

To:	Trust Board
From:	Paul Matthew, Acting Director of Finance & Procurement
Date:	30th April 2019
Healthcare standard	All healthcare standard domains

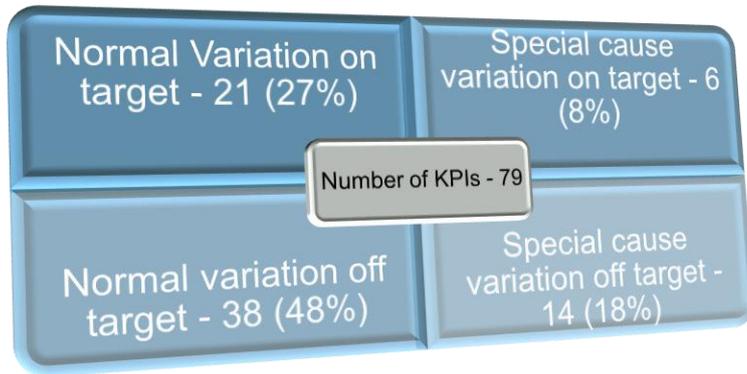
Title:	Integrated Performance Report for March 2019				
Author/Responsible Director: Paul Matthew, Acting Director of Finance & Procurement					
Purpose of the report: To update the Board on the performance of the Trust for the period 31 st March 2019, provide analysis to support decisions, action or initiate change and set out proposed plans and trajectories for performance improvement.					
The report is provided to the Board for:					
Decision		√	Discussion		
Assurance		√	Information		
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Summary/key points: Executive Summary for identifies highlighted performance with sections on key Successes and Challenges facing the Trust.					
Recommendations: The Board is asked to note the current performance and future performance projections. The Board is asked to approve action to be taken where performance is below the expected target.					
Strategic risk register New risks that affect performance or performance that creates new risks to be identified on the Risk Register.		Performance KPIs year to date As detailed in the report.			
Resource implications (e.g. Financial, HR) None					
Assurance implications The report is a central element of the Performance Management Framework					
Patient and Public Involvement (PPI) implications None					
Equality impact None					
Information exempt from disclosure None					
Requirement for further review? None					

Integrated Performance Report

Trust Board
APRIL 2019

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EXECUTIVE SUMMARY



Quality

The Trust is reviewing the complaints process to ensure timely and quality responses are sent to the complainants.

The Trust has rolled out the streamlined eDD platform and a standardised process is being implemented across the Trust.

Duty of Candour compliance is continuing to improve across both notifications in person and written follow ups.

A never event was declared in March 2019. The SI investigation is currently in progress and the outcome will be updated once known.

The Trust HSMR is below expected limits at 94 this is the lowest recorded Trusts HSMR. The Trust as a whole is within expected limits. Both Pilgrim and Grantham are below expected limits.

Operational Performance

RTT performance of 84.87%. The main focus in March 2019 has been to achieve the zero tolerance target for 52 week waiters in March 2019, which it achieved. This is a huge achievement for the Trust.

The CCG funded external waiting list validation team are continuing within the Trust and to date they have validated 25,311 patients with approximately 14% having clock stops added. The Trust has achieved the Trajectory for Waiting lists that was set for March 2019.

Our 62 Day Classic performance has declined rapidly over the winter months with February performance at 61.3%. This deterioration has been reflected Nationally. Our poor performance was partly due to ongoing challenges in Pathology, Radiology and Oncology. These issues are now resolving with the exception of the difficulties within Pathology that are being managed at director level with support from NHSI. We are now showing good improvement with figures for March being back on track to meet the recently submitted performance trajectories for 2019/20.

The DM01 position is constantly being reviewed and the Lead for Diagnostics is working with outlier departments to improve.

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Finance

The Trust submitted a Financial Recovery Plan (FRP) to NHS Improvement fundamentally based upon the Month 6 position adjusted for an assessment of known changes resulting in a forecast outturn deficit for 2018/19 of £89.4m. This revised forecast position was accepted by NHSI and is now the metric the Trust is reporting against.

The outturn position is a deficit of £88.2m compared to the FRP forecast deficit of £89.4m, or £1.2m favourable to the FRP

As per the original plan the Trust is £2.0m behind on elective activity against the original plan. The largest proportion of this being in Orthopaedics, Urology and ENT despite implementation of a new service delivery model in Orthopaedics.

The 2018/19 outturn is inclusive of a patient care income settlement with the Lincolnshire commissioners. Fines, penalties, contract challenges and CQUINs are contained in this value.

The Trust spent £61.1m in 2018/19 in total on temporary staffing, or £17.0m more than assumed within the financial plan for 2018/19. This includes £37.1m of expenditure on agency staffing, or £1.8m more than assumed within the FRP.

The FRP identified savings plans which it was anticipated would deliver in-year savings of £15.1m, with a full-year impact of £19.4m in 2019/20. Actual savings delivery is £16.2m, or £1.1m higher than assumed within the FRP; the full-year impact of savings delivery is £18.6m or £0.8m lower than assumed within the FRP.

Workforce

Whilst Medical Vacancy Rate improved and Nursing Vacancy Rate remained stable in March, they remain high and well above levels which are well documented to contribute to operational difficulty and team morale. There is continued higher variance to planned establishment in A&E exacerbated by planned additional capacity to support quality improvements. This is driving the significant adverse variance to plan for temporary staffing with the continued need to use higher rate nursing agencies to maintain safe staffing numbers. Nursing Agency costs for March fell slightly despite a corporate requirement to take all annual leave for 2018/19. However, Medical agency costs further increased in March, despite improved vacancy rate. This is believed to be from a similar requirement to take outstanding leave. The total cost of agency staffing for 18/19 will be just over £36M against an NHSI agency cap or just under £21M. Reduction of agency costs is prime focus for 19/20 with a number of Workforce FEP schemes planned, the Trust's new central agency and bank teams will be in place during May to help support new Divisions to understand and control agency staffing costs.

Recruitment Improvement is one of the main Workforce FEP schemes for 2019/20 which is to address the fundamental balance of substantive to temporary staffing and the root cause of many of the challenges faced by the Trust. Improvement to both medical and nursing substantive numbers is projected for quarters one and two of 2019/20. Weekly tracking of all starters and leavers is now the norm.

Paul Matthew
Acting Director of Finance & Procurement
March 2019

PERFORMANCE OVERVIEW

True North	KPI	CQC Domain	2021 Objective	Responsible Director	Target	Jan-19	Feb-19	Mar-19	1819 YTD	Pass/Fail	Trend Variation	Kitemark
Harm Free Care	Sepsis Bundle compliance in A&E	Caring	Our Patients	Michelle Rhodes	90%	78.30%	83.30%		75.48%			
	IVAB within 1 hour for sepsis in A&E	Caring	Our Patients	Michelle Rhodes	90%	93.30%	88.40%		90.10%			
	Sepsis screening compliance in inpatients	Caring	Our Patients	Michelle Rhodes	90%	81.60%	73.30%		69.67%			
	IVAB within 1 hour for sepsis in inpatients	Caring	Our Patients	Michelle Rhodes	90%	78.90%	85.70%		84.45%			
	Serious Incidents reported (unvalidated)	Safe	Our Patients	Neill Hepburn	0	14	12		204			
	Catheter & New UTIs	Safe	Our Patients	Michelle Rhodes	1	2	0		9			
	Falls	Safe	Our Patients	Michelle Rhodes	3.9	6.0	6.0		5.7			
	Medication errors	Safe	Our Patients	Neill Hepburn	0	167	164		1549			
	Medication errors (mod, severe or death)	Safe	Our Patients	Neill Hepburn	0	38	25		220			
	VTE Risk Assessment	Safe	Our Patients	Michelle Rhodes	95%	97.40%	96.61%	96.46%	96.66%			
	Dementia Screening	Caring	Our Patients	Michelle Rhodes	90%	91.47%	95.14%		91.69%			
	Dementia risk assessment	Caring	Our Patients	Michelle Rhodes	90%	98.33%	98.63%		98.96%			
Dementia referral for Specialist treatment	Caring	Our Patients	Michelle Rhodes	90%	94.44%	81.82%		87.59%				

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	IVAB within 1 hour for sepsis in inpatients	Caring	Our Patients	Michelle Rhodes	90%	78.90%	85.70%		84.45%			
	Serious Incidents reported (unvalidated)	Safe	Our Patients	Neill Hepburn	0	14	12		204			
	Catheter & New UTIs	Safe	Our Patients	Michelle Rhodes	1	2	0		9			
	Falls	Safe	Our Patients	Michelle Rhodes	3.9	6.0	6.0		5.7			
	Medication errors	Safe	Our Patients	Neill Hepburn	0	167	164		1549			
	Medication errors (mod, severe or death)	Safe	Our Patients	Neill Hepburn	0	38	25		220			
	VTE Risk Assessment	Safe	Our Patients	Michelle Rhodes	95%	97.40%	96.61%	96.46%	96.66%			
	Dementia Screening	Caring	Our Patients	Michelle Rhodes	90%	91.47%	92.9%		91.49%			
	Dementia risk assessment	Caring	Our Patients	Michelle Rhodes	90%	98.33%	98.40%		98.94%			
Dementia referral for Specialist treatment	Caring	Our Patients	Michelle Rhodes	90%	94.44%	81.82%		87.59%				

PERFORMANCE OVERVIEW

True North	KPI	CQC Domain	2021 Objective	Responsible Director	Target	Jan-19	Feb-19	Mar-19	1819 YTD	Pass/Fail	Trend Variation	Kitemark
Modern and Progressive Workforce	Overall percentage of completed mandatory training	Safe	Our People	Martin Rayson	95%	84.44%	92.23%	92.52%	91.35%			
	Number of Vacancies	Well-Led	Our People	Martin Rayson	12%	12.86%	12.68%	12.65%	13.42%			
	Sickness Absence	Well-Led	Our People	Martin Rayson	4.5%	4.70%	4.69%	4.70%	4.70%			
	Staff Turnover	Well-Led	Our People	Martin Rayson	6%	5.79%	5.63%	5.45%	5.89%			
	Staff Appraisals	Well-Led	Our People	Martin Rayson	90%	74.49%	71.63%	73.35%	73.46%			
Sustainable Services	Surplus / Deficit	Well-Led	Our Services	Paul Matthew	-6009	-7726	-8512	-23202	-98923			
	Income	Well-Led	Our Services	Paul Matthew	36935	37815	36714	41313	447492			
	Expenditure	Well-Led	Our Services	Paul Matthew	-42944	-45541	-45226	-64515	-546415			
	Efficiency Delivery	Well-Led	Our Services	Paul Matthew	2838	2691	2370	2480	16220			
	Capital Delivery Program	Well-Led	Our Services	Paul Matthew	4031	2626	1958	11159	30958			
	Agency Spend	Well-Led	Our Services	Paul Matthew	-1905	-3535	-3522	-3802	-37118			

PERFORMANCE OVERVIEW

True North	KPI	CQC Domain	2021 Objective	Responsible Director	Target	Jan-19	Feb-19	Mar-19	1819 YTD	Pass/Fail	Trend Variation	Kitemark
Valuing Patients Time	Friends & Family Test Inpatient (Response Rate)	Caring	Our Patients	Martin Rayson	26%	32.00%	32.00%		23.55%			
	Friends & Family Test Inpatient (Recommend)	Caring	Our Patients	Martin Rayson	96%	89.00%	89.00%		90.45%			
	Friends & Family Test Emergency Care (Response Rate)	Caring	Our Patients	Martin Rayson	14%	24.00%	13.00%		21.82%			
	Friends & Family Test Emergency Care (Recommend)	Caring	Our Patients	Martin Rayson	87%	83.00%	79.00%		82.36%			
	Friends & Family Test Maternity (Response Rate)	Caring	Our Patients	Martin Rayson	23%	11.00%	13.00%		14.27%			
	Friends & Family Test Maternity (Recommend)	Caring	Our Patients	Martin Rayson	97%	97.00%	98.00%		99.36%			
	Friends & Family Test Outpatients (Response Rate)	Caring	Our Patients	Martin Rayson	14%	20.00%	6.00%		8.18%			
	Friends & Family Test Outpatients (Recommend)	Caring	Our Patients	Martin Rayson	94%	93.00%	95.00%		93.45%			
	Mixed Sex Accommodation	Caring	Our Patients	Michelle Rhodes	0	3	0		4			
	No of Complaints received	Caring	Our Patients	Martin Rayson	70		66		591			
	No of Pals	Caring	Our Patients	Martin Rayson		458	468		4734			
	eDD	Effective	Our Patients	Neill Hepburn	95%	89.41%	91.23%		88.99%			
	% Triage Data Not Recorded	Effective	Our Patients	Mark Brassington	0%	3.88%	5.28%	2.20%	8.45%			

PERFORMANCE OVERVIEW

True North	KPI	CQC Domain	2021 Objective	Responsible Director	Target	Jan-19	Feb-19	Mar-19	1819 YTD	Pass/Fail	Trend Variation	Kitemark
Zero Waiting	4hrs or less in A&E Dept	Responsive	Our Services	Mark Brassington	79%	62.67%	60.72%	68.55%	68.40%			
	12+ Trolley waits	Responsive	Our Services	Mark Brassington	0	0	0	1	3			
	%Triage Achieved under 15 mins	Responsive	Our Services	Mark Brassington	98%	71.98%	72.68%	84.54%	69.39%			
	52 Week Waiters	Responsive	Our Services	Mark Brassington	0	7	10	0	171			
	18 week incompletes	Responsive	Our Services	Mark Brassington	87%	84.64%	84.87%		83.60%			
	Waiting List Size	Responsive	Our Services	Mark Brassington	39032	37301	36657		39166			
	62 day classic	Responsive	Our Services	Mark Brassington	86%	65.70%	61.34%		73.32%			
	2 week wait suspect	Responsive	Our Services	Mark Brassington	93%	70.20%	78.31%		79.89%			
	2 week wait breast symptomatic	Responsive	Our Services	Mark Brassington	93%	15.10%	8.02%		43.28%			
	31 day first treatment	Responsive	Our Services	Mark Brassington	96%	94.20%	96.92%		97.38%			
	31 day subsequent drug treatments	Responsive	Our Services	Mark Brassington	98%	99.10%	98.94%		99.25%			
	31 day subsequent surgery treatments	Responsive	Our Services	Mark Brassington	94%	86.00%	97.62%		89.01%			
	31 day subsequent radiotherapy treatments	Responsive	Our Services	Mark Brassington	94%	88.40%	98.55%		96.32%			
62 day screening	Responsive	Our Services	Mark Brassington	90%	91.90%	89.47%		85.98%				

PERFORMANCE OVERVIEW

True North	KPI	CQC Domain	2021 Objective	Responsible Director	Target	Jan-19	Feb-19	Mar-19	1819 YTD	Pass/Fail	Trend Variation	Kitemark
Zero Waiting	62 day consultant upgrade	Responsive	Our Services	Mark Brassington	85%	84.60%	82.58%		86.22%			
	diagnostics achieved	Responsive	Our Services	Mark Brassington	99%	96.91%	98.06%	95.86%	97.53%			
	Cancelled Operations on the day (non clinical)	Responsive	Our Services	Mark Brassington	1%	2.36%	2.43%	1.96%	2.74%			
	Not treated within 28 days. (Breach)	Responsive	Our Services	Mark Brassington	5%	3.95%	5.56%	15.13%	9.51%			
	#NOF 24	Responsive	Our Services	Mark Brassington	70%	78.57%	59.65%		65.64%			
	#NOF 48 hrs	Responsive	Our Services	Mark Brassington	95%	95.71%	89.47%		94.15%			
	EMAS Conveyances to ULHT	Responsive	Our Services	Mark Brassington		5096	4466	4960	57262			
	EMAS Conveyances Delayed >59 mins	Responsive	Our Services	Mark Brassington		622	726	410	5789			
	104+ Day Waiters	Responsive	Our Services	Mark Brassington	0	17	13	7	144			
	Average LoS - Elective (not including Daycase)	Effective	Our Services	Mark Brassington	2.80	2.50	2.98	2.62	2.89			
	Average LoS - Non Elective	Effective	Our Services	Mark Brassington	3.80	4.55	4.80	4.66	4.62			
	Delayed Transfers of Care	Effective	Our Services	Mark Brassington	3.5%	3.20%	3.80%		4.34%			
	Partial Booking Waiting List	Effective	Our Services	Mark Brassington	0	7338	7479	7872	7485			

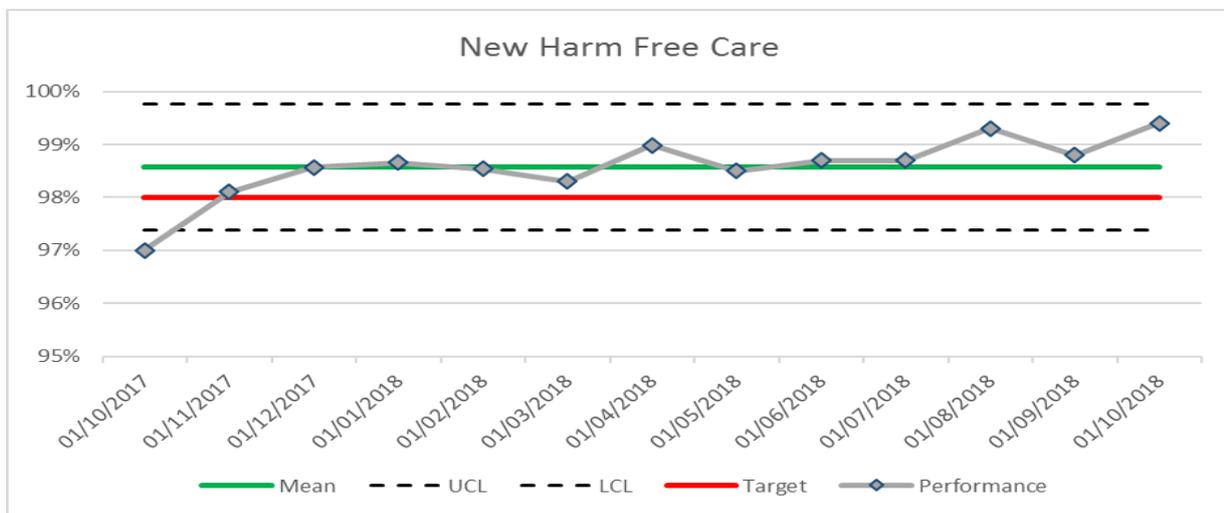
STATISTICAL PROCESS CONTROL CHARTS

Statistical Process Control (SPC) charts are an analytical tool that plot data over time. They help us understand variation which guides us to make appropriate decisions.

SPC charts look like a traditional run chart but consist of:

- A line graph showing the data across a time series. The data can be in months, weeks, or days- but it is always best to ensure there are at least 15 data points in order to ensure the accurate identification of patterns, trends, anomalies (causes for concern) and random variations.
- A horizontal line showing the Mean. This is the sum of the outcomes, divided by the amount of values. This is used in determining if there is a statistically significant trend or pattern.
- Two horizontal lines either side of the Mean- called the upper and lower control limits. Any data points on the line graph outside these limits, are 'extreme values' and is not within the expected 'normal variation'.
- A horizontal line showing the Target. In order for this target to be achievable, it should sit within the control limits. Any target set that is not within the control limits will not be reached without dramatic changes to the process involved in reaching the outcomes.

An example chart is below:



Normal variations in performance across time can occur randomly- without a direct cause, and should not be treated as a concern, or a sign of improvement, and is unlikely to require investigation unless one of the patterns defined below applies.

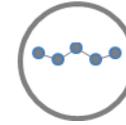
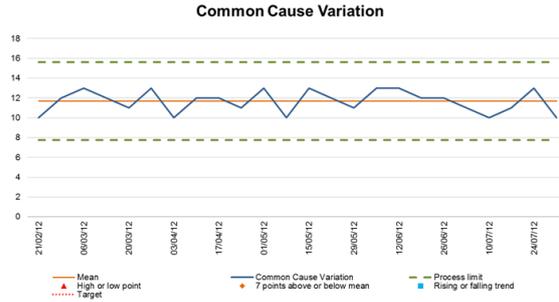
Within an SPC chart there are three different patterns to identify:

- Normal variation – (common cause) fluctuations in data points that sit between the upper and lower control limits
- Extreme values – (special cause) any value on the line graph that falls outside of the control limits. These are very unlikely to occur and where they do, it is likely a reason or handful of reasons outside the control of the process behind the extreme value
- A trend – may be identified where there are 7 consecutive points in either a pattern that could be; a downward trend, an upward trend, or a string of data points that are all above, or all below the mean. A trend would indicate that there has been a change in process resulting in a change in outcome

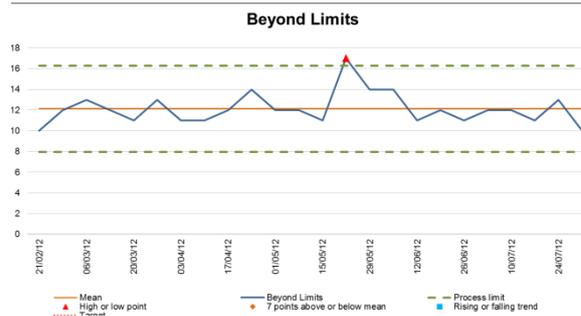
Icons are used throughout this report either complementing or as a substitute for SPC charts. The guidance below describes each icon:

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Normal Variation

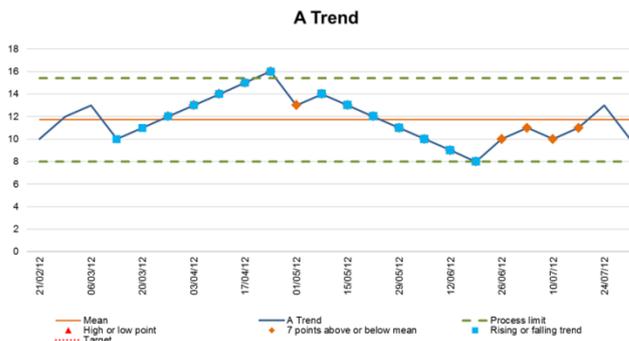


Extreme Values

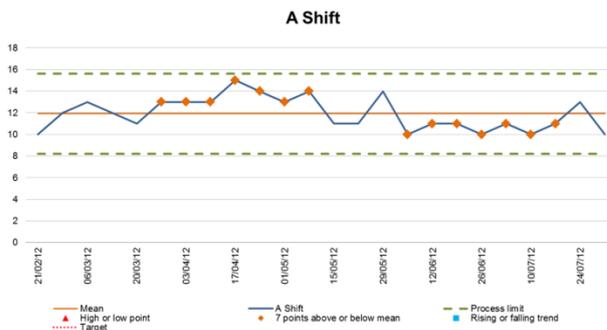


There is no icon for this scenario.

A Trend (upward or downward)



A Trend (a run above or below the mean)



Where a target has been met consistently

Where the target has been met or exceeded for at least 3 of the most recent data points in a row, or sitting is a string of 7 of the most recent data points, at least 5 out of the 7 data points have met or exceeded the target.



Where a target has been missed consistently

Where the target has been missed for at least 3 of the most recent data points in a row, or in a string of 7 of the most recent data points, at least 5 out of the 7 data points have missed.



HARM FREE CARE - MORTALITY

Executive Lead: Neill Hepburn

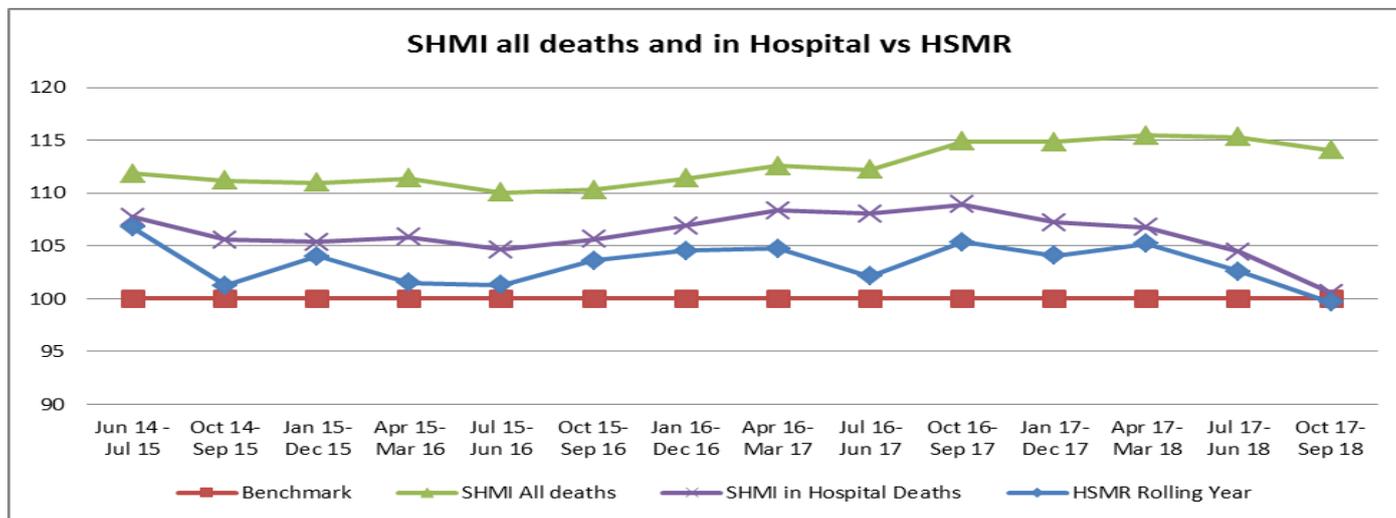
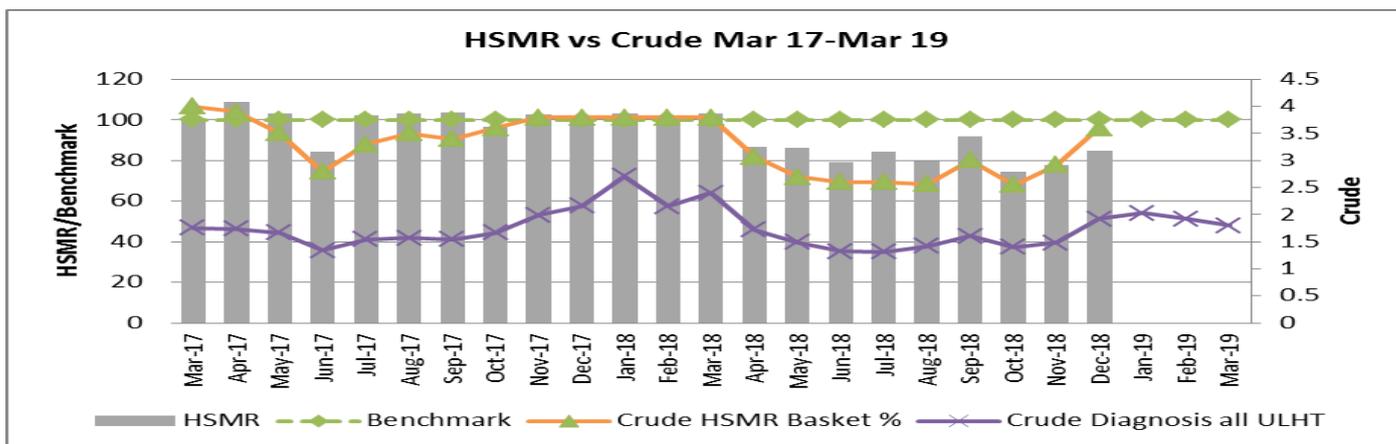
CQC Domain: Safe

2021 Objective: Our Patients

SHMI  

HSMR  

Trust/Site	ULHT HSMR	ULHT HSMR	ULHT HSMR	ULHT SHMI	Trust Crude Mortality
Trust	94.26	86.96	84.84	114.05	1.62%
LCH	105.43	96.36	103.54	116.53	1.69%
PHB	90.11	84.43	73.07	118.36	1.83%
GDH	57.35	50.80	45.42	85.82	0.62%



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Metric	National Acute (Non specialist)	ULHT Jan 18- Dec 18	ULHT Jan 17- Dec 17
HSMR	97.30	94.26	103.40
SHMI (Jul 17-Jun 18)	100.34	114.05	114.90
Crude rate % (HSMR)	3.30%	3.30%	3.80%
Elective Crude Rate %	0.10%	0.10%	0.40%
Non elective Crude Rate %	2.60%	3.10%	3.40%
% All Spells coded as Palliative Care	1.07%	1.07%	1.07%
Emergency Spells % coded as Palliative	2.44%	2.60%	2.69%
% deaths coded as Palliative Care	31.24%	20.29%	19.64%
Comorbidity 0 score per observed	18.43%	19.13%	19.23%
Comorbidity 0 score per Spells %	64.90%	64.59%	66.68%
Emergency Comorbidity Score 0 Spells	26.59%	28.65%	29.14%
Weekend % of observed	26.03%	25.35%	26.14%
Weekday % of observed	73.97%	74.65%	73.86%
Spells Readmissions 28 days %	8.50%	7.58%	7.65%
Residual Coding % of all spells	2.18%	1.45%	1.17%
R00-R99 Signs and symptoms % of	11.85%	9.43%	9.82%
LOS short stay 0-2 days Observed %	24.86%	26.04%	27.67%
LOS 3+ Observed %	75.14%	73.96%	72.33%

Hospital Standardised Mortality Ratio – HSMR

ULHT's HSMR is below expected limits at 94.26 this is the lowest recorded Trusts HSMR. All sites are within expected limits. Both Pilgrim and Grantham are below expected limits.

