

UNITED LINCOLNSHIRE HOSPITALS NHS TRUST

INTEGRATED PERFORMANCE REPORT

PERIOD TO 31 MAY 2018

Excellence in rural healthcare

To:	Board
From:	Karen Brown, Director of Finance, Procurement & Corporate Affairs
Date:	29 th June 2018
Healthcare standard	All healthcare standard domains

Title:	Integrated Performance Report for May 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 May 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%; text-align: center;">Decision</td> <td style="width: 10%; text-align: center;">√</td> <td style="width: 50%; text-align: center;">Discussion</td> <td style="width: 10%; text-align: center;">√</td> </tr> <tr> <td style="text-align: center;">Assurance</td> <td style="text-align: center;">√</td> <td style="text-align: center;">Information</td> <td></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%;">New risks that affect performance or performance that creates new risks to be identified on the Risk Register.</td> <td style="width: 50%;">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 May 2018

- ☒ 4 hour waiting time target – performance of 74.79% in May 2018
- ☒ 4 of the 9 national cancer targets were achieved in April 2018
- ☒ 18wk RTT Incomplete performance in April 2018 was 83.84%, the current unvalidated position for May 2018 as at the 20th June is 84.62%. The final May performance will be submitted on 26th June and is forecast at 84.5-85%
- ☒ 6wk Diagnostic Standard –May 2018 performance was 97.55%

Hotspots

Quality

- Following the external visit by NHS Improvement on the 2nd May, ULHT Infection Prevention 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 better position. There is still much work to be done however and continued efforts to further improve IP&C in ULHT must be maintained. NHS Improvement is intending to visit again in November 2018 to check standards have not deteriorated and it is the intention of the trust to demonstrate improved compliance with the hygiene code. Robust work is taking place around the management of C.diff cases as we recognise the rate of cases is above trajectory and although at the start of the financial year, the trust is in a recovery position.
- Sepsis screening within 1 hour has worsened for April for A&E and for inpatients. There has been a recent change to the screening criteria which has contributed to this decline. To ensure there is continued improvement the Sepsis Practitioners monitor and report performance to wards and managers. Ward managers are required to complete the proforma on all screens not completed within 1 hour or IVAB not administered within 1 hour. This information supports the completion of the thematic analysis report to highlight the ongoing issues why patients are not being screened appropriately or not having the IVAB within 1 hour.

Finance

- Income to date is £1.1m lower than plan. Whilst income increased over plan by £0.5m in Month 2, this was mainly because billed income from patient care activity for April was £1.0m higher than estimated.
- Although FEP delivery is expected to further improve Income from Patient Care as schemes are fully implemented, provision for underachievement of CQUIN, fines and challenges continues to impact negatively on the reported income position. Other Operating Income was £0.5m below plan. Whilst in part this reflected short term operational issues which have now been addressed, further work is required to fully understand the reasons for the under achievement in Other Operating Income.

Excellence in rural healthcare

Performance

- During the first 4 months of 2018 the Trust saw a 20% increase in the number of 2ww Breast Referrals (an average of 135 referrals per week against a baseline capacity of 110 triple assessment slots), coupled with a reduction in Radiology capacity, this has had a significant impact upon the 14 day Suspect Cancer performance since March 2018. 2ww Breast is currently polling at 14/15 days, if additional capacity cannot be provided there is a risk to recovering the standard.
- Primary care streaming is still 10% short of the 25% target for patients being streamed away from A&E and the bed occupancy rate at Lincoln and Pilgrim exceeded the 92% target rate during May.

Workforce

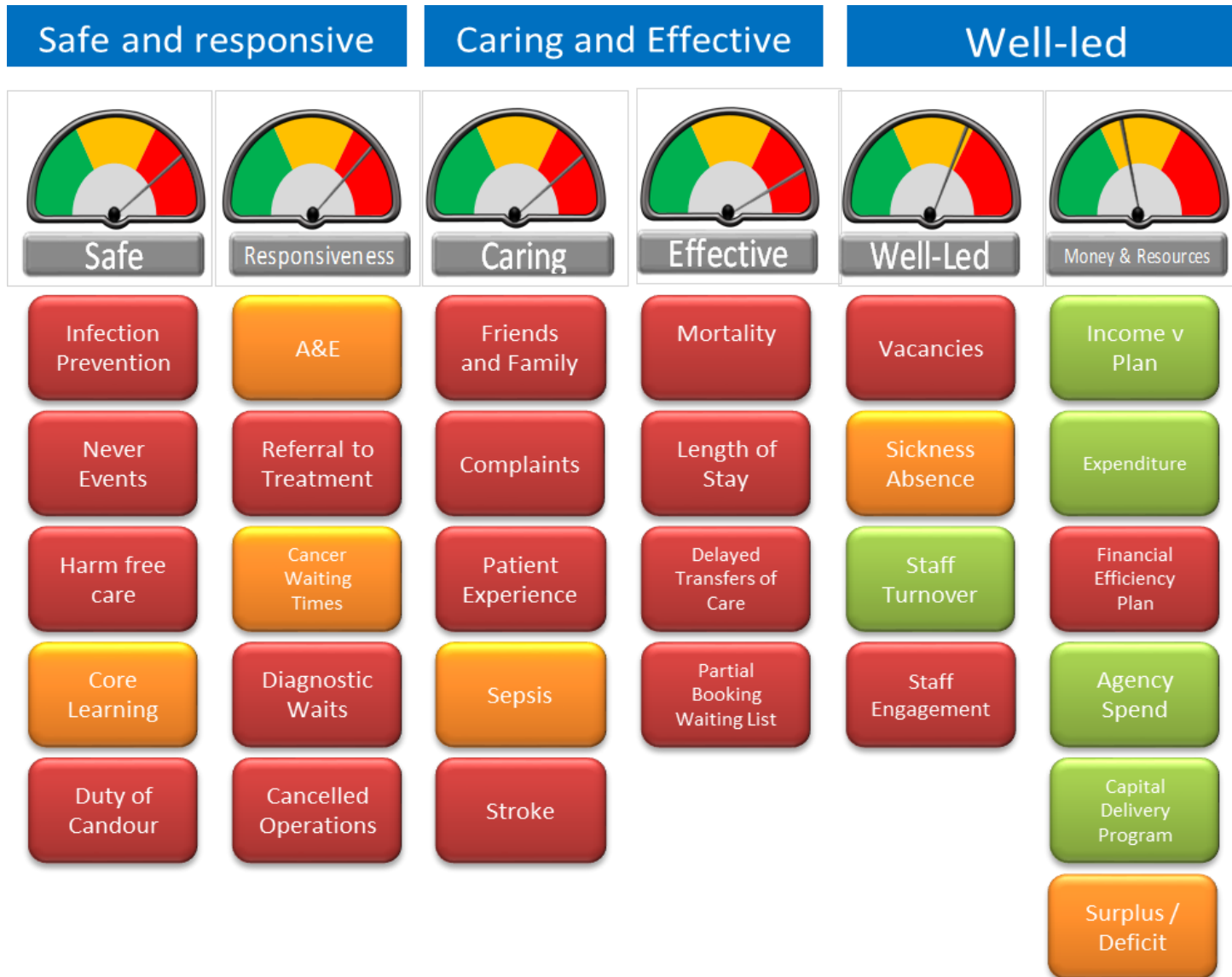
- We are in the process of reviewing both the KPIs and targets for 2018/19, ensuring that they are explicitly linked to the agreed risks in the Board Assurance Framework. These changes will be reflected in the report over the coming months.
- The sickness rate for the month of May was 4.14%, which is a slight increase of 0.08% from the previous month. However the last two months have seen the lowest monthly sickness rates since ESR implementation in 2007.
- We are extremely concerned with the increasing turnover and vacancy rates. This is driving up agency spend once again. We are undertaking a review of our approach to recruitment to determine what more we can do to improve recruitment rates. The relaxation of visa quotas for doctors and nurses announced recently may assist but is not a panacea. We must also seek to change the workforce model and establishment to create a lower cost model and where we have new roles to which we may more easily recruit.
- The rates for core learning and appraisal continue to fluctuate around 90 and 80% respectively and we are finding it difficult to make improvements in this area.
- We continue to focus on leadership and engagement. The indexes referred to here are no longer going to be used, but we have included the variety of actions we are taking in these areas.

Karen Brown

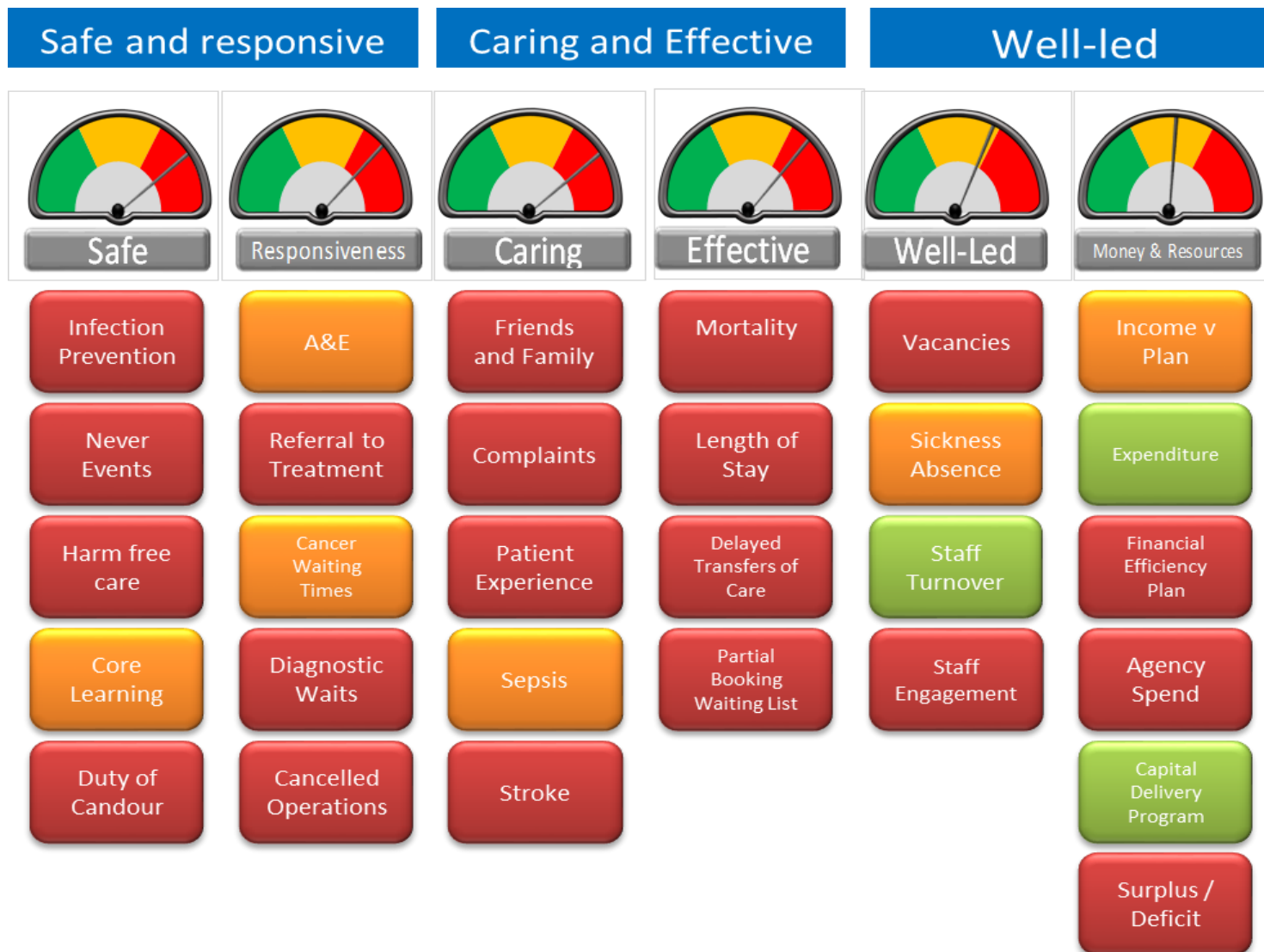
Director of Finance, Procurement & Corporate Affairs

