

Public Board Meeting Report

Single Oversight Framework Integrated Monthly Performance Report

Date	1 August 2019
Authors	Senior Leadership Team
Lead Directors	Executive Team

Overall Summary

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

Quarter one has been a very busy quarter with the increase in activity on all patient pathways seen over the last 12 months continuing. Of the four domains we review in the SOF, organisational health, patient safety, quality and experience, access/ performance and finance, it is apparent that access/ performance has been the one most impacted by the high levels of demand.

Despite lots of effort within the Trust and outside, we have seen a material impact on our emergency care access standard. With commissioners and Nottinghamshire Healthcare NHS Trust we have jointly completed a review of the “drivers of demand”. This identifies actions we need to be taking within Sherwood and actions we need partners to take, in particular greater actions around demand management and improving community capacity. This report will come back to Board next month.

Our elective care and diagnostics standards remain relatively strong although growing concerns about the impact of the national pension’s problem may impact on these standards over the coming months. Our cancer performance has deteriorated over the last couple of months, for reasons described below and we are working with Nottingham University Hospitals NHS Foundation Trust and commissioners through the Nottingham and Nottinghamshire Integrated Care System to identify ways we can improve this pathway, in particular time to diagnostic.

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

More positively, our indicators of patient safety, quality and experience remain positive, although there is growing evidence that colleagues are tired. Evidence of fatigue is apparent as colleagues have been working exceptionally hard for a long time now. It is important we continue to do all we can to support our colleagues. Sickness absence remains slightly higher than plan whilst other workforce metrics are positive. We are beginning to see the positive impact of our overseas nurses who are most welcome at Sherwood.

Financially we are on plan after the first quarter although the risk of an increased financial improvement target over the remaining three quarters of the year is high. We have taken steps at

the back end of Q1 to change how the financial improvement function works. Whilst these actions worked well last year, we must ensure we focus even more intently this year on delivering our financial plan, whilst maintaining quality and access. It is disappointing to find ourselves yet again behind on our financial improvement plan.

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

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

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

- Brexit – we continue to plan for a no deal exit and the EU exit planning group meetings will restart in August. We believe we are as well prepared as we can be.
- Pensions – we recognise we have lost capacity as a result of the NHS national pensions challenge. This is impacting on many colleagues, not just consultants. There are some options which we could take locally and a conversation about this will take place later today.
- Flu – we plan well for flu with a high uptake each year and colleagues who do choose to take the vaccine, normally take it early in the year. We will do the same this year and will also work with partners to increase the flu vaccination rate in the community as we know the flu rate in the southern hemisphere has been particularly high this year.
- Winter – winter is always a difficult time of year and this year will be no exception. We have followed a good process again this year learning from colleagues who involved in patient care last winter and our winter plan is presented to private board later today and will be presented at public board in September.
- Level of activity – as stated above and below, we know the level of activity we are seeing at the moment is putting a lot of pressure on the Trust and colleagues who work here. The drivers of demand work which does identify actions for all partners to take will come back to public board in September.

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%	Jul-18 - Jun-19	3.8%	3.6%		A
	Staff Turnover	≤0.9%	Jun-19	0.6%	0.9%		G
	Proportion of Temporary Staff	7.30%	Jun-19	7.3%	7.4%		A

Sickness – 3.5% Target - AMBER

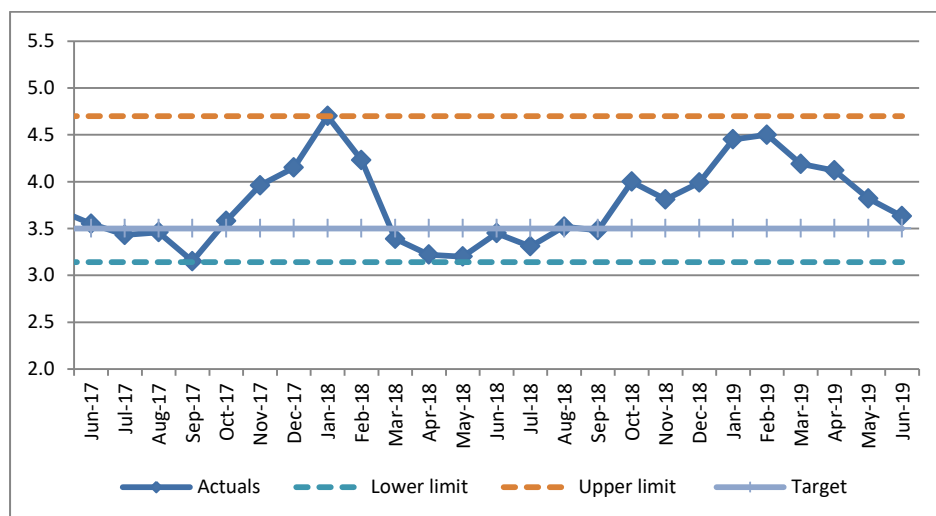
Sickness absence decreased in month to a figure of 3.63% (May 2019, 3.82%), it has however remained higher than the position last year of 3.45% in June 2018 but lower than June 2017 (3.69%). The overall cumulative 12 month rolling average slightly reduced in month to a figure of 3.83% (May 2019, 3.84%), it has however remained higher than the position last year of 3.66% in June 2018, but lower than June 2017 (3.90%).

On a positive note the figure of 3.63% is the lowest since September 2018 and the 5th consecutive month of reduction.

Two Divisions were under the 3.5% Trust target and the seasonal target of 3.35% in June 2019; Corporate at 2.63% and Diagnostics and Outpatients 3.05%. The remaining Divisions are Amber: Women & Children's 3.38% and Urgent & Emergency Care, 3.99%; or Red: Medicine, 4.00% and Surgery, 4.48%.

The 0.8% stress, anxiety and depression sub-threshold was breached in June 2019 at 0.96%, however this has decreased by 0.18% from May 2019, 1.14%. The positive work completed over the past quarter is evidently starting to make an impact.

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



Variation in absence

Whilst Divisions face similar challenges in relation to health issues which impact on employee attendance, influences relating to environment, leadership and individual circumstances will account for differing performance.

Rolling absence over Q1 has not identified significant difference other than in Trust Corporate areas, which are traditionally predominantly non-clinical and non-patient facing and a lower rolling average percentage is evident and is expected.

There is a strong suggestion that operational challenges have been a contributing factor to differing levels of sickness absence in the divisions.

Some specific issues have impacted on attendance within the Divisions and explain the variation over Q1. These are:

- The ageing workforce in **Diagnostics & Outpatients** appears to be giving rise to more absence due to injuries and planned surgery.
- High rates of pregnancy related sickness absence within **Women & Children's**. This is not surprising as its workforce is 92% female and has experienced the highest rates of maternity leave across the Trust in the past 12 months. This year, there has also been an increased number of long-term absences due to personal stress and bereavements.
- Organisational cultural issues within the PPC workforce of **Surgery and Medicine** is thought to have contributed to high levels of sickness absence for this group. A significant piece of engagement work has been undertaken with this group over the last few months.
- Back problems and other MSK problems usually feature in the top 3 reasons for absence in **Surgery** which is reflective of the significant manual handling required on the inpatient Orthopaedic wards
- A younger workforce with **Urgent and Emergency Care** reducing the length of short term sickness absences, as the workforce is more likely as recover quicker.
- There have been an increased number of long-term absences due to personal stress in **Medicine**.
- More physically demanding patient group within **Medicine** meaning longer term conditions likely to occur

Sickness absence reason

The top three absence reasons in June are:

- Anxiety/stress/depression – 0.96%, 1178.81 FTE Days Lost which is a decrease of 259.52 FTE days lost from May 2019. It is above the 0.8% sub-threshold.
- Gastrointestinal problems - 0.45%, 557.57 FTE days lost which is a decrease of 40.13 FTE days lost from May 2019
- Other musculoskeletal problems – 0.40%, 490.83 FTE days lost which is an increase of 44.06 FTE days lost from May 2019.

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

Our wellbeing offering around supporting aspects of Anxiety Stress and Depression had additional focus over the past month. Over 100 Trust locations were visited as part of a “Wellbeing Walkabout” promoting how support can be accessed and what support is available to the workforce. Due to the positive success of these sessions further are planned across Q2.

Following targeted work with the Trust, the face to face counselling service provider current waiting list times have reduced to 10 weeks and employees waiting to access the service stands at 26. A service review is currently underway and will be completed in August to inform any further service provision.

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

Themes for 2018/19 were MSK health, healthy eating/dietary advice, smoking cessation and alcohol consumption.

Themes for 2019/20 are MSK health, mental health/stress, sleep and menopause awareness.

In the past 12 months over 2,000 Trust employees accessed one of the weekly Health and Wellbeing clinics.

As part of the “Time to Change” agenda a number of Tea and Talk sessions were held across June, promoting the role of the current champions and creating a space for discussions to be held.

The Trust has also agreed to hold the 2nd Annual Mental Wellbeing Staff Conference that will take place in the autumn designed at promoting the mental wellbeing agenda. A variety of speakers will be in attendance providing an opportunity to provide tips on mental health and wellbeing and discuss past experiences.

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

The in house physiotherapist service that provides a fast track self-referral service for staff with acute muscular skeletal (MSK) issues, continues provided on-going support to the workforce that has made significant impact on levels of absence in the workplace.

The Occupational Health intranet site has been updated and revised with new information on self-referral staff physiotherapy services and ergonomic advice for staff and managers.

The annual Occupational Health (OH) satisfaction survey results were announced in June again showing that staff and managers rate the OH service highly.

Headline results included:

- 100% of staff considered that the overall care they received in OH was either excellent (93%) or very good (7%)
- 100% of staff had confidence and trust in the OH professional they saw
- 100% of staff felt they were treated with respect and dignity
- 100% of managers considered that OH reports are very helpful (75%) or helpful (25%) in the management of their staff member

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

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

Turnover – 0.9% Target - GREEN

In May 2019, the overall turnover rate increased to 0.88% (May, 0.49%). It has now been under the threshold for a year and compares well with other Trusts. There were 13.03 FTE more starters than leavers in June 2019 (49.25 FTE starters' v 36.22 FTE leavers). Registered Nurses had 14.20 FTE leavers, of these 1.37 FTE were Band 5.

