

# Public Board Meeting Report

## Single Oversight Framework Integrated Performance Report – October 2018








**Date**                      **29 November 2018**  
**Authors**                 **Senior Leadership Team**  
**Lead Directors**         **Executive Team**

### Overall Summary October 2018

The Single Oversight Framework Integrated Monthly Performance Report captures Organisational Health, Patient Safety, Quality and Experience including risk, Access and Performance and Financial information and indicators for the month of October 2018. Where the information is for previous months, this is identified. There are **nine** exception reports this month:

1. Sickness absence
2. Post 72 hours Clostridium Difficile Infection
3. Category 2 avoidable hospital acquired pressure ulcers
4. Serious Incidents
5. Friends and Family
6. Fractured neck of femur achieving best practice tariff
7. Maximum time of 18 weeks from referral to treatment
8. Number of cases exceeding 52 weeks referral to treatment
9. % of Ambulance handover >30 minutes / % of Ambulance handover >60 minutes

Our risk profile has remained static and was discussed in November’s risk committee:

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)

We remain very busy. Records have recently been broken for the number of non-elective patients admitted in a week at Sherwood and more positively we have also seen record increases in the volume of patients receiving elective inpatient and day case surgery.

As stated below, our Organisational Health and Patient Safety, Quality and Experience indicators remain broadly positive. Workforce KPIs continue to do well although we do have our first exception report in a while in this domain (sickness absence). It is pleasing to see how well we are doing with flu vaccination and our uptake is sixth highest out of 253 Trusts. In addition the Quarter two NHS staff survey results were published late last week. All staff were asked two questions; would you recommend your organisation as a place to receive care and would you recommend your organisation as a place to work. Eighty-eight per cent of colleagues said “yes” to the first question and 77% of colleagues said “yes” to the second question which ranked Sherwood, for the first time, first for both questions when compared to the other 17 trusts in the East Midlands. We were 20<sup>th</sup> and 38<sup>th</sup> respectively out of 213 trusts in the NHS and we had the sixth highest response rate. This is promising but we do know these high levels results hide a huge variation in feelings of engagement for our 4500 colleagues.

We are proud that we continue to provide high quality care to our patients and it was lovely to see the work of Ruth Harrison and the Learning Disability Team, who have been to Public Board recently, rewarded by winning an HSJ award last week.

We continue to make progress with the delivery of our access standards and we are very grateful to all staff who work on these pathways, not just on the emergency care pathway. Whilst we did not deliver the 95% standard for emergency care in October, it was a narrow miss. A reduction of circa 50 patients over four hours would have delivered the standard in the month.

We have made good progress over the last couple of months with our financial plan but the key risks to financial delivery remain;

- High volume of non-elective patients attending and admitted and the associated costs not fully met by tariff
- Financial pressures across the Mid Nottinghamshire Health region, and
- Non-delivery of our financial improvement plan.

We believe we are taking appropriate actions to where possible mitigate these risks. Our winter capacity plan is coming to Board this month, we have met twice in the last two weeks with commissioners to review their QIPP plans and we have a weekly financial recovery meeting which has now met for the eight weeks.

The best providers of healthcare are the ones who balance quality, access and money and deliver this through highly engaged staff. It continues to be our mission to consistently achieve this.

## **Organisational Health**

In October 2018, we maintained strong performance against workforce KPIs apart from sickness absence, for which an exception report has been produced.

Although we maintained sickness absence at or below the 3.5% threshold for the first six consecutive months of the financial year, it rose to 4.0% in October. This will have had an impact on the number of shifts requiring bank or agency cover in order to maintaining safe staffing levels. Although this will have impacted agency spend, that was still delivered within the NHSI control total for the month.

A key element affecting sickness absence is winter ailments. It is positive our flu vaccination rate of over 76% of front line staff (sixth best out of 253 reporting trusts as of 22 November 2018).

The renewed grip on medical agency spend continues to be evident. This is also being helped by medical vacancies (6.47%) being at their lowest for many years.

Appraisal levels and mandatory Training have remained at or above target throughout this financial year. Turnover was only 0.35%.

Band 5 Registered Nurse vacancies have been mitigated down to 16.37% mainly due to the newly qualified nurses who started in September and October.

**It is recommended that, from next month, the targets / thresholds for the workforce KPIs should be adjusted to those identified in the 2018/19 Maximising our Potential Plan as follows:**

**Mandatory Training – 93%**

**Turnover – 0.9%**

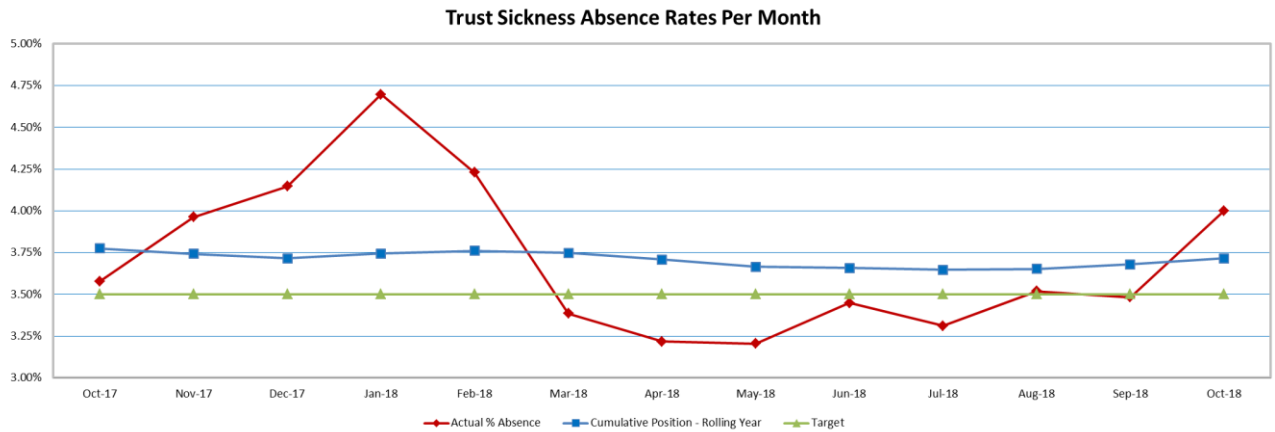
**Temporary Staffing Percentage – 7.3%**

**Board are asked to approve the recommendation**

**Sickness Absence – RED – (see exception report)**

Sickness absence increased in October to 4.00% (September, 3.48%).

All Divisions remained the same or increased in month. The only Divisions to remain under the 3.5% target were Corporate, 2.81% and Urgent & Emergency Care, 3.13%, even though it had the highest increase in month of 0.83%.



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.

Sickness absence for October 2018 is 0.42% higher than October 2017. The 12 month rolling year (sickness average for the previous 12 month period for each month), was indicating a sustained improvement but it has increased for the second consecutive month.

