

Council of Governors

Single Oversight Framework Integrated Quarter Three Performance Report








Date 12 February 2019
Authors Senior Leadership Team

Overall Quarter Three Summary

This is our analysis of Quarter Three (Q3) at Sherwood Forest Hospitals NHS Foundation Trust. The quarterly report is a build on previous reports and is designed to provide an in-depth insight across our four key areas of focus; organisational health, quality, access and finance. The aim is to identify the key themes over the last quarter, with a concise account of the areas where the trust is performing well as well as areas of concern. We have reflected and analysed trends, set out projections and recovery trajectories and have been clear on the risks and risk mitigation actions.

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

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

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)

In Quarter Two we reported a largely positive and balanced start to the first half of the year and we are pleased this position has continued. In Quarter three, we maintained strong performance against workforce KPIs apart from sickness absence (December), for which an

exception report has been produced. We are also pleased and proud that our first international new starting nurses will join us in Q4.

Patients have in general continued to receive safe, personalised care in Q3 and we only have two exception reports within this domain:

- Falls (December)
- Friends and Family (December)

A key focus in our patient safety, quality and experience domain and the performance and access domain has been emergency care this winter and patients at Sherwood have continued to receive safe, timely care over the last quarter.

In the access domain we continue to make progress and there are only four exception reports this quarter:

- Best practice in Fractured Neck of Femur (NOF) (November)
- Maximum time of 18 weeks from referral to treatment – RTT (December)
- Breaches of the 28 day guarantee following a last minute (on the day) non clinical cancelled elective operation (Quarter Two)
- Number of cases exceeding 52 weeks referral to treatment (December)

We are increasingly confident we will deliver our control total for the third year running but this position is not without risk. As discussed in previous Board meetings, the three big risks remain:

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

We believe we are taking appropriate actions to where possible mitigate these risks.

Very few healthcare providers this year will be able to deliver an improved position compared to the previous year for quality, safety and patient experience, an improved staff engagement score, improved access standards and will deliver their year-end control total.

Delivering this is our aim for the final quarter in 2018-19.

It is important to note we have received further positive confirmation about the progress we have made over the last couple of years. NHS Improvement categorises hospital trusts into four groups depending on how they deliver their quality, access and financial agendas. The categories are called “Single Oversight Framework” (SOF) segmentations and for the last two years we have been in segment three. Segment four represents the trusts with the greatest risk and one the least risk. There are 39 acute hospitals in Midlands and the East and NHSI have now moved us into segment two with 11 other hospitals, and there are 26 hospitals in segments three and four. There are two hospitals in segment one. We must keep this progress going, especially with the CQC visit planned for later this year.

Organisational Health

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

Although the Trust maintained sickness absence at or below the 3.5% threshold for the first six consecutive months of the financial year, it rose to 4.0% in October, fell to 3.81% in November and rose again to 3.99% in December, meaning that it has been amber across the quarter. This will have had an impact on the number of shifts requiring bank or agency cover in order to maintaining safe staffing levels. However, that will have been mitigated to some extent by the reduction in medical and nursing vacancies. Given that the Trust's agency spend was well within its control total for December, 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.

The Trust will see its first international nurse new starters in Q4.

A key element affecting sickness absence is winter ailments. It is positive the Trust has a flu vaccination rate of over 80% of front line staff, which is one of the highest in the country. However, the Trust experienced an increase in its other seasonal ailments during December, which are not protected by this vaccination.

Appraisal levels and mandatory training have remained at or above target throughout this financial year and turnover was only 0.46% across Q3. These are all positive indicators.

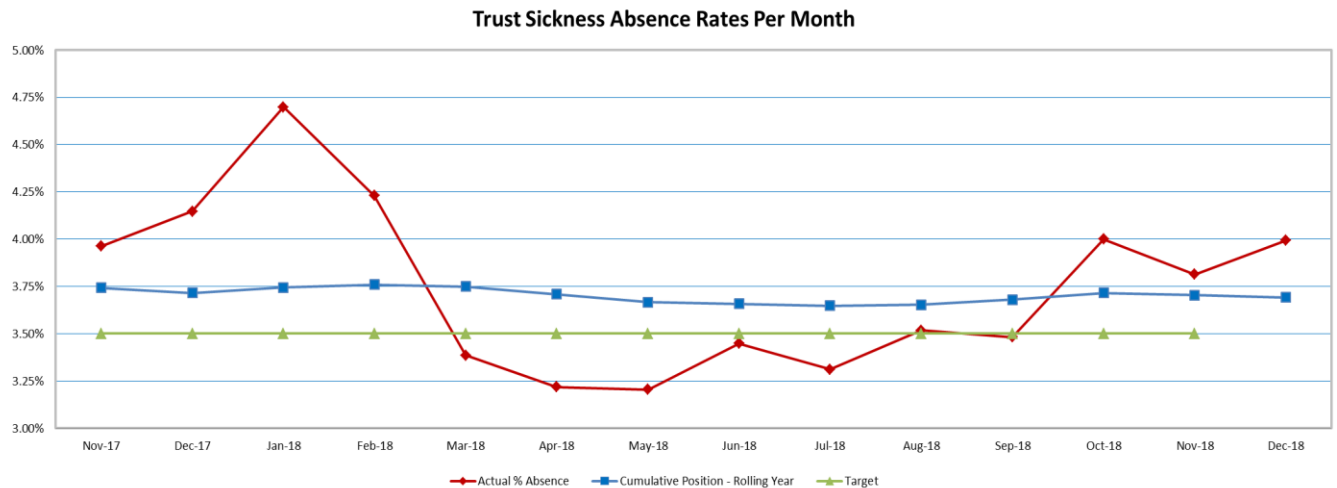
The Board requested a new KPI threshold for sickness absence category: anxiety / stress / depression. Below is an analysis of the previous two years data for this category.

2018-2019 YTD	Short term - FTE Days Lost	Short term %	Long term - FTE Days Lost	Long term %	Total - FTE Days Lost	Total %
	3895.35	0.40%	5332.04	0.55%	9227.39	0.95%
2017-2018	Short term - FTE Days Lost	Short term %	Long term - FTE Days Lost	Long term %	Total - FTE Days Lost	Total %
	5763.96	0.40%	7531.27	0.52%	13295.23	0.92%

It is recommended that a KPI threshold of 0.9% is used up to 31 March 2019 and then a threshold of 0.8% is used from 1 April 2019.

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

Sickness absence increased in December to 3.99% (November, 3.81%, October, 4.00%). It has therefore been above the 3.5% target and amber across quarter three. Based on December 2018 performance, three Divisions remain under the 3.5% threshold: Corporate, 2.37%; Urgent & Emergency Care, 3.27% and Diagnostics & Outpatients, 3.50%. The three Divisions above the target and red are: Surgery, 5.05%; Women & Children’s, 4.08% and Medicine, 4.83%



It should be noted that this chart now contains both the actual absence for the month (red line) and the 12 month cumulative absence, which indicates the overall trend. Sickness absence for December 2018 is 0.16% lower than December 2017.

The top three absence reasons in December are;

- Anxiety/stress/depression, 0.91%, 1147.12 FTE Days Lost which is an increase of 17.31 FTE days lost from November 2018
- Other Musculoskeletal, 0.46%, 580.99 FTE days lost which is an increase of 26.55 FTE days lost from November 2018
- Gastrointestinal problems, 0.41%, 517.89 FTE days lost which is a decrease of 24.51 FTE days lost from November 2018.

Cold, Cough, Flu – Influenza is at 0.41%, 511.80 FTE days lost which is an increase of 108.98 FTE days lost from November 2018 and reflects the winter season.

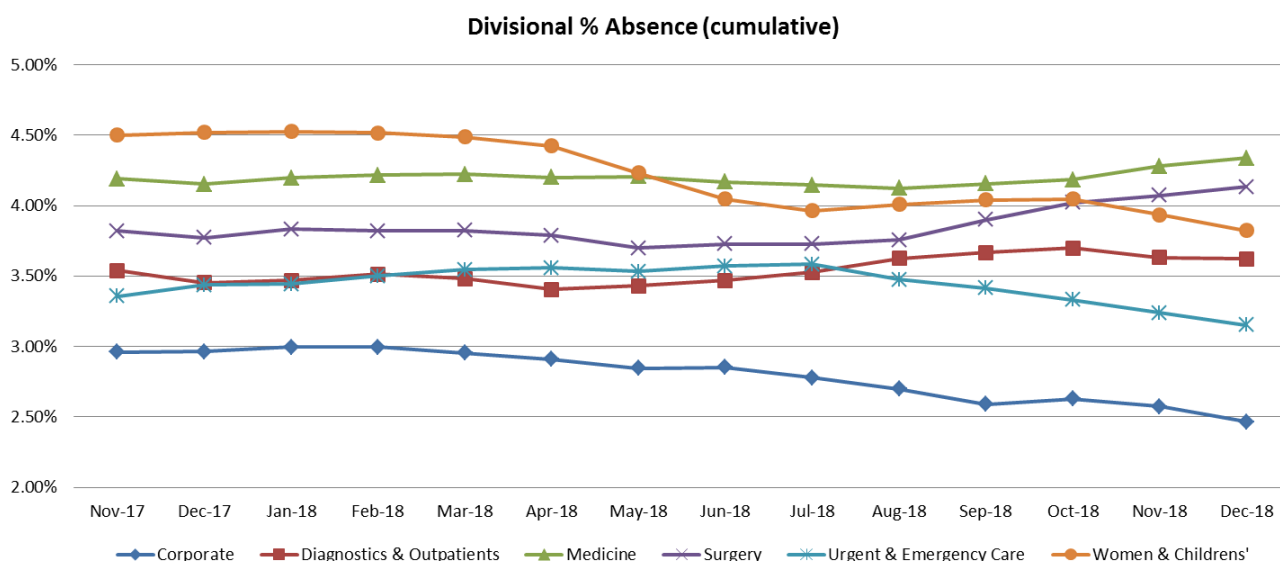
The top three reasons for absence in Q3 continue to be Anxiety/stress/depression; other musculoskeletal and gastrointestinal. Anxiety/stress/depression has shown a cumulative decrease in FTE days lost since Q2. Musculoskeletal and gastrointestinal have shown a cumulative increase in FTE days lost since Q2

Anxiety/stress/depression - proposed 0.9% threshold

Anxiety/stress/depression is currently at 0.91% for the trust, which rounds down to 0.9% against the proposed threshold. Positively, Divisions under the 0.9% proposed threshold are: Corporate, 0.23%; Medicine, 0.76%; Urgent & Emergency Care, 0.77%. The three Divisions above are: Women & Childrens, 1.47%; Diagnostics & Outpatients, 1.19%; Surgery, 1.05%.

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 December 2018, on a rolling 12 months basis, two divisions were below the threshold and green: Corporate, 2.37% and Urgent & Emergency Care, 3.27%. This is the same two areas below the 3.5% target as last month and therefore these Divisions have not only returned a strong performance across Q3 but have maintained this for six consecutive months.

