

## Public Board Meeting Report

### Single Oversight Framework Integrated Monthly Performance Report

<b>Date</b>	<b>2 May 2019</b>
<b>Authors</b>	<b>Senior Leadership Team</b>
<b>Lead Directors</b>	<b>Executive Team</b>

#### Overall Summary

This is our analysis of March 2019 (month 12), quarter four and the year 2018-19 at Sherwood Forest Hospitals NHS Foundation Trust. The report reflects the views of all of the executive directors, not just the individual directors with a particular area of responsibility. The report is deliberately ordered organisational health, patient safety, quality and experience, access and then finance. This is because we know **well supported staff provide safe care** and the consistent provision of safe care supports timely care and good financial performance.

We are proud of the progress we have made over the last 12 months and we have included in a graphic below some of the high level successes we want to recognise. We believe it is important to acknowledge the Care Quality Commission assessment of us as Good Overall and Outstanding for Care. Our 2018 rating is the result of many different actions and improvements which are equally important on their own, but combine to provide further overall validation. It was only less than two and a half years ago that the trust was Inadequate for Well Led and Safety and was in special measures. Many colleagues say it now feels different at Sherwood and when you look at our improvements in staff engagement, safety, quality and patient experience, access and finance and consider our new strategy, there is much to feel proud about.

Two other achievements we would like to recognise, which are not in the Single Oversight Framework (SOF) are the conferences we hosted in 2018 which aimed to raise awareness and understanding of the menopause and the national award winning incredible care provided through our street health programme. We believe this plus our new strategy is evidence we are not only getting the “day to day” job largely right, but we are also increasingly thinking about the areas that matter most.

We are particularly proud that not only are we improving, but we are improving in a part of the country (the Midlands) which has the lowest average staff engagement scores for acute trusts and has the lowest proportion of acute trusts rated Outstanding (0%) and the second highest proportion of trusts rated Inadequate or Requires Improvement (57%) by the CQC compared to the other six NHSE/I regions.

### **Organisational Health summary**

We have delivered the majority of our organisational health KPIs over the last month, quarter and year. The sickness rate has increased over winter but the increase was as planned and we believe we will be back on track in April. Within this there are some areas that have a higher rate than others. Our agency spend continues to reduce and our bank usage has increased as more staff have joined the staff bank. We have more people joining Sherwood than leaving but within this some colleagues are reducing their hours for a range of reasons. A total increase in substantive staff may not mean a total increase in the hours worked. We still have challenged specialities from a workforce perspective, in particular a medical perspective including; Geriatrics, Stroke, Rheumatology, Dermatology and Gastroenterology. This was discussed in the finance committee in April and will be discussed again in May. Nurse vacancies are the lowest since we started monitoring.

In 2018-19 the Pain service and the Neuro Rehab service TUPE'd over to other providers.

We recognise staff are tired and that we are expecting more of them. Whilst overall staff engagement continues to increase, we are an outlier, as identified by the staff engagement survey, regarding the number of staff who are working overtime. The amount of effort required just to "stand still" is immense.

### **Patient Safety, Quality and Experience summary**

Over the last month, quarter and year we have delivered sustained positive performance on patient safety, quality and experience. The number of serious incidents is fairly consistent across the previous three years (ever so narrowly decreasing) and there has been a reduction in variation at a time when we are treating more patients. We have seen consistent improvement in the following key areas; mortality, sepsis, C-Diff, E-coli, falls, seven day services, catheter associated urinary tract infection (CAUTI) and pressure ulcers. The serious incidents that we do have are not linked to vacancies or high agency usage.

Over the last 12 months we have breached staff tipping points on three occasions. All had root course analysis training complete and there was no evidence of patient harm.

We have had an increase in complaints and concerns in our urgent and emergency care (UEC) pathway which continues to be incredibly busy. UEC, urology, dermatology and maternity have all had quality summits in the last 12 months. Our maternity unit has closed more than previously, with staffing being the key reason, which is partly why we are having a maternity staffing safety summit.

Within quarter four despite us tipping over our target for low and no harm falls during January and February, we continued to remain well below national average for falls and within our own target for moderate and severe harm falls. There were no concerns regarding pressure ulcers during the quarter and we remain with our own target. Other than the number of C-Diff cases reported during February, there have been no concerns raised with regard to infection control and we remain within set trajectories. There have been no harms apportioned to safe staffing.

We have agreed to look at ways we can improve our use of the friends and family test.

### **Access summary**

All access standards have improved over the last 12 months. Urgent care has performed well with over 94.2% patients treated within four hours for the last 12 months. Every month was busier than the corresponding month the year before but we also had a higher proportion of patients treated within four hours every month compared to the corresponding month last year. However some patients did experience extended waits for beds and there were times when the ED occupancy and bed occupancy were too high and broadly speaking the ED occupancy was higher than the year before. Ambulance waits over 30 minutes were down by over 20% compared to the previous year. A growing number of patients waited over 12 hours for a psychiatric bed. We know that nationally the new urgent care standards are being trialled and irrespective of the findings of this, we remain committed to providing all of our patients with timely care, in line with the four hour standard.

Referral to treatment performance is stable at 90% and there were no patients waiting longer than 52 weeks on 31 March 2019. We now have a better understanding of how we can further improve our RTT performance and shortly will be sharing our demand and capacity analysis.

We should be doing better with our cancer performance. When we diagnose patients with cancer, we treat them quickly but there sometimes is a wait for diagnosis. Some of the issues are linked to access to CT and MR capacity as we have seen a big increase in the number of patients referred to us on cancer pathways. We will work very closely with primary colleagues in 2019 on improving this.

Overall, for us to continue to improve our access standards, we need to be more efficient but we also need to be better at demand management and this is an issue for the whole system, not just us. We will be working closely with primary care colleagues and commissioners over the next 12 months to transform the outpatient process.

### **Finance summary**








We delivered all of our finance targets over the last year including pre PSF financial delivery and the elements of the PSF within our control; ED and finance. We delivered on our agency target as well. Non elective income was consistently up over the last year which increased our pay costs. The two divisions which deliver non elective pathways delivered on their original financial plans. The other three have not, surgery, diagnostics and outpatients and to a lesser extent women's and children's. We need to get better at improving the things within our own control and influence eg six week cancellations in theatres have not changed. We had two halves of the year for our financial improvement plan. The second half was much better than the first and we do not want to replicate this year, the challenges from last year.

Eight exception reports are attached as detailed below:

Indicator	Reporting month	Aim to deliver in
Sickness absence and the stress anxiety and depression threshold	March 2019	April 2019
Patient Safety – eligible patients having VTE risk assessments	February 2019	April 2019
Friends and Family Test	March 2019	
Emergency care	March 2019	April 2019
Maximum time of 18 weeks from referral to treatment – RTT	March 2019	November 2019
62 days urgent referral to treatment (cancer)	February 2019	May 2019
Maximum 6 week wait for diagnostic procedures (DM01)	March 2019	May 2019
Fractured neck of femur achieving best practice measures	February 2019	July 2019

### Overall

Our three key risks remain; failure to maintain financial sustainability, demand that overwhelms capacity and critical shortage of workforce capacity and capability. It is the overwhelming demand that concerns us the most as it the factor that drives everything else including staff fatigue.

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)

The next year at Sherwood, across Mid Nottinghamshire and the national health and local authority services may be tough, but we believe we will continue to improve and there are many reasons to feel positive about the future. Three areas we would personally like us to focus on over the next year are further improving our culture especially to listen more to colleagues from minority or disadvantaged groups, we would like divisional colleagues to feel a greater level of autonomy than they do now and we would like to work even more closely with partners across Nottinghamshire.

# Our Successes - 2018/2019

## Safety, Quality & Patient Experience

- The CQC assessed us as Good overall & Outstanding for Caring
- Urgent & Emergency Care & Outpatients assessed as Outstanding for Well Led
- Maternity & Medicine (MCH) assessed as Outstanding for Caring
- All 10 services visited by CQC assessed as Good Overall
- An overall reduction in harm events compared to previous year

## Staff Engagement

- Top acute trust in the Midlands for overall engagement and the 11th best in England with a score of 3.91 out of 5
- Top acute trust in the Midlands & joint 8th best in England as a place to work & receive treatment
- Top acute trust in the Midlands & joint 6th in England for staff satisfied with their quality of work and care they provide
- Our response rate was 6th best acute trust in the NHS

#TeamSFH  
@SFHT

## Access

- 94.24% patients on the emergency care pathway were treated with four hours
- Improvements in all cancer, elective & diagnostic standards compared to the previous year
- No patients waiting 52 weeks for elective treatment on 31 March 2019

## Finance

- Delivered our year end control total
- Delivered all elements of Provider Sustainability funding (PSF) that were linked to our financial & emergency care performance



- Our NHSI 'Single Oversight Framework' segmentation improved from a three to a two
- 2093 patients recruited onto research trials, which is 22% more than the previous 12 months
- We strengthened our relationship with health & local authorities within the ICP & ICS
- We are 'buddying' with The Queen Elizabeth Hospital, King's Lynn NHS FT to provide support
- We launched our new strategy:  
*Healthier Communities, Outstanding Care*



## **Organisational Health**

Throughout 2018/19 we have maintained strong performance against workforce KPIs apart from sickness absence, which met the target for six months of the year. An exception report for sickness absence for March 2019 has been produced. The cumulative 12 months sickness absence figure at March 2019 was 3.71%. This is significantly lower than the average NHS rate at 4.45% or the East Midlands rate at 4.62%. Our rolling average has placed us in quartile 1 (best 25% of acute Trusts) in the model hospital rankings. Our peer median is 4.71%, 1% higher.

The 0.9% stress, anxiety and depression sub-threshold was breached in March at 1.07%. This may be explained by the new focus on this as a KPI and staff are encouraged to be open about when they are unable to come to work due to stress. This is a new KPI and the threshold is due to decrease to 0.8% from April 2019.

The sickness absence rate 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. Given our agency spend was well within our control total for March 2019 (and for 2018/19 in total), it suggests the majority of nursing and medical rota gaps created due to sickness are being filled by bank staff as opposed to agency workers.

Appraisal levels and mandatory training have remained at or above target throughout this financial year.

Turnover was 0.67% in March 2019. This is just over 8% as an annual rate which compares favourably with other acute Trusts. Low turnover is a positive trend for staff retention.

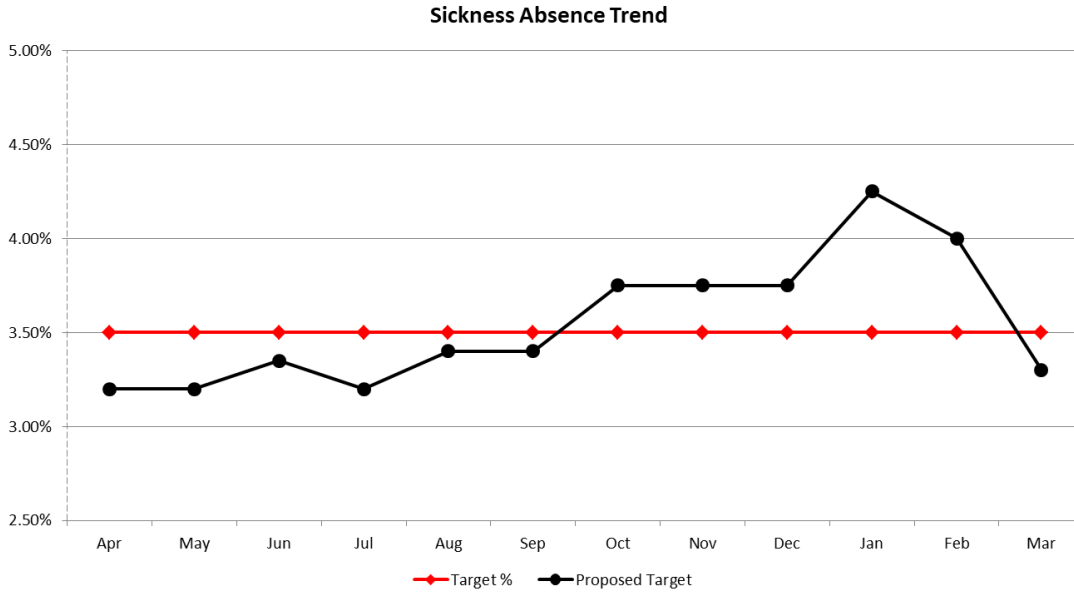
Band 5 Registered Nurse vacancies have decreased to 114.65 (15.9%), which is the lowest number of vacancies we have had. Medical vacancies are at 7.2%.

### **Sickness trajectory**

In order to take in to account the known seasonal variations in sickness absence the graph below shows a proposed threshold per month (trajectory) with an overall 3.5% or less annual target. It is proposed that this could be used to ascertain if the Trust is red, amber or green on sickness each month.

This trajectory is based on seasonal sickness patterns at the Trust over the past three years.

If this trajectory was used, March 2019 performance would have been amber as opposed to red.



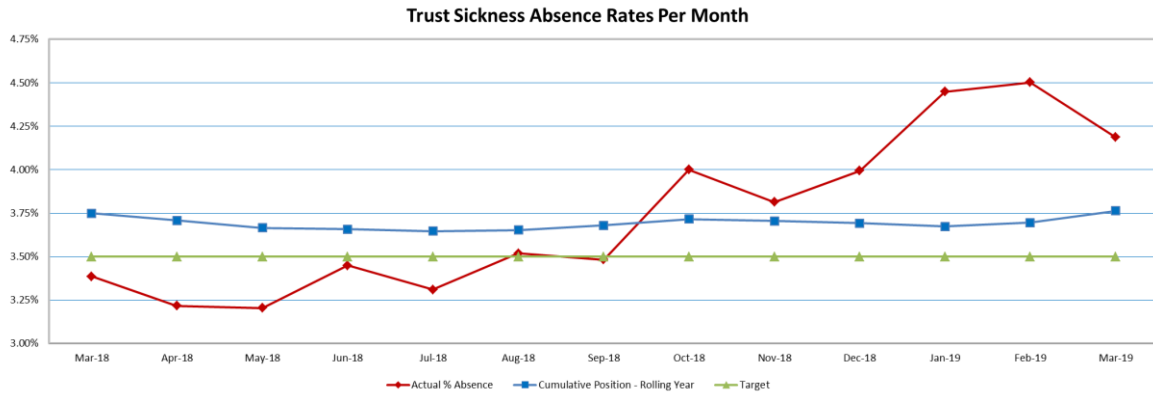
**Sickness Absence – 3.5% Threshold**

Sickness absence decreased in March to 4.19% (February, 4.50%). This is the sixth consecutive month above the 3.5% threshold, however, this is expected to decrease over the forthcoming months as is the normal pattern for this time of year.

