

# Public Board Meeting Report

## Single Oversight Framework Integrated Monthly Performance Report

**Date**                      **5 September 2019**  
**Authors**                 **Senior Leadership Team**

### Overview

This is our analysis of July. The report reflects the views of all of the executive directors, not just the individual directors with a particular area of responsibility.

We continue to be very busy, with higher than expected levels of activity on all patient pathways. As stated in the Q1 review last month, of the four domains we review in the SOF, organisational health, patient safety, quality and experience, access/ performance and finance, it is apparent that access/ performance has been the one most impacted by the high levels of demand.

We continue to experience a material impact on our emergency care access standard. The “drivers of demand” review with commissioners and Nottinghamshire Healthcare NHS Foundation Trust provides an interesting insight and it is also clear there are many actions within our (SFHFT’s) control that we are not consistently delivering.

No patients have come to harm as a result of waiting times but we recognise, that despite the growing levels of activity, there is more we can do.

More positively, our indicators of patient safety, quality and experience remain positive, although as discussed at public board last month, there is growing evidence colleagues are tired. Evidence of fatigue is apparent as colleagues have been working exceptionally hard for a long time now. It is important we continue to do all we can to support our colleagues. Sickness absence continues to be slightly higher than plan whilst the majority of other workforce metrics are positive.

Financially we are slightly behind plan, which is a worsening position compared to last month. We are over plan with our activity but behind plan on expenditure and financial improvement. We are forecasting delivery of our financial plan at year end, although the risk of an increased financial improvement target over the remaining eight months in the year is high.

The best organisations deliver all of the above consistently and this continues to be what we are aiming to do.

The key risks in our BAF remain static with demand overwhelming capacity, critical shortage of workforce capacity and capability and failure to maintain financial sustainability continuing to be the highest risks.

As discussed at last board, it is likely Sherwood Forest Hospitals NHS FT, the wider NHS and public services will face a difficult 12 months as there are a series of factors already present or on the horizon which may have an impact on us:

- Brexit – we continue to plan for a no deal exit and the EU exit planning group meetings restart next week. We believe we are as well prepared as we can be.
- Pensions – we recognise we have lost capacity as a result of the NHS national pensions challenge. This is impacting on many colleagues, not just consultants. We have taken local action on this.
- Flu – we plan well for flu with a high uptake each year and colleagues who do choose to take the vaccine, normally take it early in the year. We will do the same this year and will also work with partners to increase the flu vaccination rate in the community as we know the flu rate in the southern hemisphere has been particularly high this year.
- Winter – winter is always a difficult time of year and this year will be no exception. We have followed a good process again this year learning from colleagues who were involved in patient care last winter and our winter plan is presented public board today.
- Level of activity – as stated above and below, we know the level of activity we are seeing at the moment is putting a lot of pressure on the Trust and colleagues who work here. We recognise we need to be realistic about the level of activity we will see this winter.

## Organisational Health

At a Glance	Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating
ORGANISATIONAL HEALTH	WTE lost as a % of contracted WTE due to sickness absence within last 12 months	≤3.5%	Aug-18 - Jul-19	3.7%	-		A
	Staff Turnover	≤0.9%	Jul-19	0.7%	0.8%		G
	Proportion of Temporary Staff	7.30%	Jul-19	7.5%	8.1%		A

### Sickness – target 3.5%

Sickness absence increased in month to a figure of 3.73% (June 2019, 3.63%), this figure has increased by 0.42% since last year, which was 3.31% in July 2018 and 3.43% in July 2017. Two Divisions were under the 3.5% Trust target and the seasonal target of 3.20% in July 2019; Corporate at 1.84% and Women & Children’s at 2.78%. The remaining Divisions are Amber: Diagnostics & Outpatients 3.58% and Urgent & Emergency Care, 3.97%; or Red: Medicine, 4.67% and Surgery, 4.50%.

The 0.8% stress, anxiety and depression sub-threshold was breached in July 2019 at 1.08%, an increase of 0.12% from June 2019, 0.96%.

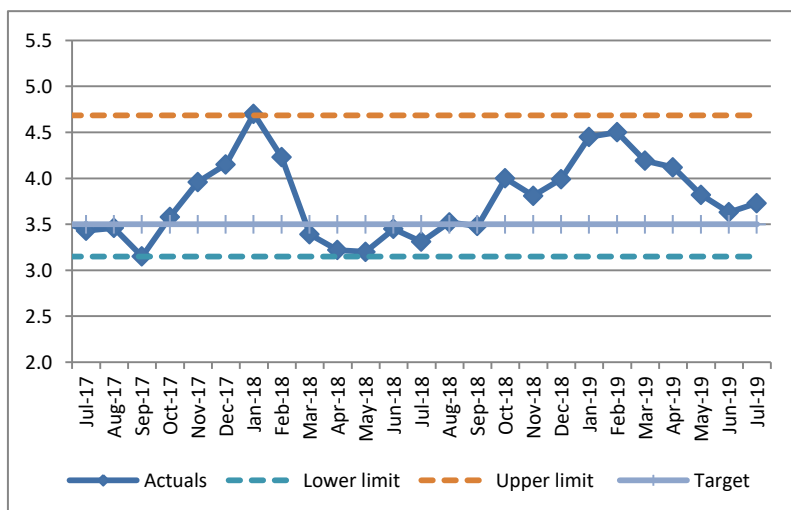


Chart one: WTE lost as a % of contracted WTE due to sickness absence within last 12 months:

### Sickness absence reasons

The top three absence reasons in July are:

- Anxiety/stress/depression – 1.08%, 1380.76 FTE Days Lost which is an increase of 201.95 FTE days lost from June 2019. It is above the 0.8% sub-threshold.
- Other musculoskeletal problems – 0.54%, 697.47 FTE days lost which is an increase of 206.64 FTE days lost from June 2019.

- Gastrointestinal problems – 0.37%, 479.29 FTE days lost which is a decrease of 78.28 FTE days lost from June 2019.

We have wellbeing initiatives in place to support staff, many of which target absence for the top three reasons.

Following targeted work with the Trust, and the face to face counselling service provider, current waiting list times have reduced further to seven weeks and employees waiting to access the service stands at 19. A service review is currently underway and will be presented to the Trust Executive Team in September for consideration.

Weekly Health and Wellbeing drop in clinic clinics continue to take place across the Trust. A rolling programme of four key themes for promotion at the clinics has been developed to run throughout the financial year, with each theme running for 4-6 weeks with expert leads identified to support. Attendance levels continue to increase along with user feedback.

The Trusts Employee Assistance Programme (EAP) provided from ViVup has now been in place for 12 months. The EAP scheme was designed to work in partnership with the Trusts in-house services to create a tailored approach to employee health and wellbeing, and by such, and a direct benefit to patient care.

Q1 performance identified employees accessing the service has increased, providing further evidence the service is having a direct impact in supporting employees health and wellbeing.

The in house physiotherapist service who provides a fast track self-referral service for staff with acute muscular skeletal (MSK) issues, continues to provide on-going support to the workforce and has had a significant impact on levels of absence in the workplace, employees accessing the service has increased over the past month.

Gastrointestinal problems can be a symptom of stress and therefore, these interventions are also helping to target this area of absence. In line with other NHS organisations, the Trust follows strict infection control guidelines and staff who are experiencing diarrhoea and vomiting symptoms are required to be absent from work until they have been 48 hours symptom free. This is recorded as sickness absence and means some level of absence for this reason is inevitable.

Preparations for the 2<sup>nd</sup> annual “Getting ready for winter wellness week” are under way. A week-long event is planned across all sites from Monday 23rd September 2019.

A variety of bookable and drop in session are planned that include:

- ✓ Flu vaccination clinics
- ✓ Flexibility workshops / master classes
- ✓ How to deliver a difficult conversation
- ✓ Annual Leave workshops / master classes
- ✓ Disability leave lunch and learn sessions

- ✓ Menopause support session
- ✓ An introduction to mindfulness
- ✓ Healthy lifestyles education workshop

As part of the “Getting ready for winter wellness week” the Health Hero concept will be officially introduced this aims for Trust employees to act as a local resource for colleagues, patients, friends and family to communicate, network, promote and influence the development of health and wellbeing principals in and outside of work.