Alerts: The Trust is alerting for 'Other Perinatal Conditions', there is a Quality and Safety Improvement Programme to address the improvements required. Site alerts; Pilgrim site is driving the 'Other Perinatal Conditions' a paper has been produced and was presented at QSG in March 19. Also alerting for the site at Pilgrim 'Other Lower Respiratory Disease' for the third month. COPD and Bronchiectasis is alerting for the Lincoln site for the first month.

Summary-level Hospital Mortality Index-SHMI

ULHT remain within Band 1 outside of expected limits with a score of 114.05, which shows a reduction from the previous reporting period. Driven by Lincoln and Pilgrim sites. Pilgrim is not alerting within HSMR, however has the highest SHMI. SHMI includes both death in-hospital and within 30 days of discharge. In Hospital deaths SHMI is currently at 100.53, which is within expected limits. The data is reflective up to September 2018.

Alerts—ongoing: Septicemia (except in labour), Pneumonia, Chronic obstructive pulmonary disease and bronchiectasis, Acute bronchitis

Alerts—New: Deficiency and other anaemia, Superficial injury, contusion, Other lower respiratory disease, Diverticulosis and diverticulitis, Short gestation, low birth weight, and fetal growth retardation, Phlebitis, thrombophlebitis and thromboembolism. The only In-hospital alert is Septicemia, this is in line with HSMR for the time period.

In-depth reviews are underway for Sepsis deaths. The Trust are partaking in the National audits for COPD (BTS), pneumonia and COPD care bundle compliance audits have been undertaken and a work programme developed to increase compliance.

Mortality Strategy Reduction Key Actions:

- To contribute to achievement of Mortality Reduction Strategy and reduce HSMR and SHMI the Trust are taking the following actions:
- To contribute to achievement of Mortality Reduction Strategy and reduce HSMR and SHMI the Trust are taking the following actions:
- Other Perinatal Conditions has undertaken and in-depth review a report has been presented at QGC, awaiting actions and feedback.
- Divisional Mortality Dr Foster Outcome reports will be produced in line with the Trust’s Operating Model from April 2019.
- Thematic case note review from cases escalated to mortality surveillance groups for admissions from Care Homes to Acute Care. Discussions are starting with Wye Valley who have established a programme of work.
- The Trust will focus on the Top diagnosis within both SHMI and HSMR to reduce mortality ratios; Septicemia, Stroke, COPD, Pneumonia, Fracture NOF.
- Mortality is a work stream within the Quality and Safety Improvement Programme (QSIP). This underpins the Mortality Reduction Strategy and sets deliverable milestones for each key issue identified including; Clinician Engagement, Medical Examiner Role, Perinatal Mortality, Documentation and accurate coding, Sepsis, Pneumonia and COPD.
- The Community have various work streams they are undertaking to ensure out of hospital patients receive appropriate end of life care which include; End of life audits in care homes, end of life training, multidisciplinary approach to advance care planning and anticipatory prescribing, Project Echo and roll out of the ReSPECT tool kit.
- Lincolnshire health and care community have launched; Home First Prioritisation. An initiative aimed to focus on frail and over 75’s out of hospital and close to there homes. With work streams in; advanced care planning in care homes, Complex Case Managers, Short term overnight carer intervention, practice Care Coordinator and Triage Practitioner.
- The coders will meet with the Consultants who have the Top Observed Diagnosis Groups to ensure accuracy of documentation from May 2019.
- Monitoring the impact of the Frailty Assessment units on appropriate admissions to hospitals.
- In-depth reviews for Liver Disease and Biliary Tract Disease external review is due to take place on the 15th April 2019.
- The Importance of Clinical Coding was held on the 27th March 2019; there were 16 attendees of which 10 were Consultants. A survey monkey has been distributed to the participants of the day, to ask opinions on how to drive the teaching forward and the focus of future workshops and delivering the agenda in the Trust.

Crude Mortality

The crude mortality has decreased in March 19 to 1.80%. In rolling year April 18-March 19 crude has decreased to 1.62%. A reduction in crude and an increase in Dr Foster expected mortality is the driving force behind the reduction in HSMR and hopefully this reduction will be replicated in SHMI.

Mortality Reviews– Deaths in Scope						
Deaths reported to Jan-19 to allow for 4 week deadline completion of initial mortality review.						
Measure	Description	Month		Rolling Year		Narrative
		Jan 19	Feb 19	Jan 19	Feb 19	
Deaths in Scope	<ul style="list-style-type: none"> • Total Deaths in scope • Number inpatient deaths • Number of A&E Deaths 	229	2121	188	1821	All deaths as reported, in Month and rolling year.
		188	1821	41	300	
		41	300			
ME Screening	<ul style="list-style-type: none"> • ME Deaths Screened • % of referrals to Specialty 	63	137	10%	11%	Medical Examiner post commenced in October 2018. As the Medical Examiner is not running a 5 day service as yet. A percentage of cases not screened by the Medical Examiner will still be reviewed in the first instance by the Specialty. ME screening equates to 4 months of that
Await Completion	<ul style="list-style-type: none"> • To be reviewed by Specialty • Total allocated Specialty • % of total with Specialty • % of total awaiting allocation 	72%/166	94%/1984	91	641	Cases allocated or referred by the ME to Specialty for completion. The total awaiting allocation are those notes that are in department or awaiting notes to send for review. % taken from reviewed by Specialty.
		54.8%	32.3%	40.4%	18.1%	
Reviews complete	<ul style="list-style-type: none"> • Completed Reviews/Screens • Specialty Reviews completed • % Specialty Review compliance • Complete ME & Specialty (%/N) 	58	1266	34.9%	63.8%	Total Specialty Reviews completed by consultants and review compliance from those referred for specialty review. And total of ME screened and Specialty review completed
		53%/121	66%/1403			

Measure	Description	Month	Rolling Year	Narrative										
		Jan 19	Feb 18-Jan 19											
Grading	<p>Completed Specialty Reviews</p> <ul style="list-style-type: none"> Grade 0 (N/%) Grade 1 (N/%) Grade 2 (N/%) Grade 3 (N/%) 	<table border="1"> <tr><td>54/93%</td><td>1050/83%</td></tr> <tr><td>1/2%</td><td>101/8%</td></tr> <tr><td>0/0%</td><td>29/29%</td></tr> <tr><td>0/0%</td><td>0/0%</td></tr> <tr><td>3/5%</td><td>86/7%</td></tr> </table>	54/93%	1050/83%	1/2%	101/8%	0/0%	29/29%	0/0%	0/0%	3/5%	86/7%		<p>The number of deaths and percentage of mortality specialty reviews completed by Grade.</p> <p>Grade 0-No Suboptimal Care Grade 1-Suboptimal Care—no change to outcome Grade 2-Suboptimal Care-Might have changed outcome Grade 3-Suboptimal Care-Possibly avoidable Not Graded by Consultant (non review)</p>
54/93%	1050/83%													
1/2%	101/8%													
0/0%	29/29%													
0/0%	0/0%													
3/5%	86/7%													
Escalated Reviews	<p>Completed Specialty Reviews</p> <ul style="list-style-type: none"> Reviews identified For MoRAG / Collaborative % of deaths identified % of reviews completed 	<table border="1"> <tr><td>2</td><td>136</td></tr> <tr><td>4%</td><td>13%</td></tr> <tr><td>0%</td><td>48%</td></tr> </table>	2	136	4%	13%	0%	48%		<p>All cases identified for review escalation from mortality review to MoRAG or the Lincolnshire Mortality Collaborative and reviews completed compliance. There is a backlog of cases with the collaborative. Reviewers are reviewing cases but only presenting to the meeting where issues have been identified</p>				
2	136													
4%	13%													
0%	48%													
Learning Disability	<ul style="list-style-type: none"> Total Deaths in scope Submitted to LeDeR % reviews completed 	<table border="1"> <tr><td>1</td><td>21</td></tr> <tr><td>1</td><td>21</td></tr> <tr><td>100%</td><td>100%</td></tr> </table>	1	21	1	21	100%	100%		<p>These include all Learning Disability deaths as identified by the information support team using code FB19 as advised by the NHS Quality Board. Lincolnshire only became part of review process in October 17.</p>				
1	21													
1	21													
100%	100%													
Severe MH	<ul style="list-style-type: none"> Total Deaths in scope Number Reviews completed % review compliance 	<table border="1"> <tr><td>0</td><td>27</td></tr> <tr><td>0</td><td>20</td></tr> <tr><td>N/A</td><td>74%</td></tr> </table>	0	27	0	20	N/A	74%		<p>Severe Mental Health Codes/Diagnosis as advised by NHSI they advise to include schizophrenia, bipolar disorder, delusional disorder, unipolar depressive psychosis and schizoaffective disorder.</p>				
0	27													
0	20													
N/A	74%													

Mortality Review– Key Themes, Actions and Learning

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

Key Themes identified from reviews	Actions
<p>Failure to act and escalate—Management & Results</p> <p>The majority of cases referred to MoRAG have issues with failure to act on test results, recognition of observations and escalation to ensure the patient receives the correct management.</p>	<ul style="list-style-type: none"> 2 x MoRAG thematic case note briefing circulated to the Trust. MoRAG are monitoring cases that are referred for these issues and action taken with the relevant clinical team. Care bundles are being audited for compliance and action plans developed. This is a work stream within the Mortality QSIP. MoRAG thematic case note briefing circulated to the Trust. Trust policy re-circulated to the Trust NICE guidelines re-circulated to the Trust. E-learning package on ESR. The core learning panel has approved the e-learning and will be mandatory in January 18. Patient Safety Briefing disseminated 1st March relaunching the SPICT toolkit and introducing the ReSPECT Toolkit The Trust participates in the National end of life audit. The Trust is monitoring this and an action plan has been developed through QSIP. National 7 day service audit is currently underway; this is due to be submitted in June 19.
<p>Fluid Balance Management</p> <p>19% of cases referred to MoRAG and Lincolnshire Collaborative have had fluid balance management issues.</p>	
<p>Recognition of a end of life/deteriorating patient</p> <p>From cases reviewed a theme is the late recognition of end of life and the deteriorating patient.</p>	
<p>Senior Review within 14 hours</p> <p>Reviews show that not all patients are having a review within 14 hours of admission.</p>	

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Advance care planning within the community

Highlighted from cases referred the Lincolnshire Mortality Collaborative that there are a number of cases that should have had advance care planning in the community.

- CCG have completed an audit on the end of life registers with GP's.
- CCG are going to undertake in line with the ReSPECT roll out an audit of end of life audit for care homes to identify number of residents with ReSPECT / end of life care plan in place and where the plan was put in place, to gain a baseline for further audits.
- The CCG are rolling out End of Life Training across the county as part of the neighbourhood working.
- Lincolnshire East CCG Neighbourhood working has signed up for Project Echo, run by St Barnabas Hospital which will support end of life care learning.
- CCG's are undertaking neighbourhood working a multidisciplinary approach to advance care planning and anticipatory prescribing.
- Prompt developed on eDD for consideration of the GSF to the GP.
- Home First Prioritisation initiative.
- Thematic review for care home admissions to Acute Care completed advance care planning within the community was the main theme and this has been escalated by the Medical Director.
- Monitor frailty service effect on the inpatient reduction

Case notes/Documentation Issues

The state of case notes within the Trust are constantly being highlighted in mortality reviews. The patients stay is not always clearly documented and filed.

- 2 cycles of audit has been completed on accurate completion of clerking proforma.
- The introduction of Clinical Coding Triangles engaging clinician's in May 19 in line with TOM
- The importance of coding workshop; presenters are due to meet to discuss future workshops, focus and delivery

Learning Disabilities and Mental Health Deaths

All Learning Disability deaths are reported through the LeDeR programme.

Mental health deaths are reviewed through ME screening or specialty reviews

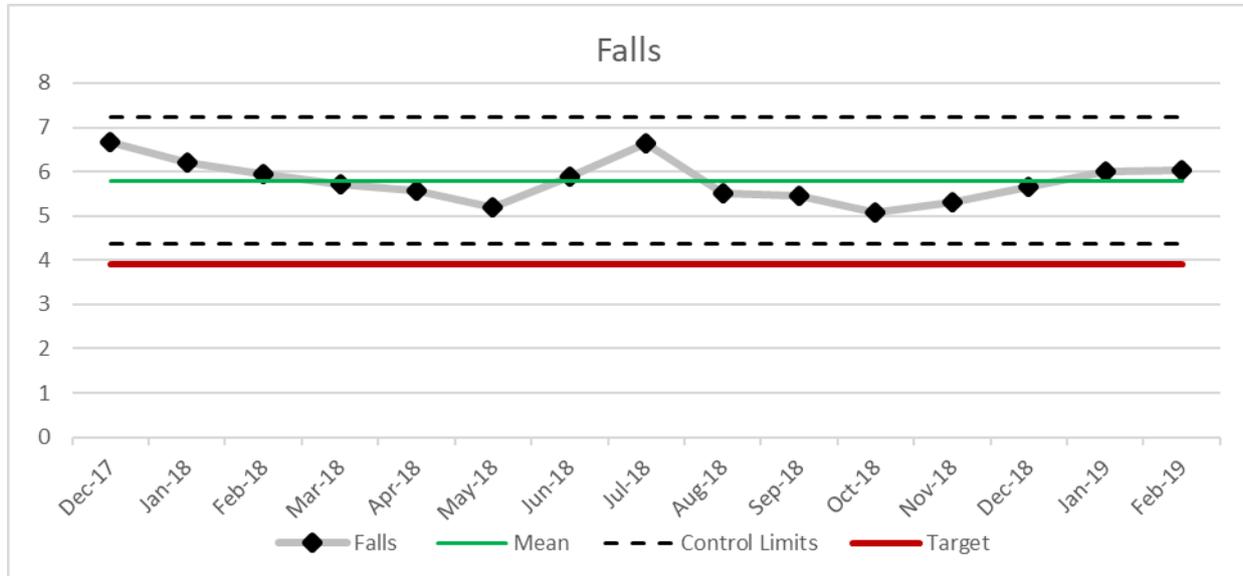
- Participation in the Lincolnshire LeDeR steering group. No outcomes of themes have yet been disseminated to the Trust.
- External LeDeR reviews undertaken.
- Since January 2018; Quality Governance has been monitoring through mortality reviews the Mental Health and Learning Disability themes.
 - ◆ 110 reviews highlighted Mental Health or Learning Disability Diagnosis. 90 of these cases should have had care plans in place.
 - ◆ 72% (65/90) of these had care plans in place.
 - ◆ 73 cases should have been seen by Learning Disability or Psychiatric liaison. 17 (23%)cases had evidence of these in place.
 - ◆ 61 cases should have had an Mental Capacity Assessment completed. 47/61 (77%)cases had evidence this has been completed.

HARM FREE CARE - FALLS

Executive Lead: Michelle Rhodes

CQC Domain: Safe

2021 Objective: Our Patients



Challenges/Successes

Trust performance for falls is measured using per 1000 occupied bed days (OBD) formula. This is recognised as a measure of both reporting culture and performance which also allows for national and regional comparison. Falls with harm include moderate harm, severe harm and death. Following approval of the Falls Improvement Programme by QGC in May 2018, the falls data has been cleansed, validated and rerun from April 2017 to ensure reporting of inpatient falls only.

Comparison

All falls per 1000 OBDs for the Trust in February 2019 is 6.03 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 February 2019 is 0.14 which is better than the national average of 0.19 (National average is taken from the National Audit of Inpatient Falls, RCP 2015).

The Trust submits data as part of the safety thermometer which is a 72 hour point prevalence survey. This data is used in the calculation of the Trusts Harm Free Care percentage and is included for monitoring through the model hospital. When comparing all falls, ULHT was 1.7% which is worse than national average of 1.6% in February 2019. When comparing falls with harm, ULHT was 0.3% which is better than the national average of 0.5% in February 2019.

Actions in place to recover:

- Monthly Falls Steering Group meetings continue with representatives for across the 3 sites.
 - The Corporate falls action plan has been shared with the group for discussion and general feedback is that the plan is robust and comprehensive for the forthcoming year.
 - The group have agreed on a new Postural hypotension patient information leaflet (currently going through appropriate governance committees to approve)
 - Following on from reviewing the evidence the group have agreed that any future ward purchases of the fall ambulatory alarms must go through the falls steering group for approval first as the evidence for effectiveness is limited.
- The Trust is now taking part in the National continuous Falls Audit.
- Falls Ambassador monthly meetings continue. Staff attendance is improving with representative via VC from across all 3 sites at the last meeting.

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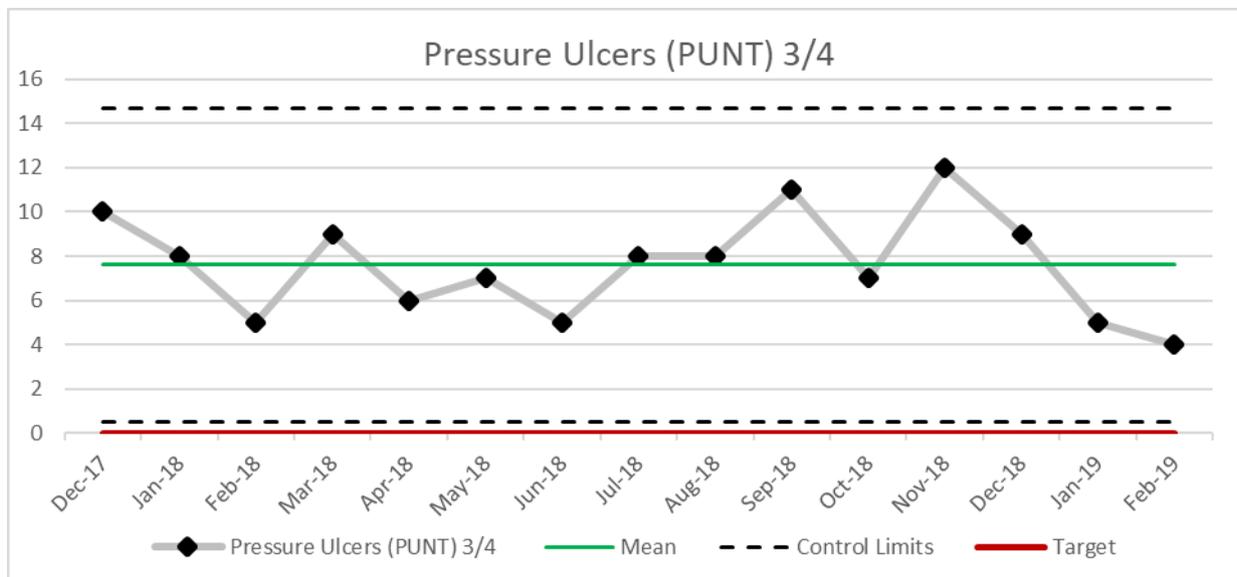
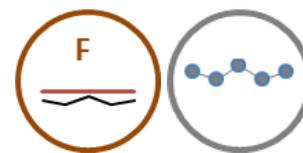
- Ambassadors continue to receive weekly updates via their closed Facebook page.
 - Ambassadors are currently working on their L&S ward action plans
- A front door Frailty MDT team (Consultant, Nurse, OT and Physio) are now working in A&E at Boston (Mon-Fri 8-4) with a limited service currently operating at Lincoln. Consequently, the team are beginning to see more patients who have attended as a result of a fall or with a history of falls. Part of the comprehensive geriatric assessment is focused on falls prevention so the majority of patients who are admitted during the teams working hours will have already had L&S BP conducted as routine and those patients admitted as a result of a fall should have been seen by the MDT, all supporting falls prevention as an inpatient.

HARM FREE CARE - PRESSURE ULCERS

Executive Lead: Michelle Rhodes

CQC Domain: Safe

2021 Objective: Our Patients



Challenges/Successes

Category 3 pressure ulcer summary

30% reduction trajectory has not been achieved since May 2018.

Performance at Lincoln remains unchanged reporting 2 category 3 pressure ulcers, whilst Pilgrim have shown improvement, reporting 2 incidents.

There remain 2 outstanding incidents awaiting Scrutiny Panel outcomes, both are scheduled to be heard this month.

Grantham continues to report no category 3 pressure ulcers for 12 months.

Category 4 pressure ulcer summary

The Trust has set a 30% reduction trajectory for avoidable category 4 pressure ulcers for 2018/19.

Lincoln have reported no category 4 pressure ulcers for the last 2 months, with Pilgrim reporting no category 4 pressure ulcers for the last 5 months.

Grantham have reported no category 4 pressure ulcers for 13 months.

Comparison

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 new pressure ulcers, ULHT was 0.5 % which is better than the national average of 1% in February 2019.

Actions in place to recover:

- A corporate PU reduction action plan has been produced and is currently going through the ratification and governance approval process. The aim of the plan is to achieve a 30% or greater reduction in PU's for 2019/20.

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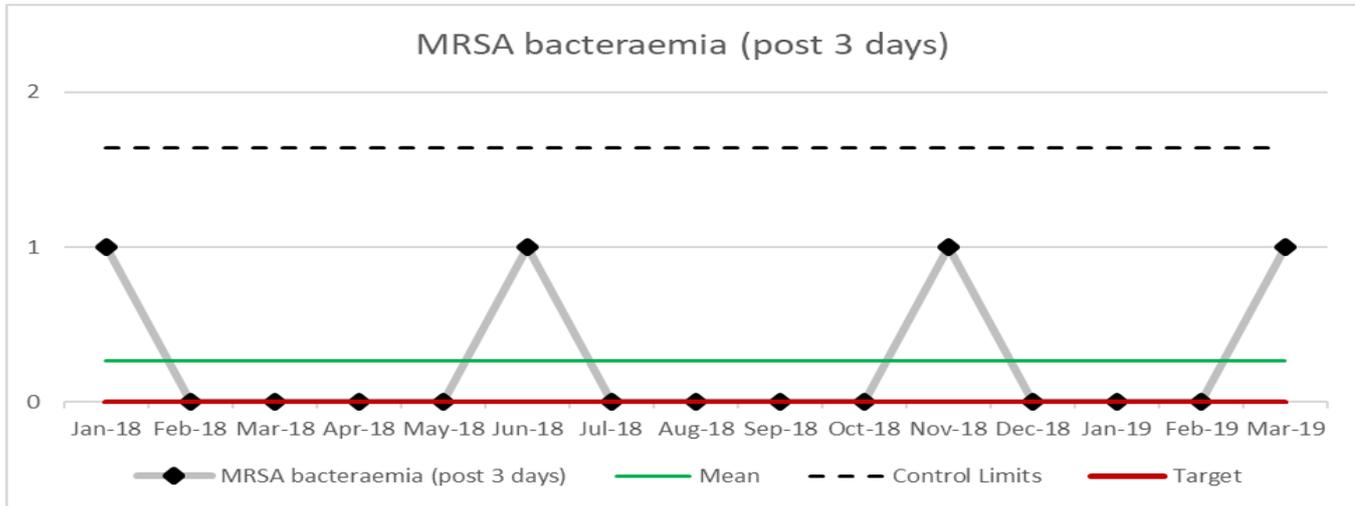
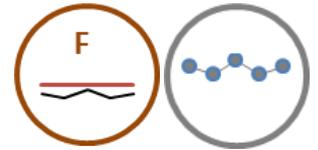
- In addition, a bespoke TV service plan is in the final stages of development which will identify and priorities key areas of work for the TV service. This will enable the resources to be used more effectively to reduce the number of preventable PU's.
- A piece of work involving TV activity has also been produced which demonstrates the amount of work undertaken by the TV team in support of the trust. This demonstrates the totality of the TV remit and allows for priority task identification.
- The trust is pressing ahead with the Harm Free Care agenda which includes the reduction of preventable pressure ulcers. Plans are in development that will include specific activities for Tissue Viability services and other multi-disciplinary clinical teams as part of a wider harm prevention programme. This includes identifying opportunities for collaborative working with other specialties as part of a matrix working programme.
- There will be a revised programme of sustained development and support for the TV Link Practitioners which will allow them to have more productive input in to their working areas. This includes the development of a formal job description outlining how the trust will support link Nurses and what is expected from a link Nurse in terms of support to their respective areas.
- There is a plan in place to investigate all unstageable PU's starting in April 2019 to further enhance the reduction plan.

HARM FREE CARE – INFECTION PREVENTION - MRSA

Executive Lead: Michelle Rhodes

CQC Domain: Safe

2021 Objective: Our Patients



Challenges/Successes

There was 1 case of MRSA bloodstream infection reported in November meaning the trust is now at 2 cases year to date. 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 April 2019 new guidance took 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.

Actions in place to recover:

Following the external visit by NHS Improvement on the 2nd May, ULHT has been downgraded to a green rating from amber. This has shown the progress of improvement over the last year and that the trust is in a far better position. Full compliance to the hygiene code has increased from 64% to 96%. There is still much work to be done however and continued efforts to further improve IP&C in ULHT must be maintained. A subsequent visit carried out by NHSI on November 7th reinforced the trust position of green and as a result of the visit, the trust has been fully de-escalated for IP&C by NHSI.

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 were above trajectory and the trust is in a recovery position and is now under trajectory. Programmes are progressing with a review of the prescribing formulary and an education pack for prescribers. There has also been an enhanced programme of visits to ward areas where C.diff and GDH patients have been placed in order to scrutinise prescribing and IP&C management. This is routinely undertaken by an IP&C Nurse, Anticicrobial Pharmacist and a Microbiologist.

