

# Public Board Meeting Report

## Single Oversight Framework Integrated Monthly Performance Report

**Date**                      **6 February 2020**  
**Authors**                 **Senior Leadership Team**

### Overview

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

As reported in previous boards, we continue to be very busy, with higher than expected levels of activity on all patient pathways.

Overall, **organisational health** was relatively good during quarter three. There were no significant causes for concern against the indicators, given the time of year and known seasonal variation. There was a rise in sickness absence which is predicated and was well managed and supported. Turnover remained relatively low, however we are undertaking some more detailed work to understand the reasons why staff leave with less than two years' service. There has been an increase in the use of temporary staff, which to an extent is predictable and we are therefore exploring different ways to mitigate this going forward. The labour market remains challenging with an overall shortage of qualified nurses and doctors.

In the last public board we shared our intent to strengthen visibility of **organisational capability and capacity** by defining and reporting specific cultural intelligence to the board from April 2020. This work remains on track and early scoping indicates this may include; Talent Management, Quality Improvement, Leadership, and annual priorities relating to improving our culture.

The next 12 months will be an important period as we bring together the new directorate of Culture and Improvement. This offers the opportunity to define professional approaches for how we diagnose, define and present our offer for organisational development at a strategic and operational level.

We have made a lot of progress in the last couple of months to engage with leadership teams to review and define a core set of annual priorities (breakthrough) for 2020/21. We now have a more systemic approach to ensure we have a bottom up and top down thread to identify and define our actions for delivery and all of this clearly aligns back to our strategic objectives. We believe this focus and understanding is a key element to us further becoming a high performing and engaged organisation.

As expected; quarter three has seen an increasing numbers of patients presenting via the emergency pathway and alongside this we have seen exceptional levels of increased acuity and dependency in both adult and paediatric patients. Our winter planning has enabled us to maintain strong

performance on **quality and safety** metrics with the exception of the on-going challenges in compliance with dementia screening during admission and a decrease in harm free care attributable to an increase in hospital acquired pressure ulcers. Plans are in place to address both exceptions.

The growing demand across many of our services and a constrained workforce supply has led to performance in some areas not being at national standard levels. In the context of the wider NHS, however, the timeliness of emergency care is better than the majority of NHS organisations and elective care is more in line with levels across other NHS organisations. We continue to recognise that **access** is a key component of overall patient experience.

Maintaining **financial** performance through quarter three has been challenging. The overall performance against plan has been maintained, except for system PSF. However, this has only been achieved through the use of non-recurrent solutions identified in year. Maintaining capacity to deal with increasing volumes of activity has led to increased pay costs which are over plan by £1.6m in the quarter. Financial Improvement Plans have delivered but only on a non-recurrent basis. These are the material elements which contribute to the Trust's worsening underlying financial deficit. This was £1.6m worse than plan at the start of the quarter and is now £7.5m worse than plan.

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

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

- Pensions – we recognise we have lost capacity as a result of the NHS national pensions challenge. This is impacting on many colleagues, not just consultants. We have taken local action on this and have agreed to continue with these plans until further national guidance is available.
- Flu – we plan well for flu with a high uptake each year and colleagues who do choose to take the vaccine, normally take it early in the year. This year the uptake rate is +85.0%, which is the highest it has ever been. We continue to work with partners to increase the flu vaccination rate in the community.
- Winter – winter is always a difficult time of year and this year is no exception. We have followed a good process again this year learning from colleagues who were involved in patient care last winter. Our plan has been shared at public board.
- Level of activity – as stated above and below, we know the level of activity we are seeing is putting a lot of pressure on the Trust and colleagues who work here.
- Whilst we exited the EU last week, we need to continue to monitor how this may impact on the trust and the wider public services.

As previously agreed, as this is a quarterly update, exception reports have been included below.

## Organisational Health

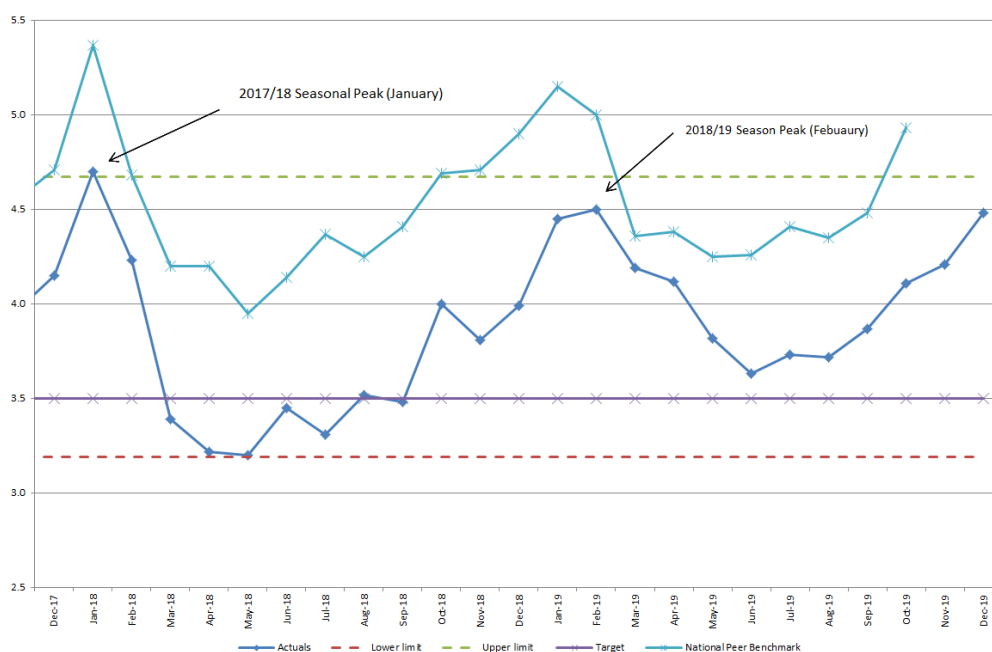
HR	WTE lost as a % of contracted WTE due to sickness absence within last 12 months	≤3.5%	Jan-19 - Dec-19	4.5%	-		A
	Staff Turnover	≤0.9%	Dec-19	0.7%	0.9%		G
	Proportion of Temporary Staff	7.40%	Dec-19	7.7%	8.0%		A

### Sickness

Sickness absence has risen in quarter three in line with seasonal variation which mirrors that of the national benchmarking group. Typically as we enter the winter months, organisations experience an increase in sickness absence. Sickness absence within the quarter was above the trust target of 3.5% in each month. During this quarter there has been an equal split between long and short term absence. Other than in Corporate Services all divisional absence has been above the 3.5% target. Typically this is due to the fact that colleagues in corporate services are non-patient facing and can work flexibility.

The top three reasons for absence were Anxiety & Stress, Gastrointestinal problems and Genitourinary. We have also seen a rise in the number of absences reported due to coughs, colds and influenza in this quarter.

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



### Variation in absence

Some specific issues have impacted on attendance within the Divisions during Q3. These are:

- In **Diagnostics & Outpatients** there has been an increase in injuries and planned surgery.

- High rates of pregnancy related sickness absences within **Women & Children's**. Ninety-two per cent of the workforce are female. Long-term absences have increased due to personal stress and bereavements.
- There have been an increased number of long-term absences due to personal stress in **Medicine**.
- Back problems and other MSK problems 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
- There has also been an increase in stress related absences within **Urgent and Emergency Care** within the last Quarter.

Across the Trust we have a number of wellbeing support programmes in place, including:

- Weekly Health and Wellbeing drop in clinics, which have seen an increase in attendance.
- The Trusts Employee Assistance Programme (EAP) which provides; 24/7 telephone counselling, Cognitive Behavioral Therapy workbooks (CBT) and access to online CBT Programs.
- Face to face staff counselling service provided through an external contract. The current wait time is 8 weeks. From February 2020 there will be a new provider and the expected wait time for this service is two 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%. The service has extended its hours to meet the increase demand. The wait time is currently 7 working days.
- The first Health Hero initiative study day is planned in Q4 aimed at developing and supporting the current cohort further.
- At the time of submitting this report 3407 front line staff had been vaccinated within the annual Flu vaccine, which equates to 85.5%. Previously our highest front line uptake was 81.6% (reached at end of 2018/19 season)

### **Turnover**

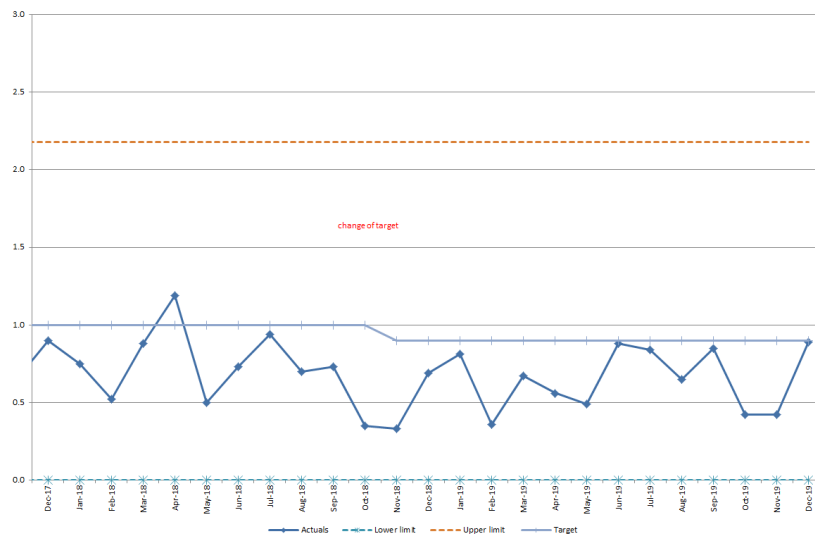
Turnover in quarter three has remained consistently low and below the Trust target. Of the employees leaving the Trust 64% (55.9wte) had more than 36 months service, the remaining 36% (32.95wte) had between 12 and 36 months service. Further work is being undertaken to understand why staff are leaving with less than two years of service.

In Q3 a total of 31 individuals completed the exit survey. The main themes for leaving the Trust were mainly attributed to better career opportunities, improved work life balance and/or family / personal reasons.

In relation to key FFT information, 91% of respondents recommended the Trust as a place to receive treatment and 92% of respondents recommended SFH as a place to work.

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

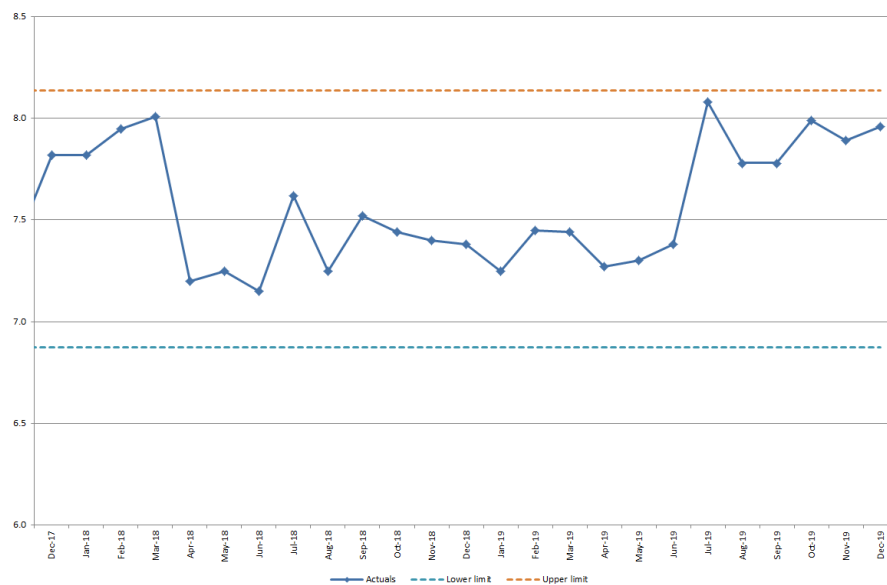
## Staff Turnover



## Percentage of Temporary Staff

Temporary staffing during quarter 3 has been above the Trust target. Temporary staffing includes bank and agency workers who have been engaged to fill gaps in nursing, medical and AHP rota's. Increasing levels of patient numbers and acuity have also contributed to the increase in temporary staffing. Substantive recruitment continues to mitigate this.

## Percentage of Temporary Staff



## Vacancies

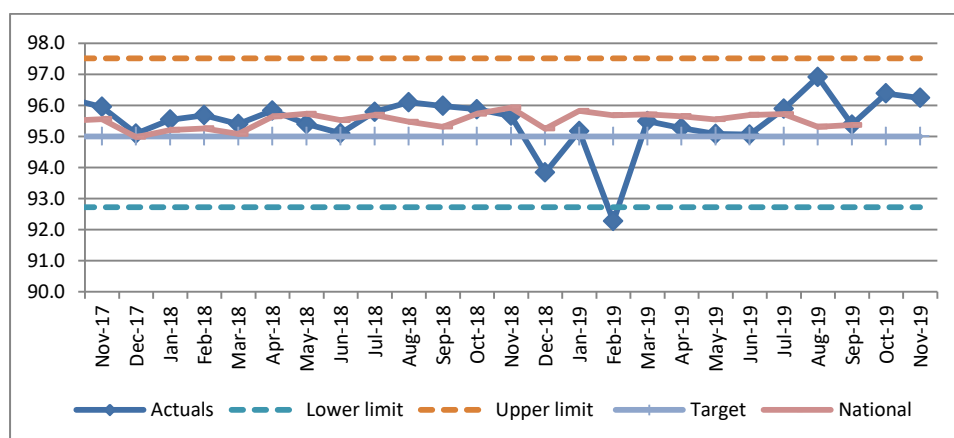
Medical vacancies have increased to 13.67 FTE. Band 5 nursing vacancies have increased to 81.76. A review of vacancies and establishments is currently taking place alongside a review of the workforce plan. This will enable us to review our overall staffing model and skill mix going forward.

## Patient Safety, Quality and Experience

QUALITY, SAFETY AND PATIENT EXPERIENCE	Patient Safety	Rolling 12 months HSMR (basket of 56 diagnosis groups)	100	Oct-18 - Sep-19	103.6	-		A
		SHMI	100	Aug-18 - Jul-19	93.91	-		G
		Serious Incidents including Never Events (STEIS reportable) by reported date	2	Dec-19	22	0		G
		Never Events	0	Dec-19	1	0		G
		NHSE/NHSI Improvement Patient Safety Alerts Compliance (Number open beyond deadline)	0	Dec-19	3	0		G
	Quality	Safe Staffing Levels - overall fill rate	80.0%	Dec-19	101.9%	103.3%		G
		Same Sex Accommodation Standards breaches	0	Dec-19	0	0		G
		Clostridium difficile Hospital acquired cases	4	Dec-19	27	2		G
		MRSA bacteremia - Hospital acquired cases	0	Dec-19	0	0		G
		Eligible patients having Venous Thromboembolism (VTE) risk assessment	≥95%	Nov-19	95.8%	96.2%		G
		Eligible patients asked case finding question, or diagnosis of dementia or delirium	≥90%	Nov-19	60.0%	29.9%		R
		Eligible patients having Dementia Diagnostic Assessment	≥90%	Nov-19	99.9%	100.0%		G
		Patients where the dementia outcome was positive or inconclusive, are referred for further diagnostic advice	≥90%	Nov-19	99.4%	100.0%		G
	Patient Experience	Number of complaints	≤60	Dec-19	293	17		G
		Recommended Rate: Friends and Family Inpatients	97%	Dec-19	97.4%	97.4%		G
		Recommended Rate: Friends and Family Accident and Emergency	87%	Dec-19	91.3%	93.4%		G
		Recommended Rate: Friends and Family Maternity	96%	Dec-19	93.7%	96.6%		G
		Recommended Rate: Friends and Family Staff	80%	Qtr2 Yr2019/20	81.7%	81.1%		G

### Venous Thromboembolism (VTE)

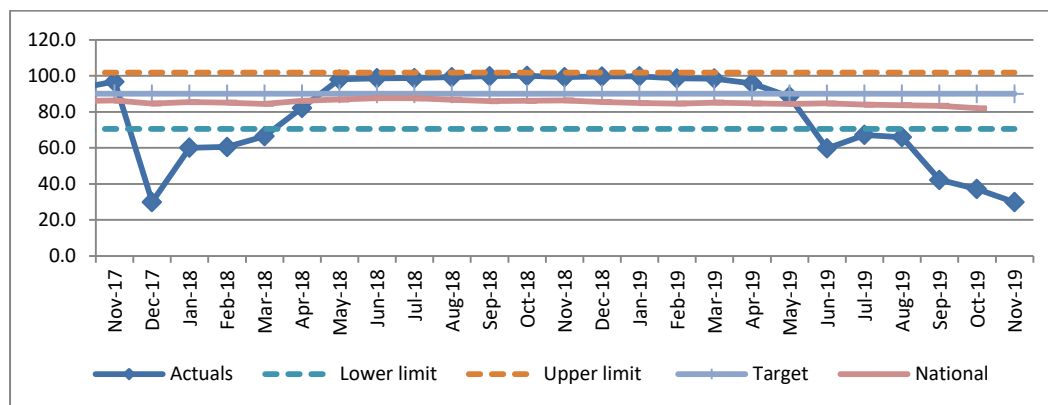
Data oversight of VTE is available for October and November of quarter three due to the national timetable. The Trust continues to maintain performance above the 95% threshold with a year to date (YTD) compliance rate of 95.8%. This is consistent with performance nationally and regionally.