The Trust has achieved the target of being at or under 3.5% for half of 2018/19. Two Divisions were under 3.5% in March 2019, Corporate with 2.49% (February, 2.58%) and Urgent & Emergency Care, 3.15% (February 4.00%). The remaining Divisions above the threshold and red are: Surgery, 5.24%; Medicine, 4.58%; Women & Children’s 4.47%; Diagnostics & Outpatients 4.22%. Sickness absence for March 2019 is 0.80% higher than March 2018. This may be due to the flu and winter ailments pattern this year, which has appeared to materialise later than usual.

The top three absence reasons in March are:

- Anxiety/stress/depression - 1.07%, 1349.83 FTE Days Lost which is an increase of 212.49 FTE days lost from February 2019
- Gastrointestinal problems – 0.61%, 768.13 FTE days lost which is an increase of 226.56 FTE days lost from February 2019.
- Other Musculoskeletal - 0.50%, 632.31 FTE days lost which is a decrease of 60.91 FTE days lost from February 2019



Please note this chart now contains both the actual absence for the month (red line) and the 12 month cumulative absence, which indicates the overall trend.

**Anxiety/stress/depression - 0.9% threshold**

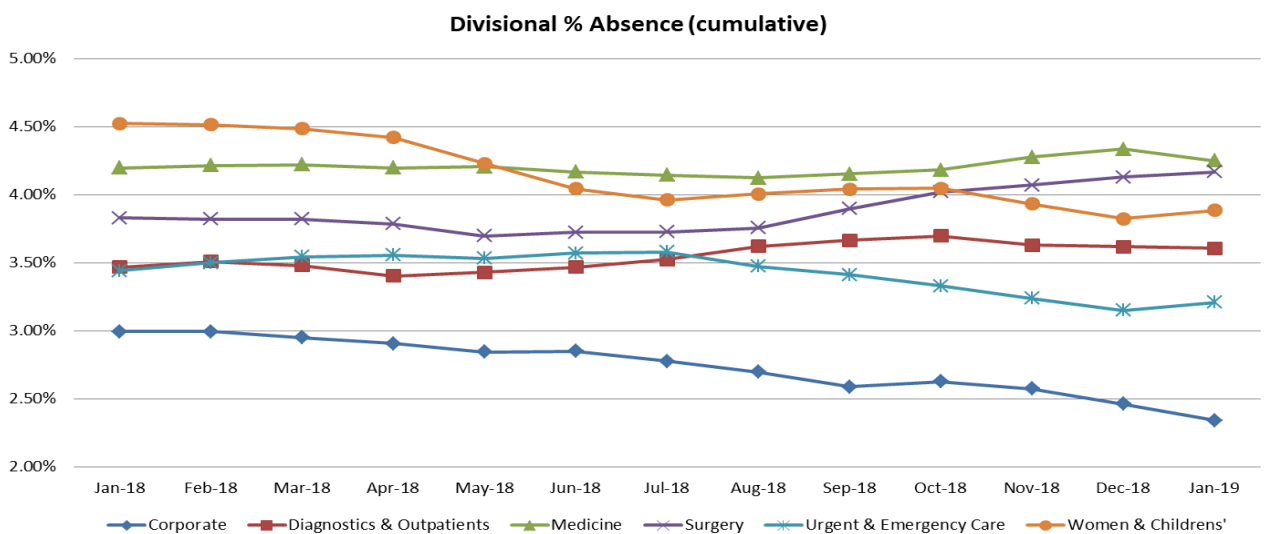
Anxiety/stress/depression was 1.07% in March 19 and in February it was 1.00%.

There are three Divisions in month under the 0.9% threshold, these are: Corporate, 0.48%; Diagnostics & Outpatients, 0.77% and Urgent & Emergency Care, 0.87%. The three Divisions above the threshold are: Women & Children’s, 2.29%; Medicine, 1.24% and Surgery, 1.17%.

Over the year, the three Divisions with the highest annual cumulative sickness absence % due to anxiety/stress are: Women and Childrens, 1.28%, 1790.76 FTE days lost; Surgery, 1.15%, 3618.25 FTE days lost and Diagnostics & Outpatients, 0.95%, 3099.16 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.





In March 2019, on a cumulative basis, two divisions were below the threshold and green: Corporate, 2.27% and Urgent & Emergency Care, 3.25%. Diagnostics & Outpatients has been fluctuating around the 3.5% and is amber in March at 3.71%.

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

Over the year, the Division of Medicine appears to have a consistently higher level of cumulative sickness absence. The Division of Surgery has seen a marked deterioration across the year. However, the Women's and Children's Division has shown an improving trend.

The three staff groups which show the highest cumulative absence for the year are:

- Ancillary, 6.57% (2017/2018, 4.94%)
- Unregistered Nurse, 5.46% (2017/2018, 5.10%);
- Technical & Other, 5.40% (2017/2018, 4.53%)

Examples of staff working in the Technical & Other groups consists of Assistants working in Pharmacy; Sterile Services, Phlebotomy and Day Nursery whilst the Ancillary group contains Housekeepers which are directly employed by us.

#### **Appraisal – 95% Target**

Trust wide appraisal compliance reduced slightly to 95% in March 19 (February 2019, 96%). Our overall average compliance rate for 2018/2019 stands at 96% with all Divisions showing at or over 95% for the same period. We have remained at or above the target of 95% for 12 consecutive months. This is a significant improvement on the 2017/2018 average which stood at 94%. All appraisals now include talent conversations which help to improve succession planning.

#### **Training and Education – 93% Target**

Mandatory training has remained static at 95%\* against the target of 93%. Medicine, Surgery, Urgent & Emergency Care and Women & Children's divisions have all increased by 1% which now means all divisions are at or above target.

Our overall average for 2018/2019 is 94% which is a 1% increase on the 2017/2018 average. Urgent and Emergency Care is the only division with an average below the target at 92%.

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

#### **Staffing and Turnover – 0.9% Target**

In March 2019, the overall turnover rate increased to 0.67% (February, 0.36%). Our overall average for 2018/2019 is 0.67% which is a 0.14% decrease on 2017/2018 average which stood at 0.81%.

There were 9.71 FTE more starters than leavers in March 2019 (37.03 FTE starters v 27.32 FTE leavers).

Registered Nurses had 6.99 FTE leavers, of these 4.37 FTE were Band 5.

In month, all registered Nurse vacancies are at 10.3% and band 5 RN vacancies are at 15.89%. Turnover is consistently lower than the 0.9% threshold for registered nurses. Medical vacancies are at 7.20%

This table below shows the net position with staff in post against establishment in March 2019:

	Mar-19							
	Budget - FTE	SIP - FTE	SIP - Headcount	Vac - FTE / Gap - FTE	% Vacancy / % Gap	Starters	Leavers	% Turnover
<b>Total Trust</b>								
Admin & Clerical	1156.50	1099.09	1340	57.41	4.96%	11.84	9.00	0.82%
Allied Health Professionals	219.51	217.13	269	2.38	1.09%	0.00	0.00	0.00%
Ancillary	39.59	36.54	44	3.05	7.71%	0.43	0.00	0.00%
Medical & Dental	511.68	474.84	497	36.84	7.20%	3.00	2.45	0.52%
Registered Nurse Operating Line * - ALL Bands	1332.91	1195.65	1423	137.26	10.30%	10.47	6.99	0.58%
Scientific & Professional	222.29	206.68	228	15.61	7.02%	1.00	1.00	0.48%
Technical & Other	283.84	267.10	330	16.74	5.90%	0.00	3.65	1.37%
Unregistered Nurse	595.07	606.11	706	-11.04	-1.86%	10.29	4.23	0.70%
<b>Total - Trust</b>	<b>4399.36</b>	<b>4103.13</b>	<b>4837</b>	<b>296.23</b>	<b>6.73%</b>	<b>37.03</b>	<b>27.32</b>	<b>0.67%</b>
Band 5 Registered Nurse Only operating line *	721.52	606.87	735	114.64	15.89%	9.67	4.37	0.72%

### Nursing Recruitment:

In March 2019, band 5 RN vacancies decreased to 114.65 (15.9%), this is the lowest number of vacancies we have had.

Of the six (4.37WTE) band 5 Registered Nurse leavers in March, one has relocated, one has been promoted, one took retirement, one left for health reason, one citing work life balance and one whose registration lapsed.

At the March Registered Nurse Assessment Centre 16 offers were made.

### International Recruitment:

12 nurses have now joined us from overseas. They will have an intensive period of preceptorship to get them to ready to sit the final exams with the plan of gaining their full registration from June 19. The next cohort of 8 nurses is on track for them to land by early May.

Work is also continuing to support 14 existing healthcare support staff, who are trained nurses in other countries, to get their UK nurse registration.

### EU Nationals

We are tracking the movement of staff who are EU nationals. The Trust gained two additional EU staff in March 2019.

	<b>Oct-18</b>	<b>Nov-18</b>	<b>Dec-18</b>	<b>Jan-19</b>	<b>Feb-19</b>	<b>Mar-19</b>
<b>Staff Headcount from an EU Country**</b>	154	148	149	148	150	151
<b>% Staff from EU</b>	2.76%	2.61%	2.63%	2.59%	2.64%	2.64%
<b>Difference in Headcount in for EU Staff</b>	-4	-6	1	-1	2	1

## Exception Report

**Indicator:** Sickness absence and the stress anxiety and depression threshold

**Month:** March 2019 data

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

### Current position

Sickness absence decreased in March to 4.19% (February, 4.50%).

Two Divisions remained under the 3.5% target, Corporate with 2.49% and Urgent & Emergency Care, 3.15%. The remaining Divisions are above the target and red: Surgery, 5.24%; Medicine, 4.58%; Women & Children's, 4.47% and Diagnostics & Outpatients, 4.22%.

Ancillary staff reported the highest sickness absence for the fourth consecutive month, 9.74%, (February, 7.82%). This is a small staff group.







### Causes of underperformance

The top three absence reasons in March are;

- Anxiety/stress/depression - 1.07%, 1349.83 FTE Days Lost which is an increase of 212.49 FTE days lost from February 2019
- Gastrointestinal problems – 0.61%, 768.13 FTE days lost which is an increase of 226.56 FTE days lost from February 2019.
- Other Musculoskeletal - 0.50%, 632.31 FTE days lost which is a decrease of 60.91 FTE days lost from February 2019

### Diagnostics & Outpatients Division

Sickness absence decreased to 4.22% (February 2019, 4.59%). Short term sickness is 2.31% and long term is 1.91%. The top 3 reasons for absence are: Injury, fracture, 0.82%; Anxiety/stress/depression, 0.77% and Gastrointestinal problems, 0.63%.

Department	Mar19	Feb 19	Comments
Diagnostic Haematology	7.87%	 10.02%	2.09% short term and 5.78% long term sickness
Newark Case Notes store	5.30%	 5.32%	0.90% short term and 4.19% long term sickness
NWK Outpatients	6.81%	 8.92%	5.70% short term and 1.11% long term sickness
KTC Reception	10.16%	 9.72%	0.90% short term and 9.27% long term sickness
KTC Nursing	6.26%	 6.76%	2.96% short term and 3.30% long term sickness
Fernwood Community Unit NWK	7.38%	 8.37%	2.81% short term and 4.57% long term sickness

KMH – Surgical Inpatients	41.60%	6.57%	All short term sickness – only 4 staff in group
KMH – Medicine	10.67%	0.75%	All short term sickness
Outpatient call centre	12.55%	10.10%	3.86% short term and 8.70% long term sickness
MCH Neuro outpatients	6.90%	14.34%	All short term sickness.

### Division of Surgery




Sickness absence increased to 5.24% (February 2019, 4.85%). Short term sickness is 2.79% and long term is 2.45%. The top 3 reasons for were: Anxiety/stress/depression, 1.17%; Other musculoskeletal problems, 0.69%; Gastrointestinal problems, 0.59%.

Ward/Department	Mar19	Feb 19	Comments
ITU	7.59%	6.90%	3.14% short term and 4.45% long term sickness
Ward 11	14.44%	8.93%	9.08% short term and 5.36% long term sickness
Cancer Services	8.49%	6.32%	3.25% short term and 5.24% long term sickness
Sterile Services	6.01%	5.51%	4.54% short term and 1.47% long term sickness.
Theatres	5.72%	6.46%	2.88% short term and 2.84% long term sickness
Newark Theatres	13.80%	15.36%	4.67% short term and 9.13% long term sickness
Minster Ward	12.96%	17.12%	Mainly long term sickness, 12.55%
Ward 21	7.18%	6.15%	3.72% short term and 3.46% long term sickness
Ward 12	6.32%	6.44%	Mainly long term sickness, 5.60%
Specialist Nurses General Surgery	10.94%	7.32%	All short term sickness
Ward 31	8.99%	1.87%	7.01% short term and 1.98% long term sickness
Ward 32	7.37%	.54%	5.34% short term and 2.03% long term sickness
PPC General Surgery	10.23%	2.40%	All short term sickness

### Women's and Children's Division













Sickness absence decreased to 4.47%, (February 2019, 5.81%). Short term is 2.04% and long term is 2.43%. The top 3 reasons for sickness were: Anxiety / stress /depression, 2.29%; Gastrointestinal problems, 0.60%; Other musculoskeletal problems, 0.33%

Ward/Department	Mar19	Feb19	Comments
Outpatients Ante Natal	9.26%	9.20%	Sickness is mainly long-term
Maternity	6.40%	7.71%	2.20% short term and 4.20% long term sickness.

Ward 25	5.05%	 7.26%	3.15% short term and 1.90% long term sickness
NICU	6.06%	 8.95%	2.28% short term and 3.78% long-term sickness.
Ward 14	12.02%	 9.64%	All short term sickness.

### Division of Medicine

Sickness absence decreased to 4.58%, (February 2019, 4.98%). Short term sickness is 2.29% and long term is 2.29%. The top 3 reasons were: Anxiety / stress/depression, 1.24%; Gastrointestinal problems, 0.83% and Other musculoskeletal problems, 0.50%.

Ward/Dept	Mar19	Feb 19	Comments
Ward 23	5.22%	 8.08%	All long term sickness.
Ward 41	10.45%	 12.49%	4.65% short term sickness and 5.79% long term sickness
Welcome Treatment Centre	25.62%	 19.45%	14.89% short term sickness and 10.73% long term sickness. Low headcount
Oakham Ward	9.18%	 12.32%	1.98% short term and 7.20% long term sickness
Cardio Technical	5.22%	 9.58%	0.36% short term and 4.86% long term sickness.
Ward 34	10.68%	 8.09%	4.07% short term and 6.61% long term sickness
Sconce	7.21%	 9.69%	1.42% short term and 5.79% long term sickness.
PPC visiting consultants	9.68%	 16.07%	All short term absences. Low headcount
Diabetics Nurses	9.13%	 0.00%	All short term absence. Low headcount
Ward 42	7.98%	 4.90%	4.05% short term and 3.93% long term sickness
Ward 51	8.05%	 5.30%	3.78% short term and 4.28% long term sickness
Stroke Unit	8.45%	 5.83%	4.55% short term and 3.91% long term sickness

### Actions to address

All individual cases are managed by Divisional management, supported by HR, in line with the Trusts sickness absence policy. Training sessions support managers to use discretion around sickness absence and bespoke coaching is available.

