

# Public Board Meeting Report

## Single Oversight Framework Integrated Monthly Performance Report

**Date** 5<sup>th</sup> December 2019  
**Authors** Senior Leadership Team

### Overview

We remain challenged to maintain access and operational and financial performance by the continued demand levels with high levels of activity on all patient pathways. Patient safety, quality and experience and organisational health indicators continue to show good performance despite the challenges indicating the maintained focus on patient and staff well-being.

During the month our organisational health performance has seen a small seasonal increase in sickness and therefore we have utilised a little more temporary staff to ensure we maintain staffing levels. Despite this increase our agency staffing costs remain below plan and we have experienced the first month ever where no one has left the Trust.

As the number and acuity of patients has increased this has resulted in additional bed capacity being opened earlier than the original agreed winter plan. There have been 8 reported cases of influenza and ward closure due to Norovirus. Despite this it is has continued to be a strong month in terms of quality and safety metrics with the exception of the on-going challenges in collection of Dementia screening data. The medical teams have all received notification of what is required and the Quality Committee has discussed options and recommendations to aid the compliance.

Demand for Emergency care has followed the recent trend, being materially higher than in 2018 although this month saw a much higher growth in admissions and a slight fall towards plan in attendances. Performance against the 4 hour wait in October 91.5%, 3.5% below the NHS Improvement agreed trajectory. No patients have come to harm as a result of waiting times, and we are still doing better than most, but we recognise there is more we can do and we continue to implement actions identified by the Drivers of Demand analysis. Our focus on long stay patients has resulted in further improvements on reducing length of stay.

Referral to Treatment performance for October at time of writing is unpublished however at 86.6% it is 5% adverse variance to trajectory. The main specialties driving the reduction in performance are Ophthalmology and Cardiology. 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 Trust continued to deliver better than revised 62 day cancer trajectory for the month of September at 77.2% this was based on 22.5 breaches from 98 treatments and gave a national ranking of 84th from 136 Trusts. National performance for the month of September was 76.9%.

Resourcing the capacity to meet the patient demand continues to challenge the financial position. The financial deficit for the month is £2.3m worse than planned. We continue to forecast achievement of our 2019/20 control total. To achieve this we need to mitigate the financial improvement risks described below and utilise non recurrent mitigations which results in deterioration of the underlying financial position.

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

| At a Glance           | Indicator | Plan / Standard   | Period | YTD Actuals     | Monthly / Quarterly Actuals | Trend | RAG Rating |   |
|-----------------------|-----------|---|--------|-----------------|-----------------------------|-------|------------|---|
| ORGANISATIONAL HEALTH | HR        | WTE lost as a % of contracted WTE due to sickness absence within last 12 months | ≤3.5%  | Nov-18 - Oct-19 | 4.1%                        | 3.8%  |            | A |
|                       |           | Staff Turnover  | ≤0.9%  | Oct-19          | 0.7%                        | 0.4%  |            | G |
|                       |           | Proportion of Temporary Staff   | 7.30%  | Sep-19          | 7.7%                        | 8.0%  |            | A |

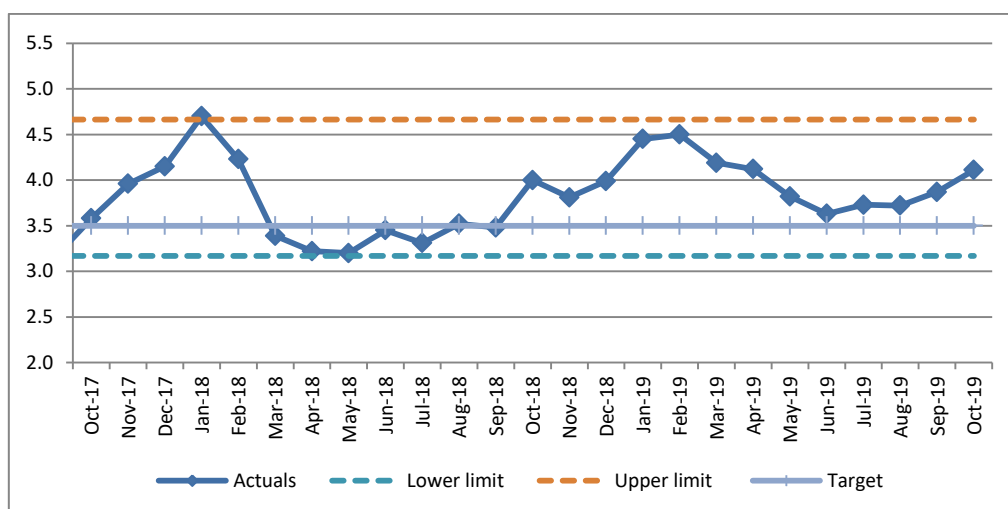
### Sickness – 3.5% Target - AMBER

Sickness absence increased in month to a figure of 4.11% (September, 3.87%), this figure has increased by 0.12% since last year.

Two Divisions were under the 3.5% target; Corporate, at 2.31% and Urgent & Emergency Care at 3.41%. The remaining Divisions are Diagnostics & Outpatients at 3.98%, Medicine at 4.25%, Surgery at 5.14%, and Women & Children’s at 5.23%.

The stress, anxiety and depression figure has increased to 1.02% from 0.95% in September.

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



### Sickness absence reason

The top three absence reasons in October were:

- Anxiety/stress/depression – 1.02%, 1340.31 FTE Days Lost which is an increase of 144.94 FTE days lost from September 2019. It is above the 0.8% sub-threshold.
- Other musculoskeletal problems – 0.62%, 812.55 FTE days lost; a decrease of 125.03 FTE days lost from September 2019.
- Gastrointestinal Problems – 0.36%, 478.87 FTE days lost; an increase of 71.15 FTE from September 2019.

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 counselling, Cognitive Behavioral Therapy workbooks (CBT) and access to online CBT Programme
- Face to face staff counselling service provided through an external contract. Current wait time is 7 weeks; the targeted work undertaken in the summer has seen this reduced from 12 weeks.
- Fast track referrals to the in-house physiotherapist service. The number of employees accessing the service in the last 3 months has increased by approximately 25%. To help meet demand and provide flexibility a regular late physiotherapy service is currently being trialled. This will be a cost pressure to provide long term. The waiting times are currently 5 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 40 employees' have pledged to be a Health Hero.
- The first grab a jab flu vaccination clinic took place on 2 October 2019 and 450 staff were vaccinated the most ever vaccinated at one clinic. At the time of submitting this report 3059 front line staff have been vaccinated, which equates to 76.6%
- The second "getting ready for winter wellness week" took place across all sites in September, that were a success and will occur again in 2020

## **Turnover – 0.9% Target - GREEN**

In October 2019, the overall turnover rate decreased to 0.42% (September, 0.85%). This is under the target of 0.9%, which has been the case for over a year.

The number of leavers decreased by half in month, with 18.85 FTE leavers, compared to 36.06 FTE in September 2019. There were 1.07 FTE rotational doctors leave this month.

Registered Nurses had 1.00 FTE leavers with no Band 5 leavers.

Of the employees that had left the trust during the month of October 66% (13.9wte) had more than 36 months service, the remaining 34% (4.95wte) had between 12 and 36 months service.

