

Public Board Meeting Report

Single Oversight Framework Integrated Quarter 2 Performance Report

Date 7th November 2019
Authors Senior Leadership Team

Overview

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

The busy start to the year has continued in quarter two with an increase in activity on all patient pathways. As we discussed in the quarter one assessment, of the four domains we review in the SOF, organisational health, patient safety, quality and experience, access/ performance and finance, it is clear that access/ performance continues to be the one most impacted by the high levels of demand, although we have seen a promising improvement in emergency care towards the end of quarter two and into quarter three.

In quarter two, our **organisational health** performance continues to be broadly positive and this is picked up in detail below and through the People, OD and Culture committee update. In this quarter, our **quality and safety indicators** have remained consistent and there are clearly identified 'next steps' to maintain this improvement in the future. The two areas which have been highlighted as requiring escalation are i) C-diff hospital acquired cases and ii) eligible patients asked the case finding question, or diagnosis of dementia or delirium. Despite the continued increase in activity and high patient acuity safe staffing levels have been maintained and there is no correlation between staffing and patient safety incidents noted. Within quarter two there has been a continued positive improvement in recruitment and retention of Registered Nursing staff into the trust.

Whilst there has been some recent improvement in **emergency care** performance, it is clear our emergency care pathway continues to be exceptionally busy and this feels like the "new norm". The three key reasons why performance is not as strong as it was last year are:

- Growing demand from both attendance and admission
- Variability by day of week
- System escalation

As discussed in the last quarter one assessment, we need to continue to focus on the 'drivers of demand' work which is led through the Mid Nottinghamshire A&E Delivery Board. This work focusses on:

- Implementing the Integrated Rapid Response Services (IRRS) – this is a model to ensure an increase in alternatives to admission from ED

- Streaming – we have an opportunity to stream c2000 patients per year more to PC24. This work has commenced with the reinforcement of streaming protocols
- Actions to reduce the % of EMAS conveyances to KMH ED
- The further strengthening of community support to primary care to ensure they have alternatives to directing patients to ED.

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

Referral to Treatment performance for September at time of writing is unpublished however at circa 87.1% it is a deterioration of 2% against quarter one and a 4.3% adverse variance to trajectory. This reduction mirrors the position of our peers and is driven in the main by the rise in volume of patients waiting longer than 18 weeks in Ophthalmology, Cardiology and ENT. For quarter two when compared to the same period in 2018/19 we completed 2% (645) more elective pathways and we continue to report zero patients waiting 52+ weeks at the end of each month. This is against a backdrop of increasing pressure on elective capacity due to the reduced take up of additional sessions and a continued focus on prioritising cancer and urgent patients.

For **cancer 62 day** performance, we delivered better than trajectory for the month of August at 82.2% based on 16 breaches from 90 treatments. We have a separate item on the agenda about cancer performance.

A full forecast was undertaken at the end of quarter two and we continue to forecast **achievement of our 2019/20 control total**. To achieve this we need to mitigate the financial improvement risks described below. Divisional monthly financial reviews have taken place to provide assurance on the steps taken to deliver the control total and recovery actions have been initiated.

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.

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

Organisational Health

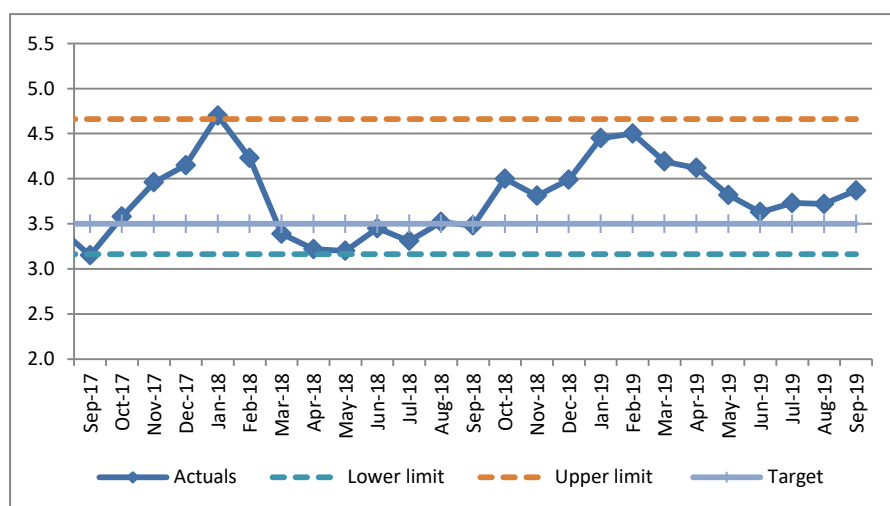
ORGANISATIONAL HEALTH	HR	WTE lost as a % of contracted WTE due to sickness absence within last 12 months	≤3.5%	Oct-18 - Sep-19	3.9%	-		A
		Staff Turnover	≤0.9%	Sep-19	0.7%	0.9%		G
		Proportion of Temporary Staff	7.30%	Sep-19	7.6%	7.8%		A

Sickness

Sickness absence increased in month to a figure of 3.87% (August, 3.72%), this figure has increased by 0.39% since last year. Three Divisions were under the 3.5% target; Corporate, at 2.61%, Urgent & Emergency Care at 2.92%, and Diagnostics & Outpatients at 3.41%. The remaining Divisions are Women & Children's at 3.92%, Medicine at 4.70% and Surgery at 4.77%

The stress, anxiety and depression figure has decreased to 0.95%.

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



Variation in absence - The divisions have similar challenges in relation to employee health and wellbeing however other factors such as variation in environment, leadership and individual circumstances will account for differences. Rolling absence over Q2 has not identified significant difference other than in Trust Corporate areas, which are traditionally predominantly non-clinical and non-patient facing and staff can work more flexibly.

Some specific issues have impacted on attendance within the Divisions and explain the variation over Q2. These are:

- **Diagnostics & Outpatients and Medicine** there have been more absences due to planned surgery.
- **Diagnostics and Outpatients** have seen a decrease in absence following members of staff who have returned to work following planned surgery.

- High rates of pregnancy related sickness absences within **Women & Children's**.
- Organisational cultural issues within the PPC workforce of **Surgery, Medicine and Women & Children's** is thought to have contributed to high levels of sickness absence for this group. This is being supported and managed.
- Back problems and other MSK problems usually feature in the top 3 reasons for absence in **Surgery** and a number of different specialities across **Medicine** which is reflective of the significant manual handling requirements
- **Urgent and Emergency Care** there has been a reduction due to return to work from short term intermittent absence.
- High stress related absences within **Urgent and Emergency Care** within last Quarter are reflective of attendance/admission levels in increasing.

Sickness absence reason - The top three absence reasons in September were:

- Anxiety/stress/depression – 0.95%, 1195.37 FTE Days Lost which is a decrease of 170.03 FTE days lost from August 2019. It is above the 0.8% sub-threshold.
- Other musculoskeletal problems – 0.74%, 937.58 FTE days lost; an increase of 20.10 FTE days lost from August 2019.
- Injury & fracture – 0.36%, 457.11 FTE days lost; an increase of 93.46 FTE from August 2019. There is no particular outstanding division or staff group with an increase.

We have wellbeing initiatives in place to support these including:

- Weekly Health and Wellbeing drop in clinics with expert advice
- The Trusts Employee Assistance Programme (EAP) which provides;24/7 telephone counseling, Cognitive Behavioral Therapy workbooks (CBT) and access to online CBT Programme
- 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 is currently being trialled. This will be a cost pressure to provide long term. The waiting times are currently 10 working days.
- The Health Hero initiative was also launched as part of winter wellness week. Two training days have been arranged (22 November and 16 December) and so far over 30 employees' have pledged to be a Health Hero.
- The first grab a jab clinic took place on 2 October 2019 and 450 staff were vaccinated the most ever vaccinated at one clinic. At the time of submitting the report over 2,500 front line SFHT staff had been vaccinated
- The second “getting ready for winter wellness week” took place across all sites in September.

A variety of bookable and drop in sessions took place including:

- ✓ Flexibility workshops / master classes
- ✓ How to deliver a difficult conversation
- ✓ Annual Leave workshops / master classes
- ✓ Disability leave lunch and learn sessions

- ✓ Menopause support session
- ✓ An introduction to mindfulness sessions
- ✓ Healthy lifestyles education workshop

Turnover

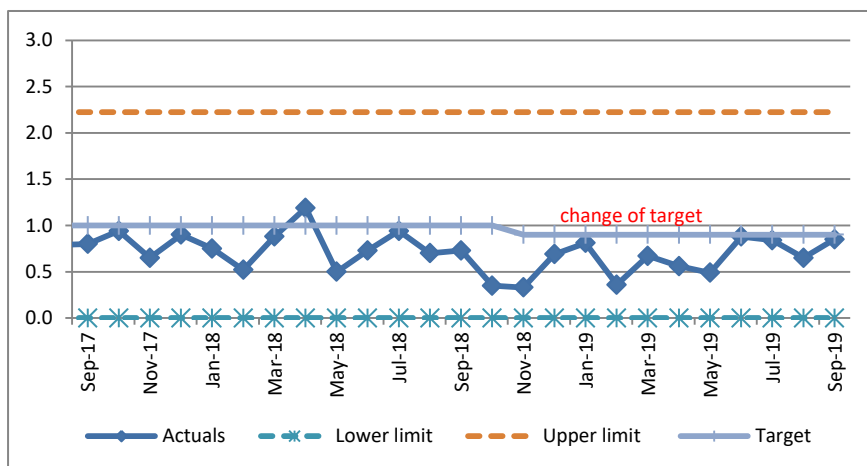
In September 2019, the overall turnover rate increased to 0.85% (August, 0.65%). This is still under the target of 0.9%, which has been the case for over a year. The number of leavers increased slightly in month, with 36.06 FTE leavers, compared to 34.90 FTE in August 2019. There were no rotational doctors this month.