Throughout Q3, Diagnostics and Outpatients have delivered just above the threshold. Medicine, Surgery and Women's and Children's Division have remained above the threshold consistently, albeit Women's and Children's Division has shown a generally improving trend.

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

Appraisal – 95% Target - GREEN

Trust wide appraisal compliance has remained static for December at 96%. The Trust has remained at or above the target of 95% for 11 consecutive months and has been at 96% for the whole of Q3. All appraisals now include talent conversations which help to improve succession planning.

Training and Education – 93% Target - GREEN

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

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

Staffing and Turnover – 0.9% Target - GREEN

In December 2018, the overall turnover rate increased to 0.69% (November, 0.33%). The average turnover for Q3 is 0.46% which is very positive. There were 8.24 FTE more starters than leavers in December 2018 (36.57 FTE starters 28.33 FTE leavers). However, most staff groups did experience slightly more leavers than starters. The number of new starters in the unregistered nursing group mitigated this effect.

It is normal to see more leavers than starters in the month of December as the end of the year / Christmas is often a time when staff members decide to retire, cease working or reduce their hours and new starters reduce because as Christmas approaches individuals decide to start their new job in the New Year.

The Admin & Clerical group have the highest average number of leavers over Q3, an average of 7.13 FTE per month. The 3 top reasons for leaving are: Voluntary Resignation – Other/Not known (2.53 FTE average), Retirement Age (1.40 FTE average), Voluntary Resignation – Promotion (0.60 FTE average). It is expected that this group experiences some churn as these are often jobs which individuals take at the start of their careers and expect to progress from.

Registered Nurses had the second highest average number of leavers with a 6.79 FTE average leaving per month. The top 3 reasons for leaving are: Flexi Retirement (1.42 FTE average), Voluntary Resignation - Other/Not Known (1.26 FTE average), Voluntary Resignation – Relocation (1.00 FTE average).

Medical vacancies are at 7.29% and have remained under 8% for all of Q3. Turnover for this group was consistently below the 0.9% threshold for Q3.

All registered Nurse vacancies are at 11.22% and band 5 RN vacancies are at 16.85%. Turnover is consistently lower than the 0.9% threshold for registered nurses.

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

	Dec-18							
	Budget - FTE	SIP - FTE	SIP - Headcount	Vac - FTE / Gap - FTE	% Vacancy / % Gap	Starters	Leavers	% Turnover
Total Trust								
Admin & Clerical	1149.26	1094.20	1335	55.06	4.79%	10.80	11.87	1.08%
Allied Health Professionals	222.77	225.97	278	-3.20	-1.44%	0.00	0.00	0.00%
Ancillary	40.01	37.74	45	2.27	5.68%	0.00	0.00	0.00%
Medical & Dental	507.13	470.26	492	36.87	7.27%	1.00	3.20	0.68%
Registered Nurse Operating Line * - ALL Bands	1347.09	1195.94	1421	151.15	11.22%	7.29	9.06	0.76%
Scientific & Professional	222.72	205.19	226	17.53	7.87%	1.61	1.00	0.49%
Technical & Other	285.32	274.14	336	11.18	3.92%	4.23	1.00	0.36%
Unregistered Nurse	605.17	598.31	703	6.86	1.13%	11.64	2.20	0.37%
Total - Trust	4418.21	4101.73	4836	316.48	7.16%	36.57	28.33	0.69%
Band 5 Registered Nurse Only operating line *	736.08	612.04	738	124.03	16.85%	3.00	4.08	0.67%

Nursing Recruitment

In December 2018, band 5 RN vacancies increased to 124.04 (16.9%), which indicates there have been movements, in addition to leavers within the Trust i.e. promotions or reduced hours. Of the five (4.08 WTE) band 5 Registered Nurse leavers in December, one relocated, two left for health reasons, one returned to education and one retired but will return.

At the latest Assessment Centre 32 RNs attended and the final number offered is still being finalised due to a number being students who are not due to qualify until Autumn 2019. The next monthly RN Assessment Centre is on 19th January 2019 and there are an impressive 88 nurses booked in to attend.

International Recruitment

Following interviews in November and December a total of 25 overseas nurses are going through HR and on-boarding processes. Of these, 12 have now gained their decision letters from the Nursing & Midwifery Council and we have had their Certificates of Sponsorship issued and are now in the process of obtaining Visas, flights and accommodation. The first six will start with the Trust on 25th February and the second six will start on 11th March.

EU Nationals










The Trust is tracking the movement of staff who are EU nationals. Below is the position for Q1:

	Oct-18	Nov-18	Dec-18
Staff from an EU Country	154	148	149
% Staff from EU	2.76%	2.61%	2.63%
Difference in Headcount in for EU Staff	-4	-6	1

Exception Report

Indicator Sickness absence

Month December 2018 data – January 2019 Board Meeting

Standard	3.5%	Date expect to achieve standard	March 2019
Current position			
Sickness absence decreased in December to 3.99% (November, 3.81%).			
Three divisions were at target – Corporate (2.37%); Urgent & Emergency Care (3.27%) and Diagnostics & Outpatients (3.50%).			
Divisional absence % with key underperforming areas are: Medicine (4.83%); Women's and Children's (4.08%) and Surgery (5.05%) – see below.			
Ancillary staff reported the highest sickness absence at 7.21% (November 2018, 4.56%,) However, this is a small staff group and therefore a small number of sickness case show a high percentage.			
Causes of underperformance			
The top three absence reasons in December 2018 are:			
<ul style="list-style-type: none"> • Anxiety/stress/depression, 0.91%, 1147.12 FTE Days Lost • Other Musculoskeletal, 0.46%, 580.99 FTE days lost • Gastrointestinal problems, 0.41%, 517.89 FTE days lost 			
Surgery			
The Division of Surgery reported an absence rate of 5.05% in December 2018, with 2.91% being short term and 2.14% being long term. This is an increase of 0.73% in month.			
The top 3 reasons for sickness within the Surgery division were due to stress/anxiety/depression, injury/fracture and Genitourinary & gynaecological disorders.			
Ward/Department	Dec 18	Nov 18	Comments
Ward 11	10.86% 	4.09%	Increase is all short term
Ward 32	4.62% 	7.01%	Mainly short term with one long term case
Sterile Services	5.96% 	3.27%	Increase due to short term with one long term case
Pre-op Assessment	8.93% 	6.72%	Increase is due to short term coughs/cold and one long term case
Theatres	6.78% 	4.54%	Increase relates to 21 short term cases. There are 3 long term cases.
Newark Theatres	7.59% 	8.39%	All absence is short term
Minster Ward	12.55% 	9.17%	Mainly short term with one long term case
Ward 21	11.31% 	10.27%	Increase relates to short term and with one long term case due back in January
Ward 12	10.96% 	7.17%	Mainly two long term sickness cases

Women's and Children's

The Divisions sickness for the month of December 2018 was 4.08%, with 2.77% being short term and 1.31% being long term sickness. Although sickness is above the 3.5% threshold it has reduced in month by 0.41% (November, 4.49%).

The top 3 reasons for sickness within the division were due to Stress/anxiety/depression, Genitourinary & gynaecological disorders and injury/fracture.

Ward/Department	Dec 18	Nov 18	Comments
Outpatients Ante Natal	7.16% ↓	13.58%	Sickness is all short term
Maternity	8.10% ↑	7.25%	A mixture of short and long term cases
NICU	6.64% ↓	8.46%	Sickness is all short term
Paediatric Outpatients	7.37% ↓	9.64%	This is mainly long term . This is a small team of 9 staff and so individual cases have a high impact.

Medicine

The Divisions sickness for the month of December 2018 was 4.83%, with 2.15% being short term and 2.68% being long term sickness. This is an increase of 0.12% in month.

The top 3 reasons for sickness within the division were due to Other musculoskeletal problems, Anxiety/stress/depression/other psychiatric illnesses and Gastrointestinal problems.

Ward/Dept	Dec 18	Nov 18	Comments
Ward 23	7.61% ↑	3.97%	Mainly long term sickness.
Oakham Ward	12.70% ↑	6.31%	Mainly long term sickness.
Endoscopy Admin	8.99% ↑	5.59%	A mix of long and short term.
Welcome Treatment Centre	5.04% ↓	10.34%	All absence is short term.
Ward 42	7.01% ↑	5.31%	An increase in both long term and short term
Ward 43	6.85% ↑	4.27%	All absence is short term

Actions to address

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

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

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

Improvement trajectory

Given that winter ailments are impacting sickness absence, it is unlikely that the target of 3.5% will be met before March 2019.

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

Quarter 3 has seen the implementation of the trusts' winter plan which has included planned changes to the configuration of the inpatient bed base. Additional beds have been opened on ward 14, Sconce Ward and with the elective beds on ward 21 also being converted into medical inpatient beds. These additional areas have been staffed appropriately using the same nursing establishment as the substantive wards and the existing staffing SOP and triggers applied accordingly. There has been no noted increase in Harms across these or any other areas despite the increased levels of activity and acuity.

During Q3 the positive reduction in falls has again been maintained and this has now led to a more detailed piece of work being commenced to correlate this against mobilisation in these areas and also to ensure that this reduction is not having an adverse effect on other safety measures such as the number of pressure ulcers, this has not been identified as an issue.

Single Sex Accommodation compliance:

During Q3 the trust has continued to maintain compliance with providing single sex accommodation for its patients and has reported no breaches. Recognising the importance placed in maintaining the privacy and dignity of our patients despite the challenges faced in managing significant increased patient admissions during Q3 has been paramount.

Infection Prevention & Control:

All the healthcare associated infections are carefully monitored and managed in line with national and local guidance. There have been eight cases of *Escherichia Coli* Blood Stream Infections in Q3 which is within our ambition and brings the YTD total to 24 cases. There have again been ZERO MRSA bacteraemia identified in Q3.

E.Coli				
Month	Kings Mill Hospital	Newark Hospital	Mansfield Community Hospital	Total
October 2018	2	0	0	2
November 2018	4	0	0	4
December 2018	2	0	0	2
Q3 Total	8	0	0	8

During December there have been no further cases of norovirus diagnosed post admission and no further wards have been adversely affected. During Q3 cases of influenza A diagnosed increased but a reduction was noted in December to 33 cases and all were managed effectively and ongoing infection prevention practices continue to be applied.

Tissue Viability:

The management of our patient's skin integrity has remained a key focus, as reducing harm from Pressure Ulcers (PUs) has been identified as a supplementary quality priority in line with the Quality Account.

The trust has had ZERO Grade 4 PUs in Q3 2018/19 (none since September 2017) and one Grade 3 pressure in Q3 2018/19 during November 2018. This is the second grade 3 PU since December 2017.

There were 4 avoidable Grade 2 PUs reported in October, three in November and two in December 2018.

All the Key Performance Indicators (KPIs) measured were met in December 2018 which is the first time this has been achieved.