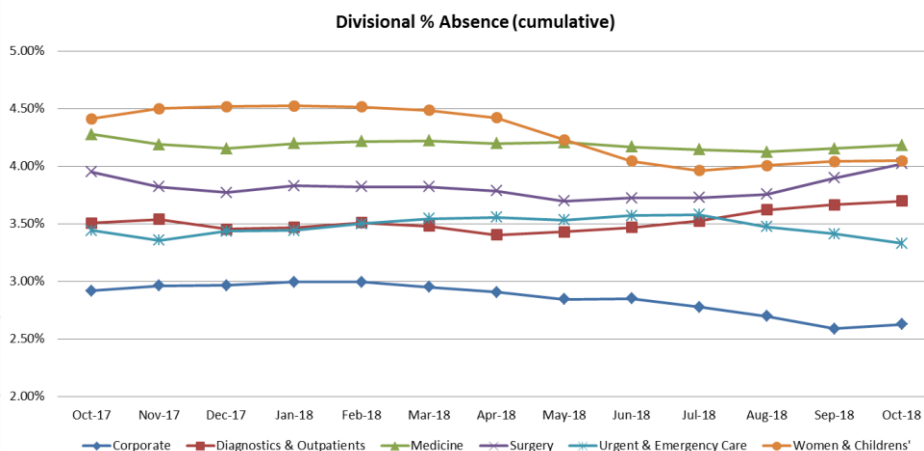
The top three absence reasons in October are not reflecting winter ailments as they are:

- Anxiety/stress/depression, 1.07% (1336.26 FTE Days Lost)
- Other Musculoskeletal, 0.42% (529.22 FTE days lost)
- Injury, fracture, 0.40% (496.27 FTE days lost).

The gastrointestinal absence reason which is normally within the top three is 0.39% (487.09 FTE days lost).

### Divisional sickness absence

Sickness absence trends in Divisions are below. It is based on a cumulative rolling 12 months, the same as the graph above.



rgent & Emergency  
s. Diagnostics and

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 October has increased in month by 1% to 96%. We have remained at or above the target of 95% for nine consecutive months.

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

### **Training and Education - GREEN**

Mandatory training has increased by 1% in month to 95%\* against a 90% target. We have 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 October 2018 the overall turnover rate decreased to 0.35% (September, 0.73%) the turnover rate in October 2017 was 1.00%, a difference of 0.65% which is very positive. The only month this financial year so far to exceed the threshold was April 2018.

There were 41.5 FTE more starters than leavers in October 2018 (55.85 FTE starters v 14.35 FTE leavers).

Registered Nurses have the highest number of leavers in month, 6.19 FTE, although there were over 30 FTE RN new starters. The reasons for leaving are:

- Dismissal – Conduct, 1.8 FTE (2 people);
- Voluntary Resignation – Other not known, 1.59 FTE (2 people);
- Voluntary resignation – Promotion, 1 FTE (1 person);
- Voluntary resignation – Relocation, 1 FTE (1 person),
- Flexi Retirement, 0.8 FTE (1 person)

### **Staff in Post / Vacancies**

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

	Oct-18							
	Budget - FTE	SIP - FTE	SIP - Headcount	Vac - FTE / Gap - FTE	% Vacancy / % Gap	Starters	Leavers	% Turnover
<b>Total Trust</b>								
Admin & Clerical	1141.38	1076.53	1321	64.85	5.68%	7.28	3.80	0.35%
Allied Health Professionals	222.93	228.38	280	-5.45	-2.44%	1.56	0.37	0.16%
Ancillary	40.01	36.46	43	3.55	8.88%	1.00	0.00	0.00%
Medical & Dental	505.26	472.57	493	32.69	6.47%	3.00	1.00	0.21%
Registered Nurse Operating Line * - ALL Bands	1345.51	1196.43	1420	149.08	11.08%	30.01	6.19	0.52%
Scientific & Professional	221.70	197.73	218	23.97	10.81%	0.51	1.00	0.51%
Technical & Other	285.64	270.14	330	15.50	5.43%	6.47	1.99	0.74%
Unregistered Nurse	602.42	575.22	677	27.20	4.52%	6.03	0.00	0.00%
<b>Total - Trust</b>	<b>4403.78</b>	<b>4053.46</b>	<b>4782</b>	<b>350.32</b>	<b>7.95%</b>	<b>55.85</b>	<b>14.35</b>	<b>0.35%</b>
Band 5 Registered Nurse Only operating line *	739.64	618.54	747	121.10	16.37%	29.21	3.39	0.55%

Medical vacancies are now down to 6.47%. However, the remaining vacancies are mainly in specialties facing national shortages and are very hard to fill.

Overall Registered Nurse vacancies have reduced to 11.08%.

At the October Assessment Centre's at Kings Mill Hospital and Newark a further 18 RNs were offered roles. The next monthly RN Assessment Centre is on 23<sup>rd</sup> November with 26 nurses already booked in to attend.

**Exceptions Report    Sickness absence**  
**Month                      October 2018 data**

<b>Standard</b>	3.5%	<b>Date expect to achieve standard</b>	March 2019
-----------------	------	--	------------

**Current position**

Sickness absence increased in October to 4.00% (September, 3.48%).

Only two divisions were at target – Corporate (2.81) and Urgent & Emergency Care (3.13).  
Divisional absence % with key underperforming areas are:

Surgery – 4.59%

Medicine – 4.46%

Diagnostic & Outpatients – 4.01%

Women’s and Children’s – 4.29%

The Technical & Other staff group reported the highest sickness absence at 7.41%. This group includes Support Workers and Health Science Assistants in areas such as Pharmacy (6.29%), Theatres KMH (5.69%), Microbiology (4.38%) and Sterile Services (4.71%).

**Causes of underperformance**

The top three absence reasons in October 2018 re:

- Anxiety/stress/depression, 1.07% (1336.26 FTE Days Lost)
- Other Musculoskeletal, 0.42% (529.22 FTE days lost)
- Injury, fracture, 0.40% (496.27 FTE days lost).

Anxiety/stress/depression has continually shown as the highest absence reason for this financial year with a total of 8,097.57 FTE days lost over seven months since April 2018.

Whilst it is not always possible to identify if the anxiety / stress / depression is work related, an analysis has shown that 17 staff since 1 April 2018 who were absent for that reason were/are involved in an employee relations case.

This is a pattern that has been identified whereby, in a number of cases, staff who are subject to performance management; a disciplinary or who have raised or are the recipient of a grievance absent themselves from work under a sickness reason of anxiety, stress or depression. This accounts for 8.66% of those cases and is therefore of significance as it equates to 14 FTE over that period.

## **Breakdown of Divisions off target**

### **Surgery**

The Division of Surgery reported an absence rate of 4.59% in month, with 2.53% short term and 2.24% long term. This is an increase of 0.51% in month. Particular areas of concern:

Ward 11 – there are high rates of short-term sickness with unrelated reasons which are being actively managed through return to work interviews and Stage 1 targets being set.

PPCs – high short-term sickness across the teams. OD work has been undertaken into issues of low morale and poor employee engagement. Interventions are in place to address issues of concern, along with application of the sickness procedures

Theatres Recovery – high levels of long-term sickness, which are being managed.

### **Women's & Children's**

Women's & Children's Division reported an absence rate of 4.29% in month, with 1.98% short term and 2.31% long term. This is an increase of 0.51%. Particular areas of concern:

Outpatients Antenatal – caused by long-term sickness.

Maternity – high rate of long-term sickness due to several absences for unrelated reasons All being actively managed via the sickness policy.

