Sherwood Forest Hospitals
NHS Foundation Trust

Public Board Meeting Report

Single Oversight Framework Integrated Monthly Performance Report – August 2018

Date	**27 September 2018**
Authors	**Senior Leadership Team**
Lead Directors	**Executive Team**

Overview – August 2018

The Single Oversight Framework Integrated Monthly Performance Report captures Organisational Health, Patient Safety, Quality and Experience, Access and Performance and Financial information and indicators for the month of August 2018. Where the information is for previous months, this is identified. There are nine exception reports this month (the same number as last month).

1. Serious Incidents and Never Events
2. Grade 3 avoidable hospital acquired pressure ulcer
3. Friends and Family Test
4. Percentage of Ambulance handover >30 minutes / % of Ambulance handover >60 minutes
5. Percentage of 12 all trolley waits > 12 hours
6. Maximum time of 18 weeks from referral to treatment – RTT
7. Number of cases exceeding 52 weeks referral to treatment
8. Fractured neck of femur achieving best practice tariff
9. Sixty-two day urgent referral to treatment

The first five months of the year on the emergency care pathway have been busier than planned for, and busier than we would want. This position is replicated nationally, and not just in acute care. Whilst for emergency activity, August was not as busy as July; it was much busier than the previous year with 4.7% more patients attending in August 2018 than August 2017, making it the fourth consecutive month in which we treated more emergency patients than the corresponding month in 2017/18.

Our Organisational Health and Patient Safety, Quality and Experience indicators remain broadly positive. It is particularly pleasing that there has been a significant improvement in the identification and screening of patients for dementia and this is now above agreed trajectory. During July 2018, 98.7% of eligible patients were identified and screened. 100% of those scoring positively went on to have a diagnostic assessment and 100% of those requiring onward referral for further assessment and support received this.

Whilst the Trust delivered on six out the seven cancer standards, delivering the pathway within 62 days remains the biggest challenge with July performance significantly below the standard. This is against a backdrop of a sustained increase in two week wait referrals since March and treating 30% more patients in July 2018 when compared to July 2017. Despite lots of effort, our cancer pathways are not improving quickly enough.

Our overall risk profile remains stable and is identified in the narrative of this report and the exception report. The risks were reviewed at the Risk Committee on 11 September.

Principle Risk	Current Risk Exposure	Tolerable risk
PR 1: Catastrophic failure in Standards of Care	High (12) ⟺ (no change)	Low (4)
PR2: Demand that overwhelms capacity	Significant (16) ⟺ (no change)	Medium (8)
PR3: Critical shortage of workforce capacity & capability	Significant (16) ⟺ (no change)	Medium (8)
PR4: Failure to maintain financial sustainability	Significant (20) ⟺ (no change)	High (10)
PR5: Fundamental loss of stakeholder confidence	High (12) ⟺ (no change)	Low (5)
PR6: Breakdown of Strategic Partnerships	Med (8) ⟺ (no change)	Low (4)
PR7: Major disruptive incident	High (10) ⟺ (no change)	Low (5)

A key risk for us is delivery of our control total in 2018-19. The biggest risk within this is the non-delivery of our financial improvement plan (FIP). We are in the process of concluding the development of the recovery plan, with external assurance, which focusses on delivery of the FIP, divisional recovery plans, a balance sheet review and improved grip and control. It continues to be assumed (as per planning assumptions) that any impact of new, significant QIPP schemes can be offset with a reduction to cost.

Other areas of financial concern continue to be non-elective activity which continues to be at levels seen in month 5. The planning assumption was that activity would fall in quarter 1 of 2018/19. At the end of month 5 NEL activity is £3.92m over plan. Correspondingly, costs to deliver this activity including capacity costs and non-pay continue to be incurred. Whilst the income is sufficient to offset costs it has stopped us delivering financial savings on the emergency pathway so far this year.

In addition to this, elective and day case activity are both below plan in August. Overall, elective activity is below plan by £0.72m with no reduction in cost. This is within Gynaecology and most specialties within the Surgical division. In addition, births are below plan year to date by £0.40m and this is expected to continue for the remainder of the year.

Organisational Health

During August the workforce KPIs were all on target, with the exception of sickness absence which was 3.52%, although when rounded, it is still 3.5% against a 3.5% threshold. As we had maintained five consecutive months below 3.5%, the year to date performance is still to plan.

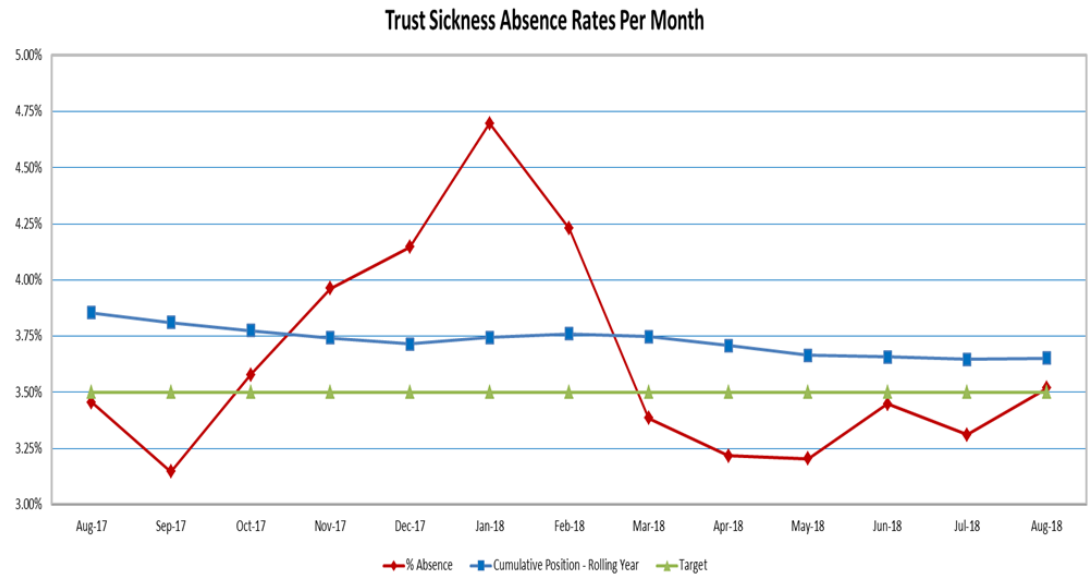
Low sickness rates have a positive impact on reducing the number of shifts requiring bank or agency cover which has been especially important to maintain safe staffing levels during a summer when admissions to medical beds has remained high and overall emergency activity has been well above planned levels. Pleasingly, agency spend was contained within the control total for August too. This is positive given that the availability of bank staff can fall in July and August when many are away for their summer holidays, or take less shifts due to childcare responsibilities over the school break.

