elective capacity	1,000	1,000	0
Quality	1,000	1,000	0
Total	38,231	38,231	0

Risks

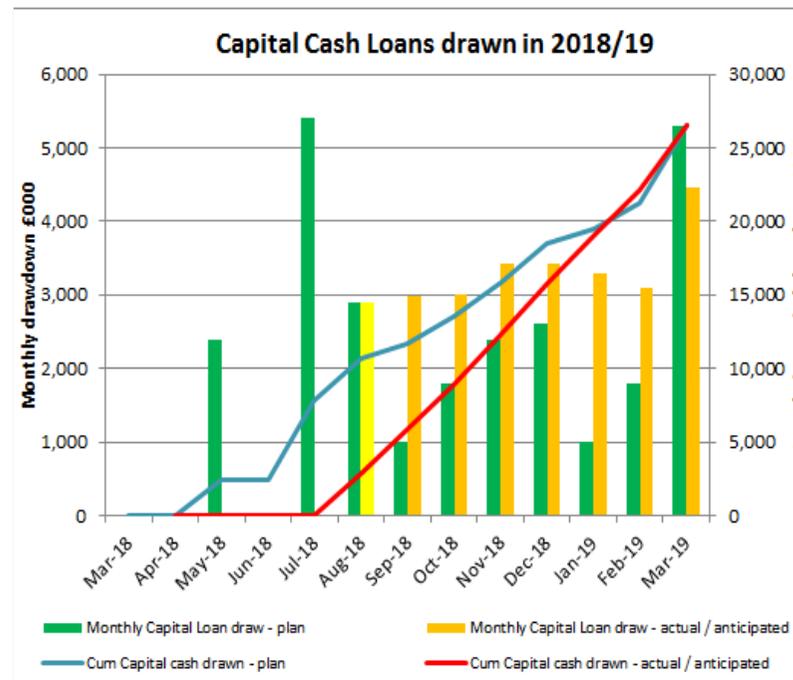
Whilst profiled the Trust has a significant capital requirement to be spent in the remaining 7 months of the financial year, the majority of which relates to fire where £16.7m has been contractually committed or spent to date. IT, Estates and MDG have risk based plans to deliver the spend. The Diagnostic, Elective and Quality related is being prioritised through Trust Board in October.

FINANCE

Revenue and Capital Borrowing



Revenue Borrowing
Against the planned deficit of £74.7m the Trust has drawn cash loans of £35.2m in the five months to August 18. This includes £4.3m deficit support relating to 2017/18. Total planned revenue related borrowing in 2018/19 is £79.0m. Borrowing rates for new loans was 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 £2.9m has been drawn at the end of August 2018. 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.

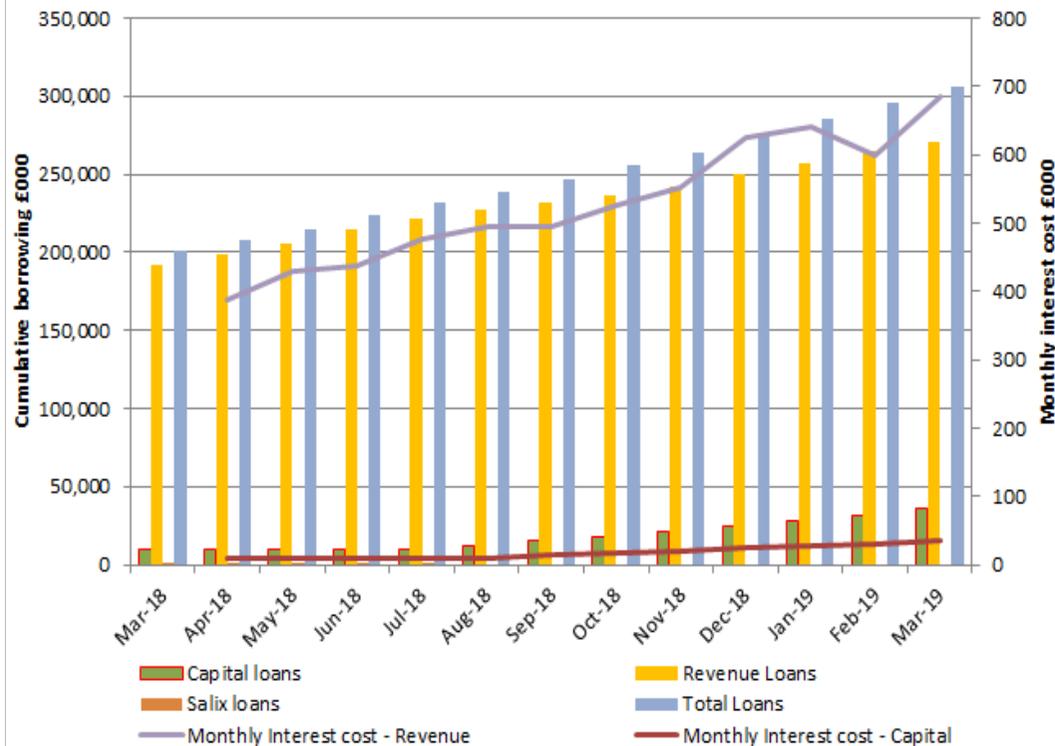
FSID Committee routinely receive and scrutinise the cash position and proposed future borrowings before passing recommendation to the Board for formal approval.

The Board has at its August 2018 meeting approved borrowings for October (Revenue £5.043m and Capital £3.011m).

The Board is requested to approve borrowing for November 2018: Revenue £5.345m Capital £3.415m

FINANCE

Cumulative Capital / Revenue Borrowing and interest charges



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	2.9	01/18/2033	Repayments commencing Aug 2019 thereafter every 6 months. Annual repayment £0.2m.		

Type	Loan £m	Repayment	Loan £m	Repayment	Repayment Terms
Revenue	35.6	Nov-18	9.3	Sep-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	6.6	Oct-20	
	2.5	Dec-19	6.2	Nov-20	
	52.0	Jan-20	6.0	Dec-20	
	4.1	Jan-20	6.0	Jan-21	
	4.2	Feb-20	6.0	Feb-21	
	7.6	Mar-20	5.4	Mar-21	
	6.2	Apr-20	7.2	Apr-21	
	5.8	May-20	6.4	May-21	
	5.5	Jun-20	9.3	Jun-21	
11.0	Jul-20	7.2	Jul-21		
7.0	Aug-20	5.0	Aug-21		

Borrowings and Interest

At 31 August 2018 total 'repayable' borrowings were £239.2m (Salix £0.1m), capital (£12.4m) and revenue (£226.7m). The Trust also has outstanding leases of £0.1m.

