

Public Board Meeting Report

Single Oversight Framework Integrated Monthly Performance Report

Date 5th March 2020
Authors Senior Leadership Team

Overview

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

Organisational effectiveness has been central to our conversations during February. Both in terms of our people and our objectives to continually improve the care we provide. On 18th February the **NHS Staff Survey** results were released and we were proud that Sherwood, for a second running is the best acute trust in the Midlands for engagement. We also scored very highly in the majority of the other 10 themes within the survey. That said there are areas that we need to pay attention to and improve the experience for colleagues Sherwood.

To understand how we improve, our Director of Culture and Improvement has led a new deliberate approach this year. Over a two week period, sessions with senior leadership teams in each division have provided the opportunity to recognise and celebrate where teams have done well, how this was achieved and where we need to focus next. This framework is also being used by divisions to engage and understand at a service line level.

It is expected that by end of March we will have gained a collective understanding to then co-create a set of key priorities in 20/21 to ensure that Sherwood is a great place to work and receive care.

High performing, efficient organisations are those that clearly define and communicate the objectives of the organisation. Building on our five year strategy, we have determined a set of **breakthrough objectives** for 20/21 (year two). The development of our breakthrough objectives will continue during March at a system, division and service line level. Our intent is to ensure a golden thread where colleagues are able to recognise and understand how an objective impacts on their service and their role.

Success of our vision and objectives relies on the strength of our organisational **capability and capacity**. In the coming together of the new Culture and Improvement directorate a set of measurements, both qualitative and quantitative have been identified. Throughout the next 12 months, these measurements will indicate the culture of the organisation, highlighting specifically our Leadership and effectiveness in Continuous Improvement.

It remains an important period where we will re-set the strategic intent of the new directorate and ways in which we start to change and enhance our approach to developing colleagues, leading

improvement and transforming care. With this brings excitement and an opportunity for Sherwood to strengthen our culture, performance and claim a key leadership role in the local system.

Our winter planning has enabled us to maintain strong performance on our **quality and safety** metrics in January and we saw signs of improvement in the compliance with dementia screening during admission. The maternity FFT is 0.5% below the target although this is an improving position from quarter 3. A second never event was declared in January. This was a wrong tooth extraction that occurred in the Autumn but was not diagnosed until January 2020. Duty of candour has been completed and the investigation is underway.

Timely access to care at Sherwood remains stable and safe, despite the increase in attendances and admissions 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 is in line with other NHS organisations however, sustained Improvement is still required in relation to access on Cancer noting the revised trajectory is currently being achieved. Our key focus remains on delivering a safe and effective winter.

January **financial performance** is worse than planned but better than forecast. Costs of maintaining capacity to service the current volumes of activity continue – pay costs are £1.3m above plan for the month and £4.5m above plan for the year to date. Financial improvement plan delivery in month is £1m but remains below plan by £1m for the year to date. Of the £9m achieved to date, £5m is non recurrent in nature. Further non recurrent actions are expected to ensure delivery of the annual plan and control total at the end of the year.

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. All three of these are described above.

As we have discussed in previous Boards, it is likely Sherwood Forest Hospitals NHS FT, the wider NHS and public services face a challenging future. We have identified six factors which may have an impact on us:

1. 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 and have agreed to continue with these plans until further national guidance is available.
2. 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 +85.0%, which is the highest it has ever been.
3. 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 public board.
4. 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.
5. Whilst we exited the EU in January, we need to continue to monitor how this may impact on the trust and the wider public services.

6. Since we last met as a Board, international and national concerns about Coronavirus have increased. We have a separate report on this for Board today.

Organisational Health

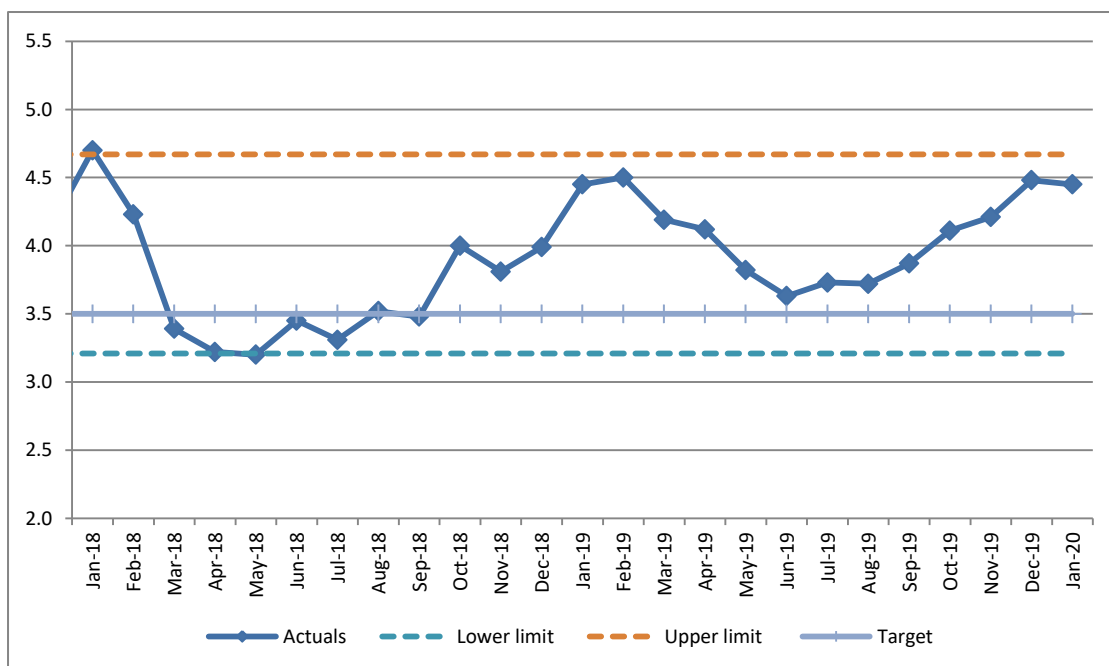
| At a Glance | Indicator | Plan / Standard | Period | YTD Actuals | Monthly / Quarterly Actuals | Trend | RAG Rating |
|-----------------------|---|-----------------|-----------------|-------------|-----------------------------|-------|------------|
| ORGANISATIONAL HEALTH | WTE lost as a % of contracted WTE due to sickness absence within last 12 months | ≤3.5% | Feb-19 - Jan-20 | 4.5% | 4.1% | | A |
| | Staff Turnover | ≤0.9% | Jan-20 | 0.6% | 0.4% | | G |
| | Proportion of Temporary Staff | 7.40% | Jan-20 | 7.7% | 8.0% | | A |

Sickness

Sickness absence decreased in month to 4.45% (December, 4.48%), this was the same for January 2019. The 4.45% is made up of 2.70% short term absence (December, 2.24%) and 1.75% long term absence (December, 2.24%). One Division was under the 3.50% target; corporate, which decreased in month to 2.30%, a reduction of 0.45%, this was the second month in a row to show a decrease. The remaining Divisions were all above the 3.50% target: Women & Children's at 5.23%, Surgery at 5.19%, Urgent & Emergency Care at 4.84%, Medicine at 4.72% and Diagnostics & Outpatients at 4.36%. Women & Children's division had the highest increase in month, 0.57% (December, 4.66%).

The top three reasons for absence were Anxiety & Stress, 1.01% (December, 1.01%), Cold, cough, flu-influenza, 0.57% (December, 0.53%) and Gastrointestinal problems, 0.52% (December, 0.47%). The stress, anxiety and depression figure for the Trust has decreased from 1.16% in December to 1.01% this month.

WTE lost as a % of contracted WTE due to sickness absence within last 24 months



Sickness absence reason

The top four absence reasons in January were:

- Anxiety/stress/depression – 1.01%, 1345.28 FTE days lost which is a decrease in month of 0.15%, 192.39 FTE days lost. It is above the 0.8% sub-threshold.
- Cold, cough, flu-influenza – 0.57%, 758.52 FTE days lost; an increase of 61.21 FTE days lost from December 2019

- Gastrointestinal Problems – 0.52%, 691.77 FTE days lost; an increase of 67.62 FTE from December 2019.
- Other musculoskeletal problems – 0.50%, 658.75 FTE days lost; a decrease of 47.43 FTE days lost from December 2019. This is the second month in a row to show a decrease in sickness absence.

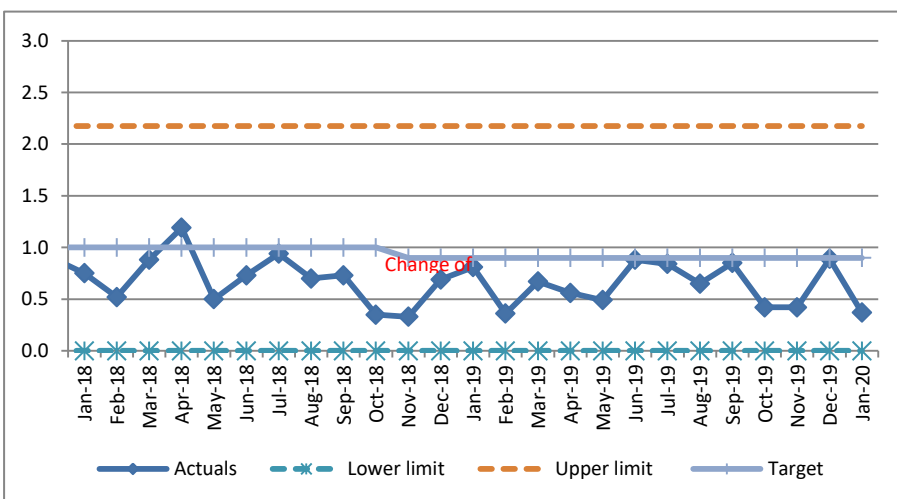
Across the Trust we have wellbeing initiatives in place to support these including;

- Weekly Health and Wellbeing drop in clinics with expert advice continue to be provided with an increase in attendance across the month of January.
- 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 counselling service provided through an external contract. Current wait time is 7 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 counselling services going forward would be 2 weeks.
- A number of supportive H&WB walk rounds occurred in January where over a 100 different locations were visited.
- 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 first Health Hero initiative study day is planned in Q4 aimed and developing the current cohorts further.
- At the time of submitting this report 3414 front line staff have been vaccinated within the annual Flu vaccine, which equates to 85.6%. Previously our highest front line uptake was 81.6% (reached at end of 2018/19 season)

Turnover

In January 2020, the overall turnover rate was 0.37%. This is under the target of 0.9%, which has been the case for over a year. The number of leavers decreased in month with 15.95 FTE leavers, compared to 38.41 FTE in December 2019. Registered Nurses had 4.60 FTE leavers with 3.60 FTE Band 5 leavers. Of the employees that had left the trust over the last Quarter 44% (39.12 FTE) had more than 36 months service, the remaining 56% (48.96 FTE) had between 12 and 36 months service.