Percentage of Temporary Staff - Target 7.4% - AMBER

This was at 7.4% for June, a slight increase of 0.1% from the month of May 2019. This figure includes both bank workers and agency workers. Temporary employees have to be used to fill gaps in nursing, medical and AHP rotas, in order for us to ensure safe staffing levels and service continuity.

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



















Medical vacancies remain steady are 11.05% several posts have been appointed to with doctors going through processes to start.

In June 2019, Band 5 RN vacancies increased slightly to 112.56 (16.3%) however we know there the 20 overseas nurses who have now all joined the Trust and after final exams will convert to fill posts.

At the latest Assessment Centre in June a further five offers were made. We are also on track to receive 47 newly qualified nurses in autumn 2019.

Of the three (1.37 WTE) band 5 Registered Nurse leavers in June, one relocated and two reached retirement.

Patient Safety, Quality and Experience

At a Glance	Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	
QUALITY, SAFETY AND PATIENT EXPERIENCE	Patient Safety	Rolling 12 months HSMR (basket of 56 diagnosis groups)	100	Apr-18 - Mar-19	94.9	-		G
		SHMI	100	Jan-18 - Dec-18	95.87	-		G
		Serious Incidents including Never Events (STEIS reportable) by reported date	2	Jun-19	6	2		G
		Never Events	0	Jun-19	0	0		G
		NHSE/NHSI Improvement Patient Safety Alerts Compliance (Number open beyond deadline)	0	Jun-19	3	1		R
		Safe Staffing Levels - overall fill rate	80.0%	Jun-19	101.5%	100.0%		G
		Same Sex Accommodation Standards breaches	0	Jun-19	0	0		G
		Clostridium difficile Hospital acquired cases	4	Jun-19	9	5		R
		MRSA bacteremia - Hospital acquired cases	0	Jun-19	0	0		G
		Eligible patients having Venous Thromboembolism (VTE) risk assessment	≥95%	May-19	95.2%	95.1%		G
		Eligible patients asked case finding question, or diagnosis of dementia or delirium	≥90%	May-19	92.3%	88.5%		R
		Eligible patients having Dementia Diagnostic Assessment	≥90%	May-19	99.6%	100.0%		G
	Patients where the dementia outcome was positive or inconclusive, are referred for further diagnostic advice	≥90%	May-19	96.9%	98.2%		G	
	QUALITY, SAFETY AND PATIENT EXPERIENCE	Patient Experience	Number of complaints	≤60	Jun-19	91	44	
Recommended Rate: Friends and Family Inpatients			97%	Jun-19	97.6%	97.1%		G
Recommended Rate: Friends and Family Accident and Emergency			87%	Jun-19	92.7%	92.5%		G
Recommended Rate: Friends and Family Maternity			96%	Jun-19	92.4%	94.2%		R
Recommended Rate: Friends and Family Staff			80%	Qtr4 Yr2018/19	82.7%	83.3%		G

Despite high levels of sustained activity and high acuity continuing throughout Q1 we have continued to demonstrate a strong position on quality and safety within the trust.

During this period there have been no single sex accommodation breaches reported despite this increased activity 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.

All healthcare associated infections continue to be monitored and managed in line with national and local guidance. Q1 saw the introduction of the increased clostridium difficile infection objective which was set at 79 case for 2019/20. This increase has been applied due to the change in definitions in identifying attributable organisations. SFHFT will now 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). Despite these changes there were 14 cases, compared to 13 identified during this period last year.

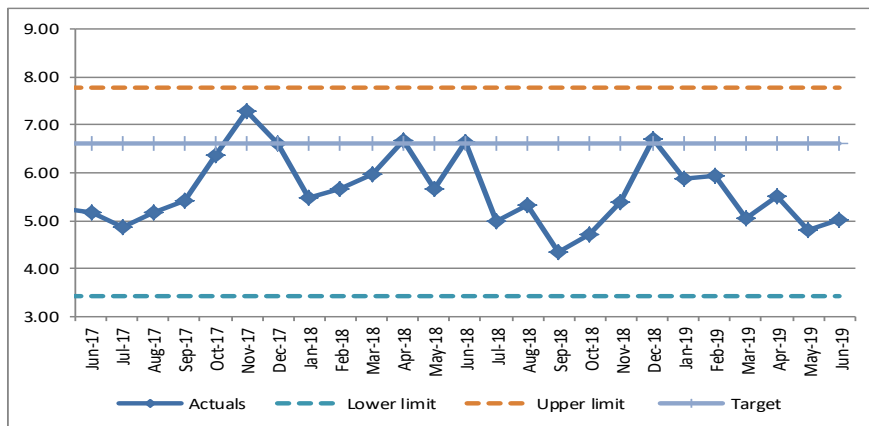
	2018-19		2019-20	
	Post	COHA	Post	COHA
April	2	2	0	0
May	2	4	4	3
June	1	2	5	2

ZERO MRSA bacteraemia were again identified in Q1 continuing this positive position from last year. There were 10 *Escherichia Coli* bacteraemia in Q1 which is slightly higher than the same period last year. Going into Q2 the next steps will be to continue to closely monitor the levels identified within the trust and promote the systems and processes required to minimise the risk of an infection occurring as a direct cause of care provided within the Trust.

Due to the way VTE is reported the data is always 2 months behind, therefore we have data oversight for April and May for Q1. The Trust reported 95.27% compliance for April and 95.08% for May which remains above the national target of 95%. A review of the way this data is collected is currently underway in conjunction with the divisional teams.

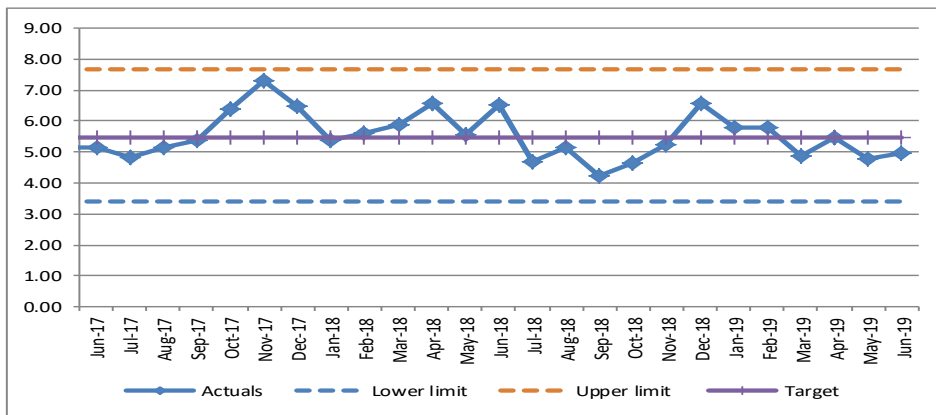
During Q1 of 2019 the Trust has sustained a positive position with the falls rate remaining below the national average of **6.63** for falls. The Trust has remained consistently below the national target since January 2019. Graph 1 demonstrates the percentage of falls calculated by the occupied bed days (OBD) as per the National Audit of Inpatient Falls 2015 criteria.

All Falls per 1000 OBD's



The graph below highlights that during Q1 the Trust figures for Q1 2019 **Low or No Harm** also remains below the internal target of 5.5 falls per 1000 OBDS.

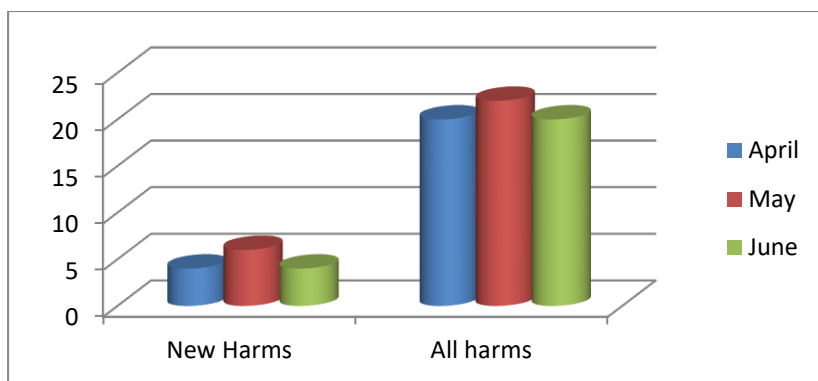
Falls per 1000 OBDs resulting in Low or No Harm



This positive position has been driven by the introduction of the new falls CQUIN and has seen a collaborative work stream implemented alongside the Health and Wellbeing Lead to focus upon smoking and its association with falls.

Dementia screening demonstrated a positive position going into Q1 which saw in April 95.8% of eligible patients identified and screened for dementia and 95.1% of those who were screened positively were referred on for further assessment and advice. This is against a national target of 90% compliance with each of the 3 dementia screening elements. May saw 88.5% of eligible patients identified and screened for dementia and 98.2% of those who were screened positively were referred on for further assessment and advice against a national target of 90% compliance with each of the 3 dementia screening elements. June data onwards will now demonstrate dementia screening being performed via Nerve Centre. Whilst this data is not yet available it is showing a further reduction in dementia screening being performed within the first 72 hours but is demonstrating higher numbers of patients been referred on for further specialist advice and assessment from our specialist team which was one of the benefits Nerve centre hoped to achieve. In order to obtain compliance with all components of the dementia screening process following the Nerve Centre implementation additional resource is now in place. This is to support this change over programme to highlight the change in process and to raise awareness for both the medical and nursing workforce

During Q1 the Trust remained compliant with the national standard of 95% within the Safety Thermometer. The standard includes ‘new’ harms that are acquired during that admission and ‘old’ harms which are present on admission giving the total of all harms.