### **Medicine**

The Division of Medicine reported an absence rate of 4.46% in month, with 2.56% short term and 1.89% long term. This is an increase of 0.59% in month. Particular areas of concern:

Oakham Ward – 14.97%. A combination of long term absence cases and short term, all of which are being actively managed.

WTC – 12.72%. All short term absences.

Stroke Unit – 10.77%. Occupational Health support through physiotherapy and the Moving and Handling team are advising staff, assessing appropriateness of equipment and evaluating the working areas.

Endoscopy 8.71% - employee relations matters have had a prolonged impact. Re-education for managers on the sickness policy implementation has taken place and continues.

### **Diagnostics & Outpatients**

Diagnostics & Outpatients reported an absence rate of 4.01% in month, with 2.09% short term and 1.93% long term. Particular areas of concern are:

Newark Outpatients – 11.76% of which 4.46% is short term sickness, and 7.30% is long term sickness, which is being managed in line with policy.



Pharmacy – 6.29%, short term and long term sickness,. Pharmacist’s now line-manage and have attended Masterclass on sickness absence.

KTC Admin – 8.47%, the majority of sickness is long term (7.93%), which is being managed.

KMH Radiology - 4.40% of which 1.83% is short term sickness and 2.57% is long term  
All are being managed in line with policy.

#### **Actions to address**

All individual cases are managed by Divisional management, supported by HR, in line with the Trusts sickness absence policy, which has been revised and is being re-launched.

Training sessions are taking place to support managers using discretion around sickness absence and bespoke coaching sessions are available to audit and coach managers on their practice.

Monthly confirm and challenge meetings held with ward/department leaders and Matrons.

Organisational development interventions delivered in areas of concerns, such as PPCs.

#### **Improvement trajectory**

Given that winter ailments will start to impact on sickness absence, and there is always a seasonal trend of higher absence in the winter, it is unlikely that the target of 3.5% will be met before march 2019.

<b>Risk</b>	<b>Mitigation</b>
Winter ailments such as flu impacting the Trusts ability to manage sickness	Flu campaign – uptake currently 76% +
General workforce fatigue relating to the winter plan may result in more staff sickness	Proactive winter planning.

**Lead: Rob Simcox: Deputy Director of HR**

**Executive Lead: Julie Bacon: Executive Director of HR & OD**

## Patient Safety, Quality and Experience

During October there have been no single sex accommodation breaches reported and we have continued to maintain compliance with providing single sex accommodation, 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 six cases of *Clostridium Difficile* Infection (CDI) identified during October 2018. This is outside our monthly objective and brings the annual total to 23 cases against a reduced objective for this year to no more than 47 cases in the whole year. Please see exception report below. Again zero MRSA bacteraemia were identified in October and only two cases of *Escherichia Coli* bacteraemia. Levels of infection within the Trust are closely monitored and the systems and processes required to minimise the risk of an infection occurring as a direct cause of care provided within the Trust continue to be robustly promoted.

Reducing harm from pressure ulcers (PUs) has been identified as a supplementary quality priority in line with the 2018/19 Quality Account. There have been four avoidable category two PUs identified during October, all of them being heel ulcers. This means that we have breached our trust target of three avoidable PUs per month. Please see exception report below detailing the actions being taken to address the identified issues. There have also been two unavoidable category two PUs but again zero deep pressure ulcers were identified during this reporting period.

The number of falls during October remains below the Trust target and has been significantly below the national average for four continuous months. There has now been a continuous low harm reduction for the last four months and no moderate harm due to a fall for the last three months. Work is ongoing across the Trust to continue to reduce the number of falls including a pilot looking at the implementation of mini RCAs for repeat falls and the introduction of the Colour Me Safe project across the Trust. Developed by a group of Matrons this project will improve the visibility of patients who require assistance to safely mobilise and is being supported by our research department to help measure the outcomes of this. The Trust has also been chosen to take part in a research project linked to the National Falls Audit.

This month has seen a continued achievement of above 90% performance on each part of the dementia screening indicators. During September 99.8% of eligible patients were identified and screened. 92.7% of those who were screened positively were referred on for further assessment and advice. This screening is planned to move onto Nerve Centre in January which will further aid the ability of staff to identify and refer this patient group.

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

Within the Safety Thermometer the Trust reported 96.34% harm free care during October 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 3.66% n = 20 and the new harms total is 4 (0.73%).

During October there have been three Serious Incidents reported on STIES. All are being investigated in line with SI framework timeframe. There have been no Never Events reported during this period.

**Exception Report    Post 72 hours Clostridium Difficile Infection**  
**Month                    October 2018**  
**Standard                <4**

<b>Current position</b>		
<p>There were 6 <i>Clostridium Difficile</i> Infections (CDI) in October, bringing the cumulative total to 23, the annual objective is 47</p> <p>A review of the 6 CDI identified that 2 are possibly linked, the others were sporadic cases. A period of increased incidence has been identified on ward 24 possibly linking the 2 cases. An initial meeting has been arranged to review the period of increased incidence and identify any learning points and actions that were taken as a result, these included:</p> <ul style="list-style-type: none"> <li>• Enhanced cleaning processes are in place</li> <li>• All patients previous infection history to be reviewed</li> <li>• Enhanced auditing of practices in place</li> </ul> <p>All of relevant samples from October have been sent to Birmingham for Ribotyping to identify strain. All patients are being reviewed to identify if there has been any cross over in areas they were cared for including EAU</p>		
<b>Causes of underperformance</b>		
<p>For this type of organism, patient factors are a major contributor to the increased risk of infection. Where antibiotics are required to treat a primary infection there is an increased risk that this will drive incidence of CDI occurring.</p>		
<b>Actions to address</b>		
<b>Action</b>	<b>Owner</b>	<b>Deadline</b>
For all samples to have a ribotyping result	IPCT	24/11/2018
Review of all 6 patient trust movements	IPCT	17/11/2018
<b>Improvement trajectory</b>		
To achieve reduced nationally set objective for 2018/2019 of 47 cases.		
<b>Risks</b>		
<b>Risk</b>	<b>Mitigation</b>	
Complex Patient factors – early identification of primary infection and appropriate treatment	Timely microbiology samples to ensure appropriate treatment is given early	
Difficulties in isolating bariatric patients safely	Identified that some room 1's are able to facilitate the use of the gantry for M&H	

**Lead: Rosie Dixon, Nurse Consultant - IPC**

**Executive Lead:** Dr Andrew Haynes, Executive Medical Director

**Exception Report**    **Category 2 avoidable hospital acquired pressure ulcers**  
**Month**                    **October 2018**  
**Standard**                **Three or less category 2 avoidable hospital acquired pressure ulcers, Zero deep tissue pressure ulcers**

