Sherwood Forest Hospitals
NHS Foundation Trust

Single Oversight Framework

Reporting Period: Month 1

2020/21

Inspected and rated
Good
Care Quality Commission

Single Oversight Framework – Month 1 Overview

Sherwood Forest Hospitals
NHS Foundation Trust

Domain	Overview & risks	Lead
Overview (pages 1-3)	As previously shared and agreed, this is the first use of our new Single Oversight Framework (SOF). It is shorter in length, it uses statistical process control graphs and it is designed to focus attention on the areas that require attention. The agreement to change the SOF was made prior to Covid-19 and you will see the impact of Covid throughout all of the domains.	CEO
Quality Care (exception reports pages (7-8)	During April the care delivered to our patients has been safe and of a high quality despite the on-going Covid pandemic. Throughout this time the Trust's usual monitoring of quality, safety and experience has continued despite the national pause implemented across a number of metrics. None of the expected staffing shortages were realised and in fact the CHPPD significantly increased and no serious incidents were declared during the month. April has seen a reduction in compliance with dementia screening which has been impacted by necessary changes in working due to Covid. Maternity FFT has also fallen below the expected compliance target. The details of both these deviations from target are described in the respective exception reports attached.	MD, CN

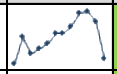
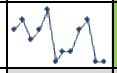
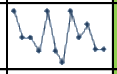
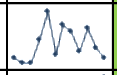
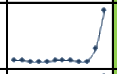
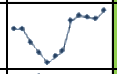
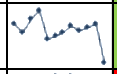
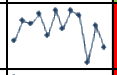
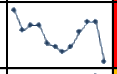
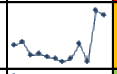
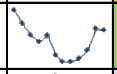
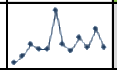
Single Oversight Framework – Month 1 Overview

Sherwood Forest Hospitals NHS Foundation Trust

Domain	Overview & risks	Lead
People & Culture (exception reports pages 9-10)	Overall, in M1 staff health and wellbeing was consistent with what was expected. The impact of Covid-19 in April2020 did have an impact on sickness absence and overall attendance. Staff loss has however, been mitigated through staff redeployment and bank and agency staff. Additional activity was evidence through the Trust Occupational Health Service as expected where support and on-going reassurance has been provided. In addition, in April 2020 a new self care and wellbeing offer was introduced and colleagues have accessed varying levels of support. In M1 Turnover remained relatively low, against a slight increase in vacancy levels due to nursing establishments being re-budgeted. Compliance against Mandatory and Statutory Training along with Appraisals have been impacted due to Covid-19 in April2020 and actions are in place to address over the forthcoming period.	DOP, DCI
Timely care (exception reports pages 11-16)	April saw services significantly impacted by the Covid pandemic. For urgent care the average level of demand reduced by 40% which, coupled with the availability of inpatient beds resulted in performance of >95% on almost every day. In terms of elective care, the impact has resulted in an adverse movement in waiting times for outpatients, diagnostics and surgery which is expected to continue for some time. Urgent and Cancer activity has continued throughout the pandemic and remains at the forefront of restoration and recovery plans.	COO
Best Value care (17-18)	Changes to the NHS Financial Regime have been made to reflect the need to respond to Covid-19. The annual planning process was paused and the Trust has been issued with budgets and block contract income in line with 2019/20 run rates. Additionally, costs incurred in response to Covid-19 are reimbursed in full with the outcome of achieving a break even position. This is the position reported for April. The planning pause included financial improvement planning and therefore no delivery is expected. This has the effect of increasing the Trust's underlying deficit by £1.05m each month from the £12.18m adverse position as at 31/3/20. Capital plans are being managed and monitored at an ICS/system level with an 'envelope' of maximum spend issued by NHSI. The agreed SFH share of the envelope is £11.5m. Additionally, during April, the Trust has incurred £0.5m of Covid-19 related capital costs. These are not included with the envelope and are reimbursed separately by NHSI.	CFO

Single Oversight Framework – Month 1 Overview (1)

Sherwood Forest Hospitals NHS Foundation Trust

At a Glance		Indicator	Plan / Standard	Period	YTD Actuals	Monthly Actuals	Trend	RAG Rating	Executive Director
QUALITY CARE	Safe	% of patients receiving harm free care		not currently available					MD/CN
		Admission of term babies to neonatal care as a % of all births	6%	Apr-20	4.9%	4.9%		G	CN
		Clostridium Difficile infection rate per rolling 12 months 100,000 OBD's	22.6	Apr-20	5.90	5.90		G	MD
		Average number of patients admitteded per day with confirmed / suspected Covid-19		Apr-20	4.5	4.5			MD
		MRSA bacteraemia infection rate per rolling 12 months 100,000 OBD's	0	Apr-20	0.00	0.00		G	MD
		MSSA bacteraemia infection rate per rolling 12 months 100,000 OBD's	17	Apr-20	5.90	5.90		G	MD
		Eligible patients having Venous Thromboembolism (VTE) risk assessment	95.0%	Mar-20	95.8%	95.3%		G	CN
		Safe staffing care hours per patient day (CHPPD)	>8	Apr-20	16.5	16.5		G	CN
	Caring	Recommended Rate: Friends and Family Accident and Emergency	93.0%	Apr-20	94.5%	94.5%		G	MD/CN
		Recommended Rate: Friends and Family Inpatients	93.0%	Apr-20	95.8%	95.8%		G	MD/CN
		Recommended Rate: Friends and Family Maternity	93.0%	Apr-20	88.5%	88.5%		R	MD/CN
		Eligible patients asked case finding question, or diagnosis of dementia or delirium	≥90%	Apr-20	16.0%	16.0%		R	MD/CN
	Effective	Rolling 12 months HSMR (basket of 56 diagnosis groups)	100	Jan-20	106.3	-		A	MD
		SHMI	100	Nov-19	96.2	-		G	MD
		Cardiac arrest rate per 1000 admissions	0.83	Apr-20	0.70	0.70			MD