Q1	April	May	June
New Harms	0.71% (no = 4)	1.20% (no = 6)	0.78% (n = 4)
All Harms	3.55% (n = 20)	4.38% (n = 22)	3.91% (n = 20)
Achieved: Trust Wide	96.45%	95.62%	96.09%

During Q1 the Trust declared 6 serious Incidents entered on STEIS during this reporting period none of these have been declared as a Never Event.

There have been no avoidable Category 3 PUs since November 2018 and no category 4 PUs since August 2017. During Q1 this positive position has been maintained and there have only been 4 avoidable category 2 Pressure Ulcers all of which were classified as low harm. Each PU continues to have an RCA completed which is presented to the Chief/Deputy Chief Nurse for validation and to the wider teams for immediate shared learning.

PU's by Category	Q4	Apr	May	Jun	Q1
Category 2 pressure ulcers					
Avoidable	2	2	1	1	4
Unavoidable	6	3	2	1	6
Category 3 pressure ulcers					
Avoidable	0	0	0	0	0
Unavoidable	3	1	0	1	2
Category 4 pressure ulcers					
Avoidable	0	0	0	0	0
Unavoidable	0	0	0	0	0
Category 2 – 4 pressure ulcers					
Total	11	6	3	3	12

Patient Experience - FFT – Maternity Recommendation Rate Q1 2019/20 YTD total 92.4% - 3.6% below target

During Quarter 1 19/20 Maternity recommendation rate has continued to fluctuate between 89 - 94%, last achieving the internal target of 96% in December 2018. In April and May 2019, the recommendation rate increased to 94%.

Quarter 1 19/20 Maternity service has seen considerable staffing challenges within Acute Maternity due to high levels of unavailability (including maternity leave and sickness absence). The acuity is reflected in the number of occasions when the unit suspended admissions or diverted women to other hospitals. This has been addressed via a Quality Summit (April 2019) with a live action plan underway including active recruitment, acquisition of a bespoke acuity tool and deliberate investment in staff engagement and wellbeing as a response to the staff survey.

The two major factors relating to the negative feedback is waiting times and patient information/communication in Clinics 12, 14 and Antenatal Clinic.

The antenatal clinic service and capacity issues have recently been reviewed at service line and have been scored as 9 on the risk register. This is a shared service with the endocrine team and division acknowledges when the busy diabetic clinics are running the waiting times can be affected. Every effort is made to inform women of this possibility both prior to their appointment and when clinics are running late on the day.

The gynaecology feedback relates mostly to patient information and/or communication about the procedure and planning. The colposcopy patient information leaflet is under current review as part of a separate action plan for external accreditation, and the patient feedback is a standing agenda item on the monthly colposcopy operational meeting. The patient leaflet update is a 6 month recommendation and is currently under consultation with the wider colposcopy team. Roll out expected September 2019.

Complaint Performance

The number of new complaints has continued to rise during Q1, however remains within the internal target. The highest number of complaints has been received by Surgery (29) and Urgent Emergency (UEC) (28) and Medicine (23), which is to be expected given the volume of patients seen and treated in these areas. Clinical diagnosis and clinical treatment continue to be reported as the subject of dissatisfaction. The common theme identified during this period was delay in fracture diagnosis in ED, which correlates with the UEC reporting to the Patient Safety Quality Group. There were no further themes within this reporting period.

Operational Performance/ Access

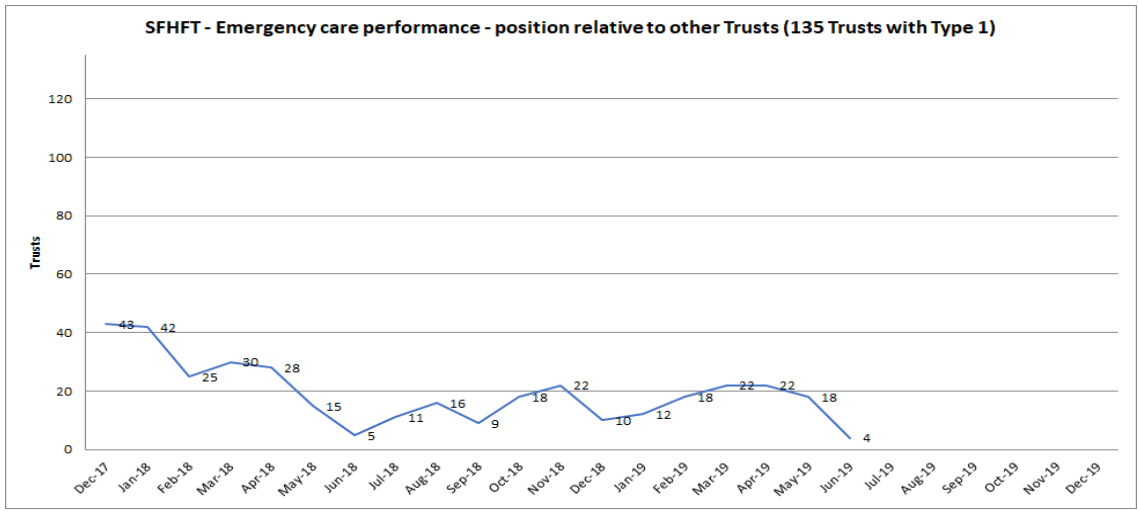
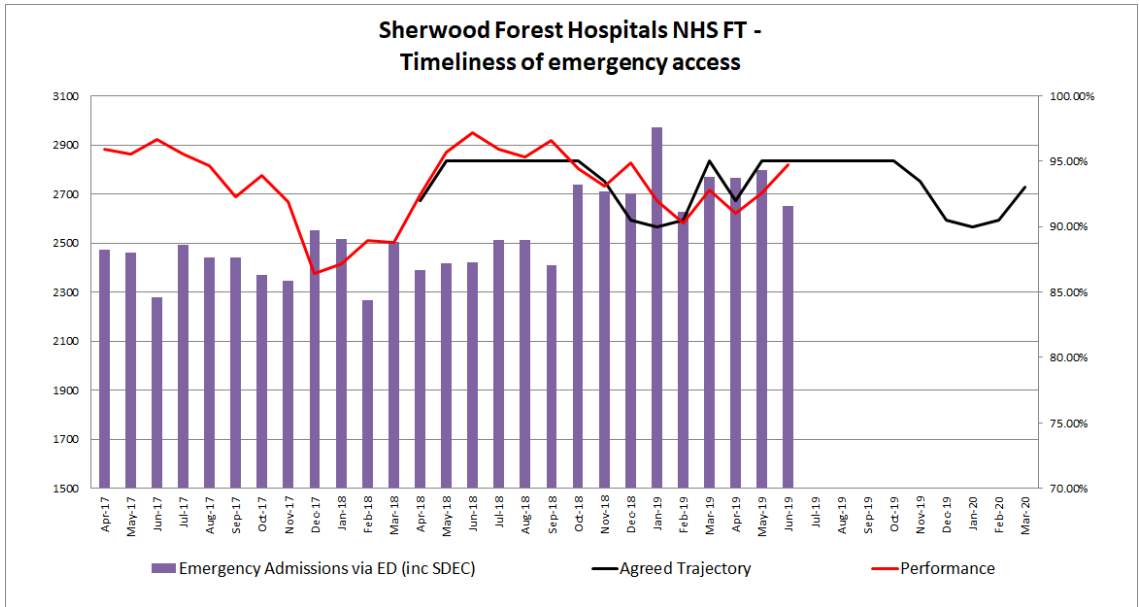
At a Glance	Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	
OPERATIONAL STANDARDS	Emergency access within four hours Total Trust	≥95%	Jun-19	92.7%	94.7%		R	
	Number of trolley waits > 12 hours	0	Jun-19	1	1		R	
	% of Ambulance handover > 30 minutes	7.01%	Jun-19	9.2%	7.5%		R	
	% of Ambulance handover > 60 minutes	0	Jun-19	0.5%	0.4%		R	
	18 weeks referral to treatment time - incomplete pathways	≥92%	Jun-19	-	89.4%		R	
	18 weeks - number of incomplete pathways	24197	Jun-19	-	27348		R	
	Number of cases exceeding 52 weeks referral to treatment	0	Jun-19	-	0		G	
	Diagnostics	Diagnostic waiters, 6 weeks and over-DM01	≥99%	Jun-19	-	99.0%		G
		62 days urgent referral to treatment	≥85%	May-19	78.7%	77.4%		R
		62 day referral to treatment from screening	≥90%	May-19	91.2%	83.3%		R

Emergency care

Emergency access performance against the 4 hour wait in June 19' was 94.7%. Quarter 1 was 92.7%. This was 1.3% below the NHS Improvement agreed trajectory. June performance was ranked 4th of 117 Trusts in the NHS (noting that 14 Trusts are no longer reporting their 4 hour wait performance as they trial the new emergency care standards. Approximately 3 of these Trusts historically performed better than SFH). The Trust and wider system consistently performs in the top 25 of 135 Trusts/systems nationally. There was one 12 hour wait from decision to admit for a mental health patient awaiting a bed in Derbyshire.

Ambulance handover performance is around the agreed trajectory for >30 minute waits and was ahead of plan in June. This is despite growing ambulance demand.

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%	95.0%	93.5%	90.5%	90.0%	90.5%	93.0%
19/20 Actual	91.0%	92.6%	94.7%										
19/20 Quarter Trajectory			94.0%			95.0%			93.0%				91.2%
19/20 Quarter actual			92.7%										
18/19 Actual	92.4%	95.7%	97.2%	95.9%	95.3%	96.6%	94.4%	93.1%	94.9%	92.0%	90.3%	92.8%	
Ambulance Handover													
19/20 NHSI Trajectory	9.0%	8.5%	8.0%	7.0%	8.0%	8.0%	5.0%	6.0%	6.0%	6.0%	8.0%	7.5%	
19/20 Actual	10.0%	10.1%	7.5%										
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

Patient access remains buoyant despite growing demand and on the whole patients are receiving good access to the care they need, particularly when compared to other systems. However, the level of demand growth over the past year is creating challenges in terms of the capacity to meet it both in ED and for bed capacity. SFH is making positive progress on the many of the efficiency metrics for capacity but there is always room for improvement.

