

UNITED LINCOLNSHIRE HOSPITALS NHS TRUST

INTEGRATED PERFORMANCE REPORT

PERIOD TO 30 NOVEMBER 2018

Excellence in rural healthcare

To:	FPEC
From:	Paul Matthew, Acting Director of Finance & Procurement
Date:	7 th January 2018
Healthcare standard	All healthcare standard domains

Title:	Integrated Performance Report for November 2018		
Author/Responsible Director: Paul Matthew, Acting Director of Finance & Procurement			
Purpose of the report: To update the Board on the performance of the Trust for the period ended 30 th November 2018, provide analysis to support decisions, action or initiate change and set out proposed plans and trajectories for performance improvement.			
The report is provided to the Board for:			
Decision		✓	Discussion
			✓
Assurance		✓	Information
Summary/key points: Executive Summary for identifies highlighted performance with sections on key Successes and Challenges facing the Trust.			
Recommendations: The Board is asked to note the current performance and future performance projections. The Board is asked to approve action to be taken where performance is below the expected target.			
Strategic risk register New risks that affect performance or performance that creates new risks to be identified on the Risk Register.		Performance KPIs year to date As detailed in the report.	
Resource implications (e.g. Financial, HR) None			
Assurance implications The report is a central element of the Performance Management Framework			
Patient and Public Involvement (PPI) implications None			
Equality impact None			
Information exempt from disclosure None			
Requirement for further review? None			

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EXECUTIVE SUMMARY

Executive Summary for period of 30th November 2018

- ☒ 4 hour waiting time target – performance of 62.41% in November 2018
- ☒ 4 of the 9 national cancer targets were achieved in October 2018
- ☒ 18wk RTT Incomplete performance in October 2018 was 82.84%
- ☒ 6wk Diagnostic Standard –November 2018 performance was 97.74%

Hotspots

Planned Care

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

Other specialties impacting on elective underperformance are General Surgery, Urology, ENT, and OMF. Gynaecology is behind plan reflecting works to refurbish theatres and deliver improvements for fire safety compliance.

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

CCG funding has been secured to support the employment of an external waiting list validation team (starting on site 17 December) to validate current waiting lists – initial focus on ENT.

Cancer 62 Day performance in October achieved 75.5%, this is a reduced performance on the previous month and slightly behind the national average (78%). In part this reflects difficulties in oncology capacity, and in part the increased focus on reducing the backlog (treating higher numbers of the 62+ day patients). We continue to utilise daily huddles, pathway developments, reduced turnaround initiatives in diagnostics and a weekly COO led performance call to optimise performance. As of November the cancer PTL process has been revised to ensure a clearer focus on supporting decision making and treatments in the 40-61 day period of cancer pathways and the Trust is starting to see a significant reduction in the number of undiagnosed patients in this later stage of the cancer pathways.

The Trust need to be aware that the 62 day performance is likely to stabilise around current performance for the next couple of months as the treatment of currently over 62 day patients is given a high priority to reduce that backlog. NHSI are aware of this position and kept engaged via a weekly cancer/RTT performance call.

Finance

The financial position is £11.2m adverse to plan this is inclusive of a number of factors;

The Trust is currently £2.2m behind on elective activity against plan YTD, with the largest proportion of this being in Orthopaedics and ENT. It is anticipated that the Orthopaedic position should continue to improve as the new service delivery model is implemented, there has been significant progress at Grantham in the last two months. Outpatients are over performance YTD across a wide range of specialities. In month performance was driven by Non-Elective income.

So far in 2018/19 the Trust has received £1.1m of fines. This is an improved position from previous months due to performance improvements for Cancer two week waits and Duty of Candour. Cancer £574k (was £652k as at month 7), Cancelled operations not rescheduled within 28 days £328k (was £316k as at month 7), Duty of Candour compliance £167k (was £167k as at month 7). This information will be shared with Divisions at the monthly performance review meetings.

FEP delivery is £6.8m behind plan and remains a concern and is being impacted on by under performance against elective activity and increased staff costs driven by agency spend, when the financial plan was inclusive of reductions in this type of premium spend. Pay trends on non-premium staffing are in part driven by contracted WTE numbers which had been falling since December 2017 and in August 2018 fell to their lowest level since October 2016. However, whilst staff numbers increased by 85wte in September and a further 14wte in October, this increase has been mainly driven by nursing recruitment which has not yet fed through to reduce temporary costs as a large proportion will initially be supernumerary whilst they complete their inductions.

Workforce

Temporary Staffing Cost and Bank / Agency Usage

Temporary staffing costs remain challenging with the percentage of total workforce costs in November broadly stable at just over 19% and significantly adverse to 2018/19 plan. The 2018/19 forecast outturn for Temporary Pay Costs is the main driver for the increased cost of staffing forecast for 2018/19.

The variance is largely driven by higher than planned agency use. The increase to plan in agency use is largely due to a higher vacancy rate in medical posts (19.8% in November).

Some encouraging progress has been made with medical appointments and with voluntary turnover broadly stable some improvement in medical vacancy rate is anticipated in the New Year.

A Recruitment Improvement Project, which is an important element of the workforce contribution of the Trust's Five Year FRP is currently being scoped and will commence in the New Year. Using the plan for every post approach, this is intended to build upon recent success and significantly improve the vacancy rate in medical posts. An improved quality of job planning and a project to introduce Allocate software for e-rostering for both established medical and locum staffing are also expected to drive improvements in agency spend.

Improvement in Agency use is also expected from improved governance, including greater scrutiny of high cost and longer term agency locums and improved MI supported by a new centralised Agency Team. A prime objective will also be to further develop the Trust's Medical Bank improving the ratio of Bank to agency use.

Appraisals

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

Sickness

The overall sickness rate for the Trust is stable at 4.7% (October 2018) and slightly above the target. The main reason for absence is anxiety/stress. A new absence reporting line was introduced 5th November.

Quality

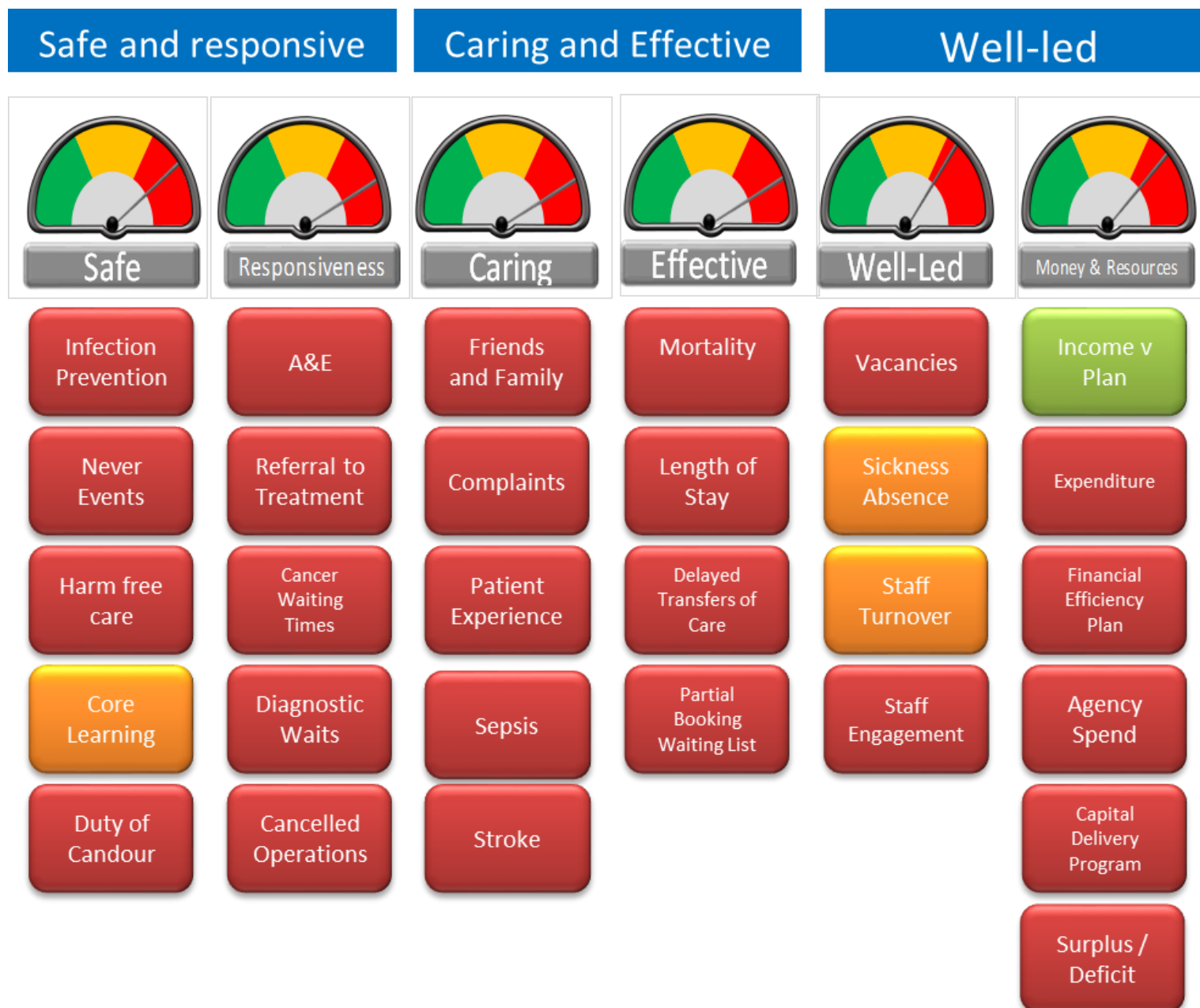
The Trust is still not achieving the 90% trajectory for sepsis screening and administration of IVAB within 1 hour has deteriorated below the 90% trajectory. Sepsis Practitioners are validating the data as there are ongoing issues with allocation of patients and the sepsis bundle being available on the iPod has not materialised. The target date for the sepsis bundle being on the iPod is January 2019.

The Trust has not had a CAUTI for 3 consecutive months on the Safety Thermometer data. The Trust is above the national target for insertion of catheters.

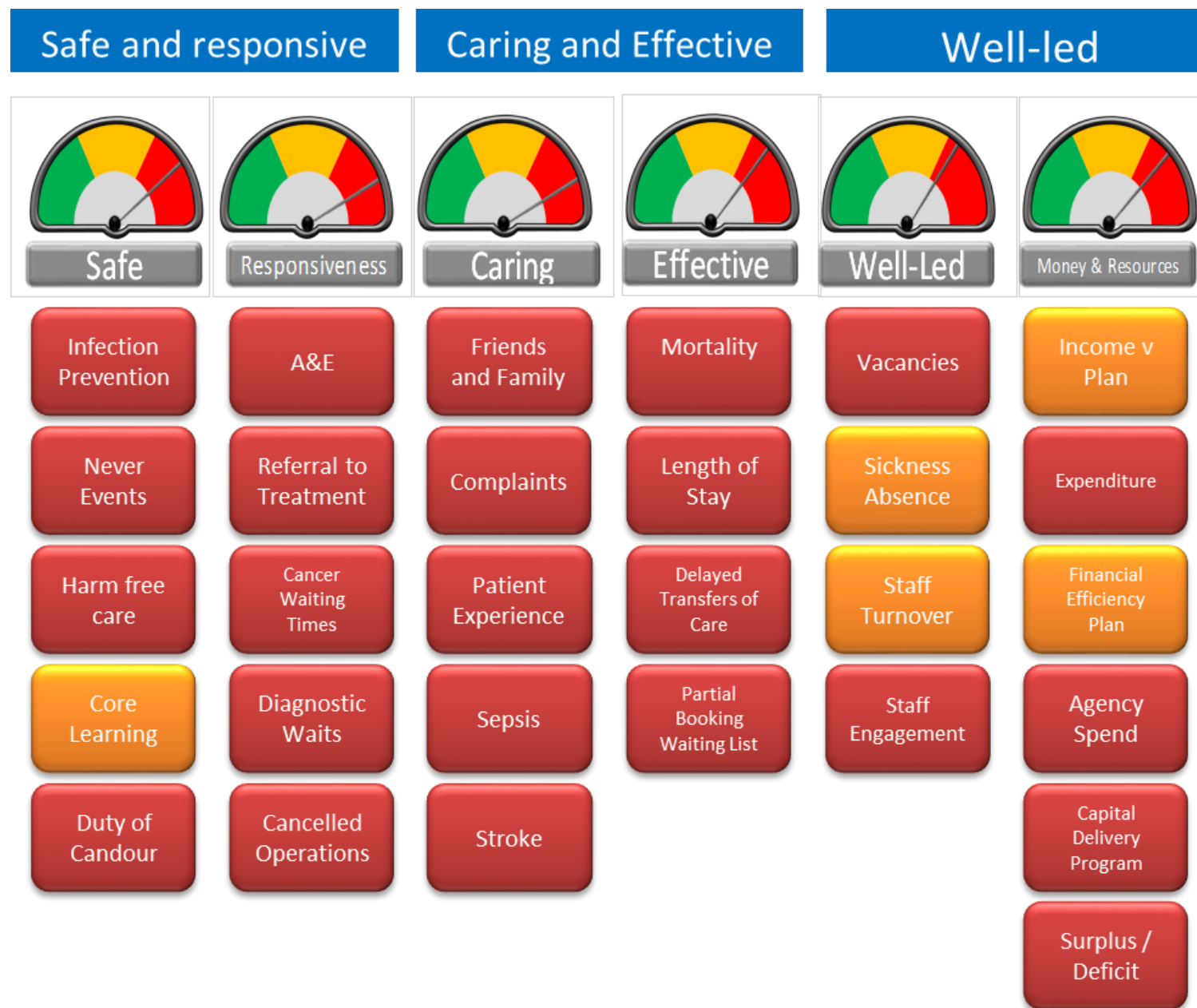
An action plan is being developed in response to the breach notice received due to the poor compliance of sending eDDs within 24 hours. There are two overarching issues related to the poor compliance with eDDs being sent to the GP within 24 hours – software and accountability. These will be addressed within the action plan.

Paul Matthew
Acting Director of Finance & Procurement
December 2018

TRUST PERFORMANCE OVERVIEW – November 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	November-2018	5	42		➔ G	Datix
	MRSA bacteraemia (post 3 days)	0	November-2018	1	2		➔ R	Datix
Never Events	Number of Never Events	0	October-2018	0	4		➔ G	Datix
No New Harms	New Harm Free Care %	98%	October-2018	99.40%	98.91%		➔ G	Quality
	Pressure Ulcers 3/4	0	October-2018	7	52		➔ A	Quality
Friends and Family Test	Inpatient (Response Rate)	26%	October-2018	17.00%	19.00%		➔ R	Envoy Messenger
	Inpatient (Recommend)	96%	October-2018	91.00%	91.00%		➔ A	Envoy Messenger
	Emergency Care (Response Rate)	14%	October-2018	21.00%	22.00%		➔ A	Envoy Messenger
	Emergency Care (Recommend)	87%	October-2018	80.00%	82.86%		➔ R	Envoy Messenger
	Maternity (Reponse Rate)	23%	October-2018	13.00%	15.57%		➔ A	Envoy Messenger
	Maternity (Recommend)	97%	October-2018	100.00%	99.71%		➔ G	Envoy Messenger
	Outpatients (Reponse Rate)	14%	October-2018	7.00%	5.86%		➔ A	Envoy Messenger
Inpatient Experience	Outpatients (Recommend)	94%	October-2018	94.00%	93.29%		➔ G	Envoy Messenger
	Mixed Sex Accommodation	0	October-2018	0	1		➔ G	Datix
Stroke	Patients with 90% of stay in Stroke Unit	80%	August-2018	79.50%	83.69%		➔ R	SSNAP
	Swallowing assessment < 4hrs	80%	August-2018	79.50%	76.20%		➔ A	SSNAP
	Scanned < 1 hrs	50%	August-2018	63.10%	56.22%		➔ G	SSNAP
	Scanned < 12 hrs	100%	August-2018	97.60%	98.90%		➔ A	SSNAP
	Admitted to Stroke < 4 hrs	90%	August-2018	79.50%	66.88%		➔ A	SSNAP
A&E	Patient death in Stroke	17%	August-2018	10.80%	9.64%		➔ A	SSNAP
	4hrs or less in A&E Dept	85%	November-2018	62.47%	70.39%		➔ R	Medway
	12+ Trolley waits	0	November-2018	0	2		➔ G	Medway
RTT	%Triage Achieved under 15 mins	98%	November-2018	69.53%	66.32%		➔ R	Medway
	52 Week Waiters	0	October-2018	32	125		➔ R	Medway
Cancer	18 week incompletes	87.0%	October-2018	82.84%	83.32%		➔ A	Medway
	62 day classic	85%	October-2018	75.50%	76.70%		➔ R	Somerset
	2 week wait suspect	93%	October-2018	84.80%	81.83%		➔ A	Somerset
	2 week wait breast symptomatic	93%	October-2018	84.10%	47.19%		➔ A	Somerset
	31 day first treatment	96%	October-2018	96.80%	97.97%		➔ A	Somerset
	31 day subsequent drug treatments	98%	October-2018	100.00%	99.71%		➔ G	Somerset
	31 day subsequent surgery treatments	94%	October-2018	93.80%	86.14%		➔ A	Somerset
	31 day subsequent radiotherapy treatments	94%	October-2018	95.80%	97.39%		➔ A	Somerset
	62 day screening	90%	October-2018	87.50%	87.34%		➔ R	Somerset
Diagnostic Waits	62 day consultant upgrade	85%	October-2018	86.20%	86.77%		➔ G	Somerset
	diagnostics achieved	99%	November-2018	97.74%	97.98%		➔ R	Medway
Cancelled Operations	Cancelled Operations on the day (non clinical)	0.80%	October-2018	2.73%	3.18%		➔ A	Medway
	Not treated within 28 days. (Breach)	5%	October-2018	14.20%	9.28%		➔ R	Medway
Mortality	SHMI	100.00	Q2 2018/19	99.51	101.69		➔ G	Dr Foster
	Hospital-level Mortality Indicator	100.00	Q2 2018/19	115.44	114.68		➔ A	Dr Foster
Surplus / Deficit	Surplus / Deficit	-5,126	November-2018	-7,126	-51,274		➔ R	FPIC Finance Report
Sepsis	Sepsis Bundle compliance in A&E	90%	October-2018	75.00%	72.67%		➔ A	Quality
	IVAB within 1 hour for sepsis in A&E	90%	October-2018	91.60%	92.04%		➔ A	Quality
	Sepsis screening compliance in inpatients	90%	October-2018	75.00%	66.17%		➔ A	Quality
	IVAB within 1 hour for sepsis in inpatients	90%	October-2018	78.50%	87.06%		➔ R	Quality

TRUST PERFORMANCE OVERVIEW – LOCAL INDICATORS

Indicator	Measure	Standard	Current Data Month	Month Actual	YTD	Trend			Source
Infection Control	MSSA	2	November-2018	2	9		↓	G	Datix
	ECOLI	8	November-2018	3	38		↓	G	Datix
No New Harms	Serious Incidents reported (unvalidated)	0	October-2018	15	128		↓	A	Datix
	Harm Free Care %	95%	October-2018	94.20%	93.06%		↑	A	Quality
	Catheter & New UTIs	1	October-2018	0	6		→	G	Quality
	Falls	3.90	October-2018	5.07	5.62		↓	A	Datix
	Medication errors	0	October-2018	128	853		↑	R	Datix
	Medication errors (mod, severe or death)	0	October-2018	18	119		↑	R	Datix
	VTE Risk Assessment	95%	November-2018	95.48%	96.63%		↑	G	Information Services
Core Learning	Overall percentage of completed mandatory training	95%	November-2018	90.44%	91.21%		↑	A	ESR
Complaints	No of Complaints received	70	November-2018	60	465		↓	G	Datix
	No of Pals	0	October-2018	511	2972		↑	R	Datix
eDD	eDD	95%	October-2018	90.22%	89.14%		↑	A	EDD
Fracture Neck of Femur	#NOF 24	70%	October-2018	63.83%	64.08%		↓	R	Quality
	#NOF 48 hrs	95%	October-2018	94.68%	94.47%		↑	A	Quality
Dementia	Dementia Screening	90%	October-2018	91.00%	91.65%		↓	A	Information Services
	Dementia risk assessment	90%	October-2018	97.73%	99.02%		↓	A	Information Services
	Dementia referral for Specialist treatment	90%	October-2018	100.00%	85.79%		↑	G	Information Services
Ambulance Handovers	EMAS Conveyances to ULHT		November-2018	4892	37805		↑	R	EMAS
	EMAS Conveyances Delayed >59 mins	48.92	November-2018	562	3588		↑	R	EMAS
Triage	% Triage Data Not Recorded	0%	November-2018	6.04%	10.60%		↑	R	Medway
Cancer	104+ Day Waiters	0	November-2018	19	84		↑	R	Somerset
Length of Stay	Average LoS - Elective (not including Daycase)	2.80	November-2018	2.70	2.93		↓	G	Medway / Slam
	Average LoS - Non Elective	3.80	November-2018	4.50	4.62		↓	A	Medway / Slam
Delayed Transfers of Care	Delayed Transfers of Care	3.5%	October-2018	3.97%	4.15%		↓	A	Bed managers
Partial Booking Waiting List	Partial Booking Waiting List	0	November-2018	6473	7457		↓	A	Medway
Vacancies	Number of Vacancies	5%	November-2018	13.10%	13.72%		↑	R	ESR
Sickness Absence	All days lost as a percentage of those available	4.5%	November-2018	4.69%	4.71%		↑	R	ESR
Staff Turnover	Staff Turnover	6%	November-2018	6.07%	6.00%		↑	R	ESR
Staff Engagement	Staff Appraisals	90%	November-2018	74.23%	73.65%		↑	A	ESR
Income	Income	37,340	November-2018	37,831	295,124		↓	A	Board Report Master
Expenditure	Expenditure	-42,466	November-2018	-44,957	-346,398		↓	R	Board Report Master
Efficiency Delivery	Efficiency Delivery	3,238	November-2018	2,161	6,950		↑	A	FIMS report
Capital Delivery Program	Capital Delivery Program	4,457	November-2018	2,781	12,156		↑	A	FPIC Finance Report
Agency Spend	Agency Spend	-1,910	November-2018	-3,134	-22,898		↑	A	Agency Staff Analysis

Excellence in rural healthcare

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	Clostridium Difficile (post 3 days)	G	G	G	G	R	G	G	G	G	G	R	G	R	G	G	G
	MRSA bacteraemia (post 3 days)	G	G	G	G	G	G	G	G	G	R	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	A	G	G	G	A	G	G	A	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	R	G	G	R	G	G	G	G	G	G	G	G
	New Harm Free Care %	G	G	G	G	G	G	G	G	G	G	G	G	G	G	A	A
	Falls	R	R	G	R	R	R	R	R	R	R	R	R	R	R	R	R
	Medication errors (mod, severe or death)	A	R	R	A	R	A	R	R	R	R	R	G	R	R	R	R
	Pressure Ulcers (PUNTI) 3/4	A	G	G	R	R	R	R	G	G	R	R	G	R	R	R	R
	Sepsis Bundle compliance in A&E	R		G	R									R			
Core Learning	Overall percentage of completed mandatory training	A	A	G	R	A	R	A	R	R	A	A	A	R	R	A	R
Friends and Family Test	Inpatient (Response Rate)	G	R		R	R	R	G	A	G	R	R	R	G	R	R	R
	Inpatient (Recommend)	G	R	A	R	R	G	A	R	G	R	R	R	R	R	R	R
	Emergency Care (Response Rate)	G			G	G								G			
	Emergency Care (Recommend)	G			R	A								G			
	Maternity (Reponse Rate)		G														
	Maternity (Recommend)		R														
	Outpatients (Reponse Rate)	R	R			R	R				R	R	G			R	R
	Outpatients (Recommend)	R	R	R		R	R				R	R	G			R	R
Complaints	No of Complaints received	A	A	A	G	R	G	G	A	G	G	A	A	A	A	A	A
Inpatient Experience	Mixed Sex Accommodation																
Stroke	Patients with 90% of stay in Stroke Unit					R								G			
	Swallowing assessment < 4hrs					G								R			
	Scanned < 1 hrs					G								R			
	Scanned < 12 hrs													R			
	Admitted to Stroke < 4 hrs					R								R			
	Patient death in Stroke					R								R			
Indicator	Measure	Grantham	Women & Children	Clinical Support Services	Lincoln Urgent Care	Lincoln Acute Medicine	Haematology & Oncology	Cardiology	Lincoln Surgery & Urology	Lincoln TACC	Pilgrim TACC	Pilgrim Surgery	Head & Neck	Pilgrim Acute Medicine	Orthopaedics (Lincoln)	Orthopaedics (Pilgrim)	Orthopaedics
A&E	4hrs or less in A&E Dept	A			R									R			
	12+ Trolley waits	G			G									G			
	EMAS Conveyances to ULHT	R			R									R			
	% Triage Data Not Recorded	A			R									R			
	%Triage Achieved under 15 mins	R			R									R			
	EMAS Conveyances Delayed >59 mins	R			R									R			
RTT	52 Week Waiters																
RTT	18 week incompletes	G	G	R		G	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				A									
Partial Booking Waiting List	Partial Booking Waiting List	R	R			R		R	R		G	R	R	R	R	R	R
Vacancies	Number of Vacancies		R	R	G	G	G	G	G	G	G	G	G	G	G	G	G
Sickness Absence	All days lost as a percentage of those available	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G
Staff Turnover	Staff Turnover		G	R	G	G	G	G	G	G	G	G	G	G	G	G	G
Staff Engagement	Staff Appraisals	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R

QUALITY

Reduction of Harm Associated with Mortality

Lead: Neill Hepburn, Medical Director

Hospital Standardised Mortality Ratio – HSMR

ULHT's HSMR is within expected limits at 99.51, this is the lowest the Trusts HSMR has been. Lincoln site remains outside of expected limits despite having a lower crude mortality than Pilgrim site; 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. At site level Lincoln County Hospital are alerting for 'Septicemia'. Septicemia was alerting for the Trust but is now only alerting at Lincoln site; 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

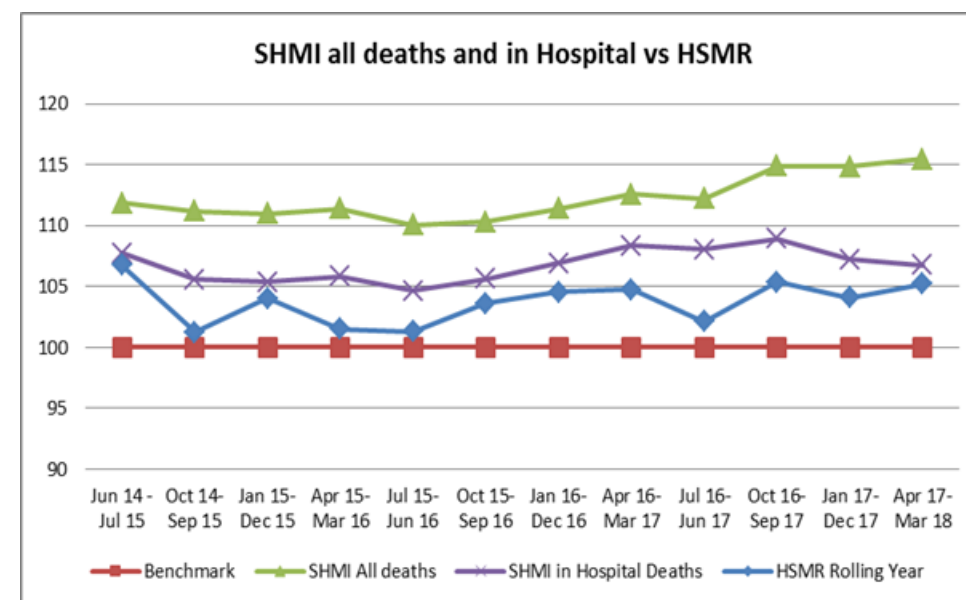
ULHT remain within Band 1 outside of expected limits with a score of 115.44. Driven by Lincoln and Pilgrim sites. Pilgrim is not alerting within HSMR, however has the highest SHMI. SHMI includes both death in-hospital and within 30 days of discharge. This data is reflective to March 2018.

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 lower respiratory disease, Aortic peripheral and visceral artery aneurysms, Complications of surgical procedures or medical care, Syncope are alerting. In-hospital deaths are only alerting for Septicemia.

In-depth reviews are underway for Sepsis deaths and Aortic Peripheral and visceral artery aneurysms. The Trust are partaking in the National audits for SSNAP (Stroke), COPD (BTS), NOF and PROMS. Other gastrointestinal disorders, Other Lower respiratory disease and syncope have all had in-depth reviews completed when alerting in HSMR for this time period. A review will be initiated for Complications of surgical procedures or medical care to understand this diagnosis group.