In the past month the Trust has reviewed its staff wellbeing approach which has resulted in a complete refresh of letters, guidance and documents in order to provide a more supportive and compassionate leadership approach. As part of this work, a number of bite-size face to face and online learning modules have been introduced to support staff and managers.

All individual sickness absence cases are managed by Divisional management, supported by HR, along with Confirm and Challenge meetings, which occur each month to identify any trends or significant issues impacting sickness levels.

#### **Turnover – 0.9% Target**

In July 2019, the overall turnover rate decreased to 0.84% (June, 0.88%). It has now been under the threshold for over a year and compares well with other Trusts.

There were 51.62 FTE more starters than leavers in July 2019 (86.52 FTE starters’ v 34.90 FTE leavers). Of this, there were 37.00 FTE Rotational Doctors which started in July due to F1 shadowing.

Registered Nurses had 10.31 FTE leavers, of these 3.00 FTE were Band 5.

The processes of exit interviews is an employee’s email address is added to the e-termination form, the employee then receives an email requesting they complete an exit survey. Staff can request a face to face exit interview via the Operational HR Team.

In July 2019, 14 individuals completed the exit survey. The main reason given for leaving the Trust was better career opportunity, followed by higher pay and personal or family reasons. 67% of respondents felt communication was good at the Trust, and 57% felt morale was good in their department. In addition to this 80% of respondents would recommend the Trust as a place to receive care 78% would recommend as a Trust as a place to work and 80% felt they had adequate access to training and development. 90% of respondents worked at King’s Mill Hospital.

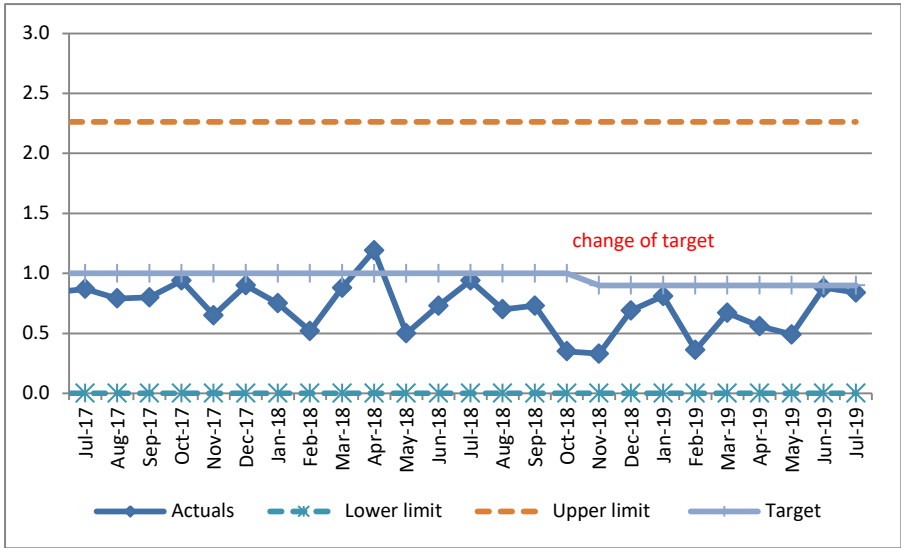


Chart 2: Staff Turnover

**Percentage of Temporary Staff - Target 7.4%**

This was 8.1% for July, an increase of 0.7% from the month of June 2019. This figure includes both bank workers and agency workers. Temporary employees have to be used to fill gaps in nursing, medical and AHP rotas, in order for us to ensure safe staffing levels and service continuity.

Increasing levels of patient acuity and therefore increased levels of demand for temporary resources were the contributing factors for temporary staffing levels increasing in July.

We continue to focus on recruiting to substantive positions in order to reduce the use of temporary staff.

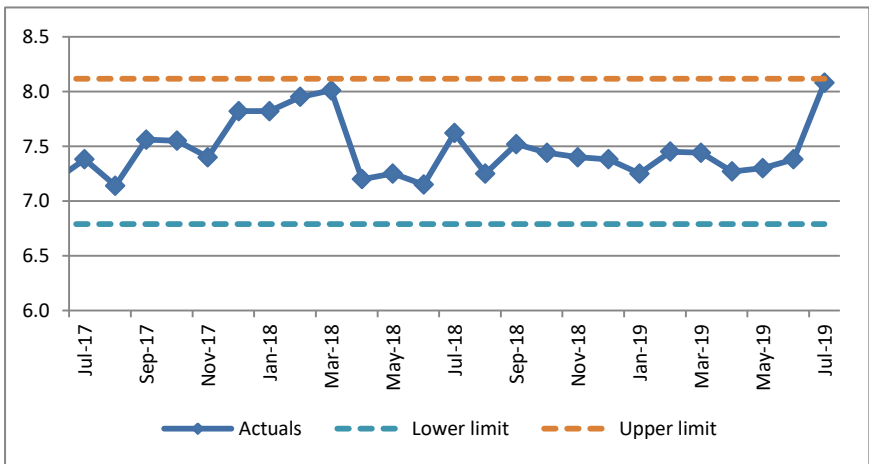


Chart 3: Percentage of Temporary Staff

After welcoming 8 new starters, medical vacancies have reduced in July. Due to the timing of the annual August medical rotation where medical trainers do not leave the Trust till the month of August figures stand at 3.91% but adjusted would actually represent at 11.07%.

Band 5 RN vacancies increased in July to 121.28 (17.5%). The increase may be attributed to a number of reasons:

- The establishment has increased by 5WTE since May
- even though 20 overseas nurses have joined the Trust only six have to date gained full nurse status
- 11 Nurse (9.64WTE) were promoted in July from Band 5 to Band 6.

However projections for August, September and October look more positive with 45 students due to join the Trust and the remainder overseas nurses gaining full nurse status. Vacancies are predicted to fall below the 10% target by September to 8.2% and fall again in October to 6.4%.

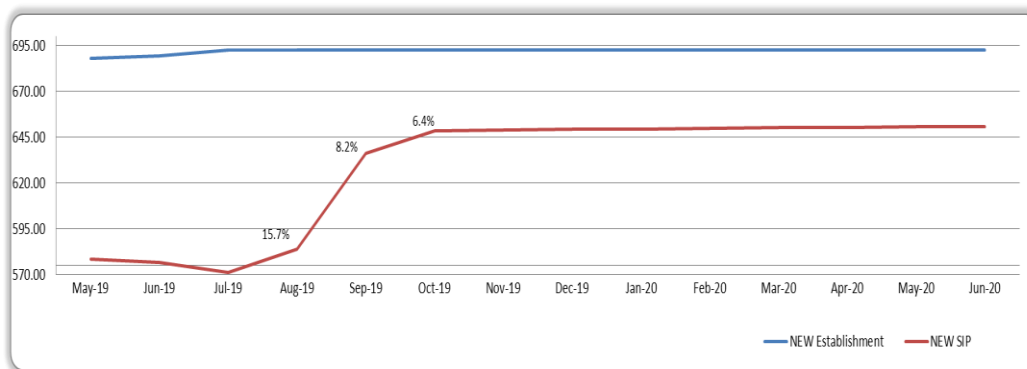




















Chart 4: Predicted Registered Nurse Numbers

## Patient Safety, Quality and Experience

At a Glance	Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating		
QUALITY, SAFETY AND PATIENT EXPERIENCE	Patient Safety	Rolling 12 months HSMR (basket of 56 diagnosis groups)	100	Apr-18 - Mar-19	96.5	-		G	
		SHMI	100	Jan-18 - Dec-18	95.87	-		G	
		Serious Incidents including Never Events (STEIS reportable) by reported date	2	Jul-19	10	3		R	
		Never Events	0	Jul-19	1	1		R	
		NHSE/NHSI Improvement Patient Safety Alerts Compliance (Number open beyond deadline)	0	Jul-19	3	0		G	
		Quality	Safe Staffing Levels - overall fill rate	80.0%	Jul-19	101.3%	100.8%		G
			Same Sex Accommodation Standards breaches	0	Jul-19	0	0		G
			Clostridium difficile Hospital acquired cases	4	Jul-19	12	3		G
			MRSA bacteremia - Hospital acquired cases	0	Jul-19	0	0		G
			Eligible patients having Venous Thromboembolism (VTE) risk assessment	≥95%	Jun-19	95.1%	95.1%		G
			Eligible patients asked case finding question, or diagnosis of dementia or delirium	≥90%	Jun-19	81.9%	59.7%		R
			Eligible patients having Dementia Diagnostic Assessment	≥90%	Jun-19	99.7%	100.0%		G
			Patients where the dementia outcome was positive or inconclusive, are referred for further diagnostic advice	≥90%	Jun-19	97.8%	98.9%		G
			Number of complaints	≤60	Jul-19	139	48		G
			Recommended Rate: Friends and Family Inpatients	97%	Jul-19	97.6%	97.7%		G
		Recommended Rate: Friends and Family Accident and Emergency	87%	Jul-19	92.3%	91.2%		G	
		Recommended Rate: Friends and Family Maternity	96%	Jul-19	92.9%	93.8%		R	
		Recommended Rate: Friends and Family Staff	80%	Qtr1 Yr2019/20	82.3%	82.3%		G	