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

- Growing demand from both attendance and admission
- Admission and discharge variability by day of week
- System escalation

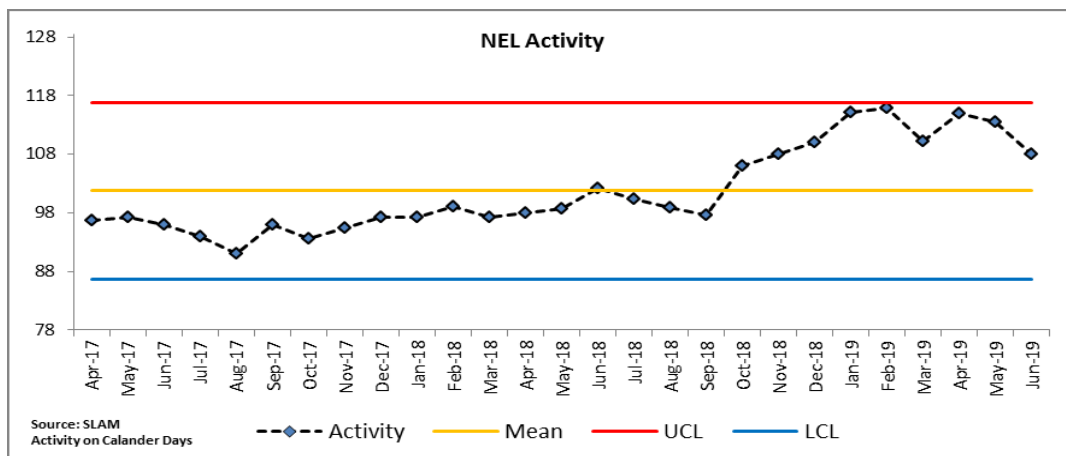
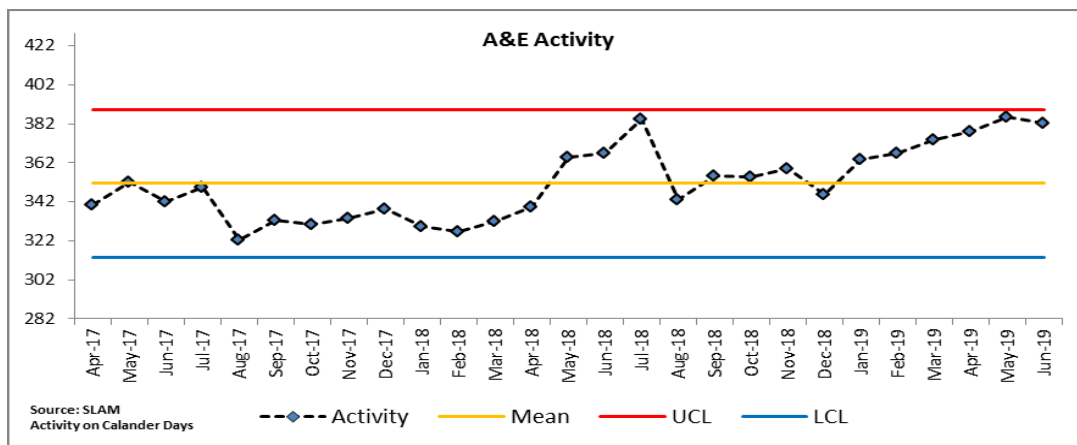
June and quarter position

Performance has improved through the quarter. Although demand for admission and attendance fell from the past 3 months, it remained much higher than the previous year quarter with 9% growth in ED attendances at Kings Mill (up 2346 patients) and 12% growth in admissions (up 986 patients). This growth in demand has been the key cause of the performance change.

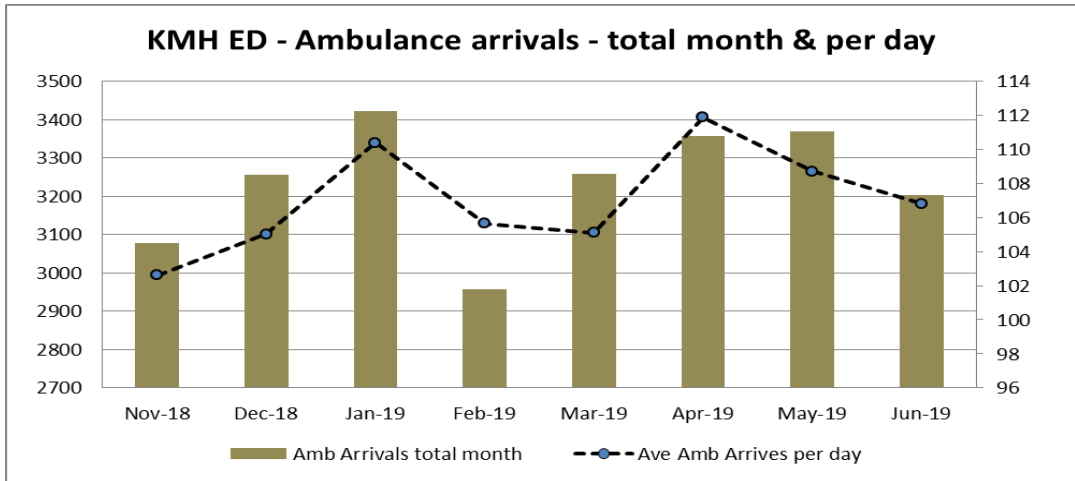
Performance at Newark UCC is 98% which is comparable with previous quarters and demand has remained stable. PC24 performance for the quarter is 97.4%, which is 1.4% lower than 2018 with a similar level of attendances.

Growth in demand for KMH Emergency department

The charts below show the growth in demand per month for both A&E activity and emergency admissions.



Some of the growth in demand is being driven by ambulance arrivals, which have not really fallen from winter levels and in some months in Q1 has been higher than seen in the winter period. The broad ED capacity for ambulance arrivals is 100.



ICP led work has been taking place relating to the causes of the growth in demand both to attendances and admissions along with what action can be taking to reduce it. The work is scheduled to be complete at the end July and will be reported to September Board.

Capacity to meet demand

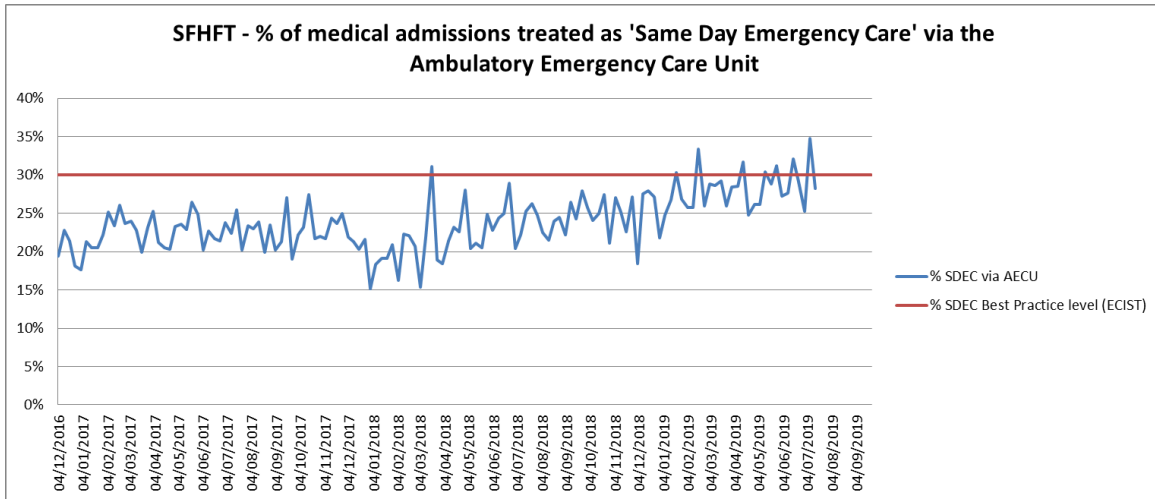
ED capacity

Additional medical and nursing staffing has been funded within ED to meet some of the growing demand, although there is a recruitment lead time on some of this capacity, notably with regard to nursing where the additional shifts are likely to commence from September. Therefore, the growth in demand hasn't quite been met capacity on some days which has led to increase breaches due to waiting to be seen. Some risks on the medical rota have been mitigated within ED so far in Q1. The rota is constantly adjusted to meet hour of arrival. Additional Consultant shifts have been put in at the weekends to support more admissions being reviewed by a senior ED medic prior to admission.

