

**UNITED LINCOLNSHIRE HOSPITALS NHS TRUST**

**INTEGRATED PERFORMANCE REPORT**

**PERIOD TO 31 JANUARY 2019**

# Excellence in rural healthcare

<b>To:</b>	Trust Board
<b>From:</b>	Paul Matthew, Acting Director of Finance & Procurement
<b>Date:</b>	5 <sup>th</sup> March 2019
<b>Healthcare standard</b>	All healthcare standard domains

<b>Title:</b>	Integrated Performance Report for January 2019										
<b>Author/Responsible Director:</b>	Paul Matthew, Acting Director of Finance & Procurement										
<b>Purpose of the report:</b>	To update the Board on the performance of the Trust for the period ended 31 <sup>st</sup> January 2019, provide analysis to support decisions, action or initiate change and set out proposed plans and trajectories for performance improvement.										
<b>The report is provided to the Board for:</b>	<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									
<b>Summary/key points:</b>	Executive Summary for identifies highlighted performance with sections on key Successes and Challenges facing the Trust.										
<b>Recommendations:</b>	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.										
<b>Strategic risk register</b>	<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;"><b>Performance KPIs year to date</b> 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.	<b>Performance KPIs year to date</b> As detailed in the report.						
New risks that affect performance or performance that creates new risks to be identified on the Risk Register.	<b>Performance KPIs year to date</b> As detailed in the report.										
<b>Resource implications (e.g. Financial, HR)</b>	None										
<b>Assurance implications</b>	The report is a central element of the Performance Management Framework										
<b>Patient and Public Involvement (PPI) implications</b>	None										
<b>Equality impact</b>	None										
<b>Information exempt from disclosure</b>	None										
<b>Requirement for further review?</b>	None										

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## EXECUTIVE SUMMARY

### Executive Summary for period of 31<sup>st</sup> January 2019

- ☒ 4 hour waiting time target – performance of 62.67% in January 2019
- ☒ 4 of the 9 national cancer targets were achieved in December 2018
- ☒ 18wk RTT Incomplete performance in December 2018 was 83.07%
- ☒ 6wk Diagnostic Standard –December 2018 performance was 96.91%

#### **Hotspots**

##### **Planned Care**

RTT performance of 83.07%. 11 breaches of the 52 week target in December represents an improving position (October was 32 and November was 18). There is an NHS zero tolerance for 52 week breaches from March 2019 and ULHT has plans to achieve, currently being directly managed by the COO via a weekly conference call to ensure all patients are treated within 45 weeks.

CCG funded external waiting list validation team (started on site 17 December) to validate current waiting lists – to 8 February they have validated 9844 patients adding 1362 clock stops. Weekly reporting of activity and lessons.

62 day cancer performance deteriorated in December reflecting the widely escalated pressures in oncology (November/December) which are now stabilised, and an increased proportion of patients declining diagnostics/treatments in the Christmas/New Year period – likely to impact on January performance. There is also an increased pressure in pathology reporting driven by Pathlinks inability to secure locum consultant support in January/February.

DM01 position for December has seen a significant deterioration reflecting capacity problems, some counting changes 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).

Radiology support to breast was lost in December leading to delays in appointing patients within the 14 day target. This was known, and communicated to primary care, but created a backlog of patients that is continuing to impact on the service. Women and Children's Division is continuing to deliver a recovery plan.

#### **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 January the year to date position is a deficit of £74.7m compared to the FRP forecast deficit of £75.6m, or £0.9m favourable to the FRP, however this is 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 five 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 £1.3m of fines. This is aligned to the provision made in the FRP. This includes; Cancer £718k Cancelled operations not rescheduled within 28 days £364k and Duty of Candour compliance £168k. 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 £11.4m which is c.£1m higher than assumed within the FRP. This requires a further £3.8m to be delivered in the final 2 months to achieve the trajectory in the FRP.

## **Workforce**

The overall Trust vacancy rate remains broadly stable with continued improvement to the rate for AHPs. Nursing appointments during January were again short of the number required to mitigate attrition.

Further encouraging progress has been made with medical and AHP recruitment, with many new appointments in the recruitment pipeline and if voluntary turnover remains broadly stable improvement in both medical and AHP vacancy rate is anticipated in the later part of Quarter 4 and quarter 1 of 2019/20

Temporary staffing costs remain challenging and significantly adverse to 2018/19 plan. The higher than planned agency use remains largely due to a higher vacancy rate in medical posts and nursing posts with an increase in adverse variance in Nursing Agency being driven by planned increase in capacity in ED at Pilgrim.

## **Appraisals**

Medical Appraisal rate remains strong and above target, however the non-medical rate remains static at c.74% and well below target. The monitoring of appraisal performance through PRMs will support future improvement. A root and branch review of Non-clinical appraisal policy has commenced.

## **Sickness**

The overall sickness rate for the Trust remained stable at 4.7% in rolling twelve months to December 2018 and whilst slightly above the target indicates positive direction of travel with the inclusion of December performance.

## **Quality**

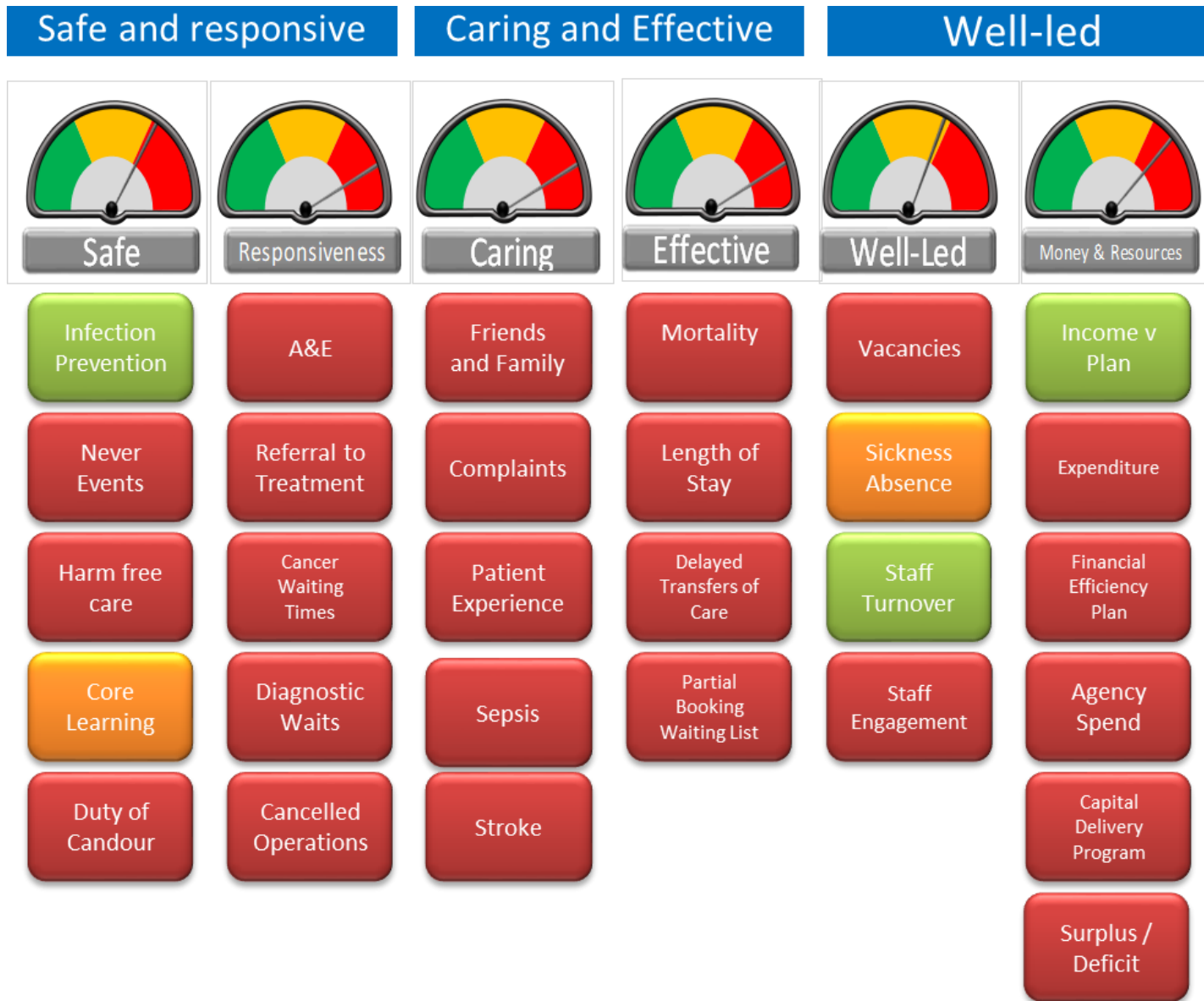
New Harm Free Care is 99% which is above the national average of 97.9%.

The Trust has set a 30% reduction trajectory for avoidable category 4 pressure ulcers for 2018/19. Performance has improved, Lincoln have reported 1 device related (plaster casts) incident, which has been discussed at Scrutiny Panel and deemed avoidable. Pilgrim have reported no category 4 pressure ulcers for the last 3 months. Grantham have reported no category 4 pressure ulcers for 11 months.

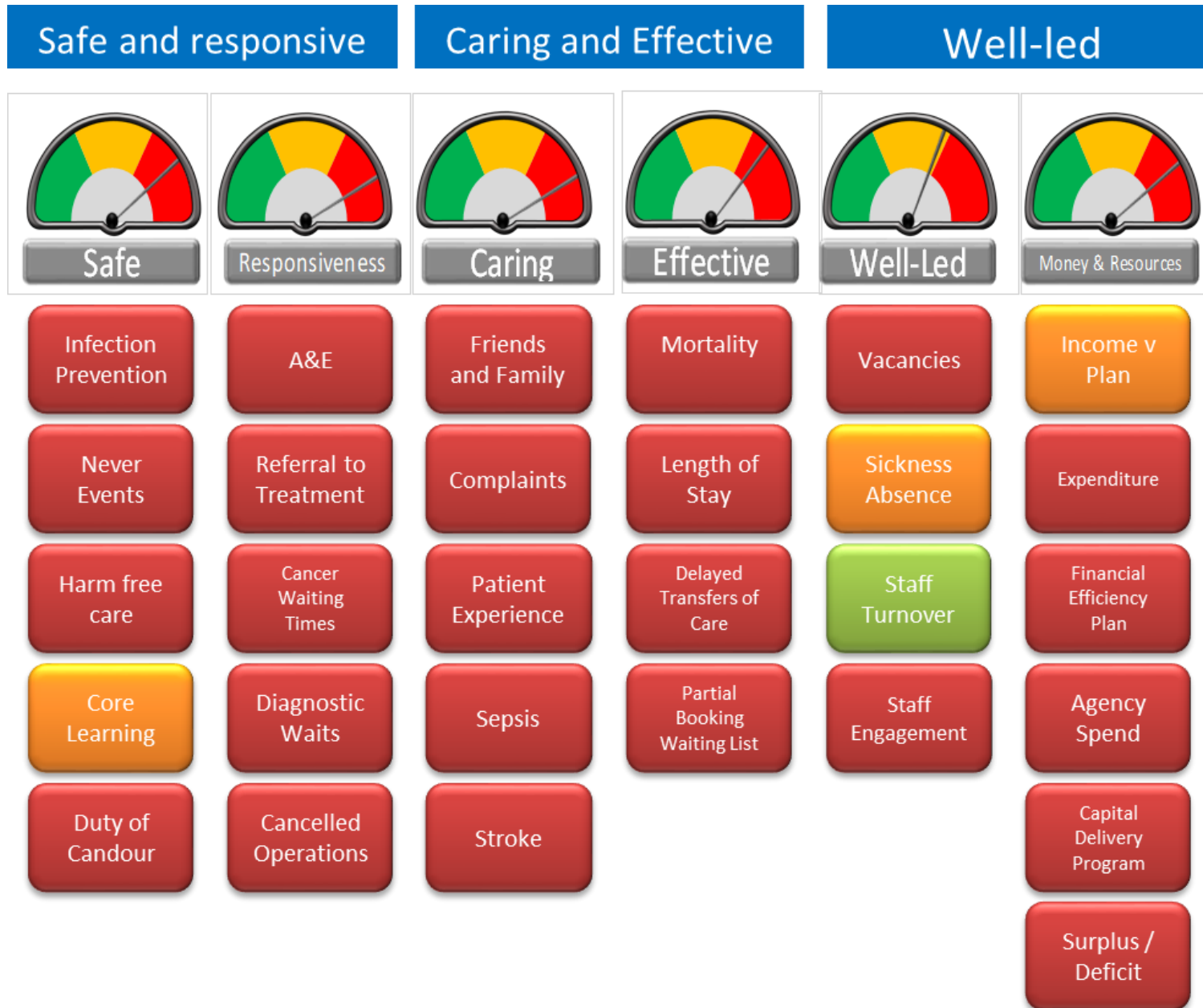
The Trust are still failing to hit our Trust 10% falls reduction trajectory for total number of falls. However, for falls with harm we have met our 10% reduction trajectory this month, having only 3 falls with harm compared to the target of 5.

**Paul Matthew**  
**Acting Director of Finance & Procurement**  
**February 2019**

TRUST PERFORMANCE OVERVIEW – January 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	January-2019	4	52		↓ G	Datix
	MRSA bacteraemia (post 3 days)	0	January-2019	0	2		→ G	Datix
Never Events	Number of Never Events	0	January-2019	1	5		↑ R	Datix
No New Harms	New Harm Free Care %	98%	December-2018	98.90%	98.82%		↑ G	Quality
	Pressure Ulcers 3/4	0	December-2018	9	73		↓ A	Quality
Friends and Family Test	Inpatient (Response Rate)	26%	December-2018	27.00%	21.67%		↓ A	Envoy Messenger
	Inpatient (Recommend)	96%	December-2018	90.00%	90.78%		→ A	Envoy Messenger
	Emergency Care (Response Rate)	14%	December-2018	23.00%	22.56%		↓ A	Envoy Messenger
	Emergency Care (Recommend)	87%	December-2018	83.00%	82.67%		↑ A	Envoy Messenger
	Maternity (Reponse Rate)	23%	December-2018	11.00%	14.78%		↓ R	Envoy Messenger
	Maternity (Recommend)	97%	December-2018	100.00%	99.78%		→ G	Envoy Messenger
	Outpatients (Reponse Rate)	14%	December-2018	11.00%	7.11%		↓ R	Envoy Messenger
Outpatients (Recommend)	94%	December-2018	94.00%	93.33%		↑ G	Envoy Messenger	
Inpatient Experience	Mixed Sex Accommodation	0	December-2018	0	1		→ G	Datix
Stroke	Patients with 90% of stay in Stroke Unit	80%	December-2018	80.70%	81.04%		↓ A	SSNAP
	Swallowing assessment < 4hrs	80%	December-2018	79.60%	75.51%		↑ A	SSNAP
	Scanned < 1 hrs	50%	December-2018	50.90%	53.29%		↑ G	SSNAP
	Scanned < 12 hrs	100%	December-2018	95.70%	97.41%		↑ A	SSNAP
	Admitted to Stroke < 4 hrs	90%	December-2018	52.60%	62.68%		↓ R	SSNAP
	Patient death in Stroke	17%	December-2018	12.80%	9.93%		↑ A	SSNAP
A&E	4hrs or less in A&E Dept	79%	January-2019	62.67%	69.15%		↓ R	Medway
	12+ Trolley waits	0	January-2019	0	2		→ G	Medway
	%Triage Achieved under 15 mins	98%	January-2019	71.98%	67.55%		↓ R	Medway
RTT	52 Week Waiters	0	December-2018	11	154		↓ A	Medway
	18 week incompletes	87.0%	December-2018	83.07%	83.34%		↓ R	Medway
Cancer	62 day classic	86%	December-2018	69.20%	75.49%		↓ R	Somerset
	2 week wait suspect	93%	December-2018	82.30%	81.15%		↑ A	Somerset
	2 week wait breast symptomatic	93%	December-2018	72.70%	50.33%		↑ A	Somerset
	31 day first treatment	96%	December-2018	96.30%	97.79%		↓ A	Somerset
	31 day subsequent drug treatments	98%	December-2018	96.60%	99.30%		↓ R	Somerset
	31 day subsequent surgery treatments	94%	December-2018	95.90%	88.38%		↓ A	Somerset
	31 day subsequent radiotherapy treatments	94%	December-2018	95.10%	96.95%		↓ A	Somerset
	62 day screening	90%	December-2018	71.40%	84.94%		↓ R	Somerset
62 day consultant upgrade	85%	December-2018	87.50%	86.80%		↑ G	Somerset	
Diagnostic Waits	diagnostics achieved	99%	January-2019	96.91%	97.64%		↑ A	Medway
Cancelled Operations	Cancelled Operations on the day (non clinical)	0.80%	December-2018	1.88%	2.90%		↓ A	Medway
	Not treated within 28 days. (Breach)	5%	December-2018	15.00%	9.94%		↑ R	Medway
Mortality	SHMI	100.00	Q3 2018/19	97.17	100.94		↓ G	Dr Foster
	Hospital-level Mortality Indicator	100.00	Q3 2018/19	115.29	114.81		→ A	Dr Foster
Surplus / Deficit	Surplus / Deficit	-6,009	January-2019	-7,726	-67,209		↑ A	FPIC Finance Report
Sepsis	Sepsis Bundle compliance in A&E	90%	December-2018	75.00%	74.30%		↓ R	Quality
	IVAB within 1 hour for sepsis in A&E	90%	December-2018	85.10%	89.93%		↑ A	Quality
	Sepsis screening compliance in inpatients	90%	December-2018	73.30%	67.94%		↓ R	Quality
	IVAB within 1 hour for sepsis in inpatients	90%	December-2018	75.00%	84.93%		↓ R	Quality

## TRUST PERFORMANCE OVERVIEW – LOCAL INDICATORS

Measure	Standard	Current Data Month	Month Actual	YTD	Trend			Source
MSSA	2	January-2019	0	9			G	Datix
ECOLI	8	January-2019	1	41			G	Datix
Serious Incidents reported (unvalidated)	0	December-2018	25	178			A	Datix
Harm Free Care %	95%	December-2018	94.70%	93.24%			A	Quality
Catheter & New UTIs	1	December-2018	0	7			G	Quality
Falls	3.90	December-2018	5.66	5.59			R	Datix
Medication errors	0	December-2018	164	1218			A	Datix
Medication errors (mod, severe or death)	0	December-2018	22	157			R	Datix
VTE Risk Assessment	95%	January-2019	97.40%	96.69%			G	Information Services
Overall percentage of completed mandatory training	95%	January-2019	91.43%	91.24%			A	ESR
No of Complaints received	70	December-2018	58	525			G	Datix
No of Pals	0	December-2018	394	3808			A	Datix
eDD	95%	December-2018	86.98%	88.69%			R	EDD
#NOF 24	70%	December-2018	69.05%	64.87%			A	Quality
#NOF 48 hrs	95%	December-2018	97.62%	94.50%			G	Quality
Dementia Screening	90%	December-2018	89.89%	91.33%			R	Information Services
Dementia risk assessment	90%	December-2018	99.30%	99.07%			G	Information Services
Dementia referral for Specialist treatment	90%	December-2018	100.00%	87.47%			G	Information Services
EMAS Conveyances to ULHT		January-2019	4929	47669			A	EMAS
EMAS Conveyances Delayed >59 mins	49.29	January-2019	588	4619			R	EMAS
% Triage Data Not Recorded	0%	January-2019	3.88%	9.39%			A	Medway
104+ Day Waiters	0	January-2019	17	124			A	Somerset
Average LoS - Elective (not including Daycase)	2.80	January-2019	2.50	2.91			G	Medway / Slam
Average LoS - Non Elective	3.80	January-2019	4.55	4.60			R	Medway / Slam
Delayed Transfers of Care	3.5%	December-2018	3.43%	4.53%			G	Bed managers
Partial Booking Waiting List	0	January-2019	7338	7447			A	Medway
Number of Vacancies	5%	January-2019	12.86%	13.57%			A	ESR
All days lost as a percentage of those available	4.5%	January-2019	4.70%	4.71%			A	ESR
Staff Turnover	6%	January-2019	5.79%	5.96%			G	ESR
Staff Appraisals	90%	January-2019	74.49%	73.72%			A	ESR
Income	36,935	January-2019	37,815	369,465			G	Board Report Master
Expenditure	-42,944	January-2019	-45,541	-436,674			R	Board Report Master
Efficiency Delivery	2,838	January-2019	2,691	11,370			A	FIMS report
Capital Delivery Program	4,031	January-2019	2,626	17,841			R	FPIC Finance Report
Agency Spend	-1,905	January-2019	-3,535	-29,794			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 %	A	R	G	G	G	A	G	A	G	G	G	G	G	A	G	G
	Falls	R	G	G	R	R	R	R	R	G	G	R	R	R	R	G	R
	Medication errors (mod, severe or death)	R	G	R	G	R	R	R	R	R	R	R	R	R	R	R	R
	Pressure Ulcers (PUNT) 3/4	R	G	G	G	R	R	G	R	R	G	R	G	R	R	R	R
	Sepsis Bundle compliance in A&E	R		G	R									R			
	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	G	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 (Response Rate)		R														
	Maternity (Recommend)		G														
	Outpatients (Response Rate)	A	R			R	R				R	R	G			R	R
Outpatients (Recommend)	G	R	R		R	R					R	R	G		R	R	
Complaints	No of Complaints received	G	G	A	G	G	G	G	G	G	G	G	G	G	G	G	G
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			
	Patient death in Stroke					R								R			
A&E	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			A									R			
	%Triage Achieved under 15 mins	R			R									R			
	EMAS Conveyances Delayed >59 mins	R			R									R			
RTT	52 Week Waiters																
RTT	18 week incompletes	G	G	R		G	G	G	G	G	G	G	G	G	G	G	
Cancer	62 day classic																
	2 week wait suspect																
	2 week wait breast symptomatic																
	31 day first treatment		R														
	31 day subsequent drug treatments																
	31 day subsequent surgery treatments																
	31 day subsequent radiotherapy treatments																
62 day screening						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

## QUALITY

### Reduction of Harm Associated with Mortality

A

Lead: Neill Hepburn, Medical Director

Timescale: Q3 2018/19

#### Hospital Standardised Mortality Ratio – HSMR

ULHT's HSMR is within expected limits at 97.17 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 Lincoln County Hospital; 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.

#### 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.

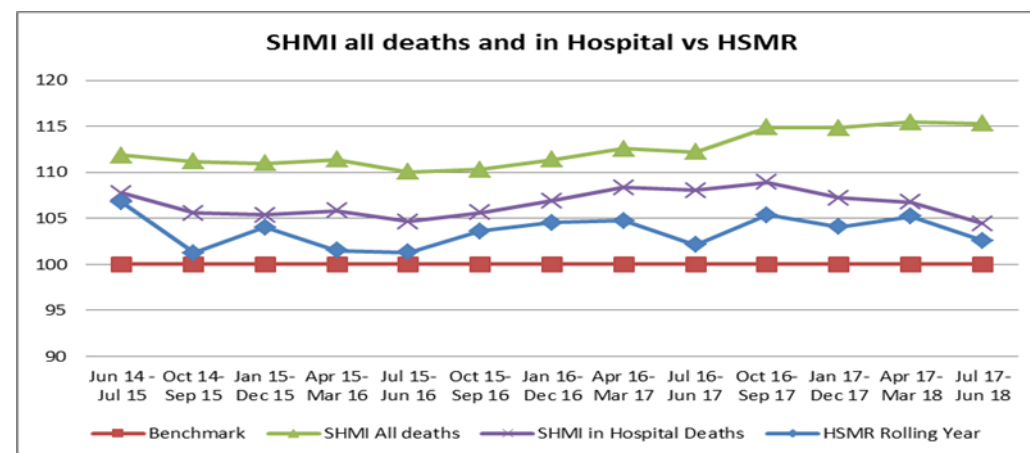
In-depth reviews are underway for Sepsis deaths and liver disease. The Trust are partaking in the National audits for SSNAP (Stroke), COPD (BTS), NOF and PROMS. Other gastrointestinal disorders, has had an in-depth review completed when alerting in HSMR for this time period. For pneumonia and COPD care 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:

- Other Perinatal Conditions are undertaking an in-depth review to be presented at Trust Board in March 2019.
- 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.

Trust/Site	ULHT HSMR Nov 17-Oct 18 12 month	ULHT HSMR Apr 18-Oct 18 FYTD	ULHT HSMR Oct 18	ULHT SHMI Jul 17-Jun 18	Trust Crude Mortality Internal source
Trust	97.17	87.45	74.33	115.29	1.69%
LCH	108.97	94.86	76.33	116.47	1.72%
PHB	91.78	86.10	81.06	120.81	1.95%
GDH	60.57	51.84	39.14	87.77	0.68%

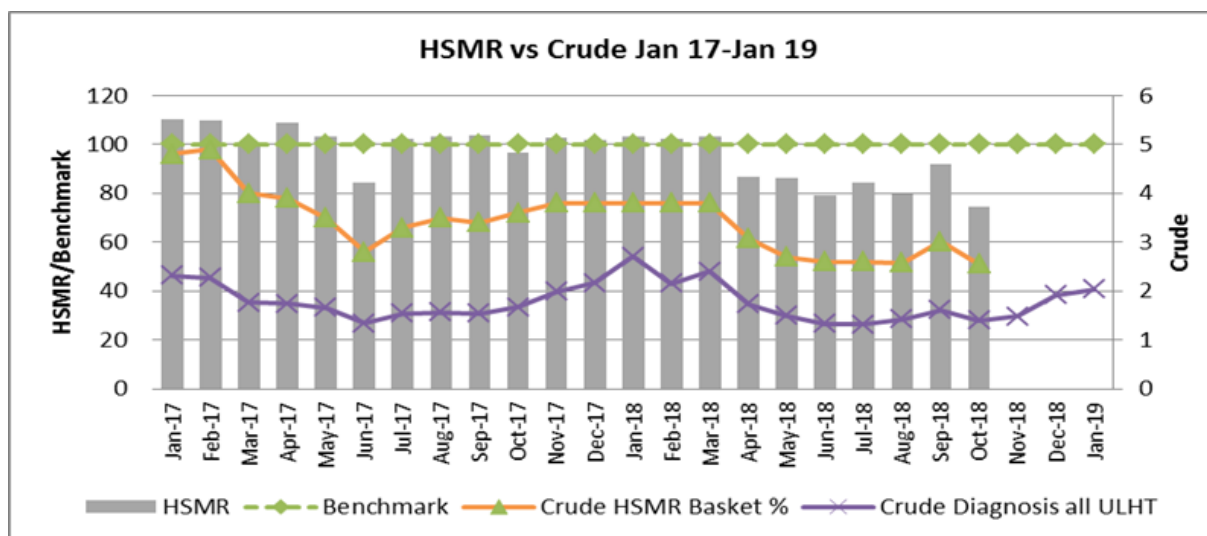


# Excellence in rural healthcare

- 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 on the 4th February 2019.
- 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 there 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 January 19 to 2.03% this is the lowest crude recorded for the month of January since 2015; Pilgrim has the highest crude in month with 2.42%. In rolling year February 18-January 19 crude has decreased to 1.69%. Pilgrim has the highest rolling year crude with 1.95%..



**QUALITY**

**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"> <li>Total Deaths in scope</li> <li>Number inpatient deaths</li> <li>Number of A&amp;F Deaths</li> </ul>	156	2822	All deaths as reported, in Month and rolling year.
		156	2494	
		26	328	
Initial Review	<ul style="list-style-type: none"> <li>Must Do's for Review</li> <li>% of reviews complete</li> </ul>	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"> <li>Total with Consultant</li> <li>% of total with Consultant</li> <li>% of total awaiting allocation</li> </ul>	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"> <li>Reviews completed</li> <li>% Review compliance</li> </ul>	43	1663	Total reviews completed reviews compliance by Consultant
		27.6%	58.9%	
Grading	<ul style="list-style-type: none"> <li>Grade 0 (N/%)</li> <li>Grade 1 (N/%)</li> <li>Grade 2 (N/%)</li> <li>Grade 3 (N/%)</li> <li>Not Graded</li> </ul>	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 Oct-18	Rolling Year Nov 17-Oct 18	Narrative					
Escalated Reviews	<ul style="list-style-type: none"> <li>Reviews identified For <u>MoRAG</u> / Collaborative</li> <li>% of deaths identified</li> <li>% of reviews completed</li> </ul>	<table border="1"> <tr><td>5</td><td>195</td></tr> <tr><td>3.2%</td><td>6.9%</td></tr> <tr><td>11.6%</td><td>11.7%</td></tr> </table>	5	195	3.2%	6.9%	11.6%	11.7%	<p>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.</p>
5	195								
3.2%	6.9%								
11.6%	11.7%								
Learning Disability	<ul style="list-style-type: none"> <li>Total Deaths in scope</li> <li>Submitted to <u>LeDeR</u></li> <li>% reviews completed</li> </ul>	<table border="1"> <tr><td>1</td><td>17</td></tr> <tr><td>1</td><td>17</td></tr> <tr><td>100%</td><td>100%</td></tr> </table>	1	17	1	17	100%	100%	<p>These include all Learning Disability deaths as identified by the information support team using code F819 as advised by the NHS Quality Board. Lincolnshire</p>
1	17								
1	17								
100%	100%								
Severe MH	<ul style="list-style-type: none"> <li>Total Deaths in scope</li> <li>Number Reviews completed</li> <li>% review compliance</li> </ul>	<table border="1"> <tr><td>6</td><td>38</td></tr> <tr><td>2</td><td>26</td></tr> <tr><td>33%</td><td>68%</td></tr> </table>	6	38	2	26	33%	68%	<p>Severe Mental Health Codes, /Diagnosis as advised by NHSI advise to include schizophrenia, bipolar disorder, delusional disorder, unipolar depressive psychosis and schizo affective disorder.</p>
6	38								
2	26								
33%	68%								
SI— Severity 1	<ul style="list-style-type: none"> <li>Total Deaths in scope</li> <li>Number Reviews completed</li> <li>% review compliance</li> </ul>	<table border="1"> <tr><td>1</td><td>23</td></tr> <tr><td>1</td><td>10</td></tr> <tr><td>0%</td><td>43%</td></tr> </table>	1	23	1	10	0%	43%	<p>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.</p>
1	23								
1	10								
0%	43%								

## QUALITY

### 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><b><u>Failure to act and escalate—Management &amp; Results</u></b>                      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"> <li>• 2 x MoRAG thematic case note briefing circulated to the Trust.</li> <li>• MoRAG are monitoring cases that are referred for these issues and action taken with the relevant clinical team.</li> <li>• Care bundles are being audited for compliance and action plans developed. This is a work stream within the Mortality QSIP.</li> </ul>
2	<p><b><u>Fluid Balance Management</u></b>                      19% of cases referred to MoRAG and Lincolnshire Collaborative have had fluid balance management issues.</p>	<ul style="list-style-type: none"> <li>• MoRAG thematic case note briefing circulated to the Trust.</li> <li>• Trust policy re-circulated to the Trust</li> <li>• NICE guidelines re-circulated to the Trust.</li> <li>• E-learning package on ESR. The core learning panel has approved the e-learning and will be mandatory in January 18.</li> </ul>
3	<p><b><u>Recognition of a end of life/deteriorating patient</u></b>                      From cases reviewed a theme is the late recognition of end of life and the deteriorating patient.</p>	<ul style="list-style-type: none"> <li>• Mortality Matters Briefing circulated to the Trust of thematic cases.</li> <li>• The Trust participates in the National end of life audit.</li> <li>• The Trust is monitoring this and an action plan has been developed through QSIP.</li> </ul>
4	<p><b><u>Appropriate discharges from Acute Care</u></b>                      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"> <li>• Mortality Matters Briefing circulated to the Trust of thematic cases.</li> <li>• 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.</li> </ul>
5	<p><b><u>Senior Review within 14 hours</u></b>                      Reviews show that not all patients are having a review within 14 hours of admission.</p>	<ul style="list-style-type: none"> <li>• National 7 day service audit.</li> <li>• The Trust has undertaken an audit in November 18 and the outcomes are being reviewed.</li> </ul>
7	<p><b><u>Advance care planning within the community</u></b>                      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"> <li>• CCG have completed an audit on the end of life registers with GP's.</li> <li>• 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.</li> <li>• The CCG are rolling out End of Life Training across the county as part of the neighbourhood working.</li> <li>• Lincolnshire East CCG Neighbourhood working has signed up for Project Echo, run by St Barnabas Hospital which will support end of life care learning.</li> <li>• ReSPECT tool is being developed with roll out early next year. 175 clinicians have attended train the trainer days in November. Roll out 4th February 2019.</li> <li>• CCG's are undertaking neighbourhood working a multidisciplinary approach to advance care planning and anticipatory prescribing.</li> <li>• Prompt developed on eDD for consideration of the GSF to the GP.</li> <li>• Home First Prioritisation initiative.</li> </ul>
8	<p><b><u>Case notes/Documentation Issues</u></b>                      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"> <li>• 2 cycles of audit has been completed on accurate completion of clerking proforma.</li> <li>• QIP is currently underway on EAU's to increase compliance</li> <li>• Coding department are undertaking an on-going audit of accurate completion of documentation.</li> </ul>



