Single Oversight Framework

Reporting Period: Month 4 2020/21

Single Oversight Framework – Month 4 Overview

Sherwood Forest Hospitals
NHS Foundation Trust

Domain	Overview & risks	Lead
Overview	The SOF covers month four/ July 2020. It is shorter in length, it uses statistical process control graphs and it is designed to focus attention on the areas that require attention. Whilst the agreement to change the SOF was made prior to Covid-19, you will see the impact of Covid throughout all of the domains.	CEO
Quality Care (exception report page 8-11).	During July 2020 the care delivered to our patients has remained safe and of high quality, nurse staffing levels have remained within the expected range and no serious incidents have been declared. Improvement work continues to reduce the number of falls, for the third consecutive month we have observed a reduction in the number of falls resulting in a trust position of 6.51% which below the national average of 6.63% per 1000 bed days. Hospital acquired pressure ulcers remain consistently low, there have been no category 3 PUs since Nov 18 and no category 4s since August 2017. There are three exception report for July 2020; • CDIF; we are seeing an increase in cases both at SFHFT, local Trusts and within the community; we are working collaboratively to address this. • ED friends and family recommendation rate; performance 90.6% (YTD 92.6) against a target of 93%. Plans are in place to address key themes and to improve the response rate so that we have a representative sample. • Dementia screening; whilst showing an improvement on last month’s figures, is still below the expected compliance rate. • HSMR continues to be elevated and we now have a number of active work streams investigating this further.	MD, CN

Single Oversight Framework – Month 4 Overview

Sherwood Forest Hospitals
NHS Foundation Trust

Domain	Overview & risks	Lead
People & Culture (exception reports pages 12-13)	Overall, in M4 staff health and wellbeing was consistent with a typical summer Month. The impact of Covid-19 absence has significantly reduced however activity supporting the workforce post impact is still evident through the Trust Occupational Health Service increased activity and this is expected to continue. Occupational Health will also have additional service pressure from mid September 2020 to February 2021 connected to leading and delivering the annual HCW flu vaccination programme (CQUIN target this season is 90% front line uptake, last season CQUIN target was 80% and 85.3% uptake achieved). In M4 Turnover remained relatively low, against a slight reduction in vacancy levels due to appointments across nursing and medical professions. Compliance against Mandatory and Statutory Training along with Appraisals continue to be impacted due to Covid-19 pandemic but improvements across the Month have been evidenced.	DOP, DCI
Timely care (exception reports pages 14 -20)	The availability of timely care for patients arriving as an emergency remains strong and better than plan. This is supported by a continued reduction, albeit diminishing, number of patients attending the emergency department, largely related to the Covid-19 pandemic and a likely bi-product of enhanced IPC in the community . The ICS continue work through the demand cell to maintain lower levels of demand where it is safe to do so for patients. Cancer and elective care waiting lists and times have increased due to the national pause to create capacity for Covid. All services are now restored, but mainly due to appropriately stricter infection control procedures the productivity of some services is greatly reduced. The recovery programme is underway and is reported to the Recovery Committee. A recovery plan is also on the Public Board agenda this month.	COO
Best Value care (21-23)	The revised NHS Financial Regime is now extended to September. For Financial Year to the end of July the Trust has delivered a break even position – as required – by means of a monthly block contract payment and retrospective reimbursement of Covd-19 related expenditure .Total Covid-19 costs incurred during the month are £2.2m (year to date total £10.1m). The Financial Regime included no requirement of financial improvement planning to allow Trusts to facilitate the response to Covd-19. Therefore there has been no delivery of the financial improvement assumed within the Trust's financial strategy during the year to date. This has resulted in an expenditure run rate position which is adverse to the strategy in year by £4.5m (£1.13m per month). In addition, the Trust's underlying position at the end of 2019/20 was £12.1m adverse to the strategy. Capital costs incurred are £3m funded via 2 mechanisms and are on plan as at the end of July. Firstly, business as usual capital (£1.8m) is incorporated within the ICS system envelope. Further capital expenditure of £1.2m has been incurred in response to Covid-19 and re-imbursement is expected from NHSI.	CFO

Single Oversight Framework – Month 4 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	95%	Jul-20	95.6%	98.1%		G	MD/CN
		Admission of term babies to neonatal care as a % of all births	6%	Jul-20	2.9%	2.7%		G	CN
		Clostridium Difficile infection rate per rolling 12 months 100,000 OBD's	22.6	Jul-20	12.41	32.54		R	MD
		Covid-19 Hospital acquired cases	0	Jul-20	17.0	0		G	MD
		MRSA bacteraemia infection rate per rolling 12 months 100,000 OBD's	0	Jul-20	0.00	0.00		G	MD
		MSSA bacteraemia infection rate per rolling 12 months 100,000 OBD's	17	Jul-20	10.86	13.02		G	MD
		Eligible patients having Venous Thromboembolism (VTE) risk assessment	95.0%	May-20	94.1%	93.3%		A	CN
		Safe staffing care hours per patient day (CHPPD)	>8	Jul-20	13.0	11.3		G	CN
	Caring	Recommended Rate: Friends and Family Accident and Emergency	93.0%	Jul-20	92.6%	90.6%		R	MD/CN
		Recommended Rate: Friends and Family Inpatients	93.0%	Jul-20	97.8%	98.0%		G	MD/CN
		Recommended Rate: Friends and Family Maternity	93.0%	Jul-20	97.0%	98.6%		G	MD/CN
		Eligible patients asked case finding question, or diagnosis of dementia or delirium	≥90%	Jul-20	35.3%	52.4%		R	MD/CN
	Effective	Rolling 12 months HSMR (basket of 56 diagnosis groups)	100	May-20	108.1	-		A	MD
		SHMI	100	Mar-20	96.55	-		G	MD
		Cardiac arrest rate per 1000 admissions	0.83	Jul-20	0.56	0.73		G	MD

Single Oversight Framework – Month 4 Overview (2)

Sherwood Forest Hospitals
NHS Foundation Trust

At a Glance		Indicator	Plan / Standard	Period	YTD Actuals	Monthly Actuals	Trend	RAG Rating	Executive Director
PEOPLE & CULTURE	Staff health & well being	Health & Well Being Sickness Absence	3.5%	Jul-20	4.1%	3.3%		G	DOP
		Take up of Occupational Health interventions	1000 - 1250	Jul-20	10901	3791		R	DOP
		Employee Relations Management	10	Jul-20	42	10		G	DOP
	Resourcing	Vacancy rate	7.5%	Jun-20	5.9%	5.1%		G	DOP
		Turnover in month (excluding rotational doctors)	0.8%	Jul-20	0.3%	0.3%		G	DOP
		Number of apprenticeships on programme	100	Jul-20	116	-		G	DOP
		Mandatory & Statutory Training	93%	Jul-20	90.0%	90.0%		A	DOP
		Appraisal	95%	Jul-20	83.0%	86.0%		R	DOP

Single Oversight Framework – Month 4 Overview (3)