Registered Nurses had 10.92 FTE leavers, of which 5.96 FTE were Band 5.

In September 2019, 14 individuals completed the exit survey. The reasons for leaving the Trust were varied and included; higher pay, conflict with colleagues, family issues and leaving to attend university. We continue to offer electronic and face to face exit interviews.

Feedback from the exit survey showed that; 74% felt they were supported by their manager, 45% felt morale was good, 100% of respondents stated they would recommend the Trust as a place to receive care and 100% felt their skills were used effectively and had access to training and development opportunities.

Chart 2: Staff Turnover

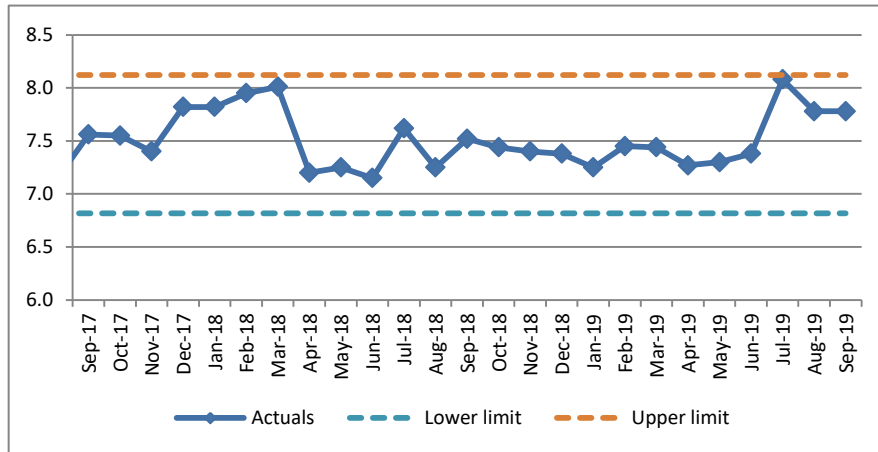


Percentage of Temporary Staff

This was 7.6% for September, and has remained static from August 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.

Increasing patient acuity were the contributing factors in the increase requests for temporary staffing. We continue to recruit substantively to reduce the reliance on temporary staff.

Chart 3 Percentage of Temporary Staff

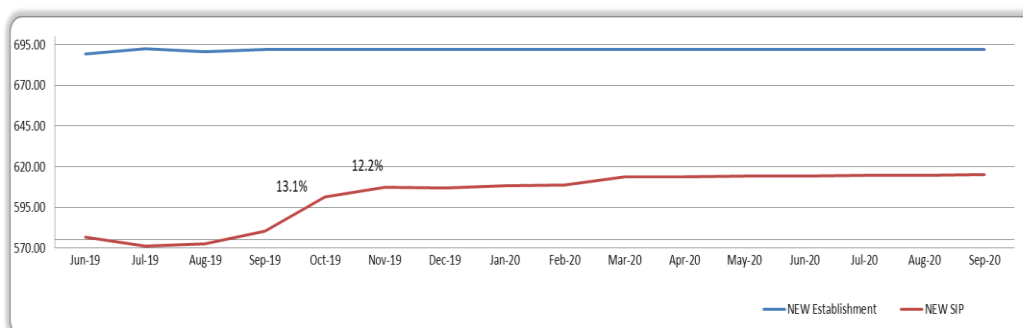


Medical vacancies are at 14.40 (2.58%). This reduction is due to an agreed recalculation in the way full time equivalents are calculated, and reflects that full time medical contracts are 40 hours per week not 37.5. In September there were 15.37 new starters and 3.41 leavers.

Band 5 RN vacancies decreased in September to 111.98 (16.2%). All 20 overseas nurses have gained full nurse status and will start their new roles in October. In September there were 18.04 starters and 5.96 leavers.

Vacancies are predicted to fall in October to 13% and fall again in November to 12%. 45 students who have recently qualified as a registered nurse are due to join the Trust in the next couple of months.

Chart 4 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	Jun-18 - May-19	95.7	-		G
		SHMI	100	Jan-18 - Dec-18	95.87	-		G
		Serious Incidents including Never Events (STEIS reportable) by reported date	2	Sep-19	14	2		G
		Never Events	0	Sep-19	1	0		G
		NHSE/NHSI Improvement Patient Safety Alerts Compliance (Number open beyond deadline)	0	Sep-19	3	0		G
	Quality	Safe Staffing Levels - overall fill rate	80.0%	Sep-19	101.2%	100.9%		G
		Same Sex Accommodation Standards breaches	0	Sep-19	0	0		G
		Clostridium difficile Hospital acquired cases	4	Sep-19	22	6		R
		MRSA bacteremia - Hospital acquired cases	0	Sep-19	0	0		G
		Eligible patients having Venous Thromboembolism (VTE) risk assessment	≥95%	Aug-19	95.6%	96.9%		G
		Eligible patients asked case finding question, or diagnosis of dementia or delirium	≥90%	Aug-19	75.8%	66.0%		R
		Eligible patients having Dementia Diagnostic Assessment	≥90%	Aug-19	99.9%	100.0%		G
		Patients where the dementia outcome was positive or inconclusive, are referred for further diagnostic advice	≥90%	Aug-19	99.1%	100.0%		G
	Experience	Number of complaints	≤60	Sep-19	218	37		G
		Recommended Rate: Friends and Family Inpatients	97%	Sep-19	97.5%	96.8%		R
		Recommended Rate: Friends and Family Accident and Emergency	87%	Sep-19	91.4%	89.0%		G
		Recommended Rate: Friends and Family Maternity	96%	Sep-19	93.0%	91.0%		R
		Recommended Rate: Friends and Family Staff	80%	Qtr1 Yr2019/20	82.3%	82.3%		G

Single Sex Accommodation

During Quarter 2 (Q2) 2019/20 there have been no single sex accommodation breaches reported and the Trust has continued to maintain compliance with providing single sex accommodation, recognising the importance placed on maintaining the privacy and dignity of our patients. In September 2019 the Chief Nurse for England updated the Same Sex Accommodation policy for Critical Care units which are to go live in January 2020. Our Privacy & Dignity policy is being amended to reflect this update.

Venous Thrombo-Embolism (VTE)

Due to the way VTE is reported the data is always two months behind, therefore we have data oversight for June, July and August for Q2. The Trust reported 95.06% compliance for June, 95.89% for July and 96.1% for August which continues to remain above the national target of 95%.

Q2	June	July	August
Target 95%	95.06%	95.89%	96.91%

Harm Free Care

During Q2 within the Safety Thermometer we remained compliant with the national standard of 95%. The standard includes 'new' harms which are acquired during that admission and 'old' harms which are present on admission, the total of all harms.

Q2	July	August	September
New Harms	0.39%	0.91%	0.19%
All Harms	4.24%	3.44%	4.83%
Target 95%	95.76%	96.56%	95.17%

During Q2 the Trust declared four serious Incidents which have been entered on STEIS. One had been declared as a Never Event. Three Serious Incidents (SI) were reported on Datix and entered as an SI in July. One incident was reported on DATIX in June 2019 and entered on STEIS as an SI in July 2019.

For the month of August, there were two serious incidents entered on STEIS. Both of these were reported in Datix in August 2019. One of the SI from June 2019 was downgraded within August therefore June's figures should reflect two instead of three.

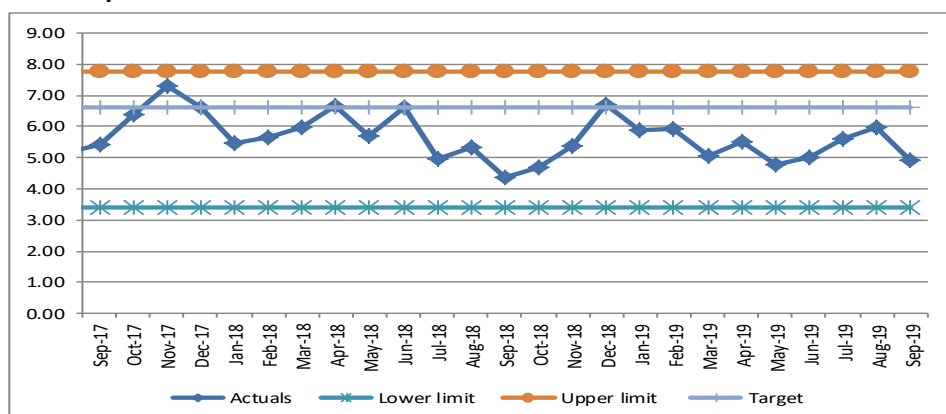
For the month of September, there were three serious incidents entered on STEIS, two of these incidents were reported on Datix in September. One of these incidents reported upon Datix in August 2019 was entered as an SI in September 2019.

Falls

Reducing harm from falls has been identified as a supplementary quality priority in line with the Quality Account that will be implemented during 2019/20.

