

Public Board Meeting Report

Single Oversight Framework Integrated Monthly Performance Report

Date 5 May 2020
Authors Senior Leadership Team

Overview

Overall, in Q4 **organisational health** was consistent with what was expected. The impact of Covid-19 in March 2020 did have an impact on sickness absence and overall attendance. Staff loss has however, been mitigated through staff redeployment and bank and agency staff. Turnover remained relatively low across Q4 and below internal indicators.

Patient quality, safety and experience have remained stable throughout Q4 with significant improvements being seen in dementia screening and the number of formal complaints. Rolling HSMR has tipped out of the expected range at the end of Q3; we understand the drivers of this and are working through a number of actions to identify whether the variation is warranted and to plan our next steps. Further detail will be available for the May report. A number of the metrics have been paused nationally due to the Covid pandemic. We remain poised to restart these national returns and are continuing to follow our usual monitoring of quality, safety and experience in the meantime.

As has been the case for most of the year deliver of the **access standards** is characterised by growing demand. The capacity to meet the demand is variable across the key theme areas. In emergency care, performance remains relatively positive, and although below trajectory, the Trust consistently ranks in the top 10 Trusts for waiting times. For elective care, performance is stable, we have maintained zero 52 week waiters over the year and the waiting list size is reducing. For cancer care there remain challenges in the time to diagnosis, most notably due to the imbalance in imaging capacity. In the latter part of March services have been significantly impacted on by the Covid pandemic and this is likely to see an adverse movement in waiting times for elective care and diagnostics for the future.

During the final quarter of the financial year, the Trust's **financial position** has been maintained and the 2019/20 control total plan has been delivered. The financial improvement plan has delivered £4.7m in the last three months and this has enabled full delivery of the annual plan of £12.8m. However, 63% of this is non-recurrent and the Trust's underlying financial position has deteriorated by £4.6m and is £12.1m worse than plan as at 31/3/20.

In responding to Covid the Trust spent £1m more than planned during March and income was received from NHSI to reimburse this expenditure.

Since we last met as a Board, international and national concern about Coronavirus has dramatically increased. We have a separate report on this for Board today but this SOF covers the timeframe pre Covid and as our Covid plans strengthened.

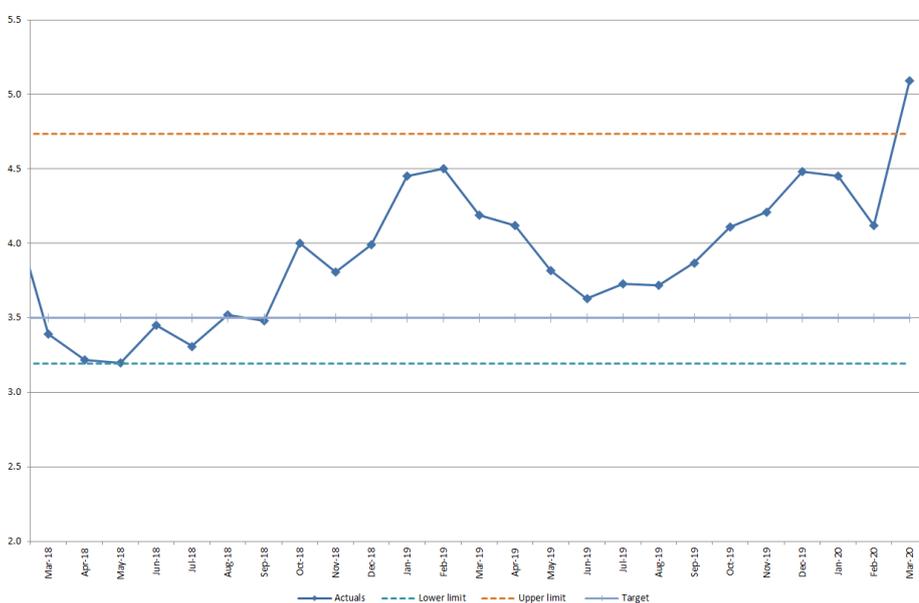
Organisational Health

| At a Glance | Indicator | Plan / Standard | Period | YTD Actuals | Monthly / Quarterly Actuals | Trend | RAG Rating | |
|-----------------------|-----------|---------------------------------------------------------------------------------|--------|-----------------|-----------------------------|-------|-------------------------------------------------------------------------------------|---|
| ORGANISATIONAL HEALTH | HR | WTE lost as a % of contracted WTE due to sickness absence within last 12 months | ≤3.5% | Apr-19 - Mar-20 | 5.1% | - |  | R |
| | | Staff Turnover | ≤0.9% | Mar-20 | 0.7% | 0.9% |  | G |
| | | Proportion of Temporary Staff | 7.40% | Mar-20 | 7.8% | 7.9% |  | A |

Sickness

Prior to March 2020 there were no significant exceptions to report in terms of overall sickness absence. Absence in January and February was broadly consistent with the same period in Q4 18/19. The overall absence figure for the Quarter was 4.56%

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



During Quarter 4

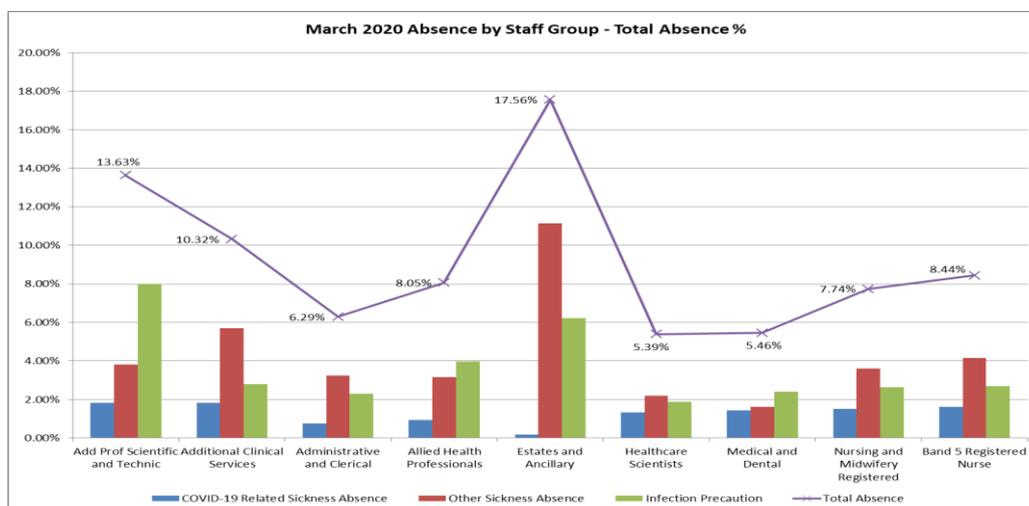
- Short term absence was 2.90%
- Long term absence was 1.67%
- Corporate Services (3.22%) were under the 3.50% target; with the remaining divisions above the target: Surgery at 6.46%, Medicine at 5.53%, Diagnostics & Outpatients at 4.89%, Urgent & Emergency Care at 4.77% and Women & Children's at 4.58%

Overall during Q4 the main reason for the increase in sickness absence was due to Covid in March 2020.

In addition to sickness absence, there has been absence due to Covid related Infection Precaution. This is where a staff member has been absent due to self-isolation (14 days), because they have either an underlying health condition, are pregnant or unable to return to the UK from abroad. In March 2020, the Infection Precaution absence figure was 2.85%. When added to the sickness absence figure (5.09%) makes a total absence figure 7.94%.

The Division with highest overall absence figure, for sickness and Infection Precaution was Surgery, 9.78%. The remaining Divisions were: Diagnostics & Outpatients, 8.89%, Medicine, 7.87%, Urgent & Emergency Care, 7.13%, Women & Children's 6.05% and Corporate, 5.74%

Chart: Total absence % by Staff Group.



The top three staff groups are: Estates & Ancillary 17.56% but this is due to having a smaller number of staff, (n.80). Add Prof Scientific & Technical, 13.63%, with 185 headcount and Additional Clinical Services, 10.32%, 1053 headcount. During this quarter there have not been any staff group absences that have given any particular cause for concern.

Sickness absence reason

The top three reasons for absence were:

- Chest & Respiratory problems, 1.33% an increase of 1.20%, (February, 0.13%), Largely due to COVID 19.
- Anxiety & Stress, 1.06% an increase of 0.01% (February, 1.05%) and
- Gastrointestinal problems, 0.48% a decrease of 0.05% (February, 0.53%).

As a Trust we have wellbeing interventions in place to support colleagues, these include:

- The Trust's Employee Assistance Programme (EAP) which provides; 24/7 telephone counselling, Cognitive Behavioral Therapy workbooks (CBT) and access to online CBT Programs.
- From February 2020 the provider of face to face staff counselling services provided to the Trust changed. The new provider is Vivup who are the current providers of the 24/7 telephone counselling services. Vivup have indicated that the maximum wait time to access staff counseling services will be 2 weeks.
- We have launched a Covid Staff Health and Well Being Strategy, and have commissioned the services of a Clinical Psychology team to shape this agenda from a psychosocial perspective.
- We have opened two #SFHDen facilities at both KMH and Newark Hospital - a safe and calm environment for staff to have access to all health and wellbeing information on offer, and to talk to staff about any issues.
- There was positive feedback received from the Midlands NHSE HWB Lead that SFH has all of the critical HWB support mechanisms in place, as benchmarked against other organisations.
- The Occupational Health service has set up a dedicated Covid staff advice line facilitated by Occupational Health Nurses. During March they supported over 819 staff who made direct contact with the service. They have

developed a Covid specific manager referral form so that managers can obtain individual timely advice for staff that may need Covid related workplace adjustments making.

- The Occupational Health service is playing an integral part in the Covid staff swabbing program
- During this pandemic the Occupational Health service has continued to provide all core services
- A HR support line has also been set up and has supported 595 enquiries.
- For all of our staff we have undertaken risk assessment and we are continuing to do work on these in accordance with national guidance. Particular attention is being paid to staff who are in vulnerable groups.

