Public Board Meeting Report

Single Oversight Framework Integrated Monthly Performance Report

Date 9 January 2020
Authors Senior Leadership Team

Overview

This is our analysis of November. 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.

During November our **organisational health performance** has seen a small seasonal increase in sickness, however is lower than national peer benchmarks. The utilisation of temporary staff to ensure we maintain staffing levels was slightly lower than last month and reflects our agency staffing costs remaining below plan. The Trust has also experienced a slight reduction in the amount of employees leaving the Trust, which remains consistently below the Trusts target.

November was a busy month with increasing numbers of patients in addition to increased acuity and dependency. Despite this, it is has continued to be a strong month in terms of **quality and safety metrics** with the exception of the on-going challenges in collection of Dementia screening data and a decrease in the maternity friends and family test performance. Plans are in place to address both exceptions. **Timely access to care** at Sherwood remains stable and safe, particularly noting the large increases in demand seen over the past year. Relative to the rest of the NHS, emergency access is better than at the vast majority of organisations. Elective access remains better than across the NHS as a whole. Improvement is still required in the relative access on Cancer, but the revised trajectory for performance is being achieved at the moment.

Our key focus remains our agreed action to ensure we deliver a safe and effective winter.

There has been a significant worsening of the **financial performance** as the November deficit was £1m worse than forecast at M7. The deterioration was caused by divisional performance coupled with non-delivery of the FIP. There is now increased risk in non-delivery of the control total for the year. Non elective activity remains above plan as does income, which is £1.8m above plan in November. Expenditure is over plan, pay costs contributing £1m of this and non-pay £1.8m. The main drivers are non-delivery of FIP and the costs of delivering additional activity.

Of concern is the deterioration and accuracy of Divisional forecasts since the deep dive undertaken at M6. At M6 this indicated risks and Divisional and non-recurrent actions were identified to mitigate and achieve control total. The Divisional actions have not delivered. Of most concern is the Division

of Medicine and the Division has been requested to provide an assurance report to the next Finance Committee meeting.

Risk to achievement of the year end control total has increased and further non recurrent recovery actions have been scoped and assumed. These actions require further validation during M9 to confirm in the Q3 NHSI submission.

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 previous Boards, it is likely Sherwood Forest Hospitals NHS FT, the wider NHS and public services will face a difficult 12 months. There are four factors which may have an impact on us:

- 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. This year the uptake rate is 85.6%, which is the highest it has ever been. We are working 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 is no exception. We have followed a good process again this year learning from colleagues who were involved in patient care last winter. Our plan has been shared at Board.
- Level of activity – as stated above and below, we know the level of activity we are seeing is putting a lot of pressure on the Trust and colleagues who work here.

The fifth risk, a no deal EU Exit, has been removed.

As previously agreed, exception reports do not appear in the monthly updates.

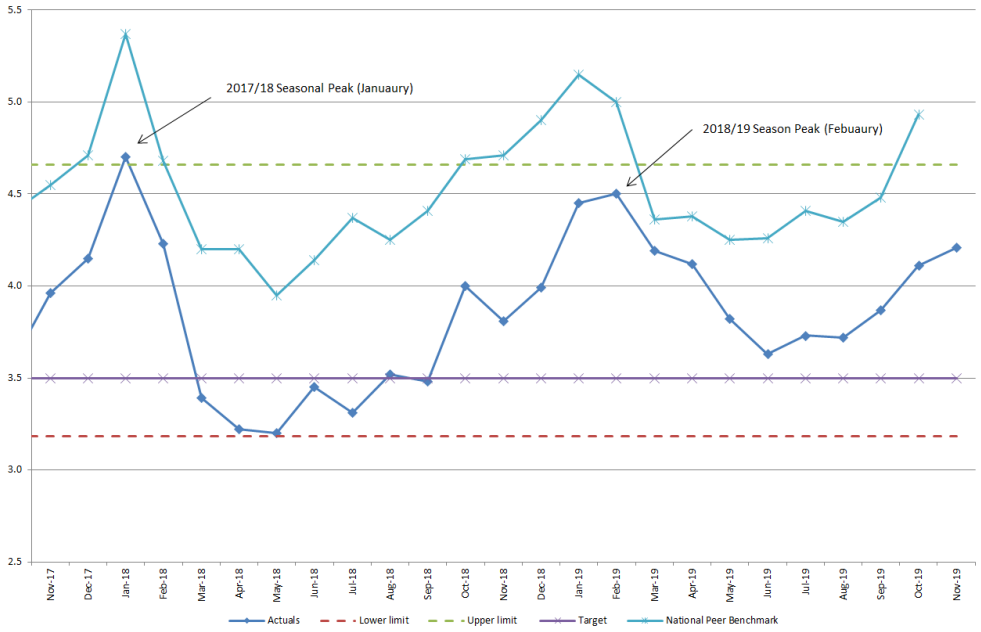
Organisational Health

ORGANISATIONAL HEALTH	HR	WTE lost as a % of contracted WTE due to sickness absence within last 12 months	≤3.5%	Dec-18 - Nov-19	4.2%	-		A
		Staff Turnover	≤0.9%	Nov-19	0.6%	0.4%		G
		Proportion of Temporary Staff	7.30%	Nov-19	7.7%	7.9%		A

Sickness

Sickness absence increased in month to 4.21% (October, 4.11%), an increase of 0.40% from the same period last year. The 4.21% is made up of 2.48% short term absence and 1.73% long term absence. Two Divisions were under the 3.5% target; Corporate, although there was an increase in month to 3.30%, and Urgent & Emergency Care, which decreased to 3.25%. The remaining Divisions are Diagnostics & Outpatients at 4.34%, Medicine at 4.41%, Surgery at 5.04%, and Women & Children's at 4.12%. The stress, anxiety and depression figure has increased from 1.02% in October to 1.22% this month.

<u>WTE lost as a % of contracted WTE due to sickness absence within last 24 months</u>



<u>Sickness absence reason</u>

The top four absence reasons in November were:

- Anxiety/stress/depression – 1.22%, 1557.36 FTE Days Lost which is an increase of 217.05 FTE days lost from October 2019. It is above the 0.8% sub-threshold.
- Other musculoskeletal problems – 0.61%, 785.58 FTE days lost; a decrease of 26.97 FTE days lost from October 2019.
- Gastrointestinal Problems – 0.32%, 415.83 FTE days lost; a decrease of 63.04 FTE from October 2019.

- Genitourinary & gynaecological Disorders was also 0.32%, 411.55 FTE days lost, an increase of 118.35 FTE from October 2019.

We have wellbeing initiatives in place to support these including;

- Weekly Health and Wellbeing drop in clinics with expert advice continue to be provided with an increase in attendance across the month of November.
- The Trusts Employee Assistance Programme (EAP) which provides; 24/7 telephone counseling, Cognitive Behavioral Therapy workbooks (CBT) and access to online CBT Programs continues to feedback well
- Face to face staff counseling service provided through an external contract. Current wait time is 8 weeks; the targeted work undertaken has seen this reduce from 12 weeks.
- From February 2020 the provider of face to face staff counselling services provided to the Trust will change. The new provider is Vivup who are the current providers of the 24/7 telephone counselling service to the Trust. Vivup have indicated that the maximum wait time to access staff counseling services going forward would be 2 weeks.
- A further H&WB walk round is planned to take place on 23 January 2020 to leave H&WB packs at individual wards and departments at all Trust sites. Last time this was done (July 2019) H&WB packs were left at 112 separate wards/departments covering all Trust sites. The intention is that the January packs will contain information/contact details for the new staff counselling service provider.
- Fast track referrals to the in–house physiotherapist service. The number of employees accessing the service in the last 3 months has increased by approximately 25%. To help meet demand and provide flexibility a regular late physiotherapy service is currently being provided. This will be a cost pressure to provide long term. The waiting time is currently 7 working days.
- The Health Hero initiative was also launched as part of winter wellness week. Two training days have taken place (22 November and 16 December) which 32 staff attended. Feedback from those who attended was positive.
- At the time of submitting this report 3378 front line staff have been vaccinated within the annual Flu vaccine, which equates to 85.2%. Previously our highest front line uptake was 81.6% (reached at end of 2018/19 season)

