

UNITED LINCOLNSHIRE HOSPITALS NHS TRUST

INTEGRATED PERFORMANCE REPORT

PERIOD TO 31 DECEMBER 2018

Excellence in rural healthcare

To:	Trust Board
From:	Paul Matthew, Acting Director of Finance & Procurement
Date:	29 th January 2019
Healthcare standard	All healthcare standard domains

Title:	Integrated Performance Report for December 2018										
Author/Responsible Director:	Paul Matthew, Acting Director of Finance & Procurement										
Purpose of the report:	To update the Board on the performance of the Trust for the period ended 31 st December 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.										
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 (e.g. Financial, HR)	None										
Assurance implications	The report is a central element of the Performance Management Framework										
Patient and Public Involvement (PPI) implications	None										
Equality impact	None										
Information exempt from disclosure	None										
Requirement for further review?	None										

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EXECUTIVE SUMMARY

Executive Summary for period of 31st December 2018

- ☒ 4 hour waiting time target – performance of 65.75% in December 2018
- ☒ 5 of the 9 national cancer targets were achieved in November 2018
- ☒ 18wk RTT Incomplete performance in November 2018 was 83.74%
- ☒ 6wk Diagnostic Standard –December 2018 performance was 95.62%

Hotspots

Planned Care

Elective activity YTD (November) remains under income plan (elective spells down on plan, day case activity up on plan), with Orthopaedics activity accounting for the largest proportion of the underperformance. Orthopaedic activity continues to perform below plan, but the November position is starting to show the benefits of the reconfiguration with Grantham activity 188 spells ahead of contract plan. Activity at Louth is behind plan (66 spells)

Stretch schemes are being progressed and further developed to address the remaining shortfall.

CCG funding was secured to support the employment of an external waiting list validation team (started on site 17 December) to validate current waiting lists – initial focus was on ENT and weekly reporting established.

Cancer 62 Day performance in November achieved 73.4%, this is a reduced performance on the previous month and continues to lag behind the national average. In part this reflects difficulties experienced with oncology capacity, and in part the increased focus on attempts to reduce the backlog (treating higher numbers of the 62+ day patients). We continue to utilise daily huddles, pathway developments, reduced turnaround initiatives in diagnostics and a weekly COO led performance call to optimise performance. As of November the cancer PTL process has been revised to ensure a clearer focus on supporting decision making and treatments in the 40-61 day period of cancer pathways and the Trust is starting to see a reduction in the number of undiagnosed patients in this later stage of the cancer pathways. December performance is tracking below the November position and recovery plans are being refreshed for January/February.

Weekly calls with the CCGs and NHSI are established to update them on cancer and RTT performance issues, and to encourage challenge.

DM01 position for December has seen a significant deterioration reflecting capacity problems, counting changes to ensure full compliance on DM01 reporting and human error issues in tracking of a cohort of patients. Recovery is being managed through January/February supported by a new monitoring tool (live from 14 January).

Finance

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

As at the end of December the year to date position is a deficit of £66.3m compared to the FRP forecast deficit of £67.1m, or £0.8m favourable to the FRP, however this primarily driven by slippage and one off benefits. Overall the underlying financial position is in line with the FRP.

As per the original plan the Trust currently £1.9m behind on elective activity against the original plan YTD, illustrating further opportunities. The largest proportion of this being in Orthopaedics, Urology and ENT. It is anticipated that the Orthopaedic position should continue to improve as the new service delivery model is implemented, there has been significant progress at Grantham in the last four months, with activity in this period more than doubling from the previous four months. Outpatients are over performance YTD across a wide range of specialities. In month performance was as per last month driven by Non-Elective income.

So far in 2018/19 the Trust has received £1.2m of fines. This is aligned to the provision made in the FRP. This includes; Cancer £646k Cancelled operations not rescheduled within 28 days £357k and Duty of Candour compliance £165k. This information will be shared with Divisions at the monthly performance review meetings.

The FRP identified savings plans which it was anticipated would deliver in-year savings of £15.1m, with a full-year impact of £19.4m in 2019/20. Actual savings delivery year to date is £8.7m which is £88k higher than assumed within the FRP. However this leaves a further £6.4m to be delivered in the final 3 months to achieve the trajectory in the FRP.

Workforce

The overall Trust vacancy rate was broadly stable with an improvement to the rate for AHPs off-set by a further deterioration for medical roles due to the combination of increased establishment and attrition exceeding the number of new starts. Nursing appointments during December were just short of the number required to mitigate attrition.

Some encouraging progress has been made with medical and AHP recruitment, 67 and 58 new appointments respectively are in the recruitment pipeline and if voluntary turnover remains broadly stable improvement in both medical and AHP vacancy rate is anticipated in Quarter 4

Temporary staffing costs remain challenging with the percentage of total workforce cost in December at 20% and significantly adverse to 2018/19 plan. The higher than planned agency use remains largely due to a higher vacancy rate in medical posts

Appraisals

Medical Appraisal rate remains strong and above target, however the non-medical rate remains static at 74% and well below target. It is expected that the support for further training for line managers, strong messaging at the most recent Senior Leadership Forum on the important role of individual feedback and the monitoring of appraisal performance through PRMs will support future improvement.

Sickness

The overall sickness rate for the Trust is stable at 4.7% (November 2018) and slightly above the target.

Quality

The Serious Incident backlog has reduced to 1. The Quality Strategy is in its final draft and the 2018/19 Quality Account priorities are being developed

HSMR from Oct 2017 – Sept 2018 is 99.39 which is within expected limits, however the SHMI from Jul 2017 – Jun 2018 is 115.29 which is outside expected limits. There is an action plan to address the key areas which also aligns to the Mortality Reduction Strategy.

New Harm Free Care is 98.1% which is above the national average.

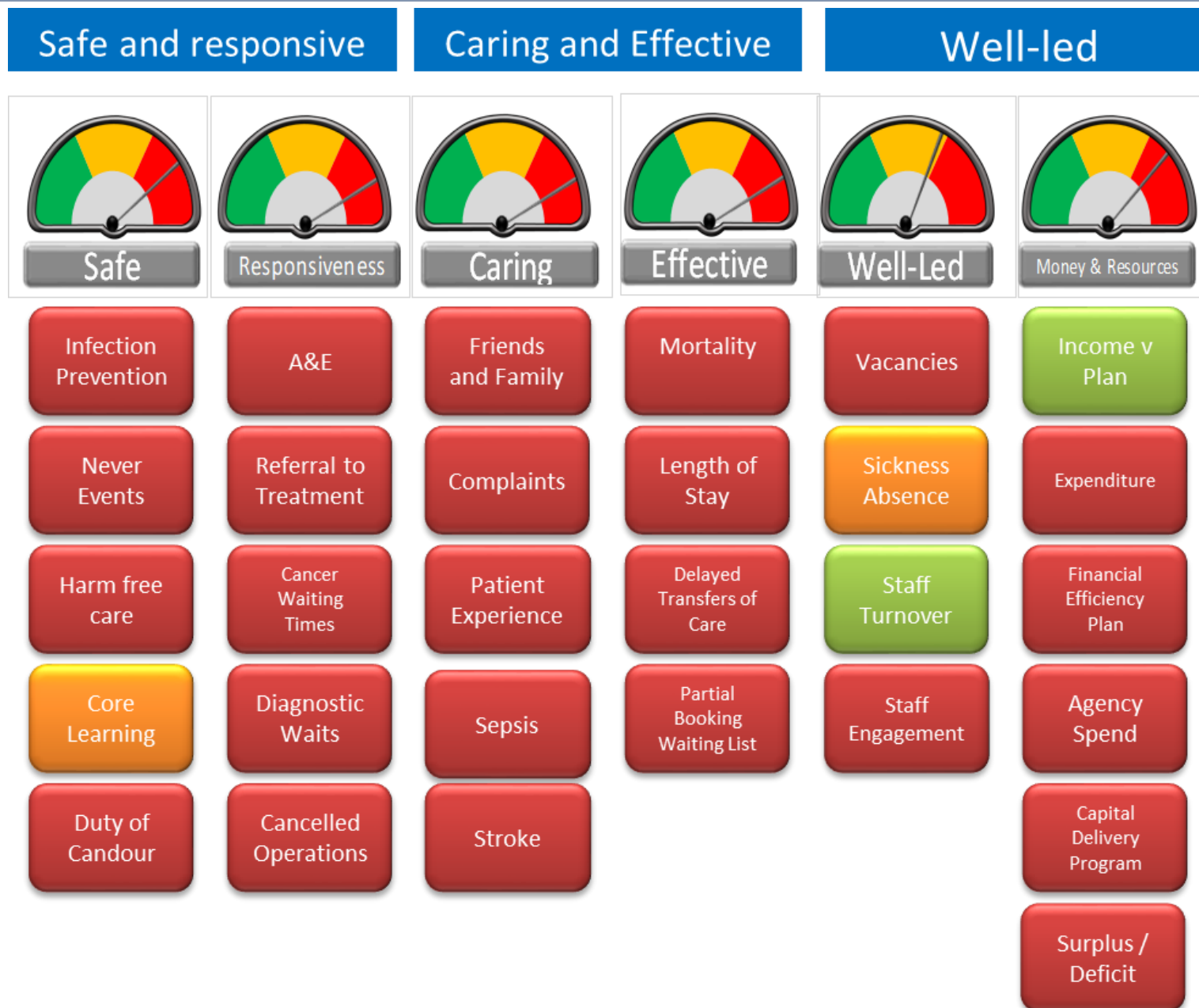
The Trust is consistently below the national average for falls and November 2018 is the first month since March 2018 that falls with harm is above the national average.

Category 3 & 4 pressure ulcers are above trajectory with 10 category 3 pressure ulcers and 2 category 4 pressure ulcers for the month of November 2018.

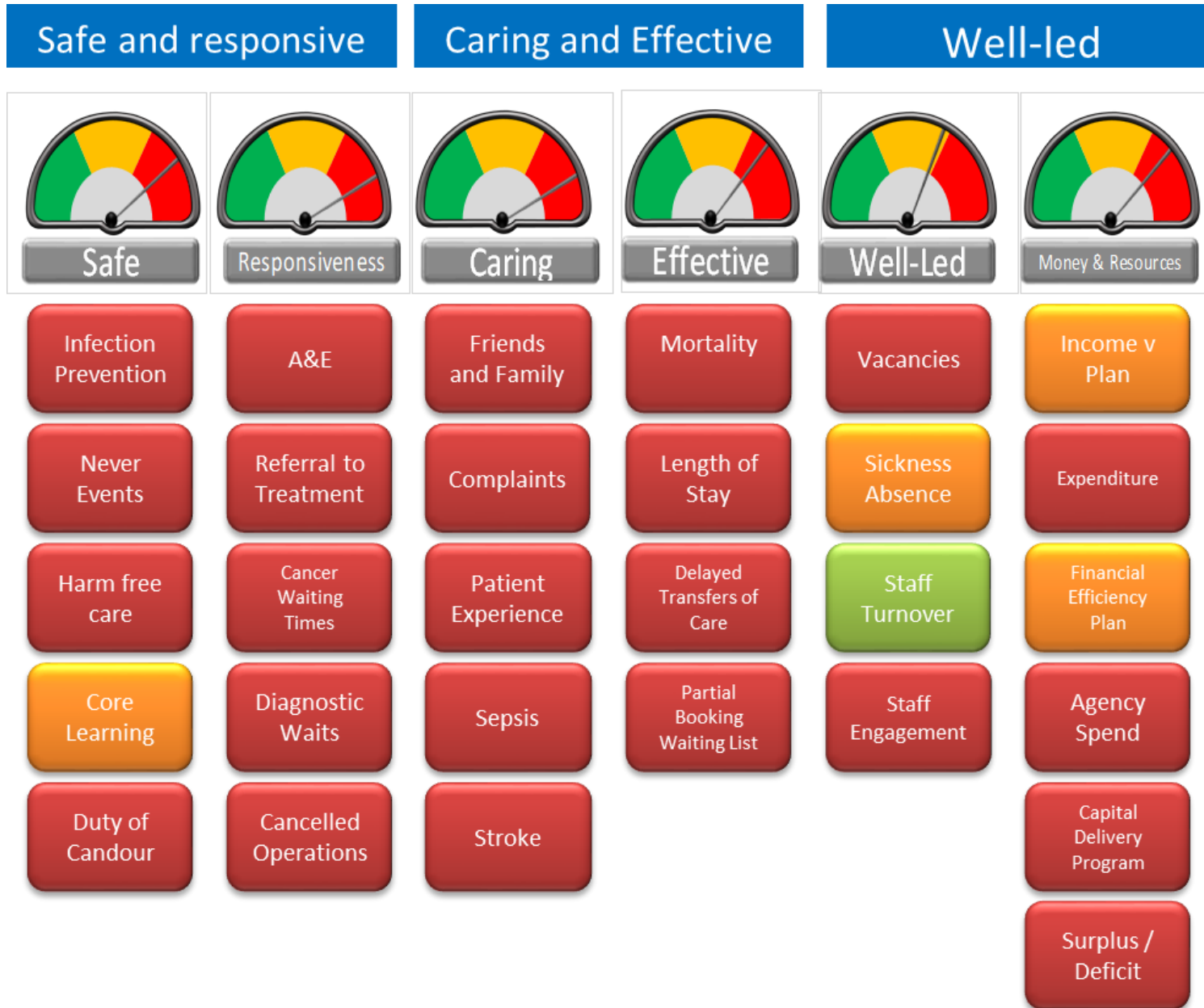
The Trust had 1 case of MRSA bloodstream infection in November 2018 which is the second case for 2018/19. An action plan has been developed in response to the investigation.

Paul Matthew
Acting Director of Finance & Procurement
January 2019

TRUST PERFORMANCE OVERVIEW – December 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	December-2018	6	48		R	Datix
	MRSA bacteraemia (post 3 days)	0	December-2018	0	2		G	Datix
Never Events	Number of Never Events	0	November-2018	0	4		G	Datix
No New Harms	New Harm Free Care %	98%	November-2018	98.10%	98.81%		A	Quality
	Pressure Ulcers 3/4	0	November-2018	12	64		R	Quality
Friends and Family Test	Inpatient (Response Rate)	26%	November-2018	26.00%	19.88%		G	Envoy Messenger
	Inpatient (Recommend)	96%	November-2018	90.00%	90.88%		R	Envoy Messenger
	Emergency Care (Response Rate)	14%	November-2018	21.00%	21.88%		G	Envoy Messenger
	Emergency Care (Recommend)	87%	November-2018	81.00%	82.63%		A	Envoy Messenger
	Maternity (Response Rate)	23%	November-2018	13.00%	15.25%		A	Envoy Messenger
	Maternity (Recommend)	97%	November-2018	100.00%	99.75%		G	Envoy Messenger
	Outpatients (Response Rate)	14%	November-2018	12.00%	6.63%		A	Envoy Messenger
	Outpatients (Recommend)	94%	November-2018	93.00%	93.25%		R	Envoy Messenger
Inpatient Experience	Mixed Sex Accommodation	0	November-2018	0	1		G	Datix
Stroke	Patients with 90% of stay in Stroke Unit	80%	November-2018	81.50%	81.08%		G	SSNAP
	Swallowing assessment < 4hrs	80%	November-2018	74.60%	75.00%		A	SSNAP
	Scanned < 1 hrs	50%	November-2018	49.20%	53.59%		A	SSNAP
	Scanned < 12 hrs	100%	November-2018	93.40%	97.63%		R	SSNAP
	Admitted to Stroke < 4 hrs	90%	November-2018	60.70%	63.94%		A	SSNAP
A&E	Patient death in Stroke	17%	November-2018	9.30%	9.58%		G	SSNAP
	4hrs or less in A&E Dept	81%	December-2018	65.75%	69.87%		A	Medway
	12+ Trolley waits	0	December-2018	0	2		G	Medway
RTT	%Triage Achieved under 15 mins	98%	December-2018	72.77%	67.05%		A	Medway
	52 Week Waiters	0	November-2018	18	143		A	Medway
	18 week incompletes	87.0%	November-2018	83.74%	83.38%		A	Medway
Cancer	62 day classic	85%	November-2018	73.40%	76.28%		R	Somerset
	2 week wait suspect	93%	November-2018	75.60%	81.00%		R	Somerset
	2 week wait breast symptomatic	93%	November-2018	50.00%	47.54%		R	Somerset
	31 day first treatment	96%	November-2018	98.00%	97.97%		G	Somerset
	31 day subsequent drug treatments	98%	November-2018	99.10%	99.63%		A	Somerset
	31 day subsequent surgery treatments	94%	November-2018	96.60%	87.45%		G	Somerset
	31 day subsequent radiotherapy treatments	94%	November-2018	95.70%	97.18%		A	Somerset
	62 day screening	90%	November-2018	81.60%	86.63%		R	Somerset
62 day consultant upgrade	85%	November-2018	86.30%	86.72%		G	Somerset	
Diagnostic Waits	diagnostics achieved	99%	December-2018	95.62%	97.72%		R	Medway
Cancelled Operations	Cancelled Operations on the day (non clinical)	0.80%	October-2018	2.73%	3.18%		A	Medway
	Not treated within 28 days. (Breach)	5%	October-2018	14.20%	9.28%		R	Medway
Mortality	SHMI	100.00	Q2 2018/19	99.39	101.41		G	Dr Foster
	Hospital-level Mortality Indicator	100.00	Q2 2018/19	115.29	114.75		A	Dr Foster
Surplus / Deficit	Surplus / Deficit	-6,836	December-2018	-8,209	-59,483		R	FPIC Finance Report
Sepsis	Sepsis Bundle compliance in A&E	90%	November-2018	85.00%	74.21%		A	Quality
	IVAB within 1 hour for sepsis in A&E	90%	November-2018	80.00%	90.54%		R	Quality
	Sepsis screening compliance in inpatients	90%	November-2018	75.00%	67.28%		A	Quality
	IVAB within 1 hour for sepsis in inpatients	90%	November-2018	80.00%	86.18%		A	Quality

TRUST PERFORMANCE OVERVIEW – LOCAL INDICATORS

Indicator	Measure	Standard	Current Data Month	Month Actual	YTD	Trend			Source
Infection Control	MSSA	2	December-2018	0	9		↓	G	Datix
	ECOLI	8	December-2018	2	40		↓	G	Datix
No New Harms	Serious Incidents reported (unvalidated)	0	November-2018	25	153		↑	R	Datix
	Harm Free Care %	95%	November-2018	93.00%	93.06%		↓	R	Quality
	Catheter & New UTIs	1	November-2018	1	7		↑	A	Quality
	Falls	3.90	November-2018	5.30	5.58		↑	R	Datix
	Medication errors	0	November-2018	201	1054		↑	R	Datix
	Medication errors (mod, severe or death)	0	November-2018	16	135		↓	A	Datix
	VTE Risk Assessment	95%	December-2018	94.53%	96.39%		↓	R	Information Services
Core Learning	Overall percentage of completed mandatory training	95%	December-2018	91.37%	91.22%		↑	A	ESR
Complaints	No of Complaints received	70	November-2018	62	467		↓	G	Datix
	No of Pals	0	November-2018	442	3414		↓	A	Datix
eDD	eDD	95%	November-2018	87.27%	88.91%		↓	R	EDD
Fracture Neck of Femur	#NOF 24	70%	November-2018	66.20%	64.35%		↑	A	Quality
	#NOF 48 hrs	95%	November-2018	91.55%	94.11%		↓	R	Quality
Dementia	Dementia Screening	90%	November-2018	90.54%	91.51%		↓	A	Information Services
	Dementia risk assessment	90%	November-2018	99.22%	99.04%		↑	G	Information Services
	Dementia referral for Specialist treatment	90%	November-2018	86.67%	85.90%		↓	R	Information Services
Ambulance Handovers	EMAS Conveyances to ULHT		December-2018	4935	42740		↑	R	EMAS
	EMAS Conveyances Delayed >59 mins	49.35	December-2018	443	4031		↓	A	EMAS
Triage	% Triage Data Not Recorded	0%	December-2018	5.24%	10.02%		↓	A	Medway
Cancer	104+ Day Waiters	0	December-2018	23	107		↑	R	Somerset
Length of Stay	Average LoS - Elective (not including Daycase)	2.80	December-2018	3.11	2.95		↑	R	Medway / Slam
	Average LoS - Non Elective	3.80	December-2018	4.47	4.61		↓	A	Medway / Slam
Delayed Transfers of Care	Delayed Transfers of Care	3.5%	November-2018	3.56%	4.08%		↓	A	Bed managers
Partial Booking Waiting List	Partial Booking Waiting List	0	December-2018	7473	7459		↑	R	Medway
Vacancies	Number of Vacancies	5%	December-2018	13.14%	13.65%		↑	R	ESR
Sickness Absence	All days lost as a percentage of those available	4.5%	December-2018	4.71%	4.71%		↑	R	ESR
Staff Turnover	Staff Turnover	6%	December-2018	5.82%	5.98%		↓	G	ESR
Staff Engagement	Staff Appraisals	90%	December-2018	73.48%	73.63%		↓	R	ESR
Income	Income	35,498	December-2018	36,526	331,650		↓	A	Board Report Master
Expenditure	Expenditure	-42,334	December-2018	-44,735	-391,133		↑	A	Board Report Master
Efficiency Delivery	Efficiency Delivery	2,683	December-2018	1,729	8,679		↓	R	FIMS report
Capital Delivery Program	Capital Delivery Program	4,202	December-2018	3,059	15,215		↑	A	FPIC Finance Report
Agency Spend	Agency Spend	-1,902	December-2018	-3,361	-26,259		↓	R	Agency Staff Analysis

CLINICAL DIRECTORATES DASHBOARD

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

QUALITY

Reduction of Harm Associated with Mortality

A

Lead: Neill Hepburn, Medical Director

Timescale: Q2 2018/19

Hospital Standardised Mortality Ratio – HSMR

ULHT’s HSMR is within expected limits at 99.39, this is the lowest recorded Trusts HSMR. Lincoln site remains outside of expected limits; Lincoln’s HSMR has reduced significantly from previous reporting rolling years and year to date is within expected limits.

Alerts: The Trust is alerting for ‘Other Perinatal Conditions’, there is a Quality and Safety Improvement Programme to address the improvements required. Septicemia is alerting for the Trust; this diagnosis group is part of the Mortality Reduction Strategy and Mortality Quality and Safety Improvement Programme. The Trust are reviewing all sepsis deaths to ensure appropriate delivery of care.

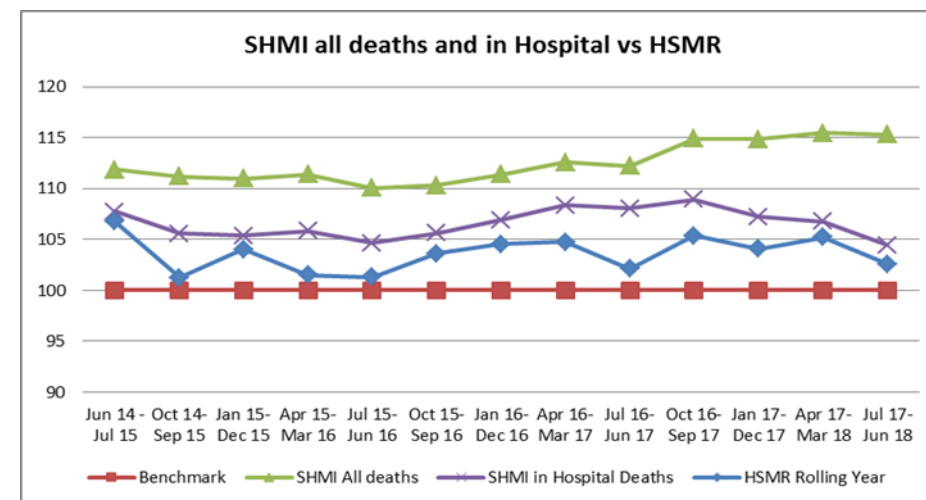
Trust/Site	ULHT HSMR Oct 17-Sep 18 12 month	ULHT HSMR Apr 18-Sep 18 FYTD	ULHT HSMR Sep 18	ULHT SHMI Jul 17-Jun 18	Trust Crude Mortality Internal source Jan 18-Dec 18
Trust	99.39	88.89	92.08	115.29	1.74%
LCH	112.17	97.39	102.78	116.47	1.78%
PHB	93.10	85.98	87.57	120.81	1.98%
GDH	61.28	54.01	59.12	87.77	0.76%

Summary-level Hospital Mortality Index-SHMI

ULHT remain within Band 1 outside of expected limits with a score of 115.29. Driven by Lincoln and Pilgrim sites. Pilgrim is not alerting within HSMR, however has the highest SHMI. SHMI includes both death in-hospital and within 30 days of discharge. This data is reflective to June 2018.

Alerts: Septicemia (except in labour), Pneumonia, Acute cerebrovascular disease, Chronic obstructive pulmonary disease and bronchiectasis, Secondary malignancies, Acute bronchitis, Fracture of neck of femur (hip), Other gastrointestinal disorders, Other liver disease, Complication of device, implant or graft, Cancer of stomach and Diverticulitis are alerting. In-hospital deaths are only alerting for Septicemia.

In-depth reviews are underway for Sepsis deaths and liver disease. The Trust are partaking in the National audits for SSNAP (Stroke), COPD (BTS), NOF and PROMS. Other gastrointestinal disorders, has had an in-depth review completed when alerting in HSMR for this time period. For pneumonia and COPD care bundle compliance audits have been undertaken and a work programme developed to increase compliance. A plan will be discussed at PSC re Secondary malignancies as this has been alerting for 3 months.



Mortality Strategy Reduction Key Actions:

To contribute to achievement of Mortality Reduction Strategy and reduce HSMR and SHMI the Trust are taking the following actions:

- Aortic peripheral and visceral artery aneurysms are underway report has been written and will be presented at Patient Safety Committee.

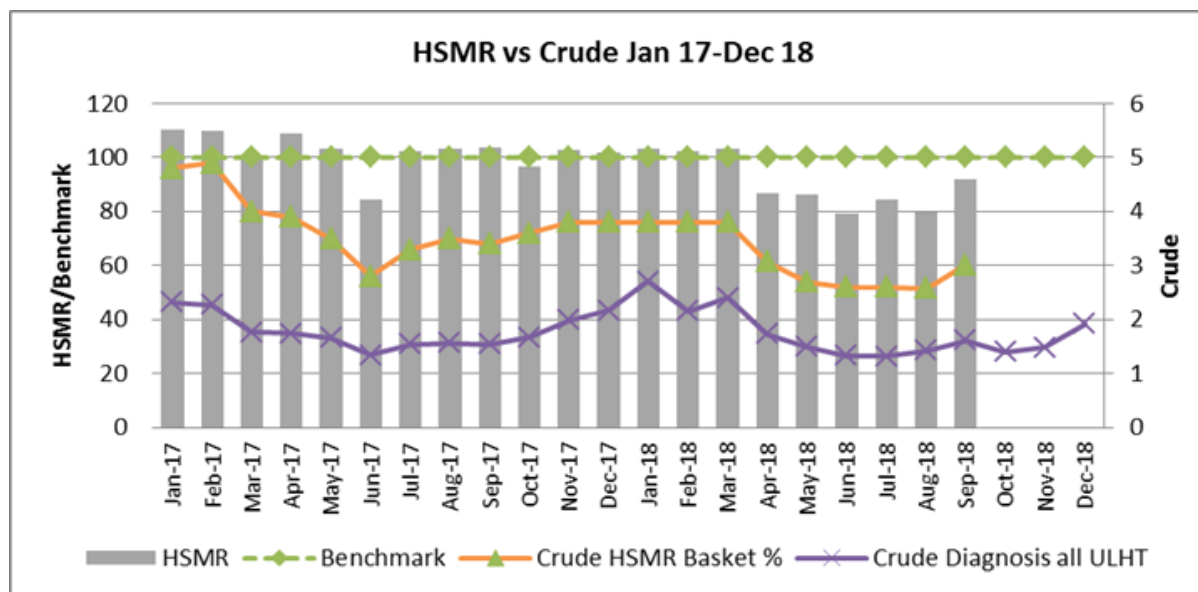
Excellence in rural healthcare

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- The Trust will focus on the Top diagnosis within both SHMI and HSMR to reduce mortality ratios; Septicemia, Stroke, COPD, Pneumonia, Fracture NOF.
- COPD and pneumonia care bundles have been audited and compliance was poor; a work programme with the Respiratory Team to increase compliance has been developed.
- Fracture NOF national audit data has been published, a report and action plan has been developed. Pilgrim Deaths have been reviewed and awaiting finalised report.
- Stroke team have reviewed the data for Stroke patients and it was evident pathways are being followed in-hospital The Team are now reviewing the deaths within 30 days of discharge.
- The National 7 day service audit was not mandated by NHS England in September 18. However, a Board Assurance Framework is mandated for all Trust to be completed.
- Mortality is a work stream within the Quality and Safety Improvement Programme (QSIP). This underpins the Mortality Reduction Strategy and sets deliverable milestones for each key issue identified including; Clinician Engagement, Medical Examiner Role, Perinatal Mortality, Documentation and accurate coding, Sepsis, Pneumonia and COPD.
- The Community have various work streams they are undertaking to ensure out of hospital patients receive appropriate end of life care which include; End of life audits in care homes, end of life training, multidisciplinary approach to advance care planning and anticipatory prescribing, Project Echo and roll out of the ReSPECT tool kit.
- Lincolnshire health and care community have launched; Home First Prioritisation. An initiative aimed to focus on frail and over 75's out of hospital and close to their homes. With work streams in; advanced care planning in care homes, Complex Case Managers, Short term overnight carer intervention, practice Care Coordinator and Triage Practitioner.
- The coders will meet with the Consultants who have the Top Observed Diagnosis Groups to ensure accuracy of documentation.

Crude Mortality

The crude mortality has increased in December 18 by 0.44% to 1.92% this is the lowest crude recorded for the month of December since 2015; Lincoln has the highest crude in month with 2.24%. In rolling year January 18-December 18 crude has decreased to 1.74%. Pilgrim has the highest rolling year crude with 1.98%.