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

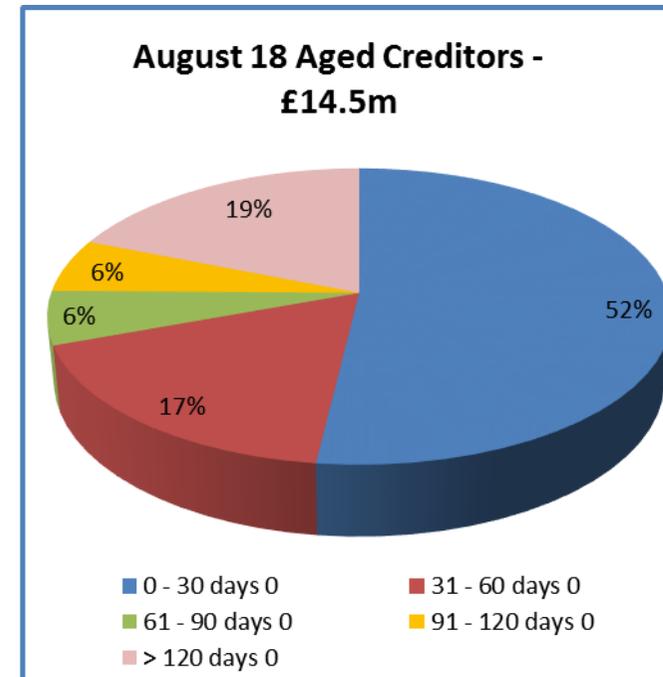
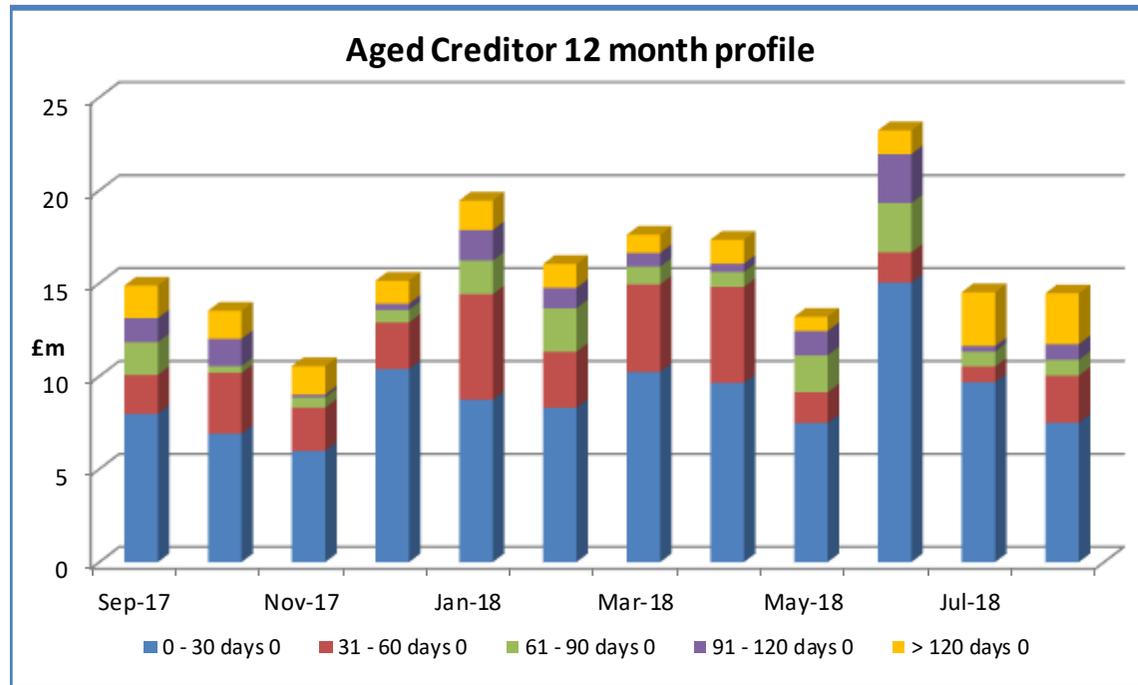
Existing loans are held at a variety of interest rates, Capital 1.1% (£9.5m) & 1.37% (£2.9m), Revenue 1.5% (£155.3m), 3.5% (£28.0m) & 6.0% (£43.4m)

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).

FINANCE

Creditor Payments



Creditors

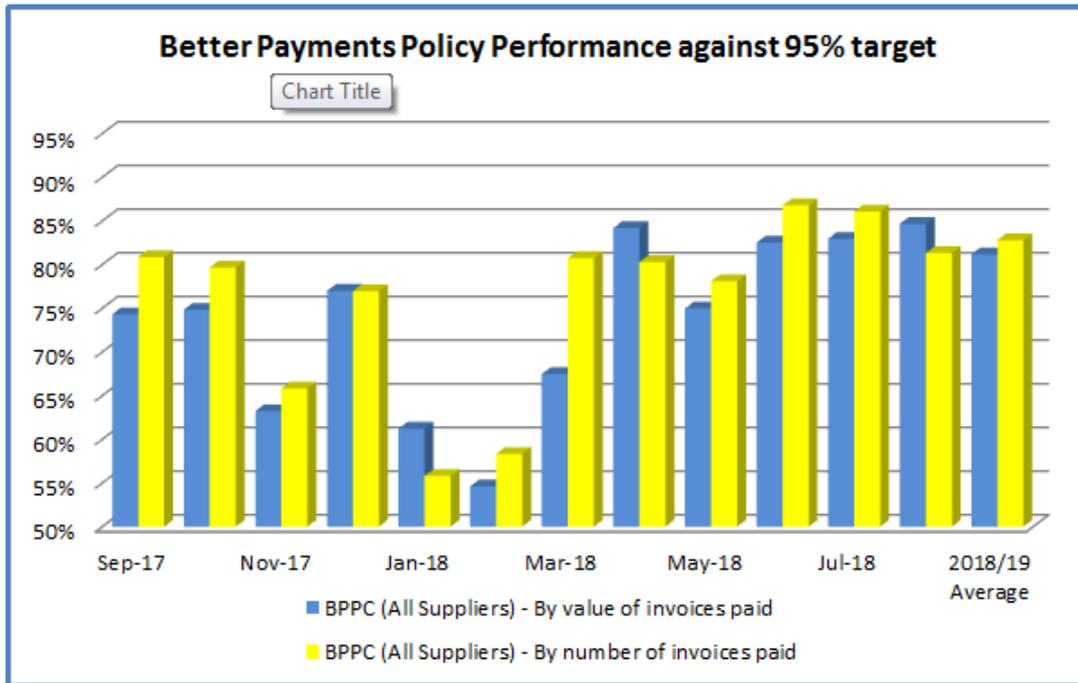
Total Creditors were £14.5m at 31 August 2018, of which £6.9m was over 30 days (£3.6m > 90 days). Focusing on those over 90 days old, this equates to 537 separate invoices spread across 185 suppliers. Of this ten suppliers account for 75% (£3.0m) of the outstanding balance.

During the first week of September £0.3m of the overdue 'top ten' has been paid / authorised, while £0.2m has been confirmed as in dispute.

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Performance against the Better Payments Target



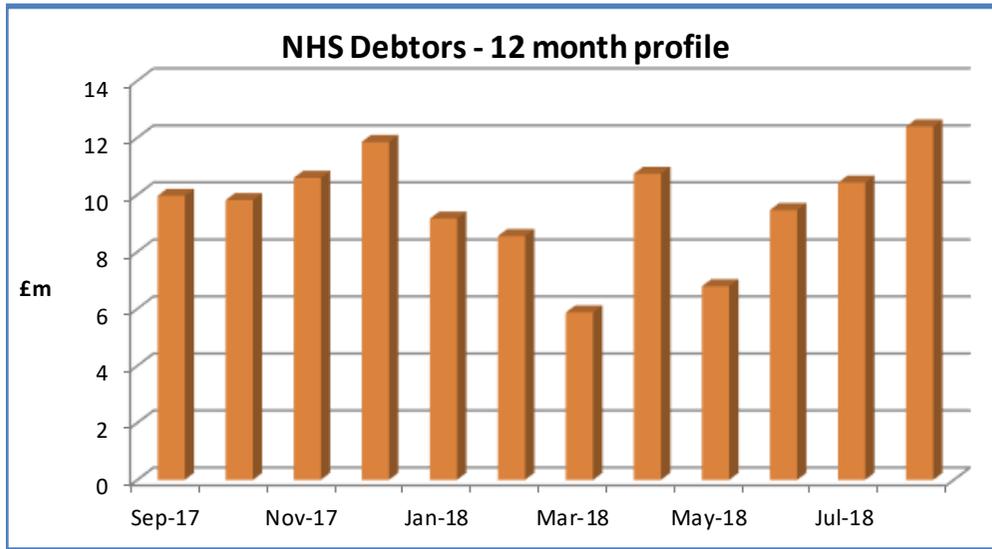
The Better Payment Practice Code (BPPC) requires the Trust to aim to pay all valid invoices by the due date or within 30 days (whichever is the latter).
The year to date and August 2018 performance are shown in the following table