Sherwood Forest Hospitals
NHS Foundation Trust

At a Glance		Indicator	Plan / Standard	Period	YTD Actuals	Monthly Actuals	Trend	RAG Rating	Executive Director
Timely Care	Emergency Care	Emergency access within four hours Total Trust	88.9%	Jul-20	96.6%	96.7%		G	COO
		General & Acute Bed Occupancy	90.8%	Jul-20	57.7%	66.0%		G	COO
		Number of inpatients >21 days	77	Jul-20	-	73		G	COO
		Number of Ambulance Arrivals	3290	Jul-20	11221	3024		G	COO
		Percentage of Ambulance Arrivals > 30 minutes	13.0%	Jul-20	4.0%	3.7%		G	COO
	Cancer Care	62 days urgent referral to treatment	80.9%	Jun-20	70.3%	64.7%		R	COO
		Cancer faster diagnosis standard	73.0%	Jun-20	72.9%	71.3%		R	COO
	Elective Care	Diagnostic waiters, 6 weeks and over-DM01	0.9%	Jul-20	-	40.4%		R	COO
		Total number of patients on an incomplete RTT pathway (PTL/waiting list size)	27113	Jul-20	-	30,302		R	COO
		% of patients within 18 weeks referral to treatment time - incomplete pathways	88.0%	Jul-20	-	66.0%		R	COO
		Number of cases exceeding 52 weeks referral to treatment	0	Jul-20	404	217		R	COO

Single Oversight Framework – Month 4 Overview (4)

Sherwood Forest Hospitals
NHS Foundation Trust

At a Glance		Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director
Best Value Care	Finance	Trust level performance against FIT target	£0.00m	Jul-20	£0.00m	£0.00m			CFO
		Underlying financial position against strategy	£0.00m	Jul-20	-£16.60m	-£1.13m			CFO
		Trust level performance against FIP plan	£0.00m	Jul-20	N/A	N/A			CFO
		Capital expenditure against plan	£0.00m	Jul-20	£0.00m	-£0.42m			CFO
		Procurement League Table Score	49.8	2019/20	40.3	40.3			CFO

Indicator	Plan / Standard	Period	YTD Actuals	Monthly Actuals	Trend	RAG Rating	Executive Director
Clostridium Difficile infection rate per rolling 12 months 100,000 OBD's	22.6	Jul-20	12.41	32.54		R	MD

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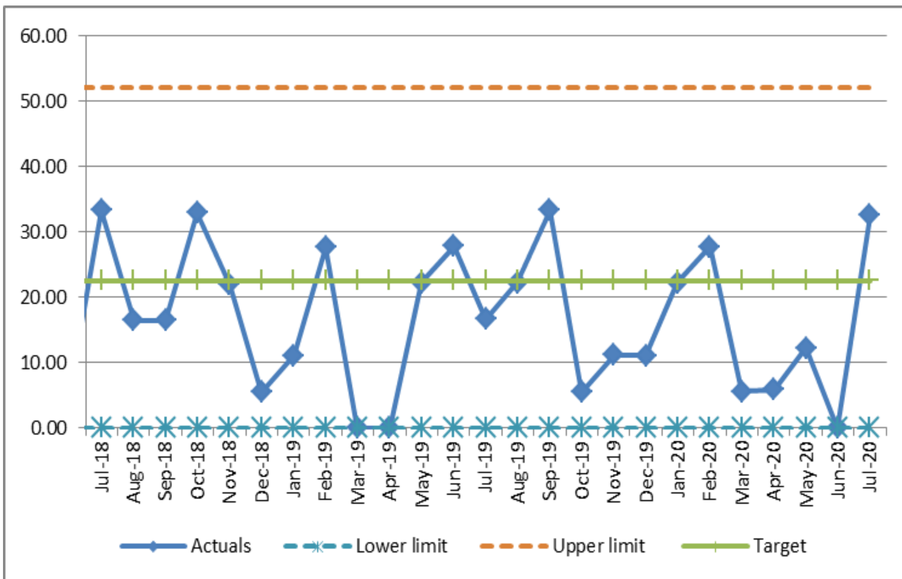

National position & overview

- This year the organisation has not been given a trajectory for Cdiff due to the COVID-19 pandemic.
- We have been given the instruction to continue as we did last year, with all of the same reporting mechanisms.
- Other local Trusts and Community teams are also reporting increases in the number of cases they are seeing.
- Ribotyping to date has confirmed we do not have transmission between patients

Root causes

Root causes are being investigated and appear to be

- Antimicrobial usage
- Environmental
- Patient factors

Actions

- All cases to have a full RCA completed
- Samples sent for Ribotyping
- Thematic review of all cases attributed to the Trust
- Environment surveillance and audits
- Participate in system-wide deep dive of cases

Impact/Timescale

- Ongoing

Indicator	Plan / Standard	Period	YTD Actuals	Monthly Actuals	Trend	RAG Rating	Executive Director
Recommended Rate: Friends and Family Accident and Emergency	93.0%	Jul-20	92.6%	90.6%		R	MD/CN

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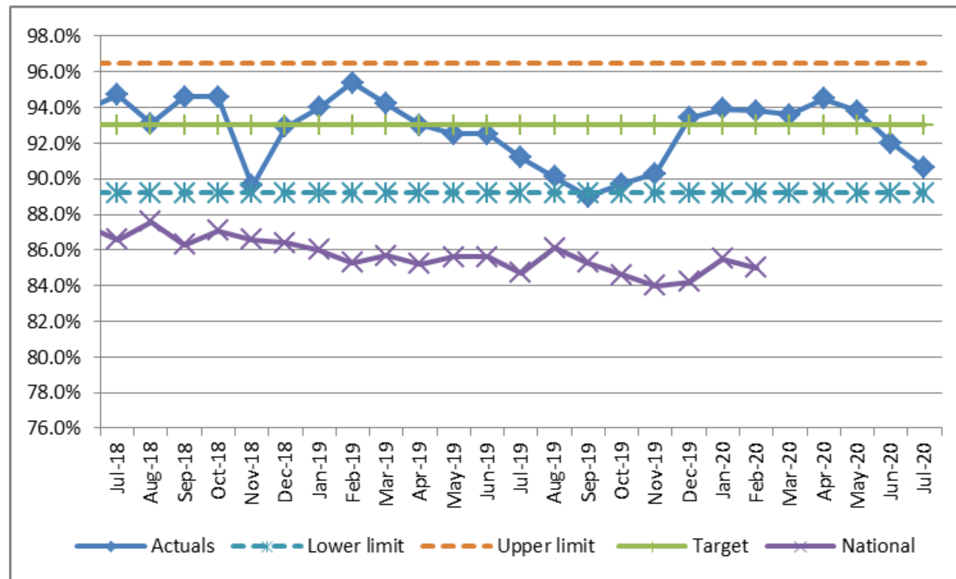
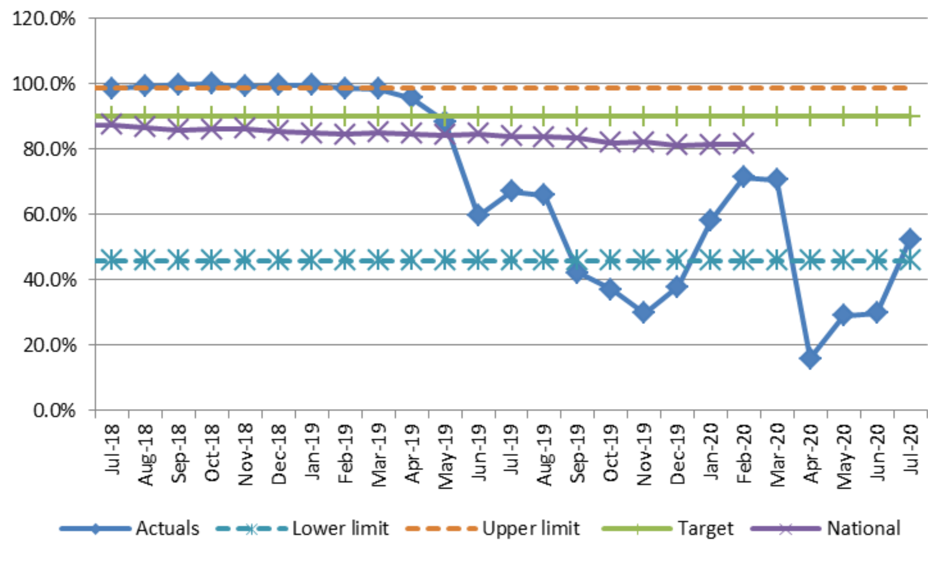