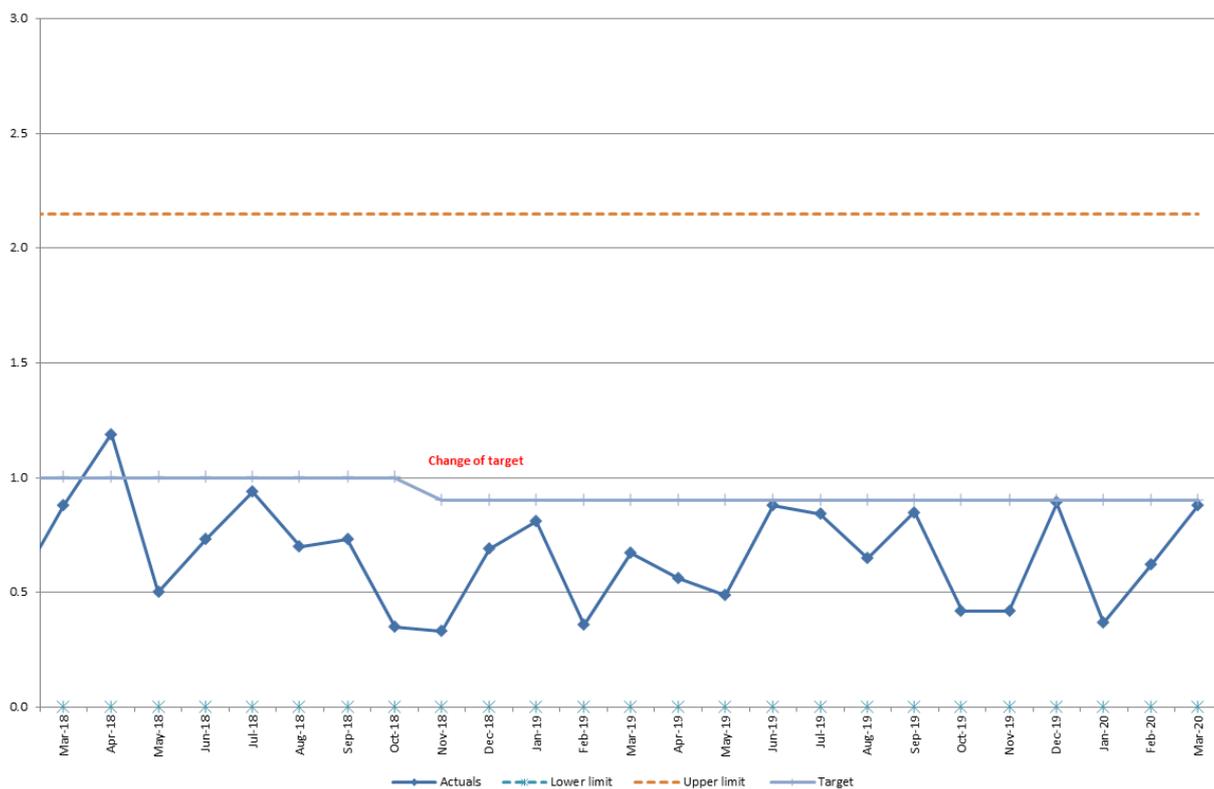
Turnover

Turnover in Q4 has remained low at 0.74% and this has been consistent throughout the year.

Of those leaving in Q4 48.6% (46.36 FTE) had more than 36 months service 32.1% (30.61 FTE) had between 12 and 36 months service and 19.4% (18.51 FTE) had less than 12 months service.

A total of 29 individuals completed the exit survey. The main reasons for leaving the Trust were; better career opportunities, improved work life balance and/or family / personal reasons. Some colleagues reported low morale and lack of career opportunities. The positive feedback showed that colleagues had felt listened to at supported whilst working at Sherwood and they felt able to contribute to their job role.

Chart: Staff Turnover

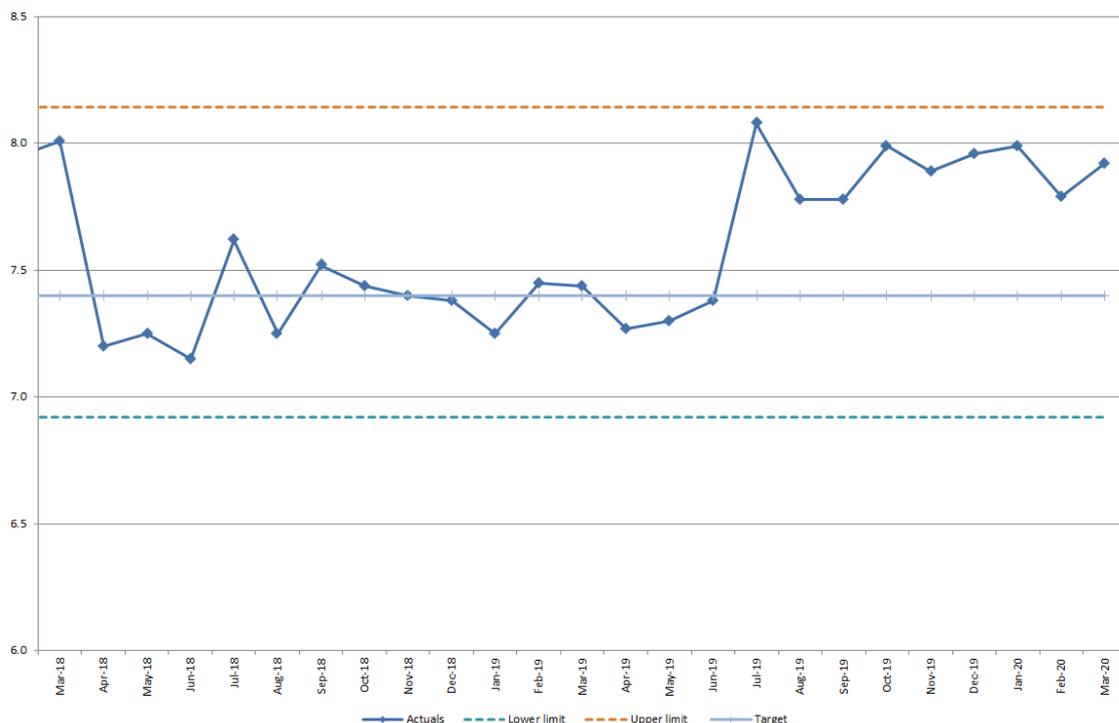


Percentage of Temporary Staff

There was increase in the use of temporary staff during March however, overall during Q4 there has been reduction and the overall figure 7.9%. This figure includes bank and agency workers who have been engaged to fill gaps in nursing, medical and AHP rotas.

Increasing levels of patient numbers and acuity were the contributing factors in the increase requests for temporary staffing. It is anticipated that levels of Temporary Staff requests are likely to increase given the added implications of Covid.

Chart: Percentage of Temporary Staff



In response to the Covid situation we have taken proactive action to increase our workforce capacity and capability. We have successfully recruited an additional 246 workers to our bank (including 41 RNs, 189 HCAs). In addition we have also seen 12 staff return through the national Bring Back Staff retirement scheme, and 15 medical students have joined with us as HCAs. The Trust has also engaged 45 Aspirant Nurses (3rd Year Nursing Students) and 10 interim Foundation Year 1 (FiY1) doctors. Streamlined processes meant that we were able to achieve a rapid turnaround and induction for these colleagues.

Organisational Effectiveness

This quarter update is intended to recognise where we were and the progress we have made, what we have achieved during Covid and how we intend to move forward.

At the end of Q4 the organisation was on track and had defined a clear set of organisational priorities and key cultural indicators (SOF) that would drive and strengthen our organisational effectiveness across key cultural indicator categories; *Talent and personal development, Organisational culture, High performing and consistent leadership, Knowledge and understanding of improvement, Application of improvement tools and approach and Citizen involvement in improvement and audit initiatives.*

In February, the 2020 staff survey results were made publically available. Following release, the Director of Culture and Improvement met with each Division to review, recognise and together identify priorities for improvement and if/how Divisions required support. The sessions involved the Division triumvirate team and were supported by the Chief Nurse and Chief Operating Officer, HR and OD. Conversations in each division provided a platform to engage, listen, understand and together determine how and what was required to further strengthen our Sherwood culture. From this point, each Division started to engage at a service level and empower service teams to determine a set of cultural priorities.

Since the Director of Culture and Improvement joined Sherwood, a number of developments have been made in bringing together teams and starting to embed a much more 'connected approach' to improvement. This started by introducing a new approach to improvement and one that started by paying attention to our people and the conditions to change. A collaborative team consisting of service improvement, PMO and OD started to support an extensive piece of Theatre Transformation. Engagement and feedback was very positive and it started to set the tone and a new connected approach to improvement.

Progress and new relationships formed placed us in a stronger position to effectively and more cohesively respond to the emerging asks of Covid. Since early March the work of directorate teams has radically re-prioritised and the following has been achieved:

- Development of a new Self Care and Well Being strategy for Sherwood, providing multiple levels of welfare and care packages. Of which is underpinned by agile, psychological support to individual and team based development; Junior Drs, Shielding and Home Workers, Values based daily videos and check-in's to critical care team.
- Creation of 'safe spaces' across both key sites by increasing access to support, enhancing visibility and providing a sensory based space for colleagues to have time out, reflect and gather their thoughts
- Applying Rapid Improvement skills to support service change and implementation
- Developing a rapid induction programme for 12 final year Medical Students to join Sherwood in to new Foundation Intermediate Tier 1 training posts
- Developing a new rapid induction programme where over 240 HCSW and 40 Registered Nurses were recruited over a 10 week period
- Supporting the recruitment and delivery of the new Aspirant Nurse programme. Sherwood has been able to support 26 aspirant nurses to undertake a rapid induction programme by end April.
- PMO realigned to support the Incident Control Team and supporting sub groups. This has allowed Sherwood to have reliable and consistent oversight of key decisions and actions undertaken across the Trust during Covid. This has also put Sherwood in a strong place to move into recovery, reform and reset and our approach to transform care for patients.

These are just some of the key actions and developments towards organisational effectiveness. As we move into recovery, careful attention will need to be given to our culture. We will need to pay particular attention to how we continue to effectively engage, listen and support colleagues that have been physically in the organisation during the last two months and those that have been shielded, working from home or on stand-by. Colleagues will have different needs and our aim is to ensure we respond as safely and effectively as possible.