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Mortality Reviews– Deaths in Scope

Deaths reported to Oct-18 to allow for 4 week deadline completion of initial mortality

Measure	Description	Month	Rolling Year	Narrative
		Oct-18	Nov 17-Oct 18	
Deaths in Scope	<ul style="list-style-type: none"> Total Deaths in scope Number inpatient deaths Number of A&F Deaths 	156	2822	All deaths as reported, in Month and rolling year.
		156	2494	
		26	328	
Initial Review	<ul style="list-style-type: none"> Must Do's for Review % of reviews complete 	57	847	The Trust has a 70% trajectory to complete reviews—including all MUST DO's: SI, Coroner, mental health, learning disabilities, inappropriate admissions, Family Concern, ICU, Haem & Onc, Surgery, Complaints and
		26.3%	58.6%	
Await Completion	<ul style="list-style-type: none"> Total with Consultant % of total with Consultant % of total awaiting allocation 	63	542	Awaiting completion are those cases where Quality Governance sent notes for review. The total awaiting allocation are those notes that are in department or awaiting notes to send for review.
		40.4%	19.2%	
		30.8%	10.8%	
Reviews complete	<ul style="list-style-type: none"> Reviews completed % Review compliance 	43	1663	Total reviews completed reviews compliance by Consultant
		27.6%	58.9%	
Grading	<ul style="list-style-type: none"> Grade 0 (N/%) Grade 1 (N/%) Grade 2 (N/%) Grade 3 (N/%) Not Graded 	33/76.7%	1378/82.9%	The number of deaths and percentage of mortality reviews completed by Grade. Grade 0-No Suboptimal Care Grade 1- Suboptimal Care—no change to outcome Grade 2- Suboptimal Care-Might have changed outcome Grade 3-Suboptimal Care-Possibly avoidable Not Graded by Consultant upon review
		4/9.3%	149/9.0%	
		1/2.3%	37/2.2%	
		0/0%	1/0.1%	
		5/11.6%	84/5.1%	

QUALITY

Measure	Description	Month	Rolling Year	Narrative
		Oct-18	Nov 17-Oct 18	
Escalated Reviews	<ul style="list-style-type: none"> Reviews identified For <u>MoRAG</u> / Collaborative % of deaths identified % of reviews completed 	5	195	All cases identified for escalation from to <u>MoRAG</u> or the Lincolnshire Mortality Collaborative in conjunction with the completed compliance. There is a backlog of cases with the collaborative so the reviewers are reviewing cases but only discussing cases with issues at the meeting.
		3.2%	6.9%	
		11.6%	11.7%	
Learning Disability	<ul style="list-style-type: none"> Total Deaths in scope Submitted to <u>LeDeR</u> % reviews completed 	1	17	These include all Learning Disability deaths as identified by the information support team using code F819 as advised by the NHS Quality Board. Lincolnshire
		1	17	
		100%	100%	
Severe MH	<ul style="list-style-type: none"> Total Deaths in scope Number Reviews completed % review compliance 	6	38	Severe Mental Health Codes, /Diagnosis as advised by NHSI advise to include schizophrenia, bipolar disorder, delusional disorder, unipolar depressive psychosis and schizo affective disorder.
		2	26	
		33%	68%	
SI— Severity 1	<ul style="list-style-type: none"> Total Deaths in scope Number Reviews completed % review compliance 	1	23	Deaths identified on <u>datix</u> with a severity 1 Death. These are reviewed at <u>MoRAG</u> . Cases referred from Risk to <u>MoRAG</u> are currently being streamlined.
		1	10	
		0%	43%	

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Mortality Review– Key Themes, Actions and Learning

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

No	Key Themes identified from reviews	Actions
1	<p><u>Failure to act and escalate—Management & Results</u> The majority of cases referred to MoRAG have issues with failure to act on test results, recognition of OBs and escalation to ensure the patient receives the correct management.</p>	<ul style="list-style-type: none"> • 2 x MoRAG thematic case note briefing circulated to the Trust. • MoRAG are monitoring cases that are referred for these issues and action taken with the relevant clinical team. • Care bundles are being audited for compliance and action plans developed. This is a work stream within the Mortality QSIP.
2	<p><u>Fluid Balance Management</u> 19% of cases referred to MoRAG and Lincolnshire Collaborative have had fluid balance management issues.</p>	<ul style="list-style-type: none"> • MoRAG thematic case note briefing circulated to the Trust. • Trust policy re-circulated to the Trust • NICE guidelines re-circulated to the Trust. • E-learning package on ESR. The core learning panel has approved the e-learning and will be mandatory in January 18.
3	<p><u>Recognition of a end of life/deteriorating patient</u> From cases reviewed a theme is the late recognition of end of life and the deteriorating patient.</p>	<ul style="list-style-type: none"> • Mortality Matters Briefing circulated to the Trust of thematic cases. • The Trust participates in the National end of life audit. • The Trust is monitoring this and an action plan has been developed through QSIP.
4	<p><u>Appropriate discharges from Acute Care</u> Several cases have been referred to the collaborative by LCHS of inappropriate discharges from Hospital decisions have been made to transfer a patient to the community and the patient has passed away within 12 hours of discharge and deceased patients have had to be repatriated back to the Trust for completion of deceased documentation.</p>	<ul style="list-style-type: none"> • Mortality Matters Briefing circulated to the Trust of thematic cases. • The collaborative continues to monitor all community transfers where death occurs within 12 hours. There has been no reports of these within the past 3 months.
5	<p><u>Senior Review within 14 hours</u> Reviews show that not all patients are having a review within 14 hours of admission.</p>	<ul style="list-style-type: none"> • National 7 day service audit. • The Trust has undertaken an audit in November 18 and the outcomes are being reviewed.
7	<p><u>Advance care planning within the community</u> Highlighted from cases referred the Lincolnshire Mortality Collaborative that there are a number of cases that should have had advance care planning in the community.</p>	<ul style="list-style-type: none"> • CCG have completed an audit on the end of life registers with GP's. • CCG are currently undertaking an end of life audit for care homes to identify number of residents with a DNAR/ EoL care plan in place and where the plan was put in place, to gain a baseline for further audits. • The CCG are rolling out End of Life Training across the county as part of the neighbourhood working. • Lincolnshire East CCG Neighbourhood working has signed up for Project Echo, run by St Barnabas Hospital which will support end of life care learning. • ReSPECT tool is being developed with roll out early next year. 175 clinicians have attended train the trainer days in November. • CCG's are undertaking neighbourhood working a multidisciplinary approach to advance care planning and anticipatory prescribing. • Prompt developed on eDD for consideration of the GSF to the GP. • Home First Prioritisation initiative.
8	<p><u>Case notes/Documentation Issues</u> The state of case notes within the Trust are constantly being highlighted in mortality reviews. The patients stay is not always clearly documented and filed.</p>	<ul style="list-style-type: none"> • 2 cycles of audit has been completed on accurate completion of clerking proforma. • QIP is currently underway on EAU's to increase compliance • Coding department are undertaking an on-going audit of accurate completion of documentation.

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Mortality Reduction Strategy Summary Overview

Measure	Source	Baseline	18/19 QTR 1	18/19 QTR 2	18/19 QTR 3	18/19 QTR 4	2021 Target
HSMR– QTR Reported June, Sept, Dec, Mar	Dr Foster	102.65	101.50	99.39			<=90
SHMI– QTR Reported June, Sept, Dec, Mar	Dr Foster	112.22	114.90				<=100
Crude non-elective depth of coding (SHMI Data)	Dr Foster	3.8	3.8				<6.40%
Palliative care coding of deaths	Dr Foster	31.80	31.78	19.71			>43.45%
Sepsis screening within 1 hour	Sepsis audit	71.33%	60%	70.67%			>=90%
Sepsis IVAB within 1 hour	Sepsis audit	92%	93.80%	92.22%			>=90%
Monthly Physiological observations-NEWS	WebV	80.72%	83.55%	84.38%	83.18%		>=95%
Cardiac Arrest Reduction	Resus	59	50/15%	30/51%			30% (40)
Daily Senior Review (Bi-annually)	7DS audit	70%	79% (TBC)	N/A	N/A	N/A	100%
Reduction mortalities in Septicaemia	Dr Foster	380	373	405			< expected
Reduction mortalities in COPD & Bronchiectasis	Dr Foster	78	71	77			< expected
SI-Reduce 10% reduction yearly for severe to death	Risk	48	46/4%	56/-15%	31/34%		30% (32)

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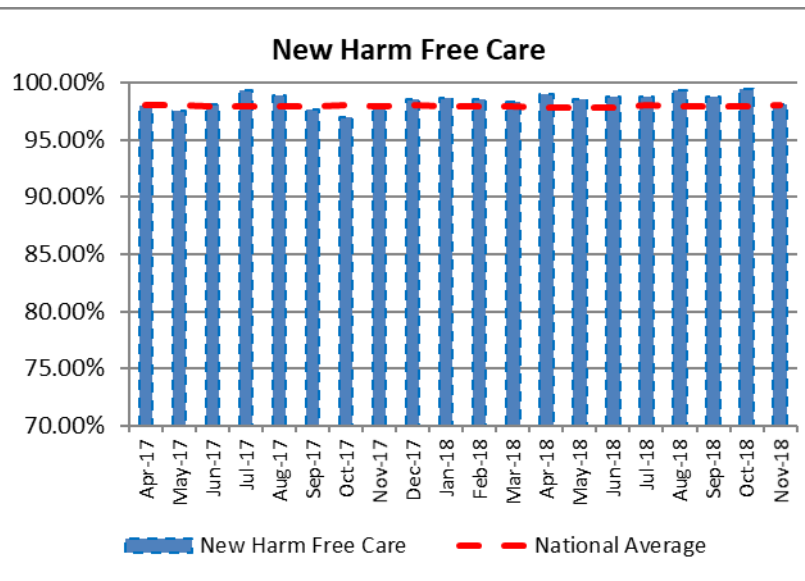
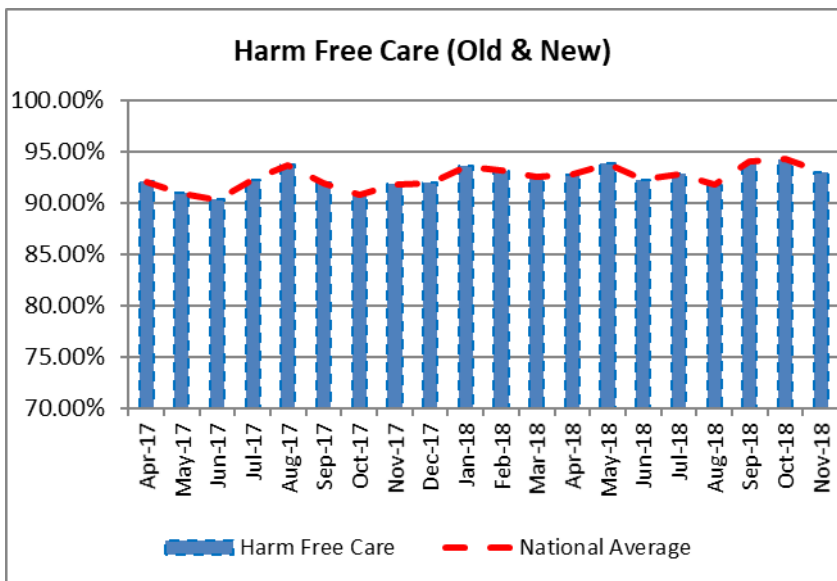
National Comparison

Metric	National Acute (Non specialist)	ULHT Oct 17-Sep 18	ULHT Oct 16-Sep 17
HSMR (Oct 17-Sep 18)	98.80	99.39	105.00
SHMI (Jul 17-Jun 18)	100.36	115.29	114.90
Crude rate % (HSMR)	3.50%	3.50%	3.90%
Elective Crude Rate %	0.10%	0.04%	0.10%
Non elective Crude Rate %	2.70%	3.30%	7.30%
% All Spells coded as Palliative Care	1.07%	1.02%	1.05%
Emergency Spells % coded as Palliative Care	2.46%	2.49%	2.64%
% Mortalities coded as Palliative Care	30.79%	19.71%	18.65%
Comorbidity 0 score per observed Deaths %	18.51%	19.67%	18.56%
Comorbidity 0 score per Spells %	65.16%	65.39%	66.74%
Emergency Comorbidity Score 0 Spells %=>75 years of age	3.11%	4.05%	3.67%
Weekend % of observed	25.98%	25.70%	25.13%
Weekday % of observed	74.02%	74.30%	74.87%
Spells Readmissions 28 days %	8.37%	7.51%	7.62%
Residual Coding % of all spells (Uncoded episodes)	1.87%	1.32%	1.20%
R00-R99 Signs and symptoms % of spells	10.95%	9.45%	9.91%
LOS short stay 0-2 days Observed %	17.24%	18.44%	19.71%
LOS 3+ Observed %	82.76%	81.56%	80.29%

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New Harm Free Care (Safety Thermometer)

G



SUMMARY for November 2018

	ULHT
Harm Free Care	93%
New Harm Free Care	98.1%
Pressure Ulcers - New	9
Falls with Harm	6
Catheter & New UTI	1
New VTEs	1
Patients	873

Lead: Michelle Rhodes, Director of Nursing

Timescale: November 2018

Key Issues:

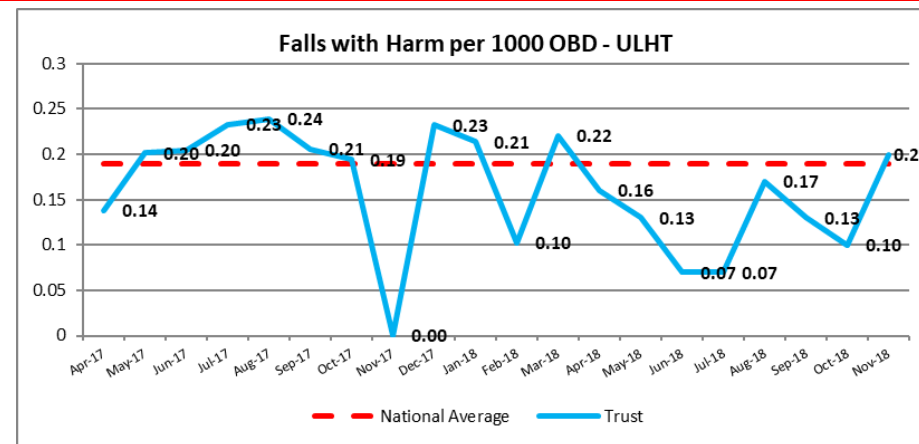
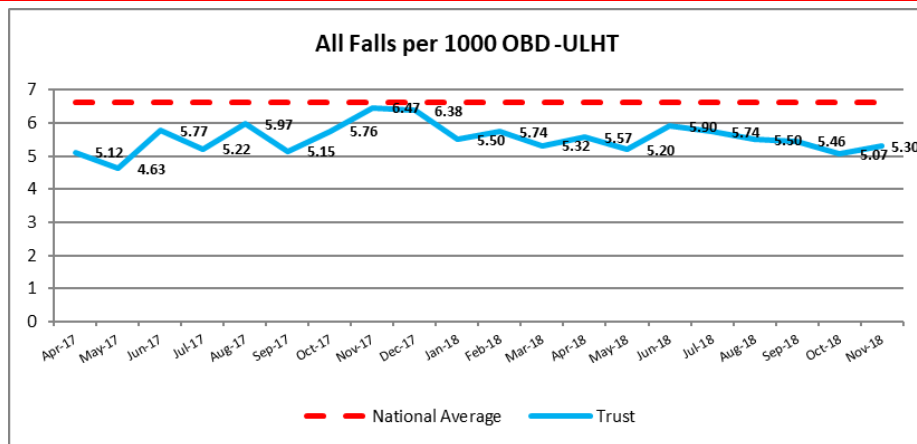
- The Trust achieved 93% for Harm Free care which is worse than the national average of 94.3%
- The Trust achieved 99.1% for New Harm Free Care which is better than the national average of 98%
- The Trust achieved 1% for New Pressure Ulcers which is worse than the national average of 0.9%
- The Trust achieved 0.7% for falls with harm which is worse than the national average of 0.5%
- The Trust achieved 1.2% for CAUTI which is worse than the national average of 0.6% (this is all CAUTI new and old). This is an improving picture.
- The Trust achieved 0.1% for new VTE which is better than the national average of 0.4%

A monthly report is disseminated to all wards and managers detailing the harms for each ward and individual ward compliance with harm free care. The in-depth analysis for falls, pressure ulcers and CAUTI are detailed within the relevant section in the report.

QUALITY

Falls

R



Timescale: November 2018

Lead: Michelle Rhodes, Director of Nursing

Key Issues:

- All falls per 1000 OBDs for the Trust in November 2018 is 5.30 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 November 2018 is 0.2 which is worse than the national average of 0.19 (National average is taken from the National Audit of Inpatient Falls, RCP 2015).
- The Trust submits data as part of the safety thermometer which is a 72 hour point prevalence survey. This data is used in the calculation of the Trusts Harm Free Care percentage and is included for monitoring through the model hospital. When comparing all falls, ULHT was 1.5% which is the same as the national average of 1.5% in November 2018. When comparing falls with harm, ULHT was 0.7% which is worse than the national average of 0.5% in November 2018.

Key Actions:

In October 2018 a fall on 6A at Pilgrim was recorded as resulting in death. This has now been shown that the patient died of other causes and has been updated within Datix and the charts above.

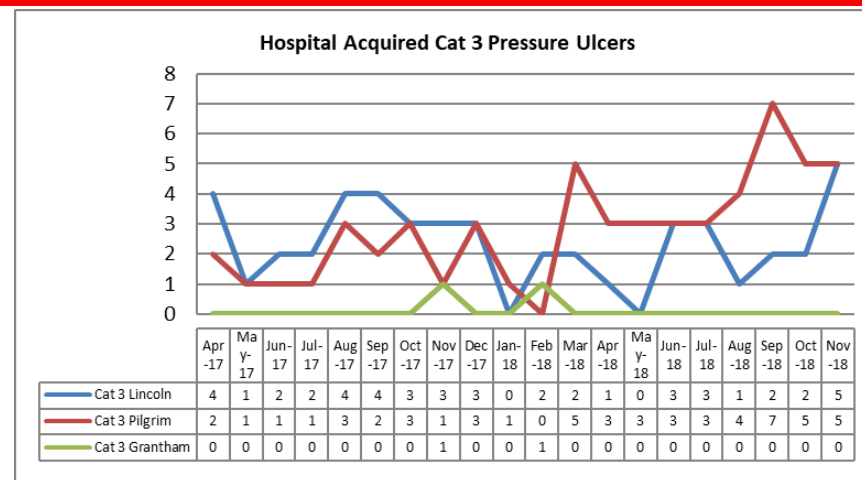
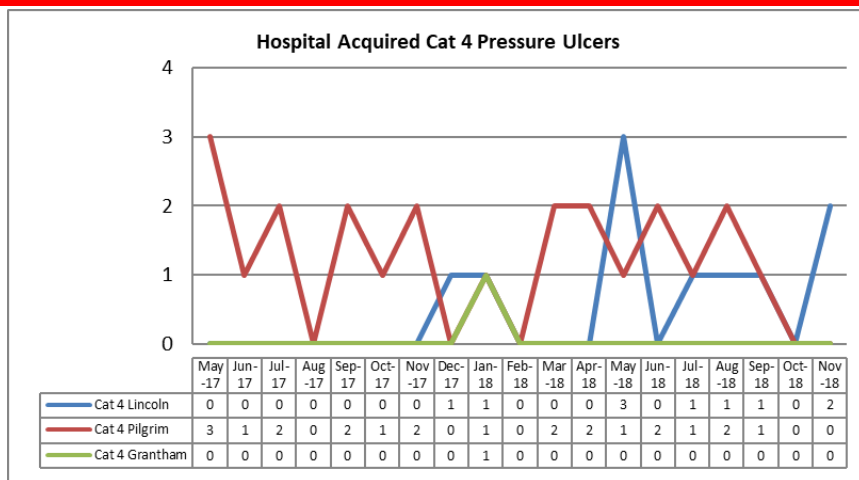
November was the first month in the last quarter where the Trust did not meet its 10% reduction trajectory for falls with harm.

- The next Trust Falls meeting will take place on Thursday 17th January 2018. The focus of the meeting will be on ensuring that the group is working towards the Trusts Corporate Falls Action Plan.
- The new Corporate Head of Nursing started in December and will support the Falls work as part of her remit.
- The next Falls Ambassador meeting is due to take place on Wednesday 9th January 2019. It will be VC'ed across all sites. Emphasis on the meeting will be on looking at strategies to ensure the ambassadors have the skills and knowledge to ensure that all staff are training within their own ward areas on Lying and Standing Blood Pressures which continues to be one of the key deficits in our SQD and Falls SI's reports.

QUALITY

Pressure Damage

R



Timescale: November 2018

Lead: Michelle Rhodes, Director of Nursing

Key Issues:

- 44 category 2 pressure ulcers were reported in November 2018 compared with 41 in November 2017. Performance deteriorated at Lincoln with an increase of 5 reported category 2 pressure ulcers. Whilst Pilgrim reported an increase of 1 on last month's data. Work by the Tissue Viability Team to validate all category 2 pressure ulcers reported continues on all sites
- Category 3 30% reduction trajectory has not been achieved since May. Performance has deteriorated at Lincoln and Pilgrim. Grantham continues to report no category pressure ulcers for 9 months.
- The Trust has set a 30% reduction trajectory for avoidable category 4 pressure ulcers for 2018/19. Lincoln have reported 2 device related (plaster casts) incidents, both have been discussed at Scrutiny Panel, one of which was deemed unavoidable and the other avoidable. Pilgrim have reported no category 4 pressure ulcers for the last 2 months. Grantham have reported no category 4 pressure ulcers for 9 months.

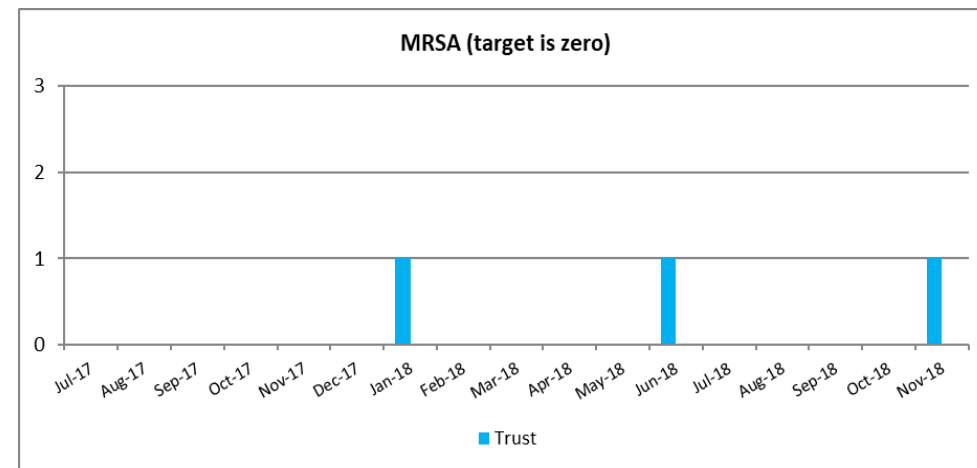
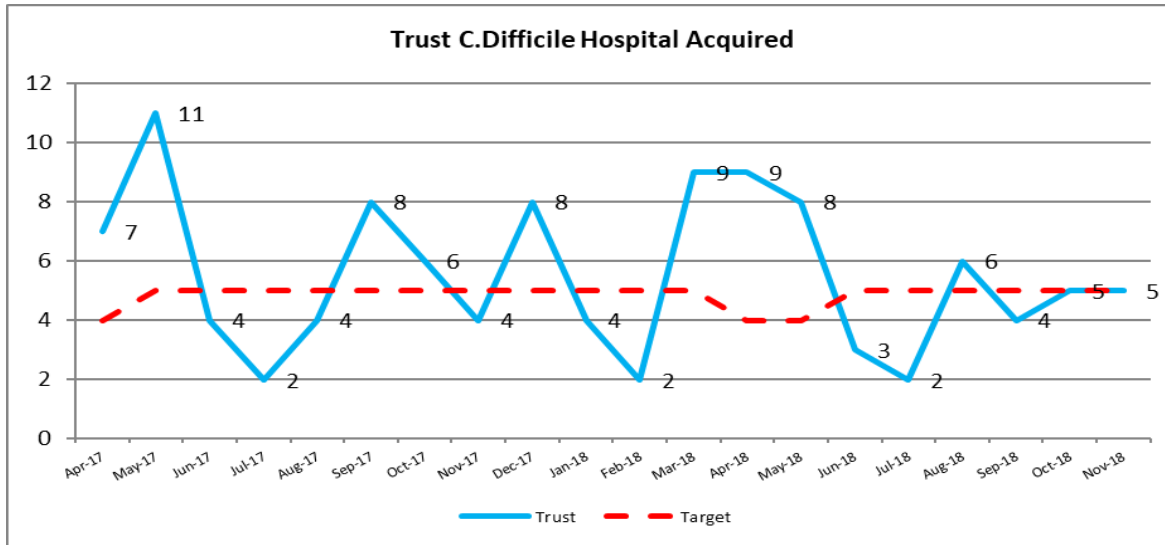
Key Actions:

- The Tissue Viability Team continue to raise awareness of the NHSi recommendations regarding pressure ulcer definition and management.
- Ongoing education continues around the recommendations - has been started from 1st December 2018.
- The Tissue Viability Team continue to try and validate all hospital acquired category 2 pressure ulcers as clinical activity allows.
- Scrutiny panels continue to take place weekly and all clinical areas are required to investigate incidences collaboratively and not in isolation.
- The Tissue Viability Team continue to provide support to the 'hot spot' areas.
- The next Trust Tissue Viability Link Nurse conference is planned for March 2019.

QUALITY

Infection Prevention

R



Lead: Michelle Rhodes, Director of Nursing

Timescale: October 2018

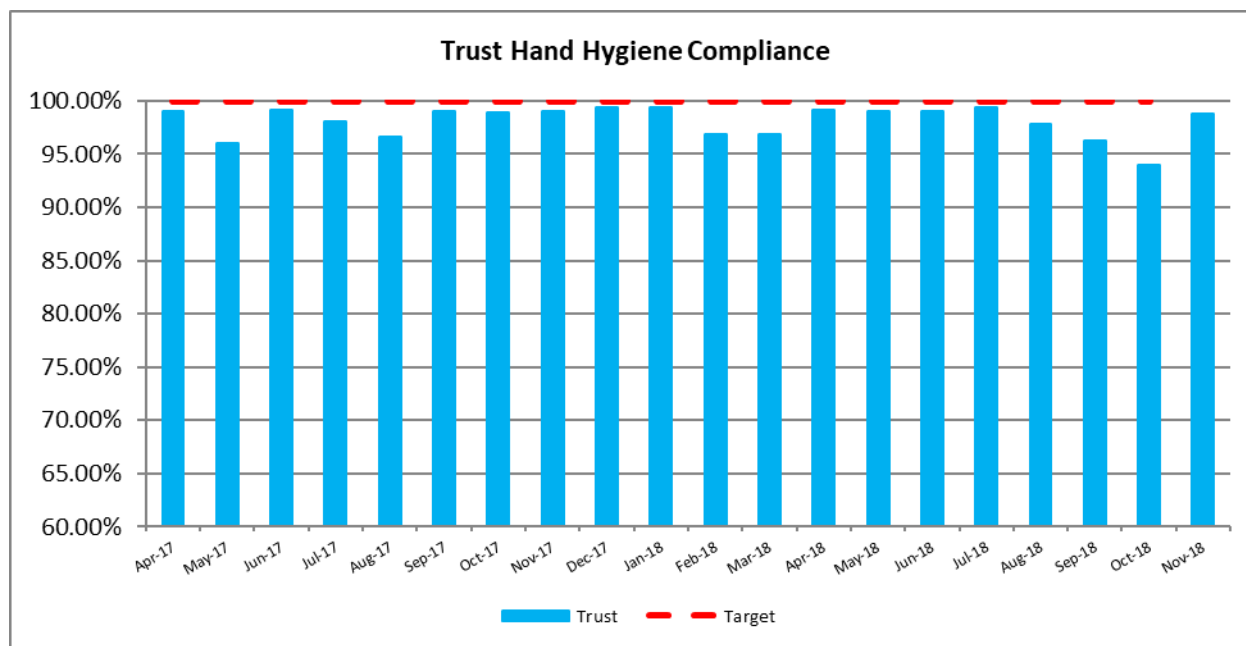
Key Issues:

- The Trust 2017/18 position for C.difficile was 69 against a trajectory of 59. The trajectory threshold for 2018/19 has been set at 58 cases. There were 5 cases in November against a trajectory of 5 cases. There is a continued pattern of recovery against trajectory with current progress meaning that the trust has improved from a position of +9 cases over trajectory in May to +4 cases over trajectory in November. There are similar infection patterns for the previous 3 years with early spring peaks which settle by summer.
- Following an analysis of the investigations, the findings showed that cross-contamination was unlikely to be a key factor as there appeared to be no similar ribotypes on one particular area. A common theme that did emerge related to antibiotic prescribing and as a result regular ward visits are conducted by Microbiologists, Antimicrobial Pharmacists and IP&C team. These visits ensured that high risk patients are managed properly and as a result case rates of C.diff have started to decrease.
- There was 1 case of MRSA bloodstream infection reported in November meaning the trust is now at 2 cases year to date. Lapses in care have been identified and an action plan has been produced in response to the investigation. The Trust had 2 cases of MRSA in 2017/18 against a threshold of 0. In 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.
- Hand Hygiene compliance audits show a declining rate of compliance with hand hygiene across all Trust sites and areas. The audit detail and process is being modified in order to produce a more accurate picture of hand hygiene compliance. This will support the infection prevention and control team to better focus their efforts. It is expected that the revised audit tool will be piloted in January 2019 with a view to being fully established for April 2019. As a result of the new assessment process we expect to see a marked decline in compliance rates as more accurate data is reported. This should be viewed as a positive step. Trust performance for 2017/18 was 98%. November showed trust compliance rates at 98.79%

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Key Actions:

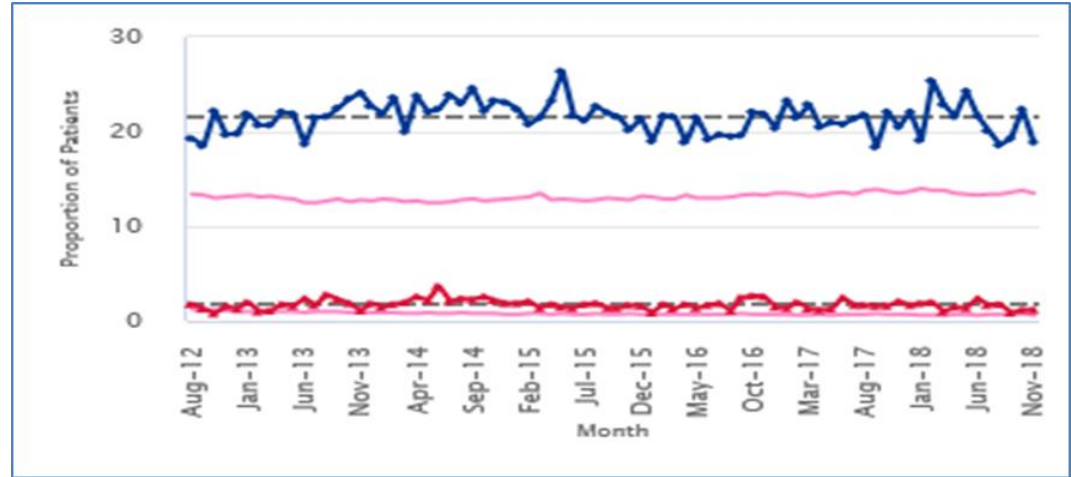
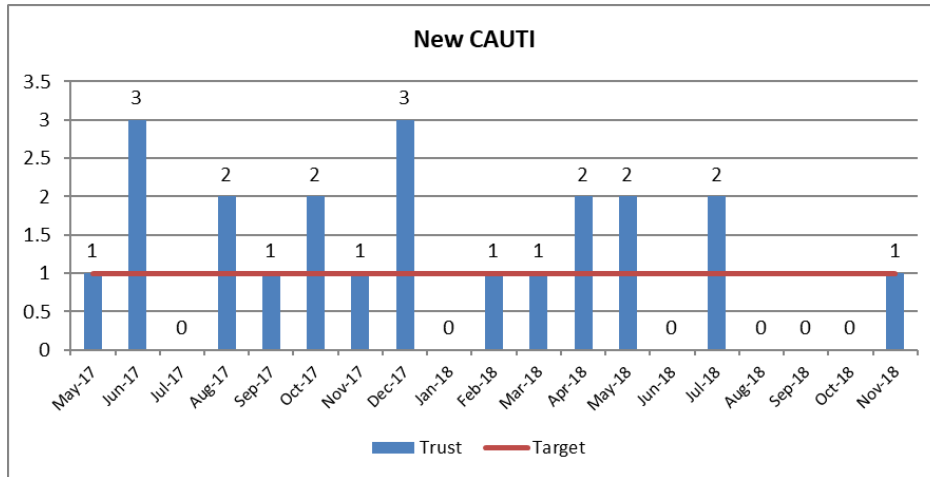
- Robust work is taking place around the management of C.diff cases especially regarding the prescribing of high risk antibiotics as we recognise the rate of cases is above trajectory and the trust is in a recovery position. Programmes are progressing with a review of the prescribing formulary and an education pack for prescribers. There has also been an enhanced programme of visits to ward areas where C.diff and GDH patients have been placed in order to scrutinise prescribing and IP&C management. This is routinely undertaken by an IP&C Nurse, Antimicrobial Pharmacist and a Microbiologist.
- The IP&C team are preparing for winter pressures and an outbreak plan has recently been approved by the trust IP&C committee. This will enable the organisation to respond quickly to any outbreak situation on any site. The IP&C team is also going through training and development to strengthen their ability to support the trusts directorates. The IP&C Nurses are progressing through the comprehensive IP&C competency framework while the Nurse Specialists are undertaking leadership programmes. The infection prevention and control team have changed their approach to better support clinical colleagues and improve patient safety, including: all clinical areas to have a specific IPC link, themed audits and focused incremental improvements.



QUALITY

Catheter Associated Urinary Tract Infection (CAUTI)

G



Timescale: November 2018

Lead: Michelle Rhodes, Director of Nursing

Key Issues:

- ULHT had 1 new CAUTI on the safety thermometer data for November 2018 against a trajectory of 1.
- In November 2018 the Trust catheterisation rate decreased to 18.9% against a national average of 13.5%.
- In November 2018 the Trust catheter with UTI (CAUTI) was 1.2% which is worse than the national average for October of 0.6%. This data includes old and new CAUTIs.

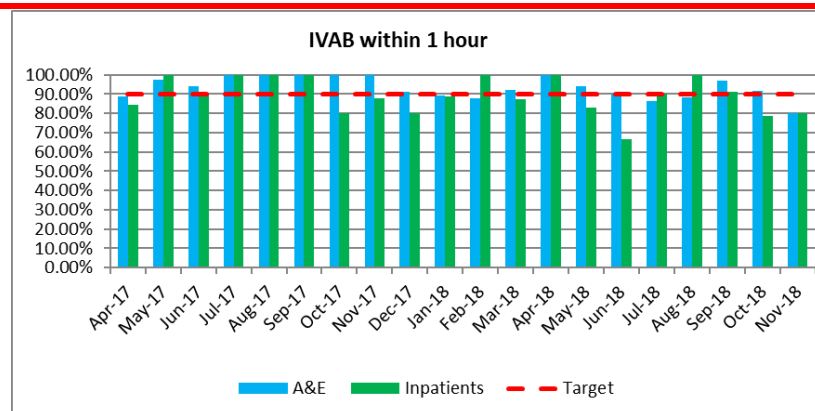
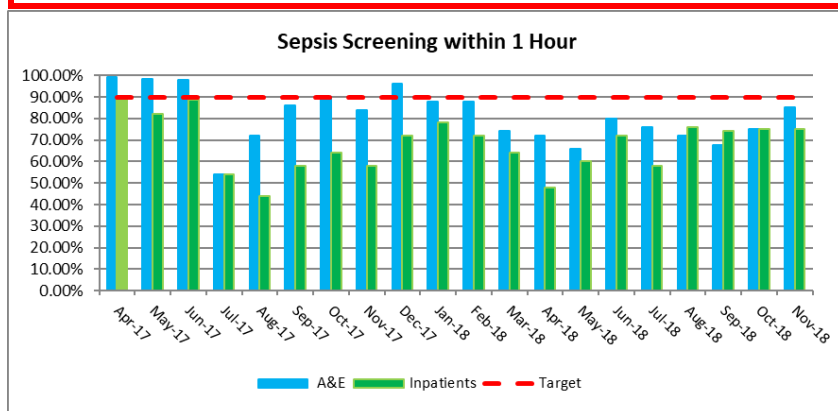
Key Actions:

- Urethral catheterisation guidelines and intermittent catheterisation guidelines have been approved at the CESC meeting in November 2018 and are available on ULHT intranet.
- Collaborative work with LCHS underway to address catheter management and prevention of CAUTI. 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. The work will include the development of a agreed referral criteria of patients with indwelling catheters for TWOC in community.
- Re-launch of continence ambassadors meetings pan trust in order to promote teaching regarding removal of catheters in timely manner.
- RCA form sent for discussion at the next CAUTI meeting.
- CAUTI Patient safety briefing to be distributed in January 2019
- CAUTI CMB report to increase medical staff awareness regarding catheter management.