Turnover

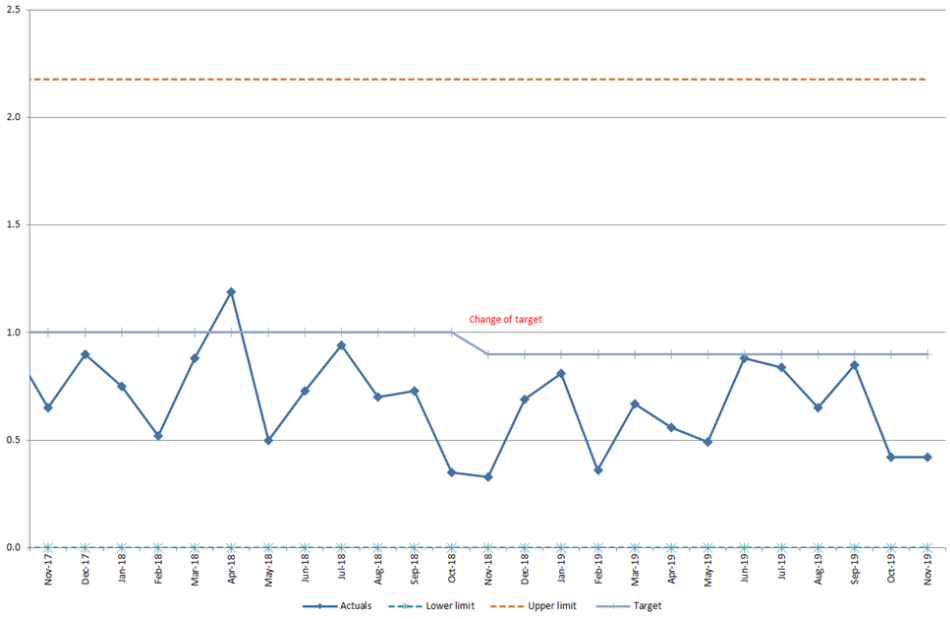
In November 2019, the overall turnover rate remained at 0.42%. This is under the target of 0.9%, which has been the case for over a year. The number of leavers decreased slightly in month, with 18.13 FTE leavers, compared to 18.85 FTE in October 2019. No rotational doctors left this month. Registered Nurses had 5.46 FTE leavers with 1.80 FTE Band 5 leavers. Of the employees that had left the trust during the month of November 69% (12.66 FTE) had more than 36 months service, the remaining 31% (5.47 FTE) had between 12 and 36 months service. In November 2019, 12 individuals completed the exit survey (66% of leavers had expressed views associated with their departure). The reasons for leaving the Trust were mainly attributed to better career opportunities and improved work life balance.

The positive feedback related to the job being challenging, colleagues listening and appreciating suggestions, skills being used effectively and adequate training and development programs. The areas of concern related to a lack of sufficient opportunity for advancement and a lack of sufficient resources.

There has been a reduction in terms of the percentage of respondents recommending SFH as a place to receive treatment in comparison to the October data, where 100% of respondent recommended SFH as a place to receive treatment; this has reduced to 75% in November 2019. 75% of respondents recommended SFH as a place to work.

The information obtained from the Exit survey is shared with the Human Resources Business Partner for the division thus allowing information to be triangulated and support offered to areas highlighted.

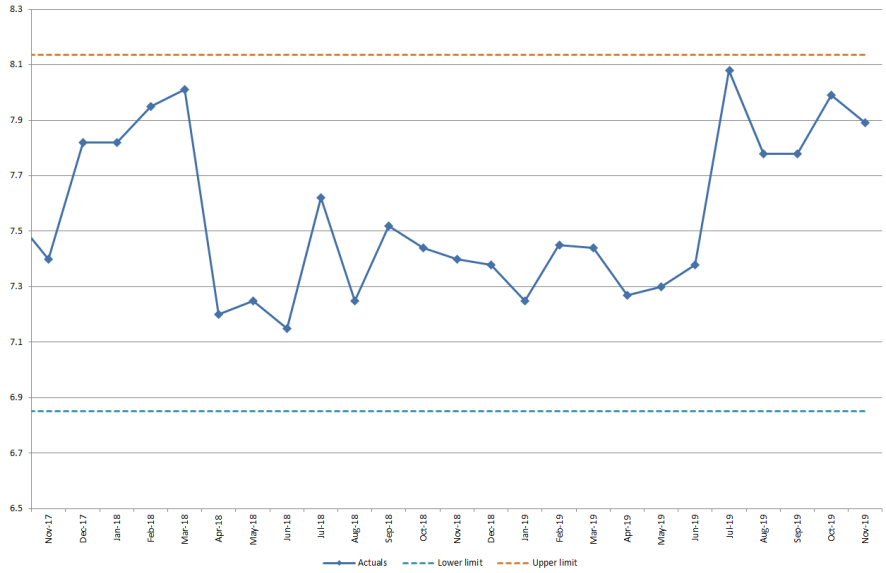
Staff Turnover



Percentage of Temporary Staff

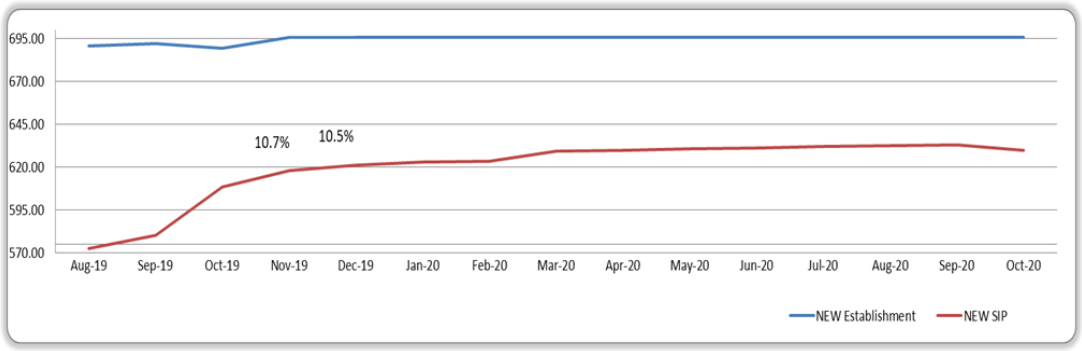
This was 7.9% for November which is a slight decrease from October (8.0%). This figure includes both bank workers and agency workers. Temporary workers have to be used to fill gaps in nursing, medical and AHP rotas. Increasing levels of patient numbers and acuity were the contributing factors in the amount of requests for temporary staffing. We continue to recruit substantively to reduce the reliance on temporary workers, but require such resources to ensure and maintain safe staffing levels.

Percentage of Temporary Staff



Medical vacancies decreased to 9.57 FTE (1.70%). In November there were 7.91 FTE Medical new starters and 3.21 FTE Medical leavers. In November Band 5 RN vacancies also reduced for a second consecutive month to 77.63 FTE (11.16%). In November there were 13.07 FTE starters and 1.80 FTE leavers. Further student nurses who will qualify as registered nurses in the New Year are due to join the Trust over the next couple of months. Therefore vacancies are predicted to fall again in December to 10.7%.

Predicted Registered Nurse Numbers



Organisational Effectiveness

To strengthen visibility of organisational capability and capacity it is proposed that specific intelligence is reported to the board. This is currently being scoped and may include the following; Talent Management, Quality Improvement training and outcomes and specific prioritised initiatives relating to leadership and engagement. The intent is to recognise, monitor and review performance of organisational developments across the Trust and within our integrated care partnerships. All of this will clearly align back to the Trust vision and strategic objectives, led through our values and behaviours. The People, OD and Culture Committee will support this important organisational development programme.