Data Source: SFHFT performance team

## Dementia

Quarter three has seen a continued reduction in compliance with dementia screening on admission. In October 2019 we ranked 132 out of 143 acute trusts submitting. This is related to the implementation of the electronic assessment system and we have agreed a number of actions via the Quality Committee to improve performance. Further detail can be found in the exception report. Table below shows the number of eligible patients asked case finding question, or diagnosis of dementia or delirium:



Data Source: SFHFT performance team

During quarter three, the Trust has continued to demonstrate a strong position in relation to the number of eligible patients having a dementia diagnostic assessment along with patients where the dementia outcome was positive or inconclusive and are referred for further diagnostic advice. Compliance for both elements is 100% against a national target of 90%.

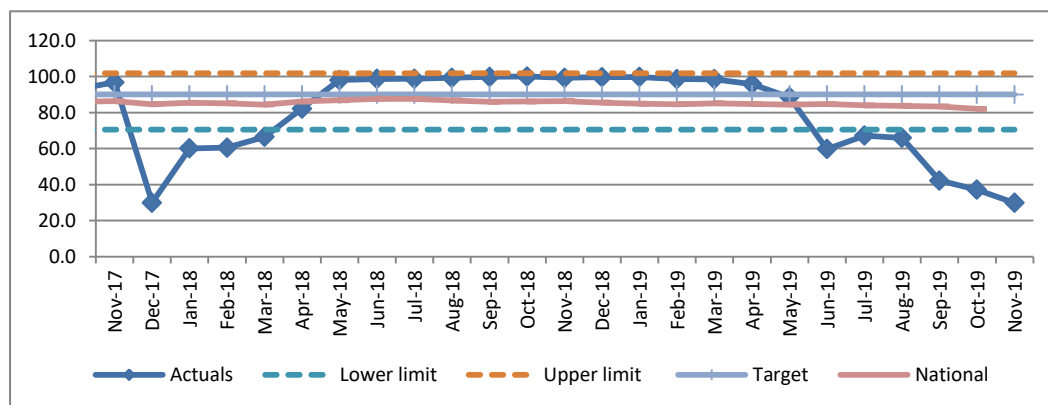
## Exception Report

Indicator **Dementia Screening Assessment (90%)**

Month **January 2020**

Quarter 3 has seen a continued reduction in compliance with dementia screening on admission. In November 2019 it fell to 29.9% compared to a target of 90%. In October compliance nationally was 81% and we rank 132 out of 143.

Table below shows the number of eligible patients asked case finding question, or diagnosis of dementia or delirium:



### Causes of underperformance

The driver of the reduction in performance is related to the implementation of the electronic assessment and recording system. At present, our medical workforce in urgent and emergency care does not have access to the electronic assessment module and this will not change until April 2020. Significant proportions of patients requiring this assessment present to these areas and are undergoing this assessment during their time in these departments. This is documented in the paper records and a monthly audit of 30 sets of records demonstrates we are achieving greater than 90% compliance. In addition to this onward referrals to RRLP have increased fourfold, which also supports that these assessments are taking place.

Month	Number of patients over 75 admitted	Number of eligible patients (LOS >72 hrs)	Number requiring assessment	Number completed on nerve centre	Referrals to RRLP	Deficit in recorded assessment
September	1131	680	545	397	46	148
October	1275	762	630	264	197	366
November	1336	818	681	215	192	466

### Actions to recover and improvement trajectory

We are unlikely to see compliance return to the baseline compliance rate on the electronic system until the end of quarter 1 in 2020/21. We will see a steady increase following implementation of the system in April 2020. In the meantime the following recommendations have been agreed by the



Quality Committee to provide assurance our patients are receiving this assessment and onward referral:

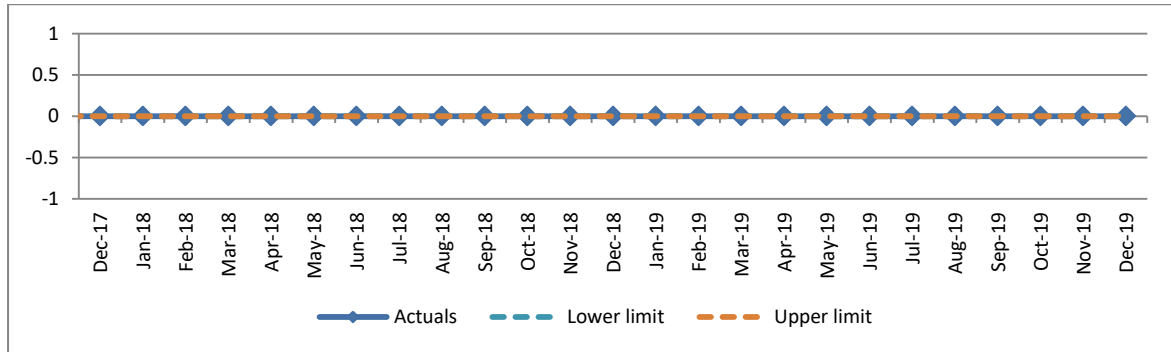
- We will continue to report compliance on the electronic assessment module
- We will audit 20% of records where the assessment has not been completed on the electronic assessment module
- We will triangulate this with referrals to RRLP for onward care to ensure referrals remain within the expected range
- We will monitor this via PQSG and where concerns arise instigate a deep dive.

Risk	Mitigation
<ul style="list-style-type: none"> <li>• Delay with roll out of Nervecentre to Urgent and Emergency care</li> </ul>	<ul style="list-style-type: none"> <li>• Oversight of roll out by digital strategy board</li> </ul>

**Executive Lead:** Julie Hogg, Chief Nurse & Dave Selwyn, Medical Director

### Mixed Sex Accommodation

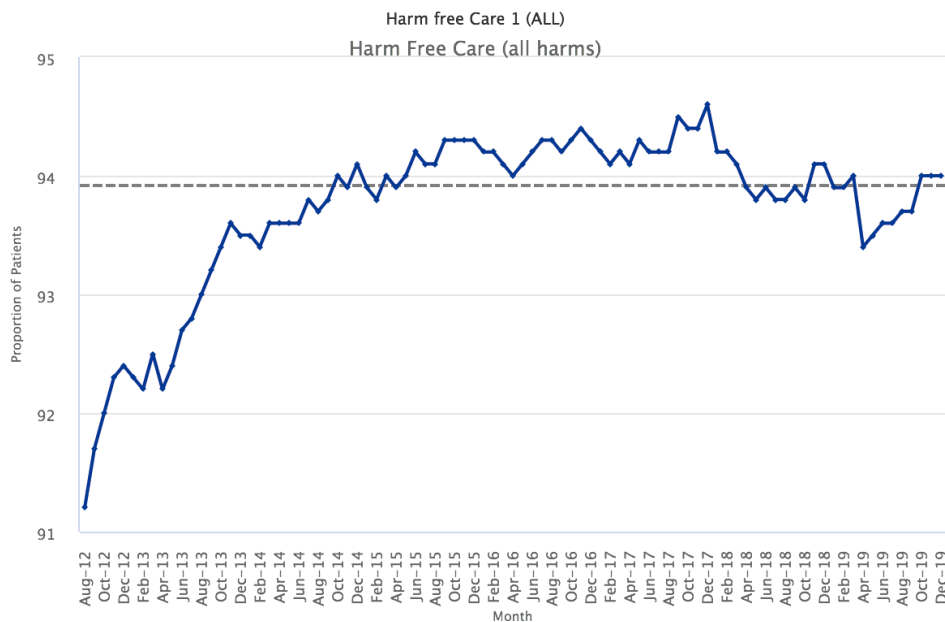
There have been no single sex accommodation breaches reported during quarter three and this maintains our year to date performance at zero. Our trust wide policy has been updated to reflect the revised national standard and was implemented in January 2020. We remain amongst the best regionally with performance ranging from 0 to 97 breaches year to date.



Data Source: SFHFT performance team

### Harm Free Care

The NHS Safety Thermometer is a point prevalence audit which allows teams to measure harm and the proportion of patients who are ‘harm free’ at a given point in time. During quarter three Harm Free Care was reported at 96.96% for the month of October, 95.86% for November and 94.78% for December against the national advisory standard of 95%. Comparison with national performance (as per the chart below) demonstrates we continue to perform well.



Data Source: NHS Safety Thermometer

The standard includes ‘New’ harms that are acquired during that admission and ‘Old’ harms which are present on admission giving on overall total for ‘All’ harms. In December the figure for old harms

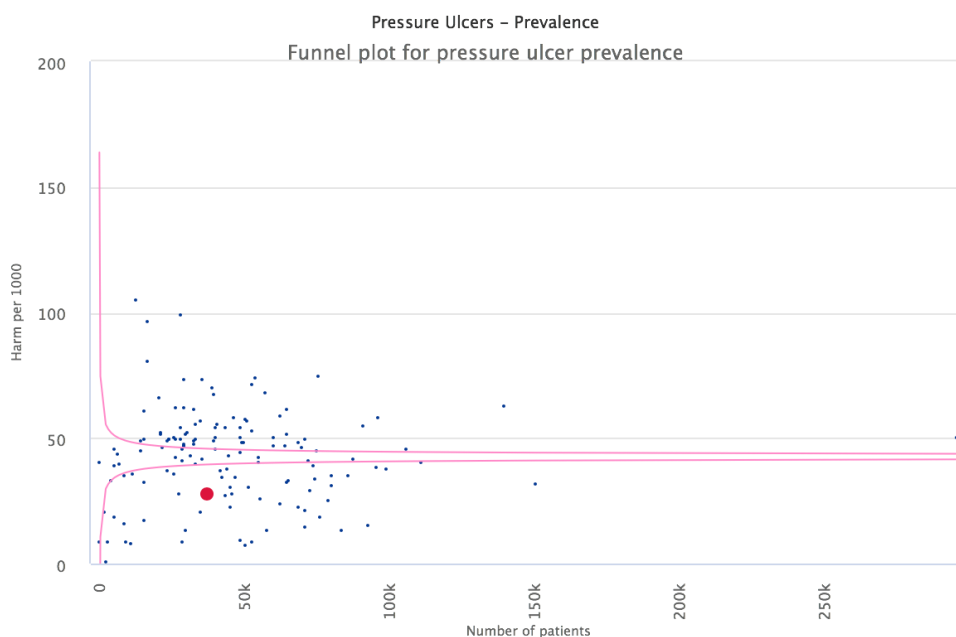
saw an increase from 22 to 29 and new harms increased from 5 to 9. This increase appears to be attributable in the main to community and hospital acquired pressure ulcers.

### Tissue Viability

During quarter three we saw a total of 15 hospital-acquired category 2 Pressure Ulcers in comparison to 8 in quarter two. Root cause analysis found no lapses in care for eight of these. Root cause analysis of the remaining seven found variation in the application of risk assessment and implementation of care plans. The Chief Nurse has requested a deep dive into all 15 hospital acquired pressure ulcers to be presented to the NMAHP board in February 2020 in addition to the usual action plan which forms part of the governance process. There have been no category 3 Pressure Ulcers since July 2019 and no category 4 Pressure Ulcers since August 2017.

PU's by Category	Q4	Q1	Q2	Oct	Nov	Dec	Total Q3
<b>Category 2 PU</b>							
Avoidable	2	4	6	3	2	2	7
No lapses in care	6	6	2	1	2	5	8
<b>Category 3 PU</b>							
Avoidable	0	0	0	0	0	0	0
No lapses in care	3	2	0	0	0	0	0
<b>Category 4 PU</b>							
Avoidable	0	0	0	0	0	0	0
No lapses in care	0	0	0	0	0	0	0
<b>Category Suspected deep tissue injury</b>							
Avoidable	0	0	0	0	0	0	0
No lapses in care	0	0	1	0	1	0	1
Totals	11	12	9	4	5	7	16

Despite, the increase in quarter three we continue to perform well for hospital acquired pressure ulcers as demonstrated below:

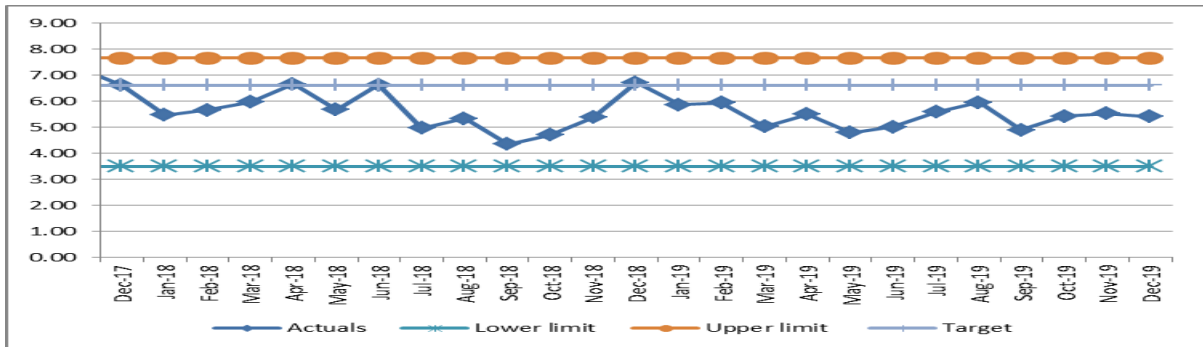


## Incidents

During quarter three the Trust declared eight Serious Incidents which were entered on STEIS during this reporting period. None of these were defined as a Never Event. The Trust's overall YTD figure for Never Events remains at one. This compares well for acute trusts regionally.

