

UNITED LINCOLNSHIRE HOSPITALS NHS TRUST

INTEGRATED PERFORMANCE REPORT

PERIOD TO 31 JULY 2018

Excellence in rural healthcare

To:	Trust Board
From:	Karen Brown, Director of Finance, Procurement & Corporate Affairs
Date:	31 st August 2018
Healthcare standard	All healthcare standard domains

Title:	Integrated Performance Report for July 2018										
Author/Responsible Director:	Karen Brown, Director of Finance										
Purpose of the report:	To update the Board on the performance of the Trust for the period ended 31 st July 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 31st July 2018

- ☒ 4 hour waiting time target – performance of 71.76% in July 2018
- ☒ 4 of the 9 national cancer targets were achieved in June 2018
- ☒ 18wk RTT Incomplete performance in June 2018 was 84.29%
- ☑ 6wk Diagnostic Standard –July 2018 performance was 99.17%

Hotspots**Urgent Care**

- Contracted WTE numbers, having fallen in May to their lowest levels since October 2016, rose by 10 WTE in June with this increase attributable to the increase in non-clinical WTE numbers. Whilst substantive pay expenditure to date is £0.8m below plan reflecting vacancy numbers, pay expenditure overall remains above plan as a result of higher than planned expenditure on bank staffing and agency staffing of £0.9m and £0.7m respectively. Staffing levels of nursing and medical teams have limited inpatient and A&E capacity, despite the use of agency. This has contributed to the low performance against the 4 hour waiting time target in A&E during July, in particular at PHB where performance was below expected levels. Bed occupancy and Length of Stay remain too high with demand outstripping capacity.

Planned Care

- The lower than planned levels of elective and non-elective activity will also be reflected in lower than planned expenditure. Elective performance is under plan due to cancelled operations. July figures are still provisional but currently showing around 414 operations cancelled on the day or the day before surgery. Cancellations were caused by bed shortages, surgeon availability issues and problems with theatre temperature. The theatre productivity programme is monitoring these issues and taking actions to mitigate against continued under delivery. Non-elective underperformance is more difficult to explain – A&E attendances are over plan and there is significant over performance in Critical Care. There appears to be a data recording issue with large swings between NEL specialties but this should not have impacted on total value or performance. There appears to be a current high Length of Stay (July data not yet reported) which will be impacting on completed admissions and billing of excess bed days which may be reducing values. A figure has been included for WIP which slightly compensates for the NEL underspend.

Income

- Looking at the adjusted income, the performance reduces to £175k under plan. The main impacting reductions are:
 - MRET which is £424k under plan. This may be linked to adjustments for Work in Progress and to uncoded patients and this figure is likely to change once income is finalised.
 - CQUIN which is £542k under plan. CQUIN achievement for Q1 and July is currently estimated at 80% of plan (100%) but actual achievement is not yet finalised and this figure may improve.
 - Fines are £440k of which the majority relates to Cancelled Operations and Duty of Candour. Performance on both of these continues to be below target and subject to fines.

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- Endoscopy BPT – there is an accrual for refund of the endoscopy Best Practice Tariff as we have lost our JAG accreditation and are no longer achieving the BPT. The service has lodged an appeal to the accreditation loss and will be hoping to reverse the decision and retain these monies which have already been billed.
- Finally there are provisions for AIV and PLCV challenges and for Prior Year Fines and Challenges. As yet, none of these are finalised and the position may improve on settlement of these. Prior year figures will not recur next month.

Workforce

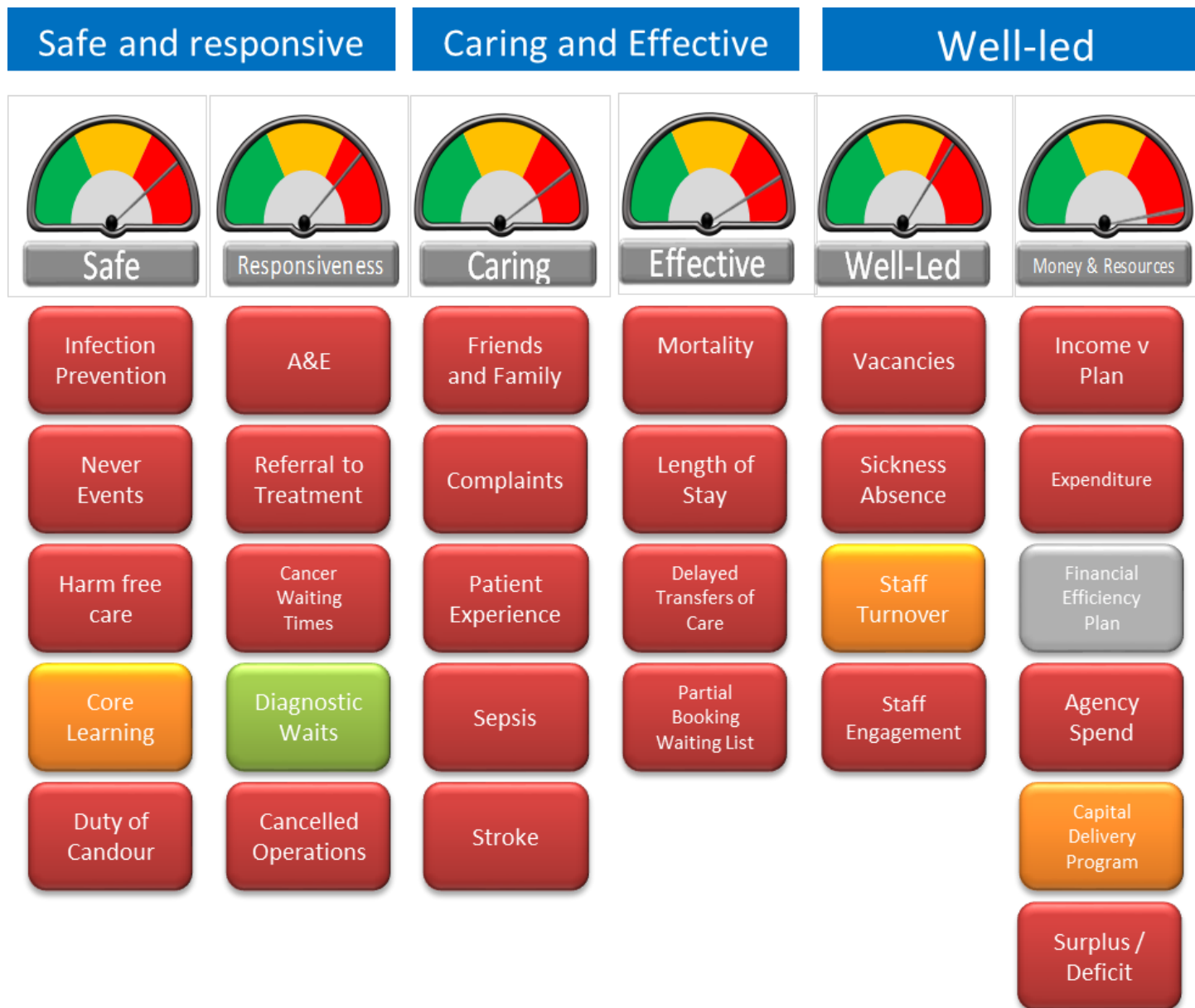
- The Medical & Dental vacancy rate has reduced to 14.13% this month compared to 18.67% in June. However the reduction is due to more doctors being in post as at 31st July due to the crossover of Foundation Year 1 doctors. The new intake of F1 doctors started the last week of July with the old intake not leaving until the first week of August, thus inflating staff in post FTE's when compared to funded establishments. Registered Nursing and Allied Health Professional vacancy rates also increased when compared to the previous month. All three staff groups are still above target. The overall Trust vacancy rate for July is 14.23%, which is an increase when compared to 10.08% in July 2017. The main reason for the rise in vacancies appears to be due to an overall increase in funded establishments of 156.76 FTE's since March '18.

Quality

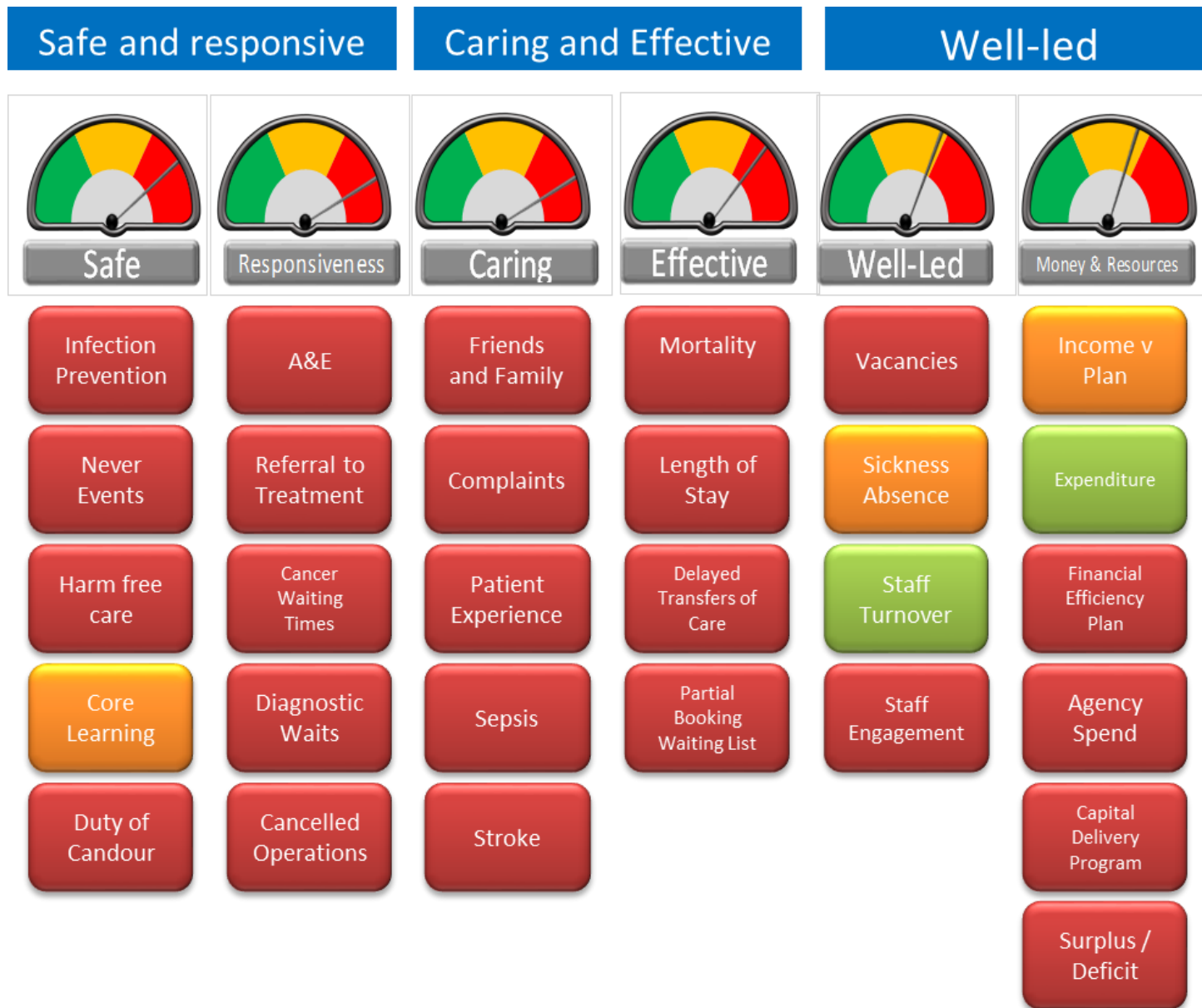
- The Trust submitted a list of capital requirements at the request of NHSI totaling £53m in January 2018. The requirements are to enable radical improvement in quality and performance through investment in IM&T system modernisation (e.g. e-prescribing, electronic health record) and estate infrastructure to enable productivity gains. The Trust is simultaneously developing the required Business Cases for each scheme and taking them at pace through the Trust governance process alongside submitting all of them through the Lincolnshire STP Estates wave 4 bid.

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

TRUST PERFORMANCE OVERVIEW – JULY 2018



TRUST PERFORMANCE OVERVIEW – YEAR TO DATE



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TRUST PERFORMANCE OVERVIEW – NATIONAL INDICATORS

Indicator	Measure	Standard	Current Data Month	Month Actual	YTD	Trend	Direction of Travel	Source
Infection Control	Clostrum Difficile (post 3 days)	5	June-2018	3	20		↓ G	Datix
	MRSA bacteraemia (post 3 days)	0	June-2018	1	1		↑ A	Datix
Never Events	Number of Never Events	0	July-2018	1	4		→ A	Datix
No New Harms	New Harm Free Care %	98%	June-2018	98.70%	98.73%		↑ G	Quality
	Pressure Ulcers (PUNT) 3/4	0	June-2018	2	15		↓ A	Quality
Friends and Family Test	Inpatient (Response Rate)	26%	June-2018	21.00%	19.33%		↑ A	Envoy Messenger
	Inpatient (Recommend)	96%	June-2018	92.00%	91.33%		↑ A	Envoy Messenger
	Emergency Care (Response Rate)	14%	June-2018	23.00%	21.67%		↑ G	Envoy Messenger
	Emergency Care (Recommend)	87%	June-2018	84.00%	83.33%		→ A	Envoy Messenger
	Maternity (Response Rate)	23%	June-2018	16.00%	20.67%		↓ R	Envoy Messenger
	Maternity (Recommend)	97%	June-2018	100.00%	99.33%		→ G	Envoy Messenger
	Outpatients (Response Rate)	14%	June-2018	6.00%	5.33%		↑ A	Envoy Messenger
	Outpatients (Recommend)	94%	June-2018	94.00%	93.33%		↑ G	Envoy Messenger
Inpatient Experience	Mixed Sex Accommodation	0	June-2018	1	1		↑ R	Datix
Stroke	Patients with 90% of stay in Stroke Unit	80%	April-2018	82.14%	82.14%		↓ A	SSNAP
	Sallowing 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	77%	July-2018	71.76%	72.90%		↓ R	Medway
	12+ Trolley waits	0	July-2018	0	0		→ G	Medway
	%Triage Achieved under 15 mins	98%	July-2018	65.20%	64.30%		↓ R	Medway
RTT	52 Week Waiters	0	June-2018	13	40		↓ A	Medway
	18 week incompletes	87.0%	June-2018	84.29%	83.77%		↓ R	Medway
Cancer	62 day classic	80%	June-2018	72.10%	75.63%		↓ A	Somerset
	2 week wait suspect	93%	June-2018	80.50%	78.03%		↑ A	Somerset
	2 week wait breast symptomatic	93%	June-2018	41.50%	32.77%		↓ R	Somerset
	31 day first treatment	96%	June-2018	98.70%	98.77%		→ G	Somerset
	31 day subsequent drug treatments	98%	June-2018	100.00%	100.00%		→ G	Somerset
	31 day subsequent surgery treatments	94%	June-2018	88.20%	82.97%		↓ R	Somerset
	31 day subsequent radiotherapy treatments	94%	June-2018	99.00%	98.00%		↓ A	Somerset
	62 day screening	90%	June-2018	83.30%	87.47%		↓ R	Somerset
Diagnostic Waits	62 day consultant upgrade	85%	June-2018	90.50%	86.80%		↑ G	Somerset
	diagnostics achieved	99%	July-2018	99.17%	98.13%		↑ G	Medway
Cancelled Operations	Cancelled Operations on the day (non clinical)	0.80%	July-2018	4.31%	3.31%		↑ R	Medway
	Not treated within 28 days. (Breach)	5%	July-2018	5.11%	8.48%		↑ R	Medway
Mortality	SHMI	100.00	Q4 2017/18	114.90	114.03		↓ A	Dr Foster
	Hospital-level Mortality Indicator	100.00	Q4 2017/18	103.44	102.42		↑ A	Dr Foster
Surplus / Deficit	Surplus / Deficit	-5,486	July-2018	-6,512	-28,435		↓ R	FPIC Finance Report
Sepsis	Sepsis Bundle compliance in A&E	90%	June-2018	80.00%	72.67%		↑ A	Quality
	IVAB within 1 hour for sepsis in A&E	90%	June-2018	90.40%	93.80%		↓ A	Quality
	Sepsis screening compliance in inpatients	90%	June-2018	72.00%	60.00%		↑ A	Quality
	IVAB within 1 hour for sepsis in inpatients	90%	June-2018	66.60%	83.20%		↓ R	Quality

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TRUST PERFORMANCE OVERVIEW – LOCAL INDICATORS

Indicator	Measure	Standard	Current Data Month	Month Actual	YTD	Trend			Source
Infection Control	MSSA	2	June-2018	0	1			G	Datix
	ECOLI	8	June-2018	6	13			A	Datix
No New Harms	Serious Incidents reported (unvalidated)	0	June-2018	20	55			R	Datix
	Harm Free Care %	95%	June-2018	92.20%	92.91%			A	Quality
	Catheter & New UTIs	1	June-2018	0	4			G	Quality
	Falls	3.90	June-2018	5.90	5.56			R	Datix
	Medication errors	0	June-2018	136	355			R	Datix
	Medication errors (mod, severe or death)	0	June-2018	27	53			R	Datix
	VTE Risk Assessment	95%	June-2018	97.37%	97.18%			G	Information Services
Core Learning	Overall percentage of completed mandatory training	95%	July-2018	91.94%	91.71%			A	ESR
Complaints	No of Complaints received	70	June-2018	48	169			G	Datix
	No of Pals	0	June-2018	383	1169			A	Datix
eDD	eDD	95%	June-2018	89.37%	90.88%			A	EDD
Fracture Neck of Femur	#NOF 24	70%	July-2018	63.89%	62.80%			A	Quality
	#NOF 48 hrs	95%	July-2018	94.44%	94.83%			A	Quality
Dementia	Dementia Screening	90%	June-2018	92.35%	90.32%			G	Information Services
	Dementia risk assessment	90%	June-2018	100.00%	100.00%			G	Information Services
	Dementia referral for Specialist treatment	90%	June-2018	81.25%	80.44%			A	Information Services
Ambulance Handovers	EMAS Conveyances to ULHT		July-2018	4930	18927			R	EMAS
	EMAS Conveyances Delayed >59 mins	49.3	July-2018	503	1894			R	EMAS
Triage	% Triage Data Not Recorded	0%	July-2018	10.89%	12.84%			R	Medway
Cancer	104+ Day Waiters	0	July-2018	7	32			A	Somerset
Length of Stay	Average LoS - Elective (not including Daycase)	2.80	July-2018	3.04	2.93			R	Medway / Slam
	Average LoS - Non Elective	3.80	July-2018	4.63	4.68			A	Medway / Slam
Delayed Transfers of Care	Delayed Transfers of Care	3.5%	June-2018	4.80%	3.34%			A	Bed managers
Partial Booking Waiting List	Partial Booking Waiting List	0	July-2018	7631	7677			A	Medway
Vacancies	Number of Vacancies	5%	June-2018	14.05%	13.51%			R	ESR
Sickness Absence	All days lost as a percentage of those available	4.5%	July-2018	4.71%	4.73%			G	ESR
Staff Turnover	Staff Turnover	6%	July-2018	6.11%	5.95%			A	ESR
Staff Engagement	Staff Appraisals	95%	July-2018	71.00%	75.50%			R	ESR
Income	Income	38,100	July-2018	35,576	143,799			R	Board Report Master
Expenditure	Expenditure	-43,586	July-2018	-42,655	-168,620			A	Board Report Master
Efficiency Delivery	Efficiency Delivery	1,570	July-2018		0			A	FIMS report
Capital Delivery Program	Capital Delivery Program	3,645	July-2018	-1,823	-3,554			A	FPIC Finance Report
Agency Spend	Agency Spend	2,131	July-2018	-2,987	-10,772			G	Agency Staff Analysis

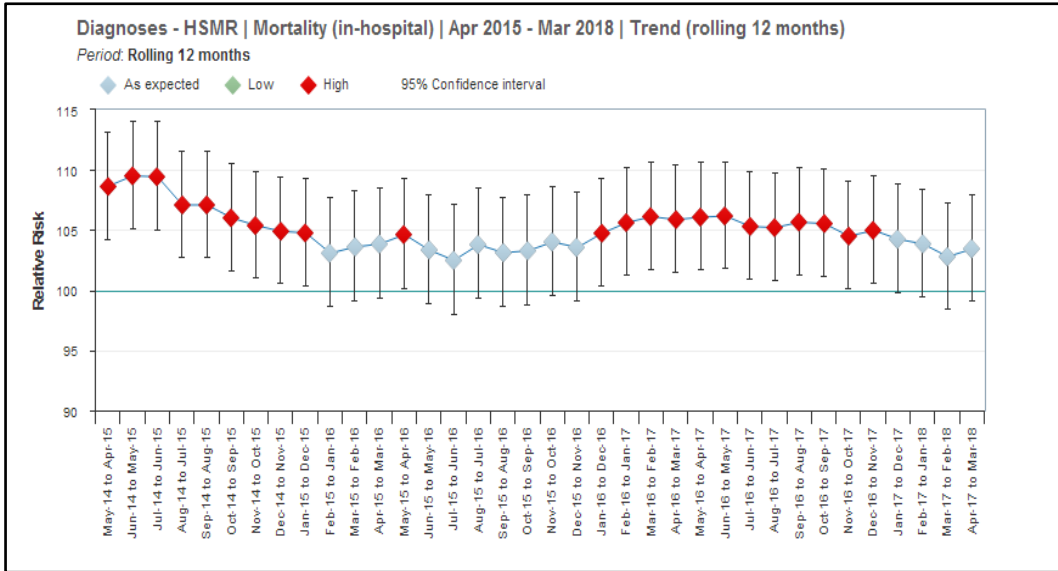
CLINICAL DIRECTORATES DASHBOARD

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

QUALITY

Reduction of Harm Associated with Mortality

R



Trust/Site	ULHT HSMR Apr 17-Mar 18 12 month	ULHT HSMR Apr 17-Mar 18 YTD	ULHT HSMR Mar-18	ULHT SHMI Oct 16-Sep 17	Trust Crude Mortality Internal source Jul 17-Jun 18
Trust	103.44	103.44	109.20	114.90	1.86%
LCH	118.33	118.33	115.20	117.26	1.85%
PHB	94.68	94.68	111.90	115.49	2.13%
GDH	59.25	59.25	59.30	98.44	0.92%

Lead: Neill Hepburn, Medical Director

Timescale: Q4 2017/18

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

Trust

Diagnosis group	Spells	Actual	Expected	Over Predicted	Crude rate (%)	HSMR	Mths Alert	Action Update
Septicemia (except in labour)	2029	399	355.93	43.07	19.72	112.10	1 at Trust Level 5 mths at LCH	Sepsis task and finish group have implemented harm reviews and sepsis practitioner sends ward compliance monthly. Each ward has to complete a proforma for non-compliance. A thematic review has been compiled and learning will be shared. Quarterly reports are submitted to PSC. BG to take alerts back the Sepsis Task and Finish Group-Feedback to PSC. KM to produce timeline for sepsis over three years
Other perinatal conditions	789	19	4.79	14.21	2.42	396.66	4	Action underway- Overview has been completed and sent to Interim Risk Lead meeting arranged to progress improvement. Perinatal will be added to the QSIP.
Aortic peripheral and visceral artery aneurysms	113	28	14.29	13.71	25.00	196.00	3	Review underway-awaiting date of completion

Lincoln County

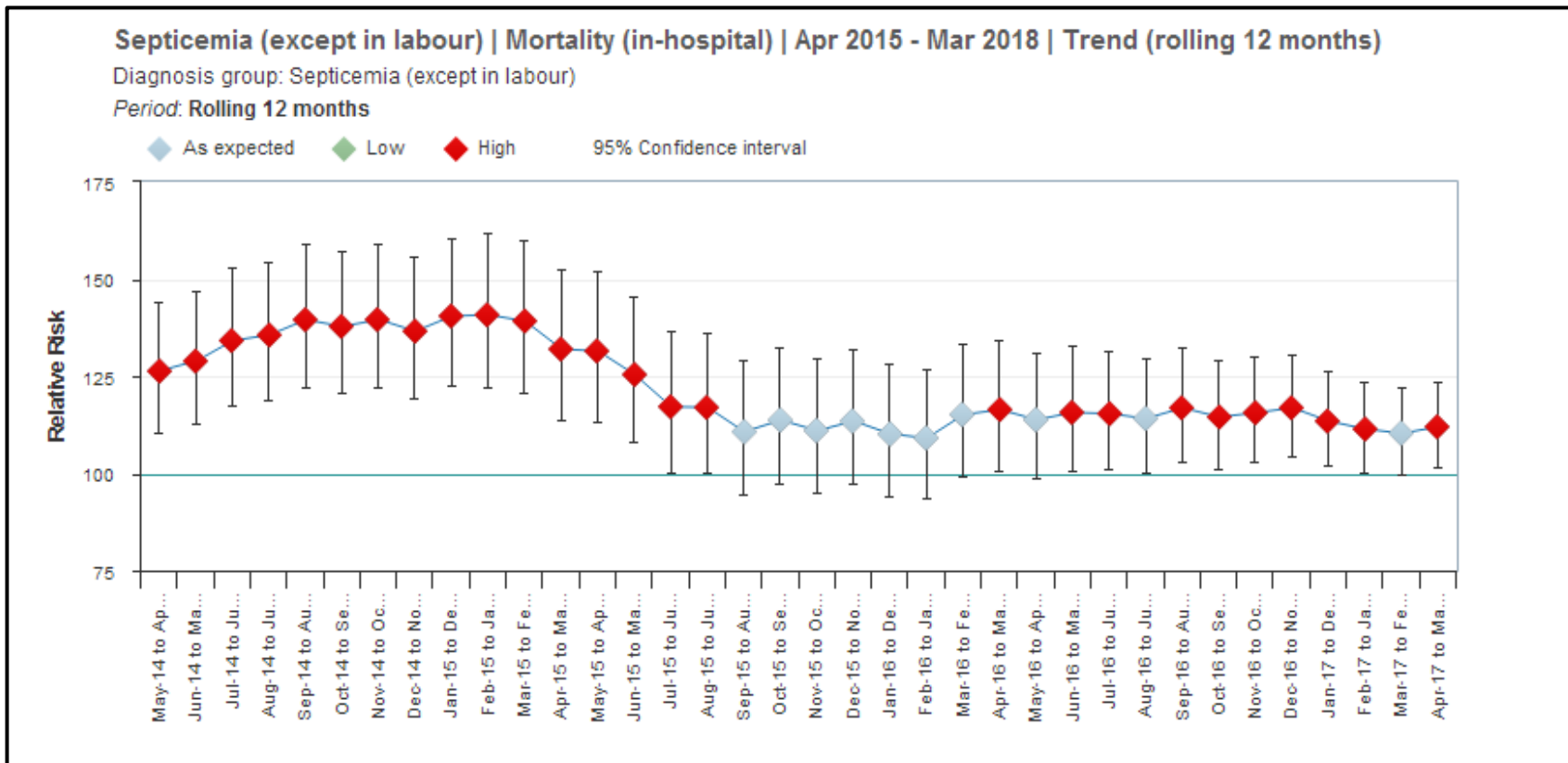
Diagnosis group	Spells	Actual	Expected	Over Predicted	Crude rate (%)	HSMR	Mths Alert	Action Update
Other gastrointestinal disorders	1902	16	8.71	7.29	0.84	183.78	1	First month of alerting
Acute myocardial infarction	702	52	37.28	14.72	7.42	139.50	1	First month of alerting
Senility and organic mental disorders	96	16	8.38	7.62	16.67	190.89	4	In-depth review completed- Presented at June 18 Patient Safety Committee. CS to take to CCG to discuss community issues and feedback to PSC in September 18

Pilgrim Hospital

Diagnosis group	Spells	Actual	Expected	Over Predicted	Crude rate (%)	HSMR	Mths Alert	Action Update
Syncope	262	5	1.46	3.54	1.91	341.83	1	First month of alerting

Grantham Hospital- no alerts

Septicemia (except in labour) time period analysis



Septicemia (except in labour) overview

The diagnosis group Septicemia (except in labour) is now alerting at Trust level and has been alerting at site level (LCH) for 5 months. In April 2016 the coding rule changed to all patients that has the code of sepsis within any stage of the spell, the primary diagnosis would become sepsis. In April 2017 this reverted back.

The graph above shows ULHT over 3 years by rolling year, pre and post coding change the Trust was alerting. Signifying that coding more patients as with the main condition treated of Sepsis increases the Trust expected mortality. The Trust has acknowledged that the depth of comorbidity and significant history coding is lower than the national average which also impacts on the expected rate.