Patient Safety, Quality and Experience

QUALITY, SAFETY AND PATIENT EXPERIENCE	Patient Safety	Rolling 12 months HSMR (basket of 56 diagnosis groups)	100	Sep-18 - Aug-19	103.6	-		A
		SHMI	100	Jul-18 - Jun-19	93.99	-		G
		Serious Incidents including Never Events (STEIS reportable) by reported date	2	Nov-19	21	1		G
		Never Events	0	Nov-19	1	0		G
		NHSE/NHSI Improvement Patient Safety Alerts Compliance (Number open beyond deadline)	0	Nov-19	3	0		G
	Quality	Safe Staffing Levels - overall fill rate	80.0%	Nov-19	101.8%	105.3%		G
		Same Sex Accommodation Standards breaches	0	Nov-19	0	0		G
		Clostridium difficile Hospital acquired cases	4	Nov-19	27	2		G
		MRSA bacteremia - Hospital acquired cases	0	Nov-19	0	0		G
		Eligible patients having Venous Thromboembolism (VTE) risk assessment	≥95%	Oct-19	95.7%	96.4%		G
		Eligible patients asked case finding question, or diagnosis of dementia or delirium	≥90%	Oct-19	64.9%	37.2%		R
		Eligible patients having Dementia Diagnostic Assessment	≥90%	Oct-19	99.9%	100.0%		G
		Patients where the dementia outcome was positive or inconclusive, are referred for further diagnostic advice	≥90%	Oct-19	99.4%	100.0%		G
		Number of complaints	≤60	Nov-19	276	32		G
		Recommended Rate: Friends and Family Inpatients	97%	Nov-19	97.4%	97.1%		G
		Recommended Rate: Friends and Family Accident and Emergency	87%	Nov-19	91.0%	90.3%		G
		Recommended Rate: Friends and Family Maternity	96%	Nov-19	93.4%	92.6%		R
		Recommended Rate: Friends and Family Staff	80%	Qtr2 Yr2019/20	81.7%	81.1%		G

November continued to be a busy month with increasing numbers of patients in addition to increased acuity and dependency. Despite this it is has continued to be a strong month in terms of quality and safety metrics with the exception of the on-going challenges in collection of Dementia screening data and a decrease in the maternity friends and family test performance.

Dementia Screening

The continued decline in assessment compliance relates to the implementation of the electronic recording. The medical staff currently undertake this assessment as part of medical clerking (which is often undertaken within ED) and as nerve centre has not yet been rolled out in this area they are unable to complete the electronic notification as part of the clerking process. The report was discussed at the Quality Committee which identified proposals to improve the compliance, the Committee felt that the decision on what should be implemented needed should be agreed by the new Chief Nurse and Medical Director. Nerve Centre roll out will be implemented in the ED in April 2020. In the meantime additional resource is currently in progress to support compliance during this period and a snapshot audit conducted has demonstrated that Dementia patients requiring specialist referral and review are receiving this despite initial screening decline. Because of this additional resource, we should see an improvement from January onwards, with significant improvement being noted at the end of February.

The medical division has agreed to support the process by adding the compliance data to their monthly governance pack so that it can be challenged and any concerns raised. If this improves performance it will be rolled out across the Divisions.

Maternity FFT

The FFT feedback is shared with the wider maternity team (matrons and ward/department leaders), and maternity ward sister is following up on comments relating to nutrition/hydration/food quality comments. These areas have not previously been identified and may signify a particular issue, and the team have close working relationships with the regular ward hostesses on the ward and Sherwood Birthing Unit, therefore feel any issues should be resolved quickly.

The community midwifery clinics have been affected by short notice staffing gaps in the last month or so, however the team do make every effort to ensure that women are appropriately informed and in a timely manner.

The team are concerned by the overall decrease in the recommendation rates, and have renewed the focus on increasing the FFT response rate in order to ensure a balanced picture can be gained.

Safe staffing Levels – overall fill rate

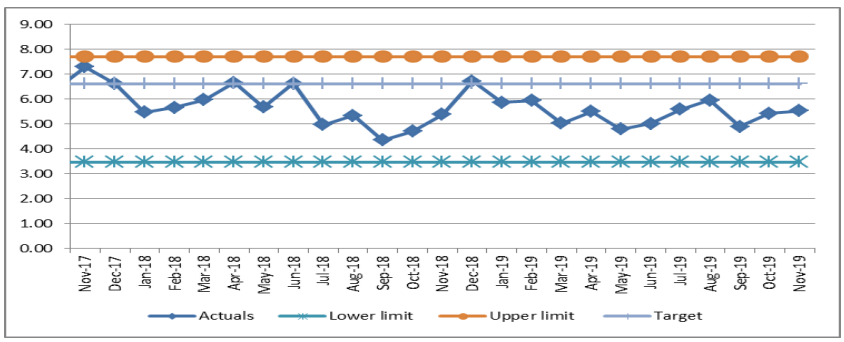
The overall fill rate for nursing and midwifery staffing was 105.4%; this represents a 3.5% increase on October and is attributable to the increased acuity and dependency of patients and flexing up of winter capacity. The nursing and midwifery taskforce will be monitoring compliance with the enhanced care guideline to ensure that enhanced observation is prescribed in line with this and that our care hours per patient day are in line with the speciality peer benchmark.

VTE

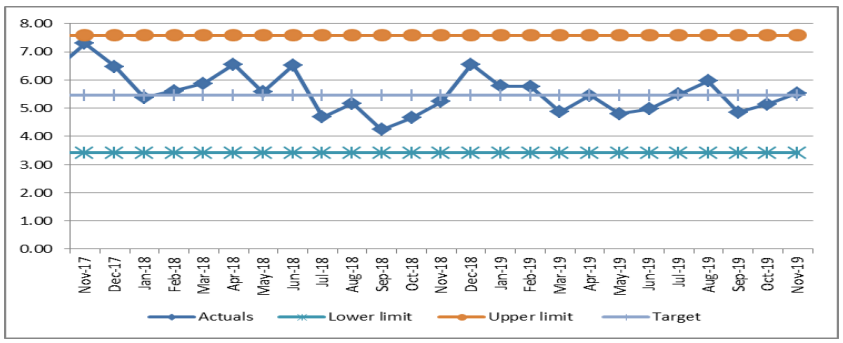
Due to the way VTE is reported the data is always two months behind, therefore we have data oversight for October. The Trust reported 96.38% compliance for October which continues to remain above the national target of 95%.

Falls

Reducing harm from falls has been identified as a supplementary quality priority in line with the Quality Account that will be implemented during 2019/20. The below shows the percentage of falls calculated by the occupied bed days (OBD) as per the National Audit of Inpatient Falls 2015 criteria. Currently the Trust figure is 5.53 against the national average of **6.63.**



The graph below shows the current Trust figure for November 2019 for low or no harm is **5.53** per 1000 OBDs against the internal target of **5.5.**

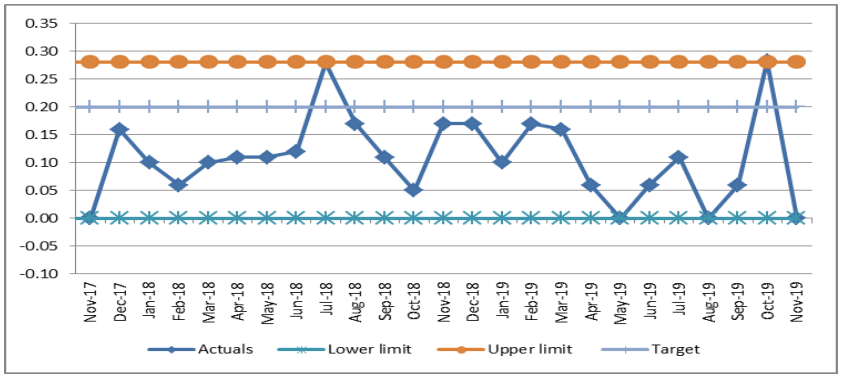


The table below shows the number of falls by severity of harm over a 12 month period. In November 2019 the total amount of reported falls was 98. There were 20 low harms reported. Both show an increase when compared to October data.

In-patient Falls by severity of harm	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19
Grade 1- No harm Falls	101	99	87	74	86	71	73	86	96	76	77	78
Grade 2 - Low harm Falls	13	12	14	17	11	15	12	13	12	9	14	20
Grade 3 - Moderate harm Falls	0	2	1	1	0	0	0	0	0	0	2	0
Grade 4 - Severe harm Falls	3	0	2	2	1	0	1	2	0	1	3	0
Grade 5 - Catastrophic harm Falls	0	0	0	0	0	0	0	0	0	0	0	0
Total	117	113	104	94	98	86	86	101	108	86	96	98

Moderate/Severe Falls

The graph below shows one severe harm recognised but not included in the main falls data as deemed a collapse /arrest pre fall. Datix category recorded as collapse/arrest.



Repeat falls:

Month	Total
Aug-19	18
Sep-19	8
Oct-19	7
Nov-19	4

Mitigation and actions going forward:

Falls policy to be reviewed for agreement by the end December. Continue with the Q3 CQUIN. Develop a draft of the care plan. New mandatory update and induction review for 2019/2020. Support Ward 31/32 teaching session with guest speakers. Continue networking with other Trusts. Meet with SFHFT lead orthotics to discuss MDT involvement.

Single Sex Accommodation

During November 2019 there have been zero single sex accommodation breaches reported and the Trust has continued to maintain compliance with providing single sex accommodation, recognising the importance placed on maintaining the privacy and dignity of our patients.