Confirm and Challenge meetings occur each month and any trends or significant issues impacting sickness levels are reported at Executive Performance Review meetings.

### Improvement trajectory

Given that winter ailments, it is unlikely that the target of 3.5% will be met before April 2019.

Risk	Mitigation
Winter ailments such as flu impacting the Trusts ability to manage sickness	Flu campaign – uptake currently 80.7%
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

### Single Sex Accommodation compliance

- During Q4 we have continued to maintain compliance with providing single sex accommodation to its patients and have reported no breaches, recognising the importance placed in maintaining the privacy and dignity of our patients.

### Infection Prevention & Control

- All the healthcare associated infections are carefully monitored and managed in line with national and local guidance.
- There have been ZERO MRSA bacteraemia during Q4.
- There have been seven cases of *Clostridium Difficile* Infection (CDI) identified during Q4. February 2019 saw five cases of C-Diff reported which is above our monthly objective and there were no cases in March 2019. This brings the annual C-Diff total to 36 cases. Next year's objective is set at 79; this increase is due to a change in definitions applied to identifying the attributable organisation. Sherwood Forest Hospitals NHS Foundation Trust (SFH) will be responsible for any case identified more than 2 days after admission and any case that has been in SFH within the preceding 4 weeks.

C-Diff				
Month	Kings Mill Hospital	Newark Hospital	Mansfield Community Hospital	Total
January	2	1	0	3
February	5	0	0	5
March	0	0	0	0
Q4 Total	7	1	0	8

- There were 11 cases of E.Coli reported during Q4.

E.Coli				
Month	Kings Mill Hospital	Newark Hospital	Mansfield Community Hospital	Total
January	2	0	1	3
February	3	1	0	4
March	3	0	1	4
Q4 Total	8	1	2	11

- During Q4 there have been no cases of norovirus diagnosed post admission.
- During Q4 458 cases of influenza were diagnosed. All were managed effectively.



## Tissue Viability

PU's by Category	Jan 19	Feb 19	Mar 19	Q4
<b>Category 2 pressure ulcers</b>				
Avoidable	0	1	1	2
Unavoidable	4	1	1	6
<b>Category 3 pressure ulcers</b>				
Avoidable	0	0	0	0
Unavoidable	1	2	0	3
<b>Category 4 pressure ulcers</b>				
Avoidable	0	0	0	0
Unavoidable	0	0	0	0
<b>Category 2 – 4 pressure ulcers</b>				
Total	5	4	2	11

- In Q4 there have been two avoidable category 2 pressure ulcers identified, both of which were classified as low harm and no avoidable category 3 , 4 or unstageable pressure ulcers.
- There have been a total of nine unavoidable pressure ulcers reported during Q4: six category 2s and three category 3s that despite the correct assessment, care and monitoring developed within the Trust. These were all either no harm or low harm.
- The Trust-wide Tissue Viability audit was carried out in January 2019 and achieved 91%. This was to establish that the data captured was close to the Perfect Ward score of 95% which assures consistency in care delivery and auditing standards.
- There are no exception reports as targets have not been breached.

## Falls

Indicator Per Occupied Bed Days	Plan Standard /	Period	Quarterly Actuals	RAG Rating
Moderate or Severe Harm	0.2	Jan 19	0.1	G
Low or No Harm	5.5	Jan 19	5.8	R
Moderate or Severe Harm	0.2	Feb 19	0.2	G
Low or No Harm	5.5	Feb 19	5.8	R
Moderate or Severe Harm	0.2	March 19	0.2	G
Low or No Harm	5.5	March 19	4.9	G

- During Q4 our falls figures have remained below the national average. During January and February the low or no harm falls exceeded our target by 0.3 per thousand bed days.
- All falls with fractures are discussed within Division, at Trust Scoping and at the Falls Steering Group. All learning identified is taken forward in order to maintain our low falls rate and endeavour to reduce it further where possible.

- Proactive work has continued throughout Q4 with regard to falls mitigation in response to incidents e.g work with Day Case Unit with regards to post-op patients who have had nerve blocks.
- From January 2019 all patients who sustain a Fractured Neck of Femur (NoF) as inpatients are entered onto the National data base for Royal College of Physician NOF audit.

### **Dementia**

- Screening of eligible patients (patients over the age of 75, who were admitted as emergencies and have stayed for more than 72 hours) for identification of dementia and/or delirium and subsequent referral for further assessment and investigation is national recorded information.

<b>Indicator</b>	<b>January 2019</b>	<b>February 2019</b>
<b>Find</b>	99.7%	96.8%
<b>Assess/Investigate</b>	100%	100%
<b>Refer</b>	98.3%	100%

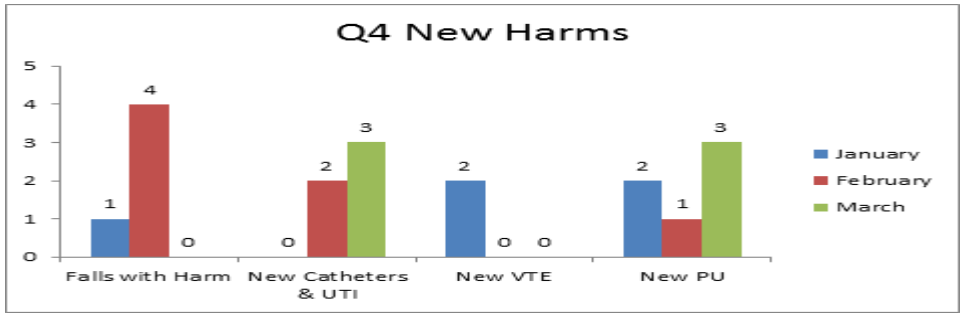
- The March data due for submission to SCDS at the end of April 2019 and we will also achieve the >90% target on all three components.
- Work continues to ensure that dementia alerts are being added to Medway Patient Administration System.
- We aim to commence the use of nerve centre to record all dementia assessments by the end of April 2019.

### **VTE**

- Due to the way VTE is reported the data is always 2 months behind. Only January and February data is available for Q4 and March's compliance will be reported in May 2019.
- In January 2019 we reported 95.17% compliance, in February 2019 we were non-compliant at 92.2%. This was due to the non-compliance of the Urgent and Emergency Care Division (UEC) who reported 79.29% which has been picked up as a Performance issue.

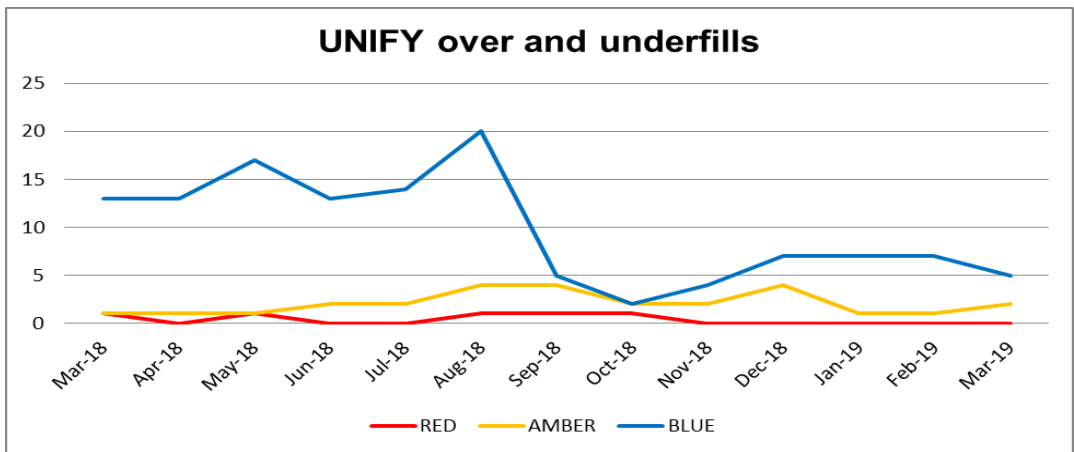
### **Harm Free Care**

- Harm Free Care has been reported in Q4 as above the standard of 95%. The standard includes 'new' harms that are acquired during that admission and 'old' harms which are present on admission. In Q4 there were:-



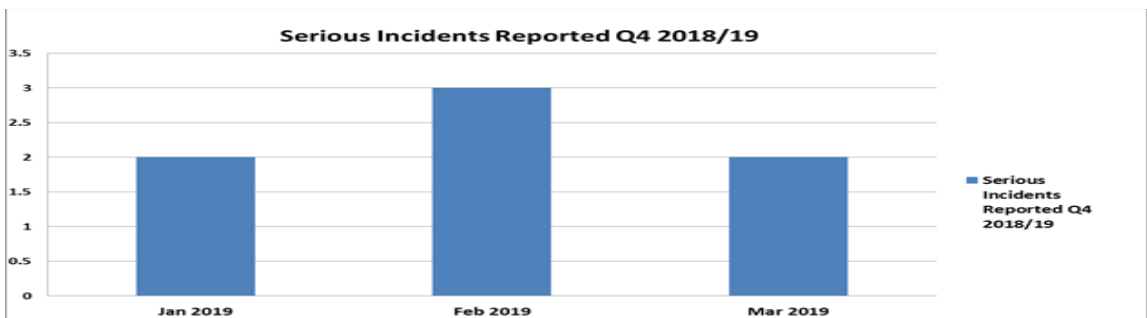
**Safe Staffing**

- The Care Hours Per Patients Day (CHPPD) continues to be monitored through UNIFY, and has remained stable for Q4, there is clear rationale for under-utilisation and over establishment within all the areas monitored.

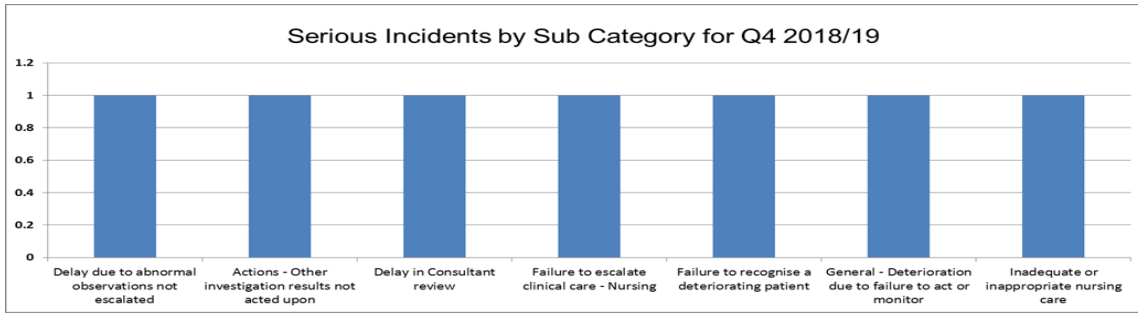


**Serious Incidents Including Never Events (STEIS reportable) by reported date on Datix – Q4 2018/19**

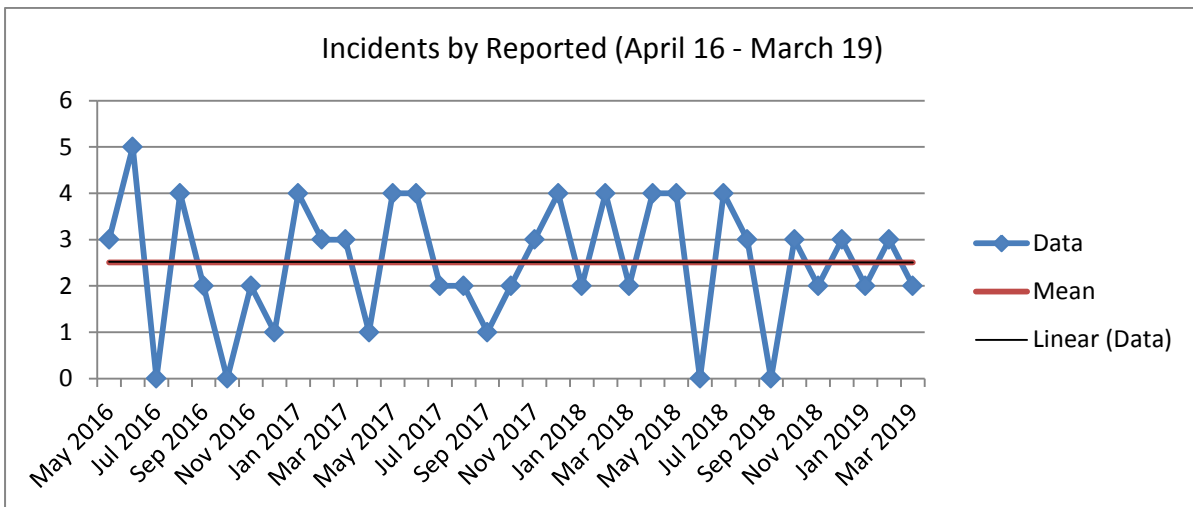
- In Q4 we were reported seven Serious Incidents in accordance with NHS England’s Serious Incident Framework (May 2015). Of these, there were no Never Events.
- The number of STEIS reportable serious incidents by month and category is demonstrated in the graphs below:



**Serious incident by Sub Category for Q4 2018/19:**



- Learning from SIs is identified and disseminated as appropriate to try and prevent similar situations occurring again.



The above graph shows the serious incidents across the last three years. The trend line starts very narrowly above the mean line and finishes very narrowly below the mean line. This suggests that the number of serious incidents is pretty consistent across the previous three years (ever so narrowly decreasing).

The graph suggests that the number each month is far less sporadic over the last six months, whereby the spikes of four and five recently in comparison to two years ago are not evident.

### Patient Safety Alerts Compliance

- We have remained 100% compliant throughout Q4.

### Exception Reports

- During Q4 the Trust has had one exception report submitted for exceeding the C.Diff rate target during February. Two exception reports were submitted for the number of falls reported in January and February as the Trust target for low or no harm falls was exceeded in both those months.

