Public Board Meeting Report

Subject:	**Single Oversight Framework Integrated Performance Report**
Date:	**21st December 2017**
Authors:	**Phil Bolton – Deputy Chief Nurse, Yvonne Simpson- Head of Corporate Nursing, Jonathan Clements – Financial Planning and Strategy Manager, Helen Cowley and Michelle Smith – Workforce Information Officers, Elaine Jeffers – Deputy Director Governance and Quality Improvement**
Lead Directors:	**Andy Haynes – Medical Director, Paul Robinson – Chief Financial Officer, Julie Bacon – Director of HR & OD, Denise Smith – Chief Operating Officer, Suzanne Banks – Chief Nurse, Paul Moore – Director of Governance and Quality Improvement**

Overview

The report provides detail of how the Trust is performing against the NHS constitutional standards and the performance indicators suggested in the Single Oversight Framework guidance issued in September 2016 by NHSI.

The attached dashboard shows how the Trust has performed against these standards in the period. If there is no national standard then last year's performance is indicated, these are shaded grey, in order to provide context and ensure a focus on continuous improvement.

The Trust is performing well against the majority of the standards, however in some area's the standard is not being achieved, for each of the standards rated as red an exception report is provided below.

These are:

- MRSA
- Falls
- Patients where the dementia outcome was positive or inconclusive, are referred on to specialist services
- Response Rate: Friends and Family Accident and Emergency
- Recommended Rate: Friends and Family Maternity
- Recommended Rate: Friends and Family Outpatients
- Emergency Access within four hours
- % of Ambulance handover >30 minutes and > 60 minutes
- 18 weeks referral to treatment time
- Specialties exceeding 18 wk referral
- Number of cases exceeding 52 weeks referral to treatment
- % of fractured neck of femur achieving Best Practice Tariff
- 62 days urgent referral to treatment

Performance rated as Amber on the dashboard, HSMR and Sickness absence is also reported

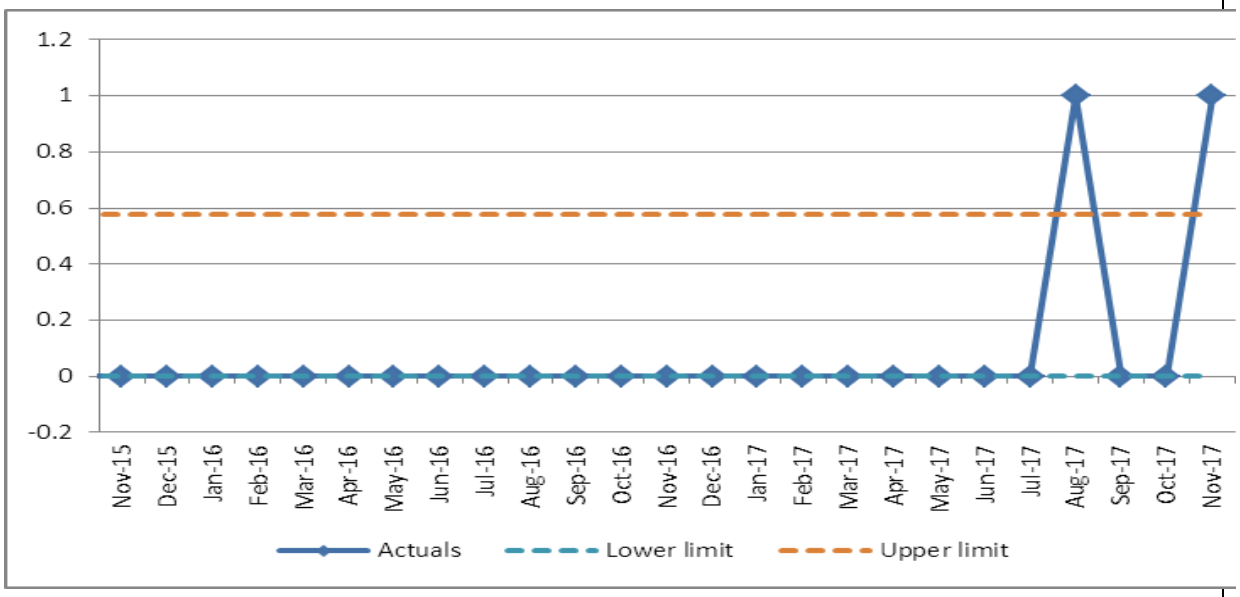
Exception Report

Indicator: MRSA

Month: December 2017

Standard: MRSA Bacteraemia – hospital acquired cases

Current position



There has been one case of MRSA Bacteraemia in Emergency Department in November 2017.

Causes of underperformance

The causes of the underperformance is:-

- Contamination of sample in Emergency Department;
- Poor technique on sample taking.

Actions to address

Action	Owner	Deadline
Identify a core group of staff to undertake training on blood culture sampling. Infection, Prevention and Control team to provide education and support in Emergency Department, to strength the blood taking processes.	Rosie Dixon, Nurse Consultant IPC Rosie Dixon, Nurse Consultant IPC	December 2017 January 2018
Improvement trajectory		
To ensure no further MRSA Bacteraemia within 2017/18.		

Risks	
Risk	**Mitigation**
Further MRSA Bacteraemia in different clinical area	To ensure good practice across the Trust, ensuring the blood culture guidance is up to date and easily accessible.

Lead: Rosie Dixon, Nurse Consultant – Infection Prevention & Control

Executive Lead: Suzanne Banks – Chief Nurse

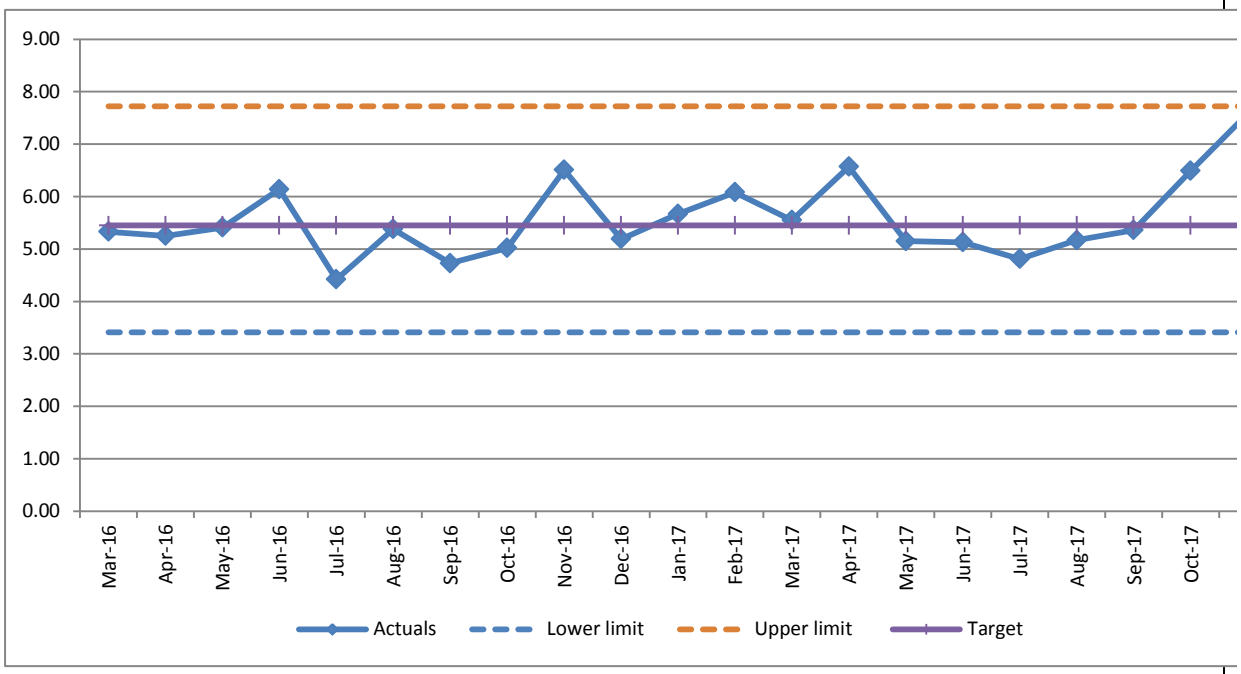
Exception Report

Indicator: Falls

Month: November 2017

Standard: **Falls in 1000 bed days resulting in low or no harm**

Current position



Causes of underperformance

There is no single theme or trend analysed via Datix system.

Woodland ward and Stroke Unit had complex patients with unpredictable and fluctuating mental health issues resulting in repeat falls.

There was additional capacity on Short Stay Unit (SSU) and Ward 12 in November; this was not planned but short notice requiring increased staffing levels.

In response to the decline in the Ward Metric results around the measurements of lying and standing blood pressures the Falls Nurse will carry out a sample audit in December.

Along with concentrated work around the communication and identification of those patients who are at risk of falls when transferred from one area to another.

Actions to address		
Action	**Owner**	**Deadline**
• Ongoing weekend visits are currently rostered by the Falls Lead Nurse for both assurance and educational visits. • Bespoke education and visits to those areas with the highest falls rates will be continued. • Audit of a sample of falls in December to ensure that lying and standing blood pressure measurements are being taken. This is in response to the November Ward Metric results along with the rise in falls. Education around this measurement will be part of this work. • Analysis of each fall related Datix for possible themes and trends taking actions accordingly. • The Falls Lead Nurse will also be prioritising work around communication of a patient's risk of falling when a patient moves from one area to another. • A summary of the National Inpatient Falls Audit 2017 published in November, has been presented to the Nursing, Midwifery & AHP Board and the recommendations will help guide the Falls Prevention Strategy. The Falls NICE Guidance has recently been published, and these two documents will be developed an action plan. • On line e learning falls programme and for a falls drop in centre once a month	Falls Lead Nurse	On-going monthly On–going monthly December 2017 On-going monthly January 2018 Action plan – January 2018 Once a month commencing January 2018

Improvement trajectory
SFH has remained below national average for all falls 6.63 on a monthly basis, since May 2017, until September 2017. The team's aim is to reduce falls below the national average of 6.63, by January 2018.

Risks	
Risk	**Mitigation**
The Virtual Ward Healthcare Assistant team recruitment event took place on the w/c 13 November 2017, and there will be an 8 – 10 week period before the new recruits are in place.	Ensure all shifts are put out to Nurse Bank to ensure there is a full complement of Virtual Ward staff 24/7.
The unfilled Healthcare Assistant shifts will continue to rise.	Further recruitment to the Nurse Bank for Healthcare Assistants and all inpatient vacancies to be identified and recruited to undertaken in December 2017.
The Enhanced Patient Observation policy is not being adhered to and Healthcare Assistants on the Nurse Bank are not choosing these shifts.	HoN to review the wards and ensure that Healthcare Assistants are rotated as per policy to ensure safety, and improve the uptake of the Nurse Bank shifts for Healthcare Assistant.
Due to winter pressures an increase likelihood of opening additional capacity, which could potentially increase the number of falls	Winter plan is to not open additional capacity but to utilise current inpatient facilities, and reduce elective activity

Lead: Joanne Lewis-Hodgkinson – Lead Falls Nurse

Executive Lead: Suzanne Banks, Chief Nurse

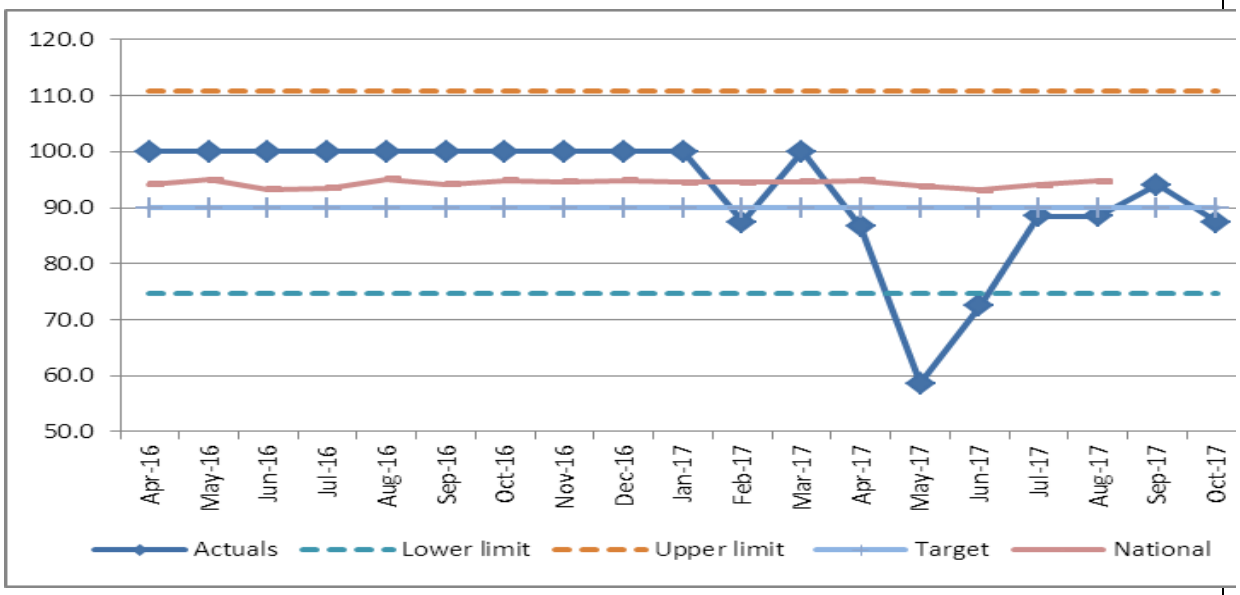
Exception Report

Indicator: Dementia

Month: December 2017

Standard: Patients where the dementia outcome was positive or inconclusive, are referred onto a Specialist service

Current position



Causes of underperformance

- In the absence of the Dementia Specialist Nurse, support has been accessed from a number of areas to ensure the data is uploaded in a timely manner. Whilst this was undertaken it was identified that the initial case finding question usually undertaken in Emergency Department (ED) has been omitted from the re-print of the ED assessment booklets from October to mid-December 2017. This has meant that a large number of patients have not received the required screening assessments.
- In essences, this means that the October data uploaded in November may not reflect accurately the number of patients that should have received the initial screening assessment and so therefore, the data provided will be flawed, because only two parts of the assessment process were completed.