Harm Free Care

During November within the Safety Thermometer the Trust remained compliant at 96.05% against the national standard of 95%. The standard includes 'new' harms that are acquired during that admission and 'old' harms which are present on admission. The total of all harms was 3.95% (19 pressure ulcers, one fall with harm, one new VTE, two catheters and UTIs). Although there are 23 harms, if one patient has two harms this is counted as one harm: both patients with a catheter and UTI also had pressure ulcers. The total number of new harms was 0.75% (one new pressure ulcer, one fall with harm, one catheter and new UTI and one new VTE). During November there were two serious incidents entered on STEIS. One of these was reported onto Datix in November and one of these incidents was reported onto Datix in September.

Tissue Viability

During November 2019 there were two hospital acquired category 2 Pus. There was one unavoidable suspected deep tissue injury 1 cm x 1 cm. There have been no avoidable category 3 PUs since Nov 18 and no category 4s since August 2017.

November 21st was International Stop the Pressure Day. The TVT visited the wards and celebrated the success of the wards who have not had a hospital acquired avoidable PU for over a year. This included 12 wards in total. A quiz was also completed by many staff with prizes given to the winners.

PUs by Category	Q4	Q1	Q2	Oct	Nov	Dec
Category 2 PU						
Avoidable	2	4	6	3	2	
Unavoidable	6	6	2	1	2	
Category 3 PU						
Avoidable	0	0	0	0	0	
Unavoidable	3	2	0	0	0	
Category 4 PU						
Avoidable	0	0	0	0	0	
Unavoidable	0	0	0	0	0	
Category Suspected deep tissue injury						
Avoidable	0	0	0	0	0	
Unavoidable	0	0	1	0	1	
Totals	11	12	9	4	5	

Infection Control and Prevention

All healthcare associated infections are carefully monitored and managed in line with national and local guidance. This year's clostridium difficile infection objective is set at 79. This increase is due to a change in definitions applied to identifying attributable organisation. SFHFT will be responsible for any case identified more than 2 days after admission and any case that has been in SFH within the preceding 4 weeks (COHA).

There was two cases of Trust acquired *Clostridium Difficile* Infection (CDI) in November 2019. None were linked and therefore it is deemed there was no transmission. There were zero cases of Community Onset Hospital Associated (COHA). This brings the total to 41 cases, compared to 51 last year.

Zero MRSA bacteraemia were identified in October.

There were two *Escherichia Coli* bacteraemia in November bringing the total to 27, this is higher than the same period last year, a number have been associated with urinary catheters remaining in situ and the IPCT are continuing to roll out a project called HOUDINI to empower medical and nursing staff to remove catheters promptly.

	2018-19		2019-20	
	Post	COHA	Post	COHA
April	2	2	0	0
May	2	4	4	3
June	1	2	5	2
July	6	2	3	3
August	3	3	4	2
September	3	5	6	1
October	6	3	1	5
November	4	3	2	0

Safe staffing

There is a continued focus on the usage of temporary staffing and other initiatives to ensure safe staffing has a positive effect without impacting on the safe care of patients. There were no breeches of minimum safe staffing during this period and recruitment and retention of RNs was again at its most positive position. The annual establishment review has again commenced and will be presented to the Chief Nurse in January.

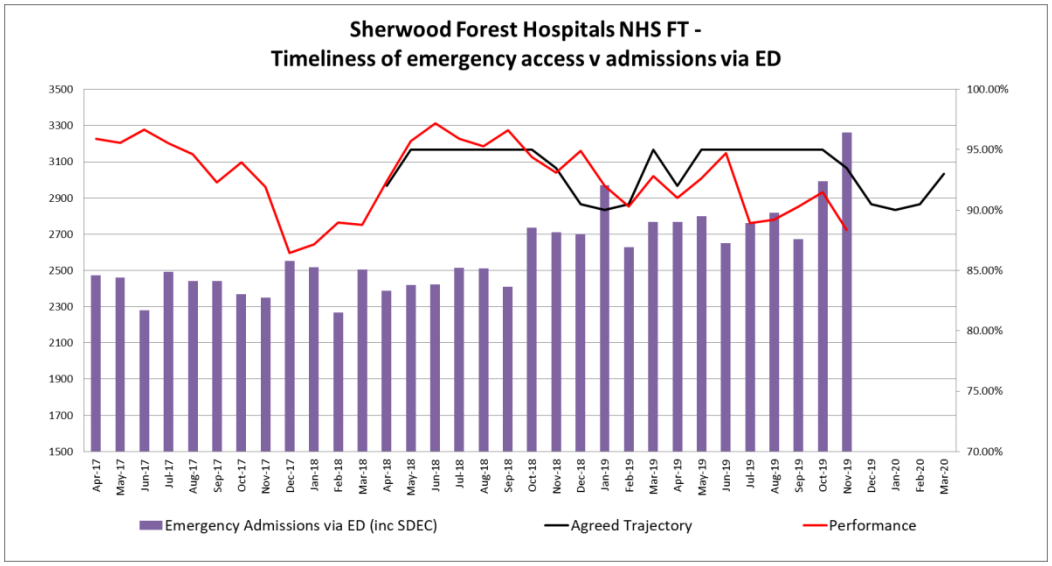
Operational Performance/ Access

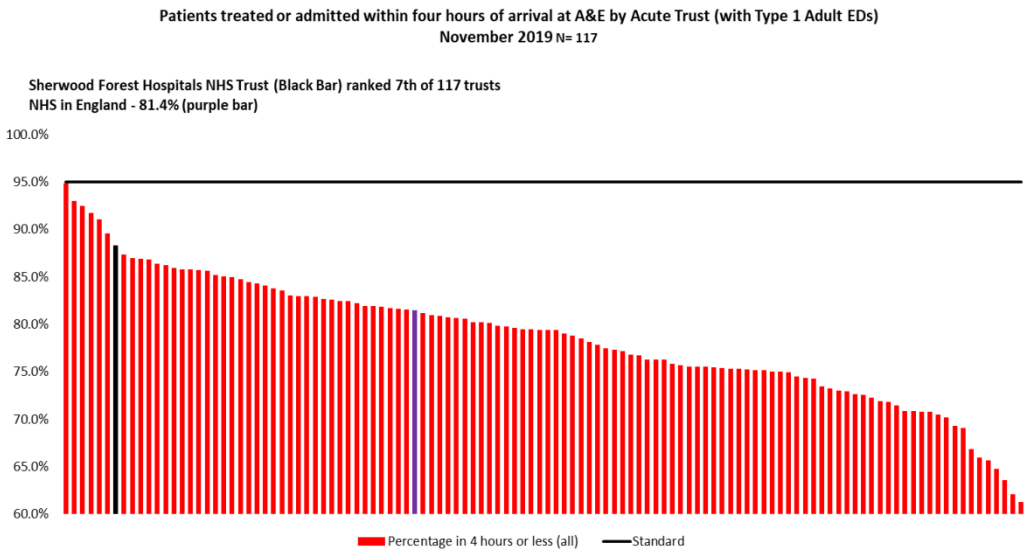
OPERATIONAL STANDARDS	Emergency Access	Emergency access within four hours Total Trust	≥95%	Nov-19	90.8%	88.3%		R
		Number of trolley waits > 12 hours	0	Nov-19	20	17		R
		% of Ambulance handover > 30 minutes	3.3%	Nov-19	7.9%	8.9%		R
		% of Ambulance handover > 60 minutes	0.0%	Nov-19	0.5%	0.6%		R
	Referral to Treatment	18 weeks referral to treatment time - incomplete pathways	≥92%	Nov-19	-	86.3%		R
		Number of cases exceeding 52 weeks referral to treatment	0	Nov-19	-	0		G
	Diagnostics	Diagnostic waiters, 6 weeks and over-DM01	≥99%	Nov-19	-	99.1%		G
	Cancer Access	62 days urgent referral to treatment	≥85%	Oct-19	76.8%	76.6%		R
		62 day referral to treatment from screening	≥90%	Oct-19	78.5%	66.7%		R

Emergency care

Emergency access performance against the 4 hour wait in November 19' was 88.3%. This was 5.2% below the NHS Improvement agreed trajectory. November performance was ranked 7th of 117 Trusts in the NHS with adult emergency departments. There were 17 patients (16 of whom were from one day) who waited 12 hours from their decision to admit until moving to a ward. Nationally, there were 1,112 patients who waited 12 hours for admission from 65 Trusts. All of the patients have had root cause analysis and completed harm reviews were reviewed by the Patient Safety & Quality group for which no harm was found and patients were in appropriate beds receiving timely treatment. All patients have been sent a written apology from the Chief Executive.

