

Public Board Meeting Report

Single Oversight Framework Integrated Quarter Two Performance Report

Date 25 October 2018
Authors Senior Leadership Team
Lead Directors Executive Team

Overall Quarter Two Summary

This is our analysis of Quarter Two (Q2) at Sherwood Forest Hospitals NHS Foundation Trust. The quarterly report is a build on previous reports and is designed to provide an in-depth insight across our four key areas of focus; organisational health, quality, access and finance. The aim is to identify the key themes over the last quarter, with a concise account of the areas where the trust is performing well as well as areas of concern. We have reflected and analysed trends set out projections and recovery trajectories and have been clear on the risks and risk mitigation actions. Some of the challenges we faced in Q1, which have continued in Q2 may have implications for our strategy and the strategy of the wider health and social care system. We are currently undertaking a detailed refresh of our strategy and are seeking the views of patients, the public, staff and other stakeholders as this will be launched early in 2019.

The report reflects the views of all of the executive directors, not just the individual directors with a particular area of responsibility.

The best hospitals achieve a balance across their key areas of focus. They deliver safe, personalised and timely care to patients, they go about things in “the right way” and they deliver on their agreed financial position. We believe we are increasingly delivering a balanced position despite our three key risks remaining to be failure to maintain financial sustainability, demand that overwhelms capacity and critical shortage of workforce capacity and capability.

In Quarter One we reported on the largely positive and balanced start we made to the beginning of the year and this position has continued. As detailed below, patients have in general continued to receive safe, personalised care in Q2 and we only have two exception reports within this domain:

1. Infection Prevention and Control regarding the six C-Diff cases identified in July
2. Tissue Viability regarding the grade 3 pressure ulcer reported in August and September

Our organisational health metrics remain strong and there are no exceptions to report within the quarter.

Whilst we have six exception reports within the quarter for access:

1. Ambulance handovers
2. % of 12 hour trolley waits
3. 18 week RTT
4. 52 week RTT
5. 62 day Cancer
6. Fractured neck of femur

And we also had six in Quarter One, we believe we continue to make good progress against all of our access standards especially emergency care. **The delivery of the 62 day cancer standard and RTT 18 week standard are two of our three key areas of improvement** and we hope the additional detail in the report provides assurance on the actions we are taking.

The third key area of focus is delivery of our control total. At the end of quarter two we are reporting a deficit of £25.64m before Provider Sustainability Funding (PSF), £0.11m ahead of plan year to date (YTD). This is £0.10m better than was forecast for month six. At the end of quarter two, PSF of £4.09m has been reflected, £1.30m due to the four hours access standard, delivery of the SFH control total at the end of quarter 2 £2.60m, and delivery of the system wide control total in quarter 1 £0.19m. However we did not receive all of the system control total for quarter two because the system was unable to evidence delivery of the system control total. As reported in previous board, our biggest financial risk is the delivery of our financial improvement plan. We are pleased with the progress made with this over the last six weeks and a detailed update went to finance committee on Tuesday.

Quarter Two - Organisational Health

The second quarter of 2018/19 has seen continued strong performance against all workforce KPIs, consistently for the whole period. We have maintained sickness absence at or below the 3.5% threshold for six consecutive months. This is important as low sickness rates have a positive impact on reducing the number of shifts requiring bank or agency cover which key to maintaining safe staffing levels event though admissions to medical beds and overall emergency activity has been well above planned levels.

Looking forward to quarter three, a key element affecting sickness absence is winter ailments. It is positive that after four weeks, the Trust has a flu vaccination rate of over 60% of "front line" staff and we are aiming to better the 78% of front line staff who had their flu vaccination last winter. Whether you are front line staff or not, we are promoting the message that flu vaccination is a wise choice.

Agency spend was contained within the control total for August and September, with a renewed grip on medical agency spend being evident. This is also being helped by medical vacancies (7.82%) being at their lowest for many years.

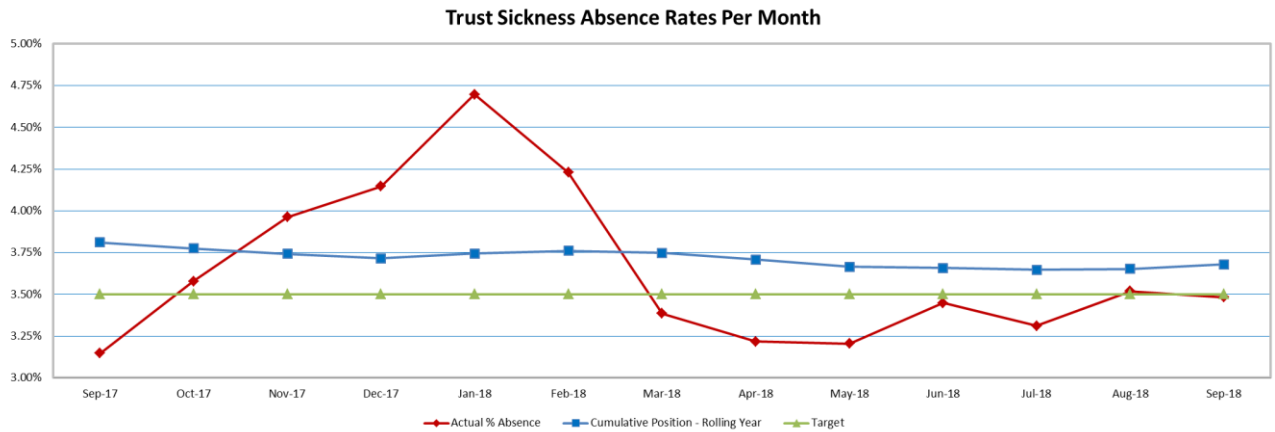
Appraisal levels and mandatory Training have remained at or above target throughout this busy quarter. Turnover has remained below the 1% target. However, the Trust experienced an anticipated increase in Band 5 Registered Nurse vacancies which increased to 23.14% in August. This has been mitigated by the newly qualified nurses who started in September.

Sickness Absence – GREEN Sickness absence decreased in September to 3.48%. This means that it has remained on target for the whole quarter. However, there have been some specific increases. The staff groups of Unregistered Nurses, 5.49% (August, 4.45%); Technical & Other, 5.13% (August, 4.05%) and Scientific & Professional, 4.15% (August, 2.64%) have all shown an increase. This is being looked in to further to ascertain if there are any underlying causes which can be addressed.

The top three reasons for absence in Q2 continue to be

- Anxiety/stress/depression;
- Other musculoskeletal
- Gastrointestinal.

All three reasons have shown a cumulative increase in FTE days lost since Q1.

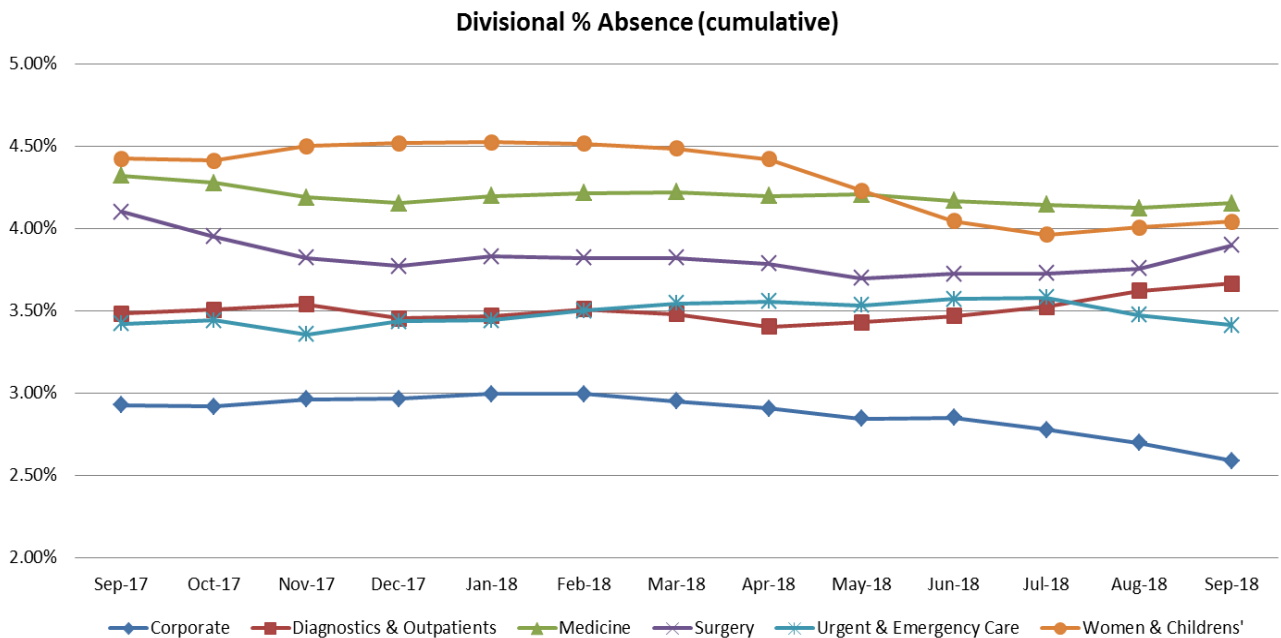


Sickness absence for September 2018 is 0.33% higher than September 2017. The 12 month rolling year (sickness average for the previous 12 month period for each month), was indicating a sustained improvement but does appear to be levelling off this quarter.

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

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:



In September 2018, two divisions were below the threshold and green: Corporate, 1.81% and Urgent & Emergency Care, 2.16%. This is the same two areas below the 3.5% target as last month and therefore these Divisions have returned a strong performance across the quarter.

Three Divisions have a track record of being above the threshold, these being Medicine, Women's & Children's and Surgery. 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. However, September saw an upturn for all three with Medicine (Amber) at 3.87%; Women's & Children's, (Amber) at 3.78% and Surgery, (Red) at 4.08%.

Diagnostics & Outpatients, was 4.01% in September, which was the highest it has been for the year. Normally this Division performs well, being consistently around the 3.5% threshold.

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

Deep Dive into increases of absence in Unregistered Nurses, Technical & Other and Scientific & Professional staff groups In total for Unregistered Nurses absence increased from 797.75 FTE days (115 episodes) in August to 958.07 FTE days (118 episodes) in September. Whilst Surgery experienced a decrease of 92.47 FTE days lost during this period, Medicine increase by 167.88 FTE days and Urgent & Emergency Care increased by 71.76 FTE days.

In the Medicine Division, the top three reasons with an increase were

- Anxiety/stress, an increase of 51.59 FTE days lost.
- Back Problems had an increase of 46.53 FTE days lost with the number of episodes rising from 1 to 5.
- Gastrointestinal reasons rose by 23.31 FTE days lost but actually had 7 less episodes from 19 down to 12, suggesting that individuals were absent for a longer duration.
- In addition, cold/flu rose by 10.92.