The Tissue Viability Team continue to target their training and interventions based on themes arising from analysis of incident reports including frequency of repositioning, use of slide sheets and a focus on the tissue viability needs of 'independent' patients.

A new Root Cause Analysis template for PUs has been developed working with the Governance Support Unit with a plan that it will be ratified and be in use during Q4.

A number of changes have been made to Datix with regard to PU reporting and will include measurements. The changes will go live mid-January 2019 alongside the adult safeguarding tool;

PU's by Grade	October -18	November -18	December -18	Q3
Grade 2 pressure ulcers				
Avoidable	4	3	2	9
Unavoidable	2	0	2	4
Grade 3 pressure ulcers				
Avoidable	0	1	0	1
Unavoidable	0	0	0	
Grade 4 pressure ulcers				
Avoidable	0	0	0	
Unavoidable	0	0	0	
Grades 2 – 4 pressure ulcers				
Total	7	4	4	15

Falls:

Indicator Per Occupied Bed Days	Plan / Standard	Period	Quarterly Actuals	RAG Rating
Moderate or Severe Harm	0.8	October 2018	0.1	G
Low or No Harm	5.5	October 2018	4.7	G
Moderate or Severe Harm	0.2	November 2018	0.2	G
Low or No Harm	5.5	November 2018	5.2	G
Moderate or Severe Harm	0.2	December 2018	0.2	G
Low or No Harm	5.5	December 2018	6.6	R

During Q3 the Trust's falls figures have remained below the national average and within our own set targets until December 18 when the low or no harm falls exceeded the Trust target by 1.1 per thousand bed days.

Work has also begun across the Trust to promote mobility to prevent decompensation and loss of independence among our frail patients. This in itself may also lead to an increase in the number of falls reported.

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.

Dementia:

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

During October and November 2018 of Q3 we achieved the target of > 90% across all three components as follows:

Indicator	October	November
Find	100%	99.3%
Assess/Investigate	100%	100%
Refer	97.7%	100%

From 1 January 2019, work is underway to ensure that dementia alerts are being added to Medway.

VTE:

The Trust's performance throughout Q3 has remained above 95%.

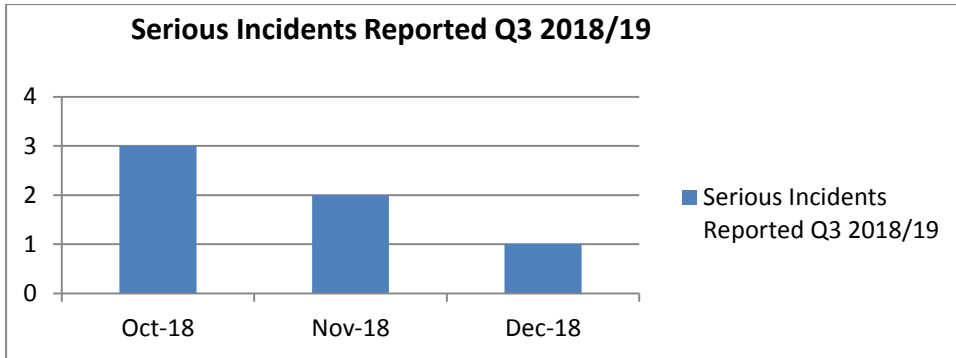
Harm Free Care:

Harm Free Care has been reported in Q3 as above the standard of 95

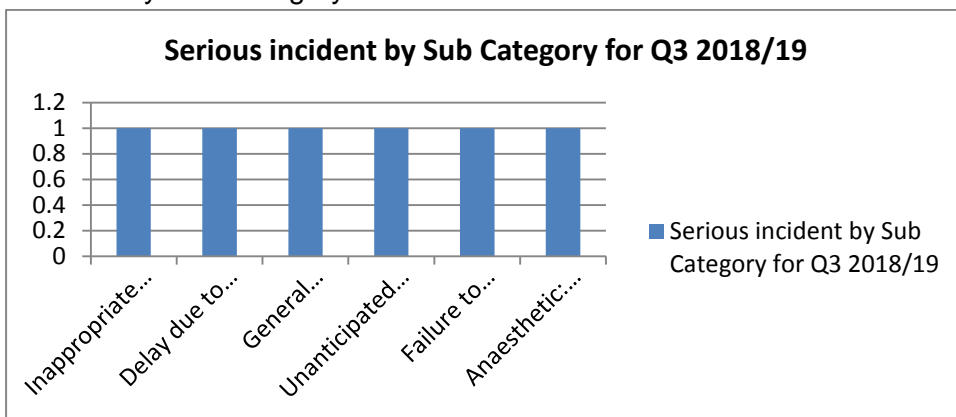
Serious Incidents (SI) including Never Events (STEIS reportable) by reported date on Datix – Q3 2018/19:

In Q3 the trust reported six SI in accordance with NHS England's Serious Incident Framework (May 2015). Of these, one was deemed to be a Never Event, reported in December 2018, which is currently being investigated;

The number of STEIS reportable serious incidents by month and category is demonstrated in the graphs below:



Serious incident by Sub Category for Q3



Learning from SIs is identified and disseminated as appropriate to try and prevent similar situations occurring again. The investigation into the Never Event occurring in December 2018 is still in progress with the report due for completion in February 2019.

Patient Safety Alerts Compliance

The Trust has remained 100% compliant throughout Q3.

Exception Reports

During Q3 the Trust has had three exception reports submitted for Tissue Viability with regard to the four grade 2 pressure ulcers in October 2018 and one grade 3 pressure ulcer reported in November. Enclosed in this report is a falls exception report for December 2018 as the Trust target for low or no harm falls was exceeded.

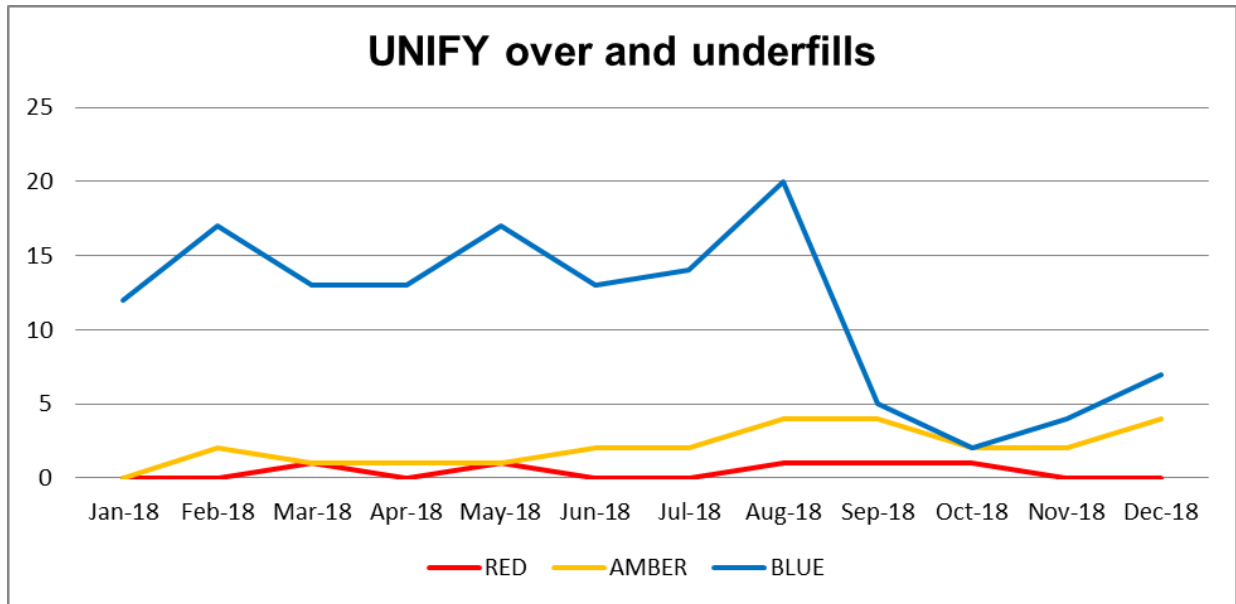
Staffing Summary:

Ward staffing information is submitted monthly as part of the national safer staffing UNIFY. The monthly UNIFY submission does not include all ward and department areas within the Trust. The information within Appendix 1 details the summary of combined planned and actual staffing (trained and untrained) for all ward areas in the Trust for December 2018.

The number of areas with red ratings (actual staffing level is below the accepted 80% level and highlights a potential significant risk) and there was 0 red ratings.

The number of areas with amber ratings (staffing fill rate is less than the accepted 90%, but above 80%) and there were 4 amber ratings.

December 2018 saw 7 wards of the 29 monitored recording as blue rating (actual staffing figures are greater than 110% fill rate) and the remaining 18 wards were green rating.



Q3 demonstrated a tighter control on the overfilled and unfilled shifts with two months where there were no red ratings. For Q3 the blue ratings have substantially reduced, supporting the Matrons and Heads of Nursing's 'grip and control'.

Summary

Despite the increased activity and acuity noted in Q3 the trust has maintained a positive position around harms free care. The continued focus and achievement of safe staffing has contributed strongly towards this achievement.

Exception Report

Indicator Falls

Month December 2018

Standard	Below Trust Indicator of 5.5 low or no harm and 0.2 moderate /severe falls on a monthly basis Below national average for all falls 6.63 on a monthly basis.	Date expect to achieve standard January 2019
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Current position

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	RAG Rating
Falls per 1000 OBDs resulting in Moderate or Severe Harm	0.2	Dec-18	0.1	0.2	G
Falls per 1000 OBDs resulting in Low or No Harm	5.5	Dec-18	5.5	6.6	R

Causes of underperformance

- Mobility and Falls agenda- promoting and developing the culture of patients being more mobile may lead to increase in falls
- Extra capacity and winter plan / Ward 32 medical patients

Actions to address

Action	Owner	Deadline
Specific Ward/Department December falls analysis	JLH	On-going monthly work
Mobility and Falls initiatives–pilot ward SSU;	JLH/Train team	Feb 2019
New induction planning-linked in with Moving and Handling –patient story;	JLH	Completed
Work with governance and QMC re rapid review for falls;	JLH	Ongoing monthly work
Use of red cards for carers and relatives to pass onto staff when they leave their relatives on constant care –as a result of themes and trends –pilot Ward 12 and Woodland Ward;	JLH	Continuous audit
Inpatient RCP Hip fracture audit starts 1 st January 2019;		

Improvement trajectory

Below Trust Indicator of 5.5 low or no harm and 0.2 moderate /severe falls on a monthly basis
Below national average for all fall's - 6.63 on a monthly basis.