National position & overview

- Technical issue with changeover of IT systems and data feeding through to the old link, this has affected the sample size.
- Positive themes around cleanliness and excellent care and treatment.
- Themes around patients perceived delays in ED.
- Data collection has been paused nationally; we believe it is important to continue to collect this data

Root causes	Actions	Impact/Timescale
• Low response rate potentially impacted the recommended rate due to sample size. 2,884 text messages where issued unfortunately only 413 responses where received. The low response rate is partially attributed to a proportion of the responses feeding through to the old link and not included in the reported response rate.	• The Patient experience team to request reminder text messages to be sent out to all patients. • To liaise with provider to resolve the data issue	• September 2020 • September 2020
• All the comments provided have been reviewed.	• To share patients comments with team in order to sustain patient positive patient experience	• August 2020
• Positive themes identified around cleanliness and care and treatment		
• Negative themes identified around waiting times	• To continue to communicate any potential delays with patients and on arrival and give patients a realistic idea of their hospital journey	• September 2020

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%	Jul-20	35.3%	52.4%		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 target to screen 90% of eligible patients.
- Monthly data collected and uploaded to the UNIFY record.
- Prior to May 2019 the Trust achieved the 90% target.
- May 2019 an electronic screening method was introduced in to the trust.
- Clinical lead for dementia made the decision that doctors had to complete the assessment.
- Band 3 Health Care worker appointed to assist process Jan 2020.
- Due to COVID 19 assessments stood down between April- June 2020, which recommenced mid July 20, a slight increase in data evidences the benefit of the Band 3 interventions.

Root causes	Actions	Impact/Timescale
• Assessments not being completed on Nervecentre by medical teams.	• Short electronic survey planned for all doctors to complete to help us understand why there is poor compliance	• On-going and should be completed by the end of August
• Assessments stood down for 3 month period.	• Assessments re-introduced mid July 2020 and agreed process to be decided and communicated across the Trust.	• Complete
• Nervecentre AMT assessment not implemented in ED.	• Nervecentre for observations has now been fully implemented in ED, UCC at Newark, awaiting a date for the introduction of assessments.	• Awaiting feedback from Nervecentre leads

Indicator	Plan / Standard	Period	YTD Actuals	Monthly Actuals	Trend	RAG Rating	Executive Director
Rolling 12 months HSMR (basket of 56 diagnosis groups)	100	May-20	108.1	-		A	MD

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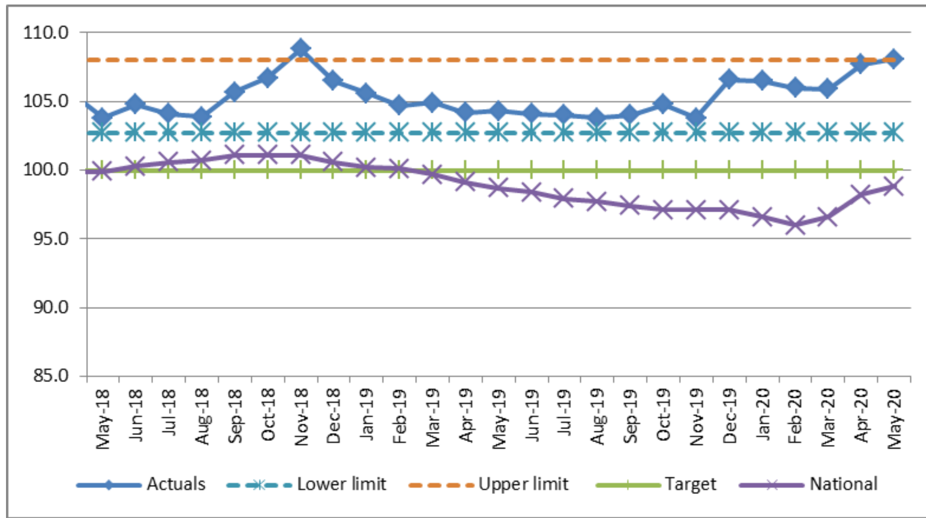

National position & overview

- HSMR continues to be elevated following a peak in September 2019.
- This is related to relatively small spikes in mortality in a number of diagnostic categories; alcohol related liver disease and upper gastrointestinal haemorrhage, fractured neck of femur (operated) and non-specific respiratory disease.
- Our palliative care coding is amongst the lowest in the country
- Our SHMI data remains as expected.

Root causes	Actions	Impact/Timescale
Small spikes in mortality in a number of diagnostic categories	Complete clinical reviews alongside Mathew Perry of Dr Foster to understand this data further Commission the services of an external assessor to understand HSMR Work with clinical coding and EOL team to ensure palliative care is being captured appropriately	We will understand the HSMR in detail for each diagnostic category Project lead appointed (further detail is available in the reading room Our coding will reflect the care given

Indicator	Plan / Standard	Period	YTD Actuals	Monthly Actuals	Trend	RAG Rating	Executive Director
Take up of Occupational Health interventions	1000 - 1250	Jul-20	10901	3791		R	DOP

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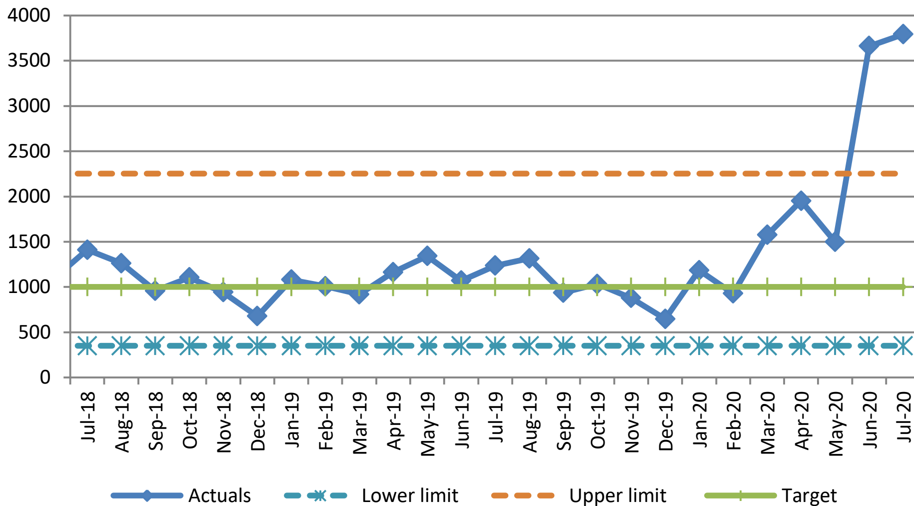

National position & overview

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

The Trust benchmarks favourably against a national sickness figure.