Single Oversight Framework – Month 1 Overview (2)

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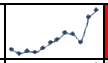
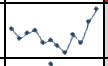
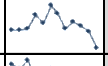
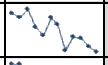
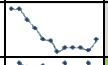
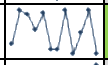
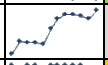
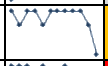
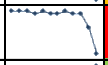
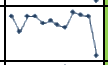
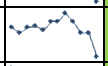
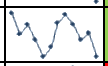
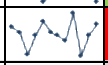
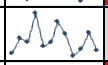
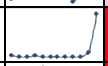
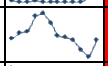
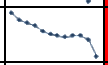
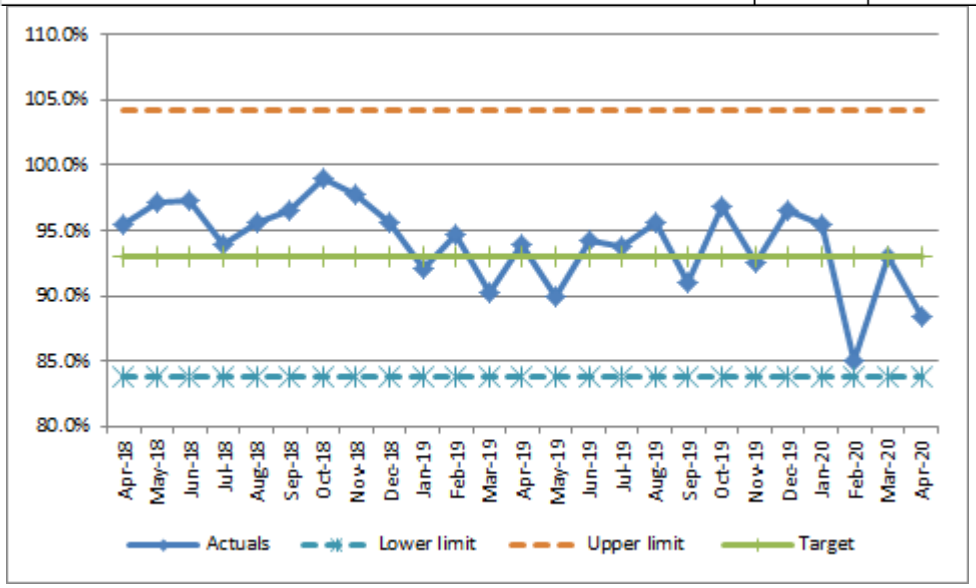
PEOPLE & CULTURE	Staff health & well being	Health & Well Bring Sickness Absence	3.5%	Apr-20	5.4%	5.4%		R	DOP
		Take up of Occupational Health interventions		Apr-20	1952	1952			DOP
		Take up of MSK interventions		Apr-20	35	35			DOP
		Employee Relations Management		Apr-20	15	15			DOP
	Resourcing	Vacancy rate		Apr-20	6.6%	6.6%			DOP
		Turnover in month (excluding rotational doctors)	0.8%	Apr-20	0.4%	0.4%		G	DOP
		Number of apprenticeships		Apr-20	116	116			DOP
		Mandatory & Statutory Training	93%	Apr-20	92.0%	92.0%		A	DOP
		Appraisal	95%	Apr-20	82.0%	82.0%		R	DOP
Timely Care	Emergency Care	Emergency access within four hours Total Trust	91%	Apr-20	96.5%	96.5%		G	COO
		General & Acute Bed Occupancy	92%	Apr-20	42.6%	42.6%		G	COO
		Number of inpatients >21 days	73	Apr-20	-	62		G	COO
		Number of Ambulance Arrivals	3242	Apr-20	2499	2499		G	COO
		Percentage of Ambulance Arrivals > 30 minutes	8.7%	Apr-20	4.9%	4.9%		G	COO
	Cancer Care	62 days urgent referral to treatment	85.0%	Mar-20	77.0%	80.7%		R	COO
		Cancer faster diagnosis standard		Mar-20	77.2%	72.3%			COO
	Elective Care	Diagnostic waiters, 6 weeks and over-DM01	0.9%	Apr-20	-	53.0%		R	COO
		Total number of patients on an incomplete RTT pathway (PTL/waiting list size)	25609	Apr-20	-	26,690		R	COO
		% of patients within 18 weeks referral to treatment time - incomplete pathways	86.6%	Apr-20	-	82.2%		R	COO
		Number of cases exceeding 52 weeks referral to treatment	0	Apr-20	15	15		R	COO

Single Oversight Framework – Month 1 Overview (3)

Sherwood Forest Hospitals NHS Foundation Trust

Best Value Care	Finance	Trust level performance against FIT target	£0.00m	Apr-20	£0.00m	£0.00m			CFO
		Underlying financial position against strategy	£0.00m	Apr-20	-£13.23m	-£1.05m			CFO
		Trust level performance against FIP plan	£0.00m	Apr-20	N/A	N/A			CFO
		Capital expenditure against plan	£0.00m	Apr-20	£0.50m	£0.50m			CFO
		Procurement League Table Score	49.8	2019/20	41.9	41.9			CFO

Indicator	Plan / Standard	Period	YTD Actuals	Monthly Actuals	Trend	RAG Rating	Executive Director
Recommended Rate: Friends and Family Maternity	93.0%	Apr-20	88.5%	88.5%		R	MD/CN