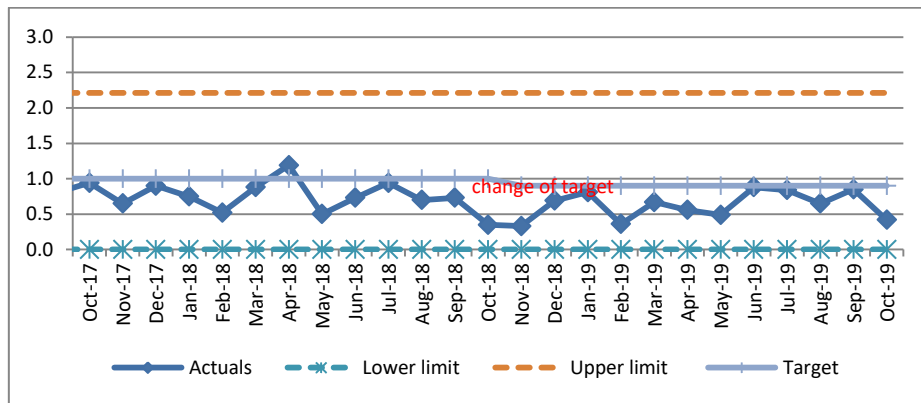
In October 2019, 10 individuals completed the exit survey (55% of leavers had expressed views associated with their departure). The reasons for leaving the Trust were mainly attributed to better career opportunities and improved work life balance.

The positive feedback related to adequate training and development programs, colleagues felt listened to and suggestions were appreciated, and staff were not subject to violence and aggression.

The areas of concern related to morale in the department not being good, effective use of individual's skills and a lack of sufficient opportunity for advancement.

All respondents to the questionnaire recommended SFH as a place to receive treatment and 80% recommended SFH as a place to work.

*Chart 2: Staff Turnover*



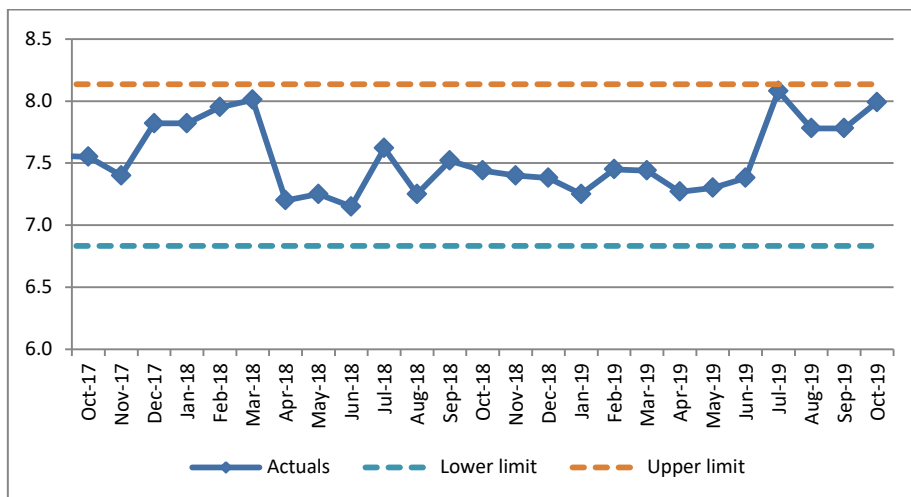
**Percentage of Temporary Staff - Target 7.4% - AMBER**

This was 8.0% for October which is a slight increase from September of two static months of 7.8%.

This figure includes both bank workers and agency workers. Temporary workers have to be used to fill gaps in nursing, medical and AHP rotas.

Increasing levels of patient numbers and acuity were the contributing factors in the increase requests for temporary staffing. We continue to recruit substantively to reduce the reliance on temporary workers.

*Chart 3 Percentage of Temporary Staff*



Medical vacancies increased slightly to 21.42 (3.76%). In October there were 6.41 new starters and 4.21 leavers.

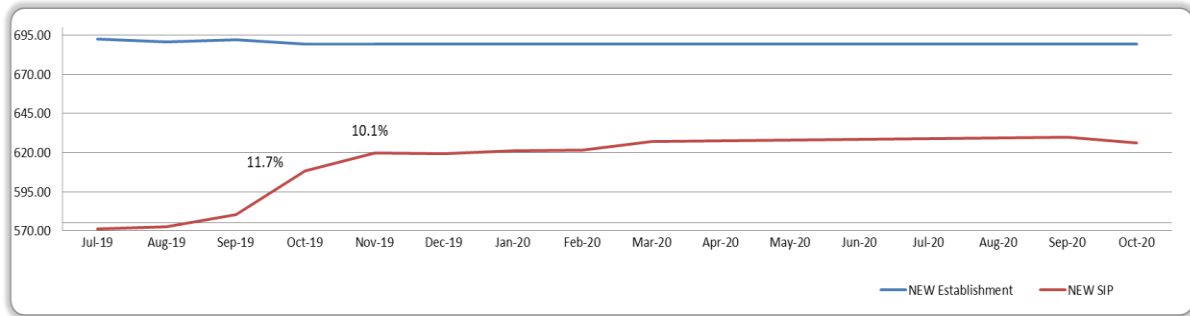
On a positive note the amount of Band 5 RN vacancies reduced significantly in Month, as expected in October to 80.99wte (11.7%). Contributing factors of all of the overseas nurses, having gained full nurse status and will start their new roles in October.

In October there were 16.22 starters and no leavers for the first month ever.

Vacancies are predicted to fall again in November to 10.1%.

Further 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   | Aug-18 - Jul-19 | 103.5  | -      |  | A |  |
|  | SHMI   | 100   | Jun-18 - May-19 | 94.39  | -      |  | G |  |
|  | Serious Incidents including Never Events (STEIS reportable) by reported date                                 | 2     | Oct-19          | 19     | 4      |  | R |  |
|  | Never Events   | 0     | Oct-19          | 1      | 0      |  | G |  |
|  | NHSE/NHSI Improvement Patient Safety Alerts Compliance (Number open beyond deadline)                         | 0     | Oct-19          | 3      | 0      |  | G |  |
| Quality                                | Safe Staffing Levels - overall fill rate   | 80.0% | Oct-19          | 101.3% | 101.4% |  | G |  |
|  | Same Sex Accommodation Standards breaches  | 0     | Oct-19          | 0      | 0      |  | G |  |
|  | Clostridium difficile Hospital acquired cases  | 4     | Oct-19          | 25     | 3      |  | G |  |
|  | MRSA bacteremia - Hospital acquired cases  | 0     | Oct-19          | 0      | 0      |  | G |  |
|  | Eligible patients having Venous Thromboembolism (VTE) risk assessment  | ≥95%  | Sep-19          | 96.0%  | 95.4%  |  | G |  |
|  | Eligible patients asked case finding question, or diagnosis of dementia or delirium                          | ≥90%  | Sep-19          | 70.2%  | 42.2%  |  | R |  |
|  | Eligible patients having Dementia Diagnostic Assessment  | ≥90%  | Sep-19          | 99.9%  | 100.0% |  | G |  |
|  | Patients where the dementia outcome was positive or inconclusive, are referred for further diagnostic advice | ≥90%  | Sep-19          | 99.3%  | 100.0% |  | G |  |
|  | Number of complaints   | ≤60   | Oct-19          | 244    | 26     |  | G |  |
|  | Recommended Rate: Friends and Family Inpatients  | 97%   | Oct-19          | 97.4%  | 97.0%  |  | G |  |
|  | Recommended Rate: Friends and Family Accident and Emergency  | 87%   | Oct-19          | 91.1%  | 89.7%  |  | G |  |
|  | Recommended Rate: Friends and Family Maternity   | 96%   | Oct-19          | 93.6%  | 96.8%  |  | G |  |
|  | Recommended Rate: Friends and Family Staff   | 80%   | Qtr2 Yr2019/20  | 81.7%  | 81.1%  |  | G |  |

October continued to be a busy month with increasing numbers of patients and also high patient acuity. It resulted in additional bed capacity being opened earlier than the original agreed winter plan. Despite this it is has continued to be a strong month in terms of quality and safety metrics with the exception of the on-going challenges in collection of Dementia screening data.