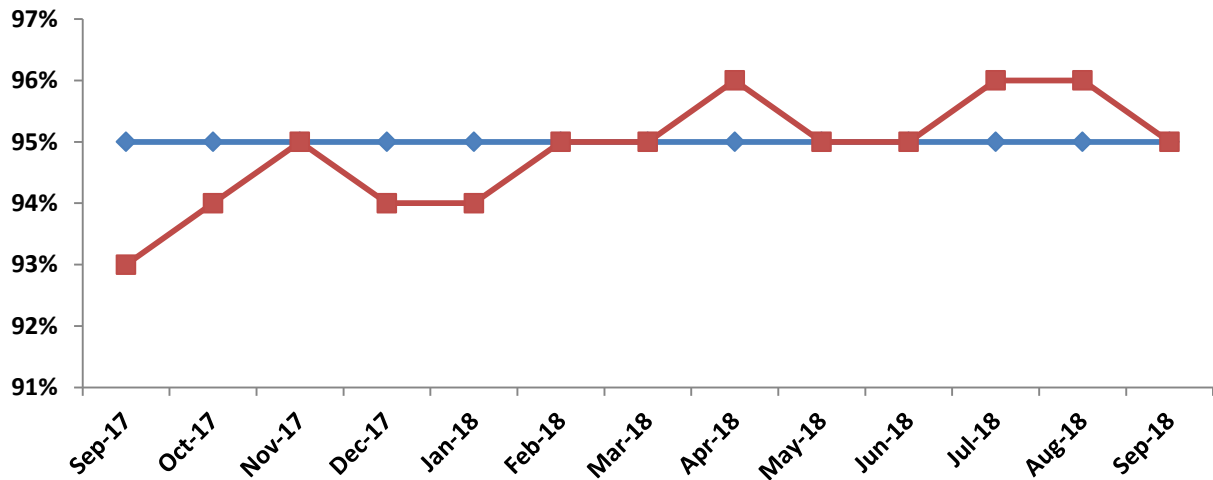
The main reason for an increase within the Urgent & Emergency Care division is anxiety/stress with an increase of 46.08 FTE days lost. Other musculoskeletal has an increase of 9.20 FTE days lost, there was no absence in August for this reason. .

For the Technical & Other staff group, the main increase was in Surgery, an increase of 80.23 FTE Days lost in month. Anxiety/stress was the main absence reason showing an increase of 63.33 FTE days lost. The other was gastrointestinal which went from one episode in August to five episodes in September, an increase of 11.07 FTE days lost and one episode of injury/fracture of 27.00 FTE days lost.

For Scientific & Professional the main absence reason was anxiety/stress which was 104.72 FTE days lost which was an increase of 34.92 FTE days lost in month. Genitourinary was the reason for absence with the second largest increase from 24.48 to 47.00 FTE days lost although the number of episodes remained the same.

Appraisal – Green Trust wide appraisal compliance for September has reduced in month by 1% to 95% (August and July, 96%). However, although there is a decrease this month the Trust has remained at or above the target of 95% for 8 consecutive months.

Trust Appraisal Performance per Month



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

Training and Education – GREEN Mandatory training has remained at 94%* in September 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 for the full quarter.

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

Staffing and Turnover – GREEN In September 2018, the overall turnover rate increased to 0.73% (August, 0.70% and July, 0.94%), this was consistently below the 1% threshold for the whole quarter. The only month this financial year so far to exceed the threshold was April 2018.

There were 38.07 FTE more starters than leavers in September 2018 (67.30 FTE starters v 29.23 FTE leavers). The highest FTE leaving reason is Voluntary Resignation – Promotion at 5.25 FTE.

Excluding Medical & Dental staff, the Admin & Clerical group have the highest average number of leavers over Q2, an average of 11.81 FTE per month. The three top reasons for leaving are:

- Flexi Retirement (3.84 FTE average)
- Voluntary Resignation – Other/Not known (2.80 FTE average)
- Voluntary Resignation – Promotion (2.19 FTE average)

Registered Nurse has the second highest average number of leavers with a 6.61 FTE average leaving per month. The top 3 reasons for leaving are: Flexi Retirement (5.64 FTE average), Retirement Age (4.80 FTE average), Voluntary Resignation – Relocation (3.00 FTE average)

The Division with the highest average turnover over Q2, excluding doctors turnover, is Surgery at 1.69% followed by Women & Childrens, 1.67% and Medicine, 1.59%.

This table below shows the net position with staff in post against establishment in September 2018:

	Sep-18							
	Budget - FTE	SIP - FTE	SIP - Headcount	Vac - FTE / Gap - FTE	% Vacancy / % Gap	Starters	Leavers	% Turnover
Total Trust								
Admin & Clerical	1142.59	1077.52	1321	65.07	5.69%	14.80	7.60	0.71%
Allied Health Professionals	223.25	228.19	280	-4.94	-2.21%	9.17	1.00	0.44%
Ancillary	39.01	36.46	43	2.55	6.55%	1.00	0.00	0.00%
Medical & Dental	504.15	464.75	491	39.40	7.82%	4.00	2.00	0.43%
Registered Nurse Operating Line * - ALL Bands	1345.17	1161.70	1384	183.47	13.64%	17.13	5.29	0.00
Scientific & Professional	222.23	199.83	219	22.40	10.08%	1.40	3.90	1.95%
Technical & Other	284.65	265.28	326	19.37	6.80%	4.93	2.43	0.91%
Unregistered Nurse	603.28	583.69	685	19.59	3.25%	13.86	4.60	0.79%
Total - Trust	4403.29	4017.42	4749	385.87	8.76%	66.30	29.23	0.73%
Band 5 Registered Nurse Only operating line *	740.34	584.11	712	156.22	21.10%	14.07	4.49	0.77%

Nurse Vacancies All Registered Nurse (RN) vacancies decreased in September to 13.64%, 183.47 FTE (August, 14.87%, 200.17 FTE, July, 14.55% 195.78 FTE).

Band 5 RN vacancies decreased to 21.10%, 156.22 FTE. (August, 23.14%, 171.30 FTE, July, 21.89%, 162.08 FTE).

There are 11.56 FTE new nurses that have not yet received their pin number. They currently sit in band 4 positions until they are in receipt of this and are therefore not showing on the RN line. If these were factored in to the vacancy figures as RN's, All Registered Nurse (RN) vacancies would be at 12.78%, 171.91 FTE and Band 5 RN at 144.66 FTE, 19.54%. And the starters in September would show 25.63 FTE.

At the latest Assessment Centre held in September a further five RNs were offered jobs.

There is a bespoke Newark Assessment Centre being held on 18 October and the normal monthly RN Assessment Centre on 19th Oct with the Healthcare Support Workers on 26 October. There is also an additional Admin & Clerical Assessment Centre on 24 October.

Quarter Two - Patient Safety, Quality and Experience Summary

The quality and safety position for Q2 shows the positive position continuing. The effectiveness of the ongoing work with regard to falls reduction is demonstrated by our compliance with our targets and maintenance of our below national average position. We have also consistently met the Dementia screening target throughout the Q2 period. Apart from a slight increase in C-Diff rate in July we have remained within monthly trajectory. Q2 has demonstrated an increase in pressure ulcer incidence however targeted work is underway to address the underlying issues identified during the RCA process. As demonstrated within the Unify data safe staffing has been maintained throughout Q2. This correlates with the positive quality and safety position described. This is further strengthened by the increase in positive feedback and ratings revived across all areas within the Friends and Family data (FFT)

Single Sex Accommodation compliance During Q2 we continued to maintain compliance with providing single sex accommodation to its patients and reported no breaches, recognising the importance placed in maintaining the privacy and dignity of our patients.

Infection Prevention & Control All the healthcare associated infections are carefully monitored and managed in line with national and local guidance. There were three case of Clostridium Difficile Infection (CDI) in September 2018, which is within our monthly trajectory and brings the YTD total to 17 cases with 12 of these being within Q2. This year's annual trajectory has been reduced to no more than 47 cases.

C.Difficile			
Month	Kings Mill Hospital	Newark Hospital	Mansfield Community Hospital
July	6	0	0
May	3	0	0
June	3	0	0
Q2 Total	12	0	0

There have been ZERO MRSA bacteraemia identified in September 2018 and across Q2. There were four Escherichia Coli bacteraemia, which again remains within our trajectory and none were related to the presence of a urinary catheter. For Q2 a total of nine cases were identified which also remains below our threshold.

Tissue Viability The management of our patient's skin integrity has remained a key focus, as reducing harm from pressure ulcers (PUs) has been identified as a supplementary quality priority in line with the Quality Account. The trust has had ZERO Grade 4 PUs in Q2 2018/19 and none since September 2017 and one Grade 3 pressure in Q2 2018/19 during August which was reported to board last month. This is the first Grade 3 PU since December 2017, and remains below the target of 0.7 per 1000 occupied bed days (OBDs). Across the quarter there were none reported in July, one avoidable grade 2 PU in August and four in September 2018. Of the four avoidable PUs reported during September, one was graded as no harm and three as low harm.

This breaches the required target of three avoidable PUs per month. All are pressure ulcers are subject to the RCA process and are presented directly to the Chief Nurse.

During Q2 a number of themes have been identified as contributing to the development of pressure ulcers including frequency of repositioning, use of slide sheets and poor monitoring of 'independent' patients. The Tissue Viability team are targeting their work with staff on these areas of practice. Learning from RCAs is also shared via Trust-wide bulletins and influences the content of a wide range of training. Additional audits are being undertaken by the TVNs and link nurses in areas that have avoidable pressure ulcers in order to identify where improvement in practice is required.

PU's by Grade	July -18	August-18	September-18	Q2
Grade 2 pressure ulcers				
Avoidable	0	1	4	5
Unavoidable	2	0	3	5
Grade 3 pressure ulcers				
Avoidable	0	1	0	0
Unavoidable	0	0	0	0
Grade 4 pressure ulcers				
Avoidable	0	0	0	0
Unavoidable	0	0	0	0
Grades 2 – 4 pressure ulcers				
Total	2	2	7	10

Falls During Q2 our falls figures have remained below the national average and within our own set targets. Our target for falls with moderate or severe harm was reduced in August in line with national guidance from 0.8 to 0.2 per thousand bed days. All falls with fractures are discussed within Division, at Trust Scoping and at the Falls Steering Group. All learning identified is taken forward in order to maintain our low falls rate and endeavour to reduce it further where possible.

Indicator Per Occupied Bed Days	Plan Standard /	Period	Quarterly Actuals	RAG Rating
Moderate or Severe Harm	0.8	July-18	0.3	G
Low or No Harm	5.5	July-18	4.7	G
Moderate or Severe Harm	0.2	Aug- 18	0.2	G
Low or No Harm	5.5	Aug-18	5.2	G
Moderate or Severe Harm	0.2	Sep-18	0.1	G
Low or No Harm	5.5	Sep-18	4.2	G

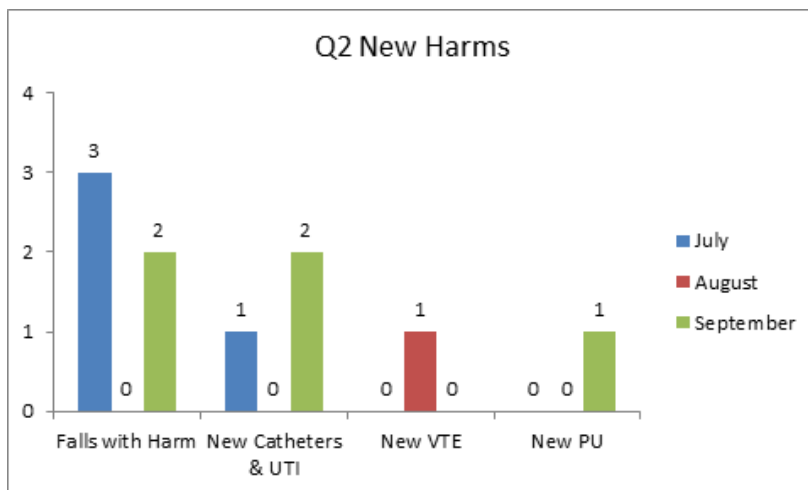
Dementia Screening of eligible patients (patients over the age of 75, who were admitted as emergencies and have stayed for more than 72 hours) for identification of dementia and/or delirium and subsequent referral for further assessment and investigation is national recorded information. During July and August of Q2 we achieved the target of > 90% across all three components as follows:

Indicator	July	August
Find	98.7%	99.3%
Assess/Investigate	100%	100%
Refer	100%	100%

The September data is due for submission to SCDS at the end of October and is also expected to achieve the >90% target on all three components. It is anticipated that the monthly dementia data collection will move onto Nerve Centre in December which will further strengthen this process.