QUALITY

Sepsis

R



Lead: Michelle Rhodes, Director of Nursing

Timescale: November 2018

Key Issues:

- Sepsis screening within 1 hour for A&E has shown some improvement rising from 75 to 85% although the figure is static for Lincoln. The inpatient figures for the Trust remains static at 75%. Sepsis Practitioners continue to receive e-mail alerts when a patient NEWS ≥ 5 enabling sepsis practitioners to assist and support when necessary and appropriate. All ward managers have been asked for action plans for sepsis improvement although the return rate is patchy with poor return rates at Pilgrim. Step by step guides are present in each clinical area and readily available on the staff intranet, ward managers have been asked for sign sheets to ensure staff are competent with the screening tool along with onward teaching. Sepsis practitioners continue to attend preceptorship study days for newly qualified nurses/ Midwives and Dr Inductions. New sepsis bundle due to be introduced 1st of November which is predicted to improve screening compliance.
- The percentage of IV antibiotics given within 1 hour has declined with a marked decline in A&E although analysis has shown that a sizeable percentage of this is attributable to technicality and the data that is presented is the CQUIN data following validation. Training continues to be given to ward areas along with the introduction of the 'tea trolley teaching' style to newly qualified nurses in view of rolling out trust wide. Sepsis practitioners present on Dr Inductions to highlight importance of timely treatment. Medical leads allocated for all A&E and inpatient areas across, adult, paediatric and maternity and regular teaching sessions for junior Drs arranged.

Key Actions:

- Robust process for monitoring and reporting performance to support continued and sustained patient safety: Trust wide CQUIN Audit and utilisation of trust wide electronic screening data to review any missed screens.
- Monthly review templates for non-compliance – to be returned on the 20th of each month. A Trust thematic analysis is produced identifying key issues.
- A thorough review of the themes is being undertaken to provide further insight into the issues on a ward by ward basis.
- Sepsis e-learning extended to include paediatric and maternity module
- Increased Sepsis Link Nurse engagement across sites supported by Ward Accreditation domain
- A&E medical leads identified for Lincoln and pilgrim and Grantham sites.

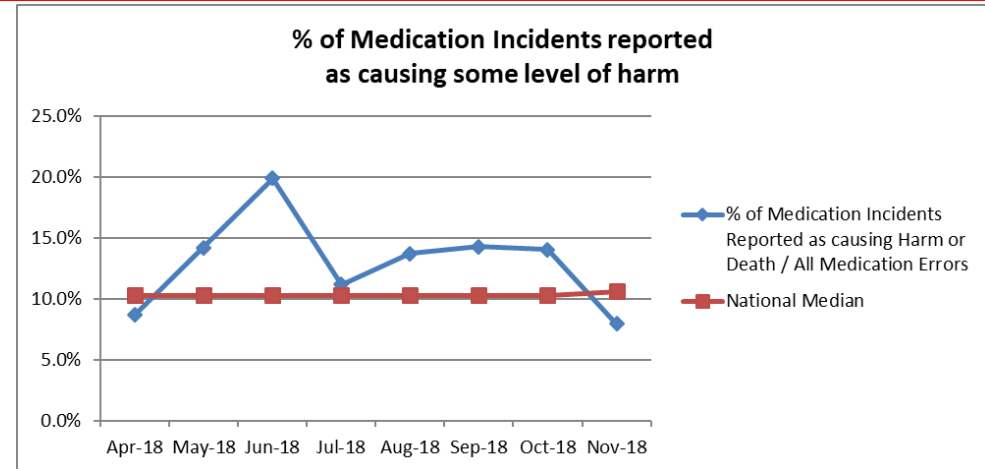
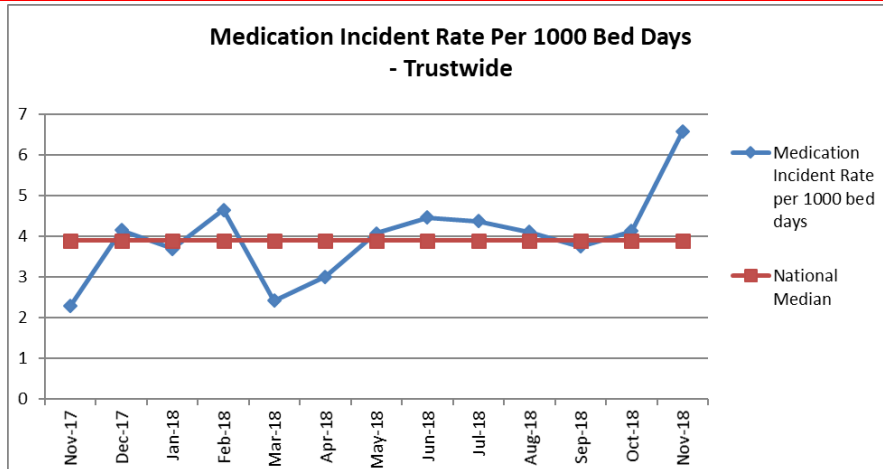
QUALITY

- Inpatient medical leads identified for Pilgrim and Grantham Sites
- Maternity medical lead identified for Pilgrim
- Paediatric medical leads identified for both Lincoln and Pilgrim sites
- Sepsis screening still awaited to be added to the Ipods – latest update is for this to be available March 2019
- Medical lead for maternity inpatients in LCH remains in discussion.
- Sepsis e- learning updated to be in line with new sepsis bundle for roll out- awaiting confirmation of changes from ESR.
- Sepsis e-learning compliance 89.24% (target 90%).

QUALITY

Medication Incidents

R



Lead: Colin Costello, Chief Pharmacist

Timescale: November 2018

Key Issues:

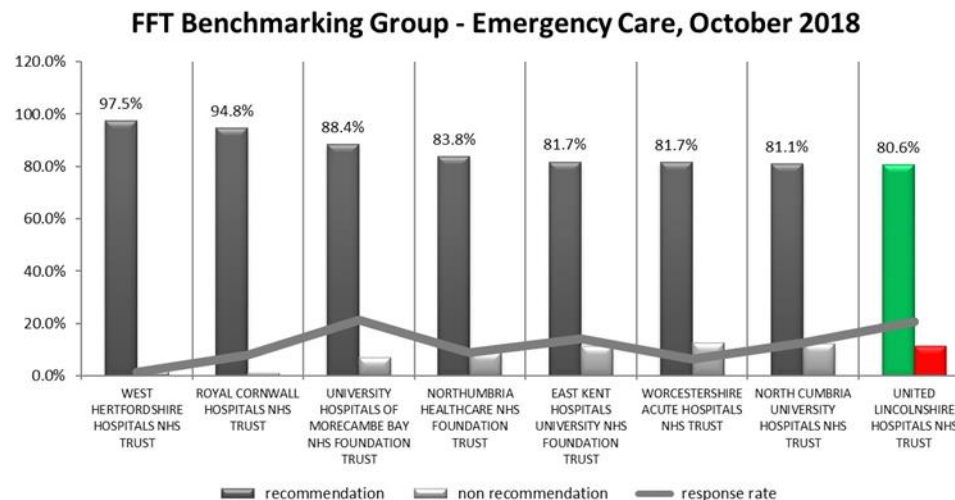
- For November the Medication Incident Reporting rate for the trust per 1000 bed days was 6.58. This is calculated as total number of incidents reported divided by the number of bed days in the trust, multiplied by 1000. The national average as displayed by Model Hospital is 4.0 – this figure was updated November 2018. There has been peak in ULHT’s reporting rate this month due to attempts to highlight concerns around supply of Tazocin.
- There were no never events relating to medication incidents reported during the reporting period. There were no serious incidents relating to medication incidents reported during the reporting period.
- Of the 201 incidents reported 8% (calculated as medication incidents reported as causing harm or death / all medication errors – (16/201) were rated as causing some level of harm. The national average of medication incidents reported as causing harm or death is 10.6%. This figure was updated on Model Hospital November 2018. The high level of incidents reported that are classified as causing no harm is a sign of open and honest reporting culture. This shows staff believe that preventative action and learning will take place as a result.

Key Actions:

- The recommendation will be put to the Clinical Support Services Performance Review Meeting during January, that Medication Incidents becomes an action item on every Divisional Performance Review Meeting and that the Chief Pharmacist / Medication Safety Officer attends as Corporate Lead for Medicines Optimisation.
- A plan as to how this will go ahead in future is currently being developed.
- The Medication Incidents are reviewed on a regular basis at Quality Safety Oversight Group and reported to Quality Governance Committee.

PATIENT EXPERIENCE

Top 10 Themes			
+ Positive		- Negative	
1. Staff	557	1. Waiting time	112
2. Staff Attitude	463	2. Staff	63
3. Waiting time	291	3. Communication	46
4. Clinical Treatment	255	4. Staff Attitude	38
5. Implementation of care	213	5. Clinical Treatment	26
6. Communication	76	6. Implementation of care	25
7. Patient Mood Feeling	75	7. Patient Mood Feeling	19
8. Admission	42	8. Environment	17
9. Environment	31	9. Admission	9
10. Discharge	7	10. Discharge	9



Lead: Martin Rayson, Director of HR &OD

Timescale: November 2018

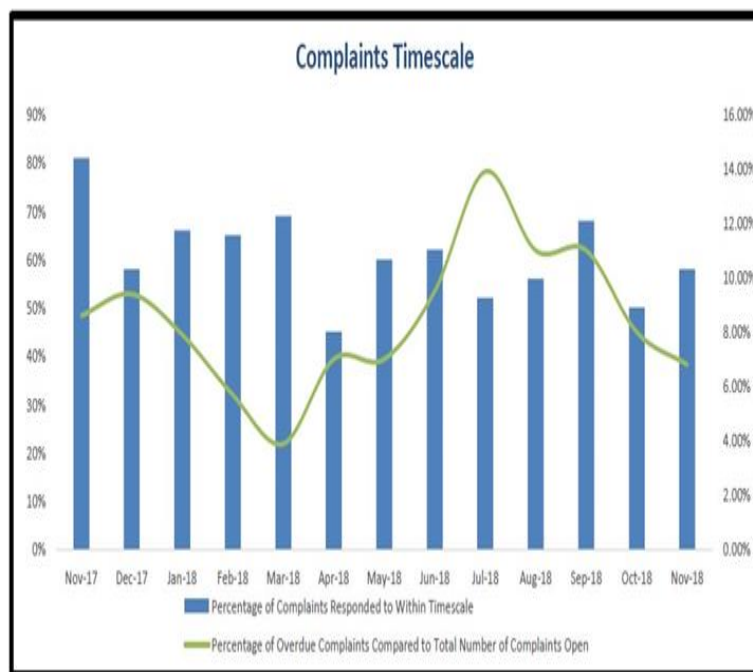
Key Areas:

- FFT performance has dropped across most streams.
 - Targeted support visits planned for hot spot areas.
 - ED main theme is long waits to be seen
- During November, there were 62 formal complaints, 439 PALS enquiries and 54 Care Opinion stories.
- The top 3 themes for complaints for November were: Clinical Treatment, Communication and Values and Behaviours
- PALS concerns continue to rise. 439 concerns were taken to PALS during November. 211 for Lincoln and Louth, 39 for Grantham, 149 for Pilgrim and the remainder for community hospitals.
- Surgical services have consistently had the highest number of overdue complaints this year with 65 to date and medicine with 49.

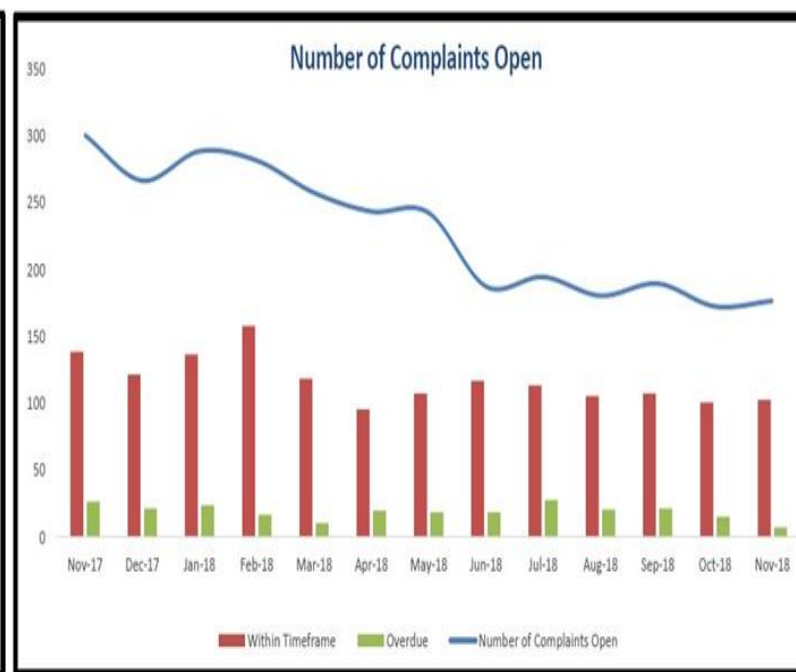
PATIENT EXPERIENCE

Key Actions:

- Response rates for complaints improved in November by almost 10% but still remain below target. The number of opened complaints has increased slightly and is reflective of the slightly higher number received in October coupled with the poorer response times therefore having a greater number in the system. The percentage of overdue against all complaints continues to fall and is largely due to the continued efforts to resolve 're-opened' and longer standing concerns that have had independent reviews and waiting further investigation.
- Data errors - A consent flag in the Medway system that is not needed and potentially impacted success rates was removed from November 1st and it is hoped will bring FFT success / failure rates in line with digital letters. November was the first full month since addressing this issue and has yielded a significant improvement in the data failure rates.
- Following discussions with the interim divisional directors and the review of patient experience reporting the data analyst has designed and soft-launched an interactive dashboard called 'SUPERB'. This is being tested and trialed but early feedback is very positive. A potential challenge is the need for users to have their EXCEL programme upgraded to 2017 and this may hinder its roll out with IT capacity to do so.



November 2018:
35/60 complaints due in November were responded to within timescale
12/176 of overdue complaints against the total number of complaints open



November 2018:
176 complaints open
102 within timeframe
12 overdue
51 re-opened
11 PHSO/ IR

PATIENT EXPERIENCE

Theme	Action	Timescale	Progress to date (as at Dec 2018)
Directorate and operational engagement & ownership	Meet with Managing Directors to: <ul style="list-style-type: none"> Determine data & reporting preferences Secure PEC membership Promote FAB Experience Champions nominations 	Nov 2018	Met 14.11.18 & new dashboard being trialled (see section below in this report) ToR reviewed 21.11.18 Launched 13.11.18
	<ul style="list-style-type: none"> Recruit FAB Experience Champions. Fortnightly nudges to specialties who have not nominated. Aim for all areas to have either nominated or linked champion by end January 2019. 	Jan 2019	20 recruited to date 'PX Pop-in' sessions (see section below in this report) scheduled across all site to tout for champions.
	Complete redesign of patient experience reporting	Jan 2019	Dashboard development progressing well and being tested. Demonstration to MD's scheduled.
FFT hot spots	Targeted visits to hot spot areas to discuss actions and support.	Dec 2019	Scheduled for December & January
Communication First training	Draw themes from reflective accounts following Communication First training to identify impact of learning.	Mar 2019	
Values and behaviours & Patient Care	Identify patient stories from across PALS, complaints, Care Opinion and (where possible) FFT that demonstrate positive and negative experiences and use in a monthly 'PX Message of the Month' for sharing with staff.	Jan 2019	First 'message of the month' due January.
	Cascade Trust Board stories	Nov 2018	Presented to PEC 21.11.18 and discussed at Trust Board 29.11.18. Plan is to include within new lessons learned forum.
Appointments and waiting times	Discuss with service managers, schedulers and communications re: messages and Information to patients on current work.	Dec 2018	Car parking has been a priority issue with patient feedback during November. Communications are promoting current work around Hybrid mail and digital letters.
	Explore 'traffic bulletin' initiative in ED's	Dec 2018	Unable to secure time with service leads due to operational pressures. Will schedule for new Year.

WORKFORCE

WORKFORCE INTEGRATED PERFORMANCE REPORT – DECEMBER 2018 BOARD MEETING

KPI Performance Overview

KPI	2018/19 Target	December 2018 Performance	Last Month Performance	Performance in December 2017	6 th Month Trend
Vacancy Rate - Medical	Medical – 13.5%	21.5%	19.8%	15.61%	↑
Vacancy Rate – Registered Nurses	Registered Nursing 12.5%	16.0%	15.6%	13.91%	↓
Vacancy Rate – AHP's	10%	14.4%	16.3%	8.14%	↑
Voluntary Turnover (excl. Retirements)	6%, with no group of staff more than 20% above the overall target	5.8%	6.1%	5.76%	↑
Quarterly Engagement Index	10% improvement in average score during 2017/18	3.3 (Sep'17)	3.4 (Jun'17)	3.3	↓
Quality of Leadership/Management Index	10% improvement in average score during 2017/18	2.6 (Sep'17)	2.8 (Jun'17)	2.6	↓
Core Learning Completion	Overall target (2017/18) 95%.	91.4%	90.4%	90.63%	↓
Sickness Absence (12 month rolling average)	Overall target of 4.5% + no team over 25% above target	4.7% (Nov'18)	4.7% (Oct '18)	4.76% (Nov 17)	↔
Appraisals - Medical	Medical – 95%	95%	96%	95%	↓
Appraisals – Non Medical	Non-medical – 90%	73.5%	74%	79.1%	↑
Agency Spend	£25.4m (£)	£3.299m	£2.980m	£2.124m	↑

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

WORKFORCE

Commentary

Vacancy Rates

Rates for AHPs has reduced, but again there have been increases for Medical and Nursing staff. Voluntary turnover has reduced and is now back to the level it was in 2017. There is a lag period between turnover and an improvement in vacancy rates, so we would hope to see an improved vacancy position.

Appraisals

Medical Appraisal rate remains strong and above target, however the non-medical rate has fallen slightly by 0.5%. Womens' and Children has shown a dramatic increase following a focus within that Division. We need the same degree of local management focus in other Divisions. Both Surgery and Estates are below 70%.

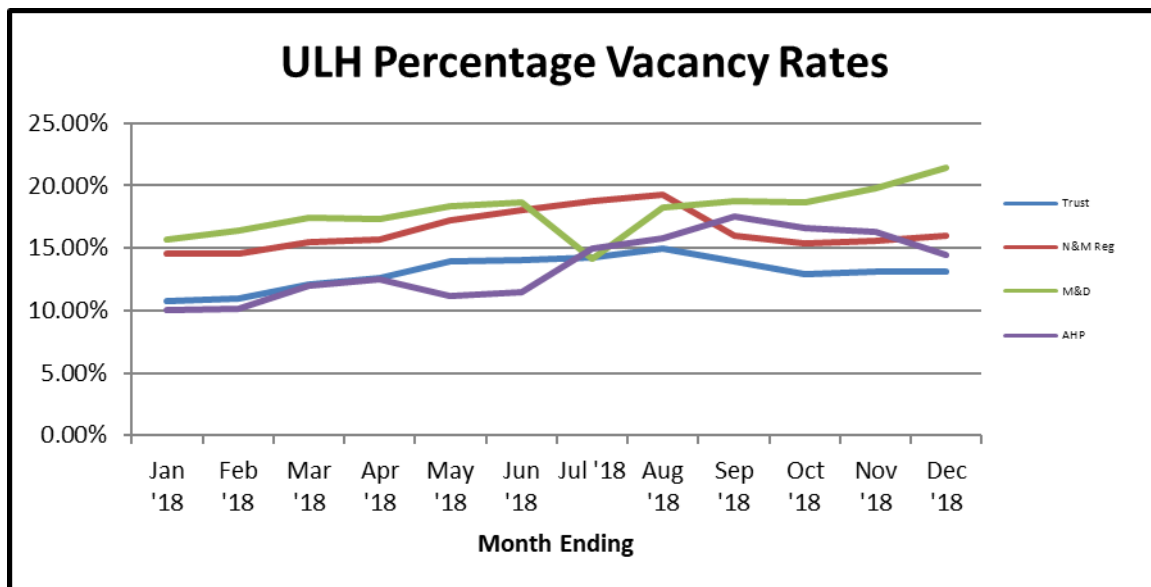
Sickness

The overall sickness rate for the Trust remains stable at 4.7% (November 2018) and lower than in 2017. The main sickness reason in November was 'Gastrointestinal problems' across the majority of areas with the exception of Surgery where the top reason was 'Cold, Cough, Flu'. Both of these reasons are indicative of the season we are in.

WORKFORCE

Vacancy Rates

R



Lead: Martin Rayson, Director of HR &OD

Timescale: December 2018

Key Issues:

- The overall Trust vacancy rate is broadly stable with an improvement to the rate for AHP off-set by a further deterioration for medical roles. Nursing appointments during December were just short of the number required to mitigate attrition.
- Attrition from AHP roles was 0.6 FTE in December with 2.64 FTE of starts. A further 6.76 FTE have completed checks are due to start with the trust with a further 34 Band 5 and 17 Band 6 AHPs in pre-employment check stage.
- Attrition from medical posts was 22.6 FTE in December with 11.6 FTE of starts. A further 2 FTE started in December not included in the data. There are 26 Consultants and 42 Specialty Doctors who are in pre-employment check stage so if attrition remains stable an improvement to fill rate is expected to improve in the final quarter of 18/19.

Key Actions:

- Business case for pilot to work with Paragona (alternative route to employment for international medical staff) approved.
- Further development of 'plan for every post' for all posts
- Resourcing of two of four Resourcing Leads
- Workforce Plan as part of FRP sets out comprehensive plan to improve pace and volume of recruitment, including:
 - Engagement of brand development company – TMP

Excellence in rural healthcare

- Review of sourcing strategies (particularly for Nursing)
- Additional resources to support services in recruiting and delivering plan for every post
- Review of recruitment process in Operational Team

Hotspots - Medical

Division	Team	Vacancy FTE	Vacancy %
CSS	Lincoln Radiology	7.96	58%
Corporate	Medical Education	11.00	37%
Medicine	A&E Attenders Lincoln	18.18	48%
	A& E Attenders Pilgrim	22.00	63%
	Pilgrim Diabetes	7.00	64%
Women & Children	Pilgrim Paediatrics IP	7.7	39%

Hotspots - Nursing

Division	Team	Vacancy FTE	Vacancy %
Medicine	Ward 6A	10.45	45%
	Ward 7B	11.64	50%
	Ward 8A	9.58	45%
	Acute Medical Short Stay	19.76	58%
Surgery	Ward 3B	8.54	39%
	Ward 5B	10.77	47%
Women & Children	Rainforest	14.10	44%
	Ward 4a	12.57	38%

Hotspots - AHPs

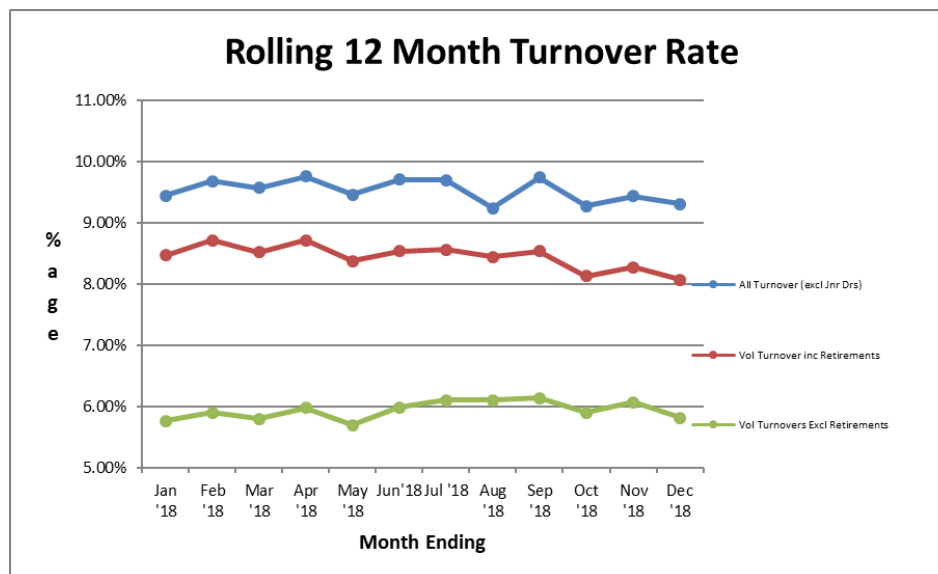
Division	Team	Vacancy FTE	Vacancy %
CSS	Pilgrim Physiotherapy	10.73	32%

We have additional staff joining the HR team during the first quarter will focus in particular on the hotspot vacancy areas.

WORKFORCE

Voluntary Turnover

G



Lead: Martin Rayson, Director of HR &OD

Timescale: December 2018

Key Issues:

- Reviewing the rolling 12 months shows that the average turnover is 5.9%. CSS division have the highest percentage turnover in the month at 7.77%. In CSS the main leavers are the physiotherapists, 18 have left with 14 going to other NHS organisations. 95 registered nurses have left with 38 going to other NHS organisations.

Key Actions:

- B7 Project Manager appointed to focus on delivery of retention projects, e.g. retire and return. Starts Jan 18
- Comms and engagement plan underway to prepare for launch of new exit questionnaire
- Launch of new exit questionnaire and process
- First draft of Trust Education Strategy
- Directory of rotational posts and insight opportunities

WORKFORCE

Core Learning

A

Assignment Count	Directorate Compliance Information Governance	Dec-18	Nov-18	Variance
610	Corporate	92.13%	90.00%	2.13%
1874	Clinical Support Services	89.06%	87.64%	1.42%
1569	Surgery	87.06%	84.71%	2.35%
746	Women & Childrens Pan Trust	86.73%	85.94%	0.79%
1471	Medicine	79.13%	78.51%	0.62%
857	Director of Estates & Facil	78.76%	79.92%	-1.16%

Assignment Count	Staff Group Compliance Information Governance	Dec-18	Nov-18	Variance
1	Students	100.00%	100.00%	0.00%
117	Healthcare Scientists	93.16%	93.91%	-0.75%
221	Add Prof Scientific and Technic	91.40%	89.29%	2.12%
396	Allied Health Professionals	89.90%	86.48%	3.42%
1607	Administrative and Clerical	87.12%	85.98%	1.14%
2170	Nursing and Midwifery Registered	85.62%	85.66%	-0.04%
1288	Additional Clinical Services	85.09%	83.40%	1.69%
468	Medical and Dental	81.62%	76.25%	5.37%
859	Estates and Ancillary	79.05%	79.72%	-0.67%

Compliance by Topic	Equality, Diversity and Human Rights - 3 Years	Fire Safety - 1 Year	Fraud Awareness - 3 years	Health and Safety - 3 Years	Infection Control - 1 Year	Information Governance - 1 Year	Major Incidents - 1 Year	Moving & Handling for Inanimate Load Handlers - 3 Years	Resuscitation [BLS] - 1 Year	Safeguarding Adults Level 1 - 3 Years	Safeguarding Children Level 1 - 3 Years	Slips, Trips & Falls - 3 year	Overall Compliance %
Sep-18	95.51%	86.94%	91.32%	95.69%	89.31%	89.19%	82.28%	94.27%	83.26%	92.06%	92.04%	95.42%	90.61%
Oct-18	95.46%	86.90%	92.28%	96.09%	89.61%	86.20%	83.30%	94.76%	82.82%	90.89%	90.87%	95.88%	90.42%
Nov-18	95.19%	87.61%	93.14%	96.43%	88.34%	84.23%	83.26%	95.28%	82.03%	91.74%	91.70%	96.37%	90.44%
Dec-18	95.72%	89.41%	93.60%	96.83%	90.33%	85.35%	85.45%	95.75%	82.31%	92.52%	92.48%	96.73%	91.37%

Lead: Martin Rayson, Director of HR &OD

Timescale: December 2018

Key Issues:

- Overall compliance has increased by 0.93% this month to 91.37% with all topics showing an increase. Fire has shown a more notable increase than last month of 1.80% although still some way off target. The biggest increase was with Infection Prevention and Major Incident with 2% and 2.19% retrospectively.
- The focus this month remains with Information Governance as it is still only 85.35% when it was 90.03% in August. The league tables show compliance by Divisional Directorate and Staff Group. It also shows a comparison with last month highlighting that Estates and Facilities has fallen another 1.16% after its fall of 6.12% last month. Only 3 of the directorates have improved by over 1% or 2%. By Staff Group, 3 of the 9 groups have dropped. Medical and Dental staff have made the biggest improvement however still have the second lowest compliance.

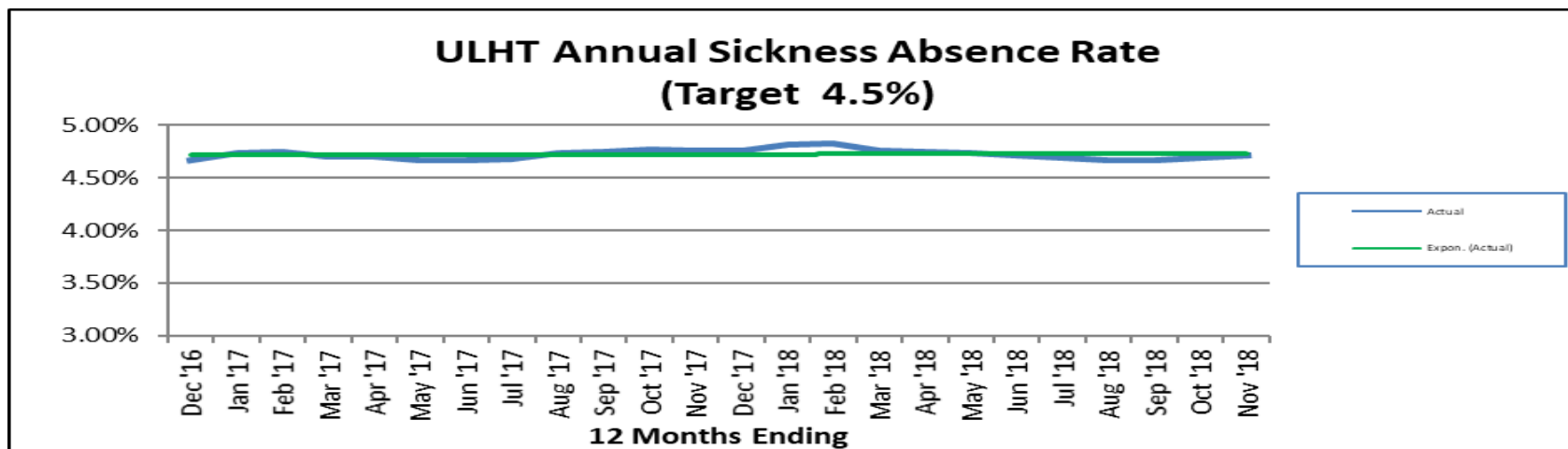
Key Actions:

- Rates of completion are reported on a monthly basis to each Directorate and there are follow-up discussions at Performance Review Meetings.
- Compliance information is also made available to topic specialists each month.
- 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.
- Strategic HR Business Partners to support identification & escalation of service areas with poor compliance rates.
- Changing indicator to % of staff who are 100% compliant

WORKFORCE

Sickness Absence

A



Lead: Martin Rayson, Director of HR &OD

Timescale: November 2018

Key Issues:

- The overall sickness rate for the Trust remains stable at 4.7% (November 2018) and slightly above the target. The main sickness reason in November was 'Gastrointestinal problems' across the majority of areas with the exception of Surgery where the top reason was 'Cold, Cough, Flu'. Both of these reasons are indicative of the season we are in.