<b>Causes of underperformance</b>		
<p>Four avoidable and two unavoidable PUs developed in October. The PUs were on the heels of patients and usually the lateral aspect. The patients were all in their 90s extremely frail with multi comorbidities. One patient died soon after developemnt and another patient had bespoke orthotic boots which if he had not worn would have put him at risk of falls. The main themes and trends of the root causes are:</p> <ul style="list-style-type: none"> <li>• Inaccurate assessment of patient PU risk within ED</li> <li>• Patients not repositioned frequently enough</li> <li>• Slide sheets not used</li> <li>• Appropriate dynamic mattress not in use</li> </ul>		
<b>Action</b>	<b>Owner</b>	<b>Deadline</b>
<ul style="list-style-type: none"> <li>• TVNC to present the shared learning to the N, M and AHP business meeting and Ward sisters meeting</li> <li>• Present the themes and shared learning to the Fundamentals SD, TV SD, and preceptorship SD –will also include appropriate use of slide sheets by the Moving and Handling Lead</li> <li>• TV Link Nurse and TVN to audit wards which developed a PU</li> <li>• Senior TVN and ED and EAU Link nurse to ensure appropriate assessments and clinical judgements used.</li> <li>• TVNC and Divisional HON to ensure assessments and care planning embedded in ED/EAU</li> <li>• 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</li> <li>• Consideration for use of anti-friction boots (Parafricta)</li> </ul>	TVNC	31/11/18
<b>Improvement trajectory</b>		
To be back on target for November 2018		
<b>Risks</b>		
<b>Risk</b>	<b>Mitigation</b>	
Inconsistency in assessments within ED Slide sheets not used consistently	TVN to work with ED team to increase education and support patient assessments Work with Manual Handling team to increase comms and education. Added to induction and TV study days Communicated at NM/AHP business meeting	

**Lead:** Stephanie Anstess TVNC

**Executive Lead:** Suzanne Banks Chief Nurse

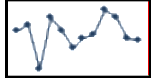
**Exception Report      Serious Incidents**  
**Month                      October 2018**  
**Standard                  To not exceed more than 2 Serious Incidents including Never**  
**Events per month.**

<b>Current position</b>		
During the month of October 2018 a total of 3 serious incidents were reported in accordance with NHS England's Serious Incident Framework (May 2015). Of the 3 reported, none met the reporting criteria for a Never Event.		
<b>Causes of Underperformance</b>		
The nature of the Serious Incidents reported included the following:		
<ul style="list-style-type: none"> <li>• Child attended ED following seizure at home, was discharged home then returned in cardiac arrest.</li> <li>• Missed fracture of left wrist later requiring corrective surgery</li> <li>• Delay in diagnosis/treatment.</li> </ul>		
<b>Action</b>	<b>Owner</b>	<b>Deadline</b>
Child death SI - Child Death Overview Panel (CDOP) review undertaken 9.10.18. Comprehensive investigation being undertaken. Support for doctor and nurses being addressed through Division.	Emergency & Urgent Care Division	8 <sup>th</sup> January 2019
Delayed diagnosis of wrist fracture – Comprehensive investigation being undertaken. Safety netting implemented via a strengthened process for follow up of x ray reports.	Emergency & Urgent Care Division	23 <sup>rd</sup> January 2019
Delay in diagnosis/treatment of heart failure - Comprehensive investigation being undertaken. Referral to coroner completed.	Emergency & Urgent Care Division	24 <sup>th</sup> January 2019
<b>Improvement trajectory</b>		
At the time of reporting there are no Serious Incidents in November 2018.		
<b>Risk</b>	<b>Mitigation</b>	
No specific risks identified at this point	Trust sign off process identifies common themes and learning	

**Lead:                              Becky Stone (Head of Clinical Governance)**  
**Executive Lead:              Suzanne Banks (Executive Chief Nurse)**

**Exception Report    Friends and Family Test**  
**Month                    October 2018**  
**Standard                Friends and Family Test (FFT)**

**Current position**

Indicator	Plan/Standard	Period	YTD Actuals	Monthly Actuals	Trend	RAG
Recommended Rate: Friends and Family Outpatients	96%	Oct -18	93.9%	93.6%		R

**Causes of underperformance**

**The FFT recommendation rate in Outpatient Services** – recommendation rating is 2.4% off plan for October 2018.

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

Rude receptionist

Poor signage at Ashfield clinic

**Newark Clinics – Radiology, Podiatry and Pain Management**

Improved car parking

Waiting time for results – Radiology

**Clinic 5 and 6**

Missing notes leading to delays in appointments

**Car Parking – King’s Mill Hospital and Newark**

Limited parking

Car parking charges

**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.
- Signage concerns have been submitted as a case of need which was approved; however Head of Estates is exploring procuring new signage across the Trust. The deadline is end of December 2018, if not in place this will be implemented as per approval via case of need.
- Any delays in radiology reporting are reported by exception report, this will be monitored as unclear at this time what this feedback is relating to and not been an issue previously specific to Newark, and does not triangulate with feedback via complaints or concerns.
- Any reported incidents of missing notes are reviewed and monitored monthly. The Trust were currently achieving 99% of all case notes were available and prepped for clinic
- Car Parking - Car parking issues escalated to Ben Widdowson and Wes Burton.
- 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 for service users.	Kim Kirk (Head of Patient Experience)	Completed and ongoing- weekly and monthly reported provided.
<b>Improvement trajectory</b>		
All divisions to review and share feedback in team meetings.		
<b>Risks: Continued decrease in recommendation rate for OPD</b>		
<b>Mitigation: Actions agreed and this will be monitored monthly</b>		

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



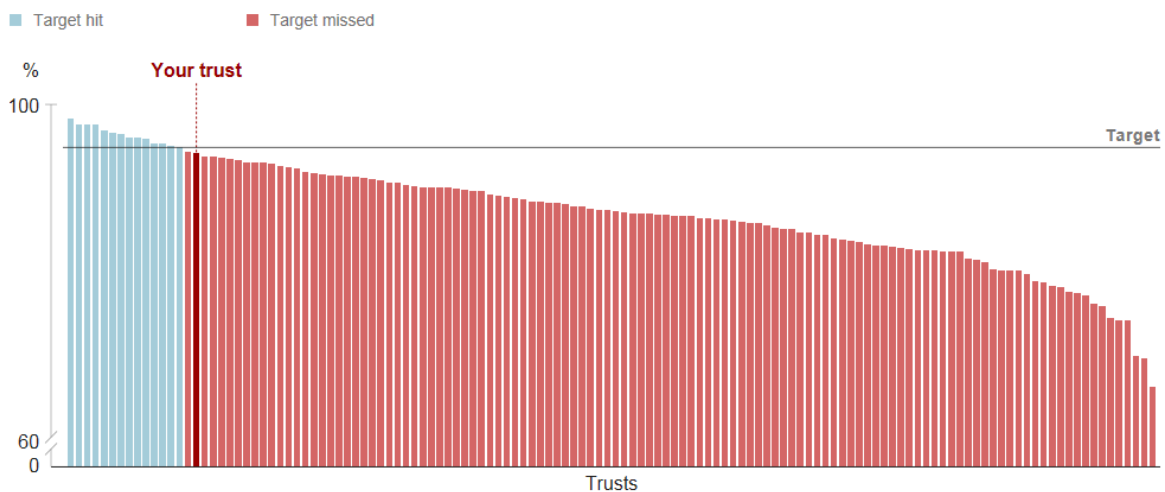
## Operational Performance/ Access

### Emergency care

Emergency access performance against the 4 hour wait in October was 94.4%, this is marginally below the national standard and trajectory for the month.

