



Single Oversight Framework

Reporting Period: Month 5
2020/21

Inspected and rated

Good



Single Oversight Framework – Month 5

Overview



Sherwood Forest Hospitals
NHS Foundation Trust

Domain	Overview & risks	Lead
Overview	<p>The SOF covers month five/ August 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. Phase three recovery is clearly picked up in this document. At the last public board we spoke in detail about Cdiff and HSMR. Progress on these important areas is detailed below and as agreed, a report about HSMR is coming back to board in November.</p>	CEO
Quality Care (exception reports pages 9-14)	<p>During August 2020, the care delivered to our patients has remained safe and high quality, nursing staff levels have remained with the expected range and no serious incidents have been declared. Improvement work continues to reduce the number of falls, we continue to see a reduction in falls compared to March 2020, resulting a trust position of 6.49% (national average of 6.63% 1000 bed days). W/c 21 Sept is Falls awareness week, the trust Falls Lead has a programme of work scheduled. Hospital acquired pressure ulcers (PU) remain consistently low, the last category 3 PU was Nov 2018 and no category 4s since Aug 2017. There are four exception reports for August 2020;</p> <ul style="list-style-type: none"> • CDIFF: we continue to see an increase in cases both at SFHFT, local Trusts and within the community; we are working collaboratively to address this. we have a robust action plan in place and have had this reviewed externally. • MSSA bacteraemia; we have seen an increase in the number of incidents (5 in August totalling 12 YTD), which is an increase compared to the same period in 2019/2020 (10 cases), 4 of the 5 cases have demonstrated no lapses in care. • ED friends and family recommendation; performance 89.1% (YTD 91.6%) against a target of 93%. Our action plan implementation continues to address key themes and improve the overall response rate so that we have a representative sample. • Dementia screening; whilst showing a continued improvement in YTD performance, it remains below the expected compliance rate. • HSMR remains elevated and a forensic investigative action plan, including external review, has been shared with CQC and Quality Committee NED's • Cardiac arrests per 1000 admissions are elevated this month; this is due to the inclusion of ED, critical care and theatres to capture and review all in-hospital arrests. We will benchmark with other trusts over the coming month to establish appropriate methodology and tolerances. 	MD, CN

Single Oversight Framework – Month 5

Overview



Sherwood Forest Hospitals
NHS Foundation Trust

Domain	Overview & risks	Lead
<p>People & Culture (exception reports page 15)</p>	<p>Sickness Absence levels have shown an increase from M4 to 3.8%, and sits marginally above the target, this is as a result of the secondary impact of COVID19. A revised Health and Wellbeing offer in terms of both psychological and physical health is key to support the on-going management of this key agenda. Occupational Health service activity began to normalise towards the target and have reduced from the high levels experienced during June and July 2020. However, this is predicted to increase due the 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). Compliance against Appraisals and Mandatory and Statutory Training continue to be impacted due to COVID-19 pandemic but improvements across the Month have been evidenced and this is showing an increasing trend and is on trajectory to meet the target by 31st December 2020. Vacancy levels remain low as the Trust continues to actively recruit under the “Great place to” brand, alongside levels of turnover reducing for the fourth consecutive month.</p>	<p>DOP, DCI</p>
<p>Timely care (exception reports pages 16-22)</p>	<p>The availability of timely care for emergency patients continues to be strong, above trajectory and above the current national standard. This is despite growing demand for emergency care, with emergency admissions broadly returning to the seasonal variation seen prior to the spring Covid surge. The ICS demand cell continues to try to influence demand across the patch, particularly with regard to ambulance demand.</p> <p>Following the presentation and approval of the recovery plan to Board last month, positive progress is being made against the activity trajectories. Comparative to the midlands, SFH is doing greater activity as a proportion of 2019 than most other Trusts. As reported to the Recovery committee, there is excellent progress against the inpatient and day case trajectories, with Radiology a notable exemplar area at 100% of 2019 activity. There is more work to do on outpatients and this will be progressed to the end of September. In the context of this activity, the number of patients waiting for over a year has reached its peak and is now expected to fall in line with the trajectory.</p> <p>Cancer remains fully restored and the PTL is returning to pre-Covid levels.</p>	<p>COO</p>

Single Oversight Framework – Month 5

Overview



Domain	Overview & risks	Lead
<p>Best Value care (23-24)</p>	<p>The revised NHS Financial Regime is extended to September. For Financial Year to the end of August the Trust has delivered a break even position – as required – by means of a monthly block contract payment and retrospective reimbursement of Covid-19 related expenditure .Total Covid-19 costs incurred during the month are £0.8m (year to date total £10.9m).</p> <p>The Financial Regime included no requirement of financial improvement planning to allow Trusts to facilitate the response to Covid-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 £5.6m (£1.13m per month). In addition, the Trust’s underlying position at the end of 2019/20 was £12.1m adverse to the strategy.</p> <p>Capital expenditure in August is £0.6m (£0.4m lower than planned) 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 and awaits NHSI approvals regarding Covid-19 requests.</p>	<p>CFO</p>

Single Oversight Framework – Month 5

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%	Aug-20	96.1%	97.0%		G	MD/CN
		Admission of term babies to neonatal care as a % of all births	6%	Aug-20	3.0%	3.4%		G	CN
		Clostridium Difficile infection rate per rolling 12 months 100,000 OBD's	22.6	Aug-20	16.36	33.40		R	MD
		Covid-19 Hospital acquired cases	0	Aug-20	17.0	0		G	MD
		MRSA bacteraemia infection rate per rolling 12 months 100,000 OBD's	0	Aug-20	0.00	0.00		G	MD
		MSSA bacteraemia infection rate per rolling 12 months 100,000 OBD's	17	Aug-20	15.11	33.40		R	MD
		Eligible patients having Venous Thromboembolism (VTE) risk assessment	95.0%	Jun-20	94.3%	94.7%		A	CN
		Safe staffing care hours per patient day (CHPPD)	>8	Aug-20	13.0	10.9		G	CN
	Caring	Recommended Rate: Friends and Family Accident and Emergency	93.0%	Aug-20	91.6%	89.1%		R	MD/CN
		Recommended Rate: Friends and Family Inpatients	93.0%	Aug-20	98.0%	98.4%		G	MD/CN
Recommended Rate: Friends and Family Maternity		93.0%	Aug-20	96.4%	94.1%		G	MD/CN	
Eligible patients asked case finding question, or diagnosis of dementia or delirium		≥90%	Aug-20	39.4%	51.4%		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	Aug-20	0.64	0.94		R	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%	Aug-20	4.0%	3.8%		G	DOP
		Take up of Occupational Health interventions	1000 - 1250	Jul-20	12173	1272		A	DOP
		Employee Relations Management	10	Aug-20	26	8		G	DOP
	Resourcing	Vacancy rate	7.5%	Aug-20	5.8%	5.3%		G	DOP
		Turnover in month (excluding rotational doctors)	0.8%	Aug-20	0.4%	0.5%		G	DOP
		Number of apprenticeships on programme	100	Aug-20	114	-		G	DOP
		Mandatory & Statutory Training	93%	Aug-20	90.0%	90.0%		A	DOP
		Appraisal	95%	Aug-20	84.0%	89.0%		R	DOP