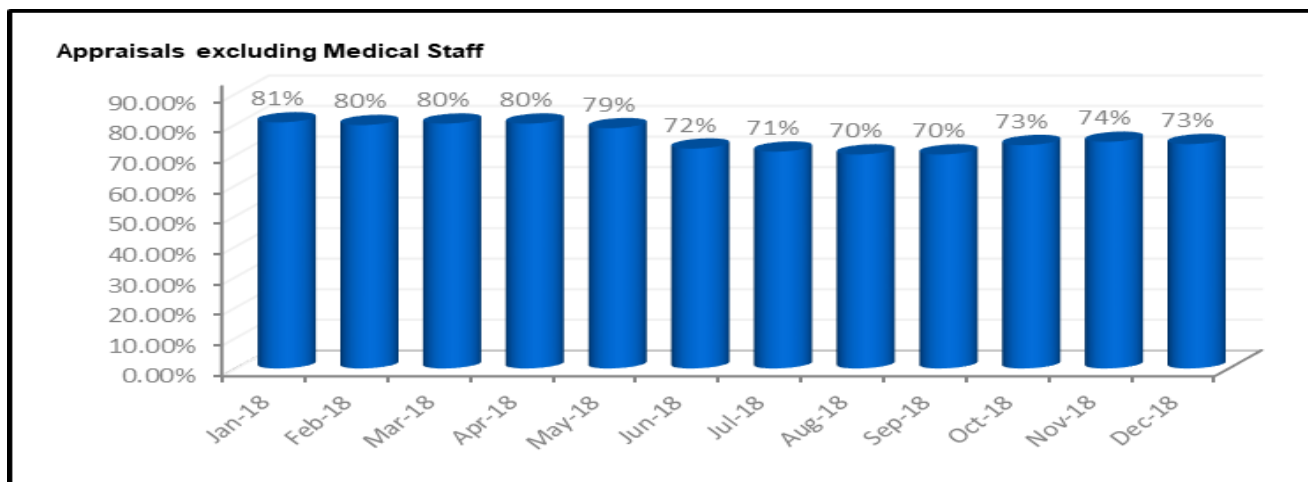
Key Actions:

- Following divisional realignment, ER Advisors have conducted meetings with Heads/Managers to review current absences and planned management going forward
- Ongoing additional HR Ops support have scheduled outstanding ill health capability hearings
- HR Ops support for administration of Occupational Health reports.
- ER Advisors have promoted flu jabs to colleagues and this will continue especially with current Flu outbreaks on our hospital sites
- ER advisors regularly meet managers and continue to ensure that an absence reason is entered and that "other" is not the reason.
- ER advisors are utilising more case conferences to reduce length of long term absence and this has caused a decline in outstanding case work.
- Further support planned for the OH sickness line
- ER Advisors to highlight Hot Spot training areas in line with new divisional directorates
- Review Mental health awareness training for Managers via OCH
- Review of all current sickness absence cases to ensure correct trigger monitoring
- Review of first-day reporting process and impact

WORKFORCE

APPRAISAL RATES (NON-MEDICAL)

R



Lead: Martin Rayson, Director of HR &OD

Timescale: December 2018

Key Issues:

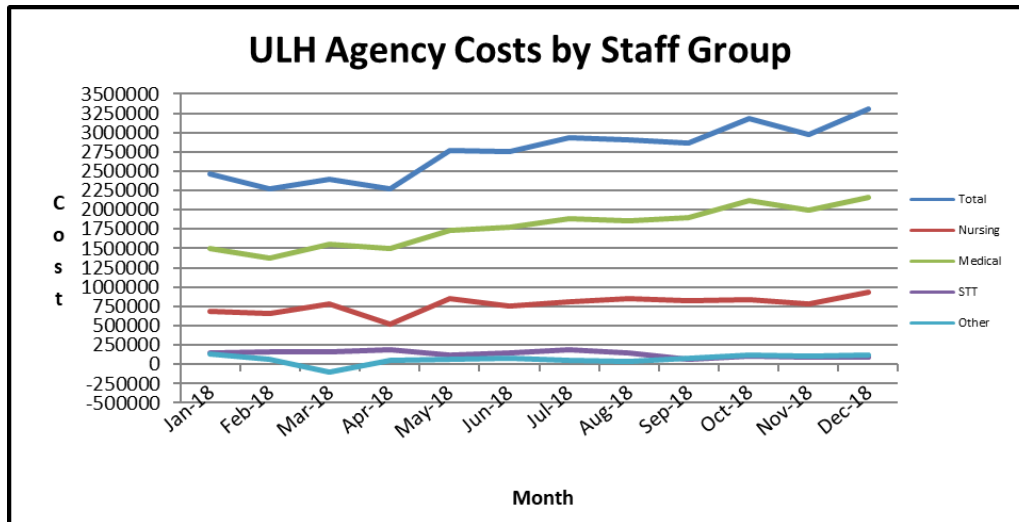
- Of the 6082 non-medical staff 4469 have received an appraisal with the remaining 1613 staff still to be done. The majority of staff who do not have an up to date appraisal recorded are across the clinical divisions.
- Womens and Children has shown a dramatic increase following a focus within that Division. We need the same degree of local management focus in other Divisions.

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.
- Appraisals now part of Divisional Performance Management regime
- Strategic HR Business Partners to identify service areas with poor appraisal rates and escalate.

WORKFORCE

AGENCY SPEND R



Division	Team	Medical FTE	Nurse FTE
Medicine	Lincoln Acute Medicine	16.41	
	Lincoln AE Attenders	17.35	
	Pilgrim AE Attenders	15.61	
	A&E Pilgrim		29.46
	Integrated Assessment Centre		11.50
Women and Children	Pilgrim Paediatrics IP	14.31	

Lead: Martin Rayson, Director of HR &OD

Timescale: December 2018

Key Issues:

- The table above shows agency spend in the last 12 months the agency costs continue to increase in nursing and medical.
- The Trust has developed and is implementing an agency cost reduction plan. This focuses on five themes: Planning a realistic level of temporary staffing; Reducing unplanned temporary staffing by reducing the number of unfilled posts, reducing, improving attendance and improving rostering practices; Improving the ratio of bank to agency staffing mix; Reducing the proportionate cost of Agency staffing and Ensuring greater grip and control around temporary staffing spend.
- It is through reducing demand that we will make the biggest in-roads into agency spend. Our work on the new workforce model for ULHT and increasing recruitment success rates are crucial.

Key Actions:

- Developed costed agency cost reduction plan
- Medical bank in place
- Project Manager in post to develop and lead the a new central agency booking team
- Divisional Confirm and Challenge meetings
- Further actions to increase nurse bank usage – e.g. premium bank rates
- Extension of bank to other groups of staff
- Further work to seek to reduce agency rates
- Challenge high-cost agency – turn to permanent where possible
- Improved Management Information to support Divisional Spend
- Commercial negotiations with Medical master vendor and Nursing agencies
- Roll out Direct engagement for a high number of Agency AHPs
- Systematic review of all high cost interims

NURSING WORKFORCE

Safer Staffing: Summary by Site		Dec-18				
Hospital	CHPPD Rates for Staffing					
	Registered		Unregistered		Total (Includes Others)	
	Planned CHPPD	Actual CHPPD	Planned CHPPD	Actual CHPPD	Planned CHPPD	Actual CHPPD
Grantham	6.0	5.2	3.6	3.4	9.6	8.8
Lincoln	4.9	4.5	2.7	2.6	7.6	7.2
Pilgrim	5.9	4.7	3.2	3.0	9.2	7.8
Trust	5.3	4.6	2.9	2.8	8.3	7.5
Safer Staffing: Summary by Site - General N		Dec-18				
Hospital	CHPPD Rates for Staffing					
	Registered		Unregistered		Total (Includes Others)	
	Planned CHPPD	Actual CHPPD	Planned CHPPD	Actual CHPPD	Planned CHPPD	Actual CHPPD
Grantham	6.0	5.2	3.6	3.4	9.6	8.8
Lincoln	4.9	4.6	2.6	2.6	7.5	7.2
Pilgrim	5.1	4.0	2.9	2.9	8.2	7.0
Trust	5.1	4.4	2.8	2.8	7.9	7.3
Safer Staffing: Summary by Site - Children		Dec-18				
Hospital	CHPPD Rates for Staffing					
	Registered		Unregistered		Total (Includes Others)	
	Planned CHPPD	Actual CHPPD	Planned CHPPD	Actual CHPPD	Planned CHPPD	Actual CHPPD
Grantham	n/a	n/a	n/a	n/a	n/a	n/a
Lincoln	7.5	7.2	3.9	2.8	11.4	10.0
Pilgrim	14.2	11.2	7.9	4.6	22.9	16.3
Trust	9.5	8.4	5.1	3.3	14.8	11.9
Safer Staffing: Summary by Site - Midwifery		Dec-18				
Hospital	CHPPD Rates for Staffing					
	Registered		Unregistered		Total (Includes Others)	
	Planned CHPPD	Actual CHPPD	Planned CHPPD	Actual CHPPD	Planned CHPPD	Actual CHPPD
Grantham	n/a	n/a	n/a	n/a	n/a	n/a
Lincoln	2.2	2.2	2.7	2.3	5.5	4.8
Pilgrim	26.3	25.3	5.4	4.4	31.7	29.7
Trust	4.7	4.6	3.0	2.6	8.2	7.4

NURSING WORKFORCE

Overall Trust Nursing Recruitment & Retention Position

VACANCY POSITION												
	Jul-18		Aug-18		Sep-18		Oct-18		Nov-18		Dec-18	
	Data from Payroll		Data from Payroll		Data from Payroll		Data from Payroll		Data from Payroll		Data from Payroll	
	R	UR	R	UR	R	UR	R	UR	R	UR	R	UR
Lincoln	175.56	71.40	177.38	67.82	129.43	68.79	124.46	64.90	132.79	57.25	129.79	54.65
Pilgrim	151.24	43.47	156.81	41.67	152.49	35.78	153.37	35.99	150.88	37.42	163.32	35.74
Grantham	35.97	8.47	35.15	10.63	31.38	3.39	30.27	5.59	35.13	3.18	34.49	6.34
Main Site Nursing & Midwifery Sub-total	362.77	123.34	369.34	120.12	313.30	107.96	308.10	106.48	318.80	97.85	327.60	96.73
Louth	5.21	0.53	4.88	0.53	4.51	0.53	4.51	0.53	4.14	1.70	3.56	3.63
Paediatrics & Neonatal	40.15	6.47	41.00	6.47	39.64	6.47	44.65	10.04	48.84	9.71	46.28	10.91
Obs & Gynae	23.99	9.41	24.97	11.01	16.75	12.85	14.15	22.20	14.20	19.69	10.07	21.70
Diagnostics	10.70	5.30	12.25	6.03	8.71	3.72	6.98	4.74	5.16	5.67	0.57	5.88
Corporate Nursing – All Sites	18.86	4.07	18.49	4.60	22.19	4.60	25.40	4.60	19.42	4.60	17.49	4.24
Specialist Nursing – All Sites	4.30	-0.04	3.50	-0.04	5.83	0.76	9.97	0.76	11.17	0.76	11.17	0.76
Nursing & Midwifery Sub-total	465.98	149.08	474.43	148.72	410.93	136.89	413.76	149.35	421.73	139.98	416.74	143.85
Physiotherapy	17.59	1.56	20.44	3.58	17.99	3.45	18.02	2.45	15.28	2.72	13.28	1.81
Occupational Therapy	4.86	1.64	5.07	2.11	5.31	2.11	8.66	2.11	8.80	0.11	7.46	2.71
Dietetics	4.37	0.00	4.37	0.00	3.37	0.81	3.96	0.81	3.96	0.01	2.96	0.01
Total	492.80	152.28	504.31	154.41	437.60	143.26	444.40	154.72	449.77	142.82	440.44	148.38
Nursing & Midwifery In Post	1,879.95	821.83	1,869.60	820.82	1,932.02	832.65	1,901.94	829.74	1,896.16	840.34	1,895.25	841.43
Nursing & Midwifery Vacancy Changes	7.78%	2.64%	6.40%	2.57%	-11.81%	-8.18%	-12.79%	0.42%	2.63%	2.26%	-1.18%	2.76%
Nursing Vacancy Rate	19.86%	15.35%	20.24%	15.34%	17.54%	14.12%	17.87%	15.25%	18.19%	14.28%	18.03%	14.60%

VACANCY POSITION												
	Jul-18		Aug-18		Sep-18		Oct-18		Nov-18		Dec-18	
	Data from Payroll		Data from Payroll		Data from Payroll		Data from Payroll		Data from Payroll		Data from Payroll	
	R	UR	R	UR	R	UR	R	UR	R	UR	R	UR
Lincoln	122.59	49.99	126.00	47.53	93.62	49.96	89.91	43.25	96.79	35.29	92.96	34.68
Pilgrim	113.49	18.19	119.12	17.59	119.02	14.11	121.03	19.66	118.87	20.64	128.40	18.30
Grantham	27.80	1.82	25.69	2.57	22.94	-4.24	21.16	-2.31	22.76	-3.87	22.73	-0.75
Main Site Nursing & Midwifery Sub-total	263.88	70.00	270.81	67.69	235.58	59.83	232.10	60.60	238.42	52.06	244.09	52.23
Paediatrics & Neonatal	35.17	3.37	35.61	3.37	30.96	3.37	33.87	5.34	39.22	5.01	35.46	5.61
Obs & Gynae	6.14	4.86	5.54	6.46	3.11	7.70	4.31	9.84	9.31	8.56	6.80	9.37
Total	305.19	78.23	311.96	77.52	269.65	70.90	270.28	75.78	286.95	65.63	286.35	67.21
Nursing & Midwifery In Post	799.06	493.68	792.29	494.39	834.60	501.01	842.16	504.37	825.25	514.52	822.65	515.81

NURSING WORKFORCE

Summary of December 2018 Agency figures (framework and cap)

Staff Group	Week Ending	02/12/2018	09/12/2018	16/12/2018	23/12/2018	30/12/2018
Nursing, Midwifery & Health Visiting	Price cap only	433	461	424	414	367
Nursing, Midwifery & Health Visiting	Framework only	10	42	43	67	111
Nursing, Midwifery & Health Visiting	Both framework & price cap	10	42	43	67	11
Healthcare assistant and other support	Price cap only	0	9	12	30	43
Healthcare assistant and other support	Framework only	0	9	12	30	43
Healthcare assistant and other support	Both framework & price cap	0	9	12	30	43

Safe Staffing Performance Dashboard – December 2018

Safe Staffing Performance Dashboard - December 18											
SITE/Ward	CHPPD Rates for Staffing						Fill Rates				Exception report
	Registered		Unregistered		Total		Total Day		Total Night		
	Planned CHPPD	Actual CHPPD	Planned CHPPD	Actual CHPPD	Planned CHPPD	Actual CHPPD	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	
GRANTHAM HOSPITAL											
Ward 1	3.53	3.57	3.06	3.15	6.59	6.72	101.8%	104.9%	100.1%	98.4%	
Ward 2	10.74	6.85	7.46	4.81	18.19	12.19	59.2%	64.5%	70.8%	64.6%	Ward activity changed through change in model of care
Ward 6	5.18	4.97	4.66	4.61	9.84	9.73	94.5%	100.3%	98.4%	97.4%	
EAU	5.13	4.53	2.55	3.02	7.68	7.75	83.2%	131.3%	98.1%	103.8%	Figures reflective of dependency needs and staff redeployment from W2
Acute Care Unit	14.51	12.78	1.41	1.38	15.92	14.16	87.1%	88.0%	89.2%	-	

NURSING WORKFORCE

SITE/Ward	CHPPD Rates for Staffing						Fill Rates				Exception report
	Registered		Unregistered		Total		Total Day		Total Night		
	Planned CHPPD	Actual CHPPD	Planned CHPPD	Actual CHPPD	Planned CHPPD	Actual CHPPD	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	3.52	3.09	2.73	4.32	6.25	7.42	81.3%	154.7%	100.0%	163.3%	Figures reflective of enhanced care
Bardney	7.37	7.15	5.41	4.90	15.30	13.31	95.1%	93.0%	100.4%	87.8%	
Branston	6.97	6.08	2.85	2.76	9.83	9.26	80.6%	131.4%	100.0%	47.9%	Activity affected due to escalation beds in other areas.
Burton	3.24	3.18	2.68	2.93	5.93	6.11	96.1%	114.7%	101.6%	101.5%	Figures reflective of enhanced care
Carlton Coleby	3.48	3.58	2.13	2.09	5.61	5.67	89.4%	98.7%	128.3%	97.5%	Temporary uplift in template on nights in place
Clayton	3.95	3.36	1.75	1.67	5.80	5.20	82.1%	93.9%	89.0%	101.9%	
Dixon	2.52	2.73	2.34	2.29	4.86	5.02	115.7%	92.7%	100.0%	108.9%	
Frailty Assessment Unit	3.66	3.05	3.09	3.35	6.97	6.70	78.4%	113.9%	93.4%	99.9%	Figures reflective of alternate use of skill mix where safe to do so
Greetwell	3.40	3.11	2.08	2.01	5.49	5.27	86.7%	92.5%	99.1%	101.5%	
Hatton	5.11	5.24	3.63	3.36	8.74	8.60	100.6%	100.3%	105.1%	83.6%	
ICU	29.66	25.62	3.43	1.82	33.09	27.43	86.2%	58.7%	86.5%	41.6%	Unregistered shifts not sent to bank routinely
Johnson	10.25	9.42	3.54	3.56	13.79	13.17	89.6%	99.0%	95.1%	104.3%	
Lancaster	2.95	2.47	2.93	3.30	5.88	5.95	77.7%	107.5%	93.6%	121.8%	Figures reflective of RN vacancy and enhanced care needs of patients on nights
MEAU	5.71	5.16	2.47	2.52	8.18	7.81	90.3%	94.5%	90.6%	116.2%	Figures reflective of high dependency on nights
Navenby	3.11	3.04	2.37	2.22	5.47	5.25	96.2%	91.4%	99.5%	96.8%	
Nettleham	0.76	0.80	1.97	1.61	2.73	2.41	107.4%	76.7%	101.9%	90.3%	Unregistered shifts not sent to bank routinely
Neonatal (SCBU)	11.60	8.40	6.69	3.85	18.29	12.25	61.1%	49.2%	89.6%	108.8%	Changes in model of care
Neustadt Welton	3.34	3.18	2.71	2.43	6.05	5.79	91.4%	94.4%	101.1%	84.4%	
Rainforest	4.82	6.41	2.04	2.14	6.85	8.56	133.5%	99.0%	132.6%	119.6%	Changes to model of care supported by additional staff
Scampton	3.29	3.03	3.01	2.92	6.30	5.95	87.9%	95.3%	100.3%	100.7%	
SEAU	6.51	5.74	2.99	2.70	9.50	8.66	87.4%	88.0%	89.4%	94.5%	
Shuttleworth	4.46	4.04	2.60	2.60	7.06	6.81	88.0%	98.5%	94.4%	103.6%	
Stroke Unit	4.73	4.52	2.54	2.40	7.28	6.99	92.3%	92.4%	101.5%	98.5%	
Waddington Unit	4.24	4.46	1.84	1.60	6.08	6.06	100.6%	86.1%	111.8%	90.6%	Escalation beds open

NURSING WORKFORCE

SITE/Ward	CHPPD Rates for Staffing						Fill Rates				Exception report
	Registered		Unregistered		Total		Total Day		Total Night		
	Planned CHPPD	Actual CHPPD	Planned CHPPD	Actual CHPPD	Planned CHPPD	Actual CHPPD	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 Medical Short Stay	5.41	3.66	3.53	2.71	9.14	6.37	71.6%	82.7%	62.5%	69.6%	Only 50% of the ward has been open
4A	13.34	9.96	9.95	5.16	23.95	15.53	61.8%	59.4%	102.3%	32.9%	Reflective of changes to model of care
Acute Cardiac Unit	5.00	3.89	2.18	2.26	7.18	6.15	75.4%	101.9%	81.5%	107.0%	Temporary reduction in staffing due to HR processes
ICU	34.17	24.01	0.00	0.00	35.00	24.01	66.8%	51.3%	75.1%	-	
Labour Ward	26.26	25.34	5.43	4.38	31.69	29.72	94.5%	72.1%	98.8%	90.8%	Unregistered shifts not sent to bank routinely
Neonatal (SCBU)	15.55	13.14	4.69	3.60	21.28	17.43	89.9%	54.2%	77.4%	101.3%	Reflective of changes to model of care
Stroke Unit	44.34	36.14	28.39	31.28	76.94	69.26	83.2%	106.6%	79.3%	117.1%	Figures reflective of vacancies and use of alternate skill mix where safe to do so
Bevan Ward	5.62	3.98	3.20	1.70	8.82	5.82	58.5%	44.6%	96.8%	75.1%	Reflective of vacancies and shifts not being filled by bank / agency
5A	3.02	2.87	2.40	2.48	5.42	5.35	94.4%	105.7%	95.4%	98.9%	
5B	4.04	3.12	2.52	2.85	6.56	6.16	71.6%	117.3%	88.7%	106.1%	Figures reflective of vacancies and use of alternate skill mix where safe to do so
6A	3.61	2.52	3.00	2.96	6.61	5.62	60.3%	97.9%	89.5%	100.5%	Alternate skill mix used when safe to do so
6B	3.80	3.17	3.04	3.27	6.84	6.44	77.4%	110.9%	95.9%	102.2%	Alternate skill mix used when safe to do so
7A	3.39	2.72	2.03	2.12	5.42	4.85	70.8%	107.3%	101.6%	96.9%	Figures reflective of vacancies
7B	3.81	2.91	2.74	2.93	7.00	6.22	67.3%	110.4%	95.1%	98.8%	Figures reflective of vacancies and use of alternate skill mix where safe to do so
8A	3.06	3.32	2.71	2.73	5.76	6.05	91.9%	96.5%	142.7%	108.2%	Figures reflective of acuity
1B	7.53	6.31	3.48	2.93	11.19	9.33	76.8%	85.6%	97.6%	81.4%	

FINANCE

Financial Overview 2018/19

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	4
Agency rating	4	4
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 agree a long term funding solution to cover historic debt.

[Surplus]/Deficit	R		
	Plan	Actual	Variance recast (FRP)
In Month £k	(7,482)	(8,760)	(1,278)
Year to Date £k	(53,865)	(66,296)	(12,431)

The in-month position is a deficit of £8.8m (or £1.3m adverse to plan), and the year to date position is a deficit of £66.3m (or £12.4m adverse to plan).

Lower than planned Efficiency savings delivery accounts for £7.7m of the £12.4m year to date adverse movement to plan. Actions are being taken to support increasing the pace and delivery of schemes, including additional resource to focus on delivery.

The adverse movement to plan in the year to date position also includes £1.1m in relation to underachievement of CQUIN and £3.4m in relation to contractual provisions - the contractual provision includes £1.2m for fines and penalties and £2.2m for contract challenges.

Performance year to date against plan continues to be strong in relation to A&E, Radiology, Daycases, Outpatients, and Critical Care - in-month performance, though, was notably weaker in terms of Daycases and Outpatients. Elective activity, though, remains the key area of concern, with underperformance of £1.3m year to date.

The Operating Expenditure position would be worse, were it not for lower than planned elective activity levels and release in June of £0.5m of prior year non pay accruals, accruals in September for one-off VAT benefit of £0.6m, and release of £0.3m of accruals in October in relation to the Medical and Dental pay settlement.

The overall position also includes reduced income and additional costs as a result of the maturation of risks in relation to Paediatrics, and the cost of increased investment in turnaround support. The position does not yet, though, reflect the full impact of agreed investment in operational and transformational capacity.

The Trust submitted a Financial Recovery Plan (FRP) with a forecast deficit of £83.4m to NHS in December. The year to date position is £0.8m favourable to the FRP forecast, driven by slippage and one off benefits.

Cash	A		
	Plan	Actual	Variance
Year to Date £k	2,516	4,378	2,462
Year End Forecast £k	6,153	6,153	(0)

The cash balance at 31 December 2018 was £5.0m. This includes revenue and capital cash loans drawn in April - December of £63.1/ 8.3m respectively.

The 2018/19 capital programme is substantially behind plan, as a consequence, the Trust has to date drawn only £8.3m against the approved capital loan. Reflecting this the Trust has submitted a request to NHS / DHSC to carry forward £6.6m into 2019/20, thereby reducing the capital loan draw for Fire Safety works to £20.0m in 2018/19.

Revenue loans of £63.1m have been drawn in the first nine months (£58.9m (18/19) and £4.3m (17/18) deficit financing. This is against the backdrop of an I&E deficit to December of £66.3m.

The shortfall in 18/19 revenue borrowing against the deficit has only been made possible due to the relative slow progress with the Capital Programme. Capital cash is supporting the overall cash position by circa £8.7m.

The cash forecast position reflects both the revised forecast revenue deficit of £83.4m and that the Trust is permitted to carry forward £6.6m of the Fire Safety Capital Loan into 2019/20.

Total revenue and capital borrowings at 31 December were £272.7m and are forecast based upon the revised forecast outturn to rise to £308.7m by the end of 2018/19. As a consequence of this borrowing costs are anticipated to be £6.2m 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 (FRP)
In Month £k	35,498	36,525	1,027
Year to Date £k	331,953	331,649	(304)

In December, the underlying income position fell to almost its lowest level in 2018/19. However, this reduction in income was in line with the financial plan for 2018/19, which expected Operating Income to be lower in December than in every month other than February.

Overall, year to date Operating Income is £0.3m adverse to plan, despite the reported position including additional income of £3.8m to fund the excess cost of the A4C pay award over and above that funded within the tariff, £3.3m higher than planned delivery of efficiency savings in relation to Income, and £0.5m benefit from a technical adjustment (for which there is an equal and opposite impact in Operating Expenses).

The adverse movement to plan in the year to date position includes £1.1m in relation to underachievement of CQUIN and £3.4m in relation to contractual provisions (comprising of £1.2m for fines and penalties and £2.2m for contract challenges).

Operating Income is £2.7m below plan if we exclude the benefit from the technical adjustment, higher than planned efficiency savings delivery, funding for the excess cost of the A4C pay award, CQUIN underperformance, contractual provisions, and the impact of the catering commercial review/TUPE.

Performance year to date against plan continues to be strong in relation to A&E, Radiology, Daycases, Outpatients, and Critical Care. In-month performance, though, was notably weaker in terms of Daycases and Outpatients. Elective activity remains the key area of concern, with underperformance of £1.3m year to date.

Income is expected to improve as efficiency savings delivery increases.

Operating Expenditure	R		
	Plan	Actual	Variance recast (FRP)
In Month £k	(41,315)	(43,828)	(2,513)
Year to Date £k	(373,305)	(385,818)	(12,513)

The in-month position is £2.5m adverse to plan, including a charge of £0.5m to Operating Expenditure from a technical adjustment (for which there is an equal and opposite impact in Operating Income).

Overall, year to date Operating Expenditure is £12.5m adverse to plan.

Slower than planned Efficiency savings delivery has adversely impacted Operating Expenditure year to date by £11.0m: £6.8m in relation to Pay and £4.2m in relation to Non Pay. Actions are being taken to support increasing the pace and delivery of schemes, including additional resource to focus on delivery.

The year to date position has also been adversely impacted by £3.8m of excess costs in relation to the A4C pay award (for which additional funding has been received), and by maturation of an estimated £1.6m of risk in relation to Paediatrics.

The year to date position includes higher than planned spend on temporary staffing in general, and higher than planned spend on agency staffing in particular. It does not yet, though, reflect the full impact of agreed investment in operational and transformational capacity to support service transformation and savings delivery.

However, the reported position also includes the benefit from the release in June of £0.5m of prior year non pay accruals and the accrual in September of a one-off VAT benefit of £0.6m. Furthermore, lower than planned levels of Operating Expenditure would be expected as a result of lower than planned levels of Elective activity.

Operating Expenditure is expected to improve as efficiency savings delivery increases.

Capital	R		
	Plan	Actual	Variance
Year to Date £k	27,069	15,215	11,854
Year End Forecast £k	41,034	34,494	6,600

The capital spend to date is £11.3m behind plan.

This is inclusive of major variances in IT £0.4m: Inclusive of continued development of Secondary ICT server Rm Pilgrim £0.2m, LAN - obsolete Core Switch Supervisor upgrades £0.3m, Bleep system modernization £0.3m. This is slightly offset by Cyber security measures overspend of £0.4m.

Fire schemes £3.5m, consisting of Fire Works - package 1, 2 & 3 at Lincoln £3.6m and package 1 at Pilgrim £0.8m, Emergency lighting at Lincoln £1.0m, Ward 8E (Stoke) Fire enabling scheme has slippage of £1.5m due to commence in August.

Estate Backlog £1.7m variance is partly due to Theatre infrastructure review being behind plan.

Diagnostic capacity £0.8m variance is due to MRI scanner installation not yet taking place.

Medical devices £0.5m variance is due to under-spends in X-ray room at Johnson Hospital, Coronary Care Monitoring and Cardiotocographs slippage.

Service Development & Modernization £(1.7)m variance is due to Pilgrim works development being ahead of the financial plan phasing. Variances are being escalated through CRIG and the Estates, IT and MDG sub committees to ensure plans to bring back on line in the coming months are provided.

The forecast position has changed in M3 due to the proposal to defer £6.6m of 'fire' allocation into 2019/20 - this is due to the saturation of the market which has created delays in contracting suppliers to support the programme.

FINANCE

Financial Efficiency Plan (FEP)	R		
	Plan	Actual	Variance Forecast (FRP)
Year to Date £k	16,397	8,679	(7,718)
			15,102

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

The financial plan assumed that savings of £16.4m would have been delivered by the end of Month 9. Financial Efficiency savings of £1.7m were delivered in Month 9, taking the value of savings delivered year to date to £8.7m, or £7.7m adverse to plan.

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

The FRP identified savings plans which it was anticipated would deliver in-year savings of £15.1m, with a full-year impact of £19.4m in 2019/20. Actual savings delivery year to date is £88k higher than assumed within the FRP.

The in-month position includes recognition of £478k of savings in relation to clinical coding. Whilst this scheme was not due to commence until November, savings of £78k have now been validated in relation to October. Savings validation is not possible until billing is frozen. However, on the basis of the level of savings validated re October, it is assumed that the expected coding savings of £200k per month have been delivered as planned in November and December.

Delivery year to date includes a non-recurrent receipt of £547k in relation to the outcome of the Pilgrim fire claim and a non-recurrent receipt of £726k in relation to the gain realised from the sale of land at the site of the former Welland Hospital.

With £6.4m (74%) of total savings delivery relating to Income schemes, savings delivery continues to be reliant upon income maximization rather than cost reduction.

Pay bill	R		
	Plan	Actual	Variance recast (FRP)
Year to Date £k			
Substantive	208,768	208,431	337
Bank	14,315	17,627	(3,312)
Agency	19,690	26,259	(6,569)
Apprenticeship Levy	917	956	(39)
Less Capitalised costs	0	(492)	492
	243,690	252,781	(9,090)
			340,303

Pay year to date is £9.1m adverse to plan. Whilst the Trust has received additional income of £3.8m to fund the excess of the pay award over and above that funded within the tariff, this was agreed too late to be included within the financial plan for 2018/19.

Lower than planned Efficiency savings delivery in relation to Pay has adversely impacted the YTD Pay position by £6.8m. Actions are being taken to support increasing the pace and delivery of schemes, including additional resource to focus on delivery.

Excluding the impact of the national pay award settlements, pay was largely flat for the first 5 months of the year, but rose in the following two months before reducing in November and December. This reflects the increase in substantive staffing numbers, which have risen by 97wte since August. This includes an increase of 85wte in nursing numbers, 20wte in non-clinical numbers and 15wte in STT numbers.

In-month, medical staffing contracted numbers reduced by 22wte, of which 11wte relates to the rotation in deanery funded posts, and the remaining 11wte reduction is over a range of specialities: 2wte in Anaesthetics, 2wte in General Surgery, 2wte in Orthopaedics, 2wte in Ophthalmology, 2wte in Gynaecology, and 1wte in Diabetes.

Expenditure on temporary staffing is £9.8m higher than planned. Expenditure on temporary staffing is rising: from £13.3m in the first quarter, to £14.8m in the second quarter, to £15.7 in the third quarter.

The Trust is seeking to reduce expenditure on temporary staffing through enhanced grip and control within the Divisions, introduction of a centralised bank for all staff, and increased focus upon recruitment.

Agency Cap	R		
	Ceiling	Actual	Variance
Year to Date £k	16,384	26,259	(9,875)

The Trust has an agency ceiling of £210m for 2018/19.

Expenditure on Agency staffing increased by £227k in December compared to the previous month, and is higher than in any other month in 2018/19. Year to date, the Trust has spent £26.3m on Agency staffing, and is £9.9m above its agency ceiling.

Of the £26.3m spend to date, £16.9m (65%) is on Medical Staffing, £7.1m (27%) is on Nurse Staffing and £2.2m (8%) is on Other Staffing.

Whilst medical staffing contracted wte numbers have been relatively flat, agency expenditure has been rising steadily. In December, contracted medical staffing wte numbers fell by 22wte (2.8%) and medical agency expenditure rose by £172k (8.6%). Furthermore, whilst nursing contracted wte numbers only fell by 3wte (0.1%) in December, nursing agency expenditure rose by £81k (9.5%), and this adverse movement is related to the decision to increase nurse staffing in Pilgrim Medicine primarily in ED.

On a straight-line projection, the year to date spend on Agency staffing would project forward to an outturn of £35.0m or £14.0m above the Trust's agency ceiling. However, if spend were to continue at the levels in the third quarter, then the year to date spend would project forward to an outturn of £36.0m or £15.0m above the Trust's agency ceiling.