The data from model hospital is only available as at May 2020. The national median was 5.43% , SFH median was 4.21%.

Trust's performance is 31st out of 135 Trusts in April 2020 (Performance was within quartile 1 of 4) Position slightly decreased from 27th in April 2020.

Root causes

The key cause of above trajectory performance on the take up of Occupational Health interventions is mainly associated with the COVID-19 Pandemic.

This includes:

- Staff PCR COVID swab testing (and symptomatic household contacts)
- Staff COVID antibody testing
- Provision of dedicated COVID OH telephone helpline Mon-Fri 0945-1630
- COVID specific manager referral service
- COVID Risk assessments

Additionally, the demand for 'normal' core occupational health services increased in July to the highest level so far this calendar year.

Actions

Normal levels of core OH services have continued to be provided throughout the pandemic in addition to undertaking the extra COVID work activities. This has been achieved through:

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

Additional longer term resource options are currently being explored to sustain the increase in Occupational Health workload including submission of a business case for an increase in the medical and nursing resource.

Impact/Timescale

By April 2020 the service had experienced a doubling of overall work activities, and by June 2020 a quadrupling.

Increased activity levels are likely to continue, however is anticipated that numbers of interventions will show some reduction in the next quarter. Any reduction is likely to be offset by the additional demands associated with delivering the HCW flu programme.

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

Indicator	Plan / Standard	Period	YTD Actuals	Monthly Actuals	Trend	RAG Rating	Executive Director
Appraisal	95%	Jul-20	83.0%	86.0%		R	DOP

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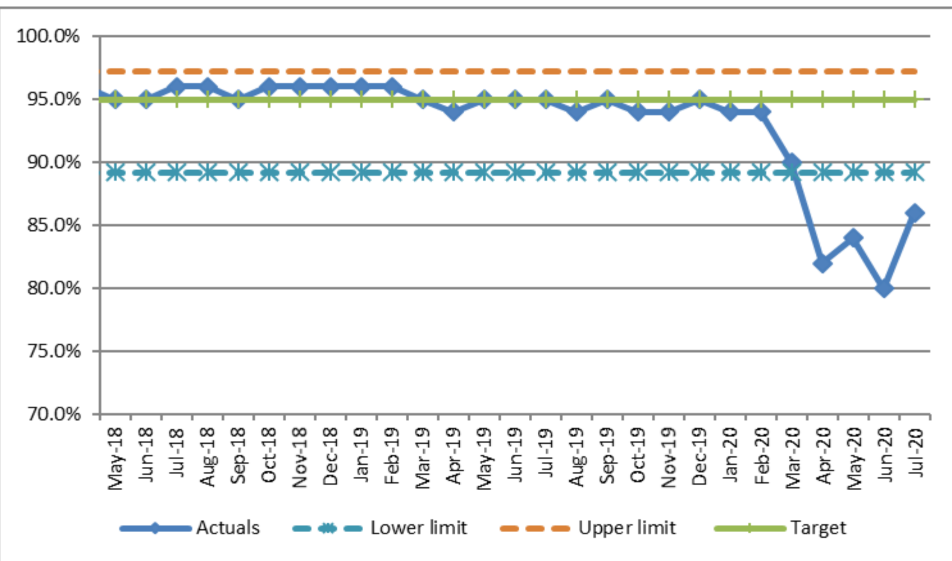

National position & overview

The Trust benchmarks favourably against a national appraisal figures.

Local intelligence suggests the Trust's appraisal rates are amongst the highest in the region.

The data from model hospital is only available as at September 2019. The national median was 85% , SFH median was 95%.

Trust's performance is 16th out of 135 Trusts in September 2019 (Performance was within upper quartile of performance – Top 25%)

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 appraisals process has been recommenced across the Trust and communications have been to provide clarity and requirements for managers and staff. 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.	Gradual improvements has been noted and the level now sits at 86% Appraisal compliance to 95% by end of December 2020.

Indicator	Plan / Standard	Period	YTD Actuals	Monthly Actuals	Trend	RAG Rating	Executive Director
62 days urgent referral to treatment	80.9%	Jun-20	70.3%	64.7%		R	COO

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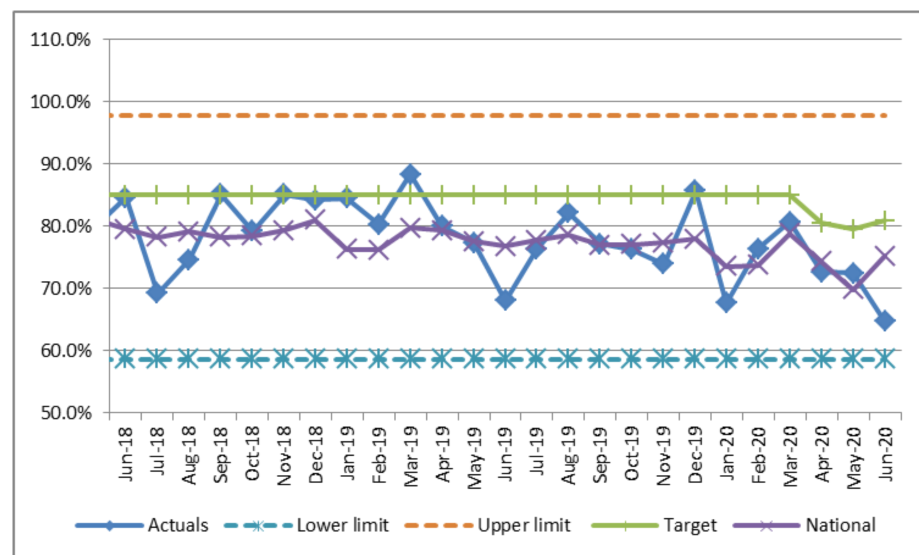

National position & overview

- Nationally, for the month of June 75.2% of patients began their first definitive treatment within 62 days of referral for suspected cancer (69.9% in May 2020).
- Based on 51 treatments and 18 breaches of the standard in June, the Trust delivered performance of 64.7% giving an indicative national ranking of 112 from 132 Trusts.
- The main driver for a deterioration in performance is a 60% reduction in the volume of Urology and Breast treatments. In line with national guidance issued in June the commencing of interim hormone/endocrine treatment in both tumour sites is not definitive treatment.

