

# Public Board Meeting Report

## Single Oversight Framework Integrated Performance Report – November 2018








**Date**                            **20 December 2018**  
**Authors**                       **Senior Leadership Team**  
**Lead Directors**               **Executive Team**

### Overall Summary November 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 November 2018. Where the information is for previous months, this is identified. There are **eight** exception reports this month:

1. Sickness absence
2. Avoidable hospital acquired pressure ulcers
3. Friends and Family Test
4. % of Ambulance handover >30 minutes/ % of Ambulance handover >60 minutes
5. Maximum time of 18 weeks from referral to treatment – RTT
6. Number of cases exceeding 52 weeks referral to treatment
7. Fractured neck of femur achieving best practice tariff
8. Sixty-two day urgent referral to treatment

Our risk profile has remained static and was discussed in December’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)

Like the rest of the NHS and Social Care, we continue to be very busy and we are proud that despite the high levels of patients we are caring for, we continue to provide consistently good quality of care.

As stated below, our Organisational Health and Patient Safety, Quality and Experience indicators remain broadly positive. Workforce KPIs continue to do well although sickness absence is picked up through an exception report for the second week running. We now have over 80% of our front line staff flu vaccinated which is an excellent achievement.

Our Patient Safety, Quality and Experience Indicators are pleasing and we continue to do well with delivery of the emergency care access standard. Eight of the last nine months have been better than the corresponding months last year. Diagnostics remains compliant but we recognise further progress is required with cancer and RTT performance. We believe the RTT performance is slightly lower than expected because of the early “cut” of information required to get to an earlier Board in December and the actions discussed in the last Board for sustainable cancer improvement must continue.

We still believe we will deliver on our year-end financial control total but this position is not without risk. As discussed in previous Board meetings, the three big risks 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.

Very few healthcare providers this year will be able to deliver an improved position for quality, safety and patient experience, improved staff engagement scores, improved access standards and their year-end control total. This is our aim for the rest of 2018-19.

## Organisational Health

In November 2018, the Trust maintained strong performance against workforce KPIs apart from sickness absence, for which an exception report has been produced. Although the Trust 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. It has fallen to 3.81% in November but is still above the threshold. This will have had an impact on the number of shifts requiring bank or agency cover in order to maintaining safe staffing levels. However, that will have been mitigated to some extent by the reduction in medical and nursing vacancies.

A key element affecting sickness absence is winter ailments. It is positive that the Trust has a flu vaccination rate of over 80% of front line staff.

Appraisal levels and mandatory training have remained at or above target throughout this financial year, turnover was only 0.33%.

Last month it was agreed that the targets for mandatory training, turnover and % of agency staff used were increased. This month, five Trusts from the Midlands and East were compared to our organisational health targets. Three medium sized acute trusts, one local larger acute trust and a local community trust all chosen because of their local proximity or size. They were the first five accessed with visible integrated board reports. Comparison data is autumn 2018.

### **Appraisal SFH: 95% target – November 2018 performance is 96%**

One Trust has a 95% target but was delivering 82.2% performance

Two Trusts had 90% targets and were delivering 87% and 88% performance.

Two Trusts had 85% targets and were delivering 80.5% and 85%

### **Mandatory Training SFH: 93% target - November 2018 performance is 95%**

One Trust did not have a visible target but delivered 91%

Two Trusts had 90% targets and were delivering 68% and 86%

Two Trusts had 85% targets and were delivering 88.3% and 88.8%

### **Sickness SFH: 3.5% target – November 2018 performance 3.8% (target met 6 months/8)**

One Trust did not have a clear target but delivered 5.9%

One Trust has a 3.6% target and was at 3.95%. It had not met its target all FY

One Trust has 3.8% and was at 4.49%

Two Trusts had 4% targets and delivered 4.25% and 4.47% - one Trust had not met its target all FY and the other had met the 4.0% twice.

### **Turnover SFH: 0.9% per month or 10.8% per annum – performance is 0.7% monthly average year to date or 8.4% annualised**

One Trust had a 9 to 11% target and was at 13.6%

One Trust had a 10% target and delivered 7.8%

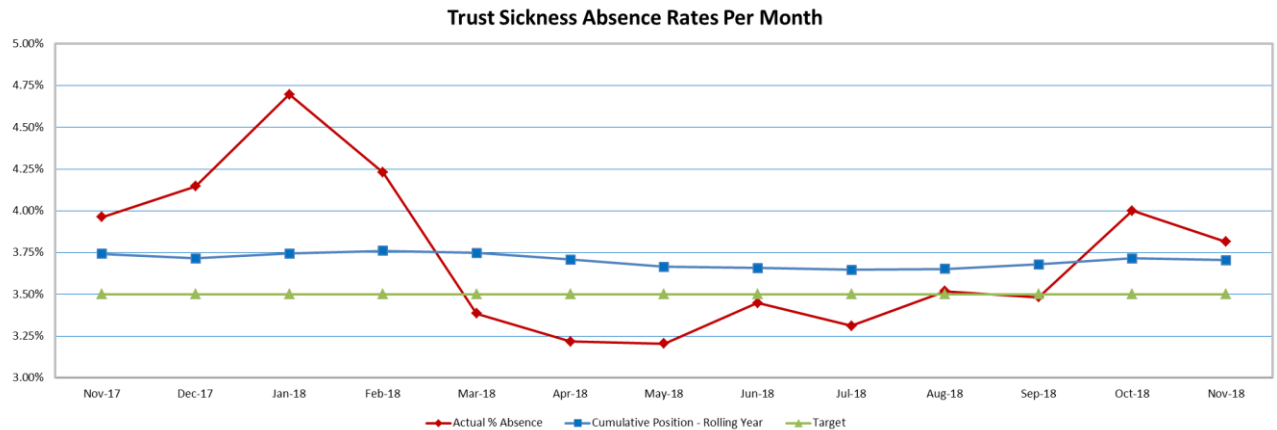
Two Trusts had 11% targets and were both at 11%

One Trust had a 12% target and was at 9.6%

### Sickness Absence – 3.5% Target - AMBER (see exception report)

Sickness absence decreased in November to 3.81% (October, 4.00%).

Three Divisions remain under the 3.5% target: Corporate, 2.55%; Urgent & Emergency Care, 3.16% and Diagnostics & Outpatients, 3.25%. The three Divisions above the target are: Surgery, 4.32%; Women & Children's, 4.49% and Medicine, 4.71%



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.

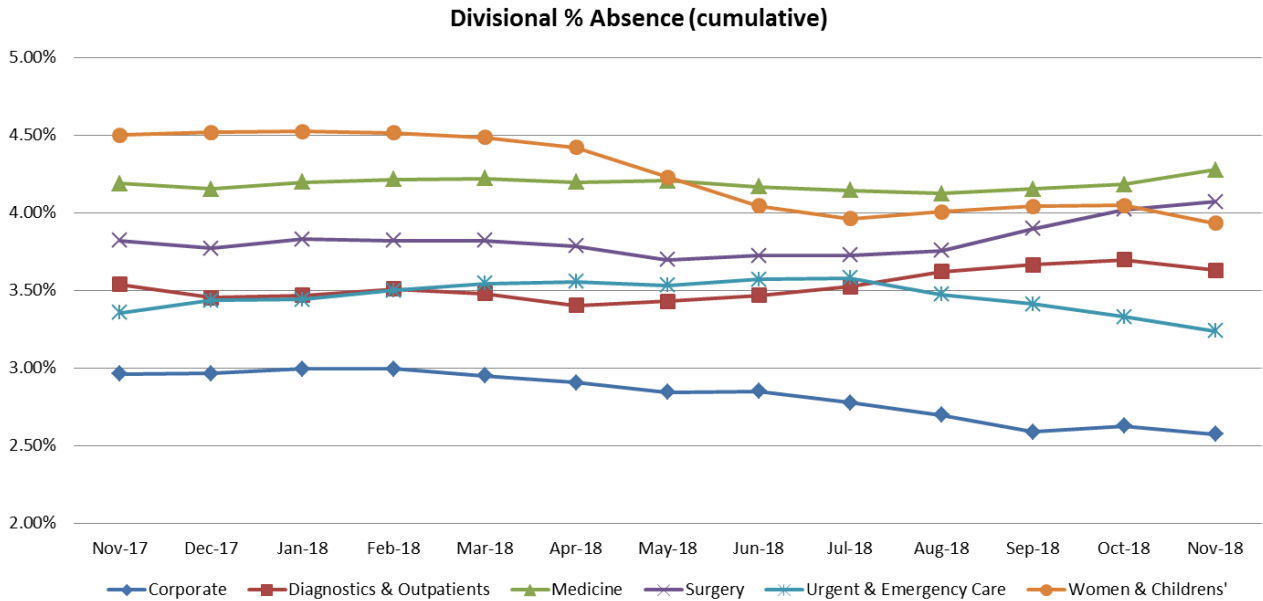
Sickness absence for November 2018 is 0.15% lower than November 2017.