Actions to address		
Action	**Owner**	**Deadline**
NHS Improvement will be informed that this information (October data) uploaded in November, is flawed.	Suzanne Banks	December 2017
The Corporate Practice Development Team is reviewing the November data (ED), so that there is assurance that the patient's received the right pathway of care.	Tina Hymas-Taylor, Head of Safeguarding	December 2017
Head of Service and Head of Nursing for Urgency & Emergency Care have met with the Deputy Chief Nurse to understand why the information has been removed from the clerking documentation.	Phil Bolton, Deputy Chief Nurse	Completed – December 2017
October data (240) is to be reviewed by an experienced Registered Nurse, with good clinical knowledge.	Tina Hymas-Taylor, Head of Safeguarding	December 2017
December's data will continue the same level of scrutiny as November.	Tina Hymas-Taylor, Head of Safeguarding	January 2018
Re-print of the ED clerking documentation and utilise an interim assessment question to ensure the correct assessments and referrals are made	Richard Clarkson, Head of Service ED	15 December 2017
To provide an additional layer of assurance the Matron for Urgency & Emergency Care will review the admission documents for the remaining 3 days.	Jayne Revill – Matron Urgent & Emergency Care	15 December 2017

Improvement trajectory
To maintain 90% or over of patients where dementia outcome was positive or inconclusive, have been referred to specialist services, by February 2018.

Risks	
Risk	**Mitigation**
Late submission of the November data, due to increased scrutiny of ED admissions	To ensure all patients are appropriately assessed and referred to the specialist services required, scrutiny was felt to be appropriate.
Corporate Practice Development Matrons will be dedicating 2 – 3 days per week on Dementia assurance, and this will impact on the Corporate projects within their portfolio	To additional support from an experience Registered Nurse working on the Bank – significant Project/ Programme Management experience.

Lead: Tina Hymas-Taylor, Head of Safeguarding

Executive Lead: Suzanne Banks, Chief Nurse

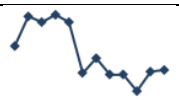
Exception Report

Indicator: Friends and Family Test

Month: Month 8 November 2017

Standard: Friends and Family Test (FFT)

Current position

Indicator	Plan/Standard	Period	YTD Actuals	Monthly Actuals	Trend	RAG
Response Rate: Friends and Family Accident and Emergency	≥12.8%	Nov-17	9.6%	12.4%		R
Recommended Rate: Friends and Family Maternity	96%	Nov-17	95.5%	89.7%		R
Recommended Rate: Friends and Family Outpatients	96%	Nov-17	93.9%	94.0%		R

Causes of underperformance

1. **The FFT in relation to ED** – this response rate has increased month on month, and is almost achieving the national average. SFHT achieved the third highest response and recommendation rate within the NHS England North Midlands. The Department are exploring introducing iPads within the department with the support of volunteers for patients to have the opportunity provide feedback prior to leaving the department.
2. **The FFT relation to recommending Maternity Services** fell by 6.3% in November 2017. Following a review of the FFT feedback, the areas where patients made a negative comment are highlighted below:

2.1 Sherwood Birthing Unit (6 comments in total - 3 false negatives)

- Patient reported they did not feel staff listened and understood the distress they were experiencing, however commented on a marked improvement following shift change.
- Patient commented on the different attitudes of midwives, explaining some were kind and supportive however felt others did not listen or offer support.
- Unhappy with the length of time taken for an planned induction to take place following admission to hospital

2.2 Maternity Ward (6 comments in total – no false negatives)

- Patient felt staff were stretched which led to lack of support with breast feeding

- Conflicting information from staff
- Unclean toilet and shower areas

2.3 Community Midwifery - (2 comments in total – 1 false negative)

Short staff due to sickness which patient reported led to late visits to their home having a potential disruptive impact on their other plans.

2.4 Ante-Natal Clinic – (2 comments – no false negatives)

- Waiting times in clinic
- Attitude of consultant

It is worth noting that as part of the Maternity Core Service Self-Assessment process a Patient Survey Monkey has been undertaken with very positive results on the experience of users surveyed.

3. **The FFT in relation to Outpatient Services** - increased by 0.3% in November, the common themes continue to be waiting times in many specialty clinics, with a focus on the following:

- Clinic 1 – Waiting times in Orthopaedic Outpatient Clinics, including the Fracture Clinic
- Clinic 5 – Waiting times in Endocrine and Older Peoples Medicine
- Clinic 8 - Waiting times in Ophthalmology, cancelled clinic in ENT at Newark Hospital
- Car Parking Charges

All Divisional Triumvirate Management teams receive their comment reports directly from Optimum Meridian. This allows them to understand where both positive and negative feedback has been reported and identify any areas of good practice or required areas for improvement, this includes whether the patient would recommend the Trust.

The D&O Division are well sighted on these issues and continue to work with all outpatient clinics to ensure a positive patient experience, to reduce unnecessary waiting times and importantly ensure patients are advised and comfortable during any unexpected delays. There are some known clinical capacity issues that are being reviewed by the relevant specialty i.e. Medical capacity within Endocrinology and the unknown demand for Fracture Clinic Appointment, particularly on a Monday where patients will have waited over the weekend period.

Car parking charges remain a concern for our population but out-with the responsibility of the Outpatient Department. All feedback is shared with the Estates Department to enable views to be considered with future planning.

The Trust has formally written to Optimum Meridian asking for confirmation of when this issue will be resolved. A response is required from the provider by 20 December 2017 but a response has not been received to date.

Actions to address

Action	Owner	Deadline
Continue to identify and update false negatives in conjunction with Optimum Meridian to ensure the Meridian Dashboard reflects accurate real-time data	Kim Kirk, Head of Patient Experience	Ongoing

Awaiting resolution from Optimum Meridian following formal escalation of false negative reporting	Kim Kirk, Head of Patient Experience	20/12/2017
The FFT data for the December Board was only available from 13th of this month. Therefore the development of an effective audit and tracking plan in relation to required actions from negative feedback – will be available in the January Report	Kim Kirk, Head of Patient Experience	January 2018
Improvement trajectory		
Monitoring required remedial actions to continue via Divisional Performance meetings, including the identification of false negatives to ensure the system is updated to reflect accurate real-time data.		
Risks The response from Optimum Meridian does not meet the needs of the organisation		
Risk	**Mitigation** Response awaited	

Lead: Kim Kirk – Head of Patient Experience

Executive Lead: Paul Moore – Director of Quality Governance

Exception Report

Indicator: Emergency access within 4 hours

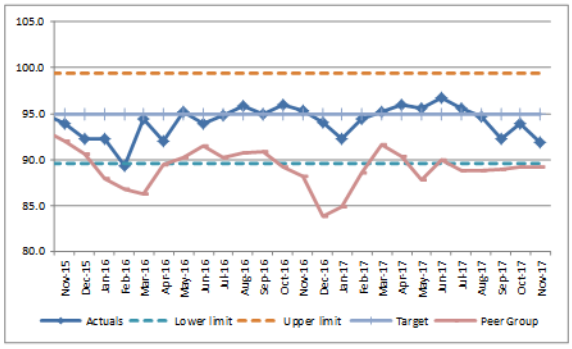
Month: Month 8 November 2017

Standard: A&E maximum waiting time of four hours from arrival to admission / transfer / discharge (95%)

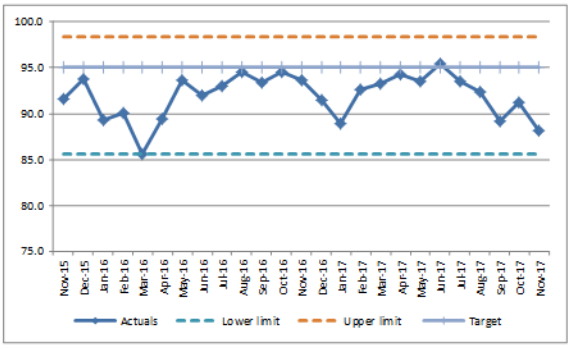
Current position

Overall, 91.9% of patients had a maximum waiting time of four hours from arrival to admission / transfer / discharge in November 2017. At Kings Mill Hospital performance was 88.2% and at Newark Hospital performance was 99.2%.

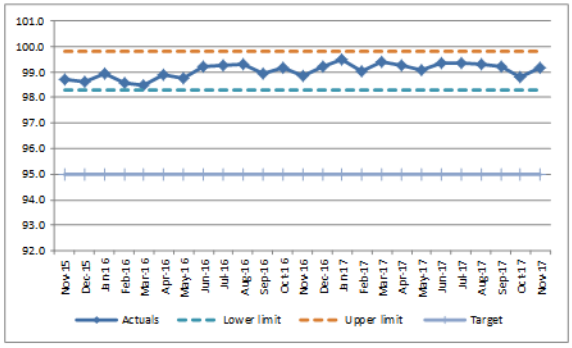
Emergency access within four hours Total Trust



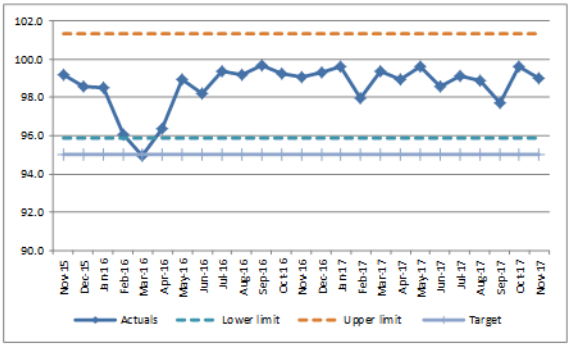
Emergency access within four hours Kings Mill

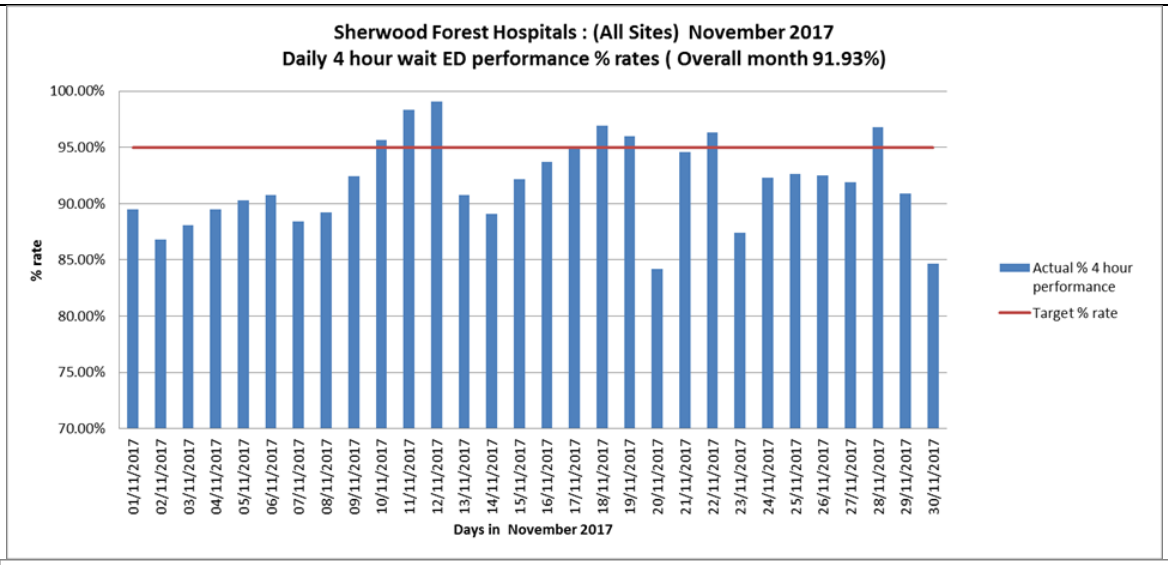


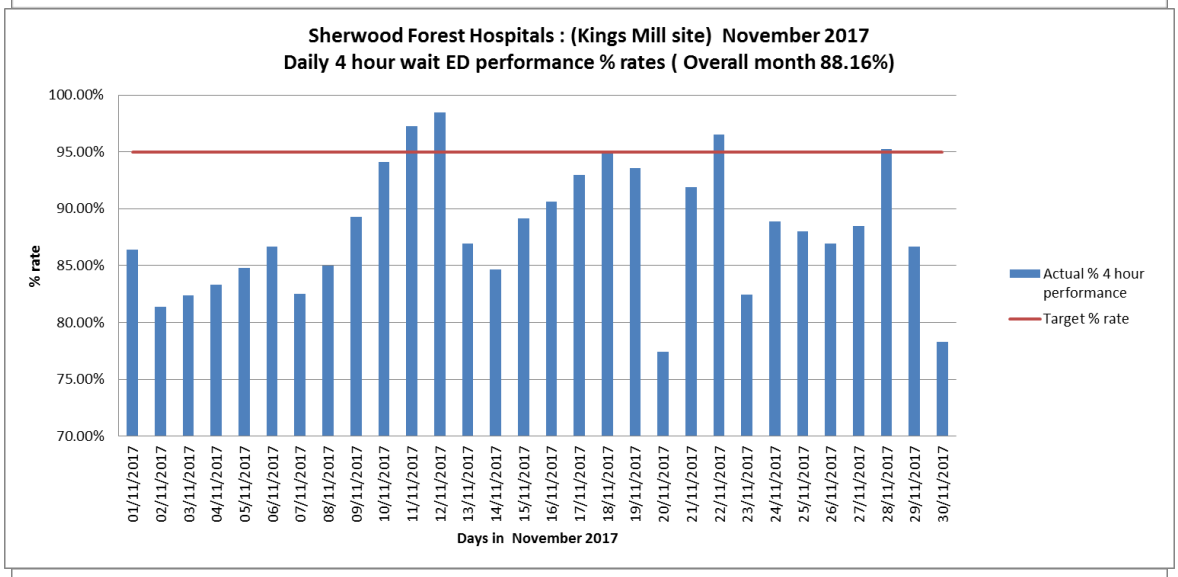
Emergency access within four hours Newark