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TRUST HSMR Top Observed Diagnosis Groups –Apr 17 – Mar 18

Rank	Diagnosis group	Spells	Actual deaths	Actual % of all deaths	Expected deaths	Actual-Expected	Crude (%)	ULHT HSMR	National Average HSMR	Position
1	Septicemia (except in labour)	2029	399	19%	355.93	43.07	19.72	112.10	99.20	↔
2	Pneumonia	2358	341	16%	360.92	-19.92	14.50	94.48	97.10	↔
3	Acute cerebrovascular disease	1118	169	8%	169.37	-0.37	15.28	99.78	99.80	↔
4	Congestive heart failure nonhypertensive	971	115	5%	108.64	6.36	11.84	105.85	98.80	↔
5	Acute and unspecified renal failure	759	77	4%	83.91	-6.91	10.19	91.76	98.40	↔
6	Chronic obstructive pulmonary disease and bronchiectasis	1642	74	4%	74.00	0.00	4.51	99.99	96.00	↔
7	Aspiration pneumonitis food/vomitus	198	66	3%	58.26	7.74	33.50	113.28	101.10	↔
8	Acute myocardial infarction	889	61	3%	51.30	9.70	6.88	118.91	99.10	↔
9	Secondary malignancies	2276	53	3%	44.52	8.48	2.33	119.06	96.40	↔
10	Cardiac arrest and ventricular fibrillation	90	51	2%	47.14	3.86	56.67	108.20	99.40	↔

National Comparison

Metric	Apr 17-Mar 18	
	National Acute (Non specialist)	ULHT
HSMR	97.80	103.44
SHMI (Oct 16-Sept 17)	100.50	114.90
Elective Crude Rate %	0.10%	0.10%
Non elective Crude Rate %	6.40%	7.10%
% observed mortalities in hospital	3.50%	3.78%
% observed palliative coding	29.78%	18.11%
% Spells Palliative coding	2.41%	2.11%
Avg comorb 0 score per observed %	16.23%	19.35%
Avg comorb 0 score spells %	48.63%	49.63%
Weekend % of observed	26.06%	26.32%
Weekday % of observed	73.94%	73.68%
Crude rate %	3.60%	3.80%
Spells Readmissions 28 days %	8.07%	7.47%
Residual Coding % of all spells	0.17%	1.25%
R00-R99 Signs and symptoms % of spells	13.15%	12.09%
LOS short stay 0-2 days Observed %	17.71%	19.54%
LOS 3+ Observed %	82.29%	80.46%

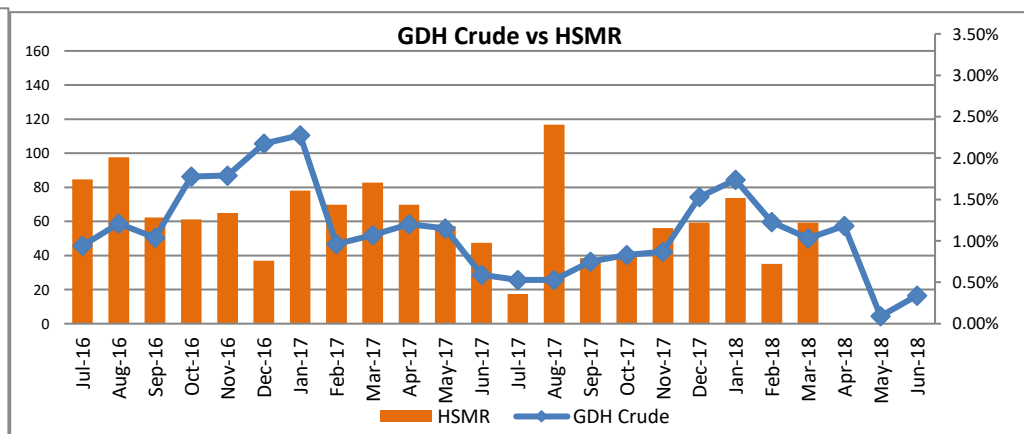
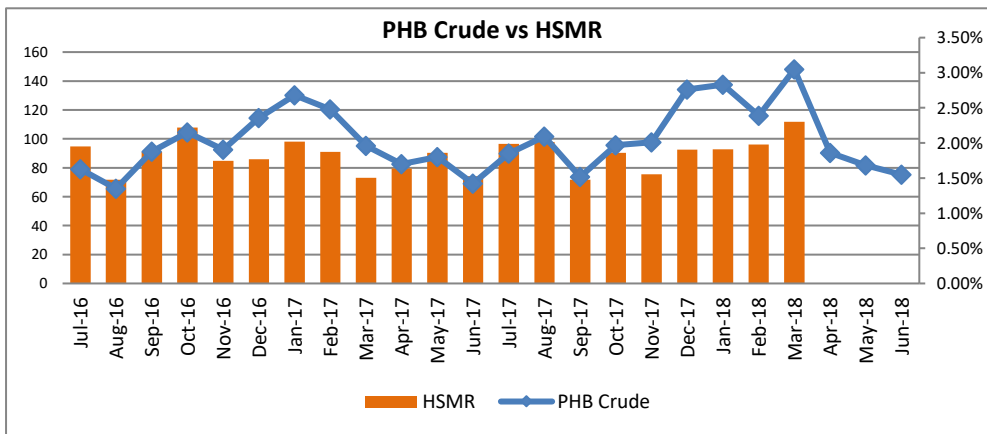
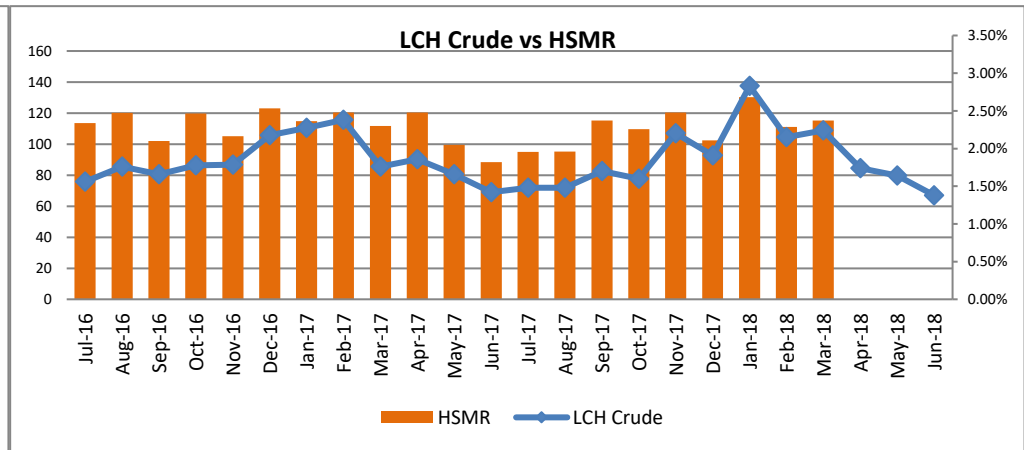
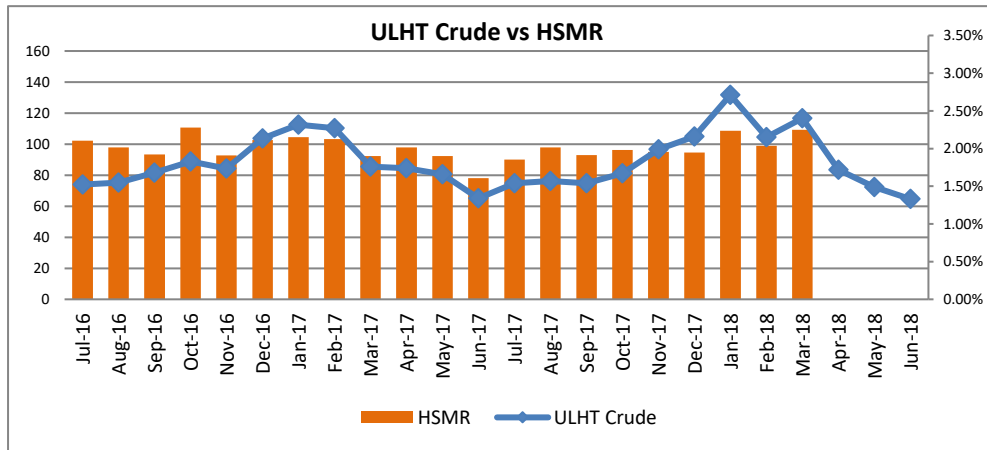
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Crude mortality

Trust Site	Dr Foster Crude Avg-All diag Apr 17- Mar 18	ULHT Crude Average Apr 17- Mar 18	ULHT data Crude mortality Jul 17-Jun 18	ULHT data Crude Mortality Jun 18
Trust	1.71%	1.87%	1.86%	1.33%
LCH	1.80%	1.86%	1.85%	1.38%
PHB	1.96%	2.12%	2.13%	1.55%
GDH	1.05%	1.03%	0.92%	0.34%

Crude mortality overview

- ULHT's crude mortality has decreased in June 2018.
- June's crude mortality is the lowest reported over the last two years.
- In comparison with ULHT in house data and the published Dr Foster data (Apr 17- Mar 18), ULHT in house data is reporting higher than Dr Foster.
- Pilgrim has consistently had a higher crude rate than other sites but a lower HSMR.



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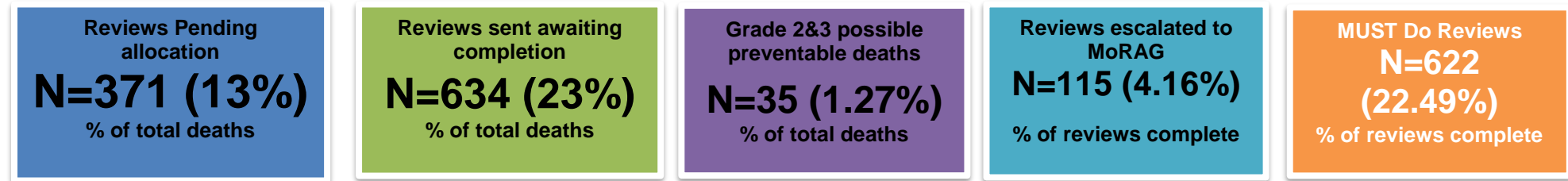
Rolling Year Mortality Review Compliance May 17-Apr

May 17-Apr 18	2766	1599	634	58%	162	7%	35	115
Month of death	Total No. of Deaths	Reviews Completed	With Consultant	% of reviews completed	Excluded	% Excluded	Deaths Grade 2&3	MoRAG Escalation
May-17	204	150	16	74%	26	13%	5	13
Jun-17	181	130	21	72%	24	13%	2	7
Jul-17	205	143	26	70%	26	13%	6	17
Aug-17	201	125	35	62%	35	17%	1	6
Sep-17	193	138	26	72%	21	11%	6	17
Oct-17	224	148	45	66%	6	3%	1	8
Nov-17	246	146	42	59%	5	2%	2	16
Dec-17	257	147	70	57%	4	2%	4	10
Jan-18	350	217	80	62%	6	2%	7	11
Feb-18	233	114	74	49%	0	0%	0	8
Mar-18	276	106	93	38%	6	2%	0	2
Apr-18	196	35	106	18%	3	2%	1	0

Trust trajectory of 70% for completed reviews. Methodology does now not include reviews with consultant as previously incorporated.

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

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



Learning from Deaths Reporting- Rolling Year May 2017- Apr 2018



NOTE: LeDeR submissions are only from October 2017

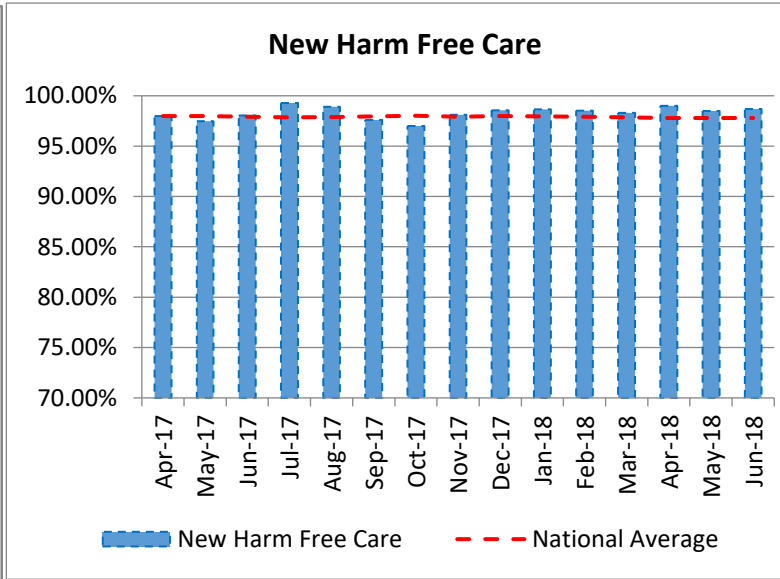
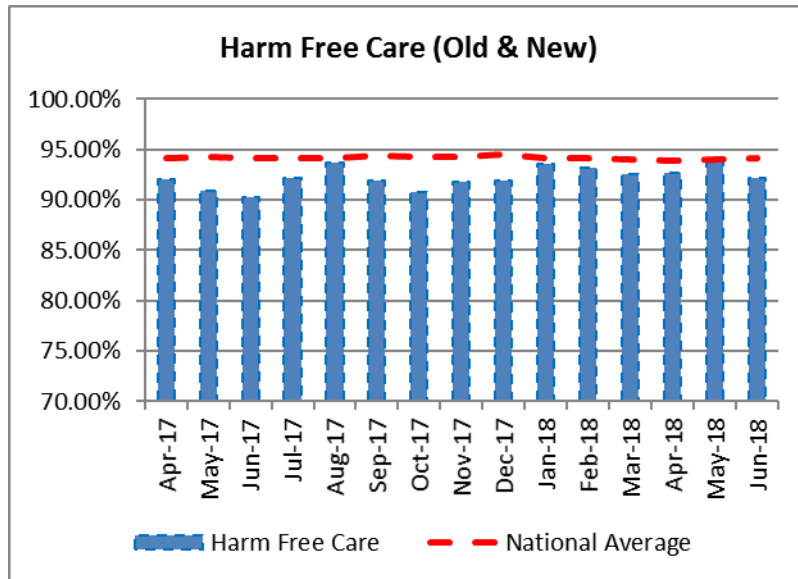
Mental Health numbers have changed due to the agreement to not include Dementia in line with Peer reporting and benchmarking to compare other Trust cohorts.

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QUALITY

Harm Free Care (Safety Thermometer)

R



SUMMARY for June 2018

	ULHT
Harm Free Care	92.2%
New Harm Free Care	98.7%
Pressure Ulcers - New	7
Falls with Harm	2
Catheter & New UTI	0
New VTEs	2
Patients	860

The 2 new VTE will be removed as they have been confirmed as not new

Lead: Michelle Rhodes, Director of Nursing

Timescale: June 2018

Key Issues:

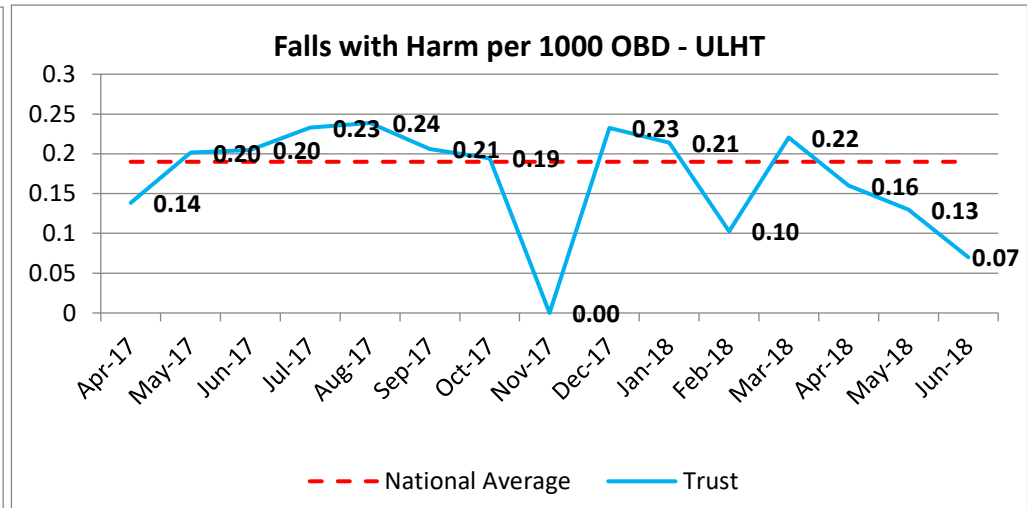
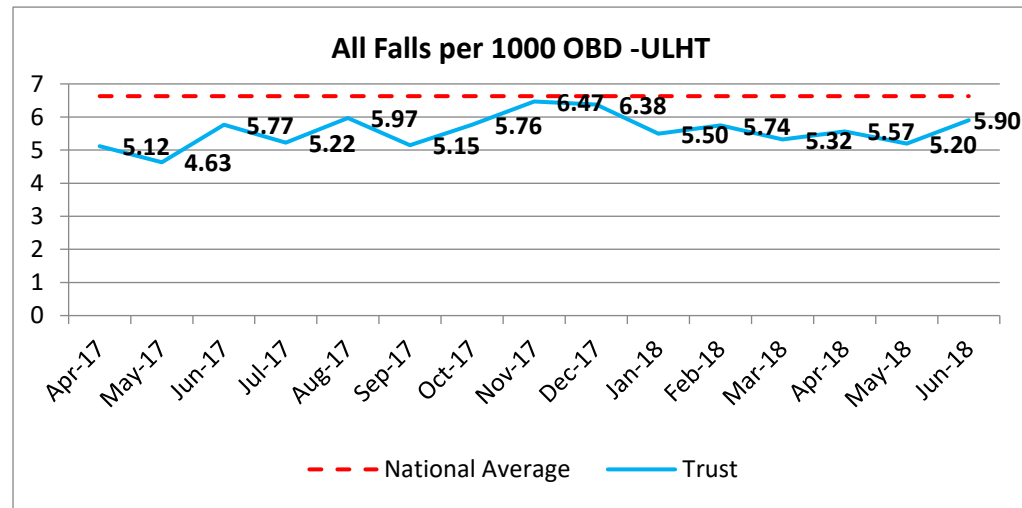
- The Trust achieved 92.2% for Harm Free care which is lower than the national average of 94%
- The Trust achieved 98.7% for New Harm Free Care which is higher than the national average of 97.8%
- The Trust achieved 0.8% for New Pressure Ulcers which is lower than the national average of 0.9%
- The Trust achieved 0.2% for falls with harm which is lower than the national average of 0.6%
- The Trust achieved 2.3% for CAUTI which is worse than the national average of 0.6% (this is all CAUTI new and old)
- The Trust achieved 0.2% for new VTE which is better than the national average of 0.4%
- A monthly report is disseminated to all wards and managers detailing the harms for each ward and individual ward compliance with harm free care.

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QUALITY

Falls

R



Lead: Michelle Rhodes, Director of Nursing

Timescale: June 2018

Key Issues:

- Trust performance for falls is measured using per 1000 occupied bed days (OBD) formula. This is recognised as a measure of both reporting culture and performance which also allows for national and regional comparison. Falls with harm include moderate harm, severe harm and death. Following approval of the Falls Improvement Programme by QGC in May 2018, the falls data has been cleansed, validated and rerun from April 2017 to ensure reporting of inpatient falls only.
- All falls per 1000 OBDs for the Trust in May 2018 is 5.2 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 April 2018 is 0.13 which is better than the national average of 0.19 (National average is taken from the National Audit of Inpatient Falls, RCP 2015).

Key Actions:

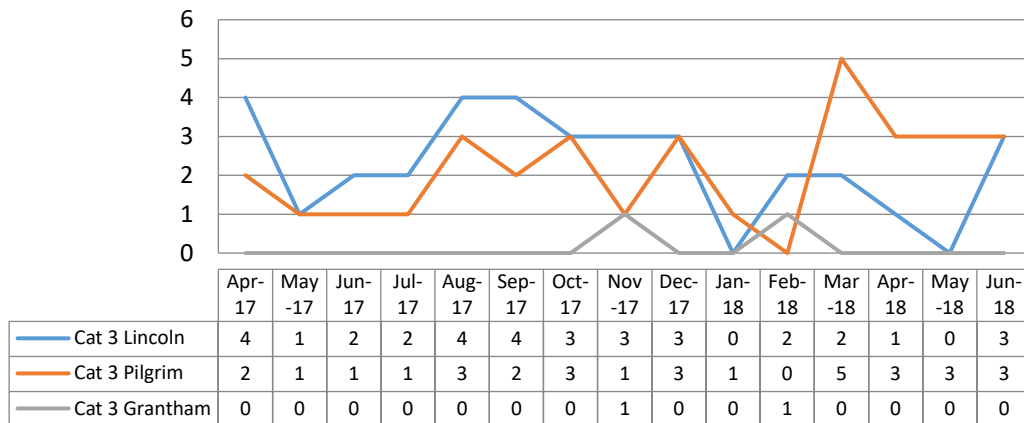
- The Trust submits data as part of the safety thermometer which is a 72 hour point prevalence survey. This data is used in the calculation of the Trusts Harm Free Care percentage and is included for monitoring through the model hospital. When comparing all falls, ULHT was 1.3% which is better than the national average of 1.6% in June 2018. When comparing falls with harm, ULHT was 0.2% which is better than the national average of 0.6% in June 2018.
- Work is underway to progress the falls ambassador role to assist in driving the falls agenda at ward level.

QUALITY

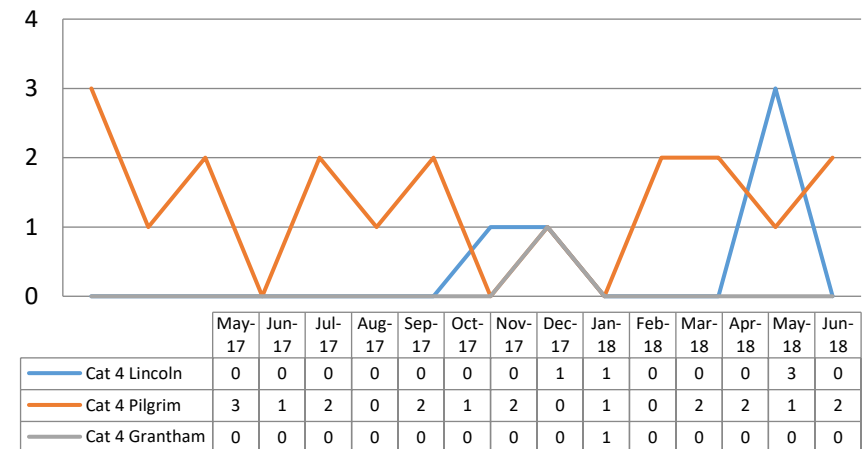
Pressure Damage

R

Hospital Acquired Cat 3 Pressure Ulcers



Hospital Acquired Cat 4 Pressure Ulcers



Lead: Michelle Rhodes, Director of Nursing

Timescale: June 2018

Key Issues:

- The Trust continues to report category 3 pressure ulcers and has set a 30% reduction trajectory for avoidable category 3 pressure ulcers for 2018/9. Trajectory has been achieved in April and May. Scrutiny panel results for June are pending. Grantham have reported no category 3 pressure ulcers for 4 months. Performance at Lincoln has deteriorated with 3 category 3 pressure ulcers reported in June on C/Coleby, FAU and S/Worth wards. Performance at Pilgrim is stable however improvements have yet to be seen with 3 category 3 pressures reported in June on wards ACU, 5B and 7B.
- The Trust has set a 30% reduction trajectory for avoidable category 4 pressure ulcers for 2018/19. This has not been achieved in April and May. There were 2 category 4 pressure ulcers reported in June on ward 5B and 7B, both are pending scrutiny panel review. Grantham have reported no category 4 pressure ulcers for 5 months. Lincoln site are showing improved performance in June.

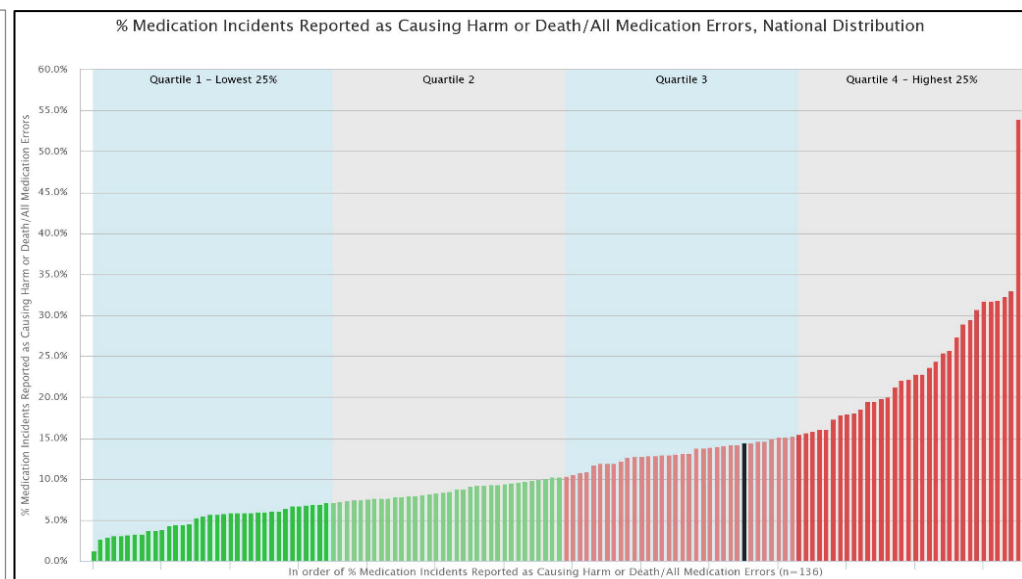
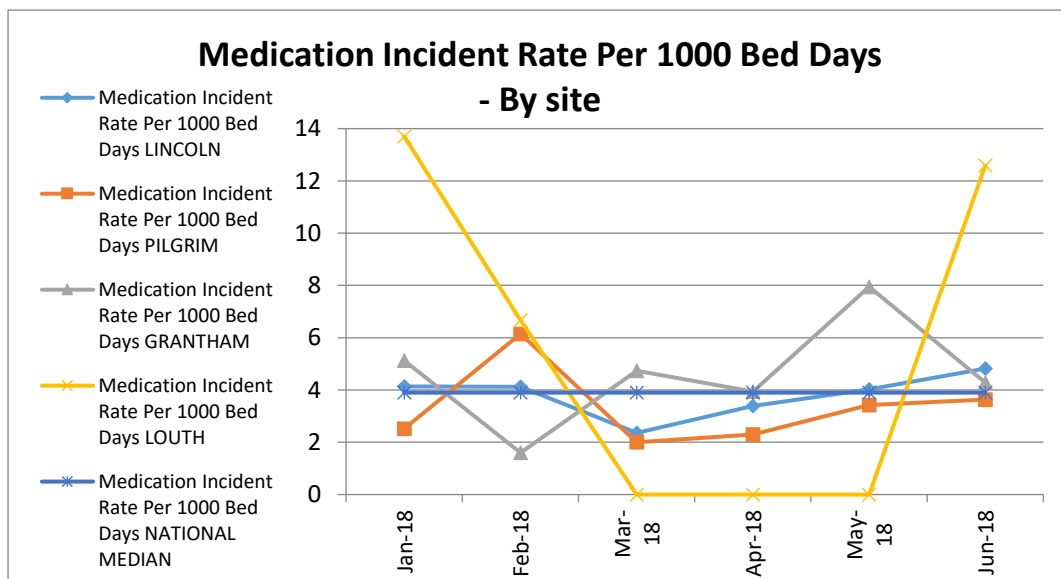
Key Actions:

- The Tissue Viability team continue to focus on increasing the support they provide to clinical teams and on providing targeted education.
- Thematic analysis of pressure ulcers that have developed in ITU has been undertaken. Findings indicate that a consistent approach to pressure ulcer prevention in critical care units is required. Essential standards for pressure ulcer prevention in Intensive Care have been drafted, and implementation of an ITU specific tool (Cubin Jackson tool) is being considered.
- NHSI have published a consensus document on Pressure Ulcer definition and management. A paper will be presented to QCG in September outlining implications and proposals for the future management of pressure ulcers in ULHT.

QUALITY

Medication Incidents

R



Lead: Michelle Rhodes, Director of Nursing

Timescale: June 2018

Key Issues:

- The national average is currently set at 3.9. For July 2018, ULHT reporting level was 4.46 medication incidents per 1000 bed days. Different ULHT sites had different rates ranging from 3.7 to 12.4. This is an improvement and ULHT seems to be back on track with a reporting rate slightly above the national Median, after few months of lower rates.
- Of the 136 incidents reported 20% (calculated as medication incidents reported as causing harm or death / all medication errors) were rated as causing some level of harm. The national average of medication incidents reported as causing harm or death is 10.3%. This statistic is extracted from NRLS and presented within the Model Hospital framework. Where staff believe reporting incidents as worthwhile due to actions taken they are more likely to develop and open and honest reporting culture. From this data, ULH can be seen to adopt a mature reporting and learning culture due to the high proportion of 'no harm' incidents reported.

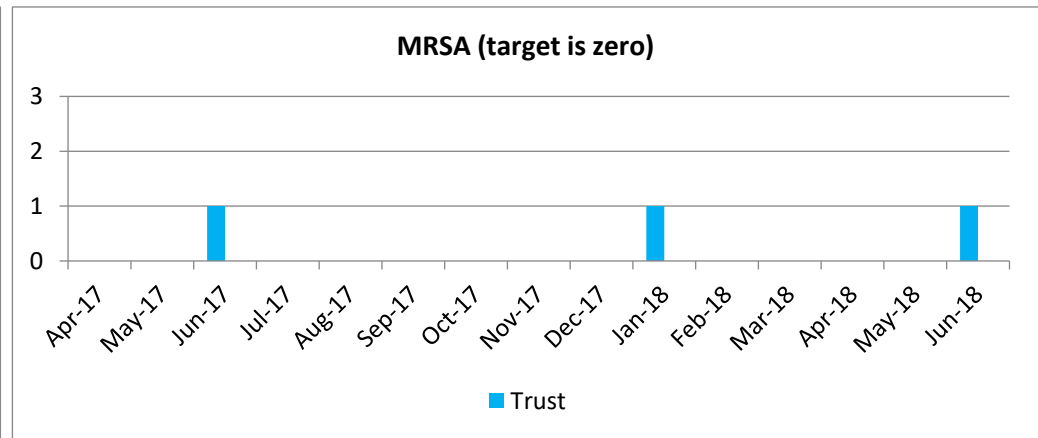
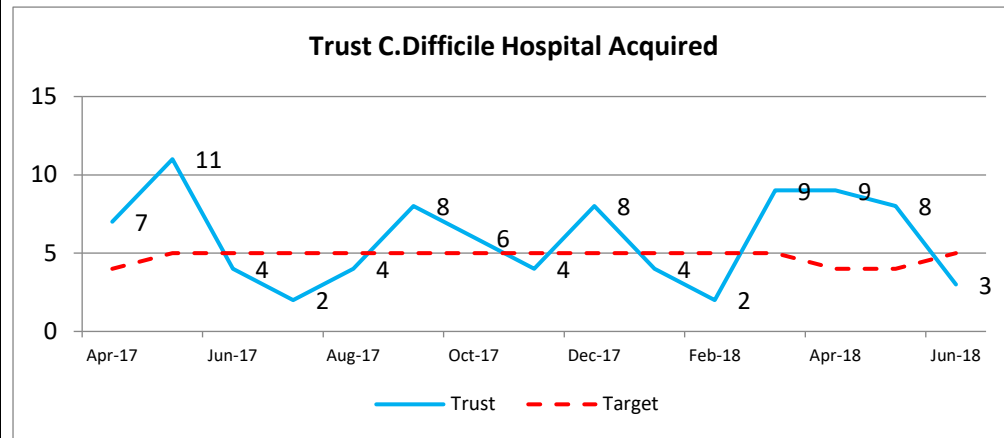
Key Actions:

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

QUALITY

Infection Prevention

R



Lead: Michelle Rhodes, Director of Nursing

Timescale: June 2018

Key Issues:

- 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.

