Public Board Meeting Report

Single Oversight Framework Integrated Monthly Performance Report

Date **3rd October 2019**
Authors **Senior Leadership Team**

Overview

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

As reported in previous boards, we continue to be very busy, with higher than expected levels of activity on all patient pathways. As referenced in September board and in the Q1 review, 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 are performing better than many, but not at the levels we want and colleagues at Sherwood continue to work exceptionally hard.

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 came back to the three way executive meeting between our three organisations in September.

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.

We continue to be slightly behind our financial plan. 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 seven 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 in September, it is likely Sherwood Forest Hospitals NHS FT, the wider NHS and public services will face a difficult 12 months as there are five 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 have restarted. A full report on this is coming to private board today.

- 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. Our plan came to board last month.
- 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.

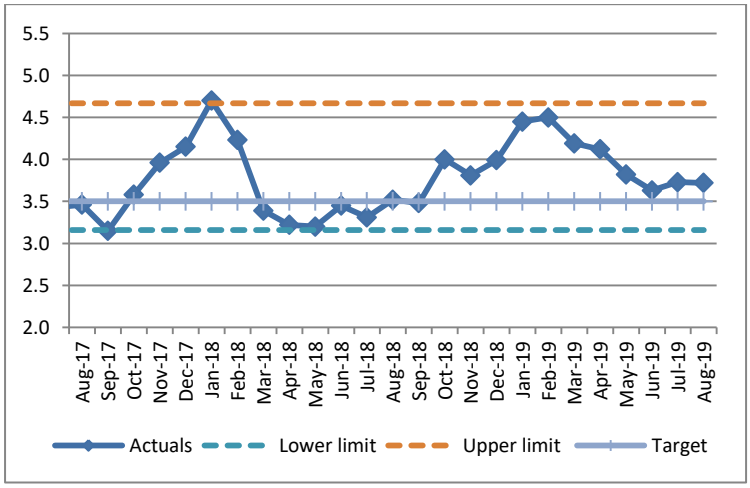
Organisational Health

ORGANISATIONAL HEALTH	HR	WTE lost as a % of contracted WTE due to sickness absence within last 12 months	≤3.5%	Sep-18 - Aug-19	3.7%	-		A
		Staff Turnover	≤0.9%	Aug-19	0.7%	0.7%		G
		Proportion of Temporary Staff	7.30%	Aug-19	7.6%	7.8%		A

Sickness

Sickness absence decreased in month to a figure of 3.72% (July, 3.73%), this figure has increased by 0.20% since last year, which was 3.52% in August 2018 and 3.46% in August 2017. Two Divisions were under the 3.5% including; Women & Children's', 3.04%, Urgent & Emergency Care at 3.29% and the Corporate areas at 2.14%. The remaining Divisions are Amber: Diagnostics & Outpatients 3.47% and Red: and Surgery, 4.77%; Medicine, 4.50%. The 0.8% stress, anxiety and depression sub-threshold was breached in August 2019 at 1.06% a decrease of 0.02% from July 2019, 1.08%.

Chart 1: WTE lost as a % of contracted WTE due to sickness absence within last 12 months



Sickness absence reason

The top three absence reasons in August are:

- Anxiety/stress/depression – 1.06%, 1365.4 FTE Days Lost which is a decrease of 15.36 FTE days lost from July 2019. It is above the 0.8% sub-threshold.
- Other musculoskeletal problems – 0.71%, 917.48 FTE days lost an increase of 220.01 FTE days lost from July 2019.
- Gastrointestinal problems – 0.33%, 429.11 FTE days lost which is a decrease of 50.18 FTE days lost from July 2019.

In August, it was Surgery who showed the highest increase with 167.91 FTE days lost, from 155.37 FTE days lost to 323.28 FTE days lost.

In July, the two Divisions which had the highest increase in month was D&O, an increase of 82.37 FTE days lost, 1332.05 FTE days lost to 214.42 FTE days lost and W&C which increased from 3.83 FTE days lost to 41.99 FTE days lost. We have wellbeing initiatives in place to support staff, many of which target absence for the top three reasons. 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 have a direct benefit to patient care.

Vivup currently provide the Trust with EAP Core Level 1 services which include:

- 24/7 telephone counselling
- Range of online Cognitive Behavioral Therapy workbooks
- Downloadable apps
- Access to online CBT Programme

The in house physiotherapist service that provides a fast track self-referral service for staff with acute muscular skeletal (MSK) issues continues providing on-going support to the workforce that has made significant impact on levels of absence in the workplace. The number of employees accessing the service in the last 3 months has increased by approximately 25%.

The current OH physiotherapy resource means there is a finite number of appointments available. To help meet demand and provide flexibility a regular late physiotherapy clinic within Occupational Health is currently being trialled but will be a cost pressure to provide long term. The waiting times for Occupational Health physiotherapy appointments is currently 10 working days.

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 that some level of absence for this reason is inevitable.

Preparations for the 2nd annual “Getting ready for winter wellness week” are under way. A week-long list of events 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 / masterclasses
- ✓ How to deliver a difficult conversation

- ✓ Annual Leave workshops / masterclasses
- ✓ 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 launched in September that 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.

Health Heroes will be a new voluntary role for members of staff to act as a local resource for colleagues, patients, friends and family to communicate network promote and employees the development of health and well-being principals in and outside of work. It is recognised that there is much overlap and the principles behind the collective promotion of health and well-being applies to everyone.

Health heroes will be expected to model and promote health and well-being principals in their work with colleagues and patients as appropriate to their role and signpost others by being aware of the range of information, resources and tools available to support health and well-being.

To become a health hero staff will be required to attend a one-day initial training session as well as a regular health hero update meeting and/or other forums.

Three training days have so far been arranged on 1 November, 22 November and 16 December, where six guest speakers will deliver six health promotion themed sessions:

- how to deliver an effective health promotion message
- no health without mental health
- tobacco and alcohol brief interventions
- musculoskeletal health
- making every contact count -diet and physical activity
- building resilience and managing stress

The Health Hero training day will end with a visit to the library so delegates can be familiarised with the range of health promotion resources that are available for them to access.