Appraisal levels (96%) and mandatory Training (94%) have been maintained above target through this busy period and are same as last month. Whilst turnover has remained below the 1% target, Band 5 Registered Nurse vacancies increased to 23.14% in August as we await the new student nurses starting in September and October.

Sickness Absence – GREEN Sickness absence increased in August 2018 by 0.21% to 3.52% (July, 3.31%). This is only 0.02% above the threshold and when rounded is still green. Given that the Trust has held strong performance on sickness absence over the spring and summer, it may not yet be cause for concern or indicative of an upward trend starting.

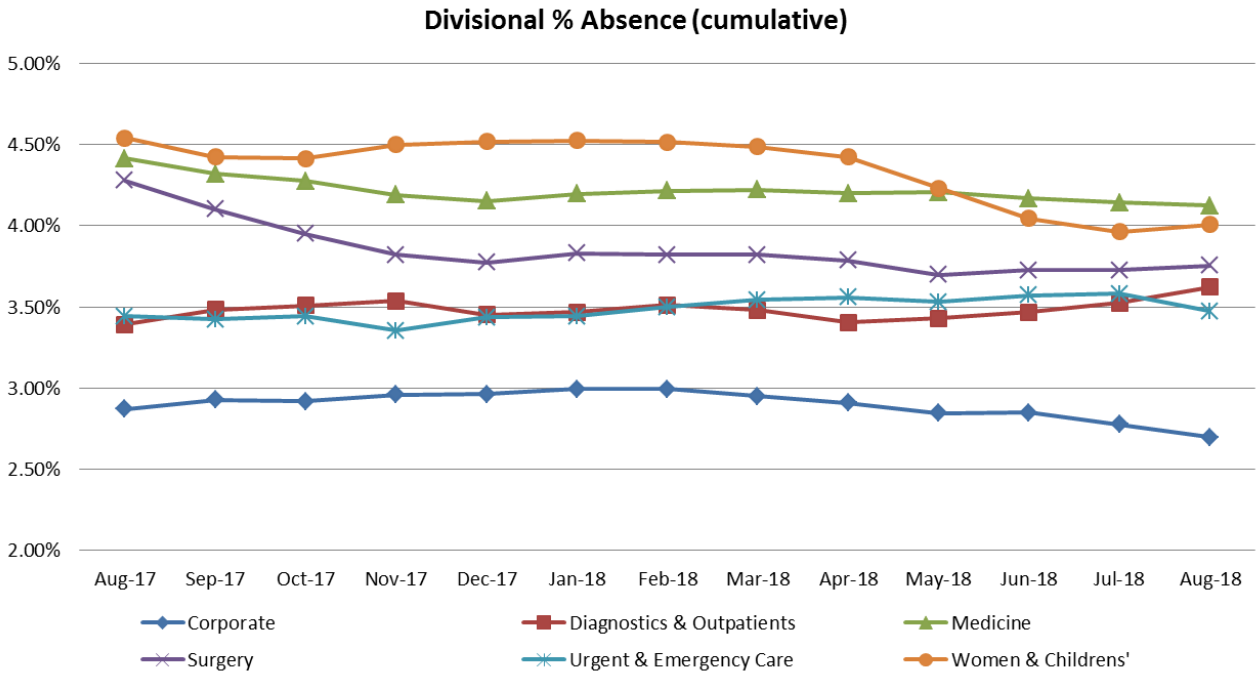
Sickness absence for August 2018 is 0.06% higher than August 2017. The 12 month rolling year (sickness average for the previous 12 month period for each month), was indicating a sustained improvement but does appear to be levelling off as indicated by the chart below.

It should be noted that this chart now contains both the actual absence for the month (red line) and the 12 month cumulative absence, which indicates the overall trend.



Divisional sickness absence In August 2018, two divisions are below the threshold and green: Corporate, 2.24% and Urgent & Emergency Care, 2.16%**.** Four divisions are above the threshold, with three being amber - Medicine, 3.80%; Women & Childrens, 3.95%; Diagnostics & Outpatients, 3.96%; and one red: Surgery, 4.07%.

A new chart has been produced to show the sickness absence trends in Divisions. It is based on a cumulative rolling 12 months, the same as the graph above. This chart provides useful context.



It shows the Corporate Division is consistently achieving sickness absence rates lower than the threshold and Diagnostics and Outpatients and Urgent & Emergency Care have maintained a position that is consistently in the vicinity 3.5%.

Three Divisions have a track record of being above the threshold, these being Medicine, Women & Childrens and Surgery. However, in all three cases, there is a definite downward trend which indicates all three Divisions gaining a better grip, especially as all three were in the vicinity of 4.5% this time last year. As it is based on a cumulative 12 month period, there has to be sustained improvement for a performance improvement to show clearly on this chart.

All Divisions above the 3.5% threshold have a trajectory and action plan for improvement which is monitored at the monthly divisional performance meeting.

Appraisal – Green Trust wide appraisal compliance for August 2018 remained at 96% (July 2018, 96%). This is 1% above the Trust target of 95%. Compliance has been at or above target for all months of the 2018/19 financial year so far.

All appraisals now include talent conversations which help to improve succession planning.

