

UNITED LINCOLNSHIRE HOSPITALS NHS TRUST

INTEGRATED PERFORMANCE REPORT

PERIOD TO 30 SEPTEMBER 2018

Excellence in rural healthcare

To:	FSID
From:	Karen Brown, Director of Finance, Procurement & Corporate Affairs
Date:	26 th October 2018
Healthcare standard	All healthcare standard domains

Title:	Integrated Performance Report for September 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 September 2018, provide analysis to support decisions, action or initiate change and set out proposed plans and trajectories for performance improvement.										
The report is provided to the Board for:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Decision</td> <td style="width: 10%; text-align: center; padding: 5px;">√</td> <td style="width: 50%; padding: 5px;">Discussion</td> <td style="width: 10%; text-align: center; padding: 5px;">√</td> </tr> <tr> <td style="padding: 5px;">Assurance</td> <td style="text-align: center; padding: 5px;">√</td> <td style="padding: 5px;">Information</td> <td style="padding: 5px;"></td> </tr> </table>			Decision	√	Discussion	√	Assurance	√	Information	
Decision	√	Discussion	√								
Assurance	√	Information									
Summary/key points:	Executive Summary for identifies highlighted performance with sections on key Successes and Challenges facing the Trust.										
Recommendations:	The Board is asked to note the current performance and future performance projections. The 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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">New risks that affect performance or performance that creates new risks to be identified on the Risk Register.</td> <td style="width: 50%; padding: 5px;">Performance KPIs year to date As detailed in the report.</td> </tr> </table>			New risks that affect performance or performance that creates new risks to be identified on the Risk Register.	Performance KPIs year to date As detailed in the report.						
New risks that affect performance or performance that creates new risks to be identified on the Risk Register.	Performance KPIs year to date As detailed in the report.										
Resource implications (eg Financial, HR)	None										
Assurance implications	The report is a central element of the Performance Management Framework										
Patient and Public Involvement (PPI) implications	None										
Equality impact	None										
Information exempt from disclosure	None										
Requirement for further review?	None										

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EXECUTIVE SUMMARY

Executive Summary for period of 30th September 2018

- ☒ 4 hour waiting time target – performance of 69.47% in September 2018
- ☒ 5 of the 9 national cancer targets were achieved in August 2018
- ☒ 18wk RTT Incomplete performance in August 2018 was 83.26%
- ☒ 6wk Diagnostic Standard –September 2018 performance was 97.22%

Hotspots

Planned Care

Elective activity YTD remains under plan, with Orthopaedics activity accounting for 75% of the underperformance. Orthopaedic activity across all sites continues to perform below plan, with September showing the lowest levels of activity YTD. However, at Grantham activity has increased, albeit at a slower than expected pace, and the trial is intended to bring performance back to 94% of contract.

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

Cancer 62 Day performance in August achieved 82%, this is the highest the Trust has recorded since December 2015. During 2017/18 the Trust's 62-day performance was below 70% for 4 of the first 6 month of the year, with performance amongst the lowest 10 Trust's in the Country. Prior to winter the operational team met and agreed specific Cancer improvements which would be within the Trust's top three priorities to focus on. Since then ULHT have worked with our partners across the system and delivered changes to our PTL process, introduced daily huddles and weekly senior team calls, streamlined pathways, improved diagnostic turnaround times, developed our patient communication approaches and undertaken many other improvements.

However some of the changes that have been made have had a negative impact on the 2ww pathway. The implementation of increased STT pathways have put a strain on diagnostic performance, however improvements are being made to the diagnostic pathway which will have a positive impact.

Finance

The financial position is £7.5m adverse to plan this is inclusive of a number of factors;

The Trust is currently £1.6m behind on elective activity against plan YTD, with the largest proportion of this being in Orthopaedics and ENT. It is anticipated that the Orthopaedic position should improve as the new service delivery model is implemented. Outpatients are over performance YTD, however the in-month performance is the lowest to date. Attendances in General Surgery, Orthopaedics, Ophthalmology, Medical Oncology and Gynaecology are all particularly low in-month compared to the M1-5 average. Plans are being developed to address the shortfalls in other specialties. Capacity has been lost in Gynaecology as a result of the fire works, refurbishment of theatres, lack of theatre staff and hot weeks not being covered in Lincoln.

So far in 2018/19 the Trust has received £1m of fines, Cancer £559k all but £36k of which relates to 2 week wait, Cancelled operations not rescheduled within 28 days (£261k), Duty of Candour compliance (£191k) and MRSA and C-Diff (£13k). This information will be shared with Divisions at the monthly performance review meetings.

Excellence in rural healthcare

FEP delivery is £4.6m behind plan and remains a concern and is being impacted on by under performance against elective activity and increased staff costs driven by agency spend, when the financial plan was inclusive of reductions in this type of premium spend. Pay trends on non-premium staffing are in part driven by contracted WTE numbers falling since December 2017, and in August 2018 they fell to their lowest level since October 2016. The increase to staff numbers in September has been mainly driven by nursing recruitment that has not fed through to reduced temporary costs as a large proportion will initially be supernumerary whilst they complete their inductions.

Workforce

The rolling 12 month sickness rate has continued to reduce for the sixth consecutive month, and the rate for the first five months of 2018/19 is 0.26% lower than the same period in 2017/18.

Overall Medical vacancies have increased to 4.6% in-month. In terms of service delivery the vacancy problem is highlighted in the following areas:

- Orthopaedics Grantham Vacancy rate 17%
- Orthopaedics Lincoln Vacancy rate 12%
- ENT Boston Vacancy rate 21%
- ENT Lincoln Vacancy rate 43%

Nursing staff in post has increased 1865 to 1939 through the September intake (registered nurses and midwives), however as some of these are newly qualified they will initially be supernumerary whilst they complete their inductions.

Temporary staffing cost is 17.4% as an overall proportion of pay spend, compared to 16.1% in April. This equates to an increase of £1.5m from Q1 to Q2 of which £1.2m relates to agency expenditure with the main area being medical staffing at £642k.

Quality

The Trust is still alerting as an outlier for SHMI but have successfully appointed Medical Examiners who will be starting in the next few months. This is a lengthy process but it is forecasted that by the end of Q4 these roles will be filled across Lincoln and Pilgrim.

Sepsis (screening within 1 hour) is still not achieving the 90% target, however the ebundle is being modified to align to the national sepsis bundle. This should improve screening compliance. The bundle will also be available on the IPod which will allow staff to complete the full bundle without trying to find another computer. IVAB within 1 hour is achieving greater than 90%.

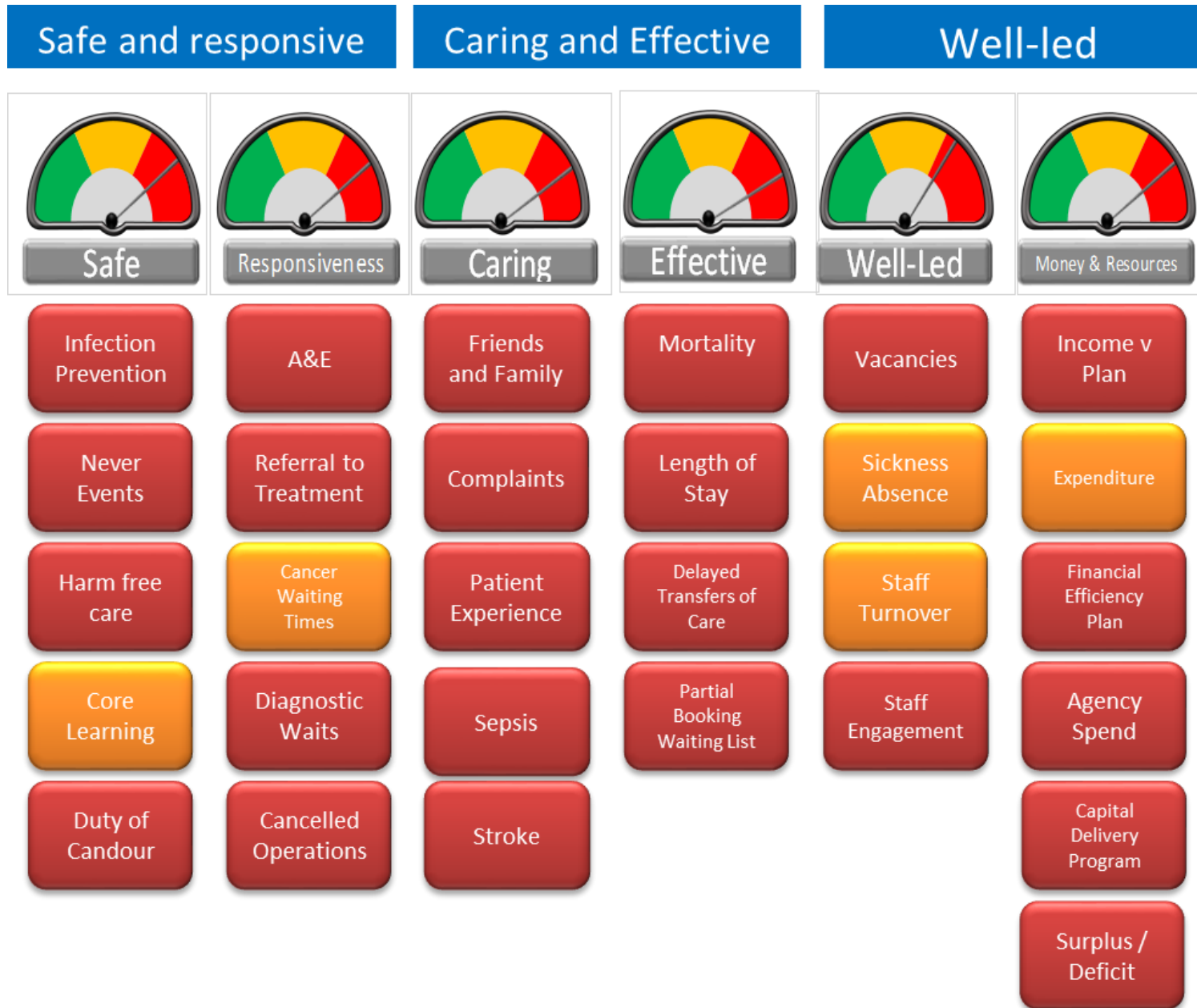
New Harm Free Care is performing above the national average and reported 99.3% for August.

The Trust have received a Contract Performance Notice from the CCGS in relation to eDD performance and a meeting has been arranged in the coming weeks to agree an action plan for recovery.

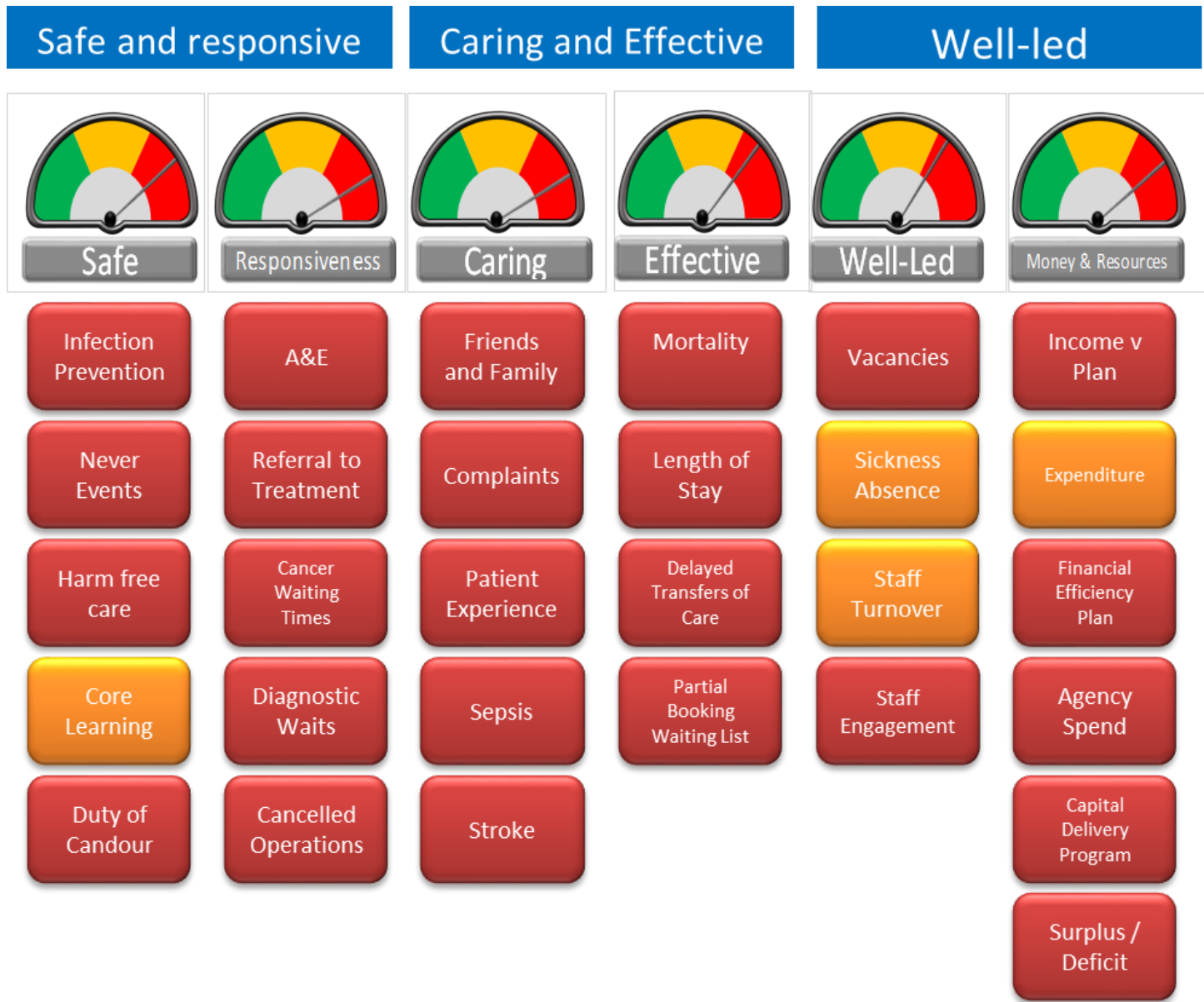
FSID are asked to recommend to Trust Board the movement in the 2018/19 forecast financial position from £74.7m to £87.3m in line with the revised financial outturn slide contained in the attached presentation. This was discussed with NHSI at the Financial Special Measures (FSM) review on 10th October 2018. This will have implications for the cash borrowing requirement which will be addressed in future meetings.

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

TRUST PERFORMANCE OVERVIEW – SEPTEMBER 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	September-2018	6	34		→ A	Datix
	MRSA bacteraemia (post 3 days)	0	September-2018	0	1		→ G	Datix
Never Events	Number of Never Events	0	September-2018	0	4		→ G	Datix
No New Harms	New Harm Free Care %	98%	August-2018	99.30%	98.84%		↑ G	Quality
	Pressure Ulcers (PUNT) 3/4	0	August-2018	8	35		↓ A	Quality
Friends and Family Test	Inpatient (Response Rate)	26%	August-2018	18.00%	19.20%		↓ R	Envoy Messenger
	Inpatient (Recommend)	96%	August-2018	91.00%	91.20%		→ A	Envoy Messenger
	Emergency Care (Response Rate)	14%	August-2018	23.00%	22.20%		→ G	Envoy Messenger
	Emergency Care (Recommend)	87%	August-2018	85.00%	83.40%		↑ G	Envoy Messenger
	Maternity (Response Rate)	23%	August-2018	15.00%	17.80%		↑ A	Envoy Messenger
	Maternity (Recommend)	97%	August-2018	100.00%	99.60%		→ G	Envoy Messenger
	Outpatients (Response Rate)	14%	August-2018	5.00%	5.80%		↓ R	Envoy Messenger
	Outpatients (Recommend)	94%	August-2018	93.00%	93.20%		→ G	Envoy Messenger
Inpatient Experience	Mixed Sex Accommodation	0	August-2018	0	1		→ 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	84%	September-2018	69.47%	72.22%		↓ R	Medway
	12+ Trolley waits	0	September-2018	1	1		↑ R	Medway
	%Triage Achieved under 15 mins	98%	September-2018	67.65%	65.07%		↑ A	Medway
RTT	52 Week Waiters	0	August-2018	20	73		↑ R	Medway
	18 week incompletes	87.0%	August-2018	83.26%	83.68%		↓ R	Medway
Cancer	62 day classic	83%	August-2018	82.00%	76.58%		↑ G	Somerset
	2 week wait suspect	93%	August-2018	84.80%	80.70%		↑ A	Somerset
	2 week wait breast symptomatic	93%	August-2018	39.20%	35.98%		↓ R	Somerset
	31 day first treatment	96%	August-2018	97.30%	98.32%		↓ A	Somerset
	31 day subsequent drug treatments	98%	August-2018	99.10%	99.82%		↓ A	Somerset
	31 day subsequent surgery treatments	94%	August-2018	88.10%	84.28%		↑ A	Somerset
	31 day subsequent radiotherapy treatments	94%	August-2018	97.80%	97.54%		↑ G	Somerset
	62 day screening	90%	August-2018	91.20%	86.72%		↑ G	Somerset
62 day consultant upgrade	85%	August-2018	85.70%	87.92%		↓ A	Somerset	
Diagnostic Waits	diagnostics achieved	99%	September-2018	97.22%	98.02%		↓ R	Medway
Cancelled Operations	Cancelled Operations on the day (non clinical)	0.80%	August-2018	3.12%	3.27%		↓ A	Medway
	Not treated within 28 days. (Breach)	5%	August-2018	5.67%	7.92%		↑ R	Medway
Mortality	SHMI	100.00	Q1 2018/19	101.05	102.31		↓ G	Dr Foster
	Hospital-level Mortality Indicator	100.00	Q1 2018/19	114.87	114.37		↓ A	Dr Foster
Surplus / Deficit	Surplus / Deficit	-4,968	September-2018	-7,070	-40,778		↓ R	FPIC Finance Report
Sepsis	Sepsis Bundle compliance in A&E	90%	August-2018	74.00%	73.60%		↓ R	Quality
	IVAB within 1 hour for sepsis in A&E	90%	August-2018	88.20%	91.18%		↑ A	Quality
	Sepsis screening compliance in inpatients	90%	August-2018	76.00%	62.80%		↑ A	Quality
	IVAB within 1 hour for sepsis in inpatients	90%	August-2018	100.00%	87.92%		↑ G	Quality

TRUST PERFORMANCE OVERVIEW – LOCAL INDICATORS

Indicator	Measure	Standard	Current Data Month	Month Actual	YTD	Trend			Source
Infection Control	MSSA	2	September-2018	3	4		↑	R	Datix
	ECOLI	8	September-2018	5	30		↓	G	Datix
No New Harms	Serious Incidents reported (unvalidated)	0	August-2018	23	92		↑	R	Datix
	Harm Free Care %	95%	August-2018	91.70%	92.65%		↓	A	Quality
	Catheter & New UTIs	1	August-2018	0	6		↓	G	Quality
	Falls	3.90	August-2018	5.50	5.76		↓	A	Datix
	Medication errors	0	August-2018	124	613		↓	A	Datix
	Medication errors (mod, severe or death)	0	August-2018	17	85		↑	R	Datix
	VTE Risk Assessment	95%	September-2018	96.11%	97.08%		↓	A	Information Services
Core Learning	Overall percentage of completed mandatory training	95%	September-2018	90.60%	91.46%		↓	A	ESR
Complaints	No of Complaints received	70	August-2018	47	279		↓	G	Datix
	No of Pals		August-2018	452	2040		↑	A	Datix
eDD	eDD	95%	August-2018	84.44%	88.76%		↓	R	EDD
Fracture Neck of Femur	#NOF 24	70%	August-2018	63.89%	63.02%		→	A	Quality
	#NOF 48 hrs	95%	August-2018	94.44%	94.75%		→	G	Quality
Dementia	Dementia Screening	90%	August-2018	93.47%	91.52%		↑	G	Information Services
	Dementia risk assessment	90%	August-2018	98.73%	99.32%		↑	G	Information Services
	Dementia referral for Specialist treatment	90%	August-2018	82.61%	81.93%		↓	R	Information Services
Ambulance Handovers	EMAS Conveyances to ULHT		September-2018	4506	28134		↓	A	EMAS
	EMAS Conveyances Delayed >59 mins	45.06	September-2018	422	2607		↑	R	EMAS
Triage	% Triage Data Not Recorded	0%	September-2018	12.17%	12.49%		↑	R	Medway
Cancer	104+ Day Waiters	0	September-2018	12	51		↑	R	Somerset
Length of Stay	Average LoS - Elective (not including Daycase)	2.80	September-2018	2.90	2.92		↑	A	Medway / Slam
	Average LoS - Non Elective	3.80	September-2018	4.56	4.63		↑	R	Medway / Slam
Delayed Transfers of Care	Delayed Transfers of Care	3.5%	September-2018	0.00%	3.32%		↓	G	Bed managers
Partial Booking Waiting List	Partial Booking Waiting List	0	September-2018	7639	7712		↓	A	Medway
Vacancies	Number of Vacancies	5%	September-2018	13.95%	13.95%		↓	A	ESR
Sickness Absence	All days lost as a percentage of those available	4.5%	September-2018	4.67%	4.71%		↓	G	ESR
Staff Turnover	Staff Turnover	6%	September-2018	6.14%	6.01%		↑	A	ESR
Staff Engagement	Staff Appraisals	90%	September-2018	69.75%	73.64%		↓	R	ESR
Income	Income	36,996	September-2018	35,064	219,234		↓	R	Board Report Master
Expenditure	Expenditure	-41,964	September-2018	-42,134	-260,012		↑	G	Board Report Master
Efficiency Delivery	Efficiency Delivery	2,221	September-2018	572	3,319		↓	R	FIMS report
Capital Delivery Program	Capital Delivery Program	3,905	September-2018	1,370	6,618		↓	R	FPIC Finance Report
Agency Spend	Agency Spend	-2,223	September-2018	-2,912	-16,542		↑	A	Agency Staff Analysis

CLINICAL DIRECTORATES DASHBOARD

Indicator	Measure	Grantham	Women & Children	Clinical Support Services	Lincoln Urgent Care	Lincoln Acute Medicine	Haematology & Oncology	Cardiology	Lincoln Surgery & Urology	Lincoln TACC	Pilgrim TACC	Pilgrim Surgery	Head & Neck	Pilgrim Acute Medicine	Orthopaedics (Lincoln)	Orthopaedics (Pilgrim)	Orthopaedics
Infection Control	Clostrum Difficile (post 3 days)	G	G	G	G	R	R	G	R	G	G	G	R	G	G	G	G
	MRSA bacteraemia (post 3 days)	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G
	MSSA	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G
	ECOLI	A	A	G	G	R	A	G	A	G	G	G	G	G	G	G	G
Never Events	Number of Never Events	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G
No New Harms	Serious Incidents reported (unvalidated)	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
	New Harm Free Care %	G	G	G	R	G	A	G	G	G	G	G	G	G	G	G	G
	Falls	R	R	G	R	R	R	R	R	G	G	R	R	R	R	R	R
	Medication errors (mod, severe or death)	R	R	R	R	R	R	G	R	G	R	R	R	R	R	R	R
	Pressure Ulcers (PUNT) 3/4	A	G	G	A	R	R	R	R	A	A	R	A	R	R	R	R
	Sepsis Bundle compliance in A&E	R		G	R									R			
Core Learning	Overall percentage of completed mandatory training	R	R	G	R	R	A	A	A	A	R	R	A	R	R	A	R
Friends and Family Test	Inpatient (Response Rate)	G	R		R	G	R	A	R	R	R	R	R	G	R	R	R
	Inpatient (Recommend)	R	R	A	R	A	R	R	R	R	R	R	R	R	R	R	R
	Emergency Care (Response Rate)	G			G	G								G			
	Emergency Care (Recommend)	G			A	G								R			
	Maternity (Response Rate)		A														
	Maternity (Recommend)		A														
	Outpatients (Response Rate)	R	R			R	R				R	R	G			R	R
	Outpatients (Recommend)	G	R	R		R	R				R	R	G			R	R
Complaints	No of Complaints received	A	A	A	G	R	G	G	A	G	G	A	A	A	A	A	A
Inpatient Experience	Mixed Sex Accommodation																
Stroke	Patients with 90% of stay in Stroke Unit					G								G			
	Allowing assessment < 4hrs					R								R			
	Scanned < 1 hrs					R								R			
	Scanned < 12 hrs					A								A			
	Admitted to Stroke < 4 hrs					R								R			
	Patient death in Stroke					R								R			
Indicator	Measure	Grantham	Women & Children	Clinical Support Services	Lincoln Urgent Care	Lincoln Acute Medicine	Haematology & Oncology	Cardiology	Lincoln Surgery & Urology	Lincoln TACC	Pilgrim TACC	Pilgrim Surgery	Head & Neck	Pilgrim Acute Medicine	Orthopaedics (Lincoln)	Orthopaedics (Pilgrim)	Orthopaedics
A&E	4hrs or less in A&E Dept	A			R									R			
	12+ Trolley waits	G			G									R			
	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																
RTT	18 week incompletes	A	A	R		R	G	A	R	G	R	R	R	R	A	A	A
Cancer	62 day classic	R	R			G	G		R			G	R	R			
	2 week wait suspect	R	G			G	R		R			R	G	G			
	2 week wait breast symptomatic											R					
	31 day first treatment	G	G			G	G		G			G	R	G			
	31 day subsequent drug treatments						G										
	31 day subsequent surgery treatments	R							G			R					
	31 day subsequent radiotherapy treatments																
62 day screening	R	R				R		R			R						
Diagnostic Waits	diagnostics achieved			A				R									
Partial Booking Waiting List	Partial Booking Waiting List	R	R			R		R	R		R	R	R	R	R	R	R
Vacancies	Number of Vacancies		R	R	R	R	R	R	R	R	A	R	R	R	R	R	R
Sickness Absence	All days lost as a percentage of those available	R	R	G	R	R	G	R	R	G	R	G	G	R	R	A	R
Staff Turnover	Staff Turnover		G	R	R	G	G	G	G	G	G	G	A	G	R	G	G
Staff Engagement	Staff Appraisals	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R

QUALITY

Reduction of Harm Associated with Mortality

R

Lead: Neill Hepburn, Medical Director

Timescale: Q1 2018/19

Hospital Standardised Mortality Ratio – HSMR

ULHT’s HSMR is within expected limits. In month the HSMR is the lowest it has been for 8 years. Lincoln site remains outside of expected limits despite having a lower crude mortality than Pilgrim site.

Actions:

A Quality Improvement Programme commenced on the 1st August 2018, targeting improvement on the Emergency Assessment Units to drive improvement and engagement in accurate completion of the main condition treated, comorbidities, significant history and confirmed test results are accurately captured.

There are currently 3 ongoing in-depth reviews for alerting diagnosis to assess the care pathway in Vascular, Sepsis and Acute MI. The Medical Examiner process will be rolled out in October 2018; this will ensure the initial screen of the patient death is completed and any concerns in care are addressed and escalated where appropriate.

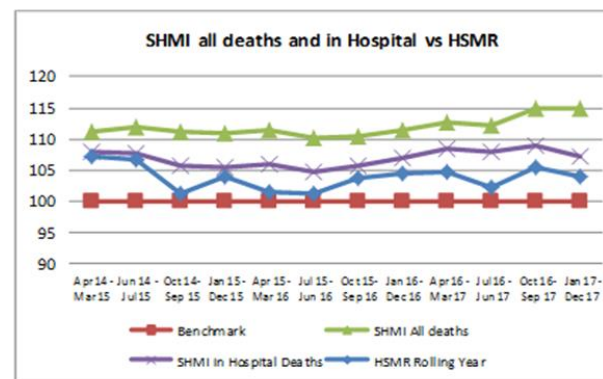
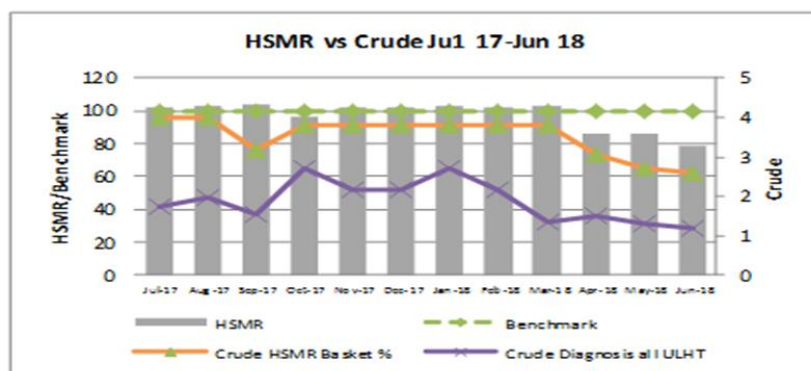
Summary-level Hospital Mortality Index-SHMI

ULHT remain within Band 1 outside of expected limits with a score of 114.87. Driven by Lincoln and Pilgrim sites. Pilgrim is not alerting within HSMR, however through the collaborative work it has become apparent that Pilgrim have more community hospitals and hospices available for discharging end of life patients.