Risks

Risk	Mitigation

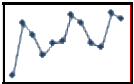
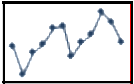
Lead: Joanne.lewis-Hodgkinson – Falls Lead Nurse

Executive Lead: Suzanne Banks, Chief Nurse

Exception Report

Indicator: Friends and Family Test
 Month: Month 9 December 2018
 Standard: Friends and Family Test (FFT)

Current position

Indicator	Plan/Standard	Period	YTD Actuals	Monthly Actuals	Trend	RAG
Recommended Rate: Friends and Family Outpatients	96%	Dec-18	94.1%	94.6%		R
Recommended Rate: Friends and Family Maternity	96%	Dec-18	96.3%	95.6%		R

Causes of underperformance

1. The FFT recommendation rate in Outpatient Services – recommendation rating is 1.4% off plan for December 2018.

Sexual Health – Sites in community

- KMH – Doctors attitude, waiting times to be seen in clinic, parking costs
- Oates Hill Centre – rude receptionist
- Ollerton – rude nurse
- Eastwood Centre, Newark – rude doctor
- Newark Clinics – Outpatient Department
- Improved car parking
- Inadequate communications with GP
- Waiting times to be seen in clinic

Clinic 7 – General Surgery

- Delays in clinics not being communicated

Clinic 8 – ENT

- Rude doctor

2. The FFT recommendation rate in Maternity services – recommendation rating is 0.4% off plan for December 2018

Clinic 12

- Lack of information provided regarding procedure
- Incomplete prescription provided which led to delays
- Rude nurse
- Waiting times to be seen in clinic

Antenatal Clinic

- Rude staff during ultrasound scan
- Doctor's attitude

Actions taken by Division

Weekly OPD Matron and Clinical Lead review all Friends and Family responses and shares the negative comments with the relevant staff.

Signage concerns have been submitted as a case of need, which was approved; however Head of Estates is exploring procuring new signage across the Trust. The deadline is end of December 2018, if not in place this will be implemented as per approval via case of need.

Car Parking - Car parking issues escalated to Ben Widdowson and Wes Burton.

Weekly and monthly FFT reports shared with divisions for review and action.

Monthly review of FFT response and recommendation rates at Ward Assurance meeting, chaired by Chief Nurse.

3. Quarterly update from FFT Feedback

The Sexual Health FFT feedback had reported 'rude receptionist' for two consecutive months. All services receive an alert for all negative feedback real-time and automated weekly comments reports.

The Matron for Sexual Health Services has addressed the feedback, and identified this did not relate to the same staff member. One of the incidents related to a patient and partner attending the drop-in clinic and advised there would be a wait to be seen. They became very abusive using inappropriate language.

All reception staff within Sexual Health Services are undertaking training sessions relating to customer care, with additional training for dealing with difficult customers/patients. Both receptionists have completed reflection following the incidents to identify how they may better manage these situations in the future.

The Matron will continue to monitor the FFT feedback in triangulation with complaints, concerns and compliments.

Action	Owner	Deadline
Divisional Management teams to receive and review FFT comment reports. This will enable Divisional teams to develop and implement changes that can respond to the concerns and improve the experience for service users.	Kim Kirk (Head of Patient Experience)	Completed and ongoing-weekly and monthly reported provided.
New Systems introduced to reduce the volume of manual paper surveys and provide administrative support to PET at KMH to ensure timely submission of all FFT data.	Kim Kirk (Head of Patient Experience)	Completed and monitored on weekly basis.

Introducing SMS text messaging for Community Paediatrics and Community Midwifery Services	Kim Kirk (Head of Patient Experience)	March 2019.
Improvement trajectory		
All divisions to review and share feedback in team meetings.		
Risks: Continued decrease in recommendation rate for OPD		
Mitigation: Actions agreed and this will be monitored monthly		

Lead: Kim Kirk – Head of Patient Experience

Executive Lead: Dr Andrew Hayes – Medical Director

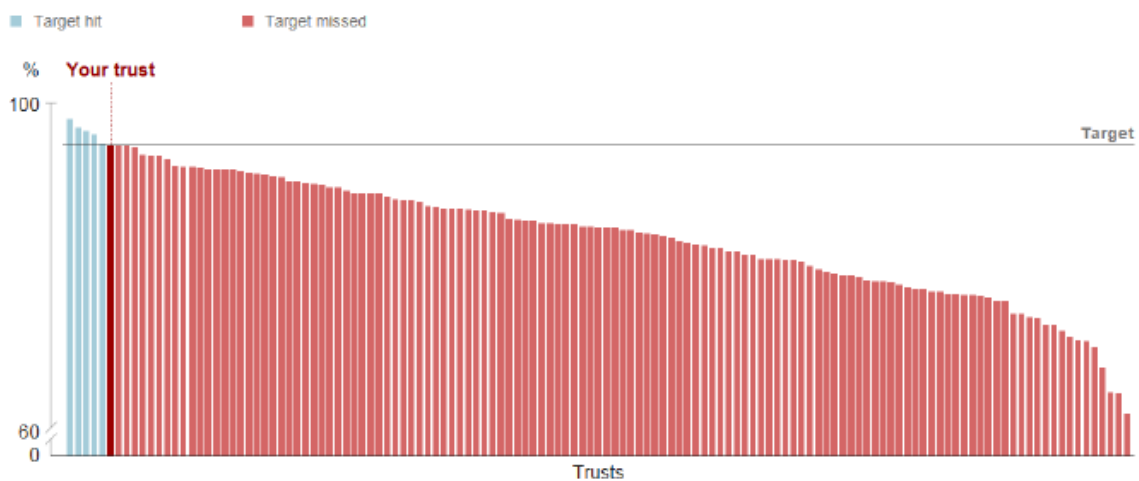
Operational Performance/ Access

Emergency care

Emergency access performance against the 4 hour wait in December was 94.9%, ending the quarter 3 at 94.1%. This is in line with the NHS Improvement agreed trajectory and achieves the PSF payment for Q3. December performance was ranked 8th of 135 Trusts in the NHS.

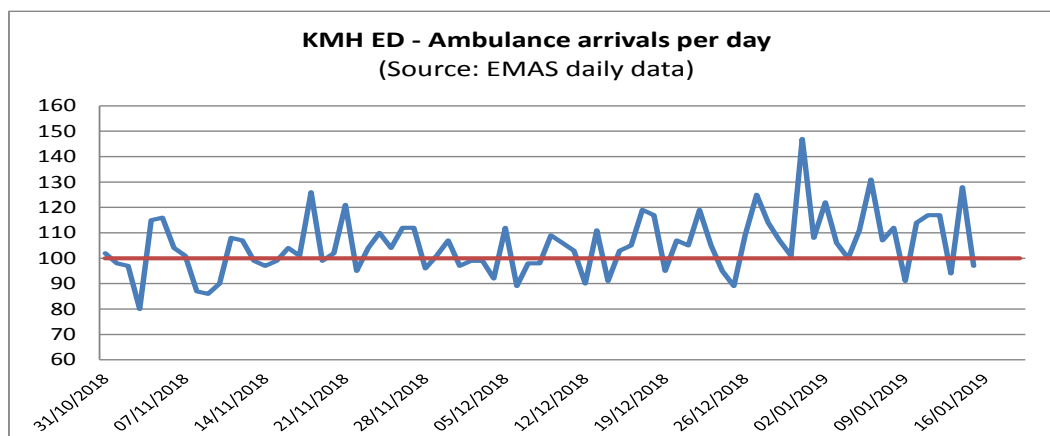
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
18/19 NHSI Trajectory	92.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	93.5%	90.5%	90.0%	90.5%	95.0%
18/19 Actual	92.4%	95.7%	97.2%	95.9%	95.3%	96.6%	94.4%	93.1%	94.9%			
18/19 Quarter Trajectory			95.0%			95.0%			93.0%			91.5%
18/19 Quarter actual			95.1%			95.9%			94.1%			
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 8 of 131 trusts



Ambulance arrivals

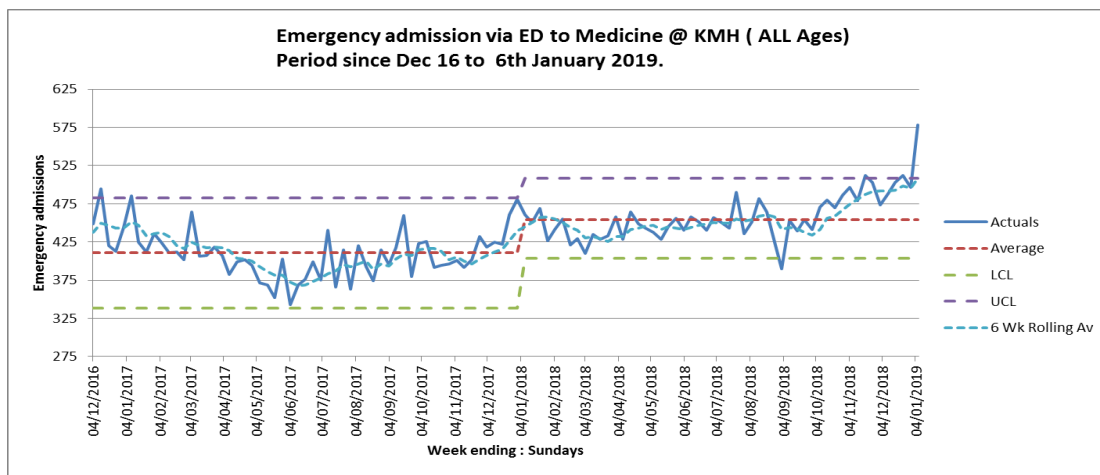
Ambulance arrivals have grown over the quarter and clearly some of this is expected to be the case over the winter months – growth has particularly been evident since the middle of December and has been accompanied by an increase in variation. Conveyance rates are broadly in line with previous years and these arrival rates are from SFHFT catchment areas. 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 ambulance arrivals go over 100. This is well correlated.



Handovers >30 minutes continue to be lower and are lower than EMAS levels overall. This is obviously helped by timely bed accessibility meaning ED does not become overcrowded, but is also testament to the new processes implemented by the ED team working with East Midlands Ambulance Service.

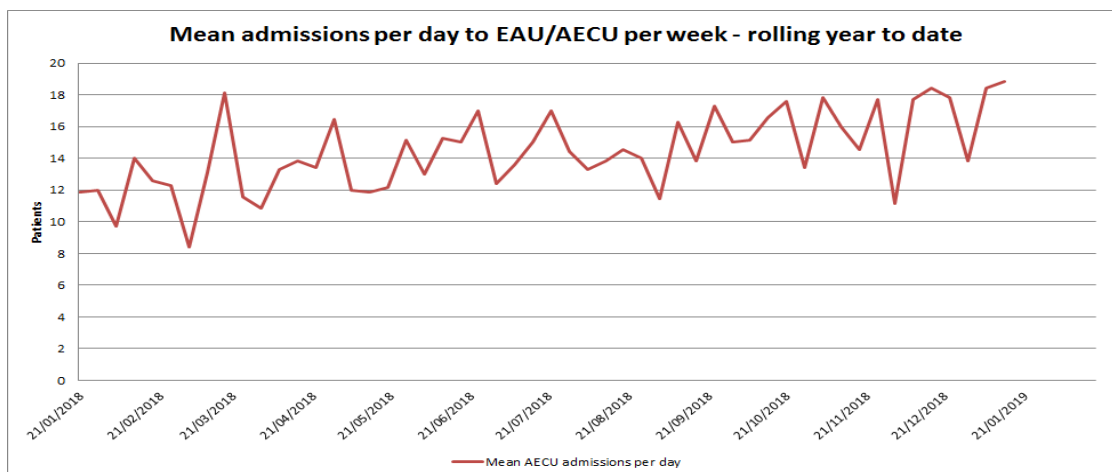
Admissions

Admission volumes to medicine and their variation remain the key pressure for waiting times within the UEC system. Admissions to medicine have not materially fallen since winter 16/17 when they saw an unusual dip between April and October. Throughout the quarter 3 18/19 they continued to rise and during December admissions to medicine via ED rose more steeply, reaching special cause variation at the end of the month.