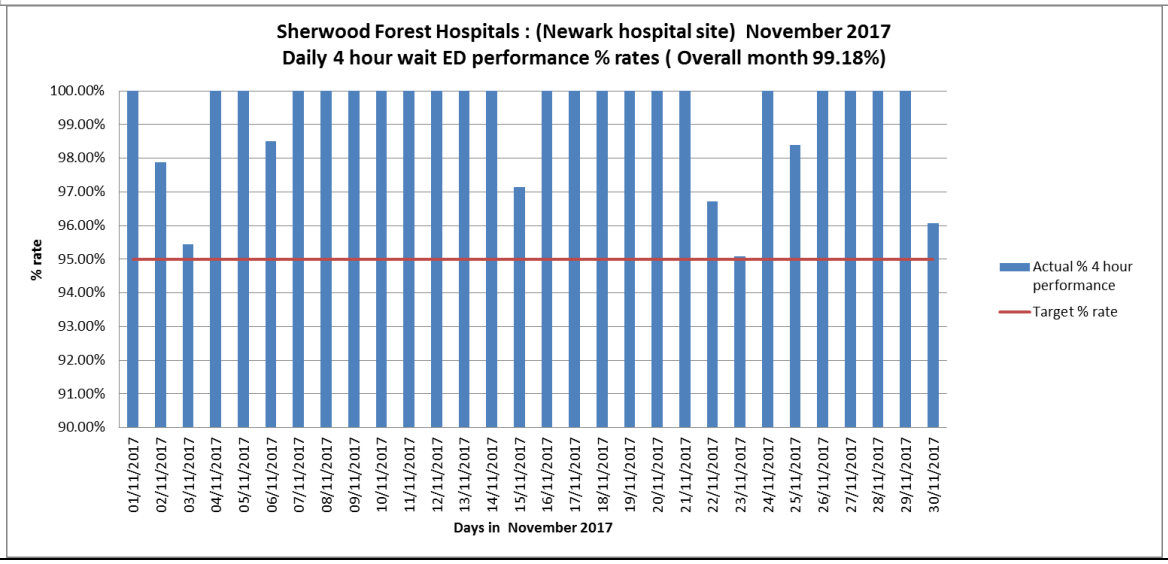


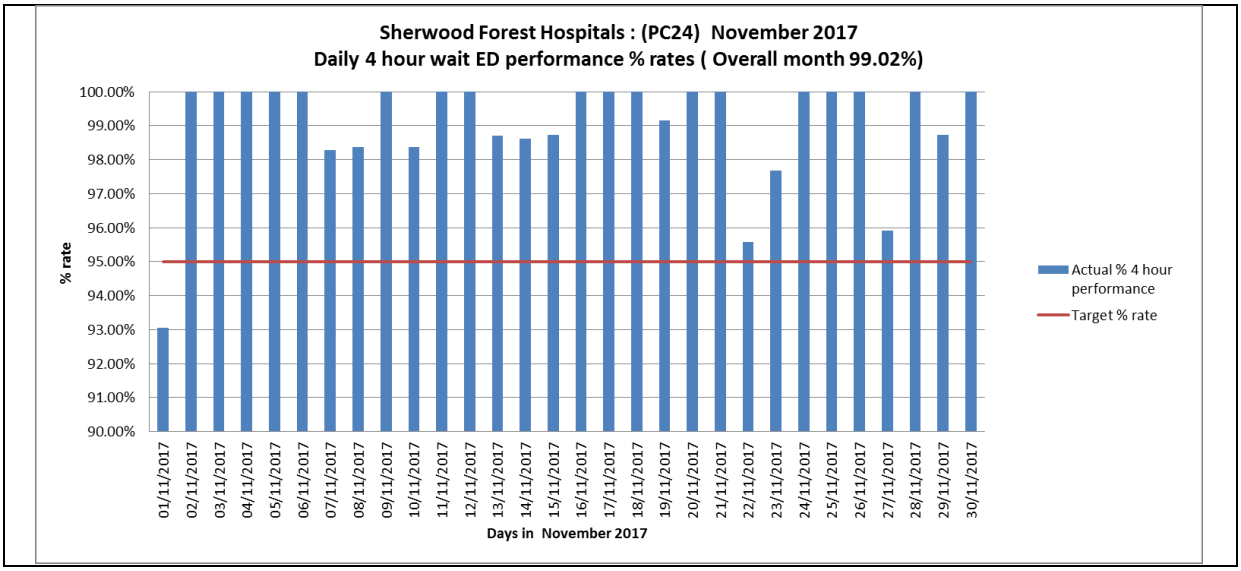
Emergency access within four hours Primary Care *(included in total trust performance not SFH activity)*




Sherwood Forest Hospitals : (All Sites) November 2017
Daily 4 hour wait ED performance % rates (Overall month 91.93%)
% rate
Days in November 2017
Actual % 4 hour performance
Target % rate


Sherwood Forest Hospitals : (Kings Mill site) November 2017
Daily 4 hour wait ED performance % rates (Overall month 88.16%)
% rate
Days in November 2017
Actual % 4 hour performance
Target % rate


Sherwood Forest Hospitals : (Newark hospital site) November 2017
Daily 4 hour wait ED performance % rates (Overall month 99.18%)
% rate
Days in November 2017
Actual % 4 hour performance
Target % rate


Sherwood Forest Hospitals : (PC24) November 2017
Daily 4 hour wait ED performance % rates (Overall month 99.02%)
% rate
100.00%
99.00%
98.00%
97.00%
96.00%
95.00%
94.00%
93.00%
92.00%
91.00%
90.00%
01/11/2017
02/11/2017
03/11/2017
04/11/2017
05/11/2017
06/11/2017
07/11/2017
08/11/2017
09/11/2017
10/11/2017
11/11/2017
12/11/2017
13/11/2017
14/11/2017
15/11/2017
16/11/2017
17/11/2017
18/11/2017
19/11/2017
20/11/2017
21/11/2017
22/11/2017
23/11/2017
24/11/2017
25/11/2017
26/11/2017
27/11/2017
28/11/2017
29/11/2017
30/11/2017
Days in November 2017
Actual % 4 hour performance
Target % rate

2017/18

Sherwood Forest Hospitals Trust	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17
Total Attendances	12475	13252	12513	13200	12225	12147	12539	12439
Over 4 hours	509	590	415	590	655	938	759	1004
% within 4 hours	95.92%	95.55%	96.68%	95.53%	94.64%	92.28%	93.95%	91.93%

2016/17

Sherwood Forest Hospitals Trust	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16
Total Attendances	11892	13206	12389	13375	12176	12314	12616	12049
Over 4 hours	953	639	753	697	506	628	504	572
% within 4 hours	91.99%	95.16%	93.92%	94.79%	95.84%	94.90%	96.01%	95.25%

2017/18

Kings Mill Hospital	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17
Total Attendances	8129	8676	8168	8535	8012	8105	8280	8147
Over 4 hours	470	561	369	555	617	874	726	965
% within 4 hours	94.22%	93.53%	95.48%	93.50%	92.30%	89.22%	91.23%	88.16%

2016/17

Kings Mill Hospital	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16
Total Attendances	8139	9247	8907	9563	8894	9138	8612	8493
Over 4 hours	859	593	709	670	482	604	473	535
% within 4 hours	89.45%	93.59%	92.04%	92.99%	94.58%	93.39%	94.51%	93.70%

2017/18

Newark Hospital	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17
Total Attendances	2023	2179	2072	2271	2056	1913	2005	1833
Over 4 hours	15	20	13	15	14	15	24	15
% within 4 hours	99.26%	99.08%	99.37%	99.34%	99.32%	99.22%	98.80%	99.18%

2016/17

Newark Hospital	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16
Total Attendances	1701	1979	1879	2130	1899	1882	1811	1628
Over 4 hours	19	25	15	16	13	20	15	19
% within 4 hours	98.88%	98.74%	99.20%	99.25%	99.32%	98.94%	99.17%	98.83%

2017/18

Primary Care 24	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17
Total Attendances	2323	2397	2273	2394	2157	2129	2254	2459
Over 4 hours	24	9	33	20	24	49	9	24
% within 4 hours	98.97%	99.62%	98.55%	99.16%	98.89%	97.70%	99.60%	99.02%

2016/17

Primary Care 24	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16
Total Attendances	2052	1980	1603	1682	1383	1294	2193	1928
Over 4 hours	75	21	29	11	11	4	16	18
% within 4 hours	96.35%	98.94%	98.19%	99.35%	99.20%	99.69%	99.27%	99.07%

Causes of underperformance

In month, there were 12,439 attendances with 1,004 breaches (all sites).

Breaches by Patient Category

Children	18
Major	782
Minor	25
Minor Injury	1
Primary Care	29
Resus	149
Grand Total	**1004**

Breaches by Primary Breach Reason

Waiting for Bed - ED Referral waiting for bed	236	31.09%
Waiting for Assessment - Waiting to be examined by an ED Doctor	153	20.16%
Awaiting clinical decision making	136	17.92%
Exception - True Clinical Exception	71	9.35%
Waiting for Transport - Waiting for Ambulance Transport	62	8.17%
Waiting for Diagnostic - Pathology	28	3.69%
Waiting for Treatment - Waiting for ED Treatment	17	2.24%
Delay in referral from PC24	10	1.32%
Waiting for Diagnostic - X-ray	10	1.32%
Waiting for Specialist - Orthopaedic	9	1.19%
Waiting for Specialist - Surgical	8	1.05%
Waiting for Specialist - Psychiatric	6	0.79%
Multiple clinical handovers	5	0.66%
Waiting for internal transfer	5	0.66%
Waiting for Bed - Direct Surgical Referral	1	0.13%
Waiting for Specialist - Gynae	1	0.13%
Waiting for Specialist - Paediatrics	1	0.13%
Total	**759**	

Actions to address		
Action	**Owner**	**Deadline**
Continue recruitment for medical staff vacancies	Richard Clarkson	Ongoing recruitment continues until all posts are filled
Weekly workforce meetings in place to update recruitment plans and review medical staff rota to minimise gaps and ensure good / safe skill mix is in place.	Richard Clarkson	Weekly – ongoing
Standard Operating Procedure in place to standardise expectations medical leadership on	Richard	Complete – ongoing review to ensure

every shift	Clarkson	standards are embedded
Implementation and embedding of Senior streaming to ensure senior review of all patients with investigations ordered within 30 minutes of arrival	Richard Clarkson	Implemented, ongoing embedding of the process
Revised junior doctor rota to commence 6 December 2017	Richard Clarkson	6 December 2017
Weekly review of stranded patients	Division of Medicine	Weekly – ongoing
Continued focus on achieved a third of daily discharges by noon	Division of Medicine	Daily – ongoing

Improvement trajectory
The standard is expected to be achieved every month.

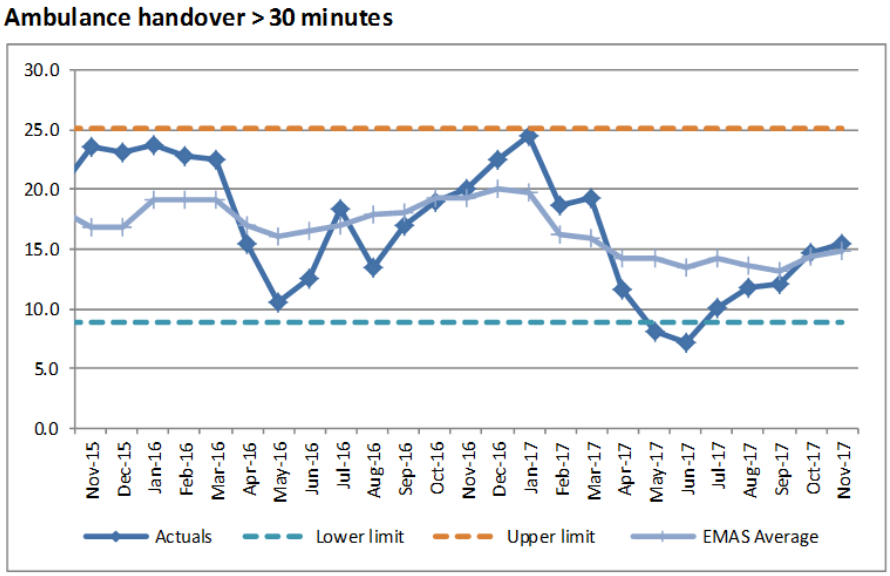
Risks	
Risk	**Mitigation**
Failure to fill medical staff vacancies	Long term locums requested and internal locums sourced
Number of stranded patients increases	Internal and escalation following weekly review meeting
Failure to achieve third of discharges by noon	Maintain operational focus through daily flow meetings with escalation through Division where not achieved

Divisional Lead: Divisional General Manager, Urgent and Emergency Care
Executive Lead: Denise Smith, Acting Chief Operating Officer

Exception Report

Indicator: % of Ambulance handover >30 minutes
Month: Month 8 November 2017
Standard: 0 patients delayed more than 30 mins from arrival to handover

Current position
In November, 11.4%% of ambulance handovers took longer than 30 minutes.



