

To:	Trust Board
From:	Paul Matthew, Acting Director of Finance & Procurement
Date:	2 nd April 2019
Healthcare standard	All healthcare standard domains

Title:	Integrated Performance Report for February 2019		
Author/Responsible Director: Paul Matthew, Acting Director of Finance & Procurement			
Purpose of the report: To update the Committee on the performance of the Trust for the period 28 th February 2019, 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			

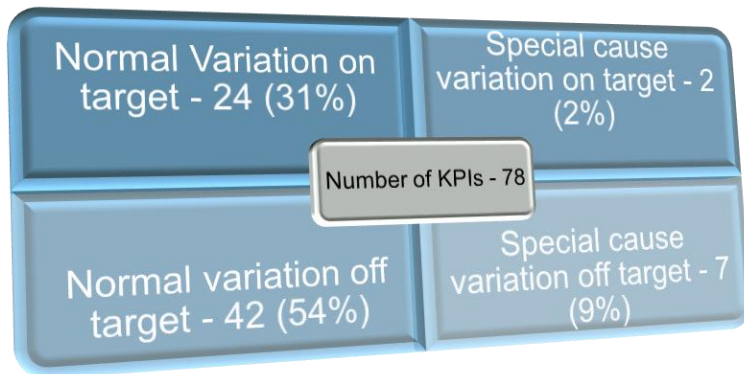
Integrated Performance Report

DRAFT

Trust Board
MARCH 2019

Section	Page
Executive Summary	4
Performance Overview	6
SPC Charts	12
HARM FREE CARE	14
- Mortality	14
- Harm Free Care	19
- Falls	20
- Pressure Ulcers	21
- Infection Prevention	23
- Cather Associated Urinary Tract Infection (CAUTI)	25
- Sepsis	27
- Medication Errors	29
MODERN AND PROGRESSIVE WORKFORCE	31
- Vacancy Rate	31
- Voluntary Turnover	33
- Sickness Absence	35
- Employee Relations	36
- Appraisals	37
- Core Learning	38
SUSTAINABLE SERVICES	39
- Agency Spend	39
- Income & Expenditure Summary	40
- Income & Expenditure Run Rate	41
- NHS Patient Care Income & Activity	43
- NHS Patient Care Income & Activity Run Rate	44
- NHS Patient Care Income & Activity Run Rate £	45
- Contract Income Update	46
- Income Summary & Run Rate	47
- Pay Summary	49
- Pay Run Rate £	51
- Non Pay Summary & Run Rate	52
- Financial Efficiency Summary	54
- Statement of Comprehensive Income	55
- Statement of Financial Position	56
- Cash Report	58
- Capital	60
- New Borrowing	62
- Cumulative Borrowing	64
- Creditors	66
- Better Payments	67
- NHS Receivables	68
- Non-NHS Receivables	69
- External Financing Limit and Capital Resource Limits	70
ZERO WAITING	71
- A&E 4 Hour Wait	71
- Ambulance Handover	73
- Cancer 62 Day	74
- Breast 2ww	76
- Diagnostics	77
- RTT 18 Weeks Incomplete	78
- RTT 52 Week Waiters	79
- Waiting List Size	80
Appendix A: KiteMark	81

EXECUTIVE SUMMARY



Quality

The Trust is reviewing the complaints process to ensure timely and quality responses are sent to the complainants.

The Trust has rolled out the streamlined eDD platform and a standardised process is being implemented across the Trust.

Duty of Candour compliance is continually to improve with 90% having giving notification in person and 82% having written follow up.

A never event was declared in January 2019 this incident was a ‘wrong site surgery’ that occurred in November 2018 (reported in December 2018) within Dermatology Outpatients. The SI investigation is currently in progress (due for completion by 3rd April 2019).

The Trust HSMR is below expected limits at 95.43 this is the lowest recorded Trusts HSMR. All sites are within expected limits. Both Pilgrim and Grantham are below expected limits.

Operational Performance

RTT performance of 84.64%. 7 breaches of the 52 week target in January represents an improving position (October was 32, November was 18 and December 11). There is an NHS zero tolerance for 52 week breaches from March 2019 and ULHT has plans to achieve, currently being directly managed by the COO via a weekly conference call to ensure all patients are treated within 45 weeks.

CCG funded external waiting list validation team (started on site 17 December) to validate current waiting lists – to date they have validated 20,000 patients with approximately 10% having clock stops added.

62 day cancer performance deteriorated in January reflecting the widely escalated pressures in oncology which have now stabilised, and a backlog from the Christmas / New Year period, which impacted in January. Pathlinks delays also having a significant impact.

DM01 position improving with a more normalised position expected through March.

Finance

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

Excellence in rural healthcare

As at the end of February the year to date position is a deficit of £83.7m compared to the FRP forecast deficit of £85.0m, or £1.2m favourable to the FRP, however this is primarily driven by slippage and one off benefits. Overall the underlying financial position is broadly in line with the FRP.

As per the original plan the Trust is currently £2.1m behind on elective activity against the original plan YTD, illustrating further opportunities. The largest proportion of this being in Orthopaedics, Urology and ENT. It is anticipated that the Orthopaedic position should continue to improve as the new service delivery model is implemented.

Outpatients continue to over performance YTD across a wide range of specialities. In month performance was as per last month driven by Non-Elective income.

So far in 2018/19 the Trust has received £1.3m of fines. This is aligned to the provision made in the FRP. This includes; Cancer £732k, Cancelled operations not rescheduled within 28 days £369k and Duty of Candour compliance £171k. This information will be shared with Divisions at the monthly performance review meetings.

If expenditure on temporary staffing in the final month continues at the same level as in February, then the Trust will spend £17.2m in the fourth quarter, and £61.1m in 2018/19 in total, or £16.6m more than assumed within the financial plan for 2018/19. This includes £36.8m of expenditure on agency staffing, or £1.5m more than assumed within the FRP.

The FRP identified savings plans which it was anticipated would deliver in-year savings of £15.1m, with a full-year impact of £19.4m in 2019/20. Actual savings delivery year to date is £13.7m and savings of £15.9m are forecast to be delivered in 2018/19, or £0.8m higher than assumed within the FRP.

Workforce

Whilst Medical and Nursing Vacancy rates remained stable in February, they remain high and well above levels which are well documented to contribute to operational difficulty and team morale. There is particular higher variance to planned establishment in A&E which was further increased by planned additional capacity to support quality improvements. This is driving the significant adverse variance to plan for temporary staffing which has further exacerbated the need to use higher rate nursing agencies to maintain safe staffing numbers.

There are 26 medical appointments planned for 2019/20 Q1 and a further even additional seven offers were made this week (w/c 11th March 2019). Recruitment Improvement is one of the main Workforce FEP schemes for 2019/20 which is to address the fundamental balance of substantive to temporary staffing and the root cause of many of the challenges faced by the Trust. Despite actions being taken to support reduced nurse attrition, improvement in registered nurse vacancy rate is unlikely to improve before the second quarter of 2019/20.

Paul Matthew
Acting Director of Finance & Procurement
March 2019

PERFORMANCE OVERVIEW

True North	KPI	CQC Domain	2021 Objective	Responsible Director	Target	Dec-18	Jan-19	Feb-19	1819 YTD	Pass/Fail	Trend Variation	Kitemark
Harm Free Care	Clostrum Difficile (post 3 days)	Safe	Our Patients	Michelle Rhodes	5	6	4	1	52			Reviewed: 1st April 2018 Data available at: Specialty level Timeliness Completeness Validation Process
	MRSA bacteraemia (post 3 days)	Safe	Our Patients	Michelle Rhodes	0	0	0	2	2			
	MSSA	Safe	Our Patients	Michelle Rhodes	2	0	0	2	9			
	ECOLI	Safe	Our Patients	Michelle Rhodes	8	2	1	3	44			
	Number of Never Events	Safe	Our Patients	Michelle Rhodes	0	0	0	0	4			
	New Harm Free Care %	Safe	Our Patients	Michelle Rhodes	98%	98.90%	98.50%		98.79%			
	Pressure Ulcers 3/4	Safe	Our Patients	Michelle Rhodes	0	9	5		78			
	Stroke - Patients with 90% of stay in Stroke Unit	Caring	Our Patients	Michelle Rhodes	80%	80.70%	77.20%		80.65%			
	Stroke - Swallowing assessment < 4hrs	Caring	Our Patients	Michelle Rhodes	80%	79.60%	78.30%		75.79%			
	Stroke - Scanned < 1 hrs	Caring	Our Patients	Michelle Rhodes	50%	50.90%	54.50%		53.41%			
	Stroke - Scanned < 12 hrs	Caring	Our Patients	Michelle Rhodes	100%	95.70%	93.20%		96.99%			
	Stroke - Admitted to Stroke Unit < 4 hrs	Caring	Our Patients	Michelle Rhodes	90%	52.60%	59.80%		62.39%			
	Stroke - Patient death in Stroke	Caring	Our Patients	Michelle Rhodes	17%	12.80%	17.70%		10.71%			
	SHMI	Effective	Our Patients	Neill Hepburn	100	115.29	114.05		114.74			
	Hospital-level Mortality Indicator	Effective	Our Patients	Neill Hepburn	100	97.17	95.43		100.39			
Sepsis Bundle compliance in A&E	Caring	Our Patients	Michelle Rhodes	90%	75.00%	78.30%		74.70%				

PERFORMANCE OVERVIEW

Harm Free Care

IVAB within 1 hour for sepsis in A&E	Caring	Our Patients	Michelle Rhodes	90%	85.10%	93.30%		90.27%			
Sepsis screening compliance in inpatients	Caring	Our Patients	Michelle Rhodes	90%	73.30%	81.60%		69.31%			
IVAB within 1 hour for sepsis in inpatients	Caring	Our Patients	Michelle Rhodes	90%	75.00%	78.90%		84.33%			
Serious Incidents reported (unvalidated)	Safe	Our Patients	Neill Hepburn	0	25	14		192			
Catheter & New UTIs	Safe	Our Patients	Michelle Rhodes	1	0	2		9			
Falls	Safe	Our Patients	Michelle Rhodes	3.9	5.7	6.0		5.6			
Medication errors	Safe	Our Patients	Neill Hepburn	0	164	167		1385			
Medication errors (mod, severe or death)	Safe	Our Patients	Neill Hepburn	0	22	38		195			
VTE Risk Assessment	Safe	Our Patients	Michelle Rhodes	95%	95.24%	97.40%	96.61%	96.68%			
Dementia Screening	Caring	Our Patients	Michelle Rhodes	90%	89.89%	91.47%		91.35%			
Dementia risk assessment	Caring	Our Patients	Michelle Rhodes	90%	99.30%	98.33%		99.00%			
Dementia referral for Specialist treatment	Caring	Our Patients	Michelle Rhodes	90%	100.00%	94.44%		88.17%			

PERFORMANCE OVERVIEW

True North	KPI	CQC Domain	2021 Objective	Responsible Director	Target	Dec-18	Jan-19	Feb-19	1819 YTD	Pass/Fail	Trend Variation	Kitemark
Modern and Progressive Workforce	Overall percentage of completed mandatory training	Safe	Our People	Martin Rayson	95%	91.37%	91.43%	92.23%	91.24%			
	Number of Vacancies	Well-Led	Our People	Martin Rayson	5%	13.14%	12.86%	12.68%	13.49%			
	Sickness Absence	Well-Led	Our People	Martin Rayson	4.5%	4.71%	4.70%	4.69%	4.70%			
	Staff Turnover	Well-Led	Our People	Martin Rayson	6%	5.82%	5.79%	5.63%	5.93%			
	Staff Appraisals	Well-Led	Our People	Martin Rayson	90%	73.48%	74.49%	71.63%	73.47%			
Sustainable Services	Surplus / Deficit	Well-Led	Our Services	Paul Matthew	-6009	-8209	-7726	-8515	-67209			
	Income	Well-Led	Our Services	Paul Matthew	36935	36526	37815	36715	369465			
	Expenditure	Well-Led	Our Services	Paul Matthew	-42944	-44735	-45541	-45226	-436674			
	Efficiency Delivery	Well-Led	Our Services	Paul Matthew	2838	1729	2691	2370	11370			
	Capital Delivery Program	Well-Led	Our Services	Paul Matthew	4031	3059	2626	1958	17841			
	Agency Spend	Well-Led	Our Services	Paul Matthew	-1905	-3361	-3535	-3522	-29794			

PERFORMANCE OVERVIEW

True North	KPI	CQC Domain	2021 Objective	Responsible Director	Target	Dec-18	Jan-19	Feb-19	1819 YTD	Pass/Fail	Trend Variation	Kitemark
Valuing Patients Time	Friends & Family Test Inpatient (Response Rate)	Caring	Our Patients	Martin Rayson	26%	27.00%	32.00%		22.70%			
	Friends & Family Test Inpatient (Recommend)	Caring	Our Patients	Martin Rayson	96%	90.00%	89.00%		90.60%			
	Friends & Family Test Emergency Care (Response Rate)	Caring	Our Patients	Martin Rayson	14%	23.00%	24.00%		22.70%			
	Friends & Family Test Emergency Care (Recommend)	Caring	Our Patients	Martin Rayson	87%	83.00%	83.00%		82.70%			
	Friends & Family Test Maternity (Reponse Rate)	Caring	Our Patients	Martin Rayson	23%	11.00%	11.00%		14.40%			
	Friends & Family Test Maternity (Recommend)	Caring	Our Patients	Martin Rayson	97%	100.00%	97.00%		99.50%			
	Friends & Family Test Outpatients (Reponse Rate)	Caring	Our Patients	Martin Rayson	14%	11.00%	20.00%		8.40%			
	Friends & Family Test Outpatients (Recommend)	Caring	Our Patients	Martin Rayson	94%	94.00%	93.00%		93.30%			
	Mixed Sex Accommodation	Caring	Our Patients	Michelle Rhodes	0	0	3		4			
	No of Complaints received	Caring	Our Patients	Martin Rayson	70	58			525			
	No of Pals	Caring	Our Patients	Martin Rayson		394	458		4266			
	eDD	Effective	Our Patients	Neill Hepburn	95%	86.98%	89.41%		88.77%			
	% Triage Data Not Recorded	Effective	Our Patients	Mark Brassington	0%	5.23%	3.88%	5.28%	9.02%			

PERFORMANCE OVERVIEW

True North	KPI	CQC Domain	2021 Objective	Responsible Director	Target	Dec-18	Jan-19	Feb-19	1819 YTD	Pass/Fail	Trend Variation	Kitemark
Zero Waiting	4hrs or less in A&E Dept	Responsive	Our Services	Mark Brassington	79%	65.75%	62.67%	60.72%	68.39%			
	12+ Trolley waits	Responsive	Our Services	Mark Brassington	0	0	0	0	2			
	%Triage Achieved under 15 mins	Responsive	Our Services	Mark Brassington	98%	72.77%	71.97%	72.68%	68.02%			
	52 Week Waiters	Responsive	Our Services	Mark Brassington	0	11	7		161			
	18 week incompletes	Responsive	Our Services	Mark Brassington	87%	83.07%	84.64%		83.47%			
	62 day classic	Responsive	Our Services	Mark Brassington	86%	69.20%	65.70%		74.52%			
	2 week wait suspect	Responsive	Our Services	Mark Brassington	93%	82.30%	70.20%		80.05%			
	2 week wait breast symptomatic	Responsive	Our Services	Mark Brassington	93%	72.70%	15.10%		46.81%			
	31 day first treatment	Responsive	Our Services	Mark Brassington	96%	96.30%	94.20%		97.43%			
	31 day subsequent drug treatments	Responsive	Our Services	Mark Brassington	98%	96.60%	99.10%		99.28%			
	31 day subsequent surgery treatments	Responsive	Our Services	Mark Brassington	94%	95.90%	86.00%		88.15%			
	31 day subsequent radiotherapy treatments	Responsive	Our Services	Mark Brassington	94%	95.10%	88.40%		96.09%			
	62 day screening	Responsive	Our Services	Mark Brassington	90%	71.40%	91.90%		85.63%			
	62 day consultant upgrade	Responsive	Our Services	Mark Brassington	85%	87.50%	84.60%		86.58%			

PERFORMANCE OVERVIEW

Zero Waiting	diagnostics achieved	Responsive	Our Services	Mark Brassington	99%	95.62%	96.91%	98.02%	97.64%			
	Cancelled Operations on the day (non clinical)	Responsive	Our Services	Mark Brassington	1%	1.88%			2.90%			
	Not treated within 28 days. (Breach)	Responsive	Our Services	Mark Brassington	5%	15.00%			9.94%			
	#NOF 24	Responsive	Our Services	Mark Brassington	70%	69.05%	78.57%		66.24%			
	#NOF 48 hrs	Responsive	Our Services	Mark Brassington	95%	97.62%	95.71%		94.62%			
	EMAS Conveyances to ULHT	Responsive	Our Services	Mark Brassington		4935	4929	4466	4755			
	EMAS Conveyances Delayed >59 mins	Responsive	Our Services	Mark Brassington		443	588	726	489			
	104+ Day Waiters	Responsive	Our Services	Mark Brassington	0	23	17	13	137			
	Average LoS - Elective (not including Daycase)	Effective	Our Services	Mark Brassington	2.80	3.11	2.50	2.98	2.91			
	Average LoS - Non Elective	Effective	Our Services	Mark Brassington	3.80	4.47	4.55	4.80	4.62			
	Delayed Transfers of Care	Effective	Our Services	Mark Brassington	3.5%	3.43%	3.20%		4.40%			
	Partial Booking Waiting List	Effective	Our Services	Mark Brassington	0	7473	7338	7479	7449			

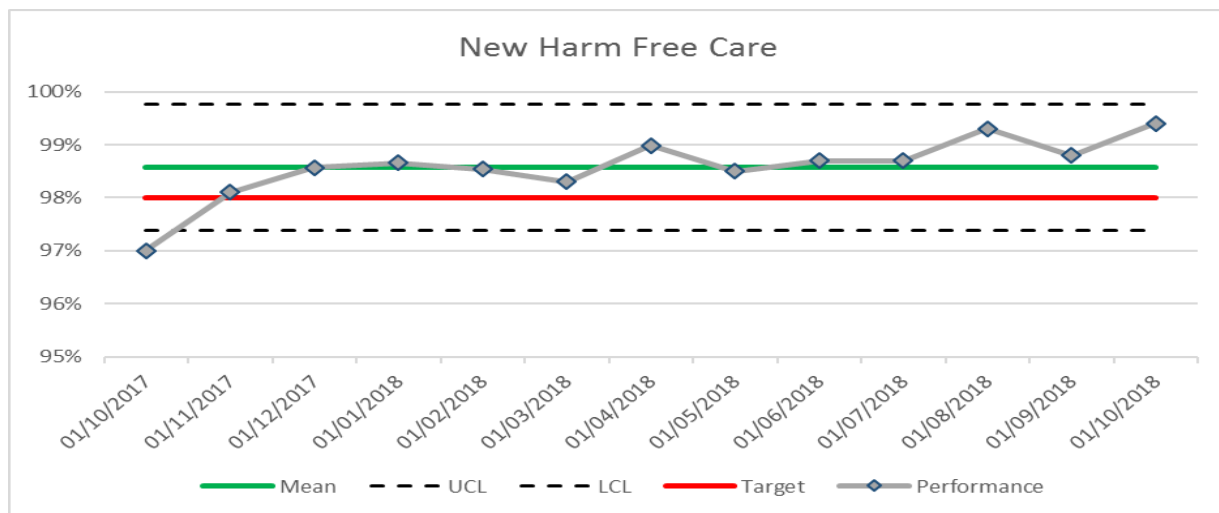
STATISTICAL PROCESS CONTROL CHARTS

Statistical Process Control (SPC) charts are an analytical tool that plot data over time. They help us understand variation which guides us to make appropriate decisions.

SPC charts look like a traditional run chart but consist of:

- A line graph showing the data across a time series. The data can be in months, weeks, or days- but it is always best to ensure there are at least 15 data points in order to ensure the accurate identification of patterns, trends, anomalies (causes for concern) and random variations.
- A horizontal line showing the Mean. This is the sum of the outcomes, divided by the amount of values. This is used in determining if there is a statistically significant trend or pattern.
- Two horizontal lines either side of the Mean- called the upper and lower control limits. Any data points on the line graph outside these limits, are 'extreme values' and is not within the expected 'normal variation'.
- A horizontal line showing the Target. In order for this target to be achievable, it should sit within the control limits. Any target set that is not within the control limits will not be reached without dramatic changes to the process involved in reaching the outcomes.

An example chart is below:



Normal variations in performance across time can occur randomly- without a direct cause, and should not be treated as a concern, or a sign of improvement, and is unlikely to require investigation unless one of the patterns defined below applies.

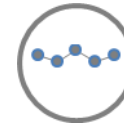
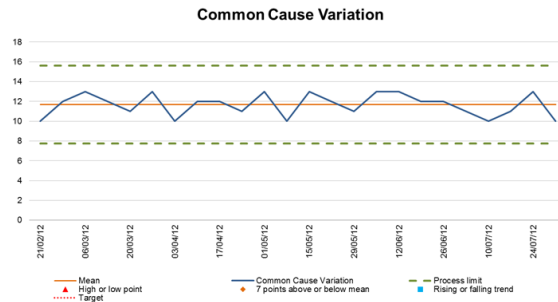
Within an SPC chart there are three different patterns to identify:

- Normal variation – (common cause) fluctuations in data points that sit between the upper and lower control limits
- Extreme values – (special cause) any value on the line graph that falls outside of the control limits. These are very unlikely to occur and where they do, it is likely a reason or handful of reasons outside the control of the process behind the extreme value
- A trend – may be identified where there are 7 consecutive points in either a pattern that could be; a downward trend, an upward trend, or a string of data points that are all above, or all below the mean. A trend would indicate that there has been a change in process resulting in a change in outcome

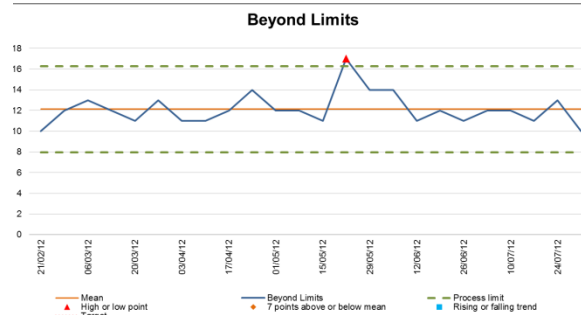
Icons are used throughout this report either complementing or as a substitute for SPC charts. The guidance below describes each icon:

Excellence in rural healthcare

Normal Variation

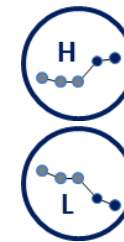
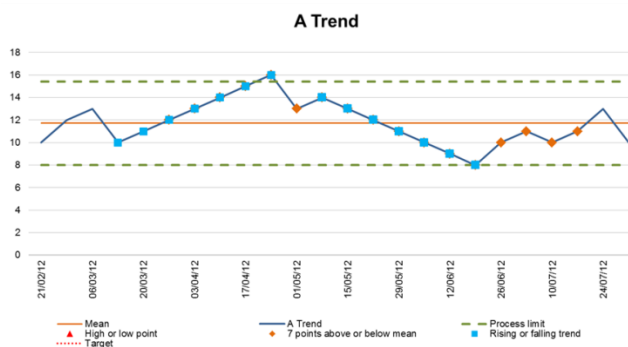


Extreme Values

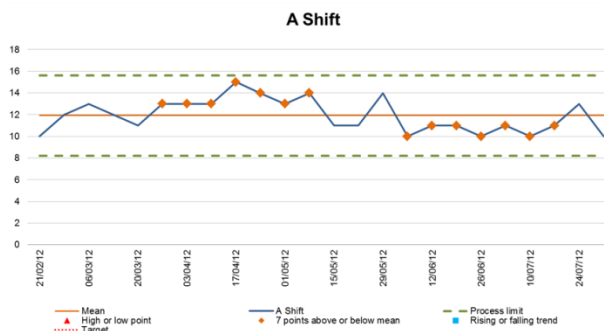


There is no icon for this scenario.

A Trend (upward or downward)



A Shift (a run above or below the mean)



Where a target has been met consistently

Where the target has been met or exceeded for at least 3 of the most recent data points in a row, or sitting is a string of 7 of the most recent data points, at least 5 out of the 7 data points have met or exceeded the target.



Where a target has been missed consistently

Where the target has been missed for at least 3 of the most recent data points in a row, or in a string of 7 of the most recent data points, at least 5 out of the 7 data points have missed.



Excellence in rural healthcare

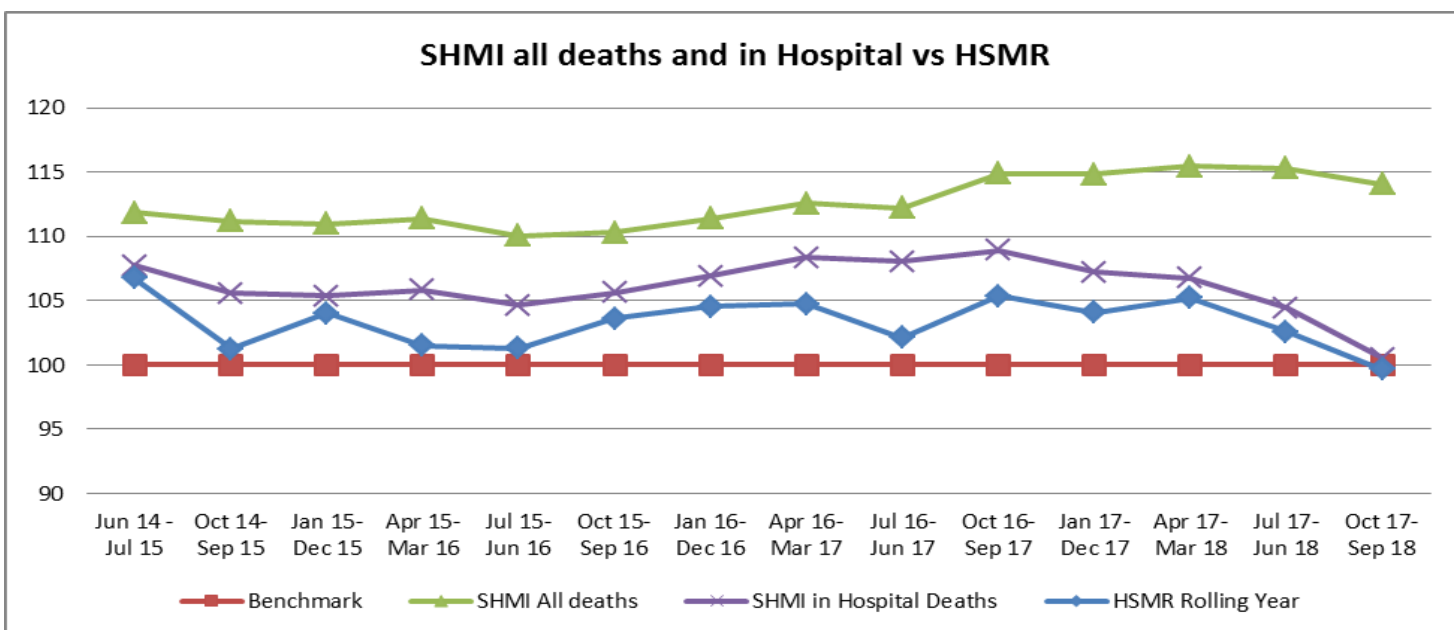
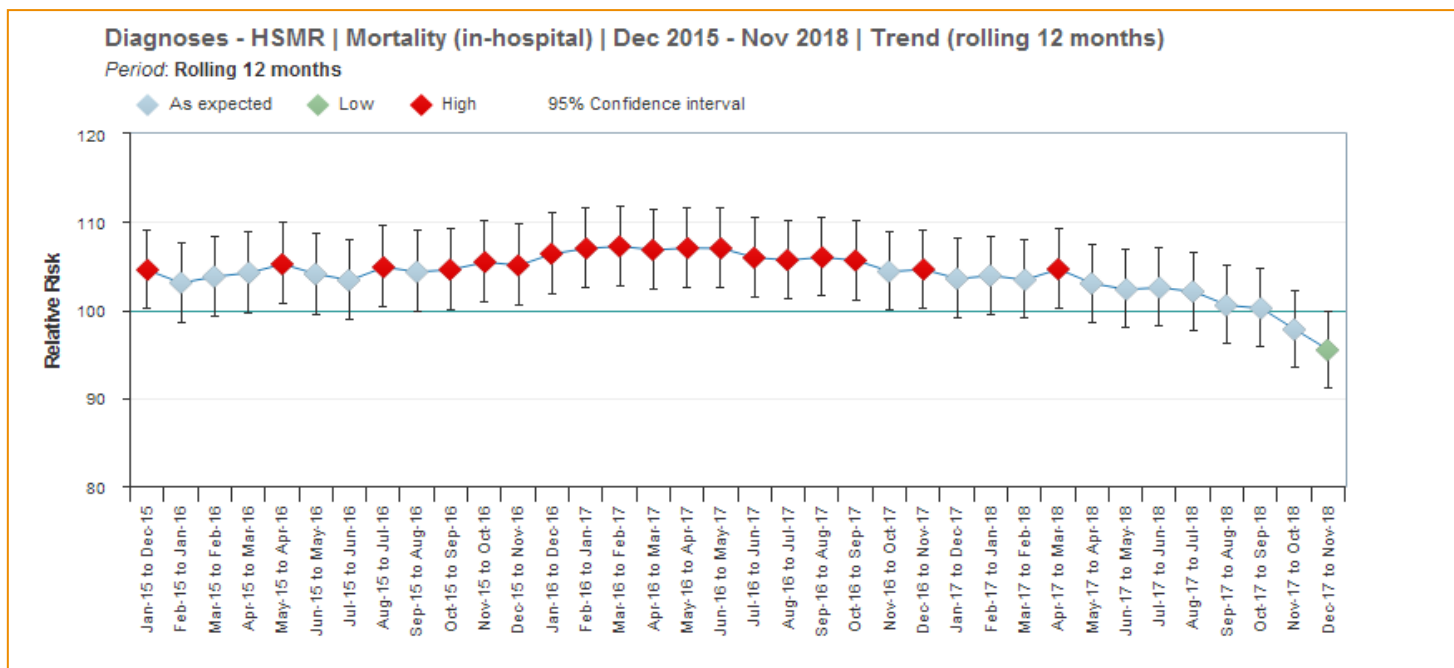
HARM FREE CARE - MORTALITY

Executive Lead: Neill Hepburn

CQC Domain: Safe

2021 Objective: Our Patients

Trust/Site	ULHT HSMR Dec 17-Nov 18 12 month	ULHT HSMR Apr 18-Nov18 FYTD	ULHT HSMR Nov 18	ULHT SHMI Oct 17-Sep 18	Trust Crude Mortality Internal source Mar 18-Feb 19
Trust	95.43	86.93	77.61	114.05	1.67%
LCH	105.49	94.18	81.03	116.53	1.71%
PHB	92.12	86.23	78.33	118.36	1.92%
GDH	60.82	53.24	52.51	85.82	0.65%



Excellence in rural healthcare

Metric	National Acute (Non specialist)	ULHT Dec 17- 18	ULHT Dec 16- 17
HSMR	98.40	95.43	104.60
SHMI (Jul 17-Jun 18)	100.34	114.05	114.90
Crude rate % (HSMR)	3.40%	3.30%	3.80%
Elective Crude Rate %	0.10%	0.05%	0.01%
Non elective Crude Rate %	2.70%	3.20%	3.50%
% All Spells coded as Palliative Care	1.07%	1.05%	1.06%
Emergency Spells % coded as Palliative Care	2.46%	2.56%	2.66%
% Mortalities coded as Palliative Care	31.07%	20.27%	19.26%
Comorbidity 0 score per observed Deaths %	18.30%	32.92%	18.77%
Comorbidity 0 score per Spells %	64.91%	64.87%	66.86%
Emergency Comorbidity Score 0 Spells %=>75	26.32%	29.05%	29.12%
Weekend % of observed	25.95%	25.54%	25.41%
Weekday % of observed	74.05%	74.46%	74.59%
Spells Readmissions 28 days %	8.43%	7.55%	7.63%
Residual Coding % of all spells (Uncoded	1.83%	1.44%	1.17%
R00-R99 Signs and symptoms % of spells	10.99%	9.41%	9.88%
LOS short stay 0-2 days Observed %	24.83%	26.13%	28.11%
LOS 3+ Observed %	75.17%	73.87%	71.89%

Hospital Standardised Mortality Ratio – HSMR

ULHT's HSMR is below expected limits at 95.43 this is the lowest recorded Trusts HSMR. All sites are within expected limits. Both Pilgrim and Grantham are below expected limits.