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

FINANCE

Income & Expenditure Summary 2018/19

£66.3m deficit year to date against a planned deficit of £53.9m. 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	35,498	36,526	1,028	331,953	331,649	(304)	441,611	444,691	3,080
Expenditure	(41,315)	(43,828)	(2,513)	(373,305)	(385,818)	(12,513)	(498,293)	(516,792)	(18,499)
EBITDA	(5,817)	(7,302)	(1,485)	(41,352)	(54,169)	(12,817)	(56,682)	(72,101)	(15,419)
Deprn/Interest	(1,672)	(1,477)	195	(12,576)	(8,979)	3,597	(17,630)	(13,707)	3,923
Surplus/(Deficit) excl. STF	(7,489)	(8,779)	(1,290)	(53,928)	(63,148)	(9,220)	(74,312)	(85,808)	(11,496)
Technical adjustments	7	19	12	63	(3,148)	(3,211)	(388)	(3,593)	(3,205)
Surplus/(Deficit) excl. STF	(7,482)	(8,760)	(1,278)	(53,865)	(66,296)	(12,431)	(74,700)	(89,401)	(14,701)
EBITDA % Income	-16.4%	-20.0%	-3.6%	-12.5%	-16.3%	-3.9%	-12.8%	-16.2%	-3.4%
FEPs	2,683	1,729	(954)	16,397	8,679	(7,718)	25,000	15,102	(9,898)

The Forecast position contained in the table above is as per the Financial Recovery Plan (FRP) submitted by the Trust to and accepted by NHSI, this is an £89.4m forecast outturn deficit.

Overall YTD financial performance is £66.3m deficit, or £12.4m adverse to the planned £53.9m deficit.

EBITDA for the year to date is £54.2m deficit (-16.3% of Income).

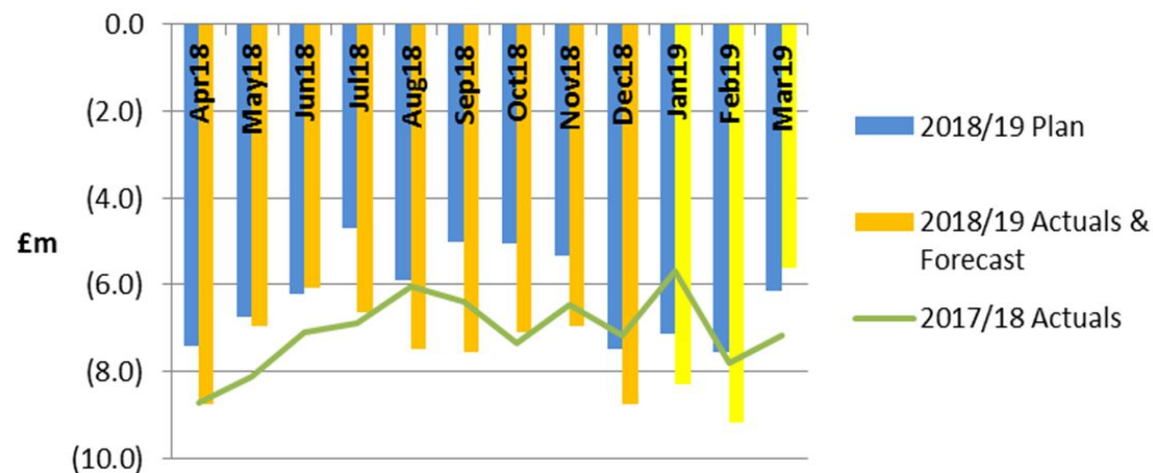
Income is £0.3m below plan YTD, despite the inclusion of £3.8m of pay award funding. This reflects the impact of lower than planned elective activity, provision for contract fines and challenges, and other under performance.

Expenditure is £12.5m above plan YTD, including £3.8m of excess pay award costs. The £3.6m favourable movement to plan in Depreciation and Interest reflects a favourable movement of £3.2m in relation to the reversal of impairments - the I&E impact of the reversal of impairments is removed as a technical adjustment.

The main drivers of the expenditure position are:

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

Actual & Forecast Net Surplus/(Deficit) run rate £m



FINANCE

Income & Expenditure Run Rate 2018/19																					
Total Trust (Excluding passthrough drugs and devices)	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Forecast	Forecast	Forecast	In Month			Full Year			Year to date		
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	Plan	Actuals	Variance	Plan	Forecast	Variance	Plan	Actuals	Variance
Income																					
NHS Clinical Income	27,501	30,174	30,098	30,206	30,702	29,154	29,760	30,458	30,049	30,030	28,841	31,358	28,315	30,049	1,733	354,885	358,329	3,444	267,265	268,100	835
Non NHS Clinical Income	47	23	40	78	42	15	98	(69)	41	35	34	37	58	41	(17)	715	421	(294)	535	315	(220)
Other Income	2,752	2,613	2,987	3,072	3,446	2,699	3,832	2,792	2,814	2,960	2,951	4,572	3,050	2,814	(236)	37,113	37,489	376	27,479	27,007	(472)
Total Income	30,300	32,810	33,125	33,356	34,190	31,868	33,690	33,181	32,904	33,025	31,825	35,967	31,423	32,904	1,480	392,713	396,240	3,527	295,279	295,422	143
Expenditure																					
Pay	(27,464)	(27,387)	(27,433)	(27,921)	(29,126)	(28,179)	(28,225)	(28,517)	(28,529)	(29,000)	(29,000)	(29,519)	(26,983)	(28,529)	(1,546)	(325,283)	(340,300)	(15,017)	(243,691)	(252,781)	(9,090)
Drugs	(442)	(649)	(417)	(410)	(555)	(513)	(650)	(73)	(497)	(451)	(360)	(455)	(300)	(497)	(196)	(5,900)	(5,470)	430	(4,663)	(4,204)	459
Clinical Supplies and Services	(4,408)	(5,080)	(4,714)	(4,982)	(5,101)	(4,460)	(5,031)	(5,431)	(5,092)	(4,959)	(4,859)	(4,306)	(4,053)	(5,092)	(1,039)	(51,746)	(58,422)	(6,676)	(39,574)	(44,299)	(4,725)
Other Non pay	(5,379)	(5,267)	(5,274)	(5,187)	(5,464)	(4,844)	(5,450)	(5,357)	(6,088)	(5,405)	(5,332)	(5,102)	(5,904)	(6,088)	(184)	(66,466)	(64,149)	2,317	(48,703)	(48,307)	396
Total Expenditure	(37,693)	(38,383)	(37,838)	(38,500)	(40,246)	(37,996)	(39,356)	(39,378)	(40,206)	(39,814)	(39,550)	(39,382)	(37,240)	(40,206)	(2,965)	(449,395)	(468,341)	(18,946)	(336,631)	(349,591)	(12,960)
Finance & Depreciation costs	(1,369)	(1,416)	(1,398)	(1,432)	(1,445)	(1,443)	1,769	(768)	(1,477)	(1,517)	(1,472)	(1,739)	(1,672)	(1,477)	195	(17,630)	(13,707)	3,923	(12,576)	(8,979)	3,597
I&E - Deficit	(8,762)	(6,989)	(6,111)	(6,576)	(7,501)	(7,571)	(3,897)	(6,965)	(8,779)	(8,306)	(9,197)	(5,154)	(7,489)	(8,779)	(1,290)	(74,312)	(85,808)	(11,496)	(53,928)	(63,148)	(9,220)
Impairments/Revaluations Adjustment	0	0	0	0	0	0	(3,234)	0	0	0	0	0	0	0	0	0	(3,234)	(3,234)	0	(3,234)	(3,234)
Donated/Govern't grant Asset Adjustment	20	19	20	(57)	20	19	20	6	19	10	8	(463)	7	19	12	(388)	(359)	29	63	86	23
Adjusted Surplus/(Deficit)	(8,742)	(6,970)	(6,091)	(6,633)	(7,481)	(7,552)	(7,111)	(6,959)	(8,760)	(8,296)	(9,189)	(5,617)	(7,482)	(8,760)	(1,278)	(74,700)	(89,401)	(14,701)	(53,865)	(66,296)	(12,431)
Total Trust (including passthrough)																					
Total Income	34,127	37,147	36,950	37,576	38,370	35,062	38,063	37,828	36,526	37,100	35,900	40,042	35,498	36,526	1,028	441,611	444,691	3,080	331,953	331,649	(304)
Total Expenditure	(41,520)	(42,720)	(41,663)	(42,720)	(44,426)	(41,190)	(43,729)	(44,025)	(43,828)	(43,889)	(43,625)	(43,457)	(41,315)	(43,828)	(2,513)	(498,293)	(516,792)	(18,499)	(373,305)	(385,818)	(12,513)
Finance & Depreciation costs	(1,369)	(1,416)	(1,398)	(1,432)	(1,445)	(1,443)	1,769	(768)	(1,477)	(1,517)	(1,472)	(1,739)	(1,672)	(1,477)	195	(17,630)	(13,707)	3,923	(12,576)	(8,979)	3,597
I&E - Deficit	(8,762)	(6,989)	(6,111)	(6,576)	(7,501)	(7,571)	(3,897)	(6,965)	(8,779)	(8,306)	(9,197)	(5,154)	(7,489)	(8,779)	(1,290)	(74,312)	(85,808)	(11,496)	(53,928)	(63,148)	(9,220)
Impairments/Revaluations Adjustment	0	0	0	0	0	0	(3,234)	0	0	0	0	0	0	0	0	0	(3,234)	(3,234)	0	(3,234)	(3,234)
Donated/Govern't grant Asset Adjustment	20	19	20	(57)	20	19	20	6	19	10	8	(463)	7	19	12	(388)	(359)	29	63	86	23
Adjusted Surplus/(Deficit)	(8,742)	(6,970)	(6,091)	(6,633)	(7,481)	(7,552)	(7,111)	(6,959)	(8,760)	(8,296)	(9,189)	(5,617)	(7,482)	(8,760)	(1,278)	(74,700)	(89,401)	(14,701)	(53,865)	(66,296)	(12,431)
Adjustments to derive underlying deficit																					
Loan Interest	388	439	430	480	496	498	534	560	510	668	684	720				6,564	6,409	(155)			
External Support	350	282	315	462	357	355	359	364	66	101	280	280				3,571	3,571	(0)			
Turnaround team, Project Jackson & Other Supp	28	27	36	74	164	201	245	167	126	355	350	353				2,000	2,124	124			
Prior Year Income & Challenges	155	0	(736)	211	0	26	497	0	0	0	0	0				0	153	153			
Profit on Disposals	0	(4)	(1)	0	0	0	(3)	(726)	(0)	0	0	0				(963)	(734)	229			
Accruals Adjustment	80	(218)	(604)	0	(547)	(592)	0	0	0	0	0	0				0	(1,881)	(1,881)			
Income timing adjustment	1,057	(565)	505	(340)	(633)	(428)	1,230	(319)	(506)	0	0	0				0	0	0			
Underlying Surplus/(Deficit)	(6,685)	(7,009)	(6,146)	(5,746)	(7,644)	(7,492)	(4,249)	(6,913)	(8,564)	(7,172)	(7,875)	(4,264)				(63,528)	(79,760)	(16,232)			

Excellence in rural healthcare

The Trust's financial plan is a deficit of £74.7m, and as at the end of December the Trust is £12.4m adverse to plan.

The average run rate to date is a deficit of £7.4m per month, with an average underlying of £6.8m.

The Trust FRP is a revised forecast outturn of £89.4m, with a £0.8m favourable variance to the forecast year to date trajectory.

To achieve the forecast deficit, the Trust requires to deliver Financial Efficiency savings of £15.1m. If any further risk materialise these will require a further improvement in the run rate to mitigate their impact.

Excellence in rural healthcare

FINANCE

NHS Patient Care Income & Activity 2018/19

2018/19 Clinical Income Summary: YTD Month 9																
Total Trust	Activity: In-Month				Income: In-Month				Activity: Year-To-Date				Income: Year-To-Date			
	2017/18 Dec Actual	2018/19 Dec Activity Plan	2018/19 Dec Activity Actual	2018/19 Dec Activity Variance	2017/18 Dec £k Actual	2018/19 Dec £k Plan	2018/19 Dec £k Actual	2018/19 Dec £k Variance	2017/18 Apr-Dec Actual	2018/19 Dec Activity Plan	2018/19 Dec Activity Actual	2018/19 Dec Activity Variance	2017/18 Apr-Dec £k Actual	2018/19 Dec £k Plan	2018/19 Dec £k Actual	2018/19 Dec £k Variance
Accident & Emergency	11,540	11,011	11,990	979	1,655,643	1,645,889	1,749,774	103,885	113,340	101,802	112,188	10,386	15,577,103	15,205,357	16,273,736	1,068,380
Accident & Emergency Streaming	1,257	0	959	959	83,821	0	0	0	3,438	1,258	10,227	8,969	209,036	73,972	67,726	(6,246)
Daycases	5,432	4,974	4,646	(328)	2,399,237	2,608,664	2,451,152	(157,512)	46,953	47,182	48,585	1,403	24,536,114	24,924,283	25,360,538	436,256
Elective Spells	873	789	667	(122)	1,852,901	1,940,591	1,834,323	(106,268)	7,453	7,942	6,695	(1,247)	18,211,492	19,472,551	17,340,850	(2,131,701)
Elective Spells WIP	0	0	0	0	0	0	421,127	421,127	0	0	0	0	0	0	313,900	313,900
Non Elective Spells	5,978	5,965	5,972	7	10,655,487	10,347,443	11,551,024	1,203,581	53,673	54,373	53,378	(995)	89,750,151	93,747,509	96,218,675	2,471,167
Non Elective Spells WIP	0	0	0	0	0	0	305,284	305,284	0	0	0	0	0	0	(494,945)	(494,945)
Non Elective Excess Bed Days	1,430	1,504	1,813	309	317,544	366,123	256,270	(109,853)	13,423	13,538	14,098	560	3,270,790	3,295,111	3,222,520	(72,591)
Non Elective Excess Bed Days WIP	0	0	0	0	0	0	(23,757)	(23,757)	0	0	0	0	0	0	(24,846)	(24,846)
Elective Excess Bed Days	152	169	37	(132)	20,001	41,275	8,778	(32,498)	1,446	1,521	1,018	(503)	353,828	371,477	251,447	(120,030)
Elective Excess Bed Days WIP	0	0	0	0	0	0	26,418	26,418	0	0	0	0	0	0	46,460	46,460
Outpatient Firsts	20,156	22,255	19,656	(2,599)	2,696,789	2,901,451	2,611,400	(290,051)	214,693	219,992	219,468	(524)	28,916,989	28,758,404	29,232,655	474,250
Outpatient Follow Ups	27,485	29,828	27,709	(2,119)	2,337,390	2,481,485	2,274,597	(206,888)	289,644	293,186	289,095	(4,091)	24,514,826	24,409,478	24,427,662	18,184
Critical Care	1,557	1,328	1,379	50	1,277,734	1,078,343	987,441	(90,902)	6,178	12,313	14,033	1,719	7,050,836	10,140,153	10,860,425	720,272
Critical Care WIP	0	0	0	0	0	0	12,920	12,920	0	0	0	0	0	0	(423,411)	(423,411)
Maternity	1,004	981	1,005	24	744,326	879,469	803,551	(75,918)	8,780	8,832	9,105	274	7,617,248	7,915,221	7,651,291	(263,930)
Audiology	1,755	1,002	1,513	512	72,974	70,016	107,122	37,106	17,171	10,733	14,180	3,447	1,138,581	750,173	1,008,615	258,443
Block	-	-	-	-	847,498	828,281	828,281	0	0	1,040	1,040	(0)	7,627,480	7,479,517	7,479,517	(1)
Chemotherapy	3,015	2,758	3,113	355	354,300	324,929	396,374	71,445	25,034	26,280	28,317	2,037	3,247,878	3,322,261	3,597,980	275,719
Radiology	15,761	12,687	14,616	1,929	731,354	709,527	900,349	190,822	135,503	135,850	153,268	17,418	7,548,448	7,565,303	9,087,242	1,521,939
Gainshare & Admin Fee	-	-	-	-	88,233	75,836	72,421	(3,415)	0	682,523	720,545	38,022	859,552	682,523	720,545	38,022
Paediatric Cystic Fibrosis	0	0	29	29	0	0	11,697	11,697	0	0	265	265	0	0	108,212	108,212
Radiotherapy	2,353	2,385	2,119	(266)	446,719	434,114	388,222	(45,893)	20,332	21,466	20,246	(1,220)	3,772,151	3,907,030	3,719,574	(187,456)
Screening	7,670	6,189	6,843	654	275,885	468,639	382,024	(86,615)	53,936	55,052	64,795	9,743	3,481,166	3,961,513	3,759,667	(201,846)
Specialised Rehab	285	520	574	54	263,803	227,508	256,849	29,341	3,205	4,681	4,725	44	1,400,535	2,047,572	2,160,567	112,995
Specialised Rehab WIP	0	0	0	0	0	0	16,286	16,286	0	0	0	0	0	0	(848)	(848)
Therapies	6,737	4,912	5,755	844	173,722	178,165	210,016	31,851	54,753	52,624	54,359	1,736	1,972,764	1,908,908	1,979,192	70,284
Other - non PbR etc	0	0	0	0	123,215	195,505	166,112	(29,393)	0	0	0	0	4,635,829	1,562,562	1,616,775	54,213
Activity sub total	114,439	109,258	110,395	1,138	27,418,576	27,803,254	29,006,056	1,202,801	1,068,955	1,752,187	1,839,630	87,443	255,692,797	261,500,877	265,561,721	4,060,844
Passthrough					3,307,674	4,074,837	3,413,647	(661,190)					34,284,996	36,673,533	36,226,935	(446,598)
Readmissions					(180,772)	(247,365)	(247,365)	0					(1,626,944)	(2,250,752)	(2,250,752)	0
MRET					(399,082)	(238,563)	(521,093)	(282,530)					(2,498,324)	(2,173,707)	(3,398,614)	(1,224,907)
System Resilience					383,475	192,121	192,121	0					1,150,426	1,729,092	1,729,092	(0)
CQUIN					530,287	649,367	532,643	(116,724)					4,955,392	6,138,834	5,069,941	(1,068,893)
Fines					(44,729)	0	(117,367)	(117,367)					(390,254)	0	(1,191,116)	(1,191,116)
Fines Reinvested					0	0	0	0					0	0	0	0
AIV Challenges					0	0	(34,583)	(34,583)					0	0	(362,575)	(362,575)
PLCV Challenges					0	0	(100,000)	(100,000)					0	0	(900,000)	(900,000)
Other					0	0	(108,933)	(108,933)					0	0	(980,733)	(980,733)
Prior Year - Invoiced					0	0	0	0					(1,414,750)	0	543,862	543,862
Prior Year - Fines and Challenges					0	0	541,800	541,800					318,892	0	(154,903)	(154,903)
Total Cost/Volume PODs (Non Passthrough)					27,707,754	28,158,814	29,143,279	984,464					256,187,234	264,944,344	263,665,923	(1,278,421)
Passthrough					3,307,674	4,074,837	3,413,647	(661,190)					34,284,996	36,673,533	36,226,935	(446,598)
Total (Inc Passthrough)					31,015,428	32,233,651	32,556,926	323,274					290,472,230	301,617,878	299,892,859	(1,725,019)

FINANCE

The plan includes the outpatient FEP scheme (£1.5m FYE) and CHKS FEP (£2.6m FYE).

A&E streaming activity is reducing due to changes in recording. This is not charged as ULH activity (from 1st May 2018) and therefore does not impact on the Trust financial position.

Outpatient attendances have reduced materially compared to ytd average. Whilst a decrease in activity was anticipated in the plan due to Christmas activity in month is below that planned. In month is 4718 attendances below plan (£497k).

YTD overperformance in relation to outpatients has reduced to £492k.

Elective activity continues to underperform ytd by 1136 spells (£2.1m)

Of this YTD T&O elective activity across all sites is underperforming by 1247 spells ytd which equates to £2.1m. By site T&O elective activity is 254 spells above plan at Grantham (£1.4m), 299 spells below at Lincoln (£1.2m) and 208 spells below plan at Boston (£1.1m), 87 spells below plan at Louth (£416k) and the plan also contained 38 outsourced spells which have not been achieved (£197k).

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

Other main elective YTD underperformance areas are General Surgery (103 spells, £246k), Urology (186 spells, £372k), ENT (205 spells £273k), OMF (67 spells £96k), Respiratory Physiology (167 spells, £70k), Gynae (91 spells, £152k)

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

Fines are now £1.2m ytd, detail is included on tab 8 with a slight reduction in cancer and cancelled operations fines.

Non elective income is consistent with the previous month the month with an additional slight increase in WIP

This is also partially offset by MRET deductions, with the overperformance being in the main in relation to Commissioners for whom the MRET deduction is applicable with offsets in Commissioners who are below the MRET threshold.

Passthrough (mainly excluded drug income) has reduced by £1m in month

FINANCE

Income & Activity Run Rate - Activity 2018/19

Activity	Activity Units												Forecast (FRP)	Full Year Plan	Variance
	Actual M1	Actual M2	Actual M3	Actual M4	Actual M5	Actual M6	Actual M7	Actual M8	Actual M9	Forecast M10	Forecast M11	Forecast M12			
Accident & Emergency	12,231	12,963	12,696	13,452	12,429	12,034	12,325	12,068	11,990	11,961	11,356	12,725	148,230	134,397	13,833
Accident & Emergency Streaming	1,060	1,305	1,178	1,243	1,355	1,366	896	865	959	1,134	1,134	1,134	13,630	1,258	12,372
Daycases	5,422	5,512	5,474	5,607	5,460	4,907	5,795	5,762	4,646	5,674	5,221	5,694	65,175	63,260	1,915
Elective Spells	727	793	860	728	726	674	783	737	667	757	702	750	8,904	10,275	-1,371
Elective Spells WIP	0	0	0	0	0	0	1	2	3	4	5	6	0	0	0
Non Elective Spells	5,678	6,019	5,760	5,978	5,969	5,755	6,076	6,171	5,972	6,173	5,708	6,149	71,408	71,841	-432
Non Elective Spells WIP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Non Elective Excess Bed Days	1,677	1,647	1,435	1,729	1,438	1,754	1,470	1,135	1,813	1,413	1,413	1,413	18,336	18,051	285
Non Elective Excess Bed Days WIP	0	0	0	0	0	0	1	2	3	4	5	6	0	0	0
Elective Excess Bed Days	79	184	90	110	178	126	139	75	37	113	113	113	1,357	2,028	-670
Elective Excess Bed Days WIP	0	0	0	0	0	0	1	2	3	4	5	6			
Outpatient Firsts	23,352	25,648	24,645	26,018	24,442	23,331	26,635	25,741	19,656	25,645	23,520	25,617	294,250	293,135	1,115
Outpatient Follow Ups	31,734	33,260	32,142	33,356	31,432	29,901	34,436	35,125	27,709	33,761	30,926	33,593	387,375	417,274	-29,899
Critical Care	771	709	686	743	884	626	1,004	909	665	789	769	789	9,344	16,436	-7,092
Critical Care WIP	0	0	0	0	0	0	1	2	3	4	5	6	0	0	0
Maternity	1,032	1,013	1,000	1,033	974	1,009	1,077	962	1,005	1,012	1,012	1,012	12,140	11,776	365
Audiology	1,633	1,598	1,532	1,531	1,574	1,435	1,885	1,479	1,513	1,662	1,514	1,662	19,018	14,397	4,621
Block	-	-	-	-	-	-	-	-	-	-	-	-	0	0	0
Chemotherapy	2,945	3,127	2,983	3,173	3,236	3,001	3,458	3,281	3,113	3,206	3,104	3,206	37,832	35,113	2,720
Radiology	16,857	17,793	16,843	17,026	16,612	16,308	18,743	18,470	14,616	17,944	16,377	17,944	205,532	182,216	23,316
Gainshare & Admin Fee	-	-	-	-	-	-	-	-	-	-	-	-	0	0	0
Paediatric Cystic Fibrosis	31	31	31	31	28	28	28	28	29	29	29	29	353	0	353
Radiotherapy	1,998	2,341	2,302	2,065	2,208	2,085	2,581	2,547	2,119	2,250	2,250	2,250	26,995	28,622	-1,626
Screening	7,785	7,198	6,860	7,693	6,766	6,186	8,162	7,302	6,843	7,199	7,199	7,199	86,393	73,677	12,716
Specialised Rehab	554	36	810	812	321	647	762	209	574	525	525	525	6,300	6,241	58
Specialised Rehab WIP	0	0	0	0	0	0	1	2	3	4	5	6	0	0	0
Therapies	5,515	6,668	6,222	6,207	5,517	5,564	6,563	6,348	5,755	6,372	5,803	6,372	72,906	70,586	2,320
Other - non PbR etc	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Volumes accrued at first month end:															
Uncoded inpatients	3,429	7,576	4,930	4,467	4,653	4,827	3,078	2,765	4,225	0	0	0			
Missing outcomes	8,372	8,884	4,000	3,540	1,989	4,695	4,140	6,389	7,505	0	0	0			
Pending admissions	175	110	69	81	132	227	482	192	167	0	0	0			
Total Cost/Volume PODs (Non Passthrough)	121,081	127,845	123,549	128,535	121,549	116,737	132,823	129,224	109,697	127,638	118,701	128,205	1,485,478	1,450,580	34,899
Passthrough	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Board Report Position	121,081	127,845	123,549	128,535	121,549	116,737	132,823	129,224	109,697	127,638	118,701	128,205	1,485,478	1,450,580	34,899

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Income & Activity Run Rate - £ 2018/19

Income	Forecast (£k)														Full Year Plan	Variance
	Actual M1	Actual M2	Actual M3	Actual M4	Actual M5	Actual M6	Actual M7	Actual M8	Actual M9	Forecast M10	Forecast M11	Forecast M12	Forecast (FRP)			
Accident & Emergency	1,741,684	1,881,831	1,830,428	1,949,728	1,818,583	1,752,047	1,790,279	1,759,382	1,749,774	1,735,040	1,647,094	1,845,893	21,501,764	20,078,517	1,423,247	
Accident & Emergency Streaming	67,726	0	0	0	0	0	0	0	0	0	0	0	67,726	73,972	-6,246	
Daycases	2,757,399	2,859,206	2,777,241	2,993,192	2,775,031	2,587,254	3,031,848	3,128,215	2,451,152	2,968,159	2,748,187	2,972,859	34,049,744	33,450,526	599,218	
Elective Spells	1,860,822	1,988,350	2,019,219	1,979,050	1,898,752	1,676,772	2,040,357	2,043,206	1,834,323	1,886,164	1,730,637	1,841,379	22,799,030	25,096,204	-2,297,174	
Elective Spells WIP	0	0	320,121	201,331	-672,586	252,180	-176,795	-31,478	421,127	-104,633	-104,633	-104,633	0	0	0	
Non Elective Spells	10,120,085	10,587,433	10,196,605	10,589,629	10,488,246	9,896,657	11,125,448	11,663,549	11,551,024	10,508,023	9,810,207	10,496,206	127,033,111	124,356,622	2,676,489	
Non Elective Spells WIP	0	0	290,837	-442,441	-121,854	309,204	-176,584	-659,391	305,284	164,982	164,982	164,982	0	0	0	
Non Elective Excess Bed Days	391,316	398,672	348,492	431,541	342,211	414,378	359,907	279,732	256,270	341,391	341,391	341,391	4,246,693	4,393,481	-146,788	
Non Elective Excess Bed Days WIP	0	0	198,596	-218,298	38,698	72,678	-128,744	35,980	-23,757	8,282	8,282	8,282	0	0	0	
Elective Excess Bed Days	22,741	42,487	22,230	26,256	47,283	29,491	33,470	18,711	8,778	27,939	27,939	27,939	335,262	495,303	-160,040	
Elective Excess Bed Days WIP	0	0	-14,875	-2,109	3,884	27,865	-7,294	12,570	26,418	-15,487	-15,487	-15,487	0	0	0	
Outpatient Firsts	3,090,096	3,397,744	3,257,922	3,484,266	3,224,962	3,158,187	3,566,195	3,441,881	2,611,400	3,416,052	3,135,000	3,412,318	39,196,025	38,310,611	885,414	
Outpatient Follow Ups	2,689,562	2,827,202	2,710,376	2,816,891	2,669,023	2,550,825	2,923,575	2,965,611	2,274,597	2,851,290	2,611,149	2,836,420	32,726,521	33,176,429	-449,908	
Critical Care	1,331,970	1,054,991	1,128,557	1,181,599	1,362,218	863,728	1,678,149	1,271,773	987,441	1,220,021	1,197,209	1,220,021	14,497,675	13,541,957	955,719	
Critical Care WIP	0	0	-44,023	19,315	-319,131	242,114	-240,142	-94,464	12,920	141,137	141,137	141,137	0	0	0	
Maternity	845,117	893,407	883,273	813,226	801,521	796,558	933,242	881,396	803,551	850,143	850,143	850,143	10,201,722	10,553,628	-351,906	
Audiology	117,096	113,537	108,435	108,891	111,239	101,238	137,063	103,994	107,122	118,211	107,681	118,211	1,352,719	1,006,232	346,487	
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	9,964,360	9,964,361	-1	
Chemotherapy	372,602	391,528	392,159	406,488	408,825	382,751	434,278	412,974	396,374	416,103	388,113	416,103	4,818,299	4,449,576	368,723	
Radiology	962,858	1,016,036	978,192	1,010,265	991,408	1,008,643	1,120,524	1,098,967	900,349	1,061,652	972,580	1,061,652	12,183,126	10,146,049	2,037,078	
Gainshare & Admin Fee	73,688	81,785	73,820	80,717	93,349	73,265	87,189	84,312	72,421	80,061	80,061	80,061	960,727	910,030	50,697	
Paediatric Cystic Fibrosis	13,166	13,166	13,166	13,166	10,963	10,963	10,963	10,963	11,697	12,024	12,024	12,024	144,283	0	144,283	
Radiotherapy	380,821	432,105	414,832	383,722	392,093	388,850	483,959	454,970	388,222	413,286	413,286	413,286	4,959,432	5,209,373	-249,941	
Screening	463,594	414,751	411,236	434,116	426,767	356,219	455,601	415,360	382,024	417,741	417,741	417,741	5,012,890	5,390,329	-377,439	
Specialised Rehab	231,303	16,121	396,885	363,906	152,354	277,025	368,919	97,205	256,849	240,063	240,063	240,063	2,880,756	2,730,096	150,660	
Specialised Rehab WIP	0	0	0	48,097	97,873	-40,155	-130,236	7,287	16,286	283	283	283	0	0	0	
Therapies	201,448	246,719	224,675	223,789	199,665	206,248	240,135	226,497	210,016	232,011	211,267	232,011	2,654,481	2,560,482	93,999	
Other - non PbR etc	163,837	177,083	163,742	175,347	170,215	179,223	200,403	220,811	166,112	186,836	178,723	186,300	2,168,633	1,587,706	580,927	
Activity sub total	28,752,198	29,662,435	29,930,422	29,899,962	28,239,874	28,402,489	30,989,990	30,678,296	29,006,056	30,005,053	28,143,339	30,044,865	353,754,979	347,481,484	6,273,494	
Readmissions	-243,862	-250,014	-250,495	-259,620	-253,096	-248,512	-255,334	-242,453	-247,365	-246,839	-230,020	-249,282	-2,976,892	-2,976,892	0	
MRET	-279,583	-386,814	-253,893	-381,333	-319,122	-223,592	-467,302	-565,883	-521,093	-466,880	-328,528	-466,624	-4,660,647	-2,872,018	-1,788,628	
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	556,832	572,268	564,590	572,302	551,120	523,448	601,232	595,506	532,643	579,459	545,249	1,808,116	8,002,765	8,136,206	-133,441	
Fines	-106,606	-92,724	-359,664	-41,968	-48,499	-208,041	-114,557	-101,690	-117,367	-117,367	-117,367	-117,367	-1,543,218	0	-1,543,218	
Fines Reinvested	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Other	-356,019	-190,810	552,680	-387,895	-175,183	-200,933	-672,290	-722,183	298,284	-292,558	-292,558	-293,558	-2,733,024	0	-2,733,024	
Total Cost/Volume PODs (Non Passthrough)	28,515,081	29,506,463	30,375,761	29,593,569	28,187,215	28,236,979	30,273,861	29,833,715	29,143,279	29,652,989	27,912,236	30,918,271	352,149,419	352,074,236	75,183	
Passthrough	3,827,224	4,361,161	3,968,860	4,012,522	4,292,339	3,214,119	4,657,023	4,480,040	3,413,647	4,074,215	4,074,215	4,075,215	48,450,581	48,898,045	-447,464	
Board Report Position	32,342,305	33,867,624	34,344,621	33,606,092	32,479,553	31,451,098	34,930,884	34,313,755	32,556,926	33,727,204	31,986,451	34,993,486	400,600,000	400,972,281	-372,281	

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Fines and Penalties update 2018/19

Type	Item	YTD £k
Cancer	2ww breast symptomatic	- 194
Cancer	2ww suspect cancer	- 405
Cancer	31 first treatment - first definitive within 1 mth	-
Cancer	31 sub - drug	-
Cancer	31 sub - rt	-
Cancer	31 sub - surgery	- 41
Cancer	62 day - consultant upgrade	-
Cancer	62 day - screening referrals	- 8
Cancelled ops	Cancelled operations not reschedule within 28 days	- 357
MRSA, C Diff	Clostridium Difficile	-
Fines	Completion of valid NHS number in A&E SUS feeds	-
Fines	Completion of valid NHS number in acute SUS feeds	-
Fines	Duty of Candour	- 165
Mixed sex	Mixed Sex Accommodation	- 0
MRSA, C Diff	MRSA	- 23
Fines	Remedial action plans	-
Total		- 1,191

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.