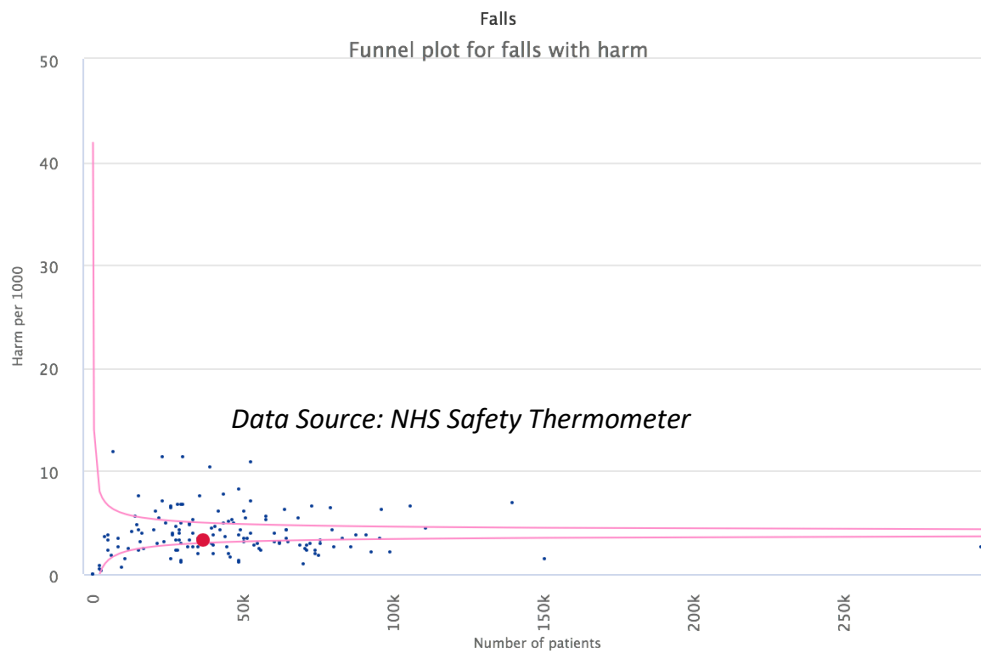
## Falls

During quarter three the Trust has maintained a falls rate below the national average of 6.63 per 1000 bed days. The graph below shows the trust position of 5.42 per 1000 bed days in December and consistent performance below the national average over the last year.



Data Source: National inpatient falls audit

Whilst this represents a consistent improvement, data nationally demonstrates there is opportunity to reduce the number of patients experiencing harm as result of falling whilst in hospital. We are proposing to focus one of the quality priorities for next year on mobilisation as a means of reducing deconditioning in hospital and associated falls with harm.



Over the next quarter we will launch phase 2 of the National Audit of Inpatient Falls (NAIF) delivering a more detailed data set to support service improvement and the reduction of avoidable harm from falls.

### Infection Prevention and Control

All healthcare associated infections are carefully monitored and managed in line with national and local guidance. This year's Clostridium Difficile infection standard is set at 79; this increase is due to a change in definitions applied to identifying those cases attributable to organisations. Trust acquired cases now include any case identified from 48 hours after admission and any case that has been in the Trust within the preceding four weeks (COHA).

There were five case of Trust acquired Clostridium Difficile Infection (CDI) in Quarter 3. None were linked and therefore it is deemed there was no transmission. There were five cases of Community Onset Hospital Associated (COHA). This brings the total to 43 cases, compared to 57 last year.

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

*Data Source: SFHFT IPCT*

Zero MRSA bacteraemia were identified in quarter three. This compares well to the national average of 2.2 MRSA bacteraemias per 100,000 bed days for acute trusts in 2018/19. In quarter three for MSSA bacteraemia cases we have reported five bringing our year to date number to 19 (compared to 34 per 100,000 bed days nationally). We have reported nine Ecoli in the quarter bringing the year to date number to 32 (compared to 21 per 100,000 bed days nationally). This will be a focus for improvement in the coming quarter.

We continue to monitor the Gram-negative bacteraemia more closely as required by Public Health England (PHE). This information is displayed in the table below. The Infection Prevention & Control Team are collecting additional risk factor data for submission to PHE which is a mandatory requirement to support learning nationally.

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	YTD
CDIFF	0	4	5	3	4	6	1	2	2	25
CDIFF COHA	0	3	2	3	2	1	5	0	0	16
GDH PCR	3	1	5	3	5	1	2	6	7	33
MRSA	0	0	0	0	0	0	0	0	0	0
MSSA	1	4	2	2	1	4	1	0	4	19
CAUTI	1	1	1	2	1	0	0	0	1	7
E.COLI	3	3	4	4	5	4	2	2	5	32
PSEUDOMONAS AERUGINOSA	0	0	0	0	1	0	0	0	0	1
KLEBSIELLA SPP	2	1	1	1	1	2	2	0	0	10
OTHER HCAI	4	4	2	3	9	3	5	2	4	36

Data Source: SFHFT IPCT

There have been three episodes of increased incidence or outbreak during quarter three. The table below provides further detail.

Ward	Month	Type	Critical Issues	Actions Required
Ward 42	Oct 19	Norovirus	11 patients affected, 3 cases confirmed with norovirus 4 staff members Ward closed for 8 days Loss of bed days - 29	Monitoring of standards through audit including use of personal protective equipment Enhanced cleaning implemented Daily reviews of the ward. Samples requested on symptomatic patients.
Ward 42	Dec 19	Norovirus	2 bays closed with confirmed norovirus 9 patients affected 9 staff members affected 9 bed days lost	Monitoring of standards through audit including use of personal protective equipment Enhanced cleaning implemented Daily reviews of the ward. Further training and education taking place on the ward.
Ward 41	Dec 19	Norovirus	2 bays closed with confirmed norovirus 8 patients affected 4 staff members affected 5 bed days lost	Enhanced cleaning implemented Daily reviews of the ward. Including monitoring of infection control standards. Samples requested on symptomatic patients.

Data Source: SFHFT IPCT

Moving into quarter four we will continue to closely monitor the levels of infection identified within the Trust, and promote the systems and processes required to minimise the risk of hospital acquired infection.

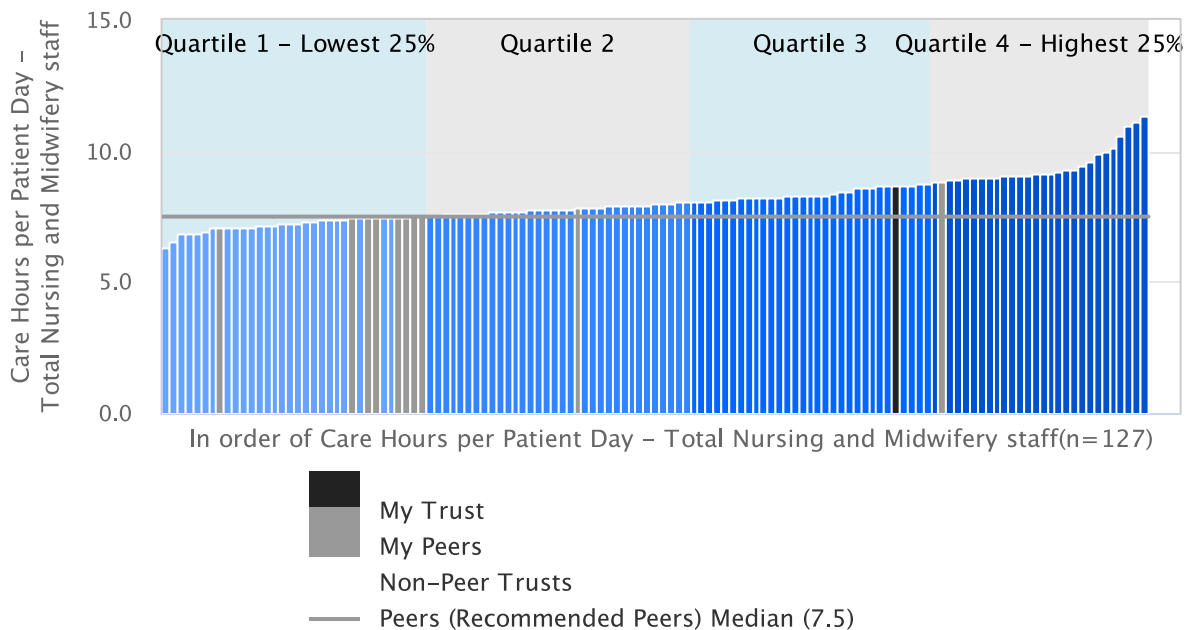
**Friends and Family Test**

The women’s and children’s service have been able to significantly reduce the vacancy rate across the maternity service. We have received a number of individual compliments and positive feedback about members of the team who have gone the extra mile to provide high quality care. The service are continuing to promote FFT as a means of giving feedback and have a plan in place to ensure we meet expectations around waiting times in antenatal clinics, and the provision of overnight accommodation for partners on the maternity ward.

**Staffing**

During quarter three the nursing and midwifery staffing position has continued to improve with more staff being recruited substantively and more shifts being covered by the internal bank than external agencies.

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



*Data Source: Model Hospital NHS Improvement*

Our care hours per patient day (CHPPD) at a trust level benchmarks well against our peers and we sit in the third quartile nationally. It is important to note that this metric combines registered with unregistered staff and therefore doesn’t provide assurance in relation to having the correct skill mix to meet the needs of our patients. This is detailed in the table below:

Month:	Shift:	RN / RM	Nursing Associate	Healthcare Assistant	CHPPD	Peer median CHPPD
Oct-19	Day	98.79%	100%	102.25%	8.69	7.5
	Nights	96.89%		113.46%		
Nov-19	Days	101.86%	81.08%	105.90%	8.7	7.5
	Nights	102.02%		119.05%		
Dec-19	Days	99.17%	93.50%	103.19%	9.1	7.5
	Nights	102.60%		114.15%		

This table demonstrates actual Registered Nurse staffing is consistently within 5% of the planned level throughout quarter three. The Healthcare Support Worker is consistently above the planned level; this is due backfill within safety limits for Registered staff and for the provision of enhanced care to reduce the risk of avoidable harm. The actual staffing for Nursing Associates in November was significantly under plan; this was offset by an increase in registered nurse. CHPPD remained stable despite increasing demand, which demonstrates we were managing our staffing in line with patient acuity and dependency.

We are completing the establishment setting process for 2020/21 over the next month. This will provide assurance our planned staffing is in line with acuity and dependency of our patients and detail our plans to ensure our strategic approach to staffing is in line with the National Quality Board standards for safe staffing.



## Operational Performance/ Access

Emergency Access	Emergency access within four hours Total Trust	≥95%	Dec-19	90.4%	87.0%		R
	Number of trolley waits > 12 hours	0	Dec-19	24	4		R
	% of Ambulance handover > 30 minutes	3.0%	Dec-19	8.2%	10.0%		R
	% of Ambulance handover > 60 minutes	0.0%	Dec-19	0.5%	0.7%		R
Referral to Treatment	18 weeks referral to treatment time - incomplete pathways	≥92%	Dec-19	-	86.0%		R
	Number of cases exceeding 52 weeks referral to treatment	0	Dec-19	-	0		G
Diagnostics	Diagnostic waiters, 6 weeks and over-DM01	≥99%	Dec-19	-	99.0%		G
Cancer Access	62 days urgent referral to treatment	≥85%	Nov-19	76.5%	74.0%		R
	62 day referral to treatment from screening	≥90%	Nov-19	78.1%	76.2%		R

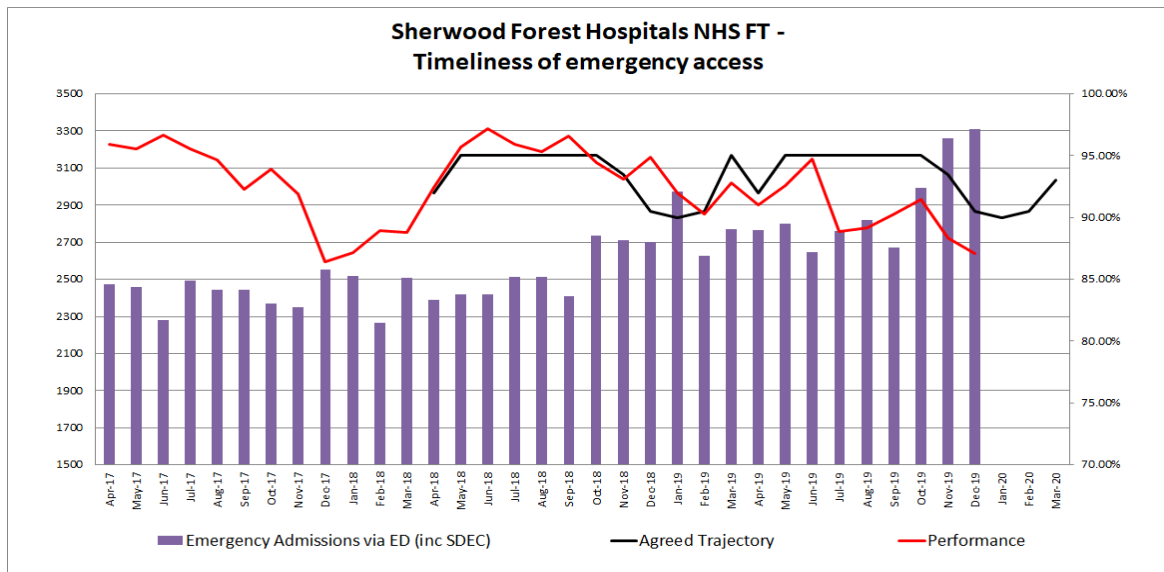
### Emergency care

Emergency access performance against the four hour wait in December 19' was 87.1%, 3.4% below trajectory for the month. Quarter three was 88.9%.

December performance was ranked 7<sup>th</sup> of 117 Trusts in the NHS. There were four patients (all on one day) who waited 12 hours from their decision to admit until moving to a ward. Nationally, there were 2,347 patients who waited 12 hours for admission. All of the patients have had a root cause analysis and completed a harm reviews which will be reviewed by the Patient Safety & Quality group. All patients have been sent a written apology from the Chief Executive.

Ambulance handover performance has been higher than trajectory in the past two months of the quarter, mainly influenced by the significant growth in ambulance arrivals, but turnaround at KMH for >30 minute waits remains the 2<sup>nd</sup> best within the EMAS region.

4 Hour Wait	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
19/20 NHSI Trajectory	92.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	93.5%	90.5%	90.0%	90.5%	93.0%
19/20 Actual	91.0%	92.6%	94.7%	88.9%	89.2%	90.3%	91.5%	88.3%	87.1%			
19/20 Quarter Trajectory			94.0%			95.0%			93.0%			91.2%
19/20 Quarter actual			92.7%			89.5%			88.9%			
18/19 Actual	92.4%	95.7%	97.2%	95.9%	95.3%	96.6%	94.4%	93.1%	94.9%	92.0%	90.3%	92.8%
<b>Ambulance Handover</b>												
19/20 NHSI Trajectory	9.0%	8.5%	8.0%	7.0%	8.0%	8.0%	5.0%	6.0%	6.0%	6.0%	8.0%	7.5%
19/20 Actual	10.0%	10.1%	7.5%	8.8%	6.7%	5.0%	6.4%	8.9%	9.9%			
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 driver of four hour wait performance is higher than planned demand within Majors and Resuscitation areas of the ED across attends, ambulance arrivals and admissions. The acuity of hospitalisations has also been particularly high.

The above factors lead to:

- Admission and discharge deficit – efficiency of the bed base is strong and all national metrics are being achieved, but due to workforce constraints it is difficult to safely staff extra bed capacity outside of the winter period.
- An increase in the waiting time to see/wait for decision from an ED Dr – this has numerous root causes. It can be caused by an imbalance between the number of Drs on shift per hour and the arrival number of patients per hour, or it can be caused by overcrowding which is often caused by a lack of physical space for a Dr to see a patient.

### December and quarter position

In December demand remained at one of its highest levels with 961 more patients attending KMH ED (11%) than seen in December 2018, 31 more patients per day – the vast majority being majors' patients.