Actions:

The Quality Improvement Programme outlined above will help increase the SHMI’s expected mortality with the accurate capturing of comorbidities, however with the time-lapse on 6 months, the improvements will not be evident within the SHMI until March 2019. The Lincolnshire Mortality Collaborative ongoing work with the community to try to reduce avoidable admissions, working with care homes and General Practitioners on advance care plans. Teleconference arranged with NHSI to review mortality actions to improve SHMI.

Trust/Site	ULHT HSMR Jul 17-Jun 18 12 month	ULHT HSMR Apr 18-Jun 18 FYTD	ULHT HSMR Jun-18	ULHT SHMI Jan 17-Dec 17	Trust Crude Mortality Internal source Sep 17-Aug 18
Trust	101.50	84.35	79.03	114.87	1.82%
LCH	114.77	93.70	86.55	116.04	1.86%
PHB	95.04	81.79	83.01	116.65	2.05%
GDH	59.94	39.34	23.98	100.19	0.89%



QUALITY

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

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

SHMI In-hospital Alerting Diagnosis

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

QUALITY

Deaths in Scope

Deaths reported to June-18 to allow for 4 week deadline completion.

Measure	Description	Month Jun-18	Rolling Year Jul 17-Jun 18
Deaths in Scope	Total Deaths in scope	171	2771
	Number inpatient deaths	146	2446
	Number of A&E Deaths	25	325
Initial Review	Must Do's for Review	36	984
	% of reviews complete	31%	59%
Escalated Reviews	Reviews identified For MoRAG / Collaborative	10	225
	% of deaths identified	6%	8%
	% of reviews completed	0%	75%
Learning Disability	Total Deaths in scope	1	16
	Submitted to LeDeR	1	16
	% reviews completed	100%	100%
Severe MH	Total Deaths in scope	2	36
	Number Reviews completed	0	24
	% review compliance	0%	67%
SI Review-	Total Deaths in scope	1	27
	Number Reviews completed	0	13
	% review compliance	0%	48%

Mortality Reduction Action Plan

The Trust are taking actions to reduce mortality by monitoring key metrics that underpin the mortality reduction strategy.

Ongoing actions include:

- ◆ Continue to review mortality cases and escalate to mortality surveillance groups– Thematic cases briefings are produced
- ◆ Current reviews underway: Sepsis Deaths, Vascular and Acute MI
- ◆ Review of Sepsis Deaths for confirmation of a primary diagnosis of sepsis-action from preliminary review of sepsis notes
- ◆ Community Acquired Pneumonia care bundle review
- ◆ Review of NIV patients at PHB against the care bundle
- ◆ Lincolnshire LeDeR Steering group are engaging with the Trust for Learning Disability Death reviews.
- ◆ National audit participation for Heart Failure, MINAP, SSNAP, National Audit of care at end of life, BTS-NIV and COPD
- ◆ Continue to produce and disseminate mortality learning briefings
- ◆ Investment in the Clinical Coding Team; expansion from 24 coders to 41 WTE
- ◆ Introduction of the Clinical Coding Triangles– Engaging Clinicians, Coding and Managers to work together
- ◆ Chronic co-morbidities and significant history recorded from previous episodes can now be carried forward –implemented July 2018– this will reflect in the Depth of coding release in line with SHMI/HSMR publication in December 2018.
- ◆ QIP on all sites Emergency Assessment Units; Doctors have been nominated to drive the improvement on compliance in accurate completion of main condition being treated, comorbidities and significant history. Driving improvement should show an increase in expected mortality. Initial outcomes to be reported in October 2018
- ◆ Medical Examiner role and process to roll out October 2018; initial screening of mortalities to raise and escalate where appropriate concerns in patient care.
- ◆ Engagement in Mortality in the Clinical Management Board (CMB), mortality is now on the agenda and will be reporting to the CMB from September 2018
- ◆ NHSI meeting in October 2018 to discuss Mortality Improvement and reduction

QUALITY

Mortality Reduction Strategy Summary Overview

Measure	Source	17/18 QTR 4	18/19 QTR 1	18/19 QTR 2	18/19 QTR 3	18/19 QTR 4	2021 Target
HSMR– QTR Reported June, Sept, Dec, Mar	Dr Foster	102.65	101.50				<=90
SHMI– QTR Reported June, Sept, Dec, Mar	Dr Foster	112.22	114.90				<=100
Crude non-elective depth of coding	Dr Foster	3.8	3.8				<6.40%
Palliative care coding	Dr Foster	31.80	31.78				>43.45%
Sepsis screening within 1 hour	Sepsis audit	71.33%	60%				>=90%
Sepsis IVAB within 1 hour	Sepsis audit	92%	83%				>=90%
Monthly Physiological observations-NEWS	WebV	80.72%	83.55 %				>=95%
Cardiac Arrest Reduction	Resus	59	50				30%
Reduce patient spells with 0 comorbidity score	Dr Foster	1.39%	1.43%				<=1.19%
Daily Senior Review (Bi-annually)	7DS audit	70%	79% (TBC)	N/A		N/A	100%
Reduction mortalities in Septicaemia	Dr Foster	380	373				< expected
Reduction mortalities in COPD & Bronchiectasis	Dr Foster	78	71				< expected
SI-Reduce 10% reduction yearly for moderate to death	Risk	48	45				30%

QUALITY

National Comparison Overview

National Comparison Metric	National Acute (Non specialist)	ULHT
HSMR (Jul 17-Jun 18)	98.50	101.50
SHMI (Jan 17-Dec 17)	100.41	114.87
Crude rate % (HSMR)	3.50%	3.63%
Elective Crude Rate %	0.15%	0.11%
Non elective Crude Rate %	6.35%	6.88%
% All Spells coded as Palliative Care	2.44%	2.06%
Emergency Spells % coded as Palliative Care	4.23%	3.86%
Comorbidity 0 score per observed Deaths %	16.24%	19.22%
Comorbidity 0 score per Spells %	48.30%	49.68%
Emergency Comorbidity Score 0 Spells =>75 years of age	42.11%	43.14%
Weekend % of observed	26.58%	26.09%
Weekday % of observed	74.80%	74.12%
Spells Readmissions 28 days %	6.34%	5.80%
Residual Coding % of all spells (Uncoded episodes)	1.85%	1.35%
R00-R99 Signs and symptoms % of spells	10.85%	9.64%
LOS short stay 0-2 days Observed %	17.76%	19.58%
LOS 3+ Observed %	83.25%	80.42%

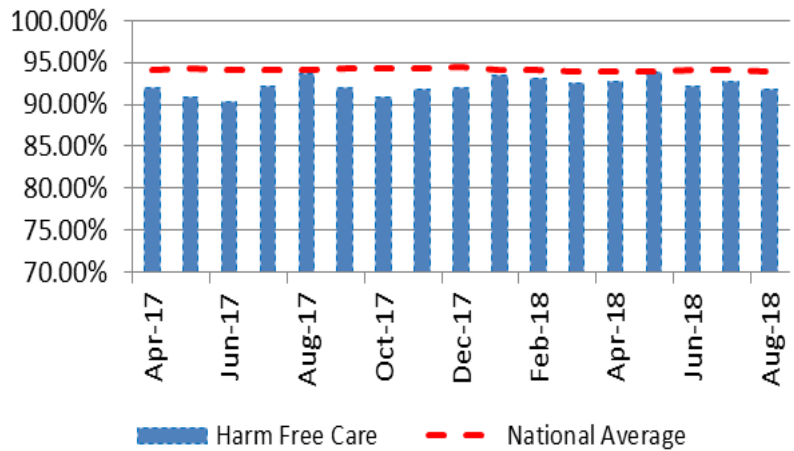
The table above compares ULHT against national comparison for key metrics.

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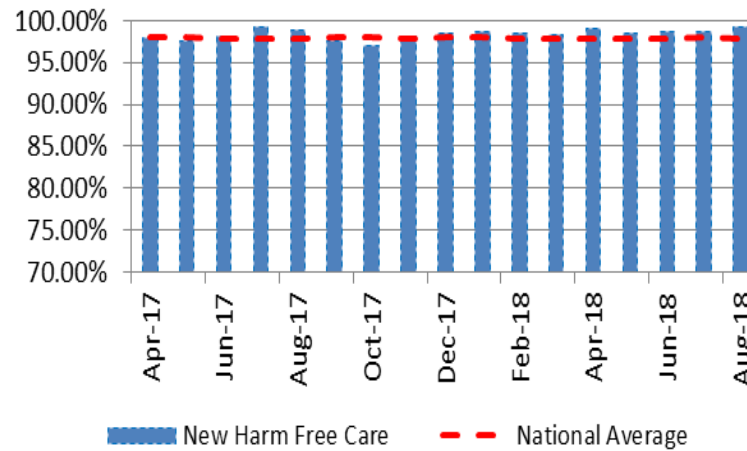
New Harm Free Care (Safety Thermometer)

G

Harm Free Care (Old & New)



New Harm Free Care



Summary for August 2018

	ULHT
Harm Free Care	91.7%
New Harm Free Care	99.3%
Pressure Ulcers - New	3
Falls with Harm	2
Catheter & New UTI	0
New VTEs	1
Patients	856

Lead: Michelle Rhodes, Director of Nursing

Timescale: August 2018

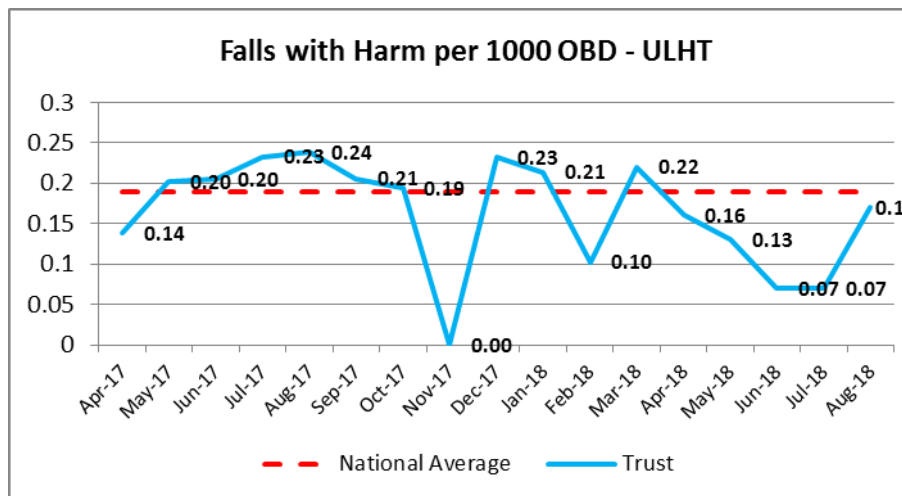
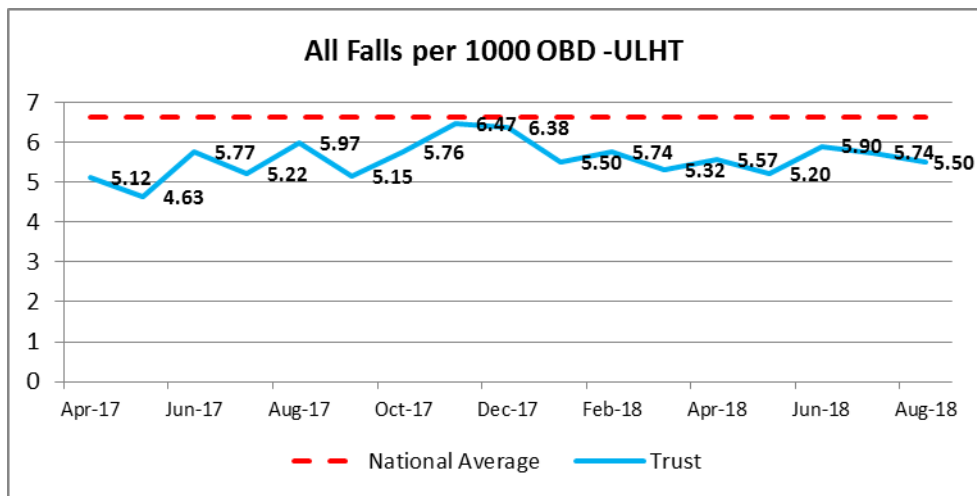
Key Issues:

- The Trust achieved 91.7% for Harm Free care which is lower than the national average of 93.9%
- The Trust achieved 99.3% for New Harm Free Care which is higher than the national average of 97.9%
- The Trust achieved 0.4% for New Pressure Ulcers which is lower than the national average of 0.9%
- The Trust achieved 0.2% for falls with harm which is lower than the national average of 0.6%
- The Trust achieved 1.8% for CAUTI which is worse than the national average of 0.7% (this is all CAUTI new and old)
- The Trust achieved 0.1% for new VTE which is better than the national average of 0.4%
- A monthly report is disseminated to all wards and managers detailing the harms for each ward and individual ward compliance with harm free care.
- The in-depth analysis for falls, pressure ulcers and CAUTI are detailed within the relevant section in the report.

QUALITY

Falls

R



Timescale: August 2018

Lead: Michelle Rhodes, Director of Nursing

Key Issues:

- All falls per 1000 OBDs for the Trust in August 2018 is 5.50 which is better than the national average of 6.63 (National average is taken from the National Audit of Inpatient Falls, RCP 2015).
- Falls with harm per 1000 OBD for the Trust in August 2018 is 0.17 which is better than the national average of 0.19 (National average is taken from the National Audit of Inpatient Falls, RCP 2015).
- The Trust submits data as part of the safety thermometer which is a 72 hour point prevalence survey. This data is used in the calculation of the Trusts Harm Free Care percentage and is included for monitoring through the model hospital. When comparing all falls, ULHT was 1.1% which is better than the national average of 1.5% in August 2018. When comparing falls with harm, ULHT was 0.2% which is better than the national average of 0.6% in August 2018.

Key Actions:

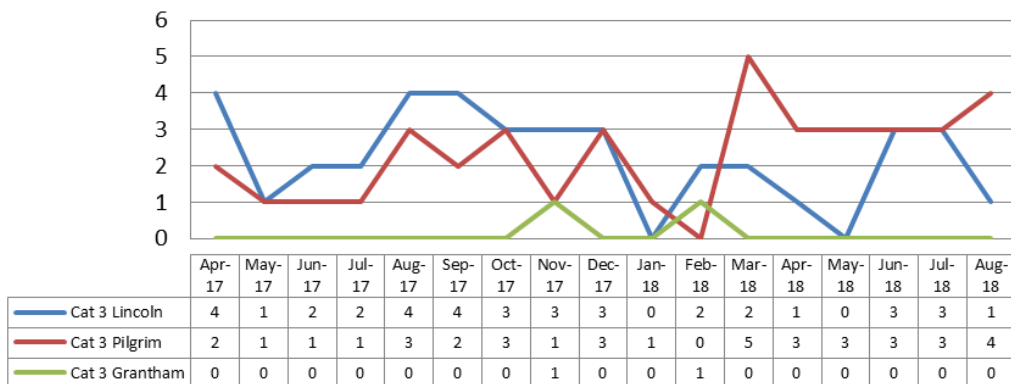
- 2nd October meeting booked to set agenda for the Falls ambassador workshop (Consultant Nurse for Frailty and Quality Matron/Falls lead)
- 11th October 2018 inaugural falls ambassador workshop booked for Pilgrim. 23rd October 2018 inaugural falls ambassador workshop booked for Lincoln. Then bi-monthly meetings booked for ongoing support (VC'ed across sites) for ambassadors
- Falls SI panel process currently under review to optimise effectiveness of meetings and to produce more robust methods of review and dissemination. Again it is envisaged that the fall ambassadors will become more actively engaged in the SI process and will be supported to take ownership of informative newsletters in collaboration with the Trust Falls Steering Group.
- Falls ambassador meeting will be used as the vehicle to drive momentum for ward accreditation reduced falls. Meetings will be used to share best practice across sites, review areas of poor performance and look at a quality improvement programs based around the PDSA methodology.
- Ambassadors will have access to fall clinical expertise to support and assist with improvement work.

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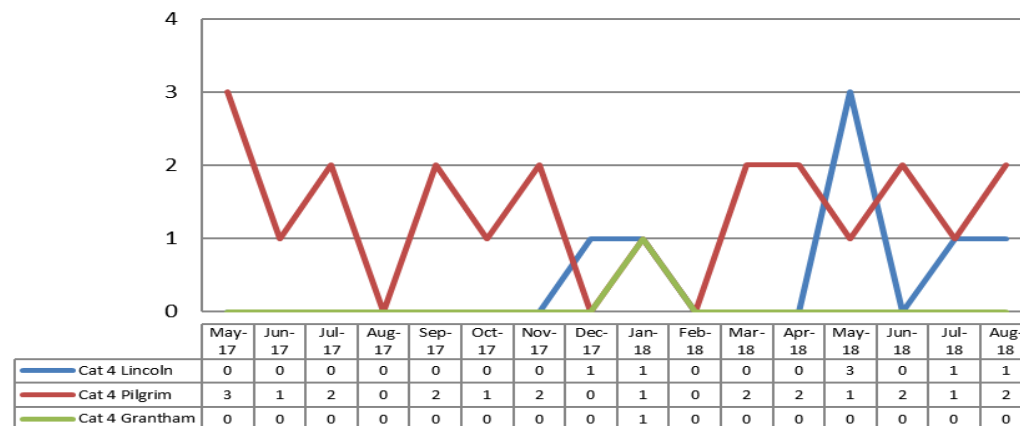
Pressure Damage

R

Hospital Acquired Cat 3 Pressure Ulcers



Hospital Acquired Cat 4 Pressure Ulcers



Lead: Michelle Rhodes, Director of Nursing

Timescale: August 2018

Key Issues:

- The Trust continues to report category 3 pressure ulcers and has set a 30% reduction trajectory for avoidable category 3 pressure ulcers for 2018/9. Trajectory was achieved in April and May, however, it was not in June. All August's incidents and 2 from July are awaiting Scrutiny Panel outcomes. Performance at Lincoln has shown improvement. However, incidents have deteriorated at Pilgrim, with 1 of the pressure ulcers reported being device related. Grantham continue to report no category 3 pressure ulcers for 6 months.
- 45 category 2 pressure ulcers were reported in August 2018 compared to 31 in August 2017. Pilgrim continues to report the highest number of category 2 pressure ulcers. As a result of the increased numbers of category 2 pressure ulcer, a short form investigation tool has been reintroduced to all areas. All ward leaders have been asked to complete and up load completed form to Datix.
- The Trust has set a 30% reduction trajectory for avoidable category 4 pressure ulcers for 2018/19. There remains one incident outstanding Scrutiny Panel review for July. Performance at Lincoln is stable, however, Pilgrim have shown a deterioration in August. Grantham have reported no category 4 pressure ulcers for 6 months.

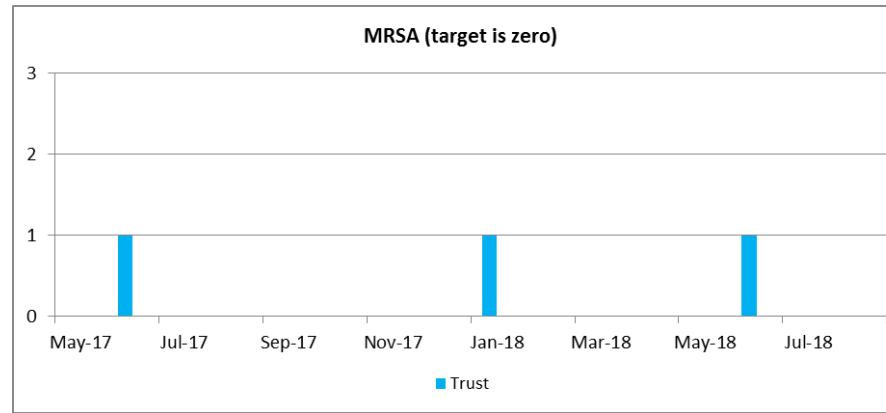
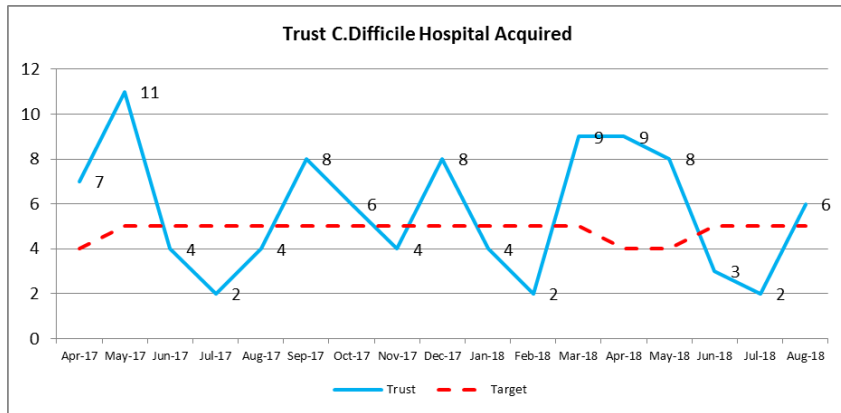
Key Actions:

- NHSI have published a consensus document on Pressure Ulcer definition and management. A paper was presented to PSC and QCG in September outlining implications and proposals for the future management of pressure ulcers in ULHT
- Due the increase of hospital acquired category 2 incidents, all ward leaders have been asked to complete a short form investigation tool, identifying lessons learnt and encouraged to share with their teams
- The Tissue Team will endeavour to validate all hospital acquired category 2 pressure ulcers to identify those that may have been miscategorised.
- Scrutiny Panels have increased to weekly and all clinical areas are required to investigate incidences collaboratively and not in isolation.
- The Tissue Viability team continue to focus on increasing the support they provide to clinical teams

QUALITY

Infection Prevention

R



Lead: Michelle Rhodes, Director of Nursing

Timescale: August 2018

Key Issues:

- The Trust 2017/18 position for C.Difficile was 69 against a trajectory of 59. The trajectory threshold for 2018/19 has been set at 58 cases. There were 6 cases in August against a trajectory of 5 cases. There is a continued pattern of recovery against trajectory. There are similar infections patterns for the previous 3 years with early spring peaks which settle by summer.
- Following an analysis of the investigations, the findings showed that cross-contamination was unlikely to be a key factor as there appeared to be no similar ribotypes on one particular area. A common theme that did emerge related to antibiotic prescribing and as a result work around antibiotic challenges especially at the Boston site where rates were initially higher but have since recovered well.
- There was 1 case of MRSA bloodstream infection reported in June. Lapses in care have been identified and an action plan has been produced in response to the investigation. The Trust had 2 cases of MRSA in 2017/18 against a threshold of 0. In 2018/19 new guidance takes effect in that only outlier acute trusts and CCGs will need to complete the national PIR process. Both ULHT and the Lincolnshire CCGs are NOT considered outliers and will therefore no longer be required to manage MRSA blood stream infections using PIR.

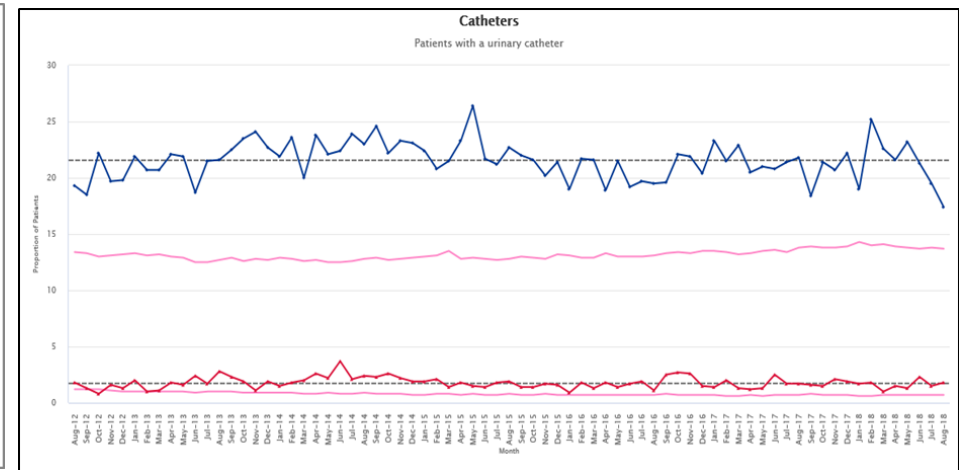
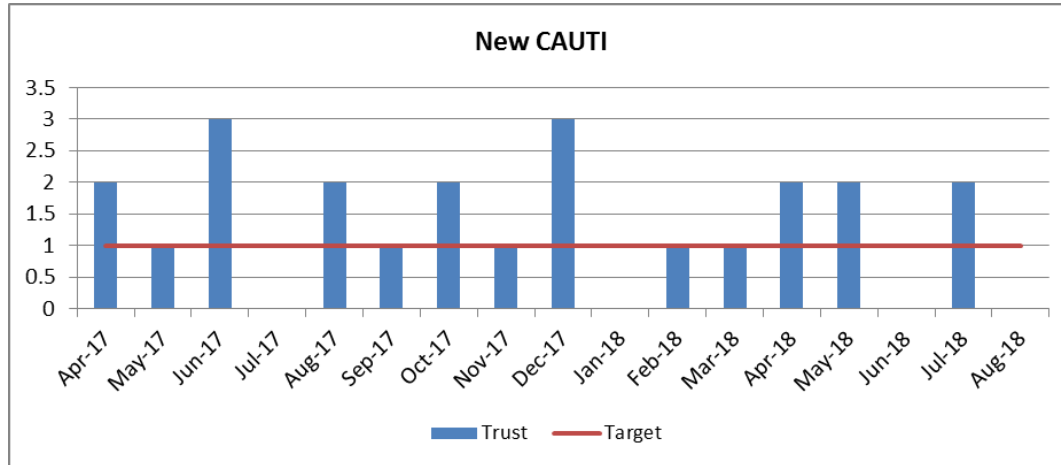
Key Actions:

- Following the external visit by NHS Improvement on the 2nd May, ULHT has been downgraded to a green rating from amber. This has shown the progress of improvement over the last year and that the trust is in a far better position. Full compliance to the hygiene code has increased from 64% to 96%. There is still much work to be done however and continued efforts to further improve IP&C in ULHT must be maintained.
- Robust work is taking place around the management of C.diff cases especially regarding the prescribing of high risk antibiotics as we recognised the rate of cases is above trajectory and although it is early in the financial year, the trust is in a recovery position. Programmes are progressing with a review of the prescribing formulary and an education pack for prescribers. There has also been an enhanced programme of visits to ward areas where C.diff and GDH patients have been placed in order to scrutinise prescribing and IP&C management. This is routinely undertaken by an IP&C Nurse, Antimicrobial Pharmacist and a Microbiologist.
- The Lead Nurse post has been through the recruitment process to ensure stable leadership is in place prior to winter pressures. The IP&C team is also going through training and development to strengthen their ability to support the trusts directorates. The IP&C Nurses are progressing through the comprehensive IP&C competency framework while the Nurse Specialists are undertaking leadership 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)

G



Lead: Michelle Rhodes, Director of Nursing

Timescale: August 2018

Key Issues:

- ULHT had no new CAUTI on the safety thermometer data for August 2018 against a trajectory of 1.
- In August 2018 the Trust catheterisation rate has continued to decrease to 17.4% against a national average of 13.7%.
- In August 2018 the Trust catheter with UTI (CAUTI) was 1.8% which is higher than the national average for July of 0.7%. This data includes old and new CAUTIs.