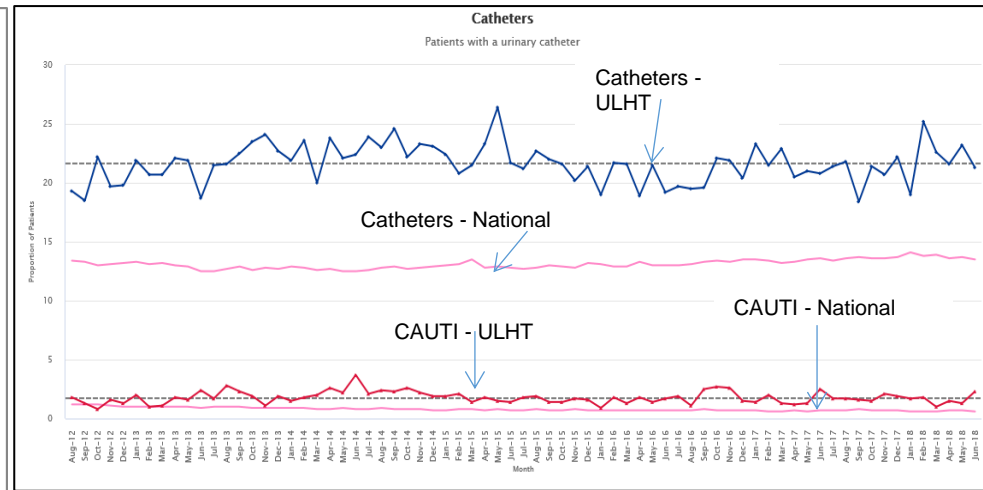
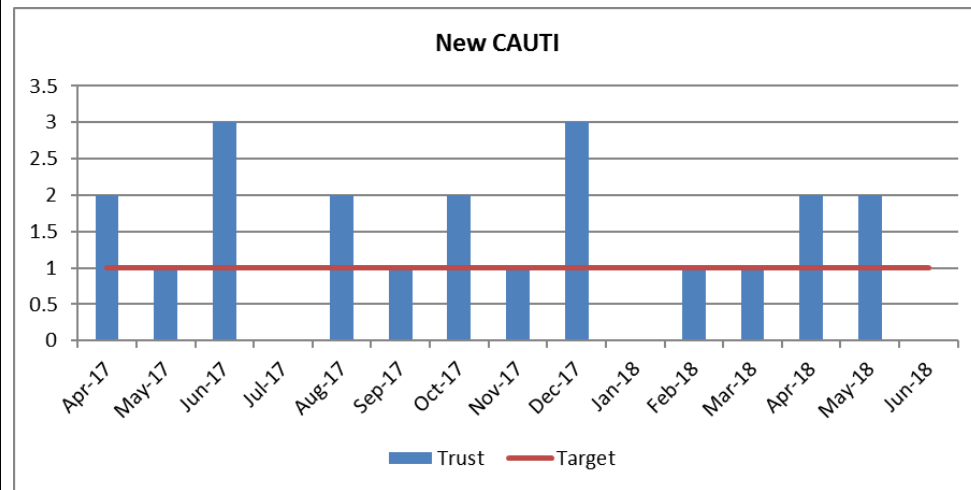
Key Actions:

- 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 had increased from 64% to 93% in 12 months. 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 in a recovery position. Programs are progressing with a review of the prescribing formulary and an education pack for prescribers.
- The Lead Nurse post is going through the recruitment process to ensure stable leadership is in place prior to winter pressures. The IP&C team is also going through training and development to strengthen their ability to support the trusts directorates. The IP&C Nurses are progressing through the comprehensive IP&C competency framework while the Nurse Specialists are undertaking leadership 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: June 2018

Key Issues:

- ULHT had 0 new CAUTI on the safety thermometer data for June 2018 against a trajectory of 1.
- In June 2018 the Trust catheterisation rate was 21.3% during the point prevalence safety thermometer audit which is higher than the national average for June 2018 of 13.5%.
- In May 2018 the Trust catheter with UTI (CAUTI) was 2.3% which is higher than the national average for May of 0.6%. This data includes old and new CAUTIs.

Key Actions:

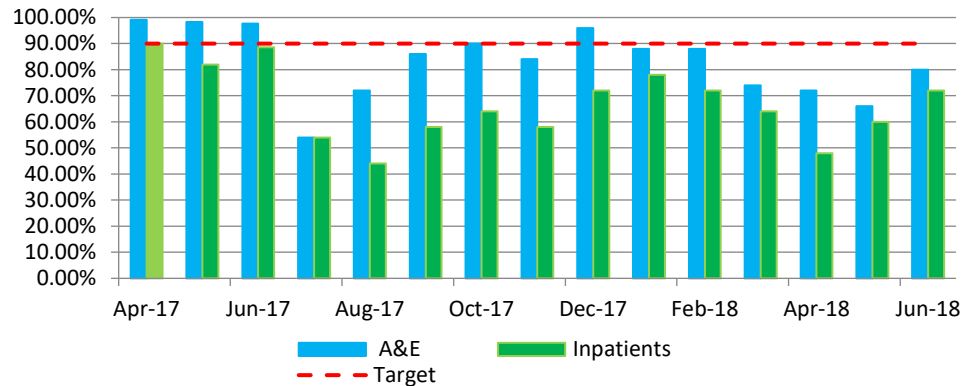
- Pilot of the HOUDINI catheter care bundle in ACU Grantham commenced May 2018 for 4 weeks. Analysis of data was positive therefore the HOUDINI catheter care bundle has been added to the Prevention of Infection Associated with Indwelling Urethral Catheters ULHT guideline and will be discussed at the next CESC meeting on 06.08.2018
- Collaborative work with LCHS underway to address catheter management and management of recurrent UTIs. Project identified the potential for patients who have had indwelling catheters inserted for low risk reasons to be discharged to the community for catheter removal, preventing CAUTI. Pilot of this initiative commenced on June 2018 for 8 weeks.
- Design an educational plan around: Nurse driven algorithm, documentation catheter care. The education programme is planned to roll out in September and October, dates are in progress to be approved and to be disseminated to relevant clinical areas.
- Undertake a baseline of catheter care in ULHT to identify areas of weakness and help to target the teaching programme. The audit questionnaire has been agreed with the help of Urology CNSs and is planned to be undertaken in August 2018. The results will be discussed at the CAUTI meeting in September 2018.
- Detailed improvement plan has been presented to Quality Governance meeting outlining new trajectories for Directorates, performance management strategy and national collaborative work.

QUALITY

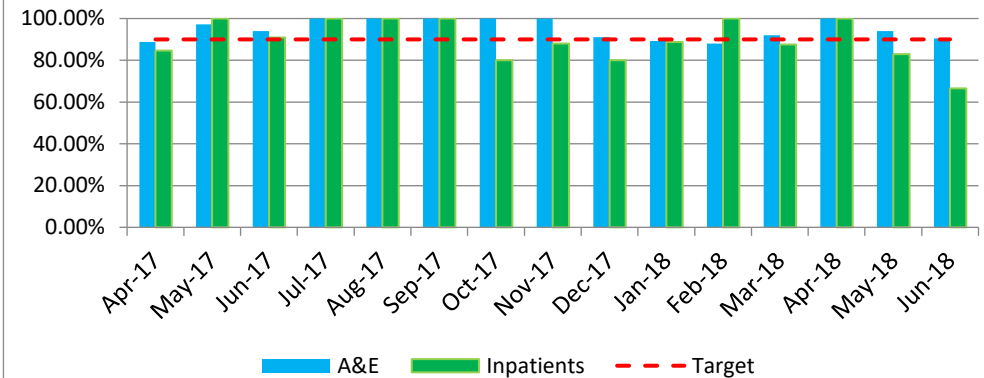
Sepsis

R

Sepsis Screening within 1 Hour



IVAB within 1 hour



Lead: Michelle Rhodes, Director of Nursing

Timescale: June 2018

Key Issues:

- Sepsis screening within 1 hour has improved this month for both A&E and inpatients. Sepsis Practitioners continue to receive e-mail alerts when a patient NEWS ≥ 5 enabling sepsis practitioners to assist and support. Step by step guides are present in each clinical area and readily available on the staff intranet page. Training videos currently being reviewed for sign off, this is predicted to improve screening compliance further.
- The percentage of IV antibiotics given within 1 hour has declined in both A&E and inpatient areas this month. A&E continue to achieve greater than 90% which is above the CQUIN target, inpatient areas have declined, further bundle training given to ward areas. Sepsis practitioners are on the Doctor's induction to highlight importance of timely treatment.

Key Actions:

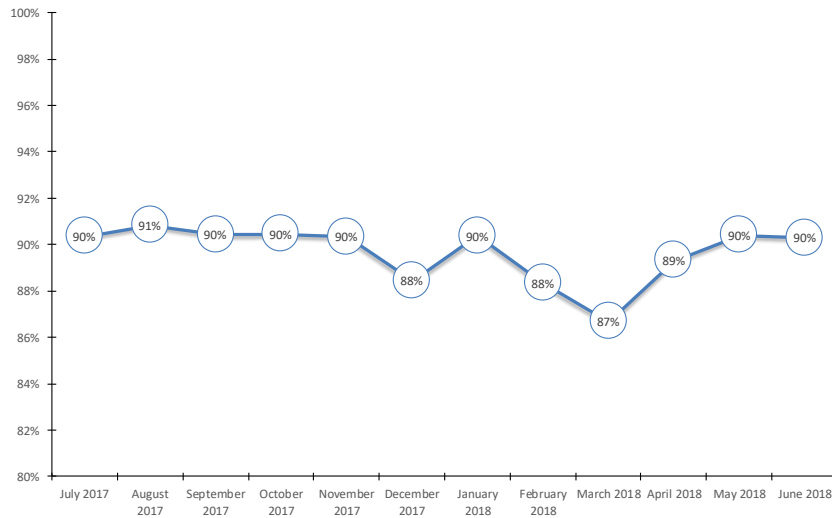
- Robust process for monitoring and reporting performance to support continued and sustained patient safety: Trust wide CQUIN Audit and utilisation of trust wide electronic screening data to review any missed screens.
- Monthly review templates for non-compliance are completed by the wards and if there are none returned from a ward this is escalated. A Trust thematic analysis is produced identifying key issues.
- Sepsis box/ trolley in all adult inpatient/admission areas
- Sepsis e-learning extended to include paediatric module with a maternity module currently being developed.
- Increased Sepsis Link Nurse engagement across sites supported by Ward Accreditation domain
- Sepsis e-learning compliance 91.64% (target 90%)
- First 2 questions from online sepsis bundle (identifying criteria and likely infection) expected to be on the staff IPods by the end of July which will improve the screening compliance.
- Sepsis practitioner for Pilgrim Hospital has now left the trust, replacement interviewed and will commence in post on 13th August.

PATIENT EXPERIENCE

Friends & Family Test

R

Overall Trust FFT recommendation



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

Lead: Michelle Rhodes – Chief Nurse

Timescale: June 2018

Key Issues:

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

Key Actions:

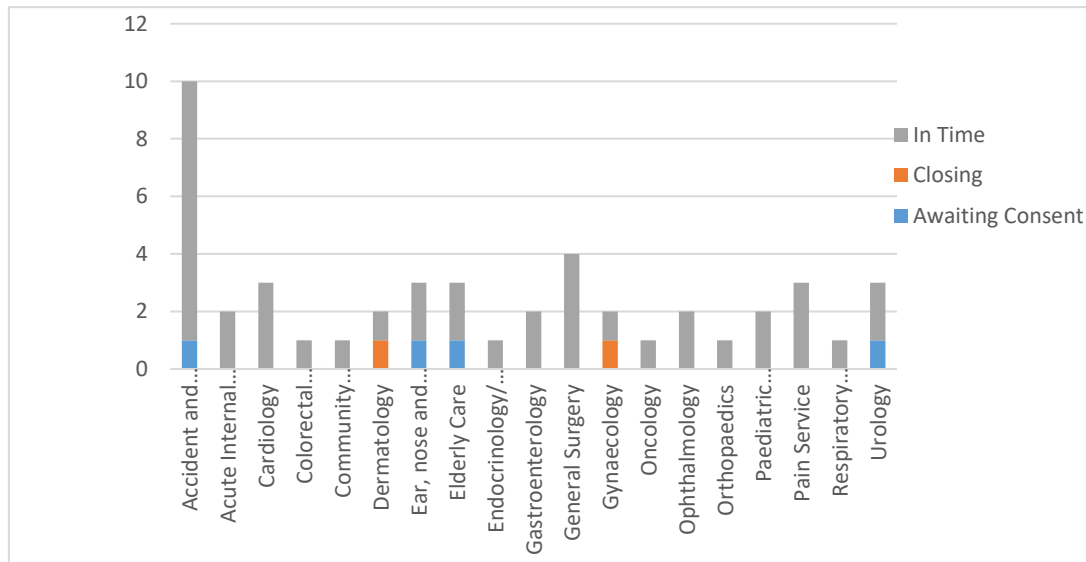
- Reports circulated to all areas
- Planned re-refresh and relaunch of PEC requiring attendance and upward reporting
- Inclusion of Patient Experience metrics in the Integrated Board Report will add gravitas
- New 'using patient feedback' module within Leadership Development programme; first session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

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PATIENT EXPERIENCE

Complaints

G



Lead: Michelle Rhodes – Chief Nurse

Timescale: June 2018

Key Issues:

- Responses within timescales continue to be a concern with just 60% achievement in June
- Majority of delays sits with medical staff who state they do not have sufficient time to complete
- Some delays are directly attributed to delays within the Duty of Candour process; specifically letters following the investigations. If these are late being completed or the quality challenged there is then a subsequent setback in a final complaint response

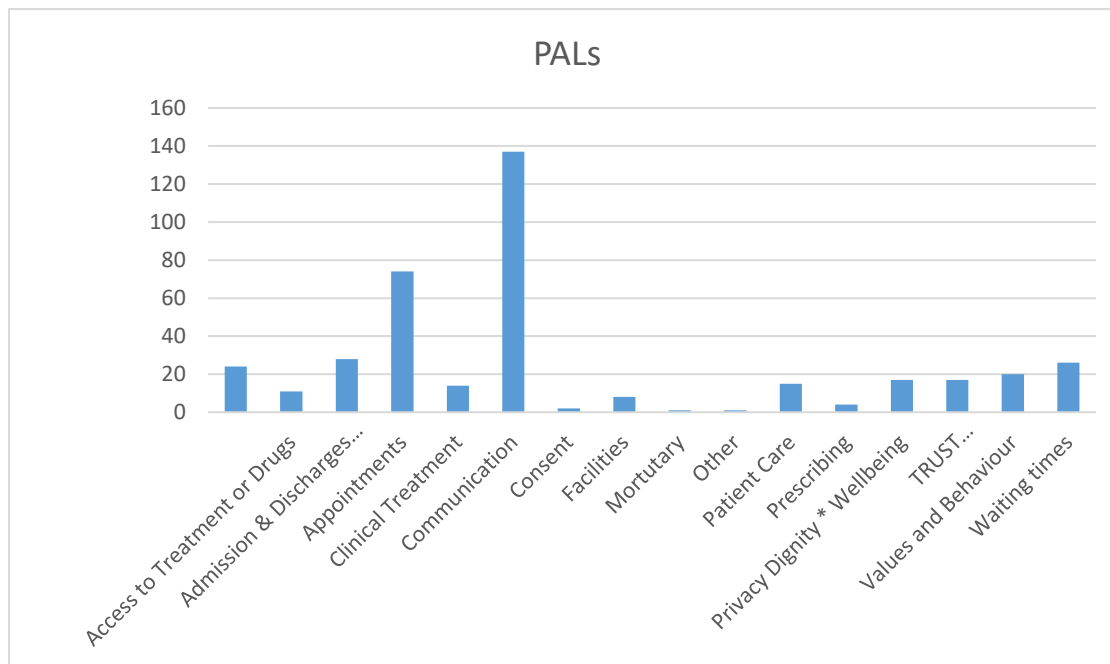
Key Actions:

- Discussion with CEO to explore and understand the range of delays
- Discussion with Medical Director; SPA's are included within consultants job plans but will be made more explicit in the current review. Complaints team to meet with Risk team to tie these up together
- Complaints manager to attend SI training and align the principles and stages with the complaints investigation process
- Lessons Learned Forum to restart in September
- Commencing September Communication First training to include a reflective task before receipt of certificate
- Exploring the process whereby if complaints come in about a named member of staff we are able to identify whether they have attended Communication First training and to see this at directorate level. The plan is that a report would be available that states for example 'specialty x had 3 complaints in the last quarter that relate to poor communication skills of members of staff; of these one had already attended the training, two had not and are not as yet booked on'

PATIENT EXPERIENCE

PALs

RAG



Lead: Michelle Rhodes – Chief Nurse

Timescale: June 2018

Key Issues:

- The teams continue to be very busy and the resolution rate alongside the low conversion to formal complaints demonstrates how they 'rescue' and settle concerns swiftly; 'putting things right' is the first step in our See it My Way complaints process and is important for our patients and their families
- Communication continues to be a significant feature of concerns

Key Actions:

- The actions outlined above for complaints will incorporate PALs issues as well; whilst these are not addressed within the formal process the volume demands they are considered under the same actions
- With touching 400 PALs enquiries per month a focused and proportionate approach will be taken when implementing some of the complaint actions
- PALs data is also being included within the Performance Reports and the Integrated Board Report

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WORKFORCE

KPI	2018/19 Target	July 2018 Performance	Last Month Performance	Performance in July 2017	6 th Month Trend
Vacancy Rate - Medical	Medical – 13.5%	14.13%	18.67%	11.79%	↓
Vacancy Rate – Registered Nurses	Registered Nursing 12.5%	18.77%	18.01%	15.21%	↑
Vacancy Rate – AHP's	10%	15.01%	11.43%	10.43%	↑
Voluntary Turnover	6%, with no group of staff more than 20% above the overall target	6.11%	5.99%	5.57%	↑
Quarterly Engagement Index	10% improvement in average score during 2017/18	3.3 (Sep'17)	3.4 (Jun'17)	n/a	↓
Quality of Leadership/Management Index	10% improvement in average score during 2017/18	2.6 (Sep'17)	2.8 (Jun'17)	n/a	↓
Core Learning Completion	Overall target (2017/18) 95%.	92.12%	92.33%	90.81%	↓
Sickness Absence (12 month rolling average)	Overall target of 4.5% + no team over 25% above target	4.71% (Jun '18)	4.73% (May 18)	4.67% (Jun 17)	↓
Appraisals - Medical	Medical – 95%	96%	97%	n/a	↓
Appraisals – Non Medical	Non-medical – 90%	70.92%	72.20%	82.67%	↓
Agency Spend	£25.4m (£)	£2.928m	£2.761m	£2.348m	↑

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

This is a new style Workforce Key Performance Indicator Report based on a revised set of KPIs. The intention is that this report should be produced monthly for the Workforce Oversight Board and the Workforce Committee, when it meets. A summary from this report will go into the monthly Board Integrated Performance Report, which itself has been subject to review.

We are in the process of reviewing both the KPIs and targets for 2018/19, ensuring that they are explicitly linked to the agreed risks in the Board Assurance Framework. These changes will be reflected in the report over the coming months. The KPIs also need to be challenging but realistic and linked to actions in place to deliver against them.

Obviously the continued increase in vacancy rates, driving up overall pay costs, is the biggest area of concern. Work continues on a new workforce model for the Trust and a review of our recruitment approach to reverse this upward trend.

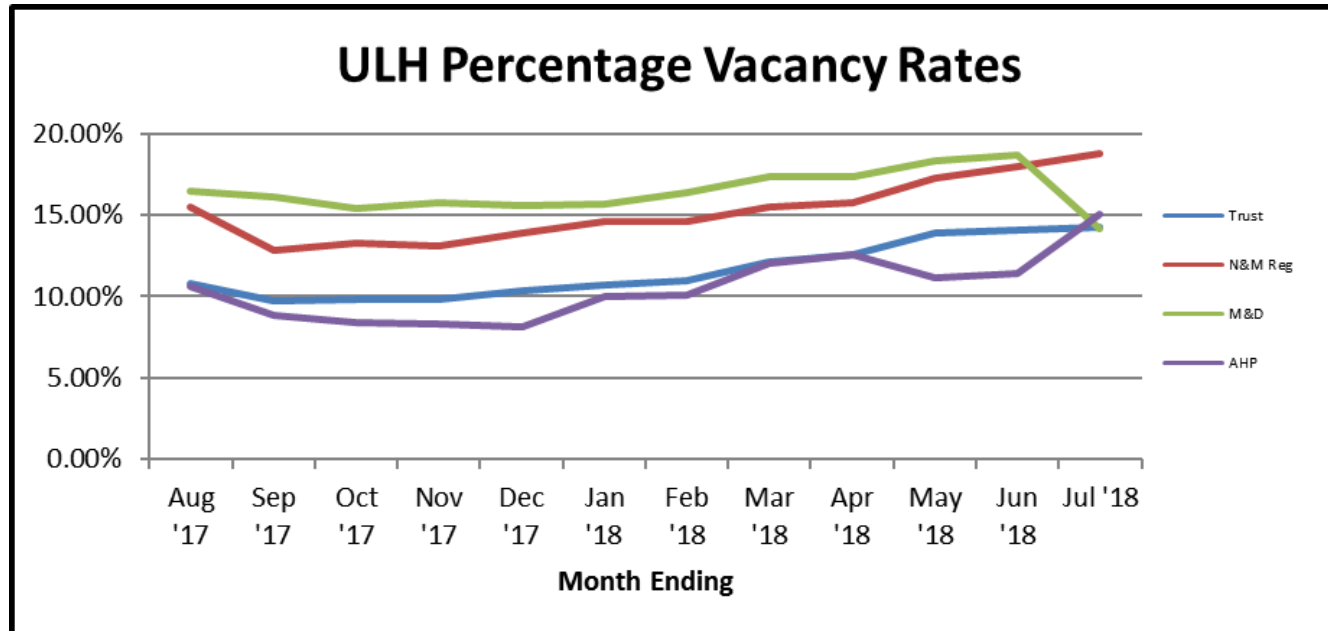
The sickness rate for the month of June was 4.31% which is a slight increase of 0.17% from the previous month. However the rolling 12 month sickness rate has reduced for the fourth successive month and the rate for quarter 1 is 4.13%, a reduction from 4.37% when compared to the same quarter in 2017.

Completion of core learning is at its highest rate ever, although there remains concern about the completion of key elements, such as fire safety.

WORKFORCE

VACANCY RATES

R



Lead: Martin Rayson, Director of HR &OD

Timescale: July 2018

Key issues:

- The Medical & Dental vacancy rate has reduced to 14.13% this month compared to 18.67% in June. However the reduction is due to more doctors being in post as at 31st July due to the crossover of Foundation Year 1 doctors. The new intake of F1 doctors started the last week of July with the old intake not leaving until the first week of August, thus inflating staff in post FTE's when compared to funded establishments.
- Registered Nursing and Allied Health Professional vacancy rates also increased when compared to the previous month. All three staff groups are still above target. The overall Trust vacancy rate for July is 14.23%, which is an increase when compared to 10.08% in July 2017.
- The main reason for the rise in vacancies appears to be due to an overall increase in funded establishments of 156.76 FTE's since March '18.

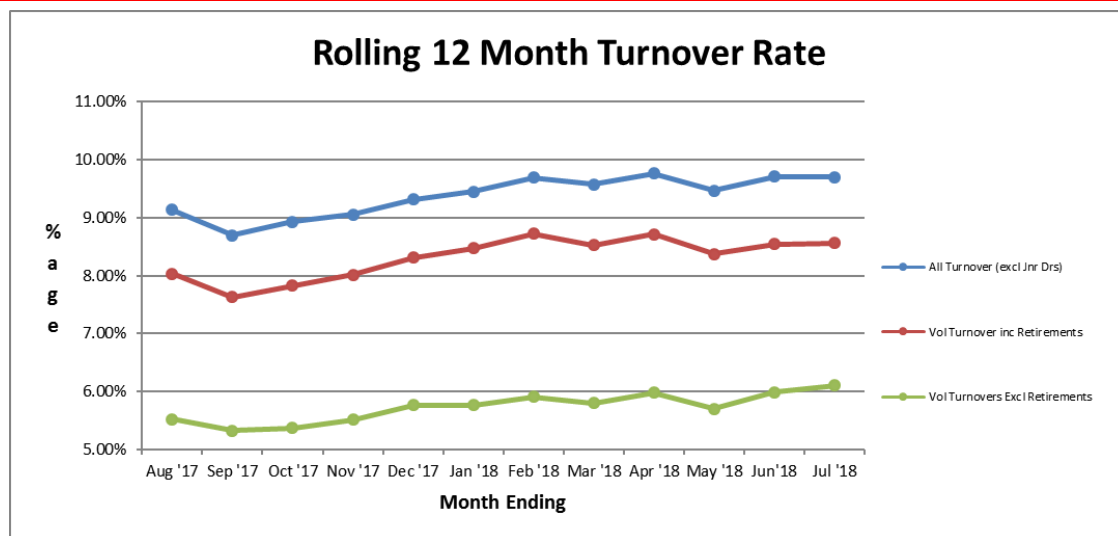
Key Actions:

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

WORKFORCE

VOLUNTARY TURNOVER

R



Lead: Martin Rayson, Director of HR &OD

Timescale: July 2018

Key Issues:

- This month the Trust has narrowly missed its target for voluntary staff turnover. Rates have steadily risen since September 2017.
- Based on the latest (April 2018) benchmarking data available from NHS Digital for other Large Acute Hospitals (x 35 Trusts) the current Trust turnover rate (excl. junior doctors) of 9.70% ranks it 15th lowest out of the 35 Trusts which have a turnover rate ranging from 7.05% to 15.03%.
- We are finalising our retention plan that has been developed as part of the NHSI 90 day project. This will focus on four areas: We understand why staff are leaving, We can offer better development opportunities and career pathway, We have more consistency in flexible working, We offer “retire and return” option

Key Actions:

- ER Team to identify and plan absence management training sessions following review of hotspot areas.
- ER Team to ensure all sites are working consistently to ensure absence management process is followed.
- ER Advisors to complete the Cohort Training being rolled out by Occupational Health to support referrals being completed in a timelier manner.
- Line Managers to complete the Cohort Training being rolled out by Occupational Health to support referrals being completed in a timelier manner.
- Drafted Sickness absence plan submitted to support the reduction of the absence reporting to 3.5%
- Action planned to review worst levels of sickness primarily to ensure managers are aware of support in managing sickness episodes
- Intention to introduce an “itchy feet” interview process, whereby we can intervene where people are thinking about leaving;
- Focus on junior doctor experience (partly in response to the findings of the Guardians of Safe Working Practice and the GMC survey) – project with project manager underway involving key stakeholders.
- Review exit questionnaire process
- Identify staff who leave within 3 and 6 months and contact them to understand their reasons for leaving
- Identify “hot spot” areas for turnover

WORKFORCE

CORE LEARNING

A

Assignment Count	Staff Group	Percentage of staff 100%
1581	Administrative and Clerical	74.00%
110	Healthcare Scientists	70.00%
382	Allied Health Professionals	68.85%
864	Estates and Ancillary	65.86%
1242	Additional Clinical Services	62.56%
216	Add Prof Scientific and Technic	61.57%
2127	Nursing and Midwifery Registered	61.17%
4	Students	50.00%
523	Medical and Dental	45.70%

Assignment Count	Org L3	Percentage of staff 100%
133	A&E Lincoln	46.62%
454	Acute Medicine Boston	53.52%
13	Chief Executive	69.23%
73	Chief Operating Officer	64.38%
1551	Clinical Support Services	71.31%
132	Deputy Chief Executive	88.64%
595	Director of Estates & Facil	65.88%
124	Director of Fin & Corp Affair	86.29%
103	Director of HR & Org Dev	70.87%
48	Director of Nursing	54.17%
309	Gen Surg Linc & Urology Trust	57.93%
259	General Surgery Boston	53.67%
428	Grantham	67.99%
243	Haem & Onc Trustwide	58.02%
146	Head & Neck Trustwide	53.42%
506	Lincoln Medicine	64.23%
105	Medical Director	77.14%
103	Orthopaedics Boston	54.37%
120	Orthopaedics Lincoln	45.83%
271	TACC Boston	54.24%
365	TACC Lincoln	60.00%
205	Trustwide Cardiology Services	62.93%
763	Women & Childrens Pan Trust	66.71%

Lead: Martin Rayson, Director of HR &OD

Timescale: July 2018

Key issues:

- There has been a significant increase in the core learning compliance rate since 2016. However if we were to look at the number of staff who are 100% compliant with the core learning they are required to undertake. At 64.28% this is significantly lower than we would wish this to be. We need to consider the action we can take to achieve the target and to focus in particular on those components of core learning which are absolute priorities.

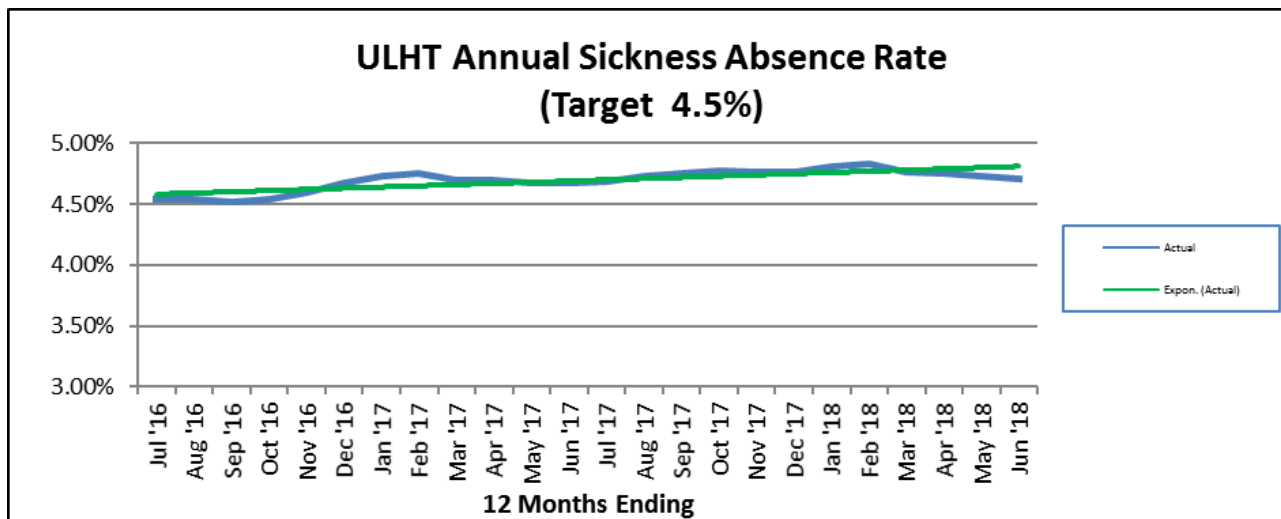
Key Actions:

- Rates of completion are reported on a monthly basis to each Directorate and there are follow-up discussions at Performance Review Meetings
- Hotspot areas continue to be followed up and supported by the Core Learning Lead
- Further communication exercise to promote the importance of 100% compliance and to understand the reasons why it is not possible for many staff to achieve that level of compliance.