Timescale: Q2 2018/19

Trust/Site	ULHT HSMR Sep 17-Aug 18 12 month	ULHT HSMR Apr 18-Aug 18 FYTD	ULHT HSMR Aug-18	ULHT SHMI Apr 17-Mar 18	Trust Crude Mortality Internal source Nov 17-Oct 18
Trust	99.51	86.81	79.90	115.44	1.81%
LCH	113.46	95.11	82.24	117.48	1.83%
PHB	92.01	84.28	79.21	118.15	2.06%
GDH	59.78	50.08	63.36	94.26	0.84%



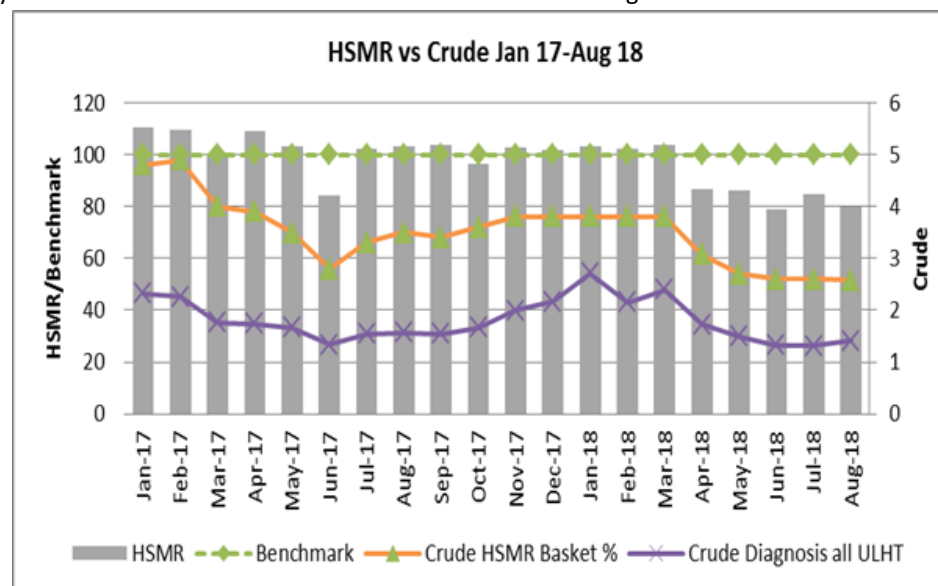
Mortality Strategy Reduction Key Actions:

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

- In-depth reviews for Sepsis and Aortic peripheral and visceral artery aneurysms are underway.
- The Trust will focus on the Top diagnosis within both SHMI and HSMR to reduce mortality ratios; Septicaemia, Stroke, COPD, Pneumonia, Fracture NOF.
- COPD and pneumonia care bundles are being audited for compliance against the pathways.
- Fracture NOF national audit data has been published, a report and action plan has been developed this can be found in the left hand panel of this document.
- 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, Trust has undertaken an in-house Senior Review to confirm daily senior review.
- 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.
- Associate Medical Director and Dr Foster presented at the Senior Leadership Forum to raise engagement and the importance of accurately capturing morbidity and mortality data and the effects on the Trust's Performance.
- 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.

Crude Mortality

The crude mortality has decreased in October 18 to 1.40%, this is the lowest crude ever recorded for the month of October and in rolling year November 17-October 18 the crude is 1.81%. Pilgrim has the highest crude mortality with 2.06%. The crude for HSMR basket is demonstrating a reduction.



QUALITY

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

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

SHMI In-hospital Alerting Diagnosis

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

QUALITY

Mortality Reviews– Deaths in Scope

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

Measure	Description	Month Aug-18	Rolling Year Sep 17-Aug 18	Narrative
Deaths in Scope	<ul style="list-style-type: none"> Total Deaths in scope Number inpatient deaths Number of A&E Deaths 	164 146 18	2719 2397 322	All deaths as reported, in Month and rolling year.
Initial Review	<ul style="list-style-type: none"> Must Do's for Review % of reviews complete 	55 44%	876 57%	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 Post mortem.
Await Completion	<ul style="list-style-type: none"> Total with Consultant % of total with Consultant % of total awaiting 	56 34% 71%	631 23% 10%	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.
Reviews completed	<ul style="list-style-type: none"> Reviews completed % Review compliance 	69 43%	1655 62%	Total reviews completed reviews compliance by Consultant
Grading	<ul style="list-style-type: none"> Grade 0 (N/%) Grade 1 (N/%) Grade 2 (N/%) Grade 3 (N/%) Not Graded 	47/68% 13/19% 6/9% 0/0% 3/4%	1371/83% 147/9% 40/2% 3/0.2% 84/5%	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

QUALITY

Measure	Description	Month Jul-18	Rolling Year Aug 17-Jul 18	Narrative
Escalated Reviews	<ul style="list-style-type: none"> Reviews identified For MoRAG / Collaborative % of deaths identified % of reviews completed 	19 12% 28%	224 8% 14%	All cases identified for escalation from to MoRAG 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.
Learning Disability	<ul style="list-style-type: none"> Total Deaths in scope Submitted to LeDeR % reviews completed 	1 0 0%	17 16 94%	These include all Learning Disability deaths as identified by the information support team using code F819 as advised by the NHS Quality Board. Lincolnshire became part of review process in October 17.
Severe MH	<ul style="list-style-type: none"> Total Deaths in scope Number Reviews completed % review compliance 	3 2 67%	35 26 74%	Severe Mental Health Codes/Diagnosis as advised by NHSI advise to include schizophrenia, bipolar disorder, delusional disorder, unipolar depressive psychosis and schizoaffective disorder.
SI—Severity	<ul style="list-style-type: none"> Total Deaths in scope Number Reviews completed % review compliance 	1 1 100%	35 18 51%	Deaths identified on Datix with a severity 1 Death. These are reviewed at MoRAG. Cases referred from Risk to MoRAG are currently being streamlined.

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

Mortality Reduction Strategy Summary Overview

Measure	Source	Baseline	18/19 QTR 1	18/19 QTR 2	18/19 QTR 3	18/19 QTR 4	2021 Target
HSMR– QTR Reported June, Sept, Dec, Mar	Dr Foster	102.65	101.50				<=90
SHMI– QTR Reported June, Sept, Dec, Mar	Dr Foster	112.22	114.90				<=100
Crude non-elective depth of coding	Dr Foster	3.8	3.8				<6.40%
Palliative care coding	Dr Foster	31.80	31.78				>43.45%
Sepsis screening within 1 hour	Sepsis audit	71.33%	60%	70.67%			>=90%
Sepsis IVAB within 1 hour	Sepsis audit	92%	93.80%	92.22%			>=90%
Monthly Physiological observations-NEWS	WebV	80.72%	83.55%	84.38%			>=95%
Cardiac Arrest Reduction	Resus	59	50/15%	30/51%			30% (40)
Reduce patient spells with 0 comorbidity score	Dr Foster	1.39%	1.43%				<=1.19%
Daily Senior Review (Bi-annually)	7DS audit	70%	79% (TBC)	N/A	N/A	N/A	100%
Reduction mortalities in Septicaemia	Dr Foster	380	373				< expected
Reduction mortalities in COPD & Bronchiectasis	Dr Foster	78	71				< expected
SI-Reduce 10% reduction yearly for moderate to death	Risk	48	46/4%	56/- 15%			30% (32)

QUALITY

National Comparison

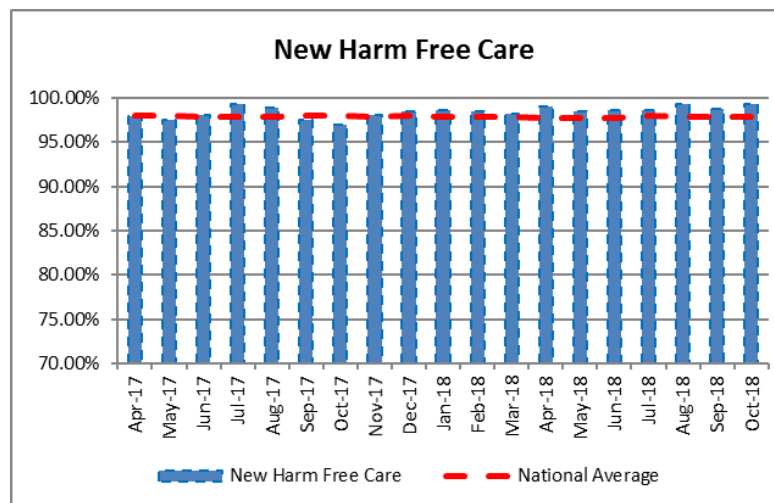
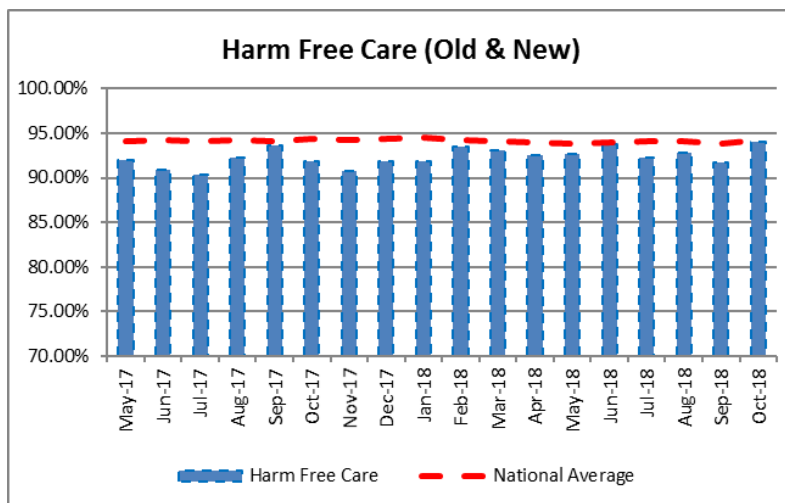
Metric	National Acute (Non specialist)	ULHT Sep 17-Aug 18	ULHT Sep 16-Aug 17
HSMR (Aug 17-Jul 18)	98.90	99.51	105.10
SHMI (Apr 17-Mar 18)	100.36	115.21	108.50
Crude rate % (HSMR)	3.50%	3.50%	3.90%
Elective Crude Rate %	0.10%	0.04%	0.04%
Non elective Crude Rate %	2.80%	3.30%	3.60%
% All Spells coded as Palliative Care	1.07%	1.03%	1.06%
Emergency Spells % coded as Palliative Care	2.47%	2.51%	2.67%
% Mortalities coded as Palliative Care	30.74%	19.56%	18.92%
Comorbidity 0 score per observed Deaths %	18.08%	19.77%	18.80%
Comorbidity 0 score per Spells %	65.23%	65.93%	66.68%
Emergency Comorbidity Score 0 Spells %=>75 years	26.52%	29.50%	28.86%
Weekend % of observed	25.94%	23.92%	24.08%
Weekday % of observed	74.06%	76.08%	75.92%
Spells Readmissions 28 days %	8.36%	7.54%	7.64%
Residual Coding % of all spells (Uncoded episodes)	1.82%	1.42%	1.18%
R00-R99 Signs and symptoms % of spells	10.88%	9.55%	9.89%
LOS short stay 0-2 days Observed %	17.25%	18.51%	19.56%
LOS 3+ Observed %	82.75%	81.49%	80.44%

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

QUALITY

New Harm Free Care (Safety Thermometer)

G



SUMMARY for October 2018

	ULHT
Harm Free Care	94.2%
New Harm Free Care	99.4%
Pressure Ulcers - New	2
Falls with Harm	3
Catheter & New UTI	0
New VTEs	1
Patients	861

Timescale: October 2018

Lead: Michelle Rhodes, Director of Nursing

Key Issues:

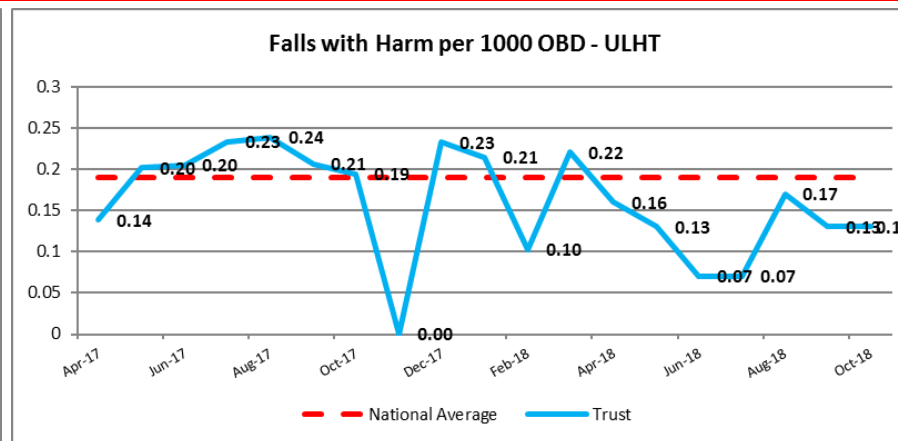
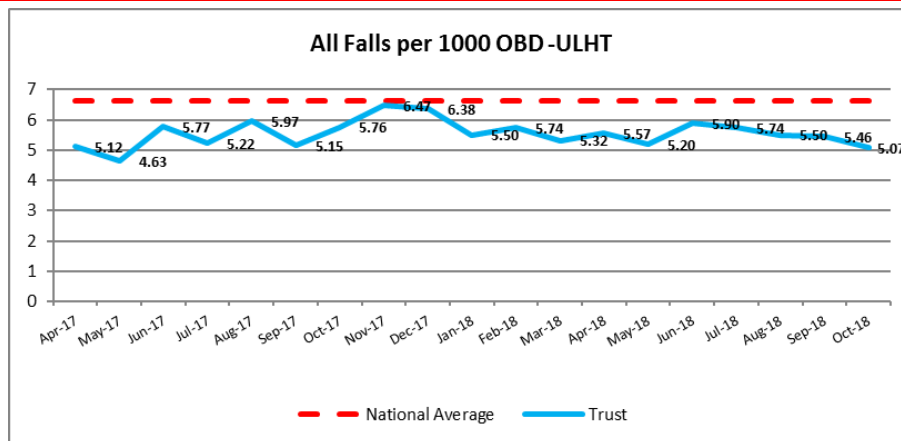
- The Trust achieved 94.2% for Harm Free care which is better than the national average of 94.1%
- The Trust achieved 99.4% for New Harm Free Care which is better than the national average of 97.9%
- The Trust achieved 0.1% for New Pressure Ulcers which is better than the national average of 0.9%
- The Trust achieved 0.4% for falls with harm which is better than the national average of 0.5%
- The Trust achieved 1.2% 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 0.1% for new VTE which is better than the national average of 0.5%
- 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: October 2018

Key Issues:

- All falls per 1000 OBDs for the Trust in August 2018 is 5.50 which is better than the national average of 6.63 (National average is taken from the National Audit of Inpatient Falls, RCP 2015).
- Falls with harm per 1000 OBD for the Trust in August 2018 is 0.17 which is better than the national average of 0.19 (National average is taken from the National Audit of Inpatient Falls, RCP 2015).
- The Trust submits data as part of the safety thermometer which is a 72 hour point prevalence survey. This data is used in the calculation of the Trusts Harm Free Care percentage and is included for monitoring through the model hospital. When comparing all falls, ULHT was 1.2% which is better than the national average of 1.5% in October 2018. When comparing falls with harm, ULHT was 0.4% which is better than the national average of 0.5% in October 2018.

Key Actions:

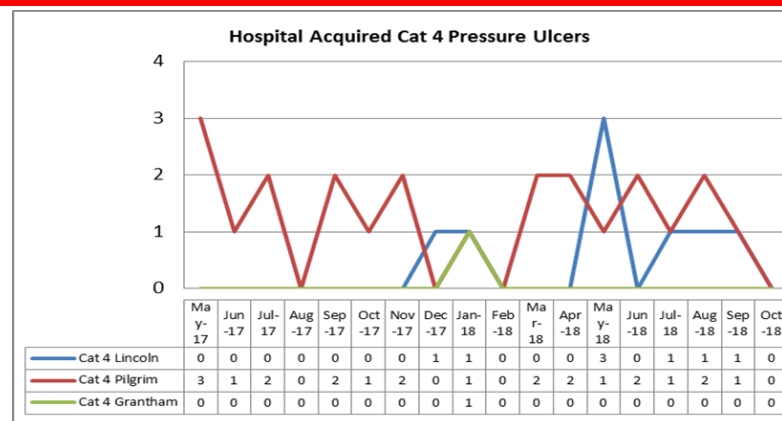
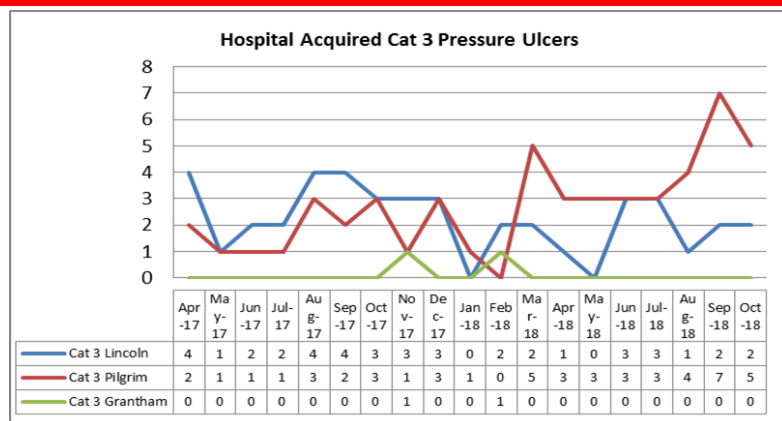
In October 2018 a fall on 6A at Pilgrim was recorded as resulting in death. This has now been shown that the patient died of other causes and will be updated on Datix for the succeeding month. For the last quarter all falls per 1000 OBD's have continued to reduce. Ongoing work continues to maintain the momentum:

- The Trust Falls Meeting took place on the 22nd November 2018. Have agreed next meeting will focus on ensure the group is working towards the Corporate Falls Action Plan.
- 2nd Falls Newsletter circulated to wards and over social media via ULHT together. Focus was on a) reminding staff of the new L&S yellow BP stickers, b) Falls ambassador meeting dates.
- Falls Ambassador Meeting 20th November 2018.
 - Excellent attendance from the Lincoln Site but only one ward represented from Boston (meeting was VC)
 - Vision is for ambassadors to drive falls agenda's on each of their wards.
 - Meeting on the 20th November concentrated on overview on Falls training with each ambassador being given access to PowerPoint training material to use in own area.

QUALITY

Pressure Damage

R



Lead: Michelle Rhodes, Director of Nursing

Timescale: October 2018

Key Issues:

- 33 category 2 pressure ulcers were reported in October 2018 compared with 45 in October 2017. Performance deteriorated at Pilgrim with an increase of 8 reported category 2 pressure ulcers. Lincoln reported an increase of 2 on last month's data. Work by the Tissue Viability Team to validate all category 2 pressure ulcers reported continues on all sites.
- The Trust set a 30% reduction trajectory for avoidable category 3 pressure ulcers for 2018/9. The trajectory has not been achieved since May. There remains one incident outstanding from September and all of October's incidents are awaiting Scrutiny Panel outcomes. Incidents from 5B and 3B reported in September have been presented at Scrutiny panel and were deemed to be unavoidable. Performance at Pilgrim shows a slight improvement with Lincoln remaining unchanged. Grantham continues to report no category pressure ulcers for 8 months
- The Trust has set a 30% reduction trajectory for avoidable category 4 pressure ulcers for 2018/19. This was not achieved in the first quarter however, it was achieved in July and October. Performance at Lincoln and Pilgrim shows improvement with no category 4 pressure ulcers reported on either site. Grantham have reported no category 4 pressure ulcers for 9 months.

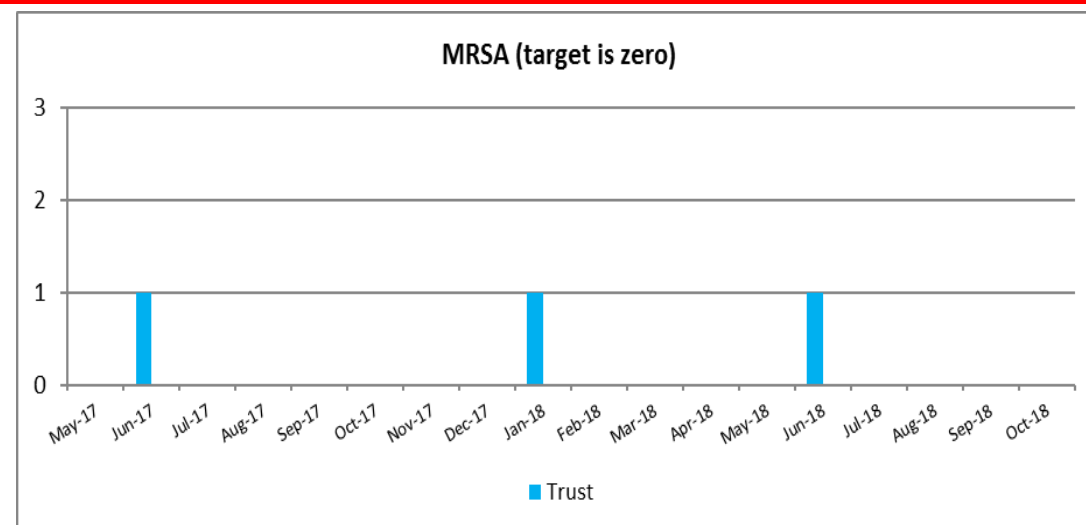
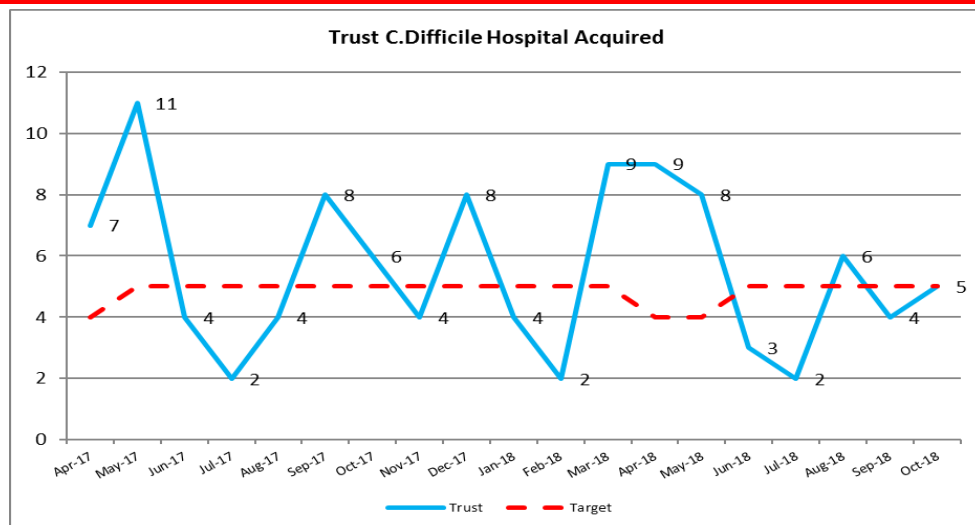
Key Actions:

- The Tissue Viability Team continue to try and validate all hospital acquired category 2 pressure ulcers.
- All ward leaders continue to investigate hospital acquired category 2 pressure ulcers using the short form investigation to identify lessons learnt, sharing their findings with their clinical teams.
- Scrutiny panels continue to take place weekly and all clinical areas are required to investigate incidences collaboratively and not in isolation
- The Tissue Viability Team continue to provide targeted education specifically the 'hot spot' areas.
- The Tissue Viability Link Nurse conference took place on the 1st November to support the NHSi recommendations regarding pressure ulcer definition and management. Ongoing education continues around the recommendations will be implemented from the 1st December 2018

QUALITY

Infection Prevention

R



Lead: Michelle Rhodes, Director of Nursing

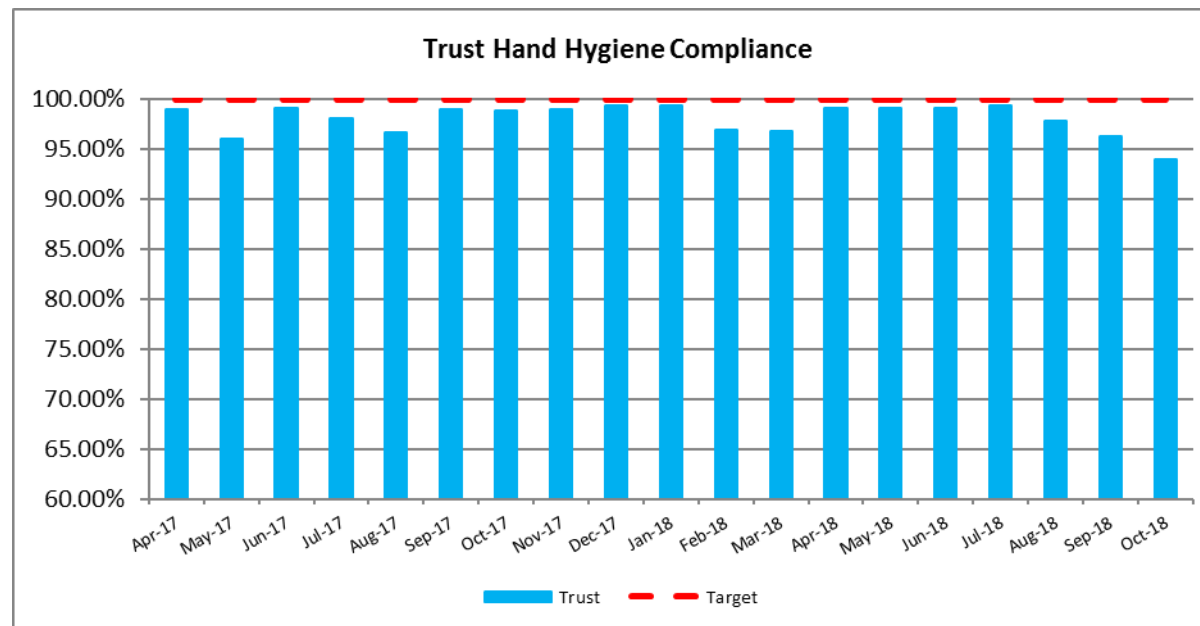
Key Issues:

- The Trust 2017/18 position for C.difficile was 69 against a trajectory of 59. The trajectory threshold for 2018/19 has been set at 58 cases. There were 5 cases in October against a trajectory of 5 cases. There is a continued pattern of recovery against trajectory with current progress meaning that the trust has improved from a position of +9 cases over trajectory in May to +4 cases over trajectory in October. There are similar infections patterns for the previous 3 years with early spring peaks which settle by summer.
- Following an analysis of the investigations, the findings showed that cross-contamination was unlikely to be a key factor as there appeared to be no similar ribotypes on one particular area. A common theme that did emerge related to antibiotic prescribing and as a result 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 June. Lapses in care have been identified and an action plan has been produced in response to the investigation. The Trust had 2 cases of MRSA in 2017/18 against a threshold of 0. In 2018/19 new guidance takes effect in that only outlier acute trusts and CCGs will need to complete the national PIR process. Both ULHT and the Lincolnshire CCGs are NOT considered outliers and will therefore no longer be required to manage MRSA blood stream infections using PIR.
- Hand Hygiene compliance audits show a declining rate of compliance with hand hygiene across all Trust sites and areas. The audit detail and process is being modified in order to produce a more accurate picture of hand hygiene compliance. This will support the infection prevention and control team to better focus their efforts. It is expected that the revised audit tool will be piloted in January 2019 with a view to being fully established for April 2019. As a result of the new assessment process we expect to see a marked decline in compliance rates as more accurate data is reported. This should be viewed as a positive step. Trust performance for 2017/18 was 98%. October showed trust compliance rates at 93.96%

Timescale: October 2018

Key Actions:

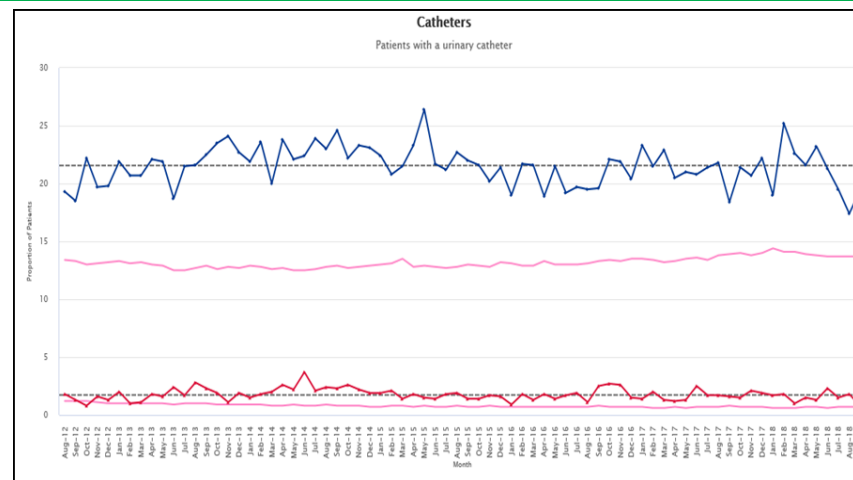
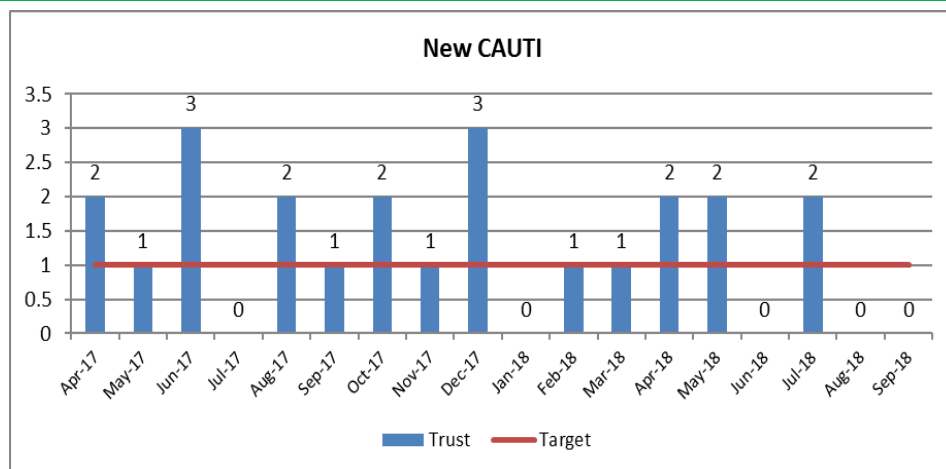
- Following the external visit by NHS Improvement on the 2nd May, ULHT has been downgraded to a green rating from amber. This has shown the progress of improvement over the last year and that the trust is in a far better position. Full compliance to the hygiene code has increased from 64% to 96%. There 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 although it is early in the financial year, the trust is in a recovery position. Programmes are progressing with a review of the prescribing formulary and an education pack for prescribers. There has also been an enhanced programme of visits to ward areas where C.diff and GDH patients have been placed in order to scrutinise prescribing and IP&C management. This is routinely undertaken by an IP&C Nurse, Antimicrobial Pharmacist and a Microbiologist.
- The IP&C team are preparing for winter pressures and an outbreak plan has recently been approved by the trust IP&C committee. This will enable the organisation to respond quickly to any outbreak situation on any site. The IP&C team is also going through training and development to strengthen their ability to support the trusts directorates. The IP&C Nurses are progressing through the comprehensive IP&C competency framework while the Nurse Specialists are undertaking leadership programmes. The infection prevention and control team have changed their approach to better support clinical colleagues and improve patient safety, including: all clinical areas to have a specific IPC link, themed audits and focused incremental improvements.