June 2018

TRUST PERFORMANCE OVERVIEW – MAY 2018



TRUST PERFORMANCE OVERVIEW – YEAR TO DATE



TRUST PERFORMANCE OVERVIEW – NATIONAL INDICATORS

Indicator	Measure	Standard	Current Data Month	Month Actual	YTD	Trend	Direction of Travel	Source
Infection Control	Clostrum Difficile (post 3 days)	5	May-2018	8	17		↓ A	Datix
	MRSA bacteraemia (post 3 days)	0	May-2018	0	0		→ G	Datix
Never Events	Number of Never Events	0	May-2018	2	2		↑ A	Datix
No New Harms	New Harm Free Care %	98%	April-2018	98.98%	98.98%		↑ G	Quality
	Pressure Ulcers (PUNT) 3/4	0	April-2018	6	6		↓ A	Quality
Friends and Family Test	Inpatient (Response Rate)	26%	April-2018	22.00%	22.00%		→ A	Envoy Messenger
	Inpatient (Recommend)	96%	April-2018	91.00%	91.00%		↑ A	Envoy Messenger
	Emergency Care (Response Rate)	14%	April-2018	22.00%	22.00%		↓ A	Envoy Messenger
	Emergency Care (Recommend)	87%	April-2018	82.00%	82.00%		↑ A	Envoy Messenger
	Maternity (Reponse Rate)	23%	April-2018	25.00%	25.00%		↑ G	Envoy Messenger
	Maternity (Recommend)	97%	April-2018	98.00%	98.00%		↑ G	Envoy Messenger
	Outpatients (Reponse Rate)	14%	April-2018	5.00%	5.00%		↓ R	Envoy Messenger
	Outpatients (Recommend)	94%	April-2018	93.00%	93.00%		↑ G	Envoy Messenger
Inpatient Experience	Mixed Sex Accommodation	0	April-2018	0	0		→ G	Datix
Stroke	Patients with 90% of stay in Stroke Unit	80%	April-2018	82.14%	82.14%		↓ A	SSNAP
	Swallowing assessment < 4hrs	80%	April-2018	74.60%	74.60%		↑ A	SSNAP
	Scanned < 1 hrs	50%	April-2018	43.80%	43.80%		↓ R	SSNAP
	Scanned < 12 hrs	100%	April-2018	100.00%	100.00%		↑ G	SSNAP
	Admitted to Stroke < 4 hrs	90%	April-2018	57.80%	57.80%		↑ A	SSNAP
	Patient death in Stroke	17%	April-2018	16.10%	16.10%		↑ A	SSNAP
A&E	4hrs or less in A&E Dept	72%	May-2018	74.79%	72.51%		↑ G	Medway
	12+ Trolley waits	0	May-2018	0	0		→ G	Medway
	%Triage Achieved under 15 mins	98%	May-2018	64.62%	61.87%		↑ A	Medway
RTT	52 Week Waiters	0	April-2018	12	12		↓ A	Medway
	18 week incompletes	86.8%	April-2018	81.70%	81.70%		↓ R	Medway
Cancer	62 day classic	76%	April-2018	78.00%	78.00%		↑ G	Somerset
	2 week wait suspect	93%	April-2018	77.60%	77.60%		↓ R	Somerset
	2 week wait breast symptomatic	93%	April-2018	4.80%	4.80%		↓ R	Somerset
	31 day first treatment	96%	April-2018	98.90%	98.90%		↑ G	Somerset
	31 day subsequent drug treatments	98%	April-2018	100.00%	100.00%		→ G	Somerset
	31 day subsequent surgery treatments	94%	April-2018	71.40%	71.40%		↓ R	Somerset
	31 day subsequent radiotherapy treatments	94%	April-2018	95.90%	95.90%		↓ A	Somerset
	62 day screening	90%	April-2018	90.50%	90.50%		↓ A	Somerset
Diagnostic Waits	62 day consultant upgrade	85%	April-2018	84.50%	84.50%		↑ G	Somerset
	diagnostics achieved	99%	May-2018	97.55%	97.14%		↑ A	Medway
Cancelled Operations	Cancelled Operations on the day (non clinical)	0.80%	April-2018	2.88%	2.88%		↓ A	Medway
	Not treated within 28 days. (Breach)	0%	April-2018	14.04%	14.04%		↑ R	Medway
Mortality	SHMI	100.00	Q3 2017/18	112.22	112.22		↓ A	Dr Foster
	Hospital-level Mortality Indicator	100.00	Q3 2017/19	101.69	101.69		↓ G	Dr Foster
Surplus / Deficit	Surplus / Deficit	-6,745	May-2018	-6,998	-15,760		↑ G	FPIC Finance Report
Sepsis	Sepsis Bundle compliance in A&E	90%	April-2018	72.00%	72.00%		↓ R	Quality
	IVAB within 1 hour for sepsis in A&E	90%	April-2018	100.00%	100.00%		↑ G	Quality
	Sepsis screening compliance in inpatients	90%	April-2018	48.00%	48.00%		↓ R	Quality
	IVAB within 1 hour for sepsis in inpatients	90%	April-2018	100.00%	100.00%		↑ G	Quality

TRUST PERFORMANCE OVERVIEW – LOCAL INDICATORS

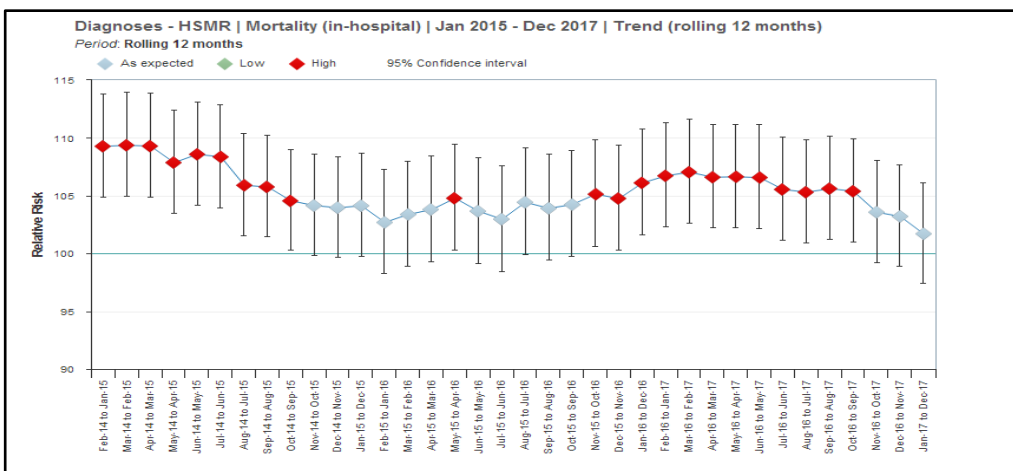
Indicator	Measure	Standard	Current Data Month	Month Actual	YTD	Trend			Source
Infection Control	MSSA	2	April-2018	1	1		↓	G	Datix
	ECOLI	8	April-2018	4	4		→	G	Datix
No New Harms	Serious Incidents reported (unvalidated)	0	April-2018	22	22		↑	R	Datix
	Harm Free Care %	95%	April-2018	92.74%	92.74%		↑	G	Quality
	Catheter & New UTIs	1	April-2018	2	2		↑	R	Quality
	Falls	3.90	April-2018	5.57	5.57		↑	R	Datix
	Medication errors	0	April-2018	92	92		↓	A	Datix
	Medication errors (mod, severe or death)	0	April-2018	8	8		↓	A	Datix
	VTE Risk Assessment	95%	April-2018	97.58%	97.58%		↑	G	Information Services
Core Learning	Overall percentage of completed mandatory training	95%	May-2018	91.83%	91.38%		↑	G	ESR
Complaints	No of Complaints received	70	April-2018	56	56		→	G	Datix
	No of Complaints still Open		May-2018		243		↓	G	Datix
	No of Complaints ongoing		May-2018		19		↓	G	Datix
	No of Pals	0	April-2018	401	401		↑	R	Datix
eDD	eDD	95%	April-2018	87.64%	87.64%		↓	R	EDD
Fracture Neck of Femur	#NOF 24	70%	April-2018	57.63%	57.63%		↑	A	Quality
	#NOF 48 hrs	95%	April-2018	93.22%	93.22%		↑	G	Quality
Dementia	Dementia Screening	90%	May-2018		87.68%		↑	G	Information Services
	Dementia risk assessment	90%	May-2018		100.00%		↑	G	Information Services
	Dementia referral for Specialist treatment	90%	May-2018		81.82%		↑	G	Information Services
Ambulance Handovers	EMAS Conveyances to ULHT		May-2018	4783	9353		↑	R	EMAS
	EMAS Conveyances Delayed >59 mins	47.83	May-2018	423	1069		↓	A	EMAS
Triage	% Triage Data Not Recorded	0%	May-2018	12.48%	15.64%		↓	A	Medway
Cancer	104+ Day Waiters	0	May-2018	4	17		↓	A	Somerset
Length of Stay	Average LoS - Elective (not including Daycase)	2.80	May-2018	2.92	2.96		↓	G	Medway / Slam
	Average LoS - Non Elective	3.80	May-2018	4.55	4.65		↓	A	Medway / Slam
Delayed Transfers of Care	Delayed Transfers of Care	3.5%	April-2018		0.00%		↓	G	Bed managers
Partial Booking Waiting List	Partial Booking Waiting List	0	May-2018	7966	7623		↑	R	Medway
Vacancies	Number of Vacancies	5%	April-2018	12.57%	12.57%		↑	R	ESR
Sickness Absence	All days lost as a percentage of those available	4.5%	May-2018	4.73%	4.74%		↓	G	ESR
Staff Turnover	Staff Turnover	8%	May-2018	5.70%	5.84%		↓	G	ESR
Staff Engagement	Staff Appraisals	95%	May-2018	79.00%	79.50%		↓	R	ESR
Income	Income	36,639	May-2018	37,146	71,273		↑	G	Board Report Master
Expenditure	Expenditure	-43,384	May-2018	-42,728	-84,248		↓	A	Board Report Master
Efficiency Delivery	Efficiency Delivery	858	May-2018	0	0		→	A	FIMS report
Capital Delivery Program	Capital Delivery Program	-3,281	May-2018	-944	-1,081		↓	A	FPIC Finance Report
Agency Spend	Agency Spend	-2,233	May-2018	-2,717	-4,995		↓	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
Infection Control	Clostrum Difficile (post 3 days)	R	G	G	G	R	G	G	R	G	G	R	G	R	G
	MRSA bacteraemia (post 3 days)	G	G	G	G	G	G	G	G	G	G	G	G	G	G
	MSSA	G	G	G	G	A	G	G	G	G	G	G	G	G	G
	ECOLI	G	G	G	G	G	A	A	G	A	G	G	G	A	G
Never Events	Number of Never Events	G	G	G	G	G	G	G	G	G	R	G	G	G	
No New Harms	Serious Incidents reported (unvalidated)	G	R	G	G	R	G	G	R	G	G	R	G	R	R
	New Harm Free Care %	G	G	R	R	G	A	A	G	G	G	R	G	A	
	Falls	R	R	G	G	R	R	R	R	R	G	R	G	R	R
	Medication errors (mod, severe or death)	R	R			R	R	R	R	R	R	R	G	R	R
Core Learning	Pressure Ulcers (PUNT) 3/4	R	G			R	R	R	R	G	R	R	G	R	R
	Sepsis Bundle compliance in A&E	R	R			R	R	R	R	G	G	R	G	R	
	Overall percentage of completed mandatory training	R	A		R	G	A	A	R	R	A	A	R	R	R
	Friends and Family Test	Inpatient (Response Rate)	G	R			G	R	R	R	A	R	R		G
Inpatient (Recommend)		A	R			R	R	A	R	R	R	R		R	R
Emergency Care (Response Rate)		G				G								G	
Emergency Care (Recommend)		G				G								G	
Complaints	Maternity (Reponse Rate)		R												
	Maternity (Recommend)		G												
	Outpatients (Response Rate)	R	R	G		R	R				R	R	G		R
	Outpatients (Recommend)	R	R	R		R	R				R	R	G		R
Stroke	No of Complaints received	A	A			R	G	G	A	G	G	A	A	A	G
	Patients with 90% of stay in Stroke Unit					G								R	
	Swallowing assessment < 4hrs					G								R	
	Scanned < 1 hrs					R								R	
	Scanned < 12 hrs					G								G	
	Admitted to Stroke < 4 hrs					R								R	
Patient death in Stroke					G								R		
Indicator	Measure	Grantham	Women & Children	Clinical Support Services	Lincoln Urgent Care	Lincoln Acute Medicine	Haematology & Oncology	Cardiology	Lincoln Surgery & Urology	Lincoln TACC	Pilgrim TACC	Pilgrim Surgery	Head & Neck	Pilgrim Acute Medicine	Orthopaedics
A&E	4hrs or less in A&E Dept	A			A									R	
	12+ Trolley waits	G			G									G	
	EMAS Conveyances to ULHT	R			R									R	
	% Triage Data Not Recorded	R			R									R	
	%Triage Achieved under 15 mins	R			R									R	
RTT	EMAS Conveyances Delayed >59 mins	R			R									R	
	18 week incompletes	A	G			A		G	R		A	R	R	R	R
Cancer	62 day classic	A				R	G		R			G	R	R	
	2 week wait suspect	R	R			A	G		R			R	R	A	
	2 week wait breast symptomatic											R			
	31 day first treatment	R				G	G		A			G	G	G	
	31 day subsequent drug treatments						G								
	31 day subsequent surgery treatments	G							A			R			
	31 day subsequent radiotherapy treatments														
62 day screening	G							R			G				
Partial Booking Waiting List	Partial Booking Waiting List	R	R			R		R	R		R	R	R	R	G
Vacancies	Number of Vacancies	G	R		R	R	R	R	R	R	G	G	G	G	R
Sickness Absence	All days lost as a percentage of those available	G	G	G		G	G	G	G	G	G	G	G	G	G
Staff Turnover	Staff Turnover	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

QUALITY

Reduction of Harm Associated with Mortality R



Lead: Neill Hepburn, Medical Director

Timescale: Q3 2017/18

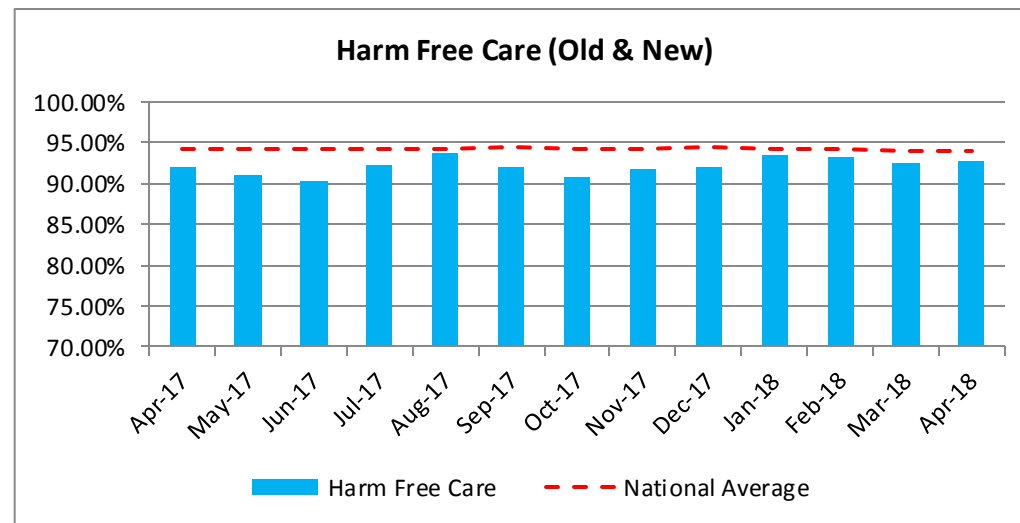
Key Issues:

- Pilgrim is not alerting within HSMR, however is a contributory factor to the Trust alerting diagnosis groups
- At the Lincolnshire Mortality Collaborative it has been highlighted there are more community hospitals surrounding Pilgrim area compared to Lincoln
- Higher proportion of deaths within 30 days of discharge at PHB died within the community compared to LCH

Key Actions:

- There is a coding improvement plan in place and a business case has been approved for coding department improvements
- Patient Safety Conference was held on 1st May

Harm Free Care (Safety Thermometer) R



Lead: Michelle Rhodes, Director of Nursing

Timescale: April 2018

Key Issues:

- The Trust scored 92.7% for April which is worse than national average 93.89% for Harm Free Care.
- The 7 pressure ulcers consisted of 5 category 2, 1 category 3 and 1 category 4. The category 3 was from Lancaster ward at Lincoln and the category 4 was from 6A at Pilgrim.
- The 2 catheters and new UTI were from CSSU and Neustadt Welton at Lincoln.
- A monthly report is disseminated to all wards and managers detailing the harms for each ward and individual ward compliance with harm free care.