Turnover

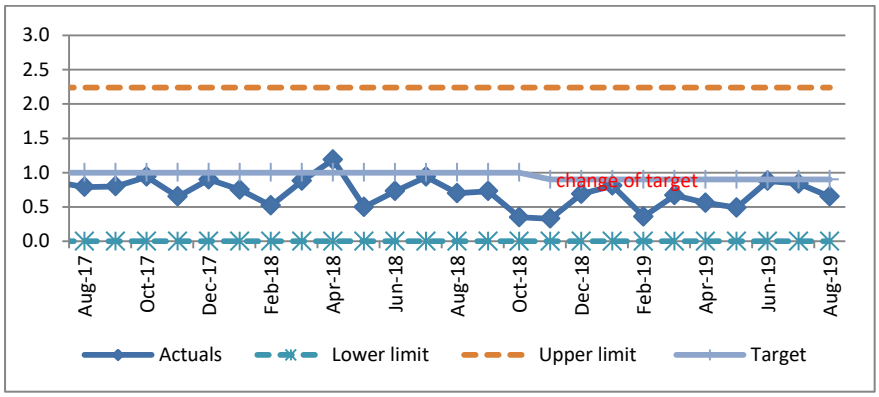
In August 2019, the overall turnover rate decreased to 0.65% (July, 0.84%). It has now been under the threshold for over a year and compares well with other Trusts. There were 99.13 FTE more starters than leavers in August 2019 (170.13 starters' v 71.00 FTE leavers). Of this, 118.22 FTE were Rotational Doctors who commenced on Augusts rotation. Registered Nurses had 8.75 FTE leavers, of these 4.99 FTE were Band 5.

The processes of exit interviews is that 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 August 2019, 14 individuals completed the exit survey. The reasons for leaving the Trust were mixed including higher pay, conflict with colleagues, family issues and leaving to attend university.

Details highlighted via the exit survey 74% felt they were supported by their manager, and 45% felt morale was good in their department. Positive information related to 100% of respondents would recommend the Trust as a place to receive care and 100% felt their skills were used effectively and had access to training and development opportunities.

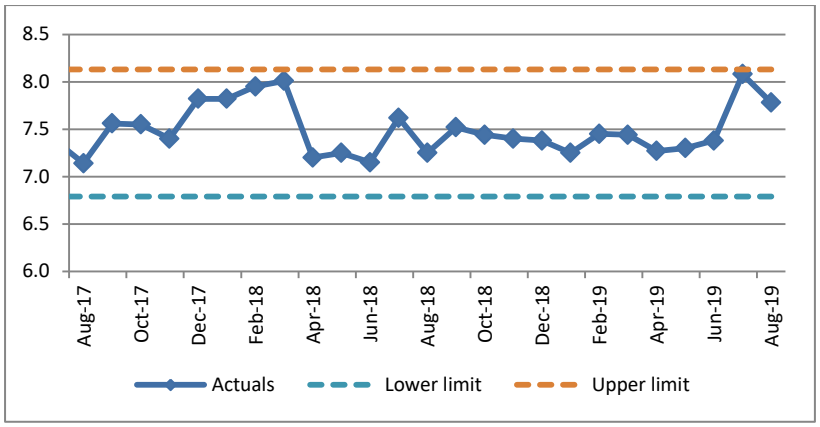
Chart 2: Staff Turnover



Percentage of Temporary Staff - Target 7.4%

This was 7.6% for August, a decrease of 0.5% from the month of July 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

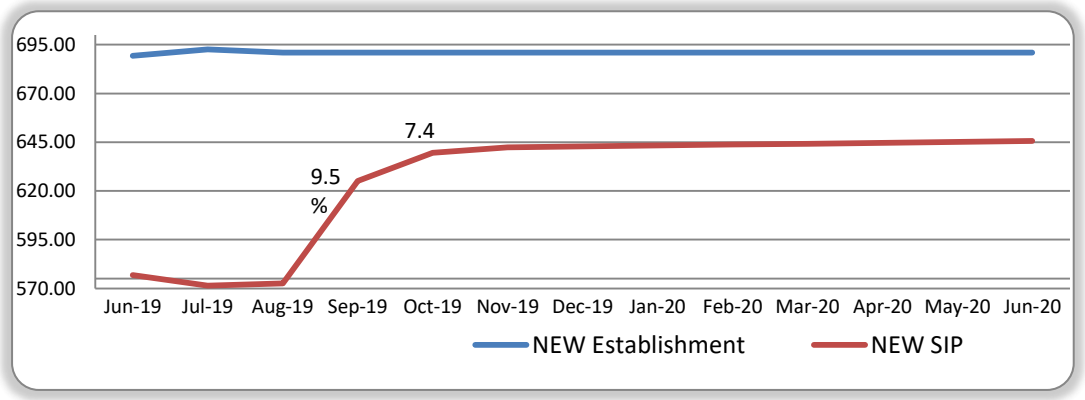


Medical vacancies have increased in August to 72.82 (13.23%). There were 125.72 new starters in August, of which a significant proportion (94%) were rotational doctors.

Band 5 RN vacancies decreased in August to 118.29 (17.1%). Eight overseas nurses have now gained full nurse status with the final 12 sitting their OSCE exams in Sept. Band 6 RN vacancies have also decreased in August to 14.84 (4.2%).

Projections for September and October look more positive with 45 students due to join the Trust and the remainder of overseas nurses gaining full nurse status. Vacancies are predicted to fall below the 10% target in September to 9.5% and fall again in October to 7.4%.

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	Jun-18 - May-19	95.7	-		G
		SHMI	100	Jan-18 - Dec-18	95.87	-		G
		Serious Incidents including Never Events (STEIS reportable) by reported date	2	Aug-19	11	2		G
		Never Events	0	Aug-19	1	0		G
		NHSE/NHSI Improvement Patient Safety Alerts Compliance (Number open beyond deadline)	0	Aug-19	3	0		G
	Quality	Safe Staffing Levels - overall fill rate	80.0%	Aug-19	101.3%	101.3%		G
		Same Sex Accommodation Standards breaches	0	Aug-19	0	0		G
		Clostridium difficile Hospital acquired cases	4	Aug-19	16	4		G
		MRSA bacteremia - Hospital acquired cases	0	Aug-19	0	0		G
		Eligible patients having Venous Thromboembolism (VTE) risk assessment	≥95%	Jul-19	95.3%	95.9%		G
		Eligible patients asked case finding question, or diagnosis of dementia or delirium	≥90%	Jul-19	78.4%	67.2%		R
		Eligible patients having Dementia Diagnostic Assessment	≥90%	Jul-19	99.8%	100.0%		G
		Patients where the dementia outcome was positive or inconclusive, are referred for further diagnostic advice	≥90%	Jul-19	98.8%	100.0%		G
		Number of complaints	≤60	Aug-19	181	42		G
		Recommended Rate: Friends and Family Inpatients	97%	Aug-19	97.7%	98.1%		G
		Recommended Rate: Friends and Family Accident and Emergency	87%	Aug-19	91.9%	90.1%		G
		Recommended Rate: Friends and Family Maternity	96%	Aug-19	93.5%	95.7%		R
		Recommended Rate: Friends and Family Staff	80%	Qtr1 Yr2019/20	82.3%	82.3%		G

Dementia

Patients over the age of 75 receive a dementia screening assessment within 72 hours of an emergency admission to hospital. Eligible patients asked case the finding question, or have a diagnosis of dementia or delirium has a standard for compliance of 90%. The data has demonstrated that for the month of July the Trust is non-compliant at 67.2%. Work is on-going as previously advised to Trust Board regarding an improvement approach.

