

Single Oversight Framework Integrated Performance Report

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Quality, Safety and Patient Experience



Sherwood Forest Hospitals
NHS Foundation Trust



Dedicated to Outstanding care

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Emergency Access within 4 hours (standard 95%)

- April 2017 - 95.92% compared with April 16 where the Trust achieved only 91.99%. May to date - 95.3%
- This is against an increase in ED attendances of 4.87% (see table below split by site) and IR35 staffing constraints.

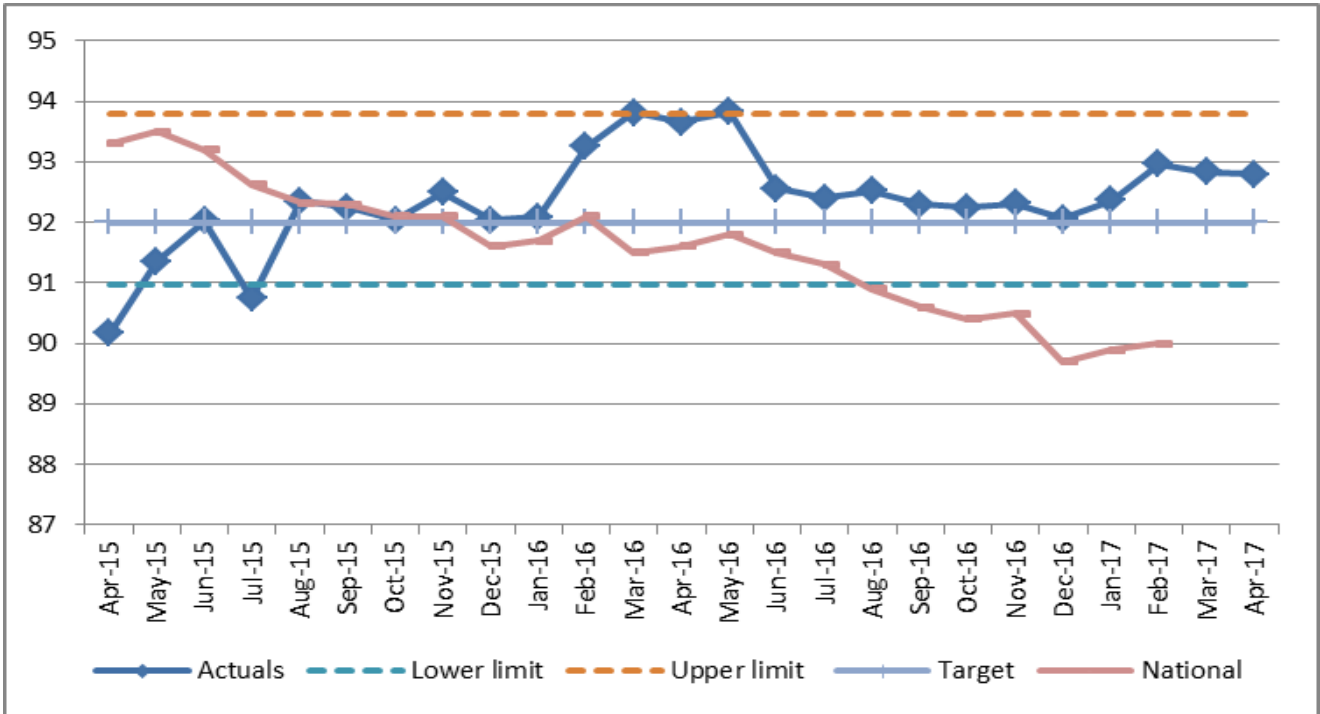
	Apr-16	Apr-17	Variance	Percentage Variance
Attendances (all sites)	11892	12471	579	4.87%
Attendances to KMH	8139	8129	-10	-0.12%
UCC at Newark	1701	2023	322	18.93%
PC24	2052	2319	267	13.01%

Ambulance Handover Delays

- % of ambulance handover higher than 30 minutes - 11.7% (14.2% nationally)
- % of ambulance handover higher than 60 minutes – 0.6% (3.2% nationally)
- Series of actions to further reduce handover times as reported April Board

Referral to Treatment (RTT)

The Trust consistently achieves above the standard of 92%:



- **Number of Specialties not achieving RTT incomplete:**

- Urology – currently working on a joint NUH/SFH model

- ENT – currently working on a joint NUH/SFH model

- Dermatology – Nationally recruitment problematic unable to secure locum via IR35.

- Currently shut to 18 week referrals.

- Diabetic Medicine and Endocrinology - Locum Consultant availability caused backlogs in clinics.

- Action plans are in place for all failing specialties.