## QUALITY

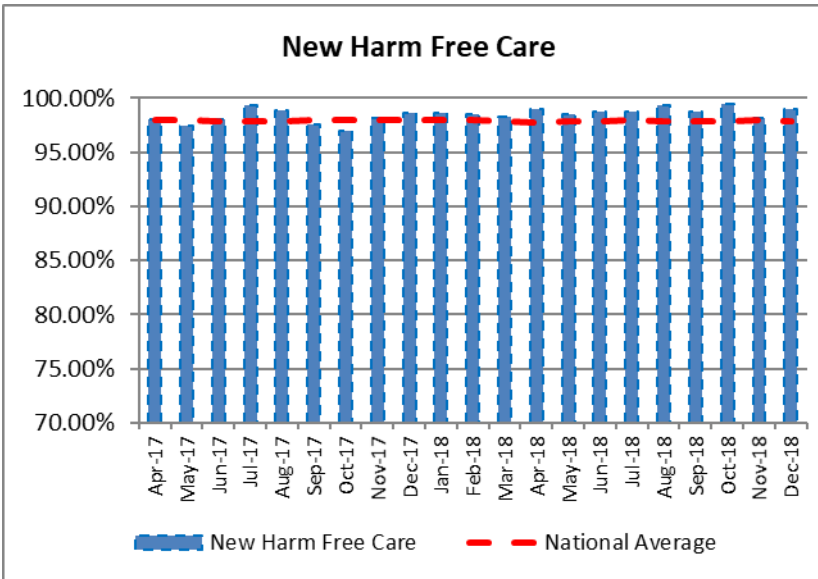
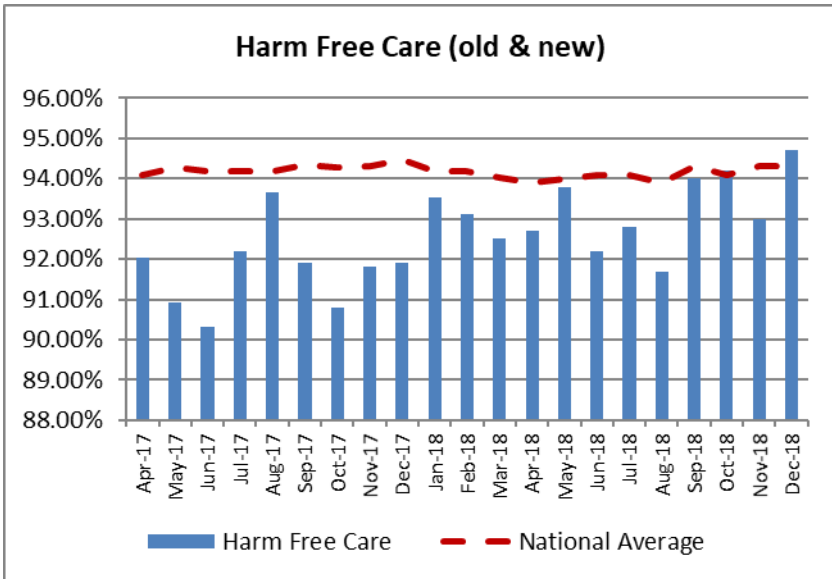
### National Comparison

Metric	National Acute (Non specialist)	ULHT Nov 17-Oct 18	ULHT Nov 16-Oct 17
HSMR	98.80	97.17	104.90
SHMI (Jul 17-Jun 18)	100.36	115.21	114.90
Crude rate % (HSMR)	3.50%	3.40%	3.80%
Elective Crude Rate %	0.10%	0.10%	0.04%
Non elective Crude Rate %	2.70%	3.30%	3.50%
% All Spells coded as Palliative Care	1.07%	1.03%	1.04%
Emergency Spells % coded as Palliative	2.46%	2.51%	2.64%
% Mortalities coded as Palliative Care	30.90%	19.96%	19.10%
Comorbidity 0 score per observed	18.36%	19.37%	18.61%
Comorbidity 0 score per Spells %	65.02%	65.21%	66.87%
Emergency Comorbidity Score 0 Spells	7.82%	10.21%	9.70%
Weekend % of observed	15.08%	25.64%	25.31%
Weekday % of observed	84.92%	74.36%	74.69%
Spells Readmissions 28 days %	8.40%	7.51%	7.62%
Residual Coding % of all spells (Uncoded)	1.77%	1.38%	1.19%
R00-R99 Signs and symptoms % of spells	10.91%	9.46%	9.88%
LOS short stay 0-2 days Observed %	24.91%	26.35%	28.39%
LOS 3+ Observed %	75.09%	73.65%	71.61%

## QUALITY

### New Harm Free Care (Safety Thermometer)

G



#### SUMMARY for December 2018

	ULHT
Harm Free Care	94.7%
New Harm Free Care	99%
Pressure Ulcers - New	4
Falls with Harm	2
Catheter & New UTI	0
New VTEs	3
Patients	855

Lead: Michelle Rhodes, Director of Nursing

Timescale: December 2018

#### Key Issues:

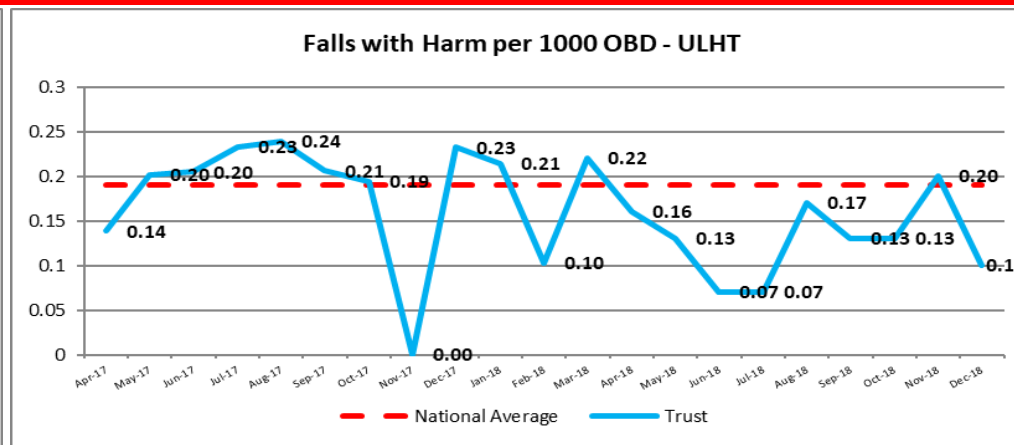
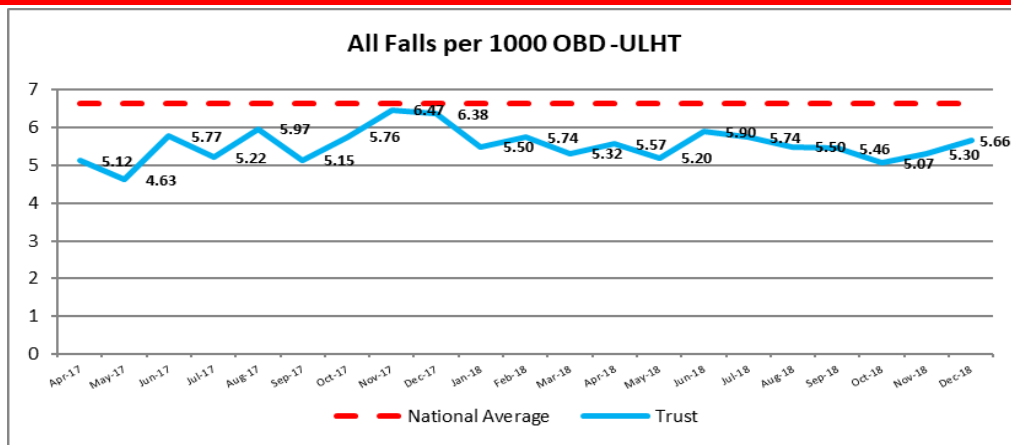
- The Trust achieved 94.7% for Harm Free care which is better than the national average of 94.3%
- The Trust achieved 99% for New Harm Free Care which is better than the national average of 97.9%
- The Trust achieved 0.5% for New Pressure Ulcers which is better than the national average of 0.9%
- The Trust achieved 0.2% for falls with harm which is worse than the national average of 0.5%
- The Trust achieved 0.9% for CAUTI which is worse than the national average of 0.7% (this is all CAUTI new and old). This is an improving picture.
- The Trust achieved 0.4% for new VTE which is the same as 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



**Lead:** Michelle Rhodes, Director of Nursing

**Timescale:** December 2018

**Key Issues:**

- All falls per 1000 OBDs for the Trust in December 2018 is 5.66 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 December 2018 is 0.10 which is better than the national average of 0.19 (National average is taken from the National Audit of Inpatient Falls, RCP 2015).
- The Trust submits data as part of the safety thermometer which is a 72 hour point prevalence survey. This data is used in the calculation of the Trusts Harm Free Care percentage and is included for monitoring through the model hospital. When comparing all falls, ULHT was 1.8% which is worse than national average of 1.5% in December 2018. When comparing falls with harm, ULHT was 0.2% which is better than the national average of 0.5% in December 2018.

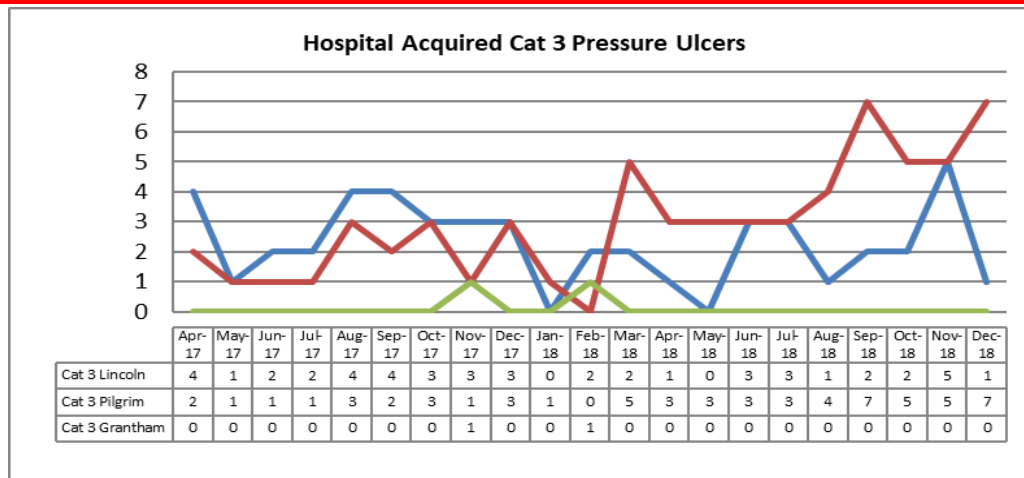
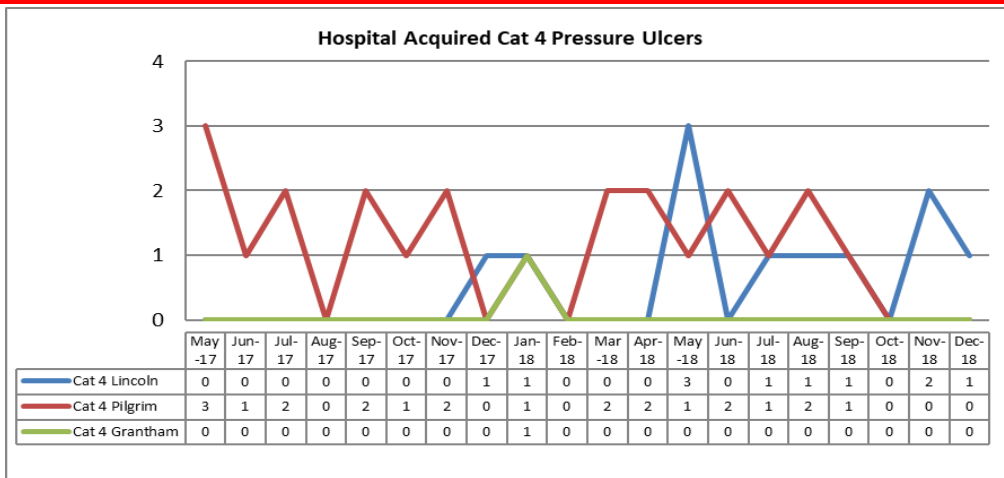
**Key Actions:**

- We are still failing to hit our Trust 10% falls reduction trajectory for total number of falls. However, for falls with harm we have met our 10% reduction trajectory this month, having only 3 falls with harm compared to the target of 5.
- Dates still to be set for the Trust falls meeting for 2019.
- Meeting arranged for 28th Feb to agree 2019/20 Corporate Falls Action Plan.
- Next falls ambassador meeting agreed for the 12th March. Ambassadors are currently tasked with identifying strategies to improve lying and standing BP compliance within their own ward areas.
- There is now a face book page for falls ambassadors in the Trust to use as a forum page to share ideas.
- Corporate Head of Nursing has been in contact with the falls lead at Sherwood and they are keen to arrange some joint working.

QUALITY

Pressure Damage

R



Lead: Michelle Rhodes, Director of Nursing

Timescale: December 2018

Key Issues:

- 39 category 2 pressure ulcers were reported in December 2018 compared with 44 in December 2017. Some improvement seen in performance at Lincoln and Grantham. Pilgrim only had an increase of 1 reported category 2 pressure ulcers in comparison with last month. Work by the Tissue Viability Team to validate all category 2 pressure ulcers reported continues on all sites, however due to the increase in clinical activity at all 3 sites it has not been possible for all reported incidents to be seen.
- 30% reduction trajectory has not been achieved since May. Performance has deteriorated by a further 2 incidents at Pilgrim, however Lincoln have shown significant improvement with only 1 reported category 3 in the last month. Grantham continues to report no category pressure ulcers for 10 months.
- The Trust has set a 30% reduction trajectory for avoidable category 4 pressure ulcers for 2018/19. Performance has improved, Lincoln have reported 1 device related (plaster casts) incident, which has been discussed at Scrutiny Panel and deemed avoidable. Pilgrim have reported no category 4 pressure ulcers for the last 3 months. Grantham have reported no category 4 pressure ulcers for 11 months.

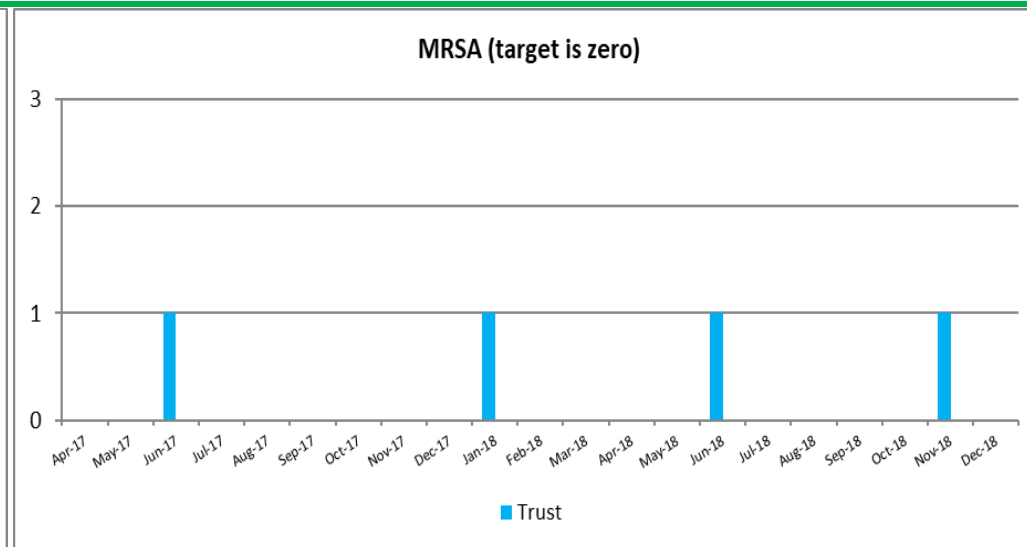
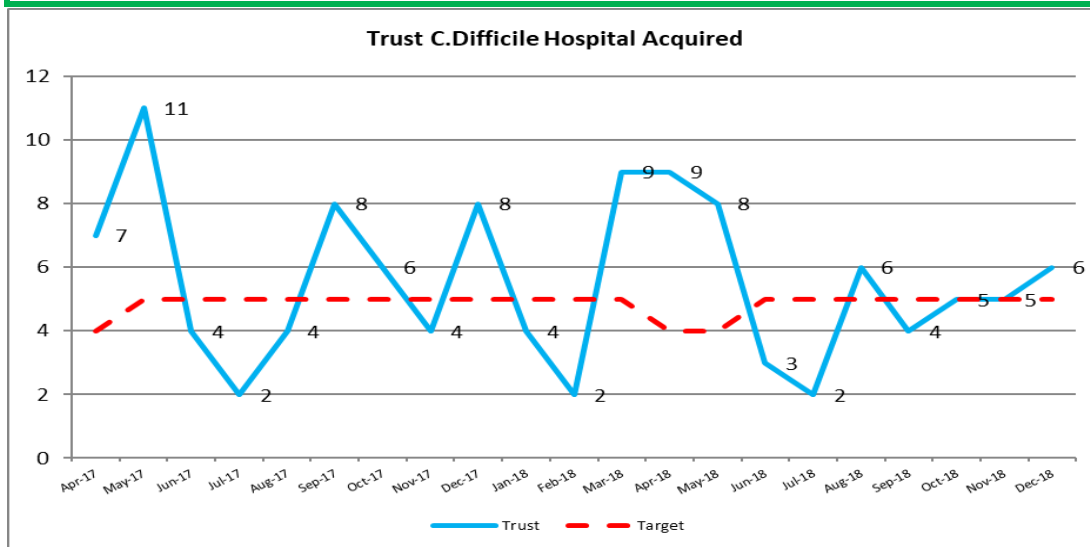
Key Actions:

- A bespoke TV service plan is in development which will identify and priorities key areas of work for the TV service. This will enable the resources to be used more effectively to reduce the number of preventable PU's.
- The trust is pressing ahead with the Harm Free Care agenda which includes the reduction of preventable pressure ulcers. Plans are in the final stages of development that will include specific activities for Tissue Viability services and development of clinical teams as part of a wider harm prevention programme.
- There will be a revised programme of sustained development and support for the TV Link Practitioners which will allow them to have more productive input in to their working areas.
- The Tissue Viability Team continue to try and validate all category 2 pressure ulcers reported on all sites. However due increase in clinical activity it has not been possible for all reported incidents to be seen in the last month.
- Scrutiny panel meetings continue to take place weekly and all clinical areas are required to investigate incidences collaboratively and not in isolation.
- The Trust wide Tissue Viability Link Nurse Study event is planned for 28th March.
- The Tissue Viability Team continue to embed with NHSi recommendations regarding pressure ulcer definition and management.

## QUALITY

### Infection Prevention

G



Lead: Michelle Rhodes, Director of Nursing

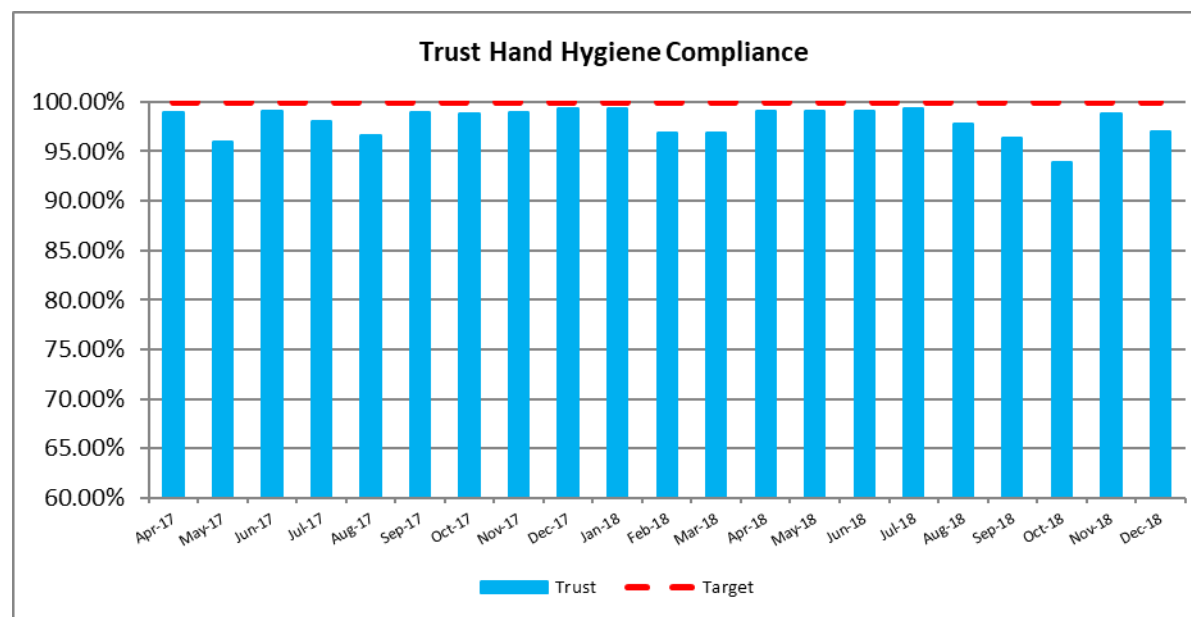
Timescale: December 2018

#### Key Issues:

- The Trust 2017/18 position for C.difficile was 69 against a trajectory of 59. The trajectory threshold for 2018/19 has been set at 58 cases. There were 6 cases in December against a trajectory of 5 cases. There is a trajectory with stable progress meaning that the trust has improved from a position of +9 cases over trajectory in May to +5 cases over trajectory in December. 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 high 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%.

## Key Actions:

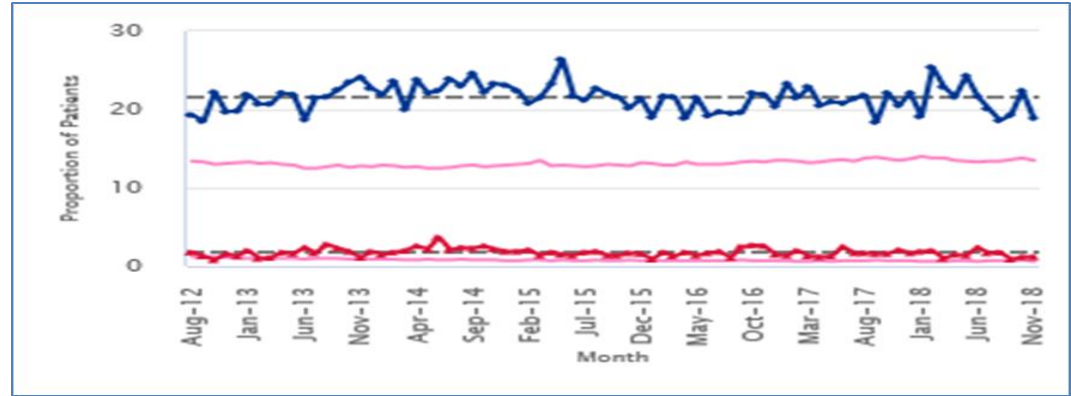
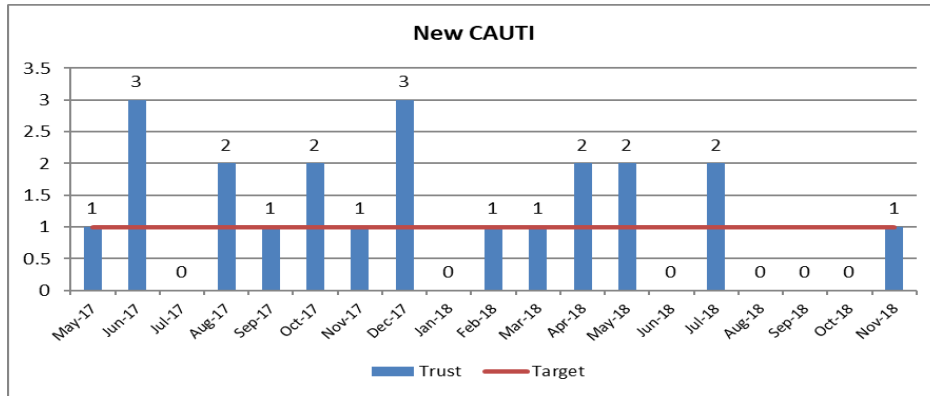
- Following the external visit by NHS Improvement on the 2nd May, ULHT has been downgraded to a green rating from amber. This has shown the progress of improvement over the last year and that the trust is in a far better position. Full compliance to the hygiene code has increased from 64% to 96%. There is still much work to be done however and continued efforts to further improve IP&C in ULHT must be maintained. A subsequent visit carried out by NHSI on November 7th reinforced the trust position of green and as a result of the visit, the trust has been fully de-escalated for IP&C by NHSI.
- 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 assisting daily with managing 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:** December 2018

**Lead:** Michelle Rhodes, Director of Nursing

**Key Issues:**

- ULHT had 0 new CAUTI on the safety thermometer data for December 2018 against a trajectory of 1.
- In December ULHT CAUTI rate has decreased in comparison with previous months. However more work is needed in raising awareness regarding catheter management among our nursing and medical staff
- In December 2018 the Trust catheterisation rate decreased to 18.4% against a national average of 13.8%.
- In December 2018 the Trust catheter with UTI (CAUTI) was 0.9% which is worse than the national average for October of 0.7%. This data includes old and new CAUTIs.

**Key Actions:**

Reduction of catheter insertion rate by using alternative methods to indwelling catheters: ISC (intermittent self-catheterisation) or Conveen sheath.

- Development of a protocol for ISC was suggested at last CAUTI meeting – Shuttleworth would be happy to pilot this; it was suggested that Neustadt Welton and Ward 3A at PHB should also be included in the pilot. It was agreed to have a look at Sherwood Forests Policy and try to implement it in our practice. Validation of such protocol to take place at next CAUTI meeting 26.02.2019
- Development of a protocol for the use of Conveen sheath as an alternative to indwelling catheters, and to be incorporated in teaching sessions provided to the wards. . Validation of such protocol to take place at next CAUTI meeting 26.02.2019.
- Removal of catheters in a timely manner by the nursing staff:
  - liaise with clinical educators to develop a robust teaching plan for nursing staff incorporated in NQ Preceptorship
  - catheter management teaching session provided at ward level by continence ambassadors

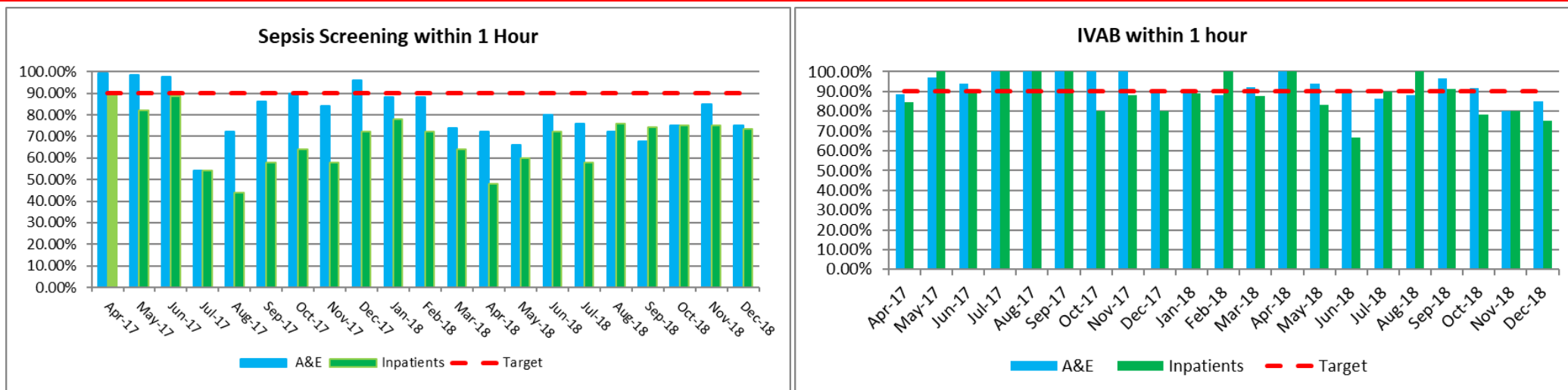
CAUTI reporting- Development of a more accurate reporting system for CAUTI

- Relaunch DATIX for reporting CAUTI (Patient Safety Breafings)
- Use microbiology reports to corelate CAUTI diagnosis
- Provide teaching regarding collection of CSU (Patient Safety Breafings)
- Incorporate RCA discussion in CAUTI meeting agenda

## QUALITY

### Sepsis

R



**Lead:** Michelle Rhodes, Director of Nursing

**Timescale:** December 2018

**Key Issues:**

- For quarter 3 the implementation of paediatric screening compliance has been included in the CQUIN data. It can be seen that the results for both inpatient and A&E have remained constant over this quarter. Deep dive into ward data has identified specific issues relevant to the individual area, sepsis practitioners now to be invited to confirm and challenge meetings to present bespoke action plans to ward managers. Sepsis practitioners continue to offer ward based teaching however this is limited due to resources, train the trainer resources are to be rolled out and embedded in practice by the new financial year. Training held with clinical education team around the sepsis bundle in order for them to provide ward based teaching.
- For quarter 3 the implementation of paediatric antibiotic compliance has been included in the CQUIN data. The inclusion of paediatric data has contributed to the decline in compliance for this quarter. Analysis of the data has shown a lack of medical engagement. There are existing plans to capture medical staff at induction and other medical forums and from a strategic point of view the makeup of the task and finish group is to be reviewed to allow for more medical involvement. Changes to the sepsis bundle have been implemented (from Feb 1st 2019) that will allow for retrospective completion of the electronic document, providing all actions completed within the hour of diagnosis. Enhanced support for paediatrics is being considered as part of a trust wide review.

**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.
- There is a Sepsis Task and Finish Group who meet monthly- currently under review by Deputy Chief Nurse re membership and agenda.
- Sepsis e-learning extended to include paediatric and maternity module- neutropenic sepsis module currently being developed
- Deteriorating patient ambassador's engagement increased across sites supported by Ward Accreditation domain
- A&E medical leads identified for Lincoln, pilgrim and Grantham sites.



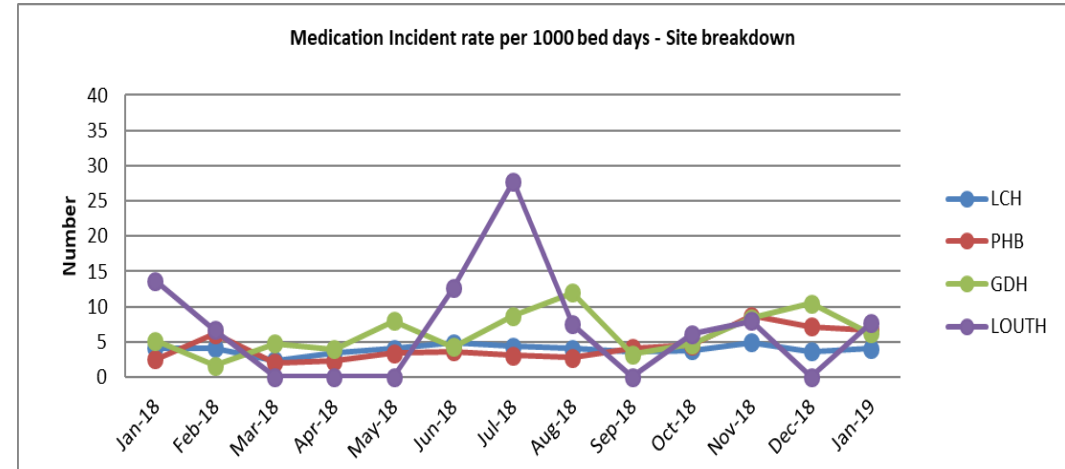
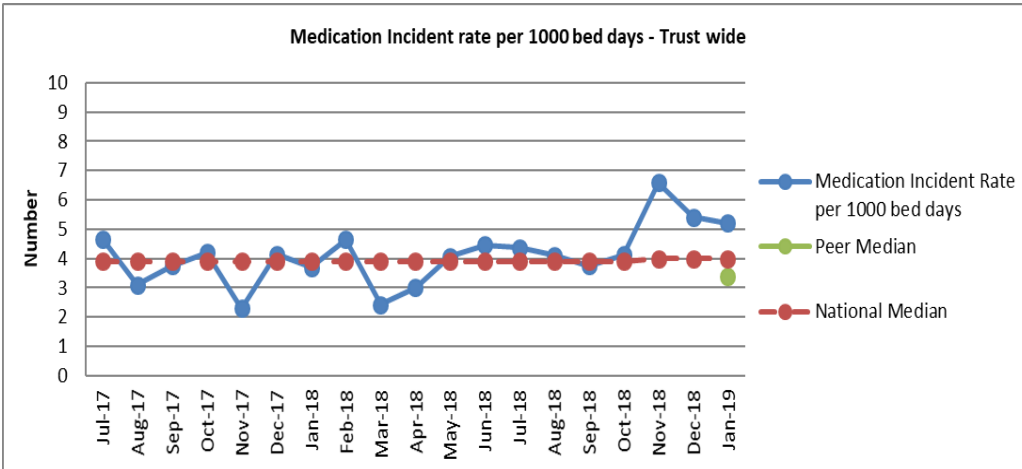
## QUALITY

- 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
- ICT changes made in order to reduce variances in data
- Sepsis screening tool and bundle now falls in line with NICE guidelines and the sepsis trust framework.
- Full establishment of substantive sepsis practitioners across the trust.
- Adult sepsis E learning tool to incorporate latest update of screening tool
- Monthly review templates for non-compliance – to be returned on the 20th of each month. These will be discussed with ward managers at the monthly confirm and challenge meetings.
- Sepsis screening tool expected to be on the staff IPods, possibly end of February/ beginning of March
- Sepsis e-learning compliance 89.89% (target 90%)
- Harm Reviews- this process is under review with confirmation of process in February 2019

QUALITY

Medication Incidents

R



Lead: Colin Costello, Chief Pharmacist

Key Issues:

- For January the medication incident reporting rate for the Trust per 1000 bed days was 5.21. The rate is expressed as total number of medication incidents reported divided by the number of bed days in the Trust, multiplied by 1000 bed days. The national average as displayed by Model Hospital (from data taken from NRLS, National Reporting and Learning Service) is 4.0 and the peer average is 3.4 – this figure was last updated in November 2018.
- There were no never events relating to medication incidents reported during the reporting period. There was 1 death and 1 severe harm event relating to medication incidents reported during the reporting period.
- Of the 167 medication incidents reported 23.3% (calculated as medication incidents reported as causing harm or death / all medication errors – (39/167) were rated as causing some level of harm. The national average of medication incidents reported as causing harm or death is 10.6%. High levels 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.