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

- Anxiety/stress/depression, 0.96%, 1129.81 FTE Days Lost which is a decrease of 206.45 FTE days lost from October 2018
- Other Musculoskeletal, 0.45%, 554.44 FTE days lost which is an increase of 25.22 FTE days lost from October 2018
- Gastrointestinal problems, 0.44%, 5420.40 FTE days lost which is an increase of 54.91 FTE days lost from October 2018.

### 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.



On a 12 months rolling basis, the trend line for Corporate Division and Urgent & Emergency Care has remained below the 3.5% target for five consecutive months. Diagnostics and Outpatients have fluctuated around the target. Medicine, Surgery and Women’s and Children’s Division have remained above the threshold consistently, albeit Women’s and Children’s Division has shown a generally improving trend.

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 – 95% Target - GREEN**

Trust wide appraisal compliance has remained static for November at 96%. The Trust has remained at or above the target of 95% for 10 consecutive months.

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

**Training and Education – 93% Target - GREEN**

Mandatory training has remained static at 95%\* against a newly set target of 93%. The Trust has been at or above the previous 90% target on this KPI continually for two years. Divisional compliance ranking information shows all Divisions are at or exceeding the new target for the full quarter.

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

**Staffing and Turnover – 0.9% Target - GREEN**

In November 2018 the overall turnover rate decreased to 0.33% (October, 0.35%) the turnover rate in November 2017 was 0.65%, a difference of 0.32% which is very positive.

There were 45.58 FTE more starters than leavers in November 2018 (59.04 FTE starters v 13.46 FTE leavers).

**Exception Report    Sickness absence**  
**Month                    November 2018 data**

<b>Standard</b>	3.5%	<b>Date expect to achieve standard</b>	March 2019
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**Current position**

Sickness absence decreased in November to 3.81% (October, 4.00%).

Three divisions were at target – Corporate (2.55%); Urgent & Emergency Care (3.16%) and Diagnostics & Outpatients (3.25%).

Divisional absence % with key underperforming areas are: Medicine (4.71%); Women's and Children's (4.49%) and Surgery (4.32%)

The Technical & Other staff group reported the highest sickness absence at 6.24% with 68 episodes of sickness (October 2018, 7.41%, 65 episodes of sickness). This group includes Support Workers and Health Science Assistants.

**Causes of underperformance**

The top three absence reasons in November 2018 are:

- Anxiety/stress/depression, 0.96%, 1129.81 FTE Days Lost
- Other Musculoskeletal, 0.45%, 554.44 FTE days lost
- Gastrointestinal problems, 0.44%, 5420.40 FTE days lost

**Breakdown of Divisions off target**

**Surgery**

The Division of Surgery reported an absence rate of 4.32% in November 2018, with 2.87% being short term and 1.45% being long term. This is a decreased of 0.27% in month.

**Ward 21 – 10.27% (increased from 4.73%)** This month sickness is 7.74% short term and 2.53% long term. However planned returned to works in the new year should bring this down.

**Minster Ward - 9.17% (reduced from 12.10%)** This month sickness is 4.46% short term and 4.71% long term. Long-term absence has decreased from over 9%.

**PPC Ophthalmology – 16.46% (reduced from 29.72%)** This month sickness is 7.48% short term and 8.98% long term. The percentage is high as staff numbers are low. OD work has been undertaken into issues of low morale and poor employee engagement with PPC teams in general in the Trust. Interventions are in place to address issues of concern, along with application of the sickness procedure.

**Women's & Childrens**

The Women & Childrens Division reported an absence rate of 4.49% in November 2018, with 2.64% being short term and 1.86% being long term. This is an increase of 0.20% in month.

**Maternity – 7.25% (increased from 6.93%)** Short term sickness is 3.60% in month and long-term sickness 3.66%. This is expected to improve due one individual who left in December.

**NICU – 8.46% (increased from 5.83%)** Short-term absence is 4.02% in month and long-term is 4.44%. A new Ward Leader is now in place and is being supported by HR in relation to sickness absence management.

**Outpatients Ante-Natal - 13.58% (increase from 9.34%)** Short-term absence is 7.51% and long term absence is 6.07%. The percentage is high due to low numbers of staff within the department. Sickness is expected to decrease going forward due to a return to work.

**Medicine**

The Division of Medicine reported an absence rate of 4.71% in November 2018, with 2.91% being short term and 1.80% being long term. This is an increase of 0.25% in month.

**WTC – 10.34% (Oct 12.72%)** - All short term sickness related. There is a high percentage due to low numbers of staff within the department. There is reduction from the previous month as a member of staff has returned to work.

**Stroke Unit – 12.02% (Oct 10.77%)** - This month sickness is 6.55% short term and 5.47% long term. A high number of MSK concerns. Occupational Health support through physiotherapy and the Moving and Handling team are advising staff, assessing appropriateness of equipment and evaluating the working areas.

**Ward 41 – 13.65 (Oct 6.02%)** - This month sickness is 4.62% short term and 9.04% long term with an increase in both long and short term sickness from the previous month. Absence management plans are in place.

**PPC's** - sickness absence in some areas across Medicine has increased. The percentages are high as staffing numbers are low in individual areas. 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 procedure.

**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.

Confirm and Challenge meetings are scheduled for w/c 17.12.18 and any trends or significant issues impacting sickness levels will be reported at Executive Performance Review meeting on 21.12.18

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.

Risk	Mitigation
Winter ailments such as flu impacting the Trusts ability to manage sickness	Flu campaign – uptake currently 80%
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 November 2018, there have been no single sex accommodation breaches reported and the Trust has 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 (HCAI) are carefully monitored and managed in line with national and local guidance. There have been four cases of *Clostridium Difficile* Infection (C-diff) in November 2018. This is within our monthly trajectory and brings the annual total to 27 cases against a trajectory of no more than 47 in the year. There have also been 4 *Escherichia Coli* bacteraemia and ZERO MRSA bacteraemia cases identified in November 2018. Four areas identified patients with confirmed Norovirus and a total of 20 patients and 3 staff have been affected with 37 bed days lost through restricted admission.

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 three avoidable category 2 PUs identified during November 2018 all of which were no or low harm. Please see exception report below detailing the actions being taken to address the identified issues.

The number of falls during November 2018 remains below the Trust target and has been significantly below the national average for five consecutive months. There has also been a continuous low harm reduction for the last five months. During November 2018 there has been one fall resulting in moderate harm. The Falls Lead is working with the Emergency Department (ED) Clinical Chair to change the focus of ED staff to mobility and falls mitigation rather than falls reduction in recognition that an unintentional consequence of being risk averse to falls is not appropriately promoting mobility and independence.