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 and strengthen the 'front door' admission diversion in ED.

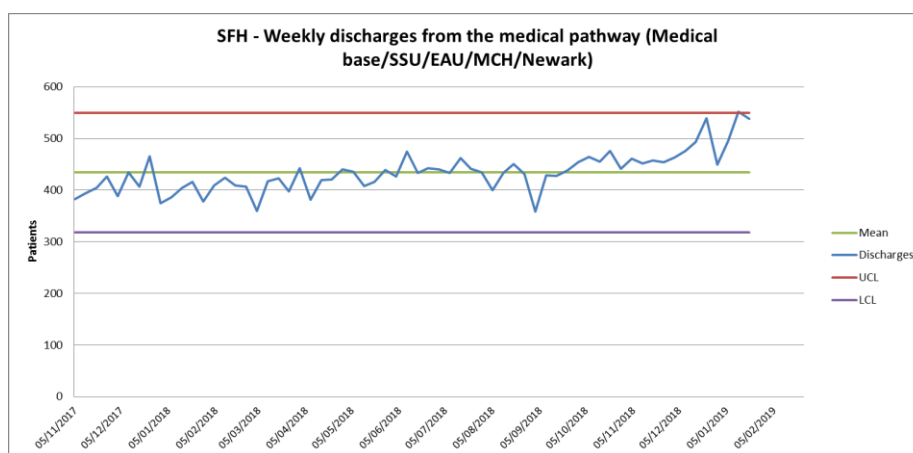
Use of Ambulatory Emergency Care Unit (AECU) – there has been a lot of work on increasing the use of the AECU for short stay patients with an ambulatory condition who do not require a bed. The ED team have been very successful in this as shown by the chart below. Every increase in patient who is now seen in AECU would previously have been admitted to an EAU bed.



Strengthening of the ‘front door’ team with partners – clinical assessors have been reintroduced into ED to by partners at Nottinghamshire Healthcare Trust with a roll to see where patients can access community services that can meet their needs without admission.

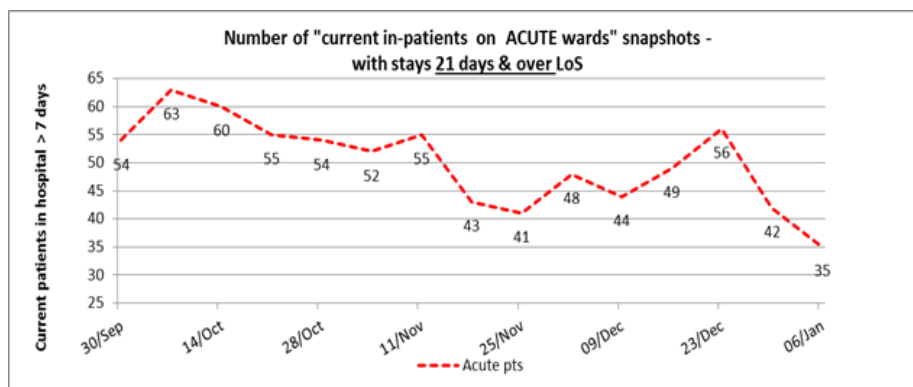
Discharges & Capacity to cope with admissions in a timely manner

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 has overall been an increasing number of discharges from the medical pathway and the winter plan is opening additional medical capacity on time as per the plan.



Reduction in patients with a stay >21 days

Some of the reduction in discharges has been related to improving discharge rates from longer stay patients. This has been improved through the implementation of ‘Long Stay Wednesday’ using best practice from NHS Improvement in the management of such patients and improved liaison with partners.



Winter plan creating more capacity

The vast majority of the winter bed capacity had been implemented by the end of December as per the reports approved by the Board in September and updated on at the November Board meeting. The total plan will lead to an extra 35 beds (across the system) above 2017/18 levels and increase in the overall bed base for medical patients by 85 for Q4. During December the following additional capacity was in place for the medical pathway:

- 24 additional medical beds went live as part of the winter plan with the switching of a ward 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

From the beginning of January a further surgical ward will switch to medicine for a 2 month period.

Improve use of bed capacity via the Nerve centre 'E-beds' system

The use of bed availability is becoming more efficient with the Nerve centre E-beds system. This is leading to more timely visibility and understanding of when beds are vacant and the ability to see and manage queues for specialty beds on EAU – targeting plans at specialty level. This is ultimately increasing the number of patients who get to the desired specialty which will reduce ALOS. Whilst it is early days for the e-beds system it would seem to be creating benefits that can hopefully be sustained.

Performance by day of week

Nov 18 - Day	Mean % under 4 hours (2018)	Mean % under 4 hours (Nov 2018)	Variance	Mean pts waiting >4 hours (2018)	Mean pts waiting >4 hours (Nov 18)	Variance	Mean admissions (2018)	Mean admissions (Nov 18)	Variance
Monday	91.0%	89.2%	-1.8%	42	53	12	91	102	10
Tuesday	92.1%	92.1%	0.1%	33	35	1	86	95	8
Wednesday	93.7%	95.7%	2.0%	26	19	-7	84	94	10
Thursday	94.1%	94.6%	0.4%	24	22	-2	87	92	5
Friday	94.0%	94.9%	1.0%	24	20	-4	86	93	7
Saturday	95.1%	95.0%	0.0%	21	21	0	71	75	4
Sunday	94.6%	90.4%	-4.2%	23	44	21	73	82	9

Dec 18 - Day	Mean % under 4 hours (2018)	Mean % under 4 hours (Dec 2018)	Variance	Mean pts waiting >4 hours (2018)	Mean pts waiting >4 hours (Dec 18)	Variance	Mean admissions (2018)	Mean admissions (Dec 18)	Variance
Monday	91.0%	95.6%	4.6%	42	21	-21	91	102	10
Tuesday	92.1%	96.3%	4.2%	33	16	-18	86	82	-4
Wednesday	93.7%	94.3%	0.5%	26	26	0	84	88	3
Thursday	94.1%	94.9%	0.8%	24	23	-2	87	98	11
Friday	94.0%	92.4%	-1.6%	24	30	6	86	93	7
Saturday	95.1%	92.9%	-2.1%	21	32	11	71	77	6
Sunday	94.6%	97.1%	2.5%	23	13	-10	73	74	1

During the quarter, the days that showed the most variation were Sundays during November and Saturdays during December.

On the Sundays during November, the average by day for the month were adversely affected by 2 Sundays that had <90% performance. Both of these Sundays saw ambulance arrivals over 120 for the day leading to ED reaching physical capacity and therefore a long wait to be seen. This increase in ambulance demand also led to a higher than usual admission rate for a Sunday meaning there were admission versus discharge deficits for the day.

On the Saturdays during December, the average by day for the month was adversely affected by 1 Saturday that had <90% performance. Whilst seeing more ambulances that

normal for a Saturday and with high minor's attendances, there was seemingly no volume explanation for the level of performance, although there was an ED middle grade gap due to sickness during the day and into the evening which wasn't able to be covered. In addition to this colleagues on shift reported a high complexity in cases overnight, particularly related to Paediatrics and mental health attendances that reduced the ability to maintain the wait to be seen. It was felt that some of the impact could have been mitigated by earlier escalation of the wait to be seen to the Duty Nurse Manager and this has been briefed back to the ED team.

Elective Access Standards

RTT

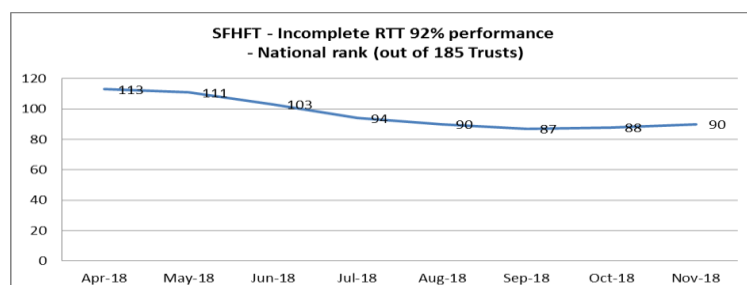
The RTT position for December against the incomplete standard is 90.01%. The Trust is committed to delivering the 92% standard and as a minimum will continue to deliver 90%.

RTT Incomplete	April	May	June	July	August	September	October	November	December	January	February	March
2018/19 Planning 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%
Actual	89.2%	90.0%	90.0%	90.6%	90.6%	90.6%	91.0%	90.4%	90.0%	*90.02%	*90.01%	*90.01%
Note: * Forecast to NHSI on 17/01/2019												

November performance as a national ranking is 90th out of 185 Trusts.

National performance for the month was 87.3%

December (at time of writing) is not yet published by NHS England



RTT PTL Size	April	May	June	July	August	September	October	November	December	January	February	March
2018/19 Planning Trajectory	24,976	26,001	25,461	25,512	25,920	25,189	24,819	24,915	25,041	24,155	23,535	23,205
Actual	24,274	24,585	24,794	25,698	25,890	25,586	26,001	26,377	27,333	*26,889	*26,266	*25,897
Notes: * Forecast to NHSI on 17/01/2019 c.1,000 of the increase is the transfer of community paed.												

The size of the Incomplete PTL for December has grown to 2,292 higher than trajectory and 956 higher than November. Whilst the transfer of Community Paediatrics accounts for approx. 50% of the increase (1,100) the other 50% is across a number of specialties including Ophthalmology, ENT, General Surgery, T&O and Endocrine and is related to an increase in demand or known capacity gaps and data quality. A forecast has been submitted to NHSI showing a reduction in the size of the PTL for each month in Quarter 4 which at year end is currently forecast to remain 2,600 above trajectory. Note: 85% of the Incomplete PTL is non admitted activity.

New outpatient capacity and demand analysis was completed in December 2018. The specialties with the largest gaps are Ophthalmology, Respiratory, Dermatology, Urology and Cardiology. Work to refine the output from the modelling and develop a bridge to close the capacity gap where possible will be completed by the end of February 2019 in line with the 2019/20 planning cycle.