Causes of underperformance
At times, the Trust is experiencing a higher number of ambulance arrivals than predicted per day. This increase, together with potential batching of ambulance arrivals, can lead to delay in taking handovers due to space constraints within the Emergency Department.

Actions to address		
Action	**Owner**	**Deadline**
Develop case of need for investment in additional trolleys	Richard Clarkson	December 2017
Agree operational handover policy and escalation process with EMAS	Richard Clarkson	December 2017
Review the potential to increase 'see and treat' by ambulance crews and thereby reduce the number of patients conveyed to ED	Richard Clarkson	December 2017

Improvement trajectory
To consistently deliver performance of a maximum of 10% of ambulance handovers taking over 30 minutes (but less than 60 minutes)

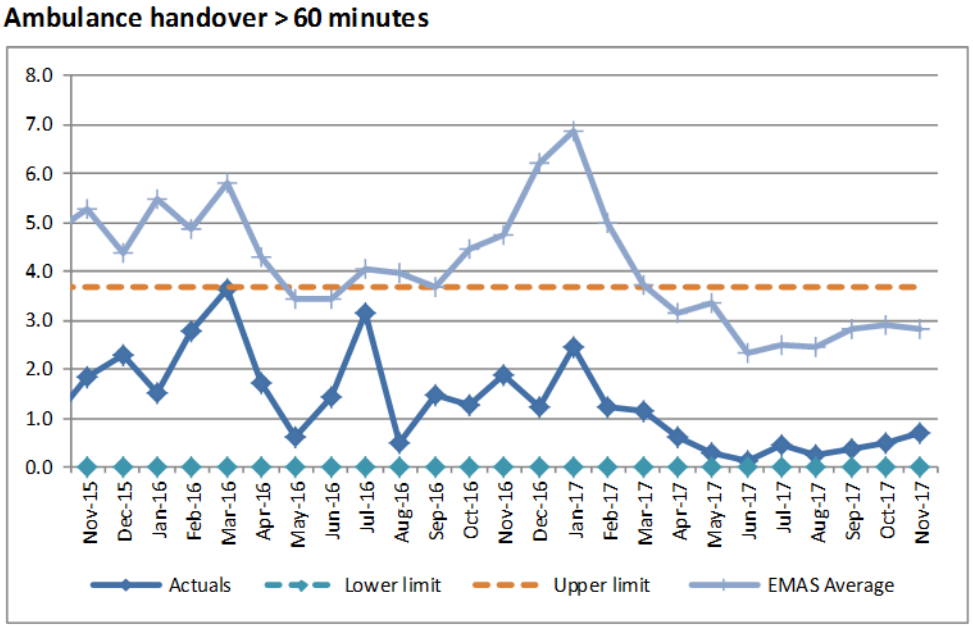
Risks	
Risk	**Mitigation**
Case of need not supported	Review existing trolley capacity across the Trust

Lead: Divisional General Manager, Urgent and Emergency Care
Executive Lead: Denise Smith, Acting Chief Operating Officer

Exception Report

Indicator: % of Ambulance handover >60 minutes
Month: Month 8 November 2017
Standard: 0 patients delayed more than 60 mins handover from EMAS

Current position
In November, 0.4% of ambulance handovers took 60 minutes or longer.



Causes of underperformance
At times, the Trust is experiencing a higher number of ambulance arrivals than predicted per day. This increase, together with potential batching of ambulance arrivals, can lead to delay in taking handovers due to space constraints within the Emergency Department.

Actions to address

Action	Owner	Deadline
Develop case of need for investment in additional trolleys	Richard Clarkson	December 2017
Agree operational handover policy and escalation process with EMAS	Richard Clarkson	December 2017
Review the potential to increase 'see and treat' by ambulance crews and thereby reduce the number of patients conveyed to ED	Richard Clarkson	December 2017

Improvement trajectory
The Trust expects to deliver the standard every month.

Risks	
Risk	**Mitigation**
Case of need not supported	Review existing trolley capacity across the Trust

Lead: Divisional General Manager, Urgent and Emergency Care
Executive Lead: Denise Smith, Acting Chief Operating Officer

Exception Report

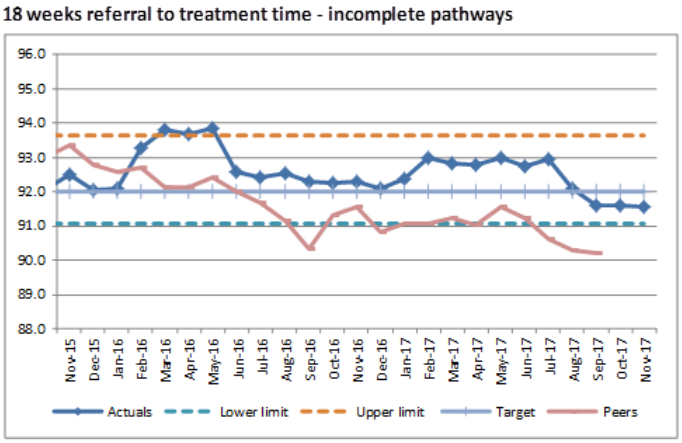
Indicator: 18 weeks referral to treatment time – incomplete pathways

Month: Month 8 November 2017

Standard: Maximum time of 18 weeks from referral to treatment (92%)

Current position

In November, 7 specialties failed to achieve the standard and overall the Trust failed the standard, achieving 91.6%



The specialties failing the standard were:

RTT Reporting Specialty	<18 Weeks	>18 Weeks	Grand Total	%age
100 - General Surgery	1594	155	1749	91.14%
101 - Urology	1748	175	1923	90.90%
140 - Maxillofacial Surgery	414	81	495	83.64%
160 - Plastic Surgery	65	6	71	91.55%
320 - Cardiology	1332	233	1565	85.11%
340 - Respiratory	698	73	771	90.53%
400 - Neurology	1068	205	1273	83.90%
Trust Total	**20476**	**1885**	**22361**	91.57%

Causes of underperformance

General Surgery

Loss of experienced speciality doctor affects the ability to pick up flexible sessions for theatres / clinics and lack of flexible capacity in the service due to current vacancies / gaps with on call (sickness), nights and ward cover taking the priority.

Urology

Lack of capacity, compounded by hot week start 6th November 2017.

Oral Surgery
Additional capacity identified has been utilised for patients on a cancer pathway.

Plastic Surgery
Small cohort of patients with insufficient Minor Op's capacity.

Cardiology
Route cause was predominantly outpatient delays with a number of breached pathways relating to overdue follow up appointments which have activated a new RTT clock.

Respiratory
Delays associated with patients on a sleep studies pathway

Neurology
The service has no substantive workforce and the long term locum has recently left the Trust.

Actions to address		
Action	**Owner**	**Deadline**
General Surgery – additional capacity to be sourced to clear the admitted backlog	Steve Jenkins	In progress – ongoing
Urology – medical staff recruitment, joint arrangements in place with NUH, maximising Newark Hospital capacity, additional capacity to be sourced	Steve Jenkins	In progress – ongoing
Oral Surgery – further additional capacity to be sourced to address the backlog with and Consultant from NUH will resolve capacity pressures longer term	Steve Jenkins	In progress – ongoing
Plastic Surgery – review theatre scheduling at Newark with additional lists to be sourced. Circle Consultant supporting	Dale Travis	In progress – ongoing
Cardiology – Position continues to improve, commencement of the new specialist nurse clinics diverting post procedure follow up and some new chest pain and arrhythmia referrals from consultant clinics to nurse led clinics. The service is exploring weekend working in December.	Dale Travis	In progress – ongoing
Respiratory – additional sleep study clinics being sourced	Dale Travis	In progress – ongoing
Neurology – joint working with NUH on future service provision and proposal to close to new referrals in the interim	Dale Travis	In progress - ongoing

Improvement trajectory	
General Surgery	January 2018
Urology	April 2018
Oral Surgery	January 2018
Plastic Surgery	January 2018

Cardiology	January 2018
Respiratory	December 2017
Neurology	To be confirmed

Risks	
Risk	**Mitigation**
Medical staff availability to fulfil existing and additional sessions	Continue recruitment and secure locums where required

Lead: Divisional General Managers

Executive Lead: Denise Smith, Acting Chief Operating Officer

Exception Report

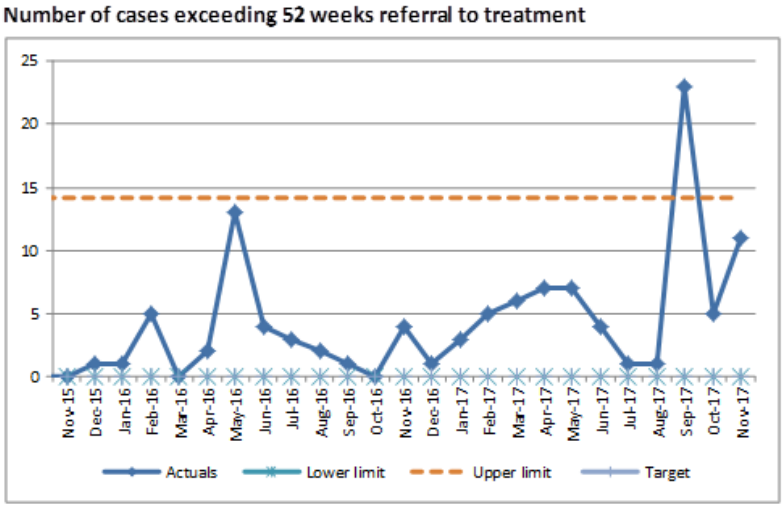
Indicator: Number of cases exceeding 52 weeks referral to treatment

Month: Month 8 November 2017

Standard: 0

Current position

In October 2017 5 patients waited longer than 52 weeks from referral to treatment.



Causes of underperformance

The pathways for each of the patients is detailed below, all breaches were identified through as a result of ongoing validation work:

1. Cardiology 54 weeks – Found through validation. UHL patient and an admin error issue at their end. Urgent appointment being sourced.
2. Urology 61 weeks – Found through validation. Pt cancelled TCI of 20th December 2017 as want to wait until new year due to Christmas activities, TCI 10th January 2018.
3. Urology 60 weeks – Found through validation. TCI date 18th December 2017.
4. General Surgery at 68 weeks – Found through validation, incorrect stop. Seen in clinic 20 November, listed for Hernia repair, pre-operative assessment 28 November 2017, patient offered TCI date, doesn't want until after Christmas.
5. Rheumatology 1x 96 weeks, 1 x 98 weeks, 1 x 99 weeks, 1 x 108 weeks, 1 x 112 weeks, 1 x 134 weeks, 1 x 137 weeks – Found through validation, overdue review. Appointments being sourced.

Actions to address		
Action	**Owner**	**Deadline**
Continue validation work	Data Quality Manager / Divisional General Managers	In progress – ongoing

Improvement trajectory
Until the validation programme is complete further 52 week breaches may continue to be identified.

Risks	
Risk	**Mitigation**
Further breaches identified	Progress validation programme and appoint patients as soon as any breaches are identified

Lead: Divisional General Managers

Executive Lead: Denise Smith, Acting Chief Operating Officer

Exception Report

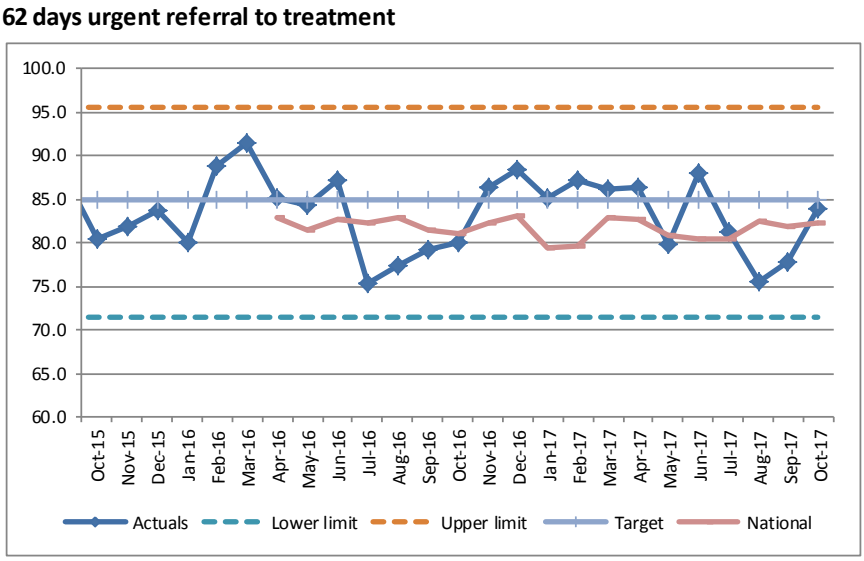
Indicator: 62 days urgent referral to treatment

Month: Month 7 October 2017

Standard: Maximum 62 day wait for first treatment from urgent GP referral for suspected cancer (85%)

Current position

Trust performance in October 2017 was 83.9 % against the standard of 85%.