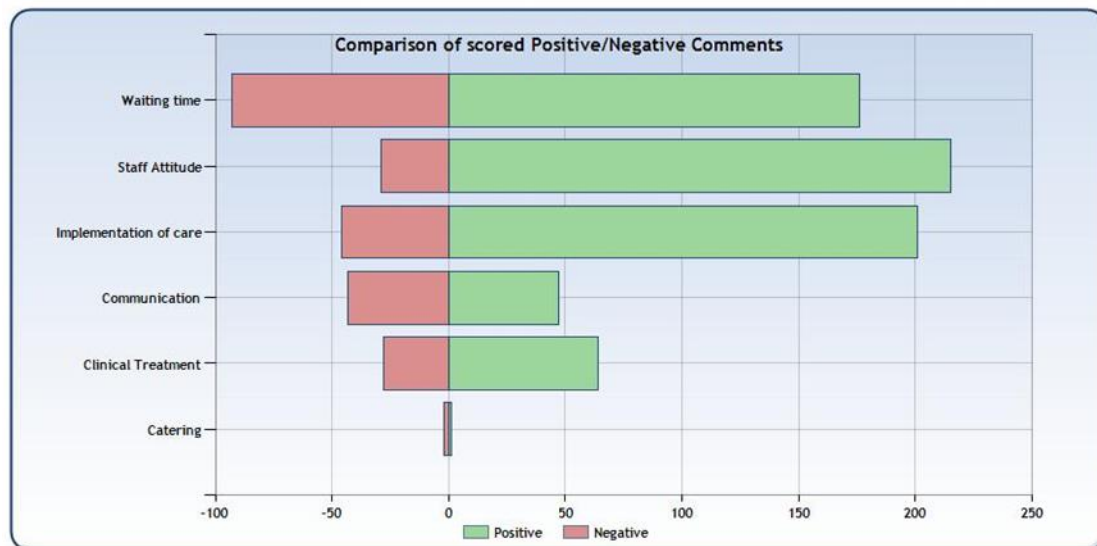
Key Actions:

- The recommendation has been 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 the recommendation was accepted. This will start from February 2019.
- The Medication Incidents are reviewed on a regular basis at Quality Safety Oversight Group and reported to Quality Governance Committee.
- In addition to actions within the Quality and Safety Improvement Plan, we will look to update the Prescribing and Medicines Optimisation and Safety webpages to make them more engaging and user friendly. Within the new design we will have a page dedicated to sharing learning from medication incidents and informing staff of themes and trends.
- We plan to develop a secure Twitter page to share medication related information and also create a Facebook account to link in with the ULHT Together account and share information via that forum. This will then help to us to capture as many of ULHT staff as possible and ensure that learning reaches as far as possible.

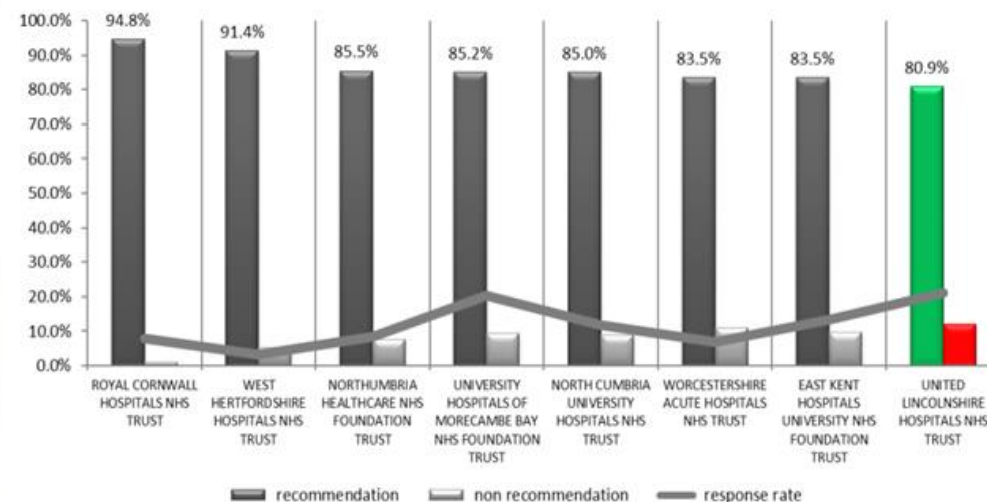
Timescale: November 2018

## PATIENT EXPERIENCE

### Emergency Care Trends



### FFT Benchmarking Group - Emergency Care, November 2018



**Lead:** Martin Rayson, Director of HR &OD

**Timescale:** December 2018

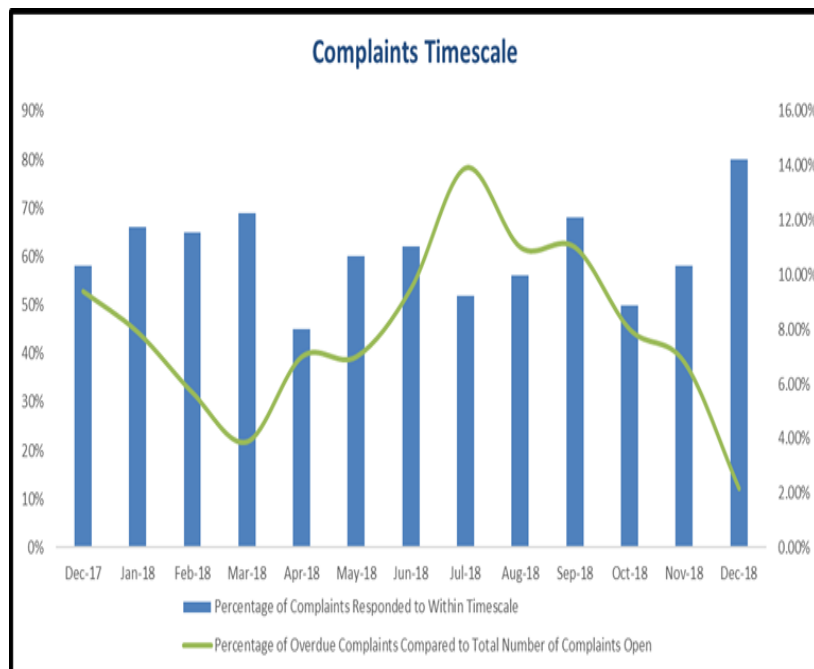
### Key Areas:

- Slight improvement across emergency care, inpatients and outpatients for percentage FFT recommends in December. 91% of patients would recommend.
- Complaint response timescales continue to cause concern; a clear executive message has been given to clear these.
- During November, there were 58 formal complaints, 405 PALS enquiries and 47 Care Opinion stories.
- The top 3 themes for complaints for December were: Clinical Treatment, Communication and Values and Behaviours
- PALS concerns continue to rise. 405 concerns were taken to PALS during December. 182 for Lincoln and Louth, 44 for Grantham, 166 for Pilgrim and the remainder for community hospitals.
- The new car parking system has resulted in a significant increase in PALS concerns. The car parking concerns are almost certainly under reported; the PALS team ceased to log them due to volume and also the subject choice at times has been chosen to reflect the relational aspects (the impact of the issue) rather than the transactional or functional aspect itself. The number of car parking concerns is known to be much greater than 100 during December.

## PATIENT EXPERIENCE

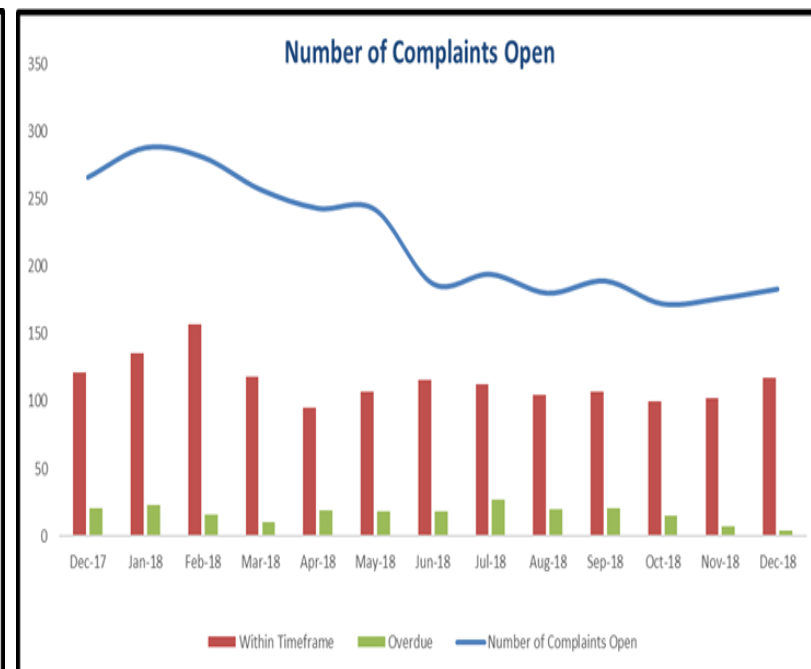
### Key Actions:

- The SUPERB dashboard was presented to Patient Experience Committee in January and very well received. Feedback included its potential benefits within Performance Review Meetings and efforts are being made to meet with the divisional teams to help prepare for the next round of meetings.
- 'PX Pop-ins' have proved extremely beneficial for the ward teams as well as the patient experience team. During January visits have been undertaken on wards at Lincoln and Pilgrim with more planned during February. It is likely that further sessions will be needed to cover all areas particularly as they are taking longer than anticipated as staff are keen to talk and explore their patient experience activities and aspirations.
- A Patient Experience True North assessment has begun to be articulated particularly to focus on the need to review and update the Patient & Carer Experience Strategy which is due this year.
- Teams and services will engage with the new FAB Experience Champions initiative providing a Trustwide network of staff who are local team or service level champions, campaigners, advocates and local experts for patient experience who can be supported by the patient experience team.



December 2018:  
35/44 complaints due in November were responded to within timescale - 80%

4/183 of overdue complaints against the total number of complaints open



December 2018:  
183 complaints open  
118 within timeframe  
4 overdue  
51 re-opened  
10 PHSO/ IR

## PATIENT EXPERIENCE

Theme	Action	Timescale	Progress as of 01.02.19
Directorate and operational engagement & ownership	Meet with Managing Directors to: <ul style="list-style-type: none"> <li>Determine data &amp; reporting preferences</li> <li>Secure PEC membership</li> <li>Promote FAB Experience Champions nominations</li> </ul>	Nov 2018	SUPERB dashboard developed and implementation planned for February / March which will include demonstrations and training. Early feedback is excellent. PEC ToR finalised.
	<ul style="list-style-type: none"> <li>Recruit FAB Experience Champions.</li> <li>Fortnightly nudges to specialties who have not nominated.</li> <li>Aim for all areas to have either nominated or linked champion by end January 2019.</li> </ul>	Jan 2019	38 recruited to date and increasing. 'PX Pop-ins' to wards and departments is proving a great way to secure nominations and commitment. All currently named champions will receive their packs and their training during February.
	Complete redesign of patient experience reporting	Jan 2019	Demonstrated at January PEC. Continues to evolve but now being used. Training and roll out pan being finalised.
FFT hot spots	Targeted visits to hot spot areas to discuss actions and support.	Dec 2019	'PX Pop-in' visits commenced in January and are being well received.
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	Agreed at January PEC to trial a message of the month newsletter to commence in February.
	Cascade Trust Board stories	Nov 2018	To include within new newsletter and also share on Facebook feeds.
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 and December.
	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 – JANUARY 2019 BOARD MEETING**

Jan-19 KPI Performance Overview	Target	Trust			Divisional Directorate					
		Last Month	This Month	Direction of Travel	Clinical Support Services	Corporate	Estates	Medicine	Surgery	Women & Children
Vacancy Rate - Medical	13.5%	21.5%	21.2%	↓	32.2%	21.8%		28.6%	14.4%	17.6%
	Vacancy FTE	201.5	199.1		23.0	7.9		89.7	57.9	20.6
*Vacancy Rate - Registered Nurses	12.5%	16.0%	16.0%	↓	4.6%	9.9%		24.5%	16.4%	9.4%
	Vacancy FTE	365.8	363.9		14.6	7.6		190.5	111.7	39.4
Vacancy Rate - AHP	10%	14.4%	13.1%	↓	13.6%	18.3%		0%	4.4%	
	Vacancy FTE	61.8	56.0		55.5	0.9		0	0.6	
Agency Spend	£25.4m	£3,284,064	£3,404,547	↑	£461,926	£49,492	£429	£2,010,808	£548,467	£333,425
Rolling 12 month Voluntary Turnover rate (exc retirements)	8%, with no group of staff >20% above target	5.8%	5.8%	↓	7.6%	4.8%	3.5%	5.3%	6.0%	4.7%
	FTE	348.4 / 5983.0	346.0 / 5979.8		118.8 / 1560.0	22.9 / 482.3	19.7 / 566.5	70.0 / 1327.1	85.5 / 1420.3	29.1 / 623.7
** Core Learning Overall %	95%	91.4%	91.4%	↑	93.5%	94.0%	89.6%	89.1%	90.8%	92.2%
Compliance (12 topics pp)	Topics Required/Achieved	78146 / 85524	78603 / 85968		21135 / 22596	6925 / 7368	9554 / 10668	15681 / 17604	17111 / 18840	8197 / 8892
	Available Headcount	7127	7164		1883	614	889	1467	1570	741
*** Sickness Rate (Rolling 12 Months)	4.5% with no team >25% above target	4.7%	4.7%	↓	4.6%	3.7%	4.8%	5.1%	4.7%	5.1%
	FTE	305.7	304.7		73.0	20.7	23.7	76.1	75.7	35.5
Appraisal Rate - Medical	95%	95%	97%	↑	91%	100%		96%	99%	100%
		465 / 490	493 / 506		40 / 44	6 / 6		139 / 145	247 / 250	61 / 61
Appraisal Rate - Non Medical	85%	75.2%	74.5%	↓	78.2%	83.3%	70.6%	68.4%	68.1%	86.4%
		4469 / 6082	4496 / 6036		1292 / 1652	430 / 516	598 / 847	800 / 1170	830 / 1219	546 / 632
Agency Spend	£25.4m	£3,284,064	£3,404,547	↑	£461,926	£49,492	£429	£2,010,808	£548,467	£333,425

\* Direction of Travel is based on the Vacancy FTE

\*\* Core Learning - excludes Bank, Maternity & Doctors in Training

\*\*\* Sickness is reported on 1 month in arrears due to interface from Health Roster

**WORKFORCE**

**Vacancy Rates**

R

Jan-19 KPI Performance Overview	Target	Trust			Divisional Directorate					
		Last Month	This Month	Direction of Travel	Clinical Support Services	Corporate	Estates	Medicine	Surgery	Women & Children
Vacancy Rate - Medical	13.5%	21.5%	21.2%	↓	32.2%	21.8%		28.6%	14.4%	17.6%
	Vacancy FTE	201.5	199.1		23.0	7.9		89.7	57.9	20.6
*Vacancy Rate - Registered Nurses	12.5%	16.0%	16.0%	↓	4.6%	9.9%		24.5%	16.4%	9.4%
	Vacancy FTE	365.8	363.9		14.6	7.6		190.5	111.7	39.4
Vacancy Rate - AHP	10%	14.4%	13.1%	↓	13.6%	18.3%		0.00%	4.4%	
	Vacancy FTE	61.8	56.0		55.5	0.9		0	0.6	

\* Direction of Travel is based on the Vacancy FTE

**Lead:** Martin Rayson, Director of HR &OD

**Timescale:** January 2019

**Key Issues:**

- AHP vacancy rate improved in January. AHP leavers were 1.7 FTE with 4.00 FTE starters. Predicted new starters are 4.0 FTE in February and 1.0 FTE in March.
- Nursing leavers were 13.6 FTE and 8 bank staff. There were 10.4 FTE starters and 3 bank starters. Predicted new starters are 6.59 FTE in February and 4.7 FTE in March. Analysis of leavers by length of service is to be undertaken.
- There were 4 medical leavers and 1 bank staff. Predicted new starts is 31 between February and March 2019 with a corresponding reduction in agency usage as the organisation increases the substantive staff numbers.

**Key Actions:**

- Additional investment in HR to create a central resourcing team with Resourcing Partners who will further develop the plan for every post and focus on the above hotspot areas with a particular emphasis on fragile services.
- TMP commissioned to support work on employer brand.
- KPMG commissioned to undertake a full review of the Trust's Recruitment processes.

## WORKFORCE

### Hotspots - Medical

Division	Team	Vacancy FTE	Vacancy %
CSS	Lincoln Radiology	7.96	58%
Corporate	Medical Education	8.00	27%
Medicine	A&E Attenders Lincoln	18.68	49%
	A& E Attenders Pilgrim	21.00	60%
	Pilgrim Diabetes	5.00	45%
Surgery	Grantham General Surgery IP	3.00	21%
Women & Children	Pilgrim Paediatrics IP	7.7	39%

### Hotspots - Nursing

Division	Team	Vacancy FTE	Vacancy %
CSS	Mobile Chemo Therapy	2.55	82.0%
	Lin Urology Specialist Nursing	1.79	38%
Medicine	Ward 6A	11.45	49%
	Ward 7B	11.64	50%
	Ward 8A	9.58	44%
	Acute Medical Short Stay	18.76	55%
Surgery	Ward 2	9.26	42%
	Ward 3B	8.54	39%
	Ward 5B	10.77	46%
Women & Children	Rainforest	13.90	43%
	Ward 4a	12.77	39%

### 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

Jan-19 KPI Performance Overview	Target	Trust			Divisional Directorate					
		Last Month	This Month	Direction of Travel	Clinical Support Services	Corporate	Estates	Medicine	Surgery	Women & Children
Rolling 12 month Voluntary Turnover rate (exc retirements)	8%, with no group of staff >20% above target	5.8%	5.8%	↓	7.6%	4.8%	3.5%	5.3%	6.0%	4.7%
FTE		348.4 / 5983.0	346.0 / 5979.8		118.8 / 1560.0	22.9 / 482.3	19.7 / 566.5	70.0 / 1327.1	85.5 / 1420.3	29.1 / 623.7

The definition of a 'leaver' in ESR is when an individual terminates all assignments, i.e. a P45 is issued. If an individual remains on bank then they are still an employee.

**Lead:** Martin Rayson, Director of HR &OD

**Timescale:** January 2019

**Key Issues:**

- Rolling 12 months turnover is 5.8%.
- AHPs have the highest percentage turnover at 11.84%. Over the last 12 months 64 AHPs have left the trust 47 of which have less than 5 years' service.
- The main leaving reason currently recorded in ESR is the 'Voluntary Resignation – Other/Not Known' (60%). However, 27 FTE left for promotion.
- It is proposed to include retirements within voluntary turnover from next month.

**Key Actions:**

- A B7 Project Manager is now in post to focus on the delivery of retention projects, e.g. retire and return. B7 & B6 posts authorised to build resilience in OD support for TOM OD planning.
- The new exit questionnaire and process was launched on the 1st February 2019. The project group has now been launched to develop the employment forms electronically and the EF3 [Leavers] is the first form to be developed. This will included details of how to access the new exit questionnaire.
- The first draft of the Trust Education Strategy has been delivered and is currently in rewrite. A directory of rotational posts and insight opportunities to be developed to support the retention of staff.
- SHRBP's will, as part of workforce planning conversations with Divisions, consider and suggest strategies in respect of the workforce profile and will work with Divisions to implement opportunities to support staff retention.

## WORKFORCE

### Core Learning

A

Jan-19 KPI Performance Overview	Target	Trust			Divisional Directorate					
		Last Month	This Month	Direction of Travel	Clinical Support Services	Corporate	Estates	Medicine	Surgery	Women & Children
* Core Learning Overall %	95%	91.4%	91.4%	↑	93.5%	94.0%	89.6%	89.1%	90.8%	92.2%
Compliance (12 topics pp)	Topics Required/Achieved	78146 / 85524	78603 / 85968		21135 / 22596	6925 / 7368	9554 / 10668	15681 / 17604	17111 / 18840	8197 / 8892
	Available Headcount	7127	7164		1883	614	889	1467	1570	741

Assignment Count	Division	Fire Safety - 1 Year	Fraud Awareness - 3 years	Infection Control - 1 Year	Information Governance - 1 Year	Major Incidents - 1 Year	Resuscitation [BLS] - 1 Year	Safeguarding Adults Level 1 - 3 Years	Safeguarding Children Level 1 - 3 Years
1883	Clinical Support Services	93.84%	94.69%	93.73%	89.17%	90.87%	86.14%	93.41%	93.36%
614	Corporate	93.16%	94.14%	93.00%	90.39%	92.51%	91.04%	93.97%	93.97%
889	Director of Estates & Facil	89.20%	91.68%	87.96%	77.95%	82.56%	83.91%	92.01%	92.01%
1467	Medicine	87.18%	90.25%	87.12%	80.57%	82.34%	79.96%	89.09%	89.03%
1570	Surgery	89.24%	94.39%	89.87%	85.61%	88.09%	81.40%	90.06%	90.00%
741	Women & Childrens Pan Trust	90.42%	94.87%	89.74%	85.29%	89.20%	85.43%	92.44%	92.31%

Lead: Martin Rayson, Director of HR &OD

Timescale: January 2019

#### Key Issues:

- Overall compliance has stayed the same this month at 91.4%. Fire has shown another increase of 1.07% although still some way off target. The biggest increase was with Major Incident and BLS with 2% and 1.60% retrospectively.
- The focus this month is on compliance by Division for those topics that have not reached 95%. The Division with the lowest compliance per topic is Medicine across the board followed by Estates & Facilities and Surgery.

#### Key Actions:

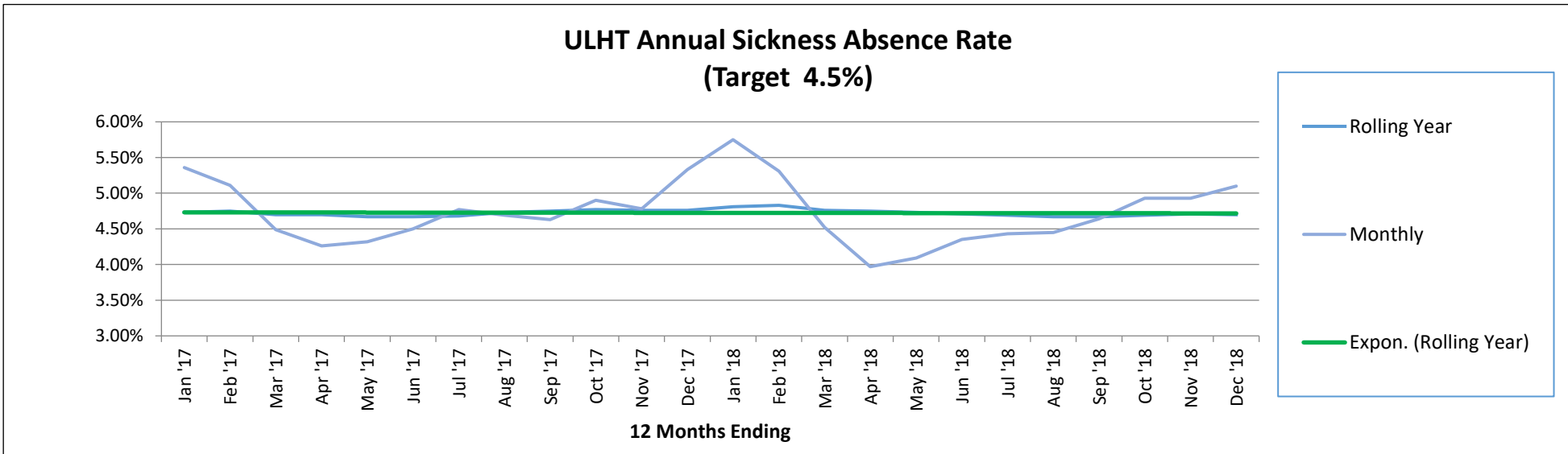
- Strategic HR Business Partners to support identification & escalation of service areas with poor compliance rates.
- Considering incentivising teams to complete 100% core learning – paper due to ET

**WORKFORCE**

**Sickness Absence**

A

Jan-19 KPI Performance Overview	Target	Trust			Divisional Directorate					
		Last Month	This Month	Direction of Travel	Clinical Support Services	Corporate	Estates	Medicine	Surgery	Women & Children
** Sickness Rate (Rolling 12 Months)	4.5% with no team >25% above target**	4.7%	4.7%	↓	4.6%	3.7%	4.8%	5.1%	4.7%	5.1%
	FTE	305.7	304.7		73.0	20.7	23.7	76.1	75.7	35.5



**Lead:** Martin Rayson, Director of HR &OD

**Timescale:** January 2019

**Key Issues:**

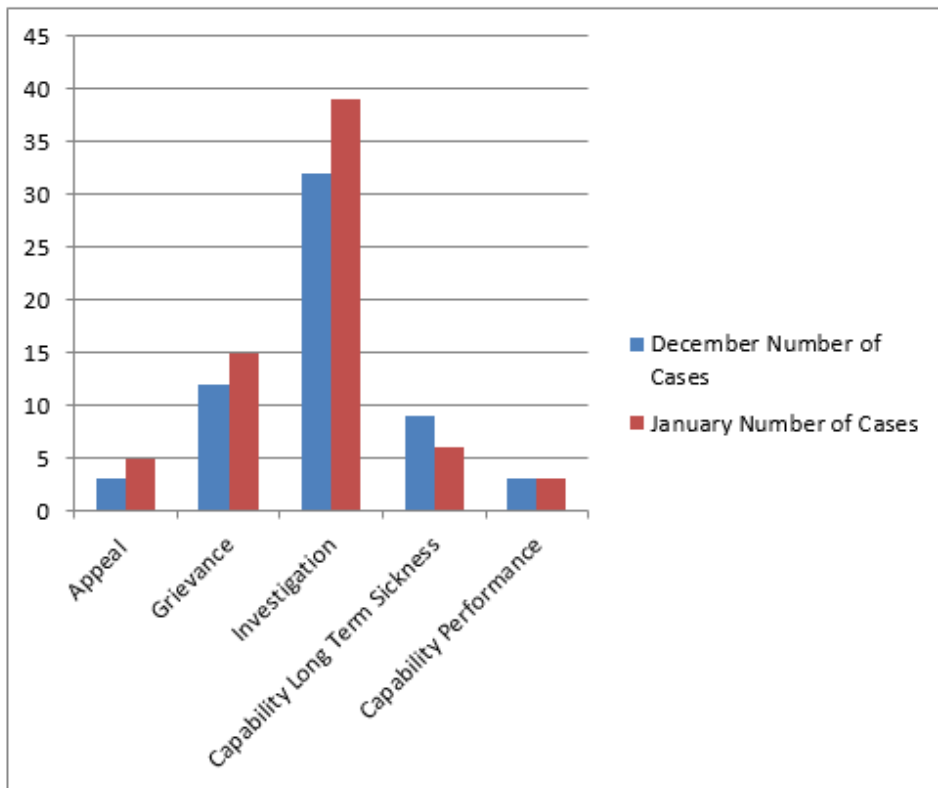
- The overall sickness rate for the Trust remains stable at 4.7% (December 2018) and slightly above the target. Cold, cough, flu and gastrointestinal problems remain the two top reasons for sickness in December across all areas. The following graph shows both the rolling year and monthly percentage, whilst the rolling year remains on average stable around the 4.5% mark there is a challenge for the organisation during the winter months where sickness absence peaks.

## WORKFORCE

### Key Actions:

- Following divisional realignment, ER Advisors have conducted meetings with Heads/Managers to review current absences and planned management going forward, there is also ongoing additional HR Ops support for scheduled outstanding ill health capability hearings.
- ER advisors regularly meet managers and continue to ensure that an absence reason is entered and that “other” is not the reason. They are utilising more case conferences to reduce length of long term absence and this has caused a decline in outstanding case work.
- First day reporting arrangements being reviewed and reinvigorated. Individual examples of rapid referral to treatment, but not systematically being used.
- NHSI part-funding sickness management system to support activity.

### Employee Relations Cases



### Division Breakdowns:

Division	December 2018	January 2019
Medicine	22	25
Corporate/Estates & Facilities	13	15
Surgery	15	17
CSS	17	19
W&C	2	2
<b>Total</b>	<b>69</b>	<b>78</b>

Grievances 15 ↑ 3+ Medical cases 10 Open ER Cases 53 ↑ 6+

**WORKFORCE**

**APPRAISAL RATES (NON-MEDICAL)**

R

Jan-19 KPI Performance Overview	Target	Trust			Divisional Directorate					
		Last Month	This Month	Direction of Travel	Clinical Support Services	Corporate	Estates	Medicine	Surgery	Women & Children
Appraisal Rate - Medical	95%	95%	97%	↑	91%	100%		96%	99%	100%
		465 / 490	493 / 506		40 / 44	6 / 6		139 / 145	247 / 250	61 / 61
Appraisal Rate - Non Medical	85%	75.2%	74.5%	↓	78.2%	83.3%	70.6%	68.4%	68.1%	86.4%
		4469 / 6082	4496 / 6036		1292 / 1652	430 / 516	598 / 847	800 / 1170	830 / 1219	546 / 632

Medical Appraisal Rates supplied by Medical Revalidation Team

Division	Not had an appraisal	Appraisal completed	Total	Percentage
Clinical Support Services	390	1266	1656	76.45%
Corporate	94	419	513	81.68%
Director of Estates & Facil	252	564	816	69.12%
Medicine	389	808	1197	67.50%
Surgery	386	868	1254	69.22%
Women & Children	102	544	646	84.21%
<b>Total</b>	<b>1613</b>	<b>4469</b>	<b>6082</b>	<b>73.48%</b>

**Lead:** Martin Rayson, Director of HR &OD

**Timescale:** January 2019

**Key Issues:**

- Of the 6082 non-medical staff 4469 have received an appraisal with the remaining 1613 staff still be done. The majority of staff who do not have an up to date appraisal recorded are across the clinical divisions.

**Key Actions:**

- Bespoke staff training has taken place to support implementation and further training will be provided to support implementation of new Individual Performance Management process. Hot spot areas flagged to HRBPs, ER team and relevant Directors.