Training and Education – GREEN Mandatory training has remained at 94%* in August 2018 against a 90% target. The Trust has been at or above target on this KPI continually for two years. Divisional compliance ranking information shows all Divisions are at or exceeding the target.
**This rate refers to the number of competencies completed and not the number of staff compliant.*

Staffing and Turnover – GREEN In August 2018, the overall turnover rate decreased to 0.70% (July, 0.94%), this is below the 1% threshold. The only month this financial year so far to exceed the threshold was April 2018.

There were 8.76 FTE more starters than leavers in August 2018 (36.48 FTE starters v 27.72 FTE leavers). The highest FTE leaving reason is Voluntary Resignation - Other/Not Known at 5.93 FTE.

Nurse Vacancies All Registered Nurse (RN) vacancies increased in August to 14.87%, 200.12 FTE (July, 14.55%, 195.78 FTE). Band 5 RN vacancies increased to 23.14%, 171.30 FTE. (July, 21.89%, 162.08 FTE). This was despite the new starters and only 0.4 FTE leavers.

The reasons for the increased vacancies at Band 5 RN mainly relates to staff leaving but remaining on the bank (3.40 FTE); promotions to band 6 (4.58 FTE) and one person who has taken a career break, with the intention of returning so is not classed as a leaver.

Patient Safety, Quality and Experience

During August there have been no single sex accommodation breaches and the Trust has continued to maintain trust compliance, recognising the importance placed on maintaining the privacy and dignity of our patients.

All healthcare associated infections are carefully monitored and managed in line with national and local guidance. There were three cases of *Clostridium Difficile* Infection (CDI) in August 2018. This is within our monthly objective and brings the annual total to 14 cases against a reduced threshold of no more than 47 for this year. Again ZERO MRSA bacteraemia were identified in August and two cases of *Escherichia Coli* bacteraemia confirmed. The outbreak of Pseudomonas Aeruginosa identified in July on the Critical Care Unit continues to be monitored closely. Five cases have now been confirmed as the same strain. Actions are ongoing and no further positive tests have been identified since the outbreak was declared.

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 2018/9.

During August there has been one avoidable grade 2 pressure ulcer identified and one avoidable grade 3. The grade 3 pressure ulcer breaches the target for deep PUs, please see exception report below. The last avoidable grade 3 identified in the Trust was in December 2017. The incident has been reported on STEIS and is under investigation. The reporting and recording of pressure ulcers is going to be revised from April 2018. In response to this a review meeting has taken place with the Chief Nurse within the ward to determine learning and actions in place. In addition weekly meetings are now being chaired by the Chief Nurse for all grade 2 and above pressure ulcers with the respective clinical areas. NHSI guidance has been reviewed with plans for implementation in April 2019. A gap analysis has been provided for board information within the reading room

The number of falls during August remains at or below the Trust target and significantly below the national average. The Trust target for falls resulting in moderate or severe harm has been reduced this month to 0.2 per 1000 bed days and during August the Trust reported 0.2. A multidisciplinary Falls Study day is planned for September which is in addition to the monthly fundamentals days. This will include looking at Human Factors and Ergonomics with respect to falls and looking at further research to try to prevent falls in this age group.

The monthly VTE assessment audit demonstrated that the Trust again remained above 95% target during July. August's compliance rate will not be reported until October 2018, due to the delay in collection of the data.

Within the Safety Thermometer the Trust reported 97.51% harm free care during August against a 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 2.49% n = 14 and the new harms total is 1 (0.18%).

In August 2018, there were three Serious Incidents, which were one Grade 3 pressure ulcer Ward 32, one fall with harm on Ward 41 and one alleged assault on Ward 52. There was one Never Event reported which was a retained wire, found in August 2018, which is believed to be from an intervention in the Emergency Department in May 2017. All these investigations are on track to be completed by 30 October 2018.

This month there has been a significant improvement in the identification and screening of patients for dementia and this is now above agreed trajectory. During July 2018, 98.7% of eligible patients were identified and screened. 100% of those scoring positively went on to have a diagnostic assessment and 100% of those requiring onward referral for further assessment and support received this.

Operational Performance/ Access

Emergency access performance has been positive during August 2018 with 95.28% of patients discharged, transferred or admitted within 4 hours, this is above trajectory. Ambulance handover performance deteriorated in August, this has been attributed to the doctor changeover period when waiting to be seen times increased within the ED. This increase in waiting time to be seen leads to more patients in the department at one time, thereby reducing the capacity available to take ambulance handover.

Whilst the Trust delivered on six out the seven cancer standards, delivering the pathway within 62 days remains the biggest challenge with July performance significantly below the standard. This is against a backdrop of a sustained increase in two week wait referrals since March and treating 30% more patients in July 2018 when compared to July 2017.

Diagnostics performance for August delivered the standard, this is expected to be achieved going forward. RTT incomplete performance is below trajectory and the standard (90.6% v 92%), the size of the overall waiting list has risen in line with trajectory. The Trust reported 14 patients having waited over 52+ weeks; an exception report provides further detail.

Five exception reports have been provided for:

- Number of trolley waits >12 hours
- Ambulance Handovers
- 18 weeks referral to treatment time – incomplete pathways
- Number of cases exceeding 52 weeks referral to treatment
- % of #NoF achieving BPT

Finance

At month 5 the Trust is reporting a deficit of £21.87m before Provider Sustainability Funding (PSF), £0.03m behind plan year to date (YTD). At the end of month 5, PSF of £3.51m has been reflected, £1.05m as a result of delivery of the 4 hours access target in quarter 1 (actual) and quarter 2 (forecast), £2.46m assumed cumulative delivery of the control total at the end of quarter 2 both within SFH (£2.10m) and system wide (£0.36m). The reported control total deficit is therefore £18.36m, £0.03m behind plan. This is £0.06m better than was forecast for month 5 when the forecast was undertaken in month 4.