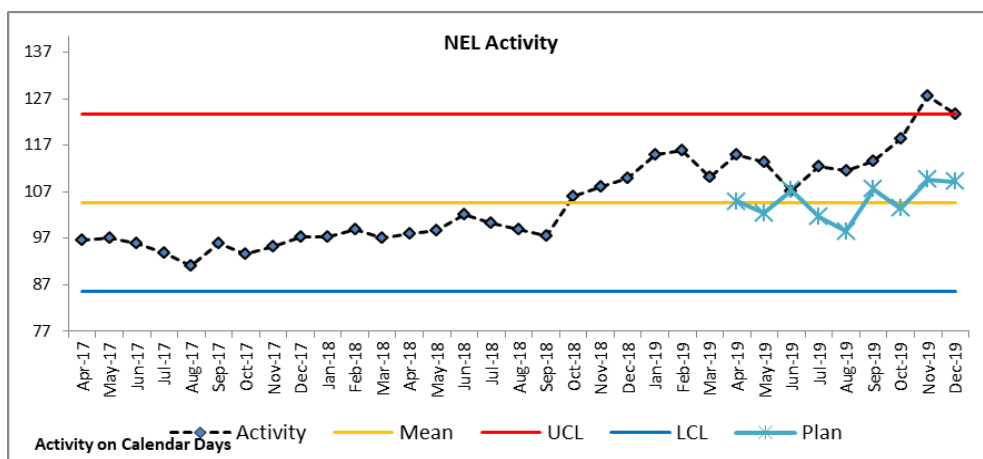
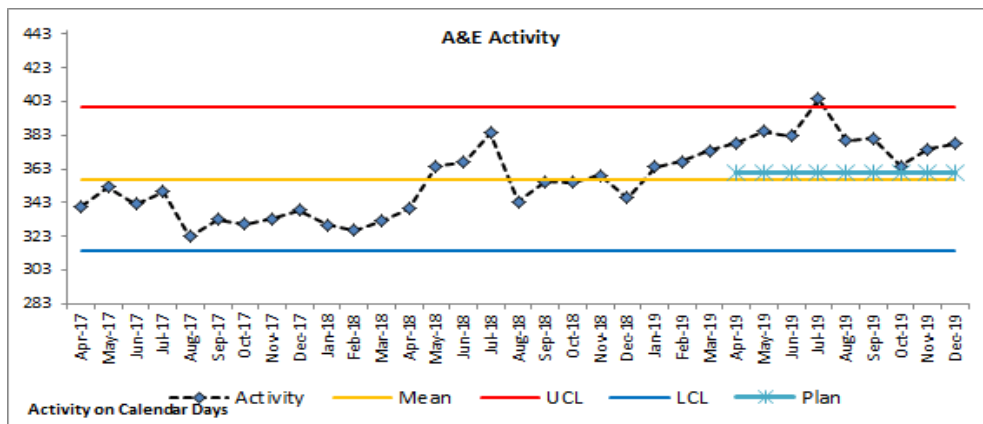
607 more patients were admitted in December 2019 than in 2018 and continued the trend seen throughout 2019. Acuity was extremely high during December with an average of 272 beds (55% of available beds) occupied by patients with a NEWS2 score of 4 or more, this compared to 192 beds (31%) in December 2018. Some of this was caused by high levels of respiratory illness admissions and season high peaks of the flu. This high demand, acuity and the ability to bring capacity on line to meet it was the key driver of the performance for December.

Performance for quarter three at Newark UCC is 97% which is comparable with previous quarters and last year. PC24 performance for the quarter is 95%, nearly 4% lower than Q3 in 2018.

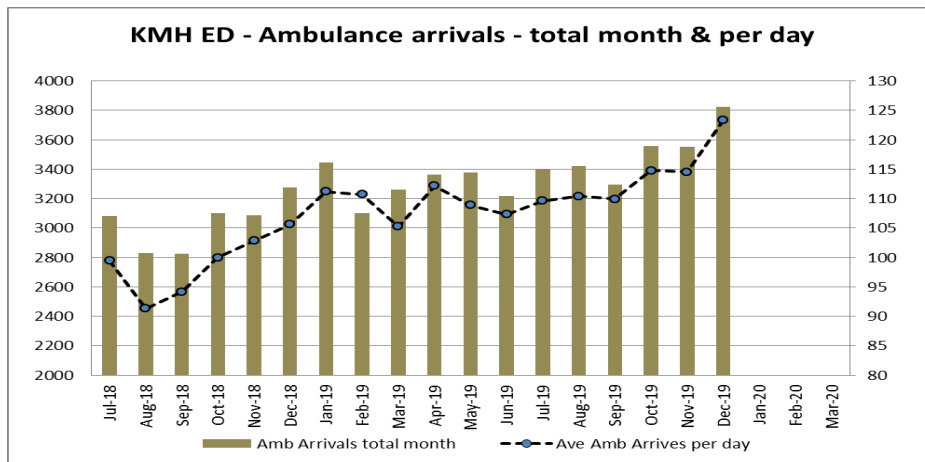
In absolute terms, 7805 more emergency patients have been treated in 2019/20 so far than in 18/19, 1449 more patients have been discharged, assessed or transferred within 4 hours to date within 2019/20 than during the corresponding period in 2018/19.

### 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 in quarter three have risen significantly and during December were 123 per day, 12 more than the peak of last winter. The broad ED capacity for ambulance arrivals is 100-110.

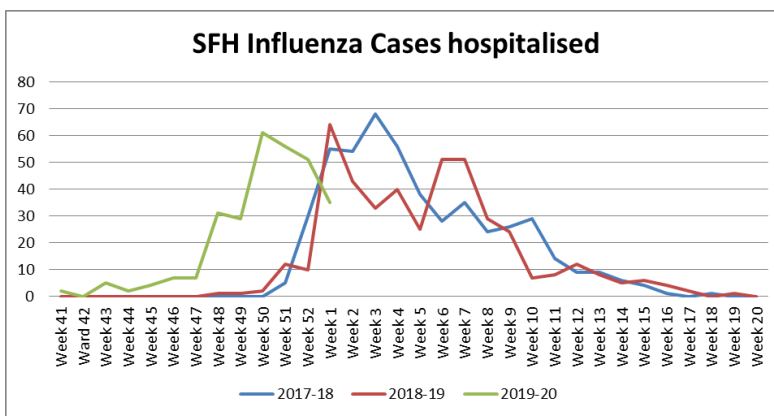
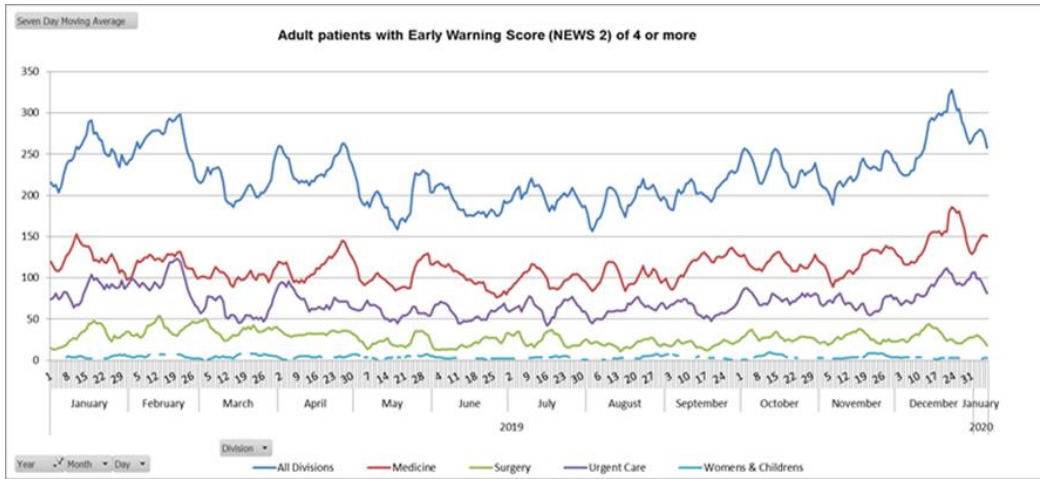


The 'Drivers of demand' work is being led by AEDB to try to return demand back to planned levels. It is focussing on:

- Implementation of the **Integrated Rapid Response Services (IRRS)** – this can be influenced by SFH. It is a model to ensure an increase in alternatives to admission from ED. There has been an expansion of the Frailty Intervention Team (FIT) in ED whose goal is to safely avoid admissions for older people by finding alternatives and this is making progress
- **Streaming** – there is an opportunity to stream c2000 patients per year more to PC24. This is within SFH's control. This work has commenced by the reinforcement of streaming protocols and positive progress is being made during December and into January with additional patients being streamed.
- Actions to take to **reduce the % of EMAS conveyances** to KMH ED – this can be influenced by SFH. Actual work has not yet commenced in this area as the EMAS project manager has only recently started in post. A plan has been developed and been review at the January AEDB.
- The further strengthening of **community support to primary care** to ensure they have alternatives to directing patients to ED - this can be influenced by SFH. Much of this work is related to increasing the use 'Call for Care' within primary care. Colleagues from the PCNs are visiting all practices to understand the reasons for arrival and admission levels and to work with those practices to understand where this is not illness driven and what can be done about it.

#### Growth in Acuity within the SFH beds

As well as demand being high, acuity has also been high in December with an average of 272 beds (of a total 610 beds) occupied by patients with a NEWS2 score of 4 or more, compared to 192 beds in December 2018. Some of this was caused by high levels of respiratory illness admissions and season high peaks of the flu. Hospitalisations for flu have reached high levels much earlier than in previous years, the bulk of the peak levels being seen in December.



**Capacity to meet demand**

The main increase in capacity has been related to the implementation of the winter plan which started in December as reported to Board in the late summer and autumn of 2019.

**ED capacity**

The £700k investment in ED nursing saw the additional nurse colleagues within ED from November, in addition to this there are extra medical shifts to try to meet demand and keep the waiting time to be seen as close as possible to optimal levels that have been introduced as part of the winter plan.

**Bed capacity and its effectiveness**

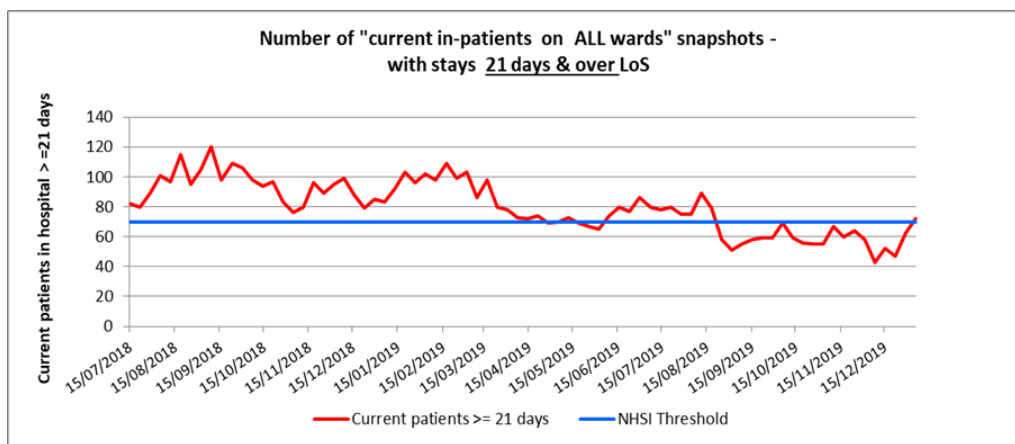
During December, the first phase of winter bed capacity opened, including 26 extra community beds commissioned by SFH to run ‘transfer to assess’ model. Two of the surgical wards also started to support the medical pathway. This led to 50 extra beds being available to the medical pathway, and a further 39 were opened or switched at the beginning of January 2020.

The current growth being seen in non-elective admissions to beds is 10% above plan at the end of December. During December, even with the mitigations of 50 extra beds for the medical pathway and the efficiency of the bed throughput shown below there was a bed deficit per of 22 beds in the achievement of 92% bed occupancy. Separating out the Christmas day effect, occupancy was c94%

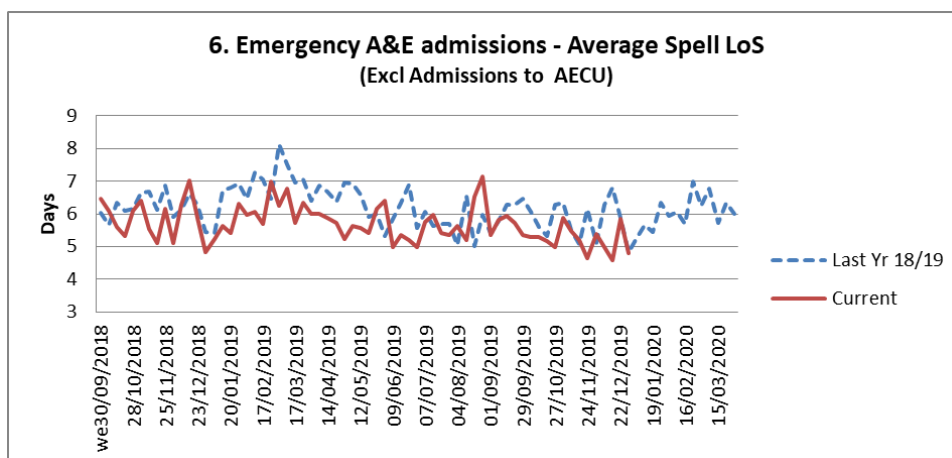
for the majority of December, and when occupancy is higher than 92% bed access from ED is less optimal.

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 achieved this during quarter three 2019/20 for the medical pathway.
- **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 in 19/20, this is 70 patients. During quarter three, the Trust achieved the NHSI target of a 40% reduction which was due to be achieved by March 2020 with around 60 patients per week during the quarter.

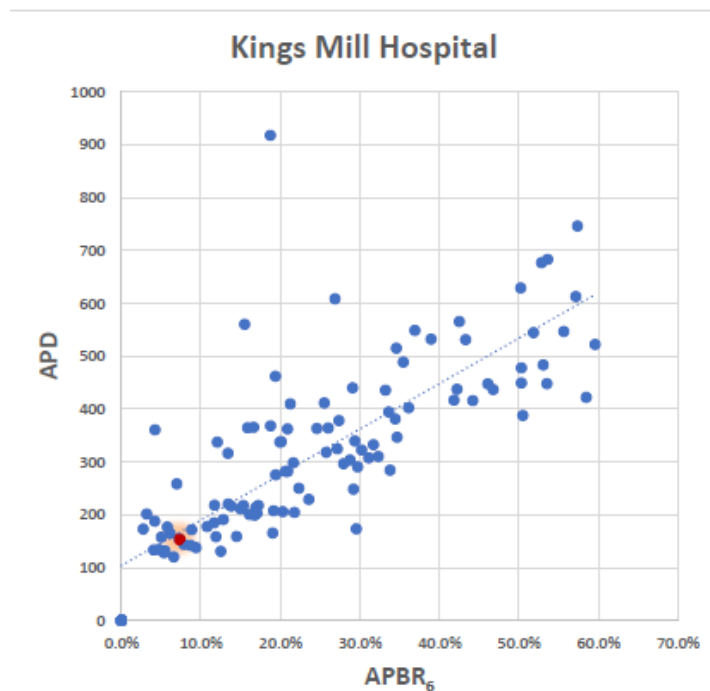


- **A stable length of stay for patients >1 day** – despite moving a number of short stay admissions into SDEC and admitting more patients overall the ALOS for emergency admissions remains stable and is actually lower than at a similar time last year.



### Aggregated Patient Delay

The Trust performs well across a number of the indicators within 'Getting it Right First Time' (GIRFT). A key indicator is the 'Aggregated patient delay' which measures how long patients stay beyond six 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 performing Trusts 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 quarter four 2019/20

- Maintaining the winter plan and focus on keeping ED crowding at a minimum
- 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
- 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
- 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

## Exception Report

Indicator      **Emergency access within four hours (95%)**

Month          **December 2019**

The quarterly narrative of the SOF provides the detailed overview of performance and its drivers.

Emergency access performance against the 4 hour wait in December 19' was 87.1%, 3.4% below trajectory for the month. Quarter 3 was 88.9%.

December performance was ranked 7th 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. There were 4 patients (all on one day) who waited 12 hours from their decision to admit until moving to a ward. Nationally, there were 2,347 patients who waited 12 hours for admission. All of the patients have had root cause analysis and completed harm reviews being reviewed by the Patient Safety & Quality group. All patients have been sent a written apology from the Chief Executive.