Alerts: The Trust is alerting for 'Other Perinatal Conditions', there is a Quality and Safety Improvement Programme to address the improvements required. Site alerts; Pilgrim site is driving the 'Other Perinatal Conditions' a paper has been produced and will be presented at QSG in March 19 and also alerting for the site is 'Other Lower Respiratory Disease' for the second month.

Summary-level Hospital Mortality Index-SHMI

ULHT remain within Band 1 outside of expected limits with a score of 114.05, which shows a reduction from the previous reporting period. 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. In Hospital deaths SHMI is currently at 100.53, which is within expected limits. The data is reflective up to September 2018.

Alerts: Septicemia (except in labour), Pneumonia, Chronic obstructive pulmonary disease and bronchiectasis, Acute bronchitis, Deficiency and other anaemia, Superficial injury, contusion, Other lower respiratory disease, Diverticulosis and diverticulitis, Short gestation, low birth weight, and fetal growth retardation, Phlebitis, thrombophlebitis and thromboembolism. The only In-hospital death alerting is Septicemia, this is in line with HSMR for the time period.

In-depth reviews are underway for Sepsis deaths and liver disease. The Trust are partaking in the National audits for COPD (BTS). For pneumonia and COPD care bundle compliance audits have been undertaken and a work programme developed to increase compliance. All other diagnosis have only triggered alerts within this reporting period.

Excellence in rural healthcare

Mortality Strategy Reduction Key Actions:

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

- Other Perinatal Conditions are undertaking an in-depth review to be presented at QSG in March 2019.
- The Trust will focus on the Top diagnosis within both SHMI and HSMR to reduce mortality ratios; Septicemia, Stroke, COPD, Pneumonia, Fracture NOF.
- Mortality is a work stream within the Quality and Safety Improvement Programme (QSIP). This underpins the Mortality Reduction Strategy and sets deliverable milestones for each key issue identified including; Clinician Engagement, Medical Examiner Role, Perinatal Mortality, Documentation and accurate coding, Sepsis, Pneumonia and COPD.
- The Community have various work streams they are undertaking to ensure out of hospital patients receive appropriate end of life care which include; End of life audits in care homes, end of life training, multidisciplinary approach to advance care planning and anticipatory prescribing, Project Echo and roll out of the ReSPECT tool kit.
- Lincolnshire health and care community have launched; Home First Prioritisation. An initiative aimed to focus on frail and over 75's out of hospital and close to their homes. With work streams in; advanced care planning in care homes, Complex Case Managers, Short term overnight carer intervention, practice Care Coordinator and Triage Practitioner.
- The coders will meet with the Consultants who have the Top Observed Diagnosis Groups to ensure accuracy of documentation.
- Pilgrim has a new frailty service.
- Patient safety Briefing has been disseminated to the Trust for the early recognition of end of life, circulating lessons, the ReSPECT Toolkit and SPICT toolkit.
- Liver Disease is currently undertaking an in-depth review.
- Continue to increase knowledge on the importance of accurate documentation. The next Clinical Coding Masterclass is to be held on the 27th March 2019 there are currently 20 delegates signed up.

Crude Mortality

The crude mortality has decreased in February 19 to 1.92% this is the lowest crude recorded for the month of February since 2016; Lincoln site has the highest crude in month with 2.07%. In rolling year March 18-February 19 crude has decreased to 1.67%. Crude mortality is driving

Mortality Reviews– Deaths in Scope				
Deaths reported to Dec-18 to allow for 4 week deadline completion of initial mortality				
Measure	Description	Month Dec-18	Rolling Year Jan 17-Dec 18	Narrative
Deaths in Scope	<ul style="list-style-type: none"> Total Deaths in scope Number inpatient deaths Number of A&E Deaths 	232	2528	All deaths as reported, in Month and rolling year.
		196	2218	
		36	310	
Initial Review	<ul style="list-style-type: none"> Must Do's for Review % of reviews complete 	16	638	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.
		12.5%	63.3%	
Await Completion	<ul style="list-style-type: none"> Total with Consultant % of total with Consultant % of total awaiting allocation 	94	620	Awaiting completion are those cases where Quality Governance sent notes for review. The total awaiting allocation are those notes that are in department or awaiting notes to send for review.
		40.5%	24.5%	
		37.1%	15.0%	
Reviews complete	<ul style="list-style-type: none"> Reviews completed % Review compliance 	50	1436	Total reviews completed reviews compliance by Consultant
		21.6%	56.8%	
Grading	<ul style="list-style-type: none"> Grade 0 (N/%) Grade 1 (N/%) Grade 2 (N/%) Grade 3 (N/%) 	46/92%	1203/83.8%	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
		1/2.0%	120/9.0%	
		2/4%	36/2.5%	
		1/2.0%	2/0.1%	
		0/0%	75/5.2%	

Excellence in rural healthcare

Measure	Description	Month	Rolling Year	Narrative												
		Dec-18	Jan 17-Dec 18													
Escalated Reviews	<ul style="list-style-type: none"> Reviews identified For MoRAG / Collaborative % of deaths identified % of reviews completed 	<table border="1"> <tr><td>4</td><td>83</td></tr> <tr><td>8%</td><td>5.8%</td></tr> <tr><td>11.6%</td><td>11.7%</td></tr> </table>	4	83	8%	5.8%	11.6%	11.7%	<table border="1"> <tr><td>4</td><td>83</td></tr> <tr><td>8%</td><td>5.8%</td></tr> <tr><td>11.6%</td><td>11.7%</td></tr> </table>	4	83	8%	5.8%	11.6%	11.7%	All cases identified for review escalation from mortality review to MoRAG or the Lincolnshire Mortality Collaborative and reviews completed compliance. There is a backlog of cases with the collaborative. Reviewers are reviewing cases but only presenting to the meeting where issues have been identified
4	83															
8%	5.8%															
11.6%	11.7%															
4	83															
8%	5.8%															
11.6%	11.7%															
Learning Disability	<ul style="list-style-type: none"> Total Deaths in scope Submitted to LeDeR % reviews completed 	<table border="1"> <tr><td>2</td><td>20</td></tr> <tr><td>2</td><td>20</td></tr> <tr><td>100%</td><td>100%</td></tr> </table>	2	20	2	20	100%	100%	<table border="1"> <tr><td>2</td><td>20</td></tr> <tr><td>2</td><td>20</td></tr> <tr><td>100%</td><td>100%</td></tr> </table>	2	20	2	20	100%	100%	These include all Learning Disability deaths as identified by the information support team using code RB19 as advised by the NHS Quality Board. Lincolnshire only became part of review process in October 17.
2	20															
2	20															
100%	100%															
2	20															
2	20															
100%	100%															
Severe MH	<ul style="list-style-type: none"> Total Deaths in scope Number Reviews completed % review compliance 	<table border="1"> <tr><td>3</td><td>30</td></tr> <tr><td>2</td><td>22</td></tr> <tr><td>67%</td><td>73%</td></tr> </table>	3	30	2	22	67%	73%	<table border="1"> <tr><td>3</td><td>30</td></tr> <tr><td>2</td><td>22</td></tr> <tr><td>67%</td><td>73%</td></tr> </table>	3	30	2	22	67%	73%	Severe Mental Health Codes/ Diagnosis as advised by NHSI they advise to include schizophrenia bipolar disorder, delusional disorder, unipolar depressive psychosis and schizoaffective disorder.
3	30															
2	22															
67%	73%															
3	30															
2	22															
67%	73%															
SI— Severity 1	<ul style="list-style-type: none"> Total Deaths in scope Number Reviews completed % review compliance 	<table border="1"> <tr><td>2</td><td>21</td></tr> <tr><td>0</td><td>9</td></tr> <tr><td>0%</td><td>43%</td></tr> </table>	2	21	0	9	0%	43%	<table border="1"> <tr><td>2</td><td>21</td></tr> <tr><td>0</td><td>9</td></tr> <tr><td>0%</td><td>43%</td></tr> </table>	2	21	0	9	0%	43%	Deaths identified on date with a severity 1 Death. The Number of reviews completed and Review Compliance against the SI's reviewed. Either at mortality review or MoRAG. Cases referred from Risk to MoRAG are being streamlined.
2	21															
0	9															
0%	43%															
2	21															
0	9															
0%	43%															

Mortality Review— Key Themes, Actions and Learning

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

No	Key Themes identified from reviews	Actions
1	<p>Failure to act and escalate—Management & Results</p> <p>The majority of cases referred to MoRAG have issues with failure to act on test results, recognition of physiological observations and escalation to ensure the patient receives the correct management.</p>	<ul style="list-style-type: none"> 2 x MoRAG thematic case note briefing circulated to the Trust. MoRAG are monitoring cases that are referred for these issues and action taken with the relevant clinical team. Care bundles are being audited for compliance and action plans developed. This is a work stream within the Mortality QSIP.
2	<p>Fluid Balance Management</p> <p>19% of cases referred to MoRAG and Lincolnshire Collaborative have had fluid balance management issues.</p>	<ul style="list-style-type: none"> MoRAG thematic case note briefing circulated to the Trust. Trust policy re-circulated to the Trust NICE guidelines re-circulated to the Trust. E-learning package on ESR. The core learning panel has approved the e-learning and will be mandatory in January 18.
3	<p>Recognition of a end of life/deteriorating patient</p> <p>From cases reviewed a theme is the late recognition of end of life and the deteriorating patient.</p>	<ul style="list-style-type: none"> Patient Safety Briefing disseminated 1st March relaunching the SPiCT toolkit and introducing the ReSPECT Toolkit The Trust participates in the National end of life audit. The Trust is monitoring this and an action plan has been developed through QSIP.
4	<p>Senior Review within 14 hours</p> <p>Reviews show that not all patients are having a review within 14 hours of admission.</p>	<ul style="list-style-type: none"> National 7 day service audit. The Trust has undertaken an audit in November 18 and the outcomes are being reviewed.

Excellence in rural healthcare

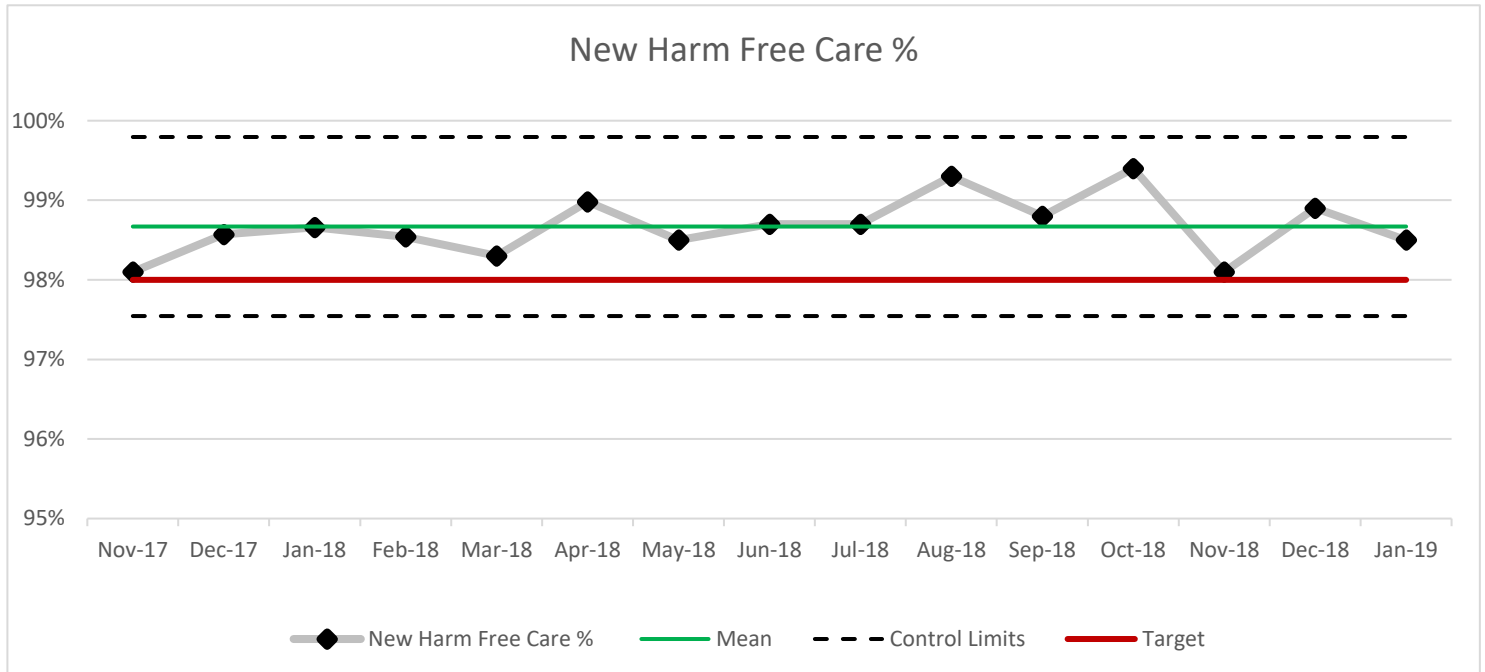
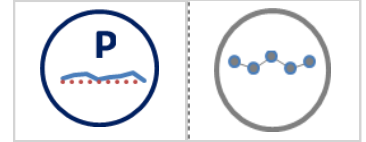
<p>5</p>	<p><u>Advance care planning within the community</u></p> <p>Highlighted from cases referred the Lincolnshire Mortality Collaborative that there are a number of cases that should have had advance care planning in the community.</p>	<ul style="list-style-type: none"> • CCG have completed an audit on the end of life registers with GP's. • CCG are currently undertaking an end of life audit for care homes to identify number of residents with a DNAR/ EoL care plan in place and where the plan was put in place, to gain a baseline for further audits. • The CCG are rolling out End of Life Training across the county as part of the neighbourhood working. • Lincolnshire East CCG Neighbourhood working has signed up for Project Echo, run by St Barnabas Hospital which will support end of life care learning. • Launch of ReSPECT toolkit in February 19. • CCG's are undertaking neighbourhood working a multidisciplinary approach to advance care planning and anticipatory prescribing. • Prompt developed on eDD for consideration of the GSF to the GP. • Home First Prioritisation initiative.
<p>6</p>	<p><u>Case notes/Documentation Issues</u></p> <p>The state of case notes within the Trust are constantly being highlighted in mortality reviews. The patients stay is not always clearly documented and filed.</p>	<ul style="list-style-type: none"> • 2 cycles of audit has been completed on accurate completion of clerking proforma. • Coding department are undertaking an on-going audit of accurate completion of documentation. • The introduction of Clinical Coding Triangles engaging clinician's. • Clinical Coding Masterclass –March 2019

HARM FREE CARE – HARM FREE CARE

Executive Lead: Michelle Rhodes

CQC Domain: Safe

2021 Objective: Our Patients



Challenges/Successes

The NHS Safety Thermometer is a measurement tool used to record patient harms at the frontline. Data are collected through a point of care survey on a single day each month on 100% of patients.

The NHS Safety Thermometer records the presence or absence of four harms:

- Pressure ulcers (Old and New)
- Falls (In hospital)
- Urinary tract infections (UTIs) in patients with a catheter (Old & New)
- Venous thromboembolisms (VTEs) (Old & New)

Comparison

The Trust achieved 92.7% for Harm Free care which is worse than the national average of 94%

The Trust achieved 98.5% for New Harm Free Care which is better than the national average of 97.8%

The Trust achieved 0.4% for New Pressure Ulcers which is better than the national average of 1%

The Trust achieved 0.4% for falls with harm which is worse than the national average of 0.5%

The Trust achieved 2.3% for CAUTI which is worse than the national average of 0.7% (this is all CAUTI new and old).

The Trust achieved 0.6% for new VTE which is worse than the national average of 0.5%

Actions in place to recover:

A monthly report is disseminated to all wards and managers detailing the harms for each ward and individual ward compliance with harm free care.

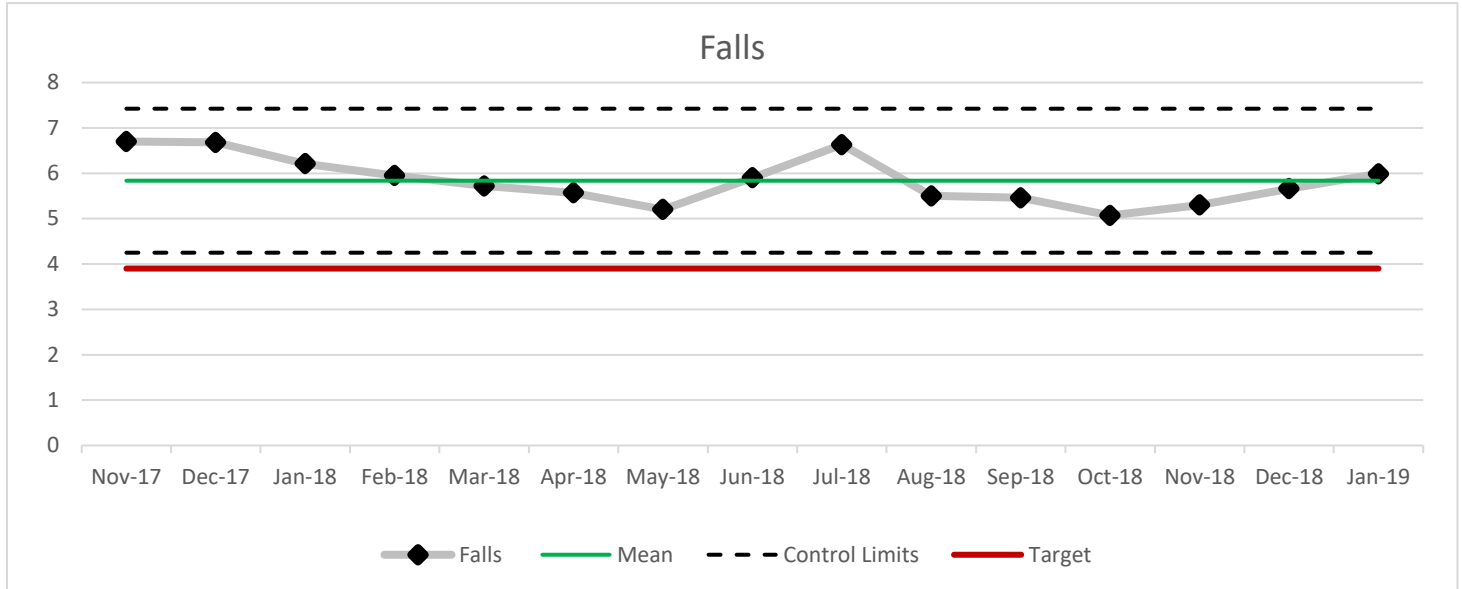
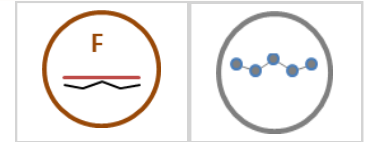
The in-depth analysis for falls, pressure ulcers and CAUTI are detailed within the relevant section in the report.

HARM FREE CARE - FALLS

Executive Lead: Michelle Rhodes

CQC Domain: Safe

2021 Objective: Our Patients



Challenges/Successes

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

Comparison

All falls per 1000 OBDs for the Trust in January 2019 is 5.99 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 January 2019 is 0.12 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 1.7% which is worse than national average of 1.6% in January 2019. When comparing falls with harm, ULHT was 0.4% which is better than the national average of 0.5% in January 2019.

Actions in place to recover:

Currently work is underway by Deputy Chief Nurse, Head of Nursing and Consultant Nurse for Frailty to draw up the 2019-2020 Corporate Falls Action Plan. This will then form the basis for the Trust Wide Falls Steering group agenda for the year.

Falls Ambassadors are now receiving weekly communications via the Falls Ambassador Facebook page to try to increase awareness and involvement of staff.

The next Falls Ambassador meeting is on Tuesday 12th March 2019 and ambassadors have been asked to produce an action plan for their own areas on how they plan to address poor compliance of recording of Lying and Standing BP which continue to be an issue of SQD data.

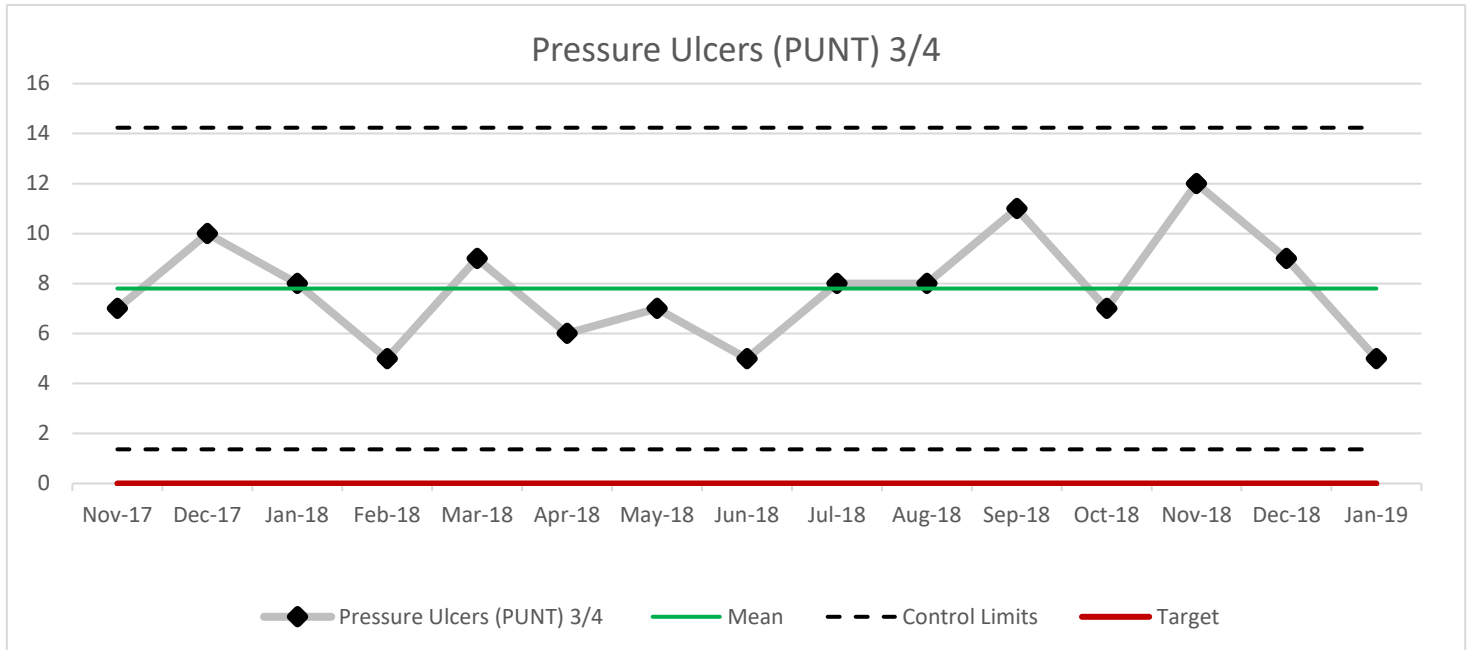
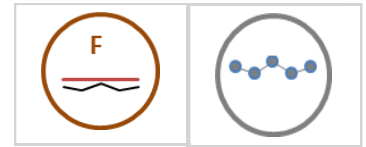
Next Falls Trust steering group meeting is planned for Thursday 28th March 2019.

HARM FREE CARE - PRESSURE ULCERS

Executive Lead: Michelle Rhodes

CQC Domain: Safe

2021 Objective: Our Patients



Challenges/Successes

Category 3 pressure ulcer summary

30% reduction trajectory has not been achieved since May.

Improvement in performance has been seen at Pilgrim reporting 3 incidents, Lincoln have reported 1 incident this month so the same as last month.

There are no outstanding incidents to be investigated as all incidents have been to Scrutiny panel.

Grantham continues to report no category pressure ulcers for 11 months.

Category 4 pressure ulcer summary

The Trust has set a 30% reduction trajectory for avoidable category 4 pressure ulcers for 2018/19.

There has been improvement in performance at Lincoln reporting no incidents.

Pilgrim have reported no category 4 pressure ulcers for the last 4 months. Grantham have reported no category 4 pressure ulcers for 12 months.

Comparison

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 new pressure ulcers, ULHT was 0.4 % which is better than the national average of 1% in January 2019

Actions in place to recover:

A bespoke TV service plan is in development which will identify and priorities key areas of work for the TV service. This will enable the resources to be used more effectively to reduce the number of preventable PU's.

In addition to this, a piece of work involving TV activity has been produced which demonstrates the amount of work undertaken by the TV team in support of the trust.

The trust is pressing ahead with the Harm Free Care agenda which includes the reduction of preventable pressure ulcers. Plans are in the final stages of development that will include specific activities for Tissue Viability services and development of clinical teams as part of a wider harm prevention programme. This includes identifying opportunities for collaborative working with other specialties as part of a matrix working programme.

There will be a revised programme of sustained development and support for the TV Link Practitioners which will allow them to have more productive input in to their working areas. This includes the development of a formal job description outlining how the Trust will support link Nurses and what is expected from a link Nurse in terms of support to their respective areas.

The Tissue Viability Team continue to try and validate all category 2 pressure ulcers reported on all sites. However due increase in clinical activity it has not been possible for all reported incidents to be seen in the last month.

Scrutiny panel meetings continue to take place weekly and all clinical areas are required to investigate incidences collaboratively and not in isolation.

The Trust wide Tissue Viability Link Nurse Study event is planned for 28th March.

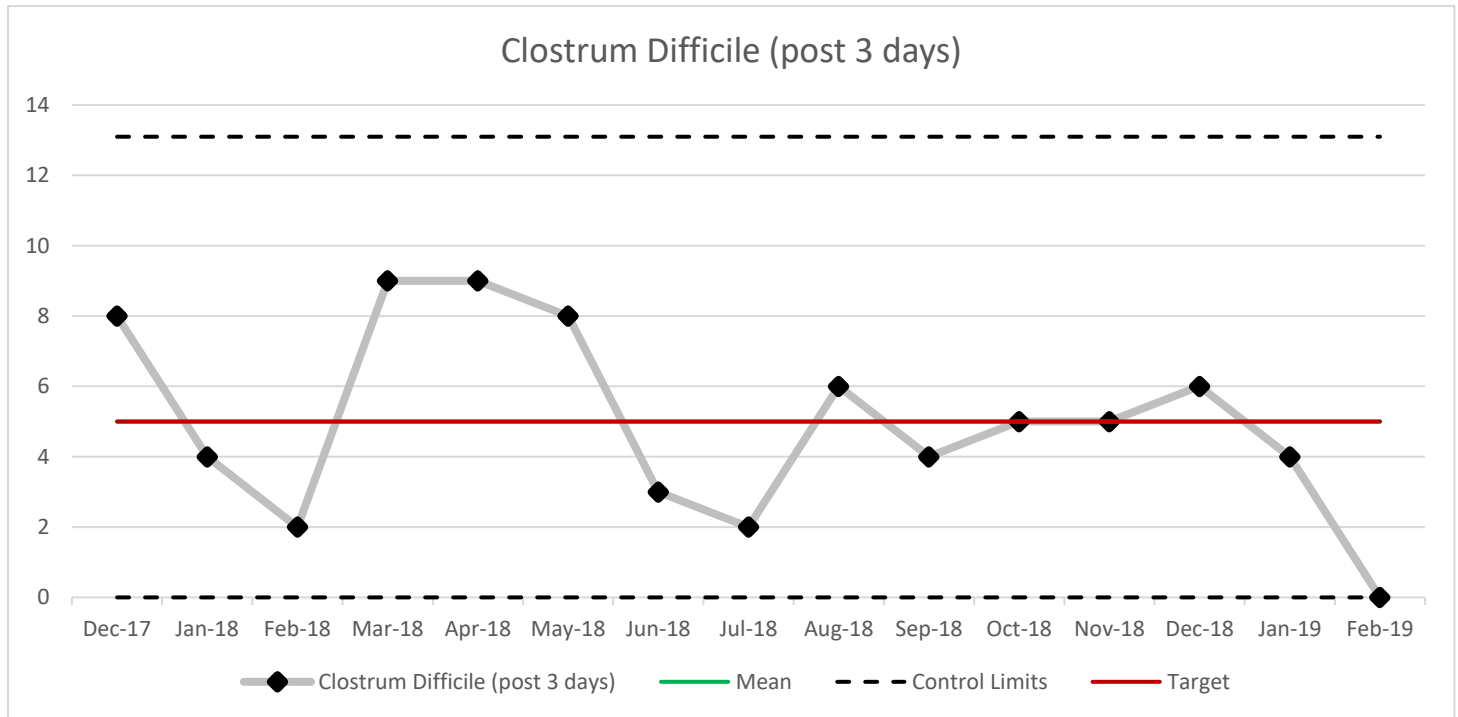
The Tissue Viability Team continue to embed with NHS Improvement recommendations regarding pressure ulcer definition and management.

HARM FREE CARE – INFECTION PREVENTION

Executive Lead: Michelle Rhodes

CQC Domain: Safe

2021 Objective: Our Patients



Challenges/Successes

C. Diff summary

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 4 cases in January against a trajectory of 5 cases. There is a trajectory with stable progress meaning that the trust has improved from a position of +9 cases over trajectory in May to +5 cases over trajectory in January. There are similar infection patterns for the previous 3 years with early spring peaks which settle by summer.

Following an analysis of the investigations, the findings showed that cross-contamination was unlikely to be a key factor as there appeared to be no similar ribotypes on one particular area. A common theme that did emerge related to antibiotic prescribing and as a result regular ward visits are conducted by Microbiologists, Antimicrobial Pharmacists and IP&C team. These visits ensured that high risk patients are managed properly and as a result case rates of C.diff have started to decrease.