Root causes

The underlying 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
- Administrative delays

Actions

- Plan for all patients at 104+ days to have a treatment date or next step in place by 21/08/20 and deliver at least a 20% reduction in the volume of >62 day patients – See next slide.
- 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.

Impact/Timescale

- Detail performance against backlog trajectory on next slide. Delivered ahead of trajectory.
- Increase percentage first seen within 7 days of referral from current position of c50% to 70%+
- Strategic plan for Endoscopy to be completed by December 2020.

62 day and 104+ Waits

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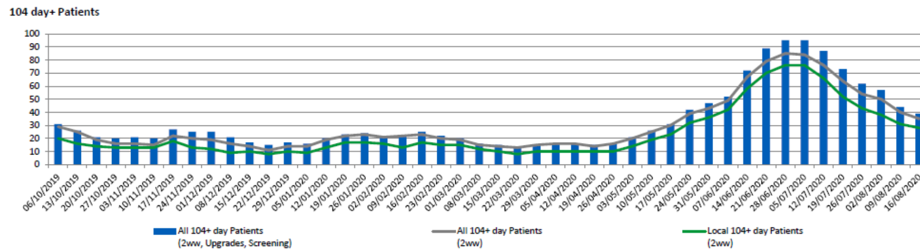
Graph 1: 104+ waits



Graph 2: All 62+ waits

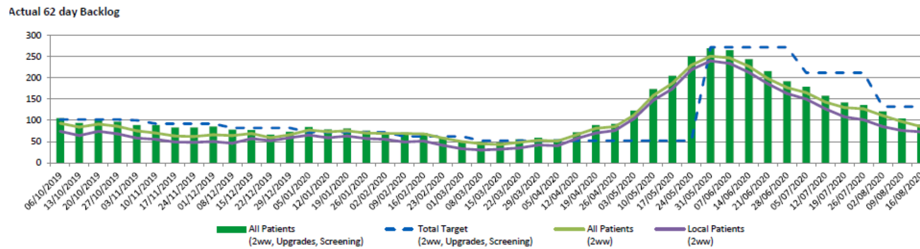


Table 1: Local 62+ waits

Local patients excluding screening and upgrades

Tumour site	Previous months actual				Current month Trajectory		Future months trajectory						
	April	May	June	July	August	21-Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Breast	3	28	30	28	27	**20**	20	18	16	22	16	11	9
Lung	3	4	2	3	2	**2**	1	1	1	2	1	1	1
Haem	2	1	2	1	2	**1**	1	1	1	2	1	1	1
UGI	11	20	8	7	4	**6**	3	3	2	3	2	2	1
LGI	29	115	71	31	37	**19**	27	24	22	30	22	15	12
Skin	1	3	6	5	4	**0**	3	3	2	3	2	2	1
Gynae	11	18	9	8	5	**2**	4	3	3	4	3	2	2
Urology	6	21	13	7	7	**5**	5	5	4	6	4	3	2
Head and Neck	10	30	22	18	13	**7**	9	9	8	10	8	5	4
Grand Total	**76**	**240**	**163**	**108**	**101**	**62**	**74**	**66**	**59**	**81**	**60**	**41**	**33**

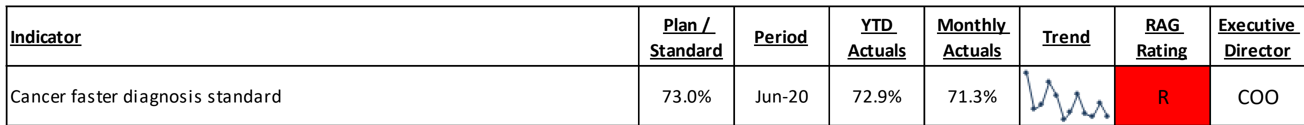
Overview

- Graph 1 shows a significant reduction in the total number of patients waiting 104+ days. All patients are actively managed and a harm review is undertaken for all confirmed cancer patients.

- From 12/07/2020 the regional ask was to progress clear plans for treatment or no cancer found for all 104 waits by 21/08/2020. The baseline volume of patients was 71. The latest position as at 21/08/2020 is a 64.7% reduction to 25 of which:
  - 11 have a treatment date in August
  - 1 has a treatment date in September
  - 11 are undergoing diagnostics
  - 2 require wellbeing calls

- Graph 2 shows the total number of patients waiting more than 62 days for treatment or for cancer to be ruled out. This includes all local, screening, upgrades and patients waiting for treatment at another provider. The number of patients has reduced from a peak of 272 at 26/05/20 to 77 as at 21/08/20.

- Table 1 is the local position only and represents the ask from the regional team to reduce the volume of patients waiting over 62 days by 20% by 21/08/20. The baseline position of 12th July 2020 of 127. The latest position is a 51% reduction to 62. The trajectory was set in future months to deliver **at least** the March 20 position by March 21.



Indicator	Plan / Standard	Period	YTD Actuals	Monthly Actuals	Trend	RAG Rating	Executive Director
Cancer faster diagnosis standard	73.0%	Jun-20	72.9%	71.3%		R	COO

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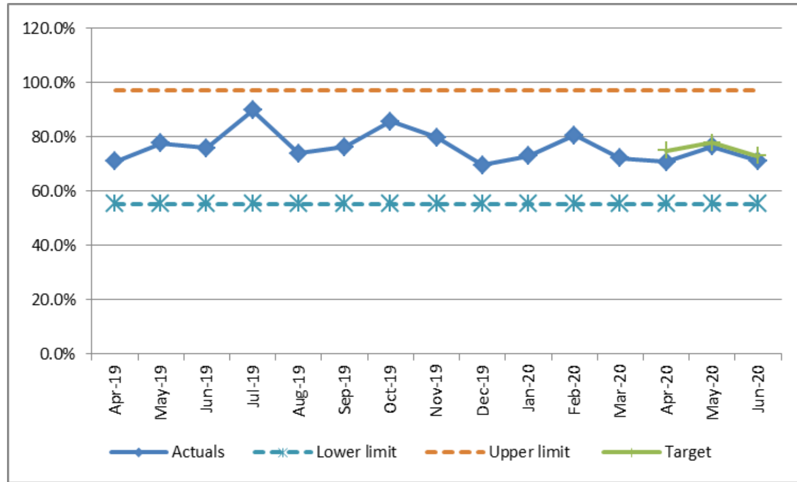

National position & overview

- Planning guidance for 2020/21 outlined from April 2020 Trusts should be meeting the Faster Diagnosis Standard (FDS) at an initial threshold of at least 70%. Latest cancer waiting times guidance (v.11) is suggesting 75%
- Nationally, there has been no publication of FDS data to date.
- For the month of June the Trust delivered 71.3% against a planning trajectory of 73%.