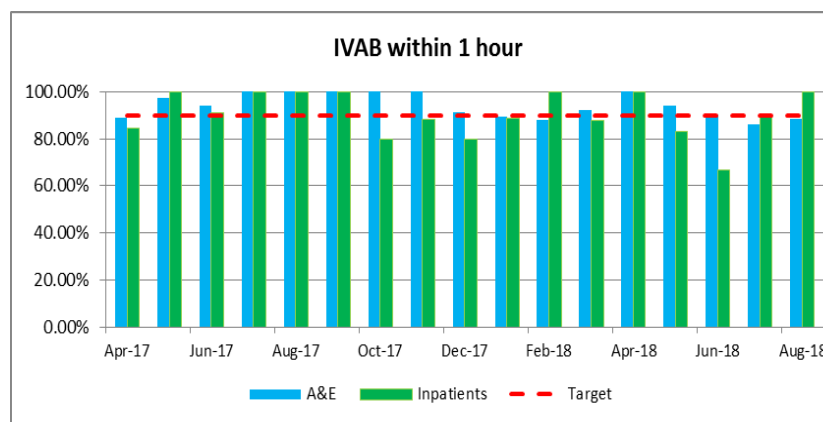
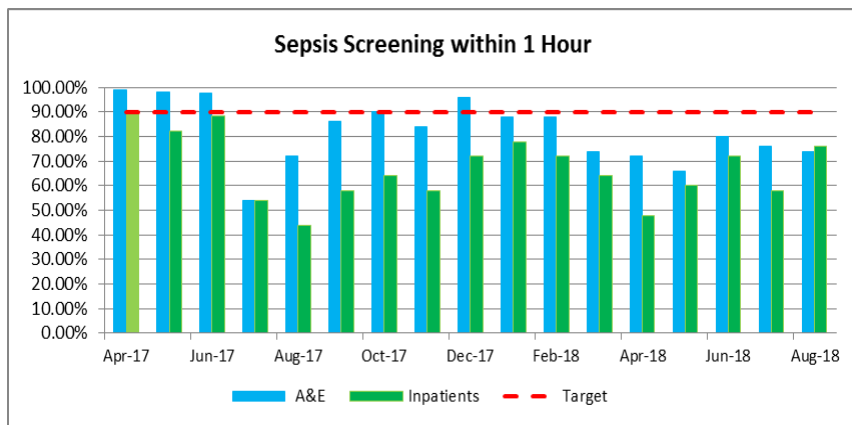
Key Actions:

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

QUALITY

Sepsis

R



Lead: Michelle Rhodes, Director of Nursing

Timescale: August 2018

Key Issues:

- Sepsis screening within 1 hour has improved this month for inpatients. Sepsis Practitioners continue to receive e-mail alerts when a patient NEWS ≥ 5 enabling sepsis practitioners to assist and support. Additional sepsis practitioner commenced in post 13th August. Step by step guides are present in each clinical area and readily available on the staff intranet page. NEWS training video available to all staff and maternity e learning module available for midwives- e learning compliance remains above 90%. Sepsis practitioners continue to attend preceptorship study days for newly qualified nurses and Dr Inductions.
- The percentage of IV antibiotics given within 1 hour has improved in both A&E and inpatients areas this month with inpatients achieving 100% which is exceeding the target for the CQUIN. Further bundle training given to ward areas. Sepsis practitioners present on Dr inductions to highlight importance of timely treatment. Medical leads allocated for all A&E and inpatient areas across, adult, paediatric and maternity and teaching sessions for junior Drs arranged.

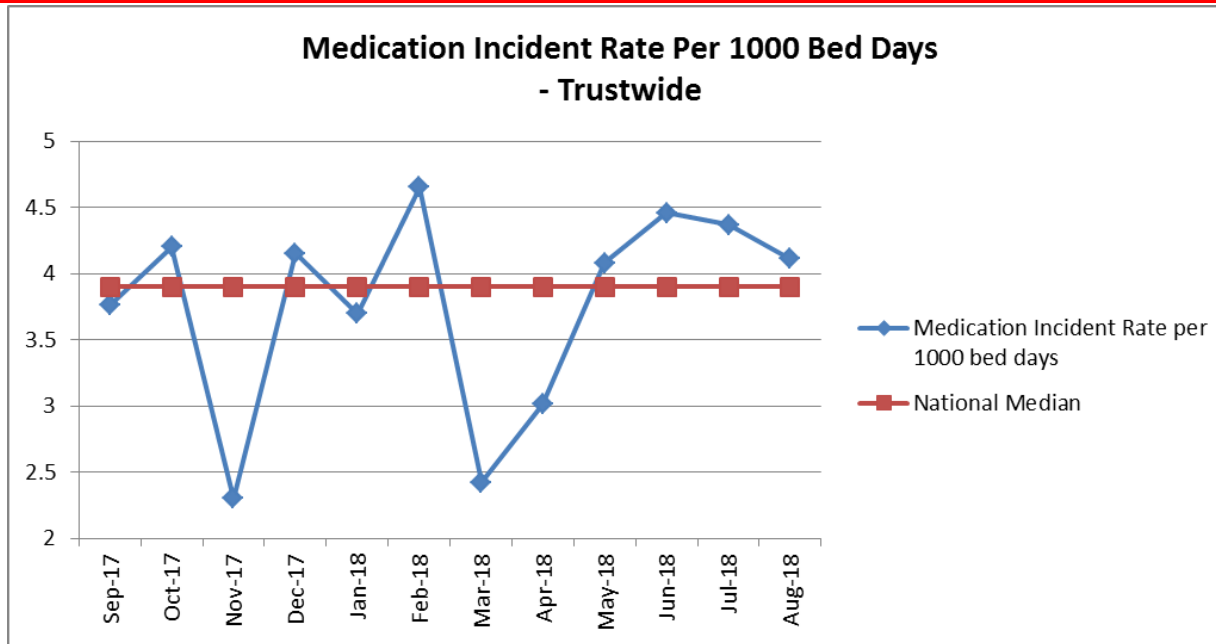
Key Actions:

- 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.
- Sepsis e-learning extended to include paediatric and maternity module
- Increased Sepsis Link Nurse engagement across sites supported by Ward Accreditation domain
- Sepsis e-learning compliance 92.60% (target 90%)
- A&E medical leads identified for Lincoln and pilgrim and Grantham sites.
- Inpatient medical leads identified for Lincoln, Pilgrim and Grantham Sites
- Maternity medical lead identified for Pilgrim
- Paediatric medical leads identified for both Lincoln and Pilgrim sites
- Sepsis eBundle to be updated in line with the sepsis trust bundle, training schedule currently being developed along with updating training material roll out date 8th October.
- First 2 questions from new sepsis ebundle expected to be on the staff IPod, date to be confirmed

QUALITY

Medication Errors

R



Lead: Colin Costello, Chief Pharmacist

Timescale: August 2018

Key Issues:

- For August the Medication Incident Reporting rate for the trust per 1000 bed days was 4.11. The national average as displayed by Model Hospital (taken from NRLS) is 3.9.
- Of the 124 incidents reported 13.7% (calculated as medication incidents reported as causing harm or death / all medication errors – 17/124) were rated as causing some level of harm. The national average of medication incidents reported as causing harm or death is 10.3%.

Key Actions:

- Pharmacy has submitted its multidisciplinary and started to implement recommendations from NHSI through QSIP.
- Omitted medication has consistently been the most commonly reported medication related incident in the trust over the past year. Therefore, we continue to look at the breakdown of which stage that the omission occurred through the use of Datix.
- Controlled drugs audits show a slight improvement by actions targeted at specific area on each site to improve compliance.

PATIENT EXPERIENCE

Friends and Family Test / PALS / Complaints

R

Lead: Martin Rayson, Director of HR &OD

Timescale: August 2018

Divisional headline themes (caveat – this data is currently drawn from DATIX – which is not yet aligned to the new structure).

Division	Top 3 reported concerns		
Head & Neck	Appointments	Communication	Waiting times
Medicine	Communication	Values & Behaviours	Discharge
Urgent care	Communication	Values & Behaviours	Clinical treatment
Orthopaedics	Discharge	Communication	Patient care
Surgery	Communication	Treatment cancelled / delayed	Values and Behaviours
TACC	Waiting times	Appointments	Treatment delayed
Women & Children's	Communication	Values & behaviours	Appointments

Hot spot areas within FFT specifically:

Site	Ward	%'age	Top theme cited
LCH	SAL	18	Quality of care received
LCH	Neustadt Welton	11	Communication
PHB	5B	21	Discharge
PHB	8A	17	Staff attitude

Divisional issues:

Currently divisional services receive a suite of monthly reports but we are concerned that, with a few exceptions, there is a lack of learning and action. There are local improvement projects and evidence of some discussions at specialty governance meetings but the overall assurance and grip is insufficient. Attendance at Patient Experience Committee is generally good in numbers from a committed body of staff and patient representatives but the membership and terms of reference need radical review; this is planned for the November meeting from which the Director of HR/OD will take over as Chair.

Engagement is challenging and demands constant chasing for evidence of action or learning from all of the data sources; complaints responses do not achieve expected targets, PALS teams constantly have to chase for actions and resolution, FFT 'You Said – We Did' posters often are out of date and responses to Care Opinion stories can be difficult to track down. There is little evidence of sharing learning and achievements beyond discussions at specialty governance.

A meeting is scheduled for the 14th November with the new Managing Directors and the performance team to explore patient experience data and metrics and to scope and agree how they wish *their* data and information to be provided to enable *their* business units and services to be accountable for *their* patient's experiences. There is the added opportunity with the commencement in post of the HEE funded Patient Experience Data Analyst and the plan is to re-boot and re-design all patient experience reporting and monitoring processes and systems. Monitoring will be driven through the new Performance Review Meetings and assurance to the refreshed Patient Experience Committee and thence upwardly to Quality Governance Committee

PATIENT EXPERIENCE

Concern	Action being taken or considered
<p>Clinical treatment refers to a delay or a failure to diagnose, failure to undertake scan or procedure or delay or failure in treatment or procedure and featured 41 times across formal complaints. We find during investigations that the root cause in a high number of cases is that there has often not been a failure in the treatment itself but a lack of explanation or understanding; thus there is some overlap here with communication.</p> <p>Example: <i>Patient has been diagnosed with oesophageal cancer and has been told she needs to be seen by an oncologist to discuss palliative care. She has also been informed that there is currently no Upper GI oncologist employed by the trust so is unable to be seen at present. The Family are aware of the Trusts issues regarding the recruitment around an Upper GI Medical Oncologist but feel this means their mum has been abandoned and that without even a discussion regarding what if any palliative treatment can be given that we are failing our patients in our care towards them.</i></p>	<p>The range of quality improvements through the CQC improvement plan, review of incidents and the strengthening of governance structures and accountability will drive local ownership of issues raised.</p> <p>This particular example, raised initially through PALS was escalated within the service and directorate.</p>
<p>Communication is broken into 3 core areas with the largest being about direct communication with patients. Communication with relatives and incorrect or no information being given are also issues. This is mirrored within PALS which has seen a significant increase in the last month.</p> <p>Example: <i>A patient attended outpatient clinic with prior approval for hip replacement already in place. Consultant advised he could not do operation because of CCG regulations. He did not listen when the patient explained they had funding agreed, nor did he check with the CCG to confirm. He refused to put the patient on the waiting list. A simple telephone call for ten minutes could have confirmed that funding for the procedure had been approved.</i></p>	<p>From October 1st staff of any role who are named or identifiable within a complaint or PALS concern that relates specifically to poor communication will be required to attend Communication First Training. Complaints and PALS staff will highlight and prompt case managers and line managers to book their staff. The teams will maintain a log so that this can be cross-referenced to attendance at training. A new reflective learning template has been designed for the Communication First training that requires all attendees to consider and complete following the training. This asks that they look at their practice and behaviour and consider how they have implemented their learning and to discuss this with their line manager. They are asked to return this within one month of the training and only on doing so will they receive their certificate of attendance. The aim is to ensure learning is put into practice and that our staff consider the impact of their communication in their day to day work. New greater drill down fields for communication issues are being designed as it is difficult to extrapolate written communication.</p>
<p>Patient care concerns describe where care needs were not adequately met, where there was inadequate support or a failure to provide adequate care.</p> <p>Example: <i>Patient admitted to ward and was not properly washed for four days. The nurse was seen at the nursing station on her personal phone discussing her non work related issues. Telephones were not answered when the family tried to make contact. No support was given to identify a nursing home for the patient to be discharged to. Patient was subsequently sent to the Discharge Lounge for a significant period of time as the bed was required. The patient did not receive any direct patient care during this time and was left worried and frightened. Patient was made to feel she was a nuisance.</i></p>	<p>Ward accreditation, assurance rounds and golden hour are examples of how these issues can and are being be addressed at the 'point of care'. Ensuring this feedback is received by the wards in a timely fashion and in a format that is meaningful and doesn't overwhelm staff is key.</p> <p>The commencement of the data analyst role will be helpful here looking at what is needed, when and how and bringing this alongside developing a relationship with complainants and PALS enquirers so the impact of making a change can be appreciated. Hearing the voice or reading the story from a patient is so much more powerful than a data set saying 'mealtime care is poor' or 'call bells are not answered promptly'.</p>
<p>Appointments relate to scheduling, cancellations or delays.</p> <p>Example: <i>A patient turned up for an outpatient appointment today at 9am; a letter of cancellation was typed at 1pm the day before and there had been no call to the patient advising of short notice cancellation.</i></p>	<p>Major improvement projects underway that will help to address appointment concerns include Hybrid Mail, Patient Portal and messenger systems. Accessible Information Standard developments are also coming online imminently. Operational developments such as the reconfigurations and the orthopaedic projects are also aimed at reducing cancellations and appointment changes.</p>

PATIENT EXPERIENCE

Concern	Action being taken or considered
<p>Waiting times are broken down into; wait for operation or procedure, waiting for an appointment or length of time on the waiting list and also waiting once at the appointment.</p> <p>Example: <i>I was referred by my Endocrinology consultant to ENT for a full Thyroidectomy on the 8th November 2017. However, I did not receive an appointment with the ENT Department until 31st July 2018. Hospital policy states that patients referred to other departments should be seen within 18 weeks. I waited 9 months for this referral which is well outside the specified time.</i></p>	<p>The greater waiting times challenges such as around the 18 weeks standards are being addressed through a range of initiatives both corporately and within business units. A helpful action would be to provide periodic updates to PALS teams so they can potentially pre-empt and manage expectations when people contact them.</p> <p>Waiting times during an episode of care need further work and fall into four main areas:</p> <ol style="list-style-type: none"> 1. Waiting for discharge: giving a potential discharge time to patients can help to manage their expectations and manage their own arrangements too. Telling someone at the 09:00 ward round that they can go home today often means the patients 'clock' starts there and then for them. However telling them they can go home today but it will be after lunch when their blood results have been checked and their tablets are ready, and they will go to the discharge lounge changes the boundaries and the 'delay' clock or the waiting time will then start after lunch. Clearer communication is needed. 2. Waiting for medications: this features hugely in outpatients and also in cancer services, with the latter often being because they are made to order. Local developments have included discussions with pharmacy and the development of 'ready to go' pre-packs of medication. 3. Waiting to be seen: this refers to waits in ED and also OPD. Reducing the delays are reliant on service changes to flow and efficiency which are in train but apologising with sincerity, keeping patients and carers informed of the delays regularly, with a reason wherever possible can help to reduce frustration. Most patients understand if the patient in front of the is more poorly, or if the doctor has been called away for an emergency but an explanation and an anticipated time to be seen can go some way to helping. Both OPD and ED have been working on this.

Improving FFT

When we drill down to the themes and issues raised within the comments from FFT we can see that the same concerns as discussed above are raised; for example:

- **Clinical treatment:** *extremely short staffed to the point of dangerous, drips turned off instead of being changed in the night, I was 5 hours without a drip I required. Not enough staff to clean, serve meals and drinks getting a drink at about 10am after being woken early was not very good. Some of the staff would go above and beyond and others really should not be there.*
- **Communication:** *more information needed about treatment being moved from ward to ward.*
- **Patient care:** *appalling nursing care will be seeing pals to complain.*
- **Waiting times:** *very friendly despite staff being overworked. The only complaint I have is medication ordered took seven hours to arrive. Midday to 7pm is a long time to wait.*

If the actions above are taken forward they will impact on FFT as well as complaints and concerns themes; however staff within services need to own and champion the changes. The introduction of the Fab Experience Champions during October will provide the patient experience team with a contact and a campaigner they can work with and the services in return have access to support, advice and guidance. Meeting with the divisions is critical to understand what data they need, how to make it meaningful and easy to work with and what practical help and support is required to identify and effect improvements that will drive FFT scores up.

WORKFORCE

KPI	2018/19 Target	September 2018 Performance	Last Month Performance	Performance in September 2017	6 th Month Trend
Vacancy Rate - Medical	Medical – 13.5%	18.75%	18.25%	16.08%	↑
Vacancy Rate – Registered Nurses	Registered Nursing 12.5%	16.02%	19.30%	12.87%	↑
Vacancy Rate – AHP's	10%	17.5%	15.82%	8.87%	↑
Voluntary Turnover	6%, with no group of staff more than 20% above the overall target	6.14%	6.12%	5.32%	↑
Quarterly Engagement Index	10% improvement in average score during 2017/18	3.3 (Sep'17)	3.4 (Jun'17)	3.3	↓
Quality of Leadership/Management Index	10% improvement in average score during 2017/18	2.6 (Sep'17)	2.8 (Jun'17)	2.6	↓
Core Learning Completion	Overall target (2017/18) 95%.	90.60%	91.33%	89.63%	↓
Sickness Absence (12 month rolling average)	Overall target of 4.5% + no team over 25% above target	4.67% (Aug '18)	4.69% (Jul '18)	4.62% (Aug 17)	↓
Appraisals - Medical	Medical – 95%	95%	96%	95%	↓
Appraisals – Non Medical	Non-medical – 90%	69.75%	70.08%	80.10%	↓
Agency Spend	£25.4m (£)	£2.863m	£2.902m	£2.423m	↑

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

WORKFORCE

Commentary

Obviously the continued increase in vacancy rates, driving up overall pay costs, is the biggest area of concern. There has been a small reduction in agency spend this month (largely in Scientific and Technical), but on the basis of current trends, agency spend would hit £33m in 18/19, compared to £29m in 17/18.

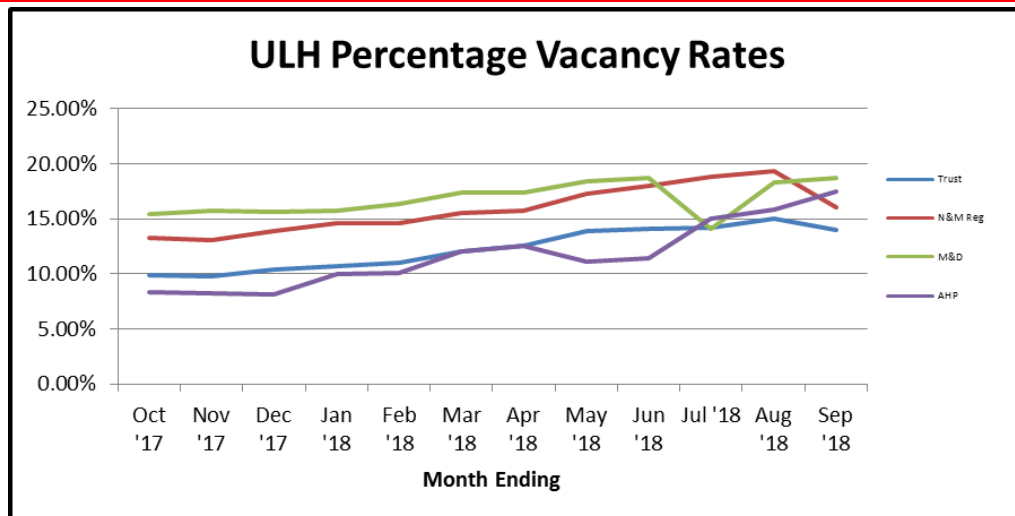
We continue to look at ways in which we can exert downward pressure on agency spend, through greater controls and potential use of alternatives, such as bank. However the greatest impact will come from a reduction in vacancy posts and work to bring in a new recruitment partner continues.

The sickness rate for the month of August was 4.67% which is a slight decrease from the previous month. The introduction of the Interim MD roles has ensured greater grip and control over sickness, as well as on appraisal and core learning and pay costs. We are also introducing the new reporting arrangements for sickness absence and therefore expect indicators to begin moving in a positive direction from next month.

WORKFORCE

Vacancy Rates

R



Lead: Martin Rayson, Director of HR &OD

Timescale: August 2018

Key Issues:

- The September figures show that the percentage of vacancies has decreased for N&M by 3.28% (the impact of the newly-qualified nurses), however, AHP has increased by 1.68% and Medical has increased by 0.5%. For medical vacancies the rate is nearly 2% higher than at this time in 2017 (and 5% higher than in 2016) and nursing 3% higher.
- All three staff groups are still above target. The text at the beginning highlights the challenges in terms of medical vacancies in fragile services. The Registered Nursing vacancy rate at Pilgrim is 22.25% and AHPs, 20.58%
- The overall Trust vacancy rate for September is 13.95%, which is an overall decrease of 1.06%, but 3% higher than in August 2017.

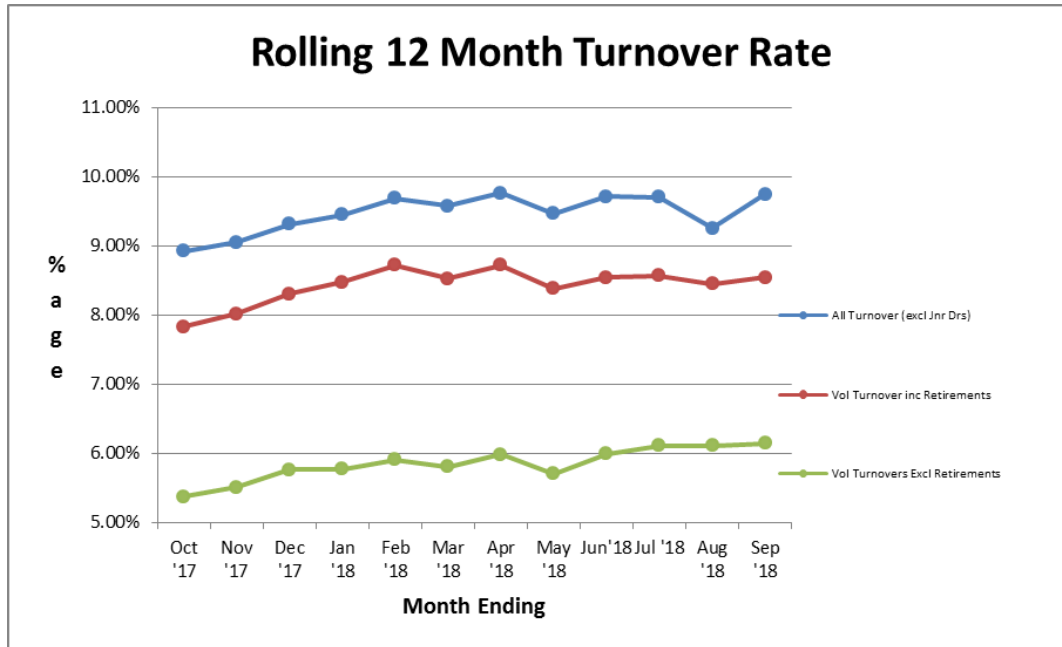
Key Actions:

- TRAC system now in place – delays in sending offer letters will be minimised but delays in implementing this improvement delayed due to requirements of Doctor’s rotation.
- TRAC will also facilitate more accurate reporting of the recruitment process & we are using the initial reports to address pinch points in the system (e.g. recruitment checks)
- Working with fellow Lincolnshire based NHS Trusts to implement a county wide Attraction Strategy.
- Successful Boston recruitment event - 10 Nurses offered roles & 23 HCSW
- Discussed the future role of Talent Academy in increasing the pipeline of “grow your own candidates”
- Four agencies attended a meeting on 4th October re potential partnership approach
- Those who wish to submit will be assessed on 1st and 2nd November
- Business cases for two new medical recruiters (with alternative approaches) being assessed through CRIB
- Lincoln recruitment day in October. Further event in Boston to be planned
- Mechanism for engaging the Board with medical candidates in pipeline being developed

WORKFORCE

Voluntary Turnover

A



Lead: Martin Rayson, Director of HR &OD

Timescale: August 2018

Key Issues:

- This month the Trust has narrowly missed its target for voluntary staff turnover. The impact of retirements on the turnover rate is illustrated in the chart below.

Key Actions:

- Project Leads assigned to NHSI 4 key projects and work underway on delivery – update on progress on delivery planned for Board meeting
- Recruit to fixed term HEE funded B7 post to focus specifically on delivery of retention projects
- New workforce planning methodology

WORKFORCE

Core Learning

A

Compliance by topic Sept 18	Equality, Diversity and Human Rights - 3 Years	Fire Safety - 1 Year	Fraud Awareness - 3 years	Health and Safety - 3 Years	Infection Control - 1 Year	Information Governance - 1 Year	Major Incidents - 1 Year	Moving & Handling for Inanimate Load Handlers - 3 Years	Resuscitation [BLS]- 1 Year	Safeguarding Adults Level 1 - 3 Years	Safeguarding Children Level 1 - 3 Years	Slips, Trips & Falls - 3 year	Overall Compliance %
Trust	95.51%	86.94%	91.32%	95.69%	89.31%	89.19%	82.28%	94.27%	83.26%	92.06%	92.04%	95.42%	90.61%

Staff Group Fire Compliance Variance Up/Down	Sep-18	Aug-18	Variance
Add Prof Scientific and Technic	86.18%	82.65%	3.53%
Estates and Ancillary	84.80%	83.76%	1.04%
Students	100.00%	100.00%	0.00%
Healthcare Scientists	92.86%	93.64%	-0.78%
Medical and Dental	82.49%	84.04%	-1.55%
Additional Clinical Services	86.89%	89.54%	-2.65%
Nursing and Midwifery Registered	87.50%	90.56%	-3.06%
Administrative and Clerical	88.69%	91.96%	-3.27%
Allied Health Professionals	86.01%	90.18%	-4.17%

Interim Divisional Directorate Fire Compliance Variance Up/Down	Sep-18	Aug-18	Variance
Corporate	87.15%	87.10%	0.05%
Surgery	86.73%	88.37%	-1.63%
Women & Childrens	87.40%	89.19%	-1.79%
Medicine	85.43%	88.86%	-3.43%
Clinical Support Services	88.53%	91.98%	-3.44%

Lead: Martin Rayson, Director of HR &OD

Timescale: August 2018

Key Issues:

- There has been a significant increase in the core learning compliance rate since 2016. Overall compliance has fallen again this month by 0.73% to 90.61%. The biggest fall in compliance this month is Fire Safety which has dropped 2.23% despite being a focus of last month's IPR. Major Incident continues to fall another 1.84% after its introduction in August 2017. Health & Safety, Slips & Trips and Equality & Diversity (all 3 yearly topics) continue to remain over 95%. It is important that training is refreshed prior to expiry to maintain compliance.

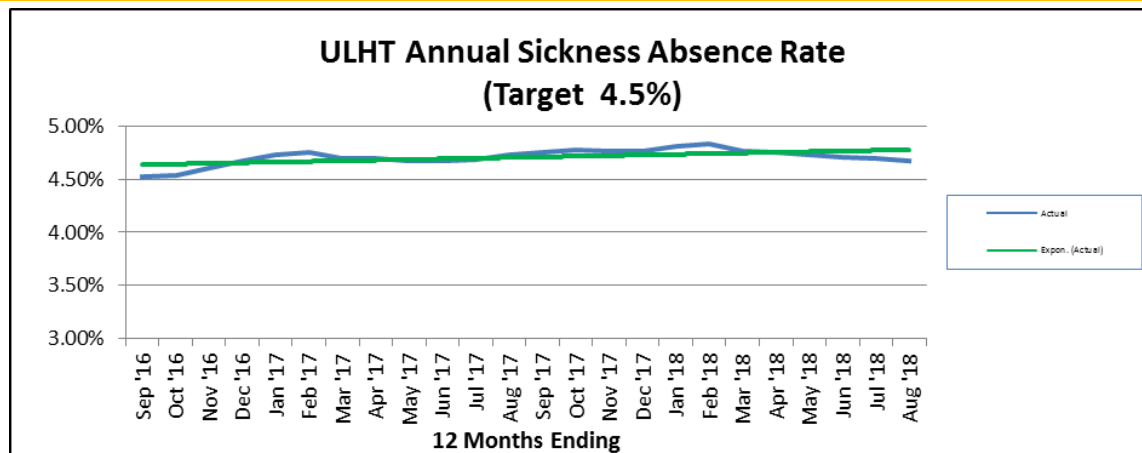
Key Actions:

- Rates of completion are reported on a monthly basis to each Directorate and there are follow-up discussions at Performance Review Meetings – expectation of improvement from next month.
- Compliance information is also made available to topic specialists each month.
- Director of Estates has names of people who are non-complaint on fire safety and will be writing to them, advising that disciplinary action may be taken (including being sent home without pay)
- Strategic HR Business Partners to support identification & escalation of service areas with poor compliance rates.