October 2018 has again seen 100% of eligible patients identified and screened for dementia and 97.7% of those who were screened positively were referred on for further assessment and advice against a national target of 90% compliance with each of the three dementia screening elements.

The monthly VTE assessment audit demonstrated that the Trust again remained above 95% target during October 2018. November's compliance rate will not be reported until January 2019, due to the delay in collection of the data.

Within the Safety Thermometer the Trust reported 96.87% harm free care during November 2018 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 3.13% n = 17 and the new harms total is five (0.92%).

During November 2018 there has been one Serious Incident reported on STEIS. This is being investigated in line with the Serious Incident framework timeframe. There have been no Never Events in November 2018.



**Exception Report    Avoidable hospital acquired pressure ulcers**  
**Month                                  November 2018**

<b>Standard</b>	Three or less category 2 avoidable hospital acquired pressure ulcers (PU) and zero category 3 or 4	<b>Date expect to achieve standard</b>	December 2018
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**Current position**

There were three avoidable and two unavoidable category 2 PUs developed and one category 3 in November 2018. All were low or no harm.  
The SDTI has not evolved as yet and so cannot be graded at this time

**Causes of underperformance**

- . The themes and trends of investigations:
  - Registered Nurses not documenting the evaluation of the patients skin inspection.
  - The pressure ulcer care plan not individualised to the patient's needs.
  - Family declining their relatives to be re-positioned.

**Actions to address**

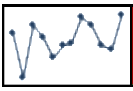
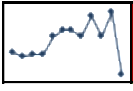
<b>Action</b>	<b>Owner</b>	<b>Deadline</b>
RCA of all hospital acquired grade 2 and SDTI presented by the Ward Leader and Matron to the Chief and Deputy Chief Nurse	TVN/ Chief Nurse	Weekly
Deep dive into previous three months PUs and report to the nursing, midwifery and AHP Board 14 December 2018 with action plan	TV Nurse Consultant	13 December 2018
Trust wide audit of Tissue Viability, report to the Harms free meeting 11 January 2018	TV Nurse Consultant	3 January 2019
Plaster of Paris screening tool for high risk patients developed, pilot to commence 17 December 2018	TV Nurse Consultant	25 January 2019
Bespoke training for all W31 staff 12 & 18 December 2018	TV Team, Ward Leader, PD Nurse	11 December 2018
Action plan by TVN for own designated wards, with actions to be completed by 25 January 2019. High risks areas including winter beds to be provided with extra support	Action plan by TVN for own designated wards, with actions to be completed by 25 January 2019. High risks areas including winter beds to be provided with extra support	Action plan by TVN for own designated wards, with actions to be completed by 25 January 2019. High risks areas including winter beds to be provided with extra support
Meeting arranged with Deputy Director of Training and Education to consider face to face training for Registered nurses rather than the mandatory workbook.	Meeting arranged with Deputy Director of Training and Education to consider face to face training for Registered nurses	Meeting arranged with Deputy Director of Training and Education to consider face to face training for Registered nurses rather than the mandatory workbook.

	rather than the mandatory workbook.	
Wards with hospital acquired Pus to send Registered Nurses to Fundamentals Study Day if not already attended.	Ward Sisters/Charge Nurses	January 2019
<b>Improvement trajectory</b>		
To be back on target for December 2018		
<b>Risks</b>		
<b>Risk</b>	<b>Mitigation</b>	
Deep PUs to develop	Triangulate information i.e root cause, audit results, concern wards etc and deliver bespoke support and continue to monitor.	

**Lead:** Stephanie Anstess, Nurse Consultant – Tissue Viability  
**Executive Lead:** Suzanne Banks, Chief Nurse

**Exception Report**      **Friends and Family Test**  
**Month:**                      **Month 8 November 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%	Nov -18	94.0%	94.9%		R
Response Rate: Friends and Family Accident and Emergency	≥12.8%	Nov-18	12.9%	6.4%		R

**Causes of underperformance**

1. **The FFT recommendation rate in Outpatient Services** – recommendation rating is 1.1% off plan for November 2018.

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

- Rude receptionist

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

- Improved car parking
- Maps to be sent prior to appointment
- Waiting times in clinics

**Clinic 8**

- Delays in clinics not being communicated

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

- Limited parking
- Car parking charges

2. **The FFT response rate in Urgent Emergency Care** – recommendation rating is 6.5% off plan for November 2018

During November 2018, the SOF reports a decrease in response and recommendation rates for UEC, which is directly related to the higher volume (approx.increase in 1000 surveys) of FFT paper surveys completed during November impacting on administration of the forms onto the Optimum Meridian System.

At the time of FFT submission, a total of approx. 1000 FFT forms required inputting for UEC, a plan is in place to complete November FFT data by Friday 14 December 2018, and a trust wide FFT summary would be circulated to confirm the FFT November response and recommendation rates.

In addition to the increase in FFT volume, all patient comments made on the FFT surveys are manually inputted

onto the meridian system by PET. During November 2018, we have received a 30% increase in the comments received. This is very positive and all comments are reported to the relevant areas real-time, and via a weekly automated report to understand our patient's journey in more detail, however has also impacted on administration time for inputting the surveys.

PET have identified and implemented a number of new initiatives and systems to support the team going forward:

- All paper FFT's completed at Newark Hospital will be inputted by Newark team to reduce delays in receiving the forms at KMH for inputting to meet submission deadlines and decrease work load with PET team at KMH.
- PET have attended the Ward Leaders weekly meeting to encourage completion of FFT's on I pads available on appropriate wards, this will reduce the volume of inputting by PET and provide real-time feedback. Volunteers support this mode of collection.
- Pilot of SMS texting in the Day Case Unit at KMH as a high volume of patients, we hope this will increase response rates.
- Exploring expansion of SMS Text messaging pilot with Community Midwifery Team, with a view to increase response rate and provide a more qualitative feedback, and reduce number of paper surveys currently provided to expectant mums.

**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.

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.
New Systems introduced to reduce the volume of manual paper surveys and provide administrative support to PET at KMH to ensure timely submission of all FFT data.	Kim Kirk (Head of Patient Experience)	Completed and monitored on weekly basis.

**Improvement trajectory**

All divisions to review and share feedback in team meetings.

**Risks: Continued decrease in recommendation rate for OPD**

SOF indicator for FFT does not provide accurate FFT data

**Mitigation:** Actions agreed and this will be monitored monthly

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

## Operational Performance/ Access

### Emergency care

Emergency access performance against the 4 hour wait in November was 93.1%; this is marginally below the agreed NHSI trajectory for the month of 93.5%. Performance for quarter 3 to the end of November is 93.8%, 0.8% higher than 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 NHSI Trajectory	92.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	93.5%	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%	93.1%				
Quarter Trajectory			95.0%			95.0%			93.0%			91.5%
Quarter actual			95.1%			95.9%						

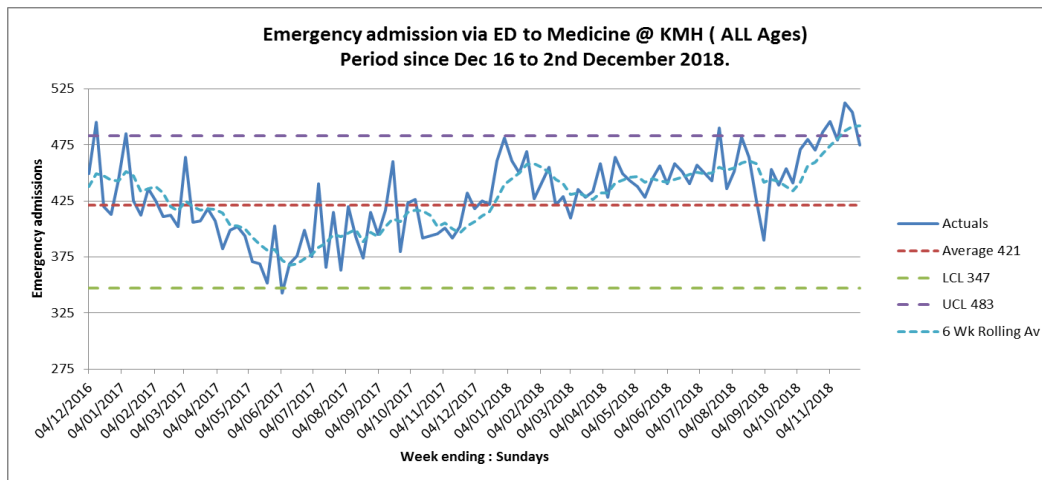
The November performance as a national ranking was not yet published by NHS England at the time of writing and will be verbally updated at public Board.