Causes of underperformance

There were 14 breaches which related to 18 patients, the reasons for the breaches are detailed below:

Tumour Site	Breach reason	Accountable Breach
Breast	1. Treatment delayed due to medical reasons.	1
Gynaecology	1. Tertiary referral from SFHFT on day 53 of pathway. Patient required multiple diagnostic tests under two clinic teams prior to treatment planning. Not treated within 24 days of receipt due to surgical capacity	0.5
Haematology	1. Patient required multiple diagnostic and staging tests prior to treatment planning.	1
LGI	1. Tertiary referral from SFHFT on day 70 of pathway. Delay to radiology reporting and further delays to specialist MDT discussion. Treated within 24 days of receipt.	1.5

	2. Tertiary referral from SFHT on day 59 of pathway. Patient choice to delay multiple diagnostic tests throughout pathway. Not treated within 24 days of receipt. 3. Tertiary referral from SFHFT on day 49 of pathway. Delay to oncology clinic appointment at referring Trust due to capacity issues	
Lung	1. Tertiary referral from SFHFT on day 20 of pathway. Delay to treatment planning as specialist test required.	0.5
UGI	1. Patient choice to delay diagnostic and staging tests. 2. Patient choice to delay diagnostic test. 3. Tertiary referral from SFHFT on day 36 of pathway. Patient required multiple diagnostic tests prior to treatment planning. 4. Tertiary referral from SFHFT on day 38 of pathway. Treatment delayed due to requiring recovery for an infection following a diagnostic test. 5. Tertiary referral from SFHFT on day 50 of pathway. Delay to histology reporting as specialist opinion required. Treated within 24 days of receipt.	3.5
Urology	1. Patient required multiple diagnostic tests to confirm diagnosis. 2. Delay to radiology reporting and then delay to clinic decision making. 3. Delay to diagnostic test then change to treatment plan once patient assessed 4. Delay to diagnostic and staging tests due to capacity issues. 5. Patient choice to delay diagnostic test. 6. Delay to diagnostic test due to capacity issues.	6
Total		**14**

Actions to address		
Action	**Owner**	**Deadline**
Working towards 7 day diagnostic standards for radiology (except CT colon which has reduced from 21 days to 14 days)	Elaine Torr	Q4
Working toward 7 day diagnostic standards for Endoscopy	Dale Travis	To be confirmed
Working towards booking of 2ww referrals by day 7	Divisional General Managers	To be confirmed
Implementation of optimal pathways	Divisional General	To be

	Managers	confirmed
Diagnosis by day 28	Divisional General Managers	To be confirmed
Tertiary referrals by day 38	Divisional General Managers	To be confirmed
Reduction of 62 day backlog	Divisional General Managers	Ongoing since July 2017
Weekly PTL escalation meeting and weekly Chief Executive oversight meeting	Cancer Services Manager & Chief Executive	In place – ongoing

Improvement trajectory
January 2018 79.3% February 201879.3% March 2018 85%

Risks	
Risk	**Mitigation**
Outpatient capacity	Review capacity and demand and monitor weekly, prioritising patients on a cancer pathway
Diagnostic	Review capacity and demand and monitor weekly, prioritising patients on a cancer pathway
Surgical capacity	Review capacity and demand and monitor weekly, prioritising patients on a cancer pathway
Tertiary delays	Escalation process in place with tertiary providers
Oncology	Review Oncology SLA – for SFHT and tertiary patients

Lead: Divisional General Managers

Executive Lead: Denise Smith, Acting Chief Operating Officer

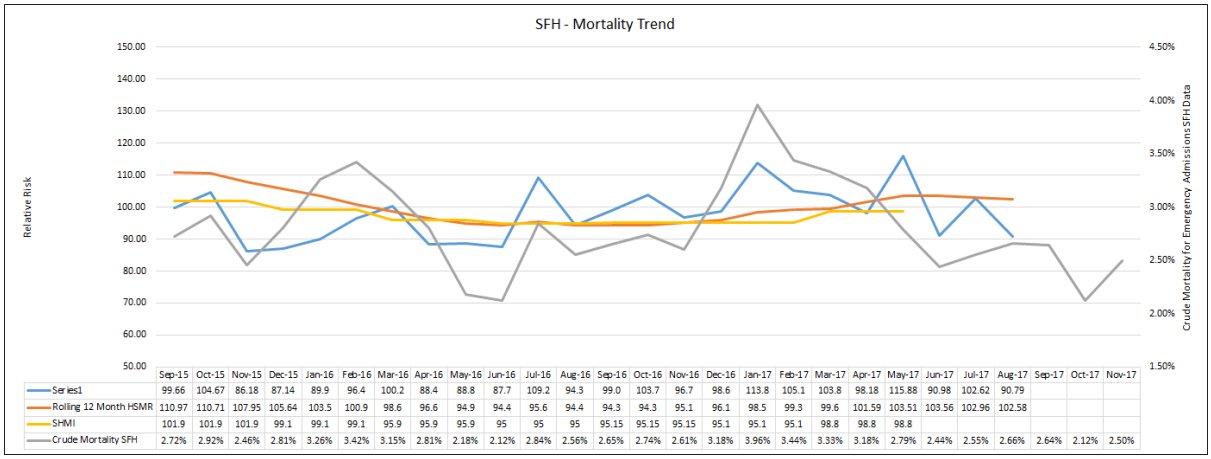
Performance reports – Rated Amber

HSMR and SHMI

The 12 month rolling HSMR indicates the Trust position from September 2015 to August 2017. Over the winter period 2016/17 we experienced a spike in crude mortality. This was thoroughly investigated through the Mortality Surveillance Group work where no issues of concern were identified.

The monthly HSMR position demonstrates a decrease in crude mortality which is expected to continue moving the Trust from within the expected range to our previous position in spring of 2016 of being below the national average.

SHMI remains below the 100 mark indicating a stable position.



	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17
Series1	99.66	104.67	86.18	87.14	89.9	96.4	100.2	88.4	88.8	87.7	109.2	94.3	99.0	103.7	96.7	98.6	113.8	105.1	103.8	98.18	115.88	90.98	102.62	90.79			
Rolling 12 Month HSMR	110.97	110.71	107.95	105.64	103.5	100.9	98.6	96.6	94.9	94.4	95.6	94.4	94.3	94.3	95.1	96.1	98.5	99.3	99.6	101.59	103.51	103.56	102.96	102.58			
SHMI	101.9	101.9	101.9	99.1	99.1	99.1	95.9	95.9	95.9	95	95	95	95.15	95.15	95.15	95.1	95.1	95.1	98.8	98.8	98.8						
Crude Mortality SFH	2.72%	2.92%	2.46%	2.81%	3.26%	3.42%	3.15%	2.81%	2.18%	2.12%	2.84%	2.56%	2.65%	2.74%	2.61%	3.18%	3.96%	3.44%	3.33%	3.18%	2.79%	2.44%	2.55%	2.66%	2.64%	2.12%	2.50%

QUALITY AND SAFETY

1. Same sex accommodation

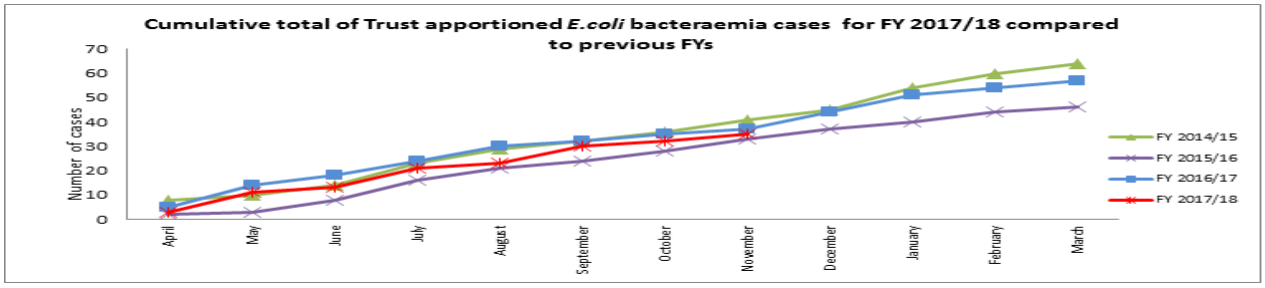
There were no single sex accommodation breaches to report in November 2017.

2. Infection Prevention and Control

All healthcare associated infections are carefully monitored and managed in line with national and local guidance. There were two cases of Clostridium Difficile Infection (CDI) in November 2017. This was within our monthly objective, and brought our total to 27 cases which remains within the annual objective to date.

As part of the mandatory surveillance programme the Trust submits data on a number of other organisms against which there are no national targets. However in the past year there

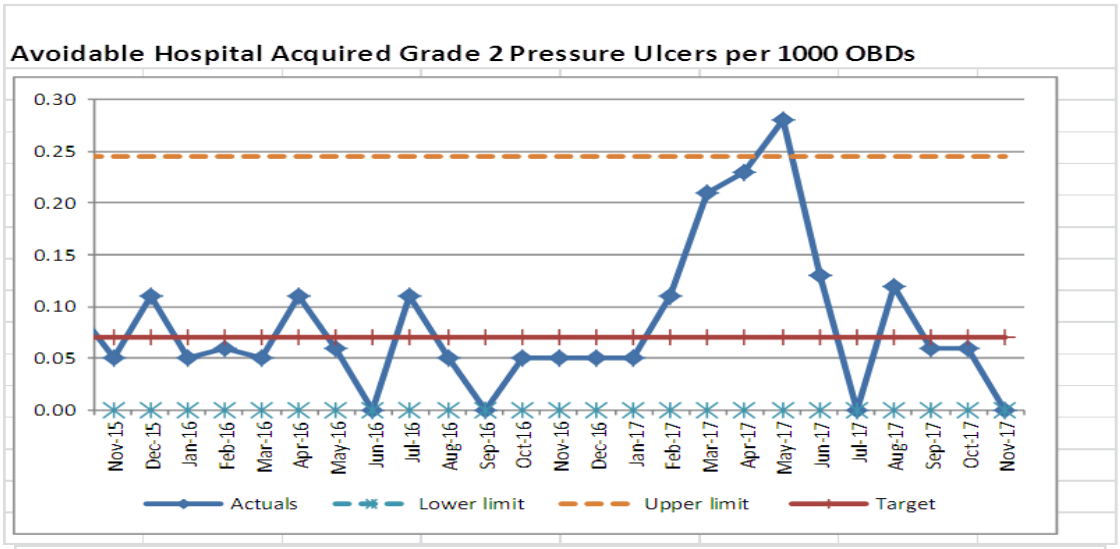
has been an increasing acknowledgement internationally that the numbers of Eschericia Coli bacteraemia across the country continue to rise. Therefore, as part of the NHS Quality Premium an overall reduction of 10% across the entire CCG has been requested. Nationally it has been acknowledged that this bacteria is community driven and the resulting infections are often driven by underlying conditions and secondary care does have a part to play in that reduction and work to understand what additional measures are required to reduce this specific infection. Therefore though there is no formal target there is an intention to reduce the numbers identified and in November 21017, we identified three cases.

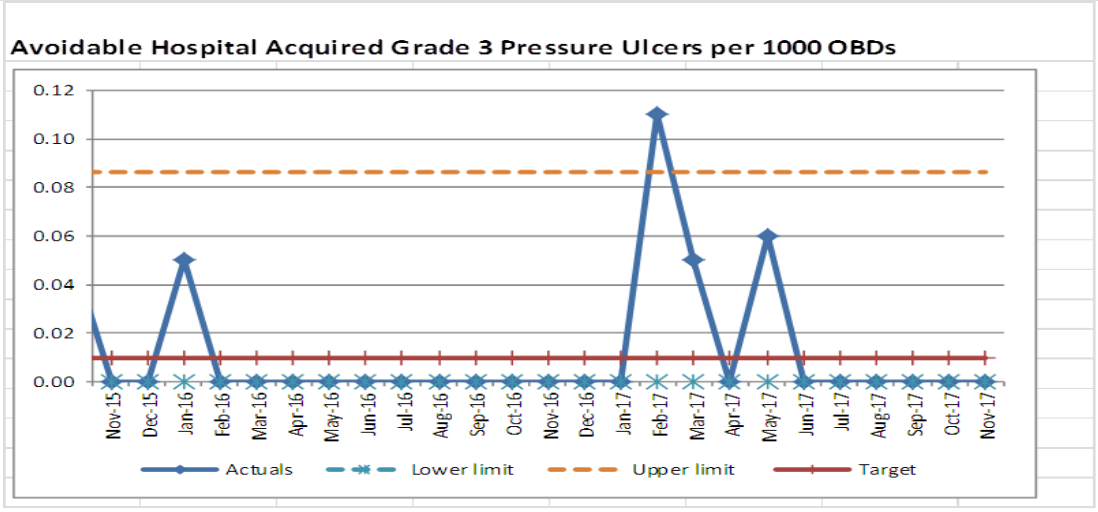


3. Tissue Viability

Reducing harm from pressure ulcers (PUs) has been identified as a supplementary quality priority in line with the Quality Account that will be implemented during 2017/8.

The graphs below shows the percentage of pressure ulcers by grade 2-4 calculated by the occupied bed days (OBD). There were zero avoidable PUs in November. One suspected deep tissue injury will be validated next month, when it can be graded.