Despite a decline, the referral rate for a more comprehensive assessment has continued to increase due to Rapid Response Liaison Psychiatry (RRLP) not accepting referrals other than those via Nerve Centre. There has been a continued random review of patients who do not receive the screening to ensure the hypothesis remains accurate in relation to those patients requiring a further assessment do receive these.

Mitigating actions to improve performance includes:

- Support has been sought from the Lead clinician for Dementia who will continue to liaise with his colleagues and highlight the reasons around the underperformance.

- On-going work supported by the Dementia Nurse specialist will include a weekly review of compliance upon Nerve centre, liaising with the RRLP colleagues to monitor referrals and competition has also been devised to engage and support the increase of dementia screening by medical staff.

Infection Prevention and Control

There were 4 cases of Trust acquired C Difficile infection (CDI) in August and 2 cases of Community Onset Hospital Associated (COHA) which brings the total to 26 cases against a position of 27 last year. Zero MRSA bacteraemia.

Falls

In August there were 12 grade 2 low harm and zero grade 3 or above harms. In August there was a slight increase in falls per 1,000 OBDs resulting in low or no harm. But all falls remains below the national average.
Focused work is on-going around reduction of repeat falls.

Friends and Family Test

The FFT for August 2019 the maternity target is 0.3% below trajectory, however during June, July and August a consistent improvement in recommendation rate is noted. The major factor relates to capacity issues in antenatal clinic and waiting times in gynaecology clinic. These have been reviewed at service line and scored as 9 on the risk register. Staff continue to ensure women are aware of delays in clinic both prior to their appointment and when clinics are running late on the day .

The division will continue to monitor this via the feedback received via FFT comments, to date this is not a theme reported via complaints or concerns

Operational Performance/ Access

OPERATIONAL STANDARDS	Emergency Access	Emergency access within four hours Total Trust	≥95%	Aug-19	91.2%	89.2%		R
		Number of trolley waits > 12 hours	0	Aug-19	2	1		R
		% of Ambulance handover > 30 minutes	8.0%	Aug-19	8.7%	6.9%		G
		% of Ambulance handover > 60 minutes	0	Aug-19	0.6%	0.5%		R
	Referral to Treatment	18 weeks referral to treatment time - incomplete pathways	≥92%	Aug-19	-	88.3%		R
		Number of cases exceeding 52 weeks referral to treatment	0	Aug-19	-	0		G
	Diagnostics	Diagnostic waiters, 6 weeks and over-DM01	≥99%	Aug-19	-	98.0%		R
	Cancer Access	62 days urgent referral to treatment	≥85%	Jul-19	75.3%	76.4%		R
		62 day referral to treatment from screening	≥90%	Jul-19	89.1%	72.7%		R

Emergency care

Emergency access performance against the 4 hour wait in August 2019 was 89.2%. This was 6.1% below the NHS Improvement agreed trajectory and ranked 28th of 117 Trusts in the NHS.

Demand for Emergency care has followed the recent trend following winter and August was no different, with 902 more attends than August 2018 (10%). Admissions continued at the high levels seen throughout all of 2019 10% higher than 2018. It is the cumulative impact of high attendances per day and a consistently high admission rate that contributed to the performance in August. Actions being taken to return to trajectory levels include work across the ICS to understand the drivers for demand and strengthening weekend discharges and same day emergency care.

Elective care

Referral to Treatment (Incomplete standard)

Performance against the 18 week RTT incomplete standard at the end of August 2019 was 88.3% which remains 2.5% below the 2019/20 trajectory. The root cause for the decline in performance continues to centre on the rising volume of patients waiting longer than 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 1st appointment and reduce the volume of follow up reviews. The Trust continues to ensure zero patients are waiting longer than 52 weeks at month end.

Cancer

The Trust delivered 76.4% against the 62 day standard for the month of July 2019 and reported the highest number of treatments in one month at 108. YTD demand is 7% higher than 2018/19 which continues to put pressure on first appointment and diagnostic capacity. The main tumour sites breaching the standard in July were Urology and Lung. The root cause and actions being taken in these and other tumour sites have been developed into a joint action plan which has been shared

with NHSI/E and focusses on reducing days waiting on the pathway. 40% of all breaches YTD were within 14 days of the standard. A revised trajectory will be agreed with NHSI/E when a plan for additional short term capacity at both SFH and NUH has been identified.

The Trust delivered all other cancer standards except for 31 day, 31 day subsequent surgery and screening. In the main this is due to treatment capacity within skin and patient fitness across a range of tumour sites. At the end of July 22 patients were waiting 104+ days. All patients with a confirmed diagnosis have started the harm review process.

Diagnostics (DM01)

At the end of August 2019 the Trust delivered 98% against the 99% DM01 standard, this was based on 124 breaches from a waiting list of 6,204 procedures. Just over half of all breaches in August were for procedures undertaken in Endoscopy. As noted in previous Board reports the reduced take up of additional sessions and the drive to focus on cancer and urgent cases has resulted in an extended wait for routine patients. For September additional insourcing capacity has been secured. The second highest volume of breaches were due to waits for non-obstetric ultrasound , the root cause being a lack of capacity due to annual leave. This risk has been mitigated for the future through the recent appointment of a radiologist who can undertake head and neck scans.
There remains a residual risk into September for cystoscopy capacity for which independent sector capacity is being sought.