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. There were two periods of very high pressure during the month which higher numbers of patients waiting over 4 hours and such times continue to be the focus of the revised surge and escalation plan and actions.

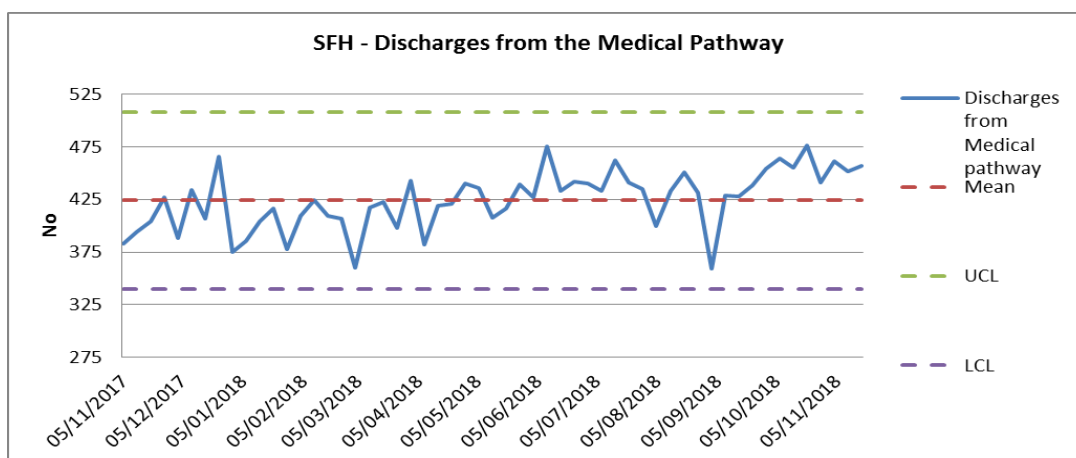
Performance shows little variation from Wednesday to Saturdays. Sundays and Mondays remain more challenging due to the high admission levels on a Monday coupled with bed capacity deficits that arise from a Sunday, when there are lowest levels of discharges from the medicine pathway.

Day	Mean % under 4 hours (2018/19)	Mean % under 4 hours (Nov 2018)	Mean pts waiting >4 hours (18/19)	Mean pts waiting >4 hours (Nov 18)	Mean admissions (18/19)	Mean admissions (Nov 18)
Monday	93.2%	89.2%	32	53	91	102
Tuesday	94.1%	92.1%	25	35	87	95
Wednesday	95.1%	95.7%	21	19	85	94
Thursday	95.1%	94.6%	20	22	86	92
Friday	95.7%	94.9%	17	20	86	93
Saturday	96.5%	95.0%	15	21	70	75
Sunday	96.3%	90.4%	17	44	73	82

Admissions to medicine via EAU continued to grow further during November and are consistently higher than at any time seen in the past 2 years. Despite this growing demand, performance has held up better than previous peaks due to the highest consistent level of discharges from the medical wards and EAU since 2016.



Admissions to medicine pathway via ED



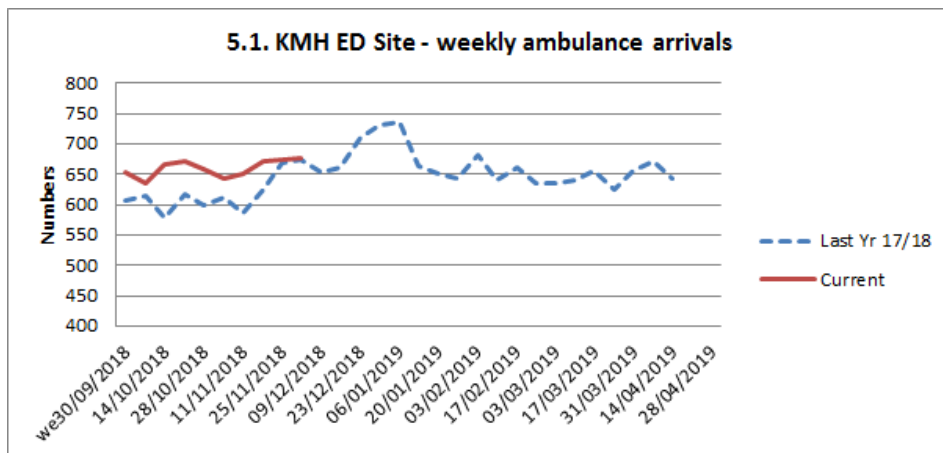
Discharges from medicine

These discharge rates are being achieved via a 13% reduction in LOS compared to the corresponding month in 2017 (5.6 days Nov 18 v 6.5 days Nov 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 August and updated on at the November Board meeting. 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. During November, 24 additional medical beds went live as part of the winter plan with the switching of a ward from surgery and at the beginning of December 10 extra surgical beds opened along with the provision of 20 additional 'transfer to assess' beds within the community. The winter plan remains on track for additional capacity opening.

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

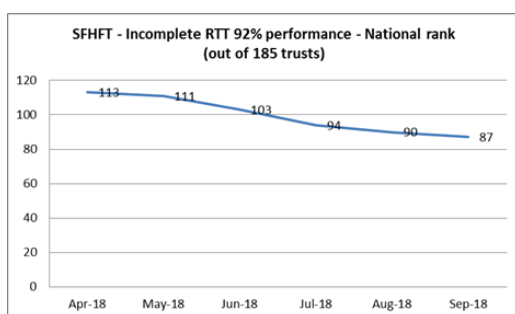
## Elective Access Standards

### RTT

The un-validated RTT position for November against the incomplete standard is 90.4%. The Trust is committed to delivering the 92% standard and as a minimum will continue to deliver 90%.

RTT Incomplete	April	May	June	July	August	September	October	November	December to March
Trajectory	89.59%	90.96%	91.75%	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%	90.40%	
Standard	92%	92%	92%	92%	92%	92%	92%	92%	92%

October performance as a national ranking (at the time of writing) is not yet published by NHS England and will be verbally updated at public Board.



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	26,377				
2% tolerance trajectory	25,476	26,521	25,970	26,022	26,438	25,693	25,315	25,413				



The un-validated size of the Incomplete PTL has grown to 1,462 higher than trajectory, 964 higher than the 2% tolerance and 376 higher than October. The main reason for this increase is the transfer of the Community Paediatric over-due review list to the live PTL which commenced in October and completed in November. The transfer of this activity means that the size of the PTL will track at c870 above trajectory each month. This was a post-planning change documented in the response to the NHSI elective expectation letter in August. There is marginal headroom in the March 2019 trajectory to support the transfer and still remain lower than the March 2018 position (24,197).

11 patients were waiting longer than 52 weeks as at the end of November. The Trust RCA and harm review process is followed for all patients waiting 52+ weeks.