Sherwood Forest Hospitals
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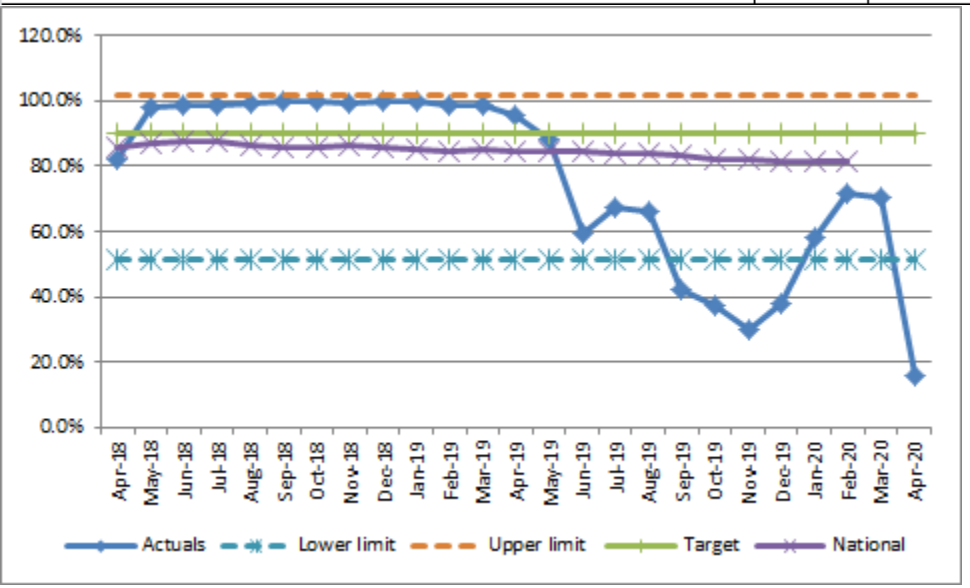
National position & overview

- FFT responses for maternity care are collected at four points – antenatal care, care during labour & birth, hospital based postnatal care, and community postnatal care
- NHS England have proposed changes to maternity FFT collection timing and process from **1 April 2020**
- National guidance during COVID19 to cease paper/tablet collection due to infection prevent and control, which affects response rate

Root causes	Actions	Impact/Timescale
• Data for April is based on 26 responses across four domains • 23 of 26 responses 'extremely likely to recommend' = 88% • 2 ambivalent responses in antenatal domain but no free text comment available to identify causes	• Liaise with PET and information analyst team to ensure proactive sharing of FFT data • Ensure clear approach to implementing new national direction for maternity FFT • Continue on-going collection of 'soft' data in clinical areas through leadership rounding and complaint response	In place By end June 2020 On-going

Indicator	Plan / Standard	Period	YTD Actuals	Monthly Actuals	Trend	RAG Rating	Executive Director
Eligible patients asked case finding question, or diagnosis of dementia or delirium	≥90%	Apr-20	16.0%	16.0%		R	MD/CN



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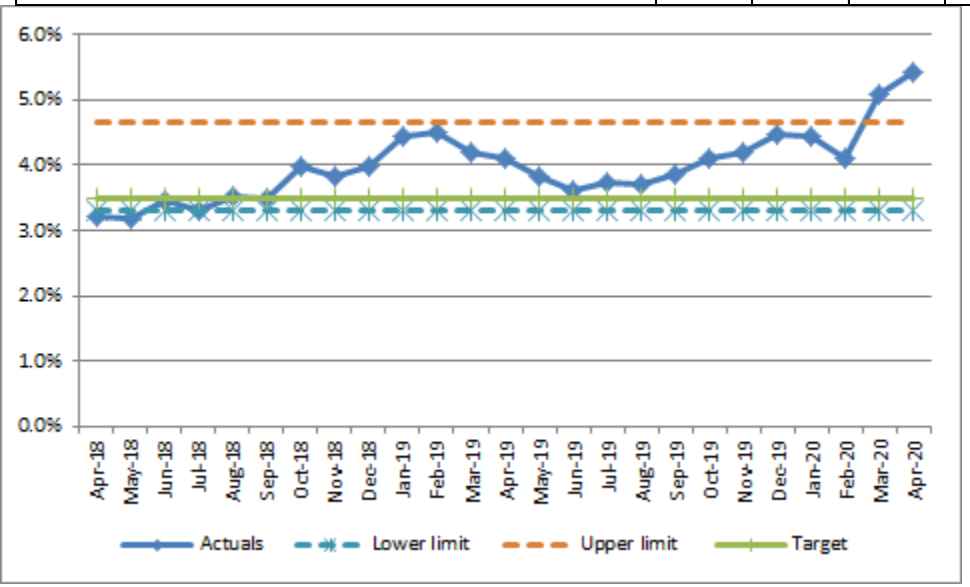
National position & overview

- 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
- Band 3 Health Care worker appointed to assist process Jan 2020
- Assessments stood down due to Covid-19 April 2020

Root causes	Actions	Impact/Timescale
• Assessments not being completed on Nervecentre by medical teams.	• Drs are aware of the screening and how to complete, reminders have been given and these will be undertaken again when screening back in place.	End July 2020
• Health care worker returned to clinical practice to assist with covid-19 demand.	• Health care worker planned to return to the team June, in preparation for restarting assessments July.	June 2020
• Assessments stood down for 3 month period.	• Assessments to be re-introduced and agreed process to be decided and communicated across the Trust.	July 2020
• Nervecentre implementation in ED delayed due to COVID-19 pandemic	• Nervecentre has been commenced in ED during the pandemic, initially for observations only with the plan to introduce assessments once embedded.	To be agreed

Indicator	Plan / Standard	Period	YTD Actuals	Monthly Actuals	Trend	RAG Rating	Executive Director
Health & Well Being Sickness Absence	3.5%	Apr-20	5.4%	5.4%		R	DOP