Ambulance handover performance has been higher than trajectory in the past 2 months of the quarter, mainly influenced by the significant growth in ambulance arrivals, but turnaround at KMH for >30 minute waits remains the 2nd best within the EMAS region.

### Causes of underperformance

The main driver of 4 hour wait performance is higher than planned demand within Majors and Resuscitation areas of the ED across attends ambulance arrivals, and admissions. The acuity of hospitalisations has also been particularly high. These factors lead to Admission and discharge deficit, an increase in the waiting time to see/wait for decision from an ED Dr.

### Actions to recover and improvement trajectory

Actions being taken to improve performance:

#### Drivers of demand work across the ICP

- **Implementation of the Integrated Rapid Response Services (IRRS)** – this can be influenced by SFH. It is a model to ensure an increase in alternatives to admission from ED. There has been an expansion of the Frailty Intervention Team (FIT) in ED whose goal is to safely avoid admissions for older people by finding alternatives and this is making progress
- **Streaming** – there is an opportunity to stream c2000 patients per year more to PC24. This is within SFH's control. This work has commenced by the reinforcement of streaming protocols and positive progress is being made during December and into January with additional patients being streamed.
- **Actions to take to reduce the % of EMAS conveyances to KMH ED** – this can be influenced



by SFH. Actual work has not yet commenced in this area as the EMAS project manager has only recently started in post. A plan has been developed and been review at the January AEDB.

- **The further strengthening of community support to primary care to ensure they have alternatives to directing patients to ED** - this can be influenced by SFH. Much of this work is related to increasing the use 'Call for Care' within primary care. Colleagues from the PCNs are visiting all practices to understand the reasons for arrival and admission levels and to work with those practices to understand where this is not illness driven and what can be done about it.

#### **Winter plan and additional investment into ED staffing**

- **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. these posts started in November. Additional medical staffing support is being put into ED with additional Consultant shifts at the weekends, and further ad-hoc additional junior Dr shifts when workforce supply allows and work is underway to, workforce allowing, close any further gaps to ensure the waiting time to be seen remains as low as possible.
- **During December, the first phase of winter bed capacity opened**, including 26 extra community beds commissioned by SFH to run 'transfer to assess' model. Two of the surgical wards also started to support the medical pathway. This led to 50 extra beds being available to the medical pathway, and a further 39 were opened or switched at the beginning of January 2020. The aim of this is to keep the bed occupancy as close as possible to 92%.

#### **Efficient use of beds**

- **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 achieved this during Q3 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 in this manner. 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.
- During Q3, the **Trust achieved the NHSI target of a 40% reduction** which was due to be achieved by March 2020 with around 60 patients per week during the quarter. 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 8th in the NHS on this crucial lead metric and will continue to work with partners on the reduction of bed use, where clinically appropriate, in this group of patients when they are medically fit. This will allow beds to be available for new patients reducing

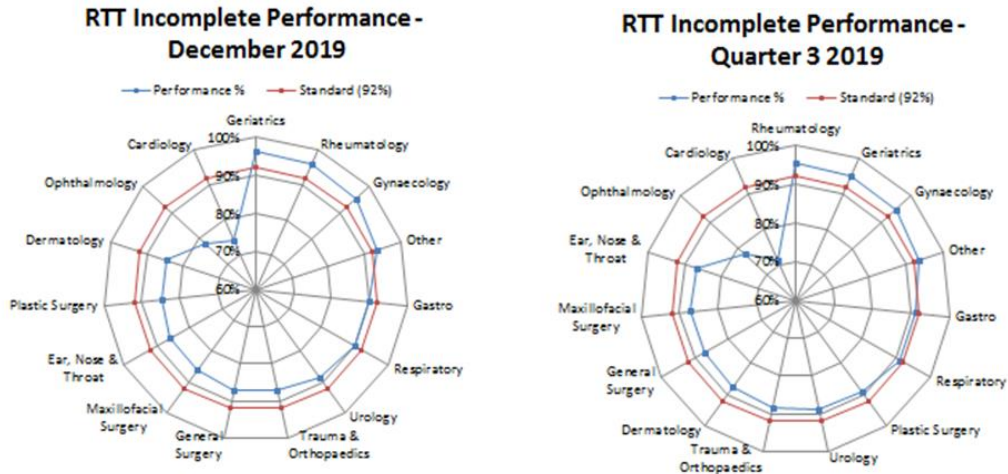
the exit block from ED and support the aim of an occupancy level of 92%.	
Risk	Mitigation
<ul style="list-style-type: none"> <li>Continuing growth in demand above current levels, along with acuity growth</li> </ul>	<ul style="list-style-type: none"> <li>ICP drivers of demand work</li> </ul>

**Executive Lead:** Simon Barton, Chief Operating Officer

## Elective care

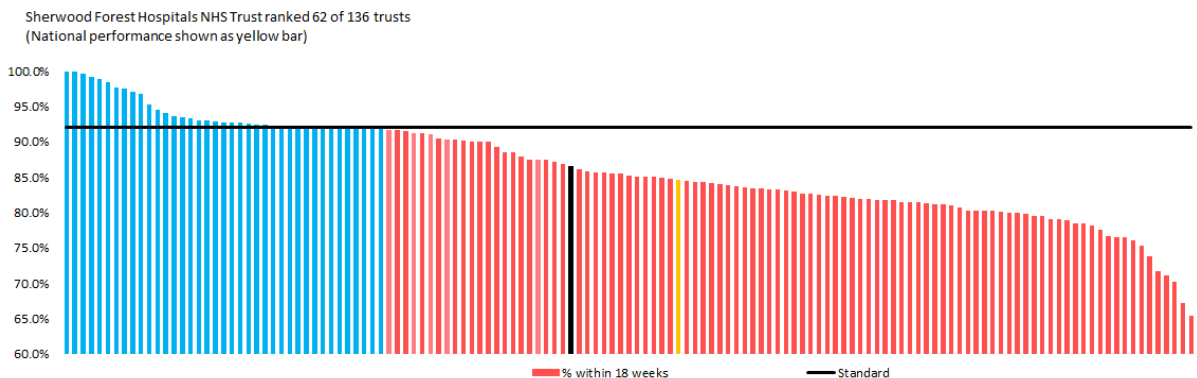
### Referral to Treatment (Incomplete standard)

Referral to Treatment performance for December at time of writing is unpublished however at 86.04% it is 4.9% adverse to trajectory. Quarter three was 86.3%. The Trust continues to report zero month-end 52 week waits.

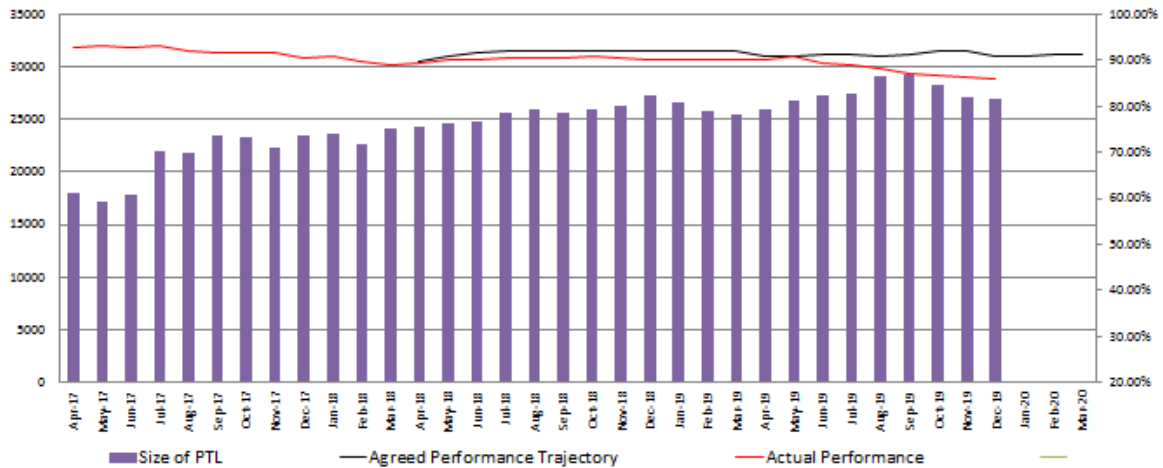


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
19/20 NHSI Trajectory	90.72%	90.90%	91.15%	91.29%	90.87%	91.43%	91.98%	92.00%	90.97%	90.75%	91.17%	91.20%
19/20 Actual	90.0%	90.8%	89.4%	88.9%	88.30%	87.10%	86.62%	86.26%	86.04%			
19/20 Quarter Trajectory			90.9%			91.2%			91.7%			91.0%
19/20 Quarter actual			90.1%			88.1%			86.3%			
18/19 actual	89.2%	90.0%	90.0%	90.6%	90.6%	90.6%	91.0%	90.4%	90.0%	90.03%	90.02%	90.0%

At the end of November (published data) half of all patients were waiting less than seven weeks to start treatment (national position is 8 weeks) and 92% of all patients were waiting less than 22 weeks to start treatment (national position is 24 weeks). November published performance of 86.3% gave the Trust a national ranking of 62nd from 136 Trusts, this has remained broadly consistent throughout the quarter. National performance for November was 84.4%



### Sherwood Forest Hospitals NHS FT - Timeliness of elective RTT access

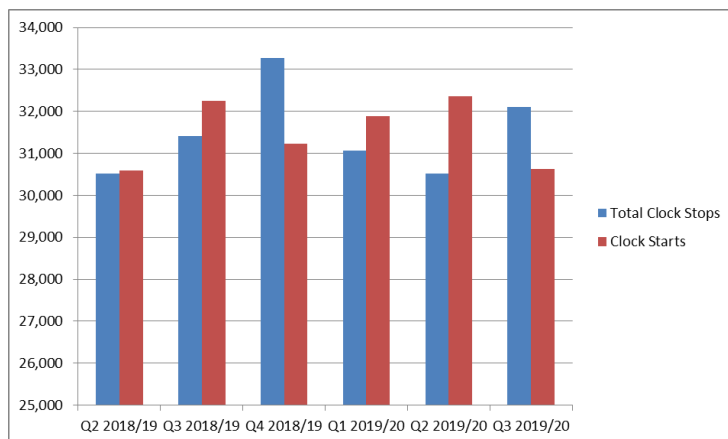


### Size of PTL

A key measure of the RTT standard is the size of the waiting list (PTL) which is driven by the volume of clock starts (new referrals and overdue reviews) and the volume of clock stops (for treatment or no treatment required). December stops and starts were relatively equal (9,182 versus 9,337) however; quarter three saw the first quarter where clock stops were greater than clock starts (see graph below). The impact of this has been a significant reduction in the size of the PTL from 29,294 at the end of quarter two to 26,896 at the end of quarter three. The trajectory is set to be an improvement on the March 2019 position at 24,902 however, current assumptions based on average starts and stops is a March 2020 position the region of 26,000. Further detail can be found in the exception report.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
19/20 Trajectory	25,727	26,011	26,201	26,844	26,191	25,491	25,552	25,839	26,058	25,688	25,429	24,902
19/20 actual	26,018	26,857	27,348	27,426	29,028	29,294	28,325	27,120	26,896			
Variance to trajectory	291	846	1,147	582	2,837	3,803	2,773	1,281	838			
% Variance	1.13%	3.25%	4.38%	2.17%	10.83%	14.92%	10.85%	4.96%	3.22%			

### Graph to show Quarterly RTT Stops and Starts



### **Actions being taken to improve performance**

Actions to support performance recovery centre on creating additional capacity both in-house and with Independent sector providers to reduce the wait for a first appointment and reduce the volume of overdue reviews in Ophthalmology and Cardiology. Additionally, the Theatre Productivity and the Outpatient Innovation Programmes are having a positive impact on delivery of timely access for elective care.

Recovery trajectories have been agreed in the two high impact specialties of Ophthalmology and Cardiology; however there have been unexpected issues that have affected delivery as outlined below.

For Cardiology the recovery trajectory set in September forecast delivery of the standard by the end of March 2020. A set of assumptions were made to underpin the trajectory and whilst good progress has been made in quarter three, the volume of patients waiting >18 weeks remains c140 adverse to variance. The assumptions and status of delivery can be grouped as follows:

1. **Securing locum cover** – completed with the tangible impact evidenced in a reduction in the wait time and volume of overdue reviews.
2. **Diagnostic waits** – waits for interventional and device diagnostics have been maintained; however, the wait for OP diagnostics (Echo, etc.) have increased. Recovery of this position is expected in February 2020 with 15 additional sessions secured from 5<sup>th</sup> February 2020.
3. **Robust PTL Tracking** – Internal PTL tracking has remained relatively strong however the introduction of any external provider results in additional exchanges of information which can add unnecessary delays to a pathway. A full and detailed database of information has been in use since late early December giving greater visibility to the patient pathway. Bi-weekly calls are also in place with the IS provider to confirm the clinical decision and next steps for all long wait patients.

For Ophthalmology the recovery trajectory set in September forecast delivery of the standard by the end of March 2020. The assumptions and status of delivery can be grouped as follows:

1. **Recruitment :**
  - One consultant recruited, however due to sickness the impact has been minimised albeit some sessions have been covered by existing staff. A second locum to cover the gap has been secured for 10 days at the end of February.
  - A second consultant post has been recruited to with a start date of 3<sup>rd</sup> February to cover 3 sessions per week.
  - Two specialty doctors were expected – 1 in January (not yet secured) and 1 in March (secured). There are on-going recruitment issues with the first post, to mitigate this, a locum is being sought however the impact of this will not be until February.
2. **Transfer of appropriate patients to a community setting** – Post op cataract follow ups were due to be transferred to the community provider in Q4 2019/20, however the start date has since been confirmed January 2020. This transfer releases specialist nurse time to review over-due follow up appointment or to triage first outpatients.

3. **Additional clinic space** – Clinic rooms to accommodate new equipment and staffing were secured from early December, however due to staff sickness the ability to undertake sessions in the rooms has been limited. Securing locum cover in February will support additional clinics.

**Priorities and work for quarter four 2019/20**

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

## Exception Report

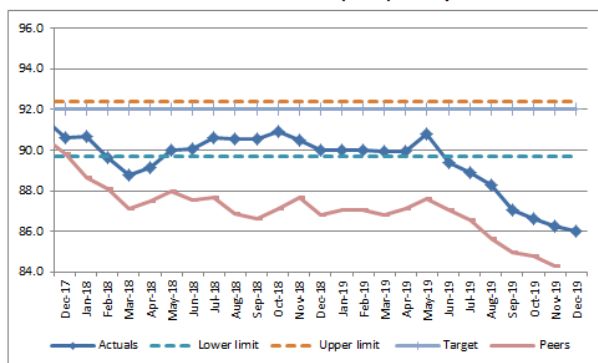
**Indicator** Incomplete Standard (Referral to Treatment)

**Month** Quarter three

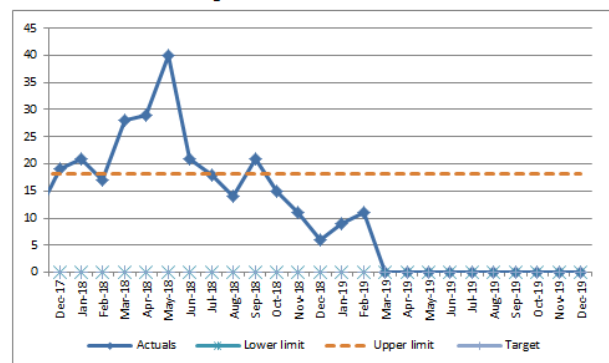
**Standard** 92%

Referral to Treatment performance for December at time of writing is unpublished however at 86.04% it is 4.9% adverse to trajectory. The quarter three position was 86.3% and the Trust continued to report zero month-end 52 week waits.