Root causes

There are 3 main drivers to deliver the FDS standard. They are:

- Time to first seen and test - 2WW and diagnostic capacity gaps
- The volume of tests required to confirm or rule out cancer
- Method of communication – mainly face to face but where it is non face to face there remains a strong reliance on letters.

Actions

- 2WW capacity is being right-sized as part of the restoration of outpatient capacity. All tumour sites are restoring with a mix of face to face, non face to face appointments and triage straight to test where appropriate.
- Continue to restore and monitor diagnostic capacity notably Endoscopy and Radiology.
- All tumour sites to review methods of communication used for FDS. Moving to telephone clinics where possible to reduce the number of days patients are waiting for outcomes.

Impact/Timescale

- The FDS standard requires the use of the ‘letter sent date’ to be recorded. Use of telephone clinics could reduce FDS waits by 7-10 days.
- Patient choice remains a risk with many choosing to decline appointments due to COVID fears.

Indicator	Plan / Standard	Period	YTD Actuals	Monthly Actuals	Trend	RAG Rating	Executive Director
Diagnostic waiters, 6 weeks and over-DM01	0.9%	Jul-20	-	40.4%		R	COO

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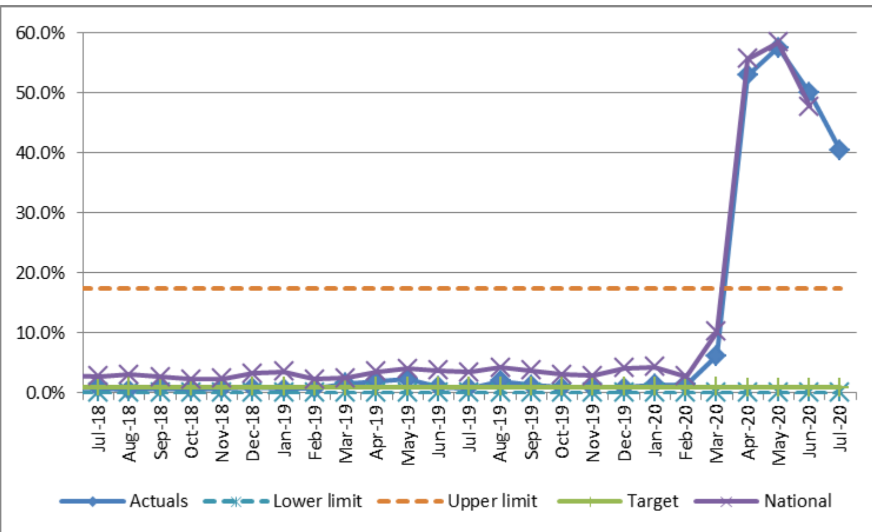

National position & overview

- At the end of July 2020 the Trust failed the DM01 standard with performance of 40.4% against a standard of <1%. Performance was based on 3,914 breaches from a waiting list of 9,690 procedures. This is an improved position on June.
- The test with the smallest proportion of patients waiting six weeks or more was Uro-dynamics with 0.7%. The tests with the highest proportion were Non-Obstetric Ultrasound at 19% and MRI at 15%
- At time of writing National data for July remains unpublished. June National performance was 47.8%

Root causes	Actions	Impact/Timescale
Routine diagnostic test activity and waiting times have been significantly impacted by the COVID crisis with 40% of the waiting list now waiting over 6 weeks (DM01) Key risk areas: • Endoscopy with 65% of previous capacity available due to IPC regulations and the classification of endoscopy as an Aerosol Generating Procedure (AGP) • CT Cardiac requiring Cardiology nursing support • Non Obstetric Ultrasound due to volume	• First draft modelling undertaken to scope the imaging diagnostic capacity required to recover the activity deficit since Mid – March. A more detailed exercise has been requested by the regional team for completion in September 20. • Newark CT upgrade to support CT cardiac capacity completed. Plan to support with Cardiology nursing to double throughput to be in place in September. • Continued use of the Independent Sector for additional MRI and Endoscopy capacity. • Expand use of breast ultrasound kit with additional probes to support wider use.	• Elective imaging activity restoration is progressing well – this is being supported by more mobile scanners funded centrally and there is a forecast that activity will get to 100% of previous levels even within IPC and social distancing. • Recovery for Endoscopy will be dependent on securing capacity across the system.

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)	27113	Jul-20	-	30,302		R	COO

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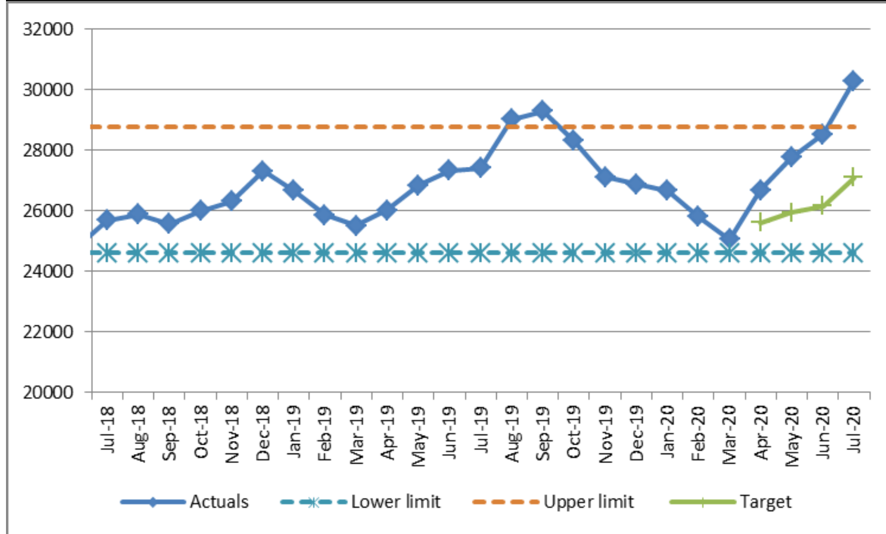


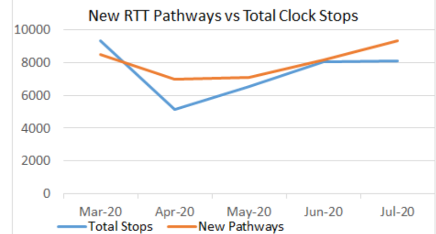
National position & overview

- 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).
- For July the number of RTT patients waiting to start treatment rose by 6% from the June and by 20% from the end of March 20 (25,059).
- Nationally, the number of RTT patients waiting to start treatment at the end of July 2020 is unpublished. For the end of June the number was 3.9 million (excluding estimate for missing data).

Root causes

- For July GP referrals remain at c70% of the July 19 volume. However, an increase in referrals when compared to June and rising overdue reviews have led to a 14% growth in clock starts.
- Clock stops remained relatively static.