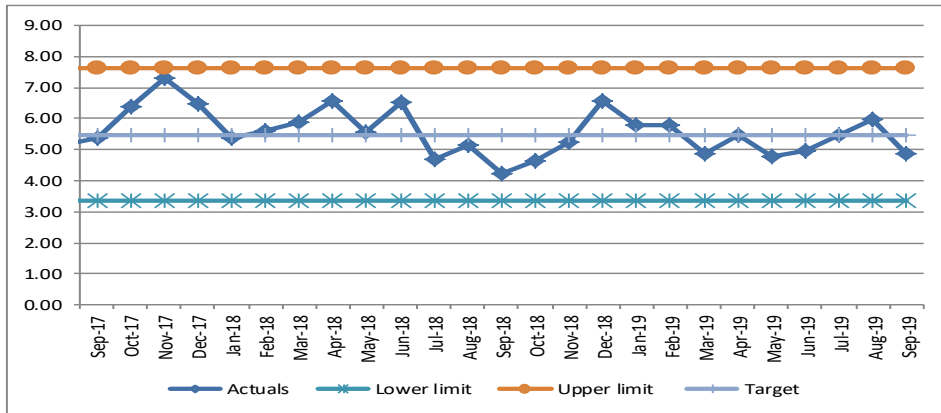
Throughout Q2 our inpatient falls rate has remained in a positive position against the national average and has remained below this level for 3 consecutive quarters. Below shows the percentage of falls calculated by the occupied bed days (OBD) as per the National Audit of Inpatient Falls 2015 criteria. Currently the Trust figure is 4.90 against the national average of 6.63.

All Falls per 1000 OBD's



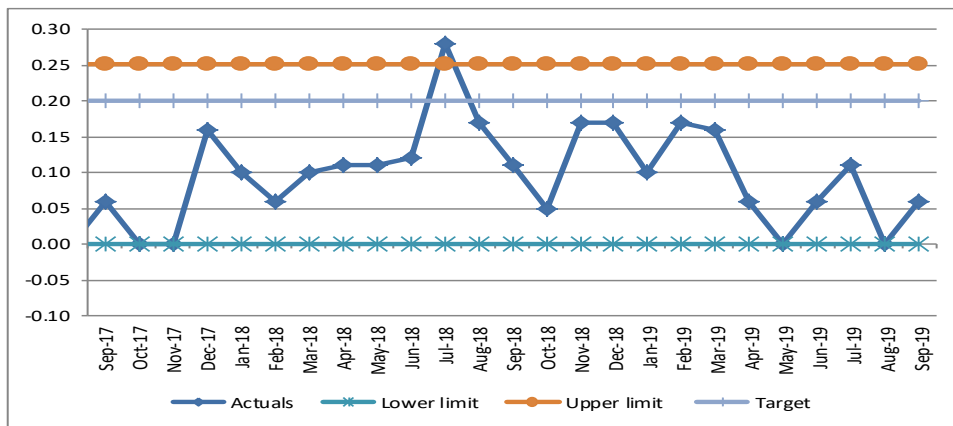
Below shows the current Trust figure for September 2019 low or no harm is 4.85 per 1000 OBDs against the internal target of 5.5.

Falls per 1000 OBDs resulting in Low or No Harm



Below shows the current Trust figure for September 2019 moderate or severe harm is 0.06 per 1000 OBDs against the internal target of 0.2

Falls per 1000 OBDs resulting in Moderate or Severe Harm



The table below shows the number of falls by severity of harm over a 12 month period. In September 2019 the total amount of reported falls was 86. There were nine low harms reported. Both show a decrease when compared to August data but displayed similar levels to those noted in Q1

In-patient Falls by severity of harm	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
Grade 1- No harm Falls	79	81	101	99	87	74	86	71	73	86	96	76
Grade 2 - Low harm Falls	6	13	13	12	14	17	11	15	12	13	12	9
Grade 3 - Moderate harm Falls	0	1	0	2	1	1	0	0	0	0	0	0
Grade 4 - Severe harm Falls	1	2	3	0	2	2	1	0	1	2	0	1
Grade 5 - Catastrophic harm Falls	0	0	0	0	0	0	0	0	0	0	0	0
Total	86	97	117	113	104	94	98	86	86	101	108	86

Within Q3 the actions identified within the Q2 falls CQUIN audit will be actioned. The revised draft Falls Care Plan is currently being devised, and there is collaborative work with the Therapy Teams focusing on a falls educational group for inpatients and their families.

Tissue Viability

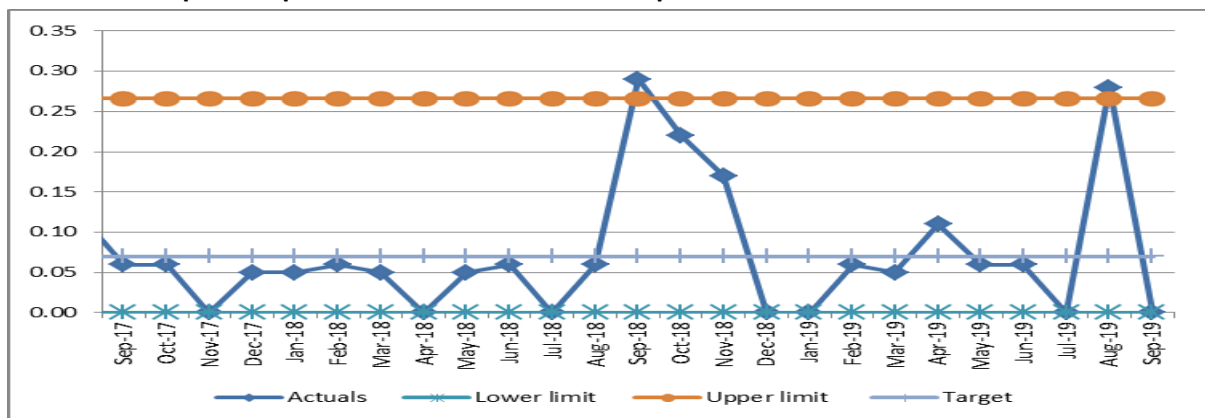
During Q2, there were no new avoidable Category 3 or Category 4s Pressure Ulcers (PUs). This positive position has now been maintained since November 2018 when the last category 3 occurred and August 2017 when the last avoidable category 4 occurred. During August 2019 there were five hospital acquired PUs. Four of the five were low harm and one was no harm, and there was also an unavoidable category 2 PU. One patient has also developed a suspected deep tissue injury, this will be monitored and categorised and all continue to have a Root Cause Analysis (RCA) completed which are presented by the Ward leader and Matron to the senior nursing team for validation. Action plans are in place for with evidence to be submitted to ensure completion.

During September 2019 there were two hospital acquired PUs, both of which were low harm, both had a RCA investigation which identified that there were no lapses in care. The patient who had a suspected deep tissue injury died shortly after the PU developed of an unrelated health issue and therefore this cannot be graded.

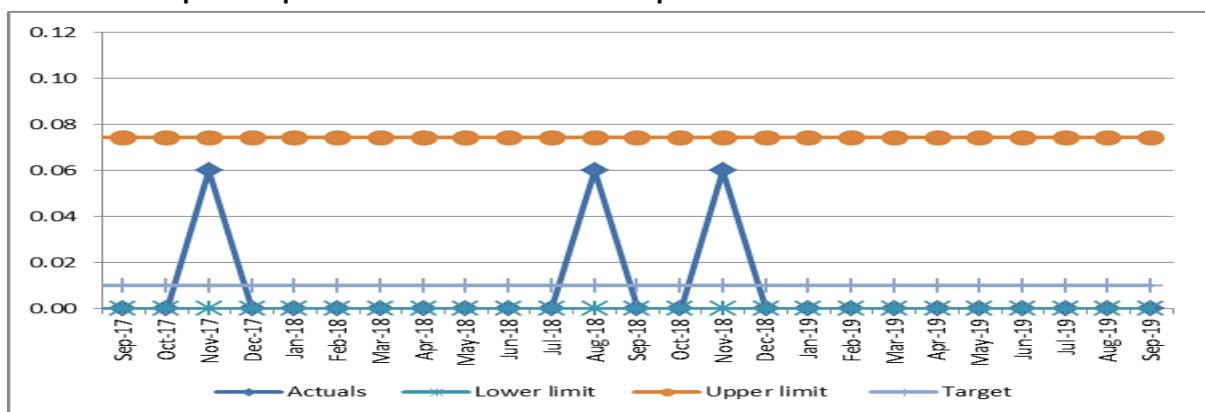
PU by Category	Q4	Q1	Jul	Aug	Sept	Q2
Category 2 PU						
Avoidable	2	4	0	5	0	5
Unavoidable	6	6	0	1	1	2
Category 3 PU						
Avoidable	0	0	0	0	0	0
Unavoidable	3	2	0	0	0	0
Category 4 PU						
Avoidable	0	0	0	0	0	0
Unavoidable	0	0	0	0	0	0
Category Suspected deep tissue injury						
Avoidable					0	0
Unavoidable					1	1
Totals	11	12	0	6	2	8

The graphs below demonstrates the percentage of PUs by category 2 - 4 calculated by the occupied bed days (OBDs).

Avoidable Hospital Acquired Grade 2 Pressure Ulcers per 1000 OBDs



Avoidable Hospital Acquired Grade 3 Pressure Ulcers per 1000 OBDs



During Q3 it is planned to continue to deliver the Fundamental of Care study days to the Registered Nurses and the Healthcare Support Workers on a regular basis, which will support the delivery of safer patient care.

All Category 2 Pressure Ulcers will continue to be investigated by key clinical staff and presented to the Pressure Ulcer Panel (Chaired by the Chief or Deputy Chief Nurse) and appropriate action will be taken to address issues and themes. The Tissue Viability Team will continue to deliver cross divisional learning with the hospital acquired Pressure Ulcers through the presentation on the Mandatory Updates for Nursing, Healthcare Support Workers and Allied Healthcare Professionals. There is a focussed piece of work being led by the Tissue Viability Team to support the Emergency Department and continue to monitor the improvements in Pressure Ulcer risk assessments. On the 21 November 2019 the Tissue Viability Team will be celebrating with the clinical areas the National Stop the Pressure Day and there will be an opportunity to demonstrate the achievements of the past year.

Infection Control and Prevention

All healthcare associated infections are carefully monitored and managed in line with national and local guidance. This year's Clostridium Difficile infection (CDI) threshold is set at 79; this increase is due to a change in definitions applied to identifying attributable organisation. SFHFT will be responsible for any case identified more than two days after admission and any case that has been in Sherwood Forest Hospitals NHS FT (SFH) within the preceding four weeks Community Onset Hospital Associated (COHA).