Bed capacity

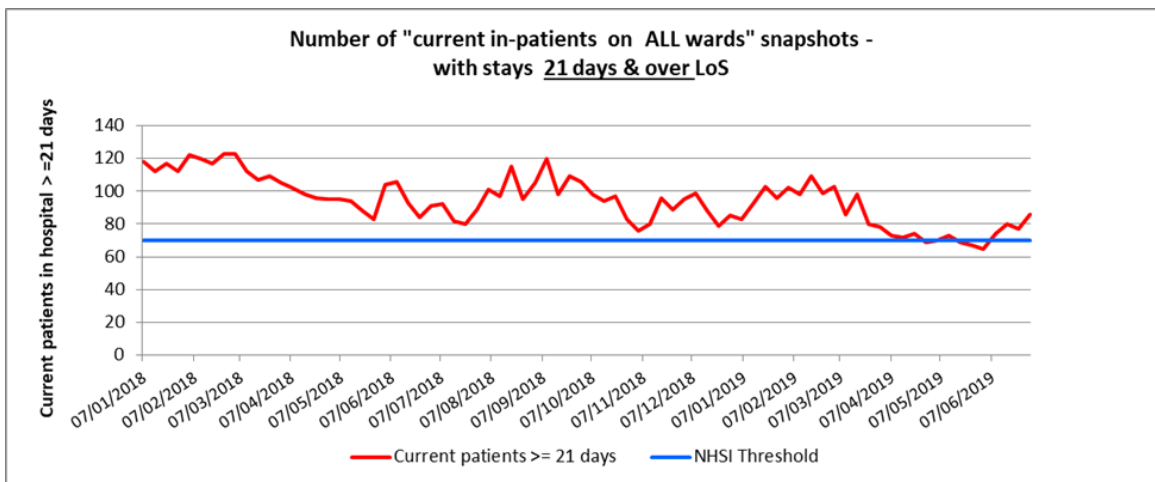
As would be expected all winter additional bed capacity was closed in May and it was reported in May that this did bring some challenges in meeting growing admission demand in a timely a manner. However, the efficiency and effectiveness in meeting the additional demand has improved in line with best practice through 3 key areas:

- **The proportion of admissions being treated as Same Day Emergency Care (SDEC)** – NHSI/ECIST recommend that around 30% of all admissions can be treated same day as ambulatory patients and SFH have broadly been achieving this during Q1 2019/20. This is also with a nurse led model at weekends which constrains the case mix of patients who can be treated. This is an opportunity for the coming months.

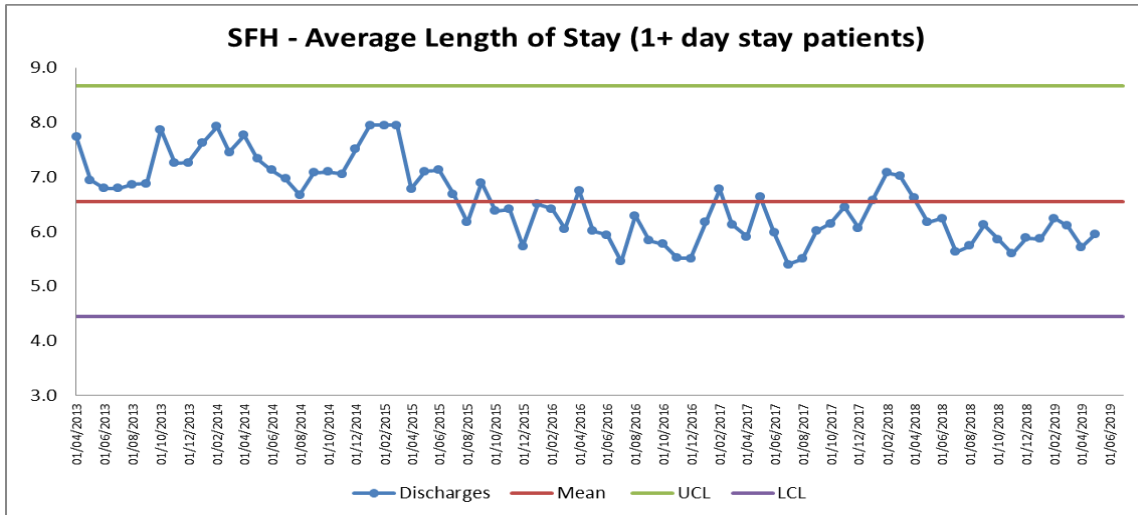


- The reduction in the number of patients who stay in hospital over 21 days** – NHSI set all Trusts a standard of a 40% reduction in the number of patients who stay in hospital over 21 days, to be achieved by March 2020. For SFH this is 70 patients. For SFH this was slightly different to other Trusts in that the 40% reduction standard was applied across all Trusts bed base including community beds that most other acute Trusts do not run and where often the planned LOS will be around 14 to 21 days (in addition to the acute KMH LOS). There was no allowance made for this in the standard and without the community beds the Trust is 40 patients above 21 days.

During June, the Trust achieved the NHSI target of a 40% reduction which was due to be achieved by March 2020. This has been achieved by the implementation of a rigorous Executive led focus on this group of patients with daily reviews at the discharge 'hub' and weekly accountability to the Chief Operating Officer. There has been positive support from partners on the whole with the discharge of this group of patients.



- A stable length of stay for patients >1 day** – despite moving a number of short stay admissions into SDEC and admitting more patients overall the ALOS for emergency admissions remains stable and is actually lower than at a similar time last year



Variation

The table below shows the variation in performance and attendances by day of week. It also shows the average variance between admissions and discharges on the medical pathway for that day.

Quarter 1 2019/20			
Day	% pts adm/dis <4 hours	Attendances	Average variance between Adm/Dis
Monday	90.9%	508	-4
Tuesday	92.1%	460	9
Wednesday	90.2%	451	2
Thursday	94.7%	442	14
Friday	95.7%	432	15
Saturday	93.3%	441	-9
Sunday	93.5%	471	-20

Wednesday is flagging as the day with lowest performance where this cannot be explained by high attendances and a high average admission to discharge variance. On a deeper look Wednesday's average performance in Q1 is skewed by two particular Wednesdays in May where performance was very low.

The more normal variance is related to Mondays, where the system has its highest attendances and has an admission and discharge deficit. This is sometimes impacted on a discharge deficit from Sunday where a cumulative surplus on Thursday and Friday has not been enough to ensure flow through the weekend. Ultimately, this can lead to patients waiting for beds on a Monday morning, the busiest day of arrivals into ED.

There continues to be a lot of focus on this variation that impacts on a Monday. Some of the Monday demand elements will be picked up within the drivers of demand work, but Monday is likely to continue to be the busiest day. Work has been undertaken with partners to ensure as many complex discharges as possible leave prior to the weekends. Then work continues to try to strengthen admission avoidance at the weekend as well as increasing discharges. Additional Consultant shifts have been put in at the weekends to support more admissions being reviewed by a senior ED medic prior to admission. SFH performs well against the 7 day standards for Trusts, but additional support has been put into weekends in the form of weekend discharge teams, along with

the introduction of criteria led discharges whom do not require a Consultant to see them if they meet certain parameters. This is leading to improvements, but more work is required with partners and internally to ensure patients can be discharged at the weekend from medicine or that they move on Fridays to create more surplus capacity.

Priorities and work for the next quarter

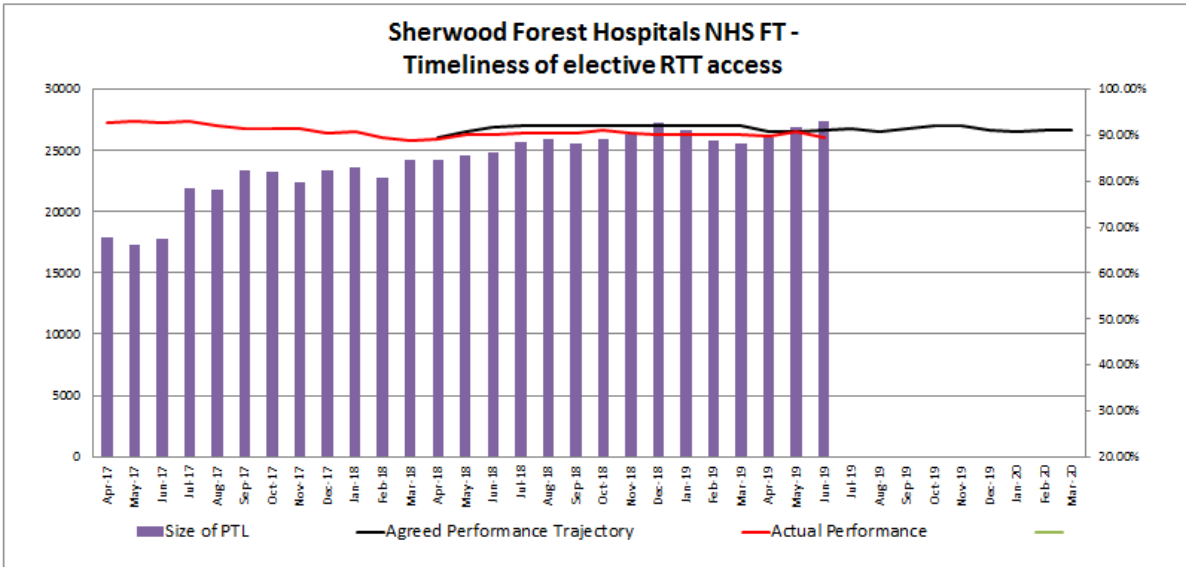
- ‘Drivers of demand’ work across the ICS to understand why local EDs are seeing increases in attends and admissions and therefore inform actions to be taken. This is being led by Dr Haynes with partners and is due to report at the end of July.
- Finalised winter capacity plan for 2019/20 – this will be presented to Board on 5th September for ratification
- Additional ED nurse shifts to be live in September - £700,000 has been invested in ED nursing to meet growing demand, maintaining the safety of a growing service, and support quicker turnaround of patients.
- Variation work within ED – discussions taking place with ED team on reducing unwarranted variation. The impact of this is hoped to be an improvement in the consistency of process and admission rates.
- A review of both internal SFH and system escalation plans to ensure they are adequate, simple and clear and the system is escalating together more robustly
- Bed demand and capacity – Edge Health are doing further analysis on the actual bed deficits seen each month and scenarios, this will be available for September Board.
- Continued strengthening of weekends – weekend discharges have improved with better planning and the provision of a weekend discharge team and this needs to continue to not only improve weekend performance but to reduce the delays patients experience on a Monday
- The development of a new multi-agency model for ‘front door’ admission avoidance. A design workshop took place on 3rd July and operational models are now being finalised for implementation.