18 weeks referral to treatment time - incomplete pathways



Number of cases exceeding 52 weeks referral to treatment



Performance in Quarter 3 is shown by specialty in table 1 below. Both Ophthalmology and Cardiology have improved however a deterioration of performance across a number of other specialties is noted. The impact on the volume of patient waiting >18 weeks is shown in table 2.

**Table 1: Performance by specialty**

	Oct-19	Nov-19	Dec-19
<b>RTT Specialty</b>	<b>% Compliance</b>	<b>% Compliance</b>	<b>% Compliance</b>
100 - General Surgery	88.32%	86.19%	86.93%
101 - Urology	88.94%	88.90%	88.65%
110 - Trauma & Orthopaedics	90.03%	88.20%	87.02%
120 - Ear, Nose & Throat	87.27%	87.31%	85.76%
<b>130 - Ophthalmology</b>	<b>76.93%</b>	<b>77.75%</b>	<b>78.14%</b>
140 - Maxillofacial Surgery	89.98%	85.19%	86.21%
160 - Plastic Surgery	94.59%	88.14%	84.72%
301 - Gastroenterology	92.42%	91.03%	90.08%
<b>320 - Cardiology</b>	<b>68.99%</b>	<b>72.04%</b>	<b>73.80%</b>
330 - Dermatology	91.42%	87.36%	84.64%
340 - Respiratory	92.43%	91.11%	89.80%
410 - Rheumatology	94.69%	95.75%	95.78%
430 - Geriatrics	93.86%	95.40%	96.20%
502 - Gynaecology	95.31%	93.41%	95.30%
X01 - Other	93.30%	93.77%	93.27%
<b>Total</b>	<b>86.62%</b>	<b>86.26%</b>	<b>86.04%</b>

In terms of a reduction in the volume of patients waiting >18 weeks, Cardiology has improved from October to the end of December. Ophthalmology has remained relatively static due to improvement actions mitigating a capacity gap due to unplanned sickness.

An increase in the volume of patients waiting >18 weeks is evidenced in T&O, Respiratory, Gastroenterology and Dermatology. For T&O this is due to a reduction in ad-hoc capacity and a 20% Increase in NOF fractures impacting on elective capacity. For Dermatology it is due to on-going capacity issues leading to an extended wait for 1<sup>st</sup> appointment and minor op treatment. For Respiratory and Gastro an increase in demand of 21% and 11% respectively has increased the underlying capacity gap and wait for 1<sup>st</sup> appointment.

**Table 2: Volume of patients waiting >18 weeks**

RTT Specialty	Oct-19		Nov-19		Dec-19	
	>18 weeks	% of >18 week	>18 weeks	% of >18 week	>18 weeks	% of >18 week
100 - General Surgery	248	6.54%	286	7.68%	276	7.35%
101 - Urology	203	5.36%	201	5.39%	202	5.38%
110 - Trauma & Orthopaedics	267	7.04%	318	8.53%	367	9.77%
120 - Ear, Nose & Throat	430	11.35%	383	10.28%	443	11.79%
<b>130 - Ophthalmology</b>	<b>1,273</b>	<b>33.59%</b>	<b>1,182</b>	<b>31.72%</b>	<b>1,146</b>	<b>30.51%</b>
140 - Maxillofacial Surgery	61	1.61%	97	2.60%	84	2.24%
160 - Plastic Surgery	4	0.11%	7	0.19%	11	0.29%
301 - Gastroenterology	163	4.30%	189	5.07%	190	5.06%
<b>320 - Cardiology</b>	<b>610</b>	<b>16.09%</b>	<b>475</b>	<b>12.75%</b>	<b>421</b>	<b>11.21%</b>
330 - Dermatology	121	3.19%	188	5.05%	219	5.83%
340 - Respiratory	69	1.82%	79	2.12%	93	2.48%
410 - Rheumatology	28	0.74%	18	0.48%	18	0.48%
430 - Geriatrics	27	0.71%	19	0.51%	16	0.43%
502 - Gynaecology	68	1.79%	94	2.52%	66	1.76%
X01 - Other	218	5.75%	190	5.10%	204	5.43%
<b>Total</b>	<b>3,790</b>		<b>3,726</b>		<b>3,756</b>	

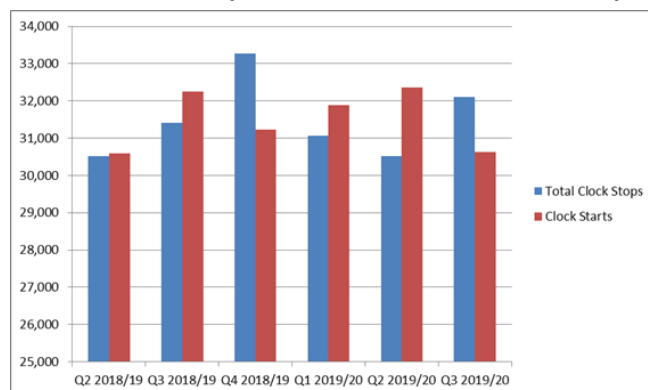
For the first time this year Quarter 3 saw clock stops exceed clock starts, the impact of this was a significant reduction in the size of the PTL from 29,294 at the end of Quarter 2 to 26,896 at the end of December 2019.

The PTL size trajectory is set to be an improvement on the March 2019 position however, current assumptions based on average starts and stops is a March 2020 position in the region of 26,000.

**Table 3: Volume of patients waiting >18 weeks**

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
19/20 Trajectory	25,727	26,011	26,201	26,844	26,191	25,491	25,552	25,839	26,058	25,688	25,429	24,902
19/20 actual	26,018	26,857	27,348	27,426	29,028	29,294	28,325	27,120	26,896			
Variance to trajectory	291	846	1,147	582	2,837	3,803	2,773	1,281	838			
% Variance	1.13%	3.25%	4.38%	2.17%	10.83%	14.92%	10.85%	4.96%	3.22%			

**Quarter two and quarter three RTT Starts and Stops**





## Causes of underperformance

The main specialties driving current performance are Ophthalmology and Cardiology.

For Ophthalmology there are two main root causes for performance:

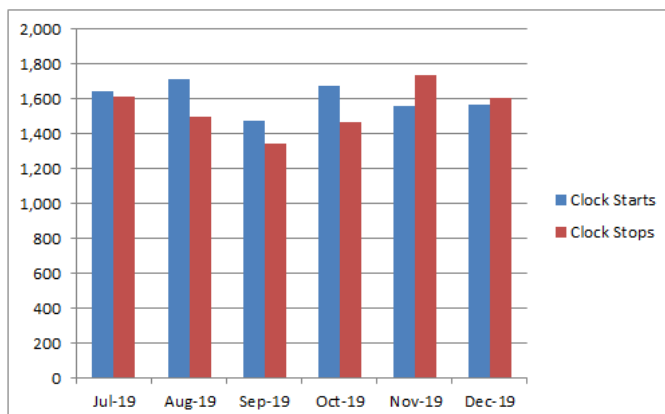
1. Capacity gap in the region of 18 clinics per week for 1st Outpatient.
2. The volume and wait for an overdue follow up.

Please note: all overdue follow ups are actively managed on the PTL with full visibility of waits.

Recovery actions had a positive impact in November and December but not to expected levels due to unplanned consultant sickness. During Quarter 3 the volume of clock stops marginally exceeded the volume of clock starts resulting in a reduction in the size of the PTL when compared to the end of Quarter 2. This was delivered by ongoing validation, robust management of clinic capacity and securing additional Independent sector capacity for the 26+ choice cataract pathway pilot.

The rise in October 2019 was due to a change in process from a paper based system for internal referrals to an electronic system and was weighted more towards patients >18 weeks, the backlog reduction remains 389 adverse to trajectory at the end of December.

Ophthalmology Quarter 2 and Quarter 3 RTT Starts and Stops



Ophthalmology are currently adverse to trajectory for the volume of patients waiting >18 weeks and their overall performance %. The specialty is ahead of trajectory for the size of the PTL. Additional clinics are in place for January however performance is forecast to be in the region of 79% against a trajectory of 89%.

Sixteen additional clinics are planned for February with a locum consultant and new specialty doctor appointment. Forecast for February is 86% which is effectively 2 months behind trajectory.

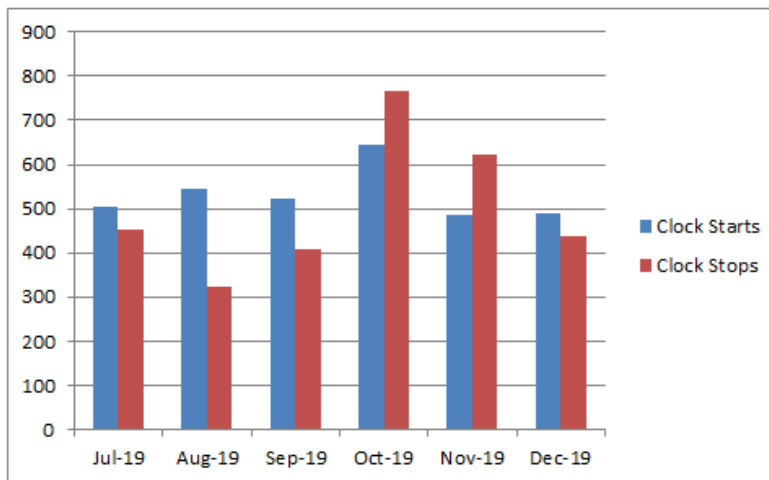
Performance against agreed Trajectory	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
PTL Size Trajectory	5,121	5,344	5,485	5,566	5,587	5,427
PTL Size Actual	5,040	5,263	5,404	5,517	5,312	5,242
<b>PTL Size Variance</b>	<b>-81</b>	<b>-81</b>	<b>-81</b>	<b>-49</b>	<b>-275</b>	<b>-185</b>
PTL >18 Wks Trajectory	776	825	874	923	972	781
PTL >18 Wks Actual	776	725	995	1,273	1,182	1,146
<b>PTL &gt;18 Wks Variance</b>	<b>0</b>	<b>-100</b>	<b>121</b>	<b>350</b>	<b>210</b>	<b>365</b>
Incomplete Target (92%) Trajectory	84.85%	84.56%	84.06%	83.41%	82.59%	85.60%
Incomplete Target (92%) Actual	84.60%	86.22%	81.59%	76.93%	77.75%	78.14%
<b>Incomplete Target (92%) Variance</b>	<b>-0.25%</b>	<b>1.66%</b>	<b>-2.47%</b>	<b>-6.48%</b>	<b>-4.84%</b>	<b>-7.46%</b>

For Cardiology there are three root causes for performance:

1. Capacity gap in the region of 40 slots per week for 1st Outpatient.
2. The volume and wait for an overdue follow up.
3. The wait for diagnostic tests

Recovery actions had a positive impact in October and November notably in the reduction of overdue follow up waits. During quarter three the volume of clock stops exceeded the volume of clock starts resulting in a 30% reduction in the size of the PTL. This was delivered by robust internal tracking, additional locum consultant capacity and the impact of a 17% reduction in 1<sup>st</sup> outpatient appointments required using the Medefer Model Hospital model.

**Cardiology Quarter 2 and Quarter 3 RTT Starts and Stops**



The specialty is adverse to trajectory in terms of backlog and performance due to limited improvement for diagnostic waits and the lack of robust tracking of patients in the virtual hospital model.

A full and thorough tracking process of virtual patients was implemented in early December and capacity for diagnostics has been secured with 15 additional sessions in February. January performance is forecast to be in the region of 76% against a trajectory of 86%. Forecast for February is 82% which is 4-6 weeks behind trajectory

Performance against agreed Trajectory	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
PTL Size Trajectory	2,288	2,288	2,321	2,189	2,034	1,931
PTL Size Actual	2,157	2,219	2,245	1,967	1,699	1,607
<b>PTL Size Variance</b>	<b>-131</b>	<b>-69</b>	<b>-76</b>	<b>-222</b>	<b>-335</b>	<b>-324</b>
PTL >18 Wks Trajectory	562	658	777	606	435	315
PTL >18 Wks Actual	562	658	770	610	475	421
<b>PTL &gt;18 Wks Variance</b>	<b>0</b>	<b>0</b>	<b>-7</b>	<b>4</b>	<b>40</b>	<b>106</b>
Incomplete Target (92%) Trajectory	75.44%	71.24%	66.52%	72.30%	78.60%	83.69%
Incomplete Target (92%) Actual	73.95%	70.35%	65.70%	68.99%	72.04%	73.80%
<b>Incomplete Target (92%) Variance</b>	<b>-1.49%</b>	<b>-0.90%</b>	<b>-0.82%</b>	<b>-3.32%</b>	<b>-6.56%</b>	<b>-9.89%</b>

#### Actions to recover and improvement trajectory

Both Cardiology and Ophthalmology actions are critical to delivery of the standard. Other key specialty actions include:

Specialty	Root cause	Actions to address	Recovery month
ENT	Relatively Small underlying D&C gap. Significant capacity gap over summer period	Locum cover secured in January/ February and March Theatre productivity trajectory to be delivered	March 2020
T&O	Reduction in ad-hoc capacity Impact of 20% Increase in NOF fractures on elective capacity	Extra trauma lists have been established. Additional weekend initiative lists completed in December. Newark expansion programme - staff recruitment under way. First Hand/Wrist trauma list to be piloted in January 2020 Use of flexi sessions to ensure maximum day case theatre utilisation in January and February. Small volume of patients to be offered choice of the Independent sector	2020/21
Respiratory	Increasing demand (21%)	Electronic triage commenced Locum post re-advertised Four additional clinics in January and February	2020/21
Gastro	Capacity gap in the region of 35 new slots per week. Increasing demand (11%)	Medefer Virtual Hospital model implemented August / September 2019 Locum to backfill consultant post for January 2020.	2020/21
Dermatology	Capacity gap in the region of 32 new slots per week. Gaps due to planned and unplanned sickness in clinical in workforce accrued a minor ops backlog	Specialty Doctor to commence independent working (from Feb 2020 - 1 list per week Developing plan for weekend minor procedures or use of the IS	2020/21

Current modelling forecasts performance of 88-89%% by the end of March 2020. The Trust remains focussed on delivering zero 52 week waits and reducing the volume of patients waiting for treatment on the PTL.

Risk	Mitigation
Demand for emergency care impacts on providing OP capacity in key medical specialties or elective cancellations in surgical specialties.	Position managed daily with the Head of Operations and COO.
Delays to implementation of the Newark orthopaedic expansion	Project management programme in place reporting to the Theatre Productivity Group.
Impact of Lung Health checks on Respiratory capacity	Phased roll out to be agreed with defined “gateways” to ensure there is limited impact on existing capacity.