It is recognised that leadership during Covid has seen a significant shift both within the organisation and as a system. Different leadership styles, mind sets and behaviours are seen and felt and there is a need to understand and learn from this and choose how we wish to define our leadership and governance going forward. Steps have already been taken to respond to this. As we move through recovery, this greater understanding and collaborative

commitment to compassionate and inclusive leadership can only further strengthen our opportunity to reset and sustain the trusted, empowered leadership we have experienced.

Patient Safety, Quality and Experience

| QUALITY, SAFETY AND PATIENT EXPERIENCE | | Target | | Actual | | Trend | Rating |
|----------------------------------------|--------------------------------------------------------------------------------------------------------------|--------|-----------------|--------|--------|-------|--------|
| | | Value | Unit | Value | Unit | | |
| Patient Safety | Rolling 12 months HSMR (basket of 56 diagnosis groups) | 100 | Jan-19 - Dec-19 | 106.5 | - | | A |
| | SHMI | 100 | Nov-18 - Oct-19 | 96.35 | - | | G |
| | Serious Incidents including Never Events (STEIS reportable) by reported date | 2 | Mar-20 | 28 | 1 | | G |
| | Never Events | 0 | Mar-20 | 2 | 0 | | G |
| | NHSE/NHSI Improvement Patient Safety Alerts Compliance (Number open beyond deadline) | 0 | Mar-20 | 3 | 0 | | G |
| Quality | Safe Staffing Levels - overall fill rate | 80.0% | Jan-20 | 102.7% | 106.1% | | G |
| | Same Sex Accommodation Standards breaches | 0 | Feb-20 | 0 | 0 | | G |
| | Clostridium difficile Hospital acquired cases | 4 | Mar-20 | 37 | 1 | | G |
| | MRSA bacteremia - Hospital acquired cases | 0 | Mar-20 | 0 | 0 | | G |
| | Eligible patients having Venous Thromboembolism (VTE) risk assessment | ≥95% | Feb-20 | 95.8% | 95.6% | | G |
| | Eligible patients asked case finding question, or diagnosis of dementia or delirium | ≥90% | Feb-20 | 58.8% | 71.4% | | R |
| | Eligible patients having Dementia Diagnostic Assessment | ≥90% | Feb-20 | 99.9% | 100.0% | | G |
| | Patients where the dementia outcome was positive or inconclusive, are referred for further diagnostic advice | ≥90% | Feb-20 | 99.6% | 100.0% | | G |
| | Number of complaints | ≤60 | Mar-20 | 351 | 13 | | G |
| | Recommended Rate: Friends and Family Inpatients | 97% | Feb-20 | 97.4% | 97.3% | | G |
| | Recommended Rate: Friends and Family Accident and Emergency | 87% | Feb-20 | 91.8% | 93.8% | | G |
| | Recommended Rate: Friends and Family Maternity | 96% | Feb-20 | 93.3% | 85.0% | | R |
| | Recommended Rate: Friends and Family Staff | 80% | Qtr2 Yr2019/20 | 81.7% | 81.1% | | G |

HSMR & SHMI

HSMR was within the expected range until September 2019 when the relative risk spiked at 128.2. Since then it has reduced through Q3 with the HSMR for January at 101.4. We are working with Dr Foster colleagues to understand what caused the spike and what actions we need to take to prevent a recurrence. It is clear the increase in HSMR is being driven by non-elective deaths and perhaps a change in case mix during September 2019 as the expected number of deaths is significantly lower than the observed deaths, which are within range.

In addition to the September position there are a number of other factors currently under review that are likely to be contributory factors to the escalating HSMR relative risk, these are:

- Fractured Neck of Femur Mortality Outlier Status – although this was triggered by the National Hip Fracture Database it has not triggered a mortality outlier alert by Dr Foster, Imperial College London and as such is not subject to a mortality outlier review for the Care Quality Commission. Work continues within the Fractured Neck of Femur MDT group to improve the pathway and care delivered.
- Alcohol Liver Disease – this has triggered a Dr Foster Cusum alert as we reported 30 deaths against an expected 12.7 for the 12 month period January 2019-December 2019. All 30 deaths will be reviewed to identify potential anomalies. This is also a feature of the slight increase in the Summary Hospital Mortality Index (SHMI) through December.

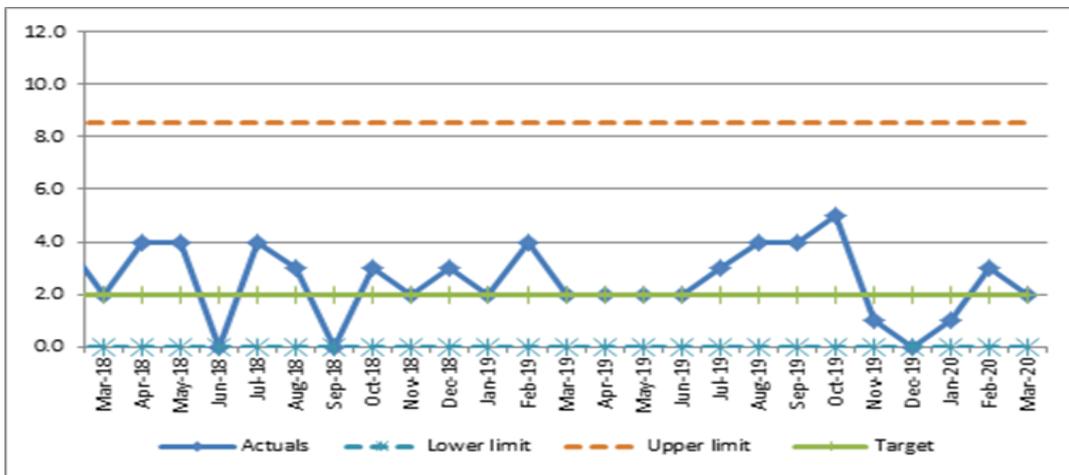
- Gastrointestinal haemorrhage – this has also triggered a Cusum alert as we observed 33 deaths against an expected number of 19.9 for the same reporting period. Again, these deaths will be reviewed.
- Other lower respiratory (pulmonary) disease where we saw 15 deaths over the year.
- Palliative Care Coding – our rate of palliative care coding is significantly lower than our peer group and has reduced considerably during Q3. Clinical Coding have been asked to look at whether there has been a change in process or whether this is a documentation issue for medical colleagues.

The April Report from Dr Foster is due on 29 April and will provide further clarity for inclusion within the SOF for the May Board Report.

Serious Incidents

During Q4 there have been six incidents meeting the serious incident criteria. These have been reported via STEIS and include one incident meeting the never event criteria. The never event was a wrong tooth extraction involving a paediatric patient and this brings our total to two for the year.

Serious Incidents including Never Events (STEIS reportable) by reported date

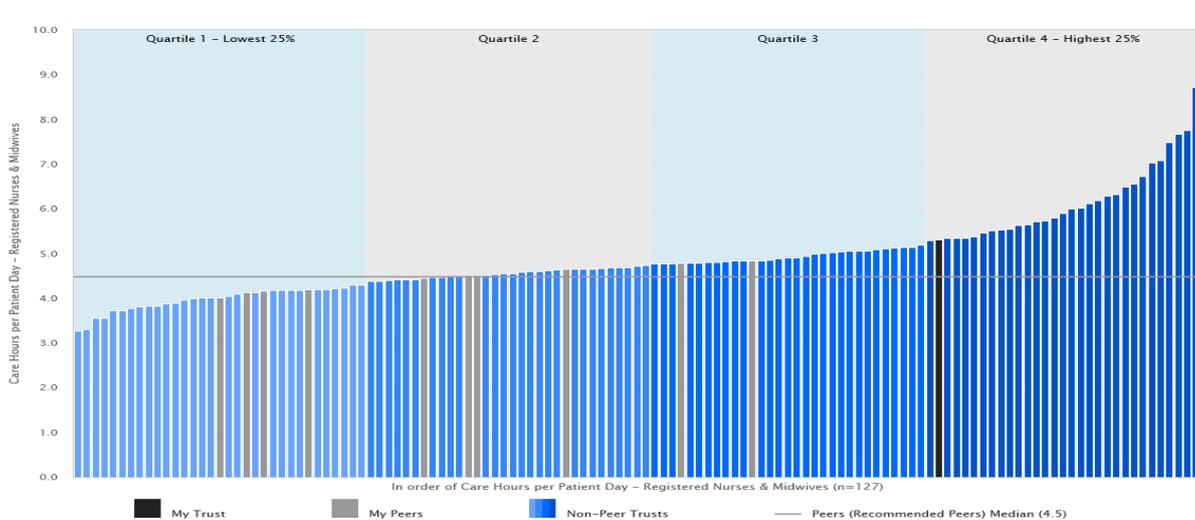


Data source: SFHFT information team

Staffing

During Quarter 4 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 – Registered Nurses & Midwives, National Distribution



Data source: NHS Improvement Model Hospital

Our care hours per patient day (CHPPD) at a trust level benchmarks well against our peers and we sit in the 4th quartile nationally. CHPPD has increased by 1.8 in the quarter due to reduced patient occupancy during the pandemic. This time has been utilised to train staff in providing care to respiratory patients and those requiring critical care.