MRSA summary

There was 1 case of MRSA bloodstream infection reported in November meaning the trust is now at 2 cases year to date. Lapses in care have been identified and an action plan has been produced in response to the investigation. The Trust had 2 cases of MRSA in 2017/18 against a threshold of 0. In 2018/19 new guidance takes effect in that only outlier acute trusts and CCGs will need to complete the national PIR process. Both ULHT and the Lincolnshire CCGs are NOT considered outliers and will therefore no longer be required to manage MRSA blood stream infections using PIR.

Actions in place to recover:

Following the external visit by NHS Improvement on the 2nd May, ULHT has been downgraded to a green rating from amber. This has shown the progress of improvement over the last year and that the trust is in a far

better position. Full compliance to the hygiene code has increased from 64% to 96%. There is still much work to be done however and continued efforts to further improve IP&C in ULHT must be maintained. A subsequent visit carried out by NHSI on November 7th reinforced the trust position of green and as a result of the visit, the trust has been fully de-escalated for IP&C by NHSI.

Robust work is taking place around the management of C.diff cases especially regarding the prescribing of high risk antibiotics as we recognise the rate of cases is above trajectory and the trust is in a recovery position. Programmes are progressing with a review of the prescribing formulary and an education pack for prescribers. There has also been an enhanced programme of visits to ward areas where C.diff and GDH patients have been placed in order to scrutinise prescribing and IP&C management. This is routinely undertaken by an IP&C Nurse, Antimicrobial Pharmacist and a Microbiologist.

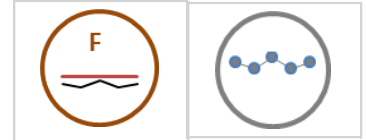
The IP&C team are assisting daily with managing winter pressures and an outbreak plan has recently been approved by the trust IP&C committee. This will enable the organisation to respond quickly to any outbreak situation on any site. The IP&C team is also going through training and development to strengthen their ability to support the trusts directorates. The IP&C Nurses are progressing through the comprehensive IP&C competency framework while the Nurse Specialists are undertaking leadership programmes. The infection prevention and control team have changed their approach to better support clinical colleagues and improve patient safety, including: all clinical areas to have a specific IPC link, themed audits and focused incremental improvements.

HARM FREE CARE - CAUTI

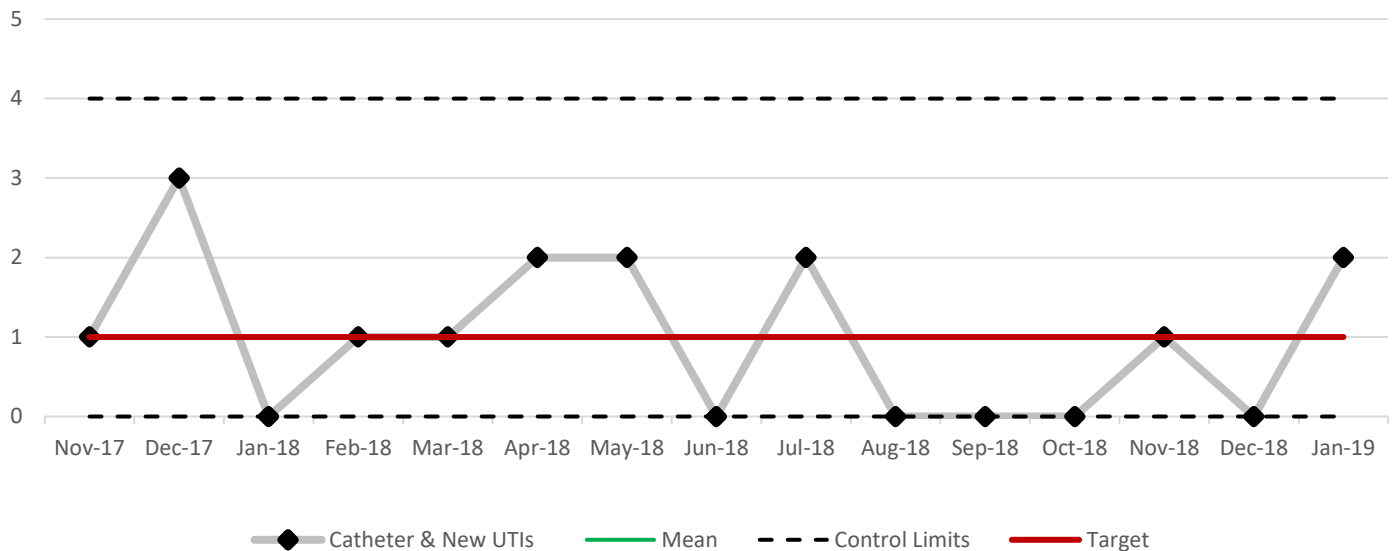
Executive Lead: Michelle Rhodes

CQC Domain: Safe

2021 Objective: Our Patients



Catheter & New UTIs



Challenges/Successes

ULHT had 2 new CAUTI on the safety thermometer data for January 2019 against a trajectory of 1.

In January 2019 ULHT CAUTI rate has increased in comparison with previous months.

Comparison

In January 2019 the Trust catheterisation rate increased to 18.8% against a national average of 14.3%.

In January 2019 the Trust catheter with UTI (CAUTI) was 2.3% which is worse than the national average for October of 0.7%. This data includes old and new CAUTIs.

Actions in place to recover:

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

- Development of a protocol for ISC– Shuttleworth, Neustadt Welton and Ward 3A at PHB to pilot the protocol. To review Sherwood Forests Policy and to implement it in our practice. Validation of such protocol to take place at next CAUTI meeting 26.03.2019
- Development of a protocol for the use of Conveen sheath as an alternative to indwelling catheters, and to be incorporated in teaching sessions provided to the wards. . Validation of such protocol to take place at next CAUTI meeting 26.03.2019.
- Removal of catheters in a timely manner by the nursing staff:
 - liaise with clinical educators to develop a robust catheter management teaching plan for nursing staff incorporated in NQ Preceptorship and provide ward based sessions
 - catheter management teaching session provided at ward level by continence ambassadors

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

- Relaunch DATIX for reporting CAUTI – patient safety briefing March 2019

Excellence in rural healthcare

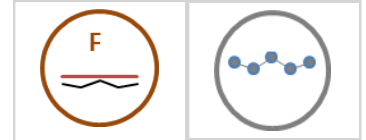
- Use microbiology reports to correlate CAUTI diagnosis start from March 2019
- Provide teaching regarding collection of CSU – comms March 2019
- Incorporate RCA discussion in CAUTI meeting agenda ongoing

HARM FREE CARE - SEPSIS

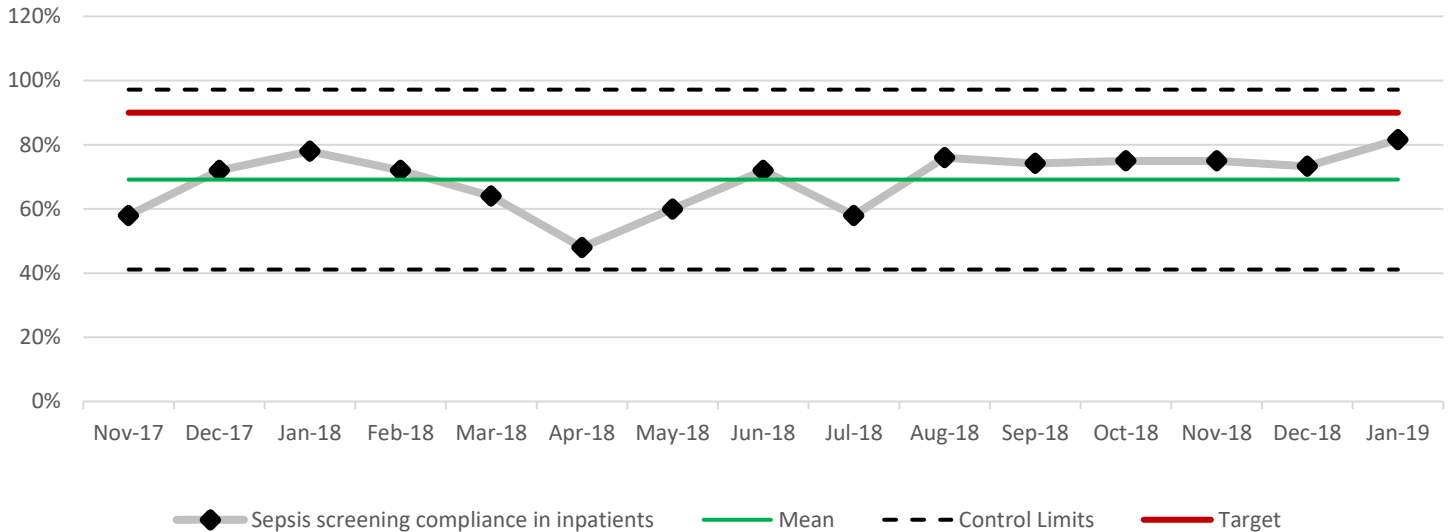
Executive Lead: Michelle Rhodes

CQC Domain: Safe

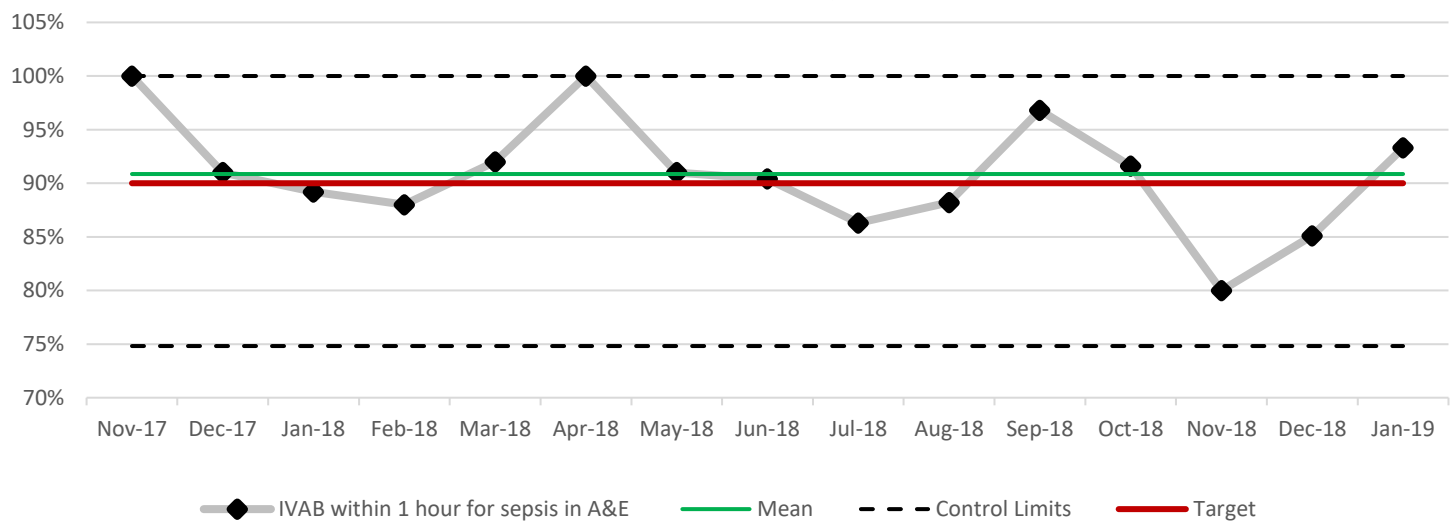
2021 Objective: Our Patients



Sepsis screening compliance in inpatients



IVAB within 1 hour for sepsis in A&E



Challenges/Successes

Sepsis screening summary

The screening results for both inpatients and A&E have improved in January 2019.

Train the trainer resources will be formulated, rolled out and embedded in practice by the new financial year.

Robust system for the collection of harm review data currently under review.

Communication with clinical governance re sepsis mortality reviews currently being carried out along with arranging a meeting with ICU and the Lead Medical Examiner to formulate a robust system for sepsis harm review collection.

'Think Sepsis' signs donated by a sepsis survivor, approved for 4 patient facing lifts on the Lincoln site. Further funds currently being explored to roll out trust wide.

IVAB within 1 hour summary

Antibiotic compliance has improved in both inpatient and A&E, with A&E achieving above the 90% CQUIN target.

Changes to the sepsis bundle have been implemented (from Feb 1st 2019) that allow for retrospective completion of the electronic document, providing all actions completed within the hour of diagnosis.

Enhanced support for paediatrics is being considered as part of a trust wide review.

Insight visit arranged for the 24th March to attend Manchester Children's Hospital with A&E improvement lead and Paediatric improvement lead to gain insight into different ways of working within the care of the paediatric patient within the A&E and inpatient areas.

Actions in place to recover

The Sepsis Task and Finish group is currently under a re structure involving the sepsis team and the deputy chief nurse

Sepsis mortality is no longer alerting on HSMR for the first month in over a year however remains an outlier in SHMI

All Sepsis e-learning packages (Adult, Pediatric, Maternity and neutropenic sepsis) live on ESR

Deteriorating patient ambassadors engagement increased across sites supported by Ward Accreditation

ICT changes made in order to reduce variances in data

Full establishment of substantive sepsis practitioners across the trust.

Sepsis Practitioners to attend specialty clinical governance meetings to capture medical and nursing staff in order to identify individual specialties issues

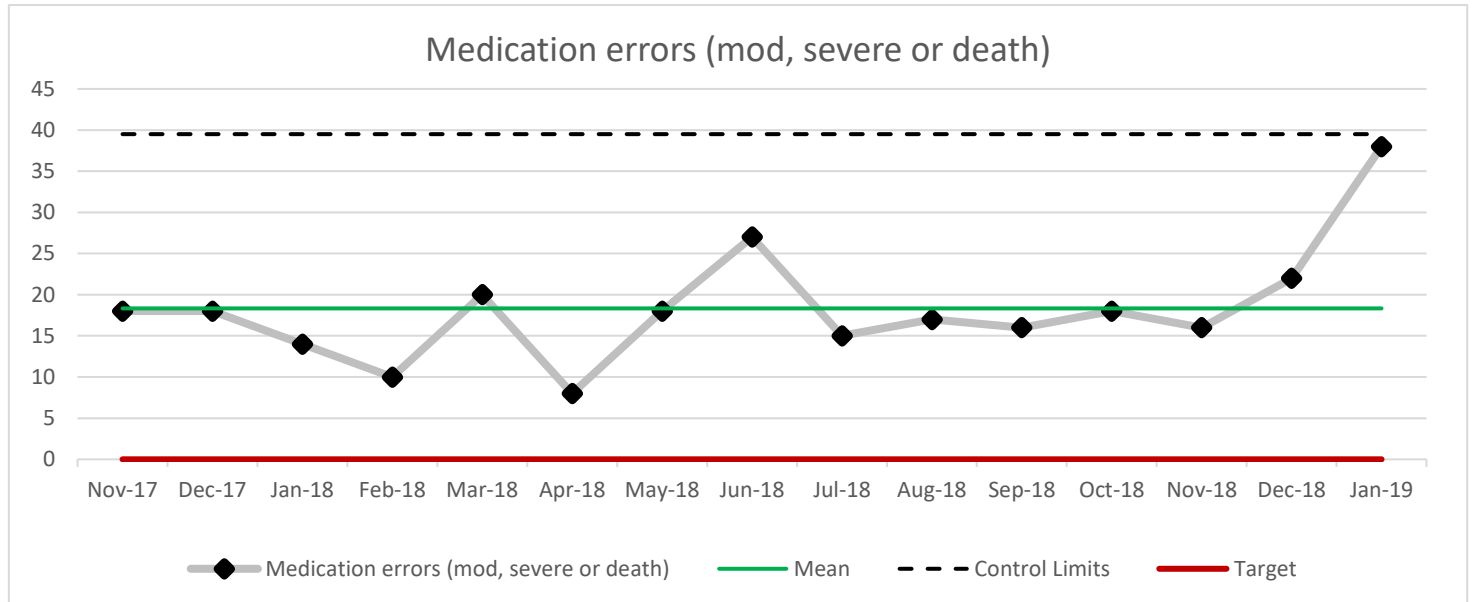
Harm Reviews- this process is under review with confirmation of process in April 2019

HARM FREE CARE – MEDICATION ERRORS

Executive Lead: Colin Costello

CQC Domain: Safe

2021 Objective: Our Patients



Challenges/Successes

For February the medication incident reporting rate for the Trust per 1000 bed days was 5.58. The rate is expressed as total number of medication incidents reported divided by the number of bed days in the Trust, multiplied by 1000 bed days. The national average as displayed by Model Hospital (from data taken from NRLS, National Reporting and Learning Service) is 4.0 and the peer average is 3.4 – this figure was last updated in November 2018.

There were no never events relating to medication incidents reported during the reporting period. There were no severe harm events relating to medication incidents reported during the reporting period.

Of the 164 medication incidents reported, 15.2% (calculated as medication incidents reported as causing harm or death/all medication errors x 100 – (25/164x100) were rated as causing some level of harm. The national average of medication incidents reported as causing harm or death is 10.6%. Organisations with an open and honest reporting culture, and where staff believe reporting incidents is worthwhile because preventative action will be taken, are likely to report a higher proportion of "No Harm" incidents than an organisation with a less mature reporting and learning culture.

Actions in place to recover

The recommendation has been put to the Clinical Support Services Performance Review Meeting during January that Medication Incidents becomes an action item on every Divisional Performance Review Meeting and the recommendation was accepted. This will start from February 2019.

The Medication Incidents are reviewed on a regular basis at Quality Safety Oversight Group and reported to Quality Governance Committee.

Within the Quality and Safety Improvement Plan - QS08 Medicines Management are improvement goals that ULHT will work towards to improve overall quality and safety around medicines across the organisation. The key milestone that is relevant to this report is 'Reducing harm through the culture of safety and learning from medication related adverse events'.

This is supported by the following points:

1. Develop a monthly data report demonstrating the medication incident trends
This report will be highlighting the trends and patterns within medication incidents submitted via Datix. This report can be developed further to provide the information required by each Division and speciality.
2. Review of medication incident investigation and review process and develop SOP
With the support of the Risk Team we will review the process of investigation for medication incidents and ensure it links in and supports the SI policy. An SOP will be developed and shared with medical and nursing teams so that all medication related incidents are addressed appropriately.
3. Staff to do a written reflection of any medication incidence they are involved in and with their line manager agree lessons learnt and training needs.
With the Heads of Nursing and the quality matrons we will develop a pathway to support staff and identify any training needs.
4. Define high risk/critical medication and develop SOP for obtaining medication in and out of hours
The Guideline for Reducing Harm from Omitted and Delayed Medicines will be reviewed and updated will include a comprehensive guide to obtaining medicines in and out of hours.
5. Raise awareness of site duty manager and on-call pharmacist
As part of the review of the Guideline for Reducing Harm from Omitted and Delayed Medicines we will include information on how to utilise the site duty manager and the on-call pharmacist.
6. Educate staff that there is more than one prescription chart in use and prescription chart should move with patient if transferred
A piece of work needs to be done alongside the nursing teams to educate staff around the potential numbers of inpatient chart and the different types of specialist charts we have within the organisation.

MODERN AND PROGRESSIVE WORKFORCE – VACANCY RATES

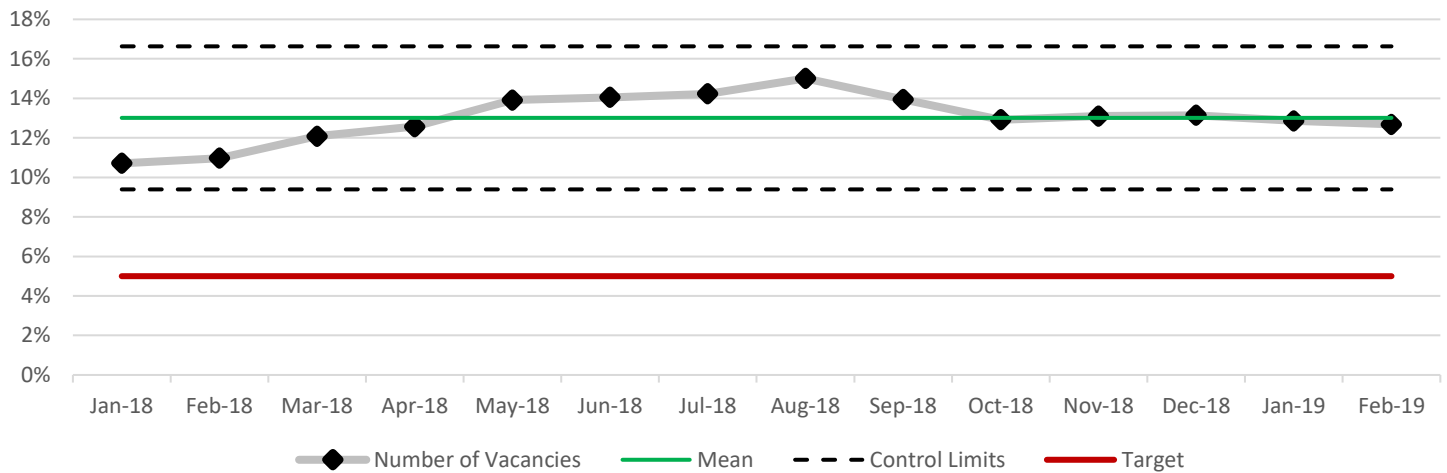
Executive Lead: Martin Rayson

CQC Domain: Safe

2021 Objective: Our People



Number of Vacancies



Challenges/Successes

Vacancy rates have stabilised over the last few months. Hotspots are shown below:

Hotspots – Medical

Division	Team	Vacancy FTE	Vacancy %
Medicine	A&E Attenders Lincoln	20.68	54%
	A&E Attenders Pilgrim	20.00	57%
	Lincoln Stroke IP	3.00	50%
	Pilgrim General Med IP	5.40	38%
Surgery	Grantham Gen Surgery IP	4.00	29%
	Lincoln Ophthalmology IP	5.29	38%

There are significant numbers of A and E medical staff in process.

Hotspots - Nursing

Division	Team	Vacancy FTE	Vacancy %
Medicine	Lin Emergency Assessment Unit	13.90	28%
	Lincoln A&E	12.57	19%
	Ward 6A	11.45	49%
	Pilgrim Stroke Unit	12.13	43%
	Ward 7B Respiratory	11.04	48%
	Pilgrim AMSS	18.40	54%
	Ward 8A	9.47	44%
	A&E Pilgrim	21.61	43%
Surgery	Grantham Ward 2	9.26	42%
	Ward 5B	10.97	47%
Women & Children	Rainforest Ward	14.54	45%

Hotspots – AHPs

Excellence in rural healthcare

Division	Team	Vacancy FTE	Vacancy %
CSS	Pilgrim Physiotherapy	9.38	30%
	Pilgrim Radiology	6.21	25%

Actions in place to recover

Recruitment to the Resourcing Partnering Team is nearly complete (5 of 8) with a mixture of both substantive and interim appointments with all posts planned to be in post April / May 2019. Weekly recruitment and exit tracking is now taking place. Robust tracking of planned new starts is in place and earlier sight of forecast leavers is allowing for earlier dialogue around replacement recruitment.

TMP are continuing their work around employer brand development and expected to report towards the end of March. KPMG has completed their review of transactional processes and their recommendations are being systematically evaluated and detailed action plans being developed.

Medical and Dental – There are 56 new starters forecast for the first quarter of 2019/20 with 26 new starts in A&E across Lincoln and Pilgrim. Emergency Department recruitment is being tracked closely with two weekly reporting at ET. Divisions are increasingly adopting the ‘plan for ever post’ approach to all vacant post and there is greater triangulation with associated agency costs. Selection of 2 – 3 strategic partner agencies has commenced and is planned to be agreed early April 19. Agreement to run a pilot programme with Paragona has been reached.

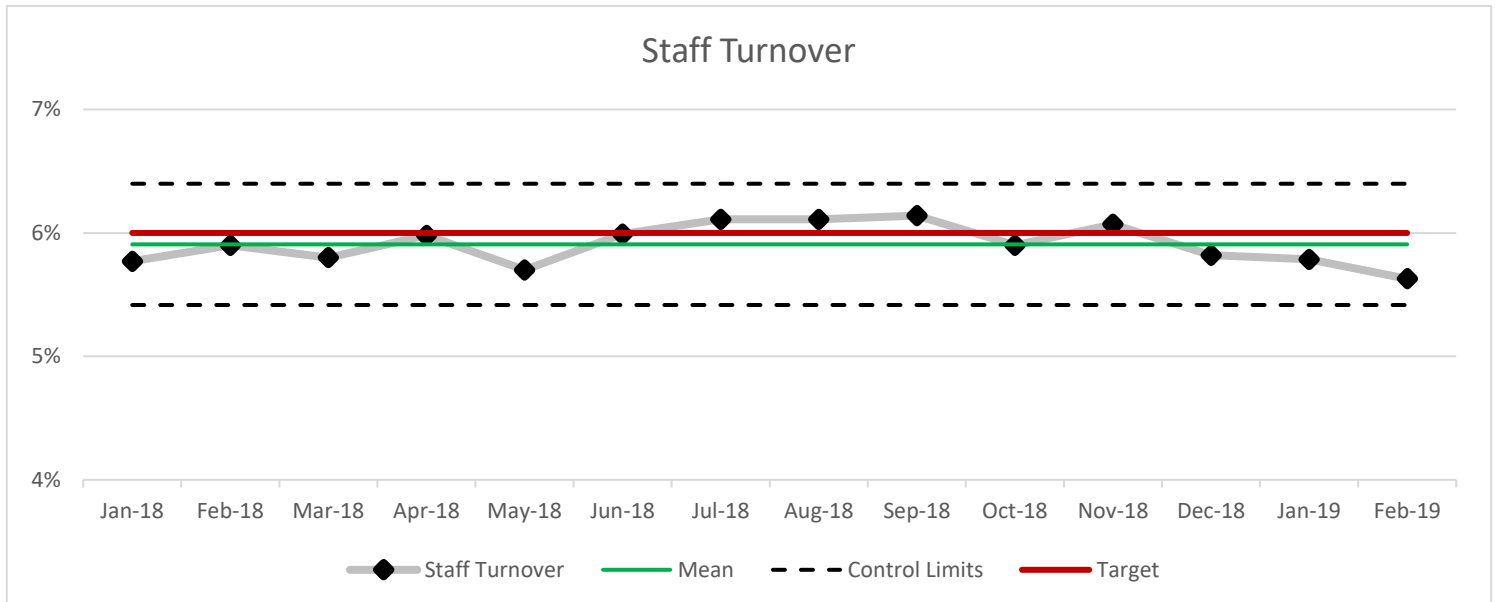
Nursing – all routes to employment are being evaluated including RtP, Domestic and International. A domestic campaign for one –two areas of nursing is planned for April and selection of 2-3 international strategic partner agencies will also have been selected by the end of March.

MODERN AND PROGRESSIVE WORKFORCE – VOLUNTARY TURNOVER

Executive Lead: Martin Rayson

CQC Domain: Well-Led

2021 Objective: Our People



Challenges/Successes

Rolling 12 months turnover is 5.9%.

Clinical Support Services have the highest turnover particularly in the Therapies and Rehab Trustwide teams at 14.5% [140 headcount]

Row Labels	Count of Employee Number
Voluntary Resignation - Child Dependants	7
Voluntary Resignation - Health	8
Voluntary Resignation - Incompatible Working Relationships	1
Voluntary Resignation - Lack of Opportunities	1
Voluntary Resignation - Other/Not Known	82
Voluntary Resignation - Promotion	12
Voluntary Resignation - Relocation	22
Voluntary Resignation - To undertake further education or training	4
Voluntary Resignation - Work Life Balance	3
Grand Total	140

Although the percentage is comparatively low, Urgent & Emergency Care, Medical Division have lost 45 people.

Row Labels	Count of Employee Number
Voluntary Resignation - Health	5
Voluntary Resignation - Incompatible Working Relationships	1
Voluntary Resignation - Other/Not Known	30
Voluntary Resignation - Promotion	1

Voluntary Resignation - Relocation	6
Voluntary Resignation - To undertake further education or training	2
Grand Total	45

Actions in place to recover

We have introduced a new exit interview process to enhance the information available on why people are leaving. The data above reflects the position pre this new process being in place.

Significant progress is being made around the NHSI Retention Plan, in particular on the flexible working element:

Self-Rostering: - 7 wards now interested in self-rostering

Retire and Return - Guidance document and process chart reviewed

List of retirees shared with matrons and feedback being collated on how many are being retained

Flexible working Policy - Suite of flexible working options created

Legacy Nurse Role - Identified two individuals on the basis on whom we will pilot this

Flexible working requests addressed across divisions - Transfer window policy converted to an internal transfer policy that is accessible to staff year round

The project group has now been launched to develop the employment forms electronically and the EF3 [Leavers] is the first form to be developed. This will included details of how to access the new exit questionnaire.

The Trust's Education Strategy has been drafted and should be completed by the end of March 2019.

A directory of rotational posts and insight opportunities have been developed to support the retention of staff.

SHRBPs will, as part of workforce planning conversations with Divisions, consider and suggest strategies in respect of the workforce profile and will work with Divisions to implement opportunities to support staff retention.

MODERN AND PROGRESSIVE WORKFORCE – SICKNESS ABSENCE

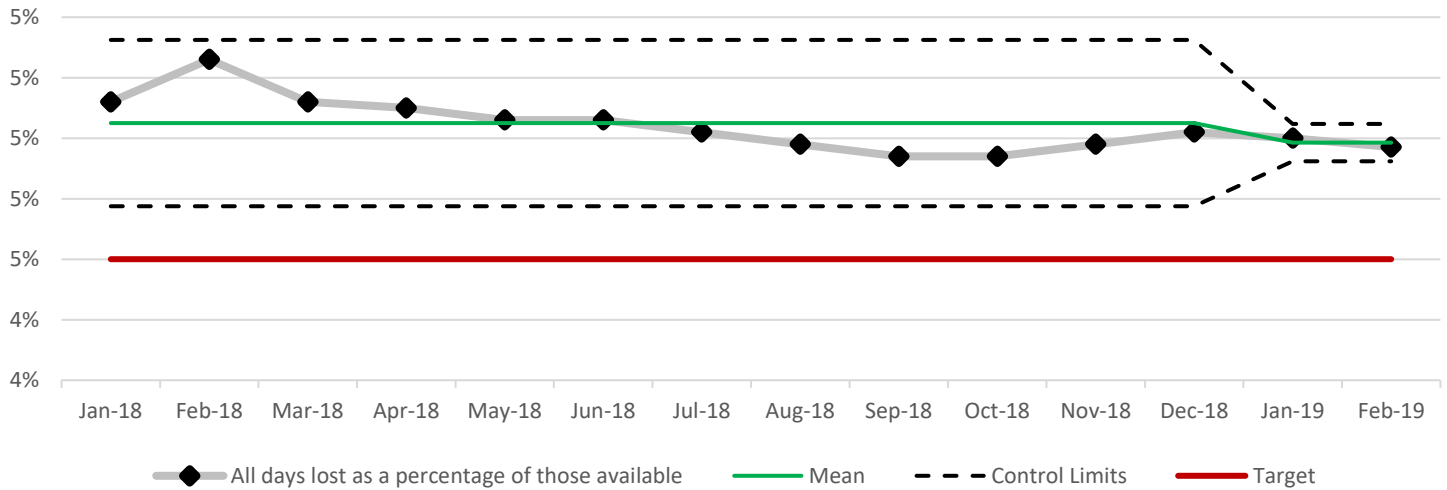
Executive Lead: Martin Rayson

CQC Domain: Well-Led

2021 Objective: Our People



All days lost as a percentage of those available



Challenges/Successes

The overall sickness rate for the Trust has been stable at 4.7% since October 2018. Cold, cough, flu and gastrointestinal problems remain the two top reasons for sickness in January across all areas. Whilst the rolling year remains on average stable around the 4.5% mark there is a challenge for the organisation during the winter months where sickness absence peaks.