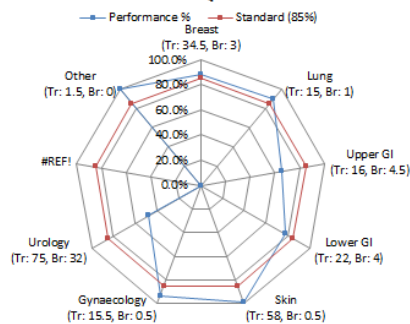
### Cancer

For the month of October the Trust failed the 62 day standard at 79.3%. All other cancer standards were met.

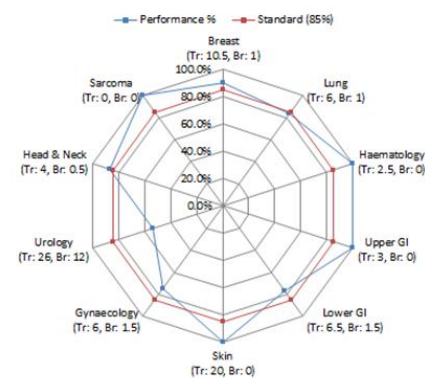
Cancer 62 day	April	May	June	July	August	September	October	November to March
Trajectory	83.80%	83.80%	84.60%	85.40%	85.40%	85.40%	85.40%	85.40%
Actual	87.60%	79.80%	84.60%	69.30%	74.30%	85.10%	79.30%	
Standard	85%	85%	85%	85%	85%	85%	85%	85%

Performance by tumour site for Quarter 2 (75.68%) and October (79.3%) is as follows:

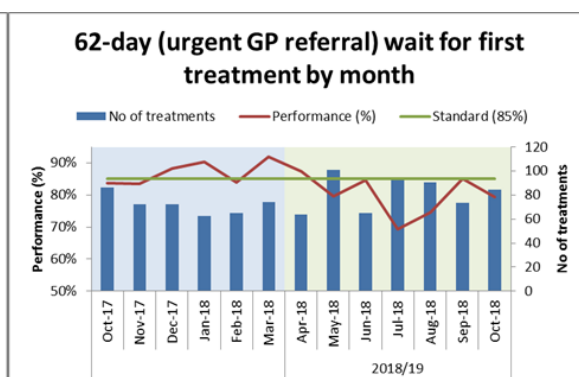
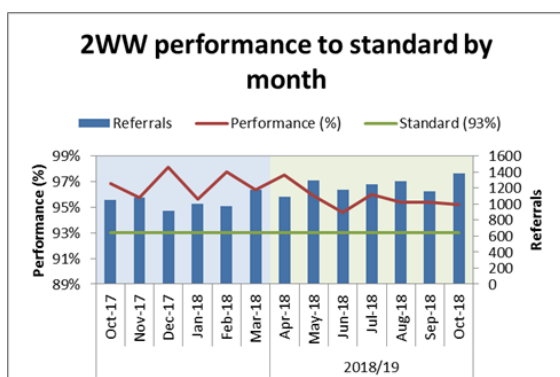
62-day (urgent GP referral) wait for first treatment by tumour site - Q2 FY2018-19

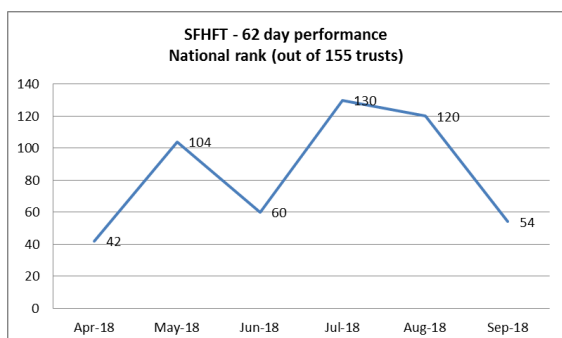


62-day (urgent GP referral) wait for first treatment by tumour site - October 2018



October performance as a national ranking (at the time of writing) is not yet published by NHS England and will be verbally updated at public Board.





The specialty contributing most to underperformance is Urology, accounting for 30% of the activity but 68% of the breaches. The main reason for breaches of the standard across a number of tumour sites continues to be a delay to diagnosis/treatment planning and this remains the key focus in the recovery action plan. Other reasons include oncology and surgical capacity at NUH and complex pathways involving multiple clinical teams.

A recovery action plan was submitted to NHSI and the CCG in November with an overarching theme to reduce the time to diagnose. Three key metrics are in place to monitor the time to first appointment, time to diagnostic test and 85<sup>th</sup> percentile time to diagnose.

Demand and capacity modelling will underpin the actions required to reduce the wait for a first 2WW appointment, however further actions are required with CCG colleagues to reduce the volume of patient cancellations. Actions will include identifying practices where there are frequent cancellations to understand the root cause.

Improvement in the 14 day turnaround time for a diagnostic procedure (notably MRI, CT Colon, Colonoscopy and OGD) is evidenced in the increase in the percentage of patients when comparing September, October and November - see table 1 below.

Table 1:

Diagnostic test	September	October	November
MRI (14 Day)	42%	82%	91%
CT Colon (14 Day)	N/A	7%	38%
Colonoscopy (14 Day)	66%	75%	88%
OGD (14 Day)	80%	82%	88%

Weekly tracking of the 85<sup>th</sup> percentile time to diagnose has been in place since the start of November. The key tumour sites where improvement is required are Urology and Lower GI. In the first 3 weeks of November two tumour sites have improved (Urology and Head & Neck); the expected impact in LGI will be as a result of the work to improve time to Colonoscopy and/or CTC.

There are twenty-two actions in the recovery plan, 13 were due by the end of November. Nine are completed, one is ongoing in the form of additional sessions in Urology which will continue for the next 3 months and 3 are over-due. Two have revised completion dates in December (endoscopy D&C modelling and evidencing the wait for a H&N follow-up appointment). The third is a delay to receiving TRUS equipment which has been ordered now awaiting delivery from USA. It is expected in January and will allow greater flexibility of capacity. A monthly update is provided to NHSI and the CCG. A weekly update is provided at the Operational team meeting chaired by the COO.

In addition to this and also on a weekly basis, the COO is reviewing all patients with a decision to treat who have waited for 40 days or more to ensure the next steps in the pathway are agreed.

As at the 28th October there were 6 patients waiting 104+ days. All patients with a confirmed diagnosis started the harm review process.

### Diagnosics

The un-validated 6 week diagnostic performance for October is 99.24%. This is the seventh consecutive month of delivery.

Diagnostic 6 Week	April	May	June	July	August	September	October	November	December to March
Trajectory	98.73%	98.83%	99.02%	99.01%	99.01%	99.01%	99.02%	99.01%	99.01%
Actual	98.59%	99.12%	99.12%	99.13%	99.45%	99.16%	99.37%	99.24%	
Standard	99%	99%	99%	99%	99%	99%	99%	99%	99%

Exception reports are included with regard to the RTT Incomplete standard, volume of 52+ week wait patients and 62 day Cancer standard.

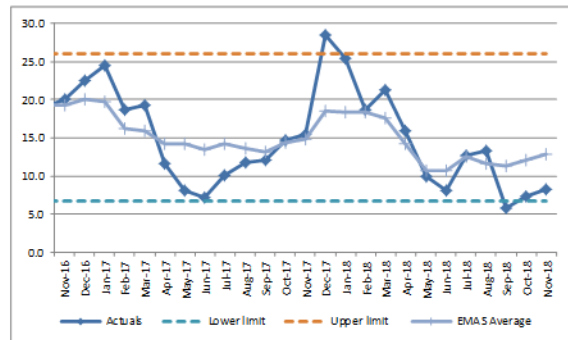
**Exception Report % of Ambulance handover >30 minutes/ % of Ambulance handover >60 minutes**  
**Month Month 8 November 2018**

<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
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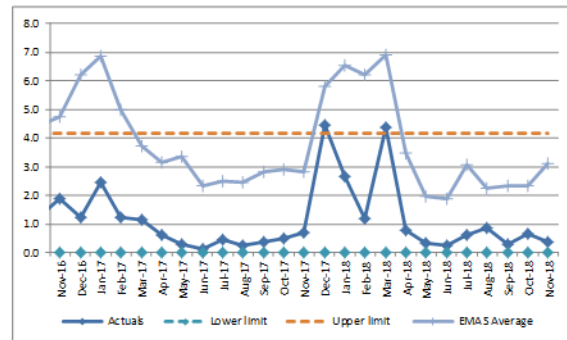
**Current position**

In November 2018, 47% of ambulance handovers were completed within 15 minutes, compared to 53.96% in October. Average clinical handover time was 17:34 in November, compared to 16:47 minutes in October. EMAS average handover time for November was 20.54 minutes.