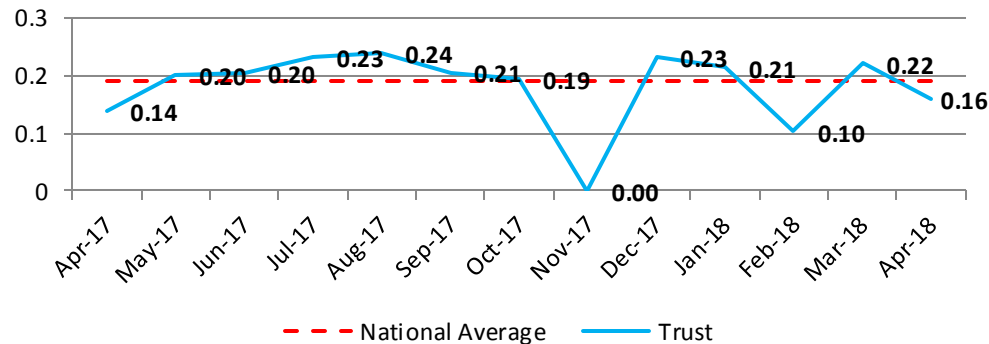
Excellence in rural healthcare

QUALITY

Falls

G

Falls with Harm per 1000 OBD - ULHT



Lead: Michelle Rhodes, Director of Nursing

Timescale: April 2018

Key Issues:

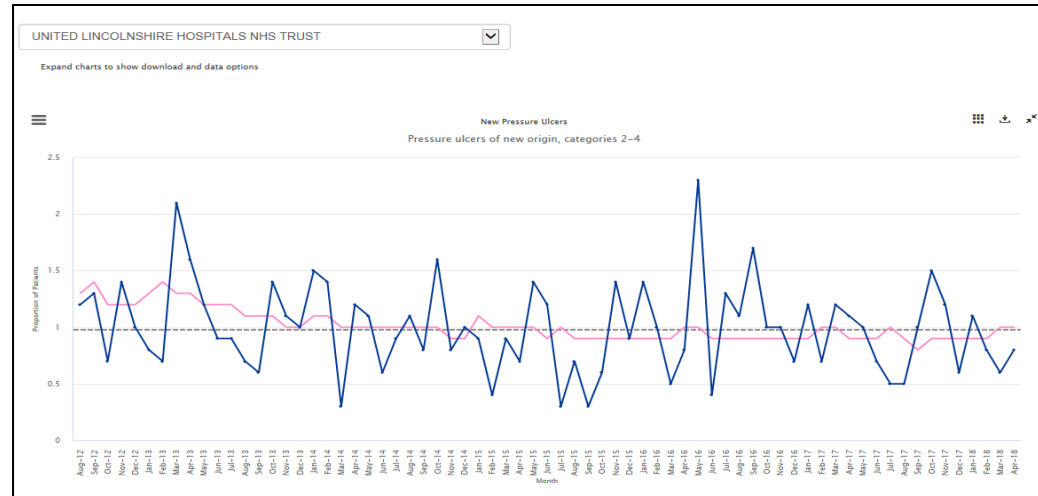
- All falls per 1000 OBDs for the Trust in April 2018 is 5.57 which is better than the national average of 6.63
- Falls with harm per 1000 OBD for the Trust in April 2018 is 0.16 which is better than the national average of 0.19
- There were 66 falls with harm from April 2017 – March 2018. The Trust has set an improvement trajectory for 2018/19 to reduce the number of falls with harm by 10% equating to a monthly trajectory of 5 or less falls with harm.

Key Actions:

- Work has commenced to progress the falls improvement plan approved by Quality Governance Committee in May 2018. The falls data from April 2017 has been cleansed, validated and rerun to ensure reporting of inpatient falls only. Incidents reported on Datix under the “accident of some other type or cause”, “collision with an object” and “collapse of a structure or fitting” categories for 2017/18 have been cleansed and any falls re categorized into the appropriate category. Falls in “slips on ice or snow” have been moved to “fall on level ground” and the “slips on ice or snow” category removed from Datix.

Pressure Damage

R



Lead: Michelle Rhodes, Director of Nursing

Timescale: April 2018

Key Issues:

- The continued development of hospital acquired pressure damage is unacceptable and reducing harm remains a high priority. Ward 8A remains an area of concern and is subject to targeted support from the Tissue Viability team. The Ward Manager has developed a local improvement plan.
- The Tissue Viability team are focusing on increasing the support they provide to clinical teams and providing targeted education.

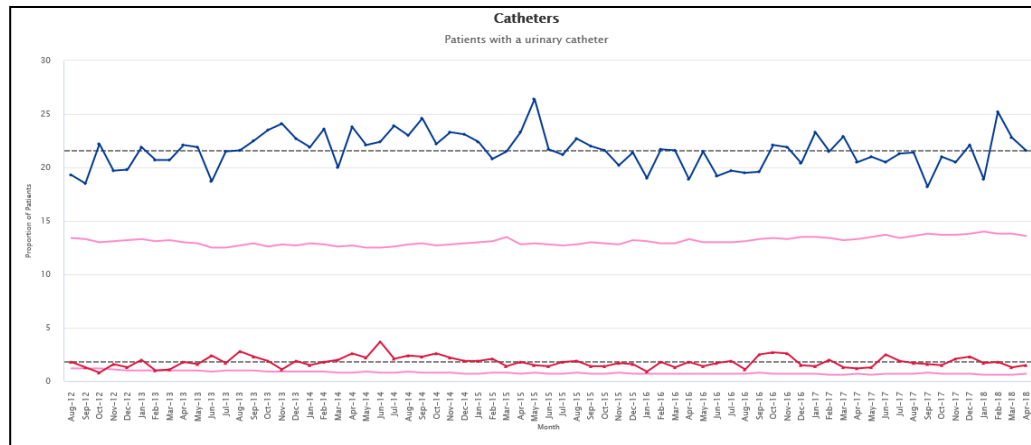
Key Actions:

- The scrutiny panel process has been strengthened from April to improve accountability and assurance processes, and timely learning from incidents.
- Detailed paper being presented to Quality Governance Committee in June 2018 outlining improvement trajectories, performance management strategy and quality improvement support. Benchmarking data is being explored and Key Performance Indicators will be determined in conjunction with this strategy.

QUALITY

CAUTI

R



Lead: Michelle Rhodes, Director of Nursing

Timescale: April 2018

Key Issues:

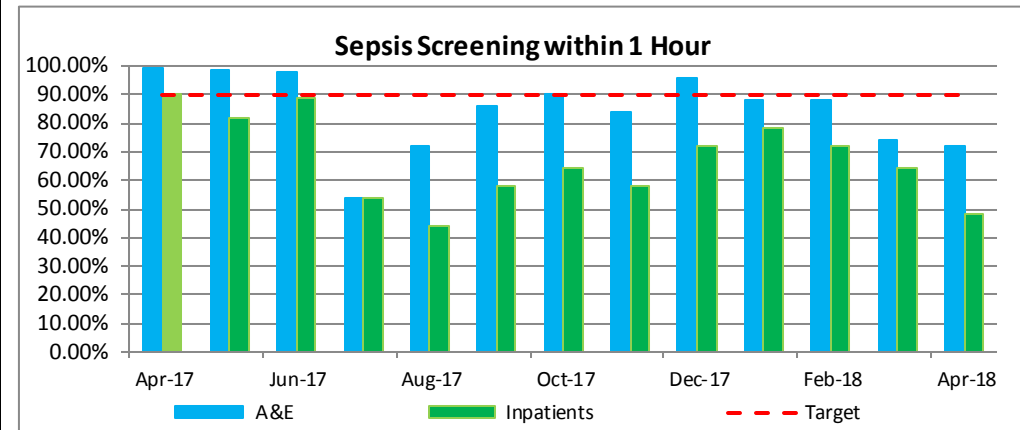
- In April 2018 the Trust catheterisation rate was 21.6% during the point prevalence safety thermometer audit which is worse than the national average for April 2018 of 13.8%.
- In April 2018 the Trust catheter with UTI (CAUTI) was 1.5% which is worse than the national average for April of 0.7%.

Key Actions:

- Compliance audit of current catheter bundle undertaken in May prior to launch of revised HOUDINI catheter care bundle which will encourage both timely and nurse initiated removal of catheters. Pilot of the HOUDINI catheter care bundle in ACU Grantham commenced May 2018.
- Participation in NHSI national improvement collaborative for system wide improvement focusing on interventions to reduce healthcare associated UTIs, including CAUTIs.
- Detailed improvement plan to be presented to Quality Governance meeting outlining new trajectories for Directorates, performance management strategy and national collaborative work.

Sepsis

R



Lead: Michelle Rhodes, Director of Nursing

Timescale: April 2018

Key Issues:

- Sepsis screening within 1 hour has worsened for April for A&E and for inpatients. There has been a recent change to the screening criteria which has contributed to this decline. A step by step guide has been sent out to all areas and is available on the intranet which highlights these changes.

Key Actions:

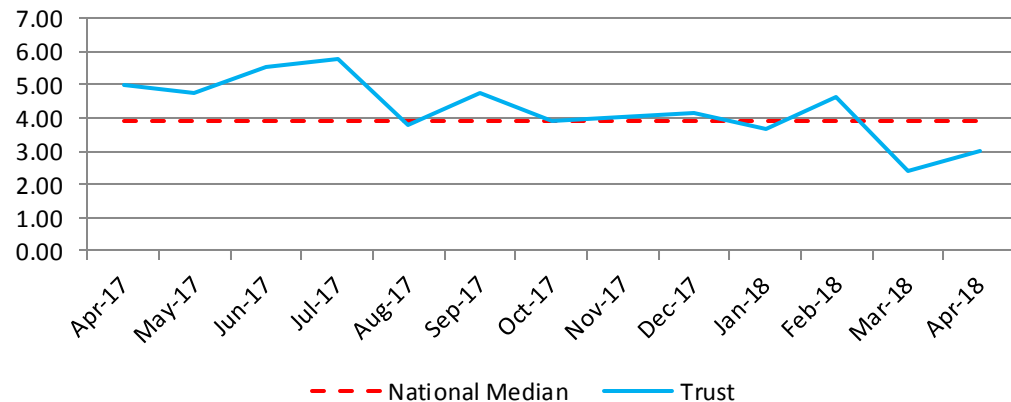
- To ensure there is continued improvement the Sepsis Practitioners monitor and report performance to wards and managers. Ward managers are required to complete the proforma on all screens not completed within 1 hour or IVAB not administered within 1 hour. This information supports the completion of the thematic analysis report to highlight the ongoing issues why patients are not being screened appropriately or not having the IVAB within 1 hour. Wards and departments who fail to return their completed proforma is escalated to the HoN.

Excellence in rural healthcare

QUALITY

Medication Incidents R

Medication Incident per 1000 bed days



Lead: Michelle Rhodes, Director of Nursing

Timescale: April 2018

Key Issues:

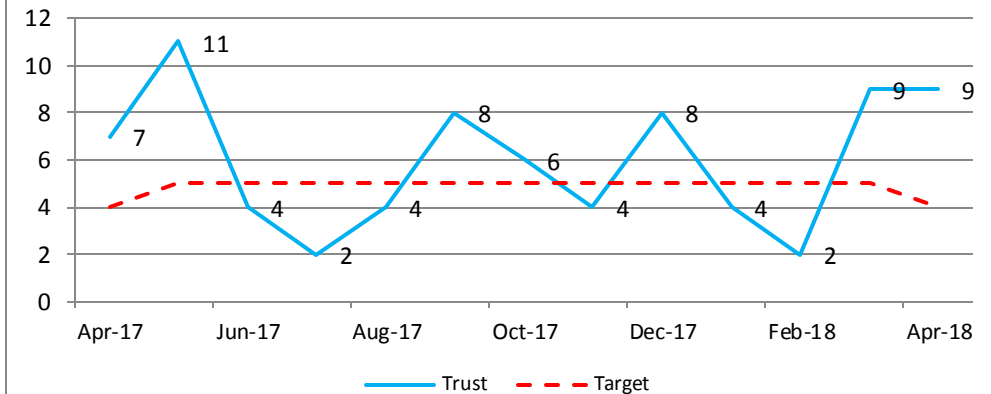
- Reporting of incidents is an essential indicator of safe and effective care. Whilst lower rates of incidents reporting can be seen as an issue this is linked to a range of other safety culture linked elements rather than as a direct correlation. Work is ongoing with NHS improvement safety colleagues to continue to develop reporting benchmarks.