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	1088	20,659	53,132	81,581
Total bills paid within target	709	17,174	43,774	66,149
% of bills paid within target YTD	65.17%	83.13%	82.39%	81.08%
% of bills paid within August 2018	71.75%	93.65%	86.34%	80.19%

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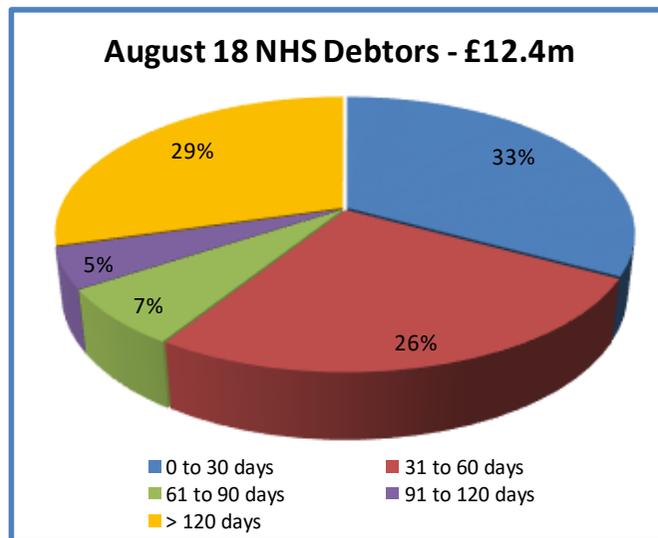
FINANCE

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	2,381	991	574	573	3,685	8,204	4,258
CCGs - Other	502	77	136	22	(70)	667	-48
Trusts - Lincolnshire	193	68	40	0	63	364	63
Trusts - Other	111	395	72	42	161	781	203
Other NHS	889	1,707	19	(43)	(195)	2,377	-238
Total	4,076	3,238	841	594	3,644	12,393	4,238

The largest single element remaining unpaid and overdue relates to M12 2017/18 reconciliation invoices raised to each of the Lincolnshire CCGs. These account for £3.0m of the debt > 90 days. In volume terms there are 243 invoices > 90 days at 31 August 2018. £3.7m of this debt relates to the CCG's who are withholding payment until conclusion of the 2017/18 contract challenges review which is ongoing. It is not unusual for the CCG's to withhold their payment until any credit notes arising as a result of the contract challenges have been raised and despite having requested payment during contract meetings the CCG's are holding off payment until conclusion of the review.

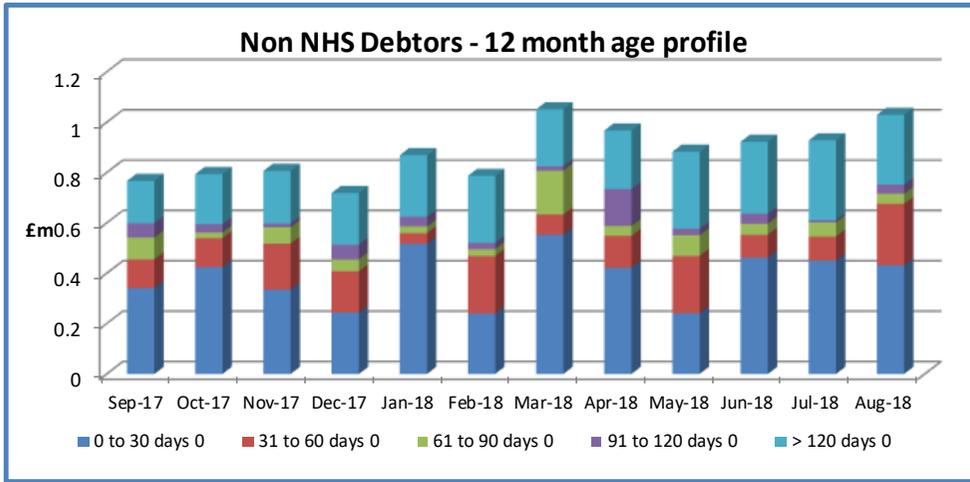


The level of NHS debt over the last 12 months is shown in the table above, while the table left focuses upon the aged split at 31 August 2018.

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

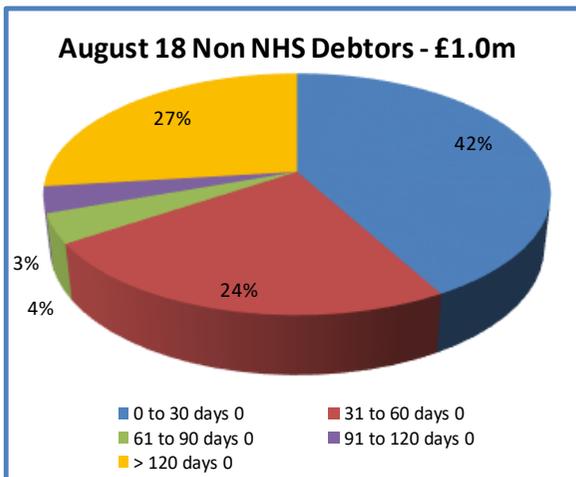
FINANCE

Non-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	2,381	991	574	573	3,685	8,204	4,258
CCGs - Other	502	77	136	22	(70)	667	-48
Trusts - Lincolnshire	193	68	40	0	63	364	63
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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 August 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 31 August 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
		Capital element of Finance leases - repayments	-147
Initial EFL	8,257	Initial CRL	11,109
Confirmed / actioned adjustments		Confirmed / actioned adjustments	
Interim revenue support loan: deficit financing	30,958	Fire safety loan repayments	450
2017/18 additional deficit financing	4,254	Fire safety - Loan drawdown	2,900
Adjustment to closing cash: Plan resubmission June 18	-4,024		
Fire safety - Loan drawdown	2,900		
		Current Notified CRL	14,459
Current Notified EFL	42,345	Anticipated adjustments	
Anticipated adjustments		Fire safety - Loan	23,700
Fire safety - Loan	23,700	Fire safety loan repayments	
Fire safety loan repayments	-328	Places of Safety in Emergency Depts - PDC allocation	72
Salix Loan repayment	-59		
Places of Safety in Emergency Depts - PDC allocation	72	Current Anticipated CRL	38,231
Interim revenue support loan: deficit financing	43,742	Forecast Capital expenditure	40,048
Anticipated EFL	109,472	Less Capital funded via Charitable Donations	-592
		Less Net book value of disposed assets	-1225
		Charge against CRL	38,231
		(Over) / Under shoot against CRL target	0

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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							
Operating Expenditure	-42,501	-43,710	-42,682	-43,609	-45,376							
Efficiency	534	515	580	501	617							
Agency	-2,262	-2,692	-2,741	-2,987	-2,948							
Capital	84	764	785	1,881	1,735							
Operating Surplus/Deficit	-8,374	-6,563	-5,733	-6,032	-7,006							

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	184,170	184,170	184,170	184,170	184,170	184,170	184,170
Operating Expenditure	-42,501	-86,211	-128,893	-172,502	-217,878	-217,878	-217,878	-217,878	-217,878	-217,878	-217,878	-217,878
Efficiency	534	1,049	1,629	2,130	2,747	2,747	2,747	2,747	2,747	2,747	2,747	2,747
Agency	-2,262	-4,954	-7,695	-10,682	-13,630	-13,630	-13,630	-13,630	-13,630	-13,630	-13,630	-13,630
Capital	84	847	1,633	3,513	5,248	5,248	5,248	5,248	5,248	5,248	5,248	5,248
Operating Surplus/Deficit	-8,374	-14,937	-20,670	-26,702	-33,708	-33,708	-33,708	-33,708	-33,708	-33,708	-33,708	-33,708