Within Q2 a slight increase was noted compared to Q1. There were 13 cases of Trust acquired CDI in September 2019. None were linked and therefore it is deemed there was no transmission. There were also 6 cases of COHA. This brings the total to 33 cases this year compared to 35 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

There were no MRSA bacteraemia identified in Q2.

There were four *Escherichia Coli* bacteraemia in Q2 bringing the total to 23, this is higher than the same period last year, a number have been associated with urinary catheters remaining in situ and the Infection Prevention & Control Team (IPCT) are continuing to roll out a project called HOUDINI to empower medical and nursing staff to remove catheters promptly.

The next steps are to continue to closely monitor the levels of infection identified within SFH 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.

Dementia Screening

During Q2 there has been a continued focus on clinical engagement to increase compliance following the introduction of nerve centre recording. The clinical lead and Specialist Nurse for Dementia have maintained a focus within divisions to spotlight best practice and promote ownership. This has included the introduction of a divisional league table and an introduction of a competition.

The table below demonstrates the achieved 90% and above dementia screening compliance for the Trust between March 2019 and April 2019.

	March	April	May
Number of Inpatients	594	665	599
UNIFY Section One Compliance (%)	98.5%	95.8%	88.5%
Number of Patients Referred to RRLP	51	39	54
UNIFY Section Three Compliance (%)	98.1%	95.1%	98.2%

The table below demonstrates the introduction of Nerve Centre (1st June 2019) and the compliance for Q2 July 2019 - August 2019. September 2019 figures have yet to be validated and will be reported in the next report.

	June	July	August	September
Number of Inpatients	591	591	632	Awaiting validation
UNIFY Section One Compliance (%)	59.7%	67.2%	66.0%	Awaiting validation
Number of Patients Referred to RRLP	86	174	152	Awaiting validation
UNIFY Section Three Compliance (%)	98.9%	100%	100%	Awaiting validation

This demonstrates that there has been an improved compliance rate during July and August 2019 in the FIND return. There is an improved and a consistent 100% compliance over a two month period to the REFER return.

The table demonstrates that during Q2 the change of referral criteria to nerve centre only for Rapid Response Liaison Psychiatry assessment is demonstrating an increased referral for a more comprehensive assessment and continues to evidence that despite a reduced compliance in the recording of assessments on nerve centre those patients who required a more comprehensive screening are being identified and receive the appropriate assessment and referral.

A deep dive into the dementia screening process and assurance around patient assessment has been requested by trust board and is being presented to the Quality Committee in November 2019.

Friends and Family Test

Maternity

Antenatal Clinic/PDC - The small team has been short staffed over August and September and is now fully recruited, with plans in place for additional reception cover/support. This should help with information sharing to women around waiting times and what to expect, and the individual behaviours have already been addressed by the department leader.

We are challenged in the antenatal clinic with availability of appointments (this is on the risk register), which is currently exacerbated by sickness absence in the consultant team and also availability of endocrine cover for our complex diabetic patients. In addition many women will need to have a scan as well during their visit, and it is challenging to provide these without incurring a long wait. The department leader is reviewing possibilities for information screens which show waiting

times and offer more information, and the scan/appointment availability is reviewed at service line, governance and divisional performance.

Maternity Ward and SBU

Many women/partners are disappointed that we don't have facilities for all partners to stay overnight. Whilst we have good side room availability (50%), our busy unit means that these are usually full. The ward team are well aware of these challenges and make every effort to communicate effectively with women and provide a safe, private and dignified space for all families overnight. The comments show that we still have work to do around how we manage women's expectations and these comments are shared and reviewed at ward meetings each month.

Separately our Band 7 co-ordinator team are conducting work streams around how women are triaged when they arrive on SBU, and the service that we offer to women who are in early labour as it is often safer and more effective to stay at home while labour establishes. This is a universal challenge for maternity services and again, how we communicate with women around what to expect has a real impact on their experience.

Recommendation rate

We are really disappointed to see the recommendation rate for maternity services reduce this month. As described above, the themes and trends are shared with the teams and individual issues addressed where appropriate. We continue to work hard to provide an efficient and safe service and hope to see an improvement next month.

Inpatient

The inpatient recommendation rates has fluctuated between 97.7% and 97% during Q2, the majority of negative comments (46 of a total of 2226) relate to delays in TTO's and improved communications which have been escalated to the Ward Leaders and relevant teams for action. Communication continues to be a top 5 theme for complaints, however delays in prescriptions is commonly resolved locally by wards and pharmacy teams.

The recommendation rates will continue to be monitored and the ward teams are working hard to improve experiences and identify areas for improvement.

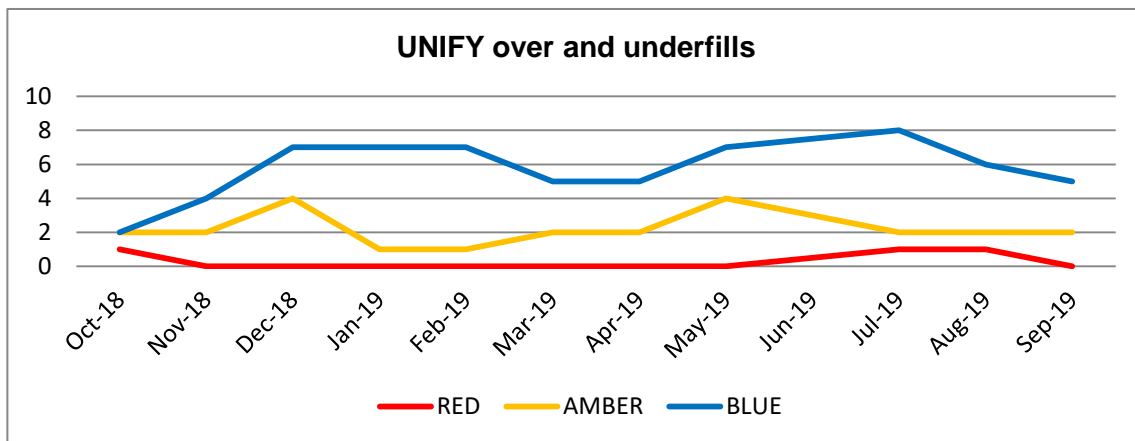
Monthly report – safe staffing

Ward staffing information is submitted monthly as part of the national safer staffing UNIFY. The number of areas with **red** ratings (actual staffing level is below the accepted 80% level and highlights a potential significant risk) and there was 0 **red** ratings. The number of areas with **amber** ratings (staffing fill rate is less than the accepted 90%, but above 80%) and there were 2 **amber** ratings. September 2019 saw 5 wards of the monitored recording as **blue** rating (actual staffing figures are greater than 110% fill rate) and the remaining 20 wards were **green** rating.

In line with NHS Improvements Care Hours Per Patient Day (CHPPD): guidance for all inpatient trust (July 2019), amendments have been made to September's data presented to include Nursing Associates and Allied Health Professionals.

The graphs below display over a 12 month period, where the Trust has not staffed to its expected planned level (**red** below 80% and **amber** between 80% & 90%) and the staffing fill rates above planned (greater than 110% **blue**).










Staffing over and under-fill captured through the Unify report



	RED	AMBER	BLUE
Oct 18	1	2	2
Nov 18	0	2	4
Dec 18	0	4	7
Jan 19	0	1	7
Feb 19	0	1	7
Mar 19	0	2	5
Apr 19	0	2	5
May 19	0	4	7
July 19	1	2	8
Aug 19	1	2	6
Sep 19	0	2	5

There were no harms correlated to staffing within this period.

Operational Performance/ Access

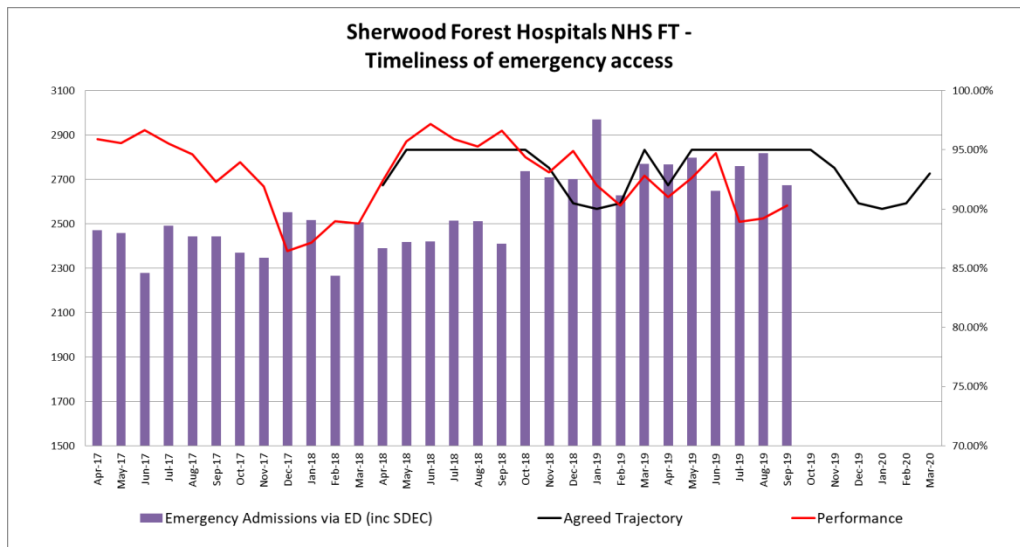
OPERATIONAL STANDARDS	Emergency Access	Emergency access within four hours Total Trust	≥95%	Sep-19	91.1%	90.3%		R
		Number of trolley waits > 12 hours	0	Sep-19	3	1		R
		% of Ambulance handover > 30 minutes	5.0%	Sep-19	8.0%	4.9%		G
		% of Ambulance handover > 60 minutes	0.0%	Sep-19	0.5%	0.3%		R
	Referral to Treatment	18 weeks referral to treatment time - incomplete pathways	≥92%	Sep-19	-	87.1%		R
		Number of cases exceeding 52 weeks referral to treatment	0	Sep-19	-	0		G
	Diagnostics	Diagnostic waiters, 6 weeks and over-DM01	≥99%	Sep-19	-	98.7%		R
	Cancer Access	62 days urgent referral to treatment	≥85%	Aug-19	76.8%	82.2%		R
		62 day referral to treatment from screening	≥90%	Aug-19	82.4%	63.2%		R

Emergency care

Emergency access performance against the 4 hour wait in September 19' was 90.3%. Quarter 2 was 89.5%. September performance was ranked 12th 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 1 12 hour wait from decision to admit.