Actions in place to recover

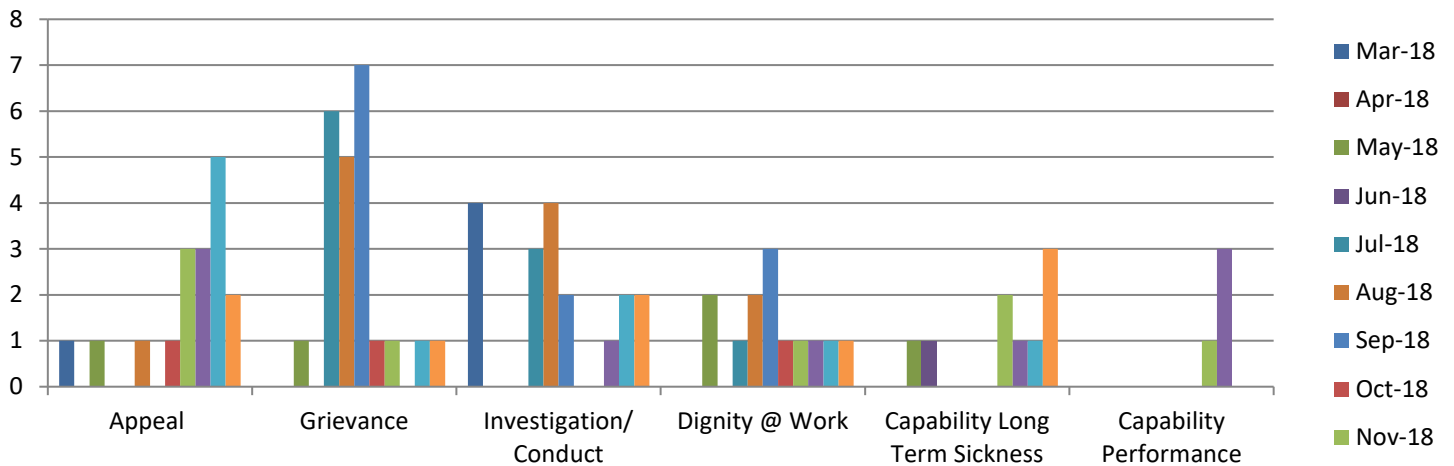
- Review the score cards in line with current activity and report findings to Directorates on monthly basis
- Bi-weekly meetings with ER Managers to discuss current activity across all Directorates
- Contact Health and Safety to organise some Stress Aware training and promote to Managers
- Business case to implement an absence management portal through Empactis
- Monthly meetings with Occupational Health to discuss complex cases

MODERN AND PROGRESSIVE WORKFORCE – Employee Relations

Executive Lead: Martin Rayson

CQC Domain: Well-Led

2021 Objective: Our People



Challenges/Successes

There are 46 open cases. The majority are in Medicine, which proportionally does have the majority of staff and where many of our most significant challenges lie. We should expect more performance capability cases across a workforce of 7,800.

Two of the Employment tribunals are ongoing over a number of years, two are new claims. Two of the conciliations are around pay and we are working with divisions and ACAS to rectify in order to avoid escalation to an ET.

We strongly advise against suspensions/escalations and look at redeployment options, however we are not always made aware that these take place.

Actions in place to recover

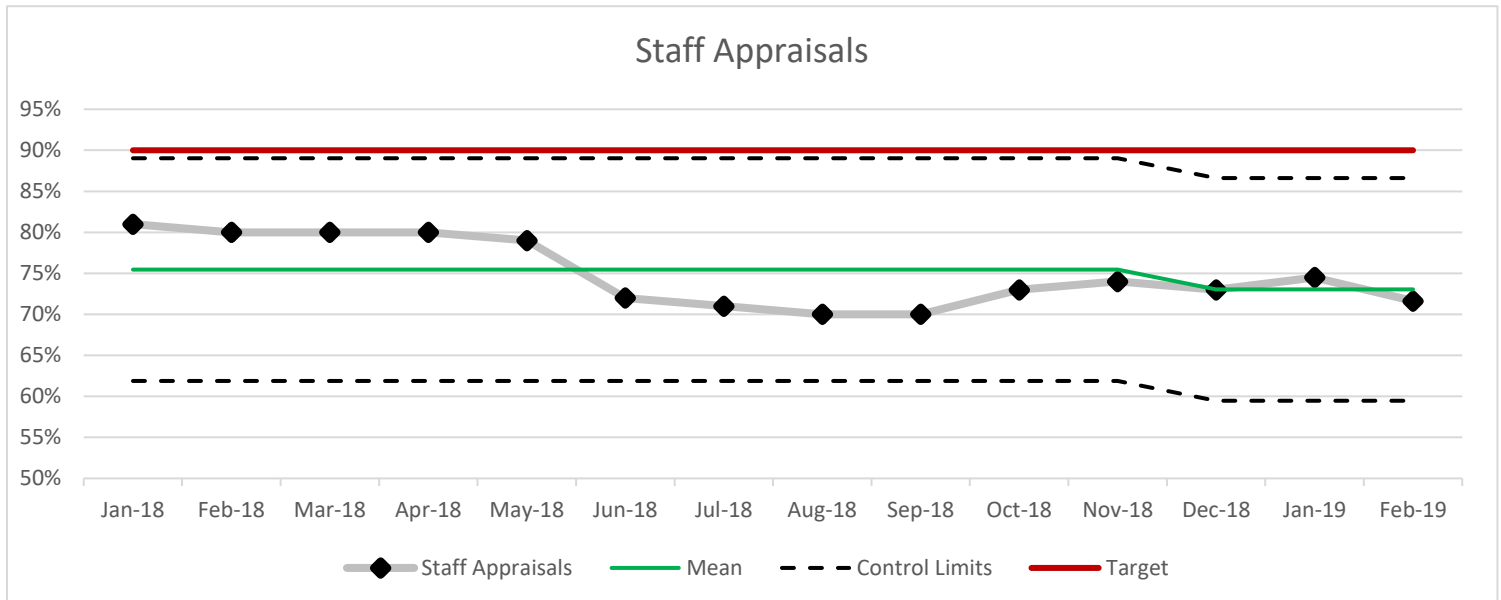
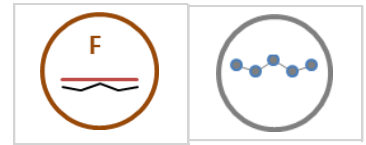
We continue to work with managers to improve skill levels around managing people. The caseload is high and it is difficult to progress to the timescales set out in our policies. We are dealing with the longstanding cases systematically and will be looking through policy group to agree revised timescales for completion of grievances in particular, which reflects capacity, not only in HR but amongst managers who support the process.

MODERN AND PROGRESSIVE WORKFORCE – APPRAISALS

Executive Lead: Martin Rayson

CQC Domain: Well-Led

2021 Objective: Our People



Challenges/Successes

Of the 6016 non-medical staff 4309 have received an appraisal. Of the remaining 1707 staff there are currently 248 staff who have never had an appraisal.

Actions in place to recover

National staff survey overall score on quality of appraisals has increased slightly from 2017

National staff survey score on Trust values being discussed as part of appraisal increased from 24.6% in 2017 to 33% (national average 35.1%)

This is pursued at each monthly PRM round - Innovative approaches being explored to overcome problems (group appraisal & appraisal clinics)

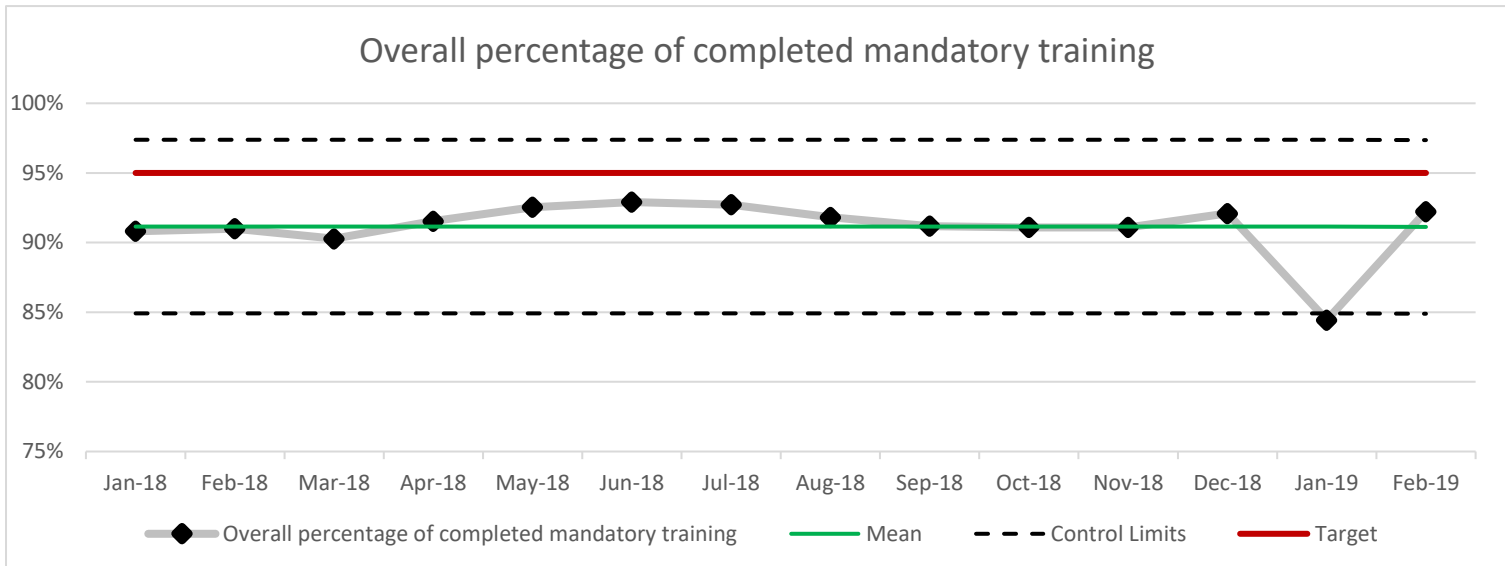
Research to be undertaken with buddy Trust and others to identify good practice and an appropriate target (is 90% too high)

MODERN AND PROGRESSIVE WORKFORCE – CORE LEARNING

Executive Lead: Martin Rayson

CQC Domain: Well-Led

2021 Objective: Our People



Challenges/Successes

Overall compliance has increased slightly to 0.18% to 91.6% even with the introduction of Local Fire Procedures into overall compliance following the 6 month introductory period. The biggest increase was with Local Fire Procedures and Fire Safety with 1.94% and 1.02% retrospectively, although these topics are still some way off target. The Division with the lowest compliance per topic is still Medicine followed by Estates & Facilities and Surgery.

Actions in place to recover

Strategic HR Business Partners to support identification & escalation of service areas with poor compliance rates.

Considering incentivising teams to complete 100% core learning – paper due to ET.

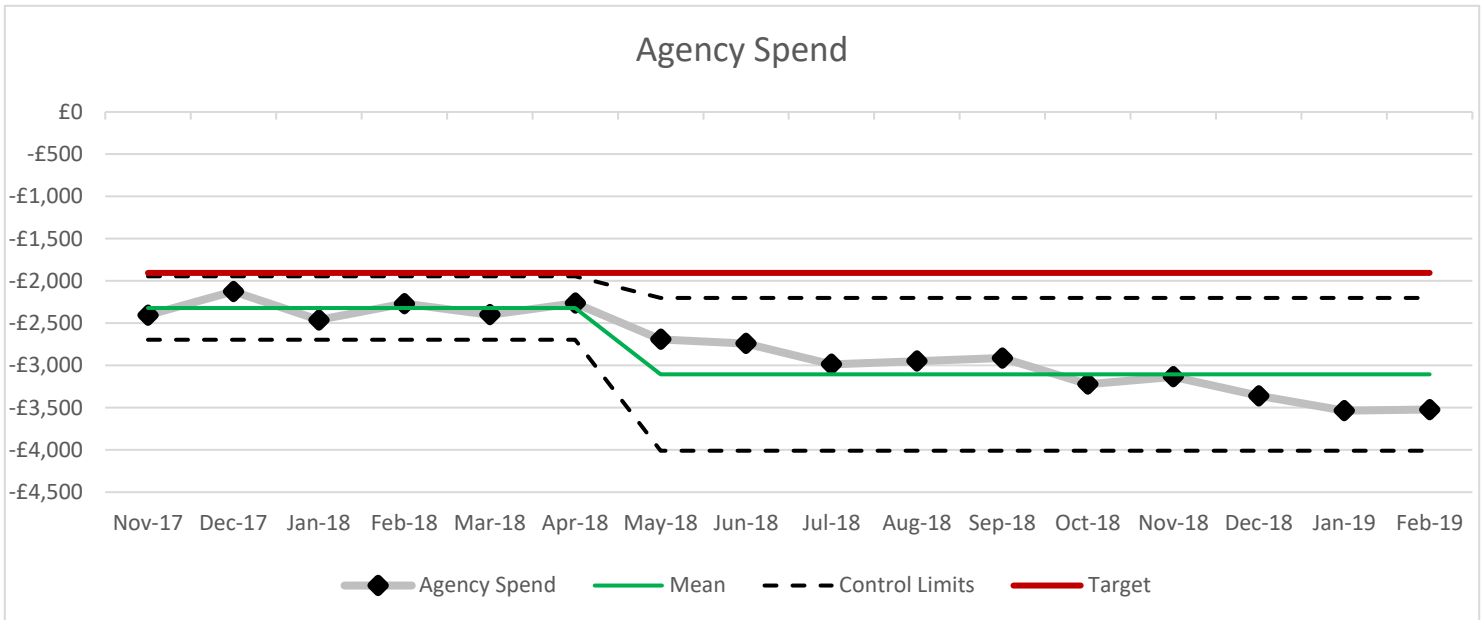
Core Learning Panel to consider use of external e-learning which is generally more problematic than in-house designed programs.

SUSTAINABLE SERVICES – AGENCY SPEND

Executive Lead: Martin Rayson

CQC Domain: Well-Led

2021 Objective: Our People



Challenges/Successes

The monthly run rate for Agency spend continues to exceed that planned and the forecast outturn for agency spend for 18/19 will be around £16m adverse to plan. The table below shows agency spend in the last 12 months the agency costs continue to increase in nursing and medical. Whilst in the last 12 months there has been a slight increase in the average rates paid, mainly at SAS Grade and Consultant level (whereas at Trainee level has generally remained static) volume of demand linked to both increase in vacancies and planned additional capacity has driven increases in cost. Higher than planned use of agency nursing at higher tiered rates is also a significant contribution.

Actions in place to recover

Primary action to reduce agency costs is to reduce vacancy rates through substantive recruitment.

Resourcing of new medical central agency team is in process place with a number of posts filled substantively at expected to be in post 1st May.

Centralisation of staff bank planned for start of April 19.

Direct Engagement of AHPs now in place and with have FYE in 19/20.

New reduced collaborative (four partner trusts) medical rates effective 1st March.

Discussions in progress with new temporary nursing agencies to disrupt agency nursing market.

SUSTAINABLE SERVICES – INCOME & EXPENDITURE

Executive Lead: Paul Matthew

CQC Domain: Well-Led

2021 Objective: Our Services

2018/19	Current Month			Year to Date			Forecast		
	Budget £k	Actual £k	Variance £k	Budget £k	Actual £k	Variance £k	Budget £k	Actual £k	Variance £k
Income	35,332	36,714	1,382	404,220	406,179	1,959	441,611	446,344	4,733
Expenditure	(41,237)	(44,352)	(3,115)	(456,461)	(474,803)	(18,342)	(498,293)	(517,700)	(19,407)
EBITDA	(5,905)	(7,638)	(1,733)	(52,241)	(68,624)	(16,383)	(56,682)	(71,356)	(14,674)
Depn/Interest	(1,657)	(1,435)	222	(15,929)	(11,914)	4,015	(17,630)	(13,654)	3,976
Surplus/(Deficit) excl. STF	(7,562)	(9,073)	(1,511)	(68,170)	(80,538)	(12,368)	(74,312)	(85,010)	(10,698)
Technical adjustments	7	(6)	(13)	(395)	(3,202)	(2,807)	(388)	(3,184)	(2,796)
Surplus/(Deficit) excl. STF	(7,555)	(9,079)	(1,524)	(68,565)	(83,740)	(15,175)	(74,700)	(88,194)	(13,494)
EBITDA %									
Income	-16.7%	-20.8%	-4.1%	-12.9%	-16.9%	-4.0%	-12.8%	-16.0%	-3.2%
FEPs	2,839	2,370	(469)	22,074	13,740	(8,334)	25,000	15,876	(9,124)

The Forecast position contained in the table above is a forecast outturn deficit of £88.2m, which is a £1.2m improvement on £89.4m forecast outturn deficit included within the Financial Recovery Plan (FRP) agreed with NHSI.

Overall YTD financial performance is £83.7m deficit, or £15.2m adverse to the planned £68.6m deficit.

EBITDA for the year to date is £68.6m deficit (-16.9% of Income).

Income is £2.0m above plan YTD, despite the inclusion of £4.6m 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 £18.3m above plan YTD, including £4.6m of excess pay award costs. The £4.0m favourable movement to plan in Depreciation and Interest reflects a favourable movement of £3.2m in relation to the reversal of impairments - the I&E impact of the reversal of impairments is removed as a technical adjustment.

The main drivers of the expenditure position are:

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

SUSTAINABLE SERVICES – INCOME & EXPENDITURE RUN RATE

Executive Lead: Paul Matthew

CQC Domain: Well-Led

2021 Objective: Our Services

Total Trust (Excluding passthrough drugs and devices)	Actual												In Month			Full Year			Year to date		
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	Plan	Actuals	Variance	Plan	Forecast	Variance	Plan	Actuals	Variance
	M11	M11	Variance	Full Year	Forecast	Variance	M11	M11	Variance												
Income																					
NHS Clinical Income	27,501	30,174	30,098	30,206	30,702	29,154	29,760	30,458	30,049	31,210	30,195	31,927	28,144	30,195	2,051	354,885	361,433	6,548	324,684	329,506	4,822
Non NHS Clinical Income	47	23	40	78	42	15	98	(69)	41	21	37	34	60	37	(23)	715	407	(308)	655	373	(282)
Other Income	2,752	2,613	2,987	3,072	3,446	2,699	3,832	2,792	2,814	2,830	2,711	4,129	3,053	2,711	(342)	37,113	36,677	(436)	34,058	32,548	(1,510)
Total Income	30,300	32,810	33,125	33,356	34,190	31,868	33,690	33,181	32,904	34,061	32,943	36,090	31,257	32,943	1,686	392,713	398,517	5,804	359,397	362,427	3,030
Expenditure																					
Pay	(27,464)	(27,387)	(27,433)	(27,921)	(29,126)	(28,179)	(28,225)	(28,517)	(28,529)	(29,294)	(29,506)	(28,319)	(27,318)	(29,506)	(2,188)	(325,283)	(339,900)	(14,617)	(298,327)	(311,581)	(13,254)
Drugs	(442)	(649)	(417)	(410)	(555)	(513)	(650)	(73)	(497)	(562)	(421)	(400)	(240)	(421)	(181)	(5,900)	(5,588)	312	(5,329)	(5,188)	141
Clinical Supplies and Services	(4,408)	(5,080)	(4,714)	(4,982)	(5,101)	(4,460)	(5,031)	(5,431)	(5,092)	(5,205)	(5,013)	(4,690)	(3,708)	(5,013)	(1,305)	(51,746)	(59,207)	(7,461)	(47,465)	(54,517)	(7,052)
Other Non pay	(5,379)	(5,267)	(5,274)	(5,187)	(5,464)	(4,844)	(5,450)	(5,357)	(6,088)	(5,817)	(5,641)	(5,410)	(5,896)	(5,641)	255	(66,466)	(65,178)	1,288	(60,517)	(59,765)	752
Total Expenditure	(37,693)	(38,383)	(37,838)	(38,500)	(40,246)	(37,996)	(39,356)	(39,378)	(40,206)	(40,878)	(40,581)	(38,819)	(37,162)	(40,581)	(3,419)	(449,395)	(469,873)	(20,478)	(411,638)	(431,051)	(19,413)
Finance & Depreciation costs	(1,369)	(1,416)	(1,398)	(1,432)	(1,445)	(1,443)	1,769	(768)	(1,477)	(1,500)	(1,435)	(1,740)	(1,657)	(1,435)	222	(17,630)	(13,654)	3,976	(15,929)	(11,914)	4,015
I&E - Deficit	(8,762)	(6,989)	(6,111)	(6,576)	(7,501)	(7,571)	(3,897)	(6,965)	(8,779)	(8,317)	(9,073)	(4,469)	(7,562)	(9,073)	(1,511)	(74,312)	(85,010)	(10,698)	(68,170)	(80,538)	(12,368)
Impairments/Revaluations Adjustment	0	0	0	0	0	0	(3,234)	0	0	0	(26)	0	0	(26)	(26)	0	(3,260)	(3,260)	0	(3,260)	(3,260)
Donated/Govern't grant Asset Adjustment	20	19	20	(57)	20	19	20	6	19	(48)	20	18	7	20	13	(388)	76	464	(395)	58	453
Adjusted Surplus/(Deficit)	(8,742)	(6,970)	(6,091)	(6,633)	(7,481)	(7,552)	(7,111)	(6,959)	(8,760)	(8,365)	(9,079)	(4,451)	(7,555)	(9,079)	(1,524)	(74,700)	(88,194)	(13,494)	(68,565)	(83,740)	(15,175)
Total Trust (including passthrough)																					
Total Income	34,127	37,147	36,950	37,576	38,370	35,062	38,063	37,828	36,526	37,816	36,714	40,165	35,332	36,714	1,382	441,611	446,344	4,733	404,220	406,179	1,959
Total Expenditure	(41,520)	(42,720)	(41,663)	(42,720)	(44,426)	(41,190)	(43,729)	(44,025)	(43,828)	(44,633)	(44,352)	(42,894)	(41,237)	(44,352)	(3,115)	(498,293)	(517,700)	(19,407)	(456,461)	(474,803)	(18,342)
Finance & Depreciation costs	(1,369)	(1,416)	(1,398)	(1,432)	(1,445)	(1,443)	1,769	(768)	(1,477)	(1,500)	(1,435)	(1,740)	(1,657)	(1,435)	222	(17,630)	(13,654)	3,976	(15,929)	(11,914)	4,015
I&E - Deficit	(8,762)	(6,989)	(6,111)	(6,576)	(7,501)	(7,571)	(3,897)	(6,965)	(8,779)	(8,317)	(9,073)	(4,469)	(7,562)	(9,073)	(1,511)	(74,312)	(85,010)	(10,698)	(68,170)	(80,538)	(12,368)
Impairments/Revaluations Adjustment	0	0	0	0	0	0	(3,234)	0	0	0	(26)	0	0	(26)	(26)	0	(3,260)	(3,260)	0	(3,260)	(3,260)
Donated/Govern't grant Asset Adjustment	20	19	20	(57)	20	19	20	6	19	(48)	20	18	7	20	13	(388)	76	464	(395)	58	453
Adjusted Surplus/(Deficit)	(8,742)	(6,970)	(6,091)	(6,633)	(7,481)	(7,552)	(7,111)	(6,959)	(8,760)	(8,365)	(9,079)	(4,451)	(7,555)	(9,079)	(1,524)	(74,700)	(88,194)	(13,494)	(68,565)	(83,740)	(15,175)

Adjustments to derive underlying deficit

Loan Interest	388	439	430	480	496	498	534	560	510	592	563	720
External Support	350	282	315	462	357	355	359	364	(3)	203	450	90
Turnaround team, Project Jackson & Other Support	28	27	36	74	164	201	245	167	126	163	180	166
Prior Year Income & Challenges	155	0	(736)	211	0	26	497	0	(542)	4	0	0
Profit on Disposals	0	(4)	(1)	0	0	0	(3)	(726)	(0)	0	0	0
Accruals Adjustment	80	(218)	(604)	0	(547)	(592)	0	0	0	0	0	0
Income timing adjustment	1,057	(587)	505	(341)	(633)	(428)	1,297	253	(579)	226	(769)	0
Underlying Surplus/(Deficit)	(6,685)	(7,031)	(6,146)	(5,746)	(7,643)	(7,492)	(4,183)	(6,342)	(9,249)	(7,179)	(8,655)	(3,475)

The Trust's financial plan is a deficit of £74.7m, and as at the end of February the Trust is £15.2m adverse to plan.

The average run rate to date is a deficit of £7.6m per month, with an average underlying of £6.9m.

The Trust FRP is a revised forecast outturn of £89.4m, with a £1.2m favourable variance to the forecast year to date trajectory.

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

Excellence in rural healthcare

SUSTAINABLE SERVICES – NHS PATIENT CARE INCOME & ACTIVITY

Executive Lead: Paul Matthew

CQC Domain: Well-Led

2021 Objective: Our Services

2018/19 Clinical Income Summary: YTD Month 11																
Total Trust	Activity: In-Month				Income: In-Month				Activity: Year-To-Date				Income: Year-To-Date			
	2017/18 Feb	Feb Activity Plan	2018/19 Feb Activity Actual	Feb Activity Variance	2017/18 Apr-Feb Actual	Feb Plan	2018/19 Feb Actual	Feb Variance	2017/18 Apr-Feb Actual	Feb Activity Plan	2018/19 Feb Activity Actual	Feb Activity Variance	2017/18 Apr-Feb Actual	Feb Plan	2018/19 Feb Actual	Feb Variance
	Actual				Actual				Actual				Actual			
Accident & Emergency	11,900	10,214	11,003	789	1,533,669	1,529,395	1,605,197	75,802	136,006	122,829	135,340	12,511	18,794,669	18,351,560	19,677,763	1,326,203
Accident & Emergency Streaming	982	0	0	0	60,753	0	0	0	5,289	1,258	10,227	8,969	341,212	73,972	67,726	(6,246)
Daycases	5,544	5,135	5,191	56	2,529,037	2,727,608	2,831,826	104,219	57,213	57,711	59,775	2,064	29,895,418	30,502,934	31,389,991	887,057
Elective Spells	696	778	682	(96)	1,508,116	1,914,629	1,868,624	(46,005)	8,898	9,403	8,008	(1,395)	21,128,354	22,972,186	21,041,969	(1,930,217)
Elective Spells WIP	0	0	0	0	0	0	(21,889)	(21,889)	0	0	0	0	0	0	(134,637)	(134,637)
Non Elective Spells	6,280	5,499	5,504	5	9,635,797	9,623,092	11,459,535	1,836,443	65,466	65,816	65,196	(620)	110,634,421	113,804,559	120,540,412	6,735,853
Non Elective Spells WIP	0	0	0	0	0	0	25,444	25,444	0	0	0	0	0	0	(545,400)	(545,400)
Non Elective Excess Bed Days	1,470	1,504	1,901	397	365,693	366,123	284,820	(81,304)	16,468	16,546	15,989	(557)	3,976,033	4,027,358	3,682,873	(344,485)
Non Elective Excess Bed Days WIP	0	0	0	0	0	0	12,978	12,978	0	0	0	0	0	0	(22,726)	(22,726)
Elective Excess Bed Days	215	169	6	(163)	40,112	41,275	1,381	(39,894)	1,817	1,859	1,227	(632)	445,037	454,027	303,549	(150,478)
Elective Excess Bed Days WIP	0	0	0	0	0	0	30,013	30,013	0	0	0	0	0	0	15,976	15,976
Outpatient Firsts	21,397	23,509	22,106	(1,402)	2,823,734	3,069,476	2,878,922	(190,553)	260,979	268,170	266,916	(1,254)	35,015,297	35,047,358	35,477,281	429,923
Outpatient Follow Ups	28,664	31,287	30,520	(767)	2,437,554	2,631,923	2,515,464	(116,510)	352,153	357,495	353,034	(4,461)	29,802,031	29,820,118	29,825,005	4,887
Critical Care	1,321	1,358	1,447	89	1,078,194	1,114,599	958,609	(155,990)	7,732	15,054	17,553	2,499	8,806,669	12,398,354	13,221,813	823,459
Critical Care WIP	0	0	0	0	0	0	130,282	130,282	0	0	0	0	0	0	(325,938)	(325,938)
Maternity	1,091	981	1,005	24	784,667	879,469	803,551	(75,918)	10,782	10,794	11,104	310	9,381,439	9,674,159	9,436,681	(237,478)
Audiology	1,473	1,145	1,513	368	84,326	80,018	107,122	27,104	19,945	13,138	17,094	3,957	1,320,485	918,212	1,216,989	298,778
Block	-	-	-	-	847,498	828,281	828,281	0	0	1,270	1,270	(0)	9,322,476	9,136,080	9,136,079	(1)
Chemotherapy	3,136	2,879	3,113	234	348,139	358,087	396,374	38,287	30,868	32,136	34,710	2,574	4,000,779	4,064,962	4,382,715	317,753
Radiology	17,809	14,493	16,765	2,272	875,769	807,824	946,798	138,974	168,859	166,279	188,794	22,515	9,403,652	9,259,588	11,126,424	1,866,837
Gainshare & Admin Fee	-	-	-	-	98,935	75,836	76,788	952	0	834,195	880,927	46,733	1,057,657	834,195	880,927	46,733
Paediatric Cystic Fibrosis	0	0	29	29	0	0	11,697	11,697	0	0	321	321	0	0	130,138	130,138
Radiotherapy	2,287	2,385	2,119	(266)	365,450	434,114	388,222	(45,893)	24,500	26,236	25,126	(1,110)	4,560,265	4,775,259	4,617,428	(157,831)
Screening	7,964	6,198	6,884	686	364,832	472,192	402,401	(69,791)	67,993	67,452	77,132	9,680	4,290,836	4,907,477	4,505,738	(401,739)
Specialised Rehab	468	520	574	54	260,854	227,508	256,849	29,341	4,299	5,721	5,830	108	1,865,233	2,502,588	2,701,862	199,274
Specialised Rehab WIP	0	0	0	0	0	0	32,337	32,337	0	0	0	0	0	0	(7,955)	(7,955)
Therapies	6,541	5,613	5,755	142	177,464	203,617	210,016	6,399	66,207	64,411	66,390	1,979	2,386,434	2,336,504	2,411,303	74,799
Other - non Pbr etc	0	0	0	0	130,937	215,237	180,655	(34,583)	0	0	0	0	5,569,712	1,970,586	2,037,556	66,970
Activity sub total	119,238	113,668	116,118	2,450	26,351,529	27,600,354	29,222,298	1,621,944	1,305,474	2,137,773	2,241,963	104,191	311,998,110	317,832,035	326,791,544	8,959,510
Passthrough					3,643,762	4,074,837	3,795,438	(279,399)				0	42,325,246	44,823,208	43,752,192	(1,071,015)
Readmissions					(180,772)	(230,020)	(230,020)	0					(1,988,488)	(2,727,610)	(2,727,610)	0
MRET					(212,411)	(219,672)	(452,623)	(232,951)					(3,221,493)	(2,631,368)	(4,452,971)	(1,821,602)
System Resilience					383,475	192,121	192,121	0					1,917,377	2,113,335	2,113,335	(0)
CQUIN					512,692	640,210	548,379	(91,830)					6,045,014	7,446,214	6,216,432	(1,229,782)
Fines					(62,481)	0	(105,665)	(105,665)					(508,816)	0	(1,296,241)	(1,296,241)
Fines Reinvested					0	0	0	0					0	0	0	0
AIV Challenges					0	0	(34,583)	(34,583)					0	0	(495,075)	(495,075)
PLCV Challenges					0	0	(100,000)	(100,000)					0	0	(1,100,000)	(1,100,000)
Other					0	0	(122,642)	(122,642)					0	0	(1,349,016)	(1,349,016)
Prior Year - Invoiced					0	0	0	0					(1,414,750)	0	541,026	541,026
Prior Year - Fines and Challenges					0	0	0	0					318,892	0	(154,903)	(154,903)
Total Cost/Volume PODs (Non Passthrough)					26,792,034	27,982,993	28,917,266	934,273					313,145,845	322,032,604	324,086,521	2,053,917
Passthrough					3,643,762	4,074,837	3,795,438	(279,399)					42,325,246	44,823,208	43,752,192	(1,071,015)
Total (inc Passthrough)					30,435,796	32,057,830	32,712,704	654,874					355,471,091	366,855,812	367,838,713	982,901