Same Sex Accommodation Standards Breaches

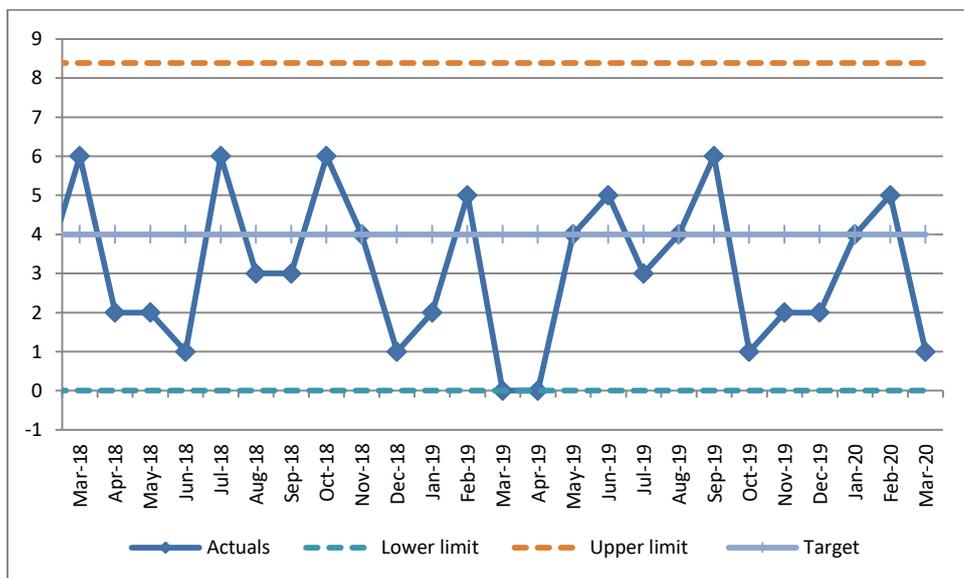
There have been no single sex accommodation breaches reported during Q4 and this maintains our year to date performance at zero. Despite the many changes made to our pathways and services to provide red and green areas to maintain patient safety during the Covid pandemic; privacy and dignity and has been maintained with no single sex breaches noted. We remain amongst the best performing Trusts regionally and nationally.

Clostridium Difficile

This year’s Clostridium Difficile infection objective is set at 79; this increase is due to a change in definitions applied to identifying the attributable organisation. SFHFT will be responsible for any case identified more than two days after admission and any case that has been in SFHFT within the preceding four weeks, Community Onset Hospital Associated (COHA). The 2020/21 trajectory has not yet been set.

There were 10 case of Trust acquired *Clostridium Difficile* Infection (CDI) in Q4. None were linked and therefore there was no in hospital transmission. There were three cases of Community Onset Hospital Associated (COHA). This brings the total to 56 cases, compared to 70 last year.

Clostridium Difficile Hospital acquired cases



Data source: SFHFT information team

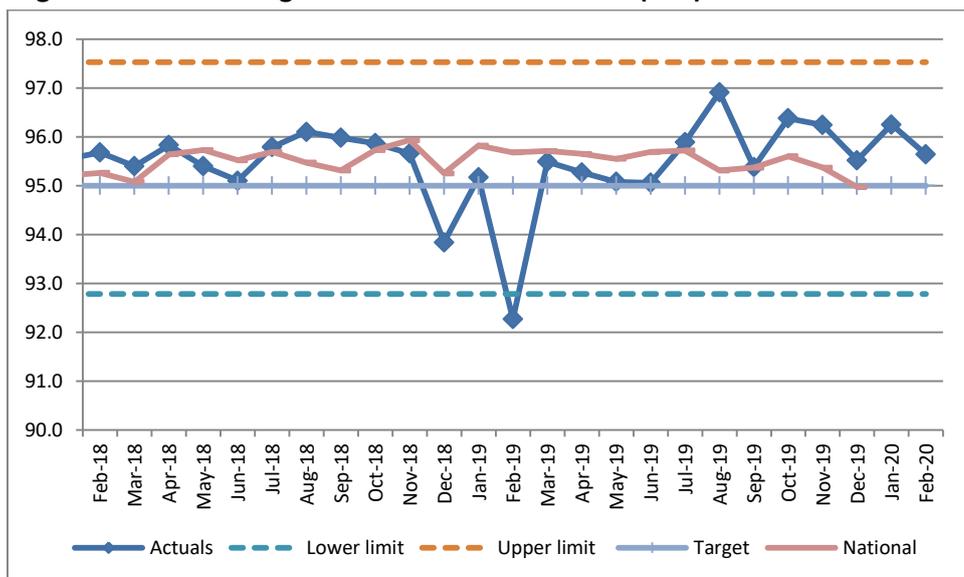
MRSA Bacteraemia – Hospital Acquired

Zero MRSA bacteraemia were identified in Q4; this means we have concluded the year without any hospital acquired MRSA bacteraemia.

Venous Thromboembolism (VTE)

Data oversight of VTE is only available up to the end of February 2020 due to the national reporting 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.

Eligible Patients Having Venous Thromboembolism (VTE) Risk Assessment

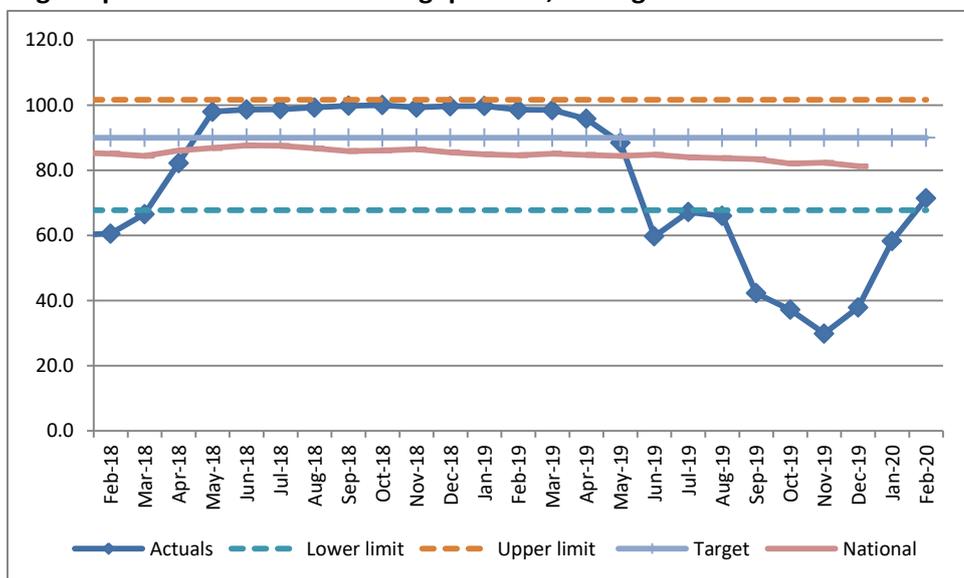


Data source: SFHFT information team

Dementia

In December's exception report a number of key actions were agreed and enacted; this included promotion of the dementia screening module on Nerve centre, the implementation of band 3 health care support worker to undertake daily follow up of screening and an audit of screenings not recorded via Nerve centre. This has significantly increased our compliance with dementia screening in Q4 and we remain on the agreed trajectory

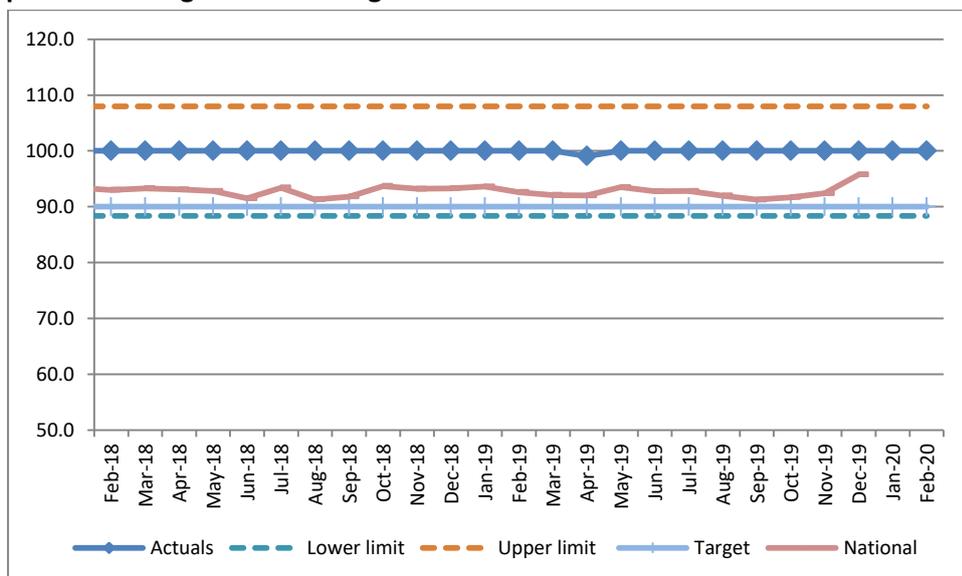
Eligible patients asked case finding question, or diagnosis of dementia or delirium



Data source: Nerve centre

The data below demonstrates that of those assessments recorded on Nerve centre all patients requiring a review by Rapid Response Liaison Psychiatric received this within the required timescales.

Eligible patients having Dementia Diagnostic Assessment

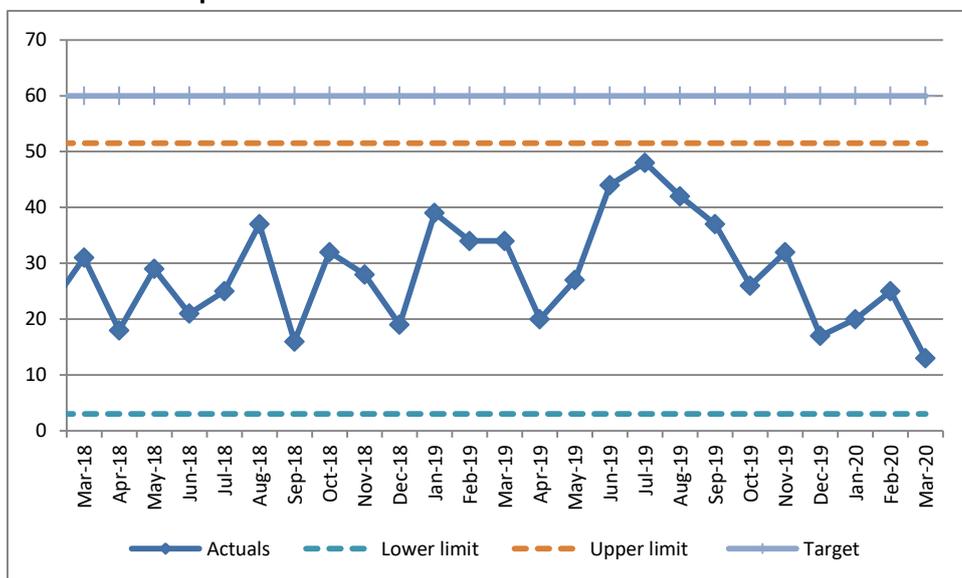


Data source: SFHFT information team

Complaints

In Q4 we recorded the lowest number of complaints for 2019/20, and although we believe Covid has reduced the numbers in March; numbers in January and February also remained low. This shows a reduction of 46% in complaints when compared to the same period in 2018/19. Alongside this we saw a 40% increase in concerned enquires demonstrating a shift to prompt local resolution. Key themes include delays in appointments and communication in some surgical specialties. These were escalated to the divisions in real-time and were reviewed at monthly divisional governance meetings.