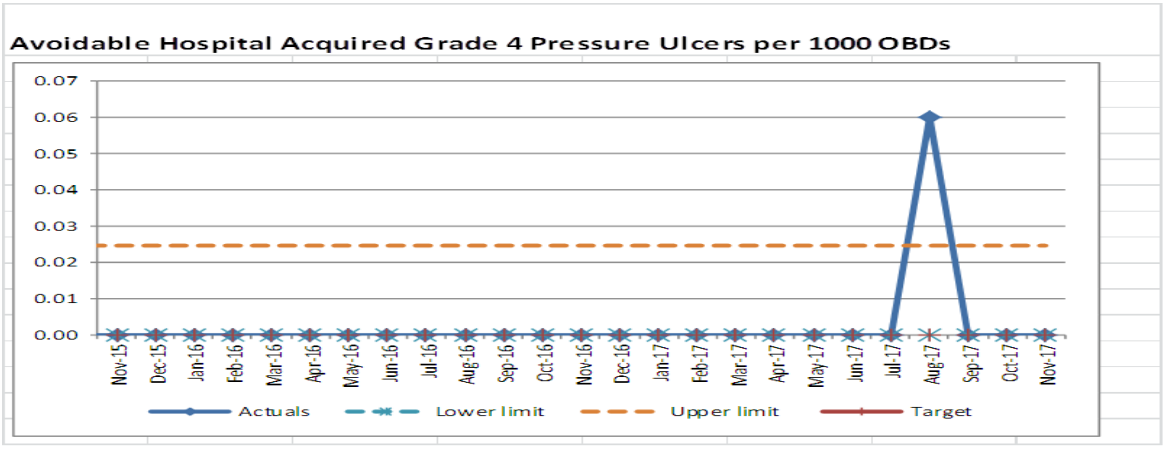


Table 1 below shows the total number hospital acquired PUs, both avoidable and unavoidable by grade over a 17 month period.

Table 1:

PUs by Grade	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov

							17										
Grade 2																	
Avoidable	2	1	0	1	1	1	1	2	4	4	5	2	0	2	1	1	0
Unavoidable	1	4	1	3	4	3	4	0	1	3	6	2	5	7	6	10	3
Grade 3																	
Avoidable	0	0	0	0	0	0	0	2	1	0	1	0	0	0	0	0	0
Unavoidable	0	0	1	0	0	0	0	0	0	1	0	0	0	1	0	0	0
Grade 4																	
Avoidable	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
Unavoidable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Grades 2-4 avoidable and unavoidable																	
Total	3	5	2	4	5	4	5	4	6	8	12	4	5	11	7	9	3

Mitigation plans and actions going forward

- Deep dive into emergency care, documentation revised and training to commence week commencing 11 December 2017;
- Tissue Viability team complete monthly ward audits, with support to the staff;
- The service providing dynamic mattresses across which started on the 30.10.17 has significantly improved the provision of the correct dynamic mattress to patients at the right time;
- Tissue Viability (TV) Flash Report (includes KPIs and risks) presented to the Nursing and Midwifery Board as part of the Harms free Care Agenda;
- TV report presented to the PSQB quarterly – starting in December;
- TV Preceptorship study day to run three times a year starting in December;
- Fundamentals Study Day for all nurses across the Trust to include, Patient Safety, TV, ICP, deteriorating patients, pain. Accountability of RNs will focus throughout the day;
- Consultant Nurses commenced monthly meeting with HONs to discuss preventing harms and accountability.

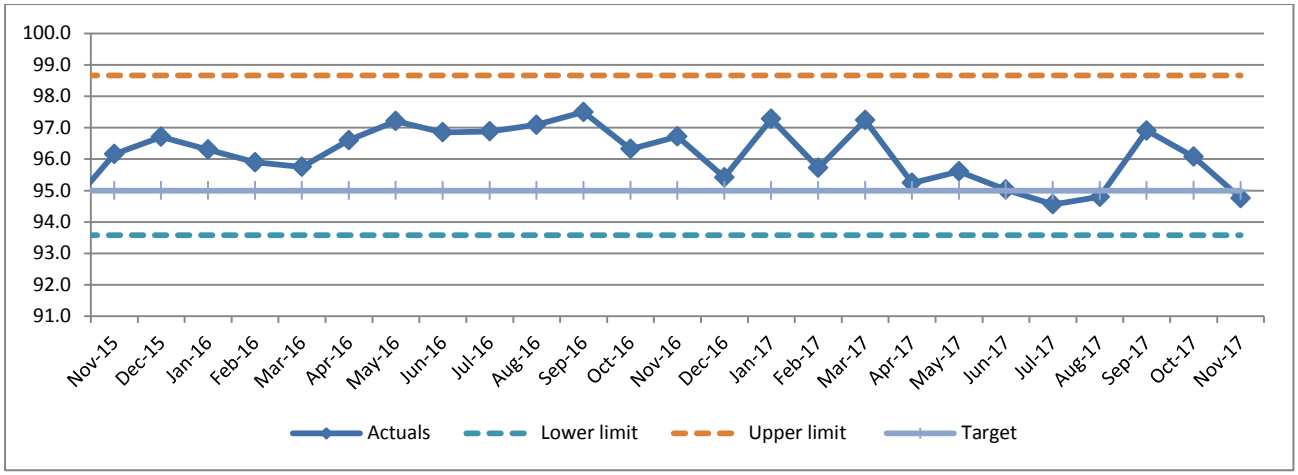
4. Harm-free Care (Safety Thermometer)

The Trust reported 94.76% harm free care during November against the standard of 95%.

The standard includes ‘new’ harms that are acquired during that admission and ‘old’ harms which are present on admission, the total of all harms was 5.24%, n=29.

The new harms total is 11 (1.99%) and includes the following:-

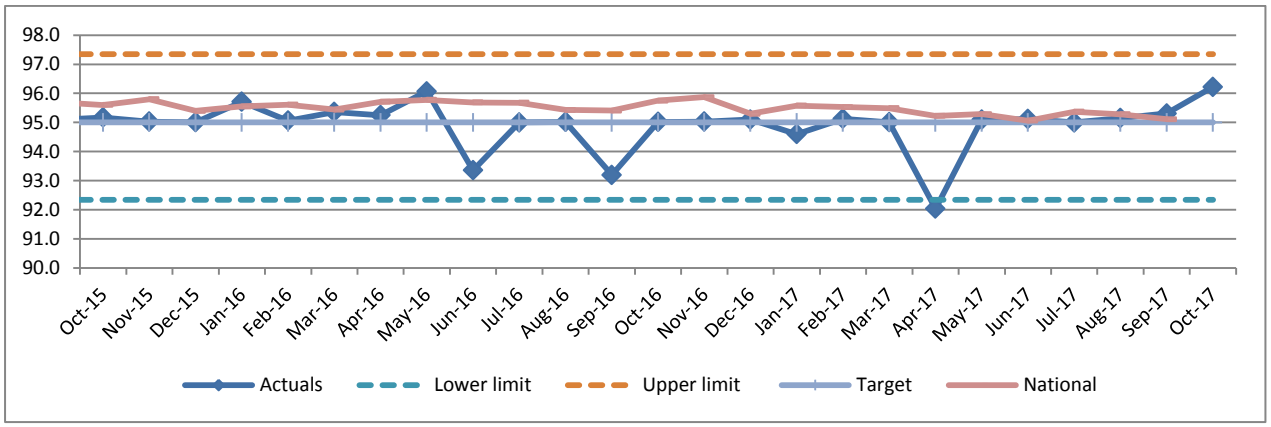
- 4 venous thromboembolism (VTE)
- 4 pressure ulcers
- 1 fall with harm
- 2 catheters and new Urinary Tract Infections.



5. VTE

The Trust met this standard for the month of October (96.22% against a standard of 95%). Although the standard was met the Governance Support Unit continues to review a random of medical notes to ensure that all eligible patients have had appropriate VTE prophylaxis in accordance with Trust guidance. To date this review demonstrates that appropriate VTE prophylaxis is being initiated.

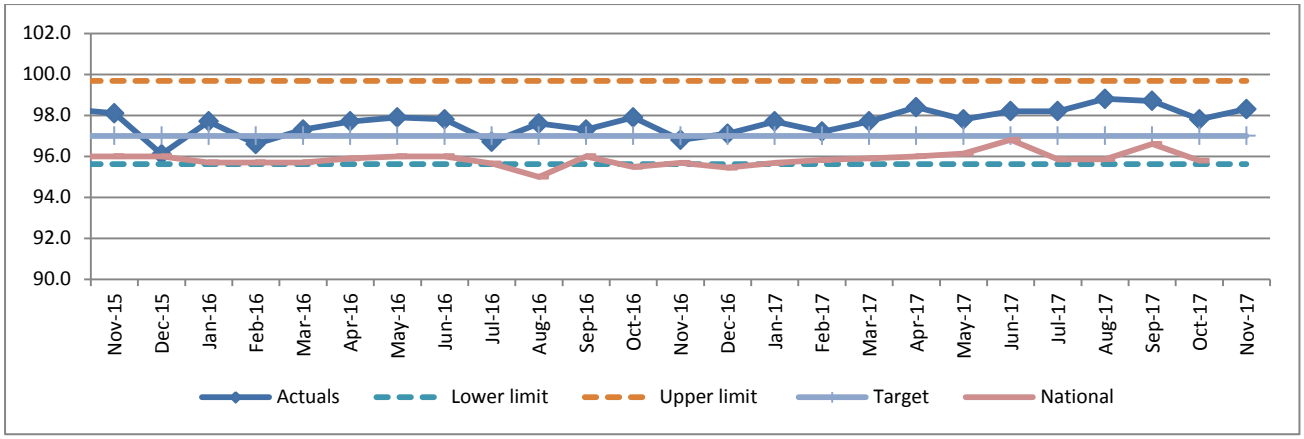
The four new VTEs identified during the November Safety Thermometer audit were diagnosed and treated on the wards. These four cases will be reviewed as part of the audit programme to determine if they were hospital acquired or not.



6. Family and Friends

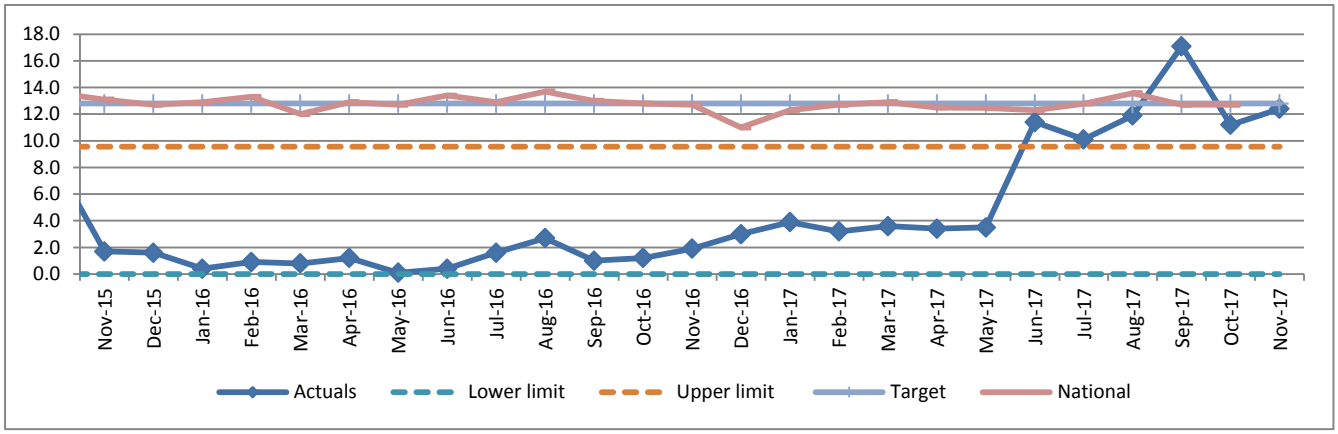
Inpatient responses for FFT remain consistently above the national average with November average response at 28.7%. This demonstrates how numerous initiatives introduced over recent months such as the introduction and use of iPads to gather the data are now making an impact. Importantly the feedback and positive outcome measure is also high such as with 98.3% of patients recommending the hospital.

Graph 1: The Recommended Rate: Friend and Family Inpatient

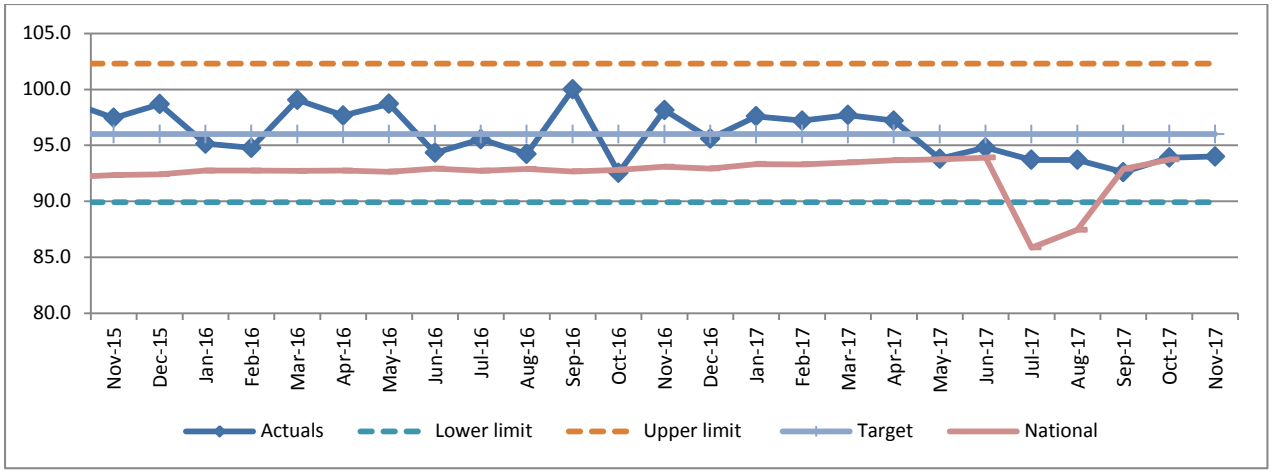


Whilst the response rate within the Emergency Department remains below the national target of 12.8%, it is reported to be 12.4% for November, which decreased on previous month and is the fifth month over 10% response which continues to demonstrate engagement between staff and patients which is now providing some sound feedback that can be used. The ED team continue to work hard to maintain the increase seen during 2017, and using paper and SMS texting will continue to support this approach.]