Single Oversight Framework – Month 2

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	89.2%	Aug-20	96.4%	95.5%		G	COO
		General & Acute Bed Occupancy	90.5%	Aug-20	60.2%	69.8%		G	COO
		Number of inpatients >21 days	70	Aug-20	-	58		G	COO
		Number of Ambulance Arrivals	3299	Aug-20	14264	3043		G	COO
		Percentage of Ambulance Arrivals > 30 minutes	10.0%	Aug-20	4.1%	4.4%		G	COO
	Cancer Care	62 days urgent referral to treatment	80.4%	Jul-20	69.5%	67.6%		R	COO
		Cancer faster diagnosis standard	75.0%	Jul-20	73.1%	73.8%		R	COO
	Elective Care	Diagnostic waiters, 6 weeks and over-DM01	0.9%	Aug-20	-	38.6%		R	COO
		Total number of patients on an incomplete RTT pathway (PTL/waiting list size)	27316	Aug-20	-	32,612		R	COO
		% of patients within 18 weeks referral to treatment time - incomplete pathways	88.0%	Aug-20	-	67.7%		R	COO
		Number of cases exceeding 52 weeks referral to treatment	0	Aug-20	720	316		R	COO

Single Oversight Framework – Month 2

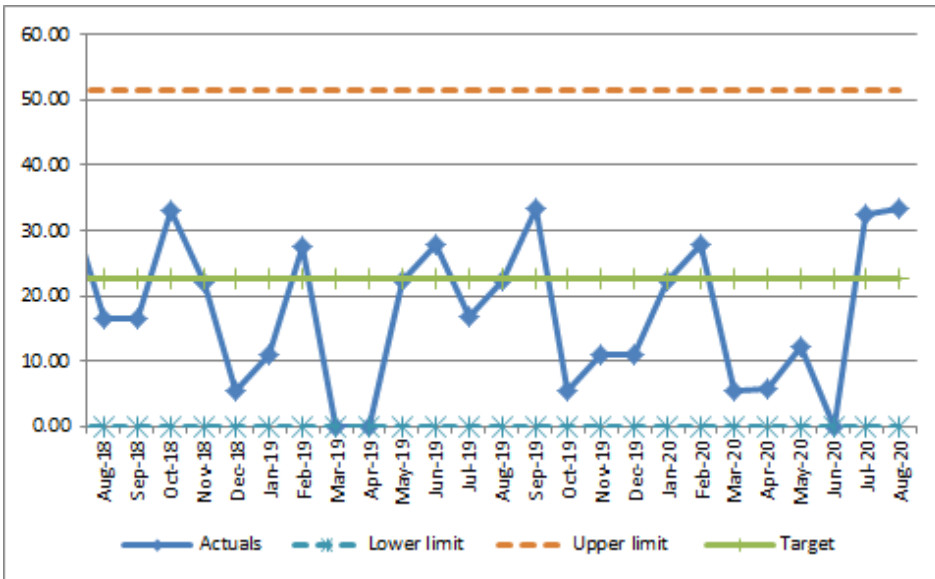
Overview (4)



Sherwood Forest Hospitals
NHS Foundation Trust

At a Glance		Indicator	Plan / Standard	Period	YTD Actuals	Monthly Actuals	Trend	RAG Rating	Executive Director
Best Value Care	Finance	Trust level performance against FIT target	£0.00m	Aug-20	£0.00m	£0.00m		G	CFO
		Underlying financial position against strategy	£0.00m	Aug-20	-£17.73m	-£1.13m		R	CFO
		Trust level performance against FIP plan	£0.00m	Aug-20	N/A	N/A		G	CFO
		Capital expenditure against plan	£0.00m	Aug-20	£0.41m	£0.41m		G	CFO
		Procurement League Table Score	49.8	2019/20	41.9	41.9		R	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	Aug-20	16.36	33.40		R	MD



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.
- System partners are also reporting increases in the number of cases they are seeing.
- Over the last 2 months the Trust have seen and increase in the number of Trust attributed cases of Cdiff, there were 11 in July 2020 and this reduced to 9 in August 2020.

Root causes	Actions	Impact/Timescale
-------------	---------	------------------

Root causes are being investigated and appear to be;

- Antimicrobial stewardship
- Environmental cleanliness
- Patient factors
- 1 episode of cross infection identified

- All cases to have a full RCA completed.
- Review of all patient identified as a Trust acquired or COHA (Community Onset Hospital Associated) this year movements around the Trust.
- Samples sent for Ribotyping.
- Thematic review of all cases attributed to the Trust.
- A Trust wide action plan has been developed and reviewed by an external DIPC
- Participate in system-wide deep dive of cases.

- 14 days allocated per RCA/On-going.
- Completed and identifies some cases that have been in the same clinical area but not at the same time. These samples have been sent for Ribotyping.
- On-going
- Thematic review commenced and awaiting Ribotyping results to conclude the review. This usually takes 14 days to obtain but have been taking longer due to COVID 19.
- Completed and in implementation phase
- On-going

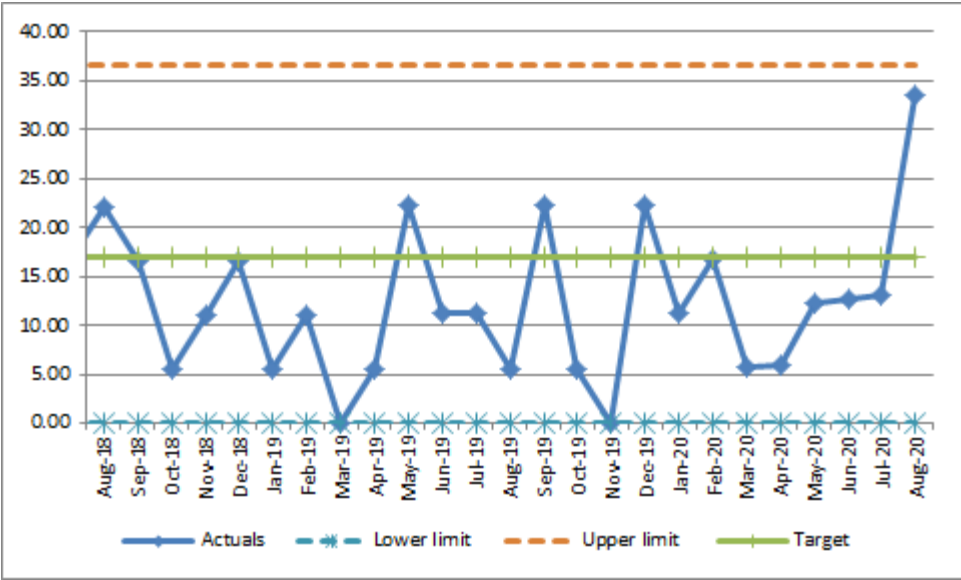
Indicator	Plan / Standard	Period	YTD Actuals	Monthly Actuals	Trend	RAG Rating	Executive Director
MSSA bacteraemia infection rate per rolling 12 months 100,000 OBD's	17	Aug-20	15.11	33.40		R	MD