QUALITY

Catheter Associated Urinary Tract Infection (CAUTI)

G



Timescale: October 2018

Lead: Michelle Rhodes, Director of Nursing

Key Issues:

- ULHT had no new CAUTI on the safety thermometer data for October 2018 against a trajectory of 1.
- In October 2018 the Trust catheterisation rate increased to 22.4% against a national average of 13.8%.
- In October 2018 the Trust catheter with UTI (CAUTI) was 1.2% which is worse than the national average for October of 0.7%. This data includes old and new CAUTIs.

Key Actions:

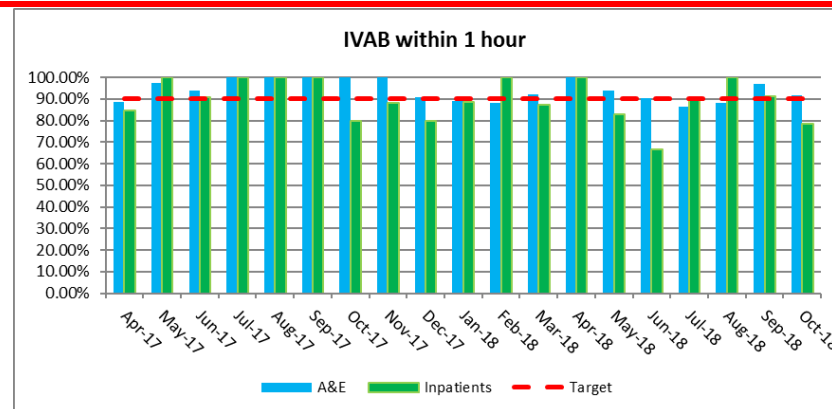
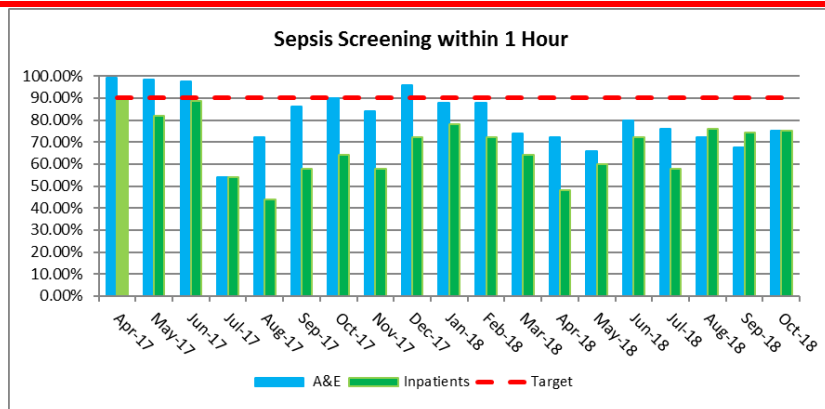
- Audit of HOUDINI catheter care bundle completed, CAUTI guideline updated following the pilot and approved at the CESC meeting 06.10.2018.
- Urethral catheterisation guidelines and intermittent catheterisation guidelines has been reviewed and submitted for approval at the CESC meeting in November 2018.
- Teaching sessions arranged for the wards on all sites in October for nurses and doctors. The objectives of these sessions were:
 - Raise awareness regarding the catheter insertion and subsequently CAUTI rate in ULHT. Safety thermometer data shows that our trust is an outlier for both metrics.
 - Increase knowledge regarding risks associated with indwelling catheters
 - Reduce catheters insertion rate by considering different alternatives to the catheters and ensuring catheters are removed in a timely manner
 - Raise awareness around HOUDINI the new catheter care bundle

The teaching sessions have been received very well by all health care professionals who attended, despite the limitations imposed by staff shortage across the trust, and expressed their interest in having further catheter management training.
- Revisit and relaunch prevention of CAUTI steering group and learning forum to ensure appropriate representation from Directorates, sites and professional groups to support the corporate work programme for the prevention and reduction of CAUTI. As a result of this initiative we have requested nomination from Directorates, reviewed TOR and circulate within the new group CAUTI meetings dates and venue booked for this year.
- Root cause analysis tool for the wards to investigate CAUTI being developed, planned to be discussed at the CAUTI meeting 13.11.2018.
- Review the e-referral criteria for TWOC to ensure reduction of inappropriate referrals and increase capacity of TWOC clinics.

QUALITY

Sepsis

R



Lead: Michelle Rhodes, Director of Nursing

Timescale: October 2018

Key Issues:

- Sepsis screening within 1 hour for both A&E and Inpatients appears to have remain constant with an improvement noted in A&E. Sepsis Practitioners continue to receive e-mail alerts when a patient NEWS ≥ 5 enabling sepsis practitioners to assist and support when necessary and appropriate. All ward managers have been asked for action plans for sepsis improvement. Step by step guides are present in each clinical area and readily available on the staff intranet, ward managers have been asked for sign sheets to ensure staff are competent with the screening tool along with onward teaching. Sepsis practitioners continue to attend preceptorship study days for newly qualified nurses/ Midwives and Dr Inductions. New sepsis bundle due to be introduced 1st of November which is predicted to improve screening compliance. Paediatric Data now being included in the CQUIN data.
- The percentage of IV antibiotics given within 1 hour has declined in both A&E and inpatients however A&E remain above 90% which is within target for the CQUIN. Further bundle training given to ward areas along with the introduction of the 'tea trolley teaching' style to newly qualified nurses in view of rolling out trust wide. Sepsis practitioners present on Dr Inductions to highlight importance of timely treatment. Medical leads allocated for all A&E and inpatient areas across, adult, paediatric and maternity and regular teaching sessions for junior Drs arranged. Paediatric data now being included in the CQUIN data which is contributing to the inpatient decline. Meetings being held with paediatric teams and action plans devised for November task and finish group meeting.

Key Actions:

- Monthly review templates for non-compliance – to be returned on the 20th of each month. A Trust thematic analysis is produced identifying key issues.
- Sepsis e-learning extended to include paediatric and maternity module
- Increased Sepsis Link Nurse engagement across sites supported by Ward Accreditation domain
- A&E medical leads identified for Lincoln and pilgrim and Grantham sites.
- 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
- Dr Andrews will be taking an active lead in the Sepsis meetings moving forward from November meeting onwards (meeting dates circulated broadly to encourage attendance)

- Lack of accountability further demonstrated by absence of lessons learned from IR1 reviews (adoption of three tier accountability letter framework to mirror Trust approach for WHO and Blood Culture)
- Not all areas returning complete monthly reviews (escalation process is in place and being followed).
- Bundle to be updated to fall in line with the sepsis trust, training schedule currently being developed along with updating training material, roll out arranged for 10am on the 1st November.
- Sepsis screening too expected to be on the staff IPods, date to be confirmed- potentially at end of January
- Sepsis e- learning updated to be in line with new sepsis bundle for roll out- awaiting confirmation of changes from ESR.
- Sepsis e-learning compliance 90.15% (target 90%).

PATIENT EXPERIENCE

Top 10 Themes			
+ Positive		- Negative	
1. Staff	547	1. Waiting time	102
2. Staff Attitude	464	2. Staff	59
3. Waiting time	273	3. Communication	35
4. Clinical Treatment	253	4. Implementation of care	27
5. Implementation of care	200	5. Environment	22
6. Communication	73	6. Staff Attitude	22
7. Patient Mood Feeling	72	7. Clinical Treatment	22
8. Admission	43	8. Patient Mood Feeling	20
9. Environment	27	9. Admission	10
10. Staffing levels	5	10. Discharge	4

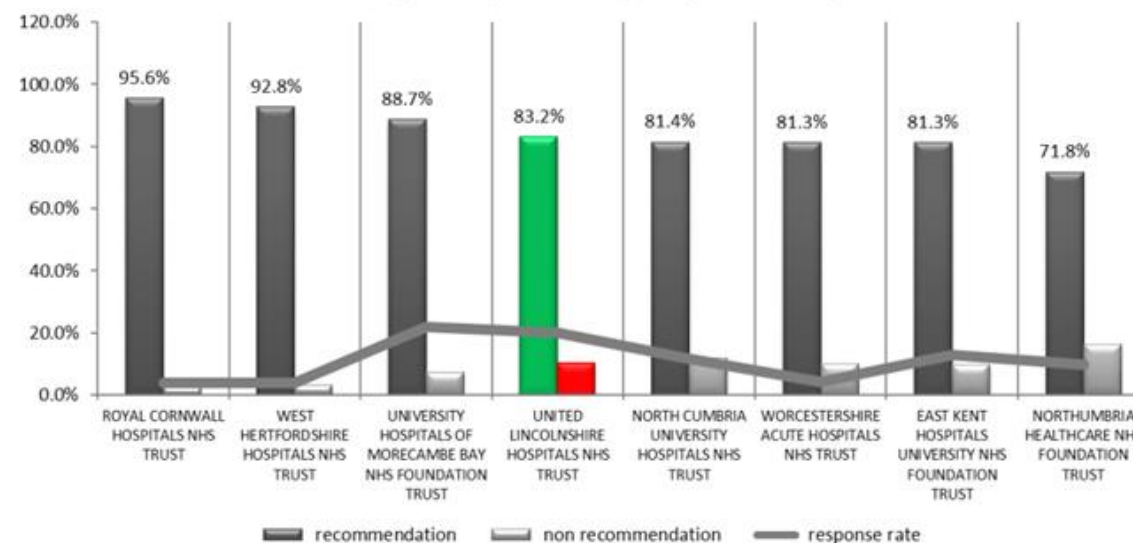
Lead: Martin Rayson, Director of HR &OD

Timescale: October 2018

Key Issues:

- FFT performance has dropped across all streams.
 - Targeted support visits planned for hot spot areas.
 - ED main theme is long waits to be seen or receive treatment.
- During October, there were 47 formal complaints, 531 PALS enquiries and 52 Care Opinion stories.
- The top 3 themes for complaints for September were: Clinical Treatment, Communication and Values and Behaviours
- PALS concerns continue to rise. 531 concerns were taken to PALS during October. 275 for Lincoln and Louth, 58 for Grantham, 176 for Pilgrim and the remainder for community hospitals.
- The Patient Experience Support Officer retired in October and will not be replaced until the new financial year due to the current recruitment restrictions. In light of this all of the current routine patient experience reporting provided to services and directorates has been reviewed.

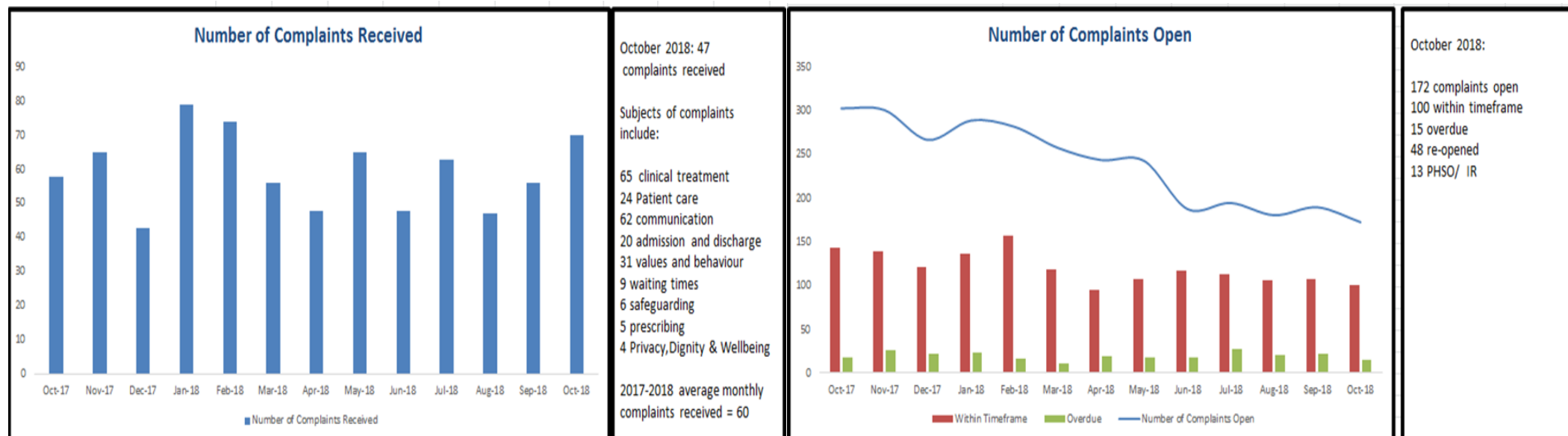
FFT Benchmarking Group - Emergency Care, September 2018



PATIENT EXPERIENCE

Key Actions:

- The meeting on 14th November with divisional leaders was extremely helpful and identified what was required data wise at the senior level to provide intelligence and oversight of issues and enable actions and accountability. In light of the interim TOM and the patient experience reporting reboot the following was agreed; with the understanding that DATIX is not yet fully aligned with the interim model in terms of exact locations for PALS & Complaints nor are our patient experience frameworks let alone bringing in new areas such as IAC / Bevan Ward for FFT.
- There was agreement to push sign up to the FAB Experience Champions initiative so the patient experience team can work with them directly to support local level data access, understanding and initiatives.
- Local level data will mirror the above in terms of themes but will include other data sources such as Care Opinion, Healthwatch etc. and the narrative within these as well as the stats.
- The Patient Experience Data Analyst has developed a combined Complaints & PALS dashboard that is mapped as much as currently possible to the new TOM. This is fully interactive and is being trialled during December and January with a view to then incorporating FFT in the New Year.



PATIENT EXPERIENCE

Theme	Action	Timescale	Progress																												
Directorate and operational engagement & ownership	Meet with Managing Directors to: <ul style="list-style-type: none">Determine data & reporting preferencesSecure PEC membershipPromote FAB Experience Champions nominations	Nov 2018	<ul style="list-style-type: none">Met 14.11.18 & new dashboard being trialled.ToR reviewed 21.11.18Launched 13.11.18																												
	<ul style="list-style-type: none">Recruit FAB Experience Champions.Fortnightly nudges to specialties who have not nominated.Aim for all areas to have either nominated or linked champion by end January 2019.	Jan 2019	<ul style="list-style-type: none">15 recruited to date <table><tr><th colspan="4">FAB Experience Champions</th></tr><tr><td>Lincoln</td><td>Pilgrim</td><td>Grantham</td><td>Louth</td></tr><tr><td>ICU x 1</td><td>OT x2</td><td>Ward 2 x 1</td><td>OT/Physio x 1</td></tr><tr><td>OT x 2</td><td>ENT clinic x 1</td><td>ACU x 1</td><td></td></tr><tr><td>Chaplaincy x1</td><td>Fracture x 2</td><td></td><td></td></tr><tr><td>Ashby x1</td><td>Gynae OP x 1</td><td></td><td></td></tr><tr><td>Dietetics x 1</td><td></td><td></td><td></td></tr></table>	FAB Experience Champions				Lincoln	Pilgrim	Grantham	Louth	ICU x 1	OT x2	Ward 2 x 1	OT/Physio x 1	OT x 2	ENT clinic x 1	ACU x 1		Chaplaincy x1	Fracture x 2			Ashby x1	Gynae OP x 1			Dietetics x 1			
	FAB Experience Champions																														
Lincoln	Pilgrim	Grantham	Louth																												
ICU x 1	OT x2	Ward 2 x 1	OT/Physio x 1																												
OT x 2	ENT clinic x 1	ACU x 1																													
Chaplaincy x1	Fracture x 2																														
Ashby x1	Gynae OP x 1																														
Dietetics x 1																															
Complete redesign of patient experience reporting	Jan 2019	Dashboard prototype developed and being tested																													
FFT hot spots	Targeted visits to hot spot areas to discuss actions and support.	Dec 2019	Scheduled for December & January																												
Communication First training	Draw themes from reflective accounts following Communication First training to identify impact of learning.	Mar 2019																													
Values and behaviours & Patient Care	Identify patient stories from across PALS, complaints, Care Opinion and (where possible) FFT that demonstrate positive and negative experiences and use in a monthly 'PX Message of the Month' for sharing with staff.	Jan 2019																													
	Cascade Trust Board stories	Nov 2018	Presented to PEC 21.11.18 and discussed at Trust Board 29.11.18. Plan is to include within new lessons learned forum.																												
Appointments and waiting times	Discuss with service managers, schedulers and communications re: messages and information to patients on current work.	Dec 2018	Car parking has been a priority issue with patient feedback during November. Communications are promoting current work around Hybrid mail and digital letters.																												
	Explore 'traffic bulletin' initiative in ED's	Dec 2018	Unable to secure time with service leads due to operational pressures. Will schedule for new Year.																												

WORKFORCE

WORKFORCE INTEGRATED PERFORMANCE REPORT - NOVEMBER 2018 BOARD MEETING

KPI Performance Overview

KPI	2018/19 Target	November 2018 Performance	Last Month Performance	Performance in November 2017	6 th Month Trend
Vacancy Rate - Medical	Medical – 13.5%	19.79%	18.68%	15.76%	↑
Vacancy Rate – Registered Nurses	Registered Nursing 12.5%	15.56%	15.38%	13.09%	↓
Vacancy Rate – AHP's	10%	16.32%	16.61%	8.29%	↑
Voluntary Turnover	6%, with no group of staff more than 20% above the overall target	6.07%	5.90%	5.51%	↑
Quarterly Engagement Index	10% improvement in average score during 2017/18	3.3 (Sep'17)	3.4 (Jun'17)	3.3	↓
Quality of Leadership/Management Index	10% improvement in average score during 2017/18	2.6 (Sep'17)	2.8 (Jun'17)	2.6	↓
Core Learning Completion	Overall target (2017/18) 95%.	90.44%	90.42%	90.85%	↓
Sickness Absence (12 month rolling average)	Overall target of 4.5% + no team over 25% above target	4.69% (Oct '18)	4.67% (Sep '18)	4.77% (Sep 17)	↓
Appraisals - Medical	Medical – 95%	96%	95%	95%	↓
Appraisals – Non Medical	Non-medical – 90%	74%	73.00%	78.7%	↓
Agency Spend	£25.4m (£)	£2.980m	£3.179m	£2.406m	↑

WORKFORCE

Commentary

Temporary Staffing Cost and Bank / Agency Usage

Temporary staffing costs remain challenging with the percentage of total workforce costs in November broadly stable at just over 19% and significantly adverse to 2018/19 plan. The 2018/19 forecast outturn for Temporary Pay Costs is the main driver for the increased cost of staffing forecast for 2018/19.

The variance is largely driven by a higher vacancy rate in medical posts (19.8% in November). Some encouraging progress has been made with medical appointments (notably in ED) and with voluntary turnover broadly stable some improvement in medical vacancy rate is anticipated in the New Year.

A Recruitment Improvement Project, which is an important element of the workforce contribution of the Trust's Five Year FRP is currently being scoped and will commence in the New Year. Using the plan for every post approach, this is intended to build upon recent success and significantly improve the vacancy rate, not only for medicine, but also for nursing and AHPs. An improved quality of job planning and a project to introduce Allocate software for e-rostering for both established medical and locum staffing are also expected to drive improvements in agency spend.

Improvement in Agency use is also expected from improved governance, including greater scrutiny of high cost and longer term agency locums and improved MI supported by a new centralised Agency Team. A prime objective will also be to further develop the Trust's Medical Bank improving the ratio of Bank to agency use.

Appraisals

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

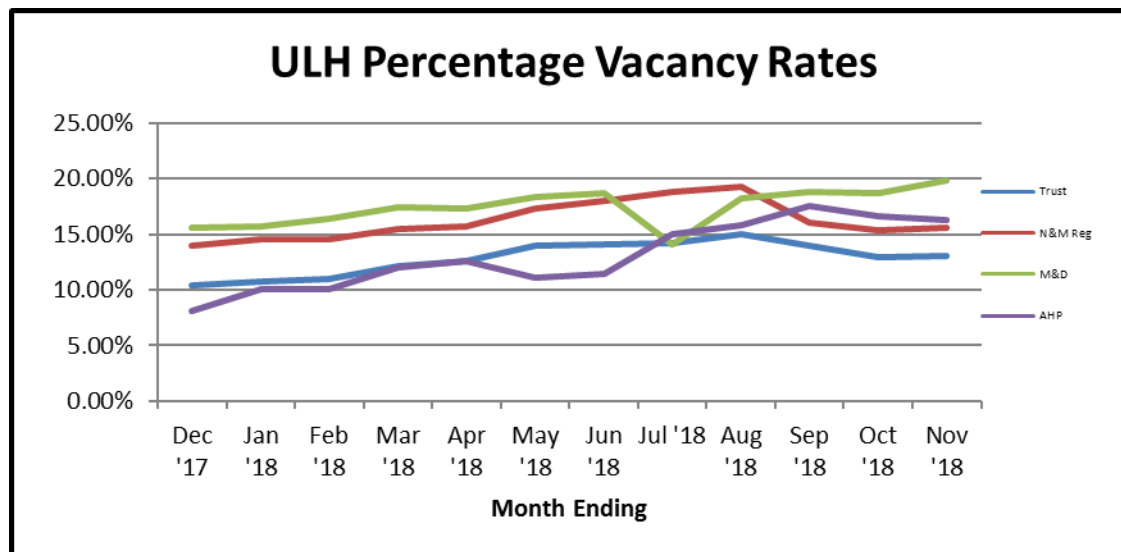
Sickness

The overall sickness rate for the Trust is stable at 4.7% (October 2018) and slightly above the target. The main reason for absence is anxiety/stress.

WORKFORCE

Vacancy Rates

R



Lead: Martin Rayson, Director of HR &OD

Timescale: November 2018

Key Issues:

- Having dipped in October, vacancy rates have increased again in November. The overall Trust rate is 13.10% (an increase compared to October of 0.18%). The main increase has been in M&D 1.11%. This is disappointing and somewhat surprising. We record weekly starters and leavers and in six of the last eight weeks there have been more reported starters than leavers. The overall Trust vacancy rate for November is 12.9%. The graph below shows vacancy rates by staff group.

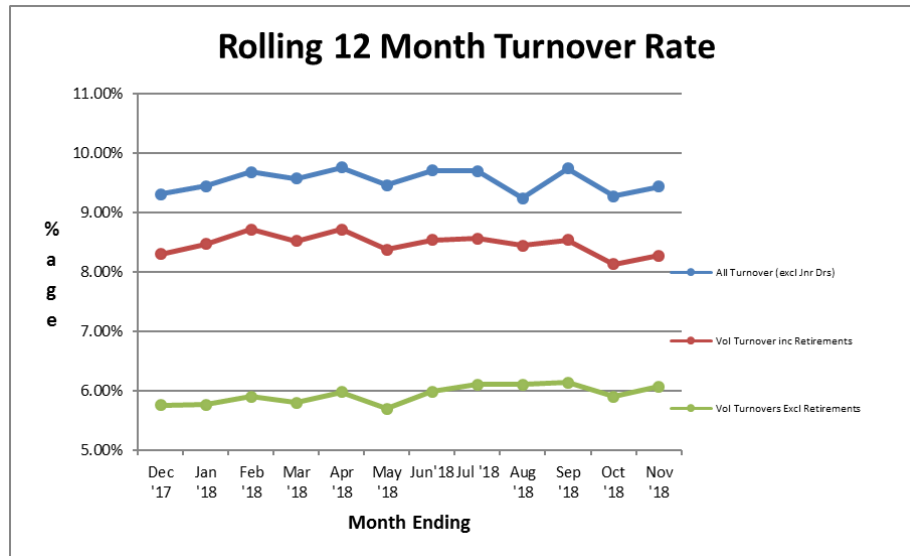
Key Actions:

- Business case to work with Paragona (alternative route to employment for international medical staff) approved.
- Further development of 'plan for every post' for medical posts
- Workforce Plan as part of FRP sets out comprehensive plan to improve pace and volume of recruitment, including:
 - Engagement of brand development company – TMP
 - Review of sourcing strategies (particularly for Nursing)
 - Additional resources to support services in recruiting and delivering plan for every post
 - Review of recruitment process in Operational Team

WORKFORCE

Voluntary Turnover

A



Lead: Martin Rayson, Director of HR &OD

Timescale: November 2018

Key Issues:

- The average for the rolling 12 months is 5.9%. Clinical Support Services division had the highest percentage turnover in November at 8.01%, the largest proportion of this was in Therapies and Rehab Trustwide.
- The Therapies and Rehab Trustwide had 44.56 FTE leavers in November. AHPs accounted for 31.70 FTE of the leavers with the 10.63 FTE leaving for promotion:

Key Actions:

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

WORKFORCE

Core Learning

A

Assignment Count	Directorate Compliance Information Governance	Nov-18	Oct-18	Variance
1861	Clinical Support Services	87.64%	89.77%	-2.13%
610	Corporate	90.00%	89.00%	1.00%
792	Director of Estates & Facil	79.92%	86.04%	-6.12%
1494	Medicine	78.51%	81.17%	-2.66%
1642	Surgery	84.71%	85.15%	-0.44%
768	Women & Childrens Pan Trust	85.94%	87.66%	-1.73%

Assignment Count	Staff Group Compliance Information Governance	Nov-18	Oct-18	Variance
2	Students	100.00%	100.00%	0.00%
115	Healthcare Scientists	93.91%	92.17%	1.74%
224	Add Prof Scientific and Technic	89.29%	87.73%	1.56%
392	Allied Health Professionals	86.48%	88.72%	-2.24%
1605	Administrative and Clerical	85.98%	88.46%	-2.48%
2176	Nursing and Midwifery Registered	85.66%	87.31%	-1.65%
1277	Additional Clinical Services	83.40%	85.07%	-1.68%
858	Estates and Ancillary	79.72%	84.67%	-4.95%
518	Medical and Dental	76.25%	75.96%	0.29%

Lead: Martin Rayson, Director of HR & OD

Timescale: November 2018

Key Issues:

- There has been a significant increase in the core learning compliance rate since 2016. Overall compliance has increased by only 0.02% this month to 90.44%. Fire has increased for the first time since June by 0.71%. The biggest fall in compliance this month is Information Governance which has dropped again by another 1.97%.
- The focus this month is on Information Governance as it has been falling monthly from 90.03% in August to 84.23% this month. The league tables show compliance by Divisional Directorate and Staff Group. It also shows a comparison with last month highlighting that 5 of the 6 directorates have seen a fall, with Estates and Facilities seeing the biggest drop of 6.12%. By Staff Group, 5 of the 9 groups have fallen. It should be noted however that the highest ranking staff groups of Healthcare Scientists and Add Prof Scientific and Technical show an increase in compliance of more than 1.5% this month.

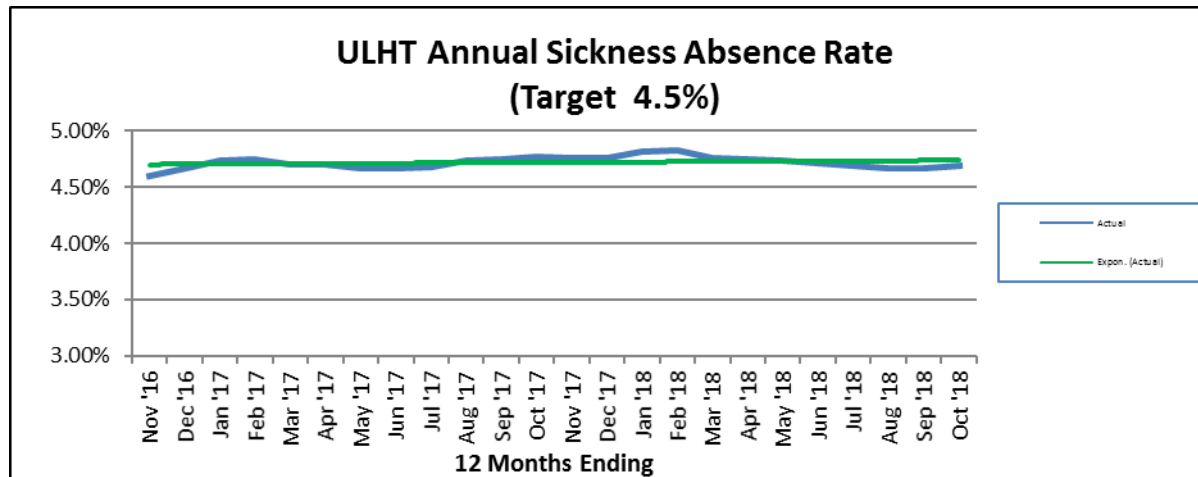
Key Actions:

- Rates of completion are reported on a monthly basis to each Directorate and there are follow-up discussions at Performance Review Meetings.
- Compliance information is also made available to topic specialists each month.
- Further communication exercise to promote the importance of 100% compliance and to understand the reasons why it is not possible for many staff to achieve that level of compliance.
- Strategic HR Business Partners to support identification & escalation of service areas with poor compliance rates.
- Changing indicator to % of staff who are 100% compliant

WORKFORCE

Sickness Absence

A



Lead: Martin Rayson, Director of HR &OD

Timescale: November 2018

Key Issues:

- In the 12 month period to the end of October 2018 anxiety/stress/depression is the top sickness reason accounting for 30,272 absence days.