Weeks	Mar-20	Apr-20	May-20	Jun-20	Jul-20
Total Stops	9351	5163	6528	8050	8128
New Pathways	8478	6978	7077	8187	9346



Actions

- Continue to restore routine (long wait) capacity – OP, Diagnostics and Surgery in line with social distancing limitations and IPC requirements.
- On-going use of the Independent sector for Orthopaedics, Urology, Gynae, Radiology and Endoscopy – Completed in place.
- Continued focus on non face to face outpatient activity. OP transformation programme to lead on mainstreaming new ways of working.
- Orthopaedics at Newark is increasing from 1st September
- Responding to NHSIE guidance on recovery received 31/07 - The system will continue to focus waiting list management on clinical priority and taking due consideration of chronological order for routine patients

Impact/Timescale

- The phase 3 1st draft trajectory is:
  - August – 30,700
  - September – 30,299
  - October – 29,694
  - November – 29,236
  - December – 28,949
  - January – 28,714
  - February – 28,702
  - March – 28,258
- Delivery against this trajectory is expected in line with current recovery plans.

Indicator	Plan / Standard	Period	YTD Actuals	Monthly Actuals	Trend	RAG Rating	Executive Director
% of patients within 18 weeks referral to treatment time - incomplete pathways	88.0%	Jul-20	-	66.0%		R	COO

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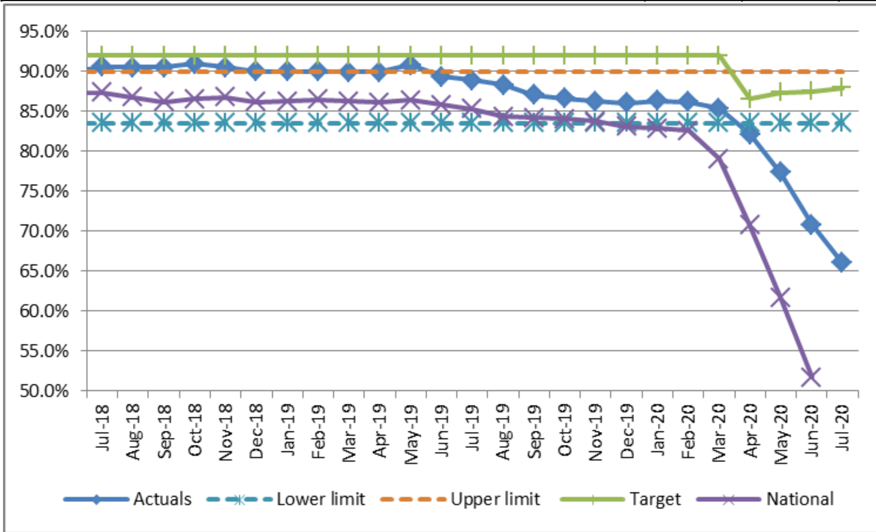

National position & overview

- Referral to Treatment performance for July at time of writing is unpublished however at 66% it is 22% adverse to plan.
- Nationally, for the month of June performance was 52%. Trust performance for June at 70.8% ranked 14th from 133 Trusts
- For patients waiting to start treatment at the end of June 2020, the Trust median waiting time was 11 weeks (National 18 weeks). The 92nd percentile waiting time was 31 weeks (National 37 weeks).

Root causes

- The key cause of below trajectory performance is the shift in the shape of the waiting list due to 2 factors:
    1. Reduced routine elective operating and diagnostic activity in response to COVID
    2. 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

- Continue to re-instate routine (long wait) capacity – OP, Diagnostics and Surgery in line with social distancing limitations and PPE/Testing requirements.
- Theatres Phase 2 restoration in place. Ophthalmology remains an area of concern – reviewing capacity across the system to support.
- On-going use of the Independent sector for Orthopaedics, Urology, Gynae, Radiology and Endoscopy – Completed in place.
- Continued focus on non face to face outpatient activity – currently 44% face to face, 50% by phone with the rest virtually. OP transformation programme to lead on mainstreaming new ways of working.
- Orthopaedics at Newark is increasing from 1st September
- External modelling secured and first draft received scoping the theatre capacity required to bridge the activity deficit since Mid – March. A second model is currently being reviewed to develop a performance and waiting list recovery trajectory.
- Responding to NHSIE guidance on recovery received 31/07.

Impact/Timescale

- Performance is expected to remain below plan for the rest of 20/21

Indicator	Plan / Standard	Period	YTD Actuals	Monthly Actuals	Trend	RAG Rating	Executive Director
Number of cases exceeding 52 weeks referral to treatment	0	Jul-20	404	217		R	COO

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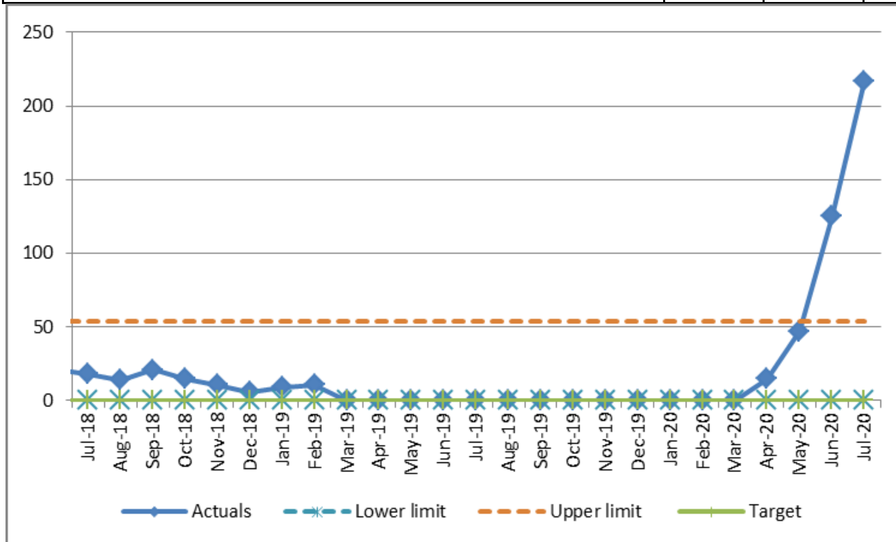

National position & overview

- Performance for July (at time of writing) is unpublished however the Trust has reported 217 52+ waits. Top 5 specialties:
  - Trauma and Orthopaedics – 63
  - Ophthalmology – 60
  - ENT – 33
  - General Surgery – 19
  - Cardiology – 12
- Nationally at the end of June the number of RTT patients waiting more than 52 weeks rose to 50, 536. The Trust reported 125

Root causes	Actions	Impact/Timescale

• The key cause for waits greater than 52 weeks at the end of July is the response to the COVID-19 pandemic which led to a pause of routine elective outpatients, diagnostics and operating.	• Weekly RTT meetings were re-instated from W/C 15/06/2020 chaired by the Deputy COO.
	• Focus on securing plans for long wait patients in line with specialty restoration and recovery plans.
	• Continue to re-instate routine (long wait) capacity – OP, Diagnostics and Surgery in line with social distancing limitations and PPE/Testing requirements. Theatres Phase 2 restoration in place . Ophthalmology remains an area of concern – reviewing capacity across the system to support.
	• On-going use of the Independent sector – Completed in place.
	• Orthopaedics at Newark to start 1st September 2020.
	• Responding to NHSIE guidance on recovery received 31/07 - The system will continue to focus waiting list management on clinical priority and taking due consideration of chronological order for routine patients
		• The phase 3 1st draft trajectory is:
		  • August – 346
		  • September – 324
		  • October – 302
		  • November – 280
		  • December – 258
		  • January – 236
		  • February – 214
		  • March – 192
		• Delivery against this trajectory is expected in line with current recovery plans.

