

UNITED LINCOLNSHIRE HOSPITALS NHS TRUST

INTEGRATED PERFORMANCE REPORT

PERIOD TO 30 JUNE 2018

Excellence in rural healthcare

To:	Trust Board
From:	Karen Brown, Director of Finance, Procurement & Corporate Affairs
Date:	27 th July 2018
Healthcare standard	All healthcare standard domains

Title:	Integrated Performance Report for June 2018						
Author/Responsible Director: Karen Brown, Director of Finance							
Purpose of the report: To update the Board on the performance of the Trust for the period ended 30 th June 2018, provide analysis to support decisions, action or initiate change and set out proposed plans and trajectories for performance improvement.							
The report is provided to the Board for:							
Decision		√	Discussion				
Assurance		√	Information				
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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. This is an evolving report and the Board are invited to make suggestions as we continue to develop it							
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 (eg Financial, HR) None							
Assurance implications The report is a central element of the Performance Management Framework							
Patient and Public Involvement (PPI) implications None							
Equality impact None							
Information exempt from disclosure None							
Requirement for further review? None							

EXECUTIVE SUMMARY

Section	Page
Executive Summary	5
Trust Performance Overview	8
Clinical Directorate Overview	11
Trust Performance Report by Exception	
Quality	12
- Reduction of Harm Associated with Mortality	12
- Safety Thermometer (Harm Free Care)	17
- Falls	18
- Pressure Damage	19
- Medication Incidents	20
- Infection Prevention	21
- CAUTI	22
- Sepsis	23
Workforce	24
- Vacancy Rates	25
- Voluntary Turnover	26
- Core Learning	27
- Sickness Absence	28
- Appraisal Rates	29
- Agency Spend	30
Finance	31
- Financial Overview	31
- Income & Expenditure Summary	33
- Income & Expenditure Run Rate	34
- NHS Patient Care Income & Activity	35
- NHS Patient Care Income & Activity Run Rate Actuals	36
- NHS Patient Care Income & Activity Run Rate £	37
- Income Summary & Run Rate	38
- Pay Summary	39
- Pay Run Rate £	40
- Non Pay Summary & Run Rate	41
- Income & Expenditure Risks	42
- FEP Summary	43
- Statement of Comprehensive Income	44
- Statement of Financial Position	45
- Cash Report	46
- Capital Report	47
Operational Performance	48

- Referral to Treatment (18 weeks)	48
- Waiting list	49
- Cancelled Operations	50
- Diagnostic Waits (6 weeks)	50
- 4 Hour Standard	51
- Ambulance Handover	52
- Cancer Waiting Times 62 Day	53
- Cancer Waiting Breast 2ww	54
Appendix 1: Glossary	55

Excellence in rural healthcare

Executive Summary for period of 30th June 2018

- ☒ 4 hour waiting time target – performance of 74.83% in June 2018
- ☒ 4 of the 9 national cancer targets were achieved in May 2018
- ☒ 18wk RTT Incomplete performance in May 2018 was 85.32%
- ☑ 6wk Diagnostic Standard –June 2018 performance was 99.03%

Hotspots

Quality

Collaborative work with LCHS underway to address catheter management and management of recurrent UTIs. A project has identified the potential for patients who have had indwelling catheters inserted for low risk reasons to be discharged to the community for catheter removal, preventing CAUTI. A pilot of this initiative commenced in June 2018 for 8 weeks.

In May a fall on 6B at Pilgrim was recorded as resulting in death. The 72 hour and Post Mortem reports were reviewed at the SI meeting and a downgrade request has been sent the CCG and the incident re categorised as a collapse. A fall on ward 6 at Grantham resulted in severe harm (subdural haematoma). This has been reported on STEISS and a root cause analysis investigation is underway.

Finance

The Trust's overall year to date position is £1.5m adverse from plan. Efficiency savings delivery year to date is reported as £0.5m lower than planned and this will have contributed to the overall position against the planned deficit.

The Pay position reflects higher than planned use of temporary staffing with expenditure on bank and agency £0.9m and £0.7m higher than planned respectively. The impact of higher than planned pay expenditure to date is largely offset within overall operating expenses by lower than planned levels of elective and non-elective activity, and the release in June of £0.5m of prior year accruals.

Performance

The number of cancelled operations has remained high in May with 281 procedures being cancelled due to bed pressures. ENT continues to account for approx.24% of the 18 week backlog, this is having a detrimental impact on the overall Trust performance by 1.7%

Additional Breast Radiology locum capacity has been in place since May, however, the further scheduled support did not join the Trust as planned. It is hoped that another locum will be joining the Trust in mid-August. The Breast service is currently polling at 14 days for 2ww appointments, although there is a risk to sustaining this, the service are exploring the possibility of radiology cover being available on a Saturday to run additional clinics to cope with the demand.

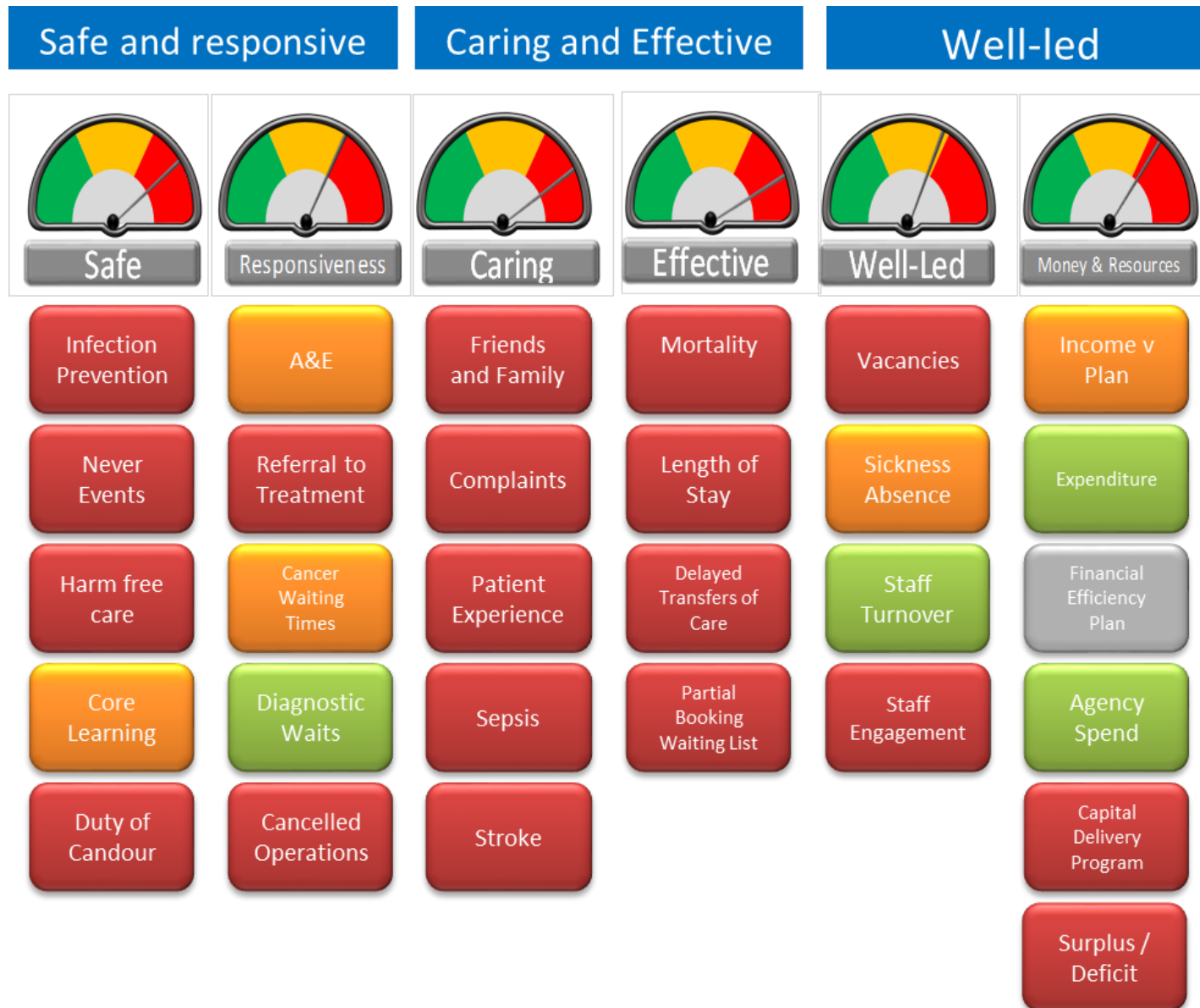
Workforce

A process of reviewing both the KPIs and targets for 2018/19 is underway, ensuring that they are explicitly linked to the agreed risks in the Board Assurance Framework. These changes will be reflected in the report over the coming months.

Vacancy rates for nursing and medical staff has increased once more last month. The 4% rise in nursing vacancy rates in the last year is of particular concern. The current Trust turnover rate (excl. junior doctors) of 9.46% ranks it the 12th lowest out of 35 Trusts whose turnover rate ranges from 7.06% to 15.02%. Voluntary turnover is within target and we need further analysis to be clear on the different messages these figures provide.

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

TRUST PERFORMANCE OVERVIEW – JUNE 2018



TRUST PERFORMANCE OVERVIEW – YEAR TO DATE



TRUST PERFORMANCE OVERVIEW – NATIONAL INDICATORS

Indicator	Measure	Standard	Current Data Month	Month Actual	YTD	Trend	Direction of Travel	Source
Infection Control	Clostrum Difficile (post 3 days)	5	June-2018	3	20		↓ G	Datix
	MRSA bacteraemia (post 3 days)	0	June-2018	1	1		↑ A	Datix
Never Events	Number of Never Events	0	June-2018	1	3		↓ R	Datix
No New Harms	New Harm Free Care %	98%	May-2018	98.50%	98.74%		↓ A	Quality
	Pressure Ulcers (PUNT) 3/4	0	May-2018	7	13		↑ R	Quality
Friends and Family Test	Inpatient (Response Rate)	26%	May-2018	15.00%	18.50%		↓ R	Envoy Messenger
	Inpatient (Recommend)	96%	May-2018	91.00%	91.00%		→ A	Envoy Messenger
	Emergency Care (Response Rate)	14%	May-2018	20.00%	21.00%		↓ A	Envoy Messenger
	Emergency Care (Recommend)	87%	May-2018	84.00%	83.00%		↑ A	Envoy Messenger
	Maternity (Reponse Rate)	23%	May-2018	21.00%	23.00%		↓ R	Envoy Messenger
	Maternity (Recommend)	97%	May-2018	100.00%	99.00%		↑ G	Envoy Messenger
	Outpatients (Reponse Rate)	14%	May-2018	5.00%	5.00%		→ A	Envoy Messenger
	Outpatients (Recommend)	94%	May-2018	93.00%	93.00%		→ G	Envoy Messenger
Inpatient Experience	Mixed Sex Accommodation	0	May-2018	0	0		→ G	Datix
Stroke	Patients with 90% of stay in Stroke Unit	80%	April-2018	82.14%	82.14%		↓ A	SSNAP
	Swallowing assessment < 4hrs	80%	April-2018	74.60%	74.60%		↑ A	SSNAP
	Scanned < 1 hrs	50%	April-2018	43.80%	43.80%		↓ R	SSNAP
	Scanned < 12 hrs	100%	April-2018	100.00%	100.00%		↑ G	SSNAP
	Admitted to Stroke < 4 hrs	90%	April-2018	57.80%	57.80%		↑ A	SSNAP
	Patient death in Stroke	17%	April-2018	16.10%	16.10%		↑ A	SSNAP
A&E	4hrs or less in A&E Dept	74%	June-2018	74.83%	73.28%		↑ G	Medway
	12+ Trolley waits	0	June-2018	0	0		→ G	Medway
	%Triage Achieved under 15 mins	98%	June-2018	68.27%	64.00%		↑ A	Medway
RTT	52 Week Waiters	0	May-2018	15	27		↑ R	Medway
	18 week incompletes	86.9%	May-2018	85.32%	83.51%		↑ A	Medway
Cancer	62 day classic	78%	May-2018	76.80%	77.40%		↓ A	Somerset
	2 week wait suspect	93%	May-2018	76.00%	76.80%		↓ R	Somerset
	2 week wait breast symptomatic	93%	May-2018	52.00%	28.40%		↑ A	Somerset
	31 day first treatment	96%	May-2018	98.70%	98.80%		↓ A	Somerset
	31 day subsequent drug treatments	98%	May-2018	100.00%	100.00%		→ G	Somerset
	31 day subsequent surgery treatments	94%	May-2018	99.10%	85.25%		↑ G	Somerset
	31 day subsequent radiotherapy treatments	94%	May-2018	89.30%	92.60%		↓ R	Somerset
62 day screening	90%	May-2018	88.60%	89.55%		↓ A	Somerset	
	62 day consultant upgrade	85%	May-2018	85.40%	84.95%		↑ G	Somerset
Diagnostic Waits	diagnostics achieved	99%	June-2018	99.03%	97.78%		↑ G	Medway
Cancelled Operations	Cancelled Operations on the day (non clinical)	0.80%	May-2018	2.48%	2.68%		↓ A	Medway
	Not treated within 28 days. (Breach)	5%	May-2018	12.58%	13.31%		↓ A	Medway
Mortality	SHMI	100.00	Q4 2017/18	114.96	113.59		↑ R	Dr Foster
	Hospital-level Mortality Indicator	100.00	Q4 2017/18	102.12	101.91		↑ A	Dr Foster
Surplus / Deficit	Surplus / Deficit	-6,311	June-2018	-6,162	-21,922		↑ G	FPIC Finance Report
Sepsis	Sepsis Bundle compliance in A&E	90%	May-2018	66.00%	69.00%		↓ R	Quality
	IVAB within 1 hour for sepsis in A&E	90%	May-2018	91.00%	95.50%		↓ A	Quality
	Sepsis screening compliance in inpatients	90%	May-2018	60.00%	54.00%		↑ A	Quality
	IVAB within 1 hour for sepsis in inpatients	90%	May-2018	83.00%	91.50%		↓ R	Quality

TRUST PERFORMANCE OVERVIEW – LOCAL INDICATORS

Indicator	Measure	Standard	Current Data Month	Month Actual	YTD	Trend		Source
Infection Control	MSSA	2	June-2018	0	1		G	Datix
	ECOLI	8	June-2018	6	13		A	Datix
No New Harms	Serious Incidents reported (unvalidated)	0	May-2018	13	35		A	Datix
	Harm Free Care %	95%	May-2018	93.80%	93.27%		G	Quality
	Catheter & New UTIs	1	May-2018	2	4		A	Quality
	Falls	3.90	May-2018	5.20	5.39		A	Datix
	Medication errors	0	May-2018	127	219		R	Datix
	Medication errors (mod, severe or death)	0	May-2018	18	26		R	Datix
	VTE Risk Assessment	95%	May-2018	96.59%	97.08%		A	Information Services
Core Learning	Overall percentage of completed mandatory training	95%	June-2018	92.17%	91.64%		G	ESR
Complaints	No of Complaints received	70	May-2018	65	121		A	Datix
	No of Pals	0	May-2018	385	786		A	Datix
eDD	eDD	95%	May-2018	88.73%	91.63%		R	EDD
Fracture Neck of Femur	#NOF 24	70%	June-2018	59.32%	62.44%		R	Quality
	#NOF 48 hrs	95%	June-2018	96.61%	94.96%		G	Quality
Dementia	Dementia Screening	90%	May-2018	90.93%	89.31%		G	Information Services
	Dementia risk assessment	90%	May-2018	100.00%	100.00%		G	Information Services
	Dementia referral for Specialist treatment	90%	May-2018	78.26%	80.04%		R	Information Services
Ambulance Handovers	EMAS Conveyances to ULHT		June-2018	4644	13997		A	EMAS
	EMAS Conveyances Delayed >59 mins	46.44	June-2018	322	1391		A	EMAS
Triage	% Triage Data Not Recorded	0%	June-2018	9.94%	13.74%		A	Medway
Cancer	104+ Day Waiters	0	June-2018	8	25		R	Somerset
Length of Stay	Average LoS - Elective (not including Daycase)	2.80	June-2018	2.77	2.89		G	Medway / Slam
	Average LoS - Non Elective	3.80	June-2018	4.80	4.70		R	Medway / Slam
Delayed Transfers of Care	Delayed Transfers of Care	3.5%	May-2018		2.61%		R	Bed managers
Partial Booking Waiting List	Partial Booking Waiting List	0	June-2018	7833	7693		A	Medway
Vacancies	Number of Vacancies	5%	May-2018	13.91%	13.24%		R	ESR
Sickness Absence	All days lost as a percentage of those available	4.5%	June-2018	4.73%	4.74%		G	ESR
Staff Turnover	Staff Turnover	8%	June-2018	5.99%	5.89%		A	ESR
Staff Engagement	Staff Appraisals	95%	June-2018	72.00%	77.00%		R	ESR
Income	Income	37,223	June-2018	36,950	108,223		A	Board Report Master
Expenditure	Expenditure	-43,534	June-2018	-41,717	-125,965		G	Board Report Master
Efficiency Delivery	Efficiency Delivery	1,070	June-2018		0		A	FIMS report
Capital Delivery Program	Capital Delivery Program	-3,450	June-2018	-650	-1,731		G	FPIC Finance Report
Agency Spend	Agency Spend	-2,178	June-2018	-2,761	-7,778		A	Agency Staff Analysis

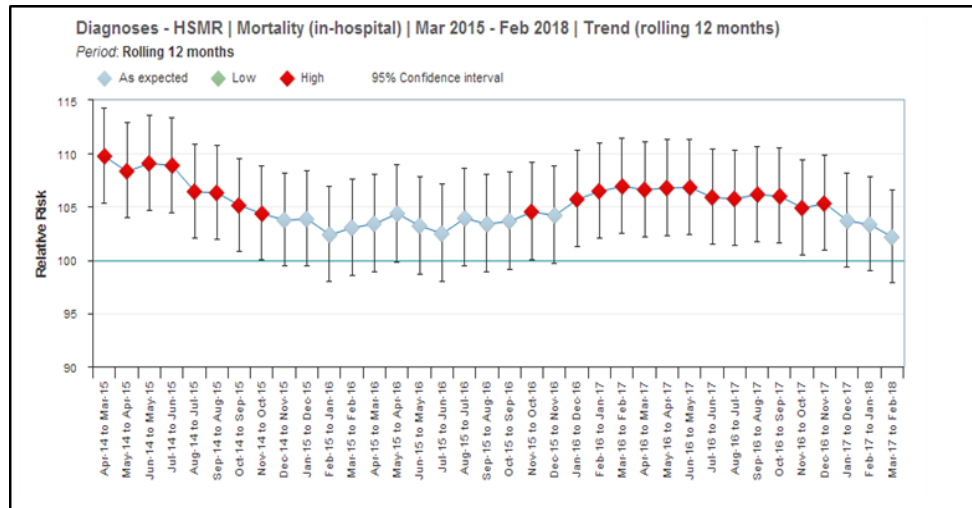
CLINICAL DIRECTORATES DASHBOARD

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

QUALITY

Reduction of Harm Associated with Mortality

R



Trust/Site	ULHT HSMR Mar 17-Feb 18 12 month	ULHT HSMR Apr 17-Feb 17 YTD	ULHT HSMR Feb-17	ULHT SHMI Oct 16-Sep 17	Trust Crude Mortality Internal source Jun 17-May 18
Trust	102.13	102.12	98.83	114.90	1.86%
LCH	118.36	117.88	111.07	117.26	1.85%
PHB	91.55	92.50	96.16	115.49	2.12%
GDH	65.11	62.12	35.04	98.44	0.94%

Lead: Neill Hepburn, Medical Director

Timescale: Q4 2017/18

HSMR Primary Diagnosis outside Dr Foster Confidence Intervals-Rolling Year –March 2017 to February 2018

Trust

Diagnosis group	Spells	Actual	Expected	Over Predicted	Crude rate (%)	HSMR	Mths Alert	Action Update
Biliary tract disease	1769	22	12.67	9.33	1.24	173.62	1	Sporadically alerting: External Review notes requested - awaiting confirmation of reviewer. Notes have been sourced.
Other perinatal conditions	791	19	4.86	14.14	2.42	391.27	4	Action underway- meetings held to understand the data. Actions to ensure the coding sheet was being completed and used. All perinatal deaths are reviewed and will be cross referenced with coding. Depth of coding has been sent to the Risk Midwife.
Other lower respiratory disease	439	24	14.49	9.51	5.47	165.65	1	First Month of alerting
Aortic peripheral and visceral artery aneurysms	115	27	13.80	13.20	23.68	195.62	2	In-depth review currently underway-awaiting completion date.