Ambulance handover performance has been higher than trajectory for >30 minute waits in August and September despite the growth in the demand from ambulance arrivals.

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%	88.9%	89.2%	90.3%							
19/20 Quarter Trajectory			94.0%			95.0%			93.0%			91.2%	
19/20 Quarter actual			92.7%			89.5%							
18/19 Actual	92.4%	95.7%	97.2%	95.9%	95.3%	96.6%	94.4%	93.1%	94.9%	92.0%	90.3%	92.8%	
Ambulance Handover	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
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%							
18/19 Actual	15.9%	9.9%	8.2%	12.7%	13.3%	5.9%	7.3%	8.3%	8.3%	9.2%	8.5%	9.8%	



Drivers of performance

The 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. 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
- Variability by day of week
- System escalation

September and quarter position

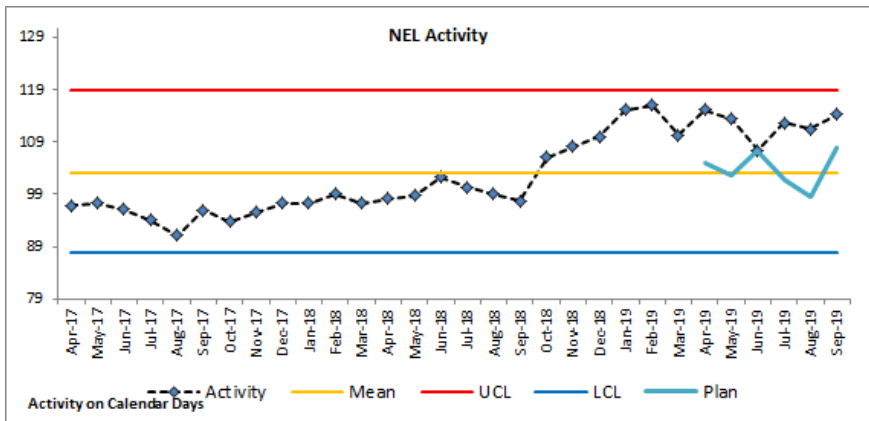
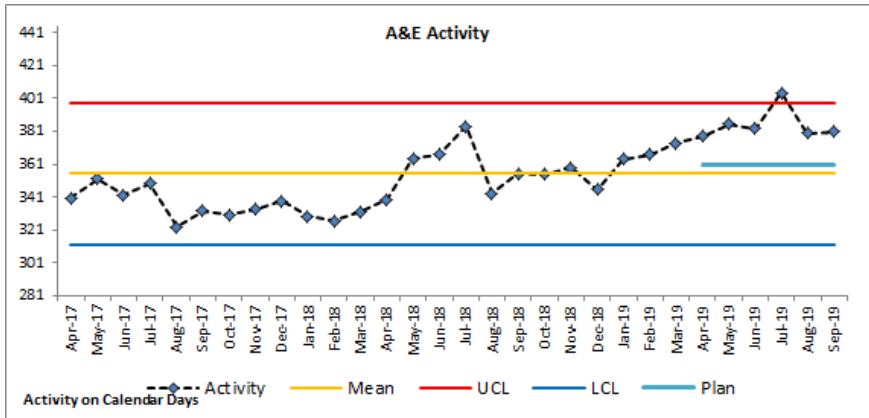
In September, performance improved from the previous two months. Demand remains high with 9% higher attends at KMH ED so far in 2019/20 than in 2018/19. This is equivalent to 25 more patients per day. Admissions are similarly up by 12%, 10 more per day, mainly to the medical pathway. This growth in demand has been the key cause of the performance change.

Performance at Newark UCC is 97% which is comparable with previous quarters. PC24 performance for the quarter is 94.4%, which is 4.4% lower than Q2 in 2018.

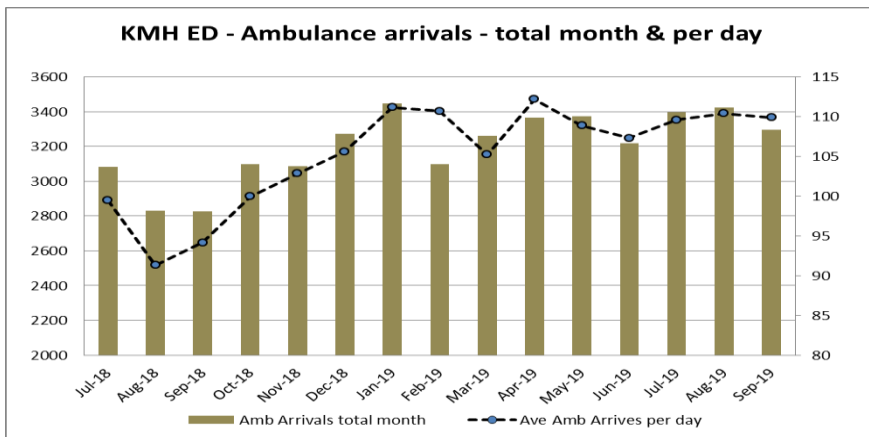
In absolute terms, 1440 more patients were discharged, assessed or transferred within 4 hours to date within 2019/20 than during the corresponding period in 2018/19.

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 Q2 has been higher than seen in the winter period. The broad ED capacity for ambulance arrivals is 100. Daily variation has also increased the ambulance arrivals.



The 'Drivers of demand' work is being led by AEDB to try to return demand back to planned levels. It is focussing on:

- Implementation of the **Integrated Rapid Response Services (IRRS)** – which is a model to ensure an increase in alternatives to admission from ED

- **Streaming** – there is an opportunity to stream c2000 patients per year more to PC24. This work has commenced by the reinforcement of streaming protocols
- Actions to take to **reduce the % of EMAS conveyances** to KMH ED
- The further strengthening of community support to primary care to ensure they have alternatives to directing patients to ED

Capacity to meet demand

ED capacity

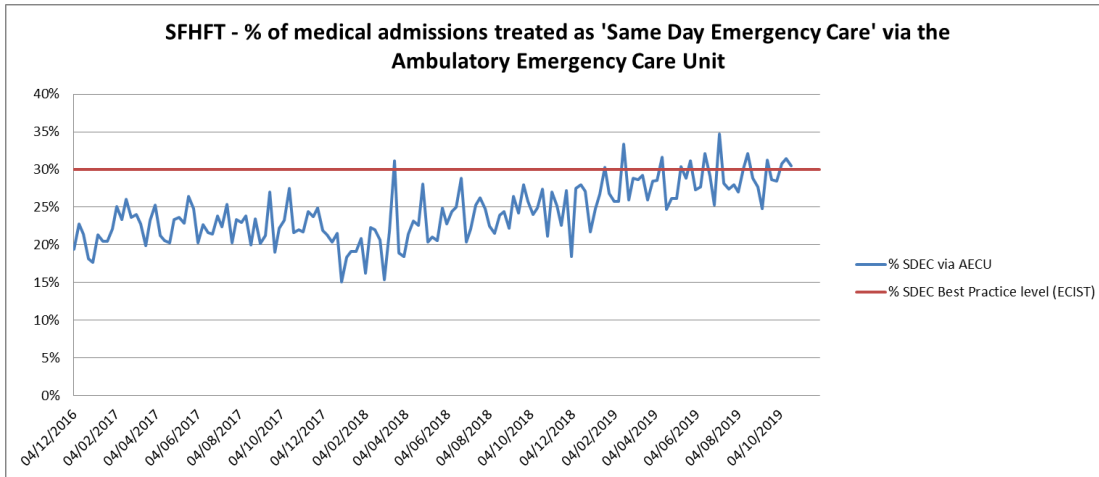
Additional medical and nursing staffing has been funded within ED to meet some of the growing demand, although there is a recruitment lead time on some of this capacity, notably with regard to nursing where the additional shifts are likely to commence from September. Therefore, the growth in demand hasn't quite been met capacity on some days which has led to increase breaches due to waiting to be seen. Despite risks on the medical rota's this has largely 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 and its effectiveness

The current growth being seen in non-elective admissions to beds is 6.8% above plan. This is driving an average bed deficit per month during 19/20 of 47 beds in the achievement of 92% bed occupancy. Some of this bed deficit has been mitigated by LOS being lower than in 2018/19 (mainly due to the reduction in the number and bed day use of patients staying over 21 days), but not all of it, leading to a bed deficit mean per month of 29 beds to deliver 92% occupancy. It obviously varies each month, but this is meaning that bed occupancy is higher than desired on some days leading to an increase in waiting times for a bed.