The patient safety and quality indicators have been reviewed and have remained on track, with the exception of serious incidents including Never Events by reported date and eligible patient asked case finding question, or diagnosis of dementia or delirium.

### Serious Incidents and Never Event:

An exception report has been provided for both STEIS reportable serious incidents and never events. For the month of July there were 3 serious incidents and 1 never event.

### Dementia – case finding questions:

There has been an increase in the number of patients requiring screening as reported to Board of Directors in July 2019, although the number of eligible patients asked case finding questions or diagnosis of dementia or delirium continues to be below the trajectory since commencing on electronic assessments through Nerve Centre. Work continues promoting this initial assessment amongst medical colleagues.



### **Infection Prevention and Control**

There were 3 case of Trust acquired *Clostridium Difficile* Infection (CDI) in July 2019. There were also 3 cases of Community Onset Hospital Associated (COHA). This brings the total to 20 cases, year to date compared to 21 for the same period last year, inclusive of the COHA.

### **Friends and Family Test**

In Antenatal Clinic and Sherwood Women's Centre, the recommendation rate for July was 100%, which was a real boost for the teams. They aim to manage women's expectations around waiting times and appointment times within the context of insufficient appointments (this is reflected on the risk register) and variable acuity as some women's' appointments are affected by screening and scan results during that clinic.

This responsive and woman centred approach has an impact on how long other women may wait to see a doctor. Many women attend with partners and small children, the environment can become hot, noisy and crowded and the reception and support staff work hard to notify women of delays.

Our inpatient service has taken a hit with the recommendation rate this month at 94.74%. The acuity has been very high throughout July and this has resulted in unfortunate delays to women undergoing elective procedures such as caesarean section and induction of labour. To add further context, the FFT response rate for July was 80%, which is a testament to the focus of the ward leaders on understanding women's experiences in their areas.

In summary – the action in the outpatient service is focused on transparency around waiting times and managing women's expectations throughout their antenatal appointment. In the acute setting we continue to focus on accessing feedback and streamlining elective activity to reduce and manage delays.

## Exception Report

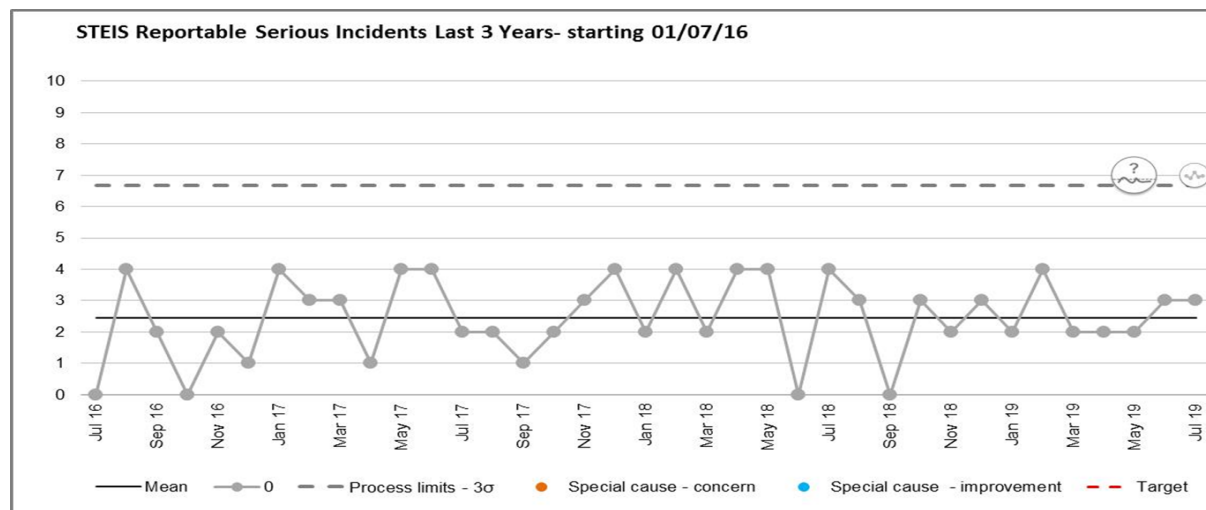
Indicator **Serious Incidents including Never Events (STEIS reportable)**

Month **July 2019**

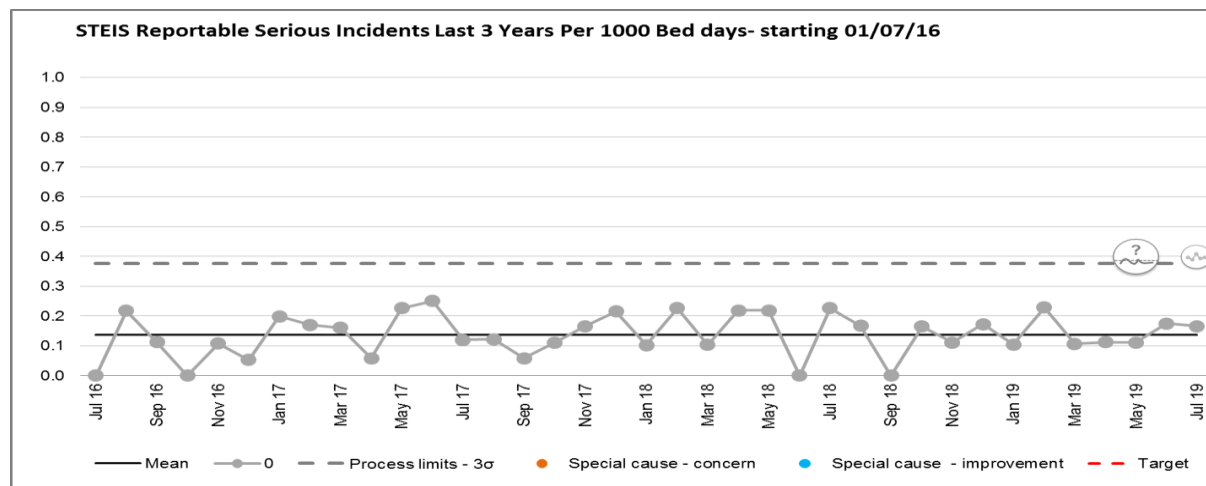
3 cases reported during the month of July against a standard of 2  
1 never event against a standard of zero

### Causes of underperformance

Serious Incidents over the last 3 years



Serious Incidents over the last 3 years per 1000 bed days



There have been three serious incidents reported as STEIS during the month of July 2019:

- The first relating to paediatric safeguarding and failure to follow the policy on fractures of children under 2 years
- The second serious incident relates to failure to follow up on results, this was identified to the Trust by Nottingham University Hospitals
- The third is an incident which has occurred across the Trust on the Glucometers, where

blood glucose has been put in on the first patient (not necessarily the patient) and this has been uploaded to patient's records. NHS Improvement has picked this up from STEIS and has sent out advisory information to all Trusts

The never event related to a wrong site surgery and is currently under investigation. This was a human error and the WHO checklist and STOP moment were adhered to.