**Lead:** Helen Hendley, Deputy Chief Operating Officer (Elective Care)

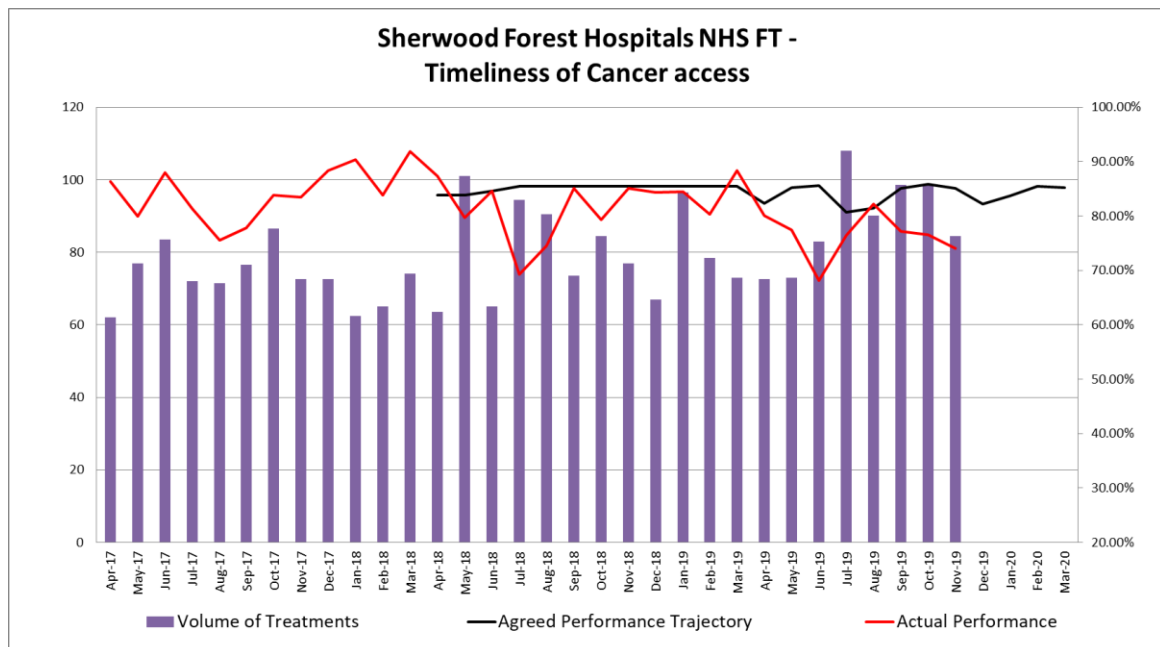
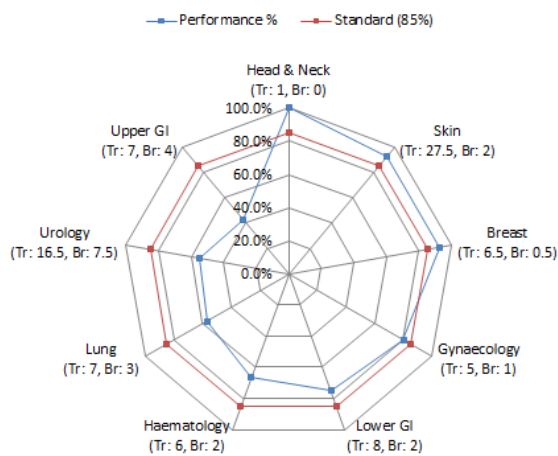
**Executive Lead:** Simon Barton, Chief Operating Officer

## Cancer

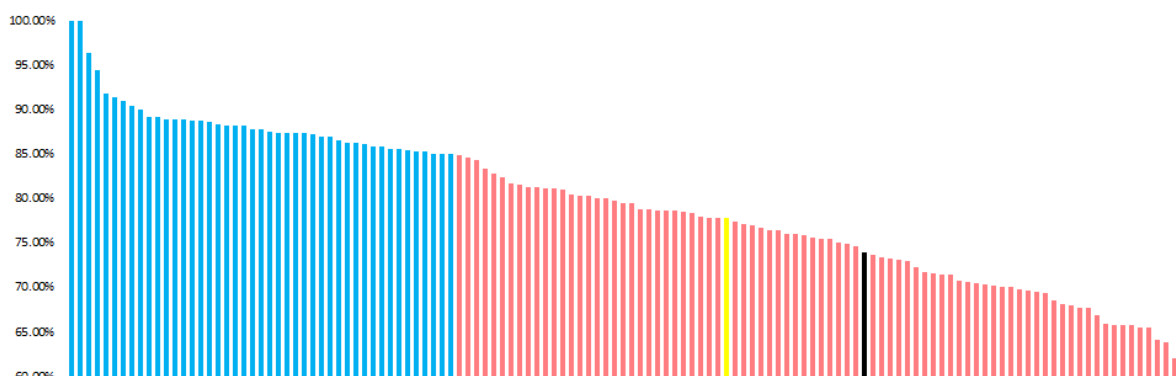
The Trust delivered better than revised trajectory for the month of November at 74% this was based on 22 breaches from 84.5 treatments and gave a national ranking of 92nd from 135 Trusts. The national position of 77.4% has been added to the chart below.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
19/20 Trajectory	82.28%	85.20%	85.56%	80.65%	81.40%	85.06%	85.86%	85.06%	82.14%	83.70%	85.47%	85.23%
19/20 Actual	80.00%	77.40%	68.10%	76.40%	82.20%							
Revised Trajectory						71%	71%	73%	79%	78%	80%	82%
						77.2%	76.6%	74%				
19/20 Quarter Trajectory			84.4%			82.4%			84.4%			84.8%
Revised Quarterly Trajectory			74.8%			78.4%			79%			82%

### 62 day performance by tumour site - November 2019



Sherwood Forest Hospitals NHS Trust ranked 81 of 135 trusts.  
(National performance shown as yellow bar)



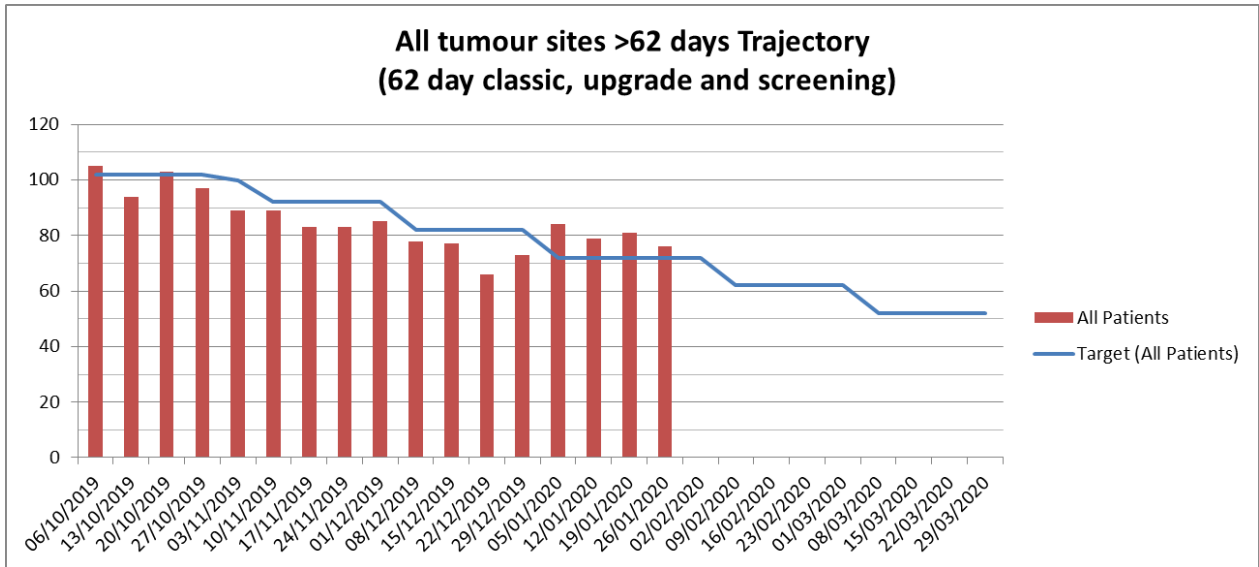
Throughout October and November the Trust and CCG colleagues have completed the vast majority of actions in the Joint ICP recovery action plan. Progress at a Trust level can be evidenced by a 25% reduction in the volume of patients waiting 62+ days, a 35% reduction in the volume of patients waiting 28+ days without a diagnosis, 78% more patients being booked in target and a 20% reduction in the overall size of the Cancer PTL.

	Total >62 days	Total 40 Days +	No diagnosis 28+ days	Decision to Treat - no planned TCI	Planned TCI in target	Planned TCI >62 days	Total on active 62 day PTL
31/12/2019	80	230	251	38	32	11	719
26/11/2019	83	224	287	81	26	9	802
03/09/2019	106	303	386	75	18	4	876

A more detailed breakdown can be found in the 62 day exception report. The NHSI/E Intensive Support Team will be supporting the Trust over 2 dates in February with the draft report expected in March, which will be brought to Board.

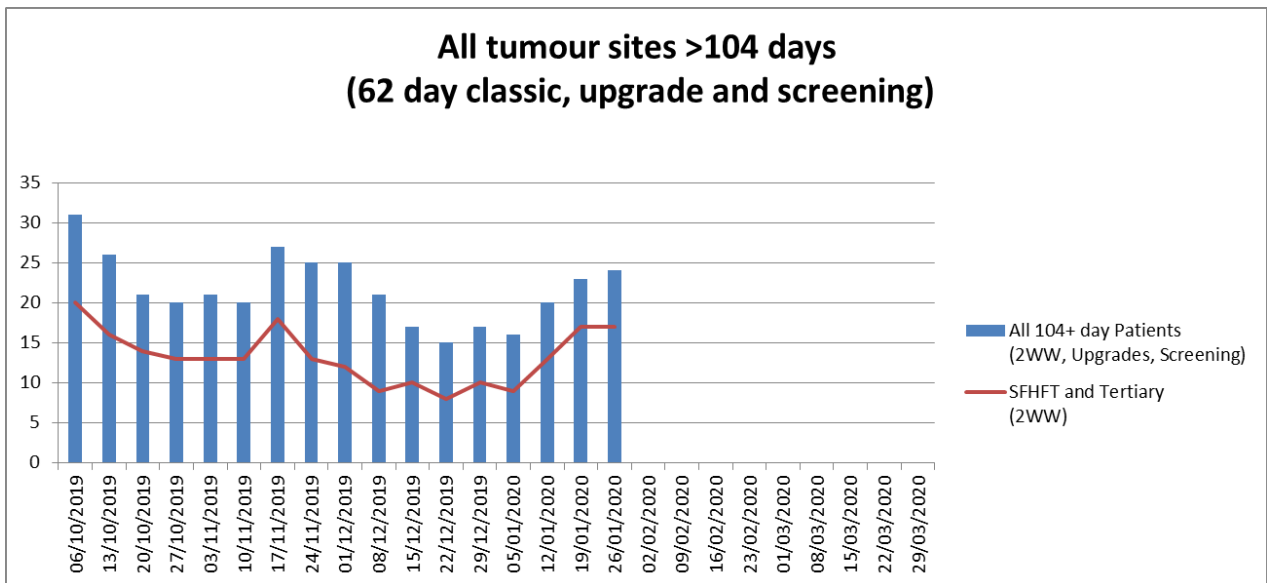
### >62 days

The volume of patients over 62 days has reduced from 102 to 85 by the end of November and to 73 by the end of December. At time of writing the volume of patients waiting is 76 against a trajectory of 72. The backlog reduction trajectory is in place to return to March 2019 (52) by March 2020.



### >104 days

At the end of November the number of patients waiting 104+ days was 25. At the end of December this had reduced to 17. At time of writing the volume of patients waiting is 24. A detailed breakdown by tumour site for November can be found in the table below.



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

For November the summary status was as follows:

End of Month	Diagnostic	Treatment planned	Treatment required	date	Other	Total
November	16	2	4		1	23

### Patients >104 days:

End of Month	Breast	Lung	Haematology	UGI	LGI	Skin	Gynaecology	Urology	Head & Neck	Total
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	3	2	4	1		5	1	24
May-19	1	5	3		2	1		4		16
Jun-19		8		1	2	1	1	8	2	23
Jul-19		8	2	1	3		1	5	2	22
Aug-19		4	1		6			3	3	17
Sep-19		6		1	7			4	5	23
Oct-19	2	3		1	8			5	1	20
Nov-19	1	1		2	10		1	7	1	23

The Trust delivered all other cancer standards for November except for 62 day screening and 31 day subsequent surgery. For screening this is due to 2.5 lower GI breaches. For 31 day subsequent this is 1 breach in Skin and 1 in Urology both are due to surgical capacity issues.

### Priorities and work for Quarter four 2019/20

- Focus on ensuring next steps are in place for any patients at 90+ days
- Agree new set of joint actions with CCG colleagues following a review of RCA themes and the Intensive support team visit
- Appoint a Cancer Pathway Improvement Lead working in conjunction with the service improvement and safety hub
- Model the impact of revised guidance (version 11) ahead of 1<sup>st</sup> April 2020 implementation

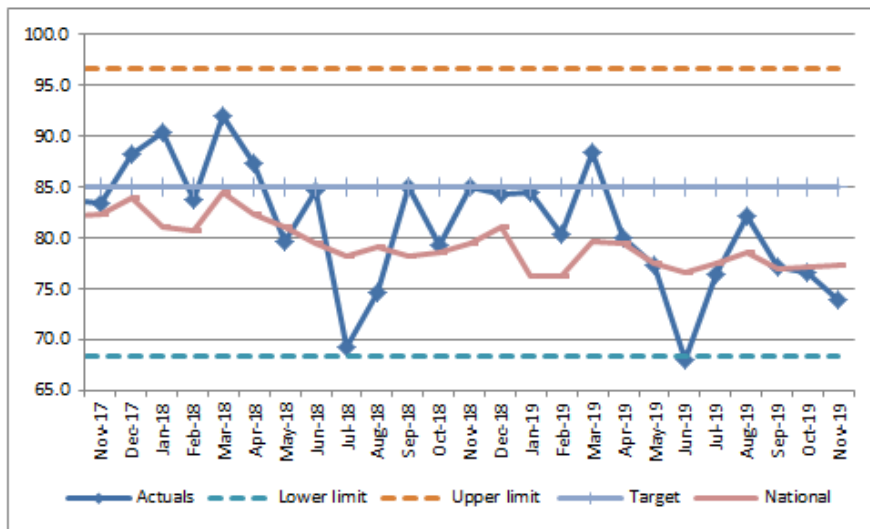


**Exception Report**

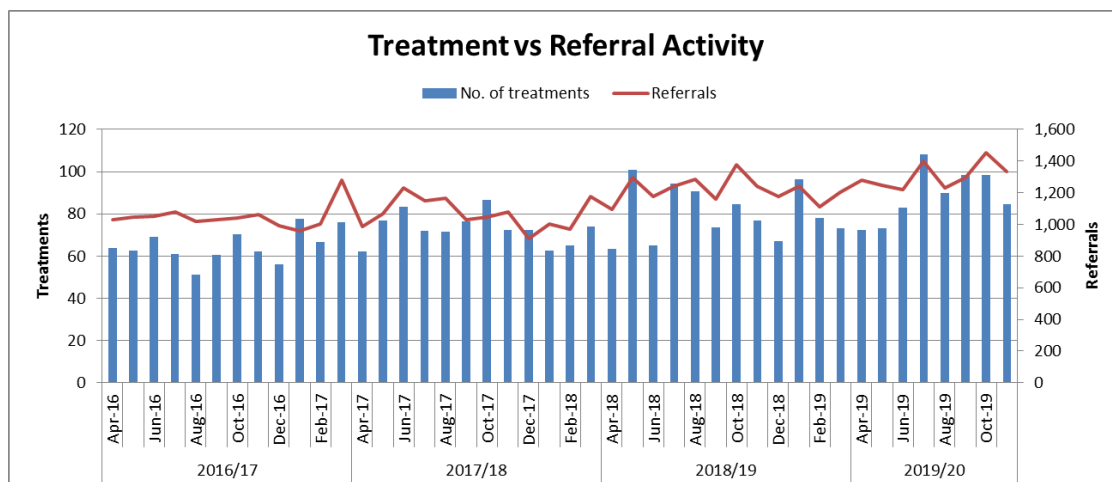
**Indicator** 62 day Cancer Standard  
**Month** Quarter three  
**Standard** 85%

The Trust delivered better than revised trajectory for the month of November at 74% this was based on 22 breaches from 84.5 treatments and gave a national ranking of 92nd from 135 Trusts. Quarter 3 performance remains unpublished however at time of writing is expected to be in the region of 78%. With December provisional performance at 85%.

**62 days urgent referral to treatment**



Performance in Quarter 3 is shown by tumour site in table 1. The graph below shows the increase in the volume of referrals and treatments which, when compared to the same period (October and November) 2018 are 13% and 6% respectively.



Urology remains the tumour site with the biggest impact on performance, however Lower GI has the biggest impact in the volume of patients on the PTL waiting >62days for a diagnosis or all clear.