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%	90.3%	91.5%	88.3%				
19/20 Quarter Trajectory			94.0%			95.0%			93.0%			91.2%
19/20 Quarter actual			92.7%			89.5%						
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%	5.0%	6.4%	8.9%				
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%





Drivers of performance

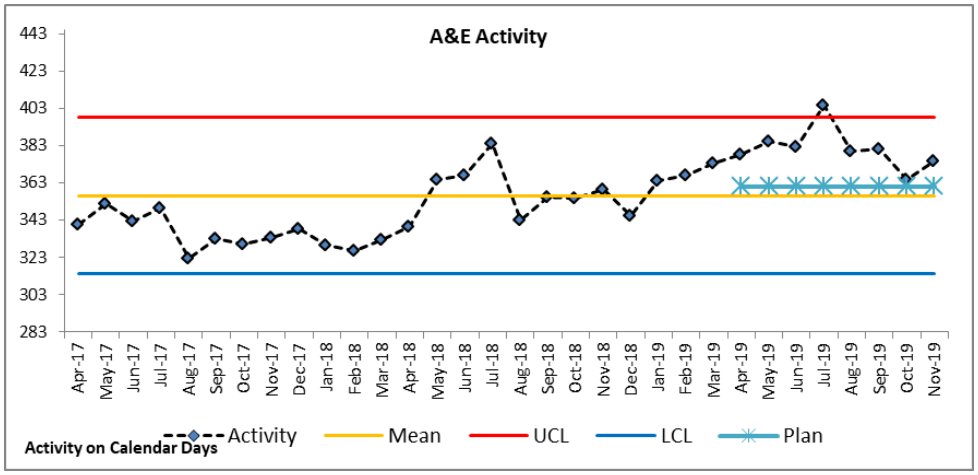
The main drivers of 4 hour wait performance are related to the below for Majors and Resuscitation areas of the department:

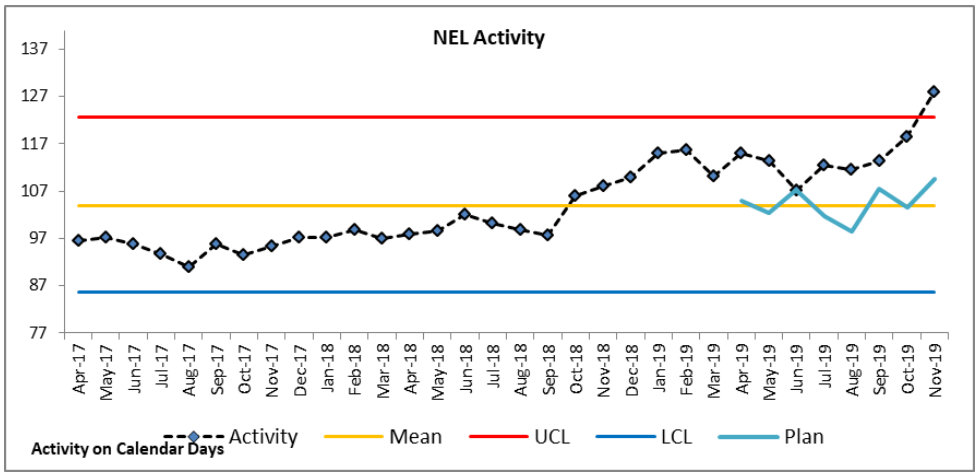
- Admission and discharge deficit – this is caused by an increase in admissions, a decrease in discharges or a combination of the two and can lead to breaches of the 4 hour wait standard and overcrowding in the emergency department
- Waiting time to see a Dr – this has numerous root causes. It can be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

November position

Demand for Emergency care has followed the recent trend, being materially higher than in 2018 although this month saw a record high growth in admissions. There were 537 more attends than November 2018 (6%), 18 per day. 551 more patients were admitted (23%) than in 2018, reaching nearly 3,290 for the month. This includes admissions to 'Same Day Emergency Care' and is the highest level of admissions seen through ED ever.

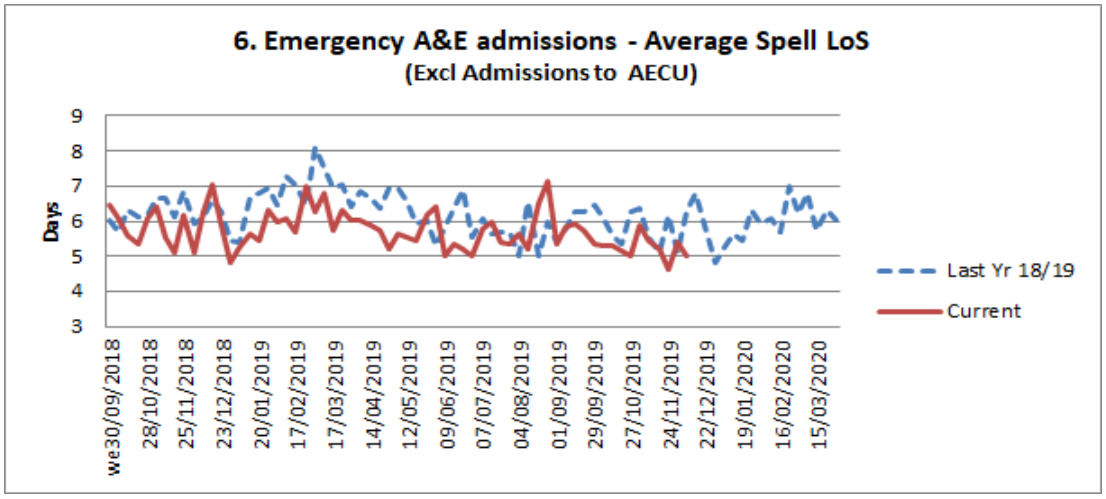
It is the continued cumulative impact of high attendances and admissions per day that continue contribute to performance outcomes as capacity is not readily able to keep up with demand and demand levels are reaching a tipping point.

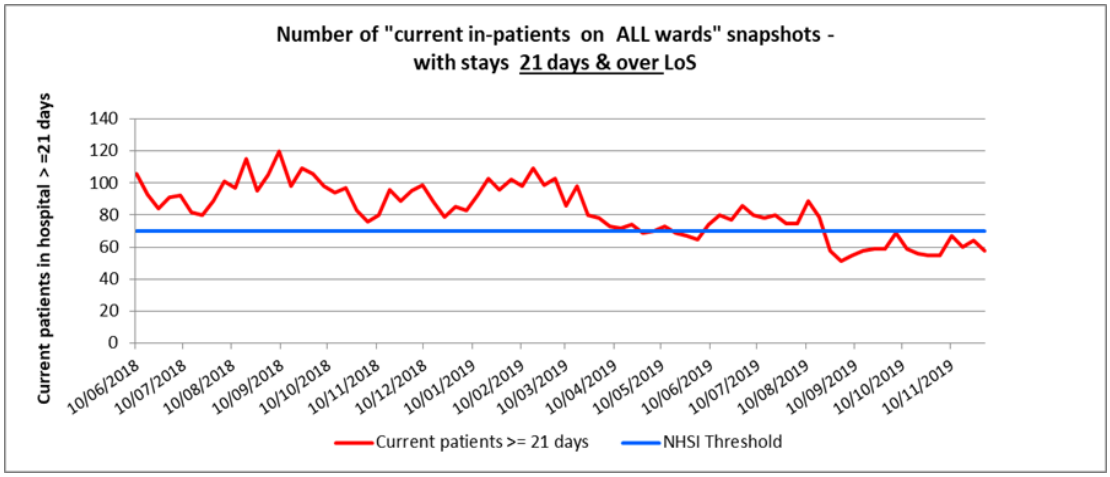




As well as the rises in the volume, the Trust is now able to measure acuity of the inpatient bed base, using the NEWS2 scores. In November 2019, the Trust started to see a steep rise in the number of patients scoring 4+ on this metric (sicker patients) with 225 patients per day. When compared with November 2018, when there were 193 patients per day (32 more per day).

Despite this increase in acuity and more simple cases being treated as SDEC outside of bedded care, discharges remained strong and the use of this capacity continues to be effective with LOS continue to be at similar levels or lower to last year in previous years. Patients with a stay >21 days are below the NHSI target of 70 and for much of the month have been below the stretch target of 60.