Elective care

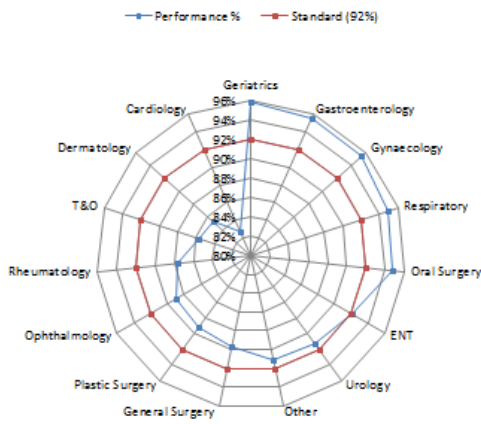
Referral to Treatment (Incomplete standard)

Performance against the 18 week RTT incomplete standard at the end of June 2019 was 89.4%. This was 1.8% below the 2019/20 trajectory and the first time the Trust has delivered performance of <90% in 15 months. Quarterly performance was 90.01% against a 90.9% trajectory. June performance ranking at time of writing remains unpublished however May is relatively consistent with previous months at 57th from 150 Trusts.

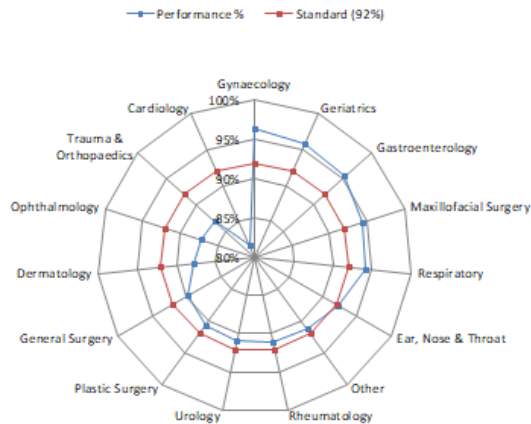
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
19/20 NHSI Trajectory	90.72%	90.90%	91.15%	91.29%	90.87%	91.43%	91.98%	92.00%	90.97%	90.75%	91.17%	91.20%
19/20 Actual	90.0%	90.80%	89.37%									
19/20 Quarter Trajectory			90.9%			91.2%			91.7%			91.0%
19/20 Quarter actual			90.1%									
18/19 actual	89.2%	90.0%	90.0%	90.6%	90.6%	90.6%	91.0%	90.4%	90.0%	90.03%	90.02%	90.0%



RTT Incomplete Performance - June 2019

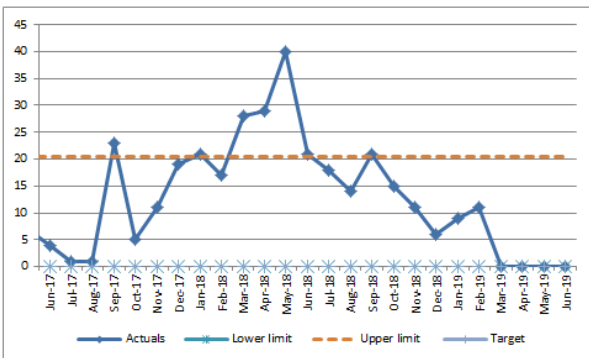


RTT Incomplete Performance - Quarter 1 2019



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

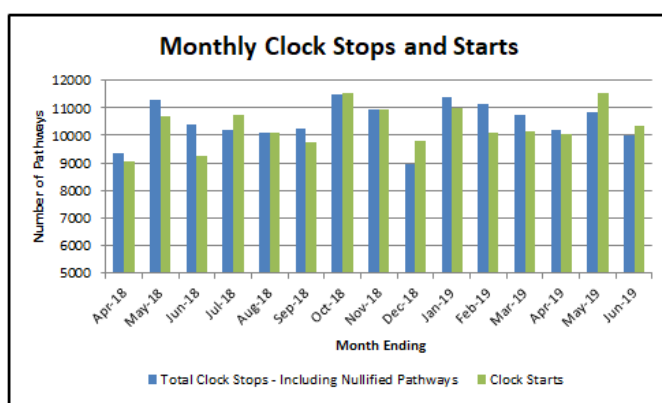
Number of cases exceeding 52 weeks referral to treatment



Drivers for Performance

The root cause for performance of <90% for June has been the lower than average number of clock stops for the month coupled with the impact of extended waits for 1st Outpatient in a small number of specialties most notably Ophthalmology.

May 2019 saw the first month where clock starts were greater than clock stops since December 2018; this has continued into June however the net impact has reduced from a 660 gap in May to 340 in June. The main driver for this is not the volume of new outpatients – this has remained relatively static. It is the significant reduction in the volume of patients who would previously have been triaged and transferred to a Community Ophthalmology service being retained at the Trust.



Referral triage can result in advice being sent to the GP and patient, onward referral for a diagnostic test (without the need for an OP) or a face to face OP being required in secondary care. For the period October 2018 – March 2019; on average 40% of new referrals for Ophthalmology were triaged as suitable for a community service meaning for almost 230 patients per month the clinical responsibility and RTT pathway transferred to the community provider.

For the period April – June 2019 this has reduced to an average of 8% or 30 patients per month being triaged as suitable for the community service. A direct result of this is a significant increase in the volume of Ophthalmology patients waiting >18 weeks for a 1st appointment and an increase in the size of the specialty and overall Trust PTL.

The table below shows the shape of the waiting list and demonstrates the notable shift by wait band into 15-17 in May and subsequently into band 18-24 in June.

Waiting list shape

Snapshot	0 to 9 Weeks	10 to 14 Weeks	15 to 17 Weeks	18 to 24 Weeks	25 to 31 Weeks	32 to 38 Weeks	39 to 45 Weeks	46 to 51 Weeks	52+ Weeks
28/04/2019	17,332	4,591	1,224	1,959	689	174	33	4	0
26/05/2019	17,796	4,493	1,718	1,778	607	148	35	9	0
30/06/2019	18,537	4,524	1,744	2,246	567	154	41	9	0

By the end of Quarter 1 the overall PTL had grown from 26,018 to 27,348 leading to a 4% adverse variance to trajectory for the size of the PTL.

For Cardiology, Medefer commenced the virtual triage of c600 referrals in June. The expected impact is a 35% reduction in new OP attendances however, this is the first time Medefer has worked with Cardiology therefore the programme is being closely monitored. The outcome of the triage should start to impact in July and August.

In terms of follow up activity, on average there are 30,000 patients waiting for a future appointment. Of these (on average) 4,500 are overdue and are added to the RTT PTL throughout the month. This practice has been in place since July 2017 and is endorsed by NHSI's Intensive Support Team. The main benefit is there is full oversight of the length of time a patient is waiting for a follow up; it also reduces the risk of patients being missed. The dis-benefit is that 23% (660) of patients waiting >18 weeks are overdue follow ups. Please note these patients have had their first definitive treatment. In Quarter 1 the total volume of follow up's without a date has reduced – see table 2 below.

Follow up list

	Apr-19	May-19	Jun-19
Total Reviews	30,965	30,147	29,999
Overdue reviews	5,498	4,690	4,253

Quarter 1 clock stops were on average 9,000 per month this is below the 2018/19 average of 9,300. Outpatient activity is 5% above plan which in the main relates to follow up activity. Day case and Elective activity for the quarter is marginally below plan (0.7%).

Activity	Planned:	In Month			Year to Date		
		Plan	Actual	Variance	Plan	Actual	Variance
Day Case		2,617	2,561	-56	7,982	7,910	-72
Elective Inpatient		478	511	33	1,458	1,476	18
Outpatients		28,911	29,810	899	88,180	92,717	4,537

Actions

To recover to Trust trajectory by the end of July the volume of patient waiting >18 weeks would need to reduce by 450 across all specialties. It is unlikely given the volume of patients waiting within Ophthalmology that this will be achieved. The expectation is that performance will recover to trajectory by the end of Quarter 2 where the volume of patients waiting >18 weeks would need to reduce by 550. The medium term actions in place to deliver this include a system wide plan to increase capacity for Ophthalmology which consists of the transfer of post op cataract and stable glaucoma activity to the community, this is expected to happen during September when the provider will be on site to review patients on a fortnightly basis. Additionally, a business case has been approved for the recruitment of staff and provision of equipment to improve productivity within existing clinics. Optical Coherence Tomography (OCT) and Visual Fields equipment has been ordered and the Division are currently identifying additional clinic capacity. Other short term plans for Ophthalmology include:

- On-going support from Independent sector providers whilst in-house actions progress
- Commencing capacity alerts by the end of July. This will notify GP's of capacity constraints at the Trust and will signpost to an alternative organisation where capacity has been agreed with local commissioners and NHSE.
- Patient initiated follow ups to be in place by 31st July 2019 freeing up OP capacity for new outpatients
- Macular review to be implemented in early August, with a plan to reduce attendances by 750 per year
- Increase capacity by 455 new slots, 637 follow up slots and 250 elective slots, in the form of a new consultant joining September 2019
- The on-going recruitment of 2 specialty doctors and 1 consultant on-going to provide additional capacity for 1,470 new, 2,000 follow ups and 116 elective patients.

Other specialty actions to improve to Trust trajectory levels are:

- Progressing the outpatient transformation programme focussing on a reduction in face to face follow up activity through the use of virtual clinics, new models of care for long term conditions, risk stratifying pre-op appointments and patient initiated follow ups (PIFU). The impact of this programme should be felt in the second half of 2019/20 when the schemes identified by clinical teams in quarter 1 will start to free up capacity for new patients to be seen in a more timely manner.
- Dermatology and Gastroenterology will follow with Medefer virtual triage expected to commence in July 2019. Medefer have extensive experience of Gastroenterology and therefore the anticipated impact is likely to be a 70% reduction in new outpatient face to face attendances with a reduction in the wait for a first appointment being evidenced in late August and early September.
- Increasing theatre productivity by implementing ways of working more efficiently, reducing the amount of unutilised time on a list and allowing more patients to receive surgery. Focussing on improved scheduling, on the day performance and patient optimisation. Quarter 1 performance is positive with 194 additional cases completed above trajectory.

