Mid-Nottinghamshire Integrated Care Partnership

NHS
Sherwood Forest Hospitals
NHS Foundation Trust

Single Oversight Framework

Reporting Period: Quarter 4

2020/21

Inspected and rated
Good
CareQuality Commission

Single Oversight Framework – Quarter 4 Overview

Sherwood Forest Hospitals NHS Foundation Trust

Domain	Overview & risks	Lead
Quality Care (exception reports pages)	In quarter 4 we saw the peak of wave 2; although not directly comparable we saw 212 positive inpatients compared to 70 in wave 1. In addition to this our Critical Care Unit was consistently the most surged unit in the midlands at up to 300%. We received significant support from the region to decompress our services and create capacity for new patients requiring hospital admission. This led to significant challenges with placing patients in the hospital; with a need to balance speciality, against IPC requirements and oxygen requirements. Individualised risk assessments were undertaken to place patients in the safest setting for their primary need. We also experienced unprecedented workforce loss and were heavily reliant on agency staffing particularly in nursing. We have had no serious incidents declared that were attributed to staffing levels. Improvement work continues to reduce the number of falls, in March 21 (105 falls) which is further decrease compared to the last four month with 21 low harms. Pressure ulceration remains consistently low, there have been no category 3 PUs since Nov 18 and no category 4s since August 2017. There are 12 exception reports for quarter 4 ; • Never events; Year to date (YTD) 4 never events declared. • Serious Incidents YTD 15, incidents continue be investigated and action plans implemented with learning widely disseminated • Incidents per rolling 12 month; YTD performance 118.39 (quarter actual 99.01) against a target of 67. This demonstrates an excellent reporting culture • CDIF; YTD we have had 22.43 cases, we continue to not have a trajectory set but continue to manage incidents in the same way as 2019/2020 • 12 month MRSA. 1 incident reported which is related to a central venous access device, shared learning identified and action plan for improvement being implemented. • 12 month MSSA bacteraemia; increase in the number of incidents (5 in March 21 totalling 13.46 YTD), action plan in place to address lapses • VTE risk assessments; performance 93.4% (YTD 94%) target 95%, manual data collection recommenced. • 12 hour waits for inpatient mental health service: 2 patient waited more than 12 hours for admission to a mental health provider. • Complaints per 12 months; increase in complaints received in quarter 4, complaints remain low compared to other acute providers. • Maternity recommendation rate; performance 89.9% (YTD 89.09%). This has improved over quarter 4. • Dementia screening; action plan in place and this shows an improvement in quarter 4. • HSMR; performance 110.6 against a target of 100. The trust consistently has higher than the national average but continues to track the peer groups . Issues identified with data submission have been identified which as a trusts we are resolving. • Cardiac arrest rate per 1000 admissions; performance 1.52 against a standard of 0.83 (YTD 1.02). All arrests are reviewed to identify avoidability and areas of good practice as well as areas for potential learning and improvement.	MD, CN

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Sherwood Forest Hospitals
NHS Foundation Trust

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People & Culture (exception reports 22 - 25)	Overall, from Q4 COVID-19 has impacted on Staff Health and Wellbeing at the Trust. Sickness Absence levels have shown a decrease from M10 (January 21 – 5.7%) to 3.5%, and sits equivalent to the Trust target, this is as a result of the regional/national trend and impact of COVID19. Additional activity is evidenced through the services provided from the Trust Occupational Health Service as expected but presents capacity challenges. The annual HCW flu vaccination closed in Q4 where a 87.4% uptake figure was achieved, this is the highest the Trust has achieved . Overall resourcing indicators for Q4 are positive with levels of vacancy's and turnover remaining low however compliance against Mandatory and Statutory Training along with Appraisals have been impacted due to Covid-19 across Q4 but the picture is improving. Across Q4 a variety of inclusion events have taken place through the trusts staff networks BAME, LGBT, WAND, Time to Change, along with the formal sign off of the Gender Pay Gap submission. There has been a focus on increasing access for colleagues to the Covid-19 vaccine. This has resulted in 4797 (89%) of substantive staff, with 3648 (68%) receiving their second dose. We have vaccinated 84% of BAME staff, 97% of our over 60 and 88% of CEV staff. The 'Bright Sparks' ideas was launched in March 2021, and we have received over 40 ideas to date. It is intended to showcase outcomes and learning at bi-annual events over 21/22. Internal QI training is rated 'red' as it was suspended in Q4 due to Covid, but we have continued to deliver ICS-wide virtual QSIR training with partner organisations over this period. We will be refreshing and re-launching the SFH QI training offer from June 2021, to include colleagues from Mid Nottinghamshire ICP. We are behind target on the recruitment of citizen Improvement Partners, as it has been difficult to engage and recruit during Covid. We are currently in discussion with North Nottinghamshire Health watch to re-launch our recruitment campaign for QI 21/22. The current 7 citizen Improvement Partners are aligned to work programmes to support the Transformational Programme.	DOP, DCI

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Sherwood Forest Hospitals NHS Foundation Trust

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Timely care (exception reports pages 26 - 31)	As colleagues will be aware from the weekly **Emergency care** updates, SFH continue to provide some of the best timely care for emergency patients in the NHS (ranked 10th in the NHS). Performance was above the agreed NHSIE trajectory and the year ended at 94%. During March, ambulance arrival demand was at 106% of 2019, however walk in demand to Majors and Resus was lower, reflecting some of the trends seen in previous lockdowns. Ambulance handovers remained safe with the % waiting over 30 minutes the lowest within the EMAS catchment. The ED expansion project continues and the expanded ambulatory care are now open. Winter bed capacity remains open during the month, but most of the Covid surge capacity was stood down at the end of March. All **Cancer services** continue to be available. A significant increase in 2WW referrals is evidenced throughout the Quarter. Local and National campaigns continue to urge patients to contact their GP if worried about symptoms. Whilst FDS performance remains good for February at 79% of patients being diagnosed or given the all clear within 28 days. The increase in referrals is causing additional pressure and extended waits within diagnostic capacity notably CT colon (LGI), CT and Histopathology (Breast) and template biopsy (Urology). This, in addition to extended waits for oncology (provided by the tertiary centre) has led to the volume of patients waiting over 62 days exceeding trajectory for the Quarter (69 vs 33). The tumour site with the biggest variance to trajectory is LGI. Average waits for treatment in the quarter have remained stable at 54 days (50 days in March 2020) and the 85th percentile wait at 84 days (79 days March 2020) these are similar to pre-pandemic levels. The key focus remains on the capacity within the early diagnostic phase; a programme of work to reduce waits in this phase in LGI will report to Board in July. The **Elective waiting list** remained relatively stable for the Quarter between 36k-37k. The shape of the waiting list has changed with the volume of 52+ week waiting at the end of March at 1,618. Growth in this wait band is starting to slow as activity increases and partly due to the impact of reduced referrals from the end of March 2020. Operative capacity remained constrained throughout the Quarter and into April for 4 weeks to support the programme of rest and recovery for anaesthetic, critical care and theatre staff. The daily clinically led surgical prioritisation group remains in place to ensure that P2 patients (urgent and cancer) are allocated theatre time. From an Outpatient perspective, activity is consistently between 80-85% when compared to last year. In the region of 30-40% of appointments are being undertaken using virtual methods for appointments. It is a key priority to sustain this over the coming year. Diagnostics continue to perform relatively well, the significant contributor to the >6 week backlog is ECHO equating to over 50% of the breaches. The ECHO plan is currently off track due to the loss of locum cover in April 2021. A review of capacity and risk across the network to identify where mutual aid or independent capacity can be agreed will take place in May.	COO

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Sherwood Forest Hospitals NHS Foundation Trust

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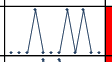
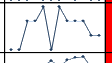
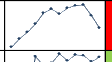
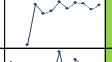
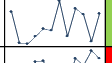
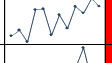
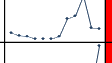
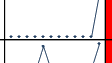
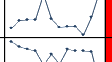
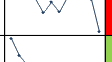
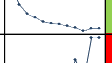
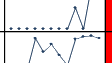
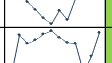
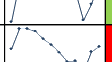
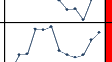
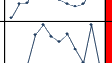
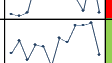
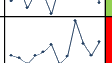
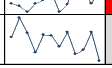
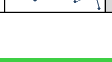
Finance (exception reports pages 32 - 33)	The final 2020/21 year end outturn is a £5.54m deficit which is £3.68m better than plan and includes central funding of £2.44m to offset the increase in annual leave creditor and £1.09m support for "lost other income". Total expenditure during the year was £428m, of which includes £22m in respect of Covid-19, £8m expended in delivering the Covid-19 vaccination programme and notional expenditure relating to increased employer pension contribution (£9.09m) and Covid-19 costs incurred centrally in respect of PPE and equipment provided to the Trust (£7m). The Trust exceeded its capital expenditure plan ,in year, by £7.81m due to additional funding awarded in respect of Emergency / Resus department, Adult Critical Care, Endoscopy (Adapt and Adopt), Breast Screening, LIMS, HSLI Capacity and Flow, HSCN Firewall, EPR, Air Scrubbers and Critical Infrastructure projects.	MD, CN

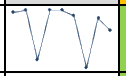
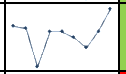
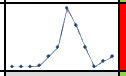
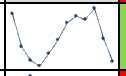
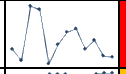
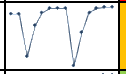
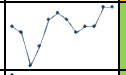
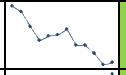
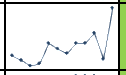
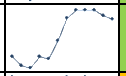
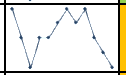
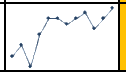
Single Oversight Framework – Quarter 4 Overview (1)