On a 3 day rolling measure for the month, there were 17 days during November that saw an admission and discharge net deficit and these days led to 65% of the breaches of the 4 hour wait standard over the month. So reducing these deficits remains the majority driver of performance.

However, there are signs that the breaches relating to 'time to decision' have been increasing in November and there is further work being undertaken to understand the root cause of this. This will be updated on in the quarterly report next month.

Actions completed in the past month:

- The additional £700,000 investment in ED nursing is now live with additional shifts now in place and filled
- Continued strengthening of weekends – led by Dr Anne-Louise Schokker there has been a number of trials and test ideas of additional weekend working to try to reduce the gap between admissions and discharges. Many of these were completed during November and culminated in the beginning of December running all schemes one weekend. This is showing evidence of a reduction in the demand and capacity gap meaning shorter waits for patients overall and a reduction in the number of patients waiting for beds on a Monday morning. Some use of winter

funding will go into this over the coming months and some of it will need to be mainstreamed in 2020/21.

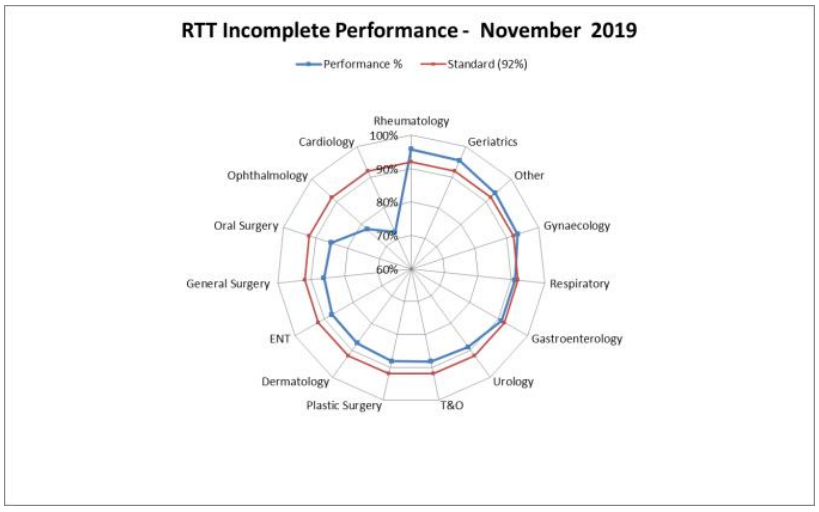
- 166 patients per week were treated via same day emergency care (SDEC) via the Ambulatory Emergency Care Unit (AECU) against rolling mean of 132 over the past year avoiding those patients need for them to be admitted to a bed

Further actions being taken to improve performance:

- As discussed at Board in September 2019 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. Actions are now in place for the majority of SFH's partners, with SFH leading on, with NEMs, the increase of patients streamed to PC24. Some of the actions for partners within the ICP are shown below:
  - Review of capacity of Community and GP Services and the impact on attends and admissions
  - 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 commissioning of Drugs & Alcohol services
  - Bespoke audit of outcomes of EMAS conveyance

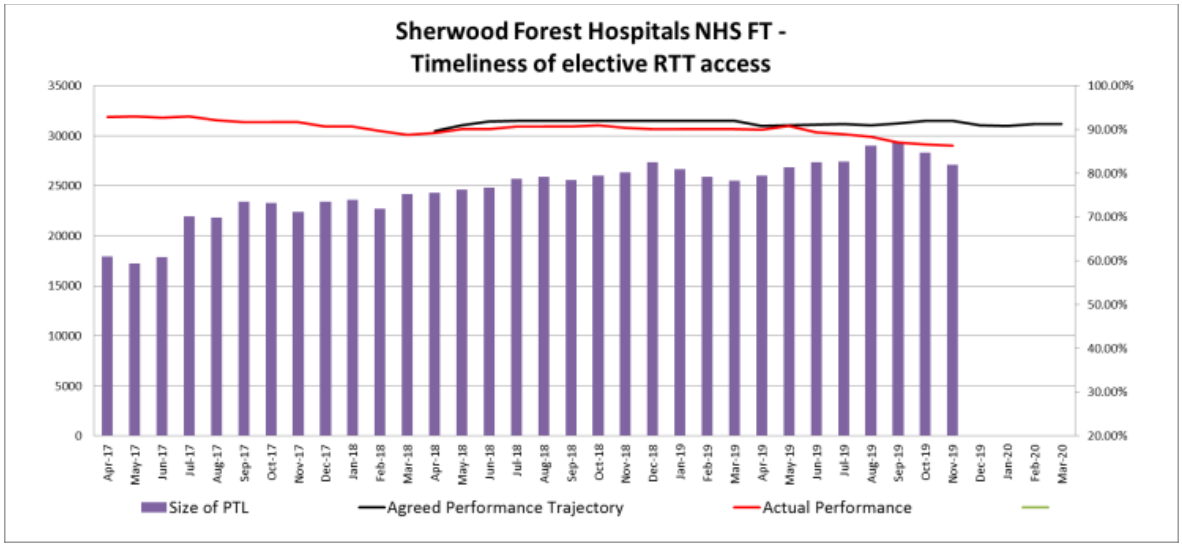
Elective care
Referral to Treatment (Incomplete standard)

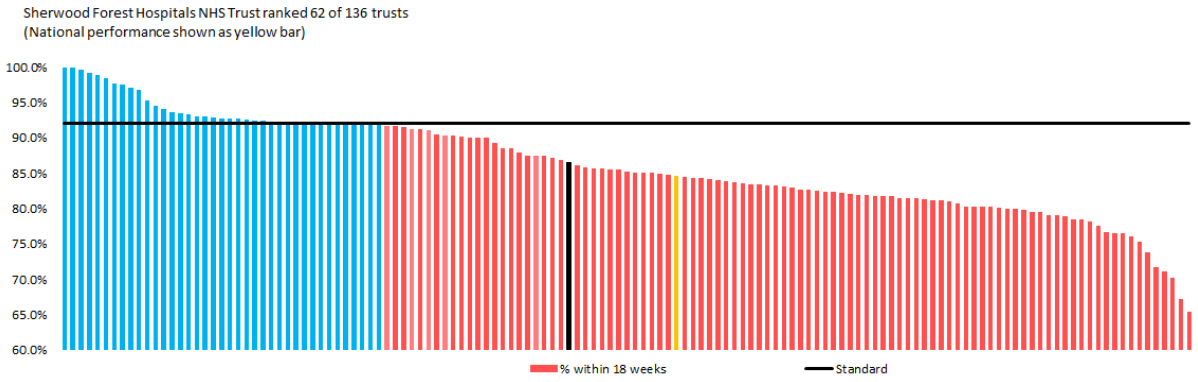
Referral to Treatment performance for November at time of writing is unpublished however at 86.3% it is 5.7% adverse to trajectory. The main specialties driving current performance are Ophthalmology and Cardiology. The Trust continues to report zero month-end 52 week waits.



	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%	88.30%	87.10%	86.62%	86.26%				
19/20 Quarter Trajectory			**90.9%**			**91.2%**			**91.7%**			**91.0%**
19/20 Quarter actual			90.1%			88.1%						
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%

At the end of October (published data) half of all patients were waiting less than 7 weeks to start treatment (national position is 8 weeks) and 92% of all patients were waiting less than 22 weeks to start treatment (national position is 24 weeks). October published performance of 86.6% gave the Trust a national ranking of 62nd from 136 Trusts, this is broadly consistent with previous months. National performance for October was 84.7%





Size of PTL

A key measure of the RTT standard is the size of the waiting list (PTL) which is driven by the volume of clock starts (new referrals and overdue reviews) and the volume of clock stops (for treatment or no treatment required).

For November the volume of RTT clock starts reduced to 10,000 (October was 11,300; the average for the rolling 12 months is 10,500). This was due in part to a small reduction in GP referrals, but in the main is due to the impact of Medefers virtual hospital model, the use of advice and guidance,

triage / straight to test pathways and locum support to deliver an improved wait for 1st outpatient or overdue reviews.

RTT clock stops for the month remained high at 11,100 (October was 11,800; the average for the rolling 12 months is 10,400). Specialties exceeding their average in month included Ophthalmology (increased capacity and validation of the waiting list), Cardiology (impact of Medefer and additional locum capacity), ENT (return to core capacity), General Surgery (Locum) and Gastroenterology (Medefer).