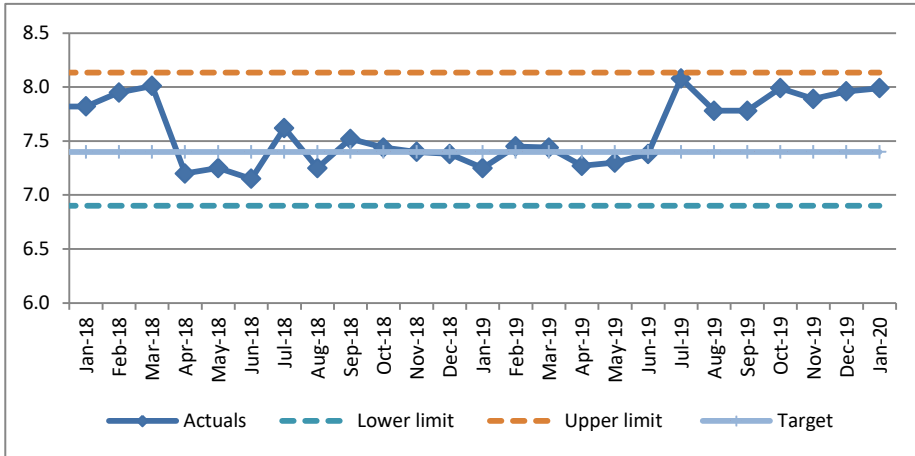
Staff Turnover



Percentage of Temporary Staff

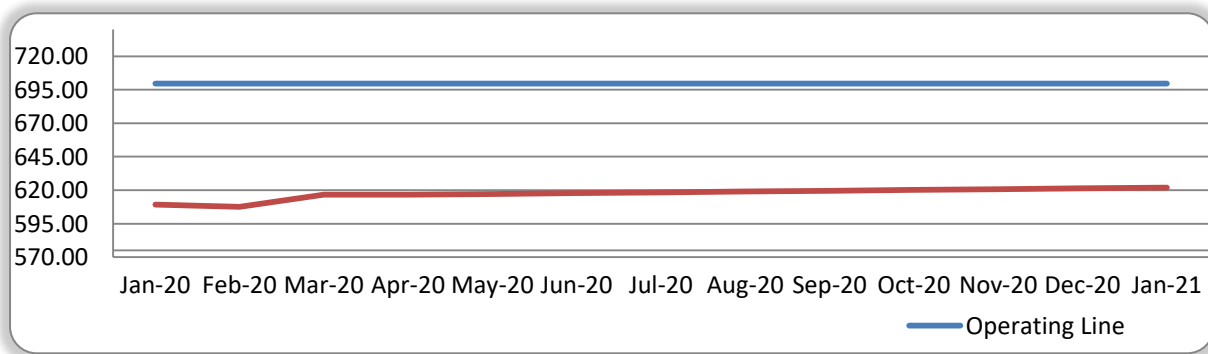
This was 8.0% for January which is a slight increase from December (7.9%). This figure includes both bank workers and agency workers. Temporary workers have to be used to fill gaps in nursing, medical and AHP rotas. Increasing levels of patient numbers and acuity were the contributing factors in the increase requests for temporary staffing. We continue to recruit substantively to reduce the reliance on temporary workers.

Percentage of Temporary Staff



Medical vacancies increased to 15.64 FTE (2.77%). In January there were 3.21 FTE new starters and 2.14 FTE leavers, both of these figures are higher than normal due to the changeover. Band 5 RN vacancies increased to 90.31 FTE (12.91%). In January there were 5.65 FTE starters and 3.60 FTE leavers. The annual Nursing Establishment review is presently underway and will impact on the trajectory for the next financial year.

Predicted Registered Nurse Numbers

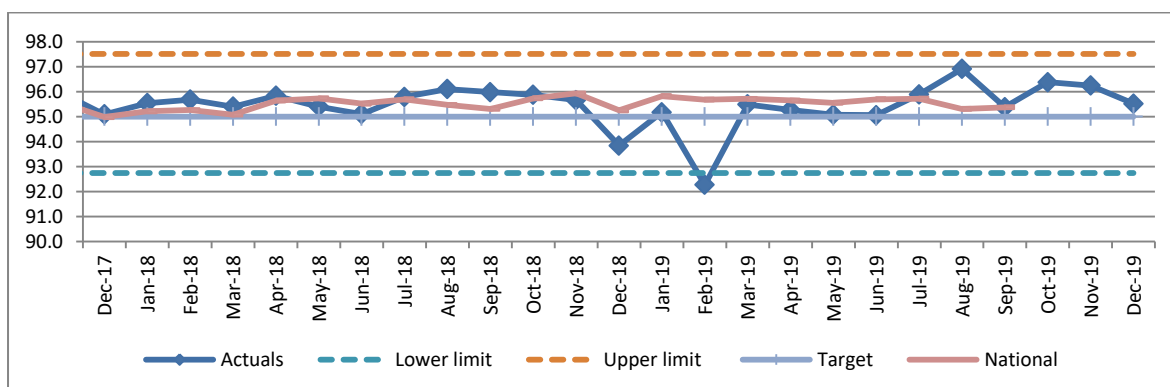


Patient Safety, Quality and Experience

| QUALITY, SAFETY AND PATIENT EXPERIENCE | | | | | | | | |
|--|--|-------|-----------------|--------|--------|--|---|--|
| Patient Safety | Rolling 12 months HSMR (basket of 56 diagnosis groups) | 100 | Nov-18 - Oct-19 | 104.4 | - | | A | |
| | SHMI | 100 | Sep-18 - Aug-19 | 94.14 | - | | G | |
| | Serious Incidents including Never Events (STEIS reportable) by reported date | 2 | Jan-20 | 22 | 1 | | G | |
| | Never Events | 0 | Jan-20 | 2 | 1 | | R | |
| | NHSE/NHSI Improvement Patient Safety Alerts Compliance (Number open beyond deadline) | 0 | Jan-20 | 3 | 0 | | G | |
| Quality | Safe Staffing Levels - overall fill rate | 80.0% | Jan-20 | 102.3% | 105.9% | | G | |
| | Same Sex Accommodation Standards breaches | 0 | Jan-20 | 0 | 0 | | G | |
| | Clostridium difficile Hospital acquired cases | 4 | Jan-20 | 31 | 4 | | G | |
| | MRSA bacteremia - Hospital acquired cases | 0 | Jan-20 | 0 | 0 | | G | |
| | Eligible patients having Venous Thromboembolism (VTE) risk assessment | ≥95% | Dec-19 | 95.8% | 95.5% | | G | |
| | Eligible patients asked case finding question, or diagnosis of dementia or delirium | ≥90% | Dec-19 | 57.3% | 37.9% | | R | |
| | Eligible patients having Dementia Diagnostic Assessment | ≥90% | Dec-19 | 99.9% | 100.0% | | G | |
| | Patients where the dementia outcome was positive or inconclusive, are referred for further diagnostic advice | ≥90% | Dec-19 | 99.5% | 100.0% | | G | |
| | Number of complaints | ≤60 | Jan-20 | 313 | 20 | | G | |
| | Recommended Rate: Friends and Family Inpatients | 97% | Jan-20 | 97.4% | 97.2% | | G | |
| | Recommended Rate: Friends and Family Accident and Emergency | 87% | Jan-20 | 91.6% | 93.9% | | G | |
| | Recommended Rate: Friends and Family Maternity | 96% | Jan-20 | 94.0% | 95.5% | | R | |
| | Recommended Rate: Friends and Family Staff | 80% | Qtr2 Yr2019/20 | 81.7% | 81.1% | | G | |

Venous Thromboembolism (VTE)

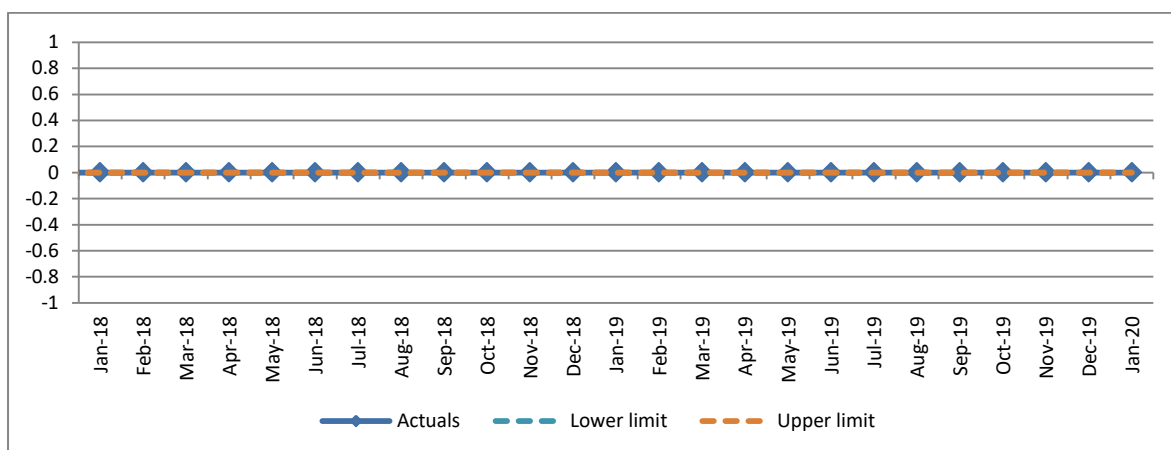
Data oversight of VTE is available for December due to the national timetable. The Trust continues to maintain performance above the 95% threshold with a compliance rate of 95.52%. This is consistent with performance nationally and regionally.