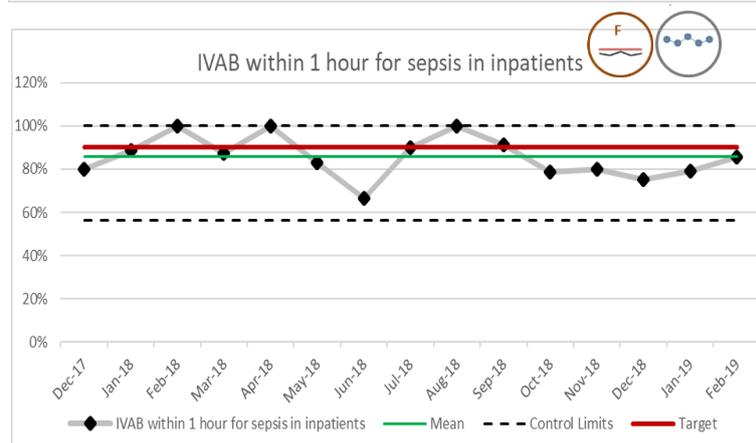
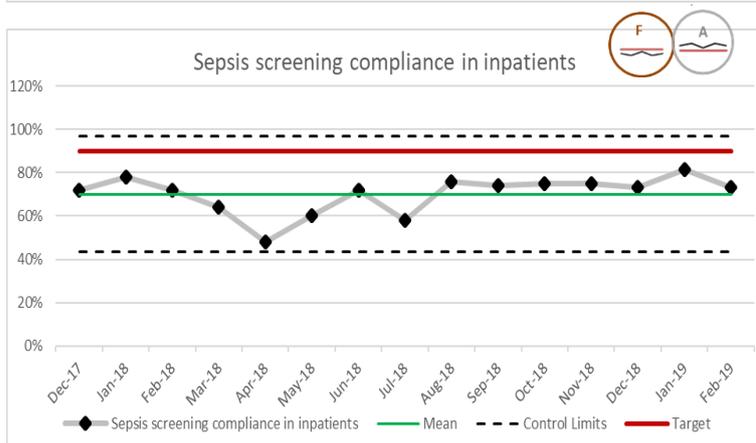
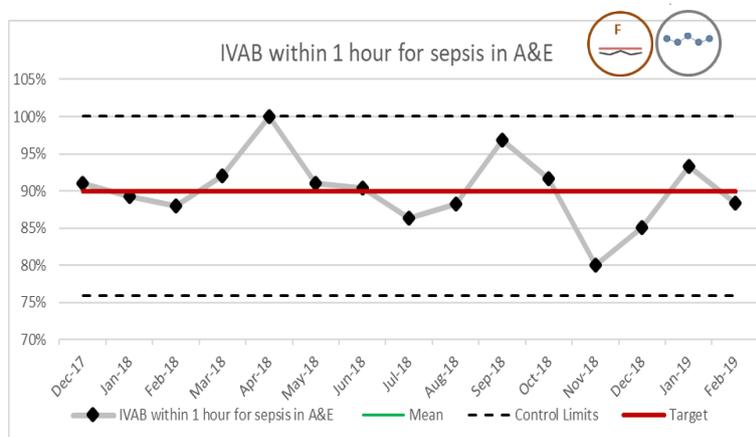
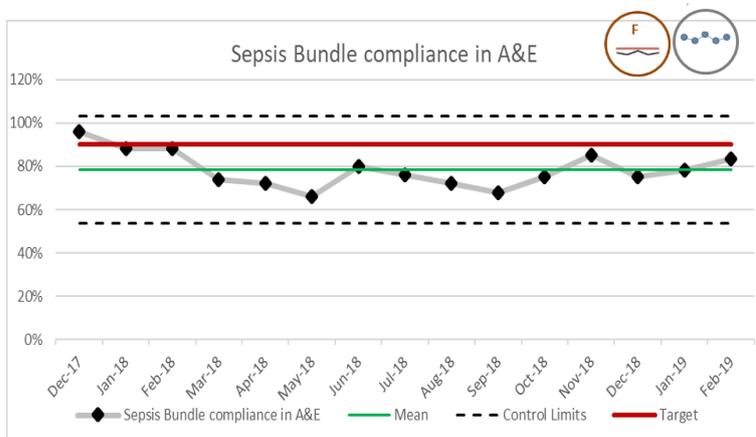
The IP&C team are assisting daily with bed management and an outbreak plan has recently been approved by the trust IP&C committee. This will enable the organisation to respond quickly to any outbreak situation on any site. The IP&C team is also going through training and development to strengthen their 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 and focused incremental improvements.

HARM FREE CARE - SEPSIS

Executive Lead: Michelle Rhodes

CQC Domain: Safe

2021 Objective: Our Patients



Challenges/Successes

Sepsis screening summary

It can be seen that the screening compliance for A&E has improved for the 3rd month, Inpatient screening compliance has declined by 3.4% (4 patients).

Material ordered from the Sepsis Trust for Train the trainer to be rolled out and embedded in practice.

The Sepsis Task and Finish group remains under a re structure involving the sepsis team and the deputy chief nurse.

Meeting being held on 10th April to look into a restructure of the sepsis data collection to include mortality and harm review data.

'Think Sepsis' lift signs donated by a sepsis survivor and installed in March on 4 patient facing lifts on the Lincoln site. To be rolled out trust wide, quote ascertained, funds being explored.

Meeting to be arranged with Paediatric team following Manchester insight to discuss screening amendments to paediatric bundle- re adding an unsure option to the decision making element within the screen.

IVAB within 1 hour summary

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It can be seen that antibiotic compliance fallen short of achieving the CQUIN target, however gradual improvements can be seen within the inpatient areas.

Changes have been made to the adult and paediatric sepsis bundles to allow for retrospective completion of the electronic document, providing all actions completed within the hour of diagnosis. Retrospective changes are being added to the maternity bundle in April.

Enhanced support for paediatrics is being provided as part of a trust wide review.

Meeting to be arranged with Paediatric team following Manchester insight to discuss intramuscular administration of time critical antibiotics in the septic child.

Actions in place to recover

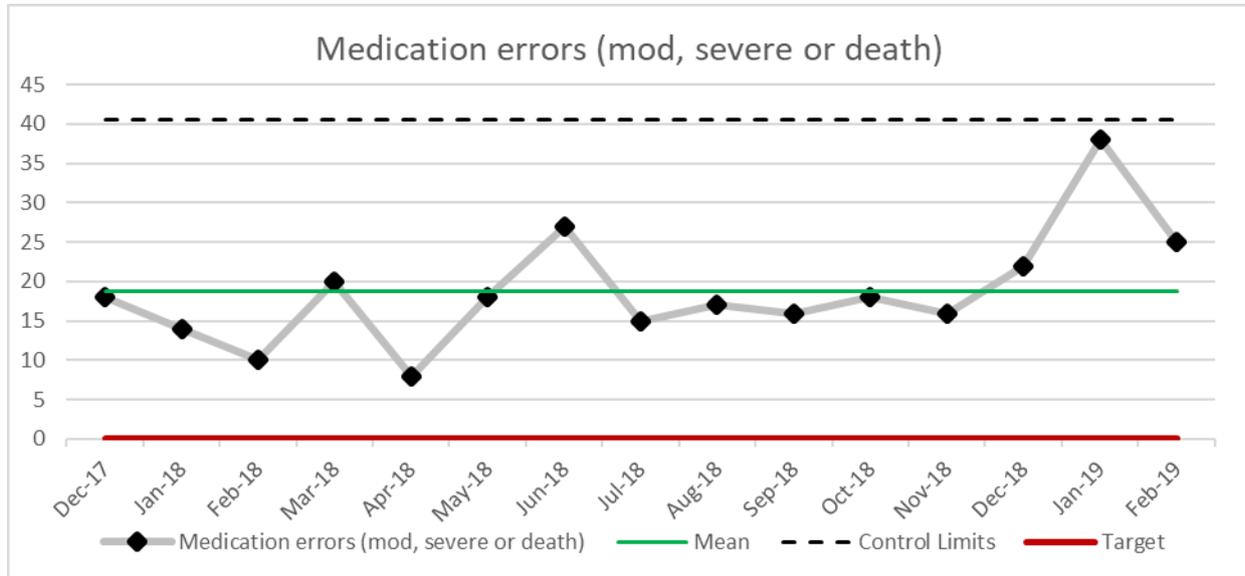
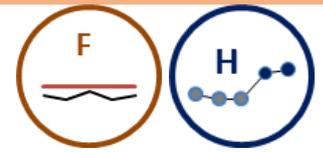
- Robust process for monitoring and reporting performance to support continued and sustained patient safety: Trust wide CQUIN Audit and utilisation of trust wide electronic screening data to review any missed screens.
- Sepsis box/ trolley in all adult inpatient/admission areas.
- All Sepsis e-learning packages (Adult, Pediatric, Maternity and neutropenic sepsis) live on ESR.
- Deteriorating patient ambassadors engagement increased across sites supported by Ward Accreditation
- A&E medical leads identified for Lincoln, Pilgrim and Grantham sites.
- Inpatient medical leads identified for Lincoln, Pilgrim and Grantham sites
- Maternity medical lead identified for Pilgrim
- Pediatric medical leads identified for both Lincoln and Pilgrim sites
- ICT changes made in order to reduce variances in data- will be implemented across all bundle in April
- Sepsis screening tool and bundle now falls in line with NICE guidelines and the sepsis trust framework- paper bundle now in circulation in the event of system failure.
- The Sepsis Task and Finish group is currently under a re structure/ review involving the sepsis team and the deputy chief nurse re membership and agenda
- Monthly review templates for non-compliance – to be returned on the 20th of each month. These will be discussed with ward managers at the monthly confirm and challenge meetings.
- Sepsis Practitioners to attend specialty clinical governance meetings to capture medical and nursing staff in order to identify individual specialties issues
- Harm Reviews- this process is under review with confirmation pending- will be discussed in meeting on April 10th.

HARM FREE CARE – MEDICATION ERRORS

Executive Lead: Colin Costello

CQC Domain: Safe

2021 Objective: Our Patients



Challenges/Successes

For March the medication incident reporting rate for the Trust per 1000 bed days was 4.78. The rate is expressed as total number of medication incidents reported divided by the number of bed days in the Trust, multiplied by 1000 bed days. The national average as displayed by Model Hospital (from data taken from NRLS, National Reporting and Learning Service) is 4.0 and the peer average is 3.4 – this figure was last updated in November 2018.

There were no never events relating to medication incidents reported during the reporting period. There was 1 incident resulting in Death, for which a Rapid Review has been completed.

Of the 150 medication incidents reported, 18.1% (calculated as medication incidents reported as causing harm or death/all medication errors x 100 – (23/150x100) were rated as causing some level of harm. The national average of medication incidents reported as causing harm or death is 10.6%.

Organisations with an open and honest reporting culture, and where staff believe reporting incidents is worthwhile because preventative action will be taken, are likely to report a higher proportion of "No Harm" incidents than an organisation with a less mature reporting and learning culture.

Actions in place to recover

Within the Quality and Safety Improvement Plan - QS08 Medicines Management are improvement goals that ULHT will work towards to improve overall quality and safety around medicines across the organisation.

The key milestone that is relevant to this report is 'Reducing harm through the culture of safety and learning from medication related adverse events'.

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This is supported by the following points:

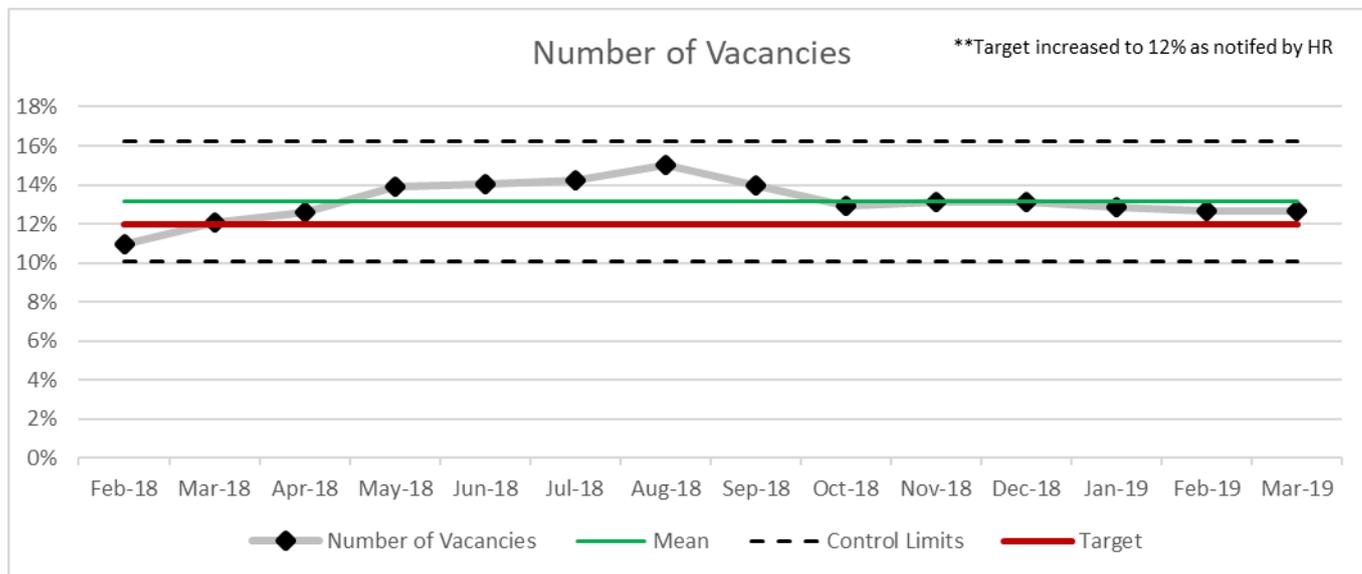
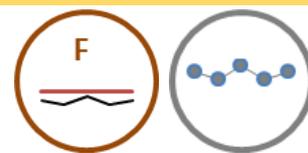
1. Develop a monthly data report demonstrating the medication incident trends
 - This report will be highlighting the trends and patterns within medication incidents submitted via Datix. This report can be developed further to provide the information required by each Division and speciality.
2. Review of medication incident investigation and review process and develop SOP
 - With the support of the Risk Team we will review the process of investigation for medication incidents and ensure it links in and supports the SI policy. An SOP will be developed and shared with medical and nursing teams so that all medication related incidents are addressed appropriately.
3. Staff to do a written reflection of any medication incidence they are involved in and with their line manager agree lessons learnt and training needs.
 - With the Heads of Nursing and the quality matrons we will develop a pathway to support staff and identify any training needs.
4. Define high risk/critical medication and develop SOP for obtaining medication in and out of hours.
 - The Guideline for Reducing Harm from Omitted and Delayed Medicines will be reviewed and updated will include a comprehensive guide to obtaining medicines in and out of hours.
5. Raise awareness of site duty manager and on-call pharmacist
 - As part of the review of the Guideline for Reducing Harm from Omitted and Delayed Medicines we will include information on how to utilise the site duty manager and the on-call pharmacist.
6. Educate staff that there is more than one prescription chart in use and prescription chart should move with patient if transferred
 - A piece of work needs to be done alongside the nursing teams to educate staff around the potential numbers of inpatient chart and the different types of specialist charts we have within the organisation.

MODERN AND PROGRESSIVE WORKFORCE – VACANCY RATES

Executive Lead: Martin Rayson

CQC Domain: Safe

2021 Objective: Our People



Challenges/Successes

Medical Vacancy Rate improved in March to 20.2% with 0.5% improvement coming from substantive consultants and SAS doctors, much of the improvement occurred within the medicine division. Further detail of higher medical Vacancy rates are provided in the following table.

Division	Team	Vacancy FTE	Vacancy %
Clinical Support Services	Lincoln Clin Haematology IP	4.1	43%
	Radiology Consultants	7.7	57%
Medicine	A&E Attenders Lincoln	20.7	54%
	A&E Attenders Pilgrim	20.0	57%
	Lincoln Stroke IP	3.0	50%
	Pilgrim Diabetes IP	4.0	36%
Surgery	Grantham Gen Surgery IP	4.00	29%
	Lincoln Ophthalmology IP	4.3	30%

There are significant numbers of A and E medical staff in process. Lincoln Ophthalmology IP have recruited 1.0 FTE since last month.

Nursing Vacancy Rate dipped slightly in March to 16.4%, with slightly more leavers than starters. Increased vacancies exist in Medicine (13.9 fte) and Surgery (4.7 fte) with reductions in CSS and W & C (6.2 fte combined). Further detail of higher Nurse Vacancy rates are provided in the following table.

Division	Team	Vacancy FTE	Vacancy %
Medicine	Lin Emergency Assessment Unit	14.9	30%
	Ward 6A	11.4	49%
	Pilgrim Stroke Unit	12.1	43%
	Ward 7B Respiratory	11.0	48%

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	Pilgrim AMSS	18.40	54%
	Ward 8A	9.5	44%
	A&E Pilgrim	21.6	43%
Surgery	Grantham Ward 2	9.3	42%
	Ward 5B	11.0	47%
Women & Children	Rainforest Ward	14.5	45%

Lincoln Emergency Assessment Unit vacancies have increased by a further 1.0 FTE with no improvement to the remaining hotspots.

AHPs Vacancy Rate dipped slightly in March to 14.6%, with slightly more leavers than starters. Further detail of the highest AHP Vacancy rates are provided in the following table. Further increase in vacancy rate is projected until end of May.

Division	Team	Vacancy FTE	Vacancy %
CSS	Pilgrim Physiotherapy	9.4	30%
	Pilgrim Radiology	6.2	25%

Actions in place to recover

Weekly recruitment and exit tracking is now taking place. Robust tracking of planned new starts is in place and earlier sight of forecast leavers is allowing for earlier dialogue around replacement recruitment.

TMP have completed the first phase of their work around employer brand development and will start to inform some of our recruitment activity. It is planned for their work to be tested with a number of staff focus groups.

Medical and Dental – There are 25 fte of new starts (Consultant and SAS) forecast for the first quarter and 34.3 fte for the second quarter of 2019/20 with 26 new starts in A&E across Lincoln and Pilgrim. Emergency Department recruitment is being tracked closely with two weekly reporting at ET. Divisions are increasingly adopting the 'plan for ever post' approach to all vacant post and there is greater triangulation with associated agency costs. Selection of 2 – 3 strategic partner agencies has commenced and is planned to be agreed early April 19. Agreement to run a pilot programme with Paragona has been reached. Five consultants were recommended for appointment through two AAC panels in March. Work to validate the DiT establishment has commenced.

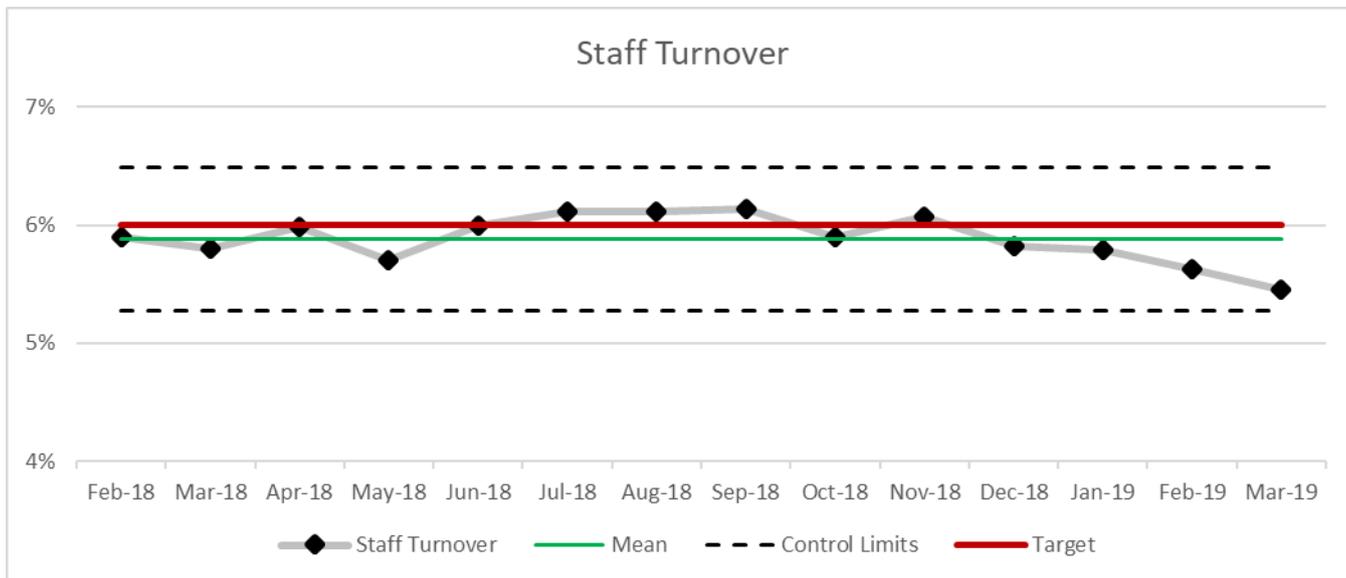
Nursing – The Nursing Workforce and Agency Reduction meeting which takes place bi-weekly and forms part of the workforce governance structure has been reviewed to ensure improved engagement at a senior divisional nursing level. Weekly tracking of projected starters and early progression of nursing staff giving notice is now in place. Information on high vacancy areas and wards using block nursing agency will be used to inform a domestic campaign planned for April and May. All routes to employment are being evaluated including RtP, HEE Earn, Learn and Return, Domestic and International. Two international strategic partner agencies have been provisionally selected and a Business Case for International Nursing is being prepared for Executive Review by end of April. NQN Nursing programme is on track. Subject to late submission of EF3 (Notice to terminate contract) nursing numbers for April and Quarter one are ahead of the 19/20 Workforce FEP Recruitment Plan.

MODERN AND PROGRESSIVE WORKFORCE – VOLUNTARY TURNOVER

Executive Lead: Martin Rayson

CQC Domain: Well-Led

2021 Objective: Our People



Challenges/Successes

Analytical Insights:

The 324.7 FTE represents 403 staff.

Row Labels	Sum of FTE	Count of Employee Number
357 Clinical Support Services - L3 2018	112.76	137.00
357 Corporate - L3 2018	24.97	29.00
357 Director of Estates & Facil - L3 2018	19.67	30.00
357 Medicine - L3 2018	70.62	86.00
357 Surgery - L3 2018	68.42	86.00
357 Women & Childrens Pan Trust - L3 2018	28.23	35.00
Grand Total	324.67	403.00

The top 3 reason for leaving (exc retirements) are:

Voluntary Resignation - Other/Not Known	60%
Voluntary Resignation – Relocation	17%
Voluntary Resignation – Health	5%

Actions in place to recover

Significant progress has been made on the NHSI plan particularly the Flexible Working element.

Self-Rostering:

- Self-rostering pilot cohort has been initiated – 8 wards and 1 clinic implementing self-rostering.
- The roster that needs approval on the 29th of April will be completely self-rostered.

Excellence in rural healthcare

- 3 wards have signed up for the 2nd cohort of self-rostering

Retire and Return

- Guidance document and process chart has been reviewed and being published. This is for staff
- A process has been agreed and implemented with CET to track and monitor the success of Retire and Return and ensure that staff who retire come back into the same, similar or completely different roles.

Flexible working Policy

- Suite of flexible working options created.
- Flexible working policy has been re-written and being circulated with stakeholders for feedback

Legacy Nurse Role

- Currently writing a proposal paper on how the legacy nurse initiative will work.
- Identified two individuals on the basis on whom we will pilot this

Flexible working requests addressed across divisions

- Transfer window policy converted to an internal transfer policy that is accessible to staff year round.
- Currently with the Policy Development Group for sign off and release.

The project group has now been launched to develop the employment forms electronically and the EF3 [Leavers] is the first form to be developed. This will included details of how to access the new exit questionnaire.

The Trust's Education Strategy has been drafted and should be completed by the end of April 2019.

A directory of rotational posts and insight opportunities have been developed to support the retention of staff.

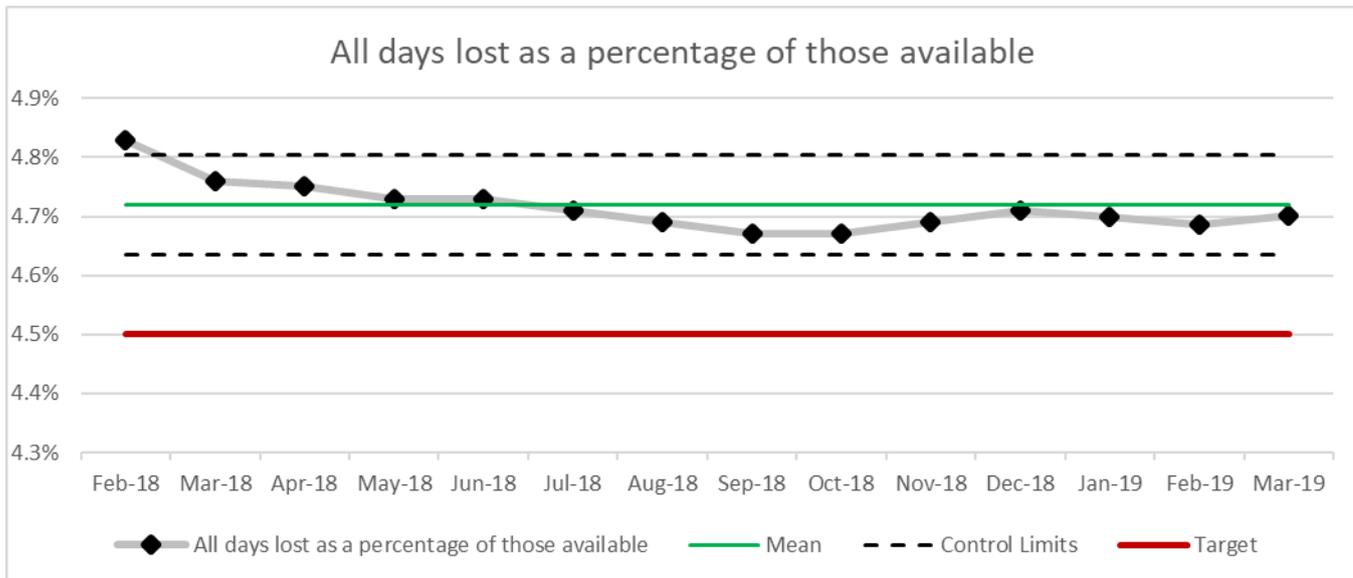
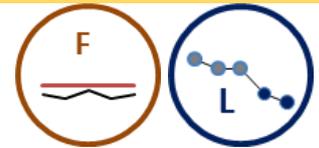
SHRBPs will, as part of workforce planning conversations with Divisions, consider and suggest strategies in respect of the workforce profile and will work with Divisions to implement opportunities to support staff retention.

MODERN AND PROGRESSIVE WORKFORCE – SICKNESS ABSENCE

Executive Lead: Martin Rayson

CQC Domain: Well-Led

2021 Objective: Our People



Challenges/Successes

The overall sickness rate for the Trust has been stable at 4.7% since October 2018. Cold, cough, flu and gastrointestinal problems remain the two top reasons for sickness in February across all areas. The following graph shows both the rolling year and monthly percentage, whilst the rolling year remains on average stable around the 4.5% mark there is a challenge for the organisation during the winter months where sickness absence peaks.

Actions in place to recover

To use the divisional score cards to manage the ER activity to identify trends and take any remedial action on a monthly basis

Monthly meetings with ER Advisors to discuss current poor attendance activity across all Divisions with managers to increase engagement

ER advisors and SHRBP meeting to discuss absence and attendance management to address occasions and engagement

Business case agreed to implement an absence management platform through Empactis to be implemented in due course next steps to advised

Working with Occupational Health advisors to expedite medical appointments to manage ill health capability to support return to work

ER advisors to deliver of bespoke absence management training to department/ line managers to reduce occasions of absence

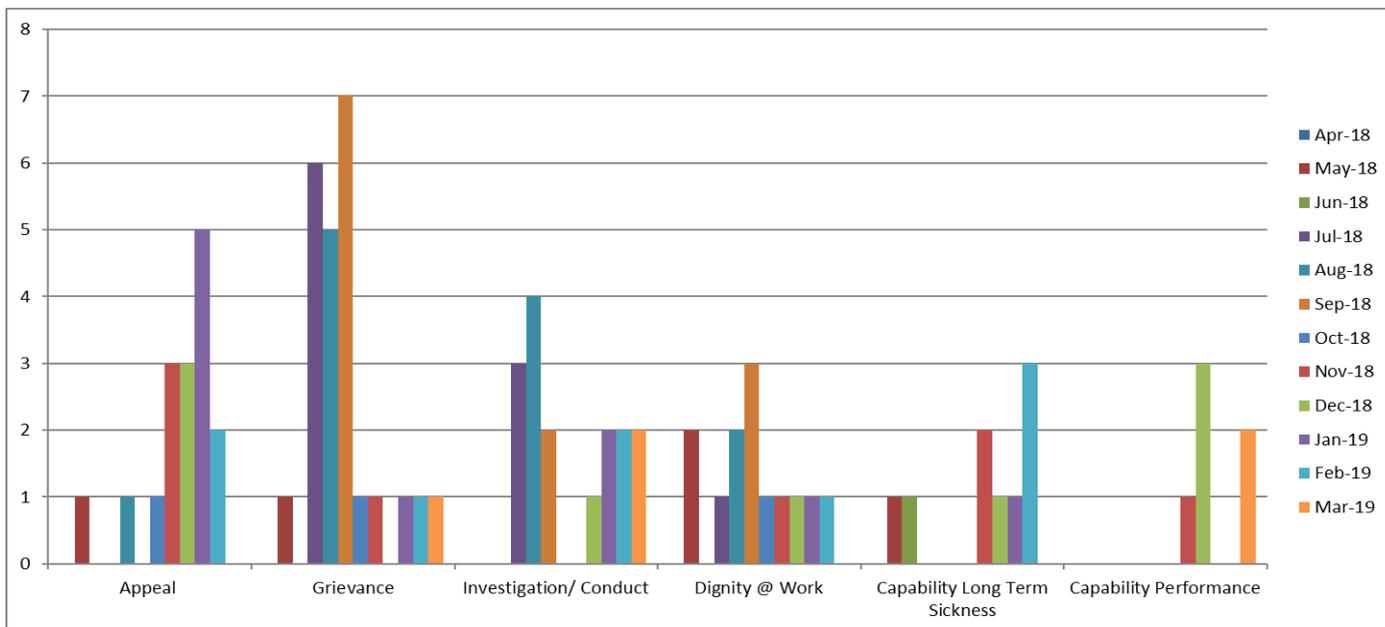
SHRBP's to work closely with ER advisors to ensure that divisions have plans in place for all long term and short term absences. Completion rates for return to work interviews remain low across the board, SHRBP's to share practice and work together to support improvement initiatives.