Key areas of note in the position YTD are:

- The Financial Improvement Plan (FIP) is behind plan by £0.98m.
- Non-elective (NEL) activity and therefore income remains at levels seen in month 5. The planning assumption was that activity would fall in quarter 1 of 2018/19. At the end of month 5 NEL activity is £3.92m over plan. Correspondingly, costs to deliver this activity including capacity costs and non-pay continue to be incurred. Income is sufficient to offset costs.
- Medical pay spend is £2.81m adverse to plan at month 5, £0.03m better than forecast at M4. Significant overspends reflect cover for sickness and vacancies mostly in Medicine, Surgery and W&C, costs of additional capacity covered by income, unmet FIP of £0.78m.
- Elective activity is below plan by £0.70m with no reduction in cost. This is within Gynaecology (£0.24m) and most specialties within the Surgical division.
- Births are below plan YTD and once non-recurrent cost reductions are accounted for represent a £0.43m adverse position. Lower levels of activity are expected for the remainder of the year.
- Offsetting the above, the release of uncommitted reserves of £2.42m is supporting the position at the end of month 5.
- Agency spend decreased in August by £0.13m to £1.32m. This is in excess of the ceiling by £0.45m YTD.
- The receipt of 2017/18 incentive and bonus STF has enabled the Trust to defer planned borrowing of £7.87m in months 4 and 5, whilst maintaining an adequate cash balance. This has been rephased to match forecast cashflow requirements months 6-12. The associated reduction in borrowing is included in the Trust FIP.
- Capital spend remains behind plan but is expected to return to plan.
- The revenue forecast undertaken at the end of Q1 has been updated to reflect M5 actual results. This identifies a total net risk of £8.57m, a reduction of £0.38m in month 5. The most significant risk is non-delivery of FIP. The Trust is in the process of developing a recovery plan, with external assurance, focusing on delivery of the FIP, divisional recovery plans, a balance sheet review and improved grip and control. It continues to be assumed (as per planning assumptions) that any impact of new, significant QIPP schemes can be offset with a reduction to cost.

Financial Summary

At the end of August, the Trust is £0.03m behind its control total including and excluding Provider Sustainability Funding (PSF).

	August 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 PSF	(4.55)	(4.38)	0.17	(21.84)	(21.87)	(0.03)	(46.37)	(46.37)	0.00
Surplus/(Deficit) - Control Total Basis Inc PSF	(3.72)	(3.56)	0.17	(18.33)	(18.36)	(0.03)	(33.97)	(33.97)	0.00
Finance and Use of Resources Metric YTD				3	3		3	3	
Financial Improvement Programme (FIP)	1.32	0.81	(0.51)	4.83	3.85	(0.98)	17.30	13.30	(4.00)
Capex (including donated)	(0.64)	(0.21)	0.43	(2.52)	(1.46)	1.06	(9.75)	(9.75)	0.00
Closing Cash	2.62	1.42	(1.20)	2.62	1.42	(1.20)	1.76	1.76	0.00
NHSI Agency Ceiling - Total	(1.29)	(1.32)	(0.03)	(6.64)	(7.09)	(0.45)	(16.66)	(18.57)	(1.91)

- Both the Trust and the STP are forecasting to meet cumulative financial control totals at the end of Q2 and the Trust achieved the 95% ED target in Q1 and is forecasting to do so in Q2, therefore the full value of PSF is included at M5.
- YTD FIP delivery is below plan by £0.98m. The 18/19 FIP programme is forecast to deliver savings of £13.30m.
- YTD capital expenditure is £1.06m behind plan, however, full achievement of the annual plan is forecast.
- Closing cash at 31st August was £1.42m reflecting the deferment of planned borrowing.
- Agency spend is above NHSI ceiling level YTD by £0.45m and the forecast outturn is £1.91m above ceiling when the Winter Plan commitments are incorporated.
- The Trust is forecasting to achieve its control total for 2018/19, with a risk of £8.57m.

Exception Reports

HIGHLIGHT REPORT

Indicator **Serious Incidents and Never Events**
Month **August 2018**

Standard	Serious Incident – 2 Never Event – 0	**Date expect to achieve standard**	30 September 2018

Current position
There were 3 STEIS reportable Serious Incidents in August 2018, and there was 1 Never Event.
Causes of underperformance
The Never Event is a retained wire in the patient's arm following a PIC line insertion in May 2017 - this is being investigated by Acute Medicine. The 3 STEIS incidents were:- An avoidable pressure ulcer A fall causing harm Allegation of abuse against a patient

Actions to address		
Action	**Owner**	**Deadline**
Twice weekly monitoring of incidents within the Trust	Suzanne Banks, Chief Nurse	Ongoing
Senior decision making at all the meetings	Suzanne Banks, Chief Nurse	Ongoing
Senior decision making at divisional scoping meetings	Divisional Triumvirates	Ongoing

Improvement trajectory
To remain within the standard of two STEIS Serious Incident Reports in a month. To have no Never Events.

Risks	
Risk	**Mitigation**
Serious incidents are unpredictable, and require close discussion and investigation by the divisions	Bi-weekly meetings to discuss and monitor incidents

Lead: **Yvonne Simpson, Associate Chief Nurse**
Executive Lead: **Suzanne Banks, Chief Nurse**

HIGHLIGHT REPORT

Indicator **Grade 3 Hospital Acquired Pressure Ulcer**
Month **August 2018**

Standard	0.1	**Date expect to achieve standard**	September 2018

Current position
This Grade 3 Hospital Acquired Pressure Ulcer relates to one patient in August 2018.
Causes of underperformance
RNs and HCAs did not take responsibility for the patients pressure area care, and did not realise the patient was not on an appropriate mattress. The patient was very poorly and later placed on the End of Life pathway. The patient and family declined the repositioning; however this was not documented. The relatives have thanked the staff caring for their relative.