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

Cancer

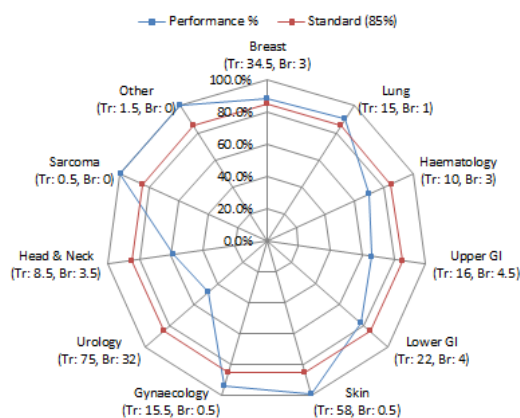
For the month of November the Trust delivered the 62 day standard at 85.1%. All other cancer standards were met except for 2WW Breast where 4 patients chose to wait longer than 14 days for their appointment.

Cancer 62 day	April	May	June	July	August	September	October	November	December	January	February
2018/19 Planning Trajectory	83.80%	83.80%	84.60%	85.40%	85.40%	85.40%	85.40%	85.40%	85.40%	85.40%	85.40%
Actual	87.60%	79.80%	84.60%	69.30%	74.30%	85.10%	79.30%	85.10%	*84.1%		

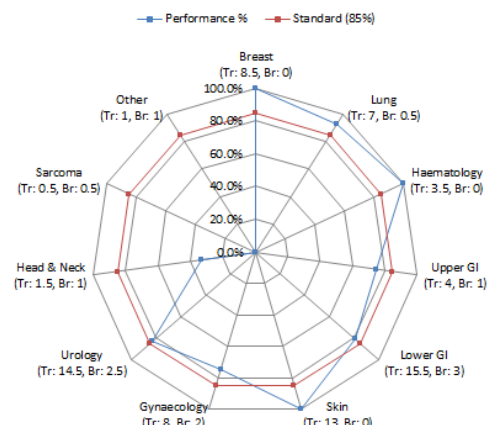
Note:
* Forecast to NHSI on 17/01/2019

Performance by tumour site for Quarter 2 (75.68%) and November (85.1%) is as follows:

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



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

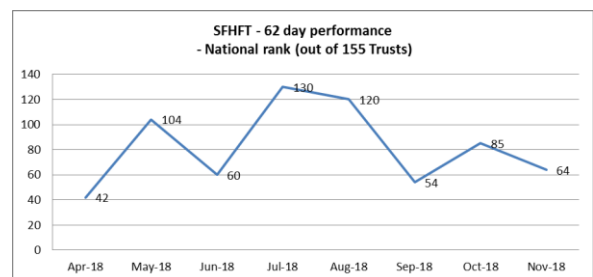


November performance as a national ranking is 64th out of 155 Trusts. National performance for the month was 79.19%.

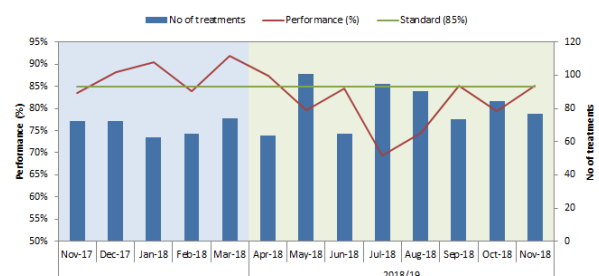
Forecast performance for December is 84.1%

The volume of treatments year to date is 8% (48) higher than for the same period in 2017/18 and 30% higher (149) when compared to 2016/17. The largest increase in treatments is seen in Urology at 30% higher YTD 2018/19. The second highest is skin with a 10% increase in treatments when compared to the same period 2017/18.

As at the 25th November there were 9 patients waiting 104+ days. All patients with a confirmed diagnosis have started the harm review process. No harm has been found to date, however the Trust is working with tertiary partners to ensure that



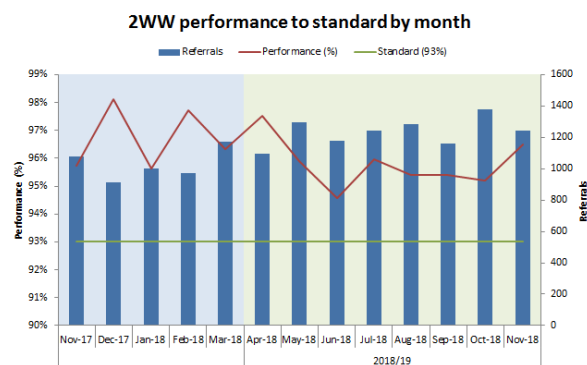
62-day (urgent GP referral) wait for first treatment by month



where a pathway takes place in more than one organisation that a joint harm review is undertaken.

All tumour sites delivered the 2WW 93% standard, despite YTD demand being 30% higher than in 2017/18.

Demand and capacity modelling undertaken in December 2018 identified gaps across a number of tumour sites to deliver a 7 day maximum wait for 1st appointment. Divisions have been asked to complete a bridge to identify solutions to close the gap. This work is expected by the end of February 2019.



On average 75% of 2WW referrals are seen within 7 days and 96% within 14 days. The main reason for breaching the 14 day standard is where a patient cancels/declines or is unavailable for an appointment; this accounts for 418/485 breaches YTD.

An audit of 2ww referrals in Upper GI last July, noted an increase in referrals which would not warrant a referral to 2ww clinics but where an alternate referral or intervention would have been more appropriate. Further audits will be rolled out across key tumour sites to evidence inappropriate referrals and patient choice issues and will be shared with CCG and GP colleagues. This is expected to be completed by the end of March 2019 (resource to be identified). The launch of Faecal Immunochemical Tests (FIT) to Mid-Notts GPs on 17th January should reduce the number of inappropriate referrals to Lower GI and greatly improve the patient experience as the majority (about 70% of those with low risk symptoms) will have colorectal cancer ruled out after a quick non-invasive test rather than having to undergo a colonoscopy.

Patient choice continues to feature across a number of cancer pathways notably at the diagnostic stage particularly at colonoscopy, CT colon, biopsy, etc. Cancer nurse specialists will contact patients if there is a concern particularly where more than one appointment is cancelled. Where prep is required for a diagnostic procedure the booking teams will ensure that it is explained and often follow up with a call particularly if they consider a patient may need a reminder of when to start – this is usually 3-5 days before the procedure. Where a patient consistently cancels or does not attend for an appointment or procedure the referral is returned to the consultant for a clinically led decision to offer another appointment or discharge back to the GP.

The main reason for breaches of the 62 day standard across a number of tumour sites continues to be a delay to diagnosis/treatment planning and this remains the key focus in the recovery action plan. Other reasons include oncology and surgical capacity at NUH and complex pathways involving multiple clinical teams. Further work is required to systematically deliver a 7 day wait for a biopsy in the urology pathway. Whilst some improvement has been made with the support of additional ad-hoc capacity, the wait rose to up to 3 weeks for a template biopsy in December resulting in the 85th percentile wait to diagnosis increasing from 55 days at the end of November to 62 days throughout December. Data suggests that 85% of patients who have a pre-biopsy MRI will need a biopsy – this data can be used to produce a robust capacity model in the next 4 weeks.

Improvement in the 14 day turnaround time for a diagnostic procedure (notably MRI, CT Colon, colonoscopy and OGD) is evidenced in table 1 below. The dip in performance for colonoscopy was due to patient choice.

Table 1

Diagnostic test	September	October	November	December
MRI (14 Day)	42%	82%	91%	92%
CT Colon (14 Day)	N/A	7%	38%	78%
Colonoscopy (14 Day)	66%	75%	88%	85%
OGD (14 Day)	80%	82%	88%	93%

If the Trust can sustainably deliver 85% for Urology (and maintain good performance in other tumour sites) the overall position for the Trust would consistently be within a range of 82% - 90%.

Diagnostocs

The 6 week diagnostic performance for December is 99.03%.

Diagnostic 6 Week	April	May	June	July	August	September	October	November	December	January to March
Trajectory	98.73%	98.83%	99.02%	99.01%	99.01%	99.01%	99.02%	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%	

Exception Report

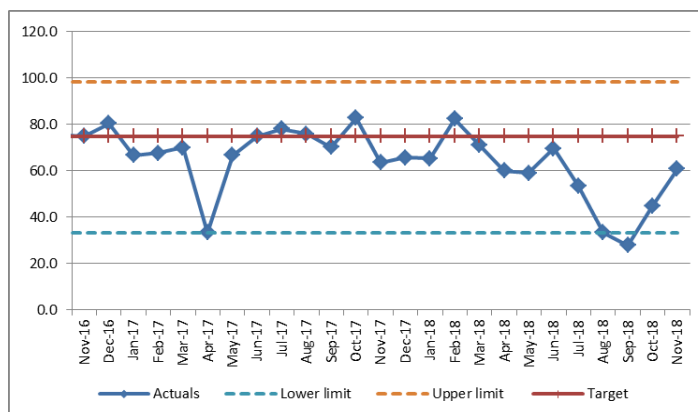
Indicator Best practice in Fractured Neck of Femur (NOF)

Month November 2018

Current position

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

For the month of November 2018 the Trust achieved 60.9% of best practice measures against the standard of 75%.



Causes of underperformance

14 patients failed to meet the best practice criteria of which 8 would be considered unavoidable. Of the avoidable delays 3 were due to lack of theatre time, 1 due to delays in Ortho-geriatrician review and 1 where no 4AT assessment was carried out. Of the 3 time to theatre breaches 2 were weekend admissions not added to Bluespier.

Action	Owner	Deadline
Establish 6 hour operating list on a Saturday and Sunday (from 4 hours) effective from 6th October 2018.	DGM	Complete
Daily escalation of outstanding Trauma and the plan to operate	DGM	In place
Extend the Trauma co-ordinator role to cover 7 days	DGM	Weekend cover in place
Live systematic review of BPT criteria for each patient to identify and resolve any incomplete elements	DGM	Complete
Chief Operating Officer oversight of daily trauma list in place from November 2018	COO	Complete

Improvement trajectory

The forecast for December is 53%. The deterioration is in the main due to a reduction in trauma theatre capacity over the bank holiday period. Indicative data shows 16 out of 30 patients in December meet the BPT; of the 14 potential breaches 8 are non-clinical.

Current information based on admission date for January indicates that 19 out of 26 patients have met the BPT however, this will be verified when the discharge data becomes available.