MODERN AND PROGRESSIVE WORKFORCE – Employee Relations

Executive Lead: Martin Rayson

CQC Domain: Well-Led

2021 Objective: Our People



Challenges/Successes

There are 49 open case compared with 46 cases from Feb report. The majority are still in Medicine, which proportionally does have the majority of staff and where many of our most significant challenges lie. We should expect more performance capability cases across a workforce of 7,800.

Two of the Employment tribunals are ongoing over a number of years, two are new claims. Two of the conciliations are around pay and we are working with divisions and ACAS to rectify in order to avoid escalation to an ET.

We strongly advise against suspensions/escalations and look at redeployment options, however we are not always made aware that these take place.

Actions in place to recover

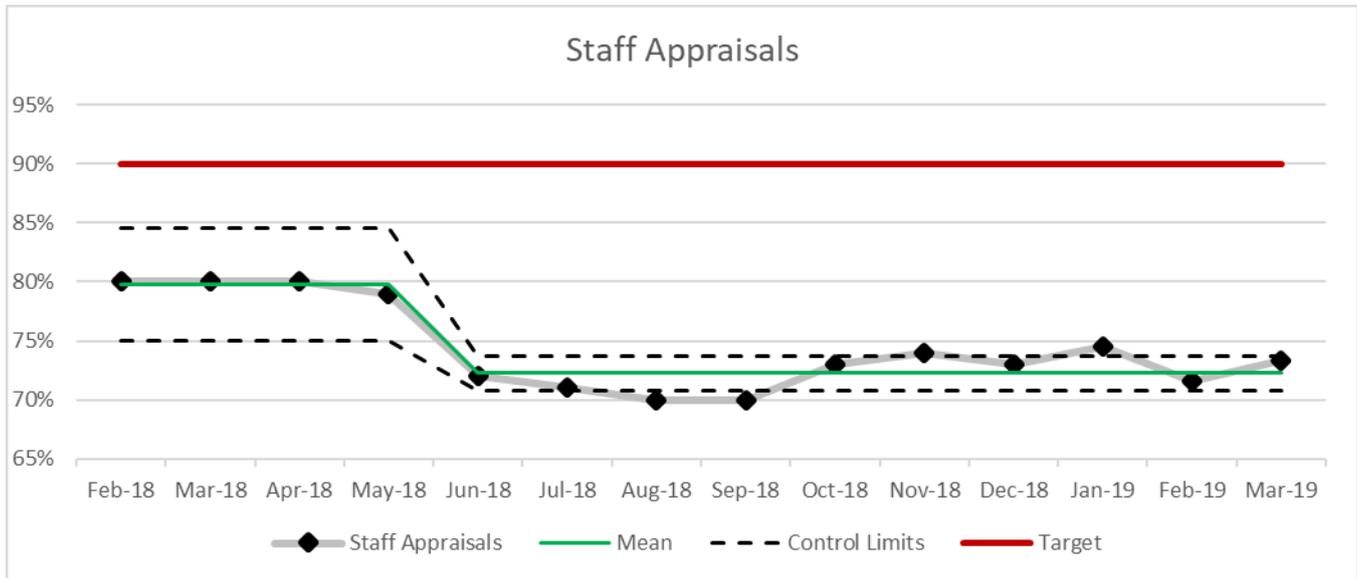
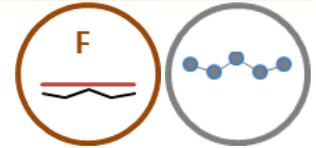
We continue to work with managers to improve skill levels around managing people. The caseload is high and it is difficult to progress to the timescales set out in our policies. We are dealing with the longstanding cases systematically and will be looking through policy group to agree revised timescales for completion of grievances in particular, which reflects capacity, not only in HR but amongst managers who support the process.

MODERN AND PROGRESSIVE WORKFORCE – APPRAISALS

Executive Lead: Martin Rayson

CQC Domain: Well-Led

2021 Objective: Our People



Challenges/Successes

Of the 6016 non-medical staff, 4309 have received an appraisal

Actions in place to recover

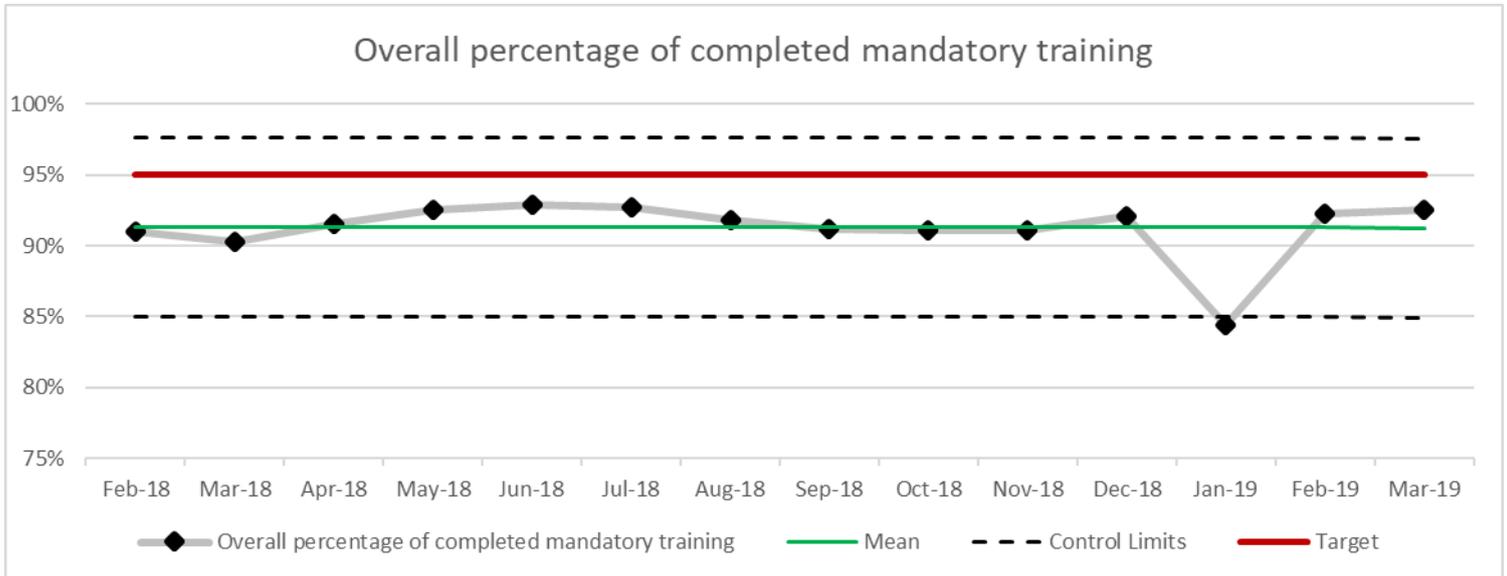
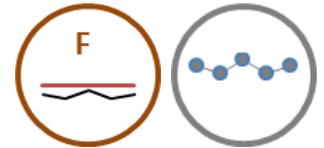
Following feedback, the current appraisal paperwork is being re-drafted and tested with managers with a view to re-launching in May 2019

MODERN AND PROGRESSIVE WORKFORCE – CORE LEARNING

Executive Lead: Martin Rayson

CQC Domain: Well-Led

2021 Objective: Our People



Challenges/Successes

Overall compliance has increased slightly by 0.31% to 91.9% taking compliance back up to levels seen in May 2018. All topics apart from Safeguarding have increased this month. The biggest increase was with Information Governance by 1.71% however this is still below the target of 95%. This was followed by Major Incident Awareness up by 1.36% then Local Fire Procedures by 1.15%. Safeguarding Adults and Children are the only topics that have fallen, down 1.1%. The table below shows compliance by Division for those topics that have not reached 95%. Compliance below 90% is highlighted red. The Division with the lowest compliance per topic is still Medicine with 8 topics below 90%, followed by Estates & Facilities and Surgery.

Actions in place to recover

Strategic HR Business Partners to support identification & escalation of service areas with poor compliance rates.

Considering incentivising teams to complete 100% core learning – paper due to ET.

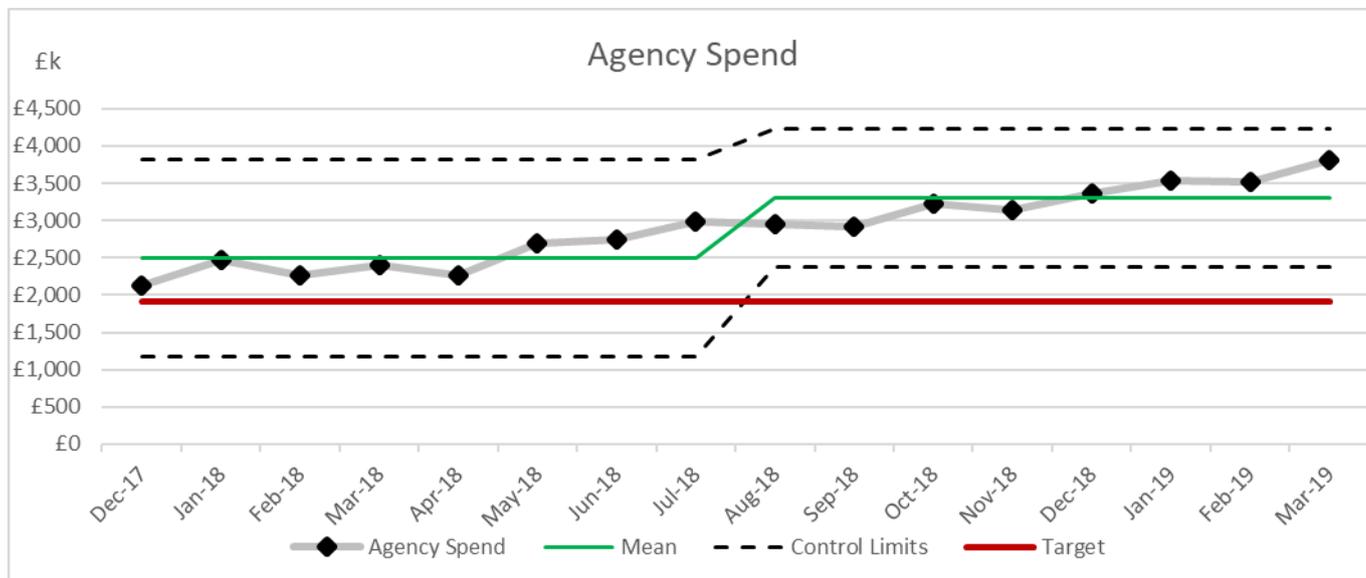
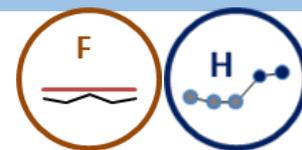
Core Learning Panel to consider use of external e-learning which is generally more problematic than in-house designed programs.

SUSTAINABLE SERVICES – AGENCY SPEND

Executive Lead: Martin Rayson

CQC Domain: Well-Led

2021 Objective: Our People



Challenges/Successes

The monthly run rate for Agency spend continues to exceed that planned and the forecast outturn for agency spend for 18/19 will be around £16m adverse to plan. The table below shows agency spend in the last 12 months the agency costs continue to increase in nursing and medical. Whilst in the last 12 months there has been a slight increase in the average rates paid, mainly at SAS Grade and Consultant level (whereas at Trainee level has generally remained static) volume of demand linked to both increase in vacancies and planned additional capacity has driven increases in cost. Higher than planned use of agency nursing at higher tiered rates is also a significant contribution.

Actions in place to recover

Primary action to reduce agency costs is to reduce vacancy rates through substantive recruitment.

Resourcing of new medical central agency team is in process place with a number of posts filled substantively at expected to be in post 1st May.

Centralisation of staff bank planned for start of April 19.

Direct Engagement of AHPs now in place and with have FYE in 19/20.

New reduced collaborative (four partner trusts) medical rates effective 1st March.

Discussions in progress with new temporary nursing agencies to disrupt agency nursing market.

SUSTAINABLE SERVICES – INCOME & EXPENDITURE

Executive Lead: Paul Matthew

CQC Domain: Well-Led

2021 Objective: Our Services

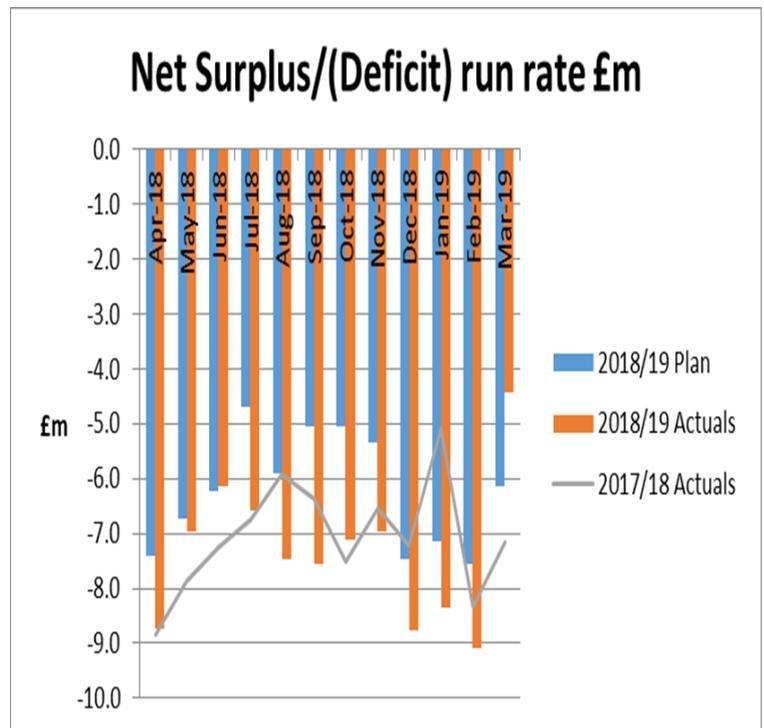
2018/19	Current Month			Year to Date			Forecast		
	Budget £k	Actual £k	Variance £k	Budget £k	Actual £k	Variance £k	Budget £k	Actual £k	Variance £k
Income	37,391	41,313	3,922	441,611	447,492	5,881	441,611	447,492	5,881
Expenditure	(41,832)	(43,926)	(2,094)	(498,293)	(518,732)	(20,439)	(498,293)	(518,732)	(20,439)
EBITDA	(4,441)	(2,613)	1,828	(56,682)	(71,240)	(14,558)	(56,682)	(71,240)	(14,558)
Depn/Interest	(1,701)	(21,347)	(19,646)	(17,630)	(33,261)	(15,631)	(17,630)	(33,261)	(15,631)
Surplus/(Deficit) excl. STF	(6,142)	(23,960)	(17,818)	(74,312)	(104,501)	(30,189)	(74,312)	(104,501)	(30,189)
Technical adjustments	7	19,525	19,518	(388)	16,323	16,711	(388)	16,323	16,711
Surplus/(Deficit) excl. STF	(6,135)	(4,435)	1,700	(74,700)	(88,178)	(13,478)	(74,700)	(88,178)	(13,478)
EBITDA % Income	-11.9%	-6.3%	5.6%	-12.8%	-15.9%	-3.1%	-12.8%	-15.9%	-3.1%
FEPs	2,926	2,480	(446)	25,000	16,220	(8,780)	25,000	16,220	(8,780)

The outturn position contained in the table above is a deficit of £88.2m, which is a £1.2m improvement on £89.4m forecast outturn deficit included within the Financial Recovery Plan (FRP) agreed with NHSI.

Overall financial performance is £88.2m deficit, or £13.5m adverse to the planned £74.7m deficit.

EBITDA for the year is £71.2m deficit (-15.9% of Income).

Income is £5.9m above plan, despite the inclusion of £5.1m of pay award funding. This reflects the impact of lower than planned elective activity, provision for contract fines and challenges, and other under performance. Expenditure is £20.4m above plan, including £5.1m of excess pay award costs.



The £15.6m adverse movement to plan in Depreciation and Interest includes an adverse movement of £20.0m in relation to the reversal of impairments - the I&E impact of the reversal of impairments is removed as a technical adjustment.

The main drivers of the expenditure position are:

- * Higher than planned expenditure on temporary staffing.
- * Lower than planned expenditure in relation to inpatient activity.
- * Slower than planned FEP delivery.

SUSTAINABLE SERVICES – INCOME & EXPENDITURE RUN RATE

Executive Lead: Paul Matthew

CQC Domain: Well-Led

2021 Objective: Our Services

Income & Expenditure Run Rate 2018/19

Total Trust (Excluding passthrough drugs and devices)	Actual M1	Actual M2	Actual M3	Actual M4	Actual M5	Actual M6	Actual M7	Actual M8	Actual M9	Actual M10	Actual M11	Actual M12	In Month			Full Year			
													Plan	Actuals	Variance	Plan	Actuals	Variance	
													M12	M12		Full Year	Full Year		
Income																			
NHS Clinical Income	27,501	30,174	30,098	30,206	30,702	29,154	29,760	30,458	30,049	31,210	30,195	33,453	30,201	33,453	3,252	354,885	362,959	8,074	
Non NHS Clinical Income	47	23	40	78	42	15	98	(69)	41	21	37	25	60	25	(35)	715	398	(317)	
Other Income	2,752	2,613	2,987	3,072	3,446	2,699	3,832	2,792	2,814	2,830	2,711	4,229	3,055	4,229	1,174	37,113	36,777	(336)	
Total Income	30,300	32,810	33,125	33,356	34,190	31,868	33,690	33,181	32,904	34,061	32,943	37,707	33,316	37,707	4,391	392,713	400,134	7,421	
Expenditure																			
Pay	(27,464)	(27,387)	(27,433)	(27,921)	(29,126)	(28,179)	(28,225)	(28,517)	(28,529)	(29,294)	(29,506)	(30,114)	(26,956)	(30,114)	(3,158)	(325,283)	(341,695)	(16,412)	
Drugs	(442)	(649)	(417)	(410)	(555)	(513)	(650)	(73)	(497)	(562)	(421)	(503)	(571)	(503)	68	(5,900)	(5,691)	209	
Clinical Supplies and Services	(4,408)	(5,080)	(4,714)	(4,982)	(5,101)	(4,460)	(5,031)	(5,431)	(5,092)	(5,205)	(5,013)	(4,022)	(4,281)	(4,022)	259	(51,746)	(58,539)	(6,793)	
Other Non pay	(5,379)	(5,267)	(5,274)	(5,187)	(5,464)	(4,844)	(5,450)	(5,357)	(6,088)	(5,817)	(5,641)	(5,681)	(5,949)	(5,681)	268	(66,466)	(65,449)	1,017	
Total Expenditure	(37,693)	(38,383)	(37,838)	(38,500)	(40,246)	(37,996)	(39,356)	(39,378)	(40,206)	(40,878)	(40,581)	(40,320)	(37,757)	(40,320)	(2,563)	(449,395)	(471,374)	(21,979)	
Finance & Depreciation costs	(1,369)	(1,416)	(1,398)	(1,432)	(1,445)	(1,443)	1,769	(768)	(1,477)	(1,500)	(1,435)	(21,347)	(1,701)	(21,347)	(19,646)	(17,630)	(33,261)	(15,631)	
I&E - Deficit	(8,762)	(6,989)	(6,111)	(6,576)	(7,501)	(7,571)	(3,897)	(6,965)	(8,779)	(8,317)	(9,073)	(23,960)	(6,142)	(23,960)	(17,818)	(74,312)	(104,501)	(30,189)	
Impairments/Revaluations Adjustment	0	0	0	0	0	0	(3,234)	0	0	0	(26)	19,505	0	19,505	19,505	0	16,245	16,245	
Donated/Govern't grant Asset Adjustment	20	19	20	(57)	20	19	20	6	19	(48)	20	20	7	20	13	(388)	78	466	
Adjusted Surplus/(Deficit)	(8,742)	(6,970)	(6,091)	(6,633)	(7,481)	(7,552)	(7,111)	(6,959)	(8,760)	(8,365)	(9,079)	(4,435)	(6,135)	(4,435)	1,700	(74,700)	(88,178)	(13,478)	

Total Trust (including passthrough)

Total Income	34,127	37,147	36,950	37,576	38,370	35,062	38,063	37,828	36,526	37,816	36,714	41,313	37,391	41,313	3,922	441,611	447,492	5,881
Total Expenditure	(41,520)	(42,720)	(41,663)	(42,720)	(44,426)	(41,190)	(43,729)	(44,025)	(43,828)	(44,633)	(44,352)	(43,926)	(41,832)	(43,926)	(2,094)	(498,293)	(518,732)	(20,439)
Finance & Depreciation costs	(1,369)	(1,416)	(1,398)	(1,432)	(1,445)	(1,443)	1,769	(768)	(1,477)	(1,500)	(1,435)	(21,347)	(1,701)	(21,347)	(19,646)	(17,630)	(33,261)	(15,631)
I&E - Deficit	(8,762)	(6,989)	(6,111)	(6,576)	(7,501)	(7,571)	(3,897)	(6,965)	(8,779)	(8,317)	(9,073)	(23,960)	(6,142)	(23,960)	(17,818)	(74,312)	(104,501)	(30,189)
Impairments/Revaluations Adjustment	0	0	0	0	0	0	(3,234)	0	0	0	(26)	19,505	0	19,505	19,505	0	16,245	16,245
Donated/Govern't grant Asset Adjustment	20	19	20	(57)	20	19	20	6	19	(48)	20	20	7	20	13	(388)	78	466
Adjusted Surplus/(Deficit)	(8,742)	(6,970)	(6,091)	(6,633)	(7,481)	(7,552)	(7,111)	(6,959)	(8,760)	(8,365)	(9,079)	(4,435)	(6,135)	(4,435)	1,700	(74,700)	(88,178)	(13,478)

Adjustments to derive underlying deficit

Loan Interest	388	439	430	480	496	498	534	560	510	592	563	645
External Support	350	282	315	462	357	355	359	364	(3)	203	450	208
Turnaround team, Project Jackson & Other Support	28	27	36	74	164	201	245	167	126	163	180	156
Prior Year Income & Challenges	0	0	(736)	211	0	26	497	0	(542)	4	0	(259)
Profit on Disposals	0	(4)	(1)	0	0	0	(3)	(726)	(0)	0	0	114
Accruals Adjustment	80	(218)	(604)	0	(547)	(592)	0	0	0	0	0	0
Income timing adjustment	1,445	(363)	720	(120)	(416)	(213)	1,523	1,037	(347)	661	(234)	(3,693)
Underlying Surplus/(Deficit)	(6,451)	(6,806)	(5,931)	(5,525)	(7,427)	(7,278)	(3,956)	(5,558)	(9,017)	(6,743)	(8,121)	(7,263)

The Trust's financial plan is a deficit of £74.7m, and as at the end of March the Trust is £13.5m adverse to plan.

The average run rate to date is a deficit of £7.3m per month.

The Trust FRP was a revised forecast outturn of £89.4m, with the outturn position £1.2m favourable to the forecast trajectory within the FRP.

Excellence in rural healthcare

SUSTAINABLE SERVICES – NHS PATIENT CARE INCOME & ACTIVITY

Executive Lead: Paul Matthew

CQC Domain: Well-Led

2021 Objective: Our Services

2018/19 Clinical Income Summary: YTD Month 12

Total Trust	Activity: In-Month				Income: In-Month				Activity: Year-To-Date				Income: Year-To-Date			
	2017/18	2018/19			2017/18	2018/19			2017/18	2018/19			2017/18	2018/19		
	Mar	Mar	Mar	Mar	Mar	Mar	Mar	Mar	Apr-Mar	Mar	Mar	Mar	Apr-Mar	Mar	Mar	Mar
Actual	Plan	Actual	Variance	Actual	Plan	Actual	Variance	Actual	Activity	Actual	Variance	Actual	Plan	Actual	Variance	
Accident & Emergency	10,766	11,568	12,374	806	1,744,225	1,726,957	1,820,634	93,676	148,532	134,397	147,714	13,317	20,538,894	20,078,517	21,509,443	1,430,925
Accident & Emergency Streaming	870	0	0	0	80,957	0	0	0	6,355	1,258	10,227	8,969	422,169	73,972	67,726	(6,246)
Daycases	4,716	5,549	5,323	(226)	2,466,500	2,947,592	2,808,905	(138,687)	62,202	63,260	65,364	2,104	32,361,918	33,450,526	34,275,785	825,259
Elective Spells	749	872	771	(101)	1,808,815	2,124,018	2,069,043	(54,976)	9,721	10,275	8,734	(1,541)	22,937,168	25,096,204	23,090,402	(2,005,802)
Elective Spells WIP	0	0	0	0	0	0	265,705	265,705	0	0	0	0	0	0	131,068	131,068
Non Elective Spells	5,513	6,025	6,099	74	10,781,424	10,552,062	12,235,535	1,683,473	71,459	71,841	71,335	(506)	121,415,845	124,356,622	132,774,630	8,418,008
Non Elective Spells WIP	0	0	0	0	0	0	608,031	608,031	0	0	0	0	0	0	62,631	62,631
Non Elective Excess Bed Days	1,575	1,504	1,883	379	384,831	366,123	268,921	(97,202)	18,083	18,051	16,679	(1,372)	4,360,864	4,393,481	3,848,039	(545,442)
Non Elective Excess Bed Days WIP	0	0	0	0	0	0	(30,590)	(30,590)	0	0	0	0	0	0	(53,315)	(53,315)
Elective Excess Bed Days	156	169	27	(142)	47,359	41,275	6,799	(34,476)	2,009	2,028	1,329	(699)	492,396	495,303	327,672	(167,630)
Elective Excess Bed Days WIP	0	0	0	0	0	0	19,910	19,910	0	0	0	0	0	0	35,886	35,886
Outpatient Firsts	21,415	24,965	22,899	(2,065)	2,828,075	3,257,703	2,929,962	(327,741)	282,394	293,135	290,241	(2,894)	37,843,372	38,305,061	38,469,619	164,559
Outpatient Follow Ups	28,363	33,505	30,951	(2,554)	2,403,829	2,803,919	2,528,019	(275,900)	380,516	391,000	383,439	(7,561)	32,205,860	32,624,037	32,385,272	(238,765)
Critical Care	1,739	1,382	1,755	372	1,391,206	1,143,603	1,241,114	97,511	8,525	16,436	19,312	2,876	9,726,591	13,541,957	14,549,290	1,007,333
Critical Care WIP	0	0	0	0	0	0	(62,395)	(62,395)	0	0	0	0	0	0	(388,333)	(388,333)
Maternity	911	981	995	14	882,915	879,469	856,312	(23,157)	11,779	11,776	11,940	164	10,264,355	10,553,628	10,275,745	(277,883)
Audiology	1,301	1,259	1,538	278	93,580	88,020	109,275	21,255	21,344	14,397	18,451	4,054	1,414,065	1,006,232	1,311,301	305,069
Block	-	-	-	-	853,684	828,281	828,281	0	0	1,385	1,385	(0)	10,176,160	9,964,361	9,964,361	(1)
Chemotherapy	2,698	2,977	2,885	(92)	403,718	384,614	363,489	(21,125)	33,992	35,113	37,626	2,513	4,404,498	4,449,576	4,741,667	292,092
Radiotherapy	15,547	15,937	18,639	2,702	959,926	886,461	1,079,955	193,494	185,669	182,216	207,223	25,007	10,363,579	10,146,049	12,196,158	2,050,109
Gainshare & Admin Fee	-	-	-	-	116,762	75,836	67,244	(8,592)	0	910,030	944,074	34,043	1,174,419	910,030	944,074	34,043
Paediatric Cystic Fibrosis	0	0	28	28	0	0	10,963	10,963	0	0	348	348	0	0	140,366	140,366
Radiotherapy	1,881	2,385	2,281	(104)	413,340	434,114	419,485	(14,629)	26,694	28,622	27,368	(1,254)	4,973,605	5,209,373	5,033,824	(175,549)
Screening	6,093	6,225	7,061	836	411,639	482,852	388,891	(93,961)	75,288	73,677	85,052	11,375	4,702,475	5,390,329	4,929,571	(460,756)
Specialised Rehab	626	520	208	(312)	224,424	227,508	100,542	(126,966)	4,806	6,241	6,434	193	2,089,657	2,730,096	2,993,599	263,503
Specialised Rehab WIP	0	0	0	0	0	0	199,792	199,792	0	0	0	0	0	0	191,837	191,837
Therapies	4,913	6,175	6,037	(138)	189,878	223,979	218,756	(5,222)	71,442	70,586	72,443	1,857	2,576,312	2,560,482	2,625,078	64,595
Other - non Pbr etc	0	0	0	0	163,090	169,637	(2,184,128)	(2,353,765)	0	0	0	0	6,204,086	2,140,223	(227,778)	(2,368,001)
Activity sub total	109,832	121,997	121,752	(245)	28,650,179	29,644,025	29,168,452	(475,572)	1,420,811	2,335,721	2,426,716	90,995	340,648,289	347,476,059	356,205,618	8,729,559
Passthrough					4,173,097	4,074,837	3,545,430	(529,407)				0	46,498,343	48,898,045	47,358,214	(1,539,831)
Readmissions					(180,772)	(249,262)	(249,262)	0				0	(2,169,259)	(2,976,892)	(2,976,892)	0
MRET					(438,712)	(240,650)	(693,061)	(452,411)				0	(3,660,205)	(2,872,018)	(5,340,437)	(2,468,419)
System Resilience					383,475	192,121	192,121	0				0	2,300,852	2,305,456	2,305,456	(0)
CQUIN					553,432	690,000	621,256	(68,744)				0	6,598,446	8,136,213	7,305,460	(830,754)
Fines					(384,337)	0	(102,846)	(102,846)				0	(893,153)	0	(1,384,754)	(1,384,754)
Fines Reinvested					0	0	166,273	166,273				0	0	0	166,273	166,273
AIV Challenges					0	0	0	0				0	0	0	0	0
PLCV Challenges					0	0	0	0				0	0	0	0	0
Other					0	0	(78,804)	(78,804)				0	0	0	(78,804)	(78,804)
Prior Year - Invoiced					0	0	41,877	41,877				0	(2,168,965)	0	582,903	582,903
Prior Year - Fines and Challenges					0	0	216,818	216,818				0	318,892	0	216,818	216,818
Maternity Prepayment					0	0	4,735	4,735				0	0	0	4,735	4,735
Total Cost/Volume PODs (Non Passthrough)					28,583,266	30,036,214	29,287,540	(748,674)					340,974,896	352,068,818	357,006,375	4,937,557
Passthrough					4,173,097	4,074,837	3,545,430	(529,407)				0	46,498,343	48,898,045	47,358,214	(1,539,831)
Total (Inc Passthrough)					32,756,363	34,111,051	32,832,970	(1,278,081)					387,473,239	400,966,863	404,364,589	3,397,726