WORKFORCE

SICKNESS ABSENCE

A



Lead: Martin Rayson, Director of HR &OD

Timescale: July 2018

Key issues:

- Sickness is reported a month in arrears due to current month information being unavailable at the time of producing the report. This is due to the timing of the monthly interface from the Healthroster system.
- The June Trust annual rolling 12 month sickness rate is 4.71%, above our target of 4.50%. Sickness has increased slightly from 4.67% as at June 2017. However the sickness rate for quarter 1 is 4.13%, a reduction from 4.37% when compared to the same quarter in 2017. The latest benchmarking data as at March 2018, from NHS Digital shows that the average sickness rate across all 35 Large Acute Trusts (including ULHT) is 4.32%.

Key Actions:

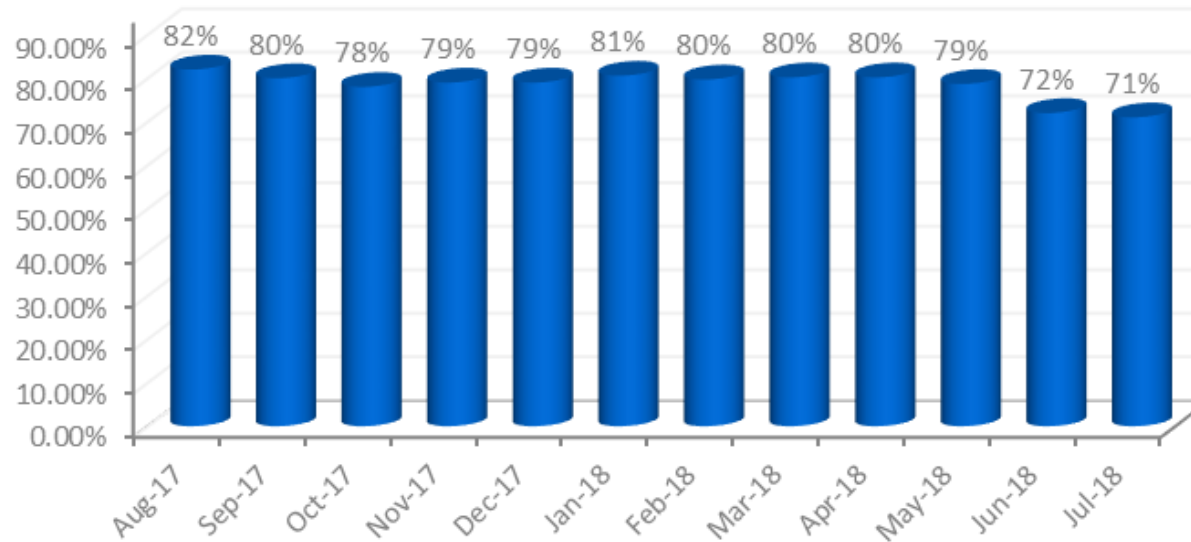
- ER Advisors completing introductory meetings with managers within new work areas to maintain continuing full support with absence management.
- HR Hub maintaining support and arrangement of hearing panels.
- Regular Return to Work reports to be provided by the Workforce Information Team and disseminated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

WORKFORCE

APPRAISAL RATES

R

Appraisals excluding Medical Staff



Lead: Martin Rayson, Director of HR &OD

Timescale: July 2018

Key issues:

- The graph shows that the Agenda for Change Staff/Non-Medical Appraisal compliance rate for July is 70.92%. This is a decrease of 1.28% from the previous month and 11.75% lower than July 2017.

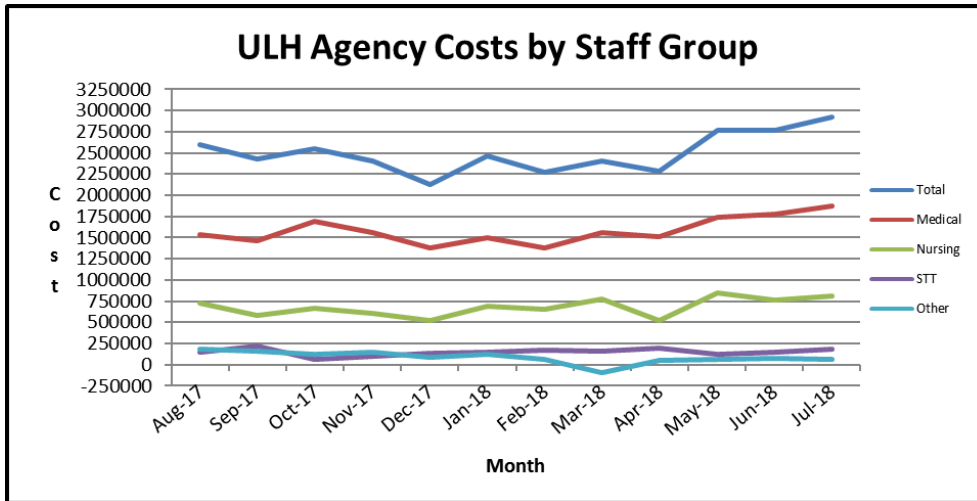
Key Actions:

- Bespoke staff training taken place to support implementation
- Hot spot areas flagged to HRBPs, ER team and relevant Directors
- Further training to support implementation of new Individual Performance Management process.
- Review process for recording appraisal data on ESR to make it quicker and easier

WORKFORCE

AGENCY SPEND

R



Lead: Martin Rayson, Director of HR &OD

Timescale: July 2018

Key issues:

- Spend continues to be above target.
- In July temporary workforce costs (bank and agency usage) accounted for 19% of total workforce costs. This is an increase from 18% in the previous month. This will reflect the increase in the vacancy rates for key groups of staff.
- In July Medical Bank usage accounted for 28.14% of the combined Agency, Bank and Overtime costs. This is a reduction compared to 30.00% in the previous month. Nursing Bank usage also reduced slightly to 47.64% in July compared to 47.77% in June. However Bank usage in Other areas saw an increase to 36.47% compared to 28.69% in the previous month.
- The focus of ULHT is on both reducing the overall reliance on temporary staff and, within that, the proportion that is accounted for by agency staff. This is explored in more detail below
- We are in the process of developing an Agency Cost Reduction Plan against the FEP target of £22.9m in 2018/19 and a stretch target of £21m

Key Actions:

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

NURSING WORKFORCE

Table One: NQB Average Fill Rates for Registered and Unregistered Staff July 2018

Day		Night	
Average Fill rate- Registered Nurses/ Midwives (%)	Average fill rate – care staff (%)	Average Fill rate- Registered Nurses/ Midwives (%)	Average fill rate – care staff (%)
87.50%	94.05%	96.88%	99.38%

Table Two: NQB Average Fill Rates for Registered and Unregistered Staff July 2018 by Hospital Site

Site	Day		Night	
	Average Fill rate- Registered Nurses/ Midwives (%)	Average fill rate – care staff (%)	Average Fill rate- Registered Nurses/ Midwives (%)	Average fill rate – care staff (%)
GDH	87.71%	101.34%	92.90%	99.45%
LCH	91.33%	94.34%	96.28%	101.05%
PHB	82.43%	92.25%	98.78%	97.07%

NURSING WORKFORCE

Safer Staffing: Summary by Site - General Nursing

Jul-18

Hospital	Total % Registered Day	Total % Unregistered Day	Total % Registered Night	Total % Unregistered Night	Totals	CHPPD (Care Hours Per Patient Day)		
						Registered	Unregistered	Total
Grantham	87.71%	101.34%	92.90%	99.45%	93.90%	5.3	3.6	8.8
Lincoln	89.58%	95.79%	96.38%	100.47%	94.13%	4.4	2.5	6.9
Pilgrim	82.50%	94.81%	99.58%	100.50%	91.85%	3.9	3.0	6.9
Trust	86.74%	95.91%	97.10%	100.37%	93.25%	4.3	2.8	7.1

Safer Staffing: Summary by Site - Children

Jul 18

Hospital	Total % Registered Day	Total % Unregistered Day	Total % Registered Night	Total % Unregistered Night	Totals	CHPPD (Care Hours Per Patient Day)		
						Registered	Unregistered	Total
Grantham	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Lincoln	109.73%	74.99%	94.98%	115.84%	97.63%	8.8	3.8	12.5
Pilgrim	76.33%	69.38%	92.08%	62.76%	76.71%	10.7	7.3	18.0
Trust	91.75%	72.02%	93.74%	83.99%	86.92%	9.5	5.1	14.6

Safer Staffing: Summary by Site – Midwifery

Jul 18

Hospital	Total % Registered Day	Total % Unregistered Day	Total % Registered Night	Total % Unregistered Night	Totals	CHPPD (Care Hours Per Patient Day)		
						Registered	Unregistered	Total
Grantham	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Lincoln	99.62%	97.07%	97.14%	99.23%	98.33%	1.9	2.2	4.2
Pilgrim	92.54%	88.29%	99.36%	101.24%	95.46%	26.4	5.6	32.0
Trust	95.58%	95.30%	98.53%	99.65%	97.03%	4.2	2.6	6.8

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NURSING WORKFORCE

Table Three: July 2018 vacancy position

VACANCY POSITION	May-18		Jun-18		Jul-18	
	Data from Payroll		Data from Payroll		Data from Payroll	
	R	UR	R	UR	R	UR
Lincoln	162.40	73.54	168.63	71.76	175.56	71.40
Pilgrim	141.29	41.70	144.09	42.29	151.24	43.47
Grantham	36.21	5.57	35.70	6.40	35.97	8.47
Main Site Nursing & Midwifery Sub-total	339.90	120.81	348.42	120.45	362.77	123.34
Louth	4.11	0.53	5.11	0.53	5.21	0.53
Paediatrics & Neonatal	39.68	6.47	38.71	6.47	40.15	6.47
Obs & Gynae	19.54	8.48	23.10	8.21	23.99	9.41
Diagnostics	8.76	4.93	8.39	5.30	10.70	5.30
Corporate Nursing – All Sites	17.81	4.07	18.63	4.07	18.86	4.07
Specialist Nursing – All Sites	2.56	-0.04	3.52	-0.04	4.30	-0.04
Nursing & Midwifery Sub-total	432.36	145.25	445.88	144.99	465.98	149.08
Physiotherapy	17.30	1.90	17.07	3.20	17.59	1.56
Occupational Therapy	5.32	3.46	5.86	3.64	4.86	1.64
Dietetics	4.37	0.65	4.37	0.65	4.37	0.00
Total	459.35	151.26	473.18	152.48	492.80	152.28
Nursing & Midwifery In Post	1,908.57	826.21	1,899.97	825.98	1,879.95	821.83
Nursing & Midwifery Vacancy Changes	13.93%	19.40%	6.94%	3.53%	4.51%	2.82%
-VE : Reduced Vacancy						
+VE : Increased Vacancy						

Safe Staffing

VACANCY POSITION	May-18		Jun-18		Jul-18	
	Data from Payroll		Data from Payroll		Data from Payroll	
	R	UR	R	UR	R	UR
Lincoln	114.28	48.02	117.32	48.61	122.59	49.99
Pilgrim	108.42	17.66	110.75	17.22	113.49	18.19
Grantham	28.93	0.15	28.34	2.31	27.80	1.82
Main Site Nursing & Midwifery Sub-total	251.63	65.83	256.41	68.14	263.88	70.00
Paediatrics & Neonatal	34.90	3.37	33.93	3.37	35.17	3.37
Obs & Gynae	3.95	4.46	4.15	4.86	6.14	4.86
Total	290.48	73.66	294.49	76.37	305.19	78.23
Nursing & Midwifery In Post	813.77	498.25	809.76	495.54	799.06	493.68

Table Four: Summary of July 2018 figures against Agency (framework and cap)

Staff Group	Week Ending	08/07/2018	15/07/2018	22/07/2018	29/07/2018
Nursing, Midwifery & Health Visiting	Framework only	47	15	36	31
Nursing, Midwifery & Health Visiting	Price cap only	406	361	414	415
Nursing, Midwifery & Health Visiting	Both framework & price cap	47	14	35	31
Healthcare assistant and other support	Framework only	0	0	0	0
Healthcare assistant and other support	Price cap only	0	0	0	1
Healthcare assistant and other support	Both framework & price cap	0	0	0	0

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NURSING WORKFORCE

Table Five: Agency/bank/substantive skill mix by site.

To further inform the staffing position, we calculate the percentage of Registered temporary staffing deployed within Nursing along with the % of Registered Agency staff deployed at the Lincoln and Pilgrim sites.

Date	01/07/2018	02/07/2018	03/07/2018	04/07/2018	05/07/2018	06/07/2018	07/07/2018	08/07/2018	09/07/2018	10/07/2018	11/07/2018	12/07/2018	13/07/2018	14/07/2018	15/07/2018	16/07/2018	17/07/2018	18/07/2018
Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday
Site	Lincoln	Lincoln	Lincoln	Lincoln	Lincoln	Lincoln	Lincoln	Lincoln	Lincoln	Lincoln	Lincoln	Lincoln	Lincoln	Lincoln	Lincoln	Lincoln	Lincoln	Lincoln
Unfilled Bank requests	295	268	182.75	98	75	258.5	340	191.5	257.5	81	74.5	79	133.5	196.75	109	283	193.5	110
Filled temp staffing	506.5	335.5	529	534	475.5	412.5	464	592	388	507	489	418.5	504	413.25	485	458.5	443	560
Agency	230	128.5	222	274.5	247	263.5	241	259.5	165.5	202.5	241	229	278.5	226.5	151.5	194.5	242	234.5
Total registered hours	2000	1963	2079	2145	2178	2090	1936	2088	2036	2147	2184	2143	2114	2036	2097	1984	2085	2124
Planned staffing on template	2251	2251	2251	2251	2251	2251	2251	2251	2251	2251	2251	2251	2251	2251	2251	2251	2251	2251
Required staffing	2295	2231	2261.75	2242.5	2253	2348.5	2275.5	2279.16	2293.5	2228.25	2258.25	2222.25	2247	2233	2206	2267	2278	2233.5
Contracted hours	1493.5	1627.5	1550.0	1610.5	1702.5	1677.5	1471.5	1495.7	1648.0	1640.3	1694.8	1724.8	1609.5	1623.0	1612.0	1525.5	1641.5	1563.5
Contracted staff Percentage	65%	73%	69%	72%	76%	71%	65%	66%	72%	74%	75%	78%	72%	73%	73%	67%	72%	70%
Total temp percentage	25%	17%	25%	25%	22%	20%	24%	28%	19%	24%	22%	20%	24%	20%	23%	23%	21%	26%
Bank percentage	14%	11%	15%	12%	10%	7%	12%	16%	11%	14%	11%	9%	11%	9%	16%	13%	10%	15%
Agency percentage	12%	7%	11%	13%	11%	13%	12%	12%	8%	9%	11%	11%	13%	11%	7%	10%	12%	11%
Total bank requests	801.5	603.5	711.75	632	550.5	671	804	783.5	645.5	588	563.5	497.5	637.5	610	594	741.5	636.5	670
Percentage bank fill	63%	56%	74%	84%	86%	61%	58%	76%	60%	86%	87%	84%	79%	68%	82%	62%	70%	84%
Total percentage staffing against required	90%	90%	94%	97%	97%	91%	89%	94%	91%	97%	97%	97%	95%	93%	96%	90%	93%	96%
Total substantive and bank	1770	1834.5	1857	1870	1931	1826.5	1694.5	1828.16	1870.5	1944.75	1942.75	1914.25	1835	1809.75	1945.5	1789.5	1842.5	1889
Total percentage staffing without agency	79%	83%	83%	84%	86%	79%	76%	82%	83%	88%	86%	86%	82%	82%	89%	81%	82%	85%

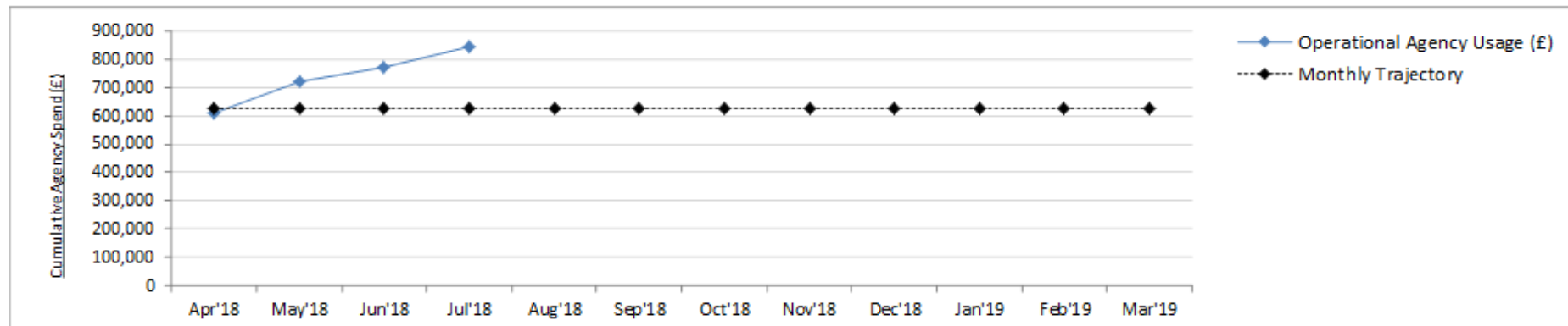
Date	01/07/2018	02/07/2018	03/07/2018	04/07/2018	05/07/2018	06/07/2018	07/07/2018	08/07/2018	09/07/2018	10/07/2018	11/07/2018	12/07/2018	13/07/2018	14/07/2018	15/07/2018	16/07/2018	17/07/2018	18/07/2018
Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday
Site	Boston	Boston	Boston	Boston	Boston	Boston	Boston	Boston	Boston	Boston	Boston	Boston	Boston	Boston	Boston	Boston	Boston	Boston
Unfilled Bank requests	144	173	42.5	39.5	121.5	131.5	130	127.5	105.5	99	80	119	94	147.5	186	127	76.5	91
Filled temp staffing	383	317.5	417.5	357	355.5	436.5	495.5	524.5	389.5	442.5	438.5	421	381	397	416	353	433.75	413.5
Agency	182.5	178.5	241.5	216.5	229	273	296	235	260	297.5	231.5	253.5	268.5	229.5	224	240.5	268.25	236.5
Total registered hours	1301.25	1280.75	1444.25	1383.5	1353.5	1328	1366	1376	1371.5	1413.25	1426.75	1397.25	1368.5	1372.5	1286	1347.5	1369.25	1370.25
Planned staffing on template	1516.0	1516.0	1516.0	1516.0	1516.0	1516.0	1516.0	1516.0	1516.0	1516.0	1516.0	1516.0	1516.0	1516.0	1516.0	1516.0	1516.0	1516.0
Required staffing	1445.25	1453.75	1486.75	1423	1475	1459.5	1496	1503.5	1477	1512.25	1506.75	1516.25	1462.5	1520	1472	1474.5	1445.75	1461.25
Contracted Hours	918.3	963.3	1026.8	1026.5	998.0	891.5	870.5	851.5	982.0	970.8	988.3	976.3	987.5	975.5	870.0	994.5	935.5	956.8
Contracted staff percentage	64%	66%	69%	72%	68%	61%	58%	57%	66%	64%	66%	64%	68%	64%	59%	67%	65%	65%
Total temp percentage	29%	25%	29%	26%	26%	33%	36%	38%	28%	31%	31%	30%	28%	29%	32%	26%	32%	30%
Bank percentage	15%	11%	12%	10%	9%	12%	15%	21%	9%	10%	15%	12%	8%	12%	15%	8%	12%	13%
Agency percentage	14%	14%	17%	16%	17%	21%	22%	17%	19%	21%	16%	18%	20%	17%	18%	20%	17%	17%
Total bank requests	527	490.5	460	396.5	477	568	625.5	652	495	541.5	518.5	540	475	544.5	602	480	510.25	504.5
Percentage bank fill	73%	65%	91%	90%	75%	77%	79%	80%	79%	82%	85%	78%	80%	73%	69%	74%	85%	82%
Total percentage staffing against required	93%	91%	98%	98%	94%	94%	94%	95%	95%	96%	96%	95%	95%	93%	91%	94%	96%	96%
Total substantive and bank	1118.75	1102.25	1202.75	1167	1124.5	1055	1070	1141	1111.5	1115.75	1195.25	1143.75	1100	1143	1062	1107	1101	1133.75
Total percentage staffing without agency	79%	77%	81%	82%	77%	73%	73%	78%	76%	74%	80%	76%	76%	76%	74%	76%	77%	78%

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NURSING WORKFORCE

Agency

Summary	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Operational Agency Usage (£)	609,592	718,799	771,066	843,537								
Monthly Trajectory	625,000	625,000	625,000	625,000	625,000	625,000	625,000	625,000	625,000	625,000	625,000	625,000
Difference from Trajectory	-15,408	93,799	146,066	218,537	-625,000	-625,000	-625,000	-625,000	-625,000	-625,000	-625,000	-625,000



SITE/Ward	Actual Fill Rates for Staffing				Staffing Levels Vs Activity/Acuity	Cumulative count over the month of patients at 23:59 each day	Registered midwives/nurses	Care Staff	Overall	Comments
	Day		Night							
	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)						
GRANTHAM DISTRICT HOSPITAL										
Ward 1	91.0%	102.6%	95.8%	100.0%		580	3.9	3.6	7.5	Grantham site have managed their rotas well but have seen increased amount of agency use to achieve this. Ward 2 continues to use staff flexibly to meet the needs of their patients
Ward 2	79.5%	95.3%	80.2%	109.1%	Low RN fill rates as TNA's are counted in the numbers	424	4.5	4.3	8.7	
Ward 6	92.0%	102.0%	100.0%	96.8%		388	4.5	4.2	8.8	
EAU	81.9%	116.9%	96.7%	91.9%	High fill rates correspond to HCSW shifts being extended due to patient dependency.	494	5.3	3.2	8.4	
Acute Care Unit	98.6%	64.3%	94.2%	-	Un registered Shifts not always sent to bank	137	15.6	1.0	16.6	

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NURSING WORKFORCE

SITE/ Ward	Actual Fill Rates for Staffing				Staffing Levels Vs Activity/Activity	Cumulative count over the month of patients at 23:59 each day	Registered midwives/nurses	Care Staff	Overall	Comments
	Day		Night							
	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)						
LINCOLN COUNTY HOSPITAL										
Ashby	78.8%	118.1%	100.7%	139.1%	High fill rates correspond to dependency and enhanced care	549	3.0	3.4	6.5	Lincoln site has continued to require a significant number of agency shifts, including Tier 5 agency shifts to maintain hospital flow and capacity demand. The number of agency shifts have increased week on week to achieve the reported fill rates. The greatest challenges have been seen in Paediatrics, where there is a temporary uplift to template, and in Waddington ward, which continues to have escalation beds open.
Bardney	100.7%	98.3%	103.4%	94.4%		305	6.1	4.6	10.7	
Branston	95.0%	103.5%	100.0%	76.5%	Un registered Shifts sent to bank but unfilled	368	5.3	2.1	7.4	
Burton	84.9%	110.2%	97.4%	100.8%	High fill rates correspond to dependency and enhanced care	625	2.9	2.8	5.6	
Carlton Coleby	87.3%	98.7%	120.1%	100.0%	High fill rates correspond to dependency and enhanced care	853	3.4	2.1	5.6	
Clayton	78.3%	92.8%	90.1%	96.8%	Registered Shifts sent to bank but unfilled	745	3.4	1.6	5.1	
Dixon	118.4%	98.5%	101.2%	129.7%	High fill rates correspond to dependency and enhanced care	860	2.9	2.6	5.5	
Frailty Assessment Unit	78.6%	109.8%	98.4%	99.4%		578	3.1	3.2	6.3	
Greetwell	92.0%	98.5%	96.8%	105.3%		863	2.9	1.9	4.8	
Hatton	100.9%	99.8%	109.6%	88.9%		657	4.9	3.1	8.0	
ICU	85.8%	36.6%	81.2%	49.8%	Not routinely requesting HCSW – discussed at ward establishment review	300	25.7	1.4	27.2	
Johnson	83.7%	110.7%	93.8%	109.7%	High HCSW fill rates as using alternative skill mix to cover vacant posts	664	8.4	3.8	12.2	
Lancaster	77.8%	100.6%	97.4%	105.9%	Registered Shifts not sent to bank as TNA's providing support.	623	2.5	3.0	5.5	
Navenby	95.6%	92.5%	100.6%	103.4%		713	3.0	2.2	5.2	
Nettleham	96.2%	95.9%	84.8%	104.0%		1007	0.6	1.5	2.1	
Neustadt Welton	90.8%	95.3%	98.9%	81.8%		819	3.0	2.3	5.4	
Nocton	94.8%	58.5%	78.9%	96.2%	Nursery Nurse day shifts and Registered Night shifts not sent to bank	276	10.0	3.6	13.5	
Rainforest	123.1%	98.1%	121.7%	135.5%	Temporary uplift to template	414	8.0	3.0	11.0	
Scampton	89.3%	90.9%	89.0%	115.2%	High HCSW fill due to enhanced care needs	617	2.9	3.0	5.9	
Shuttleworth	86.5%	98.7%	96.5%	100.0%		832	3.8	2.4	6.2	
Stroke Unit	88.8%	91.0%	97.1%	98.3%		839	4.2	2.3	6.4	
Waddington Unit	108.3%	90.9%	122.9%	88.7%	High fill rates due to escalation beds being open	866	4.5	1.5	6.0	
MEAU	92.5%	83.6%	96.5%	95.7%		931	6.7	2.8	9.4	
SEAU	87.6%	87.9%	91.0%	98.4%		870	4.3	1.9	6.2	

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NURSING WORKFORCE

SITE/ Ward	Actual Fill Rates for Staffing				Staffing Levels Vs Activity/Acuity Exception report	Cumulative count over the month of patients at 23:59 each day	Registered midwives/ nurses	Care Staff	Overall	Comments
	Day		Night							
	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)						
PILGRIM HOSPITAL, BOSTON										
Acute Cardiac Unit	84.9%	83.9%	94.1%	94.2%		482	4.6	1.9	6.5	The Boston site has reported some areas where low RN fill rates correspond to high numbers of vacancies. Staffing continues to be monitored at all times and redeployment or where it is safe to do so, alternative grades of staff are used to mitigate low RN numbers. Patient acuity and dependency is discussed in each case. Agency shifts have continued to increase across the month which have been authorised to ensure that safe staffing levels are maintained. These have also included tier 5 agency shifts.
Labour Ward	92.5%	88.3%	99.4%	101.2%		136	26.4	5.3	31.7	
Neonatal	76.9%	97.7%	75.8%	117.0%	fill rates reflective of number of cots open and vacancies within the service	180	10.7	4.2	14.9	
Stroke Unit	94.4%	99.7%	85.6%	120.9%	High HCSW fill due to enhanced care needs	811	3.7	2.9	6.6	
3A	87.9%	46.1%	137.3%	57.4%	Temporary uplift to template to account for medical patients although not always filled	669	3.1	2.4	5.5	
3B	84.5%	108.4%	104.6%	137.9%	Long term patient requiring enhanced care over night	829	3.2	2.9	6.1	
4A	75.9%	63.5%	108.4%	35.6%	Fill rates reflective of vacancies	257	10.7	5.3	16.1	
5A	105.5%	103.7%	105.6%	88.5%		653	4.2	3.0	7.3	
5B	72.1%	137.1%	95.7%	106.1%	High unreg fill rates as changed skill mix	736	3.2	3.2	6.4	
6A	76.9%	105.0%	98.9%	94.0%	High vacancies. Shifts sent to bank / Agency but not taken up.	848	3.1	3.1	6.2	
6B	79.7%	112.7%	99.6%	98.8%	High vacancies. Shifts sent to Bank / Agency but not taken up. Piloting new skill mix arrangements	821	3.3	3.3	6.6	
7A	69.9%	122.5%	99.7%	142.4%	Low RN fill rate as using this to fund tNA, high HCSW fill rate due to enhanced care needs	632	2.8	2.6	5.4	
7B	74.9%	108.3%	101.4%	96.9%	High vacancies. Shifts sent out to Bank / Agency but none taken up.	766	3.4	3.0	6.4	
8A	85.6%	81.8%	97.7%	110.9%	High fill for HCSW due to enhanced care	911	3.0	2.8	5.8	
1B	90.0%	104.1%	101.5%	108.7%		339	5.6	2.9	8.5	
AMU	91.0%	98.1%	135.2%	97.4%	Escalation beds open over night	695	4.7	3.6	8.3	
Bostonian	75.2%	91.0%	96.6%	93.8%	Staffing template under review as part of establishment review	582	2.8	2.5	5.3	
ICU	75.6%	42.6%	83.7%	-	Not routinely requesting HCSW – discussed at ward establishment review. Registered shifts not sent to bank.	226	22.8	1.6	24.4	

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	2	
Agency rating	3	2	
Overall Risk rating after overrides	4	4	

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

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

(Surplus)/Deficit		R			
		Plan	Actual	Variance	Forecast
In Month £k		(4,699)	(6,570)	(1,871)	-
Year to Date £k		(25,060)	(28,433)	(3,373)	(78,073)

The Trust's overall YTD position is £3.4m adverse from plan.

Efficiency savings delivery YTD is reported as £1.8m lower than planned and this will have contributed to the overall adverse movement to plan.

Whilst the overall movement to plan could be attributed to the adverse movement to plan in Income, the position is also impacted by higher than planned expenditure on Pay. The Pay position reflects higher than planned use of temporary staffing with expenditure on bank and agency £1.1m and £1.3m higher than planned respectively. Expenditure on temporary staffing increased by £0.4m in July compared to the previous monthly average, with two thirds of the movement attributable to an increase in agency.