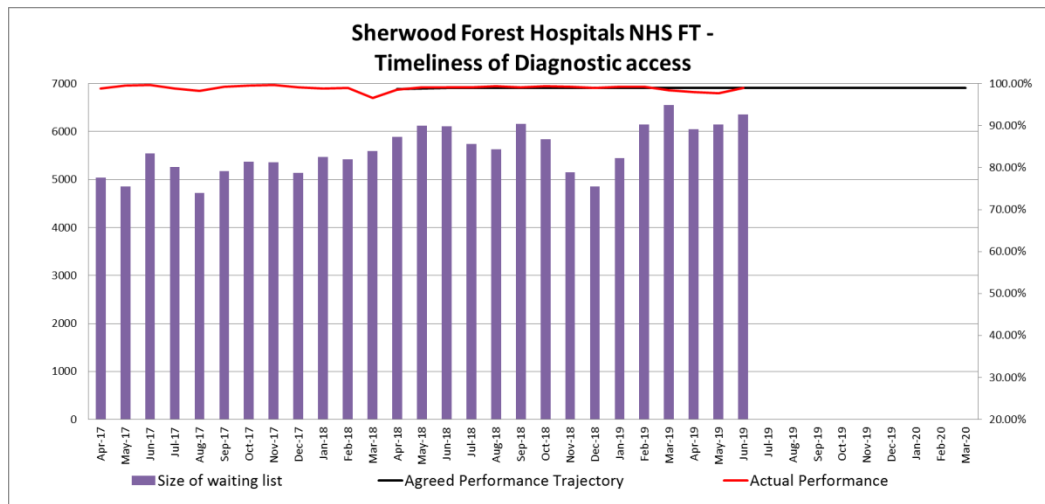
Number of Cases Booked	Number of Cases Trajectory	Number of Cases Booked	Variance
Specialty	April to June 2019		
Breast Surgery	89	97	8
ENT	263	260	-3
General Surgery	437	407	-30
Maxillofacial & Oral Surgery	40	28	-12
Ophthalmology	474	572	98
Trauma and Orthopaedics	930	950	20
Urology	371	484	113
Grand Total	2,604	2,798	194

- Dedicated data quality validation resource to review the PTL weeks 0-26 to ensure that all clock stops are captured in a timely manner.

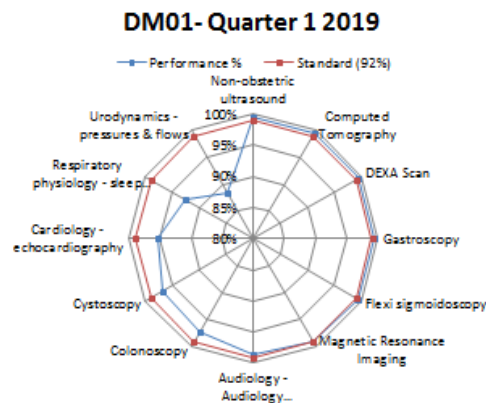
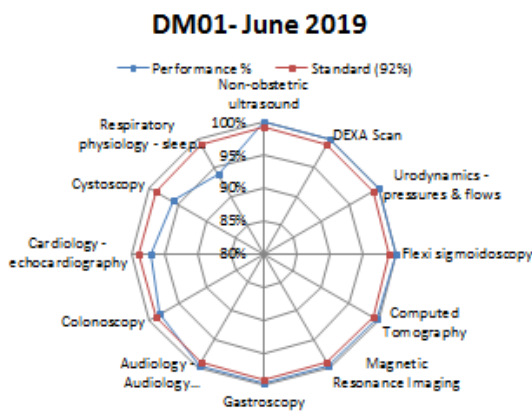
Diagnostics (DM01)

At the end of June 2019 the Trust delivered the DM01 standard with performance of 99% based on 63 breaches from a waiting list of 6,352 procedures.

	Apr	May	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%									
19/20 Quarter Trajectory			99.0%				99.0%			99.0%		99.0%
19/20 Quarter actual			98.2%									
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%



Performance in Quarter 1 was predominantly driven by the build-up of Echocardiology breaches due to significant staff sickness and absence within the non-invasive Cardiology Physiologist workforce between January and March 2019. Actions to address performance led to additional weekend sessions throughout the quarter and the contract agreement with an Independent provider to insource when required.



As described in previous board reports, the MRI team continue to prioritise 2WW cancer patients in the current capacity available, which has led to some routine breaches. Additional mobile MRI capacity KMH was due to be on site in July however, this has been delayed to mid-August due to

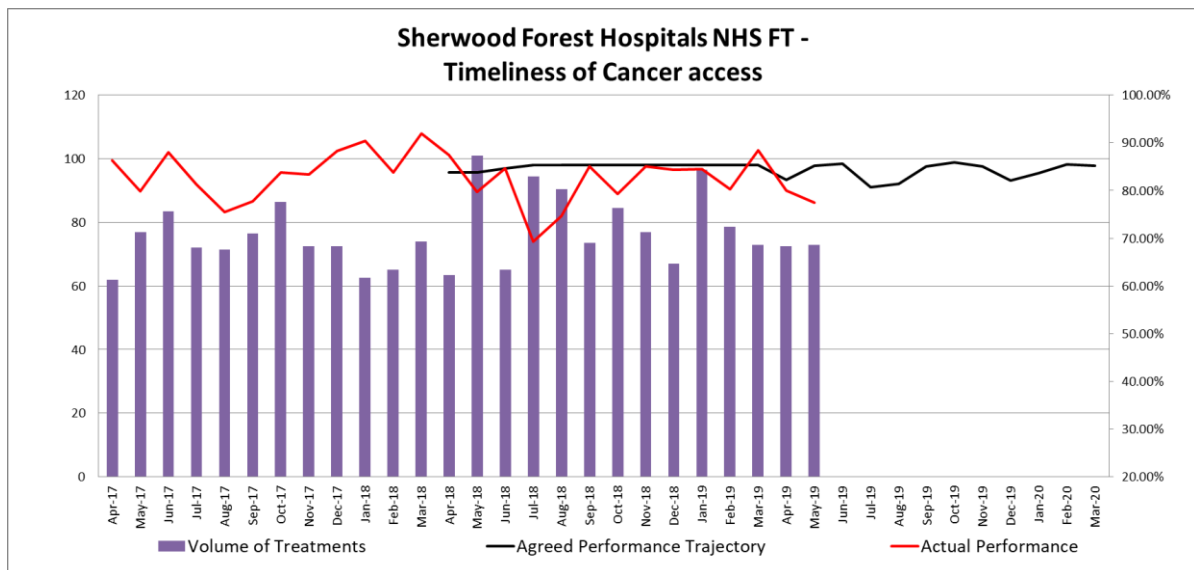
there being only one supplier of the electrical connector required. The MRI provider (In-Health) have additional dates pencilled in for Newark in August and September, but will move them to KMH, when everything is in place. This will increase flexibility with appointments for both routine and cancer patients. Longer term the business case for a second static MRI has been finalised, a source of capital funding is yet to be identified.

The main risk into quarter two, is linked to the tax and pension changes and the ability for clinicians to undertake additional sessions in Endoscopy. For example in July there has been a 50% drop in additional session take-up. The Endoscopy team remain focused on urgent and cancer patients which is likely cause the wait for a routine test to increase.

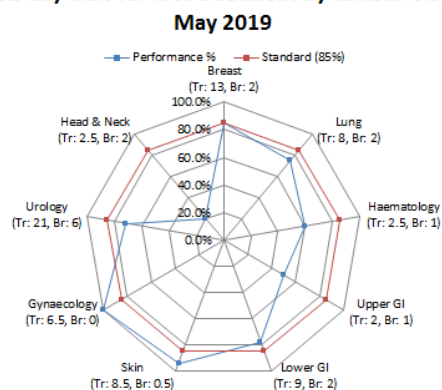
Cancer

The Trust delivered 77.4% against the 62 day standard for the month of May 2019 with 16.5 breaches from 73 treatments this gave a national ranking of 76 from 137 Trusts. May is the first time since November 2018 that the Trust has delivered performance of less than 80%

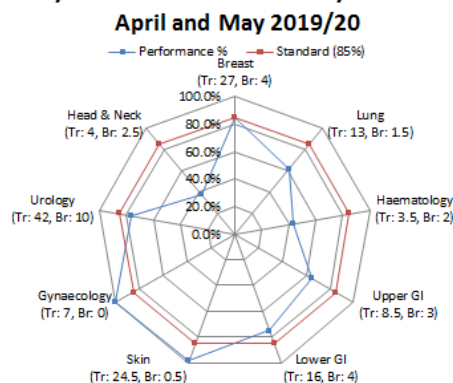
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
19/20 Trajectory	82.28%	85.20%	85.56%	80.65%	81.40%	85.06%	85.86%	85.06%	82.14%	83.70%	85.47%	85.23%
19/20 Actual	80.00%	77.40%										
19/20 Quarter Trajectory	84.4%			82.4%			84.4%			84.8%		
19/20 Quarter actual												
18/19 actual	87.60%	79.80%	84.60%	69.30%	74.30%	85.10%	79.30%	85.10%	84.30%	84.50%	80.30%	88.4%



62-day wait for first treatment by tumour site



62-day wait for first treatment by tumour site



From 1st April 2019 a national revised breach allocation policy was implemented which aimed to refine the system of sharing the cancer breach allocation and treatments between providers using day 38 as a clear, single target date by which handover from referring trusts to treating trusts should take place. The impact on the Trust performance was expected to be in the region of 1-3%. For Quarter 1 the impact has been as follows:

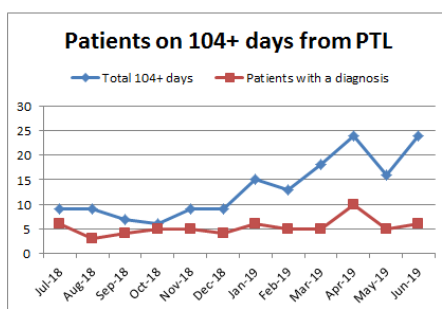
Month	Breaches Old Allocation	Breaches New Allocation	Treatments Old	Treatments New	Old allocation Performance	Validated Performance	Percentage Difference
April	13	14.5	73	72.5	82.50%	80.00%	2.50%
May	16.5	16.5	73	73	77.40%	77.40%	0.00%

Nationally, it is well recognised that Urology (particularly the prostate pathway) impacts significantly on performance. For April if the volume of Urology breaches had remained within historical normal limits performance would have improved by 1.1% to 81.1% and for June would have improved by 3.9% to 81.3%

At the end of May 16 patients were waiting 104+ days. All patients with a confirmed diagnosis have started the harm review process.