	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 NHSI Trajectory	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%	94.4%					
Quarter Trajectory			95.0%			95.0%			93.0%			91.5%
Quarter actual			95.1%			95.9%						

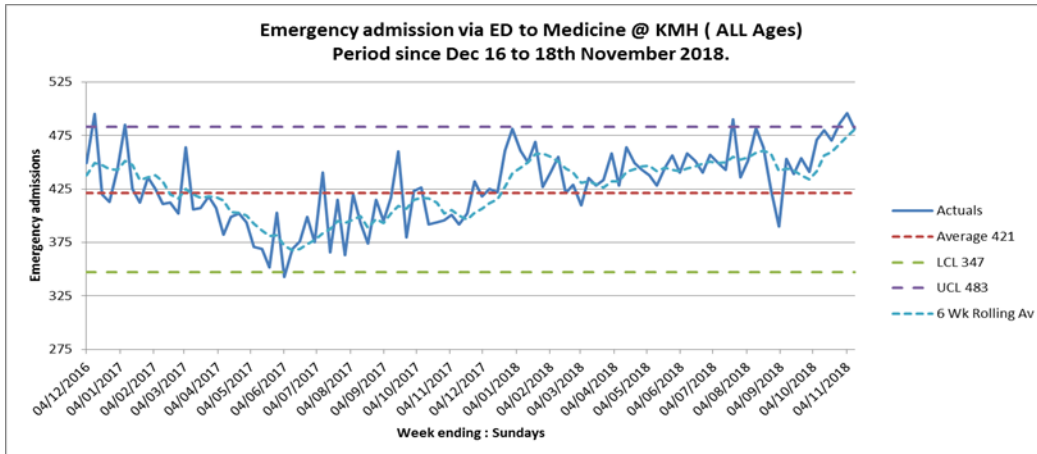
Sherwood Forest Hospitals NHS Trust ranked 16 of 130 trusts



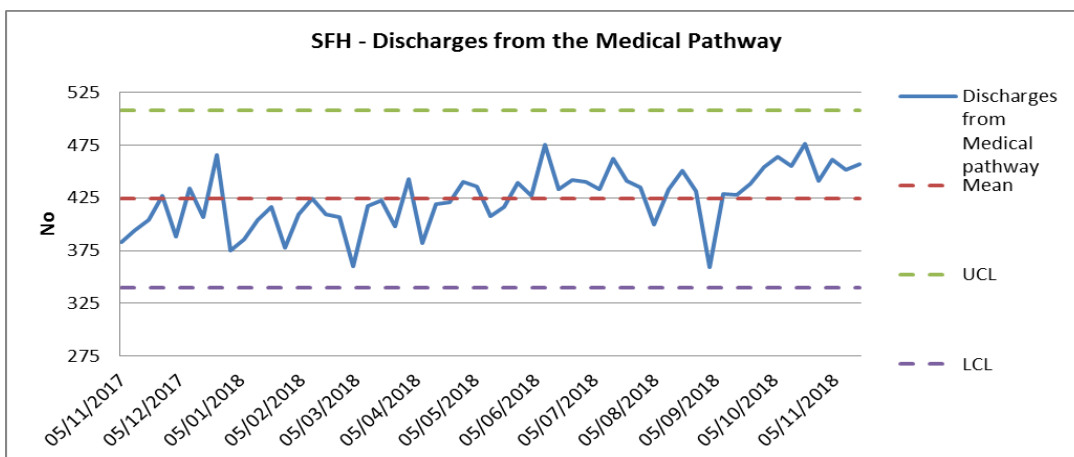
October performance was ranked 16<sup>th</sup> of 137 Trusts in the NHS. Some of October performance is related to a 3 day period with 400 admissions in 4 days which then led to a very challenged 48 hours in ED that contributed 20% of the months breaches in those 2 days despite escalation actions.

The main reason for patients waiting over 4 hours is bed capacity on the medicine pathway and overcrowding in ED leading to longer waits to be seen/decision.

Admissions to medicine via EAU during October were at January 18' levels, yet performance has held up better than January due to the highest level of discharges from the medical wards and EAU since 2016.



*Admissions to medicine pathway via ED*

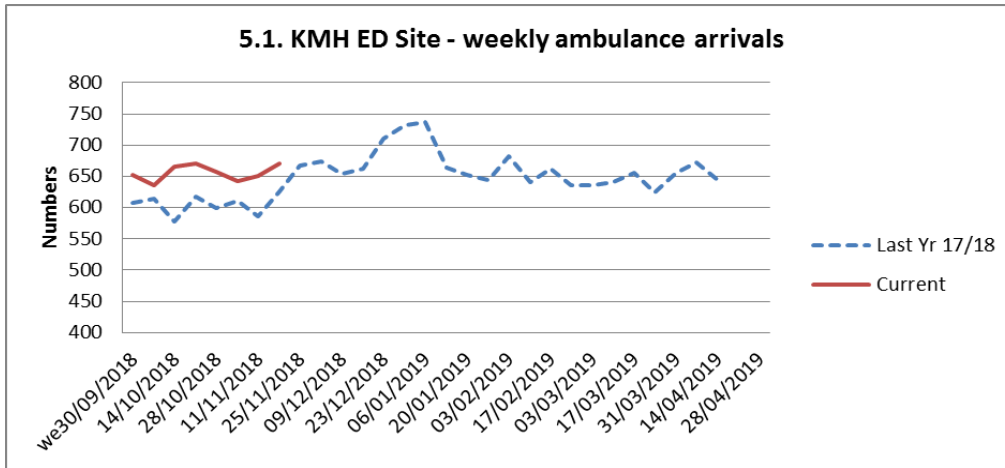


*Discharges from medicine*

These discharge rates are being achieved via a reduced LOS (7.2 days Oct 18 v 7.9 days Oct 17), an increasing number of patients being discharged from EAU, greater use of ambulatory pathways and the continued focus on the discharge of patients who have been in the hospital over 21 days.

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 increase in the overall bed base for medical patients by 85 for Q4 and there is a separate update provided to Board this month on this. The vast majority of the plan is on track.

An exception report is included with regard to ambulance handover, but it is important to reflect that ambulance handover continues to be minimised with good partnership working between ED and EMAS NHS Trust. This is in the context of growth in arrivals in the past year. Within this growth there have been days of significantly high arrivals and some in short periods of time and work through the A&E Delivery Board continues to focus on reduce the conveyance rates for ambulances where there is no assessment or treatment required at the Emergency department.



Weekly ambulance arrivals to KMH ED

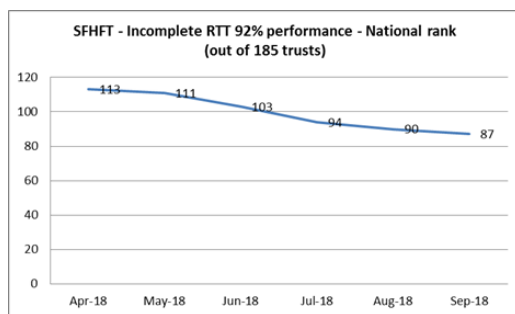
### Elective Access Standards

#### RTT

RTT performance in October against the Incomplete standard was 91%.

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%	91.0%					
Standard	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%

October performance is unpublished, September was ranked 87th of 185 Trusts in the NHS demonstrating a month on month improvement since April 2018.