Sherwood Forest Hospitals
NHS Foundation Trust

At a Glance		Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director
QUALITY CARE	Safe	Rolling 12 month count of Never Events	0	Mar-21	3	-		R	MD/CN
		Serious Incidents including Never Events (STEIS reportable) by reported date	2	Mar-21	18	4		R	MD/CN
		Patient safety incidents per rolling 12 month 1000 OBDs	41	Mar-21	67.10	35.36		R	MD/CN
		% Harm-free SFH care	95%	Mar-21	97.4%	98.0%		G	MD/CN
		Admission of term babies to neonatal care as a % of all births	6%	Mar-21	3.7%	4.8%		G	CN
		Rolling 12 month Clostridium Difficile infection rate per 100,000 OBD's	22.6	Mar-21	22.43	36.08		R	MD
		Covid-19 Hospital acquired cases	0	Mar-21	97.0	8		R	MD
		Rolling 12 month MRSA bacteraemia infection rate per 100,000 OBD's	0	Mar-21	0.56	7.22		R	MD
		Rolling 12 month MSSA bacteraemia infection rate per 100,000 OBD's	17	Mar-21	13.46	36.08		R	MD
		Eligible patients having Venous Thromboembolism (VTE) risk assessment	95.0%	Dec-20	94.2%	90.9%		R	CN
		Safe staffing care hours per patient day (CHPPD)	>8	Mar-21	10.9	9.5		G	CN
		Number of 12 hour waits for inpatient mental health services	0	Mar-21	5	2		R	MD/CN
	Caring	Complaints per rolling 12 months 1000 OBD's	1.63	Mar-21	2.39	1.88		R	MD/CN
		Recommended Rate: Friends and Family Accident and Emergency	93.0%	Mar-21	92.0%	93.1%		G	MD/CN
		Recommended Rate: Friends and Family Inpatients	93.0%	Mar-21	98.0%	98.6%		G	MD/CN
		Recommended Rate: Friends and Family Maternity	93.0%	Mar-21	89.0%	89.9%		R	MD/CN
		Eligible patients asked case finding question, or diagnosis of dementia or delirium	≥90%	Mar-21	38.1%	49.5%		R	MD/CN
	Effective	Rolling 12 months HSMR (basket of 56 diagnosis groups)	100	Dec-20	110.6	-		R	MD
		SHMI	100	Oct-20	96.13	-		G	MD
		Cardiac arrest rate per 1000 admissions	0.83	Mar-21	1.02	1.52		R	MD
		Cumulative number of patients participating in research	2500	Mar-21	3091	-		on target	MD

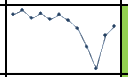
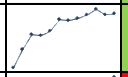
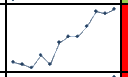
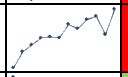
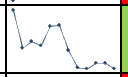
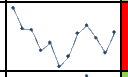
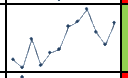
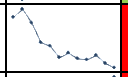
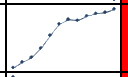
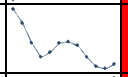
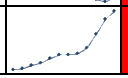
Single Oversight Framework – Quarter 4 Overview (2)

Sherwood Forest Hospitals NHS Foundation Trust

At a Glance		Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director
PEOPLE & CULTURE	Talent & Personal development	Number of talent conversations held with colleagues at Bands 8a and above	70.0%	Qtr3 2020/21	63.5%	61.0%		A	DCI
	Organisational Culture	Staff Survey - SFH Recommended as a place to receive care	85.0%	Qtr3 2020/21	85.0%	-		G	DCI
		Staff Survey - SFH Recommended as a place to work	75.0%	Qtr3 2020/21	80.0%	-		G	DCI
	Quality Improvement	Number of staff trained in Sherwood Six Step (bronze level) QI Approach	15	Qtr4 2020/21	78	8		R	DCI
		Number of registered improvement projects	5	Qtr4 2020/21	41	15		G	DCI
		10 citizens trained in Sherwood Six Step (bronze level) QI Approach	10	Qtr4 2020/21	7	0		R	DCI
	Staff health & well being	Health & Well Being Sickness Absence	3.5%	Mar-21	4.5%	3.5%		G	DOP
		Take up of Occupational Health interventions	1000	Mar-21	28520	1678		R	DOP
		Flu vaccinations uptake - Front Line Staff	90.0%	Mar-21	86.4%	-		A	DOP
		Employee Relations Management	10	Mar-21	83	10		G	DOP
	Resourcing	Vacancy rate	7.5%	Mar-21	5.2%	4.1%		G	DOP
		Turnover in month (excluding rotational doctors)	0.8%	Mar-21	0.5%	0.8%		G	DOP
		Number of apprenticeships on programme	100	Mar-21	151	-		G	DOP
		Mandatory & Statutory Training	93%	Mar-21	90.0%	88.0%		A	DOP
		Appraisal	95%	Mar-21	87.0%	91.0%		A	DOP

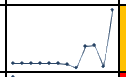
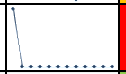
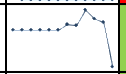
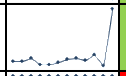
Single Oversight Framework – Quarter 4 Overview (3)

Sherwood Forest Hospitals NHS Foundation Trust

At a Glance		Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director
Timely Care	Emergency Care	Emergency access within four hours Total Trust	91.4%	Mar-21	94.1%	94.0%		G	COO
		General & Acute Bed Occupancy	92.1%	Mar-21	72.6%	82.6%		G	COO
		Number of inpatients >21 days	65	Mar-21	-	150		R	COO
		Number of Ambulance Arrivals	3300	Mar-21	37106	3536		R	COO
		Percentage of Ambulance Arrivals > 30 minutes	8.2%	Mar-21	3.6%	2.9%		G	COO
	Cancer Care	62 days urgent referral to treatment	80.0%	Feb-21	67.9%	71.6%		R	COO
		Cancer faster diagnosis standard	75.0%	Feb-21	78.4%	79.6%		G	COO
	Elective Care	Diagnostic waiters, 6 weeks and over-DM01	0.9%	Mar-21	-	27.4%		R	COO
		Total number of patients on an incomplete RTT pathway (PTL/waiting list size)	26610	Mar-21	-	37,603		R	COO
		% of patients treated within 18 weeks	88.5%	Mar-21	-	63.6%		R	COO
		Number of cases exceeding 52 weeks referral to treatment	0	Mar-21	6614	1618		R	COO

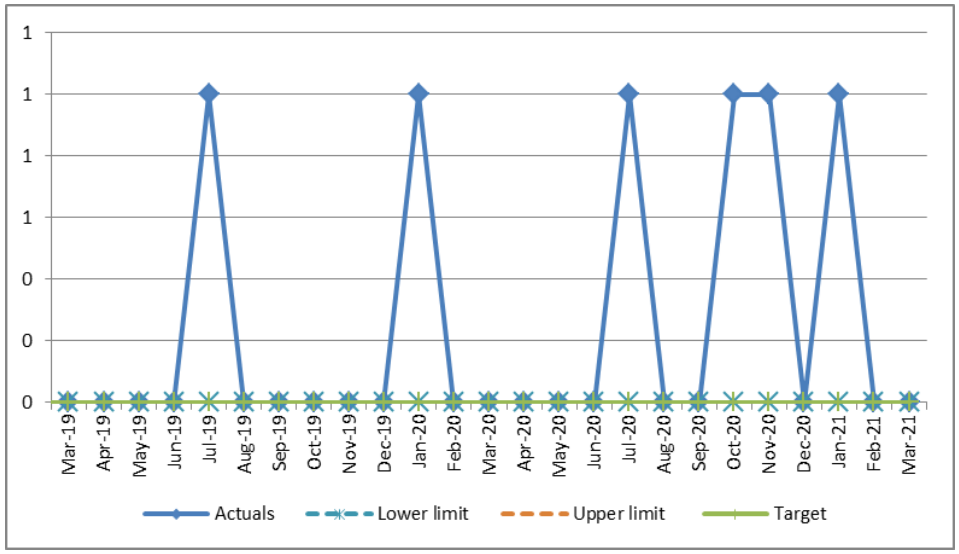
Single Oversight Framework – Quarter 4 Overview (4)

Sherwood Forest Hospitals NHS Foundation Trust

At a Glance		Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director
Best Value Care	Finance	Trust level performance against FIT target	£0.00m	Mar-21	£3.68m	£2.53m		A	CFO
		Underlying financial position against strategy	£0.00m	Mar-21	-£25.60m	-£1.13m		R	CFO
		Trust level performance against FIP plan	£0.00m	Mar-21	£0.22m	-£0.91m		G	CFO
		Capital expenditure against plan	£0.00m	Mar-21	£7.81m	£7.15m		G	CFO
		Procurement League Table Score	49.8	2019/20	41.9	41.9		R	CFO

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director
Rolling 12 month count of Never Events	0	Mar-21	4	-		R	MD/CN

Sherwood Forest Hospitals
NHS Foundation Trust



National position & overview

Never Events are serious incidents that are considered by NHS England/Improvement to be entirely preventable because guidance or safety recommendations providing strong systemic protective barriers are available at a national level, and should have been implemented by all healthcare providers.

In the past rolling 12 month period, April 2020– March 2021 there have been 4 Never Events declared at the Trust:

- X 3 wrong site surgery
- X 1 procedure attempted without consent. Subsequently downgraded from Never Event and investigated as STEIS reportable Serious Incident.

Root causes	Actions	Impact/Timescale
• Consent: The patient had been referred for two procedures but had only consented to one. The procedure that had not been consented for was attempted.	• This investigation has not yet concluded. The incident has been down graded from a Never Event to a SI following review and this has been supported by the CCG.	• May 21
• Wrong site surgery: This investigation is not yet concluded.	• This investigation is not yet concluded.	• May 21
• Wrong Site Surgery: The investigation found that the Dermatology Skin Surgery Standard Operating Procedure was not used/adhered to in this instance. A contributory factor was poor photography which made it hard for the clinician to orient themselves to the exact location of the correct lesion.	• All new members of the Dermatology team should be made aware of the relevant SOPs • Ensure that there are two photographic images taken (regional and close up) and these images are uploaded on to the pending Nerve Centre upgrade. • WHO checklist, site marking and confirmation of consent is carried out in a room outside of theatre to reduce the risk of coercion and confirmation bias.	• Completed
• Wrong Site Surgery: The investigation found that positive patient identification was mot carried out effectively/policy not followed.	• Ensure that all staff are aware of the correct procedure for positive patient identification, and follow the policy. • Joint aspiration to be added to the list of LocSSIPs to ensure that a WHO checklist and written consent form are used for each procedure, and that compliance with this will be audited on a regular basis.	• Completed

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director
Serious Incidents including Never Events (STEIS reportable) by reported date	2	Mar-21	15	4		R	MD/CN

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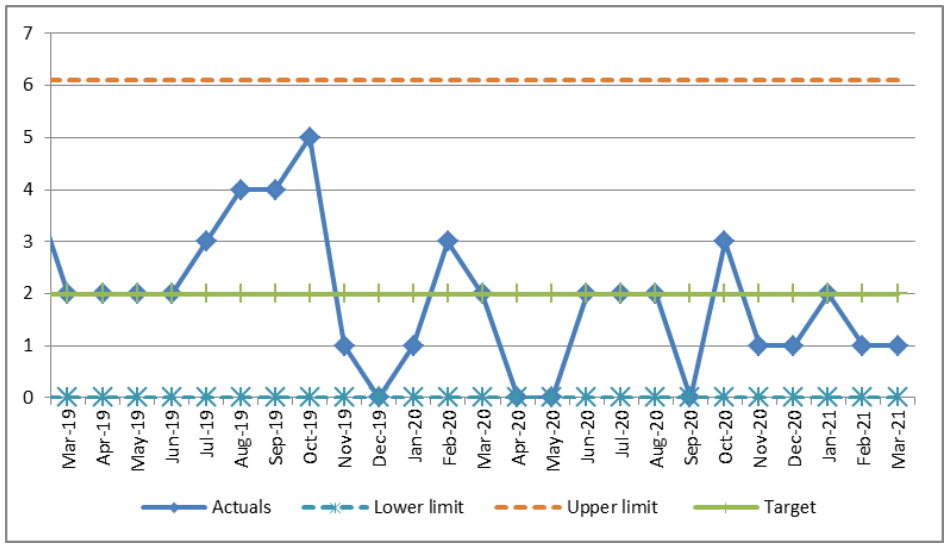