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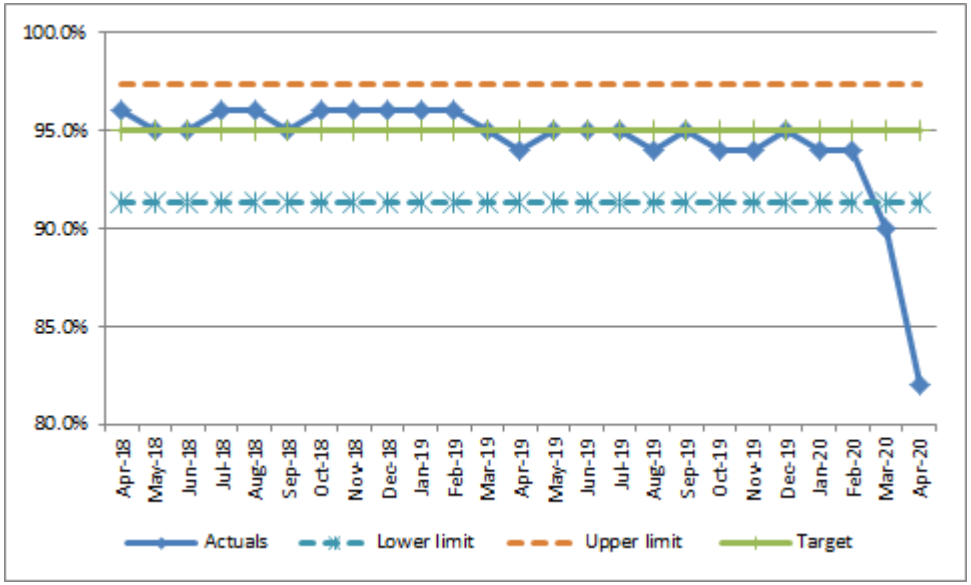
National position & overview

- The data from model hospital is only available as at February 2020. The national median was 4.49% , SFH median was 4.04%.
- Trust's performance is 54th out of 135 Trusts in February 2020 (Quarter 2 of 4)
- Local intelligence suggests the Trust is not an anomaly and the Trust benchmarks favourably.
- The Trust has recruited an additional 200 HCAs and 44 Registered Nurses therefore the service impact as a result of increased absence due to ill health has been mitigated.

Root causes	Actions	Impact/Timescale
The key cause of the below trajectory performance on Health & well being sickness absence is related to the COVID-19 pandemic. The short term sickness absence rate for April 2020 is 3.10%. The top reason for short term sickness is chest & respiratory with 2119.49 FTE days lost, followed by anxiety, stress, depression with 555.91 FTE days lost. The long term sickness absence rate from April 2020 is 2.3%. The top reason for long term sickness is anxiety, stress, depression with 1065.20 FTE days lost and the second reason is chest & respiratory with 383.12 FTE days lost.	• Confirm and challenge sessions facilitated by the Human Resources Business Partners, to support leaders implement person centered decision when managing sickness absence. • Implementation of Rapid Access Acute Crisis Team/Services for staff via Nottinghamshire Healthcare NHS Foundation Trust. • Development of Psychological First Aid strategy • Undertake a 'deep dive' exercise to understand if 'burnout' and 'fatigue' as a result of the COVID-19 pandemic is impacting on sickness absence and develop associated action plan. • Develop a process and implement Anti-Body testing for COVID-19	Confirm and challenge sessions are on going and the aim is to reduce sickness to below 5% by end of June 2020. Implementation of Rapid Access Acute Crisis Team/Services July 2020 to prevent and reduce sickness attributed to anxiety, stress, depression. The development of Psychological First Aid strategy will be created by mid June 2020. Once the strategy has been developed there will be an associated implementation plan with the aim of reducing and preventing sickness attributed to anxiety, stress, depression Deep dive to be undertaken by August 2020. This will allow for targeted actions to be developed and implemented with the aim of reducing sickness absence. The process and implementation of Anti-Body testing will be implemented by June 2020.

Indicator	Plan / Standard	Period	YTD Actuals	Monthly Actuals	Trend	RAG Rating	Executive Director
Appraisal	95%	Apr-20	82.0%	82.0%		R	DOP



Sherwood Forest Hospitals
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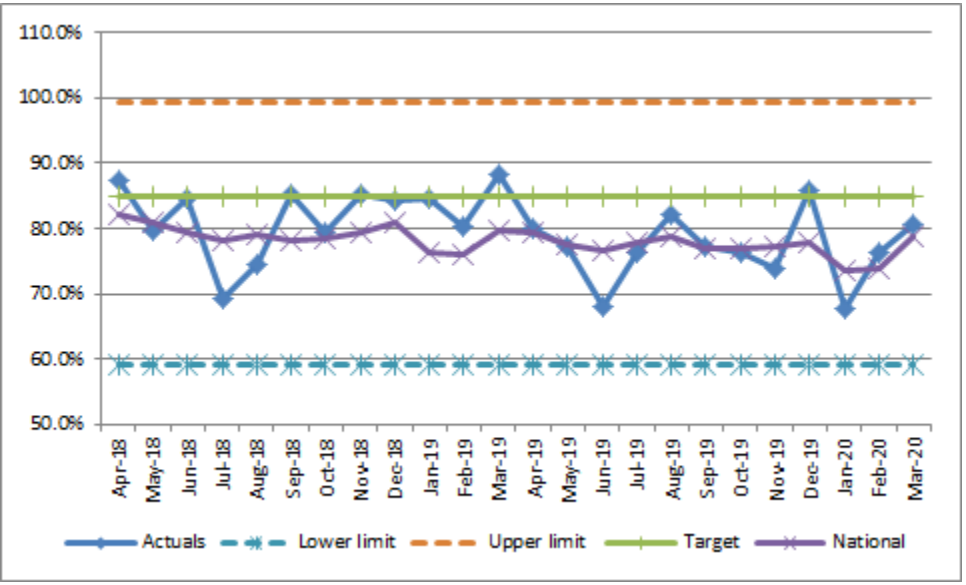
National position & overview

The Trust benchmarks favourably nationally and local intelligence suggests the Trust's appraisal rates are amongst the highest in the region.

Root causes	Actions	Impact/Timescale
The key cause of below trajectory performance on the appraisal compliance is related to the delivery and capacity issues associated with the COVID-19 Pandemic. The Workforce Group approved on 23rd March 2020 the pausing for the requirement for staff to complete the annual appraisal process with a review in arranged for September 2020.	• The Workforce Group to bring forward the review to June 2020 regarding the pausing of appraisals. • Develop communications following the review of the pause process to provide clarity and requirements for managers and staff. • To amend the appraisal guidance providing advice regarding conducting appraisals for staff who are working remotely utilising digital technology. • The Human Resources Business Partners to have discussions with line managers at confirm and challenge sessions to identify appraisals which are outstanding and seeking assurance regarding timescales for completion.	To review the pause process in June 2020. Communications to be issued June 2020. Guidance to be amended June 2020. Increase in Appraisal compliance to 90% by end of July 2020.