**Actions to recover and improvement trajectory**

Despite the increase in STEIS reportable serious incidents in July, over the last three years the serious incidents have been constant, and there has only been a standard expected variation which demonstrates a stable governance process.

All the serious incidents and the never event are being investigated and will be reported back through the Division into the Trust Sign Off meeting within the 45 day time period.

Risk	Mitigation
<ol style="list-style-type: none"> <li>1. Failure to prevent repeat type of serious incidents with no evidence of learning</li> <li>2. Where there are repeat themes any previous actions from earlier incidents are reviewed and fed into the investigation</li> </ol>	<ol style="list-style-type: none"> <li>1. Learning themes identified and shared across the Trust and through each divisional governance meeting. In addition the introduction in the last quarter of a monthly update of incidents and themes alongside learning has been introduced to all nursing, midwifery and AHP meetings.</li> <li>2. Close monitoring of action trackers in place and monitored through divisional performance review</li> </ol>

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

## Operational Performance/ Access

At a Glance	Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	
OPERATIONAL STANDARDS	Emergency Access	Emergency access within four hours Total Trust	≥95%	Jul-19	91.7%	89.0%		R
		Number of trolley waits > 12 hours	0	Jul-19	1	0		G
		% of Ambulance handover > 30 minutes	8.0%	Jul-19	9.1%	8.8%		R
		% of Ambulance handover > 60 minutes	0	Jul-19	0.6%	0.7%		R
	Referral to Treatment	18 weeks referral to treatment time - incomplete pathways	≥92%	Jul-19	-	88.9%		R
		Number of cases exceeding 52 weeks referral to treatment	0	Jul-19	-	0		G
	Diagnosics	Diagnostic waiters, 6 weeks and over-DM01	≥99%	Jul-19	-	99.2%		G
	Cancer Access	62 days urgent referral to treatment	≥85%	Jun-19	74.8%	68.1%		R
		62 day referral to treatment from screening	≥90%	Jun-19	93.2%	100.0%		G

### Emergency care

Emergency access performance against the 4 hour wait in July 2019 was 88.9%. This was 6.1% below the NHS Improvement agreed trajectory and ranked 28<sup>th</sup> of 117 Trusts in the NHS.

Demand for Emergency care grew significantly on certain weeks during July with attendances at KMH ED topping 10,000 for the month for the first time ever. Admissions continued at the levels seen throughout all of 2019 at 10% higher than 2018. It is the cumulative impact of record high attendances per day and a consistently high admission rate that contributed to the performance in July. Actions being taken to return to trajectory levels include work across the ICS to understand and address the drivers for demand, strengthening weekend discharges and increasing the number of patients being streamed for same day emergency care.

### Elective care

#### Referral to Treatment (Incomplete standard)

Performance against the 18 week RTT incomplete standard at the end of July 2019 was 88.9%. This was 2.4% below the 2019/20 trajectory. The root cause continues to centre on the rising volume of patients waiting >18 weeks in Ophthalmology and Cardiology. Actions to support recovery broadly centre on creating additional capacity both in-house and with private providers to reduce the wait for a 1<sup>st</sup> appointment and reduce the volume of follow up reviews. The Trust continues to ensure zero patients are waiting longer than 52 weeks.

### Cancer

The Trust delivered 68.1% against the 62 day standard for the month of June 2019 with 26.5 breaches from 73 treatments. The main tumour sites breaching the standard were Urology and Upper GI. The root cause and actions being taken in these tumour sites focus on specific elements

of the pathway and where appropriate include actions required by NUH. The Trust delivered all other cancer standards except for 31 day subsequent surgery with 2 breaches due to capacity issues in Urology and Skin. At the end of June 23 patients were waiting 104+ days. All patients with a confirmed diagnosis have started the harm review process.

### **Diagnostics (DM01)**

At the end of July 2019 the Trust delivered the DM01 standard with performance of 99.17% based on 57 breaches from a waiting list of 6,847 procedures.

Exception reports are included for:

- Emergency access within 4 hours
- RTT Incomplete standard
- Cancer 62 day standard

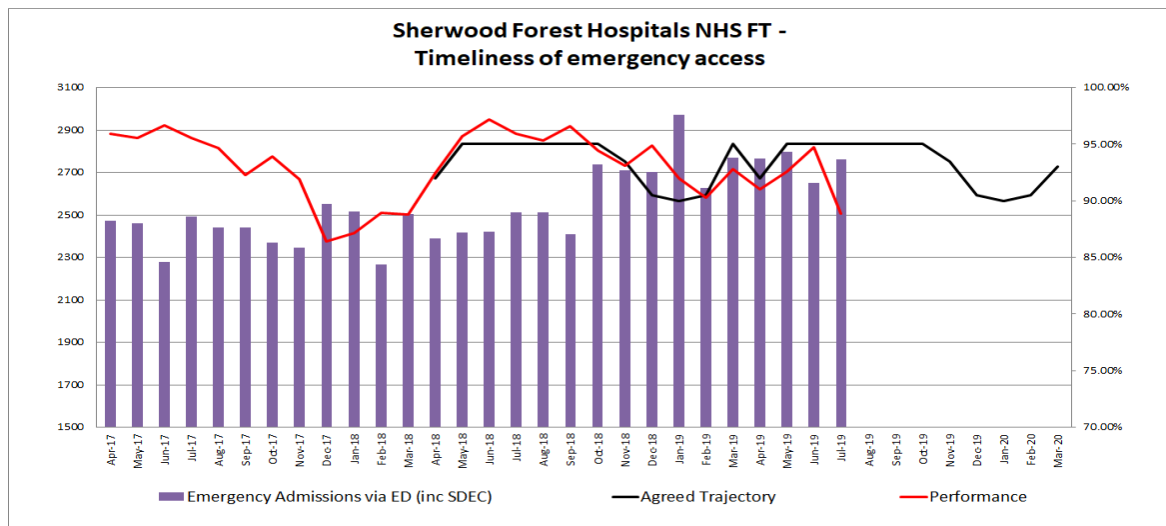
## Exception Report

Indicator Emergency access within four hours (95%)

Month July 2019

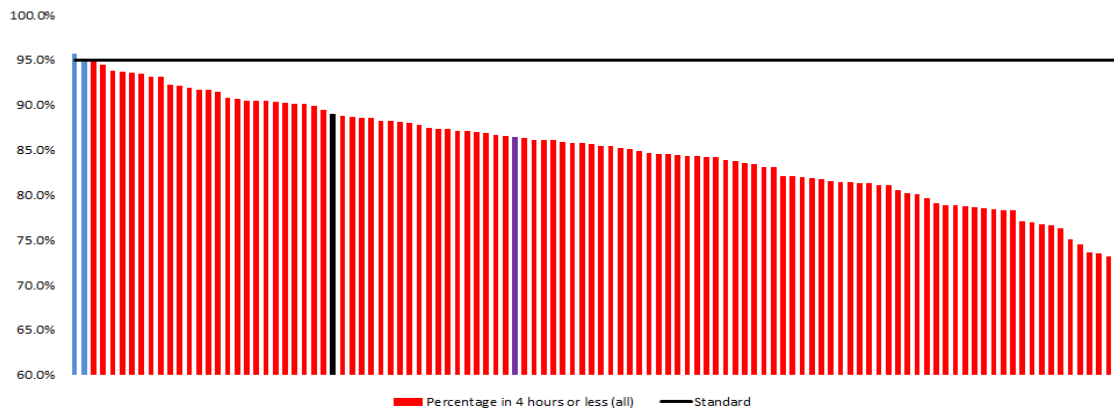
Emergency access performance against the 4 hour wait in July 19' was 88.9%. This was 6.1% below the NHS Improvement agreed trajectory. July performance was ranked 28<sup>th</sup> of 117 Trusts in the NHS.