## Exception Report

**Indicator:** Patient Safety – eligible patients having VTE risk assessments

**Month:** February 2019

<b>Standard</b>	>95%	<b>Date expect to achieve standard</b>	April 2019
-----------------	------	--	------------

<b>Current position</b>		
<p>February 2019 monthly – 92.3%            Year to Date – 95.2%            All emergency admissions should receive a VTE risk assessment and the appropriate Thrombo-prophylaxis,</p>		
<b>Causes of underperformance</b>		
<p>Failure to complete the VTE risk assessment as part of the medical admission process.</p>		
<b>Actions to address</b>		
<b>Action</b>	<b>Owner</b>	<b>Deadline</b>
Requirement to ensure that VTE risk assessments are performed, reinforced by the Specialty and Divisional Clinical Governance	Clinical Governance Co-ordinator	Monthly
Consultants to check that all patients have a completed VTE risk assessment as part of the Post-take Ward Round	Dr Nicola Fischer-Orr	Ongoing
The EAU medical team including the trainee ACPs to check patients records in 'their bays' to establish if they have been completed. If the VTE risk assessment has not been completed to ensure that the Consultant is made aware of the doctors/ ACP's name, so this can be reflected with the individual	Dr Nicola Fischer-Orr	Ongoing
Review to see if VTE assessments could be placed on electronic systems	Ongoing	This is part of the e-Prescribing
<b>Improvement trajectory</b>		
<p>To return the VTE assessment compliance to above 95% by April 2019 (data collection).</p>		
<b>Risks</b>		
<b>Risk</b>	<b>Mitigation</b>	
Further delays in obtaining e-Prescribing which would mean that VTE assessments remain on paper and the audit would be retrospective.	Continue to highlight the importance of moving forward with e-Prescribing software	

**Lead:** Meg Haselden, Deputy Head of Quality Governance Support

**Executive Lead:** Suzanne Banks, Chief Nurse

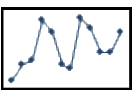
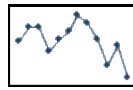
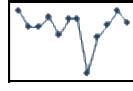
## Exception Report

**Indicator:** Friends and Family Test

**Month:** March 2019

**Standard:** Friends and Family Test (FFT)

<b>Standard</b>	96%	<b>Date expect to achieve standard</b>	
-----------------	-----	--	--

Current position						
Indicator	Plan/Standard	Period	YTD Actuals	Monthly Actuals	Trend	RAG
Recommended Rate: Friends and Family Outpatients	96%	Mar-19	94.1%	94.5%		R
Recommended Rate: Friends and Family Maternity	96%	Mar-19	95.5%	90.3%		R
Response Rate: Friends and Family Accident and Emergency	≥12.8%	Mar-19	12.9%	11.8%		R
Causes of underperformance						
<p>1. <b>The FFT recommendation rate in Outpatient Services</b> – recommendation rating is 1.5% off plan for March 2019.</p> <p><b>Sexual Health</b> – Sites in community</p> <ul style="list-style-type: none"> <li>• KMH – Nurse attitude</li> <li>• Oates Hill – Nurse attitude</li> <li>• Warsop – Waiting times for appointment</li> </ul> <p><b>Clinic 7 – Gastro</b></p> <ul style="list-style-type: none"> <li>• Doctors attitude</li> </ul> <p><b>Clinic 8 – ENT</b></p> <ul style="list-style-type: none"> <li>• Waiting time to be seen in clinic</li> <li>• Patient felt rushed</li> </ul> <p><b>Radiology – Newark</b></p> <ul style="list-style-type: none"> <li>• Improved signage</li> <li>• Delays experienced contacting the department by telephone</li> </ul> <p>2. <b>The FFT recommendation rate in Maternity services</b> – recommendation rating is 5.7% off plan for February 2019</p> <p><b>Clinic 12</b></p> <ul style="list-style-type: none"> <li>• Unhappy with nurse communication</li> <li>• Waiting times in clinic</li> </ul>						

- Consultant changed and seen by Registrar – unhappy with care

#### **Ward 25**

- Discharge felt rushed

The number of responses received for maternity had decreased during March 2019, and following a review of the completed FFT's, PET have identified the forms are being sent to batch rather than via the twice weekly collections on the ward/unit by the volunteers. This is resulting in completed FFT's missing the reporting cut-off date, impacting on the recommendation rate. This has been escalated and discussed with the teams to ensure timely receipt of completed forms via the established system to provide an accurate reflection of patient feedback during the reporting period.

#### **3. The FFT response rate in Emergency Department (ED) – response rate is 1% off plan for March 2019 2019**

The ED team continue to collect FFT data via paper surveys, SMS messaging, and Ipads collection supported in the department by volunteers. Following analysis of the data, there appears to have been a decrease across all modes of data collection. The ED continues to see high volumes of patients which may be impacting on the number of patients who are being asked to complete the FFT survey.

#### **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.

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.

#### **4. Annual Update**

**OPD Recommendation Rate** – During 2018/19 the recommendation rate has remained stable between 93-95%. Following analysis of the feedback, experiences regarding a number of specialities, including sexual health, diabetic, ophthalmology/ENT and fracture clinic. The themes relate to delays in clinic appointment, communication and attitude. The specialities continue to identify these themes and work with teams to learn and improve services as a result of the patient's feedback.

Feedback relating to signage has been addressed with new signage in place throughout the OPD.

Negative experiences in the sexual health service have been addressed with the relevant teams and additional customer services training in ongoing to ensure all staff understand and demonstrate the trust values.

Car parking availability and charges is a constant reported theme, which is shared with the estates team.

**Maternity Recommendation Rate** – the recommendation rate has fluctuated during the year, however during Quarter 4, this has dipped almost 5% below the internal target. Following further analysis it has been identified the completed FFT forms are being batched and sent to PET for inputting which is creating a delay in reporting, resulting in a decrease in responses impacting on the recommendation rate. This has been escalated and discussed with the maternity team to ensure completed forms are collected by voluntary services in the twice weekly collection to ensure timely reporting.

The themes during the year have related to delays in clinic appointments, staff attitude and poor communication and information provided.

**ED Response Rates** - During the year ED have continue to achieve the internal target, in November they experience a decrease, however this was directly related to the higher volume (approx. increase in 1000 surveys) of FFT paper surveys completed impacting on administration of the forms onto the Optimum Meridian System.

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. this has had a positive impact on the timeliness of reporting for ED/UCC.

<b>Action</b>	<b>Owner</b>	<b>Deadline</b>
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



## Access

### Emergency care

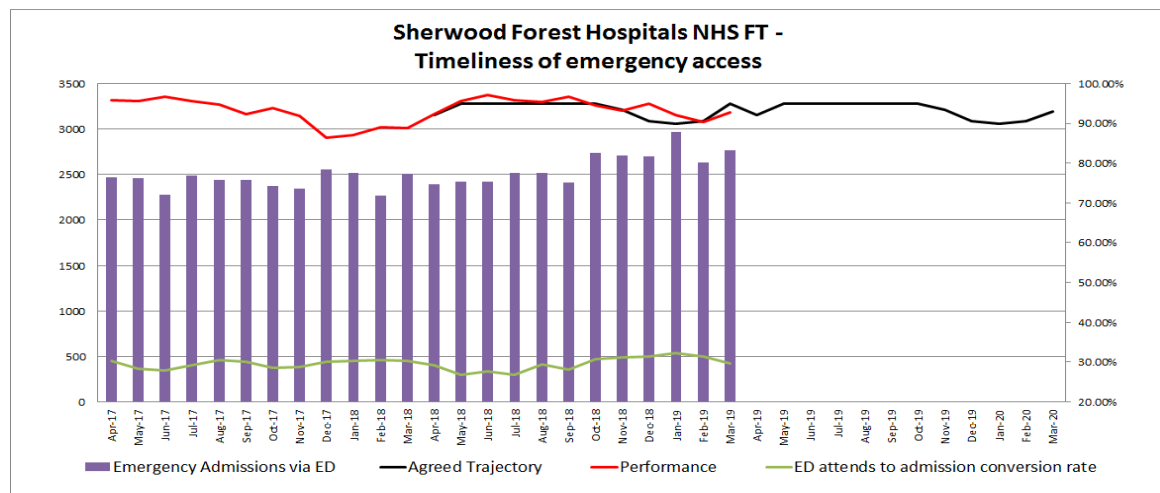
Emergency access performance against the 4 hour wait in March 19' was 92.8%. This was 2.2% below the NHS Improvement agreed trajectory. However, it was 4% above the corresponding month in 2018, and it is worth noting that Kings Mill ED performance was nearly 7% higher than in March 2018. March performance was ranked 22<sup>nd</sup> of 131 Trusts in the NHS.

Quarter 4 finished with 91.8% of patients admitted or discharged within 4 hours, which was on plan for the quarter. This was 3.5% higher than Q4 on 2017/18. Due to performance being above 90% the Trust has received in full the PSF payment for Q4 relating to emergency care performance.

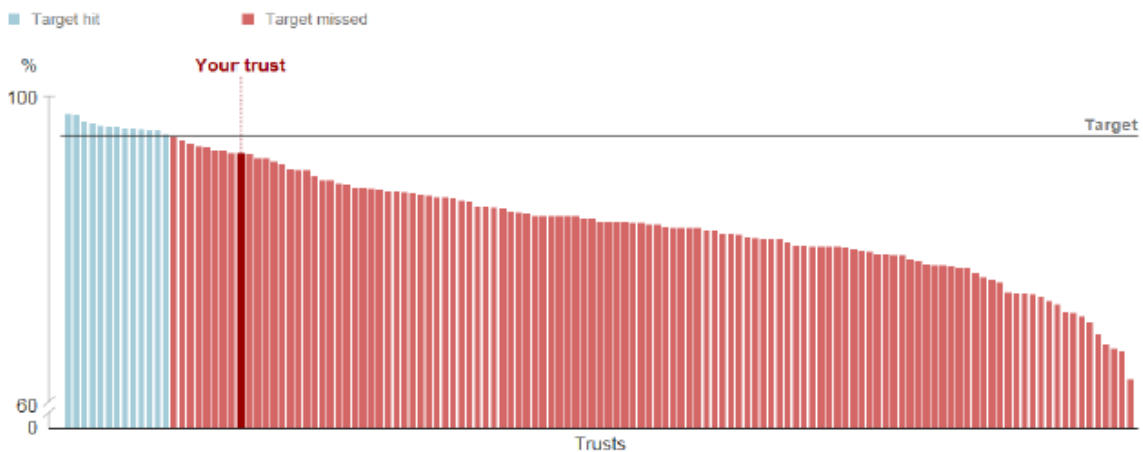
The year 2018/19 finished with 94.2% of patients being admitted or discharged within 4 hours.

1 patient waited >12 hours for admission from their decision to admit. This was a psychiatric patient under the responsibility of Nottinghamshire Healthcare Trust. A joint root cause analysis has been undertaken.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
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%	94.9%	92.0%	90.3%	92.8%
18/19 Quarter Trajectory			95.0%			95.0%			93.0%			
18/19 Quarter actual			95.1%			95.9%			94.1%			91.8%
17/18 actual	95.9%	95.5%	96.7%	95.5%	94.6%	92.3%	93.9%	91.9%	86.4%	87.2%	89.0%	88.8%



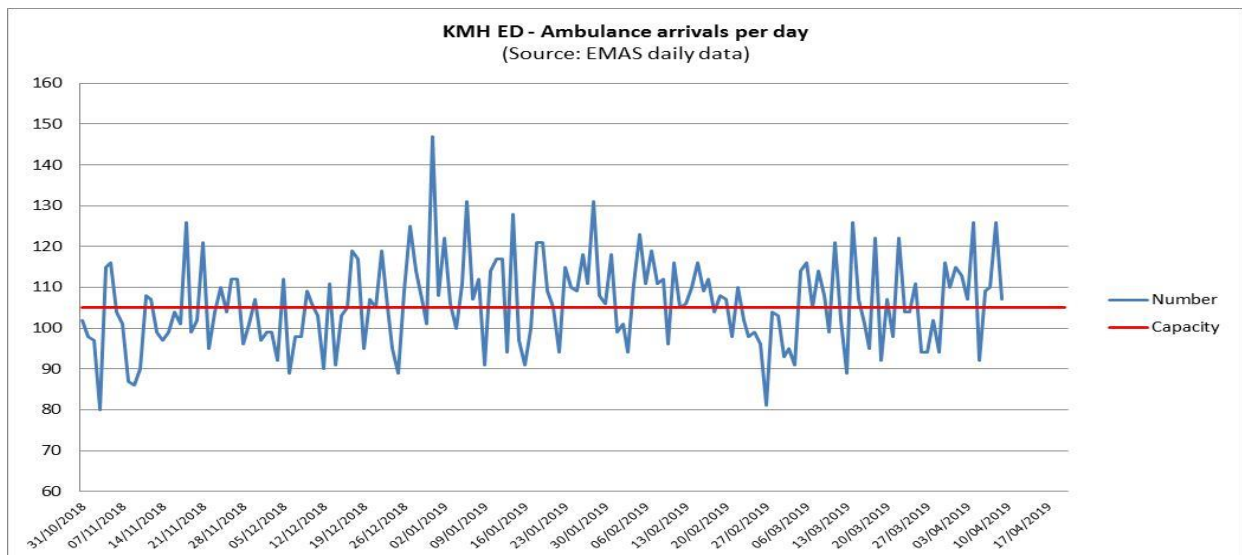
Sherwood Forest Hospitals NHS Trust ranked 22 of 131 trusts



**Ambulance arrivals**

Daily ambulance arrivals continue to be high and have not materially fallen in March. ED capacity is broadly 100-110 ambulances per day although some of this is dependent on the variation of arrival by hour. Waiting times start to deteriorate as ambulances arrivals go over 100. The mean daily arrivals during March was 105 (range 89-126) with 21 of 31 days seeing arrivals over 100.

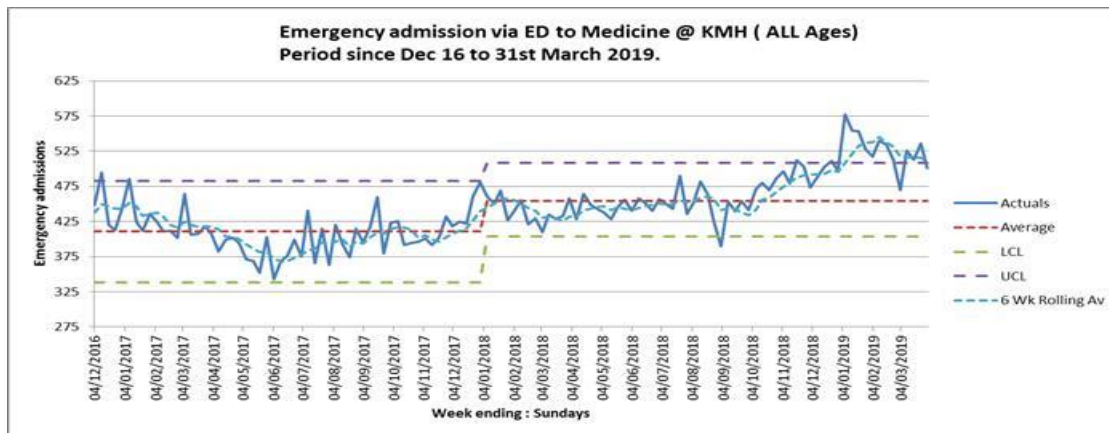
Despite this growth, handovers >30 minutes remain stable and are lower than EMAS levels overall. The ED team have done a tremendous job in improving handover times and during March has improved the % of patients waiting over 30 minutes to be handed over 12% from March 18 despite the growth in arrivals.



**Admissions**

Admission volumes to medicine and their variation remain the key pressure for waiting times within the UEC system. They remained consistently high during March. Admission rates to medical pathways were 14% higher than in March 18'. The majority of the growth is in respiratory and cardiac conditions, along with UTIs.