Exception reports are attached for:

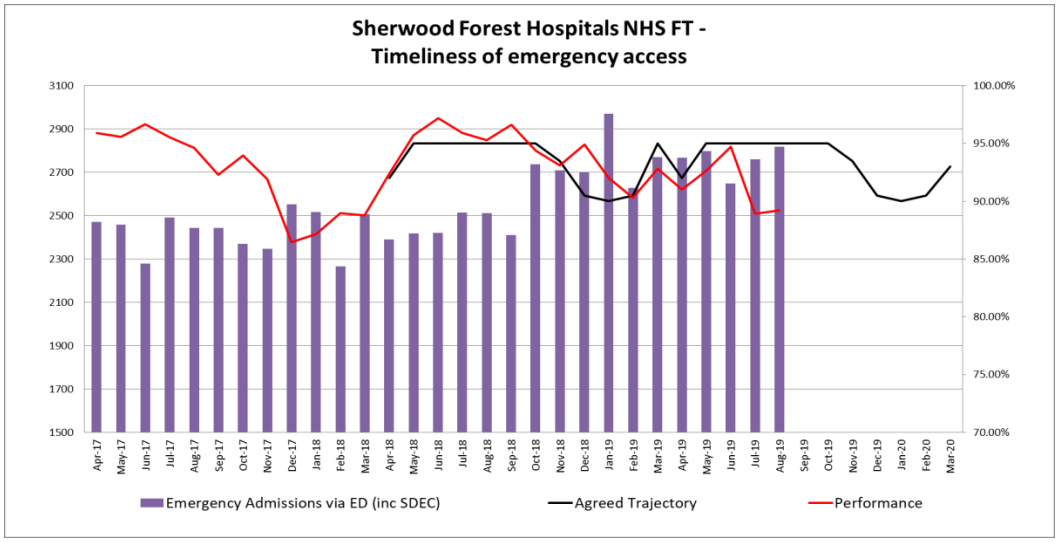
- Emergency access within four hours
- RTT Incomplete standard
- Cancer 62 day standard

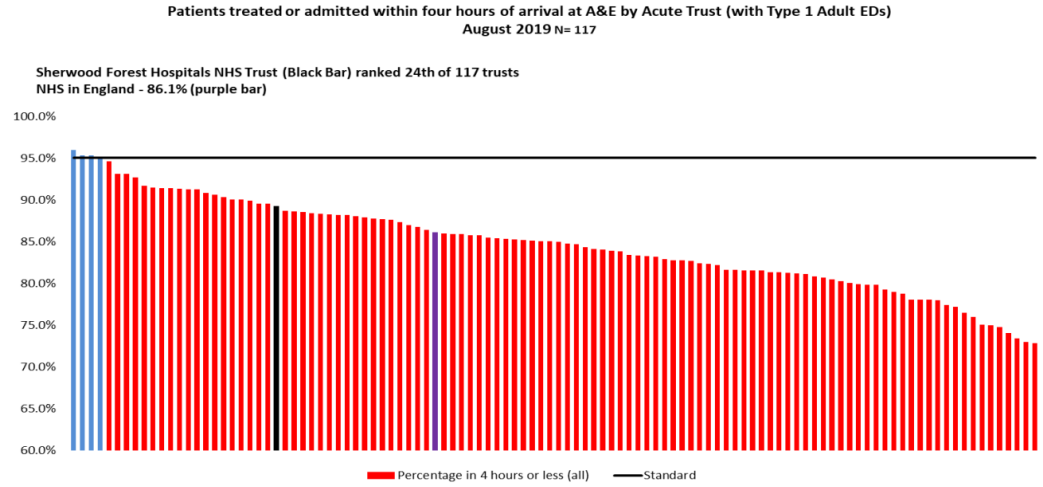
Exception Report

Indicator **Emergency access within four hours (95%)**
Month **August 2019**

Emergency access performance against the 4 hour wait in August 19' was 89.2%. This was 6.1% below the NHS Improvement agreed trajectory. August performance was ranked 24th of 117 Trusts in the NHS. One patient waited 12 hours for a bed from decision to admit.

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%	89.2%							
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%
Ambulance Handover												
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%	6.7%							
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%





Causes of underperformance

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

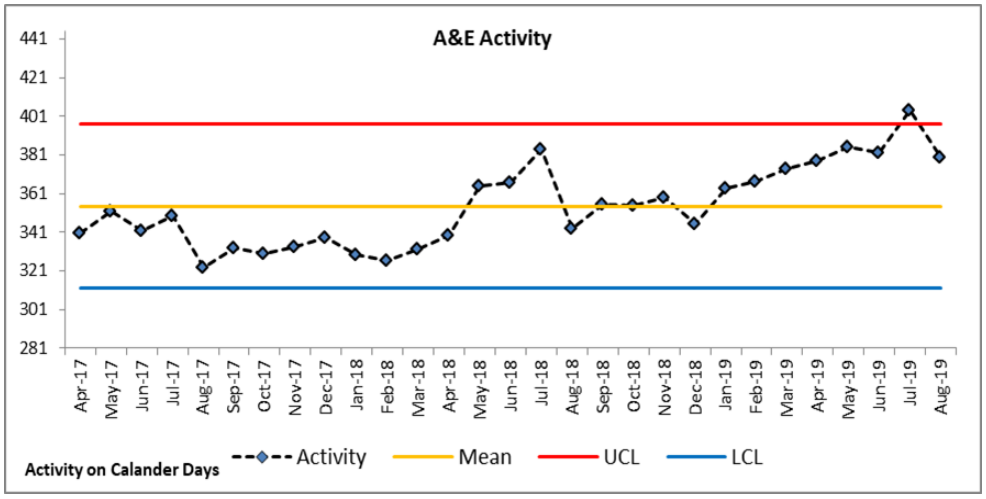
areas of the department:

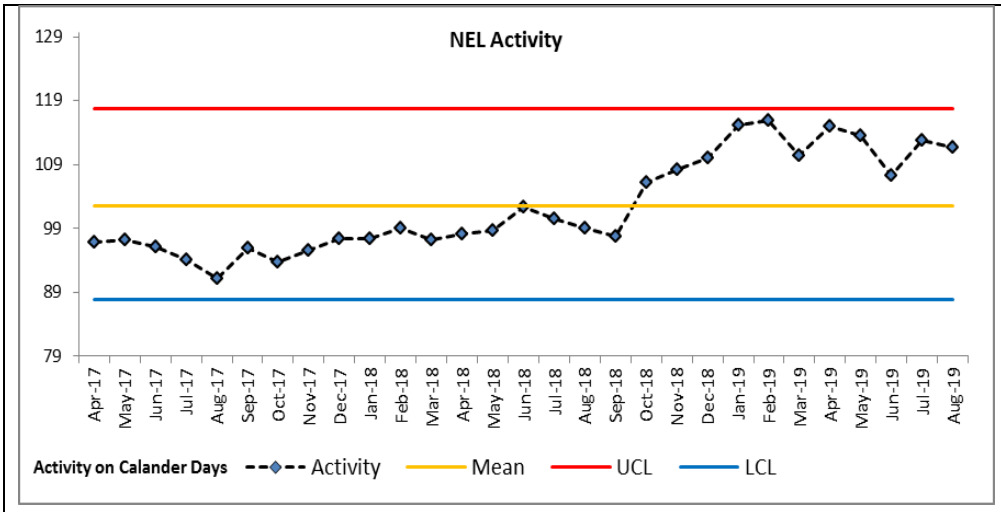
- Admission and discharge deficit – this is caused by an increase in admissions, a decrease in discharges or a combination of the two and can lead to breaches of the 4 hour wait standard and overcrowding in the emergency department
- Waiting time to see a Dr – this has numerous root causes. It can be 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