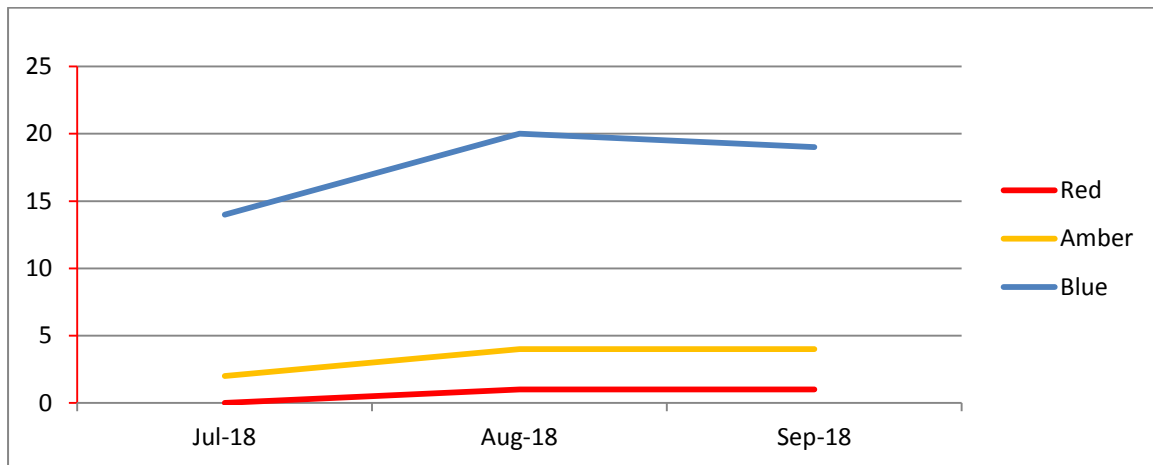
VTE Our performance throughout Q2 has remained above 95%. The monitoring of VTE will be part of the Electronic Prescribing implementation, and will ensure real-time data. Further work is being undertaken by the GSU and Divisions to ensure harm reviews are being robustly undertaken where required.

Harm Free Care Harm Free Care has been reported in Q2 as above the standard of 95%. The standard includes 'new' harms that are acquired during that admission and 'old' harms which are present on admission. In Q2 there were:-



Safe Staffing Ward staffing information is submitted monthly as part of the national safer staffing UNIFY. The monthly UNIFY submission does not include all ward and department areas within the Trust. There has been an increase in the number of greater than 110% filled shifts and these relate to our enhanced observations of patients. There has been no harm reported in Q2 related to staffing.

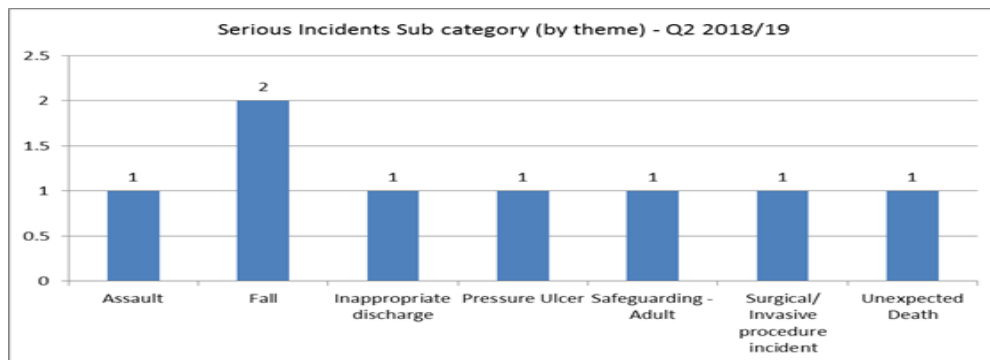
The graph demonstrates the number of overfilled and under-filled shifts for Q2:



There has been one breach of safe staffing in Q2, which have had a full investigation. There was no evidence of harm relating to this and the RCA has been presented to the Chief Nurse.

Serious Incidents Including Never Events (STEIS reportable) by reported date on Datix – Q2 2018/19 In Q2 the trust reported nine Serious Incidents (SI's) in accordance with NHS England's Serious Incident Framework (May 2015). Of these, one was deemed to be a Never Event, reported in August 2018 – this was a retained wire from May 2017, and has been attributed to Urgent and Emergency Care and an investigation is in progress.

Serious incident by Sub Category for Q2 2018/19



Patient Safety Alerts Compliance We have remained 100% compliant throughout Q2.

There are two exception reports included:

1. Infection Prevention and Control regarding the six C-Diff cases identified in July
2. Tissue Viability regarding the grade 3 pressure ulcer reported in August.

Exception Report

Indicator: Category 2 avoidable hospital acquired pressure ulcers

Month: September 2018

Standard: Three or less category 2 avoidable hospital acquired pressure ulcers

<u>Indicator</u>	<u>Plan / Standard</u>
Hospital Acquired Pressure Ulcers	<ul style="list-style-type: none"> • Zero deep PU • 3 or less grade 2 PUs

Causes of underperformance		
<p>Four avoidable and 3 unavoidable PUs developed in September. All have been presented to the PU RCA Panel 11.10.18. The presentations showed very good escalation and reassessment and planning of patients with red areas, and good care of complex patients. The main themes and trends of the root causes are:</p> <ul style="list-style-type: none"> • Inaccurate assessment of patient PU risk within ED • Patients not repositioned frequently enough • Slide sheets not used • Independent patients not monitored regularly enough by the RN 		
Action	Owner	Deadline
<ul style="list-style-type: none"> • TVNC to present the shared learning to the N/M/ AHP business meeting • TVNC to present the shared learning to the Ward Leaders meeting • Present the themes and shared learning to the Fundamentals and preceptorship SD • TV Link Nurse and TVN to audit wards which developed a PU • Senior TVN and ED and EAU Link nurse to ensure appropriate assessments and clinical judgements. • TVNC and Divisional HON to ensure assessments and care planning embedded in ED/EAU • Communications by 'Learning Matters' to share the learning from the recent category 2 PUs to include the use of slide sheets and increased frequency of repositioning 	<p>SA</p> <p>SA</p> <p>SA</p> <p>HM</p> <p>SA/HM</p> <p>SA/RB</p>	<p>22.10.18</p> <p>22.11.18</p> <p>Fundamentals ongoing - 12/19</p> <p>17.10.18</p> <p>End of November</p> <p>End of November</p> <p>End of November</p>
Improvement trajectory		
To be back on target for October 2018		
Risks		

Risk	Mitigation
Delay in appropriate risk assessments	Matron /TV to monitor and feedback to N and M business meeting Implementation of above actions

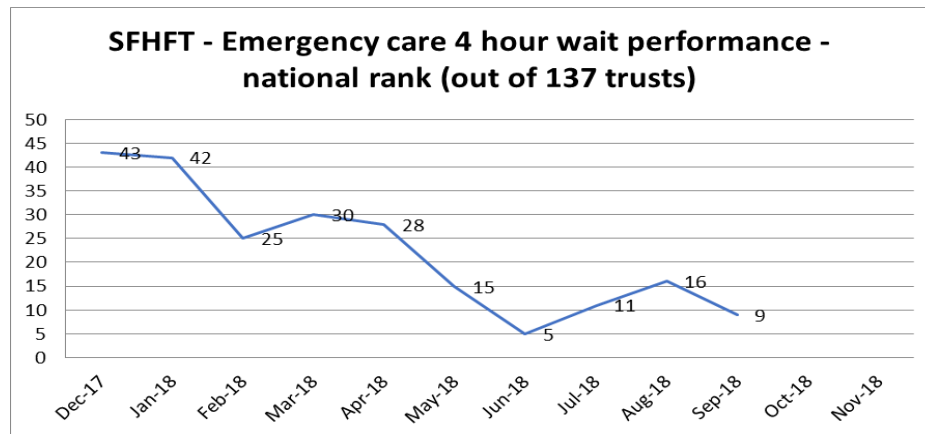
Lead: Stephanie Anstess TVNC

Executive Lead: Suzanne Banks Chief Nurse

Quarter Two - Operational Performance/ Access

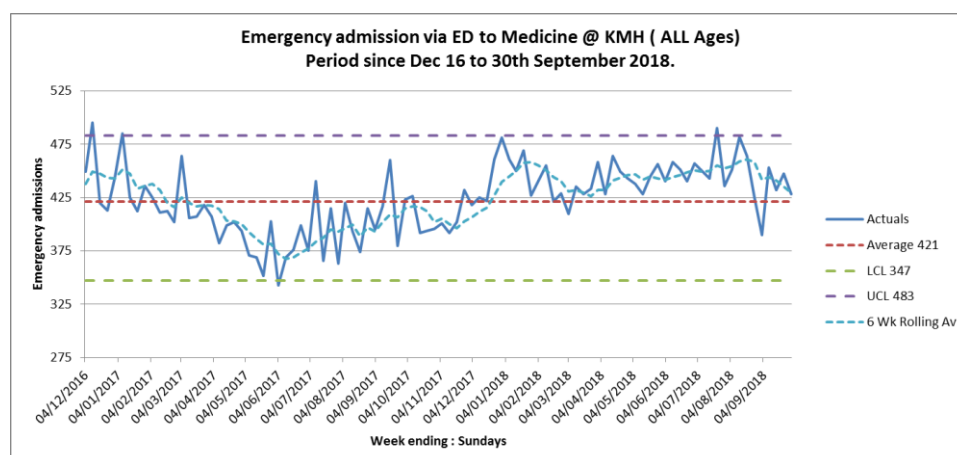
Emergency care Emergency access performance against the 4 hour wait in September was 96.62%, ending the quarter 2 at 95.92%. This both achieves the national standard and is in line with the NHS Improvement agreed trajectory.

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
18/19 Forecast	92.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	93.6%	90.5%	90.0%	90.5%	95.0%
18/19 Actual	92.4%	95.7%	97.2%	95.9%	95.3%	96.6%						
Standard	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%



September performance was ranked 9th of 137 Trusts in the NHS. This is very positive performance both in absolute terms and relatively and achieves the PSF payment for Q2. That said one patient waited over 12 hours from decision to admit awaiting an admission to a mental health bed in September.