Number of complaints



Data source: SFHFT information team

Friends and Family Test

Due to Covid and following DOH guidelines all the FFT was paused in Q4. The Trust has removed all paper surveys and mobile devices used to record FFT, however SMS text messaging continues in outpatients, ED and sexual health services. The implementation of text messaging in maternity services is due to take place in April 2020. The FFT

feedback via text messaging albeit limited will provide a measure of patient experience and highlight any themes and trends at this time. Recommendation rates for March 2020 were:

- Inpatient - 98%,
- Emergency Department - 93%
- Outpatient - 95%
- Maternity service - 94%.

Operational Performance/ Access

| OPERATIONAL STANDARDS | Emergency Access | Emergency access within four hours Total Trust | ≥95% | Mar-20 | 90.1% | 87.7% | | R |
|-----------------------|-----------------------|-----------------------------------------------------------|------|--------|-------|--------|--|---|
| | | Number of trolley waits > 12 hours | 0 | Mar-20 | 47 | 0 | | G |
| | | % of Ambulance handover > 30 minutes | 3.4% | Mar-20 | 8.1% | 7.8% | | R |
| | | % of Ambulance handover > 60 minutes | 0.0% | Mar-20 | 0.5% | 0.3% | | R |
| | Referral to Treatment | 18 weeks referral to treatment time - incomplete pathways | ≥92% | Mar-20 | - | 85.4% | | R |
| | | Number of cases exceeding 52 weeks referral to treatment | 0 | Mar-20 | - | 0 | | G |
| | Diagnostics | Diagnostic waiters, 6 weeks and over-DM01 | ≥99% | Mar-20 | - | 94.6% | | R |
| | | 62 days urgent referral to treatment | ≥85% | Feb-20 | 76.6% | 76.4% | | R |
| | Cancer Access | 62 day referral to treatment from screening | ≥90% | Feb-20 | 80.5% | 100.0% | | G |

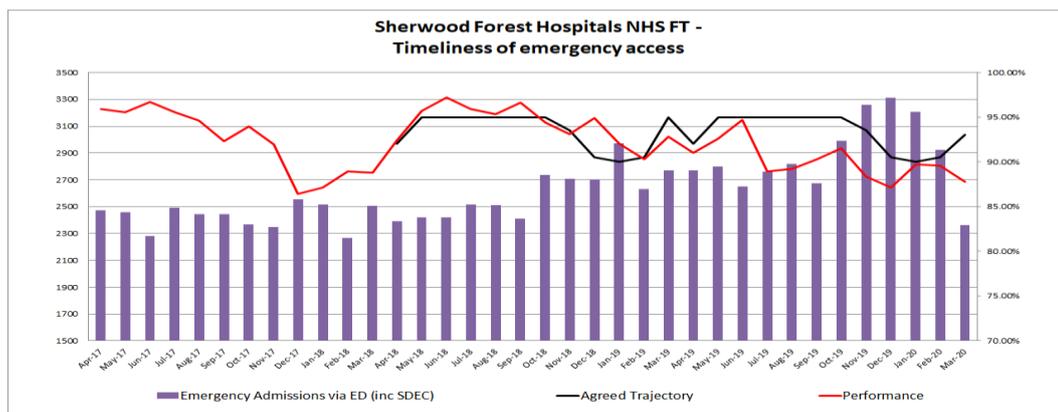
Emergency care

Emergency access performance against the 4 hour wait in March was 87.1%, 5.9% below trajectory for the month. Quarter 4 was 89.1%. The year 2019/20 finished with 90.09% of patients being treated, admitted, and discharged within 4 hours.

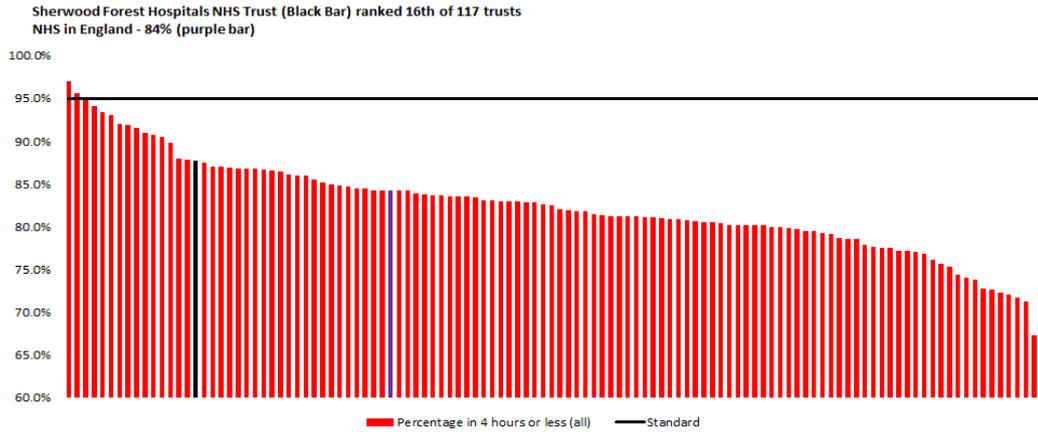
March performance was ranked 16th of 117 Trusts in the NHS (noting that 14 Trusts are no longer reporting their 4 hour wait performance as they trial the new emergency care standards. Approximately 3 of these Trusts historically performed better than SFH). The Trust and wider system consistently performs in the top 20 of 117 Trusts/systems nationally.

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 second 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% | 89.7% | 89.6% | 87.8% |
| 19/20 Quarter Trajectory | | | 94.0% | | | 95.0% | | | 93.0% | | | 91.2% |
| 19/20 Quarter actual | | | 92.7% | | | 89.5% | | | 88.9% | | | 89.1% |
| 18/19 Actual | 92.4% | 95.7% | 97.2% | 95.9% | 95.3% | 96.6% | 94.4% | 93.1% | 94.9% | 92.0% | 90.3% | 92.8% |
| Ambulance Handover | | | | | | | | | | | | |
| 19/20 NHSI Trajectory | 9.0% | 8.5% | 8.0% | 7.0% | 8.0% | 8.0% | 5.0% | 6.0% | 6.0% | 6.0% | 8.0% | 7.5% |
| 19/20 Actual | 10.0% | 10.1% | 7.5% | 8.8% | 6.7% | 5.0% | 6.4% | 8.9% | 9.9% | 8.75% | 6.94% | 7.76% |
| 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% |



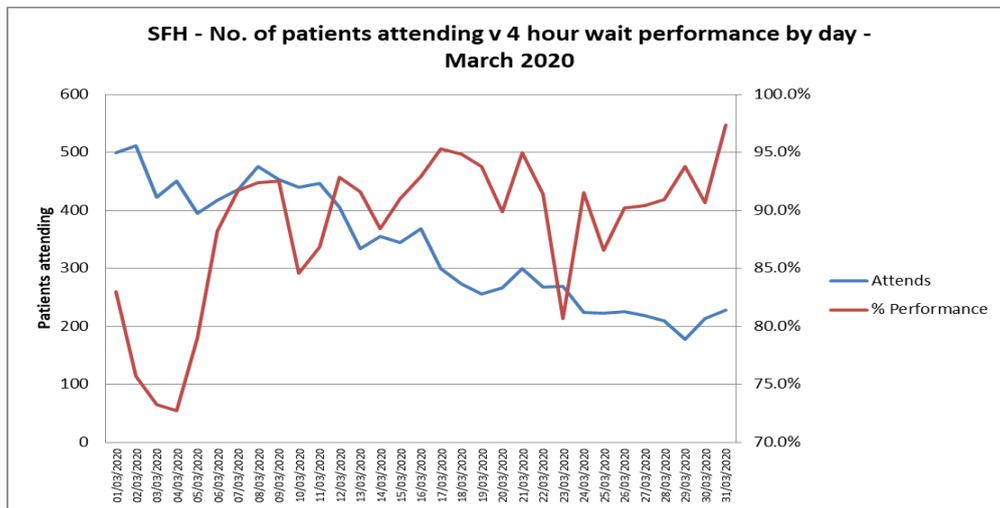
Patients treated or admitted within four hours of arrival at A&E by Acute Trust (with Type 1 Adult EDs)
March 2020 N= 117



Drivers of performance

Attendance and admissions fell during the month overall, but this was mainly due to the implication of Covid and the impact this had on ED attendances towards the end of March. This can be seen on the chart below which shows attendances by day and the % of patients being treated, admitted, and discharged within four hours. Performance was worse earlier in the month when demand was high and then improved as demand reduced, although there were some teething problems as the system adjusted to the necessary isolation precautions put in to safely manage Covid patients. ED attends have stabilised at a reduced level and since then waiting times have been above the national 95% standard.

The impact of Covid on demand overall would seem to further validate the impact that growing demand is the key driver of performance.



March and quarter 4 positions

The quarter is skewed by the final three weeks in March due to Covid and lockdown. This led to a fall in demand, but in January and February the trend reported throughout the year was evident with high demand particularly driven by ambulance arrivals and in majors, this also led to admissions above plan as previously reported. It is this level of demand that has led to the deterioration in access for patients.

Performance for quarter 4 at Newark UCC is 98% which is comparable with previous quarters and last year. PC24 performance for the quarter is 96%. Both areas are performing well.

In absolute terms, 4463 more emergency patients have been treated in 2019/20 than in 18/19. Growth in attendances to KMH ED has been 11% in the past two years, whilst performance has fallen by 2-4%.