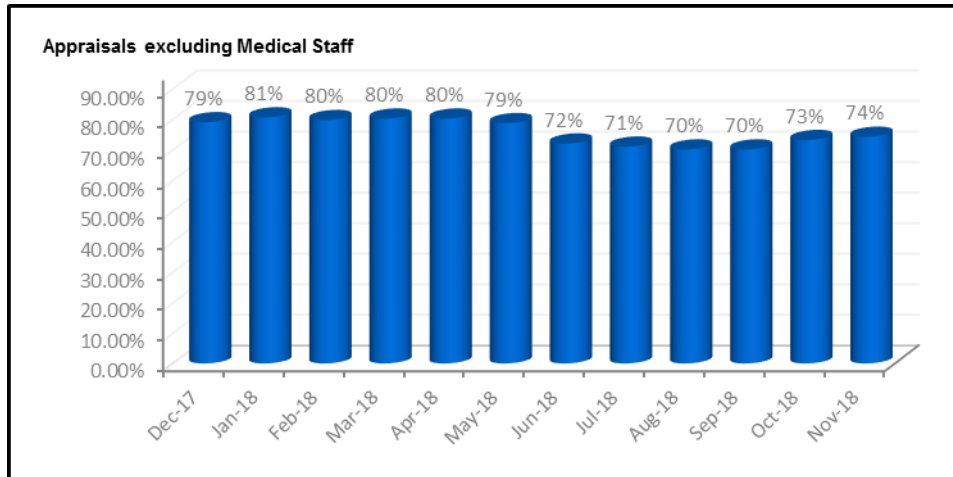
Key Actions:

- Sickness absence line introduced from 5th November 2018.
- ER Advisors supported HR Ops to set up outstanding panel's for capability ill health hearings.
- OH sickness meetings rescheduled to optimise attendance for ER Team.
- ER advisors realigned to new divisions to support management of absence
- ER Advisors handing over cases following divisional realignment.
- Additional HR Ops support to schedule ill health capability hearings.
- Additional HR Ops support for administration of Occupational Health reports.
- ER Advisors to promote flu jabs.
- Ongoing promotion by ER Advisors of OT self-referral inc. families.
- ER advisors to continue to ensure that an absence reason is entered and that "other" is not the reason.
- ER advisors to explore utilising more case conferences to reduce length of long term absence.

WORKFORCE

APPRAISAL RATES (Non-Medical)

R



Lead: Martin Rayson, Director of HR &OD

Timescale: November 2018

Key Issues:

- Of the 6166 non-medical staff 4577 have received an appraisal with the remaining 1589 staff still to be done. The majority of staff who do not have an up to date appraisal recorded are across the clinical divisions. Women and Children have put a significant focus on appraisal and this is reflected in the results. We need the other Clinical Divisions to do likewise if the position is to improve.

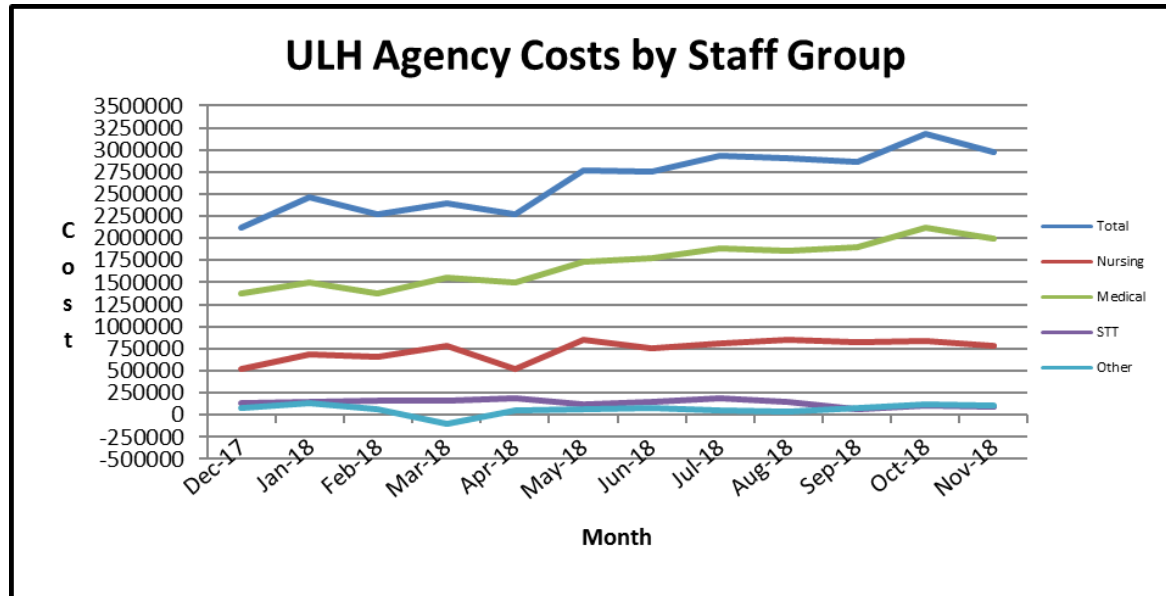
Key Actions:

- Bespoke staff training taken place to support implementation
- Hot spot areas flagged to HRBPs, ER team and relevant Directors
- Further training to support implementation of new Individual Performance Management process.
- Appraisals now part of Divisional Performance Management regime
- Strategic HR Business Partners to identify service areas with poor appraisal rates and escalate.

WORKFORCE

AGENCY SPEND

R



Lead: Martin Rayson, Director of HR &OD

Timescale: November 2018

Key Issues:

- Spend continues to be above target, however, there has been a reduction in November 2018.
- Overall Lincoln and Pilgrim have reduced their agency costs this month. Grantham Medical has increased its agency costs this month however, there have been reductions in other areas.
- The focus of ULHT is on both reducing the overall reliance on temporary staff and, within that, the proportion that is accounted for by agency staff. This is explored in more detail below.

Key Actions:

- Developed costed agency cost reduction plan
- Medical bank in place
- Project Manager in post to develop and lead the a new central agency booking team
- Divisional Confirm and Challenge meetings
- Further actions to increase nurse bank usage – e.g. premium bank rates
- Extension of bank to other groups of staff
- Further work to seek to reduce agency rates
- Challenge high-cost agency – turn to permanent where possible

NURSING WORKFORCE

Safer Staffing: Summary by Site

Nov-18

Hospital	CHPPD Rates for Staffing					
	Registered		Unregistered		Total (Includes Others)	
	Planned CHPPD	Actual CHPPD	Planned CHPPD	Actual CHPPD	Planned CHPPD	Actual CHPPD
Grantham	5.3	4.8	3.2	3.1	8.5	8.2
Lincoln	4.6	4.4	2.5	2.5	7.2	7.0
Pilgrim	5.2	4.5	2.9	2.8	8.3	7.5
Trust	4.9	4.5	2.7	2.6	7.7	7.2

Safer Staffing: Summary by Site - General N

Nov-18

Hospital	CHPPD Rates for Staffing					
	Registered		Unregistered		Total (Includes Others)	
	Planned CHPPD	Actual CHPPD	Planned CHPPD	Actual CHPPD	Planned CHPPD	Actual CHPPD
Grantham	5.3	4.8	3.2	3.1	8.5	8.2
Lincoln	4.7	4.4	2.5	2.5	7.2	7.1
Pilgrim	4.5	3.9	2.7	2.7	7.3	6.8
Trust	4.7	4.3	2.6	2.6	7.3	7.0

Safer Staffing: Summary by Site - Children

Nov-18

Hospital	CHPPD Rates for Staffing					
	Registered		Unregistered		Total (Includes Others)	
	Planned CHPPD	Actual CHPPD	Planned CHPPD	Actual CHPPD	Planned CHPPD	Actual CHPPD
Grantham	n/a	n/a	n/a	n/a	n/a	n/a
Lincoln	7.1	7.3	3.6	2.7	10.8	10.0
Pilgrim	16.4	12.6	9.5	5.5	27.0	18.7
Trust	9.6	8.7	5.2	3.4	15.0	12.3

NURSING WORKFORCE

Safer Staffing: Summary by Site - Midwifery

Nov-18

Hospital	CHPPD Rates for Staffing					
	Registered		Unregistered		Total (Includes Others)	
	Planned CHPPD	Actual CHPPD	Planned CHPPD	Actual CHPPD	Planned CHPPD	Actual CHPPD
Grantham	n/a	n/a	n/a	n/a	n/a	n/a
Lincoln	1.8	1.8	2.2	2.0	4.4	4.0
Pilgrim	25.6	25.2	5.0	4.8	30.7	30.0
Trust	4.0	3.9	2.5	2.3	6.8	6.4

Safe Staffing Performance Dashboard - November 18											
SITE/ Ward	CHPPD Rates for Staffing						Fill Rates				Exception report
	Registered		Unregistered		Total		Total Day		Total Night		
	Planned CHPPD	Actual CHPPD	Planned CHPPD	Actual CHPPD	Planned CHPPD	Actual CHPPD	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	
GRANTHAM HOSPITAL											
Ward 1	3.33	3.44	2.87	3.12	6.20	6.56	106.3%	111.6%	99.3%	103.0%	Escalation beds open
Ward 2	9.46	6.68	6.61	4.34	16.07	11.55	66.6%	56.4%	76.6%	81.0%	Activity reduced as service reconfigurations ongoing. Fill rates reflect redeployment of staff during this time
Ward 6	3.93	3.79	3.51	3.60	7.44	7.73	95.3%	104.3%	98.4%	99.8%	
EAU	4.85	4.28	2.41	2.88	7.26	7.39	81.4%	137.4%	101.6%	98.8%	Alternate skill mix used where safe to do so
Acute Care Unit	12.84	12.31	1.27	1.03	14.10	13.34	95.9%	81.7%	95.9%	#DIV/0!	
LINCOLN COUNTY HOSPITAL											
Ashby	3.50	3.13	2.71	4.24	6.20	7.37	83.8%	143.4%	100.0%	171.7%	Reflective of enhanced care needs of patients
Bardney	6.37	6.17	4.55	4.30	12.81	11.42	97.4%	91.2%	95.9%	98.2%	
Branston	4.89	4.43	2.02	2.03	6.92	6.78	85.7%	123.4%	100.0%	66.5%	Night HCSW shifts not always filled where safe to do so
Burton	3.26	3.15	2.65	2.84	5.91	5.99	95.0%	111.9%	100.2%	100.6%	Reflective of enhanced care needs of patients
Carlton Coleby	3.46	3.40	2.14	2.08	5.59	5.48	85.6%	97.9%	122.5%	96.1%	Continue to support additional RN on nights as temporary uplift to template

NURSING WORKFORCE

SITE/Ward	CHPPD Rates for Staffing						Fill Rates				Exception report
	Registered		Unregistered		Total		Total Day		Total Night		
	Planned CHPPD	Actual CHPPD	Planned CHPPD	Actual CHPPD	Planned CHPPD	Actual CHPPD	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	
LINCOLN COUNTY HOSPITAL											
Clayton	3.76	3.74	1.66	1.57	5.53	5.46	96.5%	91.3%	103.2%	104.1%	
Dixon	2.58	2.81	2.38	2.48	4.96	5.29	117.8%	95.4%	98.4%	121.3%	
Frailty Assessment Unit	3.85	3.37	3.23	3.37	7.33	7.26	83.3%	109.1%	96.7%	96.7%	
Greetwell	3.17	3.01	1.94	1.95	5.11	5.14	92.2%	98.3%	98.9%	104.6%	
Hatton	4.70	4.82	3.34	3.19	8.04	8.01	102.8%	96.9%	102.6%	93.7%	
ICU	26.48	24.12	3.04	1.91	29.97	26.38	93.9%	69.7%	88.3%	48.7%	HCSW not always sent to bank on nights
Johnson	9.57	9.02	3.30	3.36	12.87	12.59	94.3%	98.7%	94.3%	109.2%	
Lancaster	2.94	2.54	2.90	3.08	5.83	5.85	79.3%	108.3%	98.5%	102.4%	Skill mix altered to cover vaccancies
MEAU	5.48	4.96	2.41	2.40	7.88	7.43	99.3%	94.9%	99.2%	104.3%	
Navenby	3.06	3.04	2.31	2.28	5.37	5.32	98.5%	89.4%	100.3%	95.5%	
Nettleham	0.61	0.61	1.56	1.43	2.17	2.04	70.9%	50.5%	93.3%	129.1%	Model is supported from rotational midwives as required
Neonatal (SCBU)	10.84	8.68	6.17	3.81	17.01	12.50	94.5%	99.5%	101.1%	87.3%	
Neustadt Welton	3.21	3.12	2.63	2.47	5.85	5.76	139.1%	98.5%	131.0%	106.7%	
Rainforest	4.66	6.34	1.98	2.00	6.65	8.34	88.6%	86.1%	102.0%	100.9%	Reflective of change in model of care
Scampton	3.28	3.05	2.98	2.73	6.26	5.78	87.2%	100.6%	98.2%	120.0%	Reflective of enhanced care needs on nights
SEAU	5.58	5.02	2.48	2.39	8.07	7.60	92.8%	95.0%	98.6%	109.9%	
Shuttleworth	4.11	3.76	2.41	2.58	6.52	6.52	97.4%	92.8%	114.9%	98.6%	
Stroke Unit	4.50	4.27	2.41	2.41	6.91	6.82	91.3%	85.8%	89.1%	125.6%	Alternate skill mix used where safe to do so
Waddington Unit	4.09	4.27	1.73	1.63	5.83	5.91	91.1%	95.2%	88.0%	98.3%	

NURSING WORKFORCE

SITE/Ward	CHPPD Rates for Staffing						Fill Rates				Exception report
	Registered		Unregistered		Total		Total Day		Total Night		
	Planned CHPPD	Actual CHPPD	Planned CHPPD	Actual CHPPD	Planned CHPPD	Actual CHPPD	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	
PILGRIM HOSPITAL, BOSTON											
Acute Medical Unit	4.48	3.49	3.39	2.68	7.87	6.18	78.7%	103.0%	85.6%	104.9%	Change to model of care on site
4A	16.15	12.14	12.21	6.54	29.30	18.96	97.6%	92.5%	98.9%	100.7%	
Acute Cardiac Unit	5.09	4.14	2.16	2.24	7.24	6.38	83.3%	60.0%	73.3%	80.0%	Change to model of care on site
ICU	30.58	24.74	0.00	0.00	31.38	24.74	88.7%	110.6%	92.2%	106.3%	
Labour Ward	25.63	25.17	5.03	4.84	30.66	30.01	61.8%	57.7%	104.9%	94.4%	Model is supported from rotational midwives as required
Neonatal (SCBU)	16.85	13.31	5.69	3.90	23.76	18.25	85.6%	107.9%	97.8%	98.6%	
Stroke Unit	4.17	3.76	2.81	3.08	7.36	6.97	61.7%	63.9%	104.6%	26.7%	Fill rate reflective of vacancies
Bevan Ward	5.89	4.46	3.34	2.27	9.23	7.05	100.7%	107.9%	100.0%	94.3%	
3B	3.40	3.06	2.34	2.45	5.74	5.51	69.3%	119.8%	89.8%	106.1%	Alternate skill mix used where safe to do so
5A	2.98	3.00	2.39	2.47	5.37	5.47	69.7%	100.5%	92.5%	95.7%	Alternate skill mix used where safe to do so
5B	4.05	3.09	2.50	2.87	6.55	6.13	88.9%	107.5%	103.3%	100.4%	
6A	3.71	2.86	3.01	2.97	6.72	5.99	75.1%	115.2%	102.1%	106.8%	Alternate skill mix used where safe to do so
6B	3.73	3.49	3.08	3.22	6.81	6.72	77.1%	104.4%	108.2%	99.2%	Alternate skill mix used where safe to do so
7A	3.39	2.82	1.99	2.25	5.37	5.07	106.3%	111.4%	158.4%	124.8%	
7B	3.88	3.39	2.79	2.87	7.14	6.79	84.3%	92.4%	101.7%	91.4%	
8A	3.03	3.73	2.69	3.12	5.72	6.86	67.9%	69.9%	98.8%	95.4%	Fill rate reflective of vacancies
1B	6.93	6.25	3.24	2.98	10.36	9.42	79.1%	46.3%	83.4%	91.0%	

FINANCE

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

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

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

(Surplus)/Deficit		R		
	Plan	Actual	Variance and deficit	
In Month £k	(5,345)	(6,959)	(1,614)	
Year to Date £k	(46,383)	(57,536)	(11,153) (74,700)	

The in-month position is a deficit of £7.0m (or £1.8m to plan), and the YTD position is a deficit of £57.5m (or £11.2m adverse to plan).

Lower than planned Efficiency savings delivery accounts for £6.8m of the £11.2m YTD adverse movement to plan. Actions are being taken to support increasing the pace and delivery of schemes, including additional resource to focus on delivery.

The adverse movement to plan in the YTD position also includes £1.0m in relation to underachievement of CQUIN and £3.1m in relation to contractual provisions - the contractual provision includes £1.1m for fines and penalties and £2.0m for contract challenges.

The Operating Income position includes strong performance against plan in relation to A&E, Radiology, Daycases, Outpatients, and Critical Care. Elective activity, though, remains the key area of concern, with underperformance now £2.3m YTD.

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

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

Cash		A		
	Plan	Actual	Variance	
Year to Date £k	2,074	627	(1,447)	
Year End Forecast £k	6,153	6,153	0	

The cash balance at 30 November 2018 was £0.6m. This includes revenue cash loans drawn in April - November of £50.6m.

Total revenue and capital borrowings at 30 November were £260.2m and are forecast to rise based upon achieving the planned deficit of £74.7m to £306.2m by the end of 2018/19. As a consequence of this borrowing costs are anticipated to be £6.8m in I&E terms, and in cash terms £5.5m.

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.

Although the operating deficit is £11.2m worse than plan, the impact upon cash and the ability of the Trust to pay suppliers has thus far been limited due to the relative slow progress with the Capital Programme.

Based upon the current revenue trajectory the Trust will require additional cash beyond the planned deficit of £74.7m. Within this report the following sections describe the borrowing requirements for the remainder of 2018/19 on this basis:

- Revenue and Capital Borrowing
- Cumulative Trust Borrowing

Income		R		
	Plan	Actual	Variance	
In Month £k	37,340	37,832	492	
Year to Date £k	296,455	295,123	(1,332)	

Overall, Operating Income year to date is £1.3m adverse to plan, despite the reported position including additional income of £3.3m to fund the excess cost of the A4C pay award over and above that funded within the tariff and £2.4m higher than planned delivery of efficiency savings delivery in relation to Income.

The adverse movement to plan in the YTD position includes £1.0m in relation to underachievement of CQUIN and £3.1m in relation to contractual provisions (comprising of £1.1m for fines and penalties and £2.0m for contract challenges).

Operating Income is £0.1m above plan if we exclude the impact of higher than planned efficiency savings delivery, CQUIN underperformance, contractual provisions, the excess cost and funding of the A4C pay award and the impact of the catering commercial review/TUPE.

Performance to date against plan continues to be strong in relation to A&E, Radiology, Daycases, Outpatients, and Critical Care. Elective activity remains the key area of concern, with underperformance now £2.3m YTD.

Income is expected to improve as efficiency savings delivery increases.

Operating Expenditure		R		
	Plan	Actual	Variance	
In Month £k	(41,447)	(44,025)	(2,578)	
Year to Date £k	(331,990)	(341,990)	(10,000)	

Overall, Operating Expenditure year to date is £10.0m adverse to plan, including £3.3m of additional pay costs in relation to the excess cost of the A4C pay award over and above that funded within the tariff (to cover which the Trust has received additional funding).

Slower than planned Efficiency savings delivery has also adversely impacted Operating Expenditure YTD by £9.2m; £4.9m in relation to Pay and £4.3m 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.

Operating Expenditure is £3.1m lower than planned if we exclude the impact of slower than planned efficiency savings delivery, the excess cost of the A4C pay award and the impact of the catering commercial review/TUPE.

Whilst lower than planned Operating Expenditure should be expected as a consequence of lower than planned Operating Income, this £3.1m underspend in Operating Expenditure includes the release in June of £0.5m of prior year non pay accruals, the accrual in September of a one-off VAT benefit of £0.6m and release of £0.3m of Medical and Dental pay award accruals in October.

The position includes higher than planned spend on temporary staffing in general and agency staffing in particular. It also includes the maturation of risk, for example in relation to Paediatrics.

Capital		R		
	Plan	Actual	Variance	
Year to Date £k	22,867	12,156	10,711	
Year End Forecast £k	41,094	41,094	0	

The capital spend to date is £10.7m behind plan.

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

Fire schemes behind plan by £8.6m, consisting of Fire Works - package 1, 2 & 3 at Lincoln £3.3m and package 1 at Pilgrim £0.9m, Emergency lighting at Lincoln £1.0m, Ward 8B (Stoke) Fire enabling scheme has slippage of £1.5m due to commence in August.

Diagnostic capacity £0.5m variance is due to MRI scanner installation not yet taking place £0.5m.

Medical devices £0.3m variance is due to underspends in X-ray room at Johnson Hospital.

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

Income		R	
	Plan	Actual	Variance
In Month £k	37,340	37,832	492
Year to Date £k	296,455	295,123	(1,332)

Overall, Operating Income year to date is £1.3m adverse to plan, despite the reported position including additional income of £3.3m to fund the excess cost of the A4C pay award over and above that funded within the tariff and £2.4m higher than planned delivery of efficiency savings delivery in relation to Income.

The adverse movement to plan in the YTD position includes £1.0m in relation to underachievement of CQUIN and £3.1m in relation to contractual provisions (comprising of £1.1m for fines and penalties and £2.0m for contract challenges).

Operating Income is £0.1m above plan if we exclude the impact of higher than planned efficiency savings delivery, CQUIN underperformance, contractual provisions, the excess cost and funding of the A4C pay award and the impact of the catering commercial review/TUPE.

Performance to date against plan continues to be strong in relation to A&E, Radiology, Daycases, Outpatients, and Critical Care. Elective activity remains the key area of concern, with underperformance now £2.3m YTD.

Income is expected to improve as efficiency savings delivery increases.

Operating Expenditure		R	
	Plan	Actual	Variance
In Month £k	(41,447)	(44,025)	(2,578)
Year to Date £k	(331,990)	(341,990)	(10,000)

Overall, Operating Expenditure year to date is £10.0m adverse to plan, including £3.3m of additional pay costs in relation to the excess cost of the A4C pay award over and above that funded within the tariff (to cover which the Trust has received additional funding).

Slower than planned Efficiency savings delivery has also adversely impacted Operating Expenditure YTD by £9.2m: £4.9m in relation to Pay and £4.3m 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.

Operating Expenditure is £3.1m lower than planned if we exclude the impact of slower than planned efficiency savings delivery, the excess cost of the A4C pay award and the impact of the catering commercial review/TUPE.

Whilst lower than planned Operating Expenditure should be expected as a consequence of lower than planned Operating Income, this £3.1m underspend in Operating Expenditure includes the release in June of £0.5m of prior year non pay accruals, the accrual in September of a one-off VAT benefit of £0.6m and release of £0.3m of Medical and Dental pay award accruals in October.

The position includes higher than planned spend on temporary staffing in general and agency staffing in particular. It also includes the maturation of risk, for example in relation to Paediatrics.

Capital		R	
	Plan	Actual	Variance
Year to Date £k	22,867	12,156	10,711
Year End Forecast £k	41,094	41,094	0

The capital spend to date is £10.7m behind plan.

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

Fire schemes behind plan by £8.6m, consisting of Fire Works - package 1, 2 & 3 at Lincoln £3.3m and package 1 at Pilgrim £0.9m, Emergency lighting at Lincoln £10m. Ward 8B (Stoke) Fire enabling scheme has slippage of £1.5m due to commence in August.

Diagnostic capacity £0.5m variance is due to MRI scanner installation not yet taking place £0.5m.

Medical devices £0.3m variance is due to underspends in X-ray room at Johnson Hospital.

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

FINANCE

Financial Efficiency Plan (FEP)				R
	Plan	Actual	Variance	
Year to Date £k	13,714	6,950	(6,764)	
<p>The financial plan for 2018/19 includes an efficiency programme of £25.0m.</p> <p>The structure of Turnaround has 5 arms: establishment of a new Divisional model and external appointment of Divisional Managing Directors; engagement of a national commercial recruiter; introduction of a centralised bank; development of elective capacity; and establishment of a Master PMO.</p> <p>In-Year value of savings are currently anticipated to be c£15m.</p> <p>With actuals savings delivery year to date of £6.9m compared to savings delivery year to date in the financial plan of £13.7m, the Trust year to date is £6.8m adverse to plan.</p> <p>The in-month position includes realisation of £0.7m of savings in relation to gains from the disposal of assets. Delivery year to date does include a non-recurrent receipt of £0.5m in relation to the outcome of the Pilgrim fire claim and a further £4.3m of benefit in relation to Income schemes, such that the shortfall in FEP delivery is mainly in relation to Expenditure related schemes.</p> <p>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.</p>				
				1

Pay bill				R
	Plan	Actual	Variance	
Year to Date £k				
Substantive	185,379	184,838	541	
Bank	12,725	15,666	(2,941)	
Agency	17,788	22,898	(5,110)	
Apprenticeship Levy	816	850	(34)	
Less Capitalised costs	0	(436)	436	
	216,708	223,816	(7,108)	
<p>Pay year to date is £7.5m adverse to plan. Whilst the Trust has received additional income of £3.3m 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. Excluding the excess cost of the pay award, employee expenses are £4.3m higher than planned.</p> <p>Lower than planned Efficiency savings delivery in relation to Pay has adversely impacted the YTD Pay position by £4.9m. Actions are being taken to support increasing the pace and delivery of schemes, including additional resource to focus on delivery.</p> <p>Excluding the impact of the national pay award settlements, pay was largely flat for the first 5 months of the year, but has been rising since then, and is now £0.7m higher than in the first 5 months of the year. This reflects the increase in substantive staffing numbers, which have risen by 118wte in the same period. This growth in substantive staffing includes an increase of 87wte in nursing numbers, 21wte in non clinical numbers and 11wte in STT numbers.</p> <p>Expenditure on temporary staffing in general and agency staffing in particular remains higher than planned, and rose from £13.3m in quarter 1 to £14.8m in quarter 2. Expenditure on Agency staffing has further increased in the last two months and if expenditure on temporary staffing were to continue at these levels then spend in quarter 3 would be £15.6m. 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.</p>				

Agency Cap				R
	Ceiling	Actual	Variance	
Year to Date £k	14,853	22,898	(8,045)	
<p>The Trust has an agency ceiling of £21.0m for 2018/19, and year to date the Trust is £8.0m above it agency ceiling (with actual expenditure of £22.9m compared to a ceiling of £14.9m).</p> <p>Of the £22.9m spend to date, £14.9m (64%) is on Medical Staffing, £6.0m (27%) is Nurse Staffing and £2.0m (7%) is on Other Staffing. Expenditure on agency staffing reduced in-month by £0.1m from £3.2m in October to £3.1m in November; expenditure on agency staffing in November is the second highest monthly spend in 2018/19.</p> <p>Whilst medical workforce contracted wte numbers have been relatively stable since April 2017, expenditure on medical agency staffing has risen from a low of £1.3m in July 2017 to a high of £2.1m in October 2018. Whilst the number of nurses and midwives increased by 71wte in September, a further 8wte in October and a further 10wte in November, this in the main reflects the recruitment of newly qualified nurses, and as such will not impact agency spend until the newly qualified nurses have completed their preceptorships.</p> <p>On a straight-line projection, the year to date spend would project forward to an outturn of £34.3m or £13.3m above the Trust's agency ceiling. However, if spend were to continue at November levels, then the year to date spend would project forward to an outturn of £35.4m or £14.4m above the Trust's agency ceiling.</p> <p>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.</p>				

FINANCE

Income & Expenditure Summary 2018/19

£57.5m deficit year to date against a planned deficit of £46.4m. All figures exclude STF.

2018/19	Current Month			Year to Date		
	Budget £k	Actual £k	Variance £k	Budget £k	Actual £k	Variance £k
Income	37,340	37,828	488	296,455	295,123	(1,332)
Expenditure	(41,447)	(44,025)	(2,578)	(331,990)	(341,990)	(10,000)
EBITDA	(4,107)	(6,197)	(2,090)	(35,535)	(46,867)	(11,332)
Depn/Interest	(1,245)	(768)	477	(10,904)	(7,502)	3,402
Surplus/(Deficit) excl. STF	(5,352)	(6,965)	(1,613)	(46,439)	(54,369)	(7,930)
Technical adjustments	7	6	(1)	56	(3,167)	(3,223)
Surplus/(Deficit) excl. STF	(5,345)	(6,959)	(1,614)	(46,383)	(57,536)	(11,153)
EBITDA % Income	-11.0%	-16.4%	-5.4%	-12.0%	-15.9%	-3.9%
FEPs	3,238	2,161	(1,077)	13,714	6,950	(6,764)

Overall YTD financial performance is £57.5m deficit, or £11.2m adverse to the planned £46.4m deficit.