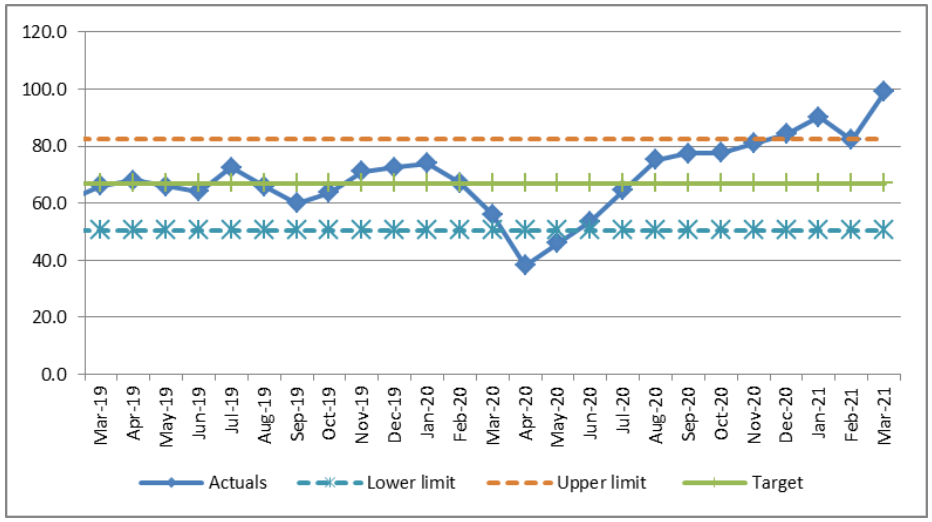
National position & overview

Serious incidents are events in health care where the potential for learning is so great, or the consequences to patients, families and carers, staff or organisations are so significant, that they warrant using additional resources to mount a comprehensive response. They include acts or omissions in care that result in: unexpected or avoidable death, unexpected or avoidable injury resulting in serious harm – including those where the injury required treatment to prevent death or serious harm. Incidents meeting this criteria are reported on Strategic Executive Information System (STEIS) and monitored by the CCG.

During Q4 there have been 4 incidents uploaded to STEIS.

Root causes	Actions	Impact/Timescale
The following serious incidents occurred in quarter 4: • Wrong Site Surgery: Never Event • Assault • 2 unexpected deaths	• Promote use of SOP, ensure use of good quality photos attached to patient record. • Management of individual via appropriate policy. Strengthened relationship between supplier and SFH, including multi-professional training. • Develop acute headache pathway, develop SOP for clear responsibilities and timescales for lumbar puncture. • Complete the outstanding investigations	• Action plan on-going • Action plan on-going • June 21 • May - June 21

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director
Patient safety incidents per rolling 12 month 1000 OBDs	67	Mar-21	118.39	99.01		R	MD/CN



Sherwood Forest Hospitals
NHS Foundation Trust

National position & overview

Patient safety is about maximising the things that go right and minimising the things that go wrong:

- **Informed culture** –safety information is collected, analysed and disseminated
- **Reporting culture** – Staff feel safe to report and trust their concerns will be acted upon
- **Learning culture** – preventable patient safety incidents are seen as opportunities for learning and changes are made as a result
- **Just culture** – the importance of fairly balancing an understanding system failure with professional accountability

An important part of developing such a culture is encouraging staff to report and viewing increasing incident report numbers as positive. NRLS provides an annual report and measures performance in terms of whether Trusts underreport or not.

Root causes

The latest NRLS report that compared 2018/19 reporting to 2019/20 reporting concluded 'no evidence of under reporting'

October 2018 - March 2019: 39.8 incidents per1,000 bed days
October 2019 - March 2020: 44.58 incidents per 1,000 bed days.

The NRLS reports have demonstrated a small but steady year on year increase in patient safety incident reporting.

Actions

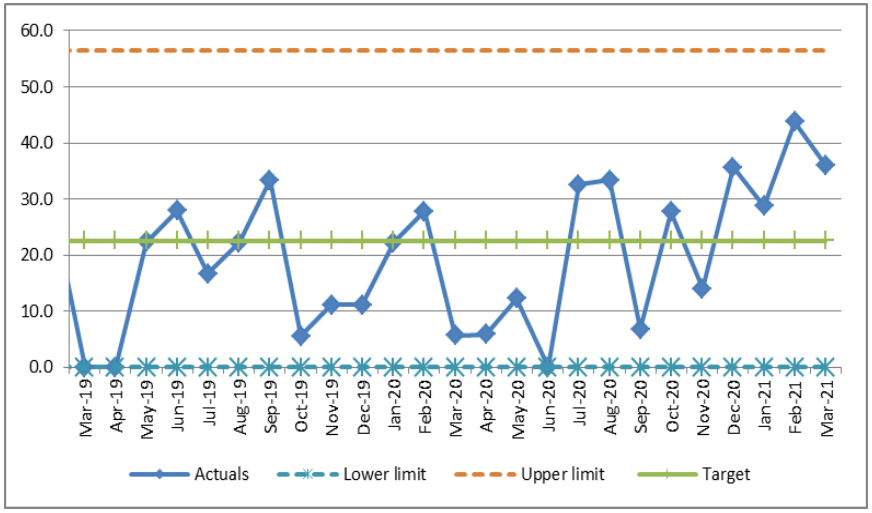
- Continue to encourage reporting of incidents at every opportunity – staff forums, training, opportunistically.
- Revise SOF Rag rating so that concern is flagged for underreporting – having a minimum flag rather than having a maximum flag.
- Roll out for DCIQ. This is the Cloud version of Datix and will make reporting of incidents easier as it can be completed using an App on mobile phones and batons.

Impact/Timescale

- On-going
- SOF revised for 21/22 – flag for underreporting.
- Procurement underway, anticipated will be available for SFH to start configuring the system to meet our needs in May 21. GSU, QI team and Communications team will be involved in supporting the role out.

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director
Rolling 12 month Clostridium Difficile infection rate per 100,000 OBD's	22.6	Mar-21	22.43	36.08		R	MD

Sherwood Forest Hospitals
NHS Foundation Trust

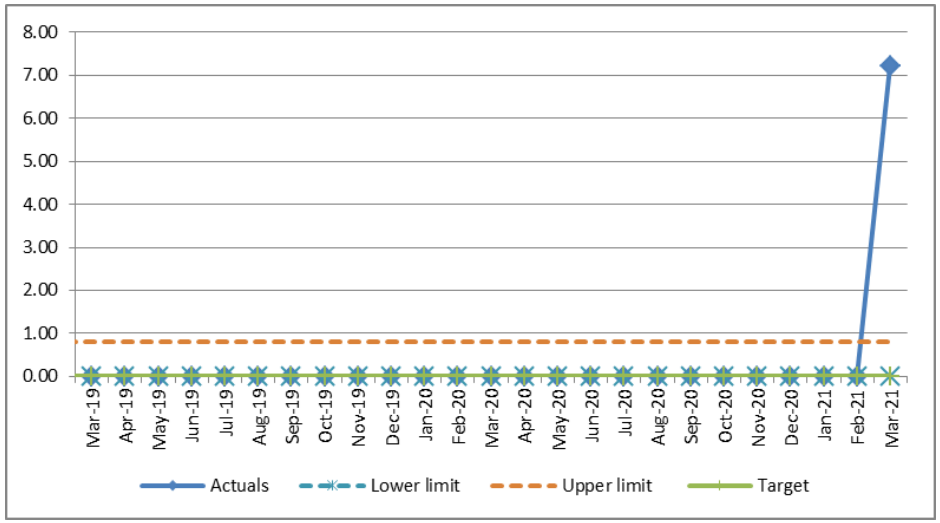


National position & overview

- This year the organisation has not been given a trajectory for Cdiff due to the COVID 19 pandemic. The trust has been given the instruction to continue as we did in 2019/20, with all of the same reporting mechanisms.
- System partners are reporting that they are within the number of cases they had last year.
- Over the last few months the Trust have seen and increase in the number of Trust attributed cases of Cdiff.
- Total Trust Attributed Cdiff cases for 2020/21 is 75, compared to 56 in total for 2019/20.

Root causes	Actions	Impact/Timescale
A review of all 68 cases has taken place and found • 7 patients have been double counted • 6 had samples taken just over 48 hours of admission • 10 patients only had interaction with the Trust in WTC, Endoscopy or 2 hours in EAU/Ward 25 in the previous 4 weeks. • No cross infection identified at this time and further testing is being carried out. • 4 of the Trust acquired cases were deemed to be avoidable	• All of these samples being sent to Leeds for Ribotyping – unable to send all samples at the same time, small numbers being sent each week. • All future positive samples to be sent for Ribotyping • Review of all 75 patients to map where they had been in the organisation and if cross over has occurred • Review of cleaning process • Increased environmental audits • Review for reimplementation of decant/deep clean plan • Trust wide back to basic IPC campaign being planned • Specific training packages are being developed for line management and MRSA management including screening that can be accessed on the intranet • Learning outcomes posters in progress to share the learning across the Trust	• May 21 – to show if any possible environment contamination • To monitor on going situation • April 21 • May 2021 • On going • May 21 • April 21 • On going • April 21

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director
Rolling 12 month MRSA bacteraemia infection rate per 100,000 OBD's	0	Mar-21	0.56	7.22		R	MD



Sherwood Forest Hospitals
NHS Foundation Trust

National position & overview

- The Trust have had their first Trust acquired case since in November 2017.
- The Trust total cases for 2020/21 is 1.