Growth in demand for KMH Emergency department

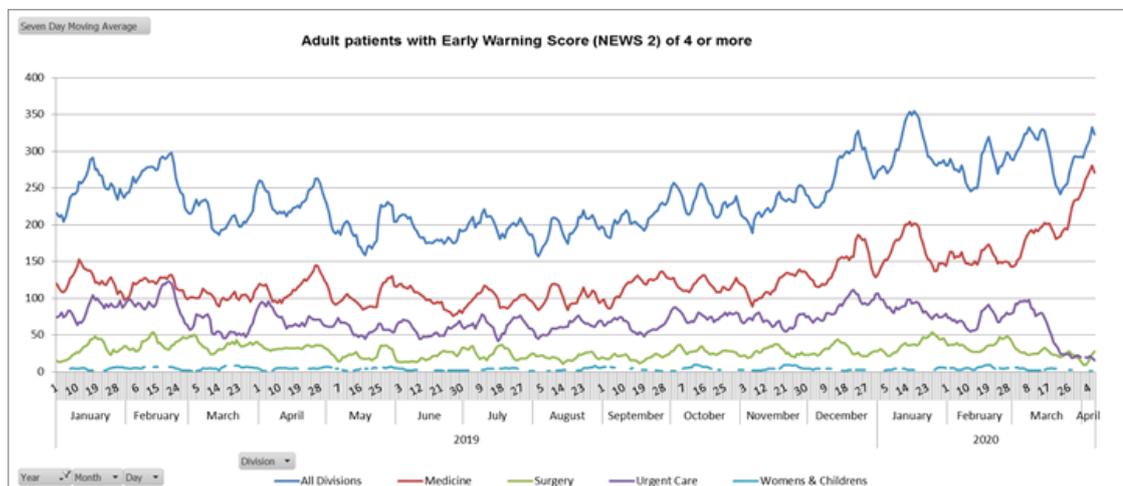
March A&E activity was heavily impacted upon by reduced demand due to Covid, but without this a normal March run rate, the year would have ended 5% higher than 2018/19 and 13% higher than 2017/18, rather than 3% and 11% respectively. Much of this is driven by ambulance growth in demand.

Non-elective admissions were affected similarly at the end of March due to Covid and without this the year would have ended 10% higher than 2018/19 and 20% higher than 2017/18.

Prior to the incident management approach to cope with Covid, the Mid-Notts A&E delivery board were focussed on the system wide 'Drivers of demand' work to try to return demand back to planned levels. It is focussing on the number one priority to safely reduce the % of EMAS conveyances to KMH ED. A project manager has commenced and a plan was put in place, but this will now be revisited post Covid at the A&EDB scheduled for early May.

Growth in Acuity within the SFH beds

As well as demand being high, acuity has also been high in Quarter 4 with an average of 293 beds (of a total 610 beds) occupied by patients with a NEWS2 score of 4 or more. Some of this was caused by high levels of respiratory illness admissions and seasonal 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. Clearly later in March, the level of acuity as measured in this way has been affected by Covid.



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 2019, 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.

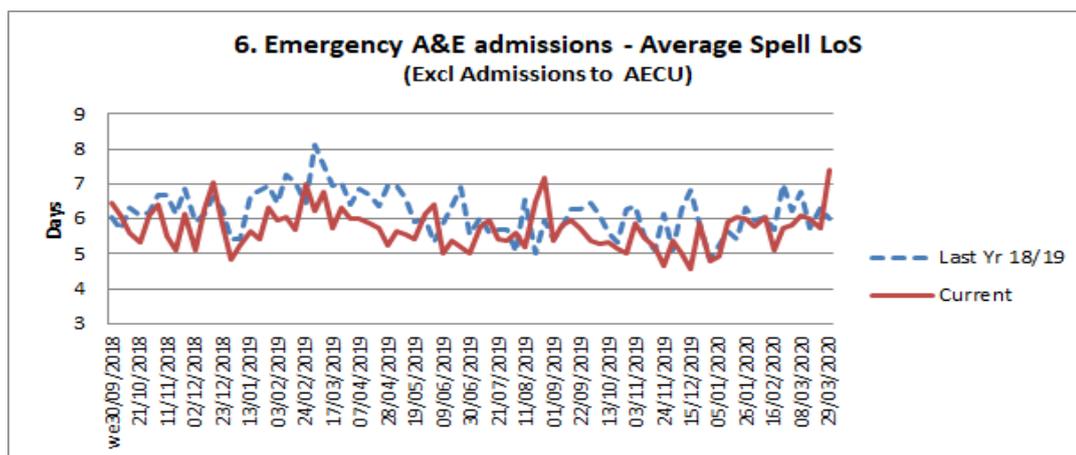
Bed capacity and its effectiveness

During Q4, prior to the Covid incident, winter bed capacity was fully implemented and there were 59 more beds internal to SFH available to the medical pathway, along with 26 more external community beds commissioned by SFH to run 'transfer to assess' model. A total of 85 extra beds available for the medical pathway.

At the beginning of March, some of this bed capacity started to be reduced as per the plan with the return of Ward 21 to Orthopaedics in early March; however all of this was halted in mid-March to ensure an adequate bed base to support Covid and all those beds remain open beyond year end, including the external support.

The current growth being seen in non-elective admissions to beds is 10% above plan at the end of December, but in terms of meeting this additional demand for beds, in Q4 SFH continued to perform well on many of the efficiency metrics related to effective bed use, 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 Q4 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.
- **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 Q4, the Trust consistently achieved the NHSI target with around 60 patients per week during the quarter. The Trust currently ranks 6th in the NHS on this crucial lead metric.
- **A stable length of stay** for patients >1 day – despite moving a number of short stay admissions into SDEC and admitting more patients overall the ALOS for emergency admissions remains stable and is actually lower than at a similar time last year.

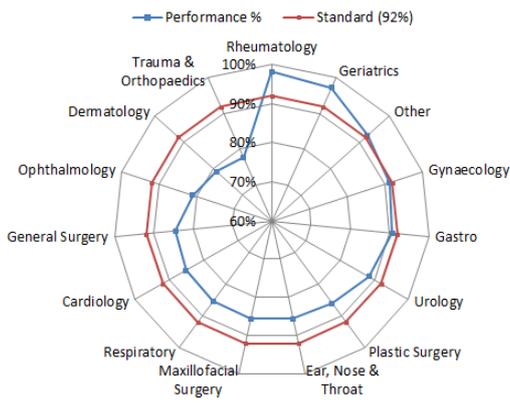


Elective care

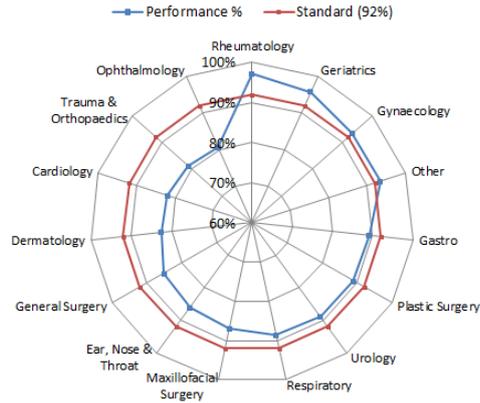
Referral to Treatment (Incomplete standard)

National Referral to Treatment performance for March at time of writing is unpublished however at 85.39% it is 5.8% adverse to trajectory. Performance for quarter 4 is 85.98%. The Trust continued to report zero month-end 52 week waits and ended the year with fewer patients on the waiting list when compared to March 2019.

RTT Incomplete Specialty Performance March 2020

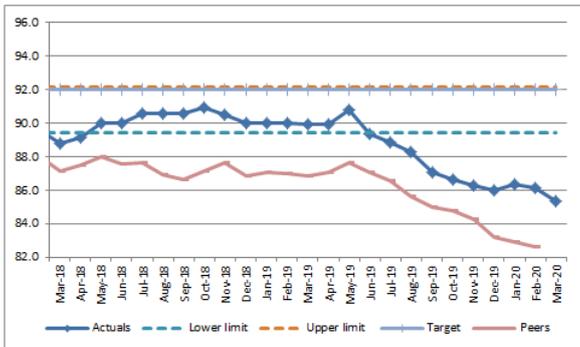


RTT Incomplete Specialty Performance Quarter 4 19/20

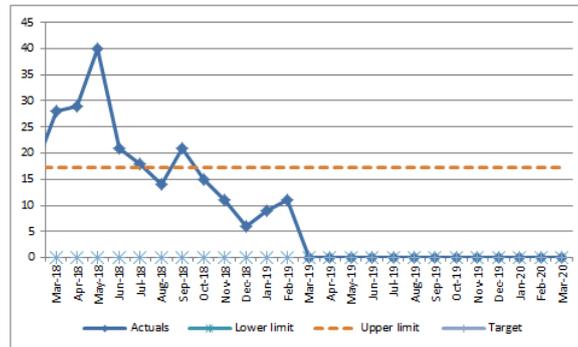


| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|--------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 19/20 NHSI Trajectory | 90.72% | 90.90% | 91.15% | 91.29% | 90.87% | 91.43% | 91.98% | 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% | 86.33% | 86.18% | 85.4% |
| 19/20 Quarter Trajectory | | | 90.9% | | | 91.2% | | | 91.7% | | | 91.0% |
| 19/20 Quarter actual | | | 90.1% | | | 88.1% | | | 86.3% | | | 86.0% |
| 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% |

18 weeks referral to treatment time - incomplete pathways



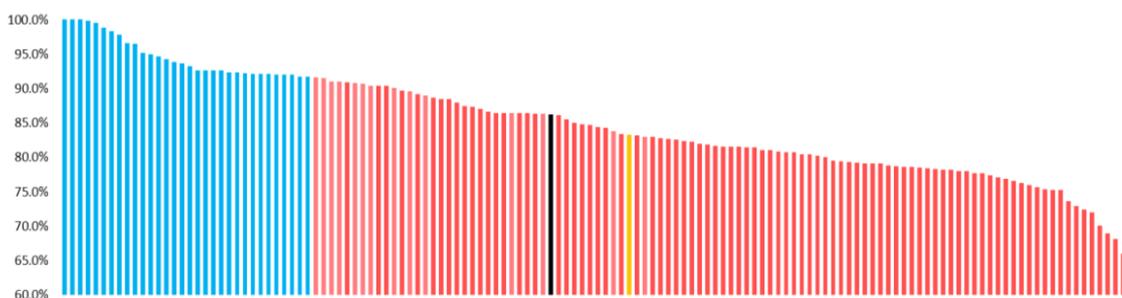
Number of cases exceeding 52 weeks referral to treatment



At the end of February (published data) half of all patients were waiting less than 7 weeks to start treatment (national position is 8 weeks) and 92% of all patients were waiting less than 23 weeks to start treatment (national position is 25 weeks).