In month the Trust treated or 'stopped the RTT clock' on over 10,200 pathways. This is 1,000 more than October 2017 and the highest in-month volume YTD. 15% of these are admitted pathways (day case and elective activity) and 85% are non-admitted pathways (outpatient and diagnostics). The size of the PTL has risen to 4.8% (1,200) above trajectory. In part this is due to the known transfer of overdue community paediatric follow up appointments to the live PTL (330); the remaining increase is across a number of specialties notably Urology, General Surgery, Ophthalmology and Rheumatology. It is intrinsically linked to a 2% increase in new referrals YTD, high volumes of follow up activity and known capacity issues.

The Trust is committed to delivering the 92% standard 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. This will include reducing

the volume 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.

15 patients were waiting longer than 52 weeks as at the end of September. The Trust RCA and harm review process is followed for all patients waiting 52+ weeks. To date 1 low-harm has been identified from the historic validation project and no harm has been found for genuine long wait patients.

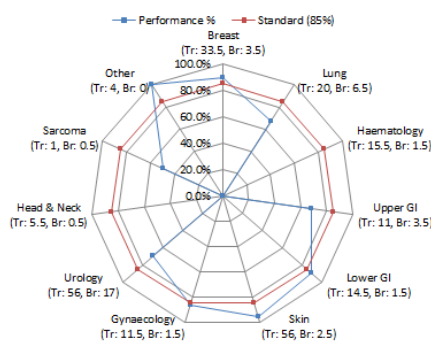
## Cancer

For the month of September the Trust delivered the 62 day standard at 85.1%. Two targets were missed these were the 62 day screening at 88.9% (1 patient) and 31 Day Subsequent (Drug) at 91.7% (1 patient).

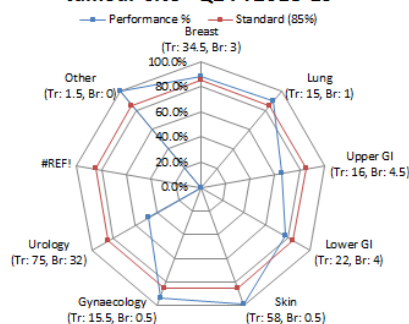
Cancer 62 day	April	May	June	July	August	September	October	November	December	January	February	March
Forecast	83.80%	83.80%	84.60%	85.40%	85.40%	85.40%	85.40%	85.40%	85.40%	85.40%	85.40%	85.40%
Actual	87.60%	79.80%	84.60%	69.30%	74.30%	85.10%						
Standard	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

Performance by tumour site for Quarter 1 (88.3%) and Quarter 2 (75.68%) is as follows:

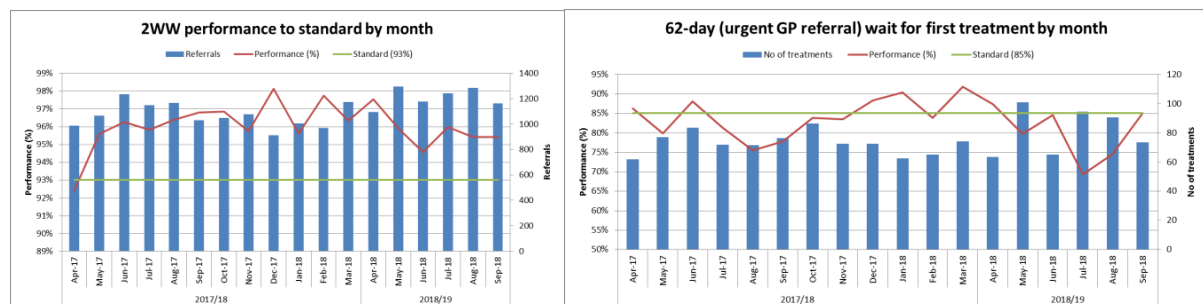
62-day (urgent GP referral) wait for first treatment by tumour site - Q1 FY2018-19

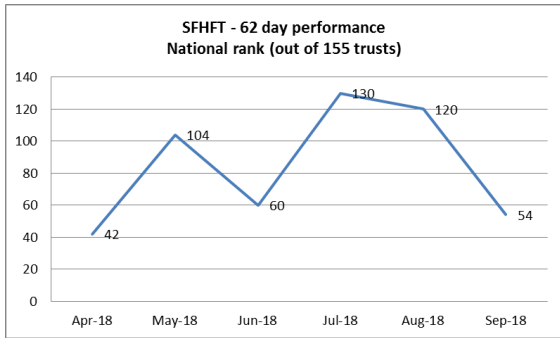


62-day (urgent GP referral) wait for first treatment by tumour site - Q2 FY2018-19



September 62 day published performance was ranked 54th of 155 Trusts in the NHS. This is an improved position; it also reflects the significant variation in performance in part due to low volume of treatments in a number of tumour sites in addition to delays to diagnosis in key tumours sites such as Urology and Lower GI.





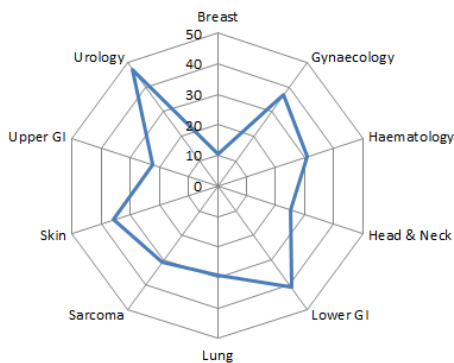
Against a back drop of rising 2 week wait demand; year to date breach analysis has shown the root cause for treatment after 62 days has predominantly been a delay to diagnosis. 46% of all breaches YTD have been by day 76 therefore the key programmes of work within cancer care across all tumour sites is focussed on the early stages of the pathway.

In terms of diagnostic turnaround times, from mid-September to date there has been a significant improvement in the 14 day wait time for an MRI rising from 41.5% in September to 82.2% in October and 90.1% MTD November. This has been enabled through increased flexibility of activity undertaken on the Mobile MRI and additional capacity funded by the Cancer Alliance and NHSI. Progress is also evident in the Endoscopy 14 day turn-around times rising from 69.5% in September, 76.5% in October to 79.2% MTD November. The impact of this improvement is evidenced particularly within the Urology pathway, further improvement is expected in LGI in October due to improved Endoscopy and CT Colon turnaround times.

### Average Days to Diagnosis

Tumour site	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
Lower GI	30	46	35	39	35	41
Urology	31	48	40	52	50	47

### Average Days to Diagnosis by Tumour Site September 2018



## Diagnostics

The 6 week diagnostic standard was 99.16%. This is the sixth 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%	99.37%					
Standard	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%

Exception reports are included with regard to the RTT Incomplete standard and volume of 52+ week wait patients.