Indicator	Plan / Standard	Period	YTD Actuals	Monthly Actuals	Trend	RAG Rating	Executive Director
62 days urgent referral to treatment	85.0%	Mar-20	77.0%	80.7%		R	COO



Sherwood Forest Hospitals
NHS Foundation Trust

National position & overview

- Nationally, for the month of March 78.9% of patients began their first definitive treatment within 62 days of referral for suspected cancer (73.8% in February 2020).
- The Trust reported 80.7% giving an indicative national ranking of 67th from 135 Trusts.
- As at 10th March the volume of patients waiting >62 days was at its lowest since March 2019, by the end of March due to COVID19 the volume of patients waiting rose to 64 of which 16 were waiting 104+ days.

Root causes

- The key cause of below trajectory performance is related to the time taken from referral to cancer diagnosis – mainly driven by demand and capacity imbalances in Radiology & Endoscopy. Other causes include:
  - Multiple tests
  - Patient choice
  - Treatment delayed for medical reasons

NHSI/E IST are doing further work to support the Trust with performance in this area. The full report has been delayed due to COVID, however a summary statement has been received.

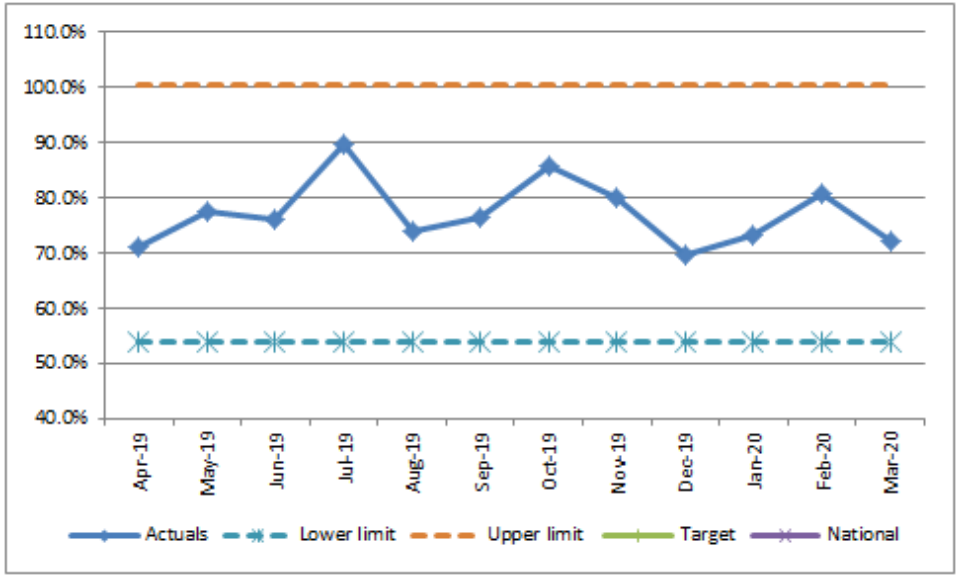
Actions

- Additional MR scanner to be added as the first phase of the Radiology strategy
- Strategy to reduce 1st cancer outpatient waiting times to 7 days with a clear demand and capacity model behind it to reduce the initial wait for clinic
- To develop a clear approach to the reduction of the demand and capacity gap for Endoscopy which gives clarity to the strategic approach to reducing this gap, both in the short term and medium term
- To respond to any of the recommendations in the NHSIE/ IST summary report

Impact/Timescale

- Restore Endoscopy Cancer capacity to pre-COVID levels by 15/06/2020
- Reduce wait for outpatients from 14 days to 7 days by September 2020
- Reduce wait for MR – in place by April 2021

Indicator	Plan / Standard	Period	YTD Actuals	Monthly Actuals	Trend	RAG Rating	Executive Director
Cancer faster diagnosis standard		Mar-20	77.2%	72.3%			COO



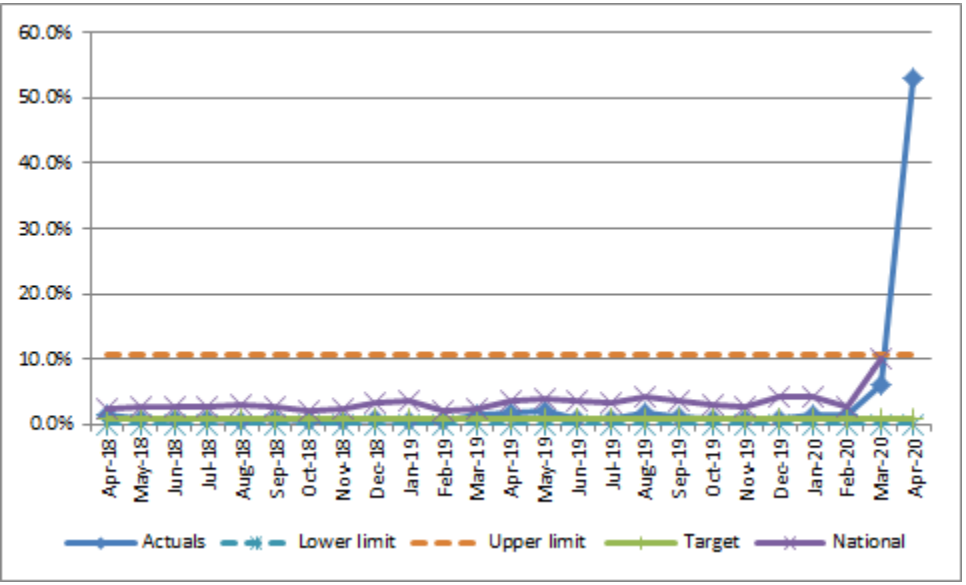
Sherwood Forest Hospitals
NHS Foundation Trust

National position & overview

- National data on the Faster Diagnosis Standard (FDS) is not yet available. The first month (April 2020) is expected to be published in June.
- The planning guidance for 2020/21 outlined from April 2020 Trusts should be meeting the FDS at an initial threshold of at least 70%.
- For every month in 2019/20 the Trust met the 70% threshold, collecting the data has enabled a focus on key areas for improvement which include Outpatient and Diagnostic capacity as well as timely methods of communication.