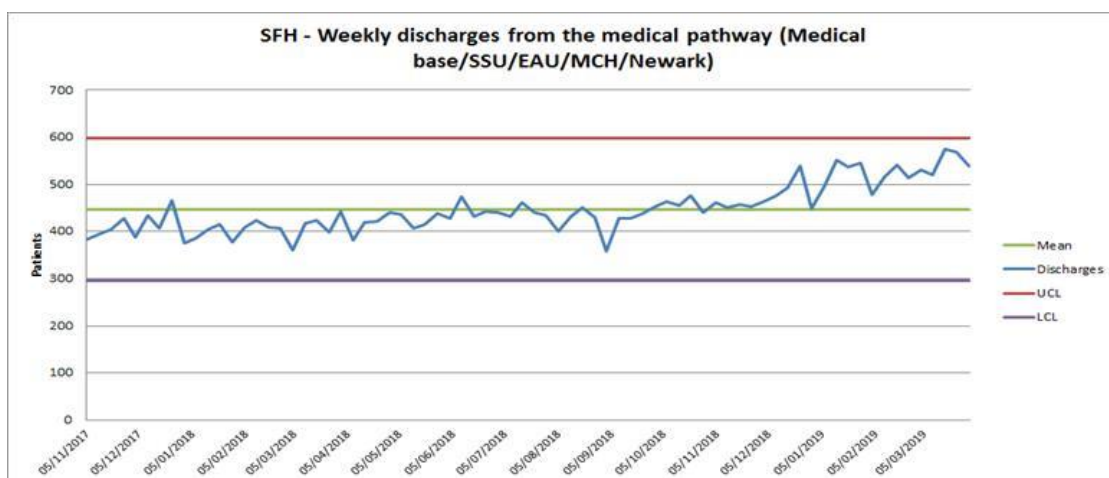
Admissions to medicine have not materially fallen since winter 16/17 when they saw an unusual dip between April and October.



There continues to be work undertaken to manage patients in a different way, where safe, other than admission to medicine, this is mainly via the work to increase the use of ambulatory care (thus reducing patients length of stay) which has seen a 50% increase in the number of patients who have been admitted through that pathway Dec – Mar 19 against Dec – Mar 18. With partners, there has also been strengthening of the ‘front door’ team to try to get patients into community services as an alternative to admission although this is due to cease in April.

**Discharges & Capacity to cope with admissions in a timely manner**

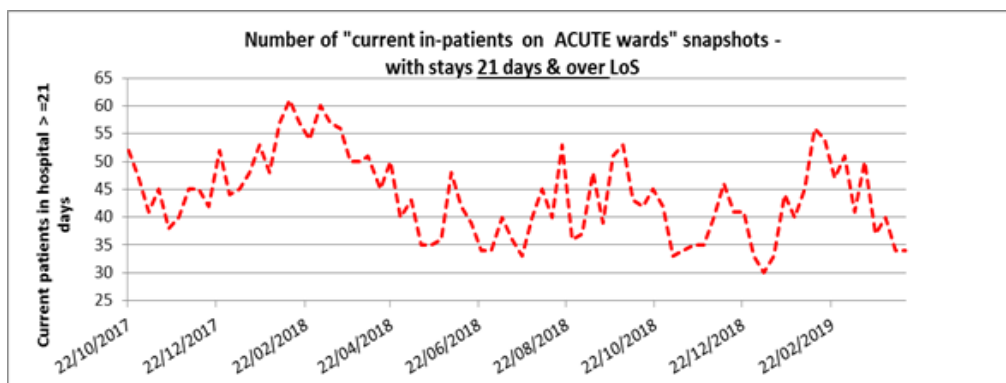
The ability to cope with admissions and their growth, and to particularly ensure this is managed in a timely manner, is through a variety of means outlined below. There have overall been an increasing number of discharges from the medical pathway and the winter plan has opened additional medical capacity on time as per the plan.



### Patients with a stay >21 days

Progress continues to be made in the reduction of patients in an acute bed over 21 days with levels as low as they were in summer 2018. Across quarter 4 18/19, bed usage for this group of patients has been 2,644 less than in Q4 17/18, making available around 29 beds per month for use for additional winter admissions.

This approach has mainly been managed via the daily 'hub' meeting which reviews all the long stay patients within the hospitals, which is attended by partners from across Notts HC and Notts social services. However, the approach, whilst maintaining its positive elements does need revision and this is currently taking place to ensure that is robust as possible. NHSI have requested a resubmission of plans from all Trusts, and their partners, about how they will reduce this cohort of patients and bed days by 40%.



### Winter plan creating more capacity

All winter bed capacity has been implemented as per the plan submitted to Board. This led to an extra 35 beds (across the system) above 2017/18 levels and increase in the overall bed base available for medical patients by 86 for Q4. During March the following additional capacity was in place for the medical pathway:

- 24 additional medical beds switched from surgery
- 10 extra surgical beds opened
- The opening of 20 additional 'transfer to assess' beds within the community
- 8 additional rehabilitation beds at Newark

As per the winter plan, the available capacity to medicine reduced by 24 beds at the beginning of March as Ward 21 switched back to Orthopaedics. During April, all other additional capacity will be stepped down incrementally, along with the wards switching back to surgery. The aim is close down all winter capacity by the end of April, although this is dependent on a fall in admissions and acuity.

### Performance by day of week

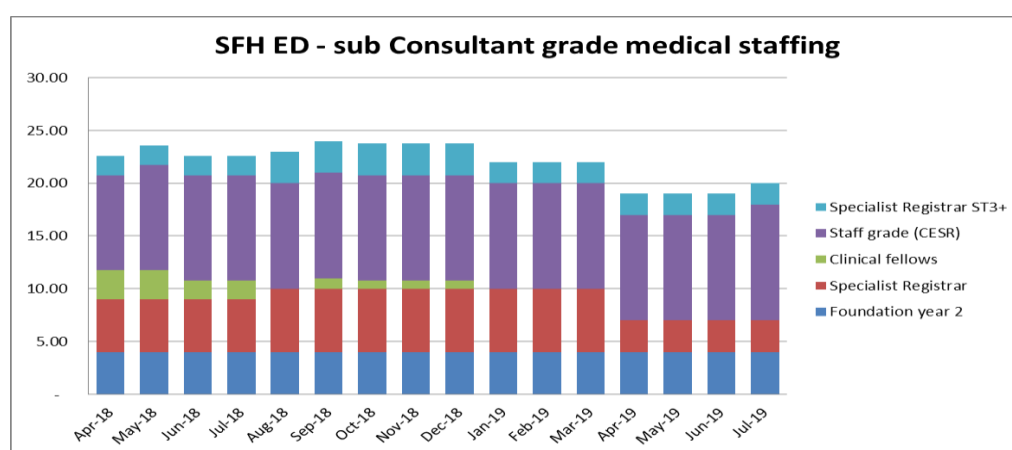
Mar 19 - Day	Mean % under 4 hours (Apr 18 - Mar 19)	Mean % under 4 hours (Mar 19)	Variance	Attends (Apr 18 - Mar 19)	Attends (Mar 19)	Variance	Mean admissions (Apr 18 - Mar 19)	Mean admissions (Mar 19)	Variance
Monday	92.3%	92.5%	0.2%	477	497	21	95	98	3
Tuesday	93.3%	92.0%	-1.4%	429	437	8	90	95	5
Wednesday	94.2%	91.1%	-3.1%	432	436	4	87	98	11
Thursday	94.3%	89.7%	-4.5%	421	448	27	90	100	10
Friday	94.3%	92.6%	-1.7%	409	435	26	89	97	8
Saturday	95.6%	93.5%	-2.1%	432	441	9	73	72	-1
Sunday	96.1%	97.2%	1.1%	451	448	-3	74	72	-2

During March, the day that showed the most variation in average against the year was Thursday. Thursdays showed the most admission growth when compared with the year average as well as the highest attendance growth. The averages were mainly derived from lower levels of performance on the first two Thursdays in April, with the latter two being at more normal levels of performance. The root cause of lower performance on these days was mainly related to very high admissions, 121 and 117 respectively.

### Risks for Quarter 1 2019/20 and beyond

The bed capacity plan for 2019/20 is currently in its first draft with an unadjusted position, which shows a material deficit in the delivery of the activity required for the 2019/20 plan. This will be adjusted, with partners, over the coming month for efficiency improvements, admission avoidance, and winter plans. It will be presented at the June Board.

There are risks relating to sub-Consultant grade medical staffing within the Emergency Department in the coming months, as shown in the graph below. This is mainly due to a reduced number of specialist registrars within the latest deanery rotation along with vacancies within the Clinical Fellows.



The UEC Division are working hard to fill these gaps and are out to advert for Clinical Fellows to bridge the gap given reduction in Specialist Registrar posts, as well offering bank contracts to two junior level doctors taking a break from training programme. The latter are planned to start at the

beginning of May, which will help with this position. There is also a business case within the current planning round to over-recruit to CESR Drs, although this will have a longer lead time.

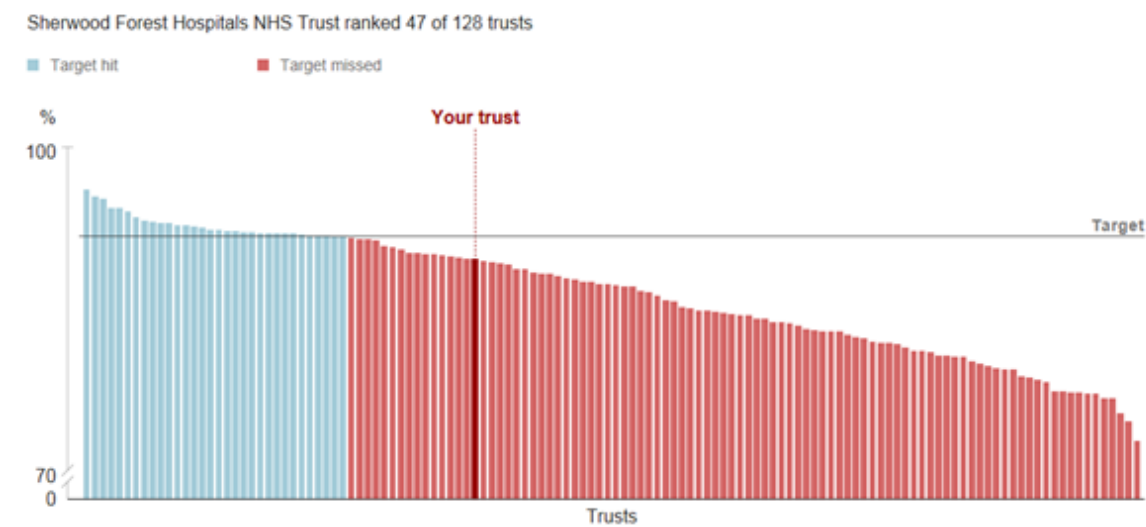
## Elective Access Standards

### RTT Performance

Despite an increase of 4% in GP and Other referrals, the Trust has maintained stable RTT performance throughout 2018/19 and ends the year in a better position than March 2018.

March 2019 performance (at time of writing) is not yet published by NHS England however the Trust has reported 90.0%. February performance as a national ranking was 47th from 128 Trusts with half of all patients on the Incomplete PTL waiting less than 6 weeks for treatment and 19 out of 20 patients waiting less than 20 weeks.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
18/19 NHSI Trajectory	89.59%	90.96%	91.75%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%
18/19 Actual	89.2%	90.0%	90.0%	90.6%	90.6%	90.6%	91.0%	90.4%	90.0%	90.03%	90.02%	90.0%
18/19 Quarter Trajectory	90.7%			92.0%			92.0%			92.0%		
18/19 Quarter actual	89.7%			90.6%			90.5%			90.0%		
17/18 actual	92.8%	93.0%	92.7%	93.0%	92.1%	91.6%	91.6%	91.6%	90.6%	90.7%	89.6%	88.8%



### Size of the Incomplete Patient Treatment List (PTL)

A key national metric for 2018/19 was to maintain the size of the PTL at no higher than the March 2018 level. At the end of March 2019 the size of the PTL was 25,523, which (when adjusted for the transfer of Community Paediatrics) is <1% higher than the March 2018 position of 24,197.

It is however higher than trajectory but better than the revised forecast submitted to NHSI in January 2019.

As described in previous Board reports the overall size of the PTL is 2,300 higher than trajectory, of which 50% (1,100) is due to the transfer of Community Paediatrics in Q3. The other 50% is across a number of specialties including ENT, General Surgery, Ophthalmology, Rheumatology, Cardiology

and Dermatology and is driven by a mix of decreased capacity and new and follow up outpatient demand.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
18/19 NHSI 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
18/19 Actual	24,274	24,585	24,794	25,698	25,890	25,586	26,001	26,377	27,333	26,672	25,862	25,523
NHSI Forecast Jan 19										26,889	26,266	25,897

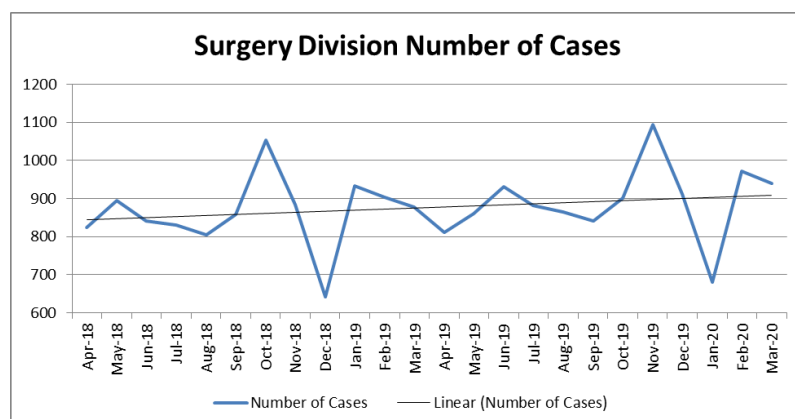
Noting that 85% of the incomplete PTL is non-admitted activity the continued reduction is driven by the number of clock stops in March (9,578) exceeding the YTD average (9,252) by 3.5%. This is evident in ENT, Ophthalmology and Rheumatology who have all delivered ahead of the activity plan in March.

### Plan for 2019/20

The Trust is committed to delivering the 92% incomplete standard and as a minimum will continue to deliver 90% into 2019/20.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
19/20 NHSI Trajectory	90.72%	90.90%	91.15%	91.29%	90.87%	91.43%	91.98%	92.00%	90.97%	90.75%	91.17%	91.20%
19/20 Actual												
19/20 Quarter Trajectory	90.9%			91.2%			91.7%			91.0%		
19/20 Quarter actual												
18/19 actual	89.2%	90.0%	90.0%	90.6%	90.6%	90.6%	91.0%	90.4%	90.0%	90.03%	90.02%	90.0%

Actions previously noted such as data quality checks, the introduction of Patient Initiated Follow-Ups (PIFU) and the staged Implementation of the Medefer Virtual Hospital Model will continue into 2019/20. These key pieces of work will fall under the Outpatient Transformation Programme and should result in a reduction of unnecessary OP attendances thereby releasing capacity for patients who need to be seen face to face in a timely manner. A second programme for 2019/20 focusses on Theatre Productivity, implementing ways of working more efficiently, reducing the amount of unutilised time on a list and allowing more patients to receive surgery. The key areas of focus in this programme will be on the day performance, improved scheduling and patient optimisation. A key metric will be the average cases per list balanced against safety and quality measured by returns to theatre. A trajectory has been developed for an additional 300 cases across surgery when compared to 2018/19.