### Infection Control and Prevention

There was three case of Trust acquired *Clostridium Difficile* Infection (CDI) in October 2019. None were linked and therefore it is deemed there was no transmission. There were also three cases of Community Onset Hospital Associated (COHA). This brings the total to 39 cases, compared to 44 last year

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

Zero MRSA bacteraemia were identified in October

There were two *Escherichia Coli* bacteraemia in October bringing the total to 25, this is higher than the same period last year, a number have been associated with urinary catheters remaining in situ and the IPCT are continuing to roll out a project called HOUDINI to empower medical and nursing staff to remove catheters promptly.

Within October there were 8 reported cases of influenza. There was also one ward closure for an 8 day period due to Norovirus. This was managed proactively and in line with our processes and further cases avoided.

### VTE

Due to the way VTE is reported the data is always two months behind, therefore we have data oversight for September. The Trust reported 95.38% compliance for September which continues to remain above the national target of 95%. The trust has signed up to join the GIRTH VTE survey looking at the national position on VTE management.

### Falls

In October 2019 the total amount of reported falls was 96. This showed a slight increase on September's numbers however the table below shows the number of falls by severity of harm over a 13 month period. There were 2 falls with moderate harms, a patient who sustained facial fractures, and one with a humeral fracture. Of the 3 falls with severe harm these were all hip fractures.

| 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    | Oct-19    |
|--------------------------------------|-----------|-----------|------------|------------|------------|-----------|-----------|-----------|-----------|------------|------------|-----------|-----------|
| Grade 1- No harm Falls               | 79        | 81        | 101        | 99         | 87         | 74        | 86        | 71        | 73        | 86         | 96         | 76        | 77        |
| Grade 2 - Low harm Falls             | 6         | 13        | 13         | 12         | 14         | 17        | 11        | 15        | 12        | 13         | 12         | 9         | 14        |
| Grade 3 - Moderate harm Falls        | 0         | 1         | 0          | 2          | 1          | 1         | 0         | 0         | 0         | 0          | 0          | 0         | 2         |
| Grade 4 - Severe harm Falls          | 1         | 2         | 3          | 0          | 2          | 2         | 1         | 0         | 1         | 2          | 0          | 1         | 3         |
| Grade 5 - Catastrophic harm Falls    | 0         | 0         | 0          | 0          | 0          | 0         | 0         | 0         | 0         | 0          | 0          | 0         | 0         |
| <b>Total</b>                         | <b>86</b> | <b>97</b> | <b>117</b> | <b>113</b> | <b>104</b> | <b>94</b> | <b>98</b> | <b>86</b> | <b>86</b> | <b>101</b> | <b>108</b> | <b>86</b> | <b>96</b> |

There has been a continues focus on reducing the number of patients who have sustained a repeat fall and although now only in the third month of this work a reduction has been noted.

Repeat falls below:

| Month  | Total |
|--------|-------|
| Aug-19 | 18    |
| Sep-19 | 8     |
| Oct-19 | 7     |



The current falls policy is under review through the falls group and the learning and actions from the last year's data are being considered and used within this review to help inform any policy changes.

### Single Sex Accommodation

During October 2019 there have been zero single sex accommodation breaches reported and the Trust has continued to maintain compliance with providing single sex accommodation despite the challenges during times of increased activity and pressure. The recognition of the importance placed on maintaining the privacy and dignity of our patients has remained. The trusts single sex policy has been updated to recognise and aid compliance with the new critical care requirements that come into place from January 2020.

### Harm Free Care

During October within the Safety Thermometer the Trust remained compliant at 96.96% against the national standard of 95%.

During October there were five serious incidents entered on STEIS. Four of these were reported onto Datix in October, one of these incidents was reported on Datix in September.

### Tissue Viability

During October 2019 there were three hospital acquired category 2 Pressure Ulcers (PUs) two low harm and one no harm. There have been no avoidable category 3 PUs since Nov 18 and no category 4s since August 2017.

| PUs by Category                              | Q4 | Q1 | Q2 | Oct | Nov | Dec |
|--|----|----|----|-----|-----|-----|
| <b>Category 2 PU</b>                         |    |    |    |     |     |     |
| Avoidable                                    | 2  | 4  | 6  | 3   |     |     |
| Unavoidable                                  | 6  | 6  | 2  | 1   |     |     |
| <b>Category 3 PU</b>                         |    |    |    |     |     |     |
| Avoidable                                    | 0  | 0  | 0  | 0   |     |     |
| Unavoidable                                  | 3  | 2  | 0  | 0   |     |     |
| <b>Category 4 PU</b>                         |    |    |    |     |     |     |
| Avoidable                                    | 0  | 0  | 0  | 0   |     |     |
| Unavoidable                                  | 0  | 0  | 0  | 0   |     |     |
| <b>Category Suspected deep tissue injury</b> |    |    |    |     |     |     |
| Avoidable                                    | 0  | 0  | 0  | 0   |     |     |
| Unavoidable                                  | 0  | 0  | 1  | 0   |     |     |
| Totals                                       | 11 | 12 | 9  | 4   |     |     |

National Stop the Pressure Day is planned for 21<sup>st</sup> November, the TVT will be celebrating with the wards the achievements of the past year and nutrition

### **Dementia Screening**

The reduction in assessment compliance relates to the implementation of the electronic assessment, through Nerve Centre. The medical teams have all received notification of what is required and how to complete the assessment but compliance is not being achieved. A further deep dive was discussed at the November Quality Committee and included an options appraisal with recommendations to aid the compliance. The options presented include having a dedicated team to support, second option is to agree nursing staff be allowed to complete assessments along with doctors, and the final option is to continue with the current position, recognise this will not improve quickly and that the target may continue to be unachievable in the short-term.

Referrals on to RRLP (Rapid Review Liaison Psychiatry) are however increasing indicating that more Dementia patients requiring this referral and review are receiving this despite initial screening decline.