Data Source: SFHFT Performance Team

Mixed Sex Accommodation

There has been no single sex accommodation breaches reported during January 2020. Our Trust wide policy has been updated and implemented in January 2020 to reflect the revised national standard.



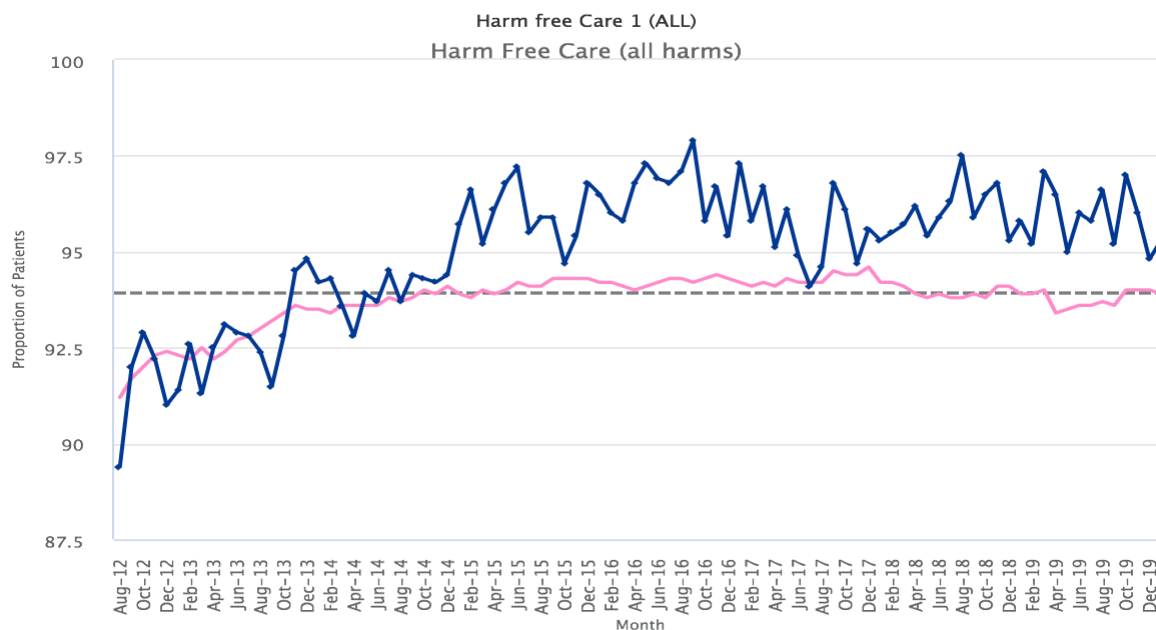
Data Source: SFHFT Performance Team

Incidents

During the month of January there was one Serious Incident (SI) entered onto STEIS which was recognised and reported on Datix in January 2020. This incident was a wrong tooth extraction and also met the criteria for a Never Event; the investigation is underway. An incident that was reported in September 2019 was de-escalated from STEIS in January 2020 (bringing the total of SIs in September 2019 down from four to three).

Harm Free Care

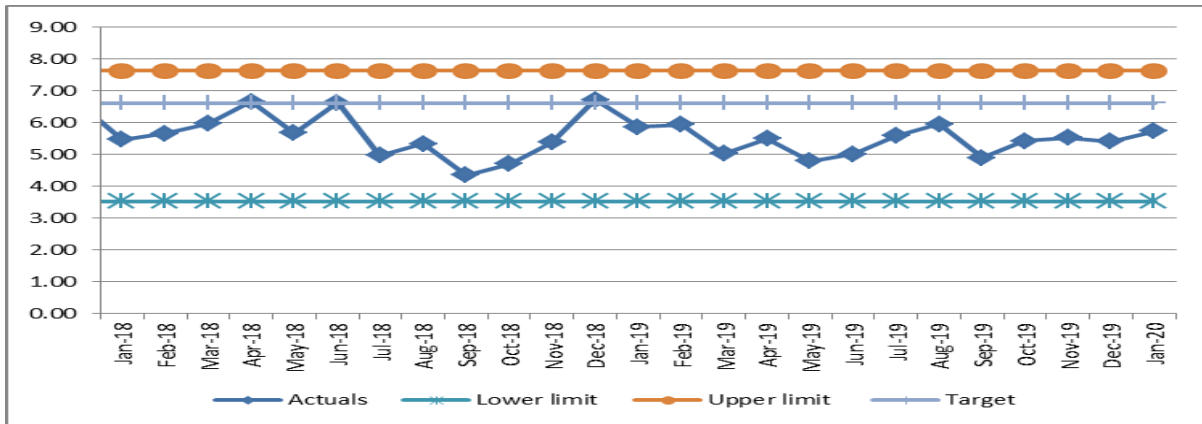
The NHS Safety Thermometer is a point prevalence audit that allows teams to measure harm and the proportion of patients that are ‘harm free’ at a given point in time. Harm Free Care during January 2020 was reported at 95.35% against the national advisory standard of 95%. Comparison with national performance (pink line) demonstrates we continue to perform well.



Data Source: NHS Safety Thermometer

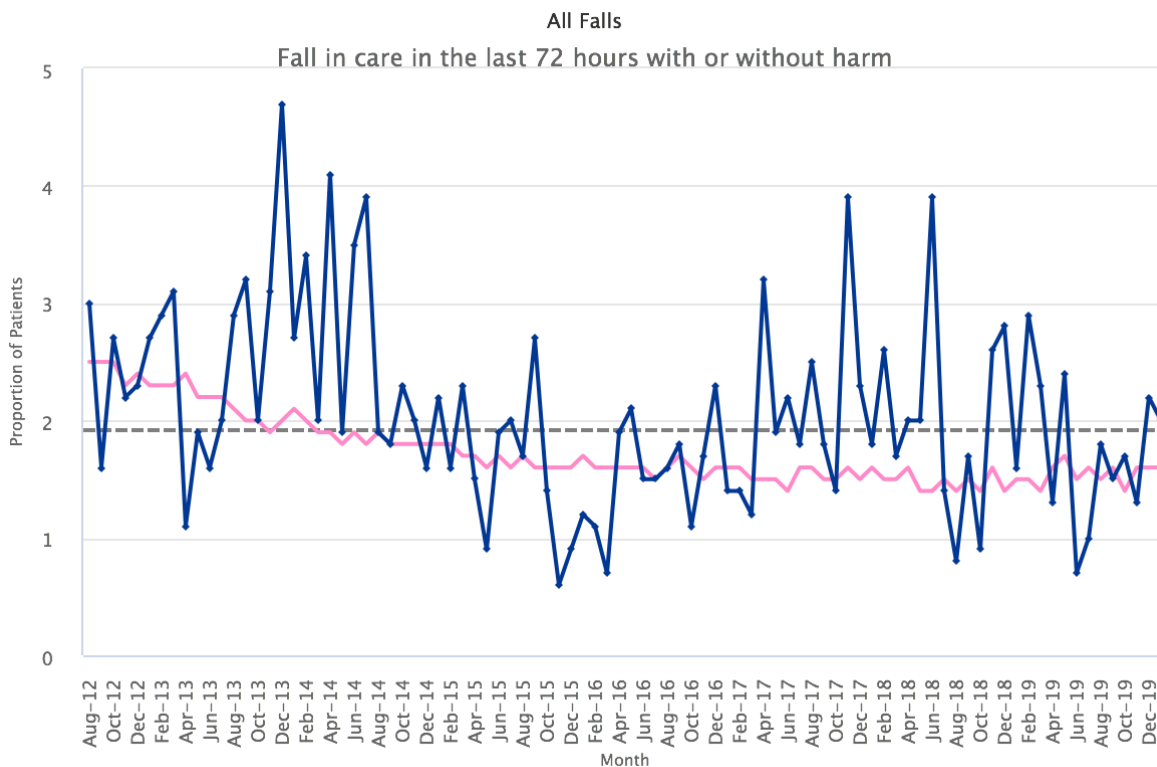
Falls

During January the Trust has maintained a falls rate below the national average of 6.63 per 1000 bed bays. The graph below demonstrates the Trust position of 5.74 falls per 1000 bed days and consistent performance below the national average over the previous 12 months.



Data Source: National Inpatient Falls Audit

Whilst reassuring, national data from the safety thermometer demonstrates we are consistently above the national average (pink line) for inpatient falls over the last 72 hours. Increasing mobility will be our local quality priority in 2020/21 as a means of reducing deconditioning and associated falls. There were 110 falls in January, which is an increase from 98 in December. All were low or no harm.



Data Source: NHS Safety Thermometer

Infection Prevention and Control

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 those cases attributable to organisations. Trust acquired cases now include any case identified from 48 hours after admission and any case that has been in the Trust within the preceding four weeks (COHA).