Sherwood Forest Hospitals
NHS Foundation Trust

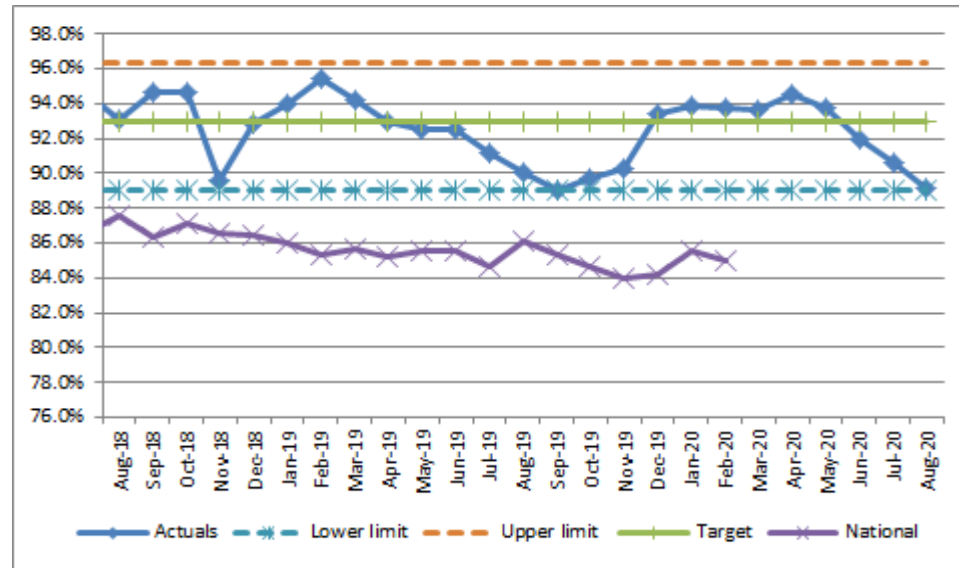
National position & overview

- The national data is not yet available for this period.
- The Trust have seen an increase from 2 per month to 5 Trust acquired cases in August 2020.
- There were no lapses in care for 4 of the 5 cases.



Root causes	Actions	Impact/Timescale
<p>Each case has been reviewed and there were 5 different causes:</p> <ul style="list-style-type: none"> • Endocarditis • Empyema • Pneumonia • Contamination • One was unable to identify the source. <p>4 of the 5 were found to be unavoidable.</p> <p>None of the cases related to a specific ward or departmental area, therefore no cross infection occurred and none were device related.</p>	<ul style="list-style-type: none"> • To review blood culture taking process and provide further training where contamination of the sample has occurred 	<ul style="list-style-type: none"> • Commenced by 25/09/2020

Indicator	Plan / Standard	Period	YTD Actuals	Monthly Actuals	Trend	RAG Rating	Executive Director
Recommended Rate: Friends and Family Accident and Emergency	93.0%	Aug-20	91.6%	89.1%		R	MD/CN



National position & overview

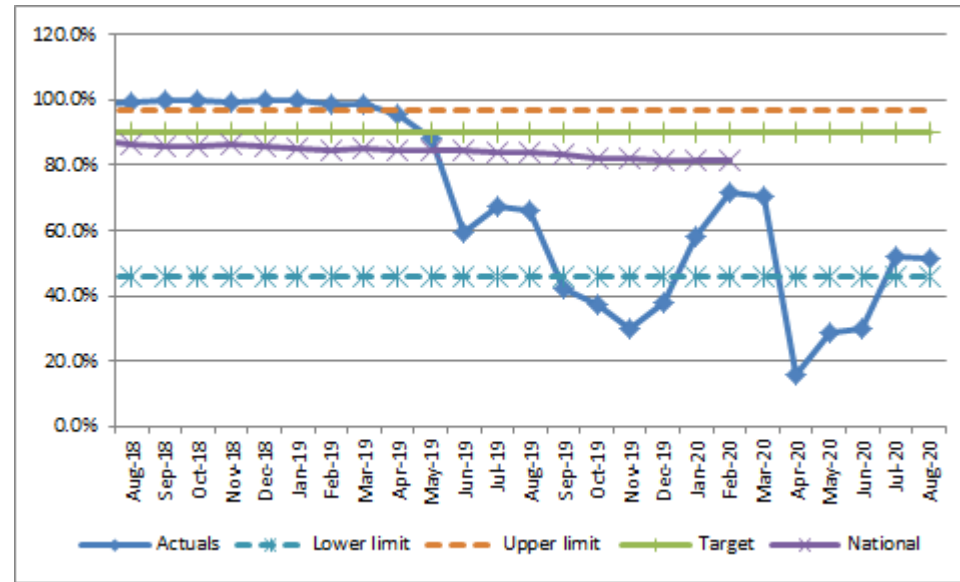
- Response rate remains low for August 2020. Data team currently investigating whether all the completed FFT's are being captured in the data reporting. The result are not currently reflective of patient activity.
- Themes in commentary around patient expectation when visiting ED.
- Consistent theme again that patients feel safe and cared for.

Root causes	Actions	Impact/Timescale
<ul style="list-style-type: none"> • Low response rate persists; <ul style="list-style-type: none"> • Minors response rate is 0.12%, (3,300 eligible patients 4 responses). • Majors 25.41% (1830 eligible patients , 465 responses) • Paediatrics 33.33% (3 eligible patients 1 response) • Theme around patient expectation • Consistent good feedback that patient feel safe and cared for • Issues relating to data accuracy has become a reoccurring theme 	<ul style="list-style-type: none"> • Data team investigating whether patients are receiving text messages in order to reply • ED lead nurses to encourage all staff to give out FFT cards. • St. Johns team to hand out when the patient arrives. • To review information on screens in ED waiting areas to ensure are being utilised to best potential. • Share positive feedback with team to ensure positive feedback is sustained • Scope whether the ED team can receive weekly FFT data reports so they can implement rapid actions to improve the service delivered to patients. 	<ul style="list-style-type: none"> • November 2020 • In progress • November 2020 • October 2020 • 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%	Aug-20	39.4%	51.4%		R	MD/CN

National position & overview

- All patients 75yrs + admitted to the Trust for 72hrs and above should have a dementia screen completed.
- Trust target to screen 90% of eligible patients.
- Monthly data collected and uploaded to the UNIFY record.
- Prior to May 2019 the Trust achieved this target.
- In May 2019 an electronic screening method was introduced in to the organisation.
- 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 band 3 Health Care worker assessments stood down to reduce foot fall in clinical areas.