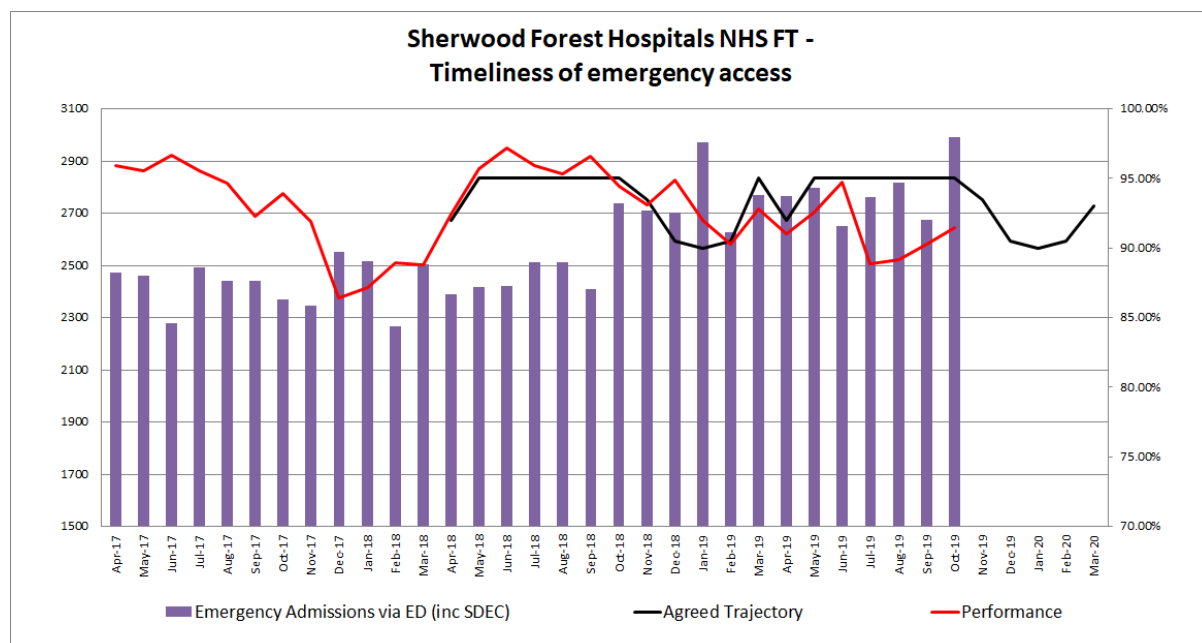
## Operational Performance/ Access

| OPERATIONAL STANDARDS | Emergency Access      | Emergency access within four hours Total Trust            | ≥95% | Oct-19 | 91.1% | 91.5% |  | R |
|-----------------------|-----------------------|---|------|--------|-------|-------|--|---|
|                       |                       | Number of trolley waits > 12 hours                        | 0    | Oct-19 | 3     | 0     |  | G |
|                       |                       | % of Ambulance handover > 30 minutes                      | 5.1% | Oct-19 | 7.8%  | 6.1%  |  | R |
|                       |                       | % of Ambulance handover > 60 minutes                      | 0.0% | Oct-19 | 0.5%  | 0.3%  |  | R |
|                       | Referral to Treatment | 18 weeks referral to treatment time - incomplete pathways | ≥92% | Oct-19 | -     | 86.6% |  | R |
|                       |                       | Number of cases exceeding 52 weeks referral to treatment  | 0    | Oct-19 | -     | 0     |  | G |
|                       | Diagnostics           | Diagnostic waiters, 6 weeks and over-DM01                 | ≥99% | Oct-19 | -     | 99.1% |  | G |
|                       | Cancer Access         | 62 days urgent referral to treatment                      | ≥85% | Sep-19 | 76.9% | 77.2% |  | R |
|                       |                       | 62 day referral to treatment from screening               | ≥90% | Sep-19 | 80.9% | 73.3% |  | R |

### Emergency care

Emergency access performance against the 4 hour wait in October 19' was 91.5%. This was 3.5% below the NHS Improvement agreed trajectory. October performance was ranked 7<sup>th</sup> of 117 Trusts in the NHS with adult emergency departments. Given the growth in ambulance arrivals, handover performance remains strong with 6.4% of handovers taking over 30 minutes.

| 4 Hour Wait              | Apr   | May   | Jun   | Jul   | Aug   | Sep   | Oct   | Nov   | Dec   | Jan   | Feb   | Mar   |
|--------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 19/20 NHSI Trajectory    | 92.0% | 95.0% | 95.0% | 95.0% | 95.0% | 95.0% | 95.0% | 93.5% | 90.5% | 90.0% | 90.5% | 93.0% |
| 19/20 Actual             | 91.0% | 92.6% | 94.7% | 88.9% | 89.2% | 90.3% | 91.5% |       |       |       |       |       |
| 19/20 Quarter Trajectory |       |       |       | 94.0% |       |       |       |       | 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%  | 6.4%  |       |       |       |       |       |
| 18/19 Actual             | 15.9% | 9.9%  | 8.2%  | 12.7% | 13.3% | 5.9%  | 7.3%  | 8.3%  | 8.3%  | 9.2%  | 8.5%  | 9.8%  |



### Drivers of performance

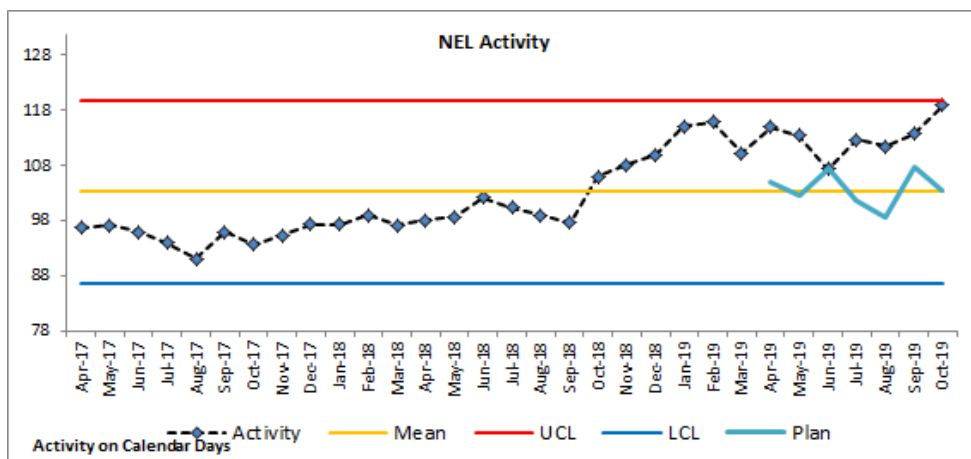
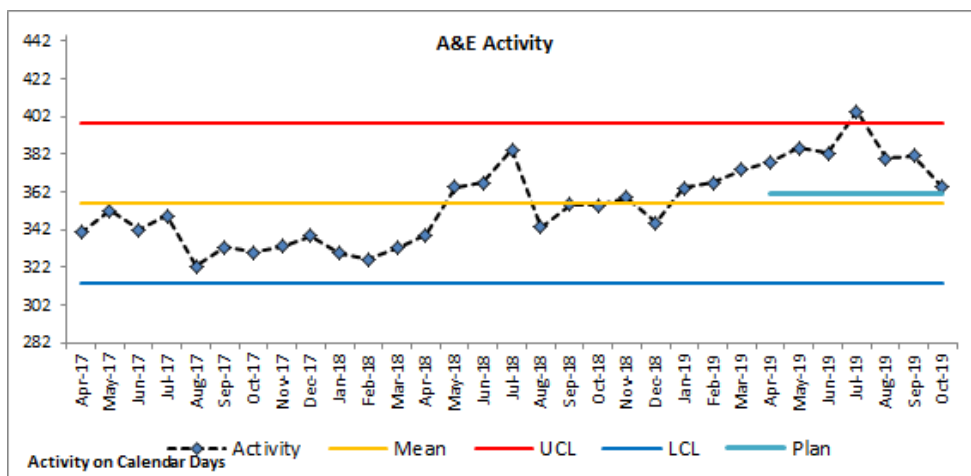
The main drivers of 4 hour wait performance are related to the below for Majors and Resuscitation areas of the department:

- Admission and discharge deficit – this is caused by an increase in admissions, a decrease in discharges or a combination of the two and can lead to breaches of the 4 hour wait standard and overcrowding in the emergency department
- Waiting time to see a Dr – this has numerous root causes. It can be caused by an imbalance between the number of Drs on shift per hour and the arrival number of patients per hour, or it can be caused by overcrowding which is often caused by driver bullet one leading to a lack of physical space for a Dr to see a patient
- Wait for decision by a Dr – similar causes to bullet 2

### October position

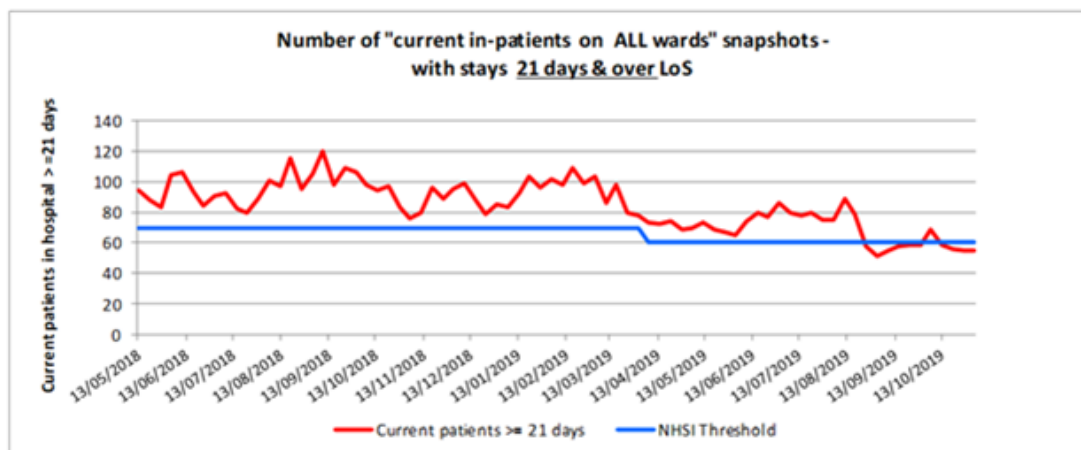
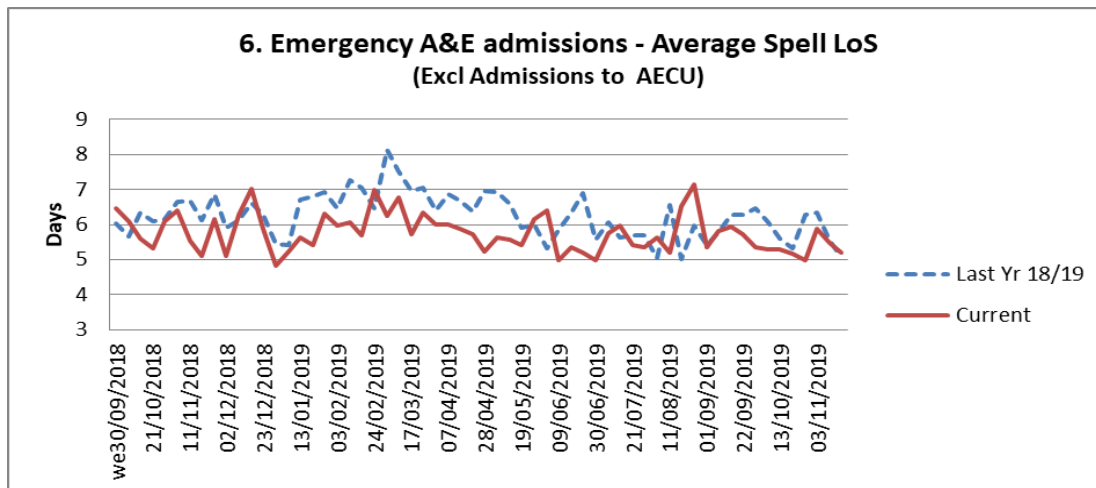
Demand for Emergency care has followed the recent trend, being materially higher than in 2018 although this month saw a much higher growth in admissions and a slight fall towards plan in attendances. There were 631 more attends than October 2018 (5%), 21 per day. 255 more patients were admitted (9%) than in 2018, reaching nearly 3,000 for the month. This is a similar level of admissions to January 2019.

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



Discharges remained strong and the use of this capacity continues to be effective with LOS being at similar levels to corresponding July in previous years. Progress on reducing the number of inpatients who stay >21 days continues to be positive and was better than both the NHSI March 2020 standard (70) and the internal stretch goal level of 60 set last month.

The diversion of overnight admissions to same day emergency care (SDEC), particularly on the medical pathway again continues to be positive. National best practice is identified as 30% of admissions should be treated SDEC and during October performance was 31%.



On a 3 day rolling measure for the month, there were 21 days during October that saw an admission and discharge net deficit and these days led to 60% of the breaches of the 4 hour wait standard over the month. So reducing these deficits remains the majority driver of performance, particularly reducing the admission and discharge deficits at weekends.

Actions being taken to improve performance:

- The 'Drivers of demand' work across the ICS to understand why KMH ED is seeing increases in attends and admissions has now informed critical actions for partners across Mid-Notts to take to reduce demand. They are being managed via the A&E Delivery Board and have the overall aim of reducing demand to KMH ED.
  - Increase clinical assessment of 111 triage from 18 to 50% thereby leading to reducing walk in attends or ambulance dispositions

- Implement IRRS model of ED pull capacity for admission avoidance – this would mean more patients would have an avoided admission as being picked up by other services
  - Review accuracy of 111 Directory of Services for Call for Care and Newark UTC ensuring that patients are being directed to the appropriate service to meet their needs, this was an SFH lead action and is not complete.
  - Review of PC24 streaming, with an aim of moving from 20% to 25% thereby ensuring a reducing number of patients requiring KMH ED. This is an SFH lead action and work is underway with NEMs to identify the additional cohorts of patients who can be streamed. It is expected to be in place by November.
  - Review commissioning of Drugs & Alcohol services
  - Bespoke audit of outcomes of EMAS conveyance for a representative sample
- Additional investment in ED nursing and medical staffing - £700k has been invested in ED nursing to meet growing demand, maintaining the safety of a growing service, and support quicker turnaround of patients. Recruitment is now complete and the shifts go live on 18<sup>th</sup> November.
  - Continued strengthening of weekends by reducing the gap between admissions and discharges at the weekend – weekend discharges have improved with better planning and the provision of a weekend discharge team and this needs to continue to not only improve weekend performance but to reduce the delays patients experience on a Monday. A project has now commenced on this led by Dr Anne-Louise Schokker to progress ahead of winter and test cycles of improvement ideas are now being run each week to understand their impact. They are likely to be completed in November, but are showing some positive results that may require investment in during winter and into 2020/21.
  - There is a continued focus on the delivery of ‘Same Day Elective Care’ with an objective of 15 more majors’ patients per week being streamed through it thereby reducing admission rate and on long stay patients in hospital over 21 days.