EBITDA for the year to date is £46.9m deficit (-15.9% of Income).

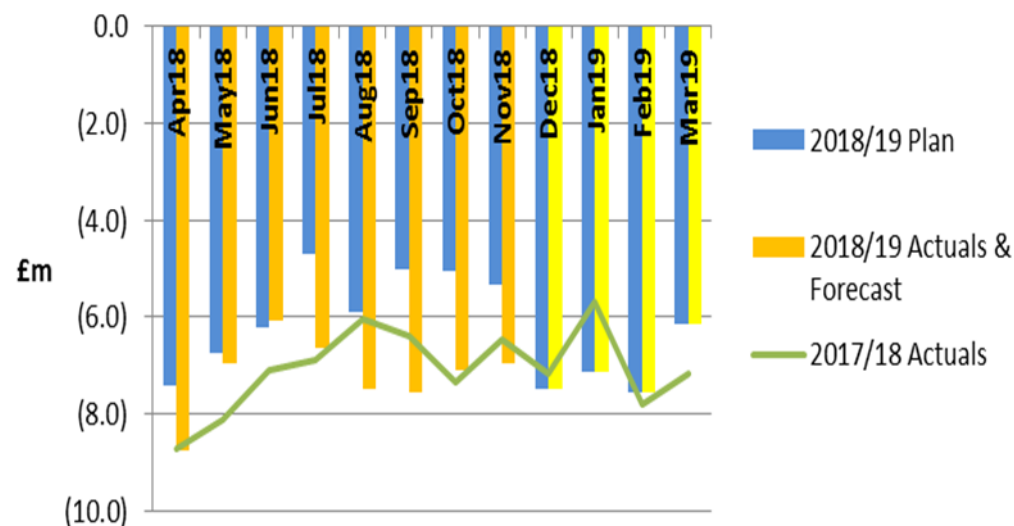
Income is £1.3m below plan YTD, despite the inclusion of £3.3m of pay award funding. This reflects the impact of lower than planned elective activity, provision for contract fines and challenges, and other under performance.

Expenditure is £10.0m above plan YTD, including £3.3m of excess pay award costs. The £3.4m favourable movement to plan in Depreciation and Interest reflects a favourable movement of £3.3m in relation to the reversal of impairments - the I&E impact of the reversal of impairments is removed as a technical adjustment.

The main drivers of the expenditure position are:

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

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



FINANCE

Income & Expenditure Run Rate 2018/19

Total Trust (Excluding passthrough drugs and devices)	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Plan	Plan	Plan	Plan	In Month			Full Year		
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	Plan	Actuals	Variance	Plan	Forecast	
													M8	M8		Full Year	Outturn (ytd + plan)	Variance
Income																		
NHS Clinical Income	27,501	30,174	30,098	30,206	30,702	29,154	29,760	30,458	28,315	29,274	28,144	30,201	30,151	30,458	307	354,885	353,986	(899)
Non NHS Clinical Income	47	23	40	78	42	15	98	(69)	58	60	60	60	60	(69)	(129)	715	512	(203)
Other Income	2,752	2,613	2,987	3,072	3,446	2,699	3,832	2,792	3,050	3,526	3,053	3,055	3,054	2,792	(262)	37,113	36,877	(236)
Total Income	30,300	32,810	33,125	33,356	34,190	31,868	33,690	33,181	31,423	32,860	31,257	33,316	33,265	33,181	(84)	392,713	391,375	(1,338)
Expenditure																		
Pay	(27,464)	(27,387)	(27,433)	(27,921)	(29,126)	(28,179)	(28,225)	(28,517)	(26,983)	(27,318)	(27,318)	(26,957)	(26,996)	(28,517)	(1,521)	(325,283)	(332,828)	(7,545)
Drugs	(442)	(649)	(417)	(410)	(555)	(513)	(650)	(73)	(300)	(425)	(240)	(571)	(562)	(73)	489	(5,900)	(5,244)	656
Clinical Supplies and Services	(4,408)	(5,080)	(4,714)	(4,982)	(5,101)	(4,460)	(5,031)	(5,431)	(4,053)	(4,183)	(3,708)	(4,281)	(4,170)	(5,431)	(1,261)	(51,746)	(55,432)	(3,686)
Other Non pay	(5,379)	(5,264)	(5,274)	(5,187)	(5,464)	(4,844)	(5,450)	(5,357)	(5,904)	(5,918)	(5,896)	(5,949)	(5,644)	(5,357)	287	(66,466)	(65,886)	580
Total Expenditure	(37,693)	(38,380)	(37,838)	(38,500)	(40,246)	(37,996)	(39,356)	(39,378)	(37,240)	(37,844)	(37,162)	(37,758)	(37,372)	(39,378)	(2,006)	(449,395)	(459,390)	(9,995)
Finance & Depreciation costs	(1,363)	(1,416)	(1,398)	(1,432)	(1,445)	(1,443)	1,769	(768)	(1,672)	(1,636)	(1,657)	(1,701)	(1,245)	(768)	477	(17,630)	(14,228)	3,402
I&E - Deficit	(8,762)	(6,986)	(6,111)	(6,576)	(7,501)	(7,571)	(3,897)	(6,965)	(7,489)	(6,680)	(7,562)	(6,143)	(5,352)	(6,965)	(1,613)	(74,312)	(82,243)	(7,931)
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	7	(465)	7	7	7	6	(1)	(388)	(377)	11
Adjusted Surplus/(Deficit)	(8,742)	(6,967)	(6,091)	(6,633)	(7,481)	(7,552)	(7,111)	(6,959)	(7,482)	(7,145)	(7,555)	(6,136)	(5,345)	(6,959)	(1,614)	(74,700)	(85,854)	(11,154)
Total Trust (including passthrough)																		
Total Income	34,127	37,147	36,950	37,576	38,370	35,062	38,063	37,828	35,498	36,935	35,332	37,391	37,340	37,828	488	441,611	440,279	(1,332)
Total Expenditure	(41,520)	(42,717)	(41,663)	(42,720)	(44,426)	(41,190)	(43,729)	(44,025)	(41,315)	(41,919)	(41,237)	(41,833)	(41,447)	(44,025)	(2,578)	(498,293)	(508,294)	(10,001)
Finance & Depreciation costs	(1,363)	(1,416)	(1,398)	(1,432)	(1,445)	(1,443)	1,769	(768)	(1,672)	(1,636)	(1,657)	(1,701)	(1,245)	(768)	477	(17,630)	(14,228)	3,402
I&E - Deficit	(8,762)	(6,986)	(6,111)	(6,576)	(7,501)	(7,571)	(3,897)	(6,965)	(7,489)	(6,680)	(7,562)	(6,143)	(5,352)	(6,965)	(1,613)	(74,312)	(82,243)	(7,931)
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	7	(465)	7	7	7	6	(1)	(388)	(377)	11
Adjusted Surplus/(Deficit)	(8,742)	(6,967)	(6,091)	(6,633)	(7,481)	(7,552)	(7,111)	(6,959)	(7,482)	(7,145)	(7,555)	(6,136)	(5,345)	(6,959)	(1,614)	(74,700)	(85,854)	(11,154)
Adjustments to derive underlying deficit																		
Loan Interest	388	439	430	480	496	498	534	560	653	671	627	721				6,636	6,498	(138)
External Support	350	282	315	462	357	355	359	364	350	350	350	350				4,000	4,244	244
Turnaround team, Project Jackson & Other Support	28	27	36	74	164	201	251	154	694	694	644	594				1,000	3,561	2,561
Prior Year Income & Challenges	155	0	(736)	211	0	26	497	0	0	0	0	0				0	153	153
Profit on Disposals	0	0	0	0	0	0	0	(726)	0	0	0	0				(963)	(726)	237
Accruals Adjustment	80	(218)	(604)	0	(547)	(592)	0	0	0	0	0	0				0	(1,881)	(1,881)
Income timing adjustment	1,056	(566)	504	(345)	(636)	(432)	1,023	(605)	0	0	0	0				0	0	0
Underlying Surplus/(Deficit)	(6,685)	(7,002)	(6,145)	(5,750)	(7,647)	(7,497)	(4,447)	(7,212)	(5,785)	(5,430)	(5,934)	(4,471)				(64,027)	(74,005)	(9,978)

The Trust revised its financial plan to a deficit of £74.7m, and as at the end of November the Trust is £11.2m adverse to plan.

The average run rate to date is a deficit of £7.2m per month, with an average underlying of £6.5m.

The full year run rate shows the requirement to deliver a £11.2m improvement to recover the YTD variance and achieve the plan of £74.7m. This is also contingent on delivery of the plan for the remaining 4 months of the year. A step change in income performance and reduction in pay costs are required to achieve this, with delivery of the Financial Efficiency Programme being a major component.

To achieve the planned deficit, the Trust requires to improve its overall run rate by an average of £2.9m per month in future months i.e. to deliver the planned deficit the Trust requires an average deficit of £4.3m per month in the remaining months of 2018/19. If any further risk materialise these will require a further improvement in the run rate to mitigate their impact.

FINANCE

NHS Patient Care Income & Activity 2018/19

2018/19 Clinical Income Summary: YTD Month 8

Total Trust	Activity: In-Month				Income: In-Month				Activity: Year-To-Date				Income: Year-To-Date			
	2017/18 Nov Actual	2018/19 Nov Activity Plan	2018/19 Nov Actual	Nov Activity Variance	2017/18 Nov £k Actual	2018/19 Nov £k Plan	2018/19 Nov £k Actual	Nov £k Variance	2017/18 Apr-Nov Actual	2018/19 Nov Activity Plan	2018/19 Nov Actual	Nov Activity Variance	2017/18 Apr-Nov £k Actual	2018/19 Nov £k Plan	2018/19 Nov £k Actual	Nov £k Variance
Accident & Emergency	12,449	10,768	12,068	1,300	1,617,823	1,608,803	1,754,045	145,243	101,483	90,791	100,198	9,407	13,921,480	13,559,468	14,520,021	960,553
Accident & Emergency Streaming	968	0	865	865	82,321	0	0	0	2,298	1,258	9,268	8,010	125,215	73,972	67,726	[6,248]
Daycases	5,440	5,419	5,748	329	2,876,339	2,905,045	3,131,839	226,794	42,237	42,209	43,935	1,726	22,136,877	22,315,619	22,927,620	612,001
Elective Spells	813	915	730	(185)	2,110,493	2,260,830	1,963,188	(297,642)	6,681	7,153	6,017	(1,136)	16,358,590	17,531,960	15,443,345	(2,088,615)
Elective Spells WIP	0	0	0	0	0	0	(31,478)	(31,478)	0	0	0	0	0	0	(107,227)	(107,227)
Non Elective Spells	6,255	5,875	6,125	250	10,184,324	10,103,556	11,857,077	1,553,522	47,810	48,408	47,353	(1,049)	79,094,664	83,400,066	84,567,444	1,167,378
Non Elective Spells WIP	0	0	0	0	0	0	(659,391)	(659,391)	0	0	0	0	0	0	(800,229)	(800,229)
Non Elective Excess Bed Days	1,519	1,504	2,232	728	347,034	366,123	356,700	(9,423)	12,077	12,034	13,389	1,355	2,953,246	2,928,988	3,044,921	115,933
Non Elective Excess Bed Days WIP	0	0	0	0	0	0	35,980	35,980	0	0	0	0	0	0	(1,089)	(1,089)
Elective Excess Bed Days	210	169	40	(129)	36,769	41,275	10,655	(30,620)	1,367	1,352	946	(406)	333,827	330,202	234,564	(95,638)
Elective Excess Bed Days WIP	0	0	0	0	0	0	12,570	12,570	0	0	0	0	0	0	20,042	20,042
Outpatient Firsts	25,591	25,577	25,439	(138)	3,495,964	3,354,590	3,374,226	19,635	194,537	197,737	199,598	1,861	26,220,200	25,854,028	26,570,305	716,277
Outpatient Follow Ups	35,047	34,146	35,631	1,485	3,051,305	2,868,900	2,952,580	83,680	262,159	263,358	262,165	(1,194)	22,177,436	21,928,042	22,161,974	233,932
Critical Care	1,272	1,394	1,623	229	938,194	1,158,105	1,232,781	74,676	5,454	10,985	12,533	1,548	6,206,710	9,061,810	9,833,992	772,183
Critical Care WIP	0	0	0	0	0	0	(94,464)	(94,464)	0	0	0	0	0	0	(436,330)	(436,330)
Maternity	1,042	981	1,005	24	840,867	879,469	803,551	(75,918)	7,950	7,850	8,139	289	6,872,922	7,035,752	6,762,425	(273,327)
Audiology	1,798	1,317	1,513	197	118,679	92,021	107,122	15,101	16,013	9,732	12,701	2,970	1,065,607	680,157	904,621	224,465
Block	-	-	-	-	847,498	828,281	828,281	0	0	925	925	(0)	6,779,982	6,651,236	6,651,236	(1)
Chemotherapy	2,876	3,025	3,113	88	402,260	397,877	396,374	(1,503)	22,350	23,522	25,033	1,511	2,893,578	2,997,331	3,184,916	187,584
Radiology	16,203	16,659	18,642	1,983	879,685	925,780	1,104,958	179,178	122,678	123,163	138,803	15,640	6,817,094	6,855,776	8,192,268	1,336,492
Gainshare & Admin Fee	-	-	-	-	108,443	75,836	81,765	5,929	0	606,687	645,577	38,890	771,319	606,687	645,577	38,890
Paediatric Cystic Fibrosis	0	0	29	29	0	0	11,697	11,697	0	0	237	237	0	0	97,249	97,249
Radiotherapy	2,340	2,385	2,119	(266)	433,938	434,114	388,222	(45,893)	17,997	19,081	17,699	(1,382)	3,325,433	3,472,915	3,264,604	(208,312)
Screening	6,409	6,193	6,882	689	436,611	470,218	410,112	(60,107)	49,494	48,863	57,536	8,673	3,205,281	3,492,874	3,375,335	(117,539)
Specialised Rehab	590	520	574	54	138,284	227,508	256,849	29,341	2,616	4,161	4,238	77	1,136,732	1,820,064	1,946,168	126,104
Specialised Rehab WIP	0	0	0	0	0	0	7,287	7,287	0	0	0	0	0	0	(17,134)	(17,134)
Therapies	6,532	6,455	5,755	(700)	242,502	234,159	210,016	(24,143)	49,954	47,712	48,016	304	1,799,042	1,730,744	1,756,575	25,831
Other - non PbR etc	0	0	0	0	135,485	175,219	174,953	(266)	0	0	0	0	4,079,007	1,367,057	1,404,739	37,682
Activity sub total	127,354	123,302	130,134	6,832	29,325,196	29,407,710	30,477,496	1,069,785	965,135	1,566,978	1,654,311	87,332	228,274,221	233,694,747	236,215,657	2,520,910
Passthrough	-	-	-	-	4,116,012	4,074,837	4,340,457	265,619	-	-	-	-	30,977,322	32,598,696	32,604,508	5,812
Readmissions	-	-	-	-	(180,772)	(242,453)	(242,453)	0	-	-	-	-	(1,446,173)	(2,003,386)	(2,003,386)	0
MRET	-	-	-	-	(324,505)	(233,213)	(488,734)	(255,521)	-	-	-	-	(2,099,242)	(1,935,144)	(2,799,743)	(864,599)
System Resilience	-	-	-	-	383,475	192,121	192,121	0	-	-	-	-	766,951	1,536,971	1,536,971	(0)
CQUIN	-	-	-	-	568,830	688,633	588,847	(99,786)	-	-	-	-	4,425,105	5,489,462	4,510,054	(979,408)
Fines	-	-	-	-	(57,839)	0	(117,634)	(117,634)	-	-	-	-	(345,525)	0	(1,081,442)	(1,081,442)
Fines Reinvested	-	-	-	-	0	0	0	0	-	-	-	-	0	0	0	0
AIV Challenges	-	-	-	-	0	0	(34,583)	(34,583)	-	-	-	-	0	0	(327,992)	(327,992)
PLCV Challenges	-	-	-	-	0	0	(100,000)	(100,000)	-	-	-	-	0	0	(800,000)	(800,000)
Other	-	-	-	-	0	0	(587,600)	(587,600)	-	-	-	-	0	0	(871,800)	(871,800)
Prior Year - Invoiced	-	-	-	-	0	0	0	0	-	-	-	-	(1,414,750)	0	543,862	543,862
Prior Year - Fines and Challenges	-	-	-	-	0	0	0	0	-	-	-	-	318,892	0	(696,703)	(696,703)
Total Cost/Volume PODs (Non Passthrough)					29,714,385	29,812,798	29,687,460	(125,339)					228,479,480	236,782,649	234,225,477	(2,557,172)
Passthrough	-	-	-	-	4,116,012	4,074,837	4,340,457	265,619	-	-	-	-	30,977,322	32,598,696	32,604,508	5,812
Total (Inc Passthrough)					33,830,397	33,887,635	34,027,916	140,281					259,456,801	269,381,345	266,829,985	(2,551,360)

FINANCE

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

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

Outpatient attendances have reduced very slightly against October (the highest month this year) with a reduction in firsts partially compensated by an increase in follow up activity. YTD overperformance in relation to outpatients is £350k.

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

Of this YTD T&O elective activity across all sites is underperforming by 359 spells ytd which equates to £1.5m. By site T&O elective activity is 188 spells above plan at Grantham (£1m), 252 spells below at Lincoln (£1m) and 194 spells below plan at Boston (£1m). 66 spells below plan at Louth (£308k) and the plan also contained 34 outsourced spells which have not been achieved (£176k).

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

Other main elective YTD underperformance areas are General Surgery (95 spells, £232k), Urology (151 spells, £313k), ENT (185 spells £253k), QMF (62 spells £88k), Respiratory Physiology (151 spells, ££64k), Gynae (85 spells, £121k)

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

Fines are now £1m ytd, detail is included on tab 8 with a slight reduction in cancer and cancelled operations fines.

Non elective and critical care activity have increased in the month with WIP reducing to partially offset the over-performance

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

Excluded devices passthrough has increased due to the implementation of the ICD service.

FINANCE

Income & Activity Run Rate - Activity 2018/19

Activity	Activity Units												FOT Activity	Full Year Plan	Variance
	Actual M1	Actual M2	Actual M3	Actual M4	Actual M5	Actual M6	Actual M7	Actual M8	Plan M9	Plan M10	Plan M11	Plan M12			
Accident & Emergency	12,231	12,963	12,696	13,452	12,429	12,034	12,325	12,068	11,011	10,813	10,214	11,568	143,804	134,397	9,407
Accident & Emergency Streaming	1,060	1,305	1,178	1,243	1,355	1,366	896	865	0	0	0	0	9,268	1,258	8,010
Daycases	5,422	5,512	5,474	5,607	5,460	4,907	5,805	5,748	4,974	5,394	5,135	5,549	64,986	63,260	1,726
Elective Spells	727	793	860	728	726	674	779	730	789	683	778	872	9,139	10,275	-1,136
Elective Spells WIP	0	0	0	0	0	0	1	2	0	0	0	0	0	0	0
Non Elective Spells	5,678	6,019	5,760	5,978	5,969	5,755	6,075	6,125	5,965	5,944	5,499	6,025	70,792	71,841	-1,049
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	1,477	2,232	1,504	1,504	1,504	1,504	19,406	18,051	1,355
Non Elective Excess Bed Days WIP	0	0	0	0	0	0	1	2	0	0	0	0	0	0	0
Elective Excess Bed Days	79	184	90	110	178	126	139	40	169	169	169	169	1,622	2,028	-406
Elective Excess Bed Days WIP	0	0	0	0	0	0	1	2	0	0	0	0			
Outpatient Firsts	23,352	25,648	24,645	26,018	24,443	23,331	26,721	25,439	22,255	24,669	23,509	24,965	294,996	293,135	1,861
Outpatient Follow Ups	31,734	33,260	32,142	33,356	31,432	29,901	34,708	35,631	29,828	33,021	31,287	33,505	389,806	417,274	-27,468
Critical Care	771	709	686	743	884	626	1,004	909	1,328	1,382	1,358	1,382	11,783	16,436	-4,653
Critical Care WIP	0	0	0	0	0	0	1	2	0	0	0	0	0	0	0
Maternity	1,032	1,013	1,000	1,033	975	1,009	1,072	1,005	981	981	981	981	12,064	11,776	289
Audiology	1,633	1,598	1,532	1,531	1,574	1,435	1,885	1,513	1,002	1,259	1,145	1,259	17,367	14,397	2,970
Block	-	-	-	-	-	-	-	-	0	0	0	0	0	0	0
Chemotherapy	2,945	3,127	2,983	3,173	3,236	3,001	3,455	3,113	2,758	2,977	2,879	2,977	36,624	35,113	1,511
Radiology	16,857	17,793	16,843	17,026	16,612	16,308	18,722	18,642	12,687	15,937	14,493	15,937	197,857	182,216	15,640
Gainshare & Admin Fee	-	-	-	-	-	-	-	-	0	0	0	0	0	0	0
Paediatric Cystic Fibrosis	31	31	31	31	28	28	28	29	28	28	28	28	349	0	349
Radiotherapy	1,998	2,341	2,302	2,065	2,208	2,085	2,581	2,119	2,385	2,385	2,385	2,385	27,240	28,622	-1,382
Screening	7,785	7,198	6,860	7,693	6,766	6,186	8,166	6,882	6,189	6,202	6,198	6,225	82,349	73,677	8,673
Specialised Rehab	554	36	810	812	321	647	484	574	520	520	520	520	6,318	6,241	77
Specialised Rehab WIP	0	0	0	0	0	0	1	2	0	0	0	0	0	0	0
Therapies	5,511	6,668	6,222	6,261	5,516	5,560	6,523	5,755	4,912	6,175	5,613	6,175	70,890	70,586	304
Other - non PbR etc	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Volumes accrued at first month end:															
Uncoded inpatients	3,429	7,576	4,930	4,467	4,653	4,827	3,078	2,765	0	0	0	0	35,725	0	35,725
Missing outcomes	8,372	8,884	4,000	3,540	1,989	4,695	4,140	6,389	0	0	0	0	42,009	0	42,009
Pending admissions	175	110	69	81	132	227	482	192	0	0	0	0	1,468	0	1,468
Total Cost/Volume PODs (Non Pass)	121,077	127,845	123,549	128,589	121,550	116,733	132,850	129,430	109,286	120,044	113,696	122,025	1,466,659	1,450,580	16,079
Passthrough	0	0	0	0	0	0	1	2	0	0	0	0	0	0	0
Board Report Position	121,077	127,845	123,549	128,589	121,550	116,733	132,851	129,432	109,286	120,044	113,696	122,025	1,466,659	1,450,580	16,079

FINANCE

Income & Activity Run Rate - £ 2018/19

Income	Forecast (£k)												FOT £ (ytd + Plan)	Full Year Plan	Variance
	Actual M1	Actual M2	Actual M3	Actual M4	Actual M5	Actual M6	Actual M7	Actual M8	Plan M9	Plan M10	Plan M11	Plan M12			
Accident & Emergency	1,741,684	1,881,831	1,830,428	1,949,728	1,818,583	1,752,047	1,791,674	1,754,045	1,645,889	1,616,809	1,529,395	1,726,957	21,039,071	20,078,517	960,553
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	3,046,458	3,131,839	2,608,664	2,851,044	2,727,608	2,947,592	34,062,527	33,450,526	612,001
Elective Spells	1,860,822	1,988,350	2,019,219	1,979,050	1,898,752	1,676,772	2,057,193	1,963,188	1,940,591	1,585,006	1,914,629	2,124,018	23,007,589	25,096,204	-2,088,615
Elective Spells WIP	0	0	320,121	201,331	-672,586	252,180	-176,795	-31,478	0	0	0	0	-107,227	0	-107,227
Non Elective Spells	10,120,085	10,587,433	10,196,605	10,589,629	10,488,246	9,896,657	11,031,712	11,657,077	10,347,443	10,433,958	9,623,092	10,552,062	125,524,000	124,356,622	1,167,378
Non Elective Spells WIP	0	0	290,837	-442,441	-121,854	309,204	-176,584	-659,391	0	0	0	0	-800,229	0	-800,229
Non Elective Excess Bed Days	391,316	398,672	348,492	431,541	342,211	414,378	361,611	356,700	366,123	366,123	366,123	366,123	4,509,415	4,393,481	115,933
Non Elective Excess Bed Days WIP	0	0	198,596	-218,298	38,698	72,678	-128,744	35,980	0	0	0	0	-1,089	0	-1,089
Elective Excess Bed Days	22,741	42,487	22,230	26,256	47,283	29,491	33,421	10,655	41,275	41,275	41,275	41,275	399,665	495,303	-95,638
Elective Excess Bed Days WIP	0	0	-14,875	-2,109	3,884	27,865	-7,294	12,570	0	0	0	0	20,042	0	20,042
Outpatient Firsts	3,090,096	3,397,744	3,257,922	3,484,266	3,225,252	3,158,187	3,582,612	3,374,226	2,901,088	3,223,737	3,069,574	3,257,800	39,022,504	38,306,227	716,277
Outpatient Follow Ups	2,689,562	2,827,202	2,710,376	2,816,891	2,669,023	2,550,825	2,945,515	2,952,580	2,481,491	2,778,568	2,631,969	2,803,915	32,857,919	33,176,503	-318,584
Critical Care	1,331,970	1,054,991	1,128,557	1,181,599	1,362,218	863,728	1,678,149	1,232,781	1,078,343	1,143,603	1,114,599	1,143,603	14,314,140	13,541,957	772,183
Critical Care WIP	0	0	-44,023	19,315	-319,131	242,114	-240,142	-94,464	0	0	0	0	-436,330	0	-436,330
Maternity	845,117	893,407	883,273	813,226	801,567	796,558	925,726	803,551	879,469	879,469	879,469	879,469	10,280,302	10,553,628	-273,327
Audiology	117,096	113,537	108,435	108,891	111,239	101,238	137,063	107,122	70,016	88,020	80,018	88,020	1,230,696	1,006,232	224,465
Block	853,267	828,281	828,281	828,281	828,281	828,281	828,281	828,281	828,281	828,281	828,281	828,281	9,964,361	9,964,361	-1
Chemotherapy	372,602	391,528	392,159	406,488	408,825	382,751	434,187	396,374	324,929	384,614	358,087	384,614	4,637,159	4,449,576	187,584
Radiology	962,858	1,016,036	978,192	1,010,265	991,408	1,008,643	1,119,908	1,104,958	709,527	886,461	807,824	886,461	11,482,540	10,146,049	1,336,492
Gainshare & Admin Fee	73,688	81,785	73,820	80,717	93,349	73,265	87,189	81,765	75,836	75,836	75,836	75,836	948,920	910,030	38,890
Paediatric Cystic Fibrosis	13,166	13,166	13,166	13,166	10,963	10,963	10,963	11,697	12,432	12,432	12,432	12,432	146,976	0	146,976
Radiotherapy	380,821	432,105	414,832	383,722	392,093	388,850	483,959	388,222	434,114	434,114	434,114	434,114	5,001,061	5,209,373	-208,312
Screening	463,594	414,751	411,236	434,116	426,767	356,219	458,541	410,112	468,639	473,772	472,192	482,852	5,272,790	5,390,329	-117,539
Specialised Rehab	231,303	16,121	396,885	363,906	152,354	277,025	251,725	256,849	227,508	227,508	227,508	227,508	2,856,200	2,730,096	126,104
Specialised Rehab WIP	0	0	0	48,097	97,873	-40,155	-130,236	7,287	0	0	0	0	-17,134	0	-17,134
Therapies	201,528	246,749	224,675	227,551	199,777	206,078	240,200	210,016	178,165	223,979	203,617	223,979	2,586,314	2,560,482	25,831
Other - non PbR etc	163,837	177,083	163,742	175,347	170,215	179,266	200,294	174,953	183,073	180,355	202,806	157,206	2,128,178	1,587,706	540,472
Activity sub total	28,752,277	29,662,466	29,930,422	29,903,724	28,240,323	28,402,362	30,846,587	30,477,496	27,802,898	28,734,964	27,600,449	29,644,117	349,998,084	347,477,174	2,520,910
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	-466,672	-488,734	-238,563	-237,989	-219,672	-240,650	-3,736,617	-2,872,018	-864,599
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
COUIN	556,440	571,892	564,086	567,884	546,548	519,332	595,027	588,847	649,366	667,164	640,208	689,999	7,156,791	8,136,199	-979,408
Fines	-106,606	-92,724	-359,664	-45,681	-47,215	-208,041	-103,877	-117,634	0	0	0	0	-1,081,442	0	-1,081,442
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	0	0	0	0	-2,152,633	0	-2,152,633
Total Cost/Volume PODs (Non Passthrough)	28,514,768	29,506,118	30,375,257	29,589,200	28,184,376	28,232,736	30,135,562	29,687,460	28,158,457	29,109,421	27,983,086	30,036,306	349,512,747	352,069,919	-2,557,172
Passthrough	3,827,224	4,361,161	3,968,860	4,012,522	4,292,339	3,214,119	4,587,827	4,340,457	4,074,837	4,074,837	4,074,837	4,074,837	48,903,856	48,898,045	5,811
Board Report Position	32,341,992	33,867,279	34,344,118	33,601,722	32,476,714	31,446,855	34,723,388	34,027,916	32,233,294	33,184,258	32,057,923	34,111,143	398,416,604	400,967,964	-2,551,360

FINANCE

Fines and Penalties update 2018/19

Type	Item	YTD £k
Cancer	2ww breast symptomatic	- 172
Cancer	2ww suspect cancer	- 360
Cancer	31 first treatment - first definitive within 1 mth	-
Cancer	31 sub - drug	-
Cancer	31 sub - rt	-
Cancer	31 sub - surgery	- 36
Cancer	62 day - consultant upgrade	-
Cancer	62 day - screening referrals	- 7
Cancelled ops	Cancelled operations not reschedule within 28 days	- 328
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	- 167
Mixed sex	Mixed Sex Accommodation	- 0
MRSA, C Diff	MRSA	- 11
Fines	Remedial action plans	-
Total		- 1,081

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 08								
Other Income	Other Income: In-Month				Other Income: Year-To-Date			
	2017/18	2018/19			2017/18	2018/19		
	Nov £k Actual	Nov £k Plan	Nov £k Actual	Nov £k Variance	Apr - Nov £k Actual	Nov £k Plan	Nov £k Actual	Nov £k Variance
NHS Patient Care Income	33,755	34,326	35,200	874	259,968	272,350	271,514	(836)
Non NHS Private Patients	22	32	11	(21)	271	257	142	(115)
Overseas Visitors	13	28	25	(3)	193	220	132	(88)
Injury Cost Recovery Scheme	234	131	(26)	(157)	1,074	1,049	1,305	256
Patient Care Income Total	34,024	34,517	35,210	693	261,506	273,876	273,093	(783)
Other Income								
Research & Development	501	94	104	10	1,284	754	813	59
Education & Training	1,324	1,374	1,458	84	10,502	10,993	10,696	(297)
Non patient services to other bodies	541	573	363	(210)	4,278	4,587	4,346	(241)
STF	0	0	0	0	0	0	0	0
Car parking income	227	247	202	(45)	1,712	1,976	1,826	(150)
Catering income	192	172	83	(89)	1,419	1,372	624	(748)
Other Income	490	363	412	49	3,273	2,897	3,725	828
Other Income Total	3,275	2,823	2,622	(201)	22,468	22,579	22,030	(549)
Total Income	37,299	37,340	37,832	492	283,974	296,455	295,123	(1,332)

In addition to the adverse movement on NHS Patient Care Income, other notable areas of adverse movements to plan includes, education & training, car parking and catering.