Contributary factors	Actions	Impact/Timescale
• The root cause of the bacteraemia is believed to be from a central venous access device.	• Post infection review completed and action plan developed	• 30/04/2021- to provide all staff access to training and updates on a rolling program.
• MRSA screening was not completed as per Trust policy. This was missed opportunity to identify the patient was at risk.	• Trust wide back to basics IPC campaign in development.	• May 21
• Line tips were not sent for sampling to confirm a true bacteraemia. The clinical picture was consistent with a bacteraemia and we have therefore reported this accordingly.	• Specific training packages are being developed for line management and MRSA management including screening that can be accessed on the intranet	• May 21
	• Learning outcomes posters in progress to share the learning across the Trust	• May 21

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director
Rolling 12 month MSSA bacteraemia infection rate per 100,000 OBD's	17	Mar-21	13.46	36.08		R	MD

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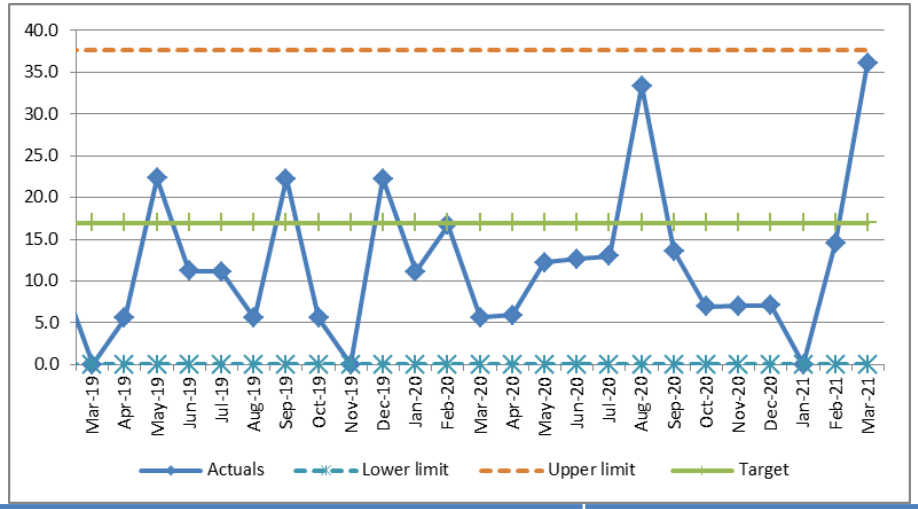

National position & overview

- The Trust has seen 5 Trust acquired cases in March 2021.
- The Trust total cases for 2020/21 is 24 compared to 25 for 2019/20.

Root causes	Actions	Impact/Timescale
Each case has been reviewed and there were 4 different causes: • Joint • Pneumonia • Line related – cannula left in over required timeframe. • Two were unable to identify the source. 4 of the 5 were found to have no lapses in care. None of the cases related to a specific clinical area, therefore no cross infection occurred.	• Trust wide back to basic IPC campaign being planned • Specific training package being developed for line management that can be accessed on the intranet • Increased monitoring of compliance with line management policy • Learning outcomes posters in progress to share the learning across the Trust	• May 2021 • April 2021 • In place • April 2021

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director
Eligible patients having Venous Thromboembolism (VTE) risk assessment	95.0%	Dec-20	94.2%	90.9%		R	CN

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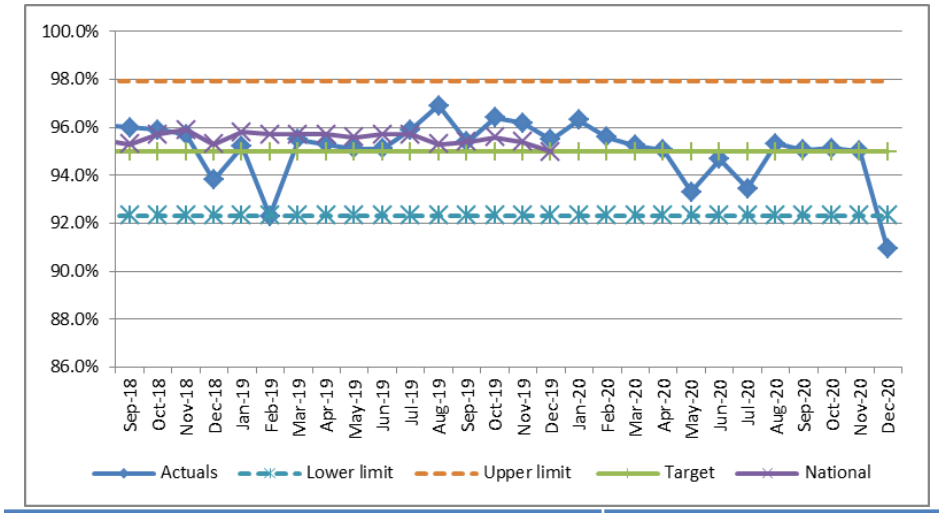
NHS Foundation Trust



National position & overview

National reporting of VTE risk assessment screening was stopped in March 2020 in response to the Covid pandemic.

SFH continued with data collection for our own internal monitoring process. The data collection process for VTE risk assessment is a manual data process which takes a significant investment of time to complete.

The national target for VTE screening on admission to hospital is set at 95%.

Covid infection control requirements changed the manual collection processes which has had a detrimental impact on compliance figures.

Root causes

Due to Covid infection prevention and control measures, a change in the way the data is collected was implemented. Pre-Covid the 95% target was achieved by visiting the clinical areas twice a day to locate the blank and missing forms and escalate to the doctors for completion. Post Covid the VTE data collection is largely achieved by a daily visit to EAU, with a reliance on the ward receptionists collecting forms from the patients notes at the point of discharge and then a medical note review exercise for any missing forms. The change in the collection process may be a contributing factor for the reduction in compliance.

Actions

- As lockdown restrictions are lifted the plan is for the GSU team to resume the normal method of data collection .
- EPMA will resolve the data collection issues as the VTE assessment will be included as part of the package and will be mandatory.
- The EPMA VTE screening tool will be based on the NG89 standards.
- Audit Undertaken in November 2020 demonstrated :
    - 97% of patients have the correct decision made in relation to their VTE prophylaxis requirements.
    - The majority of patients have a dose prescribed, if pharmacological prophylaxis is required, that is appropriate for their current renal function.

Impact/Timescale

- Complete (commenced 1 April 21)
- Await EPMA roll out.
- Await EPMA roll out.
- Completed

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director
Number of 12 hour waits for inpatient mental health services	0	Mar-21	5	2		R	MD/CN

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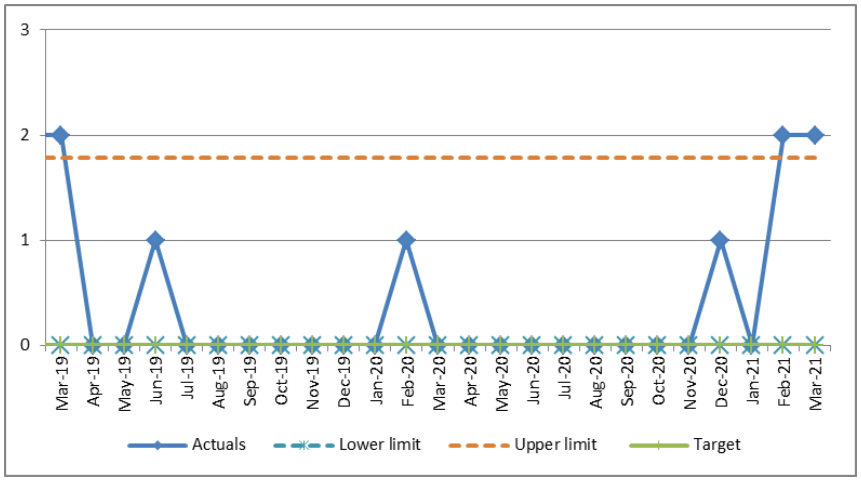
NHS Foundation Trust



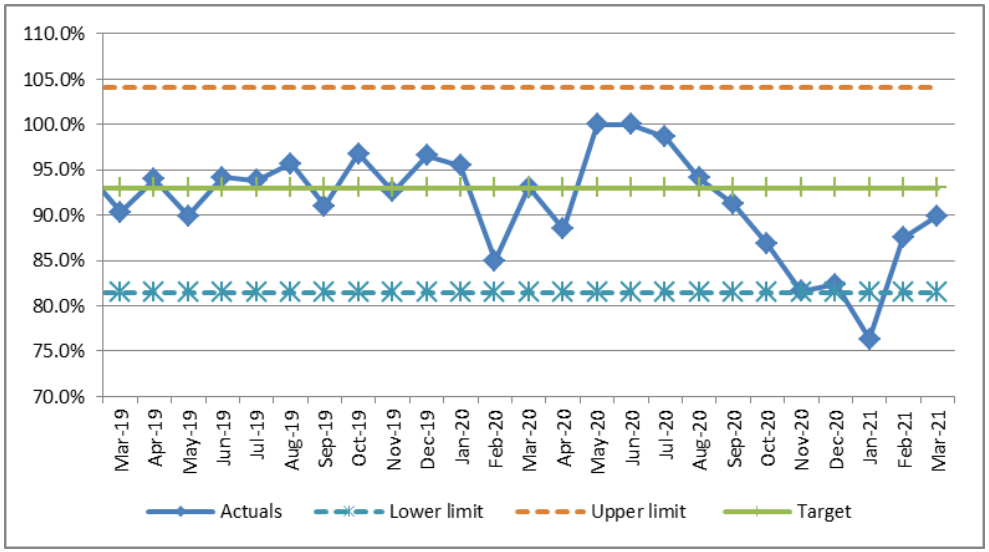
National position & overview

- During this period 2 mental health patient awaited 12 hours for admission to mental health provider
- Patients were kept safe in Emergency Department whilst awaiting a specialist beds.
- Regular care and comfort to ensure patient safety.
- Appropriate internal and external escalation occurred

Root causes	Actions	Impact/Timescale
• No local area mental health beds • Significant delays in waiting for a Mental Health bed to become available • Due to one patient being out of area this led to a further delay trying to secure a placement closure to their home • Owing to the complexity of one of the cases it was felt appropriate for the attending doctor at Millbrook ward to review the patient rather than the Rapid Review Liaision Psychiatry service.	• RCA to be shared with Nottinghamshire Healthcare Trust for future learning • To be discussed at ED grand round • To be discussed at ED & Divisional Clinical Governance	• Completed (April 2021) • April 21 • April 21

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director
Recommended Rate: Friends and Family Maternity	93.0%	Mar-21	89.0%	89.9%		R	MD/CN

Sherwood Forest Hospitals
NHS Foundation Trust



National position & overview

- Survey management issues are slowly resolving which has led to an increase in feedback received across all maternity areas from March, with an increase in recommendation rates
- Antenatal clinic waiting times have not been such an issue during March
- Some emerging themes on Maternity Ward including availability of midwifery staff which has led to delays in care and discharge
- Decrease in recommendation rates for community midwifery (postnatal), see root causes below

Root causes	Actions	Impact/Timescale
• Continued lack of confidence in data quality following introduction of SMS feedback and revision of maternity touch points	• On going liaison with PET and external partners to resolve, some improvement seen this month	• Monthly review
• Relatively low number of responses for community midwifery with two respondents raising concerns about primary care (GP and health visitor)	• Continue to promote collection of feedback via paper based and SMS returns	• On going
	• Review of individual responses to understand context of the situation and address any issues raised	• Completed