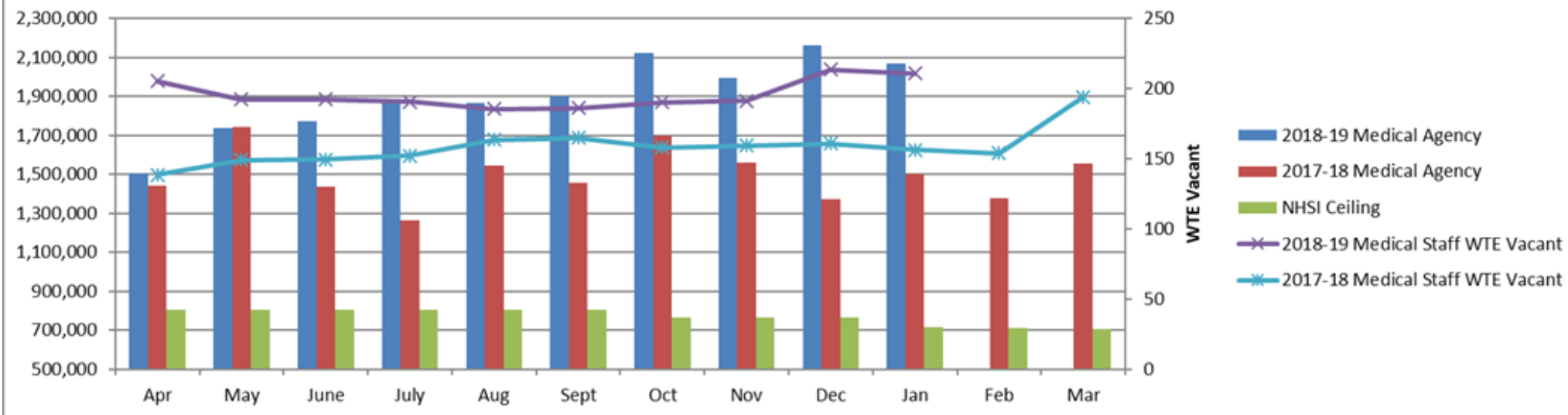
**WORKFORCE**

**AGENCY SPEND**

R

Jan-19 KPI Performance Overview	Target	Trust			Divisional Directorate					
		Last Month	This Month	Direction of Travel	Clinical Support Services	Corporate	Estates	Medicine	Surgery	Women & Children
Agency Spend	£25.4m	£3,284,064	£3,404,547	↑	£461,926	£49,492	£429	£2,010,808	£548,467	£333,425

**Medical Agency Expenditure**



Lead: Martin Rayson, Director of HR &OD

Timescale: January 2019

**Key Issues:**

- The monthly run rate for Agency spend exceeds that planned and the forecast outturn for agency spend for 18/19 will be around £15m adverse to plan.
- The table below shows agency spend; in the last 12 months the agency costs continue to increase in nursing and medical.
- In the last 12 months there has been a slight increase in the average rates paid, mainly at Middle Grade and Consultant level, whereas the Junior level has generally remained static.

# Excellence in rural healthcare

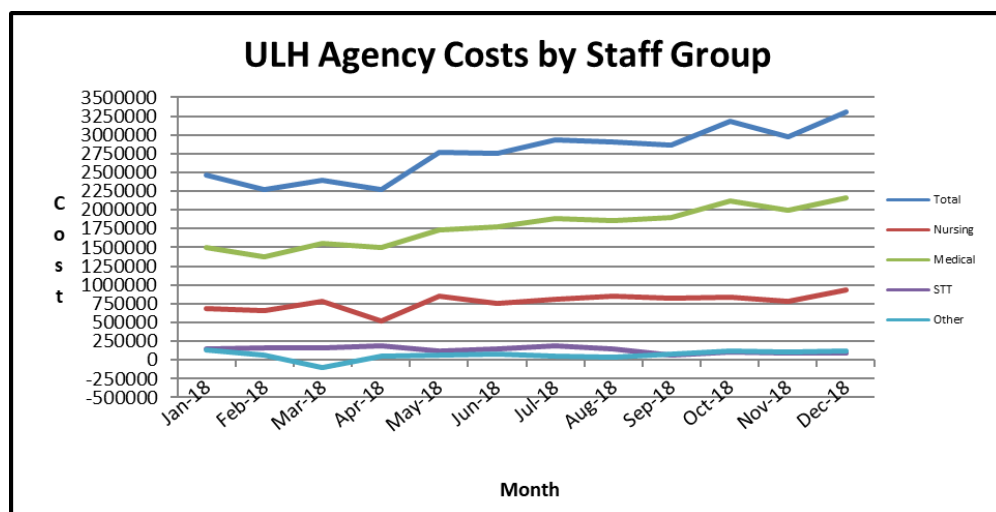
## WORKFORCE

### Key Issues cont.

- The main reason for this is the increase in shifts/volume required by the trust. Last February the Trust requested 1,973 shifts to be covered, compared to 2,952 for January 2019. An increase of nearly 1,000 shifts. Unfortunately the Locum market is challenging with limited increase in Doctors available for work so those that are suitable for our needs will often charge a premium.
- Although controls are in place it is challenging in the current environment with demand exceeding supply.

### Key Actions:

- **ULH rates for Consultant and Doctors in Training level cover are regionally competitive. Collaboration to reduce medical rates.**
- **Significant ongoing work is taking place to control the proportionate cost of agency staffing.**
- **Central bank and agency teams being established – greater control on additional hours for example**
- **Direct engagement of AHPs will reduce costs. Main emphasis must be on reducing demand.**



**NURSING WORKFORCE**

**Safer Staffing: Summary by Site**

**Jan-19**

Hospital	CHPPD Rates for Staffing					
	Registered		Unregistered		Total (Includes Others)	
	Planned CHPPD	Actual CHPPD	Planned CHPPD	Actual CHPPD	Planned CHPPD	Actual CHPPD
Grantham	5.0	4.5	3.0	2.8	8.0	7.5
Lincoln	5.0	4.6	2.7	2.6	7.7	7.4
Pilgrim	5.5	4.7	3.2	3.0	9.0	7.9
Trust	5.1	4.7	2.9	2.8	8.2	7.6

**Safer Staffing: Summary by Site - General Nursing**

**Jan-19**

Hospital	CHPPD Rates for Staffing					
	Registered		Unregistered		Total (Includes Others)	
	Planned CHPPD	Actual CHPPD	Planned CHPPD	Actual CHPPD	Planned CHPPD	Actual CHPPD
Grantham	5.0	4.5	3.0	2.8	8.0	7.5
Lincoln	4.8	4.5	2.5	2.5	7.4	7.2
Pilgrim	4.7	4.0	2.9	2.8	7.9	7.0
Trust	4.8	4.3	2.7	2.7	7.6	7.2

**Safer Staffing: Summary by Site - Children**

**Jan-19**

Hospital	CHPPD Rates for Staffing					
	Registered		Unregistered		Total (Includes Others)	
	Planned CHPPD	Actual CHPPD	Planned CHPPD	Actual CHPPD	Planned CHPPD	Actual CHPPD
Grantham	-	-	-	-	-	-
Lincoln	8.8	7.7	3.7	3.0	12.6	10.7
Pilgrim	20.0	16.2	11.4	7.6	32.6	24.8
Trust	11.6	9.8	5.6	4.1	17.5	14.2

**Safer Staffing: Summary by Site - Midwifery**

**Jan-19**

Hospital	CHPPD Rates for Staffing					
	Registered		Unregistered		Total (Includes Others)	
	Planned CHPPD	Actual CHPPD	Planned CHPPD	Actual CHPPD	Planned CHPPD	Actual CHPPD
Grantham	-	-	-	-	-	-
Lincoln	3.3	3.3	3.9	3.6	8.0	7.3
Pilgrim	15.4	14.4	5.1	4.5	20.5	18.8
Trust	7.0	6.6	4.3	3.9	11.8	10.8



## NURSING WORKFORCE

### Overall Trust Nursing Recruitment & Retention Position

VACANCY POSITION														
	Jul-18		Aug-18		Sep-18		Oct-18		Nov-18		Dec-18		Jan-19	
	Data from Payroll		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	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	134.19	56.69
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	168.44	33.90
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	39.21	5.48
<b>Main Site Nursing &amp; Midwifery Sub-total</b>	<b>362.77</b>	<b>123.34</b>	<b>369.34</b>	<b>120.12</b>	<b>313.30</b>	<b>107.96</b>	<b>308.10</b>	<b>106.48</b>	<b>318.80</b>	<b>97.85</b>	<b>327.60</b>	<b>96.73</b>	<b>341.84</b>	<b>96.07</b>
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	4.93	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	46.79	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	15.07	17.12
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	-2.29	3.36
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	16.41	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	12.38	0.03
<b>Nursing &amp; Midwifery Sub-total</b>	<b>465.98</b>	<b>149.08</b>	<b>474.43</b>	<b>148.72</b>	<b>410.93</b>	<b>136.89</b>	<b>413.76</b>	<b>149.35</b>	<b>421.73</b>	<b>139.98</b>	<b>416.74</b>	<b>143.85</b>	<b>435.13</b>	<b>135.36</b>
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	12.43	5.83
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	9.35	2.52
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	2.74	0.21
<b>Total</b>	<b>492.80</b>	<b>152.28</b>	<b>504.31</b>	<b>154.41</b>	<b>437.60</b>	<b>143.26</b>	<b>444.40</b>	<b>154.72</b>	<b>449.77</b>	<b>142.82</b>	<b>440.44</b>	<b>148.38</b>	<b>459.65</b>	<b>143.92</b>
<b>Nursing &amp; Midwifery In Post</b>	<b>1,879.95</b>	<b>821.83</b>	<b>1,869.60</b>	<b>820.82</b>	<b>1,932.02</b>	<b>832.65</b>	<b>1,901.94</b>	<b>829.74</b>	<b>1,896.16</b>	<b>840.34</b>	<b>1,895.25</b>	<b>841.43</b>	<b>1,879.19</b>	<b>849.50</b>
<b>Nursing &amp; Midwifery Vacancy Changes</b>	<b>7.78%</b>	<b>2.64%</b>	<b>6.40%</b>	<b>2.57%</b>	<b>-11.81%</b>	<b>-8.18%</b>	<b>-12.79%</b>	<b>0.42%</b>	<b>2.63%</b>	<b>2.26%</b>	<b>0.72%</b>	<b>-3.68%</b>	<b>4.41%</b>	<b>-5.90%</b>
<b>Nursing Vacancy Rate</b>	<b>19.86%</b>	<b>15.35%</b>	<b>20.24%</b>	<b>15.34%</b>	<b>17.54%</b>	<b>14.12%</b>	<b>17.87%</b>	<b>15.25%</b>	<b>18.19%</b>	<b>14.28%</b>	<b>18.03%</b>	<b>14.60%</b>	<b>18.80%</b>	<b>13.74%</b>
-VE : Reduced Vacancy														
+VE : Increased Vacancy														

### Safe Staffing

VACANCY POSITION														
	Jul-18		Aug-18		Sep-18		Oct-18		Nov-18		Dec-18		Jan-19	
	Data from Payroll		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	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	94.47	35.91
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	129.23	19.94
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	28.69	-0.91
<b>Main Site Nursing &amp; Midwifery Sub-total</b>	<b>263.88</b>	<b>70.00</b>	<b>270.81</b>	<b>67.69</b>	<b>235.58</b>	<b>59.83</b>	<b>232.10</b>	<b>60.60</b>	<b>238.42</b>	<b>52.06</b>	<b>244.09</b>	<b>52.23</b>	<b>252.39</b>	<b>54.94</b>
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	35.57	6.01
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	7.40	7.29
<b>Total</b>	<b>305.19</b>	<b>78.23</b>	<b>311.96</b>	<b>77.52</b>	<b>269.65</b>	<b>70.90</b>	<b>270.28</b>	<b>75.78</b>	<b>286.95</b>	<b>65.63</b>	<b>286.35</b>	<b>67.21</b>	<b>295.36</b>	<b>68.24</b>
<b>Nursing &amp; Midwifery In Post</b>	<b>799.06</b>	<b>493.68</b>	<b>792.29</b>	<b>494.39</b>	<b>834.60</b>	<b>501.01</b>	<b>842.16</b>	<b>504.37</b>	<b>825.25</b>	<b>514.52</b>	<b>822.65</b>	<b>515.81</b>	<b>813.64</b>	<b>514.78</b>

## NURSING WORKFORCE

### Summary of January 2019 Agency figures (framework and cap)

Staff Group	Week Ending	06/01/2019	13/01/2019	20/01/2019	27/01/2019	03/02/2019
Nursing, Midwifery & Health Visiting	Price cap only	464	506	509	509	533
Nursing, Midwifery & Health Visiting	Framework only	165	136	131	108	105
Nursing, Midwifery & Health Visiting	Both framework & price cap	165	136	131	108	105
Healthcare assistant and other support	Price cap only	44	0	0	0	0
Healthcare assistant and other support	Framework only	44	0	0	0	0
Healthcare assistant and other support	Both framework & price cap	44	0	0	0	0

### Safe Staffing Performance Dashboard – January 2019

Safe Staffing Performance Dashboard - Jan-19											
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	3.14	3.22	2.72	2.88	5.85	6.10	105.3%	108.2%	99.0%	101.8%	
Ward 2	8.12	8.12	7.28	8.62	15.40	17.27	94.4%	116.6%	109.7%	120.9%	
Ward 6	4.49	2.86	3.16	1.35	7.65	4.40	59.7%	38.3%	69.7%	49.7%	Fill rate have been reflective of sickness levels, staff have been redeployed to the area to address shortfalls but not captured on healthroster system
EAU	4.44	3.98	2.20	2.58	6.64	6.78	84.5%	126.0%	99.3%	107.7%	Escalation beds open
Acute Care Unit	12.35	11.75	1.21	0.90	13.55	12.64	94.3%	74.4%	96.1%	-	Unregistered shifts not always sent to bank

**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 (%)	
<b>LINCOLN COUNTY HOSPITAL</b>											
Ashby	3.46	3.16	2.67	3.69	6.12	6.85	86.7%	131.9%	100.0%	146.3%	Fill rates reflective of enhanced care needs
Bardney	11.30	10.99	8.12	7.70	23.20	20.34	96.1%	91.6%	99.6%	98.4%	
Branston	7.07	6.94	3.12	3.24	10.18	10.74	97.3%	127.3%	100.0%	70.1%	Unregistered staff being redeployed to other areas of the hospital on nights
Burton	3.22	3.02	2.62	2.81	5.85	5.83	91.2%	112.2%	98.4%	100.5%	
Carlton Coleby	3.58	3.77	2.18	2.38	5.76	6.15	91.6%	109.8%	131.4%	109.0%	Temporary uplift to template subject to business case supported by establishment review
Clayton	3.86	3.42	1.61	1.56	5.58	5.15	87.0%	91.3%	90.3%	112.9%	
Dixon	2.61	2.93	2.41	2.43	5.02	5.36	123.7%	92.0%	98.9%	118.5%	Fill rates reflective of dependency and acuity of patients
Frailty Assessment Unit	3.63	3.17	3.08	3.33	6.95	6.96	83.1%	113.0%	93.2%	100.4%	Alternative skill mix being used - template changes expected in April 2019
Greetwell	3.18	2.98	1.94	2.06	5.12	5.23	90.4%	104.1%	99.1%	109.8%	
Hatton	4.78	4.95	3.37	3.26	8.15	8.21	103.5%	99.2%	103.6%	93.7%	
ICU	28.13	24.82	3.25	1.04	31.38	25.87	89.8%	30.5%	86.7%	35.3%	Unregistered shifts not always sent to bank
Johnson	9.41	8.80	3.22	3.21	12.62	12.24	93.2%	98.5%	94.0%	103.1%	
Lancaster	2.95	2.62	2.93	3.15	5.89	5.84	84.3%	102.3%	96.6%	116.0%	Fill rates reflective of enhanced care needs
MEAU	5.79	5.17	2.51	2.81	8.29	8.08	91.1%	97.7%	87.0%	138.9%	Alternative skill mix being used - template changes expected in April 2019
Navenby	3.09	3.11	2.33	2.18	5.42	5.29	101.1%	89.2%	100.1%	100.0%	
Nettleham	1.09	1.15	2.81	2.53	3.89	3.68	105.7%	86.2%	105.3%	97.1%	
Neonatal (SCBU)	13.58	8.78	5.75	3.53	19.33	12.31	59.7%	66.6%	71.4%	51.0%	Template needs adjustment following establishment review. Ongoing recruitment to vacancies
Neustadt Welton	3.24	3.05	2.64	2.41	5.88	5.55	92.7%	92.8%	95.7%	89.3%	
Rainforest	5.45	6.96	2.31	2.61	7.76	9.58	129.3%	104.4%	125.0%	134.2%	Fill rates reflective of changes to model of care across sites
Scampton	3.34	3.06	3.04	2.93	6.38	5.99	88.8%	90.4%	97.0%	107.0%	
SEAU	6.17	5.58	2.76	2.60	8.93	8.40	87.3%	93.4%	95.7%	95.2%	
Shuttleworth	4.10	3.66	2.42	2.39	6.52	6.26	87.0%	96.0%	92.4%	104.4%	
Stroke Unit	4.76	4.35	2.47	2.44	7.22	6.94	87.4%	95.8%	99.2%	104.7%	
Waddington Unit	4.01	4.60	1.70	1.53	5.71	6.13	110.7%	84.3%	120.7%	107.2%	Fill rates reflective of escalation beds being 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 (%)	
<b>PILGRIM HOSPITAL, BOSTON</b>											
Acute Cardiac Unit	5.35	4.32	2.31	2.26	7.66	6.58	77.0%	95.0%	86.1%	104.5%	Fill rate reflective of redeployment of ACU staff to other areas and vacancy
Acute Medical Short Stay	4.53	3.79	4.06	3.07	8.78	6.86	79.6%	69.7%	87.5%	82.9%	Fill rates reflective of number of beds open- ward not had full bed capacity available for part of the month
Bevan Ward	5.49	3.96	2.02	1.89	7.51	6.20	62.7%	101.1%	92.2%	83.2%	Small team- vacancies impacting on fill rates. Shifts sent to bank / agency but not filled
IAC	5.22	4.75	2.90	2.70	10.08	7.94	85.6%	94.4%	98.6%	90.9%	
ICU	28.31	23.76	3.84	2.01	33.77	26.46	79.7%	52.4%	89.9%	-	RN Fill rates are reflective of need for skilled staff and flexibility in response to unit activity
Labour Ward	32.31	29.98	6.51	5.27	38.83	35.25	91.1%	77.9%	94.6%	84.5%	Fill rate reflective of vacancy and sickness levels
Neonatal Unit (SCBU)	18.76	15.44	5.70	5.88	25.84	22.53	81.7%	110.5%	83.2%	95.2%	Alternative skill mix being used - ongoing recruitment to vacancies
Stroke Unit	4.43	3.80	2.66	2.98	7.46	6.91	87.7%	108.9%	83.1%	117.1%	
1B	8.18	7.65	5.09	4.17	13.53	11.97	90.5%	85.2%	98.8%	74.3%	
4A	20.97	16.84	15.95	8.99	38.07	26.58	72.5%	64.9%	97.3%	33.9%	Fill rates reflective of changes to model of care across sites, templates need changing
5A	3.20	3.24	2.54	2.70	5.74	5.94	101.4%	108.5%	101.2%	100.7%	
5B	4.25	3.25	2.66	2.92	6.91	6.40	68.7%	113.9%	91.2%	102.8%	Fill rates reflective of use of tNA and AP to cover registered shifts- QIA completed to this affect
6A	3.77	2.61	3.08	3.10	6.85	5.89	61.2%	106.3%	85.7%	92.3%	Fill rates reflective of vacancies -staff being redeployed to and from other areas where safe to do so to maintain safe staffing levels
6B	3.82	3.35	3.05	3.26	6.87	6.61	81.3%	111.3%	101.1%	100.2%	High fill rates reflective of enhanced care needs of patients
7A	3.60	2.80	2.10	2.24	5.70	5.04	68.7%	109.2%	98.5%	100.0%	Fill rates reflective of vacancies -staff being redeployed to and from other areas where safe to do so to maintain safe staffing levels
7B	3.83	3.21	2.78	2.96	7.08	6.67	76.4%	108.2%	99.1%	102.7%	Fill rates reflective of vacancies -staff being redeployed to and from other areas where safe to do so to maintain safe staffing levels
8A	3.34	3.66	2.95	2.95	6.29	6.60	96.0%	101.6%	137.8%	96.7%	Fill rates reflective of escalation shifts for PIU being booked through this rota
9A (formerly 3B)	3.55	3.11	2.44	2.72	5.99	5.83	81.7%	106.8%	98.8%	120.5%	
M1	7.89	7.46	4.52	4.11	12.41	11.57	93.6%	86.9%	96.3%	103.4%	

## FINANCE

### Financial Overview 2018/19

Finance and Use of Resources Metric			R			(Surplus)/Deficit			R			Cash			A		
	Year to date	Forecast	Plan	Actual	Variance	Forecast (FRP)	Plan	Actual	Variance	Forecast (FRP)	Plan	Actual	Variance	Plan	Actual	Variance	
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															
<b>Overall Risk rating after o</b>	<b>4</b>	<b>4</b>															
<p>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).</p> <p>The Trust is unlikely to improve from a rating of 4 until such time as it is able to deliver sustained financial balance and agrees a long term funding solution to cover historic debt.</p>			<p>The in-month position is a deficit of £8.4m (or £12.4m adverse to plan), and the year to date position is a deficit of £74.7m (or £13.7m adverse to plan).</p> <p>Lower than planned Efficiency savings delivery accounts for £7.3m 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.</p> <p>The adverse movement to plan in the year to date position also includes £4.0m in relation to contractual provisions - the contractual provision includes £1.3m for fines and penalties and £2.7m for contract challenges.</p> <p>Performance year to date against plan continues to be strong in relation to A&amp;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 £2.1m year to date.</p> <p>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 and accrual in September for a one-off VAT benefit of £0.6m.</p> <p>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.</p> <p>The Trust submitted a Financial Recovery Plan (FRP) with a forecast deficit of £89.4m to NHS in December. The year to date position is £0.3m favourable to the FRP forecast, driven by slippage and one off benefits.</p>			<p>The cash balance at 31 January 2019 was £10.7m. This includes revenue and capital cash loans drawn in April 2018 - January 2019 of £73.1 / 14.2m respectively.</p> <p>The 2018/19 capital programme has been substantially behind plan for much of the financial year, as a consequence, although the Trust I&amp;E deficit is £13.6m worse than plan after taking account of technical adjustments, the impact on the ability to pay suppliers has been limited.</p> <p>Reflecting the delays in the capital programme, the Trust has submitted and had approved 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. (NB - Although not reflected in the cashflow / balance sheet presented within this report, NHSI / DHSC have approved carry forward of a further £3.0m of the fire safety capital loan into 2019/20)</p> <p>Revenue loans of £73.1m have been drawn in the first ten months (£68.9m (18/19) and £4.3m (17/18) deficit financing). This is against the backdrop of an I&amp;E deficit to January of £74.7m.</p> <p>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 £11.9m.</p> <p>Total revenue and capital borrowings (excluding accrued interest) at 31 January were £288.0m and are forecast based upon the revised forecast outturn (£89.4m) to rise to £303.6m by the end of 2018/19. As a consequence of this, borrowing costs are anticipated to be £6.1m in I&amp;E terms, and in</p>											
<p>Overall, year to date Operating Income is £0.6m favourable to plan, despite the reported position including additional income of £4.2m to fund the excess cost of the A4C pay award over and above that funded within the tariff, £4.4m 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).</p> <p>The adverse movement to plan in the year to date position includes £4.0m in relation to contractual provisions (comprising of £1.3m for fines and penalties and £2.7m for contract challenges).</p> <p>Operating Income is £2.6m 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.</p> <p>Performance year to date against plan continues to be strong in relation to A&amp;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 £2.1m year to date.</p> <p>Income is expected to improve as efficiency savings delivery increases.</p>			<p>The in-month position is £2.5m adverse to plan, and year to date Operating Expenditure is £12.5m adverse to plan (including a charge of £0.5m in relation to a technical adjustment for which there is an equal and opposite impact in Income).</p> <p>Slower than planned Efficiency savings delivery has adversely impacted Operating Expenditure year to date by £11.3m: £9.1m in relation to Pay and £3.8m 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.</p> <p>The year to date position has also been adversely impacted by £4.2m of excess costs in relation to the A4C pay award (for which additional funding has been received), and by maturation of an estimated £1.8m of risk in relation to Paediatrics.</p> <p>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.</p> <p>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.</p> <p>Operating Expenditure is expected to improve as efficiency savings delivery increases.</p>			<p>The capital spend to date is £13.3m behind plan.</p> <p>Fire, is significantly underspent by £11.7m: Fire-works package 1, 2, 3 and 4 at Lincoln have slipped behind original plan by £4.6m; Pilgrim Fire-works package 1, 2 and 3 are under-plan by £670k, £1045k and £1.1m respectively and Fire PHB enabling scheme is currently £1.5m behind plan; Grantham Fire-works packages 1 and 2 are behind plan by £504k and £1.2m; Emergency lighting is behind plan at Lincoln by £354k.</p> <p>IT, overall is ahead of the original plan by £302k, as a note the IT allocations have recently been revised and plans to spend are in place.</p> <p>Medical Devices Group favourable variance has decreased this month to £485K (from £524k). The forecast position remains to spend the full allocation provided.</p> <p>Facilities schemes are behind plan by £1.0m. Within this 'Theatre infrastructure review' continues to be behind plan, currently by £645k. This is alongside a number of other schemes that are yet to start i.e. Generators (£300k), Water access, tanks, compliance and purity (£283k), Maternity Wing drains (£195k) and Food storage (£100k).</p> <p>Other Capital Allocations - Service Development &amp; Modernization / Diagnostic Capacity / Quality and Elective plans: Schemes are progressing and there is a commitment to spend the full allocation across 3 category areas by 31st March 2019. The allocations are fluid between the 3 sections and currently spend is £353k ahead of plans although this is mainly due to the Pilgrim works development being ahead of the financial plan phasing (£1.7m).</p> <p>The forecast position has changed in M10 due to the agreement to defer a further £3.0m of 'fire' allocation into 19/20 - Estates have notified this is due to saturation of the market which has created delays in contracting</p>											

## FINANCE

Financial Efficiency Plan (FEP)		R	
	Plan	Actual	Variance - forecast (FRP)
Year to Date £k	19,235	11,370	(7,865)

Pay bill		R	
	Plan	Actual	Variance recast (FRP)
Year to Date £k			
Substantive	232,489	231,844	645
Bank	15,905	19,924	(4,019)
Agency	21,595	29,794	(8,199)
Apprenticeship Levy	1,019	1,065	(46)
Less Capitalised costs	0	(552)	552
	271,008	282,075	(11,067)

Agency Cap		R	
	Ceiling	Actual	Variance
Year to Date £k	17,915	29,794	(11,879)

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

The financial plan assumed that savings of £13.2m would have been delivered by the end of Month 10. Financial Efficiency savings of £2.7m were delivered in Month 10, taking the value of savings delivered year to date to £11.4m, or £7.3m 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 £1.0m higher than assumed within the FRP.

Delivery year to date include non-recurrent receipt of £126k in relation to the gain realised from the sale of land at the site of the former Welland Hospital, of which £213k has been realised earlier than assumed within the FRP.

Pay year to date is £11.1m adverse to plan. Whilst the Trust has received additional income of £4.2m 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 £8.1m. Actions are being taken to support increasing the pace and delivery of schemes, including additional resources 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, and then rising steeply in January. This reflects in part the increase in substantive staffing numbers, which have risen by 33wte since August. This includes an increase of 15wte in nursing numbers, 25wte in non clinical numbers and 15wte in STT numbers; as well as a reduction of 18wte in medical staffing and a reduction of 4wte in other support staffing.

In-month, contracted wte numbers have reduced by 4wte: medical staffing increased by 2wte, non-clinical staffing increased by 4wte, and nurse staffing reduced by 10wte.

Expenditure on temporary staffing is rising and is now £12.2m higher than planned. Expenditure on temporary staffing has risen from £13.3m in the first quarter to £14.8m in the second quarter, and rose again to £15.7m in the third quarter. Expenditure on temporary staffing in January was £0.6m higher than the monthly average in the third quarter. Two thirds of the movement is related to the increase in expenditure on agency staffing.

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

The Trust has an agency ceiling of £21.0m for 2018/19.

Expenditure on Agency staffing increased by £174k in January compared to the previous month, and is higher than in any other month in 2018/19. Year to date, the Trust has spent £29.8m on Agency staffing and is £11.9m above its agency ceiling. Furthermore, expenditure to date has now exceeded the total of £29.4m spent in 2017/18.

Of the £29.8m spend to date, £19.1m (63.7%) is on Medical Staffing, £8.2m (27.6%) is on Nurse Staffing and £2.6m (8.7%) is on Other Staffing.

Whilst medical staffing contracted wte numbers have been relatively flat, agency expenditure has been rising steadily. Monthly expenditure on medical agency by the Divisions has increased by £517k from April 2018 to January 2019. Furthermore, whilst nursing contracted wte numbers only fell by 13wte (0.5%) in the last two months, nursing agency expenditure rose by £266k (31.3%). The adverse movement in nursing agency expenditure is related to the decision to increase nurse staffing in Pilgrim ED and increases within Pilgrim Acute Medical Short Stay Unit and the Pilgrim Integrated Assessment Centre.

If agency expenditure in the final two months continues at the same level as in the preceding two months, then the Trust will spend £36.7m, or £15.7m above the Trust's agency ceiling and £7.3m more than in 2017/18.

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

£74.7m deficit year to date against a planned deficit of £61.0m. 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	36,935	37,816	881	368,888	369,465	577	441,611	444,129	2,518
Expenditure	(41,919)	(44,633)	(2,714)	(415,224)	(430,452)	(15,228)	(498,293)	(516,212)	(17,919)
EBITDA	(4,984)	(6,817)	(1,833)	(46,336)	(60,987)	(14,651)	(56,682)	(72,083)	(15,401)
Depn/Interest	(1,696)	(1,500)	196	(14,272)	(10,479)	3,793	(17,630)	(13,686)	3,944
Surplus/(Deficit) excl. STF	(6,680)	(8,317)	(1,637)	(60,608)	(71,466)	(10,858)	(74,312)	(85,770)	(11,458)
Technical adjustments	(465)	(48)	417	(402)	(3,196)	(2,794)	(388)	(3,631)	(3,243)
Surplus/(Deficit) excl. STF	(7,145)	(8,365)	(1,220)	(61,010)	(74,662)	(13,652)	(74,700)	(89,400)	(14,700)
EBITDA % Income	-13.5%	-18.0%	-4.5%	-12.6%	-16.5%	-3.9%	-12.8%	-16.2%	-3.4%
FEPs	2,838	2,691	(147)	19,235	11,370	(7,865)	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 £74.7m deficit, or £13.7m adverse to the planned £61.0m deficit.

EBITDA for the year to date is £61.0m deficit (-16.5% of Income).

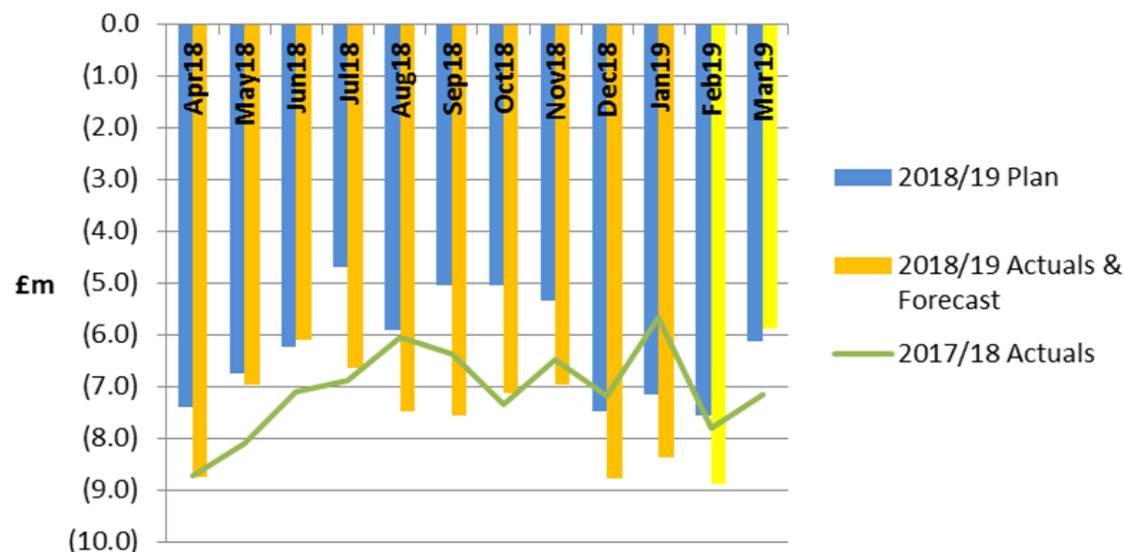
Income is £0.6m above plan YTD, despite the inclusion of £4.2m of pay award funding. This reflects the impact of lower than planned elective activity, provision for contract fines and challenges, and other under performance.