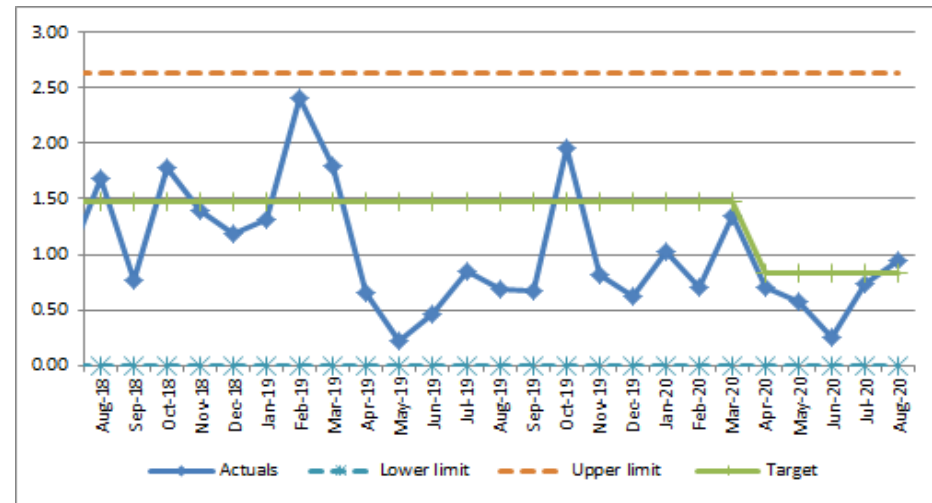


Root causes	Actions	Impact/Timescale
<ul style="list-style-type: none"> • Assessments not being completed on Nervecentre by medical teams. 	<ul style="list-style-type: none"> • Dr's are aware of the requirements how to complete the assessment. Reminders have been given and these will be undertaken again. Non compliance was escalated to Quality Cabinet in September 2020. • Short electronic survey planned for all doctors to complete regarding poor compliance, and the reasons why. • Gap analysis to be presented to NMW and AHP Board in September 2020 to seek approval for NMAHP's to complete the assessment. 	<ul style="list-style-type: none"> • Completed
<ul style="list-style-type: none"> • Nervecentre AMT assessment not implemented in ED. 	<ul style="list-style-type: none"> • Nervecentre (E-obs) fully implemented in ED, UCC at Newark, introduction of assessments to commence in October 2020. 	<ul style="list-style-type: none"> • Surveys to be completed and analysed by the end of October 2020. • September 2020 • December 2020

Indicator	Plan / Standard	Period	YTD Actuals	Monthly Actuals	Trend	RAG Rating	Executive Director
Cardiac arrest rate per 1000 admissions	0.83	Aug-20	0.64	0.94		R	MD

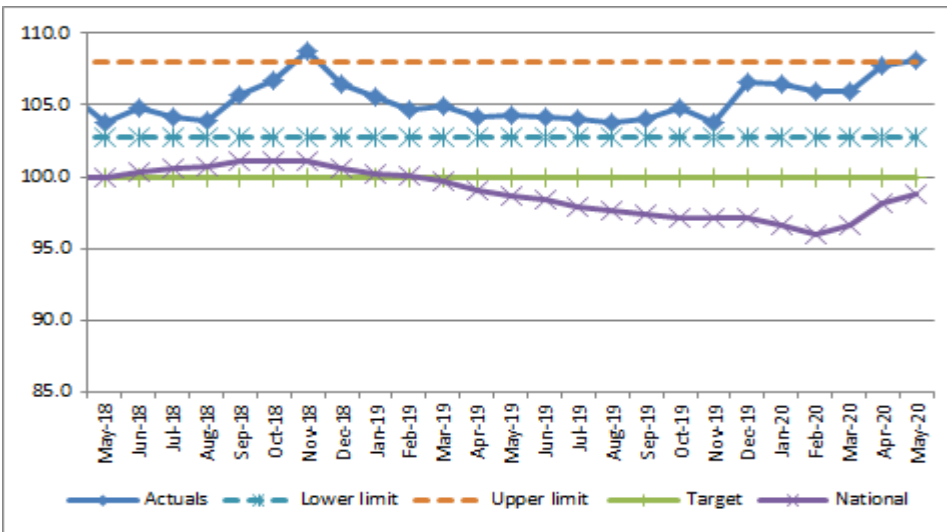
National position & overview

- August is the first month to capture all in-hospital arrests
- Theatres, Emergency Department and Critical Care were previously excluded and were not part of the objective review process
- There were 8 arrests in August in total
- 4 of these were in ED, and critical care
- The rolling average YTD is 3.5 per month
- Arrests have not significantly increased in August the change is due to comprehensive data capture



Root causes	Actions	Impact/Timescale
The metric has not previously captured all in-hospital arrests	<ul style="list-style-type: none"> • Review methodology from other organisations to ensure data capture is consistent and robust • Establish appropriate tolerances for the metric using the national evidence base 	<ul style="list-style-type: none"> • November 2020