FINANCE

Income Summary & Run Rate 2018/19

2018/19 Other Income Summary: YTD Month 09								
Other Income	Other Income: In-Month				Other Income: Year-To-Date			
	2017/18	2018/19			2017/18	2018/19		
	Dec £k Actual	Dec £k Plan	Dec £k Actual	Dec £k Variance	Apr - Dec £k Actual	Dec £k Plan	Dec £k Actual	Dec £k Variance
NHS Patient Care Income	31,349	32,490	33,739	1,249	291,317	304,840	305,254	414
Non NHS Private Patients	33	32	19	(13)	304	289	161	(128)
Overseas Visitors	1	26	22	(4)	194	246	154	(92)
Injury Cost Recovery Scheme	117	131	84	(47)	1,191	1,180	1,389	209
Patient Care Income Total	31,500	32,679	33,864	1,185	293,006	306,555	306,958	403
Other Income								
Research & Development	106	95	110	15	1,390	849	922	73
Education & Training	1,305	1,374	1,366	(8)	11,807	12,367	12,062	(305)
Non patient services to other bodies	491	574	542	(32)	4,769	5,161	4,888	(273)
STF	0	0	0	0	0	0	0	0
Car parking income	205	247	135	(112)	1,917	2,223	1,962	(261)
Catering income	177	170	80	(90)	1,596	1,542	704	(838)
Other Income	349	359	428	69	3,622	3,256	4,153	897
Other Income Total	2,633	2,819	2,661	(158)	25,101	25,398	24,691	(707)
Total Income	34,133	35,498	36,525	1,027	318,107	331,953	331,649	(304)

Overall, year to date Operating Income is £0.3m adverse to plan, despite the reported position including additional income of £3.8m to fund the excess cost of the A4C pay award over and above that funded within the tariff, £3.3m higher than planned delivery of efficiency savings delivery in relation to Income, and £0.5m benefit from a technical adjustment (for which there is an equal and opposite impact in Operating Expenses).

The adverse movement to plan in the year to date position includes £1.1m in relation to underachievement of CQUIN and £3.4m in relation to contractual provisions (comprising of £1.2m for fines and penalties and £2.2m for contract challenges).

Operating Income is £2.7m below plan if we exclude the benefit from the technical adjustment, higher than planned efficiency savings delivery, funding for the excess cost of the A4C pay award, CQUIN underperformance, contractual provisions, and the impact of the catering commercial review/TUPE.

Performance year to date against plan continues to be strong in relation to A&E, Radiology, Daycases, Outpatients, and Critical Care. In-month performance, though, was notably weaker in terms of Daycases and Outpatients. Elective activity remains the key area of concern, with underperformance of £1.9m year to date. It is noted, though, that on-going operational issues have adversely impacted car parking income.

2018/19 Other Income Run Rate

	£k															
	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Forecast	Forecast	Forecast	Full Year Plan	Forecast (FRP)	Variance
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12				
NHS Patient Care Income	31,421	34,603	34,017	34,525	34,992	32,425	34,231	35,300	33,740	34,209	33,016	34,942	404,983	407,420	2,437	
Non NHS Private Patients	14	19	18	24	25	13	19	10	19	18	17	19	385	215	(170)	
Overseas Visitors	33	4	22	54	17	2	79	(79)	22	17	17	18	330	206	(124)	
Injury Cost Recovery Scheme	76	(23)	40	83	80	18	1,057	(26)	84	156	150	162	1,573	1,857	284	
Patient Care Income Total	31,544	34,603	34,097	34,686	35,114	32,458	35,386	35,205	33,865	34,400	33,200	35,141	407,271	409,699	2,428	
Other Income																
Research & Development	96	97	94	116	94	97	114	105	109	101	101	134	1,131	1,258	127	
Education & Training	1,306	1,330	1,337	1,323	1,322	1,318	1,303	1,457	1,366	1,319	1,319	1,991	16,489	16,691	202	
Non patient services to other bodies	515	473	803	580	537	554	521	363	542	535	535	713	6,881	6,670	(211)	
STF	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Car parking income	220	248	211	248	247	232	218	202	136	214	214	286	2,964	2,677	(287)	
Catering income	70	80	73	81	73	75	89	83	80	77	77	103	2,058	960	(1,098)	
Other Income	376	316	335	542	983	328	432	413	428	454	454	1,075	4,817	6,137	1,320	
Other Income Total	2,583	2,544	2,853	2,890	3,256	2,604	2,677	2,623	2,661	2,700	2,700	4,301	34,340	34,392	52	
Total Income	34,127	37,147	36,950	37,576	38,370	35,062	38,063	37,828	36,526	37,100	35,900	39,442	441,611	444,691	2,480	

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Pay Summary 2018/19

2018/19 Pay Summary: YTD Month 09														
Staff Groups	WTE: In-Month			Pay: In-Month				WTE: Year-To-Date			Pay: Year-To-Date			
	2018/19			2017/18	2018/19			2018/19			2017/18	2018/19		
	Dec WTE Plan	Dec WTE Actual	Dec WTE Variance	Dec £k Actual	Dec £k Plan	Dec £k Actual	Dec £k Variance	Dec WTE Ave Plan	Dec WTE Ave Actual	Dec WTE Variance	Apr - Dec £k Actual	Dec £k Plan	Dec £k Actual	Dec £k Variance
Substantive:														
Registered Nursing, Midwifery and Health visiting staff	1,965.98	1,934.36	31.62	6,916	7,271	6,960	311	1,965.98	1,920.37	45.61	63,310	64,428	62,553	1,875
Health Care Scientists and Scientific, Therapeutic and Technical staff	619.66	694.48	(74.82)	2,470	2,536	2,605	(69)	686.26	679.46	6.80	22,321	22,634	22,846	(212)
Qualified Ambulance Service staff	0.00	0.00	0.00	0	0	0	0	0.00	0.00	0.00	0	0	0	0
Support to clinical staff	2,167.36	2,197.98	(30.62)	4,393	4,474	4,572	(98)	2,167.36	2,179.04	(11.68)	39,820	40,020	41,446	(1,426)
Medical and Dental Staff	772.84	764.35	8.49	6,528	6,805	6,421	384	774.49	778.49	(4.00)	58,735	60,228	58,472	1,756
Non-Medical - Non-Clinical Staff	876.96	903.65	(26.69)	2,513	2,303	2,599	(296)	897.46	890.68	6.77	22,492	21,458	23,113	(1,655)
Bank:														
Registered Nursing, Midwifery and Health visiting staff	111.26	85.13	26.14	3,165	334	395	(61)	111.26	121.37	(10.10)	5,413	3,001	4,132	(1,131)
Health Care Scientists and Scientific, Therapeutic and Technical staff	9.76	7.41	2.35	35	30	39	(9)	9.76	11.03	(1.27)	268	271	396	(125)
Qualified Ambulance Service staff	0.00	0.00	0.00	0	0	0	0	0.00	0.00	0.00	0	0	0	0
Support to clinical staff	131.39	117.27	14.12	-1,393	309	347	(38)	131.39	148.99	(17.60)	1,053	2,794	3,321	(527)
Medical and Dental Staff	57.33	71.85	(14.52)	698	739	929	(190)	57.33	67.39	(10.06)	6,500	6,641	7,717	(1,076)
Non-Medical - Non-Clinical Staff	77.62	82.19	(4.57)	-838	178	252	(74)	77.62	90.07	(12.45)	431	1,608	2,060	(452)
Agency:														
Registered Nursing, Midwifery and Health visiting staff	63.10	152.33	(89.23)	527	423	871	(448)	83.91	136.49	(52.57)	6,050	4,854	7,026	(2,172)
Health Care Scientists and Scientific, Therapeutic and Technical staff	26.50	18.60	7.90	138	52	90	(38)	26.50	25.41	1.09	1,313	857	1,134	(277)
Qualified Ambulance Service staff	0.00	0.00	0.00	0	0	0	0	0.00	0.00	0.00	0	0	0	0
Support to clinical staff	18.22	18.22	0.00	0	1	61	(60)	0.61	2.57	(1.96)	1	7	77	(70)
Medical and Dental Staff	124.30	149.90	(25.60)	1,391	1,339	2,164	(825)	119.30	134.43	(15.13)	13,501	13,042	16,925	(3,883)
Non-Medical - Non-Clinical Staff	30.50	35.56	(5.06)	135	87	175	(88)	30.50	24.77	5.73	1,490	930	1,097	(167)
Apprentice levy				104	102	106	(4)				914	917	956	(39)
Capitalised staff				(81)	0	(56)	56				(527)	0	(492)	492
Total Pay	7,052.80	7,233.28	(180.49)	26,701	26,983	28,529	(1,546)	7,139.74	7,210.54	(70.80)	243,085	243,690	252,781	(9,090)

Pay year to date is £9.1m adverse to plan. Whilst the Trust has received additional income of £3.8m to fund the excess of the pay award over and above that funded within the tariff, this was agreed too late to be included within the financial plan for 2018/19. Lower than planned Efficiency savings delivery in relation to Pay has also adversely impacted the Pay position by £6.8m year to date. Actions are being taken to support increasing the pace and delivery of schemes, including additional resource to focus on delivery.

Excluding the impact of the national pay award settlements, pay was largely flat for the first 5 months of the year, but rose in the following two months before reducing in November and December. This reflects the increase in substantive staffing numbers, which have risen by 97wte since August. This includes an increase of 85wte in nursing numbers, 20wte in non clinical numbers and 15wte in STT numbers.

In-month, medical staffing contracted numbers reduced by 22wte, of which 11wte relates to the rotation in deanery funded posts, and the remaining 11wte reduction is over a range of specialties: 2wte in Anaesthetics, 2wte in General Surgery, 2wte in Orthopaedics, 2wte in Ophthalmology, 2wte in Gynaecology, and 1wte in Diabetes.

Expenditure on temporary staffing is £9.8m higher than planned. Expenditure on temporary staffing is rising: from £13.3m in the first quarter, to £14.8m in the second quarter, to £15.7 in the third quarter. The Trust is seeking to reduce expenditure on temporary staffing through enhanced grip and control within the Divisions, introduction of a centralised bank for all staff, and increased focus upon recruitment.

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Pay Run Rate - £ 2018/19

Staff Groups	(£k)												Full Year Plan £000s	(FRP) £000s	Variance £000s
	Actual M1 £000s	Actual M2 £000s	Actual M3 £000s	Actual M4 £000s	Actual M5 £000s	Actual M6 £000s	Actual M7 £000s	Actual M8 £000s	Actual M9 £000s	Forecast M10 £000s	Forecast M11 £000s	Forecast M12 £000s			
Substantive:															
Registered Nursing, Midwifery and Health visiting staff	6,991	6,895	6,856	6,812	7,092	7,002	7,028	6,916	6,960	7,165	7,165	7,321	86,128	84,205	1,923
Health Care Scientists and Scientific, Therapeutic and	2,478	2,499	2,499	2,505	2,606	2,543	2,532	2,581	2,605	2,617	2,617	2,674	30,204	30,754	(550)
Qualified Ambulance Service staff	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Support to clinical staff	4,460	4,429	4,484	4,600	5,092	4,612	4,594	4,604	4,572	4,748	4,748	4,851	53,373	55,792	(2,419)
Medical and Dental Staff	6,442	6,620	6,608	6,470	6,554	6,519	6,290	6,548	6,421	6,698	6,698	6,844	80,542	78,712	1,830
Non-Medical - Non-Clinical Staff	2,557	2,445	2,505	2,535	2,730	2,583	2,576	2,582	2,599	2,651	2,651	2,708	29,323	31,123	(1,800)
Bank:															
Registered Nursing, Midwifery and Health visiting staff	582	451	442	463	461	466	423	449	395	482	482	482	4,001	5,579	(1,578)
Health Care Scientists and Scientific, Therapeutic and	55	39	40	40	40	40	46	56	39	46	46	46	361	535	(174)
Qualified Ambulance Service staff	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Support to clinical staff	407	324	326	369	497	377	340	334	347	388	388	388	3,727	4,485	(758)
Medical and Dental Staff	907	759	806	781	930	815	824	966	929	901	901	901	8,853	10,420	(1,567)
Non-Medical - Non-Clinical Staff	219	156	123	200	236	282	298	294	252	241	241	241	2,144	2,782	(638)
Agency:															
Registered Nursing, Midwifery and Health visiting staff	494	755	751	804	851	820	830	850	871	806	806	806	6,123	9,445	(3,322)
Health Care Scientists and Scientific, Therapeutic and	193	118	127	185	145	68	109	99	90	130	130	130	1,019	1,525	(506)
Qualified Ambulance Service staff	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Support to clinical staff	1	1	7	3	1	1	1	1	61	9	9	9	10	104	(94)
Medical and Dental Staff	1,506	1,736	1,761	1,881	1,863	1,900	2,123	1,992	2,164	1,943	1,943	1,943	17,059	22,753	(5,694)
Non-Medical - Non-Clinical Staff	69	82	95	114	88	124	159	192	175	126	126	126	1,193	1,475	(282)
Apprentice levy	103	103	104	105	113	107	106	109	106	110	110	110	1,223	1,286	(63)
Capitalised staff	0	(12)	(51)	(11)	(171)	(80)	(54)	(57)	(56)	(60)	(60)	(60)	0	(672)	672
Items included in Non pay:															
Operating expenses: research and development	(115)	(112)	(105)	(117)	(121)	(113)	(110)	(108)	(106)	(106)	(106)	(106)	(1,440)	(1,325)	(115)
Operating expenses: education and training	(131)	(114)	(118)	(123)	(118)	(115)	(114)	(105)	(106)	(106)	(106)	(106)	(1,740)	(1,362)	(378)
Operating expenses: redundancy	(61)	3	0	0	0	0	0	0	0	0	0	0	0	(58)	58
Operating expenses: Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Cost £	27,463	27,400	27,483	27,857	29,128	28,179	28,225	28,517	28,529	29,001	29,001	29,520	325,283	340,303	(15,020)

FINANCE

Non Pay Summary 2018/19

2018/19 Non Pay Summary: YTD Month 09								
Non Pay	Non Pay: In-Month				Non Pay: Year-To-Date			
	2017/18	2018/19			2017/18	2018/19		
	Dec £k Actual	Dec £k Plan	Dec £k Actual	Dec £k Variance	Apr - Dec £k Actual	Dec £k Plan	Dec £k Actual	Dec £k Variance
Ambulance Services	98	159	184	(25)	1,344	1,495	1,196	299
Clinical Supplies & Services	4,748	4,213	5,299	(1,086)	43,398	41,080	46,245	(5,165)
Drugs	903	300	497	(196)	23,443	20,963	20,041	922
Drugs Pass through	3,027	4,075	3,622	452	15,338	20,374	20,390	(16)
Establishment Expenditure	480	399	619	(220)	3,488	3,554	4,811	(1,257)
General Supplies & Services	314	524	867	(343)	5,766	5,307	9,330	(4,023)
Other	1,023	1,226	641	585	5,033	6,082	1,896	4,186
Premises & Fixed Plant	1,637	1,654	1,798	(144)	14,125	14,808	13,162	1,646
Clinical Negligence	1,824	1,782	1,774	8	16,412	15,951	15,966	(15)
Capital charges	214	1,019	905	114	8,400	9,058	5,315	3,743
Total Non Pay	14,268	15,351	16,206	(855)	136,747	138,672	138,352	320

Non Pay worsened in-month by £0.9m, but year to date is £0.3m favourable to plan. However, the in-month position includes a charge of £0.5m in relation to a technical adjustment (for which there is an equal and opposite impact in Operating Income). The year to date position also includes a £3.2m benefit as a result of the reversal of impairments, the release of £0.5m of prior year accruals and a VAT adjustment of £0.6m. Excluding these items, Non Pay would be £3.4m adverse to plan.

Lower than planned delivery of Financial Efficiency savings has adversely impact the year to date Non Pay position by £4.2m. Actions are being taken to support increasing the pace and delivery of schemes.

From the run rate analysis, non pay to date has averaged £15.7m per month to date if we exclude impairments, and the forecast assumes an average run rate of £15.4m in the final three months of 2018/19.

Non Pay Run Rate 2018/19

Non Pay	£k														
	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Forecast	Forecast	Forecast	Forecast	Plan	Variance
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	(FRP) £		
Ambulance Services	55	80	58	84	221	176	169	168	185	134	131	116	1,577	1,983	406
Clinical Supplies & Services	4,667	5,352	5,043	5,187	5,178	4,720	5,199	5,600	5,299	5,176	5,072	4,511	61,004	53,743	(7,261)
Drugs	442	649	417	410	555	513	650	73	497	451	360	(145)	4,870	5,900	1,030
Drugs Pass through	3,827	4,337	3,825	4,220	4,180	3,194	4,373	4,647	3,622	4,075	4,075	4,075	48,451	48,898	447
Establishment Expenditure	420	440	790	551	560	539	544	347	620	539	528	506	6,383	4,748	(1,635)
General Supplies & Services	603	1,272	996	1,092	1,145	1,010	1,245	1,103	864	1,044	1,023	907	12,305	6,903	(5,402)
Other	700	(191)	163	171	255	133	(181)	206	640	221	217	208	2,542	9,776	7,234
Premises & Fixed Plant	1,568	1,616	1,164	1,309	1,432	951	1,735	1,589	1,798	1,473	1,444	1,384	17,463	19,765	2,302
Clinical Negligence	1,774	1,775	1,774	1,775	1,774	1,775	1,770	1,775	1,774	1,776	1,776	1,776	21,294	21,294	0
Capital charges	981	981	968	952	950	944	(2,300)	933	906	907	896	1,098	8,216	12,093	3,877
Total Non Pay	15,037	16,311	15,198	15,751	16,250	13,955	13,204	16,441	16,205	15,796	15,521	14,436	184,106	185,103	997

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Finance Efficiency Programme (FEP) Summary 2018/19

Financial Efficiency Programme Report

Reporting Month : Dec 2018

Trust Summary Position

Financial Actuals & RAG Rating

M09

Finance Position

Financial Commentary - Month 09 Position

	In Month			YTD			RAG
	Plan £k	Actual £k	Variance £k	Plan £k	Actual £k	Variance £k	
FEP	2,683	1,729	(954)	16,397	8,679	(7,718)	R

	YTD ACTUAL	FORECAST
	£k	£k
Recurrent	6,461	11,403
Non Recurrent	2,218	3,699
TOTAL	8,679	15,102

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

The financial plan assumed that savings of £16.4m would have been delivered by the end of Month 9. Financial Efficiency savings of £1.7m were delivered in Month 9, taking the value of savings delivered year to date to £8.7m, or £7.7m adverse to plan.

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

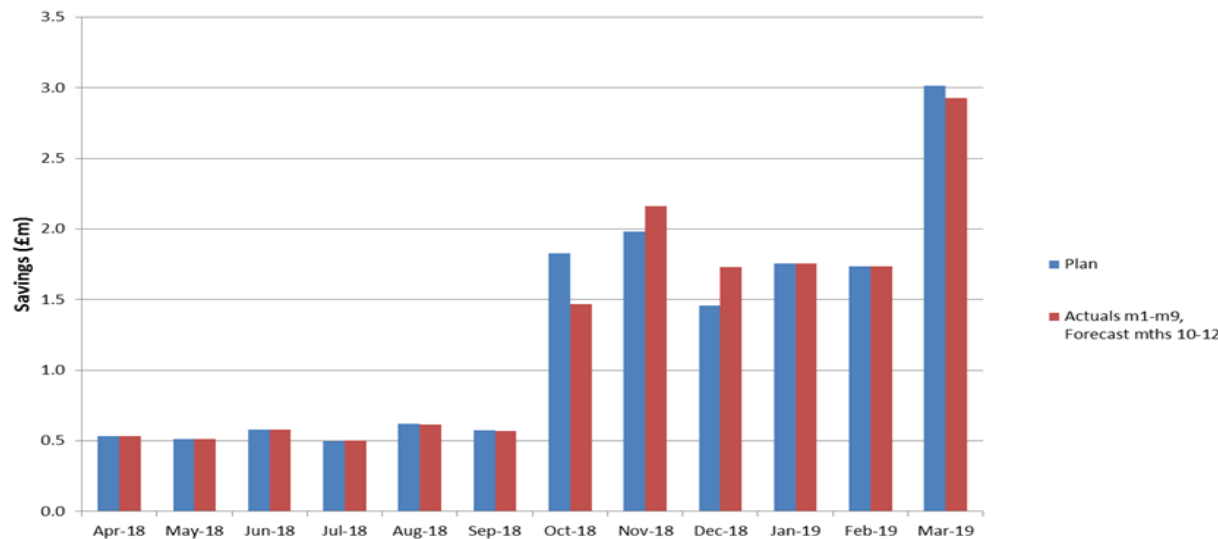
The FRP identified savings plans which it was anticipated would deliver in-year savings of £15.1m, with a full-year impact of £19.4m in 2019/20. Actual savings delivery year to date is £88k higher than assumed within the FRP.

The in-month position includes recognition of £478k of savings in relation to clinical coding. Whilst this scheme was not due to commence until November, savings of £78k have now been validated in relation to October. Savings validation is not possible until billing is frozen. However, on the basis of the level of savings validated re October, it is assumed that the expected coding savings of £200k per month have been delivered as planned in November and December

Delivery year to date includes a non-recurrent receipt of £547k in relation to the outcome of the Pilgrim fire claim and a non-recurrent receipt of £726k in relation to the gain realised from the sale of land at the site of the former Welland Hospital.

With £6.4m (74%) of total savings delivery relating to Income schemes, savings delivery continues to be reliant upon income maximisation rather than cost reduction.

2018/19 FRP Savings Plan Vs Actual Savings



FINANCE

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

	Outturn 2017/18 £m	Plan 2018/19 £k	Forecast Outturn 2018/19 £k
<i>Operating Revenue</i>			
Revenue from Patient Care Activities	394.5	407.3	409.7
Other Operating Revenue	38.6	34.3	33.8
Total Operating Revenue	433.2	441.6	443.5
<i>Operating Expenses</i>			
Employee Benefits	322.7	325.3	340.3
Operating Expenses	175.2	173.0	175.0
Total - Operating Expenses	498.0	498.3	515.3
Operating Deficit	-64.8	-56.7	-71.8
<i>Non-Operating Expenses</i>			
Depreciation	11.8	12.1	11.8
Impairment	17.5	0.0	-3.2
Interest Payable	3.1	6.6	6.5
Gains on Asset Disposal	-0.1	-1.1	-0.7
Total - Non-Operating Expenses	32.3	17.6	14.4
Retained Deficit	-97.1	-74.3	-86.2
Allowable adjustments against control total	12.3	-0.4	-3.2
total	-84.8	-74.7	-89.4

FINANCE

Statement of Financial Position December 2018

	Year end		Year to date			Monthly Actual 2018/19								Plan Outturn		
	31 March 2018		31 December 2018			30-Apr-18	31-May-18	30-Jun-18	31-Jul-18	31-Aug-18	30-Sep-18	31-Oct-18	30-Nov-18	31 March 2019		
	Actual £'000	Plan £'000	Actual £'000	Plan £'000	Variance £'000	Actual £'000	Actual £'000	Actual £'000	Actual £'000	Actual £'000	Actual £'000	Actual £'000	Actual £'000	Actual £'000	Plan £'000	Variance £'000
Non-current assets																
Intangible assets	6,148	3,759	4,974	5,818	(844)	6,016	5,884	5,752	5,621	5,489	5,357	5,228	5,098	5,274	5,488	(214)
Property, plant and equipment: on-SoFP IFRIC 12 assets	22,843	22,492	27,008	22,582	4,426	22,814	22,788	22,760	22,731	22,703	22,675	27,064	27,036	26,923	22,495	4,428
Property, plant and equipment: other	184,708	205,628	192,863	205,623	(12,760)	184,025	184,010	183,989	185,097	186,000	186,615	188,566	190,581	210,397	213,599	(3,202)
Trade and other receivables: due from non-NHS/DHSC group bodies	1,828	1,477	1,525	1,828	(303)	1,085	1,160	1,144	1,137	1,102	1,153	1,515	1,519	1,500	1,828	(328)
Total non-current assets	215,527	233,356	226,370	235,851	(9,481)	213,940	213,842	213,645	214,586	215,294	215,800	222,373	224,234	244,094	243,410	684
Current assets																
Inventories	6,799	7,430	7,083	6,799	284	6,919	6,997	6,878	7,023	6,902	6,923	7,282	7,081	7,100	6,799	301
Trade and other receivables: due from NHS and DHSC group bodies	19,737	12,876	15,469	17,664	(2,195)	17,379	15,862	20,002	18,722	19,855	17,992	19,377	19,372	18,000	17,664	336
Trade and other receivables: Due from non-NHS/DHSC group bodies	5,656	8,000	8,351	4,881	3,470	8,041	9,281	9,405	10,153	9,731	7,817	8,473	10,246	9,100	4,848	4,252
Assets held for sale and assets in disposal groups	1,225	0	660	0	660	1,225	1,225	1,225	1,225	1,225	1,225	660	660	150	0	150
Cash and cash equivalents: GBS/NLF	10,523	1,078	4,970	2,507	2,463	6,317	2,790	1,626	1,242	1,234	1,528	3,773	618	6,143	6,143	0
Cash and cash equivalents: commercial / in hand / other	10	0	8	10	(2)	9	9	9	9	10	9	10	9	10	10	0
Total current assets	43,950	29,384	36,541	31,861	4,680	39,890	36,164	39,145	38,374	38,957	35,494	40,140	37,986	40,503	35,464	5,039
Current liabilities																
Trade and other payables: capital	(11,727)	(3,314)	(4,613)	(3,331)	(1,282)	(6,105)	(3,689)	(3,445)	(3,666)	(3,671)	(3,329)	(4,897)	(4,482)	(9,928)	(4,723)	(5,205)
Trade and other payables: non-capital	(41,754)	(37,108)	(41,293)	(36,579)	(4,714)	(44,901)	(44,171)	(44,126)	(43,294)	(44,356)	(41,323)	(45,211)	(46,237)	(44,253)	(38,039)	(6,214)
Borrowings	(36,157)	(1,093)	(45,427)	(9,546)	(35,881)	(36,142)	(36,455)	(36,440)	(36,425)	(36,410)	(36,335)	(36,320)	(35,977)	(113,468)	(77,359)	(36,109)
Provisions	(735)	(843)	(584)	(735)	151	(732)	(690)	(690)	(656)	(679)	(640)	(684)	(677)	(584)	(735)	151
Other liabilities: deferred income	(2,707)	(2,331)	(1,182)	(2,707)	1,525	(1,140)	(1,020)	(977)	(1,184)	(983)	(1,115)	(1,555)	(1,454)	(1,200)	(2,707)	1,507
Other liabilities: other	(503)	(503)	(503)	(503)	0	(503)	(503)	(503)	(503)	(503)	(503)	(503)	(503)	(503)	(503)	0
Total current liabilities	(93,583)	(45,192)	(93,602)	(53,401)	(40,201)	(89,523)	(86,528)	(86,181)	(85,728)	(86,602)	(83,245)	(89,170)	(89,330)	(169,936)	(124,066)	(45,870)
Net Current liabilities	(49,633)	(15,808)	(57,061)	(21,540)	(35,521)	(49,633)	(50,364)	(47,036)	(47,354)	(47,645)	(47,751)	(49,030)	(51,344)	(129,433)	(88,602)	(40,831)
Total assets less current liabilities	165,894	217,548	169,309	214,311	(45,002)	164,307	163,478	166,609	167,232	167,649	168,049	173,343	172,890	114,661	154,808	(40,147)
Non-current liabilities																
Borrowings	(165,075)	(156,058)	(229,017)	(267,781)	38,764	(172,291)	(178,405)	(187,740)	(194,918)	(202,860)	(210,872)	(218,926)	(224,271)	(197,142)	(228,888)	31,746
Provisions	(2,994)	(2,413)	(3,021)	(3,011)	(10)	(2,994)	(3,091)	(3,091)	(3,091)	(3,108)	(3,108)	(3,108)	(3,083)	(2,872)	(2,911)	39
Other liabilities: other	(13,584)	(13,583)	(13,207)	(13,206)	(1)	(13,543)	(13,501)	(13,459)	(13,417)	(13,375)	(13,333)	(13,291)	(13,249)	(13,081)	(13,081)	0
Total non-current liabilities	(181,653)	(172,054)	(245,245)	(283,998)	38,753	(188,828)	(194,997)	(204,290)	(211,426)	(219,343)	(227,313)	(235,325)	(240,603)	(213,095)	(244,880)	31,785
Total net assets employed	(15,759)	45,494	(75,936)	(69,687)	(6,249)	(24,521)	(31,519)	(37,681)	(44,194)	(51,694)	(59,264)	(61,982)	(67,713)	(98,434)	(90,072)	(8,362)
Financed by																
Public dividend capital	257,563	256,746	259,350	257,563	1,787	257,563	257,563	257,563	257,563	257,563	257,563	257,563	258,793	259,512	257,563	1,949
Revaluation reserve	35,284	42,448	35,452	34,646	806	35,215	35,143	35,072	35,001	34,931	34,860	35,972	35,901	35,260	34,455	805
Other reserves	190	190	190	190	0	190	190	190	190	190	190	190	190	190	190	0
Income and expenditure reserve	(308,796)	(253,890)	(370,928)	(362,086)	(8,842)	(317,489)	(324,415)	(330,506)	(336,948)	(344,378)	(351,877)	(355,707)	(362,597)	(393,396)	(382,280)	(11,116)
Total taxpayers' and others' equity	(15,759)	45,494	(75,936)	(69,687)	(6,249)	(24,521)	(31,519)	(37,681)	(44,194)	(51,694)	(59,264)	(61,982)	(67,713)	(98,434)	(90,072)	(8,362)

BORROWINGS																
Current																
Borrowings: finance leases	(152)	0	(16)	16	(32)	(137)	(122)	(107)	(92)	(77)	(62)	(46)	(31)	0	0	0
Borrowings: DHSC capital loans	(328)	(635)	(1,007)	2,429	(3,436)	(328)	(656)	(656)	(656)	(656)	(656)	(656)	(328)	(1,008)	(2,429)	1,421
Borrowings: DHSC working capital / revenue support loans	(35,618)	0	(44,404)	7,101	(51,505)	(35,618)	(35,618)	(35,618)	(35,618)	(35,618)	(35,618)	(35,618)	(35,618)	(112,460)	(74,930)	(37,530)
Borrowings: DHSC revolving working capital facilities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Borrowings: other (non-DHSC)	(59)	(458)	0	0	0	(59)	(59)	(59)	(59)	(59)	(59)	0	0	0	0	0
Total current borrowings	(36,157)	(1,093)	(45,427)	9,546	(54,973)	(36,142)	(36,455)	(36,440)	(36,425)	(36,410)	(36,336)	(36,320)	(35,977)	(113,468)	(77,359)	(36,109)
Non-current																
Borrowings: DHSC capital loans	(9,172)	(2,542)	(17,097)	25,243	(42,340)	(9,172)	(8,845)	(8,845)	(8,845)	(11,745)	(14,721)	(17,732)	(17,732)	(28,210)	(33,343)	5,133
Borrowings: DHSC working capital / revenue support loans	(155,903)	(99,915)	(211,920)	242,538	(454,458)	(163,119)	(169,560)	(178,895)	(186,073)	(191,115)	(196,151)	(201,194)	(206,539)	(168,932)	(195,545)	26,613
Total non-current borrowings	(165,075)	(156,058)	(229,017)	267,781	(496,798)	(172,291)	(178,405)	(187,740)	(194,918)	(202,860)	(210,872)	(218,926)	(224,271)	(197,142)	(228,888)	31,746

Excellence in rural healthcare

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Cash Report 2018/19 Month 9

The cash balance at 31 December 2018 was £5.0m. This includes revenue and capital cash loans drawn in April - December of £63.1 / 8.9m respectively.

The balance at 31 March 2018 (£10.5m) was unusually high as a result of the high level of capital creditors outstanding at that point. In the subsequent months the Trust has reduced the level of capital creditors from £11.7m to £4.6m.

The 2018/19 capital programme is substantially behind plan, as a consequence, although the Trust I&E deficit is at £12.4m worse than plan after taking account of technical adjustments, the impact on the ability to pay suppliers has been limited.

Total revenue and capital borrowings at 31 December were £272.7m and are forecast based upon the revised forecast outturn (£89.4m) to rise to £308.7m by the end of 2018/19. As a consequence of this borrowing costs are anticipated to be £6.2m in I&E terms, and in cash terms £5.4m.