**Exception Report    Fractured neck of femur achieving best practice tariff****Month                      September 2018**

<b>Standard</b>	75%
-----------------	-----

<b>Current position</b>		
<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 September 2018 the Trust achieved 21.7% of best practice tariff measures against the standard of 75%.</p>		
<b>Causes of underperformance</b>		
<p>18 patients failed to meet the best practice criteria of which 7 would be considered unavoidable. Of the avoidable delays 5 were due to lack of theatre time, 3 due to delays in Ortho-geriatrician review and 3 where no 4AT assessment was carried out.</p>		
<b>Action</b>	<b>Owner</b>	<b>Deadline</b>
Establish 8 hour operating list on a Saturday (from 4 hours) effective from 6th October 2018.	DGM	Complete
Daily escalation of Outstanding Trauma and the plan to operate	DGM	In place
Extend the Trauma co-ordinator role to cover 7 days	DGM	November 2018
Live systematic review of BPT criteria for each patient to identify and resolve any incomplete elements	DGM	December 2018
Chief Operating Officer oversight of daily trauma list in place from November 2018	COO	November 2018
<b>Improvement trajectory</b>		
<p>September performance deteriorated as forecast due to continued Trauma surges. Improved performance expected in October to 53% and November MTD 62.5%</p>		
<b>Risk</b>	<b>Mitigation</b>	
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

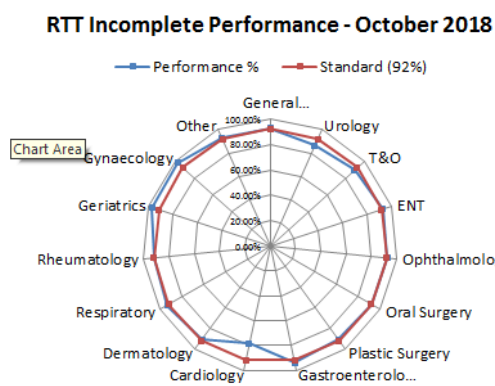
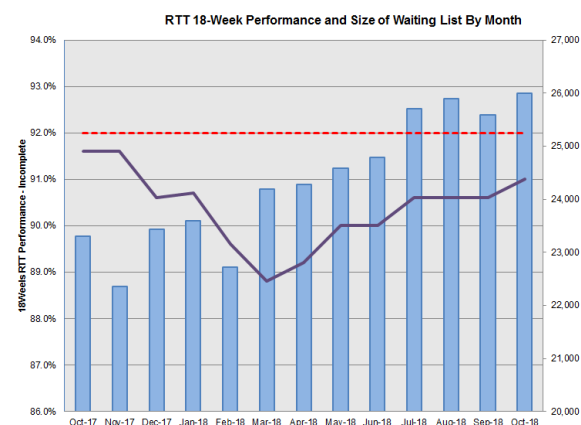
**Exception Report    Maximum time of 18 weeks from referral to treatment - RTT**  
**Month                    October 2018**

<b>Standard</b>	<b>92%</b>
-----------------	------------

**Current position**

For the month of October the Trust stopped 10,200 clocks, this is 1,000 more than October 2017 and the highest monthly volume YTD (average 9,000). 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 October 2018, the volume of patients on an Incomplete RTT pathway was 26,001 of which 2,352 were waiting >18 weeks. This position delivered performance of 91% against a trajectory of 92%.



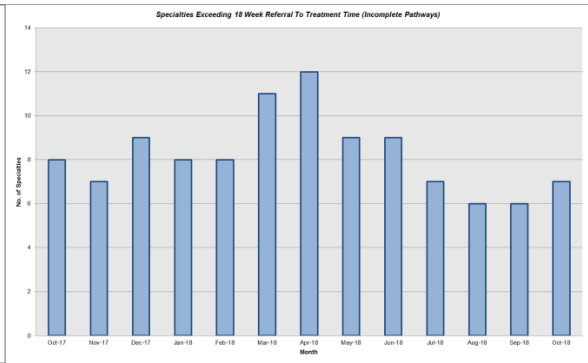
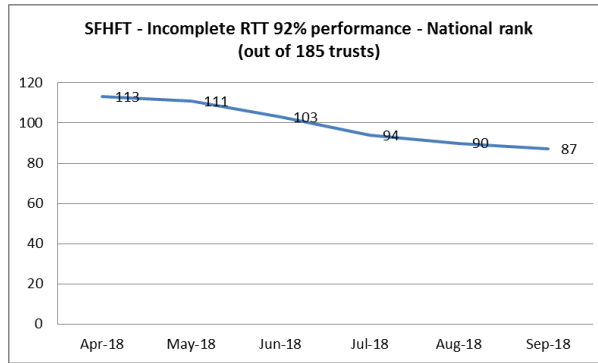
RTT PTL Size	April	May	June	July	August	September	October	November	December	January	February	March
Trajectory	24,976	26,001	25,461	25,512	25,920	25,189	24,819	24,915	25,041	24,155	23,535	23,205
Actual	24,274	24,585	24,794	25,698	25,890	25,586	26,001					
2% tolerance trajectory	25,476	26,521	25,970	26,022	26,438	25,693	25,315					

The size of the Incomplete PTL has grown to 1,200 higher than trajectory, 700 higher than the 2% tolerance and 420 higher than September. In part this is due to the appropriate transfer of Community Paediatric overdue follow ups to the live PTL increasing the size by 330 – the total volume expected when the transfer is complete is in the region of 1,000 this was referenced in the response to the NHSI Elective Expectations letter (August 2018) as a post planning change.

The remaining increase is across a number of specialties notably Urology, General Surgery, Ophthalmology and Rheumatology. It is mainly linked to a 2% increase in new OP demand YTD, high volumes of follow up activity and known capacity issues. The Trust is working with commissioners to progress specialty pathway reviews to reduce demand both for new patients and follow ups.

September (published data) shows a consistent month on month improvement in the national ranking of the Trust RTT performance to 87<sup>th</sup>/185 Trusts.





The volume of specialties failing the standard remains stable at 6. The 6 specialties are: Rheumatology (91.57%), Plastic surgery (91.18%), Dermatology (90.71%), T&O (89.02%), Urology (86.39%), Cardiology (78.35%),

October performance has remained relatively stable with success in a reducing the volume of patients waiting over 18 weeks in T&O, Oral Surgery and Cardiology offset by an increase in Rheumatology, Pain and Urology.

### Recovery actions and Improvement trajectory

#### 2018/19 Actual vs Trajectory:

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%	91.0%					
Standard	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%

The Trust is committed to delivering the 92% standard and as a minimum will continue to deliver 90%. This is under-pinned by 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. By delivering the plan non admitted, day case, cancer and urgent activity levels should be maintained and growth in the routine inpatient waiting list (notably in T&O) will be minimised.

#### Key specialties include:

**Cardiology:** YTD Elective and day case activity is above plan, OP activity 2% below plan. To deliver 92% the volume of patients waiting >18 weeks needs to reduce by 280. October is the second month of improved performance for Cardiology. Key actions in the next 8 weeks include:

- Weekend clinics set up until the end of November and into December (2 new / 9 follow up slots per clinic)
- Consultant recruitment – at interviews on 19<sup>th</sup> November, 3 posts have been offered
- Recruit dedicated admin role to Cath Lab in December 2018 to strengthen list management.

**Urology:** YTD Elective and DC activity is on plan, OP activity 10% above plan. To deliver 92% the volume of patients waiting >18 weeks needs to reduce by at least 170, but this needs to be balance with the more pressing need to improve cancer waiting times for Urology patients

- 16 additional theatre sessions in place in November to treat urology patients
- Consultant presence at the weekly theatre pre-scheduling meeting from November to support an increase in list productivity

- Independent sector provider reviewing suitable cohort of patients to transfer in November

**T&O:** YTD Elective and DC activity is 2% above plan, OP activity 3% above plan. To deliver 92% the volume of patients waiting >18 weeks needs to reduce by at least 70.