Best Value Care

Sherwood Forest Hospitals
NHS Foundation Trust

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 monthly 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 per month. The Phase 3 planning letter confirmed that these arrangements will continue into August and September 2020.

Performance against these budgets is reviewed on a monthly basis, with additional retrospective top-up funding assumed to cover any shortfall as well as the direct costs of Covid-19. A summary of the Trust's M04 position is in the table below, which shows that additional retrospective top-up funding of £15.6m has been assumed to achieve break-even, £10.1m to cover the direct costs of Covid-19 and £5.5m to cover the shortfall in Block contract and Top up funding.

The Trust has received retrospective top-up payments of £11.5m which covers the full value of requests for Months 1, 2 and 3. The retrospective top-up payment for Month 4 is expected in September 2020.

All values £'000	In Month					Year-to-Date				
	NHSE/I Budget	Non-Covid Actual	Covid Actual	Total Actual	Variance	NHSE/I Budget	Non-Covid Actual	Covid Actual	Total Actual	Variance
Income:										
Block Contract	23,401	23,401	0	23,401	0	93,604	93,605	0	93,605	1
Top-Up Value	2,834	2,835	0	2,835	1	11,336	11,341	0	11,341	5
Other Income	3,793	2,360	(4)	2,356	(1,437)	15,172	9,775	(4)	9,771	(5,401)
Finance Income	8	0	0	0	(8)	32	(1)	0	(1)	(33)
Total Income	**30,036**	**28,596**	**(4)**	**28,592**	**(1,444)**	**120,144**	**114,719**	**(4)**	**114,715**	**(5,429)**
Expenditure:										
Pay - Substantive	(15,669)	(16,287)	(341)	(16,627)	(958)	(62,676)	(65,048)	(1,572)	(66,620)	(3,944)
Pay - Bank	(1,388)	(1,306)	(434)	(1,740)	(352)	(5,552)	(4,893)	(3,023)	(7,916)	(2,364)
Pay - Agency	(1,071)	(863)	(371)	(1,234)	(163)	(4,284)	(3,746)	(1,331)	(5,077)	(793)
Pay - Other (Apprentice Levy and Non Execs)	(83)	(75)	0	(75)	8	(332)	(309)	0	(309)	23
Total Pay	(18,211)	(18,531)	(1,145)	(19,676)	(1,465)	(72,844)	(73,996)	(5,927)	(79,923)	(7,079)
Non-Pay	(9,683)	(9,554)	(1,064)	(10,618)	(935)	(38,732)	(37,124)	(4,164)	(41,289)	(2,557)
Depreciation	(851)	(959)	0	(959)	(108)	(3,404)	(3,750)	0	(3,750)	(346)
Interest Expense	(1,219)	(1,254)	0	(1,254)	(35)	(4,876)	(4,934)	0	(4,934)	(58)
PDC Dividend Expense	(72)	(103)	0	(103)	(31)	(288)	(413)	0	(413)	(125)
Total Non-Pay	(11,825)	(11,870)	(1,064)	(12,933)	(1,108)	(47,300)	(46,222)	(4,164)	(50,386)	(3,086)
Total Expenditure	**(30,036)**	**(30,401)**	**(2,209)**	**(32,609)**	**(2,573)**	**(120,144)**	**(120,218)**	**(10,091)**	**(130,309)**	**(10,165)**
Retrospective Top-Up Requirement	**0**	**(1,804)**	**(2,213)**	**(4,017)**	**(4,017)**	**0**	**(5,498)**	**(10,095)**	**(15,593)**	**(15,593)**
Not Included Above										
Pension Top-Up Income	0	716	0	716	716	0	2,862	0	2,862	2,862
Pension Top-Up Expenditure	0	(716)	0	(716)	(716)	0	(2,862)	0	(2,862)	(2,862)
Sub-Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

Best Value Care

Sherwood Forest Hospitals NHS Foundation Trust

	July In-Month			Year to Date (YTD)			Annual Plan	Forecast	Forecast Variance
	Plan	Actual	Variance	Plan	Actual	Variance			
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Income	30.04	33.35	3.31	120.14	133.27	13.13	360.43	414.88	54.45
Expenditure	(30.04)	(33.35)	(3.31)	(120.14)	(133.27)	(13.13)	(360.43)	(414.88)	(54.45)
Surplus/(Deficit) - Break-even Requirement Basis	**(0.00)**	**(0.00)**	**(0.00)**	**(0.00)**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**
Capex (including donated)	(0.71)	(0.30)	0.42	(3.03)	(3.03)	0.00	(16.47)	(16.47)	0.00
Closing Cash	1.53	31.67	30.14	1.53	31.67	30.14	1.69	6.79	5.10

It is assumed that the Trust will be paid the retrospective top-up values requested and therefore meet the break-even requirement set out by NHSE/I. However; both expenditure and income will be significantly above the NHSE/I budgets, which do not include costs relating to the management of Covid-19. A detailed forecast has been undertaken at M04, based on extrapolation of M01-M04 run-rate overlaid with the estimated impact of the recovery & restoration of services, acknowledged cost pressures and winter plans.

Capital expenditure at M04 is on plan and includes Covid-19 related Capital expenditure. A revised 2020/21 capital expenditure plan is now finalised with NHSE/I. The Trust is forecasting to meet it's capital expenditure plan in full.

Closing cash at M04 is £31.67m, which is £30.14m 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.

Procurement League Table

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating
Procurement League Table Score	49.8	2019/20	40.3	40.3		

Sherwood Forest Hospitals
NHS Foundation Trust

Current Position

Trust score based on Q4 data is **40.3** which ranks at **117/133**. This breaks down into 27.5 on Quality (an increase from Q2) and 12.8 for Cost (a sharp decrease from 20.0 in Q2).
The aim of implementing the Actions is to increase the score by at least ten points to go into the next quartile, with an aim to break into the Top 50.

Updates Timescale

The latest iteration of the League Table is based on Q4 2018/19 (delivered September 2019). The previous update was based on Q2 2018/19 (therefore Q3 update was missed). We have received no updates since. There have been indications that the project may be on hold for at least a year

Issues

1. Pricing anomalies exist within the system whereby the Trust disagrees with the method of calculating some mean and lowest prices
2. NHS Supply Chain have been unresponsive in areas where we are relying on them for cost savings
3. Achieving Level 2 Procurement Standards Accreditation will gain a further five Quality points
4. Aggregating spend with partners should lower prices and increase Cost score

Actions

1. Continue work with SCS to remove unachievable "Opportunities"
2. Hold NHS Supply Chain to account for a credible Work Plan and savings
3. Prepare evidence file and book Level 2 Assessment for late 2020
4. Explore further joint purchasing opportunities within ICS and beyond