Healthier Communities, Outstanding Care

NHS
Sherwood Forest Hospitals
NHS Foundation Trust

Trust Board - Cover Sheet

Subject:	Planned Care Assurance Report		Date: 05/10/2023	
Prepared By:	Charlotte Ainger – Associate Director of Operations – Planned Care			
Approved By:	Rachel Eddie – Chief Operating Officer			
Presented By:	Rachel Eddie – Chief Operating Officer			

Purpose

For oversight, to provide assurance and to sign off board confirmation of assurance on key deliverables for elective recovery following two letters from NHSE.	**Approval**		
	Assurance		**X**
	Update		
	Consider		

Strategic Objectives

Provide outstanding care in the best place at the right time	Improve health and well-being within our communities	Empower and support our people to be the best they can be	To continuously learn and improve	Sustainable use of resources and estate	Work collaboratively with partners in the community
			X		

Indicate which strategic objective(s) the report support

Identify which Principal Risk this report relates to:

PR1	Significant deterioration in standards of safety and care	
PR2	Demand that overwhelms capacity	**X**
PR3	Critical shortage of workforce capacity and capability	
PR4	Failure to achieve the Trust's financial strategy	
PR5	Inability to initiate and implement evidence-based Improvement and innovation	
PR6	Working more closely with local health and care partners does not fully deliver the required benefits	
PR7	Major disruptive incident	
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change	

Committees/groups where this item has been presented before

Quality Committee – 3rd October 2023
Due to the timescales for return to NHSE board sign off required by 30th September 2023. Will go retrospectively to Planned Care Steering Group

Acronyms

Acronym / Term	Explanation
104w and 78w	Referral to Treatment (RTT) waits exceeding 104 weeks (2 years) and 78 weeks (1.5 years), respectively.
65-week 'cohort'	Patients who, if not treated by a certain date, will have exceeded a waiting period of 65 weeks for outpatient appointments.
ASI (Appointment Slot Issue)	Issues related to available appointment slots for patients.
Data Quality (DQ) Reports	Reports that assess and monitor the quality of data, ensuring it meets certain standards.
DMAS (Digital Mutual Aid System)	A digital system or platform used for coordinating and sharing resources within the healthcare system.
DNAs (Did Not Attend)	Did Not Attend, referring to patients who miss their scheduled appointments without cancelling or notifying the healthcare provider.
DPR (Divisional Performance Reviews)	Reviews that assess the performance of different divisions or departments within an organisation.
GIRFT	Getting It Right First Time - a program designed to improve clinical quality and efficiency
ICB (Integrated Care	A body responsible for planning and delivering integrated health

Board)	and social care services.
NHSapp	The official mobile app for the National Health Service in England, providing access to healthcare information and services.
OPFU	Outpatient Follow Up
OPRT (Outpatient Recovery and Transformation Programme)	A program focused on improving outpatient services and recovery.
PAS	Patient Administration System, a system for managing patient records and appointments.
PCSG (Planned Care Steering Group)	A group responsible for planning and overseeing planned care services.
PIFU (Patient Initiated Follow Up)	A method where patients initiate follow-up appointments themselves.
PTL (Patient Tracking List)	A list that tracks patients awaiting treatment or appointments.
(RAS) Referral Assessment Service	A service that assesses patient referrals and determines whether an appointment or sending for a diagnostic test is appropriate.
RTT (Referral to Treatment)	A pathway that tracks patients from referral to treatment.
TTG-Compliant Plan	A plan compliant with "Time To Go" standards, indicating an approach for reducing follow-up appointments.

Executive Summary

NHSE has written to all Acute Trusts in two letters which set out key expectations for elective recovery and require Boards to have oversight and provide assurance around key deliverables. This report provides a summary of the two letters, a view of the current Planned Care governance structure and assurance on the items in the letters.

The first letter was received on 23rd May 2023 headed **"Elective Care 2023/24 Priorities"** and is included in Enclosure 16.3. The letter sets out the priorities, oversight, and support for 2023/2024. It also recognises the progress on reduction of long waiting patients across cancer and elective care.
Letter 1 asks for completion of a checklist to provide board oversight of the planned care priorities. This report contains the check list as an appendix and with key points highlighted in the report.

The second letter was received on 4th August 2023 headed **"Protecting and expanding elective capacity"** and is included in Enclosure 16.4. Letter 2 reiterates the priorities for 2023/24 and highlights the need to maintain as far as possible ring-fencing of elective and cancer capacity through winter. This report contains assurance in relation to each of the priorities in the self-certification template.
This letter requires Trusts to complete a self-certification, and have it signed off by Chairs and Chief Executives by 30 September 2023 – due to the Board dates at SFH, an extension has been agreed with NHSE to allow consideration at this Quality Committee.

Conclusion
Trust Board are asked to review the information presented in the report and agree to support the recommendations in the self-certification of assurance.