Actions to address

Action	**Owner**	**Deadline**
Divisional Serious Investigation underway being led by independent investigator	Head of Nursing	30 October 2018
End of Life discussions at the Fundamentals of Care study day for RN and HCAs	Nurse Consultants	Ongoing
Close monitoring of Tissue Viability documentation by Ward Leader and supported by Tissue Viability team	Ward Leader	30 September 2018
RCA meeting for Pressure Ulcers to be chaired by Chief Nurse or deputy	Chief Nurse	10 September 2018

Improvement trajectory
No further Grade 3 Hospital Acquired Pressure Ulcer

Risks

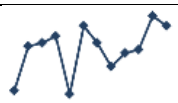
Risk	**Mitigation**
Further Grade 3 Hospital Acquired Pressure Ulcer	Continue to identify themes and trends and provide the appropriate education Celebrate good practice and also share the learning from poor practice Monitor new metrics closely

Lead: **Stephenie Anstess, Nurse Consultant**
Executive Lead: **Suzanne Banks, Chief Nurse**

Indicator: **Friends and Family Test**

Month: **August 2018**
Standard: **Friends and Family Test (FFT)**

Current position

Indicator	Plan/ Standard	Period	YTD Actuals	Monthly Actuals	Trend	RAG
Recommended Rate: Friends and Family Maternity	96%	Aug-18	94.1%	95.6%		R
Recommended Rate: Friends and Family Outpatients	96%	Aug - 18	94.0%	94.5%		R

Causes of underperformance

1. The FFT recommendation rate in Outpatient Services – recommendation rating is 1.5% off plan for August 2018.

Sexual Health – Sites in Community – MCH, KMH, Ollerton, Warsop, Newark and Oates Hill Surgery

- Attitude of nurse
- Rude receptionist

Ashfield Outpatient Clinic

- No checking-in facility at reception
- Pre-op completed on same day as clinic appointment
- Car parking charges
- Long wait for blood test

Newark Clinics – Radiology, Podiatry and Pain Management

- Improved car parking
- Attitude of doctor

Breast Care Clinic

- Waiting times in clinics

Actions taken by Division

Weekly OPD Matron and Clinical Lead review all Friends and Family responses and shares the negative comments with the relevant staff.

Environmental - some comments in-month related to air conditioning (can assume this is linked to the recent hot weather). Therapy is undertaking a patient flow review to address issues with waiting areas and the flow within the department. Escalated to Ben Widdowson the comments around signage.

Car Parking - Car parking issues escalated to Ben Widdowson and Wes Burton.

2. The FFT recommendation rate in Maternity Services – recommendation rating is 0.4% off the target for August 2018

Outpatient Gynaecology Clinic

- Waiting times in clinic
- Car parking charges and requirement for increased parking spaces

Weekly and monthly FFT reports shared with divisions for review and action.

Monthly review of FFT response and recommendation rates at Ward Assurance meeting, chaired by Chief Nurse.

Action	Owner	Deadline
Divisional Management teams to receive and review FFT comment reports. This will enable Divisional teams to develop and implement changes that can respond to the concerns and improve the experience	Kim Kirk (Head of Patient Experience)	Completed and ongoing-weekly and monthly reported provided.

for service users.		
Improvement trajectory		
All divisions to review and share feedback in team meetings.		
Risks: Continued decrease in recommendation rate for OPD		
Mitigation: Actions agreed and this will be monitored monthly		

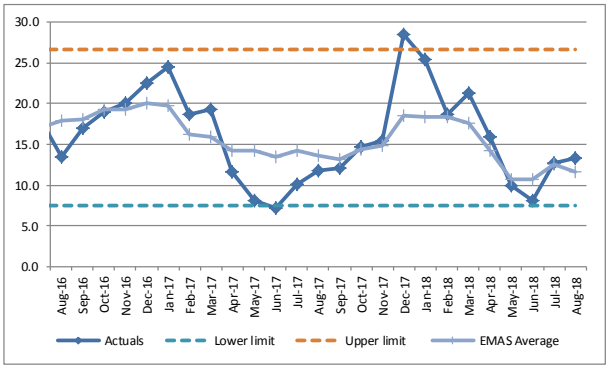
Lead: Kim Kirk – Head of Patient Experience
Executive Lead: Dr Andrew Hayes – Medical Director

Indicator: **% of Ambulance handover >30 minutes / % of Ambulance handover >60 minutes**
Month: **August 2018**

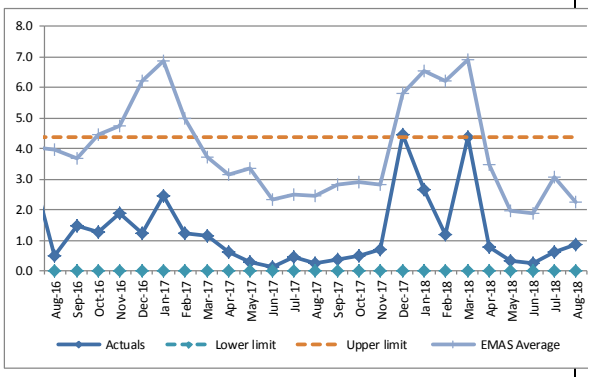
Standard	0 patients delayed more than 30 mins / 60 mins from arrival to handover	Date expect to achieve standard	September 2018

Current position
In August 2018, 12.3% of ambulance handovers took longer than 30 minutes and 0.9% took longer than 60 minutes.

Ambulance handover > 30 minutes



Ambulance handover > 60 minutes



Average clinical handover time has deteriorated from 19:06 minutes in July to 19:40 minutes in August.

Causes of underperformance
The Emergency Department is designed to manage 80-90 ambulance arrivals per day. If the number of ambulances is higher than this, particularly ≥ 100 per day, this creates physical capacity constraints as there is insufficient space within the Department to take handover. This situation is exacerbated if a high volume of ambulances present at the same time. The junior doctor changeover impacted upon performance in August with longer waiting times for patients being seen which in turn increased the numbers of patients waiting in the department, creating space constraints in which to take ambulance handover.