- **Number of new cases exceeding 52 weeks referral to treatment found through validation:**

- 1 x Ophthalmology 95 weeks - Patient requires cataract surgery. TCI 25th May 2017

- 1 x Vascular 87 weeks – Patient admitted for surgery Feb 16, but procedure was not performed as unfit. Not re-listed. Now treated no harm.

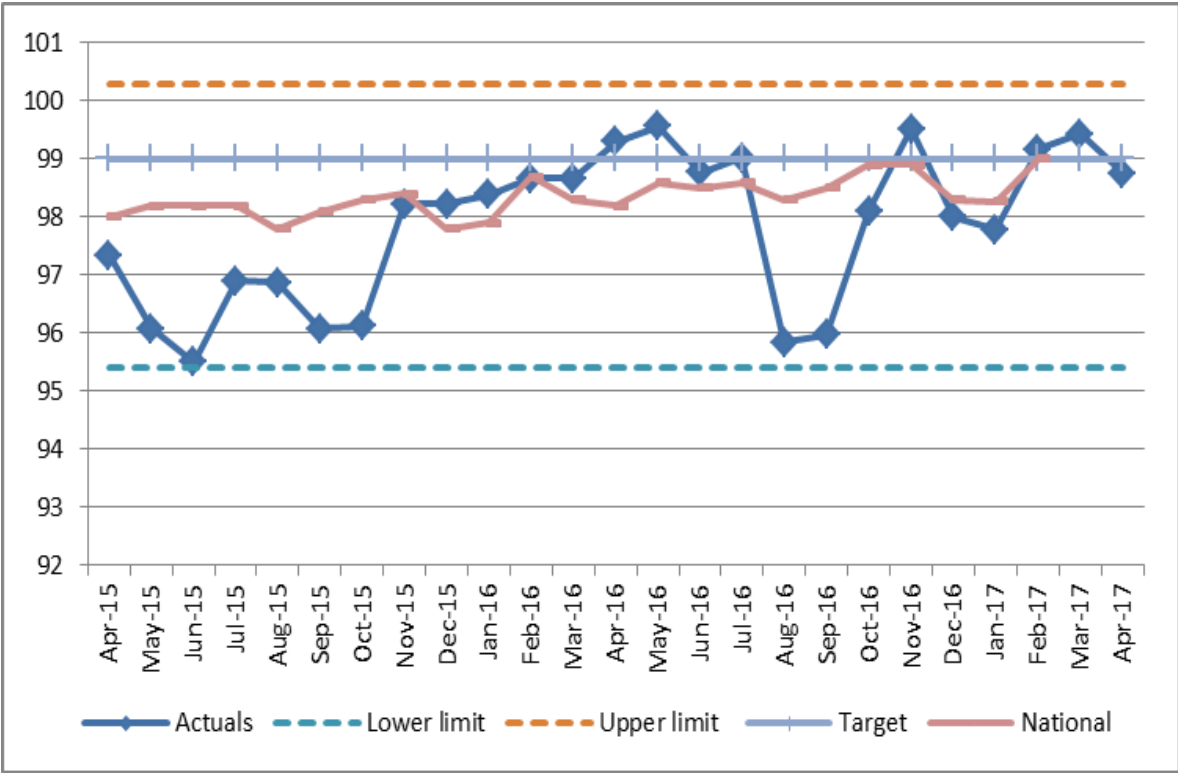
- 1 x General Surgery 65 weeks – Patient requires Gastric Surgery at alternative provider. TCI 1st June 2017, attempting to bring forward.

- 4 x Endocrine patients (67/63/61/52 weeks) - All patients stopped incorrectly at first appointment as watchful waits. Planning underway to get patients seen and treated.

Action plan as reported to April Board

Diagnostic RTT

The overall Trust position slightly underachieving against the 99% target at 98.75% - failing modalities: MRI, Respiratory Sleep Studies, Endoscopy



Diagnostic RTT

Factors causing under-performance:

- 25 MRI requests from Paediatrics made via e-requesting were not received within Radiology department, NHIS are aware of the issues and mitigating actions have been taken to resolve the IT issue
- Cancellation / re-arrangement of inpatient sleep studies predominantly due to patient choice
- Endoscopy under capacity primarily due to growth in referrals and patient choice.