### Patient waiting >52 Weeks

The Trust delivered on trajectory with zero patients waiting longer than 52 weeks at the end of March; this is the first time since October 2016. This position was delivered through intense management of all long wait patients at 42 weeks and above. Additionally the significant project to review and close historic pathways which remained open due to DQ or process errors completed at the end of March.

For 2019/20 The Trust expects to maintain zero avoidable 52 week waits with a system of “safety net” reports to ensure that any patient whose next steps are missed will be resolved quickly. The Deputy COO for Elective care has full oversight of the status of every patient waiting 30+ weeks; the COO has weekly oversight of patients waiting 42+ weeks without a definitive plan.

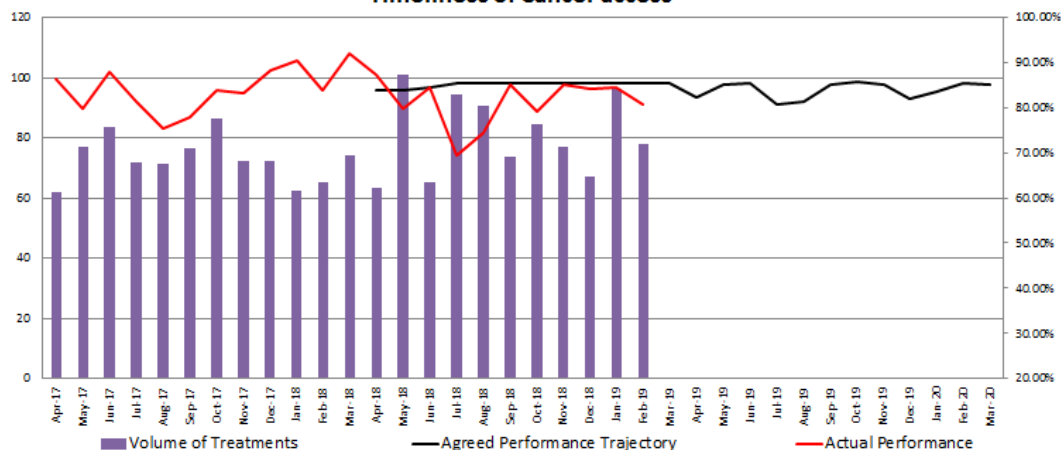
### Cancer

Against an average YTD increase in 2WW referrals of 13%, by the end of February 2019 the Trust had treated more patients with cancer than for the whole of 2017/18 (891 vs 875).

62 day performance has remained relatively consistent with last year. For the month of February 2019 the Trust delivered 80.3% against the 62 day standard; all other cancer standards were delivered.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
18/19 NHSI Trajectory	83.80%	83.80%	84.60%	85.40%	85.40%	85.40%	85.40%	85.40%	85.40%	85.40%	85.40%	85.40%
18/19 Actual	87.60%	79.80%	84.60%	69.30%	74.30%	85.10%	79.30%	85.10%	84.30%	84.50%	80.30%	
18/19 Quarter Trajectory			84.1%			85.4%			85.4%			85.4%
18/19 Quarter actual			84.0%			76.2%			82.9%			
17/18 actual	86.3%	79.9%	88.0%	81.3%	75.5%	77.8%	83.8%	83.4%	88.3%	90.4%	83.8%	91.9%

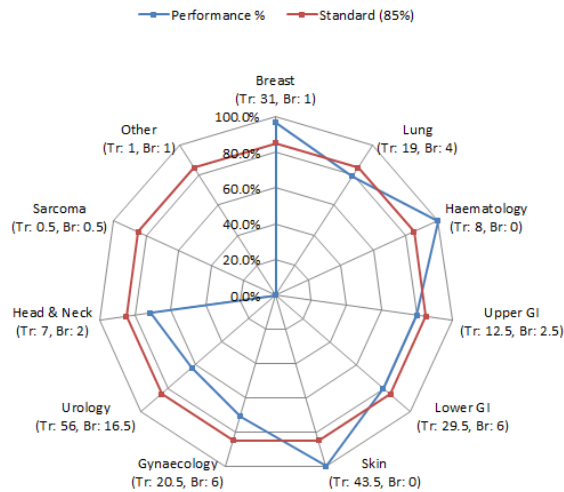
Sherwood Forest Hospitals NHS FT -  
Timeliness of Cancer access



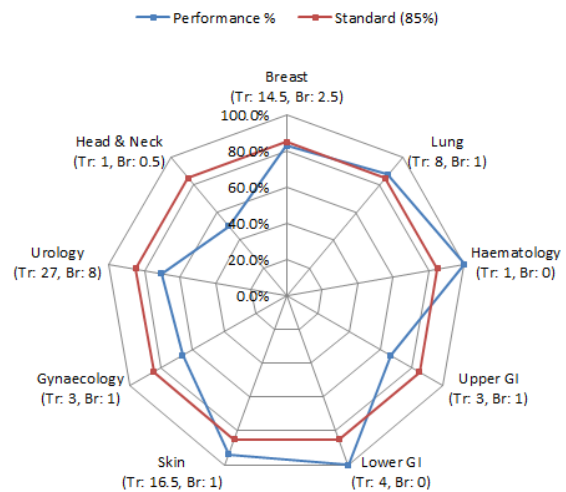
Performance by tumour site for Quarter 3 (82.71%) and February (80.3%) is as follows:



### 62-day (urgent GP referral) Q3 FY2018-19



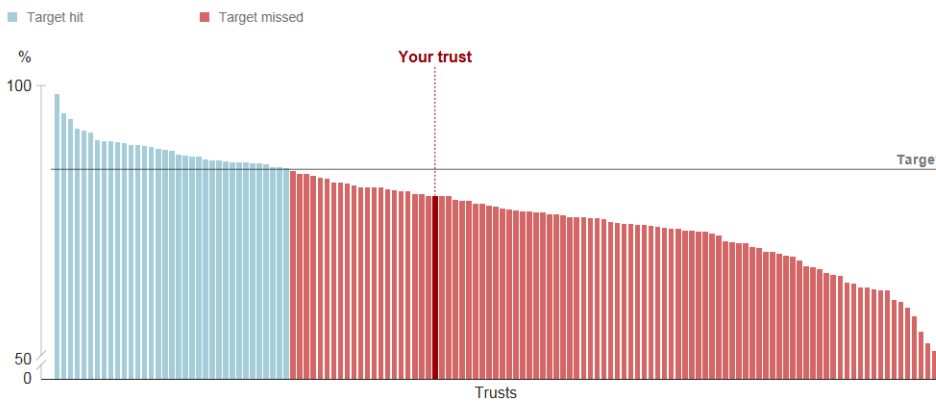
### 62-day (urgent GP referral) - February 2019



The main reason for breaches of the 62 day standard across a number of tumour sites continues to be the delay to diagnosis/treatment planning and this remains the key focus in recovery action plans. Other reasons include oncology and surgical capacity at NUH and complex pathways involving multiple clinical teams.

The national ranking for February was 58<sup>th</sup> from 131 providers; national performance was 76.1%.

Sherwood Forest Hospitals NHS Trust ranked 58 of 131 trusts

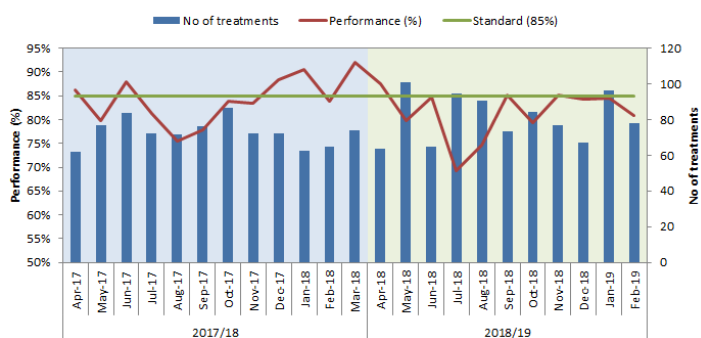


### Volume of Treatments

The volume of treatments in February is 20% higher than February 2018. The increase in treatments throughout the year is most notable within Skin, followed by Breast and Urology.

	2018/19	2017/18	% difference
April	64	62	2%
May	101	77	31%
June	65	84	-22%
July	95	72	31%
August	91	72	27%
September	74	77	-4%
October	85	87	-2%
November	77	73	6%
December	67	73	-8%
January	97	63	54%
February	78	65	20%
<b>Total</b>	<b>891</b>	<b>802</b>	<b>11%</b>

62-day (urgent GP referral) wait for first treatment by month

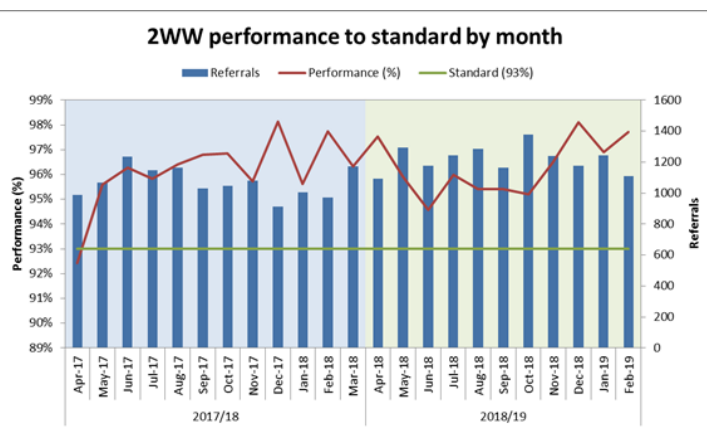


At the end of February there were 13 patients waiting 104+ days. All patients with a confirmed diagnosis have started the harm review process.

### Cancer Demand

Monthly growth in 2WW demand has ranged between -5% to +24% in 2018/19. Year to date nearly 2,000 additional 2WW outpatient slots have been identified with most patients needing further clinical interactions or interventions after their 1st attendance. Despite this the Trust has maintained delivery of the 2WW standard.

	2018/19	2017/18	% difference
April	1,094	989	10%
May	1,294	1,066	18%
June	1,178	1,233	-5%
July	1,243	1,149	8%
August	1,286	1,165	9%
September	1,162	1,031	11%
October	1,378	1,047	24%
November	1,240	1,078	13%
December	1,178	911	23%
January	1,242	1,004	19%
February	1,111	969	13%
<b>Total</b>	<b>13,406</b>	<b>11,642</b>	<b>13%</b>



Good progress is being made with increasing the volume of patients with a first appointment by day 7 – See table 1. Divisions have undertaken 2WW demand and capacity modelling and have submitted bridges to close the capacity gaps.

Table 1: 2WW First Seen

2018/19	0 - 7 days	8 - 10 days	11 - 14 days	> 14 days	Grand Total
November	40%	37%	19%	4%	100%
December	41%	36%	21%	2%	100%
January	59%	24%	14%	3%	100%
February	49%	27%	22%	3%	100%

## Time to diagnosis

In the second half of 2018/19 and with the support of non-recurrent funding from NHSI and the East Midlands Cancer Alliance, the Trust has focussed its effort on reducing the time to diagnosis. Whilst improvement can be demonstrated in areas such as endoscopy and radiology there is more to do to reduce unnecessary delays in the early stages of the patient pathway.

The table below shows MRI turnaround times at 14, 10 and 7 days. Good progress has been made to increase the number of patients scanned within 14 days; however to deliver a 7 day turnaround time an additional static MRI scanner is required. This is a longer term action requiring significant capital and staffing resource.

Diagnostic Test	September	October	November	December	January	February
MRI (14 Day)	42%	82%	91%	92%	83%	92%
MRI (10 Day)	20.2%	51.6%	59.8%	30.5%	50.5%	57.5%
MRI (7 Day)	6.9%	26.0%	29.1%	16.8%	26.2%	24.1%

The NHS long term plan sets out a new standard for the faster diagnosis of cancer. The Faster Diagnosis Standard (FDS) will be based on the % of patients who are told they have a cancer, or that a cancer is excluded within a maximum of 28 days from referral. The actual target is yet to be set however we expect a recommendation in October/November 2019 with a minimum 85% threshold.

Early indications show that as a Trust we know the status of a suspected cancer patient in 78% of cases by day 28, variation between tumour sites ranges from 95% in Breast to 63% in Urology.

From the 1<sup>st</sup> April 2019 we will be collecting FDS data in the Trusts cancer system (Infoflex) this will allow shadow monitoring of performance at a local and national level. The divisional teams are currently developing 28 day action plans to identify where further actions are required particularly with a focus on straight to test or virtual clinics. This will support the development of a time to diagnosis trajectory. Shadow 28 day performance will be reported to the Board from the second quarter of 2019/20.