August position

Demand for Emergency care has followed the recent trend following winter and August was no different, with 902 more attends than August 2018 (10%). Admissions continued at the high levels seen throughout all of 2019 10% higher than 2018.

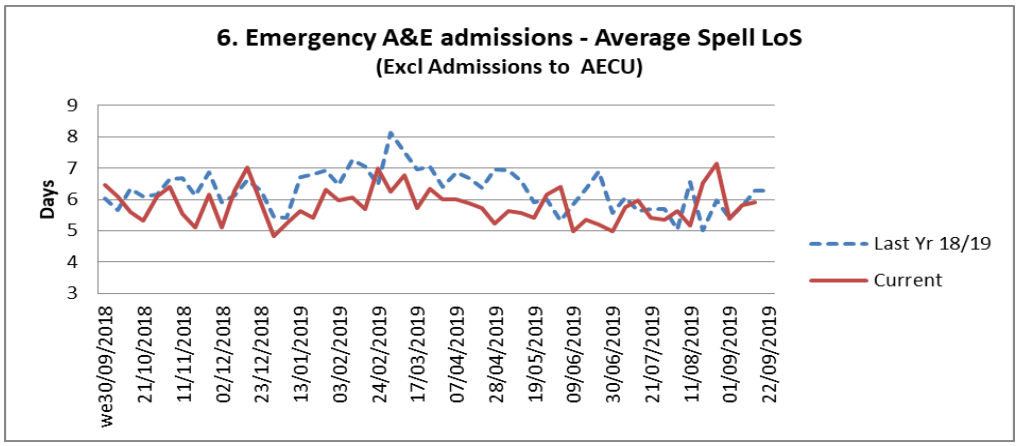
It is the cumulative impact of high attendances per day and a consistently high admission rate that contributed to the performance in August.

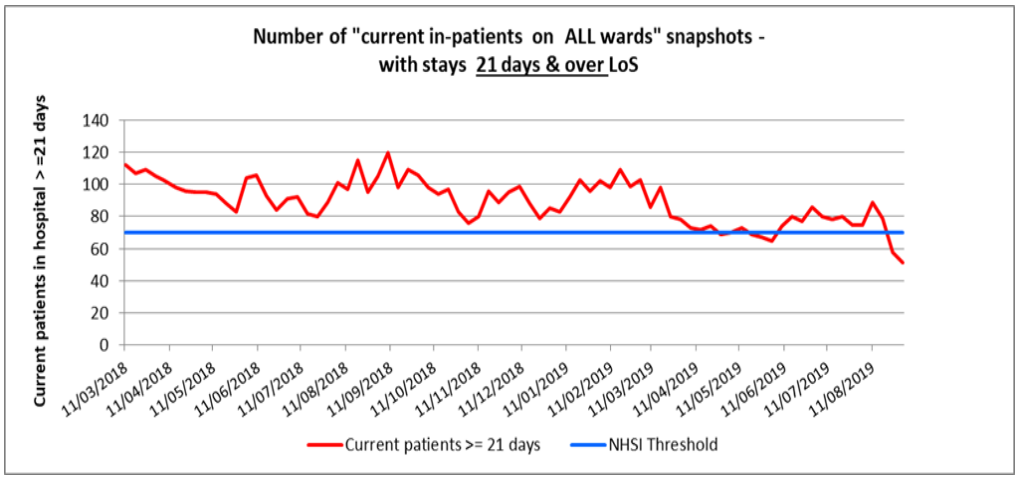




To try to cope with the growth in demand during August additional capacity had to be implemented on a number of occasions, with 13 extra beds being opened at times.

Discharges remained strong 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.





On a 3 day rolling measure for the month, there were 13 days during August that saw an admission and discharge net deficit and these days led to 60% of the breaches of the 4 hour wait standard over the month. So reducing these deficits remains the majority driver of performance. However, these deficits were impacted on by a very high increase in attendances in month.

The 6 days including the bank holiday saw a 17% growth in attendances against the summer BH in 2018 and contributed 35% of the breaches and the 12 hour wait; it also saw an unusual spike in the emergency LOS that week. A full debrief has been undertaken regarding the planning via the AEDB and the learning will be implemented for future bank holiday periods.

Actions to recover and improvement trajectory

Actions being taken to improve performance:

As discussed at Board in September the '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 ICP 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, this was an SFH lead action and is not complete.
- Review of PC24 streaming, with an aim of moving from 20% to 25% thereby ensuring a reducing number of patients requiring KMH ED. This is an SFH lead action and work is underway with NEMs to identify the additional cohorts of patients who can be streamed. It is expected to be in place by November.
- 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 November. 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 and test cycles of improvement ideas are now being run each week to understand their impact. They are likely to be completed in November.

- There is a continued focus on the delivery of 'Same Day Elective Care' with an objective of 15 more majors' patients per week being streamed through it thereby reducing admission rate and on long stay patients in hospital over 21 days.
    - The operations room will be changing leadership from the 1st September to further strengthen the operational control of on the day access for patients.