Table 2: The Recommended Rates Friends and Family: Emergency Department



The FFT response rate for Maternity Services is 27.9% in November (birth only). Out-patients recommendation rate is 94%, this is due to Outpatient responses received largely via SMS texting, the Patient Experience Team can receive a number of these which are reviewed and amended centrally on the meridian system by the Patient Experience Team, which provides a revised recommendation rate.

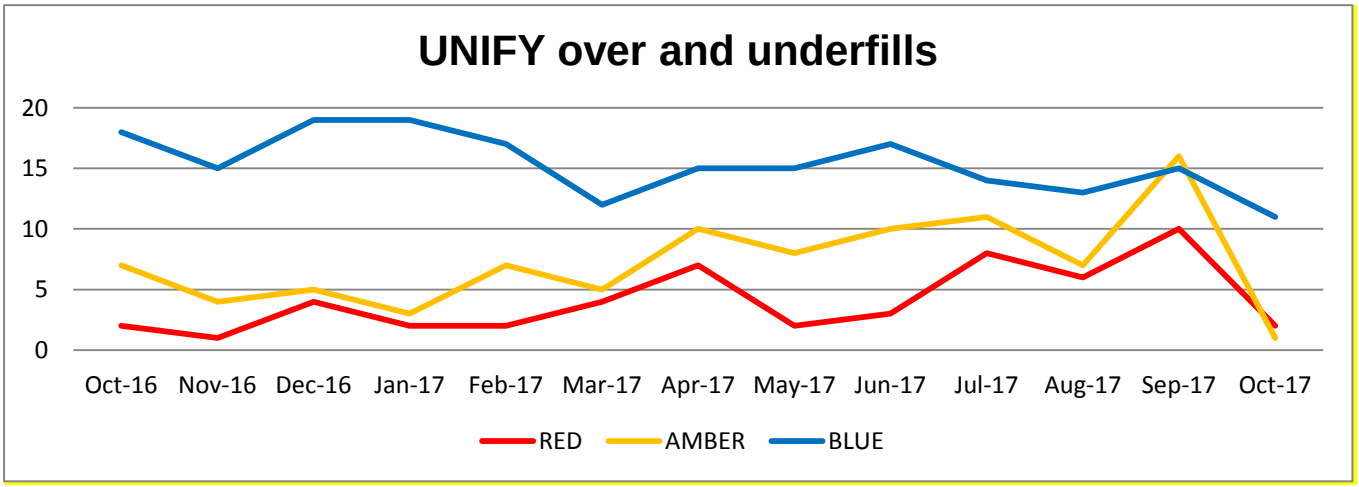


7. Safe Staffing

The number of areas with **red** ratings (actual staffing level is below the accepted 80% level and highlights a potential significant risk) saw a decrease to 1 ward in November 2017, and this area was Integrated Critical Care Unit. This was due to Healthcare Assistant vacancies and in due to their specialty they do not go out to Bank or Agency to fill these shifts. There were no concerns raised in these areas.

The number of areas with **amber** ratings (staffing fill rate is less than the accepted 90%, but above 80%) has significantly increased to 3 this month.

November 2017 saw 12 wards of the 24 monitored recording as **blue** rating (actual staffing figures are greater than 110% fill rate) this figure has a marginally increased in number of wards with an increased in monitored recordings from the previous months data; it has been closely monitored by the Ward Sisters/Charge Nurses and Matrons.



ORGANISATIONAL HEALTH

Sickness Absence (rated amber on dashboard)

Sickness absence increased in November 2017 by 0.38% to 3.96% (October 2017, 3.58%).

Short term sickness increased by 0.15% to 2.31%, (October 2017, 2.16%), long term increased by 0.23% to 1.65% (October 2017, 1.42%)

Only the Corporate Division achieved or exceeded the 3.5% target, although sickness absence did increase in month by 0.85% to 3.20% (October 2017, 2.35%). Short term sickness increased by 0.15% to 1.36% and long term sickness increased by 0.69% to 1.84%.

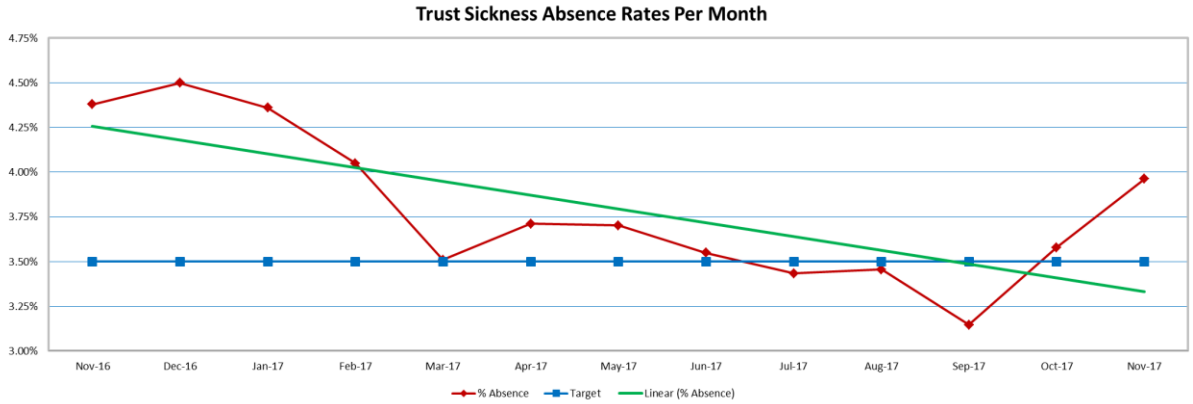
Two Divisions were marginally above the 3.5% target:

- Medicine – 3.56% (October, 4.12%) an increase of 0.56%. Short term sickness decreased by 0.63% to 1.90% and long term sickness increased by 0.07% to 1.66%.
- Surgery – 3.72% (October, 3.15%) an increase of 0.57%. Short term sickness increased by 0.50% to 2.42% and long term sickness increased by 0.07% to 1.30%.

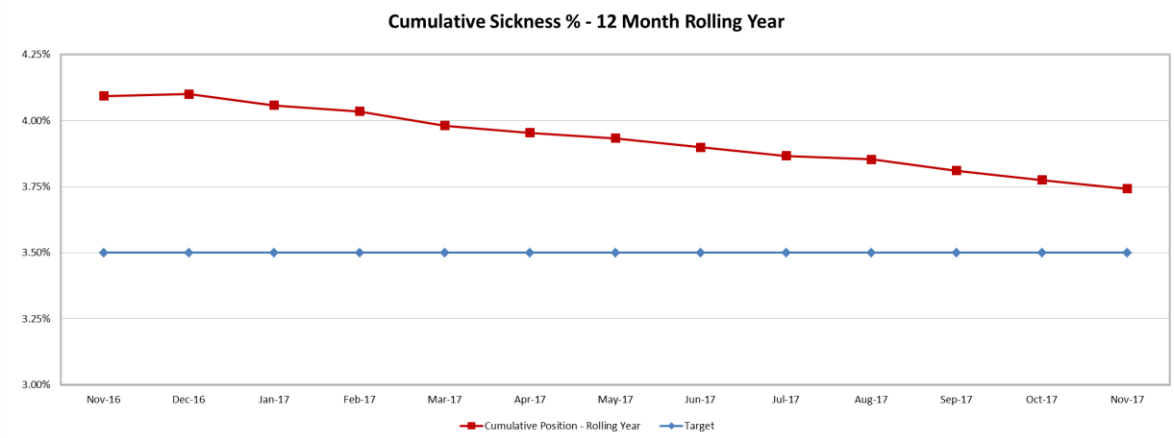
The three divisions which were significantly above target in November 2017 were:

- Women & Childrens' – 5.86% (October, 4.21%), an increase of 1.65%. Short term sickness increased by 1.28% to 3.74% and long term sickness increased by 0.37% to 2.12%.
- Urgent & Emergency Care - 4.31% (October, 4.10%), an increase of 0.21%. Short term sickness decreased by 0.61% in month to 1.98%. However, long term sickness increased by 0.84% to 2.34%.
- Diagnostics & Outpatients – 4.08% (October, 3.63%) an increase of 0.45%. Short term sickness increased by 0.42% to 2.72%, and long term sickness increased by 0.04% to 1.37%.

As can be seen from the chart below, although sickness absence for November 2017 has increased it is 0.42% lower than November 2016



The 12 month rolling year (sickness averaged for the previous 12 month period for each month). indicates a significant sustained improvement.



The three sickness absence reasons which have the highest increase in FTE days lost are:

- S13 Cold, cough, Flu – influenza – 408.07 FTE days - an increase of 154.56 FTE days (October, 253.51 FTE days). The staff groups with the highest FTE days lost due to this reason were:
    - Registered Nurse - 107.55 FTE days
    - Admin & Clerical 95.79 FTE days
    - Unregistered Nurse 92.44 FTE days

- S10 Anxiety/stress/depression/other psychiatric illnesses – 1307.38 FTE days - an increase of 152.24 FTE days (October, 1155.14 FTE days). The three staff groups with the highest FTE days lost due to this reason were:
    - Registered Nurse - 529.44 FTE days
    - Admin & Clerical - 377.97 FTE days
    - Unregistered Nurse 168.40 FTE days.

- S25 Gastrointestinal problems – 564.68 FTE days - an increase of 121.74 FTE days (October, 442.94 FTE days). The three staff groups with the highest FTE days lost due to this reason were:
    - Registered Nurse - 204.02 FTE days
    - Unregistered Nurse - 143.08 FTE days
    - Admin & Clerical 109.86 FTE days.

Divisional management and HR Business Partner teams will continue to strive to bring sickness rates back below the 3.5% target. However, as the winter period does tend to exacerbate sickness levels, it may not be below the 3.5% again until Spring.

Staffing

This table below shows the net position with staff in post against establishment in November 2017 across the Trust:

There were 23.34 FTE more starters than leavers in November 2017 (49.19 FTE starters v 25.85 FTE leavers). The turnover rate decreased to 0.65% (October, 0.94%), well below the threshold of 1%.

All Registered Nurse vacancies have decreased In November 2017 to 10.64%, 142.27 FTE (October, 11.12%, 148.59 FTE). Band 5 Registered Nurse vacancies have decreased to 15.49%, 116.74 FTE (October, 15.68%, 118.20 FTE), which is a new low.

	Nov-17								
	Budget - FTE	SIP - FTE	SIP - Headcount	Vac - FTE / Gap - FTE	% Vacancy / % Gap	Starters	Leavers	% Turnover	Active Adverts
Total Trust									
Admin & Clerical	1152.30	1066.96	1307	85.34	7.41%	11.87	9.64	0.90%	39
Allied Health Professionals	226.51	213.02	266	13.49	5.95%	1.10	0.00	0.00%	4
Ancillary	40.27	37.03	44	3.24	8.05%	0.00	0.00	0.00%	1
Medical & Dental	496.96	432.34	454	64.62	13.00%	3.00	2.00	0.46%	24
Registered Nurse Operating Line * - ALL Bands	1336.54	1194.27	1407	142.27	10.64%	14.08	6.28	0.53%	16
Scientific & Professional	215.68	193.20	210	22.48	10.42%	3.43	1.00	0.52%	4
Technical & Other	270.62	261.04	325	9.58	3.54%	4.45	3.67	1.41%	0
Unregistered Nurse	595.07	578.36	675	16.71	2.81%	11.25	3.26	0.56%	3
Total - Trust	**4373.62**	**3976.23**	**4688**	**397.39**	9.09%	**49.19**	**25.85**	**0.65%**	**91**
Band 5 Registered Nurse Only operating line *	753.68	636.94	760	116.74	15.49%	8.68	4.67	0.73%	-

Note: Starters and Leavers excludes Rotational Doctors

**Establishment and thereby vacancies in the Band 5 RN category have been reduced by 5% of establishment in order to reflect the margin that would usually be left unfilled to fund the cover for unplanned absences such as sickness with bank and agency. This margin is never filled with substantive staff. This impacts both the band 5 RN figure and the total RN figure.*

Medical Staff vacancy levels

Date	Budgeted establishment	Staff in Post	Vacancies	Vacancy %	Change since baseline
Aug 16	**483.57**	**413.30**	**70.27**	**14.53**	**-**
April 17	494.09	427.96	66.13	13.38	-1.15
May 17	494.09	428.44	65.65	13.29	-1.24
June 17	494.09	427.84	66.25	13.41	-1.12
July 17	493.77	444.54	49.23	9.97	-4.56
Aug 17	493.74	430.79	62.95	12.75	-1.78
Sept 17	496.07	435.27	60.80	12.26	-2.27
Oct 17	496.07	436.60	60.37	12.15	-2.38
Nov 17	496.96	432.34	64.62	13.00	-1.03

Nursing

Reasons for leaving across all registered nurse leavers - (6.28 FTE), were: Flexi Retirement; 1.64 FTE; Voluntary – Work Life Balance, 1.00 FTE; Dismissal – Capability, 1.43 FTE; Retirement Age, 0.61 FTE; Voluntary – Relocation, 1.00 FTE; Voluntary Early Retirement, 0.60 FTE.

Below are Registered Nurse vacancy levels tracked against an August 2016 baseline.