Excellence in rural healthcare

Lincoln County

Diagnosis group	Spells	Actual	Expected	Over Predicted	Crude rate (%)	HSMR	Mths Alert	Action Update
Septicemia (except in labour)	862	179	134.36	44.64	20.86	133.23	5	Sepsis task and finish group have implemented harm reviews and sepsis practitioner sends ward compliance monthly. Each ward has to complete a proforma for non-compliance. A thematic review has been compiled and learning will be shared. Quarterly reports are submitted to PSC. Review has been undertaken on the cause of deaths to review if the cause of death is accurate which the reviewer stated they were accurate.
Fluid and electrolyte disorders	224	18	9.38	8.62	8.07	191.98	3	3rd month of alerting-PSC to advise
Senility and organic mental disorders	102	18	9.40	8.60	17.65	191.54	3	In-depth review completed- Presenting at June 18 Patient Safety Committee

Pilgrim Hospital

Diagnosis group	Spells	Actual	Expected	Over Predicted	Crude rate (%)	HSMR	Mths Alert	Action Update
Respiratory failure insufficiency arrest (adult)	35	14	7.09	6.91	41.18	197.49	1	First month of alerting

Grantham District Hospital

Diagnosis group	Spells	Actual	Expected	Over Predicted	Crude rate (%)	HSMR	Mths Alert	Action Update
Abdominal pain	207	2	0.00	2.00	1.01	5280.80	1	First month of alerting

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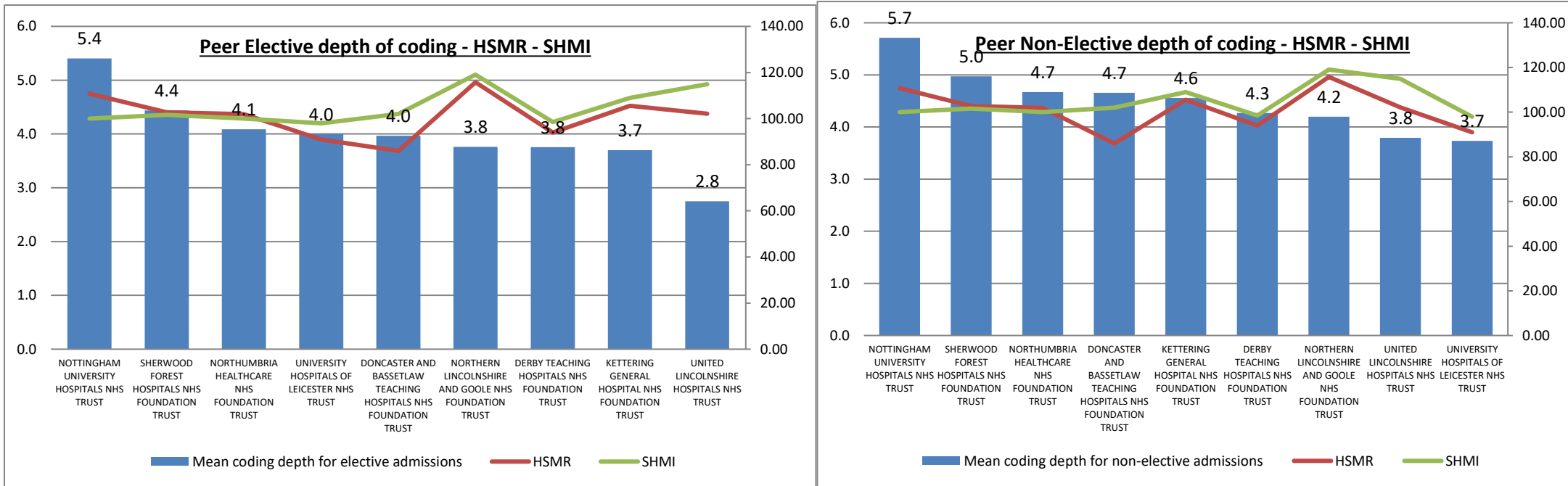
QUALITY

SHMI- Crude

The table below shows SHMI crude for ULHT is higher than the national average for in and out of hospital deaths. Pilgrim and Lincoln Hospital crude for in and out of hospitals are all above the national averages. Grantham is higher for all deaths but not for In-hospital deaths.

	ULHT			Non specialist acute providers		
	Cases	Deaths	Crude %	Cases	Deaths	Crude %
All deaths-Crude	81233	3706	4.56	8933241	292595	3.28
In-hospital deaths-Crude	81233	2487	3.06	8933241	207829	2.33
Post discharge deaths-Crude	81233	1219	1.5	8933241	84766	0.95

SHMI- Depth of Coding- Peer analysis



Excellence in rural healthcare

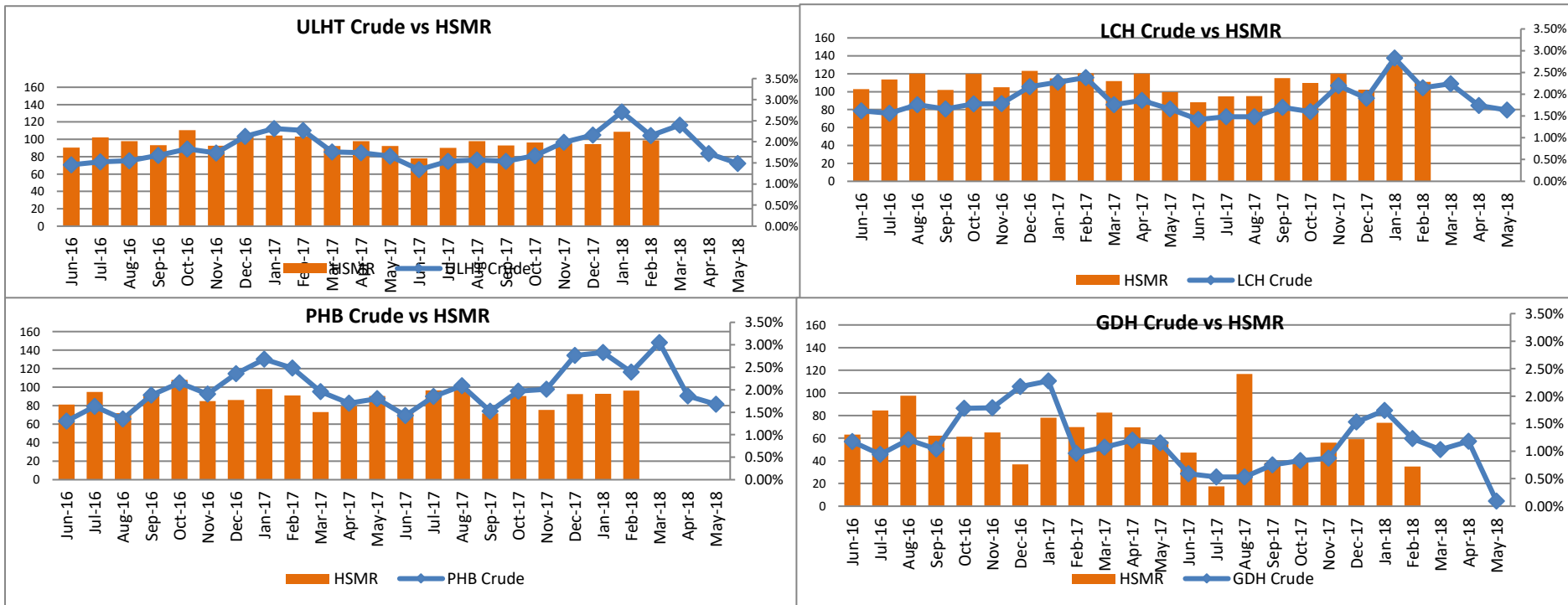
QUALITY

Crude mortality

Trust Site	Dr Foster Crude Avg- All diag Mar 17- Feb 18	ULHT Crude Average Mar 17- Feb 18	ULHT data Crude mortality Jun 17-May 18	ULHT data Crude Mortality May 18
Trust	1.79%	1.82%	1.86%	1.49%
LCH	1.80%	1.82%	1.85%	1.64%
PHB	1.90%	2.03%	2.12%	1.68%
GDH	1.10%	1.04%	0.94%	0.09%

Crude mortality overview

- ULHT's crude mortality has decreased in May 2018.
- In comparison with ULHT in house data and the published Dr Foster data (Mar 17- Feb 18), ULHT in house data is in line with Dr Foster.
- Pilgrim has consistently had a higher crude rate than other sites but a lower HSMR.
- Pilgrim's spike in March is not due to a substantial increase in spells, it is within specialties; general medicine (23) geriatric medicine (4) and urology (2), Based on wards 6A Elderly, 7B Respiratory, 5A Surgical and Bostonian.



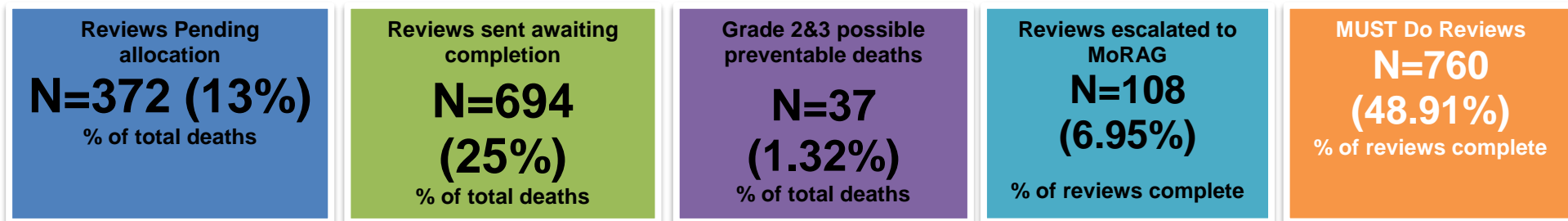
QUALITY

Rolling Year Mortality Review Compliance Apr 17-Mar 18

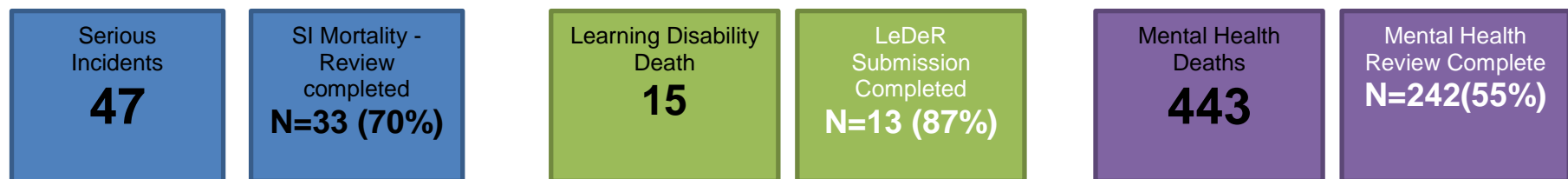
Apr 17-Mar 18	2804	1554	694	57%	184	7%	37	108
Month of death	Total No. of Deaths	Reviews Completed	With Consultant	% of reviews completed	Excluded	% Excluded	Deaths Grade 2&3	MoRAG Escalation
Apr-17	217	154	22	71%	35	16%	3	12
May-17	208	151	16	73%	28	13%	5	12
Jun-17	182	125	26	69%	24	13%	2	7
Jul-17	204	139	26	68%	25	12%	6	12
Aug-17	206	121	41	59%	35	17%	2	5
Sep-17	194	135	28	70%	21	11%	6	15
Oct-17	226	134	57	59%	6	3%	1	7
Nov-17	246	136	53	55%	3	1%	2	16
Dec-17	260	141	75	54%	3	1%	4	10
Jan-18	350	189	104	54%	4	1%	6	8
Feb-18	234	82	104	35%	0	0%	0	4
Mar-18	277	47	142	17%	0	0%	0	0

Excluded cases are those cases that are not within our "MUST DO'S" criteria, but where QG have been awaiting notes for review and not received within 3 months to ensure timely review.

NOTE: April 18 is not included within the reviews completed percentage as all reviews sent to consultants the deadlines have not yet passed.



Learning from Deaths Reporting- Rolling Year April 2017-Mar 2018



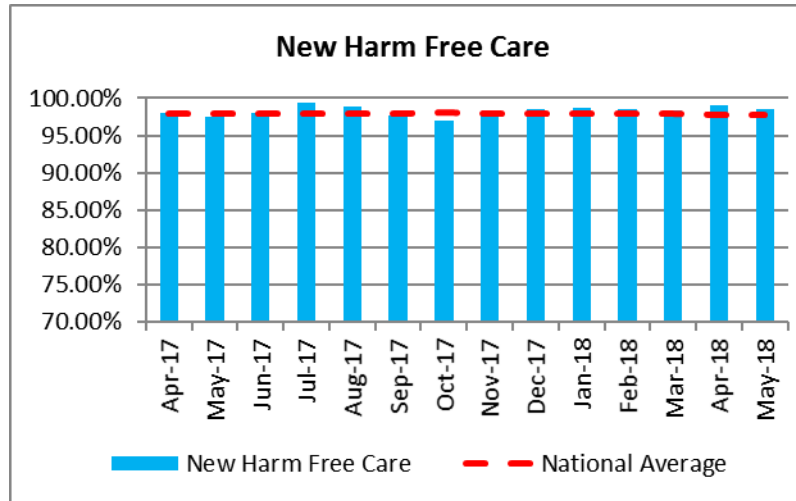
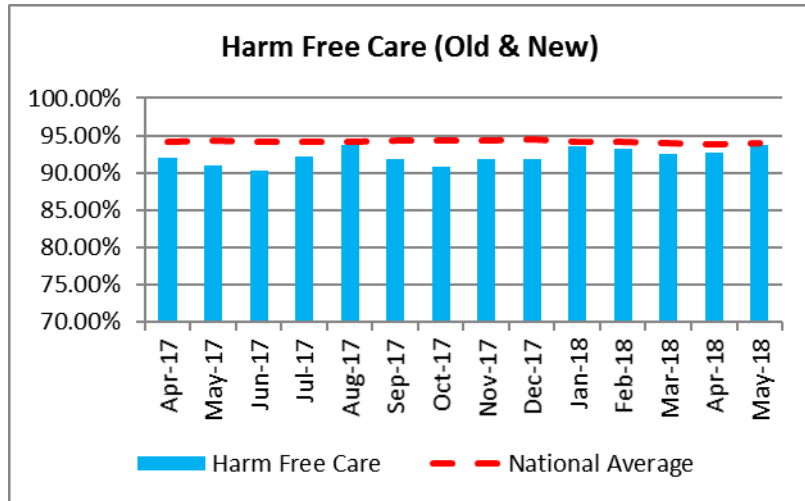
NOTE: LeDeR submissions are only from October 2017
Mental Health numbers have changed due to the agreement to not include Dementia in line with Peer reporting

Excellence in rural healthcare

QUALITY

Harm Free Care (Safety Thermometer)

A



SUMMARY for May 2018

	ULHT
Harm Free Care	93.8%
New Harm Free Care	98.5%
Pressure Ulcers - New	8
Falls with Harm	3
Catheter & New UTI	2
New VTEs	0
Patients	854

Lead: Michelle Rhodes, Director of Nursing

Timescale: May 2018

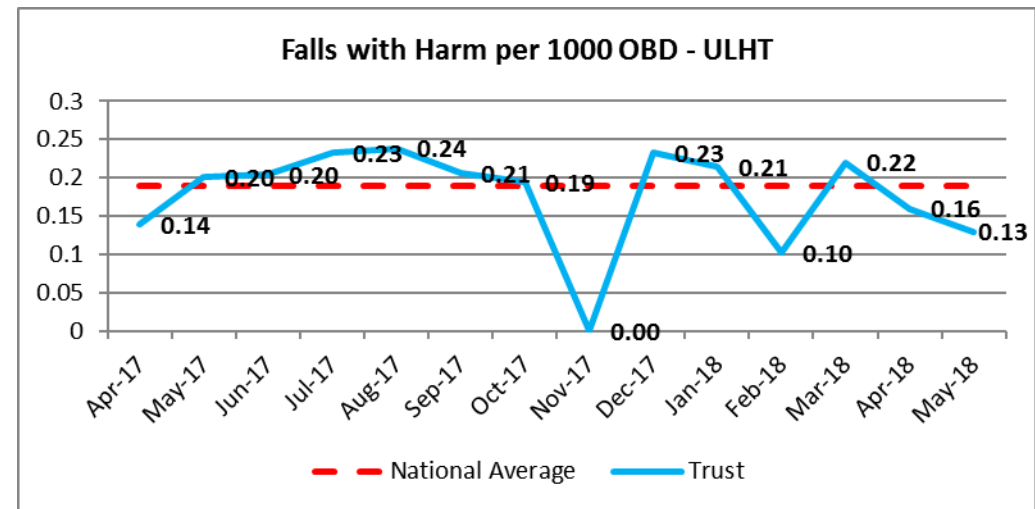
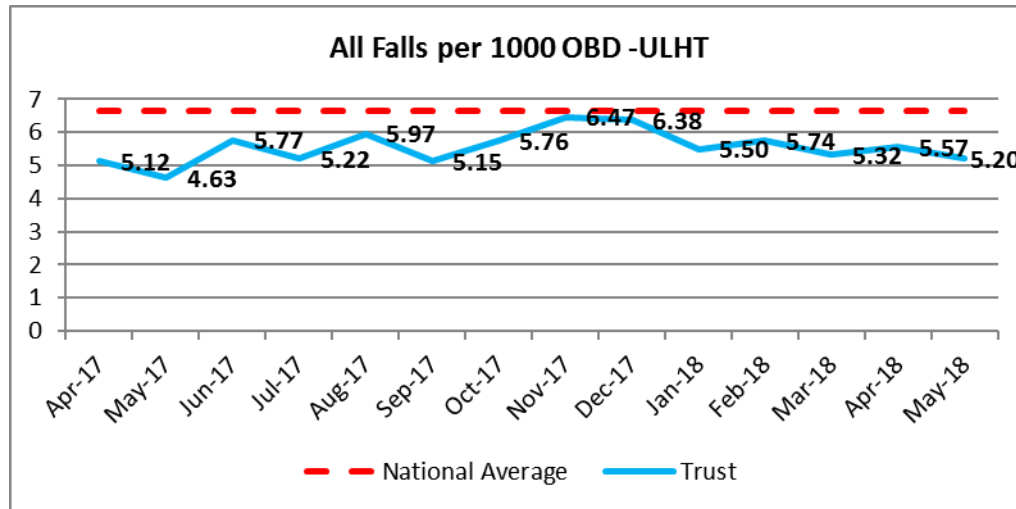
Key Issues:

- The Trust achieved 93.8% for Harm Free care which is lower than the national average of 94%
- The Trust achieved 98.5% for New Harm Free Care which is higher than the national average of 97.8%
- The Trust achieved 0.9% for New Pressure Ulcers which is in line with the national compliance
- The Trust achieved 0.4% for falls with harm which is lower than the national average of 0.5%
- The Trust achieved 1.3% for CAUTI which is worse than the national average of 0.7%
- The Trust achieved 0.1% for new VTE which is better than the national average of 0.5%
- A monthly report is disseminated to all wards and managers detailing the harms for each ward and individual ward compliance with harm free care.
- The in-depth analysis for falls, pressure ulcers and CAUTI are detailed within the relevant section in the report.

QUALITY

Falls

G



Lead: Michelle Rhodes, Director of Nursing

Timescale: May 2018

Key Issues:

- In May a fall on 6B at Pilgrim was recorded as resulting in death. The 72 hour and Post Mortem reports were reviewed at the SI meeting and a downgrade request has been sent the CCG and the incident re categorised as a collapse.
- A fall on ward 6 at Grantham resulted in severe harm (subdural haematoma). This has been reported on STEISS and a root cause analysis investigation is underway.
- The fall reported in April as having resulted in death has been reviewed at scrutiny panel and a downgrade request made to the CCG as the findings indicate that the patient collapsed and did not fall.