The impact of this is a reduction in the total number of patients waiting at the end of November by 1,200 to 27,120. The table below shows progress to trajectory which is to deliver a waiting list size lower than March 2019.

	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
19/20 Trajectory		25,727	26,011	26,201	26,844	26,191	25,491	25,552	25,839	26,058	25,688	25,429	24,902
19/20 actual	25,523	26,018	26,857	27,348	27,426	29,028	29,294	28,325	27,120				
Variance to trajectory		291	846	1,147	582	2,837	3,803	2,773	1,281				
% Variance		1.13%	3.25%	4.38%	2.17%	10.83%	14.92%	10.85%	4.96%				

Actions being taken to improve performance

Actions to support performance recovery centre on creating additional capacity both in-house and with Independent sector providers to reduce the wait for a 1st appointment and reduce the volume of overdue reviews. Additionally, the Theatre productivity and the Outpatient transformation programmes are having a positive impact on delivery of timely access for elective care.

Recovery trajectories have been agreed in the two high impact specialties of Ophthalmology and Cardiology; If both specialties deliver their recovery plans the Trust will be at >90% by the end of March 2020. The trajectories are underpinned by a clear set of assumptions and include the following key actions:

For Cardiology:

- Medefer assessing all new referrals via their virtual hospital model, offering advice where appropriate, referring direct to test thereby reducing the volume of patients who need a 1st appointment.
- Locum cover (In place) to reduce the capacity gap for overdue follow up patients

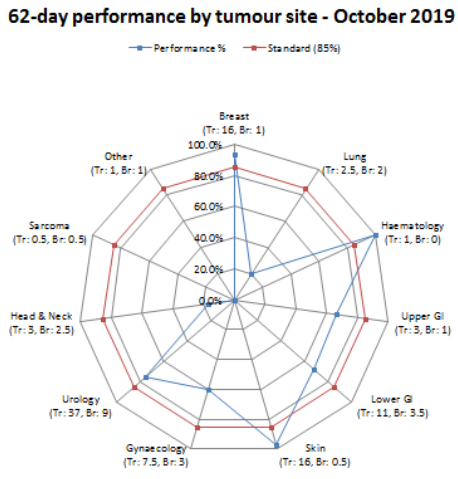
For Ophthalmology:

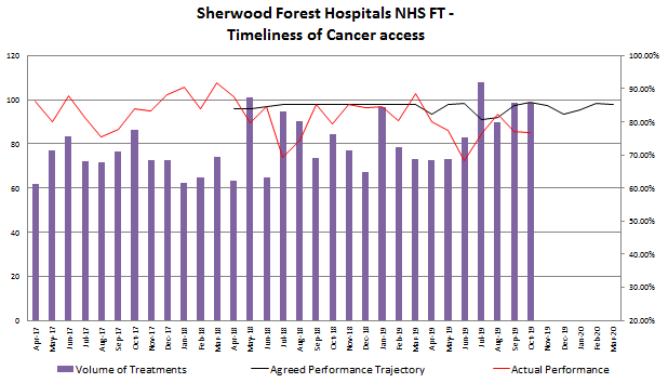
- Recruitment to consultant posts (1 consultant started in September, a second will start in January 2020)
- Additional Speciality Doctors in post (1 in January 2020 and 2 by March 2020)
- Since September over 500 patients have been contacted and 200 have accepted choice of an Independent Sector provider for their cataract pathway.
- The transfer of appropriate services to the community provider (post-op cataract) has been delayed until 6th January
- Additional clinic rooms sourced to accommodate new equipment and staffing – secured from early December.

All failing specialties have a recovery action plan and trajectory in place; these are reviewed at the weekly RTT meeting chaired by the Deputy COO and at the monthly Divisional Performance Review meetings chaired by the COO. Specialty level detail will be shared in the quarterly SOF report.

Cancer

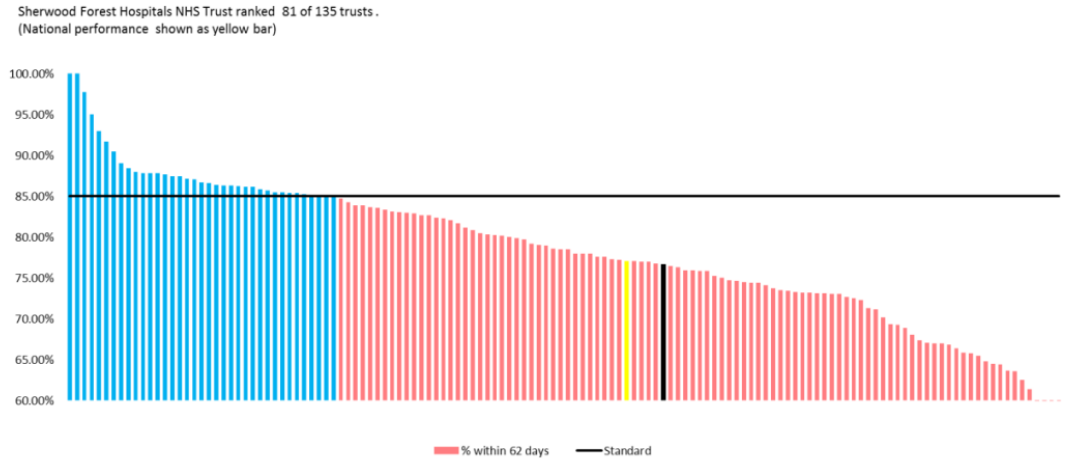
The Trust delivered better than revised trajectory for the month of October at 76.6% this was based on 23 breaches from 98.5 treatments and gave a national ranking of 81st from 135 Trusts. The national position of 77.07% has been added to the chart below.





The volume of referrals YTD continues to be 5.6% higher than 2018/19, treatments have increased by 9%.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
19/20 Trajectory	82.28%	85.20%	85.56%	80.65%	81.40%	85.06%	85.86%	85.06%	82.14%	83.70%	85.47%	85.23%
19/20 Actual	80.00%	77.40%	68.10%	76.40%	82.20%							
Revised Trajectory						71%	71%	73%	79%	78%	80%	82%
						77.2%	76.6%					
19/20 Quarter Trajectory			84.4%			82.4%			84.4%			84.8%
Revised Quarterly Trajectory			75.2%			78.5%			79%			82%



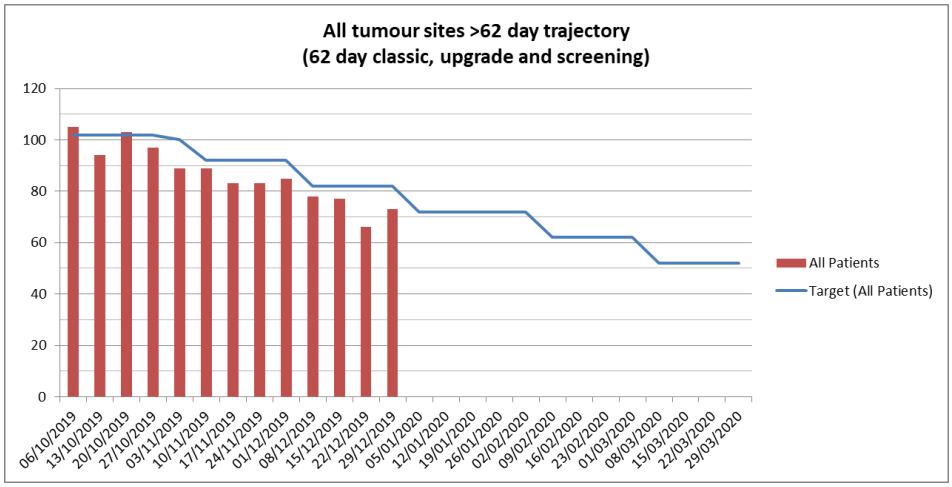
The Joint ICP recovery action plan continues to progress with 27 out of 39 actions complete, 1 on track, 10 delayed but have made partial progress and 1 removed. The key focus remains on reducing the time (or need) for 1st outpatient appointment and subsequent diagnostics to deliver faster diagnosis or ruling out of cancer.