Ambulance handover > 30 minutes



Ambulance handover > 60 minutes



In November 2018, 8.3% (265 out of a total of 3085 handovers) of ambulance handovers took longer than 30 minutes, compared to 7.3% in October.

In November 2018, 0.4% (10 out of a total of 3085 handovers) took longer than 60 minutes, compared to 0.6% in October.

EMAS ambulance conveyance rates across Mansfield and Ashfield / Newark and Sherwood have reduced from 76% in April 2018 to 74% in October 2018.

Key actions taken to improve ambulance handover times include a focus on 'fit to sit' whereby patients are transferred from a trolley to a chair, where clinically appropriate. This reduces demand on cubicle spaces and can support ambulatory emergency care clinical management.

In addition, oversight of ambulance handover times is maintained throughout each shift by the ED nurse in charge with escalation to bronze as appropriate. Average handover time is also reviewed at each capacity flow meeting throughout the day.

**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. This situation is exacerbated if a high volume of ambulances present at the same time.

There were 18 days in November where more than 100 ambulances presented. On 21 November,

120 ambulances presented, this was the highest volume day during the month.

**Actions to address**

Action	Owner	Deadline
Agree an operational handover policy with EMAS to ensure accurate recording of handover times	Richard Clarkson	Policy agreed – 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 volume of ambulance arrivals	EMAS	In progress through 18/19
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

**Improvement trajectory**

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 $\geq 100$	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

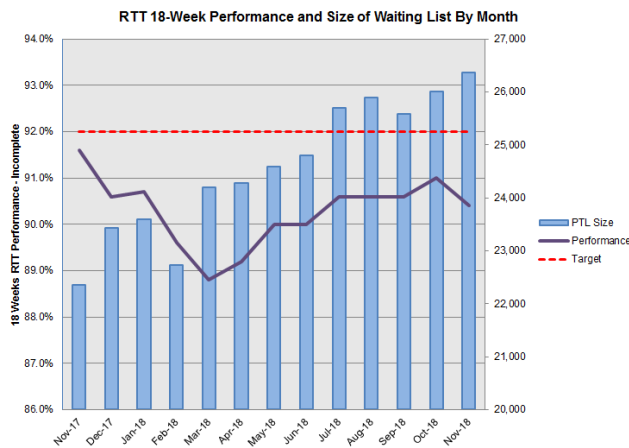
**Exception Report  
Month**

**Maximum time of 18 weeks from referral to treatment - RTT  
November 2018**

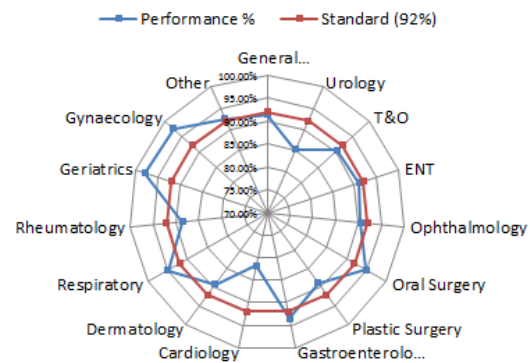
<b>Standard</b>	92%
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**Current position**

As at the end of November 2018, the un-validated volume of patients on an Incomplete RTT pathway is 26,377 of which 2,533 are waiting >18 weeks. This position delivers performance of 90.4% against a trajectory of 92%.



**RTT Incomplete Performance - November 2018**



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	26,377				
2% tolerance trajectory	25,476	26,521	25,970	26,022	26,438	25,693	25,315	25,413				

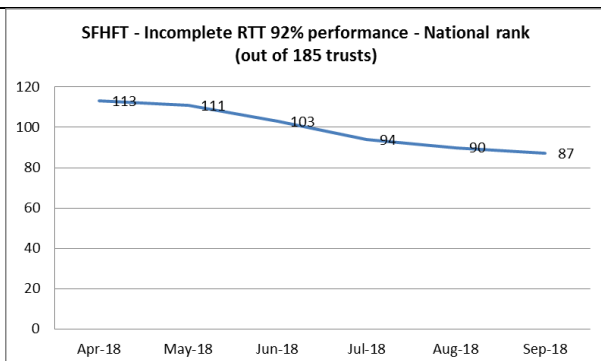
The size of the un-validated incomplete PTL has grown to 1,462 higher than trajectory, 964 higher than the 2% tolerance and 376 higher than October. The main reason for this increase is the transfer of the Community Paediatric over-due review list to the live PTL which commenced in October and completed in November. The transfer of this activity means that the size of the PTL will track at c870 above trajectory each month. This was a post-planning change documented in the response to the NHSI elective expectation letter in August. There is marginal headroom in the March 2019 trajectory to support the transfer and still remain lower than the March 2018 position (24,197).

Whilst the transfer of Community Paediatrics accounts for approx. 60 % of the increase the other 40% is mostly attributed to the data quality team having been focussed on the historic project therefore there will be a volume of pathways that do not need to be on the PTL or will be duplicate records. This will be in the region of 300+ records.

Actions to address the increase include:

- Divert DQ team back onto the live PTL in January following the completion of the historic DQ project.
- Continue to use the Independent Sector (100 T&O and 70 Ophthalmology patients to date),
- Focus on reducing unnecessary follow ups through pathway redesign

October performance as a national ranking (at the time of writing) is not yet published by NHS England.



The un-validated volume of specialties failing the standard has increased from 7 to 9. The 9 specialties are:

General Surgery (91.37%), ENT (91.08%), Ophthalmology (90.44%), T&O (90.38%), Rheumatology (88.53%), Plastic surgery (88.89%), Dermatology (89.25%), Urology (85.19%), Cardiology (81.78%),

A verbal update on the validated month end position will be given to the Board.

### Recovery actions and Improvement trajectory

#### 2018/19 Actual vs Trajectory:

RTT Incomplete	April	May	June	July	August	September	October	November	December to March
Trajectory	89.59%	90.96%	91.75%	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%	90.40%	
Standard	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%. Key specialties include:

**Cardiology:** YTD Elective and DC activity is 12% above plan, OP activity 1.4% below plan. To deliver 92% the volume of patients waiting >18 weeks needs to reduce by 175. November is the third month of improved performance for Cardiology. Note: the specialty has recently appointed 3 substantive consultant posts. Actions in the next 4 weeks include:

- Weekend clinics set up in December (2 new / 9 follow up slots per clinic)
- Recruit dedicated admin role to Cath Lab in December 2018 to strengthen PTL management.

**Urology:** YTD Elective and DC activity is on plan, OP activity 11% above plan. To deliver 92% the volume of patients waiting >18 weeks needs to reduce by at least 190.

- Additional theatre sessions in place in December
  - Consultant presence at the weekly theatre pre-scheduling meeting from November to support an increase in list productivity

**T&O:** YTD Elective and DC activity is 2.2% above plan, OP activity 1.4% above plan. To deliver 92% the volume of patients waiting >18 weeks needs to reduce by at least 40.