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



National position & overview

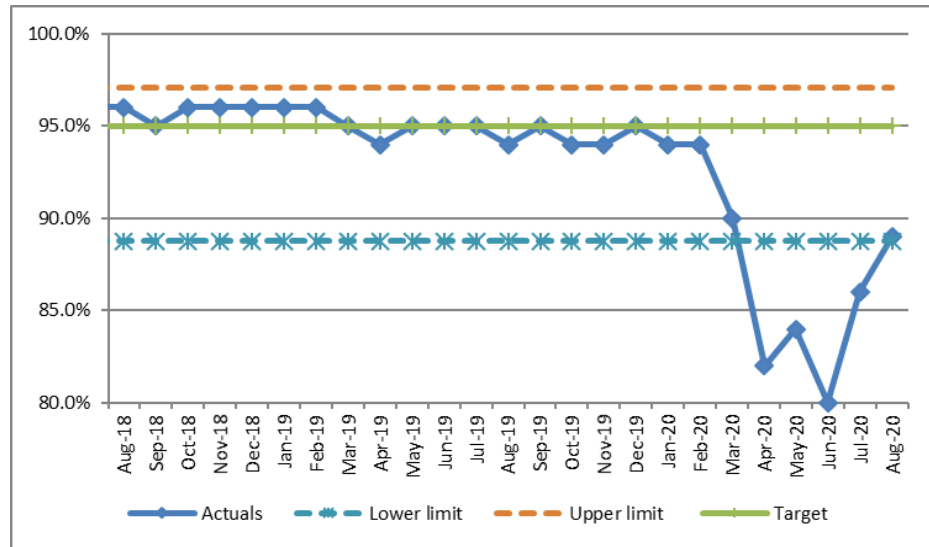
- HSMR continues to be elevated following a peak in September 2019.
- This is related to relatively small spikes in mortality in a number of diagnostic categories; alcohol related liver disease and upper gastrointestinal haemorrhage, fractured neck of femur (operated) and non-specific respiratory disease.
- 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 over the rolling 12 month period.	<ul style="list-style-type: none"> • Complete clinical reviews of all deaths in outlier diagnostic categories. • Work alongside Mathew Perry of Dr Foster to understand the data further and areas of concern. • Commission the services of an external assessor to understand the drivers of increased HSMR and develop a robust plan • Work with clinical coding and EOL team to ensure palliative care is being captured appropriately • Review and strengthen our learning from deaths process to provide assurance 	<ul style="list-style-type: none"> • We will understand the HSMR in detail for each diagnostic category • We will understand where to focus the external assessor • Project lead appointed and the project has been initiated • Our coding will reflect the care given • We will receive assurance from our learning from deaths process

Indicator	Plan / Standard	Period	YTD Actuals	Monthly Actuals	Trend	RAG Rating	Executive Director
Appraisal	95%	Aug-20	90.0%	89.0%		R	DOP



Sherwood Forest Hospitals
NHS Foundation Trust



National position & overview

Local intelligence suggests the Trust’s appraisal rates rolling rate is 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.

Significant Improvements has been noted since June 2020 with an increasing level recorded. The level now sits at 89.0%

Appraisal compliance to 95% by end of December 2020 and the Trust is on trajectory to meet this target.

Elective Phase 3 Recovery



Overview

The Trust are performing well in comparison to others across the region. The focus remains on Cancer, Urgent and long wait patients.

- Day case activity delivered better than trajectory for August and is on trajectory for September and October.
- Electives are better than trajectory for August and September – forecast to deliver the phase 3 ask in all 3 months to October.
- OP First and Follow up are below trajectory – further work in place to clarify the root cause and take necessary remedial actions.

Key risks are:

- Endoscopy, ECHO and Outpatient activity.
- The impact of a COVID surge on theatre capacity.

Phase 3 ask:	Day case	Elective	OP Procedures	OP First	OP Follow Up
August	70%	70%	70%	90%	90%
September	80%	80%	80%	100%	100%
October	90%	90%	90%	100%	100%
Assessment from Divisions					
August trajectory	66%	58%	62%	80%	98%
August Actual	77%	75%	74%	80%	88%
September trajectory	68%	76%	76%	90%	96%
Current month to date	80%	97%		80%	85%
September revised trajectory	80%	80%	76%	90%	96%
October trajectory	80%	83%	86%	94%	97%
October revised trajectory	80%	90%	86%	94%	97%

Below trajectory and Phase 3 ask
On trajectory but below ask
Above trajectory and ask
Revised Trajectory - Final Phase 3

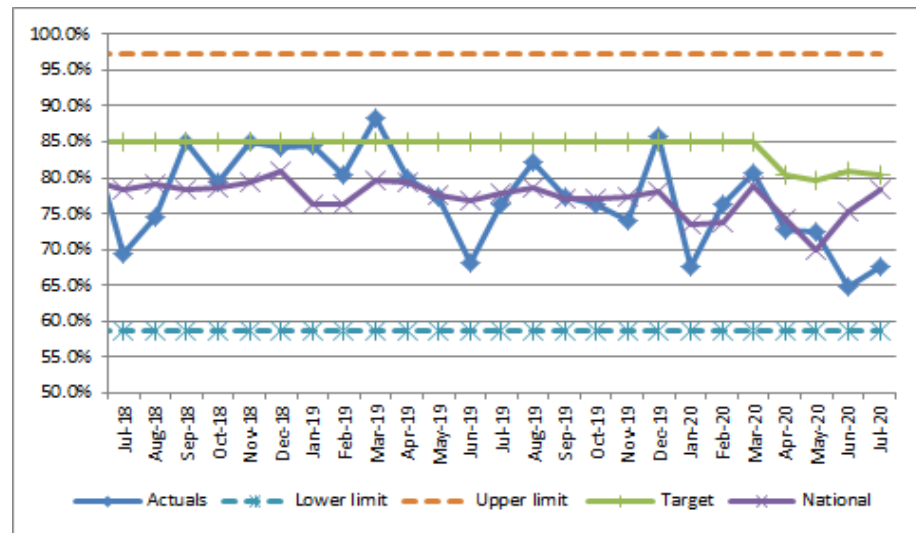
Actions

- Trajectories revised in line with Final Phase 3 submission for Day case and Elective activity levels.
- Review of actions taken in Endoscopy compared to other organisations with a higher recovery rate and Identify further actions required.
- Review IPC arrangements in place for ECHO activity based on the British Society of Echo cardiologists recommendations
- Review of root cause for lower than forecast OP activity levels in **at least** 3 key or high volume specialties:
 - Audiology
 - Orthopaedics
 - Ophthalmology

Impact/Timescale

- Complete
- 24/09/2020 Recovery Group.
- 24/09/2020 Recovery Group
- By the end of September confirm if room availability, clinic set up or staffing are the primary drivers.
- Utilise space identified at KMH or Ashfield Health Centre for clinics.

Indicator	Plan / Standard	Period	YTD Actuals	Monthly Actuals	Trend	RAG Rating	Executive Director
62 days urgent referral to treatment	80.4%	Jul-20	69.5%	67.6%		R	COO



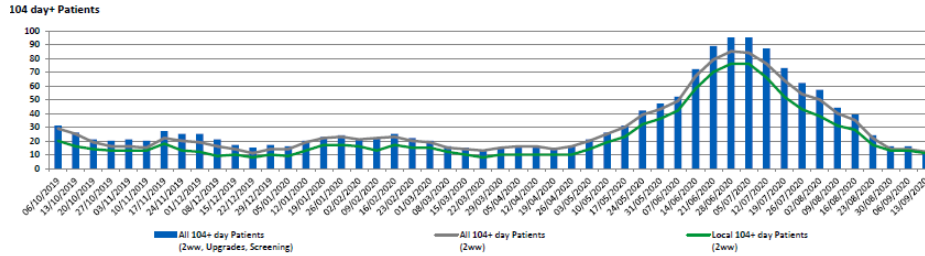
National position & overview

- Nationally, for the month of July 78.4% of patients began their first definitive treatment within 62 days of referral for suspected cancer (75.2% in June 2020).
- Based on 72 treatments and 23.5 breaches the Trust delivered performance of 67.4% for July giving an indicative national ranking of 111 from 132 Trusts.
- The main driver for performance remaining <70% is the focus to reduce the backlog of treatments in July and the allocation of a full breach and no treatment for patients transferred to the tertiary centre after day 38 and treated within 24 days.