Actions to address		
Action	**Owner**	**Deadline**
Develop case of need for investment in additional trolleys	Richard Clarkson	Complete
Agree operational handover policy and escalation process with EMAS	Richard Clarkson	Complete
Continue work with EMAS and the CCG to increase 'see and treat' and reduce the number of ambulance conveyances.	Richard Clarkson	In progress through 18/19
Regular operational meetings in place with EMAS to address operational issues, identify learning and make improvements	Richard Clarkson	Ongoing (started Feb 2018)
Ensure joint electronic handover process with	Richard	Ongoing (started Jan 2018)

EMAS is adhered to.	Clarkson	
Monthly review of all ambulance handovers taking ≥ 60 minutes to identify lessons that can be learned	Richard Clarkson	Ongoing (started April 2018)
Explore options for electronic patient registration	Siobhan McKenna	Ongoing (started July 2018)
Develop ambulance performance dashboard to identify process issues and trends	Siobhan McKenna	30 September 2018
Relaunch and rebrand 'fit to sit' to maximise physical capacity within ED	Richard Clarkson	Ongoing (started August 2018, expected completion early October)
1:1 meetings with Senior Nurses on the Nurse in Charge Rota, to share good practice and support consistent application of process.	Richard Clarkson	September-October and then ongoing with regular review by shift performance
Improvement trajectory		
To consistently deliver ≤ 10% of ambulance handovers taking 30 minute or more and to have zero ambulance handovers taking 60 minutes or more.		
Risks		
Risk	Mitigation	
Continued capacity pressures if the volume of ambulance arrivals per day ≥ 100	Progress non-conveyance work with EMAS / CCG Identify expansion capacity / escalation processes to manage peaks in demand	

Lead: Siobhan McKenna, Divisional General Manager Urgent and Emergency Care

Executive Lead: Simon Barton, Chief Operating Officer

Indicator: % of 12 all trolley waits > 12 hours
Month: August 2018

Standard	0 patients waiting longer than 12 hours from decision to admit	Date expect to achieve standard	October 2018

Current position		
The Trust reported a 12 hour wait on 19 August for a patient awaiting a mental health bed.		
Causes of underperformance		
There were delays in the assessment of the patient while appropriate interpreter services were arranged. The patient's first language was not English and a face to face interpreter was not available, therefore this had to be undertaken via a conference call. A decision to admit under section 2 of the Mental Health act was made at 00:03 on 20 August. Following the decision to admit Nottingham Healthcare Trust was not able to provide a mental health bed within 12 hours. Appropriate escalation was made through Silver and Gold on-call and a root cause analysis is being undertaken.		
Actions to address		
Action	Owner	Deadline
Reaffirmation of the long wait escalation process 24/7 is in place - Silver to Gold for any patient in ED 8 hours from DTA and Gold to Chief Executive for any patient in ED for 10 hours from DTA	COO	Complete
Guidance on the management of waiting times for mental health patients provided to all Bronze / Silver / Gold	COO	Complete
Meeting with Adult Mental Health Services to discuss current capacity pressures and agree actions to address	COO	Complete
Improvement trajectory		
The standard is expected to be achieved every month.		
Risks		
Risk	Mitigation	
Continued mental health inpatient capacity pressures	Timely escalation to ensure Silver / Gold Adult Mental Health teams are involved in resolving issues.	

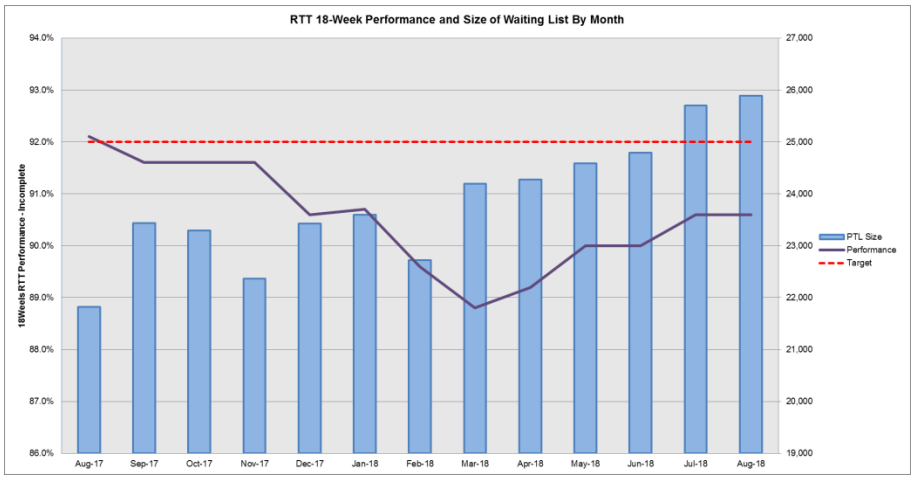
Lead: Siobhan McKenna, Divisional General Manager Urgent and Emergency Care
Executive Lead: Simon Barton, Chief Operating Officer

Indicator **Maximum time of 18 weeks from referral to treatment - RTT**
Month **August 2018**

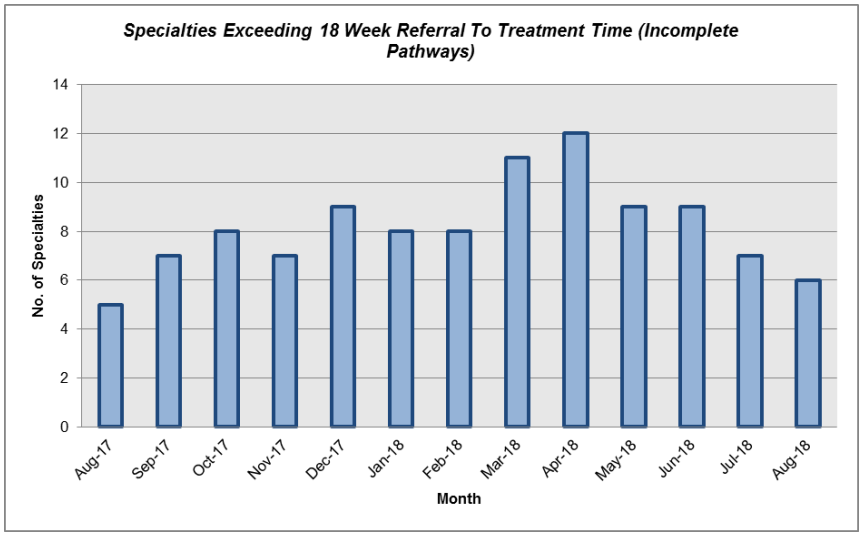
Standard	92%	Date expect to achieve standard	Trajectory – July 2018 Forecast – November 2018

Current position

At the end of August 2018, the volume of patients on an Incomplete RTT pathway was 25,890 of which 2,441 were waiting >18 weeks. This position delivered performance of 90.6% against a trajectory of 92%.
The size of the overall waiting list has risen in line with trajectory.