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director
Eligible patients asked case finding question, or diagnosis of dementia or delirium	≥90%	Mar-21	38.1%	49.5%		R	MD/CN

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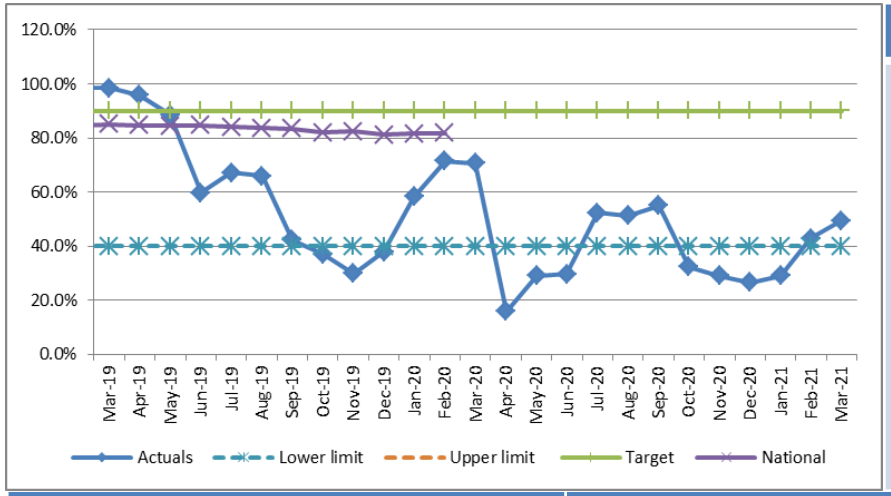
NHS Foundation Trust



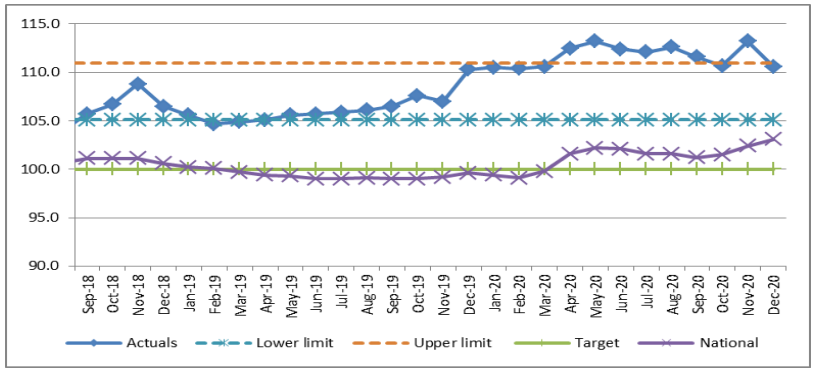
National position & overview

- All patients 75yrs + admitted to the Trust for 72hrs and above to have a dementia screen completed
- Trusts provided with a target to achieve 90% of these screens
- Monthly data collected and uploaded to the UNIFY record
- Prior to May 2019 the Trust achieved this target
- May 2019 an electronic screening method introduced in to the organisation
- Decision made that doctors to complete the assessment by clinical lead for dementia, March 2021 nurses provided access and guidance on how to complete assessment
- Band 3 Health Care worker appointed to assist process Jan 2020, currently redeployed to family liaison team until June 2021
- Assessments stood down due to Covid-19 April- June 2020 and recommenced mid July 20

Root causes	Actions	Impact/Timescale
Assessments not being completed on Nervecentre.	• Nursing staff to assist with the completion of assessments, it is a joint approach to completion and a flow chart identifies the format that should be followed. • The Nervecentre team have opened up the assessments to all registered nurses, all team supplied with the guidance on how to complete and support provided on the wards when needed.	• Completed • Completed
Nervecentre AMT assessment not implemented in ED.	• Nervecentre for observations only implemented in ED, UCC at Newark. Clinical lead for ICT indicates that AMT via nerve centre is not for implementation in the near future. Clarity re how to progress this is required	• On hold due to current pandemic

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director
Rolling 12 months HSMR (basket of 56 diagnosis groups)	100	Dec-20	110.6	-		R	MD

Sherwood Forest Hospitals
NHS Foundation Trust



National position & overview

- SFH seems to track national trends
- Cause for outlier status and historical step change remain unclear but as SHMI is "as expected" we suspect this may relate to coding
- Work on outliers continues with clinical teams although of these only Alcoholic Liver Disease remains an outlier
- More details to be submitted with Quarterly LFD report to board in May

Root causes	Actions	Impact/Timescale
Fractured neck of femur	Representatives from individual teams have agreed to collectively: Carry out a "clinical walkthrough" of the patient journey to identify issues and challenges to effective decision making (within pre-, peri- and post-operative management) with a view to implementing change to resolve these. Produce a joint Standard Operating Procedure (SOP) in relation to standards, roles and responsibilities as part of the MDT approach to working.	Delay – matter escalated
Upper GI haemorrhage	Specialty review of cases complete. Significant issues around coding revealed.	• Completed
Alcohol related liver disease	Specialty review of cases complete. Use of care bundles in early phases of admission requires improvement. Work with Gastro and UEC begun to map pathways and review guidelines	• May 2021
Palliative Care Coding	Presentation given to be given to the Palliative Care Board (21st April 2021) to explain HSMR, SHMI and how palliative care coding currently impacts this data. The request was made for members to look at reasons why Palliative care coding may be low and report back.	• Completed • Update at the end of Q1

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director
Cardiac arrest rate per 1000 admissions	0.83	Mar-21	1.02	1.52		R	MD

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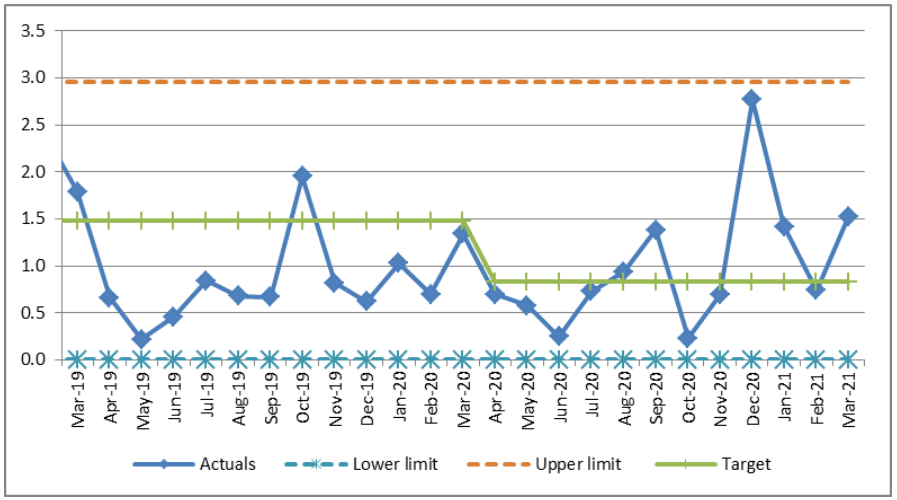

National position & overview

- Quarter 4 data for NCAA is currently undergoing validation so 2020-21 report not yet available to give us national view. This will be escalated via DPG once it has been received and reviewed.
- Quarter 3 (validated data) sees us situated slightly lower in the bottom third in 20-21 (52nd) when compared to 19-20 (59th).
- According to NCAA data, year to date Quarter 3 19-20 saw 41,389 admissions* and 33 NCAA arrests, 20-21 saw 36,105 admissions and 29 NCAA arrests.

* Total includes elective, non-elective, day cases and babies born in your hospital (excludes neonates).

Root causes	Actions	Impact/Timescale
Antecedents review of cardiac arrest events has identified 7 (YTD) classified as avoidable*, 2 in QTR 4: *Deemed to be so by one or more of resuscitation services team after review.	• To continue antecedents review activity for all cardiac arrest events. Data set to be reviewed for relevance.	• On-going. • Data set review April 21.
• 5 (YTD), 2 in QTR 4 deemed should have had DNACPR. For context we saw 9 during 19-20.	• Resuscitation services team supporting trust/ICS wide work around embedding ReSPECT and strengthening supporting training.	• As defined by ReSPECT group.
• 2 (YTD), 0 in QTR 4 received CPR despite having DNACPR in place. For context we saw 4 during 19-20.	• On-going work around development of digital ReSPECT form to improve information availability and flow.	• On-going.
Increased numbers and acuity of inpatients likely to have contributed to overall increase in cardiac arrest activity this year.	• To review and report via DPG on the impact of COVID on cardiac arrest activity 20-21.	• Data to DPG May 21.

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director
10 citizens trained in Sherwood Six Step (bronze level) QI Approach	10	Qtr4 2020/21	7	0		R	DCI

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No graph available as insufficient data points, to date

National position & overview

Our intention is to recruit and retain a minimum number of 10 citizen Improvement Partners. The current cohort have undergone QI training, and have been aligned to support work within the Transformational Programme, according to their experience, skills and areas of interest.

A further 3 partners were recruited, but have stood aside due to issues arising from the pandemic.

A refreshed recruitment campaign will be undertaken in QI 21/22.

Root causes	Actions	Impact/Timescale
• Difficulties in engaging meaningfully with the community during the Covid pandemic • Some partners have been interested in the role, but have felt unable to pursue it at this stage, due to personal or work circumstances arising from the pandemic	• A refreshed recruitment campaign will be launched in Q1 21/22 • Discussions are currently underway with NN Healthwatch on support to recruit to these roles	• Minimal impact as many of the Transformation Programmes have been suspended over Q4 due to the pandemic. • Recruitment campaign over May/June 21, with the interview/induction process over June/July21.

Number of staff trained in Sherwood Six Step (bronze level) QI Approach	15	Qtr4 2020/21	78	8	R	DCI

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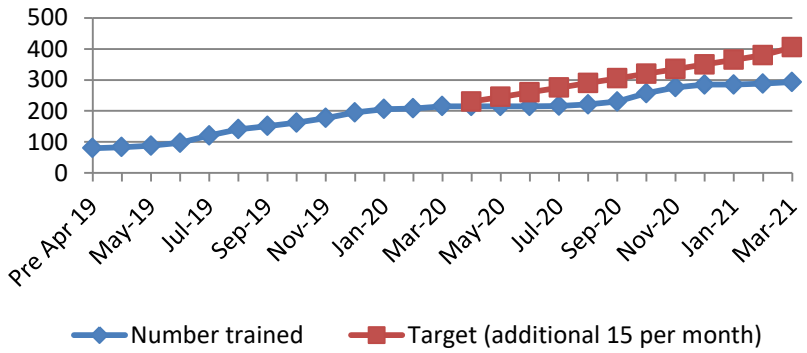
Number of staff trained in Sherwood Six Steps



National position & overview

All internal QI activity stood down in Q4 due to the pandemic and numbers accessing training has been slightly below target since July 20 due to recovery from surge one, and access to appropriate training rooms due to social distancing . Virtual QI sessions delivered with system partners continued over this period. Training re-started in April 21.