Expenditure is £15.2m above plan YTD, including £4.2m of excess pay award costs. The £3.8m 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



# Excellence in rural healthcare

## FINANCE

### Income & Expenditure Run Rate 2018/19

Total Trust (Excluding passthrough drugs and devices)	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	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	
<b>Income</b>																						
NHS Clinical Income	27,501	30,174	30,098	30,206	30,702	29,154	29,760	30,458	30,049	31,210	28,081	30,758	29,274	31,210	1,936	354,885	358,149	3,264				
Non NHS Clinical Income	47	23	40	78	42	15	98	(69)	41	21	33	35	60	21	(39)	715	404	(311)				
Other Income	2,752	2,613	2,987	3,072	3,446	2,699	3,832	2,792	2,814	2,830	3,110	4,497	3,526	2,830	(696)	37,113	37,445	332				
<b>Total Income</b>	<b>30,300</b>	<b>32,810</b>	<b>33,125</b>	<b>33,356</b>	<b>34,190</b>	<b>31,868</b>	<b>33,690</b>	<b>33,181</b>	<b>32,904</b>	<b>34,061</b>	<b>31,224</b>	<b>35,290</b>	<b>32,860</b>	<b>34,061</b>	<b>1,201</b>	<b>392,713</b>	<b>395,998</b>	<b>3,285</b>				
<b>Expenditure</b>																						
Pay	(27,464)	(27,387)	(27,433)	(27,921)	(29,126)	(28,179)	(28,225)	(28,517)	(28,529)	(29,294)	(29,413)	(28,813)	(27,318)	(29,294)	(1,976)	(325,283)	(340,300)	(15,017)				
Drugs	(442)	(649)	(417)	(410)	(555)	(513)	(650)	(73)	(497)	(562)	94	(326)	(425)	(562)	(137)	(5,900)	(4,998)	902				
Clinical Supplies and Services	(4,408)	(5,080)	(4,714)	(4,982)	(5,101)	(4,460)	(5,031)	(5,431)	(5,092)	(5,205)	(4,361)	(4,827)	(4,183)	(5,205)	(1,022)	(51,746)	(58,692)	(6,946)				
Other Non pay	(5,379)	(5,267)	(5,274)	(5,187)	(5,464)	(4,844)	(5,450)	(5,357)	(6,088)	(5,817)	(4,968)	(4,996)	(5,918)	(5,817)	101	(66,466)	(64,091)	2,375				
<b>Total Expenditure</b>	<b>(37,693)</b>	<b>(38,383)</b>	<b>(37,838)</b>	<b>(38,500)</b>	<b>(40,246)</b>	<b>(37,996)</b>	<b>(39,356)</b>	<b>(39,378)</b>	<b>(40,206)</b>	<b>(40,878)</b>	<b>(38,647)</b>	<b>(38,961)</b>	<b>(37,844)</b>	<b>(40,878)</b>	<b>(3,034)</b>	<b>(449,395)</b>	<b>(468,081)</b>	<b>(18,686)</b>				
Finance & Depreciation costs	(1,369)	(1,416)	(1,398)	(1,432)	(1,445)	(1,443)	1,769	(768)	(1,477)	(1,500)	(1,463)	(1,744)	(1,696)	(1,500)	196	(17,630)	(13,686)	3,944				
<b>I&amp;E - Deficit</b>	<b>(8,762)</b>	<b>(6,989)</b>	<b>(6,111)</b>	<b>(6,576)</b>	<b>(7,501)</b>	<b>(7,571)</b>	<b>(3,897)</b>	<b>(6,965)</b>	<b>(8,779)</b>	<b>(8,317)</b>	<b>(8,887)</b>	<b>(5,415)</b>	<b>(6,680)</b>	<b>(8,317)</b>	<b>(1,637)</b>	<b>(74,312)</b>	<b>(85,770)</b>	<b>(11,458)</b>				
Impairments/Revaluations Adjustment	0	0	0	0	0	0	(3,234)	0	0	0	0	0	0	0	0	0	(3,234)	(3,234)				
Donated/Govern't grant Asset Adjustment	20	19	20	(57)	20	19	20	6	19	(48)	18	(453)	(465)	(48)	417	(388)	(397)	(9)				
<b>Adjusted Surplus/(Deficit)</b>	<b>(8,742)</b>	<b>(6,970)</b>	<b>(6,091)</b>	<b>(6,633)</b>	<b>(7,481)</b>	<b>(7,552)</b>	<b>(7,111)</b>	<b>(6,959)</b>	<b>(8,760)</b>	<b>(8,365)</b>	<b>(8,869)</b>	<b>(5,868)</b>	<b>(7,145)</b>	<b>(8,365)</b>	<b>(1,220)</b>	<b>(74,700)</b>	<b>(89,400)</b>	<b>(14,700)</b>				
<b>Total Trust (including passthrough)</b>																						
Total Income	34,127	37,147	36,950	37,576	38,370	35,062	38,063	37,828	36,526	37,816	35,298	39,365	36,935	37,816	881	441,611	444,129	2,518				
Total Expenditure	(41,520)	(42,720)	(41,663)	(42,720)	(44,426)	(41,190)	(43,729)	(44,025)	(43,828)	(44,633)	(42,722)	(43,036)	(41,919)	(44,633)	(2,714)	(498,293)	(516,212)	(17,919)				
Finance & Depreciation costs	(1,369)	(1,416)	(1,398)	(1,432)	(1,445)	(1,443)	1,769	(768)	(1,477)	(1,500)	(1,463)	(1,744)	(1,696)	(1,500)	196	(17,630)	(13,686)	3,944				
<b>I&amp;E - Deficit</b>	<b>(8,762)</b>	<b>(6,989)</b>	<b>(6,111)</b>	<b>(6,576)</b>	<b>(7,501)</b>	<b>(7,571)</b>	<b>(3,897)</b>	<b>(6,965)</b>	<b>(8,779)</b>	<b>(8,317)</b>	<b>(8,887)</b>	<b>(5,415)</b>	<b>(6,680)</b>	<b>(8,317)</b>	<b>(1,637)</b>	<b>(74,312)</b>	<b>(85,770)</b>	<b>(11,458)</b>				
Impairments/Revaluations Adjustment	0	0	0	0	0	0	(3,234)	0	0	0	0	0	0	0	0	0	(3,234)	(3,234)				
Donated/Govern't grant Asset Adjustment	20	19	20	(57)	20	19	20	6	19	(48)	18	(453)	(465)	(48)	417	(388)	(397)	(9)				
<b>Adjusted Surplus/(Deficit)</b>	<b>(8,742)</b>	<b>(6,970)</b>	<b>(6,091)</b>	<b>(6,633)</b>	<b>(7,481)</b>	<b>(7,552)</b>	<b>(7,111)</b>	<b>(6,959)</b>	<b>(8,760)</b>	<b>(8,365)</b>	<b>(8,869)</b>	<b>(5,868)</b>	<b>(7,145)</b>	<b>(8,365)</b>	<b>(1,220)</b>	<b>(74,700)</b>	<b>(89,400)</b>	<b>(14,700)</b>				
<b>Adjustments to derive underlying deficit</b>																						
Loan Interest	388	439	430	480	496	496	534	560	510	592	684	720				6,564	6,332	(232)				
External Support	350	282	315	462	357	355	359	364	(3)	203	280	280				3,571	3,604	33				
Turnaround team, Project Jackson & Other Support	28	27	36	74	164	201	245	167	126	163	350	353				2,000	1,932	(68)				
Prior Year Income & Challenges	155	0	(736)	211	0	26	497	0	(542)	4	0	0				0	(386)	(386)				
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	(587)	505	(341)	(633)	(428)	1,225	181	(548)	(431)	0	0				0	(0)	(0)				
<b>Underlying Surplus/(Deficit)</b>	<b>(6,685)</b>	<b>(7,031)</b>	<b>(6,146)</b>	<b>(5,746)</b>	<b>(7,644)</b>	<b>(7,492)</b>	<b>(4,254)</b>	<b>(6,414)</b>	<b>(9,218)</b>	<b>(7,835)</b>	<b>(7,555)</b>	<b>(4,514)</b>				<b>(63,528)</b>	<b>(80,534)</b>	<b>(17,006)</b>				

The Trust's financial plan is a deficit of £74.7m, and as at the end of January the Trust is £13.7m adverse to plan.

The average run rate to date is a deficit of £7.5m per month, with an average underlying of £6.8m.

The Trust FRP is a revised forecast outturn of £89.4m, with a £0.9m 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.



FINANCE

NHS Patient Care Income & Activity 2018/19

2018/19 Clinical Income Summary: YTD Month 10

Total Trust	Activity: In-Month				Income: In-Month				Activity: Year-To-Date				Income: Year-To-Date			
	2017/18	2018/19			2017/18	2018/19			2017/18	2018/19			2017/18	2018/19		
	Jan	Jan	Jan	Jan	Apr-Jan	Jan	Jan	Jan	Apr-Jan	Jan	Jan	Jan	Apr-Jan	Jan	Jan	Jan
Actual	Activity Plan	Activity Actual	Activity Variance	Actual	Plan	Actual	Variance	Actual	Plan	Actual	Variance	Actual	Plan	Actual	Variance	
Accident & Emergency	11,877	10,813	12,157	1,344	1,683,897	1,616,809	1,795,548	178,739	125,240	112,615	124,337	11,722	17,261,000	16,822,166	18,065,029	1,242,863
Accident & Emergency Streaming	1,140	0	1,036	1,036	71,423	0	0	0	4,420	1,258	11,263	10,005	280,459	73,972	67,726	(6,246)
Daycases	4,716	5,394	5,711	317	2,830,266	2,851,044	3,037,064	186,020	52,497	52,576	54,464	1,888	27,366,380	27,775,326	28,488,388	713,062
Elective Spells	772	683	674	(9)	1,408,746	1,585,006	1,854,231	269,225	8,149	8,625	7,349	(1,276)	19,620,238	21,057,557	19,211,541	(1,846,016)
Elective Spells WIP	0	0	0	0	0	0	(426,648)	(426,648)	0	0	0	0	0	0	(112,748)	(112,748)
Non Elective Spells	5,863	5,944	6,229	285	11,248,473	10,433,958	12,293,185	1,859,227	59,953	60,317	59,649	(668)	100,998,624	104,181,467	108,843,660	4,662,193
Non Elective Spells WIP	0	0	0	0	0	0	(75,899)	(75,899)	0	0	0	0	0	0	(570,844)	(570,844)
Non Elective Excess Bed Days	1,346	1,504	2,001	497	339,550	366,123	304,014	(62,110)	14,893	15,042	15,135	93	3,610,340	3,661,234	3,471,891	(189,343)
Non Elective Excess Bed Days WIP	0	0	0	0	0	0	(10,857)	(10,857)	0	0	0	0	0	0	(35,703)	(35,703)
Elective Excess Bed Days	79	169	50	(119)	51,097	41,275	12,287	(28,889)	1,661	1,690	1,216	(474)	404,925	412,752	300,991	(111,761)
Elective Excess Bed Days WIP	0	0	0	0	0	0	(60,436)	(60,436)	0	0	0	0	0	0	(14,036)	(14,036)
Outpatient Firsts	24,889	24,669	24,639	(31)	3,274,574	3,223,640	3,208,674	(14,966)	239,582	244,661	244,415	(247)	32,191,563	31,977,882	32,511,075	533,192
Outpatient Follow Ups	33,845	33,021	34,502	1,481	2,849,651	2,778,573	2,847,611	69,038	323,489	326,208	322,847	(3,360)	27,364,477	27,188,144	27,283,850	95,705
Critical Care	1,595	1,382	1,439	57	1,335,716	1,143,603	1,137,896	(5,707)	7,074	13,695	15,902	2,206	8,049,496	11,283,756	12,239,084	955,328
Critical Care WIP	0	0	0	0	0	0	(32,810)	(32,810)	0	0	0	0	0	0	(456,220)	(456,220)
Maternity	830	981	1,005	24	979,525	879,469	803,551	(75,918)	9,871	9,813	10,032	219	8,596,773	8,794,690	8,445,726	(348,964)
Audiology	1,158	1,259	1,513	254	97,578	88,020	107,122	19,102	18,644	11,993	15,391	3,399	1,236,159	838,193	1,094,123	255,930
Block	-	-	-	-	847,498	828,281	828,281	0	0	1,155	1,155	(0)	8,474,978	8,307,799	8,307,798	(1)
Chemotherapy	2,684	2,977	3,113	136	404,762	384,614	396,374	11,760	28,170	29,256	31,315	2,059	3,652,640	3,706,874	3,968,779	261,904
Radiology	12,825	15,937	19,039	3,102	979,435	886,461	1,103,255	216,794	153,312	151,787	172,204	20,417	8,527,884	8,451,764	10,185,852	1,734,088
Gainshare & Admin Fee	-	-	-	-	99,171	75,836	74,855	(981)	0	758,359	796,531	38,172	958,722	758,359	796,531	38,172
Paediatric Cystic Fibrosis	0	0	29	29	0	0	11,697	11,697	0	0	293	293	0	0	119,175	119,175
Radiotherapy	2,335	2,385	2,119	(266)	422,664	434,114	388,222	(45,893)	22,619	23,851	22,539	(1,312)	4,194,815	4,341,144	4,146,321	(194,824)
Screening	4,442	6,202	6,897	695	444,838	473,772	402,246	(71,526)	61,900	61,254	69,070	7,816	3,926,005	4,435,285	4,043,587	(391,698)
Specialised Rehab	589	520	574	54	203,844	227,508	256,849	29,341	3,673	5,201	5,494	292	1,604,379	2,275,080	2,543,724	268,644
Specialised Rehab WIP	0	0	0	0	0	0	(39,444)	(39,444)	0	0	0	0	0	0	(40,292)	(40,292)
Therapies	4,799	6,175	5,755	(419)	236,206	223,979	210,016	(13,963)	61,294	58,798	59,577	779	2,208,970	2,132,887	2,171,956	39,069
Other - non PBR etc	0	0	0	0	144,869	192,787	175,627	(17,160)	0	0	0	0	5,117,754	1,755,348	1,818,701	63,352
<b>Activity sub total</b>	<b>115,783</b>	<b>120,016</b>	<b>128,482</b>	<b>8,466</b>	<b>29,953,783</b>	<b>28,734,872</b>	<b>30,602,452</b>	<b>1,867,580</b>	<b>1,196,441</b>	<b>1,948,154</b>	<b>2,040,178</b>	<b>92,024</b>	<b>285,646,580</b>	<b>290,231,680</b>	<b>296,895,663</b>	<b>6,663,982</b>
Passthrough					4,396,489	4,074,837	4,049,562	(25,275)					38,681,484	40,748,371	39,981,543	(766,828)
Readmissions					(180,772)	(246,839)	(246,839)	0					(1,807,716)	(2,497,590)	(2,497,590)	0
MRET					(510,758)	(237,989)	(620,958)	(382,969)					(3,009,083)	(2,411,696)	(4,026,382)	(1,614,686)
System Resilience					383,475	192,121	192,121	0					1,533,901	1,921,213	1,921,213	(0)
CQUIN					576,930	667,165	587,546	(79,620)					5,532,322	6,806,004	5,656,318	(1,149,686)
Fines					(56,081)	0	(113,815)	(113,815)					(446,336)	0	(1,272,776)	(1,272,776)
Fines Reinvested					0	0	0	0					0	0	0	0
AIV Challenges					0	0	(67,916)	(67,916)					0	0	(460,492)	(460,492)
PLCV Challenges					0	0	(100,000)	(100,000)					0	0	(1,000,000)	(1,000,000)
Other					0	0	(245,642)	(245,642)					0	0	(1,226,375)	(1,226,375)
Prior Year - Invoiced					(754,215)	0	(3,528)	(3,528)					(1,414,750)	0	541,026	541,026
Prior Year - Fines and Challenges					0	0	0	0					318,892	0	(154,903)	(154,903)
<b>Total Cost/Volume PODs (Non Passthrough)</b>					<b>29,412,362</b>	<b>29,109,330</b>	<b>29,983,421</b>	<b>874,091</b>					<b>286,353,811</b>	<b>294,049,611</b>	<b>294,375,702</b>	<b>326,091</b>
Passthrough					4,396,489	4,074,837	4,049,562	(25,275)					38,681,484	40,748,371	39,981,543	(766,828)
<b>Total (Inc Passthrough)</b>					<b>33,808,851</b>	<b>33,184,167</b>	<b>34,032,984</b>	<b>848,816</b>					<b>325,035,295</b>	<b>334,797,982</b>	<b>334,357,245</b>	<b>(440,737)</b>

## 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	Actual M10	Forecast M11	Forecast M12			
Accident & Emergency	12,231	12,963	12,696	13,452	12,429	12,034	12,318	12,067	11,990	10,813	10,214	11,568	144,776	134,397	10,378
Accident & Emergency Streaming	1,060	1,305	1,178	1,243	1,355	1,366	896	865	959	0	0	0	10,227	1,258	8,969
Daycases	5,422	5,512	5,474	5,607	5,460	4,907	5,795	5,761	4,815	5,394	5,135	5,549	64,830	63,260	1,571
Elective Spells	727	793	860	728	726	674	783	737	647	683	778	872	9,007	10,275	-1,267
Elective Spells WIP	0	0	0	0	0	0	1	2	3	0	0	0	0	0	0
Non Elective Spells	5,678	6,019	5,760	5,978	5,969	5,755	6,076	6,175	6,010	5,944	5,499	6,025	70,888	71,841	-953
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	1,130	854	1,504	1,504	1,504	17,647	18,051	-404
Non Elective Excess Bed Days WIP	0	0	0	0	0	0	1	2	3	0	0	0	0	0	0
Elective Excess Bed Days	79	184	90	110	178	126	139	75	185	169	169	169	1,673	2,028	-355
Elective Excess Bed Days WIP	0	0	0	0	0	0	1	2	3	0	0	0	0	0	0
Outpatient Firsts	23,352	25,649	24,645	26,018	24,444	23,331	26,635	25,766	19,936	24,669	23,509	24,965	292,919	293,135	-216
Outpatient Follow Ups	31,733	33,260	32,142	33,356	31,432	29,900	34,436	34,783	27,303	33,021	31,287	33,505	386,159	417,274	-31,115
													0	0	0
Critical Care	771	709	686	743	884	626	1,004	909	665	1,382	1,358	1,382	11,119	16,436	-5,316
Critical Care WIP	0	0	0	0	0	0	1	2	3	0	0	0	0	0	0
Maternity	1,032	1,013	1,000	1,026	974	1,008	1,077	965	932	981	981	981	11,971	11,776	196
Audiology	1,633	1,598	1,532	1,531	1,574	1,435	1,885	1,479	1,211	1,259	1,145	1,259	17,542	14,397	3,145
Block	-	-	-	-	-	-	-	-	-	0	0	0	0	0	0
Chemotherapy	2,945	3,127	2,983	3,173	3,236	3,001	3,458	3,357	2,922	2,977	2,879	2,977	37,035	35,113	1,922
Radiology	16,857	17,791	16,843	17,026	16,612	16,308	18,743	18,483	14,502	15,937	14,493	15,937	199,531	182,216	17,315
Gainshare & Admin Fee	-	-	-	-	-	-	-	-	-	0	0	0	0	0	0
Paediatric Cystic Fibrosis	31	31	31	31	28	28	28	28	28	28	28	28	348	0	348
Radiotherapy	1,998	2,341	2,302	2,065	2,208	2,085	2,581	2,547	2,293	2,385	2,385	2,385	27,575	28,622	-1,046
Screening	7,785	7,198	6,860	7,693	6,766	6,186	8,162	7,302	4,221	6,202	6,198	6,225	80,798	73,677	7,121
Specialised Rehab	554	36	810	812	321	647	762	584	394	520	520	520	6,480	6,241	239
Specialised Rehab WIP	0	0	0	0	0	0	1	2	3	0	0	0	0	0	0
Therapies	5,515	6,673	6,227	6,210	5,520	5,571	6,576	6,621	4,909	6,175	5,613	6,175	71,784	70,586	1,198
Other - non PbR etc	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Volumes accrued at first month end:</b>															
Uncoded inpatients	3,429	7,576	4,930	4,467	4,653	4,827	3,078	2,765	4,225	3,114	0	0			
Missing outcomes	8,372	8,884	4,000	3,540	1,989	4,695	4,140	6,389	7,505	5,931	0	0			
Pending admissions	175	110	69	81	132	227	482	192	167	250	0	0			
<b>Total Cost/Volume PODs (Non Passthrough)</b>	<b>121,080</b>	<b>127,849</b>	<b>123,554</b>	<b>128,531</b>	<b>121,554</b>	<b>116,742</b>	<b>132,829</b>	<b>129,644</b>	<b>104,791</b>	<b>120,044</b>	<b>113,696</b>	<b>122,025</b>	<b>1,462,309</b>	<b>1,450,580</b>	<b>11,729</b>
Passthrough	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Board Report Position</b>	<b>121,080</b>	<b>127,849</b>	<b>123,554</b>	<b>128,531</b>	<b>121,554</b>	<b>116,742</b>	<b>132,829</b>	<b>129,644</b>	<b>104,791</b>	<b>120,044</b>	<b>113,696</b>	<b>122,025</b>	<b>1,462,309</b>	<b>1,450,580</b>	<b>11,729</b>

# Excellence in rural healthcare

## FINANCE

### Income & Activity Run Rate - £ 2018/19

Income	Forecast (£k)														
	Actual M1	Actual M2	Actual M3	Actual M4	Actual M5	Actual M6	Actual M7	Actual M8	Actual M9	Actual M10	Forecast M11	Forecast M12	Forecast (FRP)	Full Year Plan	Variance
Accident & Emergency	1,741,684	1,881,831	1,830,428	1,949,728	1,818,583	1,752,047	1,789,262	1,754,730	1,751,188	1,795,548	1,651,735	1,851,805	21,568,569	20,078,517	1,490,051
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	3,127,001	2,543,152	3,037,064	2,768,476	2,975,591	34,232,455	33,450,526	781,929
Elective Spells	1,860,822	1,988,350	2,019,219	1,979,050	1,898,752	1,676,772	2,040,357	2,044,935	1,849,054	1,742,760	1,719,568	1,815,324	22,634,962	25,096,204	-2,461,242
Elective Spells WIP	0	0	320,121	201,331	-672,586	252,180	-176,795	-31,478	421,127	-426,648	56,374	56,374	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	11,891,598	11,654,775	11,590,573	9,856,236	10,551,194	128,548,477	124,356,622	4,191,856
Non Elective Spells WIP	0	0	290,837	-442,441	-121,854	309,204	-176,584	-659,391	305,284	-75,899	285,422	285,422	0	0	0
Non Elective Excess Bed Days	391,316	398,672	348,492	431,541	342,211	414,378	359,907	278,258	203,103	304,014	332,189	332,189	4,136,270	4,393,481	-257,212
Non Elective Excess Bed Days WIP	0	0	198,596	-218,298	38,698	72,678	-128,744	35,980	-23,757	-10,857	17,852	17,852	0	0	0
Elective Excess Bed Days	22,741	42,487	22,230	26,256	47,283	29,491	33,470	18,711	46,035	12,287	29,796	29,796	360,582	495,303	-134,721
Elective Excess Bed Days WIP	0	0	-14,875	-2,109	3,884	27,865	-7,294	12,570	26,418	-60,496	7,018	7,018	0	0	0
Outpatient Firsts	3,090,096	3,397,902	3,257,922	3,484,266	3,225,542	3,158,187	3,566,195	3,450,231	2,672,059	3,208,674	3,119,933	3,395,625	39,026,634	38,310,611	716,023
Outpatient Follow Ups	2,689,502	2,827,202	2,710,376	2,816,891	2,669,023	2,550,896	2,923,575	2,951,281	2,297,493	2,847,611	2,607,009	2,831,317	32,722,175	33,176,429	-454,254
Critical Care	1,331,970	1,054,991	1,128,557	1,181,599	1,362,218	863,728	1,678,149	1,355,206	1,144,770	1,137,896	1,213,377	1,235,549	14,688,009	13,541,957	1,146,052
Critical Care WIP	0	0	-44,023	19,315	-519,131	242,114	-240,142	-94,464	12,920	-32,810	228,110	228,110	0	0	0
Maternity	845,117	893,407	883,273	812,900	801,521	796,511	933,242	886,841	789,364	803,551	844,573	844,573	10,134,872	10,553,628	-418,757
Audiology	117,096	113,537	108,435	108,891	111,239	101,238	137,063	103,994	85,507	107,122	104,556	114,780	1,313,459	1,006,232	307,227
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	422,466	361,307	396,374	383,801	411,331	4,763,911	4,449,576	314,335
Radiology	962,858	1,015,892	978,192	1,010,265	991,408	1,008,643	1,120,524	1,099,372	895,444	1,103,255	976,190	1,065,443	12,227,485	10,146,049	2,081,437
Gainshare & Admin Fee	73,688	81,785	73,820	80,717	93,349	73,265	87,189	84,312	73,551	74,855	79,653	79,653	955,837	910,030	45,807
Paediatric Cystic Fibrosis	13,166	13,166	13,166	13,166	10,963	10,963	10,963	10,963	10,963	11,697	11,918	11,918	143,010	0	143,010
Radiotherapy	380,821	432,105	414,832	383,722	392,093	388,850	483,959	454,970	426,746	388,222	414,632	414,632	4,975,585	5,209,373	-233,788
Screening	463,594	414,751	411,236	434,116	426,767	356,219	455,601	415,360	263,697	402,246	404,359	404,359	4,852,304	5,390,329	-538,025
Specialised Rehab	231,303	16,121	396,885	363,906	152,354	277,025	368,919	267,350	213,012	256,849	254,372	254,372	3,052,469	2,730,096	322,373
Specialised Rehab WIP	0	0	0	48,097	97,873	-40,155	-130,236	7,287	16,286	-39,444	20,146	20,146	0	0	0
Therapies	201,418	246,828	224,887	223,822	199,792	206,359	240,245	242,393	176,197	210,016	207,514	227,896	2,607,366	2,560,482	46,884
Other - non Pbr etc	163,837	177,083	163,742	175,347	170,215	179,223	200,403	225,882	187,340	175,627	178,514	185,580	2,182,794	1,587,706	595,088
<b>Activity sub total</b>	<b>28,752,107</b>	<b>29,662,558</b>	<b>29,930,634</b>	<b>29,899,668</b>	<b>28,240,581</b>	<b>28,402,624</b>	<b>30,989,083</b>	<b>31,184,638</b>	<b>29,231,316</b>	<b>30,602,452</b>	<b>29,308,378</b>	<b>31,231,183</b>	<b>355,159,311</b>	<b>347,481,484</b>	<b>7,677,827</b>
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	-591,479	-502,306	-620,958	-345,101	-481,982	-4,853,465	-2,872,018	-1,981,447
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	572,272	564,590	572,302	551,120	523,452	596,414	599,102	532,689	587,546	544,403	1,102,616	7,303,337	8,136,206	-832,869
Fines	-106,606	-92,724	-359,664	-41,968	-48,499	-208,041	-114,557	-101,690	-85,212	-113,815	-113,815	-113,815	-1,500,406	0	-1,500,406
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	268,976	-417,086	-257,225	-257,225	-2,815,193	0	-2,815,193
<b>Total Cost/Volume PODs (Non Passthrough)</b>	<b>28,514,991</b>	<b>29,506,590</b>	<b>30,375,973</b>	<b>29,593,276</b>	<b>28,187,922</b>	<b>28,237,119</b>	<b>30,268,135</b>	<b>30,318,057</b>	<b>29,390,219</b>	<b>29,983,421</b>	<b>29,098,742</b>	<b>31,423,617</b>	<b>352,622,148</b>	<b>352,074,236</b>	<b>547,912</b>
Passthrough	3,827,224	4,339,175	3,968,860	4,012,522	4,292,339	3,214,119	4,657,671	4,495,343	3,124,728	4,049,562	3,998,154	3,998,154	47,977,852	48,898,045	-920,193
<b>Board Report Position</b>	<b>32,342,215</b>	<b>33,845,765</b>	<b>34,344,833</b>	<b>33,605,798</b>	<b>32,480,261</b>	<b>31,451,237</b>	<b>34,925,806</b>	<b>34,813,399</b>	<b>32,514,947</b>	<b>34,032,984</b>	<b>33,096,896</b>	<b>35,421,772</b>	<b>400,600,000</b>	<b>400,972,281</b>	<b>-372,281</b>

**FINANCE**

**Fines and Penalties update 2018/19**

Type	Item	YTD £k
Cancer	2ww breast symptomatic	- 215
Cancer	2ww suspect cancer	- 450
Cancer	31 first treatment - first definitive within 1 mth	-
Cancer	31 sub - drug	-
Cancer	31 sub - rt	-
Cancer	31 sub - surgery	- 45
Cancer	62 day - consultant upgrade	-
Cancer	62 day - screening referrals	- 8
Cancelled ops	Cancelled operations not reschedule within 28 days	- 364
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	- 168
Mixed sex	Mixed Sex Accommodation	- 0
MRSA, C Diff	MRSA	- 22
Fines	Remedial action plans	-
<b>Total</b>		<b>- 1,273</b>

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 10								
Other Income	Other Income: In-Month				Other Income: Year-To-Date			
	2017/18	2018/19			2017/18	2018/19		
	Jan £k Actual	Jan £k Plan	Jan £k Actual	Jan £k Variance	Apr - Jan £k Actual	Jan £k Plan	Jan £k Actual	Jan £k Variance
<b>NHS Patient Care Income</b>	34,512	33,449	35,070	1,621	325,829	338,289	340,323	2,034
Non NHS Private Patients	26	32	18	(14)	330	321	180	(141)
Overseas Visitors	51	28	1	(27)	245	274	156	(118)
Injury Cost Recovery Scheme	185	131	89	(42)	1,376	1,311	1,478	167
<b>Patient Care Income Total</b>	<b>34,774</b>	<b>33,640</b>	<b>35,178</b>	<b>1,538</b>	<b>327,780</b>	<b>340,195</b>	<b>342,137</b>	<b>1,942</b>
<b>Other Income</b>								
Research & Development	112	94	101	7	1,502	943	1,023	80
Education & Training	1,375	1,374	1,342	(32)	13,182	13,741	13,403	(338)
Non patient services to other bodies	568	573	520	(53)	5,337	5,734	5,408	(328)
STF	0	0	0	0	0	0	0	0
Car parking income	248	247	201	(46)	2,165	2,470	2,163	(307)
Catering income	175	172	77	(95)	1,771	1,714	781	(933)
Other Income	397	835	397	(438)	4,019	4,091	4,550	459
<b>Other Income Total</b>	<b>2,875</b>	<b>3,295</b>	<b>2,638</b>	<b>(657)</b>	<b>27,976</b>	<b>28,693</b>	<b>27,328</b>	<b>(1,365)</b>
<b>Total Income</b>	<b>37,649</b>	<b>36,935</b>	<b>37,816</b>	<b>881</b>	<b>355,756</b>	<b>368,888</b>	<b>369,465</b>	<b>577</b>

Overall, year to date Operating Income is £0.6m favourable to plan, despite the reported position including additional income of £4.2m to fund the excess cost of the A4C pay award over and above that funded within the tariff, £4.4m 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 offset in Operating Expenses).

The adverse movement to plan in the year to date position includes £4.0m in relation to contractual provisions (comprising of £1.3m for fines and penalties and £2.7m for contract challenges).