4 Hour Wait	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
19/20 NHSI Trajectory	92.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	93.5%	90.5%	90.0%	90.5%	93.0%
19/20 Actual	91.0%	92.6%	94.7%	88.9%								
19/20 Quarter Trajectory			94.0%			95.0%			93.0%			91.2%
19/20 Quarter actual			92.7%									
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%
<b>Ambulance Handover</b>												
19/20 NHSI Trajectory	9.0%	8.5%	8.0%	7.0%	8.0%	8.0%	5.0%	6.0%	6.0%	6.0%	8.0%	7.5%
19/20 Actual	10.0%	10.1%	7.5%	8.8%								
18/19 Actual	15.9%	9.9%	8.2%	12.7%	13.3%	5.9%	7.3%	8.3%	8.3%	9.2%	8.5%	9.8%



**Patients treated or admitted within four hours of arrival at A&E by Acute Trust (with Type 1 EDs)**  
July 2019 N=117

Sherwood Forest Hospitals NHS Trust (Black Bar) ranked 28th of 117 trusts  
NHS in England - 86.5% (purple bar)



## Causes of underperformance

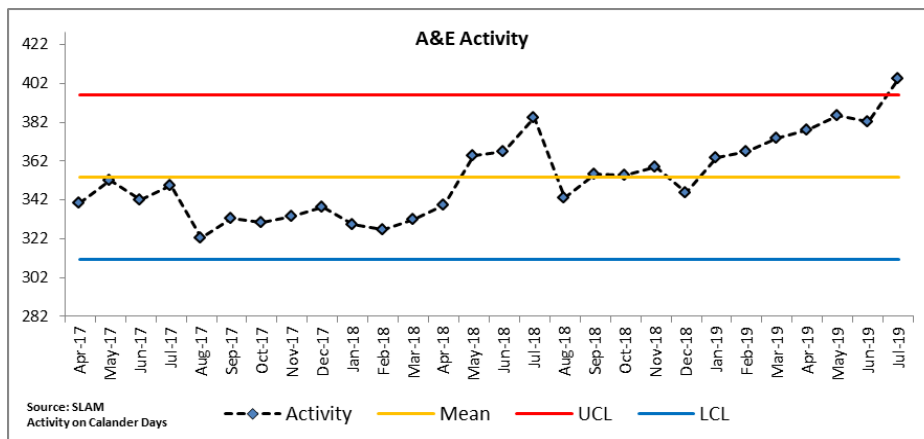
The main drivers of 4 hour wait performance are related to the below for Majors and Resuscitation areas of the department:

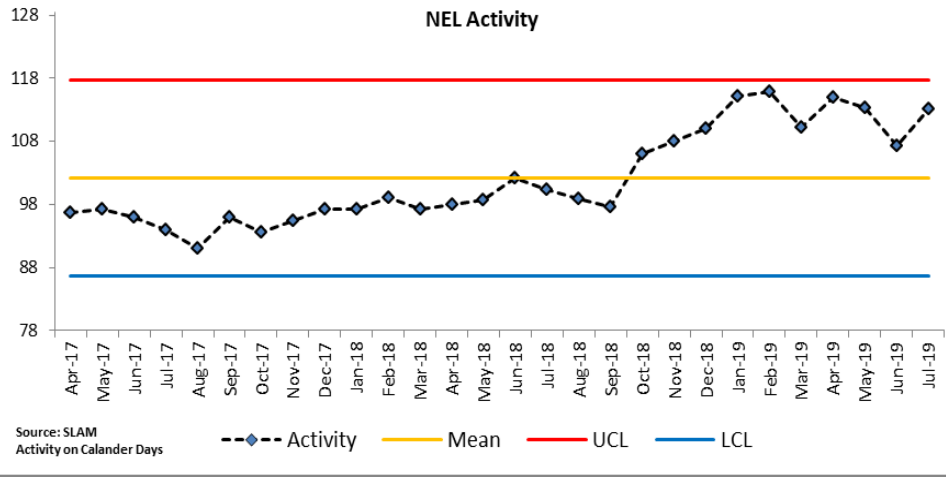
- Admission and discharge deficit – this is caused by an increase in admissions, a decrease in discharges or a combination of the two and can lead to breaches of the 4 hour wait standard and overcrowding in the emergency department
- Waiting time to see a Dr – this has numerous root causes. It can be caused by an imbalance between the number of Drs on shift per hour and the arrival number of patients per hour, or it can be caused by overcrowding which is often caused by driver bullet one leading to a lack of physical space for a Dr to see a patient
- Wait for decision by a Dr – similar causes to bullet 2

### July position

Demand for Emergency care has followed the recent trend following winter, but grew significantly on certain weeks during July with attendances at KMH ED topping 10,000 for the month for the first time ever (10,080). Admissions continued at the high levels seen throughout all of 2019 10% higher than 2018. In July, this was mainly driven by attendances as conversion fell by 1% from June.

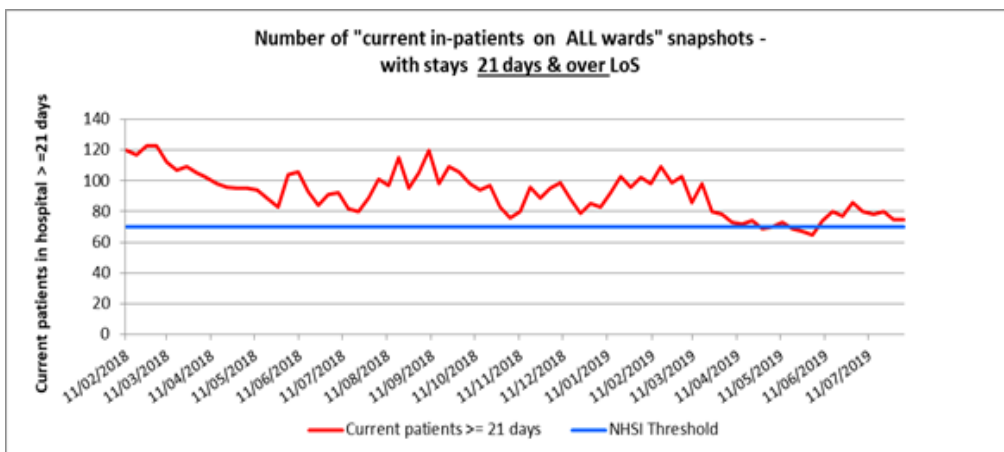
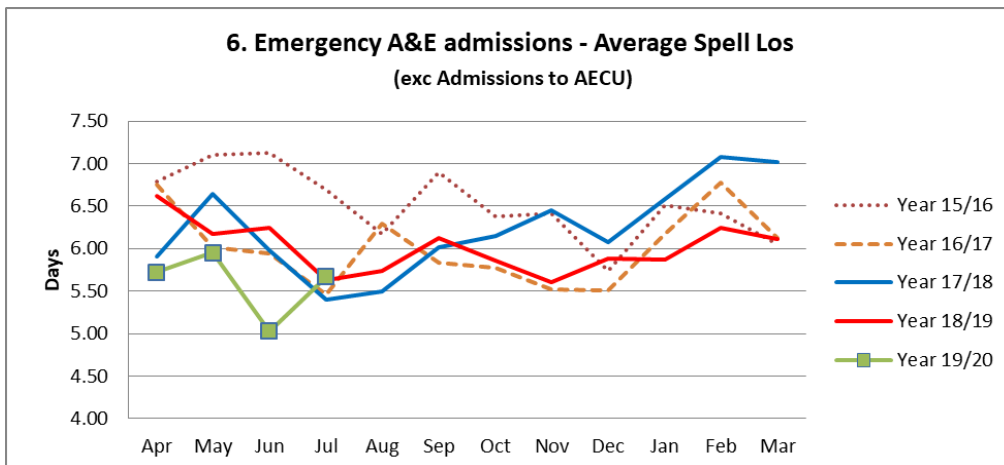
It is the cumulative impact of record high attendances per day and a consistently high admission rate that contributed to the performance in July.





To try to cope with the growth in demand during July additional capacity had to be implemented on a number of occasions, with 13 extra beds being opened at times.

Discharges remained high and the use of this capacity continues to be effective with LOS being at similar levels to corresponding July in previous years. Patients with a stay >21 days have reduced to the NHSI target of 70 during May (40% reduction against baseline) and the objective is to sustain this, which is happening at present.