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

Cash		A		
		Plan	Actual	Variance
Year to Date £k		3,336	1,251	(2,085)
Year End Forecast £k		6,153	6,153	0

The cash balance at 31 July 2018 was £1.3m. This includes revenue cash loans drawn in April - July of £30.2m.

Total revenue and capital borrowings at 31 July were £231.1m and are forecast to rise to £306.2m by the end of 2018/19. As a consequence of this borrowing costs are anticipated to be £6.6m in I&E terms , and in cash terms £5.4m.

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

Income		R			
		Plan	Actual	Variance	Forecast
In Month £k		37,943	37,577	(366)	-
Year to Date £k		147,649	145,800	(1,849)	439,762

Income YTD is £1.8m adverse to plan, despite the inclusion in June of £0.8m additional income for 2017/18 and in July of £0.4m additional income in relation to the estimated cost of the national Agenda for Change pay award over and above tariff.

The YTD position is adversely impacted by £0.5m underachievement of CQUIN and provision of £1.2m for fines, penalties and contract challenges - there is a risk that the on-going PLCV audit from 2017/18 will further deteriorate the position (c£1m).

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

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

Operating Expenditure		R			
		Plan	Actual	Variance	Forecast
In Month £k		(41,424)	(42,657)	(1,233)	-
Year to Date £k		(167,267)	(168,620)	(1,353)	(499,646)

Operating Expenditure YTD is overall £1.4m adverse to plan.

Pay YTD is £1.5m adverse to plan. Whilst contracted WTE numbers remain at their lowest level since October 2016, non-clinical numbers are rising. Although substantive pay YTD is £1.0m below plan reflecting vacancy numbers, pay expenditure overall remains above plan as a result of higher than planned expenditure on bank staffing and agency staffing of £1.1m and £1.3m respectively. Delays in delivery of planned workforce savings will have impacted the Pay position.

Whilst Non Pay YTD is £0.2m favourable to plan, the YTD position includes the release of £0.5m of prior year accruals (including the £0.3m provision in relation to COS heading IR14). The Non Pay position will also reflect the lower than planned levels of elective and non elective activity.

Capital		A		
		Plan	Actual	Variance
Year to Date £k		5,766	3,611	2,155
Year End Forecast £k		38,935	38,935	0

The capital spend to date is £2.2m behind plan. This is inclusive of variances in IT: Digital Dictation £0.2m and Cyber security measures £0.3m. Fire: Fire Works - package 1, 2 and 3 at Lincoln £1.0m and package 1 at Pilgrim £0.4m, Fire phase 5A Maternity at Lincoln £0.2m. Facilities: Theatre Infrastructure Review £0.3m. Service Developments: Pilgrim Tower Block Clinical Reconfiguration Estates Enabling Works £(0.5)m ahead of plan. Medical Devices Group: Endoscopy scopes/stacks Trust wide £0.4m. 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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FINANCE

Financial Efficiency Plan (FEP)

R

	Plan	Actual	Varian
Year to Date £k	3,939	2,130	(1,809)

Whilst the ambition this financial year is to deliver £30m of efficiency savings, the financial plan for 2018/19 includes an efficiency programme of £25.0m, and assumed efficiency savings delivery to date of £3.9m.

FEP delivery YTD is estimated to be £2.1m, or £1.8m adverse to plan.

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

Pay bill

R

Year to Date £k	Plan	Actual	Varian	Forecast
Substantive	92,607	91,692	915	278,655
Bank	6,364	7,490	(1,126)	20,212
Agency	9,357	10,682	(1,325)	26,729
Apprenticeship Levy	408	415	(7)	1,230
Less Capitalised costs	0	74	(74)	0
	108,736	110,353	(1,617)	326,826

Pay YTD is £1.5m adverse to plan. Whilst overall Pay expenditure averaged c£27.4m per month in quarter 1, expenditure in July was £0.4m higher than the monthly average in quarter 1.

Substantive staffing - Whilst contracted WTE numbers remain at their lowest level since October 2016, non clinical staffing numbers are increasing. Although substantive pay YTD is £1.0m below plan reflecting vacancy numbers, pay expenditure overall remains above plan as a result of higher than planned expenditure on temporary staffing.

Temporary staffing - While expenditure on bank and agency staffing overall averaged £4.4m per month in quarter 1, expenditure increased by £0.4m in July, with two thirds of the increase in agency expenditure.

Agency Cap

R

Year to Date £k	Ceiling	Actual	Varian	Forecast
	8,034	10,682	(2,648)	

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

Agency expenditure YTD is £10.7m, or £2.6m above the ceiling, and on a straight-line would project to an outturn of £32m.

Agency expenditure in April was £2.3m, such that the Trust was £0.2m above ceiling. However, agency expenditure rose by £0.4m to £2.7m in May, such that the Trust was £0.7m above ceiling. Although overall agency expenditure was unchanged in June, the reduction in the monthly ceiling meant that expenditure in June was £0.8m above ceiling. Expenditure in July rose by a further £0.3m, such that the expenditure was above cap in July by £0.1m.

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Income & Expenditure Summary 2018/19

£28.4m deficit year to date against a planned deficit of £25.1m. All figures exclude STF.

2018/19	Current Month			Year to Date			Forecast		
	Budget £k	Actual £k	Variance £k	Budget £k	Actual £k	Variance £k	Budget £k	Actual £k	Variance £k
Income	37,943	37,577	(366)	147,649	145,800	(1,849)	441,611	439,762	(1,849)
Expenditure	(41,424)	(42,657)	(1,233)	(167,267)	(168,620)	(1,353)	(498,293)	(499,646)	(1,353)
EBITDA	(3,481)	(5,080)	(1,599)	(19,618)	(22,820)	(3,202)	(56,682)	(59,884)	(3,202)
Depn/Interest	(1,218)	(1,490)	(272)	(5,442)	(5,613)	(171)	(18,018)	(18,189)	(171)
Surplus/(Deficit) excl. STF	(4,699)	(6,570)	(1,871)	(25,060)	(28,433)	(3,373)	(74,700)	(78,073)	(3,373)
EBITDA % Income	-9.2%	-13.5%	-4.3%	-13.3%	-15.7%	-2.4%	-12.8%	-13.6%	-0.8%
FEPs	1,775	501	(1,274)	3,939	2,130	(1,809)	25,000	23,191	(1,809)

* Overall YTD financial performance is £28.4m deficit, or £3.4m adverse to the planned £25.1m deficit.

* EBITDA for the year to date is £22.8m deficit (15.7% of Income).

* Income is £1.8m below plan YTD, despite the inclusion of £0.8m additional income for 2017/18.

* Operating Expenses is £1.4m above plan YTD.

The main drivers are:

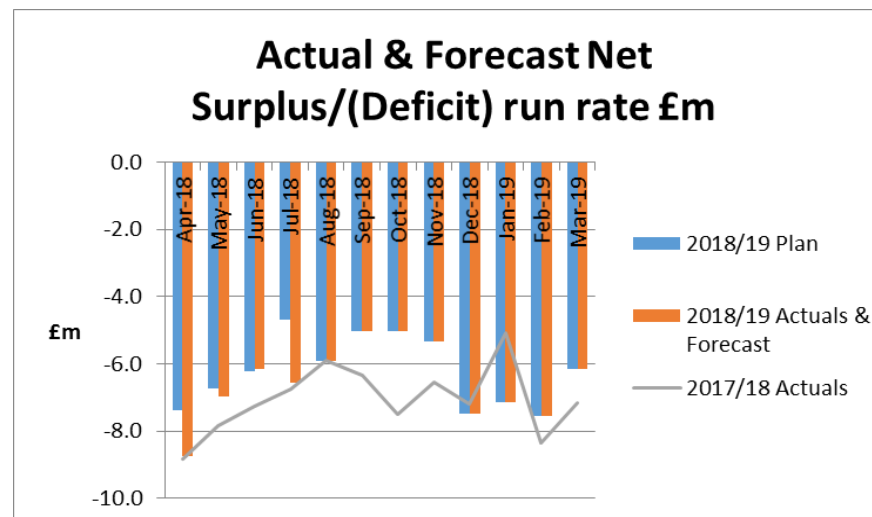
* Higher than planned expenditure on temporary staffing.

* Lower than planned expenditure in relation to inpatient activity.

* Non-Operating costs are above plan YTD by £0.2m.

* FEP delivery is £1.8m below plan YTD.

Actual & Forecast Net Surplus/(Deficit) Runrate £m



Excellence in rural healthcare

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Income & Expenditure Run Rate 2018/19

Total Trust (Excluding passthrough drugs and devices)	Actual	Actual	Actual	Actual	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	In Month			Full Year			
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	Plan	Actuals	Variance	Plan	Forecast		
													M4	M4		Full Year	YTD + Plan	Variance	
Income																			
NHS Clinical Income	27,501	30,174	30,098	30,206	29,439	29,811	30,654	30,151	28,315	29,274	28,144	30,201	30,754	30,098	(656)	354,885	353,968	(917)	
Non NHS Clinical Income	47	23	40	78	60	58	60	60	58	60	60	60	60	40	(20)	715	664	(51)	
Other Income	2,752	2,613	2,986	3,073	3,053	3,052	3,054	3,054	3,050	3,526	3,053	3,055	3,054	2,986	(68)	37,113	36,321	(792)	
Total Income	30,300	32,810	33,124	33,357	32,552	32,921	33,768	33,265	31,423	32,860	31,257	33,316	33,868	33,124	(744)	392,713	390,953	(1,760)	
Expenditure																			
Pay	(27,464)	(27,399)	(27,484)	(27,858)	(26,900)	(27,173)	(26,903)	(26,996)	(26,983)	(27,318)	(27,318)	(26,957)	(27,139)	(27,858)	(719)	(325,283)	(326,752)	(1,469)	
Drugs	(442)	(649)	(417)	(410)	(474)	(533)	(646)	(562)	(300)	(425)	(240)	(571)	(684)	(410)	274	(5,900)	(5,669)	231	
Clinical Supplies and Services	(4,408)	(5,080)	(4,714)	(4,982)	(4,241)	(4,120)	(4,401)	(4,170)	(4,053)	(4,183)	(3,708)	(4,281)	(4,354)	(4,982)	(628)	(51,746)	(52,341)	(595)	
Other Non pay	(5,379)	(5,264)	(5,274)	(5,187)	(5,314)	(5,044)	(5,302)	(5,644)	(5,904)	(5,918)	(5,896)	(5,949)	(5,172)	(5,187)	(15)	(66,466)	(66,075)	391	
Total Expenditure	(37,693)	(38,392)	(37,889)	(38,437)	(36,929)	(36,870)	(37,252)	(37,372)	(37,240)	(37,844)	(37,162)	(37,758)	(37,349)	(38,437)	(1,088)	(449,395)	(450,837)	(1,442)	
Finance & Depreciation costs	(1,369)	(1,416)	(1,397)	(1,433)	(1,529)	(1,094)	(1,566)	(1,245)	(1,672)	(1,696)	(1,657)	(1,701)	(1,225)	(1,433)	(208)	(17,630)	(17,775)	(145)	
I&E - Deficit	(8,762)	(6,998)	(6,162)	(6,513)	(5,906)	(5,043)	(5,050)	(5,352)	(7,489)	(6,680)	(7,562)	(6,143)	(4,706)	(6,746)	(2,040)	(74,312)	(77,659)	(3,347)	
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)	7	7	7	7	7	(465)	7	7	20	(57)	(77)	(414)	(388)	26	
Adjusted Surplus/(Deficit)	(8,742)	(6,979)	(6,142)	(6,570)	(5,899)	(5,036)	(5,043)	(5,345)	(7,482)	(7,145)	(7,555)	(6,136)	(4,686)	(6,739)	(2,053)	(74,726)	(78,047)	(3,321)	

Total Trust (including passthrough)		fi to link to working paper																	
Total Income	34,127	37,147	36,949	37,577	36,627	36,996	37,843	37,340	35,498	36,935	35,332	37,391	41,797	42,018	221	439,762	441,611	1,849	
Total Expenditure	(41,520)	(42,729)	(41,714)	(42,657)	(41,004)	(40,945)	(41,327)	(41,447)	(41,315)	(41,919)	(41,237)	(41,833)	(43,052)	(41,424)	1,628	(499,646)	(498,293)	1,353	
Finance & Depreciation costs	(1,369)	(1,416)	(1,397)	(1,433)	(1,529)	(1,094)	(1,566)	(1,245)	(1,672)	(1,696)	(1,657)	(1,701)	(1,433)	(1,225)	208	(17,775)	(17,630)	145	
I&E - Deficit	(8,762)	(6,998)	(6,162)	(6,513)	(5,906)	(5,043)	(5,050)	(5,352)	(7,489)	(6,680)	(7,562)	(6,143)	(2,688)	(631)	2,056	(77,659)	(74,312)	3,347	
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)	7	7	7	7	7	(465)	7	7	20	(57)	(77)	(414)	(388)	26	
Adjusted Surplus/(Deficit)	(8,742)	(6,979)	(6,142)	(6,570)	(5,899)	(5,036)	(5,043)	(5,345)	(7,482)	(7,145)	(7,555)	(6,136)	(2,668)	(688)	1,979	(78,073)	(74,700)	3,373	
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

Adjustments to derive underlying deficit																			
FSM Loan Interest	388	439	430	481	514	513	547	576	653	671	627	721					6,346	6,560	214
External Support	378	309	351	536	330	330	330	330	312	0	0	0					3,000	3,206	206
Prior Year Income & Challenges	0	155	(783)	0	0	0	0	0	0	0	0	0					0	(628)	(628)
Profit on Disposals	0	0	0	0	0	0	0	0	0	0	0	0					0	0	0
Accruals Adjustment	80	(218)	(604)	0	0	0	0	0	0	0	0	0					0	(742)	(742)
Income timing adjustment	1,031	(605)	664	(1,090)	0	0	0	0	0	0	0	0					0	(0)	(0)
Underlying Surplus/(Deficit)	(6,865)	(6,898)	(6,084)	(6,643)	(5,055)	(4,193)	(4,166)	(4,439)	(6,517)	(6,474)	(6,928)	(5,415)					(65,380)	(69,651)	(4,271)

The Trust revised its financial plan to a deficit of £74.7m, and as at the end of July, the Trust is £3.4m adverse to plan.

The full year run rate shows the requirement to deliver a £3.4m improvement needed to recover the YTD variance and achieve the plan of £74.7m. This is also contingent on delivery of the plan for the remaining 8 months of the year. A step change in income performance and reduction in pay costs are required to achieve this, with delivery of the Financial Efficiency Programme being a major component of this.

From the run rate analysis, income to date has averaged £32.4m per month, but to meet the plan in future months needs to improve by £0.3k (or 0.9%) per month.

Likewise, expenditure to date has averaged £38.1m per month, but to meet the plan in future months needs to improve by £0.8m (or 2.1%) per month.

To achieve the plan in future months, the Trust therefore needs to improve its overall I&E position by £0.9m per month.

FINANCE

NHS Patient Care Income & Activity 2018/19

2018/19 Clinical Income Summary: YTD Month 04																
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		
	July	July	July	July	July	July	July	July	Apr-July	July	July	July	Apr-July	July	July	July
Actual	Activity Plan	Activity Actual	Activity Variance	£k Actual	£k Plan	£k Actual	£k Variance	Actual	Activity Plan	Activity Actual	Activity Variance	Actual	Activity Plan	Activity Actual	Activity Variance	Actual
Accident & Emergency	13,082	12,010	13,452	1,442	1,854,644	1,792,652	1,953,005	160,353	52,190	46,163	51,343	5,180	7,082,565	6,893,325	7,409,494	516,169
Accident & Emergency Streaming	0	0	1,243	1,243	0	0	0	0	0	1,258	4,786	3,528	0	73,972	67,726	(6,246)
Daycases	5,436	5,407	5,525	118	2,782,877	2,876,390	2,928,107	51,717	20,595	20,948	21,931	983	10,824,426	11,066,568	11,332,024	265,456
Elective Spells	913	927	752	(175)	2,301,123	2,316,028	1,928,265	(387,763)	3,326	3,534	3,133	(401)	8,306,339	8,710,879	7,801,728	(909,151)
Non Elective Spells	5,873	6,290	5,962	(328)	10,139,245	10,876,109	9,883,720	(992,389)	23,706	24,245	23,420	(825)	39,183,768	41,666,925	40,816,219	(850,707)
Inpatient WIP	0	0	0	0	0	0	(379,159)	(379,159)	0	0	0	0	0	0	370,841	370,841
Non Elective Excess Bed Days	1,535	1,504	1,992	488	471,545	366,123	298,786	(67,337)	6,214	6,017	6,674	657	1,548,484	1,464,494	1,418,560	(45,934)
Elective Excess Bed Days	227	169	58	(111)	29,651	41,275	14,004	(27,271)	538	676	408	(268)	130,067	165,101	100,772	(64,329)
Outpatient Firsts	24,311	24,396	25,858	1,462	3,284,842	3,203,043	3,414,651	211,607	96,301	95,710	99,422	3,712	12,927,433	12,556,396	13,145,731	589,335
Outpatient Follow Ups	32,656	32,794	34,294	1,500	2,759,080	2,721,654	2,838,229	116,575	128,537	128,762	131,338	2,576	10,794,878	10,661,365	11,056,983	395,618
Critical Care	1,571	1,382	1,596	214	1,261,220	1,143,603	1,225,195	81,592	2,985	5,469	6,253	784	3,407,110	4,501,901	4,740,712	238,812
Maternity	975	981	1,013	32	905,503	879,469	870,635	(8,834)	3,898	3,925	4,052	127	3,331,482	3,517,876	3,482,541	(35,335)
Audiology	2,697	1,259	1,588	328	119,098	88,020	113,023	25,002	8,978	4,751	6,351	1,599	596,347	332,077	452,091	120,015
Block	-	-	-	-	847,498	828,281	828,281	0	0	464	464	(0)	3,389,991	3,338,111	3,338,110	(1)
Chemotherapy	2,785	2,977	3,015	38	345,197	384,614	385,135	521	10,674	11,664	12,059	395	1,354,316	1,472,139	1,540,539	68,400
Radiology	16,054	15,937	17,161	1,224	857,190	886,461	1,014,938	128,477	60,550	60,137	68,660	8,523	3,338,036	3,349,251	3,972,188	622,937
Gainshare & Admin Fee	-	-	-	-	86,146	75,836	70,779	(5,057)	0	303,343	300,072	(3,272)	379,750	303,343	300,072	(3,272)
Paediatric Cystic Fibrosis	0	0	31	31	0	0	13,166	13,166	0	0	124	124	0	0	52,664	52,664
Radiotherapy	2,204	2,385	2,214	(171)	426,628	434,114	409,252	(24,862)	8,344	9,541	8,855	(686)	1,549,455	1,736,458	1,637,010	(99,448)
Screening	6,975	6,108	7,267	1,159	412,749	436,659	420,717	(15,942)	23,365	24,288	29,110	4,822	1,539,514	1,689,781	1,709,076	19,295
Specialised Rehab	231	520	568	48	185,357	227,508	251,039	23,531	1,332	2,080	1,947	(133)	551,881	910,032	874,450	(35,582)
Therapies	6,408	6,175	6,122	(53)	221,714	223,979	224,202	223	24,023	23,295	24,487	1,192	866,888	845,010	896,807	51,797
Other - non PbR etc	0	0	0	0	413,425	858,271	1,085,109	226,838	0	0	0	0	2,297,459	681,533	624,808	(56,725)
Activity sub total	123,933	121,222	129,710	8,488	29,704,734	30,660,090	29,791,079	(869,010)	475,556	776,270	804,888	28,617	113,400,188	115,936,537	117,141,147	1,204,610
Passthrough					3,840,685	4,074,837	4,067,958	(6,879)				0	15,679,616	16,299,348	16,210,277	89,071
Readmissions					(180,772)	(260,938)	(259,620)	1,318					(723,086)	(1,005,325)	(1,003,991)	1,335
MRET					(271,027)	(251,909)	(308,699)	(56,790)					(1,009,795)	(970,074)	(1,394,882)	(424,808)
System Resilience					0	192,121	192,121	(0)					0	768,485	768,485	(0)
CQUIN					576,142	706,968	550,641	(156,327)					2,199,032	2,740,037	2,197,687	(542,350)
Fines					(52,584)	0	(108,879)	(108,879)					(187,029)	0	(440,080)	(440,080)
Fines Reinvested					0	0	0	0					0	0	0	0
AIV Challenges					0	0	(34,583)	(34,583)					0	0	(138,333)	(138,333)
PLCV Challenges					0	0	(63,500)	(63,500)					0	0	(254,000)	(254,000)
Endoscopy BPT					0	0	(40,600)	(40,600)					0	0	(162,400)	(162,400)
Prior Year - Invoiced					0	0	0	0					(759,171)	0	782,801	782,801
Prior Year - Fines and Challenges					0	0	0	0					318,892	0	(202,027)	(202,027)
Total Cost/Volume PODs (Non Passthrough)	123,933	121,222	129,710	8,488	29,776,493	31,046,332	29,717,960	(1,328,372)	475,556	776,270	804,888	28,617	113,239,030	117,469,660	117,294,407	(175,253)
Passthrough	0	0	0	0	3,840,685	4,074,837	4,067,958	(6,879)	0	0	0	0	15,679,616	16,299,348	16,210,277	(89,071)
Total (Inc Passthrough)	123,933	121,222	129,710	8,488	33,617,178	35,121,169	33,785,918	(1,335,251)	475,556	776,270	804,888	28,617	128,918,646	133,769,008	133,504,684	(264,324)

Excellence in rural healthcare

FINANCE

Income from NHS activity underperformed by £1.3m in the month, £264k YTD.

A&E is overperforming on all sites both in month and YTD.

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

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

CQUIN achievement is currently being accrued at 80% achievement although investment to improve this is being considered
Fines continue to be a problem particularly in relation to cancelled operations not reschedule within 28 days (£206k ytd) and duty of candour (124k ytd)

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

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

Elective	In month		Ytd	
	Activity Variance	£ Variance	Activity Variance	£ Variance
Specialty				
General Surgery	(44)	(95,811)	8	(34,892)
Urology	(21)	(50,595)	(67)	(165,708)
Trauma & Orthopaedics	(34)	(190,285)	(162)	(739,781)
	(98)	(336,691)	(220)	(940,381)
Non elective				
Non elective	In month		Ytd	
	Activity Variance	£ Variance	Activity Variance	£ Variance
Specialty				
General Surgery	6	(153,800)	(76)	(390,707)
Trauma & Orthopaedics	(101)	(246,641)	(258)	(703,004)
Obstetrics	(76)	(142,312)	(344)	(318,769)
	(172)	(542,754)	(677)	(1,412,479)

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Income & Activity Run Rate - Activity 2018/19

Activity	Activity Units												FOT Activity (ytd + Plan)	Full Year Plan	Variance
	Actual M1	Actual M2	Actual M3	Actual M4	Forecast M5	Forecast M6	Forecast M7	Forecast M8	Forecast M9	Forecast M10	Forecast M11	Forecast M12			
Accident & Emergency	12,231	12,963	12,697	13,452	11,384	11,174	11,302	10,768	11,011	10,813	10,214	11,568	139,577	134,397	5,180
Accident & Emergency Streaming	1,060	1,305	1,178	1,243	0	0	0	0	0	0	0	0	4,786	1,258	3,528
Daycases	5,422	5,512	5,472	5,525	5,184	5,308	5,349	5,419	4,974	5,394	5,135	5,549	64,243	63,260	983
Elective Spells	727	794	860	752	863	895	945	915	789	683	778	872	9,873	10,275	-401
Non Elective Spells	5,678	6,020	5,760	5,962	6,106	6,013	6,169	5,875	5,965	5,944	5,499	6,025	71,015	71,841	-825
Inpatient WIP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Non Elective Excess Bed Days	1,677	1,647	1,358	1,992	1,504	1,504	1,504	1,504	1,504	1,504	1,504	1,504	18,708	18,051	657
Elective Excess Bed Days	79	184	87	58	169	169	169	169	169	169	169	169	1,760	2,028	-268
Outpatient Firsts	23,352	25,648	24,564	25,858	22,459	24,768	24,733	24,936	21,614	24,028	22,867	24,323	289,149	285,437	3,712
Outpatient Follow Ups	31,734	33,260	32,050	34,294	32,496	35,377	35,670	36,030	31,154	34,804	32,867	35,287	405,022	411,119	-6,098
Critical Care	771	709	686	746	1,370	1,358	1,394	1,394	1,328	1,382	1,358	1,382	13,879	16,436	-2,557
Maternity	1,032	1,013	994	1,013	981	981	981	981	981	981	981	981	11,902	11,776	127
Audiology	1,633	1,598	1,532	1,588	1,202	1,145	1,317	1,317	1,002	1,259	1,145	1,259	15,996	14,397	1,599
Block	-	-	-	-	115	115	115	115	115	115	115	115	921	0	921
Chemotherapy	2,945	3,127	2,972	3,015	2,928	2,879	3,025	3,025	2,758	2,977	2,879	2,977	35,508	35,113	395
Radiology	16,857	17,794	16,848	17,161	15,215	14,493	16,659	16,659	12,687	15,937	14,493	15,937	190,739	182,216	8,523
Gainshare & Admin Fee	-	-	-	-	75,836	75,836	75,836	75,836	75,836	75,836	75,836	75,836	606,687	0	606,687
Paediatric Cystic Fibrosis	31	31	31	31	0	0	0	0	0	0	0	0	124	0	124
Radiotherapy	1,998	2,341	2,302	2,214	2,385	2,385	2,385	2,385	2,385	2,385	2,385	2,385	27,936	28,622	-686
Screening	7,785	7,198	6,860	7,267	6,112	6,126	6,144	6,193	6,189	6,202	6,198	6,225	78,499	73,677	4,822
Specialised Rehab	554	36	789	568	520	520	520	520	520	520	520	520	6,108	6,241	-133
Therapies	5,502	6,656	6,207	6,122	5,894	5,613	6,455	6,455	4,912	6,175	5,613	6,175	71,778	70,586	1,192
Other - non PbR etc	0				4,071,559	4,062,638	4,045,286	4,059,322	4,098,016	4,080,237	4,109,381	4,057,088	32,583,527	0	32,583,527
Volumes accrued at first month end:															
Uncoded inpatients	3,429	7,576	4,930	4,467	0	0	0	0	0	0	0	0	20,402	0	20,402
Missing outcomes	8,372	8,884	4,000	3,540	0	0	0	0	0	0	0	0	24,796	0	24,796
Pending admissions	175	110	69	81	0	0	0	0	0	0	0	0	435	0	435
Total Cost/Volume PODs (Non Passthrough)	121,068	127,836	123,247	128,860	4,264,282	4,259,297	4,245,960	4,259,818	4,283,909	4,277,345	4,299,938	4,256,176	34,647,736	1,436,727	33,211,009
Passthrough	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Board Report Position	121,068	127,836	123,247	128,860	4,264,282	4,259,297	4,245,960	4,259,818	4,283,909	4,277,345	4,299,938	4,256,176	34,647,736	1,436,727	33,211,009

FINANCE

Income & Activity Run Rate - £ 2018/19

Income	Forecast (£k)												FOT £ (ytd + Plan)	Full Year Plan	Variance
	Actual M1	Actual M2	Actual M3	Actual M4	Forecast M5	Forecast M6	Forecast M7	Forecast M8	Forecast M9	Forecast M10	Forecast M11	Forecast M12			
Accident & Emergency	1,744,539	1,881,932	1,830,018	1,953,005	1,701,949	1,668,258	1,687,132	1,608,803	1,645,889	1,616,809	1,529,395	1,726,957	20,594,686	20,078,517	516,169
Accident & Emergency Streaming	67,726	0	0	0	0	0	0	0	0	0	0	0	67,726	73,972	-6,246
Daycases	2,759,157	2,867,118	2,777,643	2,928,107	2,865,551	2,757,441	3,097,483	3,101,318	2,470,078	2,987,252	2,739,090	2,982,355	34,332,592	33,450,526	882,067
Elective Spells	1,860,822	1,988,667	2,023,974	1,928,265	1,988,950	1,931,784	2,191,410	2,128,561	1,729,225	2,066,281	1,879,817	2,085,396	23,803,153	25,096,204	-1,293,051
Non Elective Spells	10,141,638	10,597,791	10,193,070	9,883,720	10,192,330	9,822,876	10,952,541	10,932,194	8,924,149	10,590,463	9,777,593	10,567,690	122,576,054	124,356,622	-1,780,567
Inpatient WIP	0	0	750,000	-379,159	0	0	0	0	0	0	0	0	370,841	0	370,841
Non Elective Excess Bed Days	391,316	398,672	329,786	298,786	366,123	366,123	366,123	366,123	366,123	366,123	366,123	366,123	4,347,547	4,393,481	-45,934
Elective Excess Bed Days	22,741	42,487	21,540	14,004	41,275	41,275	41,275	41,275	41,275	41,275	41,275	41,275	430,974	495,303	-64,329
Outpatient Firsts	3,089,226	3,396,584	3,245,270	3,414,651	2,937,608	3,247,615	3,248,307	3,281,803	2,828,301	3,150,949	2,996,787	3,185,012	38,022,113	37,432,779	589,335
Outpatient Follow Ups	2,689,464	2,826,814	2,702,476	2,838,229	2,549,394	2,802,369	2,823,038	2,867,370	2,468,226	2,774,905	2,624,038	2,800,252	32,766,576	32,553,352	213,224
Critical Care	1,331,970	1,054,991	1,128,557	1,225,195	1,129,101	1,114,599	1,158,105	1,158,105	1,078,343	1,143,603	1,114,599	1,143,603	13,780,769	13,541,957	238,812
Maternity	845,117	893,407	873,382	870,635	879,469	879,469	879,469	879,469	879,469	879,469	879,469	879,469	10,518,293	10,553,628	-35,335
Audiology	117,096	113,537	108,435	113,023	84,019	80,018	92,021	92,021	70,016	88,020	80,018	88,020	1,126,246	1,006,232	120,015
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	391,275	385,135	371,351	358,087	397,877	397,877	324,929	384,614	358,087	384,614	4,517,976	4,449,576	68,400
Radiology	962,858	1,016,076	978,317	1,014,938	847,142	807,824	925,780	925,780	709,527	886,461	807,824	886,461	10,768,986	10,146,049	622,937
Gainshare & Admin Fee	73,688	81,785	73,820	70,779	75,836	75,836	75,836	75,836	75,836	75,836	75,836	75,836	906,759	910,030	-3,272
Paediatric Cystic Fibrosis	13,166	13,166	13,166	13,166	0	0	0	0	0	0	0	0	52,664	0	52,664
Radiotherapy	380,821	432,105	414,832	409,252	434,114	434,114	434,114	434,114	434,114	434,114	434,114	434,114	5,109,925	5,209,373	-99,448
Screening	463,594	414,751	410,014	420,717	438,238	443,765	450,872	470,218	468,639	473,772	472,192	482,852	5,409,624	5,390,329	19,295
Specialised Rehab	231,303	16,121	375,988	251,039	227,508	227,508	227,508	227,508	227,508	227,508	227,508	227,508	2,694,514	2,730,096	-35,582
Therapies	201,438	246,478	224,690	224,202	213,798	203,617	234,159	234,159	178,165	223,979	203,617	223,979	2,612,279	2,560,482	51,797
Other - non PbR etc	148,727	162,360	158,412	155,310	4,209,500	4,199,366	4,185,653	4,199,689	4,231,711	4,219,391	4,246,109	4,196,242	34,312,469	1,588,103	32,724,365
Activity sub total	28,762,273	29,664,650	29,852,944	28,861,280	32,381,538	32,290,226	34,296,986	34,250,506	29,979,806	33,459,106	31,681,773	33,606,040	379,087,128	345,980,972	33,106,156
Readmissions	-243,862	-250,014	-250,495	-259,620	-253,669	-248,562	-256,163	-241,812	-247,284	-246,698	-227,959	-249,420	-2,975,557	-2,976,892	1,335
MRET	-338,102	-441,714	-306,368	-308,699	-244,804	-239,812	-247,241	-233,213	-238,563	-237,989	-219,672	-240,650	-3,296,826	-2,872,018	-424,808
System Resilience	192,121	192,121	192,121	192,121	192,121	192,121	192,121	192,121	192,121	192,121	192,121	192,121	2,305,456	2,305,456	0
CQUIN	541,477	557,865	547,704	550,641	675,000	684,535	700,956	688,616	649,335	667,134	640,227	689,962	7,593,452	8,135,802	-542,350
Fines	-131,006	-117,124	-83,071	-108,879	0	0	0	0	0	0	0	0	-440,080	0	-440,080
Fines Reinvested	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
AIV Challenges	-34,583	-34,583	-34,583	-34,583	0	0	0	0	0	0	0	0	-138,333	0	-138,333
PLCV Challenges	-63,500	-63,500	-63,500	-63,500	0	0	0	0	0	0	0	0	-254,000	0	-254,000
Endoscopy BPT	-40,600	-40,600	-40,600	-40,600	-40,600	-40,600	-40,600	0	0	0	0	0	-243,600	0	-243,600
Prior Year - Invoiced	0	0	782,801	0	0	0	0	0	0	0	0	0	782,801	0	782,801
Prior Year - Fines and Challenges	-154,903	0	-47,125	0	0	0	0	0	0	0	0	0	-202,027	0	-202,027
Total Cost/Volume PODs (Non Passthrough)	28,489,316	29,467,102	30,549,829	28,788,160	32,709,587	32,637,908	34,686,659	34,656,218	30,335,415	33,833,675	32,066,490	33,998,054	382,218,413	350,573,320	31,645,093
Passthrough	3,827,224	4,361,161	3,953,935	4,067,958	4,052,569	4,052,569	4,052,569	4,052,569	4,052,569	4,052,569	4,052,569	4,052,569	48,630,832	48,898,045	-267,213
Board Report Position	32,316,540	33,828,263	34,503,764	32,856,118	36,762,156	36,690,477	38,739,229	38,708,787	34,387,985	37,886,244	36,119,059	38,050,623	430,849,245	399,471,364	31,377,880

FINANCE

Fines and Penalties update 2018/19

Type	Item	M4 YTD £k
Cancer	2ww breast symptomatic	20,733
Cancer	2ww suspect cancer	70,533
Cancer	31 first treatment - first definitive within 1 mth	667
Cancer	31 sub - rt	667
Cancer	31 sub - surgery	3,000
Cancer	62 day - screening referrals	2,000
Cancelled ops	Cancelled operations not reschedule within 28 days	206,571
Fines	Duty of Candour	123,763
Mixed sex	Mixed Sex Accommodation	479
MRSA, C Diff	MRSA	11,667
Total		440,080

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.