All Tumour sites

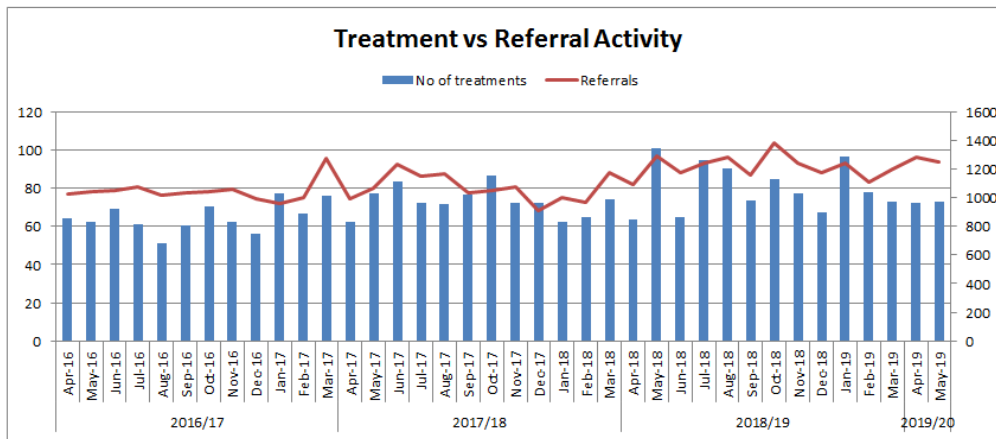
End of Month	Total 104+ days	Patients with a diagnosis
Jul-18	9	6
Aug-18	9	3
Sep-18	7	4
Oct-18	6	5
Nov-18	9	5
Dec-18	9	4
Jan-19	15	6
Feb-19	13	5
Mar-19	18	5
Apr-19	24	10
May-19	16	5
Jun-19	24	6



Drivers of performance

The main drivers of performance relate to a sustained increase in demand and complexity. Comparing YTD May 2018 to YTD May 2019 2WW referrals have increased by 6% (23% when compared to the same period in 2017).

For Quarter 1 the volume of treatments has remained relatively static at c73 per month however the complexity of patients is increasing with multiple co-morbidities requiring additional and often specialist diagnostics both at the Trust or Tertiary provider and discussion at more than 1 MDT meeting extending the pathway beyond 62 days. A third of all breaches in May were due to complex patients. Across all breaches 4.5 were within day 76.



Actions being taken to return to trajectory include:

- For all tumour sites a review of 2WW forms has been completed with clinical teams and the forms are available for GPs to use. The impact is expected to be a decrease in unnecessary 2WW referrals freeing up capacity for appropriate patients to be seen within 7 days. Demand and Capacity modelling has been refreshed and shows that progress has been made in closing the gap in Dermatology and Head and Neck. Gaps have increased in Lower GI, Upper GI and Urology. Bridges will be developed by the end of July.
- For Lower GI the CCG has returned an action plan to address non-compliance of using FIT which includes targeted work with the GPs and dedicated education sessions through protected learning time. A re-audit of referrals will be undertaken in September 2019
- The straight to test Upper GI optimal pathway has been published and (as with Lower GI) the Trust is working with GPs to ensure appropriateness of referrals. Staging laparoscopies will take place at the Trust from the end of August.
- Within urology the increased use of straight to test in the prostate pathway by the end of July will result in the triage of all referrals negating the need for a 1st outpatient and reducing the time to diagnosis by up to 10 days.
- The tumour site teams are continuing with transformation schemes funded by £300K released by the Cancer Alliance. Schemes include the purchase of biopsy fusion kit for prostate patients, increasing pathology resource and a trial of psychological support to patients undergoing an endoscopic procedure. The Cancer Alliance recently undertook a very positive visit to the Trust to hear how last year's funding has made a difference. Tumour sites presented their improvements over the last 12 months and the residual challenges. Further funding is likely to be released later in the year linked to diagnostic capacity and developing different clinical roles to support workforce challenges.

- CT reporting remains an issue with increases in referrals for CT of 7-8%. Interviews for two substantive posts are organised for July with one locum consultant starting in August. 2WW reporting continues to be prioritised.
- Head and Neck pathology turnaround times have increased from c7 days to 14+days. NUH have been asked to identify the root cause of the increase and to share plans for mitigation.
- all avoidable delays of 7 days or more for the next step will be escalated to the head of cancer to unblock with divisional leads

Other Cancer standards

The Trust returned to delivering the 2WW standard for May at 95.7%. However the 31 day and 62day screening standard were not met in the main due to surgical capacity issues in Urology and patient fitness.

Finance

✓ £0.06m	<p><u>Control Total Performance</u></p> <ul style="list-style-type: none"> At the end of Quarter 1 the Trust is reporting a monthly deficit of £13.94m before Provider Sustainability Funding (PSF), Financial Recovery Funding (FRF), Marginal Rate Emergency Tariff (MRET) and Impairments. This is £0.06m ahead of plan. PSF of £0.97m, FRF of £2.22m and MRET of £1.35m have currently been reflected in the position in accordance with the plan. PSF and FRF measures are assessed at quarter end and the amounts are dependent on delivery of control totals across the trust and system. The reported control total deficit is therefore £9.40m, £0.06m ahead of plan at the end of Q1. The PSF value includes £0.17m of System PSF, which is assumed as both the Trust and the ICS has achieved the control total at Quarter 1. However it excludes additional PSF of £0.57m which relates to 2018/19 but has been received in 2019/20, as this cannot be counted towards control total delivery.
✓ £2.01m	<p><u>Income</u></p> <ul style="list-style-type: none"> Overall income is £0.43m above plan in Month 3 and £2.01m above plan for the quarter. Clinical income than planned (£0.24m above plan in Month 3 and £1.61m YTD), reflecting additional A&E attendances (5.8% above plan) and non-elective emergency (NEL) spells (6.8% above plan).
✗ (£1.95m)	<p><u>Expenditure</u></p> <ul style="list-style-type: none"> Overall expenditure is £0.48m above plan in Month 3 and £1.95m above plan for the quarter. Pay costs have reduced in month and are £0.08m below plan in Month 3 and £0.65m above plan for the quarter. We have spent more than planned on medical (£0.45m), nursing (£0.39m) and other clinical pay (£0.13m). This is offset in part by lower than planned expenditure on non-clinical pay (-£0.32m). Non-pay costs are above plan by £0.55m in Month 3 and £1.29m for the quarter. However, additional YTD expenditure of £1.19m is directly offset in income.
✓ £0.04m	<p><u>FIP</u></p> <ul style="list-style-type: none"> In Quarter 1 the Financial Improvement Plan (FIP) has delivered savings of £1.01m, £0.04m above plan. This includes £0.6m of non-recurrent savings. Schemes in delivery are expected to achieve £3.58m and in addition the most likely value of pipeline schemes is £3.95m. The residual FIP risk is £5.27m, plus further risk of £2.6m relating to planned outpatient transformation savings.
✓ £0.82m	<p><u>Agency Expenditure</u></p> <ul style="list-style-type: none"> Agency expenditure in June was £0.30m lower than the Month 3 ceiling and expenditure is £0.82m below the ceiling for the quarter.
	<p><u>Other</u></p> <ul style="list-style-type: none"> Capital: Expenditure at Month 3 is £0.54m, £0.01m above plan. Cash: Closing cash at 31st May was £1.50m, £0.22m below plan. Forecast: A full forecast was undertaken at the end of the first quarter, including a divisional risk assessment. The Trust is forecasting achievement of the 2019/20 control total; however this will require mitigation of the risks described above.

	June In-Month			Year to Date (YTD)			Annual Plan	Forecast	Forecast Variance
	Plan	Actual	Variance	Plan	Actual	Variance			
	£m	£m	£m	£m	£m	£m			
Income	24.56	24.99	0.43	73.79	75.80	2.01	300.33	308.95	8.63
Expenditure	(28.71)	(29.20)	(0.48)	(87.79)	(89.74)	(1.95)	(341.85)	(350.47)	(8.63)
Surplus/(Deficit) - Control Total Basis excl. PSF, FRF, MRET and Impairment	(4.15)	(4.21)	(0.06)	(14.00)	(13.94)	0.06	(41.52)	(41.52)	0.00
Surplus/(Deficit) - Control Total Basis incl. PSF, FRF, MRET and excl. Impairment	(2.64)	(2.70)	(0.06)	(9.46)	(9.40)	0.06	(14.87)	(14.87)	0.00
Financial Improvement Programme (FIP)	0.33	0.38	0.05	0.97	1.01	0.04	12.80	12.80	0.00
Capex (including donated)	(0.18)	(0.20)	(0.03)	(0.53)	(0.54)	(0.01)	(10.83)	(10.83)	0.00
Closing Cash	1.72	1.50	(0.22)	1.72	1.50	(0.22)	1.46	1.46	0.00
NHSI Agency Ceiling - Total	(1.28)	(0.98)	0.30	(3.95)	(3.14)	0.82	(16.66)	(12.43)	4.23
<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		1			1			1	
Agency rating	1	1		1	1		1	1	
Risk ratings after overrides		3			3			3	