## Actions to recover and improvement trajectory

Key actions are as follows:

- ‘Drivers of demand’ work across the ICS to understand why KMH ED is seeing increases in attends and admissions and therefore inform actions to be taken. This is being led by Dr Haynes with partners and is focussing, through the ICP on the following areas:
  - Review of capacity of Community and GP Services and the impact on attends and admissions
  - Increase clinical assessment of 111 triage from 18 to 50% thereby leading to reducing walk in attends or ambulance dispositions
  - Implement IRRS model of ED pull capacity for admission avoidance – this would mean more patients would have an avoided admission as being picked up by other services
  - Review accuracy of 111 Directory of Services for Call for Care and Newark UTC ensuring that patients are being directed to the appropriate service to meet their needs
  - Review of PC24 streaming, with an aim of moving from 20% to 25% thereby ensuring a reducing number of patients requiring KMH ED
  - Review commissioning of Drugs & Alcohol services
  - Bespoke audit of outcomes of EMAS conveyance for a representative sample
- Additional investment in ED nursing and medical staffing - £700k has been invested in ED nursing to meet growing demand, maintaining the safety of a growing service, and support quicker turnaround of patients. Recruitment is under way and it is likely that this will be in place from September. Additional medical staffing support is being put into ED with additional Consultant shifts at the weekends, and further ad-hoc additional junior Dr shifts when workforce supply allows.
- Continued strengthening of weekends – weekend discharges have improved with better planning and the provision of a weekend discharge team and this needs to continue to not only improve weekend performance but to reduce the delays patients experience on a Monday. A project has now commenced on this led by Dr Anne-Louise Schokker to progress ahead of winter.
- Plans have also been put in place to continue to the excellent progress on ‘Same Day Emergency Care’ with an objective of 15 more majors’ patients per week being streamed through it thereby reducing admission rate.

Risk	Mitigation
<ul style="list-style-type: none"> <li>• Growth in demand</li> <li>• Imbalance between admissions and discharges</li> </ul>	<ul style="list-style-type: none"> <li>• ICP drivers of demand work</li> <li>• Increase in ED staffing planned</li> <li>• Increase use of same day emergency care</li> <li>• Additional bed capacity opened if required</li> <li>• Weekend discharge project in place</li> </ul>

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

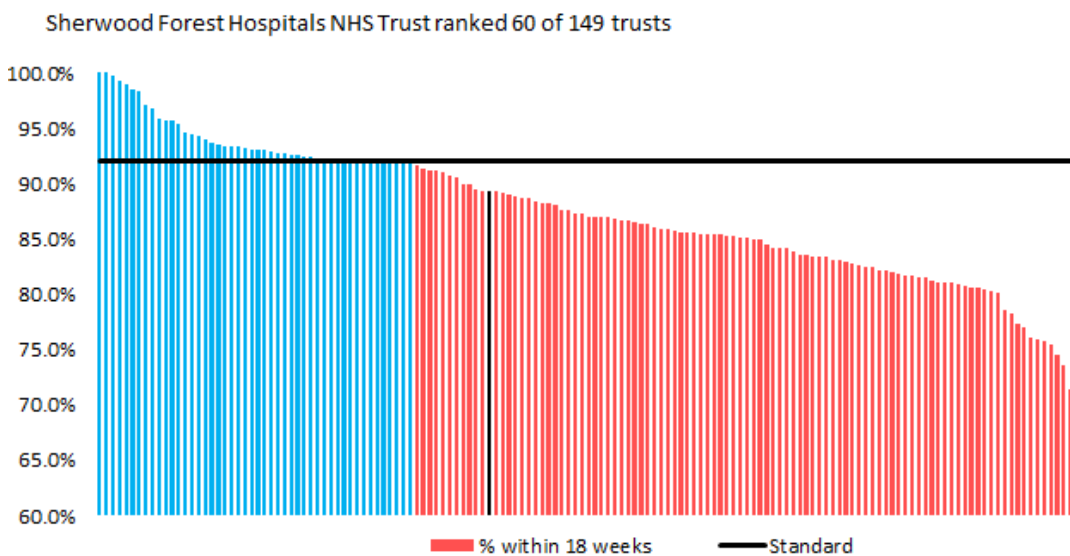
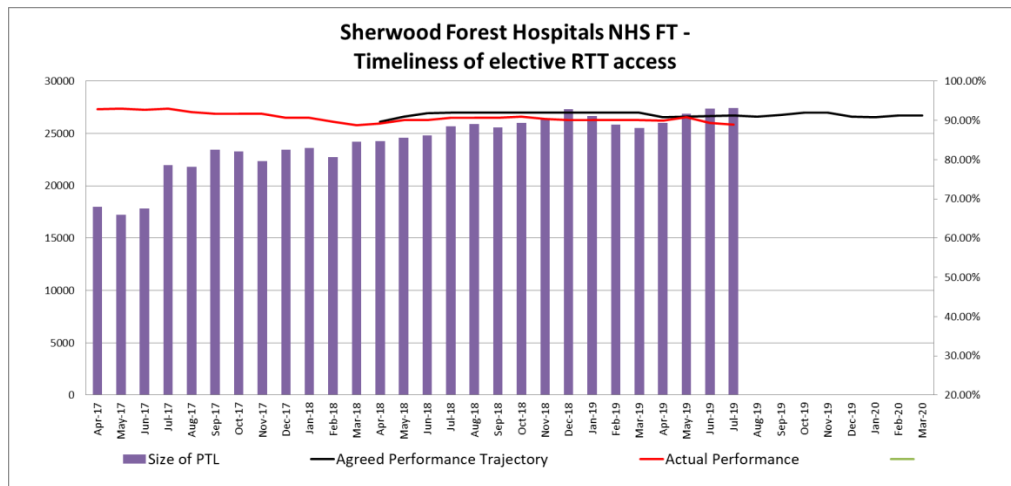
**Indicator** Maximum time of 18 weeks from referral to treatment - RTT  
**Month** July 2019

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

Performance against the 18 week RTT incomplete standard at the end of July 2019 was 88.9%. This was 2.4% below the 2019/20 trajectory. July performance ranking at time of writing remains unpublished however June is relatively consistent with previous months at 60th from 149 Trusts.

	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	90.0%	90.8%	89.4%	88.9%								
19/20 Quarter Trajectory			90.9%			91.2%			91.7%			91.0%
19/20 Quarter actual			90.1%									
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%



The Trust continues to deliver on trajectory with zero patients waiting longer than 52 weeks. All patients waiting 26+ weeks are reviewed at the weekly RTT PTL meeting led by the Deputy COO for Elective Care. Escalation of patients at 42+ weeks without a confirmed next step is undertaken at the weekly Operations meeting chaired by the COO.

### **Recovery actions and Improvement trajectory**

The root cause for performance below trajectory for July continues to centre on the rising volume of patients waiting >18 weeks in Ophthalmology and Cardiology. The latter is being addressed with support from Medefer. For Ophthalmology the longer term actions in place to deliver this include a system wide plan to increase capacity for Ophthalmology which consists of the transfer of post op cataract and stable glaucoma activity to the community, this is expected to happen during September when the provider will be on site to review patients on a fortnightly basis. Additionally, a business case has been approved for the recruitment of staff and provision of equipment to improve productivity within existing clinics. Optical Coherence Tomography (OCT) and Visual Fields equipment has been ordered and the Division are currently identifying additional clinic capacity. Other short term plans for Ophthalmology include:

- On-going support from Independent sector providers whilst in-house actions progress – new contract agreed to support an additional 40 patients per week in place from 16<sup>th</sup> September.
- Capacity alerts commenced 30<sup>th</sup> July. This notifies GP's of capacity constraints at the Trust and will signpost to an alternative organisation where capacity has been agreed with local commissioners and NHSE.
- Patient initiated follow ups went live from 5<sup>th</sup> August, the impact will be to free up OP capacity for new outpatients
- Macular review implemented in early August with 50% of the actions identified completed by end of August, all actions to be completed by the end of September. The impact is anticipated to be a reduction in attendances of 750 per year
- New consultant joining 2<sup>nd</sup> September with clinics and operating sessions booked from 9<sup>th</sup> September. This will increase capacity (FYE) by 455 new slots, 637 follow up slots and 250 elective slots
- Shortlisting has been completed and Interviews expected early September to recruit 2 specialty doctors and 1 consultant. When complete this should provide additional (FYE) capacity for 1,470 new, 2,000 follow ups and 116 elective patients.