SUSTAINABLE SERVICES – NHS PATIENT CARE INCOME & ACTIVITY RUN RATE

Executive Lead: Paul Matthew

CQC Domain: Well-Led

2021 Objective: Our Services

Activity	Activity Units												Forecast (FRP)	Full Year Plan	Variance
	Actual M1	Actual M2	Actual M3	Actual M4	Actual M5	Actual M6	Actual M7	Actual M8	Actual M9	Actual M10	Actual M11	Forecast M12			
Accident & Emergency	12,231	12,963	12,696	13,452	12,429	12,034	12,318	12,067	11,990	12,157	11,003	12,711	148,051	134,397	13,654
Accident & Emergency Streaming	1,060	1,305	1,178	1,243	1,355	1,366	896	865	959	0	0	909	11,136	1,258	9,878
Daycases	5,422	5,512	5,474	5,607	5,460	4,907	5,795	5,761	4,836	5,810	5,191	5,709	65,484	63,260	2,224
Elective Spells	727	793	860	728	726	674	783	737	646	652	682	734	8,742	10,275	-1,533
Elective Spells WIP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Non Elective Spells	5,678	6,019	5,760	5,978	5,969	5,755	6,076	6,175	6,012	6,270	5,504	6,141	71,337	71,841	-504
Non Elective Spells WIP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Non Elective Excess Bed Days	1,677	1,647	1,435	1,729	1,438	1,754	1,470	1,130	857	951	1,901	1,328	17,317	18,051	-734
Non Elective Excess Bed Days WIP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Elective Excess Bed Days	79	184	90	110	178	126	139	75	183	57	6	112	1,339	2,028	-689
Elective Excess Bed Days WIP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Outpatient Firsts	23,352	25,649	24,645	26,018	24,444	23,331	26,635	25,766	19,962	25,008	22,106	25,436	292,352	293,135	-782
Outpatient Follow Ups	31,733	33,260	32,142	33,356	31,432	29,900	34,436	34,783	27,179	34,293	30,520	33,446	386,480	417,274	-30,794
Critical Care	771	709	686	743	884	626	1,004	909	665	753	596	769	9,115	16,436	-7,321
Critical Care WIP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Maternity	1,032	1,013	1,000	1,026	974	1,008	1,077	965	960	1,044	1,005	1,009	12,113	11,776	338
Audiology	1,633	1,598	1,532	1,531	1,574	1,435	1,885	1,479	1,211	1,703	1,513	1,637	18,731	14,397	4,334
Block	-	-	-	-	-	-	-	-	-	-	-	-	0	0	0
Chemotherapy	2,945	3,127	2,983	3,173	3,236	3,001	3,458	3,357	2,925	3,392	3,113	3,213	37,923	35,113	2,811
Radiology	16,857	17,791	16,843	17,026	16,612	16,308	18,743	18,483	14,488	18,878	16,765	18,058	206,852	182,216	24,636
Gainshare & Admin Fee	-	-	-	-	-	-	-	-	-	-	-	-	0	0	0
Paediatric Cystic Fibrosis	31	31	31	31	28	28	28	28	28	28	29	29	350	0	350
Radiotherapy	1,998	2,341	2,302	2,065	2,208	2,085	2,581	2,547	2,293	2,587	2,119	2,284	27,411	28,622	-1,211
Screening	7,785	7,198	6,860	7,693	6,766	6,186	8,162	7,302	4,217	8,079	6,884	7,012	84,144	73,677	10,467
Specialised Rehab	554	36	810	812	321	647	762	584	394	336	574	530	6,360	6,241	118
Specialised Rehab WIP	0	0	0	0	0	0	1	2	3	4	5	6	0	0	0
Therapies	5,520	6,676	6,233	6,216	5,524	5,576	6,581	6,627	4,919	6,763	5,755	6,358	72,749	70,586	2,163
Other - non PbR etc	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Volumes accrued at first month end:															
Uncoded inpatients	3,429	7,576	4,930	4,467	4,653	4,827	3,078	2,765	4,225	3,114	3,112	0	0	0	0
Missing outcomes	8,372	8,884	4,000	3,540	1,989	4,695	4,140	6,389	7,505	5,931	8,020	0	0	0	0
Pending admissions	175	110	69	81	132	227	482	192	167	250	137	0	0	0	0
Total Cost/Volume PODs (Non Passthrough)	121,085	127,852	123,560	128,537	121,558	116,747	132,830	129,642	104,727	128,764	115,272	127,431	1,477,984	1,450,580	27,405
Passthrough	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Board Report Position	121,085	127,852	123,560	128,537	121,558	116,747	132,830	129,642	104,727	128,764	115,272	127,431	1,477,984	1,450,580	27,405

SUSTAINABLE SERVICES – NHS PATIENT CARE INCOME & ACTIVITY RUN RATE £

Executive Lead: Paul Matthew

CQC Domain: Well-Led

2021 Objective: Our Services

Income	Forecast (£k)														
	Actual M1	Actual M2	Actual M3	Actual M4	Actual M5	Actual M6	Actual M7	Actual M8	Actual M9	Actual M10	Actual M11	Forecast M12	Forecast (FRP)	Full Year Plan	Variance
Accident & Emergency	1,741,684	1,881,831	1,830,428	1,949,728	1,818,583	1,752,047	1,789,262	1,754,730	1,750,996	1,803,277	1,605,197	1,848,278	21,526,042	20,078,517	1,447,524
Accident & Emergency Streaming	67,726	0	0	0	0	0	0	0	0	0	0	0	67,726	73,972	-6,246
Daycases	2,757,399	2,859,206	2,777,241	2,993,192	2,775,031	2,587,254	3,031,848	3,127,001	2,543,949	3,106,043	2,831,826	2,990,031	34,380,022	33,450,526	929,497
Elective Spells	1,860,822	1,988,350	2,019,219	1,979,050	1,898,752	1,676,772	2,040,357	2,044,935	1,848,019	1,817,070	1,868,624	1,852,762	22,894,731	25,096,204	-2,201,473
Elective Spells WIP	0	0	320,121	201,331	-672,586	252,180	-176,795	-31,478	421,127	-426,648	-21,889	134,637	0	0	0
Non Elective Spells	10,120,085	10,587,433	10,196,605	10,589,629	10,488,246	9,896,657	11,125,448	11,891,598	11,721,680	12,463,498	11,459,535	10,908,882	131,449,294	124,356,622	7,092,673
Non Elective Spells WIP	0	0	290,837	-442,441	-121,854	309,204	-176,584	-659,391	305,284	-75,899	25,444	545,400	0	0	0
Non Elective Excess Bed Days	391,316	398,672	348,492	431,541	342,211	414,378	359,907	278,258	203,660	229,619	284,820	321,170	4,004,043	4,393,481	-389,438
Non Elective Excess Bed Days WIP	0	0	198,596	-218,298	38,698	72,678	-128,744	35,980	-23,757	-10,857	12,978	22,726	0	0	0
Elective Excess Bed Days	22,741	42,487	22,230	26,256	47,283	29,491	33,470	18,711	45,613	13,886	1,381	27,595	331,145	495,303	-164,158
Elective Excess Bed Days WIP	0	0	-14,875	-2,109	3,884	27,865	-7,294	12,570	26,418	-60,496	30,013	-15,976	0	0	0
Outpatient Firsts	3,090,096	3,397,902	3,257,922	3,484,266	3,225,542	3,158,187	3,566,195	3,450,231	2,677,809	3,290,207	2,878,922	3,381,071	38,858,352	38,305,061	553,291
Outpatient Follow Ups	2,689,502	2,827,202	2,710,376	2,816,891	2,669,023	2,550,896	2,923,575	2,951,281	2,293,640	2,877,155	2,515,464	2,825,197	32,650,202	33,176,554	-526,352
Critical Care	1,331,970	1,054,991	1,128,557	1,181,599	1,362,218	863,728	1,678,149	1,355,206	1,144,770	1,162,017	958,609	1,213,719	14,435,532	13,541,957	893,575
Critical Care WIP	0	0	-44,023	19,315	-319,131	242,114	-240,142	-94,464	12,920	-32,810	130,282	325,938	0	0	0
Maternity	845,117	893,407	883,273	812,900	801,521	796,511	933,242	886,841	799,628	980,691	803,551	857,880	10,294,561	10,553,628	-259,067
Audiology	117,096	113,537	108,435	108,891	111,239	101,238	137,063	103,994	85,507	122,866	107,122	116,538	1,333,528	1,006,232	327,296
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	434,278	422,466	361,701	413,543	396,374	414,141	4,796,856	4,449,576	347,280
Radiology	962,858	1,015,892	978,192	1,010,265	991,408	1,008,643	1,120,524	1,099,372	894,788	1,097,685	946,798	1,062,014	12,188,438	10,146,049	2,042,390
Gainshare & Admin Fee	73,688	81,785	73,820	80,717	93,349	73,265	87,189	84,312	73,551	82,463	76,788	80,084	961,012	910,030	50,981
Paediatric Cystic Fibrosis	13,166	13,166	13,166	13,166	10,963	10,963	10,963	10,963	10,963	10,963	11,697	11,831	141,969	0	141,969
Radiotherapy	380,821	432,105	414,832	383,722	392,093	388,850	483,959	454,970	426,746	471,107	388,222	419,766	5,037,194	5,209,373	-172,179
Screening	463,594	414,751	411,236	434,116	426,767	356,219	455,601	415,360	260,369	465,324	402,401	409,613	4,915,350	5,390,329	-474,979
Specialised Rehab	231,303	16,121	396,885	363,906	152,354	277,025	368,919	267,350	213,012	158,138	256,849	245,624	2,947,486	2,730,096	217,390
Specialised Rehab WIP	0	0	0	48,097	97,873	-40,155	-130,236	7,287	16,286	-39,444	32,337	7,955	0	0	0
Therapies	201,496	246,760	224,843	223,764	199,849	206,097	240,201	242,209	176,180	239,888	210,016	230,942	2,642,245	2,560,482	81,763
Other - non PbR etc	163,837	177,083	163,742	175,347	170,215	179,223	200,403	225,882	187,413	213,754	180,655	189,331	2,226,887	1,587,706	639,181
Activity sub total	28,752,186	29,662,490	29,930,591	29,899,610	28,240,638	28,402,362	30,989,040	31,184,454	29,306,554	31,201,322	29,222,298	31,255,431	358,046,975	347,476,059	10,570,916
Readmissions	-243,862	-250,014	-250,495	-259,620	-253,096	-248,512	-255,334	-242,453	-247,365	-246,839	-230,020	-249,282	-2,976,892	-2,976,892	0
MRET	-279,583	-386,814	-253,893	-381,333	-319,122	-223,592	-467,302	-591,479	-515,981	-581,248	-452,623	-489,178	-4,942,149	-2,872,018	-2,070,131
System Resilience	192,121	192,121	192,121	192,121	192,121	192,121	192,121	192,121	192,121	192,121	192,121	192,121	2,305,456	2,305,456	0
CQUIN	556,832	572,272	564,590	572,302	551,116	523,451	596,414	599,103	533,574	598,399	548,379	1,157,612	7,374,044	8,136,213	-762,170
Fines	-106,606	-92,724	-359,664	-41,968	-48,499	-208,041	-42,757	-29,890	-182,249	-78,178	-105,665	-105,665	-1,401,905	0	-1,401,905
Fines Reinvested	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	-356,019	-190,810	552,680	-387,895	-175,183	-200,933	-672,290	-722,183	268,976	-417,086	-257,225	-257,225	-2,815,193	0	-2,815,193
Total Cost/Volume PODs (Non Passthrough)	28,515,069	29,506,523	30,375,929	29,593,218	28,187,975	28,236,856	30,339,891	30,389,674	29,355,629	30,668,491	28,917,266	31,503,815	355,590,336	352,068,818	3,521,517
Passthrough	3,827,224	4,339,175	3,968,860	4,012,522	4,292,339	3,214,119	4,657,671	4,495,343	3,128,046	4,021,455	3,795,438	3,977,472	47,729,664	48,898,045	-1,168,380
Board Report Position	32,342,293	33,845,697	34,344,790	33,605,740	32,480,314	31,450,975	34,997,563	34,885,017	32,483,676	34,689,946	32,712,704	35,481,287	403,320,000	400,966,863	2,353,137

SUSTAINABLE SERVICES – CONTRACT INCOME UPDATE

Executive Lead: Paul Matthew

CQC Domain: Well-Led

2021 Objective: Our Services

Type	Item	YTD £k
Cancer	2ww breast symptomatic	- 177
Cancer	2ww suspect cancer	- 508
Cancer	31 first treatment - first definitive within 1 mth	-
Cancer	31 sub - drug	-
Cancer	31 sub - rt	-
Cancer	31 sub - surgery	- 33
Cancer	62 day - consultant upgrade	-
Cancer	62 day - screening referrals	- 13
Cancelled ops	Cancelled operations not reschedule within 28 days	- 369
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	- 171
Mixed sex	Mixed Sex Accommodation	- 3
MRSA, C Diff	MRSA	- 22
Fines	Remedial action plans	-
Total		- 1,296

The performance leading to the application of these fines and penalties is detailed in the Performance section of this report along with the actions taken to improve performance in future months.

Negotiations with the Commissioners for the non-application of a number of these fines e.g. Cancer performance are ongoing with support from NHS Improvement.

SUSTAINABLE SERVICES – INCOME SUMMARY & RUN RATE

Executive Lead: Paul Matthew

CQC Domain: Well-Led

2021 Objective: Our Services

2018/19 Other Income Summary: YTD Month 11								
Other Income	Other Income: In-Month				Other Income: Year-To-Date			
	2017/18 Feb £k Actual	Feb £k Plan	2018/19 Feb £k Actual	Feb £k Variance	2017/18 Apr - Feb £k Actual	Feb £k Plan	2018/19 Feb £k Actual	Feb £k Variance
<i>NHS Patient Care Income</i>	31,776	32,318	34,115	1,797	357,605	370,607	374,438	3,831
Non NHS Private Patients	26	32	15	(17)	356	353	195	(158)
Overseas Visitors	66	28	22	(6)	311	302	178	(124)
Injury Cost Recovery Scheme	51	131	68	(63)	1,427	1,442	1,546	104
<i>Patient Care Income Total</i>	31,919	32,509	34,220	1,711	359,699	372,704	376,357	3,653
<i>Other Income</i>								
Research & Development	112	94	113	19	1,614	1,037	1,137	100
Education & Training	1,330	1,374	1,364	(10)	14,512	15,115	14,765	(350)
Non patient services to other bodies	572	573	291	(282)	5,909	6,307	5,698	(609)
STF	0	0	0	0	0	0	0	0
Car parking income	240	247	216	(31)	2,405	2,717	2,379	(338)
Catering income	175	172	72	(100)	1,946	1,886	853	(1,033)
Other Income	337	363	439	76	4,356	4,454	4,990	536
<i>Other Income Total</i>	2,766	2,823	2,495	(328)	30,742	31,516	29,822	(1,694)
Total Income	34,685	35,332	36,715	1,383	390,441	404,220	406,179	1,959

Overall, year to date Operating Income is £2.0m favourable to plan.

The reported position including additional income of £4.6m to fund the excess cost of the A4C pay award over and above that funded within the tariff (for which there is an offset in Employee Expenses), higher than planned delivery of efficiency savings delivery in relation to Income, and £0.5m benefit from a technical adjustment (for which there is an offset in Operating Expenses).

The reported position also includes £1.2m underachievement of CQUIN and £4.2m in relation to contractual provisions (comprising of £1.3m for fines and penalties and £2.9m for contract challenges).

Performance year to date against plan continues to be strong in relation to A&E, Radiology, Day cases, Outpatients, and Critical Care.

Elective activity remains the key area of concern, with underperformance of £2.1m year to date.

It is noted that on-going operational issues have adversely impacted car parking income: income has been £210k lower in the last five months compared to the preceding five months.

2018/19 Other Income Run Rate

	£k												Full Year Plan	Forecast (FRP)	Variance
	Actual M1	Actual M2	Actual M3	Actual M4	Actual M5	Actual M6	Actual M7	Actual M8	Actual M9	Actual M10	Actual M11	Forecast M12			
NHS Patient Care Income	31,421	34,603	34,017	34,525	34,992	32,425	34,231	35,300	33,740	35,069	34,115	36,105	404,983	410,543	5,560
Non NHS Private Patients	14	19	18	24	25	13	19	10	19	19	15	18	385	213	(172)
Overseas Visitors	33	4	22	54	17	2	79	(79)	22	2	22	16	330	194	(136)
Injury Cost Recovery Scheme	76	(23)	40	83	80	18	1,057	(26)	84	89	68	148	1,573	1,694	121
Patient Care Income Total	31,544	34,603	34,097	34,686	35,114	32,458	35,386	35,205	33,865	35,179	34,220	36,287	407,271	412,644	5,373
Other Income															
Research & Development	96	97	94	116	94	97	114	105	109	101	114	102	1,131	1,239	108
Education & Training	1,306	1,330	1,337	1,323	1,322	1,318	1,303	1,457	1,366	1,341	1,362	2,501	16,489	17,266	777
Non patient services to other bodies	515	473	803	580	537	554	521	363	542	520	290	541	6,881	6,239	(642)
STF	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Car parking income	220	248	211	248	247	232	218	202	136	201	216	212	2,964	2,591	(373)
Catering income	70	80	73	81	73	75	89	83	80	77	72	76	2,058	929	(1,129)
Other Income	376	316	335	542	983	328	432	413	428	397	440	445	4,817	5,435	618
Other Income Total	2,583	2,544	2,853	2,890	3,256	2,604	2,677	2,623	2,661	2,637	2,494	3,878	34,340	33,700	(640)
Total Income	34,127	37,147	36,950	37,576	38,370	35,062	38,063	37,828	36,526	37,816	36,714	40,165	441,611	446,344	4,733

SUSTAINABLE SERVICES – PAY SUMMARY

Executive Lead: Paul Matthew

CQC Domain: Well-Led

2021 Objective: Our Services

2018/19 Pay Summary: YTD Month 11								
Staff Groups	Pay: In-Month				Pay: Year-To-Date			
	2017/18 Feb £k Actual	2018/19 Feb £k Plan	2018/19 Feb £k Actual	Feb £k Variance	2017/18 Apr - Feb £k Actual	2018/19 Feb £k Plan	2018/19 Feb £k Actual	Feb £k Variance
Substantive:								
Registered Nursing, Midwifery and Health visiting staff	6,971	7,270	7,065	205	77,274	78,968	76,695	2,273
Health Care Scientists and Scientific, Therapeutic and Technical staff	2,474	2,536	2,615	(79)	27,332	27,706	28,087	(381)
Qualified Ambulance Service staff	0	0	0	0	0	0	0	0
Support to clinical staff	4,419	4,474	4,753	(279)	48,703	48,968	50,897	(1,929)
Medical and Dental Staff	6,319	6,806	6,664	142	71,638	73,840	71,503	2,337
Non-Medical - Non-Clinical Staff	2,448	2,635	2,696	(61)	27,481	26,728	28,455	(1,727)
Bank:								
Registered Nursing, Midwifery and Health visiting staff	460	333	484	(151)	3,539	3,667	5,105	(1,438)
Health Care Scientists and Scientific, Therapeutic and Technical staff	29	30	42	(12)	324	331	483	(152)
Qualified Ambulance Service staff	0	0	0	0	0	0	0	0
Support to clinical staff	310	311	358	(47)	3,381	3,416	4,061	(645)
Medical and Dental Staff	768	737	985	(248)	7,986	8,115	9,798	(1,683)
Non-Medical - Non-Clinical Staff	358	179	280	(101)	1,937	1,966	2,627	(661)
Agency:								
Registered Nursing, Midwifery and Health visiting staff	651	423	976	(553)	7,383	5,700	9,075	(3,375)
Health Care Scientists and Scientific, Therapeutic and Technical staff	169	54	141	(87)	1,627	965	1,411	(446)
Qualified Ambulance Service staff	0	0	0	0	0	0	0	0
Support to clinical staff	3	1	37	(36)	9	9	159	(150)
Medical and Dental Staff	1,377	1,339	2,155	(816)	16,380	15,720	21,147	(5,427)
Non-Medical - Non-Clinical Staff	-100	88	211	(123)	1,561	1,106	1,523	(417)
Apprentice levy	103	102	109	(7)	1,120	1,121	1,174	(53)
Capitalised staff	(17)	0	(66)	66	(602)	0	(618)	618
Total Pay	26,742	27,318	29,505	(2,188)	297,073	298,326	311,580	(13,254)

Excellence in rural healthcare

Pay year to date is £13.3m adverse to plan. Whilst the Trust has received additional income of £4.6m to fund the excess of the pay award over and above that funded within the tariff, this was agreed too late to be included within the financial plan for 2018/19. Lower than planned Efficiency savings delivery in relation to Pay has also adversely impacted the Pay position, and actions are being taken to support increasing the pace and delivery of schemes, including additional resource to focus on delivery.

Excluding the impact of the national pay award settlements, pay was largely flat for the first 5 months of the year, but rose in the following two months before reducing in November and December, and then rising again in January and February. This in part reflects the increase in substantive staffing numbers, which have risen by 133wte since August. This includes an increase of 103wte in nursing numbers, 31wte in non clinical numbers and 21wte in STT numbers; as well as a reduction of 16wte in medical staffing and 5wte in other support staff. In-month, contracted numbers increased by 40wte including increases of 6wte in STT staffing, 7wte in non-clinical staffing and 28wte in nurse staffing.

Expenditure on temporary staffing is rising: from £13.3m in Q1 to £14.8m in Q2 to £15.7m in Q3. If expenditure on temporary staffing in the final month continues at the same level as in February, then the Trust will spend £17.2m in Q4. That would result in a total spend on temporary staff of £61.1m in 2018/19, or £16.6m more than planned - including expenditure of £36.8m on agency staffing compared to expenditure of £29.4m in 2017/18.

SUSTAINABLE SERVICES – PAY RUN RATE

Executive Lead: Paul Matthew

CQC Domain: Well-Led

2021 Objective: Our Services

Staff Groups	(£k)														
	Actual M1 £000s	Actual M2 £000s	Actual M3 £000s	Actual M4 £000s	Actual M5 £000s	Actual M6 £000s	Actual M7 £000s	Actual M8 £000s	Actual M9 £000s	Actual M10 £000s	Actual M10 £000s	Forecast M12 £000s	Full Year Plan £000s	Forecast £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	6,960	7,077	7,065	6,956	86,128	83,651	2,477
Health Care Scientists and Scientific, Therapeutic and	2,478	2,499	2,499	2,505	2,607	2,543	2,532	2,581	2,605	2,626	2,615	2,547	30,204	30,634	(430)
Qualified Ambulance Service staff	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Support to clinical staff	4,459	4,428	4,484	4,602	5,092	4,612	4,594	4,604	4,572	4,698	4,753	4,616	53,373	55,513	(2,140)
Medical and Dental Staff	6,442	6,620	6,608	6,470	6,554	6,519	6,290	6,548	6,421	6,367	6,664	6,485	80,542	77,988	2,554
Non-Medical - Non-Clinical Staff	2,557	2,445	2,505	2,535	2,691	2,576	2,622	2,582	2,599	2,646	2,696	2,580	29,323	31,034	(1,711)
Bank:															
Registered Nursing, Midwifery and Health visiting staff	582	450	442	463	461	466	423	449	395	489	484	461	4,001	5,565	(1,564)
Health Care Scientists and Scientific, Therapeutic and	55	39	40	40	40	39	48	56	39	44	42	44	361	526	(165)
Qualified Ambulance Service staff	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Support to clinical staff	407	324	326	369	497	377	340	334	347	382	358	366	3,727	4,427	(700)
Medical and Dental Staff	907	759	806	781	930	815	824	966	929	1,096	985	884	8,853	10,682	(1,829)
Non-Medical - Non-Clinical Staff	219	156	123	200	236	282	298	294	252	286	280	237	2,144	2,864	(720)
Agency:															
Registered Nursing, Midwifery and Health visiting staff	494	755	751	804	851	820	830	850	871	1,073	976	842	6,123	9,917	(3,794)
Health Care Scientists and Scientific, Therapeutic and	193	118	127	185	145	68	109	99	90	136	141	131	1,019	1,542	(523)
Qualified Ambulance Service staff	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Support to clinical staff	1	1	7	3	1	1	1	1	61	45	37	15	10	174	(164)
Medical and Dental Staff	1,506	1,736	1,761	1,881	1,863	1,900	2,123	1,992	2,164	2,067	2,155	1,961	17,059	23,108	(6,049)
Non-Medical - Non-Clinical Staff	69	82	95	114	88	124	159	192	175	215	211	141	1,193	1,665	(472)
Apprentice levy	103	103	104	105	113	107	106	109	106	109	109	107	1,223	1,281	(58)
Capitalised staff	0	(12)	(51)	(11)	(171)	(80)	(54)	(57)	(56)	(60)	(66)	(55)	0	(673)	673
Items included in Non pay:															
Operating expenses: research and development	(115)	(112)	(105)	(117)	(121)	(113)	(110)	(108)	(106)	(96)	(106)	(106)	(1,440)	(1,315)	(125)
Operating expenses: education and training	(131)	(114)	(118)	(123)	(118)	(115)	(114)	(105)	(106)	(140)	(141)	(106)	(1,740)	(1,431)	(309)
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	27,398	27,483	27,858	29,090	28,169	28,274	28,517	28,529	29,294	29,505	28,318	325,283	339,898	(14,615)

SUSTAINABLE SERVICES – NON PAY SUMMARY & RUN RATE

Executive Lead: Paul Matthew

CQC Domain: Well-Led

2021 Objective: Our Services

2018/19 Non Pay Summary: YTD Month 10								
Non Pay	Non Pay: In-Month				Non Pay: Year-To-Date			
	2017/18	2018/19			2017/18	2018/19		
	Jan £k Actual	Jan £k Plan	Jan £k Actual	Jan £k Variance	Apr - Jan £k Actual	Jan £k Plan	Jan £k Actual	Jan £k Variance
Ambulance Services	153	157	147	10	1,690	1,815	1,518	297
Clinical Supplies & Services	4,497	3,866	5,097	(1,231)	52,445	49,294	56,692	(7,398)
Drugs	1,358	240	421	(181)	32,630	29,778	28,550	1,228
Drugs Pass through	3,027	4,075	3,771	304	15,338	20,374	20,390	(16)
Establishment Expenditure	282	399	384	15	4,144	4,352	5,702	(1,350)
General Supplies & Services	596	513	1,280	(767)	7,068	6,362	11,657	(5,295)
Other	927	1,233	328	905	6,539	8,528	2,703	5,825
Premises & Fixed Plant	1,713	1,655	1,645	10	17,369	18,118	16,495	1,623
Clinical Negligence	1,824	1,781	1,774	7	20,059	19,513	19,515	(2)
Capital charges	969	1,030	873	157	10,469	11,113	7,096	4,017
Total Non Pay	15,346	14,949	15,720	(771)	167,751	169,247	170,318	(1,071)

Non Pay year to date is £1.1m adverse to plan. However, the year to date position includes £0.5m charge as a result of a technical adjustment (for which there is an equal and opposite effect in Operating Income), £3.2m benefit as a result of the reversal of impairments, the release of £0.5m of prior year accruals and a VAT adjustment of £0.6m. Excluding these items, Non Pay would be £4.9m adverse to plan.

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

From the run rate analysis, non pay to date has averaged £15.8m per month to date if we exclude impairments, and the forecast assumes a run rate of £15.7m in March.