Root causes	Actions	Impact/Timescale
<ul style="list-style-type: none"> The pre-covid root cause of below trajectory performance related to the time taken from referral to cancer diagnosis – mainly driven by demand and capacity imbalances in Radiology & Endoscopy. Delays in diagnosis due to COVID have resulted in patients transferring to the tertiary centre after day 38 this impacts on the allocation of the treatment and the breach between the 2 centres. <ul style="list-style-type: none"> June – 27% of breaches transferred after day 38 and were treated in 24 days. 5 patients. July – 25.5% or 6 patients were transferred after day 38 and were treated in 24 days. 	<ul style="list-style-type: none"> Focus on reducing 1st cancer outpatient waiting times to 7 days with a clear demand and capacity model behind it to reduce the initial wait for clinic Establish 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. Reduce unnecessary delays by strengthening oversight to key milestones early in the pathway. This will be managed by the cancer and divisional teams at local PTL meetings. 	<ul style="list-style-type: none"> Detail performance against backlog trajectory on next slide. Strategic plan for Endoscopy to be completed by December 2020. Reduce late tertiaries by 50%

62 day and 104+ Waits

Graph 1: 104+ waits



Graph 2: All 62+ waits

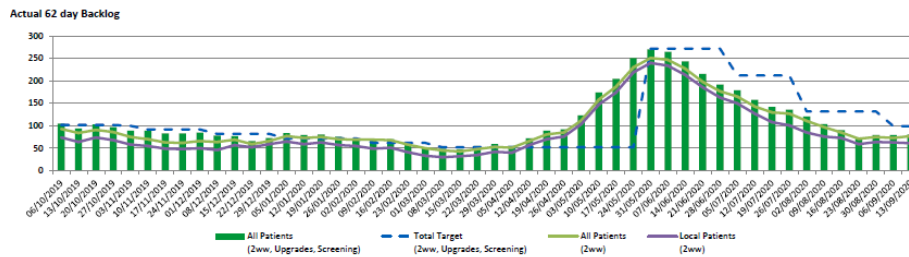


Table 1: Local 62+ waits

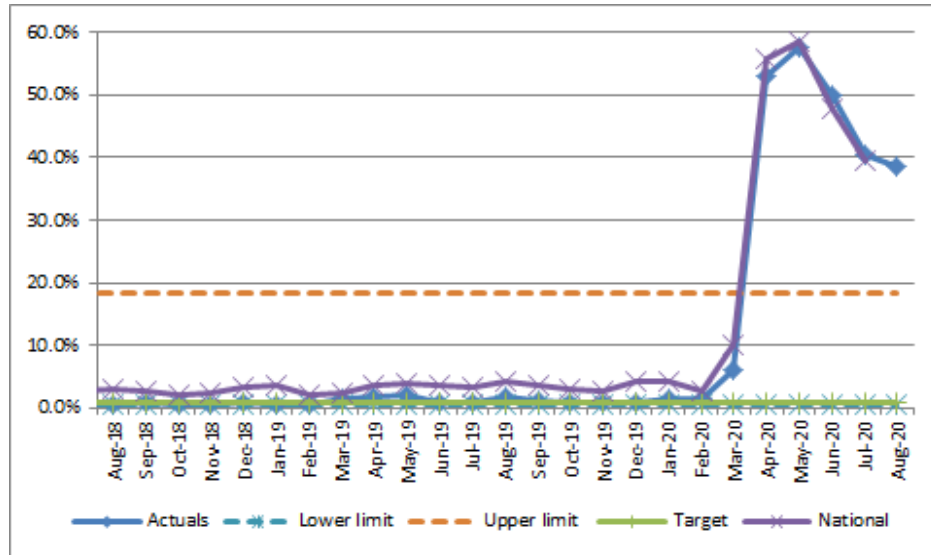
Local patients excluding screening and upgrades

Tumour site	Previous months actual					In-month actual	Current month Traj
	April	May	June	July	August		
Breast	3	28	30	28	15	16	20
Lung	3	4	2	3	2	1	1
Haem	2	1	2	1	1	1	1
UGI	11	20	8	7	7	5	3
LGI	29	115	71	31	20	18	27
Skin	1	3	6	5	0	1	3
Gynae	11	18	9	8	3	3	4
Urology	6	21	13	7	9	13	5
Head and Neck	10	30	22	18	10	7	9
Total	76	240	163	108	67	65	74

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.
- The latest position as at 21/09/2020 is 16 (pre-Covid levels) of which:
 - 2 patients have a treatment date in September
 - 1 has a treatment date in October
 - 9 are undergoing diagnostics
 - 2 are awaiting Faster Diagnosis standard confirmation
 - 2 are waiting treatment dates, 1 of which needs to recover from hip surgery first.
- 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 82 as at 21/09/20.
- Table 1 is the local position only and represents the activity that is monitored by NHSI/E. The backlog has reduced by just under 75% from the peak in May.
- The trajectory has been 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
Diagnostic waiters, 6 weeks and over-DM01	0.9%	Aug-20	-	38.6%		R	COO

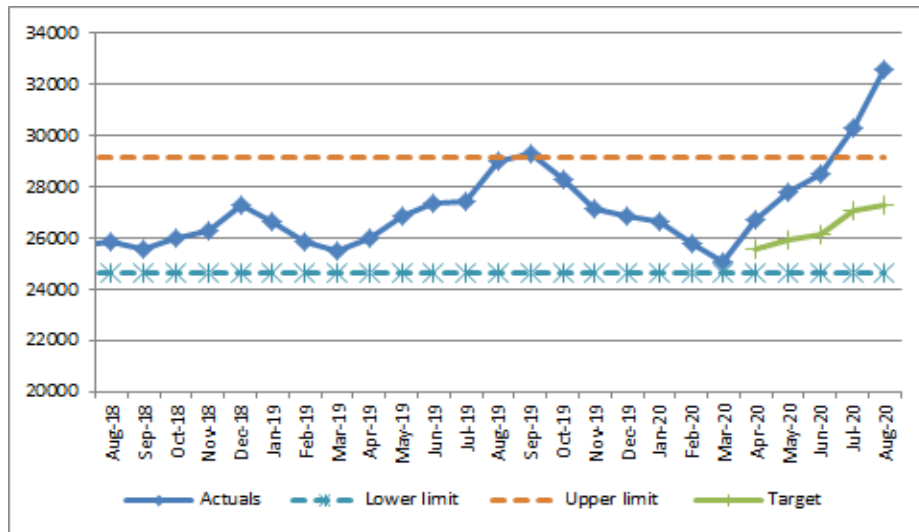


National position & overview

- At the end of August 2020 the Trust failed the DM01 standard with performance of 38.6% against a standard of <1%. Performance was based on 3,466 breaches from a waiting list of 8,973 procedures. This is an improving position.
- The test with the smallest proportion of patients waiting six weeks or more was Uro-dynamics with 0.2%. The tests with the highest proportion were ECHO 25% and Non-Obstetric Ultrasound at 15%
- At time of writing National data for August remains unpublished. July National performance was 39.6%