WORKFORCE

Sickness Absence

A



Lead: Martin Rayson, Director of HR &OD

Timescale: August 2018

Key Issues:

- The August Trust annual rolling 12 month sickness rate is 4.67%, above our target of 4.50%. Sickness is at the same rate as it was at July 2017. The latest benchmarking data as at March 2018, from NHS Digital shows that the average sickness rate across all 35 Large Acute Trusts (including ULHT) is 4.32%. Whilst our trend is downward, there is still more to do to achieve our new target, which is a reduction of 1% on current levels.

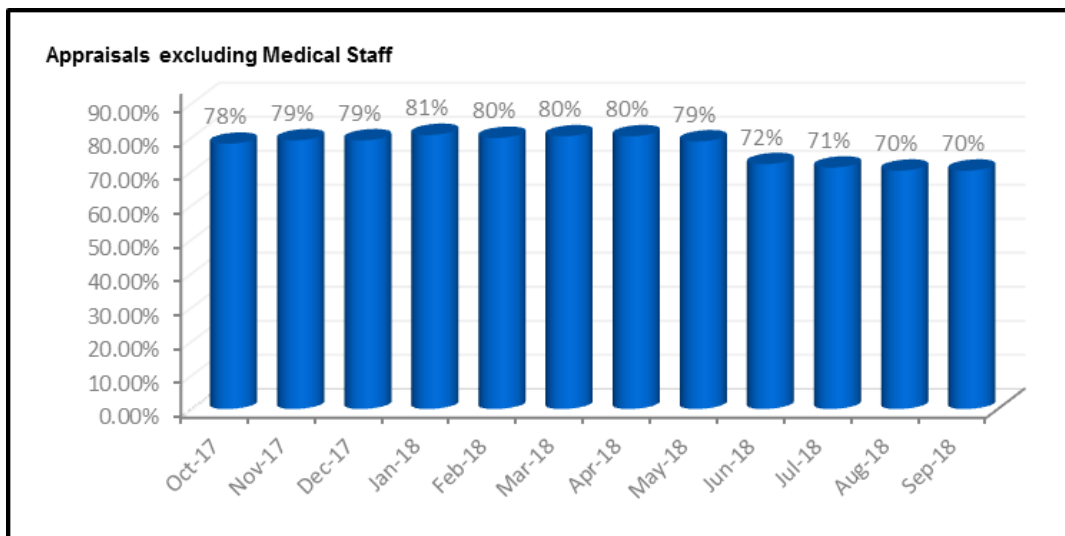
Key Actions:

- Worked and working on the implementation of a sickness line for absence in partnership with OH,
 - database completed
 - workflow agreed
 - flyer agreed
- ER Advisors have contacted OH to gain data on numbers of attendees to Mindfulness Course and staff groups to then cross reference to absence report to highlight any correlations.
- ER Advisors are cross referencing moving and handling training to staff who are absent with back and MSK problems to highlight any correlations
- Mental Health conference held in September with over 100 attendees. Further events to be planned.
- Return to work interviews a particular focus of MD in Women and Children's
- Work being completed on the introduction of sickness first day reporting outstanding;
 - Comms plan
 - IT and phones
- ER Advisors to support to HR Ops set up outstanding panel's for capability ill health hearings
- Recruitment of Band 5 advisor to support absence agenda
- ER team to reschedule additional OH Sickness meeting to ensure optimal attendance
- ER Advisors to promote OT referral for self-referral inc. families
- Realign ER advisors to new divisions to support local manager on absence
- ER Advisors to ensure that an absence reason is entered and that other is not the reason.

WORKFORCE

APPRAISAL RATES

R



Lead: Martin Rayson, Director of HR &OD

Timescale: August 2018

Key Issues:

- Agenda for Change Staff/Non-Medical Appraisal compliance rate for September is 69.75%. This is extremely disappointing. Promises to improve rates have been made at PRMs but not followed through to date. This will be a focus of the MDs. It was highlighted by the Chief Executive at the last Senior Leadership Forum.

Key Actions:

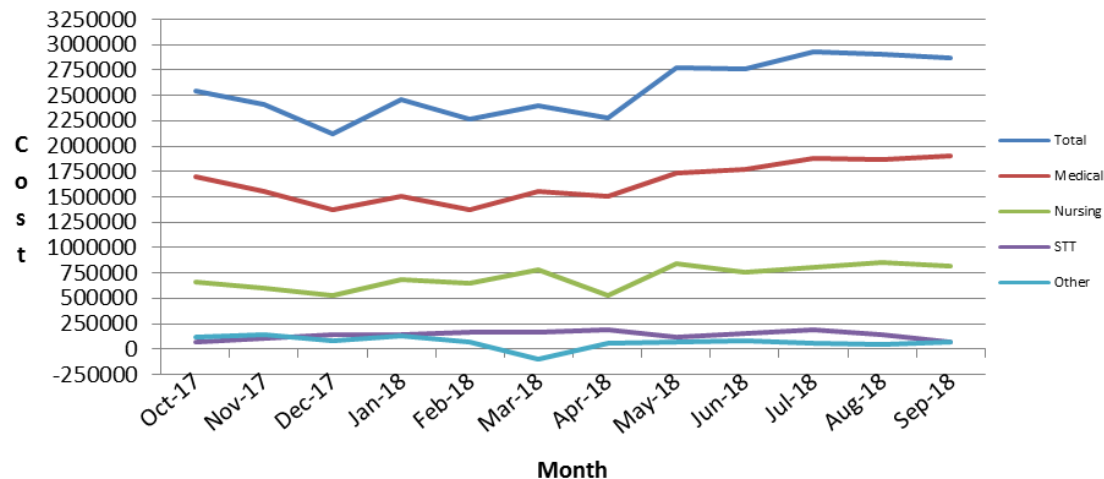
- Bespoke staff training taken place to support implementation
- Hot spot areas flagged to HRBPs, ER team and relevant Directors
- Focus on reduction in appraisal rate presented at Senior Leadership Forum by CEO along with Directorate league table
- Further training to support implementation of new Individual Performance Management process.
- Appraisals now part of Divisional Performance Management regime
- Strategic HR Business Partners to identify service areas with poor appraisal rates and escalate.

WORKFORCE

AGENCY SPEND

R

ULH Agency Costs by Staff Group



Lead: Martin Rayson, Director of HR &OD

Timescale: August 2018

Key Issues:

- Spend continues to be above target.
- In September the total Agency spend decreased by 1.35% compared to August. The main reductions were in STT.
- The focus of ULHT is on both reducing the overall reliance on temporary staff and, within that, the proportion that is accounted for by agency staff

Key Actions:

- Medical bank via Holt implemented from 31 May 2018. Only av. 27% of medical shifts filled by bank, not achieving 60% target for nursing bank
- New project manager appointed
- Recruitment and workforce modelling key part of cost reduction plan
- Overall actions – workforce remodelling (end-Oct) + recruitment partner (end-Oct) + central temporary staff booking team (tbc) + new project manager (8th Oct)

NURSING WORKFORCE

Safer Staffing: TRUST TOTAL

Sep-18

Hospital	Total % Registered Day	Total % Unregistered Day	Total % Registered Night	Total % Unregistered Night	Totals
Grantham	84.62%	103.89%	91.45%	95.17%	92.32%
Lincoln	91.24%	94.47%	96.58%	96.02%	93.99%
Pilgrim	79.38%	88.40%	95.31%	93.04%	87.05%
Trust	85.91%	92.65%	95.66%	94.78%	91.08%

CHPPD (Care Hours Per Patient Day)		
Registered	Unregistered	Total
4.9	3.4	8.3
4.1	2.3	6.5
4.4	2.9	7.4
4.3	2.6	6.9

Safer Staffing: Summary by Site - General Nursing

Sep-18

Hospital	Total % Registered Day	Total % Unregistered Day	Total % Registered Night	Total % Unregistered Night	Totals
Grantham	84.62%	103.89%	91.45%	95.17%	92.32%
Lincoln	89.48%	95.57%	95.12%	95.69%	93.10%
Pilgrim	79.41%	91.03%	96.52%	96.11%	88.42%
Trust	85.23%	94.44%	95.22%	95.80%	91.26%

CHPPD (Care Hours Per Patient Day)		
Registered	Unregistered	Total
4.9	3.4	8.2
4.4	2.5	6.9
3.8	3.0	6.8
4.2	2.8	7.0

Safer Staffing: Summary by Site - Children

Sep-18

Hospital	Total % Registered Day	Total % Unregistered Day	Total % Registered Night	Total % Unregistered Night	Totals
Grantham	n/a	n/a	n/a	n/a	n/a
Lincoln	127.97%	77.48%	133.42%	110.15%	117.53%
Pilgrim	69.77%	63.61%	86.70%	63.25%	71.48%
Trust	88.61%	67.32%	102.28%	74.93%	85.52%

CHPPD (Care Hours Per Patient Day)		
Registered	Unregistered	Total
n/a	n/a	n/a
4.1	1.3	5.4
17.6	13.2	30.7
7.1	3.9	11.0

NURSING WORKFORCE

Safer Staffing: Summary by Site - Midwifery

Sep-18

Hospital	Total % Registered Day	Total % Unregistered Day	Total % Registered Night	Total % Unregistered Night	Totals
Grantham	n/a	n/a	n/a	n/a	n/a
Lincoln	97.56%	87.02%	98.74%	95.66%	94.28%
Pilgrim	96.03%	89.46%	94.32%	94.24%	94.60%
Trust	96.69%	87.55%	95.98%	95.38%	94.42%

CHPPD (Care Hours Per Patient Day)		
Registered	Unregistered	Total
n/a	n/a	n/a
1.7	2.0	3.7
22.4	4.9	27.3
3.7	2.3	6.0

Safe Staffing Performance Dashboard - September 18							
SITE/ Ward	CHPPD Rates for Staffing						Exception report
	Registered		Unregistered		Total		
	Planned CHPPD	Actual CHPPD	Planned CHPPD	Actual CHPPD	Planned CHPPD	Actual CHPPD	
GRANTHAM DISTRICT HOSPITAL							
Ward 1	3.05	3.35	2.64	2.92	5.68	6.26	
Ward 2	11.78	7.28	8.22	5.14	20.00	12.42	
Ward 6	4.52	4.20	4.01	4.29	8.53	8.49	
EAU	5.14	4.53	2.55	3.25	7.69	7.78	
Acute Care Unit	14.22	12.35	1.48	1.34	15.71	13.69	
LINCOLN COUNTY HOSPITAL							
Ashby	3.49	3.17	2.68	3.31	6.16	6.47	
Bardney	6.08	6.04	4.84	4.34	10.91	10.38	
Branston	5.29	4.87	2.20	1.61	7.49	6.48	
Burton	3.22	3.12	2.59	2.79	5.81	5.90	

NURSING WORKFORCE

Carlton Coleby	3.60	3.47	2.24	2.15	5.84	5.62	
Clayton	4.08	3.51	1.82	1.68	6.01	5.19	
Dixon	2.65	2.76	2.43	2.31	5.08	5.07	
Frailty Assessment Unit	3.82	3.27	3.23	3.05	7.28	6.70	
Greetwell	3.16	2.95	1.94	1.85	5.10	4.80	
Hatton	4.72	4.73	3.43	3.35	8.16	8.08	
ICU	28.80	25.42	3.30	1.56	35.72	29.03	
Johnson	9.50	8.44	3.32	3.77	12.82	12.22	
Lancaster	2.94	2.57	2.93	2.81	5.87	5.38	
MEAU	6.02	5.60	2.67	2.42	8.68	8.02	
Navenby	3.04	2.91	2.28	2.24	5.32	5.15	
Nettleham	0.62	0.59	1.29	1.19	1.91	1.77	
Neustadt Welton	3.17	2.91	2.58	2.39	5.75	5.30	
Nocton							
Rainforest	5.31	6.90	2.20	1.93	7.51	8.83	
Scampton	3.21	2.94	3.01	2.84	6.21	5.78	
SEAU	5.04	4.57	2.23	2.07	7.27	6.64	
Shuttleworth	4.19	3.80	2.46	2.57	6.66	6.37	
Stroke Unit	4.45	4.14	2.41	2.16	6.85	6.30	
Waddington Unit	4.57	4.11	1.97	1.78	6.54	5.90	

NURSING WORKFORCE

PILGRIM HOSPITAL, BOSTON							
Acute Medical Unit	4.28	4.42	3.55	3.29	7.83	7.71	
Bostonian	3.77	3.14	2.98	2.83	6.75	5.97	
4A	24.40	17.62	18.70	10.04	44.56	28.31	
Acute Cardiac Unit	5.04	4.08	2.19	1.82	7.23	5.90	
ICU	28.48	22.95	0.00	0.00	29.16	22.95	
Labour Ward	23.52	22.40	4.94	4.52	28.46	26.92	
Neonatal (SCBU)	21.52	17.47	6.59	6.37	29.53	25.11	
Stroke Unit							
3A	4.53	3.79	7.18	3.20	11.89	7.15	
3B	3.32	2.87	2.28	2.25	5.60	5.12	
5A	4.08	4.17	3.33	3.45	7.41	7.63	
5B	3.97	3.18	2.48	2.67	6.45	5.86	
6A	3.66	2.74	2.97	3.25	6.63	5.99	
6B	3.65	3.25	2.98	3.22	6.63	6.47	
7A	3.36	2.72	1.97	2.20	5.33	4.92	
7B	3.93	3.27	2.84	2.75	7.24	6.33	
8A	3.32	2.76	2.95	2.83	6.27	5.59	
1B	5.77	5.27	2.55	2.61	8.46	7.90	

FINANCE

Finance and Use of Resources Metric			R	
	Year to date	Forecast		
Capital service cover rating	4	4		
Liquidity rating	4	4		
I&E margin rating	4	4		
I&E margin: distance from plan	4	1		
Agency rating	3	2		
Overall Risk rating after ov	4	4		

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

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

(Surplus)/Deficit					R			
	Plan	Actual	Variance	Forecast				
In Month £k	(5,036)	(7,552)	(2,516)					
Year to Date £k	(35,995)	(43,466)	(7,471)	(87,300)				

The in-month position is a deficit of £7.6m, and the YTD position is a deficit of £43.5m.

The September position has been adversely impacted by weaker than planned performance in Daycases, Electives and Outpatients. Although the run rate only deteriorated in-month by £67k compared to Month 5, the position would have been £659k worse (or £8.2m deficit) if it were not for £69k of additional NHS Patient Care income compared to Month 5 estimates, and a £592k one-off benefit in relation to a VAT adjustment.

Excluding the excess cost of the pay award (for which the Trust has been funded), operating expenditure is £2.3m adverse to plan, including £2.2m in relation to higher than planned expenditure on pay. However, the pay position does not yet reflect the full impact of agreed investment in operational and transformational capacity. The year to date position would be worse if it were not for the release in June of £0.5m of prior year non pay accruals and one-off VAT benefit of £0.6m in September.

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

A revised forecast of £87.3m deficit has been developed and detailed supporting work is underway.

Cash				A		
	Plan	Actual	Variance			
Year to Date £k	2,471	1,537	(934)			
Year End Forecast £k	6,153	6,153	0			

The cash balance at 30 September 2018 was £1.5m. This includes revenue cash loans drawn in April - September of £40.2m.

Total revenue and capital borrowings at 30 September were £247.2m 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 £6.8m in I&E terms, and in cash terms £5.4m.

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

Although the operating deficit is £6.8m worse than plan, the impact upon cash and the ability of the Trust to pay suppliers has thus far been limited due to the relative slow progress with the Capital Programme.

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

Income					R			
	Plan	Actual	Variance	Forecast				
In Month £k	36,996	35,064	(1,932)					
Year to Date £k	221,272	219,232	(2,040)	439,571				

Overall, operating income to date is £2,040k adverse to plan, despite the reported position including £3,351k of additional income: £2,460k re A4C pay award; £547k re Pilgrim fire claim, and £344k of Prior year income.

The year to date position has been adversely impacted by elective under performance of £1,725k, provision of £1,031k for fines and penalties, underachievement of CQUIN of £777k, and provision of £832k for contract challenges.

The in-month income position deteriorated to plan by £1,932k and this deterioration reflects weaker than planned performance in terms of Daycases, Electives, Outpatients and Passthrough.

£831k of the adverse movement to plan in September relates to Passthrough, mainly as a result of staff absence in Pharmacy, but the reduction in passthrough income will be offset by reduced passthrough expenditure. A further £400k of the movement to plan in September relates to Outpatients, and whilst outpatients income year to date remains favourable, September income is the lowest month in 2018/19.

Income is expected to improve as efficiency savings delivery increases.

Operating Expenditure					R			
	Plan	Actual	Variance	Forecast				
In Month £k	(40,945)	(41,190)	(245)	-				
Year to Date £k	(249,216)	(254,236)	(5,020)	(503,314)				

Whilst Operating Expenditure year to date is £4,795k adverse to plan, if we exclude the excess cost of the pay award (for which the Trust has been funded) then year to date it is £2,335k adverse to plan.

£2,241k of the adverse year to date movement to plan relates to higher than planned expenditure on pay in general, and bank & agency in particular. Expenditure on temporary staffing has increased by £1.5m from £13.3m in quarter one to £14.8m in quarter two, and increased as a proportion of overall pay spend from 16.1% in April to 17.4% in September. The Trust is seeking to reduce expenditure on temporary staffing through enhanced grip and control within the Divisions, introduction of a centralised bank for all staff and increased focus upon recruitment.

The remaining £94k of the adverse year to date movement to plan relates to non pay. The non pay position could be expected to be favourable to plan, given it includes the release of £0.5m of prior year accruals, a one-off VAT adjustment of £0.6m, £0.9m under trade on passthrough, and lower than planned levels of elective activity.

Efficiency savings delivery YTD is lower than planned, and this combined with the maturation of risk in relation to Paediatrics will have contributed significantly to the adverse movement to plan in Operating expenses. Actions are being taken to both mitigate risks and increase the pace and delivery of efficiency savings schemes.

Capital				R		
	Plan	Actual	Variance			
Year to Date £k	13,612	6,618	7,194			
Year End Forecast £k	38,935	38,935	0			

The capital spend to date is £7.2m behind plan.

This is inclusive of variances in IT: Cyber security measures £0.5m and LAN - obsolete Core Switch Supervisor upgrades £0.3m.

Fire schemes are behind plan by £3.4m, consisting of Fire Works - package 1, 2 and 3 at Lincoln of £2.5m and package 1 at Pilgrim £0.8m, Emergency lighting at Lincoln £0.8m.

Facilities: Theatre Infrastructure Review £0.6m.

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

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Financial Efficiency Plan (FEP)

	R		
	Plan	Actual	Variance
Year to Date £k	7,922	3,319	(4,603)

The financial plan for 2018/19 includes an efficiency programme of £25.0m with efficiency savings delivery plan to date of £7,922k and actuals savings delivery to date of £3,319k, or £4,603k adverse to plan.

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

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

External support will be required for the foreseeable future, including an increase in project management to ensure delivery of the anticipated savings.

Pay bill

	R			
	Plan	Actual	Variance	Forecast
Year to Date £k				
Substantive	138,847	139,024	(177)	279,745
Bank	9,545	11,634	(2,089)	20,785
Agency	13,805	16,542	(2,737)	27,452
Apprenticeship Levy	612	635	(23)	1,241
Less Capitalised costs	0	(325)	325	(245)
	162,809	167,510	(4,701)	328,978

Whilst Pay year to date is £4,701k adverse to plan, this includes the impact of the A4C pay award, for which the Trust received additional income of £2,460k to fund the excess of the pay award over and above that funded within the tariff. Excluding the excess cost of the pay award, employee expenses are £2,241k higher than planned.

Underlying pay expenditure has been largely flat in 2018/19 until September when expenditure rose by £275k compared to August. The majority of the movement is within substantive Nursing expenditure, which coincides with the intake of newly qualified nurses, with 71wte of the 85wte increase in contracted wte numbers in September being in relation to Nursing & Midwifery.

Expenditure on temporary staffing in general and agency staffing in particular remains higher than planned. The Trust is seeking to reduce expenditure on temporary staffing through enhanced grip and control within the Divisions, introduction of a centralised bank for all staff, and increased focus upon recruitment.

Agency Cap

	R		
	Ceiling	Actual	Variance
Year to Date £k	11,641	16,542	(4,901)

The Trust has an agency ceiling of £20,977k for 2018/19. With a ceiling year to date of £11,641k and actual expenditure of £16,542k, expenditure on agency staffing is £4,901k above ceiling.

On a straight-line projection, the year to date spend would project forward to an outturn of £33,084k or £12,107k above the Trust's agency ceiling.

Agency expenditure in the second quarter has increased by £1,155k compared to expenditure in the first quarter. Of this increase, £642k relates to Medical Staffing, £475k relates to Nurse Staffing and £39k relates to Other Agency.

Whilst recruitment of newly qualified nurses has resulted in an increase of 71wte in the number of nurses and midwives in September compared to August, this will not impact agency spend during their preceptorship.

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

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Income & Expenditure Summary 2018/19

£43.5m deficit year to date against a planned deficit of £36.0m. All figures exclude STF.

2018/19	Current Month			Year to Date		
	Budget £k	Actual £k	Variance £k	Budget £k	Actual £k	Variance £k
Income	36,996	35,062	(1,934)	221,272	219,232	(2,040)
Expenditure	(40,945)	(41,190)	(245)	(249,216)	(254,236)	(5,020)
EBITDA	(3,949)	(6,128)	(2,179)	(27,944)	(35,004)	(7,060)
Depn/Interest	(1,094)	(1,443)	(349)	(8,093)	(8,503)	(410)
Surplus/(Deficit) excl. STF	(5,043)	(7,571)	(2,528)	(36,037)	(43,507)	(7,470)
Technical adjustments	7	19	12	42	41	(1)
Surplus/(Deficit) excl. STF	(5,036)	(7,552)	(2,516)	(35,995)	(43,466)	(7,471)
EBITDA % Income	-10.7%	-17.5%	-6.8%	-12.6%	-16.0%	-3.3%
FEPs	2,221	572	(1,649)	7,922	3,319	(4,603)

Overall YTD financial performance is £43.5m deficit, or £7.5m adverse to the planned £36.0m deficit.

EBITDA for the year to date is £35.0m deficit (-16.0% of Income).

Income is £2.0m below plan YTD, despite the inclusion of £2.5m of pay award funding, £0.5m in relation to the pilgrim fire claim, and £0.3m of prior year income. This reflects the impact of lower than planned activity, provision for contract fines and challenges, and other under performance.

Operating Expenses is £4.8m above plan YTD including £2.5m of excess pay award costs.

The main drivers are:

- Higher than planned expenditure on temporary staffing.
- Lower than planned expenditure in relation to inpatient activity.
- Delay in the receipt of £0.7m from sale of assets assumed in July & September.
- FEP delivery is £4.6m below plan YTD, inclusive of the expected gain from the sale of assets of £0.7m.

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Income & Expenditure Run Rate 2018/19

Total Trust (Excluding passthrough drugs and devices)	Actual	Actual	Actual	Actual	Actual	Actual	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	Variance	
													M6	M6		Full Year	Actuals YTD		
Income																			
NHS Clinical Income	27,501	30,174	30,098	30,206	30,702	29,154	30,654	30,151	28,315	29,274	28,144	30,201	29,811	29,154	(657)	354,885	354,574	(311)	
Non NHS Clinical Income	47	23	40	78	42	15	60	60	58	60	60	60	58	15	(43)	715	603	(112)	
Other Income	2,752	2,613	2,987	3,072	3,446	2,699	3,054	3,054	3,050	3,526	3,053	3,055	3,052	2,699	(353)	37,113	36,361	(752)	
Total Income	30,300	32,810	33,125	33,356	34,190	31,868	33,768	33,265	31,423	32,860	31,257	33,316	32,921	31,868	(1,053)	392,713	391,538	(1,175)	
Expenditure																			
Pay	(27,464)	(27,387)	(27,433)	(27,921)	(29,126)	(28,179)	(26,903)	(26,996)	(26,983)	(27,318)	(27,318)	(26,957)	(27,173)	(28,179)	(1,006)	(325,283)	(329,985)	(4,702)	
Drugs	(442)	(649)	(417)	(410)	(555)	(513)	(646)	(562)	(300)	(425)	(240)	(571)	(533)	(513)	20	(5,900)	(5,730)	170	
Clinical Supplies and Services	(4,408)	(5,080)	(4,714)	(4,982)	(5,101)	(4,460)	(4,401)	(4,170)	(4,053)	(4,183)	(3,708)	(4,281)	(4,120)	(4,460)	(340)	(51,746)	(53,541)	(1,795)	
Other Non pay	(5,379)	(5,264)	(5,274)	(5,187)	(5,464)	(4,844)	(5,302)	(5,644)	(5,904)	(5,918)	(5,896)	(5,949)	(5,044)	(4,844)	200	(66,466)	(66,025)	441	
Total Expenditure	(37,693)	(38,380)	(37,838)	(38,500)	(40,246)	(37,996)	(37,252)	(37,372)	(37,240)	(37,844)	(37,162)	(37,758)	(36,870)	(37,996)	(1,126)	(449,395)	(455,281)	(5,886)	
Finance & Depreciation costs	(1,369)	(1,416)	(1,398)	(1,432)	(1,445)	(1,443)	(1,566)	(1,245)	(1,672)	(1,696)	(1,657)	(1,701)	(1,094)	(1,443)	(349)	(17,630)	(18,040)	(410)	
I&E - Deficit	(8,762)	(6,986)	(6,111)	(6,576)	(7,501)	(7,571)	(5,050)	(5,352)	(7,489)	(6,680)	(7,562)	(6,143)	(5,043)	(7,571)	(2,528)	(74,312)	(81,783)	(7,471)	
Impairments/Revaluations Adjustment	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Donated/Govern't grant Asset Adjustment	20	19	20	(57)	20	19	7	7	7	(465)	7	7	7	19	12	(388)	(389)	(1)	
Adjusted Surplus/(Deficit)	(8,742)	(6,967)	(6,091)	(6,633)	(7,481)	(7,552)	(5,043)	(5,345)	(7,482)	(7,145)	(7,555)	(6,136)	(5,036)	(7,552)	(2,516)	(74,700)	(82,172)	(7,472)	

Total Trust (including passthrough)

Total Income	34,127	37,147	36,950	37,576	38,370	35,062	37,843	37,340	35,498	36,935	35,332	37,391	36,996	35,062	(1,934)	441,611	439,571	(2,040)
Total Expenditure	(41,520)	(42,717)	(41,663)	(42,720)	(44,426)	(41,190)	(41,327)	(41,447)	(41,315)	(41,919)	(41,237)	(41,833)	(40,945)	(41,190)	(245)	(498,293)	(503,314)	(5,021)
Finance & Depreciation costs	(1,369)	(1,416)	(1,398)	(1,432)	(1,445)	(1,443)	(1,566)	(1,245)	(1,672)	(1,696)	(1,657)	(1,701)	(1,094)	(1,443)	(349)	(17,630)	(18,040)	(410)
I&E - Deficit	(8,762)	(6,986)	(6,111)	(6,576)	(7,501)	(7,571)	(5,050)	(5,352)	(7,489)	(6,680)	(7,562)	(6,143)	(5,043)	(7,571)	(2,528)	(74,312)	(81,783)	(7,471)
Impairments/Revaluations Adjustment	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Donated/Govern't grant Asset Adjustment	20	19	20	(57)	20	19	7	7	7	(465)	7	7	7	19	12	(388)	(389)	(1)
Adjusted Surplus/(Deficit)	(8,742)	(6,967)	(6,091)	(6,633)	(7,481)	(7,552)	(5,043)	(5,345)	(7,482)	(7,145)	(7,555)	(6,136)	(5,036)	(7,552)	(2,516)	(74,700)	(82,172)	(7,472)

Adjustments to derive underlying deficit

Loan Interest	388	439	430	480	496	498	547	576	653	671	627	721				6,346	6,527	181
External Support	350	282	315	462	357	355	330	330	312	0	0	0				3,000	3,094	94
Turnaround team and Project Jackson	28	27	36	74	164	201	0	0	0	0	0	0				0	530	530
Prior Year Income & Challenges	155	0	(736)	211	0	26	0	0	0	0	0	0				0	(344)	(344)
Profit on Disposals	0	0	0	0	0	0	713	0	0	0	0	0				(963)	713	1,676
Accruals Adjustment	80	(218)	(604)	0	(547)	(592)	0	0	0	0	0	0				0	(1,881)	(1,881)
Income timing adjustment	1,132	(505)	549	(382)	(861)	67	0	0	0	0	0	0				0	0	0
Underlying Surplus/(Deficit)	(6,610)	(6,941)	(6,100)	(5,788)	(7,872)	(6,998)	(3,453)	(4,439)	(6,517)	(6,474)	(6,928)	(5,415)				(66,317)	(73,534)	(7,217)

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

The average run rate to date is a deficit of £7.2m per month, with an average underlying of £6.7m.