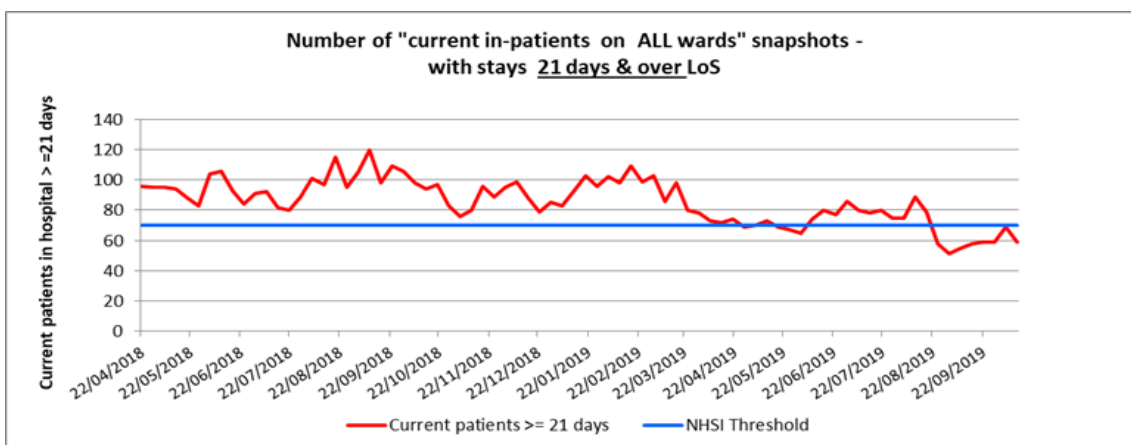
Bed capacity has been running at more normal levels for the summer period with no escalations beds open other than 3 extra beds on SSU that have been opened occasionally. The Trust continues to perform well on lead metrics of efficiency and effectiveness of the bed capacity – as measured by the following:

- **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 Q2 2019/20 for the medical pathway. This is also with a nurse led model at weekends which constrains the case mix of patients who can be treated. The further maximisation of SDEC is a key priority for the rest of year to roll out across a number of other specialties particularly with regard to weekends as part of the overall weekend programme of work.

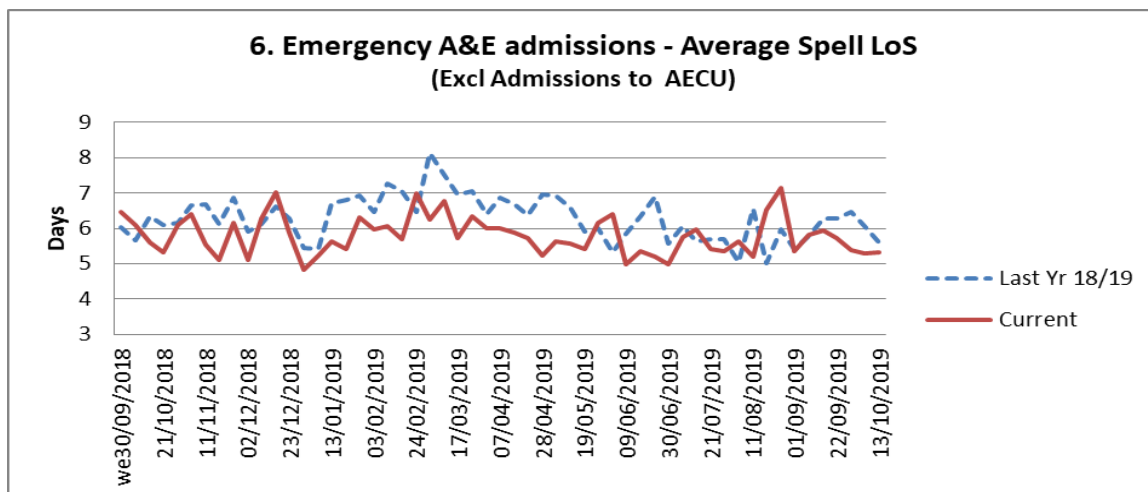


- The reduction in the number of patients who stay in hospital over 21 days** – NHSI set all Trusts a standard of a 40% reduction in the number of patients who stay in hospital over 21 days, to be achieved by March 2020. For SFH this is 70 patients. For SFH this was slightly different to other Trusts 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 September and the second half of the quarter, 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. This standard has now been stretched from the middle of October to 60 patients to further develop on the positive work in this area with partners. The Trust currently ranks 12th nationally on this crucially lead metric.



- 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.

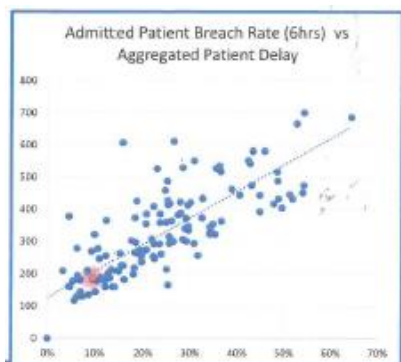
Quarter 2 2019/20			
Day	% pts adm/dis		Average variance between Adm/Dis
	<4 hours	Attendances	
Monday	86.8%	519	-5
Tuesday	90.4%	461	7
Wednesday	90.7%	452	6
Thursday	93.2%	439	9
Friday	92.6%	439	11
Saturday	92.0%	461	-11
Sunday	90.6%	491	-19

The more normal variance is related to Mondays, where the system has its highest attendances and has an inherited admission and discharge deficit that has accumulated from the weekend. Ultimately, this can lead to patients waiting for beds on a Monday morning, crowding related to high attendances and therefore lower levels of performance.

Dr Anne-Louise Schokker is leading the work to improve the imbalance between admissions and discharges on weekends. This has been a number of 'Plan, do, study, act' cycles over weekends to assess which interventions work. It is clear that admissions could be reduced at weekends with a medically led AECU as per the week, however, this is not currently feasible due to the tight medical workforce supply. It needs to be planned for the future. From a discharge perspective there have been 3 trials commenced, some with positive results (such as weekend opening of the discharge lounge) and there are 3 more to go. These trials are focussed on what SFH can do to increase discharges at the weekends, but there is also greater work to do with partners with regard to what they can do to support more complex discharges over the weekend. The full package of changes will be implemented in December.

'Getting it right first time' (GIRFT)

A number of colleagues attended the GIRFT day for emergency care during October. The Trust performs well across a number of the indicators within GIRFT. A key indicator is the 'Aggregated patient delay' which measures how long patients stay beyond 6 hours for admission within emergency departments. This is a crucial patient experience, safety metric that supports reducing overcrowding within the ED. The chart below shows the Trust (red dot) as one of the best performers in the NHS on this indicators and it will continue to be monitored to ensure that patients will not be delayed.



Priorities and work for the next quarter

- Implementation of the agreed actions with partners for 'Drivers of demand' work – including increased streaming, reduced conveyance, and a new model for IRRS admission avoidance
- Additional ED nurse shifts to be live in September - £700k has been invested in ED nursing to meet growing demand, maintaining the safety of a growing service, and support quicker turnaround of patients.
- Implementation of the winter plan
- Continued focus on driving down LOS for patients >21 days coupled within the increase in the number of medical patients treated as SDEC thereby reducing pressure on occupancy
- 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
- 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

Elective care

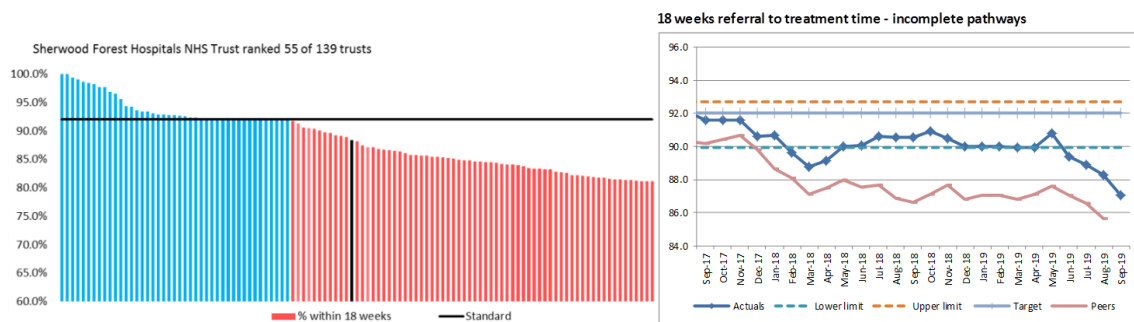
Referral to Treatment (Incomplete standard)

Referral to Treatment performance for September at time of writing is unpublished however at 87.1% it is a deterioration of 2% against quarter one and a 4.3% adverse variance to trajectory. This reduction mirrors the position of our peers and is driven in the main by the rise in volume of patients waiting longer than 18 weeks in Ophthalmology, Cardiology and ENT.

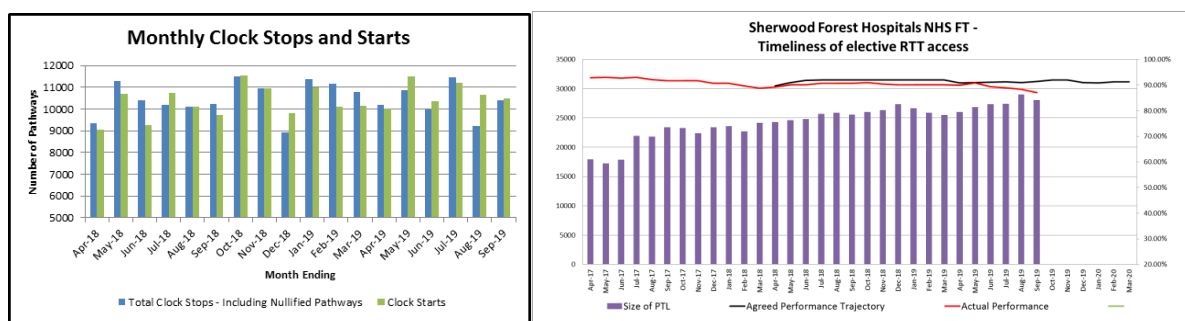
For quarter two when compared to the same period in 2018/19 the Trust completed 2% (645) more elective pathways and continues to report zero patients waiting 52+ weeks at the end of each month. This is against a backdrop of increasing pressure on elective capacity due to the reduced take up of additional sessions and a continued focus on prioritising cancer and urgent patients.