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

Year to date	Plan £k	Actual £k	Variance £k
Cash balance	2,516	4,978	2,462

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

Year to date	Plan £k	Actual £k	Variance £k
Operating Surplus	(50,410)	(59,483)	(9,073)
Depreciation	9,058	8,549	(509)
Other Non Cash I&E Items	(90)	(3,324)	(3,234)
Movement in Working Capital	(3,382)	(316)	3,066
Provisions	17	(64)	(81)
Cashflow from Operations	(44,807)	(54,638)	(9,831)
Interest received	18	84	66
Capital Expenditure	(37,688)	(22,304)	15,384
Cash receipt from asset sales	2,288	1,301	(987)
Cash from / (used in) investing activities	(35,382)	(20,919)	14,463
PDC Received	0	1,787	1,787
PDC Repaid	0	0	0
Dividends Paid	0	677	677
Interest on Loans, PFI and leases	(3,928)	(3,944)	(16)
Capital element of leases	(131)	(136)	(5)
Drawdown on debt - Revenue	58,118	63,118	5,000
Drawdown on debt - Capital	18,500	8,887	(9,613)
Repayment of debt	(387)	(387)	0
Cashflow from financing	72,172	70,002	(2,170)
Net Cash Inflow / (Outflow)	(8,017)	(5,555)	2,462
Opening cash balance	10,533	10,533	0
Closing Cash balance	2,516	4,978	2,462

Year End Plan	Plan £k	Actual £k	Variance £k
Operating Surplus	(68,775)	(80,313)	(11,538)
Depreciation	12,093	11,450	(643)
Other Non Cash I&E Items	(592)	(3,826)	(3,234)
Movement in Working Capital	(2,497)	(735)	1,762
Provisions	(83)	(213)	(130)
Cashflow from Operations	(59,854)	(73,637)	(13,783)
Interest received	24	118	94
Capital Expenditure	(46,388)	(37,135)	9,253
Cash receipt from asset sales	2,288	1,836	(452)
Cash from / (used in) investing activities	(44,076)	(35,181)	8,895
PDC Received	0	1,949	1,949
PDC Repaid	0	0	0
Dividends Paid	0	677	677
Interest on Loans, PFI and leases	(5,470)	(5,608)	(138)
Capital element of leases	(147)	(152)	(5)
Drawdown on debt - Revenue	78,954	87,959	9,005
Drawdown on debt - Capital	26,600	20,000	(6,600)
Repayment of debt	(387)	(387)	0
Cashflow from financing	99,550	104,438	4,888
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 £5.0m at 31 December reflects a number of factors:

- the reduction in capital creditors from the year end high of £11.7m to £4.6m;
- delays in the 2018/19 capital programme.

These in turn have impacted upon the level of capital cash utilised (plan £37.7m : actual £22.3m). As a consequence the Trust has to date drawn only £8.9m against the approved capital loan. Reflecting this the Trust has submitted a request to NHSI / DHSC to carry forward £6.6m into 2019/20, thereby reducing the capital loan draw for Fire Safety works to £20.0m in 2018/19.

Revenue loans of £63.1m have been drawn in the first nine months (£58.9m (18/19) and £4.3m (17/18) deficit financing. This is against the backdrop of an I&E deficit to December of £66.3m.

The shortfall in 18/19 revenue borrowing against the deficit has only been made possible due to the relative slow progress with the Capital Programme. Capital cash is supporting the overall cash position by circa £8.7m

The cash forecast position reflects both the revised forecast revenue deficit of £89.4m and that the Trust is permitted to carry forward £6.6m of the Fire Safety Capital Loan into 2019/20.

Despite reducing the capital programme by £6.6m, it is anticipated that the Trust will still be carrying a year end capital creditor of circa £9.9m at 31 March 2019. As a consequence the level of 18/19 deficit related revenue borrowings required to maintain a cash balance of £6.2m will be less than the projected deficit.

The cash forecast assumes therefore capital borrowing of £20.0m and revenue borrowing in 2018/19 at £88.0m (£83.7m: 2018/19 deficit support; plus £4.2m 2017/18 deficit support).

FINANCE

Capital Report 2018/19 Month 09

The capital spend to date is £11.9m behind plan. This is inclusive of major variances in **IT £0.4m**: Inclusive of continued development of Secondary ICT server Rm Pilgrim £0.2m, LAN - obsolete Core Switch Supervisor upgrades £0.3m, Bleep system modernisation £0.3m. This is slightly offset by Cyber security measures overspend of £0.4m. **Fire schemes £9.5m**, consisting of Fire Works - package 1, 2 & 3 at Lincoln £3.6m and package 1 at Pilgrim £0.8m, Emergency lighting at Lincoln £1.0m. Ward 8B (Stoke) Fire enabling scheme has slippage of £1.5m due to commence in August. **Estates Backlog £1.7m** variance is partly due to Theatre infrastructure review being behind plan. **Diagnostic capacity £0.8m** variance is due to MRI scanner installation not yet taking place. **Medical devices £0.5m** variance is due to underspends in X-ray room at Johnson Hospital, Coronary Care Monitoring and Cardiotocographs slippage. **Service Development & Modernisation £(1.7)m** variance is due to Pilgrim works development being ahead of the financial plan phasing. Variances are being escalated through CRIG and the Estates, IT and MDG sub committees to ensure plans to bring back on line in the coming months are provided.

The forecast position has changed in M9 due to the agreement to defer £6.6m of 'fire' allocation into 2019/20 - this is due to the saturation of the market which has created delays in contracting suppliers to support the programme.

Year to date	Plan £k	Actual £k	Variance £k
Capital Balance	27,069	15,215	11,854

Year End Forecast	Plan £k	Actual £k	Variance £k
Capital Balance	41,094	34,494	6,600

Year to date	Plan £k	Actual £k	Variance £k
Medical Equipment replacement	1,584	1,060	524
Prior Year	0	80	-80
ICT	2,489	2,040	449
Estates - Backlog	1,880	222	1,658
Estates - Fire	17,378	7,909	9,469
Service developments	2,036	3,842	-1,806
Diagnostic capacity & sustainability	800	17	783
Elective capacity	401	10	391
Quality	501	36	465
Total	27,069	15,215	11,853

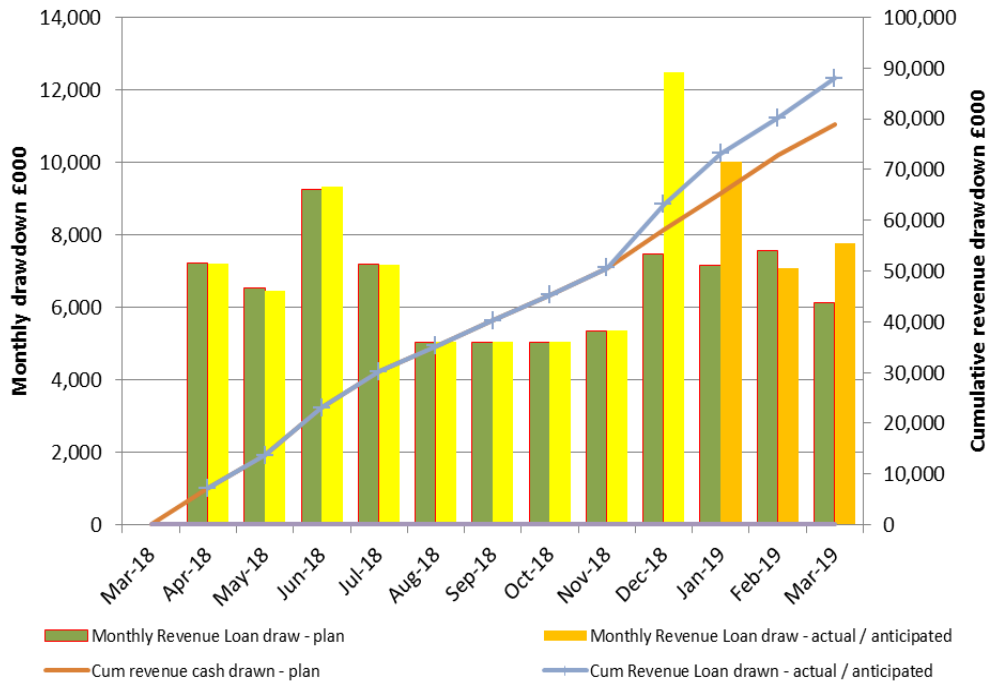
Year End Forecast	Plan £k	Actual £k	Variance £k
Medical Equipment replacement	2,000	2,000	0
Prior Year	0	0	0
ICT	2,575	2,575	0
Estates - Backlog	2,000	2,000	0
Estates - Fire	26,908	20,308	6,600
Service developments	4,611	4,611	0
Diagnostic capacity & sustainability	1,000	1,000	0
Elective capacity	1,000	1,000	0
Quality	1,000	1,000	0
Total	41,094	34,494	6,600

Risks
 Whilst profiled the Trust has a significant capital requirement to be spent in the remaining 3 months of the financial year, the majority of which relates to fire where £16.7m has been contractually committed or spent to date. IT, Estates and MDG have risk based plans to deliver the spend. The Diagnostic service developments and diagnostic envelopes are fully allocated. Elective and Quality related investments are being prioritised.

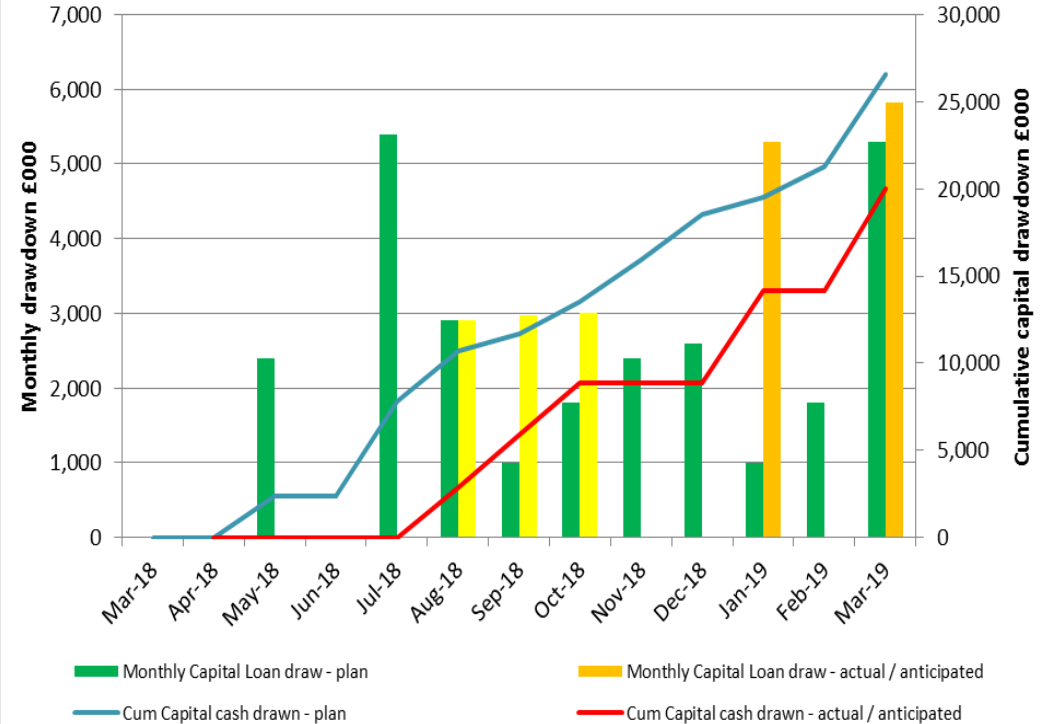
FINANCE

Revenue and Capital Borrowing

Revenue Cash Loans drawn in 2018/19



Capital Cash Loans drawn in 2018/19



Revenue Borrowing

The Trust has drawn cash loans of £63.1m during the nine months to December 2018. This includes £4.3m deficit support relating to 2017/18.

The forecast deficit has been revised this quarter from £74.7m (plan) to £89.4m. Revenue borrowings, originally planned at £79.0m have similarly increased and are now forecast to be circa £88.0m (Deficit support 18/19 - £83.7m, 17/18 - £4.3m).

The differential between the forecast deficit and the level of 18/19 deficit support is offset by an increase in the level of capital creditors.

The I&E deficit versus plan at the end of December is £66.3m. The impact upon the Trust to pay creditors has largely been mitigated by capital cash, available due to delays in the capital programme.

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

Capital Borrowing

A £26.6m capital loan was agreed in relation to the Fire Safety Capital scheme. Against this £8.9m has been drawn to the end of December 2018.

The capital programme remains behind plan; it is unlikely that the full 2018/19 fire programme will be completed. The DHSC via NHSI have therefore been approached to request carry forward of £6.6m into 2019/20 along with the £2.1m loan agreed in 2017/18.

The chart above assumes this request is agreed.

Even allowing for this carry forward the year end capital creditor is anticipated to be circa £9.9m.

FINANCE

Process and approval of new borrowing:

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

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

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

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

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

The Board at its December 2018 meeting approved borrowings for February 2019 (Revenue £7.080m and Capital £3.566m).

Delays in the capital programme and the reduced level of 2018/19 capital borrowing have however meant no further capital borrowing is necessary until March.

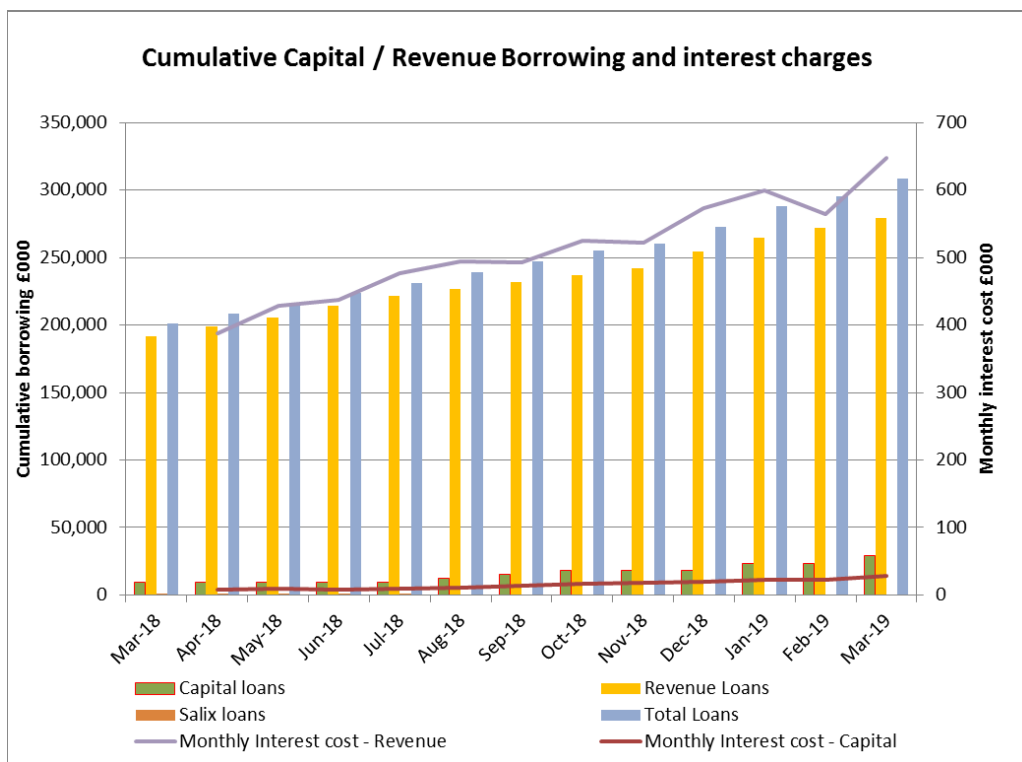
The Board is now requested to approve borrowing for March 2019:

Revenue £7.761m

Capital £5.813m

FINANCE

Cumulative Trust Borrowing



Borrowings and Interest

At 31 December 2018 total 'repayable' borrowings were £308.7m, capital (£18.1m) and revenue (£254.6m). The Trust also has outstanding finance leases due to finish in January 2019.

Borrowings are anticipated to increase to £308.7m by the 31 March 2019.

Existing loans are held at a variety of interest rates, Capital 1.1% (£9.2m) & 1.37% (£8.9m), Revenue 1.5% (£155.3m), 3.5% (£55.9m) & 6.0% (£43.4m).

(The £35.6m loan due to be repaid in November 2018 has been extended. The Trust has not yet been advised of the rate. For the purposes of the above analysis, it has been assumed this will be at 1.5%.)

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

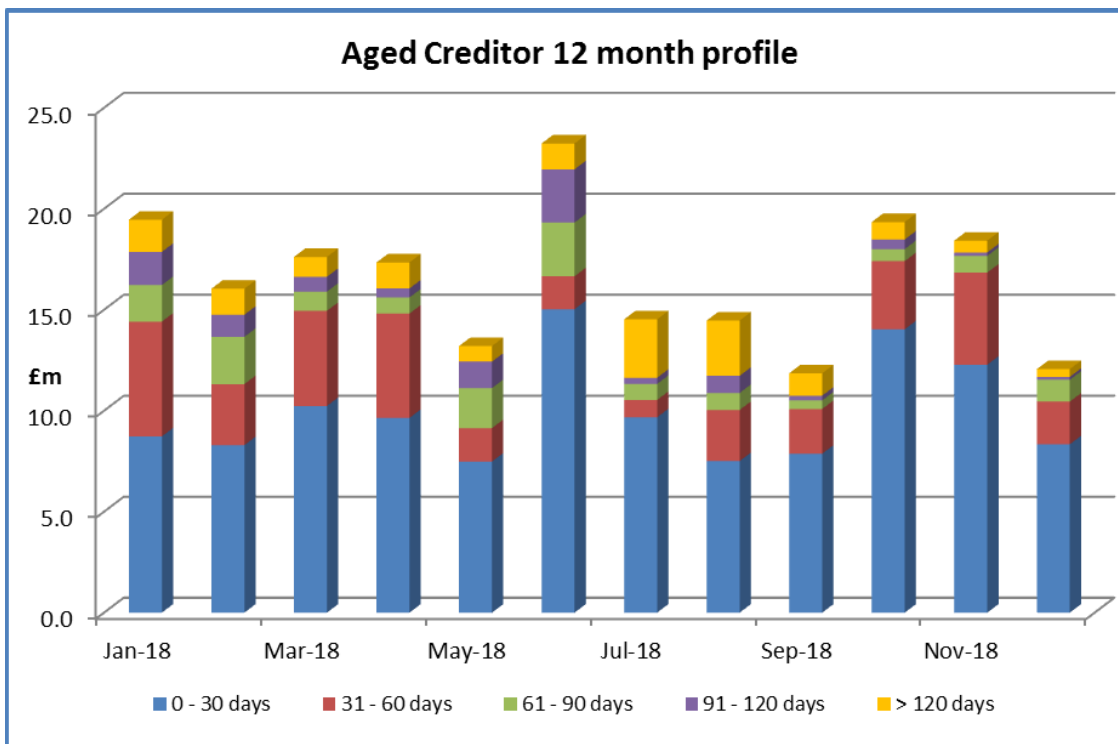
Associated interest costs for 2018/19 are forecast to be £6.4m (Revenue £6.2m / Capital £0.2m).

Changes in accounting standards in 2018/19 mean that any accrued interest (Dec 18 - £1.7m) is now reported as part of overall borrowings.

Repayments					
The tables below show when the Trust is due to make repayments against existing loans:					
Type	Loan £m	Final repayment	Repayment Terms		
Capital	9.5	Nov-32	Repayments commencing Nov 2018 thereafter every 6 months. Annual repayment £0.7m. (Current balance £9.2m)		
Capital	8.9	Nov-33	Repayments commencing Aug 2019 thereafter every 6 months. Annual repayment £0.4m.		
Type	Loan £m	Repayment	Loan £m	Repayment	Repayment Terms
Revenue	35.6	tbc	6.2	Nov-20	The terms of each loan state that there is to be a single one off repayment in full. It is anticipated however that some form of re-financing will take place. The means by which this might be transacted is uncertain at this stage.
	4.6	Nov-19	6.0	Dec-20	
	2.5	Dec-19	6.0	Jan-21	
	52.0	Jan-20	6.0	Feb-21	
	4.1	Jan-20	5.4	Mar-21	
	4.2	Feb-20	7.2	Apr-21	
	7.6	Mar-20	6.4	May-21	
	6.2	Apr-20	9.3	Jun-21	
	5.8	May-20	7.2	Jul-21	
	5.5	Jun-20	5.0	Aug-21	
	11.0	Jul-20	5.0	Sep-21	
	7.0	Aug-20	5.0	Oct-21	
9.3	Sep-20	5.4	Nov-21		
6.6	Oct-20	12.5	Dec-21		

FINANCE

Creditor Payments



Creditors

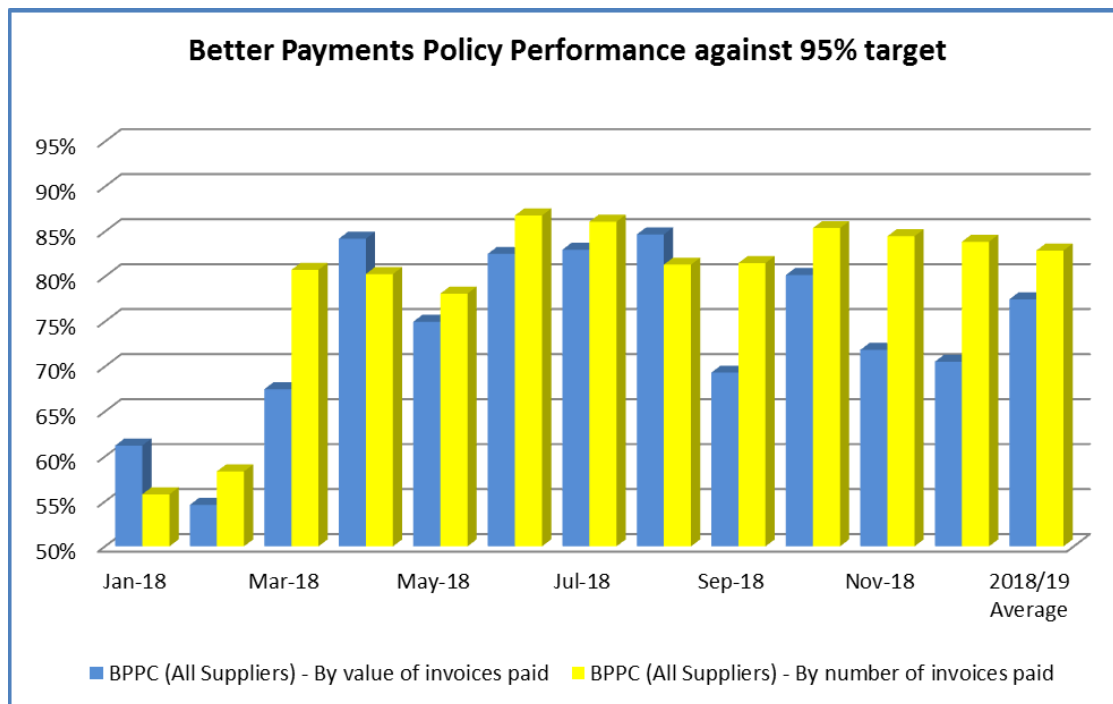
Total Creditors were £12.0m at 31 December 2018, of which £3.7m were over 30 days (£0.5m > 90 days). Focusing further upon those invoices over 30 days, £1.0m had been authorised and were ready to pay at month end. Of the £3.7m over 30 days, £1.9m relates to just ten suppliers; at 31 December £0.3m of this had been authorised for payment. This has subsequently been paid along with a further £1.0m authorised in early January.

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

The Finance and Procurement Teams continue to enforce the policy of requiring suppliers to provide a purchase order before payment is made. At 31 December there were 147 separate invoices (£0.4m) spread across 72 suppliers where payment is delayed awaiting a purchase order.

FINANCE

Performance against the Better Payments Target



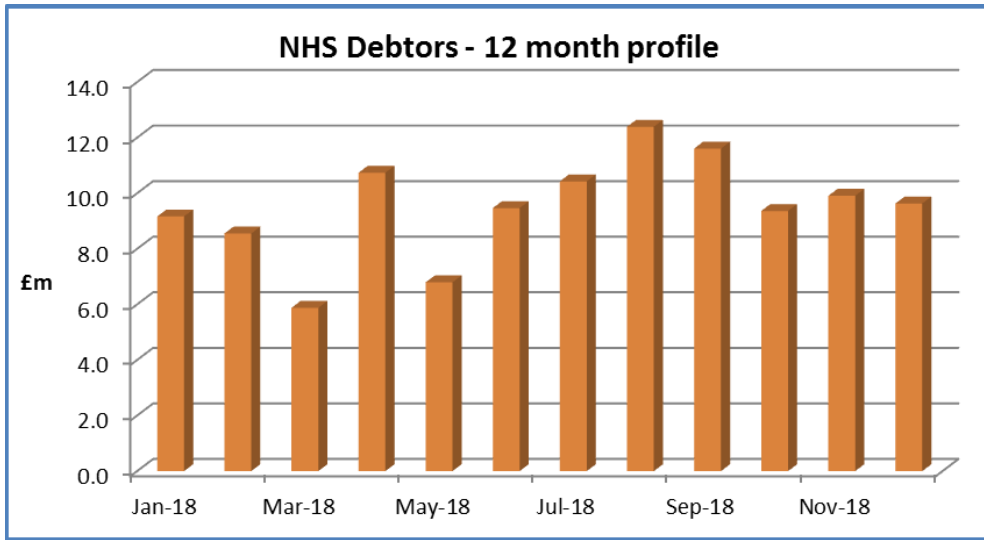
The Better Payment Practice Code (BPPC) requires the Trust to aim to pay all valid invoices by the due date or within 30 days (whichever is the latter).

The year to date and December 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	1842	35,387	96,777	151,905
Total bills paid within target	1112	28,112	80,622	116,953
% of bills paid within target YTD	60.37%	79.44%	83.31%	76.99%
% of bills paid within December 2018	42.79%	52.32%	85.43%	74.92%

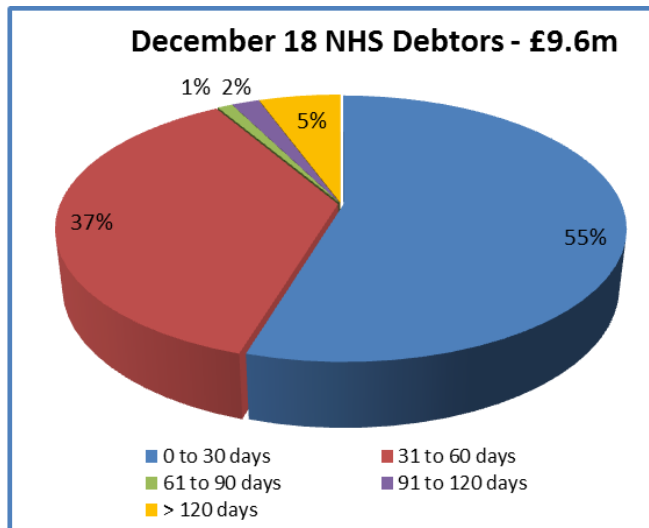
FINANCE

NHS Receivables



Totals shown in £000	0 - 30 days	31 - 60 days	61 - 90 days	91 - 120 days	120 + days	Grand Total	90+ days
CCGs - Lincolnshire	3,431	2,209	(189)	10	167	5,628	177
CCGs - Other	254	206	85	12	83	640	95
Trusts - Lincolnshire	237	74	59	33	20	423	53
Trusts - Other	431	300	108	64	299	1,202	363
Other NHS	913	755	37	60	(31)	1,734	29
Total	5,266	3,544	100	179	538	9,627	717

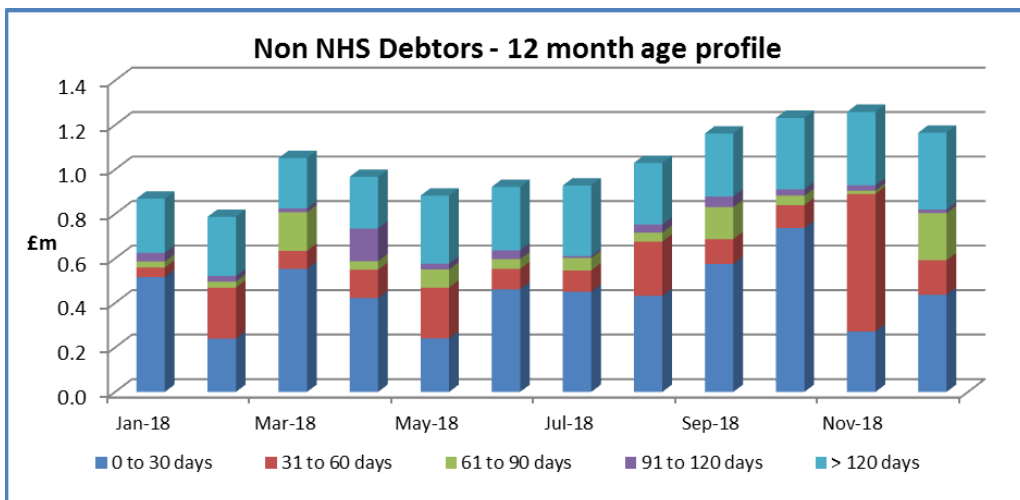
The level of aged debt > 90 days has reduced significantly from £4.7m in October to £0.7m at 31 December. This is as a result of the Lincolnshire CCGs clearing the majority of prior year reconciliation invoices. The largest element currently over 90 days relates to NHS Trusts. In volume terms there are 228 invoices > 90 days at 31 December 2018.



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 December 2018. The majority of debt relates to the four Lincolnshire CCGs. The split between organisational categories is shown below.

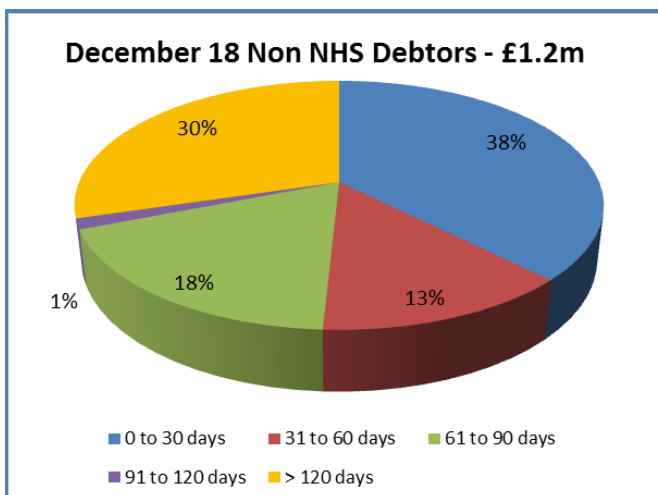
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Non-NHS Receivables



Description	Totals outstanding debt £						90+ days
	0 - 30 days	31 - 60 days	61 - 90 days	91 - 120 days	120 + days	Grand Total	
Overseas Visitors	21,587	12,689	36,051	4,822	175,612	250,762	180,434
Debt Collection - Overseas				513	77,381	77,895	77,895
NHS Non English	(4,414)	6,535	4,842	3,108	20,598	30,670	23,707
Misc	393,510	77,106	142,767	(381)	3,557	616,560	3,176
Salary Overpayments	15,382	53,496	25,986	2,501	12,136	109,501	14,637
Private Patients	387	1,103				1,490	0
Debt Collection - General			485		42,308	42,794	42,308
Agreed Installment Plans	60	401	3,886	4,494	9,585	18,426	14,080
Grand Total	426,512	151,330	214,018	15,058	341,178	1,148,097	356,236

The balance over 90 days (£0.4m) comprises relatively high volume (301) low value invoices. Of this total £0.1m is being actively managed by the Trust Debt collection agency.



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

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

FINANCE

External Financing Limit and Capital Resource Limits

Position as at 31 December 2018

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.