Admissions to medicine have not materially fallen since winter 16/17, yet timely bed access has continued to be provided to ED through a reduced length of stay on EAU leading to empty beds on EAU at 8am. The maintenance of this reduction in EAU length of stay has been achieved by a reduction in the number of patients requiring a base ward admission and improved discharge rates, particularly in patients who have been in hospital for over 7 days. Internal work continues to improve the admission rates to medicine, predominantly by streaming patients to primary care and the increase use of ambulatory care.



Whilst this reduction in patients stays over seven days is positive, further work is required to meet the 25% reduction in patients waiting over 21 days with partners. The key programme of work within emergency care is to safely deliver the winter plan approved by the Board in September. This plan will provide an extra 35 beds (across the system) above 2017/18 levels and an increase in the overall bed base for medical patients by 85 beds for Q4. This goes along with the revision of our surge and escalation plans. An update will be provided to Board in November on this.

An exception report is included for ambulance handovers, but it is important to reflect that handovers >30 minutes were at their lowest level in three years. This is obviously helped by timely bed accessibility meaning ED does not become overcrowded, but is also testament to the new processes implemented by the ED team working with East Midlands Ambulance Service.

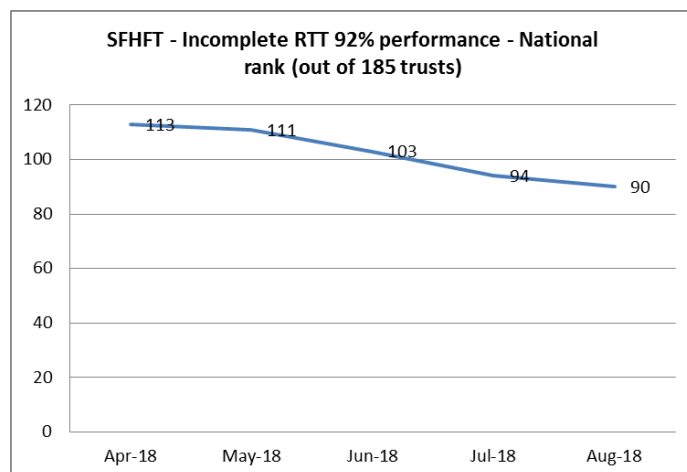
Elective Access Standards

RTT

RTT performance in September against the Incomplete standard was 90.6%. In all 3 months of Quarter 2 the Trust delivered 90.6%.

RTT Incomplete	April	May	June	July	August	September	October	November	December	January	February	March
Forecast	89.59%	90.96%	91.75%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%
Actual	89.2%	90.0%	90.0%	90.6%	90.6%	90.6%						
Standard	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%

September performance is not yet published nationally, we were ranked 90th of 185 Trusts in the NHS in August. Whilst delivering a stable and reliable month end position our national ranking has improved month on month since April 2018.



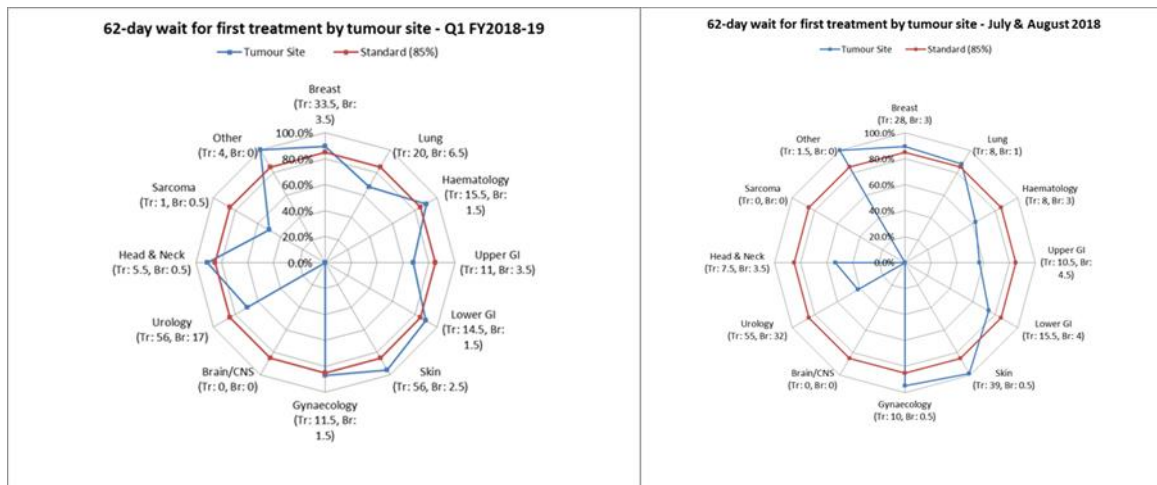
On average we treat or 'stops the RTT clock' on over 9,000 pathways per month. 15% of these are admitted pathways (day case and elective activity) and 85% are non-admitted pathways (outpatient and diagnostics) therefore increasing the volume of non-admitted clock stops is the key to sustained delivery of the standard. Twenty-one patients were waiting longer than 52 weeks as at the end of September.

We are committed to delivering the 92% standard by the end of November and as a minimum will continue to deliver 90%. The key programmes of work to recover can be summarised as actions to increase the volume of non-admitted treatments and clock stops. This will include reducing the volume of overdue outpatient follow ups. Elective winter plans have been developed across all specialties and consider the opportunities to increase Inpatient and Day case activity ahead of January/February, maximising theatre utilisation at KMH and specifically Newark.

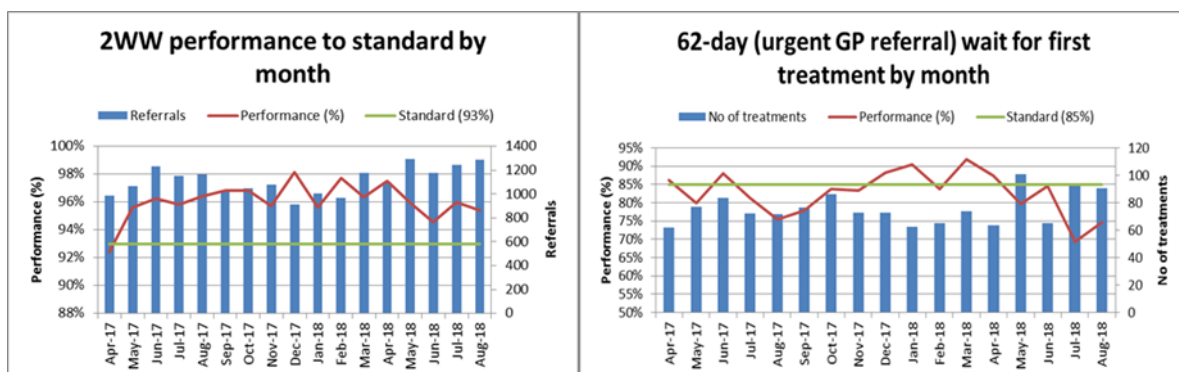
Cancer For the month of August we delivered four of the six key cancer standards. The two that failed were 62 day screening at 88.9% and 62 day classic with performance at 74.6%.

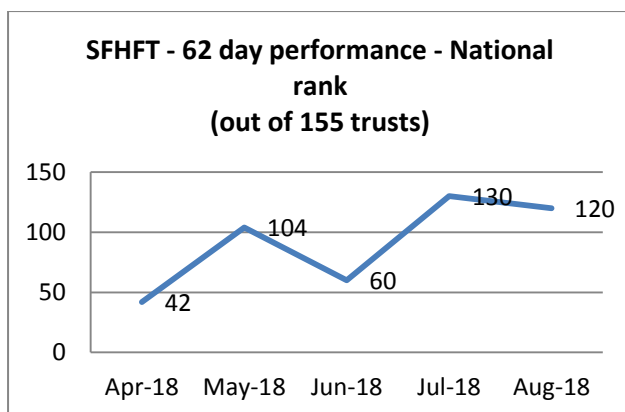
Cancer 62 day	April	May	June	July	August	September	October	November	December	January	February	March
Forecast	83.80%	83.80%	84.60%	85.40%	85.40%	85.40%	85.40%	85.40%	85.40%	85.40%	85.40%	85.40%
Actual	87.60%	79.80%	84.60%	69.30%	74.30%							
Standard	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

Performance by tumour site for Quarter 1 and July and August is as follows:



September 62 day performance is not yet published, August we ranked 120th of 155 Trusts in the NHS. This is an improved position compared to July but continues to show significant variation in performance. Quarter one performance was 88.3%, the forecast for Quarter 2 is 75.4%. This includes an expected improvement in September's performance to 84.6%





Against a back drop of rising 2WW demand; year to date breach analysis has shown the root cause for treatment after 62 days has predominantly been due to a delay to diagnostic test or treatment planning. Recovery has therefore focussed on this element of the pathway notably within Urology. Significant progress has been made in September to reduce the wait for a Pre-biopsy MRI from 20 days to 14 days and for a template biopsy from 21 days to 14 days.

The two most important determinants in sustainably delivering the 62 day standard are the time to first appointment and the number of appointments in a pathway. 46% of all breaches YTD have been by day 76 therefore the key programmes of work within cancer care across all tumour sites will be on the first 28 days of the pathway.

Diagnostics The six week diagnostic standard was 99.16%. This is the fifth consecutive month of delivery.

Diagnostic 6 Week	April	May	June	July	August	September	October	November	December	January	February	March
Forecast	98.73%	98.83%	99.02%	99.01%	99.01%	99.01%	99.02%	99.01%	99.01%	99.01%	99.01%	99.01%
Actual	98.59%	99.12%	99.12%	99.13%	99.45%	99.16%						
Standard	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%

Elective activity and Theatre productivity Elective activity including day case surgery remains below the activity and financial plan for 2018/19.

The key reasons for this are:

- Activity converted from Elective to Day case
- Day case activity converted to OP procedures
- Activity converted from Elective to Non-Elective
- Impact of Trauma activity
- Impact of 2WW demand
- Unpredictable loss of capacity in Endoscopy
- Impact of Not routinely funded/Restricted value

Analysis of the specialties with the largest financial and activity variance to plan is summarised in table one below. Materiality was set at specialties with an under-recovery of greater than £50k.