- Additional Trauma theatre lists in place now to reduce the impact on electives
- 48 patients accepted the Independent sector in November – there are no further suitable patients on the PTL, however as appropriate new patients are identified a choice of the independent sector will be given.
- Additional weekend sessions in place in December

**Rheumatology:** YTD Elective and DC activity is 3.5% below plan, OP activity 5.5% below plan. Staff absence (sickness coinciding with annual leave in September and October has resulted in the accrual of a backlog and significantly reduced capacity). To 92% the volume of patients waiting >18 weeks needs to reduce by at least 50. Actions in place include:

- Rheumatologists to triage referrals for 1 hour per week started 16<sup>th</sup> November

- Flexing existing capacity to see additional news and reviewing clinic booking patterns
- Locum in post in December to cover sickness

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)

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



**Exception Report    Number of cases exceeding 52 weeks referral to treatment**  
**Month                    October 2018**

<b>Standard</b>	Zero	<b>Date expect to achieve standard</b>	March 2019
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**Current position**

As at the end of November the Trust will report 11 patients waiting 52+ weeks of which; 8 are Urology, 1 General Surgery, 1 T&O and 1 Cardiology.  
 Seven patients have a date in December, 2 have had an appointment and are awaiting further action and 2 patients are provisionally dated for January (pending clinical review).

**Causes of underperformance**

Nine of the 11 patients were identified as part of the historic validation of open pathways. Two patients were genuine 52+ waits, 1T&O patient being a complex procedure and complex/unwell patient with extensive co-morbidities, their TCI is in December which will result in a 56 week wait. A second genuine wait was recorded in Urology, again a complex patient with a combined NUH/SFHFT pathway and elements of patient choice. This patient had a scan on 30<sup>th</sup> November and is awaiting clinical review and next steps.

The Trust RCA and harm review process is followed for all patients waiting 52+ weeks.

<b>Actions to address</b>	<b>Owner</b>	<b>Deadline</b>
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.	DGMs	In place
Weekly review of patients waiting 40+ Weeks at RTT PTL meeting and escalation to COO	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.

<b>52+</b>	<b>April</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>August</b>	<b>September</b>	<b>October</b>	<b>November</b>	<b>December</b>	<b>January</b>	<b>February</b>	<b>March</b>
Forecast	20	17	15	12	12	12	12	12	12	6	6	0
Actual	29	40	21	18	14	21	15	11				
Standard	0	0	0	0	0	0	0	0	0	0	0	0

<b>Risk</b>	<b>Mitigation</b>
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    Fractured neck of femur achieving best practice tariff**  
**Month                    October 2018**

**Current position**

For patients with a fragility hip fracture, care needs to be quickly and carefully organised. By rapidly stabilising patients and ensuring that expert clinical teams respond to their complex frail conditions, the most positive outcomes can be achieved.

For the month of October 2018 the Trust achieved 44.83% of best practice tariff measures against the standard of 75%.

**Causes of underperformance**

16 patients failed to meet the best practice criteria of which 10 would be considered unavoidable. Of the avoidable delays 3 were due to lack of theatre time, 1 due to delays in Ortho-geriatrician review and 2 where no 4AT assessment was carried out. The bulk of the avoidable breaches relate to time to weekend operating.

To address this weekend lists have been extended and a review of the Trauma co-ordinator role to extend cover for 7 days will ensure better utilisation of capacity.

Action	Owner	Deadline
Establish 6 hour operating list on a Saturday and Sunday (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	Weekend cover in place
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	Complete

**Improvement trajectory**

October's performance is an improvement from September (21.37%) but below the forecast of 53%. This is due to 2 patients discharged in October instead of September. The forecast for November is 60%. Indicative data shows 14 out of 24 patients in November meet the BPT; 4 of 10 potential breaches are non-clinical.

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

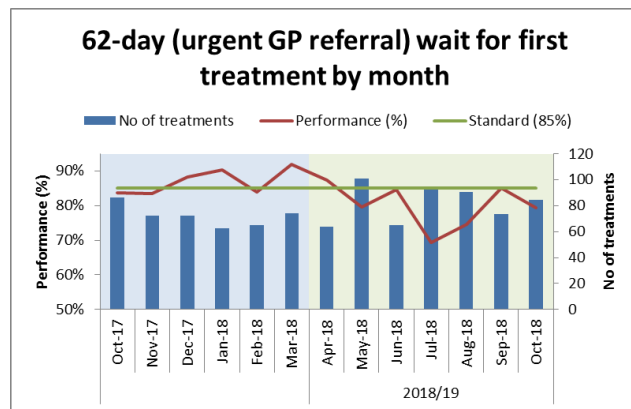
**Lead:** Terri-Anne Munson, Surgical Division Deputy General Manager  
**Executive Lead:** Simon Barton, Chief Operating Officer

**Exception Report    62 days urgent referral to treatment**  
**Month                      October 2018**

<b>Standard</b>	85%	<b>Date expect to achieve standard</b>	Trajectory – July 2018
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The Trust delivered 79.3% for the month of October 2018; all other cancer standards were met.

Cancer 62 day	April	May	June	July	August	September	October	November to March
Trajectory	83.80%	83.80%	84.60%	85.40%	85.40%	85.40%	85.40%	85.40%
Actual	87.60%	79.80%	84.60%	69.30%	74.30%	85.10%	79.30%	
Standard	85%	85%	85%	85%	85%	85%	85%	85%



The national ranking for September was 54/155. October at time of writing is unpublished.

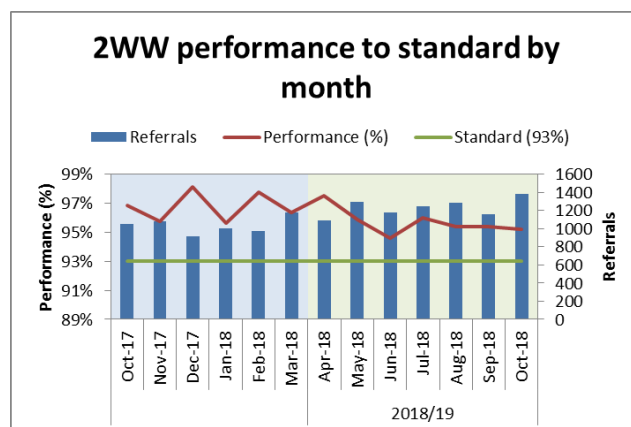
Five of the 9 tumour sites delivered the 85% standard for October. 84.5 treatments were recorded with 17.5 breaches.

Twelve breaches of the standard were accountable to Urology, 1.5 to Gynaecology, 1.5 LGI, 1 Lung, 1 Breast, 0.5 UGI, 0.5 Head and Neck. Five breaches (8 patients received treatment at 100+ days).

Date of PTL	100+ days	63-99 days	2WW	Screen	Upgrade	Total backlog
30/10/2018	12	27	31	1	7	39
23/10/2018	11	36	43	0	4	47
16/10/2018	13	35	40	2	6	48
09/10/2018	11	45	47	2	7	56
02/10/2018	8	44	47	1	4	52
25/09/2018	14	41	46	3	6	55
28/08/2018	12	52	60	0	4	64
31/07/2018	11	42	48	1	4	53

The number of patients on a pathway over 62 days has reduced to 39, with Urology seeing a continued reduction to 11/39.

A sustainable 'backlog' would be in the region of 24.



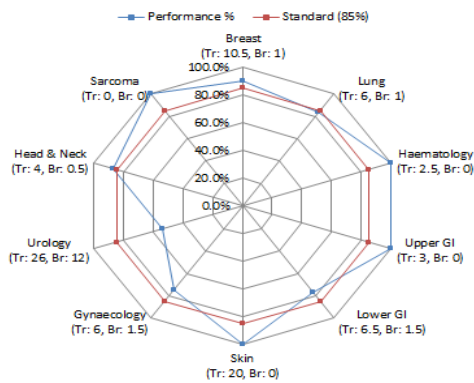
The volume of patients on a pathway 100+ days has remained relatively static at 12.