Key Actions:

- Pharmacy produced an action plan as a response to NHS Improvement deep-dive which is also included in the Quality Safety Improvement Programme (QSIP) for 2018/19
- The Controlled Drugs Audit is due to restart in a new format agreed at MopS in the May 2018 meeting. The aim is to separate the technical and legal issues from safety. This should enable us to get a better understanding of our current practice.

Infection Prevention G

Trust C.Difficile Hospital Acquired



Lead: Michelle Rhodes, Director of Nursing

Timescale: April 2018

Key Issues:

- 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 better position. There is still much work to be done however and continued efforts to further improve IP&C in ULHT must be maintained.

Key Actions:

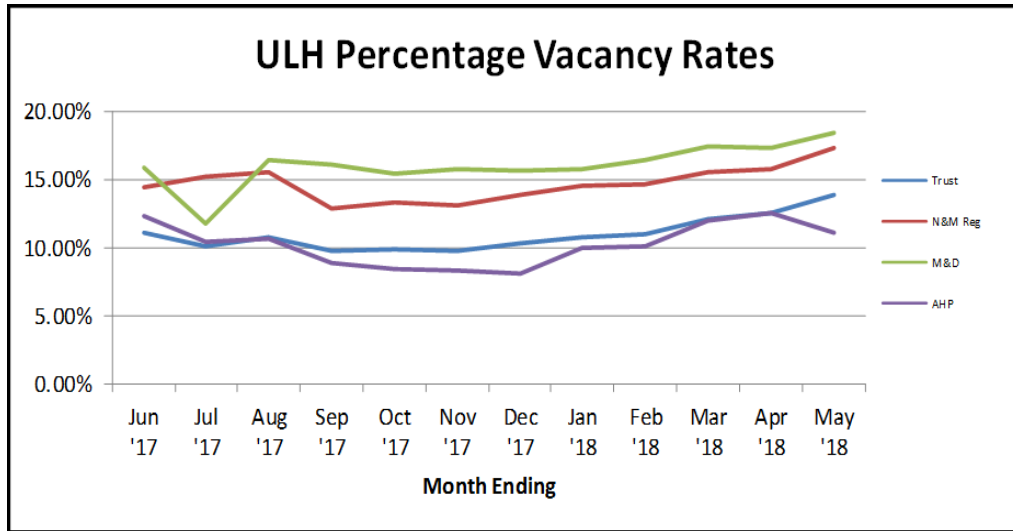
- NHS Improvement is intending to visit again in November 2018 to check standards have not deteriorated and it is the intention of the trust to demonstrate improved compliance with the hygiene code. Robust work is taking place around the management of C.diff cases as we recognise the rate of cases is above trajectory and although it the start of the financial year, the trust is in a recovery position.
- The lead Nurse post has been redesigned and is going through the recruitment process

Excellence in rural healthcare

WORKFORCE

VACANCY RATES

R



Lead: Martin Rayson, Director of HR &OD

Timescale: May 2018

Key issues:

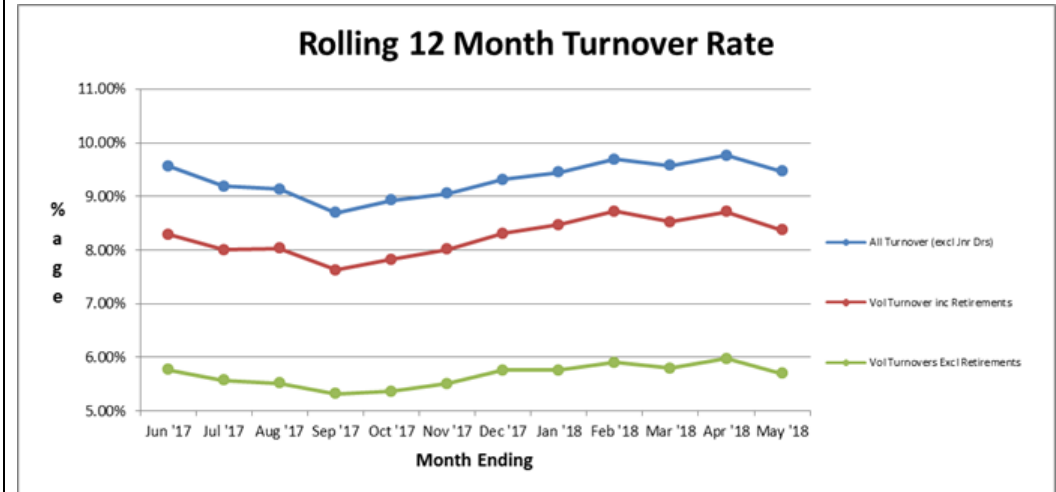
- The overall Trust vacancy rate for May is 13.91%, which is an increase when compared to 11.40% in May 2017.
- The main reason for the rise in vacancies appears to be due to an overall increase of 105.03 Ftes in funded establishments

Key Actions:

- Review of approach to recruitment underway
- Project underway to develop a new workforce model for ULHT

VOLUNTARY TURNOVER

G



Lead: Martin Rayson, Director of HR &OD

Timescale: May 2018

Key Issues:

- Based on the latest (March 2018) benchmarking data available from NHS Digital for other Large Acute Hospitals (x 35 Trusts) the current Trust turnover rate (excl. junior doctors) of 9.47% ranks it 10th lowest out of the 35 Trusts which have a turnover rate ranging from 6.79% to 15.88%.

Key Actions:

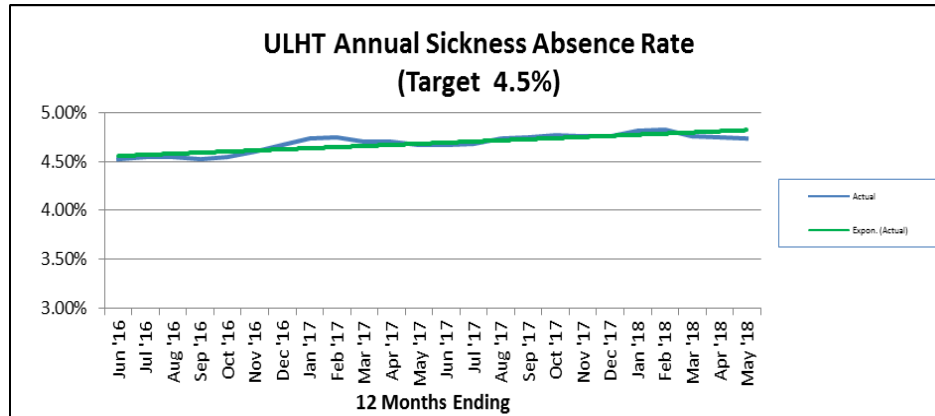
We are finalising our retention plan that has been developed as part of the NHSI 90 day project. This will focus on four areas:

- We understand why staff are leaving
- We can offer better development opportunities and career pathways
- We have more consistency in flexible working
- We offer "retire and return" option

WORKFORCE

SICKNESS ABSENCE

A



Lead: Martin Rayson, Director of HR &OD

Timescale:

Key issues:

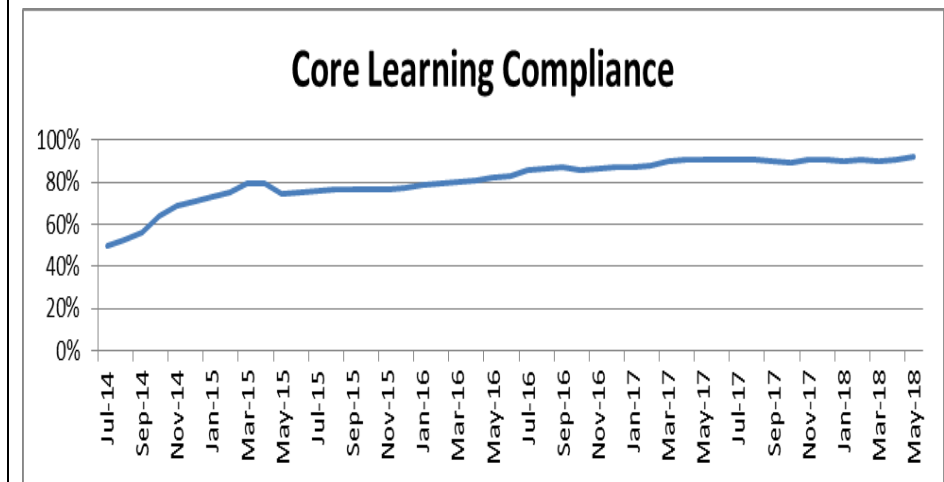
- The Trust annual rolling 12 month sickness rate is 4.73%, above our target of 4.50%.
- The in-month rate however has reduced for the third consecutive month with the last two months seeing the lowest monthly rates since ESR was implemented in 2007

Key Actions:

- A number of final hearing panels have been arranged over the next few months
- Advisors have a number of home visits planned to support staff absences where employees are unable to attend meetings at sites
- A planned timetable is being arranged to focus on increasing Return To Work and supporting managers to complete

CORE LEARNING

A



Lead: Martin Rayson, Director of HR &OD

Timescale:

Key issues:

- This month the core learning rate is 91.92% (an increase of 1.08%). This is the highest it has ever been.

Key Actions:

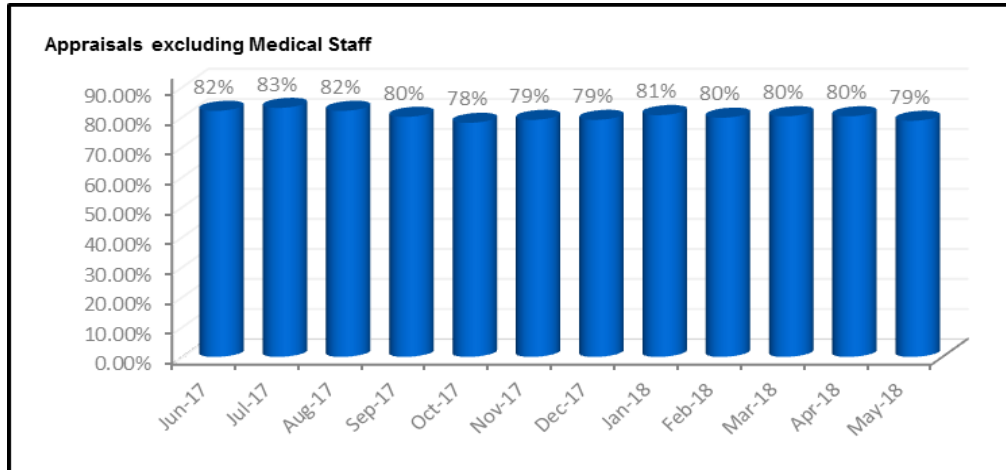
- We have, through monthly performance meetings, asked Directorates to report back on how they will improve compliance in core learning in the next month.
- We are working on a new set of performance indicators to cover core learning for the remainder of the 18/19 year and beyond.

Excellence in rural healthcare

WORKFORCE

APPRAISAL RATES

R



Lead: Martin Rayson, Director of HR &OD

Timescale:

Key issues:

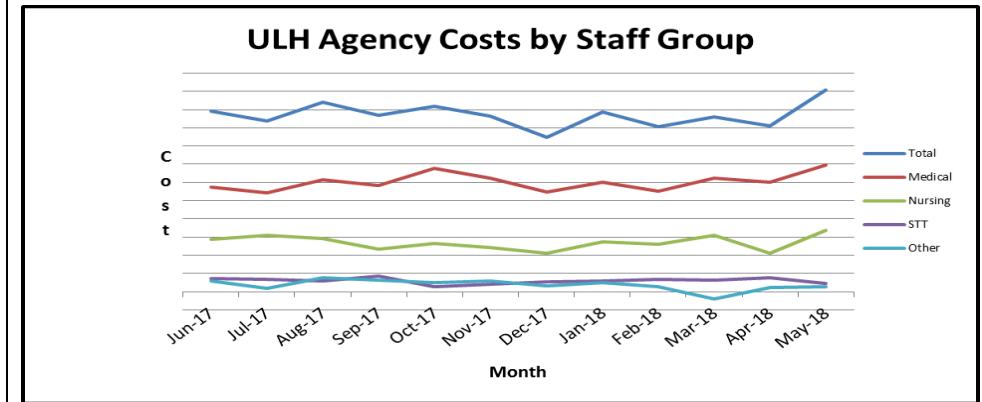
- The non-medical appraisal rates has decreased by 1.75% from the previous month and is 0.49% lower than May 2017.
- The Medical Workforce appraisal rate for the month ending May 2018 has remained at 98%.

Key Actions:

- New Individual Performance Management process launched which includes bi-monthly check-ins
- Staff training taken place to support implementation
- We do struggle to progress beyond a rate of 80% as the chart shows

AGENCY SPEND

G



Lead: Martin Rayson, Director of HR &OD

Timescale: April 2018

Key issues:

- Spend continues to be above target and has increased by £490,627 in May compared to the previous month. Spend has also decreased by £19,808 when compared to £2.748m in May 2017.

Key Actions:

- Medical bank via Holt implemented from 14th May
- Finalising an Agency Cost Reduction Plan

Excellence in rural healthcare

FINANCE

Finance and Use of Resources Metric R

	Year to date	Forecast
Capital service cover rating	4	4
Liquidity rating	4	4
I&E margin rating	4	4
I&E margin: distance from plan	4	1
Agency rating	2	2
Overall Risk rating after overrides	4	4

The Finance and Use of Resources metric is made up of 5 component elements with equal weighting and a range of 1 (good) - 4 (poor).
The Trust is unlikely to improve from a rating of 4 until such time as it is able to deliver sustained financial balance and agrees a long term funding solution to cover historic debt.