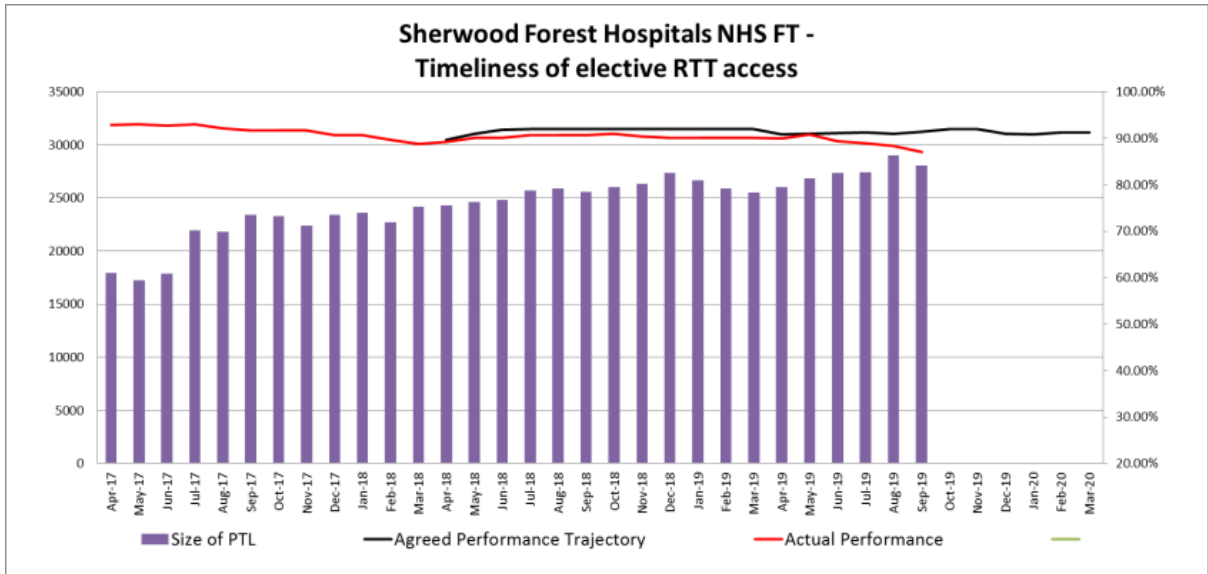
## Elective care

### Referral to Treatment (Incomplete standard)

Referral to Treatment performance for October at time of writing is unpublished however at 86.6% it is 5% adverse variance to trajectory. The main specialties driving the reduction in performance are Ophthalmology and Cardiology.

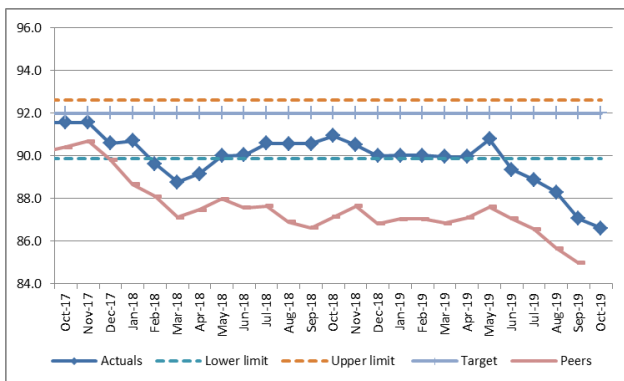
At the end of September (published data) half of all patients were waiting less than 7 weeks to start treatment (national position is 8 weeks) and 92% of all patients were waiting less than 21 weeks to start treatment (national position is 24 weeks).

|                          | 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% | 86.62% |        |        |        |        |        |
| 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%  |

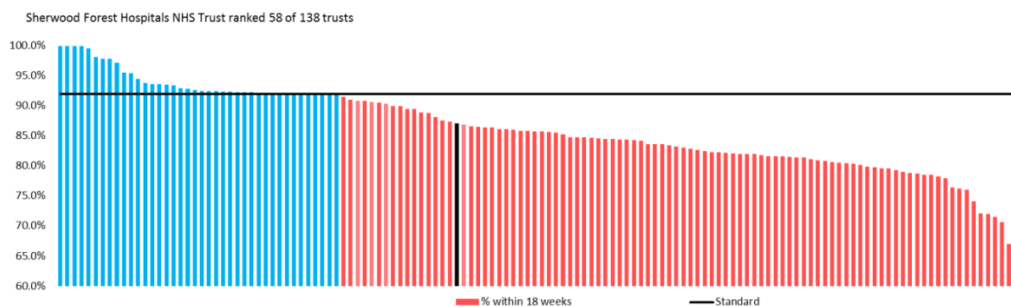


September published performance of 87.1% gave the Trust a national ranking of 58<sup>th</sup> from 138 Trusts, this is broadly consistent with previous months and mirrors peer Trust performance.

#### Actual activity Trust vs Peers



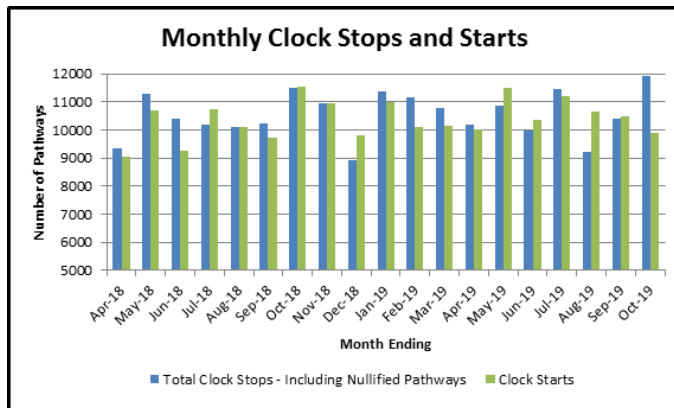
#### National ranking



#### Size of PTL

Growth in the size of the PTL is driven by the volume of clock starts (referrals and overdue reviews) and the volume of clock stops (treatment or no treatment required). The table below shows that for October the volume of clock stops significantly exceeded the volume of clock starts. The impact of

this is a reduction in the total number of patients waiting at the end of October by 1,000 to 28,325. The reduction was mainly in ENT due to closing capacity gaps that were in place in August and September. In Cardiology, the impact of the independent sector support and locum capacity is driving additional activity and in Urology a consultant returned from compassionate leave.



### Actions being taken to improve performance

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 229 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.

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:

- Medefor 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 1<sup>st</sup> appointment.
- Locum cover (In place) to reduce the capacity gap for overdue follow up patients

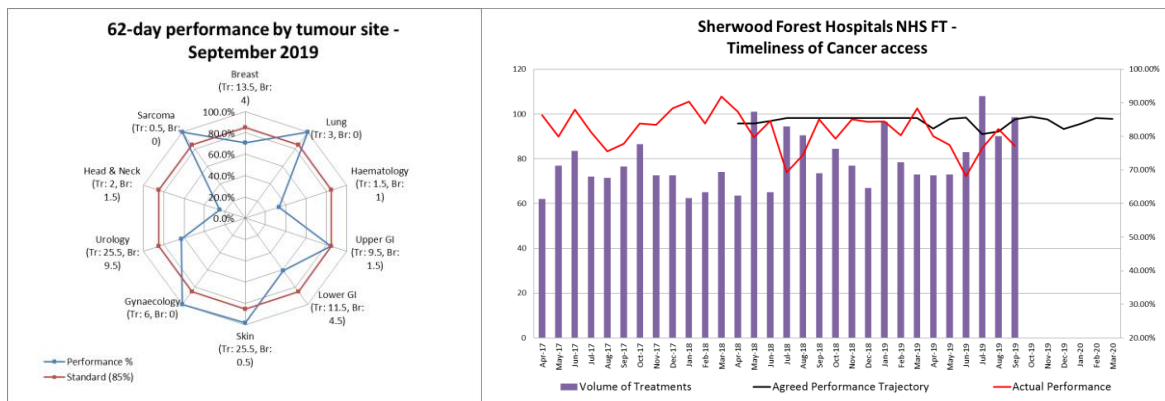
For Ophthalmology:

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

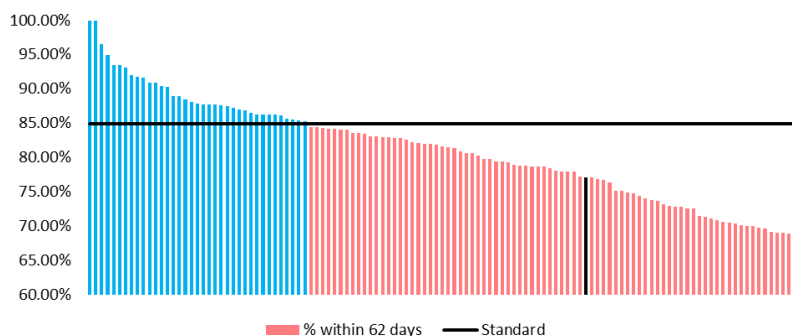
### Cancer



The Trust continued to deliver better than revised trajectory for the month of September at 77.2% this was based on 22.5 breaches from 98 treatments and gave a national ranking of 84th from 136 Trusts. National performance for the month of September was 76.9%.



Sherwood Forest Hospitals NHS Trust ranked 84 of 136 trusts



A detailed cancer recovery report was reviewed by the Board in October 2019. The report highlighted demand in 2018/19 was 14% higher than in 2017/18 and for 2019/20 is 6% higher YTD. The key focus remains on reducing the time (or need) for 1st outpatient appointment and subsequent diagnostics, however there are fundamental capacity gaps in Endoscopy and Radiology which will need to be addressed as short to medium term solutions do not offer the stability required to deliver sustainable performance. The Joint ICP recovery action plan continues to progress with 20 out of 39 actions complete, 5 on track, 13 delayed (5 of which do not impact on the trajectory) and 1 removed.

The NHSI/E Intensive Support Team undertook a site visit on 3rd November 2019. The 3<sup>rd</sup> party assurance work will focus on:

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

A maximum of 4 days support is planned for December and January with a closure report expected in February 2020.

### 62 Day revised trajectory

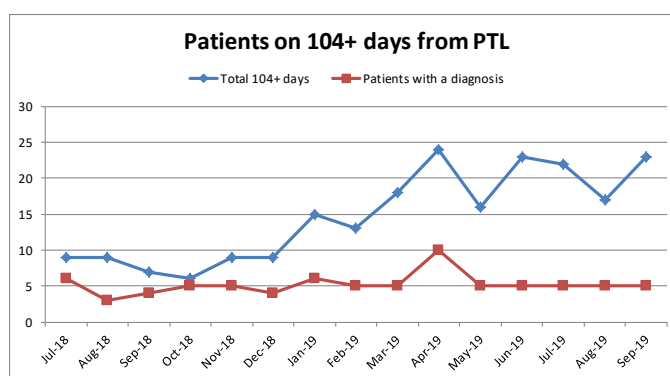
|                              | Apr    | May    | Jun    | Jul    | Aug    | Sep    | Oct    | Nov    | Dec    | Jan    | Feb    | Mar    |
|------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 19/20 Trajectory             | 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% | 77.20% |        |        |        |        |        |        |
| Revised Trajectory           |        |        |        |        |        | 71%    | 71%    | 73%    | 79%    | 78%    | 80%    | 82%    |
| 19/20 Quarter Trajectory     |        |        | 84.4%  |        |        | 82.4%  |        |        | 84.4%  |        |        | 84.8%  |
| Revised Quarterly Trajectory |        |        | 75.2%  |        |        | 79%    |        |        | 79%    |        |        | 82%    |

The Trust delivered all other cancer standards for September except for 62 day screening (Lower GI 2 breaches) 31 day first 8 breaches across Skin, Breast, Urology and LGI and 31 day subsequent treatments with 3 breaches across Breast, LGI and Urology.

At the end of September the number of patients waiting 104+ days has increased to 23, a detailed breakdown can be found in the table below. A report on the Trust RCA and Harm review process was reviewed at the Trust Quality Committee in November and whilst there is on-going work to streamline the process there has been no harm identified to date.

#### Across all tumour sites

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

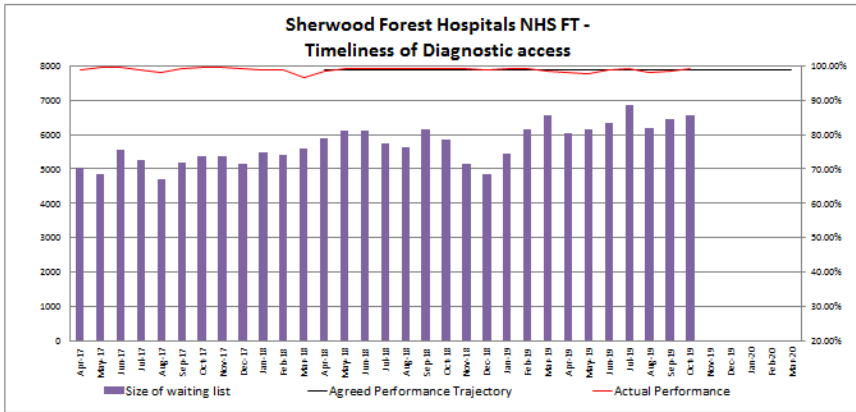


| End of Month | Breast | Lung | Haematology | UGI | LGI | Skin | Gynaecology | Urology | Head & Neck | Total |
|--------------|--------|------|-------------|-----|-----|------|-------------|---------|-------------|-------|
| Jul-18       |        | 1    |             | 2   |     | 1    |             | 5       |             | 9     |
| Aug-18       |        | 4    |             |     | 1   |      |             | 3       | 1           | 9     |
| Sep-18       | 1      | 2    |             | 2   |     |      | 1           | 1       |             | 7     |
| Oct-18       | 1      |      |             |     | 1   |      |             | 3       |             | 6     |
| Nov-18       | 1      | 3    |             | 1   | 1   |      |             | 3       |             | 9     |
| Dec-18       |        | 2    |             | 2   | 1   |      |             | 4       |             | 9     |
| Jan-19       |        | 5    |             | 2   | 1   |      | 2           | 5       |             | 15    |
| Feb-19       |        | 2    |             | 2   | 2   |      |             | 7       |             | 13    |
| Mar-19       | 1      | 6    | 2           | 1   | 2   |      |             | 6       |             | 18    |
| Apr-19       | 8      | 8    | 3           | 2   | 4   | 1    |             | 5       | 1           | 24    |
| May-19       | 1      | 5    | 3           |     | 2   | 1    |             | 4       |             | 16    |
| Jun-19       |        | 8    |             | 1   | 2   | 1    | 1           | 8       | 2           | 23    |
| Jul-19       |        | 8    | 2           | 1   | 3   |      | 1           | 5       | 2           | 22    |
| Aug-19       |        | 4    | 1           |     | 6   |      |             | 3       | 3           | 17    |
| Sep-19       |        | 6    |             | 1   | 7   |      |             | 4       | 5           | 23    |

The volume of patients waiting longer than 62 days has also reduced from 102 to 93 at the end of October. At time of writing the volume of patients has further reduced to 83. A backlog reduction trajectory is in place to reduce to March 2019 (52) volume by March 2020.

#### Diagnostics (DM01)

At the end of October 2019 the Trust delivered the DM01 standard with performance of 99.1% based on 62 breaches from a waiting list of 6,559 procedures. 46% of all breaches in October were for cystoscopy procedures, the root cause being a surge in demand as a consequence of introducing a straight to test 2WW 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.