Non Pay Run Rate 2018/19

Non Pay	£k														
	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Forecast	Forecast	Plan	Variance
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	(FRP) £		
Ambulance Services	55	80	58	84	221	176	169	168	185	174	148	137	1,655	1,983	328
Clinical Supplies & Services	4,667	5,352	5,043	5,187	5,178	4,720	5,199	5,600	5,299	5,351	5,096	4,900	61,592	53,743	(7,849)
Drugs	442	649	417	410	555	513	650	73	497	562	421	400	5,588	5,900	312
Drugs Pass through	3,827	4,337	3,825	4,220	4,180	3,194	4,373	4,647	3,622	3,755	3,771	4,075	47,827	48,898	1,071
Establishment Expenditure	420	440	790	551	560	539	544	347	620	507	384	532	6,234	4,748	(1,486)
General Supplies & Services	603	1,272	996	1,092	1,145	1,010	1,245	1,103	864	1,047	1,280	1,038	12,695	6,903	(5,792)
Other	700	(191)	163	171	255	133	(181)	206	640	481	326	230	2,933	9,776	6,843
Premises & Fixed Plant	1,568	1,616	1,164	1,309	1,432	951	1,735	1,589	1,798	1,687	1,646	1,485	17,980	19,765	1,785
Clinical Negligence	1,774	1,775	1,774	1,775	1,774	1,775	1,770	1,775	1,774	1,775	1,774	1,775	21,290	21,294	4
Capital charges	981	981	968	952	950	944	(2,300)	933	906	908	873	1,094	8,190	12,093	3,903
Total Non Pay	15,037	16,311	15,198	15,751	16,250	13,955	13,204	16,441	16,205	16,247	15,719	15,665	185,983	185,103	(880)

SUSTAINABLE SERVICES – FINANCIAL EFFICIENCY PROGRAMME SUMMARY

Executive Lead: Paul Matthew

CQC Domain: Well-Led

2021 Objective: Our Services

M11

Finance Position

	In Month			YTD			
	Plan £k	Actual £k	Variance £k	Plan £k	Actual £k	Variance £k	RAG
FEP	2,839	2,370	(469)	22,074	13,740	(8,334)	R

	YTD ACTUAL £k	FORECAST £k
Recurrent	10,989	12,854
Non Recurrent	2,751	3,022
TOTAL	13,740	15,876

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

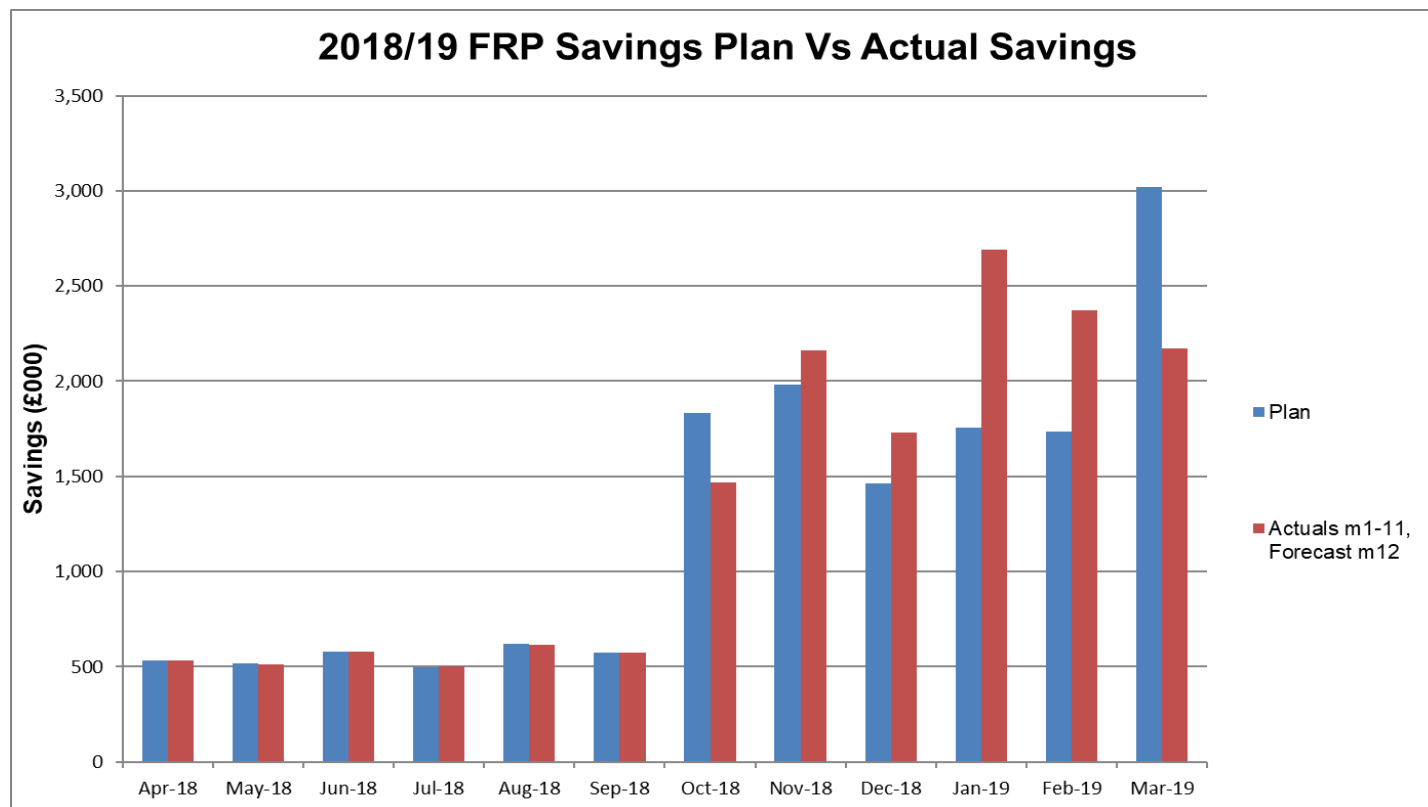
The financial plan assumed that savings of £22.1m would have been delivered by the end of Month 11. Financial Efficiency savings of £2.4m were delivered in Month 11, taking the value of savings delivered year to date to £13.7m, or £8.3m adverse to plan.

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

The FRP identified savings plans which it was anticipated would deliver in-year savings of £15.1m, with a full-year impact of £19.4m in 2019/20.

Forecast delivery is £15.9m or £0.8m higher than assumed within the FRP.

2018/19 FRP Savings Plan Vs Actual Savings



SUSTAINABLE SERVICES – STATEMENT OF COMPREHENSIVE INCOME

Executive Lead: Paul Matthew

CQC Domain: Well-Led

2021 Objective: Our Services

	Outturn 2017/18 £m	Plan 2018/19 £k	Forecast Outturn 2018/19 £k
<i>Operating Revenue</i>			
Revenue from Patient Care Activities	394.5	407.3	412.6
Other Operating Revenue	38.6	34.3	33.7
Total Operating Revenue	433.2	441.6	446.3
<i>Operating Expenses</i>			
Employee Benefits	322.7	325.3	339.9
Operating Expenses	175.2	173.0	177.8
Total - Operating Expenses	498.0	498.3	517.7
Operating Deficit	-64.8	-56.7	-71.4
<i>Non-Operating Expenses</i>			
Depreciation	11.8	12.1	11.5
Impairment	17.5	0.0	-3.3
Interest Payable	3.1	6.6	6.2
Gains on Asset Disposal	-0.1	-1.1	-0.7
Total - Non-Operating Expenses	32.3	17.6	13.7
Retained Deficit	-97.1	-74.3	-85.0
Allowable adjustments against control total	12.3	-0.4	-3.2
total	-84.8	-74.7	-88.2

SUSTAINABLE SERVICES – STATEMENT OF FINANCIAL POSITION

Executive Lead: Paul Matthew

CQC Domain: Well-Led

2021 Objective: Our Services

	Year end		Year to date			Monthly Actual 2018/19									
	31 March 2018		28 February 2019			30-Apr-18	31-May-18	30-Jun-18	31-Jul-18	31-Aug-18	30-Sep-18	31-Oct-18	30-Nov-18	31-Dec-18	31-Jan-19
	Actual £'000	Plan £'000	Actual £'000	Plan £'000	Variance £'000	Actual £'000	Actual £'000	Actual £'000	Actual £'000	Actual £'000	Actual £'000	Actual £'000	Actual £'000	Actual £'000	Actual £'000
Non-current assets															
Intangible assets	6,148	3,759	4,864	5,598	(734)	6,016	5,884	5,752	5,621	5,489	5,357	5,228	5,098	4,974	4,984
Property, plant and equipment: on-SoFP IFRIC 12 assets	22,843	22,492	26,951	22,524	4,427	22,814	22,788	22,760	22,731	22,703	22,675	27,064	27,036	27,008	26,980
Property, plant and equipment: other	184,708	205,628	196,336	210,533	(14,197)	184,025	184,010	183,989	185,097	186,000	186,615	188,566	190,581	192,863	194,692
Trade and other receivables: due from non-NHS/DHSC group bodies	1,828	1,477	1,562	1,828	(266)	1,085	1,160	1,144	1,137	1,102	1,153	1,515	1,519	1,525	1,662
Total non-current assets	215,527	233,356	229,713	240,483	(10,770)	213,940	213,842	213,645	214,586	215,294	215,800	222,373	224,234	226,370	228,318
Current assets															
Inventories	6,799	7,430	7,338	6,799	539	6,919	6,997	6,878	7,023	6,902	6,923	7,282	7,081	7,083	7,382
Trade and other receivables: due from NHS and DHSC group bodies	19,737	12,876	14,153	17,664	(3,511)	17,379	15,862	20,002	18,722	19,855	17,992	19,377	19,372	15,469	14,491
Trade and other receivables: Due from non-NHS/DHSC group bodies	5,656	8,000	7,979	4,859	3,120	8,041	9,281	9,405	10,153	9,731	7,817	8,473	10,246	8,351	7,602
Assets held for sale and assets in disposal groups	1,225	0	660	0	660	1,225	1,225	1,225	1,225	1,225	1,225	660	660	660	660
Cash and cash equivalents: GBS/NLF	10,523	1,078	3,014	4,387	(1,373)	6,317	2,790	1,626	1,242	1,234	1,528	3,773	618	4,970	10,778
Cash and cash equivalents: commercial / in hand / other	10	0	9	10	(1)	9	9	9	9	10	9	10	9	8	8
Total current assets	43,950	29,384	33,153	33,719	(566)	39,890	36,164	39,145	38,374	38,957	35,494	40,140	37,986	36,541	40,921
Current liabilities															
Trade and other payables: capital	(11,727)	(3,314)	(3,853)	(4,029)	176	(6,105)	(3,689)	(3,445)	(3,666)	(3,671)	(3,329)	(4,897)	(4,482)	(4,613)	(4,233)
Trade and other payables: non-capital	(41,754)	(37,108)	(43,777)	(39,263)	(4,514)	(44,901)	(44,171)	(44,126)	(43,294)	(44,356)	(41,323)	(45,211)	(46,237)	(41,293)	(41,156)
Borrowings	(36,157)	(1,093)	(104,631)	(69,808)	(34,823)	(36,142)	(36,455)	(36,440)	(36,425)	(36,410)	(36,335)	(36,320)	(35,977)	(45,427)	(101,644)
Other financial liabilities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Provisions	(735)	(843)	(565)	(735)	170	(732)	(690)	(690)	(656)	(679)	(640)	(684)	(677)	(584)	(572)
Other liabilities: deferred income	(2,707)	(2,331)	(1,301)	(2,707)	1,406	(1,140)	(1,020)	(977)	(1,184)	(983)	(1,115)	(1,555)	(1,454)	(1,182)	(1,439)
Other liabilities: other	(503)	(503)	(503)	(503)	0	(503)	(503)	(503)	(503)	(503)	(503)	(503)	(503)	(503)	(503)
Total current liabilities	(93,583)	(45,192)	(154,630)	(117,045)	(37,585)	(89,523)	(86,528)	(86,181)	(85,728)	(86,602)	(83,245)	(89,170)	(89,330)	(93,602)	(149,547)
Net Current liabilities	(49,633)	(15,808)	(121,477)	(83,326)	(38,151)	(49,633)	(50,364)	(47,036)	(47,354)	(47,645)	(47,751)	(49,030)	(51,344)	(57,061)	(108,626)
Total assets less current liabilities	165,894	217,548	108,236	157,157	(48,921)	164,307	163,478	166,609	167,232	167,649	168,049	173,343	172,890	169,309	119,692
Non-current liabilities															
Borrowings	(165,075)	(156,058)	(185,048)	(225,003)	39,955	(172,291)	(178,405)	(187,740)	(194,918)	(202,860)	(210,872)	(218,926)	(224,271)	(229,017)	(187,869)
Provisions	(2,994)	(2,413)	(2,892)	(2,961)	69	(2,994)	(3,091)	(3,091)	(3,091)	(3,108)	(3,108)	(3,108)	(3,083)	(3,021)	(2,912)
Other liabilities: other	(13,584)	(13,583)	(13,123)	(13,122)	(1)	(13,543)	(13,501)	(13,459)	(13,417)	(13,375)	(13,333)	(13,291)	(13,249)	(13,207)	(13,165)
Total non-current liabilities	(181,653)	(172,054)	(201,063)	(241,086)	40,023	(188,828)	(194,997)	(204,290)	(211,426)	(219,343)	(227,313)	(235,325)	(240,603)	(245,245)	(203,946)
Total net assets employed	(15,759)	45,494	(92,827)	(83,929)	(8,898)	(24,521)	(31,519)	(37,681)	(44,194)	(51,694)	(59,264)	(61,982)	(67,713)	(75,936)	(84,254)
Financed by															
Public dividend capital	257,563	256,746	259,440	257,563	1,877	257,563	257,563	257,563	257,563	257,563	257,563	257,563	258,793	259,350	259,350
Revaluation reserve	35,284	42,448	35,732	34,515	1,217	35,215	35,143	35,072	35,001	34,931	34,860	35,972	35,901	35,452	35,381
Other reserves	190	190	190	190	0	190	190	190	190	190	190	190	190	190	190
Income and expenditure reserve	(308,796)	(253,890)	(388,189)	(376,197)	(11,992)	(317,489)	(324,415)	(330,506)	(336,948)	(344,378)	(351,877)	(355,707)	(362,597)	(370,928)	(379,175)
Total taxpayers' and others' equity	(15,759)	45,494	(92,827)	(83,929)	(8,898)	(24,521)	(31,519)	(37,681)	(44,194)	(51,694)	(59,264)	(61,982)	(67,713)	(75,936)	(84,254)

BORROWINGS																		
Current																		
Borrowings: finance leases	(152)	0	0	0	0	(137)	(122)	(107)	(92)	(77)	(62)	(46)	(31)	(16)	0	0	0	0
Borrowings: DHSC capital loans	(328)	(635)	(1,634)	(2,429)	795	(328)	(656)	(656)	(656)	(656)	(656)	(656)	(328)	(1,007)	(1,415)	(1,898)	(2,429)	531
Borrowings: DHSC working capital / revenue support loans	(35,618)	0	(102,997)	(67,379)	(35,618)	(35,618)	(35,618)	(35,618)	(35,618)	(35,618)	(35,618)	(35,618)	(35,618)	(44,404)	(100,229)	(112,433)	(74,930)	(37,503)
Borrowings: DHSC revolving working capital facilities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Borrowings: other (non-DHSC)	(59)	(458)	0	0	0	(59)	(59)	(59)	(59)	(59)	0	0	0	0	0	0	0	0
Total current borrowings	(36,157)	(1,093)	(104,631)	(69,808)	(34,823)	(36,142)	(36,455)	(36,440)	(36,425)	(36,410)	(36,336)	(36,320)	(35,977)	(45,427)	(101,644)	(114,331)	(77,359)	(36,972)
Non-current																		
Borrowings: DHSC capital loans	(9,172)	(2,542)	(21,725)	(28,043)	6,318	(9,172)	(8,845)	(8,845)	(8,845)	(11,745)	(14,721)	(17,732)	(17,732)	(17,097)	(21,944)	(24,344)	(33,343)	8,999
Borrowings: DHSC working capital / revenue support loans	(155,903)	(99,915)	(163,323)	(196,960)	33,637	(163,119)	(169,560)	(178,895)	(186,073)	(191,115)	(196,151)	(201,194)	(206,539)	(211,920)	(165,925)	(163,852)	(195,545)	31,693
Borrowings: DHSC revolving working capital facilities	0	(52,000)	0	0	0	0	0	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	0	0	0	0	0
Total non-current borrowings	(165,075)	(156,058)	(185,048)	(225,003)	39,955	(172,291)	(178,405)	(187,740)	(194,918)	(202,860)	(210,872)	(218,926)	(224,271)	(229,017)	(187,869)	(188,196)	(228,888)	40,692

SUSTAINABLE SERVICES – CASH REPORT

Executive Lead: Paul Matthew

CQC Domain: Well-Led

2021 Objective: Our Services

The cash balance at 28 February 2019 was £3.0m. This includes revenue and capital cash loans drawn in April 2018 - February 2019 of £73.1 / 14.2m respectively.

The balance at 31 March 2018 (£10.5m) was unusually high as a result of the high level of capital creditors outstanding at that point. In the subsequent months the Trust has reduced the level of capital creditors from £11.7m to £3.9m. Delays in the capital programme will however mean capital creditors increase at 31 March 2019 to circa £11.5m.

The 2018/19 capital programme has been substantially behind plan for much of the financial year, as a consequence, although the Trust I&E deficit is £15.2m worse than plan after taking account of technical adjustments, the impact on the ability to pay suppliers has been limited.

Total revenue and capital borrowings (excluding accrued interest) at 28 February were £288.0m and are forecast based upon the revised forecast outturn (£88.2m) to rise to £300.6m by the end of 2018/19. As a consequence of this borrowing costs are anticipated to be £6.3m 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.

The cash balance of £3m at 28 February reflects a number of factors:

- the reduction in capital creditors from the year end high of £11.7m to £3.9m;
- delays in the 2018/19 capital programme.

These in turn have impacted upon the level of capital cash utilised (plan £43.1m : actual £27.7m).

As a consequence the Trust has to date drawn only £14.2m against the approved capital loan. Reflecting this the Trust has submitted and had approved a requests to NHSI / DHSC to carry forward £9.6m into 2019/20, thereby reducing the capital loan draw for Fire Safety works to £17.0m in 2018/19.

Revenue loans of £73.1m have been drawn in the first eleven months (£68.9m (18/19) and £4.3m (17/18) deficit financing). This is against the backdrop of an I&E deficit to February of £83.7m.

The shortfall in 18/19 revenue borrowing against the deficit has only been made possible due to the relative slow progress with the Capital Programme. Capital cash is supporting the overall cash position by circa £10.5m

Excellence in rural healthcare

The cash forecast position reflects three key variables:

- the revised forecast revenue deficit of £88.2m versus plan of £74.7m;
- delays in the capital programme, in particular the fire safety programme;
- carry forward of £9.6m of the Fire Safety Capital Loan into 2019/20.

Despite reducing the capital programme, it is anticipated that the Trust will still be carrying a year end capital creditor of circa £11.6m at 31 March 2019. As a consequence the level of 18/19 deficit related revenue borrowings required to maintain a cash balance of £6.2m will be less than the projected deficit.

The cash forecast assumes therefore capital borrowing of £17.0m and revenue borrowing in 2018/19 at £82.9m (£78.6m: 2018/19 deficit support; plus £4.2m 2017/18 deficit support).

Year to date	Plan £k	Actual £k	Variance £k
Cash balance	4,397	3,024	(1,373)

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	(63,354)	(75,720)	(10,791)
Depreciation	11,113	10,356	(625)
Other Non Cash I&E Items	(582)	(3,417)	(2,819)
Movement in Working Capital	(894)	3,595	3,847
Provisions	(33)	(212)	(152)
Cashflow from Operations	(53,750)	(65,398)	(10,540)
Interest received	22	109	73
Capital Expenditure	(43,185)	(27,674)	15,101
Cash receipt from asset sales	2,288	1,301	(987)
Cash from / (used in) investing activities	(40,875)	(26,264)	14,187
PDC Received	0	1,877	1,787
PDC Repaid	0	0	0
Dividends Paid	0	677	677
Interest on Loans, PFI and leases	(5,095)	(5,167)	(17)
Capital element of leases	(147)	(152)	(5)
Drawdown on debt - Revenue	72,818	73,118	7,855
Drawdown on debt - Capital	21,300	14,187	(5,313)
Repayment of debt	(387)	(387)	0
Cashflow from financing	88,489	84,153	4,984
Net Cash Inflow / (Outflow)	(6,136)	(7,509)	(1,373)
Opening cash balance	10,533	10,533	0
Closing Cash balance	4,397	3,024	(1,373)

Year End Plan	Plan £k	Actual £k	Variance £k
Operating Surplus	(68,775)	(79,542)	(11,521)
Depreciation	12,093	11,450	(643)
Other Non Cash I&E Items	(592)	(3,417)	(3,234)
Movement in Working Capital	(2,497)	218	2,468
Provisions	(83)	(241)	(151)
Cashflow from Operations	(59,854)	(71,532)	(13,081)
Interest received	24	119	91
Capital Expenditure	(46,388)	(31,209)	12,246
Cash receipt from asset sales	2,288	1,301	(477)
Cash from / (used in) investing activities	(44,076)	(29,789)	11,860
PDC Received	0	2,479	3,349
PDC Repaid	0	0	0
Dividends Paid	0	677	677
Interest on Loans, PFI and leases	(5,470)	(5,555)	(124)
Capital element of leases	(147)	(152)	(5)
Drawdown on debt - Revenue	78,954	82,879	3,925
Drawdown on debt - Capital	26,600	17,000	(6,600)
Repayment of debt	(387)	(387)	0
Cashflow from financing	99,550	96,941	1,222
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

SUSTAINABLE SERVICES – CAPITAL REPORT

Executive Lead: Paul Matthew

CQC Domain: Well-Led

2021 Objective: Our Services

Year to date	Plan	Actual	Variance
	£k	£k	£k
Capital Balance	34,971	19,799	15,172

Year End Forecast	Plan	Actual	Variance
	£k	£k	£k
Capital Balance	40,556	30,956	9,600

Year to date	Plan	Actual	Variance
	£k	£k	£k
Medical Equipment replacement	1,584	1,130	454
Estates - Fire	23,836	10,439	13,397
ICT	2,547	3,590	-1,043
Estates - Backlog	1,975	276	1,699
Service developments	5,029	4,364	665
Total	34,971	19,799	15,172

Year End Forecast	Plan	Actual	Variance
	£k	£k	£k
Medical Equipment replacement	2,500	2,500	0
Estates - Fire	26,600	17,000	9,600
ICT	3,716	3,716	0
Estates - Backlog	1,287	1,287	0
Service developments	6,453	6,453	0
Total	40,556	30,956	9,600

The capital spend to date is £15.2m behind plan. Fire, is significantly underspent by £13.4m: Fire-works package 1, 2, 3 and 4 at Lincoln have slipped behind original plan by £5.1m; Pilgrim Fire-works package 1, 2 and 3 are under-plan by £706k, £1.3m and £1.4m respectively and Fire PHB enabling scheme is currently £1.5m behind plan; Grantham Fire-works packages 1 and 2 are behind plan by £527k and £1.6m; Emergency lighting is behind plan at Lincoln by £953k. IT, overall is ahead of the original plan by £1m, as a note the IT allocations have recently been revised. Medical Devices Group favourable variance has decreased this month to £454K (from £485k). The forecast position remains to spend the full allocation provided. Facilities schemes are behind plan by £1.7m. Within this 'Theatre infrastructure review' continues to be behind plan, currently by £645k. This is alongside a number of other schemes that are yet to start i.e. Generators (£300k), Water access, tanks, compliance and purity (£281k), Maternity Wing drains (£220k) and Food storage (£100k). Other Capital Allocations – Service Development & Modernisation / Diagnostic Capacity / Quality and Elective plans: Schemes are progressing and there is a commitment to spend the full allocation across 3 category areas by 31st March 2019. The allocations are fluid between the 3 sections and currently spend is £665k behind plan.

The forecast position changed in M10 due to the agreement to defer a further £3.0m of 'fire' allocation into 2019/20 - Estates have notified that this is due to the saturation of the market which has created delays in contracting suppliers to support the programme.

Risks

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

SUSTAINABLE SERVICES – NEW BORROWING

Executive Lead: Paul Matthew

CQC Domain: Well-Led

2021 Objective: Our Services

Revenue Borrowing

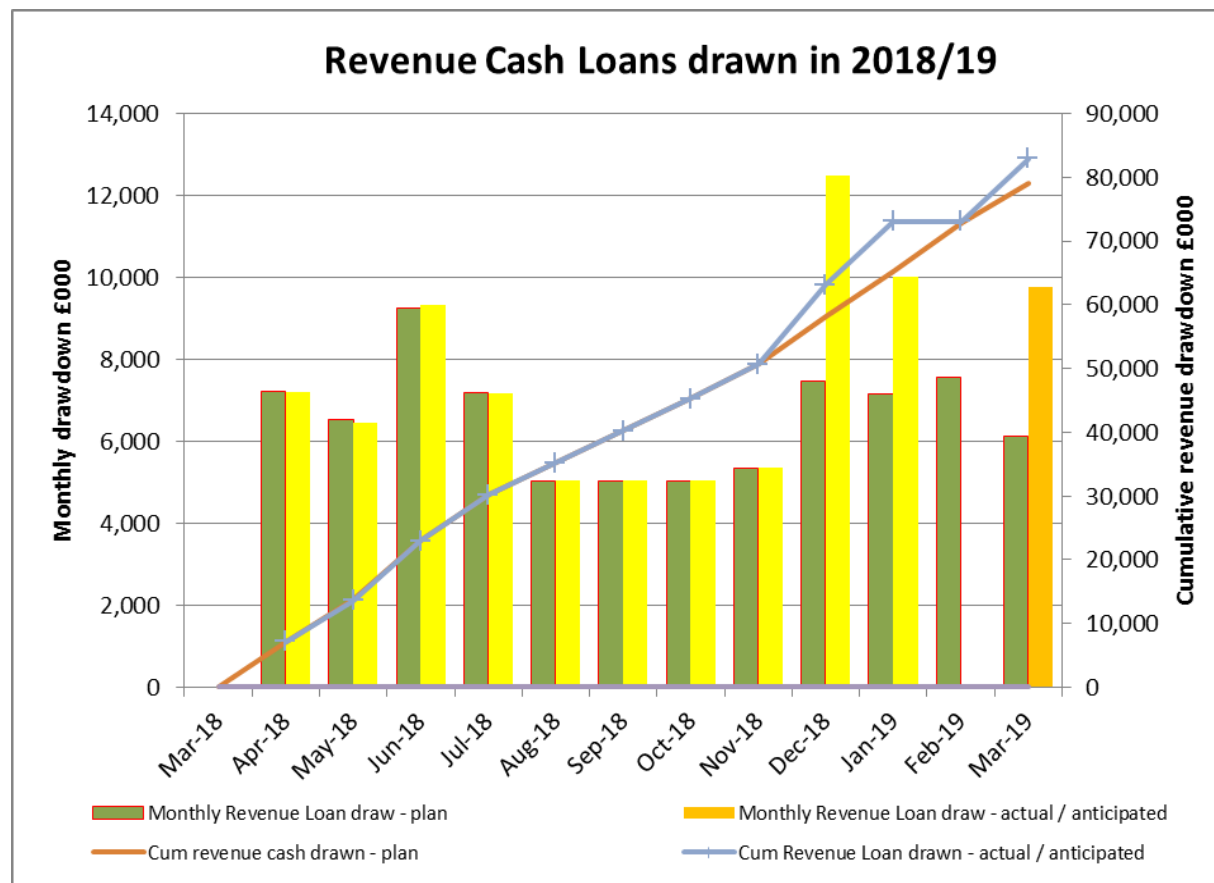
The Trust has drawn cash loans of £73.1m during the eleven months to February 2019. This includes £4.3m deficit support relating to 2017/18.

The forecast deficit was revised in quarter three through the Financial Recovery Plan (FRP) from £74.7m (plan) to £89.4m; the deficit is currently anticipated to be £88.2m. Revenue borrowings, originally planned at £79.0m have increased to £82.9m (Deficit support 18/19 - £78.6m, 17/18 - £4.3m).

The differential between the forecast deficit and the level of 18/19 deficit support is offset by a significant increase in the level of capital creditors to that anticipated at plan.

The I&E deficit versus plan at the end of February is £83.7m. The impact upon the Trust to pay creditors has largely been mitigated by capital cash, available due to delays in the capital programme.

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



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 previously approved borrowing for:

March 2019:

Revenue £9.761m

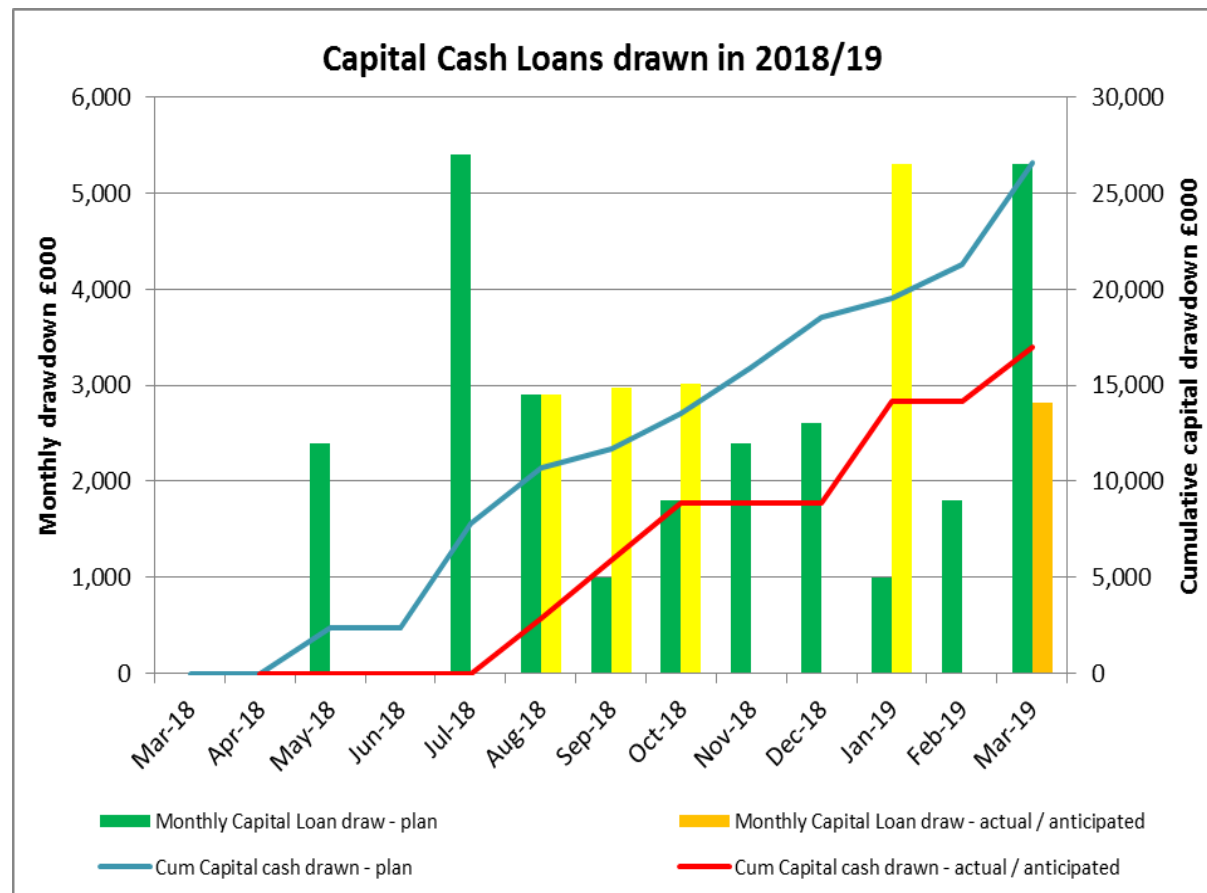
Capital £2.813m

April 2019:

Revenue: £5.612m

The board is now requested to approve borrowing in May 2019 in line with the draft 2019/20 financial plan:

Revenue: £11.825m



SUSTAINABLE SERVICES – CUMULATIVE BORROWING

Executive Lead: Paul Matthew

CQC Domain: Well-Led

2021 Objective: Our Services

Borrowings and Interest

At 28 February 2019 total 'repayable' borrowings (excluding accrued interest) were £288.0m, capital (£23.4m) and revenue (£264.6m).

Borrowings are anticipated to increase to £300.6m by the 31 March 2019.