Table 1:

Specialty Description	Plan vs Actual		Theatre productivity KMH (Sept)	Theatre productivity Newark (Sept) *as at 15/10	Backlog Admitted as at End of September 18 vs (Sept 17 position)	Backlog Non Admitted as at End of September 18 vs (Sept 17 position)	RTT Position as at end of September 2018
Gastroenterology	Plan	10,195	N/A	N/A	16 (10)	110 (77)	92.82%
	Actual	9,151					
	Plan (£)	-1,043					
	Actual (£)	-593,072					
Gynaecology	Plan	2,077	90.61%	N/A	14 (59)	28 (32)	96.70%
	Actual	1,342					
	Plan (£)	-736					
	Actual (£)	-571,986					
General Surgery	Plan	4,025	94.72%	83.75% * 96.3%	66 (48)	73 (58)	90.78%
	Actual	4,090					
	Plan (£)	64					
	Actual (£)	-335,621					
Trauma & Orthopaedics	Plan	3,956	88.62%	77.2% *89%	212 (83)	63 (44)	87.93%
	Actual	4,070					
	Plan (£)	114					
	Actual (£)	-262,646					
ENT	Plan	1,251	77.92%	N/A	82 (51)	136 (43)	92.44%
	Actual	1,053					
	Plan (£)	-199					
	Actual (£)	-225,547					
Ophthalmology	Plan	2,244	97.25%	77.71% * 91.4%	193 (187)	169 (66)	92.20%
	Actual	1,961					
	Plan (£)	-283					
	Actual (£)	-182,857					
Podiatry	Plan	896	N/A	62.53% *68.5%	8 (6)	1 (13)	96.64%
	Actual	925					
	Plan (£)	29					
	Actual (£)	-130,418					

Gastroenterology The unpredictable loss of capacity in Endoscopy has led to a significant under-delivery against plan YTD c500 scopes forecast 1,000. For the period April- June the unit was 2 endoscopists below establishment, this reduced to 1 from June onwards. Recruiting to consistent locum cover has been a challenge until September (M06) where activity in month has returned to plan. Recovery of activity in month from M06 – M12 is dependent on retaining 2 locum posts. This would deliver a 50% improvement to the forecast equivalent to £245,000 worth of additional income.

Gynaecology The single biggest reason for the Gynaecology elective under-recovery is the shift of activity from a Day case setting to an Outpatient setting. The Gynaecology Day case plan is 50% below plan (- £384k), the actual activity is recorded as Outpatient procedures and is 9.6% above plan (+239k). In addition to this there has been a decrease in the volume of elective procedures evidenced by the reduction in the size of the admitted waiting list. Initial findings are suggesting it is a reduction in hysterectomies for heavy menstrual bleeding a procedure that is now classified as not routinely funded by commissioners. To close the gap to plan the specialty is bringing forward 20 routine elective procedures to November and December to allow a focus on Day case activity in January and February. Gynaecology deliver the KMH theatre utilisation standard and consistently deliver the 92% RTT standard. No activity is sent to the Independent sector.

General Surgery General Surgery is above activity plan YTD but below the financial plan by -£335k. The specialty deliver the theatre utilisation standard at KMH but have been below standard at Newark and have remained just short of delivering the 92% RTT standard. The main driver for this position is the conversion of 1 list per week for 'hot' laparoscopic cholecystectomies. This activity is coded as an emergency which is on delivering the activity plan (+£708k). From 24 September 2018 all appropriate hernia activity began to be recorded at Newark. This has led to an increase in theatre utilisation at the site (Oct MTD 96.3%).

Where previously teams could not fill list two weeks out; now lists are fully booked for 6 weeks in advance. There are currently 28 patients that live outside the Newark and Lincoln area that are on the Newark waiting list that would previously have been listed at KMH. No activity is sent to the Independent sector.

Trauma and Orthopaedics: T&O are above activity plan YTD but below the financial plan by -£262k. The specialty delivers the theatre utilisation standard at KMH but is below standard at Newark – In the main this is due to the type of activity that can be undertaken at Newark. The specialty is not delivering the 92% RTT standard and is offering patients the choice of the Independent sector to support performance improvement.

There are a number of reasons for the T&O position, notably the impact of Trauma surges on elective capacity which has led to non-elective activity being above plan by 17.8% (+£830k). Additional trauma lists are in place from October to reduce the volume of elective cancellations as a consequence of Trauma demand.

Newark theatre utilisation is driven in the main by the casemix that can be operated on at the site which is predominantly local anaesthetic procedures. From 12th September all suitable injections have been listed at Newark which has led to not only filling existing lists but 4 additional lists being added since the beginning of October. There are currently 30 patients that live outside the Newark and Lincoln area that are on the Newark waiting list that would potentially have been listed at KMH originally. One ACL procedure has been completed to date on 25 September 2018.

To support recovery of elective income and activity over the winter period the Division will ring fence 4 side rooms in the Day Surgery Unit to support short stay activity in January and February. This will increase activity by 6 cases/week c.48 cases in total and will reduce the need to offer patients the Independent sector. To enable the bed capacity to do this further day case activity will be transferred to Newark. The financial impact of this would be an additional £242k of income.

ENT: The ENT position can be summarised as below activity and financial plan, under the KMH theatre utilisation standard, a growing waiting list but consistently deliver the RTT KMH standard. The specialty is under plan in the main due to 2 reasons:

- One consultant down June - September due to planned sickness, this was covered in part by an agency middle grade.
- Thirty per cent increase in Head and Neck cancer referrals the specialty converted 8 theatre sessions to OP clinics to support 2WW capacity.

An additional specialty grade will be in post months 9-12, this will enable delivery of the in-month activity plan for this period c21 cases.

Ophthalmology: Ophthalmology are below activity plan YTD £182.8k. The specialty delivers the theatre utilisation standard at KMH (85%) but is below standard at NWK. Medical staffing vacancies/sickness is the main driver for under-delivery. 1 Consultant off long-term sick was covered by a locum but with 2 month gap. 2 Middle grade vacancies have been covered by agency locums. The specialty continues to deliver the RTT standard but have seen a significant rise in the non-admitted waiting list.

To recover the activity position, there will be a middle grade theatre list to cover consultant annual leave from October. This should result in recovery of the day case activity plan for M07-12 with a value of £97k.

There are six exception reports included:

1. Ambulance handovers
2. % of 12 hour trolley waits
3. 18 week RTT
4. 52 week RTT
5. 62 day Ca
6. Fractured neck of femur

Exception report

Indicator: % of Ambulance handover >30 minutes / % of Ambulance handover >60 minutes

Month: Month 6 September 2018

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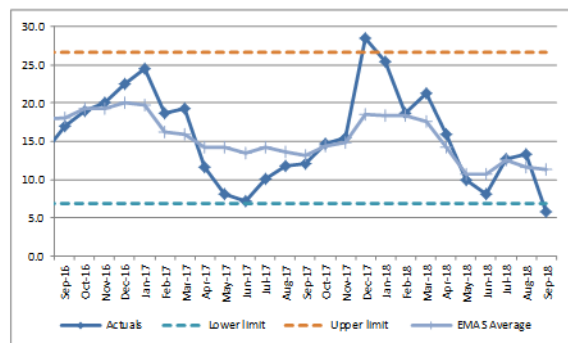
Current position

In September 2018, 53.95% of ambulance handovers were completed within 15 minutes, compared to 39.3% in August; this is the best performance in over 3 years.

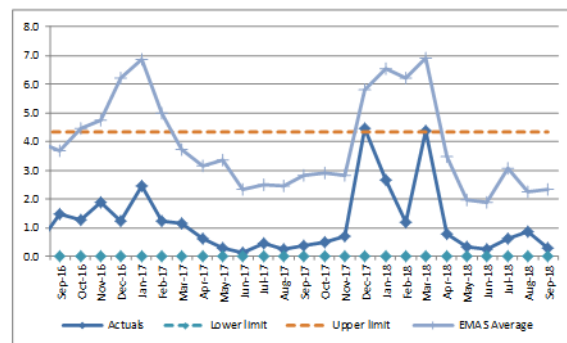
In September 2018, 5.9% (174 out of a total of 2825 handovers) of ambulance handovers took longer than 30 minutes, compared to 12.3% in August.

0.3% (8 out of a total of 2825 handovers) took longer than 60 minutes, compared to 0.9% in August. Trust performance is now better than EMAS average.

Ambulance handover > 30 minutes



Ambulance handover > 60 minutes



Average clinical handover time improved significantly from 19:40 in August, 19:06 in July, to 16:15 minutes in September.

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. In September there were 2 days when the number of ambulances exceeded 100, compared to 9 days in July and 3 days in August.

NHS Improvement visited the Trust earlier this year to observe the ambulance handover process and provide advice on any improvements that could be made. NHSI provided assurance that the Trust ambulance handover process is safe and their recommendations for improvement are incorporated in the action plan.

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	EMAS	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 EMAS is adhered to	Richard Clarkson	Ongoing (started Jan 2018)
Monthly review of all ambulance handovers taking ≥ 60 minutes to identify lessons that can be learned	Richard Clarkson	Ongoing (started April 2018)
Explore the feasibility of electronic data transfer from the EMAS system directly into the ED system	Siobhan McKenna	Ongoing (started July 2018)
Explore options for electronic patient registration	Siobhan McKenna	Ongoing (started July 2018)
Further develop ambulance performance dashboard to identify process issues and trends	Siobhan McKenna	November 2018
Relaunch and rebrand 'fit to sit' to maximise physical capacity within ED	Richard Clarkson	Complete
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		
The internal improvement trajectory is to consistently deliver $\leq 10\%$ 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

Exception report

Indicator: % of 12 all trolley waits > 12 hours

Month: Month 6 September 2018

Standard	0 patients waiting longer than 12 hours from decision to admit	Date expect to achieve standard	October 2018
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Current position		
The Trust reported a 12 hour wait on 18 September for a patient awaiting a mental health bed.		
Causes of underperformance		
Following the decision to admit, Nottingham Healthcare Trust was not able to provide a mental health bed within 12 hours. It is recognised that there is a national shortage of mental health beds.		
The patient was provided with the appropriate care and comfort whilst in ED and appropriate escalation was made through Silver and Gold on-call. 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
RCA to be completed and shared with relevant partners	UEC DGM	31 Oct 2018
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

Exception Report

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

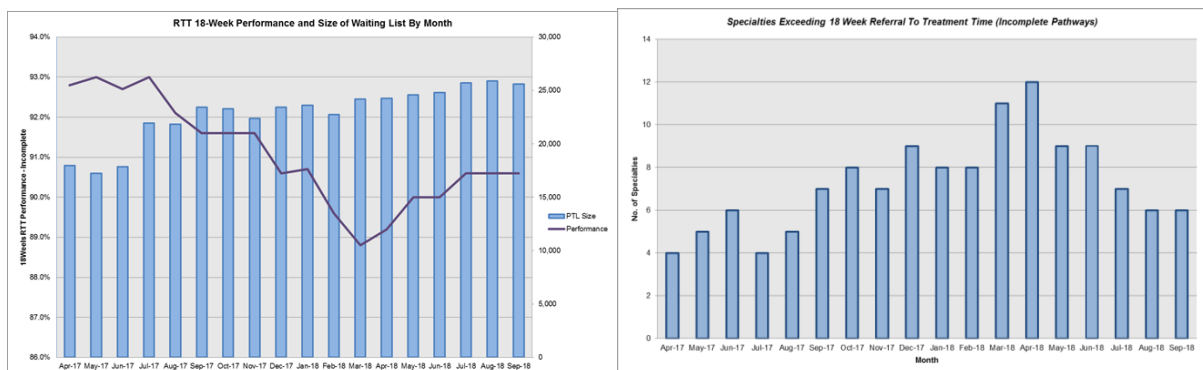
Standard	92%	Date expect to achieve standard	Trajectory – July 2018
			Forecast – November 2018

Current position

Year to date the Trust has treated or 'stopped the RTT clock' on average 9,000 pathways per month. 15% of the stops are admitted pathways (day case and elective activity) and 85% are non-admitted pathways (outpatient and diagnostics).

As at the end of September 2018, the volume of patients on an Incomplete RTT pathway was 25,585 of which 2,413 were waiting >18 weeks. This position delivered performance of 90.6% against a trajectory of 92%.