More general specialty actions to improve to Trust trajectory levels are:

- Continue to build on the outpatient transformation programme focussing on a reduction in face to face follow up activity through the use of virtual clinics, new models of care for long term conditions, risk stratifying pre-op appointments and patient initiated follow ups (PIFU). The impact of this programme should be felt in the second half of 2019/20 when the schemes identified by clinical teams in quarter 1 will start to free up capacity for new patients to be seen in a more timely manner. A separate report on the OP transformation programme will be completed for Trust Board in October.
- Gastroenterology went live with Medefer at the end of July 2019. Medefer have extensive experience of Gastroenterology and therefore the anticipated impact is likely to be a 70% reduction

in new outpatient face to face attendances with a reduction in the wait for a first appointment being evidenced in late August and early September.

- Increasing theatre productivity by implementing ways of working more efficiently, reducing the amount of unutilised time on a list and allowing more patients to receive surgery. Focussing on improved scheduling, on the day performance and patient optimisation. July performance continues to be positive with 240 additional cases completed above trajectory.

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> <li>• Impact of pensions changes on available SFH capacity</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>• Established monthly Ops and Delivery group (SFH/CCG)</li> <li>• Monthly Outpatient transformation Board in place</li> <li>• Divisions continue to assess the impact of pension changes, D&amp;O and W&amp;C have had little or no impact, Surgery are covering a small gap in theatres and outpatient with agency. The main areas highlighted in medicine are Endoscopy and Cardiology and is mainly DC activity which impacts the Diagnostic (DM01) standard.</li> </ul>

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

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

## Exception Report

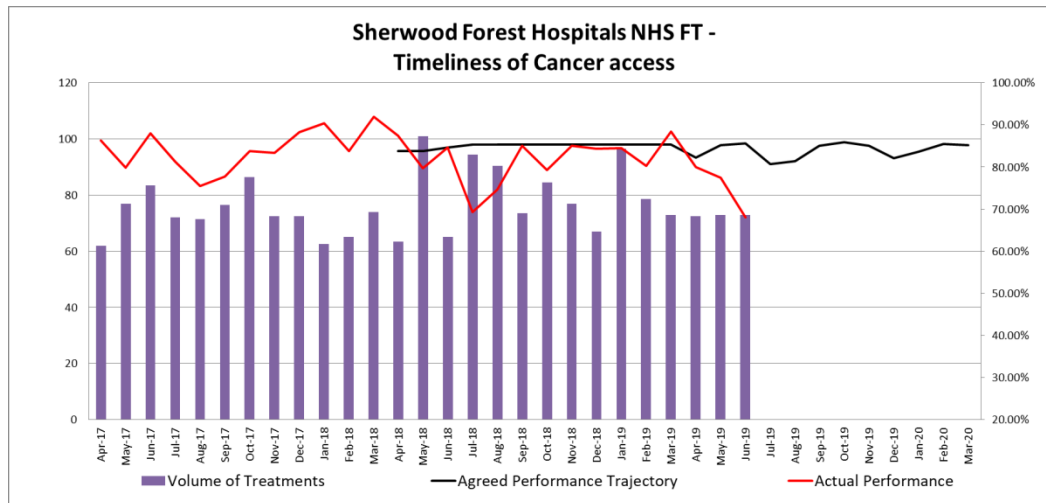
Indicator **62 days urgent referral to treatment**

Month **June 2019**

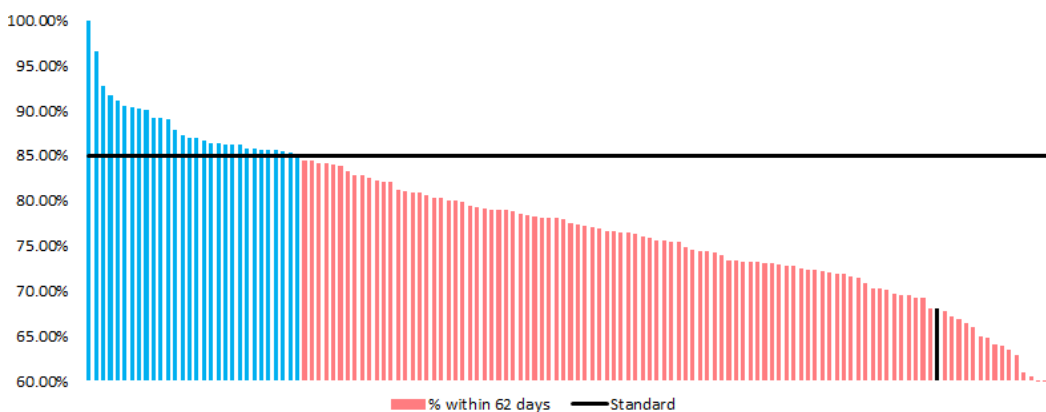
Standard **85%**

The Trust delivered 68.1% against the 62 day standard for the month of June 2019 with 26.5 breaches from 73 treatments this gave a national ranking of 118 from 135 Trusts. National performance for the month was 76.6%

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
19/20 Trajectory	82.28%	85.20%	85.56%	80.65%	81.40%	85.06%	85.86%	85.06%	82.14%	83.70%	85.47%	85.23%
19/20 Actual	80.00%	77.40%	68.10%									
19/20 Quarter Trajectory			84.4%			82.4%			84.4%			84.8%
19/20 Quarter actual			75.2%									
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%	88.4%

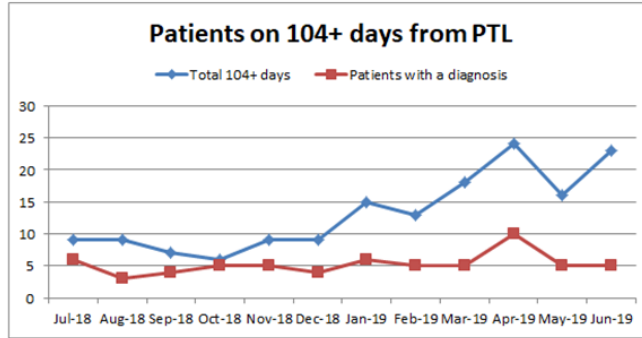


Sherwood Forest Hospitals NHS Trust ranked 118 of 135 trusts



**Across all tumour sites**

End of Month	Total 104+ days	Patients with a diagnosis
Jul-18	9	6
Aug-18	9	3
Sep-18	7	4
Oct-18	6	5
Nov-18	9	5
Dec-18	9	4
Jan-19	15	6
Feb-19	13	5
Mar-19	18	5
Apr-19	24	10
May-19	16	5
Jun-19	23	5



At the end of June 23 patients were waiting 104+ days. All patients with a confirmed diagnosis have started the harm review process.

**Causes of underperformance**

Nationally, it is well recognised that Urology impacts significantly on performance. For June, if the volume of Urology breaches had remained within historical normal limits performance would have improved by 10.7% from 68.1% to 78.8%.

Comparing Quarter 1 2018 to Quarter 1 2019 2WW referrals have increased by 5% (14% when compared to the same period in 2017/18). The average volume of treatments for the quarter has remained relatively static.

For the month of June, the main tumour sites breaching the 62 day standard were Urology and Upper GI.