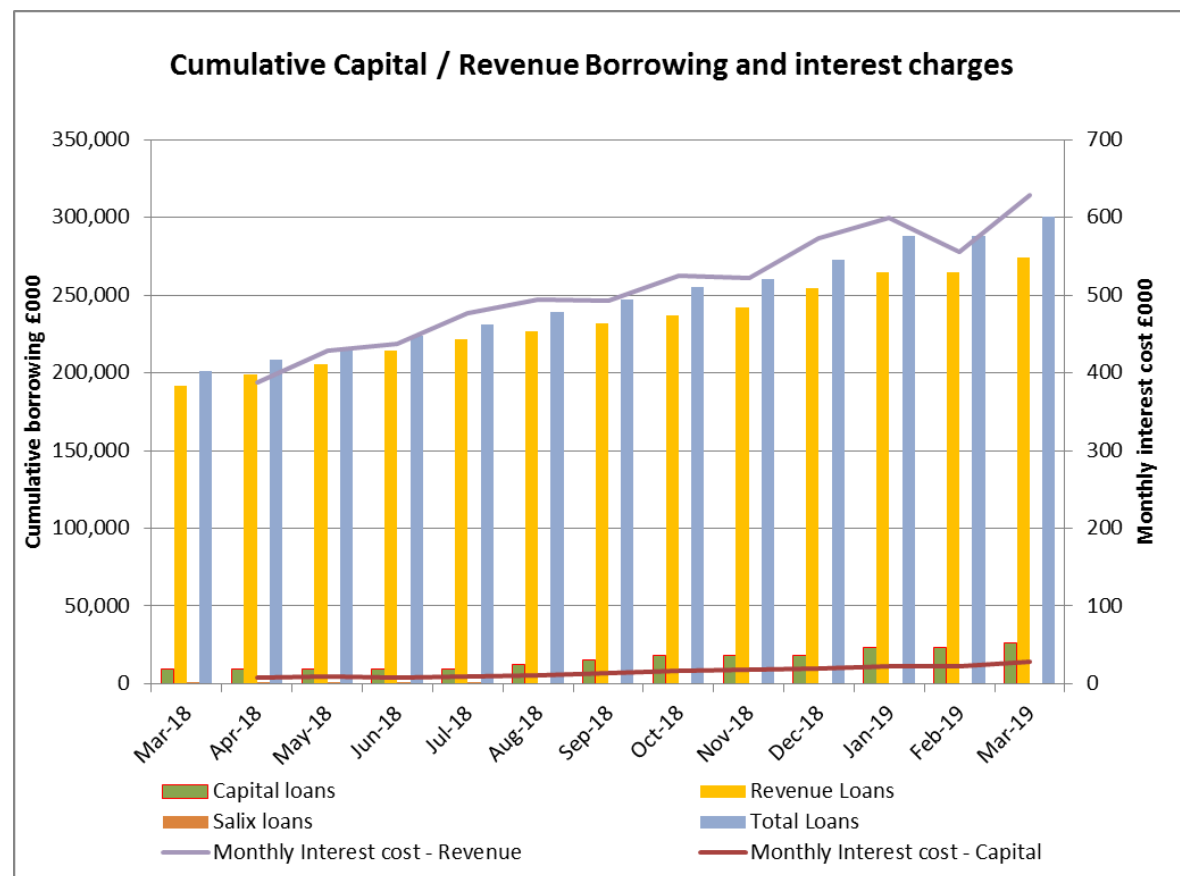
Existing loans are held at a variety of interest rates, Capital 1.1% (£9.2m) & 1.37% (£14.2m), Revenue 1.5% (£155.3m), 3.5% (£65.9m) & 6.0% (£43.4m).

(The £35.6m loan due to be repaid in November 2018 has been extended. The Trust has not yet been advised of the rate. For the purposes of the above analysis, it has been assumed this will be at 3.5%.)

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

Associated interest costs for 2018/19 are forecast to be £6.3m (Revenue £6.1m / Capital £0.2m).

Changes in accounting standards in 2018/19 mean that any accrued interest Feb 19 - £1.7m) is now reported as part of overall borrowings on the Statement of Financial Position.



Excellence in rural healthcare

Repayments					
The tables below show when the Trust is due to make repayments against existing loans:					
Type	Loan £m	Final repayment	Repayment Terms		
Capital	9.5	Nov-32	Repayments commencing Nov 2018 thereafter every 6 months. Annual repayment £0.7m. (Current balance £9.2m)		
Capital	14.2	Nov-33	Repayments commencing Aug 2019 thereafter every 6 months. Annual repayment £0.4m.		
Type	Loan £m	Repayment	Loan £m	Repayment	Repayment Terms
Revenue	35.6	tbc	6.0	Dec-20	The terms of each loan state that there is to be a single one off repayment in full. It is anticipated however that some form of re-financing will take place. The means by which this might be transacted is uncertain at this stage.
	4.6	Nov-19	6.0	Jan-21	
	2.5	Dec-19	6.0	Feb-21	
	52.0	Jan-20	5.4	Mar-21	
	4.1	Jan-20	7.2	Apr-21	
	4.2	Feb-20	6.4	May-21	
	7.6	Mar-20	9.3	Jun-21	
	6.2	Apr-20	7.2	Jul-21	
	5.8	May-20	5.0	Aug-21	
	5.5	Jun-20	5.0	Sep-21	
	11.0	Jul-20	5.0	Oct-21	
	7.0	Aug-20	5.4	Nov-21	
	9.3	Sep-20	12.5	Dec-21	
6.6	Oct-20	10.0	Jan-22		
6.2	Nov-20				

SUSTAINABLE SERVICES – CREDITOR PAYMENTS

Executive Lead: Paul Matthew

CQC Domain: Well-Led

2021 Objective: Our Services

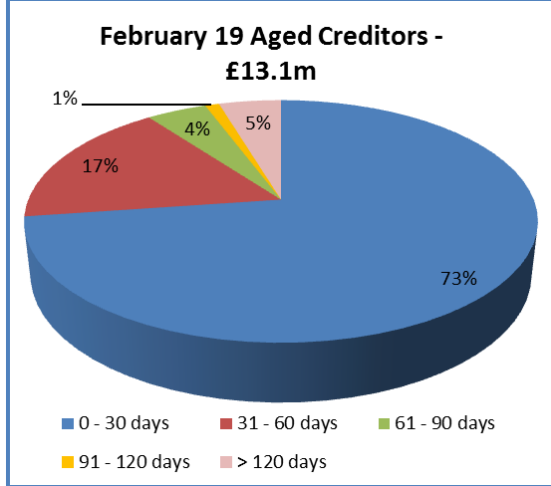
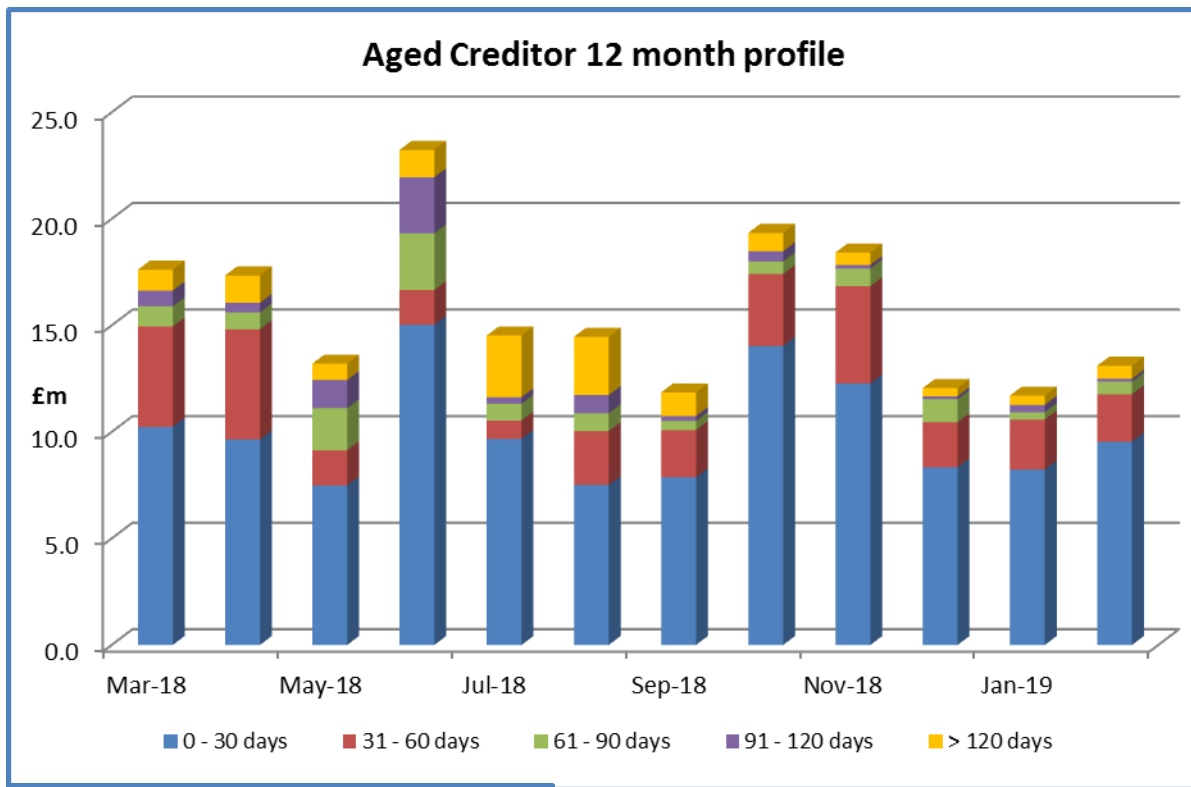
Creditors

Total Creditors were £13.1m at 28 February 2019, of which £3.6m were over 30 days (£0.7m > 90 days).

Focusing further upon those invoices over 30 days, £0.6m had been authorised and were ready to pay at month end. Of the remaining £3.0m over 30 days, £1.9m (65%) relates to just ten suppliers.

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

The Finance and Procurement Teams continue to enforce the policy of requiring suppliers to provide a purchase order before payment is made. At 28 February there were 187 separate invoices (£0.4m) spread across 187 suppliers where payment is delayed awaiting a purchase order.



SUSTAINABLE SERVICES – BETTER PAYMENTS

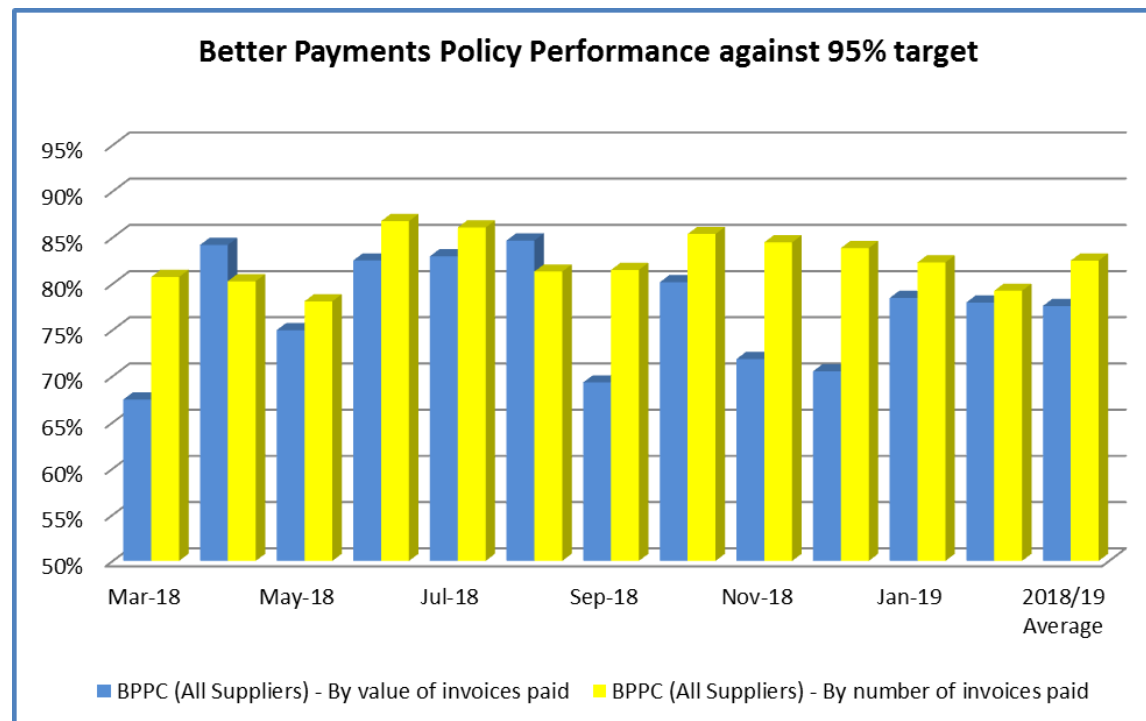
Executive Lead: Paul Matthew

CQC Domain: Well-Led

2021 Objective: Our Services

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 February 2019 performance are shown in the following table



2018/ 19 Year to date	NHS		Non-NHS	
	By volume Number	By Value £000s	By volume Number	By Value £000s
Total bills paid in the year	2214	41,667	117,166	185,921
Total bills paid within target	1369	33,822	97,117	142,768
% of bills paid within target YTD	61.83%	81.17%	82.89%	76.79%
% of bills paid within January 2019	73.44%	91.77%	82.48%	74.92%

SUSTAINABLE SERVICES – NHS RECEIVABLES

Executive Lead: Paul Matthew

CQC Domain: Well-Led

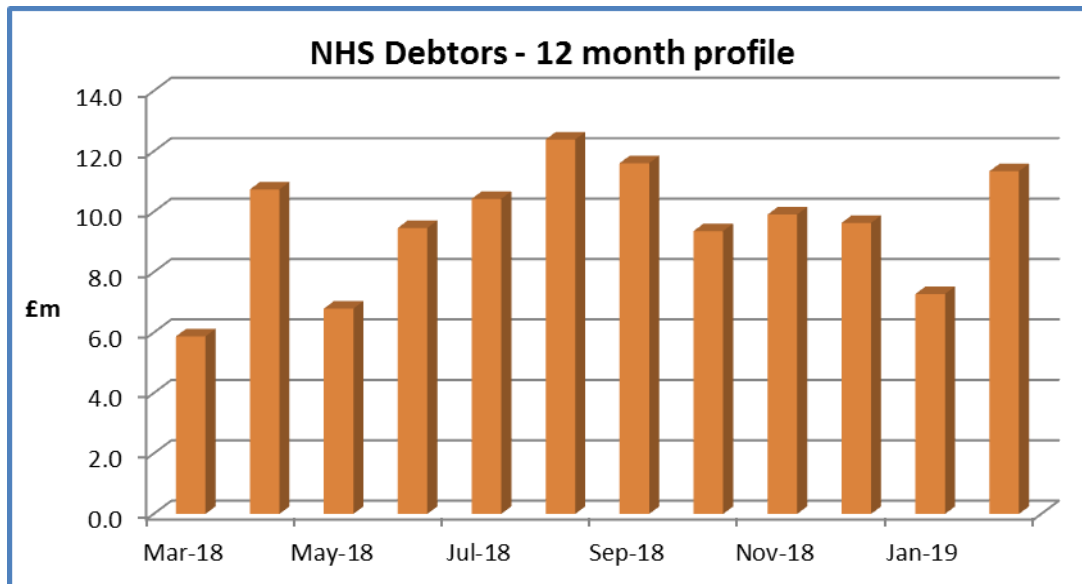
2021 Objective: Our Services

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 28 February 2019.

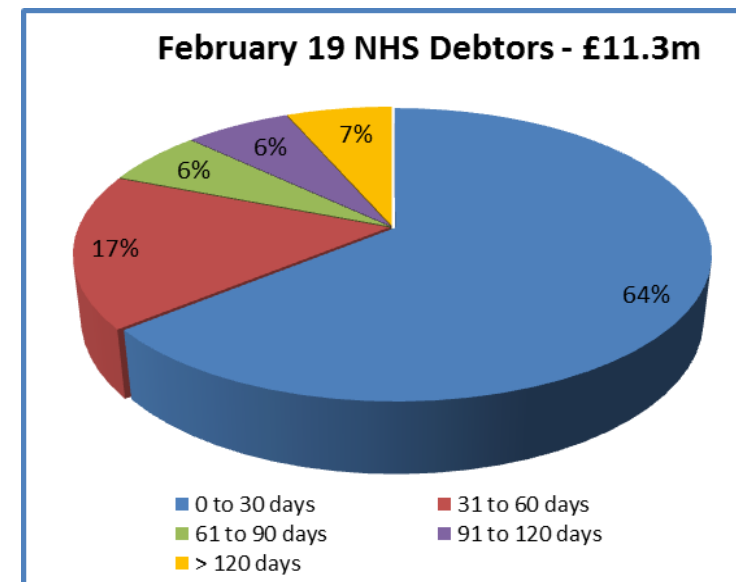
The majority of debt relates to the four Lincolnshire CCGs. The split between organisational categories is shown below. The level of aged debt > 90 days has reduced significantly from £4.7m in October to £1.5m at 28 February. This is as a result of the Lincolnshire CCGs clearing the majority of prior year reconciliation invoices.

The largest element currently over 90 days relates to NHS Trusts where queries are unresolved with Nottingham and Leicester.

In volume terms there are 251 invoices > 90 days at 28 February 2019.



Totals shown in £000	0 - 30 days	31 - 60 days	61 - 90 days	91 - 120 days	120 + days	Grand Total	90+ days
CCGs - Lincolnshire	4,465	1,027	230	417	155	6,294	572
CCGs - Other	227	183	57	29	122	618	151
Trusts - Lincolnshire	164	174	7	36	35	416	71
Trusts - Other	293	401	298	201	385	1,578	586
Other NHS	2,109	145	100	47	33	2,434	80
Total	7,258	1,930	692	730	730	11,340	1,460



SUSTAINABLE SERVICES – NON- NHS RECEIVABLES

Executive Lead: Paul Matthew

CQC Domain: Well-Led

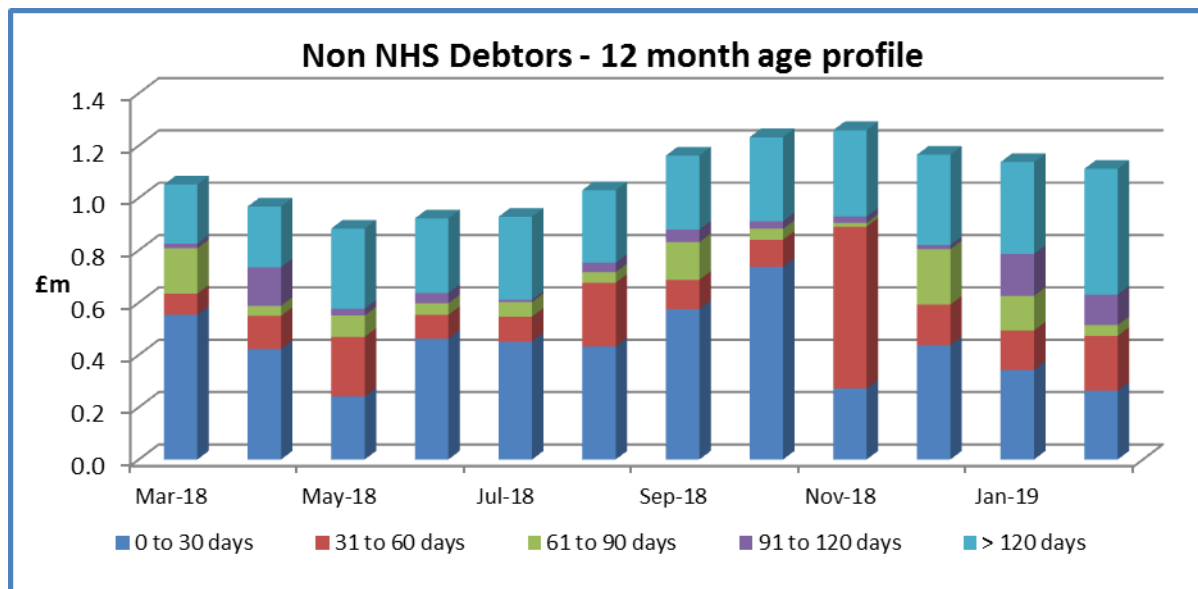
2021 Objective: Our Services

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 28 February 2019.

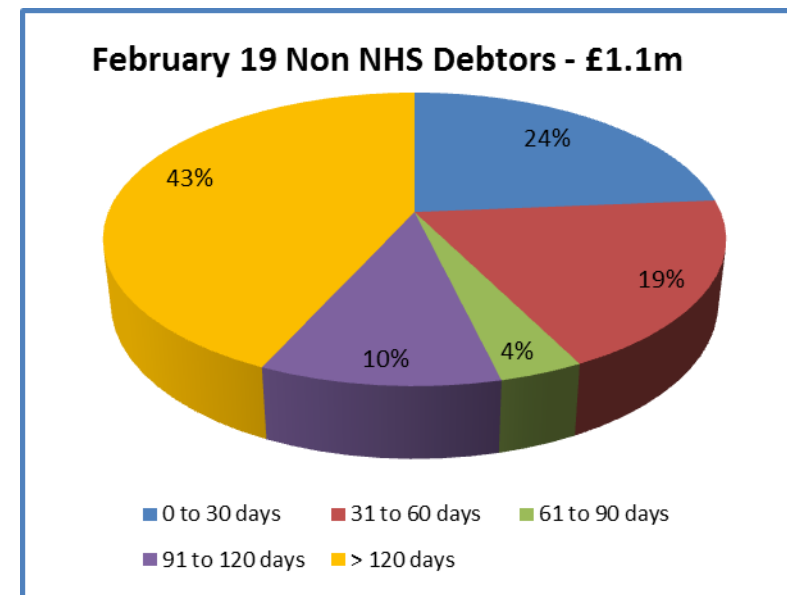
The breakdown of debt across general category headings is shown below.

The balance over 90 days (£0.6m) comprises relatively high volume (282) low value invoices.

Of this total £0.1m is being actively managed by the Trust Debt collection agency.



Description	Totals outstanding debt £					Grand Total	90+ days
	0 - 30 days	31 - 60 days	61 - 90 days	91 - 120 days	120 + days		
Overseas Visitors	26,711	(2,372)	16,307	12,689	211,662	264,997	224,351
Debt Collection - Overseas	0	0	0	0	74,718	74,718	74,718
NHS Non English	14,434	3,285	388	711	15,230	34,048	15,941
Misc	194,983	138,976	16,305	60,884	97,870	509,018	158,754
Salary Overpayments	19,084	64,782	5,232	35,282	17,384	141,764	52,666
Private Patients	0	0	0	0	13,629	13,629	13,629
Debt Collection - General	0	908	166	1,309	31,423	33,806	32,732
Agreed Installment Plans	0	900	30	540	14,323	15,793	14,863
Grand Total	255,212	206,479	38,428	111,415	476,239	1,087,773	587,654



SUSTAINABLE SERVICES – EXTERNAL FINANCING LIMIT & CAPITAL RESOURCE LIMIT

Executive Lead: Paul Matthew

CQC Domain: Well-Led

2021 Objective: Our Services

EFL

The Trust External Financing limit is set by the DHSC.

This is a cash limit on net external financing and it is one of the controls used by the DHSC to keep cash expenditure of the NHS as a whole within the level agreed by Parliament in the public expenditure control totals.

Trusts must not exceed the EFL target, which effectively determines how much more (or less) cash a Trust can spend over that which it generated from its activities.

This target translates in simple terms to the Trust holding a minimum cash balance at year end of £6.2m

CRL

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

Trusts are not permitted to exceed the CRL.

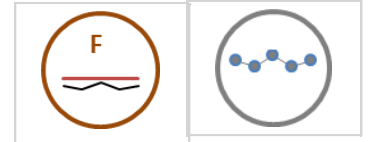
External Financing Limit Target (EFL)	Forecast £000s	Performance against Capital Resource Limit (CRL) Target	Forecast £000s
Anticipated EFL at Plan	109,400	Anticipated CRL at Plan	38,159
Opening EFL allocated to Trust		Opening CRL allocated to Trust	
April 18 Plan movement in cash balances	8,404	Depreciation	12093
Capital element of Finance leases - repayments	-147	Fire safety loan repayments	-778
		Salix Loan repayment	-59
		Capital element of Finance leases - repayments	-147
Initial EFL	8,257	Initial CRL	11,109
Confirmed / actioned adjustments		Confirmed / actioned adjustments	
Interim revenue support loan: deficit financing	68,864	Fire safety loan repayments	450
2017/18 additional deficit financing	4,254	Fire safety - Loan drawdown	14,187
Adjustment to closing cash: Plan resubmission June 18	-4,024	Places of Safety in Emergency Depts - PDC allocation	72
Fire safety loan repayments	-328	Urgent & Emergency Care - Winter Fund - PDC allocation	1,787
Fire safety - Loan drawdown	14,187	Patient WiFi - PDC allocation	90
Places of Safety in Emergency Depts - PDC allocation	72	Cybersecurity - PDC allocation	192
Urgent & Emergency Care - Winter Fund - PDC allocation	1,787	Pharmacy Robot - PDC allocation	250
Patient WiFi - PDC allocation	90	Pharmacy Infrastructure - PDC allocation	12
Cybersecurity - PDC allocation	192	Current Notified CRL	28,149
Pharmacy Robot - PDC allocation	250	Anticipated adjustments	
Pharmacy Infrastructure - PDC allocation	12	Fire safety - Loan	2,813
Salix Loan repayment	-59	Cancer Transformation Programme - PDC allocation	76
Current Notified EFL	93,554	Capital element of Finance leases - repayment adj	-5
Anticipated adjustments		Current Anticipated CRL	31,033
Fire safety - Loan	2,813	Forecast Capital expenditure	31,114
Cancer Transformation Programme - PDC allocation	76	Less Capital funded via Charitable Donations	-157
Interim revenue support loan: deficit financing	9,761	Less Net book value of disposed assets	-567
Capital element of Finance leases - repayment adj	-5	Charge against CRL	30,390
Anticipated EFL	106,199	(Over) / Under shoot against CRL target	643

ZERO WAITING – A&E 4 HOUR WAIT

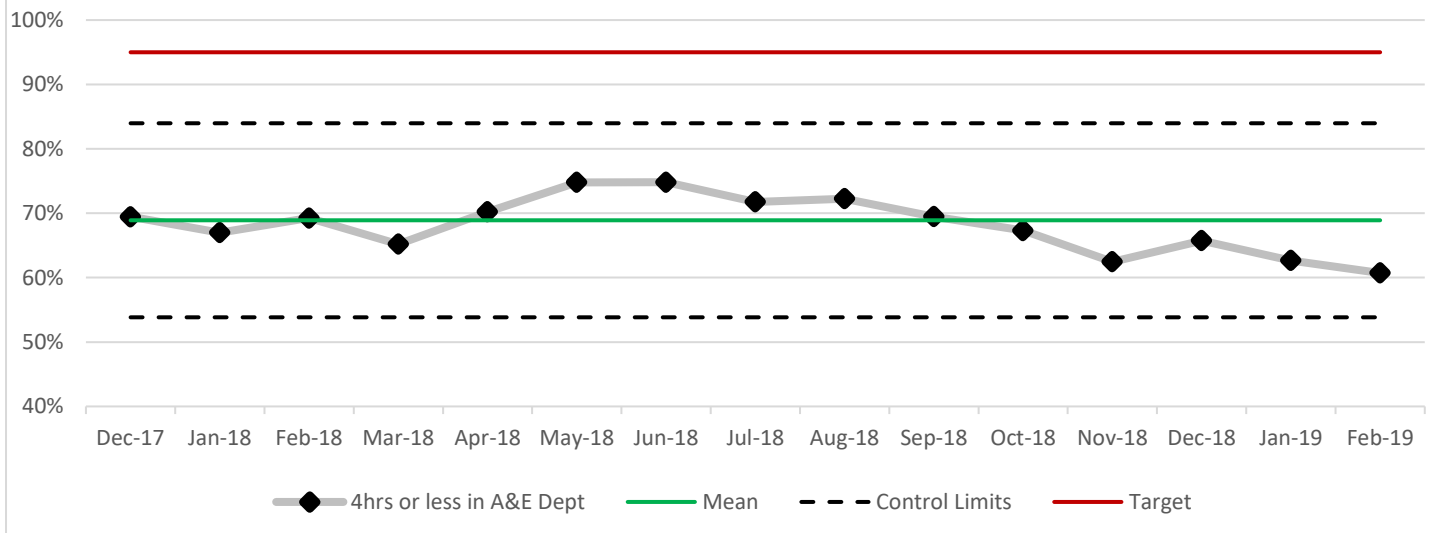
Executive Lead: Mark Brassington

CQC Domain: Responsive

2021 Objective: Our Services



4hrs or less in A&E Dept



Challenges/Successes

Attendance growth of 1.97% against 2017/18 February actual (3.79% YTD) (Type 1+3)

Attendance growth of -4.27% against 2018/19 February plan (14.86% YTD) (Type 1 only)

Primary Care Streaming continues to improve on both sites with Lincoln demonstrating the significant improvement. PHB recorded 33.3% for February an increase of 7.2% on January. LCH recorded 14.7% for February which is a decrease of 4.51%. However additional resources were provided in January at LCH due to periods of extremis. Overall, LCH is seeing and improvement.

A&E and non-elective admissions demand exceeded capacity. As discussed previously, some winter funded schemes have not yielded the expected benefits especially some of the admission avoidance schemes

Staffing levels within nursing and medical teams in both inpatient and ED continue to be of concern, but the ED recruitment profile shows an improving situation. There are no internal delays from a recruitment point of view for ED.

At the end of February, the number of Super Stranded Patients in the Trust was 107.9 against a trajectory of 86.6. The last 2 weeks have seen the % raise to 5.5%. However, the average % is still below the 3.5%. The average range is 2.82% - 4.38%

Actions in place to recover:

2 hourly huddles at Pilgrim are now embedded as well as Regular Governance meetings. Dedicated Senior Manager Support rota in place as well as a named Director. The named Director has been extended to allow a more robust daily presence.

Clinical Directorates recruiting to posts approved within Operational Capacity and Delivery Plan – medical posts have a clear trajectory of starters to March 2019

Urgent care improvement visits have commenced from Emergency Care Intensive Support Team at both Lincoln and Pilgrim to support with reduction in long LoS and SAFER flow models and Red 2 Green is being revitalised and will be 'relaunched in January.. Long Stay reviews are embedding on all 3 acute sites. This has been positively received.

Further work continues on closing the bed deficit entirely with system partners and regulators and daily System Calls are in place. System Partners, in particular Adult Social Care have a daily presence on the 3 acute sites which is allowing more robust planning for our DTOC patients. A new discharge pilot commences at LCH 1st April and will be led by LCHS in agreement with the Trust and also partnered by LCC.

Further work continues on closing the bed deficit entirely with system partners and regulators. Twice daily System Calls are in place.