PbR Income

Total Income received for activity is overperforming by £1.2m despite significant underperformances in Elective and Non-Elective inpatient activity. This is due to compensating overperformances in Outpatient Firsts and Follow-ups and in Radiology. The Outpatient Productive Services programme has delivered significant capacity improvements which have led to more than 6,000 more attendances than planned. Radiology performance is also significantly over plan and this is the subject of CCG query at present on direct access radiology so we are looking into the reasons for this. Initial investigation links it to extended CT capacity and improvement in radiotherapy income and recordbreaking MRI referrals - over 3000 this month.

Elective performance is under plan due to cancelled operations. July figures are still provisional but currently showing around 414 operations cancelled on the day or the day before surgery. Cancellations were caused by bed shortages, surgeon availability issues and problems with theatre temperature. The theatre productivity programme is monitoring these issues and taking actions to mitigate against continued underdelivery.

Non-elective underperformance is more difficult to explain – A&E attendances are overplan and there is significant overperformance in Critical Care. There appears to be a data recording issue with large swings between NEL specialties but this should not have impacted on total value or performance. There appears to be a current high Length of Stay (July data not yet reported) which will be impacting on completed admissions and billing of excess bed days which may be reducing values. A figure has been included for WIP which slightly compensates for the NEL underspend.

Income Adjustments

Unfortunately, once we look at the adjusted income, the performance reduces to £175k under plan. The main impacting reductions are:

- MRET which is £424k under plan. This may be linked to adjustments for Work in Progress and to uncoded patients and this figure is likely to change once income is finalised.
- CQUIN which is £542k under plan. CQUIN achievement for Q1 and July is currently estimated at 80% of plan (100%) but actual achievement is not yet finalised and this figure may improve.
- Fines are £440k of which the majority relates to Cancelled Operations and Duty of Candour. Performance on both of these continues to be below target and subject to fines.
- Endoscopy BPT – there is an accrual for refund of the endoscopy Best Practice Tariff as we have lost our JAG accreditation and are no longer achieving the BPT. The service has lodged an appeal to the accreditation loss and will be hoping to reverse the decision and retain these monies which have already been billed.
- Finally there are provisions for AIV and PLCV challenges and for Prior Year Fines and Challenges. As yet, none of these are finalised and the position may improve on settlement of these. Prior year figures will not recur next month.

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FINANCE

Summary of current predicted achievement of Trust CQUIN 2018/19

Benchmarking Report Timetable Proposal

CQUIN	Full Year Value	Current Forecast of Achievement	Inclusion in Plan	Impact on Plan	Full Year Risks and Required Actions
1a Improving Staff Health and Wellbeing	£243,316	£121,658	£243,316	£121,658	To achieve this CQUIN, we have to achieve a 5% improvement in the Staff Survey response to 3 questions on MSK due to work, feeling unwell due to stress, and the organisation takes positive action. OH own the CQUIN and have introduced a number of initiatives but improvement will require a wider management initiative on working with staff to show they are acting on health and wellbeing. Actions Stephen Kelly is to ask Helen Nicholson if this can be added to the SLF agenda. Funding is being sought for the organisation-wide availability of a mindfulness app, possibly via charitable funds. For FSID consideration: Could it also become a regular feature in organisational comms eg Jan's update, team brief etc?
1b Healthy Food for staff, visitors and patients	£243,316	£121,658	£243,316	£121,658	Achieved last year. New outlet at Reception was not initially compliant, this has been raised and work is under way to resolve.
1c Flu vaccinations	£243,316	£243,316	£243,316	0	Greater vaccine supply needed to cover additional uptake. Cost this year is higher than last due to change in vaccine. Actions Funding to be sought via CRIB.
2a Timely identification of sepsis in ED and IP	£182,487	£45,622	£182,487	£136,865	Despite a lot of work from Sepsis leads, achievement dropped in May and only partial achievement is likely in Q1. Similarly, with present resources it is not expected that this will be fully achieved for the remainder of the year. The issues are around accountability of staff and technology incompatibility of ipods used for recording. Actions Sepsis nurses to raise the issues through governance meetings. Senior manager oversight requested to review whether any further actions are possible to remedy achievement.
2b Timely treatment of sepsis in ED and IP	£182,487	£182,487	£182,487	0	This was achieved last year and is predicted as achievable this year.
2c Empiric review of antibiotic prescriptions	£182,487	£91,244	£182,487	£91,244	This is predicted to achieve in Q1 but additional resource is needed for the antimicrobial team to achieve in Q4 Actions Funding is to be sought for 3 HCSWs via CRIB
2d Reduction in antibiotic consumption	£182,487	0	£182,487	£182,487	Additional resource is needed and has been requested through a business case but the CQUIN is also at risk as support is required from Pathlinks that has not been forthcoming and achievement levels were set very high. Actions The CQUIN lead is asking for support from Pathlinks Project Manager and Contract Manager Pathlinks issues also to be raised at IPC meeting Funding is to be sought for 3 HCSWs via CRIB
4 Improving services for MH attenders at A&E	£729,948	£218,985	£729,948	£510,964	Issues forecast as nurse lead has resigned. Q1 should achieve but requirement increases thereafter and there is no resource at Pilgrim. Actions Funding is to be sought via CRIB for additional MH nurse at Pilgrim
6 Set up and operate A&G services	£729,948	£364,974	£729,948	£364,974	This was failed last year and failed again in Q1. A full-time Project Manager was appointed last year but this has not yet resulted in the required improvement. The Project Manager feels that further quarters will be achieved if the operational teams adhere to the protocols they have agreed, however this is not certain. Actions Requires greater oversight to ensure failures are immediately recognised and corrected.
9 Preventing ill health by risky behaviours – alcohol and tobacco	£729,948	£364,974	£729,948	£364,974	Plan not yet fully developed. Requires a full plan to ensure training of staff and incorporation into Pre-Op Assessment processes. Timing means that this is now unlikely to be achieved in Q2, however it could be rescued via a short-term bolt-on process with additional resource. Actions Funding is to be sought via CRIB for HCSW hours to provide a bolt-on process.
B12 Haemtrack	£38,314	£38,314	£38,314	0	There are currently no issues with the achievement of this CQUIN
GE3 Hospital Medicine Optimisation	£230,755	£230,755	£230,755	0	These are likely to be achieved although we are awaiting further information from NHSE on what is required for one part.
GE3 Block	£283,803	£283,803	£283,803	0	There are currently no issues with the achievement of this CQUIN
AF1 Armed Forces Covenant	£27,608	£27,608	£27,608	0	There are currently no issues with the achievement of this CQUIN
NHS Dental Services	£114,291	£114,291	£114,291	0	There are currently no issues with the achievement of this CQUIN

CQUINs are shaded according to the following scheme:

	This CQUIN is at significant risk of failure and/or has already failed in Q1
	This CQUIN is at risk but actions are in place to mitigate the risk
	This CQUIN is predicted to fully achieve

FINANCE

Income Summary & Run Rate 2018/19

2018/19 Other Income Summary: YTD Month 04								
Other Income	Other Income: In-Month				Other Income: Year-To-Date			
	2017/18 July £k Actual	July £k Plan	July £k Actual	July £k Variance	2017/18 Apr-July £k Actual	July £k Plan	July £k Actual	July £k Variance
NHS Patient Care Income	33,112	34,829	34,426	-403	126,881	135,194	134,188	-1,006
Non NHS Private Patients	26	32	24	-8	143	129	75	-54
Overseas Visitors	22	28	54	26	122	110	113	3
Injury Cost Recovery Scheme	154	131	83	-48	550	525	176	-349
Patient Care Income Total	33,314	35,020	34,587	-433	127,696	135,958	134,552	-1,406
Other Income								
Research & Development	115	94	116	22	448	377	403	26
Education & Training	1,149	1,374	1,323	-51	5,216	5,497	5,296	-201
Non patient services to other bodies	846	573	580	7	2,053	2,293	2,371	78
STF	0	0	0	0	0	0	0	0
Car parking income	218	247	248	1	810	988	927	-61
Catering income	195	172	81	-91	684	686	304	-382
Other Income	173	463	642	179	1,928	1,850	1,947	97
Other Income Total	2,696	2,923	2,990	67	11,139	11,691	11,248	-443
Total Income	36,010	37,943	37,577	-366	138,835	147,649	145,800	-1,849

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

Some of the adverse movement in the YTD Income position is attributable to one off issues which have impacted income, such as issues in relation to car park barriers. However, some of the adverse movement is recurrent in nature and of these the most notable is the reduction in catering income. This is as a result of the commercial catering review and the reduction in income is offset by the TUPE of staff to an external provider - whilst this should have been reflected in the financial plan, the adjustment was omitted in error.

The July income position also includes £410k of funding in relation to the national Agenda for Change pay award over and above tariff - the funding relates to the payment of the pay award made in July, with arrears for April to June to be 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 £36.5m per month, but to meet the plan in future months needs to improve by £0.4m (or 1.1%) per month.

2018/19 Other Income Run Rate

	Forecast £k												Full Year Plan	Actual + YTD Activity	Variance
	Actual M1	Actual M2	Actual M3	Actual M4	Forecast M5	Forecast M6	Forecast M7	Forecast M8	Forecast M9	Forecast M10	Forecast M11	Forecast M12			
NHS Patient Care Income	31,328	34,511	33,923	34,426	33,514	33,886	34,729	34,226	32,390	33,349	32,219	34,276	403,783	402,777	-1,006
Non NHS Private Patients	14	19	18	24	32	32	32	32	32	32	32	32	385	331	-54
Overseas Visitors	33	4	22	54	28	26	28	28	26	28	28	28	330	333	3
Injury Cost Recovery Scheme	76	-23	40	83	131	131	131	131	131	131	131	131	1,573	1,224	-349
Patient Care Income Total	31,451	34,511	34,003	34,587	33,705	34,075	34,920	34,417	32,579	33,540	32,410	34,467	406,071	404,665	-1,406
Other Income															
Research & Development	96	97	94	116	94	95	94	94	95	94	94	94	1,131	1,157	26
Education & Training	1,306	1,330	1,337	1,323	1,374	1,374	1,374	1,374	1,374	1,374	1,374	1,374	16,489	16,288	-201
Non patient services to other bodies	515	473	803	580	573	575	573	573	574	573	573	574	6,881	6,959	78
STF	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Car parking income	220	248	211	248	247	247	247	247	247	247	247	247	2,964	2,903	-61
Catering income	70	80	73	81	172	170	172	172	170	172	172	172	2,058	1,676	-382
Other Income	469	408	428	642	462	460	463	463	459	935	462	463	6,017	6,114	97
Other Income Total	2,676	2,636	2,946	2,990	2,922	2,921	2,923	2,923	2,919	3,395	2,922	2,924	35,540	35,097	-443
Total Income	34,127	37,147	36,949	37,577	36,627	36,996	37,843	37,340	35,498	36,935	35,332	37,391	441,611	439,762	-1,849

FINANCE

Pay Summary 2018/19

2018/19 Pay Summary: YTD Month 04								
Staff Groups	Pay: In-Month				Pay: Year-To-Date			
	2017/18 July £k Actual	2018/19 July £k Plan	2018/19 July £k Actual	2018/19 July £k Variance	2017/18 Apr-July £k Actual	2018/19 July £k Plan	2018/19 July £k Actual	2018/19 July £k Variance
Substantive:								
Registered Nursing, Midwifery and Health visiting staff	7,086	7,129	6,813	316	28,476	28,473	27,556	917
Health Care Scientists and Scientific, Therapeutic and Technical staff	2,469	2,512	2,505	7	9,928	10,048	9,980	68
Qualified Ambulance Service staff	0	0	0	0	0	0	0	0
Support to clinical staff	2,552	4,445	4,600	(155)	10,317	17,796	17,973	(177)
Medical and Dental Staff	6,452	6,661	6,471	190	26,023	26,592	26,140	452
Non-Medical - Non-Clinical Staff	2,365	2,314	2,597	(283)	9,694	9,698	10,043	(345)
Bank:								
Registered Nursing, Midwifery and Health visiting staff	195	333	463	(130)	823	1,334	1,937	(603)
Health Care Scientists and Scientific, Therapeutic and Technical staff	0	30	40	(10)	0	121	175	(54)
Qualified Ambulance Service staff	0	0	0	0	0	0	0	0
Support to clinical staff	281	311	370	(59)	1,202	1,243	1,427	(184)
Medical and Dental Staff	842	737	780	(43)	2,985	2,951	3,252	(301)
Non-Medical - Non-Clinical Staff	151	179	201	(22)	562	715	699	16
Agency:								
Registered Nursing, Midwifery and Health visiting staff	718	587	804	(217)	2,939	2,460	2,803	(343)
Health Care Scientists and Scientific, Therapeutic and Technical staff	0	114	185	(71)	0	492	623	(131)
Qualified Ambulance Service staff	0	0	0	0	0	0	0	0
Support to clinical staff	0	1	3	(2)	0	3	12	(9)
Medical and Dental Staff	1,402	1,574	1,881	(307)	5,844	5,947	6,884	(937)
Non-Medical - Non-Clinical Staff	180	110	114	(4)	517	455	360	95
Apprentice levy	0	102	105	(3)	415	408	415	(7)
Capitalised staff	0	0	(74)	74	0	0	(74)	74
Total Pay	24,693	27,139	27,858	(719)	99,725	108,736	110,205	(1,469)

Pay YTD is £1.5m adverse to plan and overall Pay expenditure averages c£27.6m per month. Expenditure in-month was £0.4m higher than in previous months, but this movement coincides with the payment of the Agenda for Change pay award for July.

Substantive staffing - Whilst contracted WTE numbers remain at their lowest level since October 2016, non clinical staffing numbers are rising. Although substantive pay YTD is £1.0m below plan reflecting vacancy numbers, pay expenditure overall remains above plan as a result of higher than planned expenditure on temporary staffing.

Temporary staffing - Whilst expenditure on bank and agency staffing was overall flat in quarter 1 at £4.4m per month, the mix between bank and agency changes monthly. However, in July expenditure on temporary staffing rose by £0.4m compared to the previous monthly average to £4.4m. Two thirds of this movement was within Agency expenditure, with £148k of the increase in Womens & Childrens.

To meet the plan in future months, Pay needs to improve by £0.4m (or 1.4%) per month. The Trust's new Turnaround Director is undertaking a review of all FEP schemes and the Grip & Control of the organisation. As a result a number of rapid changes will be made to support increasing the pace and delivery of schemes including additional resource to focus on delivery improvements.

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Pay Run Rate - £ 2018/19

Staff Groups	Forecast (£k)												Full Year Plan £000s	Forecast Actual + YTD £000s	Variance £000s
	Actual M1 £000s	Actual M2 £000s	Actual M3 £000s	Actual M4 £000s	Plan M5 £000s	Plan M6 £000s	Plan M7 £000s	Plan M8 £000s	Plan M9 £000s	Plan M10 £000s	Plan M11 £000s	Plan M12 £000s			
Substantive:															
Registered Nursing, Midwifery and Health visiting staff	6,991	6,896	6,856	6,813	7,124	7,125	7,165	7,270	7,271	7,270	7,270	7,160	85,211	86,128	917
Health Care Scientists and Scientific, Therapeutic and	2,478	2,498	2,499	2,505	2,501	2,503	2,508	2,538	2,536	2,536	2,536	2,498	30,136	30,204	68
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	4,423	4,423	4,429	4,475	4,474	4,474	4,474	4,405	53,550	53,373	(177)
Medical and Dental Staff	6,442	6,621	6,606	6,471	6,661	6,661	6,703	6,806	6,805	6,806	6,806	6,702	80,090	80,542	452
Non-Medical - Non-Clinical Staff	2,558	2,446	2,442	2,597	2,274	2,545	2,333	2,305	2,303	2,635	2,635	2,595	29,668	29,323	(345)
Bank:															
Registered Nursing, Midwifery and Health visiting staff	582	451	441	463	333	334	333	333	334	333	333	334	4,604	4,001	(603)
Health Care Scientists and Scientific, Therapeutic and	55	39	41	40	30	30	30	30	30	30	30	30	415	361	(54)
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	311	309	311	311	309	311	311	311	3,911	3,727	(184)
Medical and Dental Staff	907	759	806	780	737	740	737	737	739	737	737	738	9,154	8,853	(301)
Non-Medical - Non-Clinical Staff	219	156	123	201	179	178	179	179	178	179	179	178	2,128	2,144	16
Agency:															
Registered Nursing, Midwifery and Health visiting staff	494	754	751	804	532	533	481	425	423	423	423	423	6,466	6,123	(343)
Health Care Scientists and Scientific, Therapeutic and	193	118	127	185	94	91	74	54	52	54	54	54	1,150	1,019	(131)
Qualified Ambulance Service staff	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Support to clinical staff	1	1	7	3	1	0	1	1	1	1	1	1	19	10	(9)
Medical and Dental Staff	1,506	1,736	1,761	1,881	1,496	1,496	1,422	1,342	1,339	1,339	1,339	1,339	17,996	17,059	(937)
Non-Medical - Non-Clinical Staff	68	83	95	114	102	103	95	88	87	88	88	87	1,098	1,193	95
Apprentice levy															
	103	103	104	105	102	102	102	102	102	102	102	102	1,230	1,223	(7)
Capitalised staff															
	0	(15)	15	(74)	0	0	0	0	0	0	0	0	(74)	0	74
Items included in Non pay:															
Operating expenses: research and development	(115)	(112)	(105)	(117)	(120)	(120)	(120)	(120)	(120)	(120)	(120)	(120)	(1,409)	(1,440)	(31)
Operating expenses: education and training	(131)	(114)	(118)	(123)	(145)	(145)	(145)	(145)	(145)	(145)	(145)	(145)	(1,646)	(1,740)	(94)
Operating expenses: redundancy	(61)	3	0	0	0	0	0	0	0	0	0	0	(58)	0	58
Operating expenses: Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Cost £	27,464	27,399	27,484	27,858	26,900	27,173	26,903	26,996	26,983	27,318	27,318	26,957	326,752	325,283	(1,469)

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Non Pay Summary 2018/19

2018/19 Non Pay Summary: YTD Month 04								
Non Pay	Non Pay: In-Month				Non Pay: Year-To-Date			
	2017/18	July	2018/19	July	2017/18	July	2018/19	July
	July	£k	July	£k	Apr-July	£k	July	£k
	Actual	Plan	Actual	Variance	Actual	Plan	Actual	Variance
Ambulance Services	120	169	58	111	379	666	277	389
Clinical Supplies & Services	4,703	4,972	5,043	-71	18,692	19,271	20,249	-978
Drugs	1,178	591	417	175	5,317	2,148	1,917	231
Drugs Pass through	3,286	4,075	3,825	249	12,310	16,299	16,210	89
Establishment Expenditure	478	396	790	-394	1,803	1,574	2,201	-627
General Supplies & Services	1,229	730	996	-266	3,088	2,702	3,963	-1,261
Other	220	406	163	243	1,492	2,259	843	1,416
Premises & Fixed Plant	1,812	1,641	1,164	477	6,285	6,568	5,657	911
Clinical Negligence	1,823	1,781	1,774	7	7,294	7,044	7,098	-54
Capital charges	1,027	986	968	18	4,052	3,967	3,882	85
Total Non Pay	15,876	15,747	15,198	549	60,712	62,498	62,297	201

Non Pay YTD is £0.2m favourable to plan.

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

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

From the run rate analysis, non pay to date has averaged £15.6m per month, but to meet the plan in future months needs to improve by £0.2k (or 1.4%) per month.

Non Pay Run Rate 2018/19

Non Pay	Forecast £k												FOT £	Plan	Variance
	Actual M1	Actual M2	Actual M3	Actual M4	Plan M5	Plan M6	Plan M7	Plan M8	Plan M9	Plan M10	Plan M11	Plan M12			
Ambulance Services	55	80	58	84	164	166	171	169	159	163	157	168	1,594	1,983	389
Clinical Supplies & Services	4,667	5,352	5,043	5,187	4,408	4,281	4,574	4,333	4,213	4,348	3,866	4,449	54,721	53,743	-978
Drugs	442	649	417	410	474	533	646	562	300	425	240	571	5,669	5,900	231
Drugs Pass through	3,827	4,337	3,825	4,220	4,075	4,075	4,075	4,075	4,075	4,075	4,075	4,075	48,809	48,898	89
Establishment Expenditure	420	440	790	551	397	392	397	395	399	399	399	396	5,375	4,748	-627
General Supplies & Services	603	1,272	996	1,092	568	468	577	468	524	542	513	541	8,164	6,903	-1,261
Other	700	-191	163	171	594	434	556	1,013	1,226	1,213	1,233	1,248	8,360	9,776	1,416
Premises & Fixed Plant	1,568	1,616	1,164	1,309	1,643	1,641	1,647	1,655	1,654	1,655	1,655	1,647	18,854	19,765	911
Clinical Negligence	1,774	1,775	1,774	1,775	1,781	1,782	1,781	1,781	1,782	1,781	1,781	1,781	21,348	21,294	-54
Capital charges	981	981	968	952	1,015	1,019	1,019	1,019	1,019	1,025	1,030	980	12,008	12,093	85
Total Non Pay	15,037	16,311	15,198	15,751	15,119	14,791	15,443	15,470	15,351	15,626	14,949	15,856	184,902	185,103	201

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Income & Expenditure Risks 2018/19

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

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

The Trust is working internally and with STP partners to minimise the risk where possible. However the Trust has and continues to request support from NHSI to liaise and agree a system wide stance to the transactional risk contained above, that do not benefit the STP financial footprint. The Trust has been notified by the Lincolnshire CCGs to fine the Trust up to £5m in 18/19. The CCG QUIPP, the detail of which has not been fully shared with the Trust, will be in addition to this value, the plan as per the table above can contain £1,750k.

The to date fines and penalties value contained in the month 4 position is £440k. The fines and penalties contingency in the plan is £0.

Early estimates of the Paediatric service changes are in excess of the £1m contained in the plan, however this is still being verified through the Trust governance framework. A full update will be available in the September report.

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

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FINANCE

Finance Efficiency Programme (FEP) Summary 2018/19

Financial Efficiency Programme Report

Reporting Month : July 2018

Trust Summary Position

Financial Actuals & RAG Rating

M04

	In Month			YTD			
	Plan	Actual	Variance	Plan	Actual	Variance	RAG
Workbook Plan	1,775	501	-1,274	3,939	2,130	-1,809	R

Finance Position

Financial Commentary - Month 04 Position

	YTD ACTUAL		FORECAST
	£k		£k
Recurrent	2,092	Recurrent	18,243
Non Recurrent	38	Non Recurrent	806
TOTAL	2,130	TOTAL	19,049

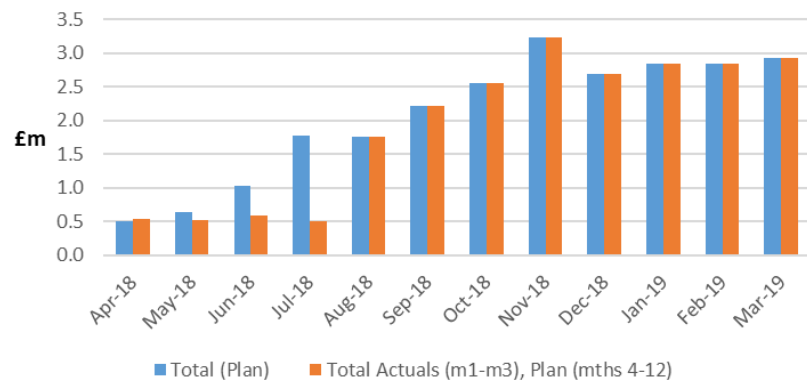
Whilst the ambition this financial year is to deliver £30m of efficiency savings, the financial plan for 2018/19 includes an efficiency programme of £25.0m.

The financial plan assumed efficiency savings delivery to date of £3.9m, such that with delivery YTD estimated to be £2.1m, the position is £1.8m adverse to plan.

The delivery status of the financial efficiency programme is that the schemes now total £19.049m; £1.877m (10%) is rated Blue, £4.040m (21%) is rated Green, £2.534m (13%) is rated Amber and £10.598m (56%) is rated Red.