Risk	Mitigation
• Continuing growth in demand above current levels	• ICP drivers of demand work

Executive Lead: Simon Barton, Chief Operating Officer

Exception Report

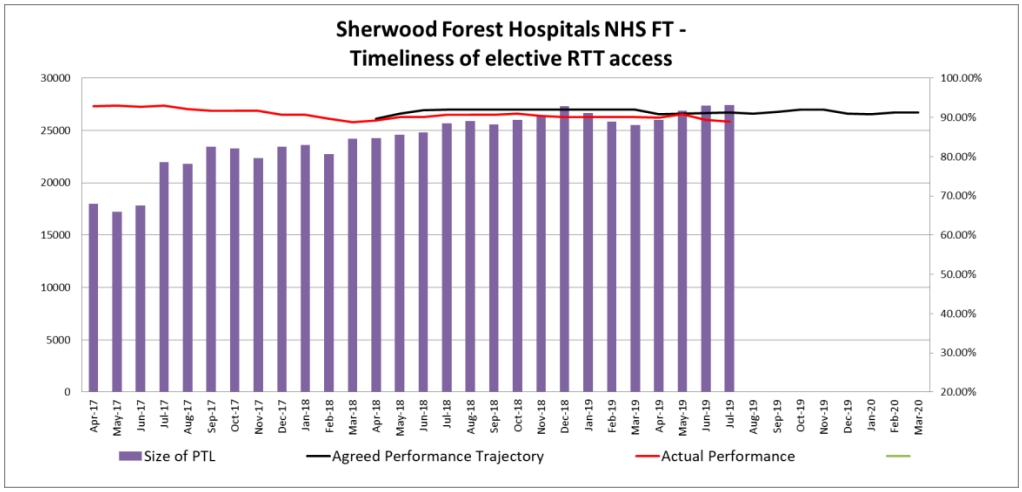
Indicator **Maximum time of 18 weeks from referral to treatment - RTT**
Month **August 2019**

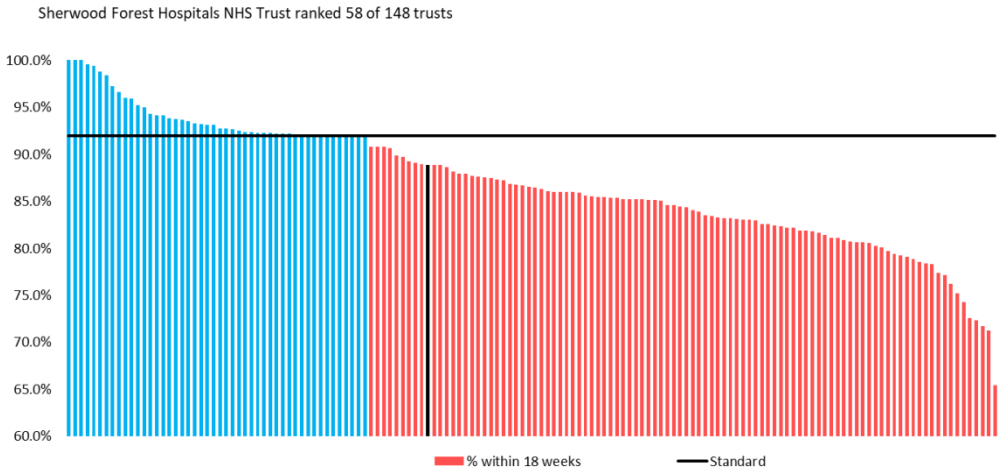
Standard	92%

Current position

Performance against the 18 week RTT incomplete standard at the end of August 2019 was 88.3%. A reduction in performance was expected and was modelled into the trajectory for August, the adverse variance to trajectory therefore remains around 2.5%. August performance ranking at time of writing remains unpublished however July is relatively consistent with previous months at 58th from 148 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 at month end. 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 August continues to centre on the rising volume of patients waiting >18 weeks in Ophthalmology and Cardiology. Cardiology is being addressed with support from Medefer, it is however, taking longer than expected for the full benefit to be realised on performance. 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 16th September.
- Capacity alerts in place from the end of 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.
- 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 2nd September with clinics and operating sessions booked from 9th September. This will Increase capacity (FYE) by 455 new slots, 637 follow up slots and 250 elective slots
- Interviews were undertaken in early September to recruit 2 specialty doctors and 1 consultant. When filled these posts 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 has been produced for the Trust Board.
- 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 September. There has been an unintended administrative burden to the introduction of Medefer which has taken time to streamline. The Division of Medicine are confident in the administrative process which now underpin the new way of working with Medefer.
- 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. Year to date performance continues to be positive with 161 additional cases completed above trajectory. Specialty specific productivity plans are being monitored at the monthly theatre productivity meeting.

Risk	Mitigation
• Insufficient capacity to deliver outpatient demand resulting in ASI's, long waits for first appointment and over-due follow ups. • Cost of providing additional activity to deliver performance improvement vs contracting arrangements for 2019/20 • Outpatient transformation or theatre productivity programmes do not deliver as expected. • Impact of pensions changes on available SFH capacity	• Additional sessions targeted where most needed • Virtual review clinics • Roll-out of Patient Initiated Follow Ups (P.I.F.U) • Established monthly Ops and Delivery group (SFH/CCG) • Monthly Outpatient transformation Board in place • Divisions continue to assess the impact of pension changes, D&O and W&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.

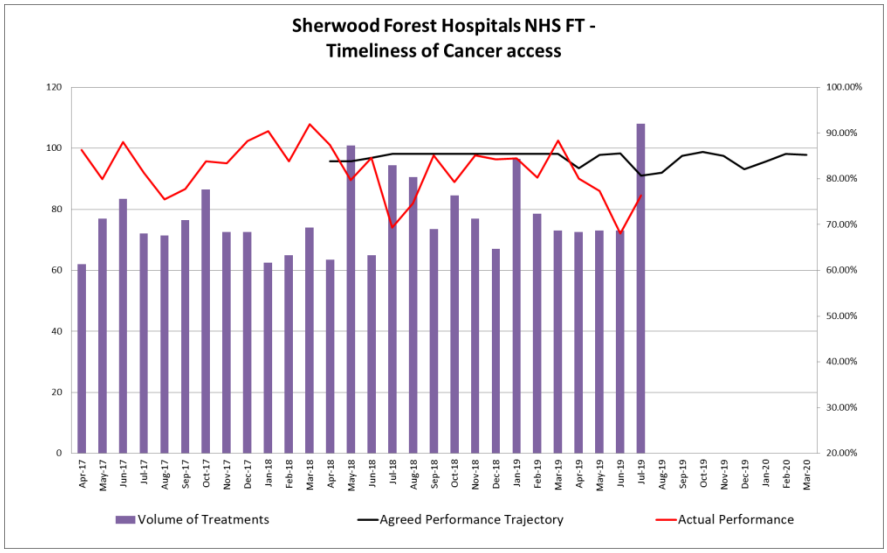
Lead: Helen Hendley, Deputy Chief Operating Officer (Elective Care)
Executive Lead: Simon Barton, Chief Operating Officer