SUSTAINABLE SERVICES – NHS PATIENT CARE INCOME & ACTIVITY RUN RATE

Executive Lead: Paul Matthew

CQC Domain: Well-Led

2021 Objective: Our Services

Activity	Activity Units												Forecast (FRP)	Full Year Plan	Variance
	Actual M1	Actual M2	Actual M3	Actual M4	Actual M5	Actual M6	Actual M7	Actual M8	Actual M9	Actual M10	Actual M11	Actual M12			
Accident & Emergency	12,231	12,963	12,696	13,452	12,429	12,034	12,318	12,067	11,990	12,157	11,003	12,374	147,714	134,397	13,317
Accident & Emergency Streaming	1,060	1,305	1,178	1,243	1,355	1,366	896	865	959	0	0	0	10,227	1,258	8,969
Daycases	5,422	5,512	5,474	5,607	5,460	4,907	5,795	5,761	4,836	5,850	5,417	5,323	65,364	63,260	2,104
Elective Spells	727	793	860	728	726	674	783	737	646	628	661	771	8,734	10,275	-1,541
Elective Spells WIP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Non Elective Spells	5,678	6,019	5,760	5,978	5,969	5,755	6,076	6,175	6,012	6,268	5,546	6,099	71,335	71,841	-506
Non Elective Spells WIP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Non Elective Excess Bed Days	1,677	1,647	1,435	1,729	1,438	1,754	1,470	1,130	857	939	720	1,883	16,679	18,051	-1,372
Non Elective Excess Bed Days WIP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Elective Excess Bed Days	79	184	90	110	178	126	139	75	183	55	83	27	1,329	2,028	-699
Elective Excess Bed Days WIP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Outpatient Firsts	23,352	25,649	24,645	26,018	24,444	23,331	26,635	25,766	19,962	25,031	22,509	22,899	290,241	293,135	-2,894
Outpatient Follow Ups	31,733	33,260	32,142	33,355	31,432	29,900	34,436	34,783	27,179	34,132	30,137	30,951	383,439	417,274	-33,835
Critical Care	771	709	686	743	884	626	1,004	909	665	753	638	791	9,179	16,436	-7,257
Critical Care WIP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Maternity	1,032	1,013	1,000	1,025	974	1,008	1,075	964	960	1,047	847	995	11,940	11,776	164
Audiology Block	1,633	1,598	1,532	1,531	1,574	1,435	1,885	1,479	1,211	1,703	1,332	1,538	18,451	14,397	4,054
Chemotherapy	2,945	3,127	2,983	3,173	3,236	3,001	3,458	3,357	2,925	3,391	3,145	2,885	37,626	35,113	2,513
Radiology	16,857	17,791	16,843	17,026	16,612	16,308	18,743	18,483	14,488	18,851	16,582	18,639	207,223	182,216	25,007
Gainshare & Admin Fee	-	-	-	-	-	-	-	-	-	-	-	-	0	0	0
Paediatric Cystic Fibrosis	31	31	31	31	28	28	28	28	28	28	28	28	348	0	348
Radiotherapy	1,998	2,341	2,302	2,065	2,208	2,085	2,581	2,547	2,293	2,587	2,080	2,281	27,968	28,622	-1,254
Screening	7,785	7,198	6,860	7,693	6,766	6,186	8,162	7,302	4,217	8,075	7,747	7,061	85,052	73,677	11,375
Specialised Rehab	554	36	810	812	321	647	762	584	394	336	970	208	6,434	6,241	193
Specialised Rehab WIP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Therapies	5,521	6,675	6,234	6,216	5,525	5,575	6,581	6,627	4,919	6,760	5,773	6,037	72,443	70,586	1,857
Other - non PbR etc	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Volumes accrued at first month end:															
Uncoded inpatients	3,429	7,576	4,930	4,467	4,653	4,827	3,078	2,765	4,225	3,114	3,112	4,105			
Missing outcomes	8,372	8,884	4,000	3,540	1,989	4,695	4,140	6,389	7,505	5,931	8,020	7,438			
Pending admissions	175	110	69	81	132	227	482	192	167	250	137	177			
Total Cost/Volume PODs (Non Passthrough)	121,086	127,851	123,561	128,535	121,559	116,746	132,827	129,639	104,724	128,591	115,217	120,789	1,471,125	1,450,580	20,545
Passthrough	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Board Report Position	121,086	127,851	123,561	128,535	121,559	116,746	132,827	129,639	104,724	128,591	115,217	120,789	1,471,125	1,450,580	20,545

SUSTAINABLE SERVICES – NHS PATIENT CARE INCOME & ACTIVITY RUN RATE £

Executive Lead: Paul Matthew

CQC Domain: Well-Led

2021 Objective: Our Services

Income	Actuals (£k)												Full Year Actual £	Full Year Plan	Variance
	Actual M1	Actual M2	Actual M3	Actual M4	Actual M5	Actual M6	Actual M7	Actual M8	Actual M9	Actual M10	Actual M11	Actual M12			
Accident & Emergency	1,741,684	1,881,831	1,830,428	1,949,728	1,818,583	1,752,047	1,789,262	1,754,730	1,750,996	1,803,009	1,616,511	1,820,634	21,509,443	20,078,517	1,430,925
Accident & Emergency Streaming	67,726	0	0	0	0	0	0	0	0	0	0	0	67,726	73,972	-6,246
Daycases	2,757,399	2,859,206	2,777,241	2,993,192	2,775,031	2,587,254	3,031,848	3,127,001	2,543,949	3,110,661	2,904,097	2,808,905	34,275,785	33,450,526	825,259
Elective Spells	1,860,822	1,988,350	2,019,219	1,979,050	1,898,752	1,676,772	2,040,357	2,044,935	1,848,019	1,801,751	1,863,333	2,069,043	23,090,402	25,096,204	-2,005,802
Elective Spells WIP	0	0	320,121	201,331	-672,586	252,180	-176,795	-31,478	421,127	-426,648	-21,889	265,705	131,068	0	131,068
Non Elective Spells	10,120,085	10,587,433	10,196,605	10,589,629	10,488,246	9,896,657	11,125,448	11,891,598	11,721,680	12,479,443	11,442,271	12,235,535	132,774,630	124,356,622	8,418,008
Non Elective Spells WIP	0	0	290,837	-442,441	-121,854	309,204	-176,584	-659,391	305,284	-75,899	25,444	608,031	62,631	0	62,631
Non Elective Excess Bed Days	391,316	398,672	348,492	431,541	342,211	414,378	359,907	278,258	203,660	226,565	184,118	268,921	3,848,039	4,393,481	-545,442
Non Elective Excess Bed Days WIP	0	0	198,596	-218,298	38,698	72,678	-128,744	35,980	-23,757	-10,857	12,978	-30,590	-53,315	0	-53,315
Elective Excess Bed Days	22,741	42,487	22,230	26,256	47,283	29,491	33,470	18,711	45,613	13,464	19,127	6,799	327,672	495,303	-167,630
Elective Excess Bed Days WIP	0	0	-14,875	-2,109	3,884	27,865	-7,294	12,570	26,418	-60,496	30,013	19,910	35,886	0	35,886
Outpatient Firsts	3,090,096	3,397,902	3,257,922	3,484,266	3,225,542	3,158,187	3,566,195	3,450,231	2,677,809	3,297,689	2,933,817	2,929,962	38,469,619	38,305,061	164,559
Outpatient Follow Ups	2,689,502	2,827,202	2,710,376	2,816,792	2,669,023	2,550,896	2,923,575	2,951,281	2,293,640	2,873,130	2,551,835	2,528,019	32,385,272	33,176,554	-791,282
Critical Care	1,331,970	1,054,991	1,128,557	1,181,599	1,362,218	863,728	1,678,149	1,355,206	1,144,770	1,162,017	1,044,971	1,241,114	14,549,290	13,541,957	1,007,333
Critical Care WIP	0	0	-44,023	19,315	-319,131	242,114	-240,142	-94,464	12,920	-32,810	130,282	-62,395	-388,333	0	-388,333
Maternity	845,117	893,407	883,273	812,853	801,521	796,511	933,148	886,794	799,628	980,080	787,101	856,312	10,275,745	10,553,628	-277,883
Audiology	117,096	113,537	108,435	108,891	111,239	101,238	137,063	103,994	85,507	122,866	92,159	109,275	1,311,301	1,006,232	305,069
Block	853,267	828,281	828,281	828,281	828,281	828,281	828,281	828,281	828,281	828,281	828,281	828,281	9,964,361	9,964,361	-1
Chemotherapy	372,602	391,528	392,159	406,488	408,825	382,751	434,278	422,466	361,701	413,407	391,973	363,489	4,741,667	4,449,576	292,092
Radiology	962,858	1,015,892	978,192	1,010,265	991,408	1,008,643	1,120,524	1,099,372	894,788	1,096,448	937,814	1,079,955	12,196,158	10,146,049	2,050,109
Gainshare & Admin Fee	73,688	81,785	73,820	80,717	93,349	73,265	87,189	84,312	73,551	82,463	72,690	67,244	944,074	910,030	34,043
Paediatric Cystic Fibrosis	13,166	13,166	13,166	13,166	10,963	10,963	10,963	10,963	10,963	10,963	10,963	10,963	140,366	0	140,366
Radiotherapy	380,821	432,105	414,832	383,722	392,093	388,850	483,959	454,970	426,746	471,107	385,133	419,485	5,033,824	5,209,373	-175,549
Screening	463,594	414,751	411,236	434,116	426,767	356,219	455,601	415,360	260,369	462,384	440,283	388,891	4,929,571	5,390,329	-460,758
Specialised Rehab	231,303	16,121	396,885	363,906	152,354	277,025	368,919	267,350	213,012	158,138	448,044	100,542	2,993,599	2,730,096	263,503
Specialised Rehab WIP	0	0	0	48,097	97,873	-40,155	-130,236	7,287	16,286	-39,444	32,337	199,792	191,837	0	191,837
Therapies	201,538	246,718	224,886	223,764	199,891	206,033	240,201	242,209	176,128	239,739	205,213	218,756	2,625,078	2,560,482	64,595
Other - non Pbr etc	163,837	177,083	163,742	175,324	170,215	179,223	200,403	225,882	88,155	213,894	198,590	-2,184,128	-2,227,778	1,587,706	-1,815,484
Activity sub total	28,752,228	29,662,448	29,930,633	29,899,442	28,240,680	28,402,298	30,988,946	31,184,408	29,207,244	31,201,347	29,567,492	29,168,452	356,205,618	347,476,059	8,729,559
Readmissions	-243,862	-250,014	-250,495	-259,620	-253,096	-248,512	-255,334	-242,453	-247,365	-246,839	-230,020	-249,282	-2,976,892	-2,976,892	0
MRET	-279,583	-386,814	-253,893	-381,333	-319,122	-223,592	-467,302	-577,986	-504,087	-674,699	-578,966	-693,061	-5,340,437	-2,872,018	-2,468,419
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
COUIN	588,926	605,737	596,888	616,075	592,860	563,222	647,808	648,136	579,335	646,818	598,400	621,256	7,305,460	8,136,213	-830,754
Fines	-106,606	-92,724	-359,664	-41,968	-48,499	-208,041	-42,757	-29,890	-182,249	-84,315	-85,195	-102,846	-1,384,754	0	-1,384,754
Fines Reinvested	0	0	0	0	0	0	0	0	0	0	0	166,273	166,273	0	166,273
Other	0	0	735,676	-210,758	0	-25,750	-497,107	0	542,492	-3,528	0	179,890	720,916	0	720,916
Maternity Prepayment	0	0	0	0	0	0	0	0	0	0	0	4,735	4,735	1	4,734
Total Cost/Volume PODs (Non Passthrough)	28,903,224	29,730,755	30,591,266	29,813,959	28,404,944	28,451,746	30,566,376	31,174,336	29,587,492	31,030,905	29,463,832	29,287,540	357,006,375	352,068,819	4,937,556
Passthrough	3,827,224	4,339,175	3,968,860	4,012,522	4,292,339	3,214,119	4,657,671	4,495,343	3,128,046	4,094,129	3,783,355	3,545,430	47,358,214	48,898,045	-1,539,831
Board Report Position	32,730,448	34,069,930	34,560,127	33,826,481	32,697,283	31,665,865	35,224,047	35,669,679	32,715,538	35,125,035	33,247,187	32,832,970	404,364,589	400,966,864	3,397,725

SUSTAINABLE SERVICES – CONTRACT INCOME UPDATE

Executive Lead: Paul Matthew

CQC Domain: Well-Led

2021 Objective: Our Services

Type	Item	YTD £k
Cancer	2ww breast symptomatic	- 193
Cancer	2ww suspect cancer	- 555
Cancer	31 first treatment - first definitive within 1 mth	-
Cancer	31 sub - drug	-
Cancer	31 sub - rt	-
Cancer	31 sub - surgery	- 36
Cancer	62 day - consultant upgrade	-
Cancer	62 day - screening referrals	- 15
Cancelled ops	Cancelled operations not reschedule within 28 days	- 393
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	- 171
Mixed sex	Mixed Sex Accommodation	- 3
MRSA, C Diff	MRSA	- 20
Fines	Remedial action plans	-
Total		- 1,385

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

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

Excellence in rural healthcare

SUSTAINABLE SERVICES – PAY RUN RATE

Executive Lead: Paul Matthew

CQC Domain: Well-Led

2021 Objective: Our Services

Staff Groups	(£k)												Full Year Plan £000s	Forecast £000s	Variance £000s
	Actual M1 £000s	Actual M2 £000s	Actual M3 £000s	Actual M4 £000s	Actual M5 £000s	Actual M6 £000s	Actual M7 £000s	Actual M8 £000s	Actual M9 £000s	Actual M10 £000s	Actual M11 £000s	Actual M12 £000s			
Substantive:															
Registered Nursing, Midwifery and Health visiting staff	6,991	6,895	6,856	6,812	7,092	7,002	7,028	6,916	6,960	7,077	7,065	7,127	86,128	83,822	2,306
Health Care Scientists and Scientific, Therapeutic and	2,478	2,499	2,499	2,505	2,607	2,543	2,532	2,581	2,605	2,626	2,615	2,614	30,204	30,701	(497)
Qualified Ambulance Service staff	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Support to clinical staff	4,459	4,428	4,484	4,602	5,092	4,612	4,594	4,604	4,572	4,698	4,753	4,808	53,373	55,705	(2,332)
Medical and Dental Staff	6,442	6,620	6,608	6,470	6,554	6,519	6,290	6,548	6,421	6,367	6,664	6,769	80,542	78,271	2,271
Non-Medical - Non-Clinical Staff	2,557	2,445	2,505	2,535	2,691	2,576	2,622	2,582	2,599	2,646	2,696	2,637	29,323	31,092	(1,769)
Bank:															
Registered Nursing, Midwifery and Health visiting staff	582	450	442	463	461	466	423	449	395	489	484	585	4,001	5,689	(1,688)
Health Care Scientists and Scientific, Therapeutic and	55	39	40	40	40	39	48	56	39	44	42	63	361	546	(185)
Qualified Ambulance Service staff	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Support to clinical staff	407	324	326	369	497	377	340	334	347	382	358	431	3,727	4,492	(765)
Medical and Dental Staff	907	759	806	781	930	815	824	966	929	1,096	985	884	8,853	10,682	(1,829)
Non-Medical - Non-Clinical Staff	219	156	123	200	236	282	298	294	252	286	280	349	2,144	2,976	(832)
Agency:															
Registered Nursing, Midwifery and Health visiting staff	494	755	751	804	851	820	830	850	871	1,073	976	946	6,123	10,021	(3,898)
Health Care Scientists and Scientific, Therapeutic and	193	118	127	185	145	68	109	99	90	136	141	167	1,019	1,578	(559)
Qualified Ambulance Service staff	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Support to clinical staff	1	1	7	3	1	1	1	1	61	45	37	1	10	160	(150)
Medical and Dental Staff	1,506	1,736	1,761	1,881	1,863	1,900	2,123	1,992	2,164	2,067	2,155	2,338	17,059	23,484	(6,425)
Non-Medical - Non-Clinical Staff	69	82	95	114	88	124	159	192	175	215	211	351	1,193	1,874	(681)
Apprentice levy	103	103	104	105	113	107	106	109	106	109	109	113	1,223	1,287	(64)
Capitalised staff	0	(12)	(51)	(11)	(171)	(80)	(54)	(57)	(56)	(60)	(66)	(66)	0	(684)	684
Items included in Non pay:															
Operating expenses: research and development	(115)	(112)	(105)	(117)	(121)	(113)	(110)	(108)	(106)	(96)	(106)	(110)	(1,440)	(1,319)	(121)
Operating expenses: education and training	(131)	(114)	(118)	(123)	(118)	(115)	(114)	(105)	(106)	(140)	(141)	(128)	(1,740)	(1,453)	(287)
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	27,398	27,483	27,858	29,090	28,169	28,274	28,517	28,529	29,294	29,505	30,116	325,283	341,696	(16,413)

SUSTAINABLE SERVICES – NON PAY SUMMARY & RUN RATE

Executive Lead: Paul Matthew

CQC Domain: Well-Led

2021 Objective: Our Services

2018/19 Non Pay Summary: YTD Month 10								
Non Pay	Non Pay: In-Month				Non Pay: Year-To-Date			
	2017/18	2018/19			2017/18	2018/19		
	Mar £k Actual	Mar £k Plan	Mar £k Actual	Mar £k Variance	Apr - Mar £k Actual	Mar £k Plan	Mar £k Actual	Mar £k Variance
Ambulance Services	817	168	1,021	(853)	1,935	1,983	2,539	(556)
Clinical Supplies & Services	6,158	4,449	4,084	365	58,619	53,743	60,776	(7,033)
Drugs	424	571	503	68	5,569	5,900	5,691	209
Drugs Pass through	3,524	4,075	3,606	469	46,347	48,898	47,358	1,540
Establishment Expenditure	(574)	396	(489)	885	4,461	4,748	5,213	(465)
General Supplies & Services	(34)	541	284	257	8,053	6,903	11,941	(5,038)
Other	3,962	1,248	1,334	(86)	9,060	9,776	4,037	5,739
Premises & Fixed Plant	1,936	1,647	1,696	(49)	19,288	19,765	18,191	1,574
Clinical Negligence	1,825	1,781	1,775	6	21,884	21,294	21,290	4
Capital charges	18,781	980	20,592	(19,612)	29,250	12,093	27,688	(15,595)
Total Non Pay	36,819	15,856	34,406	(18,550)	204,466	185,103	204,724	(19,621)

Non Pay year is £19.6m adverse to plan.

This includes an adverse variance of £15.6m in relation to capital charges, within which is an adverse movement of £20.0m in relation to impairments.

The I&E impact of impairments is removed as a technical adjustment.

Non Pay Run Rate 2018/19

Non Pay	£k												Actual	Plan	Variance
	Actual														
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12			
Ambulance Services	55	80	58	84	221	176	169	168	185	174	148	1,021	2,539	1,983	(556)
Clinical Supplies & Services	4,667	5,352	5,043	5,187	5,178	4,720	5,199	5,600	5,299	5,351	5,096	4,084	60,776	53,743	(7,033)
Drugs	442	649	417	410	555	513	650	73	497	562	421	503	5,691	5,900	209
Drugs Pass through	3,827	4,337	3,825	4,220	4,180	3,194	4,373	4,647	3,622	3,755	3,771	3,606	47,358	48,898	1,540
Establishment Expenditure	420	440	790	551	560	539	544	347	620	507	384	(489)	5,213	4,748	(465)
General Supplies & Services	603	1,272	996	1,092	1,145	1,010	1,245	1,103	864	1,047	1,280	284	11,941	6,903	(5,038)
Other	700	(191)	163	171	255	133	(181)	206	640	481	326	1,334	4,037	9,776	5,739
Premises & Fixed Plant	1,568	1,616	1,164	1,309	1,432	951	1,735	1,589	1,798	1,687	1,646	1,696	18,191	19,765	1,574
Clinical Negligence	1,774	1,775	1,774	1,775	1,774	1,775	1,770	1,775	1,774	1,775	1,774	1,775	21,290	21,294	4
Capital charges	981	981	968	952	950	944	(2,300)	933	906	908	873	20,592	27,688	12,093	(15,595)
Total Non Pay	15,037	16,311	15,198	15,751	16,250	13,955	13,204	16,441	16,205	16,247	15,719	34,406	204,724	185,103	(19,621)

SUSTAINABLE SERVICES – FINANCIAL EFFICIENCY PROGRAMME SUMMARY

Executive Lead: Paul Matthew

CQC Domain: Well-Led

2021 Objective: Our Services

M12

Finance Position

	In Month			YTD			
	Plan £k	Actual £k	Variance £k	Plan £k	Actual £k	Variance £k	RAG
FEP	2,926	2,480	(446)	25,000	16,220	(8,780)	R

	YTD ACTUAL £k	FORECAST £k
Recurrent	13,042	13,042
Non Recurrent	3,178	3,178
TOTAL	16,220	16,220

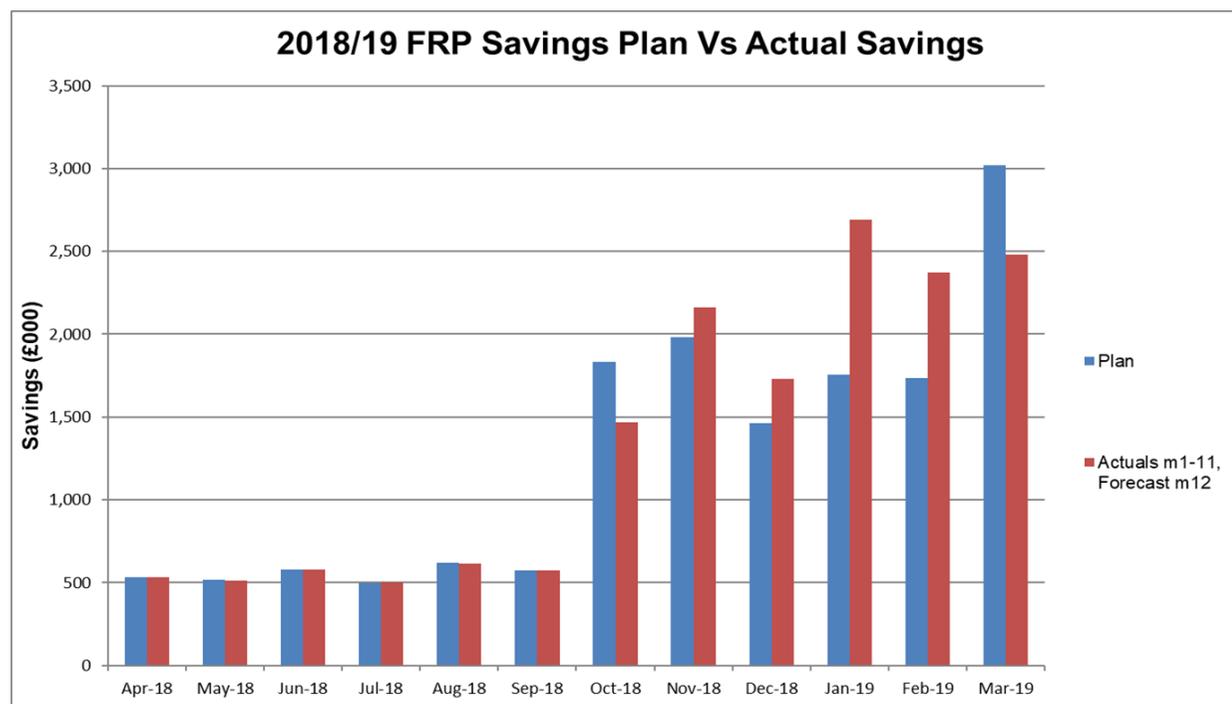
The financial plan for 2018/19 includes an efficiency programme to deliver £25.0m of savings.

Financial Efficiency savings of £2.5m were delivered in Month 12, taking the value of savings delivered year to date to £16.2m, or £8.8m adverse to plan.

The shortfall in efficiency delivery to date includes slower than planned progress in relation to workforce savings and non-pay savings across a variety of schemes e.g. service transformation.

The FRP identified savings plans which it was anticipated would deliver in-year savings of £15.1m, with a full-year impact of £19.4m in 2019/20.

Actual in-year delivery is £16.2m or £1.1m higher than forecast in the FRP; the full-year impact is £18.6m in 2019/20, or £0.8m less than forecast in the FRP.