Root causes	Actions	Impact/Timescale
<p>Routine diagnostic test activity and waiting times were significantly impacted by the COVID crisis.</p> <p>Key risk areas:</p> <ul style="list-style-type: none"> • Endoscopy with 70% of previous capacity available due to IPC regulations • ECHO at c65% of capacity restored due to the impact of cleaning and PPE requirements • Non Obstetric Ultrasound due to volume of patients however this is improving. 	<ul style="list-style-type: none"> • First draft modelling undertaken to scope the imaging diagnostic capacity required to recover the activity deficit since Mid – March. A more detailed exercise is being undertaken by the ICS for completion in September 20. • Newark CT upgrade to support CT cardiac capacity completed. Plan to support with Cardiology nursing to double throughput commences 06/10/2020. • Continued use of the Independent Sector for additional MRI and Endoscopy capacity. • Review of IPC guidance for ECHO by the end of September. 	<ul style="list-style-type: none"> • Elective imaging activity restoration is progressing well and is being supported by mobile scanners funded centrally. • Recovery for Endoscopy will be dependent on securing capacity across the system. • Increased productivity for ECHO or other capacity solutions to be identified.

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)	27316	Aug-20	-	32,612		R	COO

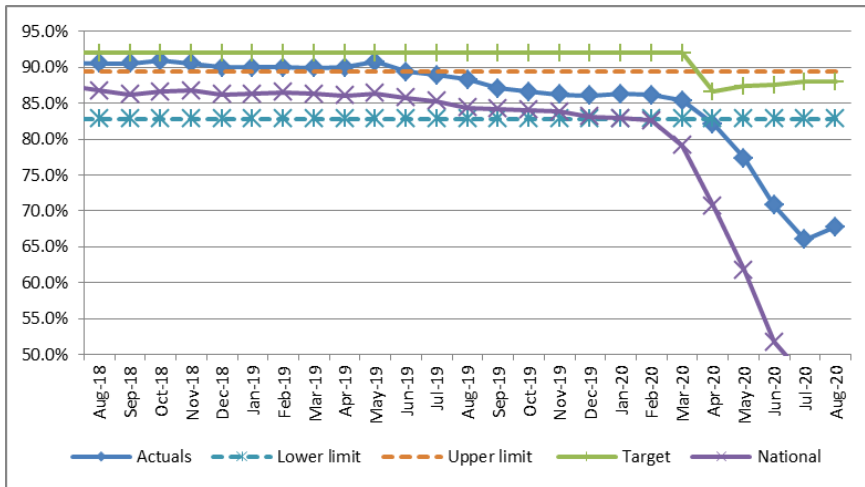


National position & overview

- 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 August the number of RTT patients waiting to start treatment rose by 8% from the July position and by 30% from the end of March 20 (25,059).
- Nationally, the number of RTT patients waiting to start treatment at the end of August 2020 is unpublished. For the end of July the number rose to 4 million (excluding estimate for missing data).

Root causes	Actions	Impact/Timescale
<ul style="list-style-type: none"> • For August GP referrals have increased to c75% of the August 19 volume. • An increase in referrals and a significant rise in overdue reviews continue to impact on the size of the PTL. The latter is a key risk to delivery of a reduction in the PTL size. Work on this is being led by the OP transformation programme and OP admin working group. 	<ul style="list-style-type: none"> • Continue to restore routine (long wait) capacity – OP, Diagnostics and Surgery. Increase availability of OP slots in October aligned to the recovery trajectories. • Continued focus on non face to face outpatient activity and mainstreaming new ways of working for outpatients. • On-going use of the Independent sector for Orthopaedics, Urology, Gynae, Radiology and Endoscopy – Completed in place. • Orthopaedics at Newark increased from 1st September, expect further increase in October. • Continue to focus waiting list management on clinical priority and taking due consideration of chronological order for routine patients 	<ul style="list-style-type: none"> • The phase 3 final trajectory is: <ul style="list-style-type: none"> • August – 32,613 • September – 34,526 • October – 33,912 • November – 33,082 • December – 33,570 • January – 33,042 • February – 32,036 • March – 31,619 • 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%	Aug-20	-	67.7%		R	COO



National position & overview

- Referral to Treatment performance for August at time of writing is unpublished however at 67.7% it is 20% adverse to plan.
- Nationally, for the month of July performance was 46.8%. Trust performance for July at 66% ranked 16th from 133 Trusts
- For patients waiting to start treatment at the end of June 2020, the Trust median waiting time was 10 weeks (National 20 weeks). The 92nd percentile waiting time was 33 weeks (National 40 weeks).