There were four cases of Trust acquired Clostridium Difficile Infection (CDI) in January 2020. None were linked and therefore it is deemed there was no transmission. There was one case of Community Onset Hospital Associated (COHA). This brings the total to 48 cases, compared to 58 last year.

| | 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 |
| December | 1 | 2 | 2 | 0 |
| January | 2 | 2 | 4 | 1 |

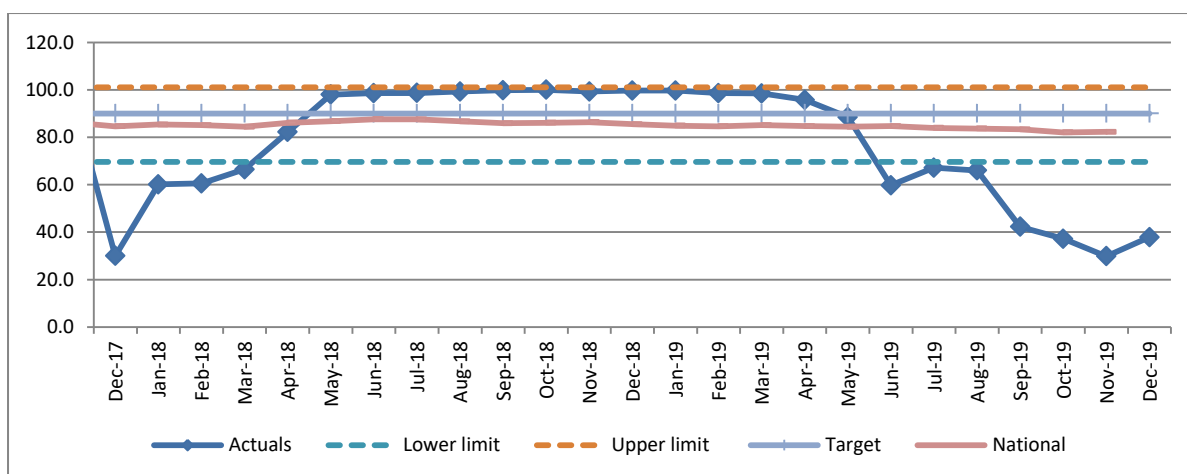
Data Source: SFHFT IPCT

Zero MRSA bacteraemia were identified in January. There were two *Escherichia Coli* bacteraemia in January bringing the total to 34, 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.

Dementia

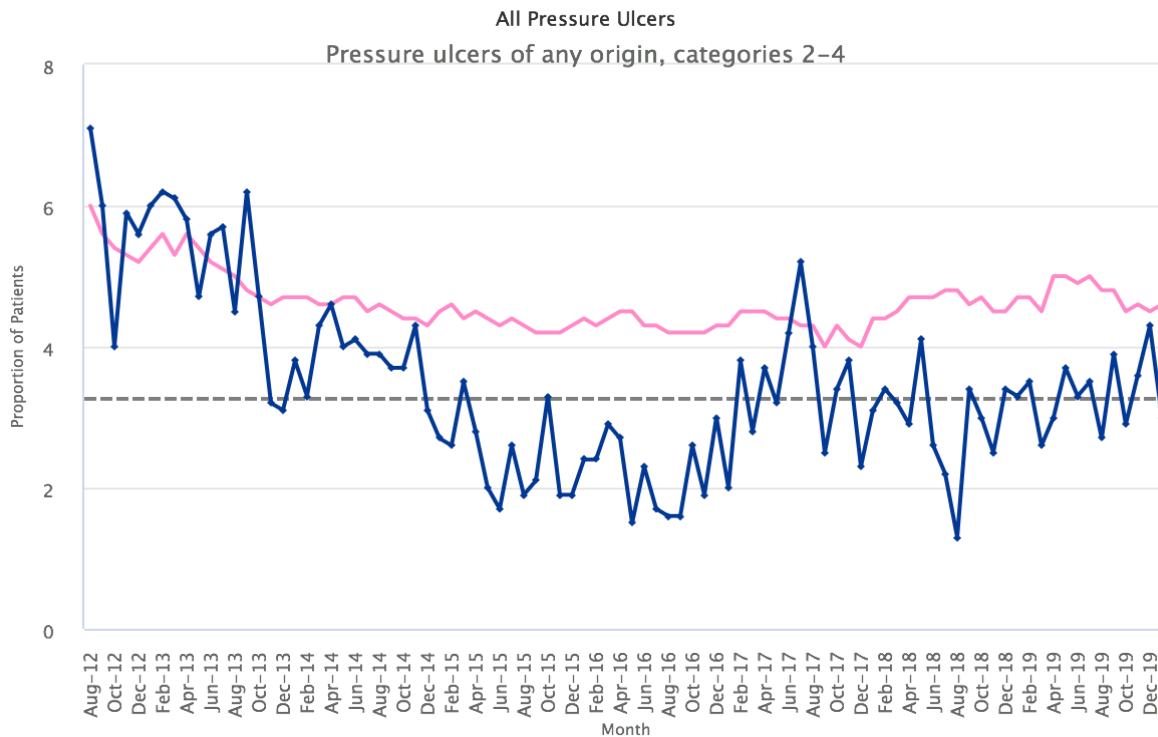
Following our exception report in December and agreed actions we have seen an increase in compliance with dementia screening for patients on admission. This continues to be below the required level of compliance of 90% and as agreed we are unlikely to see compliance return to the baseline rate on the electronic system until the end of quarter 1 in 2020/21.

Eligible patients asked case finding question, or diagnosis of dementia or delirium:



Data Source: Nervencentre

Tissue Viability



Data Source: NHS Safety Thermometer

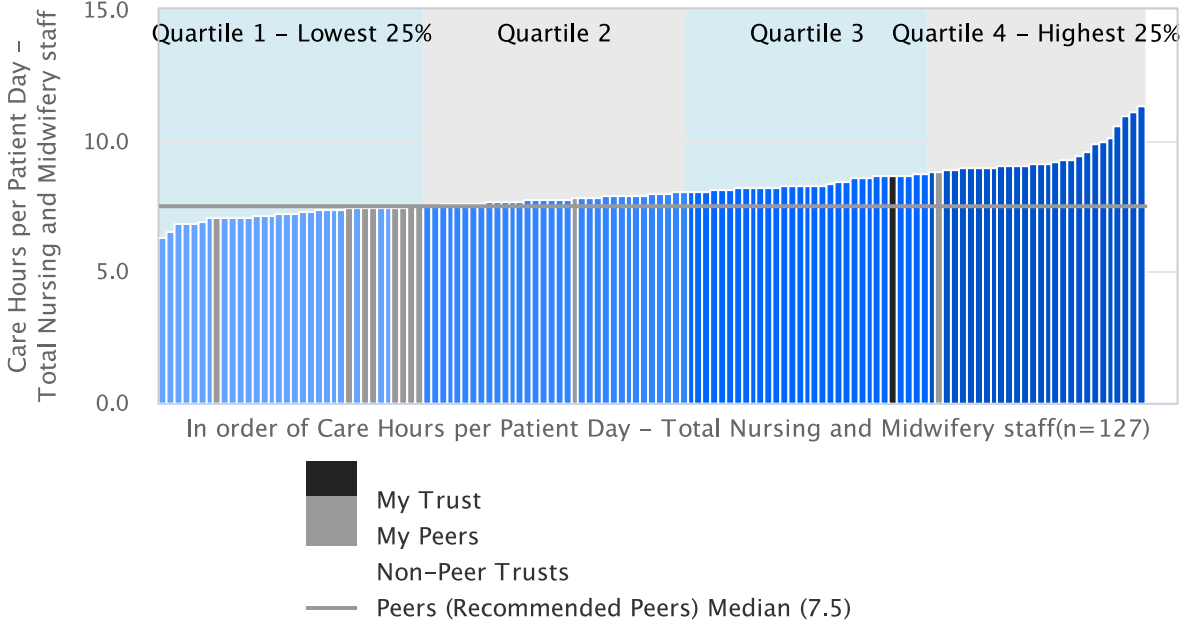
Hospital acquired pressure ulcers reduced to 2 in January and this brought us back down to significantly below the national average. One of these was a category 2 and one suspected deep tissue injury (SDTI) both were considered low harm. Following a root cause analysis investigation there were no lapses in care for the category two. Sadly the SDTI was deemed as avoidable and the learning from this is being rolled out across the trust. There have been no category 3 PUs since Nov 18 and no category 4s since August 2017.

A deep dive into the rise of hospital acquired PUs in December has been completed by the Nurse Consultant and will be reviewed by the Quality Committee. The review highlighted that there were no lapses in care in 5 of the 7 PUs but the theme of the avoidable PUs was the use of plaster casts to treat fractures. Diagnostics and Outpatients have completed a screening tool for vulnerable patients with casts, to alert health care workers and carers of the specific risks this group of people have and how to avoid PUs caused by the cast. A date is to be set to launch this project so it can be used Trust wide.

Safe Staffing

Actual staffing was 5% above planned in January, this is driven by increased staffing requirements for additional winter beds. The care hours per patient day (CHPPD) remains stable at 8.7 and demonstrates we are flexing staffing line with demand.