February published performance of 86.18% gave the Trust a national ranking of 63rd from 136 Trusts, this has remained broadly consistent throughout the quarter and the year. National performance for February was 83.2%

Sherwood Forest Hospitals NHS Trust ranked 63 of 136 trusts
(National performance shown as yellow bar)

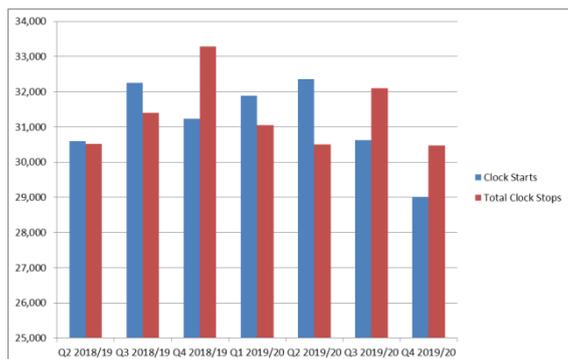


Size of PTL

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). For the second consecutive quarter clock stops exceeded clock starts which enabled the size of the waiting list to close at the end of March at 25,059. This is lower than March 2019 (25,523) and just 0.63% adverse to the trajectory of 24,902.

| | 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 | 26,681 | 25,812 | 25,059 |
| Variance to trajectory | 291 | 846 | 1,147 | 582 | 2,837 | 3,803 | 2,773 | 1,281 | 838 | 993 | 383 | 157 |
| % Variance | 1.13% | 3.25% | 4.38% | 2.17% | 10.83% | 14.92% | 10.85% | 4.96% | 3.22% | 3.87% | 1.51% | 0.63% |

Graph to show Quarterly RTT Stops and Starts



Drivers of performance

RTT starts and stops reduced in Quarter 4 and more specifically for the month of March. This was due to a reduction across the quarter in new referrals, ASI's, on-going actions in place to recover the backlog position in key specialties and actions to reduce overdue follow ups. In the latter part of March the impact of Covid plans on routine outpatient attendances, diagnostics and operating resulted in fewer than planned clock stops. Further detail can be found in the RTT exception report.

Throughout the quarter the Trust remained focussed on reducing long wait patients and utilising additional capacity identified for Ophthalmology. A review of the Ophthalmology waiting list was undertaken and a number of duplicate pathways were closed. Elective Orthopaedics returned to operating in the second week of March however Covid meant that this decision was rapidly reversed. The good progress made within Cardiology and Gastroenterology has resulted in the Trust ceasing to require the support of Medefer as at 31st March 2020.

In response to Covid and the call to free-up the maximum possible inpatient, critical care and staffing capacity, the Deputy COO and Divisional teams in mid-March assessed each of the key elective areas and agreed a set of principles based on the balance of risk or where national guidance was available. Where practical this was consistent with system partners. The principles were to:

- Suspend all non-urgent / routine operating and diagnostic procedures (where indicated) for at least 3 months
- Continue with Cancer, Urgent and Emergency activity
- Provide Outpatient consultations by telephone or other virtual method where appropriate

All patients were retained on the waiting list to ensure their weeks wait continued to be monitored and their clinical urgency reviewed at agreed intervals.

The focus for Quarter 1 20/21 will be to remain responsive and agile to the pandemic position whilst determining which areas and sites can be utilised as “Green” elective sites. This will be in line with national guidance on shielding patients and social distancing.

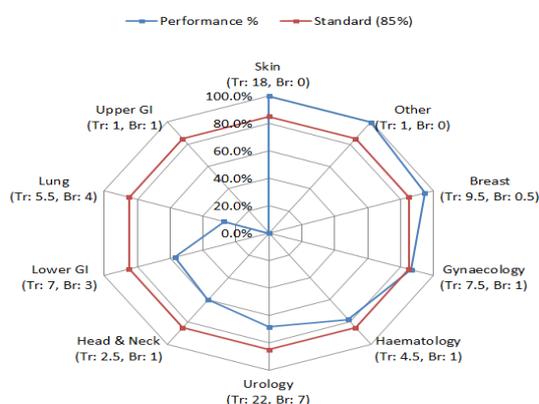
Cancer

The Trust delivered 76.4% for the month of February this was based on 18.5 breaches from 78.5 treatments and gave a national ranking of 58th from 134 Trusts. The national position for February was 73.4%.

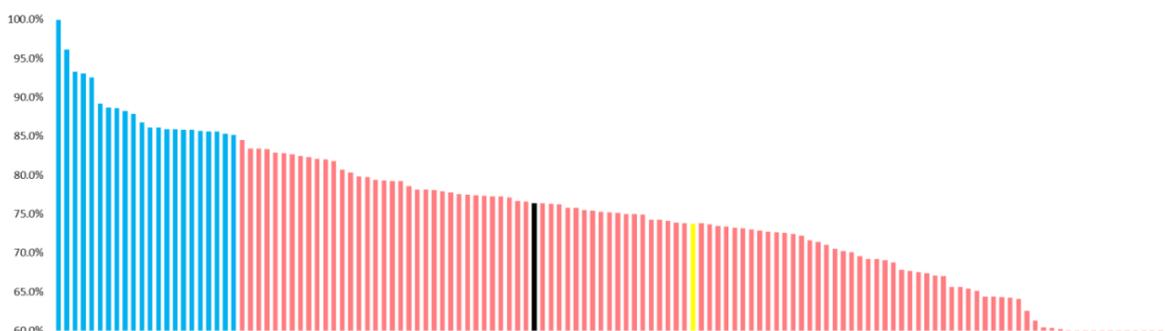
The Trust delivered all other cancer standards for February except for 31 day subsequent surgery. This was 1 breach in Skin due to capacity and 1 in Lower GI as treatment delayed for medical reasons.

| | 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% |
| 19/20 Actual | | | | | | 77.2% | 76.6% | 74.0% | 85.7% | 67.7% | 76.4% | |
| 19/20 Quarter Trajectory | | | 84.4% | | | 82.4% | | | 84.4% | | | 84.8% |
| Revised Quarterly Trajectory | | | 74.8% | | | 77.0% | | | 74.0% | | | 80.0% |

62 day performance by tumour site - February 2020



Sherwood Forest Hospitals NHS Trust ranked 58 of 134 trusts. (National performance shown as yellow bar)



Patients >62 days:

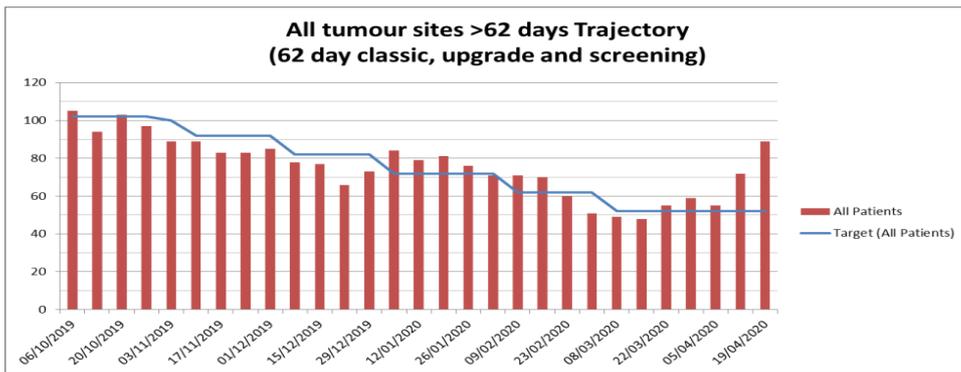
The volume of patients waiting >62 days continued to reduce. By 10th March the volume of patients waiting >62 days was at its lowest since March 2019 and was on track to deliver better than the agreed backlog trajectory. The table below shows the impact of Covid on the key stages of the Cancer PTL since Mid-March.

| | 104+ Days | Total Past 62 day target | Total 40 Days + | No diagnosis 28+ days | Confirmed diagnosis - no Decision To Treat | Decision To Treat - no planned TCI | Planned TCI in target | Planned TCI >62 days | Total on active 62 day PT |
|------------|-----------|--------------------------|-----------------|-----------------------|--------------------------------------------|------------------------------------|-----------------------|----------------------|---------------------------|
| 21/04/2020 | 15 | 95 | 281 | 377 | 41 | 30 | 11 | 9 | 656 |
| 14/04/2020 | 15 | 82 | 246 | 333 | 49 | 33 | 10 | 5 | 681 |
| 07/04/2020 | 16 | 60 | 191 | 266 | 56 | 31 | 11 | 7 | 683 |
| 31/03/2020 | 16 | 64 | 177 | 240 | 79 | 41 | 19 | 6 | 650 |
| 24/03/2020 | 15 | 59 | 189 | 213 | 78 | 49 | 33 | 5 | 726 |
| 17/03/2020 | 15 | 53 | 168 | 188 | 76 | 54 | 33 | 7 | 716 |
| 10/03/2020 | 15 | 45 | 177 | 215 | 66 | 58 | 39 | 9 | 778 |
| 03/03/2020 | 19 | 55 | 156 | 203 | 64 | 56 | 39 | 13 | 744 |
| 25/02/2020 | 24 | 62 | 147 | 203 | 62 | 59 | 33 | 13 | 714 |
| 28/01/2020 | 25 | 77 | 205 | 205 | 61 | 34 | 21 | 13 | 683 |
| 31/12/2019 | 19 | 80 | 230 | 251 | 65 | 38 | 32 | 11 | 719 |
| 26/11/2019 | 27 | 83 | 224 | 287 | 64 | 81 | 26 | 9 | 802 |
| 03/09/2019 | 23 | 106 | 303 | 386 | 80 | 75 | 18 | 4 | 876 |

It is important to note that during the Covid pandemic cancer services have been maintained where the risk of not treating cancer quickly has been higher than the risk of Covid for patients. This has been a delicate balance. All tumour sites have responded to national and royal college guidance and have revised pathways accordingly. In summary the Trust response has been consistent across Nottinghamshire with the key points as follows:

- 2WW outpatient capacity remains in place with telephone consultations or face to face appointments where required
- 2WW diagnostic capacity remains in place underpinned by robust clinical triage. Some low risk cancer radiology and endoscopic activity has been suspended.
- Cancer operating has been in place with 1 extended surgical list (8am-8pm) available for all tumour sites.
- Chemotherapy and radiotherapy running at normal capacity. Patients are undergoing risk assessment prior to treatment to balance risk of COVID in line with national criteria with risk of treatment being delayed.