Root causes	Actions	Impact/Timescale

Indicator	Plan / Standard	Period	YTD Actuals	Monthly Actuals	Trend	RAG Rating	Executive Director
Diagnostic waiters, 6 weeks and over-DM01	0.9%	Apr-20	-	53.0%		R	COO



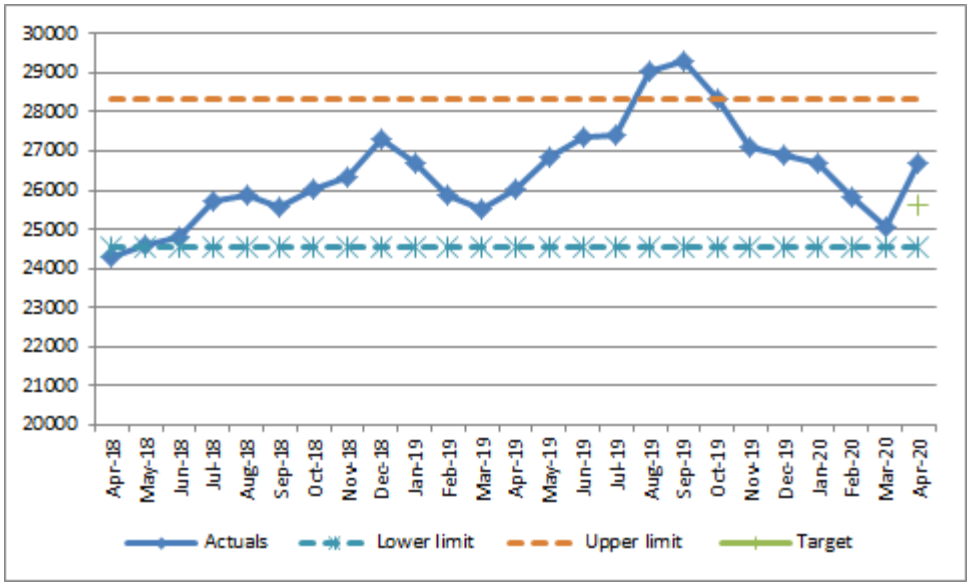
Sherwood Forest Hospitals
NHS Foundation Trust

National position & overview

- At the end of April 2020 the Trust failed the DM01 standard with performance of 53% against a standard of <1%. Performance was based on 3,342 breaches from a waiting list of 5,306 procedures. At time of writing April National data remains unpublished.
- The test with the smallest proportion of patients waiting six weeks or more was Non-Obstetric Ultrasound with 37%. The test with the highest proportion was Audiology Assessments, with 77%

Root causes	Actions	Impact/Timescale
• Routine diagnostic test activity and waiting times have been significantly impacted by the COVID crisis, therefore data for the current reporting period is not be comparable to previous periods. • Prior to COVID the main demand and capacity imbalance was for a CT Cardiac test.	• Urgent and cancer diagnostic capacity to be restored by 15/06/2020. Notably this is Endoscopy and Radiology • Where possible re-instate limited routine diagnostic capacity for Radiology, Audiology and Cardiology by 30/06/2020 • On-going use of the Independent sector for MRI capacity in place from W/C 18/05/2020 • Newark CT upgrade to support CT cardiac capacity – software installation taking place W/C 06/07/2020	• Restoration plans have been agreed on the basis that services can continue to function with (potentially) 20% less staff, remain within PPE and testing capacity and support CCU up to a maximum of 23 beds. • Plans agreed to date: o Endoscopy W/C 18/05/2020 o Radiology W/C 18/05/2020 o Audiology W/C 25/05/2020 o Cardiology W/C 08/06/2020 • Risks to restoration include patient anxiety to attend an acute setting and requirement to maintain social distancing in waiting areas.

Indicator	Plan / Standard	Period	YTD Actuals	Monthly Actuals	Trend	RAG Rating	Executive Director
Total number of patients on an incomplete RTT pathway (PTL/waiting list size)	25609	Apr-20	-	26,690		R	COO



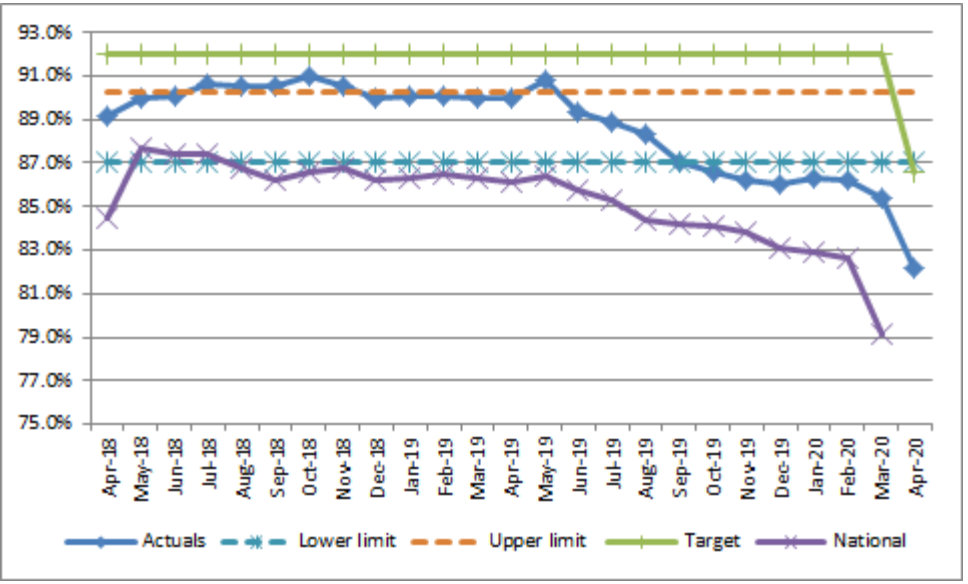
Sherwood Forest Hospitals
NHS Foundation Trust

National position & overview

- The size of the waiting list (PTL) 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).
- The number of RTT patients waiting to start treatment at the end of April 2020 was 26,690 (March 25,059).
- Nationally, April's data at time of writing is unpublished. However at the end of March 2020, the number of patients waiting to start treatment increased by 0.9% compared to the end of March 2019. This is in contrast to the Trust March 2020 position which was reduction against the March 2019 position.