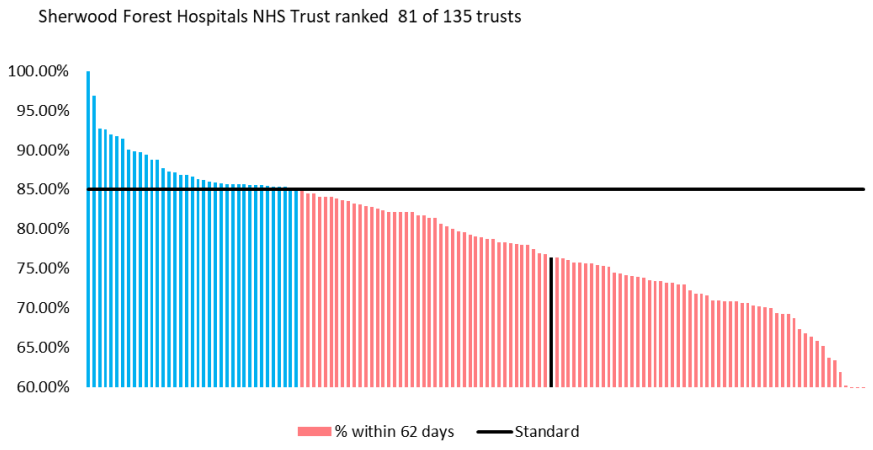
Exception Report

Indicator **62 days urgent referral to treatment**
Month **July 2019**
Standard **85%**

The Trust delivered 76.4% against the 62 day standard for the month of July 2019 with 25.5 breaches from 108 treatments. This is the highest volume of patients the Trust has ever treated in one month. National performance for the month was 77.6%, national ranking for the month was 81st from 135 Trusts.

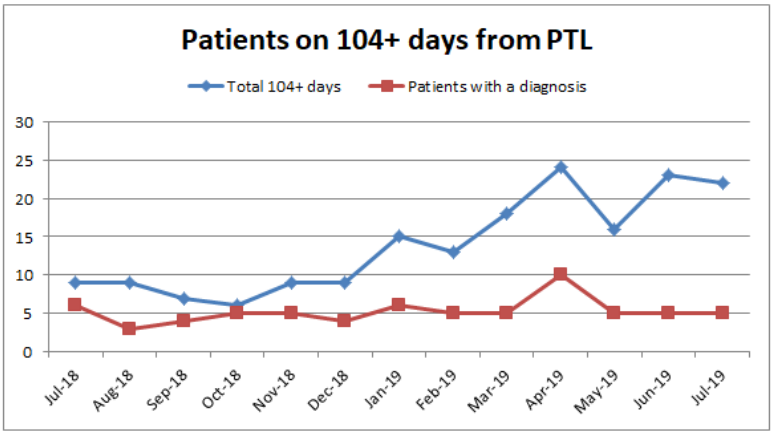
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Ma
19/20 Trajectory	82.28%	85.20%	85.56%	80.65%	81.40%	85.06%	85.86%	85.06%	82.14%	83.70%	85.47%	8
19/20 Actual	80.00%	77.40%	68.10%	76.40%								
19/20 Quarter Trajectory			84.4%				82.4%			84.4%		
19/20 Quarter actual			75.2%									
18/19 actual	87.60%	79.80%	84.60%	69.30%	74.30%	85.10%	79.30%	85.10%	84.30%	84.50%	80.30%	8





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
Jul-19	22	5
Grand Total	**180**	**68**



At the end of July 22 patients were waiting 104+ days. All patients with a confirmed diagnosis have started the harm review process.

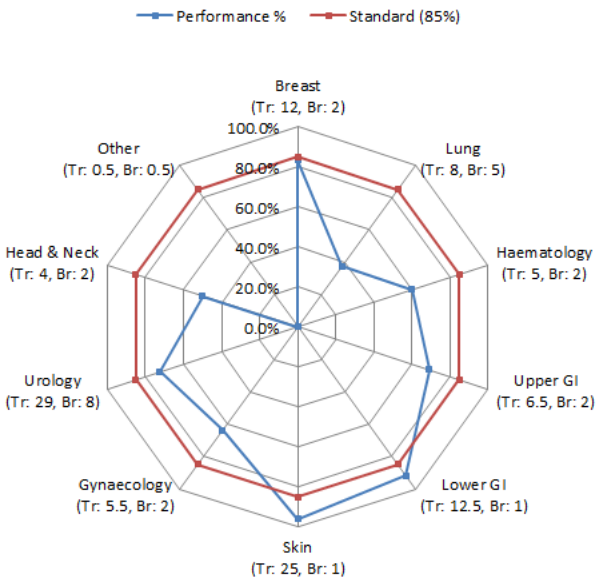
Causes of underperformance

Nationally, it is well recognised that Urology impacts significantly on performance. For July, if the volume of Urology breaches had remained within historical normal limits performance would have improved by 3.2% from 76.4% to 79.6%.

Comparing YTD 2018 to YTD 2019 2WW referrals have increased by 7% (16% when compared to the same period in 2017/18). The average volume of treatments YTD has increased by 4% with July being the highest volume of patients the Trust (with partners) has treated in one month.

For the month of July, the main tumour sites breaching the 62 day standard were Urology and Lung.

62-day wait for first treatment by tumour site - July 2019



Actions to recover and improvement trajectory

A detailed joint (CCG/Trust) recovery action plan has been agreed and shared with NHSI/E which focusses on 5 key themes:

- 40% of all breaches are by 76 (14 day variance to standard)
- The tumour site that will have the biggest impact on performance is Urology
- The tumour site that will have the biggest impact on the size of the waiting list is Lower GI
- There is a backlog of patients that will need to have their treatment brought forward which will impact on performance in a given month. This can only be forecast when additional capacity is secured.
- A strategic plan for Cancer is being developed which will identify the longer term actions required to sustainably deliver the standard. In the main this is additional Endoscopy and Radiology capacity which will require significant capital and staffing investment. The plan will also explore the current interdependencies with other providers and the future partnership arrangements that may be required.