**Table 1: Treatments and breaches by tumour site**

Tumour site		Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19
Breast	No. of treatments	12	12	16	13.5	16	6.5
	No. of breaches	0	2	2	4	1	0.5
	% achievement	100.0%	83.3%	87.5%	70.4%	93.8%	92.3%
Lung	No. of treatments	6	8	4.5	3	2.5	7
	No. of breaches	4	5	3	0	2	3
	% achievement	33.3%	37.5%	33.3%	100.0%	20.0%	57.1%
Haematology	No. of treatments	5.5	5	5.5	1.5	1	6
	No. of breaches	3.5	2	1.5	1	0	2
	% achievement	36.4%	60.0%	72.7%	33.3%	100.0%	66.7%
Upper GI	No. of treatments	7	6.5	6.5	9.5	3	7
	No. of breaches	6	2	3	1.5	1	4
	% achievement	14.3%	69.2%	53.8%	84.2%	66.7%	42.9%
Lower GI	No. of treatments	6	12.5	12	11.5	11	8
	No. of breaches	0	1	0	4.5	3.5	2
	% achievement	100.0%	92.0%	100.0%	60.9%	68.2%	75.0%
Skin	No. of treatments	22.5	25	17	25.5	16	27.5
	No. of breaches	0	1	1	0.5	0.5	2
	% achievement	100.0%	96.0%	94.1%	98.0%	96.9%	92.7%
Gynaecology	No. of treatments	2	5.5	7	6	7.5	5
	No. of breaches	0	2	1	0	3	1
	% achievement	100.0%	63.6%	85.7%	100.0%	60.0%	80.0%
Urology	No. of treatments	20	29	18	25.5	37	16.5
	No. of breaches	12	8	2	9.5	9	7.5
	% achievement	40.0%	72.4%	88.9%	62.7%	75.7%	54.5%
Head & Neck	No. of treatments	2	4	1.5	2	3	1
	No. of breaches	1	2	0.5	1.5	2.5	0
	% achievement	50.0%	50.0%	66.7%	25.0%	16.7%	100.0%
Sarcoma	No. of treatments	0	0	1	0.5	0.5	0
	No. of breaches	0	0	1	0	0.5	0
	% achievement			0.0%	100.0%	0.0%	
Other	No. of treatments	0	0.5	1	0	1	0
	No. of breaches	0	0.5	1	0	1	0
	% achievement		0.0%	0.0%		0.0%	
Trustwide Total	No. of treatments	83	108	90	98.5	98.5	84.5
	No. of breaches	26.5	25.5	16	22.5	23	22
	% achievement	68.1%	76.4%	82.2%	77.2%	76.6%	74.0%

### Causes of underperformance

The root cause for underperformance can be multi-factorial by tumour site. In summary the key themes identified from the 62 day RCA reports are as follows:

Tumour site	Reason 1	Reason 2
Urology	Diagnostic delays	Surgical Capacity – Tertiary Centre
Lower GI	Patient choice	Patient Fitness
Upper GI	Diagnostic capacity for EUS – Tertiary centre. Staging lap - SFH	Complex patients
Lung	CT Guided Biopsy capacity	Oncology capacity
Breast	Patient Fitness	Complex patients
Gynaecology	Patient Choice	Patient Fitness
Skin	Surgical Capacity – Plastics	Diagnostic capacity

Further analysis will be presented in the Board report for next month which will identify at a more granular level the common themes relating to capacity and demand gaps for 1<sup>st</sup> appointment, diagnostic tests and wait for treatment. The output will feed a new joint recovery action plan with some elements expected to be resolved through detailed demand and capacity planning, however other factors such as MRI, Endoscopy and CT capacity will be reliant on significant capital investment with a longer lead in time to impact on performance.

#### Actions to recover and improvement trajectory

The joint ICP cancer recovery action has been in place since September 2019 and whilst performance remains below the standard there has been a positive shift in the volume of patients waiting at key stages of the pathway. The table below shows a weekending snapshot from September, November and December and evidences the change at specific milestones. Whilst the volume of patients with a planned TCI in target has risen the Trust continue to exceed the tolerance for patients with a TCI >62 days. A backlog reduction trajectory is in place to reduce to March 2019 levels by March 2020.

	Total >62 days	Total 40 Days +	No diagnosis 28+ days	Decision to Treat - no planned TCI	Planned TCI in target	Planned TCI >62 days	Total on active 62 day PTL
31/12/2019	80	230	251	38	32	11	719
26/11/2019	83	224	287	81	26	9	802
03/09/2019	106	303	386	75	18	4	876
Movement	26	73	135	37	14	7	157
% Change	25%	24%	35%	49%	78%	175%	18%

A summary of the actions completed from the recovery plan is below. The actions in most tumour sites were centred on faster diagnosis or ruling out of cancer. The impact has therefore been assessed against the volume of patients waiting specifically with no diagnosis by day 28.

Tumour site	Actions to address	Impact on volume of patients with no diagnosis by day 28
Urology	Introduce vetting of all urology referrals Audit of 2ww referrals from 1st week Complete D&C modelling for template biopsies based on last 12 months Increase template capacity Prostate - recruitment of nurse practitioner Bladder - increase flexible cystoscopy capacity	03/09 – 71 26/11 – 53 31/12 - 42
Lower GI	Audit of 2ww referrals Pre-requisite tests undertaken and reported prior to referral	03/09 – 127 26/11 – 102 31/12 - 97
Lung	Introduce POC testing – agree business case	03/09 – 26 26/11 – 18 31/12 - 13

Head and Neck	Review OPA capacity Virtual review of diagnostic results Review process and reduce unnecessary delays to follow up appointments for FDS patients	03/09 – 49 26/11 – 10 31/12 - 14
Upper GI	Introduce POC testing – agree business case Staging laparoscopies to be undertaken at SHFT	03/09 – 21 26/11 – 20 31/12 - 26
Gynaecology	Reduce first 2ww OPA to 7 days Expand PMB one stop clinic	03/09 – 36 26/11 – 33 31/12 - 20
Breast	Appointment of additional Consultant Oncoplastic Breast Surgeon	03/09 – 5 26/11 – 6 31/12 - 3
<b>Risk</b>	<b>Mitigation</b>	
Volume of referrals continue to be higher than expected	<ul style="list-style-type: none"> <li>• 2WW referral report available by tumour site, CCG and GP showing trend in volume.</li> <li>• 2WW audits rolled out across key tumour sites to evidence inappropriate referrals and patient choice issues.</li> </ul> <p>Further GP education sessions</p>	
Demand for endoscopy and /or radiology increases in line with referrals	<ul style="list-style-type: none"> <li>• Additional mobile MRI capacity secured</li> <li>• Cancer patients to be prioritised over routine OP activity</li> </ul>	

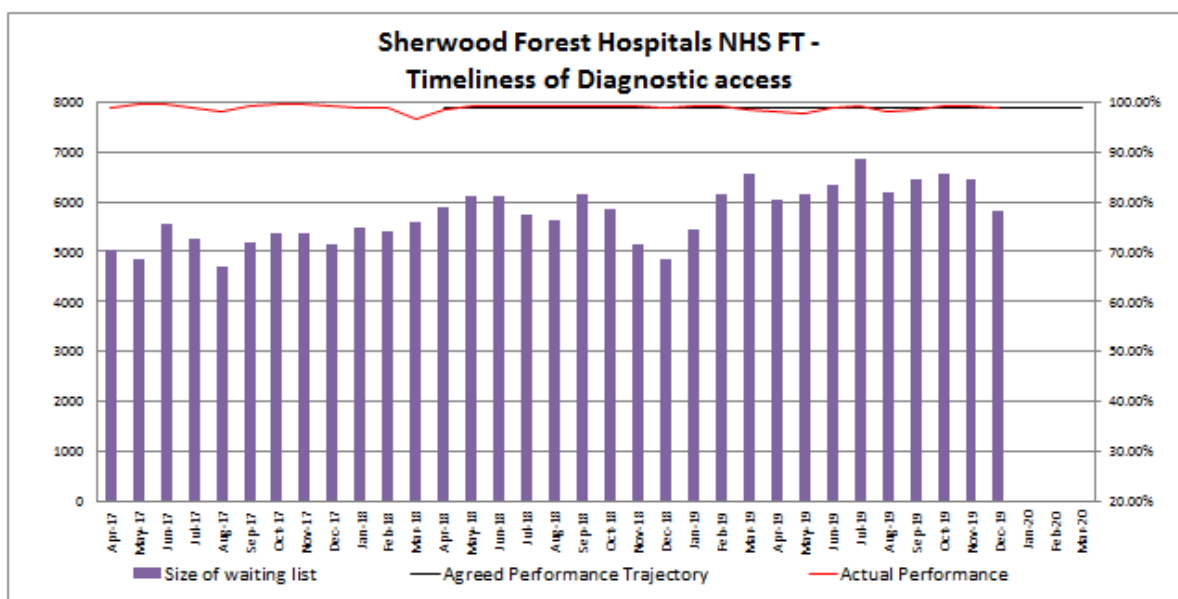
**Lead:** Helen Hendley, Deputy Chief Operating Officer (Elective Care)  
**Executive Lead:** Simon Barton, Chief Operating Officer

## Diagnostics (DM01)

At the end of December 2019 the Trust delivered the DM01 standard with performance of 99.04% based on 56 breaches from a waiting list of 5,808 procedures.

Quarter three performance remained ahead of peers at 99.07% with delivery of the standard in all three months. During Quarter 3 notable recovery was made for cystoscopy waits, this was delivered by securing additional in-house and Independent provider capacity. The volume of sleep study breaches increased in December due to the impact of non-elective paediatric activity on elective cancellations. Recovery for sleep studies is expected in January 2020.

There are risks to January's performance including increased Inpatient demand for MRI and Cardiac CT.



	Mag	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%
<b>19/20 Actual</b>	97.70%	99.01%	99.17%	98.00%	98.70%	99.10%	99.12%	99.04%			
<b>19/20 Quarter Trajectory</b>		<b>99.0%</b>			<b>99.0%</b>			<b>99.0%</b>			<b>99.0%</b>
<b>19/20 Quarter actual</b>		98.2%			98.6%			99.1%			
<b>18/19 actual</b>	99.12%	99.12%	99.13%	99.45%	99.16%	99.37%	99.24%	99.03%	99.13%	99.30%	98.40%

## Finance

✓ £0.14m	<p><b><u>Control Total Performance</u></b></p> <ul style="list-style-type: none"> <li>At the end of Quarter 3 the Trust is reporting a YTD deficit of £32.75m before Provider Sustainability Funding (PSF), Financial Recovery Funding (FRF), Marginal Rate Emergency Tariff (MRET) and Impairments. This is £0.14m better than planned and is an improvement of £3.43m in month due to inclusion of planned recovery actions.</li> <li>PSF of £4.42m, FRF of £9.62m and MRET of £4.04m has been reflected in the position. The ICS has failed its Q3 control total and therefore system PSF of £0.35m has been excluded from the YTD position. The forecast also excludes system PSF for Q4 on the expectation that the ICS will not achieve the 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 £15.24m at the end of Q3, which is £0.21m 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>
✓ £7.86m	<p><b><u>Income</u></b></p> <ul style="list-style-type: none"> <li>Overall income is £1.41m above plan in Month 9 and £7.86m above plan year to date. Clinical income is greater than plan by £1.26m in Month 9 and is over plan by £5.07m YTD, reflecting additional A&amp;E attendances (5.5% above plan YTD) and non-elective emergency (NEL) spells (10.4% above plan YTD).</li> </ul>
✗ (£7.72m)	<p><b><u>Expenditure</u></b></p> <ul style="list-style-type: none"> <li>Overall expenditure is £2.03m above plan in Month 9 and £7.72m above plan year to date.</li> <li>Monthly pay expenditure in Month 9 was £16.42m, £1.10m below plan and over plan by £3.14m year to date.</li> <li>Non-pay costs are below plan by £0.73m in Month 9 and above plan by £4.93m year to date. However, additional YTD expenditure of £4.44m is directly offset in income.</li> </ul>
✗ (£0.62m)	<p><b><u>FIP</u></b></p> <ul style="list-style-type: none"> <li>To December the Financial Improvement Plan (FIP) has delivered savings of £8.10m, £0.65m below plan. Savings of £1.97m were delivered in Month 9, which is above the average over the previous eight months and above the in month target of £1.35m. The YTD position includes £4.54m of non-recurrent savings.</li> <li>Schemes in delivery are expected to achieve £10.22m and in addition the most likely value of pipeline schemes is £1.51m. The residual FIP risk is therefore £1.07m (against the £12.80m plan). Outpatient transformation savings are now included within the FIP therefore there is no achievement against the outpatient transformation savings plan of £2.63m.</li> </ul>
✓ £3.19m	<p><b><u>Agency Expenditure</u></b></p> <ul style="list-style-type: none"> <li>Agency expenditure in December was £0.31m lower than the in month ceiling and expenditure is £3.19m below the ceiling year to date.</li> </ul>
✓ £0.61m	<p><b><u>Capital</u></b></p> <ul style="list-style-type: none"> <li>Expenditure at Q3 is £3.75m, £0.61m 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>
✓ £0.48m	<p><b><u>Cash</u></b></p> <ul style="list-style-type: none"> <li>Closing cash at 31st December was £2.09m, £0.48m above plan. This is a reduction in cash holding of £2.66m in month due to the repayment of borrowing in December following receipt of Q2 FRF in November. The cash flow forecast demonstrates that the Trust will have sufficient cash to comply with the minimum cash balance of £1.45m, required under the borrowing agreement.</li> </ul>
✓	<p><b><u>Forecast</u></b></p> <ul style="list-style-type: none"> <li>A full forecast was undertaken at the end of Q3 This indicates that the risk of non-achievement of the 2019/20 control total in the Likely case has increased to £3.5m, £1.5m of pipeline FIP and £2.0m of further actions required, and it can only be delivered through further non recurrent solutions. The actions to identify and achieve these are in place.</li> <li>The underlying recurrent deficit forecast is £9.65m worse than plan mainly due to non-recurrent actions to achieve the control total.</li> </ul>

## Financial Summary

	December In-Month			Year to Date (YTD)			Annual Plan	Forecast	Forecast Variance
	Plan	Actual	Variance	Plan	Actual	Variance			
	£m	£m	£m	£m	£m	£m			
Income	24.39	25.79	1.41	224.70	232.55	7.86	301.81	312.56	10.75
Expenditure	(28.58)	(26.55)	2.03	(257.59)	(265.31)	(7.72)	(343.33)	(354.07)	(10.74)
<b>Surplus/(Deficit) - Control Total Basis excl. PSF, FRF, MRET and Impairment</b>	<b>(4.19)</b>	<b>(0.76)</b>	<b>3.43</b>	<b>(32.89)</b>	<b>(32.75)</b>	<b>0.14</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	(1.62)	1.70	3.32	(15.03)	(15.24)	(0.21)	(14.87)	(15.61)	(0.75)
Underlying Surplus/(Deficit) - Control Total Basis excl. PSF, FRF, MRET and Impairment	(4.19)	(0.76)	3.43	(32.14)	(39.66)	(7.51)	(40.77)	(50.41)	(9.65)
Financial Improvement Programme (FIP)	1.35	1.97	0.62	8.75	8.10	(0.65)	12.80	11.73	(1.07)
Capex (including donated)	(0.54)	(0.86)	(0.32)	(4.35)	(3.75)	0.61	(10.83)	(11.51)	(0.67)
Closing Cash	1.61	2.09	0.48	1.61	2.09	0.48	1.46	1.46	0.00
NHSI Agency Ceiling - Total	(1.50)	(1.19)	0.31	(12.17)	(8.97)	3.19	(16.66)	(12.75)	3.90
<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		1			1			1	
Agency rating	1	1		1	1		1	1	
Risk ratings after overrides		3			3			3	