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

2018/19 FEP Plan v actuals cost savings



Forecast Outturn RAG

	£k
Blue Schemes	1,877
Green Schemes	4,040
Amber Schemes	2,534
Red Schemes	10,598
Total Forecast	19,049

FINANCE

Service Line Reporting (SLR) Summary 2018/19

2018/19 SLR Summary: YTD Month 04									
Clinical Directorates	SLR: In-Month					SLR: Year-To-Date			
	2017/18	2018/19				2018/19			
	July £k Actual	July £k Income	July £k Expenditure	July £k Recharges	July £k Variance	July £k Income	July £k Expenditure	July £k Recharges	July £k Variance
GEN SURG LINC & UROLOGY TRUST	(818)	1,980	(1,574)	(1,479)	(1,074)	7,987	(6,254)	(5,554)	(3,822)
ACUTE MEDICINE BOSTON	(432)	3,782	(3,181)	(1,438)	(837)	15,270	(12,555)	(5,778)	(3,063)
WOMEN & CHILDRENS PAN TRUST	(497)	4,523	(4,354)	(1,413)	(1,244)	18,255	(16,986)	(5,749)	(4,480)
HEAD & NECK TRUSTWIDE	(415)	2,280	(1,411)	(1,332)	(462)	8,924	(5,897)	(5,280)	(2,253)
LINCOLN MEDICINE	(471)	3,760	(3,135)	(1,284)	(658)	15,291	(12,213)	(5,056)	(1,978)
GRANTHAM	(1,113)	2,402	(2,414)	(1,178)	(1,190)	9,661	(9,376)	(4,474)	(4,189)
ORTHOPAEDICS LINCOLN	(393)	1,267	(885)	(928)	(546)	5,370	(3,590)	(3,583)	(1,804)
GENERAL SURGERY BOSTON	(690)	1,843	(1,599)	(732)	(488)	7,108	(6,187)	(3,003)	(2,083)
ORTHOPAEDICS BOSTON	(245)	1,000	(708)	(661)	(369)	3,980	(2,836)	(2,493)	(1,348)
HAEM & ONC TRUSTWIDE	145	3,426	(3,121)	(420)	(115)	13,420	(12,186)	(1,653)	(419)
A&E LINCOLN	(200)	890	(923)	(271)	(304)	3,656	(3,507)	(1,072)	(923)
TRUSTWIDE CARDIOLOGY SERVICES	(336)	1,237	(1,288)	(323)	(374)	5,152	(5,207)	(1,420)	(1,475)
CHIEF OPERATING OFFICER	(197)	95	(569)	274	(200)	409	(2,410)	1,021	(980)
TACC BOSTON	7	600	(1,250)	616	(35)	2,224	(5,214)	2,611	(379)
TACC LINCOLN	355	701	(2,099)	1,524	126	3,033	(8,208)	6,038	863
CLINICAL SUPPORT SERVICES	18	3,819	(6,973)	3,367	212	15,225	(27,957)	12,871	139
CLINICAL DIRECTORATES TOTAL	(5,282)	33,604	(35,484)	(5,676)	(7,556)	134,965	(140,584)	(22,573)	(28,192)
Corporate Areas and Non Operating Items	(1,397)	3,972	(8,605)	5,676	1,043	10,835	(33,650)	22,573	(243)
TOTAL	(6,679)	37,576	(44,089)	0	(6,513)	145,799	(174,234)	0	(28,433)

FINANCE

Statement of Comprehensive Income 2018/19

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

FINANCE

Statement of Financial Position July 2018

	Year end 31 March 2018		Year to date 31 July 2018			Outturn 31 March 2019		
	Actual £k	Plan £k	Actual £k	Plan £k	Variance £k	Actual £k	Plan £k	Variance £k
Non-current assets								
Intangible assets	6,148	3,759	5,621	5,978	(357)	5,488	5,488	0
Property, plant and equipment: on-SoFP IFRIC 12 assets	22,843	22,492	22,731	22,727	4	22,495	22,495	0
Property, plant and equipment: other	184,708	205,628	185,097	195,301	(10,204)	213,599	213,599	0
Trade and other receivables: due from non-NHS/DHSC group bodies	1,828	1,477	1,137	1,828	(691)	1,828	1,828	0
Total non-current assets	215,527	233,356	214,586	225,834	(11,248)	243,410	243,410	0
Current assets								
Inventories	6,799	7,430	7,023	6,799	224	6,799	6,799	0
Trade and other receivables: due from NHS and DHSC group bodies	19,862	12,876	18,722	20,538	(1,816)	17,664	17,664	0
Trade and other receivables: Due from non-NHS/DHSC group bodies	5,656	8,000	10,153	4,936	5,217	4,848	4,848	0
Assets held for sale and assets in disposal groups	1,225	0	1,225	450	775	0	0	0
Cash and cash equivalents: GBS/NLF	10,523	1,078	1,242	3,326	(2,084)	6,143	6,143	0
Cash and cash equivalents: commercial / in hand / other	10	0	9	10	(1)	10	10	0
Total current assets	44,075	29,384	38,374	36,059	2,315	35,464	35,464	0
Current liabilities								
Trade and other payables: capital	(11,727)	(3,314)	(3,666)	(5,281)	1,615	(5,693)	(4,723)	(970)
Trade and other payables: non-capital	(44,586)	(37,108)	(43,294)	(37,895)	(5,399)	(37,166)	(38,039)	873
Borrowings	(36,157)	(1,093)	(36,425)	(1,693)	(34,732)	(77,359)	(77,359)	0
Provisions	(735)	(843)	(656)	(735)	79	(656)	(735)	79
Other liabilities: deferred income	0	(2,331)	(1,184)	(2,707)	1,523	(2,707)	(2,707)	0
Other liabilities: other	(503)	(503)	(503)	(503)	0	(503)	5,488	(5,991)
Total current liabilities	(93,708)	(45,192)	(85,728)	(48,814)	(36,914)	(124,084)	(118,075)	(6,009)
Net Current liabilities	(49,633)	(15,808)	(47,354)	(12,755)	(34,599)	(88,620)	(82,611)	(6,009)
Total assets less current liabilities	165,894	217,548	167,232	213,079	(45,847)	154,790	160,799	(6,009)
Non-current liabilities								
Borrowings	(165,075)	(156,058)	(194,918)	(237,449)	42,531	(228,888)	(228,888)	0
Provisions	(2,994)	(2,413)	(3,091)	(3,061)	(30)	(2,893)	(2,911)	18
Other liabilities: other	(13,584)	(13,583)	(13,417)	(13,416)	(1)	(13,081)	(13,081)	0
Total non-current liabilities	(181,653)	(172,054)	(211,426)	(253,926)	42,500	(244,862)	(244,880)	18
Total net assets employed	(15,759)	45,494	(44,194)	(40,847)	(3,347)	(90,072)	(84,081)	(5,991)
Financed by								
Public dividend capital	257,563	256,746	257,563	257,563	0	257,563	257,563	0
Revaluation reserve	35,284	42,448	35,001	35,000	1	34,455	34,455	0
Other reserves	190	190	190	190	0	190	190	0
Income and expenditure reserve	(308,796)	(253,890)	(336,948)	(333,600)	(3,348)	(382,280)	(382,280)	0
Total taxpayers' and others' equity	(15,759)	45,494	(44,194)	(40,847)	(3,347)	(90,072)	(90,072)	0

FINANCE

BORROWINGS								
Current								
Borrowings: finance leases	(152)	0	(92)	92	(184)	0	0	0
Borrowings: DHSC capital loans	(328)	(635)	(656)	1,542	(2,198)	(2,429)	(2,429)	0
Borrowings: DHSC working capital / revenue support loans	(35,618)	0	(35,618)	0	(35,618)	(74,930)	(74,930)	0
Borrowings: other (non-DHSC)	(59)	(458)	(59)	59	(118)	0	0	0
Total current borrowings	(36,157)	(1,093)	(36,425)	1,693	(38,118)	(77,359)	(77,359)	0
Non-current								
Borrowings: DHSC capital loans	(9,172)	(2,542)	(8,845)	15,758	(24,603)	(33,343)	(33,343)	0
Borrowings: DHSC working capital / revenue support loans	(155,903)	(99,915)	(186,073)	221,691	(407,764)	(195,545)	(195,545)	0
Total non-current borrowings	(165,075)	(156,058)	(194,918)	237,449	(432,367)	(228,888)	(228,888)	0

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Cash Report 2018/19 Month 04

The cash balance at 31 July 2018 was £1.3m. This includes revenue cash loans drawn in April - July of £30.2m.

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 first four months of 2018/19 the Trust has reduced the level of capital creditors from £11.7m to £3.6m.

Total revenue and capital borrowings at 31 July were £231.1m and are forecast to rise to £306.2m by the end of 2018/19. As a consequence of this borrowing costs are anticipated to be £6.6m in I&E terms, and in cash terms £5.4m.

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

Year to date	Plan £k	Actual £k	Variance £k
Cash balance	3,336	1,251	(2,085)

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

Year to date	Plan £k	Actual £k	Variance £k
Operating Surplus	(23,585)	(26,702)	(3,117)
Depreciation	3,967	3,882	(85)
Other Non Cash I&E Items	(40)	(77)	(37)
Movement in Working Capital	(4,172)	(6,719)	(2,547)
Provisions	67	15	(52)
Cashflow from Operations	(23,763)	(29,601)	(5,838)
Interest received	8	38	30
Capital Expenditure	(20,680)	(8,789)	11,891
Cash receipt from asset sales	1,050	6	(1,044)
Cash from / (used in) investing activities	(19,622)	(8,745)	10,877
PDC Received	0	0	0
PDC Repaid	0	0	0
Dividends Paid	0	677	677
Interest on Loans, PFI and leases	(1,726)	(1,727)	(1)
Capital element of leases	(56)	(56)	0
Drawdown on debt - Revenue	30,170	30,170	0
Drawdown on debt - Capital	7,800	0	(7,800)
Repayment of debt	0	0	0
Cashflow from financing	36,188	29,064	(7,124)
Net Cash Inflow / (Outflow)	(7,197)	(9,282)	(2,085)
Opening cash balance	10,533	10,533	0
Closing Cash balance	3,336	1,251	(2,085)

Year End Forecast	Plan £k	Actual £k	Variance £k
Operating Surplus	(68,775)	(68,833)	(58)
Depreciation	12,093	12,093	0
Other Non Cash I&E Items	(592)	(592)	0
Movement in Working Capital	(2,497)	(2,070)	427
Provisions	(83)	(180)	(97)
Cashflow from Operations	(59,854)	(59,582)	272
Interest received	24	84	60
Capital Expenditure	(46,388)	(47,408)	(1,020)
Cash receipt from asset sales	2,288	2,294	6
Cash from / (used in) investing activities	(44,076)	(45,030)	(954)
PDC Received	0	0	0
PDC Repaid	0	0	0
Dividends Paid	0	677	677
Interest on Loans, PFI and leases	(5,470)	(5,465)	5
Capital element of leases	(147)	(147)	0
Drawdown on debt - Revenue	78,954	78,954	0
Drawdown on debt - Capital	26,600	26,600	0
Repayment of debt	(387)	(387)	0
Cashflow from financing	99,550	100,232	682
Net Cash Inflow / (Outflow)	(4,380)	(4,380)	0
Opening cash balance	10,533	10,533	0
Closing Cash balance	6,153	6,153	0

The cash balance of £1.3m at 31 July reflects the reduction in capital creditors from the year end high of £11.7m. The 2018/19 capital programme is however behind plan and this in turn has impacted upon the level of capital cash utilised (plan £20.7m : actual £8.8m). As a consequence the Trust has not yet drawn against the approved capital loan of £26.6m for Fire Safety works in 2018/19. Revenue loans of £30.2m have been drawn in the first four months.

The cash forecast position assumes that the Trust will achieve its planned income and expenditure position. The only material movements result from increased borrowing costs in cash terms of £0.5m and PDC dividend refund £0.7m from 2017/18.

The plan and therefore actual cash forecast assumes capital borrowing of £26.6m in 2018/19. The revised plan has Revenue borrowing in 2018/19 at £79.0m (£74.8m: 2018/19 deficit support; plus £4.2m 2017/18 deficit support).

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Capital Report 2018/19 Month 04

The capital spend to date is £2.2m behind plan. This is inclusive of variances in IT: Digital Dictation £0.2m and Cyber security measures £0.3m. Fire: Fire Works - package 1, 2 and 3 at Lincoln £1.0m and package 1 at Pilgrim £0.4m, Fire phase 5A Maternity at Lincoln £0.2m. Facilities: Theatre Infrastructure Review £0.3m. Service Developments: Pilgrim Tower Block Clinical Reconfiguration Estates Enabling Works £(0.5)m ahead of plan. Medical Devices Group: Endoscopy scopes/stacks Trust wide £0.4m. 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	5,766	3,611	2,155

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	530	170	360
Prior Year	0	97	-97
ICT	1,114	284	830
Estates - Backlog	330	0	330
Estates - Fire	2,950	1,752	1,198
Service developments	842	1,308	-466
Diagnostic capacity & sustainability	0	0	0
Elective capacity	0	0	0
Quality	0	0	0
Total	5,766	3,611	2,155

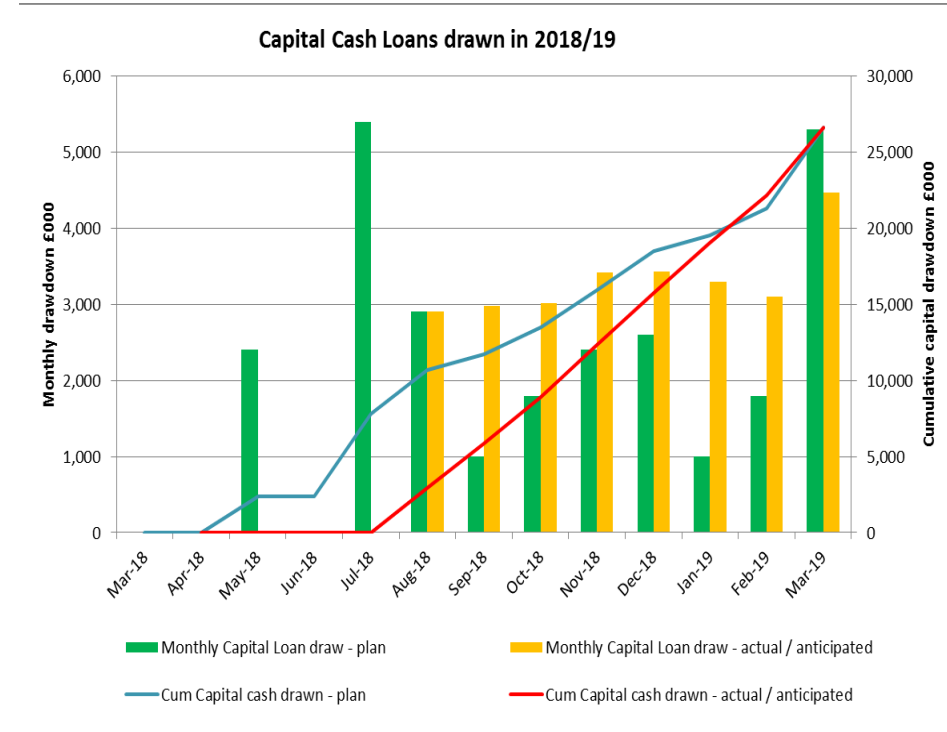
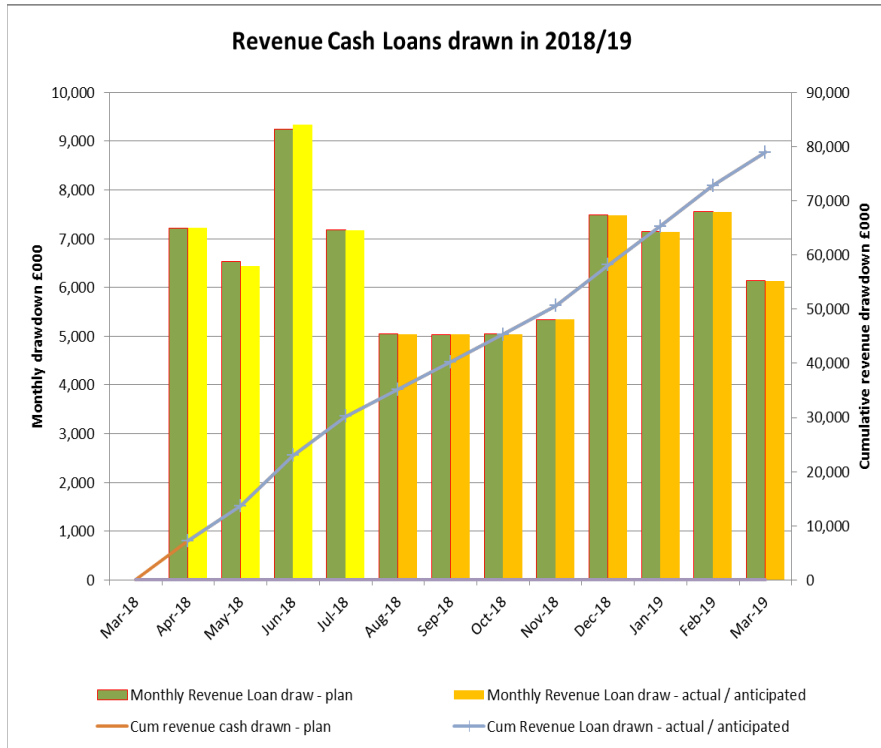
Year End Forecast	Plan	Actual	Variance
	£k	£k	£k
Medical Equipment replacement	2,000	2,000	0
Prior Year	0	0	0
ICT	2,575	2,575	0
Estates - Backlog	2,000	2,000	0
Estates - Fire	26,908	26,908	0
Service developments	2,452	2,452	0
Diagnostic capacity & sustainability	1,000	1,000	0
Elective capacity	1,000	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 8 months of the financial year, the majority of which relates to fire where £15.6m has been contractually committed or spent to date.

FINANCE

Revenue and Capital Borrowing



Revenue Borrowing

Against the planned deficit of £74.7m the Trust has drawn cash loans of £30.2m in the four months to July 18. This includes £4.3m deficit support relating to 2017/18. Total planned revenue related borrowing in 2018/19 is £79.0m. Borrowing rates for new loans was reduced from 6% to 3.5% in May 2018

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:

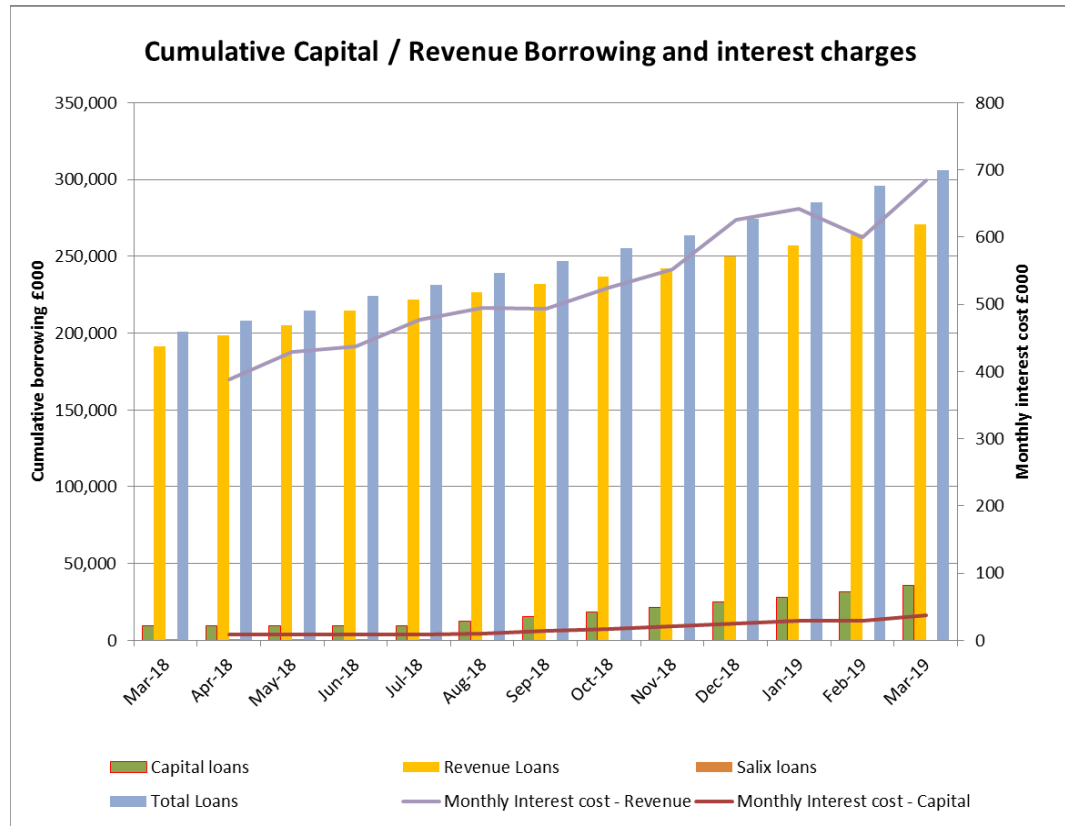
- a daily cashflow covering the next 3 months
- a Board resolution signed by the Trust CEO and Chairman.
- a separate loan agreement signed by the Director of Finance.

Capital Borrowing

A £26.6m capital loan was agreed in relation to the Fire Safety Capital scheme. Against this nothing has been drawn at the end of July 2018. Future drawings have been re-profiled accordingly, in line with the expected delivery of the project.

FINANCE

Cumulative Trust Borrowing



Borrowings and Interest

At 31 July 2018 total 'repayable' borrowings were £231.2m (Salix £0.1m), capital (£9.5m) and revenue (£221.7m). 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), Revenue 1.5% (£155.3m), 3.5% (£23.0m) & 6.0% (£43.4m)

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

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

Repayments

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

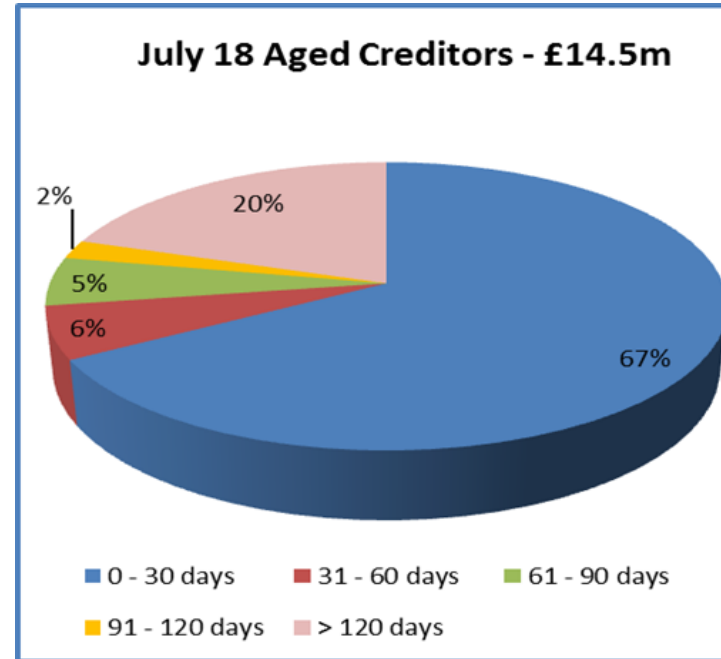
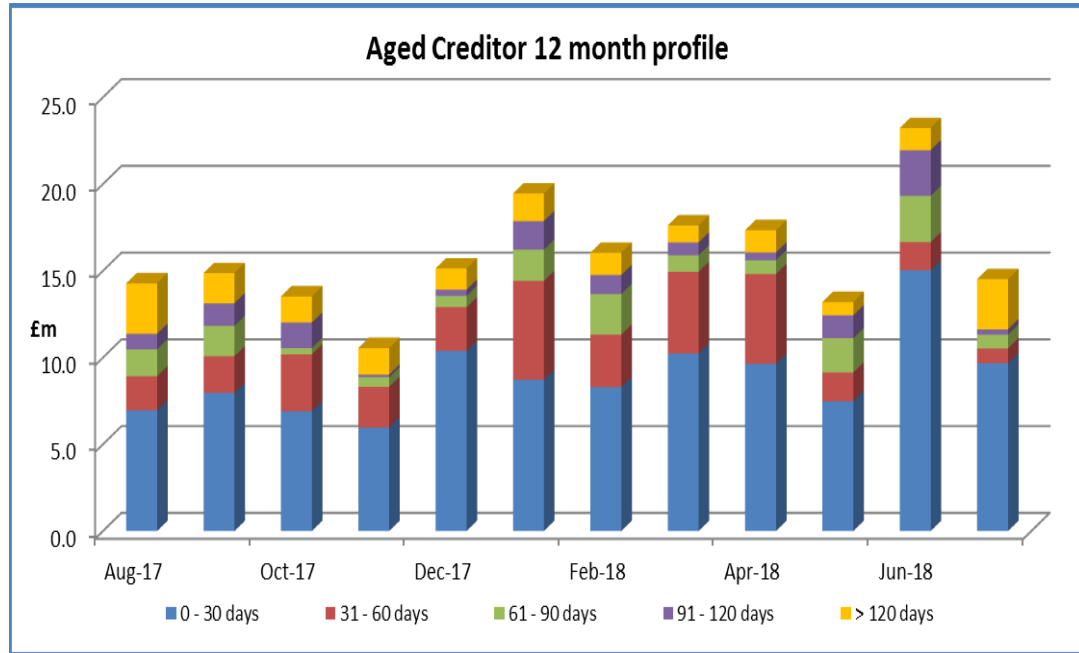
Type	Loan £m	Final repayment	Repayment Terms
Capital	9.5	Nov-32	Repayments commencing Nov 2018 thereafter every 6 months. Annual repayment £0.7m.

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

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Creditor Payments



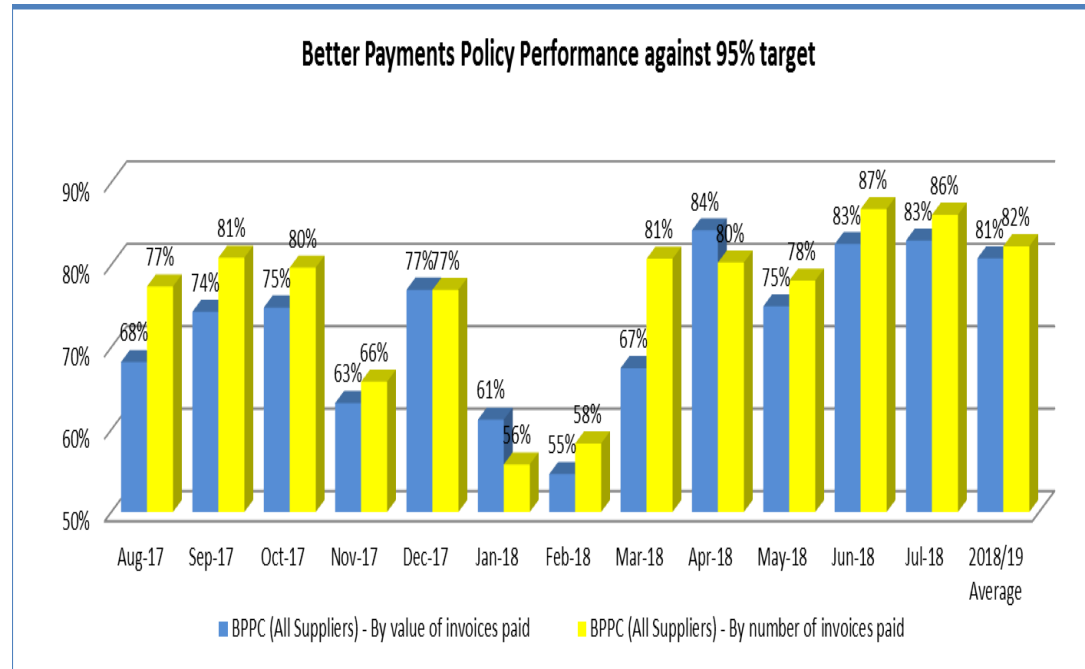
Creditors

Total Creditors were £14.5m at 31 July 2018, of which £4.8m was over 30 days (£3.2m > 90 days). Focusing on those over 90 days old, this equates to 585 separate invoices spread across 168 suppliers. Of this ten suppliers account for 76% (£2.7m) of the outstanding balance.

During the first week of August £0.2m of the overdue 'top ten' has been paid / authorised, while £2.2m has been confirmed as in dispute or where credits are awaited and £0.3m is on hold while quality checks are made.

FINANCE

Performance against the Better Payments Target



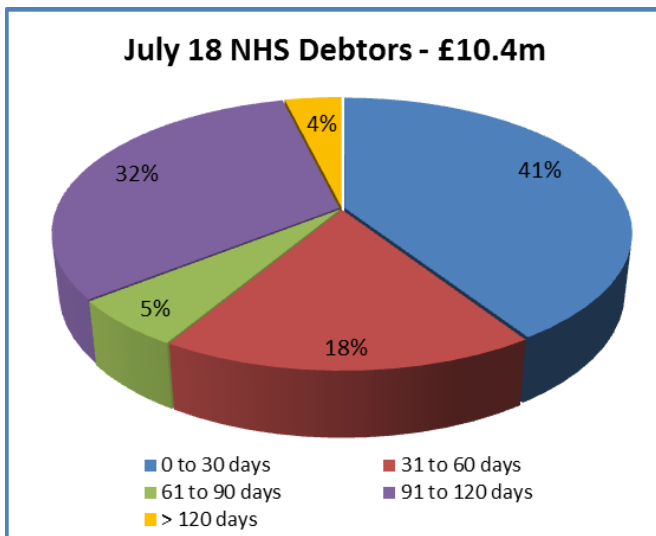
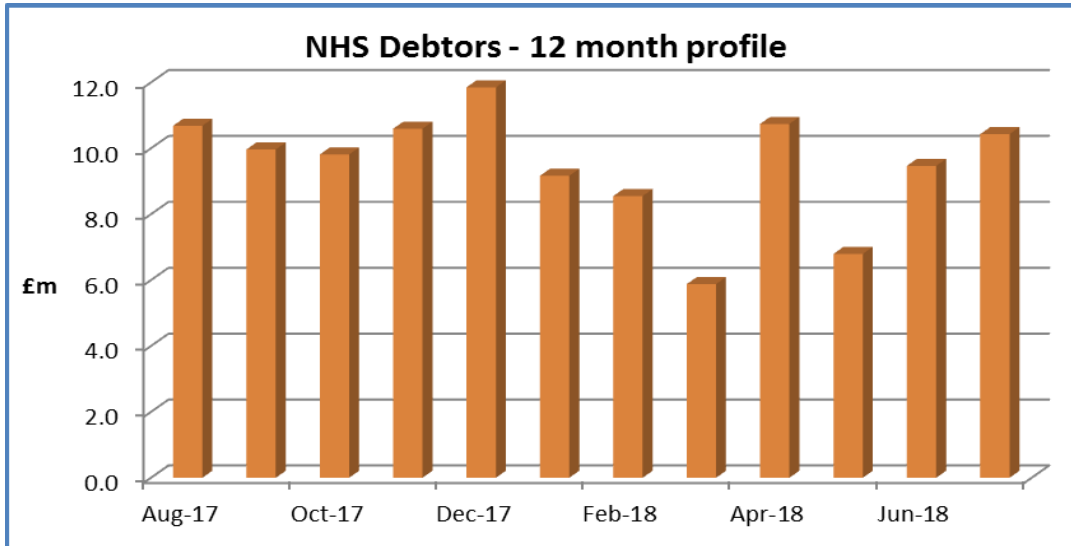
The Better Payment Practice Code (BPPC) requires the Trust to aim to pay all valid invoices by the due date or within 30 days (whichever is the latter).
The year to date and July 2018 performance are shown in the following table

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	911	17,667	40,583	65,896
Total bills paid within target	578	14,300	33,557	53,210
% of bills paid within target YTD	63.45%	80.94%	82.69%	80.75%
% of bills paid within July 2018	71.75%	93.65%	86.34%	80.19%

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NHS Receivables



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

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

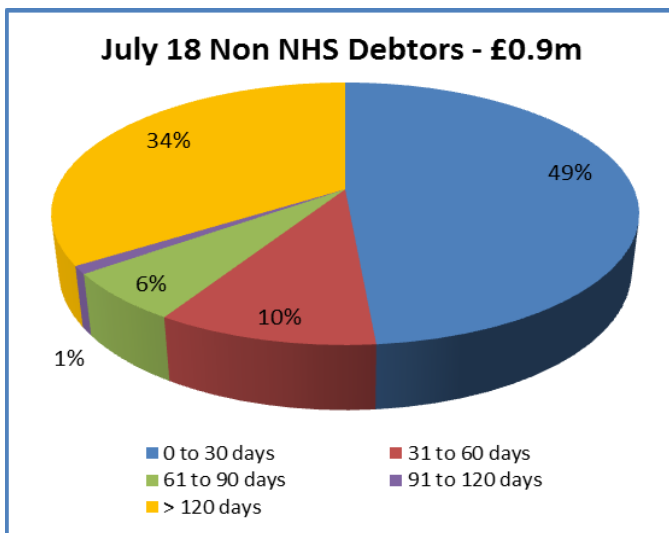
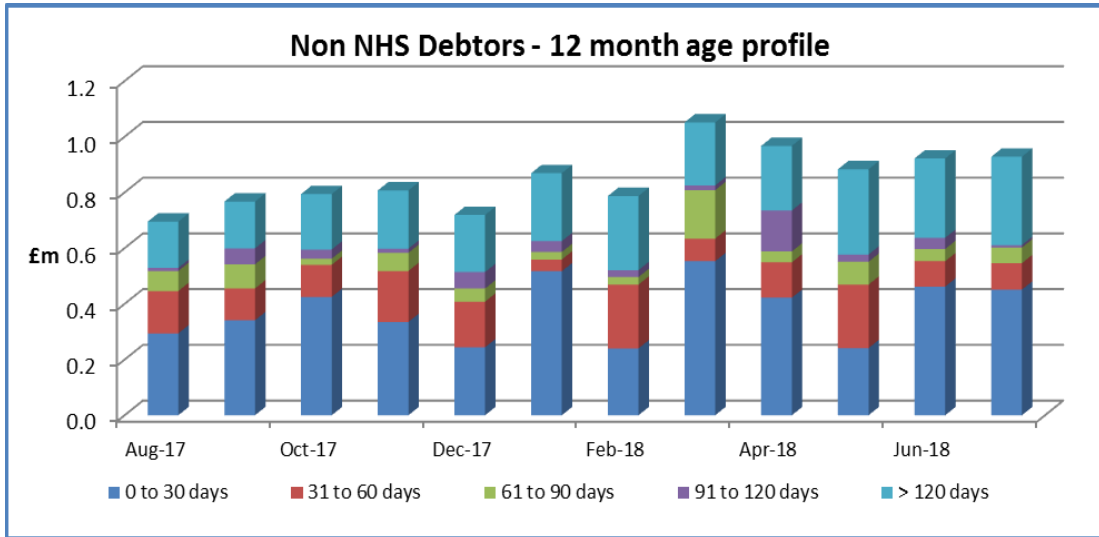
Totals shown in £000	0 - 30 days	31 - 60 days	61 - 90 days	91 - 120 days	120 + days	Grand Total	90+ days
CCGs - Lincolnshire	1,561	1,212	530	3,108	359	6,770	3,467
CCGs - Other	259	240	93	1	(79)	514	-78
Trusts - Lincolnshire	210	48	0	12	55	325	67
Trusts - Other	432	216	19	296	139	1,102	435
Other NHS	1,787	145	(43)	(95)	(74)	1,720	-169
Total	4,249	1,861	599	3,322	400	10,431	3,722

The largest single element remaining unpaid and overdue relates to M12 2017/18 reconciliation invoices raised to each of the Lincolnshire CCGs. These account for £3.0m of the debt > 90 days. In volume terms there are 235 invoices > 90 days at 31 July 2018.