The full year run rate shows the requirement to deliver a £7.5m improvement to recover the YTD variance and achieve the plan of £74.7m. This is also contingent on delivery of the plan for the remaining 6 months of the year. A step change in income performance and reduction in pay costs are required to achieve this, with delivery of the Financial Efficiency Programme being a major component.

To achieve the planned deficit, the Trust requires to improve its overall run rate by an average of £2.8m per month in future months i.e. to deliver the planned deficit the Trust requires an average deficit of £4.4m per month in the remaining months of 2018/19. If any further risk materialise these will require a further improvement in the run rate to mitigate their impact.

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NHS Patient Care Income & Activity 2018/19

2018/19 Clinical Income Summary: YTD Month 6																
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		
	Sept	Sept	Sept	Sept	Sept	Sept	Sept	Sept	Apr-Sept	Sept	Sept	Sept	Apr-Sept	Sept	Sept	Sept
Actual	Plan	Actual	Variance	Actual	Plan	Actual	Variance	Actual	Activity	Actual	Activity	Actual	Actual	Plan	Actual	Variance
Accident & Emergency	12,833	11,174	12,034	860	1,723,573	1,668,258	1,754,023	85,765	77,474	68,721	75,806	7,085	10,557,038	10,263,533	10,982,022	718,489
Accident & Emergency Streaming	0	0	1,366	1,366	5,971	0	0	0	74	1,258	7,507	6,249	5,971	73,972	67,726	(6,246)
Daycases	5,493	5,308	4,823	(485)	2,791,497	2,808,889	2,557,257	(251,632)	31,365	31,441	32,296	855	16,422,353	16,581,342	16,757,563	176,221
Elective Spells	850	895	665	(230)	1,940,002	2,159,039	1,599,930	(559,109)	4,995	5,292	4,498	(794)	12,287,300	13,002,545	11,350,345	(1,652,199)
Elective Spells WIP	0	0	0	0	0	0	252,180	252,180	0	0	0	0	0	0	101,046	101,046
Non Elective Spells	5,943	6,013	5,666	(347)	9,742,113	10,341,400	10,154,500	(186,899)	35,577	36,364	35,071	(1,293)	58,814,225	62,570,173	62,192,215	(377,958)
Non Elective Spells WIP	0	0	0	0	0	0	309,204	309,204	0	0	0	0	0	0	35,746	35,746
Non Elective Excess Bed Days	1,176	1,504	1,988	484	416,716	366,123	293,551	(72,572)	9,128	9,025	9,897	872	2,248,324	2,196,741	2,203,246	6,506
Non Elective Excess Bed Days WIP	0	0	0	0	0	0	72,678	72,678	0	0	0	0	0	0	91,674	91,674
Elective Excess Bed Days	158	163	60	(103)	78,080	41,275	14,051	(27,224)	1,005	1,014	701	(313)	246,146	247,651	175,048	(72,603)
Elective Excess Bed Days WIP	0	0	0	0	0	0	27,865	27,865	0	0	0	0	0	0	14,766	14,766
Outpatient Firsts	23,844	24,768	22,861	(1,907)	3,225,100	3,247,615	3,056,393	(191,222)	144,359	144,781	146,943	2,162	19,390,636	18,951,034	19,486,615	535,582
Outpatient Follow Ups	32,183	33,284	30,391	(2,893)	2,722,919	2,758,371	2,549,786	(208,585)	193,215	193,824	192,483	(1,341)	16,232,541	16,072,347	16,270,327	197,980
Critical Care	1,099	1,358	1,446	88	864,705	1,114,599	1,055,976	(58,622)	4,093	8,197	9,196	999	4,629,695	6,745,600	7,115,310	369,711
Critical Care WIP	0	0	0	0	0	0	342,114	342,114	0	0	0	0	0	0	(1,724)	(1,724)
Maternity	1,067	981	1,015	34	814,030	879,469	873,932	(5,537)	5,904	5,888	6,069	181	5,133,892	5,276,814	5,109,486	(167,328)
Audiology	1,749	1,145	1,588	443	111,460	80,018	113,023	33,004	12,460	7,098	9,456	2,357	827,766	496,114	672,221	176,107
Block	-	-	-	-	847,498	828,281	828,281	0	0	695	694	(1)	5,084,986	4,994,673	4,994,673	(1)
Chemotherapy	3,170	2,879	3,018	139	345,853	358,087	385,430	27,342	16,459	17,471	18,478	1,007	2,108,006	2,201,577	2,356,315	154,738
Radiology	15,341	14,493	16,447	1,954	830,170	807,824	1,013,986	206,163	90,714	89,844	101,599	11,755	5,020,184	5,004,217	5,974,037	969,820
Gainshare & Admin Fee	-	-	-	-	96,519	75,836	65,059	(10,777)	0	455,015	468,417	13,402	571,747	455,015	468,417	13,402
Paediatric Cystic Fibrosis	0	0	28	28	0	0	10,963	10,963	0	0	180	180	0	0	74,589	74,589
Radiotherapy	2,515	2,385	2,214	(171)	437,398	434,114	409,252	(24,862)	13,304	14,311	13,128	(1,183)	2,447,493	2,604,687	2,412,825	(191,861)
Screening	5,510	6,126	7,222	1,096	460,306	443,765	396,087	(47,679)	35,415	36,526	43,524	6,998	2,351,112	2,571,784	2,546,551	(25,233)
Specialised Rehab	219	520	718	198	78,210	227,508	327,312	99,804	1,741	3,121	3,092	(29)	726,634	1,365,048	1,421,760	56,712
Specialised Rehab WIP	0	0	0	0	0	0	(40,155)	(40,155)	0	0	0	0	0	0	35,746	35,746
Therapies	6,459	5,613	6,127	513	225,411	203,617	224,321	20,704	36,685	34,802	36,228	1,426	1,321,647	1,262,425	1,321,240	58,815
Other - non P&R etc.	0	0	0	0	130,650	168,494	156,885	(11,609)	0	0	0	0	3,144,515	1,030,656	1,076,030	45,374
Activity sub total	119,609	118,616	119,677	1,061	27,888,180	29,012,583	28,803,886	(208,697)	713,967	1,164,688	1,215,264	50,575	169,572,211	173,967,947	175,305,815	1,337,868
Passthrough					3,887,539	4,074,837	3,243,425	(831,412)				0	23,391,473	24,449,022	23,584,215	(864,807)
Readmissions					(180,772)	(248,512)	(248,512)	0				0	(1,084,630)	(1,505,599)	(1,505,599)	0
MRET					(203,231)	(239,812)	(219,491)	20,321				0	(1,418,333)	(1,454,690)	(1,844,254)	(389,564)
System Resilience					0	192,121	192,121	(0)				0	0	1,152,728	1,152,728	(0)
CQUIN					542,225	684,569	525,021	(159,548)				0	3,286,842	4,099,820	3,322,771	(777,049)
Fines					(78,077)	0	(186,331)	(186,331)				0	(272,430)	0	(1,030,979)	(1,030,979)
Fines Reinvested					0	0	0	0				0	0	0	0	0
AlV Challenges					0	0	(34,583)	(34,583)				0	0	0	(207,500)	(207,500)
PLCV Challenges					0	0	(63,500)	(63,500)				0	0	0	(381,000)	(381,000)
Endoscopy BPT					0	0	(40,600)	(40,600)				0	0	0	(243,600)	(243,600)
Prior Year - Invoiced					0	0	(25,750)	(25,750)				0	(759,171)	0	546,293	546,293
Prior Year - Fines and Challenges					0	0	0	0				0	318,892	0	(202,089)	(202,089)
Total Cost/Volume PODs (Non Passthrough)					27,968,326	29,400,950	28,702,261	(698,688)					169,643,381	176,260,208	174,912,587	(1,347,618)
Passthrough					3,887,539	4,074,837	3,243,425	(831,412)				0	23,391,473	24,449,022	23,584,215	(864,807)
Total (Inc Passthrough)					31,855,865	33,475,787	31,945,686	(1,530,100)					193,034,854	200,709,228	198,496,803	(2,212,425)

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Work in progress is now split into the various elements in order to provide a greater depth of analysis of the position. This shows an estimate of the value of work undertaken which cannot as be invoiced until the patient is discharged and is based on an average charge per bed day.

The plan has now been amended to include the outpatient FEP scheme (£1.5m FYE, £360k PYE). Whilst outpatients are overperforming ytd the in month performance is the lowest to date.

Attendances in the following specialties are particularly low in month compared to M1-5 average: General Surgery 17.2% lower, T&O 16.2% lower, Ophthalmology 11.3% lower, Medical Oncology 22.1% lower, Gynaecology 11.3% lower

Whilst elective orthopaedic activity at Grantham has increased (average M1-4 46, M5 73, M6 91) activity across all sites continues to underperform with September being the lowest activity ytd (average spells across all sites M1-5 176, September spells all sites 126). YTD T&O elective activity across all sites is underperforming by 289 spells ytd (£1.25m)

Other main elective YTD underperformance areas are Urology (111 spells, £262.6k), ENT (134 spells £171.9k), OMF (49 spells £68k), Gynae (82 spells, £158k)

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

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

Passthrough drugs activity is down (in income and expenditure) due to the absence of the person who records homecare activity in Pharmacy.

Whilst this is also reflected in expenditure this will cause a spike next month when the activity is recorded and if not caught up would result in loss of income from Commissioners as charges would be out of time.

Fines are now -£1.03m ytd, detail is included in the contract update (in 3 pages)

FINANCE

Income & Activity Run Rate - Activity 2018/19

Activity	Activity Units												FOT Activity (ytd + Plan)	Full Year Plan	Variance
	Actual M1	Actual M2	Actual M3	Actual M4	Actual M5	Actual M6	Plan M7	Plan M8	Plan M9	Plan M10	Plan M11	Plan M12			
Accident & Emergency	12,231	12,963	12,697	13,452	12,429	12,034	11,302	10,768	11,011	10,813	10,214	11,568	141,482	134,397	7,085
Accident & Emergency Streaming	1,060	1,305	1,178	1,243	1,355	1,366	0	0	0	0	0	0	7,507	1,258	6,249
Daycases	5,422	5,512	5,474	5,607	5,458	4,823	5,349	5,419	4,974	5,394	5,135	5,549	64,115	63,260	855
Elective Spells	727	793	860	728	725	665	945	915	789	683	778	872	9,480	10,275	-794
Elective Spells WIP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Non Elective Spells	5,678	6,020	5,760	5,979	5,968	5,666	6,169	5,875	5,965	5,944	5,499	6,025	70,547	71,841	-1,293
Non Elective Spells WIP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Non Elective Excess Bed Days	1,677	1,647	1,435	1,729	1,421	1,988	1,504	1,504	1,504	1,504	1,504	1,504	18,922	18,051	872
Non Elective Excess Bed Days WIP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Elective Excess Bed Days	79	184	90	110	178	60	169	169	169	169	169	169	1,715	2,028	-313
Elective Excess Bed Days WIP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Outpatient Firsts	23,352	25,648	24,646	26,018	24,418	22,861	25,972	26,114	22,636	25,206	22,975	25,450	295,296	293,135	2,162
Outpatient Follow Ups	31,734	33,260	32,145	33,356	31,597	30,391	34,264	34,575	30,133	33,451	30,860	33,893	389,659	417,274	-27,615
Critical Care	771	709	686	743	884	616	1,394	1,394	1,328	1,382	1,358	1,382	12,648	16,436	-3,788
Critical Care WIP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Maternity	1,032	1,013	1,000	1,033	976	1,015	981	981	981	981	981	981	11,957	11,776	181
Audiology	1,633	1,598	1,532	1,531	1,574	1,588	1,317	1,317	1,002	1,259	1,145	1,259	16,754	14,397	2,357
Block	-	-	-	-	-	-	0	0	0	0	0	0	0	0	0
Chemotherapy	2,945	3,127	2,983	3,173	3,232	3,018	3,025	3,025	2,758	2,977	2,879	2,977	36,120	35,113	1,007
Radiology	16,857	17,794	16,845	17,026	16,630	16,447	16,659	16,659	12,687	15,937	14,493	15,937	193,971	182,216	11,755
Gainshare & Admin Fee	-	-	-	-	-	-	0	0	0	0	0	0	0	0	0
Paediatric Cystic Fibrosis	31	31	31	31	28	28	28	28	28	28	28	28	348	0	348
Radiotherapy	1,998	2,341	2,302	2,065	2,208	2,214	2,385	2,385	2,385	2,385	2,385	2,385	27,438	28,622	-1,183
Screening	7,785	7,198	6,860	7,693	6,766	7,222	6,144	6,193	6,189	6,202	6,198	6,225	80,675	73,677	6,998
Specialised Rehab	554	36	810	812	162	718	520	520	520	520	520	520	6,212	6,241	-29
Specialised Rehab WIP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Therapies	5,509	6,661	6,216	6,196	5,519	6,127	6,455	6,455	4,912	6,175	5,613	6,175	72,012	70,586	1,426
Other - non PbR etc	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Volumes accrued at first month end:															
Uncoded inpatients	3,429	7,576	4,930	4,467	4,653	4,827	0	0	0	0	0	0	29,882	0	29,882
Missing outcomes	8,372	8,884	4,000	3,540	1,989	4,695	0	0	0	0	0	0	31,480	0	31,480
Pending admissions	175	110	69	81	132	227	0	0	0	0	0	0	794	0	794
Total Cost/Volume PODs (Non Passthrough)	121,075	127,840	123,550	128,525	121,528	118,847	124,584	124,296	109,971	121,010	112,735	122,897	1,456,859	1,450,580	6,280
Passthrough	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Board Report Position	121,075	127,840	123,550	128,525	121,528	118,847	124,584	124,296	109,971	121,010	112,735	122,897	1,456,859	1,450,580	6,280

Excellence in rural healthcare

FINANCE

Income & Activity Run Rate - £ 2018/19

Income	(£k)												FOT £ (ytd + Plan)	Full Year Plan	Variance
	Actual M1	Actual M2	Actual M3	Actual M4	Actual M5	Actual M6	Plan M7	Plan M8	Plan M9	Plan M10	Plan M11	Plan M12			
Accident & Emergency	1,744,528	1,881,931	1,830,854	1,950,412	1,820,274	1,754,023	1,687,132	1,608,803	1,645,889	1,616,809	1,529,395	1,726,957	20,797,006	20,078,517	718,489
Accident & Emergency Streaming	67,726	0	0	0	0	0	0	0	0	0	0	0	67,726	73,972	-6,246
Daycases	2,759,235	2,869,650	2,779,091	2,995,331	2,796,999	2,557,257	2,829,232	2,905,045	2,608,664	2,851,044	2,727,608	2,947,592	33,626,747	33,450,526	176,221
Elective Spells	1,860,822	1,988,350	2,019,219	1,985,192	1,896,833	1,599,930	2,268,585	2,260,830	1,940,591	1,585,006	1,914,629	2,124,018	23,444,005	25,096,204	-1,652,199
Elective Spells WIP	0	0	320,121	201,331	-672,586	252,160	0	0	0	0	0	0	101,046	0	101,046
Non Elective Spells	10,137,254	10,599,472	10,196,605	10,604,548	10,499,836	10,154,500	10,726,337	10,103,556	10,347,443	10,433,958	9,623,092	10,552,062	123,978,663	124,356,622	-377,958
Non Elective Spells WIP	0	0	290,837	-442,441	-121,854	309,204	0	0	0	0	0	0	35,746	0	35,746
Non Elective Excess Bed Days	391,316	398,672	348,492	431,541	339,675	293,551	366,123	366,123	366,123	366,123	366,123	366,123	4,399,987	4,393,481	6,506
Non Elective Excess Bed Days WIP	0	0	198,596	-218,298	38,698	72,678	0	0	0	0	0	0	91,674	0	91,674
Elective Excess Bed Days	22,741	42,487	22,230	26,256	47,283	41,275	41,275	41,275	41,275	41,275	41,275	41,275	422,700	495,303	-72,603
Elective Excess Bed Days WIP	0	0	-14,875	-2,109	3,884	27,865	0	0	0	0	0	0	14,766	0	14,766
Outpatient Firsts	3,089,226	3,396,584	3,258,075	3,484,266	3,202,071	3,056,393	3,388,900	3,415,513	2,944,315	3,284,660	3,008,978	3,312,824	38,841,805	38,306,224	535,582
Outpatient Follow Ups	2,689,562	2,827,202	2,710,624	2,816,891	2,676,261	2,549,786	2,872,906	2,912,330	2,512,300	2,821,998	2,588,734	2,843,138	32,821,732	33,176,269	-354,537
Critical Care	1,331,970	1,054,991	1,128,557	1,181,599	1,362,218	1,055,976	1,158,105	1,158,105	1,078,343	1,143,603	1,114,599	1,143,603	13,911,668	13,541,957	369,711
Critical Care WIP	0	0	-44,023	19,315	-319,131	342,114	0	0	0	0	0	0	-1,724	0	-1,724
Maternity	845,117	893,407	883,273	813,226	800,531	873,932	879,469	879,469	879,469	879,469	879,469	879,469	10,386,300	10,553,628	-167,328
Audiology	117,096	113,537	108,435	108,891	111,239	113,023	92,021	92,021	70,016	88,020	80,018	88,020	1,182,338	1,006,232	176,107
Block	853,267	828,281	828,281	828,281	828,281	828,281	828,281	828,281	828,281	828,281	828,281	828,281	9,964,361	9,964,361	-1
Chemotherapy	372,602	391,528	392,159	406,488	408,108	385,430	397,877	397,877	324,929	384,614	358,087	384,614	4,604,314	4,449,576	154,738
Radiology	962,858	1,016,076	978,243	1,010,265	992,608	1,013,986	925,780	925,780	709,527	886,461	807,824	886,461	11,115,868	10,146,049	969,820
Gainshare & Admin Fee	73,688	81,785	73,820	80,717	93,349	65,059	75,836	75,836	75,836	75,836	75,836	75,836	923,432	910,030	13,402
Paediatric Cystic Fibrosis	13,166	13,166	13,166	13,166	10,963	10,963	12,432	12,432	12,432	12,432	12,432	12,432	149,179	0	149,179
Radiotherapy	380,821	432,105	414,832	383,722	392,093	409,252	434,114	434,114	434,114	434,114	434,114	434,114	5,017,512	5,209,373	-191,861
Screening	463,534	414,751	411,236	434,116	426,767	396,087	450,872	470,218	468,639	473,772	472,192	482,852	5,365,096	5,390,329	-25,233
Specialised Rehab	231,303	16,121	396,885	363,906	86,234	327,312	227,508	227,508	227,508	227,508	227,508	227,508	2,786,808	2,730,096	56,712
Specialised Rehab WIP	0	0	0	48,097	97,873	-40,155	0	0	0	0	0	0	105,816	0	105,816
Therapies	201,516	246,629	224,649	223,755	200,371	224,321	234,159	234,159	178,165	223,979	203,617	223,979	2,619,298	2,560,482	58,815
Other - non PbR etc	163,837	177,083	163,742	175,347	169,065	156,885	148,751	162,787	183,073	180,355	202,806	157,206	2,040,937	1,587,706	453,231
Activity sub total	28,773,243	29,683,808	29,933,123	29,923,811	28,187,943	28,803,886	30,045,696	29,512,063	27,876,932	28,839,317	27,496,618	29,738,364	348,814,806	347,476,937	1,337,869
Readmissions	-243,862	-250,014	-250,495	-259,620	-253,096	-248,512	-255,334	-242,453	-247,365	-246,839	-230,020	-249,282	-2,976,892	-2,976,892	0
MRET	-283,820	-389,153	-253,893	-385,207	-312,689	-219,491	-247,241	-233,213	-238,563	-237,989	-219,672	-240,650	-3,261,582	-2,872,018	-389,564
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	552,759	568,201	561,256	568,997	546,537	525,021	701,010	688,633	649,366	667,164	640,208	689,999	7,359,151	8,136,199	-777,049
Fines	-106,646	-99,175	-359,664	-138,815	-140,348	-186,331	0	0	0	0	0	0	-1,030,979	0	-1,030,979
Fines Reinvested	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
AIW Challenges	-34,583	-34,583	-34,583	-34,583	-34,583	-34,583	0	0	0	0	0	0	-207,500	0	-207,500
PLCV Challenges	-63,500	-63,500	-63,500	-63,500	-63,500	-63,500	0	0	0	0	0	0	-381,000	0	-381,000
Endoscopy BPT	-40,600	-40,600	-40,600	-40,600	-40,600	-40,600	0	0	0	0	0	0	-243,600	0	-243,600
Prior Year - Invoiced	0	0	782,801	-210,758	0	-25,750	0	0	0	0	0	0	546,293	0	546,293
Prior Year - Fines and Challenges	-154,964	0	-47,125	0	0	0	0	0	0	0	0	0	-202,089	0	-202,089
Total Cost/Volume PODs (Non Pass)	28,590,148	29,567,105	30,419,441	29,551,847	28,081,785	28,702,261	30,436,252	29,917,151	28,232,492	29,213,774	27,879,255	30,130,552	398,755,302	400,967,727	-2,212,425
Passthrough	3,827,224	4,361,161	3,969,540	4,012,522	4,170,343	3,243,425	4,074,837	4,074,837	4,074,837	4,074,837	4,074,837	4,074,837	48,033,238	48,898,045	-864,807
Board Report Position	32,417,372	33,928,266	34,388,982	33,564,369	32,252,128	31,945,686	34,511,089	33,991,988	32,307,329	33,288,611	31,954,093	34,205,389	398,755,302	414,509,684	-15,754,382

FINANCE

Fines and Penalties update 2018/19

Type	Item	YTD £k
Never Events	Never Events	- 6
Cancer	2ww breast symptomatic	- 176
Cancer	2ww suspect cancer	- 347
Cancer	31 first treatment - first definitive within 1 mth	-
Cancer	31 sub - drug	-
Cancer	31 sub - rt	-
Cancer	31 sub - surgery	- 30
Cancer	62 day - consultant upgrade	-
Cancer	62 day - screening referrals	- 6
Cancelled ops	Cancelled operations not reschedule within 28 days	- 261
MRSA, C Diff	Clostridium Difficile	-
Fines	Completion of valid NHS number in A&E SUS feeds	-
Fines	Completion of valid NHS number in acute SUS feeds	-
Fines	Duty of Candour	- 191
Mixed sex	Mixed Sex Accommodation	- 0
MRSA, C Diff	MRSA	- 13
Fines	Remedial action plans	-
Total		- 1,031

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

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

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FINANCE

Income Summary & Run Rate 2018/19

2018/19 Other Income Summary: YTD Month 06								
Other Income	Other Income: In-Month				Other Income: Year-To-Date			
	2017/18	2018/19			2017/18	2018/19		
	Sept £k Actual	Sept £k Plan	Sept £k Actual	Sept £k Variance	Apr - Sept £k Actual	Sept £k Plan	Sept £k Actual	Sept £k Variance
NHS Patient Care Income	33,266	33,986	32,427	(1,559)	194,058	203,195	201,983	(1,212)
Non NHS Private Patients	30	32	13	(19)	203	193	113	(80)
Overseas Visitors	7	26	2	(24)	130	164	132	(32)
Injury Cost Recovery Scheme	127	131	18	(113)	679	787	274	(513)
Patient Care Income Total	33,430	34,175	32,460	(1,715)	195,070	204,339	202,502	(1,837)
Other Income								
Research & Development	107	95	97	2	671	566	594	28
Education & Training	1,317	1,374	1,319	(55)	7,869	8,245	7,936	(309)
Non patient services to other bodies	544	575	555	(20)	3,209	3,441	3,462	21
STF	0	0	0	0	0	0	0	0
Car parking income	229	247	232	(15)	1,250	1,482	1,406	(76)
Catering income	180	170	74	(96)	1,038	1,028	452	(576)
Other Income	441	360	327	(33)	2,347	2,171	2,880	709
Other Income Total	2,818	2,821	2,604	(217)	16,384	16,933	16,730	(203)
Total Income	36,248	36,996	35,064	(1,932)	211,454	221,272	219,232	(2,040)

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

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

The year to date income position also includes £2,460k of funding in relation to the national Agenda for Change pay award over and above tariff - the funding relates to the payment of the pay award made from July, with arrears for April to June paid in August.

The attached run rate analysis is based upon year to date actuals and plan for future months. This shows the improvement required just to achieve plan in future months, in addition to which the Trust requires to recover the YTD movement to plan. Excluding the pay award funding, income to date has averaged £36.1m per month, but to achieve the income plan income in future months needs to improve by £0.9m (or 2.6%) per month.

2018/19 Other Income Run Rate

	£k													Full Year Plan	Variance
	Actual	Actual	Actual	Actual	Actual	Actual	Plan	Plan	Plan	Plan	Plan	Plan			
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12			
NHS Patient Care Income	31,421	34,603	34,017	34,525	34,992	32,425	34,829	34,326	32,490	33,449	32,318	34,376	404,983	403,771	(1,212)
Non NHS Private Patients	14	19	18	24	25	13	32	32	32	32	32	32	385	305	(80)
Overseas Visitors	33	4	22	54	17	2	28	28	26	28	28	28	330	298	(32)
Injury Cost Recovery Scheme	76	(23)	40	83	80	18	131	131	131	131	131	131	1,573	1,060	(513)
Patient Care Income Total	31,544	34,603	34,097	34,686	35,114	32,458	35,020	34,517	32,679	33,640	32,509	34,567	407,271	405,434	(1,837)
Other Income															
Research & Development	96	97	94	116	94	97	94	94	95	94	94	94	1,131	1,159	28
Education & Training	1,306	1,330	1,337	1,323	1,322	1,318	1,374	1,374	1,374	1,374	1,374	1,374	16,489	16,180	(309)
Non patient services to other bodies	515	473	803	580	537	554	573	573	574	573	573	574	6,881	6,902	21
STF	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Car parking income	220	248	211	248	247	232	247	247	247	247	247	247	2,964	2,888	(76)
Catering income	70	80	73	81	73	75	172	172	170	172	172	172	2,058	1,482	(576)
Other Income	376	316	335	542	983	328	363	363	359	635	363	363	4,817	5,526	709
Other Income Total	2,583	2,544	2,853	2,890	3,256	2,604	2,823	2,823	2,819	3,295	2,823	2,824	34,340	34,137	(203)
Total Income	34,127	37,147	36,950	37,576	38,370	35,062	37,843	37,340	35,498	36,935	35,332	37,391	441,611	439,571	(2,040)

FINANCE

Pay Summary 2018/19

2018/19 Pay Summary: YTD Month 06								
Staff Groups	Pay: In-Month				Pay: Year-To-Date			
	2017/18 Sept £k Actual	2018/19 Sept £k Plan	2018/19 Sept £k Actual	2018/19 Sept £k Variance	2017/18 Apr - Sep £k Actual	2018/19 Sept £k Plan	2018/19 Sept £k Actual	2018/19 Sept £k Variance
Substantive:								
Registered Nursing, Midwifery and Health visiting staff	7,018	7,125	7,003	122	42,392	42,722	41,650	1,072
Health Care Scientists and Scientific, Therapeutic and	2,460	2,503	2,543	(40)	14,873	15,052	15,129	(77)
Qualified Ambulance Service staff	0	0	0	0	0	0	0	0
Support to clinical staff	4,463	4,423	4,612	(189)	26,504	26,642	27,676	(1,034)
Medical and Dental Staff	6,467	6,661	6,519	142	39,082	39,914	39,213	701
Non-Medical - Non-Clinical Staff	2,807	2,545	2,583	(38)	14,948	14,517	15,356	(839)
Bank:								
Registered Nursing, Midwifery and Health visiting staff	373	334	466	(132)	1,434	2,001	2,864	(863)
Health Care Scientists and Scientific, Therapeutic and	29	30	40	(10)	161	181	256	(75)
Qualified Ambulance Service staff	0	0	0	0	0	0	0	0
Support to clinical staff	273	309	377	(68)	1,836	1,863	2,301	(438)
Medical and Dental Staff	714	740	815	(75)	4,461	4,428	4,998	(570)
Non-Medical - Non-Clinical Staff	164	178	282	(104)	884	1,072	1,216	(144)
Agency:								
Registered Nursing, Midwifery and Health visiting staff	588	533	820	(287)	4,255	3,525	4,474	(949)
Health Care Scientists and Scientific, Therapeutic and	219	91	68	23	1,009	677	835	(158)
Qualified Ambulance Service staff	0	0	0	0	0	0	0	0
Support to clinical staff	(1)	0	1	(1)	1	4	14	(10)
Medical and Dental Staff	1,466	1,496	1,900	(404)	8,856	8,939	10,647	(1,708)
Non-Medical - Non-Clinical Staff	200	103	124	(21)	966	660	571	89
Apprentice levy	104	102	107	(5)	602	612	635	(24)
Capitalised staff	(360)	0	(80)	80	(360)	0	(325)	325
Total Pay	26,984	27,173	28,179	(1,006)	161,904	162,809	167,510	(4,701)

Whilst Pay year to date is £4.7m adverse to plan, this includes the impact of the A4C pay award. The Trust has year to date received £2,460k of additional income to fund the excess of the pay award over and above that funded within the tariff. Excluding the cost of the pay award over and above that funded within the tariff, employee expenses were largely flat in 2018/19 until September when they rose by £0.3m.