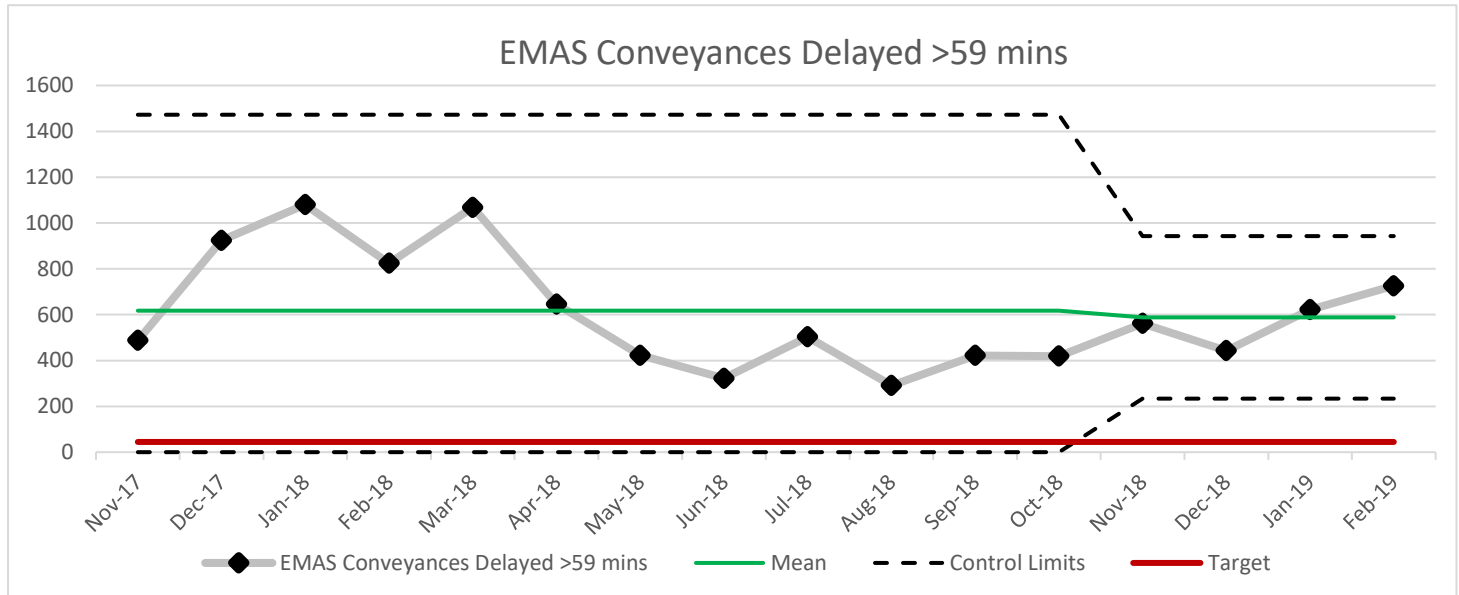
The Trust launched 'Live' with cross site capacity meetings with effect from Monday 11th March 2019.

ZERO WAITING – AMBULANCE HANDOVER

Executive Lead: Mark Brassington

CQC Domain: Responsive

2021 Objective: Our Services



Challenges/Successes

Key Significant impact of hospital occupancy rate >95% on flow and ambulance handover time deteriorating particularly for Lincoln Hospital. With the Risk Summit decision to enact a divert of 3 postcodes from PHB to LCH will support PBH but has impacted negatively on LCH.

Handover double pin entry non-compliance identified and is being addressed with the Deputy Director of Operations, Urgent Care and the Regional General Manager.

Ambulance arrivals are largely within expected parameters from a total number of daily conveyances, but with peaks/batching this continues to challenge capacity to accept and undertake timely handovers.

Agency that provide staff to support handovers at Pilgrim have improved fill rate, but not yet achieved 100%. Substantive funding has now been agreed and recruitment in underway and progressing well.

Actions in place to recover

New pathways at PHB were rolled out to enable direct GP admissions bypassing ED, this new process is working well. A follow up review is in train

Further pathways to the surgical assessment unit at Lincoln were to be rolled out however, area is still regularly being used for escalation. There is a planned internal 'reset' of both AEC and SAU planned for the 17th March 2019.

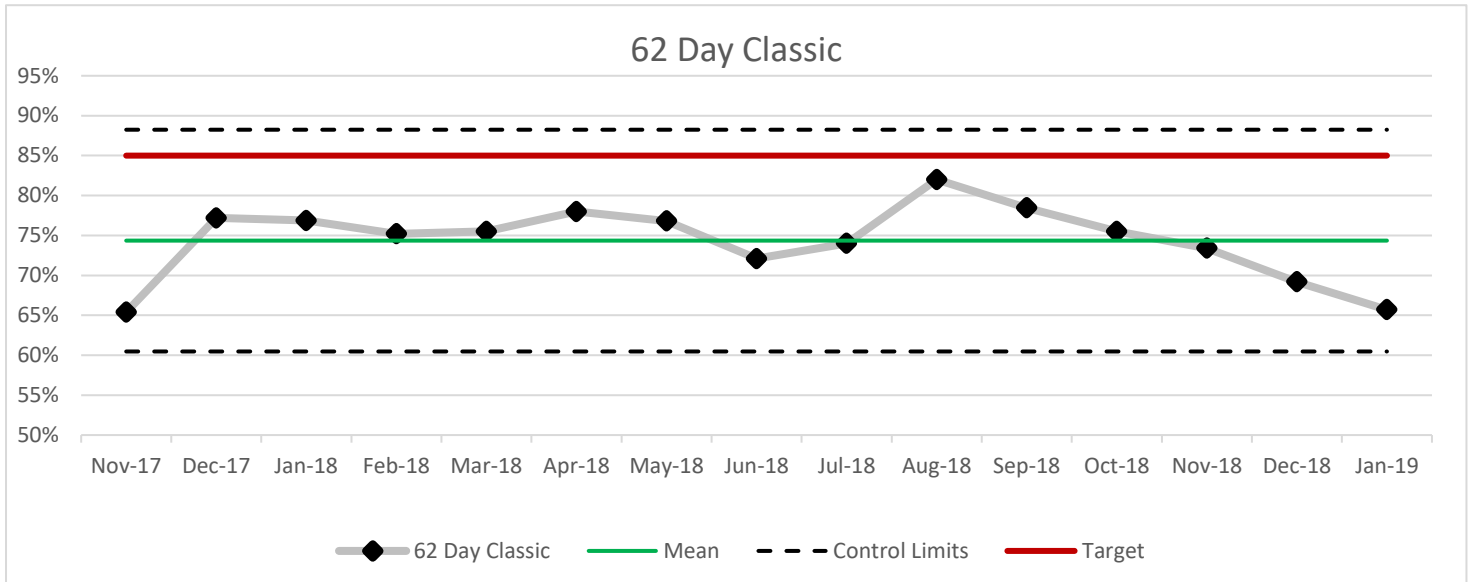
Conveyance numbers have still not reduced. Work is ongoing to examine conveyance options used in other regions that could be deployed at ULHT. A handover recovery trajectory has been 'suggested' and publicised and will be agreed at the joint EMAS/NHSe/NHSi meeting planned for 18th April 2019. This has already received support from EMAS and NHSi.

ZERO WAITING – CANCER 62 DAY

Executive Lead: Mark Brassington

CQC Domain: Responsive

2021 Objective: Our Services



Challenges/Successes

The oncology pressures in November and December continued to impact into January as backlog patients were booked. Upper GI oncology support remains single-handed until recruitment concludes.

Significant delays in Pathology turnaround times reflecting continued low consultant staffing numbers (against establishment) and an inability to secure sufficient locum cover.

Tertiary diagnostic and treatment delays – predominately NUH.

Treatment numbers in January were 194 (around 20 above a normal high activity month) with treatment of breached patients across a number of tumour sites impacting on 62 day performance. This continues in February reflecting in the reducing backlog numbers.

Some difficulty in accessing critical care beds for cancer treatments at peak emergency demand – most apparent in early January.

Actions in place to recover:

Oncology medical staffing is stabilised and appointments have been made to bring the service up to establishment at consultant and middle grade level. The start dates are from March to July. Early starters will deliver further consultant input to Upper GI.

Additional template biopsy capacity has been agreed via additional duties.

Cancer Improvement Plan refresh is underway – completed discussions with Medicine and Surgery to be reported into March FPEC.

Pathology constraints remain until additional locums start in March, 2019. Weekly escalation meeting established with Pathlinks to prioritise work, examine opportunities to manage demand and ensure escalations are in place. Improving waiting times from late February.

Monthly System Cancer Improvement Meeting (NHSI, CCG and ULHT) being revised to receive direct feedback on issues and plans from challenged speciality management teams. Positive impact on service teams and system awareness of issues.

Weekly senior team cancer call moving back to twice weekly.

Support to Divisions to sustain backlog reductions to underpin performance recovery.

Local anaesthetic template biopsy service from April.

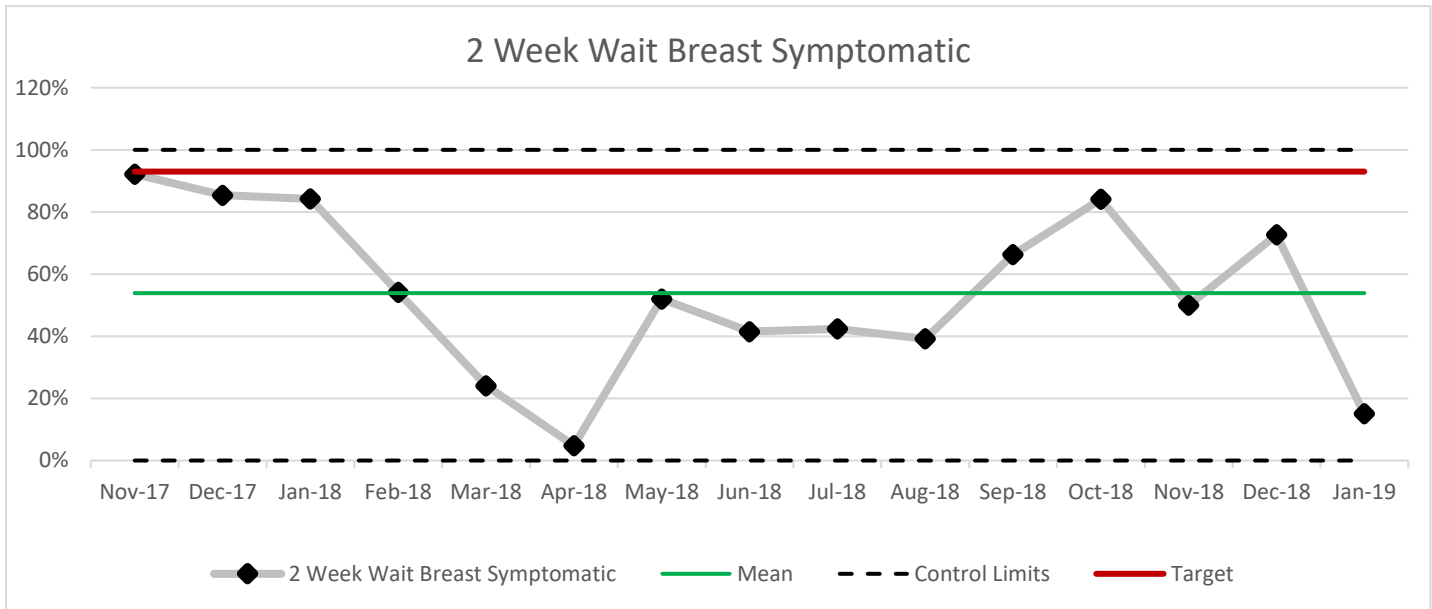
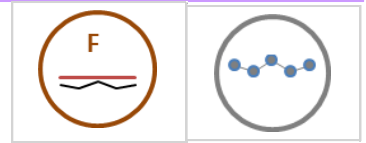
CCG supporting recruitment of 8a to review and enhance tertiary pathways.

ZERO WAITING – BREAST 2WW

Executive Lead: Mark Brassington

CQC Domain: Responsive

2021 Objective: Our Services



Challenges/Successes

Loss of radiologist capacity through December led to a backlog of referrals to appoint by early January. At the 4 January the backlog exceeded 270 patients and the service was polling at 27 days – current backlog is 87 with a polling date of 16 days (4 March).

The backlog has taken longer to recover than anticipated but the recovery plan is now enacted and the Division is confident that the service will be operating without a backlog from the end of March.

Underlying demand is assessed by the Division as now exceeding routine capacity (weekly demand at 145 slots against a capacity of 130 slots). Further analysis with CCG colleagues is required to understand seasonality and likely demand going forward.

There remains a service fragility in terms of radiologist and nursing resource creating a reliance on locum staff and additional duties. The pressure on limited staff does continue to have an impact on staff morale/resilience.

Actions in place to recover

Locum radiologists secured from 8 January. Locum surgeon from 23 March (plans to open additional Mon/Thurs clinics from April).

Divisional plan in place to use weekend clinics to the end of March to remove the current backlog. Thereafter some routine weekend working will be used to manage excess demand over capacity and to mitigate planned annual leave within the service.

Business case prepared to establish 7 day working across breast service, currently being costed. This needs to move into authorisation process with Executives.

CCG liaison manager actively supporting recovery and spending w/c 11 March alongside clinical teams to identify efficiency opportunities.

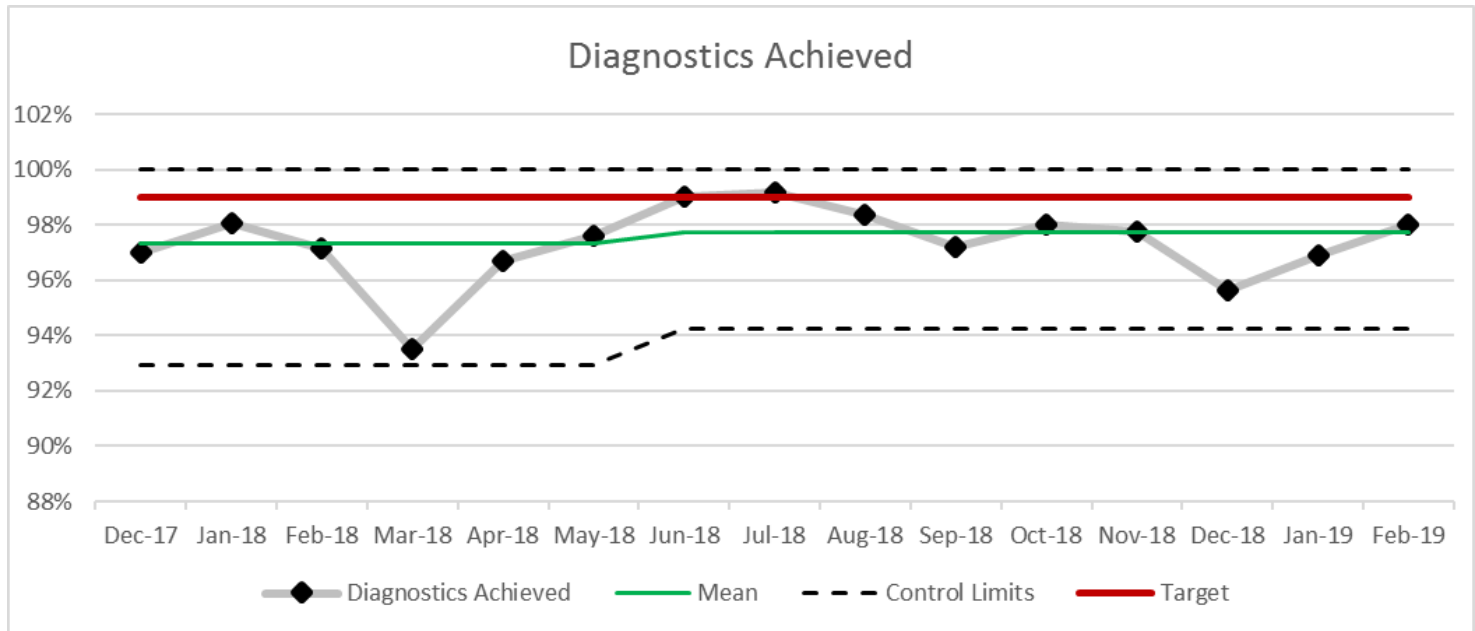
Focussed management of slots to ensure full utilisation and active reduction in DNAs.

ZERO WAITING - DIAGNOSTICS

Executive Lead: Mark Brassington

CQC Domain: Responsive

2021 Objective: Our Services



Challenges/Successes

The DM01 February performance is

Work on-going to ensure that all relevant services understand the DM01 standards and have robust processes to manage (Inc. sharing of internal best practice).

Actions in place to recover

The recovery trajectory is for a more normalised performance through February (97.1%) and March (98%).

We are still experiencing pressures in endoscopy modalities (Louth washer breakdowns and a maintenance shutdown for 1 week scheduled in March at Grantham. There have been continuing (now resolved) issues with booking capacity for echoes.

Work is on-going to ensure that all staff understand the DM01 standards and apply best practice to delivery (e.g. we are standardising procedures for managing surveillance patients).

From March we will establish a trajectory to deliver sustained compliance with the standard (99%).

DM01 lead manager preparing updates looking forward.

Cardiac ECGs are currently an issue that is being addressed by Clinical Support Services.

Trajectory to Recover

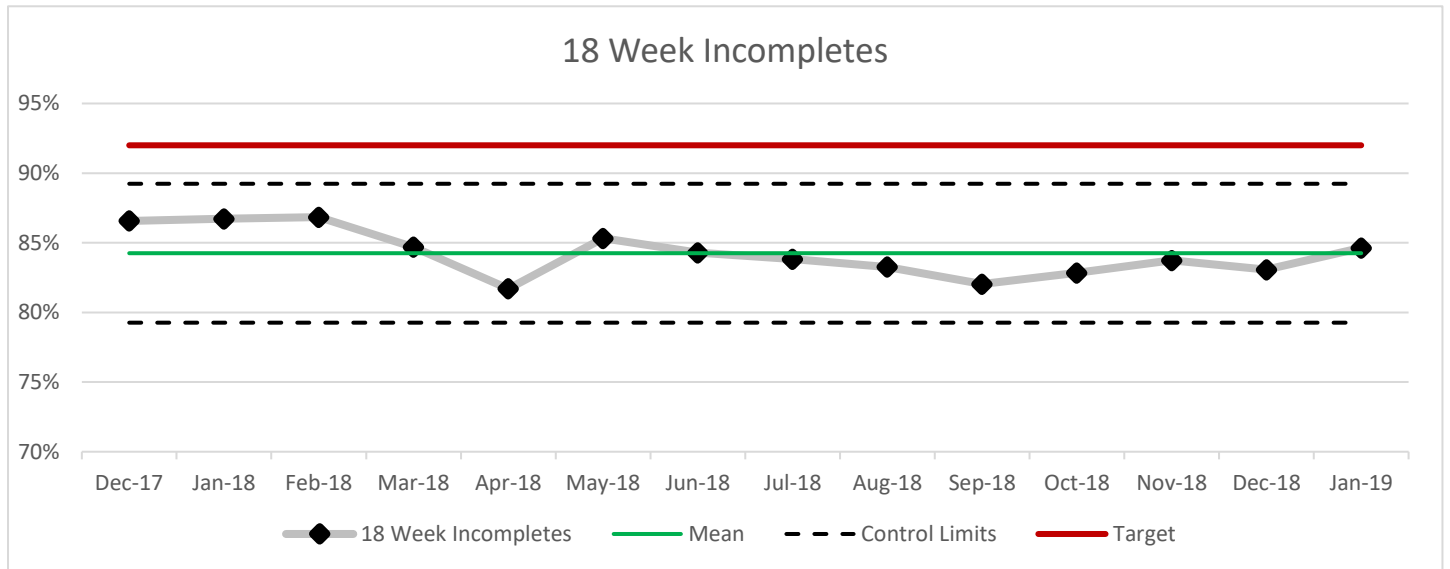
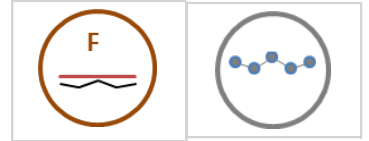
April 2019

ZERO WAITING - RTT 18 WEEKS INCOMPLETES

Executive Lead: Mark Brassington

CQC Domain: Responsive

2021 Objective: Our Services



Challenges/Successes

January reduced the Total Incomplete Pathways by 644 which is a reduction of 1.73%. Most of this was in the 18 week+ backlog which reduced by 683 (10.82%)

The 18week+ backlog reduction appears to be carried across most specialities or they have remained as similar levels, with the exception of Neurology, showing an increase of 65 patients, (16.21% increase).

ENT continues to account for the largest percentage of the Trusts overall 18 week+ backlog, the Trust's overall position would improve by 1.56% if ENT were to be excluded.

January saw improved RTT performance in a large number of areas particularly Hepatology, Diagnostic Imaging, Paediatric Nephrology and Paediatric T&O.

Actions in place to recover:

Trust board have supported a continuation of the pilot in T&O (major elective hub at Grantham) in the light of positive achievements.

CCG funded external validation team in place since late December, validating lists in 4 key specialities and identifying lessons learnt. To date just under 20,000 pathways have been validated with around 10% seeing clock stops added. NHSI/CCG are hopefully supporting an additional 4 weeks of validation activity which will allow a further 8,000 pathways to be validated

IST agreement to work with Surgical Division to utilise their demand and capacity tools to review general surgery, urology and ENT to support improved RTT recovery planning.

Escalation discussions need to conclude with CCGs in regard to Neurology to support risk summit to agree best approach to managing demand (GP and C2C) and capacity. Continued deterioration in speciality RTT performance.

Finalised checks for 2019/20 to ensure contracted volumes (and relevant efficiency plans) support RTT delivery.

TOM implementation continuing – matches operational management capacity and focuses clinical leadership on performance standards.

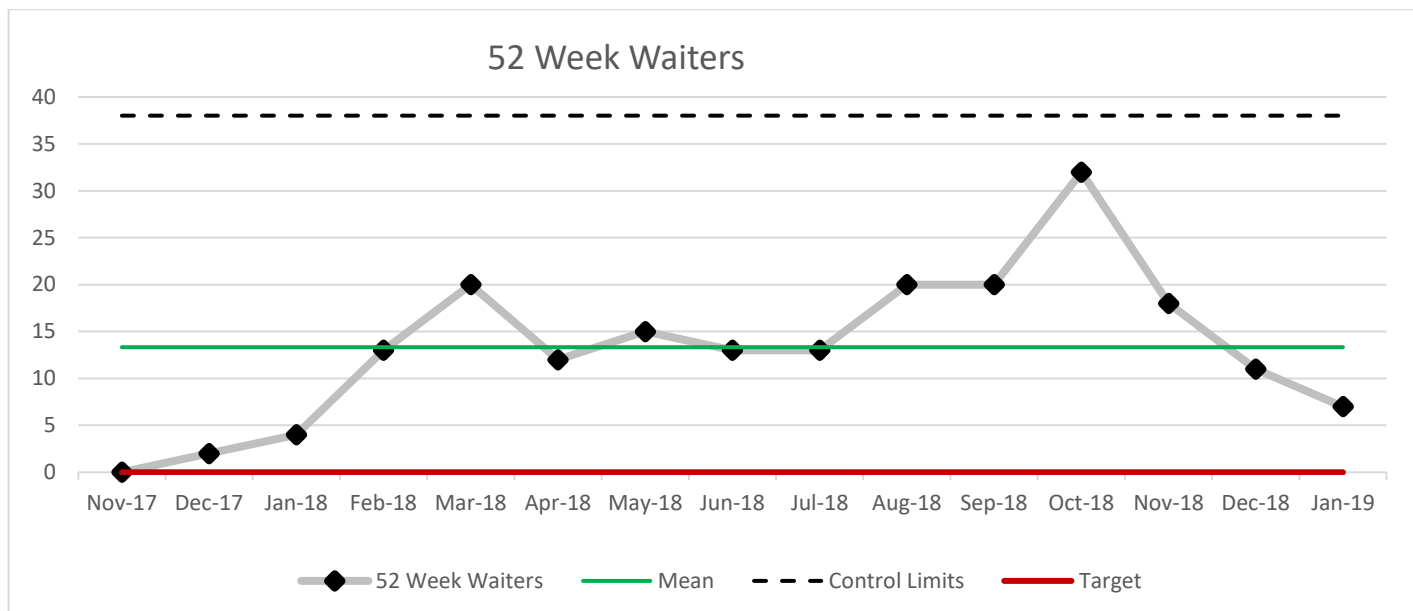
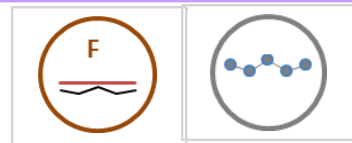
Trajectory for Recovery

ZERO WAITING - RTT 52 WEEK WAITERS

Executive Lead: Mark Brassington

CQC Domain: Responsive

2021 Objective: Our Services



Challenges/Successes

7 52 week breaches were declared in January (5 of these were in Urology, 1 in ENT and 1 in Gastroenterology). This represents an improvement on the December position (11) but there have been some patients validated back onto active pathways over 52 weeks.

NHSI have indicated a zero tolerance for 52+ week breaches from March 2019. Trajectory agreed: January (12), February (7), March (0)

40 week+ backlog has decreased to 218 at the beginning of March. This remains behind the trajectory to deliver a maximum of 100 over 40 weeks by the end of February.

Actions in place to recover:

IST tailored package on demand and capacity methodology/RTT recovery focussed in Surgery but engaging relevant information team.

Weekly 40+ week PTL meeting escalating to weekly COO-led performance review which is focussed on the 45+ week patients.

For known patients there are plans in place to ensure clock stops in advance of 31 March. In the main treatments are planned to complete by mid-March although there are some non-admitted with shadow dates in case treatment is required and one patient treatment on 25 March (consultant leave, patient aware of date and update calls in place).

Validation team checking validity of clock stops to assure (as far as possible) no further negative impact from validation process.

Trajectory for Recovery

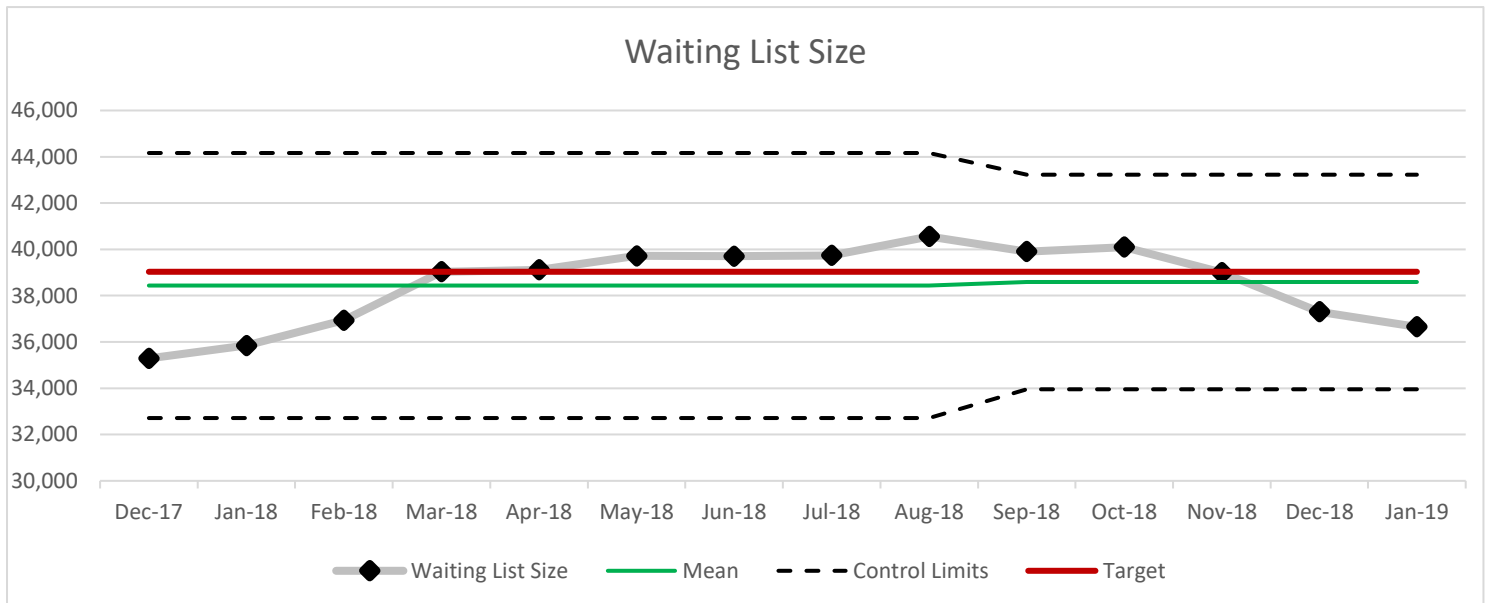
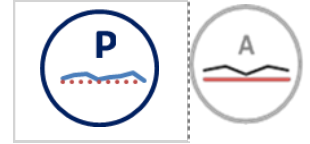
0 by March 2019

ZERO WAITING – WAITING LIST SIZE

Executive Lead: Mark Brassington

CQC Domain: Responsive

2021 Objective: Our Services



Challenges/Successes

The total incomplete waiting list was 36,657 against a year-end target of 39,032. The 18 week+ backlog was 5632, a reduction of 683 against the previous month.

The largest increases are in Midwifery (169), Paediatrics (107), Urology (70) and General Surgery (58).

Actions in place to recover:

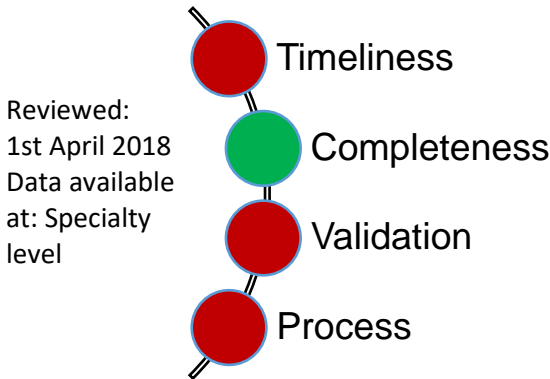
The Trust has seen an improving position from January. Total incompletes on 4 March, 2019 is 37783 compared to a 14 January position of 38733. ULHT is currently 1300+ ahead of the position as of 1 April 2018.

The CCGs have indicated that the year-end waiting list target needs to be delivered by CCG – this is currently being achieved for Lincs East, Lincs West and South Lincs. Validation is being targeted on the South West Lincs which is around 150 away from achieving.

Trajectory for Recovery

By March 2019 maximum total waiting list 39,302 with 5,978 over 18 weeks

APPENDIX A – KITEMARK



Domain	Sufficient	Insufficient
Timeliness	<p>Where data is available daily for an indicator, up-to-date data can be produced, reviewed and reported upon the next day.</p> <p>Where data is only available monthly, up-to-date data can be produced, reviewed and reported upon within one month.</p> <p>Where the data is only available quarterly, up-to-date data can be produced, reviewed and reported upon within three months.</p>	<p>Where data is available daily for an indicator, there is a data lag of more than one day.</p> <p>Where data is only available monthly, there is a data lag of more than one month.</p> <p>Where data is only available quarterly, there is a data lag of more than one quarter.</p>
Completeness	<p>Fewer than 3% blank or invalid fields in expected data set.</p> <p>This standard applies unless a different standard is explicitly stated for a KPI within commissioner contracts or through national requirements.</p>	<p>More than 3% blank or invalid fields in expected data set</p>
Validation	<p>The Trust has agreed upon procedures in place for the validation of data for the KPI.</p> <p>A sufficient amount of the data, proportionate to the risk, has been validated to ensure data is:</p> <ul style="list-style-type: none"> - Accurate - In compliance with relevant rules and definitions for the KPI 	<p>Either:</p> <ul style="list-style-type: none"> - No validation has taken place; or - An insufficient amount of data has been validated as determined by the KPI owner, or - Validation has found that the KPI is not accurate or does not comply with relevant rules and definitions
Process	<p>There is a documented process to detail the following core information:</p> <ul style="list-style-type: none"> - The numerator and denominator of the indicator - The process for data capture - The process for validation and data cleansing - Performance monitoring 	<p>There is no documented process. The process is fragmented/inconsistent across the services</p>