Root causes	Actions	Impact/Timescale
• All internal QI training stood down over Q4 due to the pandemic • Difficulties in accessing colleagues to attend in the face of organisational challenges • Difficulties in ensuring social distancing and safe delivery • Lack of capacity of appropriate training rooms, due to Vaccination Centre in Education Centre	• Virtual QI (QSIRv) courses were continued as part of our ICS-wide QI offer with system partners. • The opportunity was taken to refresh all QI training and capability offers, to better support colleagues to manage Recovery Phase, and to support the Shared Governance QI agenda.	• With the challenges of the Recovery phase, colleagues will need QI skills and capability to ensure sustainable improvements are in place. The delay in being able to access appropriate rooms and observe social distancing may impact on this further in Q1. • SFH QI training (current offer) re-started from April 2021 • Face to face ICS-wide QSIR re-staring July 2021 • Refreshed training to be launched during June 2021

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director
Health & Well Being Sickness Absence	3.5%	Mar-21	4.4%	5.2%		A	DOP

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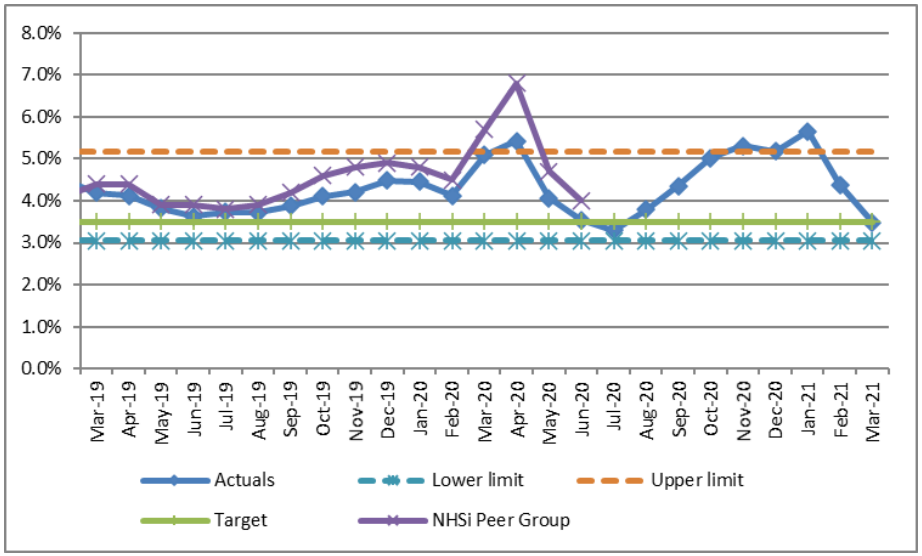


National position & overview

The Trust benchmarks favourably against a national sickness figure.

The data from model hospital is only available as at December 2020. The national median was 5.44% , SFH median was 5.17%.

Trust's performance is 37th out of 135 Trusts in December 2020 (Performance was within quartile 1 of 4) Position declined from 36th in November 2020.

Root causes

The sickness levels have decreased from last month (4.4%) to 3.5% in March 2021, and sits equivalent to the trust target.

The short term sickness absence rate for March 21 is 1.8%. (February 21– 2.5%).

The long term sickness absence rate for March 21 is 1.6%. (February 21– 1.8%.)

COVID related absence make up 0.7% of the absence level (showing an decrease from February 21 – 0.9%).

Staff self-isolating is recorded at 0.7% (February 21 – 1.0%) and staff shielding recorded at 1.2% (0.9% in February 21).

Actions

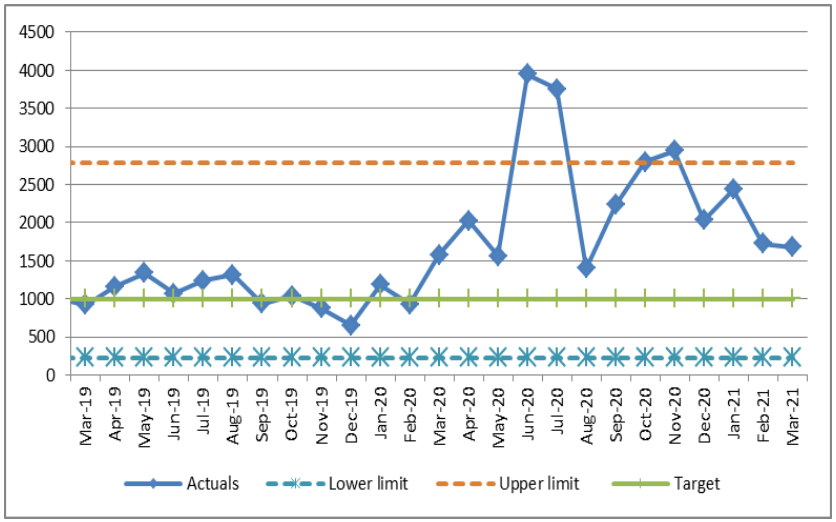
The gradual decrease in absence levels coincidences with the decrease nationally with the COVID second surge and the gradual development of test and trace systems and roll out of the COVID vaccination.

Confirm and challenge sessions facilitated by the Human Resources Business Partners, to support leaders implement person centred decision when managing sickness absence.

Impact/Timescale

The sickness levels are recorded equivalent to the Trust target (3.5%), sickness has not stabilised however will continue to monitor the COVID impact

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director
Take up of Occupational Health interventions	1000	Mar-21	28520	1678		R	DOP



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National position & overview

Local intelligence suggests the Trust is not an anomaly due to national increase in the requirements for Occupational Health services and support.

The Trust benchmarks favourably against a national sickness figure.

The data from model hospital is only available as at December 2020. The national median was 5.44% , SFH median was 5.17%.

Trust's performance is 37th out of 135 Trusts in December 2020 (Performance was within quartile 1 of 4) Position declined from 36th in November 2020.

Root causes

The key cause of above trajectory performance on the take up of Occupational Health interventions is mainly associated with the COVID-19 Pandemic and the Flu Campaign. However we have seen a reduced level, this is reflective of the local pandemic position.

Actions

Normal levels of core OH services were continued to be provided during the 1 surge of the pandemic and will follow the same methods as we enter the 2nd surge.

This was achieved through:

- New ways of working (Telephone /virtual consultations)
- Paper screening for work health assessments instead of face to face
- Smart working
- All substantive OH staff working overtime
- Bank admin support

Impact/Timescale

This elevated level is expected to continue with additional expectations around IPC and COVID.

Pre COVID-19 pandemic, the Occupational Health service had already experienced a substantial increase in utilisation of the service with a 51% increase in overall activity seen over the last 5 years.

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director
62 days urgent referral to treatment	80.0%	Feb-21	67.9%	71.6%		R	COO

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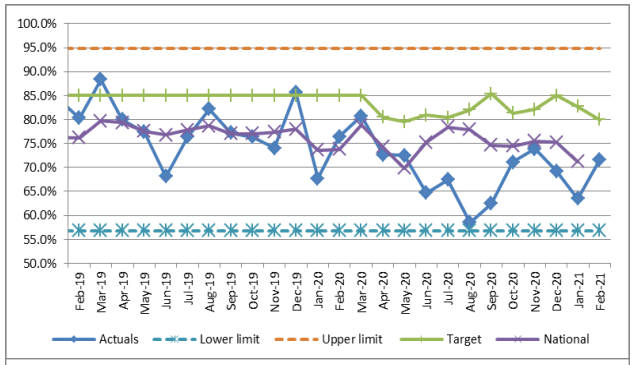

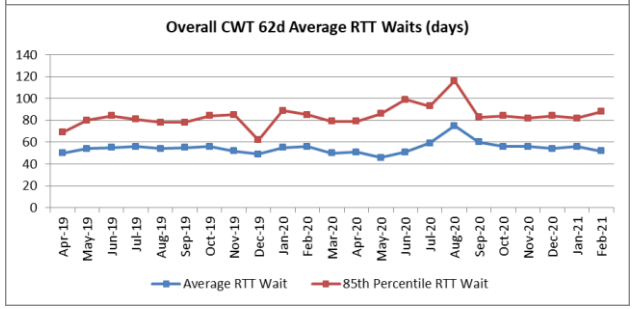

National position & overview

- Nationally, for the month of February 69.7% of people treated began first definitive treatment within 62 days of referred for suspected cancer (71.2% in January).
- Based on 70.5 treatments and 20 breaches the Trust delivered 71.6% for February (63.5% in January) giving an indicative national ranking of 65th from 129 Trusts (last month 99th). Performance as a Nottinghamshire system is 68.5%. The tumour site with the highest volume of breaches for February was Breast (8.5).
- The average wait for treatment has remained relatively stable in month at 52 days and the 85th percentile at 88 days.
- Performance for March is expected to be in the region of 70%.
- Whilst 2WW referrals remain c10% lower year to date. The increasing trend from December (peaking early Feb) has continued into March and April. The increase is predominantly seen within Breast, Lower GI, Gynae and Urology.

Root causes

- All Cancer services continue to be available.
- Whilst FDS performance remains good for February at 79.6% the increase in 2WW referrals is causing additional pressure and extended waits within diagnostic capacity notably CT colon (LGI), CT and histopathology (Breast), and template biopsy (Urology).
- Other key breach reasons include:
  - Extended waits for an oncology appointment (provided by the tertiary centre)

Actions

- Daily surgical prioritisation of cancer patients in place
- Increased oversight of oncology waits across all sites to ensure equity of capacity. Weekly calls in place.
- LGI Improvement programme developed with a focus on straight to test, decision making and reducing the number of admin contacts, commences March 2021. The outcome is expected to reduce time to diagnosis by 10 days and increase FDS performance from 58% to 75%.
- Urology commenced local anaesthetic templates from 01/04/21, reducing waits from 23 days to <14 days.
- Review Breast RCAs with the tumour site lead by complete.

Impact/Timescale

- Detail performance against backlog trajectory on next slide.