Registered Nurses – All bands

Date	Budgeted establishment	Staff in Post	Vacancies	Vacancy %	Change since baseline
Aug 16	**1327.51**	**1123.65**	**203.86**	**17.39**	**-**
April 17	1328.24	1164.22	164.02	12.35	-5.04
May 17	1326.90	1167.43	159.46	12.02	-5.37
June 17	1325.60	1166.15	159.46	12.03	-5.36
July 17	1327.51	1162.07	165.44	12.46	-4.93

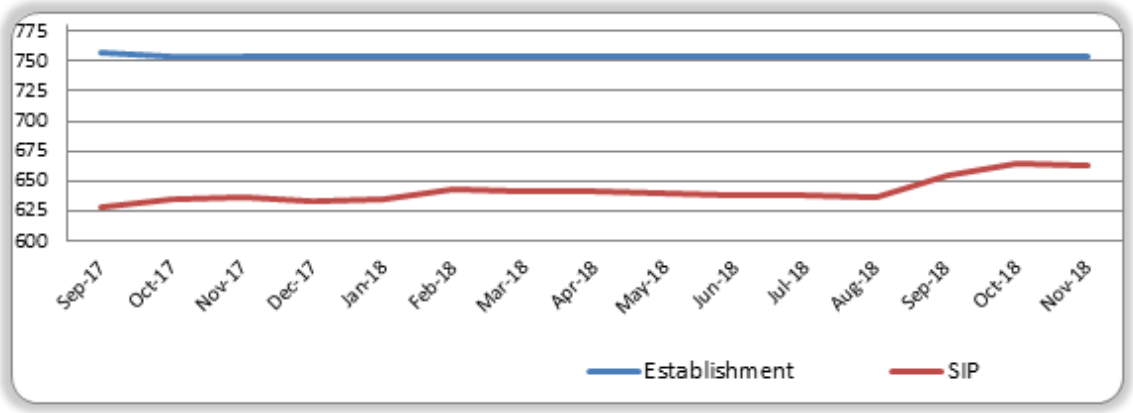
Aug 17	1332.86	1165.50	167.36	12.56	-4.83
Sept 17	1333.25	1190.73	142.52	10.60	-6.79
Oct 17	1336.54	1187.95	148.59	11.12	-6.27
Nov 17	1336.54	1194.27	142.27	10.64	-6.75

Registered Nurses – Band 5

Date	Budgeted establishment	Staff in Post	Vacancies	Vacancy %	Change since baseline
Aug 16	**773.30**	**613.58**	**159.12**	**20.65**	**-**
April 17	748.75	626.76	121.99	16.29	-4.36
May 17	748.05	629.85	118.20	15.80	-4.85
June 17	751.01	624.67	126.34	16.82	-3.83
July 17	751.77	615.46	136.32	18.13	-2.52
Aug 17	756.87	607.22	149.65	19.77	-0.88
Sept 17	757.24	628.17	129.07	17.04	-3.60
Oct 17	753.68	635.49	118.20	15.68	-4.97
Nov 17	753.68	636.94	116.74	15.49	-5.16

The improvement in the staff in post position of band 5 Registered Nurses in the Trust has a positive impact on reducing the Trusts agency usage and expenditure. It not only assists the financial positon, but also helps to maintain safe staffing.

Band 5 registered nurses (RN) trajectory:



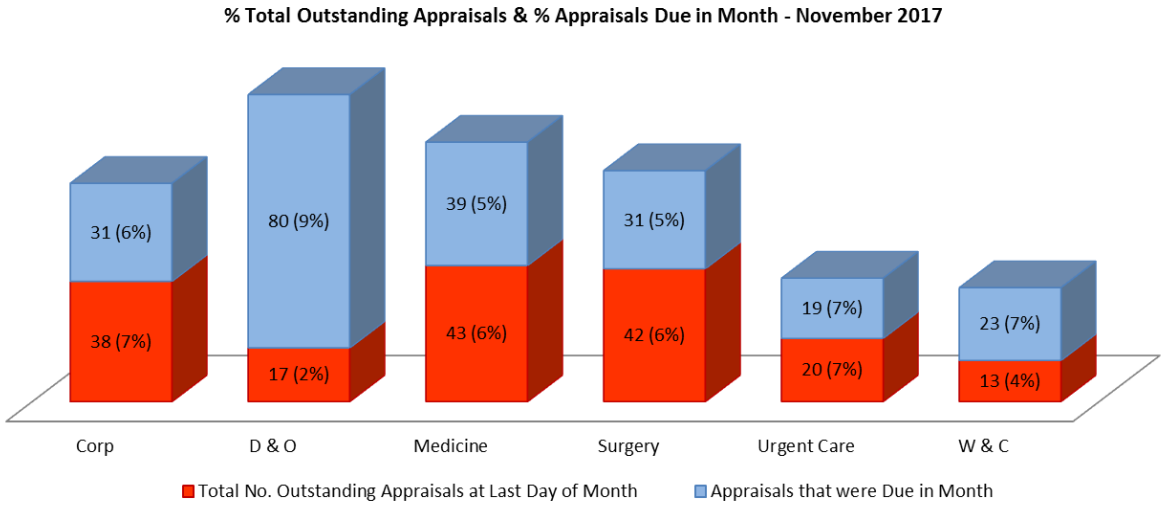
The Trust had 3.67 WTE Registered Nurses leave in November, two retired but one is due to return on reduced hours, two were dismissed and one has moved to another Trust citing work life balance as the reason.

23 nurses were offered jobs at the recent Assessment Centre Day. 100 nurses have been offered substantive jobs since April. The next Assessment Centre is on 17th January 2018. An Assessment Day for Bank HCSWs is taking place in December 2017.

Appraisal

Trust wide appraisal compliance was 95% for November 2017 an increase of 1% from October 2017. This is the first time that the target of 95% has been achieved.

There were 175* (5%) appraisals required in November to reach 100%. However there were also an additional 223 (7%) appraisals due to be completed which expired in month, a total of 396. Therefore 12% of appraisals were required to be completed in November.
These were spread across the Divisions below:



*Note: the figures shown in the graph differ from the above text as there are two members of staff which appear under MSK Management and do not form part of a Division

Although the target of 95% was achieved, only two Divisions achieved or exceeded this, these were:

- Diagnostics and Outpatients – 98% (October, 97%)
- Women and Children's – 96% (October, 96%)

Out of the four divisions which were below target, two divisions did increase by 2%:

- Surgery – 94% (October, 92%)
- Medicine – 94% (October, 92%)

The following divisions are now below the 95% target and actually sustained a decreased in November`:

- Corporate – 93% (October, 95%) a decrease of 2%
- Urgent & Emergency Care – 93% (October, 94%) a decrease of 1%

Training and Education

Mandatory training has increased to 93% for November 2017 (October, 93%), this remains above the 90% target* and has done so continuously for over a year.

The Divisional compliance ranking information below shows only one Division below target which is Urgent and Emergency Care, this is 1% below target but has increased the most in month by 3%.

- Corporate – 97% (October, 97%)
- Diagnostics & Outpatients – 96% (October, 95%)
- Medicine – 93% (October, 92%)
- Women & Children's – 93% (October, 93%)
- Surgery – 92% (October, 93%)
- Urgent & Emergency Care – 89% (October, 86%)

**This rate refers to the number of competencies completed and not the number of staff compliant.*

FINANCE REPORT – MONTH 8

The Trust is reporting a position year to date (YTD) that is £0.9m worse than control total before Sustainability and Transformation Funding (STF). This is a deterioration of £0.6m in month compared to plan. A loss of £2.3m of STF has also been reflected YTD. This reflects non delivery of the 4 hour access target since July 17 (£1.1m) as well as the loss of control total STF of £1.2m as the financial position is worse than control total. Overall the YTD position is therefore £3.2m worse than control total post STF. The Trust is measured against the control total both pre and post STF and there are no further financial penalties for not achieving the post STF control total. Bonus and incentive STF allocations will be made in 2017/18 on the pre STF control total.

Overall the position in month is worse than plan due to Divisions, primarily Surgery, not delivering improvements as forecast in Divisional recovery plans. Actions are in place to identify mitigations and to review all commitments, pay and non pay, to ensure that expenditure is incurred only where it contributes to delivery of the Trust's winter priorities.

Total clinical income was £0.4m better than plan in month and is £0.5m better than plan YTD. High cost drugs and devices are £0.3m below plan offset within expenditure. The level of day case activity delivered has continued to grow from 2016-17 and is over plan. The main areas of activity under-performance fall within the urgent care pathway where ED attendances and the number of subsequent admissions are below plan. Outpatient activity is under planned levels most notably within first attendances but offset with an increased number of procedures undertaken during an outpatient attendance. Other operating income is in line with plan YTD, however NHIS income is £0.8m better than plan (for which there is equivalent expenditure), which is offset by £0.6m of CIP not met and £0.2m of education and training income less than planned.

Expenditure in month was £1.1m worse than plan and £1.4m worse than plan YTD. Overall Cost Improvement Plan (CIP) delivery is £0.1m worse than plan YTD. The Sustainability and Transformation Partnership (STP) element of the CIP target YTD is £3.7m and has been offset on a non recurrent basis by SFH mitigations including the control total adjustment and interest payment benefits.

Pay overspends of £1.2m YTD are as a result of the opening of additional capacity to manage winter £0.1m, increased bank nursing costs of £0.1m and CIP non delivery within pay of £1.0m. Agency spend was £1.2m in month, in line with September and October. Expenditure remains below the YTD NHS Improvement (NHSI) ceiling and is forecast to be below ceiling at year end. Medical agency reduction continues to exceed NHS Improvement's target by £1.7m YTD and £2.6m forecast outturn.

Non pay (including non-operating expenses) is £0.3m worse than plan YTD. NHIS costs are £1.0m above plan (offset within income) and Clinical Supplies are above plan by £0.6m, these are offset by high cost drug and devices underspends of £0.3m and CIP overachieved against the non pay plan of £1.0m.

As in previous months the forecast outturn has been reviewed in detail. The Trust is able to report a forecast deficit of £46.4m in line with the control total before STF; however, the continued deterioration in divisional positions is a risk of £1.7m to the year-end position. This has been mitigated at this stage through expected impacts of discretionary controls, the revised winter plan and an assumption about additional funding following the Treasury budget announcement. These mitigations are high risk and work is ongoing to develop upside opportunities. The risk range before STF has a downside of £8.0m and an upside of £3.3m, however as detailed above there has been an increase in risk in the likely case.

The forecast outturn post STF is a £38.9m deficit which is £1.3m worse than control total. This is due to actual/forecast non achievement of the 4 hour emergency access target in quarters 2 and 3. Overall, £7.5m of STF is expected against a plan of £8.8m. Whilst the YTD position includes lost STF due to non delivery of the financial position in quarter 3, this is expected to be recouped by year end given the forecast to deliver to the pre STF control total.

The capital loan continues to be delayed and was formally submitted by NHSI to DOH for review and approval 18th September 2017. The Trust is exploring with NHSI short term revenue borrowing options to support the capital programme whilst loan approval is outstanding. In addition capital schemes continue to be reviewed to assess the increased level of operational risk of this ongoing delay in funding and the impact on deliverability in year.

At the end of November the Trust is £0.92m behind its control total excluding STF. Q2 and forecast Q3 non achievement of 4 hour ED access standard and forecast non achievement of control total at the end of Q3 means that the Trust is £3.21m behind its control total including STF. Agency spend is better than ceiling both in month (by £0.28m) and YTD (by £0.72m). CIP performance is behind plan by £0.07m YTD. Agreement is still awaited for the capital loan and so the capital programme remains behind plan. Cash is in line with plan.

	November In-Month			YTD			Annual Plan	Forecast	Forecast Variance
	Plan	Actual	Variance	Plan	Actual	Variance			
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Surplus/(Deficit) - Control Total Basis Exc STF	(2.82)	(3.42)	(0.60)	(28.53)	(29.45)	(0.92)	(46.44)	(46.44)	0.00
Surplus/(Deficit) - Control Total Basis Inc STF	(1.94)	(4.04)	(2.10)	(23.69)	(26.90)	(3.21)	(37.62)	(38.94)	(1.32)
Finance and Use of Resources Metric YTD				3	3		3	3	
CIPs	1.55	1.35	(0.20)	9.56	9.49	(0.07)	16.26	16.26	0.00
Capex (including donated)	(0.87)	(0.43)	0.44	(6.97)	(2.70)	4.27	(9.67)	(8.79)	0.88
Closing Cash	1.45	1.46	0.01	1.45	1.46	0.01	1.45	1.45	0.00
NHSI Agency Ceiling - Total	(1.49)	(1.21)	0.28	(12.03)	(11.31)	0.72	(17.91)	(17.59)	0.32
NHSI Agency Ceiling - Medical	(1.11)	(0.78)	0.33	(8.92)	(7.24)	1.68	(13.37)	(10.73)	2.64

- In month 8 against control total excluding STF the Trust was £0.60m worse than plan and cumulatively £0.92m worse than plan.
- In month 8 against control total including STF the Trust was £2.10m worse than plan and cumulatively £3.21m worse than plan, due to 4 hour access target not achieving and finances worse than the YTD control total.
- The finance element of the Single Oversight Framework is a score of 3 against a plan of 3.
- CIP YTD delivery is below plan by £0.07m. The Trust is forecasting to achieve its overall CIP plan for 17/18. Forecast per the CIP report is £14.4m.
- YTD Capex expenditure position is £4.27m below plan, this reflects the requirement to only incur expenditure on the self-funded elements of the capital programme, until approval is given by NHSI for the additional borrowing required to support the full year plan. The loan proposal remains with Department of Health for review and as a result the Trust is forecasting to underspend the capital plan by £0.88m.
- Closing cash at 30th November was in line with plan and is forecast to remain in line with plan for the next quarter.
- YTD agency spend at M8 totalled £11.31m against the profiled NHSI ceiling of £12.03m. For the 5th month in a row, performance is within the NHSI ceiling in month. Expenditure is forecast to be within NHSI ceiling at year end. Medical agency spend continues to achieve the reduction required by NHSI.