The volume of specialties failing the standard has decreased by 50% from 12 in April to 6 in August.



Causes of underperformance

August performance has remained relatively consistent with July's with success in reducing the volume of patients waiting over 18 weeks in T&O and Urology offset by an increase in Pain and specialties that are currently delivering the standard such as Ophthalmology and ENT.
The volume of over 18 week wait patients in Cardiology continued to grow in August, in the main this was due to an unavoidable delay to deploy a GPWSI to review 50-70 long wait, over-due review patients. Recovery in 3 specialties underpins delivery of the standard. These are Urology, Trauma and Orthopaedics and Cardiology.

Action	Owner	Deadline
Urology – Position driven in the main due to prioritising capacity for cancer patients and medical staffing vacancies. To deliver 92% the volume of patients waiting >18 weeks needs to reduce by at least 120. 70% is non-admitted and 30% admitted. The plan is to offer choice to a small volume of admitted activity for the Independent Sector (IS) and focus internally on overdue follow up's and general outpatient demand and cancer activity through additional sessions and releasing OP capacity by redesigning the haematuria pathway.	DGM	Additional sessions and use of the IS in September Release OP capacity early October Review of Follow up activity to be completed by the end of November
T&O - In-week elective sessions continue to be impacted by Trauma demand and consultant uptake for weekend sessions remains low but will continue to be put on where possible. To deliver 92% the volume of patients waiting >18 weeks needs to reduce by at least 80.	DGM	Use of the Independent sector in September c15 patients Additional Trauma capacity online early October
Cardiology - To deliver 92% the volume of patients waiting >18 weeks needs to reduce by 400. The GPWSI will undertake 2 audits in September and if deemed in line with Trust guidelines will discharge or redirect to a community clinic / other service as appropriate. Additional weekend sessions in place from 05/09 to 31/10 for longest waiting follow ups. Exploring Saturday working for Cath lab for October & November.	DGM	GPWSI attended 12th Sept next session 19th Sept Additional weekend sessions in place Agree volume of sessions by the end of September

Improvement trajectory

2018/19 Actual vs Trajectory:

RTT Incomplete	April Trajectory	April Final	May Trajectory	May Final	June Trajectory	June Final	July Trajectory	July	Aug Trajectory	August Final	Sept 2018 - March 2019 Trajectory
Total Incomplete	24,976	24,274	26,001	24,585	25,461	24,794	25,512	25,698	25,920	25,890	25,189 - 23,205
>18	2,600	2,633	2,350	2,457	2,100	2,470	2,040	2,416	2,070	2,441	2,010 - 1,850
<18	22,376	21,641	23,651	22,128	23,361	22,324	23,472	23,282	23,850	23,445	23,179 - 21,355
%	89.6%	89.2%	91.0%	90.0%	91.8%	90.0%	92.0%	90.6%	92.0%	90.6%	92.0%

The Trust is committed to delivering the standard before winter 2018 and as a minimum will continue to deliver 90%. Based on the actions plans in place the current forecast for the end of September is 90.6 - 90.8%.

To deliver 92% the volume of patients >18 weeks (end of August position) needs to reduce by at least 400. The actions described will deliver a c160 reduction by the end of September and October:

- Use of the Independent Sector - 30

- Additional sessions - 80
- Cardiology GPWSI - 50

To close the gap the Trust will focus on:

- Additional actions to support Cardiology
- Focus on reduction in follow up activity across a range of specialties
- Theatre productivity gains
- Ongoing additional sessions
- Increasing theatre productivity within ENT – surgeon has returned from planned sick leave
- Ophthalmology referral review by Health Harmonie c30% being deemed suitable for community/GP management.

Risk	Mitigation
Insufficient capacity to deliver outpatient demand resulting in ASI's and long waits for first appointment	Additional sessions targeted where most needed Use of the Independent sector
Trauma surges continue.	Use of the IS and additional sessions planned

Lead: Helen Hendley, Deputy Chief Operating Officer (Elective Care)
Executive Lead: Simon Barton, Chief Operating Officer

Indicator **Number of cases exceeding 52 weeks referral to treatment**
Month **August 2018**

Standard	Zero	Date expect to achieve standard	March 2019

Current position
At the end of August the Trust reported 14 patients waiting 52+ weeks of which; 7 were Urology, 3 ENT, 1 T&O, 1 Oral Surgery, 1 Cardiology and 1 Rheumatology. 11 patients have a date in September, 1 has been discharged (patient declined a follow up) and 1 Cardiology patient requires a date.

Causes of underperformance
11 patients were identified as part of the historic validation of open pathways. 1 from routine validation (incorrect clock stop) and 2 were genuine long waits. Both pathways involved multiple cancellations and both have been treated in September.

Actions to address	Owner	Deadline
Validation team in place undertaking a methodical review of open pathways.	Data Quality Manager / DGM	Dec 2018
Patient pathways found to require a review are escalated to the divisional teams to identify immediate capacity to offer an OP appointment within 2 weeks.	DGM	In place
Weekly review of patients waiting 40+ Weeks at RTT PTL meeting.	Deputy COO (Elective)	In place

Improvement trajectory
52 week breaches may continue to be identified until the historic validation work is complete (end of December 2018). The Trust trajectory is to be at zero by the end of March 2019.

RTT Incomplete	April Trajectory	April Final	May Trajectory	May Final	June Trajectory	June Final	July Trajectory	July Final	Aug Trajectory	August Final	September to December Trajectory	January to February Trajectory	March Trajectory
52+	20	29	17	40	15	21	12	18	12	14	12	6	0

Risk	Mitigation
Further breaches identified due to the ongoing historical validation programme.	Appoint patients as soon as any breaches are identified.
On-going live errors recorded on Medway PAS.	Patient management reports to be reviewed on at the weekly RTT PTL meeting.