Excellence in rural healthcare

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							
Operating Expenditure	276	-770	401	-1,175	-3,357							
Efficiency	32	-127	-440	-1,274	-1,145							
Agency	43	-459	-308	-601	-723							
Capital	0	42	1,122	1,088	2,406							
Operating Surplus/Deficit	-1,373	-262	59	-1,541	-1,614							

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	-106	-106	-106	-106	-106	-106	-106
Operating Expenditure	276	-494	-93	-1,268	-4,625	-4,625	-4,625	-4,625	-4,625	-4,625	-4,625	-4,625
Efficiency	32	-95	-535	-1,809	-2,954	-2,954	-2,954	-2,954	-2,954	-2,954	-2,954	-2,954
Agency	43	-416	-724	-1,325	-2,048	-2,048	-2,048	-2,048	-2,048	-2,048	-2,048	-2,048
Capital	0	42	1,164	2,252	4,658	4,658	4,658	4,658	4,658	4,658	4,658	4,658
Operating Surplus/Deficit	-1,373	-1,635	-1,576	-3,117	-4,731	-4,731	-4,731	-4,731	-4,731	-4,731	-4,731	-4,731

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%							
Operating Expenditure	0.65%	-1.79%	0.93%	-2.77%	-7.99%							
Efficiency	6.37%	-19.78%	-43.14%	-71.77%	-64.98%							
Agency	1.87%	-20.56%	-12.66%	-25.19%	-32.49%							
Capital	0.00%	5.17%	58.82%	36.66%	58.10%							
Operating Surplus/Deficit	-19.61%	-4.16%	1.02%	-34.32%	-29.94%							

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%							
Operating Expenditure	0.65%	-0.58%	-0.07%	-0.74%	-2.17%							
Efficiency	6.37%	-8.30%	-24.72%	-45.93%	-51.82%							
Agency	1.87%	-9.17%	-10.39%	-14.16%	-17.68%							
Capital	0.00%	4.68%	41.61%	39.06%	47.02%							
Operating Surplus/Deficit	-19.61%	-12.29%	-8.26%	-13.22%	-16.33%							

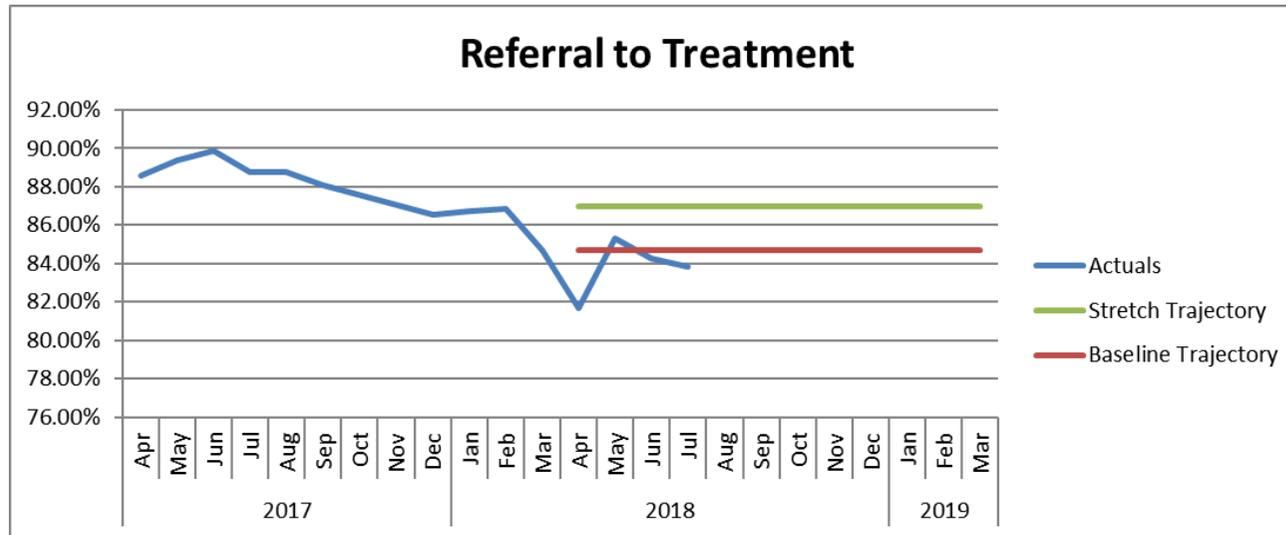
Tolerances	Green	Amber	Red
Income	0% & >0	<0% to - 1%	< - 1%
Expenditure	0% & >0	<0% to - 1%	< - 1%
Efficiency	0% & >0	<0% to - 1%	< - 1%
Agency	0% & >0	<0% to - 1%	< - 1%
Capital	0% & >0	<0% to - 10%	< - 10%
Surplus / Deficit (-)	0% & >0	<0% to - 1%	< - 1%

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OPERATIONAL PERFORMANCE

Referral to Treatment – 18 weeks

R



Lead: Mark Brassington, Chief Operating Officer

Timescale: July 2018

Trajectory: 87% stretch ambition by March 2019

Key Issues:

- In July there was an increase of 189 in the backlog of 18week+, specialties with the biggest increase in 18week+ backlog were ENT and OMF
- ENT continues to account for the largest percentage of the Trusts overall 18week+ backlog, the Trust's overall position would increase by 2.4% if ENT were to be excluded
- Speciality total waiting list increases of greater than 50 patients within ENT, Community Paediatrics and Dermatology during July
- Cancelled Ops remain high: 419, including impact of increased temperatures

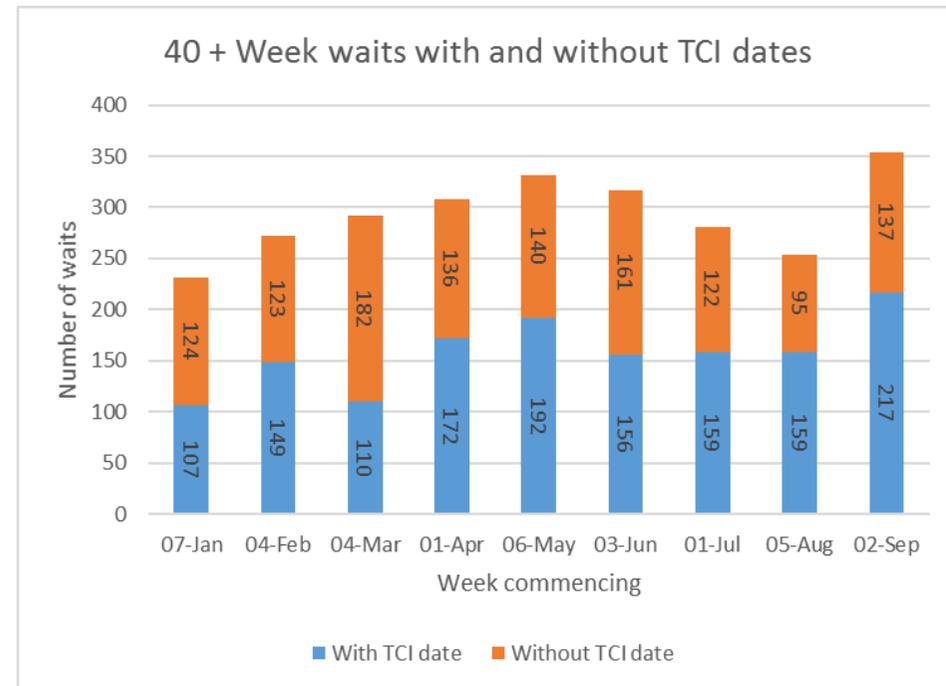
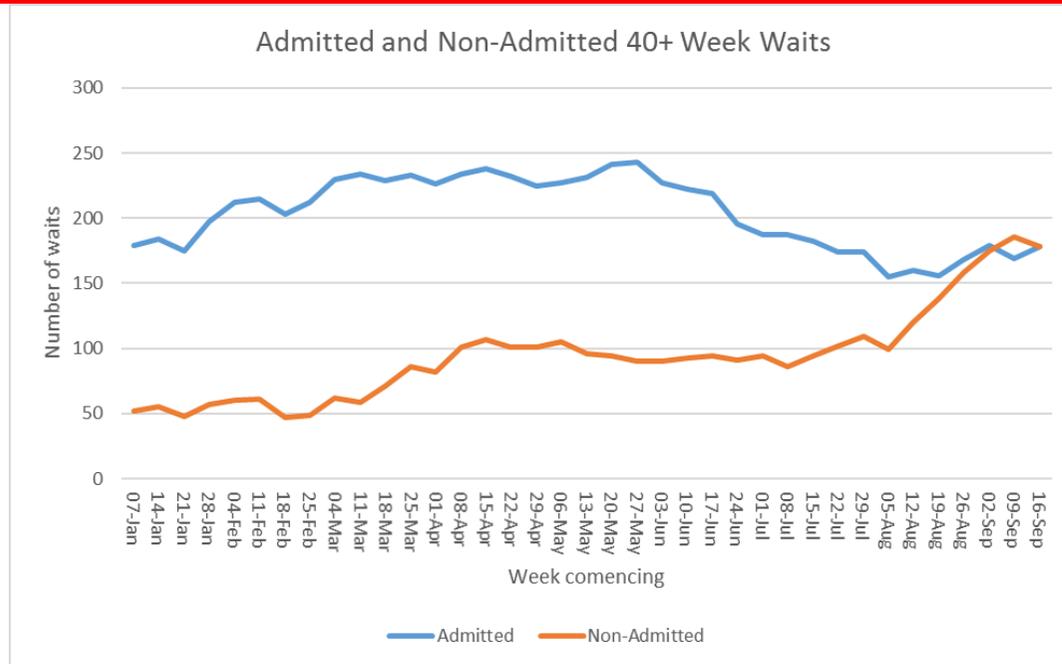
Key Actions:

- A Locum OMF consultant has been secured July-October
- ENT – The service has plans for regular additional clinic provision at weekends outside of baseline capacity. In addition, optimal utilisation of Trust-wide elective lists is being driven through the Trust wide 6-4-2 process and further developments are being delivered to maximise the utilisation of Audiology within the ENT pathway. It is forecast that the ENT waiting list will reduce by c.60 patients per month from September due to the combined impact of these interventions.
- Dermatology – The service expects referral rates to begin to reduce as we move out of the summer period. The additional clinical capacity and provision of spot clinics currently in place will be maintained into the autumn in order to ensure that as referral rates reduce the total waiting list size reduces to March 2018 levels by March 2019.
- Community Paediatrics – Additional clinics are in place above baseline capacity over the next 2 months and adjustments have been made to Locum Consultants booking rules in order to maximise their impact upon the waiting list backlog. This is expected to deliver the required waiting list reduction to March 2018 levels by January 2019.
- Gynaecology – The Gynaecology theatre refurbishment will be complete by September, and additional theatre productivity is anticipated as a result. Additional outpatient clinics will be provided by Locum consultants from September. The net impact is anticipated to be a c.50 patient waiting list reduction per month from September.

OPERATIONAL PERFORMANCE

Referral to Treatment – 52 week patients

R



Lead: Mark Brassington, Chief Operating Officer

Timescale: July 2018

Trajectory: 0 by March 2019

Key Issues:

- 13 52 week breaches were declared in July, primary causes linked to a combination of capacity restrictions, cancellations and data quality, 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 Max-Facs and 1 in Trauma & Orthopaedics
- 40 week+ backlog increased at the end of Q4 17/18 linked to winter pressures and weather and is now starting to deliver increased pressure on 52 week position

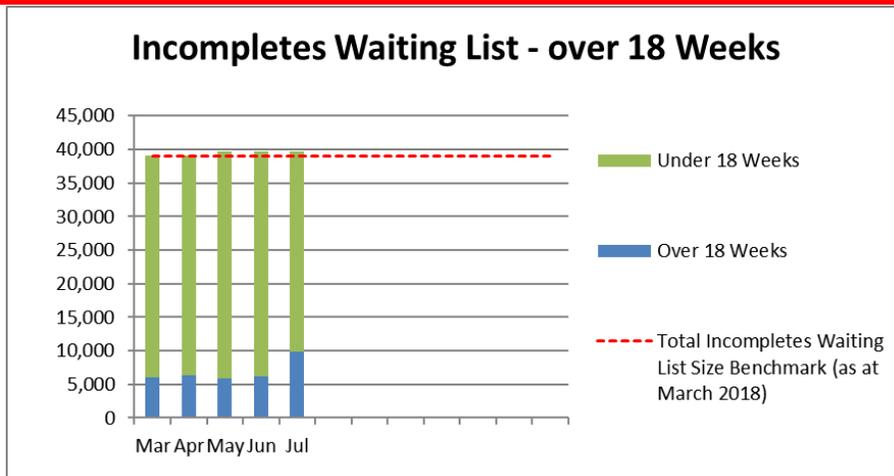
Key Actions:

- The IST visited the Trust on 2nd August for a preliminary review, and it has been agreed that a full review will be undertaken in September, which will include evaluation via the sustainability assessment tool.
- A weekly dashboard tracking 40week+ at specialty level is in the process of being developed
- The Trust is targeting achieving less than 200 patients over 40 weeks on an incomplete pathway by the end of February in order to deliver our 52 week breach trajectory.

OPERATIONAL PERFORMANCE

Waiting Lists

R



Lead: Mark Brassington, Chief Operating Officer

Timescale: July 2018

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

Key Issues:

- The total incomplete waiting list increased by 36 patients during July, and the 18week+ backlog increased by 189 patients. In July the waiting list size was 39,739 (707 more patients than at March 2018).
- Trauma & Orthopaedics – 104 patient increase in waiting list size, with the primary factors being the impact of elective cancellations and capacity constraints within Paediatric Orthopaedics
- ENT – 346 patient increase in waiting list size. The service is extremely fragile, with only 3.11WTE substantive Consultants in post, against an establishment of 8.11WTE. Therefore the majority of the service provision is via locum Consultants, with changes in this locum workforce in recent months (particularly influencing the delivery of the H&N cancer provision) resulting in reduced capacity for non-cancer cases.
- Dermatology – 378 patient increase in waiting list size. The service is particularly subject to seasonal variation, with a 46% (888 patients) increase in referrals during Q1 compared with Q4 of 17/18, and the requirement to prioritise cancer 2WW referrals. Dermatology received 474 more referrals during Q1 of 2018/19 than the same period in 2017/18. In addition the service had a medical vacancy which could not be covered during this period.
- Community Paediatrics – 309 patient increase in waiting list size. The service was unable to fill 1 Consultant gap during Q1.
- Gynaecology – 357 patient increase in waiting list size. The service was unable to fill 1 Consultant gap during Q1 and a further Consultant was on sick leave for 3 months. In addition, availability of theatre capacity at Lincoln reduced as a result of Fire Safety Improvement works within the maternity block.