Care Hours per Patient Day – Total Nursing and Midwifery staff , National Distribution



Data Source: Model Hospital

Operational Performance/ Access

| OPERATIONAL STANDARDS | Emergency Access | Emergency access within four hours Total Trust | ≥95% | Jan-20 | 90.3% | 89.7% | | R |
|-----------------------|-----------------------|---|------|--------|-------|-------|--|---|
| | | Number of trolley waits > 12 hours | 0 | Jan-20 | 46 | 22 | | R |
| | | % of Ambulance handover > 30 minutes | 4.2% | Jan-20 | 8.2% | 8.8% | | R |
| | | % of Ambulance handover > 60 minutes | 0.0% | Jan-20 | 0.5% | 0.5% | | R |
| | Referral to Treatment | 18 weeks referral to treatment time - incomplete pathways | ≥92% | Jan-20 | - | 86.3% | | R |
| | | Number of cases exceeding 52 weeks referral to treatment | 0 | Jan-20 | - | 0 | | G |
| | Diagnostics | Diagnostic waiters, 6 weeks and over-DM01 | ≥99% | Jan-20 | - | 98.6% | | R |
| | | 62 days urgent referral to treatment | ≥85% | Dec-19 | 77.5% | 85.7% | | G |
| | Cancer Access | 62 day referral to treatment from screening | ≥90% | Dec-19 | 79.5% | 88.9% | | R |

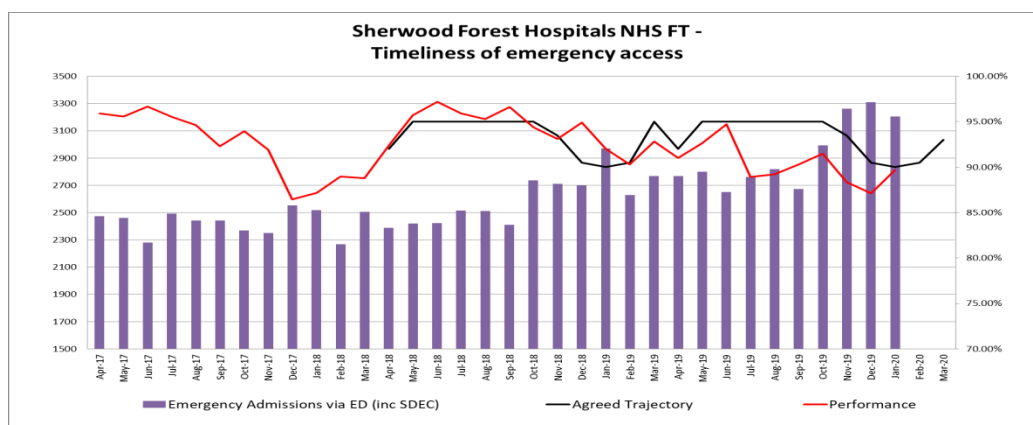
Emergency care

Emergency access performance against the 4 hour wait in January was 89.7%. This was 0.3% below the NHS Improvement agreed trajectory, but represents the strongest performance of the year so far when compared with trajectory. January performance was ranked 7th of 117 Trusts in the NHS with adult emergency departments.

There were 22 patients (all on one day) who waited 12 hours from their decision to admit until moving to a ward. All of the patients have had root cause analysis and completed harm reviews being reviewed by the Patient Safety & Quality group. All patients have been sent a written apology from the Chief Executive. Nationally, there were 2,846 patients who waited 12 hours for admission.

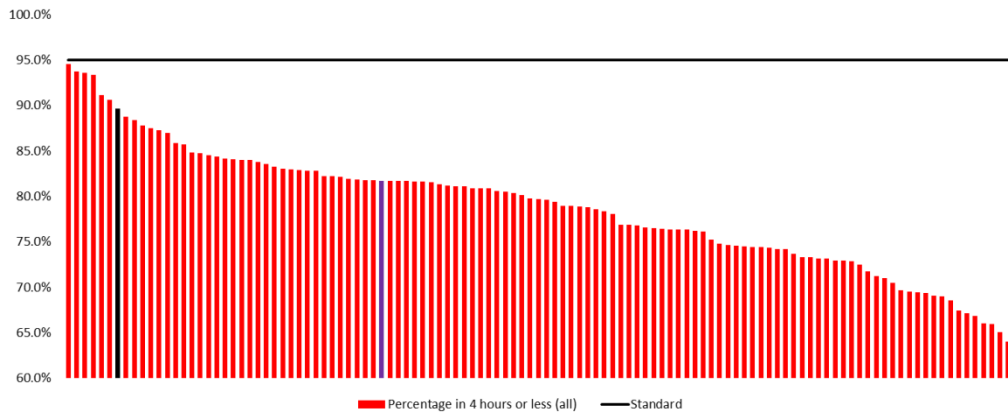
Given the growth in ambulance arrivals, handover performance remains strong with 8.5% of handovers taking over 30 minutes. This is ranks 2nd across EMAS region ED's.

| 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% | 87.1% | 89.7% | | |
| 19/20 Quarter Trajectory | | | 94.0% | | | 95.0% | | | 93.0% | | | 91.2% |
| 19/20 Quarter actual | | | 92.7% | | | 89.5% | | | 88.9% | | | |
| 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% | 9.9% | 8.75% | | |
| 18/19 Actual | 15.9% | 9.9% | 8.2% | 12.7% | 13.3% | 5.9% | 7.3% | 8.3% | 8.3% | 9.2% | 8.5% | 9.8% |



Patients treated or admitted within four hours of arrival at A&E by Acute Trust (with Type 1 Adult EDs)
January 2020 N= 117

Sherwood Forest Hospitals NHS Trust (Black Bar) ranked 7th of 117 trusts
NHS in England - 81.7% (purple bar)



Drivers of performance

The main driver of 4 hour wait performance is higher than planned demand within Majors and Resuscitation areas of the ED across attends ambulance arrivals, and admissions. The acuity of hospitalisations has also been particularly high.

The above factors lead to:

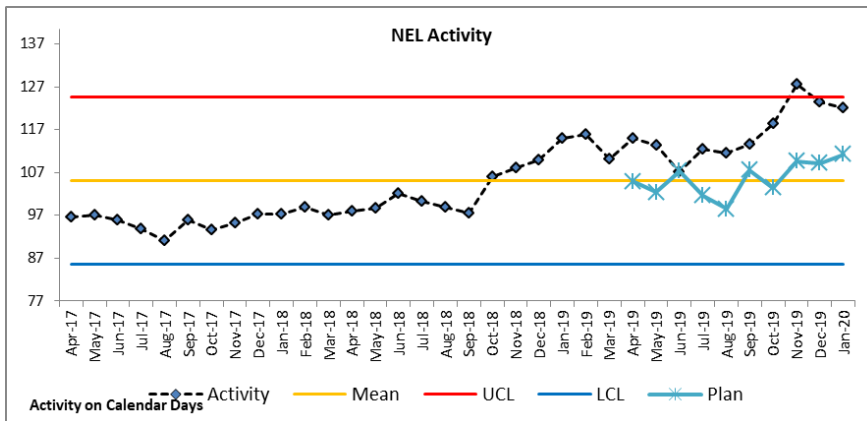
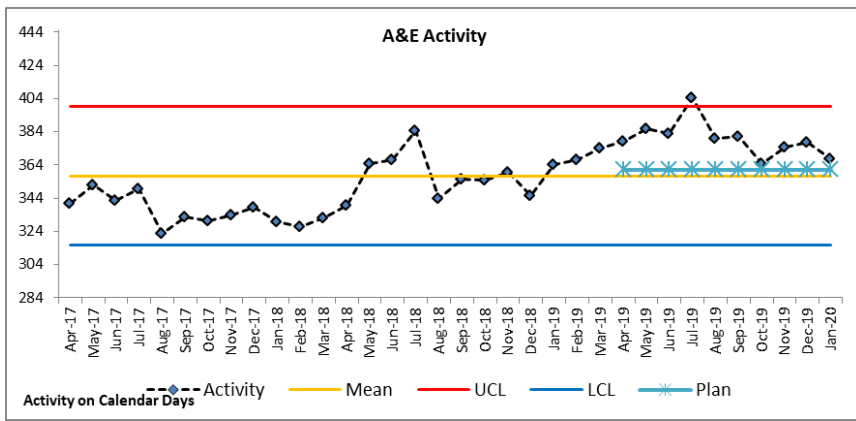
- Admission and discharge deficit – efficiency of the bed base is strong and all national metrics are being achieved, but due to workforce constraints it is difficult to safely staff extra bed capacity outside of the winter period.
- An increase in the waiting time to see/wait for decision from an ED 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 a lack of physical space for a Dr to see a patient.

January position

Overall demand for Emergency care in January 2020 was similar to that seen in 2019. At KMH Emergency Department attends were 2% higher and the case mix was slightly different with a greater proportion of arrivals to majors and resuscitation. This is demonstrated by the 4% growth in ambulance arrivals compared to January 2019.

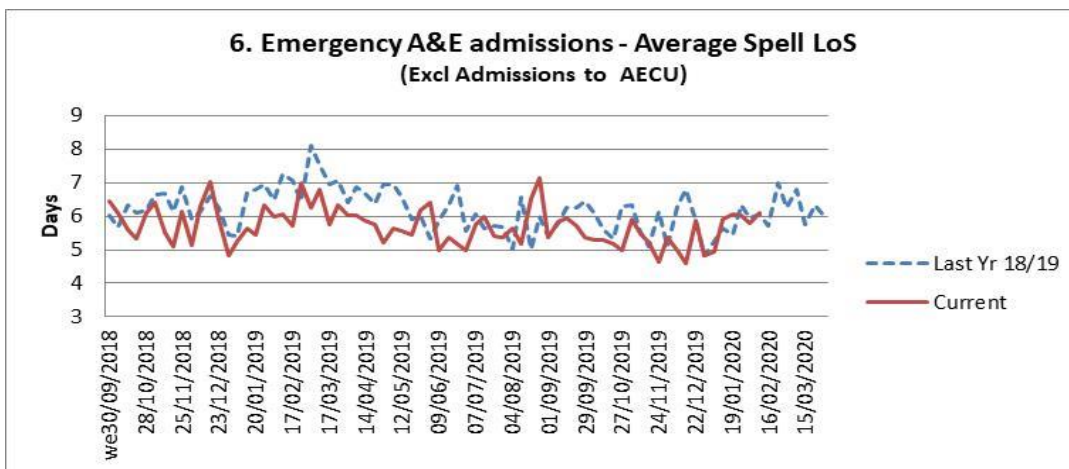
Performance for the month was heavily skewed by the first 9 days of January which were much more pressured than in 2019, in 2020 43% of the months waits over 4 hours occurred within this time window against 22% in 2019. The further 22 days of the month showed a similar pattern 2020 to 2019. Admissions were 10% higher than in January 2019, although the majority of this was same day emergency care admissions.