The size of the Incomplete PTL has been in line with trajectory April to August. For September the PTL has reduced by 200 but remains 400 (1.6%) higher than trajectory.



The volume of specialties failing the standard has decreased by 50% from 12 in April and is holding at 6 in September. The 6 specialties are: General surgery (91.75%), Urology (86.47%), T&O (87.93%), Oral Surgery (85.08%), Cardiology (77.07%) and Dermatology (91.16%)

September performance has remained stable with success in a reducing the volume of patients waiting over 18 weeks in T&O, Gastroenterology and Cardiology offset by an increase in specialties that are currently delivering the standard such as Ophthalmology and ENT.

Recovery actions and Improvement trajectory

2018/19 Actual vs Trajectory:

RTT Incomplete	April	May	June	July	August	September	October	November	December	January	February	March
Fore cast	89.59%	90.96%	91.75%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%
Actual	89.2%	90.0%	90.0%	90.6%	90.6%	90.6%						
Standard	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%

The Trust is committed to delivering the 92% standard by the end of November and as a minimum will continue to deliver 90%. The key programmes of work to recover can be summarised as actions to increase the volume of non-admitted treatment and clock stops and maintaining admitted activity. This will include reducing the volume of overdue outpatient follow ups and delivering elective winter plans which have been developed across all specialties and consider the opportunities to increase Inpatient and Day case activity ahead of January/February, maximising theatre utilisation at KMH and specifically Newark.

Key specialties include:

Cardiology: To deliver 92% the volume of patients waiting >18 weeks needs to reduce by 300.

- Additional weekend sessions “Super Saturdays” have been in place in September and will continue in October for the longest waiting follow ups.
- A follow up review undertaken by a GPWSI and audited by a SFHFT consultant in September resulted in a 50% yield of unnecessary follow ups, further audits are planned for October with patients being discharged as appropriate.
- Extending the start time in the Cath lab to support 1 extra case per list commenced in October.

Urology: To deliver 92% the volume of patients waiting >18 weeks needs to reduce by at least 120. 70% is non-admitted and 30% admitted.

- Additional follow up capacity has been identified following the review of the haematuria pathway. This has released c50 slots for follow ups from November.
- Additional 10 theatre sessions set up for RTT specific activity in October
- Potential to send a small volume of work to the Independent sector by the end of October.

T&O: To deliver 92% the volume of patients waiting >18 weeks needs to reduce by at least 60.

- Additional Trauma lists in place now to reduce the impact on electives
- 19 patients have accepted the Independent sector in October
- Additional weekend sessions in place in October and Surgeons available in November.

General Surgery: To deliver 92% the volume of patients waiting >18 weeks needs to reduce by 15.

- Additional in-week theatre sessions set up in October and November with Surgeons pooling long wait patients

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 September 2018

Standard	Zero	Date expect to achieve standard	March 2019
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Current position

At the end of September the Trust reported 21 patients waiting 52+ weeks of which; 16 were Urology, 1 ENT, 1 T&O, 2 Cardiology and 1Gynaecology. 1 patient had an appointment in September but requires further intervention. 15 patients have a date in October, 1 in November, 1 for December (Patient choice).

Causes of underperformance

19 patients were identified as part of the historic validation of open pathways. 2 patients were identified from routine validation of which 1 patient was discharged in error and 1 patient was not added to the waiting list, both patients have been treated in October.

Actions to address

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.

52+	April	May	June	July	August	September	October	November	December	January	February	March
Forecast	20	17	15	12	12	12	12	12	12	6	6	0
Actual	29	40	21	18	14	21						
Standard	0	0	0	0	0	0	0	0	0	0	0	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

Exception Report

Indicator 62 days urgent referral to treatment

Month August 2018

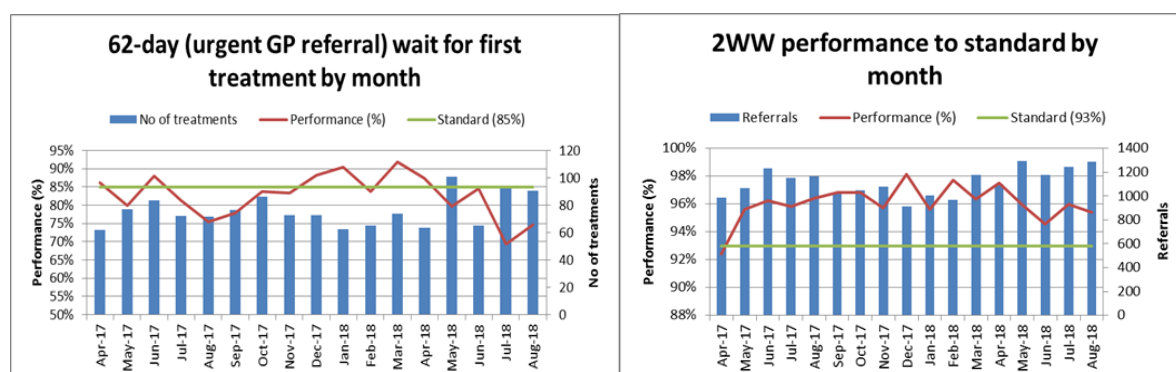
Standard	85%	Date expect to achieve standard	Trajectory – July 2018 Forecast – November 2018
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Current position

The Trust delivered 74.6% for the month of August 2018 giving a national ranking of 120/155 Trusts. Nationally 78.2% of patients began first definitive treatment within 62 days. In month all other cancer targets were met except for the 62 day screening target at 88.9%.

Cancer 62 day	April	May	June	July	August	September	October	November	December	January	February	March
Forecast	83.80%	83.80%	84.60%	85.40%	85.40%	85.40%	85.40%	85.40%	85.40%	85.40%	85.40%	85.40%
Actual	87.60%	79.80%	84.60%	69.30%	74.30%							
Standard	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

Whilst August was an improved position on July, the Trust remained in a position where there was insufficient capacity to manage the diagnostic demand caused by an increase in 2WW referrals. This was compounded by a lack of flexibility of the type of MRI scan that could be completed within existing scanner capacity and Urology theatre capacity.



When comparing Q1 2017/18 to Q1 2018/19, the Trust has seen an 8% increase in referrals. This trend has continued into Q2 with referrals in July up by 8.2% and August 9.4%.

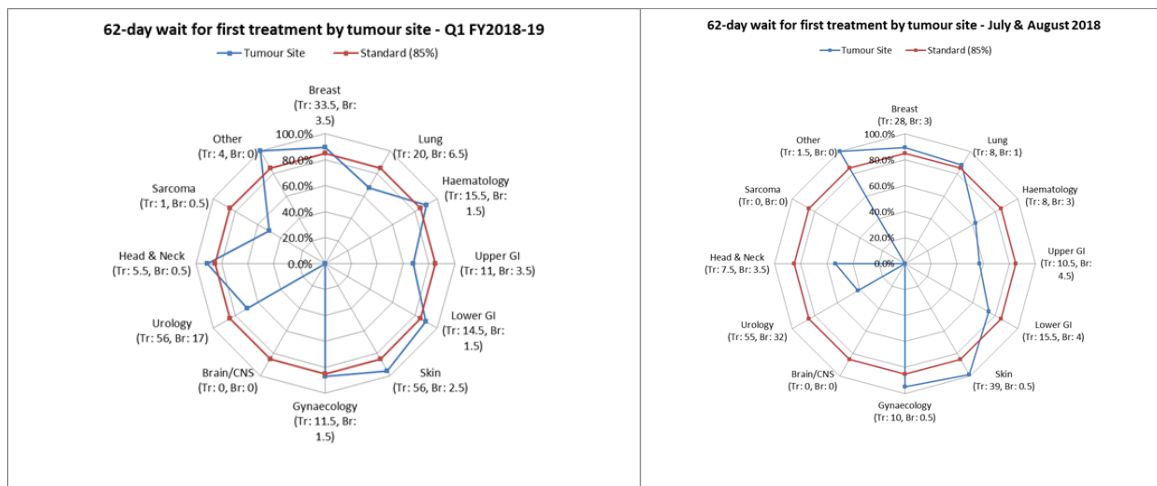
By tumour site for Q1; Head and Neck and Urology saw the largest increase at 30.2% and 35.8% respectively. For Head and Neck this increase was to a system wide response to support Nottingham University Hospital capacity issues. For Urology, the increase has been linked to the high profile celebrity effect and a national cancer awareness campaign. For the same period the Trust has seen a reduction in the volume of lung referrals of 14.5%

A proxy indicator to establish if the Trust received an appropriate increase in 2WW referrals is the conversion rate from 2WW to treatment. Crudely this is based on the volume of 2WW appointments in one month compared to the number of treatments 62 days later. For Q1 2018/19 the conversion rate of 7% remained consistent with Q1 2017/18. For July and August this has risen to 7.3% and 7.7%. This indicates that the increase in referrals has been for appropriate patients that do require treatment.

Causes of underperformance

For Quarter 1 the Trust recorded 38 breaches of the 62 day standard from 228.5 treatments. 30% were due to a delay for diagnostic test/treatment planning, 30% were classified as “other” this being a multitude of reasons in a single pathway including hospital and patient delays. 18% were complex diagnostic pathways in Lung, Haematology, Upper GI, Head and Neck and Gynaecology.

9 patients (5.5 breaches) waited 100+ days for treatment.



For July and August the Trust recorded 52 breaches of the 62 day standard from 185 treatments. 47% of breaches (24.5) were due to a delay for a diagnostic test/treatment planning. 31.5 breaches were within 14 days of the standard at day 76.

13 patients (10 breaches) were treated >100 days. 10 patients were Urology, 1 Head and Neck, 1 Haematology and 1 UGI. The longest wait was 160 days. This patient was referred to the Tertiary centre on day 110 due to delays to diagnostic tests at SFHFT. The patient then requested thinking time on treatment options and finally there was a delay to surgery at the Tertiary centre due to capacity issues.

It is evident from the analysis to date that there remains a strategic need for a second static MRI scanner. Compared to surrounding organisations the Trust does not have the same level of flexibility to manage a sustained increase in demand. If the Trust is to meet the new 28 day cancer diagnosis standard by 2020 the focus has to be on the initial stages of the patient pathway.

Year to date breach analysis has shown the root cause for treatment after 62 days can be summarised as:

- Healthcare provider initiated delay to diagnostic test to treatment planning (37%)
- Other – (18%)
- Patient Initiated (choice) or DNA (8.4%)


46% of all breaches YTD have been by day 76.

56% of breaches have occurred within Urology therefore recovery of the standard has focussed on reducing the volume of delays within the diagnostic phase in the prostate pathway.

This centres on two elements, firstly the wait from 2WW to pre-biopsy MRI and secondly, following an MRI the wait for a biopsy.

The wait for a pre-biopsy MRI throughout Q1 and into Q2 averaged 20 days; this was due to the constraint of undertaking the test in the static MRI only. From mid-September the wait reduced and as at mid-October 86% of patients have waited <14 days for their test. This improvement is due to 2 reasons, (a) the flexibility gained from the new mobile scanner and (b) an additional 5 hours of scanning and reporting per week funded by the Regional Cancer Alliance. This funding is in place until the end of March 2019.