Although contracted wte numbers had been falling since December 2017 (and in August 2018 fell to their lowest level since October 2016), they rose by 85wte in September including an increase of 71wte in nursing and midwifery numbers and 7wte in non clinical wte numbers. Expenditure on temporary staffing has risen as a proportion of overall pay spend from 16.1% in April to 17.4% in September. This equates to an increase of £1.5m from £13.3m in quarter 1 to £14.8m in quarter 2. The majority (or £1,155k) of this increase relates to the increase in Agency expenditure, of which £642k is within Medical staffing, £475k is within Nursing and Midwifery staffing, and £39k is within Other staffing.

FINANCE

Pay Run Rate - £ 2018/19

Staff Groups	(£k)													Full Year Plan £000s	YTD actuals + Plan £000s	Variance £000s
	Actual M1 £000s	Actual M2 £000s	Actual M3 £000s	Actual M4 £000s	Actual M5 £000s	Actual M6 £000s	Plan M7 £000s	Plan M8 £000s	Plan M9 £000s	Plan M10 £000s	Plan M11 £000s	Plan M12 £000s				
Substantive:																
Registered Nursing, Midwifery and Health visiting staff	6,991	6,895	6,856	6,812	7,092	7,003	7,165	7,270	7,271	7,270	7,270	7,160	86,128	85,056	1,072	
Health Care Scientists and Scientific, Therapeutic and	2,478	2,499	2,499	2,505	2,606	2,543	2,508	2,538	2,536	2,536	2,536	2,498	30,204	30,281	(77)	
Qualified Ambulance Service staff	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Support to clinical staff	4,460	4,429	4,484	4,600	5,092	4,612	4,429	4,475	4,474	4,474	4,474	4,405	53,373	54,407	(1,034)	
Medical and Dental Staff	6,442	6,620	6,608	6,470	6,554	6,519	6,703	6,806	6,805	6,806	6,806	6,702	80,542	79,841	701	
Non-Medical - Non-Clinical Staff	2,557	2,445	2,505	2,535	2,730	2,583	2,333	2,305	2,303	2,635	2,635	2,595	29,323	30,162	(839)	
Bank:																
Registered Nursing, Midwifery and Health visiting staff	582	451	441	463	461	466	333	333	334	333	333	334	4,001	4,864	(863)	
Health Care Scientists and Scientific, Therapeutic and	55	39	40	40	40	40	30	30	30	30	30	30	361	436	(75)	
Qualified Ambulance Service staff	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Support to clinical staff	407	324	326	370	497	377	311	311	309	311	311	311	3,727	4,165	(438)	
Medical and Dental Staff	907	759	806	781	930	815	737	737	739	737	737	738	8,853	9,423	(570)	
Non-Medical - Non-Clinical Staff	219	156	123	200	236	282	179	179	178	179	179	178	2,144	2,288	(144)	
Agency:																
Registered Nursing, Midwifery and Health visiting staff	494	755	751	804	851	820	481	425	423	423	423	423	6,123	7,072	(949)	
Health Care Scientists and Scientific, Therapeutic and	193	118	127	185	145	68	74	54	52	54	54	54	1,019	1,177	(158)	
Qualified Ambulance Service staff	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Support to clinical staff	1	1	7	3	1	1	1	1	1	1	1	1	10	20	(10)	
Medical and Dental Staff	1,506	1,736	1,761	1,881	1,863	1,900	1,422	1,342	1,339	1,339	1,339	1,339	17,059	18,767	(1,708)	
Non-Medical - Non-Clinical Staff	69	82	95	114	88	124	95	88	87	88	88	87	1,193	1,104	89	
Apprentice levy	103	103	104	105	113	107	102	102	102	102	102	102	1,223	1,247	(24)	
Capitalised staff	0	(12)	(51)	(11)	(171)	(80)	0	0	0	0	0	0	0	(325)	325	
Items included in Non pay:																
Operating expenses: research and development	(115)	(112)	(105)	(117)	(121)	(113)	(120)	(120)	(120)	(120)	(120)	(120)	(1,440)	(1,403)	(37)	
Operating expenses: education and training	(131)	(114)	(118)	(123)	(118)	(115)	(145)	(145)	(145)	(145)	(145)	(145)	(1,740)	(1,589)	(151)	
Operating expenses: redundancy	(61)	3	0	0	0	0	0	0	0	0	0	0	0	(58)	58	
Operating expenses: Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total Cost £	27,463	27,400	27,483	27,857	29,128	28,179	26,903	26,996	26,983	27,318	27,318	26,957	325,283	329,984	(4,701)	

FINANCE

Non Pay Summary 2018/19

2018/19 Non Pay Summary: YTD Month 06									
Non Pay	Non Pay: In-Month				Non Pay: Year-To-Date				
	2017/18	2018/19		2017/18	2018/19		Sept	Sept	
	Sept	Sept	Sept		Sept	Sept			Sept
£k	£k	£k	£k	£k	£k	£k	£k	£k	
Actual	Plan	Actual	Variance	Actual	Plan	Actual	Variance		
Ambulance Services	164	166	177	(11)	748	996	674	322	
Clinical Supplies & Services	4,866	4,281	4,720	(439)	23,637	27,960	30,147	(2,187)	
Drugs	1,136	533	514	19	6,452	7,230	6,179	1,051	
Drugs Pass through	3,027	4,075	3,194	881	15,338	20,374	20,390	(16)	
Establishment Expenditure	367	392	539	(147)	1,872	2,363	3,300	(937)	
General Supplies & Services	793	468	1,013	(545)	3,467	3,738	6,118	(2,380)	
Other	307	434	130	304	2,527	3,287	1,231	2,056	
Premises & Fixed Plant	1,508	1,641	952	689	7,703	9,852	8,040	1,812	
Clinical Negligence	1,824	1,782	1,774	8	9,118	10,607	10,647	(40)	
Capital charges	1,032	1,019	943	76	5,084	6,001	5,776	225	
Total Non Pay	15,024	14,791	13,956	835	75,946	92,408	92,502	(94)	

Non Pay YTD is £0.1m adverse to plan.

However, the YTD position includes the release of £0.5m of prior year accruals and a VAT adjustment of £0.6m, without which the adverse variance to plan would be £1.2m.

The Non Pay position also reflects lower than planned levels of activity, including in September £0.8m lower than plan in relation to Passthrough.

From the run rate analysis, non pay to date has averaged £15.4m per month to date.

To stay within the planned level of non pay expenditure, the Trust requires to maintain its current non pay run rate whilst increasing average monthly income by £0.9m per month.

Non Pay Run Rate 2018/19

Non Pay	£k														
	Actual	Actual	Actual	Actual	Actual	Actual	Plan	Plan	Plan	Plan	Plan	Plan	FOT £	Plan	Variance
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	ytd actuals + Plan		
Ambulance Services	55	80	58	84	221	176	171	169	159	163	157	168	1,661	1,983	322
Clinical Supplies & Services	4,667	5,352	5,043	5,187	5,178	4,720	4,574	4,333	4,213	4,348	3,866	4,449	55,930	53,743	(2,187)
Drugs	442	649	417	410	555	513	646	562	300	425	240	571	5,730	5,900	170
Drugs Pass through	3,827	4,337	3,825	4,220	4,180	3,194	4,075	4,075	4,075	4,075	4,075	4,075	48,033	48,898	865
Establishment Expenditure	420	440	790	551	560	539	397	395	399	399	399	396	5,685	4,748	(937)
General Supplies & Services	603	1,272	996	1,092	1,145	1,010	577	468	524	542	513	541	9,283	6,903	(2,380)
Other	700	(191)	163	171	255	133	556	1,013	1,226	1,213	1,233	1,248	7,720	9,776	2,056
Premises & Fixed Plant	1,568	1,616	1,164	1,309	1,432	951	1,647	1,655	1,654	1,655	1,655	1,647	17,953	19,765	1,812
Clinical Negligence	1,774	1,775	1,774	1,775	1,774	1,775	1,781	1,781	1,782	1,781	1,781	1,781	21,334	21,294	(40)
Capital charges	981	981	968	952	950	944	1,019	1,019	1,019	1,025	1,030	980	11,868	12,093	225
Total Non Pay	15,037	16,311	15,198	15,751	16,250	13,955	15,443	15,470	15,351	15,626	14,949	15,856	185,197	185,103	(94)

FINANCE

Finance Efficiency Programme (FEP) Summary 2018/19

Financial Efficiency Programme Report

Reporting Month : Sept 2018

Trust Summary Position

Financial Actuals & RAG Rating

M06

Finance Position

Financial Commentary - Month 06 Position

	In Month			YTD			
	Plan £k	Actual £k	Variance £k	Plan £k	Actual £k	Variance £k	RAG
Workbook Plan	2,221	572	(1,649)	7,922	3,319	(4,603)	R

	YTD ACTUAL		FORECAST
	£k		£k
Recurrent	2,675	Recurrent	15,483
Non Recurrent	644	Non Recurrent	1,470
TOTAL	3,319	TOTAL	16,953

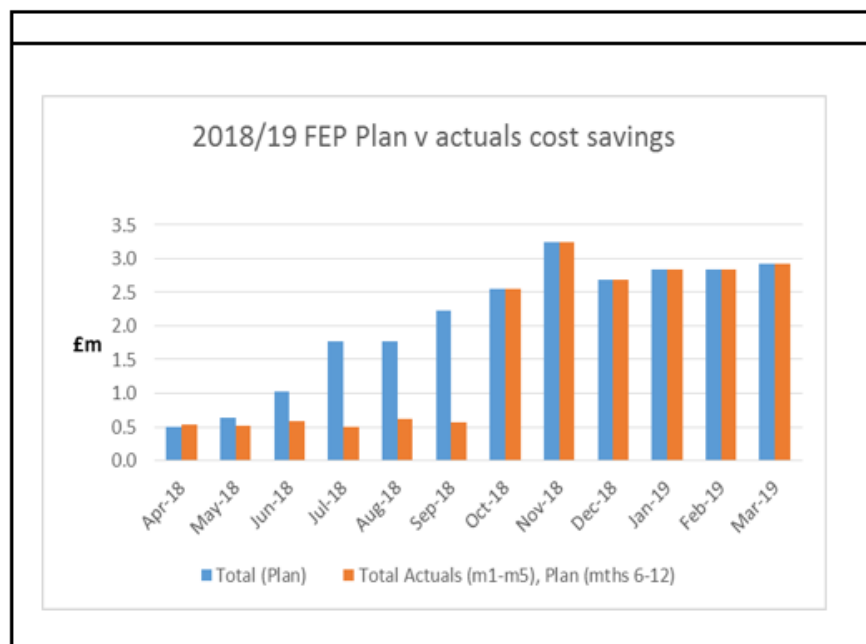
The financial plan for 2018/19 includes an efficiency programme of £25.0m. With efficiency savings delivery plan to date of £7,922k and actuals savings delivery to date of £3,319k, or £4,603k adverse to plan.

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

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

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

External support will be required for the foreseeable future, including an increase in project management to ensure delivery of the anticipated savings.



FINANCE

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

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

FINANCE

Statement of Financial Position September 2018

	Year end		Year to date			Monthly Actual 2018/19					Plan Outturn		
	31 March 2018		30 September 2018			30-Apr-18	31-May-18	30-Jun-18	31-Jul-18	31-Aug-18	31 March 2019		
	Actual £'000	Plan £'000	Actual £'000	Plan £'000	Variance £'000	Actual £'000	Actual £'000	Actual £'000	Actual £'000	Actual £'000	Actual £'000	Plan £'000	e £'000
Non-current assets													
Intangible assets	6,148	3,759	5,357	6,148	(791)	6,016	5,884	5,752	5,621	5,489	5,488	5,488	0
Property, plant and equipment: on-SoFP IFRIC 12 assets	22,843	22,492	22,675	22,669	6	22,814	22,788	22,760	22,731	22,703	22,495	22,495	0
Property, plant and equipment: other	184,708	205,628	186,615	198,063	(11,448)	184,025	184,010	183,989	185,097	186,000	213,671	213,599	72
Trade and other receivables: due from non-NHS/DHSC group bodies	1,828	1,477	1,153	1,828	(675)	1,085	1,160	1,144	1,137	1,102	1,828	1,828	0
Total non-current assets	215,527	233,356	215,800	228,708	(12,908)	213,940	213,842	213,645	214,586	215,294	243,482	243,410	72
Current assets													
Inventories	6,799	7,430	6,923	6,799	124	6,919	6,997	6,878	7,023	6,902	6,799	6,799	0
Trade and other receivables: due from NHS and DHSC group bodies	19,737	12,876	17,992	17,664	328	17,379	15,862	20,002	18,722	19,855	17,664	17,664	0
Trade and other receivables: Due from non-NHS/DHSC group bodies	5,656	8,000	7,817	4,914	2,903	8,041	9,281	9,405	10,153	9,731	4,848	4,848	0
Assets held for sale and assets in disposal groups	1,225	0	1,225	150	1,075	1,225	1,225	1,225	1,225	1,225	0	0	0
Cash and cash equivalents: GBS/NLF	10,523	1,078	1,528	2,461	(933)	6,317	2,790	1,626	1,242	1,234	6,143	6,143	0
Cash and cash equivalents: commercial / in hand / other	10	0	9	10	(1)	9	9	9	9	10	10	10	0
Total current assets	43,950	29,384	35,494	31,998	3,496	39,890	36,164	39,145	38,374	38,957	35,464	35,464	0
Current liabilities													
Trade and other payables: capital	(11,727)	(3,314)	(3,329)	(3,547)	218	(6,105)	(3,689)	(3,445)	(3,666)	(3,671)	(5,654)	(4,723)	(931)
Trade and other payables: non-capital	(41,754)	(37,108)	(41,323)	(35,586)	(5,737)	(44,901)	(44,171)	(44,126)	(43,294)	(44,356)	(37,184)	(38,039)	855
Borrowings	(36,157)	(1,093)	(36,335)	(1,604)	(34,731)	(36,142)	(36,455)	(36,440)	(36,425)	(36,410)	(77,359)	(77,359)	0
Provisions	(735)	(843)	(640)	(735)	95	(732)	(690)	(690)	(656)	(679)	(640)	(735)	95
Other liabilities: deferred income	(2,707)	(2,331)	(1,115)	(2,707)	1,592	(1,140)	(1,020)	(977)	(1,184)	(983)	(2,707)	(2,707)	0
Other liabilities: other	(503)	(503)	(503)	(503)	0	(503)	(503)	(503)	(503)	(503)	(503)	(503)	0
Total current liabilities	(93,583)	(45,192)	(83,245)	(44,682)	(38,563)	(89,523)	(86,528)	(86,181)	(85,728)	(86,602)	(124,047)	(124,066)	19
Net Current liabilities	(49,633)	(15,808)	(47,751)	(12,684)	(35,067)	(49,633)	(50,364)	(47,036)	(47,354)	(47,645)	(88,583)	(88,602)	19
Total assets less current liabilities	165,894	217,548	168,049	216,024	(47,975)	164,307	163,478	166,609	167,232	167,649	154,899	154,808	91
Non-current liabilities													
Borrowings	(165,075)	(156,058)	(210,872)	(251,427)	40,555	(172,291)	(178,405)	(187,740)	(194,918)	(202,860)	(228,888)	(228,888)	0
Provisions	(2,994)	(2,413)	(3,108)	(3,061)	(47)	(2,994)	(3,091)	(3,091)	(3,091)	(3,108)	(2,930)	(2,911)	(19)
Other liabilities: other	(13,584)	(13,583)	(13,333)	(13,332)	(1)	(13,543)	(13,501)	(13,459)	(13,417)	(13,375)	(13,081)	(13,081)	0
Total non-current liabilities	(181,653)	(172,054)	(227,313)	(267,820)	40,507	(188,828)	(194,997)	(204,290)	(211,426)	(219,343)	(244,899)	(244,880)	(19)
Total net assets employed	(15,759)	45,494	(59,264)	(51,796)	(7,468)	(24,521)	(31,519)	(37,681)	(44,194)	(51,694)	(90,000)	(90,072)	72
Financed by													
Public dividend capital	257,563	256,746	257,563	257,563	0	257,563	257,563	257,563	257,563	257,563	257,635	257,563	72
Revaluation reserve	35,284	42,448	34,860	34,859	1	35,215	35,143	35,072	35,001	34,931	34,455	34,455	0
Other reserves	190	190	190	190	0	190	190	190	190	190	190	190	0
Income and expenditure reserve	(308,796)	(253,890)	(351,877)	(344,408)	(7,469)	(317,489)	(324,415)	(330,506)	(336,948)	(344,378)	(382,280)	(382,280)	0
Total taxpayers' and others' equity	(15,759)	45,494	(59,264)	(51,796)	(7,468)	(24,521)	(31,519)	(37,681)	(44,194)	(51,694)	(90,000)	(90,072)	72

FINANCE

BORROWINGS													
Current													
Borrowings: finance leases	(152)	0	(62)	62	(124)	(137)	(122)	(107)	(92)	(77)	0	0	0
Borrowings: DHSC capital loans	(328)	(635)	(656)	1,542	(2,198)	(328)	(656)	(656)	(656)	(656)	(2,429)	(2,429)	0
Borrowings: DHSC working capital / revenue support loans	(35,618)	0	(35,618)	0	(35,618)	(35,618)	(35,618)	(35,618)	(35,618)	(35,618)	(74,930)	(74,930)	0
Borrowings: DHSC revolving working capital facilities	0	0	0	0	0	0	0	0	0	0	0	0	0
Borrowings: other (non-DHSC)	(59)	(458)	0	0	0	(59)	(59)	(59)	(59)	(59)	0	0	0
Total current borrowings	(36,157)	(1,093)	(36,336)	1,604	(37,940)	(36,142)	(36,455)	(36,440)	(36,425)	(36,410)	(77,359)	(77,359)	0
Non-current													
Borrowings: DHSC capital loans	(9,172)	(2,542)	(14,721)	19,658	(34,379)	(9,172)	(8,845)	(8,845)	(8,845)	(11,745)	(33,343)	(33,343)	0
Borrowings: DHSC working capital / revenue support loans	(155,903)	(99,915)	(196,151)	231,769	(427,920)	(163,119)	(169,560)	(178,895)	(186,073)	(191,115)	(195,545)	(195,545)	0
Borrowings: DHSC revolving working capital facilities	0	(52,000)	0	0	0	0	0	0	0	0	0	0	0
Borrowings: other (non-DHSC)	0	(1,601)	0	0	0	0	0	0	0	0	0	0	0
Total non-current borrowings	(165,075)	(156,058)	(210,872)	251,427	(462,299)	(172,291)	(178,405)	(187,740)	(194,918)	(202,860)	(228,888)	(228,888)	0

FINANCE

Cash Report 2018/19 Month 6

The cash balance at 30 September 2018 was £1.5m. This includes revenue cash loans drawn in April - September of £40.2m. The balance at 31 March 2018 (£10.5m) was unusually high as a result of the high level of capital creditors outstanding at that point. In the subsequent months the Trust has reduced the level of capital creditors from £11.7m to £3.3m. Total revenue and capital borrowings at 30 September were £247.2m and are forecast to rise to £306.2m by the end of 2018/19. As a consequence of this borrowing costs are anticipated to be £6.6m in I&E terms, and in cash terms £5.4m. The financial plan assumed that from August all new and existing borrowing rates at 6% would be revised to 3.5%. In practice, whilst rates on new loans have reduced to 3.5% earlier than planned in May, existing borrowing rates have remained unchanged.

Year to date	Plan £k	Actual £k	Variance £k
Cash balance	2,471	1,537	(934)

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

Year to date	Plan £k	Actual £k	Variance £k
Operating Surplus	(33,945)	(40,778)	(6,833)
Depreciation	6,001	5,776	(225)
Other Non Cash I&E Items	(60)	(77)	(17)
Movement in Working Capital	(4,134)	(5,930)	(1,796)
Provisions	67	16	(51)
Cashflow from Operations	(32,071)	(40,993)	(8,922)
Interest received	12	53	41
Capital Expenditure	(27,302)	(12,418)	14,884
Cash receipt from asset sales	1,788	6	(1,782)
Cash from / (used in) investing act	(25,502)	(12,359)	13,143
PDC Received	0	0	0
Dividends Paid	0	677	677
Interest on Loans, PFI and leases	(2,293)	(2,296)	(3)
Capital element of leases	(85)	(90)	(5)
Draw down on debt - Revenue	40,248	40,248	0
Draw down on debt - Capital	11,700	5,876	(5,824)
Repayment of debt	(59)	(59)	0
Cashflow from financing	49,511	44,356	(5,155)
Net Cash Inflow / (Outflow)	(8,062)	(8,996)	(934)
Opening cash balance	10,533	10,533	0
Closing Cash balance	2,471	1,537	(934)

Year End Plan	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)	(2,091)	406
Provisions	(83)	(159)	(76)
Cashflow from Operations	(59,854)	(59,582)	272
Interest received	24	84	60
Capital Expenditure	(46,368)	(47,480)	(1,092)
Cash receipt from asset sales	2,288	2,294	6
Cash from / (used in) investing act	(44,076)	(45,102)	(1,026)
PDC Received	0	72	72
Dividends Paid	0	677	677
Interest on Loans, PFI and leases	(5,470)	(5,465)	5
Capital element of leases	(147)	(147)	0
Draw down on debt - Revenue	78,954	78,954	0
Draw down on debt - Capital	26,600	26,600	0
Repayment of debt	(387)	(387)	0
Cashflow from financing	99,550	100,304	754
Net Cash Inflow / (Outflow)	(4,380)	(4,380)	0
Opening cash balance	10,533	10,533	0
Closing Cash balance	6,153	6,153	0

The cash balance of £1.5m at 30 September reflects the reduction in capital creditors from the year end high of £11.7m. The 2018/19 capital programme is however significantly behind plan and this in turn has impacted upon the level of capital cash utilised (plan £27.3m : actual £12.4m). As a consequence the Trust has to date drawn only £5.9m against the approved capital loan of £26.6m for Fire Safety works in 2018/19. Revenue loans of £40.2m have been drawn in the first six months. Although the operating deficit is £6.8m worse than plan, the impact upon cash and the ability of the Trust to pay suppliers has thus far been limited due to the relative slow progress with the Capital Programme.

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

FINANCE

Capital Report 2018/19 Month 06

The capital spend to date is £7.2m behind plan. This is inclusive of variances in IT: Cyber security measures £0.5m and LAN - obsolete Core Switch Supervisor upgrades £0.3m. Fire schemes are behind plan by £3.4m, consisting of Fire Works - package 1, 2 and 3 at Lincoln £2.5m and package 1 at Pilgrim £0.8m, Emergency lighting at Lincoln £0.8m. Facilities: Theatre Infrastructure Review £0.6m. 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	13,812	6,618	7,194

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

Year to date	Plan	Actual	Variance
	£k	£k	£k
Medical Equipment replacement	1,105	231	874
Prior Year	0	66	-66
ICT	1,762	686	1,076
Estates - Backlog	1,000	35	965
Estates - Fire	8,284	3,479	4,805
Service developments	1,461	2,111	-650
Diagnostic capacity & sustainability	200	0	200
Elective capacity	0	0	0
Quality	0	10	-10
Total	13,812	6,618	7,194

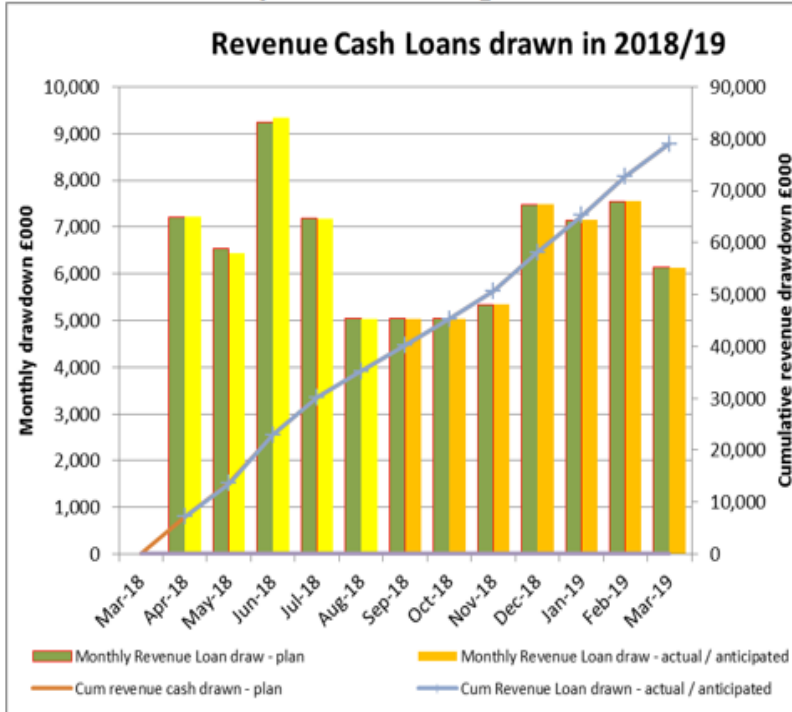
Year End Forecast	Plan	Actual	Variance
	£k	£k	£k
Medical Equipment replacement	2,000	2,000	0
Prior Year	0	0	0
ICT	2,575	2,575	0
Estates - Backlog	2,000	2,000	0
Estates - Fire	26,908	26,908	0
Service developments	2,452	2,452	0
Diagnostic capacity & sustainability	1,000	1,000	0
Elective capacity	1,000	1,000	0
Quality	1,000	1,000	0
Total	38,935	38,935	0

Risks

Whilst profiled the Trust has a significant capital requirement to be spent in the remaining 6 months of the financial year, the majority of which relates to fire where £16.7m has been contractually committed or spent to date. IT, Estates and MDG have risk based plans to deliver the spend. The Diagnostic, Elective and Quality related is being prioritised.