Operating Income is £2.6m 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 £2.1m 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	Full Year Plan	Forecast (FRP)	Variance	
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12				
<b>NHS Patient Care Income</b>	31,421	34,603	34,017	34,525	34,992	32,425	34,231	35,300	33,740	35,069	32,255	34,941	404,983	407,520	2,537	
Non NHS Private Patients	14	19	18	24	25	13	19	10	19	19	17	19	385	216	(169)	
Overseas Visitors	33	4	22	54	17	2	79	(79)	22	2	15	16	330	188	(142)	
Injury Cost Recovery Scheme	76	(23)	40	83	80	18	1,057	(26)	84	89	143	155	1,573	1,777	204	
<b>Patient Care Income Total</b>	<b>31,544</b>	<b>34,603</b>	<b>34,097</b>	<b>34,686</b>	<b>35,114</b>	<b>32,458</b>	<b>35,386</b>	<b>35,205</b>	<b>33,865</b>	<b>35,179</b>	<b>32,432</b>	<b>35,132</b>	<b>407,271</b>	<b>409,700</b>	<b>2,429</b>	
<b>Other Income</b>																
Research & Development	96	97	94	116	94	97	114	105	109	101	101	135	1,131	1,259	128	
Education & Training	1,306	1,330	1,337	1,323	1,322	1,318	1,303	1,457	1,366	1,341	1,507	1,948	16,489	16,858	369	
Non patient services to other bodies	515	473	803	580	537	554	521	363	542	520	534	712	6,881	6,655	(226)	
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	201	210	280	2,964	2,652	(312)	
Catering income	70	80	73	81	73	75	89	83	80	77	75	100	2,058	957	(1,101)	
Other Income	376	316	335	542	983	328	432	413	428	397	440	1,058	4,817	6,048	1,231	
<b>Other Income Total</b>	<b>2,583</b>	<b>2,544</b>	<b>2,853</b>	<b>2,890</b>	<b>3,256</b>	<b>2,604</b>	<b>2,677</b>	<b>2,623</b>	<b>2,661</b>	<b>2,637</b>	<b>2,867</b>	<b>4,234</b>	<b>34,340</b>	<b>34,429</b>	<b>89</b>	
<b>Total Income</b>	<b>34,127</b>	<b>37,147</b>	<b>36,950</b>	<b>37,576</b>	<b>38,370</b>	<b>35,062</b>	<b>38,063</b>	<b>37,828</b>	<b>36,526</b>	<b>37,816</b>	<b>35,298</b>	<b>39,365</b>	<b>441,611</b>	<b>444,129</b>	<b>2,518</b>	

**FINANCE**

**Pay Summary 2018/19**

**2018/19 Pay Summary: YTD Month 10**

Staff Groups	Pay: In-Month				Pay: Year-To-Date			
	2017/18	2018/19			2017/18	2018/19		
	Jan £k Actual	Jan £k Plan	Jan £k Actual	Jan £k Variance	Apr - Jan £k Actual	Jan £k Plan	Jan £k Actual	Jan £k Variance
<b>Substantive:</b>								
Registered Nursing, Midwifery and Health visiting staff	6,993	7,270	7,077	193	70,303	71,698	69,630	2,068
Health Care Scientists and Scientific, Therapeutic and Technical staff	2,537	2,536	2,626	(90)	24,858	25,170	25,472	(302)
Qualified Ambulance Service staff	0	0	0	0	0	0	0	0
Support to clinical staff	4,464	4,474	4,698	(224)	44,284	44,494	46,144	(1,650)
Medical and Dental Staff	6,584	6,806	6,367	439	65,319	67,034	64,839	2,195
Non-Medical - Non-Clinical Staff	2,541	2,635	2,646	(11)	25,033	24,093	25,759	(1,666)
<b>Bank:</b>								
Registered Nursing, Midwifery and Health visiting staff	-2,334	333	489	(156)	3,079	3,334	4,621	(1,287)
Health Care Scientists and Scientific, Therapeutic and Technical staff	27	30	44	(14)	295	301	441	(140)
Qualified Ambulance Service staff	0	0	0	0	0	0	0	0
Support to clinical staff	2,018	311	382	(71)	3,071	3,105	3,703	(598)
Medical and Dental Staff	718	737	1,096	(359)	7,218	7,378	8,813	(1,435)
Non-Medical - Non-Clinical Staff	1,148	179	286	(107)	1,579	1,787	2,346	(559)
<b>Agency:</b>								
Registered Nursing, Midwifery and Health visiting staff	682	423	1,073	(650)	6,732	5,277	8,099	(2,822)
Health Care Scientists and Scientific, Therapeutic and Technical staff	145	54	136	(82)	1,458	911	1,270	(359)
Qualified Ambulance Service staff	0	0	0	0	0	0	0	0
Support to clinical staff	5	1	45	(44)	6	8	122	(114)
Medical and Dental Staff	1,502	1,339	2,067	(728)	15,003	14,381	18,992	(4,611)
Non-Medical - Non-Clinical Staff	171	88	215	(127)	1,661	1,018	1,313	(295)
Apprentice levy	103	102	109	(7)	1,017	1,019	1,065	(46)
Capitalised staff	(58)	0	(60)	60	(585)	0	(552)	552
<b>Total Pay</b>	<b>27,246</b>	<b>27,318</b>	<b>29,294</b>	<b>(1,976)</b>	<b>270,331</b>	<b>271,008</b>	<b>282,075</b>	<b>(11,067)</b>

Pay year to date is £11.1m adverse to plan. Whilst the Trust has received additional income of £4.2m 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 £8.1m 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, and then rising steeply in January. This in part reflects the increase in substantive staffing numbers, which have risen by 93wte since August. This includes an increase of 75wte in nursing numbers, 25wte in non clinical numbers and 15wte in STT numbers; as well as a reduction of 18wte in medical staffing and 4wte in other support staff. In-month, medical staffing contracted numbers increased by 2wte, non-clinical staffing increased by 4wte and nurse staffing reduced by 10wte.

Expenditure on temporary staffing is £12.2m higher than planned. Expenditure on temporary staffing is rising: from £13.3m in the first quarter to £14.8m in

**FINANCE**

**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	Actual M10 £000s	Forecast M11 £000s	Forecast M12 £000s			
<b>Substantive:</b>															
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	7,077	7,404	7,223	86,128	84,257	1,871
Health Care Scientists and Scientific, Therapeutic and	2,478	2,499	2,499	2,505	2,607	2,543	2,532	2,581	2,605	2,626	2,704	2,638	30,204	30,814	(610)
Qualified Ambulance Service staff	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Support to clinical staff	4,459	4,428	4,484	4,602	5,092	4,612	4,594	4,604	4,572	4,698	4,906	4,786	53,373	55,836	(2,463)
Medical and Dental Staff	6,442	6,620	6,608	6,470	6,554	6,519	6,290	6,548	6,421	6,367	6,921	6,752	80,542	78,512	2,030
Non-Medical - Non-Clinical Staff	2,557	2,445	2,505	2,535	2,691	2,576	2,622	2,582	2,599	2,646	2,737	2,672	29,323	31,169	(1,846)
<b>Bank:</b>															
Registered Nursing, Midwifery and Health visiting staff	582	450	442	463	461	466	423	449	395	489	454	454	4,001	5,530	(1,529)
Health Care Scientists and Scientific, Therapeutic and	55	39	40	40	40	39	48	56	39	44	44	44	361	528	(167)
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	382	365	365	3,727	4,433	(706)
Medical and Dental Staff	907	759	806	781	930	815	824	966	929	1,096	848	848	8,853	10,510	(1,657)
Non-Medical - Non-Clinical Staff	219	156	123	200	236	282	298	294	252	286	227	227	2,144	2,799	(655)
<b>Agency:</b>															
Registered Nursing, Midwifery and Health visiting staff	494	755	751	804	851	820	830	850	871	1,073	737	737	6,123	9,572	(3,449)
Health Care Scientists and Scientific, Therapeutic and	193	118	127	185	145	68	109	99	90	136	119	119	1,019	1,508	(489)
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	45	8	8	10	138	(128)
Medical and Dental Staff	1,506	1,736	1,761	1,881	1,863	1,900	2,123	1,992	2,164	2,067	1,774	1,774	17,059	22,541	(5,482)
Non-Medical - Non-Clinical Staff	69	82	95	114	88	124	159	192	175	215	115	115	1,193	1,543	(350)
<b>Apprentice levy</b>	103	103	104	105	113	107	106	109	106	109	110	110	1,223	1,285	(62)
<b>Capitalised staff</b>	0	(12)	(51)	(11)	(171)	(80)	(54)	(57)	(56)	(60)	(60)	(60)	0	(672)	672
<b>Items included in Non pay:</b>															
Operating expenses: research and development	(115)	(112)	(105)	(117)	(121)	(113)	(110)	(108)	(106)	(96)	(106)	(106)	(1,440)	(1,315)	(125)
Operating expenses: education and training	(131)	(114)	(118)	(123)	(118)	(115)	(114)	(105)	(106)	(140)	(106)	(106)	(1,740)	(1,396)	(344)
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
<b>Total Cost £</b>	<b>27,463</b>	<b>27,398</b>	<b>27,483</b>	<b>27,858</b>	<b>29,090</b>	<b>28,169</b>	<b>28,274</b>	<b>28,517</b>	<b>28,529</b>	<b>29,294</b>	<b>29,413</b>	<b>28,813</b>	<b>325,283</b>	<b>340,301</b>	<b>(15,018)</b>

**FINANCE**

**Non Pay Summary 2018/19**

2018/19 Non Pay Summary: YTD Month 10									
Non Pay	Non Pay: In-Month				Non Pay: Year-To-Date				
	2017/18	2018/19			2017/18	2018/19			Jan £k Variance
	Jan £k Actual	Jan £k Plan	Jan £k Actual	Jan £k Variance	Apr - Jan £k Actual	Jan £k Plan	Jan £k Actual		
Ambulance Services	193	163	175	(12)	1,537	1,658	1,370	288	
Clinical Supplies & Services	4,550	4,348	5,351	(1,003)	47,948	45,428	51,596	(6,168)	
Drugs	1,775	425	561	(136)	28,245	25,463	24,358	1,105	
Drugs Pass through	3,027	4,075	3,755	320	15,338	20,374	20,390	(16)	
Establishment Expenditure	374	399	507	(108)	3,862	3,953	5,318	(1,365)	
General Supplies & Services	706	542	1,046	(504)	6,472	5,849	10,377	(4,528)	
Other	579	1,213	483	730	5,612	7,295	2,377	4,918	
Premises & Fixed Plant	1,531	1,655	1,688	(33)	15,656	16,463	14,849	1,614	
Clinical Negligence	1,823	1,781	1,774	7	18,235	17,732	17,741	(9)	
Capital charges	1,100	1,025	909	116	9,500	10,083	6,223	3,860	
<b>Total Non Pay</b>	<b>15,658</b>	<b>15,626</b>	<b>16,249</b>	<b>(623)</b>	<b>152,405</b>	<b>154,298</b>	<b>154,599</b>	<b>(301)</b>	

Non Pay worsened in-month by £0.6m, and year to date is £0.3m adverse to plan. However, the year to date position includes £0.5m charge as a result of a technical adjustment (for which there is an equal and opposite effect in Operating Income), £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 £4.1m adverse to plan.

Lower than planned delivery of Financial Efficiency savings has adversely impact the year to date Non Pay position by £3.8m. Actions are being taken to support increasing the pace and delivery of schemes.

From the run rate analysis, non pay to date has averaged £15.6m per month to date if we exclude impairments, and the forecast assumes an average run rate of £14.8m in the final two months of 2018/19.

**Non Pay Run Rate 2018/19**

Non Pay	£k														
	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	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	174	118	131	1,618	1,983	365
Clinical Supplies & Services	4,667	5,352	5,043	5,187	5,178	4,720	5,199	5,600	5,299	5,351	4,553	5,011	61,160	53,743	(7,417)
Drugs	442	649	417	410	555	513	650	73	497	562	(94)	326	4,998	5,900	902
Drugs Pass through	3,827	4,337	3,825	4,220	4,180	3,194	4,373	4,647	3,622	3,755	4,075	4,075	48,131	48,898	767
Establishment Expenditure	420	440	790	551	560	539	544	347	620	507	474	454	6,246	4,748	(1,498)
General Supplies & Services	603	1,272	996	1,092	1,145	1,010	1,245	1,103	864	1,047	919	1,016	12,312	6,903	(5,409)
Other	700	(191)	163	171	255	133	(181)	206	640	481	195	192	2,764	9,776	7,012
Premises & Fixed Plant	1,568	1,616	1,164	1,309	1,432	951	1,735	1,589	1,798	1,687	1,296	1,243	17,387	19,765	2,378
Clinical Negligence	1,774	1,775	1,774	1,775	1,774	1,775	1,770	1,775	1,774	1,775	1,775	1,775	21,291	21,294	3
Capital charges	981	981	968	952	950	944	(2,300)	933	906	908	897	1,096	8,216	12,093	3,877
<b>Total Non Pay</b>	<b>15,037</b>	<b>16,311</b>	<b>15,198</b>	<b>15,751</b>	<b>16,250</b>	<b>13,955</b>	<b>13,204</b>	<b>16,441</b>	<b>16,205</b>	<b>16,247</b>	<b>14,206</b>	<b>15,319</b>	<b>184,123</b>	<b>185,103</b>	<b>980</b>



## FINANCE

### Finance Efficiency Programme (FEP) Summary 2018/19

Financial Efficiency Programme Report Reporting Month : Jan 2019

**Trust Summary Position**

Financial Actuals & RAG Rating

**M10**

**Finance Position**

**Financial Commentary - Month 10 Position**

	In Month			YTD			
	Plan £k	Actual £k	Variance £k	Plan £k	Actual £k	Variance £k	RAG
FEP	2,838	2,691	(147)	19,235	11,370	(7,865)	R

	YTD ACTUAL £k	FORECAST £k
Recurrent	8,874	11,403
Non Recurrent	2,496	3,699
<b>TOTAL</b>	<b>11,370</b>	<b>15,102</b>

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

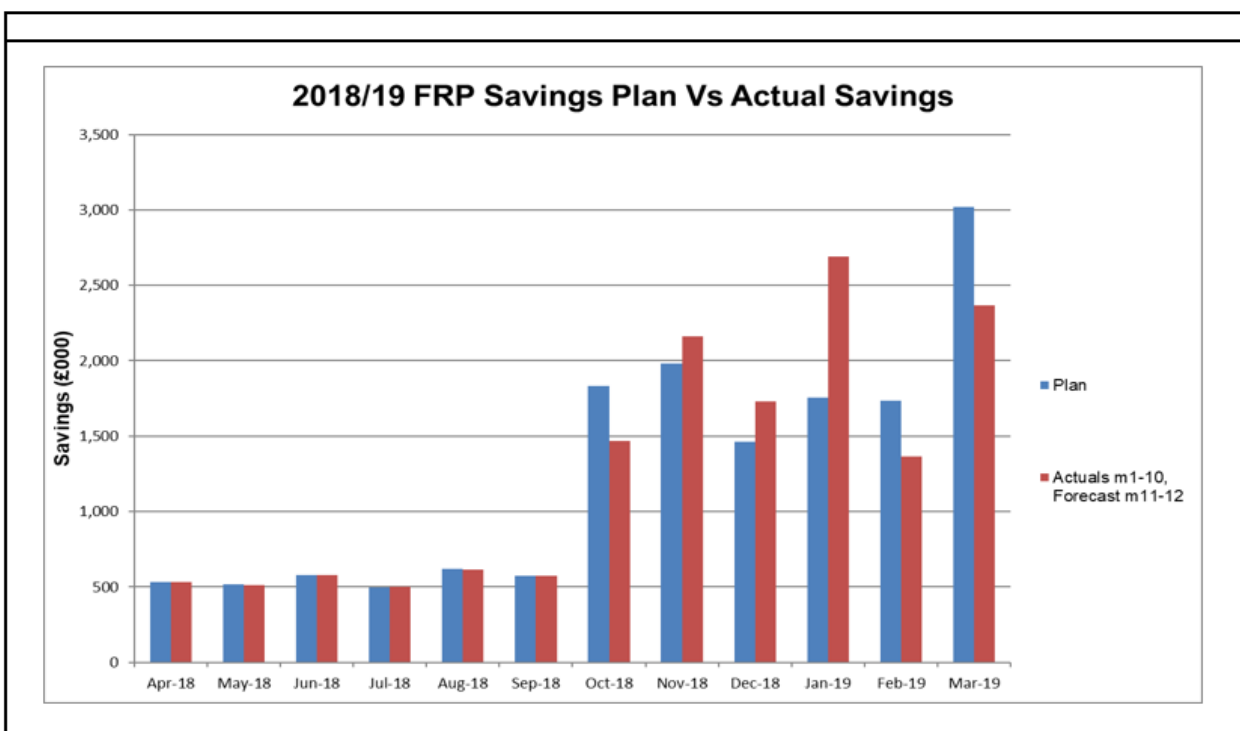
The financial plan assumed that savings of £19.2m would have been delivered by the end of Month 10. Financial Efficiency savings of £2.7m were delivered in Month 10, taking the value of savings delivered year to date to £11.4m, or £7.9m adverse to plan.

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 £1.0m higher than assumed within the FRP.

Delivery year to date includes a non-recurrent receipt of £0.7m in relation to the gain realised from the sale of land at the site of the former Welland Hospital. However, £0.2m of this gain was not expected till March, such that £0.2m of the over delivery of FEP is a timing difference rather than real over delivery.



**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
<b><i>Operating Revenue</i></b>			
Revenue from Patient Care Activities	394.5	407.3	409.7
Other Operating Revenue	38.6	34.3	33.8
<b>Total Operating Revenue</b>	<b>433.2</b>	<b>441.6</b>	<b>443.5</b>
<b><i>Operating Expenses</i></b>			
Employee Benefits	322.7	325.3	340.3
Operating Expenses	175.2	173.0	175.0
<b>Total - Operating Expenses</b>	<b>498.0</b>	<b>498.3</b>	<b>515.3</b>
Operating Deficit	-64.8	-56.7	-71.8
<b><i>Non-Operating Expenses</i></b>			
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
<b>Total - Non-Operating Expenses</b>	<b>32.3</b>	<b>17.6</b>	<b>14.4</b>
Retained Deficit	-97.1	-74.3	-86.2
Allowable adjustments against control total	12.3	-0.4	-3.2
<b>total</b>	<b>-84.8</b>	<b>-74.7</b>	<b>-89.4</b>

FINANCE

Statement of Financial Position January 2019

	Year end		Year to date			Monthly Actual 2018/19										Plan Outturn		
	31 March 2018		31 January 2019			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-Dec-18	31 March 2019			
	Actual	Plan	Actual	Plan	Variance	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Variance		
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000		
<b>Non-current assets</b>																		
Intangible assets	6,148	3,759	4,984	5,708	(724)	6,016	5,884	5,752	5,621	5,489	5,357	5,228	5,098	4,974	5,403	5,488	(85)	
Property, plant and equipment: on-SoFP IFRIC 12 assets	22,843	22,492	26,980	22,553	4,427	22,814	22,788	22,760	22,731	22,703	22,675	27,064	27,036	27,008	26,923	22,495	4,428	
Property, plant and equipment: other	184,708	205,628	194,692	208,106	(13,414)	184,025	184,010	183,989	185,097	186,000	186,615	188,566	190,581	192,863	209,794	213,599	(3,805)	
Trade and other receivables: due from non-NHS/DHSC group bodies	1,828	1,477	1,662	1,828	(166)	1,085	1,160	1,144	1,137	1,102	1,153	1,515	1,519	1,525	1,600	1,828	(228)	
<b>Total non-current assets</b>	<b>215,527</b>	<b>233,356</b>	<b>228,318</b>	<b>238,195</b>	<b>(9,877)</b>	<b>213,940</b>	<b>213,842</b>	<b>213,645</b>	<b>214,586</b>	<b>215,294</b>	<b>215,800</b>	<b>222,373</b>	<b>224,234</b>	<b>226,370</b>	<b>243,720</b>	<b>243,410</b>	<b>310</b>	
<b>Current assets</b>																		
Inventories	6,799	7,430	7,382	6,799	583	6,919	6,997	6,878	7,023	6,902	6,923	7,282	7,081	7,083	7,350	6,799	551	
Trade and other receivables: due from NHS and DHSC group bodies	19,737	12,876	14,491	17,664	(3,173)	17,379	15,862	20,002	18,722	19,855	17,992	19,377	19,372	15,469	18,000	17,664	336	
Trade and other receivables: Due from non-NHS/DHSC group bodies	5,656	8,000	7,602	4,870	2,732	8,041	9,281	9,405	10,153	9,731	7,817	8,473	10,246	8,351	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	660	660	0	660	
Cash and cash equivalents: GBS/NLF	10,523	1,078	10,778	2,146	8,632	6,317	2,790	1,626	1,242	1,234	1,528	3,773	618	4,970	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	8	10	10	0	
<b>Total current assets</b>	<b>43,950</b>	<b>29,384</b>	<b>40,921</b>	<b>31,489</b>	<b>9,432</b>	<b>39,890</b>	<b>36,164</b>	<b>39,145</b>	<b>38,374</b>	<b>38,957</b>	<b>35,494</b>	<b>40,140</b>	<b>37,986</b>	<b>36,541</b>	<b>41,263</b>	<b>35,464</b>	<b>5,799</b>	
<b>Current liabilities</b>																		
Trade and other payables: capital	(11,727)	(3,314)	(4,233)	(3,468)	(765)	(6,105)	(3,689)	(3,445)	(3,666)	(3,671)	(3,329)	(4,897)	(4,482)	(4,613)	(12,447)	(4,723)	(7,724)	
Trade and other payables: non-capital	(41,754)	(37,108)	(41,156)	(37,057)	(4,099)	(44,901)	(44,171)	(44,126)	(43,294)	(44,356)	(41,323)	(45,211)	(46,237)	(41,293)	(45,819)	(38,039)	(7,780)	
Borrowings	(36,157)	(1,093)	(101,644)	(69,808)	(31,836)	(36,142)	(36,455)	(36,440)	(36,425)	(36,410)	(36,335)	(36,320)	(35,977)	(45,427)	(114,506)	(77,359)	(37,147)	
Provisions	(735)	(843)	(572)	(735)	163	(732)	(690)	(690)	(656)	(679)	(640)	(684)	(677)	(584)	(572)	(735)	163	
Other liabilities: deferred income	(2,707)	(2,331)	(1,439)	(2,707)	1,268	(1,140)	(1,020)	(977)	(1,184)	(983)	(1,115)	(1,555)	(1,454)	(1,182)	(1,200)	(2,707)	1,507	
Other liabilities: other	(503)	(503)	(503)	(503)	0	(503)	(503)	(503)	(503)	(503)	(503)	(503)	(503)	(503)	(503)	(503)	0	
<b>Total current liabilities</b>	<b>(93,583)</b>	<b>(45,192)</b>	<b>(149,547)</b>	<b>(114,278)</b>	<b>(35,269)</b>	<b>(89,523)</b>	<b>(86,528)</b>	<b>(86,181)</b>	<b>(85,728)</b>	<b>(86,602)</b>	<b>(83,245)</b>	<b>(89,170)</b>	<b>(89,330)</b>	<b>(93,602)</b>	<b>(175,047)</b>	<b>(124,066)</b>	<b>(50,981)</b>	
<b>Net Current liabilities</b>	<b>(49,633)</b>	<b>(15,808)</b>	<b>(108,626)</b>	<b>(82,789)</b>	<b>(25,837)</b>	<b>(49,633)</b>	<b>(50,364)</b>	<b>(47,036)</b>	<b>(47,354)</b>	<b>(47,645)</b>	<b>(47,751)</b>	<b>(49,030)</b>	<b>(51,344)</b>	<b>(57,061)</b>	<b>(133,784)</b>	<b>(88,602)</b>	<b>(45,182)</b>	
<b>Total assets less current liabilities</b>	<b>165,894</b>	<b>217,548</b>	<b>119,692</b>	<b>155,406</b>	<b>(35,714)</b>	<b>164,307</b>	<b>163,478</b>	<b>166,609</b>	<b>167,232</b>	<b>167,649</b>	<b>168,049</b>	<b>173,343</b>	<b>172,890</b>	<b>169,309</b>	<b>109,936</b>	<b>154,808</b>	<b>(44,872)</b>	
<b>Non-current liabilities</b>																		
Borrowings	(165,075)	(156,058)	(187,869)	(215,648)	27,779	(172,291)	(178,405)	(187,740)	(194,918)	(202,860)	(210,872)	(218,926)	(224,271)	(229,017)	(190,989)	(228,888)	37,899	
Provisions	(2,994)	(2,413)	(2,912)	(2,961)	49	(2,994)	(3,091)	(3,091)	(3,091)	(3,108)	(3,108)	(3,108)	(3,083)	(3,021)	(2,863)	(2,911)	48	
Other liabilities: other	(13,584)	(13,583)	(13,165)	(13,164)	(1)	(13,543)	(13,501)	(13,459)	(13,417)	(13,375)	(13,333)	(13,291)	(13,249)	(13,207)	(13,081)	(13,081)	0	
<b>Total non-current liabilities</b>	<b>(181,653)</b>	<b>(172,054)</b>	<b>(203,946)</b>	<b>(231,773)</b>	<b>27,827</b>	<b>(188,828)</b>	<b>(194,997)</b>	<b>(204,290)</b>	<b>(211,426)</b>	<b>(219,343)</b>	<b>(227,313)</b>	<b>(235,325)</b>	<b>(240,603)</b>	<b>(245,245)</b>	<b>(206,933)</b>	<b>(244,880)</b>	<b>37,947</b>	
<b>Total net assets employed</b>	<b>(15,759)</b>	<b>45,494</b>	<b>(84,254)</b>	<b>(76,367)</b>	<b>(7,887)</b>	<b>(24,521)</b>	<b>(31,519)</b>	<b>(37,681)</b>	<b>(44,194)</b>	<b>(51,694)</b>	<b>(59,264)</b>	<b>(61,982)</b>	<b>(67,713)</b>	<b>(75,936)</b>	<b>(96,997)</b>	<b>(90,072)</b>	<b>(6,925)</b>	
<b>Financed by</b>																		
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	259,350	260,912	257,563	3,349	
Revaluation reserve	35,284	42,448	35,381	34,575	806	35,215	35,143	35,072	35,001	34,931	34,860	35,972	35,901	35,452	35,260	34,455	805	
Other reserves	190	190	190	190	0	190	190	190	190	190	190	190	190	190	190	190	0	
Income and expenditure reserve	(308,796)	(253,890)	(379,175)	(368,695)	(10,480)	(317,489)	(324,415)	(330,506)	(336,948)	(344,378)	(351,877)	(355,707)	(362,597)	(370,928)	(393,359)	(382,280)	(11,079)	
<b>Total taxpayers' and others' equity</b>	<b>(15,759)</b>	<b>45,494</b>	<b>(84,254)</b>	<b>(76,367)</b>	<b>(7,887)</b>	<b>(24,521)</b>	<b>(31,519)</b>	<b>(37,681)</b>	<b>(44,194)</b>	<b>(51,694)</b>	<b>(59,264)</b>	<b>(61,982)</b>	<b>(67,713)</b>	<b>(75,936)</b>	<b>(96,997)</b>	<b>(90,072)</b>	<b>(6,925)</b>	

0

<b>BORROWINGS</b>																		
<b>Current</b>																		
Borrowings: finance leases	(152)	0	0	0	0	(137)	(122)	(107)	(92)	(77)	(62)	(46)	(31)	(16)	0	0	0	
Borrowings: DHSC capital loans	(328)	(635)	(1,415)	(2,429)	(3,844)	(328)	(656)	(656)	(656)	(656)	(656)	(656)	(656)	(656)	(1,007)	(2,073)	(2,429)	356
Borrowings: DHSC working capital / revenue support loans	(35,618)	0	(100,229)	(67,379)	(167,608)	(35,618)	(35,618)	(35,618)	(35,618)	(35,618)	(35,618)	(35,618)	(35,618)	(44,404)	(112,433)	(74,930)	(37,503)	
Borrowings: DHSC revolving working capital facilities	0	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)	0	0	0	0	0	0	0	
<b>Total current borrowings</b>	<b>(36,157)</b>	<b>(1,093)</b>	<b>(101,644)</b>	<b>(69,808)</b>	<b>(171,452)</b>	<b>(36,142)</b>	<b>(36,455)</b>	<b>(36,440)</b>	<b>(36,425)</b>	<b>(36,410)</b>	<b>(36,336)</b>	<b>(36,320)</b>	<b>(35,977)</b>	<b>(45,427)</b>	<b>(114,506)</b>	<b>(77,359)</b>	<b>(37,147)</b>	
<b>Non-current</b>																		
Borrowings: DHSC capital loans	(9,172)	(2,542)	(21,944)	(26,243)	(48,187)	(9,172)	(8,845)	(8,845)	(8,845)	(11,745)	(14,721)	(17,732)	(17,732)	(17,097)	(27,137)	(33,343)	6,206	
Borrowings: DHSC working capital / revenue support loans	(155,903)	(99,915)	(165,925)	(189,405)	(355,330)	(163,119)	(169,560)	(178,895)	(186,073)	(191,115)	(196,151)	(201,194)	(206,539)	(211,920)	(163,852)	(195,545)	31,693	
<b>Total non-current borrowings</b>	<b>(165,075)</b>	<b>(156,058)</b>	<b>(187,869)</b>	<b>(215,648)</b>	<b>(403,517)</b>	<b>(172,291)</b>	<b>(178,405)</b>	<b>(187,740)</b>	<b>(194,918)</b>	<b>(202,860)</b>	<b>(210,872)</b>	<b>(218,926)</b>	<b>(224,271)</b>	<b>(229,017)</b>	<b>(190,989)</b>	<b>(228,888)</b>	<b>37,899</b>	

## FINANCE

### Cash Report 2018/19 Month 10

The cash balance at 31 January 2019 was £10.7m. This includes revenue and capital cash loans drawn in April 2018 - January 2019 of £73.1 / 14.2m 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 £4.2m. Delays in the capital programme will however mean capital creditors increase at 31 March 2019 to circa £12.4m. The 2018/19 capital programme has been substantially behind plan for much of the financial year, as a consequence, although the Trust I&E deficit is £13.6m 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 (excluding accrued interest) at 31 January were £288.0m and are forecast based upon the revised forecast outturn (£89.4m) to rise to £303.6m by the end of 2018/19. As a consequence of this borrowing costs are anticipated to be £6.1m in I&E terms, and in cash terms £5.5m. The financial plan assumed that from August all new and existing borrowing rates at 6% would be revised to 3.5%. In practice, whilst rates on new loans have reduced to 3.5% earlier than planned in May, existing borrowing rates have remained unchanged.

Year to date	Plan £k	Actual £k	Variance £k
Cash balance	2,155	10,786	8,631

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	(56,419)	(67,210)	(10,791)
Depreciation	10,083	9,458	(625)
Other Non Cash I&E Items	(572)	(3,391)	(2,819)
Movement in Working Capital	(2,793)	1,054	3,847
Provisions	(33)	(185)	(152)
<b>Cashflow from Operations</b>	<b>(49,734)</b>	<b>(60,274)</b>	<b>(10,540)</b>
Interest received	20	93	73
Capital Expenditure	(40,438)	(25,337)	15,101
Cash receipt from asset sales	2,288	1,301	(987)
<b>Cash from / (used in) investing activities</b>	<b>(38,130)</b>	<b>(23,943)</b>	<b>14,187</b>
PDC Received	0	1,787	1,787
PDC Repaid	0	0	0
Dividends Paid	0	677	677
Interest on Loans, PFI and leases	(4,743)	(4,760)	(17)
Capital element of leases	(147)	(152)	(5)
Drawdown on debt - Revenue	65,263	73,118	7,855
Drawdown on debt - Capital	19,500	14,187	(5,313)
Repayment of debt	(387)	(387)	0
<b>Cashflow from financing</b>	<b>79,486</b>	<b>84,470</b>	<b>4,984</b>
<b>Net Cash Inflow / (Outflow)</b>	<b>(8,378)</b>	<b>253</b>	<b>8,631</b>
Opening cash balance	10,533	10,533	0
Closing Cash balance	2,155	10,786	8,631

Year End Plan	Plan £k	Actual £k	Variance £k
Operating Surplus	(68,775)	(80,296)	(11,521)
Depreciation	12,093	11,450	(643)
Other Non Cash I&E Items	(592)	(3,826)	(3,234)
Movement in Working Capital	(2,497)	480	2,468
Provisions	(83)	(234)	(151)
<b>Cashflow from Operations</b>	<b>(59,854)</b>	<b>(72,426)</b>	<b>(13,081)</b>
Interest received	24	115	91
Capital Expenditure	(46,388)	(34,142)	12,246
Cash receipt from asset sales	2,288	1,301	(477)
<b>Cash from / (used in) investing activities</b>	<b>(44,076)</b>	<b>(32,726)</b>	<b>11,860</b>
PDC Received	0	3,349	3,349
PDC Repaid	0	0	0
Dividends Paid	0	677	677
Interest on Loans, PFI and leases	(5,470)	(5,594)	(124)
Capital element of leases	(147)	(152)	(5)
Drawdown on debt - Revenue	78,954	82,879	3,925
Drawdown on debt - Capital	26,600	20,000	(6,600)
Repayment of debt	(387)	(387)	0
<b>Cashflow from financing</b>	<b>99,550</b>	<b>100,772</b>	<b>1,222</b>
<b>Net Cash Inflow / (Outflow)</b>	<b>(4,380)</b>	<b>(4,380)</b>	<b>(0)</b>
Opening cash balance	10,533	10,533	0
Closing Cash balance	6,153	6,153	(0)

The cash balance of £10.8m at 31 January reflects a number of factors:  
 - the reduction in capital creditors from the year end high of £11.7m to £4.2m;  
 - delays in the 2018/19 capital programme.  
 These in turn have impacted upon the level of capital cash utilised (plan £40.4m : actual £25.3m). As a consequence the Trust has to date drawn only £14.2m against the approved capital loan. Reflecting this the Trust has submitted and had approved 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 £73.1m have been drawn in the first ten months (£68.9m (18/19) and £4.3m (17/18) deficit financing). This is against the backdrop of an I&E deficit to January of £74.7m. 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 £11.9m

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. (NB - Although not reflected in the above table NHSI / DHSC have approved carry forward of a further £3.0m of the fire safety capital loan into 2019/20)  
 Despite reducing the capital programme, it is anticipated that the Trust will still be carrying a year end capital creditor of circa £12.4m 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 £82.9m (£78.6m: 2018/19 deficit support; plus £4.2m 2017/18 deficit support).