(Surplus)/Deficit R

	Plan	Actual	Variance
In Month £k	(6,745)	(6,997)	(252)
Year to Date £k	(14,148)	(15,760)	(1,612)

Overall, the Trust is to date £1.6m adverse from plan; comprising of a £1.1m adverse movement to plan on Income and £0.5m adverse movement to plan on Operating Expenditure. In part, this reflects lower than planned delivery of FEP.

Whilst income moved favourably to plan by £0.5m in Month 2, this is mainly because billed income from patient care activity for April was £1.0m higher than estimated at Month 1, and the in-month position would be significantly worse than the reported £0.3m adverse movement to plan had it not been for the benefit in relation to April billing.

The overspend within Operating Expenditure is primarily caused by the adverse movement to plan in Pay, which reflects higher than planned use of temporary staffing.

Cash A

	Plan	Actual	Variance
Year to Date £k	2,248	2,799	551
Year End Forecast £k	2,129	2,129	0

The cash balance at 31 May 2018 was £2.8m. This includes revenue cash loans drawn in April / May of £13.7m. Total revenue and capital borrowings at 31 May were £217.1m and are forecast to rise to £310.5m by the end of 2018/19. As a consequence of this borrowing costs are anticipated to be £6.7m in I&E terms, and in cash terms £5.5m. The financial plan assumed that from August all new and existing borrowing rates at 6% would be revised to 3.5%. In practice, whilst rates on new loans have reduced to 3.5% earlier than planned in May, existing borrowing rates have remained unchanged.

Income R

	Plan	Actual	Variance
In Month £k	36,639	37,147	508
Year to Date £k	72,415	71,274	(1,141)

Income to date is £1.1m adverse to plan. Whilst income moved favourably to plan by £0.5m in Month 2, this is mainly because billed income from patient care activity for April was £1.0m higher than estimated at Month 1. Although FEP delivery is expected to further improve Income from Patient Care as schemes are fully implemented, provision for underachievement of CQUIN, fines and challenges continues to impact the reported income position.

Other Operating Income is £0.5m adverse to plan. Whilst in part this reflects short term operational issues which have now been addressed, further work is required to fully understand the reasons for the under achievement in Other Operating Income.

Operating Expenditure R

	Plan	Actual	Variance
In Month £k	(41,954)	(42,728)	(774)
Year to Date £k	(83,746)	(84,249)	(503)

Pay to date is £0.6m adverse to plan. Overall Pay expenditure in Month 2 only reduced by £0.1m in comparison to Month 1, because whilst expenditure on Bank staffing reduced by £0.4m in May, this has been offset by an equivalent increase in expenditure on Agency staffing.

Non Pay to date is £0.1m favourable to plan. Whilst Non Pay moved £0.4m adversely to plan in Month 2, the major movements in Non Pay in Month 2 relate to activity-related expenses i.e. drugs, clinical supplies and services.

Capital G

	Plan	Actual	Variance
Year to Date £k	889	945	(56)
Year End Forecast £k	38,934	38,934	0

A detailed capital plan has been developed with scheme leads signing off the values and phasing. The Capital spend to date is broadly aligned to plan with a number of minor variances within the position. These are being addressed directly with individual leads and assurances have been given that all actuals will deliver to plan. The forecast requires significant spend in the final 10 months of the financial year but this is as per the plan.

FINANCE

Cost Improvement Plans				Pay bill				Agency Cap			
			R				R				R
	Plan	Actual	Variance	Year to Date £k	Plan	Actual	Variance	Year to Date £k	Ceiling	Actual	Variance
Year to Date £k	1,576	783	(793)	Substantive	(46,339)	(45,816)	523		4,112	4,954	(842)
				Bank	(3,180)	(3,899)	(719)				
				Agency	(4,538)	(4,954)	(416)				
				Apprenticeship Levy	(204)	(206)	(2)				
				Less Capitalised costs	0	12	12				
					(54,261)	(54,863)	(602)				

<p>The financial plan for 2018/19 included an efficiency programme of £19.7m, with the ambition to deliver £30m of FEP savings. Within the submitted plan for savings of £19.7m, it was assumed that to date the Trust would have delivered savings of £1.6m. Delivery to date is estimated to be £783k.</p>	<p>Pay to date is £0.6m adverse to plan, having been £0.3m adverse to plan in both Month 1 and Month 2. Overall, Pay expenditure in Month 2 reduced by only £0.1m in comparison to Month 1. The £0.5m under spend on substantive staffing is a reflection of the Trusts continuing recruitment difficulties, with contracted WTE numbers falling in Month 2 to their lowest level since October 2016. The higher than planned level of medical and nursing vacancies is reflected in higher than planned bank and agency expenditure. Whilst expenditure on Bank staffing reduced by £0.4m in May, this has been offset by an equivalent increase in expenditure on Agency staffing, reflecting the need to cover vacancies and fill rotas.</p>	<p>The Trust has an agency ceiling of £21m for 2018/19. The financial plan for 2018/19 includes agency staffing expenditure of £22.9m. Whilst in Month 1 agency expenditure of £2.3m was in line with the Trust's financial plan, the £0.4m increase in expenditure in Month 2 has meant that the Trust is now £0.4m above planned expenditure levels. In comparison to the Agency ceiling, the Trust to date is £0.8m adverse to plan.</p>
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Excellence in rural healthcare

FINANCE

Finance report Mth 2 - 2018/19

Capital

G

The in month capital spend is broadly aligned to plan, however this is inclusive of variances in IT - Digital Dictation and Service Developments - Maternity wing being behind plan to date with plans to bring back on line in the coming months offset by spend in advance if plan in relation to fire.

Year to date

	Plan	Actual	Variance
	£k	£k	£k
Capital Balance	889	945	-56

Year End Forecast

	Plan	Actual	Variance
	£k	£k	£k
Capital Balance	38,934	38,934	0

Year to date

	Plan	Actual	Variance
	£k	£k	£k
Medical Equipment replacement	0	0	0
Prior Year	0	97	-97
ICT	356	82	274
Estates - Backlog	0	0	0
Estates - Fire	333	726	-393
Service developments	200	40	160
Diagnostic capacity & sustainability	0	0	0
Elective capacity	0	0	0
Quality	0	0	0
Total	889	945	-56

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	2,451	2,451	0
Diagnostic capacity & sustainability	1,000	1,000	0
Elective capacity	1,000	1,000	0
Quality	1,000	1,000	0
Total	38,934	38,934	0

Risks

Whilst profiled the Trust has a significant capital requirement to be spent in the remaining 10 months of the financial year, the majority of which relates to fire where £15.6m has been contractually committed or spent to date.

FINANCE

Finance report Mth 2 - 2018/19

Cash

A

The cash balance at 31 May 2018 was £2.8m. This includes revenue cash loans drawn in April / May of £13.7m.

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 two months of 2018/19 the Trust has reduced the level of capital creditors from £11.7m to £3.7m.

Total revenue and capital borrowings at 31 May were £217.1m and are forecast to rise to £310.5m by the end of 2018/19. As a consequence of this borrowing costs are anticipated to be £6.7m in I&E terms, and in cash terms £5.5m.

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

Year to date	Plan £k	Actual £k	Variance £k
Cash balance	2,248	2,799	551

Year End Forecast	Plan £k	Actual £k	Variance £k
Cash balance	2,129	2,129	0

Year to date	Plan £k	Actual £k	Variance £k
Operating Surplus	(13,302)	(14,936)	(1,634)
Depreciation	1,971	1,962	(9)
Other Non Cash I&E Items	(20)	0	20
Movement in Working Capital	1,664	1,318	(346)
Provisions	117	49	(68)
Cashflow from Operations	(9,570)	(11,607)	(2,037)
Interest received	4	21	17
Capital Expenditure	(14,040)	(8,983)	5,057
Cash receipt from asset sales	0	4	4
Cash from / (used in) investing activities	(14,036)	(8,958)	5,078
PDC Received	0	0	0
PDC Repaid	0	0	0
Dividends Paid	0	0	0
Interest on Loans, PFI and leases	(797)	(799)	(2)
Capital element of leases	(28)	(27)	1
Drawdown on debt	16,146	13,657	(2,489)
Repayment of debt	0	0	0
Cashflow from financing	15,321	12,831	(2,490)
Net Cash Inflow / (Outflow)	(8,285)	(7,734)	551
Opening cash balance	10,533	10,533	0
Closing Cash balance	2,248	2,799	551

Year End Forecast	Plan £k	Actual £k	Variance £k
Operating Surplus	(74,239)	(73,457)	782
Depreciation	12,093	12,093	0
Other Non Cash I&E Items	(592)	(592)	0
Movement in Working Capital	(4,048)	(6,130)	(2,082)
Provisions	(83)	(146)	(63)
Cashflow from Operations	(66,869)	(68,232)	(1,363)
Interest received	24	36	12
Capital Expenditure	(46,388)	(46,957)	(569)
Cash receipt from asset sales	2,288	2,292	4
Cash from / (used in) investing activities	(44,076)	(44,629)	(553)
PDC Received	0	0	0
PDC Repaid	0	0	0
Dividends Paid	0	677	677
Interest on Loans, PFI and leases	(5,071)	(5,531)	(460)
Capital element of leases	(147)	(147)	0
Drawdown on debt	108,596	110,295	1,699
Repayment of debt	(837)	(837)	0
Cashflow from financing	102,541	104,457	1,916
Net Cash Inflow / (Outflow)	(8,404)	(8,404)	0
Opening cash balance	10,533	10,533	0
Closing Cash balance	2,129	2,129	0

The cash balance of £2.8m at 31 May reflects the reduction in capital creditors from the year end high of £11.7m. The 2018/19 capital programme is however behind plan and this in turn has impacted upon the level of capital cash utilised (plan £14.0m : actual £9.0m). As a consequence the Trust has not yet drawn against the approved capital loan of £26.6m for Fire Safety works in 2018/19. Revenue loans of £13.7m have been drawn in the first two 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. Revenue borrowing in 2018/19 was planned at £82.0m (£79.4m: 2018/19 deficit support; plus £2.6m 2017/18 deficit support). The revised forecast of £83.7m reflects an additional £1.7m 2017/18 deficit support.

FINANCE

Finance report Mth 2 - 2018/19	Surplus/Deficit	R
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Overall, the Trust is £1.6m adverse from plan; comprising of a £1.1m adverse movement to plan on Income and £0.5m adverse movement to plan on Operating Expenditure. In part, this reflects lower than planned delivery of FEP.

Whilst income moved favourably to plan by £0.5m in Month 2, this is mainly because billed income from patient care activity for April was £1.0m higher than estimated at Month 1, and the in-month position would be significantly worse than the reported £0.3m adverse movement to plan had it not been for the benefit in relation to April billing.

The overspend within Operating Expenditure is primarily caused by the adverse movement to plan in Pay, which reflects higher than planned use of temporary staffing.

In month	Plan £k	Actual £k	Variance £k
Surplus deficit - pre application of STF	(6,745)	(6,997)	(252)
STF allocation	0	0	0
Net (Surplus)/deficit	(6,745)	(6,997)	(252)

Year to date	Plan £k	Actual £k	Variance £k
Surplus deficit - pre application of STF	(14,148)	(15,760)	(1,612)
STF allocation	0	0	0
Net (Surplus)/deficit	(14,148)	(15,760)	(1,612)

In month	Plan £k	Actual £k	Variance £k
Income	36,639	37,147	508
Pay	(27,071)	(27,398)	(327)
Non Pay	(14,883)	(15,330)	(447)
EBITDA *	(5,315)	(5,581)	(266)
EBITDA %	-14.5%	-15.0%	
Profit / Loss on disposal of fixed assets	0	4	4
Interest payable	(447)	(450)	(3)
Interest receivable	3	11	8
Depreciation	(986)	(981)	5
Impairments	0	0	0
Public Dividend Capital	0	0	0
Net (Surplus)/Deficit	(6,745)	(6,997)	(252)
Technical adjustment - donated assets	7	19	12
Technical adjustment - Impairments	0	0	0
Performance against Control Total	(6,738)	(6,978)	(240)
Technical adjustment - IFRIC 12	18	11	(7)
Performance against Breakeven duty	(6,720)	(6,967)	(247)
Surplus %	-18.3%	-18.8%	

Year to date	Plan £k	Actual £k	Variance £k
Income	72,415	71,274	(1,141)
Pay	(54,261)	(54,863)	(602)
Non Pay	(29,485)	(29,386)	99
EBITDA *	(11,331)	(12,975)	(1,644)
EBITDA %	-15.6%	-18.2%	
Profit / Loss on disposal of fixed assets	0	4	4
Interest payable	(852)	(847)	5
Interest receivable	6	20	14
Depreciation	(1,971)	(1,962)	9
Impairments	0	0	0
Public Dividend Capital	0	0	0
Net (Surplus)/Deficit	(14,148)	(15,760)	(1,612)
Technical adjustment - donated assets	14	39	25
Technical adjustment - Impairments	0	0	0
Performance against Control Total	(14,134)	(15,721)	(1,587)
Technical adjustment - IFRIC 12	36	24	(12)
Performance against Breakeven duty	(14,098)	(15,697)	(1,599)
Surplus %	-19.5%	-22.0%	

*EBITDA Earnings before Interest Taxation Depreciation & Amortisation

*EBITDA Earnings before Interest Taxation Depreciation & Amortisation

Excellence in rural healthcare

FINANCE

Finance report Mth 2 - 2018/19

Income

R

Income to date is £1.1m adverse to plan, with the variance to plan comprising of £0.6m in relation to Income for Patient Care and £0.5m in relation to Other Operating Income. Actual income moved favourably to plan by £0.5m in Month 2, as a result of billed income from patient care activity for April being £1.0m higher than estimated at Month 1. FEP schemes in relation to coding, outpatient productivity, theatre productivity and elective cancellations are expected to further improve Income from Patient Care as these schemes are fully implemented. Whilst RTA/Overseas is £0.2m adverse to plan to date, this reflects a review of historic RTA cases and has been offset by a reduction in bad debt provisions. Provision for underachievement of CQUIN, fines and challenges continues to impact the position. Other Operating Income is £0.5m adverse to plan. This includes £0.1m in relation to Education & Training, for which we await confirmation of the final LDA for 2018/19. Car Parking income having been adversely impacted in Month 1 by problems with the barriers to the patient car parks, increased by £42k in Month 2. Further work is taking place to understand the reasons for the remaining adverse movements in Other Operating Income.