Lead: Helen Hendley, Deputy Chief Operating Officer (Elective Care)
Executive Lead: Simon Barton, Chief Operating Officer

Indicator **Fractured neck of femur achieving best practice tariff**
Month **July 2018**

Standard	75%	Date expect to achieve standard	October 2018

Current position
For patients with a fragility hip fracture, care needs to be quickly and carefully organised. By rapidly stabilising patients and ensuring that expert clinical teams respond to their complex frail conditions, the most positive outcomes can be achieved. For July 2018 the Trust achieved 53.6% of best practice tariff measures against the standard of 75%.
Causes of underperformance
13 patients failed to meet the best practice criteria of which 4 would be considered unavoidable due to clinical reasons. Of the avoidable delays 6 were due to lack of theatre time and 3 were delays for Ortho-geriatrician review.

Action	Owner	Deadline
Establish 8 hour operating list on a Saturday (from 4 hours) effective from 6th October 2018.	DGM	6th October 2018
Develop proposal to extend weekday Trauma lists to 9am – 7pm Monday to Thursday (2 hour extension per day) with trial to commence from November 2018.	DGM	November 2018
Communication to theatre to hold patients in the Anaesthetic Room when patients sent for with BPT time to theatre time listed in Bluespier	DGM	Immediate

Improvement trajectory	
July performance has deteriorated as forecast due to multiple trauma surges. Recovery is not expected until October.	
Risk	**Mitigation**
Increased demand due to a surge in Trauma would impact on the ability to operate within 36 hours	Flex utilisation of emergency and elective theatre lists to manage overall demand

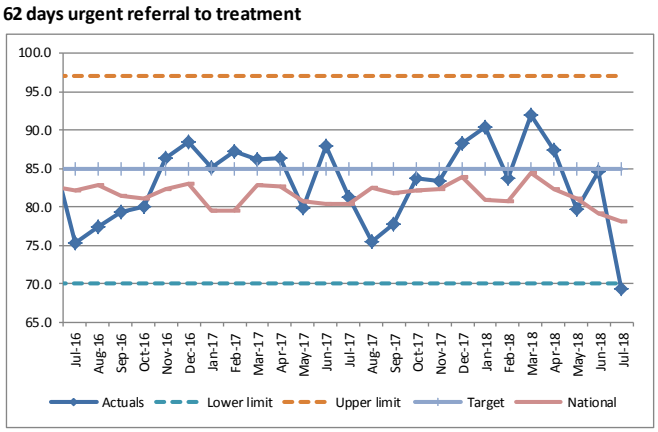
Lead: Helen Hendley, Deputy Chief Operating Officer (Elective Care)
Executive Lead: Simon Barton, Chief Operating Officer

Indicator **62 days urgent referral to treatment**
Month **July 2018**

Standard	85%	Date expect to achieve standard	Trajectory – July 2018 Forecast – November 2018

Current position

The Trust delivered 69.3% for the month of July, nationally 78.2% of patients began first definitive treatment within 62 days.



In July, the Trust treated 94.5 patients of which 29 breached the 62 day standard. This volume of treatments is the 2nd highest (May 2018 being 101) since April 2013 and a 30% increase on July 2017.

In month all other Cancer targets were met.

Causes of underperformance

The specialty that contributed most to the underperformance was Urology. They accounted for 62% of the patients that breached the standard in July.

There was a 25% increase in the volume of referrals in this tumour site in March and whilst it reduced in April, referrals rose again in May and have normalised at 10% above the average for June and July. The impact is predominantly felt in diagnostic capacity such as access to MRI and biopsy for prostate patients with the wait times averaging up to 20 days for a first MRI and up to 21 days for a template biopsy.

The table below shows that the volume of non-urology patients waiting >62 days started to grow in July and has continued to grow in August whilst the volume of Urology long wait patients has started to reduce. Across all tumour sites there has been an increase in complexity (notably Breast and Upper GI) and diagnostic capacity and patient choice issues in Lower GI.

Date of PTL	Total Cancer Backlog	Total Urology Backlog	Total cancer Backlog exc. Urology
18/09/2018	61	19	42
11/09/2018	58	15	43
04/09/2018	61	15	46
28/08/2018	64	21	43
21/08/2018	65	21	44
14/08/2018	68	24	44

07/08/2018	57	19	38
31/07/2018	53	21	32
24/07/2018	61	27	34
17/07/2018	53	26	27
12/07/2018	54	24	30

Action	Owner	Deadline
Additional diagnostic MRI capacity in place in September due to the flexibility of activity that can be undertaken on the Mobile MRI scanner	D&O DGM	Completed - September 2018. Wait reduced to 14 days
Additional biopsy capacity in place	Surgical DGM	In place. Wait reduced to 14 days.
Daily escalated oversight of LGI and Urology PTL	Head of Cancer Services	In place
Detailed review of tumour site 2WW and diagnostic capacity to reduce any unnecessary waits in the early stage of pathways. A trajectory to reduce turnaround times in Endoscopy will be agreed with the Division	Head of Cancer Services Deputy COO Elective Care	Commence review in high risk tumour sites and agree endoscopy trajectory by the end of September 2018

Improvement trajectory
The impact of the increase in referrals particularly within Urology and subsequent demand for diagnostic capacity has resulted in failing the standard in 2/3 months in Q1 and forecast non delivery for all months in Q2. The forecast submitted to NHSI on 17th September stated: August – 73.4% September – 73.9% October – 75%

Risk	Mitigation
Volume of referrals continue to be higher than expected	Early warning indicators share with tumour sites and diagnostic colleagues to support proactive capacity management.
Impact of national breast screening service and conversion to treatment	Additional weekend screening capacity in place. No significant conversion to date.

Lead: Helen Hendley, Deputy Chief Operating Officer (Elective Care)
Executive Lead: Simon Barton, Chief Operating Officer