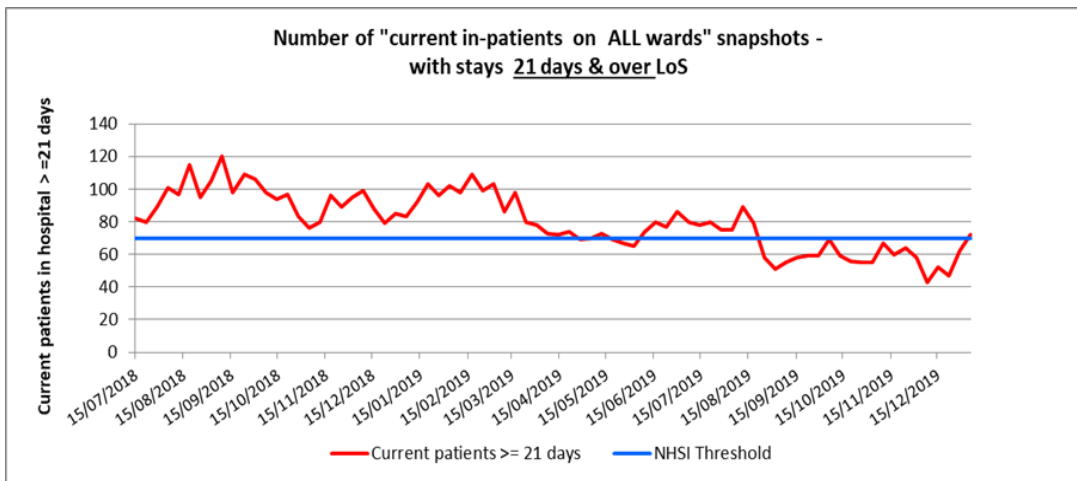
It is the continued cumulative impact of high attendances per day (casemix specific) and a consistently high admission rate that continue to contribute to performance outcomes.



Discharges remained strong and the use of this capacity continues to be effective with LOS being at similar levels to the previous year despite the improved use of same day emergency care (the movement of which moves the short stay patients stay out of the LOS calculation which can lead to LOS increasing statistically). The diversion of overnight admissions to same day emergency care (SDEC), particularly on the medical pathway again was 33% against the national best practice of 30%.

Some of the LOS was caused by acuity was high in January, certainly in the first third of the month with 355 of 610 beds occupied by patients with a NEWS2 score of 4 or more. This is the highest acuity that SFH has seen in the past year.





On a 3 day rolling measure for the month, there were 23 days during January that saw an admission and discharge net deficit and these days led to 78% of the breaches of the 4 hour wait standard over the month. So reducing these deficits remains the majority driver of performance.

Actions being taken to improve performance:

- Full roll out of the winter plan and consistency maintaining this level of capacity with the required staffing levels
- Continued strengthening of weekends by reducing the gap between admissions and discharges at the weekend
- 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.
- Delivery of the ‘Drivers of demand’ work across the ICP

Elective care

Referral to Treatment (Incomplete standard)

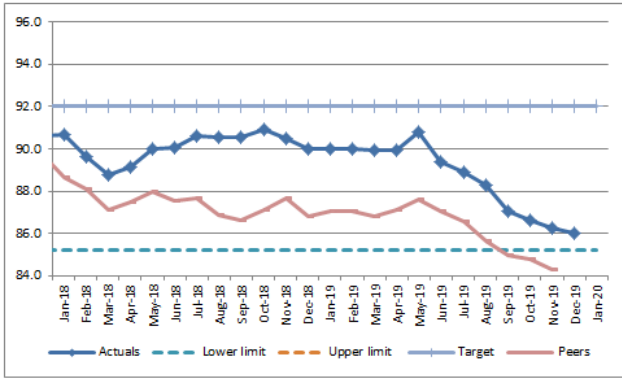
Referral to Treatment performance for January at time of writing is unpublished however at 86.33% it is an improved position on December and is 4.4% adverse to trajectory. National performance for December was 83.7%.

At the end of December (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 25 weeks). December published performance of 86.04% gave the Trust a consistent national ranking of 63rd from 136 Trusts.

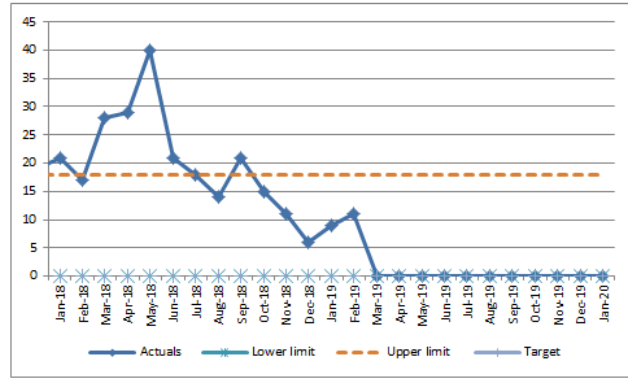
| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|--------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 19/20 NHSI Trajectory | 90.72% | 90.90% | 91.15% | 91.29% | 90.87% | 91.43% | 91.98% | 92.00% | 90.97% | 90.75% | 91.17% | 91.20% |
| 19/20 Actual | 90.0% | 90.8% | 89.4% | 88.9% | 88.30% | 87.10% | 86.62% | 86.26% | 86.04% | 86.33% | | |
| 19/20 Quarter Trajectory | | | 90.9% | | | 91.2% | | | 91.7% | | | 91.0% |
| 19/20 Quarter actual | | | 90.1% | | | 88.1% | | | 86.3% | | | |
| 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 report zero month-end 52 week waits.

18 weeks referral to treatment time - incomplete pathways



Number of cases exceeding 52 weeks referral to treatment



The SPC chart above shows a drop in performance from June 2019 and whilst this mirrors the position nationally it signals the local deterioration of RTT performance in Cardiology and Ophthalmology.

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). January starts were marginally lower than stops thereby supporting a continued reduction in the size of the waiting list.

The size of the waiting list trajectory is set to be an improvement on the March 2019 position at 24,902. Current assumptions based on average starts and stops and Divisional actions in place is a March 2020 position in the region of 25,500 - 26,000.

| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 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 | 26,018 | 26,857 | 27,348 | 27,426 | 29,028 | 29,294 | 28,325 | 27,120 | 26,896 | 26,681 | | |
| Variance to trajectory | 291 | 846 | 1,147 | 582 | 2,837 | 3,803 | 2,773 | 1,281 | 838 | 993 | | |
| % Variance | 1.13% | 3.25% | 4.38% | 2.17% | 10.83% | 14.92% | 10.85% | 4.96% | 3.22% | 3.87% | | |

Actions being taken to improve performance

Actions to support recovery continue to 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 in Ophthalmology and Cardiology. 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. The two high risk specialties remain as Cardiology and Ophthalmology.

For Cardiology the recovery actions include:

1. **Securing locum cover** – action completed with the tangible impact evidenced in a reduction in the wait time and volume of overdue reviews.
2. **Diagnostic waits** – additional diagnostic sessions (15) commenced from 5th February 2020.
3. **Robust PTL Tracking** – Internal PTL tracking has remained relatively strong; the team have strengthened reporting with external provider.

Recovery to trajectory is approximately 4 weeks adverse to plan.

For Ophthalmology the recovery actions include:

- 1. Recruitment** - One consultant recruited; however due to sickness, short term locum cover has been sought. Two specialty doctors required; one post is due to commence in March, the second post will be covered by a locum.
- 2. Transfer of appropriate patients to a community setting** – Post op cataract follow ups are due to be transferred to the community provider in Q4 2019/20.
- 3. Additional clinic space** – Clinic rooms were secured from early December. Securing locum cover in February will support additional clinics.

Given the actions and mitigations in place delivery of the standard for Ophthalmology is expected to move to Quarter 1 2020/21.

Priorities for February / March:

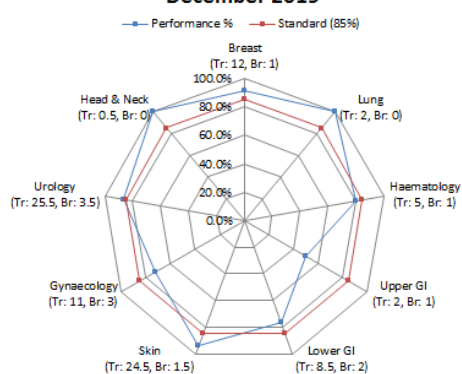
- Focus on reducing long wait patients 42+ weeks notably within Cardiology
- Utilise the additional clinic space identified for Ophthalmology
- Complete a review of the Ophthalmology PTL to ensure no duplication with the Community provider.
- Deliver a return to Inpatient operating for Orthopaedics in March 2020
- Deliver zero 52 week waits

Cancer

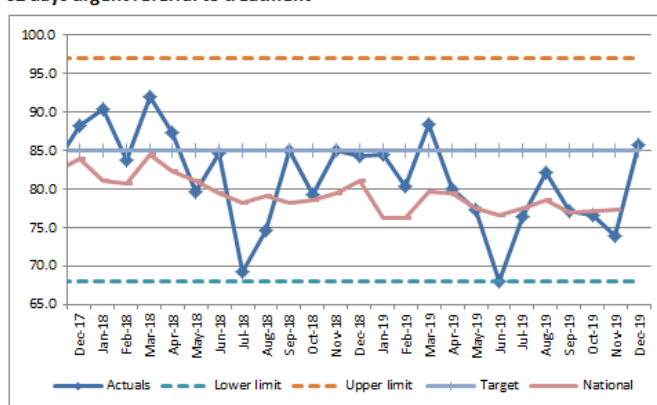
The Trust delivered the 62 day standard for the month of December this was based on 13 breaches from 91 treatments and gave a national ranking of 41 from 134 Trusts. The national position for December was 77.99%.