Key Actions:

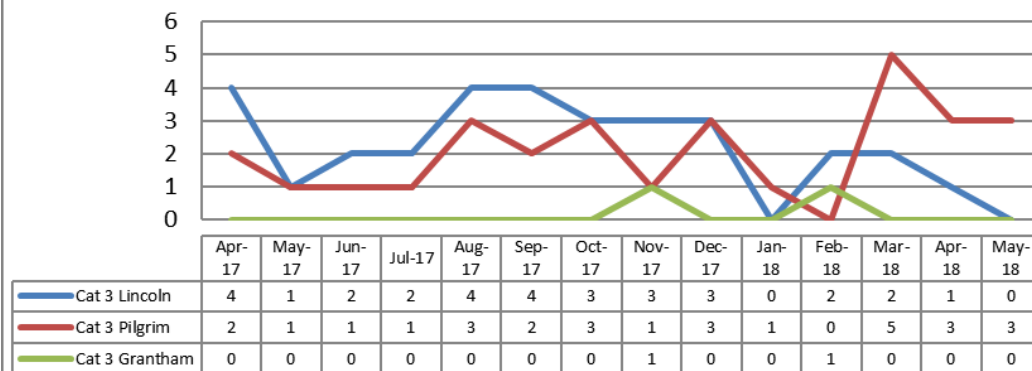
- Improvements are now starting to be seen in the quality of investigations since the scrutiny panel process was strengthened from April 2018 to improve accountability and assurance processes, and timely learning from incidents.
- Work is ongoing to progress the falls improvement plan approved by Quality Governance Committee in May 2018. Priority is being given to conducting a thematic analysis of all falls serious incidents during 2017/18 that went to scrutiny panel to inform priorities.

QUALITY

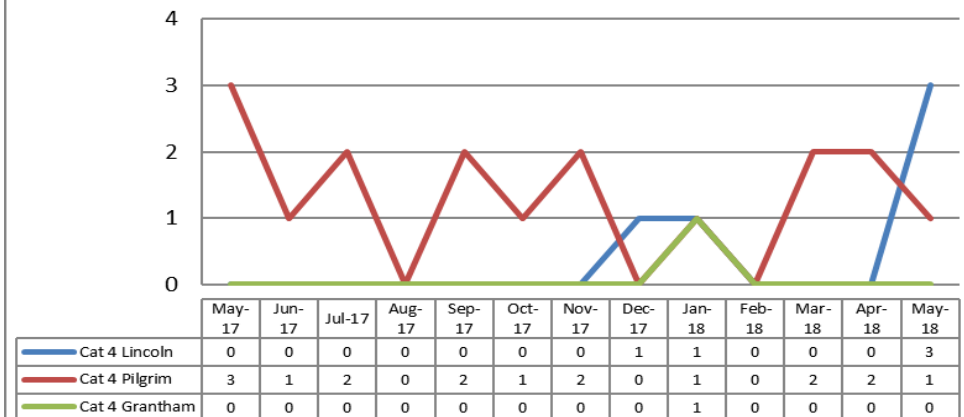
Pressure Damage

R

Hospital Acquired Cat 3 Pressure Ulcers



Hospital Acquired Cat 4 Pressure Ulcers



Lead: Michelle Rhodes, Director of Nursing

Timescale: May 2018

Key Issues:

- Performance at Pilgrim has remained unchanged with 3 category 3 pressure ulcers in May on 5B, AMU and 6A. Incidents from 5B and AMU have been presented at Scrutiny panel and deemed to be avoidable. The scrutiny panel for 6A is pending.
- There was a deterioration in performance at Lincoln, reporting 3 category 4 pressure ulcers with 1 on Johnson ward and 2 on Clayton ward. Of the 2 incidents on Clayton, 1 has been deemed avoidable at scrutiny panel. The remaining incidents are awaiting scrutiny panel review.
- Pilgrim has shown improvement with one category 4 pressure ulcer reported on 6A which is also awaiting scrutiny panel review.

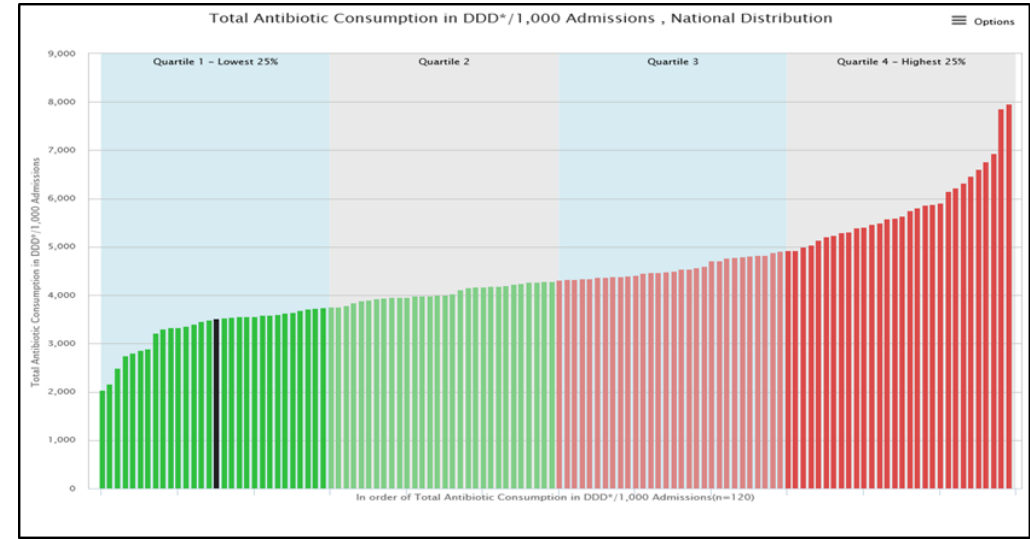
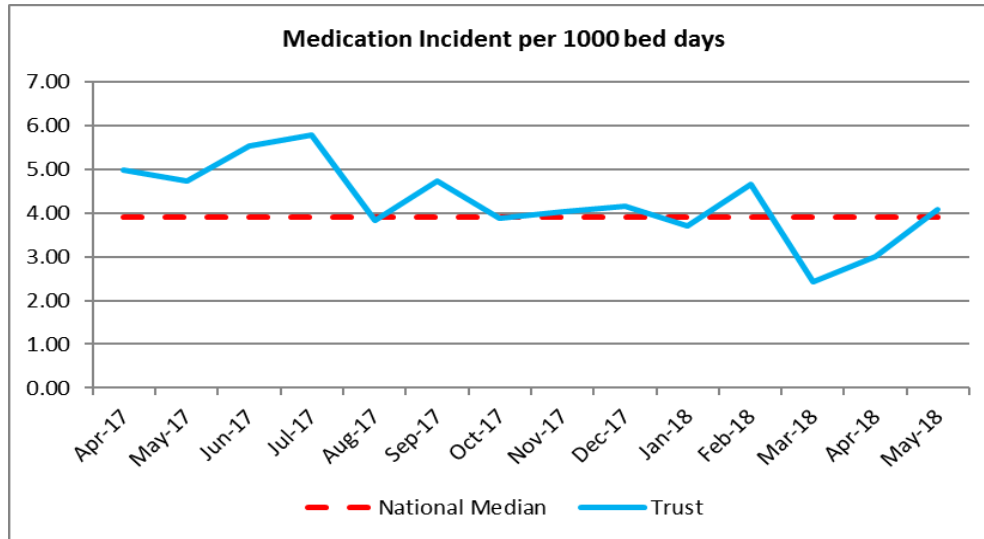
Key Actions:

- The continued development of hospital acquired pressure damage is unacceptable and reducing harm remains a high priority. Clayton ward has emerged as an area for concern and is subject to targeted support from the Tissue Viability team. The ward manager has developed a local improvement plan.
- The Tissue Viability team are focusing on delivery of the improvement plan and on increasing the support they provide to clinical teams providing targeted education.
- The strengthened scrutiny panel process continues to improve accountability and assurance processes and timely learning from incidents.

QUALITY

Medication Incidents

R



Lead: Michelle Rhodes, Director of Nursing

Timescale: May 2018

Key Issues:

- Our compliance is benchmarked against the national average of medication incidents reported to the NRLS per 1000 bed days as presented by Model Hospital. The national average is currently set at 3.9. For May 2018, ULHT reporting level was 4.08 medication incidents per 1000 bed days.
- Organisations that do not have an open and honest reporting culture, and where staff do not report incidents are likely to report fewer medication incidents given their overall activity than an organisation with a more mature reporting and learning culture.

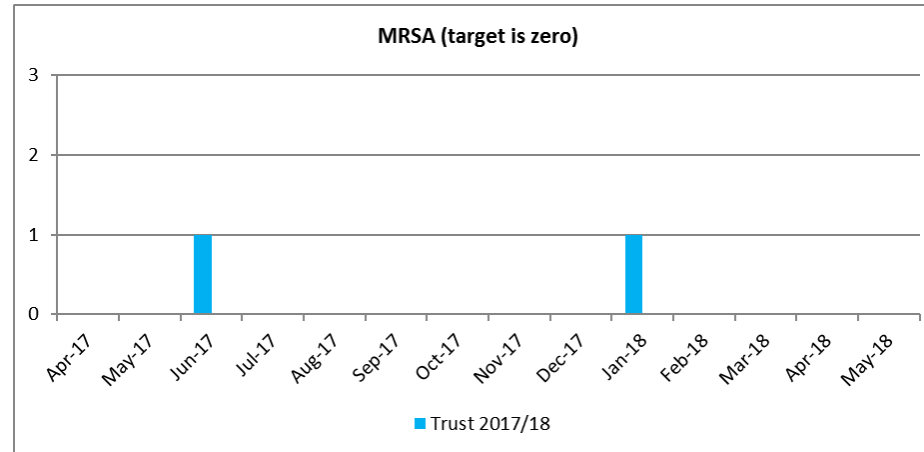
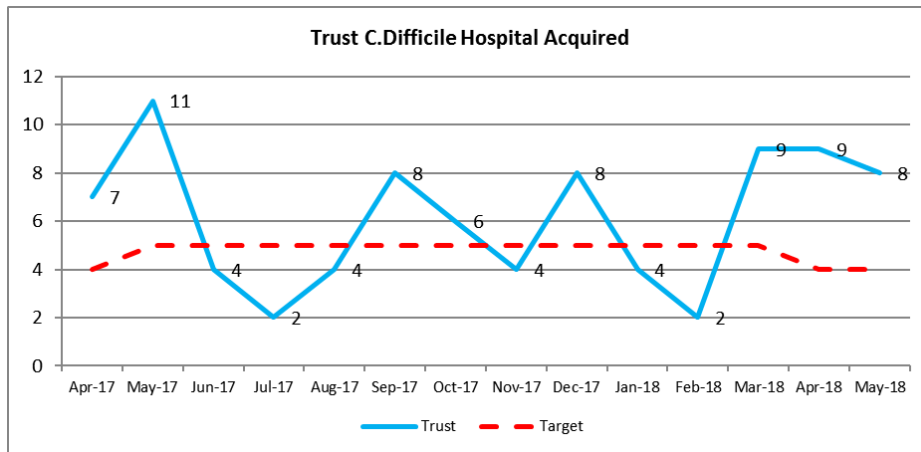
Key Actions:

- Pharmacy continue to implements recommendations from NHSI through QSIP.
- Controlled drugs audits show a slight improvement by actions targeted at specific area on each site to improve compliance.
- There were zero reported medication-related severe incidents or deaths in May 2018, which is reassuring and shows improvement.
- There is a need to increase reporting of near misses and non-serious incidents to promote learning across disciplines.

QUALITY

Infection Prevention

G



Lead: Michelle Rhodes, Director of Nursing

Timescale: May 2018

Key Issues:

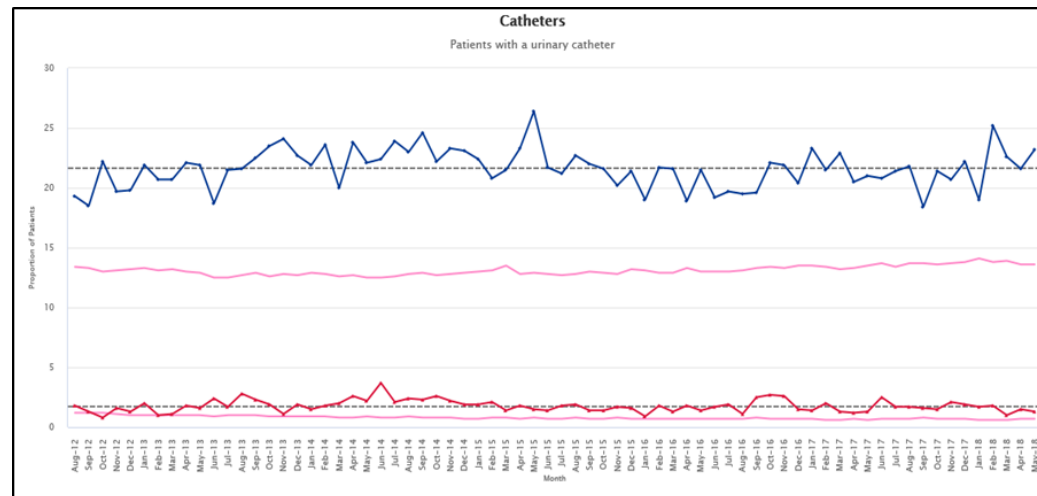
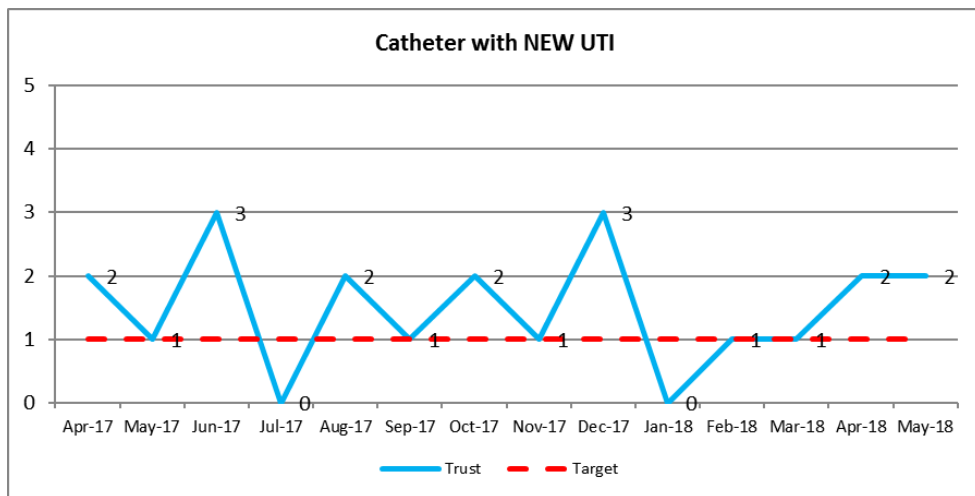
- There were 8 cases of C.Diff in May against a trajectory of 4 cases.
- Following an analysis of the investigations, the findings showed that cross-contamination was unlikely to be a key factor as there appeared to be no similar ribotypes on one particular area. A common theme that did emerge related to antibiotic prescribing and as a result work is progressing in adjusting the prescribing formulary and education of prescribers

Key Actions:

- In 2018/19 new guidance takes effect in that only outlier acute trusts and CCGs will need to complete the national PIR process. Both ULHT and the Lincolnshire CCGs are NOT considered outliers and will therefore no longer be required to manage MRSA blood stream infections using PIR
- Robust work is taking place around the management of C.diff cases especially regarding the prescribing of high risk antibiotics as we recognised the rate of cases is above trajectory and although it is the start of the financial year, the trust is in a recovery position. Programs are progressing with a review of the prescribing formulary and an education pack for prescribers.
- The Lead Nurse post will go through the recruitment process in the near future to ensure stable leadership is in place prior to winter pressures. The IP&C team is also going through training and development to strengthen their ability to support the Trusts directorates. The IP&C Nurses are progressing through the comprehensive IP&C competency framework while the Nurse Specialists are undertaking leadership programs. The infection prevention and control team have changed their approach to better support clinical colleagues and improve patient safety, including: all clinical areas to have a specific IPC link, themed audits, focused incremental improvements.

QUALITY

Catheter Associated Urinary Tract Infection (CAUTI) R



Lead: Michelle Rhodes, Director of Nursing

Timescale: May 2018

Key Issues:

- ULHT had 2 CAUTI on the safety thermometer data for May 2018 which is above trajectory.
- In May 2018 the Trust catheterisation rate was 23.2 % during the point prevalence safety thermometer audit which is higher than the national average for May 2018 of 13.6%.
- In May 2018 the Trust catheter with UTI (CAUTI) was 1.3% which is higher than the national average for May of 0.7%.

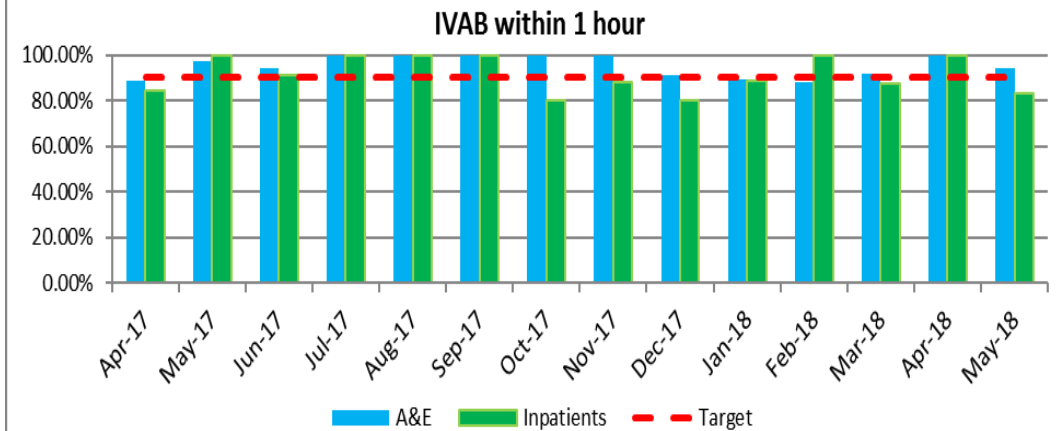
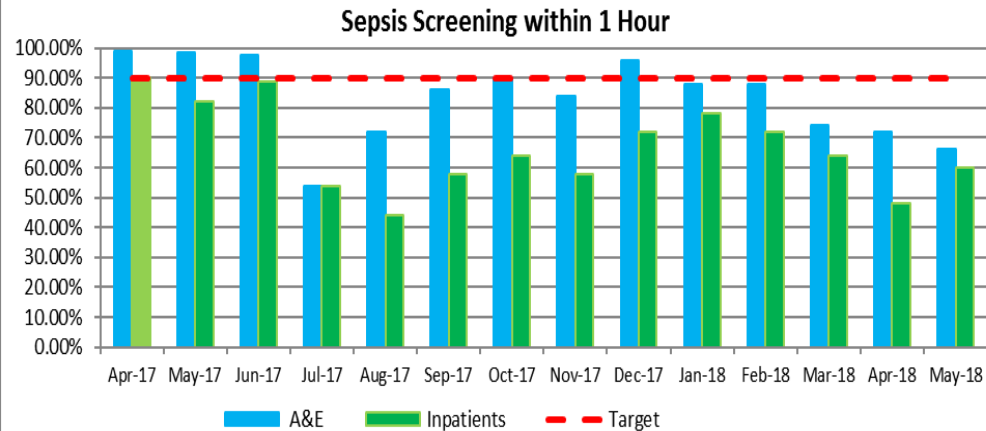
Key Actions:

- Compliance audit of current catheter bundle undertaken in May prior to launch of revised HOUDINI catheter care bundle which will encourage both timely and nurse initiated removal of catheters. Pilot of the HOUDINI catheter care bundle in ACU Grantham commenced May 2018 for 4 weeks. Analysis of data is in progress will be reviewed at the next CAUTI meeting.
- Collaborative work with LCHS underway to address catheter management and management of recurrent UTIs. Project identified the potential for patients who have had indwelling catheters inserted for low risk reasons to be discharged to the community for catheter removal, preventing CAUTI. Pilot of this initiative commenced in June 2018 for 8 weeks.

QUALITY

Sepsis

G



Lead: Michelle Rhodes, Director of Nursing

Timescale: May 2018

Key Issues:

- Sepsis screening within 1 hour has slightly declined this month for A&E but has improved for inpatients. E-Mail alerts to sepsis practitioners alerting when a patient NEWS ≥ 5 enabling sepsis practitioners to assist and support. Change in the Adult screening criteria which has resulted in sepsis screens not being followed correctly.
- MEWS and PEWS is now incorporated into the data
- The percentage of IV antibiotics given within 1 hour has declined in both A&E and inpatient areas this month. A&E are achieving more than 90% which is above the CQUIN target, inpatient areas have declined to 83%.