## FINANCE

### Capital Report 2018/19 Month 10

The capital spend to date is £13.3m behind plan. **Fire**, is significantly underspent by £11.7m: Fire-works package 1, 2, 3 and 4 at Lincoln have slipped behind original plan by £4.6m; Pilgrim Fire-works package 1, 2 and 3 are under-plan by £670k, £1045k and £1.1m respectively and Fire PHB enabling scheme is currently £1.5m behind plan; Grantham Fire-works packages 1 and 2 are behind plan by £504k and £1.2m; Emergency lighting is behind plan at Lincoln by £954k. **IT**, overall is ahead of the original plan by £302k, as a note the IT allocations have recently been revised and will be updated in next months report. **Medical Devices Group** favourable variance has decreased this month to £485k (from £524k). The forecast position remains to spend the full allocation provided. **Facilities** schemes are behind plan by £1.0m. Within this 'Theatre infrastructure review' continues to be behind plan, currently by £645k. This is alongside a number of other schemes that are yet to start i.e. Generators (£300k), Water access, tanks, compliance and purity (£283k), Maternity Wing drains (£195k) and Food storage (£100k). **Other Capital Allocations** – Service Development & Modernisation / Diagnostic Capacity / Quality and Elective plans: Schemes are progressing and there is a commitment to spend the full allocation across 3 category areas by 31st March 2019. The allocations are fluid between the 3 sections and currently spend is £359k ahead of plans although this is mainly due to the Pilgrim works development being ahead of the financial plan phasing (£1.7m).

The forecast position has changed in M10 due to the agreement to defer a further £3.0m of 'fire' allocation into 2019/20 - Estates have notified that 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	31,100	17,841	13,258

Year End Forecast	Plan £k	Actual £k	Variance £k
Capital Balance	41,426	31,826	9,600

Year to date	Plan £k	Actual £k	Variance £k
Medical Equipment replacement	1,584	1,099	485
Estates - Fire	20,596	8,901	11,694
ICT	2,518	2,820	-302
Estates - Backlog	1,287	266	1,021
Service developments	5,115	4,756	359
<b>Total</b>	<b>31,100</b>	<b>17,841</b>	<b>13,257</b>

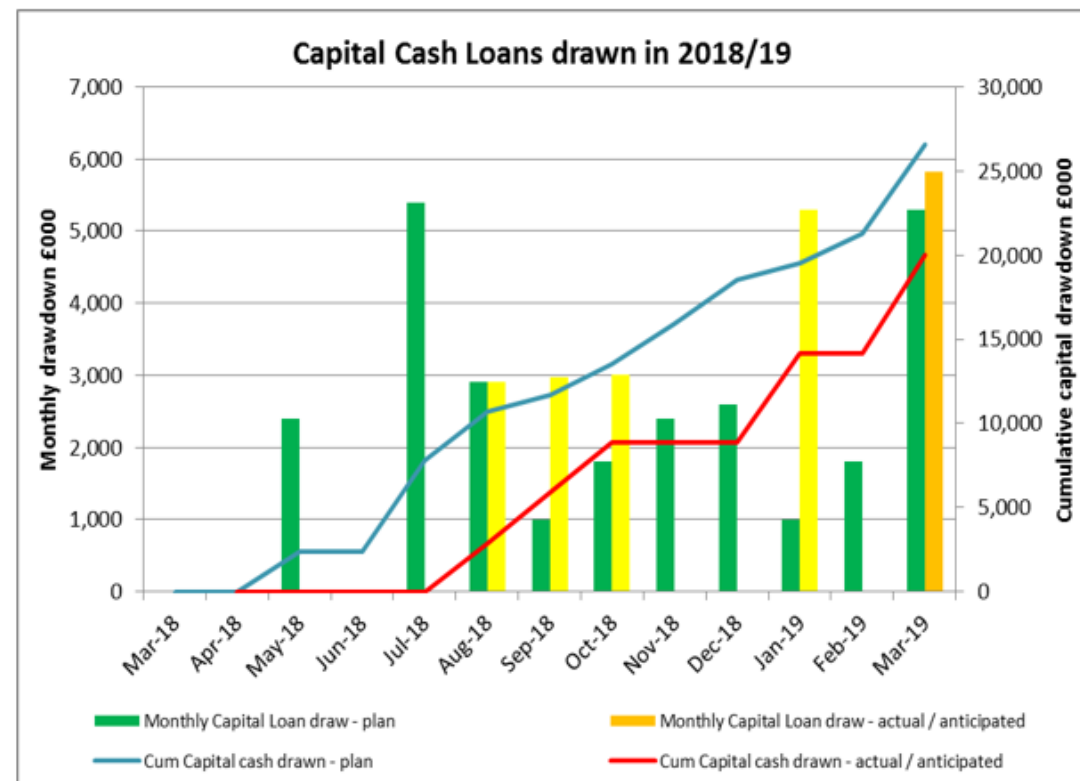
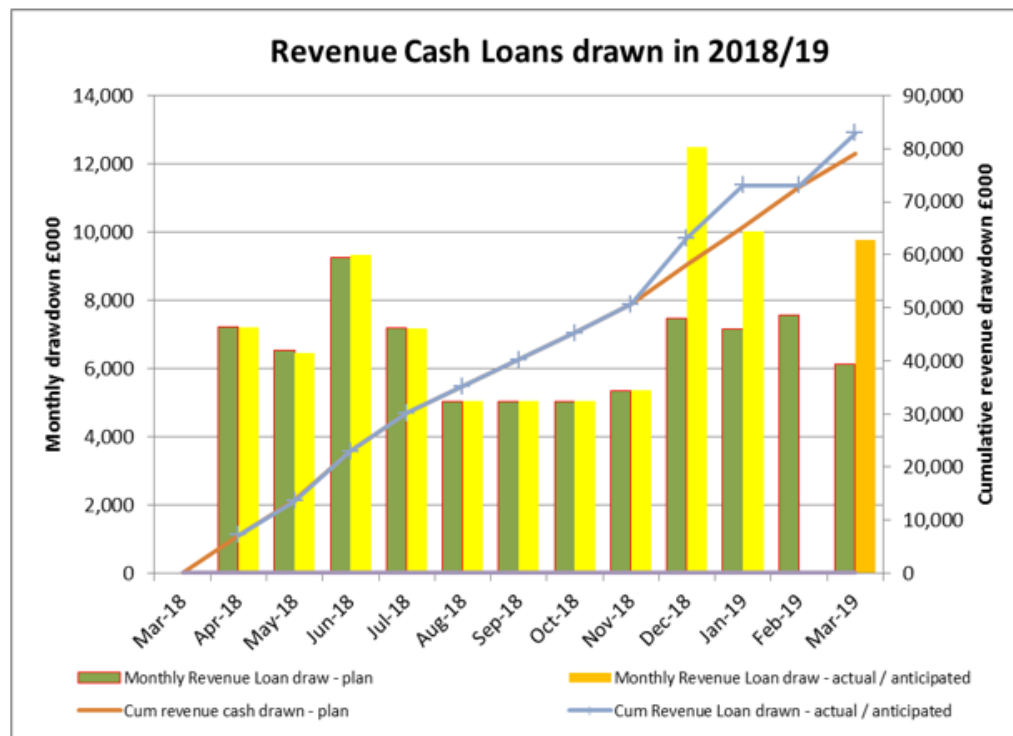
Year End Forecast	Plan £k	Actual £k	Variance £k
Medical Equipment replacement	2,500	2,500	0
Estates - Fire	26,600	17,000	9,600
ICT	3,716	3,716	0
Estates - Backlog	1,287	1,287	0
Service developments	7,323	7,323	0
<b>Total</b>	<b>41,426</b>	<b>31,826</b>	<b>9,600</b>

#### Risks

Whilst profiled the Trust has a significant capital requirement to be spent in the remaining 2 months of the financial year, the majority of which relates to fire. Backlog spend has been confirmed will deliver by Estates. Service Developments, IT and MDG have risk based plans to deliver the spend as per plan and variances are due to timing.

## FINANCE

### Revenue and Capital Borrowing



#### Revenue Borrowing

The Trust has drawn cash loans of £73.1m during the ten months to January 2019. This includes £4.3m deficit support relating to 2017/18.

The forecast deficit was revised in quarter three from £74.7m (plan) to £89.4m. Revenue borrowings, originally planned at £79.0m have increased to £82.9m (Deficit support 18/19 - £78.6m, 17/18 - £4.3m). The differential between the forecast deficit and the level of 18/19 deficit support is offset by a significant increase in the level of capital creditors to that anticipated at plan.

The I&E deficit versus plan at the end of December is £74.7m. 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 £14.2m has been drawn to the end of January 2019.

**The capital programme remains behind plan.** Having reviewed progress against the 2018/19 fire safety programme and after taking advice from estate professionals, a decision was taken to approach the DHSC via NHSI to request carry forward of £6.6m into 2019/20 along with the £2.1m loan agreed in 2017/18. NHSI agreed this carry forward in early February.

Subsequent to this, although not reflected in the tables above, NHSI have agreed a further £3.0m carry forward into 2019/20. The revised capital loan drawdown in 2018/19 will therefore be £17.0m. Even allowing for this carry forward the year end capital creditor is anticipated to be circa £12.4m.

## 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 January 2019 meeting approved borrowings for March 2019 (Revenue £7.761m and Capital £5.813m) and before this approved revenue borrowing of £7.080m for February.

The delays in the capital programme and therefore availability of capital cash has meant the Trust will not now require either revenue or capital cash in February.

**The Board is requested to approve amendments to the borrowing authorised for March 2019:**

**Revenue £9.761m**

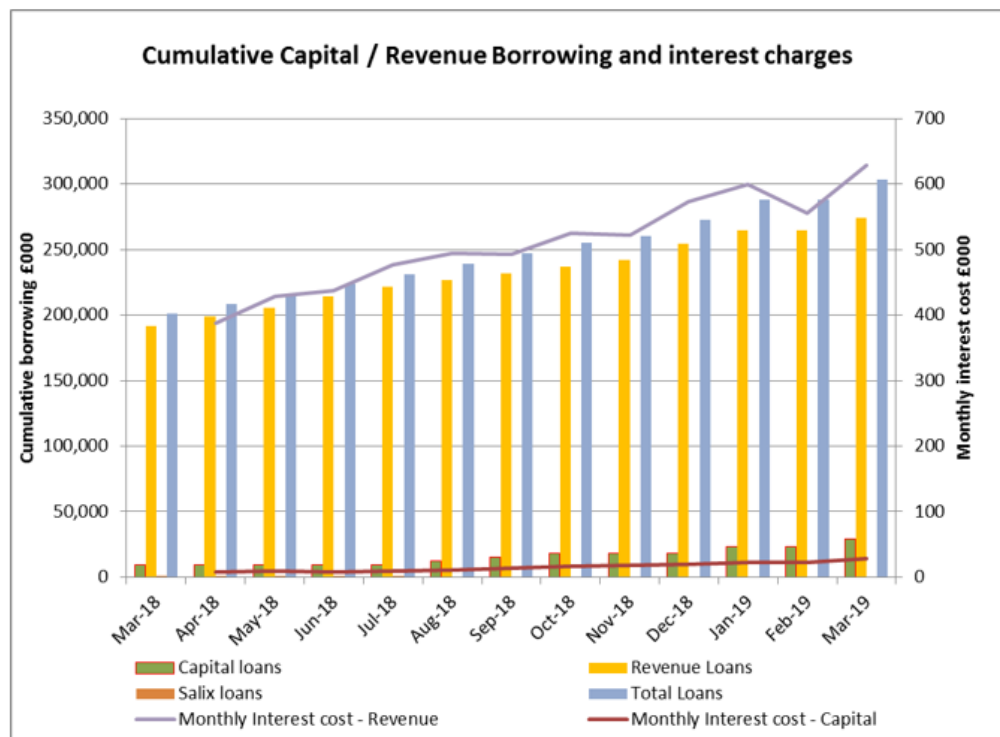
**Capital £2.813m**

**The board is also requested to approve borrowing in April 2019 in line with the draft 2019/20 financial plan:**

**Revenue £5.612m**

## FINANCE

### Cumulative Trust Borrowing



#### Borrowings and Interest

At 31 January 2019 total 'repayable' borrowings (excluding accrued interest) were £288.0m, capital (£23.4m) and revenue (£264.6m).

Borrowings are anticipated to increase to £303.6m by the 31 March 2019.

Existing loans are held at a variety of interest rates, Capital 1.1% (£9.2m) & 1.37% (£14.2m), Revenue 1.5% (£155.3m), 3.5% (£65.9m) & 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 3.5%.)

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 £6.3m (Revenue £6.1m / Capital £0.2m).

Changes in accounting standards in 2018/19 mean that any accrued interest (Jan 19 - £1.5m) is now reported as part of overall borrowings on the Statement of Financial Position.

#### 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	14.2	Nov-33	Repayments commencing Aug 2019 thereafter every 6 months. Annual repayment £0.4m.		

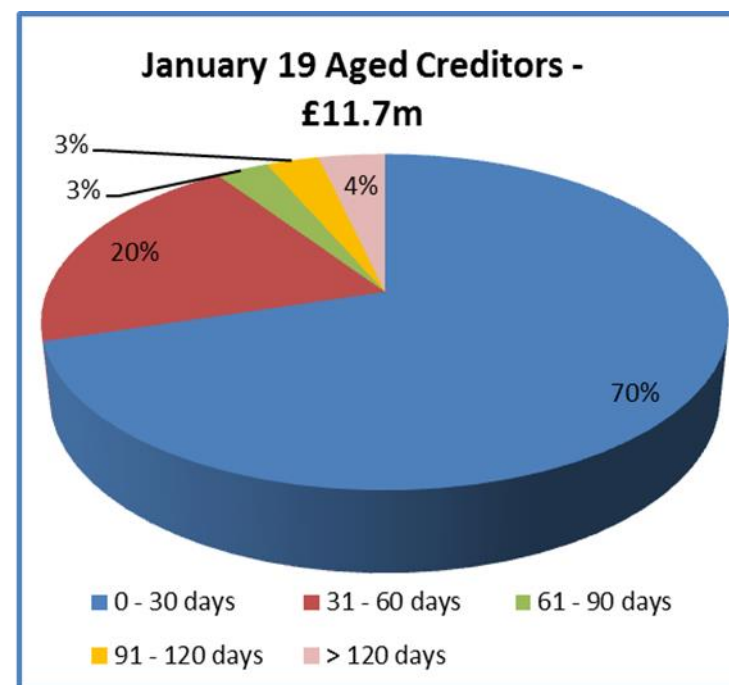
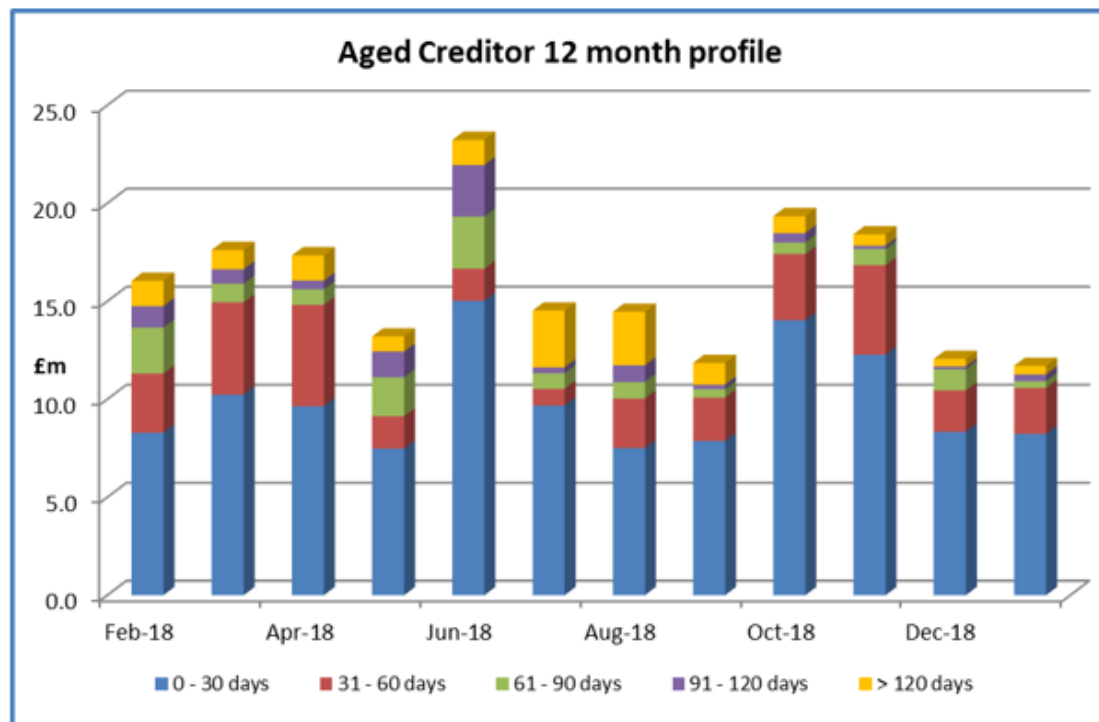
  

Type	Loan £m	Repayment	Loan £m	Repayment	Repayment Terms
Revenue	35.6	tbc	6.0	Dec-20	The terms of each loan state that there is to be a single one off repayment in full. It is anticipated however that some form of re-financing will take place. The means by which this might be transacted is uncertain at this stage.
	4.6	Nov-19	6.0	Jan-21	
	2.5	Dec-19	6.0	Feb-21	
	52.0	Jan-20	5.4	Mar-21	
	4.1	Jan-20	7.2	Apr-21	
	4.2	Feb-20	6.4	May-21	
	7.6	Mar-20	9.3	Jun-21	
	6.2	Apr-20	7.2	Jul-21	
	5.8	May-20	5.0	Aug-21	
	5.5	Jun-20	5.0	Sep-21	
	11.0	Jul-20	5.0	Oct-21	
	7.0	Aug-20	5.4	Nov-21	
	9.3	Sep-20	12.5	Dec-21	
	6.6	Oct-20	10.0	Jan-22	
6.2	Nov-20				



## FINANCE

### Creditor Payments



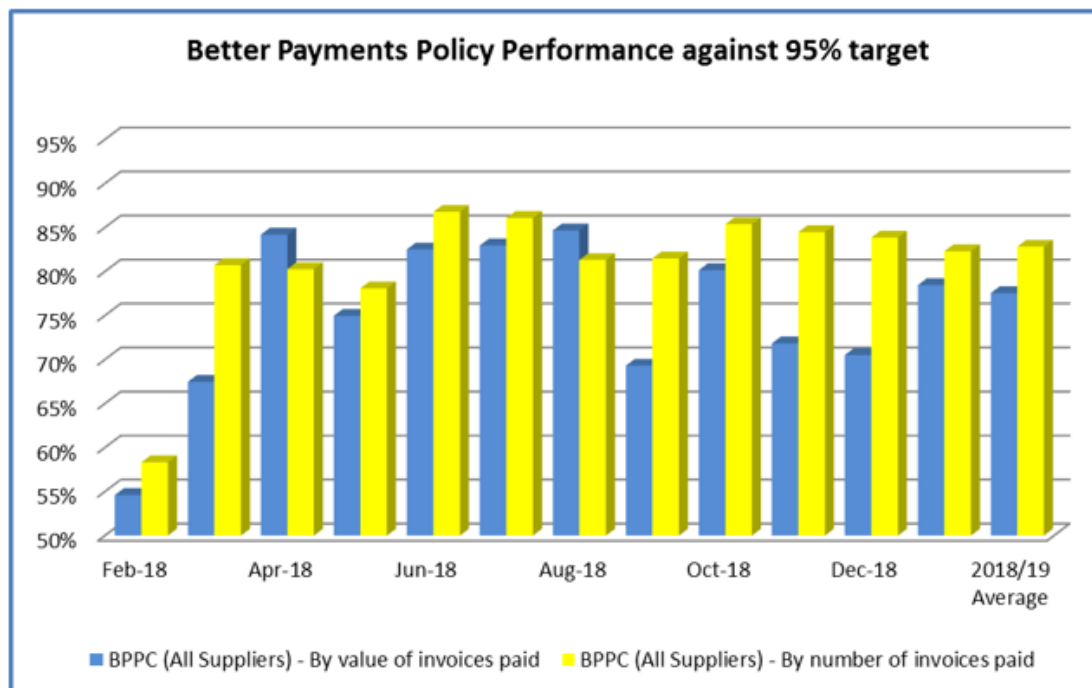
#### Creditors

Total Creditors were £11.7m at 31 January 2019, of which £3.5m were over 30 days (£0.8m > 90 days). Focusing further upon those invoices over 30 days, £0.3m had been authorised and were ready to pay at month end. Of the remaining £3.2m over 30 days, £2.2m (68%) relates to just ten suppliers. The reasons for delays in payment to suppliers has been investigated and in each case the Trust is taking action where appropriate / working with the supplier and internal departments to resolve issues - £1.2m of these invoices were either paid, authorised or cancelled within the first week in February.

The Finance and Procurement Teams continue to enforce the policy of requiring suppliers to provide a purchase order before payment is made. At 31 January there were 172 separate invoices (£0.4m) spread across 85 suppliers where payment is delayed awaiting a purchase order.

## FINANCE

### Performance against the Better Payments Target



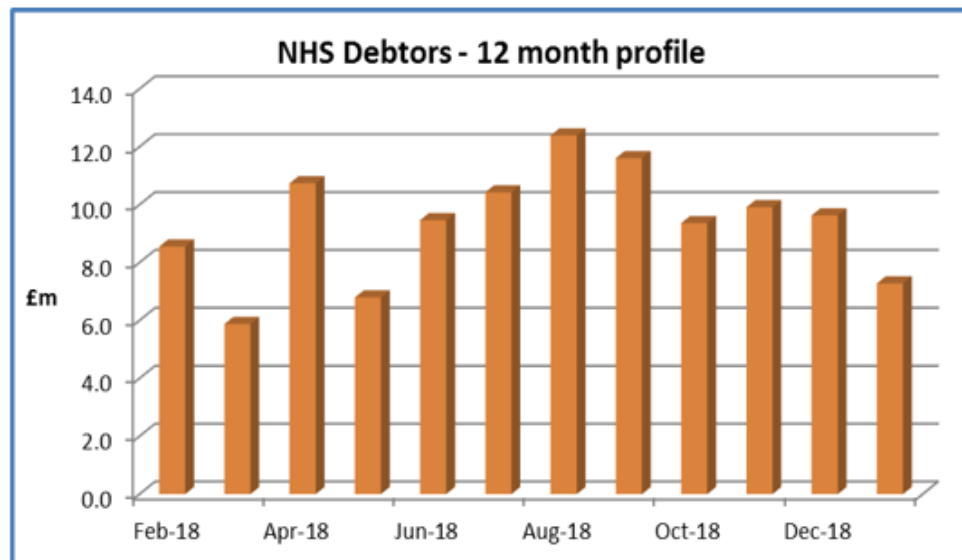
The Better Payment Practice Code (BPPC) requires the Trust to aim to pay all valid invoices by the due date or within 30 days (whichever is the latter).

The year to date and January 2019 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	2034	40,038	106,445	169,429
Total bills paid within target	1253	32,380	88,596	130,082
% of bills paid within target YTD	61.60%	80.87%	83.23%	76.78%
% of bills paid within January 2019	73.44%	91.77%	82.48%	74.92%

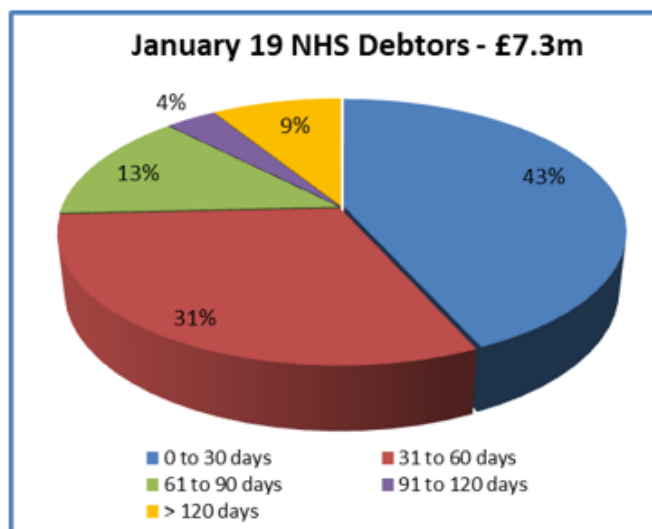
## FINANCE

### 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	1,540	920	530	38	175	3,203	213
CCGs - Other	344	103	139	81	80	747	161
Trusts - Lincolnshire	447	12	41	26	17	543	43
Trusts - Other	516	322	204	90	345	1,477	435
Other NHS	299	897	64	16	28	1,304	44
<b>Total</b>	<b>3,146</b>	<b>2,254</b>	<b>978</b>	<b>251</b>	<b>645</b>	<b>7,274</b>	<b>896</b>

The level of aged debt > 90 days has reduced significantly from £4.7m in October to £0.9m at 31 January. 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 242 invoices > 90 days at 31 January 2019

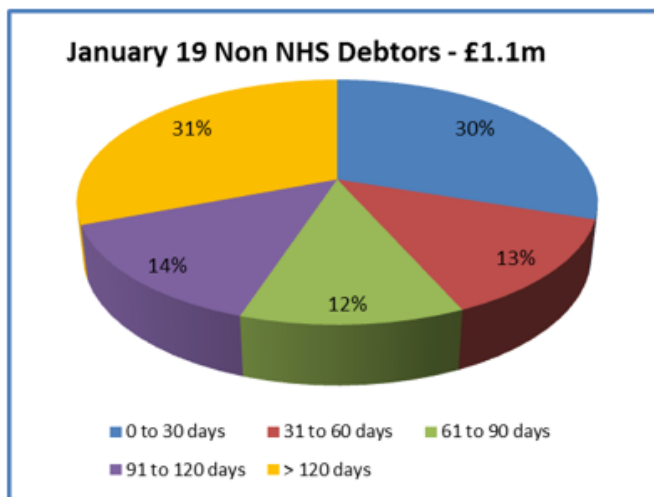
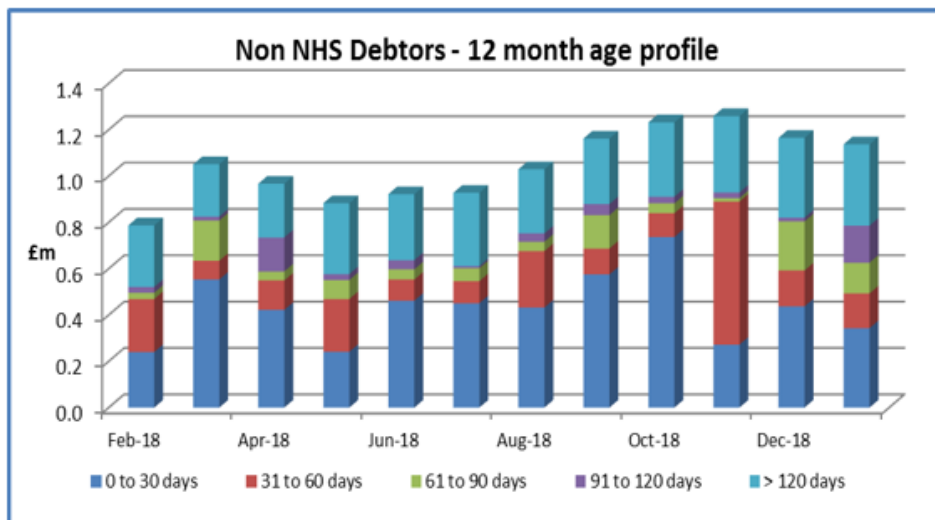


The level of NHS debt over the last 12 months is shown in the table above, while the table left focuses upon the aged split at 31 January 2019.

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

## FINANCE

### Non-NHS Receivables



The level of Non-NHS debt over the last 12 months is shown in the table above, while the table left focuses upon the aged split at 31 January 2019.

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

Description	Totals outstanding debt £						90+ days
	0 - 30 days	31 - 60 days	61 - 90 days	91 - 120 days	120 + days	Grand Total	
Overseas Visitors	(3,461)	22,676	12,689	35,818	178,954	246,676	214,772
Debt Collection - Overseas	135			0	77,537	77,672	77,537
NHS Non English	3,285	(82)	728	5,403	16,482	25,816	21,885
Misc	256,015	115,775	72,807	95,166	4,148	543,911	99,314
Salary Overpayments	72,103	8,278	43,879	19,173	14,407	157,840	33,580
Private Patients	1,137	243				1,380	0
Debt Collection - General	908	0	0	485	41,445	42,838	41,930
Agreed Installment Plans	0	45	270	3,478	12,134	15,927	15,612
<b>Grand Total</b>	<b>330,122</b>	<b>146,935</b>	<b>130,373</b>	<b>159,523</b>	<b>345,107</b>	<b>1,112,060</b>	<b>504,630</b>

The balance over 90 days (£0.5m) comprises relatively high volume (262) low value invoices. Of this total £0.1m is being actively managed by the Trust Debt collection agency.