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

## Finance

|               |   |
|---------------|---|
| X<br>£2.30m   | <p><b>Control Total Performance</b></p> <ul style="list-style-type: none"> <li>At the end of Month 7 the Trust is reporting a YTD deficit of £27.70m before Provider Sustainability Funding (PSF), Financial Recovery Funding (FRF), Marginal Rate Emergency Tariff (MRET) and Impairments. This is £2.30m worse than planned.</li> <li>PSF of £3.36m, FRF of £6.66m and MRET of £3.14m has been reflected in the position. The YTD and forecast includes full system PSF at Q2 but assumes the failure of the ICS at Month 7, 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.</li> <li>The reported control total deficit including PSF, FRF and MRET is £15.10m at the end of month 7, which is £2.42m worse than planned. The PSF value excludes additional PSF of £0.57m which relates to 2018/19 but has been received in 2019/20, as this cannot be counted towards control total delivery.</li> </ul> |
| ✓<br>£4.66m   | <p><b>Income</b></p> <ul style="list-style-type: none"> <li>Overall income is £0.36m above plan in Month 7 and £4.66m above plan year to date. Clinical income is greater than plan by £0.55m in Month 7 and is over plan by £3.17m YTD, reflecting additional A&amp;E attendances (5.9% above plan YTD) and non-elective emergency (NEL) spells (7.6% above plan YTD).</li> </ul>  |
| X<br>(£6.97m) | <p><b>Expenditure</b></p> <ul style="list-style-type: none"> <li>Overall expenditure is £2.86m above plan in Month 7 and £6.97m above plan year to date.</li> <li>Pay expenditure in Month 7 is £18.25m, which is £1.57m greater than plan, and year to date pay expenditure is over plan by £3.17m.</li> <li>Non-pay costs are above plan by £1.29m in Month 7 and above plan by £3.82m year to date. However, additional YTD expenditure of £2.54m is directly offset in income.</li> </ul>   |
| X<br>(£0.41m) | <p><b>FIP</b></p> <ul style="list-style-type: none"> <li>To October the Financial Improvement Plan (FIP) has delivered savings of £5.65m, £0.41m below plan. Savings of £0.89m were delivered in Month 7, which is marginally above the average over the previous six months, but below the in month target of £1.35m. The YTD position includes £3.65m of non-recurrent savings.</li> <li>Schemes in delivery are expected to achieve £9.50m and in addition the most likely value of pipeline schemes is £2.24m. The residual FIP risk is therefore £1.06m (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).</li> </ul>   |
| ✓<br>£2.16m   | <p><b>Agency Expenditure</b></p> <ul style="list-style-type: none"> <li>Agency expenditure in October was £0.14m lower than the in month ceiling and expenditure is £2.16m below the ceiling year to date. The agency run rate increased from £0.56m in September to £1.24m in October; this is due to the one-off release of 2018/19 medical pay accruals in September.</li> </ul>   |
| ✓<br>£0.06m   | <p><b>Capital</b></p> <ul style="list-style-type: none"> <li>Capital expenditure at Month 7 is £2.50m, which is £0.06m below plan. Forecast outturn expenditure is £0.67m above plan due to fire safety remedial works at Mansfield Community Hospital and an increase in forecast charitable expenditure.</li> </ul>   |
| ✓<br>£1.63m   | <p><b>Cash</b></p> <ul style="list-style-type: none"> <li>Closing cash at 31st October was £3.41m, £1.63m above plan. This is a reduction in cash holding of £1.80m in month due to the repayment of Q1 PSF and FRF loan funding following disbursement by DHSC in September. 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.</li> </ul>  |
| ✓             | <p><b>Forecast</b></p> <ul style="list-style-type: none"> <li>A full forecast was undertaken at Month 7 and the Trust continues to forecast achievement of the 2019/20 control total. However this will require mitigation of the FIP risks described above through a continued focus on the maximisation of FIP opportunities and further divisional 'Grip and Control' measures, including an evaluation of existing and proposed investments to ensure an adequate ROI.</li> <li>The underlying recurrent deficit forecast is £6.01m worse than planned; this is due to the non-recurrent nature of actions that have been taken to achieve the control total.</li> </ul>  |

## Financial Summary

|  | October In-Month |               |               | Year to Date (YTD) |                |               | Annual Plan    | Forecast       | Forecast Variance |
|--|------------------|---------------|---------------|--------------------|----------------|---------------|----------------|----------------|-------------------|
|  | Plan             | Actual        | Variance      | Plan               | Actual         | Variance      |                |                |                   |
|  | £m               | £m            | £m            | £m                 | £m             | £m            |                |                |                   |
| Income   | 26.18            | 26.54         | 0.36          | 175.16             | 179.82         | 4.66          | 301.62         | 311.48         | 9.86              |
| Expenditure  | (28.20)          | (31.06)       | (2.86)        | (200.55)           | (207.52)       | (6.97)        | (343.14)       | (352.99)       | (9.85)            |
| <b>Surplus/(Deficit) - Control Total Basis excl. PSF, FRF, MRET and Impairment</b>     | <b>(2.02)</b>    | <b>(4.52)</b> | <b>(2.50)</b> | <b>(25.40)</b>     | <b>(27.70)</b> | <b>(2.30)</b> | <b>(41.52)</b> | <b>(41.51)</b> | <b>0.01</b>       |
| Surplus/(Deficit) - Control Total Basis incl. PSF, FRF, MRET and excl. Impairment      | 0.56             | (2.06)        | (2.61)        | (12.68)            | (15.10)        | (2.42)        | (14.87)        | (14.86)        | 0.01              |
| Underlying Surplus/(Deficit) - Control Total Basis excl. PSF, FRF, MRET and Impairment | (2.02)           | (4.52)        | (2.50)        | (24.65)            | (30.27)        | (5.62)        | (40.77)        | (48.24)        | (7.47)            |
| Financial Improvement Programme (FIP)  | 1.35             | 0.89          | (0.46)        | 6.06               | 5.65           | (0.41)        | 12.80          | 11.74          | (1.06)            |
| Capex (including donated)  | (0.55)           | (0.50)        | 0.05          | (2.56)             | (2.50)         | 0.06          | (10.83)        | (11.51)        | (0.67)            |
| Closing Cash   | 1.78             | 3.41          | 1.63          | 1.78               | 3.41           | 1.63          | 1.46           | 1.46           | 0.00              |
| NHSI Agency Ceiling - Total  | (1.38)           | (1.24)        | 0.14          | (9.23)             | (7.07)         | 2.16          | (16.66)        | (12.07)        | 4.58              |
| <b>NHSI Use of Resources Score</b>   |                  |               |               |                    |                |               |                |                |                   |
| Capital service cover rating   | 4                | 4             |               | 4                  | 4              |               | 4              | 4              |                   |
| Liquidity rating   | 4                | 4             |               | 4                  | 4              |               | 4              | 4              |                   |
| I&E margin rating  | 4                | 4             |               | 4                  | 4              |               | 4              | 4              |                   |
| I&E margin: distance from financial plan   |                  | 3             |               |                    | 3              |               |                | 1              |                   |
| Agency rating  | 1                | 1             |               | 1                  | 1              |               | 1              | 1              |                   |
| Risk ratings after overrides   |                  | 3             |               |                    | 3              |               |                | 3              |                   |