## Urology

Knowing that if we sustainably deliver 85% for Urology (and maintain performance in other tumour sites), the overall position for Trust performance would be within the range of 82%-90%. A separate recovery action plan is in place for Urology, key highlights include:

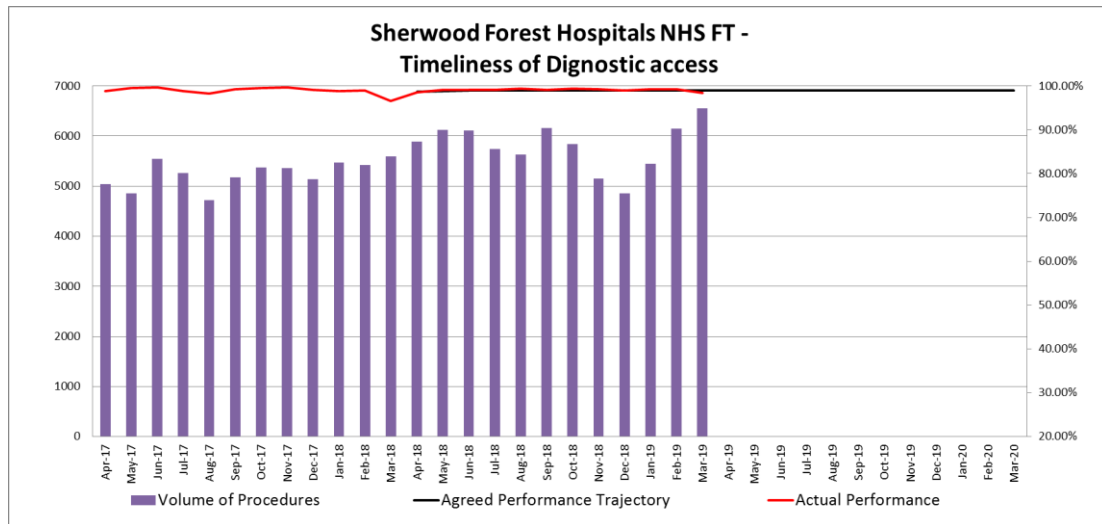
- Vetting of 2WW referrals to direct patients to the correct pathway or straight to test – plan to go live by the end of April, 1 system issue yet to be resolved.
- Audit the impact of the virtual cancer clinic (launched November 2018) by the end of May.
- 5<sup>th</sup> Urologist in post in May 2019 will support RTT patients freeing up cancer clinicians time
- Review capacity of nurse specialists to see cancer patients – any changes to be implemented in May.
- Additional theatre capacity secured on a Friday for template biopsies, in place from 05/04

- Building on the joint renal clinic, a joint Oncology/ Urology prostate clinic is expected to be in place by the end of Q1

### Diagnosics (DM01)

At the end of March 2019 the Trust failed the DM01 standard for the first time in 10 months. Performance of 98.4% is based on 104 breaches from a waiting list of 6,557 procedures. The main cause for underperformance is the volume of breaches in Echocardiography and Respiratory Physiology (Sleep Studies). The Trust expects to recover to standard in April 2019 and maintain performance throughout 2019/20.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
18/19 NHSI Trajectory	98.73%	98.83%	99.02%	99.01%	99.01%	99.01%	99.02%	99.01%	99.01%	99.01%	99.01%	99.01%
18/19 Actual	98.59%	99.12%	99.12%	99.13%	99.45%	99.16%	99.37%	99.24%	99.03%	99.13%	99.30%	98.40%
18/19 Quarter Trajectory			98.9%			99.0%			99.0%			99.0%
18/19 Quarter actual			98.9%			99.3%			99.2%			98.9%
17/18 actual	98.8%	99.5%	99.7%	98.8%	98.2%	99.3%	99.5%	99.7%	99.1%	98.8%	99.0%	96.6%



## Exception Report

**Indicator:** Emergency Care - 4 hour wait

**Month:** March 2019

<b>Standard</b>	95%	<b>Date expect to achieve trajectory</b>	April 2019
-----------------	-----	--	------------

### Current position

Emergency access performance against the 4 hour wait in March 19' was 92.8%. This was 2.2% below the NHS Improvement agreed trajectory. However, it was 4% above the corresponding month in 2018, and it is worth noting that Kings Mill ED performance was nearly 7% higher than in March 2018. March performance was ranked 22nd of 131 Trusts in the NHS.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
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%	94.9%	92.0%	90.3%	92.8%
18/19 Quarter Trajectory			95.0%			95.0%			93.0%			
18/19 Quarter actual			95.1%			95.9%			94.1%			91.8%
17/18 actual	95.9%	95.5%	96.7%	95.5%	94.6%	92.3%	93.9%	91.9%	86.4%	87.2%	89.0%	88.8%

As described in the narrative the key root cause of below trajectory performance is currently admission demand which is 14% above the corresponding month in the previous year. The winter bed capacity that has been in place remains in place to try to cope with this growth. Such high level of admissions are leading to high numbers of breaches for beds and also leads to overcrowding in the ED which inhibits the team's ability to see patients in the timely manner at certain points.

### Recovery actions and Improvement trajectory

The trajectory for the 4 hour wait for the coming year is shown in the narrative SOF report. Performance is expected to return to trajectory in April. The following actions are being taken to return performance to trajectory levels.

Action	By when	Impact
Deep dive analysis into admissions shared with partners to identify further opportunities for attendance and admission avoidance – joined up plan required	Complete	Plan to be developed with partners for admission avoidance
Winter capacity remains open during April to meet admission demand (aside from Ward 21)	Complete	Extra bed capacity available for medical admissions
Resetting of the opportunity goals for the use of Same Day Emergency Care through the use of Ambulatory Emergency care Unit (AECU)	Complete	15 extra patients per week to be treated SDEC leading to 15 less being admitted to EAU
Revised long stay (>21 days) actions developed	23/4/19	40% reduction in patients with a

to aim to reduce this group within acute beds by 40%		stay over 21 days in an acute bed
<b>Risk</b>		
<ul style="list-style-type: none"> <li>• Majors attendances, ambulance arrivals remain at winter levels</li> <li>• Admissions remain at winter levels</li> </ul>	<b>Mitigation</b>	
	<ul style="list-style-type: none"> <li>• Case for additional ED staffing submitted as part of the OBC growth discussion</li> <li>• Continued use of AECU, maintenance of capacity levels within the winter plan, improvement in efficiency of the bed use – particularly reducing the number of patients in acute beds &gt;21 days</li> </ul>	

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

## Exception Report

Indicator: Maximum time of 18 weeks from referral to treatment - RTT

Month: March 2019

Standard	92%	Date expect to achieve standard	November 2019
----------	-----	---------------------------------	---------------

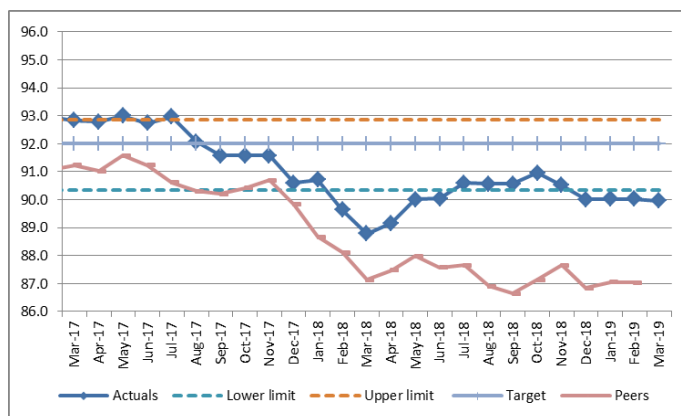
### Current position

At the end of March 2019 the volume of patients on an Incomplete RTT pathway is 25,523 of which 2,562 are waiting >18 weeks. This position delivers performance of 90.0% which is below trajectory but in line with the revised forecast submitted to NHSI in January 2019.

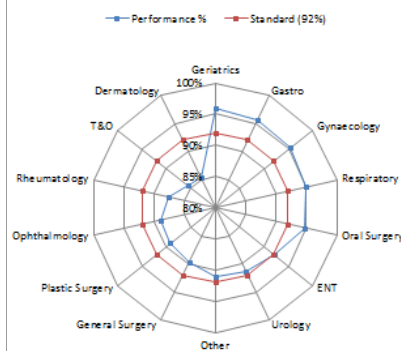
It is important to note that the Trust delivered zero 52+ week waits at the end of March 2019; this is the first time since October 2016.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
18/19 NHSI Trajectory	89.59%	90.96%	91.75%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%
18/19 Actual	89.2%	90.0%	90.0%	90.6%	90.6%	90.6%	91.0%	90.4%	90.0%	90.03%	90.02%	90.0%
18/19 Quarter Trajectory	90.7%			92.0%			92.0%			92.0%		
18/19 Quarter actual	89.7%			90.6%			90.5%			90.0%		
17/18 actual	92.8%	93.0%	92.7%	93.0%	92.1%	91.6%	91.6%	91.6%	90.6%	90.7%	89.6%	88.8%

March performance (at time of writing) is not yet published by NHS England; February performance as a national ranking was 47th from 128 Trusts. Throughout 2018/19 performance has remained ahead of peers and in the top 50 (BBC ranking) nationally.



RTT Incomplete Performance - March 2019



9 specialties failed the standard for March 2019, the main recovery actions are listed below.

The size of the Incomplete PTL has reduced to 25,523 and ends the year behind trajectory; however the position is better than the revised forecast submitted to NHSI in January 2019. The continued reduction is driven by the number of clock stops in March (9,578) exceeding the YTD average (9,252) by 3.5%. This is notable in ENT, Ophthalmology and Rheumatology.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
18/19 NHSI 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
18/19 Actual	24,274	24,585	24,794	25,698	25,890	25,586	26,001	26,377	27,333	26,672	25,862	25,523
NHSI Forecast Jan 19										26,889	26,266	25,897

As previously described the overall size of the PTL is 1,100 higher than trajectory due to the transfer of Community Paediatrics which commenced in September 2018. Adjusting for this increase the end of March 2019 position is 226 (<1%) higher than the March 2018 position of 24,197.

### Recovery actions and Improvement trajectory

The Trust is committed to delivering the 92% standard and as a minimum will continue to deliver 90% in 2019/20. The trajectory for 2019/20 is as follows:

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
19/20 NHSI Trajectory	90.72%	90.90%	91.15%	91.29%	90.87%	91.43%	91.98%	92.00%	90.97%	90.75%	91.17%	91.20%
19/20 Actual												
19/20 Quarter Trajectory	90.9%			91.2%			91.7%			91.0%		
19/20 Quarter actual												
18/19 actual	89.2%	90.0%	90.0%	90.6%	90.6%	90.6%	91.0%	90.4%	90.0%	90.03%	90.02%	90.0%

Actions previously noted such as data quality checks, the introduction of Patient Initiated Follow-Ups (PIFU) and the staged Implementation of the Medefer Virtual Hospital Model will continue into 2019/20. These key pieces of work fall under the Outpatient Transformation programme and should result in the volume of unnecessary OP attendances reducing thereby freeing up capacity to see patients who need to be seen face to face in a more timely manner. A second programme for 2019/20 focusses on Theatre Productivity, implementing ways to work more efficiently reducing the amount of unutilised time on a list and allowing more patients to receive surgery. The key areas of focus will be on the day performance, improved scheduling and patient optimisation

Additionally failing specialties will continue to have specific actions as summarised below:

Specialty	RTT %	Activity vs Plan Full Year	Actions	By when
Ophthalmology	89%	OP activity +2% (776 above plan)  DC /Elective -4% Exceeded plan in all 3 months of Q4 (85 cases below plan)	<ul style="list-style-type: none"> <li>CCG recommenced Health Harmonie review of notes - 300 bi-weekly rather than the original position of reviewing 300 notes per week. Weekend virtual clinics are being explored to enable patients to have OCT and field tests completed on a Saturday morning with consultant review in the week</li> <li>Revised contract agreed with New Medica 15 new patients per week will be seen and listed for surgery.</li> <li>14 additional theatre and outpatient sessions will be provided in April.</li> </ul>	08/04/19  15/04/19 30/04/19  May 19



			<ul style="list-style-type: none"> <li>OBC to increase staffing and equipment availability to increase capacity in fields testing and scanning</li> </ul>	
Cardiology	83%	<p>OP Activity +9% (1,463 above plan)</p> <p>DC/Elective +14% (187 cases above plan)</p>	<ul style="list-style-type: none"> <li>Locum for 12 weeks to focus on overdue reviews.</li> <li>Implementation of the Medefer Virtual Hospital Model.</li> <li>OBC for a clinical fellow, to support 5 additional clinics per week. Impact 3 months from approval.</li> </ul>	<p>In place</p> <p>May 19</p> <p>01/07/19</p>
Dermatology	85%	<p>OP activity +5% (893 above plan)</p> <p>DC/Elective +10% (127 cases above plan)</p>	<ul style="list-style-type: none"> <li>Locum to focus on minor ops for 5 weeks.</li> <li>Middle grade appointed to increase capacity by 5 clinics per week.</li> <li>Implementation of the Medefer Virtual Hospital Model.</li> </ul>	<p>In place</p> <p>01/04/19</p> <p>June 19</p>
Rheumatology	88%	<p>OP activity -5% (904 below plan however M12 above plan)</p> <p>DC/Elective -5% (25 cases below plan)</p>	<ul style="list-style-type: none"> <li>Flexing existing capacity to see additional news and reviewing clinic booking patterns</li> <li>SPR undertaking additional clinics along with the Head of Service</li> <li>Additional clinics being undertaken in April and May</li> </ul>	<p>In place</p> <p>In place</p> <p>In place</p>
Urology	91%	<p>OP activity +12% (2,382 above plan)</p> <p>DC /Elective +7% (191 cases above plan)</p>	<ul style="list-style-type: none"> <li>Additional theatres planned in April (6), May (forecast 10), June (forecast 8)</li> <li>6 additional clinics in April, May and June</li> <li>New consultant in post</li> </ul>	<p>April in place</p> <p>May 19</p>
T&O	86%	<p>OP activity -2% (1,219 below plan)</p> <p>DC /Elective -1% (38 cases below plan)</p>	<ul style="list-style-type: none"> <li>Recommence elective routine operating</li> <li>3 additional Trauma theatre lists to reduce the impact on electives</li> </ul>	<p>Complete</p> <p>April 19</p>
General Surgery	90%	<p>OP activity +4% (490 below plan)</p> <p>DC /Elective +1.4% (57 cases above plan)</p>	<ul style="list-style-type: none"> <li>2 additional theatre lists per month for a 12 month fixed period from January 19.</li> <li>Further 2 additional theatre lists per month agreed</li> <li>Engaged with an NUH surgeon to undertake ad hoc theatre lists at Newark for hernia activity.</li> </ul>	<p>In place</p> <p>April 19</p> <p>May 19</p>

Risk	Mitigation
<ul style="list-style-type: none"> <li>• Insufficient capacity to deliver outpatient demand resulting in ASI's, long waits for first appointment and over-due follow ups.</li> <li>• Cost of providing additional activity to deliver performance improvement vs contracting arrangements for 2019/20</li> <li>• Outpatient transformation or theatre productivity programmes do not deliver as expected.</li> </ul>	<ul style="list-style-type: none"> <li>• Additional sessions targeted where most needed</li> <li>• Virtual review clinics</li> <li>• Roll-out of Patient Initiated Follow Ups (P.I.F.U)</li> <li>• Newly established monthly Ops and Delivery group (SFH/CCG)</li> <li>• Monthly OP transformation Board in place</li> </ul>

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

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

## Exception Report

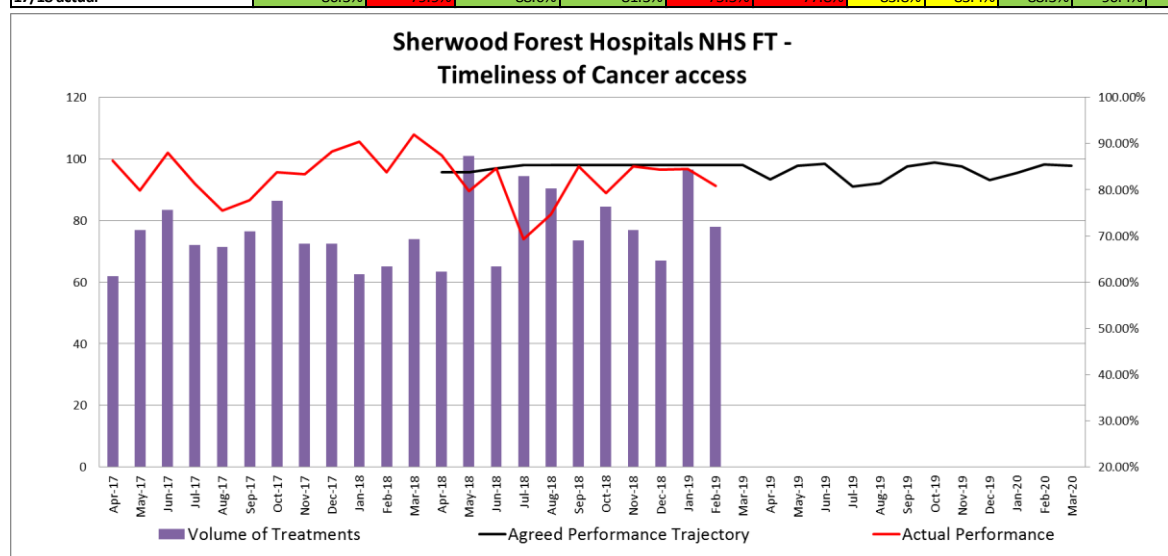
Indicator: 62 days urgent referral to treatment

Month: February 2019

Standard	85%	Date expect to achieve standard	May 2019
----------	-----	---------------------------------	----------

The Trust delivered 80.3% for the month of February 2019 with 15.5 breaches of the standard from 78.5 treatments. 4 of the 9 tumour sites delivered the 85% standard and all other cancer standards were met for the month.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
18/19 NHSI Trajectory	83.80%	83.80%	84.60%	85.40%	85.40%	85.40%	85.40%	85.40%	85.40%	85.40%	85.40%	85.40%
18/19 Actual	87.60%	79.80%	84.60%	69.30%	74.30%	85.10%	79.30%	85.10%	84.30%	84.50%	80.30%	
18/19 Quarter Trajectory			84.1%			85.4%			85.4%			
18/19 Quarter actual			84.0%			76.2%			82.9%			
17/18 actual	86.3%	79.9%	88.0%	81.3%	75.5%	77.8%	83.8%	83.4%	88.3%	90.4%	83.8%	



The national ranking for February was 58<sup>th</sup> from 131 providers; national performance for the month was 76.1%.