Excellence in rural healthcare

FINANCE

Non-NHS Receivables



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

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

Description	Totals outstanding debt £					Grand Total	90+ days
	0 - 30 days	31 - 60 days	61 - 90 days	91 - 120 days	120 + days		
Overseas Visitors	17,599	24,241	7,556	10,182	155,106	214,685	165,288
Debt Collection - Overseas		7,910		2,597	79,551	90,058	82,148
NHS Non English	6,411	5,005	3,347	3,410	16,124	34,297	19,534
Misc	418,695	43,985	36,649	(7,923)	3,412	494,818	(4,511)
Salary Overpayments	7,699	6,999	6,950	948	9,042	31,637	9,990
Private Patients	2,636					2,636	0
Debt Collection - General	(365)		72		41,551	41,258	41,551
Agreed Installment Plans	(185)				10,515	10,330	10,515
Grand Total	452,490	88,141	54,573	9,214	315,301	919,718	324,515

The balance over 90 days (£0.3m) comprises relatively high volume (215) low value invoices. Of this total £0.1m is being actively managed by the Trust Debt collection agency.

FINANCE

External Financing Limit and Capital Resource Limits

EFL

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

CRL

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

Trusts are not permitted to exceed the CRL.

Position as at 31 July 2018

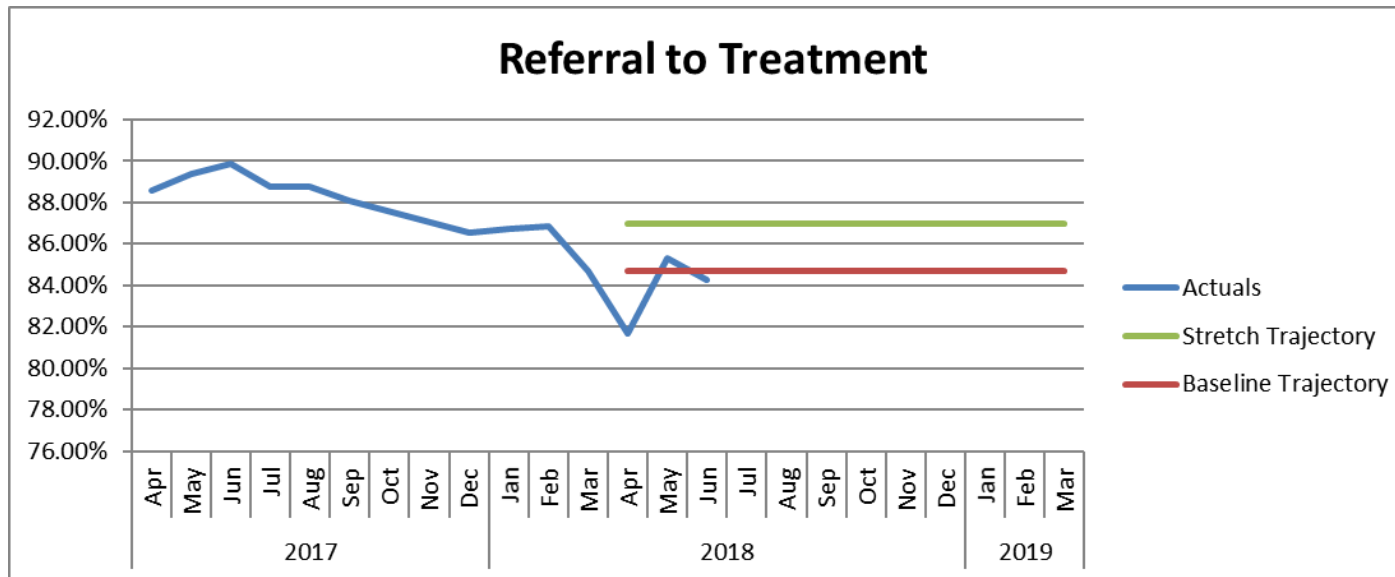
External Financing Limit Target (EFL)	Forecast £000s	Performance against Capital Resource Limit (CRL) Target	Forecast £000s
Anticipated EFL at Plan	109,400	Anticipated CRL at Plan	38,159
Opening EFL allocated to Trust		Opening CRL allocated to Trust	
April 18 Plan movement in cash balances	8,404	Depreciation	12093
Capital element of Finance leases - repayments	-147	Fire safety loan repayments	-778
		Salix Loan repayment	-59
		Capital element of Finance leases - repayments	-147
Initial EFL	8,257	Initial CRL	11,109
Confirmed / actioned adjustments		Confirmed / actioned adjustments	
Interim revenue support loan: deficit financing	25,916		
2017/18 additional deficit financing	4,254		
Adjustment to closing cash: Plan resubmission June 18	-4,024	Fire safety loan repayments	450
Current Notified EFL	34,403	Current Notified CRL	11,559
Anticipated adjustments		Anticipated adjustments	
Fire safety - Loan	26,600	Fire safety - Loan	26600
Fire safety loan repayments	-328	Fire safety loan repayments	
Salix Loan repayment	-59		
Interim revenue support loan: deficit financing	48,784		
Anticipated EFL	109,400	Current Anticipated CRL	38,159
		Forecast Capital expenditure	39,976
		Less Capital funded via Charitable Donations	-592
		Less Net book value of disposed assets	-1225
		Charge against CRL	38,159
		(Over) / Under shoot against CRL target	0

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OPERATIONAL PERFORMANCE

Referral to Treatment – 18 weeks

R



Lead: Mark Brassington, Chief Operating Officer

Timescale: June 2018

Trajectory: 87% stretch ambition by March 2019

Key Issues:

- In June there was an increase of 406 in the backlog of 18week+, specialties with the biggest increased in backlog were ENT, OMF, Urology and Gynaecology
- ENT continues to account for the largest percentage of the Trusts overall 18week+ backlog, the Trust's overall position would increase by 1.8% if ENT were to be excluded
- 13 52 week breaches were declared in June, primary causes linked to a combination of capacity restrictions, cancellations and data quality, 9 Harm Reviews have been completed and returned with no harm, the remaining 4 have not yet been completed

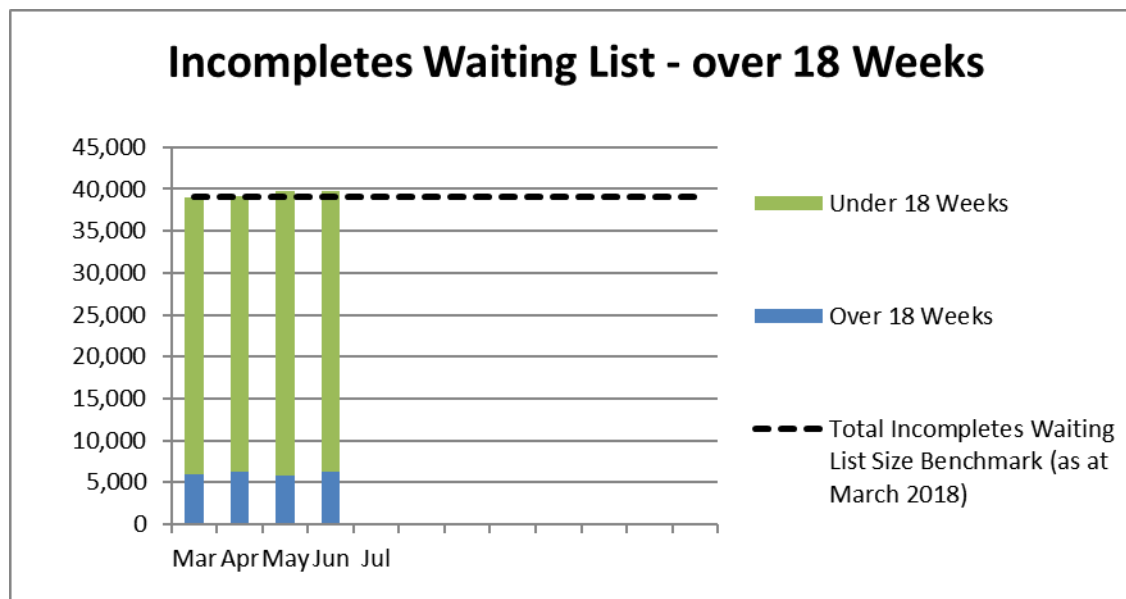
Key Actions:

- A Locum OMF consultant has been secured and started in July
- Data Quality plans are to be implemented and actions taken following the IST review in August
- Revision of the cancelled ops policy to be signed off in August
- Top delay reviews and Red2Green as part of Urgent Care Improvement Plan, in order to reduce bed based cancellations
- Outsourcing of General Surgery is continuing and increased outsourcing within ENT and Ophthalmology from July
- Locum Gastro consultant for 6 months from June
- Locum ENT consultant from July

OPERATIONAL PERFORMANCE

Waiting Lists

G



Lead: Mark Brassington, Chief Operating Officer

Timescale: June 2018

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

Key Issues:

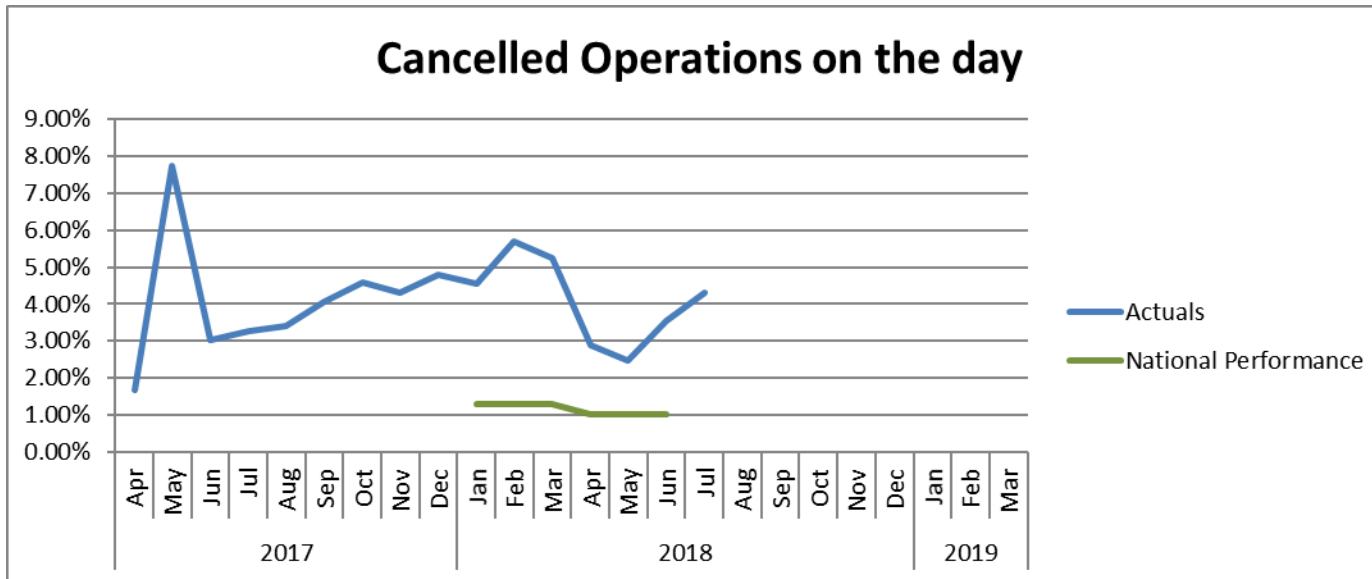
- The total incomplete waiting list decreased by 18 patients during June, however the 18week+ backlog increased by 406 patients
- Head & Neck specialties account for 60% of the 18week+ backlog
- General Surgery, Trauma & Orthopaedics and Gastroenterology account for a combined 24% of the 18week+ backlog, this is a slight reduction on May's position
- At the end of June there were 13 patients incomplete over 52 weeks. Harm reviews have been completed for 11 of these patients – 9 had no harm reported, 2 had low harm reported

Key Actions:

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

Cancelled Operations

R



Lead: Mark Brassington, Chief Operating Officer

Timescale: July 2018

Recovery:

Key Issues:

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

Key Actions:

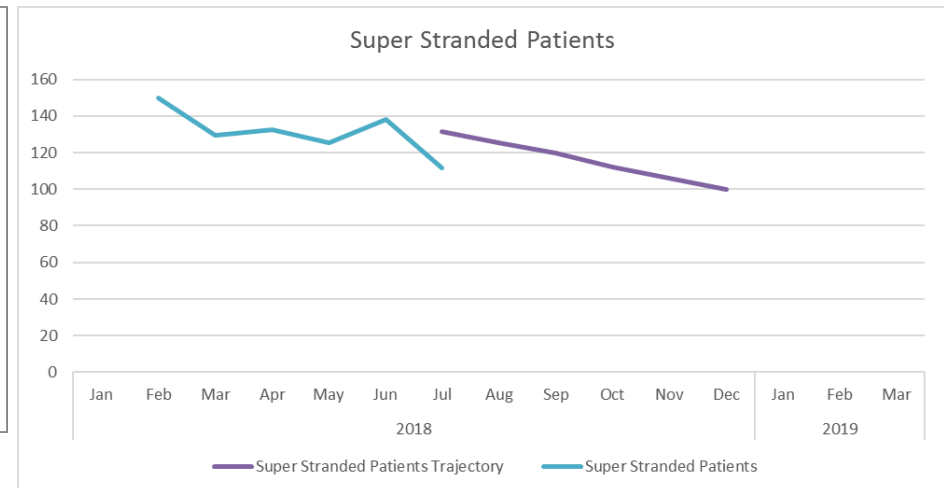
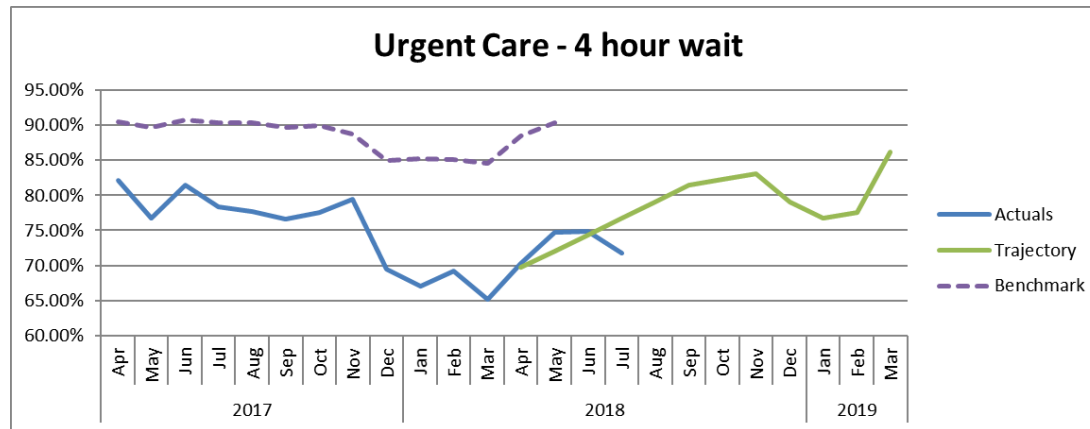
- The Cancelled Operations Policy is due to be signed off by Theatres Optimisation Committee in August
- Theatres Start Policy in place
- Top delay reviews and Red2Green actions described in Urgent Care Improvement will have a positive impact on the reduction in cancellation through bed shortage

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OPERATIONAL PERFORMANCE

Urgent Care – 4 Hour Standard

R



Lead: Mark Brassington, Chief Operating Officer

Timescale: July 2018

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

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

Key Issues:

- Attendance growth of 6.9% against 2017/18 July actual (6.2% YTD)
- Attendance growth of 11.6% against 2018/19 July plan (13.2% YTD)
- Primary Care Streaming is at 13% 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 July the number of Super Stranded Patients in the Trust was 114 against a trajectory of 131.5

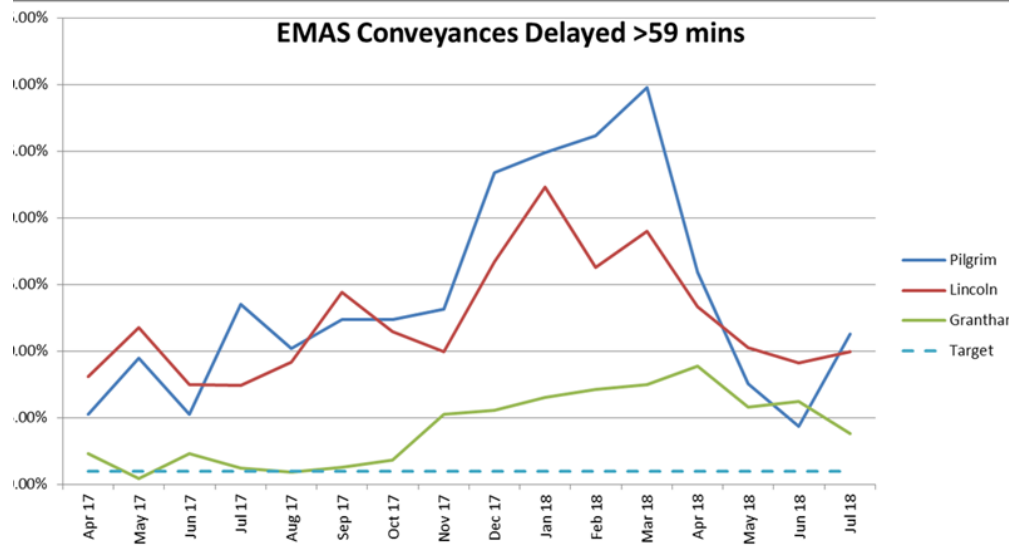
Key Actions:

- Reconfiguration work at PHB commenced
- Plans submitted for expansion of Resus facilities and developing Urgent Care Treatment Centres at LCH and PHB
- New Urgent Care Lead in post and support from Urgent Care Service Improvement Manager ongoing
- Relaunch of Urgent Care Recovery and Delivery Group in August
- Clinical Directorates recruiting to posts approved within Operational Capacity and Delivery Plan
- Ward rounds will begin at 8am from October 2018
- Demand & Capacity analysis being undertaken to align staffing to demand
- Winter Plan first draft to Trust Board in August

OPERATIONAL PERFORMANCE

Ambulance Handover

R



Lead: Mark Brassington, Chief Operating Officer

Timescale: July 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 3% year to date on last year but remaining high last two months

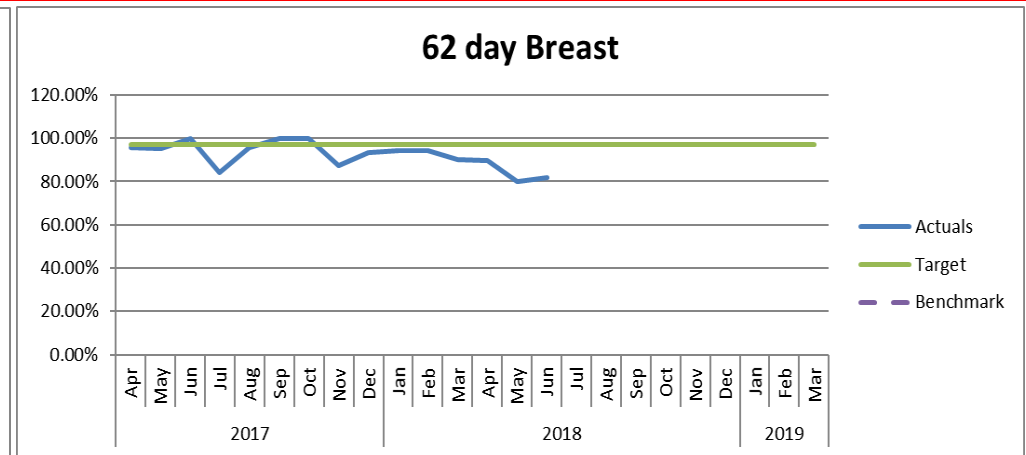
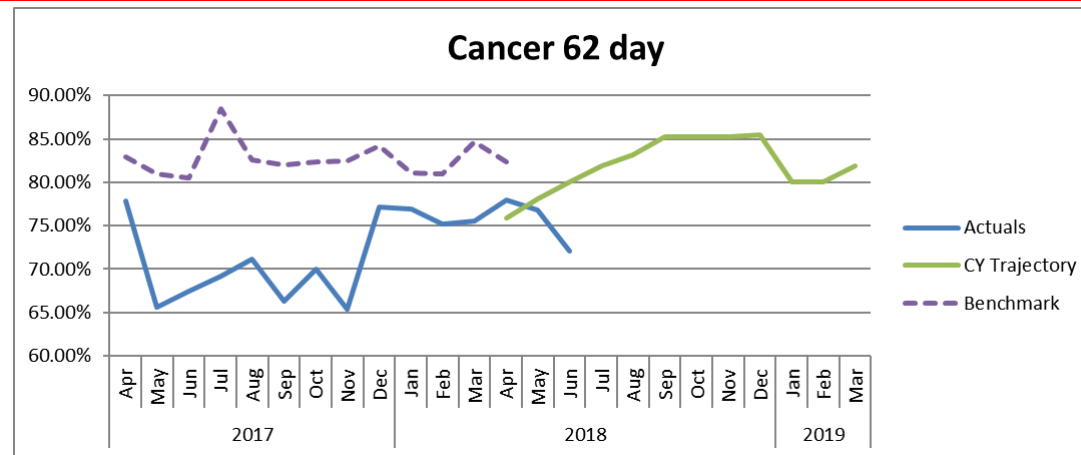
Key Actions:

- With support from SSG Health refine the handover processes to improve to 2nd quartile of 60min handover with <1% 2 hour handovers
- Set up non-A&E inbound screens during August on admissions wards that take patients direct from EMAS
- Plan for potential streaming and nurse allocation at Pilgrim during August, delayed due to staffing constraints
- Reduce overall conveyances by 10% from last year 80th centile rate

OPERATIONAL PERFORMANCE

Cancer Waiting Times – 62 Day

R



Lead: Mark Brassington, Chief Operating Officer

Timescale: June 2018

Trajectory: 85% by September

Key Issues:

- Urology had a 5% negative impact on performance in June compared with May, Breast had a -1.5% impact compared with the long term average
- Pathology waits have deteriorated in recent weeks, 60% turnaround within 10 days
- Oncology pressure, particularly in Urology and Lower GI
- RCA analysis for June 62 day breaches shows key themes (in order of occurrence):
 - Pathology
 - Patient choice and complexity
 - Oncology capacity
 - Theatre capacity (particularly template/TRUS biopsies)
 - Tertiary diagnosis/treatment

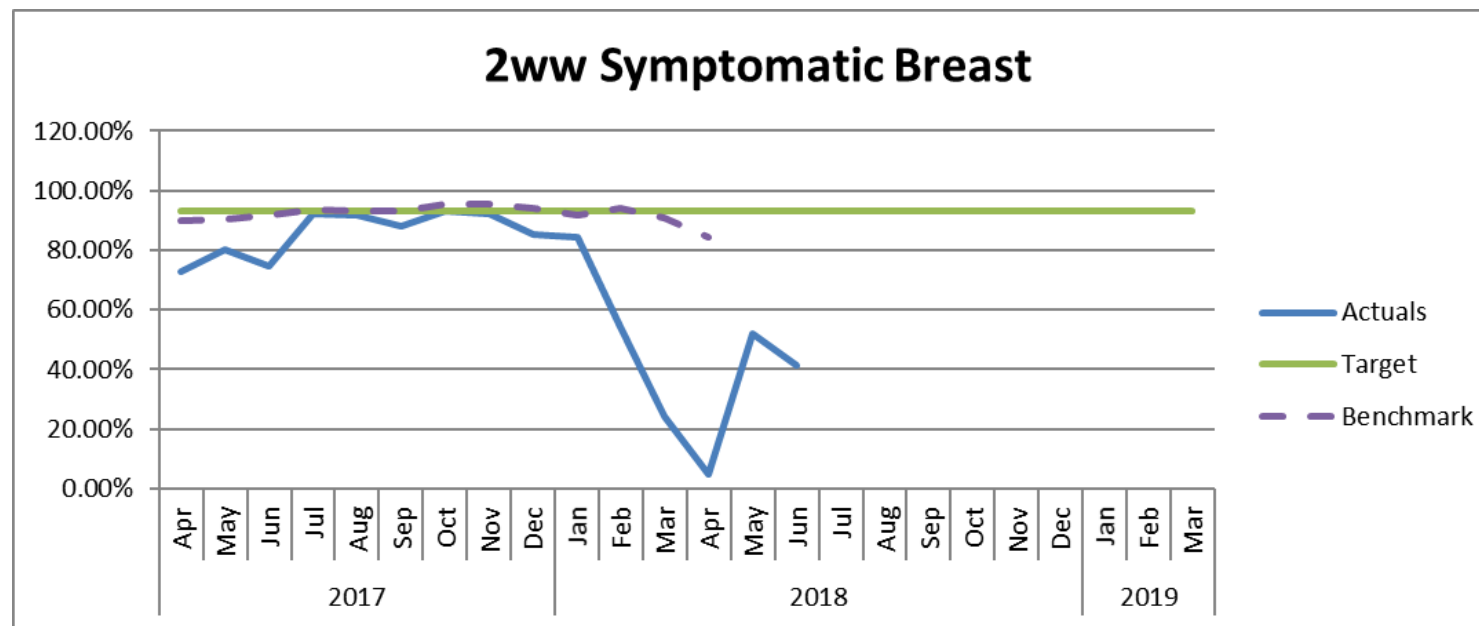
Key Actions:

- Nurse-led triage pilot demonstrated an 8 day reduction in the date of diagnosis for Urology patients between March and May, awaiting EMCA funding sign off to enable full roll out of the service
- Working with Pathology provider to optimise pathways including priority sticker campaign, Pathlinks recruiting additional locum pathologists
- KPMG are to commence within the Trust in September relating to visual management system
- A ENT locum has commenced in post
- Oncology locum commenced in post in August with a further locum due to join in October
- CT biopsy pathway at Grantham launched in August to reduce referral to biopsy timescales

OPERATIONAL PERFORMANCE

Breast 2ww

R



Lead: Mark Brassington, Chief Operating Officer

Timescale: June 2018

Recovery:

Key Issues:

- 20% increase in Breast 2ww referrals during first 4 months of 2018 compared to average referral rates in 2017
- Reduced take up by staff of additional clinic capacity provision at weekends from January 2018 compared with previously, following the transition to national pay structures for additional hours
- Radiology staff vacancies
- The service is currently polling at 17 days

Key Actions:

- A locum radiologist is due to join the Trust in September, additionally Kettering radiologists are now employed on bank contracts. They are to undergo a local induction prior to commencing weekend working
- Diversion of out of county referrals from 1st June
- External review facilitated by East Midlands Cancer Alliance providing support to the development of new referral pathways and discussions around the provision of advice and guidance with CCGs

APPENDIX 1: GLOSSARY

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