Cancer 62 day and 104+ Waits

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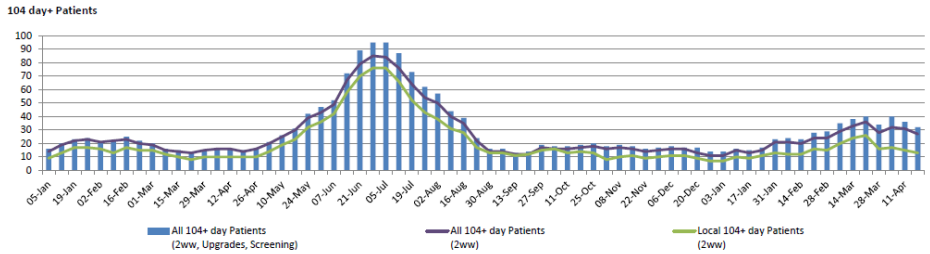
Graph 1: 104+ waits



Graph 2: All 62+ waits

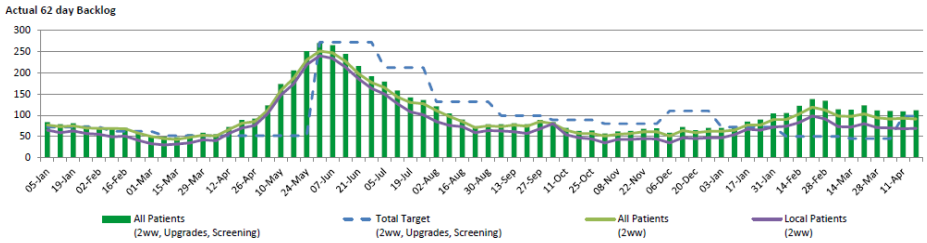


Table 1: Local 62+ waits

Tumour site	Previous months actual											
	April	May	June	July	August	September	October	November	December	January	February	March
Breast	3	28	30	28	15	15	8	7	7	16	13	4
Lung	3	4	2	3	2	0	2	2	4	1	0	2
Haem	2	1	2	1	1	1	1	3	2	1	6	5
UGI	11	20	8	7	7	7	2	6	5	2	7	8
LGI	29	115	71	31	20	22	20	16	12	22	33	36
Skin	1	3	6	5	0	5	1	1	0	2	4	4
Gynae	11	18	9	8	3	4	1	2	9	3	4	2
Urology	6	21	13	7	9	12	9	4	10	4	12	3
Head and Neck	10	30	22	18	10	4	4	2	4	8	9	5
Grand Total	76	240	163	108	67	70	48	43	53	60	88	69

Overview

- Graph 1 shows all patients waiting 104+ days. All patients are actively managed and a harm review is undertaken for all confirmed cancer patients. The latest position as at 23/04/2021 is 32 of which:
  - 9 patients have a treatment date in April.
  - 10 patients are awaiting treatment dates at the Tertiary Centre. 7 of these are Urology patients awaiting robotics.
  - 13 are patients are undergoing diagnostics , awaiting results or next steps.
- Graph 2 shows the **total number** of patients waiting more than 62 days for treatment or for cancer to be ruled out. This includes all local, screening, upgrades and patients waiting for treatment at another provider. The number of patients is 108 as at 11/04/2021. Table 1 is the **local position only** and represents the activity that is monitored by NHSI/E . The Trust finished the Quarter with 36 more patients in the backlog than trajectory of 33.
- The number of patients waiting over 62 days has grown in the main due to increasing 2WW referrals from December 2020 leading to:
  - Extended waits for CT Colon >28 days
  - Template Biopsy wait 23 days
  - Number of patients awaiting confirmation of FDS status notably within LGI.
- The backlog is starting to reduce in April.
- Work is underway with the divisional teams to agree a 62 day backlog trajectory for 2021/22 underpinned by a clear set of actions and assumptions. This will be available for the June Trust Board with an aim to return to the February 2020 position of 45.

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director
Diagnostic waiters, 6 weeks and over-DM01	0.9%	Mar-21	-	27.4%		R	COO

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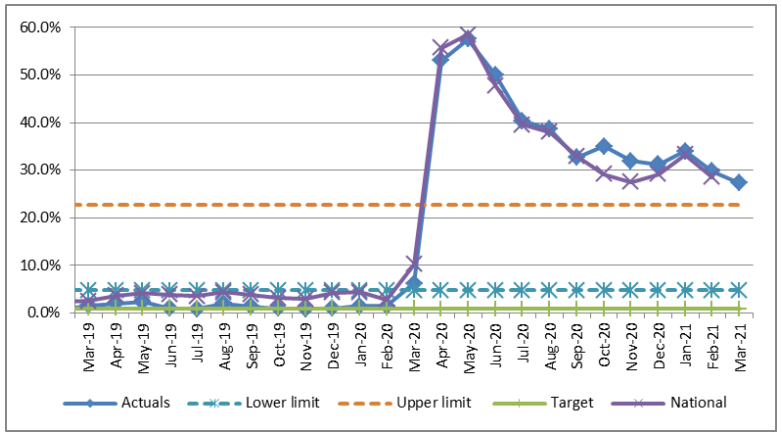

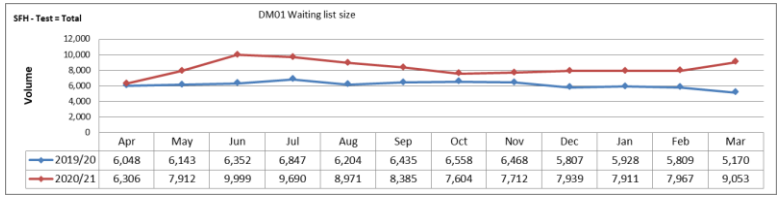

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2019/20	6,048	6,143	6,352	6,847	6,204	6,435	6,558	6,468	5,807	5,928	5,809	5,170
2020/21	6,306	7,912	9,999	9,690	8,971	8,385	7,604	7,712	7,939	7,911	7,967	9,053

National position & overview

- At the end of March 2021 the Trust failed the DM01 standard with performance of 27.4% against a standard of <1%. Performance is based on 2,476 breaches from a waiting list of 9,053 procedures. At time of writing National data for March remains unpublished. February 2021 National performance was 28.5%
- The test with the smallest proportion of patients waiting six weeks or more is audiology assessments with 0.24%. The tests with the highest proportion are ECHO at 53% and CT at 16%
- The size of the DM01 waiting list whilst higher than pre-COVID levels had remained relatively static between October and February. A significant increase is evidenced for March, in the main this is due to non obstetric ultrasound referrals, ECHO and CT.

Root causes

Routine diagnostic test activity and waiting times were significantly impacted by the COVID pandemic.

Whilst most modalities have made significant progress the key risk areas are:

- ECHO equates to over 50% of the total backlog .
- Ability to retain centrally funded CT mobile capacity.
- Growing waiting list size in the main due to an increase in non obstetric ultrasound referrals

Actions

- On-going discussions with the regional team to secure additional CT capacity.
- Trust are engaged with system partners to develop a Community Diagnostic Hub Model.
- ECHO recovery plan in place with a 14 week timeline. Increase productivity within existing capacity to meet demand – 10 per week / Outsourcing 40 per week / Recruiting a further locum – 40 per week
- Identify root cause of non obstetric ultrasound referrals – hypothesis is that it is due to the increase in virtual appointments.

Impact/Timescale

- ECHO plan is currently off track due to the loss of locum cover in April 2021. Plan in place to review capacity and risk across the network to identify where mutual aid can be agreed. This is now a risk to recovery of the DM01 standard.

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director
Total number of patients on an incomplete RTT pathway (PTL/waiting list size)	26610	Mar-21	-	37,603		R	COO

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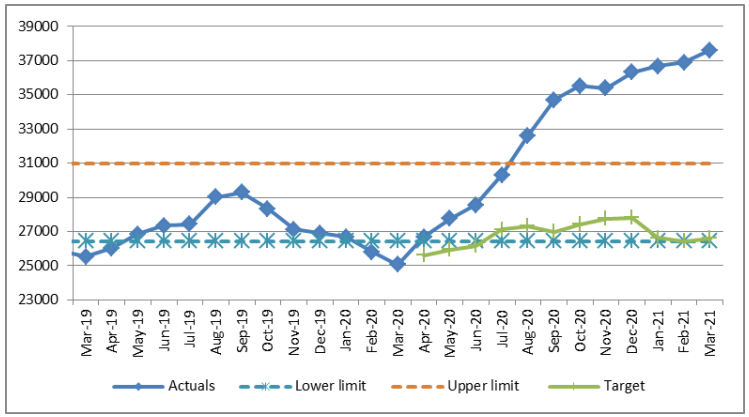

National position & overview

- Nationally, the number of RTT patients waiting to start treatment at the end of February was 4.7 million.
- For the Trust the volume of patients on an Incomplete RTT pathway rose by 3.5% from January at 36,680 to the March position of 37,603.
- Whilst, the volume of patients waiting over 18 weeks grew in the Quarter by 1,400 the rate of growth has slowed from February to the end of March.

Root causes

The key cause of the size of the RTT waiting list due to the following factors:

- Reduced routine elective operating and diagnostic activity in response to the COVID pandemic leading to extended waits for routine patients.
- GP referrals c.25% lower year to date.
- Increased volume of overdue reviews added to the waiting list over the last 12 months c.6,000

Actions

- A monthly Elective steering Group is in place, chaired by the COO.
- Other actions include:
  - Daily surgical prioritisation in place
  - Complete nationally funded validation programme
  - On-going use of the Independent sector access in place
  - Implement an Elective Hub in place across the ICS
  - Review of unobserved referrals with the ICP and PCN, by GP practice
- Specialty led activity plans for 21/22 will be agreed by 29/04. Plans will identify the volume of activity that can be undertaken within current capacity. They will also identify the COVID related constraints that remain in place and opportunities and action to release these. Finally, the plan will also identify productivity and transformation opportunities.

Impact/Timescale

- The RTT waiting lists is expected to remain above 19/20 levels throughout 21/22.

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director
% of patients treated within 18 weeks	88.5%	Mar-21	-	63.6%		R	COO

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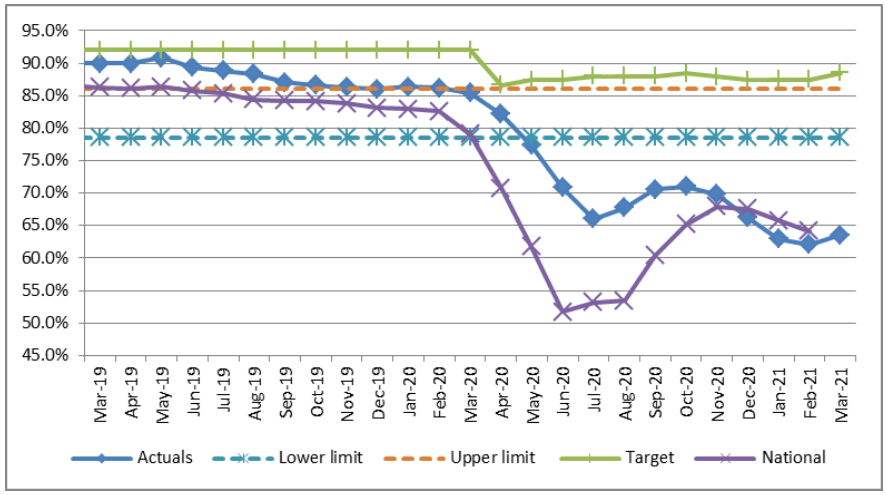

National position & overview

- At time of writing performance for March remains unpublished. Nationally, at the end of February 2021 performance of the Incomplete standard was 64.5%. The Trust delivered 62.1% for February and 63.6% for March.
- National ranking for February was 91st from 131 organisations.
- For patients waiting to start treatment at the end of January, nationally the median waiting time was 13 weeks and 92nd percentile is 52+ weeks. For the Trust the median wait was 12 weeks and 92nd percentile was 41 weeks.