Root causes	Actions	Impact/Timescale
• The key cause for an increase in the size of the PTL is the response to the COVID-19 pandemic which, led to a pause of routine elective outpatients, diagnostics and operating from mid-March. • Clock starts for April were 30% lower than April 19 at c.7,000 • Clock stops were 46% lower than April 19 at c.5,200	• Restore urgent and cancer capacity to pre-COVID levels by 15/06/2020 • Review the potential to re-instate limited routine (long wait) capacity by 30/06/2020 • On-going use of the Independent sector for Orthopaedics and Radiology - in place from W/C 18/05/2020 • Continued focus on non face to face outpatient activity – Telephone and Virtual clinics. • Review of clinic set up for all specialties to determine limitations of social distancing on face to face capacity and formalise non face to face capacity - to be completed by 29/05/2020 • Secure external modelling expertise by 30/06/20 to support recovery scenarios - medium to longer term.	• The current expectation is the size of the PTL will continue to grow for some time. The rationale for this being that; new referrals (clock starts) are likely to increase in the coming weeks and clock stops particularly for routine activity will remain low. • Currently >100 Orthopaedic patients and 200 MRI requests are being facilitated in the Independent Sector.

Indicator	Plan / Standard	Period	YTD Actuals	Monthly Actuals	Trend	RAG Rating	Executive Director
% of patients within 18 weeks referral to treatment time - incomplete pathways	86.6%	Apr-20	-	82.2%		R	COO



Sherwood Forest Hospitals
NHS Foundation Trust

National position & overview

- Referral to Treatment performance for April at time of writing is unpublished however at 82.2% it is 4.4% adverse to plan.
- Nationally, for the month of March performance was 79.7%. Trust performance at 85.4% ranked 47th from 136 Trusts
- For patients waiting to start treatment at the end of March 2020, the median waiting time was 7 weeks (national 9 weeks) . The 92nd percentile waiting time was 23 weeks (national 27 weeks).

Root causes

- The key cause of below April trajectory performance is the shift in the shape of the waiting list due to 3 factors:
  - Reduced referrals (low wait clock starts)
  - Reduced elective activity in response to COVID (long wait stops)
  - Focus on urgent and cancer activity (low wait stops)
- The specialties with the largest proportion of patients waiting >18 weeks are:
  - Ophthalmology
  - Orthopaedics
  - ENT

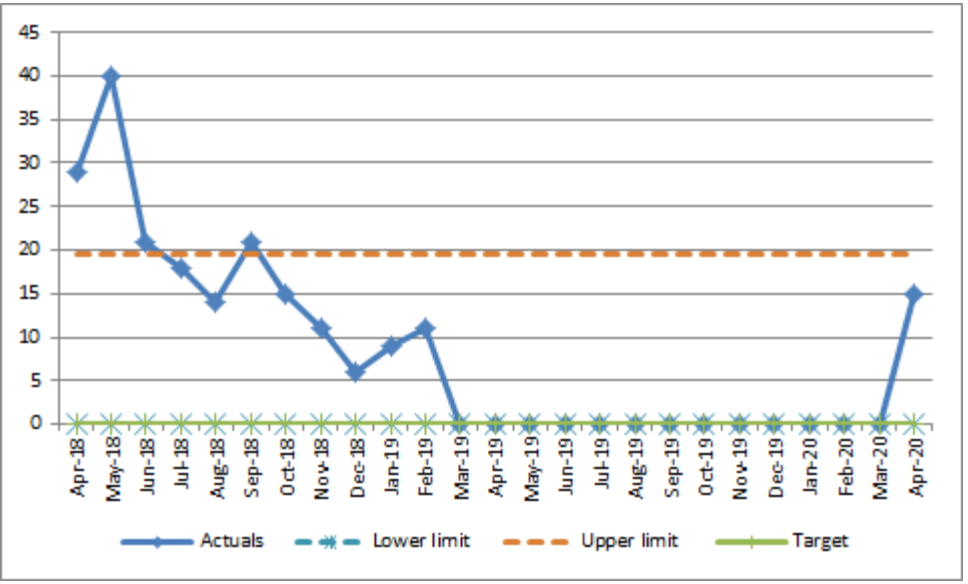
Actions

- Weekly RTT meetings to be re-instated from W/C 15/06/2020 chaired by the Deputy COO.
- On-going use of the Independent sector in the first instance for cancer and urgent activity. Residual capacity to be utilised for some (long wait) routine electives.
- Review of all Outpatient clinic capability to be completed by the end of May and roll-out of the Attend Anywhere virtual platform and Tele-Clinics where appropriate by mid-June.
- Re-instate some routine diagnostic capacity – Radiology W/C 18/05 and Cardiology W/C 08/06.
- Secure external modelling expertise by 30/06/20 to support recovery scenarios - medium to longer term.

Impact/Timescale

- It is likely to take many months to recover to pre-COVID performance.
- Risks to restoration and recovery include patient anxiety to attend an acute setting and reduced productivity in all settings due to social distancing and increased turn around times.