Key Actions:

- Alerts of patients scoring sent to sepsis practitioners iPhones who will attend department and ensure screen is completed timely and treatment delivered if necessary
- 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, Lincoln A&E are now included.
- Monthly review templates for non-compliance – updated to ensure prompt return. A Trust thematic analysis is produced identifying key issues.
- Increased attendance from nursing colleagues at sepsis task and finish group meeting.

WORKFORCE

Due to a shorter timescale for producing the report this month not all information has been available. This has meant that May sickness figures have not been updated and May establishment figures have had to be used when comparing to June contracted in-post figures to obtain vacancy rates.

We are in the process of reviewing both the KPIs and targets for 2018/19, ensuring that they are explicitly linked to the agreed risks in the Board Assurance Framework. These changes will be reflected in the report over the coming months.

The sickness rate for the month of May was 4.14%, which is a slight increase of 0.08% from the previous month. However April and May '18 have seen the lowest monthly sickness rates since ESR implementation in 2007.

The core learning rate increased again this month to 92.33% which is the highest rate it has been. However, the appraisal rate is very poor and we will be doing further analysis to understand why it has dipped so low.

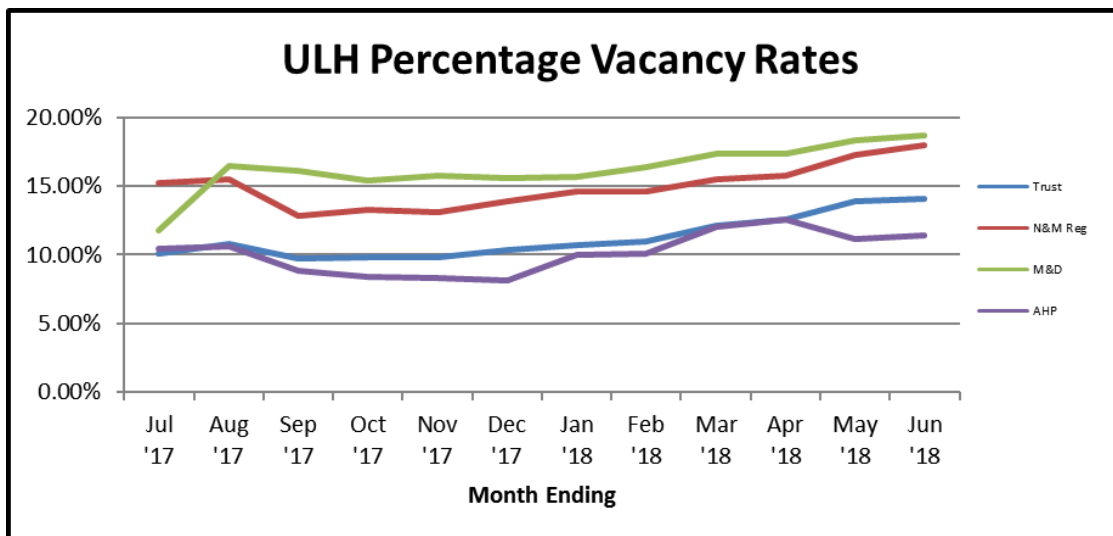
Vacancy rates for nursing and medical staff has increased once more last month. The 4% rise in nursing vacancy rates in the last year is of particular concern. The current Trust turnover rate (excl. junior doctors) of 9.46% ranks it 12th lowest out of 35 Trusts whose turnover rate ranges from 7.06% to 15.02%. Voluntary turnover is within target and we need further analysis to be clear on the different messages these figures provide.

Nonetheless, we need to significantly improve our recruitment position and we are looking at different approaches that might enable us to do that, alongside reviewing our overall workforce model to develop one which is lower cost and easier to recruit to.

WORKFORCE

VACANCY RATES

R



Lead: Martin Rayson, Director of HR &OD

Timescale: June 2018

Key issues:

Vacancy rates this month should be treated with caution as May establishments had to be used when comparing data to June inpost figures. At the time of producing this report June establishment figures were unavailable so previous months data had to be used.

- Medical & Dental, Registered Nursing and Allied Health Professional vacancy rates all increased compared to the previous month. All three staff groups are again above target. The overall Trust vacancy rate for June is 14.05%, which is an increase when compared to 11.05% in June 2017.
- The main reason for the rise in vacancies again appears to be due to an overall increase in May '18 of 105.03 Ftes in funded establishments.
- The graph below show vacancy rates by staff group.

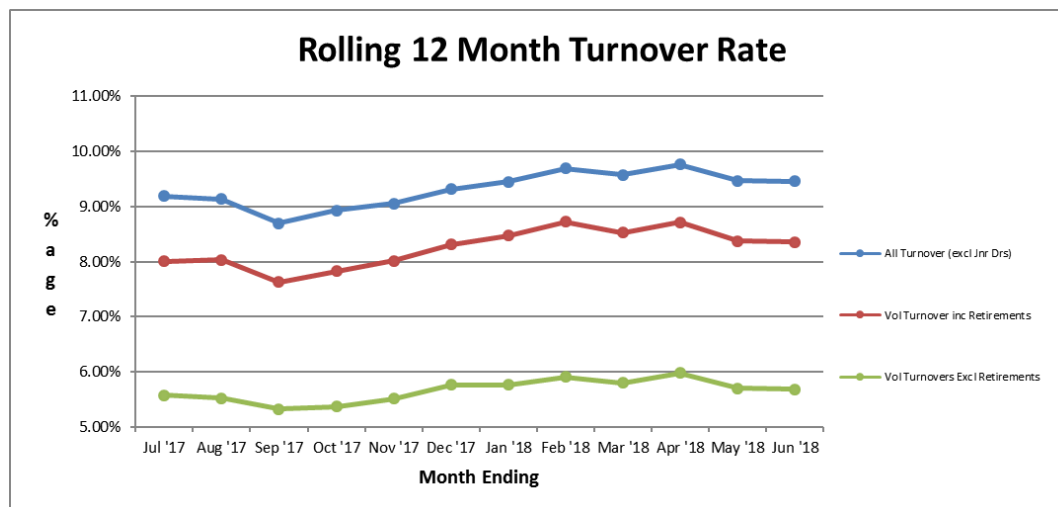
Key Actions:

- TRAC system now in place – delays in sending offer letters now minimised
- Improvements to recruitment website and documentation underway, as part of work on new employment brand
- New recruitment materials produced
- New Deputy Director undertaking full review of our approach to recruitment
- Seeking to exploit connections with the military in the County

WORKFORCE

VOLUNTARY TURNOVER

G



Lead: Martin Rayson, Director of HR &OD

Timescale: June 2018

Key Issues:

- The Trust remains within its target for voluntary staff turnover. However we recognise that rates have steadily risen since September 2017.
- Based on the latest (April 2018) benchmarking data available from NHS Digital for other Large Acute Hospitals (x 35 Trusts) the current Trust turnover rate (excl. junior doctors) of 9.46% ranks it 12th lowest out of the 35 Trusts which have a turnover rate ranging from 7.06% to 15.02%.

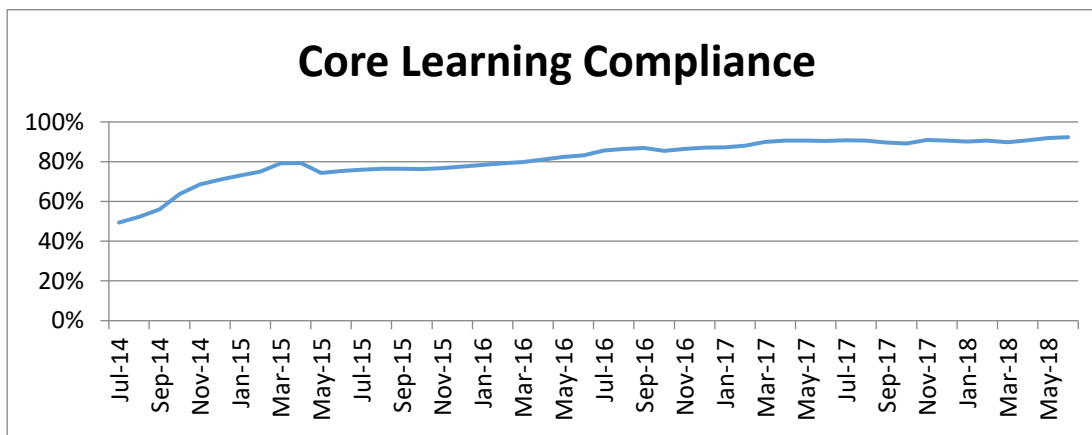
Key Actions:

- Work beginning on extending the development offer
- New “Ben” branding for benefits agreed and materials produced – launching shortly
- Survey of nursing staff who have stayed and left the Trust;
- NHSI 90 day retention plan submitted
- Exit interview process now in place
- Intention to introduce an “itchy feet” interview process, whereby we can intervene where people are thinking about leaving;
- Focus on junior doctor experience (partly in response to the findings of the Guardians of Safe Working Practice and the GMC survey) – project with project manager underway involving key stakeholders. Identify staff who leave within 3 and 6 months and contact them to understand their reasons for leaving

WORKFORCE

CORE LEARNING

A



Staff Group	Jun-18	May-18	Variance
Add Prof Scientific and Technic	88.79%	85.98%	2.80%
Medical and Dental	85.47%	82.89%	2.58%
Administrative and Clerical	93.56%	92.06%	1.50%
Additional Clinical Services	90.63%	90.18%	0.46%
Estates and Ancillary	88.29%	88.17%	0.12%
Students	100.00%	100.00%	0.00%
Nursing and Midwifery Registered	91.44%	91.48%	-0.04%
Allied Health Professionals	92.76%	93.01%	-0.24%
Healthcare Scientists	91.82%	96.36%	-4.55%

Lead: Martin Rayson, Director of HR &OD

Timescale: June 2018

Key issues:

- The core learning rate this month is 92.33% (an increase of 0.41%). This is again the highest it has ever been. For 2018/19 we plan to set specific targets for different modules and change the measure to report on the number of staff who are 100% compliant with core learning.
- This month the focus is on Fire which is currently 90.95%. Although a slight increase on last month's 90.33% progress is slow and behind target. The topic is currently undertaken alternating yearly between classroom and e-learning. It is also delivered to all new starters as part of their induction.

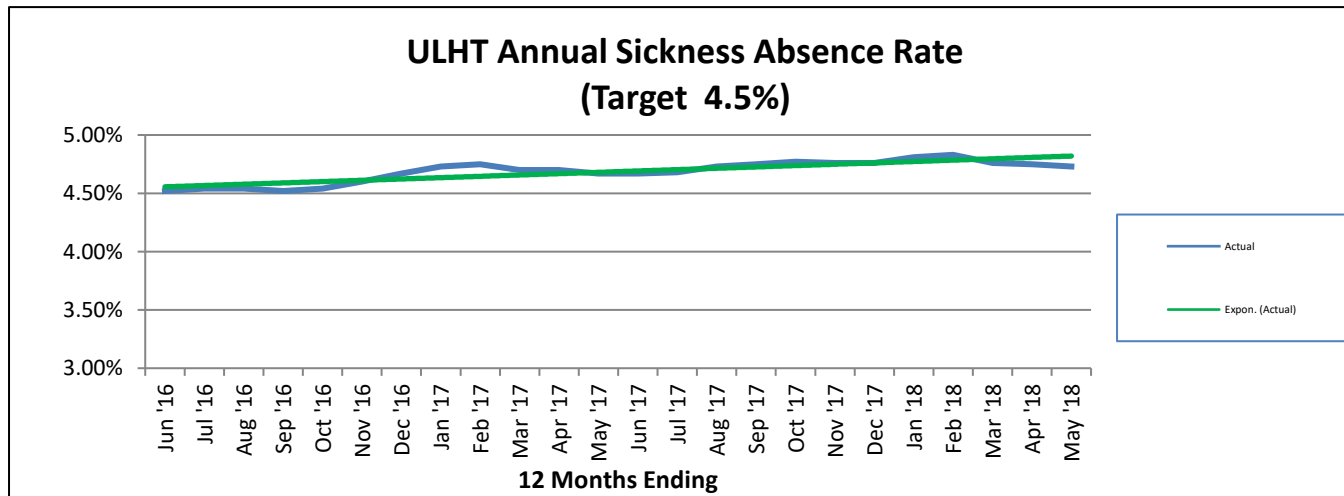
Key Actions:

- 'Hotspots' are any areas in the red i.e. with less than 70% compliance. Work continues by the Core Learning Lead to reduce these areas.
- The Fire Safety Advisor has advised that a questionnaire in the form of an e-learning package has been designed to increase awareness of the requirement for fire safety and drill training. The planned launch is August 2018. This will be mandatory for all staff.
- We have, through monthly performance meetings, asked Directorates to report back on how they will improve compliance in core learning in the next month.
- The Fire Safety Advisor has advised that the Fire Safety training is under review and a new programme is currently being devised that will be tailored to target different groups of staff. This may reduce the frequency of classroom attendance for some staff groups and increase it in areas that require more specialist training.

WORKFORCE

SICKNESS ABSENCE

A



Lead: Martin Rayson, Director of HR &OD

Timescale: May 2018

Key issues:

- An update to the sickness rates and chart below are unavailable this month because at the time of producing this report the June monthly interface from Healthroster had not been run.
- The May Trust annual rolling 12 month sickness rate is 4.73%, above our target of 4.50%. Sickness has increased slightly from 4.67% as at June 2017. The in-month rates for April and May '18 were the lowest monthly rates since ESR was implemented in 2007. The latest benchmarking data as at March 2018, from NHS Digital shows that the average sickness rate across all 35 Large Acute Trusts (including ULHT) is 4.32%.

Key Actions:

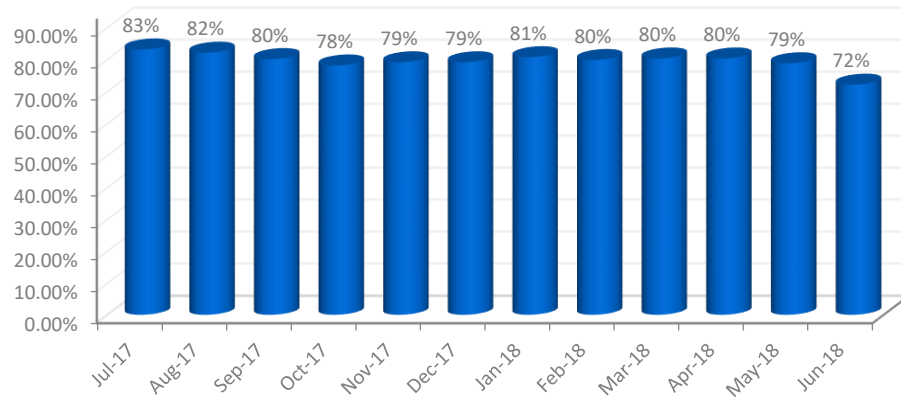
- ER Advisors completing introductory meetings with managers within new work areas to maintain continuing full support with absence management.
- HR Hub maintaining support and arrangement of hearing panels.
- Regular Return to Work reports to be provided by the Workforce Information Team and disseminated accordingly.
- ER Managers to plan regular 1:1 meetings with ER Advisors
- ER Team to identify and plan absence management training sessions following a review audit within new work areas.
- HR Operation Teams to review staffing structure within HR Hub to incorporate apprenticeship opportunities.
- Following the completion of the HR Restructure, a full review of all ER processes to be undertaken to provide a consistent approach across all areas.
- Total of 9 hearings (1x capability, 2 x grievance, 6 x conduct) planned for coming 4 weeks.

WORKFORCE

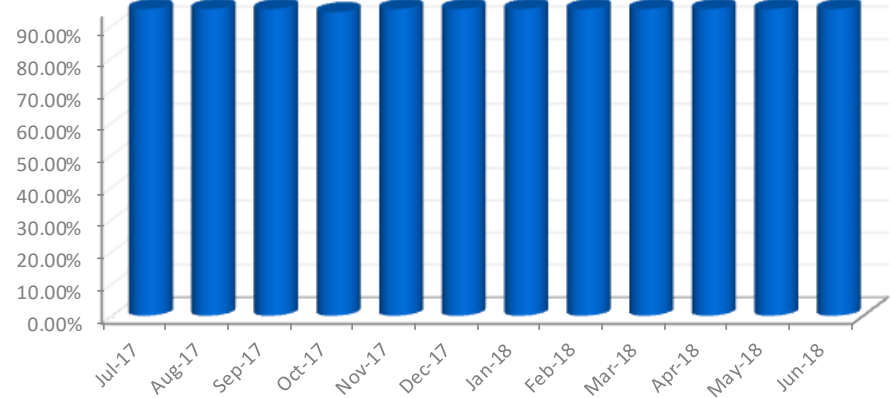
APPRAISAL RATES

R

Appraisals excluding Medical Staff



Medical Appraisals



Lead: Martin Rayson, Director of HR &OD

Timescale: June

Key issues:

- The graph shows that the Agenda for Change Staff/Non-Medical Appraisal compliance rate for June is 72.20%. This is a significant decrease of 6.49% from the previous month and 9.77% lower than June 2017. Further analysis as to reasons for the decrease will take place and be reported on next month
- This is completely unacceptable for this month and we need to do further analysis to understand what and where are the issues. It could be a temporary blip caused by the implementation of a new individual performance management system.

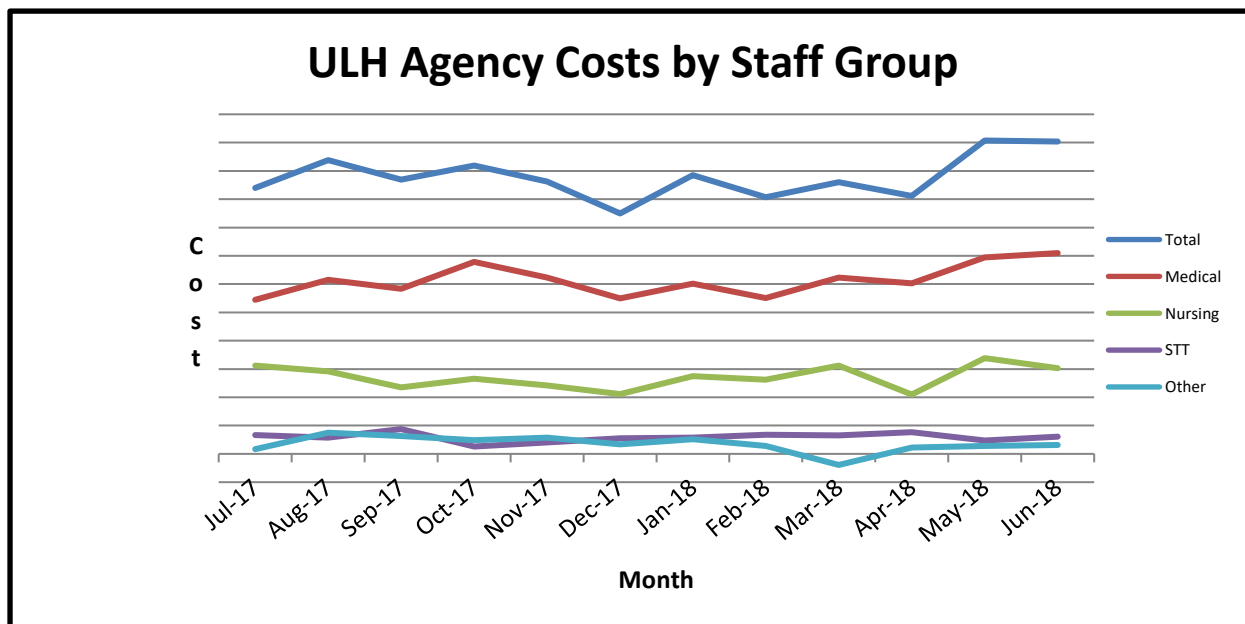
Key Actions:

- New Individual Performance Management process launched which includes bi-monthly check-ins
- Staff training taken place to support implementation
- Further training to support implementation of new Individual Performance Management process.

WORKFORCE

AGENCY SPEND

R



Lead: Martin Rayson, Director of HR &OD

Timescale: June 2018

Key issues:

- The table shows agency spend in the last 12 months. Spend continues to be above target although it has seen a slight decrease of £7,838 in June compared to the previous month. Spend has increased by £282,052 when compared to £2.479m in June 2017.
- We are in the process of developing an Agency Cost Reduction Plan against the FEP target of £22.9m in 2018/19 and a stretch target of £21m.