**Actions to recover and improvement trajectory**

Tumour site	June Breaches	Reasons	Actions to address	Impact
Urology	12	Time to diagnostic - 1st MRI	<ul style="list-style-type: none"> <li>Vetting of 2WW referral straight to MRI in place from 29/07/2019.</li> <li>Additional MRI capacity on KMH site 02/09/2019</li> </ul>	Reduce pathway by 7-10 days
		Time to diagnostic - TRUS / Template biopsy capacity	<ul style="list-style-type: none"> <li>Capacity bridge to be completed by 31/08/2019</li> <li>Order for Fusion kit to be placed by 31/08/2019</li> <li>Business case to be worked up for templates to be done under LA in OPD by 30/09/2019 with the potential for Cancer Alliance funding.</li> </ul>	2 additional templates per theatre list from 4 to 6
		Time to treatment - 1 <sup>st</sup> Oncology	<ul style="list-style-type: none"> <li>Joint Oncology / Urology clinic to be in place in September</li> </ul>	Reduce pathway by up to 14 days

		appointment		
		Time to treatment - Surgical capacity	<ul style="list-style-type: none"> <li>Substantive replacement post agreed at NUH – will be out to advert by start of September. Risk that it could take 3-6 months to appoint and start.</li> </ul>	Wait for kidney surgery should reduce 2-3 weeks
Upper GI	6	Time to diagnosis – Same day CT	<ul style="list-style-type: none"> <li>To deliver optimal pathway secure CT same day as OGD in September</li> </ul>	Reduce pathway by up to 7 days
		Staging PET capacity	<ul style="list-style-type: none"> <li>Requests from SFH to understand demand by the end of August</li> <li>Performance status/optimisation call with patient to be in place in September</li> </ul>	Reduce pathway by up to 7 days
		Staging Lap capacity	<ul style="list-style-type: none"> <li>SLA for additional capacity out to SFH/NUH colleagues for any comments back by COP on 16/8/19 - do not anticipate any major problems with this.</li> <li>Planning to run the first list in September – either 5/9/19 or 19/9/19,</li> </ul>	Reduce pathway by up to 7 days

A joint ICP plan is being refreshed and will be detailed in October’s Board papers. It will include actions on:

- Management of demand including CCG implementation of FIT testing and pathway opportunities to manage demand more effectively
- 2WW Capacity and demand modelling
- An agreed recovery trajectory
- Reducing any unnecessary admin delays

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>• 2WW audits rolled out across key tumour sites to evidence inappropriate referrals and patient choice issues.</li> <li>• Introduction of referral assessment services at SFH, already implemented in Urology. Plan for Lower GI in place</li> <li>• Further GP education sessions</li> </ul>

Demand for radiology increases in line with referrals	<ul style="list-style-type: none"> <li>• Additional mobile MRI capacity secured</li> <li>• Cancer patients to be prioritised over routine OP activity</li> </ul>
Time to advertise and appoint replacement NUH Urologist.	<ul style="list-style-type: none"> <li>• NUH sourcing a locum</li> </ul>

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

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



## Finance

x (£0.49m)	<p><b><u>Control Total Performance</u></b></p> <ul style="list-style-type: none"> <li>At the end of Month 4 the Trust is reporting a YTD deficit of £16.73m before Provider Sustainability Funding (PSF), Financial Recovery Funding (FRF), Marginal Rate Emergency Tariff (MRET) and Impairments. This is £0.49m worse than planned.</li> <li>PSF of £1.40m, FRF of £3.21m and MRET of £1.80m have currently been reflected in the position in accordance with the plan. PSF and FRF measures are assessed at quarter end and the amounts are dependent on delivery of control totals across the trust and system. The reported control total deficit including PSF, FRF and MRET is therefore £10.32m, £0.49m worse than planned at the end of Month 4.</li> <li>The PSF value includes £0.25m of System PSF, which is assumed as both the Trust and the ICS forecasts achieve control total in 2019/20. However it excludes additional PSF of £0.57m which relates to 2018/19 but has been received in 2019/20, as this cannot be counted towards control total delivery.</li> </ul>
✓ £2.48m	<p><b><u>Income</u></b></p> <ul style="list-style-type: none"> <li>Overall income is £0.47m above plan in Month 4 and £2.48m above plan year to date. Clinical income is more than planned (£0.05m above plan in Month 4 and £1.65m YTD), reflecting additional A&amp;E attendances (7.4% above plan YTD) and non-elective emergency (NEL) spells (7.8% above plan YTD).</li> </ul>
x (£2.97m)	<p><b><u>Expenditure</u></b></p> <ul style="list-style-type: none"> <li>Overall expenditure is £1.02m above plan in Month 4 and £2.97m above plan year to date.</li> <li>Pay costs have increased in month by £0.27m and are £0.88m above plan in Month 4 and £1.53m above plan year to date. We have spent more (YTD) than planned on medical (£0.82m), nursing (£0.71m) and other clinical pay (£0.21m), this is offset in part by lower than planned expenditure on non-clinical pay (£0.21m).</li> <li>Non-pay costs are above plan by £0.13m in Month 4 and £1.42m year to date. However, additional YTD expenditure of £1.08m is directly offset in income.</li> </ul>
x (£0.38m)	<p><b><u>FIP</u></b></p> <ul style="list-style-type: none"> <li>To Month 4 the Financial Improvement Plan (FIP) has delivered savings of £1.84m, £0.38m below plan. Although in month savings increased, the FIP plan of £1.25m for Month 4 was £0.92m higher than previous months, causing the adverse variance. The YTD position includes £1.09m of non-recurrent savings.</li> <li>Schemes in delivery are expected to achieve £4.64m and in addition the most likely value of pipeline schemes is £5.46m. The residual FIP risk is £2.70m, plus a further risk of £2.64m relating to planned outpatient transformation savings.</li> </ul>
✓ £1.08m	<p><b><u>Agency Expenditure</u></b></p> <ul style="list-style-type: none"> <li>Agency expenditure in July was £0.26m lower than the Month 4 ceiling and expenditure is £1.08m below the ceiling year to date. The agency run rate increased from £0.98m in June to £1.02m in July.</li> </ul>
x (£0.23m)	<p><b><u>Capital</u></b></p> <ul style="list-style-type: none"> <li>Expenditure at Month 4 is £0.94m, £0.23m above plan</li> </ul>
✓ £4.30m	<p><b><u>Cash</u></b></p> <ul style="list-style-type: none"> <li>Closing cash at 31st July was £9.98m, £4.30m above plan.</li> </ul>
✓	<p><b><u>Forecast</u></b></p> <ul style="list-style-type: none"> <li>A full forecast was undertaken at the end of the July, including a divisional risk assessment. The Trust is forecasting achievement of the 2019/20 control total; however this will require mitigation of the FIP risks described above.</li> </ul>

## Financial Summary

	July In-Month			Year to Date (YTD)			Annual Plan	Forecast	Forecast Variance
	Plan	Actual	Variance	Plan	Actual	Variance			
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Income	25.79	26.26	0.47	99.58	102.06	2.48	300.48	308.52	8.04
Expenditure	(28.03)	(29.05)	(1.02)	(115.82)	(118.79)	(2.97)	(342.00)	(350.04)	(8.03)
<b>Surplus/(Deficit) - Control Total Basis excl. PSF, FRF, MRET and Impairment</b>	<b>(2.24)</b>	<b>(2.79)</b>	<b>(0.54)</b>	<b>(16.24)</b>	<b>(16.73)</b>	<b>(0.49)</b>	<b>(41.52)</b>	<b>(41.51)</b>	<b>0.00</b>
Surplus/(Deficit) - Control Total Basis incl. PSF, FRF, MRET and excl. Impairment	(0.38)	(0.92)	(0.54)	(9.84)	(10.32)	(0.49)	(14.87)	(14.86)	0.00
Underlying Surplus/(Deficit) - Control Total Basis excl. PSF, FRF, MRET and Impairment	(2.24)	(3.72)	(1.47)	(15.49)	(17.45)	(1.96)	(40.77)	(43.18)	(2.42)
Financial Improvement Programme (FIP)	1.25	0.83	(0.42)	2.22	1.84	(0.38)	12.80	12.80	0.00
Capex(including donated)	(0.18)	(0.40)	(0.23)	(0.71)	(0.94)	(0.23)	(10.83)	(10.83)	0.00
Closing Cash	5.68	9.98	4.30	5.68	9.98	4.30	1.46	1.46	0.00
NHSI Agency Ceiling - Total	(1.28)	(1.02)	0.26	(5.23)	(4.15)	1.08	(16.66)	(12.66)	4.00
<b>NHSI Use of Resources Score</b>									
Capital service cover rating	4	4		4	4		4	4	
Liquidity rating	4	4		4	4		4	4	
I&E margin rating	4	4		4	4		4	4	
I&E margin: distance from financial plan		2			2			1	
Agency rating	1	1		1	1		1	1	
Risk ratings after overrides		3			3			3	