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

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 (IS)
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



**Exception Report**      % of Ambulance handover >30 minutes / % of Ambulance handover >60 minutes

**Month:**                      Month 7 October 2018

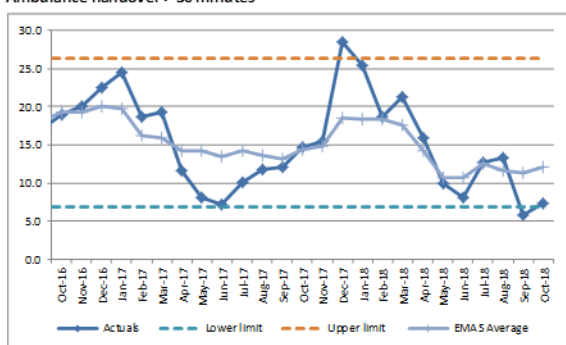
<b>Standard</b>	0 patients delayed more than 30 mins / 60 mins from arrival to handover	<b>Date expect to achieve standard</b>	November 2018
-----------------	---	--	---------------

**Current position**

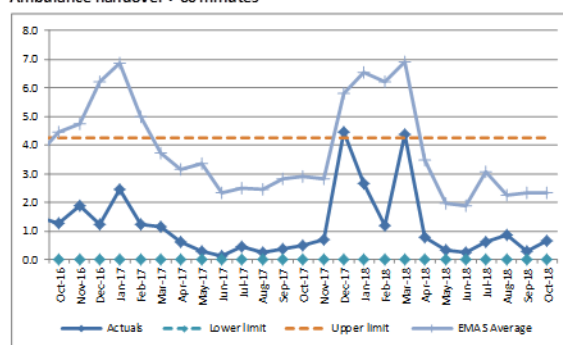
In October 2018, 53.96% of ambulance handovers were completed within 15 minutes, compared to 53.95% in September; this sustains the best performance in over 3 years.

In October 2018, 7.31% (244 out of a total of 3099 handovers) of ambulance handovers took longer than 30 minutes, compared to 5.9% in September.

Ambulance handover > 30 minutes



Ambulance handover > 60 minutes



Average clinical handover time was 16:47 minutes in October compared to 16:15 minutes in September. EMAS average handover time for October was 19:41 minutes.

**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  $\geq 100$  per day, this creates physical capacity constraints as there is insufficient space within the Department to take handover.

There were 14 days in October where more than 100 ambulances presented and overall there were 275 more ambulance arrivals in October compared to September. On 27 October, 117 ambulances presented, this was the highest volume day during the month.

**Actions to address**

Action	Owner	Deadline
Agree an operational handover policy and with EMAS to ensure accurate recording of handover times	Richard Clarkson	Policy – implementation in progress
Implement ambulance handover delays SOP to ensure consistent and responsive escalation of pre-handover delays	Richard Clarkson / EMAS	Implementation from 3 Dec 2018
Continue work with EMAS and the CCG to increase 'see and treat' and reduce the number of ambulance conveyances thereby reducing	EMAS	In progress through 18/19

volume of ambulance arrivals		
1:1 meetings with ED Senior Nurses to share ambulance handover good practice in order to reduce variation in performance across shifts	Richard Clarkson	Complete - ongoing with regular review of performance by shift
<b>Improvement trajectory</b>		
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.		
<b>Risks</b>		
<b>Risk</b>	<b>Mitigation</b>	
Continued capacity pressures if the volume of ambulance arrivals per day $\geq 100$	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

## Finance

At month 7 we are reporting a deficit of £29.10m before Provider Sustainability Funding (PSF), £1.06m behind plan year to date (YTD). This is £0.17m better than was forecast at month 6. At the end of month 7, PSF of £5.20m has been reflected, £1.67m due to 4 hours access target, £3.34m for expected delivery of the SFH control total at the end of quarter 3 and £0.19m for delivery of the system wide control total in quarter 1.

The Integrated Care System (ICS) has not met the system control total at Month 7 and the £0.38m of PSF for this element has not been included. The reported control total deficit including PSF is therefore £23.90m, £1.43m behind plan.

Key areas of note in the position YTD are:

- The Financial Improvement Plan (FIP) & Financial Recovery Plan (FRP) is behind plan by £2.86m.
- Non-elective (NEL) activity and therefore income remains above plan. At the end of month 7 NEL activity is £5.38m over plan.
- Medical pay spend is £4.09m adverse to plan at month 7, £0.16m better than forecast. 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 £1.18m.
- Nursing pay spend is £3.26m adverse to plan at month 7 due to non delivery of pay FIPs and cover for vacant posts and sickness.
- Elective and daycase activity is below plan by £0.51m, although was above plan by £0.19m in month. This is the first time activity has been above plan this year.
- Births are below plan YTD and represent a £0.23m adverse position, although this has recovered slightly in month. Below plan levels of activity are expected for the remainder of the year.
- Uncommitted reserves of £2.60m support the position at the end of month 7.
- Agency spend increased in October by £0.03m to £1.22m. This is below the ceiling in month although spend remains in excess of the ceiling by £0.15m YTD.
- Capital spend is behind plan by £1.09m but is expected to return to plan at year end.
- At M7 the forecast and FRP have been reviewed and there remains a risk of £1.19m for which actions are being identified.

## Financial Summary

At the end of October, the Trust is £1.06m behind the control total excluding Provider Sustainability Funding (PSF) and is £1.43m behind the control total including PSF.

	October 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	(2.30)	(3.46)	(1.16)	(28.05)	(29.10)	(1.06)	(46.37)	(46.37)	0.00
Surplus/(Deficit) - Control Total Basis Inc PSF	(1.06)	(2.35)	(1.29)	(22.47)	(23.90)	(1.43)	(33.97)	(33.97)	0.00
Finance and Use of Resources Metric YTD				3	3		3	3	
Financial Improvement Programme (FIP) & (FRP)	1.92	0.80	(1.12)	8.06	5.20	(2.86)	17.30	16.48	(0.82)
Capex (including donated)	(0.61)	(0.52)	0.09	(4.35)	(3.26)	1.09	(9.75)	(9.75)	0.00
Closing Cash	2.00	2.54	0.54	2.00	2.54	0.54	1.76	1.76	0.00
NHSI Agency Ceiling - Total	(1.38)	(1.22)	0.16	(9.35)	(9.50)	(0.15)	(16.66)	(17.41)	(0.75)

- The Integrated Care System has missed its combined control total at M7, and as a result £0.38m (the SFH share) of system PSF has been lost.
- The Trust continues to forecast achievement of its 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 control total is forecast for the year as a whole.
- YTD FIP & FRP delivery is below plan by £2.86m. The 18/19 FIP & FRP programmes are forecast to deliver savings of £16.48m.
- YTD capital expenditure is £1.09m behind plan, however, full achievement of the annual plan is forecast.
- Closing cash at 31st October was £2.54m, £0.54m above plan due to timing of payments.
- Agency spend is higher than the NHSI ceiling level YTD by £0.15m and the forecast outturn is £0.75m above ceiling when the Winter Plan commitments and impact of the FRP are included.