Risk	Mitigation
Increased demand due to a surge in Trauma would impact on the ability to operate within 36 hours	Flex utilisation of emergency and elective theatre lists to manage overall demand

Lead: Terri-Anne Munson, Surgical Division Deputy General Manager

Executive Lead: Simon Barton, Chief Operating Officer

Exception Report

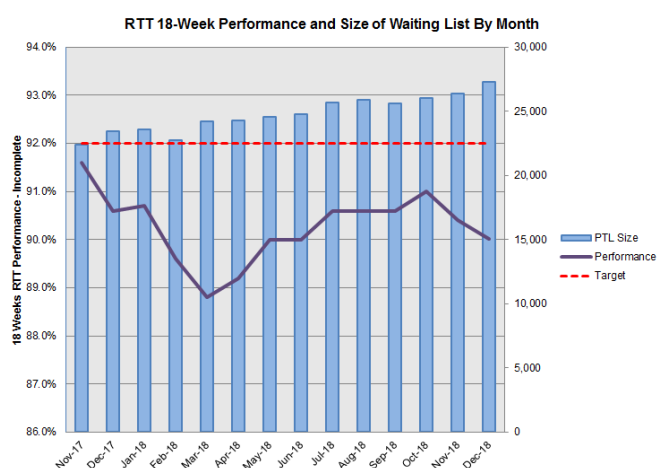
Indicator Maximum time of 18 weeks from referral to treatment - RTT
 Month December 2018

Standard	92%
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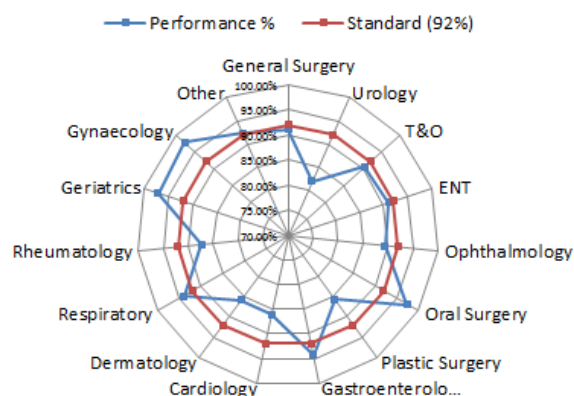
Current position

As at the end of December 2018, the volume of patients on an Incomplete RTT pathway is 27,318 of which 2,730 are waiting >18 weeks. This position delivers performance of 90.0% against a trajectory of 92%.

RTT Incomplete	April	May	June	July	August	September	October	November	December
Trajectory	89.59%	90.96%	91.75%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%
Actual	89.2%	90.0%	90.0%	90.6%	90.6%	90.6%	91.0%	90.4%	90.0%



RTT Incomplete Performance - December 2018



The volume of specialties failing the standard is 9. These are: General Surgery (91.07%), ENT (91.01%), T&O (90.38%), Ophthalmology (89.4%), Rheumatology (87.27%), Cardiology (86.05%), Plastic surgery (85.71%), Dermatology (85.88%) and Urology (81.77%)

RTT PTL Size	April	May	June	July	August	September	October	November	December	January	February	March
2018/19 Planning Trajectory	24,976	26,001	25,461	25,512	25,920	25,189	24,819	24,915	25,041	24,155	23,535	23,205
Actual	24,274	24,585	24,794	25,698	25,890	25,586	26,001	26,377	27,333	*26,889	*26,266	*25,897

Notes:

* Forecast to NHSI on 17/01/2019

c.1,000 of the increase is the transfer of community paed.

The size of the Incomplete PTL has grown to 2,292 higher than trajectory and 956 higher than November. Whilst the transfer of Community Paediatrics accounts for approx. 50% of the increase (1,100) the other 50% is across a number of specialties including Ophthalmology, ENT, General Surgery, T&O and Endocrine and is related to an increase in demand or known capacity gaps and data quality. A forecast has been submitted to NHSI showing a reduction in the size of the PTL for each month in Quarter 4 which at year end is currently forecast to remain 2,600 above trajectory. Note: 85% of the Incomplete PTL is non admitted activity.

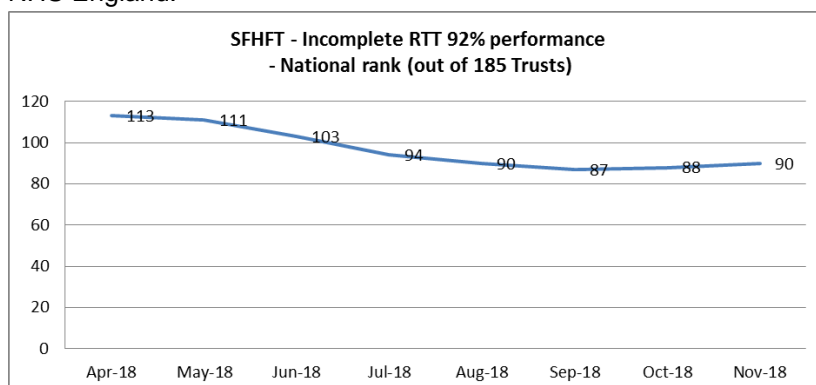
Actions to address the increase in the PTL size include:

- Month-end data quality checks are in place however, due to the historic validation project routine in month data quality checks such as duplicate records, will re-commence in February 2019.
- Capacity and demand analysis was completed in December 2018 for new outpatients and 2WW.

The specialties with the biggest gaps are Ophthalmology, Respiratory, Dermatology, Urology and Cardiology. The work to refine the output from the modelling and develop a bridge to close the capacity gap where possible will be completed by the end of February.

- The Introduction of patient Initiated Follow-Ups (PIFU) across a number of specialties such as ENT, Urology, Respiratory, Dermatology and Dietetics to reduce the demand on follow up capacity and convert to new outpatient capacity.
- Focus on clinic utilisation and reduction in the volume of ASI's

November performance as a national ranking is 90/185. December (at time of writing) is not yet published by NHS England.



Recovery actions and Improvement trajectory

2018/19 Actual vs Trajectory:

RTT Incomplete	April	May	June	July	August	September	October	November	December	January	February	March
2018/19 Planning 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%
Actual	89.2%	90.0%	90.0%	90.6%	90.6%	90.6%	91.0%	90.4%	90.0%	*90.02%	*90.01%	*90.01%

Note:
* Forecast to NHSI on 17/01/2019

The Trust is committed to delivering the 92% standard and as a minimum will continue to deliver 90%. Key specialties include:

Ophthalmology: YTD DC activity is 7.4% below plan, OP activity 0.5% above plan. To deliver 92% the volume of patients waiting >18 weeks needs to reduce by at least 120. December is the second month that Ophthalmology has failed the standard. The impact of Ophthalmology failing is a deterioration of 0.44% in the overall Trust position. The specialty expects to recover to 92% in February 2019. The main reasons for the current position and actions to recover are as follows:

- Capacity: The specialty have had significant capacity constraints, albeit clinics are currently well utilised there is limited ability to increase capacity. There are currently weekend clinics supported by the private sector which see follow up patients for review. Referrals and reviews are both triaged by Health Harmonie to divert patients to community provision where clinically appropriate. Additional sessions have been arranged and supported within the service through WLIs however; physical clinic room and theatre constraints limit the extent to which this is possible. Work is ongoing to explore the potential to increase the level of support from the private sector to manage referrals into the service from an appointment slot issue (ASI) perspective which could reduce the pressure on the service in the future.
- Equipment availability. There is currently one OCT machine in the clinic rooms and a limited number of slit lamps which reduces the ability to flex capacity to meet patient need. A benchmarking exercise is currently being undertaken with other local services to understand the equipment required to

maximise clinic flow and minimise waiting times for patients.

- Increased demand for the service. Analysis of demand over the last 5 years evidences an increase of 12.1% since 13/14 and a year on year increase of 4.49%. Demand and capacity modelling undertaken in December 2018 shows a capacity gap (at the 85th percentile) of c.75 new slots per week.
- Staff availability. 2 new middle grade doctors undertaking a full timetable of clinical activity.
- PTL size. There has been a deep dive into the management of the PTL position by the administrative team, the output is being reviewed. To address the required validation the Division has re-prioritised work and will be undertaking training specific to the common themes identified
- Activity. To recover the activity below plan there will be 1 extra theatre list per week at KMH in February and 2 additional local anaesthetic lists per month at Newark in February.

ENT: YTD Elective and DC activity is 10.8% below plan, OP activity 17% above plan. To deliver 92% the volume of patients waiting >18 weeks needs to reduce by at least 25. The specialty expects to recover to 92% in February 2019. The main reasons for the current position and actions to recover are as follows:

- Staff Availability. The service has appointed a new Middle Grade doctor who is expected to join the service in February (visa pending).
- Demand. The service is due to implement a Patient Initiated Follow Up (PIFU) Pathway from the end of January which will support a reduction in unnecessary follow ups and a reconfiguration of current capacity to meet new demand. In addition to this, in January the specialty are implementing virtual clinics and replacing underutilised theatres with clinics.
- PTL size. As with ophthalmology there has been a deep dive into the management of the PTL position by the administrative team in the service with a view to ensuring pathways are validated and training is undertaken to address the common themes identified.
- Activity. Due to the impact of not routinely funded / restricted procedures, the specialty will not fully recover to activity plan. Approx .30 cases, currently at authorisation stage are planned for February and March.

Cardiology: YTD Elective and DC activity is 16.5% above plan, OP activity 0.63% above plan. To deliver 92% the volume of patients waiting >18 weeks needs to reduce by 110.

- As a an interim action 3 additional follow up clinics have been set up in January
- Options have been assessed to recruit an agency locum above establishment in order to work through the ASI and review list; however, the preferred option is to prioritise the implementation of a virtual referral service supported by Medefer a private provider. Medefer provide a consultant-led 'Advice & Guidance' or 'Virtual Outpatient Service' service. Their offer is to triage all incoming new referrals from start date of the initiative and all patients who have been unable to book an appointment (ASI). Medefer will review the referral from primary care, in some cases will make contact with the patient to ascertain more information about their condition and will make an assessment to manage the patients virtually where clinically appropriate and safe to do so. They would do this by providing Advice and Guidance to the patient and/or the GP. The offer for all new referrals as well as patients who have been referred to SFHFT but have been unable to book an appointment is designed reduce the number of referrals that need to be seen (face to face) in Trust outpatient capacity. The business case to use Medefer was approved by the Executive team in December 2018. There is a lead-in time of 8-12 weeks to implement the new process with the support of clinicians, GPs and the CCG.

Dermatology: YTD Elective and DC activity is 9.51% above plan, OP activity 6.69% above plan.

- Staff availability. The service is carrying a consultant vacancy; with attempts to recruit a replacement unsuccessful due to national shortages of Dermatologists. The team continue to offer extra capacity, but this does not provide any additional activity. A new locum has been identified with the team now progressing suitability checks.

- Demand. A sustained increase in 2WW demand and prioritisation of cancer patients has impacted on the wait for a 1st appointment at SFH. The Division have explored outsourcing both new referrals and minor ops; contact has also been made with colleagues at neighbouring Trusts regarding supporting the service, which proved unsuccessful. In terms of support from the CCG, Community Dermatology services have been running across Mid Nottinghamshire since May 2018 in N&S and September 2018 in M&A. The service triages referrals and determines suitability for the clinics and patients appropriate for the Community Clinic. Tele -Dermatology is also being utilised in each practice across Mid-Nottinghamshire. Trust and CCG colleagues will continue to work collaboratively to reach a sustainable position.