Indicator	Plan / Standard	Period	YTD Actuals	Monthly Actuals	Trend	RAG Rating	Executive Director
Number of cases exceeding 52 weeks referral to treatment	0	Apr-20	15	15		R	COO



NHS
Sherwood Forest Hospitals
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National position & overview

- Nationally, performance for April (at time of writing) is unpublished. However, at the end of March the number of RTT patients waiting more than 52 weeks nationally was 3,097. The Trust reported zero.
- For the month of April the Trust reported 15 patients waiting more than 52 weeks.
- Breaches occurred in the following specialties:
  - General Surgery – 2
  - Urology – 1
  - Trauma and Orthopaedics – 4
  - Ophthalmology – 4

Root causes

- The key cause for waits greater than 52 weeks at the end of April is the response to the COVID-19 pandemic which led to a pause of routine elective outpatients, diagnostics and operating.
- However, as previously noted extended waits and their root cause were being actively managed pre-COVID in the following specialties:
  - Cardiology - capacity gap c.40 slots per week for 1st Outpatient / wait for diagnostic test
  - Ophthalmology - capacity gap c.18 clinics per week for 1st Outpatient / wait for an overdue follow up
  - T&O – due to reduced elective operating over Winter.

Actions

- Weekly RTT meetings will be re-instated from W/C 15/06/2020 chaired by the Deputy COO.
- Plan for all patients waiting longer than 52 weeks at the end of April to be developed by 18/06/2020.
- Letter to all patients waiting 18+ weeks to be issued by 03/06/2020.
- Restoration of elective capacity will continue to be extended across the Nottinghamshire system including on-going use of Independent Sector capacity.

Impact/Timescale

- Of the 15 patients waiting:
  - 1 Patient has subsequently been treated with medication
  - 9 require an admitted TCI
  - 5 require a non admitted TCI
- 52 week waits are likely to continue for some time. This is due in part to restrictions on capacity but also patient anxiety and requirement to self-isolate pre and post surgery for 14 days.

Sherwood Forest Hospitals
NHS Foundation Trust

Introduction

The revised financial framework for 2020/21 requires all NHS providers to break-even on a monthly basis for an initial period to 31 July 2020. On this basis a budget has been set for the Trust by NHS England & NHS Improvement (NHSE/I) which assumes expenditure of £30.0m (excluding Covid-19 costs) offset by income of £30.0m.

Performance against these budgets is reviewed on a monthly basis, with additional 'True-Up' funding assumed to cover any shortfall as well as the direct costs of Covid-19.

A summary of the Trust's M01 position is in the table below, which shows that additional 'True-up' funding of £4.2m has been assumed to achieve break-even, £2.9m to cover the direct costs of Covid-19 and £1.3m shortfall in Block contract and Top up funding.

£000	NHSE/I Budget	M1 excluding Covid-19	Variance	Pension Top-Up	Covid-19	Reported Month 1	True-Up Ask
Income:							
Block Contract	23,401	23,401	0			23,401	0
Top-Up Value	2,834	2,840	6			2,840	6
Pensions Top-Up	0	0	0	716		716	716
Other Income	3,793	2,414	(1,379)			2,414	(1,379)
Finance Income	8	3	(5)			3	(5)
Total Income	30,036	28,659	(1,377)	716	0	29,374	(662)
Expenditure:							
Pay - Substantive	(15,669)	(16,214)	(545)		(63)	(16,276)	(607)
Pay - Bank	(1,388)	(1,397)	(9)		(950)	(2,348)	(960)
Pay - Agency	(1,071)	(1,232)	(161)		(522)	(1,754)	(683)
Pay - Other (Apprentice Levy / Pension)	(71)	(75)	(4)	(716)	0	(790)	(719)
Total Pay	(18,199)	(18,918)	(719)	(716)	(1,535)	(21,169)	(2,970)
Non-Pay	(9,695)	(8,850)	845		(1,311)	(10,161)	(466)
Depreciation	(851)	(935)	(84)		0	(935)	(84)
Interest Expense	(1,219)	(1,213)	6		0	(1,213)	6
PDC Dividend Expense	(72)	(72)	(0)		0	(72)	(0)
Total Non-Pay	(11,837)	(11,071)	766	0	(1,311)	(12,381)	(544)
Total Expenditure	(30,036)	(29,988)	48	(716)	(2,846)	(33,550)	(3,514)
Surplus/(Deficit)	0	(1,330)	(1,330)	0	(2,846)	(4,176)	(4,176)

Best Value Care

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Headlines (Page 2-3)	SOCI (Page 4-13)	SOFP (Page 14-16)	Cash Flow (Page 17)	Capital (Page 18)	Covid-19 (Page 19-20)

Sherwood Forest Hospitals NHS Foundation Trust

	April In-Month			Annual Plan	Forecast	Forecast Variance
	Plan	Actual	Variance			
	£m	£m	£m	£m	£m	£m
Income	30.04	33.55	3.51	360.43	386.84	26.41
Expenditure	(30.04)	(33.55)	(3.51)	(360.43)	(386.84)	(26.41)
Surplus/(Deficit) - Control Total Basis excl. Impairment	**(0.00)**	**(0.00)**	**(0.00)**	**0.00**	**(0.00)**	**(0.00)**
Capex (including donated)	(0.38)	(0.88)	(0.50)	(13.80)	(14.30)	(0.50)
Closing Cash	1.47	25.58	24.11	1.69	1.69	0.00

It is assumed that the Trust will break even on a Control Total basis in 2020/21, though both expenditure and income will be significantly above the NHSE/I budgets, which do not include costs relating to the management of Covid-19. The forecast has been based on draft Trust budgets rather than NHSE/I plan values.

Capital expenditure in April 20 is above plan by the value of COVID-19 related Capital expenditure. A revised 2020/21 capital expenditure plan is being finalised with NHSE/I. The forecast will be reviewed against this in future months.

Closing cash at M01 is £25.58m, £24.11m above plan, this includes additional cash which has been made available to support Covid-19 management, it is assumed that this excess cash balance will reduce over the year and that the Trust will meet its cash plan of £1.69m at 31st March 2021.