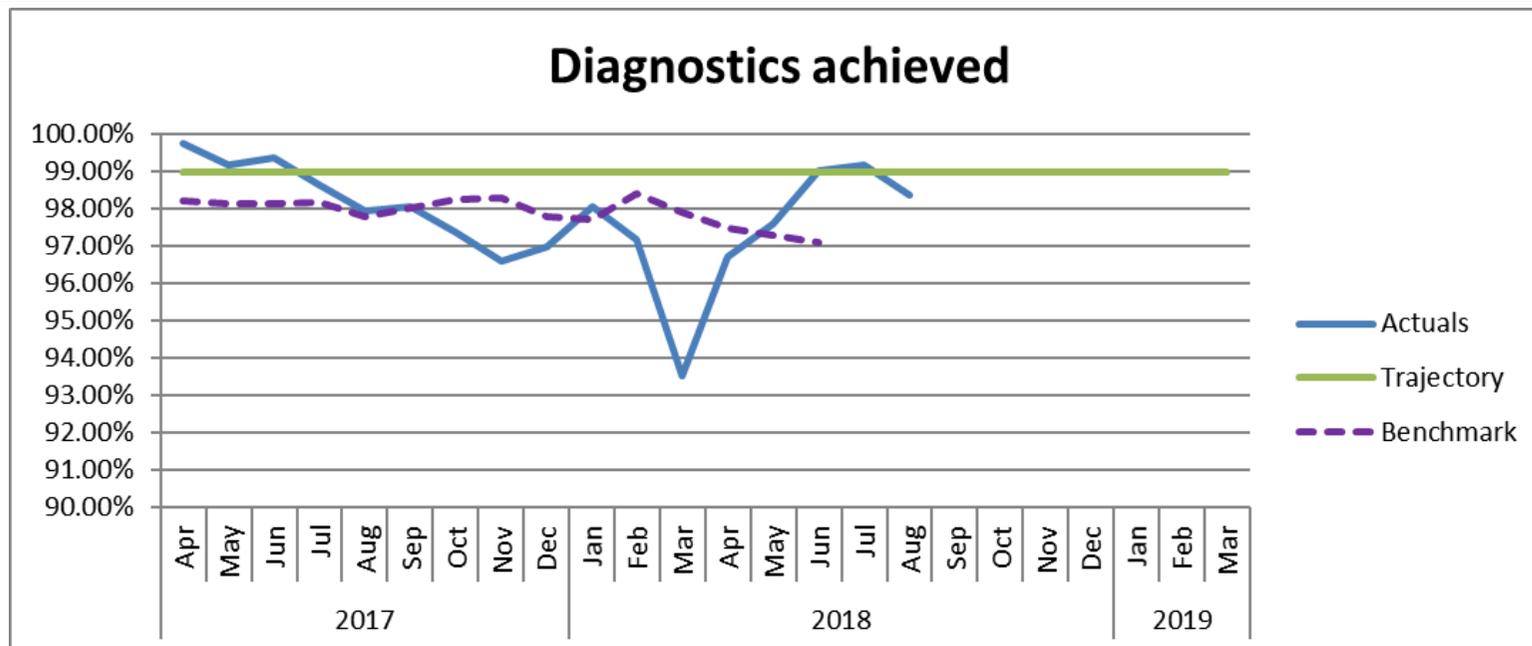
Key Actions:

- Outpatient Improvement Programme to deliver increased slot utilisation and standardisation of templates, delivering over double planned additional attendances in Q1. The impact is spread across both news and follow ups and we are delivering reduced waiting list imitative clinics this year
- 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.
- Although not restated in each, key actions described in RTT and waiting list size will have positive impacts on both

OPERATIONAL PERFORMANCE

Diagnostics

R



Lead: Mark Brassington, Chief Operating Officer

Timescale: August 2018

Recovery: September 2018 with moderate/high risk

Key Issues:

- There has been a large capacity loss in Cardiology due to long term sickness which has impacted on performance
- Endoscopy breaches have increased during August due to cancelled lists in the last 10 days of the month, sickness and admin shortage
- Short term sickness also contributed to the deterioration in the Urodynamic and Cystoscopy performance positions

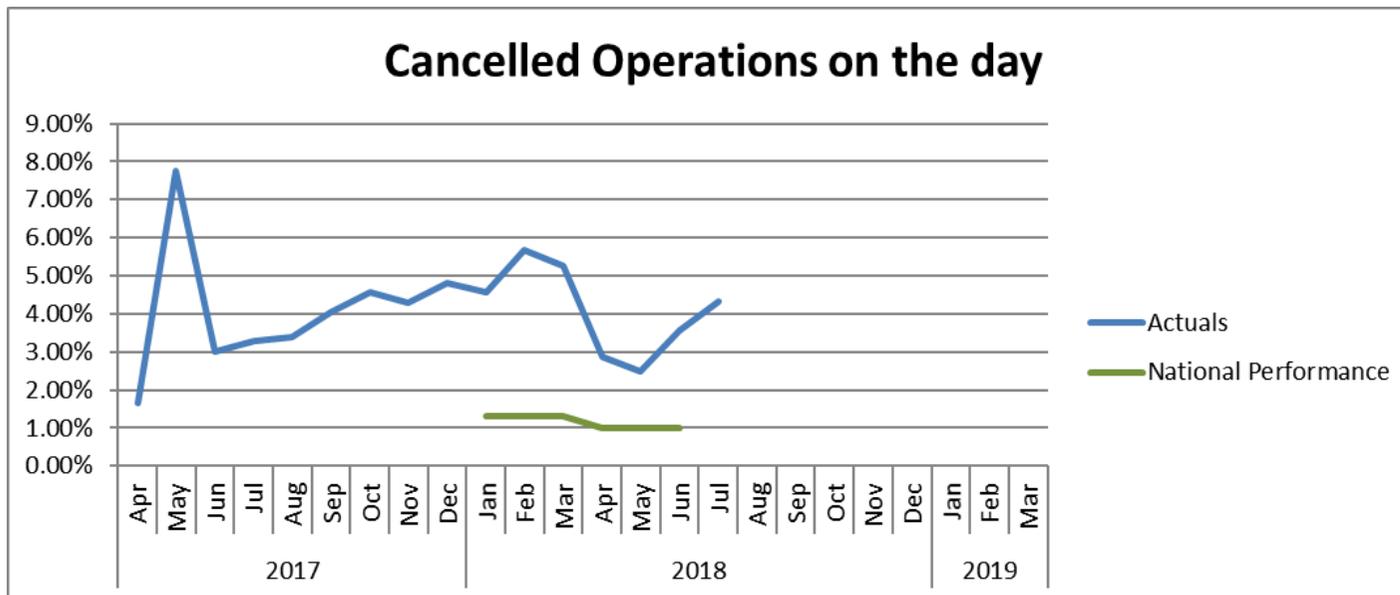
Key Actions:

- A large amount of TOE/DSEs have been planned in and already have TCIs in September so performance is expected to show an improvement
- Admin recruitment within Endoscopy is underway, with short-term solutions being explored for coverage in the meantime
- Urology, Endoscopy and Physiology departments are working together to maximise capacity within existing resources through the modification of pathways and waiting list management

OPERATIONAL PERFORMANCE

Cancelled Operations

R



Lead: Mark Brassington, Chief Operating Officer

Timescale: July 2018

Key Issues:

- In July there were 274 patients that had their operations cancelled on the day and 145 that had their operation cancelled the day before
- Cancellations were caused by bed shortages, surgeon availability issues and problems with theatre temperature. The theatre productivity programme is monitoring these issues and taking actions to mitigate against continued under delivery.
- 14 patients breached the 28 day rebooking standard