The wait for a template biopsy through Q1 and into Q2 rose to an average of 21 days, in the main this was due to demand exceeding urologist and theatre capacity. Through additional ad-hoc sessions and the reprioritisation of routine RTT patients the wait has now reduced to 14 days. It is important to note that whilst we are seeing this improvement for new urology patients entering their diagnostic phase there is still 13 patients who having incurred delays in the earlier part of their pathway re now in the final stages of confirming their diagnosis and appropriate treatment and therefore may breach the standard in October and November. The total volume of patients waiting >62 days trend is shown in the below.



Date of PTL	100+ days	63-99 days	Total Urology Backlog	Total Cancer Backlog	Total cancer Backlog exc. Urology
16/10/2018	2	11	13	48	35
09/10/2018	2	12	14	56	42
02/10/2018	1	12	13	52	39
25/09/2018	2	13	15	55	40
18/09/2018	4	15	19	61	42
11/09/2018	3	12	15	58	43
04/09/2018	6	9	15	61	46
28/08/2018	4	17	21	64	43
21/08/2018	3	18	21	65	44
14/08/2018	4	20	24	68	44
07/08/2018	3	16	19	57	38
31/07/2018	5	16	21	53	32
24/07/2018	7	20	27	61	34
17/07/2018	11	15	26	53	27
12/07/2018	9	15	24	54	30

Actions to recover and improvement trajectory

Whilst there are specific and well understood reasons for delays in the Urology pathway, the focus across all tumour sites has to be on the first 28 days of the pathway. NHSI analysis (which included SFHFT data) has shown that the two most important determinants in delivering the 62 day standard are the number of appointments in a pathway and the time to first appointment. Cancellations and did not attends have a major effect, increasing the length of pathways by up to 20 to 30 days and the chance of breaching by 10%. One-stop clinics reduced pathways by 13 days, and reduce the chance of breaching by 10%.

Actions to support recovery:

- Significant oversight to the PTL and driving next steps continues to be in place with the Deputy COO for Elective care.
- A bid for rapid improvement schemes was submitted to NHSI on 15/10/2018. In the main this included increased radiology endoscopy and urology theatre capacity.

Time to first appointment / Number of Appointments

- 50% of 2WW are seen within 7 days (80% within 10 days) – Divisions have been asked to model the capacity required to offer 100% within 7 days – this piece of work will be completed by 31/10/2018
- Scope opportunities for straight to test (already exists in UGI and lung) by 30/11/2018
- Scope the potential for 1 stop clinics (already have in breast) by 30/11/2018

Time to diagnose

- Wait for diagnostic tests in Radiology and Endoscopy to be modelled at 14 days, 10 days and 7 days 31/10/2018
- Cancellations and DNA's
- Strengthen earlier clinical intervention – in place now.
- Review Access policy re Cancellations and DNA s by 31/10/2018

Trajectory shared with NHSI on 16th October:

- September – 84.6%
- October – 76.9%
- November - 85%

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

Indicator Fractured neck of femur achieving best practice tariff
Month August 2018

Standard	75%	Date expect to achieve standard	October 2018
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Current position		
<p>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.</p> <p>For August 2018 the Trust achieved 33.8% of best practice tariff measures against the standard of 75%.</p> <p>Trauma activity has increased by 24% year to date.</p>		
Causes of underperformance		
<p>16 patients failed to meet the best practice criteria of which 8 would be considered unavoidable. Of the avoidable delays 5 were due to lack of theatre time and 3 where no 4AT assessment was carried out.</p>		
Action	Owner	Deadline
Establish 8 hour operating list on a Saturday (from 4 hours) effective from 6th October 2018.	SJ	Complete
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.	SJ	November 2018
Develop business case to appoint Band 2 patient tracker to track each admission, the times to the 7 criteria and escalate appropriately to resolve.	SJ	31st October 2018
Improvement trajectory		
<p>August performance has deteriorated as forecast due to multiple trauma surges. Recovery is not expected until October.</p>		
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

Quarter two - Finance

At the end of quarter two we are reporting a deficit of £25.64m before Provider Sustainability Funding (PSF), £0.11m ahead of plan year to date (YTD). This is £0.10m better than was forecast for month six. At the end of quarter two, PSF of £4.09m has been reflected, £1.30m due to the four hours access standard, delivery of the SFH control total at the end of quarter 2 £2.60m, and delivery of the system wide control total in quarter 1 £0.19m.

The Integrated Care System (ICS) has not met its combined control total in quarter 2 and the £0.25m of PSF for this element has not been included. The reported control total deficit including PSF is therefore £21.55m, £0.15m behind plan.

Key areas of note in the position YTD are:

- The Financial Improvement Plan (FIP) is behind plan by £1.68m.
- Non-elective (NEL) activity and therefore income remains at levels seen in quarter 4 17/18. At the end of month 6 NEL activity is £4.36m over plan.
- Medical pay spend is £3.31m adverse to plan at month 6, £0.05m better than forecast at M5. Significant overspends reflect cover for sickness and vacancies mostly in Medicine, Surgery and W&C, costs of additional capacity covered by income, and unmet FIP of £0.82m.
- Elective activity is below plan by £0.57m with no reduction in cost. This is within Gynaecology (£0.27m) and most specialties within the Surgical division.
- Births are below plan YTD and represent a £0.36m adverse position. Lower levels of activity are expected for the remainder of the year.
- Offsetting the above, the release of uncommitted reserves of £2.34m is supporting the position at the end of month 6.
- Agency spend decreased in September by £0.13m to £1.19m. This is in excess of the ceiling by £0.31m YTD.
- Capital spend remains behind plan but is expected to return to plan.
- At M6 the forecast has been reviewed and has not deteriorated with the risk remaining at £9m. A Financial Recovery Plan (FRP) has been developed and provides sufficient schemes to deliver the control total.

Financial Summary

At the end of September, we are £0.11m ahead of the control total excluding Provider Sustainability Funding (PSF) and is £0.15m behind the control total including PSF.

	September In-Month			YTD			Annual Plan	Forecast	Forecast Variance
	Plan	Actual	Variance	Plan	Actual	Variance			
	£m	£m	£m	£m	£m	£m			
Surplus/(Deficit) - Control Total Basis Exc PSF	(3.91)	(3.77)	0.14	(25.75)	(25.64)	0.11	(46.37)	(46.37)	0.00
Surplus/(Deficit) - Control Total Basis Inc PSF	(3.08)	(3.19)	(0.11)	(21.41)	(21.55)	(0.15)	(33.97)	(33.97)	0.00
Finance and Use of Resources Metric YTD				3	3		3	3	
Financial Improvement Programme (FIP)	1.33	0.62	(0.71)	6.15	4.47	(1.68)	17.30	16.48	(0.82)
Capex (including donated)	(1.22)	(1.28)	(0.06)	(3.74)	(2.74)	1.00	(9.75)	(9.75)	0.00
Closing Cash	2.04	3.22	1.18	2.04	3.22	1.18	1.76	1.76	0.00
NHSI Agency Ceiling - Total	(1.34)	(1.19)	0.14	(7.97)	(8.28)	(0.31)	(16.66)	(17.41)	(0.75)

- We have met our cumulative financial control total at the end of Q2 and have achieved the 95% ED target in Q1 and Q2, therefore full Trust based PSF has been achieved at Q2. The system has missed its combined control total at Q2, and as a result £0.25m (the SFH share) of system PSF has been lost.
- We continue to forecast achievement of our cumulative control total and delivery of ED requirements at Q3 and Q4. The system is forecasting that the system control total will be recovered by the end of Q4. Based on this full PSF, and the achievement of both the excluding and including PSF control totals are forecast for the year as a whole.
- YTD FIP delivery is below plan by £1.68m. The 18/19 FIP programme is forecast to deliver savings of £16.48m, when the FRP is incorporated.
- YTD capital expenditure is £1.00m behind plan, however, full achievement of the annual plan is forecast.
- Closing cash at 30th September was £3.22m, £1.18m above plan.
- Agency spend is above NHSI ceiling level YTD by £0.31m and the forecast outturn is £0.75m above ceiling when the Winter Plan commitments and impact of the FRP are included.

Indicator **Delivery of 2018/19 Financial Plan**
Month **October 2018**

Standard	Achievement of 2018/19 control total	Date expect to achieve standard	31/3/2019
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Current position

A forecast shortfall in Financial Improvement Plan (FIP) delivery has led to a review of actions to be taken and the development of a Financial Recovery Plan (FRP) to enable the Trust to achieve the 2018/19 control total.

The Trust planned to achieve £17.3M FIP in 2018/19. At Month 5 the forecast delivery was £7.5M and the overall forecast financial position was £8.9M at risk.

Causes of underperformance

	YTD	Year to go	FOT	FOT risk range		
				Downside	Likely	Upside
Driver of variance						
FIP performance	(1,617)	(7,920)	(9,537)	(9,537)	(9,537)	(8,986)
Medical pay overspends net of FIP under delivery and additional capacity	(1,147)	(778)	(1,925)	(2,294)	(1,925)	(1,925)
Birth activity below plan	(212)	(429)	(641)	(992)	(641)	(641)
Endoscopy	(955)	(1,064)	(2,019)	(2,201)	(2,019)	(2,019)
Elective and daycase activity	(568)	(949)	(1,517)	(1,817)	(1,517)	(1,517)
Pay award for ROE Staff	(345)	(325)	(670)	(670)	(670)	(670)
Areas of underspend / contribution offsetting issues above	2,262	397	2,659	2,262	2,659	2,659
TOTAL GROSS RISK	(2,582)	(11,068)	(13,650)	(15,249)	(13,650)	(13,099)
Mitigations in place						
Uncommitted reserves available to support the position	2,342	1,656	3,998	3,998	3,998	3,998
Assumed funding						
Assumed funding for pay award	345	325	670	0	670	670
TOTAL NET RISK AT MONTH 6	105	(9,087)	(8,982)	(11,251)	(8,982)	(8,431)
Financial Recovery Plan						
1. FIP pipeline		620	620	310	620	620
2. Divisional recovery plans		1,623	1,623	812	1,623	1,623
3. Grip and Control actions		1,900	1,900	950	1,900	1,900
4a. Tactical and Core Productivity		900	900	450	900	900
4b. Unpalatable - needs Exec decision		1,500	1,500	750	1,500	1,500
5. Balance Sheet Review		2,439	2,439	1,220	2,439	3,900
Reported forecast to NHSI at month 6 (CT Basis)	105	(105)	0	(6,760)	0	2,012

Actions to address

A FRP has been developed to mitigate the £8.9M risk to non achievement of the control total. This was presented to Finance Committee and Board of Directors in September 2018. Delivery of the FRP requires the increased commitment and focus of senior leadership across the Trust and enhancement of the governance and assurance structure.

The attached report provides an update on the progress to deliver the FIP and a consolidation of the FIP and FRP plans, trajectories and forecasts which provides the basis for future monthly reporting.

The FIP plan has schemes in delivery which are forecast to achieve £7.5M this financial year. Delivery will continue to be tracked and assured through existing FIP workstreams and the FIP Working Group reporting into Executive Team. In future months, delivery of FRP will be reported in a similar format.