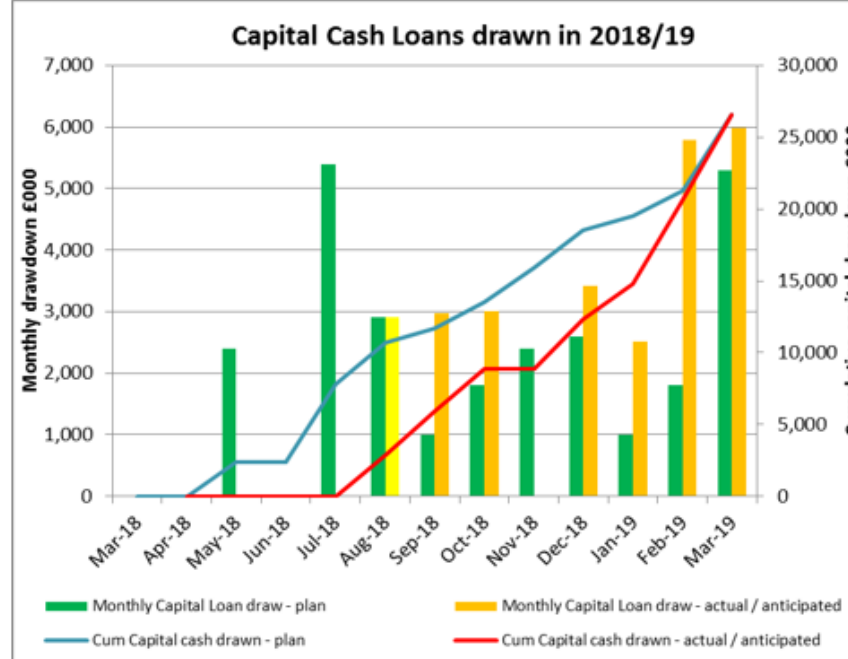
FINANCE

Revenue and Capital Borrowing



Revenue Borrowing

Against the planned deficit of £74.7m the Trust has drawn cash loans of £40.2m in the six months to September 2018. This includes £4.3m deficit support relating to 2017/18. Total planned revenue related borrowing in 2018/19 is £79.0m. Borrowing rates for new loans were reduced from 6% to 3.5% in May 2018



Capital Borrowing

A £26.6m capital loan was agreed in relation to the Fire Safety Capital scheme. Against this £5.9m has been drawn to the end of September 2018.

The Board approved at its September meeting the drawing of £3.415m in November. Due to the project not progressing at the rate anticipated, this cash is unlikely to be required until December / January. It is therefore proposed to defer this borrowing until December. Future drawings have been re-profiled in line with the expected delivery of the project.

Process and approval of new borrowing:

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

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

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

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

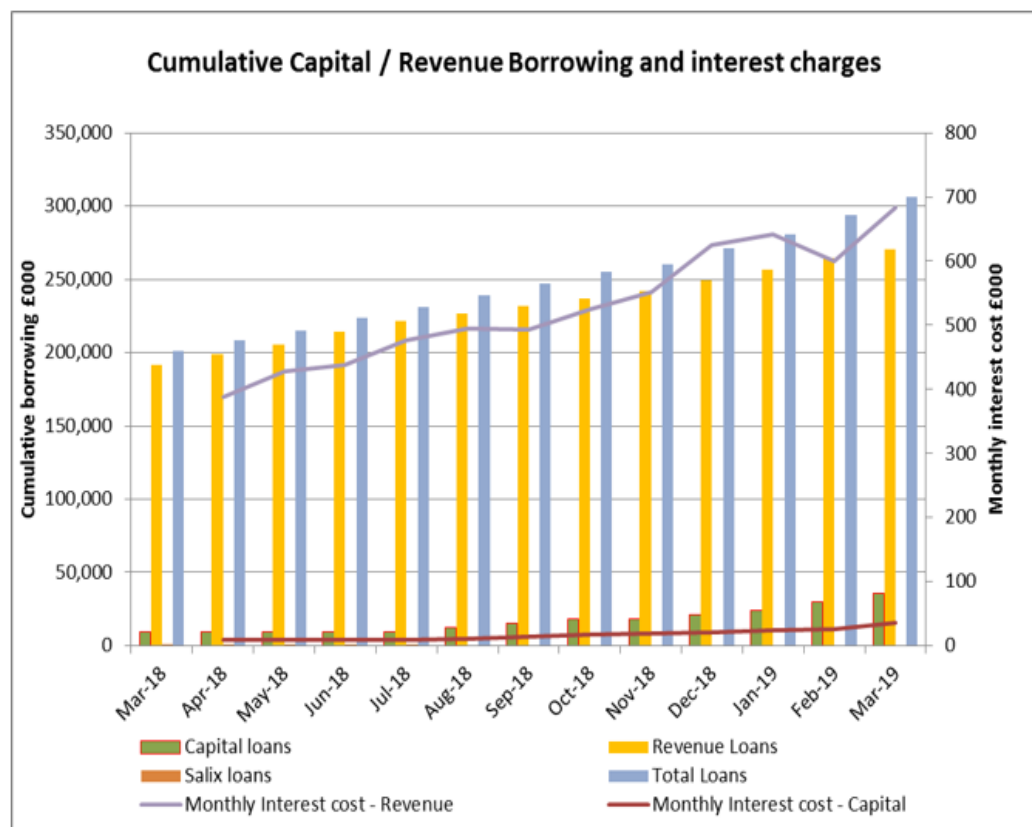
FSID Committee routinely receive and scrutinise the cash position and proposed future borrowings before passing recommendation to the Board for formal approval.

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

The Board is requested to approve borrowing for December 2018:
Revenue £7.482m
Capital £3.415m (deferred from Nov)

FINANCE

Cumulative Trust Borrowing



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

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

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

Borrowings and Interest

At 30 September 2018 total 'repayable' borrowings were £247.2m, capital (£15.4m) and revenue (£231.7m). The Trust also has outstanding leases of £0.1m.

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

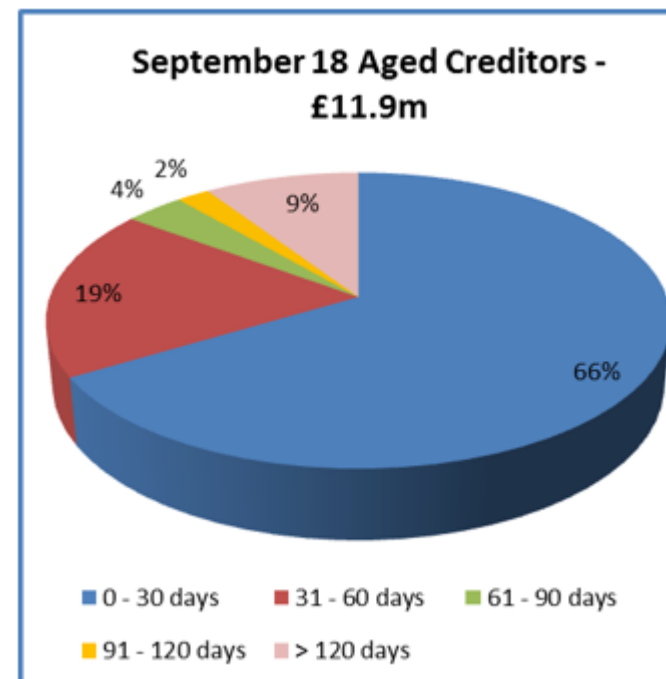
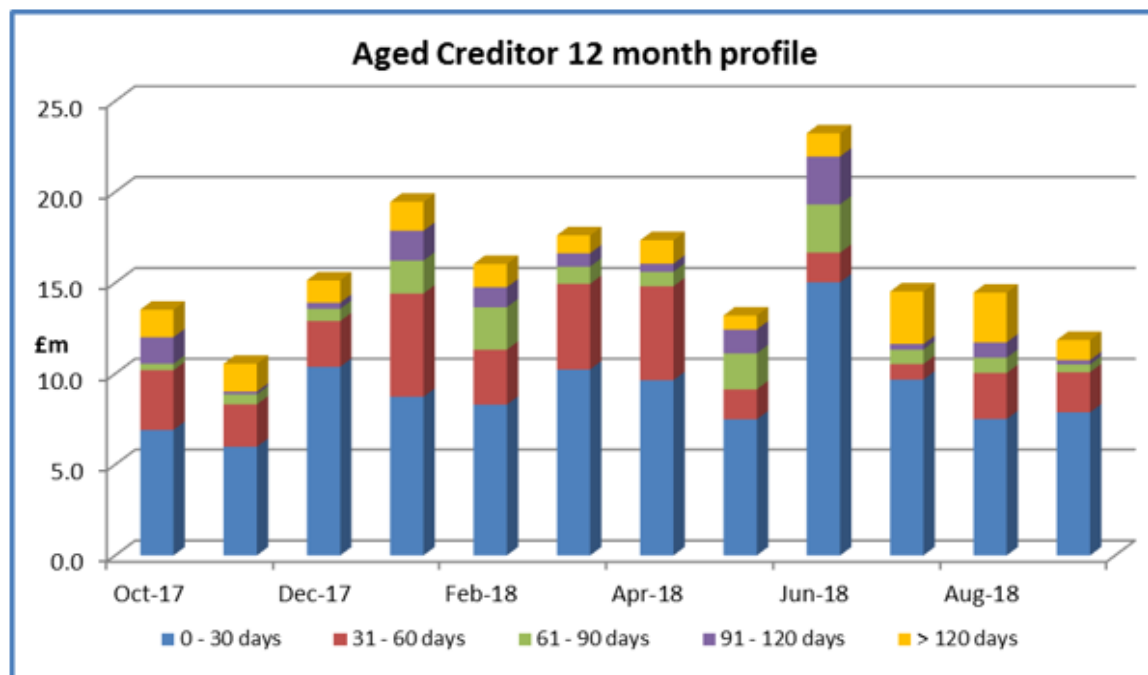
Existing loans are held at a variety of interest rates, Capital 1.1% (£9.5m) & 1.37% (£5.9m), Revenue 1.5% (£155.3m), 3.5% (£33.0m) & 6.0% (£43.4m)

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

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

FINANCE

Creditor Payments



Creditors

Total Creditors were £11.9m at 30 September 2018, of which £3.9m were over 30 days (£1.3m > 90 days). Focusing further upon those invoices over 30 days, £1.2m had been authorised and was ready to pay at month end. Of the remaining 2.7m, 61% (£1.7m) is focussed on just ten suppliers.

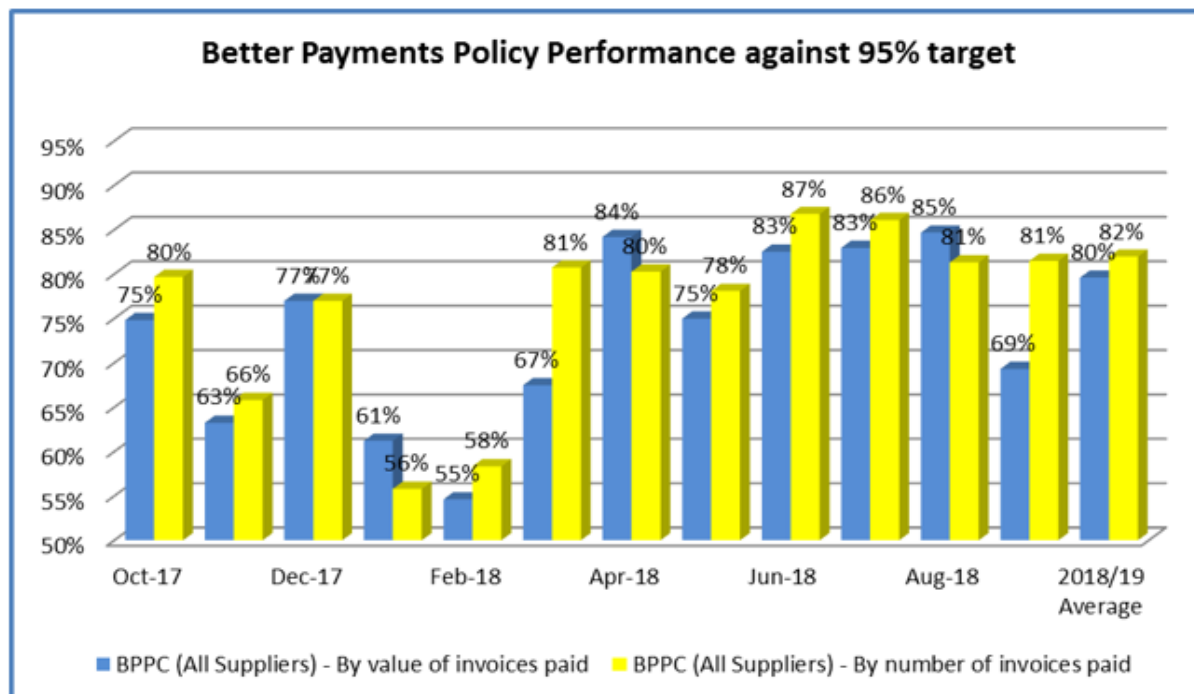
The reasons for delays in payment to these suppliers has been investigated and in each case the Trust is taking action where appropriate / working with the supplier to resolve issues.

The Finance and Procurement Teams continue to enforce the policy of requiring suppliers to provide a purchase order before payment is made. At 30 September there were 260 separate invoices (£0.5m) spread across 104 supplier where payment is delayed awaiting a purchase order.

During the first week of October £0.6m of the overdue 'top ten' (> 90 days) have been paid / authorised.

FINANCE

Performance against the Better Payments Target

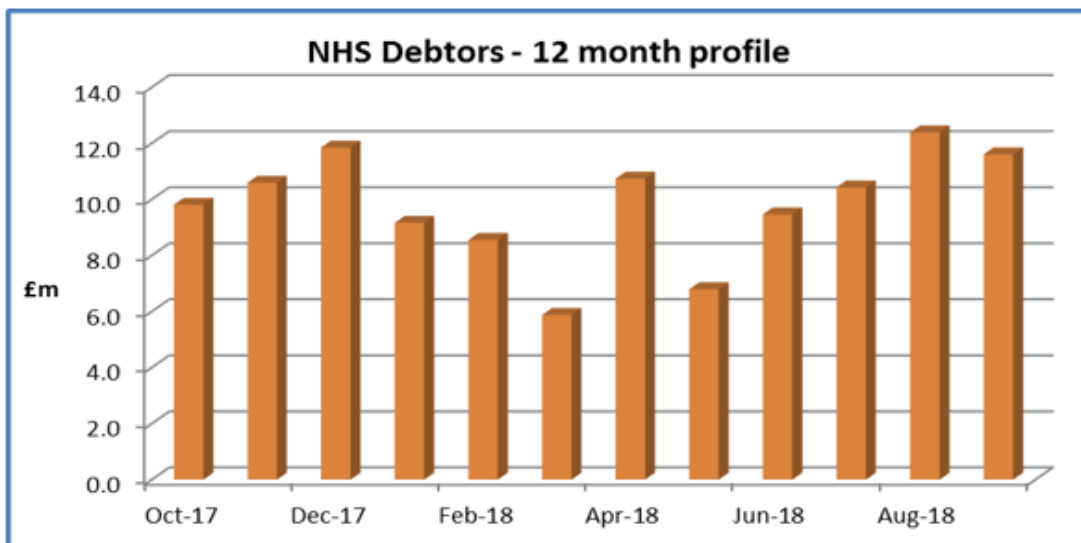


The Better Payment Practice Code (BPPC) requires the Trust to aim to pay all valid invoices by the due date or within 30 days (whichever is the latter).
 The year to date and September 2018 performance are shown in the following table

2018/ 19 Year to date	NHS		Non-NHS	
	By volume Number	By Value £000s	By volume Number	By Value £000s
Total bills paid in the year	1249	25,116	62,359	95,995
Total bills paid within target	808	20,585	51,325	75,817
% of bills paid within target YTD	64.69%	81.96%	82.31%	78.98%
% of bills paid within September 2018	61.49%	76.53%	81.84%	67.07%

FINANCE

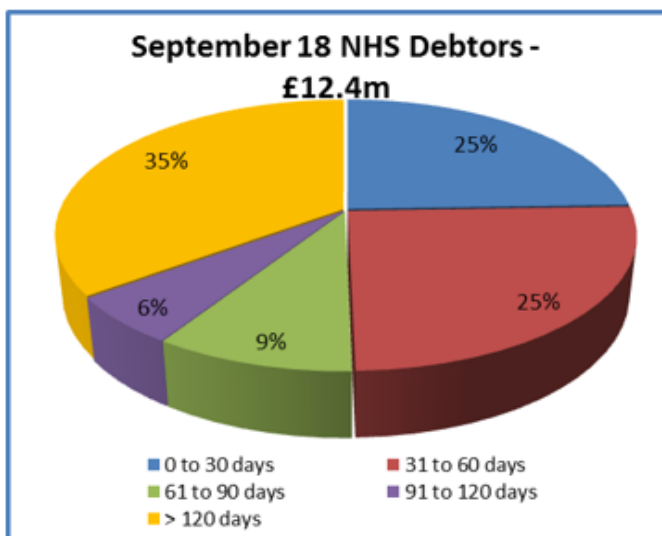
NHS Receivables



Totals shown in £000	0 - 30 days	31 - 60 days	61 - 90 days	91 - 120 days	120 + days	Grand Total	90+ days
CCGs - Lincolnshire	1,426	2,078	625	413	3,951	8,493	4,364
CCGs - Other	696	220	47	136	169	1,268	305
Trusts - Lincolnshire	152	9	62	27	62	312	89
Trusts - Other	208	107	96	90	159	660	249
Other NHS	357	511	266	3	(264)	873	-261
Total	2,839	2,925	1,096	669	4,077	11,606	4,746

The largest single element remaining unpaid and overdue relates to M12 2017/18 reconciliation invoices raised to each of the Lincolnshire CCGs. These account for £3.7m of the debt > 90 days. Agreement has been reached in early October for credits to be raised against £0.5m of this debt and for the CCGs to pay the balance.

In volume terms there are 276 invoices > 90 days at 30 September 2018. The combined value of these excluding the agreed reconciliation invoices are £1.0m. The largest individual elements being: AQP & 18/19 reconciliation invoices £0.4m and NCAs £0.3m.

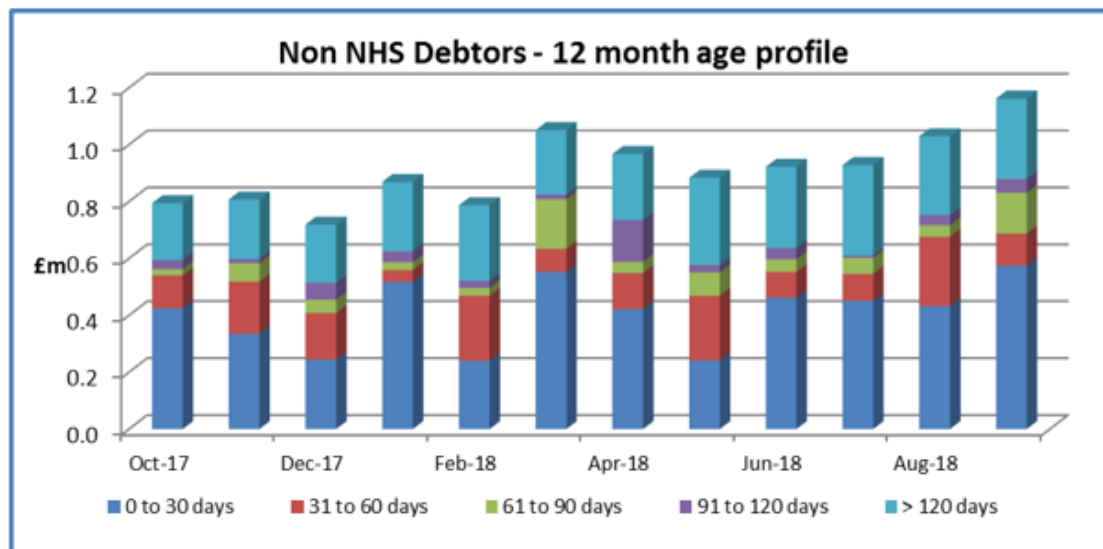


The level of NHS debt over the last 12 months is shown in the table above, while the table left focuses upon the aged split at 30 September 2018.

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

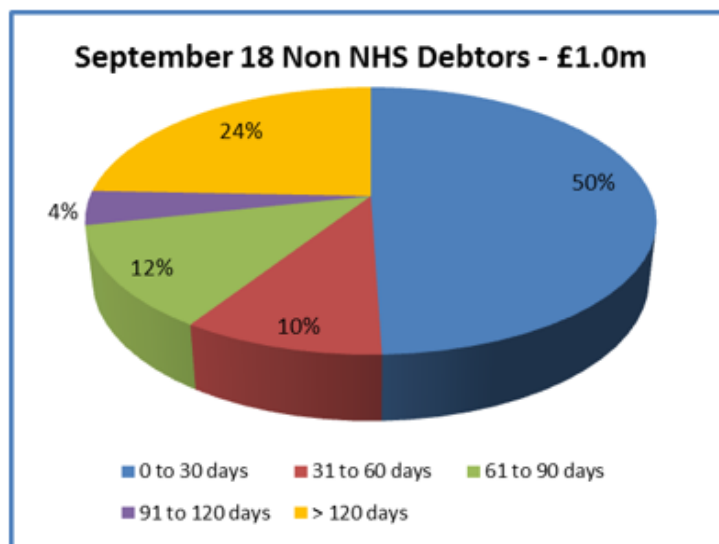
FINANCE

Non-NHS Receivables



Description	Totals outstanding debt £					Grand Total	90+ days
	0 - 30 days	31 - 60 days	61 - 90 days	91 - 120 days	120 + days		
Overseas Visitors	4,326	6,993	14,878	21,148	144,257	191,602	165,405
Debt Collection - Overseas	513	5,615		7,706	63,681	77,516	71,387
NHS Non English	5,553	10,271	6,267	3,009	10,812	35,911	13,821
Misc	534,161	78,965	118,698	9,762	2,950	744,536	12,712
Salary Overpayments	26,579	9,960	1,855	4,531	11,832	54,757	16,363
Private Patients	120	461	2,636			3,217	0
Debt Collection - General	940		(365)	82	39,534	40,190	39,615
Agreed Installment Plans				629	9,642	10,272	10,272
Grand Total	572,191	112,265	143,969	46,868	282,707	1,158,000	329,575

The balance over 90 days (£0.3m) comprises relatively high volume (226) low value invoices. Of this total £0.1m is being actively managed by the Trust Debt collection agency.



The level of Non-NHS debt over the last 12 months is shown in the table above, while the table left focuses upon the aged split at 30 September 2018.

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

FINANCE

External Financing Limit and Capital Resource Limits

EFL
 The Trust External Financing limit is set by the DHSC. This is a cash limit on net external financing and it is one of the controls used by the DHSC to keep cash expenditure of the NHS as a whole within the level agreed by Parliament in the public expenditure control totals.
 Trusts must not exceed the EFL target, which effectively determines how much more (or less) cash a Trust can spend over that which it generated from its activities.
 This target translates in simple terms to the Trust holding a minimum cash balance at year end. of £6.2m

CRL
 The Trust is allocated a CRL target based upon its planned internally generated resources - depreciation and asset sale proceeds plus agreed net additional developments funded by loans / PDC.
 Trusts are not permitted to exceed the CRL.

Position as at 30 September 2018

External Financing Limit Target (EFL)	Forecast £000s	Performance against Capital Resource Limit (CRL) Target	Forecast £000s
Anticipated EFL at Plan	109,400	Anticipated CRL at Plan	38,159
Opening EFL allocated to Trust		Opening CRL allocated to Trust	
April 18 Plan movement in cash balances	8,404	Depreciation	12093
Capital element of Finance leases - repayments	-147	Fire safety loan repayments	-778
		Salix Loan repayment	-59
Initial EFL	8,257	Capital element of Finance leases - repayments	-147
Confirmed / actioned adjustments		Initial CRL	11,109
Interim revenue support loan: deficit financing	35,994	Confirmed / actioned adjustments	
2017/18 additional deficit financing	4,254	Fire safety loan repayments	450
Adjustment to closing cash: Plan resubmission June 18	-4,024	Fire safety - Loan drawdown	5,876
Fire safety - Loan drawdown	5,876	Places of Safety in Emergency Depts - PDC allocation	72
Places of Safety in Emergency Depts - PDC allocation	72		
Salix Loan repayment	-59	Current Notified EFL	50,370
		Current Notified CRL	17,507
Current Notified EFL	50,370	Anticipated adjustments	
Anticipated adjustments		Fire safety - Loan	20,724
Fire safety - Loan	20,724	Fire safety loan repayments	
Fire safety loan repayments	-328	Places of Safety in Emergency Depts - PDC allocation	0
Salix Loan repayment	0		
Places of Safety in Emergency Depts - PDC allocation	0	Current Anticipated CRL	38,231
Interim revenue support loan: deficit financing	38,706	Forecast Capital expenditure	40,048
Anticipated EFL	109,472	Less Capital raised via charitable trusts	-592
		Less net book value of disposed assets	-1225
		Charge against CRL (Over) / under spent against CRL	38,231
			0

FINANCE

Trust Dashboard Financial Performance

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

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

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

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

Excellence in rural healthcare

FINANCE

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

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

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

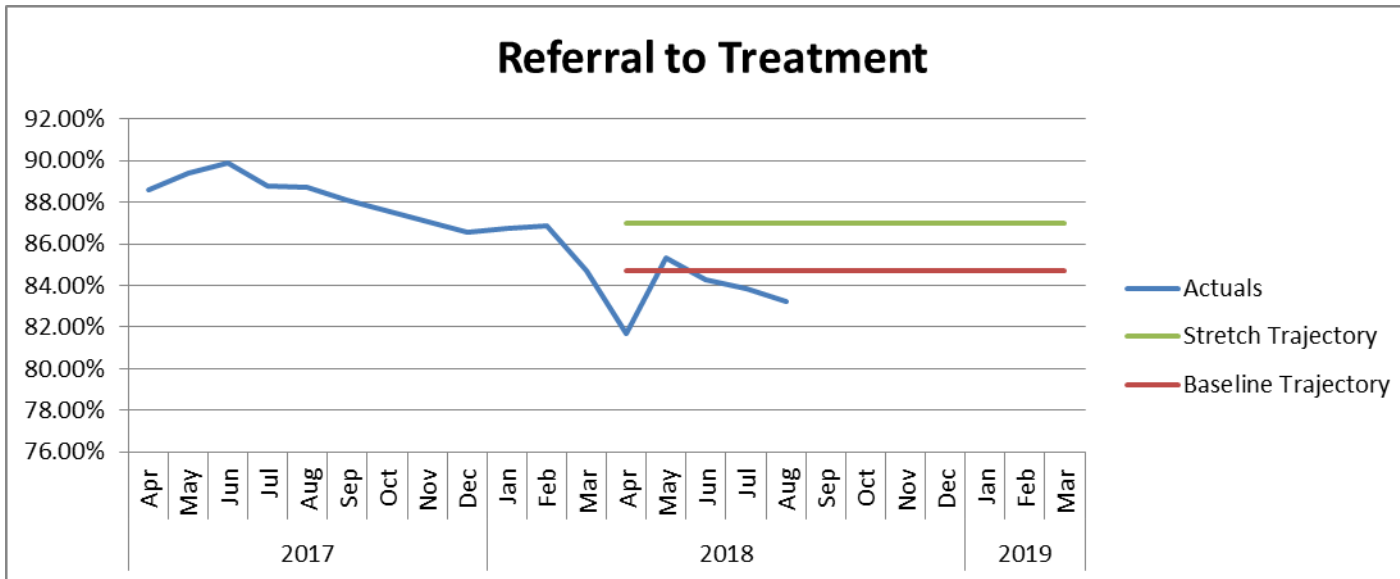
Cumulative Variance	April	May	June	July	August	September	October	November	December	January	February	March
Operating Income	-4.61%	-1.58%	-1.35%	-1.25%	-0.06%	-0.92%						
Operating Expenditure	0.65%	-0.58%	-0.07%	-0.74%	-2.17%	-1.88%						
Efficiency	6.37%	-8.30%	-24.72%	-45.93%	-51.82%	-58.10%					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

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

OPERATIONAL PERFORMANCE

Referral to Treatment – 18 Weeks

R



Lead: Mark Brassington, Chief Operating Officer

Timescale: August 2018

Trajectory: 87% stretch ambition by March 2019

Key Issues:

- In August there was an increase of 362 in the backlog of 18week+, specialties with the biggest increase in 18week+ backlog were ENT, Gastroenterology, Cardiology and Trauma and Orthopaedics
- ENT continues to account for the largest percentage of the Trusts overall 18week+ backlog, the Trust's overall position would increase by 2.62% if ENT were to be excluded
- Speciality total waiting list increases of greater than 100 patients within Neurology, Dermatology, Trauma and Orthopaedics, Gastroenterology and ENT during August
- Reduced numbers of clock stops were input in August compared to typical months, largely due to holidays.