In month	Plan £k	Actual £k	Variance £k
Total Income	36,639	37,147	508

Year to date	Plan £k	Actual £k	Variance £k
Total Income	72,415	71,274	(1,141)

In month	Plan £k	Actual £k	Variance £k
Income			
Income from NHS activity	33,525	34,511	986
Private patients	32	19	(13)
RTA / Overseas	159	(19)	(178)
Other income for patient care	100	92	(8)
Income for Patient care	33,816	34,603	787
Education & Training	1,374	1,330	(44)
Income generation	423	355	(68)
Non patient care services to other bodies	573	473	(100)
Rental income from leases	44	46	2
Other income	409	340	(69)
STF	0	0	0
Other Operating Income	2,823	2,544	(279)
Total Income	36,639	37,147	508

Year to date	Plan £k	Actual £k	Variance £k
Income			
Income from NHS activity	66,187	65,839	(348)
Private patients	64	33	(31)
RTA / Overseas	318	90	(228)
Other income for patient care	200	185	(15)
Income for Patient care	66,769	66,147	(622)
Education & Training	2,748	2,636	(112)
Income generation	846	651	(195)
Non patient care services to other bodies	1,146	988	(158)
Rental income from leases	88	89	1
Other income	818	763	(55)
STF	0	0	0
Other Operating Income	5,646	5,127	(519)
Total Income	72,415	71,274	(1,141)

FINANCE

Finance report Mth 2 - 2018/19

Operational Expenditure

R

Pay to date is £0.6m adverse to plan, having been £0.3m adverse to plan in both Month 1 and Month 2. Although contracted WTE fell in May to the lowest level since October 2016, overall Pay expenditure in Month 2 only reduced by £0.1m in comparison to Month 1. Whilst expenditure on Bank staffing reduced by £0.4m in May, this has been offset by an equivalent increase in expenditure on Agency staffing.

Non Pay to date is £0.1m favourable to plan, having moved £0.4m adversely to plan in Month 2. The major movements in Non Pay in Month 2 relate to activity-related expenses i.e. drugs, clinical supplies and services.

In month	Plan £k	Actual £k	Variance £k
Pay	(27,071)	(27,398)	(327)
Non pay	(14,883)	(15,330)	(447)
Operational costs	(41,954)	(42,728)	(774)

Year to date	Plan £k	Actual £k	Variance £k
Pay	(54,261)	(54,863)	(602)
Non pay	(29,485)	(29,386)	99
Operational costs	(83,746)	(84,249)	503

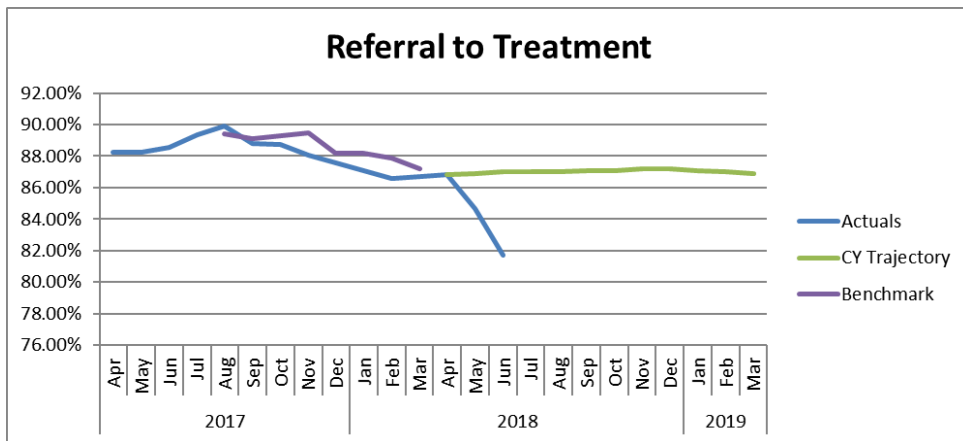
In month	Plan £k	Actual £k	Variance £k
Pay			
Substantive	(23,146)	(22,886)	260
Bank	(1,590)	(1,729)	(139)
Agency	(2,233)	(2,692)	(459)
Less Capitalised Pay Costs	0	12	12
Apprentice levy	(102)	(103)	(1)
Total Pay	(27,071)	(27,398)	(327)
Non pay			
Drugs & Medical Gases	(4,580)	(4,986)	(406)
Supplies and services - Clinical	(4,788)	(5,080)	(292)
Supplies and services - General	(727)	(1,272)	(545)
Consultancy services	(42)	345	387
Establishment expenses	(392)	(440)	(48)
Transport expenses	(165)	(80)	85
Premises	(1,498)	(1,481)	17
CNST premium	(1,741)	(1,775)	(34)
Auditors remuneration	(9)	(8)	1
Education & Training	(97)	(218)	(121)
Purchase of Healthcare from Non NHS Provider	(171)	(272)	(101)
Other non pay	(673)	(63)	610
Total Non Pay	(14,883)	(15,330)	(447)
Total Expenditure	(41,954)	(42,728)	(774)

Year to date	Plan £k	Actual £k	Variance £k
Pay			
Substantive	(46,339)	(45,816)	523
Bank	(3,180)	(3,899)	(719)
Agency	(4,538)	(4,954)	(416)
Less Capitalised Pay Costs	0	12	12
Apprentice levy	(204)	(206)	(2)
Total Pay	(54,261)	(54,863)	(602)
Non pay			
Drugs & Medical Gases	(9,022)	(9,255)	(233)
Supplies and services - Clinical	(9,437)	(9,488)	(51)
Supplies and services - General	(1,437)	(1,875)	(438)
Consultancy services	(84)	(1)	83
Establishment expenses	(784)	(860)	(76)
Transport expenses	(325)	(135)	190
Premises	(2,996)	(2,901)	95
CNST premium	(3,482)	(3,549)	(67)
Auditors remuneration	(18)	(17)	1
Education & Training	(194)	(303)	(109)
Purchase of Healthcare from Non NHS Provider	(337)	(531)	(194)
Other non pay	(1,369)	(471)	898
Total Non Pay	(29,485)	(29,386)	99
Total Expenditure	(83,746)	(84,249)	(503)

OPERATIONAL PERFORMANCE

Referral to Treatment – 18 weeks

R



Lead: Mark Brassington, Chief Operating Officer

Timescale: April 2018

Trajectory: 84.7% by March 2019

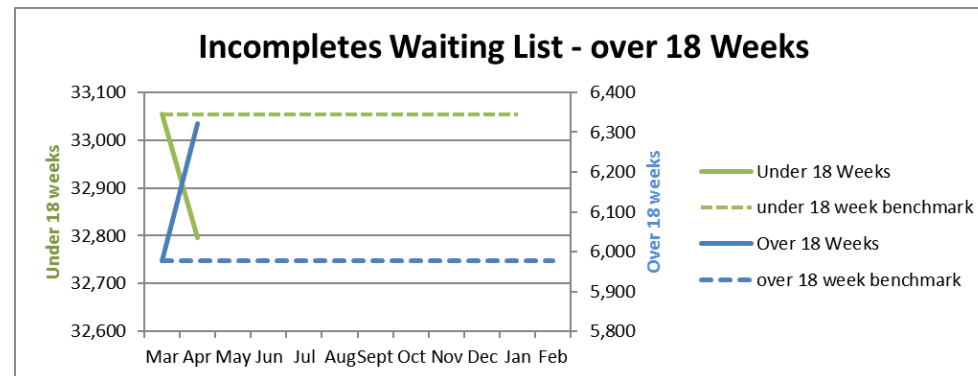
Key Issues:

- 1524 Cancelled Operations during Q4. Cancelled Operations reduced in April, but still remained high at 274. Adverse weather conditions in Feb/March resulted in c.2750 cancelled outpatient appointments
- ENT – 1372 patients over 18 weeks. 155 patients over 40 weeks. Significant impact from winter cancellations on admitted long waiters
- Ophthalmology – deteriorated by 2.9% during April. Currently 5 substantive consultant gaps
- General Surgery – April performance 79.9%. Significant impact from winter cancellations, contributing to a deterioration of 4.6% since December

Key Actions:

- Outsourcing of General Surgery to continue and ENT/Ophthalmology outsourcing solutions to be explored
- Provision of additional capacity within ENT and Ophthalmology through locums and internal additional sessions
- Gastro additional consultant to commence in June

Waiting Lists



Lead: Mark Brassington, Chief Operating Officer

Timescale: April 2018

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

Key Issues:

- Total incomplete waiting list increased by 85 patients during April, with 343 increase in 18week+ backlog
- Head & Neck specialties account for c.43% of 18week+ backlog
- General Surgery, Trauma & Orthopaedics and Gastro account for a combined c.27% of 18week+ backlog
- 12 patients incomplete over 52 weeks at end of April. Harm reviews completed for 9 of these patients – no harm reported

Key Actions:

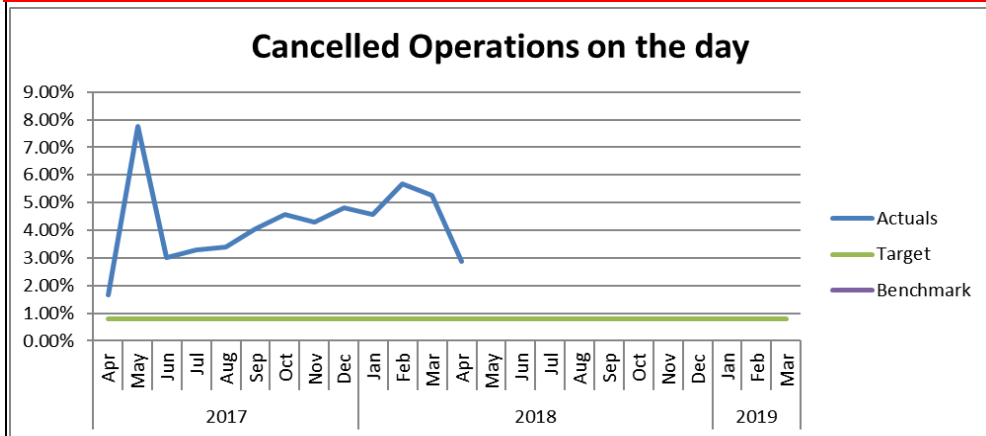
- Theatres and Outpatient Improvement Programmes to deliver improved efficiency in 18/19 which are anticipated to enable reduction of incomplete backlog by c.1000 FYE, with impact planned to commence from May
- Pilot Trauma & Orthopaedics reconfiguration from August
- Although not restated in each, key actions described in RTT and waiting list size will have positive impacts on both

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OPERATIONAL PERFORMANCE

Cancelled Operations

R



Lead: Mark Brassington, Chief Operating Officer

Timescale: April 2018

Recovery:

Key Issues:

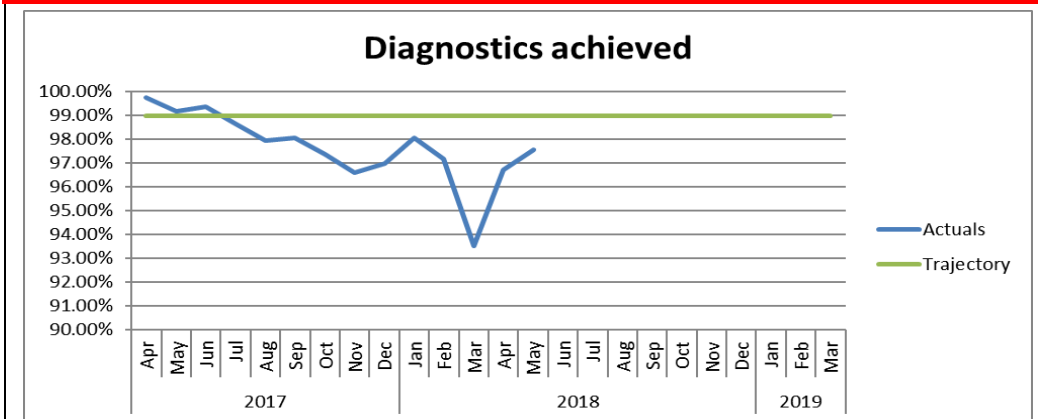
- 171 patients cancelled on the day and 103 the day before
- Lack of general beds was the most frequent reason for cancellation
- 24 patients breached 28 day rebooking standard

Key Actions:

- Cancelled Operations Policy being reviewed by the Theatres Optimisation Committee
- Theatres Start Policy in place
- Top delay reviews and Red2Green actions described in Urgent Care Improvement will have a positive impact on the reduction in cancellation through bed shortage

Diagnostic – 6 week standard

R



Lead: Mark Brassington, Chief Operating Officer

Timescale: May 2018

Recovery: 99% by June 2018

Key Issues:

- Echo – reduced capacity in March and April due to adverse weather and staffing vacancies, plus increased inpatient demand, led to the development of a backlog of scans. This has stabilised, but requires further action in order to reduce during June
- Endoscopy – a backlog of breaches developed due to issues at Grantham site where clinical activity was cancelled during building works in February and the impact of cancellations relating to adverse weather conditions. The number of breaches rose to 333 in March, but has now been reduced to 27 in May. The challenge for June is ensuring all routine surveillance patients are scoped within breach date
- Cardiac MRI – restrictions on MRI trained Cardiologist capacity during May has led to an increase in the waiting list for this diagnostic test

Key Actions:

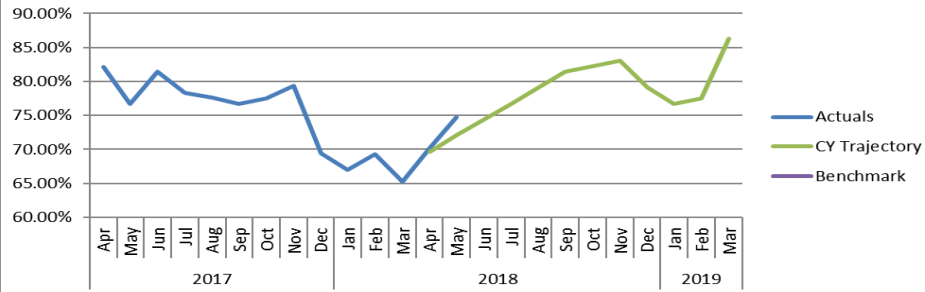
- Echo – additional clinics provided during June, utilising both internal and external capacity
- Endoscopy – utilisation of Medinet to backfill vacant lists ongoing and provision of additional capacity to clinically review surveillance patients during June
- Cardiac MRI – two additional Cardiac MRI sessions currently arranged during June, with further options being explored

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OPERATIONAL PERFORMANCE

Urgent Care – 4 Hour Standard

Urgent Care - 4 hour standard



Lead: Mark Brassington, Chief Operating Officer

Timescale: May 2018

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

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

Key Issues:

- Primary Care Streaming is 10% short of 25% target for patients to be streamed away from A&E
- Bed occupancy exceeded target rate of 92% significantly higher at Lincoln and Pilgrim hospitals;
- Medical Outliers exceeded anticipated forecast and 2017/18 levels stretching medical teams and increasing average Length of Stay
- 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
- Patients Medically Fit for Discharge remains at previous high levels 80 utilising beds for non-medical reasons

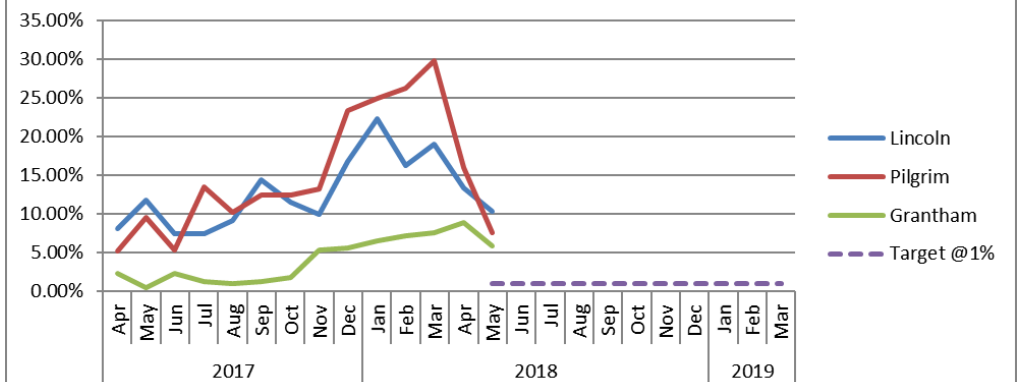
Key Actions:

- Introduce access to radiology diagnostics for primary care streaming; increase number of eligible patients
- Re-introduce top delays and super stay patients led by senior operations team
- Complete the training and development on A&E triage process and Rapid Assessment, improving triage times
- Continue to develop the Medically Fit for Discharge Procedure

Ambulance Handover

R

EMAS Conveyances Delayed > 59 mins



Lead: Mark Brassington, Chief Operating Officer

Timescale: May 2018

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

Key Issues:

- Capacity in A&E departments to offload, (staff to take handovers) has often been exceeded
- Processes are prone to data capture errors and mis-reporting long waits
- Inconsistent adherence to handover process
- Small number of patients not handed over in A&E (6%) not being appropriately recorded or prioritised by teams

Key Actions:

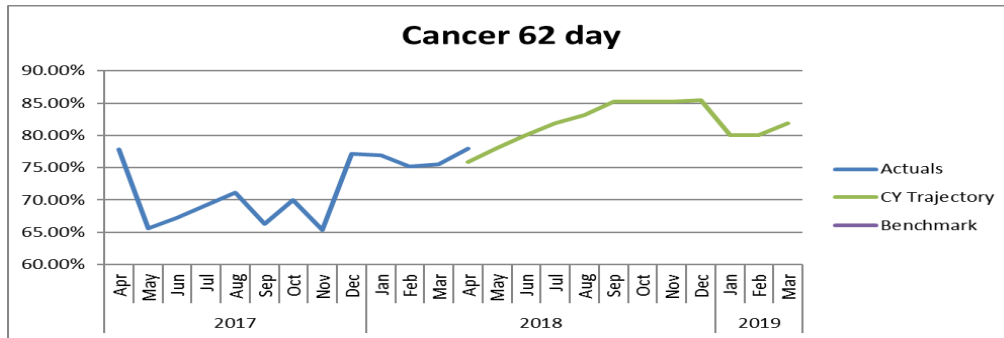
- Update systems (EMAS inbound screens) to capture all handovers regardless of location
- Continue to use MedicNow technician support for handovers at Pilgrim
- Strengthen process adherence and feedback, continue to use 120 minute escalation and learning from RCAs

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OPERATIONAL PERFORMANCE

Cancer Waiting Times – 62 Day

R



Lead: Mark Brassington,
Chief Operating Officer

Timescale: April 2018

Trajectory: 85% by
September

Key Issues:

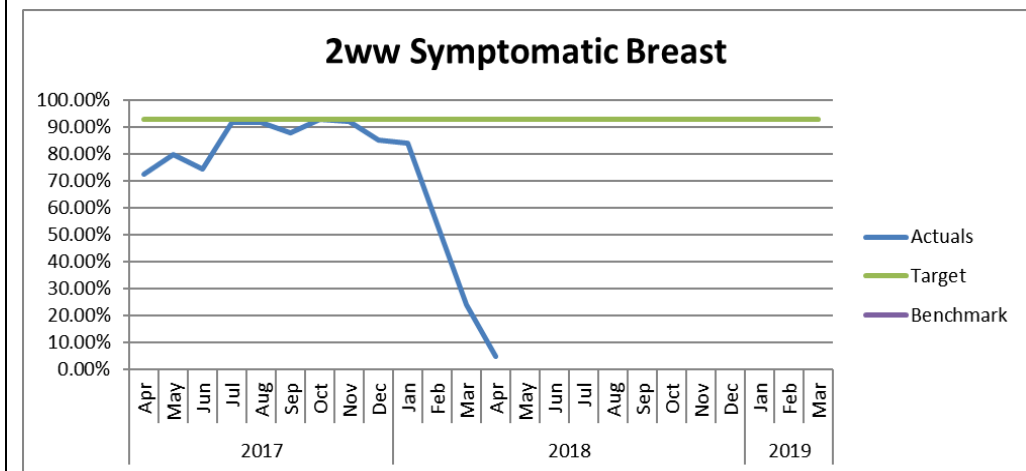
- RCA analysis for April 62 day breaches shows key themes (in order of occurrence):
 - Pathology
 - Patient choice and complexity
 - CT capacity and biopsies
 - Outpatient capacity – particularly within Oncology
 - Tertiary diagnostics/treatment
- The Trust treated 11 patients over 104 days during April. The Trust completes a full review of any potential harm related to excessive waits for cancer treatment (104+ Day Waits and patients who waited over 21 days for first appointment on a suspect cancer pathway who were subsequently diagnosed with cancer): 16 Harm Reviews have been issued for March. As at 4th June, 9 have been returned reporting no harm. The remaining 8 harm reviews are with the relevant lead clinician for completion.

Key Actions:

- Cancer Alliance bid for non-recurrent funding submitted - awaiting approval
- Endoscopy Business Case recruitment processes underway. Performance - c.85% of cancer pts within 10 days of referral
- Radiology requests pathway rolled out and Trust-wide appointment bookings process to commence in June. Scan to report 73% within 7-days in May
- Urology Nurse led triage in line with national optimal pathway. Pilot completed, evaluation underway
- Pathology 'blue sticker' project completed, with launch to MDTs
- COO escalation meetings completed with Urology, LGI and Oncology within last 2 weeks, with further improvement actions agreed

Breast 2ww

R



Lead: Mark Brassington,
Chief Operating Officer

Timescale: April 2018

Recovery:

Key Issues:

- 20% increase in Breast 2ww referrals during first 4 months of 2018
- Reduced take up by staff of additional clinic capacity provision at weekends from January 2018 compared with previously, following the transition to national pay structures for additional hours
- Reduction in Breast Radiology capacity from March

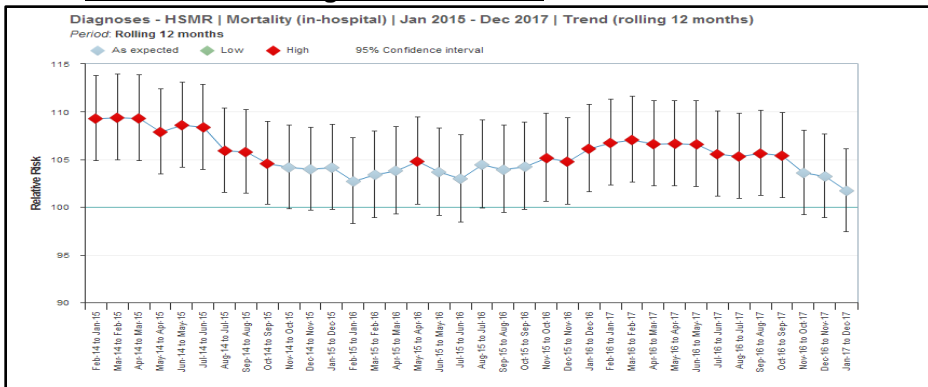
Key Actions:

- Additional Breast Radiology locum capacity in place since May, with further scheduled from 11th June
- Diversion of out of county referrals from 1st June
- Review of in-week delivery model completed in order to maximise slot utilisation
- Development of new referral pathways and discussions around the provision of advice and guidance ongoing with CCGs

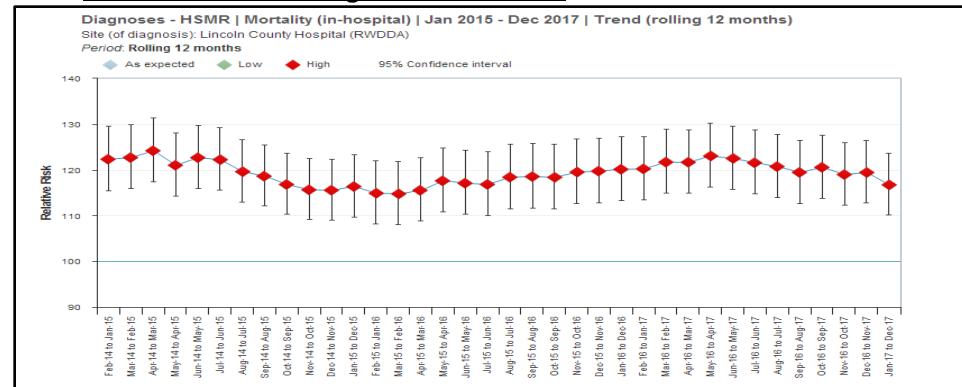
DEEP DIVE - MORTALITY

Trust/Site	ULHT HSMR Jan 17-Dec 17 12 month	ULHT HSMR Apr 17-Dec 17 YTD	ULHT HSMR Dec-17	ULHT SHMI Oct 16-Sep 17	Trust Crude Mortality Internal source Apr 17-Mar 18
Trust	101.69	98.97	94.61	114.90	1.87%
LCH	116.78	113.47	102.39	117.26	1.86%
PHB	91.43	90.18	92.53	115.49	2.12%
GDH	67.69	59.14	59.23	98.44	1.03%

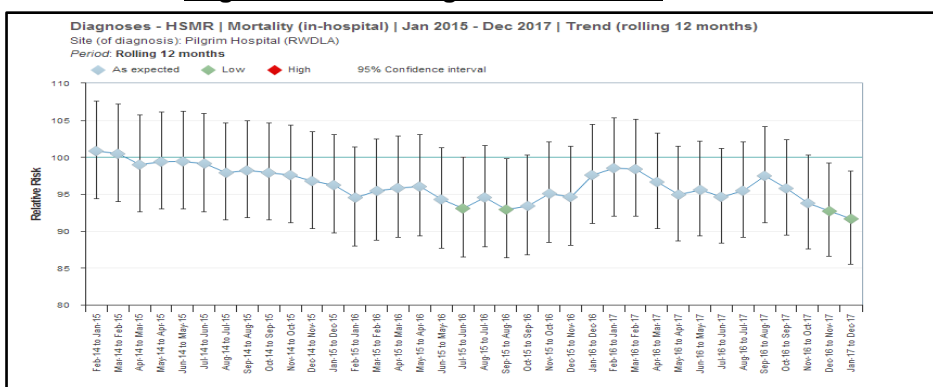
ULHT HSMR Rolling Year-36 months



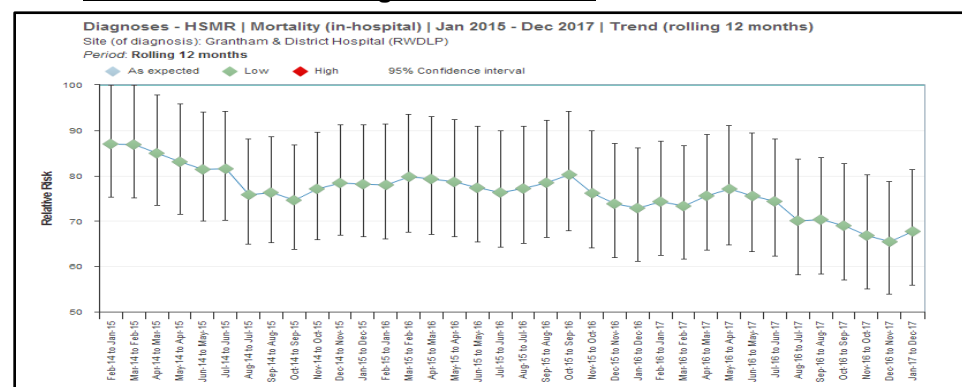
Lincoln HSMR Rolling Year-36 months



Pilgrim HSMR Rolling Year-36 months



Grantham HSMR Rolling Year-36 months



Trust

Diagnosis group	Spells	Actual	Expected	Over Predicted	Crude rate (%)	HSMR	Mths Alert	Action Update
Abdominal pain	2770	7	2.74	4.26	0.25	255.04	1	No Action-1 month alerting
Other perinatal conditions	824	19	5.49	13.51	2.33	345.79	3	Action underway- meetings held to understand the data. Actions to ensure the coding sheet was being completed and used. All perinatal deaths are reviewed and will cross referenced with coding. Dr Foster and Karen Moon to present Dr Foster data to midwives.
Aortic peripheral and visceral artery aneurysms	109	25	12.56	12.44	23.15	199.08	4	In-depth mortality review analysis to be completed-currently underway.
Respiratory failure insufficiency arrest (adult)	96	32	21.58	10.42	33.68	148.30	1	No Action-1 month alerting