It is necessary to report a combined view of delivery of £16.4M, comprising FIP (£7.5M) and FRP (£8.9M), as this will be reported as the Trust's CIP plan to NHS Improvement. This consolidation is included in the attached. This will be reviewed monthly by the FIP Working Group and reported to Executive Team and Finance Committee. A summary will also be included within the Finance section of the Board SOF report.

Also attached is a diagram of the Governance for Financial Recovery Plan 2018/19. All groups and meetings are now in place. In addition the FIP Working Group will assure on monthly reporting, as described above and commence planning for 2019/20 FIP.

Improvement trajectory

As detailed in the tables below

Executive Lead: Paul Robinson, Chief Financial Officer

2018-19 Financial Recovery Plan

Month 6

Overall Status

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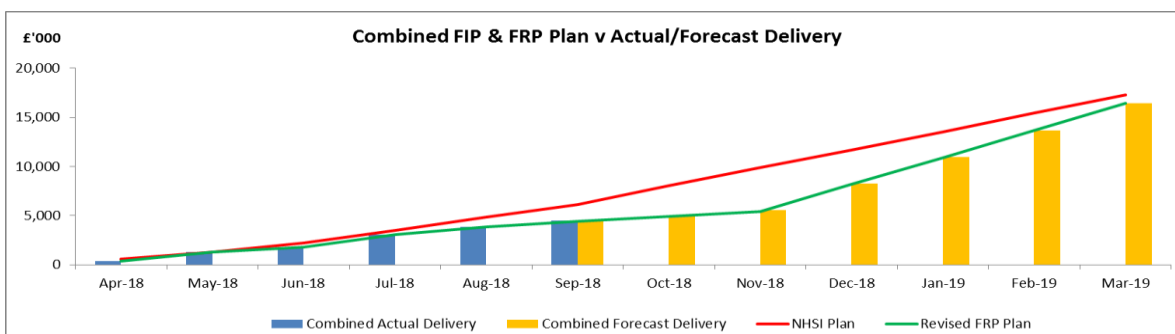
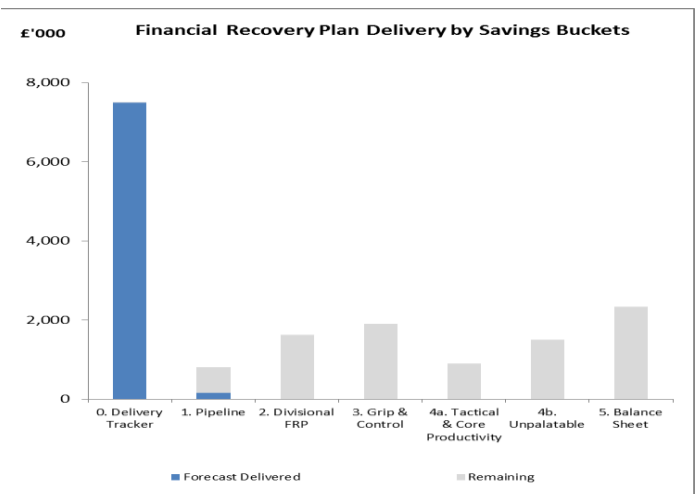
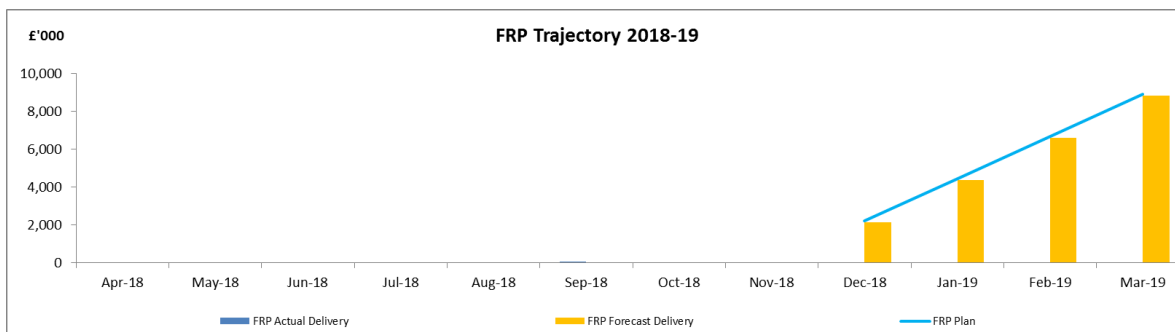
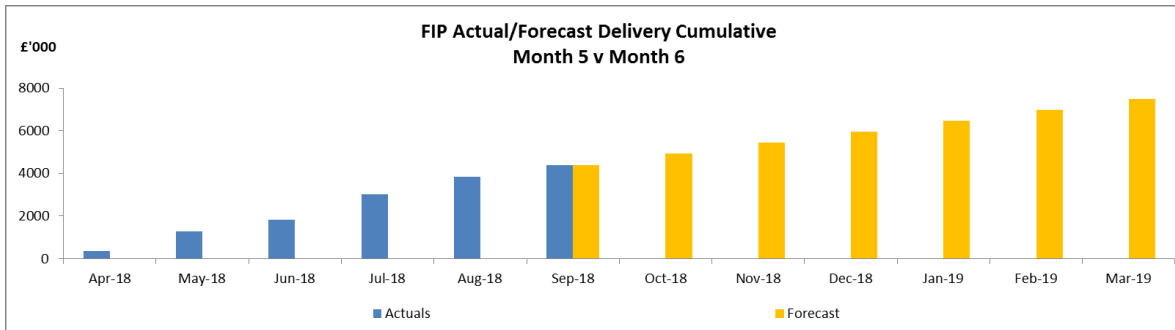
FIP Target	£17.3m
FIP Forecast (set as at month 5)	£7.5m
FRP Plan	£8.9m
Total Revised Target	£16.4m

The FIP in-delivery forecast reported last month of £7.5m still remains and will continued to be monitored and maintained by finance.

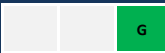
The Financial Recovery Plan (FRP) Target has been agreed at £8.9m. This added to the FIP Forecast of £7.5m gives a revised target of £16.4m.

The FRP has been phased equally across months December 18 - March 19.

A new FRP Governance structure has been implemented to dynamically drive pace and focus.



Overall status



Movement of schemes and Saving Trajectory

	Number/ £'000
Forecast delivery as at month 6	7,496
Forecast delivery as at month 5	7,493

The forecast delivery of the Financial Improvement Programme as at month 6 is £7,496k against a forecast delivery value of £7,493 in month 5. This slight increase continues to assure the schemes in delivery from the FIP remain on track to deliver overall.

Within the month 6 forecast, there have been some over and under performances; Theatres has under performed against last months forecast by £97k. The overall forecast has been maintained from over delivery performances within the other workstreams, mainly Medical and W&C housekeeping.

38% of the overall forecast delivery comes from non recurrent schemes.

56 schemes from the pipeline as at month 5 have moved to the new Financial Recovery Plan (FRP), and of these schemes 6 have moved to delivery.

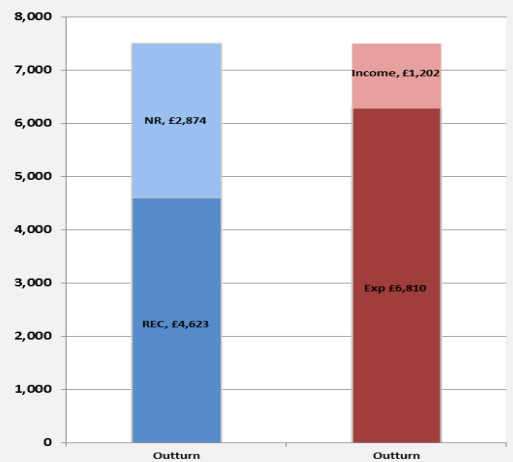
Pipeline - 2018-19 schemes - reported month 6						
Potential Opportunities	Total Schemes	Idea Only	Scoping	In Progress	Ready	In Delivery
0	56	6	29	19	2	57
Hopper	Opportunity Pipeline (now transferred to FRP)					

Pipeline - 2018-19 schemes - reported month 5						
Potential Opportunities	Total Schemes	Idea Only	Scoping	In Progress	Ready	In Delivery
129	87	10	43	30	4	57
Hopper	Opportunity Pipeline					

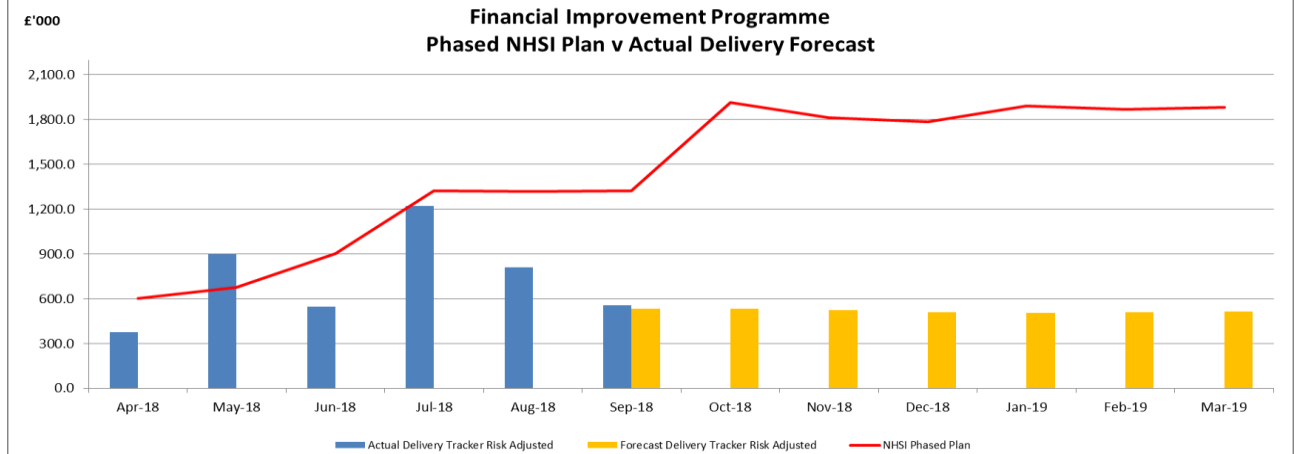
Summary of delivery against month 5 forecast

Workstream	Month 5 Delivery Tracker	Commentary - changes since last month	Month 6 Delivery Tracker	Variance Over / (under)
1. Patient Flow Transformation	630		630	0
2. Theatres	366	Reduced forecast to Productivity and Trauma Activity Schemes	268	(97)
3. Medical	206	Vacancy management increased delivery	246	41
4. Nursing	188		192	5
5. Clinical Support Services	210		220	10
6. Digitisation	0		0	0
7. Non-clinical Support	2,285		2,289	4
8. System Efficiency	0		0	0
9D. Diagnostics & Outpatients	104		105	1
9M. Medicine Division	36		37	1
9S. Surgery Division	75		74	(1)
9U. Urgency & Emergency Care	246		254	8
9W. Womens & Childrens	148	Increased delivery of non recurrent savings	179	32
10. Other	3,000		3,000	0
Total Forecast	7,493		7,496	3

Forecast Split 2018-19



Financial Improvement Programme Phased NHSI Plan v Actual Delivery Forecast



Governance for Financial Recovery Plan 2018/19