Mitigating actions to increase capacity, appoint to vacancies, increase list sizes and purchase new equipment predict delivery in June 2017

Cancer Standards

Quarter 1 2017/18 Projection as at 19th May

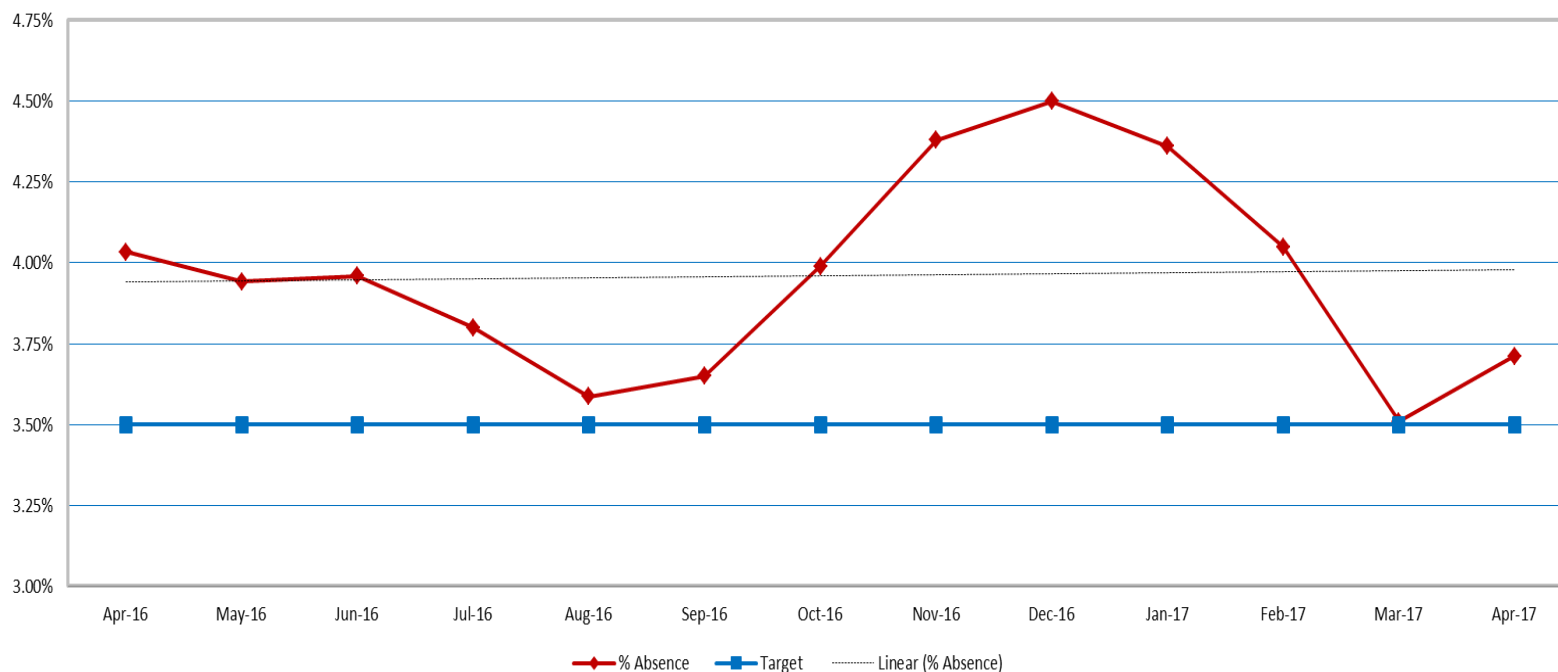
	Total for Quarter	Quarterly total breaches (inc.tertiary breaches)	% Perf	National Standard %
	Projected	Projected	Projected	
2 week wait – GP referral to 1 st appointment	3230.1	164	94.9%	93%
VSA 08 2WW Breast Symptomatic – Referral to 1 st appointment	146.3	8.0	94.5%	93%
31 day 1st treatment – Decision to treat to 1 st definitive treatment	331.9	7.0	97.9%	96%
VSA11 31 day subsequent Surgery– Decision to treat to subsequent cancer treatment	25.2	0.0	100.0%	94%
VSA 11 31 day subsequent Drug- Decision to treat to subsequent cancer treatment	51.0	0.0	100.0%	98%
VSA 12 31 day subsequent Other treatments - Decision to treat to subsequent cancer treatment	1.6	0.0	100.0%	TBC
62 day 1st treatment – 2w w to 1 st definitive treatment	203.1	36.0	82.3%	85%
VSA 13a Screening 62 day – to 1 st definitive treatment	20.5	1.0	95.1%	90%
VSA 13b Consultant Upgrade 62 day – Upgrade to 1 st definitive treatment	30.9	2.0	93.5%	TBC

Sickness absence

Sickness absence figures increased in April 0.20% to 3.71% (0.32% lower than the absence rate in the same month a year ago)

Short term sickness decreased by 0.04% (1.95%) and long term sickness increased by 0.25% to 1.77%.

Trust Sickness Absence Rates Per Month



Staffing

Excluding rotational doctors, there were 46.5 FTE leavers compared to 60.1 FTE starters the turnover rate increased by 0.43% to 1.19%.