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

The year to date income position also includes £3.3m of funding in relation to the national Agenda for Change pay award over and above tariff - the funding relates to the payment of the pay award made from July, with arrears for April to June paid in August.

The attached run rate analysis is based upon year to date actuals and plan for future months. This shows the improvement required just to achieve plan in future months, in addition to which the Trust requires to recover the YTD movement to plan. Excluding pay award funding, income to date has averaged £36.5m per month, but to achieve the full year income plan (including the £1.3m shortfall to date) needs to improve by £0.1m per month.

2018/19 Other Income Run Rate

2016/15 Other income run rate	£k														
	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Plan	Plan	Plan	Plan	Full Year Plan	FOT £ ytd actuals	Variance
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12			
NHS Patient Care Income	31,421	34,603	34,017	34,525	34,992	32,425	34,231	35,300	32,490	33,449	32,318	34,376	404,983	404,147	(836)
Non NHS Private Patients	14	19	18	24	25	13	19	10	32	32	32	32	385	270	(115)
Overseas Visitors	33	4	22	54	17	2	79	(79)	26	28	28	28	330	242	(88)
Injury Cost Recovery Scheme	76	(23)	40	83	80	18	1,057	(26)	131	131	131	131	1,573	1,829	256
Patient Care Income Total	31,544	34,603	34,097	34,686	35,114	32,458	35,386	35,205	32,679	33,640	32,509	34,567	407,271	406,488	(783)
Other Income															
Research & Development	96	97	94	116	94	97	114	105	95	94	94	94	1,131	1,190	59
Education & Training	1,306	1,330	1,337	1,323	1,322	1,318	1,303	1,457	1,374	1,374	1,374	1,374	16,489	16,192	(297)
Non patient services to other bodies	515	473	803	580	537	554	521	363	574	573	573	574	6,881	6,640	(241)
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	247	247	247	247	2,964	2,814	(150)
Catering income	70	80	73	81	73	75	89	83	170	172	172	172	2,058	1,310	(748)
Other Income	376	316	335	542	983	328	432	413	359	835	363	363	4,817	5,645	828
Other Income Total	2,583	2,544	2,853	2,890	3,256	2,604	2,677	2,623	2,819	3,295	2,823	2,824	34,340	33,791	(549)
Total Income	34,127	37,147	36,950	37,576	38,370	35,062	38,063	37,828	35,498	36,935	35,332	37,391	441,611	440,279	(1,332)

FINANCE

Pay Summary 2018/19

2018/19 Pay Summary: YTD Month 08														
Staff Groups	WTE: In-Month			Pay: In-Month				WTE: Year-To-Date			Pay: Year-To-Date			
	2018/19			2017/18	2018/19			2018/19			2017/18	2018/19		
	Nov WTE Plan	Nov WTE Actual	Nov WTE Variance	Nov £k Actual	Nov £k Plan	Nov £k Actual	Nov £k Variance	Nov WTE Ave Plan	Nov WTE Ave Actual	Nov WTE Variance	Apr - Nov £k Actual	Nov £k Plan	Nov £k Actual	Nov £k Variance
Substantive:														
Registered Nursing, Midwifery and Health visiting staff	1,965.98	1,935.07	30.91	7,015	7,270	6,916	354	1,965.98	1,918.62	47.36	56,394	57,157	55,593	1,564
Health Care Scientists and Scientific, Therapeutic and	619.66	686.92	(67.26)	2,501	2,538	2,581	(43)	686.26	677.58	8.68	19,851	20,098	20,241	(143)
Qualified Ambulance Service staff	0.00	0.00	0.00	0	0	0	0	0.00	0.00	0.00	0	0	0	0
Support to clinical staff	2,167.36	2,207.89	(40.53)	4,487	4,475	4,604	(129)	2,167.36	2,176.67	(9.31)	35,427	35,546	36,874	(1,328)
Medical and Dental Staff	772.84	786.65	(13.81)	6,557	6,806	6,548	258	774.49	780.26	(5.77)	52,207	53,423	52,051	1,372
Non-Medical - Non-Clinical Staff	846.96	899.66	(52.70)	2,883	2,305	2,582	(277)	897.46	889.06	8.39	19,979	19,155	20,514	(1,359)
Bank:														
Registered Nursing, Midwifery and Health visiting staff	111.26	133.85	(22.59)	412	333	449	(116)	111.26	125.90	(14.63)	2,248	2,667	3,737	(1,070)
Health Care Scientists and Scientific, Therapeutic and	9.76	15.06	(5.30)	41	30	56	(26)	9.76	11.48	(1.72)	233	241	358	(117)
Qualified Ambulance Service staff	0.00	0.00	0.00	0	0	0	0	0.00	0.00	0.00	0	0	0	0
Support to clinical staff	131.39	147.35	(15.96)	284	311	334	(23)	131.39	152.95	(21.56)	2,446	2,485	2,975	(490)
Medical and Dental Staff	57.33	73.94	(16.61)	638	737	966	(229)	57.33	66.83	(9.50)	5,802	5,902	6,788	(886)
Non-Medical - Non-Clinical Staff	77.62	106.36	(28.74)	237	179	294	(115)	77.62	91.05	(13.43)	1,269	1,430	1,808	(378)
Agency:														
Registered Nursing, Midwifery and Health visiting staff	63.10	148.64	(85.53)	604	425	850	(425)	83.91	134.51	(50.59)	5,523	4,431	6,154	(1,723)
Health Care Scientists and Scientific, Therapeutic and	26.50	20.40	6.10	101	54	99	(45)	26.50	26.26	0.24	1,175	805	1,044	(239)
Qualified Ambulance Service staff	0.00	0.00	0.00	0	0	0	0	0.00	0.00	0.00	0	0	0	0
Support to clinical staff	0.36	0.36	0.00	0	1	1	(0)	0.61	0.61	0.00	1	6	16	(10)
Medical and Dental Staff	124.30	141.66	(17.36)	1,558	1,342	1,992	(650)	119.30	132.49	(13.19)	12,110	11,703	14,761	(3,058)
Non-Medical - Non-Clinical Staff	30.50	35.85	(5.35)	214	88	192	(104)	30.50	23.42	7.08	1,355	843	922	(79)
Apprentice levy				111	102	109	(7)				810	815	850	(35)
Capitalised staff				(446)	0	(57)	57				(446)	0	(436)	436
Total Pay	7,004.93	7,339.65	(334.72)	27,197	26,996	28,517	(1,521)	7,139.74	7,207.70	(67.96)	216,384	216,707	224,252	(7,544)

Whilst Pay year to date is £7.5m adverse to plan, this includes the impact of the A4C pay award. The Trust has year to date received £3.3m of additional income to fund the excess of the pay award over and above that funded within the tariff. Excluding the excess cost of the pay award Pay is £4.2m adverse to plan.

Contracted wte numbers having risen by 85wte in September, mainly as a result of the intake of newly qualified nurses, rose by a further 14wte in October and 24wte in November. Expenditure on temporary staffing is also increasing, particularly in relation to medical staffing, and has risen as a proportion of overall pay spend from 16.1% in April to 17.4% in September. This equates to an increase of £1.5m from £13.3m in quarter 1 to £14.8m in quarter 2. If spend on temporary staffing were to continue at the levels in October and November, then spend in quarter 3 would be £15.6m.

FINANCE

Pay Run Rate - £ 2018/19

	(£k)															
Staff Groups	Actual M1 £000s	Actual M2 £000s	Actual M3 £000s	Actual M4 £000s	Actual M5 £000s	Actual M6 £000s	Actual M7 £000s	Actual M8 £000s	Plan M9 £000s	Plan M10 £000s	Plan M11 £000s	Plan M12 £000s	Full Year Plan £000s	YTD actuals + Plan £000s	Variance £000s	
Substantive:																
Registered Nursing, Midwifery and Health visiting staff	6,991	6,895	6,856	6,812	7,092	7,002	7,028	6,916	7,271	7,270	7,270	7,160	86,128	84,564	1,564	
Health Care Scientists and Scientific, Therapeutic and	2,478	2,499	2,499	2,505	2,606	2,543	2,532	2,581	2,536	2,536	2,536	2,498	30,204	30,347	(143)	
Qualified Ambulance Service staff	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Support to clinical staff	4,460	4,429	4,484	4,600	5,092	4,612	4,594	4,604	4,474	4,474	4,474	4,405	53,373	54,701	(1,328)	
Medical and Dental Staff	6,442	6,620	6,608	6,470	6,554	6,519	6,290	6,548	6,805	6,806	6,806	6,702	80,542	79,170	1,372	
Non-Medical - Non-Clinical Staff	2,557	2,445	2,505	2,535	2,730	2,583	2,576	2,582	2,303	2,635	2,635	2,595	29,323	30,682	(1,359)	
Bank:																
Registered Nursing, Midwifery and Health visiting staff	582	451	442	463	461	466	423	449	334	333	333	334	4,001	5,071	(1,070)	
Health Care Scientists and Scientific, Therapeutic and	55	39	40	40	40	40	46	56	30	30	30	30	361	478	(117)	
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	309	311	311	311	3,727	4,217	(490)	
Medical and Dental Staff	907	759	806	781	930	815	824	966	739	737	737	738	8,853	9,739	(886)	
Non-Medical - Non-Clinical Staff	219	156	123	200	236	282	298	294	178	179	179	178	2,144	2,522	(378)	
Agency:																
Registered Nursing, Midwifery and Health visiting staff	494	755	751	804	851	820	830	850	423	423	423	423	6,123	7,846	(1,723)	
Health Care Scientists and Scientific, Therapeutic and	193	118	127	185	145	68	109	99	52	54	54	54	1,019	1,258	(239)	
Qualified Ambulance Service staff	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Support to clinical staff	1	1	7	3	1	1	1	1	1	1	1	1	10	20	(10)	
Medical and Dental Staff	1,506	1,736	1,761	1,881	1,863	1,900	2,123	1,992	1,339	1,339	1,339	1,339	17,059	20,117	(3,058)	
Non-Medical - Non-Clinical Staff	69	82	95	114	88	124	159	192	87	88	88	87	1,193	1,272	(79)	
Apprentice levy	103	103	104	105	113	107	106	109	102	102	102	102	1,223	1,258	(35)	
Capitalised staff	0	(12)	(51)	(11)	(171)	(80)	(54)	(57)	0	0	0	0	0	(436)	436	
Items included in Non pay:																
Operating expenses: research and development	(115)	(112)	(105)	(117)	(121)	(113)	(110)	(108)	(120)	(120)	(120)	(120)	(1,440)	(1,381)	(59)	
Operating expenses: education and training	(131)	(114)	(118)	(123)	(118)	(115)	(114)	(105)	(145)	(145)	(145)	(145)	(1,740)	(1,518)	(222)	
Operating expenses: redundancy	(61)	3	0	0	0	0	0	0	0	0	0	0	0	(58)	58	
Operating expenses: Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total Cost £	27,463	27,400	27,483	27,857	29,128	28,179	28,225	28,517	26,983	27,318	27,318	26,957	325,283	332,827	(7,544)	

FINANCE

Non Pay Summary 2018/19

2018/19 Non Pay Summary: YTD Month 08								
	Non Pay: In-Month				Non Pay: Year-To-Date			
Non Pay	2017/18	2018/19			2017/18	2018/19		
	Nov £k Actual	Nov £k Plan	Nov £k Actual	Nov £k Variance	Apr - Nov £k Actual	Nov £k Plan	Nov £k Actual	Nov £k Variance
Ambulance Services	164	169	169	0	748	1,336	1,011	325
Clinical Supplies & Services	4,866	4,333	5,599	(1,266)	23,637	36,867	40,946	(4,079)
Drugs	1,136	562	72	490	6,452	16,588	15,922	666
Drugs Pass through	3,027	4,075	4,647	(572)	15,338	20,374	20,390	(16)
Establishment Expenditure	367	395	347	48	1,872	3,155	4,191	(1,036)
General Supplies & Services	793	468	1,103	(635)	3,467	4,783	8,466	(3,683)
Other	307	1,013	207	806	2,527	4,856	1,256	3,600
Premises & Fixed Plant	1,508	1,655	1,590	65	7,703	13,154	11,364	1,790
Clinical Negligence	1,824	1,781	1,774	7	9,118	14,169	14,192	(23)
Capital charges	1,032	1,019	934	85	5,084	8,039	4,409	3,630
Total Non Pay	15,024	15,470	16,442	(972)	75,946	123,321	122,147	1,174

Whilst Non Pay YTD is £1.2m favourable to plan, this includes a £3.3m benefit as a result of the reversal of impairments, excluding which Non Pay would be £2.1m adverse to plan.

However, the YTD position also includes the release of £0.5m of prior year accruals and a VAT adjustment of £0.6m, without which the adverse variance to plan would be £1.1m worse.

From the run rate analysis, non pay to date has averaged £15.7m per month to date if we exclude impairments.

To stay within the planned level of non pay expenditure in future months, the Trust requires to improve its current non pay run rate by £0.2m per month.

Non Pay Run Rate 2018/19

	£k														
	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Plan	Plan	Plan	Plan	FOT £		
Non Pay	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	ytd actuals + Plan	Plan	Variance
Ambulance Services	55	80	58	84	221	176	169	168	159	163	157	168	1,658	1,983	325
Clinical Supplies & Services	4,667	5,352	5,043	5,187	5,178	4,720	5,199	5,600	4,213	4,348	3,866	4,449	57,822	53,743	(4,079)
Drugs	442	649	417	410	555	513	650	4,720	300	425	240	571	9,891	5,900	(3,991)
Drugs Pass through	3,827	4,337	3,825	4,220	4,180	3,194	4,373	0	4,075	4,075	4,075	4,075	44,257	48,898	4,641
Establishment Expenditure	420	440	790	551	560	539	544	347	399	399	399	396	5,784	4,748	(1,036)
General Supplies & Services	603	1,272	996	1,092	1,145	1,010	1,245	1,103	524	542	513	541	10,586	6,903	(3,683)
Other	700	(191)	163	171	255	133	(181)	206	1,226	1,213	1,233	1,248	6,176	9,776	3,600
Premises & Fixed Plant	1,568	1,616	1,164	1,309	1,432	951	1,735	1,589	1,654	1,655	1,655	1,647	17,975	19,765	1,790
Clinical Negligence	1,774	1,775	1,774	1,775	1,774	1,775	1,770	1,775	1,782	1,781	1,781	1,781	21,317	21,294	(23)
Capital charges	981	981	968	952	950	944	(2,300)	933	1,019	1,025	1,030	980	8,463	12,093	3,630
Total Non Pay	15,037	16,311	15,198	15,751	16,250	13,955	13,204	16,441	15,351	15,626	14,949	15,856	183,929	185,103	1,174

FINANCE

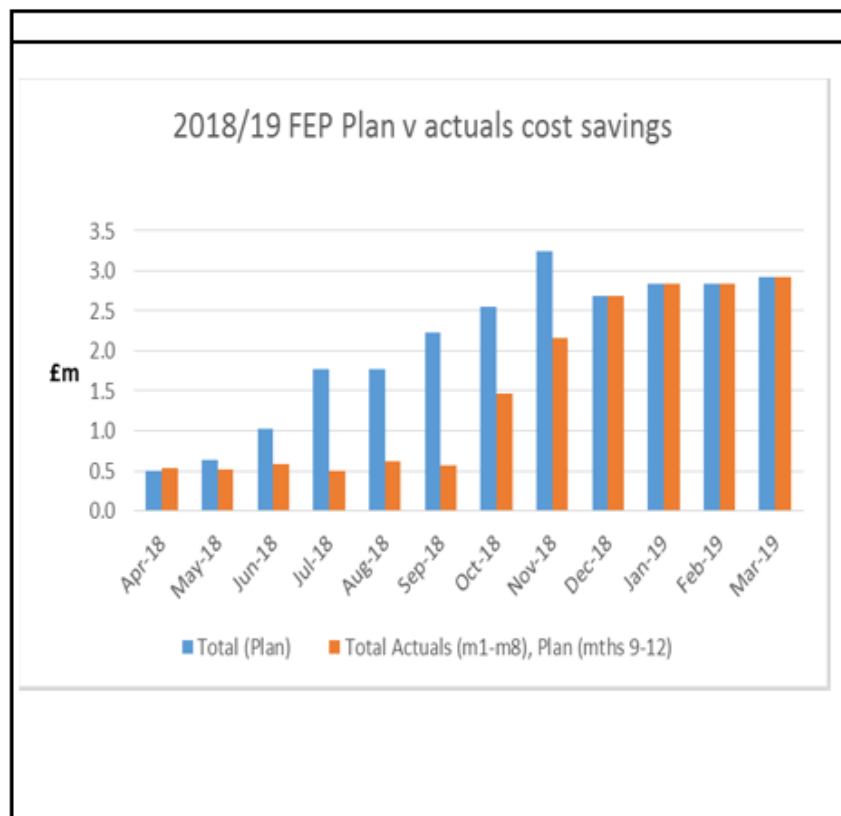
Finance Efficiency Programme (FEP) Summary 2018/19

Financial Efficiency Programme Report	Reporting Month : Nov 2018
Trust Summary Position	

Financial Actuals & RAG Rating

M08

	In Month			YTD			
	Plan £k	Actual £k	Variance £k	Plan £k	Actual £k	Variance £k	RAG
FEP	3,238	2,161	(1,077)	13,714	6,950	(6,764)	R



Finance Position

	YTD ACTUAL	FORECAST
	£k	£k
Recurrent	5,201	11,403
Non Recurrent	1,749	3,699
TOTAL	6,950	15,102

Forecast Outturn Risk Assessment	
	£k
Low Risk	11,736
Medium Risk	2,804
High Risk	562
Total Forecast	15,102

Financial Commentary - Month 08 Position

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

The structure of Turnaround has 5 arms: establishment of a new Divisional model and external appointment of Divisional Managing Directors; engagement of a national commercial recruiter; introduction of a centralised bank; development of elective capacity; and establishment of a Master PMO.

In-Year value of savings are currently anticipated to be c£15m. However, with actuals savings delivery year to date of £6.9m compared to savings delivery year to date in the financial plan of £13.7m, the Trust year to date is £6.8m adverse to plan.

The in-month position includes realisation of £0.7m of savings in relation to gains from the disposal of assets. Delivery year to date does include a non-recurrent receipt of £0.5m in relation to the outcome of the Pilgrim fire claim and a further £4.3m of benefit in relation to Income schemes, such that the shortfall in FEP delivery is mainly in relation to Expenditure related schemes. This includes slower than planned progress in relation to workforce savings and non-pay savings across a variety of schemes e.g. service transformation.

FINANCE

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

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

FINANCE

Statement of Financial Position November 2018

	Year end		Year to date			Monthly Actual 2018/19								Plan Outturn		
	31 March 2018		30 November 2018			30-Apr-18	31-May-18	30-Jun-18	31-Jul-18	31-Aug-18	30-Sep-18	31-Oct-18	31 March 2019			
	Actual	Plan	Actual	Plan	Variance	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Plan	Variance		
	Month 12					Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7				
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000		
Non-current assets																
Intangible assets	6,148	3,759	5,098	5,928	(830)	6,016	5,884	5,752	5,621	5,489	5,357	5,228	5,274	5,488	(214)	
Property, plant and equipment: on-SoFP IFRIC 12 assets	22,843	22,492	27,036	22,611	4,425	22,814	22,788	22,760	22,731	22,703	22,675	27,064	26,912	22,495	4,417	
Property, plant and equipment: other	184,708	205,628	190,581	204,168	(13,587)	184,025	184,010	183,989	185,097	186,000	186,615	188,566	215,523	213,599	1,924	
Trade and other receivables: due from non-NHS/DHSC group bodies	1,828	1,477	1,519	1,828	(309)	1,085	1,160	1,144	1,137	1,102	1,153	1,515	1,828	1,828	0	
Total non-current assets	215,527	233,356	224,234	234,535	(10,301)	213,940	213,842	213,645	214,586	215,294	215,800	222,373	249,537	243,410	6,127	
Current assets																
Inventories	6,799	7,430	7,081	6,799	282	6,919	6,997	6,878	7,023	6,902	6,923	7,282	6,799	6,799	0	
Trade and other receivables: due from NHS and DHSC group bodies	19,737	12,876	19,372	17,664	1,708	17,379	15,862	20,002	18,722	19,855	17,992	19,377	17,664	17,664	0	
Trade and other receivables: Due from non-NHS/DHSC group bodies	5,656	8,000	10,246	4,892	5,354	8,041	9,281	9,405	10,153	9,731	7,817	8,473	4,848	4,848	0	
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	1,225	150	0	150	
Cash and cash equivalents: GBS/NLF	10,523	1,078	618	2,065	(1,447)	6,317	2,790	1,626	1,242	1,234	1,528	3,773	6,143	6,143	0	
Cash and cash equivalents: commercial / in hand / other	10	0	9	10	(1)	9	9	9	9	10	9	10	10	10	0	
Total current assets	43,950	29,384	37,986	31,430	6,556	39,890	36,164	39,145	38,374	38,957	35,494	40,140	35,614	35,464	150	
Current liabilities																
Trade and other payables: capital	(11,727)	(3,314)	(4,482)	(4,980)	498	(6,105)	(3,689)	(3,445)	(3,666)	(3,671)	(3,329)	(4,897)	(14,411)	(4,723)	(9,688)	
Trade and other payables: non-capital	(41,754)	(37,108)	(46,237)	(35,718)	(10,519)	(44,901)	(44,171)	(44,126)	(43,294)	(44,356)	(41,323)	(45,211)	(28,387)	(38,039)	9,652	
Borrowings	(36,157)	(1,093)	(35,977)	(7,060)	(28,917)	(36,142)	(36,455)	(36,440)	(36,425)	(36,410)	(36,335)	(36,320)	(77,359)	(77,359)	0	
Provisions	(735)	(843)	(677)	(735)	58	(732)	(690)	(690)	(656)	(679)	(640)	(684)	(677)	(735)	58	
Other liabilities: deferred income	(2,707)	(2,331)	(1,454)	(2,707)	1,253	(1,140)	(1,020)	(977)	(1,184)	(983)	(1,115)	(1,555)	(2,707)	(2,707)	0	
Other liabilities: other	(503)	(503)	(503)	(503)	0	(503)	(503)	(503)	(503)	(503)	(503)	(503)	(503)	(503)	0	
Total current liabilities	(93,583)	(45,192)	(89,330)	(51,703)	(37,627)	(89,523)	(86,528)	(86,181)	(85,728)	(86,602)	(83,245)	(89,170)	(124,044)	(124,066)	22	
Net Current liabilities	(49,633)	(15,808)	(51,344)	(20,273)	(31,071)	(49,633)	(50,364)	(47,036)	(47,354)	(47,645)	(47,751)	(49,030)	(88,430)	(88,602)	172	
Total assets less current liabilities	165,894	217,548	172,890	214,262	(41,372)	164,307	163,478	166,609	167,232	167,649	168,049	173,343	161,107	154,808	6,299	
Non-current liabilities																
Borrowings	(165,075)	(156,058)	(224,271)	(260,201)	35,930	(172,291)	(178,405)	(187,740)	(194,918)	(202,860)	(210,872)	(218,926)	(228,888)	(228,888)	0	
Provisions	(2,994)	(2,413)	(3,083)	(3,011)	(72)	(2,994)	(3,091)	(3,091)	(3,091)	(3,108)	(3,108)	(3,108)	(2,933)	(2,911)	(22)	
Other liabilities: other	(13,584)	(13,583)	(13,249)	(13,248)	(1)	(13,543)	(13,501)	(13,459)	(13,417)	(13,375)	(13,333)	(13,291)	(13,081)	(13,081)	0	
Total non-current liabilities	(181,653)	(172,054)	(240,603)	(276,460)	35,857	(188,828)	(194,997)	(204,290)	(211,426)	(219,343)	(227,313)	(235,325)	(244,902)	(244,880)	(22)	
Total net assets employed	(15,759)	45,494	(67,713)	(62,198)	(5,515)	(24,521)	(31,519)	(37,681)	(44,194)	(51,694)	(59,264)	(61,982)	(83,795)	(90,072)	6,277	
Financed by																
Public dividend capital	257,563	256,746	258,793	257,563	1,230	257,563	257,563	257,563	257,563	257,563	257,563	257,563	259,422	257,563	1,859	
Revaluation reserve	35,284	42,448	35,901	34,717	1,184	35,215	35,143	35,072	35,001	34,931	34,860	35,972	35,638	34,455	1,183	
Other reserves	190	190	190	190	0	190	190	190	190	190	190	190	190	190	0	
Income and expenditure reserve	(308,796)	(253,890)	(362,597)	(354,668)	(7,929)	(317,489)	(324,415)	(330,506)	(336,948)	(344,378)	(351,877)	(355,707)	(379,045)	(382,280)	3,235	
Total taxpayers' and others' equity	(15,759)	45,494	(67,713)	(62,198)	(5,515)	(24,521)	(31,519)	(37,681)	(44,194)	(51,694)	(59,264)	(61,982)	(83,795)	(90,072)	6,277	

FINANCE

BORROWINGS													
Current													
Borrowings: finance leases	(152)	0	(31)	(32)	1	(137)	(122)	(107)	(92)	(77)	(62)	(46)	0
Borrowings: DHSC capital loans	(328)	(635)	(328)	(2,429)	2,101	(328)	(656)	(656)	(656)	(656)	(656)	(656)	(2,429)
Borrowings: DHSC working capital / revenue support loans	(35,618)	0	(35,618)	(4,599)	(31,019)	(35,618)	(35,618)	(35,618)	(35,618)	(35,618)	(35,618)	(35,618)	(74,930)
Borrowings: DHSC revolving working capital facilities	0	0	0	0	0	0	0	0	0	0	0	0	0
Borrowings: other (non-DHSC)	(59)	(458)	0	0	0	(59)	(59)	(59)	(59)	(59)	0	0	0
Total current borrowings	(36,157)	(1,093)	(35,977)	(7,060)	(28,917)	(36,142)	(36,455)	(36,440)	(36,425)	(36,410)	(36,336)	(36,320)	(77,359)
Non-current													
Borrowings: DHSC capital loans	(9,172)	(2,542)	(17,732)	(22,643)	4,911	(9,172)	(8,845)	(8,845)	(8,845)	(11,745)	(14,721)	(17,732)	(33,343)
Borrowings: DHSC working capital / revenue support loans	(155,903)	(99,915)	(206,539)	(237,558)	31,019	(163,119)	(169,560)	(178,895)	(186,073)	(191,115)	(196,151)	(201,194)	(195,545)
Borrowings: DHSC revolving working capital facilities	0	(52,000)	0	0	0	0	0	0	0	0	0	0	0
Borrowings: other (non-DHSC)	0	(1,601)	0	0	0	0	0	0	0	0	0	0	0
Total non-current borrowings	(165,075)	(156,058)	(224,271)	(260,201)	35,930	(172,291)	(178,405)	(187,740)	(194,918)	(202,860)	(210,872)	(218,926)	(228,888)

FINANCE

Cash Report 2018/19 Month 8

The cash balance at 30 November 2018 was £0.6m. This includes revenue cash loans drawn in April - November of £50.6m. 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 £4.5m. The 2018/19 capital programme is substantially behind plan, as a consequence, although the Trust I&E deficit is at £11.2m worse than plan after taking account of technical adjustments, the impact on the ability to pay suppliers has thus far been limited. Total revenue and capital borrowings at 30 November were £260.2m and are forecast based upon an in year deficit of £74.7m (plan) to rise to £306.2m by the end of 2018/19. As a consequence of this borrowing costs are anticipated to be £6.6m in I&E terms, and in cash terms £5.4m. The financial plan assumed that from August all new and existing borrowing rates at 6% would be revised to 3.5%. In practice, whilst rates on new loans have reduced to 3.5% earlier than planned in May, existing borrowing rates have remained unchanged.