Key Actions:

- Medical bank via Holt implemented from 14th May
- Plan for 18/19 finalised, using East & North Herts as a best practice model
- Work on new Workforce Model for ULHT is underway
- Intention to increase % of temporary nursing staff spend filled by bank to 60%
- Focus on the “plan for every medical post, long term locums and recruitment intentions

FINANCE

Finance and Use of Resources Metric		R	
	Year to date	Forecast	
Capital service cover rating	4	4	
Liquidity rating	4	4	
I&E margin rating	4	4	
I&E margin: distance from plan	4	1	
Agency rating	2	2	
Overall Risk rating after overrides	4	4	

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

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

(Surplus)/Deficit		R			
		Plan	Actual	Variance	Forecast
In Month £k		(6,227)	(6,142)	(85)	-
Year to Date £k		(20,361)	(21,863)	1,502	(74,700)

The Trust's overall YTD position is £1.5m adverse from plan.

Efficiency savings delivery YTD is reported as £0.5m lower than planned and this will have contributed to the overall adverse movement to plan.

Whilst the overall movement to plan could be attributed to the adverse movement to plan in Income, the position is also impacted by higher than planned expenditure on Pay. The Pay position reflects higher than planned use of temporary staffing with expenditure on bank and agency £0.9m and £0.7m higher than planned respectively.

The impact of higher than planned pay expenditure to date is largely offset within overall operating expenses by lower than planned levels of elective and non elective activity, and the release in June of £0.5m of prior year accruals.

Cash		A		
		Plan	Actual	Variance
Year to Date £k		2,769	1,635	(1,134)
Year End Forecast £k		6,153	6,153	0

The cash balance at 30 June 2018 was £1.6m. This includes revenue cash loans drawn in Quarter 1 of £23.0m.

Total revenue and capital borrowings at 30 June were £224m and are forecast to rise to £306.2m by the end of 2018/19. As a consequence of this borrowing costs are anticipated to be £6.6m in I&E terms, and in cash terms £5.5m.

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

Income		R			
	Plan	Actual	Variance	Forecast	
In Month £k	37,291	36,949	(342)	-	
Year to Date £k	109,706	108,223	(1,483)	440,128	

Income YTD is £1.5m adverse to plan, despite the inclusion in-month of £0.8m additional income for 2017/18. The in-month position also includes an accrual for £0.8m of additional income following an assessment of work in progress.

The YTD position is adversely impacted by £0.4m underachievement of CQUIN and provision of £1.0m for fines, penalties and contract challenges - there is a risk that the on-going PLCV audit from 2017/18 will further deteriorate the position (c£1m).

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

Income is expected to improve as 2018/19 efficiency schemes are implemented.

Operating Expenditure		R			
	Plan	Actual	Variance	Forecast	
In Month £k	(42,097)	(41,714)	383	-	
Year to Date £k	(125,843)	(125,963)	(120)	(498,413)	

Operating Expenditure YTD is overall £0.1m adverse to plan.

Pay YTD is £0.8m adverse to plan. Whilst contracted WTE numbers fell in May to the lowest level since October 2016, they rose by 10 WTE in June. Although substantive pay YTD is £0.8m below plan reflecting vacancy numbers, pay expenditure overall remains above plan as a result of higher than planned expenditure on bank staffing and agency staffing of £0.9m and £0.7m respectively. Delays in delivery of planned workforce savings will have impacted the Pay position.

Whilst Non Pay YTD is £0.7m favourable to plan, the in-month position includes the release of £0.5m of prior year accruals (including the £0.3m provision in relation to COS heading IR14). The Non Pay position will also reflect the lower than planned levels of elective and non elective activity.

Capital		A		
	Plan	Actual	Variance	
Year to Date £k	2,796	1,730	1,066	
Year End Forecast £k	37,359	37,359	0	

The capital spend to date is £1.1m behind plan. This is inclusive of variances in IT - Digital Dictation £0.2m, minor medical equipment of £0.1m, Fire Works - package 1 and 2 at Lincoln £0.4m, Service Developments - Maternity wing £0.3m, Estates Backlog - Theatre Infrastructure Review £0.1m - being behind plan to date. Variances are being escalated through CRIB and the Estates, IT and MDG sub committees to ensure plans to bring back on line in the coming months are provided.

Excellence in rural healthcare

FINANCE

Financial Efficiency Plan (FEP)		R	
	Plan	Actual	Variance
Year to Date £k	2,164	1,629	(535)

Whilst the ambition this financial year is to deliver £30m of efficiency savings, the financial plan for 2018/19 includes an efficiency programme of £25.0m, and assumed efficiency savings delivery to date of £2.2m.

FEP delivery YTD is estimated to be £1.6m, or £0.5m adverse to plan.

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

Pay bill		R			
	Plan	Actual	Variance	Forecast	
Year to Date £k					
Substantive	69,546	68,706	840	278,730	
Bank	4,774	5,636	(862)	19,948	
Agency	6,971	7,695	(724)	26,128	
Apprenticeship Levy	306	310	(4)	1,227	
Less Capitalised costs	0	0	0	0	
	81,597	82,347	(750)	326,033	

Pay YTD is £0.8m adverse to plan and overall Pay expenditure has been c£27.4m per month.

Substantive staffing - Whilst contracted WTE numbers fell in May to the lowest level since October 2016, they rose by 10 WTE in June, with the increase attributable to an increase in non clinical staffing. Although substantive pay YTD is £0.8m below plan reflecting vacancy numbers, pay expenditure overall remains above plan as a result of higher than planned expenditure on temporary staffing.

Temporary staffing - Expenditure on bank and agency staffing has overall been flat at £4.4m per month, although the mixture of bank and agency changes, with demand for bank increased when supply of agency contracts.

Agency Cap		R			
	Ceiling	Actual	Variance	Forecast	
Year to Date £k	6,095	7,695	(1,600)		

The Trust has an agency ceiling of £20.977m for 2018/19. The ceiling is not profiled equally over the year, but instead the monthly ceiling reduces during the financial year, falling from £2.086m in April to £1.531m in December.

Agency expenditure YTD is £1.6m above the ceiling.

Agency expenditure in April was £2.3m, such that the Trust was £0.2m above ceiling. However, agency expenditure rose by £0.4m to £2.7m in May, such that the Trust was £0.7m above ceiling. Although overall agency expenditure was unchanged in June, the reduction in the monthly ceiling meant that expenditure in June was £0.8m above ceiling.

FINANCE

Income & Expenditure Summary 2018/19

£21.9m deficit year to date against a planned deficit of £20.4m. All figures exclude STF.

2018/19	Current Month			Year to Date			Forecast		
	Budget £m	Actual £m	Variance £m	Budget £m	Actual £m	Variance £m	Budget £m	Actual £m	Variance £m
Income	37,291	36,949	(342)	109,706	108,223	(1,483)	441,611	440,128	(1,483)
Expenditure	(42,097)	(41,714)	383	(125,843)	(125,963)	(120)	(498,293)	(498,413)	(120)
EBITDA	(4,806)	(4,765)	41	(16,137)	(17,740)	(1,603)	(56,682)	(58,285)	(1,603)
Depn/Interest	(1,421)	(1,377)	44	(4,224)	(4,123)	101	(18,018)	(17,917)	101
Surplus/(Deficit) excl. STF	(6,227)	(6,142)	85	(20,361)	(21,863)	(1,502)	(74,700)	(76,202)	(1,502)
EBITDA % Income	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)
FEPs	1,020	580	(440)	2,164	1,629	(535)	25,000	24,465	(535)

* Overall YTD financial performance is £21.9m deficit, or £1.5m adverse to the planned £20.4m deficit.

* EBITDA for the year to date is £17.74m deficit (16.39% of Income).

* Income is £1.5m below plan YTD, despite the inclusion in-month of £0.8m additional income for 2017/18 and accrual for £0.8m of additional income following an assessment of work in progress.

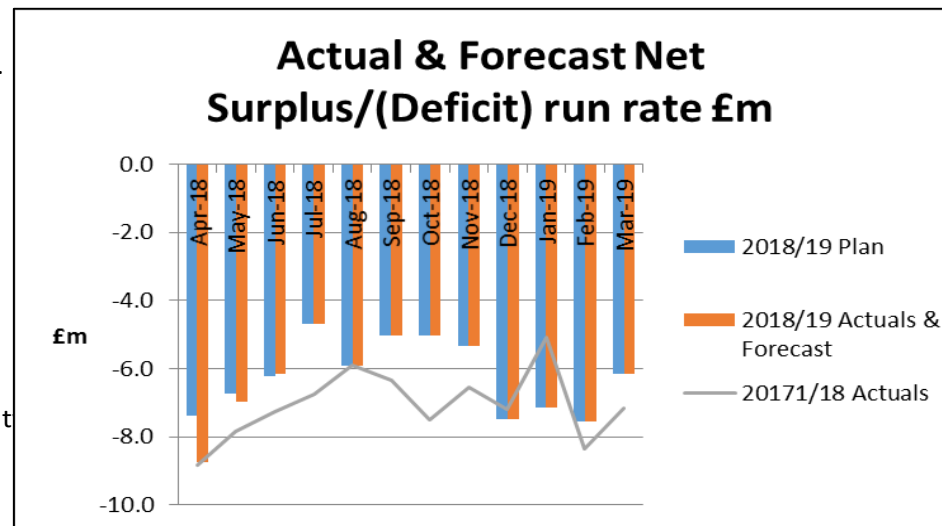
* Operating Expenses is £0.1m above plan YTD.

The main drivers are:

- * Higher than planned expenditure on temporary staffing.
- * Lower than planned expenditure in relation to inpatient activity
- * Release of £0.6m of prior year accruals in June.

* Non-Operating costs are below plan by £0.1m.

* FEP delivery is £0.5m below plan YTD.



Excellence in rural healthcare

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Income & Expenditure Run Rate 2018/19

Total Trust (Excluding passthrough drugs and devices)	Actual	Actual	Actual	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	In Month			Full Year			
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	Plan	Actuals	Variance	Plan	Forecast		
													M3	M3		Full Year	YTD + Plan	Variance	
Income																			
NHS Clinical Income	27,501	30,174	30,098	30,754	29,439	29,811	30,654	30,151	28,315	29,274	28,144	30,201	30,103	30,098	(5)	354,885	354,516	(368)	
Non NHS Clinical Income	47	23	40	60	60	58	60	60	58	60	60	60	59	40	(19)	715	646	(69)	
Other Income	2,752	2,613	2,986	3,054	3,053	3,052	3,054	3,054	3,050	3,526	3,053	3,055	3,054	2,986	(68)	37,113	36,302	(811)	
Total Income	30,300	32,810	33,124	33,868	32,552	32,921	33,768	33,265	31,423	32,860	31,257	33,316	33,216	33,124	(92)	392,713	391,464	(1,248)	
Expenditure																			
Pay	(27,464)	(27,399)	(27,484)	(27,139)	(26,900)	(27,173)	(26,903)	(26,996)	(26,983)	(27,318)	(27,318)	(26,957)	(27,336)	(27,484)	(148)	(325,283)	(326,033)	(750)	
Drugs	(442)	(649)	(417)	(684)	(474)	(533)	(646)	(562)	(300)	(425)	(240)	(571)	(591)	(417)	175	(5,900)	(5,943)	(44)	
Clinical Supplies and Services	(4,408)	(5,080)	(4,714)	(4,354)	(4,241)	(4,120)	(4,401)	(4,170)	(4,053)	(4,183)	(3,708)	(4,281)	(4,798)	(4,714)	84	(51,746)	(51,713)	33	
Other Non pay	(5,379)	(5,264)	(5,274)	(5,172)	(5,314)	(5,044)	(5,302)	(5,644)	(5,904)	(5,918)	(5,896)	(5,949)	(5,297)	(5,274)	23	(66,466)	(66,060)	406	
Total Expenditure	(37,693)	(38,392)	(37,889)	(37,349)	(36,929)	(36,870)	(37,252)	(37,372)	(37,240)	(37,844)	(37,162)	(37,758)	(38,022)	(37,889)	134	(449,395)	(449,750)	(355)	
Finance & Depreciation costs	(1,369)	(1,416)	(1,397)	(1,225)	(1,529)	(1,094)	(1,566)	(1,245)	(1,672)	(1,696)	(1,657)	(1,701)	(1,428)	(1,397)	31	(17,630)	(17,567)	63	
I&E - Deficit	(8,762)	(6,998)	(6,162)	(4,706)	(5,906)	(5,043)	(5,050)	(5,352)	(7,489)	(6,680)	(7,562)	(6,143)	(6,234)	(6,162)	72	(74,312)	(75,852)	(1,540)	
Impairments/Revaluations Adjustment	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Donated/Govern't grant Asset Adjustment	20	19	20	7	7	7	7	7	7	(465)	7	7	7	20	13	(388)	(350)	38	
Adjusted Surplus/(Deficit)	(8,742)	(6,979)	(6,142)	(4,699)	(5,899)	(5,036)	(5,043)	(5,345)	(7,482)	(7,145)	(7,555)	(6,136)	(6,227)	(6,142)	85	(74,700)	(76,202)	(1,502)	

Total Trust (including passthrough)																		
Total Income	34,127	37,147	36,949	37,943	36,627	36,996	37,843	37,340	35,498	36,935	35,332	37,391	37,291	36,949	(342)	441,611	440,128	(1,482)
Total Expenditure	(41,520)	(42,729)	(41,714)	(41,424)	(41,004)	(40,945)	(41,327)	(41,447)	(41,315)	(41,919)	(41,237)	(41,833)	(42,097)	(41,714)	384	(498,293)	(498,414)	(121)
Finance & Depreciation costs	(1,369)	(1,416)	(1,397)	(1,225)	(1,529)	(1,094)	(1,566)	(1,245)	(1,672)	(1,696)	(1,657)	(1,701)	(1,428)	(1,397)	31	(17,630)	(17,567)	63
I&E - Deficit	(8,762)	(6,998)	(6,162)	(4,706)	(5,906)	(5,043)	(5,050)	(5,352)	(7,489)	(6,680)	(7,562)	(6,143)	(6,234)	(6,162)	72	(74,312)	(75,852)	(1,540)
Impairments/Revaluations Adjustment	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Donated/Govern't grant Asset Adjustment	20	19	20	7	7	7	7	7	7	(465)	7	7	7	20	13	(388)	(350)	38
Adjusted Surplus/(Deficit)	(8,742)	(6,979)	(6,142)	(4,699)	(5,899)	(5,036)	(5,043)	(5,345)	(7,482)	(7,145)	(7,555)	(6,136)	(6,227)	(6,142)	85	(74,700)	(76,202)	(1,502)

Adjustments to derive underlying deficit

FSM Loan Interest	388	436	431	477	495	493	525	552	625	641	599	684				6,346	6,346	0
External Support	378	309	351	330	330	330	330	330	312	0	0	0				3,000	3,000	(0)
Prior Year Income & Challenges	0	155	(783)	0	0	0	0	0	0	0	0	0				0	(628)	(628)
Profit on Disposals	0	0	0	0	0	0	0	0	0	0	0	0				0	0	0
Accruals Adjustment	80	(218)	(604)	0	0	0	0	0	0	0	0	0				0	(742)	(742)
Income timing adjustment	1,031	(686)	(345)	0	0	0	0	0	0	0	0	0				0	0	0
Underlying Surplus/(Deficit)	(6,865)	(6,983)	(7,092)	(3,892)	(5,074)	(4,213)	(4,188)	(4,463)	(6,545)	(6,504)	(6,956)	(5,452)				(65,354)	(68,226)	(2,872)

The Trust revised its financial plan to a deficit of £74.7m, and as at the end of June, the Trust is £1.5m adverse to plan.

The full year run rate shows the requirement to deliver a £1.5m improvement needed to recover the YTD variance and achieve the plan of £74.7m. This is also contingent on delivery of the plan for the remaining 9 months of the year. A step change in income performance and reduction in pay costs are required to achieve this. Pressure is beginning to build in the delivery of the Financial Efficiency Programme adding to the required deliverables in the remainder of the year.

From the run rate analysis, income to date has averaged £32.1m per month, but to meet the plan in future months needs to improve by £0.7k (or 2.3%) per month.

Likewise, expenditure to date has averaged £38m per month, but to meet the plan in future months needs to improve by £0.7m (or 1.8%) per month.

To achieve the plan in future months, the Trust therefore needs to improve its overall I&E position by £1.4m per month.

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NHS Patient Care Income & Activity 2018/19

2018/19 Clinical Income Summary: YTD Month 03																
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		
	June	June	June	June	June	June	June	June	Apr-June	June	June	June	Apr-June	June	June	June
Actual	Activity Plan	Actual	Activity Variance	Actual	£ Plan	£ Actual	£ Variance	Actual	Activity Plan	Actual	Activity Variance	Actual	£ Plan	£ Actual	£ Variance	
Accident & Emergency	13,129	11,330	12,698	1,368	1,772,523	1,692,164	1,828,125	135,961	38,597	34,153	37,893	3,740	5,227,921	5,100,674	5,457,022	356,349
Accident & Emergency Streaming	0	0	1,178	1,178	0	0	0	0	0	1,258	3,543	2,285	0	73,972	67,726	(6,246)
Daycases	5,065	5,346	5,395	49	2,878,223	2,836,217	2,773,605	(62,612)	15,351	15,541	16,324	783	8,041,548	8,190,178	8,402,751	212,572
Elective Spells	807	942	845	(97)	2,227,619	2,343,697	1,934,860	(408,837)	2,459	2,608	2,372	(236)	6,005,216	6,394,851	5,793,753	(601,097)
Non Elective Spells	5,880	6,060	5,724	(336)	9,877,720	10,377,463	9,413,308	(964,155)	17,484	17,955	17,422	(533)	29,044,522	30,790,816	30,076,549	(714,267)
Inpatient WIP	0	0	0	0	0	0	750,000	750,000	0	0	0	0	0	0	750,000	750,000
Non Elective Excess Bed Days	1,389	1,504	1,696	192	372,887	366,123	392,338	26,215	4,419	4,513	5,040	527	1,076,939	1,098,370	1,186,942	88,571
Elective Excess Bed Days	110	169	32	(137)	55,688	41,275	8,135	(33,141)	414	507	295	(212)	100,416	123,826	73,363	(50,463)
Outpatient Firsts	25,312	24,529	22,378	(2,150)	3,423,240	3,223,591	3,198,729	(24,861)	71,990	71,313	68,958	(2,355)	9,642,591	9,353,353	9,612,858	259,505
Outpatient Follow Ups	33,574	32,894	33,027	133	2,815,673	2,735,152	2,746,310	11,158	95,881	95,968	97,771	1,803	8,035,798	7,999,711	8,227,537	287,826
Critical Care	1,494	1,370	1,440	69	1,149,675	1,129,101	1,068,011	(61,090)	2,218	4,086	4,522	435	2,547,102	3,358,298	3,454,971	96,673
Maternity	975	981	1,019	38	879,857	879,469	856,134	(23,335)	2,804	2,944	3,059	115	2,425,979	2,638,407	2,589,750	(48,657)
Audiology	2,166	1,202	1,202	0	179,566	84,019	84,019	0	7,296	3,492	4,433	941	477,249	244,056	314,653	70,596
Block	-	-	-	-	847,498	828,281	828,281	(0)	0	349	349	(0)	2,542,493	2,509,829	2,509,829	(1)
Chemotherapy	2,652	2,928	2,928	0	341,095	371,351	371,351	0	8,044	8,687	9,006	319	1,009,119	1,087,525	1,136,472	48,946
Radiology	15,213	15,215	19,273	4,058	875,475	847,142	987,450	140,308	45,172	44,200	56,287	12,087	2,480,846	2,462,790	2,974,936	512,146
Gainshare & Admin Fee	-	-	-	-	84,861	75,836	71,762	(4,074)	0	227,508	227,235	(273)	293,604	227,508	227,235	(273)
Paediatric Cystic Fibrosis	0	0	31	31	0	0	13,166	13,166	0	0	93	93	0	0	39,498	39,498
Radiotherapy	2,192	2,385	2,385	0	404,205	434,114	434,114	0	6,148	7,155	6,724	(431)	1,122,827	1,302,343	1,247,040	(55,303)
Screening	4,747	6,081	5,985	(96)	453,869	425,999	382,757	(43,242)	16,903	18,180	21,374	3,194	1,126,764	1,253,122	1,277,289	24,167
Specialised Rehab	318	520	984	464	99,835	227,508	430,451	202,943	896	1,560	1,574	14	366,524	682,524	677,875	(4,649)
Therapies	6,196	5,894	5,894	0	230,636	213,798	213,798	0	17,894	17,120	18,057	937	645,174	621,032	662,294	41,263
Other - non Pbr etc	0	0	0	0	131,041	162,674	137,773	(24,900)	0	0	0	0	1,482,822	530,230	448,600	(81,631)
Activity sub total	121,219	119,349	124,114	4,765	29,101,816	29,294,973	28,924,477	(370,496)	353,970	579,097	602,331	23,234	83,695,454	85,983,415	87,208,941	1,225,526
Readmissions					(180,772)	(250,495)	(250,495)	0					(542,315)	(744,371)	(744,371)	0
MRET					(251,763)	(241,971)	(206,632)	35,339					(738,768)	(718,166)	(919,220)	(201,054)
System Resilience					0	192,121	192,121	(0)					0	576,364	576,364	(0)
CQUIN					566,209	693,470	531,795	(161,675)					1,622,890	2,033,070	1,629,588	(403,482)
Fines					(93,042)	0	(117,141)	(117,141)					(134,446)	0	(347,631)	(347,631)
Fines Reinvested					0	0	0	0					0	0	0	0
AIV Challenges					0	0	(34,583)	(34,583)					0	0	(103,750)	(103,750)
PLCV Challenges					0	0	(63,500)	(63,500)					0	0	(190,500)	(190,500)
Endoscopy BPT					0	0	(40,600)	(40,600)					0	0	(121,800)	(121,800)
Prior Year - Invoiced					0	0	782,801	782,801					(759,171)	0	782,801	782,801
Prior Year - Fines and Challenges					0	0	(47,125)	(47,125)					318,892	0	(202,027)	(202,027)
Total Cost/Volume PODs (Non Passthrough)	121,219	119,349	124,114	4,765	29,141,818	29,688,099	29,671,119	(16,980)	353,970	579,097	602,331	23,234	83,462,537	87,130,313	87,568,395	438,082
Passthrough	0	0	0	0	4,145,912	4,074,837	3,825,472	(249,365)	0	0	0	0	11,838,930	12,224,511	11,989,987	(234,524)
Total (Inc Passthrough)	121,219	119,349	124,114	4,765	33,287,730	33,762,936	33,496,591	(266,345)	353,970	579,097	602,331	23,234	95,301,467	99,354,824	99,558,382	203,558

Core income under performed by £1.9m in the month with a further £0.25m of fines and penalties incurred giving an overall in month adverse variance of £2.1m.