## FINANCE

### External Financing Limit and Capital Resource Limits

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

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

Position as at 31 January 2019

External Financing Limit Target (EFL)	Forecast £000s	Performance against Capital Resource Limit (CRL) Target	Forecast £000s
<b>Anticipated EFL at Plan</b>	<b>109,400</b>	<b>Anticipated CRL at Plan</b>	<b>38,159</b>
<b>Opening EFL allocated to Trust</b>		<b>Opening CRL allocated to Trust</b>	
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
<b>Initial EFL</b>	<b>8,257</b>	<b>Initial CRL</b>	<b>11,109</b>
<b>Confirmed / actioned adjustments</b>		<b>Confirmed / actioned adjustments</b>	
Interim revenue support loan: deficit financing 2017/18 additional deficit financing	68,864	Fire safety loan repayments	450
Adjustment to closing cash: Plan resubmission June 18	4,254	Fire safety - Loan drawdown	14,187
Fire safety loan repayments	-328	Places of Safety in Emergency Depts - PDC allocation	72
Fire safety - Loan drawdown	14,187	Urgent & Emergency Care - Winter Fund - PDC allocation	1,787
Places of Safety in Emergency Depts - PDC allocation	72	Patient WiFi - PDC allocation	90
Urgent & Emergency Care - Winter Fund - PDC allocation	1,787	Salix Loan repayment	-59
Patient WiFi - PDC allocation	90		
Salix Loan repayment	-59		
<b>Current Notified EFL</b>	<b>93,100</b>	<b>Current Notified CRL</b>	<b>27,695</b>
<b>Anticipated adjustments</b>		<b>Anticipated adjustments</b>	
Fire safety - Loan	2,813	Fire safety - Loan	2,813
E-Health Records - PDC allocation	975	E-Health Records - PDC allocation	975
Cybersecurity - PDC allocation	175	Cybersecurity - PDC allocation	175
Pharmacy Robot - PDC allocation	250	Pharmacy Robot - PDC allocation	250
Interim revenue support loan: deficit financing	14,841	Capital element of Finance leases - repayment	-5
Capital element of Finance leases - repayment	-5		
<b>Anticipated EFL</b>	<b>112,149</b>	<b>Anticipated CRL Target</b>	<b>31,903</b>
		<b>Forecast Capital expenditure</b>	<b>32,419</b>
		<b>Less Capital funded via Charitable Donations</b>	<b>-592</b>
		<b>Less Net book value of disposed assets</b>	<b>-567</b>
		<b>Charge against CRL</b>	<b>31,260</b>
		<b>(Over) / Under shoot against CRL target</b>	<b>643</b>

## 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	37,815		
Operating Expenditure	-42,501	-43,710	-42,682	-43,609	-45,376	-42,134	-41,429	-44,957	-44,735	-45,541		
Efficiency	534	515	580	501	617	572	1,470	2,161	1,729	2,691		
Agency	-2,262	-2,692	-2,741	-2,987	-2,948	-2,912	-3,222	-3,134	-3,361	-3,535		
Capital	84	764	785	1,881	1,735	1,370	2,757	2,781	3,059	2,626		
Operating Surplus/Deficit	-8,374	-6,563	-5,733	-6,032	-7,006	-7,070	-3,370	-7,126	-8,209	-7,726		

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	369,465	369,465	369,465
Operating Expenditure	-42,501	-86,211	-128,893	-172,502	-217,878	-260,012	-301,441	-346,398	-391,133	-436,674	-436,674	-436,674
Efficiency	534	1,049	1,629	2,130	2,747	3,319	4,789	6,950	8,679	11,370	11,370	11,370
Agency	-2,262	-4,954	-7,695	-10,682	-13,630	-16,542	-19,764	-22,898	-26,259	-29,794	-29,794	-29,794
Capital	84	847	1,633	3,513	5,248	6,618	9,375	12,156	15,215	17,841	17,841	17,841
Operating Surplus/Deficit	-8,374	-14,937	-20,670	-26,702	-33,708	-40,778	-44,148	-51,274	-59,483	-67,209	-67,209	-67,209

## 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	880		
Operating Expenditure	276	-770	401	-1,175	-3,357	-170	917	-2,491	-2,401	-2,597		
Efficiency	32	-127	-440	-1,274	-1,145	-1,649	-1,084	-1,077	-954	-147		
Agency	43	-459	-308	-601	-723	-689	-1,149	-1,224	-1,459	-1,630		
Capital	0	42	1,122	1,088	2,406	2,535	1,842	1,676	1,143	1,405		
Operating Surplus/Deficit	-1,373	-262	59	-1,541	-1,614	-2,102	1,133	-2,000	-1,373	-1,717		

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	577	577	577
Operating Expenditure	276	-494	-93	-1,268	-4,625	-4,795	-3,879	-6,370	-8,771	-11,368	-11,368	-11,368
Efficiency	32	-95	-535	-1,809	-2,954	-4,603	-5,687	-6,764	-7,718	-7,865	-7,865	-7,865
Agency	43	-416	-724	-1,325	-2,048	-2,737	-3,886	-5,110	-6,569	-8,199	-8,199	-8,199
Capital	0	42	1,164	2,252	4,658	7,193	9,035	10,711	11,854	13,259	13,259	13,259
Operating Surplus/Deficit	-1,373	-1,635	-1,576	-3,117	-4,731	-6,833	-5,701	-7,701	-9,074	-10,791	-10,791	-10,791

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%	2.38%		
Operating Expenditure	0.65%	-1.79%	0.93%	-2.77%	-7.99%	-0.41%	2.17%	-5.87%	-5.67%	-6.05%		
Efficiency	6.37%	-19.78%	-43.14%	-71.77%	-64.98%	-74.25%	-42.44%	-33.26%	-35.56%	-5.18%		
Agency	1.87%	-20.56%	-12.66%	-25.19%	-32.49%	-30.99%	-55.43%	-64.11%	-76.69%	-85.56%		
Capital	0.00%	5.17%	58.82%	36.66%	58.10%	64.92%	40.05%	37.60%	27.20%	34.85%		
Operating Surplus/Deficit	-19.61%	-4.16%	1.02%	-34.32%	-29.94%	-42.31%	25.16%	-39.02%	-20.09%	-28.58%		

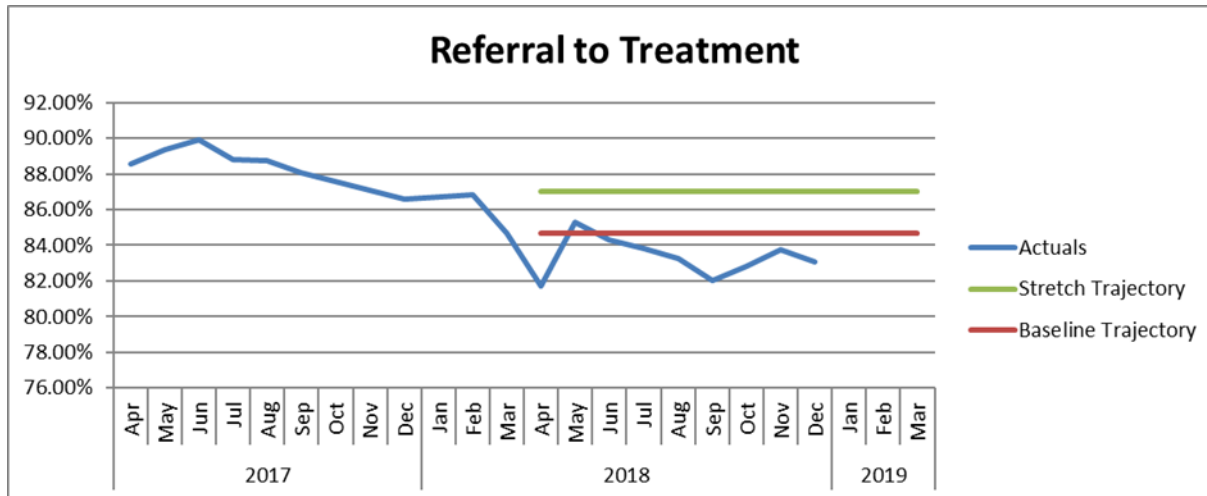
Cumulative Variance	April	May	June	July	August	September	October	November	December	January	February	March
Operating Income	-4.61%	-1.58%	-1.35%	-1.25%	-0.06%	-0.92%	-0.70%	-0.45%	-0.09%	0.16%		
Operating Expenditure	0.65%	-0.58%	-0.07%	-0.74%	-2.17%	-1.88%	-1.30%	-1.87%	-2.29%	-2.67%		
Efficiency	6.37%	-8.30%	-24.72%	-45.93%	-51.82%	-58.10%	-54.29%	-49.32%	-47.07%	-40.89%		
Agency	1.87%	-9.17%	-10.39%	-14.16%	-17.68%	-19.83%	-24.47%	-28.73%	-33.36%	-37.97%		
Capital	0.00%	4.68%	41.61%	39.06%	47.02%	52.08%	49.08%	46.84%	43.79%	42.63%		
Operating Surplus/Deficit	-19.61%	-12.29%	-8.26%	-13.22%	-16.33%	-20.13%	-14.83%	-17.67%	-18.00%	-19.13%		

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

## OPERATIONAL PERFORMANCE

### Referral to Treatment – 18 Weeks

R



Lead: Mark Brassington, Chief Operating Officer

Timescale: December 2018

Trajectory: 87% stretch ambition by March 2019

#### Key Issues:

- December reduced the Total Incomplete Pathways by 1697 which is a reduction of 4.4%. There was also a slight reduction in the 18 week+ backlog of 26 (0.41%)
- The 18week+ backlog reduction appears to be carried across all specialities with the exception of Neurology, showing an increase of 77 patients, (22.77% increase), Urology with an increase of 87 patients (24.72% increase), and Dermatology also had a small increase in 18week+ patients, with an extra 51 patients (49.04% increase).
- ENT continues to account for the largest percentage of the Trusts overall 18 week+ backlog, the Trust's overall position would improve by 1.98% if ENT were to be excluded.
- December saw improved RTT performance in a large number of areas particularly Paediatric Orthopaedics, Community Paediatrics and General Medicine.

#### Key Actions:

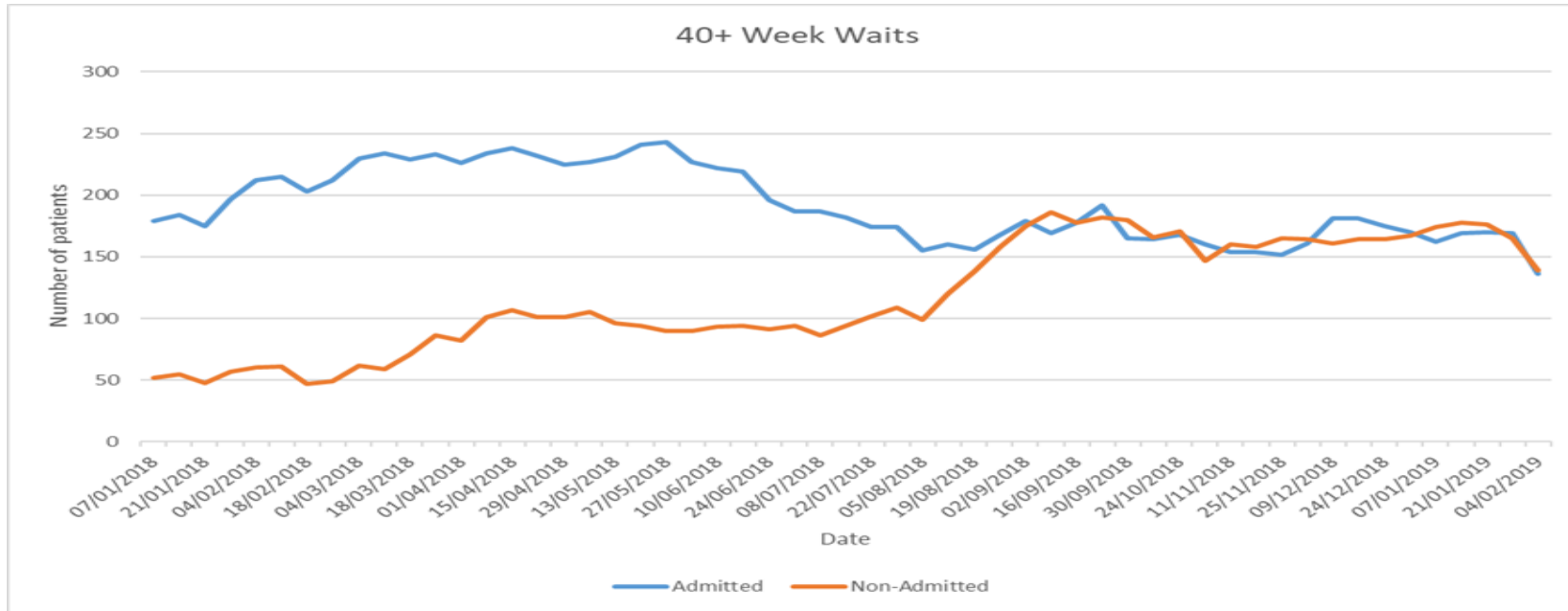
- Continued to promote delivery against out-patient improvement plans.
- Interim General Manager delivering improvement plans in head and neck services. The Division will start to outsource ENT work from week commencing 18<sup>th</sup> Feb.
- Delivering benefits in T&O from the reorganisation and establishment of Grantham as elective hub. Trust Board have agreed to continue the pilot of the T&O model to allow further benefits realisation in advance of a decision on the future model.
- CCG funded external validation team in place since late December, validating waiting lists in 4 key specialities and identifying lessons learnt. To date, 9844 pathways have been validated with 1362 clock stops added.
- Daily performance reporting established in Surgical Division to ensure efficient use of management resource.
- Escalation discussions with CCGs regarding pressures in Neurology to support risk summit to agree best approach to managing demand (GP and C2C) and capacity.
- Finalised checks for 2019/20 to ensure contracted volumes (and relevant efficiency plans) support RTT delivery.
- TOM implementation continuing – matches operational management capacity to clinical divisions and focuses clinical leadership on performance standards.



**OPERATIONAL PERFORMANCE**

**Referral to Treatment – 52 Week patients**

R



**Lead:** Mark Brassington, Chief Operating Officer

**Timescale:** December 2018

**Trajectory:** 0 by March 2019

**Key Issues:**

- 11 52 week breaches were declared in December (5 of these were in Urology and 4 were in ENT). This represents an improvement on November position (18) but there have been some Urology patients validated back onto active pathways over 52 weeks.
- NHSI have indicated a zero tolerance for 52+ week breaches from March 2019. Trajectory agreed: January (12), February (7), March (0)
- Delays in Cancelled Operations Validation was identified as a concern for December, we are anticipating an improved compliance in January.
- 40 week+ backlog has decreased to 275 at the end of January. This remains behind the trajectory to deliver a maximum of 100 over 40 weeks by the end of February.

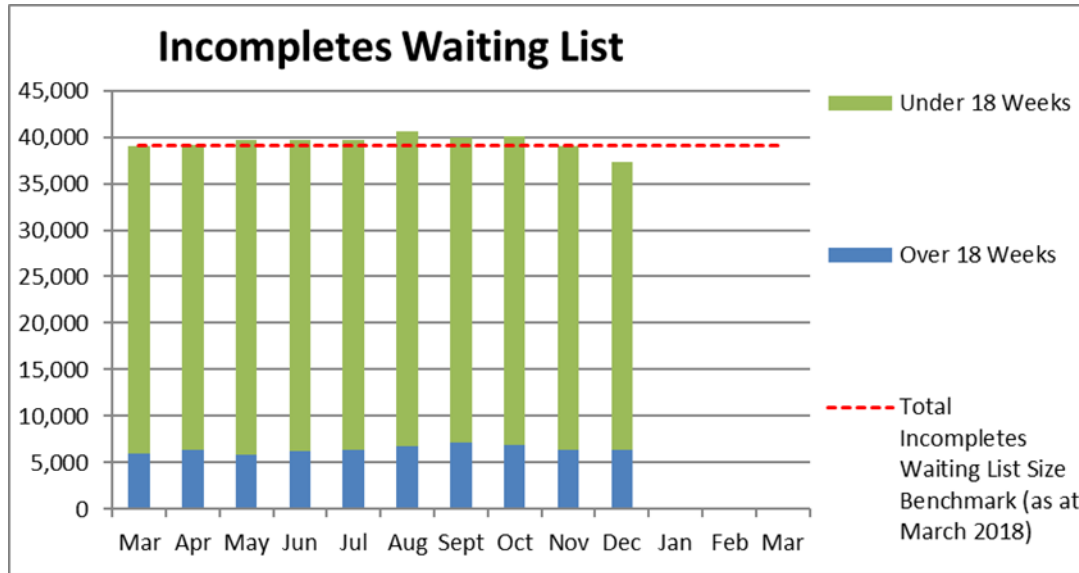
**Key Actions:**

- IST review reported in December. On site IST support is scheduled from mid-February with an initial focus on supporting a refresh on RTT meeting structures and demand and capacity review.
- Online RTT training pack rolled-out across Operational teams
- 40 week+ trajectory reported to the Divisions and performance highlighted in weekly PTL. All patients with a pathway at 45+ weeks are reviewed during a weekly call with the Chief Operating Officer with an expectation that there will be no patients over 45 weeks by the beginning of March.
- Interim Divisional structure to increase oversight and performance improvement capacity is showing increased ownership and grip.
- Trajectory established to ensure no over 52 week breaches from March. Maximum tolerance for February is 7 over 52 weeks. This is managed via the COO Thursday call.
- Validation to check validity of clock stops as part of current external work.

**OPERATIONAL PERFORMANCE**

**Waiting Lists**

G



**Lead:** Mark Brassington, Chief Operating Officer

**Timescale:** December 2018

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

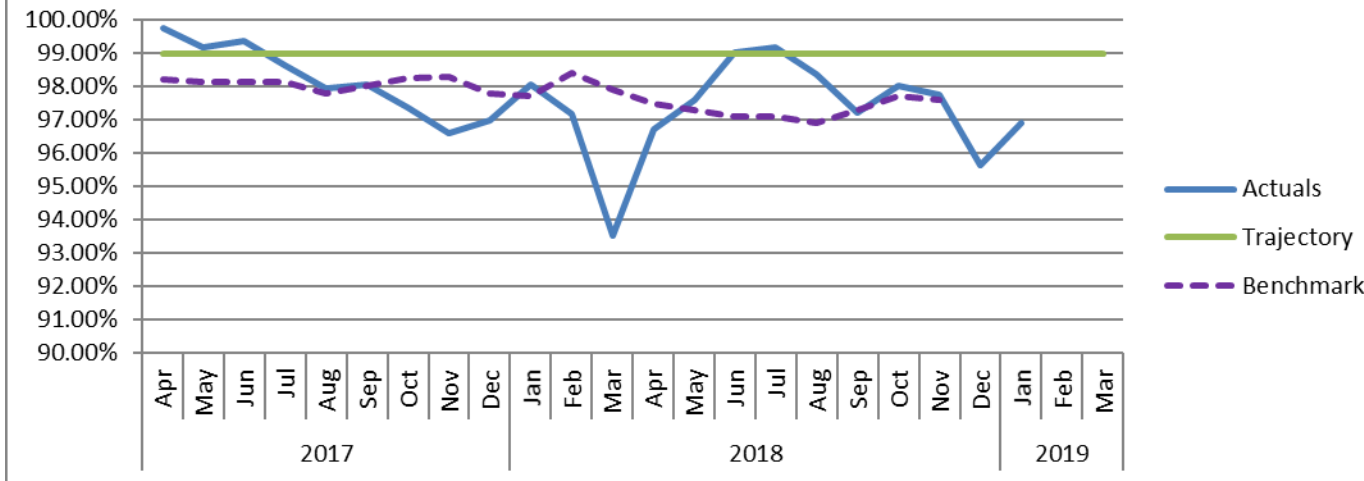
- Key Issues:**
- The total incomplete waiting list was 37,301 against a year-end target of 39,032. The 18 week+ backlog was 6315, a reduction of 26 against the previous month. The largest increases are in Urology, Rheumatology and Paediatrics.
  - Urology – Increase of 50 Patients; Rheumatology - Increase of 53 Patients; Paediatrics - Increase of 53 Patients.
- Key Actions:**
- Trauma & Orthopaedics – The pilot is extended at Grantham with a view to making it substantive, as it is currently showing expected benefits to our patients.
  - The External Validation Team to date have reviewed 9844 pathways with 1362 clock-stops added.
  - Continued monitoring of incompletes to deliver required improvement to 31 March, including at CCG level where possible.
  - 2019/2020 plans are currently being drafted to include a further reduction in overall waiting list size in line with NHS planning guidance.

**OPERATIONAL PERFORMANCE**

**Diagnostics**

R

**Diagnostics achieved**



**Lead:** Mark Brassington, Chief Operating Officer

**Timescale:** January 2019

**Recovery Date:** April 2019

**Key Issues:**

- The DM01 performance in December dropped to 95.62% particularly reflecting repeated breakdown of endoscope washers at Louth, a capacity problem in Choice and access impacting delays in booking to one area, and a staff failure in tracking surveillance patients in Endoscopy (wrong filter mistakenly applied).
- Work on-going to ensure that all relevant services understand the DM01 standards and have robust processes to manage (inc. sharing of internal best practice).

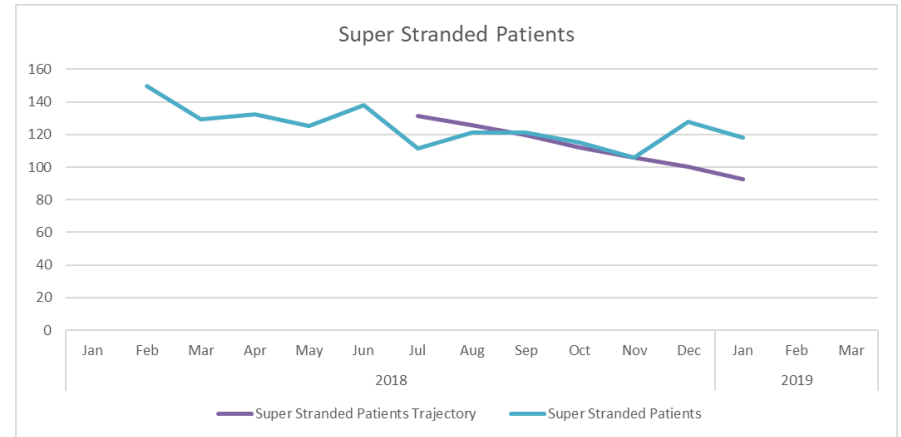
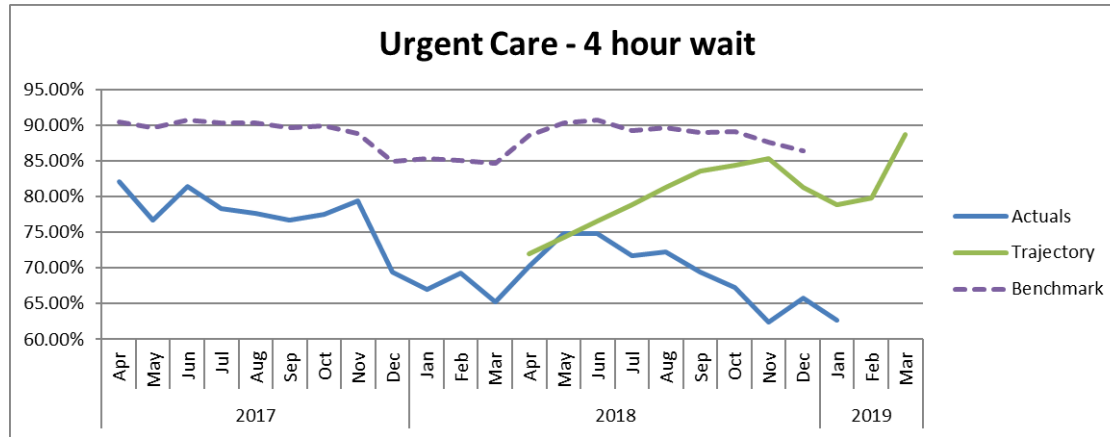
**Key Actions:**

- Despite on-going issues at Louth, we are anticipating an improved performance in January (96.6%) and recovery to normalised performance through February (97.1%) and March (98%)
- The Clinical Lead for Diagnostics is leading on DM01 and has developed a weekly monitoring tool that tracks performance and allows early escalation of capacity problems.
- Work is on-going to ensure that all staff understand the DM01 standards and apply best practice to delivery (e.g. we are looking to standardise procedures for managing surveillance patients).
- From March we will establish a trajectory to deliver sustained compliance with the standard (99%).

**OPERATIONAL PERFORMANCE**

**Urgent Care – 4 Hour Standard**

R



**Lead:** Mark Brassington, Chief Operating Officer

**Timescale:** January 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 2.45% against 2017/18 January actual (3.95% YTD) (Type 1+3)
- Attendance growth of 2.10% against 2018/19 January plan (6.27% YTD) (Type 1 only)
- Primary Care Streaming continues to improve on both sites with Lincoln demonstrating the significant improvement. PHB recorded 26.1% and LCH 19.21% for January.
- Bed occupancy continues to challenge the Trust. LCH occupancy ranged from 91.01% - 100%, PHB occupancy rate ranged from 97.81% - 98.50%. Grantham also experienced a higher occupancy rate ranging from 78.43% - 86.79%. The Forecast for February 2019 is that LCH and PHB sites will exceed the 92% bed occupancy target.
- A&E and non-elective admissions demand exceed capacity as some agreed winter funded schemes did not come to fruition and some of the admission avoidance scheme have not yielded the impact expected
- Staffing levels within nursing and medical teams in both inpatient and A&E continue to be of concern, despite the use of agency. Active recruitment is in train.
- At the end of January the number of Super Stranded Patients in the Trust was 118 against a trajectory of 92.6.

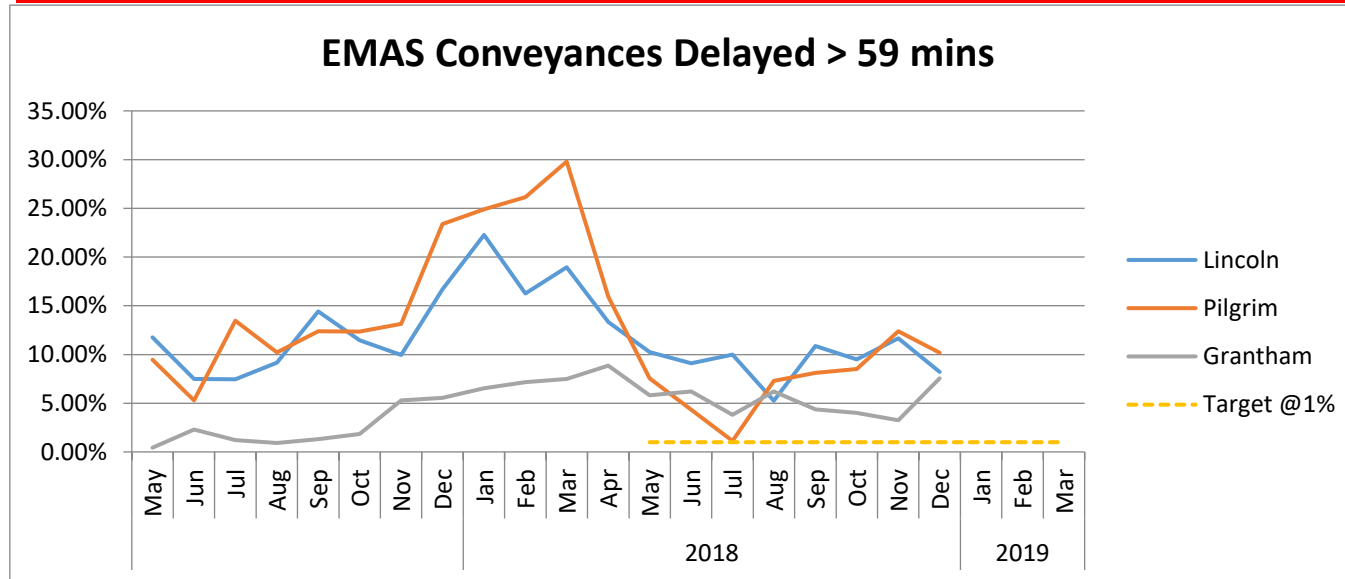
**Key Actions:**

- 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 as well as a named Executive Director.
- Clinical Directorates recruiting to posts approved within Operational Capacity and Delivery Plan – medical posts have a clear trajectory of starters 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.. Long Stay reviews are embedding on all 3 acute sites.
- Winter Plan second draft developed and agreed to reflect an improved bed deficit forecast with extensive mitigating actions in place from December 2018. The impact of this plan is being reviewed.
- Further work continues on closing the bed deficit entirely with system partners and regulators and daily System Calls are in place. System Partners, in particular Adult Social Care have a daily presence on the 3 acute sites which is allowing more robust planning for our DTOC patients.

**OPERATIONAL PERFORMANCE**

**Ambulance Handover**

R



**Lead:** Mark Brassington, Chief Operating Officer

**Timescale:** January 2019

**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 from a total number of daily conveyances, but with peaks/batching this continues to challenge capacity to accept and undertake timely handovers
- Agency that provide staff to support handovers at Pilgrim have improved fill rate, but not yet achieved 100%. Although substantive funding has now been agreed and recruitment in underway.

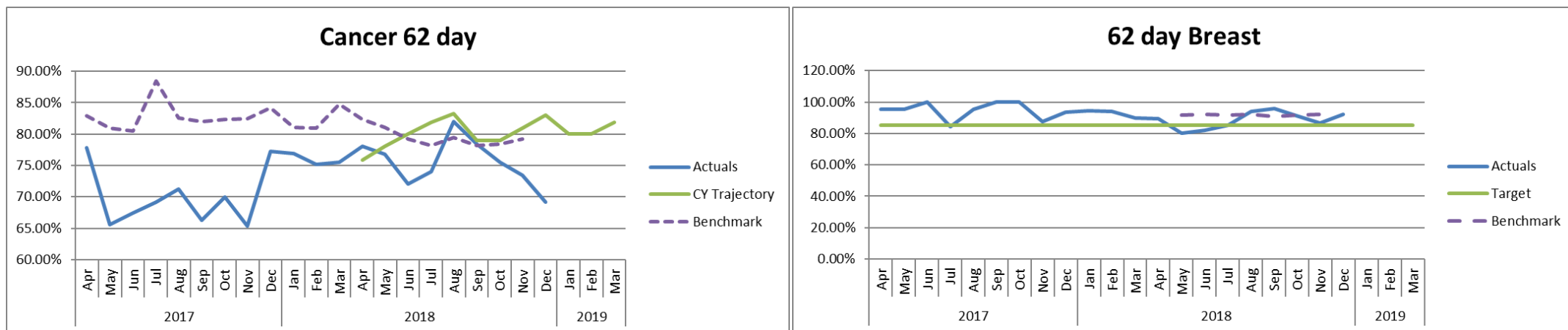
**Key Actions:**

- New reconfiguration pathways at PHB were rolled out to enable direct GP admissions bypassing ED, indications are that this new process is working. A 3 month follow up review is being undertaken.
- Further pathways to the surgical assessment unit at Lincoln were to be rolled out however, area is still regularly being 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:** December 2018

**Trajectory:** 83% by December

**Key Issues:**

- The November and December positions were impacted by the oncology capacity problems that were widely escalated.
- Improving pathology turnarounds to November have reversed through December and January reflecting continued low consultant staffing numbers (against establishment) and an inability to secure sufficient locum cover. Likely to impact January 62 day performance.
- Continued pressure on template biopsy capacity within Urology, leading to weekend working and further surge pressures in pathology.
- December saw a number of patients declining diagnostics/treatments over the holiday period which appears to have impacted on performance in December and January.
- Some difficulty in accessing critical care beds for cancer treatments at peak emergency demand – most apparent in early January

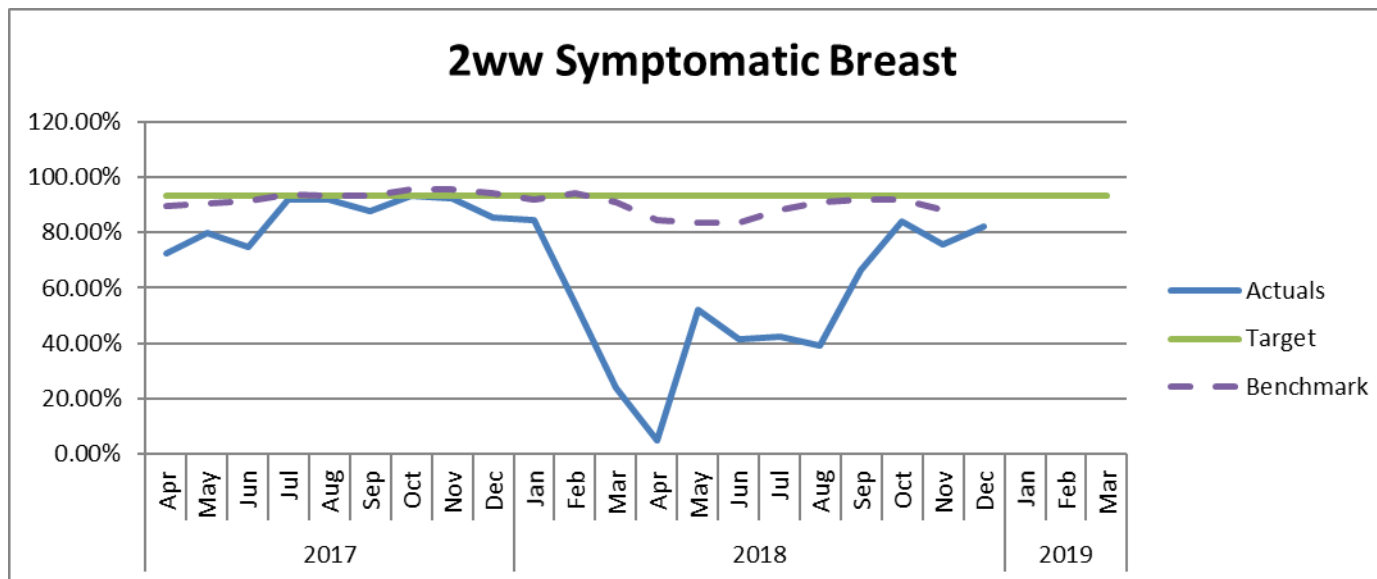
**Key Actions:**

- Oncology medical staffing is stabilised and appointments have been made to bring the service up to establishment at consultant and middle grade level by April. ACP in post, second out to advert.
- Additional template biopsy capacity has been agreed via additional duties.
- Recovery plans being finalised by the Divisions with expectation of noticeable improvement in February performance and trajectories to deliver Trust-level 62 day achievement against NHS average by the end of July, 2019.
- Pathology constraints remain until additional locums start in March, 2019. Weekly escalation meeting established with Pathlinks to prioritise work, examine opportunities to manage demand and ensure escalations are in place.
- Active CCG support on-going to include deep dive review of performance against the prostate cancer pathway – initial results suggest a number of areas where improvements can be secured. Clinical team engaged.
- Surgical Division have reprofiled the management teams and introduced daily monitoring against key performance standards – including cancer.
- Monthly System Cancer Improvement Meeting (NHSI, CCG and ULHT) being revised to receive direct feedback on issues and plans from challenged speciality management teams.

## OPERATIONAL PERFORMANCE

### Breast 2ww

R



**Lead:** Mark Brassington, Chief Operating Officer

**Timescale:** December 2018

**Key Issues:**

- The loss of radiologist capacity through December led to a backlog of referrals to appoint by early January. At the 4 January the backlog exceeded 270 patients and the service was polling at 27 days – current backlog is 146 with a polling date around 22 days. Impact on performance will show January/February.
- The backlog coincided with the seasonal increase in demand that the breast service experiences in early January which has served to slow the recovery.
- Underlying demand is assessed by the Division as now exceeding routine capacity (weekly demand at 145 slots against a capacity of 130 slots).
- There is a service fragility in terms of radiologist and nursing resource creating a reliance on locum staff and limiting the ability to run additional sessions. The pressure on limited staff does also have an impact on staff morale/resilience.

**Key Actions:**

- Locum radiologists secured from 8 January. Locum surgeon from 23 February.
- Divisional plan to use weekend clinics to 2 March to remove the current backlog. Thereafter some routine weekend working will be used to manage excess demand over capacity and to mitigate planned annual leave within the service. Final checks on delivery plan underway.
- Business case prepared to establish 6 day working across breast service. To be taken through authorisation process with Executives.
- Service to review current pathways to utilise specialist nursing role and ensure efficiency against breast practice.
- Focussed management of slots to ensure full utilisation and active reduction in DNAs.

**APPENDIX 1: GLOSSARY**

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