SUSTAINABLE SERVICES – STATEMENT OF COMPREHENSIVE INCOME

Executive Lead: Paul Matthew

CQC Domain: Well-Led

2021 Objective: Our Services

	Outturn 2017/18 £m	Plan 2018/19 £k	Actual Outturn 2018/19 £k
<i>Operating Revenue</i>			
Revenue from Patient Care Activities	394.5	407.3	413.8
Other Operating Revenue	38.6	34.3	33.7
Total Operating Revenue	433.2	441.6	447.5
<i>Operating Expenses</i>			
Employee Benefits	322.7	325.3	341.7
Operating Expenses	175.2	173.0	177.0
Total - Operating Expenses	498.0	498.3	518.7
Operating Deficit	-64.8	-56.7	-71.2
<i>Non-Operating Expenses</i>			
Depreciation	11.8	12.1	11.5
Impairment	17.5	0.0	16.2
Interest Payable	3.1	6.6	6.2
Gains on Asset Disposal	-0.1	-1.1	-0.6
Total - Non-Operating Expenses	32.3	17.6	33.3
Retained Deficit	-97.1	-74.3	-104.5
Allowable adjustments against control total	12.3	-0.4	16.3
total	-84.8	-74.7	-88.2

SUSTAINABLE SERVICES – STATEMENT OF FINANCIAL POSITION

Executive Lead: Paul Matthew

CQC Domain: Well-Led

2021 Objective: Our Services

	Year end		Year to date			Monthly Actual 2018/19												
	31 March 2018		28 February 2019			30-Apr-18	31-May-18	30-Jun-18	31-Jul-18	31-Aug-18	30-Sep-18	31-Oct-18	30-Nov-18	31-Dec-18	31-Jan-19	28-Feb-19	31-Mar-19	
	Actual £'000	Plan £'000	Actual £'000	Plan £'000	Variance £'000	Actual £'000	Actual £'000	Actual £'000	Actual £'000	Actual £'000	Actual £'000	Actual £'000	Actual £'000	Actual £'000	Actual £'000	Actual £'000		
Non-current assets																		
Intangible assets	6,148	3,759	4,864	5,598	(734)	6,016	5,884	5,752	5,621	5,489	5,357	5,228	5,098	4,974	4,984	4,864	6,341	
Property, plant and equipment: on-SoFP IFRIC 12 assets	22,843	22,492	26,951	22,524	4,427	22,814	22,788	22,760	22,731	22,703	22,675	27,064	27,036	27,008	26,980	26,951	27,654	
Property, plant and equipment: other	184,708	205,628	196,336	210,533	(14,197)	184,025	184,010	183,989	185,097	186,000	186,615	188,566	190,581	192,863	194,692	196,336	181,095	
Trade and other receivables: due from non-NHS/DHSC group bodies	1,828	1,477	1,562	1,828	(266)	1,085	1,160	1,144	1,137	1,102	1,153	1,515	1,519	1,525	1,662	1,562	1,560	
Total non-current assets	215,527	233,356	229,713	240,483	(10,770)	213,940	213,842	213,645	214,586	215,294	215,800	222,373	224,234	226,370	228,318	229,713	216,650	
Current assets																		
Inventories	6,799	7,430	7,338	6,799	539	6,919	6,997	6,878	7,023	6,902	6,923	7,282	7,081	7,083	7,382	7,338	7,440	
Trade and other receivables: due from NHS and DHSC group bodies	19,737	12,876	14,153	17,664	(3,511)	17,379	15,862	20,002	18,722	19,855	17,992	19,377	19,372	15,469	14,491	14,153	15,708	
Trade and other receivables: Due from non-NHS/DHSC group bodies	5,656	8,000	7,979	4,859	3,120	8,041	9,281	9,405	10,153	9,731	7,817	8,473	10,246	8,351	7,602	7,979	6,328	
Assets held for sale and assets in disposal groups	1,225	0	660	0	660	1,225	1,225	1,225	1,225	1,225	1,225	660	660	660	660	660	660	
Cash and cash equivalents: GBS/NLF	10,523	1,078	3,014	4,387	(1,373)	6,317	2,790	1,626	1,242	1,234	1,528	3,773	618	4,970	10,778	3,014	7,376	
Cash and cash equivalents: commercial / in hand / other	10	0	9	10	(1)	9	9	9	9	10	9	10	9	8	8	9	10	
Total current assets	43,950	29,384	33,153	33,719	(566)	39,890	36,164	39,145	38,374	38,957	35,494	40,140	37,986	36,541	40,921	33,153	37,522	
Current liabilities																		
Trade and other payables: capital	(11,727)	(3,314)	(3,853)	(4,029)	176	(6,105)	(3,689)	(3,445)	(3,666)	(3,671)	(3,329)	(4,897)	(4,482)	(4,613)	(4,233)	(3,853)	(10,791)	
Trade and other payables: non-capital	(41,754)	(37,108)	(43,777)	(39,263)	(4,514)	(44,901)	(44,171)	(44,126)	(43,294)	(44,356)	(41,323)	(45,211)	(46,237)	(41,293)	(41,156)	(43,777)	(40,621)	
Borrowings	(36,157)	(1,093)	(104,631)	(69,808)	(34,823)	(36,142)	(36,455)	(36,440)	(36,425)	(36,410)	(36,335)	(36,320)	(35,977)	(45,427)	(101,644)	(104,631)	(114,340)	
Other financial liabilities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Provisions	(735)	(843)	(565)	(735)	170	(732)	(690)	(690)	(656)	(679)	(640)	(684)	(677)	(584)	(572)	(565)	(608)	
Other liabilities: deferred income	(2,707)	(2,331)	(1,301)	(2,707)	1,406	(1,140)	(1,020)	(977)	(1,184)	(983)	(1,115)	(1,555)	(1,454)	(1,182)	(1,439)	(1,301)	(2,142)	
Other liabilities: other	(503)	(503)	(503)	(503)	0	(503)	(503)	(503)	(503)	(503)	(503)	(503)	(503)	(503)	(503)	(503)	(1,230)	
Total current liabilities	(93,583)	(45,192)	(154,630)	(117,045)	(37,585)	(89,523)	(86,528)	(86,181)	(85,728)	(86,602)	(83,245)	(89,170)	(89,330)	(93,602)	(149,547)	(154,630)	(169,732)	
Net Current liabilities	(49,633)	(15,808)	(121,477)	(83,326)	(38,151)	(49,633)	(50,364)	(47,036)	(47,354)	(47,645)	(47,751)	(49,030)	(51,344)	(57,061)	(108,626)	(121,477)	(132,210)	
Total assets less current liabilities	165,894	217,548	108,236	157,157	(48,921)	164,307	163,478	166,609	167,232	167,649	168,049	173,343	172,890	169,309	119,692	108,236	84,440	
Non-current liabilities																		
Borrowings	(165,075)	(156,058)	(185,048)	(225,003)	39,955	(172,291)	(178,405)	(187,740)	(194,918)	(202,860)	(210,872)	(218,926)	(224,271)	(229,017)	(187,869)	(185,048)	(188,196)	
Provisions	(2,994)	(2,413)	(2,892)	(2,961)	69	(2,994)	(3,091)	(3,091)	(3,091)	(3,108)	(3,108)	(3,108)	(3,083)	(3,021)	(2,912)	(2,892)	(2,863)	
Other liabilities: other	(13,584)	(13,583)	(13,123)	(13,122)	(1)	(13,543)	(13,501)	(13,459)	(13,417)	(13,375)	(13,333)	(13,291)	(13,249)	(13,207)	(13,165)	(13,123)	(13,081)	
Total non-current liabilities	(181,653)	(172,054)	(201,063)	(241,086)	40,023	(188,828)	(194,997)	(204,290)	(211,426)	(219,343)	(227,313)	(235,325)	(240,603)	(245,245)	(203,946)	(201,063)	(204,140)	
Total net assets employed	(15,759)	45,494	(92,827)	(83,929)	(8,898)	(24,521)	(31,519)	(37,681)	(44,194)	(51,694)	(59,264)	(61,982)	(67,713)	(75,936)	(84,254)	(92,827)	(119,700)	
Financed by																		
Public dividend capital	257,563	256,746	259,440	257,563	1,877	257,563	257,563	257,563	257,563	257,563	257,563	257,563	258,793	259,350	259,350	259,440	260,042	
Revaluation reserve	35,284	42,448	35,732	34,515	1,217	35,215	35,143	35,072	35,001	34,931	34,860	35,972	35,901	35,452	35,381	35,732	32,159	
Other reserves	190	190	190	190	0	190	190	190	190	190	190	190	190	190	190	190	190	
Income and expenditure reserve	(308,796)	(253,890)	(388,189)	(376,197)	(11,992)	(317,489)	(324,415)	(330,506)	(336,948)	(344,378)	(351,877)	(355,707)	(362,597)	(370,928)	(379,175)	(388,189)	(412,091)	
Total taxpayers' and others' equity	(15,759)	45,494	(92,827)	(83,929)	(8,898)	(24,521)	(31,519)	(37,681)	(44,194)	(51,694)	(59,264)	(61,982)	(67,713)	(75,936)	(84,254)	(92,827)	(119,700)	

BORROWINGS																	
Current																	
Borrowings: finance leases	(152)	0	0	0	0	(137)	(122)	(107)	(92)	(77)	(62)	(46)	(31)	(16)	0	0	
Borrowings: DHSC capital loans	(328)	(635)	(1,634)	(2,429)	795	(328)	(656)	(656)	(656)	(656)	(656)	(656)	(328)	(1,007)	(1,415)	(1,634)	(1,890)
Borrowings: DHSC working capital / revenue support loans	(35,618)	0	(102,997)	(67,379)	(35,618)	(35,618)	(35,618)	(35,618)	(35,618)	(35,618)	(35,618)	(35,618)	(35,618)	(44,404)	(100,229)	(102,997)	(112,450)
Borrowings: DHSC revolving working capital facilities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Borrowings: other (non-DHSC)	(59)	(458)	0	0	0	(59)	(59)	(59)	(59)	(59)	0	0	0	0	0	0	0
Total current borrowings	(36,157)	(1,093)	(104,631)	(69,808)	(34,823)	(36,142)	(36,455)	(36,440)	(36,425)	(36,410)	(36,336)	(36,320)	(35,977)	(45,427)	(101,644)	(104,631)	(114,340)
Non-current																	
Borrowings: DHSC capital loans	(9,172)	(2,542)	(21,725)	(28,043)	6,318	(9,172)	(8,845)	(8,845)	(8,845)	(11,745)	(14,721)	(17,732)	(17,732)	(17,097)	(21,944)	(21,725)	(24,344)
Borrowings: DHSC working capital / revenue support loans	(155,903)	(99,915)	(163,323)	(196,960)	33,637	(163,119)	(169,560)	(178,895)	(186,073)	(191,115)	(196,151)	(201,194)	(206,539)	(211,920)	(165,925)	(163,323)	(163,852)
Borrowings: DHSC revolving working capital facilities	0	(52,000)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Borrowings: other (non-DHSC)	0	(1,601)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total non-current borrowings	(165,075)	(156,058)	(185,048)	(225,003)	39,955	(172,291)	(178,405)	(187,740)	(194,918)	(202,860)	(210,872)	(218,926)	(224,271)	(229,017)	(187,869)	(185,048)	(188,196)

SUSTAINABLE SERVICES – CAPITAL REPORT

Executive Lead: Paul Matthew

CQC Domain: Well-Led

2021 Objective: Our Services

The end of year capital spend amounted to £30.96m - this was £5k under the planned allocation for 18/19.

The revised Fire allocation of £17.0m was delivered at the end of the financial year. For information £9.6m of the original 18/19 Fire allocation of £26.6m has been deferred into 19/20. The deferral related to an Estates notification of the saturation of the market which created delays in contracting suppliers to support the programme. There is a significant requirement in 19/20 that continues the work packages started in 18/19.

IT delivery, following revised allocations was £5.7m - this included Digital Dictation and Speech Recognition, Cyber Security Measures, VideoConferencing, E-Prescribing set-up, E-HR commencement among other projects.

Medical Devices Group spent c£2.4m on replacement of Endoscopy scopes, Xray equipment, ICU ventilators and Cardiology ultrasounds to name a few.

Facilities schemes incurred £0.9m. Spend related to Grantham Water Supply Works (£100k), Air Conditioning (£136k), Endoscopy building work at Grantham (£126k), Pilgrim kitchen dishwashers (£155k) and Roof Improvements (£50k)

Other Capital Allocations – Service Development & Modernisation / Diagnostic Capacity / Quality and Elective plans amounted to expenditure of £4.9m - key elements within were Pilgrim Reconfiguration (£1.9m), Bardney Ward dedication areas (£1.9m), Radiopharmacy (£100k), 'Bad news' areas (£252k)

Year End Position	Plan £k	Actual £k	Variance £k
Capital Balance	30,963	30,958	5

Year End Position	Plan £k	Actual £k	Variance £k
Medical Equipment replacement	2,500	2,429	71
Estates - Fire	17,000	17,000	0
ICT	5,699	5,699	0
Estates - Backlog	895	895	0
Service developments	4,869	4,935	-66
Total	30,963	30,958	5

SUSTAINABLE SERVICES – NEW BORROWING

Executive Lead: Paul Matthew

CQC Domain: Well-Led

2021 Objective: Our Services

Revenue Borrowing

The Trust has drawn cash loans of £82.9m during the twelve months to March 2019. This includes £4.3m deficit support relating to 2017/18.

The forecast deficit was revised in quarter three through the Financial Recovery Plan (FRP) from £74.7m (plan) to £89.4m; the actual 2018/19 deficit is £88.2m. Revenue borrowings, originally planned at £79.0m have increased to £82.9m (Deficit support 18/19 - £78.6m, 17/18 - £4.3m).

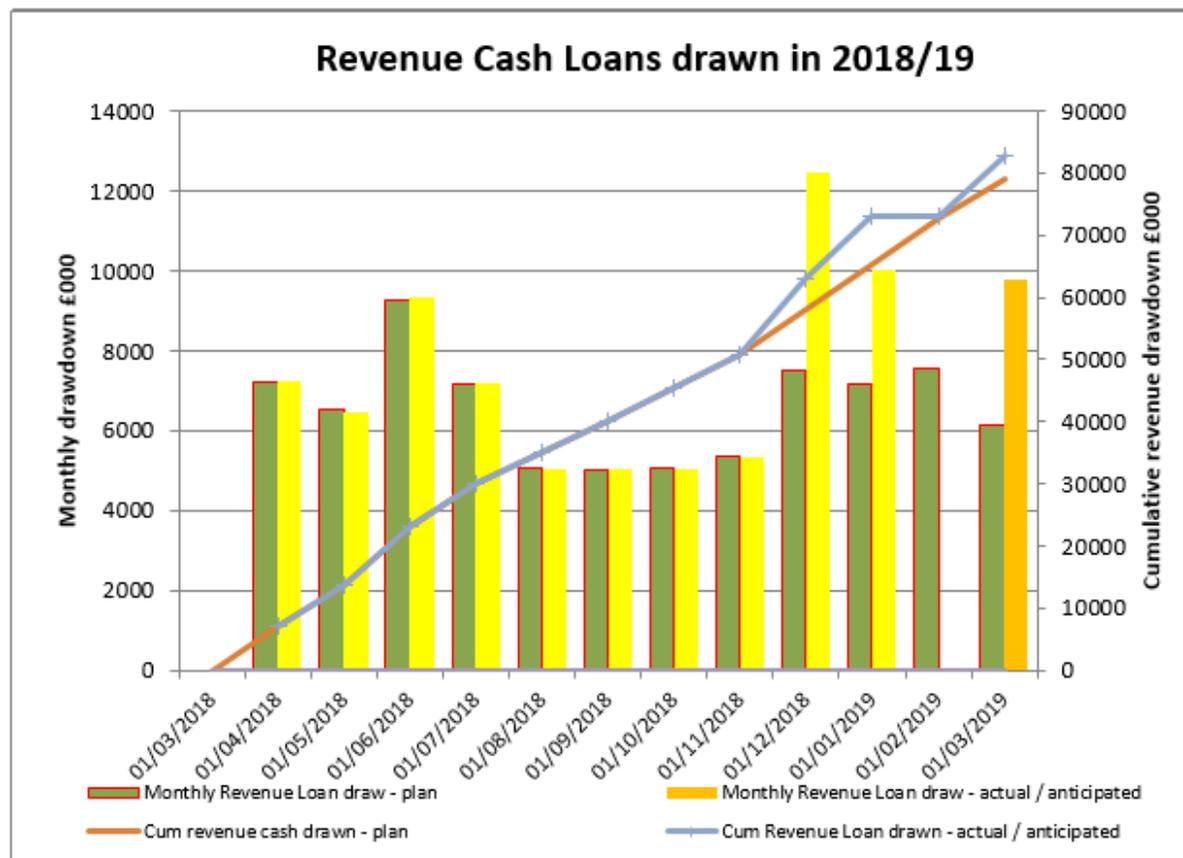
The differential between the forecast deficit and the level of 18/19 deficit support is offset by a significant increase in the level of capital creditors to that anticipated at plan.

The impact upon the Trust to pay creditors has largely been mitigated by capital cash, available due to delays in the capital programme.

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

Capital Borrowing

A £26,6m capital loan was agreed in relation to the Fire Safety Capital scheme. Against this £17m has been drawn to the end of February 2019.



Excellence in rural healthcare

The capital programme remains behind plan. Having reviewed progress against the 2018/19 fire safety programme and after taking advice from estate professionals, decisions were taken in January / February to approach the DHSC via NHSI to request carry forward of £9.6m into 2019/20 along with the £2.1m loan agreed in 2017/18. NHSI agreed this carry forward in February.

The revised capital loan drawdown in 2018/19 is £17.0m as a result of this.

The year end capital creditor is £10.8m.

Process and approval of new borrowing:

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

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

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

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

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

The Board has previously approved borrowing for:

April 2019:

Revenue £5.612m

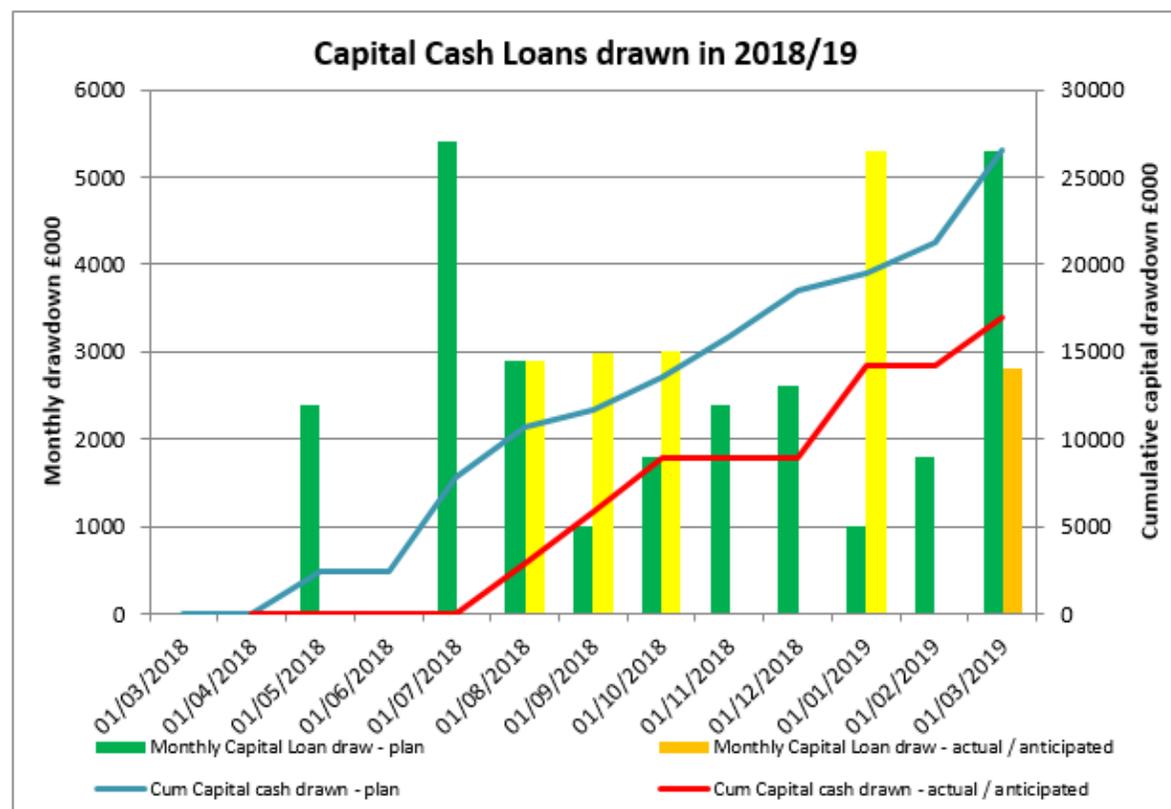
Capital £0m

May 2019:

Revenue: £5.612m

Capital £0.661m

The board is requested to approve borrowing in June 2019 in line with the draft 2019/20 financial plan. Revenue £7.376m



SUSTAINABLE SERVICES – CUMULATIVE BORROWING

Executive Lead: Paul Matthew

CQC Domain: Well-Led

2021 Objective: Our Services

Borrowings and Interest

At 31 March 2019 total 'repayable' borrowings (excluding accrued interest) were £300.6m, capital (£26.2m) and revenue (£274.4m).

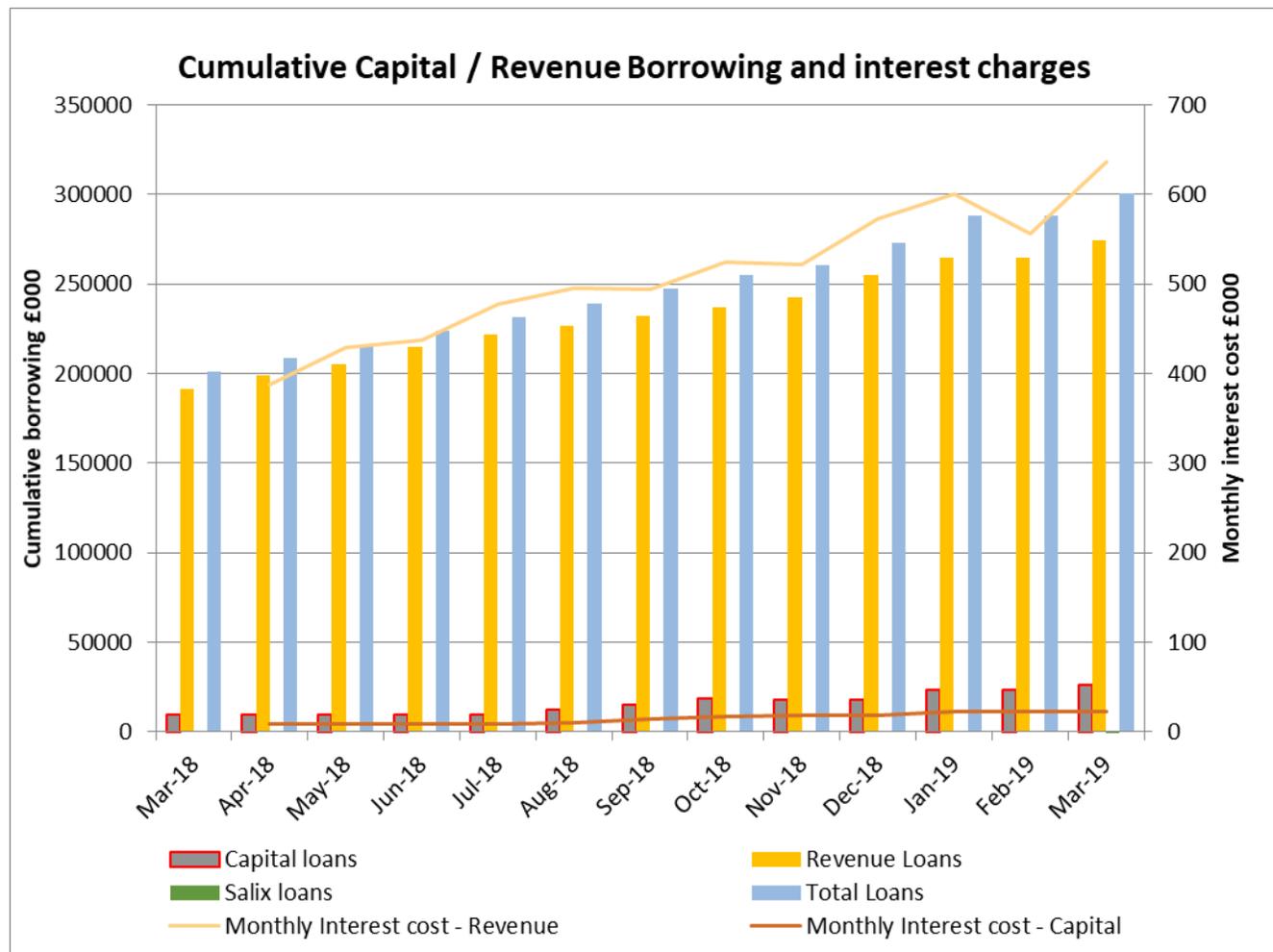
Existing loans are held at a variety of interest rates, Capital 1.1% (£9.2m) & 1.37% (£17.0m), Revenue 1.5% (£155.3m), 3.5% (£75.7m) & 6.0% (£43.4m).

(The £35.6m loan due to be repaid in November 2018 has been extended. The Trust has not yet been advised of the rate. For the purposes of the above analysis, it has been assumed this will be at 3.5%.)

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

Associated interest costs for 2018/19 are £6.3m (Revenue £6.1m / Capital £0.2m).

Changes in accounting standards in 2018/19 mean that any accrued interest (Mar 19 - £2.0m) is now reported as part of overall borrowings on the Statement of Financial Position.



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. (Current balance £9.2m)		
Capital	16.7	Nov-33	Repayments commencing Aug 2019 thereafter every 6 months. Annual repayment £0.4m.		
Type	Loan £m	Repayment	Loan £m	Repayment	Repayment Terms
Revenue	35.6	tbc	6.0	Dec-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	6.0	Jan-21	
	2.5	Dec-19	6.0	Feb-21	
	52.0	Jan-20	5.4	Mar-21	
	4.1	Jan-20	7.2	Apr-21	
	4.2	Feb-20	6.4	May-21	
	7.6	Mar-20	9.3	Jun-21	
	6.2	Apr-20	7.2	Jul-21	
	5.8	May-20	5.0	Aug-21	
	5.5	Jun-20	5.0	Sep-21	
	11.0	Jul-20	5.0	Oct-21	
	7.0	Aug-20	5.4	Nov-21	
	9.3	Sep-20	12.5	Dec-21	
	6.6	Oct-20	10.0	Jan-22	
6.2	Nov-20	9.8			

SUSTAINABLE SERVICES – CREDITOR PAYMENTS

Executive Lead: Paul Matthew

CQC Domain: Well-Led

2021 Objective: Our Services

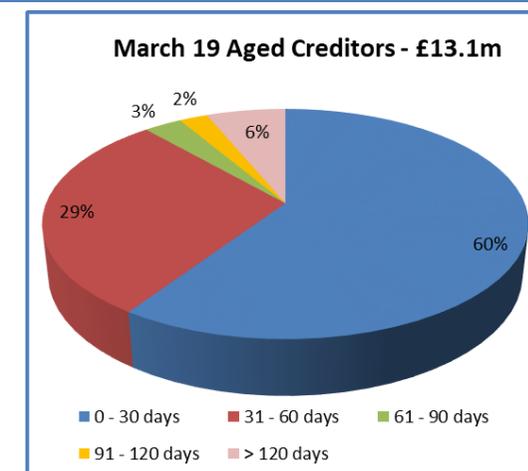
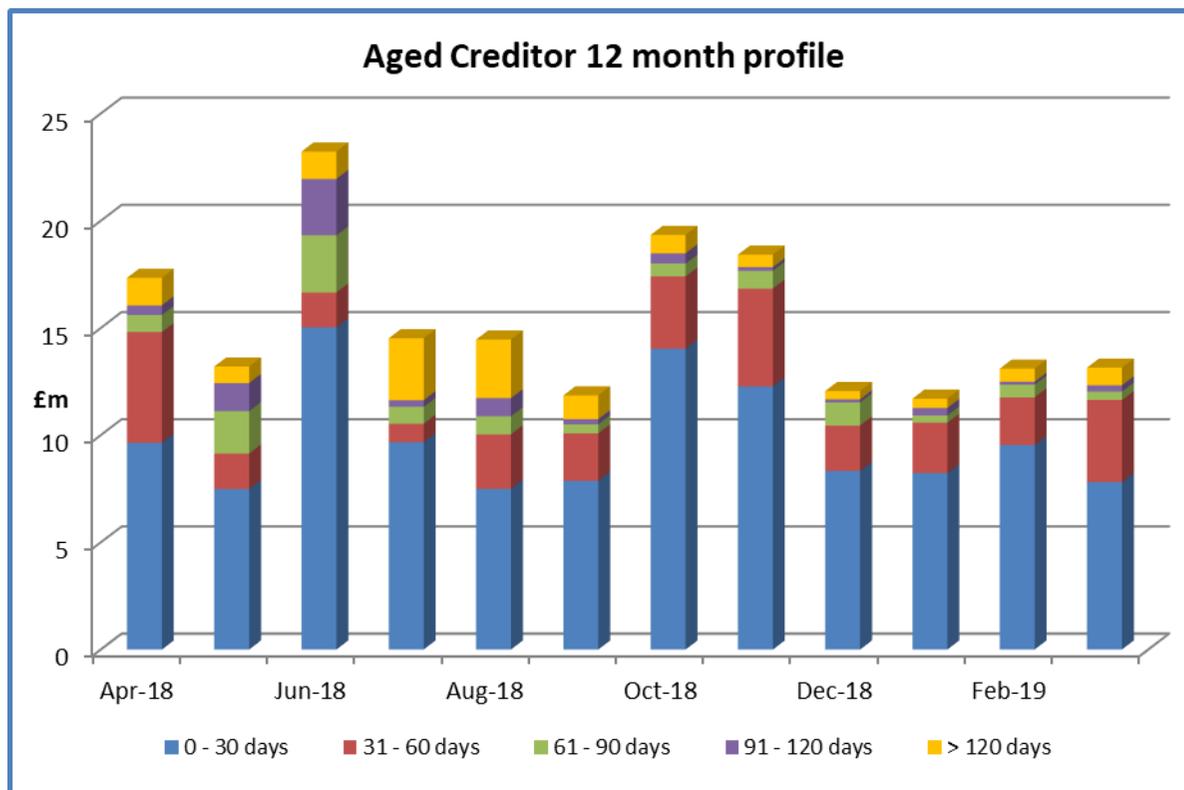
Creditors

Total Creditors were £13.1m at 31 March 2019, of which £5.3m were over 30 days (£1.1m > 90 days).