The NHSI/E Intensive Support Team will be supporting the Trust for a maximum of 4 days – dates provisionally agreed for January and early February. The focus will be on:

- ensuring there is a clear link between RCA analysis, recovery action plans and performance reported to the Board
- strengthening the escalation process and support offer for challenged tumour sites
- making better use of information to support pathway improvement

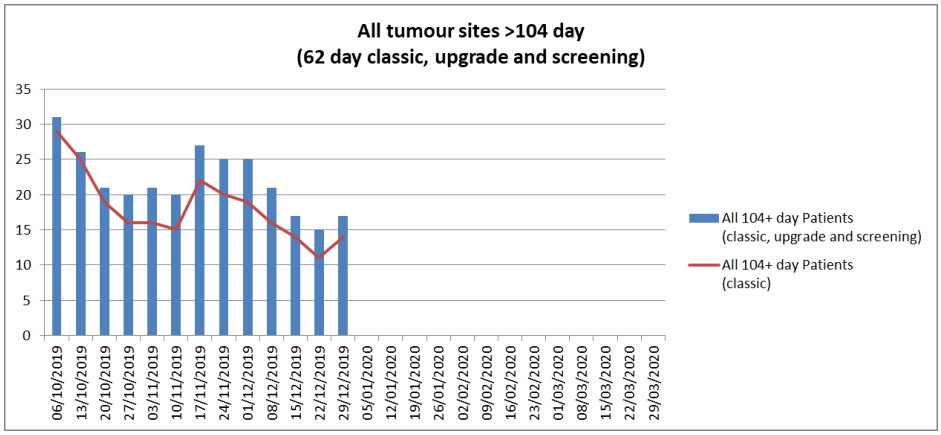
>62 days

The volume of patients over 62 days has reduced from 102 to 89 by the end of October and to 85 by the end of November. At time of writing the volume of patients waiting is 73. A backlog reduction trajectory is in place to return to March 2019 (52) by March 2020.



>104 days

At the end of October the number of patients waiting 104+ days reduced to 20, this grew to 25 by the end of November. At time of writing the volume of patients waiting is 16. A detailed breakdown by tumour site for October can be found in the table below.



All 104+ patients are on an active pathway until treatment has started or cancer has been ruled out. A weekly patient level report is shared with CCG and NHSI/E detailing the current status in terms of date of diagnosis and if treatment is planned.

For October the summary status was as follows:

End of Month	Diagnostic	Treatment planned	Treatment date required	Other	Total
October	12	4	2	2	20

Patients >104 days since March 2019:

End of Month	Breast	Lung	Haematology	UGI	LGI	Skin	Gynaecology	Urology	Head & Neck	Sarcoma	Total
Mar-19	1	6	2	1	2			6			18
Apr-19		8	3	2	4	1		5	1		24
May-19	1	5	3		2	1		4			16
Jun-19		8		1	2	1	1	8	2		23
Jul-19		8	2	1	3		1	5	2		22
Aug-19		4	1		6			3	3		17
Sep-19		6		1	7			4	5		23
Oct-19	2	3		1	8			5	1		20

The Trust delivered all other cancer standards for October except for 62 day screening, this is due to 1 Breast patient breach for medical reasons and 2 Lower GI breaches due to patient choice but predominantly outpatient, diagnostic and surgical capacity issues. An 11th consultant has been recruited for LGI the start date is yet to be confirmed.

Diagnostics (DM01)

At the end of November 2019 the Trust delivered the DM01 standard with performance of 99.12% based on 57 breaches from a waiting list of 6,468 procedures. 43% of breaches were for MRI and CT, 42% were for cystoscopy procedures however, it is the 3rd month of improvement for this modality. The team remain focussed on using core capacity in the first instance for cancer and urgent patients which can lead to an extended wait for a routine test. Whilst a short amount of in-sourcing will support immediate issues, longer term capacity gaps will need to be addressed through capital investment in MRI, CT and Endoscopy.

There are risks to December's performance including increased Inpatient demand for MRI and CT and cancellations of paediatric tests (such as sleep studies) due to emergency pressures.

Finance

X £3.29m	**Control Total Performance** • At the end of Month 8 the Trust is reporting a YTD deficit of £31.99m before Provider Sustainability Funding (PSF), Financial Recovery Funding (FRF), Marginal Rate Emergency Tariff (MRET) and Impairments. This is £3.29m worse than planned and is a deterioration of £0.99m in month. • PSF of £3.89m, FRF of £8.14m and MRET of £3.59m has been reflected in the position. The YTD and forecast includes full system PSF at Q2 but assumes the failure of the ICS at Q3, 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 £16.94m at the end of Month 8, which is £3.52m 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.
✔ £6.45m	**Income** • Overall income is £1.79m above plan in Month 8 and £6.45m above plan year to date. Clinical income is greater than plan by £0.63m in Month 8 and is over plan by £3.81m YTD, reflecting additional A&E attendances (5.6% above plan YTD) and non-elective emergency (NEL) spells (8.3% above plan YTD).
X (£9.74m)	**Expenditure** • Overall expenditure is £2.78m above plan in Month 8 and £9.74m above plan year to date. • Monthly pay expenditure in Month 8 was £18.24m, £1.06m greater than plan and over plan by £4.24m year to date. • Non-pay costs are above plan by £1.84m in Month 8 and by £5.66m year to date. However, additional YTD expenditure of £3.81m is directly offset in income.
X (£1.28m)	**FIP** • To November the Financial Improvement Plan (FIP) has delivered savings of £6.13m, £1.28m below plan. Savings of £0.48m were delivered in Month 8, which is below the average over the previous seven months and below the in month target of £1.35m. The YTD position includes £3.42m of non-recurrent savings. • Schemes in delivery are expected to achieve £9.68m and in addition the most likely value of pipeline schemes is £1.96m. The residual FIP risk is therefore £1.16m (against the £12.80m plan), plus a further risk of £2.26m relating to planned outpatient transformation savings (against an original plan of £2.63m).
✔ £2.89m	**Agency Expenditure** • Agency expenditure in November was £0.72m lower than the in month ceiling and expenditure is £2.89m below the ceiling year to date.
✔ £0.93m	**Capital** • Expenditure at Month 8 is £2.88m, £0.93m below plan. Forecast outturn expenditure is £0.67m above plan due to fire safety remedial works at Mansfield Community Hospital and an increase in forecast charitable expenditure.
✔ £3.20m	**Cash** • Closing cash at 30th November was £4.75m, £3.20m above plan. This is a increase in cash holding of £1.34m in month due to receipt of Q2 FRF from the DoH in November. 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 Month 8. This indicates that the risk of non-achievement of the 2019/20 control total has increased and it can only be delivered though Divisional action plans and further non recurrent solutions. Assurance on the actions to achieve this are in place and recovery actions have been initiated. • The underlying recurrent deficit forecast is £9.60m worse than plan due to non-recurrent actions to achieve the control total.

Financial Summary

	November In-Month			Year to Date (YTD)			Annual Plan	Forecast	Forecast Variance
	Plan	Actual	Variance	Plan	Actual	Variance			
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Income	25.15	26.94	1.79	200.31	206.76	6.45	301.64	311.75	10.11
Expenditure	(28.46)	(31.24)	(2.78)	(229.01)	(238.75)	(9.74)	(343.16)	(353.26)	(10.10)
Surplus/(Deficit) - Control Total Basis excl. PSF, FRF, MRET and Impairment	**(3.31)**	**(4.29)**	**(0.99)**	**(28.70)**	**(31.99)**	**(3.29)**	**(41.52)**	**(41.51)**	**0.01**
Surplus/(Deficit) - Control Total Basis incl. PSF, FRF, MRET and excl. Impairment	(0.73)	(1.84)	(1.11)	(13.41)	(16.94)	(3.52)	(14.87)	(14.86)	0.01
Underlying Surplus/(Deficit) - Control Total Basis excl. PSF, FRF, MRET and Impairment	(3.31)	(4.29)	(0.99)	(27.95)	(37.43)	(9.48)	(40.77)	(50.37)	(9.60)
Financial Improvement Programme (FIP)	1.35	0.48	(0.87)	7.41	6.13	(1.28)	12.80	11.64	(1.16)
Capex (including donated)	(1.25)	(0.38)	0.87	(3.81)	(2.88)	0.93	(10.83)	(11.51)	(0.67)
Closing Cash	1.55	4.75	3.20	1.55	4.75	3.20	1.46	1.46	0.00
NHSI Agency Ceiling - Total	(1.44)	(0.71)	0.72	(10.67)	(7.78)	2.89	(16.66)	(12.45)	4.20
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		3			3			1	
Agency rating	1	1		1	1		1	1	
Risk ratings after overrides		3			3			3	