Seven of the nine tumour sites delivered the 2WW 93% standard.

Year to date 2WW demand is 33% higher than 2017/18 with a notable increase when comparing October 2018 to October 2017 are seen in Head and Neck (120%), Breast (57%) and Gynaecology (50%).

**Causes of underperformance**

**62-day (urgent GP referral) wait for first treatment by tumour site - October 2018**



The specialty contributing most to underperformance is Urology, accounting for 30% of the activity but 68% of the breaches.

The main reason for breaches in Urology and other tumour sites continues to be a delay to diagnosis/treatment planning.

Other reasons include oncology and surgical capacity at NUH and complex pathways involving multiple clinical teams.

**Actions to recover and improvement trajectory**

A recovery action plan was submitted to NHSI and the CCG on 2<sup>nd</sup> November 2018. The over-arching theme to recover the 62 day standard; on a sustainable basis is reducing the time to diagnose. This is now monitored using 3 key metrics:

- % of patients first seen within 7 days
- % of patients with a diagnostic within 7, 10 and 14 days of request
- 85th Percentile time to diagnose

**% patients first seen within 7 days**

For the period April to October 2018/19, 43% of patients received their first appointment within 7 days of 2WW referral, 75% within 10 days. There are 2 key actions to improve this.

1. 2WW demand and capacity modelling for all tumour sites to be completed by 17th December. The NHSI Intensive Support Team was on site 29/11 to support staff training. A verbal update will be given to Board on the initial output.
2. Reduce patient cancellations – 75% of breaches are due to patient cancellation, the main reasons being patients do not know they are on a 2WW pathway or appointments can be booked by the GP practice and are inconvenient to the patient. The CCG are committed to working with GPs to review current protocols and strengthen the 2WW referral process. .

**% of patients with a diagnostic within 7, 10 and 14 days of request**

The key actions for diagnostic improvement is on the time to appointment for MRI, CT Colon and endoscopic procedures mainly colonoscopy and oesophago-gastroduodenoscopy (OGD). The actions are underpinned by non-recurrent funding secured from Cancer Alliance and NHSI. Note: additional flexibility came on line in September with the new mobile MRI scanner.

	September	October	November
MRI (14 Day)	42%	82%	91%
MRI (10 Day)	20%	51%	60%
MRI (7 Day)	7%	26%	29%

Change to 21 day CT Colon booking protocol implemented in October.

	October	November
CT Colon (14 Day)	7%	38%
CT Colon (10 Day)	0%	10%
CT Colon (7 Day)	0%	4%

For Endoscopy procedures, demand and capacity modelling has been completed with the output in the first stage of analysis. This will be completed by 17<sup>th</sup> December. As an interim measure a small volume of private sector capacity has been secured (2 lists per week) for routine activity.

	September	October	November
Colonoscopy (14 Day)	66%	75%	88%
Colonoscopy (10 Day)	37%	29%	37%
Colonoscopy (7 Day)	22%	20%	14%

	September	October	November
OGD (14 Day)	80%	82%	88%
OGD (10 Day)	53%	52%	72%
OGD (7 Day)	35%	33%	49%

**85th Percentile time to diagnose:**

Weekly tracking of the 85th percentile time to diagnose has been in place since the start of November. The key tumour sites where improvement is required are Urology and Lower GI. In the first 3 weeks of November two tumour sites have improved (Urology and Head & Neck); the expected impact in LGI will be as a result of the work to improve time to Colonoscopy and/or CTC.

**Recovery action plan:**

There are twenty-two actions in the recovery plan, 13 were due by the end of November. Nine are completed, one is ongoing in the form of additional sessions in Urology which will continue for the next 3 months and 3 are over-due, with two having revised completion dates in December (endoscopy D&C modelling and evidencing the wait for a H&N follow-up appointment). The third is a delay to receiving TRUS equipment which has been ordered now awaiting delivery from USA.

**Trajectory shared with NHSI on 11<sup>th</sup> December :**

- November – 83.75%
- December – 81.5%
- January – 81.5%

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.
Patients choose to delay pathway until after Christmas period	Clinically led discussion with patient to ensure they are aware of the urgency of the pathway.

**Lead:** Helen Hendley, Deputy Chief Operating Officer (Elective Care)

**Executive Lead:** Simon Barton, Chief Operating Officer

## Finance

### Finance Report – month eight

At month 8 the Trust is reporting a deficit of £33.41m before Provider Sustainability Funding (PSF), £2.13m behind plan year to date (YTD). This is £0.12m better than was forecast at month 7. At the end of month 8, PSF of £6.32m has been reflected, £2.05m due to 4 hours access target, £4.08m 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 8 and the £0.50m of PSF for this element has not been included. The reported control total deficit including PSF is therefore £27.09m, £2.63m behind plan.

Key areas of note in the position YTD are: -

- The Financial Improvement Plan (FIP) & Financial Recovery Plan (FRP) is behind plan by £2.85m.
- Non-elective (NEL) activity and therefore income remains above plan. At the end of month 8 NEL activity is £5.95m over plan.
- Medical pay spend is £4.77m adverse to plan at month 8, £0.09m better than forecast. Significant overspends reflect cover for sickness and vacancies mostly in Medicine, Surgery and Urgent Care, costs of additional capacity covered by income, and unmet FIP of £1.47m.
- Nursing pay spend is £3.67m adverse to plan at month 8 due to non-delivery of pay FIPs and cover for vacant posts and sickness.
- Elective and daycase activity is below plan by £0.28m, although was above plan by £0.23m in month. This is the second month that 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 £2.92m support the position at the end of month 8.
- Agency spends reduced in November by £0.11m to £1.12m. This is below the ceiling in month although spend remains in excess of the ceiling by £0.16m YTD.
- Capital spend is behind plan by £1.76m with a forecast £0.20m underspend at year end.
- At M8 the forecast and FRP have been reviewed and there remains a risk of £0.78m for which actions are being identified.

## Financial Summary

At the end of November, the Trust is £2.13m behind the control total excluding Provider Sustainability Funding (PSF) and is £2.63m behind the control total including PSF.

	November In-Month			YTD			Annual Plan	Forecast	Forecast Variance
	Plan	Actual	Variance	Plan	Actual	Variance			
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Surplus/(Deficit) - Control Total Basis Exc PSF	(3.23)	(4.31)	(1.07)	(31.28)	(33.41)	(2.13)	(46.37)	(46.37)	(0.00)
Surplus/(Deficit) - Control Total Basis Inc PSF	(1.99)	(3.19)	(1.20)	(24.46)	(27.09)	(2.63)	(33.97)	(33.97)	(0.00)
Finance and Use of Resources Metric YTD				3	3		3	3	
Financial Improvement Programme (FIP) & (FRP)	1.81	1.83	0.02	9.88	7.02	(2.86)	17.30	16.48	(0.82)
Capex (including donated)	(1.42)	(0.74)	0.67	(5.77)	(4.00)	1.76	(9.75)	(9.55)	0.20
Closing Cash	1.95	1.47	(0.48)	1.95	1.47	(0.48)	1.76	1.76	0.00
NHSI Agency Ceiling - Total	(1.42)	(1.12)	0.31	(10.78)	(10.62)	0.16	(16.66)	(17.11)	(0.45)

- The Integrated Care System has missed its combined control total at M8, and as a result £0.50m (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 £1.76 behind plan, with a forecast outturn of £9.55m, £0.20m less than plan.
- Closing cash at 30th November was £1.47m, £0.48m below plan due to timing of payments.
- Agency spend is lower than the NHSI ceiling level YTD by £0.16m and the forecast outturn is £0.45m above ceiling when the Winter Plan commitments and impact of the FRP are included.