Root causes	Actions	Impact/Timescale
The key cause for current performance is the shift in the shape of the waiting list due to 3 factors: 1. Reduced routine elective operating and diagnostic activity in response to COVID - leading to extended waits for routine patients 2. Focus on urgent and cancer P2 activity (low wait stops) 3. Increased volume of overdue follow ups added to the waiting list.	• Elective Steering Group implemented as per the previous slide. • New theatre time timetable implemented in 2 phases. Phase One 29/03/2021 to 25/04/2021. Increased operating available for priority patients. Phase Two 26/04/2021 a revised BAU timetable. Focus will remain on clinical priority order. • Undertake a specialty by specialty review of residual constraints to increase outpatient activity to 2019/20 levels – timeframe end of April 2021 in line with the Specialty led activity planning round. • Contact all patients on the waiting list without a TCI or appointment to confirm that pathways are being monitored, to offer a contact point should they have any queries or to confirm if an appointment is no longer required. Aim to send letter by the end of May 2021.	• RTT Incomplete performance is expected to remain below 92% throughout 2021/22

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director
Number of cases exceeding 52 weeks referral to treatment	0	Mar-21	6614	1618		R	COO

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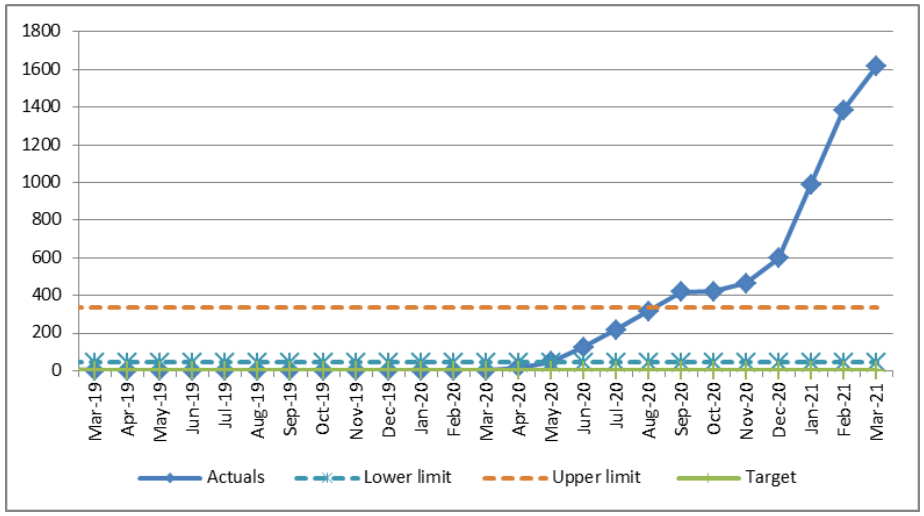

National position & overview

- Performance for March (at time of writing) is unpublished however the Trust has reported 1,618 52+ waits. This is just over 4% of the total waiting list and is split 40% admitted and 60% non admitted
- Top 5 specialties:
  - ENT – 458
  - Ophthalmology – 403
  - Trauma and Orthopaedics – 327
  - General Surgery – 140
  - Urology – 69
- Nationally at the end of February 387,885 of patients were waiting more than 52 weeks (8% of the total national waiting list)

Root causes	Actions	Impact/Timescale
• The key cause for waits greater than 52 weeks at is the response to the COVID-19 pandemic which led to a pause of routine elective outpatients, diagnostics and operating. • Additionally the focus on low wait cancer and urgent activity has extended waits for routine surgery and follow up activity.	• Weekly RTT meetings in place securing plans for long wait patients. During March 396 patients waiting over 52 week wait pathways were completed. • A robust mechanism for recording the clinical priority status and reviews undertaken is in place. Focus on the daily surgical prioritisation call remains on ensuring theatre capacity for P2 and cancer patients. • Independent Sector access remains in place for the 1st 6 months of 2021/22. • Model the 52+ position in line with the impact the reduction in referrals has had and increasing activity in 21/22 will have n the shape of the waiting list	The expectation is that due to the reduction in referrals particularly in Q1 2020 a natural dip in the volume of patients waiting over 52+ will occur. Modelling work to take place during May 2021.

Best Value Care

Sherwood Forest Hospitals
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For M1 to M6 the Trust has been paid the retrospective top-up values requested and has therefore met the break-even requirement set out by NHSE/I. As part of the NHSE/I Phase 3 planning process a detailed organisational plan for M7-M12 was submitted to NHSE/I on 22nd October. The Phase 3 plan assumes a deficit of £9.21m for the M7-M12 period.

NHSE/I has combined the periods above into a single plan for the year (M1-M6 plan, matched to actuals) and M7-M12 as submitted by the Trust. Performance against this overall plan is summarised below.

The Trust's outturn is a £5.54m deficit, £3.68m better than plan and in line with the M11 forecast. This outturn includes funding of £2.44m to offset the increase in annual leave creditor and £1.09m support for "Lost other income".

Included in the M12 position are the following:

- Impairment charge following District Valuer valuation of land and buildings £5.46m (excluded from calculation of financial performance),
- Notional Income and Expenditure in respect of increased employer pension contribution £9.09m, COVID PPE and equipment from DHSC £7.23m and Charitable Funds £0.12m,
- Charge for increase in untaken annual leave £2.44m (offset by central funding).

	March In-Month			Out-turn		
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
Income	32.02	62.01	30.00	384.26	422.53	38.28
Expenditure	(33.82)	(61.29)	(27.46)	(393.47)	(428.07)	(34.60)
Surplus/(Deficit) - Break-even Requirement Basis	**(1.81)**	**0.73**	**2.53**	**(9.21)**	**(5.54)**	**3.68**
Capex (including donated)	(5.86)	(13.01)	(7.15)	(16.03)	(23.84)	(7.81)
Efficiencies (FIP)	0.22	(0.11)	(0.33)	2.70	2.92	0.22
Closing Cash	1.69	25.19	23.50	1.69	25.19	23.50

The Trust exceeded its capital expenditure plan by £7.81m in 20/21 due to additional funding awarded in respect of Emergency / Resus department, Adult Critical Care, Endoscopy (Adapt and Adopt), Breast Screening, LIMS, HSLI Capacity and Flow, HSCN Firewall, EPR, Air Scrubbers and Critical Infrastructure projects.

The Phase 3 plan identified £2.70m of efficiencies in M7-M12, the Trust has exceeded its plan by £0.22m.

Closing cash at M12 is £25.19m, which is £23.50m above plan.

Best Value Care

Sherwood Forest Hospitals
NHS Foundation Trust

Break-even Requirement Basis - All values £'000

	In Month					Out-turn				
	Plan	Non-Covid Actual	Covid Actual	Total Actual	Variance	Plan	Non-Covid Actual	Covid Actual	Total Actual	Variance
Income:										
Block Contract	23,313	23,313	0	23,313	0	280,287	280,287	0	280,287	0
Top-Up Value	3,693	3,693	0	3,693	0	39,169	39,169	0	39,169	0
Growth	467	467	0	467	0	2,800	2,800	0	2,800	0
Retrospective True-Up Value	0	0	0	0	0	9,017	9,017	0	9,017	(0)
COVID Income	1,717	0	1,717	1,717	0	21,952	0	21,952	21,952	0
Other Income	2,827	32,721	10	32,731	29,905	31,030	68,938	6	68,944	37,914
Total Income	**32,016**	**60,194**	**1,727**	**61,921**	**29,905**	**384,255**	**400,211**	**21,958**	**422,169**	**37,914**
Expenditure:										
Pay - Substantive	(17,704)	(20,746)	(200)	(20,946)	(3,242)	(203,626)	(204,372)	(2,530)	(206,902)	(3,276)
Pay - Bank	(1,923)	(4,376)	(922)	(5,299)	(3,375)	(20,812)	(22,235)	(8,409)	(30,644)	(9,832)
Pay - Agency	(1,326)	(1,363)	(233)	(1,596)	(270)	(15,210)	(12,043)	(3,117)	(15,160)	50
Pay - Other (Apprentice Levy, Pension Top Up and Non Execs)	(88)	(9,663)	0	(9,663)	(9,575)	(1,060)	(10,665)	0	(10,665)	(9,605)
Total Pay	(21,041)	(36,149)	(1,355)	(37,504)	(16,462)	(240,708)	(249,314)	(14,056)	(263,371)	(22,663)
Non-Pay	(10,461)	(21,092)	(267)	(21,358)	(10,898)	(126,140)	(130,151)	(7,594)	(137,745)	(11,605)
Depreciation	(1,067)	(1,080)	0	(1,080)	(12)	(11,860)	(11,831)	0	(11,831)	29
Interest Expense	(1,254)	(1,252)	0	(1,252)	1	(14,761)	(14,760)	0	(14,760)	1
PDC Dividend Expense	0	0	0	0	0	0	0	0	0	0
Total Non-Pay	(12,781)	(23,424)	(267)	(23,690)	(10,909)	(152,761)	(156,742)	(7,594)	(164,336)	(11,575)
Total Expenditure	**(33,823)**	**(59,572)**	**(1,621)**	**(61,194)**	**(27,371)**	**(393,470)**	**(406,056)**	**(21,651)**	**(427,707)**	**(34,238)**
Surplus/(Deficit)	**(1,807)**	**622**	**105**	**727**	**2,534**	**(9,214)**	**(5,845)**	**307**	**(5,538)**	**3,676**

The table above shows that the Trust outturn deficit of £5.54m is £3.68m ahead of plan at the end of M12. This includes funding to offset the 'allowable' annual leave creditor movement of £2.44m and "Lost other income" of £1.09m.

The table above includes the impact of:

- The Vaccination Programme, outturn costs of £7.66m (£6.50m Pay and £1.16m Non pay), offset by £7.30m of Other Income, leaving a deficit of £0.36m due to uncertainty of funding relating to the Local Vaccination Service via Primary Care Networks.
- Notional income and expenditure of £9.09m for employers NHS pension contribution.
- Notional income and expenditure of £7.23m for COVID PPE/equipment donated by DHSC.
- Income and expenditure of £2.44m for increase in annual leave creditor at 31st March 2021.
- Health Informatics (NHIS) increased income and expenditure above plan £3.77m.