Rheumatology: YTD Elective and DC activity is 2.29% below plan, OP activity 5.8% below plan. To deliver 92% the volume of patients waiting >18 weeks needs to reduce by at least 60. The service has been challenged due to 1 consultant returning from long term sickness at the end of December on phased return, a need to improve clinic utilisation and a lack of administrative support.

Actions in place to recover include:

- Flexing existing capacity to see additional news and reviewing clinic booking patterns
- SPR to undertake clinics along with the Head of Service creating one extra clinic from February 2019 for 3 months
- Additional admin support in place in January

Urology: YTD Elective and DC activity is 3.06% above plan, OP activity 7.25% above plan. To deliver 92% the volume of patients waiting >18 weeks needs to reduce by at least 270. Actions in place to recover include:

- Additional theatre and Outpatient sessions in place in January and February.
- Implementation of PIFU from the end of January

T&O: YTD Elective and DC activity is 2.2% above plan, OP activity 0.49% below plan. To deliver 92% the volume of patients waiting >18 weeks needs to reduce by at least 40.

- Additional Trauma theatre lists in place now to reduce the impact on electives
- Continue to use the private sector with c40 patients transferring in January.

Risk	Mitigation
Insufficient capacity to deliver outpatient demand resulting in ASI's and long waits for first appointment	Additional sessions targeted where most needed Use of the Independent sector (IS)

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

Executive Lead: Simon Barton, Chief Operating Officer

Exception Report

Indicator Breaches of the 28 day guarantee following a last minute (on the day) non clinical cancelled elective operation

Month Quarter 2

Current position																							
<p>For Quarter 2 there were 6 patients who failed to have a revised date within 28 days of the non- clinical on the day cancellation of their elective operation.</p> <p>1 T&O patient was cancelled in June due to lack of theatre time, a new TCI was agreed within 35 days. 3 patients were cancelled in July (2 General Surgery, 1 ENT). 2 were due to lack of theatre time and 1 due to equipment failure. 1 patient was re-dated within 35 days, 1 within 42 days and the third decided not to have the operation after further discussion with the clinician.</p> <p>2 patients were cancelled in August, 1 due to staff availability subsequently dated within 36 days. The second was a routine T&O patient cancelled due to lack of theatre time and who was re-dated within 72 days due to an administrative error.</p>																							
<table border="1"> <caption>Actuals vs Target Data</caption> <thead> <tr> <th>Quarter</th> <th>Actuals</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>Q1 17/18</td> <td>5.0</td> <td>5.0</td> </tr> <tr> <td>Q2 17/18</td> <td>3.0</td> <td>5.0</td> </tr> <tr> <td>Q3 17/18</td> <td>0.0</td> <td>5.0</td> </tr> <tr> <td>Q4 17/18</td> <td>27.0</td> <td>5.0</td> </tr> <tr> <td>Q1 18/19</td> <td>18.0</td> <td>5.0</td> </tr> <tr> <td>Q2 18/19</td> <td>12.0</td> <td>5.0</td> </tr> </tbody> </table>			Quarter	Actuals	Target	Q1 17/18	5.0	5.0	Q2 17/18	3.0	5.0	Q3 17/18	0.0	5.0	Q4 17/18	27.0	5.0	Q1 18/19	18.0	5.0	Q2 18/19	12.0	5.0
Quarter	Actuals	Target																					
Q1 17/18	5.0	5.0																					
Q2 17/18	3.0	5.0																					
Q3 17/18	0.0	5.0																					
Q4 17/18	27.0	5.0																					
Q1 18/19	18.0	5.0																					
Q2 18/19	12.0	5.0																					
Causes of underperformance																							
<p>Lack of theatre time is the most common cause for cancellation. Administrative process is the common cause for breach of the standard.</p>																							
Action	Owner	Deadline																					
Weekly theatre scheduling meetings undertaken to ensure lists are not under/over booked and that the right staffing and equipment are available.	DGM	Complete																					
Potential on the day cancellations for non-clinical reasons are escalated daily to the DGM for surgery and COO.	DGM	Complete																					
Develop 'Apology Pack' where patients who are cancelled on the day leave with an alternative date for surgery.	DGM	January 2019																					
Escalation from waiting list office to divisional specialty lead if a date within 28 days is not available.	DGM	January 2019																					
Improvement trajectory																							
<p>For quarter 3 the forecast based on current information is that 3 patients (6.98%) have not been dated within 28 days of a non-clinical on the day cancellation.</p>																							
Risk	Mitigation																						
Patients are more complex than expected.	Review of list order on the day.																						

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

Executive Lead: Simon Barton, Chief Operating Officer

Exception Report

Indicator Number of cases exceeding 52 weeks referral to treatment

Month December 2018

Standard	Zero	Date expect to achieve standard	March 2019
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Current position												
<p>As at the end of December the Trust reported 6 patients waiting 52+ weeks of which; 3 are Urology, 1 General Surgery, 1 T&O and 1 Cardiology.</p> <p>3 patients have subsequently been discharged to their GP, 1 patient has been treated in January and 2 patients have been referred to NUH.</p>												
Causes of underperformance												
<p>3 of the 6 patients were identified as part of the historic validation of open pathways.</p> <p>3 patients were genuine 52+ waits, 1 T&O patient being a complex procedure and complex/unwell patient with extensive co-morbidities, treated early January at 57 weeks.</p> <p>A second genuine wait was recorded in Urology, again a complex patient with a combined NUH/SFHFT pathway and elements of patient choice. This patient attended at 57 weeks and has subsequently been referred to NUH for consideration of surgery. A third Cardiology patient at 78 weeks has been referred to Cardiothoracic surgeons NUH for further advice.</p> <p>The Trust RCA and harm review process is followed for all patients waiting 52+ weeks.</p>												
Actions to address								Owner		Deadline		
Validation team in place undertaking a methodical review of open pathways.								Data Quality Manager / DGM		Dec 2018		
Patient pathways found to require a review are escalated to the divisional teams to identify immediate capacity to offer an OP appointment within 2 weeks.								DGMs		In place		
Weekly review of patients waiting 40+ Weeks at RTT PTL meeting and escalation to COO								Deputy COO (Elective)		In place		
Improvement trajectory												
<p>52 week waits may continue to be identified until the historic validation work is complete. This is expected to be completed by the end of January – a 4 week delay to the target completion date.</p> <p>The Trust trajectory is to be at zero by the end of March 2019. A small increase in the forecast for January and February has been submitted to NHSI due to the potential for waits to be identified in the final stages of the validation programme and to consider that patients may choose to wait for an appointment.</p>												
52+	April	May	June	July	August	September	October	November	December	January	February	March
2018/19 Planning Trajectory	20	17	15	12	12	12	12	12	12	6	6	0
Actual	29	40	21	18	14	21	15	11	6			
Forecast										10	10	0
Risk								Mitigation				
Further breaches identified due to the ongoing historical validation programme.								Appoint patients as soon as they are identified.				
On-going live errors recorded on Medway PAS.								Patient management reports are reviewed at the weekly RTT PTL meeting.				

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

Executive Lead: Simon Barton, Chief Operating Officer

Finance

At the end of quarter 3 the Trust is reporting a deficit of £35.95m before Provider Sustainability Funding (PSF), £0.05m ahead of plan year to date (YTD). This is £0.11m worse than was forecast at month 8. At the end of month 9, PSF of £7.43m has been reflected. The reported control total deficit including PSF is £28.53m, £0.57m behind plan.

The forecast year end position is the Trust will achieve the control total excluding PSF, deficit of £46.37m. The Nottinghamshire Integrated Care System is not forecasting the system control total, which results in a loss of £1.06m of system PSF. The forecast position including PSF is a deficit of £35.04m.

Key areas of note are: -

- Clinical income is £8.59m above plan at month 9 and is forecast to be £11.44m above plan at year end, reflecting ongoing non-elective (NEL) activity, high cost drugs and agenda for change pay award funding. At the end of month 9 NEL activity is £6.56m over plan.
- Pay costs are £9.86m above plan at month 9 and are forecast to be £13.93m above plan at year end. Medical pay spend is £5.17m above plan at month 9, £0.32m better than forecast at month 8. Significant overspends reflect cover for sickness and vacancies mostly in Medicine, Surgery and Urgent Care, costs of additional capacity covered by income, and unmet FIP of £1.76m. Nursing pay spend is £3.88m above plan at month 9 due to non-delivery of pay FIPs and cover for vacant posts and sickness. At month 9 worked WTEs of 4,373 exceed budgeted WTEs of 4,279 by 94, (medical 41, nursing 54, others -1).
- Agency spend reduced in December by £0.21m to £0.91m. This is below the ceiling in month by £0.55m and by £0.71m YTD.
- Uncommitted reserves of £3.49m support the position at the end of month 9.
- The Financial Improvement Plan (FIP) & Financial Recovery Plan (FRP) are behind plan by £0.49m. The 18/19 FIP & FRP programmes are forecast to deliver savings of £16.02m.
- PSF of £7.43m has been reflected at month 9, £2.42m due to 4 hours access target, £4.82m for delivery of the SFH control total at the end of quarter 3 and £0.19m for delivery of the system wide control total in quarter 1. The Trust continues to forecast achievement of its cumulative control total and delivery of ED requirements in Q4. The system is forecasting that the system control total will not be recovered by the end of Q4 and therefore £1.06m of system PSF for Q2, Q3 and Q4 will not be received.
- Capital spend is behind plan by £2.55m at Q3, with a forecast outturn of £9.59m, £0.16m less than plan.
- Closing cash at 31st December was £3.43m, £1.52m above plan due to the receipt of Quarter 2 PSF on 14 December.
- At M9 the forecast and FRP have been reviewed and there remains a risk of £1.61m for which actions are being identified.

Financial Summary

	December In-Month			YTD			Annual Plan	Forecast	Forecast Variance
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m			
Surplus/(Deficit) - Control Total Basis Exc PSF	(4.73)	(2.54)	2.18	(36.01)	(35.95)	0.05	(46.37)	(46.37)	0.00
Surplus/(Deficit) - Control Total Basis Inc PSF	(3.49)	(1.43)	2.06	(27.95)	(28.53)	(0.57)	(33.97)	(35.04)	(1.06)
Finance and Use of Resources Metric YTD				3	3		3	3	
Financial Improvement Programme (FIP) & (FRP)	1.78	4.12	2.34	11.66	11.17	(0.49)	17.30	16.02	(1.28)
Capex (including donated)	(1.23)	(0.44)	0.79	(7.00)	(4.44)	2.55	(9.75)	(9.59)	0.16
Closing Cash	1.91	3.43	1.52	1.91	3.43	1.52	1.76	1.76	0.00
NHSI Agency Ceiling - Total	(1.46)	(0.91)	0.55	(12.24)	(11.53)	0.71	(16.66)	(16.11)	0.55