The two staff groups with the most significant number of leavers were:

- Registered Nurses, 18.4 FTE
- Admin & Clerical, 10.1 FTE

	Apr-17								
	Budget - FTE	SIP - FTE	SIP - Headcount	Vac - FTE / Gap - FTE	% Vacancy / % Gap	Starters without Rotational Doctors	Leavers without Rotational Doctors	% Turnover without Rotational Doctors	Active Adverts
Total Trust									
Admin & Clerical	1137.69	1052.57	1293	85.12	7.48%	29.71	10.14	0.96%	29
Allied Health Professionals	223.86	203.68	253	20.18	9.02%	0.40	1.90	0.93%	6
Ancillary	40.67	37.86	44	2.81	6.92%	0.00	1.80	4.75%	1
Medical & Dental	494.09	427.96	446	66.13	13.38%	2.00	2.00	0.47%	13
Registered Nurse Operating Line * - ALL Bands	1299.27	1164.22	1367.00	135.05	10.39%	13.17	18.37	1.58%	12
Scientific & Professional	216.10	194.01	207	22.09	10.22%	3.40	4.64	2.39%	8
Technical & Other	271.32	253.82	315	17.50	6.45%	4.21	3.27	1.29%	4
Unregistered Nurse	589.75	577.66	678	12.09	2.05%	7.23	4.41	0.76%	9
Total - Trust	4341.13	3911.78	4603	429.35	9.89%	60.13	46.54	1.19%	82
Band 5 Registered Nurse Only operating line *	748.75	626.76	745.00	121.99	16.29%	8.88	9.11	1.45%	

Recruitment update

- The first Registered Nurse Assessment Centre was held on 25th April on the back of the new branding campaign and microsite. All seven candidates who attended were offered roles. The new postcards have been sent out to new recruits to keep them interested. Further targeted social media work is being undertaken before the next Assessment Day which is booked for 8th June.
- The new hourly rate of pay for Bank RNs was agreed at £17.74 and will be paid from 1st June to coincide with the move to weekly pay. These enhancements have already had the desired effect as over 50 internal staff have just joined the Bank and ten offers have been made to external candidates joining the RN Bank.
- An Healthcare Worker Assessment Centre took place on the 15th May, 13 offers were made to backfill planned movement from the Virtual Ward.

Overall, the month 1 position is slightly worse than plan by £0.08m due to the STP element of the CIP. Activity has reduced as has expenditure relative to plan, although there is a risk that this is non recurrent based on immediate IR35 impacts.

Maintaining tight cost control remains the priority for coming months. Headlines are:

- Overall income £0.37m below plan - NHS clinical income £0.15m below than plan. Receipt of full STF (£0.44m) assumed based on the Trust delivering its control total and delivery of month 1 ED performance.
- Activity was lower than March, most significantly in ED and emergency admissions with lower conversion rates from ED.
- Expenditure underspent in month by £0.29m with pay underspent by £0.24m. Largely due to a reduction in agency expenditure with agency spend in April £1.54m, £0.04m less than the NHSI cap.
- Driven by IR35 implementation and the appointment of additional permanent staff in April. Key that behaviours and controls established over agency usage and cover of shifts are maintained to ensure that levels of spend do not return to the amounts seen in 2016/17.

	April In-Month			YTD			Annual Plan £m	Forecast £m	Forecast Variance £m
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m			
Surplus/(Deficit) - Control Total Basis	(4.58)	(4.66)	(0.08)	(4.58)	(4.66)	(0.08)	(37.62)	(37.62)	0.00
Finance and Use of Resources Metric YTD				3	3		3	3	
CIPs	0.77	0.71	(0.06)	0.77	0.71	(0.06)	16.26	16.26	0.00
Capex (including donated)	(0.30)	(0.10)	0.20	(0.30)	(0.10)	0.20	(9.67)	(9.67)	0.00
Closing Cash	1.45	1.46	0.01	1.45	1.46	0.01	1.45	1.45	0.00
NHSI Agency Cap	(1.59)	(1.54)	0.04	(1.59)	(1.54)	0.04	(17.91)	(22.15)	(4.24)
Better Payment Practice Code - (Value / Number)		76.1% / 50.7%			76.1% / 50.7%				

- CIP plan in month £0.77m of which £0.71m was delivered. The under delivery of £0.06m is aligned to the STP element of the CIP. Trust wide mitigations, including the control total adjustment and interest benefits offsetting £0.13m of the £0.29m STP CIP phased in month. The Trust expects to achieve its overall CIP plan for 17/18 as outlined above.

- Capex expenditure position was £0.20m below plan.
- Closing cash at 30th April was marginally above plan at £1.46m.
- BPPC performance is 76.1% by value of invoices paid and 50.7% by number of invoices paid, within 30 days