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	58,864	Fire safety loan repayments	450
2017/18 additional deficit financing	4,254	Fire safety - Loan drawdown	8,887
Adjustment to closing cash: Plan resubmission June 18	-4,024	Places of Safety in Emergency Depts - PDC allocation	72
Fire safety loan repayments	-328	Urgent & Emergency Care - Winter Fund - PDC allocation	1,787
Fire safety - Loan drawdown	8,887	Current Notified CRL	22,305
Places of Safety in Emergency Depts - PDC allocation	72	Anticipated adjustments	
Urgent & Emergency Care - Winter Fund - PDC allocation	1,787	Fire safety - Loan	11,113
Salix Loan repayment	-59	Patient WiFi - PDC allocation	90
Current Notified EFL	77,710	Capital element of Finance leases - repayment adj	-5
Anticipated adjustments		Anticipated CRL Target	33,503
Fire safety - Loan	11,113	Forecast Capital expenditure	34,529
Patient WiFi - PDC allocation	90	Less Capital funded via Charitable Donations	-592
Capital element of Finance leases - repayment adj	-5	Less Net book value of disposed assets	-1077
Anticipated EFL	113,749	Charge against CRL	32,860
		(Over) / Under shoot against CRL target	643

FINANCE

Trust Dashboard Financial Performance

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

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

In Month Actual	April	May	June	July	August	September	October	November	December	January	February	March
Operating Income	34,127	37,147	36,949	37,577	38,370	35,064	38,059	37,831	36,526			
Operating Expenditure	-42,501	-43,710	-42,682	-43,609	-45,376	-42,134	-41,429	-44,957	-44,735			
Efficiency	534	515	580	501	617	572	1,470	2,161	1,729			
Agency	-2,262	-2,692	-2,741	-2,987	-2,948	-2,912	-3,222	-3,134	-3,361			
Capital	84	764	785	1,881	1,735	1,370	2,757	2,781	3,059			
Operating Surplus/Deficit	-8,374	-6,563	-5,733	-6,032	-7,006	-7,070	-3,370	-7,126	-8,209			

Cumulative Actual	April	May	June	July	August	September	October	November	December	January	February	March
Operating Income	34,127	71,274	108,223	145,800	184,170	219,234	257,293	295,124	331,650	331,650	331,650	331,650
Operating Expenditure	-42,501	-86,211	-128,893	-172,502	-217,878	-260,012	-301,441	-346,398	-391,133	-391,133	-391,133	-391,133
Efficiency	534	1,049	1,629	2,130	2,747	3,319	4,789	6,950	8,679	8,679	8,679	8,679
Agency	-2,262	-4,954	-7,695	-10,682	-13,630	-16,542	-19,764	-22,898	-26,259	-26,259	-26,259	-26,259
Capital	84	847	1,633	3,513	5,248	6,618	9,375	12,156	15,215	15,215	15,215	15,215
Operating Surplus/Deficit	-8,374	-14,937	-20,670	-26,702	-33,708	-40,778	-44,148	-51,274	-59,483	-59,483	-59,483	-59,483

FINANCE

In Month Variance (-) adverse	April	May	June	July	August	September	October	November	December	January	February	March
Operating Income	-1,649	508	-342	-366	1,743	-1,932	216	491	1,028			
Operating Expenditure	276	-770	401	-1,175	-3,357	-170	917	-2,491	-2,401			
Efficiency	32	-127	-440	-1,274	-1,145	-1,649	-1,084	-1,077	-954			
Agency	43	-459	-308	-601	-723	-689	-1,149	-1,224	-1,459			
Capital	0	42	1,122	1,088	2,406	2,535	1,842	1,676	1,143			
Operating Surplus/Deficit	-1,373	-262	59	-1,541	-1,614	-2,102	1,133	-2,000	-1,373			

Cumulative Variance	April	May	June	July	August	September	October	November	December	January	February	March
Operating Income	-1,649	-1,141	-1,483	-1,849	-106	-2,038	-1,822	-1,331	-303	-303	-303	-303
Operating Expenditure	276	-494	-93	-1,268	-4,625	-4,795	-3,879	-6,370	-8,771	-8,771	-8,771	-8,771
Efficiency	32	-95	-535	-1,809	-2,954	-4,603	-5,687	-6,764	-7,718	-7,718	-7,718	-7,718
Agency	43	-416	-724	-1,325	-2,048	-2,737	-3,886	-5,110	-6,569	-6,569	-6,569	-6,569
Capital	0	42	1,164	2,252	4,658	7,193	9,035	10,711	11,854	11,854	11,854	11,854
Operating Surplus/Deficit	-1,373	-1,635	-1,576	-3,117	-4,731	-6,833	-5,701	-7,701	-9,074	-9,074	-9,074	-9,074

In Month Variance (-) adverse %	April	May	June	July	August	September	October	November	December	January	February	March
Operating Income	-4.61%	1.39%	-0.92%	-0.96%	4.76%	-5.22%	0.57%	1.31%	2.90%			
Operating Expenditure	0.65%	-1.79%	0.93%	-2.77%	-7.99%	-0.41%	2.17%	-5.87%	-5.67%			
Efficiency	6.37%	-19.78%	-43.14%	-71.77%	-64.98%	-74.25%	-42.44%	-33.26%	-35.56%			
Agency	1.87%	-20.56%	-12.66%	-25.19%	-32.49%	-30.99%	-55.43%	-64.11%	-76.69%			
Capital	0.00%	5.17%	58.82%	36.66%	58.10%	64.92%	40.05%	37.60%	27.20%			
Operating Surplus/Deficit	-19.61%	-4.16%	1.02%	-34.32%	-29.94%	-42.31%	25.16%	-39.02%	-20.09%			

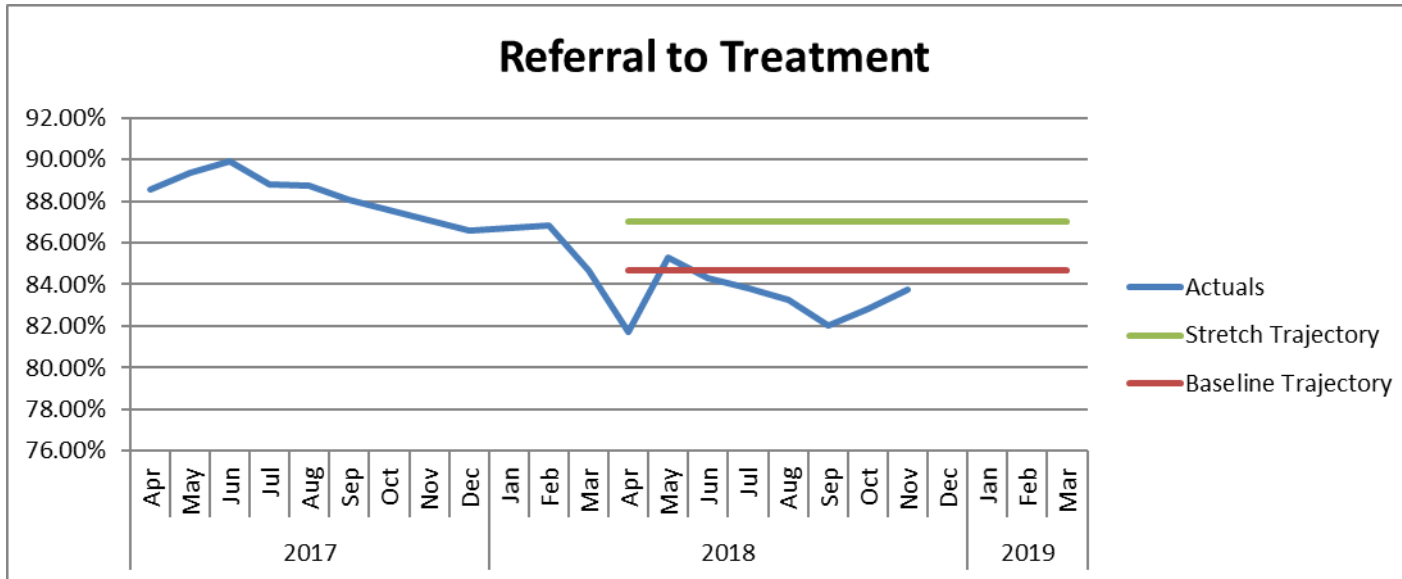
Cumulative Variance	April	May	June	July	August	September	October	November	December	January	February	March
Operating Income	-4.61%	-1.58%	-1.35%	-1.25%	-0.06%	-0.92%	-0.70%	-0.45%	-0.09%			
Operating Expenditure	0.65%	-0.58%	-0.07%	-0.74%	-2.17%	-1.88%	-1.30%	-1.87%	-2.29%			
Efficiency	6.37%	-8.30%	-24.72%	-45.93%	-51.82%	-58.10%	-54.29%	-49.32%	-47.07%			
Agency	1.87%	-9.17%	-10.39%	-14.16%	-17.68%	-19.83%	-24.47%	-28.73%	-33.36%			
Capital	0.00%	4.68%	41.61%	39.06%	47.02%	52.08%	49.08%	46.84%	43.79%			
Operating Surplus/Deficit	-19.61%	-12.29%	-8.26%	-13.22%	-16.33%	-20.13%	-14.83%	-17.67%	-18.00%			

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

OPERATIONAL PERFORMANCE

Referral to Treatment – 18 Weeks

R



Lead: Mark Brassington, Chief Operating Officer

Timescale: November 2018

Trajectory: 87% stretch ambition by March 2019

Key Issues:

- November reduced the Total Pathways by 1097 which is a reduction of 2.74%. There was also a corresponding reduction in the 18week+ backlog of 540 (7.85%)
- The 18week+ backlog reduction appears to be carried across all specialities with only Neurology showing a substantial increase of 74 patients.(29.6% increase) and Community paediatrics with 47 patients (42.34% increase)
- ENT continues to account for the largest percentage of the Trusts overall 18week+ backlog at 24.4%, the Trust's overall position would increase by 2.18% if ENT were to be excluded.
- November saw improved RTT performance in Endocrinology, Vascular Surgery, ENT, General Medicine and Gastroenterology.

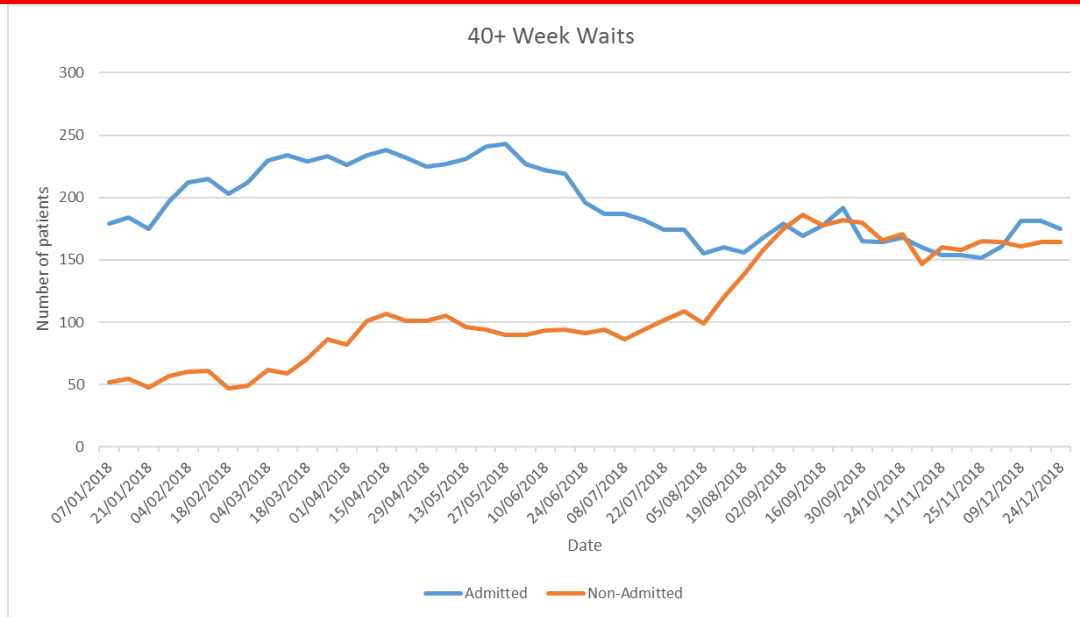
Key Actions:

- ENT – The recovery plans are being progressed with active support from the Divisional Managing Director. All waiting list patients are being dated back to 39 weeks, this is supporting an increasing reduction in the over 52 week position. The work with the clinical teams to review waiting lists and administrative processes across the service is identifying a number of backlogs for which improvement plans are being progressed, and learning embedded in revised processes. Full plans have been signed off by the DMD. The plan does rely on possible outsourcing.
- Neurology – Conversations are being held at COG to discuss Service Demand and Capacity.

OPERATIONAL PERFORMANCE

Referral to Treatment – 52 Week patients

R



Lead: Mark Brassington, Chief Operating Officer

Timescale: November 2018

Trajectory: 0 by March 2019

Key Issues:

- 18 52 week breaches were declared in November. 14 of these were in ENT. This is a reduction from the previous month’s figure of 24, and is showing an improving trend. The speciality is actively working to improve all waiting times. In December the external validation team commenced in the trust with an initial focus on ENT.
- Cancelled Operations Validation has been escalated as a concern, as a true position is unable to be ascertained.
- 40 week+ backlog has increased to 297 at the end of November, focus on 40+ established to deliver 52 week target.

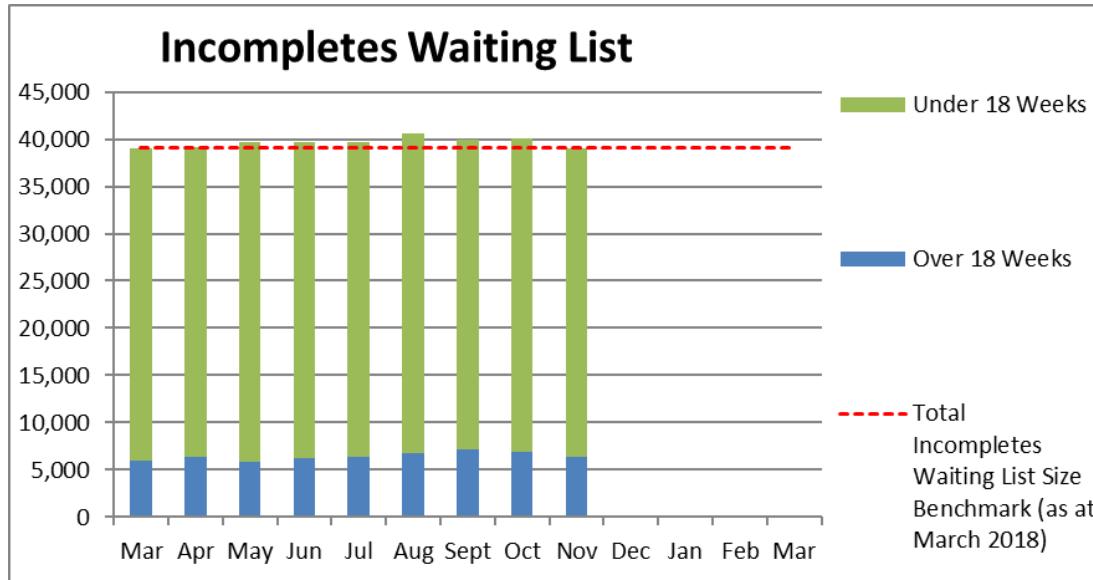
Key Actions:

- The IST remain with the Trust supporting work to ensure best practice in RTT administrative processes.
- A weekly dashboard tracking 40week+ at specialty level is now being sent out to Divisions. Monitored via PTL and RTT review meetings.
- T&O Reconfiguration complete and expected benefits (predominately on admitted performance) being monitored. Update on benefits realisation to be provided for February Trust Board.
- CCG funded external validation team commencing on-site 17 December.
- Improvement plans delivery being monitored (SAU, theatre efficiency and Pilgrim reconfiguration).
- Cancelled Operations has been added to all the Performance Review Meetings to ensure there is understanding in the importance of Validation.

OPERATIONAL PERFORMANCE

Waiting Lists

R



Lead: Mark Brassington, Chief Operating Officer

Timescale: November 2018

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

Key Issues:

- The total incomplete waiting list was 38,998 against a year-end target of 39,032. The 18week+ backlog was 6341 which is a reduction of 540 against the previous month. The largest increases are Community Paediatrics, Cardiology, Neurology and Gynaecology.
- Community Paediatrics –Increase of 62 Patients; Cardiology - Increase of 56 Patients; Neurology - Increase of 50 Patients; Gynaecology - Increase of 93 Patients

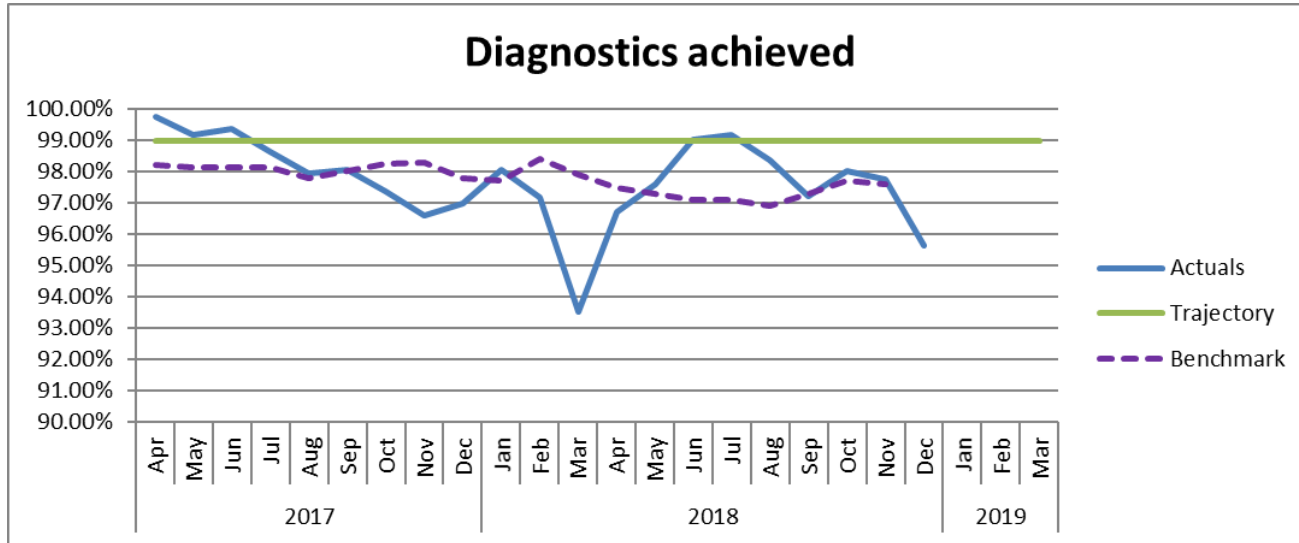
Key Actions:

- Outpatient Improvement Programme to deliver increased slot utilisation and standardisation of templates, is assessed as delivering more than 9000 additional slots in Q1/Q2 with similar planned for remainder of the year. This is currently being reviewed.
- Trauma & Orthopaedics – Benefits of the reconfiguration are now being seen and continual monitoring in place. The national GIRFT team gave very positive feedback on benefits realisation at their visit on 14 November.
- IST have completed a review of the Trust and have now commenced a programme of work within the organisation to establish best practice in terms of elective working.
- Neurology – Conversations are being held at COG to discuss Service Demand and Capacity.

OPERATIONAL PERFORMANCE

Diagnostics

R



Lead: Mark Brassington, Chief Operating Officer

Timescale: December 2018

Recovery Date: November 2018

Key Issues:

- Colonoscopy – 51 December breaches; some impact of breakdowns with scope washers, human error issue with booking (wrong screen filter used) and some amended counting to meet surveillance DM01 rules. Recovery anticipated January/February.
- Paediatric Echo – 26 December breaches. Breakdown of data suggests that the issues relate to capacity and a validation issue. Proactive service capacity planning now initiated.
- Cystoscopy – 73 December breaches. Staffing difficulties, particularly in UIS at LCH compounded by a rollover of patients from November into December. Review of surveillance bookings to DM01 standard being progressed.

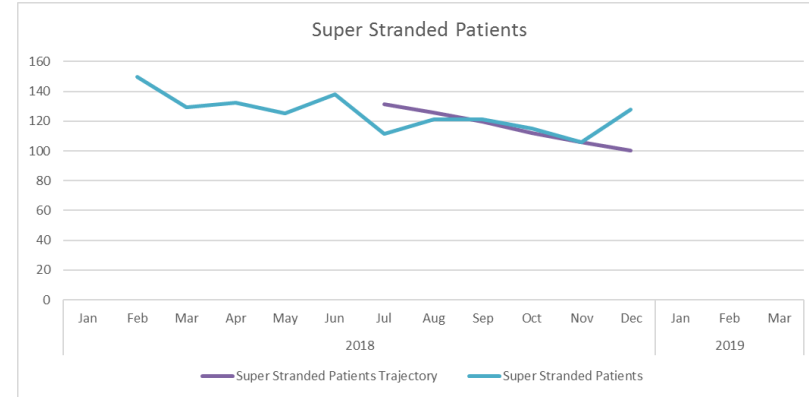
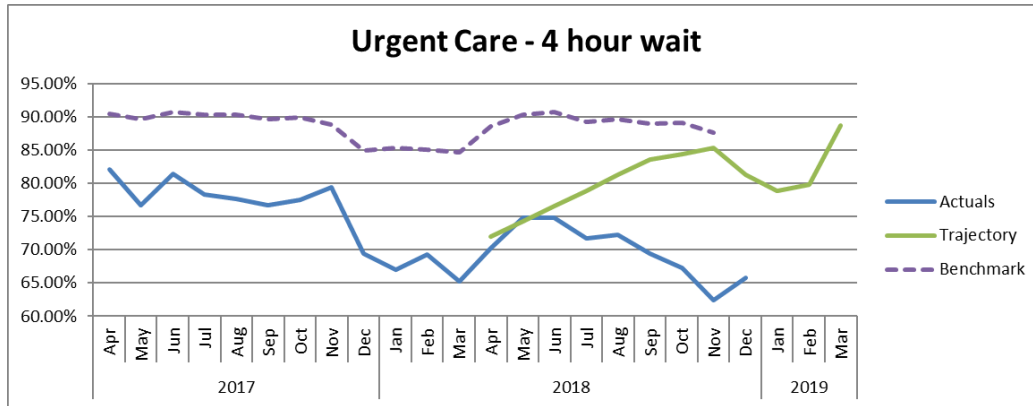
Key Actions:

- Active review of reportable activity against reporting criteria, December position impacted by the addition of surveillance patients in line with DM01 definition and human error issue within Endoscopy leading to loss of oversight.
- Educational discussions with some modality leads.
- Any future suggested changes to counting methodology to be discussed with NHSI prior to enacting.
- New weekly monitoring tool introduced from 14 January to provide sight of in-month demand & capacity and a month-end performance projection.
- Echo - Review of paediatric booking/capacity is ongoing.
- Cystoscopy – GDH session reopened December. Washing machines at Louth continue to cause reliability issues. The trial of a disposable sheath is ready, subject to final agreement between Infection Control and the Division. Work to centralise booking – currently UIS and endoscopy cystoscopy capacity locally booked.

OPERATIONAL PERFORMANCE

Urgent Care – 4 Hour Standard

R



Lead: Mark Brassington, Chief Operating Officer

Timescale: December 2018

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

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

Key Issues:

- Attendance growth of -0.95% against 2017/18 December actual (4.12% YTD) (Type 1+3)
- Attendance growth of -0.04% against 2018/19 December plan (6.71%YTD) (Type 1 only)
- Primary Care Streaming is at 14.68% against a rebased target of 25% for patients to be streamed away from A&E.
- Bed occupancy continues to challenge the Trust. Week 1 and 3 exceed the target rate of 92% at LCH and PHB. Week 2 and 4 were under. PHB shows a significant increase ranging from 95.36% to 99.07%. The Forecast for January 2019 is that all sites will exceed the 92% bed occupancy target.
- A&E and non-elective admissions demand exceed capacity as some system winter schemes have not yet been deployed and those deployed are not mature enough to calculate any benefit, in particular 'A bed is a bed'.
- The 'Winter Room' has been 'stepped down' due to Partner concerns regarding purpose, engagement and resource commitment
- Staffing levels within nursing and medical teams in both inpatient and A&E continue to be of concern, despite the use of agency. Formal agreement has been reached to increase the A&E nursing templates.
- At the end of December the number of Super Stranded Patients in the Trust was 122 against a trajectory of 96.

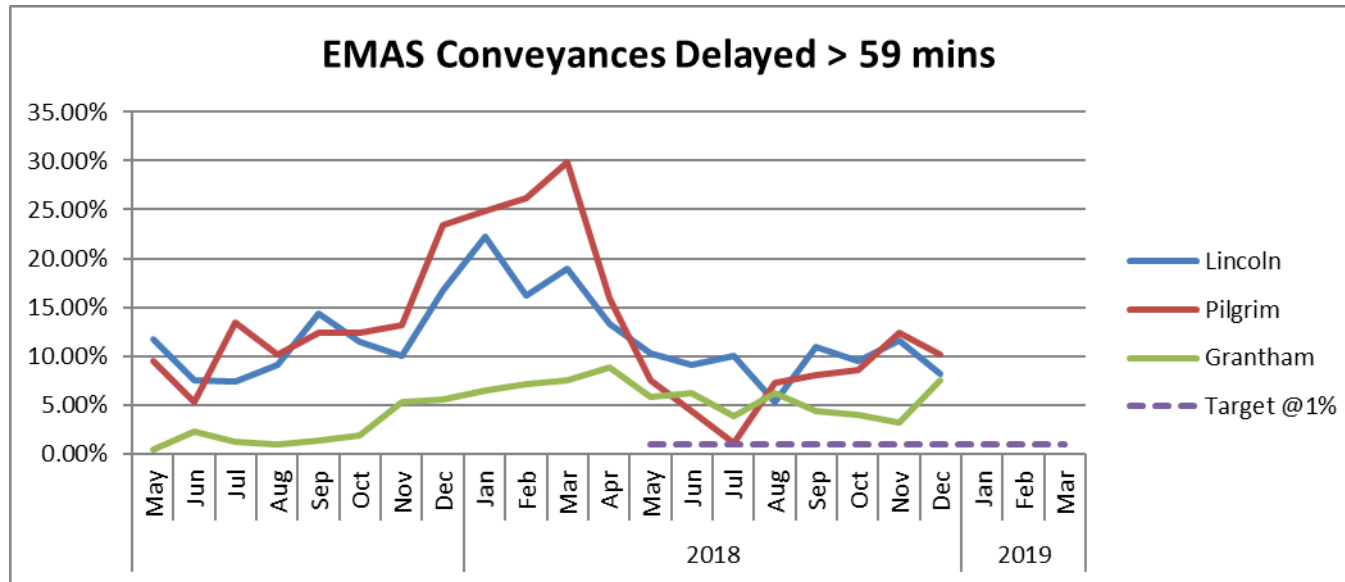
Key Actions:

- Reconfiguration work at PHB is complete. Implemented 2 hourly huddles at Pilgrim as well as Regular Governance meetings. Dedicated Senior Manager support rota in place
- Clinical Directorates recruiting to posts approved within Operational Capacity and Delivery Plan – medical posts continue to join throughout Sept-Oct, with a clear trajectory to March 2019
- Urgent care improvement visits have commenced from Emergency Care Intensive Support Team at both Lincoln and Pilgrim to support with reduction in long LoS and SAFER flow models and Red 2 Green is being revitalised and will be 'relaunched in January.
- Winter Plan second draft developed and agreed to reflect an improved bed deficit forecast with extensive mitigating actions in place from December 2018 onwards upwards of 100 bed impact likely to close the bed deficit significantly
- Further work continues on closing the bed deficit entirely with system partners and regulators and daily System Calls are in place.

OPERATIONAL PERFORMANCE

Ambulance Handover

R



Lead: Mark Brassington, Chief Operating Officer

Timescale: December 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 deteriorating particularly for Lincoln hospital but note the increase at GGH. With the Risk Summit decision to enact a permanent divert of 3 postcodes from PHB to LCH this will support PBH but potentially negatively impact on LCH.
- Handover double pin entry non-compliance identified and deteriorated in month
- Ambulance arrivals largely within expected parameters, but with peaks/batching this continues to challenge capacity to accept
- Agency that provide staff to support handovers at Pilgrim have improved fill rate, but not yet achieved 100%.

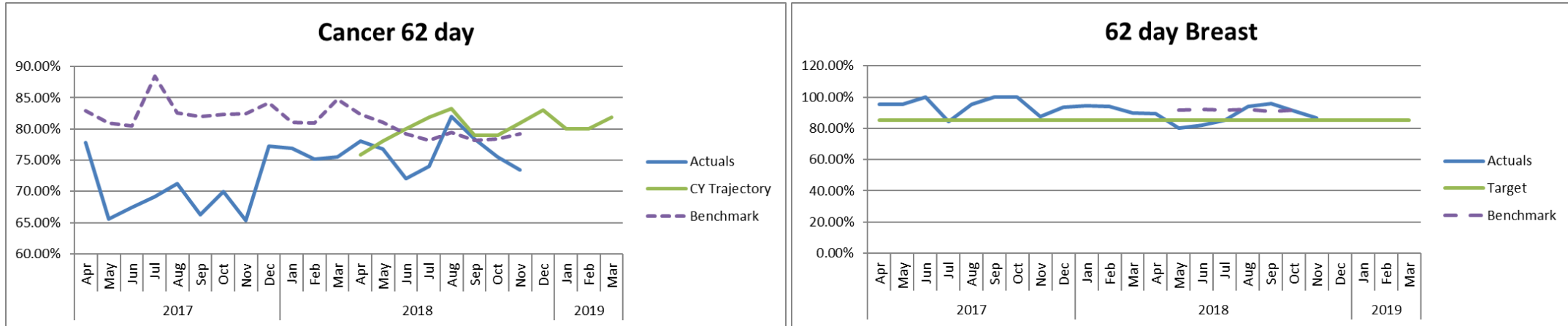
Key Actions:

- New reconfiguration pathways at PHB were rolled out to enable direct GP admissions bypassing ED, this has started to reflect an improving position.
- Further pathways to the surgical assessment unit at Lincoln rolled out in November, however area has been used for escalation. Some impact has been seen but the full potential benefit is not yet realised
- Conveyance numbers have not reduced, work is ongoing to examine conveyance options used in other regions that could be deployed at ULHT.

OPERATIONAL PERFORMANCE

Cancer Waiting Times – 62 Day

R



Lead: Mark Brassington, Chief Operating Officer

Timescale: November 2018

Trajectory: 83% by December

Key Issues:

- Improvement in Pathology waits stalled by lack of locums. Escalation in place for delayed specimens.
- Oncology capacity pressures, particularly in Urology and Upper GI led to risk summit and (unsuccessful) request for active support from neighbouring trusts.
- Diagnostic pressures in Urology relating to a lack of template biopsy capacity (further compounded by machine breakdown at Pilgrim Hospital).
- Inability to secure locum breast radiologists impacting on service performance – most acute through late December.

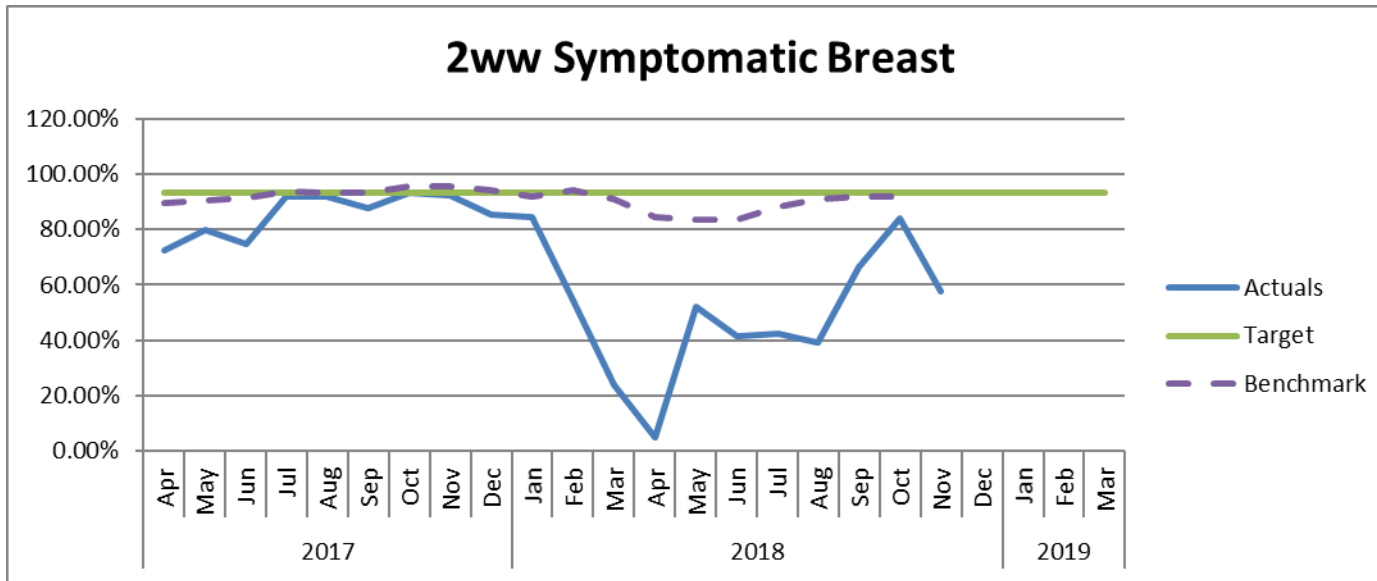
Key Actions:

- Oncology locum appointed and two substantive consultants commenced phased return to work in late November. This meant that waiting times for oncology were reduced and ULHT was able to provide quicker access to patients than neighbouring Trusts. Further improvements in waiting times through December.
- Harm reviews have shown no harm through the period of difficulty in oncology.
- Locum radiology capacity maximised but with a known deterioration in December.
- Additional template biopsy sessions agreed with urologists
- Planning meetings with CCG to publicise breast capacity issues with GPs
- Recruitment of three locum breast radiologists to start by 7 January supporting service recovery plan for January.
- KPMG visual management system completed phase 1 with next steps to be agreed in January.
- PTL revised to increase focus on 40-61 day phase of pathways, early improvements seen in completion of diagnostics earlier in pathways – PTL co-chaired by the CSS GM.

OPERATIONAL PERFORMANCE

Breast 2ww

R



Lead: Mark Brassington, Chief Operating Officer

Timescale: November 2018

Key Issues:

- Radiology support became an increasing service pressure through November and became critical in late December.
- After appointing all referrals to the end of December the polling times pushed out to 29 days (20 days as of 14.1.19 with recovery plans in place).
- Christmas period traditionally sees increase in breast referrals, this did not materialise allowing some stabilisation of the polling times.

Key Actions:

- Three locum radiologists with breast expertise appointed to commence 7 January and recovery plans are established.
- GPs actively kept apprised of current pressures.
- CCGs and NHSI kept apprised of position via weekly call.
- Local recovery plan to return the service to 14 day compliance by late February.
- External review facilitated by East Midlands Cancer Alliance providing support to the development of new referral pathways and discussions around the provision of advice and guidance with CCGs

APPENDIX 1: GLOSSARY

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