At the end of August (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 21 weeks to start treatment (national position is 24 weeks).

	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%						
19/20 Quarter Trajectory			90.9%			91.2%			91.7%			91.0%
19/20 Quarter actual			90.1%			88.1%						
18/19 actual	89.2%	90.0%	90.0%	90.6%	90.6%	90.6%	91.0%	90.4%	90.0%	90.03%	90.02%	90.0%



The volume of patients waiting (the PTL) grew in the second quarter to 28,037 which is an increase of 2.5% when compared to the end of quarter 1 (27,348); August saw a spike in the PTL size to 29,025 due to a significant imbalance of RTT clock starts to clock stops. The rise was across a range of specialties including Cardiology, Ophthalmology and Gastroenterology but more significantly within ENT where specific capacity issues in August resulted in a 30% reduction in pathways being completed for the specialty in month. For other specialties where independent sector provision has been sought there has been a requirement for additional administrative support and validation to ensure that pathways are correctly recorded and updated on Trust systems



Actions to support recovery broadly 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 follow up reviews. The Theatre productivity and the Outpatient transformation programmes are having a positive impact on delivery of timely access for elective care. The Theatre productivity programme has booked 124 more patients year to date than trajectory and for Outpatients the

capacity generated by specialty schemes has enabled the volume of ASI's to reduce and the volume of overdue follow up's without an appointment to reduce significantly.

Recovery trajectories have been agreed in the two high impact specialties of Ophthalmology and Cardiology to March 2020. The trajectories are underpinned by a clear set of assumptions and include the following key actions:

For Cardiology:

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

For Ophthalmology:

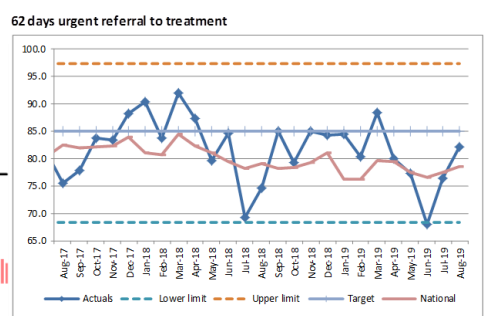
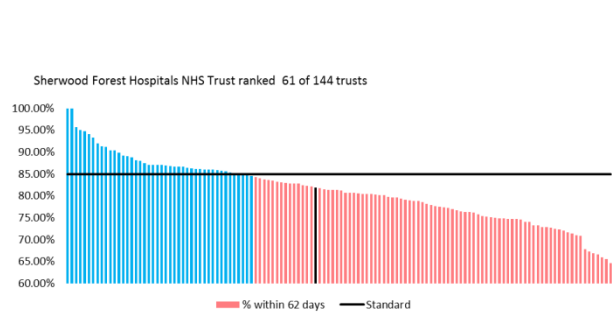
- Recruitment to consultant posts (1 consultant started in September, a second will start in January 2020)
- Additional Speciality Doctors in post (1 in January 2020 and 2 by March 2020)
- Sub contract in place with IS provider for the cataract pathway from September 2019
- Transfer of appropriate services to the community provider (post-op cataract and stable glaucoma)
- Additional clinic rooms sourced to accommodate new equipment and staffing

For ENT, locum cover is in place from the start of October 2019 and the service has successfully recruited two specialty doctors and a senior clinical fellow increasing the capacity within the service in the longer term.

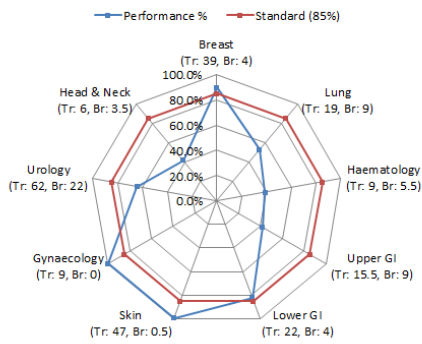
Cancer

The Trust delivered better than trajectory for the month of August at 82.2% based on 16 breaches from 90 treatments. This gave a national ranking of 61st from 144 Trusts. National performance for the month of August was 78.5%.

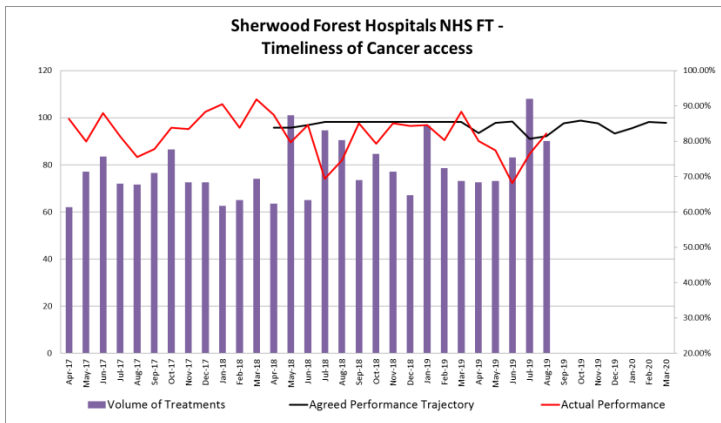
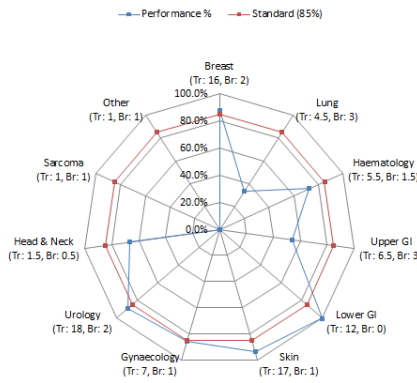
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
19/20 Trajectory	82.28%	85.20%	85.56%	80.65%	81.40%	85.06%	85.86%	85.06%	82.14%	83.70%	85.47%	85.23%
19/20 Actual	80.00%	77.40%	68.10%	76.40%	82.20%							
19/20 Quarter Trajectory			84.4%			82.4%			84.4%			84.8%
19/20 Quarter actual			75.2%									
18/19 actual	87.60%	79.80%	84.60%	69.30%	74.30%	85.10%	79.30%	85.10%	84.30%	84.50%	80.30%	88.4%



62-day performance by tumour site - Quarter 1



62-day performance by tumour site - August 2019



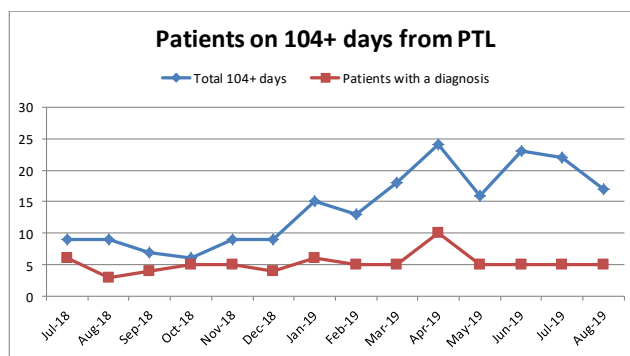
A more detailed cancer recovery report is attached; to summarise the key points:

- Demand in 2018/19 was 14% higher than in 2017/18. For 19/20 YTD is 5%
- Focus must remain on reducing the time (or need) for 1st outpatient appointment and subsequent diagnostics. This will be met through increased quality of GP referrals, use of virtual clinics and straight to test pathways.
- Fundamental capacity gaps in Endoscopy and Radiology will need to be addressed as short to medium term solutions do not offer the stability required to deliver sustainable performance.
- Year to date 85% of treatments are completed by day 76 with 77% completed by day 62
- Joint ICP recovery action plan in place with clear timescales, month of impact and days saved
- Agreed trajectory in place to deliver 83% by the end of March 2020
- Backlog reduction trajectory in place to reduce to March 2019 volume by March 2020
- Risks to delivery include; underlying capacity gaps compounded by sickness, and annual leave, wait for some diagnostic tests and treatments provided by tertiary centre and the impact of the phased roll-out of the Lung CT Health checks from April 2020
- To support pathway and performance improvement £319k of Cancer Alliance funding has been secured in 2019/20.
- As requested at the October Board a 3rd party assurance of the management of cancer pathways has been sought, the NHSI/E Intensive Support Team will be on site for an initial visit on 3rd November 2019.

The Trust delivered all other cancer standards for August except for 62 day screening (Lower GI 3 breaches) and 2WW Breast symptomatic (3 breaches).

At the end of August the number of patients waiting 104+ days has reduced to 17. All patients with a confirmed diagnosis have started the harm review process. A report on the harm review process will be presented to the Trusts Quality Committee in November 2019.