The key underperforming areas were Elective (£409k variance) and Non-Elective (£964k variance). A detailed exercise is taking place to identify the PoDs that have driven the under-performance so that relevant directorates can put in place mitigating actions to recover the performance over the rest of the year.

Both Daycases and Outpatients have over-performed YTD although this has reduced in June with both being behind plan.

The under performance was offset with £0.75m of Inpatient Work in Progress income and £0.78m of income due from 2017/18.

There is a risk that the on-going PLCV audit from 2017/18 will further deteriorate the position (c£1m).

Excellence in rural healthcare

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Income & Activity Run Rate - Activity 2018/19

Activity	Activity Units												FOT Activity (ytd + Plan)	Full Year Plan	Variance
	Actual M1	Actual M2	Actual M3	Forecast M4	Forecast M5	Forecast M6	Forecast M7	Forecast M8	Forecast M9	Forecast M10	Forecast M11	Forecast M12			
Accident & Emergency	12,232	12,963	12,698	12,010	11,384	11,174	11,302	10,768	11,011	10,813	10,214	11,568	138,137	134,397	3,740
Accident & Emergency Streaming	1,060	1,305	1,178	0	0	0	0	0	0	0	0	0	3,543	1,258	2,285
Daycases	5,422	5,507	5,395	5,407	5,184	5,308	5,350	5,419	4,973	5,394	5,135	5,549	64,043	63,260	783
Elective Spells	727	800	845	927	863	895	945	915	789	683	778	872	10,039	10,275	-236
Non Elective Spells	5,678	6,020	5,724	6,290	6,106	6,012	6,170	5,876	5,964	5,944	5,498	6,025	71,308	71,841	-533
Inpatient WIP				0	0	0	0	0	0	0	0	0	0	0	0
Non Elective Excess Bed Days	1,677	1,667	1,696	1,504	1,504	1,504	1,504	1,504	1,504	1,504	1,504	1,504	18,578	18,051	527
Elective Excess Bed Days	79	184	32	169	169	169	169	169	169	169	169	169	1,816	2,028	-212
Outpatient Firsts	23,353	23,227	22,378	24,396	22,459	24,768	24,733	24,935	21,614	24,028	22,867	24,323	283,082	285,437	-2,355
Outpatient Follow Ups	31,735	33,009	33,027	35,090	32,496	35,377	35,670	36,030	31,154	34,804	32,867	35,287	406,544	411,119	-4,575
Critical Care	771	709	696	1,382	1,370	1,358	1,394	1,394	1,328	1,382	1,358	1,382	14,525	16,436	-1,910
Maternity	1,032	1,008	1,019	981	981	981	981	981	981	981	981	981	11,891	11,776	115
Audiology	1,633	1,598	1,202	1,259	1,202	1,145	1,317	1,317	1,002	1,259	1,145	1,259	15,338	14,397	941
Block	-	-	-	0	0	0	0	0	0	0	0	0	0	0	0
Chemotherapy	2,945	3,133	2,928	2,977	2,928	2,879	3,025	3,025	2,758	2,977	2,879	2,977	35,432	35,113	319
Radiology	16,860	20,154	19,273	15,937	15,215	14,493	16,659	16,659	12,687	15,937	14,493	15,937	194,303	182,216	12,087
Gainshare & Admin Fee	-	-	-	0	0	0	0	0	0	0	0	0	0	0	0
Paediatric Cystic Fibrosis	31	31	31	0	0	0	0	0	0	0	0	0	93	0	93
Radiotherapy	1,998	2,341	2,385	2,385	2,385	2,385	2,385	2,385	2,385	2,385	2,385	2,385	28,190	28,622	-431
Screening	7,785	7,604	5,985	6,108	6,112	6,126	6,144	6,193	6,189	6,202	6,198	6,225	76,870	73,677	3,194
Specialised Rehab	554	36	984	520	520	520	520	520	520	520	520	520	6,255	6,241	14
Therapies	5,503	6,660	5,894	6,175	5,894	5,613	6,455	6,455	4,912	6,175	5,613	6,175	71,523	70,586	937
Other - non PbR etc				1,459	1,434	1,408	1,485	1,485	1,344	1,459	1,408	1,459	12,941	17,191	-4,250
Volumes accrued at first month end:															
Uncoded inpatients	3,429	7,576	4,930	0	0	0	0	0	0	0	0	0	15,935	0	15,935
Missing outcomes	8,372	8,884	4,000	0	0	0	0	0	0	0	0	0	21,256	0	21,256
Pending admissions	175	110	69	0	0	0	0	0	0	0	0	0	354	0	354
Total Cost/Volume PODs (Non Passthrough)	121,075	127,956	123,371	124,977	118,206	122,117	126,209	126,030	111,285	122,616	116,013	124,597	1,464,452	1,453,918	10,533
Passthrough	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Board Report Position	121,075	127,956	123,371	124,977	118,206	122,117	126,209	126,030	111,285	122,616	116,013	124,597	1,464,452	1,453,918	10,533

FINANCE

Income & Activity Run Rate - £ 2018/19

Income	Forecast (£)												FOT £ (ytd + Plan)	Full Year Plan	Variance
	Actual M1	Actual M2	Actual M3	Forecast M4	Forecast M5	Forecast M6	Forecast M7	Forecast M8	Forecast M9	Forecast M10	Forecast M11	Forecast M12			
Accident & Emergency	1,744,677	1,884,221	1,828,125	1,792,689	1,701,951	1,668,224	1,687,204	1,608,875	1,645,767	1,616,846	1,529,361	1,726,994	20,434,932	20,078,517	356,415
Accident & Emergency Streaming	67,726	0	0	0	0	0	0	0	0	0	0	0	67,726	73,972	-6,246
Daycases	2,759,157	2,869,989	2,773,605	2,876,517	2,705,890	2,808,772	2,829,481	2,905,294	2,608,242	2,851,171	2,727,491	2,947,719	33,663,327	33,450,526	212,801
Elective Spells	1,860,822	1,998,072	1,934,860	2,316,214	2,132,634	2,158,868	2,268,950	2,261,195	1,939,973	1,585,192	1,914,458	2,124,204	24,495,441	25,096,204	-600,763
Non Elective Spells	10,139,807	10,523,434	9,413,308	10,877,318	10,561,896	10,340,288	10,728,706	10,105,925	10,343,431	10,435,167	9,621,980	10,553,271	123,644,530	124,356,622	-712,091
Non Elective Excess Bed Days	391,316	403,287	392,338	366,123	366,123	366,123	366,123	366,123	366,123	366,123	366,123	366,123	4,482,053	4,393,481	88,571
Elective Excess Bed Days	22,741	42,487	8,135	41,275	41,275	41,275	41,275	41,275	41,275	41,275	41,275	41,275	444,840	495,303	-50,463
Outpatient Firsts	3,089,437	3,324,692	3,198,729	3,203,001	2,937,606	3,247,654	3,248,224	3,281,719	2,828,442	3,150,907	2,996,826	3,184,970	37,692,207	37,432,779	259,429
Outpatient Follow Ups	2,689,581	2,791,645	2,746,310	2,767,996	2,547,876	2,800,501	2,821,146	2,865,251	2,466,504	2,772,967	2,622,256	2,798,332	32,690,366	32,531,145	159,221
Critical Care	1,331,970	1,054,991	1,068,011	1,143,603	1,129,101	1,114,599	1,158,105	1,158,105	1,078,343	1,143,603	1,114,599	1,143,603	13,638,630	13,541,957	96,673
Maternity	845,117	888,499	856,134	879,469	879,469	879,469	879,469	879,469	879,469	879,469	879,469	879,469	10,504,971	10,553,628	-48,657
Audiology	117,096	113,537	84,019	88,020	84,019	80,018	92,021	92,021	70,016	88,020	80,018	88,020	1,076,828	1,006,232	70,596
Block	853,267	828,281	828,281	828,226	828,226	828,226	828,226	828,226	828,226	828,226	828,226	828,226	9,963,859	9,963,693	166
Chemotherapy	372,602	392,519	371,351	384,614	371,351	358,087	397,877	397,877	324,929	384,614	358,087	384,614	4,498,522	4,449,576	48,946
Radiology	963,114	1,024,372	987,450	886,461	847,142	807,824	925,780	925,780	709,527	886,461	807,824	886,461	10,658,195	10,146,049	512,146
Gainshare & Admin Fee	73,688	81,785	71,762	75,836	75,836	75,836	75,836	75,836	75,836	75,836	75,836	75,836	909,758	910,030	-273
Paediatric Cystic Fibrosis	13,166	13,166	13,166	0	0	0	0	0	0	0	0	0	39,498	0	39,498
Radiotherapy	380,821	432,105	434,114	434,114	434,114	434,114	434,114	434,114	434,114	434,114	434,114	434,114	5,154,070	5,209,373	-55,303
Screening	463,594	430,938	382,757	436,659	438,238	443,765	450,872	470,218	468,639	473,772	472,192	482,852	5,414,496	5,390,329	24,167
Specialised Rehab	231,303	16,121	430,451	227,508	227,508	227,508	227,508	227,508	227,508	227,508	227,508	227,508	2,725,447	2,730,096	-4,649
Therapies	201,572	246,924	213,798	223,979	213,798	203,617	234,159	234,159	178,165	223,979	203,617	223,979	2,601,745	2,560,482	41,263
Other - non PbR etc	148,750	162,076	887,773	103,093	134,718	124,584	110,872	124,908	156,930	144,610	171,328	121,460	2,391,103	1,588,772	802,331
Activity sub total	28,761,323	29,523,141	28,924,477	29,952,714	28,658,771	29,009,354	29,805,949	29,283,879	27,671,459	28,609,858	27,472,588	29,519,030	347,192,544	345,958,765	1,233,779
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	-337,635	-374,953	-206,632	-251,909	-244,804	-239,812	-247,241	-233,213	-238,563	-237,989	-219,672	-240,650	-3,073,073	-2,872,018	-201,054
System Resilience	192,121	192,121	192,121	192,121	192,121	192,121	192,121	192,121	192,121	192,121	192,121	192,121	2,305,456	2,305,456	0
CQUIN	541,450	556,343	531,795	707,038	675,015	684,502	701,051	688,674	649,207	667,169	640,140	690,003	7,732,388	8,135,802	-403,414
Fines	-131,006	-99,484	-117,141	0	0	0	0	0	0	0	0	0	-347,631	0	-347,631
Fines Reinvested	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
AIV Challenges	-34,583	-34,583	-34,583	0	0	0	0	0	0	0	0	0	-103,750	0	-103,750
PLCV Challenges	-63,500	-63,500	-63,500	0	0	0	0	0	0	0	0	0	-190,500	0	-190,500
Endoscopy BPT	-40,600	-40,600	-40,600	0	0	0	0	0	0	0	0	0	-121,800	0	-121,800
Prior Year - Invoiced	0	0	782,801	0	0	0	0	0	0	0	0	0	782,801	0	782,801
Prior Year - Fines and Challenges	-154,903	0	-47,125	0	0	0	0	0	0	0	0	0	-202,027	0	-202,027
Total Cost/Volume PODs (Non Passthrough)	28,488,805	29,408,470	29,671,119	30,340,345	29,028,009	29,397,652	30,196,545	29,689,008	28,026,860	28,984,320	27,855,158	29,911,223	350,997,516	350,551,113	446,403
Passthrough	3,827,366	4,337,150	3,825,472	4,074,837	4,074,837	4,074,837	4,074,837	4,074,837	4,074,837	4,074,837	4,074,837	4,074,837	48,663,521	48,898,045	-234,524
Board Report Position	32,316,171	33,745,620	33,496,591	34,415,182	33,102,846	33,472,489	34,271,382	33,763,845	32,101,697	33,059,157	31,929,995	33,986,060	399,661,037	399,449,158	211,879

FINANCE

Income Summary & Run Rate 2018/19

2018/19 Other Income Summary: YTD Month 03								
Other Income	Other Income: In-Month				Other Income: Year-To-Date			
	2017/18 June	June £'000	2018/19 June	June £'000	2017/18 Apr-June	June £'000	2018/19 June	June £'000
	Actual	Plan	Actual	Variance	Actual	Plan	Actual	Variance
NHS Patient Care Income	32,635	34,178	33,923	-255	93,769	100,365	99,762	-603
Non NHS Private Patients	21	33	18	-15	117	97	51	-46
Overseas Visitors	27	26	22	-4	100	82	59	-23
Injury Cost Recovery Scheme	86	132	40	-92	396	394	93	-301
Patient Care Income Total	32,769	34,369	34,003	-366	94,382	100,938	99,965	-973
Other Income								
Research & Development	110	95	94	-1	333	283	287	4
Education & Training	1,357	1,375	1,337	-38	4,067	4,123	3,973	-150
Non patient services to other bodies	366	574	803	229	1,207	1,720	1,791	71
STF	0	0	0	0	0	0	0	0
Car parking income	214	247	211	-36	592	741	679	-62
Catering income	167	170	73	-97	489	514	223	-291
Other Income	604	461	428	-33	1,755	1,387	1,305	-82
Other Income Total	2,818	2,922	2,946	24	8,443	8,768	8,258	-510
Total Income	35,587	37,291	36,949	-342	102,825	109,706	108,223	-1,483

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

Income is expected to improve as 2018/19 efficiency schemes are implemented. The attached run rate analysis is based upon year to date actuals and plan for future months. This shows the improvement required just to achieve plan in future months, in addition to which the Trust requires to recover the YTD movement to plan.

From the run rate analysis, income to date has averaged £32.1m per month, but to meet the plan in future months needs to improve by £0.7k (or 2.3%) per month.

2018/19 Other Income Run Rate

	Forecast £												Full Year Plan	Actual + YTD Activity	Variance
	Actual M1	Actual M2	Actual M3	Forecast M4	Forecast M5	Forecast M6	Forecast M7	Forecast M8	Forecast M9	Forecast M10	Forecast M11	Forecast M12			
NHS Patient Care Income	31,328	34,511	33,923	34,829	33,514	33,886	34,729	34,226	32,390	33,349	32,219	34,276	403,783	403,180	-603
Non NHS Private Patients	14	19	18	32	32	32	32	32	32	32	32	32	385	339	-46
Overseas Visitors	33	4	22	28	28	26	28	28	26	28	28	28	330	307	-23
Injury Cost Recovery Scheme	76	-23	40	131	131	131	131	131	131	131	131	131	1,573	1,272	-301
Patient Care Income Total	31,451	34,511	34,003	35,020	33,705	34,075	34,920	34,417	32,579	33,540	32,410	34,467	406,071	405,098	-973
Other Income															
Research & Development	96	97	94	94	94	95	94	94	95	94	94	94	1,131	1,135	4
Education & Training	1,306	1,330	1,337	1,374	1,374	1,374	1,374	1,374	1,374	1,374	1,374	1,374	16,489	16,339	-150
Non patient services to other bodies	515	473	803	573	573	575	573	573	574	573	573	574	6,881	6,952	71
STF	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Car parking income	220	248	211	247	247	247	247	247	247	247	247	247	2,964	2,902	-62
Catering income	70	80	73	172	172	170	172	172	170	172	172	172	2,058	1,767	-291
Other Income	469	408	428	463	462	460	463	463	459	935	462	463	6,017	5,935	-82
Other Income Total	2,676	2,636	2,946	2,923	2,922	2,921	2,923	2,923	2,919	3,395	2,922	2,924	35,540	35,030	-510
Total Income	34,127	37,147	36,949	37,943	36,627	36,996	37,843	37,340	35,498	36,935	35,332	37,391	441,611	440,128	-1,483

FINANCE

Pay Summary 2018/19

2018/19 Pay Summary: YTD Month 03								
Staff Groups	Pay: In-Month				Pay: Year-To-Date			
	2017/18	2018/19		June	2017/18	2018/19		June
	June	June	June		Apr-June	June	June	
Actual	£'000	£'000	£'000	Actual	£'000	£'000	£'000	
Substantive:								
Registered Nursing, Midwifery and Health visiting staff	7,076	7,107	6,856	251	21,390	21,344	20,743	601
Health Care Scientists and Scientific, Therapeutic and Technical staff	2487	2,512	2,499	13	7,459	7,536	7,475	61
Qualified Ambulance Service staff	0	0	0	0	0	0	0	0
Support to clinical staff	4436	4,454	4,484	-30	13,229	13,351	13,373	-22
Medical and Dental Staff	6487	6,635	6,606	29	19,571	19,931	19,669	262
Non-Medical - Non-Clinical Staff	2496	2,485	2,442	43	7,329	7,384	7,446	-62
		0	0					
Bank:								
Registered Nursing, Midwifery and Health visiting staff	195	333	441	-108	620	1,001	1,474	-473
Health Care Scientists and Scientific, Therapeutic and Technical staff	26	30	41	-11	78	91	135	-44
Qualified Ambulance Service staff	0	0	0	0	0	0	0	0
Support to clinical staff	281	311	326	-15	912	932	1,057	-125
Medical and Dental Staff	842	737	806	-69	2,231	2,214	2,472	-258
Non-Medical - Non-Clinical Staff	151	179	123	56	438	536	498	38
		0	0					
Agency:								
Registered Nursing, Midwifery and Health visiting staff	718	647	751	-104	2,162	1,873	1,999	-126
Health Care Scientists and Scientific, Therapeutic and Technical staff	184	135	127	8	485	378	438	-60
Qualified Ambulance Service staff	0	0	0	0	0	0	0	0
Support to clinical staff	2	1	7	-6	2	2	9	-7
Medical and Dental Staff	1402	1,404	1,761	-357	4,582	4,373	5,003	-630
Non-Medical - Non-Clinical Staff	180	118	95	23	369	345	246	99
		0	104	-104	297	306	310	-4
Total Pay	26,963	27,088	27,469	-381	81,154	81,597	82,347	-750

Pay YTD is £0.8m adverse to plan and overall Pay expenditure has been c£27.4m per month.

Substantive staffing - Whilst contracted WTE numbers fell in May to the lowest level since October 2016, they rose by 10 WTE in June, with the increase attributable to an increase in non clinical staffing. Although substantive pay YTD is £0.8m below plan reflecting vacancy numbers, pay expenditure overall remains above plan as a result of higher than planned expenditure on temporary staffing.

Temporary staffing - Expenditure on bank and agency staffing has overall been flat at £4.4m per month, although the mixture of bank and agency changes, with demand for bank increased when supply of agency contracts.