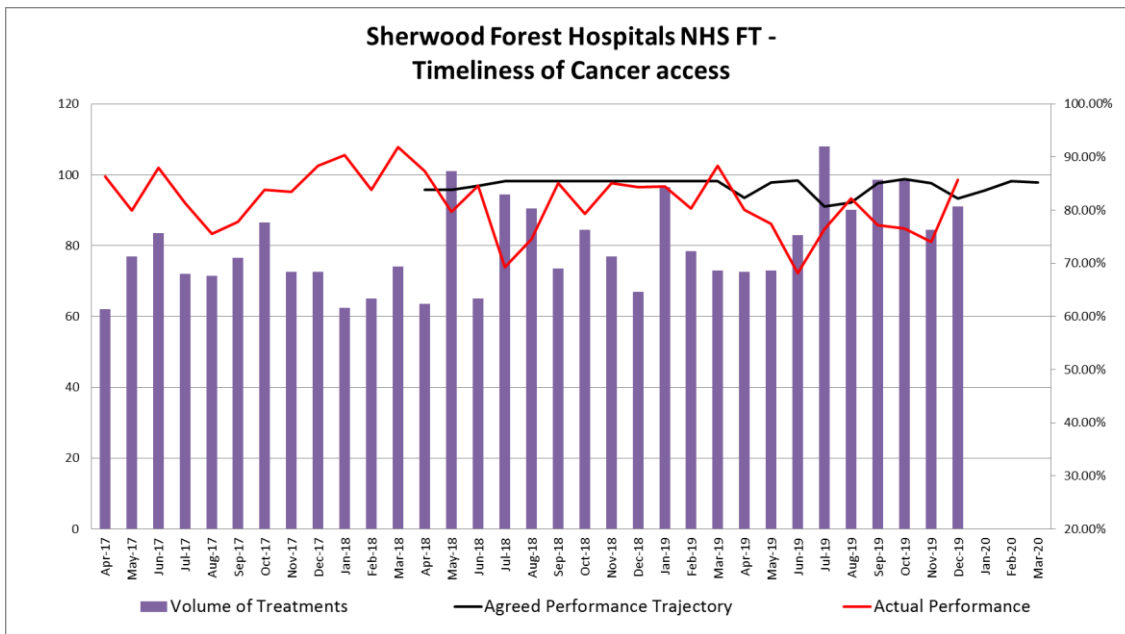
| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 19/20 Trajectory | 82.28% | 85.20% | 85.56% | 80.65% | 81.40% | 85.06% | 85.86% | 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% | 74.0% | 85.7% | | | |
| 19/20 Quarter Trajectory | | | 84.4% | | | 82.4% | | | 84.4% | | | 84.8% |
| Revised Quarterly Trajectory | | | 74.8% | | | 78.4% | | | 78.8% | | | 81.6% |

62 day performance by tumour site
December 2019



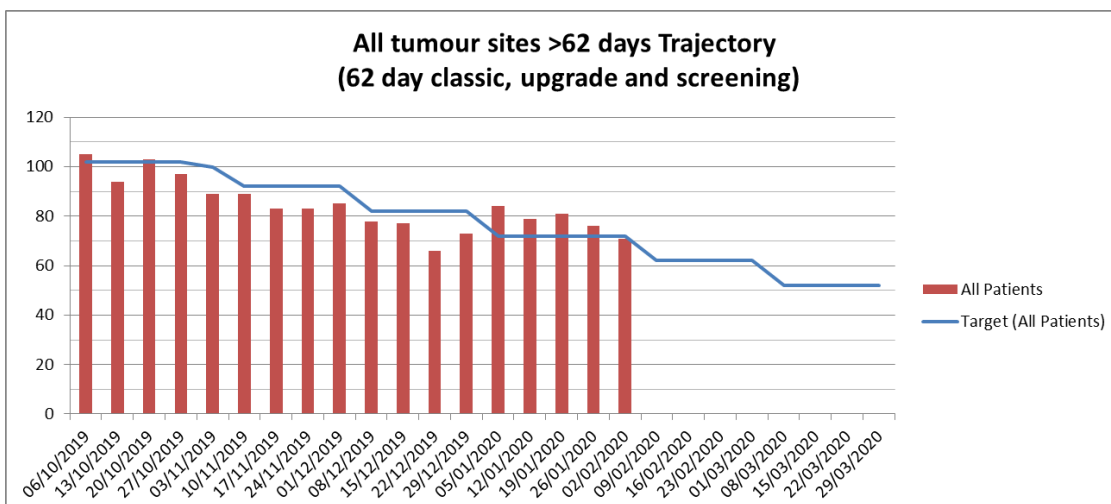
62 days urgent referral to treatment





>62 days

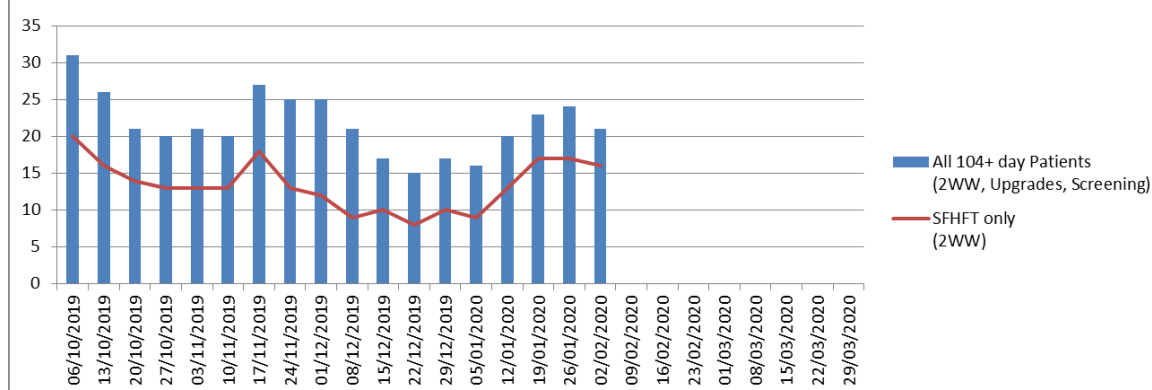
The volume of patients over 62 days has reduced from 102 to 73 by the end of December and to 71 by the end of January. At time of writing the volume of patients waiting is 69 against a February trajectory of 62. The backlog reduction trajectory is in place to return to March 2019 (52) by March 2020.



>104 days

At the end of December the number of patients waiting 104+ days was 16. At the end of January this had increased to 24. At time of writing the volume of patients waiting is 21. A detailed breakdown by tumour site for December can be found in the table below.

All tumour sites >104 days (62 day classic, upgrade and screening)



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 December the summary status was as follows:

| End of Month | Diagnostic | Treatment planned | Treatment date required | Other | Total |
|--------------|------------|-------------------|-------------------------|-------|-------|
| December | 9 | 3 | 4 | 0 | 16 |

Patients >104 days:

| End of Month | Breast | Lung | Haematology | UGI | LGI | Skin | Gynaecology | Urology | Head & Neck | Total |
|--------------|--------|------|-------------|-----|-----|------|-------------|---------|-------------|-------|
| Dec-18 | | 2 | | 2 | 1 | | | 4 | | 9 |
| Jan-19 | | 5 | | 2 | 1 | | 2 | 5 | | 15 |
| Feb-19 | | 2 | | 2 | 2 | | | 7 | | 13 |
| 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 |
| Nov-19 | 1 | 1 | | 2 | 10 | | 1 | 7 | 1 | 23 |
| Dec-19 | 1 | 2 | 2 | | 5 | 1 | | 5 | | 16 |

The Trust delivered all other cancer standards for December except for 62 day screening and 31 day subsequent surgery. For screening this is due to 1 lower GI breach. For 31 day subsequent this is 3 breaches in Skin and 2 in Breast and 1 in Gynaecology with the root cause being a mix of capacity and fitness.

Priority for February / March:

Whilst performance remains below the standard, there has been a positive movement in the volume of patients waiting at key stages of the pathway. All actions within the joint action plan (agreed in September) are now either; complete, stopped or will remain on-going but will no longer contribute significantly to improving 62 day performance. A revised Trust and CCG recovery action plan is in development and will be in place by the end of February 2020. It will be based around 3 key themes:

1. Wait for 1st Outpatient
2. Wait for diagnostics

3. Process issues

For theme 1 tumour sites have undertaken D&C modelling using the IST model. The output and subsequent bridge to close a capacity gap will be complete by the end of February.

For theme 2 the average wait for key diagnostic tests will be monitored and will be used to drive longer term actions that will require significant capital investment in MRI, Endoscopy and CT capacity with a longer lead in time to impact on performance.

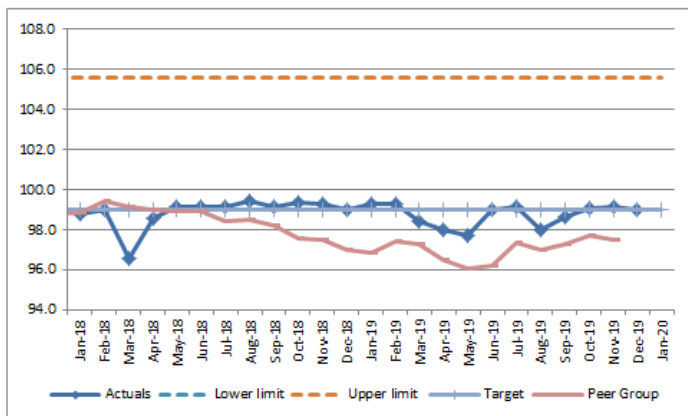
For theme 3 the cancer services team has analysed 53 pathways (average 7 per month) that breached between 63 and 76 days for the period April – November 2019. Breaches in this range are most likely to be recoverable through process changes that can be delivered in the short term. The volume of breaches saved per month will vary but as a guide 5 breaches saved per month would result in the Trust consistently delivering >80% against the 62 day target. An average of 8 breaches saved per month would deliver the 62 day standard

Trust Board will receive an update against the 3 themes on a monthly / quarterly basis. A report from the NHSI/E Intensive Support Team is expected in March 2020. Early feedback from the 2 day visit has been positive with any areas for improvement to be incorporated into the revised RAP.