Highlights from the action plan include:

Tumour site	**Reasons**	**Actions to address**	**Impact**
Urology	Time to diagnostic - 1st MRI	• Vetting of 2WW referral straight to MRI in place and being monitored. • Additional MRI capacity on KMH site in place.	Reduce pathway by 7-10 days
	Time to diagnostic - TRUS / Template biopsy capacity	• Bridge to close the template biopsy capacity gap completed. • 6 week forward look at capacity instigated • Fusion kit order placed 18/09/2019 • 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.	Reduce pathway by 7-10 days
	Time to treatment - 1st Oncology appointment	• Joint Oncology / Urology clinic to be in place in September	Reduce pathway by up to 14 days
	Time to treatment - Surgical capacity	• Substantive replacement post agreed at NUH – out to advert. Risk that it could take 3-6 months to appoint and start.	Reduce pathway by 7-14 days
Lower GI	50% of referrals audited did not have a FIT result or FIT was negative	• Pre-requisite tests undertaken and reported prior to referral by GP. CCG to agree process via the clinical effectiveness committee to address the issue in October 2019.	Reduce wait for 1st appointment to day 7

	Enhanced oversight of PTL to reduce unnecessary delays	• Daily review of patients at day 42+ with Deputy COO and General manager to unblock any delays.	Reduce pathway by up to 7 days

Risk	Mitigation
Volume of referrals continue to be higher than expected	• 2WW referral report available by tumour site, CCG and GP showing trend in volume. • 2WW audits rolled out across key tumour sites to evidence inappropriate referrals and patient choice issues. • Introduction of referral assessment services at SFH, already implemented in Urology. Plan for Lower GI in place • Further GP education sessions
Demand for endoscopy and /or radiology increases in line with referrals	• Additional mobile MRI capacity secured • Cancer patients to be prioritised over routine OP activity
Demand and capacity gap for oncology services provided by NUH	• Revised SLA has been jointly developed and requires sign off.
Time to advertise and appoint replacement NUH Urologist.	• NUH sourcing a locum

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

Finance

x (£1.21m)	**Control Total Performance** • At the end of Month 5 the Trust is reporting a YTD deficit of £21.67m before Provider Sustainability Funding (PSF), Financial Recovery Funding (FRF), Marginal Rate Emergency Tariff (MRET) and Impairments. This is £1.21m worse than planned. • PSF of £1.67m, FRF of £4.20m and MRET of £2.24m have been reflected in the position. The YTD position excludes system PSF of £0.16m in line with the adverse variance reported for the ICS. However the forecast includes full system PSF, with the expectation that the Trust and the ICS will achieve control total in 2019/20. The Trust 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 £13.56m at the end of Month 5, which is £1.37m worse than planned. The PSF value 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.
✔ £4.17m	**Income** • Overall income is £1.69m above plan in Month 5 and £4.17m above plan year to date. Clinical income is more than planned (£1.09m above plan in Month 5 and £2.75m YTD), reflecting additional A&E attendances (6.9% above plan YTD) and non-elective emergency (NEL) spells (8.7% above plan YTD).
× (£5.39m)	**Expenditure** • Overall expenditure is £2.41m above plan in Month 5 and £5.39m above plan year to date. • Pay costs have increased in month by £0.27m and are £1.15m above plan in Month 5 and £2.68m above plan year to date. We have spent more (YTD) than planned on medical (£1.40m), nursing (£1.14m) and other clinical pay (£0.27m). This is offset in part by lower than planned expenditure on non-clinical pay £0.13m. • Non-pay costs are above plan by £0.13m in Month 5 and £2.67m year to date. However, additional YTD expenditure of £1.66m is directly offset in income.
× (£1.05m)	**FIP** • To Month 5 the Financial Improvement Plan (FIP) has delivered savings of £2.41m, £1.05m below plan. Savings of £0.57m were delivered in Month 5, which is higher than the average over the previous four months but less than planned (£1.25m). The YTD position includes £1.43m of non-recurrent savings. • Schemes in delivery are expected to achieve £5.23m and in addition the most likely value of pipeline schemes is £4.58m. The residual FIP risk is £2.99m (against the £12.80m plan), plus a further risk of £2.11m relating to planned outpatient transformation savings (against an original plan of £2.64m).
✔ £1.25m	**Agency Expenditure** • Agency expenditure in August was £0.17m lower than the Month 5 ceiling and expenditure is £1.25m below the ceiling year to date. The agency run rate increased from £1.02m in July to £1.11m in August.
× (£0.50m)	**Capital** • Expenditure at Month 5 is £1.43m, £0.50m above plan. Forecast outturn expenditure is marginally ahead of plan due to a minor increase in forecast charitable expenditure.
× (£0.13m)	**Cash** • Closing cash at 31st August was £2.05m, £0.13m below plan. The cash flow forecast demonstrates that the Trust will have sufficient cash to comply with the minimum cash balance of £1.45m required under the borrowing agreement.
✔	**Forecast** • A full forecast was undertaken at the end of August. The Trust is forecasting achievement of the 2019/20 control total; however this will require mitigation of the FIP risks described above. Divisional financial reviews have been initiated to assurance on the steps being taken to deliver the control total.

Financial Summary

	August 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	23.82	25.51	1.69	123.40	127.58	4.17	300.49	309.02	8.53
Expenditure	(28.05)	(30.46)	(2.41)	(143.86)	(149.25)	(5.39)	(342.01)	(350.53)	(8.52)
Surplus/(Deficit) - Control Total Basis excl. PSF, FRF, MRET and Impairment	**(4.22)**	**(4.95)**	**(0.72)**	**(20.46)**	**(21.67)**	**(1.21)**	**(41.52)**	**(41.51)**	**0.01**
Surplus/(Deficit) - Control Total Basis incl. PSF, FRF, MRET and excl. Impairment	(2.36)	(3.24)	(0.88)	(12.19)	(13.56)	(1.37)	(14.87)	(14.86)	0.01
Underlying Surplus/(Deficit) - Control Total Basis excl. PSF, FRF, MRET and Impairment	(4.22)	(5.69)	(1.46)	(19.71)	(22.73)	(3.02)	(40.77)	(43.47)	(2.70)
Financial Improvement Programme (FIP)	1.25	0.57	(0.68)	3.46	2.41	(1.05)	12.80	12.80	0.00
Capex (including donated)	(0.23)	(0.49)	(0.26)	(0.93)	(1.43)	(0.50)	(10.83)	(10.87)	(0.04)
Closing Cash	2.18	2.05	(0.13)	2.18	2.05	(0.13)	1.46	1.46	0.00
NHSI Agency Ceiling - Total	(1.28)	(1.11)	0.17	(6.51)	(5.27)	1.25	(16.66)	(12.09)	4.56
NHSI Use of Resources Score									
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	