It is clear that since mid-March the volume of patients on a pathway over 62 days has increased. This is due to many factors including patient choice due to Covid fears or clinical advice to delay a diagnostic test or procedure. A number of safety nets are in place for patients such as telephone clinics for patients who do not want to attend the hospital and welfare calls by Clinical Nurse specialists. Tumour site MDT meetings have continued as well as tracking and monitoring of patients on the PTL. The Trust has continued to work closely with the Tertiary Centre and Cancer Alliance to ensure that patients are prioritised and have access to treatment if required.



Patients >104 days:

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. The volume of patients waiting 104+ days at the end of March has reduced to 16.

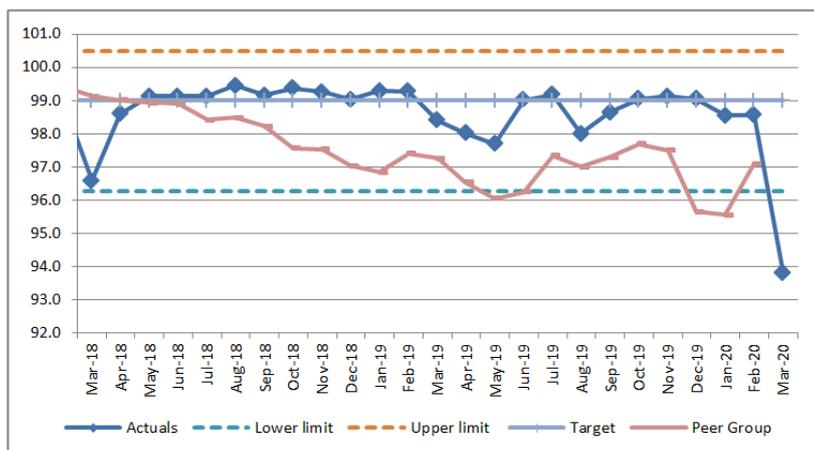
Priorities and work for Quarter 1 2020/21

- Respond to the NHSI/E Intensive Support Team report, this report has been delayed further as colleagues working in the Intensive Support Team are now working in NHSIE Covid incident cells.
- Remain responsive and agile to the pandemic position whilst determining which areas and sites can be utilised as “Green” elective sites.
- Reinstate confidence for patients to attend cancer pathway appointments. This will be in line with national guidance on shielding patients and social distancing
- Update the Cancer recovery action plan following a review of positive changes in practice to reduce unnecessary delays.

Diagnostics (DM01)

At the end of March 2020 the Trust failed the DM01 standard with performance of 93.8% based on 320 breaches from a waiting list of 5,171 procedures. An increase in breaches across all modalities due to Covid routine cancellations is the root cause for failing the standard. Further detail can be found in the DM01 exception report.

Diagnostic waiters, 6 weeks and over-DM01



During January and February the key failing modality was Cardiac CT, the main driver being an underlying increase in demand for Cardiac CT, with a particular spike in December compounded by annual leave. Trials in February to increase the volume of patients on a list with the support of Cardiology were successful and will be confirmed for the future. In addition to this, funding to upgrade the CT scanner at Newark was secured and an order placed pre 31st March 2020. The next step will be for engineers to come on-site, install and capacity to come on-line. This is expected in May.

Financial Summary

| | |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ £0.02m including PSF eligibility cover | <p>Control Total Performance</p> <ul style="list-style-type: none"> At the end of Month 12 the Trust is reporting an annual deficit of £42.34m before Provider Sustainability Funding (PSF), Financial Recovery Funding (FRF), Marginal Rate Emergency Tariff (MRET) and Impairments. This is £0.82m worse than the control total and is an improvement of £0.46m in month. To offset the impact of Covid-19, additional income has been received to cover the direct cost and a contribution towards income losses. In addition the value of the Trust's accrual for un-taken annual leave is £0.84m higher than forecast, as this is a non-cash cost this has not been funded, but the Trust has been given "PSF eligibility cover" of £0.84m against its control total. Therefore the trust is £0.02m ahead of the 2019/20 control total including the "PSF eligibility cover". PSF of £7.03m, FRF of £14.81m and MRET of £5.39m has been reflected in the position. The outturn includes system PSF for Q4 as the ICS outturn has achieved its control total for 2019/20. The Trust PSF and FRF measures are assessed at quarter end and full achievement has been included in the annual position with delivery of control totals across the trust and system. The reported control total deficit including PSF, FRF, MRET and impairment is £15.93m at the end of M12, which is £1.04m 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. In previous years Bonus PSF has been allocated to Trusts who have met or exceeded their control total. Notification of any Bonus PSF will be received from NHSE/I on 24 April 2020. |
| ✓ £14.44m | <p>Income</p> <ul style="list-style-type: none"> Overall income is £4.32m above plan in Month 12 and £14.44m above the annual plan. Clinical income is greater than plan by £0.61m in Month 12 and is over its annual plan by £7.24m, reflecting additional A&E attendances (2.3% above annual plan) and non-elective emergency (NEL) spells (7.6% above annual plan). These figures reflect an agreement with CCGs on Month 12 income. |
| ✗ (£16.04m) | <p>Expenditure</p> <ul style="list-style-type: none"> Overall expenditure is £4.54m above plan in Month 12 and £16.04m above its annual plan. Expenditure includes £1.01m of Covid-19 costs. Monthly pay expenditure in Month 12 was £27.12m, £1.57m above plan and over annual plan by £6.83m. Non-pay costs are above plan by £1.94m in Month 12 and above its annual plan by £8.70m. However, additional annual expenditure of £6.14m is directly offset in income. |
| ✓ £0.00m | <p>FIP</p> <ul style="list-style-type: none"> To March the Financial Improvement Plan (FIP) has delivered savings of £12.80m and has achieved its annual plan. Savings of £1.41m were delivered in Month 12, which is above the in month target of £1.35m. The YTD position includes £8.13m of non-recurrent savings. |
| ✓ £3.81m | <p>Agency Expenditure</p> <ul style="list-style-type: none"> Agency expenditure in March was £1.23m, £0.27m lower than the in month ceiling and overall 2019/20 expenditure is £3.81m below the annual ceiling of £16.66m. |
| ✓ £0.65m | <p>Capital</p> <ul style="list-style-type: none"> Expenditure at Month 12 is £10.19m, £0.65m below plan. Annual expenditure includes £2.06m receipt of PDC funding for HSLI Capacity and Flow / Digital £0.75m, E-prescribing £1.25m, COVID19 and the additional expenditure relating to fire safety remedial works at Mansfield Community Hospital offset by a reduction in forecast Estates, charitable expenditure and E-prescribing which was already in the extant plan. |
| ✓ £0.92m | <p>Cash</p> <ul style="list-style-type: none"> Closing cash at 31st March was £2.38m, £0.92m above plan. The cash flow forecast demonstrates that the Trust has sufficient cash to comply with the minimum cash balance of £1.45m for the next 13 weeks as required under the borrowing agreement. |
| ✗ (£12.15m) | <p>Underlying Position</p> <ul style="list-style-type: none"> The underlying financial position of the Trust is £12.15m worse than the full year plan. |

| | March In-Month | | | Annual | | |
|----------------------------------------------------------------------------------------|----------------|---------------|-------------|----------------|----------------|---------------|
| | Plan | Actual | Variance | Plan | Actual | Variance |
| | £m | £m | £m | £m | £m | £m |
| Income | 35.02 | 39.33 | 4.32 | 310.30 | 324.73 | 14.44 |
| Expenditure | (37.08) | (40.94) | (3.85) | (351.81) | (367.07) | (15.26) |
| Surplus/(Deficit) - Control Total Basis excl. PSF, FRF, MRET and Impairment | (2.07) | (1.60) | 0.46 | (41.52) | (42.34) | (0.82) |
| Surplus/(Deficit) - Control Total Basis incl. PSF, FRF, MRET and excl. Impairment | 0.86 | 1.95 | 1.09 | (14.87) | (15.69) | (0.82) |
| Underlying Surplus/(Deficit) - Control Total Basis excl. PSF, FRF, MRET and Impairment | (2.15) | (4.44) | (2.29) | (40.77) | (52.92) | (12.15) |
| Financial Improvement Programme (FIP) | 1.35 | 2.75 | 1.40 | 12.80 | 12.80 | 0.00 |
| Capex (including donated) | (4.69) | (4.62) | 0.07 | (10.83) | (10.19) | 0.65 |
| Closing Cash | 1.46 | 2.38 | 0.92 | 1.46 | 2.38 | 0.92 |
| NHSI Agency Ceiling - Total | (1.50) | (1.23) | 0.27 | (16.66) | (12.84) | 3.81 |
| <u>NHSI Use of Resources Score</u> | | | | | | |
| Capital service cover rating | 4 | 4 | | 4 | 4 | |
| Liquidity rating | 4 | 4 | | 4 | 4 | |
| I&E margin rating | 4 | 4 | | 4 | 4 | |
| I&E margin: distance from financial plan | | 1 | | | 1 | |
| Agency rating | 1 | 1 | | 1 | 1 | |
| Risk ratings after overrides | | 3 | | | 3 | |