Excellence in rural healthcare

FINANCE

Pay Run Rate - £ 2018/19

Staff Groups	Forecast (£)												Full Year Plan £	Forecast Actual + YTD £	Variance
	Actual M1	Actual M2	Actual M3	Plan M4	Plan M5	Plan M6	Plan M7	Plan M8	Plan M9	Plan M10	Plan M11	Plan M12			
Substantive:															
Registered Nursing, Midwifery and Health visiting staff	6,991	6,896	6,856	7,129	7,124	7,125	7,165	7,270	7,271	7,270	7,270	7,160	85,527	86,128	601
Health Care Scientists and Scientific, Therapeutic and	2,478	2,498	2,499	2,512	2,501	2,503	2,508	2,538	2,536	2,536	2,536	2,498	30,143	30,204	61
Qualified Ambulance Service staff	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Support to clinical staff	4,460	4,429	4,484	4,445	4,423	4,423	4,429	4,475	4,474	4,474	4,474	4,405	53,395	53,373	-22
Medical and Dental Staff	6,442	6,621	6,606	6,661	6,661	6,661	6,703	6,806	6,805	6,806	6,806	6,702	80,280	80,542	262
Non-Medical - Non-Clinical Staff	2,558	2,446	2,442	2,314	2,274	2,545	2,333	2,305	2,303	2,635	2,635	2,595	29,385	29,323	-62
Bank:															
Registered Nursing, Midwifery and Health visiting staff	582	451	441	333	333	334	333	333	334	333	333	334	4,474	4,001	-473
Health Care Scientists and Scientific, Therapeutic and	55	39	41	30	30	30	30	30	30	30	30	30	405	361	-44
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	311	311	309	311	311	309	311	311	311	3,852	3,727	-125
Medical and Dental Staff	907	759	806	737	737	740	737	737	739	737	737	738	9,111	8,853	-258
Non-Medical - Non-Clinical Staff	219	156	123	179	179	178	179	179	178	179	179	178	2,106	2,144	38
Agency:															
Registered Nursing, Midwifery and Health visiting staff	494	754	751	587	532	533	481	425	423	423	423	423	6,249	6,123	-126
Health Care Scientists and Scientific, Therapeutic and	193	118	127	114	94	91	74	54	52	54	54	54	1,079	1,019	-60
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	1	1	0	1	1	1	1	1	1	17	10	-7
Medical and Dental Staff	1,506	1,736	1,761	1,574	1,496	1,496	1,422	1,342	1,339	1,339	1,339	1,339	17,689	17,059	-630
Non-Medical - Non-Clinical Staff	68	83	95	110	102	103	95	88	87	88	88	87	1,094	1,193	99
Apprentice levy															
	103	103	104	102	102	102	102	102	102	102	102	102	1,227	1,223	-4
Items included in Non pay:															
Operating expenses: research and development	-115	-112	-105	-120	-120	-120	-120	-120	-120	-120	-120	-120	-1,412	-1,440	-28
Operating expenses: education and training	-131	-114	-118	-145	-145	-145	-145	-145	-145	-145	-145	-145	-1,668	-1,740	-72
Operating expenses: redundancy	-61	3	0	0	0	0	0	0	0	0	0	0	-58	0	58
Operating expenses: Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Cost £	27,157	27,191	27,246	26,874	26,635	26,908	26,638	26,731	26,718	27,053	27,053	26,692	322,895	322,103	-792

FINANCE

Non Pay Summary 2018/19

2018/19 Non Pay Summary: YTD Month 03								
Non Pay	Pay: In-Month				Pay: Year-To-Date			
	2017/18	2018/19			2017/18	2018/19		
	June	June	June	June	Apr-June	June	June	June
	£'000	£'000	£'000	£'000	Actual	£'000	£'000	£'000
	Actual	Plan	Actual	Variance	Actual	Plan	Actual	Variance
Ambulance Services	109	169	58	111	259	494	193	301
Clinical Supplies & Services	5,010	4,972	5,043	-71	13,989	14,746	15,062	-316
Drugs	4,536	591	417	175	13,163	1,463	1,507	-44
Drugs Pass through	0	4,075	3,825	249	0	12,225	11,990	235
Establishment Expenditure	489	396	790	-394	1,325	1,180	1,650	-470
General Supplies & Services	677	730	996	-266	1,859	2,167	2,871	-704
Other	632	671	386	285	2,085	2,578	1,425	1,153
Premises & Fixed Plant	1,552	1,641	1,164	477	4,473	4,925	4,348	577
Clinical Negligence	1,824	1,781	1,774	7	5,471	5,263	5,323	-60
Capital charges	1,030	986	968	18	3,025	2,957	2,930	27
Total Non Pay	15,859	16,012	15,421	591	45,649	47,998	47,299	699

Non Pay YTD is £0.7m favourable to plan.

However, the in-month position includes the release of £0.5m of prior year accruals (including the £0.3m provision in relation to COS heading IR14).

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

From the run rate analysis, non pay to date has averaged £15.8m per month, but to meet the plan in future months needs to improve by £0.2k (or 1.1%) per month.

Non Pay Run Rate 2018/19

Non Pay	Forecast £'000												FOT £ ytd actuals	Plan	Variance
	Actual M1	Actual M2	Actual M3	Plan M4	Plan M5	Plan M6	Plan M7	Plan M8	Plan M9	Plan M10	Plan M11	Plan M12			
Ambulance Services	55	80	58	172	164	166	171	169	159	163	157	168	1,682	1,983	301
Clinical Supplies & Services	4,667	5,352	5,043	4,525	4,408	4,281	4,574	4,333	4,213	4,348	3,866	4,449	54,059	53,743	-316
Drugs	442	649	417	684	474	533	646	562	300	425	240	571	5,943	5,900	-44
Drugs Pass through	3,827	4,337	3,825	4,075	4,075	4,075	4,075	4,075	4,075	4,075	4,075	4,075	48,664	48,898	235
Establishment Expenditure	420	440	790	394	397	392	397	395	399	399	399	396	5,218	4,748	-470
General Supplies & Services	603	1,272	996	535	568	468	577	468	524	542	513	541	7,607	6,903	-704
Other	1,007	32	386	741	859	699	821	1,278	1,491	1,478	1,498	1,513	11,803	12,956	1,153
Premises & Fixed Plant	1,568	1,616	1,164	1,643	1,643	1,641	1,647	1,655	1,654	1,655	1,655	1,647	19,188	19,765	577
Clinical Negligence	1,774	1,775	1,774	1,781	1,781	1,782	1,781	1,781	1,782	1,781	1,781	1,781	21,354	21,294	-60
Capital charges	981	981	968	1,010	1,015	1,019	1,019	1,019	1,019	1,025	1,030	980	12,066	12,093	27
Total Non Pay	15,344	16,534	15,421	15,560	15,384	15,056	15,708	15,735	15,616	15,891	15,214	16,121	187,584	188,283	699

FINANCE

Income & Expenditure Risks 2018/19

External Factors that could deteriorate the Trust position that are not included in the plan	Part Year (18/19 impact) £000s	Risk Included in the £74.7m Deficit Plan £000s	Risk <i>NOT</i> Included in the £74.7m Deficit Plan £000s
Contract Risk - Commissioners have a combined shortfall to contract of c£5m. There is a risk that this will result in demand management schemes that the Trust cannot pull the costs out at the same rate or aggressive in year fines and penalties	3500	1,750	1,750
Local Fines and Penalties (based on month 2 performance)	3000	0	3,000
Delivery of the staffing FEP within a market place with limited qualified staff	2300	1,550	750
Paediatrics - estimate on further commitments beyond the initial medical staff allocation at Pilgrim	4000	1,000	3,000
Rates review (notified post plan submission)	1000	0	1,000
External Factors that could deteriorate the Trust position that are not included in the plan - Total	13,800	4,300	9,500

As part of the revised plan submission the Trust notified NHSI of the risks included in the above table, including those elements covered in the £74.7m and those that were not.

The Trust is working internally and with STP partners to minimise the risk where possible. However the Trust has and continues to request support from NHSI to liaise and agree a system wide stance to the transactional risk contained above, that do not benefit the STP financial footprint.

The Trust along with the new Turnaround Director is at pace identifying FEP opportunities and maximising in year delivery to mitigate FEP risk.

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FINANCE

Finance Efficiency Programme (FEP) Summary 2018/19

Financial Efficiency Programme Report

Reporting Month : June 2018

Trust Summary Position

Financial Actuals & RAG Rating

M03

Finance Position

Financial Commentary - Month 03 Position

	In Month			YTD			RAG
	Plan	Actual	Variance	Plan	Actual	Variance	
Workbook Plan	1,020	580	440	2,164	1,629	535	R

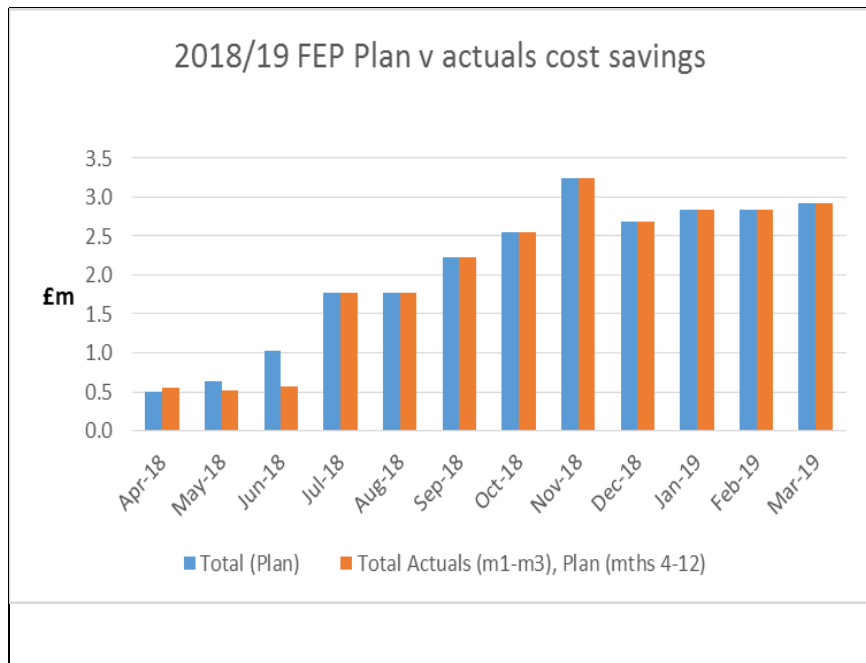
	YTD ACTUAL		FORECAST
	£'000		£'000
Recurrent	1,591	Recurrent	23,427
Non Recurrent	38	Non Recurrent	1,156
TOTAL	1,629	TOTAL	24,583

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

The financial plan assumed efficiency savings delivery to date of £2.2m, such that with delivery YTD estimated to be £1.6m, the position is £0.5m adverse to plan.

The delivery status of the financial efficiency programme is that the schemes now total £24.583m, of which £2.792m (11%) is RAG rated Green, £8.001m (33%) is RAG rated Amber and £13.790m (56%) is RAG rated Red.

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



Forecast Outturn RAG	
	£'000
Green Schemes	2,792
Amber Schemes	8,001
Red Schemes	13,790
Total Forecast	24,583

FINANCE

Statement of Comprehensive Income 2018/19

	2017/18 £'000	2018/19 £'000
<i>Operating Revenue</i>		
Revenue from Patient Care Activities	394,512	407,271
Other Operating Revenue	35,069	34,340
Total Operating Revenue	429,581	441,611
<i>Operating Expenses</i>		
Employee Benefits	322,825	325,283
Operating Expenses	175,099	173,010
Total - Operating Expenses	497,924	498,293
Operating Deficit	(68,343)	(56,682)
<i>Non-Operating Expenses</i>		
Depreciation/Impairment Total	29,250	12,093
Interest Payable	3,148	6,600
Gains on Asset Disposal	(109)	(1,063)
Total - Non-Operating Expenses	32,289	17,630
Retained Deficit	(100,632)	(74,312)
Allowable adjustments against control total	15,828	(388)
total	(84,804)	(74,700)

FINANCE

Statement of Financial Position 2018/19

	2017/18 £'000	2018/19 £'000
Non current assets		
Property, Plant & Equipment	207.7	236.1
Non current receivables	1.8	1.8
Intangible assets	6.1	5.5
Total Non-Current assets	215.6	243.4
Current assets		
Inventories	6.8	6.8
Receivables	25.5	22.5
Asset Held for Sale	1.2	0.0
Cash & Cash Equivalents	10.5	6.2
Total Current Assets	44.0	35.5
Current Liabilities		
Payables	(53.6)	(43.1)
Borrowings	(36.2)	(77.1)
Provisions	(0.7)	(1.1)
Other liabilities	(3.2)	(3.1)
Total Current Liabilities	(93.7)	(124.1)
Net Current Assets/(Liabilities)	(49.7)	(88.6)
Total Assets less Current Liabilities	165.9	154.8
Non-Current Liabilities		
Borrowings	-165.1	-228.9
Provisions	-3.0	-2.9
Other liabilities	-13.6	-13.1
Total Non-Current Liabilities	(181.7)	(244.9)
Total Assets Employed	(15.8)	(90.1)

Financed by Taxpayers Equity		
Public dividend capital	257.6	257.6
Other reserves	0.2	0.2
Retained Earnings / losses accumulated	(308.8)	(382.3)
Revaluation Reserve	35.2	34.5
Total Taxpayers Equity	(15.8)	(90.1)

FINANCE

Cash Report 2018/19 Month 3

The cash balance at 30 June 2018 was £1.6m. This includes revenue cash loans drawn in April / May / June of £23.0m.

The balance at 31 March 2018 (£10.5m) was unusually high as a result of the high level of capital creditors outstanding at that point. In the first three months of 2018/19 the Trust has reduced the level of capital creditors from £11.7m to £3.4m.

Total revenue and capital borrowings at 30 Jun were £224.2m and are forecast to rise to £306.2m by the end of 2018/19. As a consequence of this borrowing costs are anticipated to be £6.6m in I&E terms , and in cash terms £5.4m.

Cash is lower than plan as a result of the YTD adverse I&E variance.

Year to date	Plan £k	Actual £k	Variance £k
Cash balance	2,769	1,635	(1,134)

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

Year to date	Plan £k	Actual £k	Variance £k
Operating Surplus	(19,094)	(20,670)	(1,576)
Depreciation	2,957	2,929	(28)
Other Non Cash I&E Items	(30)	0	30
Movement in Working Capital	1,246	(3,133)	(4,379)
Provisions	117	49	(68)
Cashflow from Operations	(14,804)	(20,825)	(6,021)
Interest received	6	30	24
Capital Expenditure	(17,272)	(10,014)	7,258
Cash receipt from asset sales	0	6	6
Cash from / (used in) investing activities	(17,266)	(9,978)	7,288
PDC Received	0	0	0
PDC Repaid	0	0	0
Dividends Paid	0	0	0
Interest on Loans, PFI and leases	(1,044)	(1,045)	(1)
Capital element of leases	(42)	(42)	0
Drawdown on debt	25,392	22,992	(2,400)
Repayment of debt	0	0	0
Cashflow from financing	24,306	21,905	(2,401)
Net Cash Inflow / (Outflow)	(7,764)	(8,898)	(1,134)
Opening cash balance	10,533	10,533	0
Closing Cash balance	2,769	1,635	(1,134)

Year End Forecast	Plan £k	Actual £k	Variance £k
Operating Surplus	(68,775)	(68,833)	(58)
Depreciation	12,093	12,093	0
Other Non Cash I&E Items	(592)	(592)	0
Movement in Working Capital	(2,497)	(2,104)	393
Provisions	(83)	(146)	(63)
Cashflow from Operations	(59,854)	(59,582)	272
Interest received	24	84	60
Capital Expenditure	(46,388)	(47,408)	(1,020)
Cash receipt from asset sales	2,288	2,294	6
Cash from / (used in) investing activities	(44,076)	(45,030)	(954)
PDC Received	0	0	0
PDC Repaid	0	0	0
Dividends Paid	0	677	677
Interest on Loans, PFI and leases	(5,470)	(5,465)	5
Capital element of leases	(147)	(147)	0
Drawdown on debt	105,554	105,554	0
Repayment of debt	(387)	(387)	0
Cashflow from financing	99,550	100,232	682
Net Cash Inflow / (Outflow)	(4,380)	(4,380)	0
Opening cash balance	10,533	10,533	0
Closing Cash balance	6,153	6,153	0

The cash balance of £1.6m at 30 June reflects the reduction in capital creditors from the year end high of £11.7m. The 2018/19 capital programme is however behind plan and this in turn has impacted upon the level of capital cash utilised (plan £14.0m : actual £9.0m). As a consequence the Trust has not yet drawn against the approved capital loan of £26.6m for Fire Safety works in 2018/19. Revenue loans of £23.0m have been drawn in the first three months.

The cash forecast position assumes that the Trust will achieve its planned income and expenditure position. The only material movements result from increased borrowing costs in cash terms of £0.5m and PDC dividend refund £0.7m from 2017/18. The plan and therefore actual cash forecast assumes capital borrowing of £26.6m in 2018/19. The revised plan has Revenue borrowing in 2018/19 at £79.0m (£74.8m: 2018/19 deficit support; plus £4.2m 2017/18 deficit support).

FINANCE

Capital Report 2018/19 Month 3

The capital spend to date is £1.1m behind plan. This is inclusive of variances in IT - Digital Dictation £0.2m, minor medical equipment of £0.1m, Fire Works - package 1 and 2 at Lincoln £0.4m, Service Developments - Maternity wing £0.3m, Estates Backlog - Theatre Infrastructure Review £0.1m - being behind plan to date. Variances are being escalated through CRIB and the Estates, IT and MDG sub committees to ensure plans to bring back on line in the coming months are provided.

Year to date	Plan	Actual	Variance
	£k	£k	£k
Capital Balance	2,796	1,730	1066

Year End Forecast	Plan	Actual	Variance
	£k	£k	£k
Capital Balance	37,359	37,359	0

Year to date	Plan	Actual	Variance
	£k	£k	£k
Medical Equipment replacement	81	25	56
Prior Year	0	97	-97
ICT	560	237	323
Estates - Backlog	100	0	100
Estates - Fire	1,558	1,149	409
Service developments	497	222	275
Diagnostic capacity & sustainability	0	0	0
Elective capacity	0	0	0
Quality	0	0	0
Total	2,796	1,730	1,066

Year End Forecast	Plan	Actual	Variance
	£k	£k	£k
Medical Equipment replacement	2,000	2,000	0
Prior Year	0	0	0
ICT	1,000	1,000	0
Estates - Backlog	2,000	2,000	0
Estates - Fire	26,908	26,908	0
Service developments	2,451	2,451	0
Diagnostic capacity & sustainability	1,000	1,000	0
Elective capacity	1,000	1,000	0
Quality	1,000	1,000	0
Total	37,359	37,359	0

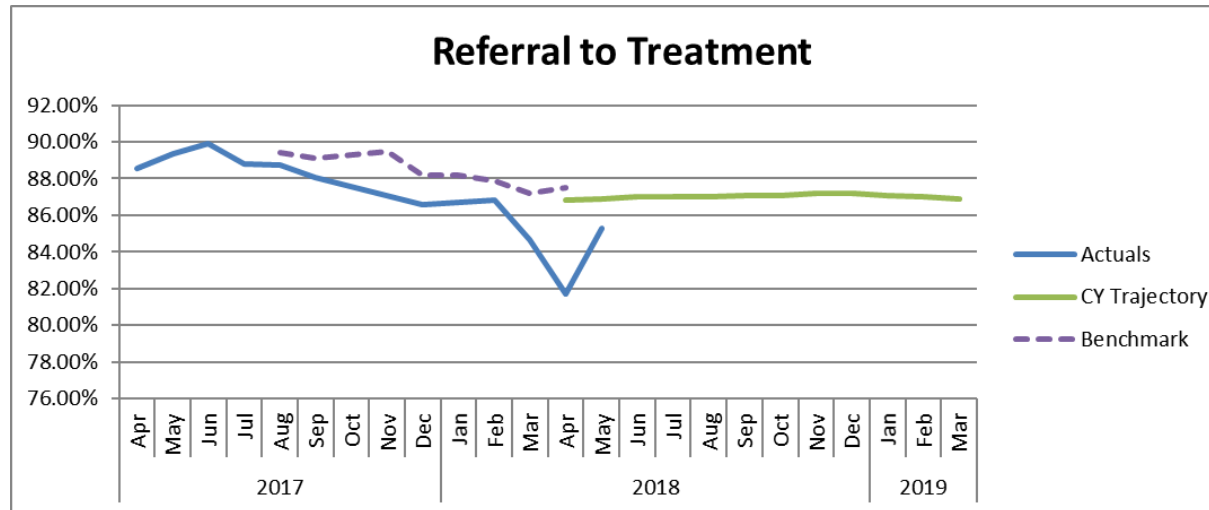
Risks

Whilst profiled the Trust has a significant capital requirement to be spent in the remaining 9 months of the financial year, the majority of which relates to fire where £15.6m has been contractually committed or spent to date.