End of Month	Total 104+ days	Patients with a diagnosis
Jul-18	9	6
Aug-18	9	3
Sep-18	7	4
Oct-18	6	5
Nov-18	9	5
Dec-18	9	4
Jan-19	15	6
Feb-19	13	5
Mar-19	18	5
Apr-19	24	10
May-19	16	5
Jun-19	23	5
Jul-19	22	5
Aug-19	17	5



Diagnostics (DM01)

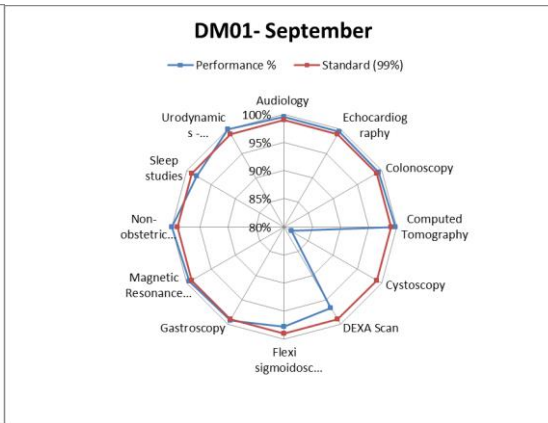
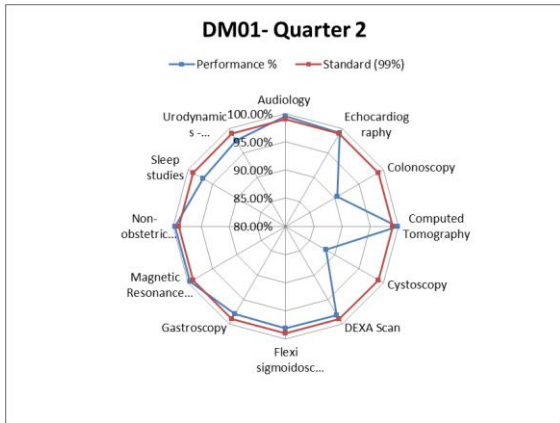
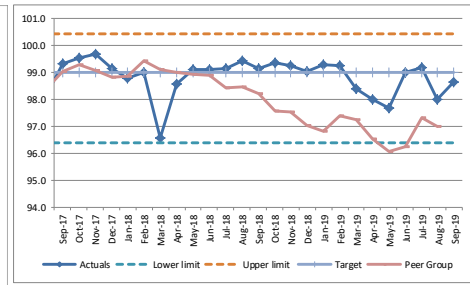
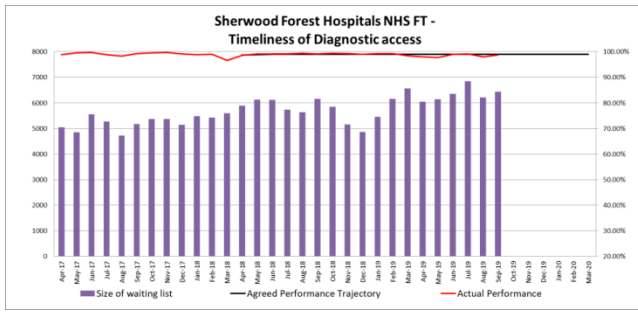
Quarter two performance improved to 98.6% from 98.2% but remained 0.4% below trajectory. Actions taken in quarter 1 meant that the key modalities of Echo and sleep studies significantly reduced the volume of patients waiting longer than 6 weeks in Quarter 2 however, these were replaced with an increase in breaches in Colonoscopy and Cystoscopy due to capacity issues.

As described in the quarter 1 Board report the reduction in capacity for Colonoscopy procedures is linked to tax and pension changes and the ability for clinicians to undertake additional sessions in Endoscopy. This is in addition to an underlying demand and capacity gap within the Endoscopy unit of circa 27 lists per week. A separate business case has been in development to address the shortfall now and to future proof against increasing demand particularly for suspected cancer pts. In the short term in-sourcing additional capacity at weekends has been in place since early September and out-sourcing is being utilised where appropriate for planned surveillance patients.

30% of all breaches in quarter 2 were for cystoscopy procedures. The root cause being a surge in demand for 2WW cystoscopies as a consequence of introducing a straight to test pathway in Urology. The team remain focussed on using core capacity in the first instance for cancer and urgent patients leading to an extended wait for a routine test. Whilst a short amount of in-sourcing will support the immediate issue, longer term the cystoscopy capacity gap will need to be addressed as part of the Endoscopy business case. Delivery of the standard is expected for October 2019.

	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%	99.17%	98.00%	98.70%						
19/20 Quarter Trajectory			99.0%			99.0%			99.0%			99.0%
19/20 Quarter actual			98.2%			98.6%						
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%

Diagnostic waiters, 6 weeks and over-DM01



Finance

✓ £0.20m	<p><u>Control Total Performance</u></p> <ul style="list-style-type: none"> At the end of Quarter 2 the Trust is reporting a YTD deficit of £23.18m before Provider Sustainability Funding (PSF), Financial Recovery Funding (FRF), Marginal Rate Emergency Tariff (MRET) and Impairments. This is £0.20m better than planned. PSF of £2.83m, FRF of £5.18m and MRET of £2.69m has been reflected in the position. The YTD and forecast includes full system PSF, with the expectation that the Trust and the ICS will achieve control total in 2019/20. The Trust PSF and FRF measures are assessed at quarter end and the amounts are dependent on delivery of control totals across the trust and system. The reported control total deficit including PSF, FRF and MRET is £13.05m at the end of Quarter 2, which is £0.20m better than planned. The PSF value excludes additional PSF of £0.57m which relates to 2018/19 but has been received in 2019/20, as this cannot be counted towards control total delivery.
✓ £4.30m	<p><u>Income</u></p> <ul style="list-style-type: none"> Overall income is £0.13m above plan in Month 6 and £4.30m above plan year to date. Clinical income is less than plan by £0.12m in Month 6 but is over plan by £2.63m YTD, reflecting additional A&E attendances (6.7% above plan YTD) and non-elective emergency (NEL) spells (7.2% above plan YTD).
✗ (£4.11m)	<p><u>Expenditure</u></p> <ul style="list-style-type: none"> Overall expenditure is £1.28m below plan in Month 6 and £4.11m above plan year to date. Monthly pay expenditure in Month 6 was £15.87m, £1.08m under plan and over plan by £1.60m year to date. At Month 6 there has been a one-off release of 2018/19 accruals in relation to medical pay and pay enhancements, which totalled £1.92m. Non-pay costs are below plan by £0.15m in Month 6 and above plan by £2.52m year to date. However, additional YTD expenditure of £2.06m is directly offset in income.
✓ £0.05m	<p><u>FIP</u></p> <ul style="list-style-type: none"> To Quarter 2 the Financial Improvement Plan (FIP) has delivered savings of £4.77m, £0.05m above plan. Savings of £2.41m were delivered in Month 6, which is higher than the average over the previous five months and above the in month target of £1.25m. The YTD position includes £2.97m of non-recurrent savings. Schemes in delivery are expected to achieve £8.91m and in addition the most likely value of pipeline schemes is £2.26m. The residual FIP risk is therefore £1.63m (against the £12.80m plan), plus a further risk of £2.21m relating to planned outpatient transformation savings (against an original plan of £2.63m).
✓ £2.03m	<p><u>Agency Expenditure</u></p> <ul style="list-style-type: none"> Agency expenditure in September was £0.78m lower than the Month 6 ceiling and expenditure is £2.03m below the ceiling year to date. The agency run rate decreased from £1.11m in August to £0.56m in September due to the one-off release of 2018/19 medical pay accruals noted above.
✓ £0.01m	<p><u>Capital</u></p> <ul style="list-style-type: none"> Expenditure at Quarter 2 is £2.00m, £0.01m below plan. Forecast outturn expenditure is marginally above plan due to a minor increase in forecast charitable expenditure.
✓ £3.58m	<p><u>Cash</u></p> <ul style="list-style-type: none"> Closing cash at 30th September was £5.21m, £3.58m above plan, due to the receipt of Q1 PSF and FRF, which will be used to repay loans received in advance (£3.19m). 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.
✓	<p><u>Forecast</u></p> <ul style="list-style-type: none"> A full forecast was undertaken at the end of Quarter 2. The Trust is forecasting achievement of the 2019/20 control total; however this will require mitigation of the FIP risks described above. Divisional Monthly financial reviews have taken place to provide assurance on the steps being taken to deliver the control total and recovery actions have been initiated. The underlying recurrent deficit forecast is £6.23m worse than plan due to non-recurrent actions to achieve the control total.

Financial Summary

	September In-Month			Year to Date (YTD)			Annual Plan	Forecast	Forecast Variance
	Plan	Actual	Variance	Plan	Actual	Variance			
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Income	25.57	25.70	0.13	148.98	153.28	4.30	301.24	310.38	9.14
Expenditure	(28.49)	(27.21)	1.28	(172.35)	(176.46)	(4.11)	(342.75)	(351.89)	(9.13)
Surplus/(Deficit) - Control Total Basis excl. PSF, FRF, MRET and Impairment	(2.92)	(1.51)	1.41	(23.38)	(23.18)	0.20	(41.52)	(41.51)	0.01
Surplus/(Deficit) - Control Total Basis incl. PSF, FRF, MRET and excl. Impairment	(1.05)	0.51	1.56	(13.24)	(13.05)	0.20	(14.87)	(14.86)	0.01
Underlying Surplus/(Deficit) - Control Total Basis excl. PSF, FRF, MRET and Impairment	(2.92)	(2.25)	0.67	(22.63)	(24.24)	(1.61)	(40.77)	(43.47)	(2.70)
Financial Improvement Programme (FIP)	1.25	2.41	1.16	4.71	4.77	0.05	12.80	11.17	(1.63)
Capex (including donated)	(1.08)	(0.57)	0.51	(2.02)	(2.00)	0.01	(10.83)	(10.87)	(0.04)
Closing Cash	1.63	5.21	3.58	1.63	5.21	3.58	1.46	1.46	0.00
NHSI Agency Ceiling - Total	(1.34)	(0.56)	0.78	(7.85)	(5.83)	2.03	(16.66)	(11.62)	5.03
NHSI Use of Resources Score									
Capital service cover rating	4	4		4	4		4	4	
Liquidity rating	4	4		4	4		4	4	
I&E margin rating	4	4		4	4		4	4	
I&E margin: distance from financial plan		2			1			1	
Agency rating	1	1		1	1		1	1	
Risk ratings after overrides		3			3			3	