At the end of February there were 50 patients waiting 62+ days of which 15 were Urology patients, 14 Lung - mainly interval scans, 8 Lower GI, 6 Upper GI, 2 Head and Neck, 2 Skin, 2 Breast and 1 Gynaecology.

13 patients were waiting 104+ days. All patients with a confirmed diagnosis have started the harm review process.

### Causes of underperformance

For the month of February almost half of all 62 day breaches were due to delays at the diagnostic test or treatment planning stage. 5 were due to the requirement of multiple tests to confirm diagnosis or treatment planning. Other reasons include social and medication delays, biopsy delays and oncology and surgical capacity issues at NUH.

6/15.5 breaches were within 15 days of the 62 standard. Year to date 41% of all breaches have been due to delays at the diagnostic test or treatment planning stage, 21% are "Other" which is a multitude of reasons, 18% due to a complex pathway and 12% due to patient choice.

Breach Reason	April	May	June	July	August	September	October	November	December	January	February	Grand
Administrative delay		0.5		0.5								
Complex diagnostic pathway	3.5	2	1.5	6.5	1	2.5	1.5	3	2.5	2	5	3
Diagnosis delayed for medical reasons				1								
Elective cancellation (for non-medical reason)					0.5							0.5
Elective capacity inadequate				1		0.5	0.5			0.5	0.5	
Health Care Provider initiated	3	6.5	3.5	14.5	10	3.5	12	2.5	1.5	7.5	6.5	7
Inconclusive diagnostic result											0.5	0.5
NULL					1							
Other reason	1	7	2		8.5	4	2.5	3	5	2.5	1	36
Patient Choice		4	1	5.5	1.5	0.5	0.5	3	1.5	2.5	2	2
Treatment delayed for medical reasons	0.5	0.5	1	0.5	1		1					4
<b>Grand Total</b>	<b>8</b>	<b>20</b>	<b>9</b>	<b>29</b>	<b>23.5</b>	<b>11</b>	<b>18</b>	<b>11.5</b>	<b>10.5</b>	<b>15</b>	<b>15.5</b>	<b>17</b>

### Actions to recover and improvement trajectory

A recovery action plan with an end date of 31<sup>st</sup> January has been in place since November 2018. Of the 22 actions, 18 have been delivered, 1 closed and 3 delayed. The 3 outstanding actions are all progressing with oversight from the Deputy COO (Elective care) and at the monthly cancer taskforce.

The trajectory for 2019/20 is underpinned by a range of actions which remain focussed on reducing the time to diagnosis and a dedicated action plan for Urology.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
19/20 NHSI Trajectory	82.28%	85.20%	85.56%	80.65%	81.40%	85.06%	85.86%	85.06%	82.14%	83.70%	85.47%	8
19/20 Actual												
19/20 Quarter Trajectory	84.4%			82.4%			84.4%					
19/20 Quarter actual												
18/19 actual	87.60%	79.80%	84.60%	69.30%	74.30%	85.10%	79.30%	85.10%	84.30%	84.50%		

Risk	Mitigation
Volume of referrals continue to be higher than expected	<ul style="list-style-type: none"> <li>2WW referral report available by tumour site, CCG and GP showing trend in volume.</li> <li>FIT implemented 17/01/2019</li> <li>2WW audits to be rolled out across key tumour sites to evidence inappropriate referrals and patient choice issues. Resource to be identified</li> <li>Ongoing review of 2WW referral forms</li> </ul>
Demand for radiology increases in line with referrals	<ul style="list-style-type: none"> <li>Additional mobile MRI capacity to be secured</li> <li>Cancer patients to be prioritised over routine OP activity</li> </ul>

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

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

## Exception Report

Indicator: Maximum 6 week wait for diagnostic procedures (DM01)

Month: March 2019

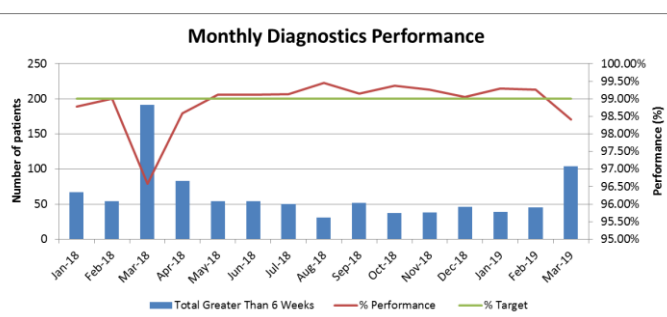
Standard	≥ 99%	Date expect to achieve standard	May 2019
----------	-------	---------------------------------	----------

### Current position

At the end of March 2019 the Trust failed the DM01 standard for the first time in 10 months. Performance of 98.4% is based on 104 breaches from 6,557 procedures.

Diagnostic 6 Week	April	May	June	July	August	September	October	November	December	January	February	March
Trajectory	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%	99.24%	99.03%	99.13%	99.30%	98.40%
Standard	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%

	Mar-19			
	Under 6 wks	6 weeks and over	Grand Total	%
Magnetic Resonance Imaging	1660	6	1666	99.64%
Computed Tomography	783	2	785	99.75%
Non-obstetric ultrasound	1534	3	1537	99.80%
DEXA Scan	195	1	196	99.49%
Audiology - Audiology Assessments	467	2	469	99.57%
Cardiology - echocardiography	926	56	982	94.30%
Respiratory physiology - sleep studies	237	17	254	93.31%
Urodynamics - pressures & flows	49	2	51	96.08%
Colonoscopy	168	5	173	97.11%
Flexi sigmoidoscopy	64	1	65	98.46%
Cystoscopy	126	7	133	94.74%
Gastroscopy	244	2	246	99.19%
<b>Total</b>	<b>6453</b>	<b>104</b>	<b>6557</b>	<b>98.41%</b>



### Causes of underperformance

The main cause for underperformance is the volume of breaches in Echocardiography and Respiratory Physiology (Sleep Studies).

#### Echocardiography – 56 breaches.

Whilst there was a predictable increase in cardiac diagnostics in March 2019, capacity was under significant pressure due to staff sickness (3.4wte from a total of 7.3wte). A full time technician can routinely deliver 13 echocardiography procedures per day and may spend two-fifths of their job plan dedicated to echo procedures. Absence of one technician can reduce activity by 26 procedures per week.

To offset the reduced capacity a locum was secured for 2 weeks in March. Other actions scoped by the team included offering internal overtime and both insourcing and outsourcing capacity from the Independent sector. 7 patients were transferred to The Park Hospital for their procedure.

#### Sleep Studies – 17 breaches (9 Adult / 6 Paediatric)

For Paediatrics a specific equipment software failure resulted in the suspension of the Inpatient sleep study service in both rooms for the last 2 weeks of February and first 2 weeks of March. The team worked with the supplier, successfully tested the software and recommenced the service in mid-March. Additional weekend sessions were secured to reduce the impact on patient waiting times.

For the adult sleep service there is in the region of a 20% growth in demand, however detailed demand and

capacity work is required to fully understand the position. To mitigate against the current capacity gap a band 7 post vacancy has been recruited to and will be in post from 13 May 2019. Longer term there is a business case in development for a further band 7 physiologist and/or a band 5 graduate trainee.

Actions to address	Owner	Deadline
Echo – weekend sessions in place and fully booked on 19/04, 20/04, 21/04 and 22/04. Further sessions available on 27/04 and 28/04.	Divisional General Manager - Medicine	In place
Sleep studies – business case for an additional physiologist to be completed (potential for locum post whilst the case progresses)	Divisional General Manager - Medicine	May 2019

**Improvement trajectory**

With the above actions in place the Trust expect to return to delivering the standard for April 2019.

The 2019/20 trajectory is set to deliver throughout the year.

Risk	Mitigation
<ul style="list-style-type: none"> <li>Staff sickness</li> </ul>	<ul style="list-style-type: none"> <li>Weekend and additional sessions will be requested in-house.</li> <li>Potential to outsource to the Independent sector</li> <li>Contract for Insourcing (Echo) to be finalised and in place if required at short notice.</li> </ul>
<ul style="list-style-type: none"> <li>Increase in IP or Cancer demand impacting on OP diagnostic capacity</li> </ul>	<ul style="list-style-type: none"> <li>Weekly report from Radiology in place</li> </ul>

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

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

## Exception Report

**Indicator:** Fractured neck of femur achieving best practice measures

**Month:** February 2019

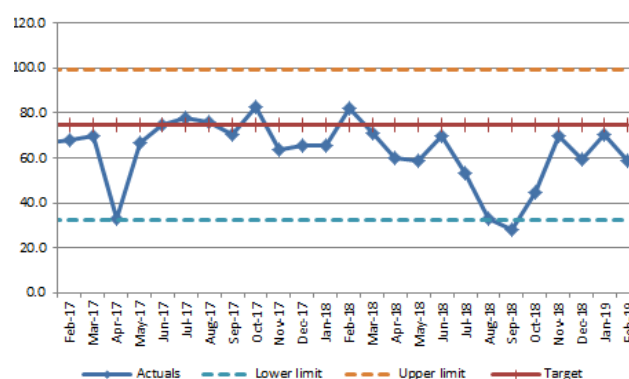
<b>Standard</b>	75%	<b>Date expect to achieve standard</b>	July 2019
-----------------	-----	--	-----------

### 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 February 2019 the Trust achieved 65.9% of best practice tariff measures against the standard of 75%. Nationally, average performance over the last two years has been 58%, for February 2019 it was 59%.

Excluding the patients where it was unfeasible to deliver the best practice measures, performance would be 94%.



### Causes of underperformance

From a total of 35 patients, 12 patients failed to meet the best practice criteria of which 10 would be considered unavoidable due to being medically unwell patients, admitted on anti-coagulants and RIP.

Of the avoidable delays 1 was due to lack of theatre time and 1 delay to Ortho-geriatrician review.

Action	Owner	Deadline
3 Additional NOF theatre list to be mobilised: Monday AM list Wednesday PM list Friday PM list	Divisional General Manager – Surgery	In place In place 7 <sup>th</sup> June 2019

### Improvement trajectory

Initial data for March is predicting performance in the region of 68%.

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

## Finance

At the end of month 12 we are reporting a year end deficit of £46.25m before Provider Sustainability Funding (PSF) and Impairments, £0.11m ahead of plan. PSF of £18.91m has been achieved for the year, this comprises £11.33m of Core PSF, and additional indicative PSF as notified by NHSI; £0.16m of Incentive PSF (Finance), £5.67m of Incentive PSF (general distribution) and £1.75m of Incentive PSF (bonus). The routine year end building asset revaluation exercise has led to a reversal of previous impairments of £17.29m. This means, that on an accounts basis, the Trust's overall deficit for 2018/19 was £9.54m, £24.44m better than plan. Impairments are not taken into account when assessing control total delivery.

Key areas of note are:

- Clinical income is £0.64m below plan in month 12 and £10.0m above plan at year end, reflecting non-elective (NEL) activity performance, high cost drugs and devices pass through costs and agenda for change pay award funding.
- Pay costs are £1.14m above plan at month 12 and £12.93m above plan at year end. Medical pay spend is £6.47m above plan at month 12, 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/FRP of £1.81m. Nursing pay spend is £4.80m above plan at month 12 due to non-delivery of pay FIP/FRP of £2.75m and cover for vacant posts and sickness. At month 12 worked WTEs of 4,433 exceed budgeted WTEs of 4,288 by 146.
- Agency spend reduced in March by £0.31m to £0.70m. This is below the ceiling in month by £0.78m and by £2.38m at the year end.
- The Financial Improvement Plan (FIP) & Financial Recovery Plan (FRP) have delivered savings of £16.49m in year against plan, behind plan by £0.81m.
- PSF of £11.33m has been reflected at month 12, £3.72m due to 4 hours ED access target, £7.42m for delivery of the SFH control total at the end of month 12 and £0.19m for delivery of the system wide control total in quarter 1. The Trust has achieved its cumulative control total and the revised ED access target of 90% in March. The system control total has not been recovered at year end and therefore £1.07m of system PSF for Q2, Q3 and Q4, will not be received.
- Capital spend at month 12 is £10.77m, above plan by £1.03m. Capital spend is above plan due to receipt of public dividend capital of £1.14m which was not known at the time of planning.
- Closing cash at 31st March was £4.25m, £2.48m above plan due to the receipt of Q3 PSF (Repaid April).



## Financial Summary

	March In-Month			Outturn		
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
Surplus/(Deficit) - Control Total Basis Exc PSF and Impairment	(3.17)	(3.23)	(0.07)	(46.37)	(46.25)	0.11
Surplus/(Deficit) - Control Total Basis Inc PSF and Exc Impairment	(1.72)	6.51	8.23	(33.97)	(27.35)	6.63
Finance and Use of Resources Metric YTD				3	3	
Financial Improvement Programme (FIP) & (FRP)	1.88	1.95	0.06	17.30	16.49	(0.81)
Capex (including donated)	(0.72)	(3.95)	(3.23)	(9.75)	(10.77)	(1.03)
Closing Cash	1.76	4.25	2.49	1.76	4.25	2.49
NHSI Agency Ceiling - Total	(1.48)	(0.70)	0.78	(16.66)	(14.27)	2.38