OPERATIONAL PERFORMANCE

Referral to Treatment – 18 weeks

R



Lead: Mark Brassington, Chief Operating Officer

Timescale: May 2018

Trajectory: 87% stretch ambition by March 2019

Key Issues:

- Medical vacancies remain challenging to maintain routine outpatient capacity. Vacancy rate increased to 18.67%.
- Cancer demand remains high displacing routine outpatient capacity
- Cancelled operations has remained high in May with 281 procedures being cancelled due to bed pressures
- ENT continues to account for approx.24% of the 18 week backlog, this is having a detrimental impact on the overall Trust performance by 1.7%
- There has been a backlog reduction of more than 50 patients in Ophthalmology, General Surgery, Gastroenterology and Pain Management. Total backlog reduction during May = 489

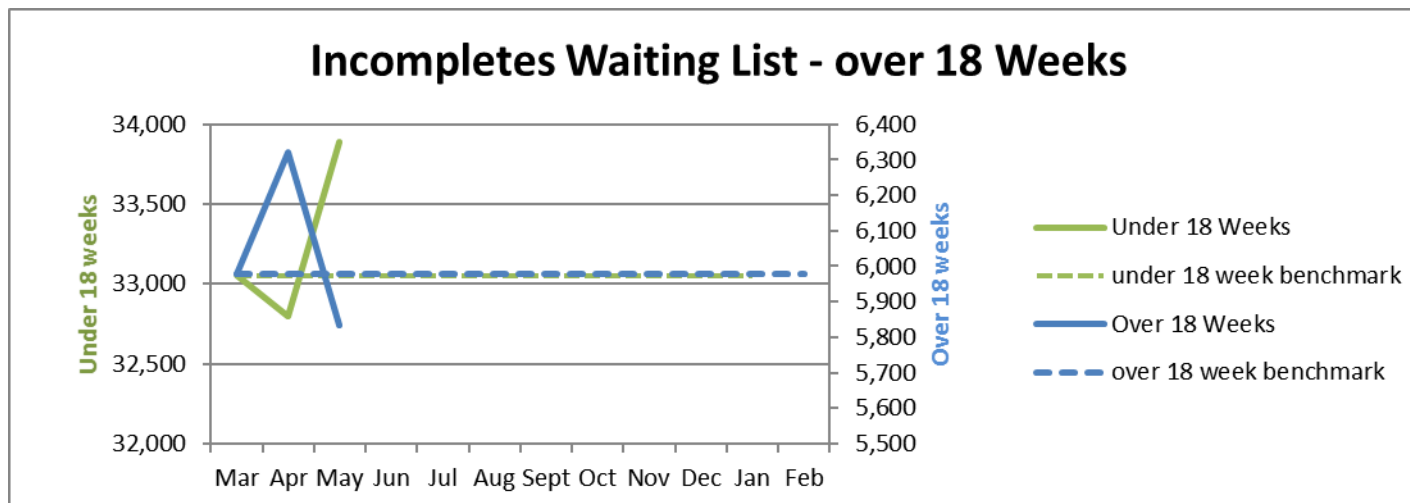
Key Actions:

- ENT has begun outsourcing to the BMI and Spire and have had site visits in relation to insourcing
- Gastroenterology have had an additional consultant start in June, this will provide an additional 4 outpatient session per week
- Increased slot utilisation via outpatient Improvement work

OPERATIONAL PERFORMANCE

Waiting Lists

G



Lead: Mark Brassington, Chief Operating Officer

Timescale: May 2018

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

Key Issues:

- The total incomplete waiting list increased by 604 patients during May, however the 18week+ backlog reduced by 489 patients
- Head & Neck specialties account for 2506 of the 18week+ backlog
- General Surgery, Trauma & Orthopaedics and Gastroenterology account for a combined 1521 of the 18week+ backlog
- At the end of May there were 15 patients incomplete over 52 weeks. Harm reviews have been completed for 11 of these patients – 9 had no harm reported, 2 had low harm reported

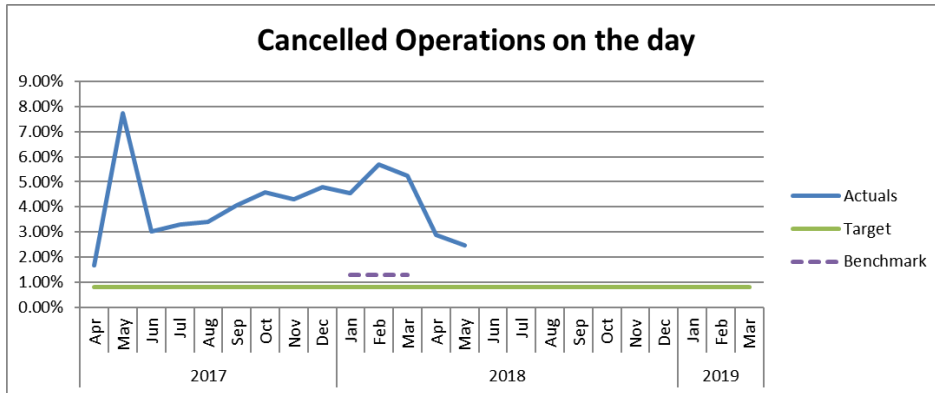
Key Actions:

- Outpatient Improvement Programme to deliver increased slot utilisation and standardisation of templates. Over-delivered against target in April/May
- Theatres Improvement Programme delivering enhanced booking and scheduling processes, and improved pre-operative and peri-operative pathways is expected to increase the delivery of additional cases per list from July
- Pilot Trauma & Orthopaedics reconfiguration from August
- Although not restated in each, key actions described in RTT and waiting list size will have positive impacts on both

OPERATIONAL PERFORMANCE

Cancelled Operations

R



Lead: Mark Brassington, Chief Operating Officer

Timescale: May 2018

Recovery:

Key Issues:

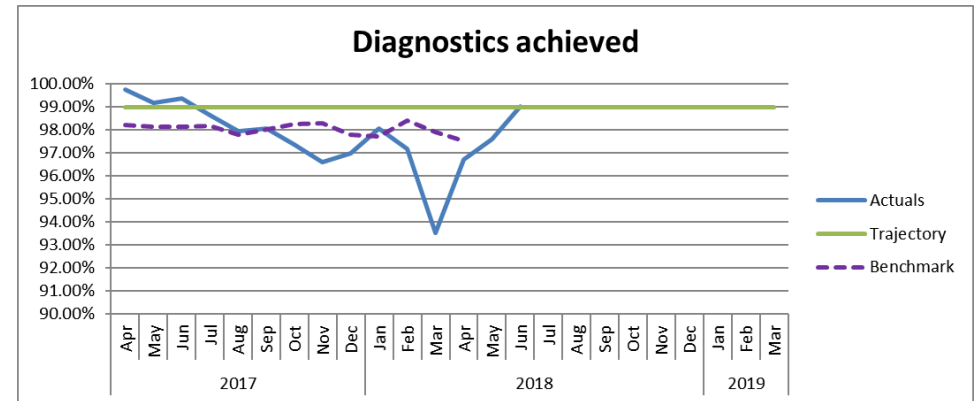
- In May there were 159 patients that had their operations cancelled on the day and 122 that had their operation cancelled the day before
- Lack of general beds was the most frequent reason for cancellation
- 20 patients breached the 28 day rebooking standard

Key Actions:

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

Diagnostic – 6 week standard

G



Lead: Mark Brassington, Chief Operating Officer

Timescale: June 2018

Recovery: 99% by June 2018

Key Issues:

- The diagnostic standard was achieved in June.
- Significant reduction in Echo and Endoscopy breach patients, down to 23 and 9 respectively
- MRI performance position remained approximately in line with May's position, as the service continues to experience significant increases in demand and particular capacity restrictions relating to Cardiac and GA scans
- CT performance deteriorated (23 breaches) primarily as a result of capacity restrictions within specialist Cardiac scans

Key Actions:

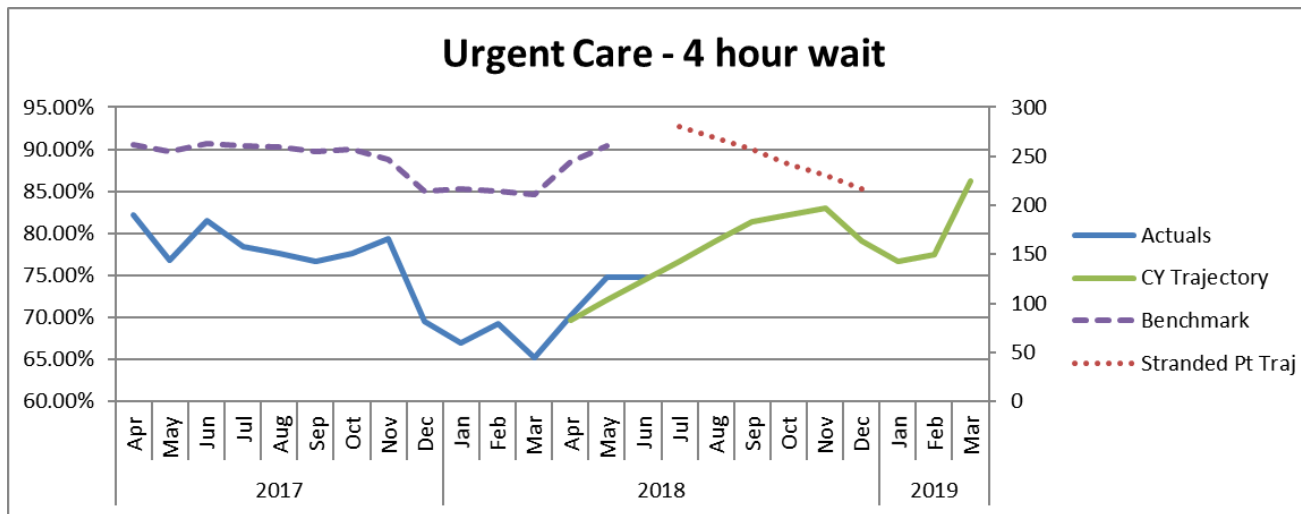
- Continued roll out of Endoscopy 7-day service
- Additional Cardiac scanning sessions within MRI and CT
- Risks relating to Echo capacity in July due to impact of sickness

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OPERATIONAL PERFORMANCE

Urgent Care – 4 Hour Standard

R



Lead: Mark Brassington, Chief Operating Officer

Timescale: June 2018

Trajectory Type I and Type III: performance 83.68% May 2018, 90% by September 2018, 95% by March 2019

Trajectory Type I: 72.03% performance May 2018, 81.41% September 2017, 86.24% March 2019

Key Issues:

- Primary Care Streaming is at 9% against a target of 35% for patients to be streamed away from A&E
- Bed occupancy exceeded target rate of 92% significantly higher at Lincoln and Pilgrim hospitals;
- Demand is outstripping capacity, in particularly variation in demand at times being multiple standard deviations from the mean
- A&E and non-elective admissions exceeded plan and forecast at Lincoln and Pilgrim
- Staffing levels of nursing and medical teams have limited inpatient and A&E capacity, despite the use of agency

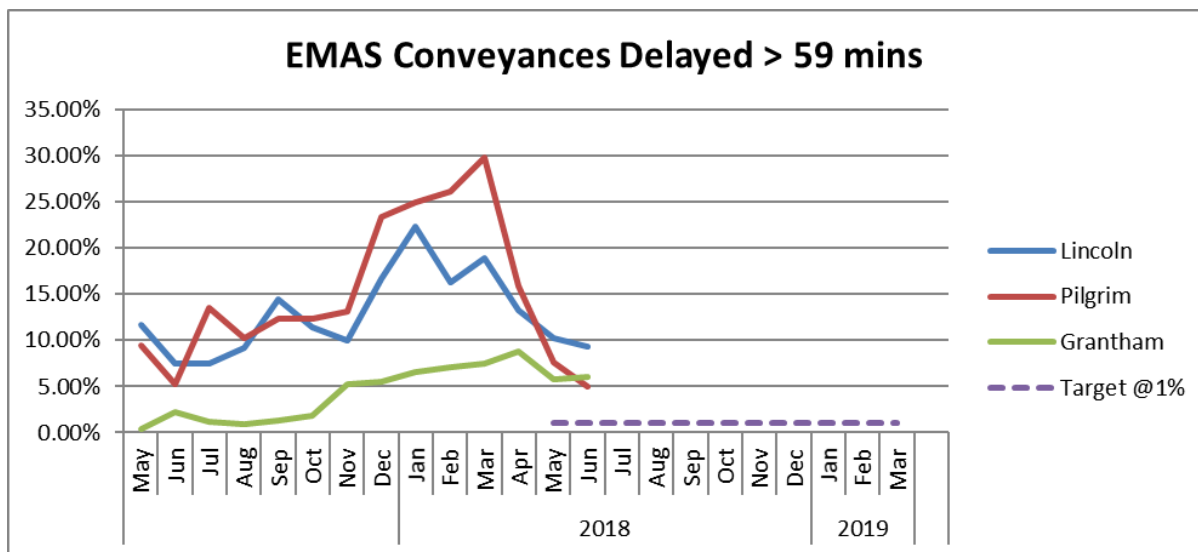
Key Actions:

- Introduce access to radiology diagnostics for primary care streaming; increase number of eligible patients
- Re-introduce top delays and super stay patients led by senior operations team
- Ward rounds will begin at 8am from October 2018
- Demand & Capacity analysis is being undertaken to align staffing to demand

OPERATIONAL PERFORMANCE

Ambulance Handover

R



Lead: Mark Brassington, Chief Operating Officer

Timescale: June 2018

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

Key Issues:

- Significant impact of hospital occupancy rate >95% on flow and ambulance handover time.
- Significant handover double pin entry non-compliance identified.
- Ambulance arrivals still increasing during the summer

Key Actions:

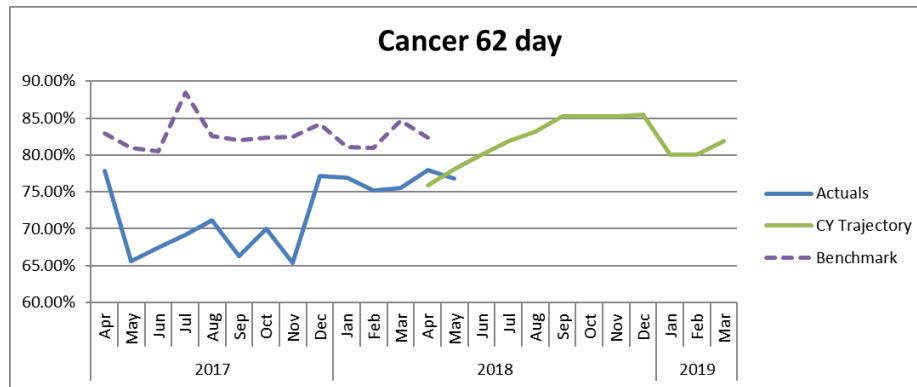
- With support from SSG Health refine the handover processes to improve to 2nd quartile of 60 min handover with <1% 2 hour handovers
- Set up non-A&E inbound screens
- Plan for patient streaming and nurse allocation at Pilgrim
- Reduce overall conveyances by 10% from last year 80th centile rate

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OPERATIONAL PERFORMANCE

Cancer Waiting Times – 62 Day

R



Lead: Mark Brassington, Chief Operating Officer

Timescale: May 2018

Trajectory: 85% by September

Key Issues:

- RCA analysis for May 62 day breaches shows key themes (in order of occurrence):
 - Patient choice and complexity
 - Pathology
 - Theatre capacity (particularly template/TRUS biopsies)
 - CT capacity and biopsies
 - Outpatient capacity
 - Tertiary diagnostics/treatment
- The Trust treated 8 patients over 104 days during June. The Trust completes a full review of any potential harm related to excessive waits for cancer treatment (104 + Day Waits and patients who waited over 21 days for first appointment on a suspect cancer pathway who were subsequently diagnosed with cancer): 14 Harm Reviews have been issued for April. As at 4th July, 11 have been returned reporting no harm, 1 low harm. The remaining 2 harm reviews are with the relevant lead clinician for completion.

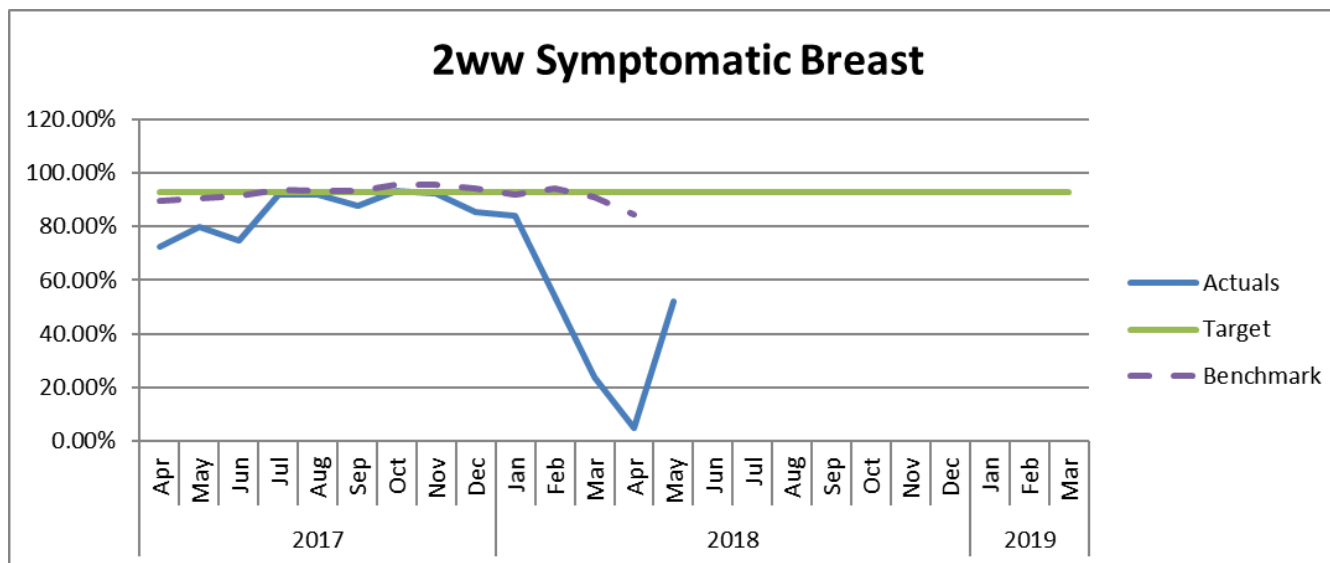
Key Actions:

- The Cancer Alliance bid for non-recurrent funding has been submitted and is awaiting approval
- Radiology requests pathway rolled out and Trust-wide appointment bookings process commenced in June. Scan to report 75% within 7-days in June
- Urology Nurse led triage in line with national optimal pathway. Pilot and evaluation completed, demonstrating a c.8 day reduction in diagnosis time
- An advert for an Oncology locum has gone out and it is anticipated that further capacity will be secured in July. Radiographer led follow ups are being implemented to improve capacity

OPERATIONAL PERFORMANCE

Breast 2ww

R



Lead: Mark Brassington, Chief Operating Officer

Timescale: May 2018

Recovery:

Key Issues:

- 20% increase in Breast 2ww referrals during first 4 months of 2018
- Reduced take up by staff of additional clinic capacity provision at weekends from January 2018 compared with previously, following the transition to national pay structures for additional hours
- Reduction in Breast Radiology capacity from March
- The service is currently polling at 14 days for a first appointment, this is an improved position however it remains at risk

Key Actions:

- Additional Breast Radiology locum capacity has been in place since May, however, the further scheduled support did not join the Trust as planned. It is hoped that another locum will be joining the Trust in mid-August
- Diversion of out of county referrals from 1st June
- External review facilitated by East Midlands Cancer Alliance providing support to the development of new referral pathways and discussions around the provision of advice and guidance with CCGs

APPENDIX 1: GLOSSARY

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