Diagnosics (DM01)

At the end of January 2020 the Trust failed the DM01 standard with performance of 98.55% based on 86 breaches from a waiting list of 5,928 procedures.

Diagnostic waiters, 6 weeks and over-DM01

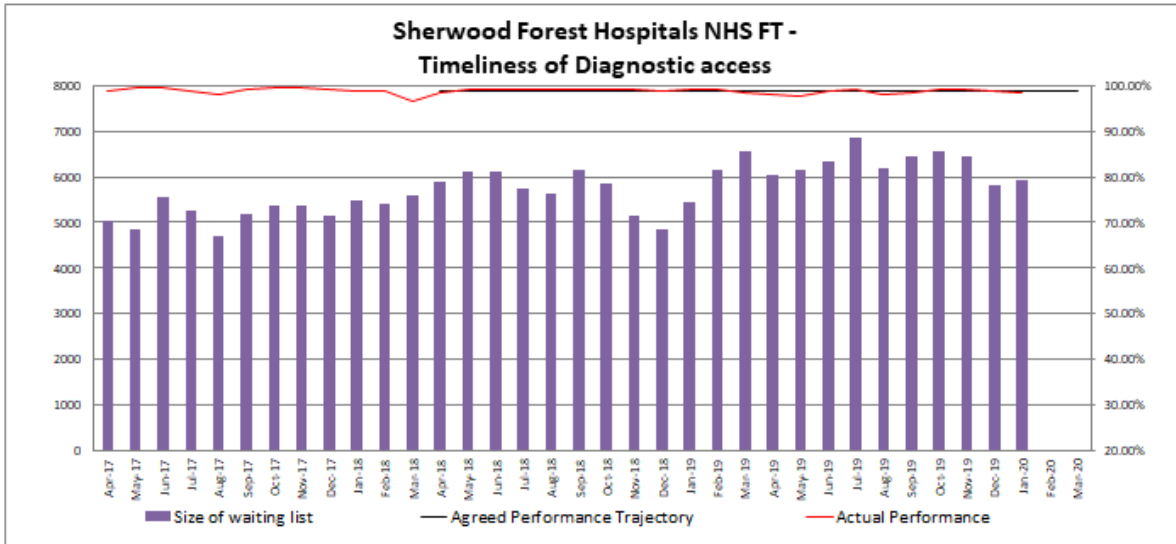


Breaches for Cardiac CT were the root cause for failing the standard. This was driven by an underlying increase in demand for Cardiac CT, with a particular spike in December compounded by annual leave.

If demand were to continue at the current rate the capacity gap for Cardiac CT would be in the region of 20-25 cases per month. To support bridging the gap the Radiology team are working closely with Cardiology to enable a more efficient way of managing the patient pathway on the day. This will support improved patient experience and almost double the volume of patients that can be scanned in a session. In addition to this, the CT scanner at Newark with a software upgrade could support 8 cases per month. This piece of work; which includes testing the generator capacity at Newark is currently being scoped with a proposal expected in March 2020.

Given the volume of patients that are currently waiting for a Cardiac CT recovery of the DM01 position is not expected until March. This is dependent on the work with Radiology and Cardiology starting in the latter half of February.

Sherwood Forest Hospitals NHS FT - Timeliness of Diagnostic access



| | Apr | Mag | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---------------------------------|--------|--------|--------------|--------|--------|--------------|--------|--------|--------------|--------|--------|--------------|
| 19/20 Trajectory | 99.00% | 99.00% | 99.00% | 99.00% | 99.00% | 99.00% | 99.00% | 99.00% | 99.00% | 99.00% | 99.00% | 99.00% |
| 19/20 Actual | 98.02% | 97.70% | 99.01% | 99.17% | 98.00% | 98.70% | 99.10% | 99.12% | 99.04% | 98.55% | | |
| 19/20 Quarter Trajectory | | | 99.0% | | | 99.0% | | | 99.0% | | | 99.0% |
| 19/20 Quarter actual | | | 98.2% | | | 98.6% | | | 99.1% | | | |
| 18/19 actual | 98.59% | 99.12% | 99.12% | 99.13% | 99.45% | 99.16% | 99.37% | 99.24% | 99.03% | 99.13% | 99.30% | 98.40% |

Financial Summary

| | |
|-------------------|--|
| x (£0.84m) | Control Total Performance <ul style="list-style-type: none"> At the end of Month 10 the Trust is reporting a YTD deficit of £36.62m before Provider Sustainability Funding (PSF), Financial Recovery Funding (FRF), Marginal Rate Emergency Tariff (MRET) and Impairments. This is £0.84m worse than YTD plan and is a deterioration of £0.98m in month. PSF of £5.04m, FRF of £11.35m and MRET of £4.49m has been reflected in the position. The ICS has failed its M10 control total and therefore system PSF of £0.49m has been excluded from the YTD position. The forecast also excludes system PSF for Q4 as the ICS forecast outturn deficit exceeds its control total for 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 £16.32m at the end of M10, which is £1.32m 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. |
| ✓ £9.15m | Income <ul style="list-style-type: none"> Overall income is £1.30m above plan in Month 10 and £9.15m above plan year to date. Clinical income is greater than plan by £1.05m in Month 10 and is over plan by £6.12m YTD, reflecting additional A&E attendances (5.1% above plan YTD) and non-elective emergency (NEL) spells (10.3% above plan YTD). |
| x (£9.99m) | Expenditure <ul style="list-style-type: none"> Overall expenditure is £2.28m above plan in Month 10 and £9.99m above plan year to date. Monthly pay expenditure in Month 10 was £18.70m, £1.35m above plan and over plan by £4.49m year to date. Non-pay costs are above plan by £1.00m in Month 10 and above plan by £5.93m year to date. However, additional YTD expenditure of £4.86m is directly offset in income. |
| x (£1.01m) | FIP <ul style="list-style-type: none"> To January the Financial Improvement Plan (FIP) has delivered savings of £9.09m, £1.01m below plan. Savings of £0.99m were delivered in Month 10, which is marginally above the average over the previous nine months and below the in month target of £1.35m. The YTD position includes £5.01m of non-recurrent savings. Schemes in delivery are expected to achieve £10.55m and in addition the most likely value of pipeline schemes is £1.22m. The residual FIP risk is therefore £1.03m (against the £12.80m plan). Outpatient transformation savings are now included within the FIP therefore there is no achievement against the outpatient transformation savings plan of £2.63m. |
| ✓ £3.41m | Agency Expenditure <ul style="list-style-type: none"> Agency expenditure in January was £0.22m lower than the in month ceiling and expenditure is £3.41m below the ceiling year to date. |
| ✓ £0.57m | Capital <ul style="list-style-type: none"> Expenditure at Month10 is £4.55m, £0.57m below plan. Forecast outturn expenditure is £0.51m above plan due to fire safety remedial works at Mansfield Community Hospital and a reduction in forecast charitable expenditure. |
| ✓ (£0.10m) | Cash <ul style="list-style-type: none"> Closing cash at 31st January was £1.50m, £0.10m below plan. This is a reduction in cash holding of £0.59m in month due to the repayment of borrowing in January following receipt of previously borrowed Q2 PSF. 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 <ul style="list-style-type: none"> A full forecast was undertaken at the end of Month 10 This indicates that the risk of non-achievement of the 2019/20 control total in the Likely case has decreased to £2.76m, £1.22m of pipeline FIP and £1.54m of further actions required, and it can only be delivered through further non recurrent solutions. The actions to identify and achieve these are in place. The underlying recurrent deficit forecast is £10.72m worse than plan mainly due to non-recurrent actions to achieve the control total. |

| | January In-Month | | | Year to Date (YTD) | | | Annual Plan | Forecast | Forecast Variance |
|--|------------------|---------------|---------------|--------------------|----------------|---------------|----------------|----------------|-------------------|
| | Plan | Actual | Variance | Plan | Actual | Variance | | | |
| | £m | £m | £m | £m | £m | £m | | | |
| Income | 25.82 | 27.11 | 1.30 | 250.51 | 259.66 | 9.15 | 301.83 | 314.21 | 12.38 |
| Expenditure | (28.71) | (30.98) | (2.28) | (286.30) | (296.29) | (9.99) | (343.35) | (355.72) | (12.37) |
| Surplus/(Deficit) - Control Total Basis excl. PSF, FRF, MRET and Impairment | (2.89) | (3.87) | (0.98) | (35.78) | (36.62) | (0.84) | (41.52) | (41.51) | 0.01 |
| Surplus/(Deficit) - Control Total Basis incl. PSF, FRF, MRET and excl. Impairment | 0.04 | (1.08) | (1.12) | (14.99) | (16.32) | (1.32) | (14.87) | (15.61) | (0.75) |
| Underlying Surplus/(Deficit) - Control Total Basis excl. PSF, FRF, MRET and Impairment | (2.74) | (4.28) | (1.54) | (34.88) | (43.19) | (8.31) | (40.77) | (51.49) | (10.72) |
| Financial Improvement Programme (FIP) | 1.35 | 0.99 | (0.36) | 10.10 | 9.09 | (1.01) | 12.80 | 11.77 | (1.03) |
| Capex (including donated) | (0.77) | (0.81) | (0.04) | (5.13) | (4.55) | 0.57 | (10.83) | (11.34) | (0.51) |
| Closing Cash | 1.60 | 1.50 | (0.10) | 1.60 | 1.50 | (0.10) | 1.46 | 1.46 | 0.00 |
| NHSI Agency Ceiling - Total | (1.50) | (1.28) | 0.22 | (13.66) | (10.25) | 3.41 | (16.66) | (12.80) | 3.85 |
| <u>NHSI Use of Resources Score</u> | | | | | | | | | |
| 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 | |