LCH

Diagnosis group	Spells	Actual	Expected	Over Predicted	Crude rate (%)	HSMR	Mths Alert	Action Update
Septicaemia (except in labour)	787	162	123.13	38.87	20.66	131.57	4	Sepsis task and finish group have implemented harm reviews and sepsis practitioner sends ward compliance monthly. Each ward has to complete a proforma for non-compliance. A thematic review has been compiled and learning will be shared. Quarterly reports are submitted to PSC. Sepsis Practitioner is conducting an in-depth notes review for the Trust.
Acute cerebrovascular disease	643	119	96.94	22.06	18.74	122.76	6	Dr Foster has met with the stroke team to drive improvement and understanding. In depth review to be completed. Action plan has been developed and presented at PSC.
Fluid and electrolyte disorders	216	18	8.47	9.53	8.37	212.61	2	No Action-2 month alerting
Senility and organic mental disorders	113	18	9.86	8.14	15.93	182.51	3	In-depth review underway QG awaiting notes.

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SHMI- Alerting Diagnosis

Alerting HSMR Diagnosis	Trust/ Site	SHMI ALL	Observed ALL	Expected All	SHMI in hospital	Observed in hospital	Expected in hospital	Deaths out of hospital	% out of hospital
All Diagnosis	Trust	114.90	3706	3225.38	108.91	2487	2283	1219	33%
	LCH	117.26	1883	1605.86	117.35	1340	1141.19	543	29%
	PHB	115.49	1547	1339.51	107.31	1016	946.81	531	34%
Biliary Tract	Trust	153.59	45	29.3	168.67	33	19.56	12	27%
	LCH	194.40	29	14.92	230.43	23	9.98	6	21%
	PHB	93.87	12	12.78	105.53	9	8.53	3	25%
Septicemia	Trust	121.48	351	288.94	115.87	269	232.16	82	23%
	LCH	127.22	167	131.27	123.24	130	105.48	37	22%
	PHB	112.73	155	137.5	107.79	119	110.4	36	23%
Acute Cerebrovascular disease	Trust	111.42	218	195.65	100.38	169	168.36	49	22%
	LCH	118.10	124	105	122.40	111	90.96	13	10%
	PHB	107.71	96	86.34	78.44	58	73.91	35	36%
Respiratory Failure	Trust	150.22	42	27.96	162.25	40	24.65	2	5%
	LCH	171.81	25	14.55	187.68	24	12.79	1	4%
	PHB	147.21	14	9.51	153.78	13	8.45	1	7%
Intestinal obstruction without hernia	Trust	138.54	57	37.53	143.51	38	26.48	14	25%
	LCH	160.65	34	21.16	174.88	26	14.87	8	24%
	PHB	107.22	16	14.92	94.61	10	10.57	6	38%
Other gastrointestinal disorders	Trust	160.30	47	29.32	143.30	26	18.14	21	45%
	LCH	186.04	29	15.59	197.56	19	9.62	10	34%
	PHB	131.22	16	12.19	79.48	6	7.55	10	63%
Pneumonia	Trust	116.03	541	466.26	115.26	430	373.07	111	21%
	LCH	123.92	271	218.69	129.03	226	174.15	45	17%
	PHB	110.76	219	197.73	110.10	174	158.03	45	21%

SHMI Diagnosis overview

- Pilgrim hospital is not alerting within HSMR, however is a contributory factor to the Trust alerting diagnosis groups.
- At the Lincolnshire Mortality Collaborative it has been highlighted there are more community hospitals surrounding Pilgrim area compared to Lincoln.
- Analysis highlights:
 - Higher proportion of deaths within 30 days of discharge at PHB died within the community compared to LCH.
 - **Acute Cerebrovascular Disease-**
 - LCH have 13 deaths out of hospital compared to PHB 35 deaths out of hospital.
 - LCH in hospital deaths is alerting.
 - **Intestinal Obstruction without Hernia-**
 - LCH had 34 observed “all deaths” compared to PHB 16.
 - LCH had 8 out of hospital deaths compared to PHB 6.
 - LCH is alerting.
 - **Other Gastrointestinal disorders-**
 - LCH had 29 observed “all deaths” compared to PHB 16.
 - Both sites had 10 out of hospital deaths.
 - LCH is alerting.
 - **Septicemia, Biliary Tract, respiratory failure, pneumonia-**
 - LCH is the outlier.
 - PHB and LCH have similar numbers for out of hospital deaths.
 - LCH have a higher number of in hospital deaths.

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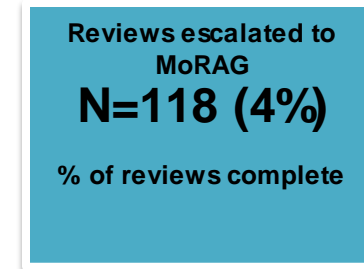
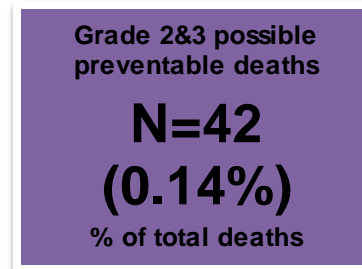
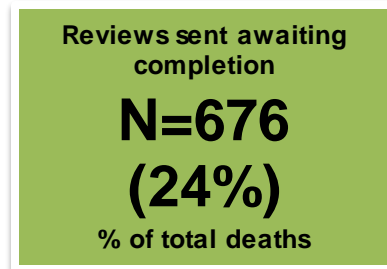
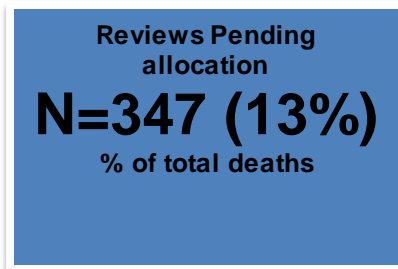
Rolling Year Mortality Review Compliance Mar 17-Feb

Mar 17-Feb 18	2766	1540	676	56%	203	8%	42	118
Month of death	Total No. of Deaths	Reviews Completed	With Consultant	% of reviews completed	Excluded	% Excluded	Deaths Grade 2&3	MoRAG Escalation
Mar-17	252	191	29	76%	30	12%	5	21
Apr-17	217	148	25	68%	35	16%	3	10
May-17	204	149	19	73%	24	12%	5	12
Jun-17	181	123	28	68%	23	13%	2	7
Jul-17	201	136	31	68%	23	11%	6	12
Aug-17	203	116	44	57%	32	16%	2	5
Sep-17	194	135	27	70%	21	11%	6	15
Oct-17	226	123	65	54%	6	3%	2	8
Nov-17	246	121	66	49%	3	1%	3	14
Dec-17	259	118	89	46%	2	1%	2	5
Jan-18	350	144	137	41%	4	1%	6	6
Feb-18	233	36	116	15%		0%		3

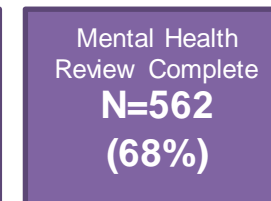
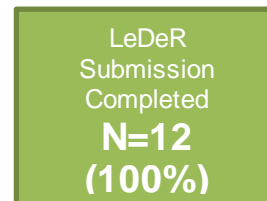
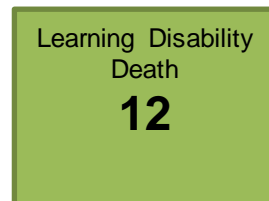
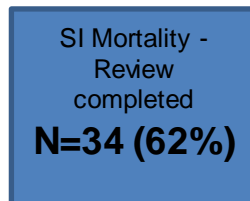
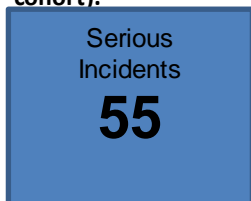
Trust trajectory of 70% for completed reviews. Methodology does now not include reviews with consultant as previously incorporated.

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: March 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-March 2017-February 2018 (Mental Health reviews includes dementia patients. In discussion to remove this group of patients from this cohort).



NOTE: LeDeR submissions are only from October 2017

Mortality Reduction Actions

Mortality Review	Source	Review Commenced	Location	Actions	Lead	Timescale	Progress
Clinical Coding Masterclass	On-going	Underway	All	To arrange the next Clinical Coding Masterclass. To incorporate Live Clinical Coding, Dr Foster Data, Finance and Mortality NOW incorporating Commissioning and Information support	Dr Andrews/ Karen Moon	On-going	QG have asked both information and commissioning to become part of the masterclass and they have agreed. Dates have been booked for next year and the first will be June-Invitations have been sent out. Patient Safety Conference to be held -1st May 2018.
Induction	On-going	Underway	All	JD completion of Clerking proforma	Quality Governance	On-going	All JD teaching has been completed, feedback was to get the training earlier and this is to become part of the induction. QG have met with PGME and Clinical Education Lead; to discuss the possibility of induction. It was agreed that QG will supply learning material for inclusion in specialty induction. And to target middle grades to drive the supervision- Material has been sent for Specialty Induction
Audit of Palliative care coding not coded on Dr Foster	Mortality Report	Underway	Trust	Through analysis and in-depth reviews it has been highlighted the ULHT are below the national average of palliative care coding, which highly affects the HSMR	Karen Moon/Mary Tomlinson	On-going	Palliative Care Team have submitted figures of those that the team have seen. QG has correlated this with Dr Foster coded data. An audit is to be undertaken by Coding and Quality Governance to ascertain why there is a difference in coding -Particularly on the LCH site. Palliative care coding audit completed; action plan to be discussed at PSC in Jan 18- An ongoing audit will be commencing correlating the data and driving improvement. KM and coding still do not have access to the palliative care registers. Meeting to be held with Palliative Care Team - Wednesday 2nd May.
Comorbidity Coding Quality Improvement	On-Going	Underway	All	Actions from Comorbidity Focus Month.	Shaun Caig/Mary Tomlinson	On-going	Meet with Shaun Caig and Mary Tomlinson for the quality Improvement action plan: meeting to be held 6th march 2018. Shaun Caig presented at the Patient Safety Committee. eLearning has been developed and will be mandatory for clinicians from April 2018. Coding will be looking at compliance and reporting on this. UPDATE: Coding are addressing and have an improvement plan in place. A business case has been approved for coding department improvements
COPD and bronchiectasis	Dr Foster	Underway	PHB	COPD National audit completed and reports produced	Karen Moon	May-18	Sharon Sinha is presenting the National Audit for COPD at May PSC.
Medical Examiner	Trust	Underway	Trust	Funding 11 PA's for a Medical Examiner	Bernadine Gallen/ Dr Andrews	Apr-18	Business Case and Job Description has been produced. And has been agreed in principle by ET. UPDATE: The closing date is on the 30th April 2018 interviews to be held on 14th May.
Biliary Tract Disease	Trust	Underway	Trust	Biliary Tract has had several internal reviews. The Medical Director has expedited an external review	Leicester Trust/ULHT	Mar-18	Medical Director has asked Leicester for an external review-awaiting update. QG have notes in department ready for review.
Acute Cerebrovascular disease	Dr Foster	Underway	LCH	Meeting to be arranged to understand the underlying data. QG have produced an overview of the Dr Foster data in the October Mortality Report this has been shared with the QSO for Stroke.	Derek Smith, Quality Governance & Stroke Team	Jun-18	Meeting been held with Stroke audit coordinator and QSO She is looking at the Dr Foster data in comparison to SNNAP data. Data has been analysed but as SNNAP looks at different datasets this was deemed not comparable. Dr Foster to meet with stroke team to drive improvement and understanding. Action plan has been agreed to drive improvement forward
Aortic peripheral and visceral artery aneurysms	Dr Foster	Underway	Trust	In-depth review of M&M patients under this diagnosis group	Karen Moon/Mr Mohan	Jun-18	In-depth review to be completed.Mr Mohan has asked for the patient details-KM to do alert overview and report/presentation to come to PSC.
Senility and Mental Disorders	Dr Foster	Underway	LCH	In-depth review of M&M patients under this diagnosis group	Bernie Gallen	Jun-18	In-depth review-notes requested for deaths and High risk patients with a 0 comorbidity score
Sepsis	Dr Foster	Underway	LCH	In-depth review of deaths within the Sepsis diagnosis group	Lauren Rigby/Bernie Gallen	Jun-18	Notes have been requested for a mixture of low and high risk rated patients

APPENDIX 1: GLOSSARY

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