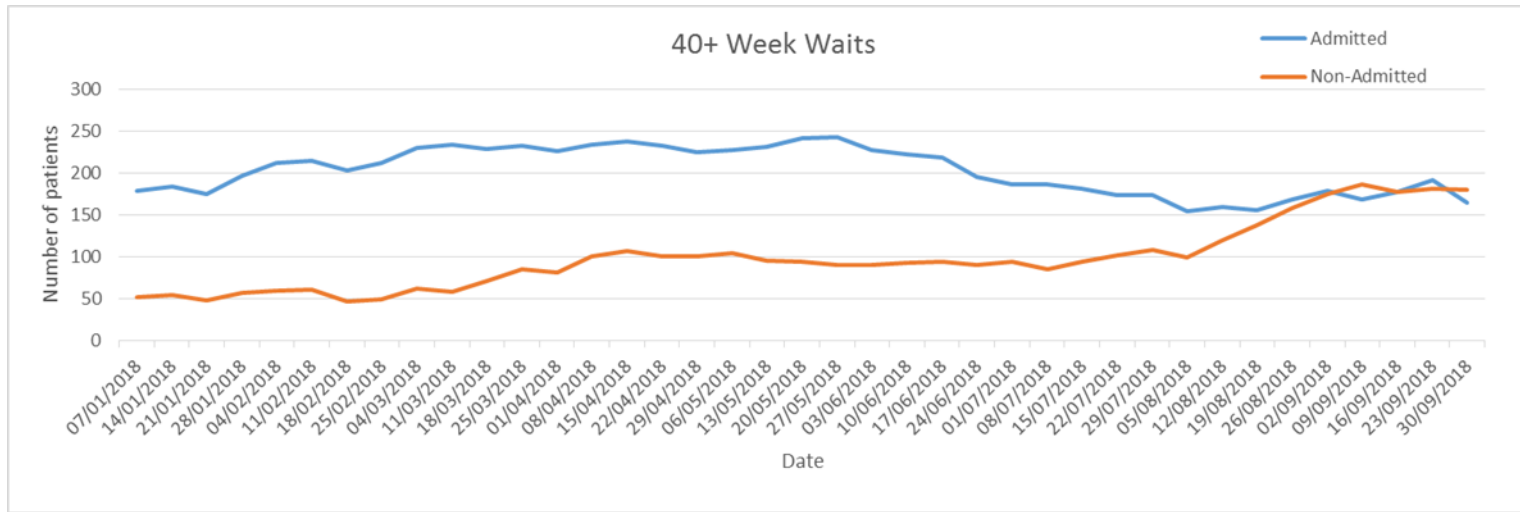
Key Actions:

- A Locum OMF consultant has been secured July-October
- ENT – The service has plans for regular additional clinic provision at weekends outside of baseline capacity. In addition, optimal utilisation of Trust-wide elective lists is being driven through the Trust wide 6-4-2 process and further developments are being delivered to maximise the utilisation of Audiology within the ENT pathway. The Surgical Interim Restructure was put in place from the 1st October, with the aim to provide management support, to aid in the recovery of performance.
- Dermatology – The service expects referral rates to begin to reduce as we move out of the summer period. The additional clinical capacity and provision of spot clinics currently in place will be maintained into the autumn in order to ensure that as referral rates reduce the total waiting list size reduces to March 2018 levels by March 2019. The speciality is out to advert for 1 establishment position and 1 additional position, through the operational capacity funding,
- Neurology – The service is currently delivering additional weekend clinics, advertising for a locum and working with CCGs to expedite services in the community.

OPERATIONAL PERFORMANCE

Referral to Treatment – 52 Week patients

R



Lead: Mark Brassington, Chief Operating Officer

Timescale: August 2018

Trajectory: 0 by March 2019

Key Issues:

- 20 52 week breaches were declared in August, primary causes linked to a combination of capacity restrictions, cancellations and data quality,
- 7 Harm Reviews have been completed and returned with no harm, the remaining 6 have not yet been completed
- 6 were in ENT, 2 in General Surgery, 2 in Urology, 2 in Maxillo-facial and 1 in Trauma & Orthopaedics
- 40 week+ backlog increased at the end of Q4 17/18 linked to winter pressures and weather and is now starting to deliver increased pressure on 52 week position.

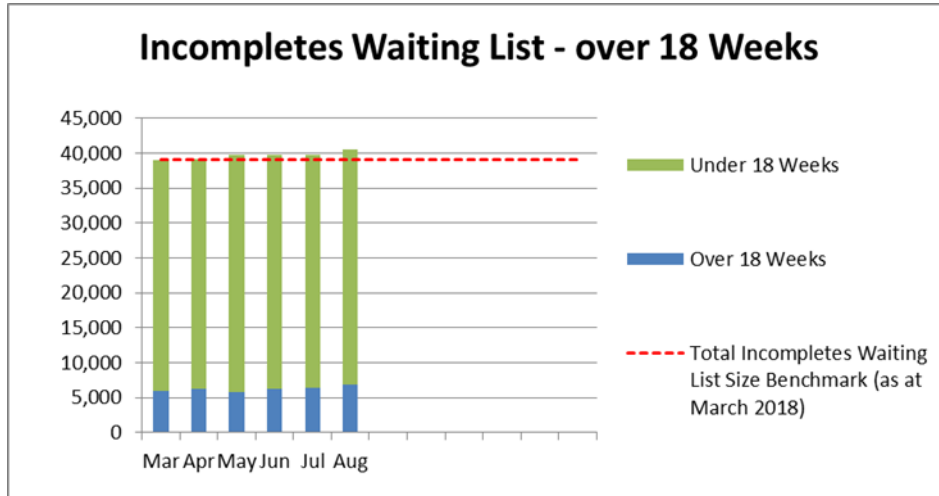
Key Actions:

- The IST visited the Trust on 2nd August for a preliminary review, and it has been agreed that a full review will be undertaken in September, which will include evaluation via the sustainability assessment tool. Follow up visit commenced on 3rd October with recommendations expected to be by mid-October.
- A weekly dashboard tracking 40week+ at specialty level is now being sent out to Divisions.
- The Trust is targeting achieving less than 200 patients over 40 weeks on an incomplete pathway by the end of February in order to deliver our 52 week breach trajectory.

OPERATIONAL PERFORMANCE

Waiting Lists

R



Lead: Mark Brassington, Chief Operating Officer

Timescale: August 2018

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

Key Issues:

- The total incomplete waiting list increased by 817 patients during August, and the 18week+ backlog increased by 362 patients. Neurology, Dermatology, Trauma and Orthopaedics, Gastroenterology and ENT were the largest increases.
- Trauma & Orthopaedics –157 increase in waiting list size, with the primary factors being the impact of elective cancellations (68) and capacity constraints within Paediatric Orthopaedics.
- ENT –.107 increase in waiting list size. The service is extremely fragile, with only 2.5 WTE substantive Consultants in post, against an establishment of 8.11WTE. Therefore the majority of the service provision is via locum Consultants, with changes in this locum workforce in recent months (particularly influencing the delivery of the H&N cancer provision) resulting in reduced capacity for non-cancer cases. For periods of August and September there were 1-2 gaps within the establishment in addition to this.
- Dermatology – 211 patient increase in waiting list size. The service is particularly subject to seasonal variation, with a 46% (888 patients) increase in referrals during Q1 compared with Q4 of 17/18, and the requirement to prioritise cancer 2WW referrals. Dermatology received 474 more referrals during Q1 of 2018/19 than the same period in 2017/18. In addition the service had a medical vacancy which was could not be covered during this period which is still ongoing.
- Neurology – the service reopened however there has been a significant increase in the number of referrals in the current year.

Key Actions:

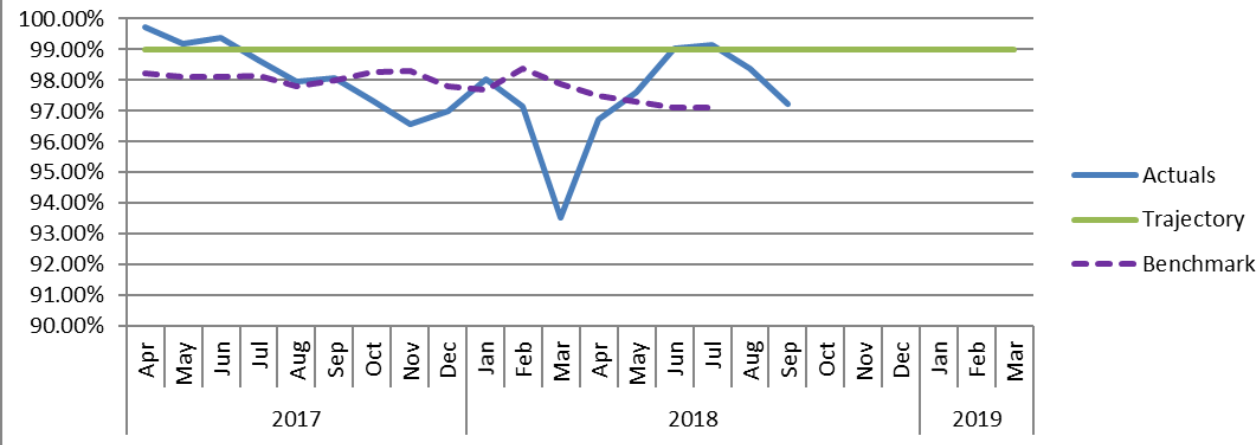
- Outpatient Improvement Programme to deliver increased slot utilisation and standardisation of templates, delivering over double planned additional attendances in Q1. The impact is spread across both news and follow ups and we are delivering reduced waiting list imitative clinics this year reduction in delivery in august due to impact of summer holidays.
- Trauma & Orthopaedics – On 20th August the service went live with its pilot reconfiguration of service provision, designed to maximise elective provision through the Grantham Hospital site. The impact is forecast to deliver a waiting list position lower than March 2018 by the end of March 2019 and recover the activity position. There was no impact in August of the reconfiguration.
- Although not restated in each, key actions described in RTT and waiting list size will have positive impacts on both

OPERATIONAL PERFORMANCE

Diagnostics

R

Diagnostics achieved



Lead: Mark Brassington, Chief Operating Officer

Timescale: August 2018

Recovery Date: November 2018

Key Issues:

- Endoscopy – Key contributory factors were breakdown of the washers at Louth in the last 2 weeks of September, resulting in cancellation of procedures on that site and a significant proportion of these patients not wanting to transfer to another site at short notice. Also, reduced administrative capacity due to vacancies and sickness posing challenges around optimal booking.
- Echo – From provisional figures, appears that performance has significantly improved from end of August.
- Urodynamics – it looks as though performance has likely stayed at fairly similar levels in Sept to August. Reduction in capacity due to staff sickness in summer led to the build-up of backlog.
- CT – potentially a high number of breaches but being reviewed. CT breaches are all for cardiac CT, when the cardiology business case was put together they estimated 80-100 scans per annum. We scanned 800 last year and the number is ever increasing.

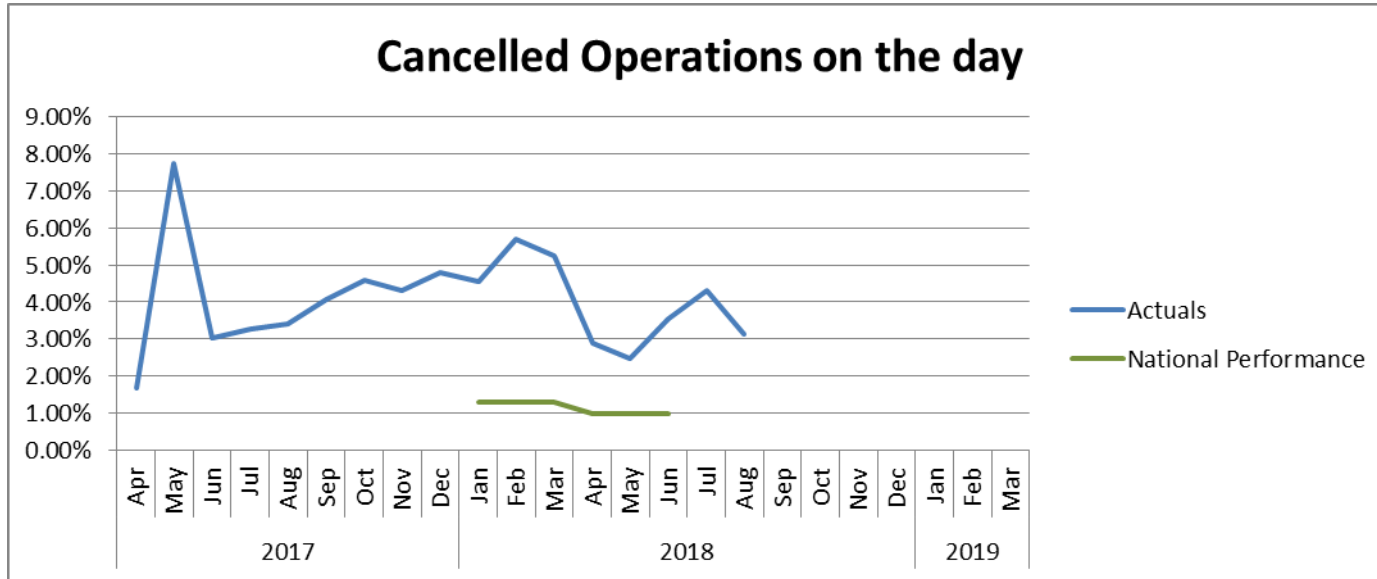
Key Actions:

- Endoscopy - Authorisation requested and granted for temp admin capacity; trialling revised booking procedure to maximise utilisation; working with turnaround team to maximise in-session utilisation, including implementation of weekly occupancy meeting with Divisions.
- Echo. Service is working through the backlog which increased in August due to staffing sickness. Plans to continue to progress additional sessions in October to improve further
- Urodynamics - Plans in place to work with Urology to look at capacity across speciality as a whole to reduce this backlog
- CT – We are introducing extra capacity for 7 days and longer days on our scanners, likely to be in operation Jan 2019. This will release extra capacity to help with the cardiac CT.

OPERATIONAL PERFORMANCE

Cancelled Operations

R



Lead: Mark Brassington, Chief Operating Officer

Timescale: August 2018

Key Issues:

- In August there were 194 patients that had their operations cancelled on the day and 124 that had their operation cancelled the day before
- Staffing shortfalls in key specialties (Orthopaedic Theatres) leading to inability to fully staff all lists
- Escalation into Surgical Beds (including day case) for Medical Patients (Non Elective Medicine 10% increase on previous years activity)
- Escalation into Ground Floor Theatre Recovery Area for Full Capacity Protocol at Pilgrim Hospital
- 11 patients breached the 28 day rebooking standard

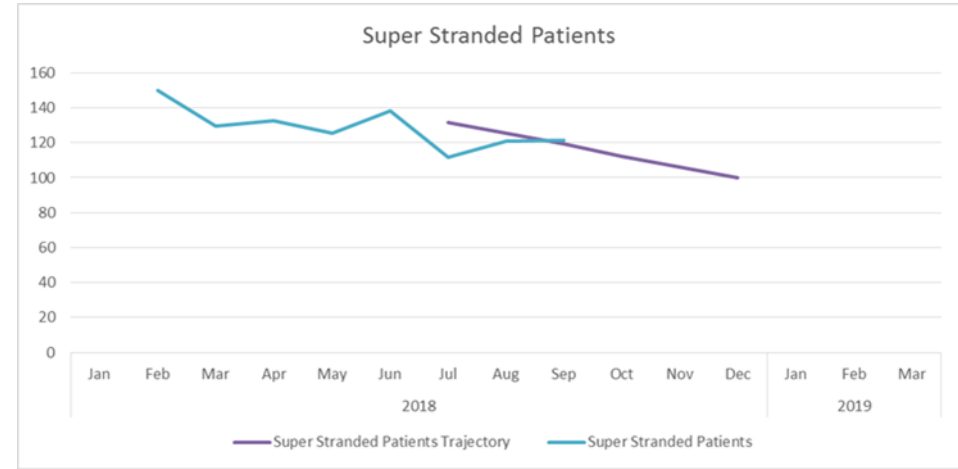
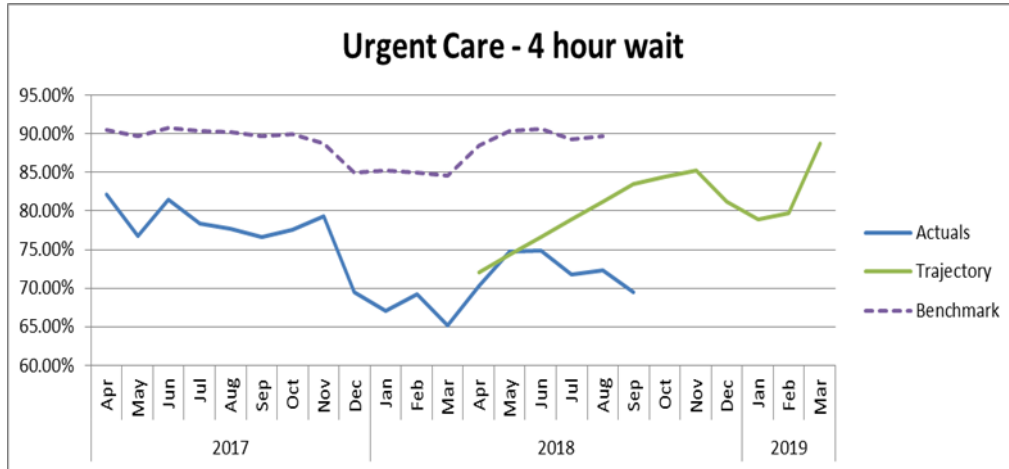
Key Actions:

- Pilgrim Reconfiguration will improve access to both Orthopaedic and Surgical Specialty Beds; through improving Length of Stay and increasing zero day stay emergency patients – Phase 2 will start at the end of September. Phase 3 which is Full implementation will start at the end of October
- SAU at Lincoln will reduce length of stay in surgery, by increasing access and reducing bed occupancy.
- The Trauma and Orthopaedic Reconfiguration started on the 20th August, reducing elective activity at the two most challenged sites
- Orthopaedic improvements at Grantham will maximise activity through long day theatre sessions,
- Reconfiguration is already showing increased delivery of activity and reduced cancellations compared to numbers shown above.

OPERATIONAL PERFORMANCE

Urgent Care – 4 Hour Standard

R



Lead: Mark Brassington, Chief Operating Officer

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

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

Timescale: September 2018

Key Issues:

- Attendance growth of 5.99% against 2017/18 September actual (6.34% YTD) (Type 1+3)
- Attendance growth of 5.3% against 2018/19 September plan (9.03%YTD) (Type 1 only)
- Primary Care Streaming is at 11.9% 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
- A&E and non-elective admissions exceeded plan and forecast at Lincoln and Pilgrim
- Staffing levels of nursing and medical teams have limited inpatient and A&E capacity, despite the use of agency
- At the end of September the number of Super Stranded Patients in the Trust was 121.4 against a trajectory of 118.04

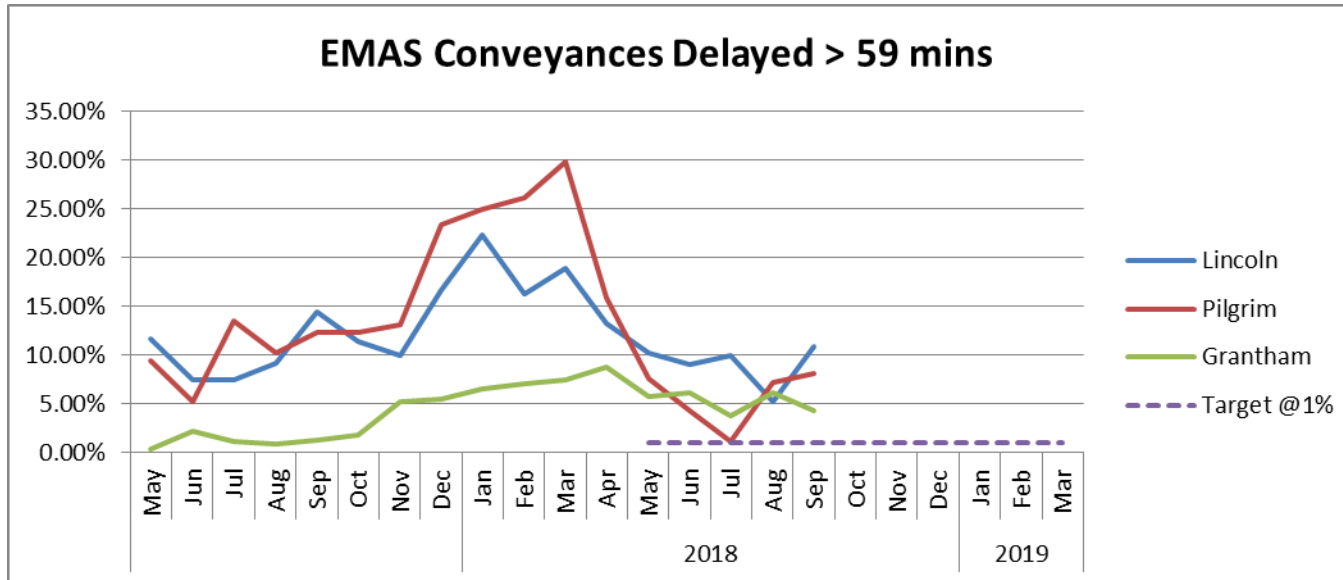
Key Actions:

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

OPERATIONAL PERFORMANCE

Ambulance Handover

R



Lead: Mark Brassington, Chief Operating Officer

Timescale: September 2018

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

Key Issues:

- Significant impact of hospital occupancy rate >95% on flow and ambulance handover time
- Significant handover double pin entry non-compliance identified
- Ambulance arrivals still increasing during the summer
- Agency that provides handovers at Pilgrim only filling in 50%

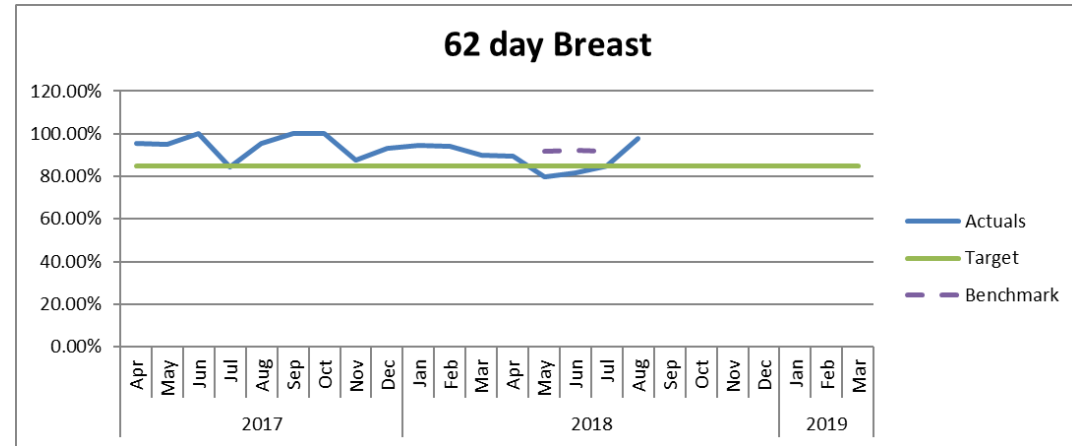
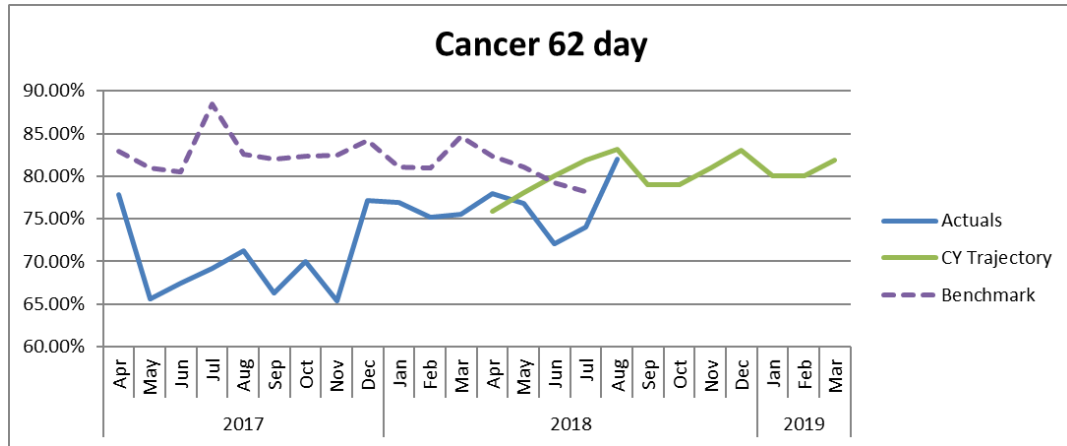
Key Actions:

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

OPERATIONAL PERFORMANCE

Cancer Waiting Times – 62 Day

R



Lead: Mark Brassington, Chief Operating Officer

Timescale: August 2018

Trajectory: 83% by December

Key Issues:

- Slight improvement in Pathology waits, however this remains a key issue with 73% turnaround within 10 days
- Oncology capacity pressures, particularly in Urology, Upper GI and Lower GI
- RCA analysis for August 62 day breaches shows key themes
 - Pathology
 - Tertiary diagnosis/treatment
 - Patient choice and complexity
 - Outpatient capacity
 - Theatre capacity
 - Oncology capacity

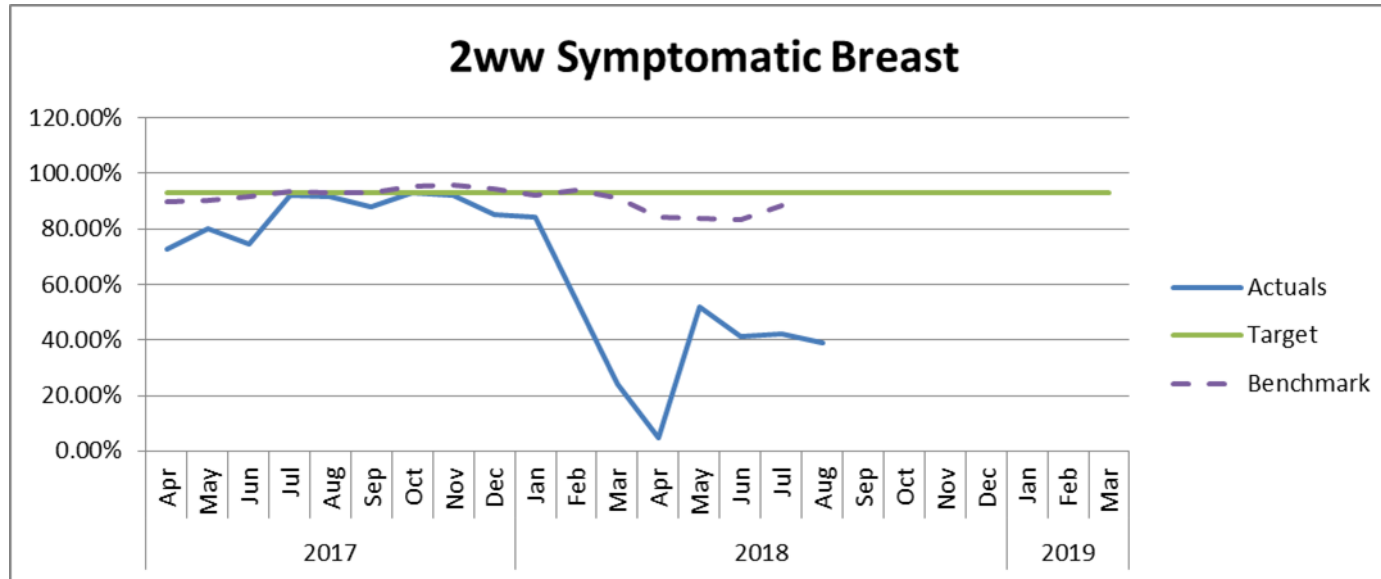
Key Actions:

- Nurse led triage restarted at the end of September
- Oncology risk summit took place on the 1st October. Locums are being sought, assistance is being provided by the network. Risk stratification and follow up reviews are in place.
- Locum radiology capacity is in place, however they are still vulnerable.
- KPMG are to commence within the Trust in September relating to visual management system
- Two agency locums with Cancer experience are scheduled to join within the next month in ENT
- Oncology locum commenced in post in August with a further locum due to join in October

OPERATIONAL PERFORMANCE

Breast 2ww

R



Lead: Mark Brassington, Chief Operating Officer

Timescale: August 2018

Key Issues:

- 20% increase in Breast 2ww referrals during first 4 months of 2018 compared to average referral rates in 2017
- Reduced take up by staff of additional clinic capacity provision at weekends from January 2018 compared with previously, following the transition to national pay structures for additional hours
- Radiology staff vacancies
- The service is currently polling at 12 days

Key Actions:

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