Focusing further upon those invoices over 30 days £2.7m (74%) relates to just ten suppliers.

The reasons for delays in payment to suppliers has been investigated and in each case the Trust is taking action where appropriate / working with the supplier and internal departments to resolve issues.

The Finance and Procurement Teams continue to enforce the policy of requiring suppliers to provide a purchase order before payment is made. At 31 March there were 186 separate invoices (£0.4m) spread across 91 suppliers where payment is delayed awaiting a purchase order.



SUSTAINABLE SERVICES – BETTER PAYMENTS

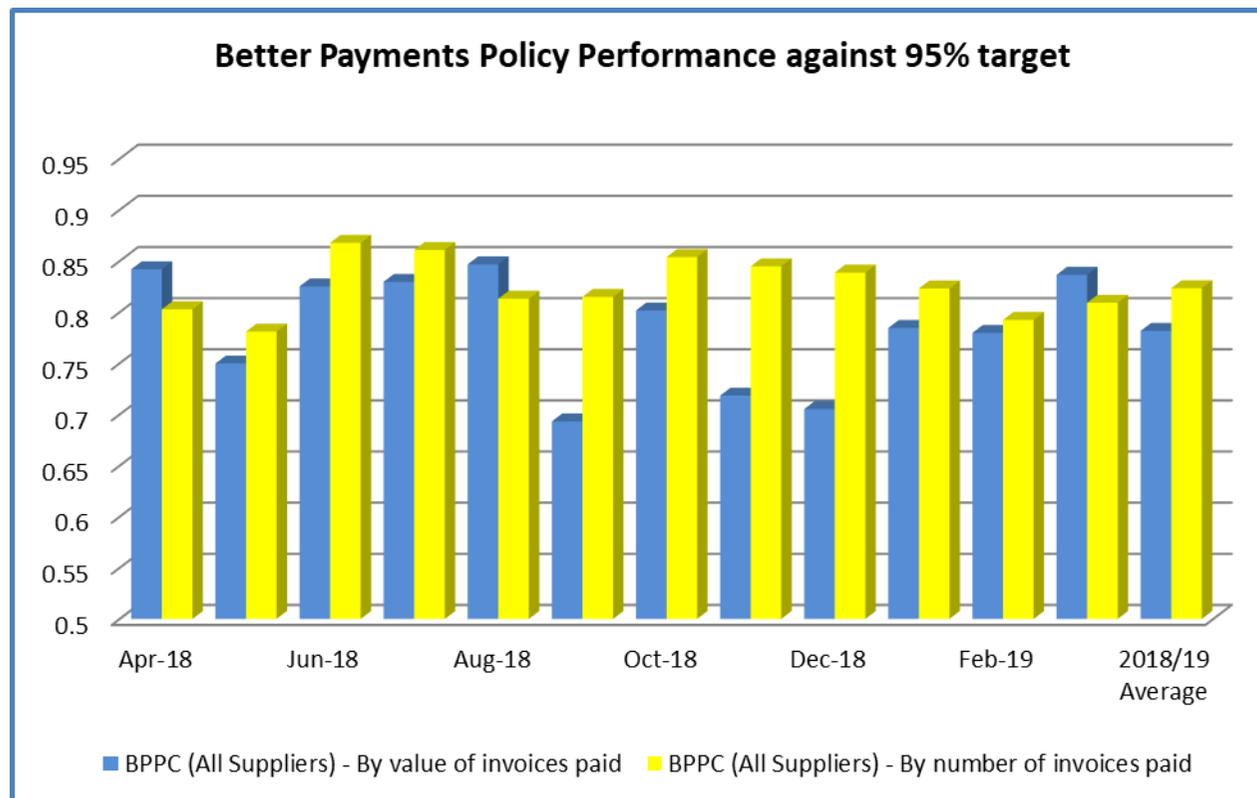
Executive Lead: Paul Matthew

CQC Domain: Well-Led

2021 Objective: Our Services

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 February 2019 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	2387	43,521	131,088	207,633
Total bills paid within target	1508	35,340	108,382	160,962
% of bills paid within target YTD	63.18%	81.20%	82.68%	77.52%
% of bills paid within February 2019	73.44%	91.77%	82.48%	74.92%

SUSTAINABLE SERVICES – NHS RECEIVABLES

Executive Lead: Paul Matthew

CQC Domain: Well-Led

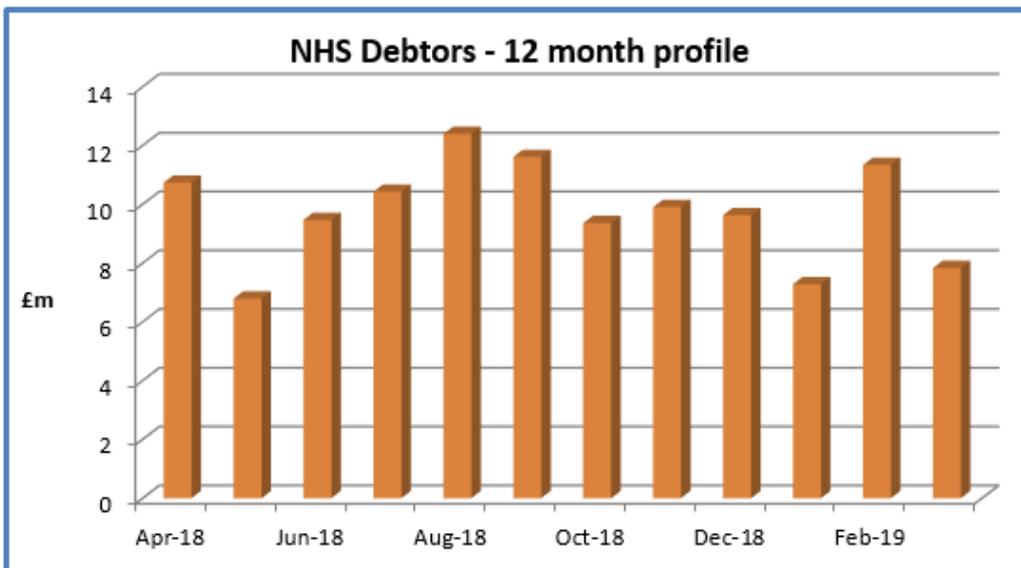
2021 Objective: Our Services

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 March 2019.

The level of aged debt > 90 days has reduced significantly from £4.7m in October to £1.5m at 31 March. This is as a result of the Lincolnshire CCGs clearing the majority of prior year reconciliation invoices.

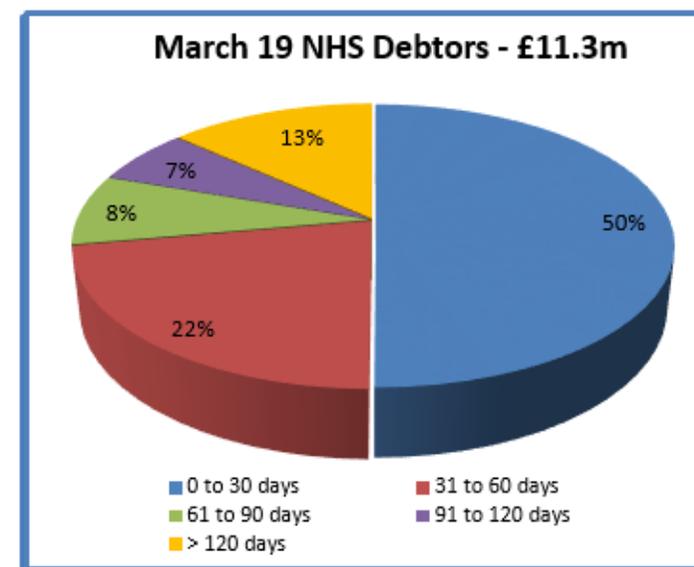
The largest element currently over 90 days relates to NHS Trusts where queries are unresolved with Nottingham and Leicester.

In volume terms there are 257 invoices > 90 days at 31 March 2019



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

Totals shown in £000	0 - 30 days	31 - 60 days	61 - 90 days	91 - 120 days	120 + days	Grand Total	90+ days
CCGs - Lincolnshire	714	1,245	220	74	407	2,660	481
CCGs - Other	164	99	42	34	92	431	126
Trusts - Lincolnshire	492	75	153	16	56	792	72
Trusts - Other	614	177	184	290	419	1,684	709
Other NHS	1,940	135	33	87	70	2,265	157
Total	3,924	1,731	632	501	1,044	7,832	1,545



SUSTAINABLE SERVICES – NON- NHS RECEIVABLES

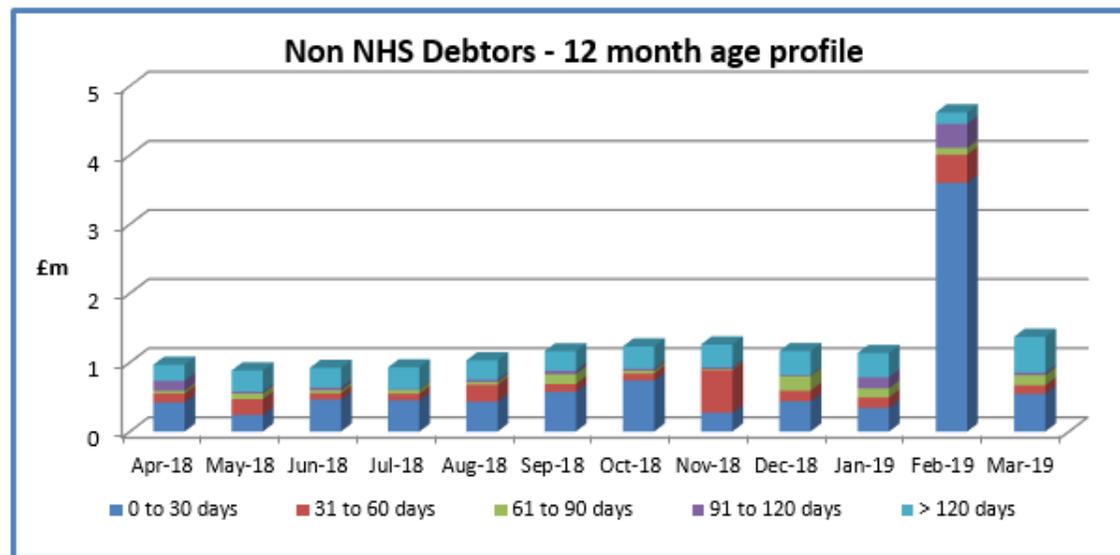
Executive Lead: Paul Matthew

CQC Domain: Well-Led

2021 Objective: Our Services

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 March 2019.

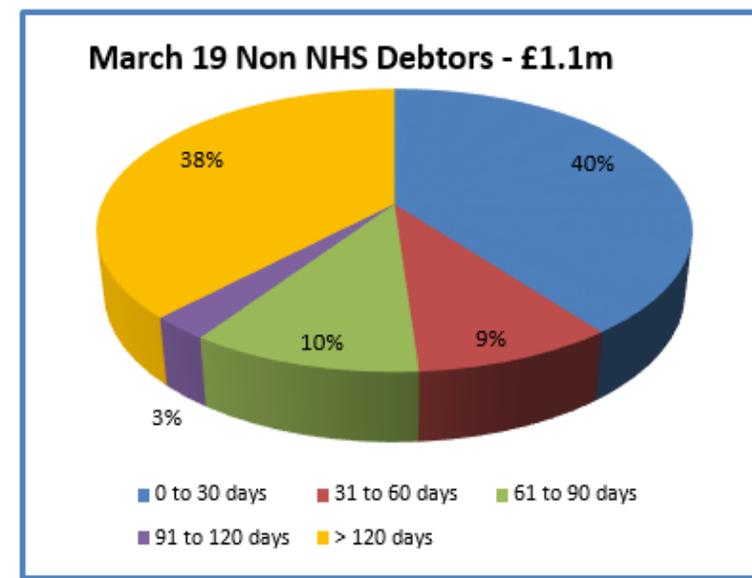
The breakdown of debt across general category headings is shown below.



Description	Totals outstanding debt £					Grand Total	90+ days
	0 - 30 days	31 - 60 days	61 - 90 days	91 - 120 days	120 + days		
Overseas Visitors	15,728	22,957	(2,372)	16,287	209,444	262,044	225,731
Debt Collection - Overseas	(81)	0	0	0	40,055	39,974	40,055
NHS Non English	5,780	8,839	4,900	309	8,555	28,383	8,864
Misc	486,515	85,253	96,431	14,202	152,261	834,662	166,463
Salary Overpayments	30,524	7,512	42,244	5,232	48,550	134,062	53,782
Private Patients	0	0	0	0	12,589	12,589	12,589
Debt Collection - General	0	0	908	166	25,358	26,432	25,524
Agreed Installment Plans	1,554	0	800	15	13,737	16,106	13,752
Grand Total	540,020	124,561	142,911	36,211	510,549	1,354,252	546,760

The balance over 90 days (£0.5m) comprises relatively high volume (236) low value invoices.

Of this total £0.1m is being actively managed by the Trust Debt collection agency.



SUSTAINABLE SERVICES – EXTERNAL FINANCING LIMIT & CAPITAL RESOURCE LIMIT

Executive Lead: Paul Matthew

CQC Domain: Well-Led

2021 Objective: Our Services

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. The actual cash balance at 1cMarch 2019 is £7.4m

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.

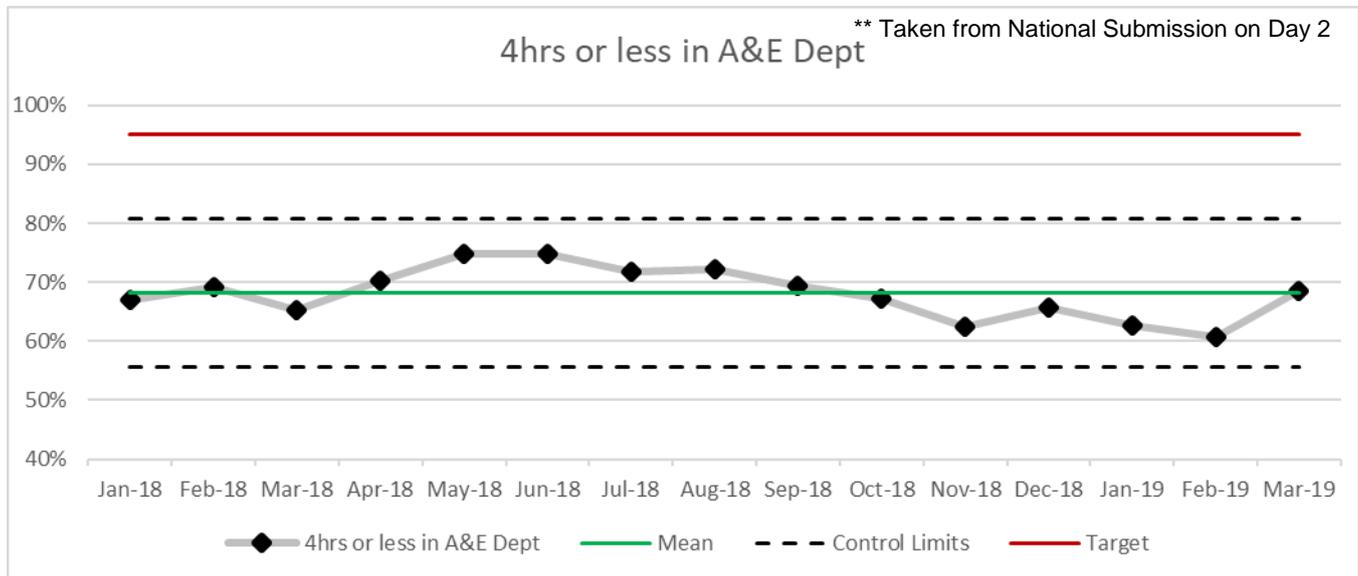
External Financing Limit Target (EFL)	Forecast £000s	Performance against Capital Resource Limit (CRL) Target	Forecast £000s
Anticipated EFL at Plan	109,400	Anticipated CRL at Plan	38,159
Opening EFL allocated to Trust		Opening CRL allocated to Trust	
April 18 Plan movement in cash balances	8,404	Depreciation	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	78,625	Fire safety loan repayments	450
2017/18 additional deficit financing	4,254	Fire safety - Loan drawdown	17,000
Adjustment to closing cash: Plan resubmission June 18	-4,024	Places of Safety in Emergency Depts - PDC allocation	72
Fire safety loan repayments	-328	Urgent & Emergency Care - Winter Fund - PDC allocation	1,787
Fire safety - Loan drawdown	17,000	Patient WiFi - PDC allocation	90
Places of Safety in Emergency Depts - PDC allocation	72	E-Health Records - PDC allocation	0
Urgent & Emergency Care - Winter Fund - PDC allocation	1,787	Cybersecurity - PDC allocation	192
Patient WiFi - PDC allocation	90	Pharmacy Robot - PDC allocation	250
E-Health Records - PDC allocation	0	Pharmacy Infrastructure - PDC allocation	12
Cybersecurity - PDC allocation	192	Cancer Transformation Programme - PDC allocation	76
Pharmacy Robot - PDC allocation	250	Salix Loan repayment	-59
Pharmacy Infrastructure - PDC allocation	12		
Cancer Transformation Programme - PDC allocation	76	Current Notified EFL	106,204
Salix Loan repayment	-59	Anticipated adjustments	
		Fire safety - Loan	0
Current Notified EFL	106,204	Fire safety loan repayments	0
Anticipated adjustments		Salix Loan repayment	0
Fire safety - Loan	0	Places of Safety in Emergency Depts - PDC allocation	0
Fire safety loan repayments	0	Urgent & Emergency Care - Winter Fund	0
Salix Loan repayment	0	Patient WiFi - PDC allocation	0
Places of Safety in Emergency Depts - PDC allocation	0	E-Health Records - PDC allocation	0
Urgent & Emergency Care - Winter Fund	0	Cybersecurity - PDC allocation	0
Patient WiFi - PDC allocation	0	Pharmacy Robotics - PDC allocation	0
E-Health Records - PDC allocation	0	Pharmacy Infrastructure - PDC allocation	0
Cybersecurity - PDC allocation	0	Cancer Transformation Programme - PDC allocation	0
Pharmacy Robotics - PDC allocation	0	Interim revenue support loan: deficit financing	0
Pharmacy Infrastructure - PDC allocation	0	PDC b'f from 1617 £1.35m	0
Cancer Transformation Programme - PDC allocation	0	Capital element of Finance leases - repayment adj	-5
Interim revenue support loan: deficit financing	0	Programme Capital budgets	-194
PDC b'f from 1617 £1.35m	0	Anticipated EFL	106,005
Capital element of Finance leases - repayment adj	-5		
Programme Capital budgets	-194	Current Anticipated CRL	30,839
Anticipated EFL	106,005	Forecast Capital expenditure	31,114
		Planned underspend re PDC schemes deferred into 2019/20	
		Less Capital funded via Charitable Donations	-157
		Less Net book value of disposed assets	-681
		Charge against CRL	30,276
		(Over) / Under shoot against CRL target	563

ZERO WAITING – A&E 4 HOUR WAIT

Executive Lead: Mark Brassington

CQC Domain: Responsive

2021 Objective: Our Services



Challenges/Successes

Please note that an anomaly has been discovered within our reporting where an element of activity has not been included within our reported performance. The position is being validated and our reported figures will be corrected. It is expected to improve reported ULHT type 1 performance by c.3%.

Attendance growth of 8.22% against 2017/18 March actual (4.18% YTD) (Type 1+3)

Attendance growth of 6.36% against 2018/19 March plan (4.48% YTD) (Type 1 only)

Primary Care Streaming continues to improve on both sites with Lincoln demonstrating significant improvement. PHB recorded 30.4% for March. LCH recorded 14.9% for March.

A&E and non-elective admissions demand exceeded capacity and has done all year. Staffing levels within nursing and medical teams in both inpatient and ED continue to be of concern. Fragility of staffing will continue during Q1 and Q2 in 2019/20 whilst the recruitment plans are delivered.

At the end of March, the number of Super Stranded Patients in the Trust was 102 against a trajectory of 94. There has been a significant improvement at Pilgrim and a deterioration at Lincoln. DToC remains within normal variation at 3.63%.

This has culminated in length of stay and bed occupancy being above assumed levels affecting flow.

Actions in place to recover:

Full actions are embedded in the urgent care improvement plan. Key actions include;

Recruitment plan for Emergency Care Middle Grade and Consultants on track to deliver during Q1 and Q2.

Frailty pathway is being reviewed across all sites and new ways of working introduced

Support is being provided by the Emergency Care Intensive Support Team at both Lincoln and Pilgrim to support with reduction in long LoS, SAFER and Red 2 Green. This commenced in April.

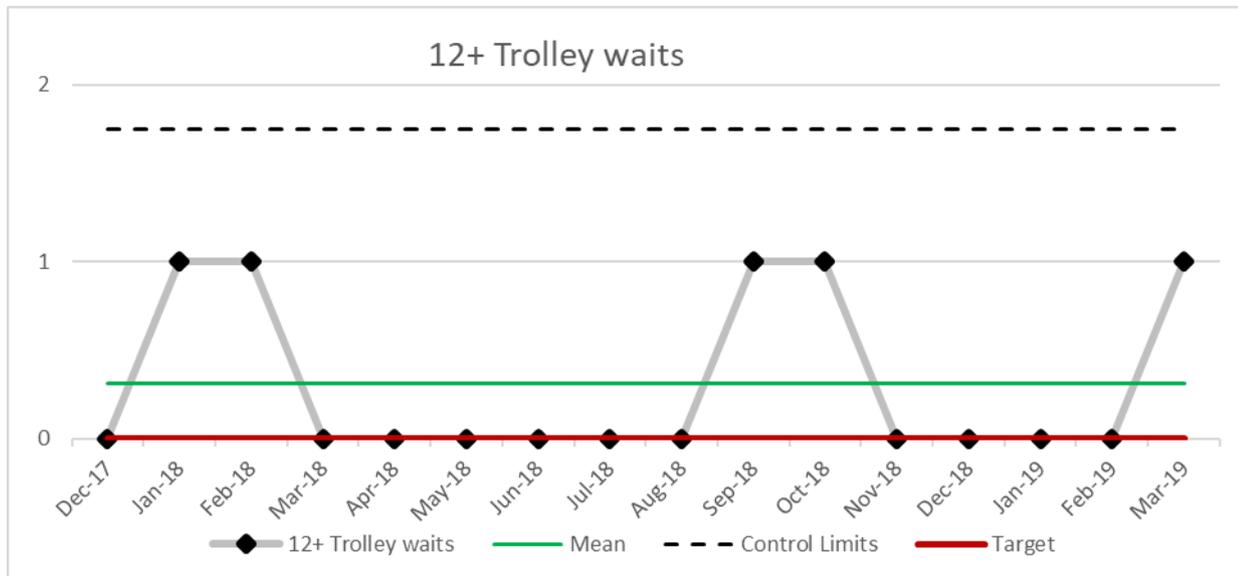
New approach to managing medically fit patients started in April led by LCHS with an internal project looking at improving the discharge pathway and associated pathway.

ZERO WAITING – 12 HOUR TROLLEY WAITS

Executive Lead: Mark Brassington

CQC Domain: Responsive

2021 Objective: Our Services



Challenges/Successes

Due to delays in patients being moved out of the Emergency Department it has suffered with overcrowding. This contributes to further pathway delays. As a result there has been a 'normalised' approach to managing patient waits against the Decision to Admit (DTA) time. We will be resetting this post winter to total time in department.

The Urgent Care Improvement Programme is addressing this and Work stream 1 has a focused approach to both reduce time taken for admission and 'reset' the organisation's response

Through several interventions, Pilgrim have seen a reduction in extended waits for beds and thus have experienced an improved 12 + hr trolley wait position.

Actions in place to recover

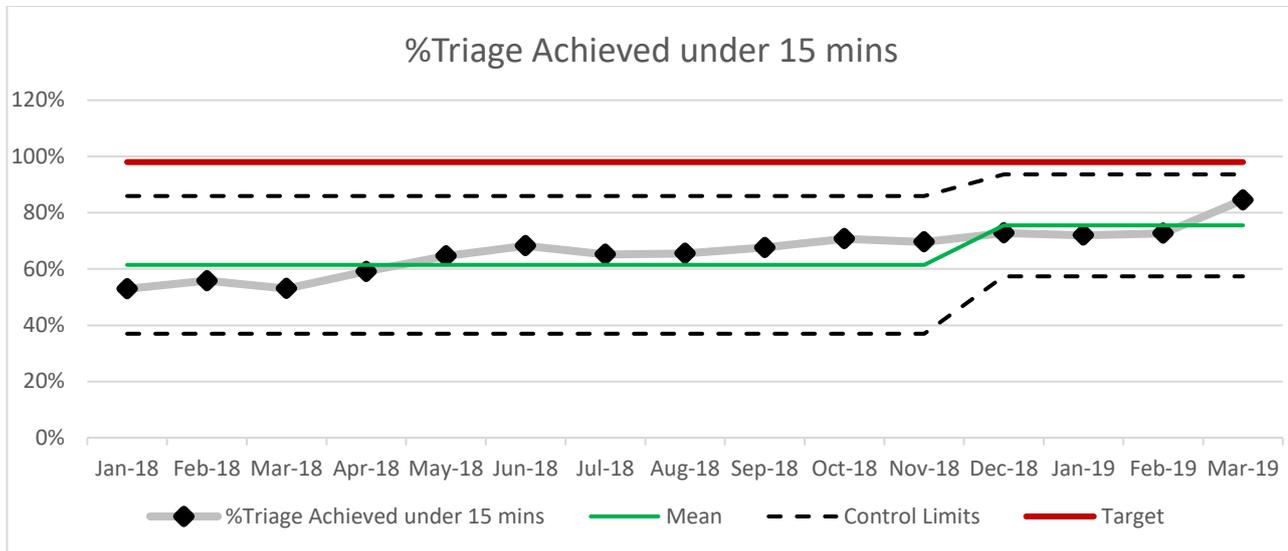
- A reset of Time Of Arrival rather than DTA is in train.
- ECIST support in place weekly for extended LoS – relaunched at LCH 19th April.
- Produce a SOP re 12 + hr review assurance to include a more focused escalation
- Internal Professional Standards for ED and Specialty response are being embedded

ZERO WAITING – TRIAGE UNDER 15 MINUTES

Executive Lead: Mark Brassington

CQC Domain: Responsive

2021 Objective: Our Services



Challenges/Successes

With the exception of July 2018, performance and compliance against the standard has continued to improve with March demonstrating 84.54%.

All but 3 Registered Nurses in Pilgrim ED have received triage training and have been signed off as competent.

Documentation has significantly improved.

Actions in place to recover

A robust training programme is now in place to ensure all new appointees receive triage training.

Triage times are monitored every hour.