Year to date	Plan £k	Actual £k	Variance £k
Cash balance	2,074	627	(1,447)

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	(43,574)	(51,275)	(7,701)
Depreciation	8,039	7,643	(396)
Other Non Cash I&E Items	(80)	(3,324)	(3,244)
Movement in Working Capital	(3,967)	(2,405)	1,562
Provisions	17	28	11
Cashflow from Operations	(39,565)	(49,333)	(9,768)
Interest received	16	72	56
Capital Expenditure	(33,714)	(19,399)	14,315
Cash receipt from asset sales	2,288	1,301	(987)
Cash from / (used in) investing	(31,410)	(18,026)	13,384
PDC Received	0	1,230	1,230
PDC Repaid	0	0	0
Dividends Paid	0	677	677
Interest on Loans, PFI and leases	(3,518)	(3,470)	48
Capital element of leases	(115)	(120)	(5)
Drawdown on debt - Revenue	50,636	50,636	0
Drawdown on debt - Capital	15,900	8,887	(7,013)
Repayment of debt	(387)	(387)	0
Cashflow from financing	62,516	57,453	(5,063)
Net Cash Inflow / (Outflow)	(8,459)	(9,906)	(1,447)
Opening cash balance	10,533	10,533	0
Closing Cash balance	2,074	627	(1,447)

Year End Plan	Plan £k	Actual £k	Variance £k
Operating Surplus	(68,775)	(65,296)	3,479
Depreciation	12,093	12,093	0
Other Non Cash I&E Items	(592)	(3,826)	(3,234)
Movement in Working Capital	(2,497)	(10,021)	(7,524)
Provisions	(83)	(119)	(36)
Cashflow from Operations	(59,854)	(67,169)	(7,315)
Interest received	24	84	60
Capital Expenditure	(46,388)	(41,228)	5,160
Cash receipt from asset sales	2,288	1,842	(446)
Cash from / (used in) investing	(44,076)	(39,302)	4,774
PDC Received	0	1,859	1,859
PDC Repaid	0	0	0
Dividends Paid	0	677	677
Interest on Loans, PFI and leases	(5,470)	(5,465)	5
Capital element of leases	(147)	(147)	0
Drawdown on debt - Revenue	78,954	78,954	0
Drawdown on debt - Capital	26,600	26,600	0
Repayment of debt	(387)	(387)	0
Cashflow from financing	99,550	102,091	2,541
Net Cash Inflow / (Outflow)	(4,380)	(4,380)	0
Opening cash balance	10,533	10,533	0
Closing Cash balance	6,153	6,153	0

The cash balance of £0.6m at 30 November reflects the reduction in capital creditors from the year end high of £11.7m. The 2018/19 capital programme is however significantly behind plan and this in turn has impacted upon the level of capital cash utilised (plan £33.7m : actual £19.4m). As a consequence the Trust has to date drawn only £8.9m against the approved capital loan of £26.6m for Fire Safety works in 2018/19. Revenue loans of £50.6m have been drawn in the first eight months. Although the operating deficit is £7.7m worse than plan, the impact upon cash and the ability of the Trust to pay suppliers has thus far been limited due to the relative slow progress with the Capital Programme.

The cash forecast position assumes that the Trust will achieve its planned income and expenditure position and that the delays on capital programme will be recovered. The plan and therefore actual cash forecast assumes capital borrowing of £26.6m and revenue borrowing in 2018/19 at £79.0m (£74.8m: 2018/19 deficit support; plus £4.2m 2017/18 deficit support).

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

FINANCE

Capital Report 2018/19 Month 08

The capital spend to date is £10.7m behind plan. This is inclusive of major variances in **IT (£0.8m)**: Inclusive of continued development of Secondary ICT server Rm Pilgrim £0.2m, LAN - obsolete Core Switch Supervisor upgrades £0.3m, Bleep system modernisation £0.3m. This is slightly offset by Cyber security measures overspend of £0.3m. **Fire schemes (£8.6m)**, consisting of Fire Works - package 1, 2 & 3 at Lincoln £3.3m and package 1 at Pilgrim £0.9m, Emergency lighting at Lincoln £1.0m, Ward 8B (Stoke). Fire enabling scheme has slippage of £1.5m due to commence in August. **Diagnostic capacity (£0.6m)** variance is due to MRI scanner installation not yet taking place. **Medical devices (£0.4m)** variance is due to underspends in X-ray room at Johnson Hospital. Variances are being escalated through CRIG and the Estates, IT and MDG sub committees to ensure plans to bring back on line in the coming months are provided.

Year to date

	Plan £k	Actual £k	Variance £k
Capital Balance	22,867	12,156	10,711

Year End Forecast

	Plan £k	Actual £k	Variance £k
Capital Balance	41,094	41,094	0

Year to date

	Plan £k	Actual £k	Variance £k
Medical Equipment replacement	1,248	872	376
Prior Year	0	60	-60
ICT	2,460	1,690	770
Estates - Backlog	333	123	210
Estates - Fire	14,435	5,787	8,648
Service developments	3,223	3,567	-344
Diagnostic capacity & sustainability	600	11	589
Elective capacity	234	10	224
Quality	334	36	298
Total	22,867	12,156	10,710

Year End Forecast

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

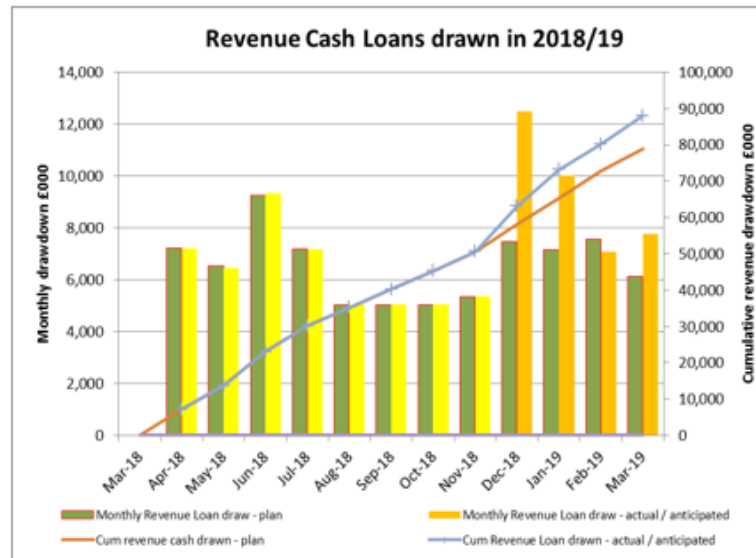
Risks

Whilst profiled the Trust has a significant capital requirement to be spent in the remaining 4 months of the financial year, the majority of which relates to fire where £16.7m has been contractually committed or spent to date. IT, Estates and MDG have risk based plans to deliver the spend. The Diagnostic service developments and diagnostic envelopes are fully allocated. Elective and Quality related investments are being prioritised.

Excellence in rural healthcare

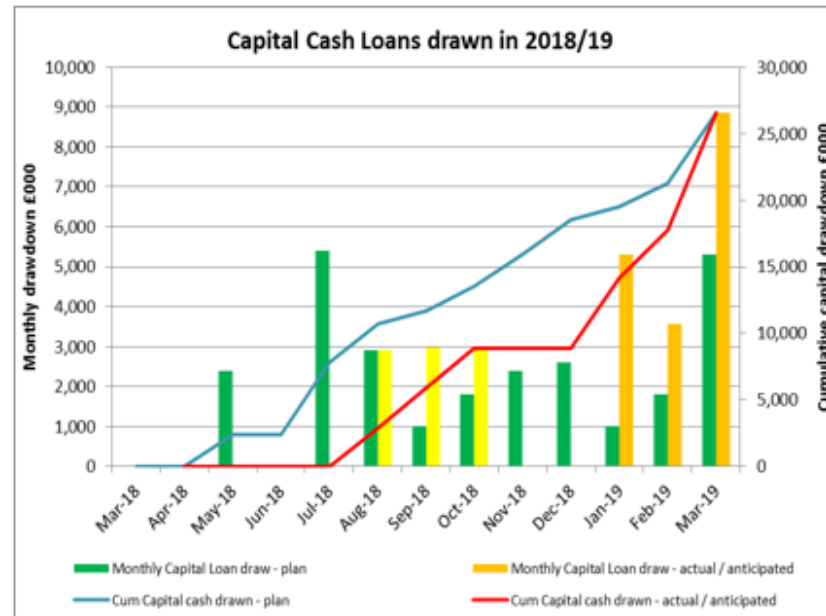
FINANCE

Revenue and Capital Borrowing



Revenue Borrowing

Against the planned deficit of £74.7m the Trust has drawn cash loans of £50.6m (in line with plan) during the eight months to November 2018. This includes £4.3m deficit support relating to 2017/18. The financial plan included revenue related borrowing in 2018/19 of £79.0m; it is anticipated that this will be exceeded, with revenue borrowing forecast to be circa £88.0m. This reflects the increase in the deficit against plan but is offset in part by an increased level of capital creditors. The I&E deficit versus plan at the end of November is £11.2m. At this point the impact upon the Trust to pay creditors has largely been mitigated by capital cash, available due to delays in the capital programme. Borrowing rates for new loans were reduced from 6% to 3.5% in May 2018.



Capital Borrowing

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

The capital programme remains behind plan; it is unlikely that the full 2018/19 fire programme will be completed. NHSI have been approached to understand the potential for and process to be followed to facilitate carry forward of circa £5-7m. The chart above assumes however that the Trust completes the programme in 2018/19 and that the full loan is drawn in March - were this to be the case, capital creditors / capital cash would be circa £11m at year end.

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.

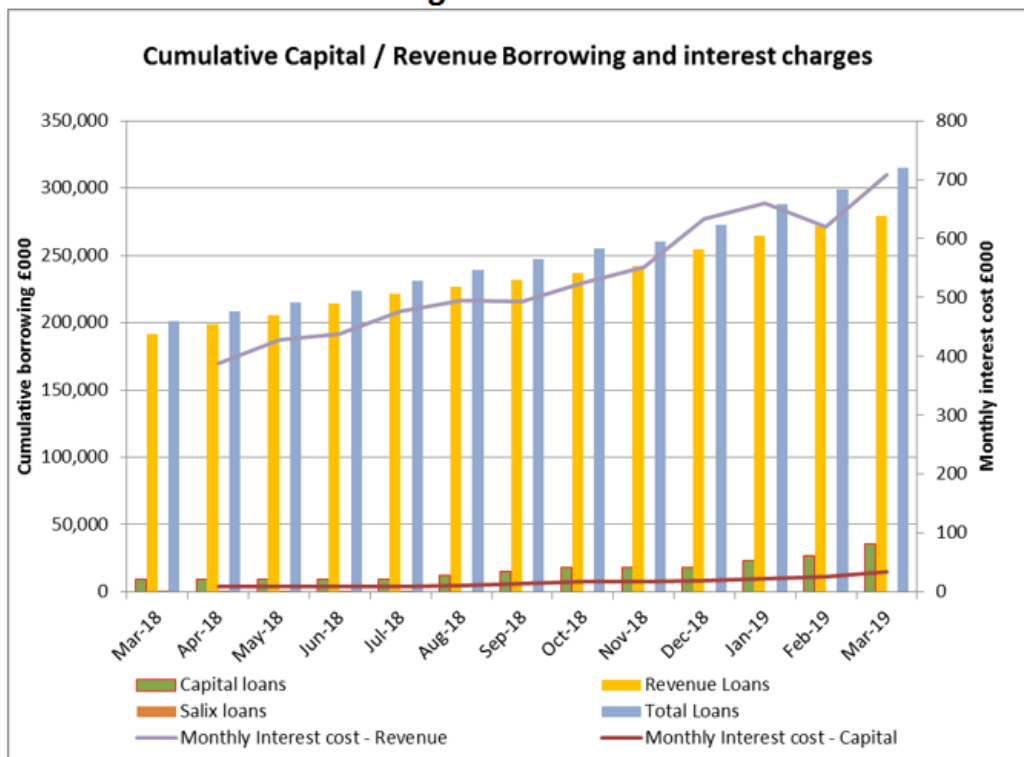
The Board has at its November 2018 meeting approved borrowings for January (Revenue £10.0m and Capital £5.3m).

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

**Revenue £7.080m
Capital £3.566m**

FINANCE

Cumulative Trust Borrowing



Borrowings and Interest

At 30 November 2018 total 'repayable' borrowings were £260.2m, capital (£18.1m) and revenue (£242.2m). The Trust also has outstanding finance leases of £0.05m.

Borrowings are anticipated to increase to £315.3m by the 31 March 2019.

Existing loans are held at a variety of interest rates, Capital 1.1% (£9.2m) & 1.37% (£8.9m), Revenue 1.5% (£119.7m), 3.5% (£79.1m) & 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.

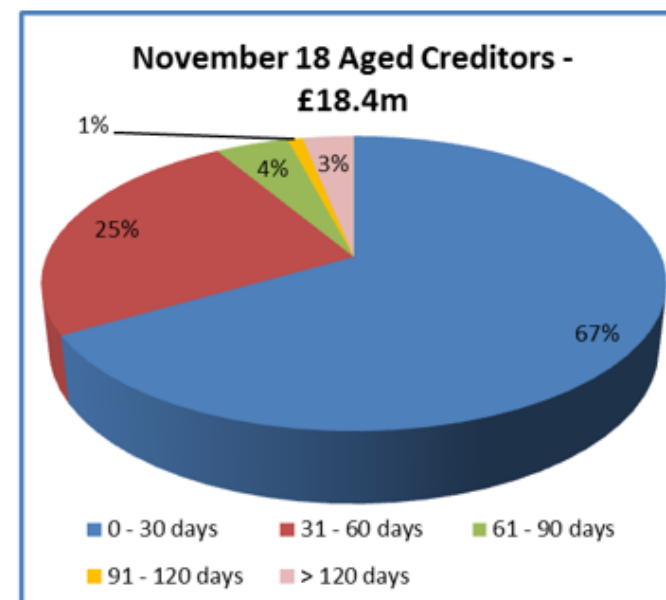
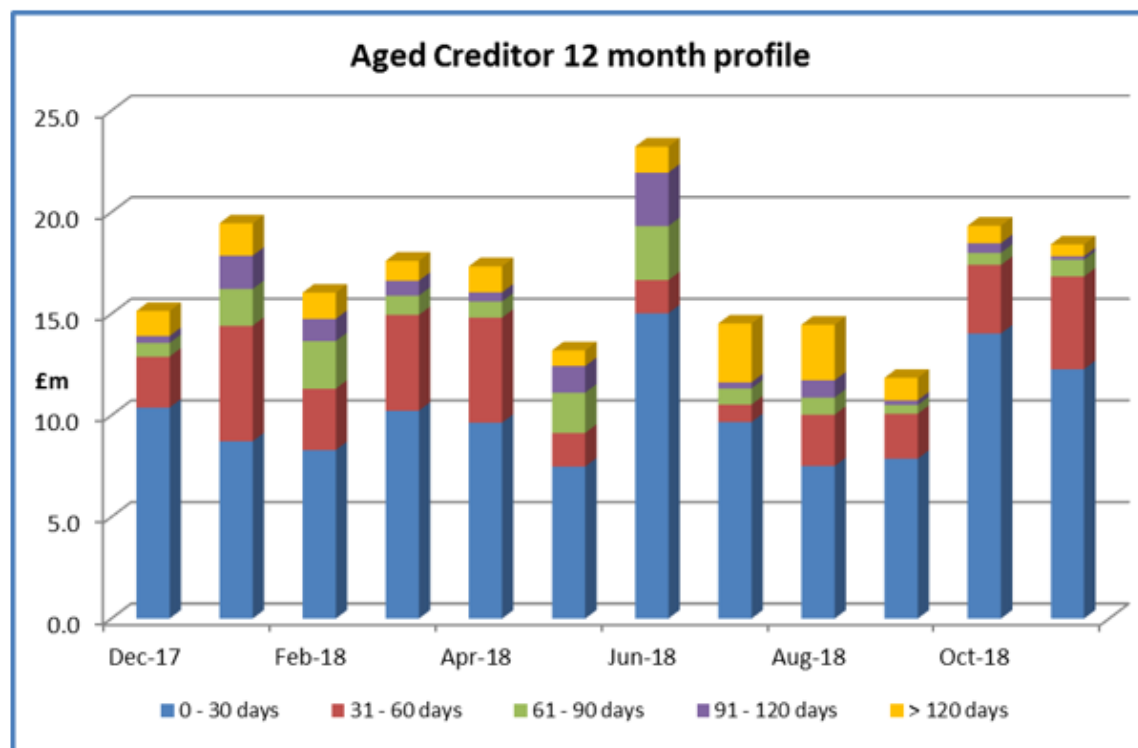
Repayments

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

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

FINANCE

Creditor Payments



Creditors

Total Creditors were £18.4m at 30 November 2018, of which £6.1m were over 30 days (£0.8m > 90 days). Focusing further upon those invoices over 30 days, £3.6m had been authorised and were ready to pay at month end. Of the remaining 2.5m, 72% (£1.8m) is focussed on just ten suppliers.

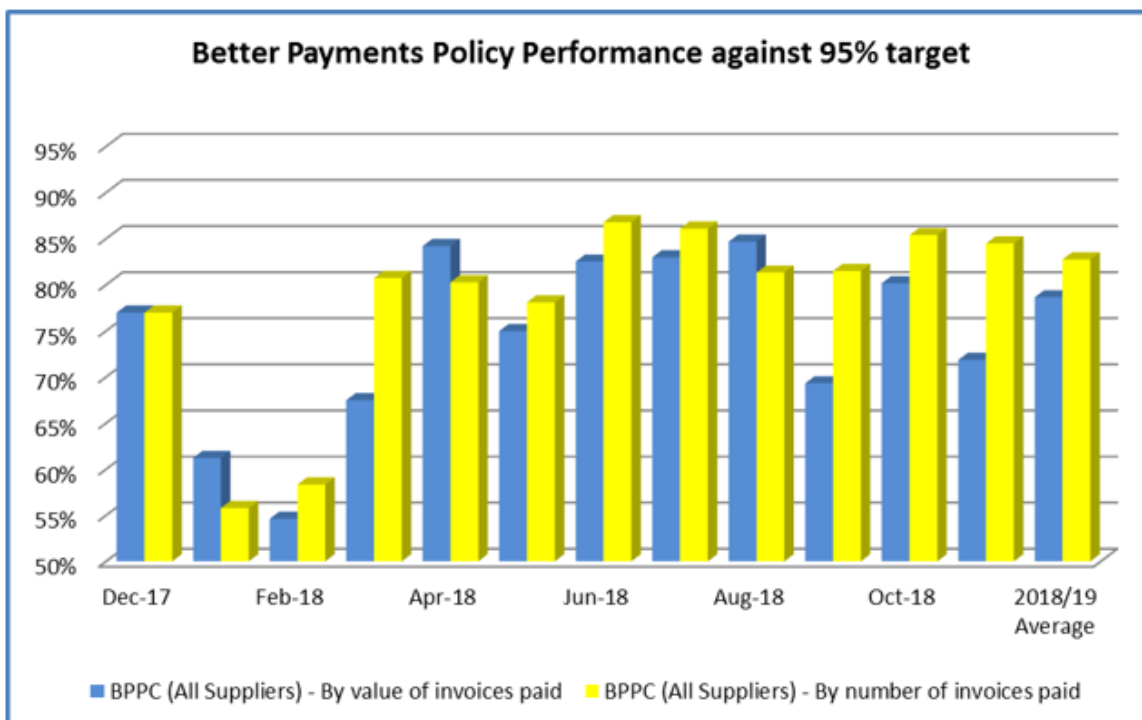
The reasons for delays in payment to these suppliers has been investigated and in each case the Trust is taking action where appropriate / working with the supplier to resolve issues.

The Finance and Procurement Teams continue to enforce the policy of requiring suppliers to provide a purchase order before payment is made. At 31 October there were 138 separate invoices (£0.4m) spread across 71 suppliers where payment is delayed awaiting a purchase order.

During the first week of December £0.6m of the overdue 'top ten' (> 30 days) has been paid / authorised.

FINANCE

Performance against the Better Payments Target



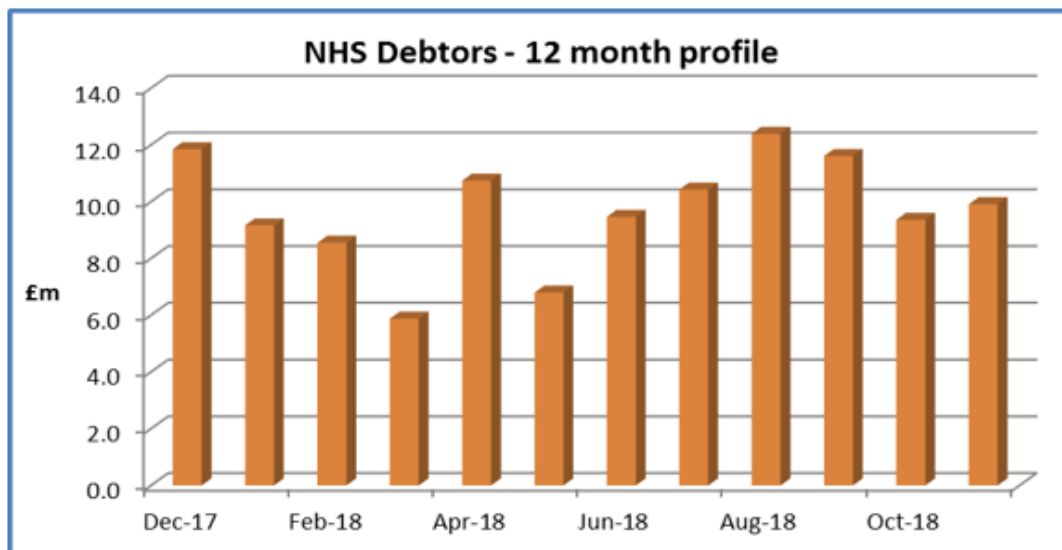
The Better Payment Practice Code (BPPC) requires the Trust to aim to pay all valid invoices by the due date or within 30 days (whichever is the latter).

The year to date and November 2018 performance are shown in the following table

2018/ 19 Year to date	NHS		Non-NHS	
	By volume Number	By Value £000s	By volume Number	By Value £000s
Total bills paid in the year	1412	30,074	85,559	129,947
Total bills paid within target	928	25,332	71,038	100,502
% of bills paid within target YTD	65.72%	84.23%	83.03%	77.34%
% of bills paid within November 2018	94.12%	100.00%	84.46%	68.67%

FINANCE

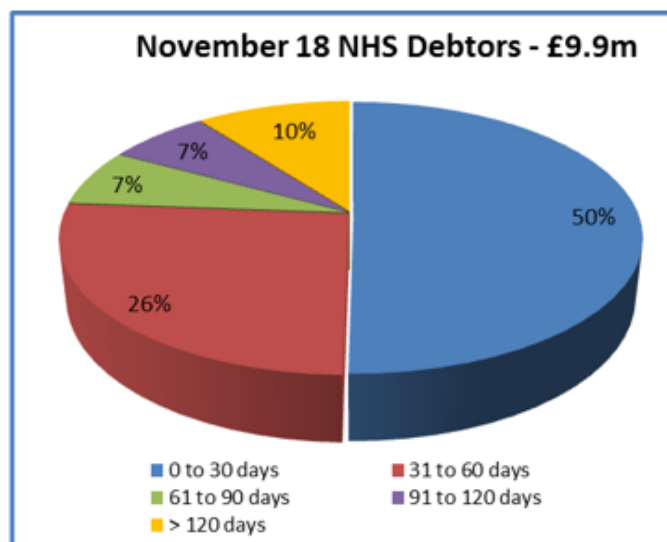
NHS Receivables



Totals shown in £000	0 - 30 days	31 - 60 days	61 - 90 days	91 - 120 days	120 + days	Grand Total	90+ days
CCGs - Lincolnshire	3,055	150	449	567	864	5,085	1,431
CCGs - Other	373	200	47	60	99	779	159
Trusts - Lincolnshire	150	72	33	1	20	276	21
Trusts - Other	309	413	64	39	295	1,120	334
Other NHS	1,093	1,734	75	0	(254)	2,648	-254
Total	4,980	2,569	668	667	1,024	9,908	1,691

The level of aged debt > 90 days has reduced significantly from £4.7m in October to £1.6m at 30 November. This is as a result of the Lincolnshire CCGs clearing the majority of prior year reconciliation invoices. During the first week in December this reduced further to £0.6m.

In volume terms there are 253 invoices > 90 days at 30 November 2018. The largest individual elements (excluding the reconciliation invoices paid in early Dec) being: AQP (£0.2m), homecare (£0.2m) and NCA invoices £0.3m.

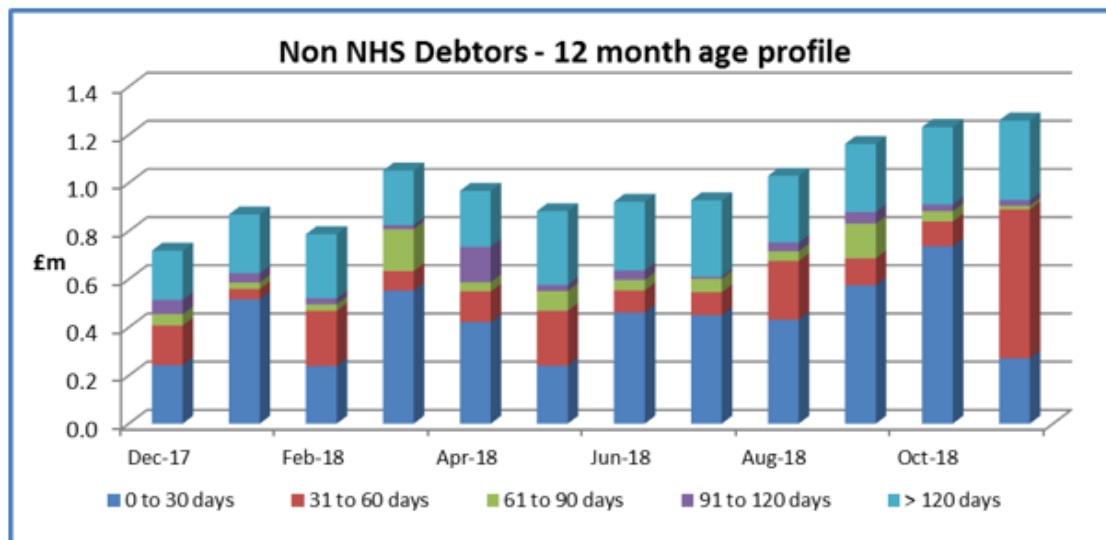


The level of NHS debt over the last 12 months is shown in the table above, while the table left focuses upon the aged split at 31 November 2018.

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

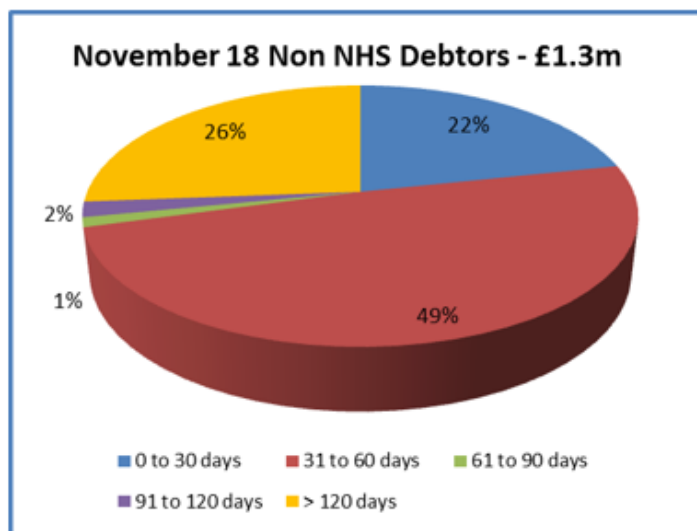
FINANCE

Non-NHS Receivables



Description	Totals outstanding debt £						90+ days
	0 - 30 days	31 - 60 days	61 - 90 days	91 - 120 days	120 + days	Grand Total	
Overseas Visitors	14,914	39,804	4,832	4,146	176,822	240,519	180,969
Debt Collection - Overseas			513	5,615	67,747	73,876	73,363
NHS Non English	7,000	5,219	3,108	8,367	14,645	38,340	23,012
Misc	183,355	531,838	(274)	1,239	2,651	718,809	3,890
Salary Overpayments	59,553	35,967	9,123	2,167	14,995	121,805	17,163
Private Patients	1,330	504				1,834	0
Debt Collection - General		485			38,207	38,693	38,207
Agreed Installment Plans		330		45	10,640	11,014	10,684
Grand Total	266,152	614,146	17,303	21,580	325,708	1,244,889	347,288

The balance over 90 days (£0.3m) comprises relatively high volume (287) low value invoices. Of this total £0.1m is being actively managed by the Trust Debt collection agency.