Root causes	Actions	Impact/Timescale
-------------	---------	------------------

- 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

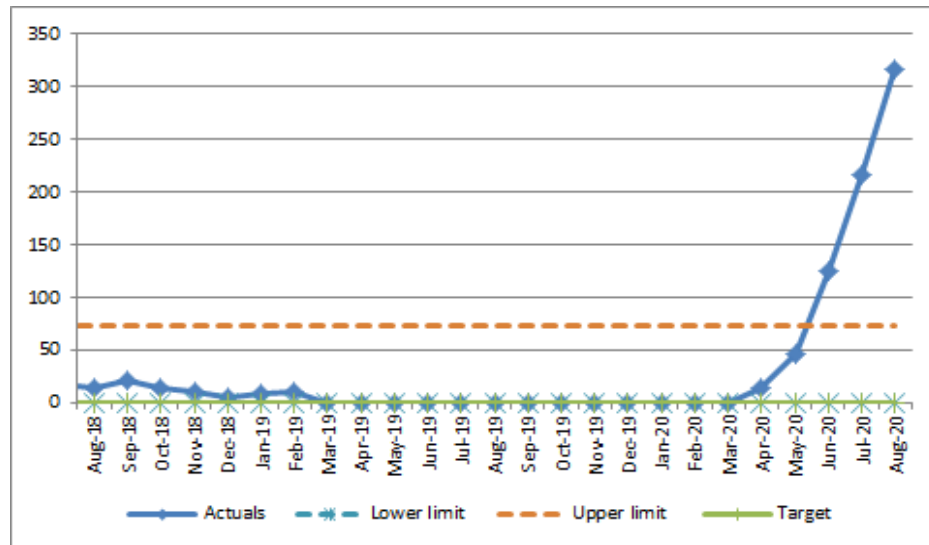
- Continue to restore routine (long wait) capacity – OP, Diagnostics and Surgery. Increase availability of OP slots in October aligned to the recovery trajectories.
- Continued focus on non face to face outpatient activity
- Theatres Phase 2 restoration in place. Revised theatre timetable from 28/09/2020.
- On-going use of the Independent sector for Orthopaedics, Urology, Gynae, Radiology and Endoscopy – Completed in place.
- Orthopaedics at Newark increased from 1st September, expect further increase in October.
- Continue to focus waiting list management on clinical priority and taking due consideration of chronological order for routine patients
- Securing plans to protect electives in the event of second surge

- Performance is expected to remain below plan for the rest of 20/21
- Second surge plan to be in place by the first week in October.

Indicator	Plan / Standard	Period	YTD Actuals	Monthly Actuals	Trend	RAG Rating	Executive Director
Number of cases exceeding 52 weeks referral to treatment	0	Aug-20	720	316		R	COO



Sherwood Forest Hospitals NHS Foundation Trust



National position & overview

- Performance for August (at time of writing) is unpublished however the Trust has reported 316 52+ waits. Top 5 specialties:
 - Ophthalmology – 108
 - Trauma and Orthopaedics – 82
 - ENT – 51
 - General Surgery – 27
 - Urology – 20
- Nationally at the end of July the number of RTT patients waiting more than 52 weeks rose to 83,203. The Trust reported 217

Root causes	Actions	Impact/Timescale
<ul style="list-style-type: none"> The key cause for waits greater than 52 weeks at is the response to the COVID-19 pandemic which led to a pause of routine elective outpatients, diagnostics and operating. 	<ul style="list-style-type: none"> 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 restore routine (long wait) capacity – OP, Diagnostics and Surgery. Increase availability of OP slots in October aligned to the recovery trajectories. Continued focus on non face to face outpatient activity Theatres Phase 2 restoration in place. Revised theatre timetable from 28/09/2020. On-going use of the Independent sector for Orthopaedics, Urology, Gynae, Radiology and Endoscopy – Completed in place. Orthopaedics at Newark increased from 1st September, expect further increase in October. Continue to focus waiting list management on clinical priority and taking due consideration of chronological order for routine patients Securing plans to protect electives in the event of second surge 	<ul style="list-style-type: none"> The phase 3 final trajectory is: <ul style="list-style-type: none"> 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 31st 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. The Phase 3 planning letter confirmed that these arrangements would 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 M05 position is in the table below, which shows that additional retrospective top-up funding of £17.4m has been assumed to achieve break-even, £10.9m to cover the direct costs of Covid-19 and £6.5m to cover the shortfall in Block contract and Top up funding.

The Trust has received retrospective top-up payments of £15.5m of the total of £15.6m requested for Months 1 to 4. The retrospective top-up payment for the £0.1m balance of Month 4 and Month 5 is expected in October 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	117,005	117,006	0	117,006	1
Top-Up Value	2,834	2,835	0	2,835	1	14,170	14,176	0	14,176	6
Other Income	3,793	2,754	0	2,754	(1,039)	18,965	12,529	(4)	12,525	(6,440)
Finance Income	8	0	0	0	(8)	40	(1)	0	(1)	(41)
Total Income	30,036	28,990	0	28,990	(1,046)	150,180	143,710	(4)	143,706	(6,474)
Expenditure:										
Pay - Substantive	(15,669)	(16,207)	(128)	(16,335)	(666)	(78,345)	(81,255)	(1,700)	(82,955)	(4,610)
Pay - Bank	(1,388)	(1,040)	(160)	(1,200)	188	(6,940)	(5,933)	(3,183)	(9,117)	(2,177)
Pay - Agency	(1,071)	(1,041)	(125)	(1,167)	(96)	(5,355)	(4,787)	(1,457)	(6,244)	(889)
Pay - Other (Apprentice Levy and Non Execs)	(83)	(74)	0	(74)	9	(415)	(384)	0	(384)	31
Total Pay	(18,211)	(18,362)	(413)	(18,776)	(565)	(91,055)	(92,359)	(6,340)	(98,699)	(7,644)
Non-Pay	(9,683)	(9,754)	(405)	(10,159)	(476)	(48,415)	(46,878)	(4,570)	(51,448)	(3,033)
Depreciation	(851)	(992)	0	(992)	(141)	(4,255)	(4,742)	0	(4,742)	(487)
Interest Expense	(1,219)	(1,253)	0	(1,253)	(34)	(6,095)	(6,187)	0	(6,187)	(92)
PDC Dividend Expense	(72)	413	0	413	485	(360)	0	0	0	360
Total Non-Pay	(11,825)	(11,586)	(405)	(11,991)	(166)	(59,125)	(57,808)	(4,570)	(62,377)	(3,252)
Total Expenditure	(30,036)	(29,948)	(819)	(30,767)	(731)	(150,180)	(150,166)	(10,910)	(161,076)	(10,896)
Retrospective Top-Up Requirement	0	(958)	(819)	(1,777)	(1,777)	0	(6,457)	(10,914)	(17,370)	(17,370)
<i>Not Included Above</i>										
Pension Top-Up Income	0	716	0	716	716	0	3,578	0	3,578	3,578
Pension Top-Up Expenditure	0	(716)	0	(716)	(716)	0	(3,578)	0	(3,578)	(3,578)
Sub-Total	0	0	0	0	0	0	0	0	0	0

Best Value Care

	August 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	31.51	1.47	150.18	164.78	14.60	360.43	408.08	47.65
Expenditure	(30.04)	(31.51)	(1.47)	(150.18)	(164.78)	(14.60)	(360.43)	(408.08)	(47.65)
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)	(1.01)	(0.61)	0.41	(4.04)	(3.63)	0.41	(16.47)	(16.47)	0.00
Closing Cash	0.93	34.60	33.67	0.93	34.60	33.67	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 M05, based on extrapolation of M01-M05 run-rate overlaid with the estimated impact of the recovery & restoration of services, acknowledged cost pressures and winter plans.

Capital expenditure at M05 is lower than planned 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 M05 is £34.60m, which is £33.67m 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.