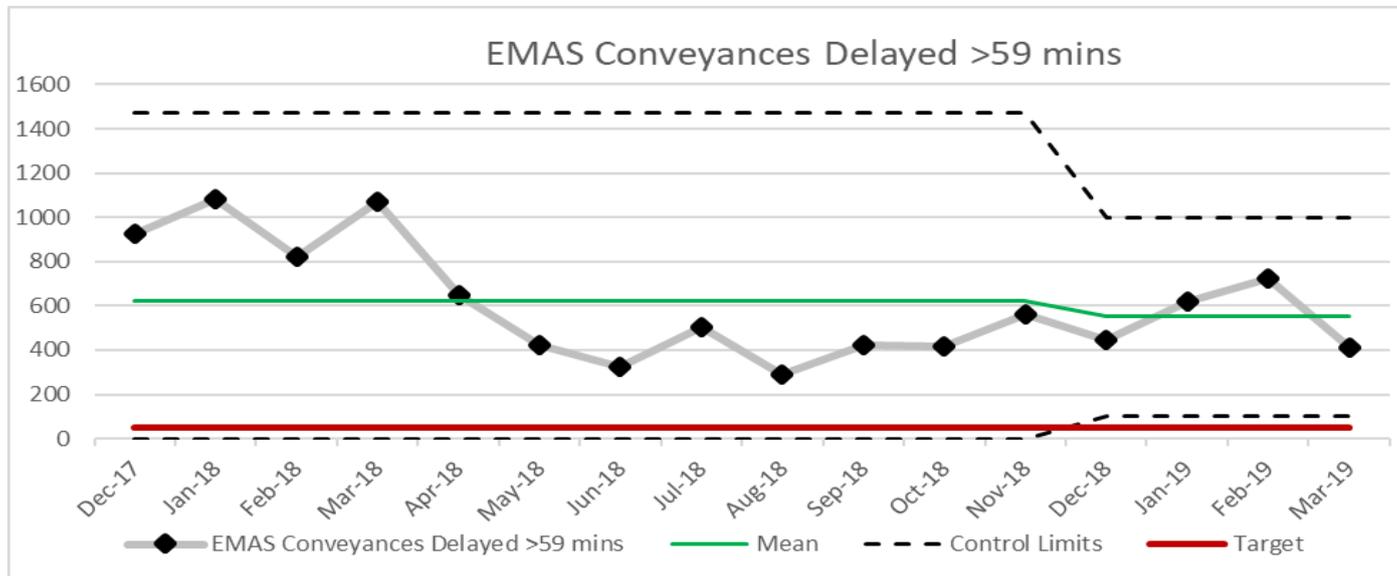
Weekly reports are generated to monitor compliance overall.

ZERO WAITING – AMBULANCE HANDOVER

Executive Lead: Mark Brassington

CQC Domain: Responsive

2021 Objective: Our Services



Challenges/Successes

Key Significant impact of hospital occupancy rate >95% on flow and ambulance handover had seen a deteriorating position, particularly for Lincoln Hospital.

March saw Ambulance Conveyances delays over 59 minutes decrease across the Trust by 34% at LCH, 61.19% at PHB and 52.15% at GDH.

Ambulance arrivals are largely within expected parameters from a total number of daily conveyances, but with peaks/batching this continues to challenge capacity to accept and undertake timely handovers which is predominantly out of hours

Agency that provide staff to support the PHP role at Pilgrim have improved fill rate, but not yet achieved 100%.

Actions in place to recover

New pathways at PHB were rolled out to enable direct GP admissions bypassing ED, this new process is working well. A follow up review is in train and will be completed by the end of April 2019.

Further pathways to the surgical assessment unit at Lincoln were to be rolled out however, area is still regularly being used for escalation.

The improvement trajectory has been submitted to the regulators for sign off and is below.

Ambulance Handovers	March 2019	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Count of all patients arriving by ambulance (types 1, 2 and 3)	4,657	4,530	4,720	4,626	4,923	4,743	4,566	4,760	4,647	4,919	4,957	4,313	4,657
Count of handover delays 15-30 minutes	1,863	1,812	2,171	2,128	2,363	1,897	1,872	1,666	1,766	984	991	863	931
Count of handover delays 30-60 minutes	1,071	1,042	614	463	295	664	365	476	186	984	991	863	931
Count of handover delays 60+ minutes	326	317	283	231	197	47	0	0	0	0	0	0	0

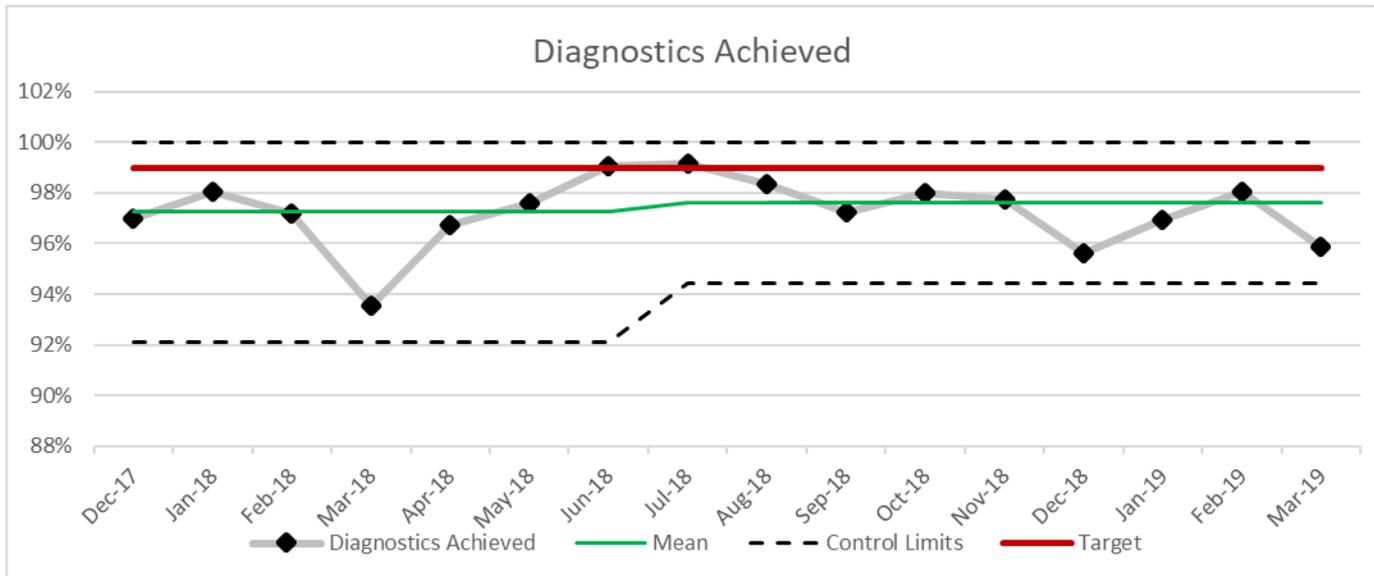
The Ambulance Handover Group has been 'refreshed' and is chaired by NHSi.

ZERO WAITING - DIAGNOSTICS

Executive Lead: Mark Brassington

CQC Domain: Responsive

2021 Objective: Our Services



Challenges/Successes

The DM01 March performance is 95.86%

Services that are overseen directly by Clinical Support Services are performing well at 99.21%, but those areas overseen directly by the Divisions are reducing the Trusts overall position.

Actions in place to recover

Work on-going to ensure that all relevant services understand the DM01 standards and have robust processes to manage (Inc. sharing of internal best practice). The Clinical Lead for Diagnostics has been meeting with the relevant areas to identify issues.

Cardiac Echoes are being looked at closely by the Division of Medicine to increase capacity and to deal with the issue around equipment failure.

The Division of Surgery are looking to improve their processes around the booking of Cystoscopy.

Diagnostics are now being included in all Performance Review Meetings for their relevant areas, not just for Clinical Support Services. This is to allow Divisions to take responsibility for their pathways, yet still ensures that best practice and consistency is carried across all areas of the Trust.

Trajectory to Recover

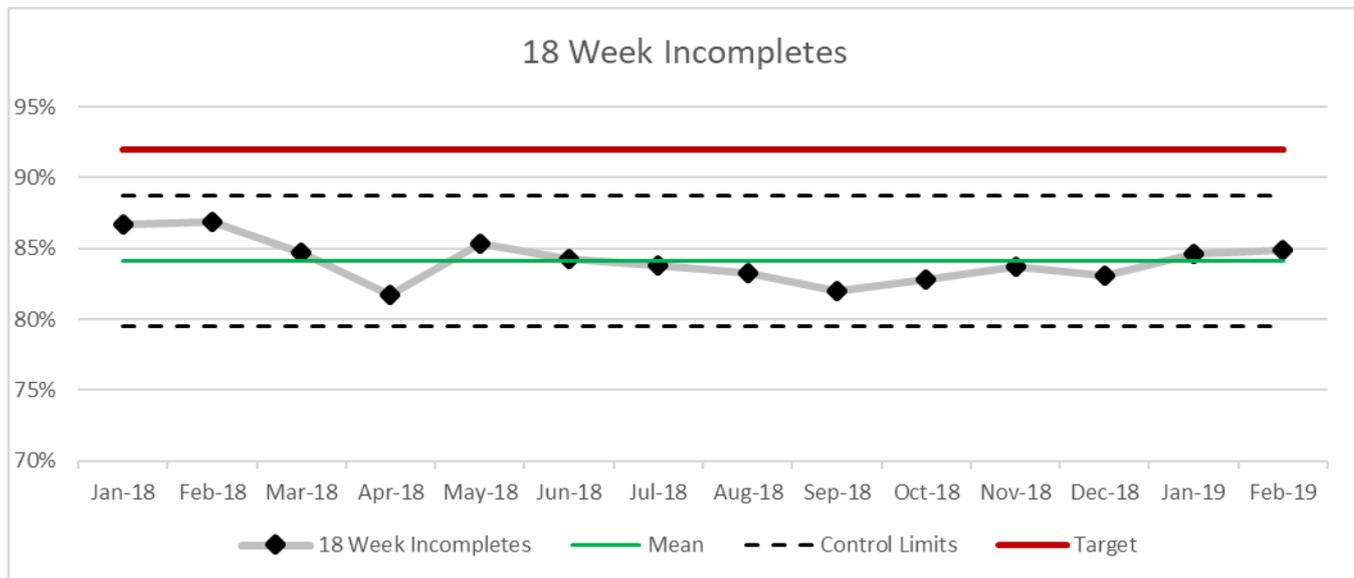
June 2019

ZERO WAITING - RTT 18 WEEKS INCOMPLETES

Executive Lead: Mark Brassington

CQC Domain: Responsive

2021 Objective: Our Services



Challenges/Successes

February increased the Total Incomplete Pathways by 61 which is an increase of 0.17%. The 18 week+ backlog reduced by 76 (1.35%)

The 18week+ backlog shows a mixed response across the specialities with ENT showing the largest reduction of 100 patients (8.66%) and Nephrology showing the largest increase of 38 patients (135.71%)

ENT continues to account for the largest percentage of the Trusts overall 18 week+ backlog, the Trust's overall position would improve by 1.3% if ENT were to be excluded.

February saw improved RTT performance in a large number of areas particularly Hepatology, Diagnostic Imaging and Paediatric Nephrology

Actions in place to recover:

Trust board have supported a continuation of the pilot in T&O (major elective hub at Grantham) in the light of positive achievements.

CCG funded external validation team in place since late December, validating lists in 4 key specialities and identifying lessons learnt. As at 4th April 2019, 25311 pathways having been validated with around 14% seeing clock stops added. NHSI/CCG have funded the purchase of a one year licence for the validation software which has been used for this project. This will enable the Trust to better track validation progress and outcomes. The funding has also purchased 300 eLearning licences and 3 classroom based training sessions provided by Source Group.

Validation software purchase has also agreed to be funded.

IST agreement to work with Surgical Division to utilise their demand and capacity tools to review general surgery, urology and ENT to support improved RTT recovery planning.

Escalation discussions need to conclude with CCGs in regard to Neurology to support risk summit to agree best approach to managing demand (GP and C2C) and capacity. Continued deterioration in speciality RTT performance. Finalised plan expected by mid-April

Trajectory for Recovery

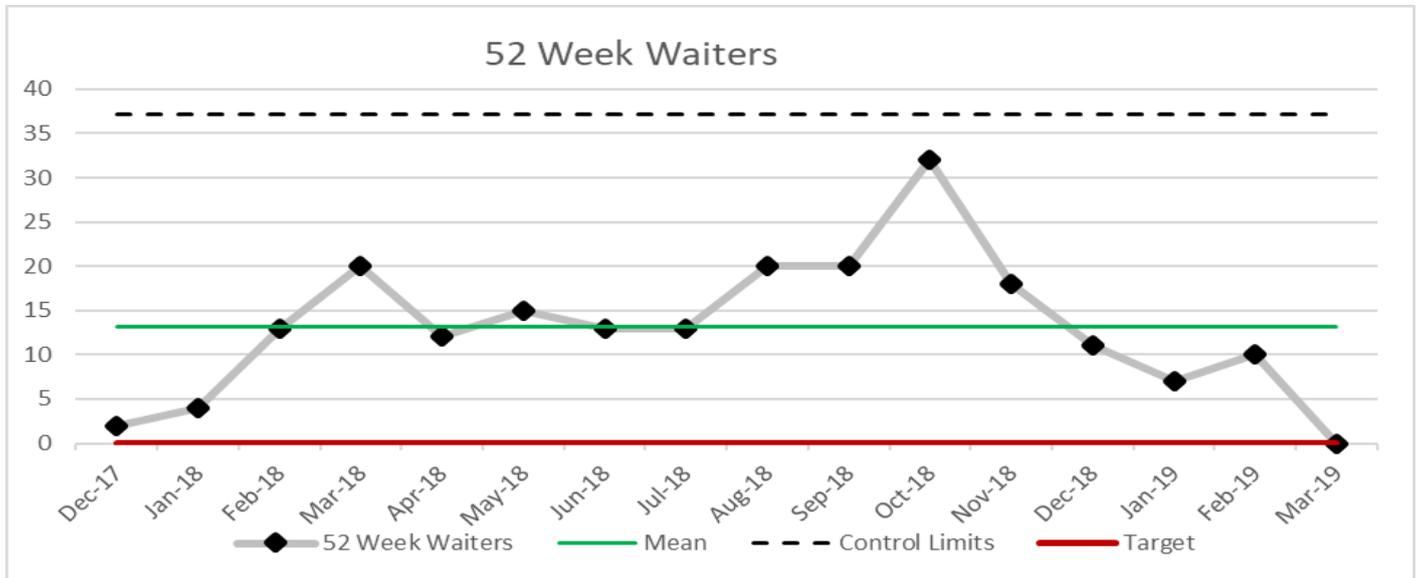
Maintain 84% during 2019/20 due to commissioned activity

ZERO WAITING - RTT 52 WEEK WAITERS

Executive Lead: Mark Brassington

CQC Domain: Responsive

2021 Objective: Our Services



Challenges/Successes

NHSI have indicated a zero tolerance for 52+ week breaches from March 2019.

At the end of March we are reporting a zero position.

Actions in place to recover:

Maintain this position going forward. The Divisions are doing this by focusing on patients at 40+weeks and there is increased reporting and monitoring to allow this to happen.

Robust actions are taken for any patients at 45 weeks.

Trajectory for Recovery

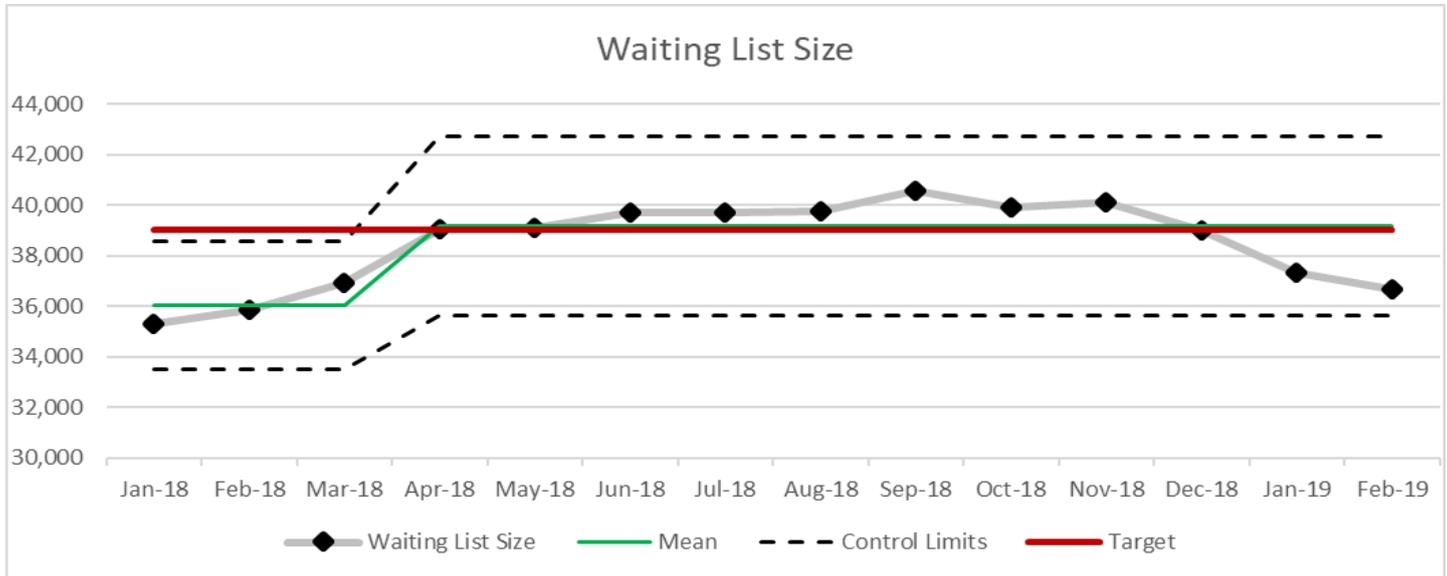
0 by March 2019

ZERO WAITING – WAITING LIST SIZE

Executive Lead: Mark Brassington

CQC Domain: Responsive

2021 Objective: Our Services



Challenges/Successes

The total incomplete waiting list was 36,718 against a year-end target of 39,032. The 18 week+ backlog was 5556, a reduction of 76 against the previous month.

The largest increases are in Ophthalmology (113), Rheumatology (69) and Paediatrics (63). The largest decreases are within Pain Management (194), Trauma and Orthopaedics (165) and Community Paediatrics (56).

Actions in place to recover:

Significantly below the year end trajectory, with an increased focus on continued reduction.

Divisions are using daily reporting dashboards to monitor the position and to ensure targets are achieved.

Trajectory for Recovery

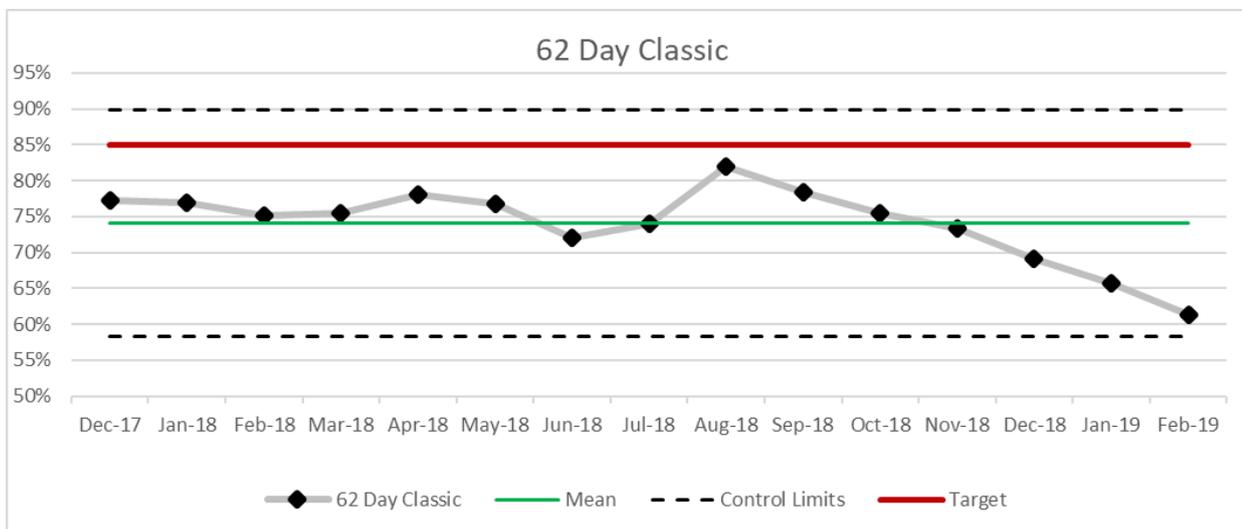
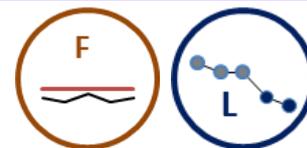
By March 2019 maximum total waiting list 39,302 with 5,978 over 18 weeks

ZERO WAITING – CANCER 62 DAY

Executive Lead: Mark Brassington

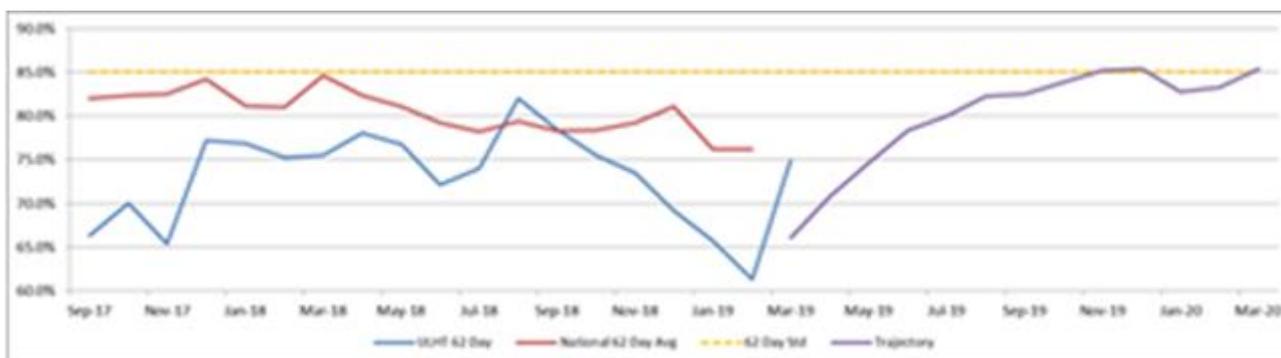
CQC Domain: Responsive

2021 Objective: Our Services

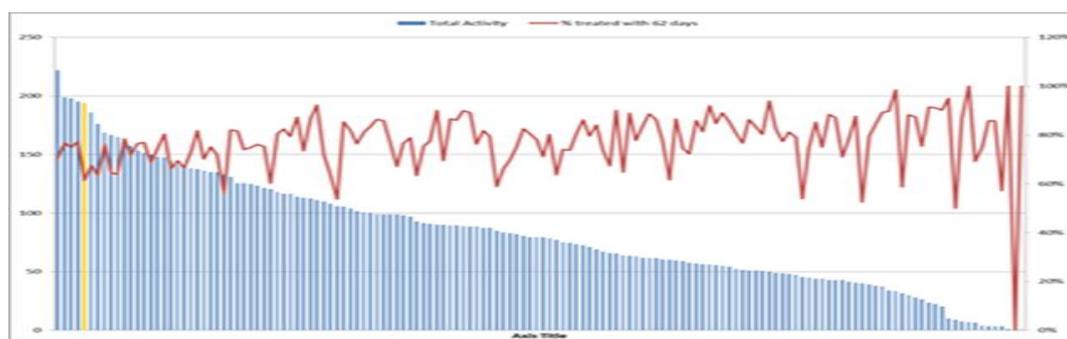


62 Day Classic and Backlog

Our 62 Day Classic performance has declined rapidly over the winter months with February performance at 61.3%. This deterioration has been reflected Nationally. Our poor performance was partly due to ongoing challenges in Pathology, Radiology and Oncology. These issues are now resolving with the exception of the difficulties within Pathology that are being managed at director level with support from NHSI. We are now showing good improvement with figures for March being back on track to meet the recently submitted performance trajectories for 2019/20.



Despite our poor performance in February our 62 Day activity level, 194 treated patients, saw us treat the 5th most cancer patients nationally in month.



Other background improvements include:

- The 62+ day backlog was brought down from a high of 116 pts to a record low of 46 pts (target of below 40) during Feb and March though this has again had a rapid deterioration, with a current figure averaging approx. 130 pts.

Position as at: 10:30am 29 April 2019

Cancer Site	Backlog Target	Diagnosed	Undiagnosed	Grand Total
Brain	0		3	3
Breast	1	2		2
Colorectal	16	4	48	52
Gynaecology	1	1	15	16
Haematology	0	1	2	3
Head and Neck	1	3	8	11
Lung	4	4	3	7
Sarcoma	0		2	2
Skin	1		2	2
Upper GI	4	2	8	10
Urology	12	12	28	40
Grand Total		29	119	148

Of these 148 open breach pathways 31 are awaiting letters to the patient so they can be removed from the pathway

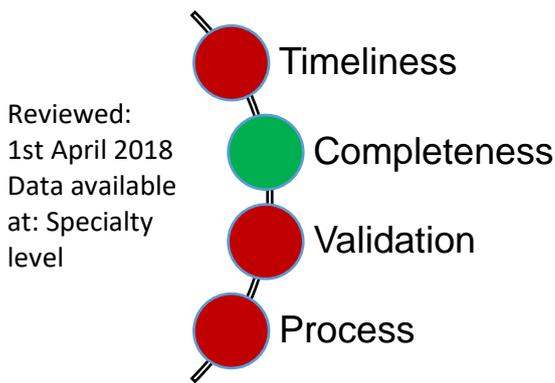
The above table shows a rapid decline in Colorectal which the Surgical Division have now provided assurance that this position will be recovered.

- Following implementation of the TOM the Divisions are now beginning to have better managerial cover
- Divisions are being closely managed not just on overall performance by Specialty, but also number of treatments and number of breaches against plan
- KPMG dashboard, in conjunction with the CCGs, is being developed at a quicker pace.
- There has been a positive shift in the 104+ day wait with a reduction from circa 30 pts to being maintained at or below 11 pts since early March
- The 62 day trajectory has been broken down by Tumour Site so each Division has clear visibility of what they need to deliver each month so that the Trust can now achieve the submitted trajectory and this is available to the Divisions on a weekly basis and monitored 2 weekly.

Actions in place to recover:

- Re-Launching 7 Day Horizon with Divisions as part of Cancer Recovery and Delivery
- Review of IST Capacity and Demand Modelling
- ABC & Cancer working together to provide reporting through SPC Charts for 14 Day demand, booked and un-booked
- Review of Escalation policy for capacity issues within ABC. E.g. Surgery DMD has agreed all 2ww to be booked within Target with slot conversion to be used and or overbooking.
- Dermatology continue to work with the CCG to implement Community Spot Clinics. There is a delay with contract agreement within the 4 CCG's and local GP Practises.
- KPMG Visualisation Tool expedited as this will further support the Delivery.

APPENDIX A – KITEMARK



Domain	Sufficient	Insufficient
Timeliness	<p>Where data is available daily for an indicator, up-to-date data can be produced, reviewed and reported upon the next day.</p> <p>Where data is only available monthly, up-to-date data can be produced, reviewed and reported upon within one month.</p> <p>Where the data is only available quarterly, up-to-date data can be produced, reviewed and reported upon within three months.</p>	<p>Where data is available daily for an indicator, there is a data lag of more than one day.</p> <p>Where data is only available monthly, there is a data lag of more than one month.</p> <p>Where data is only available quarterly, there is a data lag of more than one quarter.</p>
Completeness	<p>Fewer than 3% blank or invalid fields in expected data set.</p> <p>This standard applies unless a different standard is explicitly stated for a KPI within commissioner contracts or through national requirements.</p>	<p>More than 3% blank or invalid fields in expected data set</p>
Validation	<p>The Trust has agreed upon procedures in place for the validation of data for the KPI.</p> <p>A sufficient amount of the data, proportionate to the risk, has been validated to ensure data is:</p> <ul style="list-style-type: none"> - Accurate - In compliance with relevant rules and definitions for the KPI 	<p>Either:</p> <ul style="list-style-type: none"> - No validation has taken place; or - An insufficient amount of data has been validated as determined by the KPI owner, or - Validation has found that the KPI is not accurate or does not comply with relevant rules and definitions
Process	<p>There is a documented process to detail the following core information:</p> <ul style="list-style-type: none"> - The numerator and denominator of the indicator - The process for data capture - The process for validation and data cleansing - Performance monitoring 	<p>There is no documented process. The process is fragmented/inconsistent across the services</p>