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

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

FINANCE

External Financing Limit and Capital Resource Limits

EFL

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

CRL

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

Trusts are not permitted to exceed the CRL

Position as at 30 November 2018

External Financing Limit Target (EFL)	Forecast £000s	Performance against Capital Resource Limit (CRL) Target	Forecast £000s
Anticipated EFL at Plan	109,400	Anticipated CRL at Plan	38,159
Opening EFL allocated to Trust		Opening CRL allocated to Trust	
April 18 Plan movement in cash balances	8,404	Depreciation	12093
Capital element of Finance leases - repayments	-147	Fire safety loan repayments	-778
		Salix Loan repayment	-59
		Capital element of Finance leases - repayments	-147
Initial EFL	8,257	Initial CRL	11,109
Confirmed / actioned adjustments		Confirmed / actioned adjustments	
Interim revenue support loan: deficit	46,382		
2017/18 additional deficit financing	4,254		
Adjustment to closing cash: Plan resubmission June 18	-4,024		
Fire safety loan repayments	-328	Fire safety loan repayments	450
Fire safety - Loan draw down	8,887	Fire safety - Loan draw down	8,887
Places of Safety in Emergency Depts - PDC allocation	72	Places of Safety in Emergency Depts - PDC allocation	72
Urgent & Emergency Care - Winter Fund - PDC allocation	1,787	Urgent & Emergency Care - Winter Fund - PDC allocation	1,787
Salix Loan repayment	-59		
Current Notified EFL	65,228	Current Notified CRL	22,305
Anticipated adjustments		Anticipated adjustments	
Fire safety - Loan	17,713	Fire safety - Loan	17,713
Interim revenue support loan: deficit financing	28,318		
Anticipated EFL	111,259	Current Anticipated CRL	40,018
		Forecast Capital expenditure	41,687
		Less Capital funded via Charitable Donations	-592
		Less Net book value of disposed assets	-1077
		Charge against CRL	40,018
		(Over) / Under shoot against CRL target	0

FINANCE

Trust Dashboard Financial Performance

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

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

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

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	295,124	295,124	295,124	295,124
Operating Expenditure	-42,501	-86,211	-128,893	-172,502	-217,878	-260,012	-301,441	-346,398	-346,398	-346,398	-346,398	-346,398
Efficiency	534	1,049	1,629	2,130	2,747	3,319	4,789	6,950	6,950	6,950	6,950	6,950
Agency	-2,262	-4,954	-7,695	-10,682	-13,630	-16,542	-19,764	-22,898	-22,898	-22,898	-22,898	-22,898
Capital	84	847	1,633	3,513	5,248	6,618	9,375	12,156	12,156	12,156	12,156	12,156
Operating Surplus/Deficit	-8,374	-14,937	-20,670	-26,702	-33,708	-40,778	-44,148	-51,274	-51,274	-51,274	-51,274	-51,274

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

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	-1,331	-1,331	-1,331	-1,331
Operating Expenditure	276	-494	-93	-1,268	-4,625	-4,795	-3,879	-6,370	-6,370	-6,370	-6,370	-6,370
Efficiency	32	-95	-535	-1,809	-2,954	-4,603	-5,687	-6,764	-6,764	-6,764	-6,764	-6,764
Agency	43	-416	-724	-1,325	-2,048	-2,737	-3,886	-5,110	-5,110	-5,110	-5,110	-5,110
Capital	0	42	1,164	2,252	4,658	7,193	9,035	10,711	10,711	10,711	10,711	10,711
Operating Surplus/Deficit	-1,373	-1,635	-1,576	-3,117	-4,731	-6,833	-5,701	-7,701	-7,701	-7,701	-7,701	-7,701

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

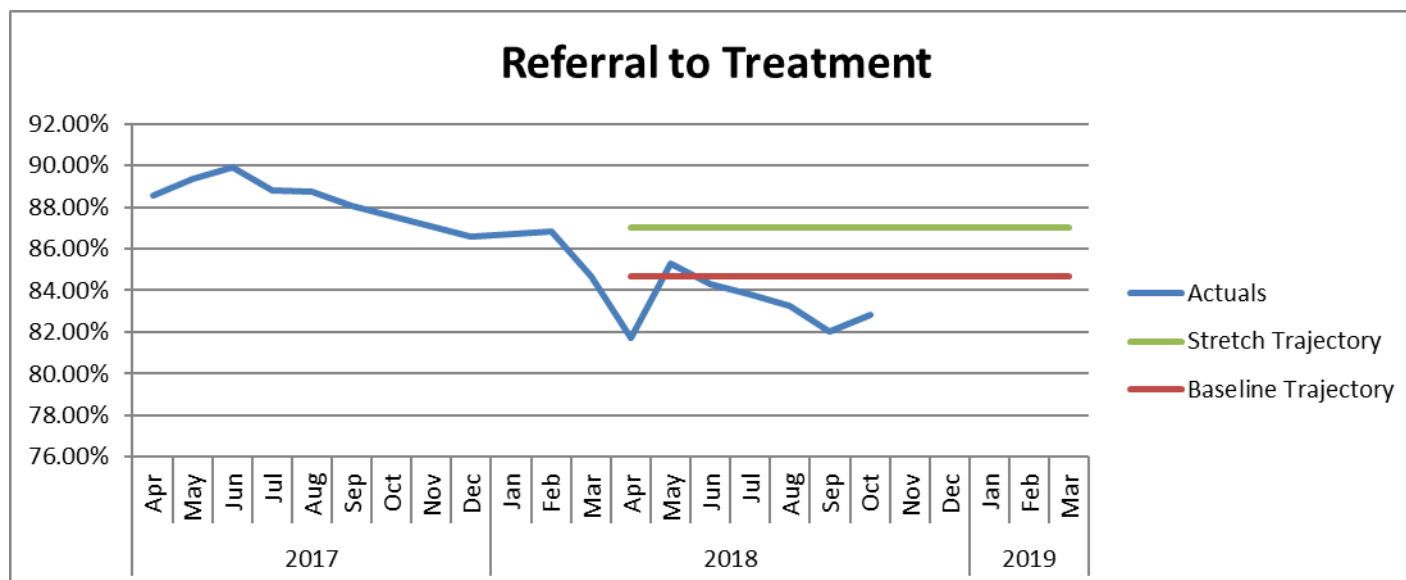
Cumulative Variance	April	May	June	July	August	September	October	November	December	January	February	March
Operating Income	-4.61%	-1.58%	-1.35%	-1.25%	-0.06%	-0.92%	-0.70%	-0.45%				
Operating Expenditure	0.65%	-0.58%	-0.07%	-0.74%	-2.17%	-1.88%	-1.30%	-1.87%				
Efficiency	6.37%	-8.30%	-24.72%	-45.93%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

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: October 2018

Trajectory: 87% stretch ambition by March 2019

Key Issues:

- In October there was a reduction of 290 in the backlog of 18week+. Neurology was the only speciality this month with a large increase of 121, all other specialities managed to improve or stay at similar levels.
- ENT continues to account for the largest percentage of the Trusts overall 18week+ backlog at 4.5%, the Trust's overall position would increase by 2.52% if ENT were to be excluded.
- October saw improved RTT performance in Respiratory, Gastroenterology, Elderly Care and Dermatology.

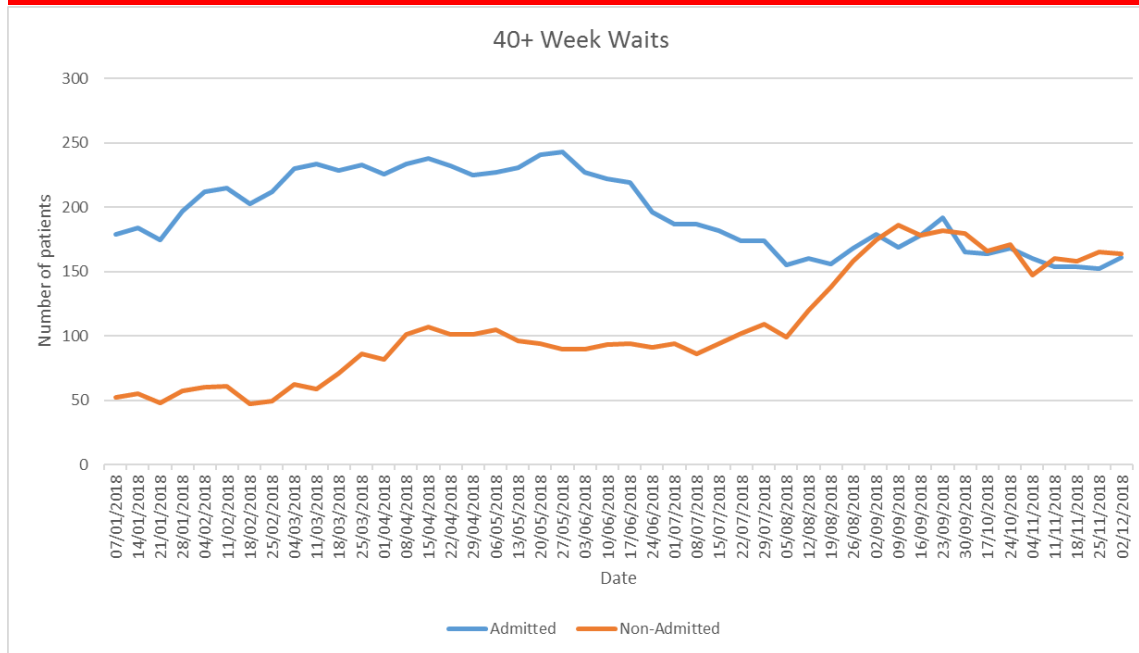
Key Actions:

- ENT – Interim business manager appointed to Head & Neck services. The recovery plans are being progressed with active support from the Divisional Managing Director. All waiting list patients are being dated back to 39 weeks, this is supporting an increasing reduction in the over 52 week position. The work with the clinical teams to review waiting lists and administrative processes across the service is identifying a number of backlogs for which improvement plans are being progressed, and learning embedded in revised processes. Full plans are being signed off by the DMD and out-sourcing requirements are in the final stages of review.
- Dermatology – The service has improved the RTT performance and is finalising with CCGs the establishment of community based “spot” clinics which should remove around 250 hospital referrals a month once fully operational.
- Neurology – Additional capacity retained. Risk Summit (16.11.18) to look at demand management opportunities, this is still being progressed as ULHT and CCGs finalise agreements on current demand.

OPERATIONAL PERFORMANCE

Referral to Treatment – 52 Week patients

R



Lead: Mark Brassington, Chief Operating Officer

Timescale: November 2018

Trajectory: 0 by March 2019

Key Issues:

- 32 52 week breaches were declared in October. 24 of these were in ENT. Since the October reporting we have seen a significant drive to reduce the ENT longest wait backlog and are currently reporting (7 December) a live over 52 week position of 16 patients, all with plans. The Intensive Support Team remain on site to support us in initiatives to ensure best practice in RTT administrative processes to address this issue.
- Cancelled operations remain comparatively high at 252 (October) but the position has shown a month on month improvement from 286 in September.
- 40 week+ backlog reduced to 294 at the end of October, focus on 40+ established to deliver 52 week target.

Key Actions:

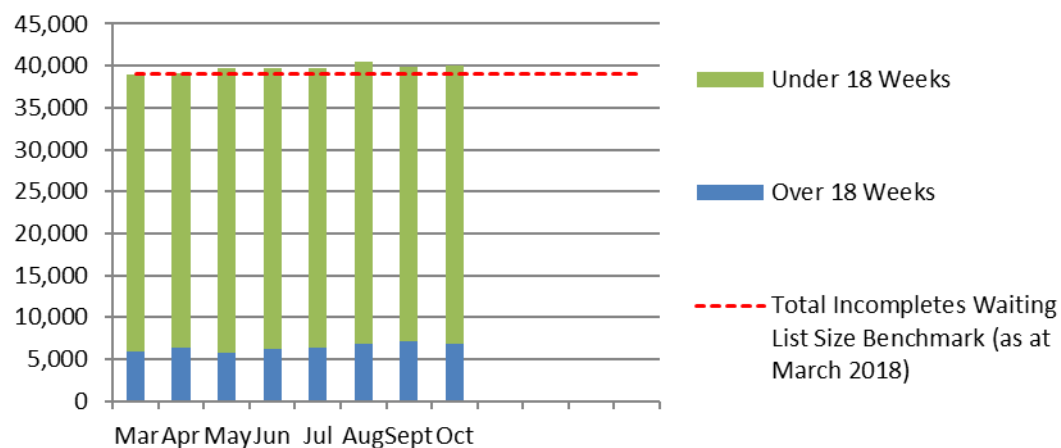
- The IST remain with the Trust supporting work to ensure best practice in RTT administrative processes.
- A weekly dashboard tracking 40week+ at specialty level is now being sent out to Divisions. Monitored via PTL and RTT review meetings. Better visual reporting is being developed with the Surgical Division.
- T&O Reconfiguration complete and expected benefits (predominately on admitted performance) being monitored. There has already been an increase in theatre utilisation (95.8% from 86.2%) and a 98% reduction in cancellations for bed issues.
- CCG funded external validation team commencing on-site 17 December.
- Improvement plans delivery being monitored (SAU, theatre efficiency and Pilgrim reconfiguration).

OPERATIONAL PERFORMANCE

Waiting Lists

R

Incompletes Waiting List - over 18 Weeks



Lead: Mark Brassington, Chief Operating Officer

Timescale: October 2018

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

Key Issues:

- The total incomplete waiting list 39876 against a year-end target of 39032. The 18week+ backlog was 7178 (November initial data shows a reduction of around 100 patients).
- Trauma & Orthopaedics –66 increase in waiting list size, with the primary factors being the historical impact of elective cancellations (68) and capacity constraints within Paediatric Orthopaedics. Reconfiguration to protect elective capacity and review of paediatric service expected to bring improvements through remainder of 2018/19.
- Dermatology – 70 patient increase in waiting list size. The Dermatology service has now seen some seasonal reduction in referrals and its' RTT performance improved to 95% in October positively impacting. Community spot clinics planned for New Year to stop c.250 referrals into hospital per month.
- Neurology 97 increase in Waiting list size – ULHT and CCGs are progressing outputs from November risk summit.
- ENT –.59 increase in waiting list size. Interim Business Manager developing revised processes and backlog clearance plans which are starting to stabilise the service and bring the waiting list back into a recovery phase.

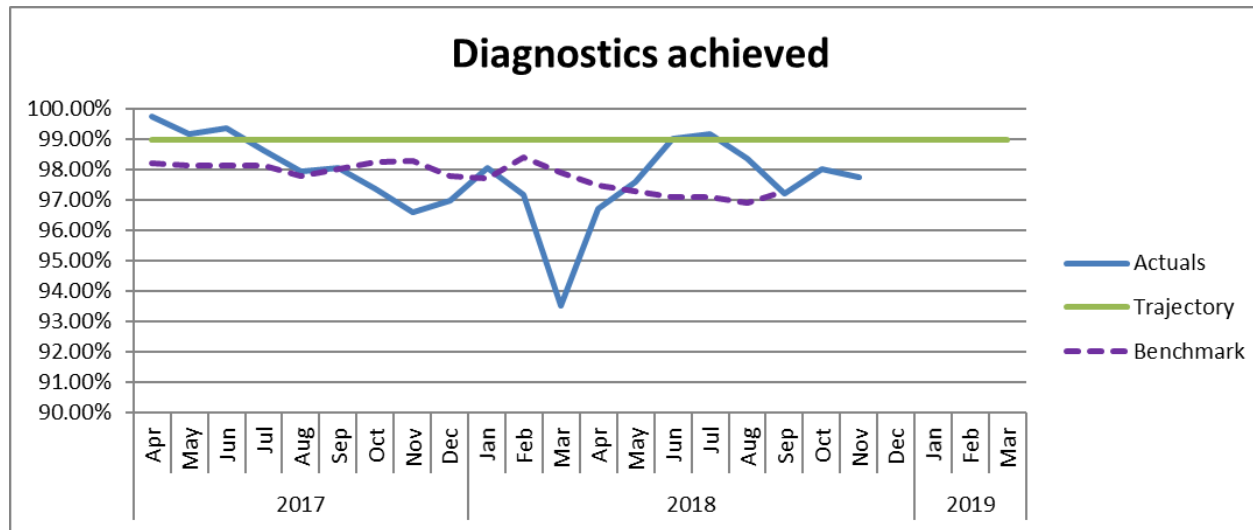
Key Actions:

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

OPERATIONAL PERFORMANCE

Diagnostics

R



Lead: Mark Brassington, Chief Operating Officer

Timescale: November 2018

Recovery Date: November 2018

Key Issues:

- Colonoscopy – 28 October breaches reflecting continued breakdowns with scope washers. Improved position on November initial data.
- Echo – 14 October breaches. Breakdown of data suggests that the issues relate to paediatric capacity. Opportunities to be reviewed by service.
- Cystoscopy – 49 October breaches. Staffing difficulties, particularly in UIS at LCH compounded by the transfer of additional work to LCH on suspension of a weekly cystoscopy session at GDH and washer breakdowns at Louth. Continued pressure into November.

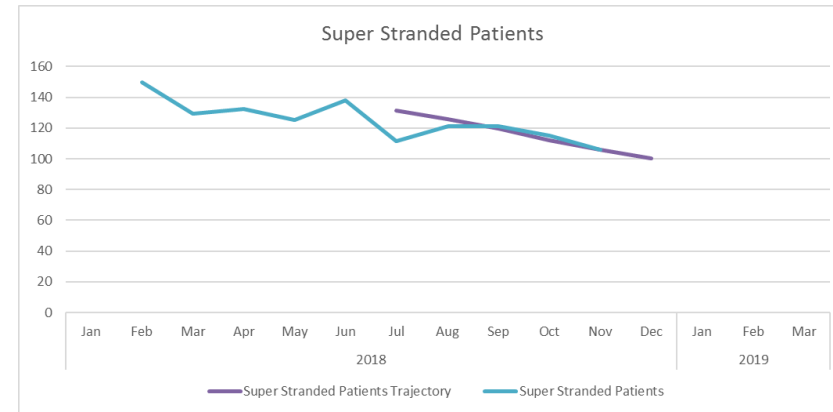
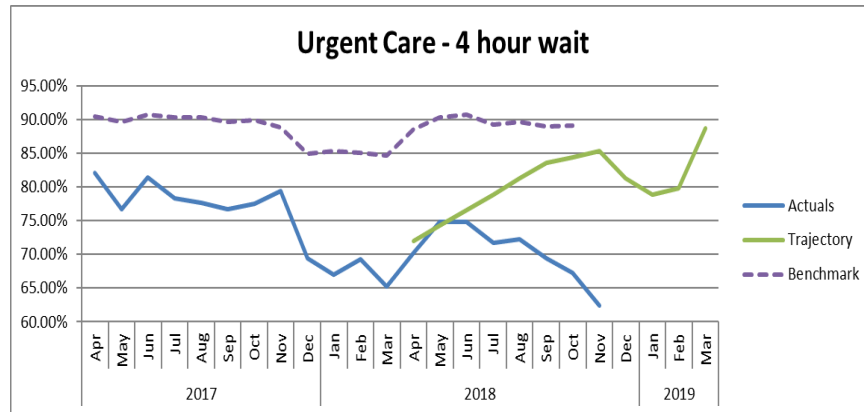
Key Actions:

- Echo - Review of paediatric capacity.
- Cystoscopy – GDH session reopened December. Trial of disposable scope arranged for w/c 21 December to reduce reliance on washing machines. Forward look on staffing sickness.

OPERATIONAL PERFORMANCE

Urgent Care – 4 Hour Standard

R



Lead: Mark Brassington, Chief Operating Officer

Timescale: November 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 1.39% against 2017/18 November actual (4.75% YTD) (Type 1+3)
- Attendance growth of 4.18% against 2018/19 November plan (7.96%YTD) (Type 1 only)
- Primary Care Streaming is at 13.19% against a target of 35% for patients to be streamed away from A&E
- Bed occupancy exceeded target rate of 92% significantly higher at Lincoln and Pilgrim Hospitals
- A&E and non-elective admissions demand exceed capacity as system winter schemes have not yet deployed. Some funding has now been agreed by the system executive team.
- Staffing levels of nursing and medical teams continue to have limited inpatient and A&E capacity, despite the use of agency
- At the end of October the number of Super Stranded Patients in the Trust was 122.9 against a trajectory of 106

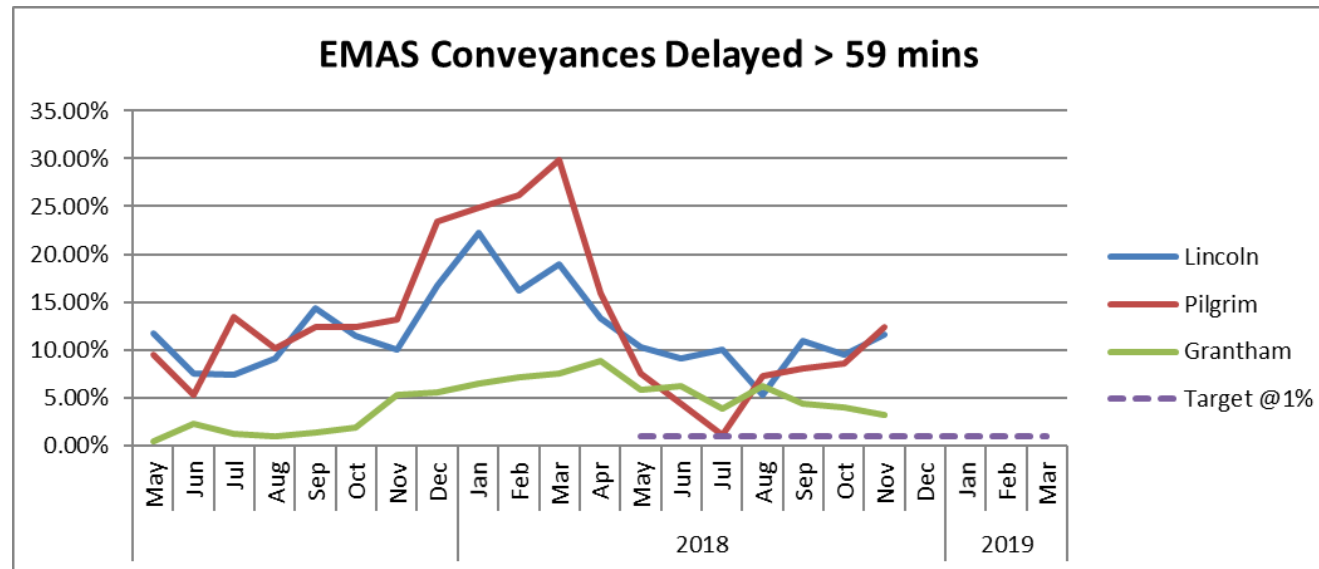
Key Actions:

- Reconfiguration work at PHB is complete. Implemented 2 hourly huddles at Pilgrim as well as Regular Governance meetings.
- Clinical Directorates recruiting to posts approved within Operational Capacity and Delivery Plan – medical posts continue to join throughout Sept-Oct
- 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
- Winter Plan second draft has been developed to reflect an improved bed deficit forecast with extensive mitigating actions in place from December 2018 onwards upwards of 100 bed impact likely to close the bed deficit significantly
- Further work continues on closing the bed deficit entirely with system partners, the winter room and regulators

OPERATIONAL PERFORMANCE

Ambulance Handover

R



Lead: Mark Brassington, Chief Operating Officer

Timescale: November 2018

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

Key Issues:

- Significant impact of hospital occupancy rate >95% on flow and ambulance handover time deteriorating particularly for Lincoln hospital
- Handover double pin entry non-compliance identified and deteriorated in month
- Ambulance arrivals largely within expected parameters, but with peaks that continue to challenge capacity to accept
- Agency that provide staff to support handovers at Pilgrim have improved fill rate, but do not consistently fill 100%, adding additional demand on nursing teams

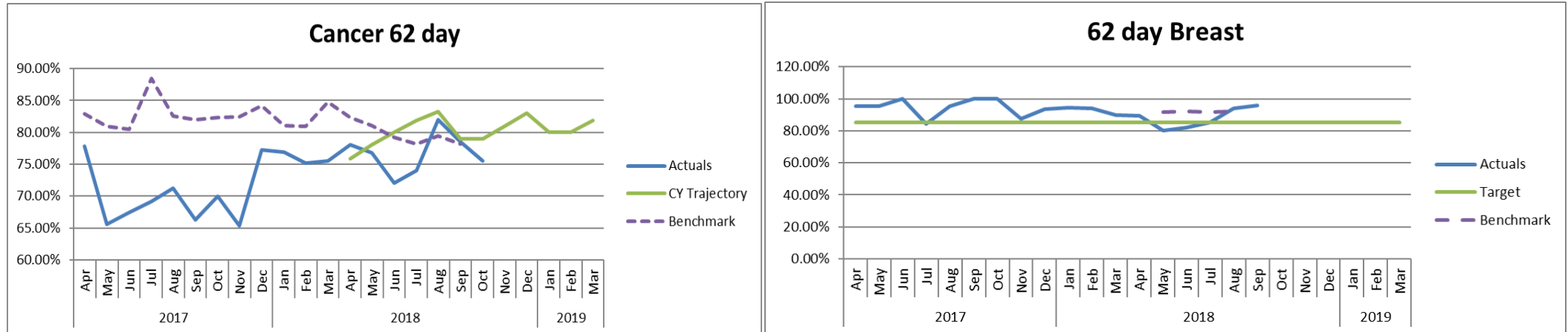
Key Actions:

- New reconfiguration pathways at PHB were rolled out to enable direct GP admissions bypassing ED, this should start to reflect an improving position.
- Further pathways to surgical assessment unit at Lincoln rolled out in November, however area has been used for escalation so any impact has not been seen.
- Conveyance numbers have not reduced, however further work needs to be completed 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: October 2018

Trajectory: 83% by December

Key Issues:

- Slight improvement in Pathology waits continues, however this remains an issue with 77% turnaround within 10 days.
- Oncology capacity pressures, particularly in Urology, Upper GI and Lower GI – improvements into December with capacity to deal with local demand re-established.
- RCA analysis for August 62 day breaches shows key themes continue as:
 - Pathology
 - Tertiary diagnosis/treatment
 - Patient choice and complexity
 - Outpatient capacity
 - Theatre capacity
 - Oncology capacity

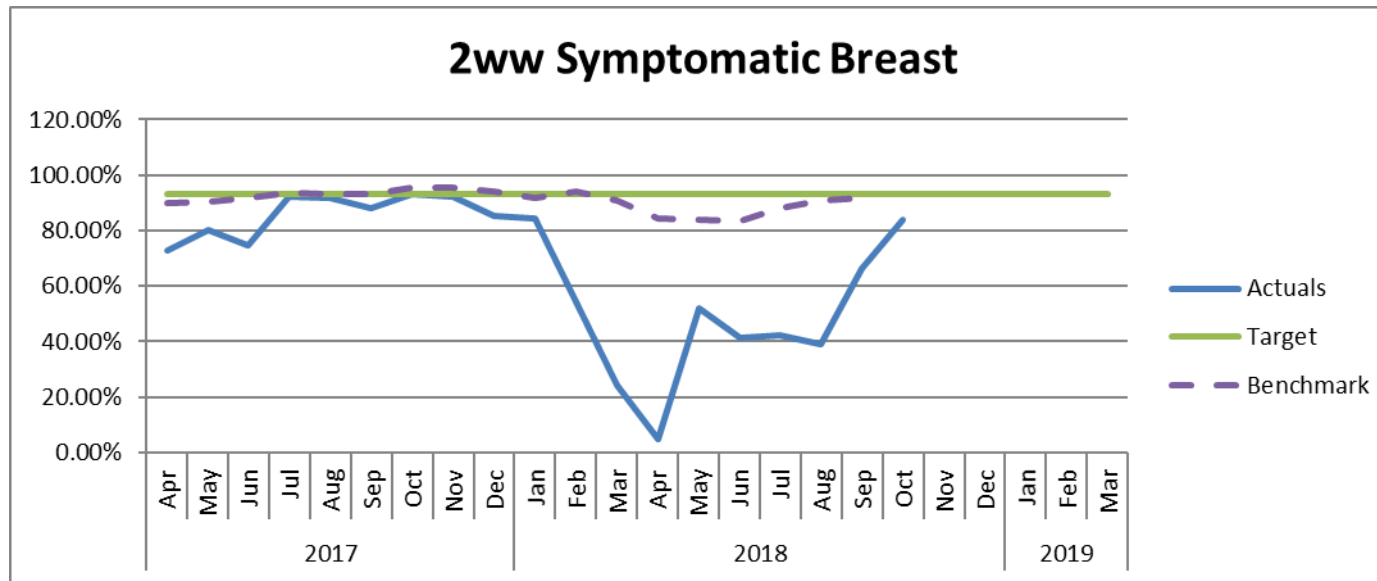
Key Actions:

- Nurse led triage restarted at the end of September
- Oncology locum appointed and two substantive consultants commenced phased return to work in late November. Regional support brokered with NHSI/NHSE support not needed as local capacity re-established.
- Harm reviews have shown no harm through the period of difficulty in oncology.
- Locum radiology capacity is in place, however they are still vulnerable.
- KPMG visual management system completed phase 1 with next steps to be identified by mid-January.
- PTL revised to increase focus on 40-61 day phase of pathways, early improvements seen in completion of diagnostics earlier in pathways.

OPERATIONAL PERFORMANCE

Breast 2ww

R



Lead: Mark Brassington, Chief Operating Officer

Timescale: September 2018

Key Issues:

- Radiology support is limited and has led to delays in all breast pathways.
- Pressures have increased through November and into December. After appointing all referrals into mid-December the polling times have now pushed out to 21 days.
- Christmas period traditionally sees increase in breast referrals.

Key Actions:

- The additional Kettering and Locum radiologist are still providing additional capacity, which has improved performance but this is still vulnerable.
- Three locum radiologists with breast expertise are appointed to commence 7 January and recovery plans are established.
- GPs advised of current pressures.
- External review facilitated by East Midlands Cancer Alliance providing support to the development of new referral pathways and discussions around the provision of advice and guidance with CCGs

APPENDIX 1: GLOSSARY

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