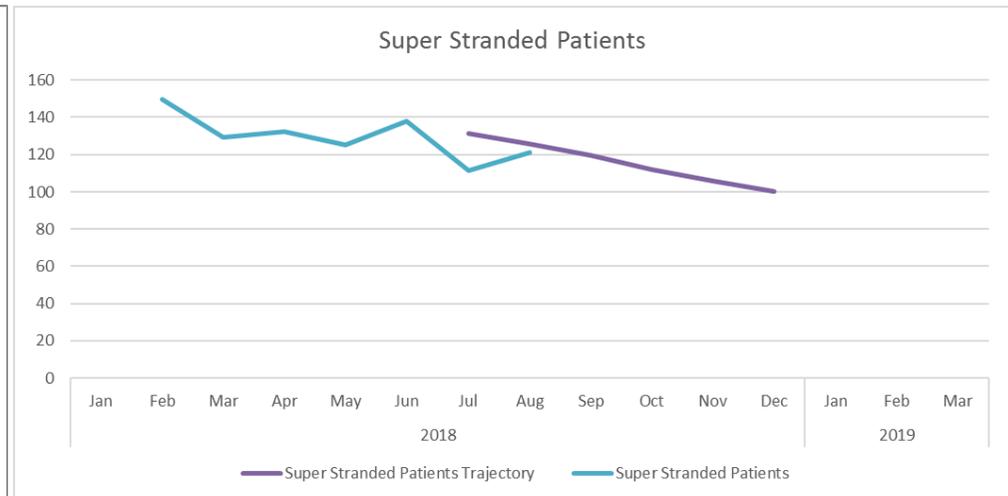
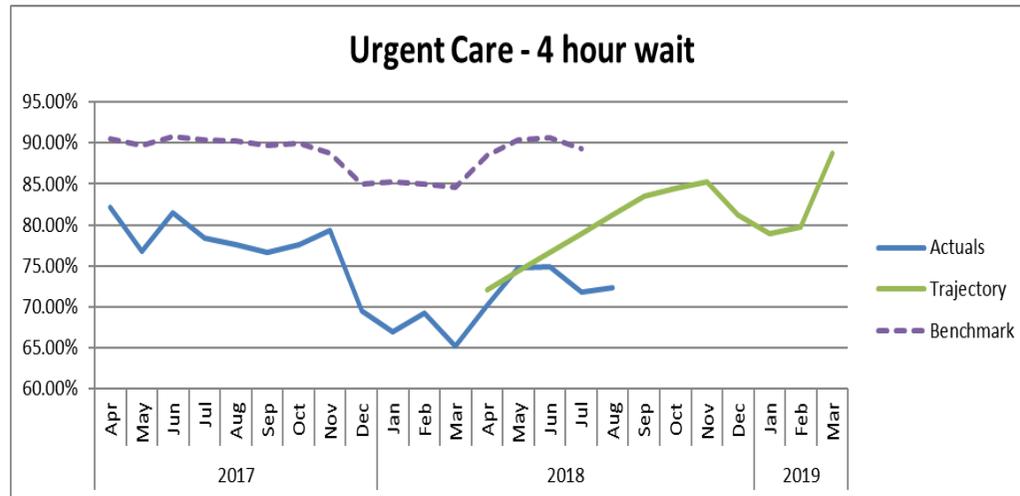
Key Actions:

- The Cancelled Operations Policy is due to be signed off by Theatres Optimisation Committee in August
- Theatres Start Policy in place
- Top delay reviews and Red2Green actions described in Urgent Care Improvement will have a positive impact on the reduction in cancellation through bed shortage

OPERATIONAL PERFORMANCE

Urgent Care – 4 Hour Standard

R



Lead: Mark Brassington, Chief Operating Officer

Timescale: August 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 6.1% against 2017/18 August actual (6.4% YTD)
- Attendance growth of 8.78% against 2018/19 August plan (9.74%YTD)
- Primary Care Streaming is at 9.8% 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 exceeded plan and forecast at Lincoln and Pilgrim
- Staffing levels of nursing and medical teams have limited inpatient and A&E capacity, despite the use of agency
- At the end of August the number of Super Stranded Patients in the Trust was 121 against a trajectory of 125.52

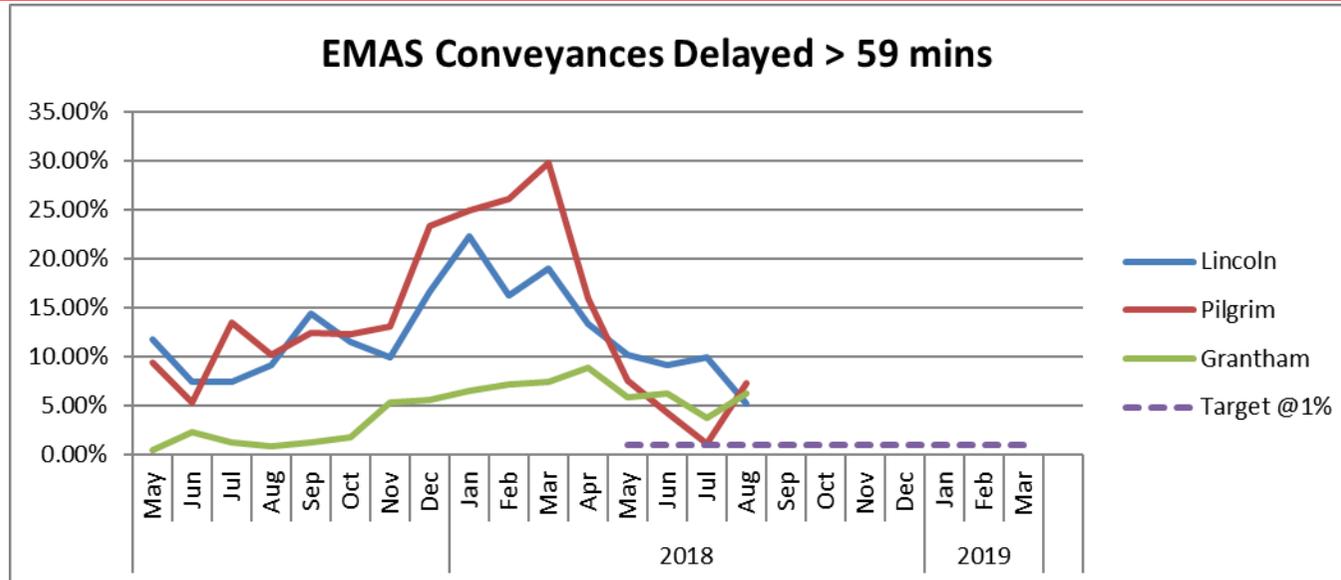
Key Actions:

- Reconfiguration work at PHB is ongoing but there is an expectation that some timeframes will slip due to staff consultations
- Clinical Directorates recruiting to posts approved within Operational Capacity and Delivery Plan – some posts have been recruited to and will commence in September
- Ward rounds will begin at 8am from October 2018 however there is a risk to this unless Junior Doctor rotas are amended to reflect this change
- Demand & Capacity analysis being undertaken to align staffing to demand
- Winter Plan first draft to Trust Board in August – 3 big schemes that funding is needed for. 1. Enhanced discharge lounge with pharmacy, portering and housekeeping. 2. Home intervention team – team that supports criteria led discharge. 3. OPAT service through winter

OPERATIONAL PERFORMANCE

Ambulance Handover

R



Lead: Mark Brassington, Chief Operating Officer

Timescale: August 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
- Significant handover double pin entry non-compliance identified
- Ambulance arrivals still increasing during the summer
- Agency that provides handovers at Pilgrim only filling in 50%

Key Actions:

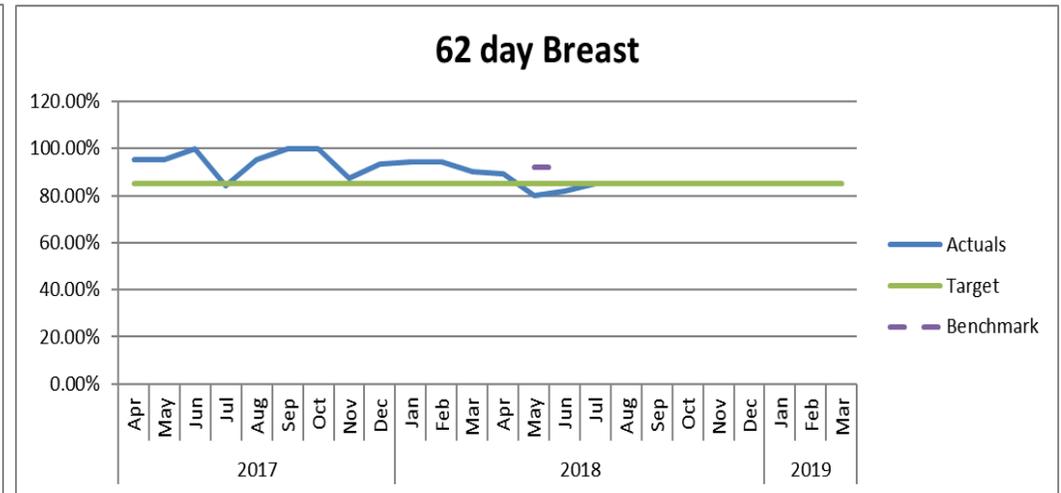
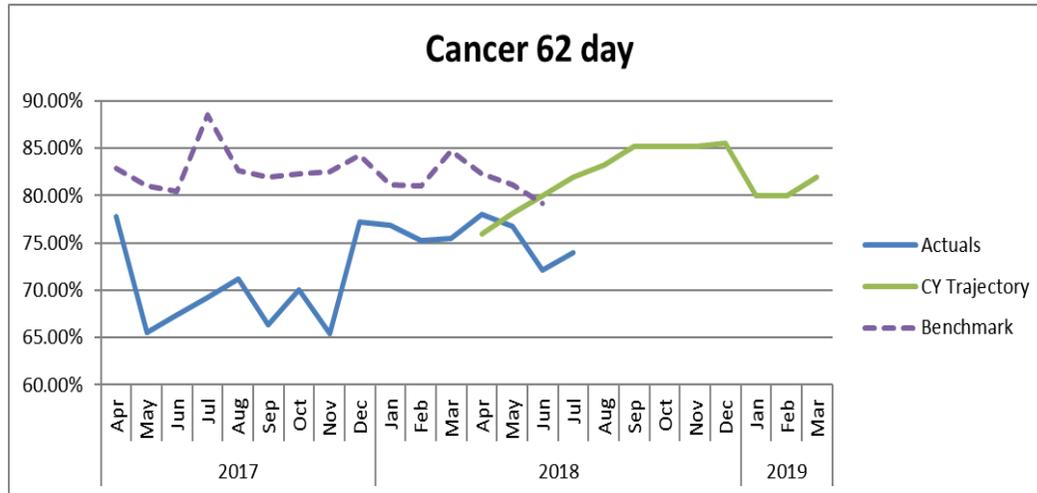
- Set up non-A&E inbound screens during August on admissions wards that take patients direct from EMAS
- A meeting took place with EMAS to discuss potential pathways to reduce conveyances during the winter
- Relationship building exercise has taken place with some joint simulation training planned between the department
- Reduce overall conveyances by 10% from last year 80th centile rate – look at number of conveyances to see if on track
- Appointing staffing – new MG 16man rota is being implemented from September 2018 Consultant rota will be at 7.5wte

Excellence in rural healthcare

OPERATIONAL PERFORMANCE

Cancer Waiting Times – 62 Day

R



Lead: Mark Brassington, Chief Operating Officer

Timescale: July 2018

Trajectory: 85% by September

Key Issues:

- Slight improvement in Pathology waits, however this remains a key issue with 72% turnaround within 10 days
- Oncology capacity pressures, particularly in Urology and Lower GI
- RCA analysis for July 62 day breaches shows key themes
 - Pathology
 - Patient choice and complexity
 - Tertiary diagnosis/treatment
 - Outpatient capacity
 - CT capacity (including biopsies)
 - Administrative delays

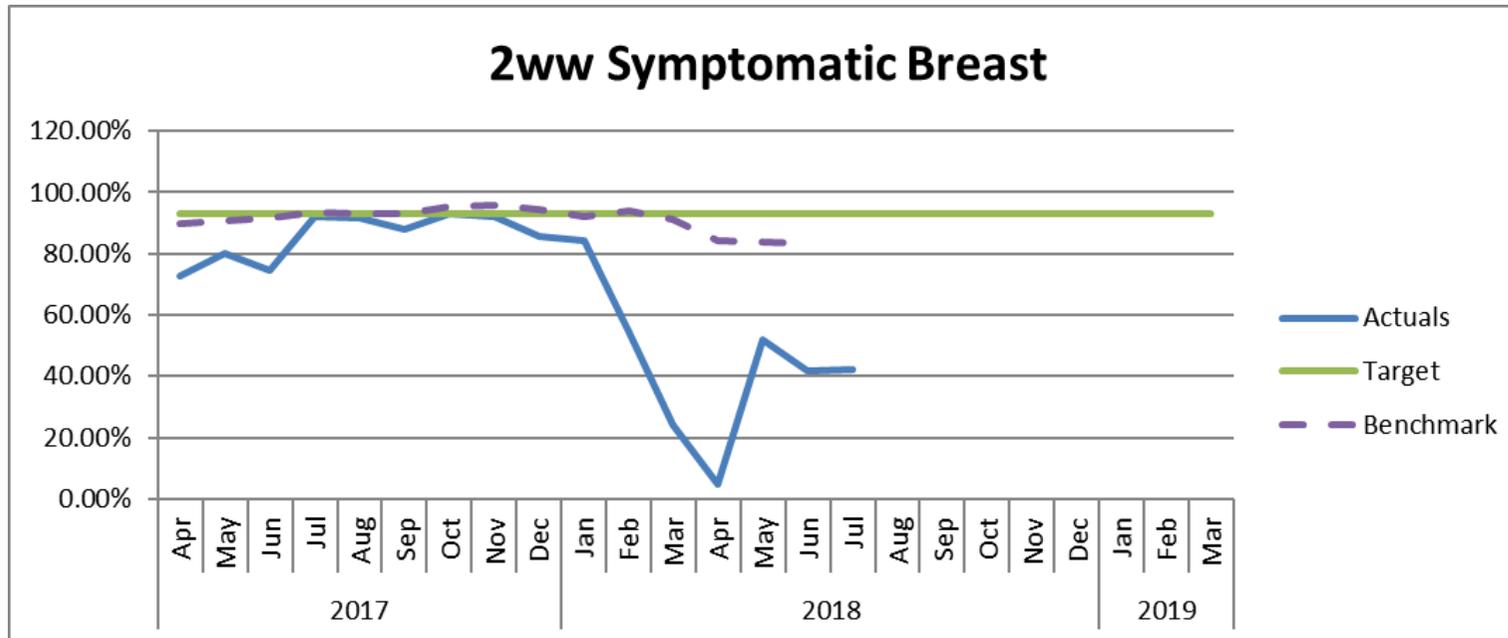
Key Actions:

- Nurse led triage pilot funding in place, to commence via overtime whilst recruitment process completed
- Working with Pathology provider to optimise pathways including priority sticker campaign, Pathlinks recruiting additional locum pathologists
- KPMG are to commence within the Trust in September relating to visual management system
- A ENT locum has commenced in post
- Oncology locum commenced in post in August with a further locum due to join in October
- CT biopsy pathway at Grantham launched in August to reduce referral to biopsy timescales

OPERATIONAL PERFORMANCE

Breast 2ww

R



Lead: Mark Brassington, Chief Operating Officer

Timescale: July 2018

Recovery:

Key Issues:

- 20% increase in Breast 2ww referrals during first 4 months of 2018 compared to average referral rates in 2017
- Reduced take up by staff of additional clinic capacity provision at weekends from January 2018 compared with previously, following the transition to national pay structures for additional hours
- Radiology staff vacancies
- The service is currently polling at 14 days

Key Actions:

- A locum radiologist is due to join the Trust on 10th September, additionally Kettering radiologists are now employed on bank contracts and have started providing additional weekend capacity.
- Diversion of out of county referrals from 1st June
- 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

APPENDIX 1: GLOSSARY

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